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: We have implemented numerous and multifaceted initiatives to drive down our costs. We attribute a reduction in inpatient volume to the economy and changes in insurance plans that have increased co-pays and deductibles that have kept people out of the hospital; better access to primary care; and efforts by hospitals and payors to reduce re-admissions. We attribute an increase in outpatient visits projected from FY 13 to FY 14 to be the result of more procedures and surgeries be covered on an outpatient basis.
   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.

      Net Patient Revenue (NPR) (less bad debt expense) increased 6.2% from FY 10 to FY 13 (average of < 2%/year). From FY 13 to Projected FY 14, NPR is expected to increase approximately 1%. Admissions and Observations decreased by 4% from FY 10 to FY13 and are projected to decrease by an estimated 15% from FY 13 to Projected FY 14. The Average Length of Stay for Admissions and Observations Combined decreased by 3% from FY 10 to FY 13; no further decrease since then. Deliveries decreased by 12% from FY 10 to FY 13 (average of 3%/year); they are estimated to increase by 7% from FY 13 to Projected FY 14. Total Outpatient Visits increased by 4% from FY 10 to FY 13 (average of 1%/year); they are estimated to increase by 3% from FY 13 to Projected FY 14. Operating Expenses increased by 7% from FY 10 to FY 13 (average of 1.75% per year).
   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?

      Renegotiated many vendor contracts to reduce overall cost and/or to limit amount of increases allowed per the agreement to 3% or lower; limited salary increases paid to employees to 2% of existing rates vs 3% as in prior years; engaged a second group purchasing organization, allowing us to purchase through the GPO that offers the best price; engaged several organizations to analyze our supply purchases to compare prices and utilization of products to similar sized hospitals and used this information to negotiate with vendors and/or change utilization practices; sponsored LEAN training classes for managers and staff and encouraged ongoing use of this method; encouraged staff to bring forward ideas for cost savings and efficiencies; converted many manual processes to automated; engaged employees via an employee survey; implemented employee wellness initiatives.

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?
.MRMC plans to promote the use of Mass HIway with organizations that we transition patients to and receive patients from. Using the Mass HIway HIE will allow us to send documents electronically to improve communication and make transitions of care more efficient. In addition, MRMC plans to implement e-prescribing technology in order to reduce errors caused by illegible prescriptions.

d. What systematic or policy changes would encourage or enable your organization to operate more efficiently without reducing quality?
The Primary opportunity to operate more efficiently would be to achieve better interoperability of our information systems particularly with regard to medication reconciliation. Our multiple ambulatory electronic medical record systems do not interface with each other or with the hospital and within the hospital system itself. Our "best of breed" systems such as that employed in the ER are not optimally integrated with the core hospital operating system. As a result this means that, though the patient has an accurate medication list that is reconciled at each outpatient visit, the list must be recreated when they present to the ER for acute evaluation and further, if the patient requires admission, recreated again in the hospital information system. This results in a tremendous amount of duplication of effort and increases the potential for medication errors.

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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: Milford Regional does not have any alternative payment methods (APMS).
   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?
   We are not currently participating in APMs, but do have financial withholds related to reducing cost trends. This is not a bonus based contract, but rather a withhold- based percentage of payment. While not actively managing referral practices, we have been looking more closely at our referral patterns and trying to keep more care local or within our network. WE have needed to hire so far three FTSs to work on population health management and indirect patient care.
   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).
   No analyses done, but we have added the cost of three FTEs as stated above
   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.

No analyses done, however, the metrics being employed by existing alternative payment contracts are heavily weighted towards performance measures in primary care. Many primary care practices are underresourced with the necessary infrastructure and personel to optimize performance. It is increasingly clear to PCP's that they need additional assistance such as personel to contact patients who have been noncompliant. Compliance cannot be as dependent upon patient/physician enocunters nor can it depend as heavily on fee for service reimbursement. Our financing system remains heavily dependent upon fee for service reimbursement, yet increasingly providers are having to devote time to activities that are not revenue generating.

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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: Milford Regional does not have any APMS.
   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?
      We do not think current methods of health status risk adjustment adequately accounts for changes in patient population acuity. Diagnosis base risk adjustment fails to identify a significant portion of the patients that require additional time, resources, and attention. This is particularly true for the patients with behavioral health conditions in addition to chronic medical conditions.
   b. How do the health status risk adjustment measures used by different payers compare?
      We do not have enough information to comment.
   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?
      Unfortunately, risk status adjustment based changes in reimbursement take focus away from patient care and require more focus of provider time on coding and billing.

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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: There are a number of gaps and deficiences both in the types of data that would be valuable and in the timeliness in the availablity of the data.
   ANSWER: Real time data to manage patient care includes info from non-integrated locations of care, and obtaining discharge summaries, test results, consultation reports, etc. from providers not linked electronically causes significant delays in treatment and

leads to duplication. Organizations vary significantly in their response to requests for data. Standard expectations regarding transfer of data are needed. Population level data is a different problem; much of this data comes from insurers, who only have data on care received by patients insured by a single insurer. This results in fragmented data for providers, as well as incomplete data on which insurers assess quality of physicians. Having a system that can share vital signs, tests, and hospitalization data on patients would allow better population health management.

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5. C. 224 requires health plans to attribute all members to a primary care provider, to the maximum extent feasible.
   SUMMARY: There is no one way for Milford Regional to accurately know which attribution methodologies account for the patients we care for.
   a. Which attribution methodologies most accurately account for patients you care for?
      Several attribution methodologies work well when combined. 1. Who does a patient identify as his/her PCP when asked. 2. Which provider does a patient see most frequently. Selection of PCP with health insurance is not a very good way to attribute, as there is a significant portion of patients who never see the PCP selected with insurance.
   b. What suggestions does your organization have for how best to formulate and implement attribution methodologies, especially those used for payment?
      Patient response to "who is your PCP" is the best formula. For those who don't respond, most commonly seen provider is the next best method.

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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: There is an extensive amoung of effort required to report required qaulity measures to various entities.
   ANSWER: Not only does the review and abstraction of the data consume signfiicant resources, but the functionality of the vendor data bases to enter the data varies greatly for ease of use and logic. With EMR's that do not interface, you may be accessing two or three different systems to abstract the data. Once in these systems, you may have to look in 6 or more different areas to find the data. In addition, each reporting entity has different degrees of security level of access to their sites to report the data. Though payers have become more aligned with respect to quality measure requirements, there remain some measures that are requested beyond the standard measures.

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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: MRMC maintains relationships with the region's two largest healthcare systems as well as key specialty hospitals. MRMC's primary tertiary referral relationship is with UMass Memorial hospital in Worcester.
   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.

MRMC is the largest provider of hospital services in its 9-town primary service area, capturing 52% of the market share. UMass Memorial (as the closest AMC) draws 14% of the patients from MRMC's primary service area, but Management believes that a large percentage of such patients represent tertiary cases for whom MRMC would not have been able to provide services, a portion of which are referred to UMass Memorial by MRMC. Reference Excel file: HPC Data.xls, Marketshare tab for a summary of discharges for MRMC's primary service area for FY2009 through FY2012 and Utilstats tab for a summary of MRMC's utilization statistics for FY2009 through FY2013.

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.

In 1991, MRMC entered into a formal affiliation agreement with UMMC and the Medical School to become a major affiliate for certain collaborative programs and strategic planning. In 1992, the affiliation was expanded when MRMC became a teaching site for UMMC for internal medicine and eventually Emergency Medicine and Surgery. The residency program, along with the hospitalist program, permits MRMC to have physician coverage on-site at the Main Campus at all times. Since 2006, MRMC also collaborates with the Dana-Farber Cancer Institute and the Brigham and Women's Hospital and Physician Organization in the development of comprehensive cancer care, thoracic surgery, remote stroke and brachytherapy. In 2013, the Hospital entered into an agreement with Boston Children's Hospital for provision of pediatric hospital-based services, providing physicians to MRMC's pediatric unit, normal newborn nursery, labor/delivery, emergency department and several specialty clinics including; Gastroenterology, Urology, Surgery, Endocrinology and Allergy/Immunology.

We have established a 24/7 hospitalist service that has improved our inpatient care significantly. We ensure timely follow up of all hospital discharges within 7-14 days of discharge, sooner if necessary. We have electronically sent discharge summaries that link to PCP desktops at the time of admission. We also make post discharge phone calls to all patients within 72 hours of discharge to prevent readmissions. Our hospital also participates in the CHART program and participated in the STAAR initiative.

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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: MRMC utilizes a number of vendors, internal multidisciplinary groups and externally focused communication efforts with post acute care agencies to manage post acute care patients. These groups, when taken together, are designed to identify appropriate post-acute care, increase communication between and among various providers, and improve patient ownership in their own care.

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.
Attached is a 6 month snapshot of our discharge of our different levels of care (reference Excel file: pstacutecare.xls). We begin our process of discharge on admission. It is first determined if a patient meets observation level of care or inpatient level of care using InterQual criteria from McKesson. We also send this review to Executive Health Resources which is a service of physicians who speak with our doctors in real time regarding patient's level of care. Patients are given a brochure on area Nursing Homes, Skilled Nursing Facilities, Rehabilitation Hospitals and Assisted Livings. We will have the particular agency come in upon either the patient/family request or if we think teaching is necessary prior to discharge.
We have recently met with all of the area Skilled Nursing Facilities, VNA's and Physician's offices. We will be meeting with Acute Rehabs and Assisted Livings as well. The goal of these meetings is to identify patients who are at high risk for readmissions. Our Team, which is made up of Social Workers, Nurse Case Managers, Pharmacists and when needed, Physical Therapists, will meet on a weekly basis with key stakeholders (VNA's SNF's, etc.) to discuss process, areas for improvement and gaps in services for patient care. We have also worked with our post-acute care agencies on an agreed upon "Warm Handoff" tool. This is a communication tool which serves as a guideline when giving a VERBAL Report to the next level of care.
We also ask our area SNF's to provide us a list of what they can and cannot do so we may inform the patient and family early in the discharge planning process. Patients do much better when they are involved in their aftercare from the very beginning.

b. How does your organization ensure optimal use of post-acute care?
We use NRC Connect to call each one of our patients after discharge to home with services or without services (reference PDF file: MRMC_Exhibit_B_ 8BHospitalDashboard). Those patients with issues are given an immediate call from the Nurse Manager of the Unit they were discharged from. If there are negative trends with any vendors or agencies, they are acted upon immediately.

Our hospital is focused on preventing unnecessary readmissions back to the hospital. We are doing this by collecting data from those institutions form which readmission to our hospital is most frequent. We interview patients and families on why they are being readmitted. We call the SNF's to follow up as to why the patient has been readmitted and then track that information too. A multidisciplinary team from the hospital will meet with the area SNF's, VNA's and high risk Case Managers from physicians' offices. We meet with all of the SNF's together, all the VNA's together and so on. One of the reasons to meet is to breakdown silos and facilitate information between facilities.

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: MRMC is in the preliminary stages of developing tools to respond to patient requests. As such, data is limited at this time.

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: Until recently we provided price information to patients, upon request, via a manual process in which we used the fee schedule for the patient's respective insurance. Patients generally request this information because they are planning in advance for the cost of the procedure they are considering. While we have not kept specific statistics on the top admissions, procedures or services, generally most are requesting the cost of surgical day procedures, and diagnostic tests such as CT Scans, MRIs, echocardiograms, etc.
Within the last month, we have implemented an electronic Patient Estimator software program which calculates an estimated price based on price information in the hospital's charge master, payor contracted rates and patient eligibility and benefits information.

