Exhibit A: Notice of Public Hearing

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

Scheduled Hearing dates and location:

Monday, October 17, 2016, 9:00 AM
Tuesday, October 18, 2016, 9:00 AM
Suffolk University Law School
First Floor Function Room
120 Tremont Street, Boston, MA 02108

Time-permitting, the HPC will accept oral testimony from members of the public beginning at 4:00 PM on Tuesday, October 18. Any person who wishes to testify may sign up on a first-come, first-served basis when the Hearing commences on October 17.

Members of the public may also submit written testimony. Written comments will be accepted until October 21, 2016, and should be submitted electronically to HPC-Testimony@state.ma.us, or, if comments cannot be submitted electronically, sent by mail, post-marked no later than October 21, 2016, to the Massachusetts Health Policy Commission, 50 Milk Street, 8th Floor, Boston, MA 02109, attention Lois H. Johnson, General Counsel.

Please note that all written and oral testimony provided by witnesses or the public may be posted on the HPC's website: www.mass.gov/hpc.

The HPC encourages all interested parties to attend the Hearing. For driving and public transportation directions, please visit: http://www.suffolk.edu/law/explore/6629.php. Suffolk University Law School is located diagonally across from the Park Street MBTA station (Red and Green lines). Parking is not available at Suffolk, but information about nearby garages is listed at the link provided.

If you require disability-related accommodations for this Hearing, please contact Kelly Mercer at (617) 979-1420 or by email Kelly.A.Mercer@state.ma.us a minimum of two (2) weeks prior to the Hearing so that we can accommodate your request.

For more information, including details about the agenda, expert and market participant panelists, testimony and presentations, please check the Hearing section of the HPC's website, www.mass.gov/hpc. Materials will be posted regularly as the Hearing dates approach.

Exhibit B: Instructions and HPC Questions for Written Testimony

On or before the close of business on **September 2, 2016**, please electronically submit written testimony signed under the pains and penalties of perjury to: HPC-Testimony@state.ma.us.

You may expect to receive the questions and exhibits as an attachment from HPC-Testimony@state.ma.us. Please complete relevant responses 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 2013, 2014, and/or 2015 Pre-Filed Testimony responses, if applicable. Additionally, if there is a point that is relevant to more than one question, please state it only once and make an internal reference. **If a question is not applicable to your organization, please indicate so in your response.**

The testimony must contain a statement 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.

If you have any difficulty with the Microsoft Word template, did not receive the email, or have any other questions regarding the Pre-Filed Testimony process or the questions, please contact HPC staff at HPC-Testimony@state.ma.us or (617) 979-1400. For inquires related to questions required by the Office of the Attorney General in Exhibit C, please contact Assistant Attorney General Emily Gabrault at Emily.gabrault@state.ma.us or (617) 963-2636.

On or before the close of business on **September 2, 2016**, please electronically submit written testimony signed under the pains and penalties of perjury to: HPC-Testimony@state.ma.us. Please complete relevant responses 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. If there is a point that is relevant to more than one question, please state it only once and make an internal reference.

If a question is not applicable to your organization, please indicate so in your response.

1. **Strategies to Address Health Care Cost Growth.**

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 has been set at 3.6% each year since 2013; however, beginning in 2017 the HPC may set a lower growth rate target.

a. What are your top areas of concern for meeting the Health Care Cost Growth Benchmark in Massachusetts? (Please limit your answer to no more than three areas of concern)

Affordable alternatives to the Emergency Room and the high cost associated with this care exist. Efforts should be made to include Urgent Care as a recommended point of care for non-life threating health care needs appropriate for an Urgent Care setting. Referrals should not be required and all efforts to direct patients to the most appropriate and cost efficient access point should be encouraged.

b. What are the top changes in policy, payment, regulation, or statute you would recommend to support the goal of meeting the Health Care Cost Growth Benchmark? (Please limit your answer to no more than three changes)

Eliminate the referral requirement for Medicaid (MassHealth) patients to facilitate access to cost-effective Urgent Care facility services.

