Exhibit A: Notice of Public Hearing

Pursuant to M.G.L. c. 6D, § 8, the Health Policy Commission (HPC), in collaboration with the Office of the Attorney General (AGO) and the Center for Health Information and Analysis (CHIA), 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 5, 2015, 9:00 AM
Tuesday, October 6, 2015, 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 both days. 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 5 and 6.

Members of the public may also submit written testimony. Written comments will be accepted until October 9, 2015 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 9, 2015, to the Health Policy Commission, 50 Milk Street, 8th floor, Boston, MA 02109, 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: www.mass.gov/hpc.

The HPC encourages all interested parties to attend the hearing. For driving and public transportation directions, please visit: http://www.suffolk.edu/law/explore/6629.php. Suffolk University 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 at Kelly.A.Mercer@state.ma.us a minimum of two (2) 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, www.mass.gov/hpc. Materials will be posted regularly as the hearing dates approach.

Exhibit B: Instructions and HPC Questions for Written Testimony

On or before the close of business on September 11, 2015, please electronically submit written testimony signed under the pains and penalties of perjury to: HPC-Testimony@state.ma.us. **You may expect to receive the questions and exhibits 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 complete your responses in the provided **Microsoft Word** template. 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**.

We encourage you to refer to and build upon your organization's 2013 or 2014 Pre-Filed Testimony responses, if applicable. Additionally, if there is a point that is relevant to more than one question, please state it only once and make an internal reference. If a question is not applicable to your organization, please indicate so in your response.

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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Exhibit B: HPC Questions for Written Testimony BMC Response

1. Chapter 224 of the Acts of 2012 (Chapter 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 in CY2013 and CY2014 is 3.6%.

    a. What trends has your organization experienced in revenue, utilization, and operating expenses in CY2014 and year-to-date CY2015? Please comment on the factors driving these trends.

    BMC continues to work aggressively to identify and manage controllable costs. Notable BMC cost containment efforts that are contributing to a consistently low rate of cost growth include our campus consolidation, EPIC medical record implementation and roll-out of an ACO. Further details on those efforts are described in response to HPC Exhibit B, question 1(b).

    Total expenses have remained mostly unchanged since Fiscal Year (FY) 2011 with a net 3.2% increase from FY 11 to FY 14, reflecting an average annual increase of just 1.06%, while FY 14 stand-alone expenses hovered just above the Commonwealth's target at 3.7%. Expenses for FY 15 are expected to increase slightly, mainly due to 340B pharmacy expansion. However, net expenses for FY 15, after adjustment for additional 340B volume, are expected to be under the Commonwealth's 3.6% target.

    Revenue grew by 6.3% between FY 13 and FY 14 and is expected to grow by 3.4% in FY 15. Revenue growth is mainly due to 340B pharmacy expansion.

    With efforts to ensure that care is delivered in the appropriate setting, BMC has seen a shift in volume from the inpatient setting to the outpatient setting over the last several years.

    Inpatient utilization decreased 12.7% from FY 11 to FY 14 and has continued a slightly downward trend of .8% between FY 13 and 14. Inpatient volume is projected to further decrease an additional 3.5% in FY 15 due to changes in utilization and the shift to outpatient services.

    Outpatient volume increased 6.9% between FY 11 and 14 but the growth slowed to 2.8% between FY 13 and FY 14. For FY 2015, BMC expects outpatient volume to dip by 2.4%, due primarily to the implementation of EPIC, a major upgrade for the organization. EPIC integrates a number of stand-alone IT systems into one, enhancing (and protecting) the exchange of health information records between different providers. While the system is optimized and staff continues to be trained, we expect this to have a small impact on outpatient volume.

b. What actions has your organization undertaken since January 1, 2014 to ensure the Commonwealth will meet the benchmark, and what have been the results of these actions?

- *BMC's campus consolidation project is in full swing, including construction to expand several existing buildings, and the sale of other hospital buildings. The final result will be a smaller, more efficient, patient-centric clinical campus.*

- *Conversion to the EPIC system was accomplished this year, with the result being the elimination of many standalone patient clinical systems.*

- *BMC formally created the Boston Accountable Care Organization (BACO) in February 2015. BACO is actively managing the health care needs of specified payer populations under risk-based alternative payment contracts with health plans. Our expectations are that BACO will continue to expand the scope of populations under management. While BACO only manages a small portion of BMC's patient population through local commercial payers, we are working closely with EOHHS as it expands efforts to bring Medicaid, including PCC and MCO, into these alternative payment structures. In the meantime, our primary care practices at BMC and several of the affiliated Boston HealthNet CHCs are active participants in the Commonwealth's Primary Care Payment Reform Initiative (PCPRI). Also, we began participation in the Medicare Shared Savings Program in January 2015.*

c. Please describe specific actions your organization plans to undertake between now and October 1, 2016 to ensure the Commonwealth will meet the benchmark, including e.g., increased adoption to alternative payment methods (including specifically bundled/episodic payments), participation in CMS Medicare Shared Savings, Pioneer or Next Gen programs?