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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: Tiered and limited networks have had minimal impact on Milford Regional.
ANSWER: We have been asked to take a rate reduction from one health plan that they claim would have moved us to a more favorable tier but we chose not to do this. We are not able to identify whether our placement on tiered or limited networks have had an impact on referrals.

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: MRMC ED has seen a dramatic increase in the number of behavioral health (BH) patients presenting for treatment and requiring inpatient psych admission. Data collected identified a lack of parity for transfers, which consumes consider resources to counter. Thus, this patient population is exposed to prolonged boarding and optimal treatment cannot be provided in a busy ED which is intended for rapid stabilization/acute issues. This situation also increases the risk for this patient population and staff caring for them, and inhibits other patients from being seen in a timely manner as beds are occupied by boarded behavioral health patients. We have focused on developing a team approach to direct ED patients to the Edward M. Kennedy Community Health Center (EMKCHC) to connect this population to a primary care physician or specialty practice that accepts Medicare or Mass Health insurance.
    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.
       A new Referral System has tracked 66 patients referred to the EMKCHC since it opened March 2014. In the event the ED patient is admitted or requires a follow up visit, a referral form faxed to EMKCHC holds "priority slots" for these patients to help avoid revisits to the ED within 72 hours and to encourage appropriate treatment in a primary care setting. Bilingual Community Health Workers have been developed to assist patients in navigating the health care system. Behavioral Health Nurses and Patient Safety Assistants were introducted as part of the care of BH patients contributing to a 25% decrease in the use of restraints for these patients. Daily behavioral health morning rounds improve the care and flow of BH patients and are instrumental in improving patient specific communication and apppropiate community or inpatient care.
    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.
       Identification of high resource/high utilization patients in the ED and to develop individualized management plans (IMPs) to connect patients to community resources. This strategy has been highly effective in bringing hospital and community providers together and moving patients' treatment towards resolution. Social workers and Riverside clinicians have spearheaded this effort providing needed case management. In 12 cases where IMPs were created for patients there was a reduced ED recidivism.
       Also, the intensive involvement of social work clinicians has resulted in quicker placement of patients in psychiatric hospitals. These patients become less acute in a shorter period of time and are therefore easier to place in inpatient care if needed.

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.
Challenges are addressing aggressive patients in an Emergency Department setting, staffs knowledge of best practices, treatments and assessment tools to continually improve the integration of physical and behavioral health care needs of patients seen in the ED. The staff has identified training in other areas of behavioral health that would support their work with difficult patient populations including substance abuse training to deal with the opioid and heroin epidemic seen across the country and in our own hospital.

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.
Our facility would be willing to participate in the statewide data reporting of discharge data. This data would support initiatives such as more supportive services and inpatient beds for the behavioral health population.

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12. Describe your organization's efforts and experience with implementation of patient-centered medical home (PCMH) model.
SUMMARY: We are actively making strides toward becoming PCHMs at all of our outpatient primary care practices.
    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?
    We are on track for our pilot office to become recognized by NCQA by the end of 2014. We hope to have 50% of our primary care offices recognized by NCQA by the end of 2015.
    b. What percentage of your organization's primary care patients receives care from those PCPs or other providers?
    0% now, 5% by the end of 2014
    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.
    We have not yet seen any impact within our system on outcomes, quality, or cost with PCMH. It is a significant cost to a practice or organization. Under the current primarily fee for service environment, there are no financial incentives for investing in the resources and staffing needed to become a PCMH. We are basing our decision to commit to PCMH on successes in other parts of the country and to a lesser extent locally

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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: The findings and reocmmendations from both the 2013 and 2014 reports were very helpful.
ANSWER: The information, data and findings provided in both the 2013 and 2014 Reports are comprehensive, impressive and helpful. In many ways, these reports validate the concerns and challenges we have at Milford Regional as a community health system. Like many hospitals, we are challenged as a result of the price discrepancies that exist in regards to the commercial payment levels to different providers. Also, on the payment side, the evolution of payment models that move away from fee for service to value based and/or global and budgeted payments will potentially create problems for our organization. Timing of the completion of the transition is problematic as straddling both worlds (that is, fee for service and global payments) is difficult. Furthermore, we have limited resources to put in place the infrastructure (integrated information systems, care managers to assist with coordination of care, need for additional primary care physicians, etc.), needed to accept and manage global payments and to create accountable care organizations. Finally, as the reports clearly point out, we struggle with the care and placement of behavioral health patients, and like all hospitals, have seen a dramatic increase in the volume of these patients utilizing our services.

Back to the reports in general, they were both very informative and filled with an impressive amount of interesting data. The July supplemental report which both added to and also distilled the information, identified what I feel are very much the priorities that all systems should tackle. They were: 1) Post-Acute Care, 2) Behavioral Health, 3) Disparities in Quality and Access, and 4) the limitations of measuring the contributions to growth in health care costs. The Commission's identification of these priorities was really important and right on the mark. My take on the 2013 Report would be that all of our focus needs to be on the management of high cost patients, continued growth and support for primary care physicians, price monitoring and control, and an increased commitment of resources to care for behavioral health patients. These issues are of paramount important and the continued work of the Health Policy Commission in these areas would be most helpful.

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 reference PDF MRMC_Exhibit_C1. (Note: FIgures are Gross Revenue)

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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

   We don't maintain this information. Hospitals that have it likely have cost accounting software that they use to develop this information. We don't have a cost accounting system.

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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.

   Not applicable

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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.

MRMC reports and tracks Inpatient Admissions by attending physician on a quarterly basis. The format is year-to-date admissions, compared to prior year. This information is reported to the Senior Management Team, and both the Finance Committee and the Hospital Board. The analysis is meant to highlight trends by specialty (ie: Internal Medicine, Cardiology, Urology, etc) and physician groups within those specialties. Reference Excel file: HPC Data.xls, IP Admit tab.
Along with the Inpatient Admission tracking, MRMC also tracks quarterly outpatients, specifically Surgical Day patients by surgeon and All Outpatient Revenue by attending physician. Similar to the Inpatient format, the information is packaged by specialty and physician group. Reference Excel file: HPC Data.xls, SDC Visit and OP Rev tabs.

MILFORD REGIONAL MEDICAL CENTER, INC.

	Fiscal Year Ended September 30				
HOSPITAL STATISTICS					
Inpatient Statistics	**2009**	**2010**	**2011**	**2012**	**2013**
Admissions					
Medical/Surgical	6,301	5,837	6,224	6,387	6,260
Intensive Care	576	539	568	575	558
Obstetrics	991	1,007	968	948	883
Pediatrics	98	65	65	62	66
Subtotal	7,966	7,448	7,825	7,972	7,767
Observation	3,993	4,276	3,795	3,756	3,495
Total Adult & Pediatric Admissions & Observation Patients	11,959	11,724	11,620	11,728	11,262
Days					
Medical/Surgical	26,041	24,334	24,828	23,094	23,446
Intensive Care	2,878	2,939	2,817	2,807	2,945
Obstetrics/Gyn	2,997	2,959	2,833	2,753	2,570
Pediatrics	226	153	194	161	146
Subtotal	32,142	30,385	30,672	28,815	29,107
Observation	4,315	4,809	4,519	4,439	4,102
Total Adult & Pediatrics Patient Days & Observation Days	36,457	35,194	35,191	33,254	33,209
Deliveries	973	998	956	930	874
Average Length of Stay (Days)					
Medical/Surgical	4.1	4.2	4.0	3.6	3.7
Intensive Care	5.0	5.5	5.0	4.9	5.3
Obstetrics	3.0	2.9	2.9	2.9	2.9
Pediatrics	2.3	2.4	3.0	2.6	2.2
Subtotal	4.0	4.1	3.9	3.6	3.7
Observation	1.1	1.1	1.2	1.2	1.2
Total Adult & Pediatric	3.0	3.0	3.0	2.8	2.9
Average Daily Census					
Medical/Surgical	71.3	66.7	68.0	63.1	64.2
Intensive Care	7.9	8.1	7.7	7.7	8.1
Obstetrics	8.2	8.1	7.8	7.5	7.0
Pediatrics	0.6	0.4	0.5	0.4	0.4
Subtotal	88.1	83.2	84.0	78.7	79.7
Observation	11.8	13.2	12.4	12.1	11.2
Total Adult & Pediatric	99.9	96.4	96.4	90.9	91.0

Outpatient Statistics

Emergency Room Visits	56,557	55,052	55,213	56,210	55,289
Surgical Day Visits	4,900	4,742	4,938	5,147	4,976
Cardiac Rehab Visits	26,939	24,648	23,308	22,099	21,012
Other Outpatient	248,974	260,332	264,493	276,888	277,693
VNA Visits	74,230	71,611	66,459	53,042	0 *
Total O/P Visits	411,600	416,385	414,411	413,386	358,970

* VNA Sold in July 12

TRI-COUNTY MEDICAL STATISTICS

Office Visits	223,989	234,652	229,367	228,598	237,591

Admission Including Observ.

Medical/Surgical

Intensive Care

Obstetrics/Gyn

Pediatrics	
Mental Health Unit	
Total Adult & Pedi Adms & Obs	

Milford Regional Medical Center
Summary of Primary Service Area (1) Discharges (2) by Hospital

	FY 09 Discharges	%	FY 10 Discharges	%	FY 11 Discharges	%	FY 12 Discharges	%	FY 09 - 12 Number of Discharges	% Inc.
Milford Regional	6,290	50%	5,816	48%	6,032	48%	6,282	52%	(8)	0%
MetroWest	999	8%	994	8%	890	7%	993	8%	(6)	-1%
St. Vincent's	433	3%	436	4%	474	4%	461	4%	28	6%
Umass Memorial - UMC	1,487	12%	1,561	13%	1,661	13%	1,681	14%	194	13%
	9,209		8,807		9,057		9,417		208	
All Other Hospitals **(3)**	3,253	26%	3,384	28%	3,483	28%	2,682	22%	(571)	-18%
Total Primary Area	12,462	100%	12,191	100%	12,540	100%	12,099	100%	(363)	-3%
Statewide	779,139		779,443		781,431		758,716		(20,423)	-3%

(1) Primary Service Area includes the communities of Bellingham, Blackstone, Franklin, Hopedale Medway, Mendon, Milford, Northbridge, and Uxbridge and represents approximately 80% of discharges.

(2) Does not include newborns

(3) No single hospital represents more than 4% of discharges within the primary service area.

