Mercy
MEDICAL CENTER

Our mission is to heal. Our passion is to care.

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September 11, 2015

David Seltz, Executive Director
Massachusetts Health Policy Commission
50 Mil Street
Boston, MA 02109

RE: Testimony for Annual Health Care Cost Trends Hearing - October 5 and 6, 2015

Dear Mr. Seltz:

In response to your letter of August 6, 2015, Mercy Medical Center submits the attached written testimony. Mercy and Sisters of Providence Health System share a mission to be a transforming, healing presence in the communities we serve. With Mercy serving as the hub, SPHS is continues to develop of a high-value, integrated, patient-centered network. This network utilizes the full SPHS continuum of care, including acute care, behavioral health, primary care, rehabilitation, long-term care, home care, lab services and end-of-life care. The SPHS network includes:

- *Mercy Medical Center*: A 182-bed, acute care hospital located in Springfield that. The following entities are also licensed under Mercy:
  - *Weldon Rehabilitation Hospital:* A 30-bed hospital-based rehabilitation center located at Mercy.
  - *Providence Behavioral Health Hospital:* The 104-bed behavioral health campus of Mercy, located in Holyoke, is one of the largest providers of acute behavioral health services in the Commonwealth. Services include inpatient and outpatient psychiatric care for children and adults, inpatient substance abuse treatment, outpatient Methadone treatment and Suboxone treatment.
- *Brightside for Families and Children:* Offers a range of social support services for families with psychiatrically distressed children. Services include home-based family stabilization and treatment, community support programs.
- *Mercy Home Care:* One of the largest home health providers in Western Massachusetts.
- *Mercy Hospice*: Patient-centered, culturally-competent, end-of-life care.
- *Mercy Continuing Care Network:* Comprised of six long-term care facilities, an adult day health program and a PACE program.
- *Mercy Medical Group:* A multispecialty group of physicians providing primary and specialty care.

I am legally authorized and empowered to represent Mercy Medical Center for the purposes of this testimony. I hereby certify under the pains and penalties of perjury that Mercy has made a diligent effort to respond to the foregoing questions, and that, to the best of my knowledge and reasonable belief, the foregoing answers are true and correct.

Sincerely,

Thomas Robert
Sr. Vice President of Finance and CFO
Sisters of Providence Health System

Exhibit B: HPC Questions for Written Testimony

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.

Overall trends in the organization for CY2014 and CY2015 (Mercy has as a June 30th year end) are as follows. Revenue was fairly consistent with net revenue per adjusted discharge increasing by only 1.2%. Inpatient utilization (discharges) increased by 4.5% since, while Providence Behavioral Health Hospital (Mercy's behavioral health campus) saw in increase in discharges of approximately 2%. Emergency Room visits increased by 7.7% and Outpatient volume increased by 2.8%. Mercy's costs were relatively consistent over time with cost per case mix adjusted discharge increasing by 2.9%. Acute care inpatient utilization appears to have leveled off and begin to increase, which revered the downward trend from 2010 to 2013.

    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?

Sisters of Providence Health System and Mercy Medical Center continue many initiatives focusing on increasing the efficiency and effectiveness of care delivery. Since January of 2014, has focused efforts on its new care coordination model at Providence Behavioral Health Hospital. This initiative implemented new, patient-centered, care coordination and management system that integrates departmental and hospital system workflows to reduce the time it takes to place patients in available beds, treat them effectively and discharge them safely to the next appropriate level of care. The CareConnect Hub, which now serves Providence Behavioral Health Hospital, utilizes new IT system, real time applications and new staffing to track all inpatients and ED patients in real time. This initiative will continue to transform care management to reduce case costs, average LOS, patient flow times, discharge process times, readmission rates, ED holds and the rates of ED patients LWT, while improving quality and patient satisfaction.

    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?

SPHS and Mercy Medical Center will move forward with several other value-based initiatives that support our movement towards increased adoption on alternative payments and to help the Commonwealth meet the benchmark. For example, Mercy Medical Group, an affiliated primary

care practice, has achieved Patient-Centered Medical Home credentials. Mercy Medical Center is also a participant in the CMS Bundled Payment for Care Improvement (BPCI) initiative and currently manages 16 conditions on a "bundled" basis for all qualifying Medicare episodes of care. The BPCI initiative is closely supported by Mercy's innovative CareConnect care coordination and performance improvement system and Mercy Care Alliance care management services. Lastly, SPHS will continue to expand MercyLife, a program of all-inclusive care for the elderly (PACE). MercyLife extends the continuum of population health programs further into the continuing care space and has helped expand our competency in managing risk and value-based reimbursement arrangements while improving care access, care quality and the experience of care for those we serve.

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

Several systemic and policy changes would encourage more efficient care while also promoting quality, including: development of a uniform framework for MassHealth payment and care delivery redesign, increasing the supply of PCPs and other physicians in Western Massachusetts and incentivizing Medicaid beneficiaries to access primary care through PCPs and diminish hospital emergency department utilization.

MassHealth payment and care delivery redesign is a significant opportunity to align all stakeholders in a common framework for payment and care delivery. There is also an insufficient supply of primary care physicians, especially in Western Massachusetts. Licensing delays with the Board of Registration is a factor in creating a more welcoming environment for physicians. Mercy currently has pending employed physician with a complete license application pending for the third month before the Board of Registration of Medicine. Other factors include, physicians in the Greater Springfield area being reluctant to accept more Medicaid patients, partly because of what they perceive to be relatively low reimbursement rates. Compounding this market dynamic, access to primary care in Greater Springfield is particularly restricted by relatively long average wait times and MassHealth acceptance. In 2013, average new patient wait times in Hampden County was 58 days for Family Medicine. By default, hospital Emergency Departments continue to be what many MassHealth beneficiaries perceive to be "primary care," as it is accessible when they need it for little or no co-payment. Since 2005 the volume in Mercy's emergency department has increased from approximately 45,000 annual visits to approximately 78,000 visits, with nearly one-half of those visits being for non-emergent care.

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

SPHS and Mercy continues to move forward with capacity building to accept alternative payment models. One significant issue that creates a barrier is changes to reimbursement policies related to government and government funded payers. These changes are necessary to encourage involvement in alternative payment contracts. Adequate reimbursement rates from MassHealth and MMCOs would provide the resources for hospitals like Mercy to operate more efficiently and improve quality and progress with alternative models. Reimbursement policies specific to behavioral health services are also a significant challenge.

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.

SPHS and Mercy have multiple initiatives (acute care and behavioral health) focused on spending on post-acute care; reducing avoidable 30-day readmissions; reducing avoidable emergency department use; and providing focused care for high-risk/high-cost patients. These interventions are focused on re-engineering discharge planning and deploying additional resources to care transitions, post-discharge and disease management services to High-Risk patients. The overarching goals of these initiatives are to provide safer and more seamless care transitions that improve "High-Risk" patient outcomes, with conditions, such as COPD, CHF, AMI, pneumonia, diabetes and behavioral health issues.

The use of health information technology, such as BEACON Alerts, is being utilized to speed up the discharge planning process for complex patients. Organizational issues related to the alignment of Mercy Medical Center and its health system affiliate, Mercy Home Care, were also analyzed to determine alignment options for expanding the scope of home care service delivery to care for more complex patients (including behavioral health patients).

