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September 2, 2016

**By Electronic Mail (HPC-Testimony@state.ma.us)**

Commonwealth of Massachusetts
Health Policy Commission
Two Boylston Street
Boston, MA 02116

**Re: Written Testimony In Response To Health Policy Commission Questions**

Dear Sir/Madam:

## I. Introduction

MinuteClinic respectfully submits the following written testimony to the Health Policy Commission regarding the questions below.

## II. Background

MinuteClinic provides affordable, accessible high quality care at over 1,000 locations in 33 states and the District of Columbia, and has treated over 31 million patients since its founding in 2000. In 2008, MinuteClinic opened its first Limited Services Clinic ("LSC") in Massachusetts. It currently has over 50 locations across the Commonwealth, including locations in Central Massachusetts and Western Massachusetts. See List at Appendix A.

MinuteClinic is fully accredited by The Joint Commission, with its most recent full re-accreditation occurring in 2015. All MinuteClinic practitioners follow evidence-based, service-specific clinical guidelines. These guidelines, which promote both quality and also the avoidance of unnecessary tests and expensive treatments that are not cost effective, are deployed through practitioner training and incorporated into MinuteClinic's electronic medical record ("EMR") system. MinuteClinic implemented the Epic EMR system in 2015, including in its Commonwealth clinics, and we have also completed implementing our connection to the MA HIway health information exchange. In addition, MinuteClinic has affiliations with several health systems in Massachusetts, including Baystate Health System, Lahey Health and UMass Memorial Health Care.

## III. Questions and Responses

### Question No. 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 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)

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)

### Response to Question No. 1

Cost of Care

MinuteClinic's prices per service are significantly below other channels of care delivery. A 2009 Rand-sponsored study, based almost exclusively on MinuteClinic, found MinuteClinic's costs to be 40-80% less expensive than alternate sites of care and equal in quality. Comparing Costs and Quality of Care at Retail Clinics With That of Other Medical Settings for 3 Common Illnesses, *Annals of Internal Medicine*, August, 2009.

To reduce the cost of care, MinuteClinic employs a single-provider model, that is, a single family nurse practitioner ("FNP") who performs the administrative and clinic functions at each of its locations. Patients check in using a self-service kiosk.

One of the main drivers of cost in ambulatory care is provider salaries. It is our understanding that an FNP costs approximately half the amount in salary to employ as compared to a physician. Through the single-FNP provider model, MinuteClinic can efficiently utilize appropriate-level practitioners for the services that MinuteClinic offers. This results in lowers costs, which MinuteClinic passes on to its patients in the form of lower prices.

Other cost efficient elements of the MinuteClinic model include the following:

- Because MinuteClinic has centralized corporate functions, the overhead costs associated with, *e.g.*, providing revenue cycle and operational support, is comparatively lessened for each LSC site, as compared to a provider that cannot efficiently spread overhead cost over multiple locations.

- MinuteClinic utilizes an existing facility – the LSCs are located in CVS stores – eliminating the need for significant, additional infrastructure expenditure.

- MinuteClinic's use of a single EMR system eliminates the need for costly document storage space and systems.

- MinuteClinic's use of evidence-based clinical practice guidelines helps lower costs by standardizing practice, reducing variation, and highlighting cost-effective solutions.

- MinuteClinic focuses its clinical guidelines on use of low cost generic medications, whenever clinically appropriate.

Studies support the cost efficiency of the MinuteClinic model. In addition to the 2009 study described above,

- A 2013 study published in The American Journal of Managed Care, comparing MinuteClinic users to non-users (matching the groups on over 500 demographic, health status and care seeking characteristics), adjusted total costs of care for MinuteClinic users were 8% lower than for those who did not use MinuteClinic. Retail Clinic Care Associated with Lower Total Cost of Care, Am. J. Manag. Care. 2013;19(4):e148-e157. MinuteClinic believes that when high quality care is accessible to patients, the overall cost of care is reduced.

