



CAPE COD HEALTHCARE

October 26, 2023

Mr. David Seltz, Executive Director
Commonwealth of Massachusetts
Health Policy Commission
50 Milk Street, 8th Floor
Boston, MA 02109

Submitted electronically to HPC_Testimony@state.ma.us

Dear Mr. Seltz,

Pursuant to your letter dated September 29, 2023, and in accordance with Massachusetts General Laws chapter, 6D, § 8, please find included herein Cape Cod Healthcare's responses to the questions outlined in HPC pre-filed testimony questions. I am legally authorized and empowered to represent Cape Cod Healthcare for the purposes of this testimony, and hereby sign the enclosed testimony under the pains and penalties of perjury.

Please feel free to call me at 508-862-5893 should you have any questions.

Sincerely,

Michael K. Lauf
President and CEO



2023 Pre-Filed Testimony PROVIDERS



**As part of the
*Annual Health Care
Cost Trends Hearing***

Massachusetts Health Policy Commission
50 Milk Street, 8th Floor
Boston, MA 02109

INSTRUCTIONS FOR WRITTEN TESTIMONY

If you are receiving this, you are hereby required under M.G.L. c. 6D, § 8 to submit written pre-filed testimony for the [2023 Annual Health Care Cost Trends Hearing](#).

On or before the close of business on **Friday, October 27, 2023**, please electronically submit testimony as a Word document to: HPC-Testimony@mass.gov. Please complete relevant responses to the questions posed in the provided 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 pre-filed testimony responses from 2013 to 2022, if applicable. If a question is not applicable to your organization, please indicate that in your response.

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

You are receiving questions from both the HPC and the Office of the Attorney General (AGO). If you have any difficulty with the templates or have any other questions regarding the pre-filed testimony process or the questions, please contact either HPC or AGO staff at the information below.

HPC CONTACT INFORMATION

For any inquiries regarding HPC questions,
please contact:

General Counsel Lois Johnson at
HPC-Testimony@mass.gov or
lois.johnson@mass.gov.

AGO CONTACT INFORMATION

For any inquiries regarding AGO
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Assistant Attorney General Sandra
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INTRODUCTION

This year marks a critical inflection point in the Commonwealth's nation-leading journey of health care reform. As documented in the [Health Policy Commission's 10th annual Cost Trends Report](#), there are many alarming trends which, if unaddressed, will result in a health care system that is unaffordable for Massachusetts residents and businesses, including:

- Massachusetts residents have high health care costs that are consistently increasing faster than wages, exacerbating existing affordability challenges that can lead to avoidance of necessary care and medical debt, and widening disparities in health outcomes based on race, ethnicity, income, and other factors. These high and increasing costs are primarily driven by high and increasing prices for some health care providers and for pharmaceuticals, with administrative spending and use of high-cost settings of care also contributing to the trend.
- Massachusetts employers of all sizes, but particularly small businesses, are responding to ever-rising premiums by shifting costs to employees through high deductible health plans. As a result, many employees are increasingly at risk of medical debt, relying on state Medicaid coverage, or are becoming uninsured, an alarming signal of the challenges facing a core sector of the state's economy.
- Many Massachusetts health care providers across the care continuum continue to confront serious workforce challenges and financial instability, with some providers deciding to reduce services, close units (notably pediatric and maternity hospital care) or consolidate with larger systems. The financial pressures faced by some providers are driven, in part, by persistent, wide variation in prices among providers for the same types of services (with lower commercial prices paid to providers with higher public payer mix) without commensurate differences in quality or other measures of value.

The HPC report also contains [nine policy recommendations](#) that reflect a comprehensive approach to reduce health care cost growth, promote affordability, and advance equity. The HPC further recommends that legislative action in 2023 and 2024 prioritize modernizing and evolving the state's policy framework, necessary to chart a path for the next decade.

This year's Cost Trends Hearing will focus these policy recommendations and on the efforts of all stakeholders to enhance our high-quality health care system in Massachusetts to ensure that it is also affordable, accessible, and equitable.

ASSESSING EFFORTS TO REDUCE HEALTH CARE COST GROWTH, PROMOTE AFFORDABLE, HIGH-QUALITY CARE, AND ADVANCE EQUITY

- a. Reflecting on the findings of the HPC's 2023 Cost Trends Report showing concerning trends of high and increasing health care costs and widening health disparities based on race, ethnicity, and income, please identify and briefly describe your organization's top 2-3 strategies for reducing health care cost growth, promoting affordability, and advancing health equity for residents of the Commonwealth.