BMC has actively pursued opportunities to increase adoption of alternative payment models and meet the cost growth benchmark. In 2015, BMC launched participation in the Medicare Shared Savings Program together with several of our affiliated community health centers and faculty physician groups. Also, BMC continued participation in MassHealth's Primary Care Payment Reform Initiative (PCPRI), for which three BMC primary care practices and seven affiliated community health centers formed a voluntary pool of providers to participate collectively, analyze data and share outcomes with our collective MassHealth population. We view this as an important step toward better understanding the data and developing the care management models to support a true Medicaid ACO. Finally, as described above, BMC, in partnership with affiliated CHCs and its affiliated primary and specialty care practices for, formally launched the Boston Accountable Care Organization.

Between now and October 2016, BMC will continue efforts to move toward value based payments. This will involve:

- *Preparing BACO to contract directly with MassHealth and accept a global, risk adjusted payment for each MassHealth member served. Toward this end, BMC continues to work with MassHealth to support its efforts to expand alternative payment opportunities.*
- *Continuing participation in the Medicare Shared Saving Program.*
- *Continuing PCPRI participation, until such time when it is folded into broader MassHealth payment reforms.*
- *Evaluating additional opportunities to contract with commercial and Medicaid managed care organizations via alternative based payments.*

d. What systematic or policy changes would encourage or enable your organization to operate more efficiently without reducing quality?

A MassHealth shift from fee-for-service payments to value-based payments could make a tremendous impact. Specifically, a policy that embraces risk-adjusted global payments for each covered member would allow BMC the flexibility to direct funding toward non-covered wrap-around services that may ultimately keep patients healthy and out of the hospital. Also, a policy that allows qualified accountable care organizations to contract directly with MassHealth would allow BMC and its partner community health centers to manage patient care in partnership and stimulate increased coordination between primary and specialty care.

2. What are the barriers to your organization's increased adoption of alternative payment methods and how should such barriers be addressed?

BMC's patient population is approximately 50% low-income, most of whom are covered by MassHealth. With the exception of PCPRI, MassHealth has just begun efforts to expand value-based reimbursement. BMC is actively engaged in MassHealth's efforts to increase innovation and looks forward to policies that will allow BMC and other safety net providers to move away from fee-for-service payments.

3. In its prior Cost Trends Reports and Cost Trends Hearings, the Commission has identified four key opportunities for more efficient and effective care delivery: 1) spending on post-acute care; 2) reducing avoidable 30-day readmissions; 3) reducing avoidable emergency department (ED) use; and 4) providing focused care for high-risk/high-cost patients.

a. Please describe your organization's efforts during the past 12 months to address each of these four areas, attaching any analyses your organization has conducted on such efforts.

1) We have analyzed which skilled nursing facilities care for the majority of BMC patients and are initiating efforts to work more collaboratively with them to improve the quality and efficiency of post-acute care. BMC is also actively exploring opportunities to better partner with home health agencies and community agencies and resources.

2) BMC has piloted a readmission risk assessment tool to help define needed interventions prior to discharge for patients at risk for readmissions. BMC has also

dedicated case management staff to work to assist patients with patterns of frequent readmissions. Finally, BMC has integrated proactive discussions about discharge planning into its "daily huddles" and is actively evaluating improvements to clinical case management processes.

3) BMC continues to evolve its ambulatory practices toward greater levels of medical home capability. BMC expects that improved outreach and support of patients between visits will decrease avoidable emergency department use.

4) BMC is increasing the number of dedicated staff to support high-risk and high-cost ambulatory patients. BMC has developed and continues to improve its chronic disease registries and expand targeted disease management programs.

b. Please describe your organization's specific plans over the next 12 months to address each of these four areas.

1) BMC will define a network of skilled nursing facilities with whom BMC can work closely with on care improvement. BMC will also strengthen its existing collaborations with home health and community agencies.

2) BMC will implement in its new electronic medical record a tool to identify patients at risk for readmission at the time of admission and use the tool to drive targeted interventions to reduce that risk.

3) BMC will continue its medical home evolution and registry development.

4) BMC will continue to invest in its disease and high-risk case management programs.

4. As documented by the Office of the Attorney General in 2010, 2011, and 2013; by the Division of Health Care Finance and Policy in 2011; by the Special Commission on Provider Price Reform in 2011; by the Center for Health Information and Analysis in 2012, 2013, and 2015; and by the Health Policy Commission in 2014, prices paid to different Massachusetts providers for the same services vary significantly across different provider types, and such variation is not necessarily tied to quality or other indicia of value. Reports by the Office of the Attorney General have also identified significant variation in global budgets.

   a. In your view, what are acceptable and unacceptable reasons for prices for the same services, or global budgets, to vary across providers?

