SIGNATURE HEALTHCARE

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**Kim Hollon, FACHE**
President/CEO

September 8, 2014

Health Policy Commission
Attn: Lois H. Johnson
Two Boylston Street, 6th Floor
Boston, MA 02116

*Submitted Electronically via HPC-Testimony@state.ma.us*

Dear Ms. Johnson:

Pursuant to your request and in accordance with Massachusetts General Laws chapter 6D, §8, please find included herein Signature Healthcare Corporation's 2014 Pre-Filed Testimony responses and Exhibit C along with AGO Hospital Exhibit 1 and AGO Hospital Exhibit 2.

By my signature below, I certify that I am legally authorized and empowered to represent Signature Healthcare Corporation for the purposes of this testimony, and acknowledge that it is signed under the pains and penalties of perjury.

Sincerely,

Kim Hollon
President/CEO

## Exhibit A: Notice of Public Hearing

Pursuant to M.G.L. c. 6D, § 8, the 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 6, 2014, 9:00 AM**
**Tuesday, October 7, 2014, 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 7. Any person who wishes to testify may sign up to offer brief comments on a first-come, first-served basis when the hearing commences on October 6.

Members of the public may also submit written testimony. Written comments will be accepted until October 16, 2014 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 16, 2014, to the Health Policy Commission, Two Boylston Street, 6th floor, Boston, MA 02116, attention Lois H. Johnson.

Please note that all written and oral testimony provided by witnesses or the public may be posted on the HPC's website.

The HPC encourages all interested parties to attend the hearing. Visit the Suffolk Law School website for driving and public transportation directions. Suffolk Law School is located diagonally across from the Park Street MBTA station (Red and Green lines). Parking is not available at the law school 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 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 Annual Cost Trends Hearing section of the HPC's website. Materials will be posted regularly as the hearing dates approach.

## Exhibit B: Instructions and HPC Questions for Written Testimony

**Instructions:**

On or before the close of business on September 8, 2014, electronically submit, **using the provided template,** written testimony signed under the pains and penalties of perjury to: HPC-Testimony@state.ma.us. **You may expect to receive the template for submission of responses as an attachment received from HPC-Testimony@state.ma.us.** If you have any difficulty with the template or did not receive it, please contact Kelly Mercer at Kelly.A.Mercer@state.ma.us or (617) 979-1420.

Please begin each response with a brief summary not to exceed 120 words. The provided template has character limits for responses to each question, but 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**.

The testimony must contain a statement that the signatory is legally authorized and empowered to represent the named organization for the purposes of this testimony, and 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 other questions regarding this process or regarding the following questions, please contact: Lois Johnson at Lois.Johnson@state.ma.us or (617) 979-1405.

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**Questions**:

*We encourage you to refer to and build upon your organization's 2013 Pre-Filed Testimony responses, if applicable. Additionally, if there is a point that is relevant to more than one question (including Exhibit C questions from the Attorney General), please state it only once and make an internal reference.*

1. Chapter 224 of the Acts of 2012 (c. 224) sets a health care cost growth benchmark for the Commonwealth based on the long-term growth in the state's economy. The benchmark for growth between CY2012-CY2013 and CY2013-CY2014 is 3.6%.
   SUMMARY:
   a. What trends has your organization experienced in revenue, utilization, and operating expenses from CY 2010-CY2013 and year-to-date 2014? Please comment on the factors driving these trends.
      Cost control efforts temper Signature Healthcare (SHC) Brockton Hospital's significant dependence on governmental payers allowing for stable operating performance with operating margin averaging 8.4% over the four year period, while costs per adjusted day grew by an average of 1.4% over the same four year period (FY 10 – FY 14).

      Admission declines have occurred in part due to specific strategies that management has implemented to allow it to be in better position to handle the increasing emphasis on managing total medical expense and the probable growth of managed care resulting in the reduction of hospital readmissions and inpatient utilization rates for certain groups of patients.
   b. What actions has your organization undertaken since January 1, 2013 to ensure the Commonwealth will meet the benchmark, and what have been the results of these actions?
      SHC, an integrated delivery system of the Brockton Hospital and SHC Medical Group, has accelerated a Lean managed Master Plan which we believe will assist in attaining the Commonwealth benchmark. Multiple kaizen projects are underway at the Hospital, at points of transitions of care and at the medical group. These projects all focused on the triple aim with the goal of establishing a culture of safety and eliminating waste. A Data Warehouse has been created to integrate payer claims, hospital and ambulatory EMR data with biometrics, scheduling and patient demographics. New clinical programs aimed at reducing total medical expense include: Homeward Bound (home visits) nursing school program for CHF; medication management with an ambulatory pharmacist; diabetic registry review; prediabetic intervention and full time psychiatrist in the ED.
   c. What actions does your organization plan to undertake between now and October 1, 2015 (including but not limited to innovative care delivery approaches, use of technology and error reduction) to ensure the Commonwealth will meet the benchmark?
      Planning is currently underway for NCQA medical home certification. Expansion of all PCP practice sites with support from additional clinical care coordinators, social workers, pharmacists and integrated behavior health providers. To control TME, payer claims will be analyzed in the Verisk system using predictive

modeling for stratification of populations allowing data driven appropriate use of case management, disease management and wellness coaching. Standards of care for PCPs and Specialists are a major part of our Lean goals for 2015: ambulatory treatment for COPD; palliative care; increase orthopedic capability to retain patients locally; further reduction of inpatient LOS, observation and ED utilization. Beyond our walls, SHC is collaborating with local businesses to support their efforts to reduce TME in their self funded insurance plans.

d. What systematic or policy changes would encourage or enable your organization to operate more efficiently without reducing quality?
The loss of employed providers to local competitors, particularly PCP's, has been disruptive to patient quality and significantly has increased overhead cost. Local competing organizations should not be allowed to recruit PCPs with significant above market inducements. Massachusetts law prohibits enforcement of covenants not to compete for physicians, thus allowing them to change networks within a service area. State wide systems to operate more efficiently: credentialling which would allow smaller systems without delegation to efficienly hire and employ providers, integrated claims data base with standards to view provider performance across multiple products; financial incentives to patients for lifestyle changes without considering it an inducement; change outpatient pharmacy regs to allow hospital pharmacy to fill discharge meds at this time of transition.

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2. C. 224 requires health plans to reduce the use of fee-for-service payment mechanisms to the maximum extent feasible in order to promote high-quality, efficient care delivery.
SUMMARY:
    a. How have alternative payment methods (APMs) (payment methods used by a payer to reimburse health care providers that are not solely based on the fee-for-service basis, e.g., global budget, limited budget, bundled payment, and other non-fee-for-service models, but not including pay-for-performance incentives accompanying fee-for-service payments) affected your organization's overall quality performance, care delivery practices, referral patterns, and operations?
    APMs are a positive force within our organization, providing financial incentive to support infrastructure not covered by fee for service. At the highest level, APMs provide a valuable data source for uncovering the gaps in our patient care. Currently SHC is at global risk for AQC, Tufts Commercial and Tufts Medicare Preferred. SHC TMP utilization is currently well below TMP network. These incentive payments to a varying degree support the required infrastructure required to succeed. Our PCPRI risk contract began 3/2014. Additional SHC APMs include: BMC HealthNet, NHP and Senior Whole Health.
    b. Attach and discuss any analyses your organization has conducted on the implementation of APMs and resulting effects on your non-clinical operations (e.g., administrative expenses, resources and burdens).
    Support for APMs requires significant internal resources and expense not otherwise needed in a pure fee for service environment. To be successful in risk or APMs SHC has created a new Managed Care Department to house the data

needs, clinical oversight staff, ambulatory pharmacy team, referral management staff, and case managers. SHC has concluded that all populations, including FFS, need to be and are managed the same. As a result, FFS populations benefit with improved quality and utilization without additional revenue for this overhead. Areas of additional overhead include: claims integrated data warehouse with EMR; cost of chronic care staff; ambulatory pharmacist; additional hospitalist team; PCMH development team; investment in referral management staff; administrative cost of taking doctors out of direct care into leadership positions; increased cost for additional access, ie., physician office space.

c. Please include the results of any analyses your organization has conducted on this issue, including both for your patients paid for under APMs and for your overall patient population.
   The financial challenges associated with the ongoing changes in our fee-for-service patient revenues vs. our APM patient revenues is constantly being monitored and evaluated for management action initiatives. These include, but are not limited to, development of new service lines and reduction in expenses.

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3. Please comment on the adequacy or insufficiency of health status risk adjustment measures used in establishing risk contracts and other APM contracts with payers.
   SUMMARY:
   a. In your organization's experience, do health status risk adjustment measures sufficiently account for changes in patient population acuity, including in particular sub-populations (e.g., pediatric) or those with behavioral health conditions?
      Risk adjustment measures rely heavily of the ability of providers to adequately and appropriately code and document at the time of an encounter. Risk adjustment is a statistical model with improving predicability related to population size. Many of SHC's individual Payer populations that are small (less than 5000) are less likely to strongly account accurately for changes in patient population acuity, especially smaller sub populations such a pediatrics or behavior health conditions. No consideration is given to social factors or culture differences in populations and geography. As claims are the basis for risk adjustment, historic outcomes or biometric markers are unfortunately not included. More research is needed, especially in the Medicaid and dual eligible populations.
   b. How do the health status risk adjustment measures used by different payers compare?
      The difficulty in analysis of risk adjustment measures is the proprietary nature of the DxCG formula. Multiple variations of the formula exist with year to year variation in adoption of different variants by the insurers. The CMS HCC methodology of risk adjustment is less difficult to analyze relative to appropriate diagnostic coding. However, the determination of how risk scores are generated is equally complex. Overall the concept of risk adjustment is valid over a large population. With the adoption of ICD-10 next year the current risk adjustment models will rely heavily on organizations that have the resources to train providers in coding and documentation.

c. How does the interaction between risk adjustment measures and other risk contract elements (e.g., risk share, availability of quality or performance-based incentives) affect your organization?
Risk adjustment impacts our risk contract budgets. As a result, SHC has invested significantly in provider education of coding and documentation in view of the contractual and clinical importance of risk adjustment. Two full time documentation specialists provide education and review to all primary care providers. PCPs currently are assessed with monthly reports. Historically the primary care providers have not directly participated in risk sharing or performance based incentives. Plans are underway for reevaluation of provider compensation to move from a purely volume based compensation to a more value based formula.

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4. A theme heard repeatedly at the 2013 Annual Cost Trends Hearing was the need for more timely, reliable, and actionable data and information to facilitate high-value care and performance under APMs. What types of data are or would be most valuable to your organization in this regard? In your response, please address (i) real time data to manage patient care and (ii) historic data or population-level data that would be helpful for population health management and/or financial modeling.
SUMMARY:
ANSWER: Claims data has been the basic information provided by insurers to providers at full risk. Each insurer creates a unique, non standard file structure making it difficult to integrate provider quality of care or universal standards across these multiple versions. A universal standard is needed. Unfortunately, claims data are not timely. It is critical that Payers make claims data available as current as possible. Some payers are beginning to provide more real-time updates of admissions, ER visits and specialty visits. This data continues to be unique to the payer in a non standard format. Local integration of this data stream is currently incomplete and creates waste. Historic population data is lost as patients move from payer to payer. A universal historic quality data base that patients opt in would aid in quality and outcomes.

