Health Care in Massachusetts: Key Indicators

August 2009

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Commonwealth of Massachusetts

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Lieutenant Governor

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Sarah Iselin, Commissioner
Division of Health Care Finance and Policy

Key Indicators

Introduction..... 2

Health Insurance Coverage..... 3
Health insurance coverage information is collected and updated every quarter.

Employer Survey..... 9
Beginning in 2009, the employer survey will be conducted annually. Prior to 2009, the survey was conducted biannually. Results from the 2009 survey will be included in the February 2010 edition of this report.

Uncompensated Care Pool | Health Safety Net..... 12
Health Safety Net information is collected and updated every quarter.

Health Insurance Premiums..... 16
Premium information for Group Insurance Commission (GIC), Commonwealth Care Plans and the Health Connector Affordability Schedule is updated once a year. Lowest cost Commonwealth Choice plan premiums are updated quarterly. This edition includes updated information for GIC premiums and lowest cost Commonwealth Choice plans. Commonwealth Care plan premiums did not change from 2008 to 2009. Beginning with the 2009 Employer Survey, data will be available annually and the 2009 results will appear in the February 2010 edition of this report.

Health Plan Financial Performance..... 19
Health plan financial performance information is collected and updated every quarter. Each edition of this report also includes performance for the entire calendar year.

Acute Hospital Financial Performance..... 26
Acute hospital financial performance information is submitted to the Division of Health Care Finance and Policy every quarter. Information for the second quarter of fiscal year 2009 is reflected in this edition.

Community Health Center Financial Performance..... 33
Community health center financial performance is updated once a year. Information for the full fiscal year 2008 is projected to be available in the November 2009 edition of this report.

Access to Health Care..... 38
The Division of Health Care Finance and Policy household survey is conducted annually. The results of the 2009 survey are expected in the February 2010 edition of this report. The Behavioral Risk Factor Surveillance System (BRFSS) survey is also conducted annually; the 2008 information is included in this edition.

Other Indicators..... 47
Information on the age 65 and older population is updated every quarter.

About this Report

Health Care in Massachusetts: Key Indicators is a quarterly report from the Division of Health Care Finance and Policy (DHCFP). *Key Indicators* provides an overview of the Massachusetts health care landscape through data reported by providers, health plans, government, and surveys of Massachusetts residents and employers.

In this edition of *Health Care in Massachusetts: Key Indicators*, DHCFP found that since the implementation of health reform over 420,000 additional people have obtained health insurance. Thirty-seven percent of that growth (156,000) has been in private group coverage (i.e., through employers) or individual purchase. Beginning in December 2008 there was a decline in enrollment in the private group market. This decline may be due, in part, to the significant job losses over the period. The unemployment rate increased from 6.4% to 7.7% from December 2008 to March 2009. Individual purchase, MassHealth, and Commonwealth Care enrollment continued to increase over the period.

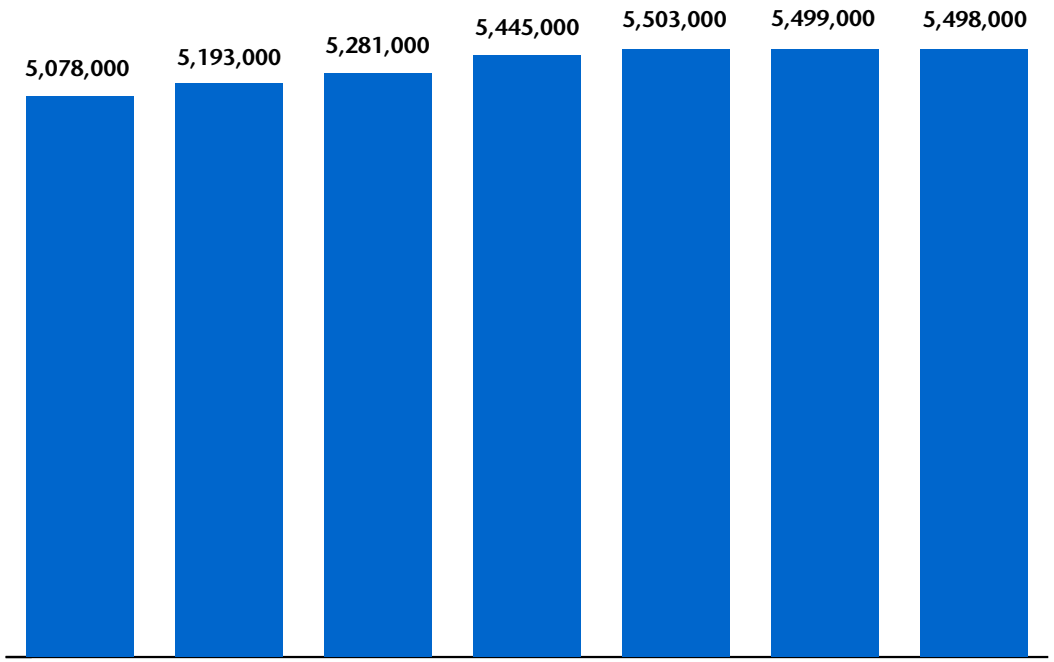
This edition also includes updates of the following: volume and payment information on the Uncompensated Care Pool and Health Safety Net, cost trends in health insurance premiums compared to the Health Connector's affordability schedule for 2009, health plan financial performance for the first three months of 2009, acute hospital financial performance for the second quarter of fiscal year 2009, access to health care measures from the Behavioral Risk Factor Surveillance System (BRFSS) survey and other indicators of health care in Massachusetts. New data are currently unavailable for the employer survey, community health center financial performance, and access to health care measures from DHCFP's household survey; these pages are carried over from the previous edition.

DHCFP would like to thank Nancy Turnbull of the Harvard School of Public Health for her strategic and analytic support in the conception and development of this report, and staff at the Department of Public Health, including Monica Valdes Lupi, Bruce B. Cohen, Gerald O'Keefe, and Zi Zhang (formerly of DPH) for their significant contributions to the health care access section. We also thank Anthony Kariuki, Robin Callahan and Ben Walker from the Office of Medicaid, Kaitlyn Kenney at the Health Connector, Randy Garten from the Executive Office of Elder Affairs, Nancy Schwartz and Suzanne Bailey at the Division of Insurance (DOI), and Catherine Moore at the Group Insurance Commission for their support and review of the data. Finally, we thank the staff at the health plans for their continued timely responses to our requests for enrollment data.

Contributing Staff: Tracey Siegrist, Rebecca Balder, Mary Byrnes, Frederick Duah, Stacey Eccleston, Linda Green, Han Huang, Steve McCabe, Caroline Minkin, Kate Nordahl, Ron Tam, and Cindy Wacks.

People with Health Insurance

Excludes Medicare Enrollees



	Jun 30, 2006	Dec 31, 2006	Jun 30, 2007	Dec 31, 2007	Jun 30, 2008	Dec 31, 2008	Mar 31, 2009*
Change since June 30, 2006:		+ 114,000	+ 202,000	+ 367,000	+ 425,000	+ 421,000	+ 420,000

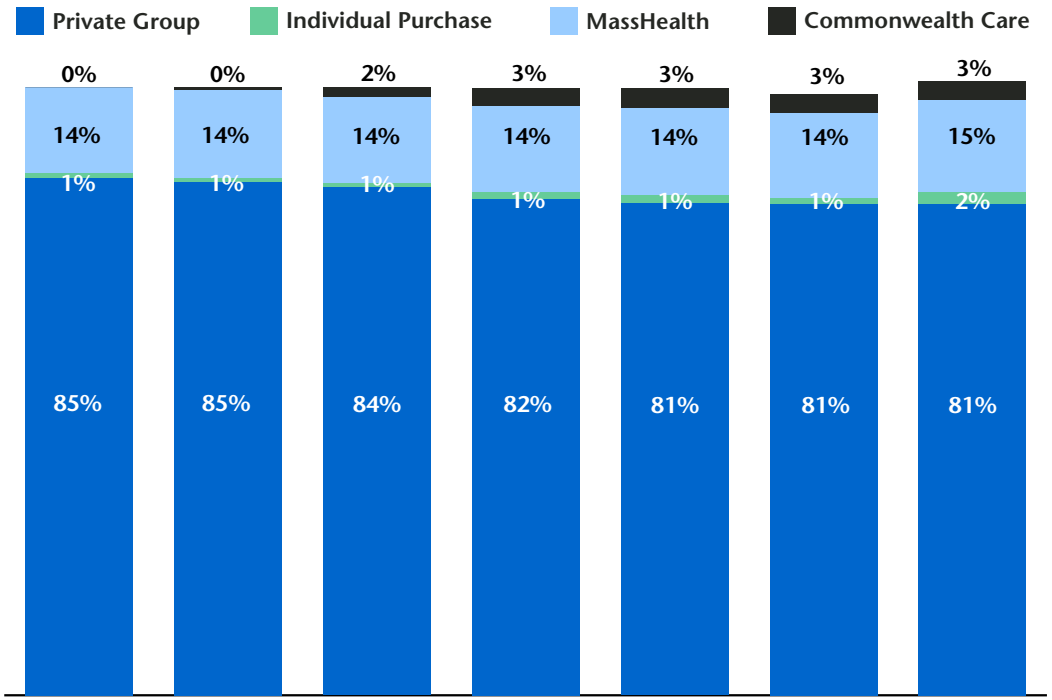
Notes: Data reflect total enrollment, rounded to the nearest thousand, as of the specified date. Totals include Massachusetts residents enrolled in health insurance products offered by the following health plans and their affiliates: Aetna Health, Blue Cross Blue Shield (BCBSMA, HMO Blue and Massachusetts residents insured through other Blue Cross Association plans), Boston Medical Center HealthNet Plan, CIGNA, ConnectiCare, Fallon, Great-West Health Care, Harvard Pilgrim Health Care, HealthMarkets (MEGA Life and Health Insurance Company, Mid-West National Life Insurance Company of Tennessee, and the Chesapeake Life Insurance Company), Health New England, MassHealth, Neighborhood Health Plan, Network Health, Tufts, UniCare and UnitedHealthcare. Data exclude the following insured Massachusetts residents: federal employees not insured through a commercial carrier, active duty military personnel and their families who receive services through Champus/Tricare only, and inmates of the Department of Correction. Numbers may not match previous editions of Key Indicators, as health plans may revise enrollment information in previous quarters. In addition, in this edition of Key Indicators the method of collection of enrollment data for UniCare was changed to more accurately capture fully-insured and self-insured UniCare enrollment, increasing total enrollment by less than one percent in all years. ***Updated December 8, 2009.**
Sources: Membership reported to DHCFP by health plans, and MassHealth; Commonwealth Care enrollment data are from the Health Connector.

As of March 2009, 420,000 more people had health insurance than in June 2006. This represents 1,000 fewer covered people compared to December 2008. This recent decline is likely linked to significant job losses over the period and the loss of employer-sponsored insurance for these individuals.

This edition of *Key Indicators* reflects an improved method for enrollment data collection from one plan, therefore, figures shown here differ from prior reports.

Insured Population by Type of Insurance

Excludes Medicare Enrollees



	Jun 30, 2006	Dec 31, 2006	Jun 30, 2007	Dec 31, 2007	Jun 30, 2008	Dec 31, 2008	Mar 31, 2009*	Change Since June 30, 2006:
Number of Members (rounded to the nearest 1,000):								
Private Group	4,333,000	4,395,000	4,433,000	4,457,000	4,467,000	4,474,000	4,442,000	+ **109,000**
Individual Purchase	40,000	39,000	36,000	65,000	76,000	81,000	87,000	+ **47,000**
MassHealth	705,000	741,000	732,000	765,000	785,000	781,000	804,000	+ **99,000**
Commonwealth Care	0	18,000	80,000	158,000	176,000	163,000	165,000	+ **165,000**
Total Members	5,078,000	5,193,000	5,281,000	5,445,000	5,503,000	5,499,000	5,498,000	+ **420,000**

Notes: Private group includes large group, small group, and self-insured members reported by the health plans listed on page 7. Individual purchase includes Commonwealth Choice and residual non-group market. Since June 30, 2006 the MassHealth caseload grew by an additional 38,000 members (not included in MassHealth enrollment above) with partial coverage or premium assistance, such as Seniors, MassHealth Limited, individuals with third party liability (e.g. disabled with Medicare), and Family Assistance/Insurance Partnership (these members are counted in the private plans). Commonwealth Care includes enrollment in Boston Medical Center HealthNet Plan, Fallon, Neighborhood Health Plan, and Network Health. Data reflect total enrollment, rounded to the nearest thousand, as of the specified date. Totals include Massachusetts residents enrolled in health insurance products offered by the following health plans and their affiliates: Aetna Health, Blue Cross Blue Shield (BCBSMA, HMO Blue and Massachusetts residents insured through other Blue Cross Association plans), Boston Medical Center HealthNet Plan, CIGNA, ConnectiCare, Fallon, Great-West Health Care, Harvard Pilgrim Health Care, HealthMarkets (MEGA Life and Health Insurance Company, Mid-West National Life Insurance Company of Tennessee, and the Chesapeake Life Insurance Company), Health New England, MassHealth, Neighborhood Health Plan, Network Health, Tufts, UniCare and UnitedHealthcare. Data exclude the following insured Massachusetts residents: federal employees not insured through a commercial carrier, active duty military personnel and their families who receive services through Champus/Tricare only and inmates of the Department of Correction. Numbers may not match previous editions of Key Indicators, as health plans may revise enrollment information in previous quarters. In addition, in this edition of Key Indicators the method of collection of enrollment data for UniCare was changed to more accurately capture fully insured and self-insured UniCare enrollment, increasing total enrollment by less than one percent in all years. Numbers may not sum due to rounding. ***Updated December 8, 2009.**

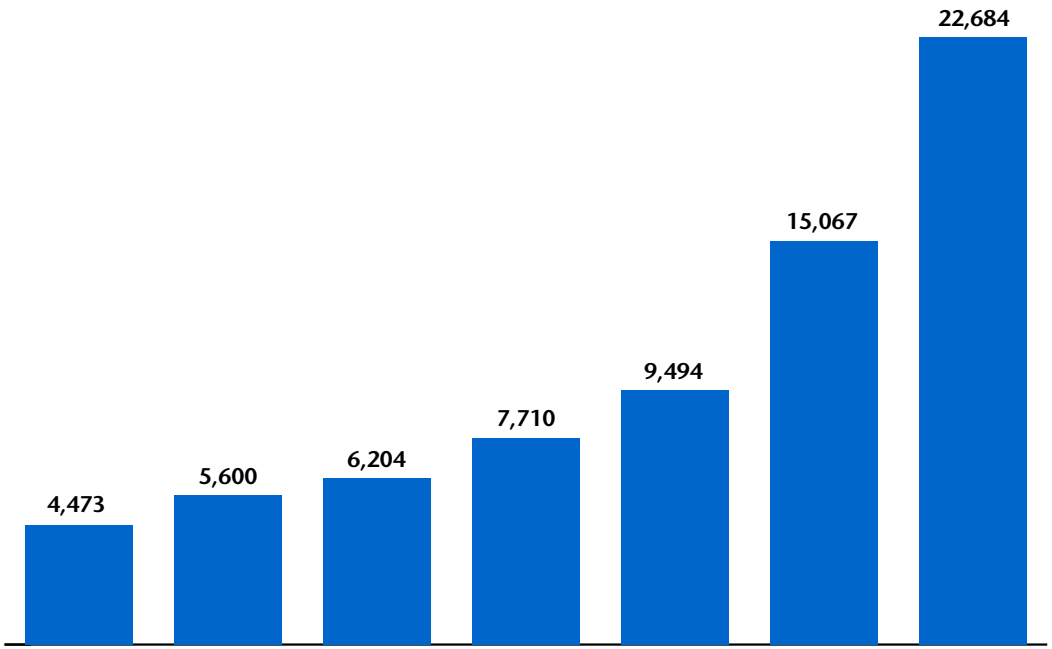
Sources: Membership reported to DHCFP by health plans, and MassHealth; Commonwealth Care enrollment data are from the Health Connector.

Since implementation of health reform, enrollment in private insurance has grown by 156,000 (37% of the total growth in coverage) and individual purchase has more than doubled. However, from December 2008 to March 2009 private group enrollment declined by 1% as the unemployment rate rose from 6.4% to 7.7% and individuals lost their employer-sponsored insurance.

Source: Bureau of Labor Statistics.

Medical Security Program Enrollment

Unemployment Claimants and Dependents



	Jun 30, 2006	Dec 31, 2006	Jun 30, 2007	Dec 31, 2007	Jun 30, 2008	Dec 31, 2008	Mar 31, 2009
Change since June 30, 2006:		+ 1,127	+ 1,731	+ 3,237	+ 5,021	+ 10,594	+ 18,211

Notes: Data reflect total enrollment including unemployment insurance enrollees and their dependents.
Source: Massachusetts Division of Unemployment Insurance.

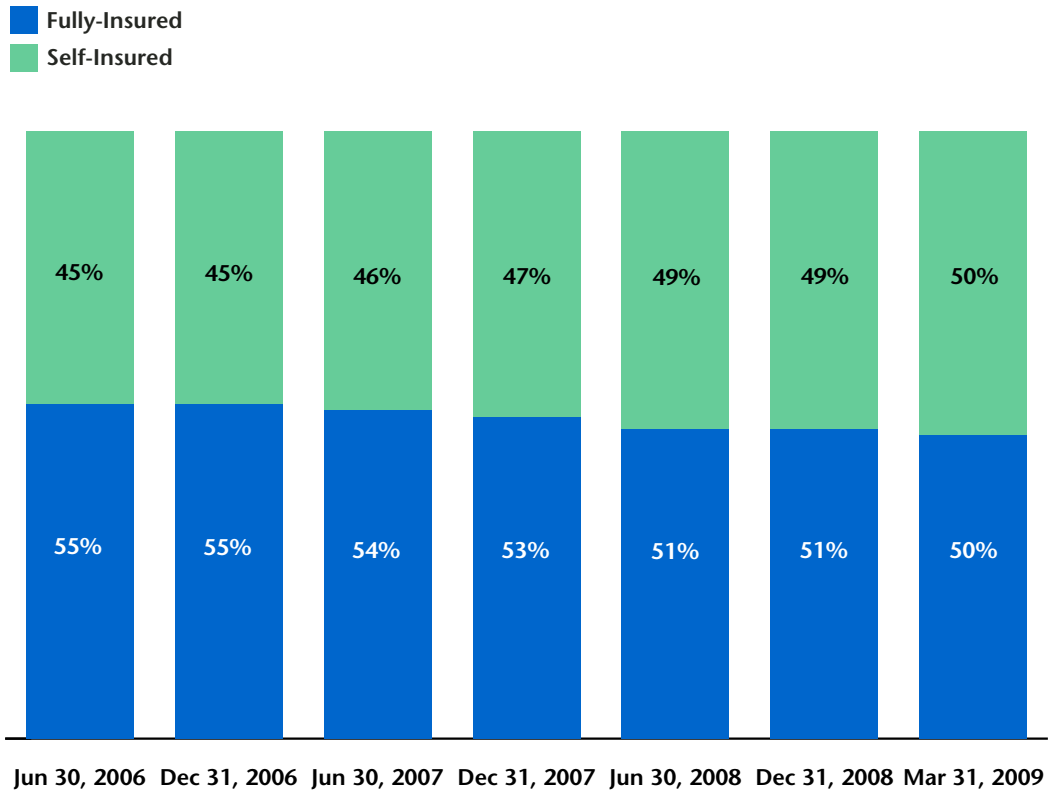
Since June 2008, Medical Security Program (MSP) enrollment has accelerated significantly. Enrollment increased 59% for the six-month period June 2008 to December 2008 and an additional 51% for the three-month period December 2008 to March 2009.

The MSP is a health care plan for low- and moderate-income Massachusetts residents receiving unemployment insurance benefits.

MSP enrollees are included in the total enrollees on page 3 and in the private group enrollment on page 4.

Private Group Enrollment

Excludes Medicare Advantage



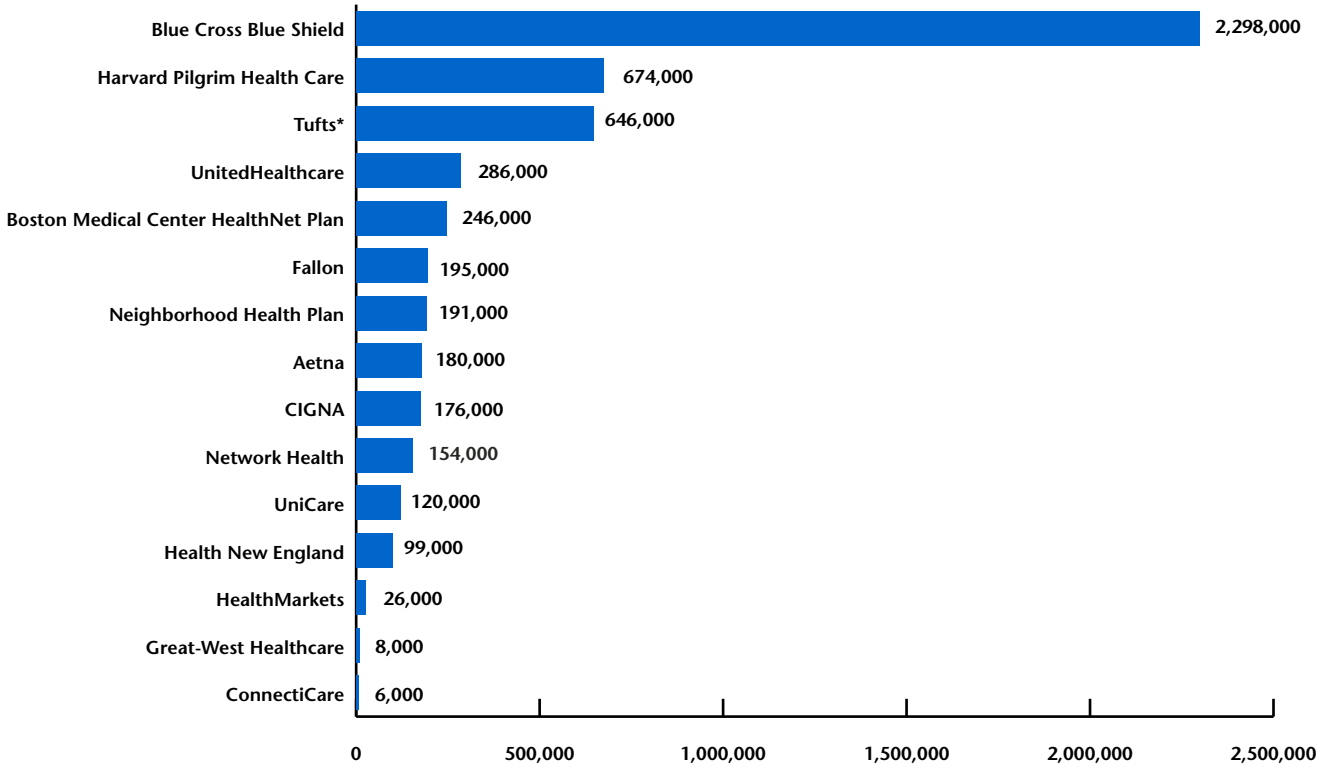
Notes: Data reflect enrollment in large and small group health insurance, rounded to the nearest thousand, as of the specified date. Self-insured products are those reported by health plans listed on page 7 and do not include self-administered or third-party administered plans. As a result, the number of self-insured members may be understated. Totals include Massachusetts residents enrolled in health insurance products offered by the following health plans and their affiliates: Aetna Health, Blue Cross Blue Shield (BCBSMA, HMO Blue and Massachusetts residents insured through other Blue Cross Association plans), CIGNA, ConnectiCare, Fallon, Great-West Health Care, Harvard Pilgrim Health Care, HealthMarkets (MEGA Life and Health Insurance Company, Mid-West National Life Insurance Company of Tennessee, and the Chesapeake Life Insurance Company), Health New England, Neighborhood Health Plan, Tufts and UniCare. UnitedHealthcare does not report information on fully- and self-insured membership and data are not included on this page.
Sources: Membership reported to DHCFP by health plans.

