

## Exhibit 1 AGO Questions to Providers and Hospitals

Please email [HPC-Testimony@state.ma.us](mailto:HPC-Testimony@state.ma.us) to request an Excel version of this spreadsheet.

### NOTES:

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 **Budget Surplus/(Deficit) Revenue** is the total revenue a provider received or was retracted upon settlement of the efficiency-related budgets or benchmarks established in a Risk Contract.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

2010

Cambridge Health Alliance Exhibit C, Question 5, September 27, 2013

Dollars are shown in Millions.

	P4P				Risk						FFS		Other		
	Claims-		Incent		Claims-Based		Budget (Deficit)		Qualit Incent Reven						
	ALL		ALL		ALL		ALL		ALL		ALL		ALL		Both
BCBSMA *	22.7		0.2		9.4								1.4		
Tufts *					3.4						6.0		0.5		
HPHC *					3.6						4.8		0.5		
Fallon											0.1				
CIGNA											0.8				
United											2.1				
Aetna											2.5				
Other Commercial											20.0				
Total Commercial	22.7		0.2		16.4						36.3		2.4		
Network Health											34.3				
NHP											10.2				
BMC Healthnet											0.9				
Fallon															
Total Managed Medicaid											45.5				
Mass Health	55.7		0.7								7.9				
Tufts Medicare Preferred					0.4						1.5				
Blue Cross Senior Options											0.8				
Other Comm Medicare											5.0				
Commercial Medicare Subtotal					0.4						7.3				
Medicare											75.0				
GRAND TOTAL	78.4		0.9		16.8						172.0		2.4		

\* The risk for these contracts are settled in the aggregate, results were prorated across these payors for purposes of estimating impact

\* For these contracts the physicians organization is the only participant

2011

Cambridge Health Alliance Exhibit C, Question 5, September 27, 2013

Dollars are shown in Millions.

	P4P Contracts				Risk Contracts					FFS Arrangements		Other Revenue Arrangements		
	Claims-Based Revenue		Incentive-Based Revenue		Claims-Based Revenue		Budget Surplus/ (Deficit)		Quality Incentive Revenue					
	ALL		ALL		ALL		ALL		ALL		ALL		Both	
BCBSMA *	24.1		0.3		8.9		0.6					0.7		
Tufts *					3.2		0.2				5.8		0.3	
HPHC *	6.0		0.1		3.6		0.2						0.3	
Fallon														
CIGNA											1.0			
United											2.7			
Aetna											2.7			
Other Commercial	0.2										17.2			
<b>Total Commercial</b>	<b>30.3</b>		<b>0.4</b>		<b>15.7</b>		<b>1.0</b>				<b>29.4</b>		<b>1.3</b>	
Network Health					34.9									
NHP											12.4			
BMC Healthnet											0.6			
Fallon														
<b>Total Managed Medicaid</b>					<b>34.9</b>						<b>13.0</b>			
<b>Mass Health</b>	<b>59.9</b>		<b>2.1</b>								<b>7.2</b>			
Tufts Medicare Preferred					0.5						2.2			
Blue Cross Senior Options											0.7			
Other Comm Medicare											6.8			
<b>Commercial Medicare Subtotal</b>					<b>0.5</b>						<b>9.7</b>			
<b>Medicare</b>											<b>77.0</b>			
<b>GRAND TOTAL</b>	<b>90.2</b>		<b>2.5</b>		<b>51.1</b>		<b>1.0</b>				<b>136.3</b>		<b>1.3</b>	

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2012

Cambridge Health Alliance Exhibit C, Question 5, September 27, 2013

Dollars are shown in Millions.

	P4P Contracts				Risk Contracts					FFS Arrangements		Other Revenue Arrangements		
	Claims-Based Revenue		Incentive-Based Revenue		Claims-Based Revenue		Budget Surplus/ (Deficit)		Quality Incentive Revenue					
	ALL		ALL		ALL		ALL		ALL		ALL		Both	
BCBSMA *	24.1		0.3		8.6		0.9					0.6		
Tufts *					3.2		0.3				4.1		0.2	
HPHC *	5.6		0.1		3.7		0.4						0.3	
Fallon														
CIGNA											1.2			
United											3.1			
Aetna											2.5			
Other Commercial	0.2										22.7			
<b>Total Commercial</b>	<b>29.9</b>		<b>0.4</b>		<b>15.5</b>		<b>1.6</b>				<b>33.6</b>		<b>1.1</b>	
Network Health					33.7		(3.8)				5.7			
NHP											13.1			
BMC Healthnet											0.5			
Fallon														
<b>Total Managed Medicaid</b>					<b>33.7</b>		<b>(3.8)</b>				<b>19.3</b>			
<b>Mass Health</b>	<b>63.5</b>		<b>2.0</b>								<b>7.4</b>			
Tufts Medicare Preferred					0.4		0.1				2.0		0.1	
Blue Cross Senior Options											0.8			
Other Comm Medicare											9.5			
<b>Commercial Medicare Subtotal</b>					<b>0.4</b>		<b>0.1</b>				<b>12.3</b>		<b>0.1</b>	
<b>Medicare</b>											<b>89.8</b>		<b>0.2</b>	
<b>GRAND TOTAL</b>	<b>93.4</b>		<b>2.4</b>		<b>49.6</b>		<b>(2.1)</b>				<b>162.4</b>		<b>1.4</b>	

\* The risk for these contracts are settled in the aggregate, results were prorated across these payors for purposes of estimating impact

\* For these contracts the physicians organization is the only participant