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5. C. 224 requires health plans to attribute all members to a primary care provider, to the maximum extent feasible.
SUMMARY:
   a. Which attribution methodologies most accurately account for patients you care for?
   Accepting risk based upon various attribution formulas requires a significant statistical population size. Within the various attribution models we are aware of, the provider organization is at risk for TME but the patient has "no skin in the game". SHC has been reluctant to accept contracts with atribution methods. We prefer APM's that require patients to be "linked" to our PCP's. Without significant financial incentives, SHC cannot be responsible for the TME of patients that can self refer to expensive Academic Medical Centers and specialists. Many of our populations that we care for are smaller that 5000 making it statistically difficult to take risk.

b. What suggestions does your organization have for how best to formulate and implement attribution methodologies, especially those used for payment?
SHC does not advocate the use of attribution methodologies to create alternative payment arrangements. Insurance products for all payers should be modifed to require Members to choose and align with Primary Care Physicians. These products should also allow PCP's to deny inappropriate referrals to health care providers outside the PCP's referral circle.

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6. Please discuss the level of effort required to report required quality measures to public and private payers, the extent to which quality measures vary across payers, and the resulting impact(s) on your organization.
SUMMARY:
ANSWER: Surprisingly, HEDIS measures are not standardized across all payers. For example, over the past 5 years AQC and other Commercial Payers have varied the A1C level to between 7 and 9 as the standard they require. AQC is currently <9. The recent PCPRI A1C Quality standard is currently <8. Obtaining quality data, particularly outcomes such as A1C, LDL or actual systolic and diastolic blood pressures is costly, time consuming and requires additional in house systems. Matching claims ID to SHC's EMR ID is necessary to be able to report on outcomes not in claims. The matching process within any systems can never be perfect, but is always costly in terms of IT people and systems. Payer registration data is never perfect, resulting at times in defects in data and inability to verify all quality metrics.

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7. An issue addressed both at the 2013 Annual Cost Trends Hearing and in the Commission's July 2014 Cost Trends Report Supplement is the Commonwealth's higher than average utilization of inpatient care and its reliance on academic medical centers.
SUMMARY:
   a. Please attach any analyses you have conducted on inpatient utilization trends and the flow of your patients to AMCs or other higher cost care settings.
   Partners Boston inpatient facilities generate the highest cost in all SHC risk contracts on a PMPM basis. Patient preference without significant knowledge or impact of cost continues to result in care taken out of the community. This leakage occurs despite a SHC clinical relationship with BIDMC, which is our designated primary tertiary referral site. A significant portion of our TME is accounted for by AMCs providing services that SHC could provide in the community for equal quality and significant lower cost. Analysis of our claims data suggests 23% of SHC Commercial payer non ER admissions performed at AMCs could be services performed in the community at Brockton Hospital. However, other than Tufts Medicare Preferred, no other Payer has a benefit design that allows us to truly manage our risk patient's use of non-SHC specialists and affiliates.
   b. Please describe your organization's efforts to address these trends, including, in particular, actions your organization is taking to ensure that patients receive care in lower-cost community settings, to the extent clinically feasible, and the results of these efforts.

SHC has implemented a hospitalist program that engages patients in the ER and coordinates all care including post acute care. By connecting with these patients early in the process, setting expectations for the hospital stay and post acute care, providing aggressive medical management and committing to increased resources these value based hospitalists spend the time to find alternatives to SNF and LTAC admissions. SHC has decreased utilization dramatically. In the ambulatory setting Signature has created a complex care clinic that addresses patients with a high disease burden requiring extended office visits and followup. This has increased coordination of care, increased the use of advanced directives and hospice, and worked directly with families to find the best solutions for care while keep patients at home to the greatest extent possible. Our data shows significant decreases in ER use and an increase in the number of patients able to die at home with their families.

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8. The Commission found in its July 2014 Cost Trends Report Supplement that the use of post-acute care is higher in Massachusetts than elsewhere in the nation and that the use of post-acute care varies substantially depending upon the discharging hospital.
   SUMMARY: .
   a. Please describe and attach any analyses your organization has conducted regarding levels of and variation in the utilization and site of post-acute care, as well as your efforts to ensure that patients are discharged to the most clinically appropriate, high-value setting.
      Prior to the creation of the SHC value based hospitalist team, TMP SNF discharges were as high as 150 SNF admits/1000. Currently the team has reduced utilization of SNF by 50%. This specialized medical management hospitalist team focuses on admission, LOS, post discharge planning and care plans for our risk and alternative payment populations. All patient discharges are reviewed by a pharmacist for med reconciliation and scheduled with SHC PCPs within 7 days. Weekly utilization meetings to review post discharge transitions include the hospitalist team, complex care NP, Brockton VNA and case managers. Post discharge SNF patients are managed by a small group of NPs and PCPs.

   b. How does your organization ensure optimal use of post-acute care?
      High cost complex post discharge patients are tracked by a clinical care coordinator to ensure arrival at their scheduled post acute PCP visit. The hospitalist team will arrange urgent care visits as requested by the BVNA or calls from the patient. Our pharmacist provides a loaner IPAD to TMP patients upon discharge for Face Time home med reconciliation via the internet. Current data demonstrates a 60% decrease in med errors. For example, post discharge seniors tend to restart old discontinued meds, potentially resulting in complications are requiring readmissions. Active pharmacist intervention has assisted SHC in achieving a TMP readmission rate below the network average.

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9. C. 224 requires providers to provide patients and prospective patients with requested price for admissions, procedures and services. Please describe your organization's progress in this area, including available data regarding the number of individuals that seek this information (using the template below) and identify the top ten admissions, procedures and services about which individuals have requested price information. Additionally, please discuss how patients use this information, any analyses you have conducted to assess the accuracy of estimates provided, and/or any qualitative observations of the value of this increased price transparency for patients.

SUMMARY:

| Health Care Service Price Inquiries | | | | |
|---|---|---|---|---|
| Year | | Number of Inquiries via Website | Number of Inquiries via Telephone/In Person | Average (approximate) Response Time to Inquiries* |
| CY2014 | Q1 | 0 | 13 | 1 |
| | Q2 | 0 | 26 | 1 |
| | Q3 | 0 | 9 | 1 |
| | TOTAL: | 0 | 50 | |

** Please indicate the unit of time reported.*

ANSWER:

The following are the top 10 services patients have requested price information for:
1. Delivery
2. Radiology exams
3 General surgery
4. Cardiac testing
5. Office visit
6. Lab testing
7. Endoscopy
8. Cosmetic usrgery
9. Radiation Therapy
10. Biopsy

It is difficult for us to determine how information is being utilized by patients. Only 6 of 50 requests resulted in provision of services at an SHC location. Of those 6, the prices quoted proved very accurate with one exception. Since we don't know how 44 of 50 requestors utilized the pricing information, we are unable to determine what value the patients found in price transparency.

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10. Please describe the manner and extent to which tiered and limited network products affect your organization, including but not limited to any effects on contracting and/or referral practices, and attach any analyses your organization has conducted on this issue.

Describe any actions your organization taken (e.g., pricing changes) in response to tier placement and any impacts on volume you have experienced based on tier placement.
SUMMARY:
ANSWER: SHC has been recognized as a low cost, high quality provider by many of the tiered and limited network products. Cost and quality are not the only variables that determine access to such products. We have experienced being locked out of limited network products based upon local competitors with more market power allowing them to obtain geographic exclusivity. In general, SHC has not benefited from significant growth from these products.

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11. The Commission has identified that spending for patients with comorbid behavioral health and chronic medical conditions is 2-2.5 times as high as spending for patients with a chronic medical condition but no behavioral health condition. As reported in the July 2014 Cost Trends Report Supplement, higher spending for patients with behavioral health conditions is concentrated in emergency departments and inpatient care.
SUMMARY:
    a. Please describe ways that your organization is collaborating with other providers to integrate physical and behavioral health care services and provide care across a continuum to these high-cost, high-risk patients.
    We are using the PCPRI contract to develop improved behavioral health coordination in the primary care setting. These efforts will not be payer specific so that we will provide a behavioral health coordinator for primary care patients to assist in linking them with appropriate services and facilitate triage of acute behavioral health needs in the ambulatory setting. This effort will be in process for screening, documenting and providing appropriate PCP and behavioral health referral. SMG pediatricians historially incorporated PHQ-2 screening. Currently SHC is working with South Shore Mental Health for onsite behavioral health evaluation and creation of process to streamline referrals and integration of EMR data. SHC in-house legal is assisting in the challange of sharing and integrating Behavioral Health information.
    b. Please discuss ways that your organization is addressing the needs of individuals to avoid unnecessary utilization of emergency room departments and psychiatric inpatient care.
    We, like many other provider organizations, are currently challenged in our ability to provide the service in a way that effectively decreases the ER utilization of this population.
    c. Please discuss successes and challenges your organization has experienced in providing care for these patients, including how to overcome any barriers to integration of services.
    There is an acute shortage of both outpatient and inpatient services for these patients. There is also need for improved social services due to the high rate of social and economic barriers these patients face. Shared access to medical records for VNA, psychiatric providers and primary care providers would assist in medication management and coordination. Some of these patients would benefit from more intensive care management in the home setting which is challenging to fund and to coordinate.

d. There has been increased statewide interest in data reporting across all services, inclusive of behavioral health. Please describe your organization's willingness and ability to report discharge data.
SHC is open to dissemination of behavioral health discharge data that complies with Federal and State law.

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12. Describe your organization's efforts and experience with implementation of patient-centered medical home (PCMH) model.
SUMMARY:
    a. What percentage of your organization's primary care providers (PCPs) or other providers are in practices that are recognized or accredited as PCMHs by one or more national organizations?
    SHC has not yet achieved accreditation of PCMH by a national body. We have signed the PCPRI contract committing to NCQA level 1 PCMH accreditation in 5 adult PCP and 2 pediatric practices by March 2016. To that end SMG has engaged a team to address the key deliverables of the contract. We are in the process of hiring the necessary staff. We have developed new relationships and care pathways to support the behavioral health needs of our patients. The IT department is developing disease registries and the ability to report on the required quality metrics. SHC is confident that it will meet all elements of the PCPRI contract and have achieved accreditation by early 2016. At that point PCMH will be expanded to all primary care practices and move forward to NCQA level 3 accreditation.
    b. What percentage of your organization's primary care patients receives care from those PCPs or other providers?
    SHC is currently in the formative phase of PCMH.
    c. Please discuss the results of any analyses your organization has conducted on the impact of PCMH recognition or accreditation, including on outcomes, quality, and costs of care.
    SHC is concerned about the ROI of PCMH, especially in a mixed market of fee for service and alternative payments. We are in the process of this evaluation.