Mercy also engaged in an initiative focused on a specialized community health outreach programs to redirect, from the ED, "High-End Utilizers" who habitually seek non-emergent care at Mercy, and provide a range of intensive case management services, primary care, social work, mental health counseling, substance abuse services, respite care and housing, in an integrated model of care. The goal of the project is to address, for this patient population, a wide-range of frequently underlying, chronic conditions, such as asthma or diabetes, and untreated mental health and substance abuse issues; and to reduce per capita costs.

Additionally, Mercy, in collaboration with a community partner, also developed a behavioral health ED initiative focused on patients presenting to the Mercy *ED* with a primary behavioral health diagnosis. These patients will be seen in a dedicated part of the ED and will be managed by

RNs with behavioral health training. The RN behavioral health staffing will be 24/7. The patients will also be assessed by Community Health Workers in the ED. The CHWs will establish relationships based on warm contact, assess community based service needs, directly refer to available care management services, and help access services to meet identified needs. The CHW is warm conduit between the Mercy ED and other community resources to strengthen communication/ coordination about care plans.

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

SPHS and Mercy will continue efforts focused on focused on spending on post-acute care; reducing avoidable 30-day readmissions; reducing avoidable emergency department use; and providing focused care for high-risk/high-cost patients. These interventions are focused on re-engineer discharge planning and deploying additional resources to the care transitions, post-discharge and disease management services to High-Risk patients. These initiatives include:

- **Mercy, in collaboration with a community partner will begin implement its behavioral health ED initiative. Patients presenting to the Mercy *ED with* a primary BH issue will be seen in a dedicated part of the ED. These patients will be managed by RNs with behavioral health training. RN behavioral health staffing will be 24/7. Patients will be assessed by "community health workers" in the ED. The CHWs will establish relationships based on warm contact, assess community based service needs, directly refer to available care management services, and help access services to meet identified needs. The CHW is warm conduit between ED/Mercy and other community resources to strengthen communication/ coordination about care plans.**
- **Mercy will also continue its initiative focused on specialized community health outreach programs to redirect, from the ED, "High-End Utilizers" who habitually seek non-emergent care at Mercy, and provide a range of intensive case management services, primary care, social work, mental health counseling, substance abuse services, respite care and housing, in an integrated model of care. The project aim was to address, for this patient population, a wide-range of frequently underlying, chronic conditions, such as asthma or diabetes, and untreated mental health and substance abuse issues; and to reduce per capita costs.**
- **Mercy will implement, in collaboration with Mercy Home Care, its plan to provide post-discharge home-based nursing visits to complex behavioral health patients discharged from Providence Behavioral Health Hospital.**

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?

An acceptable reason for price variation for the same services or for a global budget covering like-services is severity of illness or illness complexity based on an objective measurement. If a provider has a patient population that includes a greater number of patients with complex or chronic conditions than average it is reasonable to expect their cost to care for that population of patients would be skewed higher. The Medicare Shared Savings program recognizes this reasonable variable for example, and utilizes a risk scoring methodology to help equalize spending benchmarks based on the relative "wellness" or "sickness" of individual service populations. Medicare Advantage risk programs utilize similar methodology to establish cost of care benchmarks and budgets.

Unacceptable reasons for variations in prices for the same services include lower provider efficiency (comparatively higher length of stay that is not related to higher acuity for example), lower quality of care, market influence or domination, and any pass-through of unreasonable or unnecessary overhead cost that artificially inflates price.

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.

Simply stated, higher quality and efficient care costs less. The greater the variability in both quality and efficiency of care the greater the variability in cost and price. A system that incentives care to be delivered in the most efficient, highest quality and lowest cost setting would have a positive effect on the provider community and will most importantly provide the Massachusetts with the best care at the best price.

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.

- **Collaborated with a community based provider of behavioral health services to provide management and administrative services at Providence Behavioral Health Hospital in**

order to create a stronger relationship between inpatient and community based health care.

- **Created patient registry at Providence Behavioral Health Hospital for patients with serious mental illness and co-morbid physical conditions and performed gap analysis on existing capacities to provide enhanced access to primary care for these patients.**
- **Collaborated with Mercy Home Care to develop a plan to provide post-discharge home nursing visits to behavioral health inpatients with serious mental illness and co-morbid physical conditions.**
- **Mercy is developing, in collaboration with a community based behavioral health provider, a behavioral health emergency department initiative focused on providing community navigation services to ED patients with a primary psychiatric or substance abuse diagnosis.**
- **Mercy LIFE (Program of All Inclusive Care for the Elderly) collaborated with community based behavioral health provider to pilot delivery of behavioral health services on the Mercy LIFE campus**
- **Mercy LIFE initiated behavioral health Grand Rounds at Providence Behavioral Health Hospital, Brightside for Families and Children, Farren Care Center.**
- **Mercy engaged Mercy Community Health case workers to provide care transition services to ED high utilizers, to avoid unnecessary utilization of hospital ED and inpatient care**.

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.

- **Mercy will, in collaboration with a community based behavioral health provider, engage community health workers to provide community navigation services to ED patients with a primary psychiatric or substance abuse diagnosis.**
- **Providence Behavioral Health Hospital will develop a plan for an integrated physical and behavioral health model of care that includes a primary care clinic for patients with serious mental illness and co-morbid physical health issues.**
- **Mercy Home Care will provide home-based nursing visits to patients with serious mental illness and co-morbid physical health issues discharged from Providence Behavioral Health Hospital to enhance patient self-management and compliance with behavioral and physical health care plans.**
- **Providence Behavioral Health Hospital will convene a community-wide partnership to develop a plan to provide persons with serious mental illness and chronic physical conditions greater access to primary and specialty care medicine, disease management and evidence-based, complimentary medicine to increase wellness and thereby reduce unnecessary utilization of emergency room departments and inpatient care by these patients.**

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?

The Sisters of Providence Health System and Mercy Medical Center are fully committed to people-centered health care. In fact, our Mission, vision and strategic plan call us to be people centered as we pursue the triple aim of better health, better care and lower costs.

To help achieve these goals, SPHS has established both an Accountable Care Organization and a Clinically Integrated Network. The Accountable Care Organization of New England (ACONE) is a group of health care providers that has agreed to be collectively accountable for the cost, quality, and overall care of an entire population in the Medicare Shared Savings Program (MSSP). SPHS was an "early adopter" of the ACO approach and ACONE, a member of the second cohort of MSSP ACOs, is completing its performance year in 2015. Mercy Care Alliance (MCA), a Clinically Integrated Network (CIN), is a group of independent and employed physicians who along with Mercy Medical Center have agreement to share accountability for their patients. Although ACONE and MCA have a similar focus, ACONE is designed exclusively for MSSP participation. Mercy Care Alliance has broader contracting nexus that includes value-based, risk agreements with commercial payers. MCA also houses the infrastructure needed to improve care, reduce costs, and improve the health of patients. Certain MCA services are used to help support the operations of ACONE. MCA has also entered into service partnership with other provider groups to extend delegated care management services to patients under the care of physicians affiliated with those provider groups.