   BMC believes that prices for the same services or global budgets should be risk adjusted based on patient characteristics and conditions. Also, to the extent there is regional cost variation in key inputs like labor and facilities, this should be reflected in the global payment.

b. Please describe your view of the impact of Massachusetts' price variation on the overall cost of care, as well as on the financial health and sustainability of community and lower-cost providers.

BMC believes that significant price variation – due to more favorable rates secured by providers with larger market clout – puts patients at a disadvantage. The payment disparities that separate small and large volume commercial providers can impact the financial health of a low cost provider; this is especially true for safety net health systems, which can be doubly disadvantaged by low public payer rates and low commercial rates (for example, BMC's 2013 relative Blue Cross Blue Shield prices are 40 percent below the median price of all Massachusetts hospitals (CHIA Provider Price Variation in the Massachusetts Health Care Market, February 2015)).

5. The Commission has identified that spending for patients with comorbid behavioral health and chronic medical conditions is 2 to 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.

   a. Please describe ways that your organization has collaborated with other providers over the past 12 months 1) to integrate physical and behavioral health care services and provide care across a continuum to these patients and 2) to avoid unnecessary utilization of emergency room departments and inpatient care.

BMC is engaged in multiple efforts to coordinate with providers in order to integrate physical and behavioral health care and ensure proper utilization of medical services. They include, but are not limited to, the following examples:

Inpatient Addiction Consult Service: *BMC has recognized that special attention must be paid to patients who are discharged with substance abuse disorders. Addiction specialists consult on creation of a discharge plan and closely coordinate with external substance abuse treatment providers.*

Project ASSERT: *Developed by BMC, Project ASSERT (Alcohol & Substance Abuse Services, Education, and Referral to Treatment) is a team of health promotion advocates (HPAs) that offer substance abuse screening, brief intervention, information, and health resources to patients in the hospital's emergency department. The program serves more than 5,000 patients annually. Caregivers provide comprehensive care and prevention services by addressing substance abuse as a chronic disease in the context of other health and safety needs. The program has been recognized by the Substance Abuse and Mental Health Services Administration's (SAMHSA) National Registry of Evidence-Based Programs and Practices (NREPP) as a model of how to intervene with at-risk and dependent alcohol and drug using ED patients and especially on how to provide access to treatment for emergency department patients struggling with substance use disorders.*

Primary Care "Satellite" Clinics: *BMC physicians run primary care satellite clinics at a Community Substances Abuse Center, which allows for close coordination of community care providers. A primary care satellite clinic is also underway for the Wellness Project, which is an initiative to integrate primary care into an outpatient substance use treatment program for predominantly minority women.*

Office-Based Opioid Treatment (OBOT): *Developed by BMC staff, OBOT treats patients who are suffering from an opioid addiction in a primary care setting rather than a separate center, thereby making the care more attainable for significantly greater numbers of patients, and, in particular, underserved populations. For BMC primary care patients enrolled in OBOT, the addiction nurses coordinate care with outside addiction counselors and other substance treatment supports.*

b. Please describe your specific plans for the next 12 months to improve integration of physical and behavioral health care services to provide care across a continuum to these patients and to avoid unnecessary utilization of emergency room departments and inpatient care.

In 2014, BMC launched an initiative to integrate primary care and behavioral health services. Two BMC primary care practices – General Internal Medicine and Family Medicine – are in the second year of a three-year pathway to integration. These practices serve a total of 43,000 patients.

The model includes: a systematic approach to screening for depression and unhealthy substance use; on-site, short-course mental health and substance use counseling; on-site psychiatric support via provider education, "curbsides" and direct patient care; and patient navigation services. Three teams within the practices have adopted the integrated care model; as a result, 19% of the patients seen during the year were screed for depression and unhealthy substance abuse and patients made 2,931 visits to integrated behavioral health providers.

Over the next year, BMC will expand the integrated care model to two additional teams within its primary care practices. Also, BMC will expand the number of standardized diagnosis and management workflows in place to include anxiety or post traumatic stress disorder – this will supplement the workflows previously developed for depression and substance abuse disorders. BMC will also increase overall visits to integrated behavioral health providers.

6. The Commission has identified the need for care delivery reforms that efficiently deliver coordinated, patient-centered, high-quality care, including in models such as the Patient Centered Medical Home (PCMH) and Accountable Care Organizations (ACOs). What specific capabilities has your organization developed or does your organization plan to develop to successfully implement these models?

BMC has made care delivery reforms a priority as evidenced by its rapid movement to adopt PCMH and ACO models. Its three largest primary care practices are recognized as NCQA Level 3 Patient Centered Medical Homes, the highest level of NCQA recognition. Also, as mentioned earlier, BMC has established BACO in concert with affiliated community health centers and faculty physician groups to provide better coordinated, patient focused, cost effective care.

