Beth Israel Lahey Health

Submitted via email: HPC-Testimony@mass.gov

November 4, 2024

Mr. David Seltz
Executive Director
Massachusetts Health Policy Commission
50 Milk Street
Boston, MA 02109

RE: 2024 Pre-filed testimony Beth Israel Lahey Health

Dear Director Seltz:
Enclosed please find written testimony submitted on behalf of Beth Israel Lahey Health, Inc., in response to the questions of the Health Policy Commission and the Office of the Attorney General, as requested in your letter and accompanying request for pre-filed written testimony. I, Jamie Katz, am legally authorized and empowered to represent Beth Israel Lahey Health, Inc., for the purposes of this testimony, and this letter is signed under the pains and penalties of perjury.

Sincerely,

Jamie Katz

Jamie Katz, JD
General Counsel
Beth Israel Lahey Health, Inc.

MASSACHUSETTS
HEALTH POLICY COMMISSION

2024 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 2024 Annual Health Care Cost Trends Hearing.

On or before the close of business on **Monday, November 4, 2024**, 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 2023, 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.

You are receiving 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 either HPC or AGO 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 2024 HEALTH CARE COST TRENDS HEARING: PRE-FILED TESTIMONY

The Massachusetts Health Policy Commission (HPC), along with 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 2024 Health Care Cost Trends Hearing will take place in a period of significant upheaval and reflection for the Commonwealth's health care system. The bankruptcy and dissolution of Steward Health Care, previously the third largest hospital system in Massachusetts, led to substantial disruptions to the state's health care market and has taken a significant toll on communities, patients, provider organizations, and health care workers across the region. This market instability is occurring while many providers across the health care continuum are still struggling to adapt to a post-pandemic "new normal" state, wrestling with capacity constraints, financial volatility, administrative burdens, and workforce recruitment and retention challenges.

At the same time, an increasing number of Massachusetts residents are struggling with health care affordability and medical debt. Massachusetts has the second highest family health insurance premiums in the country. The average annual cost of health care for a family exceeds $29,000 (including out of pocket spending). Recently, more than half of residents surveyed cited the cost of health care as the most important health care issue, far surpassing those that identified access or quality. Due to high costs, 40 percent of survey respondents said they are putting off seeing a doctor or going to a hospital. These affordability challenges are disproportionally borne by populations of color, and those in Massachusetts with less resources, contributing to widening disparities in access to care and health outcomes. The annual cost of inequities experienced by populations of color in Massachusetts is estimated to exceed $5.9 billion and is growing every year. These challenges require bold action to move the health care system from the status quo to a new trajectory.

This year, in the wake of the considerable harm caused by the bankruptcy of Steward Health Care and other recent market disruptions, the HPC is focusing the 2024 Cost Trends Hearing on moving forward, from crisis to stability, and building a health care system that is more affordable, accessible, and equitable for all residents of Massachusetts.

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 annual 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.

QUESTIONS FROM THE HEALTH POLICY COMMISSION

1. Reflecting on the health care market disruptions in Massachusetts in recent years, including the bankruptcy of Steward Health Care and related closures, what have been the most significant impacts of these disruptions on the patients and communities your organization serves, particularly with regard to equitable and affordable access to care? What have been the most significant implications for your organization and workforce?