Membership in self-insured products has grown steadily since December 2006 and currently accounts for half of enrollment in private group insurance.

Self-insured products are an arrangement in which an employer provides health benefits to employees and assumes the insurance risk for claims payment. The health plan acts as a third party administrator and is not at risk for medical costs.

Enrollment by Insurer as of Mar 31, 2009

Includes Medicare Advantage



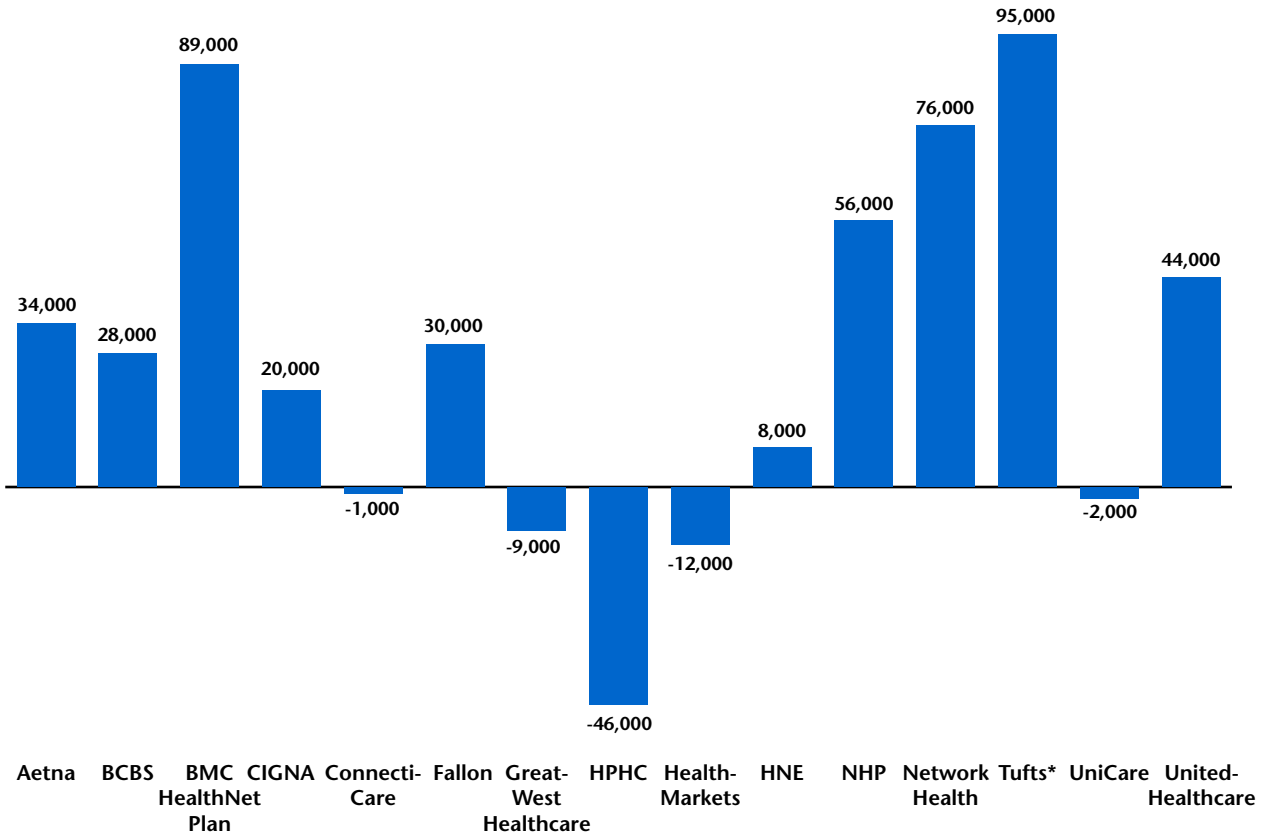
Notes: Data reflect total enrollment as of March 31, 2009. Figures by plan include Massachusetts residents who are enrolled in health insurance products administered by the listed insurer and all of its affiliates. Enrollment includes group, non-group, Commonwealth Choice direct purchase, FEHBP, student health insurance, MassHealth, Medicare Advantage, Commonwealth Care, and fully- and self-insured members. Products offering limited health benefits or supplemental coverage are not included. Joint ventures between health plans are reported by the primary administrator. Blue Cross Blue Shield includes HMO Blue, BCBSMA, Massachusetts residents enrolled in out-of-state association plans that subcontract with BCBSMA, and Massachusetts residents enrolled in other out-of-state association plans. Total numbers of people with health insurance presented on pages 3 and 4 include MassHealth members not enrolled in private plans and exclude Medicare Advantage. Therefore, numbers by insurer will not sum to totals on pages 3 and 4 of this report. Medicare Advantage enrollment figures for UnitedHealthcare are from December 31, 2008 and are updated once a year. UniCare data, previously reported by GIC, are directly from UniCare and include both GIC and other fully- and self-insured products. As DHCFP identifies self-insured members and enrollment in affiliated plans, numbers are not comparable to enrollment or financial information reported in quarterly and annual statements by health maintenance organizations to the Massachusetts Division of Insurance. ***Updated December 8, 2009.**
Sources: Membership reported to DHCFP by health plans, MassHealth, and the Health Connector.

Enrollment figures by insurer include all Massachusetts residents enrolled in health insurance products offered by the identified insurer and its affiliates. MassHealth, Medicare Advantage and Commonwealth Care enrollment are included in addition to fully- and self-insured group and direct purchase products.

Blue Cross Blue Shield plans provide coverage to approximately 43% of Massachusetts residents insured in the private market.

Change in Enrollment by Insurer

Includes Medicare Advantage

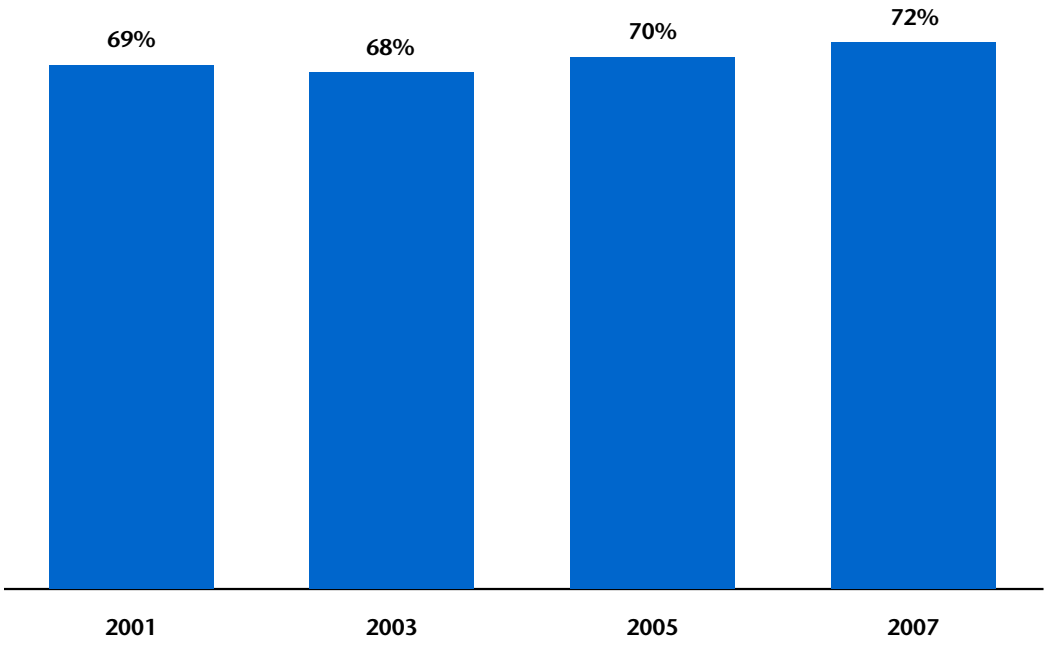


Notes: Data reflect the change in total enrollment between June 30, 2006 and March 31, 2009. Figures by plan include Massachusetts residents who are enrolled in health insurance products administered by the listed insurer and all of its affiliates. Enrollment includes group, non-group, Commonwealth Choice direct purchase, FEHBP, student health insurance, MassHealth, Medicare Advantage, Commonwealth Care, and fully- and self-insured members. Products offering limited health benefits or supplemental coverage are not included. Joint ventures between health plans are reported by the primary administrator. HPHC losses include enrollees in a plan that is jointly administered by UnitedHealthcare and are included in UnitedHealthcare's enrollment tally. Blue Cross Blue Shield includes HMO Blue, BCBSMA, Massachusetts residents enrolled in out-of-state association plans that subcontract with BCBSMA, and Massachusetts residents enrolled in other out-of-state association plans. Total numbers of people with health insurance presented on pages 3 and 4 include MassHealth members not enrolled in private plans and exclude Medicare Advantage. Therefore, numbers by insurer will not sum to totals on pages 3 and 4 of this report. March 31, 2009 Medicare Advantage enrollment figures for UnitedHealthcare are from December 31, 2008 and are updated once a year. UniCare data previously reported by GIC, are directly from UniCare and include both GIC and other fully- and self-insured products. As DHCFP identifies self-insured members and enrollment in affiliated plans, numbers are not comparable to enrollment or financial information reported in quarterly and annual statements by health maintenance organizations to the Massachusetts Division of Insurance. ***Updated December 8, 2009.**
Sources: Membership reported to DHCFP by health plans, MassHealth, and the Health Connector.

From June 30, 2006 to March 31, 2009, most health plans experienced growth in membership. However, a few experienced declines. The most significant increases in membership occurred for Boston Medical Center HealthNet Plan, Tufts, Network Health, and Neighborhood Health, who offer MassHealth and Commonwealth Care products.

Employers Offering Health Insurance

Percent of Employers

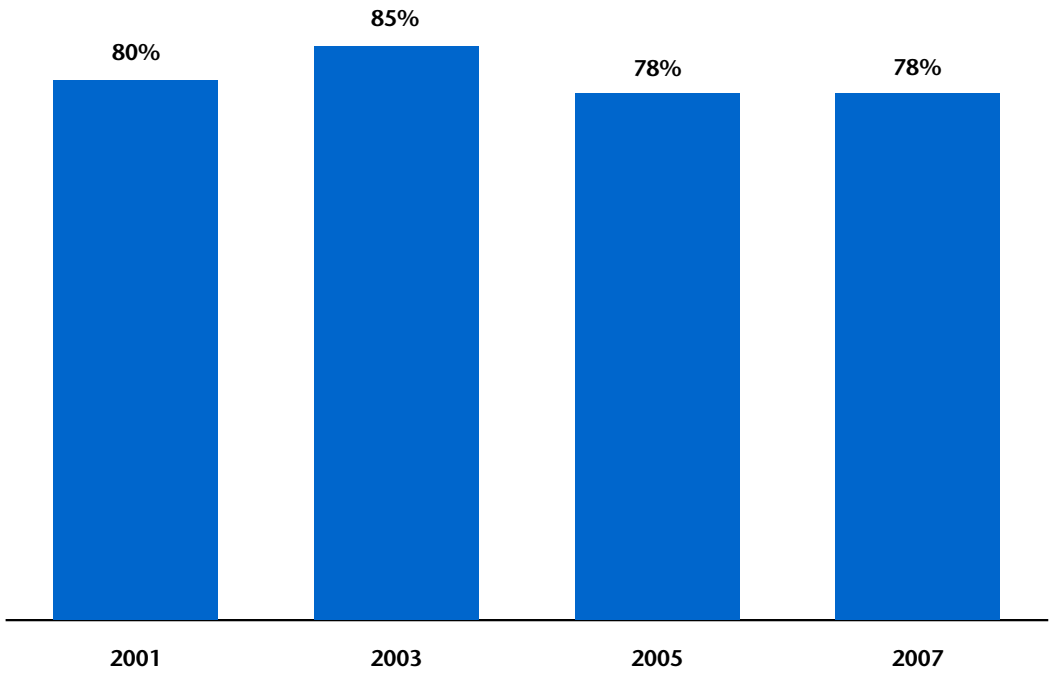


Note: The changes from year to year are not statistically significant.
Sources: DHCFP Employer Survey for 2001, 2003, 2005, and 2007. National data from the Henry J. Kaiser Family Foundation/Health Research and Educational Trust (HRET) Employer Benefits Survey, 2001-2007.

Nearly three-quarters of Massachusetts employers offer health insurance to their employees. The Massachusetts employer offer rate has held steady, even as the employer offer rate declined from 68% to 60% nationally between 2001 and 2007, as reported in the Kaiser/HRET survey.

Employees Enrolled in Health Insurance

Percent of Eligible Employees

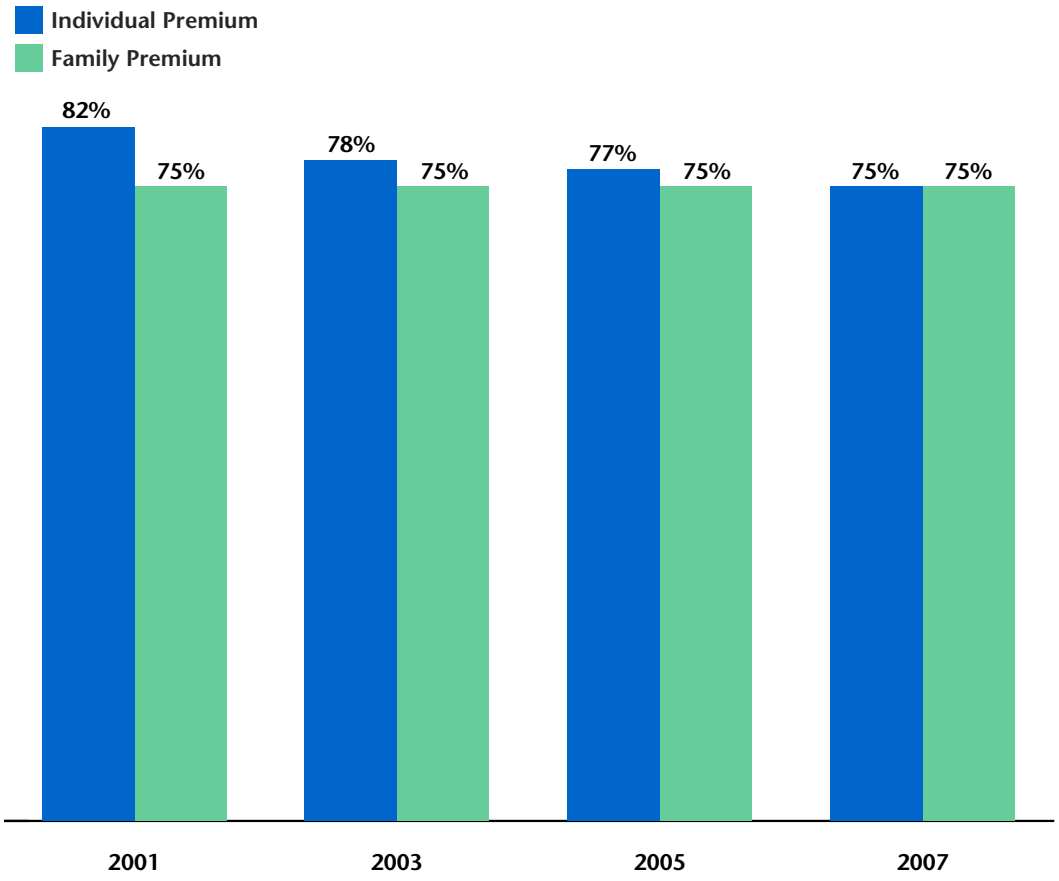


More than three-quarters of employees eligible for health insurance enrolled in their employer's health plan in 2007. Nationally, the take-up rate for employees eligible for health insurance was 82% in 2007 as reported in the Kaiser/HRET survey. While Massachusetts employers are more likely to offer coverage than employers nationwide, employees are less likely to enroll than employees nationwide.

Note: Data reflect medians.
Sources: DHCFP Employer Survey for 2001, 2003, 2005, and 2007. National data from the Henry J. Kaiser Family Foundation/Health Research and Educational Trust (HRET) Employer Benefits Survey, 2001-2007.

Employer Contributions to Health Insurance

Percent of Individual and Family Premiums

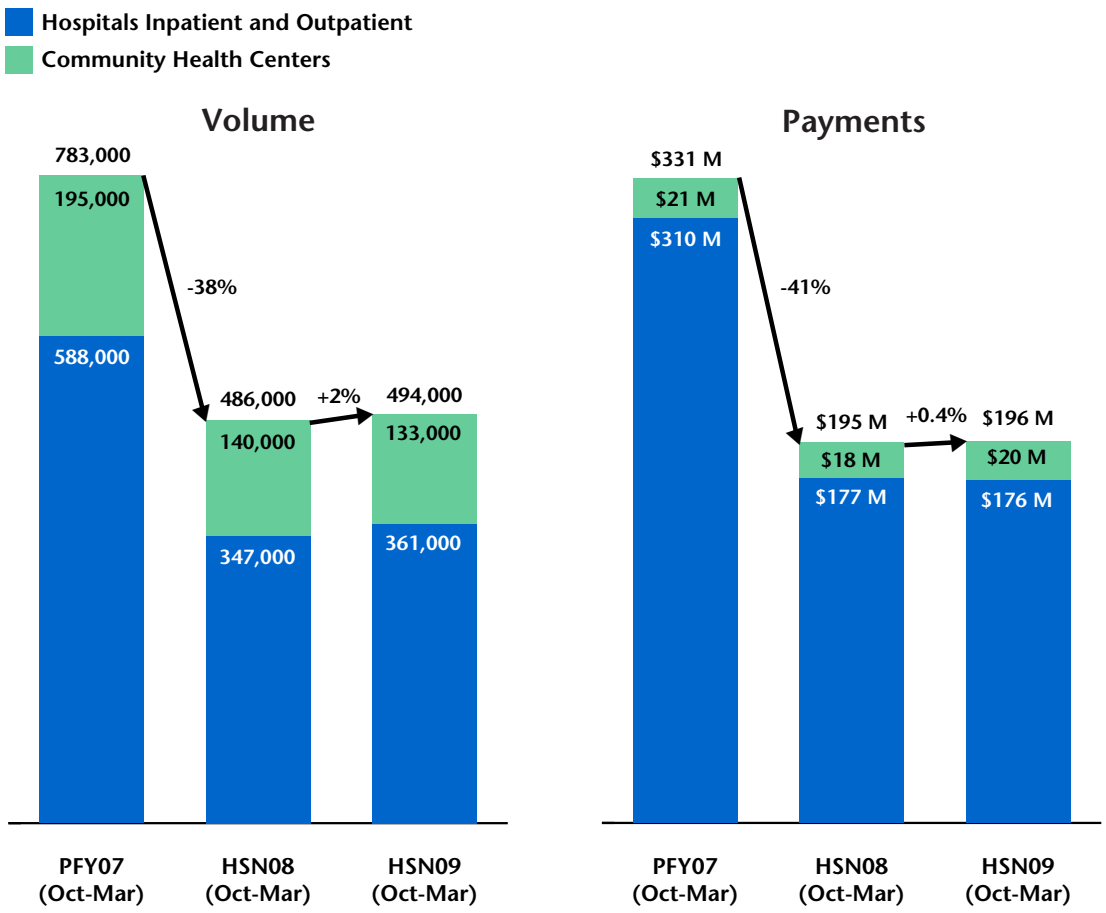


Note: Data reflect medians.
Sources: DHCFP Employer Survey for 2001, 2003, 2005, and 2007. National data from the Henry J. Kaiser Family Foundation/Health Research and Educational Trust (HRET) Employer Benefits Survey, 2001-2007.

Most Massachusetts employers contribute at least 75% toward their employees' health insurance premiums. While Massachusetts employer contributions for family plans are comparable to those nationwide (75% versus 73%), employer contributions are significantly lower for individual plans in Massachusetts than they are nationally (75% versus 85%).