Exhibit C: Instructions and AGO Questions for Written Testimony – BMC response

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 provide the following statistics related to consumer inquiries pursuant to G.L. ch. 111, § 228(a)-(b), including but not limited to a summary table (using the template below) showing for each quarter from January 2014 to the second quarter of 2015 the volume of inquiries by method of inquiry (e.g., in-person/phone, website), the number of consumer inquiries resolved (e.g., an estimate was provided), and the types of services (e.g., MRI of knee) to which consumer inquiries pertained. Please explain why any consumer inquiries pursuant to G.L. ch. 111, § 228(a)-(b) were unable to be resolved.

In addition to providing information about the hospital/facility charge, BMC works with its physician practices to identify and include professional charges as well. BMC responds to all patient inquries within 24 hours. The numbers of inquiries has been relatively small. We are in the process of upgrading our patient inquiry tracking database with specialized software that will allow us to report in greater detail in future years. However, we have included as BMC Attachment A to this response a spreadsheet detailing the number of inquiries by category for the periods requested.

2. Please submit a summary table showing for each year 2011 to 2014 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. To the extent you are unable to provide complete answers for any category of revenue, please explain the reasons why.

Please see attached BMC AGO Hospital Exhibit 1. BMC does not receive financially material risk-based payments, but included as Exhibit 1 is a spreadsheet to provide a complete picture of all revenue by payer. Fewer than 25% of our payments are from commercial insurers and only three are under alternative payment agreements. Our largest commercial payer, an alternative payment contract, represents just 8% of total payer revenue. Risk settlements under all alternative payment methodologies have historically been worth less than 1% of total revenue. While we have expanded the number of alternative payment methodology 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 alternative payment methodologies by public entities such as MassHealth is critical to maximizing the efficiencies and improvements associated with alternative payments.

Boston Medical Center
Insurance Payments By Insurance.
Payment Dates by Fiscal Year

Commerical	**FY 2011**	**FY 2012**	**FY 2013**	**FY 2014**
Aetna	$6,351,044	$5,734,760	$6,482,131	$6,413,086
Blue Cross	$51,821,781	$52,777,820	$48,529,872	$46,202,780
CIGNA	$3,564,860	$4,337,528	$4,086,623	$4,623,119
Harvard Pilgrim Health Care	$26,201,488	$26,045,636	$25,051,212	$26,378,881
Neighborhood Health Plan	$9,193,326	$7,845,716	$6,725,388	$7,160,452
Tufts Health Plan Total	$11,125,269	$10,776,491	$10,804,980	$11,097,057
United Healthcare Total	$6,637,460	$7,352,081	$6,529,091	$4,993,374
Other Commerical Total	$32,069,830	$32,401,141	$31,786,418	$39,506,437
Total Commerical	$146,965,057	$147,271,172	$139,995,715	$146,375,185
Other Commerical Total	$2,980,110	$1,776,892	$9,352,093	$19,514,368
Neighborhood Health Plan Medicaid	$23,434,029	$22,205,981	$23,607,342	$27,446,562
BMC HealthNet	$76,775,423	$64,756,499	$71,843,849	$92,882,311
Fallon Medicaid	$0	$7,539	$56,142	$277,451
Total Managed Medicaid	$103,189,562	$88,746,912	$104,859,425	$140,120,691
MassHealth	$111,147,783	$105,592,354	$101,477,633	$93,155,811
Blue Cross Senior Options	$1,935,179	$2,069,039	$2,088,916	$2,352,274
Commcare Alliance	$7,638,269	$7,157,984	$8,843,341	$11,652,070
Senior Whole Health	$5,573,997	$6,780,209	$8,784,973	$8,580,899
Tufts Medicare	$7,419,633	$7,034,250	$6,062,895	$7,638,431
Other Comm Medicare	$10,039,453	$10,686,798	$12,077,060	$15,178,789
Commerical Medicare	$32,606,531	$33,728,281	$37,857,186	$45,402,464
Medicare	$170,762,772	$171,773,006	$173,898,916	$159,811,986
Other	$41,703,232	$30,190,395	$54,967,037	$41,695,031
GRAND TOTAL	$606,374,937	$577,302,120	$613,055,911	$626,561,168