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13. After reviewing the Commission's 2013 Cost Trends Report and the July 2014 Supplement to that report, please provide any commentary on the findings presented in light of your organization's experiences.
SUMMARY:
ANSWER: The SHC experience has been extensive work on improving quality and decreasing costs for our patients in a largely self funded effort. The data from CMS as well as within our commercial risk contracts demonstrates our consistent ability to move steadily towards the Triple Aim objectives. Our Managed Care clinical team reduced SNF admissions for TMP patients by 50%, our internal quality program has improved preventative and chronic care patients for all patients, our use of LEAN provides an advantage in sustainability in these efforts as compared to our competitors. During this

same time frame inherent cost imbalances between the AMC's and community systems such as SHC have not been addressed, market consolidation is allowing further concentration of leverage for the highest cost systems, and tiered and restricted networks have yet to change overutilization of AMC's.

## Exhibit C: Instructions and AGO Questions for Written Testimony

*Please note that these pre-filed testimony questions are for hospitals. To the extent that a hospital submitting pre-filed testimony responses is affiliated with a provider system also submitting pre-filed testimony responses, each entity may reference the other's response as appropriate.*

1. Please submit a summary table showing for each year 2010 to 2013 your total revenue under pay for performance arrangements, risk contracts, and other fee for service arrangements according to the format and parameters provided and attached as AGO Hospital Exhibit 1 with all applicable fields completed. Please attempt to provide complete answers. To the extent you are unable to provide complete answers for any category of revenue, please explain the reasons why.

   *Completed in Attachment AGO Hospital Exhibit 1*

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2. For each year 2010 to present, please submit a summary table showing for each line of business (commercial, government, other, total) your inpatient and outpatient revenue and margin for each major service category according to the format and parameters provided and attached as AGO Hospital Exhibit 2 with all applicable fields completed. Please submit separate sheets for pediatric and adult populations, if necessary. If you are unable to provide complete answers, please provide the greatest level of detail possible and explain why your answers are not complete.

   *Completed in Attachment AGO Hospital Exhibit 2*

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3. Please explain and submit supporting documents that show how you quantify, analyze and project your ability to manage risk under your risk contracts, including the per member per month costs associated with bearing risk (e.g., costs for human resources, reserves, stop-loss coverage), solvency standards, and projections and plans for deficit scenarios. Include in your response any analysis of whether you consider the risk you bear to be significant.

   In addition to our medical management interventions designed to help us control the total medical expense trends associated with our risk populations, SHC has also focused on contracting methodologies for APM's and implemented our own stop loss program to enhance our ability to bear risk. With the exception of one Payer, for risk populations that include a small number of lives (< 5,000), SHC will only enter into agreements with payers that provide shared savings opportunities or limit our financial exposure in deficit situations. For large populations (>= 5,000 lives), SHC ensures there is adequate funding within its risk budgets and has developed and implemented strategies that facilitates enhancements to those budgets. In addition, we have worked with a consultant to develop our own low cost stop loss program for all of our risk patients.

4. Please explain and submit supporting documents that show how you analyze and track the volume of inpatient and outpatient referrals to your hospital and the associated revenue from those referrals by particular physicians or provider groups. Please include a description and examples of how your organization uses this information.

Our information management system includes standard reporting that tracks inpatient admissions and outpatient services by PCP groups and individual physician members. We attempt to identify any negative impact to referral trends and mitigate those through:

1. Meeting with the appropriate group/physician to address issues affecting referral patterns.
2. Explore the development and implementation of new programs.
3. Identify and implement cost reductions.

# Exhibit 1 AGO Questions to Hospitals

**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 subject you to very limited or minimal "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** 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).
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**

| | 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 | X | X | X | X | $30M | X | ($0.50) | X | $0.50 | X | X | $40M | X | X | $10M |
| Tufts Health Plan | $15M | $7M | $0.3M | 0 | X | X | X | X | X | X | X | X | $0.25M | X | X |
| Harvard Pilgrim Health Care | | | | | | | | | | | | | | | |
| Fallon Community Health Plan | | | | | | | | | | | | | | | |
| CIGNA | | | | | | | | | | | | | | | |
| United Healthcare | | | | | | | | | | | | | | | |
| Aetna | | | | | | | | | | | | | | | |
| Other Commercial | | | | | | | | | | | | | | | |
| ***Total Commercial*** | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| Network Health | | | | | | | | | | | | | | | |
| Neighborhood Health Plan | | | | | | | | | | | | | | | |
| BMC HealthNet, Inc. | | | | | | | | | | | | | | | |
| Health New England | | | | | | | | | | | | | | | |
| Fallon Community Health Plan | | | | | | | | | | | | | | | |
| Other Managed Medicaid | | | | | | | | | | | | | | | |
| ***Total Managed Medicaid*** | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| ***MassHealth*** | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| Tufts Medicare Preferred | | | | | | | | | | | | | | | |
| Blue Cross Senior Options | | | | | | | | | | | | | | | |
| Other Comm Medicare | | | | | | | | | | | | | | | |
| ***Commercial Medicare Subtotal*** | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| ***Medicare*** | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| ***Other*** | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| **GRAND TOTAL** | | | | | | | | | | | | | | | |

**2010**

| In 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 | $19.6 | $1.2 | $.9 | $.1 | $7.2 | - | - | - | $.9 | - | $.1 | - | | | |
| Tufts Health Plan | - | - | - | - | $2.0 | - | -$.4 | - | - | - | $3.7 | $1.7 | | | |
| Harvard Pilgrim Health Care | $9.1 | - | $.0 | - | - | - | - | - | - | - | - | - | | | |
| Fallon Community Health Plan | - | - | - | - | - | - | - | - | - | - | $1.5 | - | | | |
| HPI | - | - | - | - | - | - | - | - | - | - | $.0 | - | | | |
| United Healthcare | - | - | - | - | - | - | - | - | - | - | $2.6 | - | | | |
| Unicare | - | - | - | - | - | - | - | - | - | - | $.8 | - | | | |
| NHP | - | - | - | - | - | - | - | - | - | - | $.9 | - | | | |
| Aetna | - | - | - | - | - | - | - | - | - | - | $1.2 | - | | | |
| Other Commercial | - | - | - | - | - | - | - | - | - | - | $.0 | $6.7 | | | |
| ***Total Commercial*** | $28.8 | $1.2 | $.9 | $.1 | $9.2 | - | -$.4 | - | $.9 | - | $10.6 | $8.4 | | | |
| | | | | | | | | | | | | | | | |
| Network Health | - | - | - | - | - | - | - | - | - | - | $5.0 | - | | | |
| NHP | - | - | - | - | - | - | - | - | - | - | $7.1 | - | | | |
| BMC HealthNet | - | - | - | - | - | - | - | - | - | - | $16.7 | - | | | |
| Other Managed Medicaid | - | - | - | - | - | - | - | - | - | - | $1.0 | $1.2 | | | |
| ***Total Managed Medicaid*** | - | - | - | - | - | - | - | - | - | - | $29.7 | $1.2 | | | |
| | | | | | | | | | | | | | | | |
| ***MassHealth*** | - | $18.4 | - | $.6 | - | - | - | - | - | - | - | - | | | |
| | | | | | | | | | | | | | | | |
| Tufts Medicare | - | - | - | - | $4.6 | - | -$.4 | - | - | - | $3.2 | $.1 | | | |
| Blue Cross Medicare | - | - | - | - | - | - | - | - | - | - | $2.4 | $.5 | | | |
| Senior Whole Health | - | - | - | - | - | - | - | - | - | - | $4.6 | - | | | |
| Other Comm Medicare | - | - | - | - | - | - | - | - | - | - | $.2 | $.6 | | | |
| ***Commercial Medicare Subtotal*** | - | - | - | - | $4.6 | - | -$.4 | - | - | - | $10.5 | $1.2 | | | |
| | | | | | | | | | | | | | | | |
| ***Medicare*** | - | - | - | - | - | - | - | - | - | - | - | $56.0 | | | |
| | | | | | | | | | | | | | | | |
| ***Other*** | - | - | - | - | - | - | - | - | - | - | - | $9.7 | | | |
| | | | | | | | | | | | | | | | |
| **GRAND TOTAL** | $28.8 | $19.6 | $.9 | $.7 | $13.9 | - | -$.8 | - | $.9 | - | $50.9 | $76.5 | | | |

**2011**

| In 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 | $17.5 | $1.5 | $.8 | $.1 | $9.4 | - | - | - | $1.2 | - | $.1 | - | | | |
| Tufts Health Plan | - | - | - | - | $2.6 | - | -$.2 | - | - | - | $2.8 | $1.6 | | | |
| Harvard Pilgrim Health Care | $9.8 | - | $.2 | - | - | - | - | - | - | - | - | - | | | |
| Fallon Community Health Plan | - | - | - | - | - | - | - | - | - | - | $1.2 | - | | | |
| HPI | - | - | - | - | - | - | - | - | - | - | $.2 | - | | | |
| United Healthcare | - | - | - | - | - | - | - | - | - | - | $2.7 | - | | | |
| Unicare | - | - | - | - | - | - | - | - | - | - | $.8 | - | | | |
| NHP | - | - | - | - | - | - | - | - | - | - | $.9 | - | | | |
| Aetna | - | - | - | - | - | - | - | - | - | - | $1.2 | - | | | |
| Other Commercial | - | - | - | - | - | - | - | - | - | - | $.1 | $6.5 | | | |
| ***Total Commercial*** | $27.3 | $1.5 | $.9 | $.1 | $12.0 | - | -$.2 | - | $1.2 | - | $9.9 | $8.1 | | | |
| | | | | | | | | | | | | | | | |
| Network Health | - | - | - | - | - | - | - | - | - | - | $5.5 | - | | | |
| NHP | - | - | - | - | - | - | - | - | - | - | $8.2 | - | | | |
| BMC HealthNet | - | - | - | - | - | - | - | - | - | - | $10.7 | - | | | |
| Other Managed Medicaid | - | - | - | - | - | - | - | - | - | - | $.9 | $.9 | | | |
| ***Total Managed Medicaid*** | - | - | - | - | - | - | - | - | - | - | $25.2 | $.9 | | | |
| | | | | | | | | | | | | | | | |
| ***MassHealth*** | - | $16.6 | - | $.0 | - | - | - | - | - | - | - | - | | | |
| | | | | | | | | | | | | | | | |
| Tufts Medicare | - | - | - | - | $5.7 | - | $.0 | - | - | - | $2.7 | $.0 | | | |
| Blue Cross Medicare | - | - | - | - | - | - | - | - | - | - | $2.4 | $1.2 | | | |
| Senior Whole Health | - | - | - | - | - | - | - | - | - | - | $4.6 | - | | | |
| Other Comm Medicare | - | - | - | - | - | - | - | - | - | - | $.4 | $.2 | | | |
| ***Commercial Medicare Subtotal*** | - | - | - | - | $5.7 | - | $.0 | - | - | - | $10.2 | $1.5 | | | |
| | | | | | | | | | | | | | | | |
| ***Medicare*** | - | - | - | - | - | - | - | - | - | - | - | $59.0 | | | |
| | | | | | | | | | | | | | | | |
| ***Other*** | - | - | - | - | - | - | - | - | - | - | - | $12.0 | | | |
| | | | | | | | | | | | | | | | |
| **GRAND TOTAL** | $27.3 | $18.1 | $.9 | $.1 | $17.7 | - | -$.2 | - | $1.2 | - | $45.3 | $81.4 | | | |