2. **Strategies to Address Pharmaceutical Spending.**

In addition to concerns raised by payers, providers, and patients on the growing unaffordability and inaccessibility of clinically appropriate pharmaceutical treatment, the HPC's 2015 Cost Trends Report identified rising drug prices and spending as a policy concern for the state's ability to meet the Health Care Cost Growth Benchmark.

a. Below, please find a list of potential strategies aimed at addressing pharmaceutical spending trends, including prescribing and utilization. By using the drop down menu for each strategy, please specify if your organization is currently implementing such a strategy, plans to implement it in the next 12 months, or does not plan to implement it in the next 12 months.

i. Providing education and information to prescribers on cost-effectiveness of clinically appropriate and therapeutically equivalent specific drug choices and/or treatment alternatives (e.g. academic detailing)

Does NOT Apply to my Organization

ii. Monitoring variation in provider prescribing patterns and trends and conduct outreach to providers with outlier trends

Does NOT Apply to my Organization

iii. Implementing internal "best practices" such as clinical protocols or guidelines for prescribing of high-cost drugs

Does NOT Apply to my Organization

iv. Establishing internal formularies for prescribing of high-cost drugs

Does NOT Apply to my Organization

v. Implementing programs or strategies to improve medication adherence/compliance

Does NOT Apply to my Organization

vi. Entering into alternative payment contracts with payers that include accountability for pharmaceutical spending

Does NOT Apply to my Organization

vii. Other: Insert Text Here

Click Here

viii. Other: Insert Text Here

Click Here

ix. Other: Insert Text Here

Click Here

3. **Strategies to Integrate Behavioral Health Care.**

Given the prevalence of mental illnesses and substance use disorders (collectively referred to as behavioral health), the timely identification and successful integration of behavioral health care into the broader health care system is essential for realizing the Commonwealth's goals of improving outcomes and containing overall long-term cost growth.

a. What are the top strategies your organization is pursuing to enhance and/or integrate behavioral health care for your patients? (Please limit your answer to no more than three strategies)

When patients present for services, we work to understand their past family, social and medical history. This allows the provider to help the patient seek follow-up care that best suits their needs.

b. What are the top barriers to enhancing or integrating behavioral health care in your organization? (Please limit your answer to no more than three barriers)

Urgent Care providers are not a medical home and services are limited to Urgent Care. Therefore, Urgent Care providers are not in a position to integrate behavioral health care or otherwise address patients' ongoing behavioral health needs.

4. **Strategies to Recognize and Address Social Determinants of Health.**

There is growing recognition and evidence that social, economic and physical conditions, such as socioeconomic status, housing, domestic violence, and food insecurity, are important drivers of health outcomes and that addressing social determinants of health (SDH) is important for achieving greater health equity for racial and ethnic minorities, low-income and other vulnerable communities. Routine screening for SDH issues and developing programs to address those issues are core competencies of accountable, high performing health care systems.

a. What are the top strategies your organization is pursuing to understand and/or address the social determinants of health for your patients? (Please limit your answer to no more than three strategies)

Does NOT apply to my Organization

b. What are the top barriers to understanding and/or addressing the social determinants of health for your patients? (Please limit your answer to no more than three barriers)

Does NOT apply to my Organization

5. **Strategies to Encourage High-Value Referrals.**

In the HPC's 2015 report, Community Hospitals at a Crossroads, the HPC found that the increased consolidation of the healthcare provider market has driven referrals away from independent and community providers and toward academic medical centers and their affiliated providers.

a. Briefly describe how you encourage providers within your organization to refer patients to high-value specialty care, ancillary care, or community providers regardless of system affiliation.

Does NOT apply to my Organization, which provides Urgent Care services.

b. Does your electronic health record system incorporate provider cost and/or quality information of providers affiliated with your organization, either through corporate affiliation or joint contracting, that is available at the point of referral?
No

i. If yes, please describe what information is included.
Click here to enter text.

ii. If no, why not?
Does NOT apply to my Organization, which provides Urgent Care services.

c. Does your electronic health record system incorporate provider cost and/or quality information of providers not affiliated with your organization, either through corporate affiliation or joint contracting, that is available at the point of referral?
No

i. If yes, please describe what information is included.
Click here to enter text.

ii. If no, why not?
Does NOT apply to my Organization, which provides Urgent Care services.

d. Does your electronic health record system support any form of interface with other provider organizations' systems which are not corporately affiliated or jointly contracting with your organization such that each organization can retrieve electronic health records on the other organization's electronic health record system?
Yes

i. If yes, please briefly describe the type(s) of interfaces that are available to outside organizations (e.g. full access, view only) and any conditions the outside organization must satisfy for such an interface.
The EHR has interfaces built to interact with the MASS Highway and other EHR vendors. Examples: Epic, Allscripts.

ii. If no, why not?
Click here to enter text.

