Exhibit A: Notice of Public Hearing

Pursuant to M.G.L. c. 6D, § 8, the Health Policy Commission, in collaboration with the Office of the Attorney General and the Center for Health Information and Analysis, will hold a public hearing on health care cost trends. The hearing will examine health care provider, provider organization and private and public health care payer costs, prices and cost trends, with particular attention to factors that contribute to cost growth within the Commonwealth's health care system.

Scheduled hearing dates and location:

Monday, October 6, 2014, 9:00 AM
Tuesday, October 7, 2014, 9:00 AM
Suffolk University Law School
First Floor Function Room
120 Tremont Street, Boston, MA 02108

Time-permitting, the HPC will accept oral testimony from members of the public beginning at 4:00 PM on Tuesday, October 7. Any person who wishes to testify may sign up to offer brief comments on a first-come, first-served basis when the hearing commences on October 6.

Members of the public may also submit written testimony. Written comments will be accepted until October 16, 2014 and should be submitted electronically to HPC-Testimony@state.ma.us, or, if comments cannot be submitted electronically, sent by mail, post-marked no later than October 16, 2014, to the Health Policy Commission, Two Boylston Street, 6th floor, Boston, MA 02116, attention Lois H. Johnson.

Please note that all written and oral testimony provided by witnesses or the public may be posted on the HPC's website.

The HPC encourages all interested parties to attend the hearing. Visit the Suffolk Law School website for driving and public transportation directions. Suffolk Law School is located diagonally across from the Park Street MBTA station (Red and Green lines). Parking is not available at the law school but information about nearby garages is listed at the link provided.

If you require disability-related accommodations for this hearing, please contact Kelly Mercer at (617) 979-1420 or by email Kelly.A.Mercer@state.ma.us a minimum of two weeks prior to the hearing so that we can accommodate your request.

For more information, including details about the agenda, expert and market participant panelists, testimony and presentations, please check the Annual Cost Trends Hearing section of the HPC's website. Materials will be posted regularly as the hearing dates approach.

Exhibit B: Instructions and HPC Questions for Written Testimony

Instructions:

On or before the close of business on September 8, 2014, electronically submit, **using the provided template,** written testimony signed under the pains and penalties of perjury to: HPC-Testimony@state.ma.us. **You may expect to receive the template for submission of responses as an attachment received from HPC-Testimony@state.ma.us.** If you have any difficulty with the template or did not receive it, please contact Kelly Mercer at Kelly.A.Mercer@state.ma.us or (617) 979-1420.

Please begin each response with a brief summary not to exceed 120 words. The provided template has character limits for responses to each question, but if necessary, you may include additional supporting testimony or documentation in an Appendix. Please submit any data tables included in your response in **Microsoft Excel or Access format**.

The testimony must contain a statement that the signatory is legally authorized and empowered to represent the named organization for the purposes of this testimony, and that the testimony is signed under the pains and penalties of perjury. An electronic signature will be sufficient for this submission.

If you have any other questions regarding this process or regarding the following questions, please contact: Lois Johnson at Lois.Johnson@state.ma.us or (617) 979-1405.

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Questions:

We encourage you to refer to and build upon your organization's 2013 Pre-Filed Testimony responses, if applicable. Additionally, if there is a point that is relevant to more than one question (including Exhibit C questions from the Attorney General), please state it only once and make an internal reference.

1. Chapter 224 of the Acts of 2012 (c. 224) sets a health care cost growth benchmark for the Commonwealth based on the long-term growth in the state's economy. The benchmark for growth between CY2012-CY2013 and CY2013-CY2014 is 3.6%.
   SUMMARY: BMC is continuously taking steps to control costs and increase efficiency. As confirmed in the response below and detailed in Attachment A, our trends indicate a serious commitment to reducing operating expenses and ensuring that patient care occurs in the right setting. Taking these actions is particularly critical for BMC's sustainability because the vast majority of BMC's patients are insured by Medicaid, other state subsidized insurance products or Medicare. In fact, BMC has experienced a cost growth trend well below the state's benchmark over the last several years. We have embarked on precedent-setting campus consolidation while actively moving our delivery system to an accountable care organization (ACO) capable of managing the total cost of patient care within capitated global payments.

   a. What trends has your organization experienced in revenue, utilization, and operating expenses from CY 2010-CY2013 and year-to-date 2014? Please comment on the factors driving these trends.

      Over the past four years, BMC has worked aggressively to decrease controllable costs. As detailed in Attachment A, total expenses decreased each year since Fiscal Year 2010 with a net 0.4% decrease from FY 10 to FY 13. Expenses for FY 14 are expected to increase slightly, mainly due to new outpatient volume growth and 340B pharmacy expansion, but are still projected to be under the state's 3.6% growth target.

      Revenue growth is due mainly to increased outpatient volume and 340B pharmacy expansion.

      Inpatient utilization decreased 14% from FY 10 to FY 13 and has begun to stabilize after a number of years of trending down. Outpatient volume continues to grow as patients transition over from inpatient services, and due to the increased demand for primary care services for the newly insured under health care reform.

   b. What actions has your organization undertaken since January 1, 2013 to ensure the Commonwealth will meet the benchmark, and what have been the results of these actions?
      We have finalized the designs and received approvals for our bold campus consolidation project and the physical work is in process. This will result in a more efficient, patient-centric clinical campus.

Additionally, BMC finalized agreements with several of its physician practices and Boston HealthNet CHCs to form the Boston Accountable Care Organization (BACO). BACO has received material change notice approval from the Health Policy Commission.

MassHealth held discussions with BMC regarding our interest in participating in a Medicaid ACO with global payments for the full spectrum of care for our patients. In the interim, BMC primary care practices and seven affiliated CHCs are active participants, with the largest "pool" of primary care patients, in the state's Primary Care Payment Reform Initiative (PCPRI).

c. What actions does your organization plan to undertake between now and October 1, 2015 (including but not limited to innovative care delivery approaches, use of technology and error reduction) to ensure the Commonwealth will meet the benchmark?
Work on the campus consolidation plan will continue through 2017. It will result in the closure of the East Newton facility with operations consolidated into one campus. The campus footprint will shrink by 329,000 square feet and 60 inpatient beds will be eliminated. The effort will eliminate redundancy and create efficiencies to better align our physical size to our current and projected utilization needs. Also, we plan to continue to work with MassHealth around efforts to implement a Medicaid ACO and, through that work, transition to a global payment system of reimbursement for services provided to our patients across the full continuum of care. As BACO is established, we also plan to begin to seek additional alternative payment agreements for care provided to our patients.

d. What systematic or policy changes would encourage or enable your organization to operate more efficiently without reducing quality?
BMC encourages MassHealth to move rapidly toward global payments in an accountable care model. BMC commends MassHealth for proposing in its waiver proposal to the Center for Medicare and Medicaid Services (CMS) to contract directly with ACOs. In advance of a global payment system, shifting toward adequate Medicaid reimbursement for critical services (including behavioral health) is essential. It is also necessary to ensure that safety net health systems receive fair rates for treatment of commercially insured patients so we are not doubly disadvantaged by low public payer rates and low commercial rates.

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2. C. 224 requires health plans to reduce the use of fee-for-service payment mechanisms to the maximum extent feasible in order to promote high-quality, efficient care delivery.
SUMMARY: BMC supports efforts to move payment mechanisms away from fee-for-service toward alternative payment methodologies that allow providers to manage resources under patient-centered systems of coordinated care. We particularly support the use of actuarially-sound, risk-based, capitated global payments as an alternative

payment methodology for those provider systems with the expertise to manage the total dollars associated with care for patients across the full continuum. To this end, we encourage the use of this type of alternative payment not only by health plans and the commercial insurer market, but also by MassHealth for the sizeable Medicaid population.

a. How have alternative payment methods (APMs) (payment methods used by a payer to reimburse health care providers that are not solely based on the fee-for-service basis, e.g., global budget, limited budget, bundled payment, and other non-fee-for-service models, but not including pay-for-performance incentives accompanying fee-for-service payments) affected your organization's overall quality performance, care delivery practices, referral patterns, and operations?
The majority of BMC's patients rely on government programs to support their health care coverage. More than 50% of BMCs patients are low-income individuals who receive MassHealth or other state supported coverage. Less than 25% of our payments are from commercial insurers and only two are under APM agreements. Our largest commercial payer, also an alternative payment contract, represents just 8% of total payer revenue. Risk settlements under both alternative payment agreements are less than 1% of total revenue. While we have expanded the number of APM based agreements with our existing commercial payers, the volume is much too small to have a sizeable impact on our performance, practices, patterns or operations. Larger scale adoption of APMs by public entities such as MassHealth is critical to allow us to maximize the efficiencies and improvements associated with alternative payments.

b. Attach and discuss any analyses your organization has conducted on the implementation of APMs and resulting effects on your non-clinical operations (e.g., administrative expenses, resources and burdens).
See the response to question 2.a. above. In the absence of a significant volume of reimbursement from APMs, BMC has actively participated in the state's Primary Care Payment Reform Initiative (PCPRI) as referenced in responses to questions 1.b. and 1.c. above. The program recognizes an "administrative load" component to its primary care payment rate. Because the program has been in effect for only six months, it is too soon to determine its impact.

c. Please include the results of any analyses your organization has conducted on this issue, including both for your patients paid for under APMs and for your overall patient population.
See the response to question 2.b. above.