Together, ACONE and MCA are "accountable" for over 15,000 covered lives. Mercy Care Alliance functional capabilities include:

- **Contracting**
  - **Contract negotiation & management**
- **Care Management**
  - **Episode management**
  - **Identification of chronic disease and other vulnerable patients**
  - **Disease management**
  - **Appropriate utilization**
- **Hospitalist & SNFist Service**
- **Quality Assurance**
  - **Clinical protocols**
  - **NCQA reporting, compliance, audit**
  - **Reporting**
- **Cost Management**
  - **Cost reporting**
  - **Practice coaching**
  - **Incentive management and PMPM reconciliation**
  -
- **Risk Management**
  - **Risk adjustment**
  - **Coding & retro-coding**

- **Information Technology**
  - **Patient Registry**
  - **Data Warehouse**
  - **Workflow and coding tools**
  - **Claims reconciliation**
  - **Informatics and analytics**

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 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.

		Number of Inquiries via Telephone/In Person	Number of Inquiries via Website	Number of Inquiries Resolved	Types of Services to which Inquiries Pertained (List)
CY2014	Q1	19		19	See below
	Q2	20		20	See below
	Q3	19		19	See below
	Q4	0		0	See below
CY2015	Q1	27		27	See below
	Q2	22		22	See below

CY2014 services: cardiac catheterization, nuclear test, CT scan, /ultra sound, surgery, colonoscopy, bone density, chest x-ray, stress test, MRI

CY2015 services: CT scan, x- ray, surgery, stress, echo cardiogram, cardiac catheterization, ultrasound, radiation/oncology, nuclear test

All consumer inquiries were resolved.

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 Mercy Exhibit C Question 2

	P4P Contracts				Risk Contracts						FFS Arrangements		Other Revenue Arrangements		
	Claims-Based Revenue		Incentive-Based Revenue		Claims-Based Revenue		Budget Surplus/ (Deficit) Revenue		Quality Incentive Revenue						
	HMO	PPO	HMO	PPO	HMO	PPO	HMO	PPO	HMO	PPO	HMO	PPO	HMO	PPO	Both
BCBSMA	$ 18,588,288	$ -	$ 743,532	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 1,257,568	$ -	$ -	$ -	$ -
Tufts	$ 1,990,878	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 212,805	$ -	$ -	$ -	$ -
#REF!	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 17,240,878	$ -	$ -	$ -	$ -
Fallon	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
CIGNA	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 3,968,009	$ -	$ -	$ -	$ -
United	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Aetna	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Other Commercial	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 14,564,395	$ -	$ 1,574,788	$ -	$ -
Total Commercial	$ 20,579,166	$ -	$ 743,532	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 37,243,654	$ -	$ 1,574,788	$ -	$ -
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Network Health	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 7,498,503	$ -	$ -	$ -	$ -
NHP	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 2,631,838	$ -	$ -	$ -	$ -
BMC Healthnet	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 16,625,686	$ -	$ -	$ -	$ -
mbhp	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 13,504,304	$ -	$ -	$ -	$ -
Total Managed Medicaid	$ -		$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 40,260,332	$ -	$ -	$ -	$ -
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Mass Health	$ 11,133,405	$ -	$ 712,611	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 937,519	$ -	$ -	$ -	$ -
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Tufts Medicare Preferred	$ -	$ -	$ -	$ -	$ 12,747,103	$ -		$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Blue Cross Senior Options	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 4,869,808	$ -	$ -	$ -	$ -
Other Comm Medicare	$ -	$ -	$ -	$ -	$ 12,378,420	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Commercial Medicare Subtotal	$ -	$ -	$ -	$ -	$ 25,125,523	$ -	$ 228,000	$ -	$ -	$ -	$ 4,869,808	$ -	$ -	$ -	$ -
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Medicare	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 83,339,995	$ -	$ -	$ -	$ -
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
GRAND TOTAL	$ 31,712,571	$ -	$ 1,456,143	$ -	$ 25,125,523	$ -	$ 228,000	$ -	$ -	$ -	$ 166,651,308	$ -	$ 1,574,788	$ -	$ -

NPSR 2014

Grand Total	226,748,332
	226,748,332
	0

Exhibit 1 AGO Questions to Providers and Hospitals

Please email HPC-Testimony@state.ma.us to request an Excel version of this spreadsheet.

NOTES:

1. Data entered in worksheets is **hypothetical** and solely for illustrative purposes, provided as a guide to completing this spreadsheet. Respondent may provide explanatory notes and additional information at its discretion.
2. For hospitals, please include professional and technical/facility revenue components.
3. Please include POS payments under HMO.
4. Please include Indemnity payments under PPO.
5. **P4P Contracts** are pay for performance arrangements with a public or commercial payer that reimburse providers for achieving certain quality or efficiency benchmarks. For purposes of this excel, P4P Contracts do not include Risk Contracts.
6. **Risk Contracts** are contracts with a public or commercial payer for payment for health care services that incorporate a per member per month budget against which claims costs are settled for purposes of determining the withhold returned, surplus paid, and/or deficit charged to you, including contracts that do not subject you to any "downside" risk.
7. **FFS Arrangements** are those where a payer pays a provider for each service rendered, based on an agreed upon price for each service. For purposes of this excel, FFS Arrangements do not include payments under P4P Contracts or Risk Contracts.
8. **Other Revenue Arrangements** are arrangements for revenue under P4P Contracts, Risk Contracts, or FFS Arrangements other than those categories already identified, such as managements fees and supplemental fees (and other non-claims based, non-incentive, non-surplus/deficit, non-quality bonus revenue).
9. **Claims-Based Revenue** is the total revenue that a provider received from a public or commercial payer under a P4P Contract or a Risk Contract for each service rendered, based on an agreed upon price for each service before any retraction for risk settlement is made.
10. **Incentive-Based Revenue** is the total revenue a provider received under a P4P contract that is related to quality or efficiency targets or benchmarks established by a public or commercial payer.
11. **Budget Surplus/(Deficit) Revenue** is the total revenue a provider received or was retracted upon settlement of the efficiency-related budgets or benchmarks established in a Risk Contract.
12. **Quality Incentive Revenue** is the total revenue that a provider received from a public or commercial payer under a Risk Contract for quality-related targets or benchmarks established by a public or commercial payer.

2010 MMC

	P4P Contracts				Risk Contracts						FFS Arrangements		Other Revenue Arrangements		
	Claims-Based Revenue		Incentive-Based Revenue		Claims-Based Revenue		Budget Surplus/ (Deficit) Revenue		Quality Incentive Revenue						
	HMO	PPO	HMO	PPO	HMO	PPO	HMO	PPO	HMO	PPO	HMO	PPO	HMO	PPO	Both
BCBSMA	$ 20,282,674		$ -												
Tufts	$ 2,281,621		$ (22,816)												
HPHC															
Fallon															
CIGNA											$ 2,276,506				
United															
Aetna											$ 1,284,827				
Other Commercial											$ 24,211,954		$ 1,812,693		
Total Commercial	$ 22,564,295		$ (22,816)								$ 27,773,287		$ 1,812,693		
Network Health											$ 3,101,415				
NHP											$ 463,026				
BMC Healthnet											$ 16,346,004				
MBHP											$ -				
Total Managed Medicaid	$ -	.									$ 19,910,445				
Mass Health	$ 11,055,095		$ 455,188												
Tufts Medicare Preferred					$ 11,420,078		3,707,513								
Blue Cross Senior Options											$ 4,344,421				
Other Comm Medicare					$ 4,123,516		$ 257,164								
Commercial Medicare Subtotal					$ 15,543,594		$ 3,964,677				$ 4,344,421				
Medicare											$ 62,508,625				
GRAND TOTAL	$ 33,619,390		$ 432,372	$ -	$ 15,543,594	$ -	$ 3,964,677	$ -	$ -	$ -	$ 114,536,778	$ -	$ 1,812,693	$ -	$ -