**2012**

| In 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 | $17.9 | $1.9 | $.8 | $.1 | $9.2 | - | - | - | $2.2 | - | $.1 | - | | | |
| Tufts Health Plan | - | - | - | - | $2.6 | - | $.8 | - | - | - | $2.4 | $1.7 | | | |
| Harvard Pilgrim Health Care | $10.6 | - | $.2 | - | - | - | - | - | - | - | - | - | | | |
| Fallon Community Health Plan | - | - | - | - | - | - | - | - | - | - | $1.2 | - | | | |
| HPI | - | - | - | - | - | - | - | - | - | - | $3.4 | - | | | |
| United Healthcare | - | - | - | - | - | - | - | - | - | - | $3.2 | - | | | |
| Unicare | - | - | - | - | - | - | - | - | - | - | $1.3 | - | | | |
| NHP | - | - | - | - | - | - | - | - | - | - | $1.3 | - | | | |
| Aetna | - | - | - | - | - | - | - | - | - | - | $1.2 | - | | | |
| Other Commercial | - | - | - | - | - | - | - | - | - | - | $.3 | $7.1 | | | |
| ***Total Commercial*** | $28.6 | $1.9 | $1.0 | $.1 | $11.8 | - | $.8 | - | $2.2 | - | $14.3 | $8.7 | | | |
| | | | | | | | | | | | | | | | |
| Network Health | - | - | - | - | - | - | - | - | - | - | $4.0 | - | | | |
| NHP | - | - | - | - | - | - | - | - | - | - | $8.6 | - | | | |
| BMC HealthNet | - | - | - | - | - | - | - | - | - | - | $10.7 | - | | | |
| Other Managed Medicaid | - | - | - | - | - | - | - | - | - | - | $.7 | $.7 | | | |
| ***Total Managed Medicaid*** | - | - | - | - | - | - | - | - | - | - | $24.0 | $.7 | | | |
| | | | | | | | | | | | | | | | |
| ***MassHealth*** | - | $19.8 | - | $1.9 | - | - | - | - | - | - | - | - | | | |
| | | | | | | | | | | | | | | | |
| Tufts Medicare | - | - | - | - | $5.0 | - | -$.9 | - | - | - | $2.5 | $.0 | | | |
| Blue Cross Medicare | - | - | - | - | - | - | - | - | - | - | $2.2 | $1.3 | | | |
| Senior Whole Health | - | - | - | - | - | - | - | - | - | - | $5.2 | - | | | |
| Other Comm Medicare | - | - | - | - | - | - | - | - | - | - | $1.2 | - | | | |
| ***Commercial Medicare Subtotal*** | - | - | - | - | $5.0 | - | -$.9 | - | - | - | $11.1 | $1.3 | | | |
| | | | | | | | | | | | | | | | |
| ***Medicare*** | - | - | - | - | - | - | - | - | - | - | - | $67.9 | | | |
| | | | | | | | | | | | | | | | |
| ***Other*** | - | - | - | - | - | - | - | - | - | - | - | $12.5 | | | |
| | | | | | | | | | | | | | | | |
| **GRAND TOTAL** | $28.6 | $21.7 | $1.0 | $1.9 | $16.8 | - | -$.1 | - | $2.2 | - | $49.4 | $91.2 | | | |

**2013**

| In 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 | $18.1 | $1.7 | $.9 | $.1 | $8.5 | - | - | - | $1.1 | - | $.1 | - | | | |
| Tufts Health Plan | - | - | - | - | $2.9 | - | $.2 | - | - | - | $2.5 | $1.7 | | | |
| Harvard Pilgrim Health Care | $11.1 | - | $.1 | - | - | - | - | - | - | - | - | - | | | |
| Fallon Community Health Plan | - | - | - | - | - | - | - | - | - | - | $1.9 | - | | | |
| HPI | - | - | - | - | - | - | - | - | - | - | $4.6 | - | | | |
| United Healthcare | - | - | - | - | - | - | - | - | - | - | $3.2 | - | | | |
| Unicare | - | - | - | - | - | - | - | - | - | - | $1.2 | - | | | |
| NHP | - | - | - | - | - | - | - | - | - | - | $1.2 | - | | | |
| Aetna | - | - | - | - | - | - | - | - | - | - | $1.4 | - | | | |
| Other Commercial | - | - | - | - | - | - | - | - | - | - | $.3 | $7.1 | | | |
| ***Total Commercial*** | $29.3 | $1.7 | $1.0 | $.1 | $11.4 | - | $.2 | - | $1.1 | - | $16.3 | $8.9 | | | |
| | | | | | | | | | | | | | | | |
| Network Health | - | - | - | - | - | - | - | - | - | - | $5.2 | - | | | |
| NHP | - | - | - | - | - | - | - | - | - | - | $8.7 | - | | | |
| BMC HealthNet | - | - | - | - | - | - | - | - | - | - | $12.3 | - | | | |
| Other Managed Medicaid | - | - | - | - | - | - | - | - | - | - | $.9 | $.8 | | | |
| ***Total Managed Medicaid*** | - | - | - | - | - | - | - | - | - | - | $27.1 | $.8 | | | |
| | | | | | | | | | | | | | | | |
| ***MassHealth*** | - | $19.7 | - | $.6 | - | - | - | - | - | - | - | - | | | |
| | | | | | | | | | | | | | | | |
| Tufts Medicare | - | - | - | - | $5.4 | - | $.4 | - | - | - | $2.3 | $.0 | | | |
| Blue Cross Medicare | - | - | - | - | - | - | - | - | - | - | $1.5 | $1.1 | | | |
| Senior Whole Health | - | - | - | - | - | - | - | - | - | - | $5.8 | - | | | |
| Other Comm Medicare | - | - | - | - | - | - | - | - | - | - | $1.2 | - | | | |
| ***Commercial Medicare Subtotal*** | - | - | - | - | $5.4 | - | $.4 | - | - | - | $10.8 | $1.1 | | | |
| | | | | | | | | | | | | | | | |
| ***Medicare*** | - | - | - | - | - | - | - | - | - | - | - | $64.2 | | | |
| | | | | | | | | | | | | | | | |
| ***Other*** | - | - | - | - | - | - | - | - | - | - | - | $11.5 | | | |
| | | | | | | | | | | | | | | | |
| **GRAND TOTAL** | $29.3 | $21.4 | $1.0 | $.7 | $16.8 | - | $.6 | - | $1.1 | - | $54.2 | $86.6 | | | |

**2010 Adult**

| | Commercial | | | | Government | | | | All Other | | | | Total | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| IN $M | Inpatient Revenue ($) | Inpatient Margin ($) | Outpatient Revenue ($) | Outpatient Margin ($) | Inpatient Revenue ($) | Inpatient Margin ($) | Outpatient Revenue ($) | Outpatient Margin ($) | Inpatient Revenue ($) | Inpatient Margin ($) | Outpatient Revenue ($) | Outpatient Margin ($) | Inpatient Revenue ($) | Inpatient Margin ($) | Outpatient Revenue ($) | Outpatient Margin ($) |
| Burns | - | - | | | 0.01 | (0.01) | | | - | - | | | 0.01 | (0.01) | - | - |
| Cardiology Total | | | | | - | - | | | - | - | | | - | - | - | - |
| Invasive | 1.18 | - | | | 2.64 | 0.02 | | | 0.08 | (0.03) | | | 3.90 | (0.01) | - | - |
| Medical | 2.78 | 0.41 | | | 9.81 | 1.33 | | | 0.28 | - | | | 12.87 | 1.74 | - | - |
| Cardiac Surgery | 0.18 | - | | | 0.39 | 0.01 | | | - | - | | | 0.57 | 0.01 | - | - |
| Dental | 0.01 | - | | | 0.06 | 0.01 | | | 0.01 | - | | | 0.08 | 0.01 | - | - |
| Dermatology | 0.48 | 0.08 | | | 1.55 | 0.25 | | | 0.09 | - | | | 2.12 | 0.33 | - | - |
| Endocinology | 0.55 | 0.08 | | | 2.28 | 0.34 | | | 0.03 | (0.01) | | | 2.86 | 0.41 | - | - |
| Gastroenterology | 2.48 | 0.35 | | | 6.45 | 0.84 | | | 0.20 | (0.01) | | | 9.13 | 1.18 | - | - |
| General Medicine | 1.02 | 0.12 | | | 4.05 | 0.46 | | | 0.09 | - | | | 5.16 | 0.58 | - | - |
| General Surgery | 2.42 | 0.20 | | | 4.50 | 0.35 | | | 0.15 | (0.03) | | | 7.07 | 0.52 | - | - |
| Gynecology | 0.35 | 0.01 | | | 0.29 | 0.02 | | | - | - | | | 0.64 | 0.03 | - | - |
| Hematology | 0.33 | 0.05 | | | 0.96 | 0.10 | | | 0.03 | - | | | 1.32 | 0.15 | - | - |
| Infectious Disease | 0.01 | - | | | 0.06 | - | | | 0.01 | | | | 0.08 | - | - | - |
| Neonatology | - | - | | | - | | | | - | | | | - | - | - | - |
| Nephrology | 0.62 | 0.09 | | | 2.85 | 0.41 | | | 0.05 | - | | | 3.52 | 0.50 | - | - |
| Neurology | 1.09 | 0.17 | | | 3.40 | 0.50 | | | 0.10 | - | | | 4.59 | 0.67 | - | - |
| Neurosurgery | 0.01 | - | | | 0.08 | 0.01 | | | - | | | | 0.09 | 0.01 | - | - |
| Normal Newborns | - | | | | - | - | | | - | | | | - | - | - | - |
| Obstetrics | 2.73 | 0.26 | | | 3.66 | 0.39 | | | 0.03 | - | | | 6.42 | 0.65 | - | - |
| Oncology | 0.36 | 0.03 | | | 1.16 | 0.14 | | | - | - | | | 1.52 | 0.17 | - | - |
| Ophthalmology | 0.04 | 0.01 | | | 0.05 | 0.01 | | | - | - | | | 0.09 | 0.02 | - | - |
| Orthopedics | 1.72 | 0.10 | | | 4.03 | 0.29 | | | 0.07 | - | | | 5.82 | 0.39 | - | - |
| Otolaryngology | 0.21 | 0.03 | | | 0.54 | 0.09 | | | 0.02 | - | | | 0.77 | 0.12 | - | - |
| Psychiatry | 1.60 | 0.09 | | | 4.50 | 0.19 | | | 0.19 | (0.06) | | | 6.29 | 0.22 | - | - |
| Pulmonary | 2.36 | 0.30 | | | 10.15 | 1.26 | | | 0.09 | (0.03) | | | 12.60 | 1.53 | - | - |
| Rehab | 0.78 | - | | | 4.08 | 0.03 | | | 0.02 | - | | | 4.88 | 0.03 | - | - |
| Rheumatology | 0.08 | 0.02 | | | 0.23 | 0.04 | | | 0.01 | - | | | 0.32 | 0.06 | - | - |
| Transplant Surgery | - | - | | | - | | | | - | | | | - | - | - | - |
| Trauma | 0.20 | 0.04 | | | 0.97 | (0.03) | | | 0.01 | - | | | 1.18 | 0.01 | - | - |
| Urology | 0.43 | 0.04 | | | 0.78 | 0.07 | | | 0.02 | - | | | 1.23 | 0.11 | - | - |
| Vascular Surgery | 0.34 | 0.02 | | | 1.71 | 0.13 | | | 0.01 | - | | | 2.06 | 0.15 | - | - |
| Other Inpatient | | | | | 0.01 | - | | | | | | | | | | |
| Imaging | | | 9.28 | 1.43 | | | 6.21 | 0.73 | | | 0.25 | 0.01 | | | 15.74 | 2.17 |
| Other Treatments | | | 3.47 | 0.35 | | | 4.09 | (0.07) | | | 0.06 | (0.01) | | | 7.62 | 0.27 |
| Laboratory | | | 5.69 | 0.89 | | | 4.74 | 0.68 | | | 0.15 | 0.02 | | | 10.58 | 1.59 |
| Ambulatory Surgery | | | 4.77 | 0.18 | | | 3.02 | (0.24) | | | 0.15 | (0.05) | | | 7.94 | (0.11) |
| Therapies | | | 0.53 | 0.03 | | | 0.83 | 0.06 | | | 0.14 | (0.01) | | | 1.50 | 0.08 |
| Office Visits | | | - | - | | | - | - | | | - | - | | | - | - |
| Observation | | | 1.93 | 0.16 | | | 2.20 | (0.21) | | | 0.10 | (0.04) | | | 4.23 | (0.09) |
| Other Outpatient | | | 13.81 | 2.00 | | | 14.60 | 1.14 | | | 1.75 | (0.15) | | | 30.16 | 2.99 |
| **GRAND TOTAL** | **24.36** | **2.50** | **39.48** | **5.04** | **71.25** | **7.25** | **35.69** | **2.09** | **1.59** | **(0.17)** | **2.60** | **(0.23)** | **97.19** | **9.58** | **77.77** | **6.90** |