Primary Insurance	Sub Grouping	Grouping	FY 2011	FY 2012	FY 2013	FY 2014
AARP 2ND MCARE	Other Comm Medicare	Commerical Medicare	$89	$325		$124
AARP MCARE COMPLETE	Other Comm Medicare	Commerical Medicare	$2,304,933	$3,879,242	$4,019,766	$4,101,098
AD HOC RATES	Other Commerical	Commerical	$227,079	$466,199	$897,371	$230,562
AETNA NO PCP	Aetna	Commerical	$3,324,864	$2,648,921	$2,940,748	$2,816,098
AETNA PCP	Aetna	Commerical	$528,623	$964,267	$921,418	$1,054,348
AETNA STUDENT HEALTH	Aetna	Commerical	$2,497,557	$2,121,572	$2,619,965	$2,542,641
ANTHEM HEALTH & LIFE	Blue Cross	Commerical	$17,969	$56,258	$117,085	$116,344
BCBS 2nd to MCARE	Blue Cross	Commerical	$748			
BCBS BENEFIT ADMIN	Blue Cross	Commerical		$158,934	$39,330	$61,612
BCBS HMO	Blue Cross	Commerical	$17,927,288.13	$20,766,556	$18,667,743	$18,126,992
BCBS INDEMNITY	Blue Cross	Commerical	$4,944,473	$367,173	$117,621	$137,915
BCBS MCARE HMO	Blue Cross Senior Options	Commerical Medicare	$1,285,758	$1,085,189	$1,270,022	$709,330
BCBS MCARE PPO	Blue Cross Senior Options	Commerical Medicare	$649,421	$983,850	$818,894	$1,642,945
BCBS MEDEX	Blue Cross	Commerical	$525	$2,535	$262	$1,559
BCBS NOT MA	Blue Cross	Commerical	$8,846,960	$3,446,754	$437,111	$117,188
BCBS NOT MA HMO	Blue Cross	Commerical	$234,545	$626,679	$1,107,738	$744,970
BCBS NOT MA POS	Blue Cross	Commerical	$75	$161,559	$191,829	$238,781
BCBS NOT MA PPO	Blue Cross	Commerical	$32,608	$4,974,217	$7,211,083	$6,826,717
BCBS POS	Blue Cross	Commerical	$4,170,778	$4,181,697	$2,266,828	$1,808,450
BCBS PPO	Blue Cross	Commerical	$15,645,811	$18,035,458	$18,373,241	$18,022,250
BCCI-BMC	Other Commerical	Commerical	$1,563	$259	$777	$704
BMC HEALTHNET COMMCARE	Other	Other	$35,115,562	$22,753,106	$45,175,886	$33,938,574
BMC HEALTHNET MASSHEALTH	BMC HealthNet	Managed Medicaid	$76,775,423	$64,756,499	$71,843,849	$92,882,311
BMC HLTHNET CHOICE	Other Commerical	Commerical		$52,560	$344,103	$388,243
BMC HLTHNET CONNCARE	Other	Other				$18,037
BMC HLTHNET QHP	Other	Other				$336,336
BMC PREFERRED	Harvard Pilgrim Health Care	Commerical	$5,057,984	$5,144,426	$5,598,978	$2,193,160
BMC PREFERRED OTHER	Harvard Pilgrim Health Care	Commerical	$750,703	$73,798	($59)	($211)
BMC SELECT	Harvard Pilgrim Health Care	Commerical				$4,457,114
CARENET	Other Commerical	Commerical	$42	$437	$291	$303
CELTICARE	Other Commerical	Commerical	$831,938	$713,216	$385,760	$4,772,187
CHAMPVA	Other	Other		$21,530	$29,355	$25,655
CIGNA	CIGNA	Commerical	$2,577,085	$2,587,320	$2,093,549	$2,682,258
CIGNA CARELINK	CIGNA	Commerical	$987,776	$1,750,208	$1,993,074	$1,940,861
CIGNA MCARE ACCESS	Other Commerical Medicare	Commerical Medicare	$429,990	$5,032	$13,412	$4,277
CMSP	Other	Other	$304,211	$261,666	$266,598	$304,977
CNA INSURANCE CO	Other Commerical	Commerical	$913			
COMMCARE ALLIANCE	Commcare Alliance	Commerical Medicare	$7,638,269	$7,157,984	$8,843,341	$11,652,070
COMMERCIAL INSURANCE	Other Commerical	Commerical	$3,472,294	$2,754,596	$2,631,997	$3,278,275
CONNECTICARE INC	Other Commerical	Commerical	$3,596	$3,063	$200	$250
CONSOLIDATED GROUP	Other Commerical	Commerical	$41,807	$6,949	$2,266	$4,348
CORRECTIONS	Other Commerical	Commerical	$1,443,855	$1,295,613	$2,166,945	$3,217,727
DAVITA INC	Other	Other	$80			
DELTA DENTAL	Other Commerical	Commerical	$120	$9,715	$155	$300
DORAL COMM CARE	Other Commerical	Commerical	$127	$60		$782
DORAL DENTAL	Other Commerical	Commerical	$357	$1,341	$1,061	$40
E BOSTON E.S.P.	Other Commerical Medicare	Commerical Medicare	$2,046,622	$1,769,122	$2,108,150	$2,332,932
ESPMH ELDER SERV PL	Other Commerical Medicare	Commerical Medicare	$17,654	$3,871		$42
EVERCARE	Other Commerical Medicare	Commerical Medicare	$2,796,356	$3,483,357	$2,795,456	$2,949,315
FALLON COMMCARE	Other	Other	$45,838	$61,463	$10,770	$15,246
FALLON COMMERCIAL	Other Commerical	Commerical	$332	$390,654	$319,041	$241,069
FALLON CONNCARE	Other	Other				$575
FALLON MEDICAID	Fallon Medicaid	Managed Medicaid		$7,539	$56,142	$277,451
FALLON MEDICARE	Other Commerical Medicare	Commerical Medicare	$286,876	$118,616	$35,512	$83,339
FIRST HEALTH	Other Commerical	Commerical	$24,707	$3,087	$5	($15)
FIRST SENIOR FREEDOM	Other Commerical Medicare	Commerical Medicare	$795,028	$3,650	$348	$82
FIRST SENIORITY OTH	Tufts Medicare	Commerical Medicare	$165	$357		
FLAT FEE	Other Commerical	Commerical	$467,223	$595,839	$729,868	$956,744
GCRC	Other Commerical	Commerical	$1,438	($167)	$0	$2,127
GHI-NEW YORK	Other Commerical	Commerical	$48,616	$14,190	$40,488	$6,065
GREAT WEST HLTHCARE	Other Commerical	Commerical	$52,988	$23,322	$88,278	$291,478
GUARDIAN LIFE INS C	Other Commerical	Commerical	$955	$1,503	$479	
HARVARD PILGRIM HMO	Harvard Pilgrim Health Care	Commerical	$5,904,489	$12,661,862	$13,149,528	$12,028,477
HARVARD PILGRIM POS	Harvard Pilgrim Health Care	Commerical	$13,586,059	$4,441,319	$1,727,520	$1,443,549
HARVARD PILGRIM PPO	Harvard Pilgrim Health Care	Commerical	$902,253	$3,048,988	$3,326,170	$3,944,777
HCVM	Other Commerical	Commerical	$1,376	$275	$204	$310
HEALTH NET	Other	Other	$40,058	$11,092		
HEALTH PLANS INC	Other Commerical	Commerical	$1,877,944	$1,999,303	$2,568,130	$3,274,979
HEALTHY START	Other Commerical	Commerical	$563,954	$489,067	$663,491	$383,912
HIP HEALTH INS PLAN	Other Commerical	Commerical	$14,434	$8,451	($916)	$258
HMO GENERAL	Other Commerical	Commerical	$112,935	$24,825	$10,585	$3,255
HP PASSPORT CONNECT	Harvard Pilgrim Health Care	Commerical		$640,190	$1,230,369	$2,298,226
HPHC INDEMNITY	Harvard Pilgrim Health Care	Commerical		$35,053	$18,706	$13,082
HPHC QH	Harvard Pilgrim Health Care	Commerical				$706
HSN	Other	Other	$133,929	$211,183	$501,088	$433,919
HSN PARTIAL	Other	Other	$315,257	$342,101	$270,048	$220,925
HSN PENDING	Other	Other	$60		$211	
HUMANA INSURANCE	Other Commerical	Commerical	$75,457	$96,839	$240,113	$232,065
JOHN HANCOCK INS CO	Other Commerical	Commerical	$1,458	$1,544	$191	
KAISER PERMANETE NE	Other Commerical	Commerical	$148,404	$374,830	$76,113	$152,369