As a health care provider caring for more than 1.7 million people in inpatient and outpatient care settings throughout Eastern Massachusetts and Southern New Hampshire, Beth Israel Lahey Health (BILH) has felt the impact of many of the disruptions that have marked health care in this post-pandemic time. The most significant disruptions BILH has felt in this time have been caused by the rapid escalation in labor costs, supplies, and other expenses. BILH's supply costs (including pharmaceuticals) rose by 39.8% from FY 2022 to FY 2024, and labor costs have risen 13.1% over that same time period. Throughout the BILH system, community hospitals and academic medical centers alike are struggling in the face of revenues that cannot cover the growing expenses of care delivery. In addition to the destabilizing forces of COVID-19 and inflation, the price cap that BILH agreed to in its Assurance of Discontinuance (AOD) with the Massachusetts Attorney General's Office (AGO) further severely harmed BILH financially while other Massachusetts healthcare systems attained rates higher than the HPC cost growth benchmark to offset their losses due to COVID-19 and inflation. As a condition of the BILH merger it agreed to a cap on the rates it would receive from commercial insurers in the Commonwealth. This rate cap was meant to ensure that BILH did not use any of its alleged new market power to negotiate rates that exceeded the state price benchmark and drive unnecessary cost growth, it was not intended to disadvantage the system. These factors combined have led to multiple years of significant operating losses for BILH, collectively amounting to more than $320M in losses over the past two publicly reported years alone. Market disruptions, like the closure of hospitals and other healthcare sites, have caused harm by reducing access to care, diverting resources to for-profit organizations or increased financial losses for already struggling providers; other market disruptions during this same time period are to be embraced for advancements in clinical outcomes, enhanced access to care and the efficiencies they yield. Some of the most disruptive market impacts involve private equity groups employing physicians in concentrated specialty groups. As for-profit groups engage physicians who were previously independent or employed by non-profit providers, we are seeing an increase in labor costs and workforce tensions as these groups set new benchmarks for salaries. These groups are often focused on serving the commercially insured population over Medicaid or

Medicare patients, and they are not required to help address the co-occurring, health-related social needs, such as behavioral health, homelessness and nutritional insecurity, that other providers take responsibility to address. Of course, Steward's bankruptcy has been a major market disruptor, one that has impacted providers across Eastern Massachusetts, including BILH. For example, Beth Israel Deaconess Hospital- Milton (BID-Milton) has experienced a significant impact as a result of the closure of Carney Hospital in Dorchester. As the closest Emergency Department to Carney Hospital, BID-Milton has experienced an increase in visits to its ED which was already regularly experiencing high volume surges. BID-Milton took immediate action and has renovated the emergency department to accommodate this increase in patient volume and has added additional personnel and resources to support the increase in health-related social needs of patients presenting to the ED, as substance use disorder, homelessness and severe mental health conditions. In preparation for the sustained impact of the Carney Hospital closure over the long-term, BID-Milton is planning an expansion of the Emergency Department and will need to plan for an increase in expenses to provide additional staff and resources to support this increase in patient demand. It is important to note that there have been positive market disruptions in recent years. Building upon pandemic-prompted care delivery we have seen advances in virtual care as another major market disruptor. With over thousands of employees engaged in every aspect of care delivery, BILH has harnessed technology, digital health, and specifically virtual care, to change how we are caring for our patients. For example, advancements in virtual care have allowed BILH to turn a patient's home into an acute care setting through our Hospital at Home program. The program has both created additional hospital capacity and, more importantly, has allowed for improved patient outcomes, helped reduce the likelihood of post-acute care admissions and vastly improved the experiences of patients and their families by reducing the stress and anxiety that can come with an inpatient stay. Additional areas of advancements that BILH clinicians have been helping to drive through virtual care can be seen in programs such as remote patient monitoring, which allows an augmented care team, including pharmacists and other advanced practice professionals, and patients to connect on management of chronic conditions between visits and for continuous monitoring of patients, prompt interventions and greater patient engagement in self-care. BILH was formed to be a positive disruptive force in the health care market. In the more than five years since becoming a system, BILH has continued to deliver on its foundational purpose: to create healthier communities – one person at a time - through seamless care and groundbreaking science, driven by excellence, innovation and equity. Challenging the long-held notion that health care in this market must be fueled by driving as much care as possible to expensive academic medical centers, BILH has continued to invest in enhancing the level of care and