SOURCE: Massachusetts State Discharge Data accessed with Navigate.Net

BOSTON Hospitals

Mass General	277	318	277	299
Brigham	574	559	661	679
DFCI	21	29	13	30
Beth Israel	325	336	328	263
Newton W	412	468	506	472

OUTPATIENT REVENUE BY PHYSICIAN SPECIALTIES
YTD Jun 13 VS. YTD Jun 14

Physician Name	*Specialty*		*YTD Jun 13 O/P Revenue*	*YTD Jun 14 O/P Revenue*	% Change
Brownstein, S.	Cardiology		1,474,513	1,519,408	3.0%
Chaudry, S	Cardiology		795,128	755,176	-5.0%
Franklin, K	Cardiology		479,091	728,772	52.1%
Greenwald,L.	Cardiology		437,486	443,221	1.3%
Moore, H.	Cardiology		961,429	1,136,098	18.2%
Shine, W	Cardiology		1,547,392	1,501,506	-3.0%
Zyirek-Bacon, M	Cardiology		99,888	151,988	52.2%
			5,794,927	6,236,169	7.6%
Ouano, J	Dental		58,793	28,962	-50.7%
Pittman, S	Dental		47,594	106,900	124.6%
Youseff, W	Dental		0	198,398	100.0%
			106,387	334,260	214.2%
Malkani, S	Endocrinology	TRI-COUNTY	156,124	152,982	-2.0%
Kailani, S	Endocrinology	TRI-COUNTY	284,288	409,816	44.2%
			440,412	562,798	27.8%
Gehani, N	ENT	TRI-COUNTY	1,231,437	1,146,458	-6.9%
Kenealy, J.	ENT		27,671	18,499	-33.1%
Sillman, J	ENT		18,991	9,394	-50.5%
Wallace, M	ENT	TRI-COUNTY	20,995	929	-95.6%
Wilson, J	ENT	TRI-COUNTY	1,517,367	1,129,547	-25.6%
Zimmerman, W	ENT		897,987	749,315	-16.6%
			3,714,448	3,054,142	-17.8%
Burke, M	ER		818,772	693,696	-15.3%
Chander,S	ER		164,722	0	-100.0%
Chander,V	ER		2,834,065	3,123,577	10.2%
Connolly, S	ER		1,494,271	1,721,720	15.2%
Courtney, J	ER		3,043,514	3,193,378	4.9%
Currier, J	ER		3,002,462	2,964,467	-1.3%
Defazio, K	ER		1,432,503	1,488,781	3.9%
Evans, T	ER		2,779,568	2,652,115	-4.6%
Goedecke, E	ER		3,032,450	3,068,939	1.2%
Hopkins, J	ER		1,541,234	1,432,059	-7.1%
Jarbeau, J	ER		2,784,644	2,755,045	-1.1%
Kadish, J	ER		1,470,378	1,737,519	18.2%
Kent,K	ER		2,319,582	2,329,933	0.4%
Linden, C	ER		2,330,389	2,398,409	2.9%
Markarian, A	ER		2,251,756	2,316,904	2.9%
Mongillo, B	ER		1,482,817	1,608,477	8.5%
Negus, R	ER		1,890,336	1,919,284	1.5%
Northrup, K	ER		1,620,248	1,708,634	5.5%
O'Neil, M	ER		1,401,537	1,294,230	-7.7%
Randazza, J	ER		2,925,256	3,184,182	8.9%
Siraco, S	ER		2,239,715	2,161,766	-3.5%
Srebnik, R	ER		2,878,523	2,883,839	0.2%
Steinberg,G	ER		2,779,413	2,778,382	0.0%
			48,518,155	49,415,337	1.8%

Bornstein, S	Family Practice		0	34,868	100.0%
Dahl, R.	Family Practice	TC-WHIT	1,462,447	1,207,224	-17.5%
Daly, R	Family Practice	TC-FRANKLIN	1,186,602	1,192,385	0.5%
DiRamio, C	Family Practice	TC-WHIT	1,127,236	113,562	-89.9%
Gartman, J	Family Practice	TC-WHIT	0	482,732	100.0%
Handler, C	Family Practice	TC-HOPK	1,334,720	1,277,759	-4.3%
Hardenbrook, C	Family Practice	TC-FRANKLIN	1,438,676	1,338,111	-7.0%
Lee, K	Family Practice	TC-100MEDWAY	195,732	183,774	100.0%
Lieberman, B	Family Practice	TC-HOPK	0	742,347	100.0%
McKenney, M	Family Practice	TC-FRANKLIN	202,265	613,978	100.0%
McSweeney, P	Family Practice	TC-MEDWAY	834,029	715,805	-14.2%
Moniz, J	Family Practice		21,052	12,788	-39.3%
Pandiscio, J.	Family Practice		1,232,573	1,201,320	-2.5%
Pommett, E	Family Practice	TC-WHIT	878,639	749,270	-14.7%
Siraco,E	Family Practice	TC-WHIT	1,162,274	1,089,525	-6.3%
Smagima, E	Family Practice	TC-MEDWAY	1,638,372	1,885,302	15.1%
Snider,Jon	Family Practice		83,738	98,323	17.4%
			12,798,355	12,939,073	1.1%
	Family Practice Recap				
	- FALLON		0	0	0.0%
	- TRI-COUNTY		11,460,992	11,591,775	1.1%
	- PRIVATE PRACTICES		1,337,363	1,312,431	-1.9%
			12,798,355	12,904,205	0.8%
Amini, A.	Gastro		2,385,091	2,315,971	-2.9%
Batra, A	Gastro		2,440,558	2,676,579	9.7%
Crimaldi, A.	Gastro		2,895,406	3,024,603	4.5%
Donahue, D.	Gastro		2,060,834	2,140,491	3.9%
Ham, M	Gastro		644	2,263,689	100.0%
Moquin, B	Gastro		2,610,263	2,719,102	4.2%
			12,392,796	15,140,435	22.2%
Antaki, J.	Medicine	TRI-RIVER	816,304	840,740	3.0%
Aoude, F	Medicine	TC-MENDON	869,229	785,940	-9.6%
Awad, R	Medicine	TC-HOSPITALIST	853,561	1,289,710	51.1%
Bagga, P	Medicine	FALLON	25,534	42,908	68.0%
Baggeroer, P	Medicine	TRI-RIVER	237,225	200,191	-15.6%
Bhat, A	Medicine	FALLON	126,435	176,993	40.0%
Brook, D	Medicine		45,340	25,101	-44.6%
Bushati, B	Medicine	FALLON	122,665	125,533	2.3%
Carriero, L	Medicine	TC-FRANKLIN	1,561,193	1,386,891	-11.2%
Chowdhry, R	Medicine	TC-BELL	998,558	834,830	-16.4%
Clemente, E	Medicine	TC-MCGRATH	1,400,013	1,417,901	1.3%
Cohan, K.	Medicine	TC-MENDON	1,452,106	1,278,600	-11.9%
Coles, G	Medicine	TC-FRANKLIN	1,033,127	857,023	-17.0%
Colvin, J	Medicine	TC-HOSPITALIST	659,840	0	-100.0%
Cook, T	Medicine	TC-FRANKLIN	1,219,599	1,024,743	-16.0%
Dain, P.	Medicine	TRI-RIVER	0	0	0.0%
Darbhanga, B	Medicine	TC-HOSPITALIST	0	539,199	100.0%
Derderian, D	Medicine	TC-MENDON	1,366,749	1,471,025	7.6%
Fallis, N	Medicine	FALLON	0	483,203	0.0%
Farmer, M.	Medicine	FALLON	622,082	0	0.0%
Farooq, F.	Medicine	TC-100MEDWAY	426,070	594,389	39.5%
Condon-Faust, E	Medicine	TC-HOSPITALIST	1,180,639	1,002,191	-15.1%
Gelman, M	Medicine		1,981,731	1,840,383	-7.1%
Girolamo, A	Medicine	TRI-RIVER	0	0	0.0%

Gupta, N	Medicine	TC-ADOLESCENT	0	0	0.0%
Hamid, H	Medicine	TC-EASTM	1,408,208	1,487,982	5.7%
Hasnain, W	Medicine	TC-HOSPITALIST	0	0	0.0%
Holla, S	Medicine	TC-HOSPITALIST	0	849,458	100.0%
Huynh, C	Medicine	TC-HOSPITALIST	0	0	0.0%
Jagella, E	Medicine		358,331	337,457	-5.8%
Jolie,M	Medicine	TC-HOSPITALIST	790,360	21,869	-97.2%
Kim, M	Medicine	TC-HOSPITALIST	637,686	797,413	25.0%
Kohler, E	Medicine	TC-FRANKLIN	1,012,016	913,694	-9.7%
Krauth, D	Medicine	TC-MENDON	906,788	918,891	1.3%
Lesperance, D	Medicine	FALLON	161,925	112,719	-30.4%
Liao, H	Medicine	TC-HOSPITALIST	991,726	690,712	-30.4%
Marin, L	Medicine	TC-HOSPITALIST	913,523	756,838	-17.2%
Matthews, E	Medicine	TRI-RIVER	653,366	483,606	-26.0%
McCauley, M	Medicine	TC-HOSPITALIST	1,050,582	1,073,303	2.2%
McRae, S	Medicine	FALLON	3,767	12,514	100.0%
Messer, P	Medicine	TRI-HOSPITALIST	939,589	1,035,928	10.3%
Miller, A	Medicine		39,565	24,498	-38.1%
Miranda, M	Medicine	TRI-RIVER	0	237,992	100.0%
Muller, W.	Medicine	TRI-RIVER	224,694	201,094	-10.5%
Murphy, C	Medicine	TC-EASTM	1,300,384	1,160,489	-10.8%
Newstein, M	Medicine		142,950	120,367	-15.8%
O'Donnell, T	Medicine	TC-HOSPITALIST	132,684	643,223	100.0%
Odrobina, R	Medicine	TC-HOSPITALIST	355,835	0	0.0%
O'Neil, S	Medicine	TRI-RIVER	0	649,631	100.0%
Pannullo, D	Medicine	TRI-RIVER	380,762	230,647	-39.4%
Pieleanu,I	Medicine	TC-BELL	12,508	963,653	100.0%
Pescatello, M	Medicine	TC-BELL	1,280,306	1,230,831	-3.9%
Peterson, K	Medicine	TRI-RIVER	506,578	375,903	-25.8%
Prosnitz, J	Medicine	TC-100MEDWAY	855,322	916,086	7.1%
Rickert, A	Medicine	TC-BELL	1,033,524	971,839	-6.0%
Robakiewicz, T	Medicine	TC-HOSPITALIST	34,720	0	-100.0%
Rosen, B	Medicine	TRI-RIVER	373,884	349,749	-6.5%
Rosen, Y	Medicine	TC-HOSPITALIST	0	0	0.0%
Said, F	Medicine	TC-HOSPITALIST	0	0	0.0%
Sanjay, B	Medicine	FALLON	248,970	189,369	-23.9%
Sawant, R	Medicine		198,791	201,987	1.6%
Sgalia, A	Medicine		1,161,377	1,406,182	21.1%
Shaikh, A	Medicine	TRI-RIVER	0	333,363	100.0%
Sharma, S	Medicine	TRI-RIVER	111,945	3,275	-97.1%
Sheikh, A	Medicine	TC-HOSPITALIST	499,336	765,155	53.2%
Shepard, A	Medicine	TC-HOSPITALIST	1,271,651	937,058	-26.3%
Siber, A	Medicine	TRI-RIVER	506,464	264,719	-47.7%
Skiba, M	Medicine	TC-HOSPITALIST	12,892	8,278	0.0%
Soderstrom,E	Medicine	TC-HOSPITALIST	1,048,563	954,148	-9.0%
Sousa, C	Medicine		634,534	495,339	-21.9%
Sun, H	Medicine	TC-HOSPITALIST	944,385	1,074,034	13.7%
Taraborelli, S.	Medicine	TC-MCGRATH	1,435,562	1,326,756	-7.6%
Trotter, W.	Medicine	FALLON	409,839	349,260	-14.8%
VanCampen, M	Medicine	TC-McG	1,835,033	1,728,450	-5.8%
Wilson, A	Medicine	TC-HOSPITALIST	780,571	811,243	3.9%
Woodward, M.	Medicine	TC-FRANKLIN	1,583,548	1,224,068	-22.7%
Zhang, M	Medicine	TC-100MEDWAY	725,400	694,773	-4.2%
			46,908,444	46,553,337	-0.8%