A1. Advancing health equity for the residents of the Commonwealth: Cape Cod Healthcare's Five-Year Diversity, Equity and Inclusion Strategic Plan.

Building on its historical health equity efforts, Cape Cod Healthcare (CCHC), developed a five-year strategic plan (July 2023- June 2028) with specific goals to provide the highest quality *equitable* care for Massachusetts residents - regardless of a patient's age, race, ethnicity, language, religion, sexual orientation, gender identity, or disabilities. The plan aligns with the CCHC mission to coordinate and deliver the highest quality, accessible health services which enhance the health of **all** Cape Cod residents and visitors.

The five-year strategic plan is comprehensive - covering diversity, equity and inclusion. These three main pillars are inter-related and centered on patients, care teams, and community partnerships.

CCHC has invested in establishing health equity leadership with the new Chief Health Equity Officer position whose purpose is to ensure advancement of the work using metrics and accountability.

CCHC has built a governance structure for health equity by involving senior leaders and obtaining CCHC's Board of Directors' approval of the health equity strategic plan. There is representation from the Board of Directors at the health equity committee's ongoing advisory work to provide input on CCHC's health equity strategy, focus areas, and key activities and deliverables.

CCHC has assembled senior leaders, employees, representative of the Board of Directors, and community-based advocacy organizations to stand up CCHC's health equity committee for ongoing advice and guidance for the health equity work.

The following sources informed the direction and strategic priorities in CCHC's five-year plan to advance health equity:

- Organizational mission
- CCHC's community needs assessment (2023-2025)

- Patient satisfaction survey findings
- Demographic trends of Barnstable County
- Trends in the increasing need for language and interpreter services for CCHC's clinical care services
- Information sessions with CCHC's senior leaders and Board of Directors
- Key informant sessions with community-based advisors
- CCHC's organizational quality strategy
- Staff town-halls and Q&A
- CCHC's Diversity, Equity, and Inclusion CME training and Q&A for providers
- Health Equity Committee members' feedback

Health Equity Strategic Goals

1. Improve health equity and be a provider of choice in equitable, highest quality care.
2. Build a *diverse* workforce with an *inclusive* culture, where all can *belong* and flourish.
3. Invest in and partner with a diverse community to facilitate community health, using a *place-based health* strategy.

Focus areas for each goal:

1. Identifying and reducing health disparities

At CCHC, we understand the tenet that what cannot be measured, cannot be improved. Hence, building the infrastructure and tools to measure disparities is one of the first objectives under the health equity goal. An example of such measurement includes our routine screening and referral of admitted patients for health-related social needs (HRSNs) using a standard screening tool in our Epic health record. Another example is stratifying quality data by race, ethnicity and language to identify and address health disparities. The strategic approach of health equity involves integrating this work with the other organizational strategy of quality and patient safety. Development of metrics, targets, and benchmarks are integral to this health equity goal.

Specific objectives under goal #1 include the following:

1. Accurate, payor-agnostic measurement of health disparities and resulting interventions aimed at eliminating such disparities.
 2. Health Equity integrated in enterprise-wide strategy for Quality, Safety, and Patient experience.
 3. Performance driven by accountability and transparency.
2. Building and empowering diverse care teams to achieve quality and health equity in care delivery

CCHC understands that having an empowered, diverse, and well-trained workforce who feel included and have a sense of belonging is key to succeeding in the goals of quality of health equity in care delivery. Setting diversity targets in recruitment,

cross-cultural mentorship is an objective under this goal #2. Staff training in diversity, equity, and inclusion as well as unconscious bias, race and healthcare, trauma-informed care, cultural competency and humility, and disability-competency trainings are key objectives in this goal # 2.

Specific objectives under goal #2 include the following:

- a) Workforce diversity as part of the organization's recruitment and retention strategy.
- b) Enhanced productivity through a work culture that facilitates inclusion and belonging.
- c) DEIB training and communication.

3. Investing and partnering with diverse community partners to advance health equity in the community using a *place-based health* strategy

CCHC plans to enhance the existing community partnership efforts by developing metrics to ensure that the investment of dollars in the community is done using the lens of diversity, equity, and inclusion. In this regard, we are developing metrics for self-assessment and setting targets for improvement. The public health principle of 'place-based health' is used as a strategy to approach such partnerships to improve equitable community health by focusing on ease of access to healthy behaviors in living neighborhoods.