174.96 16.48

**2010 Pediatrics**

| | Commercial | | | | Government | | | | All Other | | | | Total | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| IN $M | Inpatient Revenue ($) | Inpatient Margin ($) | Outpatient Revenue ($) | Outpatient Margin ($) | Inpatient Revenue ($) | Inpatient Margin ($) | Outpatient Revenue ($) | Outpatient Margin ($) | Inpatient Revenue ($) | Inpatient Margin ($) | Outpatient Revenue ($) | Outpatient Margin ($) | Inpatient Revenue ($) | Inpatient Margin ($) | Outpatient Revenue ($) | Outpatient Margin ($) |
| Burns | | | | | | | | | | | | | - | - | - | - |
| Cardiology Total | | | | | - | - | | | - | - | | | - | - | - | - |
| Invasive | - | - | | | - | - | | | - | - | | | - | - | - | - |
| Medical | - | - | | | - | - | | | - | - | | | - | - | - | - |
| Cardiac Surgery | - | - | | | - | - | | | - | - | | | - | - | - | - |
| Dental | - | - | | | 0.01 | - | | | - | - | | | 0.01 | - | - | - |
| Dermatology | 0.06 | - | | | 0.08 | 0.01 | | | - | - | | | 0.14 | 0.01 | - | - |
| Endocinology | 0.05 | 0.01 | | | 0.11 | 0.01 | | | - | - | | | 0.16 | 0.02 | - | - |
| Gastroenterology | 0.05 | 0.01 | | | 0.10 | 0.01 | | | - | - | | | 0.15 | 0.02 | - | - |
| General Medicine | 0.04 | 0.01 | | | 0.16 | 0.01 | | | - | - | | | 0.20 | 0.02 | - | - |
| General Surgery | 0.05 | - | | | 0.07 | - | | | - | - | | | 0.12 | - | - | - |
| Gynecology | - | - | | | - | - | | | - | - | | | - | - | - | - |
| Hematology | 0.01 | - | | | 0.04 | - | | | - | - | | | 0.05 | - | - | - |
| Infectious Disease | - | - | | | - | - | | | - | - | | | - | - | - | - |
| Neonatology | 0.59 | (0.05) | | | 1.29 | (0.13) | | | - | - | | | 1.88 | (0.18) | - | - |
| Nephrology | 0.03 | - | | | 0.03 | - | | | - | - | | | 0.06 | - | - | - |
| Neurology | 0.05 | 0.01 | | | 0.04 | - | | | - | - | | | 0.09 | 0.01 | - | - |
| Neurosurgery | - | - | | | - | - | | | - | - | | | - | - | - | - |
| Normal Newborns | 0.88 | 0.15 | | | 2.22 | 0.47 | | | - | - | | | 3.10 | 0.62 | - | - |
| Obstetrics | 0.09 | 0.01 | | | 0.15 | 0.02 | | | - | - | | | 0.24 | 0.03 | - | - |
| Oncology | - | - | | | - | - | | | - | - | | | - | - | - | - |
| Ophthalmology | - | - | | | - | - | | | - | - | | | - | - | - | - |
| Orthopedics | 0.01 | - | | | 0.01 | - | | | - | - | | | 0.02 | - | - | - |
| Otolaryngology | 0.06 | 0.01 | | | 0.05 | - | | | - | - | | | 0.11 | 0.01 | - | - |
| Psychiatry | 0.02 | - | | | - | - | | | - | - | | | 0.02 | - | - | - |
| Pulmonary | 0.36 | 0.04 | | | 0.60 | 0.07 | | | - | - | | | 0.96 | 0.11 | - | - |
| Rehab | - | - | | | - | - | | | - | - | | | - | - | - | - |
| Rheumatology | - | - | | | - | - | | | - | - | | | - | - | - | - |
| Transplant Surgery | - | - | | | - | - | | | - | - | | | - | - | - | - |
| Trauma | - | - | | | 0.01 | - | | | - | | | | 0.01 | - | - | - |
| Urology | - | - | | | - | - | | | - | - | | | - | - | - | - |
| Vascular Surgery | - | - | | | - | - | | | - | | | | - | - | - | - |
| Other Inpatient | | | | | | | | | | | | | | | | |
| Imaging | | | 0.50 | 0.08 | | | 0.42 | 0.07 | | | - | - | | | 0.92 | 0.15 |
| Other Treatments | | | 0.05 | 0.01 | | | 0.03 | 0.01 | | | - | - | | | 0.08 | 0.02 |
| Laboratory | | | 0.33 | 0.05 | | | 0.41 | 0.08 | | | 0.01 | - | | | 0.75 | 0.13 |
| Ambulatory Surgery | | | 0.67 | (0.01) | | | 0.34 | (0.06) | | | - | - | | | 1.01 | (0.07) |
| Therapies | | | 0.03 | - | | | 0.05 | 0.01 | | | - | - | | | 0.08 | 0.01 |
| Office Visits | | | - | - | | | - | - | | | - | - | | | - | - |
| Observation | | | 0.07 | - | | | 0.09 | (0.01) | | | - | - | | | 0.16 | (0.01) |
| Other Outpatient | | | 2.41 | 0.34 | | | 3.58 | 0.50 | | | 0.05 | (0.01) | | | 6.04 | 0.83 |
| **GRAND TOTAL** | **2.35** | **0.20** | **4.06** | **0.47** | **4.97** | **0.47** | **4.92** | **0.60** | **-** | **-** | **0.06** | **(0.01)** | **7.32** | **0.67** | **9.04** | **1.06** |