6. Strategies to Increase the Adoption of Alternative Payment Methodologies.

In the 2015 Cost Trends Report, the HPC recommended that payers and providers should continue to increase their use of alternate payment methodologies (APMs), with the goal that 80% of the state HMO population and 33% of the state PPO population be enrolled in APMs by 2017.

a. What are the top strategies your organization is pursuing to increase the adoption of alternative payment methods (e.g., risk-based contracts, ACOs, PCMHs, global budgets, capitation, bundled or episode-based-payments)? (Please limit your answer to no more than three strategies)
Does NOT apply to my Organization

b. What are the top barriers to your organization's increased adoption of APMs and how should such barriers be addressed? (Please limit your answer to no more than three barriers)
Does NOT apply to my Organization

c. Are behavioral health services included in your APM contracts with payers?
No

i. If no, why not?
Provider does not have APM contracts.

7. **Strategies to Improve Quality Reporting.**
At the Cost Trends Hearings in 2013, 2014, and 2015, providers consistently called for statewide alignment on quality measures, both to reduce administrative burden and to create clear direction for focusing quality-improvement efforts. Providers have demonstrated that the level of operational resources (e.g. FTEs, amount spent on contracted resources) needed to comply with different quality reporting requirements for different health plans can be significant.
    a. Please describe the extent to which lack of alignment in quality reporting poses challenges for your organization and how your organization has sought to address any such challenges.
    Does NOT apply to my Organization

    b. Please describe any suggested strategies to promote alignment in the number, type (i.e. process, outcome or patient experience), and specifications of quality measures in use as well as the quality measurement reporting requirements to payers (e.g., reporting frequency and reporting format).
    Does NOT apply to my Organization

8. **Optional Supplemental Information.** On a voluntary basis, please provide any supplemental information on topics addressed in your response including, for example, any other policy, regulatory, payment, or statutory changes you would recommend to: a.) address the growth in pharmaceutical prices and spending; b.) enable the integration of behavioral health care; c.) enable the incorporation of services to address social determinants of health for your patients; d.) encourage the utilization of high-value providers, regardless of system affiliation; e.) enable the adoption of APMs; and f.) promote alignment of quality measurement and reporting.
Click here to enter text.

Exhibit C: AGO Questions for Written Testimony

The following questions were included by the Office of the Attorney General. For any inquiries regarding these questions, please contact Assistant Attorney General Emily Gabrault, Emily.Gabrault@state.ma.us or (617)963-2636

1. Please submit a summary table showing for each year 2012 to 2015 your total revenue under pay for performance arrangements, risk contracts, and other fee for service arrangements according to the format and parameters reflected in the attached **AGO Provider 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. Include in your response any portion of your physicians for whom you were not able to report a category (or categories) of revenue.
   Click here to enter text.

2. Chapter 224 requires providers to make available to patients and prospective patients requested price for admissions, procedures, and services.
   a. Please describe any systems or processes your organization has in place to respond to consumer inquiries regarding the price of admissions, procedures, or services, and how those systems or processes may have changed since Chapter 224.
      We have a comprehensive price list available to patients upon request.

   b. Please describe any monitoring or analysis you conduct concerning the accuracy and/or timeliness of your responses to consumer requests for price information, and the results of any such monitoring or analyses.
      We answer patient inquiries in real time as they come up.

   c. What barriers do you encounter in accurately/timely responding to consumer inquiries for price information? How have you sought to address each of these barriers?
      We have not seen any barriers to timely responses to patients requests.

