CAPE COD HEALTHCARE

October 31 , 2025

Mr. David Seltz, Executive Director
Commonwealth of Massachusetts
Health Policy Commission
50 Milk Street, 8th Floor
Boston, MA 02109

Submitted electronically to HPC_Testimony@state.ma.us

Dear Mr. Seltz,

Pursuant to your letter dated October 3, 2025, and in accordance with Massachusetts General Laws chapter, 6D, § 8, please find included herein Cape Cod Healthcare's responses to the questions outlined in HPC pre-filed testimony questions. I am legally authorized and empowered to represent Cape Cod Healthcare for the purposes of this testimony, and hereby sign the enclosed testimony under the pains and penalties of perjury.

Please feel free to call me at 508-862-5893 should you have any questions.

Sincerely,

Michael K Lauf

Michael K. Lauf
President and CEO

MASSACHUSETTS
HEALTH POLICY COMMISSION

2025 Pre-Filed Testimony
PROVIDERS

As part of the
Annual Health Care Cost Trends Hearing

Massachusetts Health Policy Commission
50 Milk Street, 8th Floor
Boston, MA 02109

INSTRUCTIONS FOR WRITTEN TESTIMONY

If you are receiving this, you are hereby required under M.G.L. c. 6D, § 8 to submit written pre-filed testimony for the 2025 Annual Health Care Cost Trends Hearing.

Massachusetts Health Policy Commission
50 Milk Street, 8th Floor
Boston, MA 02109

On or before the close of business on **Friday, October 31, 2025**, please electronically submit testimony as a Word document to: HPC-Testimony@mass.gov. Please complete relevant responses to the questions posed in the provided template. If necessary, you may include additional supporting testimony or documentation in an appendix. Please submit any data tables included in your response in Microsoft Excel or Access format.

We encourage you to refer to and build upon your organization's pre-filed testimony responses from 2013 to 2024, if applicable. If a question is not applicable to your organization, please indicate that in your response.

Your submission must contain a statement from a signatory that is legally authorized and empowered to represent the named organization for the purposes of this testimony. The statement must note that the testimony is signed under the pains and penalties of perjury. An electronic signature will be sufficient for this submission. All submissions are public record and will be posted to the HPC's website.

You may receive questions from both the HPC and the Office of the Attorney General (AGO). If you have any difficulty with the templates or have any other questions regarding the pre-filed testimony process or the questions, please contact relevant staff at the information below.

HPC CONTACT INFORMATION

For any inquiries regarding HPC questions, please contact:
General Counsel Lois Johnson at HPC-Testimony@mass.gov or lois.johnson@mass.gov.

AGO CONTACT INFORMATION

For any inquiries regarding AGO questions, please contact:
Assistant Attorney General Sandra Wolitzky at sandra.wolitzky@mass.gov or (617) 963-2021.

THE 2025 HEALTH CARE COST TRENDS HEARING: PRE-FILED TESTIMONY

The Massachusetts Health Policy Commission (HPC), along with the Office of the Attorney General (AGO), holds the Health Care Cost Trends Hearing each year to examine the drivers of health care costs and consider the challenges and opportunities for improving the Massachusetts health care system.

The 2025 Health Care Cost Trends Hearing offers a critical opportunity to discuss the pressing issues challenging the stability and sustainability of the Commonwealth's health care system. These include mounting affordability issues, workforce constraints, financial volatility, increasing prescription drug costs, and threats to health care access and coverage – and the ongoing efforts to address them.

Recent federal action has created uncertainties about the health care landscape in Massachusetts. It will require a renewed commitment among stakeholders and policymakers to work together towards a health care system that is more affordable, accessible, and equitable for all residents. The 2025 Health Care Cost Trends Hearing will convene industry leaders, clinicians, and community members to reflect on recent policy actions and invite further collaborative action in Massachusetts, advancing the Commonwealth's health care goals and values.