services in ambulatory and community hospital settings, driving material savings for the Commonwealth by increasing the volume of care provided at BILH versus higher-priced providers. Building on the strong record of our early years, BILH delivers more than 55% of care in community settings, and has set a bold goal of delivering 70% of care in community settings within 10 years. To increase the volume of clinically appropriate care within BILH lower-cost settings, we have ongoing initiatives to keep patients local who can be appropriately cared for in the community with remote consults, community hospital to community hospital transfers, round trip procedures, and return to a community hospital when the tertiary need has been resolved. In addition to efforts driven within our system designed to provide a high quality alternative within the traditional Massachusetts healthcare landscape, BILH is changing the landscape by partnering with Harvard Medical Faculty Physicians, to announced a collaboration with Dana-Farber Cancer Institute (DFCI) to advance the future of cancer care and, pending regulatory approval, build the region's only free-standing inpatient cancer hospital. This collaboration will bring greater access to the growing need for increasingly more sophisticated cancer treatment. This collaboration amplifies Dana-Farber and BIDMC's patient-centered approach to healing, creates significant opportunities to impact health disparities in cancer detection, treatment and survivability, while simultaneously providing cost savings to the Commonwealth by allowing each party to concentrate proficiency and to avoid costly duplication of the components of the continuum of cancer care.

2. Please identify and briefly describe any policy, payment, or health care market reforms your organization would recommend to better protect the Massachusetts health care system from predatory actors, strengthen market oversight and transparency, and ensure greater stability moving forward.

As the Health Policy Commission has noted, recent years have been marked by disruptions in the health care market that have impacted equitable and affordable access to care. The fiscal fragility and untenable financial imbalance of the provider system is a top threat that will continue to degrade equitable access to high quality, affordable care. "Acute on chronic" is a phrase often used among doctors to describe when a patient with a long-standing chronic condition was stable but has developed an acute condition requiring immediate attention. This phrase adeptly characterizes the state of health care providers in Massachusetts. Many of the challenges facing health care providers are sustained and intractable, e.g. rising labor costs, supply chain inflation, ever increasing pharmaceutical expenses and a level of reimbursement that fails to match the rate of expense increase. Ensuring greater stability for the future of health care in the state will require collective actions that were well demonstrated during the Steward crisis: quick action to

assess and execute, regional collaboration to address the health care needs across communities, regulatory flexibility and an expedited regulatory pathway, and most importantly, financial support.

3. Reflecting on consistent HPC findings showing increasing health care affordability challenges, growing difficulties accessing needed care, and widening health disparities based on race, ethnicity, and income among Massachusetts residents, what are your organization's top two to three strategies for addressing these trends? What are the most significant challenges to implementing these strategies?

BILH recognizes that, as a Commonwealth, we have significant challenges in addressing health care affordability and access, issues that disproportionately impact low-income and racially-diverse communities, resulting in disparate health outcomes and patient experience. As a leading care delivery system, BILH believes that we have a pivotal role to play, as a large employer and provider, in addressing systemic inequity in health outcomes, while improving access and affordability. BILH's diversity, equity and inclusion (DEI) vision is to transform care delivery by dismantling barriers to equitable health outcomes and become the premier health system to attract, retain and develop diverse talent. In June of 2021, we established the Office of DEI and hired our inaugural Chief DEI Officer, as an executive-level position, reporting directly to our President and CEO to oversee DEI workforce efforts, health equity programs and community impact initiatives. Since the inception of our program, we have made DEI a strategic organizational priority, with system-wide measurable goals and robust infrastructure and resources to achieve systemic change. With the aim of having a workforce that mirrors the increasing diversity in the communities we serve, we have established annual goals for increasing racial and ethnic representation in leadership and clinical hires and have established inclusive hiring guidelines and processes. In fiscal year 2023, 27% of new leadership and clinical hires were Black, Indigenous or People of Color. Additionally, we implemented system-wide DEI training focused on unconscious bias and equitable care for patients with disabilities and hosted a series of cultural observances events throughout the year. With the aim of eradicating health disparities, we have established annual health equity goals for diabetes, hypertension and maternal health. We expanded health equity infrastructure through the implementation of EPIC, to capture patient demographics (race, ethnicity, language, sexual orientation, gender identity, disability status) and to consistently screen for social determinants of health. We established a system-wide health equity dashboard with the ability to drill into disparities by site, for hospitals and ambulatory measures. To address disparities, we have focused on placed-based interventions across practice sites with highest level of disparity (e.g., Chelsea Primary Care, Bowdoin Street Health Center, etc). Our early efforts have positioned us well for meeting new health equity