KIDNEY TRANSPLANT	Other Commerical	Commerical	$82,057	$108,415	$62,700	$72,823
LONG TERM CARE	Other Commerical	Commerical	$148,486	$135,115	$117,530	$85,301
MAILHANDLERS	Other Commerical	Commerical	$91,305	$195,838	$34,492	$17,396
MEDICAID	MassHealth	MassHealth	$46,005,092	$30,166,848	$28,797,053	$35,110,013
MEDICAID 2ND TO MCR	MassHealth	MassHealth	$3,333			
MEDICAID LIMITED	MassHealth	MassHealth	$50,680	$12,096,174	$13,053,294	$10,262,206
MEDICAID MNGCARE OTH	MassHealth	MassHealth	$39,857,991	$7,394,999	$456,823	$231,643
MEDICAID NOT MA	MassHealth	MassHealth	$299,684	$248,499	$357,784	$526,369
MEDICARE	Medicare	Medicare	$166,442,546	$168,179,665	$170,938,480	$156,347,513
MEDICARE A ONLY	Medicare	Medicare	$3,279,491	$2,940,436	$2,302,622	$2,934,101
MEDICARE MSP 2ND PY	Medicare	Medicare	$19,908	$930		$10,247
MEDICARE REPLACEMENT	Medicare	Medicare	$1,020,827	$651,974	$657,814	$520,125
MEDICIAD MNGCARE	MassHealth	MassHealth	$24,931,003	$55,685,833	$58,812,678	$47,025,580
METROPOLITAN INS CO	Other Commerical	Commerical			$114	$255
MULTIPLAN	Other Commerical	Commerical	$32,479	$24,333	$12,901	$11,337
MVA	Other Commerical	Commerical	$11,444,252	$11,364,191	$10,026,516	$8,416,220
NETWK HLTH DIRECT	Other Commerical	Commerical				$3,476
NETWK HLTH EXTEND	Other Commerical	Commerical		$121,488	$296,026	$343,033
NETWORK HEALTH MEDICAID	Network Health	Managed Medicaid	$2,980,110	$1,776,892	$9,352,093	$19,514,368
NETWORK HL COMMCARE	Other	Other	$513,573	$788,239	$4,259,665	$3,447,574
NEWBORN PENDING	Other Commerical	Commerical			$4,790	$15,876
NHP CHOICE	Other	Other		$120,765	$584,209	$504,083
NHP CMA	Neighborhood Health Plan	Commerical	$1,471,059	$760,266	$762,509	$733,247
NHP COMMCARE	Other	Other	$5,002,511	$5,421,020	$3,837,443	$2,321,587
NHP COMMERCIAL	Neighborhood Health Plan	Commerical	$2,841,493	$6,428,870	$5,992,148	$6,411,725
NHP CONNCARE	Other	Other				$1,574
NHP MEDICAID	Neighborhood Health Plan	Managed Medicaid	$5,448,833	$20,245,415	$23,496,410	$27,418,410
NHP OF RHODE ISLAND	Neighborhood Health Plan	Commerical		$9,634	$9,306	$3,767
NHP OTHER COMMERCIAL	Neighborhood Health Plan	Commerical	$4,880,773	$646,946	($38,574)	$11,713
NHP OTHER MEDICAID	Neighborhood Health Plan	Managed Medicaid	$17,985,196	$1,960,567	$110,932	$28,153
OTHER	Other Commerical	Commerical	$179	$569	$96	
OXFORD HEALTH PLAN	Other Commerical	Commerical	$125,654	$108,163	$197,218	$165,559
PHCS	Other Commerical	Commerical	$46,752	$145,552	$31,199	$12,383
POS GENERAL	Other Commerical	Commerical		$601		$34
PPO GENERAL	Other Commerical	Commerical		$87	$584	$133
PRINCIPAL FINANCIAL	Other Commerical	Commerical	$20,029	$1,098	$276	($371)
QTC MEDICAL	Other Commerical	Commerical	$4,204	$415		
RESEARCH GRANT #1	Other Commerical	Commerical	$108	$220	$910	$83
RESEARCH GRANT #2	Other Commerical	Commerical	$304,908	$279,973	$130,996	$10,714
RESEARCH GRANT #3	Other Commerical	Commerical	$113	$28,904	$130,643	$104,814
SCHOOL HEALTH PROGRAM	Other Commerical	Commerical	$378	$145	$0	$0
SELF PAY	Other Commerical	Commerical	$2,411,873	$3,698,803	$1,513,809	$4,101,762
SENIOR WHOLE HEALTH	Senior Whole Health	Commerical Medicare	$5,573,997	$6,780,209	$8,784,973	$8,580,899
SHADOW MEDICARE	Other Commerical Medicare	Commerical Medicare	$368,401	$276,003	$87,137	$22,435
STD CLINIC	Other Commerical	Commerical	$6,935	$100	$75	($175)
TB CLINIC	Other Commerical	Commerical	$645	$560	$181	$1,420
TRANSPLANT	Other Commerical	Commerical			$264	$71,265
TRAVELERS INS CO	Other Commerical	Commerical	$77,894	$150,156	$38,213	$43,420