2010 PBH

	P4P Contracts				Risk Contracts						FFS Arrangements		Other Revenue Arrangements		
	Claims-Based Revenue		Incentive-Based Revenue		Claims-Based Revenue		Budget Surplus/ (Deficit) Revenue		Quality Incentive Revenue						
	HMO	PPO	HMO	PPO	HMO	PPO	HMO	PPO	HMO	PPO	HMO	PPO	HMO	PPO	Both
BCBSMA											$ 1,491,088				
Tufts											$ 81,854				
HPHC															
Fallon															
CIGNA											$ 149,103				
United															
Aetna											$ 60,966				
Other Commercial											$ 1,415,866				
Total Commercial	$ -		$ -								$ 3,198,876				
Network Health											$ 3,302,074				
NHP											$ 1,408,830				
BMC Healthnet											$ 680,938				
MBHP											$ 7,974,356				
Total Managed Medicaid	$ -	.									$ 13,366,198				
Mass Health	$ 1,313,392.20												$ 1,020,733		
Tufts Medicare Preferred					$ 238,042										
Blue Cross Senior Options											$ 106,144				
Other Comm Medicare					$ 135,857										
Commercial Medicare Subtotal					$ 373,899		$ -				$ 106,144				
Medicare											$ 6,073,684				
GRAND TOTAL	$ 1,313,392		$ -	$ -	$ 373,899	$ -	$ -	$ -	$ -	$ -	$ 22,744,903	$ -	$ 1,020,733	$ -	$ -

2010 MMC & PBH

					Risk Contracts						FFS Arrangements		Other Revenue Arrangements		
	Claims-Based Revenue		Incentive-Based Revenue		Claims-Based Revenue		Budget Surplus/ (Deficit) Revenue		Quality Incentive Revenue						
	HMO	``	HMO	PPO	HMO	PPO	HMO	PPO	HMO	PPO	HMO	PPO	HMO	PPO	Both
BCBSMA	$ 20,282,674	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 1,491,088	$ -	$ -	$ -	$ -
Tufts	$ 2,281,621	$ -	$ (22,816)	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 81,854	$ -	$ -	$ -	$ -
HPHC	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Fallon	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
CIGNA	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 2,425,609	$ -	$ -	$ -	$ -
United	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Aetna	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 1,345,793	$ -	$ -	$ -	$ -
Other Commercial	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 25,627,819	$ -	$ 1,812,693	$ -	$ -
Total Commercial	$ 22,564,295		$ (22,816)								$ 30,972,163		$ 1,812,693		
Network Health	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 6,403,489	$ -	$ -	$ -	$ -
NHP	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 1,871,857	$ -	$ -	$ -	$ -
BMC Healthnet	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 17,026,942	$ -	$ -	$ -	$ -
MBHP	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 7,974,356	$ -	$ -	$ -	$ -
Total Managed Medicaid	$ -	.									$ 33,276,644				
Mass Health	$ 12,368,487.22	$ -	$ 455,187.89	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 1,020,733.40	$ -	$ -
Tufts Medicare Preferred	$ -	$ -	$ -	$ -	$ 11,658,120	$ -	$ 3,707,513	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Blue Cross Senior Options	Tufts Medicare Preferred	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 4,450,564	$ -	$ -	$ -	$ -
Other Comm Medicare			$ -	$ -	$ 4,259,373	$ -	$ 257,164	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Commercial Medicare Subtotal					$ 15,917,493		$ 3,964,677				$ 4,450,564				
Medicare	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 68,582,309	$ -	$ -	$ -	$ -
GRAND TOTAL	$ 34,932,782		$ 432,372	$ -	$ 15,917,493	$ -	$ 3,964,677	$ -	$ -	$ -	$ 137,281,681	$ -	$ 2,833,427	$ -	$ -

2011 MMC

	P4P Contracts				Risk Contracts						FFS Arrangements		Other Revenue Arrangements		
	Claims-Based Revenue		Incentive-Based Revenue		Claims-Based Revenue		Budget Surplus/ (Deficit) Revenue		Quality Incentive Revenue						
	HMO	PPO	HMO	PPO	HMO	PPO	HMO	PPO	HMO	PPO	HMO	PPO	HMO	PPO	Both
BCBSMA	$ 20,095,651		$ 401,913												
Tufts	$ 2,389,847		$ (23,898)												
HPHC															
Fallon															
CIGNA											$ 2,681,212				
United															
Aetna											$ 924,482				
Other Commercial											$ 23,537,391		$ 1,595,256		
Total Commercial	$ 22,485,499		$ 378,015								$ 27,143,085		$ 1,595,256		
Network Health											$ 3,436,821				
NHP											$ 595,096				
BMC Healthnet											$ 16,363,989				
MBHP											$ -				
Total Managed Medicaid	$ -	.									$ 20,395,906				
Mass Health	$ 10,669,967		$ 912,216												
Tufts Medicare Preferred					$ 13,246,109		$ 1,883,713								
Blue Cross Senior Options											$ 3,047,541				
Other Comm Medicare					$ 4,571,781										
Commercial Medicare Subtotal					$ 17,817,890		$ 1,883,713				$ 3,047,541				
Medicare											$ 62,006,947				
GRAND TOTAL	$ 33,155,465		$ 1,290,231	$ -	$ 17,817,890	$ -	$ 1,883,713	$ -	$ -	$ -	$ 112,593,480	$ -	$ 1,595,256	$ -	$ -

2011 PBH

	P4P Contracts				Risk Contracts						FFS Arrangements		Other Revenue Arrangements		
	Claims-Based Revenue		Incentive-Based Revenue		Claims-Based Revenue		Budget Surplus/ (Deficit) Revenue		Quality Incentive Revenue						
	HMO	PPO	HMO	PPO	HMO	PPO	HMO	PPO	HMO	PPO	HMO	PPO	HMO	PPO	Both
BCBSMA											$ 1,633,712				
Tufts											$ 167,026				
HPHC															
Fallon															
CIGNA											$ 206,544				
United															
Aetna											$ 49,465				
Other Commercial											$ 1,716,792				
Total Commercial	$ -		$ -								$ 3,773,540				
Network Health											$ 3,716,667				
NHP											$ 1,635,292				
BMC Healthnet											$ 118,391				
MBHP											$ 7,599,721				
Total Managed Medicaid	$ -	.									$ 13,070,071				
Mass Health	$ 1,115,465.89												$947,744		
Tufts Medicare Preferred					$ 251,723										
Blue Cross Senior Options											$ 101,180				
Other Comm Medicare					$ 122,992										
Commercial					$ 374,715		$ -				$ 101,180				
Medicare											$ 7,573,235				
GRAND TOTAL	$ 1,115,466		$ -	$ -	$ 374,715	$ -	$ -	$ -	$ -	$ -	$ 24,518,025	$ -	$947,744	$ -	$ -