UCP and HSN Volume and Payments

for Hospitals and Community Health Centers



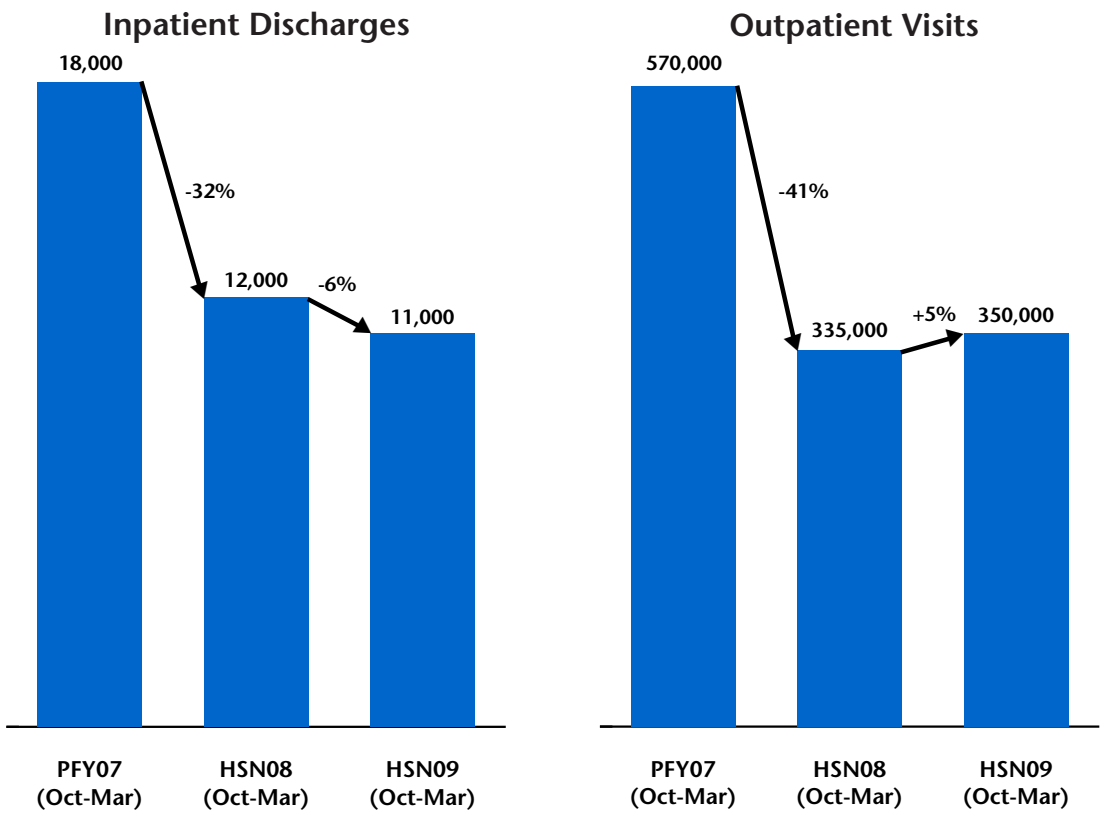
Notes: The Uncompensated Care Pool fiscal year (PFY) and the Health Safety Net fiscal year (HSN) run from October 1 through September 30 of the following year. Hospital volume is the sum of inpatient discharges and outpatient visits for which payments were made to hospital providers in the months shown. Community health center volume is the sum of visits for which payments were made to community health center providers in the months shown. Hospital and community health center volume excludes pharmacy claims. Hospital and community health center payments are reported in the month in which payment was made. Hospital and community health center payments include pharmacy payments. Numbers may not sum due to rounding; percent changes are calculated prior to rounding.
Source: DHCFP Health Safety Net Data Warehouse as of April 9, 2009.

Health Safety Net (HSN) volume for hospitals and community health centers increased by 2% and payments increased by 0.4% in the first six months of Health Safety Net fiscal year 2009 (HSN09) compared to the same period in the prior year.

The HSN08 volume and payments reflect a 38% and 41% decrease, respectively, from the Uncompensated Care Pool (UCP) volume and payments reported for the first six months of PFY07.

Hospital Volume

Inpatient Discharges and Outpatient Visits

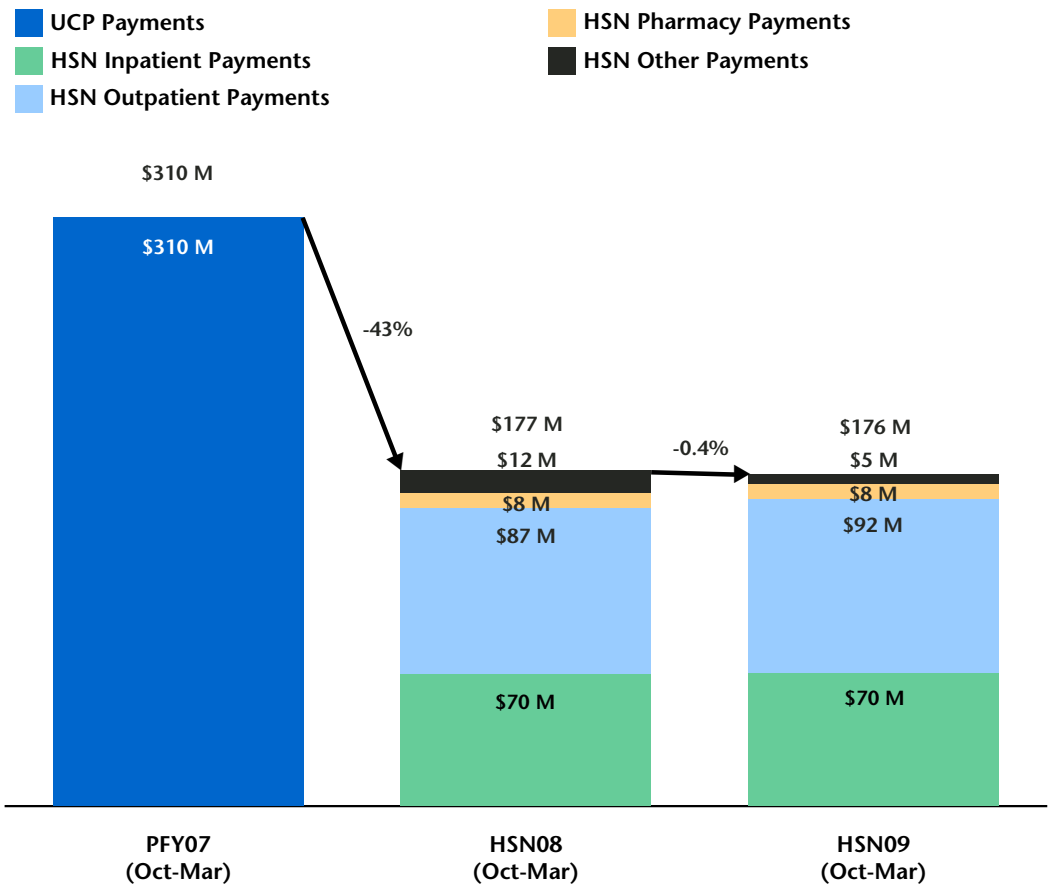


Notes: The Uncompensated Care Pool fiscal year (PFY) and the Health Safety Net fiscal year (HSN) run from October 1 through September 30 of the following year. Hospital volume excludes pharmacy claims. Numbers may not sum due to rounding; percent changes are calculated prior to rounding.
Source: DHCFP Health Safety Net Data Warehouse as of April 9, 2009.

The number of hospital inpatient discharges billed to the Health Safety Net in HSN09 decreased by approximately 6% compared to the same period in the prior year. The number of outpatient visits increased by 5% over the same time period.

UCP and HSN Payment Trends

for Hospitals

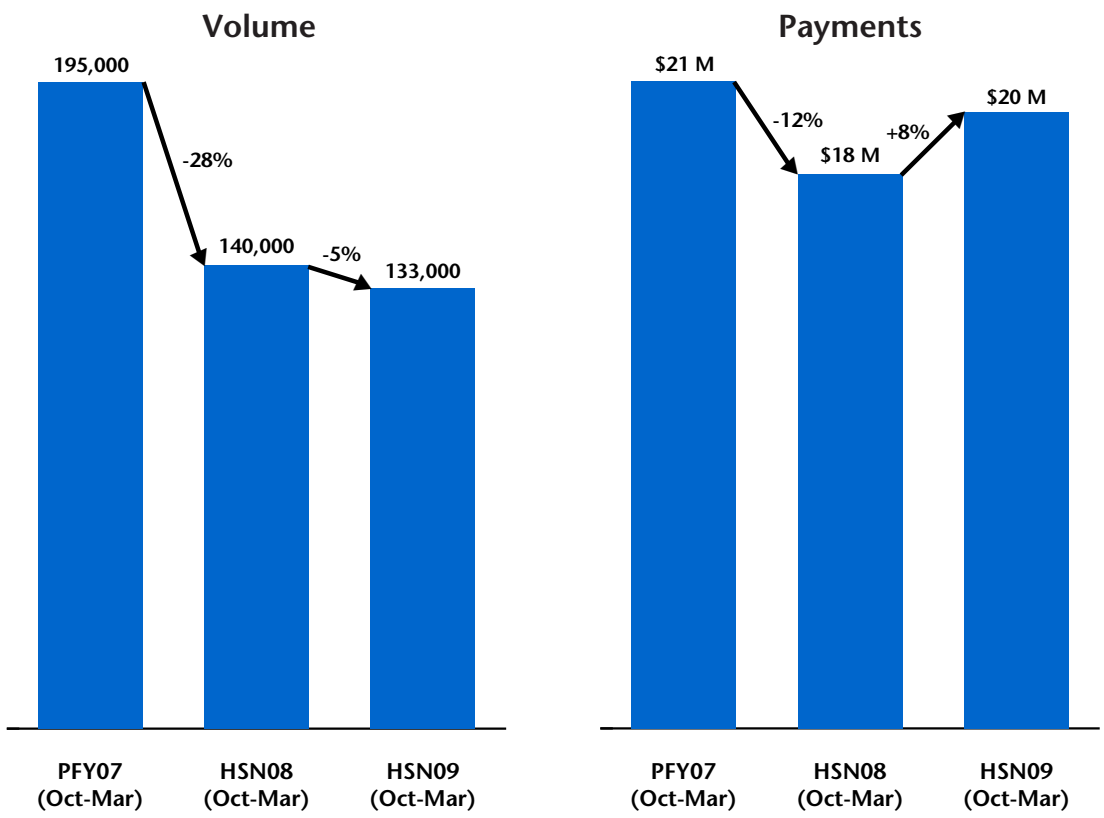


Notes: The Uncompensated Care Pool fiscal year (PFY) and the Health Safety Net fiscal year (HSN) run from October 1 through September 30 of the following year. Hospital payments are reported in the month in which payment was made. Hospital payments include pharmacy payments. "Other HSN Payments" includes payment adjustments that are not attributable to a service category. Numbers are rounded to the nearest million and may not sum due to rounding; percent changes are calculated prior to rounding. Due to block-grant payment methodology used in PFY07, payment information is not available by service type.
Source: DHCFP Health Safety Net Data Warehouse as of April 9, 2009.

Hospital payments in the first six months of Health Safety Net fiscal year 2009 (HSN09) were relatively stable compared to the same period in the prior year.

UCP and HSN Volume and Payments

for Community Health Centers

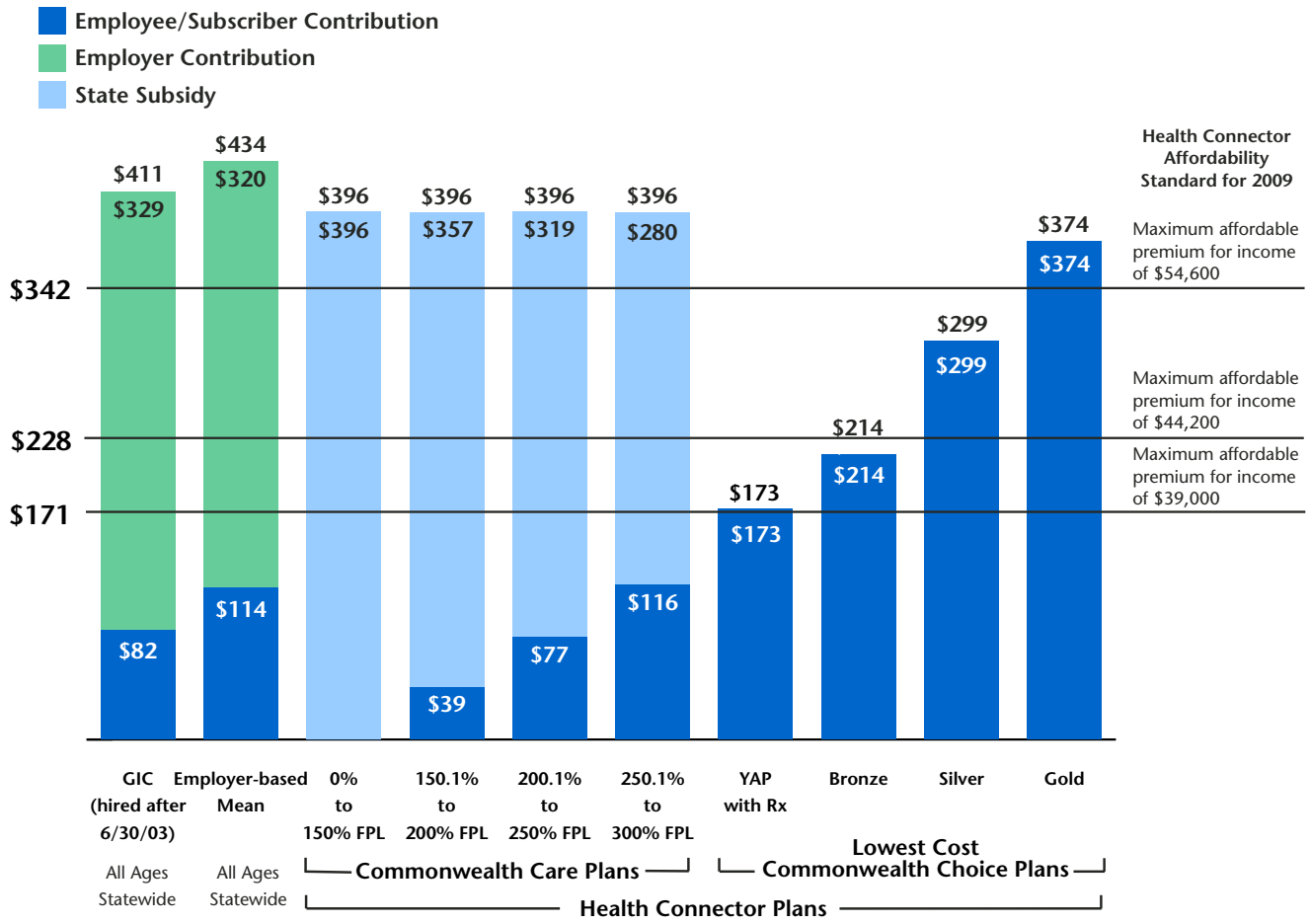


Notes: The Uncompensated Care Pool fiscal year (PFY) and the Health Safety Net fiscal year (HSN) run from October 1 through September 30 of the following year. Community health center volume is the sum of visits for which payments were made to community health center providers in the months shown. Community health center volume excludes pharmacy claims. Community health center payments are reported in the month in which payment was made. Community health center payments include pharmacy payments. Numbers may not sum due to rounding; percent changes are calculated prior to rounding.
Source: DHCFP Health Safety Net Data Warehouse as of April 9, 2009.

Community health center (CHC) Health Safety Net visit volume decreased by 5% in the first six months of HSN09 compared to the same period in the prior year. CHC payments increased by 8% in HSN09 compared to the prior year.

Monthly Cost of Health Insurance

Employer and Connector Plans for Individuals



Notes: The calculation of mean premiums for private, employer-based insurance does not include premiums paid by government employees. Commonwealth Care premiums reflect average composite capitation rates for the total Commonwealth Care population. There is variation in actual capitation amounts across plan types and managed care organizations based on member demographics. The premium for Commonwealth Choice YAP with Rx plan was calculated for a 25-year-old individual living in Boston. Premiums for Commonwealth Choice Bronze, Silver, and Gold are the lowest priced plans available for a 35-year-old individual living in Boston. All Bronze, Silver and Gold plans include Rx. Data are rounded to the nearest whole dollar.
Sources: 2009-2010 GIC Benefit Decision Guide; 2007 DHCFP Employer Survey; Health Connector Affordability Schedule for 2009; Health Connector for Commonwealth Choice plan premiums effective August 1, 2009 and Commonwealth Care premiums effective beginning July 1, 2009.

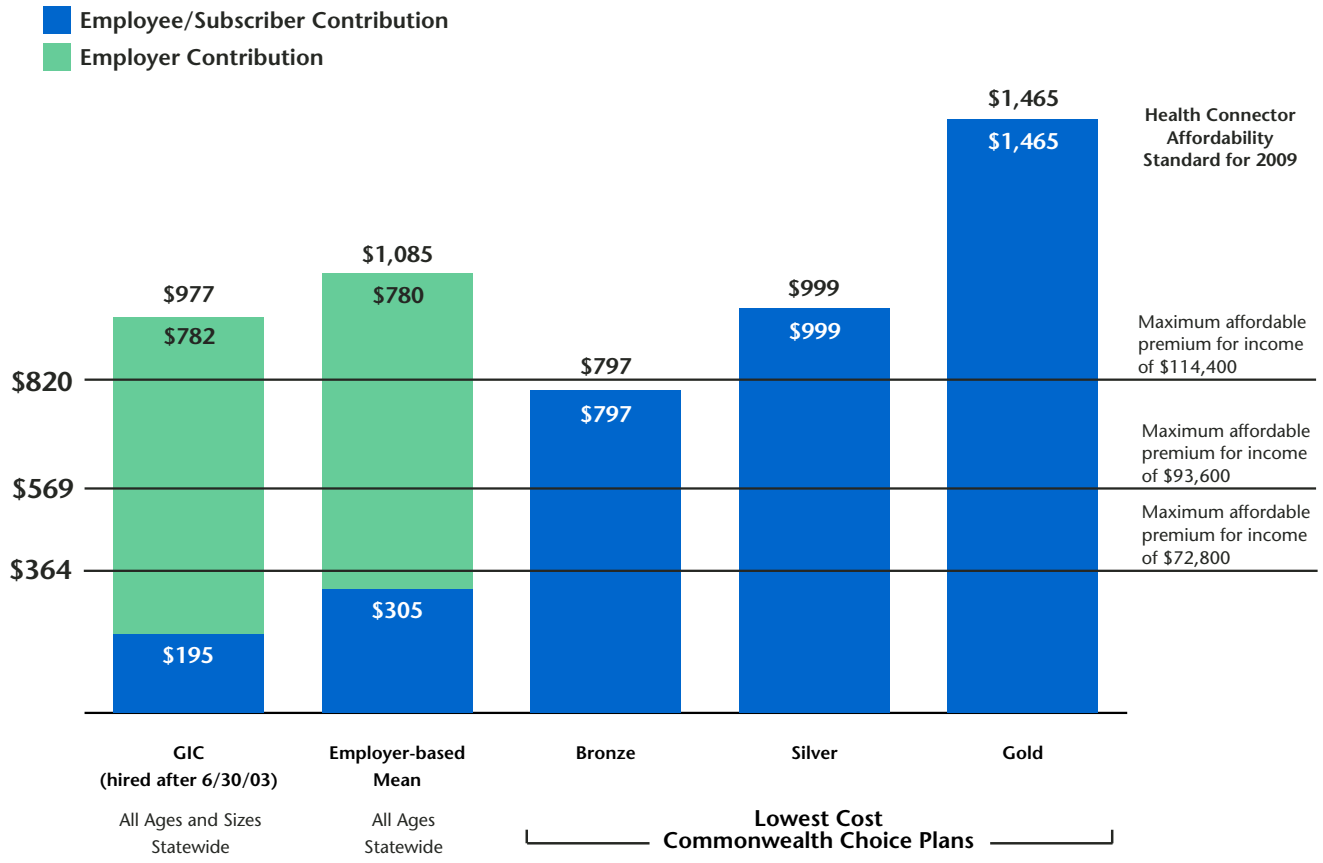
Subscriber contributions to Commonwealth Care plans compare favorably to the average employee contribution for employer-based coverage estimated in the 2007 Employer Survey.

These premiums were compared to the affordability schedule that was established by the Health Connector effective for the calendar year 2009. For more details, please visit: www.MAhealthconnector.org.

The most recent available information on employer-based premiums is for 2007, while Commonwealth Care premiums are as of July 2009 and Commonwealth Choice premiums are as of August 2009. Employer-based premiums may have changed since 2007.

Monthly Cost of Health Insurance

Employer and Connector Plans for Families



Notes: Commonwealth Care plans provide coverage for adult individuals only and, therefore, do not have family plans. The calculation of mean premiums for private employer-based insurance does not include premiums paid by government employees. Premiums for Commonwealth Choice Bronze, Silver, and Gold plans are the lowest price for a family of four, with two 35-year-old parents and two children living in Boston. All Bronze, Silver and Gold plans include Rx. Data are rounded to the nearest whole dollar.
Sources: 2009-2010 GIC Benefit Decision Guide; 2007 DHCFP Employer Survey; Health Connector Affordability Schedule for 2009; Health Connector for Commonwealth Choice plan premiums effective August 1, 2009.