expectations and incentives from commercial and public payers. We are also on track to achieve Joint Commission health equity certification across BILH hospitals. BILH also aims to impact economic equity in the Commonwealth by expanding investments in underrepresented communities to close socioeconomic disparities, we have annual supplier diversity goals and since the inception of our DEI program, we have increased spending with diverse suppliers from $40M in FY21 to $70M in FY24. In addition to some of the initiatives noted above, BILH is committed to operating a highly effective structure for value-based contracting and population health. BILH believes health systems must continually demonstrate the quality and value of the care provided to the communities they serve. Effective population health management can have wide-ranging positive impacts and can be the key to maintaining health, improving patient care, and avoiding unnecessary health care spending. BILH has over 500,000 patients under value-based contract arrangements and will work to continue to increase this population. Additional examples of how BILH is leading in this area include the expansion of clinical pharmacy services in ambulatory clinics to help manage and optimize patients' complex medication therapies, incorporation of behavioral health care and continuing care into our population health infrastructure to help manage patients' needs.

4. Please identify and briefly describe any policy, payment, or health care system reforms your organization would recommend to achieve a health care system that is more affordable, accessible, and equitable in Massachusetts.

Massachusetts faces instability that will likely result in reduced capacity and reduced access to care. As we collectively see and feel the impact of care disruptions in the overall health and wellbeing of patients, particularly underserved communities, it will be important to assess the drivers and elements of the industry that are different in Massachusetts compared to other regions of the country that have demonstrated much stronger post-pandemic recovery. The current crisis of the health care industry requires attention to the existing state health care cost benchmark and an assessment of the impact of a well-intended policy established during an entirely different time in health care is in fact hampering the ability of the healthcare providers to recover financially. Focusing support and regulatory action in ways that help the evolution and adaptation of accessing care in different modes and settings will ensure an environment that can successfully evolve together. This includes resisting an inclination to over-regulate the industry in the wake of Steward's actions; while protecting against predatory actors is necessary, further regulation and oversight must be pursued in a manner that is careful not to fall inordinately on already heavily regulated providers doing the right things. Additionally, reforms in this critical time should be hyper-focused on supporting patient access and ensuring health care dollars are spent on patient care and not on the administrative process.

Billions of dollars can be saved by addressing administrative burden and standardizing actions across payers, like the prior authorization process. The state can play a role in holding organizations accountable to work in this area, which will ensure savings and efficiencies accrue to patients, employers and providers as well. Some payers are proactively taking on the work of streamlining prior authorization processes; however, this must be viewed skeptically. As an example, United Healthcare Group developed a standardized prior authorization process built upon factors entirely in their control, requiring a provider have a historic prior authorization approval rate of 92% or more, practices like these seem designed to ensure patients and providers will not benefit from these efforts. Increased transparency into payer practices and the impact of those practices will be helpful as many payers engage in non-contractual rate and policy changes that have immediate and deep clinical and financial impacts on physician practices.

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) 2022-2024			
Year		Aggregate Number of Written Inquiries	Aggregate Number of Inquiries via Telephone or In-Person
CY2022	**Q1**	250	235
	Q2	185	219
	Q3	212	224
	Q4	81	195
CY2023	**Q1**	38	382
	Q2	58	353
	Q3	43	282

	Q4	49	352
CY2024	**Q1**	57	458
	Q2	93	436
	TOTAL:	1,066	3,136

2. Please describe any steps your organization takes to assist patients who are unable to pay the patient portion of their bill in full.

BILH is dedicated to providing financial assistance to patients who have health care needs yet are uninsured, underinsured, ineligible for a government program, or otherwise unable to pay for Emergency Care, Urgent Care, or other Medically Necessary Care based on their individual financial circumstances. BILH provides a sliding scale of discounted care depending on a number of factors. Patients deemed eligible for financial assistance receive a discount on care received from all BILH hospitals and qualifying BILH providers in Massachusetts. Patients with annualized family income at or below 400% of the Federal Poverty Level will receive a 100% waiver of patient responsible balance for eligible medical services provided by BILH. Patients determined to be eligible for Financial Assistance from one BILH hospital are deemed eligible for financial assistance from all other BILH facilities and qualified providers.