Amid the federal activity, Massachusetts is still contending with existing affordability hardships facing the Commonwealth's residents. Massachusetts now has the highest family health insurance premiums in the country. In 2024, the average annual cost of health care for a family exceeded $31,000 (including out-of-pocket spending). As health care spending grows as a portion of household income, more and more families incur medical debt and avoid using needed care. These rates become particularly dire when health care premiums and out-of-pocket spending reach 25% of total income – a reality that 41% of Hispanic families and 26% of Black families in Massachusetts faced in 2023 compared to 9% of white families. Furthermore, the average annual cost sharing per person grew from $849 in 2019 to $1,049 in 2023 (a 29% increase), and residents paying $5,000 or more annually in cost sharing doubled from 2019 (1.5%) to 2023 (3.1%).

This is the first cost trends hearing since the enactment of two significant health care laws earlier this year (Chapters 342 and 343 of the Acts of 2024), which strengthen the health care market, address rising prescription drug costs, and enhance the public transparency and accountability of the Commonwealth's health care system – including requiring additional health care market participants to provide public testimony. As the HPC, the AGO, and other state agency partners continue implementation of these new laws, the 2025 Health Care Cost Trends Hearing will focus on working together to safeguard the Commonwealth's commitment to health care affordability, access, and equity.

The pre-filed written testimony affords the HPC and the AGO, on behalf of the public, an opportunity to engage with a broad range of Massachusetts health care market participants. In addition to pre-filed written testimony, the public hearing features in-person testimony from leading health care industry executives, stakeholders, and consumers, with questions posed by the HPC's Board of Commissioners about the state's performance under the Health Care Cost Growth Benchmark and the status of public and industry-led health care policy reform efforts.

1. Recent and ongoing federal policy actions are changing health care in Massachusetts. What do you anticipate will be the most significant implications of these federal actions on your organization's strategies to address health care affordability, quality, access, and equity? How is your organization working to ensure stability and mitigate any negative impacts on health care workers, patients, and patient care? What specific actions should health care market participants, policymakers, and the public consider to safeguard the Massachusetts health care system against potential risks from federal policy shifts?

A. Most Significant Implications

Loss of Insurance

Medicaid cuts will most likely result in a loss of Insurance. Some estimates project that as many as 300,000 residents could lose Medicaid or related coverage in Massachusetts under federal policy changes.

- Worsened Access – Especially for Vulnerable Populations

We expect those who lose coverage will delay or forgo care and require more intensive, expensive treatment when they do reach the hospital. Emergency departments will become an even more prominent first and last line of defense for many. Particular concern exists for low-income residents, and those in rural or underserved areas.

- Potential Financial and Personal Burdens

When coverage is lost, individuals will face higher out-of-pocket costs or rely on emergency care which may carry high bills. This shift may lead to more financial stress on individuals and families, and may also contribute to rising insurance premiums for others

B. Potential Impact to Cape Cod Healthcare and Response

Financial strain and increased uncompensated care

Medicaid is a significant portion of our payer mix, as both our hospitals are Community High Public Payer designated.

<u>Service reductions, closures, and access impacts</u>

With revenue under pressure, hospitals may be forced to cut services that are less profitable (but often socially important).

<u>CCHC Response</u>

As a mission-driven organization, Cape Cod Healthcare will continue to treat patients equally regardless of insurance status.

We have moved swiftly to adjust our current budget for these emerging changes. Continued financial pressure will challenge our ability to maintain care services and may lead to reductions in services lines and/or programs.

We will continue emphasis on the role of technology in patient care – especially around redetermination reminders and patient engagement.

C. Policy Needs

- Efforts must be placed on maintaining insurance coverage for as many people as possible

- Invest in and enhance the Medicaid Waiver Review the connector products to serve as an agent of change – to improve patient motivation, technology, and access.

- Stabilize the Health Safety Net through collaboration between the state and the hospital community

- Increase the use of value-based care products, need these kinds of innovative models versus strictly fee for service.

2. Many Massachusetts health care providers continue to face significant workforce challenges. What strategies has your organization successfully implemented to improve recruitment and retention of clinical and/or non-clinical workers? What policy, payment, or health care system reforms does your organization recommend to better sustain, strengthen, and diversify the health care workforce more broadly in Massachusetts?