Exhibit 1 AGO Questions to Providers

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. Please include POS payments under HMO.
3. Please include Indemnity payments under PPO.
4. **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.
5. **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 subject you to very limited or minimal "downside" risk.
6. **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.
7. **Other Revenue** is revenue under P4P Contracts, Risk Contracts, or FFS Arrangements other than those categories already identified, such as management fees and supplemental fees (and other non-claims based, non-incentive, non-surplus/deficit, non-quality bonus revenue).
8. **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.

9. **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.
10. **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.
11. **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.

2012

	P4P Contracts				Risk Contracts						FFS Arrangements*		Other Revenue		
	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
Blue Cross Blue Shield	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Tufts Health Plan	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Harvard Pilgrim Health Care	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Fallon Community Health Plan	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
CIGNA	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
United Healthcare	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Aetna	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Other Commercial	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Total Commercial	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Network Health	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Neighborhood Health Plan	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
BMC HealthNet, Inc.	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Health New England	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Fallon Community Health Plan	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Other Managed Medicaid	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Total Managed Medicaid	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
MassHealth	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Tufts Medicare Preferred	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Blue Cross Senior Options	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Other Comm Medicare	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Commercial Medicare Subtotal	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Medicare	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Other	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
GRAND TOTAL	X	X	X	X	X	X	X	X	X	X	$	218,462	X	X	X

*Prior to July 15, 2015 the practice used a different EMR and we no longer have access to that database functionality to provide detail on the sources of revenue.

2013

	P4P Contracts				Risk Contracts						FFS Arrangements*		Other Revenue		
	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
Blue Cross Blue Shield	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Tufts Health Plan	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Harvard Pilgrim Health Care	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Fallon Community Health Plan	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
CIGNA	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
United Healthcare	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Aetna	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Other Commercial	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Total Commercial	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Network Health	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Neighborhood Health Plan	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
BMC HealthNet, Inc.	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Health New England	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Fallon Community Health Plan	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Other Managed Medicaid	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Total Managed Medicaid	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
MassHealth	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Tufts Medicare Preferred	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Blue Cross Senior Options	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Other Comm Medicare	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Commercial Medicare Subtotal	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Medicare	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Other	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
GRAND TOTAL	X	X	X	X	X	X	X	X	X	X	$	3,585,070	X	X	X

*Prior to July 15, 2015 the practice used a different EMR and we no longer have access to that database functionality to provide detail on the sources of revenue.

2014

	P4P Contracts				**Risk Contracts**			
	Claims-Based Revenue		Incentive-Based Revenue		Claims-Based Revenue		Budget Surplus/ (Deficit) Revenue	
	HMO	PPO	HMO	PPO	HMO	PPO	HMO	PPO
Blue Cross Blue Shield	X	X	X	X	X	X	X	X
Tufts Health Plan	X	X	X	X	X	X	X	X
Harvard Pilgrim Health Care	X	X	X	X	X	X	X	X
Fallon Community Health Plan	X	X	X	X	X	X	X	X
CIGNA	X	X	X	X	X	X	X	X
United Healthcare	X	X	X	X	X	X	X	X
Aetna	X	X	X	X	X	X	X	X
Other Commercial	X	X	X	X	X	X	X	X
Total Commercial	X	X	X	X	X	X	X	X
Network Health	X	X	X	X	X	X	X	X
Neighborhood Health Plan	X	X	X	X	X	X	X	X
BMC HealthNet, Inc.	X	X	X	X	X	X	X	X
Health New England	X	X	X	X	X	X	X	X
Fallon Community Health Plan	X	X	X	X	X	X	X	X
Other Managed Medicaid	X	X	X	X	X	X	X	X
Total Managed Medicaid	X	X	X	X	X	X	X	X
MassHealth	X	X	X	X	X	X	X	X
Tufts Medicare Preferred	X	X	X	X	X	X	X	X

Blue Cross Senior Options	X	X	X	X	X	X	X	X
Other Comm Medicare	X	X	X	X	X	X	X	X
Commercial Medicare Subtotal	X	X	X	X	X	X	X	X
Medicare	X	X	X	X	X	X	X	X
Other	X	X	X	X	X	X	X	X
GRAND TOTAL	X	X	X	X	X	X	X	X