3. Do any of your commercial global risk arrangements adjust your final settlement for bad debt? Please provide details on any commercial arrangements that make accommodations for uncollectable patient payments.

BILH does not have any global risk arrangements that adjust the final settlement for bad debt.

4. For each year **2022 to present**,
    a. For **HOSPITALS**: please submit a summary table for your hospital showing the hospital's operating margin for each of the following four categories, as well as revenue in each category expressed as both NPSR and GPSR): (a) commercial, (b) Medicare, (c) Medicaid, and (d) all other business. Include in your response a list of the carriers or programs included in each of these margins and explain whether and how your revenue and margins may be different for your HMO business, PPO business, and/or your business reimbursed through contracts that incorporate a per member per month budget against which claims costs are settled.

Click or tap here to enter text.

b. For **HOSPITAL SYSTEMS**: please submit a summary table for each hospital corporately affiliated with your organization showing the hospital's operating margin for each of the following four categories, as well as revenue in each category expressed as both NPSR and GPSR): (a) commercial, (b) Medicare, (c) Medicaid, and (d) all other business. Include in your response a list of the carriers or programs included in each of these margins and explain whether and how your revenue and margins may be different for your HMO business, PPO business, and/or your business reimbursed through contracts that incorporate a per member per month budget against which claims costs are settled.

Please see attached files.

BILH Reporting
FY 2022 NPSR by Payor by Facility

	LHMC	Northeast	Behavioral Health	Winchester	Continuing Care	LPCO	Mt Auburn	MAPS	NEBH	NEBMA	AJH
Blue Cross Blue Shield	213,111,975	68,415,547	1,036,989	93,988,437	2,405,919	4,562,112	88,301,037	22,119,836	63,074,466	1,129,334	24,358,334
Tufts Health Plan	73,922,872	24,482,336	181,906	26,075,264	989,586	2,019,982	25,431,400	6,564,745	20,104,613	249,184	4,481,200
Harvard Pilgrim Health Care	98,639,738	23,405,658	-	33,021,295	729,569	2,069,839	24,000,243	6,519,009	14,427,592	398,821	7,977,441
Allways Health Partners / Neighborhood	19,302,098	12,975,708	-	7,186,034	312,861	909,108	3,874,617	1,168,026	2,399,391	96,206	2,072,146
Fallon Community Health Plan	3,387,062	1,120,308	1,839	845,635	16,221	106,280	269,947	113,337	987,364	37,566	69,119
CIGNA	27,845,102	7,202,705	162,625	12,559,279	243,493	613,359	7,242,079	1,669,653	3,765,588	162,082	2,079,943
United Healthcare	40,801,874	8,414,250	12,311	16,379,012	366,338	913,022	9,627,413	1,873,301	6,733,654	237,050	2,257,100
Aetna	24,386,654	7,837,861	268,701	10,354,873	294,323	731,276	8,531,748	2,284,477	3,318,136	173,888	1,928,468
Other Commercial	47,124,564	7,380,036	1,042,705	8,759,288	1,035,348	459,936	6,135,973	2,789,809	8,402,839	230,260	5,224,928
Total Commercial	548,521,939	161,234,409	2,707,076	209,169,117	6,393,658	12,384,914	173,414,457	45,102,193	123,213,643	2,714,391	50,448,680
Managed Medicaid	$ 51,453,538	$ 27,350,856	$ 29,669,946	$ 13,845,700	$ 1,129,815	$ 807,261	$ 20,147,748	$ 3,655,519	$ 5,448,114	$ 90,561	$ 12,495,490
MassHealth	$ 26,768,531	$ 32,090,702	$ 4,475,061	$ 7,756,300	$ 851,877	$ 174,078	$ 4,612,584	$ 953,355	$ 1,452,551	$ 64,873	$ 1,520,376
Medicare Advantage	$ 186,450,075	$ 65,706,943	$ -	$ 34,344,047	$ 8,667,590	$ 1,381,160	$ 40,568,576	$ 7,620,049	$ 6,156,232	$ 342,066	$ 17,260,008
Medicare FFS	$ 400,292,712	$ 135,163,202	$ 966,751	$ 88,649,613	$ 32,091,782	$ 2,905,486	$ 93,099,644	$ 15,446,764	$ 77,042,731	$ 2,031,534	$ 46,122,868
Other	$ 52,071,465	$ 10,001,610	$ 9,303,391	$ 8,504,093	$ 6,396,413	$ 725,105	$ 5,514,023	$ 700,494	$ 7,904,353	$ 70,124	$ 2,237,200
GRAND TOTAL	$ 1,265,558,260	$ 431,547,722	$ 47,122,225	$ 362,268,870	$ 55,531,135	$ 18,378,004	$ 337,357,032	$ 73,478,374	$ 221,217,623	$ 5,313,548	$ 130,084,624

