

Exhibit 1 AGO Questions to Providers and Hospitals

Please email 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 **Budget Surplus/(Deficit) Revenue** is the total revenue a provider received or was retracted upon settlement of the efficiency-related budgets or benchmarks established in a Risk Contract.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.

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Exhibit 1 AGO Questions to Providers and Hospitals

2009

	P4P Contracts				Risk Contracts						FFS Arrangements		Other Revenue Arrangements		
	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
BCBSMA	\$13.9M	\$8.9M	\$356K	\$218K	X	X	X	X	X	X	X	X	X	X	X
Tufts	\$4.5M	\$1.1M	\$22K	\$540K	X	X	X	X	X	X	X	X	X	X	X
HPHC	X	X	X	X	X	X	X	X	X	X	\$3.9M	X	X	X	X
Fallon	X	X	X	X	X	X	X	X	X	X	\$907K	X	X	X	X
CIGNA	X	X	X	X	X	X	X	X	X	X	\$650K	\$650K	X	X	X
United	X	X	X	X	X	X	X	X	X	X	\$600K	\$600K	X	X	X
Aetna	X	X	X	X	X	X	X	X	X	X	\$600K	\$600K	X	X	X
Other Commercial *	X	X	X	X	X	X	X	X	X	X	\$4.5M	X	X	X	X
Total Commercial	\$18.4M	\$10.0M	\$378K	\$758K	X	X	X	X	X	X	\$11.2M	\$1.9M	X	X	X
Network Health	X	X	X	X	X	X	X	X	X	X	\$8.9M	X	X	X	X
NHP	X	X	X	X	X	X	X	X	X	X	\$11.7M	X	X	X	X
BMC Healthnet *	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Fallon	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	\$20.6M	X	X	X	X
Mass Health	X	X	X	X	X	X	X	X	X	X	\$19.1M	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	\$1.5M	X	X	X	X
Other Comm Medicare	X	X	X	X	X	X	X	X	X	X	\$7.6M	X	X	X	X
Commercial Medicare Subtotal	X	X	X	X	X	X	X	X	X	X	\$9.1M	X	X	X	X
Medicare	X	X	X	X	X	X	X	X	X	X	\$55.2M	X	X	X	X
GRAND TOTAL	\$18.4M	\$10.0M	\$378K	\$758K	X	X	X	X	X	X	\$115.2M	\$1.9M	X	X	X

*Note: Data for BMC HealthNet is included in Other Commercial

Exhibit 1 AGO Questions to Providers and Hospitals

2010

	P4P Contracts				Risk Contracts						FFS Arrangements		Other Revenue Arrangements		
	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
BCBSMA	\$12.9M	\$9.3M	\$396K	\$286K	X	X	X	X	X	X	X	X	X	X	X
Tufts	\$3.9M	\$1.1M	\$49K	\$17K	X	X	X	X	X	X	X	X	X	X	X
HPHC	X	X	X	X	X	X	X	X	X	X	\$3.9M	X	X	X	X
Fallon	X	X	X	X	X	X	X	X	X	X	\$982K	X	X	X	X
CIGNA	X	X	X	X	X	X	X	X	X	X	\$550K	\$550K	X	X	X
United	X	X	X	X	X	X	X	X	X	X	\$600K	\$600K	X	X	X
Aetna	X	X	X	X	X	X	X	X	X	X	\$700K	\$700K	X	X	X
Other Commercial *	X	X	X	X	X	X	X	X	X	X	\$10.6M	X	X	X	X
Total Commercial	\$16.8M	\$10.4M	\$445K	\$303K	X	X	X	X	X	X	\$17.3M	\$1.9M	X	X	X
Network Health	X	X	X	X	X	X	X	X	X	X	\$6.9M	X	X	X	X
NHP	X	X	X	X	X	X	X	X	X	X	\$10.2M	X	X	X	X
BMC Healthnet *	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Fallon	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	\$17.1M	X	X	X	X
Mass Health	X	X	X	X	X	X	X	X	X	X	\$19.6M	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	\$1.2M	X	X	X	X
Other Comm Medicare	X	X	X	X	X	X	X	X	X	X	\$8.2M	X	X	X	X
Commercial Medicare Subtotal	X	X	X	X	X	X	X	X	X	X	\$9.4M	X	X	X	X
Medicare	X	X	X	X	X	X	X	X	X	X	\$57.0M	X	X	X	X
GRAND TOTAL	\$16.8M	\$10.4M	\$445K	\$303K	X	X	X	X	X	X	\$120.4M	\$1.9M	X	X	X