Nationally, MinuteClinic is in network with over 300 health plans, including most in Massachusetts, who view MinuteClinic's clinical services as providing low cost access to care. In conformity with MinuteClinic's goal of providing affordable, accessible high quality care, in Massachusetts we accept MassHealth and Medicare and participate in most Medicaid managed care plans, and we have locations in a variety of communities.

About half of MinuteClinic's patients are seen on evenings and weekends when physician offices are typically closed, and the only options are the more costly emergency rooms or urgent care centers. For these patients, MinuteClinic offers more convenient and lower cost access to services within the scope of services that it provides.

In its communities, MinuteClinic enters into clinical collaborations with major health systems (including Baystate Health System, Lahey Health and UMass Memorial Health Care) wherein the health system physicians may serve as collaborating physicians for MinuteClinic's practitioners and MinuteClinic and the health systems pursue joint clinical programs and EMR integration to assure seamless flow of clinical information and avoidance of wasteful duplication. With these collaborations and MinuteClinic's electronic connectivity capabilities through Epic and the MA HIway, Massachusetts health systems can have increased integration and collaboration with MinuteClinic's low-cost model.

Policy and Regulatory Changes

MinuteClinic believes that the following would promote efficiency and reduce healthcare costs without reducing quality:

- Enactment by the Commonwealth of statutes and regulations that would allow Physician Assistants to provide care in LSCs and at the scope of service level currently being provided by Nurse Practitioners.

    - MinuteClinic greatly appreciates the Legislature's and Department of Public Health's expansion of the LSC scope of services to the full scope of practice of an FNP. This has allowed MinuteClinic to expand the scope of its high quality, affordable and accessible care for Commonwealth residents.

    - MinuteClinic currently utilizes Physician Assistants in eight states outside of MA, and these practitioners provide the same scope of services and high quality care as is provided today by our Massachusetts FNPs. If Massachusetts were to have similar regulations to these other states such that MinuteClinic could utilize Physician Assistants in its LSCs, MinuteClinic's workforce challenges would be eased and it would be better able to expand its access points in the Commonwealth;

- Enactment by the Commonwealth of statutes and regulations that would fully support and promote the use of telehealth by LSC providers, FNPs, and Physician Assistants.

    - We note and appreciate that the Fall 2015 HPC Newsletter described a pilot program to further the development of telemedicine in the Commonwealth that would "incentivize the use of community-based providers and the delivery of patient care in a community setting and facilitate collaboration between participating community providers and teaching hospitals."

- Adjustment by the Commonwealth of current regulations to that would permit LSCs to deliver more comprehensive primary care services to Massachusetts patients.

## Question No. 2

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)
    ii. Monitoring variation in provider prescribing patterns and trends and conduct outreach to providers with outlier trends
    iii. Implementing internal "best practices" such as clinical protocols or guidelines for prescribing of high-cost drugs
    iv. Establishing internal formularies for prescribing of high-cost drugs
    v. Implementing programs or strategies to improve medication adherence/compliance
    vi. Entering into alternative payment contracts with payers that include accountability for pharmaceutical spending
    vii. Other

## Response to Question No. 2

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)
    - Currently implementing

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

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

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
    - Currently implementing

vi. Entering into alternative payment contracts with payers that include accountability for pharmaceutical spending
    - Does NOT apply to my organization

vii. Other
    - MinuteClinic's clinical practice guidelines focus on the avoidance of unnecessary antibiotics, which is supported by our HEDIS data (see Response to Question No. 7 below).

**Question No. 3**

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)
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)

**Response to Question No. 3**

MinuteClinic supports the medical home concept, and believes it is an important model to ensure integration of behavioral and physical health.