Specific objectives under goal #3 include:

- a) Diversity of community investment partnerships, built on trust.
- b) Social and structural determinants of health.
- c) Convening of coalition(s) for cross-sector collaboration to address intractable community health needs.

A2. Move hospital services to lower cost settings

The introduction of six Cape Cod Healthcare Urgent Care Centers has offered greater access at less cost. The strategy of embedding Urgent Care Centers within the high population centers of Hyannis and Falmouth has dramatically increased access as well as patient experience. More care is being delivered in less costly settings - the emergency rooms at Cape Cod Hospital and Falmouth Hospital are treating patients who are most appropriate for an emergent care setting, given that the urgent care centers are treating patients with lower acuity conditions.

All urgent care sites are staffed by Board-certified emergency center physicians who deliver the highest quality care in accessible, convenient locations for residents and visitors alike.

A3. Health Equity in Primary Care

The physician enterprise of Cape Cod Healthcare, Medical Affiliations of Cape Cod, has several strategies for reducing healthcare costs, promoting affordability and advancing health equity for the residents of our community.

Questions regarding race, ethnicity, language, disability, sexual orientation, and gender identity are now incorporated into the registration process. This process will help to identify individual needs and ensure patients receive equitable care. Patients can also self-register (“check-in”) for their appointments through their patient portal, EPIC MyChart which gives the patient time and privacy to answer these important questions and improves their experience when they arrive to their appointment as the registration process is already complete. With patients registering themselves, over time the need for healthcare resources performing this function is reduced, potentially saving healthcare dollars.

We are working to translate health-based questionnaires in MyChart into Spanish and Portuguese, the top two languages preferred in our community, other than English which will improve the patient experience and enhance the health information collected thereby improving care.

We incorporate health-related social needs assessments into our workflows. Clinical staff ask questions about financial resource strain, housing stability, transportation needs, food insecurity, stress, social connections, and intimate partner violence. With any positive findings, community resources, support, and/or case management services are provided.

Finally, while Cape Cod Healthcare provides robust interpreter services with in-person, telephonic and video interpretation available in multiple languages, we have enhanced the interpreter service experience in each of our offices with a technology that utilizes an iPad on a rolling cart and a software application that provides direct, instantaneous interpreter services in the exam room. The video capabilities of this application are especially important for our patients that are deaf or hard of hearing.

A4. Population Health / Clinical Integration

By the formulation of the Cape Cod Healthcare ACO, (a Physician-Hospital Organization or (PHO), CCHC, on behalf of its hospitals, has partnered with approximately 600 closely-affiliated physicians in order to integrate clinically and improve the quality and efficiency of care delivery.

Noteworthy initiatives and accomplishments include:

Chronic / Complex Disease Management

Facilitated by the support of ambulatory case managers, PCPs and medical specialists coordinate closely in the care of high-risk patients in accordance with some twenty care algorithms developed by the Physician Quality Committee. Objectives include the reduction of inpatient utilization and ED visits in order manage the overall cost of

care (i.e., Total Medical Expense or “TME”).

Readmits / Transitions of Care

PHO case managers collaborate closely with the in-hospital, acute care team, engage with patients prior to discharge, and notify PHO PCPs of the need for a timely follow-up visit in order to perform medication reconciliation. Currently, in 94% of the patients tracked, the follow-up visit occurs, on average, approximately five days following discharge.

Other population health / Clinical Integration Initiatives

We continue to build on past efforts to enhance integration among PCPs and behavioral health providers, collaborate with local substance use disorder programs including referrals to PHO and non-PHO MAT providers. These programs are facilitated by Health-Related Social Needs (HRSN) screening with an emerging eye toward health equity.

Integration incentives to physicians

In order to meet the above goals, we have developed a complex but nimble physician incentive program in order to facilitate adoption of our clinical integration programs and stimulate investment in practice transformation essential to success in the emerging value-based market. Our incentives are focused on primary care and select medical specialties that address areas such as annual wellness visits, preventive care, chronic disease management for high-risk patients in particular, as well as ensuring same-day access to primary care in order to avoid unnecessary visits to the emergency department.

- b. Please identify and briefly describe the top state health policy changes your organization would recommend supporting efforts to advance health care cost containment, affordability, and health equity.