BILH Reporting
FY 2022 NPSR by Payor by Facility

	SAG	BIDMC	BID-Milton	CPA	BID-Plymouth	JPA	BID-Needham	APG	Total
Blue Cross Blue Shield	3,426,035	328,973,291	24,420,086	1,557,925	53,895,866	5,389,569	23,624,317	20,314,135	1,044,105,210
Tufts Health Plan	997,209	77,554,346	5,170,527	396,042	12,713,400	901,876	7,537,204	5,378,920	295,152,612
Harvard Pilgrim Health Care	1,366,995	162,716,157	9,903,808	485,244	17,577,657	1,436,260	11,879,256	9,017,929	425,572,511
Allways Health Partners / Neighborhood	321,392	34,404,332	1,669,375	101,059	3,521,447	443,311	1,873,673	-	92,630,784
Fallon Community Health Plan	35,735	5,509,405	368,293	14,688	351,356	45,358	400,651	-	13,680,164
CIGNA	465,625	31,071,246	1,908,560	119,272	4,608,330	417,618	3,388,051	3,082,091	108,606,700
United Healthcare	702,843	26,566,025	2,898,204	159,086	4,651,711	1,343,521	6,706,765	5,248,466	135,891,946
Aetna	382,806	33,462,683	1,423,787	110,958	5,349,382	550,579	2,659,026	2,293,843	106,343,468
Other Commercial	724,620	30,021,031	2,914,321	338,847	8,863,170	1,105,295	1,784,163	6,962,085	141,299,219
Total Commercial	8,423,258	730,278,516	50,676,961	3,283,121	111,532,319	11,633,385	59,853,106	52,297,470	2,363,282,613
Managed Medicaid	$ 440,866	$ 158,692,634	$ 6,917,742	$ 353,354	$ 22,430,465	$ 3,175,309	$ 5,728,713	$ 588,000	$ 364,421,630
MassHealth	$ 215,817	$ 81,395,340	$ 2,779,061	$ 68,233	$ 5,906,339	$ 1,007,937	$ 5,953,224	$ 6,183,814	$ 184,230,053
Medicare Advantage	$ 720,825	$ 202,702,876	$ 20,256,414	$ 474,922	$ 34,061,997	$ 1,735,296	$ 14,727,705	$ 5,802,262	$ 648,979,044
Medicare FFS	$ 1,564,631	$ 460,457,612	$ 45,462,990	$ 1,601,781	$ 139,450,758	$ 9,524,534	$ 42,194,684	$ 19,084,910	$ 1,613,154,987
Other	$ 1,116,345	$ 40,521,473	$ 8,723,087	$ 652,184	$ 14,083,342	$ 782,918	$ 3,393,568	$ 158,958	$ 172,860,146
GRAND TOTAL	$ 12,481,742	$ 1,674,048,451	$ 134,816,255	$ 6,433,595	$ 327,465,221	$ 27,859,380	$ 131,851,000	$ 84,115,413	$ 5,346,928,474