To complement and support care provided in the primary care medical home, and consistent with current Department of Public Health regulations, MinuteClinic's policies require our providers to offer patients who do not have a primary care provider a list of primary care practices in the area who are accepting new patients; and, also consistent with current Department regulations, and subject to patient consent, MinuteClinic sends the patient's primary care provider a record of the MinuteClinic visit, so all primary care providers will have such information as they coordinate the patient's care. As noted above, MinuteClinic enters into clinical collaborations with major health systems (including Baystate Health System, Lahey Health and UMass Memorial Health Care)wherein the health system physicians may serve as collaborating physicians for MinuteClinic's practitioners and MinuteClinic and the health systems pursue joint clinical programs and electronic medical record integration.

We screen for depression and other serious psychiatric symptoms during our

physical examinations, and if identified and consistent with our scope, refer to the patient's Patient Centered Medical Home ("PCMH") for follow up. If symptoms are acute and potentially life threatening, we refer to nearest ER.

MinuteClinic also offers wellness programs on smoking cessation and weight loss to encourage patients to pursue healthy behaviors.

**Question No. 4**

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)
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)

**Response to Question No. 4**

One of MinuteClinic's core goals is to provide affordable, high quality care in accessible and convenient locations. In Massachusetts we accept MassHealth and Medicare and participate in most Medicaid managed care plans, and we have locations in a variety of communities. MinuteClinic also accepts cash payment in the event a patient is uninsured.

MinuteClinic provides a provider resource list to all patients who report that they do not currently have a primary care physician. In addition to providing information about local PCPs that are accepting new patients, the resource list also includes information about local Community Health Centers. In assisting patients to connect to a primary care medical home, MinuteClinic offers patients an alternative to higher cost providers such as Emergency Departments.

MinuteClinic's process is to take a patient's history in order to evaluate the patient's learning style, understanding and barriers to care and literacy in order to better treat and care for the patient. Additionally, MinuteClinic has access to telephone interpretation services and American Sign Language interpreters which further allows our FNPs to better communicate with and care for our patients.

## Question No. 5

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.
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?
    i. If yes, please describe what information is included.
    ii. If no, why not?
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?
    i. If yes, please describe what information is included.
    ii. If no, why not?
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?
    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.
    ii. If no, why not?

## Response to Question No. 5

a. MinuteClinic believes that patients should, to the maximum extent possible, have their own PCPs, who would be responsible for referrals. Therefore, MinuteClinic supports the patient's PCMH and will refer patients back to their PCP (or to the Emergency Department in emergent situations). If a patient presents to MinuteClinic and indicates that he or she does not have a PCP, MinuteClinic provides a list of local area PCPs that are accepting new patients. MinuteClinic additionally encourages patients to develop a relationship with a PCP if such a relationship is not already established

b. MinuteClinic does not refer directly to providers other than the patient's PCP.

c. MinuteClinic does not refer directly to providers other than the patient's PCP.

d. MinuteClinic has utilized the Epic electronic health record system since 2015. The Epic system enables MinuteClinic to interface with other provider organizations' electronic health record systems via Epic's Care Everywhere functionality. Outside organizations are granted view only access to MinuteClinic records and obtain patient consent prior to MinuteClinic's release of the record. MinuteClinic has additionally sent MinuteClinic patient visit summaries to other Massachusetts organizations via the MA HIway.

## Question No. 6

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)
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)
c. Are behavioral health services included in your APM contracts with payers?

## Response to Question No. 6

Given the limited scope of services provided by LSCs, MinuteClinic is not a PCMH and is not seeking to play that role. As a result, while our capabilities permit us to collaborate with and support PCMHs, MinuteClinic is not taking the lead with respect to sharing and bearing risk.

Regarded as a "disruptive innovation,"[1] MinuteClinic is an innovative care model founded on the principles of (1) providing patients with convenient access to care within the community on a walk-in basis, without appointment, (2) at affordable prices and (3) with a commitment to delivering high quality care (through guideline-based care and rigorous attention to quality, as described above in the Response to Question No. 1). MinuteClinic provides these services seven days a week. We provide outstanding access with half of our patients being seen evenings and weekends, when there are often few alternatives.