Cape Cod Healthcare recommends the following state health policy changes to support efforts to advance health care cost containment, affordability, and health equity:

1. Timely Physician Licensing
2. Eliminate Unnecessary Administrative Costs
3. Automate Prior Authorizations
4. Remedy the Continual Underpayment From Public Sector Sources
5. Control Increasing Pharmaceutical Cost
6. Address the Behavioral Health Boarding Crisis

B1. Timely Physician Licensing

In its recent 2023 Annual Health Care Cost Trends Report, the HPC made nine policy recommendations. Number 6 specifically called for reduction in administrative complexity. A 2019 collaborative effort on the part of the Massachusetts Medical Society, Massachusetts Hospital Association, and the Harvard T.H. Chan School of Public Health extolled the public health crisis that physician burnout had become¹. Follow up work and publication demonstrate that one of the greatest dissatisfiers to clinicians is undue administrative burden². Much work has been done to address administrative burden and one meaningful change experienced in the Commonwealth that directly impacts physician supply has been the transition of the MA BORIM physician licensing process to an online program last October³. Timely licensing of physicians is critical to the recruitment, credentialing, and onboarding of physicians new to the Commonwealth and does much to facilitate addressing the significant shortage of physicians we have in many specialties. In the first year of this program there has been a 70% decrease in processing times and additional efficiencies will most likely be realized. Another policy just issued by the BORIM on 9/21/23 will further ensure an adequate supply of physicians by eliminating any administrative delays for physicians who qualify for full licensure⁴. The BORIM will provisionally issue a full license to qualifying full license applicants who meet specific criteria. The provisionally issued full license will allow qualifying full licensees to practice medicine in Massachusetts while the BORIM completes full administrative review of the application. These changes as well as additional initiatives to address administrative complexity like critical reform of the prior authorization process will go far to improve the stability and equitable accessibility of health care resources in MA.

B2. Administrative Costs

Cape Cod Healthcare believes there are significant opportunities to eliminate unnecessary administrative costs in healthcare with policy changes. Additional opportunities exist to decrease unnecessary utilization and increase providers' access to the tools and information needed to retain care in the lowest cost settings.

Hospitals incur significant costs to submit a claim to local health insurers and, moreover, to figure out if the insurer's payment is correct. Introduction of a single claim form and payment methodology as well as consistent payment policies across health plans in Massachusetts would improve hospitals' efficiency. Also, with the current proliferation of high deductible plans, Hospital bad debt expense is increasing, as is the administrative cost of pursuing these patient payments. Such patient responsibility payments should be collected by the payers, not providers. Only the payer knows the amount remaining on a patient's annual deductible or the balance of their HSA. These simple changes would be an

¹ 1. <https://www.massmed.org/Publications/Research,-Studies,-and-Reports/Physician-Burnout-Report-2018/>

² 2. <https://www.massmed.org/Publications/Research,-Studies,-and-Reports/Supporting-MMS-Physicians--Well-being-Report---Recommendations-to-Address-the-Ongoing-Crisis/>

³ 3. <https://www.mass.gov/news/borim-launches-new-online-licensing-platform>

⁴ 4. New policy

easy win for everyone. It would also enable providers to focus on bigger issues, like population health, and give insurers an opportunity to contribute meaningfully to healthcare reform.

B3. Automate Prior Authorizations

Cape Cod Healthcare finds that on average, it requires 15-20 minutes to confirm authorization requirements as there is no standardized prior authorization method. We estimate the system reviews 28,000 prior authorizations annually. Authorization requirements and method for obtaining authorizations vary by insurance payer and plan type. Often, there is conflicting information between the payer and authorization management companies on authorization requirements resulting in patient, provider, and facility disconnect around the authorization requirement.

This work leaves an unsettling lag time where the patient has a healthcare need ordered by his/her provider, that is being delayed by an administrative task. Even when an authorization is obtained, payment for the service is not guaranteed. Even though clinical information has been submitted to obtain the authorization prior to service, there is still a chance of denial for medical necessity, member eligibility, member plan benefits, and / or provider eligibility at the time of service.

B4. Remedy the Continual Underpayment From Public Sector Sources

Nationally, per the American Hospital Association⁵, combined underpayments from Medicare and Medicaid was \$100.4 billion in 2020. Cape Cod Healthcare is a mission driven organization that serves all regardless of ability to pay.