TRICARE	Other Commerical	Commerical	$554,121	$424,202	$361,603	$605,977
TUFTS CARELINK	Tufts Health Plan	Commerical	$249,869	$193,947	$230,263	$226,212
TUFTS COMMCHOICE	Other	Other	$267	$358		
TUFTS HMO	Tufts Health Plan	Commerical	$2,881,486	$4,858,275	$4,648,813	$4,480,896
TUFTS MCARE HMO	Tufts Medicare	Commerical Medicare	$1,483,010	$5,798,082	$5,608,196	$7,428,367
TUFTS MCARE POS	Tufts Medicare	Commerical Medicare	$5,904,037	$1,229,546	$431,547	$156,995
TUFTS MCARE PPO	Tufts Medicare	Commerical Medicare	$32,421	$4,196	$1,036	$24,150
TUFTS MCARE SUPP	Tufts Medicare	Commerical Medicare		$2,068	$22,116	$28,918
TUFTS OTHER	Tufts Health Plan	Commerical	$6,961,960	$765,871	($1,020)	$4,159
TUFTS POS	Tufts Health Plan	Commerical	-$3,597	$1,378,944	$1,483,685	$2,755,771
TUFTS PPO	Tufts Health Plan	Commerical	$1,035,552	$3,579,455	$4,443,239	$3,630,020
UNICARE	Other Commerical	Commerical	$2,490,577	$2,365,482	$2,471,842	$2,094,092
UNITED HEALTHCARE	United Healthcare	Commerical	$6,637,460	$7,329,374	$6,410,426	$4,856,649
UNITED HP STUDENT	United Healthcare	Commerical		$22,707	$118,665	$136,724
UNITED MCARE	Other Commerical Medicare	Commerical Medicare		$66,649	$1,501,129	$3,990,843
Unknown: 352	Other	Other				$279
Unknown: 355	Other	Other				$52,751
Unknown: 361	Other	Other			$278	($202)
Unknown: 364	Other	Other				$10,874
UPHAMS CORNER E.S.P	Other Commerical Medicare	Commerical Medicare	$993,504	$1,080,930	$1,516,149	$1,694,301
US DEPT OF LABOR	Other Commerical	Commerical	$18,251	$250		
VETERANS ADMIN	Other Commerical	Commerical	$243,903	$98,830	$90,649	$169,576
WAUSAU INS COMPANIE	Other Commerical	Commerical	$14,010	$5,504	$8,090	$50
WORK COMP BMC EMPLOY	Other Commerical	Commerical	$7,960	($1,520)	$11,650	$1,661
WORK COMP BOS FIRE	Other Commerical	Commerical	$53,023	$49,875	$38,236	$16,064
WORK COMP BOS POLICE	Other Commerical	Commerical	$55,298	$59,205	$37,626	$21,883
WORK COMP BU EMPLOY	Other Commerical	Commerical	$172,426	$93,923	$54,468	$60,125
WORK COMP CITY BOS	Other Commerical	Commerical	$264,091	$207,760	$108,787	$79,207
WORK COMP OTHER	Other Commerical	Commerical	$3,705,154	$3,138,294	$3,954,898	$3,657,985
ZFC BAD DEBT	Other	Other	$188,335	$168,407	$29,695	$55,989
ZFC CONF APPLCTN	Other	Other	$158	$4,554	($3,674)	$73
ZFC REPLACEMENT	Other	Other	$10,032	$11,632	$100	$294
ZFC VOID	Other	Other	$19,209	$5,388		
ZP BHS BMC HEALTHNET CC	Other	Other	$14,153	$7,890	$5,365	$5,910
ZP BHS GIC	Other Commerical	Commerical				$6,601
ZP BHS SWH	Other Commerical	Commerical			$1,080	$9,566
ZP BHS_FALLON	Other Commerical	Commerical			$156	$511
ZP BHS_NHP	Other Commerical	Commerical	$10,695	$10,721	$2,524	$6,384
ZP BHS_NHP CC	Other Commerical	Commerical	$426	$480		$62
ZP MBHP	Other Commerical	Commerical	$35,667	$32,824	$680,326	$1,089,979
ZP NHS BMC HEALTHNET	Other Commerical	Commerical	$57,879	$38,145	$2,861	$5,310
ZP RAILROAD	Other Commerical	Commerical		$18,887	$27,530	$367,856
ZP UBH HPHC	Other Commerical	Commerical				$19,528
ZP UNITED BH	Other Commerical	Commerical	$2,068	$4,029	$6,511	$25,653
ZP VALUE OPTIONS	Other Commerical	Commerical				$95
ZZ HDRL	Other Commerical	Commerical	$150,858	$140,638	$144,754	$215,079
ZZ VET ADMIN GI SVCS	Other Commerical	Commerical				$89,577
ZZINFERTILITY SVC	Other Commerical	Commerical	$19,262	$21,316	$16,304	$48,520
Total			$606,374,937	$577,302,120	$613,055,911	$626,561,168