Internal Medicine Recap

- TRI-RIVER	3,811,222	4,170,911	9.4%

	- SOUTHBORO		0	0	0.0%
	- FALLON		2,204,420	1,492,499	-32.3%
	- TC-FRANKLIN		6,409,483	5,406,420	-15.6%
	- TC-BELLINGHAM		3,312,388	3,037,499	-8.3%
	- TC-McGRATH		4,670,608	4,473,108	-4.2%
	- TC-100 MEDWAY RD		2,006,792	2,205,248	9.9%
	- TC-MENDON		4,594,872	4,454,457	-3.1%
	- TC-EAST MILFORD		2,708,592	2,648,471	-2.2%
	- TC-ADOLESCENT		0	0	0.0%
	- TC-HOSPITALIST		13,110,651	14,213,411	8.4%
	TOTAL TRI-COUNTY		36,813,386	36,438,613	-1.0%
	- All Other Internal Medicine		4,079,416	4,451,315	9.1%
			46,908,444	46,553,337	-0.8%
Iida, E	Nephrology		104,791	223,972	113.7%
Klinger, D	Nephrology		116,281	138,278	100.0%
			221,072	362,251	63.9%
Bell, A.	Neurology		706,987	920,269	30.2%
Dayaw, M	Neurology		2,137,471	1,558,430	-27.1%
Kumar, J	Neurology		755,772	846,725	12.0%
Painchaud, A	Neurology		565,052	517,179	-8.5%
Tosches, W.	Neurology		2,210,987	1,629,373	-26.3%
			6,376,269	5,471,976	-14.2%
Cares, H.	Neurosurgery		445,272	169,209	-62.0%
Hardenbrook, M	Neurosurgery		90,355	164,376	81.9%
			535,627	333,585	-37.7%
Bellucci, M.	OB/GYN		264,898	234,310	-11.5%
Clark, B	OB/GYN		0	138,792	100.0%
Coutinho, B	OB/GYN	TRI-COUNTY	1,910,218	1,691,546	-11.4%
Deloge, J	OB/GYN	TRI-COUNTY	106,341	134,892	26.8%
DiGiovanni, L	OB/GYN		1,122,575	1,196,477	6.6%
Gunness, K	OB/GYN		128,548	174,811	36.0%
Hanna, W.	OB/GYN		37,308	30,435	-18.4%
Jeng, K	OB/GYN		781,146	782,397	0.2%
Kereszti, B	OB/GYN	TRI-COUNTY	0	410,882	100.0%
Kereszti, B	OB/GYN		1,541,768	1,130,526	-26.7%
Marshall, H	OB/GYN		806,035	820,913	1.8%
Clough, M	OB/GYN		2,585,486	976,827	-62.2%
Nason, F	OB/GYN	TRI-COUNTY	45,370	52,633	16.0%
Pitt, K	OB/GYN	TRI-COUNTY	0	1,157,385	100.0%
Small-Pal, E	OB/GYN	TRI-COUNTY	46,402	17,968	-61.3%
Spina, T.	OB/GYN		612,812	679,717	10.9%
Tao, X	OB/GYN	TRI-COUNTY	0	176,075	100.0%
Tao, X	OB/GYN		127,688	0	-100.0%
Weber, B	OB/GYN	TRI-COUNTY	246,713	812,821	100.0%
Zylstra, S	OB/GYN	TRI-COUNTY	2,442,683	1,698,480	-30.5%
			12,805,991	12,317,887	-3.8%

Barbie,D	Oncology		48,215	16,623	-65.5%
Constantine, M	Oncology		2,665,566	3,217,757	20.7%
Kaddis, M	Oncology		2,485,262	3,190,992	28.4%
Lathan, C	Oncology		0	24,898	100.0%
McNulty, B	Oncology		2,716,611	31,092	-98.9%
Rossi, H	Oncology		0	335,256	100.0%
Sinclair, N	Oncology		0	1,948,498	100.0%
Tahir, N	Oncology		3,023,232	3,609,626	19.4%
			10,938,886	12,374,742	13.1%
Goodman, G.	Opthamology		46,318	18,229	-60.6%
Gushard, R	Opthamology		1,382,776	1,711,262	23.8%
Hatch, J	Opthamology		460,120	204,136	-55.6%
Kaldawy, R	Opthamology		904,315	935,528	3.5%
Sutcliffe,E	Opthamology		21,749	0	-100.0%
Sutula, F	Opthamology		255,812	377,897	47.7%
			3,071,090	3,247,052	5.7%
Abbot, A	Orthopedics		1,384	0	0.0%
Barrett, S	Orthopedics		1,077,440	1,193,678	10.8%
Busconi, B	Orthopedics		154,279	158,329	2.6%
Dilmaghani, A.	Orthopedics		364,562	343,498	-5.8%
Gaebe, G	Orthopedics		638,716	1,100,976	100.0%
Magit, D	Orthopedics		1,944,786	1,734,505	-10.8%
Mulroy, J	Orthopedics		1,949,562	1,890,304	-3.0%
Mulroy, R	Orthopedics		1,040,527	827,773	-20.4%
Nasif, R.	Orthopedics		5,005	0	-100.0%
Pugleasa, J	Orthopedics		559,841	543,574	-2.9%
Vazquez, M	Orthopedics		1,814,082	1,970,194	8.6%
			9,550,184	9,762,832	2.2%
Beckmann, R	Pediatrics		53,629	21,586	-59.7%
Benun, J	Pediatrics	TRI-COUNTY	29,051	67,488	100.0%
Burdulis, S	Pediatrics	TRI-COUNTY	194,392	150,142	-22.8%
Chung, S.	Pediatrics		66,236	3,314	-95.0%
Ciu, L	Pediatrics	TRI-COUNTY	84,128	96,869	15.1%
Cocchiarella, J.	Pediatrics		34,233	56,411	64.8%
Collins, W	Pediatrics	TRI-COUNTY	135,666	162,270	19.6%
Dalal, M	Pediatrics		28,703	27,983	-2.5%
Davis, N.C	Pediatrics		130,063	118,006	-9.3%
Gifford, L	Pediatrics	TRI-COUNTY	196,710	203,906	3.7%
Gillis-Cardello,L	Pediatrics	IN-HOUSE PEDI	0	0	0.0%
Hajare, S	Pediatrics		70,529	76,196	8.0%
Harges, P	Pediatrics	IN-HOUSE PEDI	0	0	0.0%
Heveron, K	Pediatrics		50,096	25,291	-49.5%
Hugo, B	Pediatrics	IN-HOUSE PEDI	88,561	57,694	-34.9%
Hunt, M	Pediatrics	TRI-COUNTY	80,357	111,781	39.1%
Jura, E	Pediatrics	IN-HOUSE PEDI	73,831	82,489	11.7%
Khan, I	Pediatrics	TRI-COUNTY	117,085	125,886	7.5%
Kim, D	Pediatrics	IN-HOUSE PEDI	16,893	0	-100.0%
Lukas, J	Pediatrics		43,217	90,785	110.1%
Lyons, M	Pediatrics	TRI-COUNTY	174,162	187,347	7.6%
McCoy, J	Pediatrics	IN-HOUSE PEDI	85,782	41,794	-51.3%
Medina, S	Pediatrics		84,616	57,687	-31.8%
Miller, K	Pediatrics	TRI-COUNTY	141,420	159,147	12.5%

Page, M	Pediatrics		70,257	0	100.0%	
Perras, K	Pediatrics	TRI-COUNTY	99,334	135,878	36.8%	
Perriello, F.	Pediatrics		91,645	102,962	12.3%	
Rugo, B	Pediatrics	IN-HOUSE PEDI	100,134	118,443	18.3%	
Schwaber, J	Pediatrics	IN-HOUSE PEDI	0	19,501	100.0%	
Sell, P	Pediatrics	IN-HOUSE PEDI	54,125	0	-100.0%	
Shroff, P.	Pediatrics		36,683	41,782	13.9%	
			2,431,538	2,342,638	-3.7%	
Ahn, M	Plastic Surgery		0	10,170	100.0%	
Hein, K	Plastic Surgery		43,758	106,012	142.3%	
Poulos,C	Plastic Surgery		349,868	514,679	47.1%	
Sadowski, R	Plastic Surgery		157,306	61,706	-60.8%	
			550,932	692,567	25.7%	
Anderson, J	Podiatry		195,625	202,314	3.4%	
Biancamano, M	Podiatry		22,834	22,392	-1.9%	
Hicks, S	Podiatry		133,922	410	-99.7%	
Kelemen, R	Podiatry		32,236	44,500	38.0%	
Lepley, P	Podiatry		332,993	305,155	-8.4%	
Lucius, D	Podiatry		143,692	59,625	-58.5%	
Novis, M	Podiatry		407,954	326,553	-20.0%	
Ryan, T	Podiatry		46,540	87,923	88.9%	
Salem, M	Podiatry		0	169,678	100.0%	
Stenehjem, S	Podiatry		145,498	143,657	-1.3%	
Treston-Magnacca	Podiatry		0	108,940	100.0%	MAGS
			1,461,294	1,471,148	0.7%	
Shafa, R	Psychiatry		0	57,180	100.0%	
Li, Xiang Yang	Psychiatry		53,516	68,299	27.6%	
			53,516	125,479	134.5%	
Curley, F.	Pulmonary	TRI-COUNTY	203,040	350,136	72.4%	
Curl, J	Pulmonary	TRI-COUNTY	131,099	139,828	6.7%	
Demarco, A.	Pulmonary		157,487	133,885	-15.0%	
Arpin-Glidden, T	Pulmonary	TRI-COUNTY	210,045	300,321	43.0%	GLITH
McCormick, M	Pulmonary	TRI-COUNTY	190,705	202,982	6.4%	
Richard, K	Pulmonary	TRI-COUNTY	288,683	294,002	1.8%	
			1,181,059	1,421,154	20.3%	
Batra,K	Rheumatology	TRI-COUNTY	137,215	638,818	100.0%	
Bidinger, B	Rheumatology	TRI-COUNTY	270,914	527,309	94.6%	
Conley, T.	Rheumatology	TRI-COUNTY	1,208,104	1,426,653	18.1%	
			1,616,233	2,592,781	60.4%	
DiGirolamo, C	Reproductive		148,140	117,922	-20.4%	
Pang, S	Reproductive		129,786	82,027	-36.8%	
			277,926	199,949	-28.1%	
Canning, R	General Surgery		0	746,364	100.0%	
Carroll, J	General Surgery		0	299,762	100.0%	
Cohen, P	General Surgery		579,827	449,368	-22.5%	
Czerniach, D	General Surgery		343,098	40,233	-88.3%	