Chronic underpayment makes vulnerable communities more vulnerable.

Cape Cod Healthcare relies heavily on governmental payers for services provided to our patients. FYTD23, government payers represented 73.7% of our revenue. Correspondingly, commercial payers' percentage of revenue is 25.4%. These payer trends are consistent with our population demographic and will continue to challenge Cape Cod Healthcare's ability to maintain services given the revenue payer mix, while facing increased demand for services due to the aging population.

B5. Control the Increasing Pharmaceutical Cost

The unharnessed rate of pharmaceutical spending is unsustainable. From FYTD August 2022 to FYTD August 2023, pharmaceutical spending at Cape Cod Healthcare increased 23% or \$23.9M. Total operational expense has increased 7% or \$64.7M. Drug costs represent 37% of the increase in total operating costs over the prior year. The most notable increase in pharmacy expense at Cape Cod Healthcare is related to oncology drugs.

⁵ AHA Fact Sheet: Underpayment by Medicare and Medicaid February 2022

The overall increase is driven by increases in both volume and market price(s). Cost increases related to our pharmaceutical spending have a direct impact on Cape Cod Healthcare's profitability given our inability to generate offsetting increases via fixed inpatient DRG payments or in outpatient reimbursements, which are contractually governed. Decreased margins drive less investment in people, plant, and infrastructure.

Considering the exceptional profitability of the pharmaceutical companies themselves, it is time for regulation in the market to slow pricing increases year over year.

B6. Address the Behavioral Health Boarding Crisis

For many years, the behavioral health systems nationally and in the state of Massachusetts, have struggled with access to care due to workforce vacancies, inadequate reimbursement, and increasing acuity. Patients often board in emergency rooms and in medical-surgical beds awaiting placement. This past year, Massachusetts had, at any given time, 398-767 patients boarding awaiting psychiatric bed placement⁶. This uses already challenged resources and is often not the best setting for mental health care and treatment. The Southeast Region is often the unfortunate leader in these numbers. Of great concern is the record number of youth and geriatric patients that may be boarding at those times, with highs of 147 and 93 respectively state-wide⁷.

While Cape Cod & the Islands have been acutely affected by this crisis, our patients are more fortunate as CCHC leadership has supported a psychiatric emergency service (PES) team in our emergency rooms. But CCH has also seen times that up to 50% of our emergency room census is psychiatric patients boarding or awaiting evaluation. The PES team works to provide stabilization for patients while they are boarding and the team has succeeded in decreasing boarding by an average of 34% transitioning patients to lower levels of care and back into the community. But limited availability of outpatient providers and programs makes it difficult to ensure continued community stability and to decrease the return of some patients.

The unavailability of inpatient beds is a significant contributor to psychiatric patients boarding longer in the emergency rooms. The increased acuity of patients requiring longer lengths of inpatient stays, the delay in court commitment hearings delaying appropriate and necessary treatment to reduce inpatient stays, and the lack of adequate community services and housing availability delaying stable discharges, all factor into a lack of available inpatient beds to reduce emergency room psychiatric boarding. Cape Cod Healthcare's Psychiatric Center has not been immune to these challenges as we have seen our length of stay increase thereby affecting our ability to accept admissions.

⁶ Massachusetts Behavioral Health Boarding Metrics

⁷ Massachusetts Behavioral Health Boarding Metrics

- c. Many Massachusetts health care providers continue to face serious workforce and financial challenges, resulting in the closure and reorganization of care across the Commonwealth. How are these challenges impacting your organization today? What steps is your organization taking to address these challenges?

C1. Tighter Labor Market and Temporary Labor

As with healthcare systems across the country, Cape Cod Healthcare has experienced the heavy impact of workforce shortages for over three years. Use of traveler staff increased significantly in FY23 compared to the prior fiscal year with a 22% increase in expense at Cape Cod Hospital and a 45% increase in expense at Falmouth Hospital. The number of travelers onsite has increased substantially to help offset workforce staffing issues. Travel staff has been utilized in areas where they were not needed in the past such as lab services and physician office practices. CCHC has seen an increased need for travel staff in the areas of nursing, imaging, and surgical services resulting in an increase in travel staff hours at Cape Cod Hospital of 42% and at Falmouth Hospital of 81% in FY23 compared to FY22.