**2011 Adult**

| | Commercial | | | | Government | | | | All Other | | | | Total | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| IN $M | Inpatient Revenue ($) | Inpatient Margin ($) | Outpatient Revenue ($) | Outpatient Margin ($) | Inpatient Revenue ($) | Inpatient Margin ($) | Outpatient Revenue ($) | Outpatient Margin ($) | Inpatient Revenue ($) | Inpatient Margin ($) | Outpatient Revenue ($) | Outpatient Margin ($) | Inpatient Revenue ($) | Inpatient Margin ($) | Outpatient Revenue ($) | Outpatient Margin ($) |
| Burns | 0.02 | - | | | 0.02 | - | | | - | - | | | 0.04 | - | - | - |
| Cardiology Total | | | | | - | - | | | - | - | | | - | - | - | - |
| Invasive | 0.98 | 0.01 | | | 2.47 | 0.02 | | | 0.19 | 0.01 | | | 3.64 | 0.04 | - | - |
| Medical | 2.38 | 0.24 | | | 8.98 | 0.88 | | | 0.36 | 0.03 | | | 11.72 | 1.15 | - | - |
| Cardiac Surgery | 0.26 | 0.01 | | | 0.55 | 0.02 | | | - | - | | | 0.81 | 0.03 | - | - |
| Dental | 0.03 | - | | | 0.05 | - | | | 0.02 | - | | | 0.10 | - | - | - |
| Dermatology | 0.57 | 0.07 | | | 1.49 | 0.17 | | | 0.18 | 0.02 | | | 2.24 | 0.26 | - | - |
| Endocinology | 0.38 | 0.04 | | | 2.10 | 0.23 | | | 0.10 | 0.01 | | | 2.58 | 0.28 | - | - |
| Gastroenterology | 2.56 | 0.26 | | | 7.15 | 0.74 | | | 0.52 | 0.05 | | | 10.23 | 1.05 | - | - |
| General Medicine | 1.31 | 0.10 | | | 4.93 | 0.39 | | | 0.16 | 0.01 | | | 6.40 | 0.50 | - | - |
| General Surgery | 1.82 | 0.13 | | | 4.49 | 0.29 | | | 0.29 | 0.02 | | | 6.60 | 0.44 | - | - |
| Gynecology | 0.34 | 0.01 | | | 0.30 | 0.02 | | | 0.05 | - | | | 0.69 | 0.03 | - | - |
| Hematology | 0.27 | 0.01 | | | 0.78 | 0.07 | | | 0.06 | 0.01 | | | 1.11 | 0.09 | - | - |
| Infectious Disease | 0.01 | - | | | 0.09 | 0.01 | | | 0.01 | | | | 0.11 | 0.01 | - | - |
| Neonatology | - | - | | | - | | | | - | | | | - | - | - | - |
| Nephrology | 0.58 | 0.06 | | | 3.39 | 0.38 | | | 0.10 | 0.01 | | | 4.07 | 0.45 | - | - |
| Neurology | 1.28 | 0.16 | | | 3.31 | 0.37 | | | 0.21 | 0.02 | | | 4.80 | 0.55 | - | - |
| Neurosurgery | 0.01 | - | | | 0.07 | 0.01 | | | 0.02 | | | | 0.10 | 0.01 | - | - |
| Normal Newborns | - | | | | - | - | | | - | | | | - | - | - | - |
| Obstetrics | 2.37 | 0.16 | | | 3.57 | 0.29 | | | 0.02 | - | | | 5.96 | 0.45 | - | - |
| Oncology | 0.29 | 0.03 | | | 1.33 | 0.12 | | | 0.01 | - | | | 1.63 | 0.15 | - | - |
| Ophthalmology | 0.02 | - | | | 0.05 | 0.01 | | | - | - | | | 0.07 | 0.01 | - | - |
| Orthopedics | 1.93 | 0.12 | | | 4.65 | 0.26 | | | 0.14 | 0.01 | | | 6.72 | 0.39 | - | - |
| Otolaryngology | 0.16 | 0.02 | | | 0.44 | 0.05 | | | 0.05 | - | | | 0.65 | 0.07 | - | - |
| Psychiatry | 1.80 | 0.12 | | | 3.53 | 0.19 | | | 0.60 | 0.04 | | | 5.93 | 0.35 | - | - |
| Pulmonary | 2.08 | 0.21 | | | 8.81 | 0.85 | | | 0.34 | 0.03 | | | 11.23 | 1.09 | - | - |
| Rehab | 0.98 | 0.01 | | | 4.13 | 0.03 | | | 0.03 | - | | | 5.14 | 0.04 | - | - |
| Rheumatology | 0.05 | 0.01 | | | 0.28 | 0.03 | | | - | - | | | 0.33 | 0.04 | - | - |
| Transplant Surgery | - | - | | | - | | | | - | | | | - | - | - | - |
| Trauma | 0.11 | - | | | 1.48 | 0.07 | | | 0.01 | - | | | 1.60 | 0.07 | - | - |
| Urology | 0.46 | 0.03 | | | 0.62 | 0.05 | | | 0.02 | - | | | 1.10 | 0.08 | - | - |
| Vascular Surgery | 0.43 | 0.01 | | | 1.45 | 0.09 | | | - | - | | | 1.88 | 0.10 | - | - |
| Other Inpatient | | | | | | | | | | | | | | | | |
| Imaging | | | 8.85 | 1.01 | | | 5.56 | 0.45 | | | 0.60 | 0.08 | | | 15.01 | 1.54 |
| Other Treatments | | | 3.79 | 0.30 | | | 4.22 | (0.01) | | | 0.10 | 0.01 | | | 8.11 | 0.30 |
| Laboratory | | | 6.35 | 0.67 | | | 3.70 | 0.21 | | | 0.54 | 0.08 | | | 10.59 | 0.96 |
| Ambulatory Surgery | | | 5.02 | 0.25 | | | 2.89 | (0.18) | | | 0.26 | (0.02) | | | 8.17 | 0.05 |
| Therapies | | | 0.62 | 0.04 | | | 1.00 | 0.06 | | | 0.34 | 0.04 | | | 1.96 | 0.14 |
| Office Visits | | | - | - | | | - | - | | | - | - | | | - | - |
| Observation | | | 1.90 | 0.12 | | | 2.34 | (0.12) | | | 0.15 | (0.01) | | | 4.39 | (0.01) |
| Other Outpatient | | | 14.02 | 1.37 | | | 13.15 | 0.51 | | | 3.53 | 0.25 | | | 30.70 | 2.13 |
| **GRAND TOTAL** | **23.48** | **1.82** | **40.55** | **3.76** | **70.51** | **5.64** | **32.86** | **0.92** | **3.49** | **0.27** | **5.52** | **0.43** | **97.48** | **7.73** | **78.93** | **5.11** |

**2011 Pediatrics**

| | Commercial | | | | Government | | | | All Other | | | | Total | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| IN $M | Inpatient Revenue ($) | Inpatient Margin ($) | Outpatient Revenue ($) | Outpatient Margin ($) | Inpatient Revenue ($) | Inpatient Margin ($) | Outpatient Revenue ($) | Outpatient Margin ($) | Inpatient Revenue ($) | Inpatient Margin ($) | Outpatient Revenue ($) | Outpatient Margin ($) | Inpatient Revenue ($) | Inpatient Margin ($) | Outpatient Revenue ($) | Outpatient Margin ($) |
| Burns | | | | | | | | | | | | | - | - | - | - |
| Cardiology Total | | | | | - | - | | | - | - | | | - | - | - | - |
| Invasive | - | - | | | - | - | | | - | - | | | - | - | - | - |
| Medical | - | - | | | 0.01 | - | | | - | - | | | 0.01 | - | - | - |
| Cardiac Surgery | - | - | | | - | - | | | - | - | | | - | - | - | - |
| Dental | 0.01 | - | | | - | - | | | - | - | | | 0.01 | - | - | - |
| Dermatology | 0.05 | 0.01 | | | 0.11 | 0.01 | | | - | - | | | 0.16 | 0.02 | - | - |
| Endocinology | 0.10 | 0.01 | | | 0.20 | 0.03 | | | - | - | | | 0.30 | 0.04 | - | - |
| Gastroenterology | 0.08 | 0.01 | | | 0.06 | 0.01 | | | - | - | | | 0.14 | 0.02 | - | - |
| General Medicine | 0.11 | 0.01 | | | 0.19 | 0.01 | | | - | - | | | 0.30 | 0.02 | - | - |
| General Surgery | 0.08 | - | | | 0.07 | - | | | - | - | | | 0.15 | - | - | - |
| Gynecology | - | - | | | 0.01 | - | | | - | - | | | 0.01 | - | - | - |
| Hematology | 0.01 | - | | | 0.06 | 0.01 | | | - | - | | | 0.07 | 0.01 | - | - |
| Infectious Disease | - | - | | | - | - | | | - | - | | | - | - | - | - |
| Neonatology | 0.93 | (0.03) | | | 1.45 | (0.02) | | | - | - | | | 2.38 | (0.05) | - | - |
| Nephrology | 0.04 | - | | | 0.05 | 0.01 | | | 0.01 | - | | | 0.10 | 0.01 | - | - |
| Neurology | 0.02 | - | | | 0.04 | - | | | - | - | | | 0.06 | - | - | - |
| Neurosurgery | - | - | | | - | - | | | - | - | | | - | - | - | - |
| Normal Newborns | 0.72 | 0.09 | | | 2.02 | 0.31 | | | - | - | | | 2.74 | 0.40 | - | - |
| Obstetrics | 0.06 | - | | | 0.07 | 0.01 | | | - | - | | | 0.13 | 0.01 | - | - |
| Oncology | - | - | | | - | - | | | - | - | | | - | - | - | - |
| Ophthalmology | - | - | | | 0.01 | - | | | - | - | | | 0.01 | - | - | - |
| Orthopedics | 0.03 | - | | | 0.01 | - | | | - | - | | | 0.04 | - | - | - |
| Otolaryngology | 0.04 | - | | | 0.06 | 0.01 | | | - | - | | | 0.10 | 0.01 | - | - |
| Psychiatry | 0.01 | - | | | 0.01 | - | | | - | - | | | 0.02 | - | - | - |
| Pulmonary | 0.33 | 0.03 | | | 0.82 | 0.10 | | | - | - | | | 1.15 | 0.13 | - | - |
| Rehab | - | - | | | - | - | | | - | - | | | - | - | - | - |
| Rheumatology | - | - | | | - | - | | | - | - | | | - | - | - | - |
| Transplant Surgery | - | - | | | - | - | | | - | - | | | - | - | - | - |
| Trauma | 0.01 | - | | | - | - | | | - | | | | 0.01 | - | - | - |
| Urology | - | - | | | - | - | | | - | - | | | - | - | - | - |
| Vascular Surgery | - | - | | | - | - | | | - | | | | - | - | - | - |
| Other Inpatient | | | | | | | | | | | | | | | | |
| Imaging | | | 0.45 | 0.05 | | | 0.36 | 0.05 | | | 0.01 | - | | | 0.82 | 0.10 |
| Other Treatments | | | 0.03 | - | | | 0.02 | - | | | - | - | | | 0.05 | - |
| Laboratory | | | 0.30 | 0.03 | | | 0.17 | 0.01 | | | - | - | | | 0.47 | 0.04 |
| Ambulatory Surgery | | | 0.72 | 0.03 | | | 0.18 | (0.06) | | | - | - | | | 0.90 | (0.03) |
| Therapies | | | 0.04 | - | | | 0.07 | 0.01 | | | - | - | | | 0.11 | 0.01 |
| Office Visits | | | - | - | | | - | - | | | - | - | | | - | - |
| Observation | | | 0.08 | 0.01 | | | 0.04 | (0.01) | | | - | - | | | 0.12 | - |
| Other Outpatient | | | 2.09 | 0.18 | | | 2.95 | 0.23 | | | 0.11 | - | | | 5.15 | 0.41 |
| **GRAND TOTAL** | **2.63** | **0.13** | **3.71** | **0.30** | **5.25** | **0.49** | **3.79** | **0.23** | **0.01** | **-** | **0.12** | **-** | **7.89** | **0.62** | **7.62** | **0.53** |