Fam, S	General Surgery		536,771	1,447,257	100.0%
Kelly, J	General Surgery		190,624	5,194	-97.3%
McEnaney, P	General Surgery		1,697,575	1,738,489	2.4%
Moore, R	General Surgery		0	0	0.0%
O'Connor, A	General Surgery	TRI-COUNTY	0	492,171	100.0%
Patsos, T.	General Surgery		1,543,865	1,785,143	100.0%
Patwardhan, N	General Surgery		0	0	0.0%
Perugini, R	General Surgery		162,798	5,723	-96.5%
Quarterman, R	General Surgery	TRI-COUNTY	1,231,999	941	-99.9%
Rockett, W	General Surgery		1,820,810	1,625,325	-10.7%
			8,107,367	8,635,971	6.5%
Brunelli, M	Hand Surgery		1,155,213	1,208,089	4.6%
Dietz,J	Hand Surgery		2,539,041	2,433,382	-4.2%
Jurist, L	Hand Surgery		539,534	581,560	7.8%
			4,233,788	4,223,030	-0.3%
Aiello, F	Vascular Surgery		0	0	0.0%
Baril, D	Vascular Surgery		36,213	0	-100.0%
Donaldson, M	Vascular Surgery		0	0	0.0%
Landa, R	Vascular Surgery		0	0	0.0%
Schanzer, A	Vascular Surgery		0	0	0.0%
Simosa, H	Vascular Surgery		0	28,764	100.0%
			36,213	28,764	-20.6%
Corradetti, M	Radiology		0	161,081	100.0%
Lingos, T	Radiology		0	29,679	100.0%
MacAusland, S	Radiology		0	114,735	100.0%
Olsen, C	Radiology		67,571	8,771	-87.0%
Orio, P	Radiology		559,799	443,480	-20.8%
			627,370	757,746	20.8%
Dasilva, M	Thoracic Surgery		145,460	0	-100.0%
Lebanthal, A	Thoracic Surgery		27,665	89	-99.7%
McNamee, C	Thoracic Surgery		1,955,626	2,225,870	13.8%
			2,128,751	2,225,959	4.6%
Bamberger, M	Urology	TRI-COUNTY	39,960	9,023	-77.4%
Barrisford, G	Urology		0	0	0.0%
Kumar, S	Urology	TRI-COUNTY	2,537,342	1,959,051	-22.8%
Michli, E	Urology	TRI-COUNTY	2,113,664	2,136,020	1.1%
Nierman, M	Urology		1,384,421	1,469,420	6.1%
Parulkar, B	Urology		0	15,537	100.0%
			6,075,387	5,589,051	-8.0%
All Other			19,013,021	21,651,778	13.9%
			221,967,438	230,063,891	3.6%

PHYSICIAN O/P Revenue BY SPECIALTIES
YTD Jun 13 VS. YTD Jun 14

Specialty	*YTD Jun 13 O/P Revenue*	*YTD Jun 14 O/P Revenue*
Cardiology	5,794,927	6,236,169
Dental	106,387	334,260
ER	48,518,155	49,415,337
Endocrinology	440,412	562,798
ENT	3,714,448	3,054,142
Family Practice	12,798,355	12,939,073
Gastro	12,392,796	15,140,435
Medicine	46,908,444	46,553,337
Nephrology	221,072	362,251
Neurolgy	6,376,269	5,471,976
Neurosurgery	535,627	333,585
OB/GYN	12,805,991	12,317,887
Oncology	10,938,886	12,374,742
Opthamology	3,071,090	3,247,052
Orthopedics	9,550,184	9,762,832
Other	19,013,021	21,651,778
Pediatrics	2,431,538	2,342,638
Plastic Surgery	550,932	692,567
Podiatry	1,461,294	1,471,148
Pulmonary	1,181,059	1,421,154
Psychiatry	53,516	125,479
Radiology, Theraputic	627,370	757,746
Reproductive Services	277,926	199,949
Rheumatology	1,616,233	2,592,781
General Surgery	8,107,367	8,635,971
Hand Surgery	4,233,788	4,223,030
Thoracic Surgery	2,128,751	2,225,959
Vascular Surgery	36,213	28,764
Urology	6,075,387	5,589,051
	221,967,438	230,063,891

SURGICAL DAY VISITS BY PHYSICIAN
YTD Jun 13 VS. YTD Jun 14

Physician Name	Specialty	YTD Jun 13 SDC VISITS	YTD Jun 14 SDC VISITS
Brownstein, S.	Cardiology	0	0
Downey, B	Cardiology	0	0
Franklin, K	Cardiology	0	0
Greenwald, L	Cardiology	0	0
Moore, H.	Cardiology	5	10
Shah, N	Cardiology	0	0
Shine, W	Cardiology	0	0
Sidhu, K.	Cardiology	0	0
		5	10
Emanual, D	Dental	0	0
Gill, J	Dental	0	0
Gray, B.	Dental	0	0
Ouano, J	Dental	5	1
Pittman, S	Dental	7	13
Smith, R.	Dental	12	0
Youseff, W	Dental	0	13
		24	27
Gehani, N	ENT	104	101
Wallace, M	ENT	0	0
Wilson, J	ENT	125	70
Zimmerman	ENT	71	57
		300	228
Amini, A.	Gastro	4	1
Batra, A	Gastro	3	0
Crimaldi, A.	Gastro	8	1
Donahue, D	Gastro	7	0
Moquin, B	Gastro	6	0
		28	2
Other	Medicine	51	279
		51	279
Gelman, M.	Nephrology	0	0
Gunning, M	Nephrology	0	0
		0	0

Bell, A.	Neurology	1	0
Tosches, W.	Neurology	0	0
		1	0
Cares, H.	Neurosurgery	6	0
Hardenbrook, M	Neurosurgery	0	0
Macon,J	Neurosurgery	0	0
		6	0
Bellucci, M.	Gynecology	12	8
Clark, B	Gynecology	0	9
Coutinho, B	Gynecology	87	69
Clough, M	Gynecology	90	23
Deloge, J	Gynecology	7	9
DiGiovanni, L	Gynecology	72	61
DiGirolamo, C	Gynecology	4	4
Jeng, K	Gynecology	48	48
Kereszti, B	Gynecology	59	66
Marshall, H	Gynecology	51	54
Nason, F	Gynecology	3	4
Pitt, K	Gynecology	0	52
Small-Pal, E	Gynecology	0	2
Spina, T.	Gynecology	28	23
Weber, B	Gynecology	3	28
Zylstra, S	Gynecology	87	47
		551	507
Armand, P	Oncology	0	1
Constantine, M	Oncology	1	3
Kaddis, M	Oncology	0	0
McNulty, B	Oncology	1	0
Sinclair, N	Oncology	0	1
Tahir, N	Oncology	0	0
		2	5
Orio, P	Radiation Oncology	12	10
Goodman, G.	Opthamology	2	1
Gushard, R	Opthamology	165	190
Hatch, J	Opthamology	70	29
Kaldawy, R	Opthamology	143	133
Sutcliffe, E	Opthamology	3	0
Sutula, F	Opthamology	35	50
(includes eye laser)		418	403
Abbot, A	Orthopedics	0	0
Barrett, S	Orthopedics	50	41

Busconi, B	Orthopedics	2	3
Dilmaghani, A.	Orthopedics	16	14
Gaebe, G	Orthopedics	25	27
Magit, D	Orthopedics	93	88
Mulroy, J	Orthopedics	120	125
Mulroy, R	Orthopedics	49	47
Vazquez, M	Orthopedics	88	87
		----	----
		443	432
Ahn, M	Plastic Surgery	0	1
Hein, K	Plastic Surgery	4	12
Poulos, C	Plastic Surgery	28	43
Sadowski, R	Plastic Surgery	13	4
		----	----
		45	60
Anderson, J	Podiatry	14	20
Hicks, S	Podiatry	6	0
Keeley, B	Podiatry	0	0
Lepley, P	Podiatry	35	23
Lucius, Damien	Podiatry	19	7
Novis, M	Podiatry	46	38
Ryan, T	Podiatry	2	4
Salem, M	Podiatry	0	15
Sharper, D	Podiatry	0	8
Stenehjem, S	Podiatry	9	4
Treston-Magnacca, S	Podiatry	0	7
		----	----
		131	126
Curley, F	Pulmonary	0	0
Curl, J	Pulmonary	0	0
Demarco, A.	Pulmonary	0	0
		----	----
		0	0
Canning, R	General Surgery	0	42
Cohen, P	General Surgery	14	19
Czerniach, D	General Surgery	0	0
Fam, S	General Surgery	65	149
Kelly, J	General Surgery	0	0
McEnaney, P	General Surgery	129	112
Moore, R	General Surgery	0	0
O'Connor, A	General Surgery	0	41
Patsos, T.	General Surgery	126	139
Perugini, R	General Surgery	0	0
Quarterman, R	General Surgery	88	0
Rockett, W	General Surgery	163	133
		----	----
		585	635

Aiello, F	Vascular Surgery	0	1
Baril, D	Vascular Surgery	2	0
Donaldson, M	Vascular Surgery	0	0
Doucet, D	Vascular Surgery	0	6
Landa, R	Vascular Surgery	0	0
Simosa, H	Vascular Surgery	0	0
		2	7
Brunelli, M	Hand Surgery	172	161
Dietz, J	Hand Surgery	370	338
Jurist, L	Hand Surgery	107	119
		649	618
Dasilva, M	Thoracic Surgery	15	0
Lebenthal, A	Thoracic Surgery	1	0
McNamee, C	Thoracic Surgery	161	187
		177	187
Bamberger, M	Urology	0	0
Kumar, S	Urology	149	152
Michli, E	Urology	154	172
Nierman, M.	Urology	89	76
		392	400
		3,822	3,936

SURGICAL DAY VISITS BY SERVICE
YTD Jun 13 VS. YTD Jun 14

	YTD Jun 13 *SDC VISITS*	*YTD Jun 14* *SDC VISITS*
Anesthesia	**0**	**0**
Cardiology	**5**	**10**
Dental	**24**	**27**
ENT	**300**	**228**
Gastro	**28**	**2**
Medicine	**51**	**279**
Neurology	**1**	**0**
Neurosurgery	**6**	**0**
Nephrology	**0**	**0**

Gynecology	551	507
Oncology	2	5
Opthamology	418	403
Orthopedics	443	432
Plastic Surgery	45	60
Podiatry	131	126
Pulmonary	0	0
Radiation Oncology	12	10
General Surgery	585	635
Hand Surgery	649	618
Thoracic Surgery	177	187
Vascular Surgery	2	7
Urology	392	400
Total	3,822	3,936

PHYSICIAN ADMISSIONS BY SPECIALTIES
YTD Jun 13 vs. YTD Jun 14

Physician Name	*Specialty*		*YTD Jun 13 #Admissions*	*YTD Jun 14 #Admissions*
Brownstein, S.	Cardiology		9	4
Chaudry,S	Cardiology		5	2
Franklin, K	Cardiology		2	2
Greenwald, L	Cardiology		5	7
Moore, H.	Cardiology		14	13
Sharma, S	Cardiology		0	0
Shine, W	Cardiology		8	3
Zyirek, M.	Cardiology		3	2
			46	33
Gray, B.	Dental		0	0
Emanuel, D	Dental		0	0
Ouano, J	Dental		0	0
Pittman, S	Dental		0	0
Sorter, D	Dental		0	0
Smith, R.	Dental		0	0
Youseff,W	Dental		6	3
			6	3
Gehani, N	ENT	TRI-COUNTY	7	1
Sherlock, C	ENT	TRI-COUNTY	0	1
Wilson, J	ENT	TRI-COUNTY	2	0
Zimmerman, W	ENT		1	1
			10	3
Dahl, R.	Family Practice	TC-WHIT	0	0
Daly, R	Family Practice	TC-FRANKLIN	0	0
DiRamio, C	Family Practice	TC-WHIT	0	0
Gartman	Family Practice	TC-WHIT	0	0
Handler, C	Family Practice	TC-HOPK	0	0
Hardenbrook, C	Family Practice	TC-FRANKLIN	0	0
McKenney	Family Practice	TC-FRANKLIN	0	0
McSweeney, P	Family Practice	TC-MEDWAY	0	0
O'Hagan, M	Family Practice		0	0
Pandiscio, J.	Family Practice		0	0
Pommett, E	Family Practice	TC-WHIT	0	0
Siraco,E	Family Practice	TC-WHIT	0	0
Smagina	Family Practice	TC-FRANKLIN	0	0
Snider, J	Family Practice		0	0
			0	0