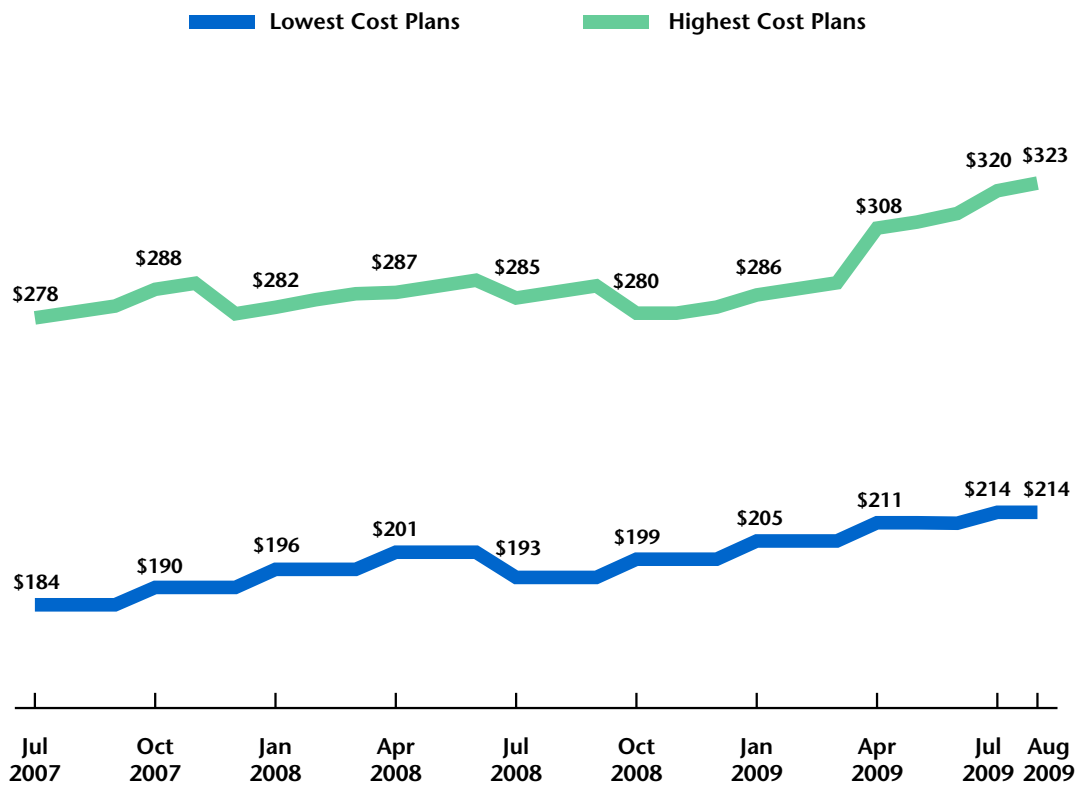
Commonwealth Choice premium contributions for families are higher than the average employee contribution for employer-based family coverage estimated in the 2007 Employer Survey.

These premiums were compared to the affordability schedule that was established by the Health Connector effective for the calendar year 2009. For more details, please visit: www.MAhealthconnector.org.

The most recent available information on employer-based premiums is for 2007, while Commonwealth Choice premiums are as of August 2009. Employer-based premiums may have changed since 2007.

Commonwealth Choice Bronze Premiums

Highest and Lowest Cost Plans (with Rx Coverage)

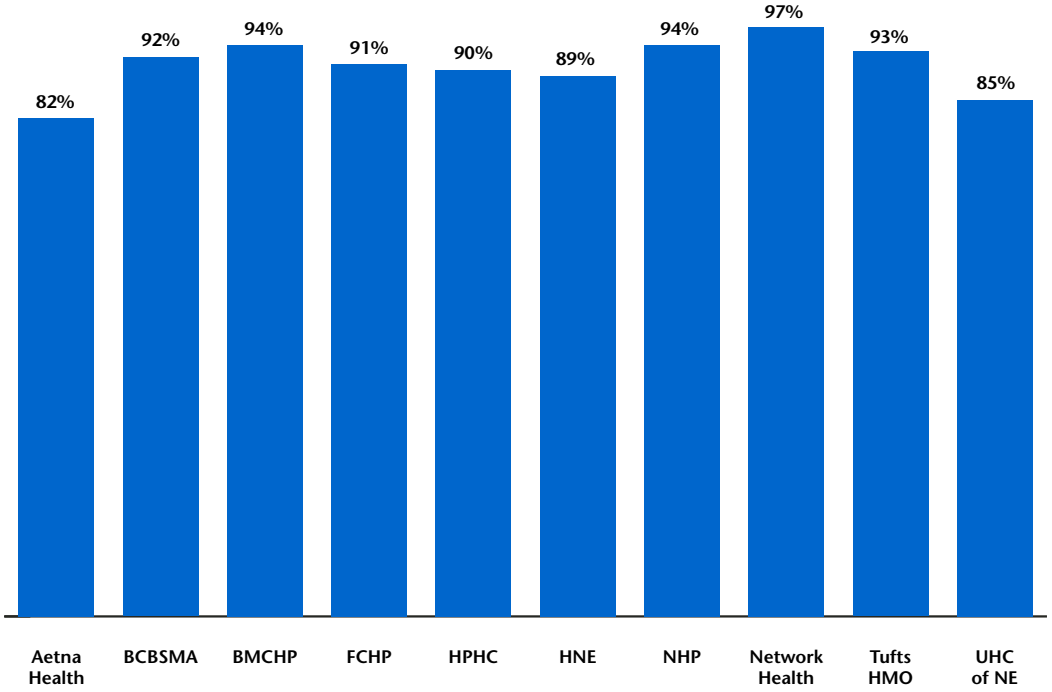


Notes: Premiums are for a 35-year-old individual living in Boston. As of January 2008, Bronze products are no longer offered without Rx.
Source: Health Connector.

Both the lowest and highest cost Commonwealth Choice Bronze monthly premiums for individuals have increased by 16% since July 1, 2007.

Medical Expense Ratio

by Health Plan for the First Three Months of 2009



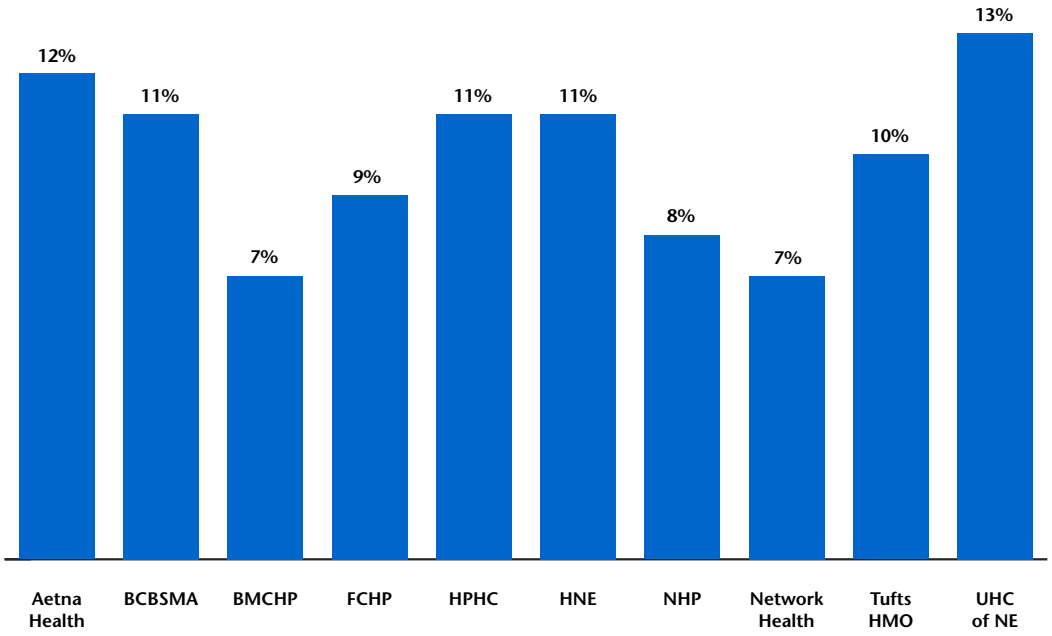
Health plans spent between 82% and 97% of total health care related revenue on medical services provided to members in the first three months of 2009.

Caution should be taken when interpreting quarterly results because quarterly performance is not necessarily indicative of year-end results.

Notes: Medical expense ratio is calculated by dividing the total hospital and medical expenses by revenue. In accordance with NAIC reporting standards, revenue here includes premium income and aggregate write-ins for other health care related revenues. It does not include write-ins for non-health revenues or investment income. Massachusetts Division of Insurance (DOI) financial information represents both in-state and out-of-state business in private insurance products, Medicare, MassHealth and Commonwealth Care. Information is limited to the health maintenance organizations licensed with DOI or under contract with MassHealth. HMOs with less than 6,000 covered lives are excluded from this analysis as financial information for these companies is more volatile. MassHealth 4B reports were used to calculate financial ratios for Network Health in the first three months of calendar year 2009. Blue Cross Blue Shield of Massachusetts (BCBSMA) includes the combined performance of BCBSMA and HMO Blue.
Sources: DOI annual financial statements. Network Health data are from MassHealth 4B insolvency reports.

Administrative Expense Ratio

by Health Plan for the First Three Months of 2009



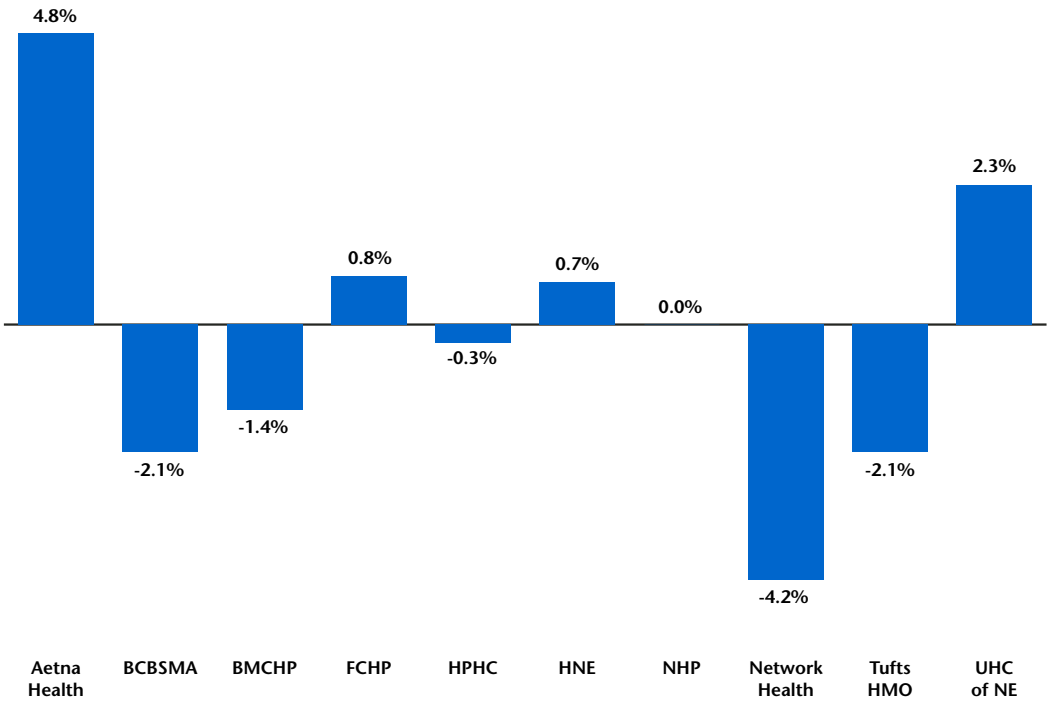
Notes: Administrative expense ratio is calculated by dividing the total administrative expenses (including claims adjustment and general administrative expenses) by revenue. In accordance with NAIC reporting standards, revenue here includes premium income and aggregate write-ins for other health care related revenues. It does not include write-ins for non-health revenues or investment income. Massachusetts Division of Insurance (DOI) financial information represents both in-state and out-of-state business in private insurance products, Medicare, MassHealth and Commonwealth Care. Information is limited to the health maintenance organizations licensed with DOI or under contract with MassHealth. HMOs with less than 6,000 covered lives are excluded from this analysis as financial information for these companies is more volatile. MassHealth 4B reports were used to calculate financial ratios for Network Health in the first three months of calendar year 2009. Blue Cross Blue Shield of Massachusetts (BCBSMA) includes the combined performance of BCBSMA and HMO Blue.
Sources: DOI annual financial statements. Network Health data are from MassHealth 4B insolvency reports.

Health plans spent between 7% and 13% of total health care related revenue on administrative expenses including staff, claims processing, rent, and clinical oversight in the first three months of 2009.

Caution should be taken when interpreting quarterly results because quarterly performance is not necessarily indicative of year-end results.

Profit Margin

by Health Plan for the First Three Months of 2009



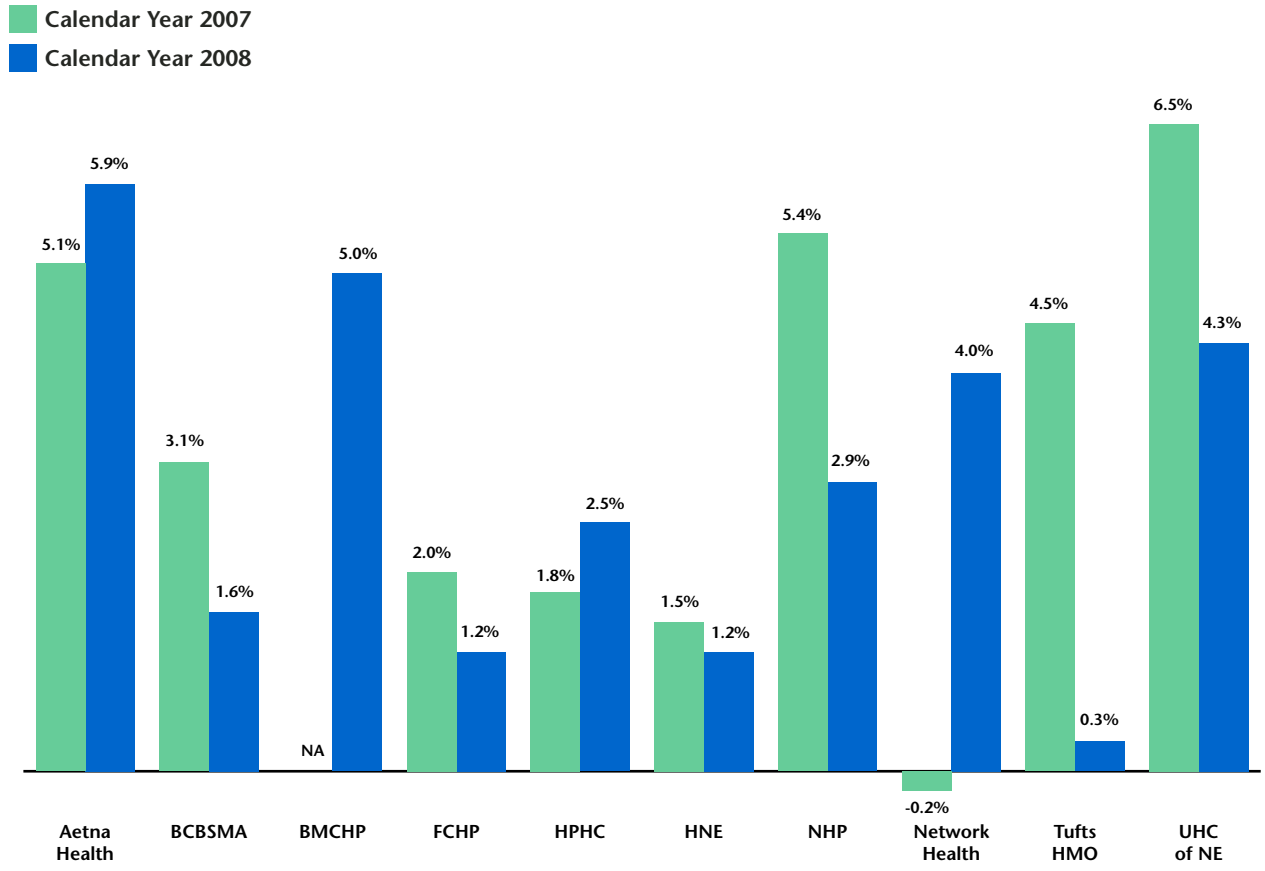
Profit margin represents the resources available to the plan for other purposes after paying medical claims and administrative costs. Profit margins varied widely across plans with many reporting losses in the first three months of 2009.

Caution should be taken when interpreting quarterly results because quarterly performance is not necessarily indicative of year-end results.

Notes: Profit margin is calculated by dividing net income by total revenue. Total revenue here includes premium income, aggregate write-ins for other health care related revenues, and investment gain/loss. It does not include write-ins for non-health revenues. Massachusetts Division of Insurance (DOI) financial information represents both in-state and out-of-state business in private insurance products, Medicare, MassHealth and Commonwealth Care. Information is limited to the health maintenance organizations licensed with DOI or under contract with MassHealth. HMOs with less than 6,000 covered lives are excluded from this analysis as financial information for these companies is more volatile. MassHealth 4B reports were used to calculate financial ratios for Network Health in calendar year 2009. Blue Cross Blue Shield of Massachusetts (BCBSMA) includes the combined performance of BCBSMA and HMO Blue. Sources: DOI annual financial statements. Network Health data are from MassHealth 4B insolvency reports.

Profit Margin

by Health Plan for Calendar Year 2007 and 2008



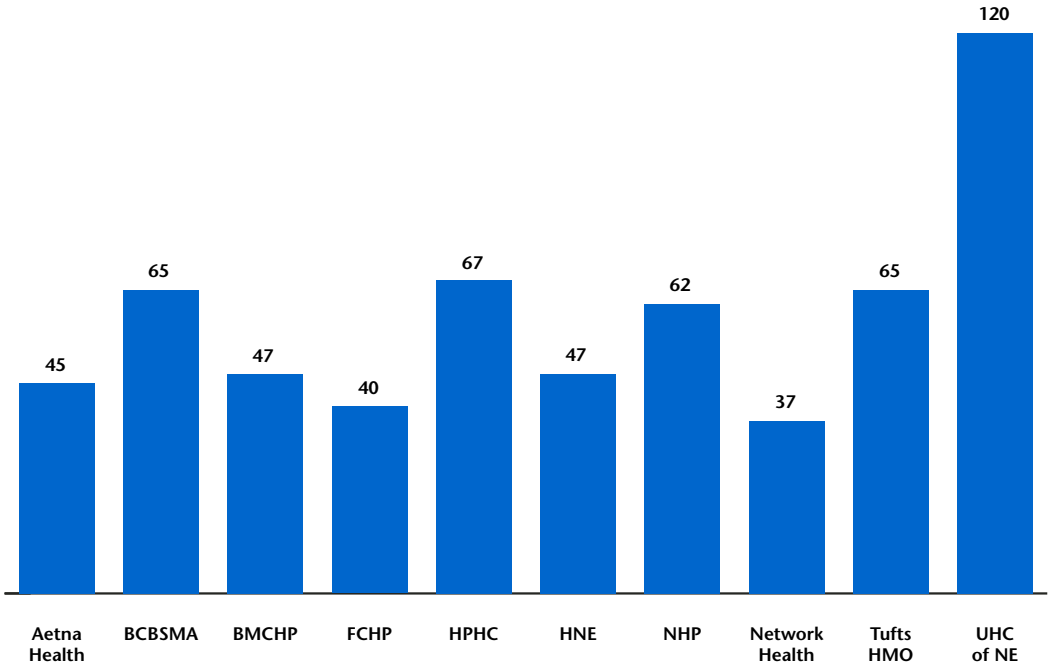
Notes: Profit margin is calculated by dividing net income by total revenue. Total revenue here includes premium income, aggregate write-ins for other health care related revenues, and investment gain/loss. Massachusetts Division of Insurance (DOI) financial information represents both in-state and out-of-state business in private insurance products, Medicare, MassHealth and Commonwealth Care. Information is limited to the health maintenance organizations licensed with DOI or under contract with MassHealth. HMOs with less than 6,000 covered lives are excluded from this analysis as financial information for these companies is more volatile. Information does not include write-ins for non-health revenues. Revenues for Boston Medical Center HealthNet Plan (BMCHP) include approximately $41 million for supplemental payments (Section 122) reported as other health care related income in calendar year 2008. These payments are made as a transfer from Boston Medical Center to the health plan. BMCHP is newly licensed with DOI as of October 31, 2008; the annual statement for the year ending December 31, 2008 is the plan's first financial statement to DOI. MassHealth 4B reports were used to calculate financial ratios for BMCHP in calendar year 2007 and for Network Health in calendar years 2007 and 2008; numbers are not directly comparable to information reported to DOI. Blue Cross Blue Shield of Massachusetts (BCBSMA) includes the combined performance of BCBSMA and HMO Blue. Sources: DOI annual financial statements. Network Health data are from MassHealth 4B insolvency reports.

The majority of health plans had lower profit margins in calendar year 2008 than in calendar year 2007.

Boston Medical Center HealthNet Plan reported financial information using the MassHealth 4B insolvency reports in calendar year 2007. Such data is not comparable to that reported to DOI in calendar year 2008 for this plan.

Days in Reserve

by Health Plan for the First Three Months of 2009



Days in reserve is a measure of financial solvency. It reflects the number of days of medical expenses a plan could fund from its net worth. Performance on this measure varies widely; roughly half of plans reported net worth equal to at least two months of days in reserve for the first three months of 2009.

Caution should be taken when interpreting quarterly results because quarterly performance is not necessarily indicative of year-end results.

Notes: Days in reserve is calculated by dividing net worth (including total capital and surplus) by the result of dividing total medical and administrative expenses by the number of days in the year. Massachusetts Division of Insurance (DOI) financial information represents both in-state and out-of-state business in private insurance products, Medicare, MassHealth and Commonwealth Care. Information is limited to the health maintenance organizations licensed with DOI or under contract with MassHealth. HMOs with less than 6,000 covered lives are excluded from this analysis as financial information for these companies is more volatile. MassHealth 4B reports were used to calculate financial ratios for Network Health for the first three months of calendar year 2009. Blue Cross Blue Shield of Massachusetts (BCBSMA) includes the combined performance of BCBSMA and HMO Blue.
Sources: DOI annual financial statements. Network Health data are from MassHealth 4B insolvency reports.