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3. Please comment on the adequacy or insufficiency of health status risk adjustment measures used in establishing risk contracts and other APM contracts with payers.
SUMMARY: Adjusting for the health status risk of a patient population under an alternative payment methodology is important. However, there is not yet an ideal risk adjustment measure in common use. Current health status adjustments do not adequately adjust for socioeconomic factors that influence utilization and quality. Current methodologies do not adequately account for the additional health care challenges endured by disadvantaged populations and the clinicians who care for them. These

methodologies systematically underfund the care of disadvantaged populations and safety net institutions.

a. In your organization's experience, do health status risk adjustment measures sufficiently account for changes in patient population acuity, including in particular sub-populations (e.g., pediatric) or those with behavioral health conditions?
   In our experience, even state of the art risk adjustment measures have limitations and do not fully account for changes in patient population acuity. We believe that risk adjustment measures are least effective at accounting for the effects of patient acuity at both ends of the spectrum, with a tendency to under-account for extremely high acuity patients and a tendency to over-account for extremely low acuity patients. Our experience also indicates that risk adjustment does not adequately take into effect socioeconomic factors relevant to safety net populations and thereby inherently underestimate medical complexity and cost.
b. How do the health status risk adjustment measures used by different payers compare?
   BMC has APM contracts with two commercial carriers that incorporate health status risk adjustment. In both cases the carrier uses a DxCG product. While there may be some differences between the manner in which the two carriers apply the DxCG product (e.g., model, version, etc.) the overall approach to health status risk adjustment is very comparable. Additionally, the PCPRI program risk adjusts the attributed population with a modified model of the Verisk risk-adjuster. At this time, we do not have enough data on the product or the underlying assumptions to determine the effectiveness of that risk adjustment model.
c. How does the interaction between risk adjustment measures and other risk contract elements (e.g., risk share, availability of quality or performance-based incentives) affect your organization?
   BMC is not particularly affected by risk adjustment and its interaction with other APM contract elements, given our small volume of APM arragements.

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4. A theme heard repeatedly at the 2013 Annual Cost Trends Hearing was the need for more timely, reliable, and actionable data and information to facilitate high-value care and performance under APMs. What types of data are or would be most valuable to your organization in this regard? In your response, please address (i) real time data to manage patient care and (ii) historic data or population-level data that would be helpful for population health management and/or financial modeling.
   SUMMARY: Claims data with standard definitions and formats across payers would support better analysis by health care systems of overall patterns of care for both cost and quality. Aggregated standardized multi-payer data will better support more detailed and efficient provider profiling than is currently possible. It is important that data are as close to real time as possible with minimal claims lag. Timely hospital admission and emergency room visit data are particularly important to enable groups to proactively follow up with patients seen out of their network.
   ANSWER: (i) Real time data are critical to ensuring that we have the most current information available on our patients. (ii) BMC strongly believes that claims data

across all payers is necessary in order to understand the total cost of care for our patients, understand their utilization patterns and identify opportunities for savings and improved care management. With such data, we would have the capability to review both historical costs and utilization patterns and population-level opportunies that will allow us to target care management efforts where they can be most beneficial.

5. C. 224 requires health plans to attribute all members to a primary care provider, to the maximum extent feasible.
   SUMMARY: In order to best manage patient care, a methodology that "assigns" patients to a primary care provider is strongly preferable over one that attributes based on other criteria.
   a. Which attribution methodologies most accurately account for patients you care for?
      In our largely MassHealth-covered population, patients are "assigned" to the primary care doctor who they have selected (or was selected for them if they don't choose). Under the Medicaid MCOs, patients are required to receive and coordinate care via the assigned primary care doctor. The MassHealth Primary Care Clinician (PCC) plan does not necessarily require a patient to use their assigned PCP site, resulting in patients who may seek care in numerous settings. Coordinated patient care can best be achieved in an environment where the patient develops and maintains a relationship with a primary care physician in a medical home environment.
   b. What suggestions does your organization have for how best to formulate and implement attribution methodologies, especially those used for payment?
      We suggest less use of PPOs and attribution methodologies and more use of PCP-based assignments.

6. Please discuss the level of effort required to report required quality measures to public and private payers, the extent to which quality measures vary across payers, and the resulting impact(s) on your organization.
   SUMMARY: Boston Medical Center has several FTEs involved in reporting performance to public and private payers.
   ANSWER: The current variation in reporting requirements, metric definitions and formats across payers increases the effort and complexity of this reporting with little value to the delivery system. We also sometimes find it challenging to explain the myriad measures, and our performance on them, to our management and clinical leadership.

7. An issue addressed both at the 2013 Annual Cost Trends Hearing and in the Commission's July 2014 Cost Trends Report Supplement is the Commonwealth's higher than average utilization of inpatient care and its reliance on academic medical centers.
   SUMMARY: BMC is both an academic medical center and the community hospital of choice to the low-income patients of Boston. As such, most inpatient care for our patients remains at BMC with referrals only made for certain tertiary services that we do not provide.

a. Please attach any analyses you have conducted on inpatient utilization trends and the flow of your patients to AMCs or other higher cost care settings.

The primary care physicians at BMC refer most patients requiring inpatient care to BMC. Generally referrals are only made to other AMCs where a particular service is unavailable at BMC. As referenced in the response to qyestuin 1.a. above, BMC observed a 14% decrease in inpatient utilization from FY 2010 through 2013 with a stabilization projected in FY 2014.

b. Please describe your organization's efforts to address these trends, including, in particular, actions your organization is taking to ensure that patients receive care in lower-cost community settings, to the extent clinically feasible, and the results of these efforts.

BMC actively works to ensure the right care is provided at the right setting. We have an extensive network of 15 affiliated community health centers in Boston HealthNet. These CHCs provide not only primary care and behavioral health services but also offer many specialty services on-site from CHC and BMC specialists. Our campus redesign is focused on improving outpatient care while reducing the number of inpatient beds.

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8. The Commission found in its July 2014 Cost Trends Report Supplement that the use of post-acute care is higher in Massachusetts than elsewhere in the nation and that the use of post-acute care varies substantially depending upon the discharging hospital.
SUMMARY: As part of our care management processes, all patients are assessed for appropriate site of care post discharge.
   a. Please describe and attach any analyses your organization has conducted regarding levels of and variation in the utilization and site of post-acute care, as well as your efforts to ensure that patients are discharged to the most clinically appropriate, high-value setting.
   All patients are assessed for appropriate site of care post discharge. Post acute care sites are recommended based on individual patient needs, and incorporate review of public quality metrics. Because we do not process claims from post acute care facilities, we do not have detailed analysis of utilization.
   b. How does your organization ensure optimal use of post-acute care?
   See response above.

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9. C. 224 requires providers to provide patients and prospective patients with requested price for admissions, procedures and services. Please describe your organization's progress in this area, including available data regarding the number of individuals that seek this information (using the template below) and identify the top ten admissions, procedures and services about which individuals have requested price information. Additionally, please discuss how patients use this information, any analyses you have conducted to assess the accuracy of estimates provided, and/or any qualitative observations of the value of this increased price transparency for patients.

SUMMARY: Patients, prospective patients and providers requesting information on behalf of patients are given timely responses to inquiries regarding admissions, procedures and services.

Health Care Service Price Inquiries				
Year		Number of Inquiries via Website	Number of Inquiries via Telephone/In Person	Average (approximate) Response Time to Inquiries*
CY2014	Q1			
	Q2			
	Q3			
	TOTAL:			

** Please indicate the unit of time reported.*

ANSWER: In addition to the hospital charge, BMC works with the BMC physician practices to provide information regarding professional charges. The number of inquiries has been relatively small. BMC does not yet separately track the numbers of inquiries made via the website as compared to those made by telephone or in person. However, the total number of inquiries per quarter for calendar year 2014 to date is as follows:

In quarters 1, 2 and 3 (through September 4th), there were 102, 73 and 38 inquiries, respectively, with an average of about 25 inquiries per month.

The average approximate response time was 48 hours.

The top ten inquiries were made for:
1. Office visit
2. Physical exam
3. MRI
4. X-Ray
5. Knee replacement surgery
6. Labor and delivery
7. Ophthalmologist
8. Dental services
9. Mammograms
10. Ultrasound

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10. Please describe the manner and extent to which tiered and limited network products affect your organization, including but not limited to any effects on contracting and/or referral practices, and attach any analyses your organization has conducted on this issue. Describe any actions your organization taken (e.g., pricing changes) in response to tier placement and any impacts on volume you have experienced based on tier placement.
SUMMARY: We have not seen major shifts in volume due to tiered networks.