Family Practice Recap

	- FALLON		0	0
	- TRI-COUNTY		0	0
	- PRIVATE PRACTICES		0	0
			0	0
Amini, A.	Gastro		0	1
Batra, A	Gastro		0	0
Crimaldi, A.	Gastro		2	1
Donahue, D.	Gastro		0	1
Moquin, B	Gastro		1	0
			3	3
Antaki, J.	Medicine	TRI-RIVER	71	28
Aoude, F	Medicine	TC-MENDON	0	0
Awad Mousad, R	Medicine	TC-HOSPITALIS	259	165
Bagga, P	Medicine	FALLON	0	0
Baggeroer, P	Medicine	TRI-RIVER	34	5
Bhat, A	Medicine	FALLON	0	0
Brook, D.	Medicine		0	0
Bushati, B	Medicine	FALLON	0	0
Carriero, L	Medicine	TC-FRANKLIN	0	0
Chowdry, R	Medicine	TC-BELL	0	0
Clemente, E	Medicine	TC-McG	0	0
Cohan, K.	Medicine	TC-MENDON	0	0
Coles, G	Medicine	TC-FRANKLIN	0	0
Colvin, J	Medicine	TC-HOSPITALIS	155	0
Cook, T	Medicine	TC-FRANKLIN	0	0
Dain, P	Medicine	TRI-RIVER	0	0
Darbhanga, B	Medicine	TC-HOSPITALIS	0	78
Farooq, F	Medicine	TC-100 MEDWA	0	0
Faust-Condon, E	Medicine	TC-HOSPITALIS	282	117
Girolamo, A	Medicine	TRI-RIVER	0	0
Hamid, H	Medicine	TC-EASTM	0	0
Hasnain, W	Medicine	TC-HOSPITALIS	0	0
Holla, S	Medicine	TC-HOSPITALIS	0	110
Huynh,C	Medicine	TC-HOSPITALIS	1	7
Jagella, E	Medicine		77	59
Jamal, S	Medicine		0	0
Jolie, M	Medicine	TC-HOSPITALIS	245	4
Kashyap, N	Medicine	FALLON	0	0
Kim, M	Medicine	TC-HOSPITALIS	174	93
Kohler, E	Medicine	TC-FRANKLIN	0	0
Krauth, D	Medicine	TC-MENDON	0	0
Lee, K	Medicine	TC-ADOLESCEN	0	0
Levinson, A	Medicine	TC-HOSPITALIS	0	0
Liao, H	Medicine	TC-HOSPITALIS	243	139
Marin, L	Medicine	TC-HOSPITALIS	227	112

Matthews, E	Medicine	TRI-RIVER	80	28
McCarroll, D.	Medicine		0	0
McCauley, M	Medicine	TC-HOSPITALIS	243	138
Messer, P	Medicine	TC-HOSPITALIS	234	145
Miranda, M	Medicine	TRI-RIVER	0	27
Muller, W.	Medicine	TRI-RIVER	5	4
Murphy, C	Medicine	TC-EASTM	0	0
O'Donnell, T	Medicine	TC-HOSPITALIS	26	137
Odrobina, R	Medicine	TC-HOSPITALIS	56	0
O'Neil, S	Medicine	TRI-RIVER	0	158
Pannullo, D	Medicine	TRI-RIVER	50	5
Pescatello, M	Medicine	TC-BELL	0	0
Peterson, K	Medicine	TRI-RIVER	36	28
Prosnitz, J.	Medicine	TC-100 MEDWA	0	0
Rickert, A	Medicine	TC-BELL	0	0
Robakiewicz, T	Medicine	TC-HOSPITALIS	3	0
Rosen, B	Medicine	TRI-RIVER	55	43
Rosen, Y	Medicine	TC-HOSPITALIS	0	0
Said, F	Medicine	TC-HOSPITALIS	0	0
Sanjay, B	Medicine	FALLON	0	0
Sawant, R	Medicine		0	0
Sgalia, A	Medicine		0	0
Shaikh,A	Medicine	TRI-RIVER	0	40
Sharma, Y	Medicine	TRI-RIVER	23	89
Sheikh, A	Medicine	TC-HOSPITALIS	147	85
Shepard, A	Medicine	TC-HOSPITALIS	290	160
Shlimak, I	Medicine	TRI-RIVER	0	0
Siber, A	Medicine	TRI-RIVER	56	38
Skiba, M	Medicine	TC-HOSPITALIS	0	2
Soderstrom, E	Medicine	TC-HOSPITALIS	244	138
Sun, H	Medicine	TC-HOSPITALIS	238	108
Taraborelli, S.	Medicine	TC-McG	0	0
TCMA Hospitalist	Medicine	TC-HOSPITALIS	197	1,087
Trotter,W	Medicine	FALLON	0	0
OTHER	Medicine		5	0
VanCampen, M	Medicine	TC-McG	0	0
Wilson, A	Medicine	TC-HOSPITALIS	215	132
Woodward, M.	Medicine	TC-FRANKLIN	0	0
			3,971	3,509

Internal Medicine Recap

- TRI-RIVER	410	493
- FALLON	0	0
- SOUTHBORO	0	0
- TC-FRANKLIN	0	0
- TC-BELLINGHAM	0	0
- TC-MEDWAY	0	0

	- TC-MCGRATH		0	0
	- TC-100 MEDWAY RD		0	0
	- TC-EAST MILFORD		0	0
	- TC-MENDON		0	0
	- TC-ADOLESCENT		0	0
	- TC-HOSPITALIST		3,479	2,957
	TOTAL TRI-COUNTY		3,479	2,957
	- PRIVATE PRACTICES		82	59
	TOTAL INTERNAL MEDICINE		3,971	3,509
Iida, E	Nephrology		0	0
Gelman, M.	Nephrology		59	0
			59	0
Bell, A.	Neurology		0	3
Dayaw, M	Neurology		4	1
Kumar, J	Neurology		4	3
Painchaud, A	Neurology		0	2
Tosches, W.	Neurology		4	5
			12	14
Cares, H.	Neurosurgery		14	0
Hardenbrook, M	Neurosurgery		0	0
Macon, J	Neurosurgery		0	0
			14	0
Bellucci, M	OB/GYN		0	2
Coutinho, B	OB/GYN	TRI-COUNTY	121	120
Deloge, J	OB/GYN	TRI-COUNTY	2	1
DiGiovanni, L	OB/GYN	TRI-RIVER	116	94
Jeng, K	OB/GYN		101	142
Kereszti, B	OB/GYN		58	32
Kereszti, B	OB/GYN	TRI-COUNTY	0	28
Marshall, H	OB/GYN	TRI-RIVER	98	121
Clough, M	OB/GYN		127	33
Nason, F	OB/GYN	TRI-COUNTY	3	3
Pitt, K	OB/GYN	TRI-COUNTY	0	75
Small-Pal	OB/GYN	TRI-COUNTY	0	2
Spina, T.	OB/GYN		12	25
Tao, X	OB/GYN	TRI-COUNTY	0	3
Weber,B	OB/GYN	TRI-COUNTY	18	71
Zylstra, S	OB/GYN	TRI-COUNTY	103	65
			759	817

OB/GYN Recap

	- TRI-RIVER		214	215
	- TRI-COUNTY		247	368
	- PRIVATE PRACTICES		298	234
			759	817
Barbie, D	Oncology		23	31
Constantine, M	Oncology		64	57
Letai, A	Oncology		0	0
Kaddis, M	Oncology		66	47
Lathan, C	Oncology		0	15
McNulty, B	Oncology		62	0
Rossi, H	Oncology		0	10
Sinclair, N	Oncology		0	50
Soiffer, R	Oncology		0	0
Tahir, N	Oncology		34	42
			249	252
Bhan, M	Opthamology		0	0
Goodman, G.	Opthamology		0	0
Gushard, R	Opthamology		0	0
Hatch, J	Opthamology		0	0
Kaldawy,R	Opthamology		0	0
Sutcliffe, E	Opthamology		0	0
Sutula, F	Opthamology		0	0
Talamo, J	Opthamology		0	0
			0	0
Abbot, A	Orthopedics		0	0
Barrett, S	Orthopedics		47	48
Brunelli, M	Orthopedics		1	0
Busconi, B	Orthopedics		1	0
Dietz, J	Orthopedics		0	0
Dilmaghani, A	Orthopedics		9	8
Gaebe, G	Orthopedics		8	7
Jurist, L	Orthopedics		0	0
Magit, D	Orthopedics		7	4
Mulroy, J	Orthopedics		13	17
Mulroy, R	Orthopedics		155	136
Pugleasa, J	Orthopedics		0	0
Vazquez, M	Orthopedics		10	5
			251	225
Burdulis, S	Pediatrics	TRI-COUNTY	0	0
Ciu, L	Pediatrics	TRI-COUNTY	0	0
Cocchiarella, J.	Pediatrics	SOUTHBORO	0	0
Collins, W	Pediatrics	TRI-COUNTY	0	0

Dalal, M	Pediatrics	TRI-RIVER	13	6
D'Angelo	Pediatrics	TRI-COUNTY	0	1
Davis, N.C	Pediatrics	TRI-RIVER	4	3
Ferretti, L	Pediatrics	IN-HOUSE PEDI	0	0
Gifford, L	Pediatrics	TRI-COUNTY	0	0
Gillis-Cardello, L	Pediatrics	IN-HOUSE PEDI	0	0
Greer, S	Pediatrics	TRI-COUNTY	0	0
Hajare, S	Pediatrics	SOUTHBORO	0	0
Harges, P	Pediatrics	IN-HOUSE PEDI	0	0
Heveron, K	Pediatrics	TRI-RIVER	12	7
Hugo, B	Pediatrics	IN-HOUSE PEDI	106	62
Hunt, M	Pediatrics	TRI-COUNTY	0	0
Jura, E	Pediatrics	IN-HOUSE PEDI	103	353
Khan, I	Pediatrics	TRI-COUNTY	0	0
Kim, D	Pediatrics	IN-HOUSE PEDI	26	0
Lukas, J	Pediatrics	TRI-RIVER	28	12
Lyons, M	Pediatrics	TRI-COUNTY	0	0
McCoy, J	Pediatrics	IN-HOUSE PEDI	142	88
Medina, S	Pediatrics	TRI-RIVER	28	10
Miller, K	Pediatrics	TRI-COUNTY	0	0
O'Connell, A	Pediatrics	IN-HOUSE PEDI	0	1
Owens, G	Pediatrics	IN-HOUSE PEDI	0	0
Page, M	Pediatrics	IN-HOUSE PEDI	110	0
Perras, K	Pediatrics	TRI-COUNTY	0	0
Perriello, F.	Pediatrics	SOUTHBORO	0	0
Schwaber, J	Pediatrics	IN-HOUSE PEDI	0	74
Sell, P	Pediatrics	IN-HOUSE PEDI	57	0
Shea, E	Pediatrics	TRI-RIVER	0	0
Shroff, P.	Pediatrics	SOUTHBORO	0	0
Tapscott, D	Pediatrics	TRI-RIVER	32	5
			661	622