A. Current Successful Strategies

Cape Cod Healthcare has made a concerted effort to attract new talent as well as foster retention of our existing employees. Included in those efforts are the following programs and initiatives:

- Surgical Tech apprentice program
- CT Will Train Program
- International RN Program
- Nursing Assistant Trainee Program
- Pharmacy Tech Trainee Program
- VNA Certified Home Health Aide Training Program
- Partnership with local community college to identify and train nurses
- RN Residency & Transition Program
- Phlebotomy Apprenticeship Program
- Collaboration between HR and Interpreter Services with candidates during the hiring process
- English as a Second Language classes
- Nursing Assistant Co-op Program with Cape Cod Regional Tech High School
- Nursing Assistant Co-op Program with Upper Cape Tech Regional High School
- Nursing Assistant Co-op Program with Monomoy High School
- Co-op program with Bourne High School
- Student Helpers to assist with high volume in the summer
- Early recruitment campaign for summer temps and student helpers
- Recruitment engagement in all High Schools Steering Committees to help provide guidance for students into the healthcare field.
- Riverview School and Project Search
- Employee Wellness program
- Employee referral program
- New Employee Orientation Program – Rising Stars
- Employee Recognition Program – STAR (Special Thanks and Recognition)
- Manager Development Program – STAR Leadership Academy

B. To strengthen and sustain the health care workforce in Massachusetts, we recommend several key reforms:

- Expand local training opportunities

Encourage regional community colleges to develop additional health care–specific programs, such as Radiologic Technologist training. This would reduce the need for residents to travel off-Cape for essential clinical education and help build a local workforce who already have housing

- Finalize the Nurse Licensure Compact (NLC)

Completing Massachusetts' participation in the NLC would streamline the hiring process for registered nurses from other states, enhance workforce flexibility, and expedite onboarding for travel nurses.

- Integrate health care career pathways in secondary education

Strengthening high school curricula to include clear tracks toward health care professions would introduce students to these careers earlier, foster interest in the field, and create a more sustainable pipeline for future professionals.

- Address the high cost of living in Massachusetts

The high cost of living remains a significant barrier to workforce recruitment and retention. Out-of-state candidates decline offers or choose not to apply once they compare Massachusetts' living expenses to those in their current location.

3. Administrative complexity in the health care system can burden clinicians and patients and contribute to burnout, reduce timely and equitable access to care, and add unnecessary costs to the system. What policies or strategies should policymakers and/or other market participants consider to reduce administrative complexity that provides little value in the Massachusetts health care system? How would such changes impact your organization's administrative costs of providing care?

A. Recommended Policies

Access for healthcare systems to tap into a closed-loop referral pathway established by community-based organizations (e.g. Food banks) with the support of EOHSS.

Currently, when the healthcare team refers a patient to community-based organizations in response to a positive screening for a social determinant of health, the health system

carries the burden of verifying / following up with the patient to make sure that they were able to access the service provided by the community-based organization. Closing the loop on referrals requires confirmation from the community-based organization that they were able to connect with the patient on the identified need. Support for the CBOs from the state to improve their capacity to close the referral loop with the referring health system will improve efficiency and enhance effectiveness of addressing the patient's need.

Timely Physician Licensing

Timely licensing of physicians is critical to the recruitment, credentialing, and onboarding of physicians new to the Commonwealth and does much to facilitate addressing the significant shortage of physicians we have in many specialties. The BORIM has made significant changes over the past years with demonstrated success. These changes as well as additional initiatives to address administrative complexity, burgeoning regulatory requirements, and other like critical reform of the prior authorization process will go far to improve the stability and equitable access to health care resources in MA.

Transitions of Care

At any given time, as many as 2,000 Massachusetts patients are ready for discharge but are "stuck" in hospitals because they cannot access the post-acute services they require. In turn, this ties up hospital beds for others in need of hospital-level care.

> Many of these delays are due to administrative obstacles that are within our power to solve.