ANSWER: We have not seen major shifts in volume due to tiered networks. As a low cost provider we welcome insurance products that are structured to pass along savings from our rates to patients. Limited networks have caused some disruption in referral patterns and continuity of care and they need to be constructed to (1) meet strict network adequacy requirements and (2) clearly disclose network restrictions to patients.
As a safety net hospital, the majority of our organization's patients are covered by insurance products under which both tiering and limited networks have had very little applicability. Our organization's patient base covered under tiered networks is very small and we have therefore not studied the impact of these products nor made any pricing changes in response to tier placement. Generally speaking, our organization has chosen to participate in most limited network products that are available to us. We have been provided data from one of the Managed Medicaid Health Plans that suggests our market share for tertiary services is significantly higher in a limited network product.

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11. The Commission has identified that spending for patients with comorbid behavioral health and chronic medical conditions is 2-2.5 times as high as spending for patients with a chronic medical condition but no behavioral health condition. As reported in the July 2014 Cost Trends Report Supplement, higher spending for patients with behavioral health conditions is concentrated in emergency departments and inpatient care.
SUMMARY: There is a significant lack of behavioral health services across the Commonwealth. Continued focus across the Commonwealth is necessary to ensure adequate access to appropriate behavioral health care in the most cost effective settings. Reimbursement models should incent co-location and co-management of behavioral health and primary care and reimburse for coordination of care activities in this area. Improved care coordination here will likely decrease emergency room and hospital utilization for this cohort of patients Simultaneously, we should enhance efforts to incorporate and coordinate behavioral health with primary care.

    a. Please describe ways that your organization is collaborating with other providers to integrate physical and behavioral health care services and provide care across a continuum to these high-cost, high-risk patients.
    BMC is the Essential Service Provider (BEST) for the Boston and Cambridge areas under MassHealth. As such, we routinely coordinate with other providers and community entities as follow-up to the provision of that emergency stabilization care. Additionally, as part of PCMH, BMC is working to implement a behavioral health/primary care integration project. A multi-disciplinary approach will be used to create an integrated behavioral health team that includes primary care and behavorial health clinicians.
    b. Please discuss ways that your organization is addressing the needs of individuals to avoid unnecessary utilization of emergency room departments and psychiatric inpatient care.
    We have been increasing access to primary care to help ensure patients receive routine care in the most appropriate setting in continuity with their primary provider. Our practices have achieved primary care medical home certification and are actively integrating mental health practitioners in our primary are settings

to ensure optimal treatment for mental disorders in the outpatient setting, rather than the emergency room or as inpatients.

c. Please discuss successes and challenges your organization has experienced in providing care for these patients, including how to overcome any barriers to integration of services.
   Existing reimbursements for mental health services do not adequately cover the work to better integrate behavioral health and medical care. Care coordination work must be better reimbursed. Financial arrangements that carve out mental health reimbursement work against integrated models.
d. There has been increased statewide interest in data reporting across all services, inclusive of behavioral health. Please describe your organization's willingness and ability to report discharge data.
   BMC supports the need for data across all service lines including behavioral health with the proper protections for private patient information.

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12. Describe your organization's efforts and experience with implementation of patient-centered medical home (PCMH) model.
    SUMMARY: BMC and its affiliated community health centers were initial participants in the state's patient centered medical home (PCMH) program. Since that time, BMC's internal medicine and family medicine practices have become NCQA Level 3 certified PCMHs as have many of the affiliated CHCs. Together, the BMC practices and 7 affiliated CHCs participate in the Commonwealth's PCPRI, an outgrowth of the PCMH program.
    a. What percentage of your organization's primary care providers (PCPs) or other providers are in practices that are recognized or accredited as PCMHs by one or more national organizations?
       BMC has four primary care practices: General Internal Medicine (GIM), Family Medicine (FM), Pediatrics and Geriatrics. BMCs two largest practices, GIM and Family Medicine, secured the highest level of recognition as an NCQA Level 3 Patient Centered Medical Home in 2014 and represent approximately 75% of providers in our primary care practices.
    b. What percentage of your organization's primary care patients receives care from those PCPs or other providers?
       Nearly 40,000 patients now receive care under the PCMH model, representing approximately 76% of BMCs total primary care patients
    c. Please discuss the results of any analyses your organization has conducted on the impact of PCMH recognition or accreditation, including on outcomes, quality, and costs of care.
       Since the achievement of PCMH recognition is relatively new, we have not had time to conduct an analysis of its impact. Anecdotally, though, clinicians are excited about it and believe it will lead to better coordinated care and improved quality. We do not anticipate that PCMH achievement alone will have any significant impact on cost of care. It must be accompanied by alternative payment structures and strategies that align incentives across the continuum.

13. After reviewing the Commission's 2013 Cost Trends Report and the July 2014 Supplement to that report, please provide any commentary on the findings presented in light of your organization's experiences.
    SUMMARY: n/a
    ANSWER:

Exhibit C: Instructions and AGO Questions for Written Testimony

Please note that these pre-filed testimony questions are for hospitals. To the extent that a hospital submitting pre-filed testimony responses is affiliated with a provider system also submitting pre-filed testimony responses, each entity may reference the other's response as appropriate.

1. Please submit a summary table showing for each year 2010 to 2013 your total revenue under pay for performance arrangements, risk contracts, and other fee for service arrangements according to the format and parameters provided and attached as AGO Hospital Exhibit 1 with all applicable fields completed. Please attempt to provide complete answers. To the extent you are unable to provide complete answers for any category of revenue, please explain the reasons why.

   Completed in Attachment AGO Hospital Exhibit 1

   Please see attached AGO BMC Exhibit 1. As we noted on the chart, BMC does not have any material risk-based plans. Risk settlements total less than $500,000 per year. Therefore, we modified the chart to provide you with a complete picture of all revenue by payor.

2. For each year 2010 to present, please submit a summary table showing for each line of business (commercial, government, other, total) your inpatient and outpatient revenue and margin for each major service category according to the format and parameters provided and attached as AGO Hospital Exhibit 2 with all applicable fields completed. Please submit separate sheets for pediatric and adult populations, if necessary. If you are unable to provide complete answers, please provide the greatest level of detail possible and explain why your answers are not complete.

   Completed in Attachment AGO Hospital Exhibit 2

   Please see attached AGO BMC Exhibit 2. Please note that BMC has implemented a new system that enables us to summarize this information, but the data are only available for FY11 and forward.

3. Please explain and submit supporting documents that show how you quantify, analyze and project your ability to manage risk under your risk contracts, including the per member per month costs associated with bearing risk (e.g., costs for human resources, reserves, stop-loss coverage), solvency standards, and projections and plans for deficit scenarios. Include in your response any analysis of whether you consider the risk you bear to be significant.

   BMC has extensive experience in risk management through its managed care plan, the BMC HealthNet Plan. We use external actuaries to assess the significance of the risk and our ability to meet solvency and other requirements. Historical claims data are required to adequately complete this analysis. Using historical data, we project potential outcome scenarios based on the contract

model, historic trend, historic variablity, a range of utilization and quality assumptions, and available stop loss programs. We also project necessary management resources and costs. Potential resources and costs needed to manage both surplus and deficit risk are evaluated against our financial position and reserves to determine if the degree of risk is prudent and supportive of organizational goals and priorities.

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4. Please explain and submit supporting documents that show how you analyze and track the volume of inpatient and outpatient referrals to your hospital and the associated revenue from those referrals by particular physicians or provider groups. Please include a description and examples of how your organization uses this information.

Like all providers, BMC attempts to capture patient referral source during patient intake interviews. This information is frequently dependent on patient understanding and the quality of the response can be variable. That said, the data are used to help identify where reports and notifications, such as those associated with ED utilization, are to be directed. Additionally, BMC uses ED and other utilization reports to frame conversations with our affiliated CHCs regarding how to best manage care in the most appropriate setting as well as to address any access issues that may impact this objective.

BMC Attachment A

Over the past four years, BMC has worked aggressively to decrease controllable costs. As shown in the chart below, total expenses decreased each year since Fiscal Year 2010 with a ***net 0.4% decrease from FY 10 to FY 13.*** *Expenses for FY 14 are expected to increase slightly, mainly due to new outpatient volume growth and 340B pharmacy expansion, but are still projected to be under the state's 3.6% growth target.*

Summary ('000)	FY10	FY11	FY12	FY13	Projected FY 14	Change FY10 - FY 13	% Change FY 12 - FY 13	% Change FY10 - FY13
Operating Expenses	$1,004,577	$1,004,075	$1,002,153	$1,000,308	$1,029,954	-$4,269	-0.2%	-0.4%
Operating Revenue	$967,454	$971,939	$1,002,970	$1,005,138	$1,034,578	$37,684	0.2%	3.9%
Inpatient Discharges	30,215	29,070	26,132	25,996	25,986	(4,219)	-0.5%	-14.0%
Outpatient visits	926,289	943,198	967,402	985,761	1,014,761	59,472	1.9%	6.4%

Revenue growth is mainly due to increased outpatient volume and 340B pharmacy expansion.

