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)
      1. As a provider that specializes in the treatment of substance use disorders and mental illness our reimbursement rates have been grossly inadequate for years and the current benchmark will not allow us to recruit or retain Staff.
      2. As primary a community based behavioral health provider without Federal or State funding for Information Technology improvements we need to increase our spending in this area to be more effective and efficient.

   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)
      1. As a smaller provider, the cost of Health Insurance is one of our largest expenses. If we could purchase our Employee Health Insurance thru the State we could realize considerable savings.
      2. Currently many of the large Healthcare Systems are beginning to offer Addiction and Mental Health Services instead of collaborating with providers in the community. When they compete with us, they pay higher wages and offer better benefits to our Staff creating staffing shortages for Community Providers. The Commonwealth should encourage collaboration with Community Providers.

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)

Plans to Implement in the Next 12 Months

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

Plans to Implement in the Next 12 Months

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

Plans to Implement in the Next 12 Months

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

Plans to Implement in the Next 12 Months

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

Plans to Implement in the Next 12 Months

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

Does NOT Plan to Implement in the Next 12 Months

vii. Other: Insert Text Here

viii. Other: Insert Text Here

ix. Other: Insert Text 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)

As a Behavioral Healthcare Provider we are very interested in integrating with the broader health care system and have been reaching out to meet with Healthcare Systems in our region.

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)

We have not found much interest by most large healthcare systems in integrating with us.

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)

Our Organization is a provider of domestic violence services, emergency family shelters and both permanent and transitional supportive housing. We are continuing to try to expand both our shelter and housing capacity to better meet the needs of our Clients.

Our Organization continues to expand our Community Support Program, our recovery Coach Program and our Home Based Services to support Clients in the Community.

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)

Access to Capital for expansion and inadequate reimbursement are our two biggest barriers to better addressing this issue.

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.
Most of our Clients are insured by Mass Health and have limited options for follow up primary care.

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.
38T

ii. If no, why not?
We are in the process of implementing an EHR and will be incorporating quality measures as we move forward.

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.
38T

ii. If no, why not?
This is beyond the current capability of our specialty EMR for behavioral health 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?
No

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.
38T

ii. If no, why not?
We are currently working on interfaces with other providers.

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)

We have been working on creating a continuum of care of behavioral health services which would allow us to better participate in alternative payment models.

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)
We have not had the opportunity to date to consider participating in a APM.

c. Are behavioral health services included in your APM contracts with payers?
Yes
    i. If no, why not?
    We only provide behavioral health services.

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.
    This has not been a major challenge for our 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).
    My only suggestion is to making sure we can upload the requested data to the Commonwealth or other Payer directly from our EHR.

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.
38T

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.

   Excel document submitted separately with requested data.

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.
      Our rates are part of our admission documents.

   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 have not conducted any analysis.

   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 no barriers in providing any information requested.

Submitted by;

Daniel S. Mumbauer
President & CEO

HIGH POINT TREATMENT CENTER

2015 (MILLIONS)	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											3.40				
Tufts Health Plan															
Harvard Pilgrim Health Care															
Fallon Community Health Plan															
CIGNA															
United Health care															
Aetna															
Other Commercial															
Total Commercial											3.40				
Network Health											7.22				
Neighborhood Health Plan															
BMC HealthNet, Inc.											11.05				
Health New England															
Fallon Community Health Plan															
Other Managed Medicaid											5.10				
Total Managed Medicaid											23.37				
Mass Health											6.80				
Tufts Medicare Preferred															
Blue Cross Senior Options															
Other Comm Medicare															
Commercial Medicare Subtotal											-				
Medicare											-				
Other											8.92				
GRAND TOTAL											42.50				

	P4P Contracts				Risk Contracts										
2014 (MILLIONS)	Claims-Based Revenue		Incentive-Based Revenue		Claims-Based Revenue		Budget Surplus/(Deficit) Revenue		Quality Incentive Revenue		FFS Arrangements		Other Revenue		
	HMO	PPO	HMO	PPO	HMO	PPO	HMO	PPO	HMO	PPO	HMO	PPO	HMO	PPO	BOTH
Blue Cross Blue Shield											2.85				
Tufts Health Plan															
Harvard Pilgrim Health Care															
Fallon Community Health Plan															
CIGNA															
United Health care															
Aetna															
Other Commercial															
Total Commercial											2.85				
Network Health											4.48				
Neighborhood Health Plan															
BMC HealthNet, Inc.											9.38				
Health New England															
Fallon Community Health Plan															
Other Managed Medicaid											3.67				
Total Managed Medicaid											17.53				
Mass Health											10.60				
Tufts Medicare Preferred															
Blue Cross Senior Options															
Other Comm Medicare															
Commercial Medicare Subtotal											-				
Medicare											0.41				
Other											9.38				
GRAND TOTAL											40.77				

2013 (MILLIONS)	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											3.92				
Tufts Health Plan															
Harvard Pilgrim Health Care															
Fallon Community Health Plan															
CIGNA															
United Health care															
Aetna															
Other Commercial															
Total Commercial											3.92				
Network Health											5.10				
Neighborhood Health Plan															
BMC HealthNet, Inc.											8.62				
Health New England															
Fallon Community Health Plan															
Other Managed Medicaid											9.41				
Total Managed Medicaid											23.13				
Mass Health											2.74				
Tufts Medicare Preferred															
Blue Cross Senior Options															
Other Comm Medicare															
Commercial Medicare Subtotal											-				
Medicare											0.39				
Other											9.02				
GRAND TOTAL											39.20				

2012 (MILLIONS)	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											3.13				
Tufts Health Plan															
Harvard Pilgrim Health Care															
Fallon Community Health Plan															
CIGNA															
United Health care															
Aetna															
Other Commercial															
Total Commercial											3.13				
Network Health											5.86				
Neighborhood Health Plan															
BMC HealthNet, Inc.											8.99				
Health New England															
Fallon Community Health Plan															
Other Managed Medicaid											10.17				
Total Managed Medicaid											25.02				
Mass Health											1.95				
Tufts Medicare Preferred															
Blue Cross Senior Options															
Other Comm Medicare															
Commercial Medicare Subtotal											-				
Medicare											0.39				
Other											8.60				
GRAND TOTAL											39.10				