Solutions:

- Repeal the misguided nursing home staffing rule, which is limiting capacity at our skilled nursing facilities
- Repeal the IRF Review Choice Demonstration, which will add considerable staffing costs to inpatient rehabilitation facilities
- Eliminate the 3 Midnight Rule, which requires a 3-day inpatient stay before a patient qualifies for Medicare Part A coverage at a SNF – this was waived during COVID and made an enormous difference
- Ease hospital requirements to provide patients with lists of post-acute providers – this can hamper the discharge process, especially since hospitals are already collaborating closely with post-acute partners

Digital Health

As technology and patient preferences have evolved, more care can safely be delivered via telehealth. However, numerous regulations restrict the use of virtual care, impeding innovation and our ability to deliver care more efficiently.

Solutions:

- Remove telehealth originating site restrictions and geographic site restrictions within the Medicare program
- Remove the in-person visit requirements for behavioral telehealth
- Grow the list of workers who can deliver telehealth: occupational therapists, physical therapists, speech-language pathologists, and audiologists
- Expand coverage and payment for audio-only telehealth services
- Extend the ability for federally qualified health centers and rural health clinics to deliver telehealth services

Administrative Costs

Cape Cod Healthcare believes there are significant opportunities to eliminate unnecessary administrative costs in healthcare with policy changes. Additional opportunities exist to decrease unnecessary utilization and increase providers' access to the tools and information needed to retain care in the lowest cost settings.

Hospitals incur significant costs to submit a claim to local health insurers and, moreover, to figure out if the insurer's payment is correct. Introduction of a single claim form and payment methodology as well as consistent payment policies across health plans in Massachusetts would improve hospitals' efficiency. Also, with the current proliferation of high deductible plans, Hospital bad debt expense is increasing, as is the administrative cost of pursuing these patient payments. Such patient responsibility payments should be collected by the payers, not providers. Only the payer knows the amount remaining on a patient's annual deductible or the balance of their HSA. These simple changes would be an easy win for everyone. It would also enable providers to focus on bigger issues, like population health, and give insurers an opportunity to contribute meaningfully to healthcare reform.

Reducing Administrative Reporting Requirements

Providers are increasingly required to report on quality, equity, and financial metrics – often across multiple, unaligned programs. This creates data fatigue, workflow disruption,

and high administrative costs. Cape Cod Healthcare currently reports to over 50 different entities, ranging from:

- MA Department of Public Health
- CMS
- MassHealth
- The Joint Commission
- Federal Census Bureau
- EOHHS
- Commercial Payers
- CHIA
- HPC

Solution Ideas:

- Measure Alignment – Adopt CMS core measure set across all payers
- Digital Quality Measures – Automate extraction from EHR and claims data
- Integrated Equity Data – Standardize Equity/SDOH fields

Automate Prior Authorizations

Cape Cod Healthcare finds that on average, it requires 15-20 minutes to confirm authorization requirements as there is no standardized prior authorization method. We estimate the system reviews 28,000 prior authorizations annually. Authorization requirements and method for obtaining authorizations vary by insurance payer and plan type. Often, there is conflicting information between the payer and authorization organization on authorization requirements resulting in patient, provider, and facility disconnect around the authorization requirement.

This work leaves an unsettling lag time where the patient has a healthcare need ordered by his/her provider, that is being delayed by an administrative task. Even when an authorization is obtained, payment for the service is not guaranteed. Even though clinical information has been submitted to obtain the authorization prior to service, there is still a chance of denial for medical necessity, member eligibility, member plan benefits, and / or provider eligibility at the time of service.

B. Impact to CCHC Administrative Costs

Cape Cod Healthcare believes implementing remedies to the above will result in administrative costs savings. Research shows that administrative spending accounts for 15-30% of healthcare spending, at least half of which is considered wasteful.

4. High-quality, accessible primary care is foundational to an effective and efficient health care system. If your organization includes primary care providers, what activities or investments are you pursuing to enhance access to affordable, high-quality, person-centered primary care (including integrated behavioral health services) for your patients? How are you tracking the impact of these activities or investments? What policy, payment, or health care system reforms does your organization recommend to enhance equitable access to high-quality primary care services?

A. CCHC Activities and Investments

Our organization remains deeply committed to strengthening primary care as the cornerstone of effective healthcare delivery. Primary care practices continue to experience rising cost pressures particularly as they compete for support staff in our tight labor market.