Inpatient utilization decreased 14% from FY 10 to FY 13 and has begun to stabilize after a number of years of trending down. Outpatient volume continues to grow as patients transition over from inpatient services, and due to the increased demand for primary care services for the newly insured under health care reform.

Boston Medical Center
Insurance Payments By Insurance
Service Dates by Fiscal Year

Fee For Service Revenue	FY 2010	FY 2011
Blue Cross Blue Shield	$57,966,325	$52,262,959
Tufts Health Plan	$12,643,888	$10,687,445
Harvard Pilgrim Health Care	$27,000,050	$24,850,020
Fallon Community Health Plan	$0	$0
CIGNA	$4,510,139	$3,712,114
United Healthcare	$5,939,315	$6,508,445
Aetna	$6,207,697	$6,152,229
Other Commercial	$50,509,091	$50,373,942
Total Commercial	$164,776,504	$154,547,153
Network Health	$2,315,059	$2,780,210
Neighborhood Health Plan	$23,119,847	$24,619,750
BMC HealthNet, Inc.	$59,768,088	$65,065,435
Health New England	$0	$0
Fallon Community Health Plan	$0	$540
Other Managed Medicaid	$0	$0
Total Managed Medicaid	$85,202,994	$92,465,935
MassHealth	$117,165,051	$109,386,204
Tufts Medicare Preferred	$7,448,125	$7,363,146
Blue Cross Senior Options	$2,149,320	$2,189,423
Other Comm Medicare	$16,066,391	$14,919,528
Commercial Medicare Subtotal	$25,663,837	$24,472,098
Medicare	$170,565,892	$169,173,074
Other	$33,954,774	$30,588,429
GRAND TOTAL	$597,329,051	$580,632,893

Note: BMC does not have any material risk based plans. Risk settlement are less than $500K per yea

Detail by Primary Insurance

Insurance	Insurance Group	FY 2010
AETNA NO PCP	Aetna	$3,160,438
AETNA PCP	Aetna	$643,723
AETNA STUDENT HEALTH	Aetna	$2,403,536
ANTHEM BLUE CROSS	Blue Cross Blue Shield	$7,949
BCBS BENEFIT ADMIN	Blue Cross Blue Shield	$0
BCBS HMO	Blue Cross Blue Shield	$21,070,917
BCBS INDEMNITY	Blue Cross Blue Shield	$9,869,647
BCBS MEDEX	Blue Cross Blue Shield	$2,924
BCBS NOT MA HMO	Blue Cross Blue Shield	$501,096
BCBS NOT MA POS	Blue Cross Blue Shield	$0
BCBS NOT MA PPO	Blue Cross Blue Shield	$135
BCBS NOTMA INDEMNITY	Blue Cross Blue Shield	$9,196,797
BCBS POS	Blue Cross Blue Shield	$3,767,973
BCBS PPO	Blue Cross Blue Shield	$13,548,886

BCBS MCARE HMO	Blue Cross Senior Options	$1,650,491
BCBS MCARE PPO	Blue Cross Senior Options	$498,830
BMC HLTHNET MEDICAID	BMC HealthNet, Inc.	$59,768,088
CIGNA	CIGNA	$3,467,077
CIGNA CARELINK	CIGNA	$1,043,061
FALLON MEDICAID	Fallon Community Health Pla	$0
BMC PREFERRED	Harvard Pilgrim Health Care	$4,026,744
BMC PREFERRED OTHER	Harvard Pilgrim Health Care	$687,956
HPHC HMO	Harvard Pilgrim Health Care	$6,254,412
HPHC INDEMNITY	Harvard Pilgrim Health Care	$0
HPHC POS	Harvard Pilgrim Health Care	$16,030,939
HPHC PPO	Harvard Pilgrim Health Care	$0
MEDICAID	MassHealth	$50,542,424
MEDICAID LIMITED	MassHealth	$9,016
MEDICAID MNGCARE	MassHealth	$25,813,146
MEDICAID MNGCARE OTH	MassHealth	$40,800,465
CMSP	Medicare	$264,396
MEDICARE A AND B	Medicare	$165,763,689
MEDICARE PART A ONLY	Medicare	$3,469,546
MEDICARE REPLACEMENT	Medicare	$1,068,261
NHP CMA	Neighborhood Health Plan	$911,584
NHP MEDICAID	Neighborhood Health Plan	$4,651,774
NHP OTHER MEDICAID	Neighborhood Health Plan	$17,556,489
NETWK HLTH MEDICAID	Network Health	$2,315,059
BMC HLTHNET COMMCARE	Other	$30,618,911
CELTICARE	Other	$1,369,303
CHAMPVA	Other	$0
FALLON COMMCARE	Other	$208,015
HSN	Other	$99,308
HSN PARTIAL	Other	$275,832
HSN PENDING	Other	$0
MEDICAID NOT MA	Other	$303,192
NETWK HLTH COMMCARE	Other	$844,632
ZFC BAD DEBT	Other	$187,937
ZFC REPLACEMENT	Other	$35,445
ZFC VOID	Other	$12,198
AARP 2ND MCARE	Other Comm Medicare	$935
AARP MCARE COMPLETE	Other Comm Medicare	$18,850
CIGNA MCARE ACCESS	Other Comm Medicare	$636,916
E BOSTON ESP	Other Comm Medicare	$2,056,540
ESPMH ELDER SERV PL	Other Comm Medicare	$22,136
EVERCARE	Other Comm Medicare	$3,998,897
FALLON MEDICARE	Other Comm Medicare	$428,560
FIRST SENIOR FREEDOM	Other Comm Medicare	$2,631,480
SENIOR WHOLE HEALTH	Other Comm Medicare	$4,955,128
UNITED MCARE	Other Comm Medicare	$0
HEALTH NET PEARL	Other Comm Medicare	$44,264.14
UPHAMS CORNER ESP	Other Comm Medicare	$1,272,685
ZFC VOID	Other Commercial	$0
AD HOC RATES	Other Commercial	$267,032
AVMED HEALTH PLANS	Other Commercial	$0
BCCI-BMC	Other Commercial	$3,533
BLUE CROSS 2ND TO MC	Other Commercial	$189
BMC HLTHNET CHOICE	Other Commercial	$0
BU ROHP XRAY	Other Commercial	$0

BUMC TB	Other Commercial	$0
CARENET	Other Commercial	$0
COMMCARE ALLIANCE	Other Commercial	$5,875,544
COMMERCIAL INSURANCE	Other Commercial	$3,787,975
CONNECTICARE INC	Other Commercial	$9,973
CONSOLIDATED GROUP	Other Commercial	$53,177
CORRECTIONS	Other Commercial	$1,090,779
DAVITA INC	Other Commercial	$0
DELTA DENTAL	Other Commercial	$120
DORAL COMM CARE	Other Commercial	$575
DORAL DENTAL	Other Commercial	$1,538
FALLON COMMERCIAL	Other Commercial	$204
FIRST HEALTH	Other Commercial	$153,627
FLAT FEE	Other Commercial	$398,435
GCRC	Other Commercial	$1,517
GHI-NEW YORK	Other Commercial	$25,866
GREAT WEST HLTHCARE	Other Commercial	$153,290
GUARDIAN LIFE INS C	Other Commercial	$15,322
HCVM	Other Commercial	$5,614
HEALTH NET	Other Commercial	$43,008
HEALTH PLANS INC	Other Commercial	$1,886,974
HEALTHY START	Other Commercial	$554,003
HIP HEALTH INS PLAN	Other Commercial	$1,322
HMO GENERAL	Other Commercial	$247,552
HUMANA INSURANCE	Other Commercial	$154,624
JOHN HANCOCK INS CO	Other Commercial	$2,321
KAISER PERMANENTE	Other Commercial	$147,066
KIDNEY TRANSPLANT	Other Commercial	$33,411
LONG TERM CARE	Other Commercial	$109,536
MAILHANDLERS	Other Commercial	$66,008
MCI	Other Commercial	$0
MEDICAID 2ND TO MCR	Other Commercial	$2,205
MEDICARE MSP 2ND PY	Other Commercial	$0
METROPOLITAN INS CO	Other Commercial	$0
MIDDLESEX JAIL	Other Commercial	$0
MULTIPLAN	Other Commercial	$23,255
MVA	Other Commercial	$10,871,138
NETWK HLTH EXTEND	Other Commercial	$0
NEWBORN PENDING	Other Commercial	$0
NHP CHOICE	Other Commercial	$0
NHP COMMCARE	Other Commercial	$4,261,492
NHP COMMERCIAL	Other Commercial	$2,701,380
NHP OF RHODE ISLAND	Other Commercial	$0
NHP OTHER COMMERCIAL	Other Commercial	$4,444,587
OEM BOSTON FIRE	Other Commercial	$0
OEM OTHER	Other Commercial	$0
OXFORD HEALTH PLAN	Other Commercial	$193,779
PHCS	Other Commercial	$65,290