Health Plan Financial Performance

by Health Plan for Calendar Year 2007

Health Plan	Medical Expense Ratio	Administrative Expense Ratio	Profit Margin	Days in Reserve	Profit (Loss)
Aetna Health, Inc. (a Pennsylvania Corp.)	81%	11%	5.1%	51	$104,210,000
Blue Cross Blue Shield of MA and HMO Blue	89%	10%	3.1%	87	$208,726,000
Boston Medical Center HealthNet Plan	90%	8%	3.6%	42	$32,550,000
Fallon Community Health Plan, Inc.	91%	9%	2.0%	71	$17,742,000
Harvard Pilgrim Health Care, Inc.	87%	12%	1.8%	66	$38,075,000
Health New England, Inc.	87%	11%	1.5%	49	$4,077,000
Neighborhood Health Plan, Inc.	87%	9%	5.4%	76	$36,230,000
Network Health	94%	6%	-0.2%	40	($1,004,000)
Tufts Associated Health Maintenance Organization	87%	12%	4.5%	101	$90,961,000
UnitedHealthcare of New England, Inc.	79%	14%	6.5%	125	$25,081,000

Notes: Massachusetts Division of Insurance (DOI) financial information represents both in-state and out-of-state business in private insurance products, Medicare, MassHealth and Commonwealth Care. Information is limited to the health maintenance organizations licensed with DOI or under contract with MassHealth. HMOs with less than 6,000 covered lives are excluded from this analysis as financial information for these companies is more volatile. Revenues for Boston Medical Center HealthNet Plan (BMCHP) include approximately $47 million for supplemental payments (Section 122) reported as miscellaneous non-operating revenue in calendar year 2007 on the MassHealth 4B reports. These payments are made as a transfer from Boston Medical Center to the health plan. BMCHP is newly licensed with DOI as of October 31, 2008; the annual statement for the year ending December 31, 2008 is the plan's first financial statement to DOI. MassHealth 4B reports were used to calculate financial ratios for BMCHP in calendar year 2007 and for Network Health in calendar years 2007 and 2008; numbers are not directly comparable to information reported to DOI. Blue Cross Blue Shield of Massachusetts (BCBSMA) includes the combined performance of BCBSMA and HMO Blue.
Sources: DOI annual financial statements. Boston Medical Center HealthNet Plan and Network Health data are from MassHealth 4B and insolvency reports.

Health Plan Financial Performance

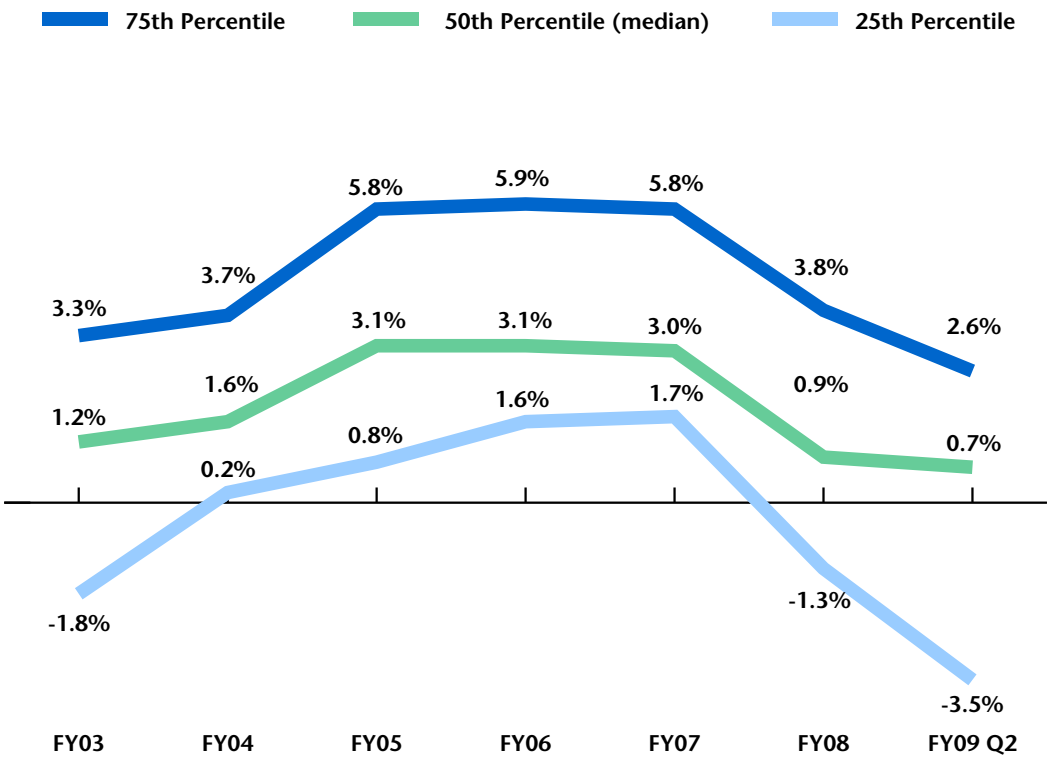
by Health Plan for Calendar Year 2008

Health Plan	Medical Expense Ratio	Administrative Expense Ratio	Profit Margin	Days in Reserve	Profit (Loss)
Aetna Health, Inc. (a Pennsylvania Corp.)	84%	12%	5.9%	43	$130,538,000
Blue Cross Blue Shield of MA and HMO Blue	89%	10%	1.6%	72	$105,388,000
Boston Medical Center HealthNet Plan	88%	7%	5.0%	56	$56,714,000
Fallon Community Health Plan, Inc.	91%	9%	1.2%	46	$11,628,000
Harvard Pilgrim Health Care, Inc.	88%	10%	2.5%	70	$52,292,000
Health New England, Inc.	87%	11%	1.2%	49	$3,436,000
Neighborhood Health Plan, Inc.	90%	9%	2.9%	68	$24,721,000
Network Health	90%	6%	4.0%	35	$28,324,000
Tufts Associated Health Maintenance Organization	88%	11%	0.3%	72	$6,116,000
UnitedHealthcare of New England, Inc.	81%	14%	4.3%	126	$16,591,000

Notes: Massachusetts Division of Insurance (DOI) financial information represents both in-state and out-of-state business in private insurance products, Medicare, MassHealth and Commonwealth Care. Information is limited to the health maintenance organizations licensed with DOI or under contract with MassHealth. HMOs with less than 6,000 covered lives are excluded from this analysis as financial information for these companies is more volatile. Revenues for Boston Medical Center HealthNet Plan (BMCHP) include approximately $41 million for supplemental payments (Section 122) reported as other health care related income in calendar year 2008. These payments are made as a transfer from Boston Medical Center to the health plan. BMCHP is newly licensed with DOI as of October 31, 2008; the annual statement for the year ending December 31, 2008 is the plan's first financial statement to DOI. MassHealth 4B reports were used to calculate financial ratios for BMCHP in calendar year 2007 and for Network Health in calendar years 2007 and 2008; numbers are not directly comparable to information reported to DOI. Blue Cross Blue Shield of Massachusetts (BCBSMA) includes the combined performance of BCBSMA and HMO Blue.
Sources: DOI annual financial statements. Network Health data are from MassHealth 4B and insolvency reports.

Total Margin Trend

by Fiscal Year



Many hospitals experienced declines in total profits with the financially weakest hospitals showing the steepest decline during the first two quarters of FY09. Thirty-one hospitals (47%) reported a total loss during the same period.

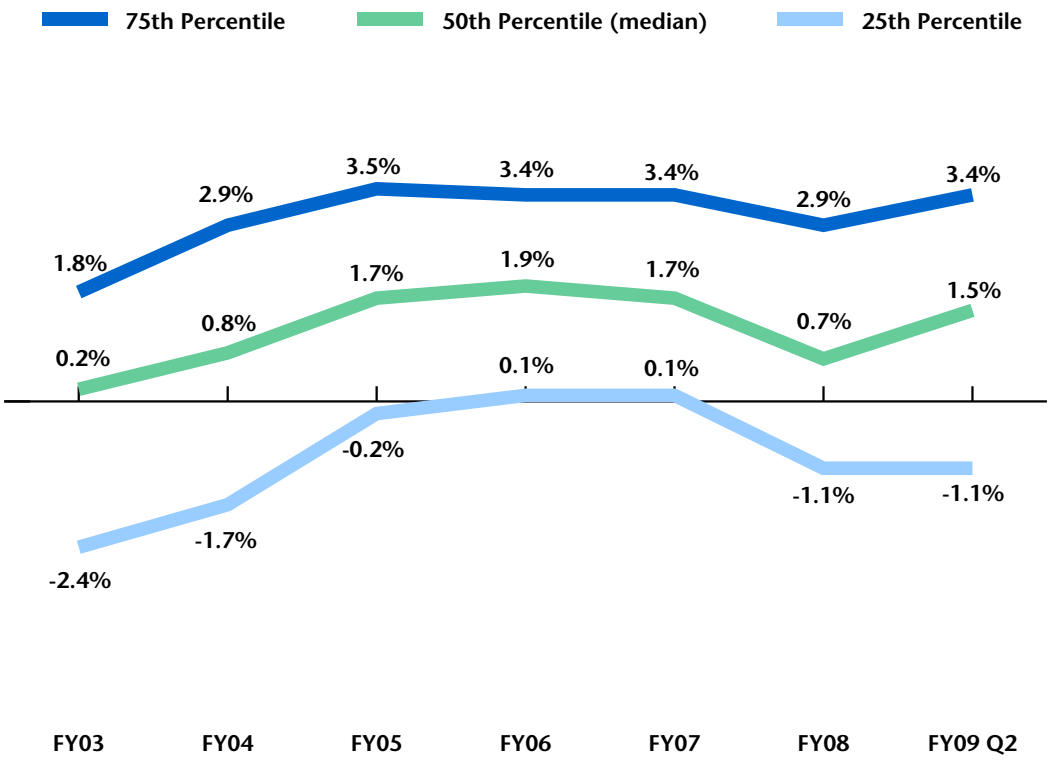
Benchmark: Northeast US median FY07 = 2.7%

Benchmark Source: 2009 Almanac of Hospital Financial and Operating Indicators, INGENIX

Notes: Total margin is calculated by dividing total income by total revenue. Fiscal year ends (FYEs) vary across hospitals: of 66 hospitals, three hospitals have a June 30 FYE, one hospital has a March 31 FYE, and one hospital has a December 31 FYE. The remaining 61 hospitals have a September 30 FYE. Margins are based on 66 hospitals in FY03 through FY07 and 65 in FY08.
Source: DHCFP Acute hospital financial data, for more information, please visit http://www.mass.gov/dhcfp. Click on "Publications and Analyses" then go to "Hospital Financial Reports."

Operating Margin Trend

by Fiscal Year



Operating margin is an important indicator of hospital profitability as it is a reflection of income from operations.

Overall, operating margins improved, with the median operating margin increasing from 0.7% in FY08 to 1.5% during the first two quarters of FY09. Twenty-one hospitals (32%) reported a loss from operations during the same period.

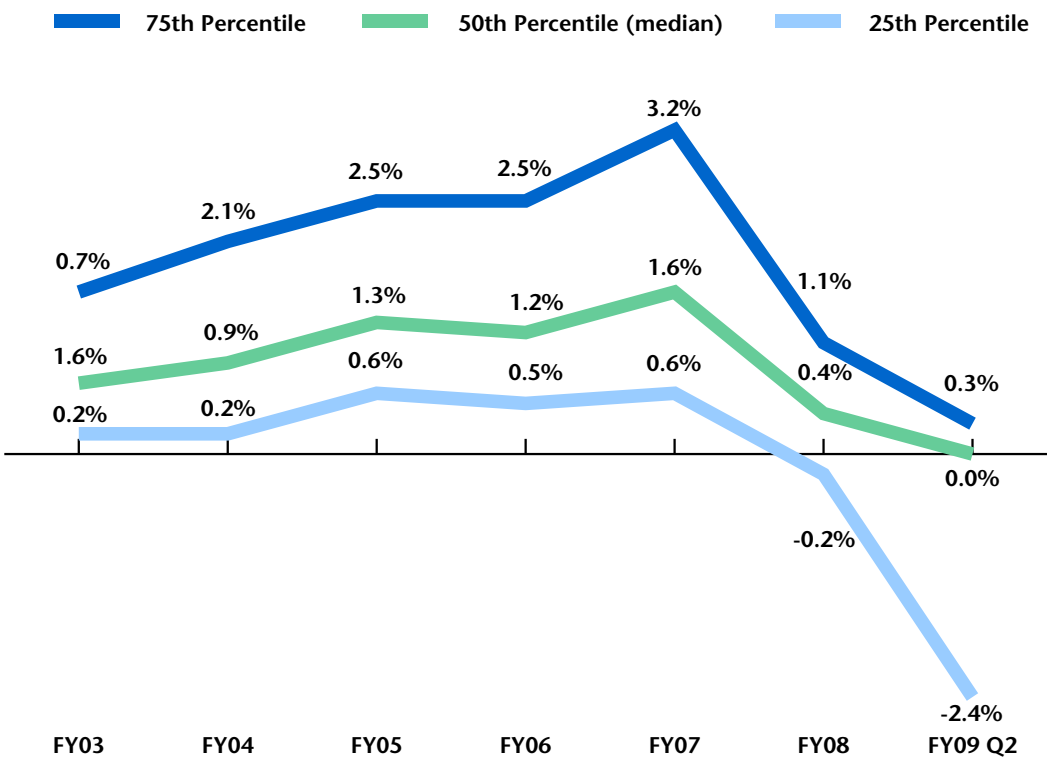
Benchmark: Northeast US median FY07 = 1.5%

Benchmark Source: INGENIX Consulting based on the hospital financial database used for the 2009 Almanac of Hospital Financial and Operating Indicators, INGENIX

Notes: Operating margin is calculated by dividing operating income by total revenue. Fiscal year ends (FYEs) vary across hospitals: of 66 hospitals, three hospitals have a June 30 FYE, one hospital has a March 31 FYE, and one hospital has a December 31 FYE. The remaining 61 hospitals have a September 30 FYE. Margins are based on 66 hospitals in FY03 through FY07 and 65 in FY08.
Source: DHCFP Acute hospital financial data, for more information, please visit http://www.mass.gov/dhcfp. Click on "Publications and Analyses" then go to "Hospital Financial Reports."

Non-Operating Margin Trend

by Fiscal Year



Non-operating income is derived primarily from income related to investments, including interest, dividends, and realized gains/losses on securities sales; it also reflects unrestricted charitable donations.

Non-operating margins continued to decline during the first two quarters of FY09. Thirty-six (55%) hospitals reported a non-operating loss during this period.

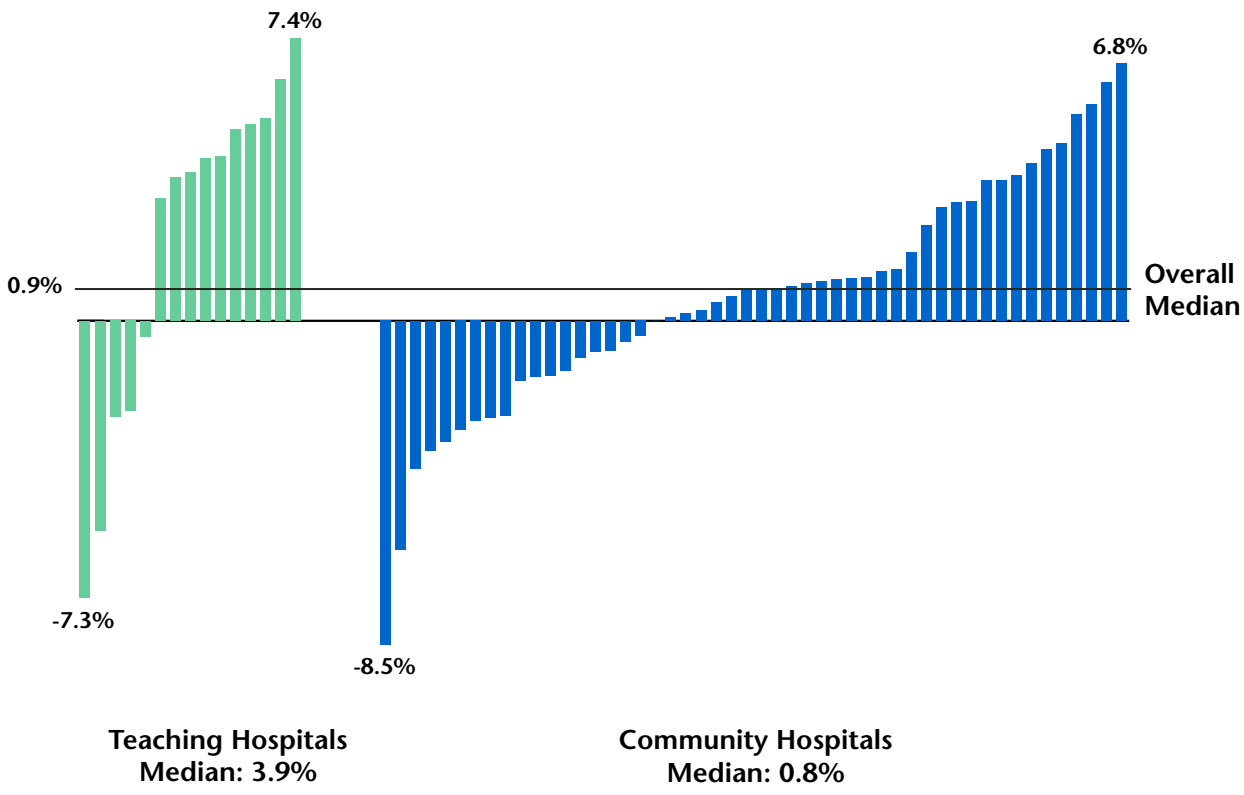
Benchmark: Northeast US median FY07 = 1.1%

Benchmark Source: INGENIX Consulting based on the hospital financial database used for the 2009 Almanac of Hospital Financial and Operating Indicators, INGENIX

Notes: Non-operating margin is calculated by dividing non-operating income by total revenue. Fiscal year ends (FYEs) vary across hospitals: of 66 hospitals, three hospitals have a June 30 FYE, one hospital has a March 31 FYE, and one hospital has a December 31 FYE. The remaining 61 hospitals have a September 30 FYE. Margins are based on 66 hospitals in FY03 through FY07 and 65 in FY08.
Source: DHCFP Acute hospital financial data, for more information, please visit http://www.mass.gov/dhcfp. Click on "Publications and Analyses" then go to "Hospital Financial Reports."

Total Margin

by Teaching Status for Fiscal Year 2008



The overall financial performance of acute hospitals varies widely by teaching status.
The median total margin was 3.9% for teaching hospitals compared with 0.8% for community hospitals in FY08. Ten (67%) teaching hospitals compared with 30 (64%) community hospitals had positive total margins in FY08.

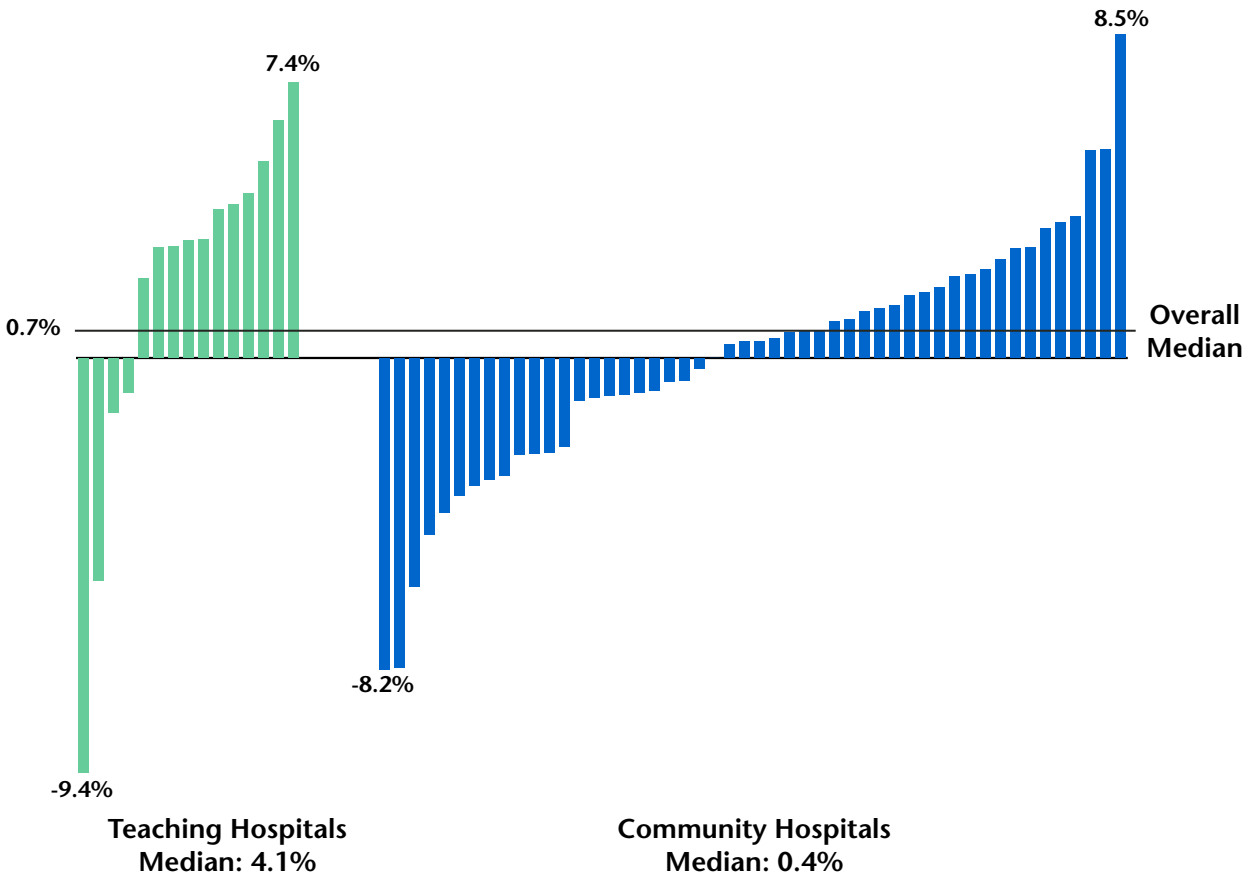
Benchmark: Northeast US median FY07 = 2.7%

Benchmark Source: 2009 Almanac of Hospital Financial and Operating Indicators, INGENIX

Notes: Total margin is calculated by dividing total income by total revenue. Fiscal year ends (FYEs) vary across hospitals: of 66 hospitals, three hospitals have a June 30 FYE, one hospital has a March 31 FYE, and one hospital has a December 31 FYE. The remaining 61 hospitals have a September 30 FYE. Since Mercy Hospital has a December31 FYE, FY08 data were unavailable for this analysis.
Source: DHCFP Acute hospital financial data, for more information, please visit http://www.mass.gov/dhcfp. Click on "Publications and Analyses" then go to "Hospital Financial Reports."