CCHC's primary care practices participated in Making Care Primary by the Centers for Medicare and Medicaid Services as an alternative payment model in primary care. The aim was to shift towards prospective, population-based payments versus the traditional fee for service model. It also promoted strengthening the coordination of care between specialists and community supports. Unfortunately, the model ended early in June of 2025. This negatively impacted our primary care practices, as we anticipated these enhanced payments after investments were made to prepare for success in this payment model.

Our organization's ACO supports primary care practices through participation in other new payment models, such as our MassHealth/Wellsense ACO which pays on an entirely capitated basis. Our ACO and primary care practices collaborate to advance the commonwealth's health equity goals by expanding demographic data collection, identifying and addressing disability accommodation needs, strengthening providers' disability-related competencies, offering robust interpreter services, and partnering across the healthcare system to reduce disparities in clinical outcomes. Our efforts also focus on addressing health-related social needs, such as food insecurity and housing,

and supporting primary care practices with complex case management and other population health initiatives. Our organization has also invested in integrating behavioral health into primary care by expanding access through provider recruitment, e-consults, and coordination within the integrated electronic medical record, all of which has improve access to behavioral health services.

To demonstrate our commitment to high-quality, person-centered primary care, we conduct regular internal reviews of documentation and clinical decision-making and maintain standardized workflows to ensure reliable, consistent care delivery. We also promote self-scheduling for both new and existing primary care patients, allowing them to select the provider, location, and appointment time that best fits their needs. Through the MyChart patient portal, we empower patients to actively engage in their care giving patients the ability to schedule appointments, review care plans, access educational materials, request refills, and communicate directly with their care team. We closely monitor the patient experience, responding promptly to concerns through robust service recovery and identifying trends to guide continuous process improvement. In addition, we invest in professional development for our clinical teams to support their growth and ensure we continue to deliver the highest quality of care.

B. Policy, Payment, or Health Care System Reforms

The reforms that our organization recommends enhancing equitable access to high quality primary care services:

- Educational loan forgiveness for providers working in primary care at 50%, along with enhanced forgiveness for providers working in underserved and at-risk communities at 100% forgiveness.
- Fair insurance reimbursement that will incentivize caregivers to enter and stay the primary care field and responds to the financial pressures that hospitals are under.
- Reduce administrative burdens that affect ability of primary care clinicians to focus on delivering care. Reform the prior authorization process.
- Support team-based care by funding care teams that include behavioral health specialist, community support organizations, pharmacy, social work, case management, navigators, and nurses.
- Ensure payments support interpreters, disability accommodations, and culturally appropriate communication.
- Recognize reimbursement for telehealth, remote patient monitoring technology, and the use of advancements in artificial intelligence in healthcare.
- Offer innovating payment models that incentivize preventative medicine, lifestyle medicine, and integrated behavioral health.

5. Massachusetts now has the highest family health insurance premiums in the United States. In 2024, the average annual cost of health care for a family exceeded $31,000 (including out of pocket spending). This reflects the growth in underlying health care costs. As health care spending grows as a portion of household income, more and more families incur medical debt and avoid using needed care. Collaborative, urgent action across market participants is needed to reverse these trends. How can your organization contribute to this effort?

A. Action Across Market Participants

<u>**Remedy the Continual Underpayment from Public Sector Sources**</u>

Nationally, per the American Hospital Association, combined underpayments from Medicare and Medicaid was $99.2 billion in 2022[1]. Cape Cod Healthcare is a mission driven organization that serves all regardless of ability to pay.

The current system of payment from governmental payors is simply unsustainable. In the Commonwealth we have witnessed healthcare system failures; increased consolidation; and marginalized populations having poor access to care in a state replete with healthcare resources. Efforts must increase to construct a more stable government payor reimbursement system as without stability there will be no sustainability.

<u>**Chronic underpayment makes vulnerable communities more vulnerable.**</u>

Cape Cod Healthcare serves one of the oldest populations in Massachusetts and Medicare/Medicaid patients comprise the majority of visits across the organization. Sustained, stable, predictable, and adequate reimbursement for Medicare and Medicaid patients is essential to maintaining access and practice viability.