PPO GENERAL	Other Commercial	$0
PRINCIPAL FINANCIAL	Other Commercial	$6,942
QTC MEDICAL	Other Commercial	$4,557
RESEARCH GRANT #1	Other Commercial	$0
RESEARCH GRANT #2	Other Commercial	$360,938
RESEARCH GRANT #3	Other Commercial	$0
SCHOOL HEALTH PROGRA	Other Commercial	$11
SELF PAY	Other Commercial	$3,494,867
SHADOW MEDICARE	Other Commercial	$1,256,944
STD CLINIC	Other Commercial	$23,083
SUFFOLK BRADSTON ST	Other Commercial	$0
SUFFOLK NASHUA ST.	Other Commercial	$0
TB CLINIC	Other Commercial	$953
TRANSPLANT	Other Commercial	$0
TRAVELERS INS CO	Other Commercial	$46,836
TRICARE	Other Commercial	$587,845
TUFTS COMMCHOICE	Other Commercial	$193
UNICARE	Other Commercial	$2,490,387
US DEPT OF LABOR	Other Commercial	$0
VETERANS ADMIN	Other Commercial	$387,682
WAUSAU INS COMPANIE	Other Commercial	$0
WORK COMP BMC EMPLOY	Other Commercial	$1,020
WORK COMP BOS FIRE	Other Commercial	$27,937
WORK COMP BOS POLICE	Other Commercial	$83,679
WORK COMP BU EMPLOY	Other Commercial	$94,363
WORK COMP CITY BOS	Other Commercial	$526,165
WORK COMP OTHER	Other Commercial	$3,312,800
ZFC CONF APPLCTN	Other Commercial	$0
ZP BEACON HEALTH	Other Commercial	$237
ZP BHS BMC HEALTHNET	Other Commercial	$1,615
ZP BHS BMC HLTNET CC	Other Commercial	$346
ZP BHS FALLON	Other Commercial	$0
ZP BHS GIC	Other Commercial	$0
ZP BHS NHP	Other Commercial	$120
ZP BHS NHP CC	Other Commercial	$0
ZP BHS SWH	Other Commercial	$0
ZP CENPATICO CELTICR	Other Commercial	$0
ZP MBHP	Other Commercial	$1,864
DPH REFUGEE HEALTH	Other Commercial	$2,050
MEDICAL CLAIMS SERV	Other Commercial	$351
CNA INSURANCE CO	Other Commercial	$343
AMALGAMATED LIFE IN	Other Commercial	$123
ZP RAILROAD	Other Commercial	$0
ZP UBH HPHC	Other Commercial	$0
ZP UNITED BEHAV HLTH	Other Commercial	$3,380
ZP VALUE OPTIONS	Other Commercial	$0
ZZ HARVARD CHP OTHER	Other Commercial	$0
ZZ HDRL	Other Commercial	$127,057
ZZINFERTILITY SVC	Other Commercial	$11,138
TUFTS CARELINK	Tufts Health Plan	$400,533
TUFTS HMO	Tufts Health Plan	$3,334,103
TUFTS OTHER	Tufts Health Plan	$8,903,662
TUFTS POS	Tufts Health Plan	$4,883
TUFTS PPO	Tufts Health Plan	$707
TUFTS MCARE HMO	Tufts Medicare Preferred	$1,255,310

TUFTS MCARE POS	Tufts Medicare Preferred	$5,967,912
TUFTS MCARE PPO	Tufts Medicare Preferred	$224,904
TUFTS MCARE SUPP	Tufts Medicare Preferred	$0
UNITED HEALTHCARE	United Healthcare	$5,939,315
UNITED HP PASSPORT	United Healthcare	$0
UNITED HP STUDENT	United Healthcare	$0
Grand Total		$597,329,051

* BMC has very little risk based insurance with settlement of less than $500K per year.

FY 2012	FY 2013
$52,590,699	$48,588,291
$10,422,230	$10,988,166
$25,460,240	$23,657,435
$0	$0
$4,186,481	$4,033,251
$8,217,249	$7,710,012
$5,920,068	$6,785,810
$50,239,728	$49,660,319
$157,036,695	$151,423,285
$2,232,803	$9,652,801
$23,514,452	$24,170,678
$65,444,790	$72,515,965
$0	$0
$7,755	$68,218
$0	$0
$91,199,800	$106,407,662
$107,120,425	$95,614,899
$6,903,243	$6,581,550
$1,854,175	$2,405,957
$17,856,934	$22,035,522
$26,614,352	$31,023,030
$173,108,616	$174,910,054
$26,805,789	$51,997,238
$581,885,677	$611,376,168

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FY 2011	FY 2012	FY 2013
$3,351,265	$2,590,023	$2,827,533
$490,121	$1,143,131	$1,362,055
$2,310,843	$2,186,914	$2,596,222
$16,563	$71,494	$121,289
$155	$170,140	$39,735
$18,604,000	$20,566,774	$18,895,307
$3,713,233	$447,894	$136,224
$2,144	$598	$138
$223,845	$742,986	$1,107,124
$0	$195,711	$203,307
$36,030	$5,978,072	$7,321,483
$8,456,173	$2,497,207	$372,044
$4,465,690	$3,793,543	$2,262,633
$16,745,126	$18,126,281	$18,129,007

$1,508,513	$905,192	$994,348
$680,910	$948,983	$1,411,609
$65,065,435	$65,444,790	$72,515,965
$2,328,730	$2,789,875	$1,929,027
$1,383,384	$1,396,606	$2,104,224
$540	$7,755	$68,218
$5,104,694	$5,131,324	$5,825,579
$726,629	$28,284	$2,640
$5,283,607	$13,475,063	$12,769,601
$0	$36,945	$16,799
$12,672,721	$3,670,072	$1,545,980
$1,062,369	$3,118,553	$3,496,836
$44,892,988	$28,573,105	$26,898,610
$808,833	$13,798,651	$12,596,056
$24,205,494	$62,893,574	$55,932,785
$39,478,889	$1,855,094	$187,448
$290,181	$242,758	$287,069
$164,863,325	$169,414,338	$171,774,349
$3,194,383	$2,736,877	$2,292,140
$825,186	$714,643	$556,496
$1,394,067	$714,611	$788,587
$5,437,849	$22,339,545	$23,294,025
$17,787,834	$460,296	$88,066
$2,780,210	$2,232,803	$9,652,801
$28,449,365	$24,014,599	$45,972,078
$718,956	$723,774	$363,643
$262	$21,825	$30,159
$32,332	$53,717	$14,826
$165,807	$337,227	$462,348
$344,673	$301,373	$215,981
$60	$0	$0
$265,496	$259,042	$453,662
$448,267	$1,062,587	$4,422,345
$131,970	$31,645	$62,198
$10,747	$0	$0
$20,493	$0	$0
$0	$273	$0
$2,693,112	$4,059,951	$4,259,260
$188,126	$2,383	$12,999
$1,872,083	$2,073,648	$2,127,230
$14,830	$3,871	$0
$2,698,411	$3,470,014	$2,684,701
$320,426	$19,595	$64,820
$478,601	$130	$0
$5,680,103	$6,898,859	$9,012,234
$0	$69,106	$2,037,061
$0	$0	$0
$973,836	$1,259,106	$1,837,218
$0	$1,983	$0
$192,199	$850,174	$472,037
$213	$0	$0
$973	$777	$301
$295	$0	$0
$0	$64,668	$367,132
$0	$0	$0

$0	$0	$0
$0	$0	$0
$7,498,947	$7,318,904	$8,814,521
$3,384,624	$2,691,347	$2,672,894
$3,574	$2,174	$0
$42,368	$3,874	$1,478
$1,557,987	$1,200,631	$2,257,017
$0	$0	$0
$9,250	$460	$580
$0	$60	$0
$0	$1,496	$906
$795	$462,176	$294,473
$6,112	$0	$0
$464,538	$600,426	$728,494
$84	$0	$0
$30,623	$9,632	$41,464
$49,545	$21,825	$134,561
$736	$193	$0
$1,468	$0	$0
$40,407	$1,077	$0
$1,893,927	$2,062,405	$2,925,249
$567,345	$463,113	$738,428
$15,625	$6,461	$91
$56,596	$23,302	$8,261
$42,316	$93,448	$259,925
$1,133	$369	$0
$315,703	$225,998	$45,986
$59,106	$108,126	$69,593
$143,407	$134,854	$70,684
$61,104	$210,502	$13,625
$0	$0	$0
$3,218	$0	$0
$20,838	$0	$0
$0	$0	$368
$0	$0	$0
$34,083	$25,584	$12,718
$11,288,685	$11,312,830	$8,804,503
$0	$100,735	$363,197
$0	$0	$4,790
$0	$179,802	$592,222
$5,132,812	$5,444,560	$3,625,238
$2,928,945	$6,654,787	$6,230,757
$0	$16,091	$3,577
$4,826,632	$101,281	$14,181
$0	$0	$0
$0	$0	$0
$112,345	$127,387	$204,259
$113,194	$72,407	$28,987

