

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 **Budget Surplus/(Deficit) Revenue** is the total revenue a provider received or was retracted upon settlement of the efficiency-related budgets or benchmarks established in a Risk Contract.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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2009

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	\$ 0.1				\$ 56.6		\$ 4.0		\$ 4.4				\$ 3.9			
Tufts	\$ 0.2				\$ 10.8		\$ 1.7		\$ 0.1				\$ 0.5	\$ 0.2		
HPHC	\$ 15.9				\$ 15.4		\$ 1.9		\$ 0.2	\$ 0.1			\$ 0.1	\$ 0.1		
Fallon	No Data		\$ 0.0										\$ 0.0			
CIGNA	No Data															
United	No Data															
Aetna	No Data															
Other Commercial	No Data															
Total Commercial	\$ 16.2	\$ -	\$ 0.0	\$ -	\$ 82.8	\$ -	\$ 7.6	\$ -	\$ 4.8	\$ 0.1	\$ -	\$ -	\$ 4.6	\$ 0.3	\$ -	\$ -
Network Health	No Data															
NHP	No Data															
BMC Healthnet	No Data															
Fallon	No Data															
Total Managed Medicaid	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Mass Health																
Tufts Medicare Preferred	No Data		\$ 0.1										\$ 0.1			
Blue Cross Senior Options	No Data															
Other Comm Medicare	No Data															
Commercial Medicare Subtotal	\$ -	\$ -	\$ 0.1	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 0.1	\$ -	\$ -	\$ -
Medicare																
GRAND TOTAL	\$ 16.2	\$ -	\$ 0.1	\$ -	\$ 82.8	\$ -	\$ 7.6	\$ -	\$ 4.8	\$ 0.1	\$ -	\$ -	\$ 4.7	\$ 0.3	\$ -	\$ -

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	Both	HMO	PPO	Both	HMO	PPO	Both
BCBSMA	\$ 0.2		\$ 48.0	\$ 3.7	\$ 4.3									\$ 3.5		
Tufts	\$ 0.1		\$ 10.2	\$ 1.8	\$ 0.2									\$ 0.4	\$ 0.2	
HPHC	\$ 15.0		\$ 15.0	\$ 2.5	\$ 0.1									\$ 0.2	\$ 0.1	
Fallon	No Data													\$ 0.0		
CIGNA	No Data															
United	No Data															
Aetna	No Data															
Other Commercial	No Data															
Total Commercial	\$ 15.3	\$ -	\$ 0.0	\$ -	\$ 7.9	\$ 4.7	\$ 0.1	\$ -	\$ -	\$ 4.0	\$ 0.3	\$ -				
Network Health	No Data															
NHP	No Data															
BMC Healthnet	No Data															
Fallon	No Data															
Total Managed Medicaid	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -			
Mass Health	No Data															
Tufts Medicare	No Data		\$ 0.1							\$ 0.1						
Blue Cross Senior Options	No Data															
Other Comm Medicare	No Data															
Commercial Medicare Subtotal	\$ -	\$ -	\$ 0.1	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 0.1	\$ -	\$ -	\$ -	\$ 0.1	\$ -	\$ -
Medicare																
GRAND TOTAL	#VALUE!	\$ -	\$ 0.1	\$ -	\$ 7.9	\$ 4.7	\$ 0.1	\$ -	\$ -	\$ 4.2	\$ 0.3	\$ -				

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2011

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	HMO	PPO	Both	
BCBSMA	\$ 0.1				\$ 45.5		\$ 3.1		\$ 4.4				\$ 2.9					
Tufts	\$ 0.1				\$ 9.0		\$ 1.6		\$ 0.1				\$ 0.4		\$ 0.2			
HPHC	\$ 5.0				\$ 15.0		\$ 2.4		\$ 0.2	\$ 0.1			\$ 0.1	\$ 0.1				
Fallon	No Data			\$ 0.0									\$ 0.0					
CIGNA	No Data																	
United	No Data																	
Aetna	No Data																	
Other Commercial	No Data																	
Total Commercial	\$ 5.2	\$ -	\$ -	\$ 0.0	\$ 69.5	\$ -	\$ 7.1	\$ -	\$ 4.8	\$ 0.1	\$ -	\$ -	\$ 3.4	\$ 0.3	\$ -	\$ -	\$ -	
Network Health	No Data																	
NHP	No Data																	
BMC Healthnet	No Data																	
Fallon	No Data																	
Total Managed Medicaid	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Mass Health	No Data																	
Tufts Medicare	No Data																	
Preferred	No Data																	
Blue Cross Senior Options	No Data																	
Other Comm Medicare	No Data																	
Commercial Medicare Subtotal	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Medicare																		
GRAND TOTAL	#VALUE!	\$ -	\$ -	\$ 0.0	\$ 69.5	\$ -	\$ 7.1	\$ -	\$ 4.8	\$ 0.1	\$ -	\$ -	\$ 3.4	\$ 0.3	\$ -	\$ -	\$ -	

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2012

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	Both
	HMO	PPO	HMO	PPO	HMO	PPO	HMO	PPO	HMO	PPO	HMO	PPO	Both
BCBSMA	\$ 0.1				\$ 43.7		\$ 2.9		\$ 6.7		\$ 0.7		
Tufts	\$ 0.3				\$ 9.2		\$ 1.5		\$ -		\$ 0.1		
HPHC	\$ 5.6				\$ 15.0		\$ 2.4		\$ 0.2	\$ 0.1	\$ 0.2	\$ 0.1	
Fallon	No Data			\$ 0.0							\$ 0.0		
CIGNA	No Data												
United	No Data												
Aetna	No Data												
Other Commercial	No Data												
Total Commercial	\$ 6.0	\$ -	\$ -	\$ 0.0	\$ 67.9	\$ -	\$ 6.9	\$ -	\$ 6.9	\$ 0.1	\$ -	\$ 1.0	\$ 0.1
Network Health	No Data												
NHP	No Data												
BMC Healthnet	No Data												
Fallon	No Data												
Total Managed Medicaid	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Mass Health													
Tufts Medicare Preferred	No Data												
Blue Cross Senior Options	No Data												
Other Comm Medicare	No Data												
Commercial Medicare Subtotal	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Medicare													
GRAND TOTAL	\$ 6.0	\$ -	\$ -	\$ 0.0	\$ 67.9	\$ -	\$ 6.9	\$ -	\$ 6.9	\$ 0.1	\$ 1.0	\$ 0.1	\$ -