*Prior to July 15, 2015 the practice used a different EMR and we no longer have access to that databas

Quality Incentive Revenue		FFS Arrangements*		Other Revenue		
HMO	PPO	HMO	PPO	HMO	PPO	Both
X	X	X	X	X	X	X
X	X	X	X	X	X	X
X	X	X	X	X	X	X
X	X	X	X	X	X	X
X	X	X	X	X	X	X
X	X	X	X	X	X	X
X	X	X	X	X	X	X
X	X	X	X	X	X	X
X	X	X	X	X	X	X
X	X	X	X	X	X	X
X	X	X	X	X	X	X
X	X	X	X	X	X	X
X	X	X	X	X	X	X
X	X	X	X	X	X	X
X	X	X	X	X	X	X
X	X	X	X	X	X	X
X	X	X	X	X	X	X
X	X	X	X	X	X	X

X	X	X	X	X	X	X
X	X	X	X	X	X	X
X	X	X	X	X	X	X
X	X	X	X	X	X	X
X	X	X	X	X	X	X
X	X	$ 10,120,019		X	X	X

se functionality to provide detail on the sources of revenue.

2015

	P4P Contracts				Risk Contracts						FFS Arrangements*		Other Revenue		
	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
Blue Cross Blue Shield	X	X	X	X	X	X	X	X	X	X	$ 2,200,863		X	X	X
Tufts Health Plan	X	X	X	X	X	X	X	X	X	X	$ 739,749		X	X	X
Harvard Pilgrim Health Care	X	X	X	X	X	X	X	X	X	X	$ 746,758		X	X	X
Fallon Community Health Plan	X	X	X	X	X	X	X	X	X	X	$ 226,168		X	X	X
CIGNA	X	X	X	X	X	X	X	X	X	X	$ 313,891		X	X	X
United Healthcare	X	X	X	X	X	X	X	X	X	X	$ 436,911		X	X	X
Aetna	X	X	X	X	X	X	X	X	X	X	$ 268,045		X	X	X
Other Commercial	X	X	X	X	X	X	X	X	X	X	$ 983,856		X	X	X
Total Commercial	X	X	X	X	X	X	X	X	X	X	$ 5,916,241		X	X	X
Network Health	X	X	X	X	X	X	X	X	X	X	$ 250		X	X	X
Neighborhood Health Plan	X	X	X	X	X	X	X	X	X	X	$ 308,644		X	X	X
BMC HealthNet, Inc.	X	X	X	X	X	X	X	X	X	X	$ 11,090		X	X	X
Health New England	X	X	X	X	X	X	X	X	X	X	$ 16,083		X	X	X
Fallon Community Health Plan	X	X	X	X	X	X	X	X	X	X	$ -		X	X	X
Other Managed Medicaid	X	X	X	X	X	X	X	X	X	X	$ 5,296		X	X	X
Total Managed Medicaid	X	X	X	X	X	X	X	X	X	X	$ 341,363		X	X	X
MassHealth	X	X	X	X	X	X	X	X	X	X	$ 100,051		X	X	X
Tufts Medicare Preferred	X	X	X	X	X	X	X	X	X	X	$ 54,276		X	X	X
Blue Cross Senior Options	X	X	X	X	X	X	X	X	X	X	$ 37,824		X	X	X
Other Comm Medicare	X	X	X	X	X	X	X	X	X	X	$ 10,425		X	X	X
Commercial Medicare Subtotal	X	X	X	X	X	X	X	X	X	X	$ 102,524		X	X	X
Medicare	X	X	X	X	X	X	X	X	X	X	$ 639,418		X	X	X
Other	X	X	X	X	X	X	X	X	X	X			X	X	X
GRAND TOTAL	X	X	X	X	X	X	X	X	X	X	$ 7,099,597		X	X	X

* Represents the revenues received from July 15, 2015 to December 31, 2015. Prior to July 15, 2015 the practice used a different EMR and we no longer have access to that database functionality to provide detail on the sources of revenue. Aditionally, the current EMR has not been set up to accurately distinguish between HMO and PPO plans. Total revenue for 2015 were $13,360,846