BILH Reporting
FY23 NPSR by Payor by Facility

	LHMC	LPCO	Northeast
Blue Cross Blue Shield	245,915,117	4,795,107	67,906,675
Tufts Health Plan	50,220,211	1,277,629	14,142,441
Harvard Pilgrim Health Care	125,774,326	2,475,944	30,601,583
Allways Health Partners / Neighborhood	19,897,464	848,801	12,796,941
Fallon Community Health Plan	84,809	58	12,964
CIGNA	24,180,625	464,179	5,982,244
United Healthcare	28,237,472	679,267	5,693,088
Aetna	31,360,898	687,630	9,842,522
Other Commercial	28,886,760	478,140	5,249,783
Total Commercial	554,557,683	11,706,755	152,228,241
Managed Medicaid	$ 100,557,339	$ 1,195,988	$ 34,094,511
MassHealth	$ 40,218,460	$ 121,894	$ 45,839,589
Medicare Advantage	$ 193,425,155	$ 1,568,212	$ 67,939,543
Medicare FFS	$ 441,911,200	$ 2,804,309	$ 148,761,932
Other	$ 63,838,753	$ 826,403	$ 23,626,841
GRAND TOTAL	$ 1,394,508,590	$ 18,223,561	$ 472,490,657

*Excludes Exeter and HMFP

Winchester	Behavioral Health	Continuing Care	Mt Auburn	MAPS
103,535,715	855,813	2,323,088	86,673,162	21,236,934
20,284,194	156,319	931,452	16,331,250	5,389,296
46,282,309	-	876,004	22,430,567	6,692,161
8,010,350	-	210,341	3,890,953	1,037,236
5,575	1,518	-	341,906	56,143
8,274,967	57,231	247,518	5,664,591	1,258,317
11,327,813	36,295	298,976	10,675,697	2,377,893
12,855,991	181,284	299,817	7,681,183	2,355,975
8,841,484	842,644	343,604	11,803,254	1,068,731
219,418,398	2,131,104	5,530,800	165,492,563	41,472,685
$ 14,841,097	$ 24,973,790	$ 1,111,977	$ 22,163,952	$ 5,702,965
$ 14,536,982	$ 2,574,983	$ 480,791	$ 21,921,935	$ 1,589,222
$ 38,055,335	$ -	$ 8,812,100	$ 35,014,571	$ 5,613,637
$ 92,664,196	$ 780,894	$ 29,786,720	$ 103,429,359	$ 12,155,552
$ 10,759,688	$ 1,336,387	$ 6,310,086	$ (4,846,683)	$ 2,532,533
$ 390,275,695	$ 31,797,158	$ 52,032,474	$ 343,175,698	$ 69,066,594

NEBH	NEBMA	AJH	SAG	BIDMC
53,378,080	2,180,191	25,444,684	3,538,162	377,297,811
11,302,966	458,238	3,942,769	1,117,094	67,589,247
14,854,430	800,421	9,299,624	1,439,837	184,206,637
2,021,673	180,061	1,847,201	383,167	36,186,286
138,763	36,035	1,312	9,692	3,999,459
3,645,325	322,764	3,702,687	562,126	32,724,196
6,105,724	477,430	3,116,995	711,291	55,112,748
2,882,499	122,836	2,410,800	395,798	40,698,351
7,806,889	300,077	2,624,771	424,464	34,499,410
102,136,349	4,878,053	52,390,844	8,581,631	832,314,145
$ 1,150,212	$ 128,565	$ 10,824,606	$ 301,889	$ 156,734,906
$ 3,919,461	$ 58,631	$ 6,473,965	$ 216,908	$ 121,138,009
$ 22,319,591	$ 858,796	$ 19,441,808	$ 720,355	$ 220,764,545
$ 78,753,732	$ 3,651,521	$ 51,026,694	$ 1,723,623	$ 566,637,406
$ 7,466,455	$ 116,590	$ 3,694,757	$ 956,578	$ 40,421,123
$ 215,745,800	$ 9,692,156	$ 143,852,674	$ 12,500,984	$ 1,938,010,134