[1] The Innovator's Prescription: A Disruptive Solution for Health Care**,** Clayton M. Christensen, Jerome H. Grossman, and Jason Hwang (2009).

## Question No. 7

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.
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).

## Response to Question No. 7

- MinuteClinic monitors quality through, among other mechanisms, rigorous physician medical director chart review.

- All care delivered to patients at MinuteClinic is based on solid clinical evidence. This is monitored by measuring and reporting HEDIS clinical quality indicators related to the appropriate use of antibiotics when treating bronchitis, pediatric pharyngitis and pediatric upper respiratory infections (URI) as well as provider hand washing practices.
  - The national average for compliance of healthcare providers is 37% at the 90$^{th}$ percentile for avoiding antibiotics in the treatment of bronchitis. MinuteClinic consistently scores a compliance rate of greater than 80% and ended 2015 with a score of 89%.
  - The national average for compliance in appropriate treatment of pediatric pharyngitis is 91% at the 90$^{th}$ percentile. MinuteClinic ended 2015 with a score of 95%.
  - MinuteClinic has scored greater than 99% for avoidance of antibiotics in the treatment of pediatric upper respiratory infections for the six months this measure has been tracked.
  - The national average for hand washing compliance is 57%. Based on patient survey data, MinuteClinic ended 2015 with an average compliance rate of 88.5%.

- A study published in the American Journal of Managed Care found that the quality of care at MinuteClinic for otitis media, pharyngitis, and URI based on widely accepted objective measures was superior when compared with ambulatory care facilities and emergency departments. Quality of Care at Retail Clinics for 3 Common Conditions, William H. Shrank, Alexis A. Krumme, Angela Y. Tong, American Journal of Managed Care 2014; 20; 794.

- According to a study published in the American Journal of Medical Quality, MinuteClinic practitioners treating acute pharyngitis (sore throat) using evidence-based clinical guidelines adhered to those guidelines in 99.05% of cases by withholding unnecessary antibiotics. Quality of Care in the Retail Health Care Setting Using National Clinical Guidelines for Acute Pharyngitis, James D. Woodburn, Kevin L. Smith and Glen D. Nelson, American Journal of Medical Quality 2007; 22; 457.

- MinuteClinic also closely follows patient satisfaction indicators as collected and reported by its third party vendor, Press Ganey. A key indicator of this is the Net Promoter Score (NPS), which measures patients' satisfaction with their care providers and subsequent likelihood to recommend MinuteClinic to friends or relatives. MinuteClinic consistently maintains an overall NPS of ≥ 80%, well above the national average of 68% for urgent care centers and comparable to that of primary care practices (78%). (Press Ganey quarterly report for 2016, Q2)

**Exhibit C, No. 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.

**Response to Exhibit C, No. 1**

Please see attached spreadsheets at Appendix B.

**Exhibit C, No. 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.
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.

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?

**Response to Exhibit C, No. 2**

With respect to pricing, MinuteClinic supports and practices price transparency – today our pricing is transparently posted in all LSC locations and online so patients are aware of MinuteClinic prices. Our payer rates are comparatively low in the Massachusetts marketplace because we exclusively utilize FNP providers.

Yours very truly,

Andrew Sussman, M.D.
President, MinuteClinic
The above signatory is legally authorized and empowered to represent the named organization for purposes of this testimony, which is signed under the pains and penalties of perjury