2011 MMC &PBH

	P4P Contracts				Risk Contracts						FFS Arrangements		Other Revenue Arrangements		
	Claims-Based Revenue		Incentive-Based Revenue		Claims-Based Revenue		Budget Surplus/ (Deficit) Revenue		Quality Incentive Revenue						
	HMO	PPO	HMO	PPO	HMO	PPO	HMO	PPO	HMO	PPO	HMO	PPO	HMO	PPO	Both
BCBSMA	$ 20,095,651	$ -	$ 401,913	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 1,633,712	$ -	$ -	$ -	$ -
BCBSMA	$ 2,389,847	$ -	$ (23,898)	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 167,026	$ -	$ -	$ -	$ -
BCBSMA	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
BCBSMA	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
BCBSMA	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 2,887,756	$ -	$ -	$ -	$ -
BCBSMA	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
BCBSMA	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 973,947	$ -	$ -	$ -	$ -
BCBSMA	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 25,254,183	$ -	$ 1,595,256	$ -	$ -
Total Commercial	$ 22,485,499		$ 378,015								$ 30,916,625				
Network Health	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 7,153,488	$ -	$ -	$ -	$ -
NHP	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 2,230,389	$ -	$ -	$ -	$ -
BMC Healthnet	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 16,482,380	$ -	$ -	$ -	$ -
MBHP	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 7,599,721	$ -	$ -	$ -	$ -
Total Managed Medicaid	$ -	.									$ 33,465,977				
Mass Health	$ 11,785,432.72	$ -	$ 912,216.00	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 947,743.97	$ -	$ -
Tufts Medicare Preferred	$ -	$ -	$ -	$ -	$ 13,497,832	$ -	$ 1,883,713	$ 1,883,713	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Blue Cross Senior Options	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 3,148,721	$ -	$ -	$ -	$ -
Other Comm Medicare	$ -	$ -	$ -	$ -	$ 4,694,773	$ -		$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Commercial Medicare Subtotal					$ 18,192,605		$ 1,883,713				$ 3,148,721				
Medicare	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 69,580,183	$ -	$ -	$ -	$ -
GRAND TOTAL	$ 34,270,931		$ 1,290,231	$ -	$ 18,192,605	$ -	$ 1,883,713	$ -	$ -	$ -	$ 137,111,505	$ -	$ 2,543,000	$ -	$ -

2012 MMC

	P4P Contracts				Risk Contracts						FFS Arrangements		Other Revenue Arrangements		
	Claims-Based Revenue		Incentive-Based Revenue		Claims-Based Revenue		Budget Surplus/ (Deficit) Revenue		Quality Incentive Revenue						
	HMO	PPO	HMO	PPO	HMO	PPO	HMO	PPO	HMO	PPO	HMO	PPO	HMO	PPO	Both
BCBSMA	$ 19,163,710		$ 383,274												
Tufts	$ 2,461,952		$ (24,620)												
HPHC															
Fallon															
CIGNA											$ 2,880,262				
United															
Aetna											$ 1,078,744		$ 1,736,523		
Other Commercial											$ 24,616,473				
Total Commercial	$ 21,625,662		$ 358,655								$ 28,575,479		$ 1,736,523		
Network Health											$ 4,369,515				
NHP											$ 797,081				
BMC Healthnet											16,697,298.69				
MBHP											$ -				
Total Managed Medicaid	$ -	.									$ 21,863,895				
Mass Health	$ 10,859,036		$ 669,194												
Tufts Medicare Preferred					$ 13,820,007		$ 876,404								
Blue Cross Senior Options											$ 4,910,389				
Other Comm Medicare					$ 8,068,382										
Commercial Medicare Subtotal					$ 21,888,388		$ 876,404				$ 4,910,389				
Medicare											$ 73,641,789				
GRAND TOTAL	$ 32,484,698		$ 1,027,849	$ -	$ 21,888,388	$ -	$ 876,404	$ -	$ -	$ -	$ 128,991,551	$ -	$ 1,736,523	$ -	$ -

2012 PBH

	P4P Contracts				Risk Contracts						FFS Arrangements		Other Revenue Arrangements		
	Claims-Based Revenue		Incentive-Based Revenue		Claims-Based Revenue		Budget Surplus/ (Deficit) Revenue		Quality Incentive Revenue						
	HMO	PPO	HMO	PPO	HMO	PPO	HMO	PPO	HMO	PPO	HMO	PPO	HMO	PPO	Both
BCBSMA											$ 1,362,862				
Tufts											$ 229,342				
HPHC															
Fallon															
CIGNA											$ 390,946				
United															
Aetna											$ 123,840				
Other Commercial											$ 2,018,865				
Total Commercial	$ -		$ -								$ 4,125,855				
Network Health											$ 3,812,766				
NHP											$ 1,654,269				
BMC Healthnet											$ 158,357				
MBHP											$ 7,218,577				
Total Managed Medicaid	$ -	.									$ 12,843,967				
Mass Health	$ 768,449.25												$ 1,126,410		
Tufts Medicare Preferred					$ 138,805										
Blue Cross Senior Options											$ 82,584				
Other Comm Medicare					$ 297,056										
Commercial Medicare Subtotal					$ 435,861		$ -				$ 82,584				
Medicare											$ 8,106,419				
GRAND TOTAL	$ 768,449		$ -	$ -	$ 435,861	$ -	$ -	$ -	$ -	$ -	$ 25,158,825	$ -	$ 1,126,410	$ -	$ -

2013 MMC

	P4P Contracts				Risk Contracts						FFS Arrangements		Other Revenue Arrangements		
	Claims-Based Revenue		Incentive-Based Revenue		Claims-Based Revenue		Budget Surplus/ (Deficit) Revenue		Quality Incentive Revenue						
	HMO	PPO	HMO	PPO	HMO	PPO	HMO	PPO	HMO	PPO	HMO	PPO	HMO	PPO	Both
BCBSMA	$ 18,473,199		$ 369,464												
Tufts	$ 2,215,133		$ (22,151)												
HPHC															
Fallon															
CIGNA											$ 4,035,088				
United															
Aetna											$ 1,248,243		$ 1,629,748		
Other Commercial											$ 28,484,378				
Total Commercial	$ 20,688,333		$ 347,313								$ 33,767,709		$ 1,629,748		
Network Health											$ 4,776,905				
NHP											$ 176,922				
BMC Healthnet											18,664,579.08				
Fallon															
Total Managed Medicaid	$ -	.									$ 23,618,407				
Mass Health	$ 10,703,196		$ 649,587												
Tufts Medicare Preferred					$ 14,258,007		$ 849,494								
Blue Cross Senior Options											$ 4,702,991				
Other Comm Medicare					$ 11,023,710										
Commercial Medicare Subtotal					$ 25,281,717		$ 849,494				$ 4,702,991				
Medicare											$ 76,323,187				
GRAND TOTAL	$ 31,391,528		$ 996,900	$ -	$ 25,281,717	$ -	$ 849,494	$ -	$ -	$ -	$ 138,412,293	$ -	$ 1,629,748	$ -	$ -

196,715,287
$ 195,085,539 $ (1,629,748)
$ 391,800,826.00 1,629,748 #########

Payor Group	Total NPSR
BC ELECT PPO	4,551,720
BC INDEMNITY	846,659
BC OUT OF STATE	5,330,067
BLUE CARE 65	4,702,991
BLUE HMO	7,744,755
CIGNA	4,035,088
COM'L INSURANCE	7,598,684
COMMONWEALTH CARE	2,706,425
DMH	0
DPH	0
HEALTH NET	15,479,976
HEALTH NEW ENG	15,775,399
HEALTH SAFETY NET	301,079
MBHP	0
MEDICAID/OTHER GOV'T	10,703,196
MEDICARE	68,795,103
MEDICARE PSYCH	0
MEDICARE REHAB	6,749,812
OTH GOVT/VETERANS SVCS	778,271
OTHER HMO/PPO	6,358,538
OTHER MANAGED MEDICAID	5,432,007
OTHER MANAGED MEDICARE	11,023,710
SELF	8,788,570
TUFTS	2,215,133
TUFTS MEDICARE PRE	14,258,007
WORK COMP	1,629,748
Total	205,804,936
	8788569.78
	1629747.833
	195386618.1

