



US Acute Care Solutions

USACS IN OHIO

Founded in Ohio in 1992 as a single-site, three-provider group, the company known today as US Acute Care Solutions is the nation's leading physician-owned provider of integrated acute care. With sites in metropolitan Cleveland, Akron, Columbus, Dayton and Cincinnati, and one site on the border near Wheeling, West Virginia, the group employs 815 people with an annual payroll exceeding \$100 million in Ohio. Nationwide, the group provides emergency, hospitalist and observation medicine services in 21 states, at over 220 hospitals, and treats approximately six million people annually.



CLEVELAND - 3 sites

AKRON - 5 sites

MARTINS FERRY - 1 site
(near Wheeling, WV metro area)

COLUMBUS - 4 sites

DAYTON - 3 sites

CINCINNATI - 8 sites



150
PHYSICIANS



135
APPS



529
NON-CLINICIANS

\$70 MILLION + **\$34 MILLION** = **\$104 MILLION**
in clinician wages in non-clinician wages combined Ohio payroll

USACS IN THE NATION



21
STATES



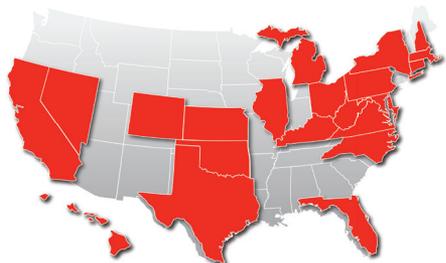
220+
FACILITIES



3,000+
CLINICIANS



6M+
PATIENTS



OUR PATIENTS

We join together with our hospital and healthcare system partners to provide emergency care 24/7/365. Under the federal EMTALA mandate, we provide care to all patients, regardless of insurance status or ability to pay which differs from any other specialty. Also different, we are trained to treat all types of medical issues, and we never know what will walk or be wheeled through the door. It is all unscheduled care.

- **One out of every two** patients seen by our emergency clinicians are Medicare or Medicaid beneficiaries, with payments that don't even cover the cost of the providers' services.
- **One out of every seven** patients we care for has no healthcare insurance coverage at all, and we provide care to these patients with almost all of the care being uncompensated.
- **One out of every four** patients we care for has commercial insurance. However, even though these patients have healthcare insurance, many have been sold "high deductible" plans. For these patients, they are surprised to find out that they have no coverage until they pay a large out of pocket cost, even though they are paying premiums that increase every year. This scenario of "surprise gaps" in insurance coverage results in a shift of financial responsibility from the insurer to the patient, and ultimately to providers, with large amounts of uncollected debt for services and care we provided at the time of patient need.



 | **1/2**

are Medicare or Medicaid beneficiaries with payments that don't even cover the cost of service

 | **1/7**

has **NO** healthcare insurance coverage at all, almost all of our care is uncompensated

 | **1/4**

has commercial insurance, however many of those have been sold "high deductible" plans

OUR STRATEGY

We believe that it is better for patients when providers are in-network. In fact, we are an in-network provider for over 98% of the insured patients we serve. We are always striving to increase that percentage. Simply stated, our goal is to be in network with all insurers so long as we can be paid fairly for our services and the high quality of care delivered. We need a system where insurers are incentivized to pay providers a fair reimbursement for the quality and skill they provide to patients.

OUR SOLUTION

At USACS, we believe that innovating healthcare delivery is key to improving the patient experience for unanticipated care. Creating more patient-centered, cost-effective, and clinically excellent care is core to everything we do. Our ability to integrate health care delivery across the care continuum of illness and injury is predicated on our ability to receive fair payment for the care and services we provide. As balance billing legislation is developed, it is important that the legislation protect patients while ensuring a level playing field for payers and providers to negotiate fair payments for care provided. Our solution to preventing surprise medical bills is to create a payment standard that reflects a balance of provider charges and insurance allowed payments. Mandating payments at rates fixed by insurers and allowing insurers to narrow networks will limit patient access to high-quality emergency care.