## Appendix A – List of MinuteClinic LSC Locations in Massachusetts

| Address | City | State | Zip |
|---|---|---|---|
| 366 KING ST | NORTHAMPTON | MA | 01060-2333 |
| 928 RIVERDALE ST | WEST SPRINGFIELD | MA | 01089-4620 |
| 1001 THORNDIKE ST | PALMER | MA | 01069-1501 |
| 137 FEDERAL ST | GREENFIELD | MA | 01301-2544 |
| 165 UNIVERSITY DR | AMHERST | MA | 01002-8900 |
| 142 WORCESTER RD | CHARLTON | MA | 01507-1244 |
| 44 W BOYLSTON ST | WORCESTER | MA | 01605-1261 |
| 246 MILL ST | LEOMINSTER | MA | 01453-3310 |
| 24 W MAIN ST | NORTHBOROUGH | MA | 01532-1910 |
| 792 MAIN ST | CLINTON | MA | 01510-1608 |
| 323 N MAIN ST | UXBRIDGE | MA | 01569-1757 |
| 57 ROLLSTONE RD | FITCHBURG | MA | 01420 |
| 100 WORCESTER ST | NORTH GRAFTON | MA | 01536-1024 |
| 284 WINTHROP ST | TAUNTON | MA | 02780-4398 |
| 1620 PRESIDENT AVE | FALL RIVER | MA | 02720-7148 |
| 1479 NEWMAN AVE | SEEKONK | MA | 02771-2618 |
| 19 SUMMER ST | BRIDGEWATER | MA | 02324-2630 |
| 8 E WASHINGTON ST | NORTH ATTLEBORO | MA | 02760-2314 |
| 35 W MAIN ST | NORTON | MA | 02766-2711 |
| 36 WHITE ST | CAMBRIDGE | MA | 02140-1449 |
| 85 HIGH ST | MEDFORD | MA | 02155-3825 |
| 189 WATERTOWN ST. | WATERTOWN | MA | 02458-1005 |
| 215 ALEWIFE BROOK PKWY | CAMBRIDGE | MA | 02138-1101 |
| 984 WORCESTER ST | WELLESLEY | MA | 02482-7933 |
| 947 PROVIDENCE HWY | DEDHAM | MA | 02026-6838 |
| 978 BOYLSTON ST | NEWTON | MA | 02461-1504 |
| 188 LINDEN ST | WELLESLEY | MA | 02482-7933 |
| 626 SOUTHERN ARTERY | QUINCY | MA | 02169-5648 |
| 272 E CENTRAL ST | FRANKLIN | MA | 02038-1319 |
| 316 N PEARL ST | BROCKTON | MA | 02301-1101 |
| 555 MAIN ST | MEDFIELD | MA | 02052-2520 |
| 270 GROVE ST | BRAINTREE | MA | 02184-7209 |
| 67 D MAIN ST | MEDWAY | MA | 02053-1831 |
| 1025 CENTRAL ST | STOUGHTON | MA | 02072-4401 |
| 80 MARKET ST | ROCKLAND | MA | 02370-2602 |
| 189 SUMMER ST | KINGSTON | MA | 02364-1247 |
| 100 D N MAIN ST | CARVER | MA | 02330-1046 |
| 207 ROCKLAND ST | HANOVER | MA | 02339-2222 |
| 8 PILGRIM HILL RD | PLYMOUTH | MA | 02360-6123 |
| 1880 OCEAN ST | MARSHFIELD | MA | 02050-4906 |

| | | | |
|---|---|---|---|
| 1515 COMMERCIAL ST | WEYMOUTH | MA | 02189-3060 |
| 5 MACY ST | AMESBURY | MA | 01913-3706 |
| 1900 MAIN ST | TEWKSBURY | MA | 01876-2111 |
| 19 DODGE ST | BEVERLY | MA | 01915-1705 |
| 311 NEWBURY ST | DANVERS | MA | 01923-1027 |
| 68 MAIN ST | ANDOVER | MA | 01810-3846 |
| 222 MAIN ST | WILMINGTON | MA | 01887-2341 |
| 300 CANAL ST | SALEM | MA | 01970-4558 |
| 344 GREAT RD | ACTON | MA | 01720-4004 |
| 501 BOSTON POST RD | SUDBURY | MA | 01776-3335 |
| 174 LITTLETON RD | WESTFORD | MA | 01886-3191 |
| 234 WASHINGTON ST | HUDSON | MA | 01749-3735 |
| 414 UNION ST | ASHLAND | MA | 01721-2154 |
| 137 W CENTRAL ST | NATICK | MA | 01760-4310 |