$0	$87	$717
$20,246	$0	$0
$3,159	$0	$0
$162	$1,076	$83
$344,892	$233,885	$100,318
$226	$76,224	$136,401
$570	$0	$0
$1,366,633	$1,840,878	$1,090,392
$292,046	$291,573	$64,208
$6,780	$0	$0
$0	$0	$0
$0	$0	$0
$679	$281	$567
$0	$0	$4,922
$69,288	$145,691	$39,582
$558,899	$377,523	$528,161
$568	$0	$0
$2,529,086	$2,550,907	$2,204,529
$18,501	$0	$0
$171,242	$94,640	$62,532
$15,592	$6,658	$5,404
$3,259	$6,207	$3,344
$31,559	$79,053	$27,727
$49,598	$53,334	$35,447
$153,430	$84,882	$53,042
$260,831	$146,688	$144,077
$3,285,003	$3,351,566	$3,942,487
$158	$817	$63
$0	$0	$0
$58,646	$36,387	$2,861
$14,076	$8,129	$5,669
$0	$0	$156
$0	$0	$32
$10,898	$10,743	$2,180
$426	$480	$0
$0	$1,129	$1,362
$0	$0	$0
$38,048	$32,451	$1,115,020
$0	$0	$0
$0	$0	$0
$0	$0	$0
$0	$0	$0
$0	$18,887	$109,680
$0	$0	$0
$3,062	$3,131	$10,391
$0	$0	$0
$0	$0	$0
$145,510	$168,071	$149,125
$19,119	$22,432	$17,348
$199,241	$218,154	$227,045
$2,830,097	$4,847,629	$4,762,590
$6,321,664	$90,664	$19,975
$71,700	$1,487,311	$1,445,153
$1,264,743	$3,778,472	$4,533,403
$1,595,748	$6,118,630	$6,181,933

$5,746,173	$778,039	$368,820
$21,226	$2,556	$814
$0	$4,019	$29,982
$6,508,445	$7,487,795	$6,267,471
$0	$684,389	$1,312,312
$0	$45,066	$130,229
$580,632,893	$581,885,677	$611,376,168

2010

Service Category	Commercial				Government				All Other				Total			
	Inpatient Revenue ($)	Inpatient Margin ($)	Outpatient Revenue ($)	Outpatient Margin ($)	Inpatient Revenue ($)	Inpatient Margin ($)	Outpatient Revenue ($)	Outpatient Margin ($)	Inpatient Revenue ($)	Inpatient Margin ($)	Outpatient Revenue ($)	Outpatient Margin ($)	Inpatient Revenue ($)	Inpatient Margin ($)	Outpatient Revenue ($)	Outpatient Margin ($)
Burns																
Cardiology Total																
Invasive																
Medical																
Cardiac Surgery																
Dental																
Dermatology																
Endocinology																
Gastroenterology																
General Medicine																
General Surgery																
Gynecology																
Hematology																
Infectious Disease																
Neonatology																
Nephrology																
Neurology																
Neurosurgery																
Normal Newborns																
Obstetrics																
Oncology																
Ophthalmology																
Orthopedics																
Otolaryngology																
Psychiatry																
Pulmonary																
Rehab																
Rheumatology																
Transplant Surgery																
Trauma																
Urology																
Vascular Surgery																
Other Inpatient																
Imaging																
Other Treatments																
Laboratory																
Ambulatory Surgery																
Therapies																
Office Visits																
Observation																
Other Outpatient																
GRAND TOTAL																

Not Available

2011

Service Category	Commercial			
	Inpatient Revenue ($)	Inpatient Margin ($)	Outpatient Revenue ($)	Outpatient Margin ($)
Burns	-	-	-	-
Cardiology Total	6,394,602	492,013	3,048,047	238,582
Invasive (Cardiology - Cath & EP	-	-	1,903,546	(402,424)
Medical (Cardio Echo)	-	-	1,144,502	641,006
Cardiac Surgery	3,346,685	(930,033)	-	-
Dental (Oral Surg)	1,221,761	(758,221)	-	-
Dermatology	-	-	-	-
Endocinology	-	-	-	-
Gastroenterology	-	-	2,601,967	58,156
General Medicine	11,290,642	(233,242)	-	-
General Surgery	15,261,077	(1,684,694)	-	-
Gynecology	1,206,062	(726,860)	-	-
Hematology	-	-	-	-
Infectious Disease	-	-	-	-
Neonatology (NICU)	1,306,244	(122,184)	-	-
Nephrology (Renal)	684,839	68,752	-	-
Neurology	1,952,308	187,882	-	-
Neurosurgery	1,977,409	(526,831)	-	-
Normal Newborns	626,500	(265,327)	-	-
Obstetrics	2,744,019	(1,707,489)	-	-
Oncology[1]	2,435,481	69,846	2,825,811	1,082,625
Ophthalmology	-	-	-	-
Orthopedics	5,680,776	(2,969,761)	-	-
Otolaryngology	1,097,753	(515,945)	-	-
Psychiatry	-	-	-	-
Pulmonary	-	-	-	-
Rehab	862,336	(983,413)	-	-
Rheumatology	-	-	-	-
Transplant Surgery	314,625	8,097	-	-
Trauma	-	-	-	-
Urology	990,227	(421,065)	-	-
Vascular Surgery	785,329	(239,102)	-	-
Other Inpatient	236,887	(77,218)		
Imaging			9,722,627	4,107,336
Other Treatments (IR)			553,974	(13,673)
Laboratory			1,553,056	377,294
Ambulatory Surgery			8,684,200	(6,004,972)
Therapies (PT/OT/ST)			689,754	(410,083)
Office Visits			29,066,380	(25,162,003)
Observation			2,818,915	(1,665,147)
Other Outpatient[2]			12,051,559	1,101,000

GRAND TOTAL	**60,415,563**	**(11,334,796)**	**73,616,289**	**(26,290,886)**

PEDI NEUROLOGY	297,084	137,539		
PEDI ORTHOPEDICS	25,717	3,506		
PEDI SURGERY	250,656	37,548		
PEDIATRICS	1,802,903	(183,697)		
PEDI FAMILY MEDICINE	25,651	(3,928)		
PEDI ENT	5,911	(8,948)		
Pediatrics Total	**2,407,921**	**(17,980)**		

Note:

1. for outpatient, it is Rad therapy
2. Other Outpatient: Neurophys, ER and Other
3. Revenue does not include DSTI & Other Supplemental Payments

Government				All Other		
Inpatient Revenue ($)	Inpatient Margin ($)	Outpatient Revenue ($)	Outpatient Margin ($)	Inpatient Revenue ($)	Inpatient Margin ($)	Outpatient Revenue ($)
-	-	-	-	-	-	-
28,688,991	4,150,740	5,842,333	1,202,284	247,950	(180,250)	61,187
-	-	3,323,897	47,609	-	-	34,664
-	-	2,518,436	1,154,675	-	-	26,523
14,077,760	(1,542,381)	-	-	37,423	(80,276)	-
1,853,088	(310,358)	-	-	89,276	(90,528)	-
-	-	-	-	-	-	-
-	-	-	-	-	-	-
-	-	4,815,550	(2,232,870)	-	-	19,793
114,806,193	10,039,607	-	-	486,557	(540,537)	-
35,497,635	(1,831,242)	-	-	908,251	(443,355)	-
5,242,397	(1,220,298)	-	-	20,222	(20,742)	-
-	-	-	-	-	-	-
-	-	-	-	-	-	-
6,198,031	(1,498,852)	-	-	-	-	-
11,184,269	2,656,679	-	-	29,970	(25,493)	-
9,705,685	979,199	-	-	34,269	(17,903)	-
8,446,814	(1,137,247)	-	-	308,122	(462,346)	-
5,832,192	1,585,724	-	-	9,470	(12,477)	-
11,438,115	(11,007,071)	-	-	76,553	(123,319)	-
9,778,699	388,266	7,184,333	170,265	192,245	(64,482)	55,007
12,306	(14,743)	-	-	-	-	-
16,588,289	(3,633,333)	-	-	800,739	(714,856)	-
3,177,581	(713,372)	-	-	26,757	(33,648)	-
-	-	-	-	-	-	-
-	-	-	-	-	-	-
3,707,236	(2,339,189)	-	-	129,928	(21,207)	-
-	-	-	-	-	-	-
2,273,350	(727,190)	-	-	45,249	(72,266)	-
-	-	-	-	-	-	-
4,308,787	81,627	-	-	24,660	(16,397)	-
6,121,441	353,583	-	-	12,242	(31,932)	0
1,536,645	(157,543)			13,770	(36,601)	
		23,859,880	9,925,455			381,683
		1,519,395	(149,643)			7,418
		3,484,533	856,717			68,509
		19,987,423	(14,082,975)			964,812
		2,482,098	(784,628)			159,741
		93,387,313	(47,039,512)			1,312,524
		11,636,873	(13,084,423)			178,131
		38,305,708	127,627			1,199,952

300,475,503	**(5,897,394)**	**212,505,437**	**(65,091,703)**	**3,493,652**	**(2,988,615)**	**4,408,757**