BMC Price Inquiries *

	Q1 2014	Q2 2014	Q3 2014	Q4 2014	Q1 2015	Q2 2015
CATEGORY						
CONSULT	1		1			2
BALANCE AFTER INSURANCE	1					1
CANCER	1	1		1		2
CARDIAC CARE	1	1				
CONSULT	7	2	6	7		4
COSMETIC	2	1	1			
DENTAL	2	6	1	1		
EMERGENCY ROOM VISIT			2			
ENT						1
EVALUATION	5	2				1
GENERAL	1		1		2	3
IMMIGRATION	1	1	1	1		3
INFERTILITY	1	1				2
LABOR AND DELIVERY	41	17	11	3	2	33
MAMMOGRAPHY	2		1	3		3
MRI/CT/PET	8	5	3	3	1	8
OB	6	3	5	1	2	5
OFFICE VISIT	2	7	7	3	5	8
PHYSICAL	4	3	5	2		
PROCEDURE	5	2	5	4	4	3
ROOM CHARGE	1		1			
SURGERY	17	12	12	9	5	13
TESTING	8	12	7	10	2	4
THERAPY		2	2	1		
TREATMENT	3	1	3	1		1
US	4	2	2	5		8
VACCINE/FLU	3	2	1	1	1	1
VISION	1					
X-RAY	2	7	6	2	1	6
Grand Total	130	90	84	58	25	112

* All Price estimates are provided within 24 hours. If the patient is not available a message is left with a call-bacl phone number

Grand Total
4
2
5
2
26
4
10
2
1
8
7
7
4
107
9
28
22
32
14
23
2
68
43
5
9
21
9
1
24
499

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