Grand Total 198,561,681
Self Pay 8,788,570
Sub Total 207,350,250 192788725.9 #######

1865029333.9 #######

36% BMC, 54% NH, 2% NHP, 8% spread

	COMMONWEALTH CARE	%
11	BMC	39.13%
9	NH	58.70%
10	NHP	2.17%
	total	100.00%

			13,143,133								
		BC ELECT PPO	4,551,720		1		1	BCBSMA	18,473,199	x	
		BC INDEMNITY	846,659		1		2	Tufts	2,215,133	x	
		BC OUT OF STATE	5,330,067		1		3	HPHC	0		
		BLUE CARE 65	4,702,991		15		4	Fallon	0		
		BLUE HMO	7,744,755		1		5	CIGNA	4,035,088		
		CIGNA	4,035,088		5		6	United	0		
		COM'L INSURANCE	7,598,684		8		7	Aetna	0		
	x	COMMONWEALTH CARE	2,706,425				8	Other Commercial	29,732,621	BROUT	
		DMH	0		13			***Total Commercial***	0		
		DPH	0		13				0		
		HEALTH NET	15,479,976		11		9	Network Health	1,588,554		
		HEALTH NEW ENG	15,775,399		8		10	NHP	58,835		
301,079	x	HEALTH SAFETY NET	301,079				11	BMC Healthnet	16,539,011		
		MBHP	0		12		12	other managed Medicare	5,432,007		
		MEDICAID/OTHER GOV'T	10,703,196		13			***Total Managed Medicaid***	0		
		MEDICARE	68,795,103		17				0		
		MEDICARE PSYCH	0		17		13	***Mass Health***	10,703,196		
		MEDICARE REHAB	6,749,812		17		14	Tufts Medicare Preferred	14,258,007		
		OTH GOVT/VETERANS SVCS	778,271		17		15	Blue Cross Senior Options	4,702,991		
		OTHER HMO/PPO	6,358,538		8		16	Other Comm Medicare	11,023,710		
		OTHER MANAGED MEDICAID	5,432,007		12			***Commercial Medicare Subtotal***	0		
		OTHER MANAGED MEDICARE	11,023,710		16				0		
8,788,570	x	SELF	8,788,570	X			17	***Medicare***	76,323,187		
		TUFTS	2,215,133		2				0		
		TUFTS MEDICARE PRE	14,258,007		14			**GRAND TOTAL**	195,085,539		
1,629,748	x	WORK COMP	1,629,748	X							
			0	0					10,719,397		
		Total		205,804,936							
10,719,397			0	8,788,570	self pay				205,804,936		
			0	1,629,748	wc				0		
			0	195,386,618							
			0	0							
			0	0							
			0	0							
			0	0							
			0	0							
			0	0							
			0	0							
			0	0							
			0	%	2,706,425						
			11	0	1,059,036	1,059,036					
			9	1	1,588,554	1,588,554					
			10	0	58,835	58,835					
			0	0							
			0	1	2,706,425	2,706,425					
			0	0							

	jan-jun ip	july dec ip	jan-jun OP	july dec OP	Total
BC ELECT PPO	1,169,391	850,805	1,224,065	1,307,458	4,551,720
BC INDEMNITY	87,213	235,465	242,292	281,689	846,659
BC OUT OF STATE	1,532,200	1,502,217	1,035,216	1,260,433	5,330,067
BLUE CARE 65	1,697,804	1,566,705	727,988	710,495	4,702,991
BLUE HMO	1,965,578	1,536,762	2,195,511	2,046,904	7,744,755
CIGNA	836,378	593,047	1,270,202	1,335,461	4,035,088
COM'L INSURANCE	1,453,991	1,342,711	2,459,570	2,342,412	7,598,684
COMMONWEALTH CARE	567,262	559,503	750,225	829,435	2,706,425
DMH	0	0	0	0	0
DPH	0	0	0	0	0
HEALTH NET	3,574,345	4,178,555	3,907,236	3,819,840	15,479,976
HEALTH NEW ENG	3,163,848	3,611,706	4,380,306	4,619,540	15,775,399
HEALTH SAFETY NET	0	224,538	0	76,541	301,079
MBHP	0	0	0	0	0
MEDICAID/OTHER GOV'T	2,889,473	2,658,133	2,715,377	2,440,213	10,703,196
MEDICARE	23,159,327	22,289,484	11,007,380	12,338,912	68,795,103
MEDICARE PSYCH	0	0	0	0	0
MEDICARE REHAB	2,893,377	3,420,244	222,004	214,187	6,749,812
OTH GOVT/VETERANS SVC	257,758	215,619	161,758	143,135	778,271
OTHER HMO/PPO	1,404,447	1,302,620	1,570,890	2,080,580	6,358,538
OTHER MANAGED MEDICA	1,280,253	1,552,131	1,262,818	1,336,805	5,432,007
OTHER MANAGED MEDICA	3,517,834	3,333,373	1,753,350	2,419,153	11,023,710
SELF	766,183	719,796	3,585,300	3,717,291	8,788,570
TUFTS	399,332	381,935	802,767	631,099	2,215,133
TUFTS MEDICARE PRE	4,094,220	3,564,826	3,216,205	3,382,756	14,258,007
WORK COMP	318,725	228,542	549,771	532,709	1,629,748
					0
total	57,028,939	55,868,719	45,040,229	47,867,048	205,804,936

2012	atna	1078744	0.041982278
	other comm	25695223	

$ - faalon

36% BMC, 54% NH, 2% NHP, 8% spread

									5,432,007	
								9 NH	4369515	3802699.219 other comm
	COMMONWEALTH CARE	%		$	5,432,007			10 NHP	797081	693683.2642
11	BMC	39.13%	0	$	2,125,567.88	$	2,125,567.88	11 BMC	1075085	935624.3107
9	NH	58.70%	0	$	3,188,351.81	$	3,188,351.81		6241681	5432006.794
10	NHP	2.17%	0	$	118,087.10	$	118,087.10			
	total	100.00%	0		5,432,007		5,432,007			