## 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.

****CONFIDENTIAL TREATMENT REQUESTED****

| Calendar Year 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 | | | | | | | | | | | $ 15,028.19 | $ 2,419,510.30 | | | |
| Tufts Health Plan | | | | | | | | | | | $ 18,008.67 | $ 682,166.20 | | | |
| Harvard Pilgrim Health Care | | | | | | | | | | | $ 649,002.66 | $ 148,305.04 | | | |
| Fallon Community Health Plan | | | | | | | | | | | $ 937.80 | $ 104,415.86 | | | |
| CIGNA | | | | | | | | | | | $ - | $ 243,513.96 | | | |
| United Healthcare | | | | | | | | | | | $ - | $ 519,499.80 | | | |
| Aetna | | | | | | | | | | | $ 8,794.63 | $ 216,532.26 | | | |
| Other Commercial | | | | | | | | | | | $ 1,113.24 | $ 132,352.15 | | | |
| ***Total Commercial*** | | | | | | | | | | | $ 692,885.19 | $ 4,466,295.57 | | | |
| | | | | | | | | | | | | | | | |
| Network Health | | | | | | | | | | | | | | | |
| Neighborhood Health Plan | | | | | | | | | | | $ 203,758.97 | $ 737.94 | | | |
| BMC HealthNet, Inc. | | | | | | | | | | | $ - | $ - | | | |
| Health New England | | | | | | | | | | | $ 1,491.92 | $ 1,050.98 | | | |
| Fallon Community Health Plan | | | | | | | | | | | | | | | |
| Other Managed Medicaid | | | | | | | | | | | $ 55,648.72 | $ 200,726.90 | | | |
| ***Total Managed Medicaid*** | | | | | | | | | | | $ 260,899.61 | $ 202,515.82 | | | |
| | | | | | | | | | | | | | | | |
| ***MassHealth*** | | | | | | | | | | | | $ 192,351.42 | | | |
| | | | | | | | | | | | | | | | |
| Tufts Medicare Preferred | | | | | | | | | | | $ 9,273.39 | $ 85,506.27 | | | |
| Blue Cross Senior Options | | | | | | | | | | | | $ 45,534.21 | | | |
| Other Comm Medicare | | | | | | | | | | | $ 5,303.82 | $ 110,150.34 | | | |
| ***Commercial Medicare Subtotal*** | | | | | | | | | | | $ 14,577.21 | $ 241,190.82 | | | |
| | | | | | | | | | | | | | | | |
| ***Medicare*** | | | | | | | | | | | | $ 525,746.15 | | | |
| | | | | | | | | | | | | | | | |
| ***Other*** | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| **GRAND TOTAL** | | | | | | | | | | | $ 968,362.01 | $ 5,628,099.78 | | | |