Operating Margin

by Teaching Status for Fiscal Year 2008



Notes: Operating margin is calculated by dividing operating income by total revenue. Fiscal year ends (FYEs) vary across hospitals: of 66 hospitals, three hospitals have a June 30 FYE, one hospital has a March 31 FYE, and one hospital has a December 31 FYE. The remaining 61 hospitals have a September 30 FYE. Since Mercy Hospital has a December 31 FYE, FY08 data were unavailable for this analysis.
Source: DHCFP Acute hospital financial data, for more information, please visit http://www.mass.gov/dhcfp. Click on "Publications and Analyses" then go to "Hospital Financial Reports."

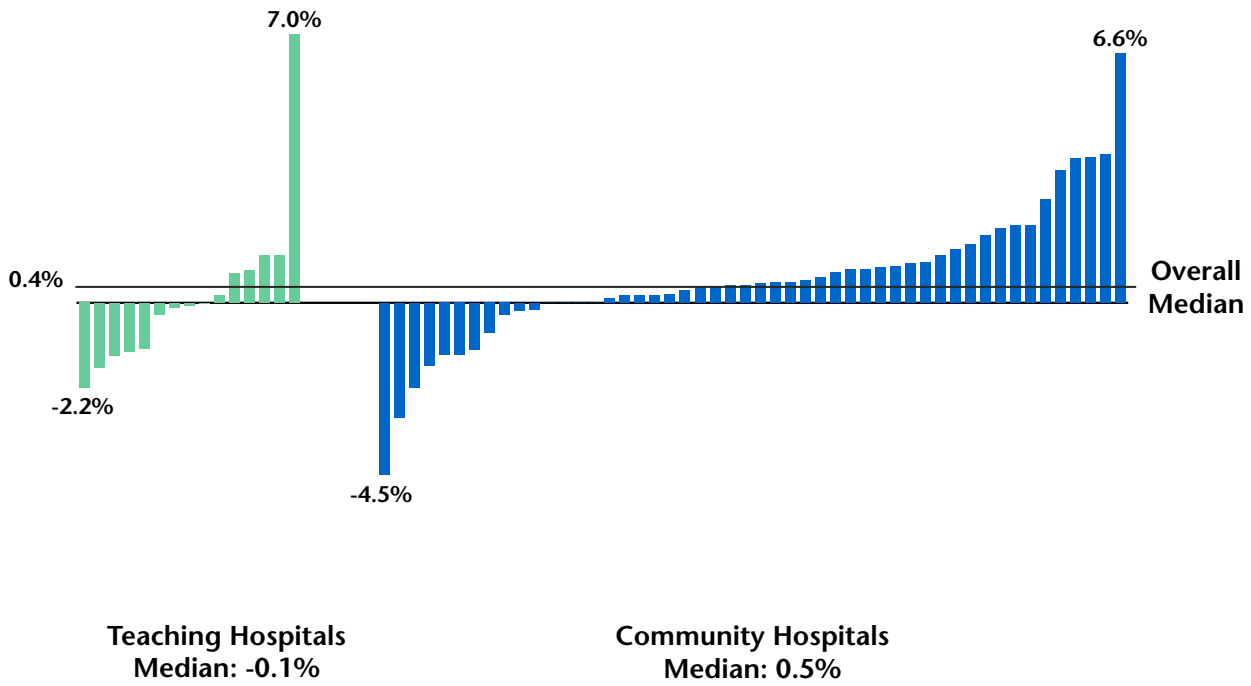
Operating margin performance varies widely by teaching status. The median operating margin for teaching hospitals was significantly higher than it was for community hospitals (4.1% vs. 0.4%) in FY08. Eleven (73%) teaching hospitals compared with 27 (56%) community hospitals had positive operating margins in FY08.

Benchmark: Northeast US median FY07 = 1.5%

Benchmark Source: INGENIX Consulting based on the hospital financial database used for the 2009 Almanac of Hospital Financial and Operating Indicators, INGENIX

Non-Operating Margin

by Teaching Status for Fiscal Year 2008



The median non-operating margin was quite similar for both teaching and community hospitals (-0.1% and 0.5%) in FY08. Six (40%) teaching hospitals compared with 35 (76%) community hospitals had positive non-operating margins in FY08.

Benchmark: Northeast US median FY07 = 1.1%

Benchmark Source: INGENIX Consulting based on the hospital financial database used for the 2009 Almanac of Hospital Financial and Operating Indicators, INGENIX

Notes: Non-operating margin is calculated by dividing non-operating income by total revenue. Fiscal year ends (FYEs) vary across hospitals: of 66 hospitals, three hospitals have a June 30 FYE, one hospital has a March 31 FYE, and one hospital has a December 31 FYE. The remaining 61 hospitals have a September 30 FYE. Since Mercy Hospital has a December 31 FYE, FY08 data were unavailable for this analysis.
Source: DHCFP Acute hospital financial data, for more information, please visit http://www.mass.gov/dhcfp. Click on "Publications and Analyses" then go to "Hospital Financial Reports."

Hospital Financial Performance

Hospital Fiscal Year 2008

Teaching Hospitals	Operating Margin	Non-Op Margin	Total Margin	Profit (Loss)
Baystate Medical Center	5.5%	0.9%	6.3%	$53,334,000
Beth Israel Deaconess Medical Center	2.5%	0.8%	3.2%	$39,328,000
Boston Medical Center	6.4%	-1.3%	5.2%	$54,986,000
Brigham and Women's Hospital	5.2%	-0.1%	5.0%	$95,721,000
Cambridge Health Alliance	-6.8%	1.3%	-5.5%	($29,448,000)
Caritas St. Elizabeth's Medical Center	1.8%	-2.2%	-0.4%	($1,484,000)
Children's Hospital Boston	4.1%	1.3%	5.3%	$63,381,000
Dana-Farber Cancer Institute	-5.6%	-1.7%	-7.3%	($49,469,000)
Lahey Clinic	3.8%	-0.1%	3.8%	$30,111,000
Massachusetts Eye and Ear Infirmary	-9.4%	7.0%	-2.4%	($3,590,000)
Massachusetts General Hospital	4.6%	-0.3%	4.3%	$106,649,000
Mount Auburn Hospital	5.1%	-1.2%	3.9%	$10,502,000
Saint Vincent Hospital	7.4%	0.0%	7.4%	$22,197,000
Tufts Medical Center	-1.1%	-1.4%	-2.5%	($14,673,000)
UMass Memorial Medical Center	4.1%	0.2%	4.3%	$53,130,000

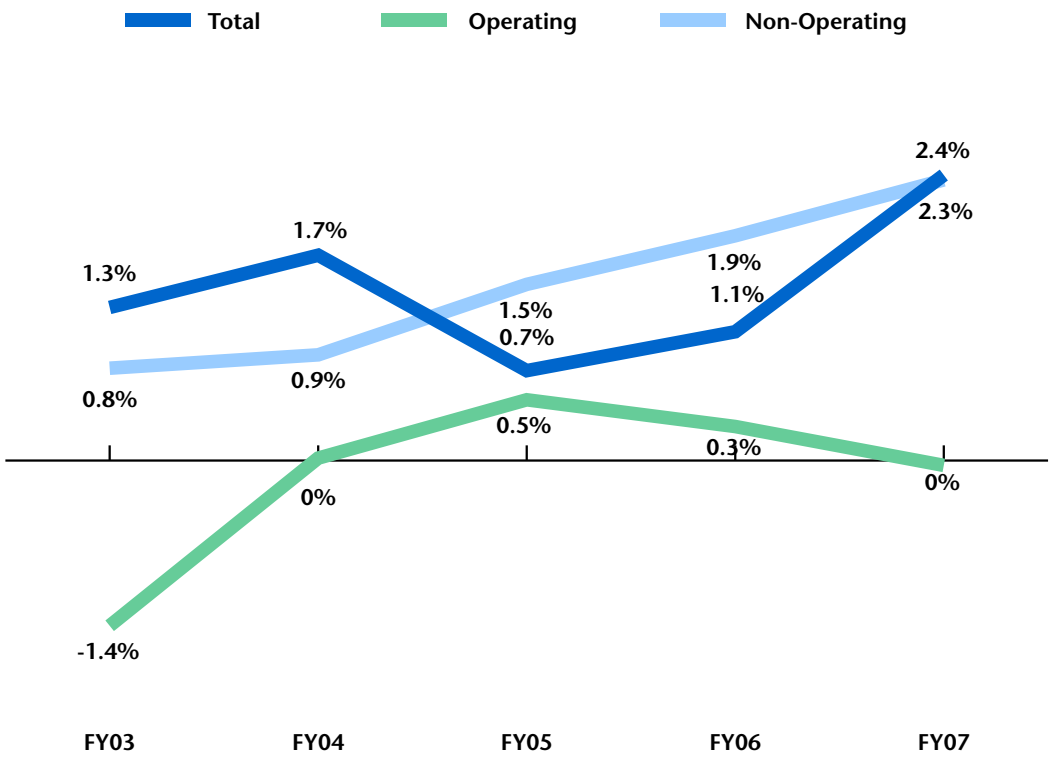
Community Hospitals	Operating Margin	Non-Op Margin	Total Margin	Profit (Loss)
Anna Jaques Hospital	0.7%	0.1%	0.9%	$851,000
Athol Memorial Hospital	0.7%	0.5%	1.1%	$258,000
Baystate Franklin Medical Center	-2.5%	1.0%	-1.4%	($1,180,000)
Baystate Mary Lane Hospital	-1.0%	2.0%	1.0%	$321,000
Berkshire Medical Center	2.1%	1.5%	3.7%	$11,957,000
Beth Israel Deaconess Hospital-Needham	1.4%	0.4%	1.8%	$819,000
Cape Cod Hospital	-4.1%	0.9%	-3.2%	($11,362,000)
Caritas Carney Hospital	0.7%	0.4%	1.1%	$1,335,000
Caritas Good Samaritan Medical Center	0.0%	0.0%	0.0%	$8,000
Caritas Holy Family Hospital	1.3%	0.0%	1.3%	$1,977,000
Caritas Norwood Hospital	-2.5%	-1.4%	-3.9%	($5,814,000)
Clinton Hospital	1.0%	2.0%	3.0%	$785,000
Cooley Dickinson Hospital	2.3%	0.8%	3.1%	$5,101,000
Emerson Hospital	-2.5%	1.1%	-1.5%	($2,448,000)
Fairview Hospital	3.6%	1.0%	4.5%	$1,592,000
Falmouth Hospital	-3.1%	3.9%	0.8%	$1,099,000
Faulkner Hospital	-0.3%	0.6%	0.3%	$471,000

Community Hospitals	Operating Margin	Non-Op Margin	Total Margin	Profit (Loss)
Hallmark Health	0.4%	0.5%	0.9%	$2,450,000
Harrington Memorial Hospital	-3.3%	3.8%	0.5%	$365,000
Health Alliance Hospital	5.5%	-0.8%	4.7%	$7,378,000
Heywood Hospital	-0.6%	1.4%	0.8%	$720,000
Holyoke Medical Center	-1.0%	0.2%	-0.8%	($952,000)
Hubbard Regional Hospital	-8.2%	-0.3%	-8.5%	($1,875,000)
Jordan Hospital	-0.9%	0.5%	-0.4%	($728,000)
Lawrence General Hospital	1.6%	0.9%	2.5%	$4,120,000
Lowell General Hospital	1.2%	-0.2%	1.0%	$1,967,000
Marlborough Hospital	-0.6%	0.7%	0.1%	$50,000
Martha's Vineyard Hospital	2.2%	3.5%	5.7%	$2,647,000
Mercy Medical Center	NA	NA	NA	NA
Merrimack Valley Hospital	-6.0%	0.0%	-6.0%	($3,275,000)
MetroWest Medical Center	-3.6%	0.2%	-3.4%	($8,116,000)
Milford Regional Medical Center	3.4%	2.0%	5.4%	$9,542,000
Milton Hospital	-4.6%	1.8%	-2.9%	($1,751,000)
Morton Hospital and Medical Center	0.4%	3.8%	4.1%	$5,329,000
Nantucket Cottage Hospital	-8.1%	6.6%	-1.6%	($527,000)
Nashoba Valley Medical Center	-1.0%	0.0%	-1.0%	($428,000)
New England Baptist Hospital	1.0%	2.7%	3.7%	$6,587,000
Newton-Wellesley Hospital	2.9%	0.9%	3.8%	$12,870,000
Noble Hospital	-0.9%	0.3%	-0.6%	($294,000)
North Adams Regional Hospital	5.5%	1.3%	6.8%	$4,335,000
North Shore Medical Center	0.4%	0.2%	0.6%	$2,813,000
Northeast Hospital	1.7%	-3.0%	-1.3%	($3,844,000)
Quincy Medical Center	-2.3%	-0.2%	-2.5%	($2,678,000)
Saint Anne's Hospital	3.7%	-4.5%	-0.8%	($1,077,000)
Saints Medical Center	-1.1%	-1.4%	-2.5%	($3,281,000)
Signature Healthcare Brockton Hospital	-3.2%	0.6%	-2.6%	($5,158,000)
South Shore Hospital	1.9%	-1.7%	0.2%	$717,000
Southcoast Hospitals Group	2.6%	-1.2%	1.4%	$8,130,000
Sturdy Memorial Hospital	8.5%	-2.2%	6.3%	$9,231,000
Winchester Hospital	2.9%	0.2%	3.1%	$7,583,000
Wing Memorial Hospital	0.5%	0.6%	1.1%	$703,000

Notes: Recently, government employers, including Cambridge Health Alliance, were required to implement a new government accounting rule (GASB 45) that required them to record in their financial statements the present value of future retiree health benefit costs. In complying with this new rule, Cambridge Health Alliance's balance sheet reflects a $221.9M liability and associated operating expense of $12.7M for its 2008 fiscal year. Since Mercy Hospital has a December 31 FYE, FY08 data were unavailable for this analysis.
Source: DHCFP Acute hospital financial data, for more information, please visit http://www.mass.gov/dhcfp. Click on "Publications and Analyses" then go to "Hospital Financial Reports."

CHC Median Financial Margins

by Fiscal Year

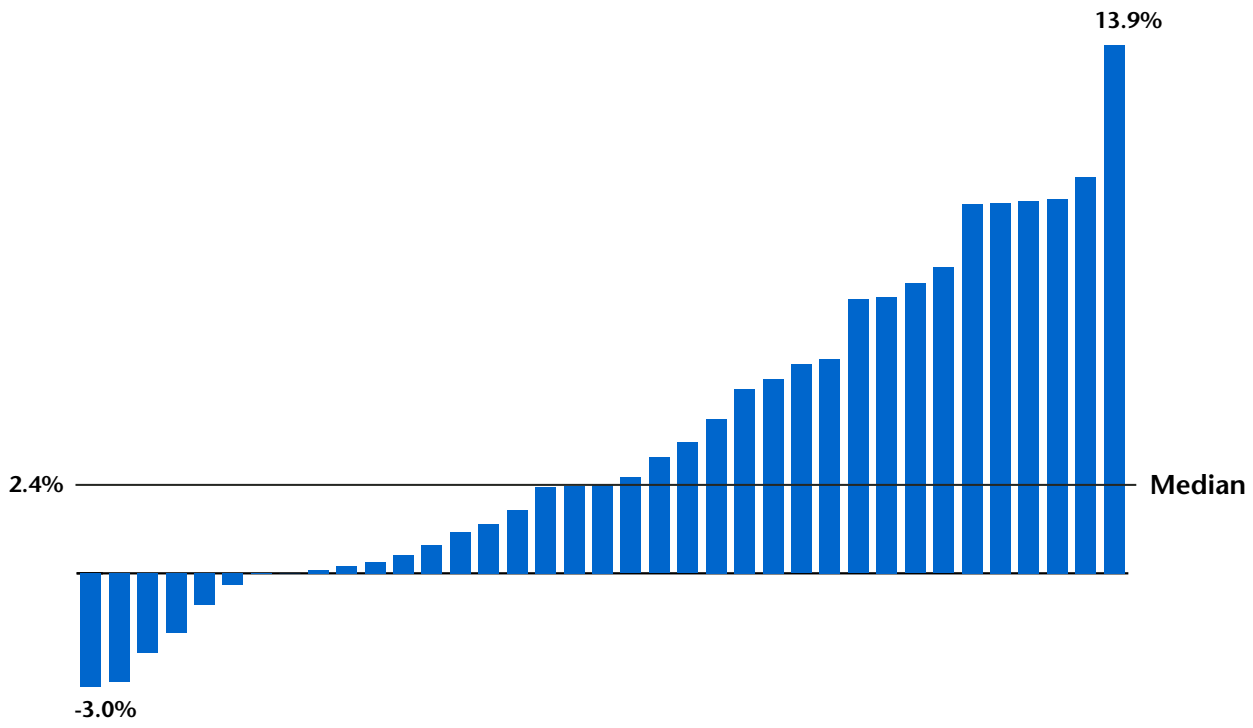


The total financial performance for community health centers (CHCs) was positive in each of the past five years for which data are available (FY03-FY07). This positive financial performance was largely due to positive non-operating margins.

Notes: Fiscal year ends (FYEs) vary across CHCs: of 37 CHCs, 30 have a June 30 FYE, four have a September 30 FYE, two have a December 31 FYE, and one has a July 31 FYE.
Source: CHC Audited financial statements for freestanding CHCs from FY03 through FY07; for FY03, FY04, FY05, FY06, FY07, 35, 34, 35, 35 and 37 CHCs, respectively, are included in this analysis.

CHC Total Margin

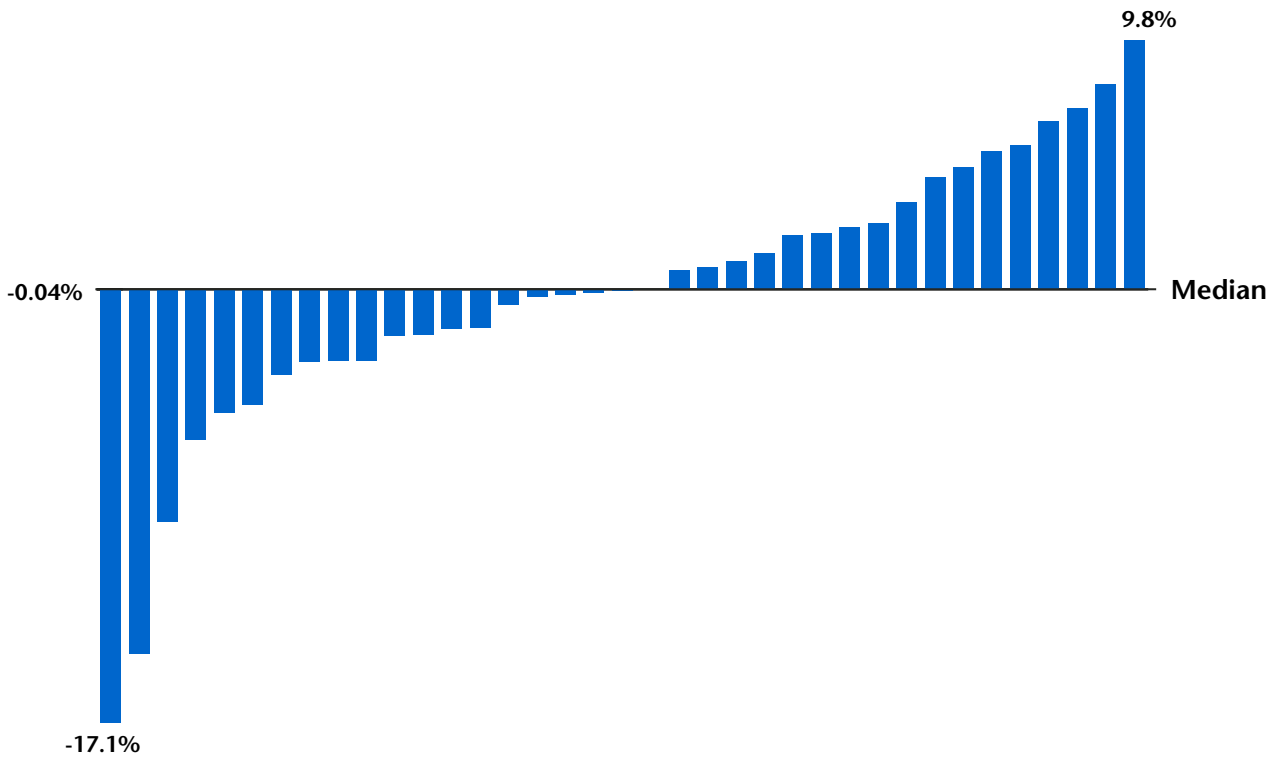
in Fiscal Year 2007



The total margin for community health centers (CHCs) ranged from -3% to 13.9% in their 2007 fiscal year. The majority of CHCs experienced positive total margins in their 2007 fiscal year.

Notes: Total margin is calculated by dividing total income by total revenue. FFiscal year ends (FYEs) vary across CHCs: of 37 CHCs, 30 have a June 30 FYE, four have a September 30 FYE, two have a December 31 FYE, and one has a July 31 FYE.
Source: CHC audited financial statements for 37 free standing CHCs in FY07.