	OTHER MANAGED MEDICAID	5,432,007
9	NH	
10	NHP	

	mmc ip
NETW	532883.526
NHP	142524.4326
	675407.9585

9	NH	-
10	NHP	-
11	BMC	-
		-

2013 PBH

	P4P Contracts				Risk Contracts						FFS Arrangements		Other Revenue Arrangements		
	Claims-Based Revenue		Incentive-Based Revenue		Claims-Based Revenue		Budget Surplus/ (Deficit) Revenue		Quality Incentive Revenue						
	HMO	PPO	HMO	PPO	HMO	PPO	HMO	PPO	HMO	PPO	HMO	PPO	HMO	PPO	Both
BCBSMA											$ 1,097,062				
Tufts											$ 173,003				
HPHC															
Fallon															
CIGNA											$ 231,615				
United															
Aetna											$ 123,840				
Other Commercial											$ 1,797,655				
Total Commercial	$ -		$ -								$ 3,423,174				
Network Health											$ 4,929,834				
NHP											$ 2,185,813				
BMC Healthnet											$ 131,485				
MBHP											$ 7,800,004				
Total Managed Medicaid	$ -	.									$ 15,047,137				
Mass Health	$ 994,294.14												$ 1,104,732		
Tufts Medicare Preferred					$ 163,906										
Blue Cross Senior Options											$ 111,038				
Other Comm Medicare					$ 244,552										
Commercial Medicare Subtotal					$ 408,458		$ -				$ 111,038				
Medicare											$ 8,194,214				
GRAND TOTAL	$ 994,294		$ -	$ -	$ 408,458	$ -	$ -	$ -	$ -	$ -	$ 26,775,563	$ -	$ 1,104,732	$ -	$ -

2012 MMC & PBH

	P4P Contracts				Risk Contracts						FFS Arrangements		Other Revenue Arrangements		
	Claims-Based Revenue		Incentive-Based Revenue		Claims-Based Revenue		Budget Surplus/ (Deficit) Revenue		Quality Incentive Revenue						
	HMO	PPO	HMO	PPO	HMO	PPO	HMO	PPO	HMO	PPO	HMO	PPO	HMO	PPO	Both
BCBSMA	$ 19,163,710	$ -	$ 383,274	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 1,362,862	$ -	$ -	$ -	$ -
Tufts	$ 2,461,952	$ -	$ (24,620)	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 229,342	$ -	$ -	$ -	$ -
HPHC	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Fallon	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
CIGNA	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 3,271,207	$ -	$ -	$ -	$ -
United	$ -	#VALUE!	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Aetna	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 1,202,584	$ -	$ 1,736,523	$ -	$ -
Other Commercial	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 26,635,339	$ -	$ -	$ -	$ -
Total Commercial	$ 21,625,662		$ 358,655								$ 32,701,334				
Network Health	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 8,182,280	$ -	$ -	$ -	$ -
NHP	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 2,451,350	$ -	$ -	$ -	$ -
BMC Healthnet	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 16,855,655	$ -	$ -	$ -	$ -
MBHP	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 7,218,577	$ -	$ -	$ -	$ -
Total Managed Medicaid	$ -	.									$ 34,707,862				
Mass Health	$ 11,627,485	$ -	$ 669,194	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 1,126,410	$ -	$ -
Tufts Medicare Preferred	$ -	$ -	$ -	$ -	$ 13,958,812	$ -	$ 876,404	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Blue Cross Senior Options	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 4,992,973	$ -	$ -	$ -	$ -
Other Comm Medicare	$ -	$ -	$ -	$ -	$ 8,365,438	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Commercial Medicare Subtotal	$ -	$ -	$ -	$ -	$ 22,324,250	$ -	$ 876,404	$ -	$ -	$ -	$ 4,992,973	$ -	$ -	$ -	$ -
Medicare	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 81,748,208	$ -	$ -	$ -	$ -
GRAND TOTAL	$ 33,253,147		$ 1,027,849	$ -	$ 22,324,250	$ -	$ 876,404	$ -	$ -	$ -	$ 154,150,376	$ -	$ 2,862,934	$ -	$ -

2012 MMC & PBH

	P4P Contracts				Risk Contracts						FFS Arrangements		Other Revenue Arrangements		
	Claims-Based Revenue		Incentive-Based Revenue		Claims-Based Revenue		Budget Surplus/ (Deficit) Revenue		Quality Incentive Revenue						
	HMO	PPO	HMO	PPO	HMO	PPO	HMO	PPO	HMO	PPO	HMO	PPO	HMO	PPO	Both
BCBSMA	$ 18,473,199	$ -	$ 369,464	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 1,097,062	$ -	$ -	$ -	$ -
Tufts	$ 2,215,133		$ (22,151)	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 173,003	$ -	$ -	$ -	$ -
HPHC	$ -		$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Fallon	$ -		$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
CIGNA	$ -		$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 4,266,703	$ -	$ -	$ -	$ -
United	$ -		$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Aetna	$ -		$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 1,372,083	$ -	$ 1,629,748	$ -	$ -
Other Commercial	$ -		$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 30,282,032	$ -	$ -	$ -	$ -
Total Commercial	$ 20,688,333		$ 347,313								$ 37,190,883		$ 1,629,748		
Network Health	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 9,706,739	$ -	$ -	$ -	$ -
NHP	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 2,362,736	$ -	$ -	$ -	$ -
BMC Healthnet	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 18,796,064	$ -	$ -	$ -	$ -
MBHP	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 7,800,004	$ -	$ -	$ -	$ -
Total Managed Medicaid	$ -	.									$ 38,665,543				
Mass Health	$ 11,697,490	$ -	$ 649,587	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 1,104,732	$ -	$ -
Tufts Medicare Preferred	$ -	$ -	$ -	$ -	$ 14,421,913	$ -	$ 849,494	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Blue Cross Senior Options	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 4,814,029	$ -	$ -	$ -	$ -
Other Comm Medicare	$ -	$ -	$ -	$ -	$ 11,268,262	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Commercial Medicare Subtotal	$ -	$ -	$ -	$ -	$ 25,690,175	$ -	$ 849,494	$ -	$ -	$ -	$ 4,814,029	$ -	$ -	$ -	$ -
Medicare	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 84,517,401	$ -	$ -	$ -	$ -
GRAND TOTAL	$ 32,385,823		$ 996,900	$ -	$ 25,690,175	$ -	$ 849,494	$ -	$ -	$ -	$ 165,187,856	$ -	$ 2,734,480	$ -	$ -
	$ 32,385,823	$ -	$ 996,900	$ -	$ 25,690,175	$ -	$ 849,494	$ -	$ -	$ -	$ 165,187,856	$ -	#######	$ -	$ -
	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

2014 PBH

	P4P Contracts				Risk Contracts						FFS Arrangements		Other Revenue Arrangements		
	Claims-Based Revenue		Incentive-Based Revenue		Claims-Based Revenue		Budget Surplus/ (Deficit) Revenue		Quality Incentive Revenue						
	HMO	PPO	HMO	PPO	HMO	PPO	HMO	PPO	HMO	PPO	HMO	PPO	HMO	PPO	Both
BCBSMA			$ -								$ 1,257,568				
Tufts			$ -								$ 212,805				
HNE											$ 723,831				
Fallon															
CIGNA											$ 268,745				
United															
Aetna													$ -		
Other Commercial											$ 1,327,136		$ -		
Total Commercial	$ -		$ -								$ 3,790,084		$ -		
Network Health											$ 5,716,372				
NHP											$ 2,565,833				
BMC Healthnet											102,229.39				
mbhp											$ 7,297,451				
Total Managed Medicaid	$ -	-									$ 15,681,885				
Mass Health	$ 1,647,407										$ 937,519				
Tufts Medicare Preferred					$ 232,220										
Blue Cross Senior Options											$ 107,699				
Other Comm Medicare					$ 578,391										
Commercial Medicare Subtotal					$ 810,611		$ -				$ 107,699				
Medicare											$ 7,821,233				
GRAND TOTAL	$ 1,647,407		$ -	$ -	$ 810,611	$ -	$ -	$ -	$ -	$ -	$ 28,338,420	$ -	$ -	$ -	$ -