****CONFIDENTIAL TREATMENT REQUESTED****

| Calendar Year 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 | | | | | | | | | | | $ 10,375.76 | $ 2,322,843.00 | | | |
| Tufts Health Plan | | | | | | | | | | | $ 54,220.64 | $ 762,174.88 | | | |
| Harvard Pilgrim Health Care | | | | | | | | | | | $ 814,417.05 | $ 165,773.70 | | | |
| Fallon Community Health Plan | | | | | | | | | | | $ 106,990.25 | $ 67,241.67 | | | |
| CIGNA | | | | | | | | | | | $ 3,526.22 | $ 297,845.33 | | | |
| United Healthcare | | | | | | | | | | | $ 51,955.32 | $ 489,066.98 | | | |
| Aetna | | | | | | | | | | | $ 74,932.25 | $ 188,326.23 | | | |
| Other Commercial | | | | | | | | | | | $ 916.68 | $ 366,795.68 | | | |
| ***Total Commercial*** | | | | | | | | | | | $ 1,117,334.17 | $ 4,660,067.47 | | | |
| | | | | | | | | | | | | | | | |
| Network Health | | | | | | | | | | | $ - | $ - | | | |
| Neighborhood Health Plan | | | | | | | | | | | $ 218,714.07 | $ 3,257.68 | | | |
| BMC HealthNet, Inc. | | | | | | | | | | | $ 74,851.43 | $ - | | | |
| Health New England | | | | | | | | | | | $ 1,023.98 | $ 2,453.60 | | | |
| Fallon Community Health Plan | | | | | | | | | | | $ 288.49 | $ 10,848.66 | | | |
| Other Managed Medicaid | | | | | | | | | | | $ 633.06 | $ 144,987.77 | | | |
| ***Total Managed Medicaid*** | | | | | | | | | | | $ 295,511.03 | $ 161,547.71 | | | |
| | | | | | | | | | | | | | | | |
| ***MassHealth*** | | | | | | | | | | | $ - | $ 195,524.17 | | | |
| | | | | | | | | | | | | | | | |
| Tufts Medicare Preferred | | | | | | | | | | | $ 46,125.81 | $ 75,560.00 | | | |
| Blue Cross Senior Options | | | | | | | | | | | | $ 189,765.21 | | | |
| Other Comm Medicare | | | | | | | | | | | $ 6,034.24 | $ 29,855.27 | | | |
| ***Commercial Medicare Subtotal*** | | | | | | | | | | | $ 52,160.05 | $ 295,180.48 | | | |
| | | | | | | | | | | | | | | | |
| ***Medicare*** | | | | | | | | | | | | $ 620,456.80 | | | |
| | | | | | | | | | | | | | | | |
| ***Other*** | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| **GRAND TOTAL** | | | | | | | | | | | $ 1,465,005.25 | $ 5,932,776.63 | | | |

****CONFIDENTIAL TREATMENT REQUESTED****

| Calendar Year 2014 | 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 | | | | | | | | | | | $ 51,225.30 | $ 3,422,071.80 | | | |
| Tufts Health Plan | | | | | | | | | | | $ 125,850.22 | $ 992,106.50 | | | |
| Harvard Pilgrim Health Care | | | | | | | | | | | $ 259,939.40 | $ 1,028,672.80 | | | |
| Fallon Community Health Plan | | | | | | | | | | | $ 134,611.79 | $ 158,436.20 | | | |
| CIGNA | | | | | | | | | | | $ 2,135.09 | $ 441,892.57 | | | |
| United Healthcare | | | | | | | | | | | $ 62,971.12 | $ 663,720.27 | | | |
| Aetna | | | | | | | | | | | $ 371.72 | $ 490,955.59 | | | |
| Other Commercial | | | | | | | | | | | $ 3,795.51 | $ 352,801.28 | | | |
| ***Total Commercial*** | | | | | | | | | | | $ 640,900.15 | $ 7,550,657.01 | | | |
| | | | | | | | | | | | | | | | |
| Network Health | | | | | | | | | | | | | | | |
| Neighborhood Health Plan | | | | | | | | | | | $ 381,822.95 | $ 6,801.83 | | | |
| BMC HealthNet, Inc. | | | | | | | | | | | $ 188,910.07 | $ - | | | |
| Health New England | | | | | | | | | | | $ 28,274.58 | $ 16,335.20 | | | |
| Fallon Community Health Plan | | | | | | | | | | | $ 4,557.37 | $ 34,135.26 | | | |
| Other Managed Medicaid | | | | | | | | | | | $ 4,724.60 | $ 23,602.13 | | | |
| ***Total Managed Medicaid*** | | | | | | | | | | | $ 608,289.57 | $ 80,874.42 | | | |
| | | | | | | | | | | | | | | | |
| ***MassHealth*** | | | | | | | | | | | | $ 1,054,783.80 | | | |
| | | | | | | | | | | | | | | | |
| Tufts Medicare Preferred | | | | | | | | | | | $ 81,651.36 | $ 132,396.58 | | | |
| Blue Cross Senior Options | | | | | | | | | | | $ 4,201.50 | $ 47,994.93 | | | |
| Other Comm Medicare | | | | | | | | | | | $ 1,590.64 | $ 24,000.56 | | | |
| ***Commercial Medicare Subtotal*** | | | | | | | | | | | $ 87,443.50 | $ 204,392.07 | | | |
| | | | | | | | | | | | | | | | |
| ***Medicare*** | | | | | | | | | | | | $ 1,051,572.40 | | | |
| | | | | | | | | | | | | | | | |
| ***Other*** | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| **GRAND TOTAL** | | | | | | | | | | | $ 1,336,633.22 | $ 9,942,279.70 | | | |