C2. Overcoming Workforce Challenges

Cape Cod Healthcare has taken the following steps to address current challenges:

- Over 52 full time and per diem physicians and advanced practice providers (APPs) have joined CCHC so far in 2023, covering a spectrum of positions in our hospitals, primary and specialty care practices, and behavioral health programs.
- Almost 700 new employees were hired as regular, temporary, or per diem staff so far in 2023. Of these, we welcomed 428 regular employees, with September being our strongest hiring month yet with 67 new folks joining our team. In addition, we welcomed back 167 former employees.
- With national turnover rates of 22.2% for healthcare and 20.9% for nursing specifically as benchmarks, Cape Cod Healthcare is in a better position than most with an overall turnover rate of 10.47% and 9.51% for nursing, based on our 12-month rolling average.

A concerted effort helped to drive this success in attracting new talent and fostering retention of our existing employees, which included the following programs and initiatives:

- Patient Service Tech Trainee Program
- Nursing Assistant Trainee Program
- Pharmacy Tech Trainee Program
- VNA Certified Home Health Aide Training Program

- Partnership with local community college to identify and train nurses
- RN Residency & Transition Program, which has onboarded 56 novices for the two hospitals combined in 2023
- Nurse Novice Program
- Phlebotomy Apprenticeship Program
- Collaboration between HR and Interpreter Services with candidates during the hiring process
- English as a second language classes
- Nursing Assistant Co-op Program with Cape Cod Regional Tech High School
- Co-op program with Bourne High School
- Basic Life Support classes, with 51 employees in 2023 starting on time instead of being delayed due to not having this requirement
- Student Helpers to assist with high volume in the summer
- A Recruitment Sourcer to reduce the need for outside agencies
- Early recruitment campaign for summer temps
- Representation at 21 career fairs, with more planned this fall
- Creation of new “Student Nurse Intern” position, allowing candidates to start in the position prior to the formal program
- Riverview School and Project Search
- Employee Wellness program
- New Employee Assistance Program (EAP) vendor
- Employee referral program
- Manager Connection Newsletter
- Learning & Development Empowerment U
- New Employee Orientation Program – Rising Stars
- Employee Recognition Program – STAR (Special Thanks and Recognition)
- Manager Development Program – STAR Leadership Academy

C3. Financial challenges

Cape Cod Healthcare has emerged from the pandemic a strong organization through refinement of process, expense control, and key strategic investments. We have been able to invest in a campus expansion at Cape Cod Hospital, outpatient facilities, and our medical staff. Future planning includes investment in labor and delivery, and surgical operations. Through these improvements CCHC has seen an increase in inpatient market share to 73.4% in fiscal year 2022.

- d. Please identify and briefly describe the policy changes your organization recommends to promote the stability and equitable accessibility of health care resources in Massachusetts?

D1. Reimbursement Support

Cape Cod Healthcare would like to see legislation that supports fair reimbursement to healthcare providers.

D2. Behavioral Health Workforce Investment

There is a critical need for behavioral health services in Massachusetts. Cape Cod Healthcare supports HPCs efforts in the area as outlined in the 2023 Cost Trends Report.

D3. Protect individual community hospitals and health systems in MA

The Health Policy Commission wrote in 2016⁸ about the importance of community hospitals in Massachusetts. Community Hospitals such as Cape Cod Hospital and Falmouth Hospital provide distinct services to our communities and many care for a disproportional share of public payer patients. We would support all legislative efforts to protect community hospitals and the important services they provide.

D4. More affordable Post-Secondary education

Cape Cod Healthcare agrees with HPCs recommendation to alleviate the financial burden of higher education for licensed roles to effectively reduce barriers to entry.

⁸ Community Hospitals at a Crossroads March 2016

QUESTION FROM THE OFFICE OF THE ATTORNEY GENERAL

Chapter 224 requires providers to make price information on admissions, procedures, and services available to patients and prospective patients upon request. In the table below, please provide available data regarding the number of individuals that sought this information.

Health Care Service Price Inquiries Calendar Years (CY) 2021-2023			
Year		Aggregate Number of Written Inquiries	Aggregate Number of Inquiries via Telephone or In-Person
CY2021	Q1	0	86
	Q2	1	60
	Q3	0	139
	Q4	0	129
CY2022	Q1	0	112
	Q2	0	144
	Q3	0	246
	Q4	0	235
CY2023	Q1	0	286
	Q2	1	291
	TOTAL:	2	1,728