NPSR 2014

						Grand Total	30,796,439	
						Self Pay	0	
						Sub Total	30.796.439	1927887259 #######
Payor Group							0	
BC ELECT PPO	a	127,703	BCBSMA	a	1,257,568			
BC INDEMNITY	a	578,976	Tufts	l	212,805		30,796,439	
BC OUT OF STATE	b	392,756	HNE	m	723,831			
BLUE CARE 65	a	107,699	Fallon				0	
BLUE HMO	a	158,132	CIGNA	c	268,745			
CIGNA	c	268,745	United					
COM'L INSURANCE	e	622,178	Aetna					
COMMONWEALTH CARE	varois	261,253	Other Commercial	e	1,327,136			
DMH			***Total Commercial***					
DPH	h	937,519						
HEALTH NET	n		Network Health		5,716,371.64			
HEALTH NEW ENG	m	723,831	NHP		2,565,832.78			
HEALTH SAFETY NET		314,040	BMC Healthnet	n	102,229			
MBHP	g	7,297,451	other MCD HMO	g	7,297,451			
			Total Managed Medicaid					
MEDICAID/OTHER GOV'T	h	1,647,407			\			
MEDICARE		2,017,252						
MEDICARE PSYCH	i	5,803,981	***Mass Health***	h	2,584,927			
MEDICARE REHAB	i							
			Tufts Medicare Preferred	i	232,220			
OTH GOVT/VETERANS SVCS	i	36,288	Blue Cross Senior Options	d	107,699			
OTHER HMO/PPO	e	704,958	Other Comm Medicare		578,391			
OTHER MANAGED MEDICAID	g	8,123,181	***Commercial Medicare Subtotal***					
OTHER MANAGED MEDICARE	j	578,391						
SELF		(0)						
TUFTS	k	212,805	***Medicare***		7,821,233			
TUFTS MEDICARE PRE	l	232,220						
WORK COMP	e	-	**GRAND TOTAL**		30,796,439			
Total		31,146,767						
self pay		(0)						1865029339 #######
HEALTH SAFETY NET		314,040						
		30.832.727						
		(36.288)						

36% BMC. 54% NH. 2% NHP. 8% spread

261.253

COMMONWEALTH CARE	%	
BMC	39.13%	102.229.39
NH	58.70%	153.344.09
NHP	2.17%	5.679.41
total	100.00%	261.252.89

OTHER MANAGED MEDICAID 8,123,181

9	NH	0.684833639	5,563,027.55	5,563,027.55			
10	NHP	0.315166361	2,560,153.37	2,560,153.37			
			8,123,180.93				
9	NETW		OTHER MANAGED ME ART		19073.76732		
9	NETW		OTHER MANAGED ME ISA2		127082.0145		
9	NETW		OTHER MANAGED ME PSY		189167.7659		
						335324	0.68483
10	BHSNHP		OTHER MANAGED ME CHP		50455.41389		
10	BHSNHP		OTHER MANAGED ME PSY		65619.79195		
10	BHSNHP		OTHER MANAGED ME ISA2		38243.58973	154319	0.31517
9							
10						489642	1

				final
9	NH		5,563,027.55	5,716,371.64
10	NHP		2,560,153.37	2,565,832.78
11	BMC		-	102,229.39
			8.123.180.93	
			8.123.180.93	

2014 MMC

	P4P Contracts				Risk Contracts						FFS Arrangements		Other Revenue Arrangements		
	Claims-Based Revenue		Incentive-Based Revenue		Claims-Based Revenue		Budget Surplus/ (Deficit) Revenue		Quality Incentive Revenue						
	HMO	PPO	HMO	PPO	HMO	PPO	HMO	PPO	HMO	PPO	HMO	PPO	HMO	PPO	Both
BCBSMA	$ 18,588,288		$ 743,532												
Tufts	$ 1,990,878														
HNE											$ 16,517,048				
Fallon															
CIGNA											$ 3,699,263				
United															
Aetna													$ -		
Other Commercial											$ 13,237,256		$ 1,574,788		
Total Commercial	$ 20,579,166		$ 743,532								$ 33,453,570		$ 1,574,788		
Network Health											$ 1,782,132				
NHP											$ 66,005				
BMC Healthnet											$ 16,523,456.94				
other MCD HMO											$ 6,206,853				
Total Managed Medicaid	$ -										$ 24,578,447				
Mass Health	$ 9,485,992		$ 712,611												
Tufts Medicare Preferred					$ 12,514,883		$ 228,000								
Blue Cross Senior Options											$ 4,762,108				
Other Comm Medicare					$ 11,800,029										
Commercial Medicare Subtotal	$ -	$ -	$ -	$ -	$ 24,314,912		$ 228,000				$ 4,762,108				
Medicare											$ 75,518,762				
GRAND TOTAL	$ 30,065,164		$ 1,456,143	$ -	$ 24,314,912	$ -	$ 228,000	$ -	$ -	$ -	$ 138,312,887	$ -	$ 1,574,788	$ -	$ -

		Grand Total	195,951,893
NPSR 2014		Self Pay	0
		Sub Total	195,951,893

Payor Group		
BC ELECT PPO	a	4,782,088
BC INDEMNITY	a	1,052,254
BC OUT OF STATE	b	5,250,545
BLUE CARE 65	a	4,762,108
BLUE HMO	a	7,503,402
CIGNA	c	3,699,263
COM'L INSURANCE	e	6,688,072
COMMONWEALTH CARE	varois	3,036,224
DMH		-
DPH	f	
HEALTH NET	n	15,335,369
HEALTH NEW ENG	m	16,517,048
HEALTH SAFETY NET		1,594,279
MBHP	g	
MEDICAID/OTHER GOV'T	h	10,198,608
MEDICARE	i	68,219,304
MEDICARE PSYCH	i	
MEDICARE REHAB	i	6,670,603
OTH GOVT/VETERANS SVCS	i	628,854
OTHER HMO/PPO	e	6,549,187
OTHER MANAGED MEDICAID	g	6,206,853
OTHER MANAGED MEDICARE	j	11,800,029
SELF		3,333,565
TUFTS	k	1,990,878
TUFTS MEDICARE PRE	l	12,514,883
WORK COMP	e	1,574,788
Total		199,908,206
self pay		3,333,565
HEALTH SAFETY NET		1,594,279
		194,980,362

BCBSMA	a	18,588,288
Tufts	l	1,990,878
HNE	m	16,517,048
Fallon		
CIGNA	c	3,699,263
United		
Aetna		
Other Commercial	e	14,812,047
Total Commercial		
Network Health		1,782,131.71
NHP		66,004.88
BMC Healthnet	n	16,523,457
other MCD HMO	g	6,206,853
Total Managed Medicaid		
Mass Health	h	10,198,608
Tufts Medicare Preferred	l	12,514,883
Blue Cross Senior Options	d	4,762,108
Other Comm Medicare		11,800,029
Commercial Medicare Subtotal		
Medicare		75,518,762
GRAND TOTAL		194,980,362

			186502933.9 ########
		-	

			971,532
			194,980,362

36% BMC, 54% NH, 2% NHP, 8% spread

		3,036,224	
COMMONWEALTH CARE	%		
BMC		39.13%	1,188,087.81
NH		58.70%	1,782,131.71
NHP		2.17%	66,004.88
total		100.00%	3,036,224.40