Pediatrics Recap

- FALLON	0	0
- SOUTHBORO	0	0
- TRI-COUNTY	0	1
- INHOUSE PEDI	544	578
- TRI-RIVER	117	43
- PRIVATE PRACTICES	0	0
	661	622

Ahn, M	Plastic Surgery	0	0
Nukta, F	Plastic Surgery	0	0
Poulos, C	Plastic Surgery	0	0
Sadowski, R	Plastic Surgery	0	0
		0	0

Curley, F	Pulmonary	TRI-COUNTY	24	39
Curl, J	Pulmonary	TRI-COUNTY	36	45
Demarco, A.	Pulmonary		0	0
Glidden-Arpin, T	Pulmonary	TRI-COUNTY	24	38
McCormick, M	Pulmonary	TRI-COUNTY	34	25
Richard, K	Pulmonary	TRI-COUNTY	33	43
			151	190
Batra	Rheumatology	TRI-COUNTY	0	0
Bidinger, B	Rheumatology	TRI-COUNTY	0	0
Conley, T.	Rheumatology	TRI-COUNTY	0	0
Soscia, P.	Rheumatology		0	0
			0	0
Canning, R	General Surgery		0	45
Carroll, J	General Surgery		0	46
Cohen, P	General Surgery		39	46
Czerniach, D	General Surgery		12	9
DiGirolamo, C	General Surgery		0	1
Fam, S	General Surgery		0	1
Kelly, J	General Surgery		15	0
McEnaney, P	General Surgery		67	64
Moore, R	General Surgery		0	0
O'Connor, A	General Surgery	TRI-COUNTY	0	3
Patsos, T	General Surgery		40	44
Perugini, R	General Surgery		18	0
Quarterman, R	General Surgery	TRI-COUNTY	5	0
Rockett, W	General Surgery		48	41
			244	300
Brunelli, M	Hand Surgery		1	0
Dietz, J	Hand Surgery		0	0
Jurist, L	Hand Surgery		0	0
			1	0
Baril, D	Vascular Surgery		0	0
Donaldson, M	Vascular Surgery		0	0
Landa, R	Vascular Surgery		0	0
Simosa, H	Vascular Surgery		0	0
			0	0
Dasilva, M	Thoracic Surgery		5	0
Lebanthal, A	Thoracic Surgery		0	0
McNamee, C	Thoracic Surgery		47	65
			52	65

Bamberger, M	Urology	TRI-COUNTY	2	0
Barrisford, G	Urology	TRI-COUNTY	0	1
Kumar, S	Urology	TRI-COUNTY	23	28
Michli, E	Urology	TRI-COUNTY	18	23
Nierman, M.	Urology		4	3
			47	55
			6,536	6,091

PHYSICIAN ADMISSIONS BY SPECIALTIES
YTD Jun 13 vs. YTD Jun 14

	YTD Jun 13	YTD Jun 14
Specialty	***#Admissions***	***#Admissions***
Cardiology	**46**	**33**
Dental	**6**	**3**
ENT	**10**	**3**
Family Practice	**0**	**0**
Gastro	**3**	**3**
Medicine	**3,971**	**3,509**
Nephrology	**59**	**0**
Neurology	**12**	**14**
Neurosurgery	**14**	**0**
OB/GYN	**759**	**817**
Oncology	**249**	**252**
Opthamology	**0**	**0**
Orthopedics	**251**	**225**
Pediatrics	**661**	**622**
Plastic Surgery	**0**	**0**
Pulmonary	**151**	**190**
Rheumatology	**0**	**0**
General Surgery	**244**	**300**
Hand Surgery	**1**	**0**
Thoracic Surgery	**52**	**65**

Vascular Surgery	**0**	**0**
Urology	**47**	**55**
	----------	**----------**
	6,536	**6,091**

EXHIBIT 8A: POST ACUTE CARE ANALYSIS

DISC/TRANS PSYCH FACILITY	10
DISCH TO HOSPICE AT HOME	22
DISCH TO INP REHAB FACILITY	8
DISCH TO LONG TERM CARE HOSP	24
DISCH/TRANS TO FEDERAL HOSPITL	1
DISCHARGED TO ACUTE HOSPITAL	156
DISCHARGED TO HOME	2432
DISCHARGED TO SNF	613
EXPIRED	68
HOME/VNA SUPPORT	979
LEFT AGAINST MEDICAL ADVISE	48

Hospital Dashboard Report **8/27/2014 9:21:23 AM**

Program Type: **Inpatient** **Patient Discharge Dates:** **1/1/2014 - 8/26/2014**

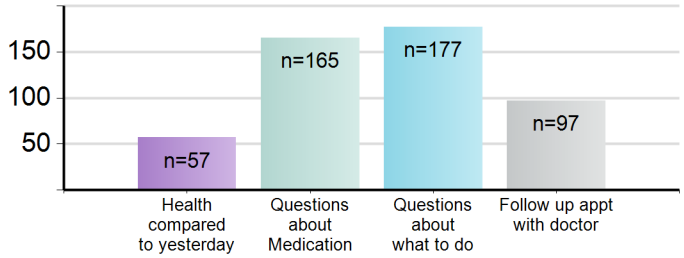
Prepared For:
Milford Regional Medical Center

Selected Units:
2PRO, 2TELE, 4FL, 5FL, EDADMIT, GAN, ICU, OBS, PED, PRO

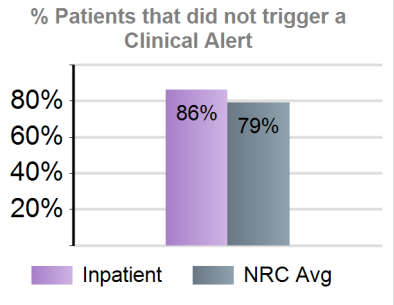
Clinical Alerts from Patients Discharged to Home

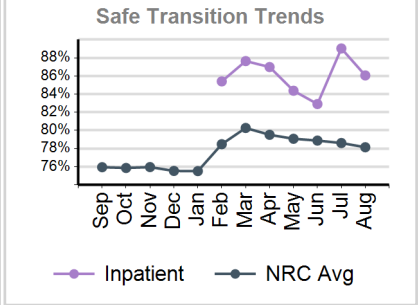
Clinical Alerts

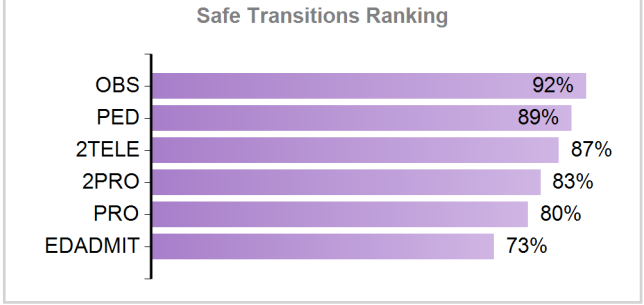
496	416
Total Alerts	Alerts Closed



Safe Transitions of Patients to Home



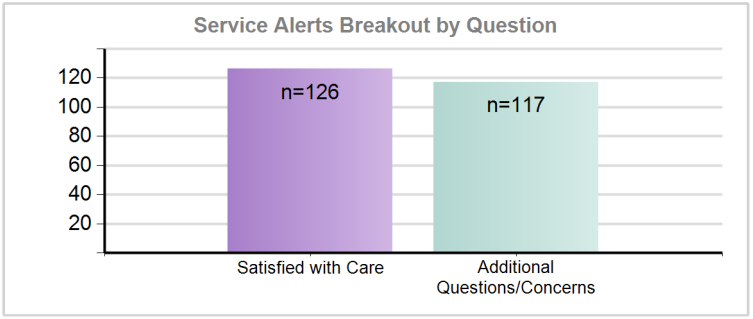




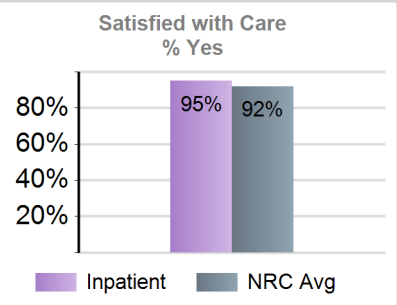
Service Alerts from Patients Discharged to Home

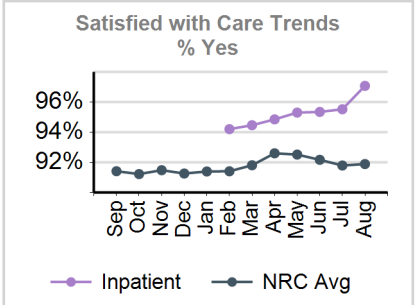
Service Alerts

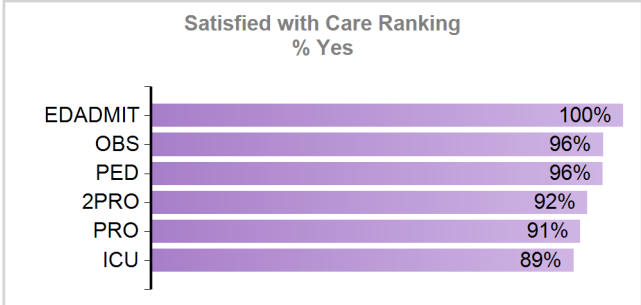
243	199
Total Alerts	Alerts Closed



Satisfaction with Care







CONNECT
BY NATIONAL RESEARCH CORPORATION

AGO Hospital Exhibit 1
Milford Regional Medical Center, Inc. (excluding VNA & Hospice) - Hospital Only
Gross Revenue
FY2010

	P4P Contracts				Risk Contracts										
	Claim-Based Revenue		Incentive-Based Revenue		Claim-Based Revenue		Budget Surplus/(Def) Reven		Quality Incentive Revenue		FFS Arrangements		Other Revenue		
	HMO	PPO	HMO	PPO	HMO	PPO	HMO	PPO	HMO	PPO	HMO	PPO	HMO	PPO	Both	Total
Blue Cross	3,819,614	2,266,074	0	0	0	0	0	0	0	0	44,509,040	41,166,149	0	0	0	91,760,877
Tufts Health Plan	0	0	0	0	0	0	0	0	0	0	22,276,701	0	0	0	0	22,276,701
Harvard Pilgrim	299,973	0	0	0	0	0	0	0	0	0	51,652,395	0	0	0	0	51,952,368
Fallon Health Plan	0	0	0	0	0	0	0	0	0	0	12,318,087	0	0	0	0	12,318,087
CIGNA	0	0	0	0	0	0	0	0	0	0	4,282,550	0	0	0	0	4,282,550
United	0	0	0	0	0	0	0	0	0	0	8,155,143	0	0	0	0	8,155,143
Aetna	0	0	0	0	0	0	0	0	0	0	5,362,233	0	0	0	0	5,362,233
Other Commercial	0	0	0	0	0	0	0	0	0	0	14,072,240	0	0	0	0	14,072,240
Total Commercial	4,119,587	2,266,074	0	0	0	0	0	0	0	0	162,628,389	41,166,149	0	0	0	210,180,199
Network Health*	0	0	0	0	0	0	0	0	0	0	8,776,031	0	0	0	0	8,776,031
Neighborhood Health*	0	0	0	0	0	0	0	0	0	0	4,263,366	0	0	0	0	4,263,366
BMC HealthNet*	0	0	0	0	0	0	0	0	0	0	610,066	0	0	0	0	610,066
Health New England*	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Fallon Health Plan*	0	0	0	0	0	0	0	0	0	0	1,897,132	0	0	0	0	1,897,132
Other Managed Medicaid*	0	0	0	0	0	0	0	0	0	0	188,969	0	0	0	0	188,969
Total Managed Medicaid*	0	0	0	0	0	0	0	0	0	0	15,735,565	0	0	0	0	15,735,565
MassHealth	0	0	0	0	0	0	0	0	0	0	0	21,336,570	0	0	0	21,336,570
Tufts MCR Preferred	0	0	0	0	0	0	0	0	0	0	0	1,582,690	0	0	0	1,582,690
Blue Cross Senior	0	0	0	0	0	0	0	0	0	0	0	986,596	0	0	0	986,596
Other Comm Medicare	0	0	0	0	0	0	0	0	0	0	0	23,473,892	0	0	0	23,473,892
Total Commercial MCR	0	0	0	0	0	0	0	0	0	0	0	26,043,178	0	0	0	26,043,178
Medicare	0	0	0	0	0	0	0	0	0	0	0	130,100,376	0	0	0	130,100,376
Other	0	0	0	0	0	0	0	0	0	0	0	16,637,605	0	0	0	16,637,605
Grand Total	4,119,587	2,266,074	0	0	0	0	0	0	0	0	178,363,954	235,283,878	0	0	0	420,033,493