CHC Operating Margin
in Fiscal Year 2007

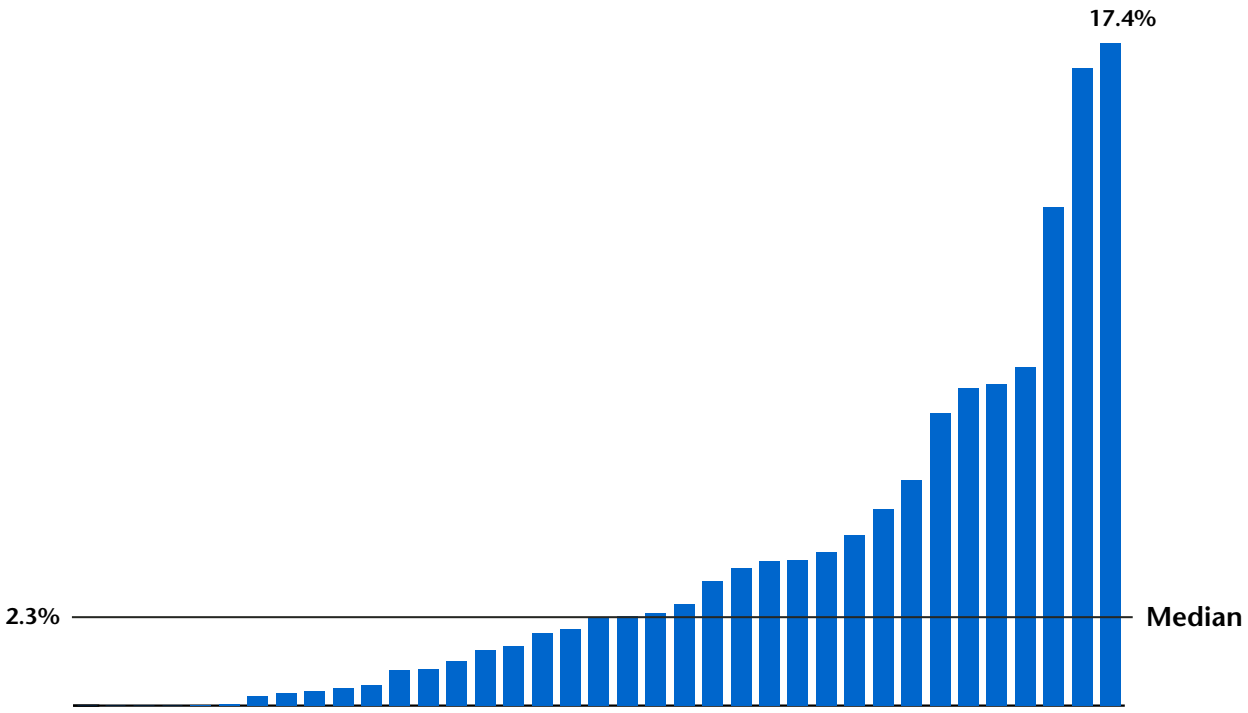


Notes: Operating margin is calculated by dividing operating income by total revenue. Fiscal year ends (FYEs) vary across CHCs: of 37 CHCs, 30 have a June 30 FYE, four have a September 30 FYE, two have a December 31 FYE, and one has a July 31 FYE.
Source: CHC audited financial statements for 37 free standing CHCs in FY07.

Operating margins for community health centers (CHCs) ranged from -17.1% to 9.8% in their 2007 fiscal year. Just over one-half of CHCs experienced positive operating margins, while just under one-half lost money on operations.

CHC Non-Operating Margin

in Fiscal Year 2007



Notes: Non-operating margin is calculated by dividing non-operating income by total revenue. Fiscal year ends (FYEs) vary across CHCs: of 37 CHCs, 30 have a June 30 FYE, four have a September 30 FYE, two have a December 31 FYE, and one has a July 31 FYE.
Source: CHC audited financial statements for 37 free standing CHCs in FY07.

Non-operating margins for community health centers (CHCs) ranged from 0% to 17.4% in their 2007 fiscal year.

Community Health Center Financial Performance

in Fiscal Year 2007

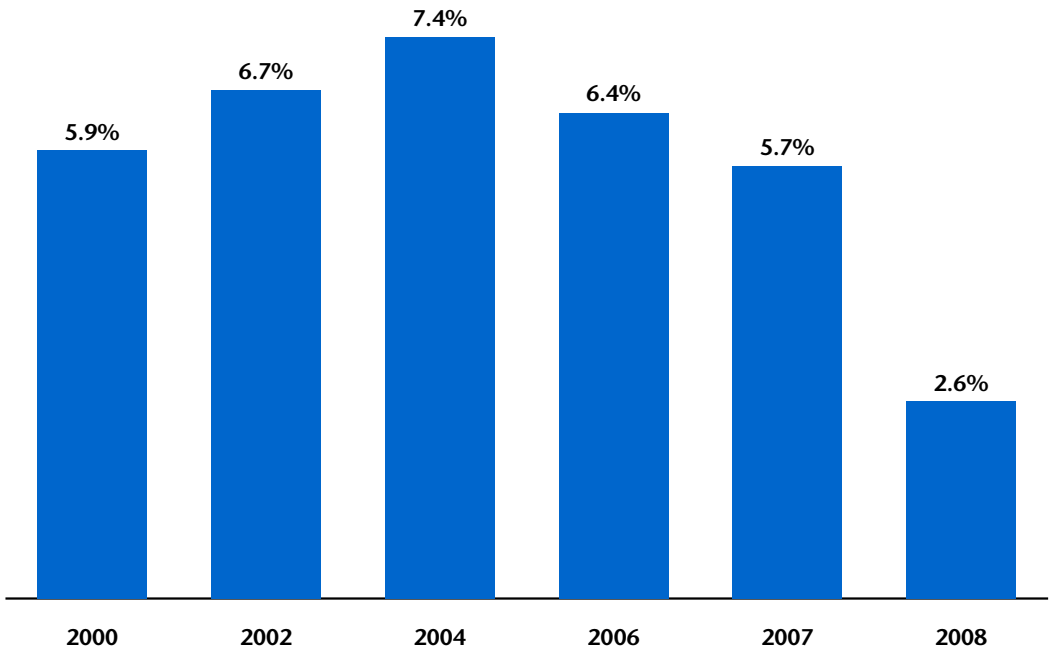
Community Health Centers	Operating Margin	Non-Op Margin	Total Margin	Profit (Loss)
Boston Health Care for the Homeless Program	2.4%	2.7%	5.1%	$1,172,000
Brockton Neighborhood Health Center	6.6%	0.5%	7.2%	$723,000
Caring Health Center, Inc.	7.2%	0.5%	7.6%	$830,000
CHP Health Center	5.7%	4.0%	9.7%	$352,000
Community Health Center of Cape Cod	-14.3%	17.4%	3.0%	$84,000
Community Health Center of Franklin County, Inc.	-0.3%	5.9%	5.6%	$262,000
Community Health Connections Family Health Center	2.2%	3.3%	5.5%	$572,000
Community HealthLink	0.0%	0.0%	0.0%	$1,000
Dimock Community Health Center	-9.2%	8.3%	-0.8%	($230,000)
Duffy Health Center	-4.5%	1.6%	-3.0%	($77,000)
Family Health Center of Worcester	0.7%	0.3%	1.1%	$221,000
Fenway Community Health Center	0.9%	8.9%	9.8%	$2,376,000
Great Brook Valley Health Center	-0.1%	0.2%	0.1%	$22,000
Greater Lawrence Family Health Center, Inc.	9.8%	0.0%	9.8%	$3,202,000
Greater New Bedford Community Health Center, Inc.	-1.5%	3.8%	2.3%	$278,000
Harbor Health Services, Inc.	2.6%	1.5%	4.1%	$1,391,000
Harvard Street Neighborhood Health Center	0.0%	0.0%	0.0%	($1,000)
HealthFirst Family Care Center, Inc.	1.1%	1.2%	2.3%	$99,000
Hilltown Community Health Centers, Inc.	-2.8%	7.7%	4.8%	$252,000

Community Health Centers	Operating Margin	Non-Op Margin	Total Margin	Profit (Loss)
Holyoke Health Center, Inc.	-0.2%	1.0%	0.7%	$119,000
Island Health Care	4.8%	2.4%	7.2%	$68,000
Joseph M. Smith Community Health Center	-0.6%	1.9%	1.3%	$117,000
Lowell Community Health Center	2.1%	0.4%	2.5%	$403,000
Lynn Community Health Center	1.4%	0.9%	2.3%	$587,000
Manet Community Health Center, Inc.	-1.8%	2.0%	0.2%	$15,000
Mattapan Community Health Center	-17.1%	16.7%	-0.3%	($17,000)
North End Community Health Center	-5.9%	3.8%	-2.1%	($177,000)
North Shore Community Health, Inc.	8.1%	2.3%	10.4%	$512,000
Outer Cape Health Services, Inc.	-2.8%	4.5%	1.7%	$105,000
River Valley Counseling Center	3.4%	0.0%	3.4%	$193,000
Roxbury Comprehensive Community Health Center, Inc.	-1.6%	0.0%	-1.6%	($142,000)
Sidney Borum, Jr. Health Center	-2.8%	0.0%	-2.8%	($58,000)
South Cove Community Health Center	5.4%	8.5%	13.9%	$2,879,000
South End Community Health Center	-4.9%	5.2%	0.3%	$24,000
SSTAR Family Heathcare Center	-1.8%	2.3%	0.5%	$62,000
Upham's Corner Health Center	4.4%	3.6%	8.0%	$1,816,000
Whittier Street Health Center	-3.4%	13.1%	9.7%	$1,014,000

Source: CHC audited financial statements for 37 free standing CHCs in FY07.

People without Health Insurance

Percent of All Massachusetts Residents



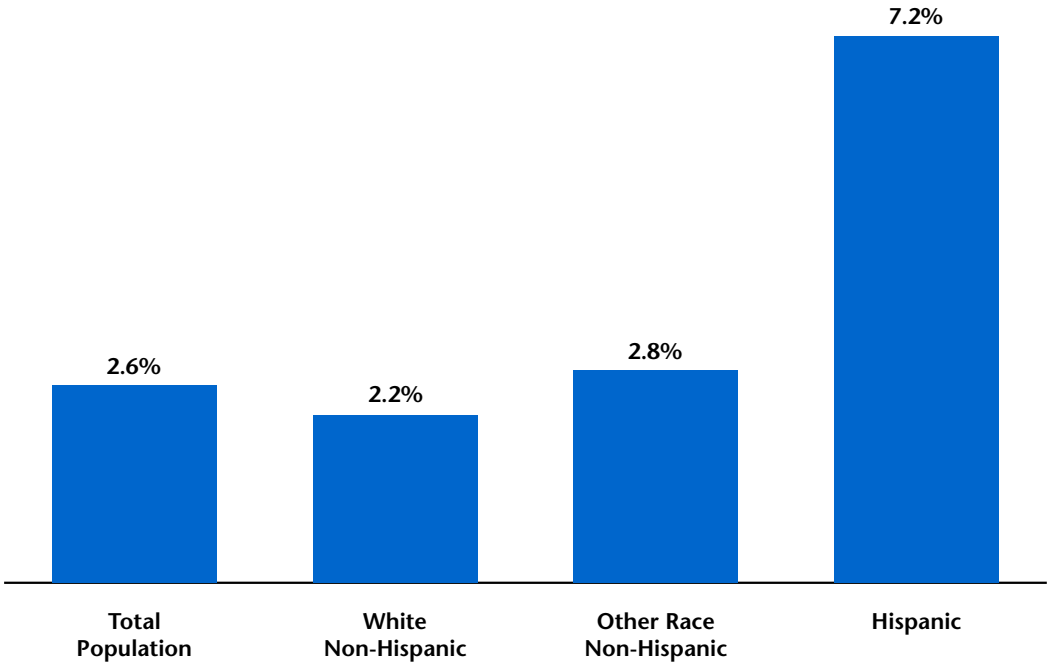
The overall uninsured rate for Massachusetts dropped from 5.7% in 2007 to 2.6% in 2008, and the number of people without coverage fell from 355,000 to 167,000, a 53% decrease reflecting the successful implementation of health reform.

DHCFP implemented a new survey methodology beginning in 2008, therefore caution should be taken when comparing 2008 results to previous years.

Notes: Beginning in 2008, DHCFP contracted with a new vendor for the Massachusetts household survey on health insurance. The 2008 survey had a number of methodological changes from prior year surveys which may affect comparability of the results to prior years.
Sources: DHCFP Household Surveys for 2000, 2002, 2004, 2006, and 2007; surveys from 2000 through 2006 were conducted February through June of the survey year; survey for 2007 was conducted January through July of 2007. 2008 data is from the Urban Institute tabulations on the 2008 Massachusetts Health Insurance Survey which was conducted June through August of 2008. For more information, please visit www.mass.gov/dhcfp. Click on "Publications and Analyses" then go to "Household Health Insurance Survey."

Uninsured by Race and Ethnicity

Percent of All Massachusetts Residents, 2008

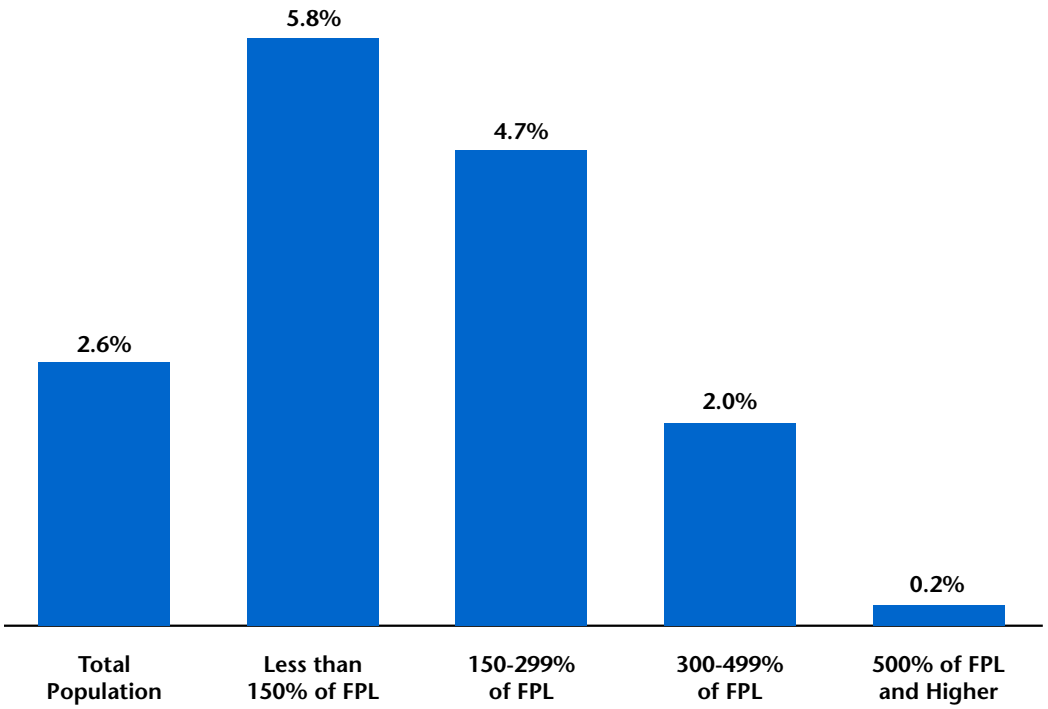


With an uninsurance rate more than twice as high as non-Hispanic groups (7.2% versus less than 3%), Hispanic residents of Massachusetts were more likely to go without coverage in 2008.

Note: Other race, non-Hispanic includes black and Asian in addition to other races.
Source: Urban Institute tabulations on the 2008 Massachusetts Health Insurance Survey. For more information, please visit www.mass.gov/dhcfp. Click on "Publications and Analyses" then go to "Household Health Insurance Survey."

Uninsured by Federal Poverty Level

Percent of All Massachusetts Residents, 2008

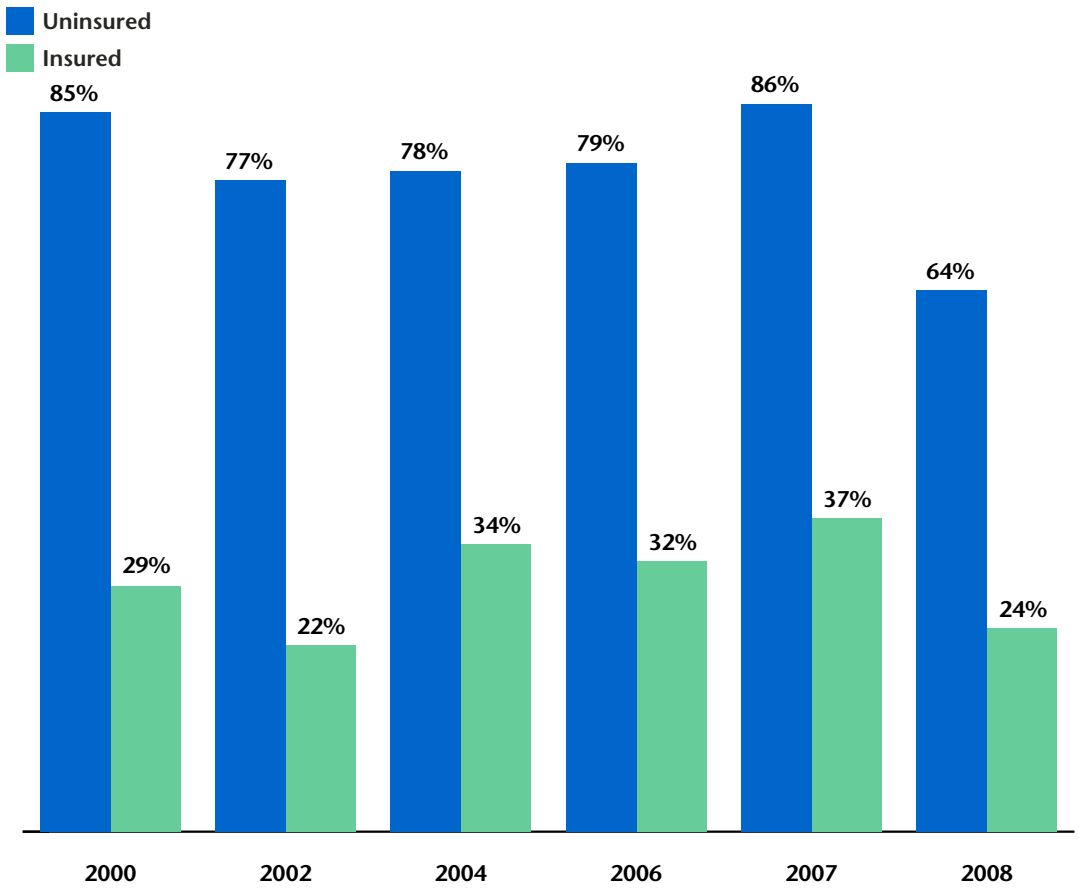


Households with income of less than 300% of the Federal Poverty Level (FPL) are more likely to be uninsured than those with higher incomes.

Source: Urban Institute tabulations on the 2008 Massachusetts Health Insurance Survey. For more information, please visit www.mass.gov/dhcfp. Click on "Publications and Analyses" then go to "Household Health Insurance Survey."

Needed Care but Cost Was an Obstacle

Percent of Adults Ages 19 to 64



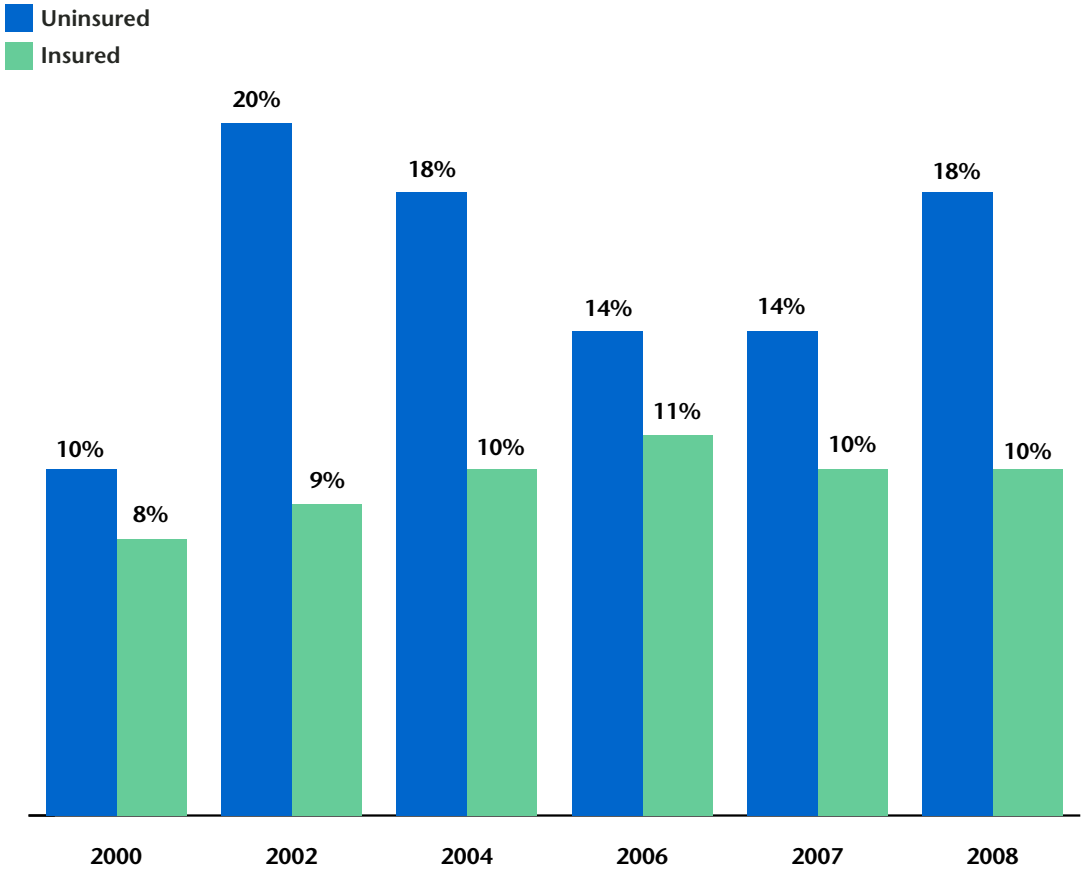
Notes: Beginning in 2008, DHCFP contracted with a new vendor for the Massachusetts household survey on health insurance. The 2008 survey had a number of methodological changes from prior year surveys which may affect comparability of the results to prior years. The differences between insured and uninsured residents are statistically significant for 2002, 2004, and 2007.
Sources: DHCFP Household Survey for 2000, 2002, 2004, 2006, and 2007. The surveys from 2000 through 2006 are conducted from February through June of the survey years. The 2007 survey was conducted from January through July of the survey year. 2008 data is from the Urban Institute tabulations on the 2008 Massachusetts Health Insurance Survey which was conducted June through August of 2008. For more information, please visit www.mass.gov/dhcfp. Click on "Publications and Analyses" then go to "Household Health Insurance Survey."

Cost is becoming less of an obstacle to accessing health care for Massachusetts residents, but remains a significant barrier for most people without health coverage.

DHCFP implemented a new survey methodology beginning in 2008, therefore caution should be taken when comparing 2008 results to previous years.