*Note: Data for BMC HealthNet is included in Other Commercial

Exhibit 1 AGO Questions to Providers and Hospitals

2011

	P4P Contracts				Risk Contracts						FFS Arrangements		Other Revenue Arrangements		
	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
BCBSMA	\$10.9M	\$9.4M	\$247K	\$211K	X	X	X	X	X	X	X	X	X	X	X
Tufts	X	X	X	X	X	X	X	X	X	X	\$3.4M	\$1.6M	X	X	X
HPHC	X	X	X	X	X	X	X	X	X	X	\$5M	X	X	X	X
Fallon	X	X	X	X	X	X	X	X	X	X	\$658K	X	X	X	X
CIGNA	X	X	X	X	X	X	X	X	X	X	\$550K	\$550K	X	X	X
United	X	X	X	X	X	X	X	X	X	X	\$600K	\$600K	X	X	X
Aetna	X	X	X	X	X	X	X	X	X	X	\$950K	\$950K	X	X	X
Other Commercial *	X	X	X	X	X	X	X	X	X	X	\$15.1M	X	X	X	X
Total Commercial	\$10.9M	\$9.4M	\$247K	\$211K	X	X	X	X	X	X	\$26.3M	\$3.7M	X	X	X
Network Health	X	X	X	X	X	X	X	X	X	X	\$6.9M	X	X	X	X
NHP	X	X	X	X	X	X	X	X	X	X	\$10.0M	X	X	X	X
BMC Healthnet *	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Fallon	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	\$16.9M	X	X	X	X
Mass Health	X	X	X	X	X	X	X	X	X	X	\$20.1M	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	\$1.0M	X	X	X	X
Other Comm Medicare	X	X	X	X	X	X	X	X	X	X	\$7.3M	X	X	X	X
Commercial Medicare Subtotal	X	X	X	X	X	X	X	X	X	X	\$8.3M	X	X	X	X
Medicare	X	X	X	X	X	X	X	X	X	X	\$64.5M	X	X	X	X
GRAND TOTAL	\$10.9M	\$9.4M	\$247K	\$211K	X	X	X	X	X	X	\$136.1M	\$3.7M	X	X	X

*Note: Data for BMC HealthNet is included in Other Commercial

Exhibit 1 AGO Questions to Providers and Hospitals
2012

	P4P Contracts				Risk Contracts						FFS Arrangements		Other Revenue Arrangements		
	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
BCBSMA	\$10.0M	\$8.5M	\$337K	\$287K	X	X	X	X	X	X	X	X	X	X	\$650K
Tufts	\$2.7M	\$1.4M	X	X	X	X	X	X	X	X	X	X	X	X	X
HPHC	\$3.8M	X	\$3.8M	X	X	X	X	X	X	X	X	X	X	X	X
Fallon	X	X	X	X	X	X	X	X	X	X	\$605K	X	X	X	X
CIGNA	X	X	X	X	X	X	X	X	X	X	\$750K	\$750K	X	X	X
United	X	X	X	X	X	X	X	X	X	X	\$2.2M	\$2.2K	X	X	X
Aetna	X	X	X	X	X	X	X	X	X	X	\$750K	\$750K	X	X	X
Other Commercial *	X	X	X	X	X	X	X	X	X	X	\$3.7M	X	X	X	X
Total Commercial	\$16.5M	\$9.9M	\$4.1M	\$287K	X	X	X	X	X	X	\$8.0M	\$3.7M	X	X	\$650K
Network Health	X	X	X	X	X	X	X	X	X	X	\$9.1M	X	X	X	X
NHP	X	X	X	X	X	X	X	X	X	X	\$13.4M	X	X	X	X
BMC Healthnet *	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Fallon	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	\$22.5M	X	X	X	X
Mass Health	X	X	X	X	X	X	X	X	X	X	\$20.1M	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	\$1.1M	X	X	X	X
Other Comm Medicare	X	X	X	X	X	X	X	X	X	X	\$8.9M	X	X	X	X
Commercial Medicare Subtotal	X	X	X	X	X	X	X	X	X	X	\$10.0M	X	X	X	X
Medicare	X	X	X	X	X	X	X	X	X	X	\$70.2M	X	X	X	X
GRAND TOTAL	\$16.5M	\$9.9M	\$4.1M	\$287K	X	X	X	X	X	X	\$130.8M	\$3.7M	X	X	\$650K

*Note: Data for BMC HealthNet is included in Other Commercial

Lawrence General Hospital

Appendix A

(Exhibit C, Question 1)

	FY2012			
	(a) Commercial Business	(b) Government Business	(c) All Other Business	Total
Gross Patient Service Revenue	107,629,055	295,425,113	27,188,696	430,242,864
Cost to Charge Ratio	48.4%	48.4%	48.4%	48.4%
Total Patient Expenses	52,134,076	143,099,978	13,169,841	208,403,895
Net Patient Service Revenue	43,207,143	132,977,668	22,366,900	198,551,711
Operating Income	(8,926,933)	(10,122,310)	9,197,059	(9,852,184)

Net Revenue	(a) Commercial Business	(b) Government Business	(c) All Other Business	Total
Managed Care	40,674,229			40,674,229
Non-Managed	2,532,914			2,532,914
Medicare Managed		10,018,979		10,018,979
Medicare FFS		70,164,953		70,164,953
Medicaid Managed		22,540,377		22,540,377
Medicaid FFS		20,103,786		20,103,786
Commonwealth Care		4,657,939		4,657,939
HSN		3,245,216		3,245,216
Other Government		2,246,418		2,246,418
Workmans Compensation			1,033,788	1,033,788
Self Pay			21,333,112	21,333,112
Total Net Revenue per Sch VA	43,207,143	132,977,668	22,366,900	198,551,711
Percent of Total NPSR	21.76%	66.97%	11.27%	