**2012 Adult**

| | Commercial | | | | Government | | | | All Other | | | | Total | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| IN $M | Inpatient Revenue ($) | Inpatient Margin ($) | Outpatient Revenue ($) | Outpatient Margin ($) | Inpatient Revenue ($) | Inpatient Margin ($) | Outpatient Revenue ($) | Outpatient Margin ($) | Inpatient Revenue ($) | Inpatient Margin ($) | Outpatient Revenue ($) | Outpatient Margin ($) | Inpatient Revenue ($) | Inpatient Margin ($) | Outpatient Revenue ($) | Outpatient Margin ($) |
| Burns | | | | | 0.02 | - | | | - | - | | | 0.02 | - | - | - |
| Cardiology Total | | | | | - | - | | | - | - | | | - | - | - | - |
| Invasive | 1.94 | 0.14 | | | 2.82 | 0.12 | | | 0.34 | 0.03 | | | 5.10 | 0.29 | - | - |
| Medical | 2.24 | 0.36 | | | 9.33 | 1.47 | | | 0.69 | 0.11 | | | 12.26 | 1.94 | - | - |
| Cardiac Surgery | 0.25 | - | | | 0.47 | 0.02 | | | - | - | | | 0.72 | 0.02 | - | - |
| Dental | 0.02 | - | | | 0.07 | 0.01 | | | - | - | | | 0.09 | 0.01 | - | - |
| Dermatology | 0.61 | 0.11 | | | 1.94 | 0.35 | | | 0.18 | 0.03 | | | 2.73 | 0.49 | - | - |
| Endocinology | 0.58 | 0.10 | | | 2.41 | 0.41 | | | 0.11 | 0.01 | | | 3.10 | 0.52 | - | - |
| Gastroenterology | 2.45 | 0.39 | | | 7.18 | 1.22 | | | 0.52 | 0.08 | | | 10.15 | 1.69 | - | - |
| General Medicine | 1.24 | 0.16 | | | 6.14 | 0.76 | | | 0.21 | 0.03 | | | 7.59 | 0.95 | - | - |
| General Surgery | 1.87 | 0.20 | | | 4.64 | 0.44 | | | 0.24 | 0.02 | | | 6.75 | 0.66 | - | - |
| Gynecology | 0.38 | 0.03 | | | 0.47 | 0.04 | | | 0.06 | 0.01 | | | 0.91 | 0.08 | - | - |
| Hematology | 0.24 | 0.03 | | | 0.95 | 0.13 | | | 0.05 | - | | | 1.24 | 0.16 | - | - |
| Infectious Disease | - | - | | | 0.10 | 0.01 | | | - | | | | 0.10 | 0.01 | - | - |
| Neonatology | - | - | | | - | | | | - | | | | - | - | - | - |
| Nephrology | 0.57 | 0.09 | | | 3.85 | 0.67 | | | 0.09 | 0.02 | | | 4.51 | 0.78 | - | - |
| Neurology | 1.31 | 0.24 | | | 4.42 | 0.73 | | | 0.19 | 0.03 | | | 5.92 | 1.00 | - | - |
| Neurosurgery | 0.08 | 0.01 | | | - | - | | | - | | | | 0.08 | 0.01 | - | - |
| Normal Newborns | - | | | | - | - | | | - | | | | - | - | - | - |
| Obstetrics | 2.48 | 0.25 | | | 3.98 | 0.45 | | | 0.05 | 0.01 | | | 6.51 | 0.71 | - | - |
| Oncology | 0.27 | 0.03 | | | 1.43 | 0.22 | | | 0.04 | - | | | 1.74 | 0.25 | - | - |
| Ophthalmology | 0.04 | 0.01 | | | 0.06 | 0.01 | | | 0.01 | - | | | 0.11 | 0.02 | - | - |
| Orthopedics | 2.10 | 0.21 | | | 6.22 | 0.56 | | | 0.21 | 0.03 | | | 8.53 | 0.80 | - | - |
| Otolaryngology | 0.13 | 0.02 | | | 0.58 | 0.09 | | | 0.04 | 0.01 | | | 0.75 | 0.12 | - | - |
| Psychiatry | 1.73 | 0.18 | | | 4.31 | 0.39 | | | 0.71 | 0.06 | | | 6.75 | 0.63 | - | - |
| Pulmonary | 2.08 | 0.31 | | | 9.08 | 1.34 | | | 0.36 | 0.04 | | | 11.52 | 1.69 | - | - |
| Rehab | 0.82 | 0.03 | | | 4.04 | (0.17) | | | 0.01 | - | | | 4.87 | (0.14) | - | - |
| Rheumatology | 0.14 | 0.03 | | | 0.29 | 0.04 | | | - | - | | | 0.43 | 0.07 | - | - |
| Transplant Surgery | - | - | | | - | | | | - | | | | - | - | - | - |
| Trauma | 0.19 | 0.01 | | | 1.23 | 0.02 | | | 0.01 | - | | | 1.43 | 0.03 | - | - |
| Urology | 0.36 | 0.03 | | | 0.99 | 0.13 | | | 0.02 | - | | | 1.37 | 0.16 | - | - |
| Vascular Surgery | 0.33 | 0.04 | | | 2.20 | 0.21 | | | 0.02 | - | | | 2.55 | 0.25 | - | - |
| Other Inpatient | | | | | | | | | | | | | | | | |
| Imaging | | | 9.15 | 1.67 | | | 6.28 | 0.86 | | | 0.40 | 0.07 | | | 15.83 | 2.60 |
| Other Treatments | | | 4.26 | 0.47 | | | 4.41 | (0.07) | | | 0.10 | 0.01 | | | 8.77 | 0.41 |
| Laboratory | | | 6.87 | 1.09 | | | 3.97 | 0.31 | | | 0.31 | 0.06 | | | 11.15 | 1.46 |
| Ambulatory Surgery | | | 7.82 | 0.83 | | | 3.94 | (0.25) | | | 0.32 | - | | | 12.08 | 0.58 |
| Therapies | | | 0.69 | 0.07 | | | 1.21 | 0.12 | | | 0.37 | 0.06 | | | 2.27 | 0.25 |
| Office Visits | | | - | - | | | - | - | | | - | - | | | - | - |
| Observation | | | 2.89 | 0.32 | | | 3.80 | (0.05) | | | 0.31 | 0.01 | | | 7.00 | 0.28 |
| Other Outpatient | | | 13.96 | 2.11 | | | 14.26 | 0.78 | | | 3.44 | 0.30 | | | 31.66 | 3.19 |
| **GRAND TOTAL** | **24.45** | **3.01** | **45.64** | **6.56** | **79.22** | **9.67** | **37.87** | **1.70** | **4.16** | **0.52** | **5.25** | **0.51** | **107.83** | **13.20** | **88.76** | **8.77** |

**2012 Pediatrics**

| | Commercial | | | | Government | | | | All Other | | | | Total | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| IN $M | Inpatient Revenue ($) | Inpatient Margin ($) | Outpatient Revenue ($) | Outpatient Margin ($) | Inpatient Revenue ($) | Inpatient Margin ($) | Outpatient Revenue ($) | Outpatient Margin ($) | Inpatient Revenue ($) | Inpatient Margin ($) | Outpatient Revenue ($) | Outpatient Margin ($) | Inpatient Revenue ($) | Inpatient Margin ($) | Outpatient Revenue ($) | Outpatient Margin ($) |
| Burns | | | | | | | | | | | | | - | - | - | - |
| Cardiology Total | | | | | - | - | | | - | - | | | - | - | - | - |
| Invasive | - | - | | | - | - | | | - | - | | | - | - | - | - |
| Medical | - | - | | | - | - | | | - | - | | | - | - | - | - |
| Cardiac Surgery | - | - | | | - | - | | | - | - | | | - | - | - | - |
| Dental | - | - | | | 0.01 | - | | | - | - | | | 0.01 | - | - | - |
| Dermatology | 0.03 | - | | | 0.08 | 0.01 | | | 0.01 | - | | | 0.12 | 0.01 | - | - |
| Endocinology | 0.06 | 0.01 | | | 0.13 | 0.02 | | | - | - | | | 0.19 | 0.03 | - | - |
| Gastroenterology | 0.09 | 0.01 | | | 0.09 | 0.01 | | | - | - | | | 0.18 | 0.02 | - | - |
| General Medicine | 0.05 | - | | | 0.18 | 0.01 | | | - | - | | | 0.23 | 0.01 | - | - |
| General Surgery | 0.05 | - | | | 0.07 | (0.02) | | | - | - | | | 0.12 | (0.02) | - | - |
| Gynecology | - | - | | | 0.03 | - | | | - | - | | | 0.03 | - | - | - |
| Hematology | 0.02 | - | | | 0.03 | - | | | - | - | | | 0.05 | - | - | - |
| Infectious Disease | - | - | | | - | - | | | - | - | | | - | - | - | - |
| Neonatology | 0.50 | (0.08) | | | 1.58 | (0.14) | | | - | - | | | 2.08 | (0.22) | - | - |
| Nephrology | 0.02 | - | | | 0.03 | 0.01 | | | - | - | | | 0.05 | 0.01 | - | - |
| Neurology | - | - | | | 0.01 | - | | | - | - | | | 0.01 | - | - | - |
| Neurosurgery | - | - | | | - | - | | | - | - | | | - | - | - | - |
| Normal Newborns | 0.60 | 0.09 | | | 2.36 | 0.56 | | | 0.01 | - | | | 2.97 | 0.65 | - | - |
| Obstetrics | 0.02 | - | | | 0.13 | 0.01 | | | - | - | | | 0.15 | 0.01 | - | - |
| Oncology | - | - | | | - | - | | | - | - | | | - | - | - | - |
| Ophthalmology | - | - | | | - | - | | | - | - | | | - | - | - | - |
| Orthopedics | 0.01 | - | | | 0.01 | - | | | - | - | | | 0.02 | - | - | - |
| Otolaryngology | 0.01 | - | | | 0.08 | 0.01 | | | - | - | | | 0.09 | 0.01 | - | - |
| Psychiatry | 0.01 | - | | | - | - | | | - | - | | | 0.01 | - | - | - |
| Pulmonary | 0.40 | 0.05 | | | 0.64 | 0.09 | | | 0.01 | - | | | 1.05 | 0.14 | - | - |
| Rehab | - | - | | | - | - | | | - | - | | | - | - | - | - |
| Rheumatology | 0.01 | - | | | - | - | | | - | - | | | 0.01 | - | - | - |
| Transplant Surgery | - | - | | | - | - | | | - | - | | | - | - | - | - |
| Trauma | - | - | | | - | - | | | - | | | | - | - | - | - |
| Urology | 0.01 | - | | | - | - | | | - | - | | | 0.01 | - | - | - |
| Vascular Surgery | - | - | | | - | - | | | - | | | | - | - | - | - |
| Other Inpatient | | | | | | | | | | | | | | | | |
| Imaging | | | 0.49 | 0.09 | | | 0.49 | 0.10 | | | - | - | | | 0.98 | 0.19 |
| Other Treatments | | | 0.03 | 0.01 | | | 0.03 | 0.01 | | | - | - | | | 0.06 | 0.02 |
| Laboratory | | | 0.30 | 0.05 | | | 0.19 | 0.02 | | | - | - | | | 0.49 | 0.07 |
| Ambulatory Surgery | | | 0.69 | 0.06 | | | 0.19 | (0.11) | | | - | - | | | 0.88 | (0.05) |
| Therapies | | | 0.04 | - | | | 0.06 | 0.01 | | | - | - | | | 0.10 | 0.01 |
| Office Visits | | | - | - | | | - | - | | | - | - | | | - | - |
| Observation | | | 0.11 | 0.01 | | | 0.10 | (0.01) | | | - | - | | | 0.21 | - |
| Other Outpatient | | | 2.34 | 0.31 | | | 3.63 | 0.43 | | | 0.07 | - | | | 6.04 | 0.74 |
| **GRAND TOTAL** | **1.89** | **0.08** | **4.00** | **0.53** | **5.46** | **0.57** | **4.69** | **0.45** | **0.03** | **-** | **0.07** | **-** | **7.38** | **0.65** | **8.76** | **0.98** |