FY25, government payers represented 73.1% of our revenue. Correspondingly, commercial payers' percentage of revenue is 26.9%. This payer mix is consistent with our population demographic and will continue to challenge Cape Cod Healthcare's ability to maintain services, while facing increased demand for services due to the aging population.

[1] https://www.aha.org/2024-01-10-infographic-medicare-significantly-underpays-hospitals-cost-patient-care

Support for Uninsured/Underinsured

Hospitals and physicians are legally required (via EMTALA) to treat emergency cases regardless of insurance status.

Hospitals in 2019 provided $41.6 billion in uncompensated care, meaning care for which no payment was received from the patient or insure.[2] Additionally, together, bad debt and charity care per calendar day increased 32% year-to-date (YTD) 2025 compared to YTD 2022.[3]

These losses are often shifted to:

- Private insurers, who pay higher rates to offset shortfalls.
- Employers and insured individuals, through higher premiums.

Optimize Site of Service Appropriateness

Ensuring that patients receive care in the most clinically appropriate, safe, and cost-effective setting — such as inpatient hospital, outpatient hospital, ambulatory surgery center (ASC), or even the home — depending on their condition, acuity, and resource needs.

This can be accomplished through various pathways:

- Payer Incentives
- Value Based Payment Models
- Technology
- Consumer Education
- Restrictions to current unlimited access to healthcare

Primary Care

As stated in Question 4, primary care access is a defining factor in the health and stability of our Cape Cod communities. Our region's patient population and payer mix—characterized by a high proportion of older adults, a payer mix of predominantly Medicare/Medicaid beneficiaries, and a growing number of residents with limited

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[2] https://www.aha.org/news/headline/2021-01-21-aha-hospitals-provided-416-billion-uncompensated-care-2019
[3] https://www.kaufmanhall.com/sites/default/files/2025-05/KH-NHFR-Report_Mar_2025_Metrics.pdf

commercial insurance—require targeted policy, payment and healthcare system reforms to sustain and expand access to high-quality primary care

Invest in Technology to Spur Primary Care Reform

When thoughtfully designed and implemented, digital tools can significantly reduce administrative load, improve efficiency and give back meaningful patient care time to providers.

Payment parity for telehealth, including audio-only encounters, must be preserved to reach patients who face transportation challenges, limited broadband access, or mobility limitations common among older adults. Reimbursement for interpreter services is also critical, as the Cape's diversity brings patients with limited English proficiency who deserve equitable access to healthcare. Reforms dedicated to improving coordination of care/social services and behavioral health access are crucial.

Support local communities

By investing in local, community-based supports, healthcare systems can prevent chronic disease, reduce emergency room utilization, improve adherence and outcomes, all contributing to lower cost of care.

Many Cape Cod residents face transportation barriers, housing/food insecurity, and seasonal employment instability—all of which influence their ability to access and maintain care. Incentives that strengthen partnerships between our health system, local housing agencies, councils on aging, and community organizations can help address these social determinants that directly impact care utilization and outcomes.
Cape Cod Healthcare operates at the intersection of an aging population, workforce shortages, and payer constraints.

To ensure equitable, high-quality access, we must align payment, workforce, and community resources with the realities unique to this region. Policy, payment and healthcare system reforms must be strategically aligned to achieve this goal. Sustained investment in primary care—through fair reimbursement, administrative reform, and targeted workforce support—will strengthen the foundation of care for our patients and preserve the health and resilience of our Cape communities.

B. CCHC Contribution

Cape Cod Healthcare recognizes the strain of healthcare costs on many individuals and families we provide care for, and we are committed to advancing affordable healthcare for every patient that needs it.

Investment in Primary Care

As previously stated, our ACO and primary care practices collaborate to advance the commonwealth's health equity goals by expanding demographic data collection, identifying and addressing disability accommodation needs, strengthening providers' disability-related competencies, offering robust interpreter services, and partnering across the healthcare system to reduce disparities in clinical outcomes. Our efforts also focus on addressing health-related social needs, such as food insecurity and housing, and supporting primary care practices with complex case management and other population health initiatives. Our organization has also invested in integrating behavioral health into primary care by expanding access through provider recruitment, e-consults, and coordination within the integrated electronic medical record, all of which has improve access to behavioral health services.