* Sources: D-403 Filings; Cost per Schedule II; Net Revenue per Schedule VA

** The operating income reflected in this schedule does not include incentive payments received from the Waiver

Lawrence General Hospital

Appendix A

(Exhibit C, Question 1)

	FY2011			
	(a) Commercial Business	(b) Government Business	(c) All Other Business	Total
Gross Patient Service Revenue	119,985,701	278,846,823	19,428,566	418,261,090
Cost to Charge Ratio	44.7%	44.7%	44.7%	44.7%
Total Patient Expenses	53,649,841	124,682,254	8,687,197	187,019,292
Net Patient Service Revenue	50,763,972	120,374,779	14,658,248	185,796,999
Operating Income	(2,885,869)	(4,307,475)	5,971,051	(1,222,293)

Net Revenue	(a) Commercial Business	(b) Government Business	(c) All Other Business	Total
Managed Care	47,013,792			47,013,792
Non-Managed	3,750,180			3,750,180
Medicare Managed		8,304,124		8,304,124
Medicare FFS		64,520,354		64,520,354
Medicaid Managed		16,955,907		16,955,907
Medicaid FFS		20,132,366		20,132,366
Commonwealth Care		3,312,141		3,312,141
HSN		6,173,268		6,173,268
Other Government		976,619		976,619
Workmans Compensation			1,288,869	1,288,869
Self Pay			13,369,379	13,369,379
Total Net Revenue per Sch VA	50,763,972	120,374,779	14,658,248	185,796,999
Percent of Total NPSR	27.32%	64.79%	7.89%	

* Sources: D-403 Filings; Cost per Schedule II; Net Revenue per Schedule VA

Lawrence General Hospital

Appendix A

(Exhibit C, Question 1)

	FY2010			
	(a) Commercial Business	(b) Government Business	(c) All Other Business	Total
Gross Patient Service Revenue	110,727,690	266,705,988	17,695,330	395,129,008
Cost to Charge Ratio	44.7%	44.7%	44.7%	44.7%
Total Patient Expenses	49,495,392	119,217,854	7,909,831	176,623,077
Net Patient Service Revenue	47,134,266	112,315,627	14,926,271	174,376,164
Operating Income	(2,361,126)	(6,902,227)	7,016,440	(2,246,913)

Net Revenue	(a) Commercial Business	(b) Government Business	(c) All Other Business	Total
Managed Care	43,224,562			43,224,562
Non-Managed	3,909,704			3,909,704
Medicare Managed		9,463,628		9,463,628
Medicare FFS		57,039,315		57,039,315
Medicaid Managed		17,121,849		17,121,849
Medicaid FFS		19,613,726		19,613,726
Commonwealth Care		3,280,634		3,280,634
HSN		4,955,209		4,955,209
Other Government		841,266		841,266
Workmans Compensation			1,238,669	1,238,669
Self Pay			13,687,602	13,687,602
Total Net Revenue per Sch VA	47,134,266	112,315,627	14,926,271	174,376,164
Percent of Total NPSR	27.03%	64.41%	8.56%	

* Sources: D-403 Filings; Cost per Schedule II; Net Revenue per Schedule VA

Lawrence General Hospital

Appendix A

(Exhibit C, Question 1)

	FY2009			
	(a) Commercial Business	(b) Government Business	(c) All Other Business	Total
Gross Patient Service Revenue	101,885,292	254,618,154	16,263,590	372,767,036
Cost to Charge Ratio	45.8%	45.8%	45.8%	45.8%
Total Patient Expenses	46,657,889	116,601,184	7,447,834	170,706,908
Net Patient Service Revenue	42,632,817	111,562,412	14,053,862	168,249,091
Operating Income	(4,025,072)	(5,038,772)	6,606,028	(2,457,817)

Net Revenue	(a) Commercial Business	(b) Government Business	(c) All Other Business	Total
Managed Care	38,784,312			38,784,312
Non-Managed	3,848,505			3,848,505
Medicare Managed		9,063,712		9,063,712
Medicare FFS		55,223,982		55,223,982
Medicaid Managed		20,677,439		20,677,439
Medicaid FFS		19,065,737		19,065,737
Commonwealth Care		5,020,130		5,020,130
HSN		2,409,357		2,409,357
Other Government		102,055		102,055
Workmans Compensation			1,342,821	1,342,821
Self Pay			12,711,041	12,711,041
Total Net Revenue per Sch VA	42,632,817	111,562,412	14,053,862	168,249,091
Percent of Total NPSR	25.34%	66.31%	8.35%	

* Sources: D-403 Filings; Cost per Schedule II; Net Revenue per Schedule VA