Reported Being in Fair or Poor Health

Percent of Adults Ages 19 to 64



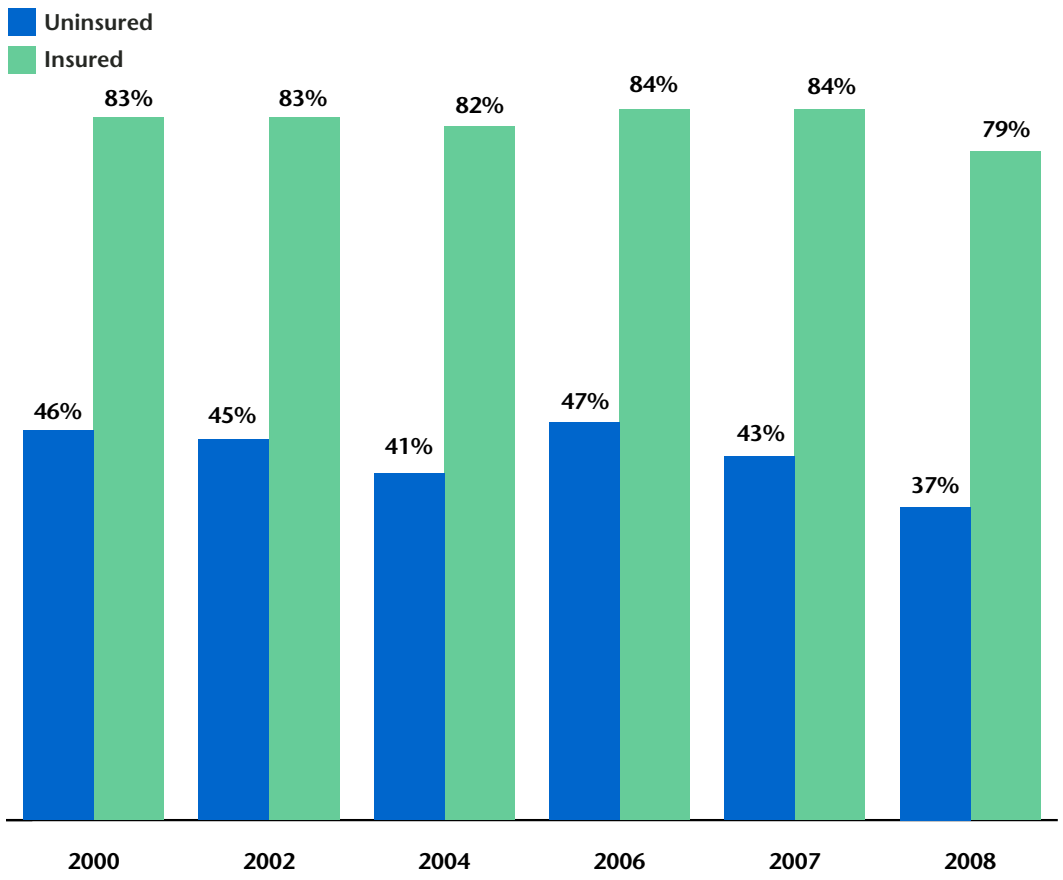
Notes: Beginning in 2008, DHCFP contracted with a new vendor for the Massachusetts household survey on health insurance. The 2008 survey had a number of methodological changes from prior year surveys which may affect comparability of the results to prior years. The differences between insured and uninsured residents are statistically significant for 2002, 2004, and 2007.
Sources: DHCFP Household Survey for 2000, 2002, 2004, 2006, and 2007. The surveys from 2000 through 2006 are conducted from February through June of the survey years. The 2007 survey was conducted from January through July of the survey year. 2008 data is from the Urban Institute tabulations on the 2008 Massachusetts Health Insurance Survey which was conducted June through August of 2008. For more information, please visit www.mass.gov/dhcfp. Click on "Publications and Analyses" then go to "Household Health Insurance Survey."

Most Massachusetts residents surveyed, both insured and uninsured, reported being in good or excellent health.

DHCFP implemented a new survey methodology beginning in 2008, therefore caution should be taken when comparing 2008 results to previous years.

Reported Having a Dental Visit

in the Past Year, Percent of Adults Ages 19 to 64



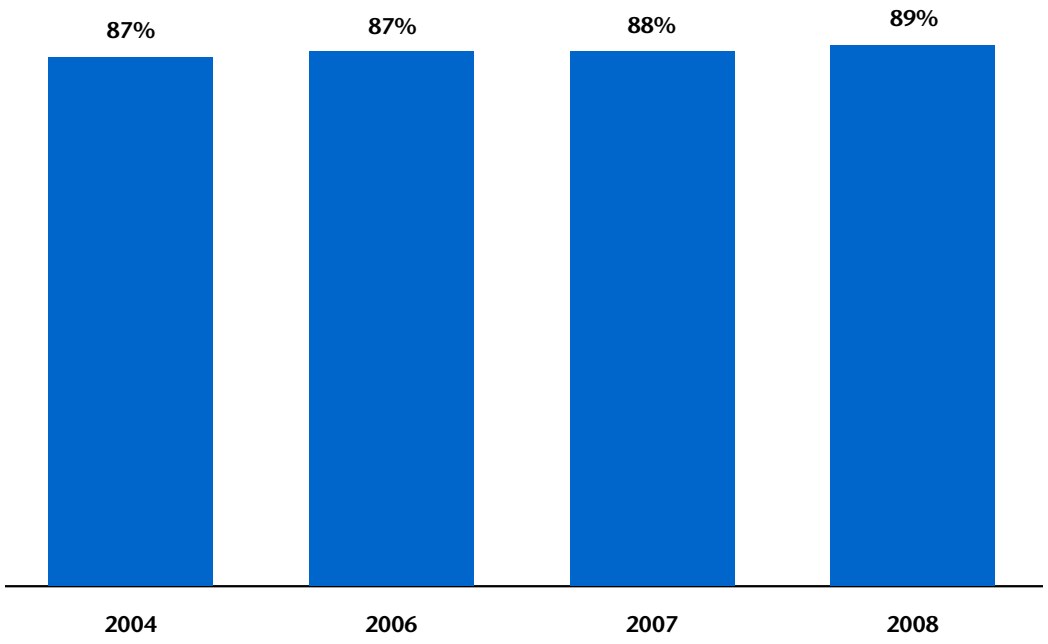
In 2008, only 37% of uninsured Massachusetts residents reported getting dental care in the past year compared to 79% of those with insurance coverage.

DHCFP implemented a new survey methodology beginning in 2008, therefore caution should be taken when comparing 2008 results to previous years.

Notes: Beginning in 2008, DHCFP contracted with a new vendor for the Massachusetts household survey on health insurance. The 2008 survey had a number of methodological changes from prior year surveys which may affect comparability of the results to prior years. The differences between insured and uninsured residents are statistically significant for 2002, 2004, and 2007.
Sources: DHCFP Household Survey for 2000, 2002, 2004, 2006, and 2007. The surveys from 2000 through 2006 are conducted from February through June of the survey years. The 2007 survey was conducted from January through July of the survey year. 2008 data is from the Urban Institute tabulations on the 2008 Massachusetts Health Insurance Survey which was conducted June through August of 2008. For more information, please visit www.mass.gov/dhcfp. Click on "Publications and Analyses" then go to "Household Health Insurance Survey."

Have a Personal Health Care Provider

Percent of Adults Ages 18+



Percent of adults ages 18+ by race/ethnicity (95% confidence interval):

White	89% (88% - 90%)	89% (87% - 90%)	89% (88% - 90%)	90% (90% - 91%)
Black	82% (77% - 88%)	90% (85% - 94%)	89% (85% - 92%)	84% (80% - 87%)
Hispanic	75% (69% - 80%)	75% (71% - 79%)	75% (71% - 79%)	76% (72% - 80%)
Asian	79% (70% - 88%)	88% (84% - 93%)	83% (76% - 90%)	86% (82% - 91%)

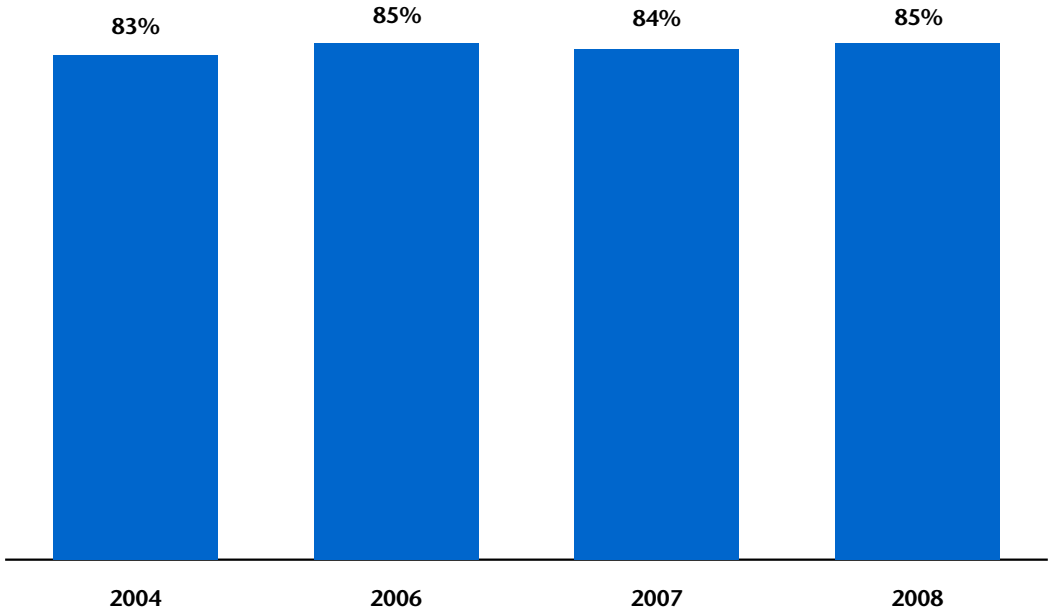
Note: Percentages are age adjusted to 2000 US population to control for difference in age distributions among race groups.
Source: Behavioral Risk Factor Surveillance System (BRFSS) for 2002, 2004, 2006 and 2007; Massachusetts Department of Public Health (DPH), Health Survey Program, Bureau of Health Statistics. The BRFSS is an annual survey conducted throughout the year.

The vast majority of Massachusetts residents surveyed reported having a personal health care provider. However, a significantly lower percentage of blacks, Hispanics, and Asians reported having a personal health care provider compared to whites.

Between 2007 and 2008, Hispanics who reported having a personal health care provider increased by four percentage points, while there were slight declines for blacks and Asians.

Had a Mammogram

in the Past 2 Years, Percent of Women Ages 40+



Percent of women ages 40+ by race/ethnicity (95% confidence interval):

White	82% (81%-84%)	85% (84%-87%)	84% (82%-86%)	85% (84%-86%)
Black	80% (64%-95%)	80% (71%-89%)	84% (75%-93%)	87% (82%-91%)
Hispanic	88% (82%-93%)	87% (82%-92%)	80% (69%-91%)	89% (85%-92%)
Asian	Insufficient Data	Insufficient Data	Insufficient Data	86% (77%-95%)

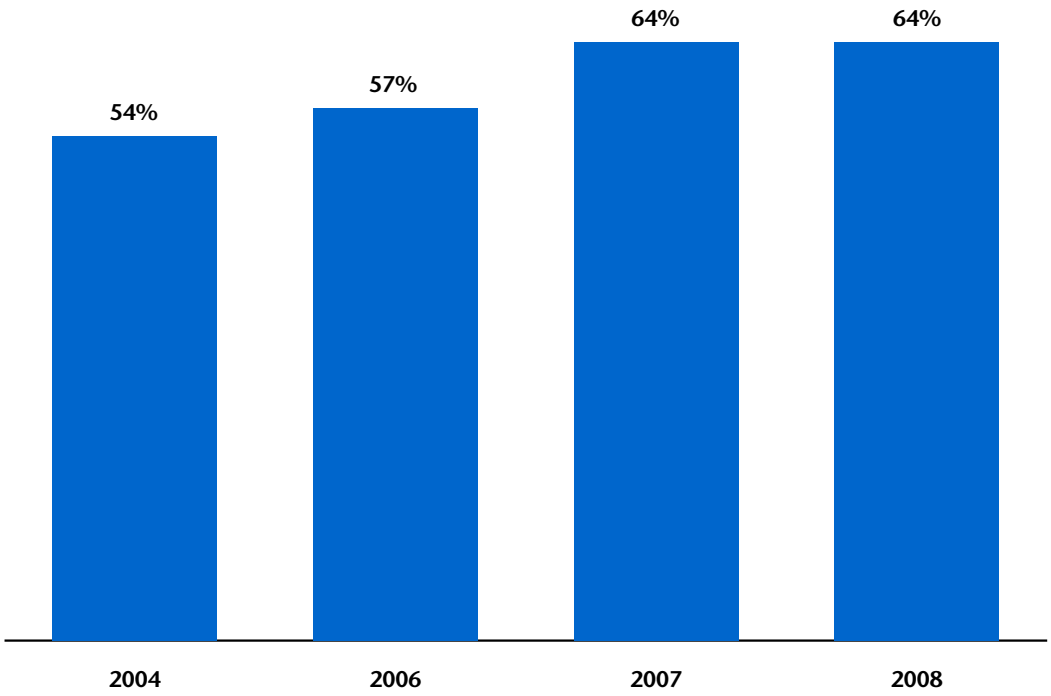
Note: Percentages are not age-adjusted and data presented for 2004 – 2007 will not match previous editions of *Key Indicators*.
Source: Behavioral Risk Factor Surveillance System (BRFSS) for 2004, 2006, 2007 and 2008; Massachusetts Department of Public Health (DPH), Health Survey Program, Bureau of Health Statistics. The BRFSS is an annual survey conducted throughout the year.

Most Massachusetts female residents ages 40 and older reported having a mammogram to screen for breast cancer.

In 2008 there was not a significant difference among racial groups for women who reported having a mammogram.

Had a Sigmoidoscopy or Colonoscopy

in the Past 5 Years, Percent of Adults Ages 50+



Percent of adults ages 50+ by race/ethnicity (95% confidence interval):

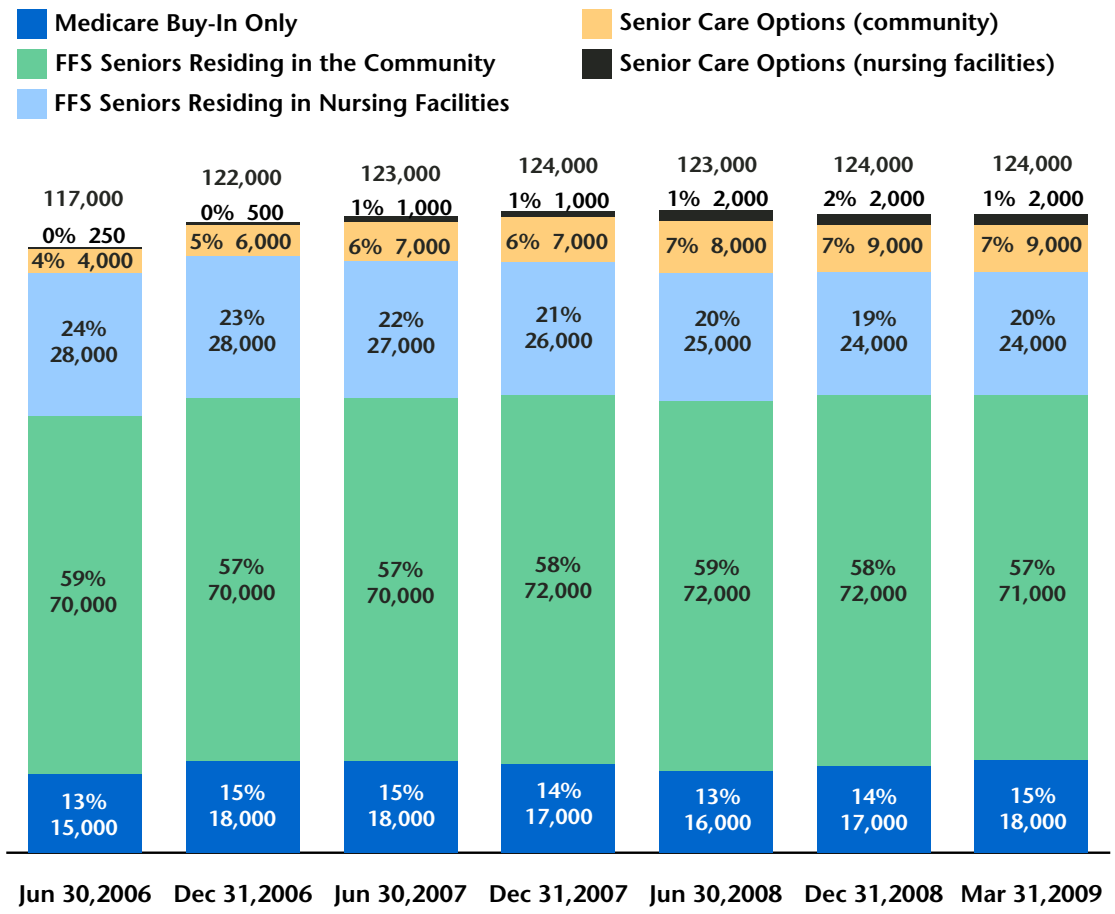
White	55% (52%-57%)	58% (56%-60%)	64% (62%-67%)	64% (63%-66%)
Black	54% (41%-66%)	60% (51%-69%)	74% (62%-85%)	60% (52%-67%)
Hispanic	51% (41%-61%)	49% (40%-58%)	56% (43%-70%)	57% (50%-63%)
Asian	Insufficient Data	Insufficient Data	Insufficient Data	56% (39%-72%)

Note: Percentages are not age-adjusted and data presented for 2004 – 2007 will not match previous editions of *Key Indicators*.
Source: Behavioral Risk Factor Surveillance System (BRFSS) for 2004, 2006, 2007 and 2008; Massachusetts Department of Public Health (DPH), Health Survey Program, Bureau of Health Statistics. The BRFSS is an annual survey conducted throughout the year.

The number of Massachusetts residents ages 50 and older that reported having a sigmoidoscopy or colonoscopy to screen for colorectal cancer has increased significantly since 2004.

MassHealth Members

Ages 65+



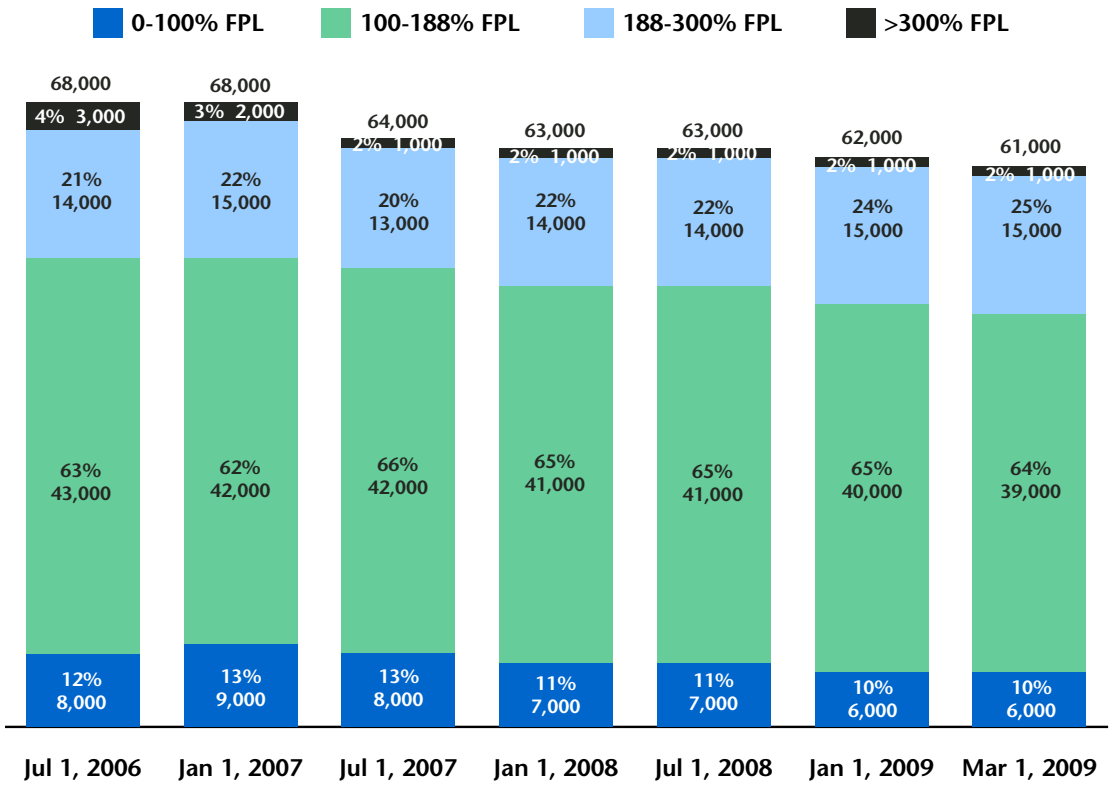
Notes: "FFS"= fee for service. Numbers may not sum to totals due to rounding.
Source: MassHealth Monthly Enrollment Snapshot Report as of April 2009.

Since June 30, 2006, MassHealth members ages 65 and older enrolled in Senior Care Options (SCO) increased from 4% to 8% of total enrollment for this age group.

The proportion of seniors with MassHealth coverage residing in nursing facilities (including both those enrolled in SCO and those not enrolled in SCO) declined from 24% to 21% in the same period.

Enrollees in Prescription Advantage

Ages 65+ by Percent of FPL



Note: Numbers are rounded to the nearest thousand and may not sum to totals.
Sources: Massachusetts Executive Office of Elder Affairs; US Census estimates from July 1, 2007 used to calculate the percent of Massachusetts residents ages 65 and older enrolled in Prescription Advantage.

Approximately 7% of Massachusetts residents ages 65 and older are enrolled in Prescription Advantage.

Nearly three-quarters of those enrolled have incomes below 188% of the federal poverty level (FPL).

Enrollment declined after Medicare Part D was implemented in January 2006, but has declined at a slower rate since continuous open enrollment became available in August 2007.

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