216,788	62,086					
42,475	(6,442)					
481,112	(38,126)					
9,930,698	(2,063,642)			37,616	(23,071)	
32,249	(26,673)					
43,338	(2,119)					
10,746,660	**(2,074,916)**			**37,616**	**(23,071)**	

	Total			
Outpatient Margin ($)	Inpatient Revenue ($)	Inpatient Margin ($)	Outpatient Revenue ($)	Outpatient Margin ($)
-	-	-	-	-
(85,474)	35,331,544	4,462,503	8,951,567	1,355,392
(90,892)	-	-	5,262,107	(445,707)
5,418	-	-	3,689,461	1,801,099
-	17,461,869	(2,552,690)	-	-
-	3,164,124	(1,159,107)	-	-
-	-	-	-	-
-	-	-	-	-
(32,444)	-	-	7,437,309	(2,207,158)
-	126,583,392	9,265,828	-	-
-	51,666,964	(3,959,290)	-	-
-	6,468,681	(1,967,900)	-	-
-	-	-	-	-
-	-	-	-	-
-	7,504,275	(1,621,036)	-	-
-	11,899,078	2,699,938	-	-
-	11,692,262	1,149,178	-	-
-	10,732,345	(2,126,424)	-	-
-	6,468,162	1,307,920	-	-
-	14,258,688	(12,837,879)	-	-
(38,582)	12,406,425	393,630	10,065,151	1,214,308
-	12,306	(14,743)	-	-
-	23,069,804	(7,317,950)	-	-
-	4,302,091	(1,262,966)	-	-
-	-	-	-	-
-	-	-	-	-
-	4,699,499	(3,343,809)	-	-
-	-	-	-	-
-	2,633,223	(791,359)	-	-
-	-	-	-	-
-	5,323,674	(355,835)	-	-
0	6,919,012	82,548	-	-
	1,787,302	(271,362)		
(66,638)			11,623,705	13,966,152
(3,831)			#REF!	(167,146)
(35,759)			5,106,097	1,198,252
(2,508,761)			29,636,435	(22,596,708)
(103,585)			3,331,592	(1,298,296)
(1,950,589)			123,766,217	(74,152,104)
(202,177)			14,633,919	(14,951,747)
(255,508)			51,557,218	973,119

(5,283,348)	**364,384,718**	**(20,220,805)**	**290,530,483**	**(96,665,936)**

	513,871	199,625
	68,192	(2,936)
	731,768	(578)
	11,771,217	(2,270,410)
	57,900	(30,601)
	49,248	(11,067)
	13,192,197	**(2,115,966)**

2012

Service Category	Commercial			
	Inpatient Revenue ($)	Inpatient Margin ($)	Outpatient Revenue ($)	Outpatient Margin ($)
Burns	-	-	-	-
Cardiology Total	4,920,691	565,454	3,486,500	147,541
Invasive (Cardiology - Cath & EP	-	-	2,248,207	(438,104)
Medical (Cardio Echo)	-	-	1,238,293	585,645
Cardiac Surgery	4,319,029	(854,834)	-	-
Dental (Oral Surg)	1,304,630	(774,392)	-	-
Dermatology	-	-	-	-
Endocinology	-	-	-	-
Gastroenterology	-	-	2,814,221	150,084
General Medicine	12,359,995	2,129,429	-	-
General Surgery	14,101,097	(1,097,813)	-	-
Gynecology	1,237,583	(807,969)	-	-
Hematology	-	-	-	-
Infectious Disease	-	-	-	-
Neonatology (NICU)	1,282,980	(510,012)	-	-
Nephrology (Renal)	900,209	95,617	-	-
Neurology	2,133,447	138,948	-	-
Neurosurgery	3,568,677	(1,124,101)	-	-
Normal Newborns	500,713	(214,760)	-	-
Obstetrics	3,018,406	(1,983,019)	-	-
Oncology[1]	2,281,343	480,875	2,516,756	1,231,455
Ophthalmology	-	-	-	-
Orthopedics	4,713,523	(2,225,001)	-	-
Otolaryngology	1,413,190	(396,259)	-	-
Psychiatry	-	-	-	-
Pulmonary	-	-	-	-
Rehab	781,455	(982,662)	-	-
Rheumatology	-	-	-	-
Transplant Surgery	373,923	(53,831)	-	-
Trauma	-	-	-	-
Urology	939,906	(228,210)	-	-
Vascular Surgery	951,801	(159,937)	-	-
Other Inpatient	381,890	(163,916)		
Imaging			9,527,657	4,154,011
Other Treatments (IR)			742,179	(84,672)
Laboratory			1,371,627	195,551
Ambulatory Surgery			8,259,076	(5,734,229)
Therapies (PT/OT/ST)			918,157	(329,366)
Office Visits			29,072,156	(26,597,478)
Observation			3,118,689	(2,067,505)
Other Outpatient[2]			12,126,138	1,001,034

GRAND TOTAL	**61,484,488**	**(8,166,393)**	**73,953,156**	**(27,933,575)**

PEDI ENT	52,301	29,691		
PEDI NEUROLOGY	196,537	112,084		
PEDI SURGERY	127,941	(8,435)		
PEDIATRICS	1,835,507	(23,808)		
PEDI FAMILY MEDICINE	14,344	(1,478)		
PEDI ORTHOPEDICS	45,129	(62,437)		
Pediatrics Total	**2,271,760**	**45,617**		

Note:

1. for outpatient, it is Rad therapy
2. Other Outpatient: Neurophys, ER and Other
3. Revenue does not include DSTI & Other Supplemental Payments

Government				All Other		
Inpatient Revenue ($)	Inpatient Margin ($)	Outpatient Revenue ($)	Outpatient Margin ($)	Inpatient Revenue ($)	Inpatient Margin ($)	Outpatient Revenue ($)
-	-	-	-	-	-	-
31,318,078	6,298,412	7,332,358	966,886	221,854	(164,117)	60,820
-	-	4,137,471	(106,782)	-	-	38,096
-	-	3,194,886	1,073,668	-	-	22,724
14,395,819	(619,377)	-	-	86,316	(251,238)	-
1,807,863	(631,961)	-	-	75,460	(131,425)	-
-	-	-	-	-	-	-
-	-	-	-	-	-	-
-	-	5,386,338	(1,991,288)	-	-	22,139
102,275,746	12,029,146	-	-	717,173	(411,803)	-
33,919,909	(1,337,043)	-	-	1,337,514	(647,994)	-
4,836,297	(933,114)	-	-	28,302	658	-
-	-	-	-	-	-	-
-	-	-	-	-	-	-
7,169,163	(1,571,720)	-	-	1,376	(4,471)	-
14,192,244	2,526,752	-	-	16,686	(8,270)	-
11,414,409	1,221,719	-	-	48,175	(30,987)	-
7,656,026	(1,527,967)	-	-	203,869	(363,331)	-
4,524,515	348,334	-	-	45,308	(9,057)	-
11,297,373	(12,714,651)	-	-	99,204	(128,705)	-
11,085,994	1,531,697	8,988,211	2,751,851	8,343	(19,054)	19,113
5,844	(7,530)	-	-			-
12,762,139	(952,044)	-	-	1,062,588	(887,933)	-
4,963,759	(620,649)	-	-	16,509	(27,004)	-
-	-	-	-	-	-	-
-	-	-	-	-	-	-
2,159,575	(2,359,932)	-	-	13,848	(65,473)	-
-	-	-	-	-	-	-
1,457,065	(414,403)	-	-	67,453	(27,681)	-
-	-	-	-	-	-	-
4,421,461	247,786	-	-	22,913	1,142	-
6,024,733	299,282	-	-	8,343	179	0
1,091,861	(138,591)			0	6,001	
		25,298,145	11,350,150			300,832
		2,490,610	(105,505)			35,251
		3,346,460	572,605			81,111
		22,500,250	(15,194,208)			1,012,337
		2,629,081	(1,155,862)			100,671
		97,687,515	(55,143,862)			1,144,911
		14,072,877	(15,099,379)			244,715
		41,427,544	750,583			1,282,904

288,779,874	**674,147**	**231,159,390**	**(72,298,028)**	**4,081,233**	**(3,170,563)**	**4,304,804**

19,271	(8,216)			-	-	
133,894	36,473			4,026	2,441	
418,542	(78,857)			-	(25,467)	
7,963,085	(3,935,208)			67,920	(58,248)	
44,061	(10,486)					
35,359	(14,489)					
8,614,212	**(4,010,784)**			**71,946**	**(81,274)**	