* includes CommCare products

AGO Hospital Exhibit 1
Milford Regional Medical Center, Inc. (excluding VNA & Hospice) - Hospital Only
Gross Revenue
FY2011

	P4P Contracts				Risk Contracts											
	Claim-Based Revenue		Incentive-Based Revenue		Claim-Based Revenue		Budget Surplus/(Def) Reven		Quality Incentive Revenue		FFS Arrangements		Other Revenue			
	HMO	PPO	HMO	PPO	HMO	PPO	HMO	PPO	HMO	PPO	HMO	PPO	HMO	PPO	Both	Total
Blue Cross	818,569	485,636	0	0	0	0	0	0	0	0	42,347,239	43,314,844	0	0	0	86,966,288
Tufts Health Plan	79,535	0	0	0	0	0	0	0	0	0	23,291,933	0	0	0	0	23,371,468
Harvard Pilgrim	518,893	0	0	0	0	0	0	0	0	0	53,025,406	0	0	0	0	53,544,299
Fallon Health Plan	0	0	0	0	0	0	0	0	0	0	10,762,790	0	0	0	0	10,762,790
CIGNA	0	0	0	0	0	0	0	0	0	0	3,761,739	0	0	0	0	3,761,739
United	0	0	0	0	0	0	0	0	0	0	8,461,216	0	0	0	0	8,461,216
Aetna	0	0	0	0	0	0	0	0	0	0	6,221,794	0	0	0	0	6,221,794
Other Commercial	0	0	0	0	0	0	0	0	0	0	13,105,817	0	0	0	0	13,105,817
Total Commercial	1,416,997	485,636	0	0	0	0	0	0	0	0	160,977,935	43,314,844	0	0	0	206,195,412
Network Health*	0	0	0	0	0	0	0	0	0	0	10,805,814	0	0	0	0	10,805,814
Neighborhood Health*	0	0	0	0	0	0	0	0	0	0	4,340,328	0	0	0	0	4,340,328
BMC HealthNet*	0	0	0	0	0	0	0	0	0	0	927,172	0	0	0	0	927,172
Health New England*	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Fallon Health Plan*	0	0	0	0	0	0	0	0	0	0	2,514,861	0	0	0	0	2,514,861
Other Managed Medicaid*	0	0	0	0	0	0	0	0	0	0	227,575	0	0	0	0	227,575
Total Managed Medicaid*	0	0	0	0	0	0	0	0	0	0	18,815,750	0	0	0	0	18,815,750
MassHealth	0	0	0	0	0	0	0	0	0	0	0	20,244,413	0	0	0	20,244,413
Tufts MCR Preferred	0	0	0	0	0	0	0	0	0	0	0	1,995,514	0	0	0	1,995,514
Blue Cross Senior	0	0	0	0	0	0	0	0	0	0	0	922,196	0	0	0	922,196
Other Comm Medicare	0	0	0	0	0	0	0	0	0	0	0	21,568,042	0	0	0	21,568,042
Total Commercial MCR	0	0	0	0	0	0	0	0	0	0	0	24,485,752	0	0	0	24,485,752
Medicare	0	0	0	0	0	0	0	0	0	0	0	132,167,556	0	0	0	132,167,556
Other	0	0	0	0	0	0	0	0	0	0	0	17,713,447	0	0	0	17,713,447
Grand Total	1,416,997	485,636	0	0	0	0	0	0	0	0	179,793,685	237,926,013	0	0	0	419,622,330

* includes CommCare products

AGO Hospital Exhibit 1
Milford Regional Medical Center, Inc. (excluding VNA & Hospice) - Hospital Only
Gross Revenue
FY2012

	P4P Contracts				Risk Contracts											
	Claim-Based Revenue		Incentive-Based Revenue		Claim-Based Revenue		Budget Surplus/(Def) Revent		Quality Incentive Revenue		FFS Arrangements		Other Revenue			
	HMO	PPO	HMO	PPO	HMO	PPO	HMO	PPO	HMO	PPO	HMO	PPO	HMO	PPO	Both	Total
Blue Cross	1,494,055	886,188	0	0	0	0	0	0	0	0	38,012,979	43,697,364	0	0	0	84,090,586
Tufts Health Plan	0	0	0	0	0	0	0	0	0	0	25,025,206	0	0	0	0	25,025,206
Harvard Pilgrim	257,176	0	0	0	0	0	0	0	0	0	51,514,114	0	0	0	0	51,771,290
Fallon Health Plan	0	0	0	0	0	0	0	0	0	0	9,985,149	0	0	0	0	9,985,149
CIGNA	0	0	0	0	0	0	0	0	0	0	4,054,241	0	0	0	0	4,054,241
United	0	0	0	0	0	0	0	0	0	0	8,863,542	0	0	0	0	8,863,542
Aetna	0	0	0	0	0	0	0	0	0	0	6,272,100	0	0	0	0	6,272,100
Other Commercial	0	0	0	0	0	0	0	0	0	0	12,983,434	0	0	0	0	12,983,434
Total Commercial	1,751,231	886,188	0	0	0	0	0	0	0	0	156,710,765	43,697,364	0	0	0	203,045,548
Network Health*	0	0	0	0	0	0	0	0	0	0	15,157,235	0	0	0	0	15,157,235
Neighborhood Health*	0	0	0	0	0	0	0	0	0	0	4,724,281	0	0	0	0	4,724,281
BMC HealthNet*	0	0	0	0	0	0	0	0	0	0	949,450	0	0	0	0	949,450
Health New England*	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Fallon Health Plan*	0	0	0	0	0	0	0	0	0	0	1,844,993	0	0	0	0	1,844,993
Other Managed Medicaid*	0	0	0	0	0	0	0	0	0	0	239,390	0	0	0	0	239,390
Total Managed Medicaid*	0	0	0	0	0	0	0	0	0	0	22,915,348	0	0	0	0	22,915,348
MassHealth	0	0	0	0	0	0	0	0	0	0	0	20,255,739	0	0	0	20,255,739
Tufts MCR Preferred	0	0	0	0	0	0	0	0	0	0	0	2,840,863	0	0	0	2,840,863
Blue Cross Senior	0	0	0	0	0	0	0	0	0	0	0	667,743	0	0	0	667,743
Other Comm Medicare	0	0	0	0	0	0	0	0	0	0	0	20,813,944	0	0	0	20,813,944
Total Commercial MCR	0	0	0	0	0	0	0	0	0	0	0	24,322,551	0	0	0	24,322,551
Medicare	0	0	0	0	0	0	0	0	0	0	0	135,662,638	0	0	0	135,662,638
Other	0	0	0	0	0	0	0	0	0	0	0	17,817,117	0	0	0	17,817,117
Grand Total	1,751,231	886,188	0	0	0	0	0	0	0	0	179,626,113	241,755,408	0	0	0	424,018,940

AGO Hospital Exhibit 1
Milford Regional Medical Center, Inc. (excluding VNA & Hospice) - Hospital Only
Gross Revenue
FY2013

	P4P Contracts				Risk Contracts										
	Claim-Based Revenue		Incentive-Based Revenue		Claim-Based Revenue		Budget Surplus/(Def) Revenue		Quality Incentive Revenue		FFS Arrangements		Other Revenue		
	HMO	PPO	HMO	PPO	HMO	PPO	HMO	PPO	HMO	PPO	HMO	PPO	HMO	PPO	Both	Total
Blue Cross	1,550,595	878,345	0	0	0	0	0	0	0	0	33,286,194	44,447,118	0	0	0	80,162,252
Tufts Health Plan	0	0	0	0	0	0	0	0	0	0	27,216,831	0	0	0	0	27,216,831
Harvard Pilgrim	618,802	0	0	0	0	0	0	0	0	0	50,426,086	0	0	0	0	51,044,888
Fallon Health Plan	0	0	0	0	0	0	0	0	0	0	10,925,812	0	0	0	0	10,925,812
CIGNA	0	0	0	0	0	0	0	0	0	0	4,749,897	0	0	0	0	4,749,897
United	0	0	0	0	0	0	0	0	0	0	9,414,666	0	0	0	0	9,414,666
Aetna	0	0	0	0	0	0	0	0	0	0	6,733,985	0	0	0	0	6,733,985
Other Commercial	0	0	0	0	0	0	0	0	0	0	12,834,666	0	0	0	0	12,834,666
Total Commercial	2,169,397	878,345	0	0	0	0	0	0	0	0	155,588,138	44,447,118	0	0	0	203,082,997
Network Health*	0	0	0	0	0	0	0	0	0	0	16,823,599	0	0	0	0	16,823,599
Neighborhood Health*	0	0	0	0	0	0	0	0	0	0	5,495,341	0	0	0	0	5,495,341
BMC HealthNet*	0	0	0	0	0	0	0	0	0	0	1,235,590	0	0	0	0	1,235,590
Health New England*	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Fallon Health Plan*	0	0	0	0	0	0	0	0	0	0	2,107,392	0	0	0	0	2,107,392
Other Managed Medicaid*	0	0	0	0	0	0	0	0	0	0	224,238	0	0	0	0	224,238
Total Managed Medicaid*	0	0	0	0	0	0	0	0	0	0	25,886,159	0	0	0	0	25,886,159
MassHealth	0	0	0	0	0	0	0	0	0	0	0	18,858,621	0	0	0	18,858,621
Tufts MCR Preferred	0	0	0	0	0	0	0	0	0	0	0	2,967,803	0	0	0	2,967,803
Blue Cross Senior	0	0	0	0	0	0	0	0	0	0	0	810,940	0	0	0	810,940
Other Comm Medicare	0	0	0	0	0	0	0	0	0	0	0	21,147,087	0	0	0	21,147,087
Total Commercial MCR	0	0	0	0	0	0	0	0	0	0	0	24,925,830	0	0	0	24,925,830
Medicare	0	0	0	0	0	0	0	0	0	0	0	138,345,617	0	0	0	138,345,617
Other	0	0	0	0	0	0	0	0	0	0	0	18,130,046	0	0	0	18,130,046
Grand Total	2,169,397	878,345	0	0	0	0	0	0	0	0	181,474,297	244,707,231	0	0	0	429,229,270

* includes CommCare products