Social Determinants of Health

Cape Cod Healthcare, through its rigorous Community Benefits program, and through our system-wide process identifying and addressing social determinants of health needs, is committed to improving the impacts of social determinants of health.

Community Heath Needs Assessment[4]

Data collection and analysis are undertaken with a broad definition of health that recognized and emphasized by numerous factors, beyond individual behaviors, that impact individual, community, and regional health. It is important to recognize social determinants of health have a downstream effect on health outcomes and that there is a dynamic relationship between real people and their lived environment.

Through our Community Health Needs Assessment areas of particular concern for our community were identified as:

[4] 2026-2028 Community Health Needs Assessment PP_updated.pdf

- Access to Healthcare Services
- Behavioral Health
- Housing
- Health Equity
- Economic Hardship

Fiscal Year 2025 funding was extended to over sixty organizations, examples of such:

- A Baby Center
- AIDS Support Group of Cape Cod
- Alzheimer's Family Caregiver Support
- Amplify POC Cape Cod
- Barnstable County Healthy Aging
- Bourne Food Pantry
- Cape & Island Transgender Resource Fund
- Cape Cod Cape Verdean Museum
- Cape Cod Children's Place
- Cape Cod Village Center for Developmental Disabilities
- Cape Cod YMCA
- Cape Organization for Rights of the Disabled
- Elder Services of Cape Cod & the Islands
- Falmouth Service Center
- Food Justice Initiative
- Gosnold Behavioral Health
- Homeless Prevention Council
- Housing Assistance Corp.
- Sandwich Food Pantry
- The Cape & Islands Veterans Outreach Center
- The Family Pantry of Cape Cod
- Yarmouth Food Pantry

Cape Cod Healthcare Process for Identifying and Addressing Social Determinant of Health

The hospitals implemented universal screening for SDOH as part of the health-related social needs screening. The Epic foundation Social Determinants of Health (SDOH) wheel is included in the nursing admissions navigator/workflow for nursing owned domains such as Alcohol Use and Physical Activity. Financial Resource Strain, Transportation Needs, Housing Stability and Food Insecurity

assessments has been added to the case management and social work flowsheets/workflows. These tools allow users to complete the HRSN screening questions as part of their core workflow activities and documentation screens. This process is applied to all admitted patients and the same screening process has been implemented at the ACO case management as well as the primary care practices employed by Cape Cod Healthcare.

When a patient is identified as being at moderate or high risk in one of the domains a referral will be placed to the appropriate community resources. A list of these resources is printed on the After Visit Summary and provided to the patient on discharge from the hospital. When a patient is identified as at risk in one of the domains, has a LACE + score (Length of stay, Acuity of admission, Comorbidity, and Emergency department visits) over 70, and is a less than 30-day readmission, a referral to social work will be initiated to assess for further interventions that may be needed.

Access to referrals to community resources for social needs facilitates better care that leads to improved outcomes. CCHC continues to build and update a community resources list for referring patients who screen positive for SDOH. Epic enhancements enable community resources to be recommended to end users based on patients positive screening responses.

QUESTIONS FROM THE OFFICE OF THE ATTORNEY GENERAL

1. Chapter 224 requires providers to make price information on admissions, procedures, and services available to patients and prospective patients upon request. In the table below, please provide available data regarding the number of individuals that sought this information.

Health Care Service Price Inquiries Calendar Years (CY) 2023-2025			
Year		Aggregate Number of Written Inquiries	Aggregate Number of Inquiries via Telephone or In-Person
CY2023	**Q1**	155	126
	Q2	106	171
	Q3	157	210
	Q4	183	203
CY2024	**Q1**	214	98
	Q2	147	113
	Q3	111	97
	Q4	84	105
CY2025	**Q1**	118	237
	Q2	139	303
	TOTAL:	1,414	1,537