**CONFIDENTIAL TREATMENT REQUESTED**

| Calendar Year 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 | | | | | | | | | | | $ 72,557.64 | $ 7,115,300.30 | | | |
| Tufts Health Plan | | | | | | | | | | | $ 90,639.54 | $ 2,061,961.50 | | | |
| Harvard Pilgrim Health Care | | | | | | | | | | | $ 268,924.62 | $ 2,333,334.60 | | | |
| Fallon Community Health Plan | | | | | | | | | | | $ 7,224.40 | $ 647,367.36 | | | |
| CIGNA | | | | | | | | | | | $ 36.00 | $ 903,930.72 | | | |
| United Healthcare | | | | | | | | | | | $ 15,907.31 | $ 1,460,123.90 | | | |
| Aetna | | | | | | | | | | | $ 5,741.06 | $ 1,065,353.20 | | | |
| Other Commercial | | | | | | | | | | | $ 56,486.21 | $ 1,182,193.90 | | | |
| ***Total Commercial*** | | | | | | | | | | | $ 517,516.78 | $ 16,769,565.48 | | | |
| | | | | | | | | | | | | | | | |
| Network Health | | | | | | | | | | | | | | | |
| Neighborhood Health Plan | | | | | | | | | | | $ 892,964.93 | $ 7,684.88 | | | |
| BMC HealthNet, Inc. | | | | | | | | | | | $ 397,639.73 | | | | |
| Health New England | | | | | | | | | | | $ 93,944.33 | $ 92,157.78 | | | |
| Fallon Community Health Plan | | | | | | | | | | | $ 8,966.88 | $ 76,423.65 | | | |
| Other Managed Medicaid | | | | | | | | | | | $ 383,925.94 | $ 150,928.96 | | | |
| ***Total Managed Medicaid*** | | | | | | | | | | | $ 1,777,441.81 | $ 327,195.27 | | | |
| | | | | | | | | | | | | | | | |
| ***MassHealth*** | | | | | | | | | | | | $ 864,846.79 | | | |
| | | | | | | | | | | | | | | | |
| Tufts Medicare Preferred | | | | | | | | | | | $ 112,551.59 | $ 305,177.64 | | | |
| Blue Cross Senior Options | | | | | | | | | | | $ 5,991.15 | $ 486,260.49 | | | |
| Other Comm Medicare | | | | | | | | | | | 2714.47 | $ 29,492.69 | | | |
| ***Commercial Medicare Subtotal*** | | | | | | | | | | | $ 121,257.21 | $ 820,930.82 | | | |
| | | | | | | | | | | | | | | | |
| ***Medicare*** | | | | | | | | | | | | $ 2,307,717.70 | | | |
| | | | | | | | | | | | | | | | |
| ***Other*** | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| **GRAND TOTAL** | | | | | | | | | | | $ 2,416,215.80 | $ 21,090,256.06 | | | |