	Total			
Outpatient Margin ($)	Inpatient Revenue ($)	Inpatient Margin ($)	Outpatient Revenue ($)	Outpatient Margin ($)
-	-	-	-	-
(161,637)	36,460,623	6,699,749	10,879,678	952,790
(144,879)	-	-	6,423,775	(689,766)
(16,758)	-	-	4,455,903	1,642,556
-	18,801,163	(1,725,448)	-	-
-	3,187,952	(1,537,778)	-	-
-	-	-	-	-
-	-	-	-	-
(34,888)	-	-	8,222,698	(1,876,092)
-	115,352,914	13,746,772	-	-
-	49,358,519	(3,082,850)	-	-
-	6,102,182	(1,740,426)	-	-
-	-	-	-	-
-	-	-	-	-
-	8,453,519	(2,086,203)	-	-
-	15,109,140	2,614,099	-	-
-	13,596,031	1,329,679	-	-
-	11,428,572	(3,015,398)	-	-
-	5,070,536	124,517	-	-
-	14,414,983	(14,826,375)	-	-
(22,336)	13,375,681	1,993,519	11,524,080	3,960,969
-	5,844	(7,530)	-	-
-	18,538,251	(4,064,979)	-	-
-	6,393,458	(1,043,912)	-	-
-	-	-	-	-
-	-	-	-	-
-	2,954,879	(3,408,066)	-	-
-	-	-	-	-
-	1,898,442	(495,915)	-	-
-	-	-	-	-
-	5,384,280	20,718	-	-
0	6,984,877	139,524	-	-
	1,473,751	(296,506)		
(123,381)			35,126,634	15,380,780
(15,705)			3,268,040	(205,882)
(54,215)			4,799,198	713,941
(2,441,433)			31,771,662	(23,369,870)
(124,264)			3,647,910	(1,609,491)
(2,141,989)			127,904,583	(83,883,328)
(557,957)			17,436,281	(17,724,842)
(929,698)			54,836,586	821,919

(6,607,502)	**354,345,595**	**(10,662,808)**	**309,417,349**	**(106,839,105)**

	71,572	21,475
	334,457	150,998
	546,484	(112,760)
	9,866,512	(4,017,264)
	58,405	(11,963)
	80,488	(76,926)
	10,957,918	**(4,046,440)**

2013

Service Category	Commercial				Government				All Other				Total			
	Inpatient Revenue ($)	Inpatient Margin ($)	Outpatient Revenue ($)	Outpatient Margin ($)	Inpatient Revenue ($)	Inpatient Margin ($)	Outpatient Revenue ($)	Outpatient Margin ($)	Inpatient Revenue ($)	Inpatient Margin ($)	Outpatient Revenue ($)	Outpatient Margin ($)	Inpatient Revenue ($)	Inpatient Margin ($)	Outpatient Revenue ($)	Outpatient Margin ($)
Burns	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Cardiology Total	6,419,235	1,354,660	3,915,443	861,461	31,001,360	5,288,016	8,370,352	1,863,710	270,035	(276,904)	42,499	(180,129)	37,690,630	6,365,772	12,328,294	2,545,042
Invasive (Cardiology - Cath & EP	-	-	2,761,908	376,474	-	-	4,614,725	684,724	-	-	22,433	(160,170)	-	-	7,399,067	901,027
Medical (Cardio Echo)	-	-	1,153,535	484,987	-	-	3,755,627	1,178,986	-	-	20,065	(19,959)	-	-	4,929,228	1,644,015
Cardiac Surgery	4,122,925	(464,735)	-	-	15,144,556	(2,484,697)	-	-	98,346	(481,282)	-	-	19,365,826	(3,430,714)	-	-
Dental (Oral Surg)	2,405,143	(790,415)	-	-	1,890,350	(448,484)	-	-	45,699	(74,289)	-	-	4,341,192	(1,313,188)	-	-
Dermatology	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Endocinology	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Gastroenterology	-	-	3,179,950	189,875	-	-	6,656,708	(1,736,241)	-	-	34,197	(65,410)	-	-	9,870,856	(1,611,777)
General Medicine	9,108,791	544,331	-	-	98,312,975	7,071,771	-	-	719,509	(1,208,642)	-	-	108,141,275	6,407,460	-	-
General Surgery	12,293,516	(2,840,749)	-	-	34,642,210	(3,548,221)	-	-	1,019,377	(857,736)	-	-	47,955,104	(7,246,706)	-	-
Gynecology	1,172,434	(649,767)	-	-	4,679,550	(1,088,725)	-	-	15,403	(42,364)	-	-	5,867,387	(1,780,856)	-	-
Hematology	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Infectious Disease	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Neonatology (NICU)	1,523,582	(471,791)	-	-	7,521,721	(4,976,064)	-	-	-	(37,101)	-	-	9,045,303	(5,484,956)	-	-
Nephrology (Renal)	996,654	254,483	-	-	13,655,109	1,432,310	-	-	58,393	(203,142)	-	-	14,710,156	1,483,651	-	-
Neurology	2,415,307	363,258	-	-	8,944,227	(159,711)	-	-	83,498	(90,413)	-	-	11,443,032	113,134	-	-
Neurosurgery	3,434,250	(1,064,797)	-	-	10,095,131	(2,652,330)	-	-	383,861	(835,857)	-	-	13,913,242	(4,552,984)	-	-
Normal Newborns	557,918	(351,843)	-	-	5,787,529	(51,720)	-	-	57,051	(51,344)	-	-	6,402,498	(454,907)	-	-
Obstetrics	3,248,852	(1,108,234)	-	-	11,974,323	(9,344,642)	-	-	96,135	(54,734)	-	-	15,319,310	(10,507,610)	-	-
Oncology[1]	1,745,311	298,408	2,164,886	976,675	11,357,013	1,635,389	10,123,166	3,962,770	53,257	(40,568)	91,584	(94,716)	13,155,581	1,893,228	12,379,635	4,844,729
Ophthalmology	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Orthopedics	4,244,690	(1,760,292)	-	-	19,736,984	(472,117)	-	-	1,698,822	(718,126)	-	-	25,680,496	(2,950,534)	-	-
Otolaryngology	2,173,789	(203,023)	-	-	4,063,898	(670,582)	-	-	17,529	(15,739)	-	-	6,255,216	(889,344)	-	-
Psychiatry	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Pulmonary	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Rehab	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Rheumatology	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Transplant Surgery	575,695	(23,281)	-	-	3,343,226	(527,421)	-	-	4,658	(28,196)	-	-	3,923,580	(578,898)	-	-
Trauma	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Urology	1,149,930	(221,003)	-	-	4,542,089	283,984	-	-	13,480	(17,287)	-	-	5,705,499	45,694	-	-
Vascular Surgery	630,956	(6,014)	-	-	6,912,193	26,147	-	-	7,832	(17,940)			7,550,981	2,193	-	-
Other Inpatient	353,559	(83,621)			1,267,214	(105,244)			1	0			1,620,774	(188,864)		
Imaging			9,163,527	4,062,678			30,185,397	14,814,140			404,339	(125,837)			39,753,264	18,750,981
Other Treatments (IR)			792,122	(97,453)			2,739,818	(568,971)			8,401	(27,850)			3,540,340	(694,274)
Laboratory			1,395,520	238,969			3,699,601	654,215			52,771	(37,601)			5,147,892	855,583
Ambulatory Surgery			7,617,368	(4,269,995)			23,833,462	(13,859,930)			1,098,136	(2,490,219)			32,548,966	(20,620,144)
Therapies (PT/OT/ST)			839,376	(151,982)			3,140,285	(93,270)			124,505	(124,786)			4,104,165	(370,039)
Office Visits			27,751,560	(27,607,859)			102,296,292	(57,166,891)			1,102,992	(2,064,552)			131,150,844	(86,839,302)
Observation			3,169,841	(1,965,218)			14,856,111	(14,107,993)			156,465	(690,587)			18,182,417	(16,763,798)
Other Outpatient[2]			11,755,600	53,056			44,579,783	(1,283,665)			1,048,432	(1,776,924)			57,383,815	(3,007,533)
GRAND TOTAL	**58,572,536**	**(7,224,426)**	**71,745,194**	**(27,709,793)**	**294,871,658**	**(10,792,340)**	**250,480,976**	**(67,522,127)**	**4,642,887**	**(5,051,663)**	**4,164,320**	**(7,678,611)**	**358,087,082**	**(23,068,429)**	**326,390,490**	**(102,910,531)**

PEDI ORTHOPEDICS	-	-			30,157	9,308			-	-				
PEDI NEUROLOGY	216,190	57,631			128,975	16,076			21,289	7,546			366,454	81,253
PEDI FAMILY MEDICINE	20,997	(3,086)			56,995	571			-	-			77,992	(2,515)
PEDIATRICS	1,757,777	(366,281)			8,999,893	(3,942,541)			27,521	(75,931)			10,785,191	(4,384,753)
PEDI SURGERY	165,805	(88,346)			516,300	(196,192)			-	-			682,105	(284,538)
PEDI ENT	7,608	(8,723)			63,498	11,498			-	-			71,106	2,775
Pediatrics Total	**2,168,376**	**(408,805)**			**9,795,818**	**(4,101,280)**			**48,810**	**(68,385)**			**12,013,004**	**(4,578,470)**

Note:

1. for outpatient, it is Rad therapy
2. Other Outpatient: Neurophys, ER and Other
3. Revenue does not include DSTI & Other Supplemental Payments