**2013 Adult**

| | Commercial | | | | Government | | | | All Other | | | | Total | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| IN $M | Inpatient Revenue ($) | Inpatient Margin ($) | Outpatient Revenue ($) | Outpatient Margin ($) | Inpatient Revenue ($) | Inpatient Margin ($) | Outpatient Revenue ($) | Outpatient Margin ($) | Inpatient Revenue ($) | Inpatient Margin ($) | Outpatient Revenue ($) | Outpatient Margin ($) | Inpatient Revenue ($) | Inpatient Margin ($) | Outpatient Revenue ($) | Outpatient Margin ($) |
| Burns | | | | | 0.02 | - | | | 0.01 | - | | | 0.03 | - | - | - |
| Cardiology Total | | | | | - | - | | | - | - | | | - | - | - | - |
| Invasive | 1.28 | 0.05 | | | 3.46 | 0.11 | | | 0.16 | 0.01 | | | 4.90 | 0.17 | - | - |
| Medical | 2.54 | 0.29 | | | 7.97 | 0.79 | | | 0.52 | 0.06 | | | 11.03 | 1.14 | - | - |
| Cardiac Surgery | 0.06 | 0.01 | | | 0.50 | 0.02 | | | - | - | | | 0.56 | 0.03 | - | - |
| Dental | | | | | 0.02 | - | | | 0.01 | - | | | 0.03 | - | - | - |
| Dermatology | 0.51 | 0.07 | | | 1.63 | 0.21 | | | 0.17 | 0.02 | | | 2.31 | 0.30 | - | - |
| Endocinology | 0.57 | 0.07 | | | 2.01 | 0.23 | | | 0.09 | 0.01 | | | 2.67 | 0.31 | - | - |
| Gastroenterology | 2.25 | 0.26 | | | 7.37 | 0.81 | | | 0.41 | 0.05 | | | 10.03 | 1.12 | - | - |
| General Medicine | 1.51 | 0.17 | | | 8.12 | 0.69 | | | 0.29 | 0.02 | | | 9.92 | 0.88 | - | - |
| General Surgery | 2.39 | 0.17 | | | 4.75 | 0.20 | | | 0.27 | 0.02 | | | 7.41 | 0.39 | - | - |
| Gynecology | 0.40 | 0.02 | | | 0.30 | 0.02 | | | 0.02 | - | | | 0.72 | 0.04 | - | - |
| Hematology | 0.25 | 0.03 | | | 0.89 | 0.09 | | | 0.03 | - | | | 1.17 | 0.12 | - | - |
| Infectious Disease | 0.05 | 0.01 | | | 0.04 | - | | | - | | | | 0.09 | 0.01 | - | - |
| Neonatology | - | - | | | - | | | | - | | | | - | - | - | - |
| Nephrology | 0.53 | 0.07 | | | 3.30 | 0.42 | | | 0.10 | 0.01 | | | 3.93 | 0.50 | - | - |
| Neurology | 1.01 | 0.11 | | | 4.19 | 0.47 | | | 0.15 | 0.02 | | | 5.35 | 0.60 | - | - |
| Neurosurgery | 0.12 | - | | | - | - | | | - | | | | 0.12 | - | - | - |
| Normal Newborns | | | | | - | - | | | - | | | | - | - | - | - |
| Obstetrics | 2.67 | 0.19 | | | 3.66 | 0.30 | | | 0.04 | 0.01 | | | 6.37 | 0.50 | - | - |
| Oncology | 0.20 | 0.01 | | | 1.20 | 0.13 | | | 0.05 | 0.01 | | | 1.45 | 0.15 | - | - |
| Ophthalmology | 0.03 | - | | | 0.06 | 0.01 | | | - | | | | 0.09 | 0.01 | - | - |
| Orthopedics | 1.78 | 0.12 | | | 4.97 | 0.29 | | | 0.18 | 0.01 | | | 6.93 | 0.42 | - | - |
| Otolaryngology | 0.16 | 0.02 | | | 0.45 | 0.06 | | | 0.02 | - | | | 0.63 | 0.08 | - | - |
| Psychiatry | 1.86 | 0.13 | | | 4.09 | 0.28 | | | 0.80 | 0.07 | | | 6.75 | 0.48 | - | - |
| Pulmonary | 1.70 | 0.20 | | | 9.57 | 0.97 | | | 0.37 | 0.04 | | | 11.64 | 1.21 | - | - |
| Rehab | 0.59 | - | | | 4.37 | (0.10) | | | 0.02 | - | | | 4.98 | (0.10) | - | - |
| Rheumatology | 0.04 | - | | | 0.29 | 0.03 | | | 0.02 | - | | | 0.35 | 0.03 | - | - |
| Transplant Surgery | - | | | | - | | | | - | | | | - | - | - | - |
| Trauma | 0.25 | 0.02 | | | 0.64 | 0.05 | | | - | | | | 0.89 | 0.07 | - | - |
| Urology | 0.56 | 0.06 | | | 0.80 | 0.07 | | | 0.03 | - | | | 1.39 | 0.13 | - | - |
| Vascular Surgery | 0.33 | 0.01 | | | 1.95 | 0.14 | | | - | | | | 2.28 | 0.15 | - | - |
| Other Inpatient | | | | | | | | | | | | | | | | |
| Imaging | | | 9.04 | 1.22 | | | 6.59 | 0.69 | | | 0.32 | 0.04 | | | 15.95 | 1.95 |
| Other Treatments | | | 4.20 | 0.33 | | | 4.20 | (0.05) | | | 0.12 | 0.01 | | | 8.52 | 0.29 |
| Laboratory | | | 6.54 | 0.75 | | | 3.99 | 0.22 | | | 0.23 | 0.03 | | | 10.76 | 1.00 |
| Ambulatory Surgery | | | 9.29 | 0.80 | | | 4.52 | (0.20) | | | 0.30 | - | | | 14.11 | 0.60 |
| Therapies | | | 0.80 | 0.07 | | | 1.28 | 0.11 | | | 0.43 | 0.05 | | | 2.51 | 0.23 |
| Office Visits | | | - | - | | | - | - | | | - | - | | | - | - |
| Observation | | | 3.12 | 0.27 | | | 4.03 | (0.05) | | | 0.28 | - | | | 7.43 | 0.22 |
| Other Outpatient | | | 13.83 | 1.49 | | | 15.32 | 0.73 | | | 3.00 | 0.18 | | | 32.15 | 2.40 |
| **GRAND TOTAL** | **23.64** | **2.09** | **46.82** | **4.93** | **76.62** | **6.29** | **39.93** | **1.45** | **3.76** | **0.36** | **4.68** | **0.31** | **104.02** | **8.74** | **91.43** | **6.69** |

**2013 Pediatrics**

| | Commercial | | | | Government | | | | All Other | | | | Total | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| IN $M | Inpatient Revenue ($) | Inpatient Margin ($) | Outpatient Revenue ($) | Outpatient Margin ($) | Inpatient Revenue ($) | Inpatient Margin ($) | Outpatient Revenue ($) | Outpatient Margin ($) | Inpatient Revenue ($) | Inpatient Margin ($) | Outpatient Revenue ($) | Outpatient Margin ($) | Inpatient Revenue ($) | Inpatient Margin ($) | Outpatient Revenue ($) | Outpatient Margin ($) |
| Burns | | | | | | | | | | | | | - | - | - | - |
| Cardiology Total | | | | | - | - | | | - | - | | | - | - | - | - |
| Invasive | - | - | | | - | - | | | - | - | | | - | - | - | - |
| Medical | - | - | | | - | - | | | - | - | | | - | - | - | - |
| Cardiac Surgery | - | - | | | - | - | | | - | - | | | - | - | - | - |
| Dental | - | - | | | 0.01 | - | | | - | - | | | 0.01 | - | - | - |
| Dermatology | 0.01 | - | | | 0.07 | 0.01 | | | - | - | | | 0.08 | 0.01 | - | - |
| Endocinology | 0.06 | - | | | 0.09 | 0.01 | | | - | - | | | 0.15 | 0.01 | - | - |
| Gastroenterology | 0.04 | - | | | 0.09 | 0.01 | | | - | - | | | 0.13 | 0.01 | - | - |
| General Medicine | 0.31 | 0.04 | | | 0.26 | 0.01 | | | - | - | | | 0.57 | 0.05 | - | - |
| General Surgery | 0.06 | - | | | 0.05 | (0.01) | | | - | - | | | 0.11 | (0.01) | - | - |
| Gynecology | 0.01 | - | | | - | - | | | - | - | | | 0.01 | - | - | - |
| Hematology | 0.03 | - | | | 0.03 | - | | | - | - | | | 0.06 | - | - | - |
| Infectious Disease | - | - | | | - | - | | | - | - | | | - | - | - | - |
| Neonatology | 0.76 | (0.02) | | | 1.57 | (0.07) | | | - | - | | | 2.33 | (0.09) | - | - |
| Nephrology | 0.04 | - | | | 0.03 | - | | | - | - | | | 0.07 | - | - | - |
| Neurology | 0.02 | - | | | 0.02 | - | | | 0.01 | - | | | 0.05 | - | - | - |
| Neurosurgery | - | - | | | - | - | | | - | - | | | - | - | - | - |
| Normal Newborns | 0.64 | 0.07 | | | 2.13 | 0.36 | | | - | - | | | 2.77 | 0.43 | - | - |
| Obstetrics | 0.03 | - | | | 0.10 | 0.01 | | | - | - | | | 0.13 | 0.01 | - | - |
| Oncology | - | - | | | - | - | | | - | - | | | - | - | - | - |
| Ophthalmology | 0.01 | - | | | - | - | | | - | - | | | 0.01 | - | - | - |
| Orthopedics | - | - | | | 0.03 | - | | | - | - | | | 0.03 | - | - | - |
| Otolaryngology | 0.03 | - | | | 0.06 | 0.01 | | | - | - | | | 0.09 | 0.01 | - | - |
| Psychiatry | 0.01 | - | | | 0.01 | - | | | - | - | | | 0.02 | - | - | - |
| Pulmonary | 0.24 | 0.02 | | | 0.62 | 0.07 | | | 0.01 | - | | | 0.87 | 0.09 | - | - |
| Rehab | - | - | | | - | - | | | - | - | | | - | - | - | - |
| Rheumatology | - | - | | | - | - | | | - | - | | | - | - | - | - |
| Transplant Surgery | - | - | | | - | - | | | - | - | | | - | - | - | - |
| Trauma | - | - | | | - | - | | | - | | | | - | - | - | - |
| Urology | - | - | | | - | - | | | - | - | | | - | - | - | - |
| Vascular Surgery | - | - | | | - | - | | | - | | | | - | - | - | - |
| Other Inpatient | | | | | | | | | | | | | | | | |
| Imaging | | | 0.44 | 0.06 | | | 0.50 | 0.08 | | | - | - | | | 0.94 | 0.14 |
| Other Treatments | | | 0.03 | - | | | 0.03 | - | | | - | - | | | 0.06 | - |
| Laboratory | | | 0.30 | 0.03 | | | 0.16 | 0.01 | | | - | - | | | 0.46 | 0.04 |
| Ambulatory Surgery | | | 0.62 | 0.04 | | | 0.14 | (0.05) | | | - | - | | | 0.76 | (0.01) |
| Therapies | | | 0.06 | 0.01 | | | 0.07 | 0.01 | | | - | - | | | 0.13 | 0.02 |
| Office Visits | | | - | - | | | - | - | | | - | - | | | - | - |
| Observation | | | 0.12 | 0.01 | | | 0.07 | (0.01) | | | - | - | | | 0.19 | - |
| Other Outpatient | | | 2.45 | 0.27 | | | 3.83 | 0.39 | | | 0.07 | - | | | 6.35 | 0.66 |
| **GRAND TOTAL** | **2.30** | **0.11** | **4.02** | **0.42** | **5.17** | **0.41** | **4.80** | **0.43** | **0.02** | **-** | **0.07** | **-** | **7.49** | **0.52** | **8.89** | **0.85** |