MIL	CPA / MPA	PLY	JPA	NDM
24,771,947	1,555,037	61,996,671	6,143,750	25,630,077
3,949,459	392,381	9,912,669	1,028,079	5,574,740
13,338,730	630,036	21,193,199	1,637,241	11,744,713
2,024,621	135,765	3,142,706	505,345	1,714,701
270,320	12,527	47,054	51,705	366,658
2,539,092	164,241	3,768,510	476,056	3,399,576
3,409,509	181,336	8,555,901	1,531,524	7,014,357
1,246,438	116,129	7,295,655	627,623	3,232,295
3,539,919	363,841	5,847,640	1,259,962	2,362,384
55,090,035	3,551,293	121,760,005	13,261,285	61,039,501
$ 10,331,766	$ 392,594	$ 24,702,886	$ 3,619,641	$ 5,954,373
$ 1,917,960	$ 32,060	$ 8,611,803	$ 1,148,981	$ 6,002,415
$ 24,607,038	$ 470,819	$ 47,016,521	$ 1,978,122	$ 19,575,006
$ 45,087,674	$ 1,966,144	$ 148,288,797	$ 10,857,336	$ 48,576,012
$ 9,946,000	$ 344,280	$ 7,715,179	$ 892,475	$ 2,297,822
$ 146,980,473	$ 6,757,190	$ 358,095,191	$ 31,757,840	$ 143,445,129

APG	JOSLIN	EXETER	Grand Total
22,374,956	-	-	1,137,552,977
5,111,032	-	-	219,111,467
9,407,196	-	-	503,684,959
-	-	-	94,833,611
-	-	-	5,436,498
3,226,687	-	-	100,660,933
6,249,562	-	-	151,792,877
2,701,880	-	-	126,995,604
7,460,317	-	-	124,004,074
56,531,630	-	-	2,464,073,001
$ 2,169,808	$ -	$ -	420,952,864
$ 5,070,319	$ -	$ -	281,874,369
$ 7,629,002	$ -	$ -	715,810,156
$ 19,687,751	$ -	$ -	1,808,550,851
$ 142,807	$ 13,168,000	$ -	191,546,074
$ 91,231,317	$ 13,168,000	$ -	5,882,807,315

BILH Reporting
FY23 NPSR by Payor by Facility

Payer Mix	LHMC	LPCO	Northeast	Winchester
Total Commercial	554,557,683	11,706,755	152,228,241	219,418,398
Managed Medicaid	$ 100,557,339	$ 1,195,988	$ 34,094,511	$ 14,841,097
MassHealth	$ 40,218,460	$ 121,894	$ 45,839,589	$ 14,536,982
Medicare Advantage	$ 193,425,155	$ 1,568,212	$ 67,939,543	$ 38,055,335
Medicare FFS	$ 441,911,200	$ 2,804,309	$ 148,761,932	$ 92,664,196
Other	$ 63,838,753	$ 826,403	$ 23,626,841	$ 10,759,688
GRAND TOTAL	$1,394,508,590	$ 18,223,561	$ 472,490,657	$ 390,275,695

*Excludes Exeter and HMFP

Row Labels	Sum of LHMC	Sum of LPCO	Sum of Northeast	Sum of Winchester
Total Commercial	39.77%	64.24%	32.22%	56.22%
Managed Medicaid	7.21%	6.56%	7.22%	3.80%
MassHealth	2.88%	0.67%	9.70%	3.72%
Medicare Advantage	13.87%	8.61%	14.38%	9.75%
Medicare FFS	31.69%	15.39%	31.48%	23.74%
Other	4.58%	4.53%	5.00%	2.76%
Grand Total	**100.00%**	**100.00%**	**100.00%**	**100.00%**

BILH FY 2023 Payer Mix by Entity based on Net Patient Service Revenue

	AJH	APG	Behavioral Health	BIDMC
Total Commercial	36.42%	61.97%	6.70%	42.95%
Managed Medicaid	7.52%	2.38%	78.54%	8.09%
MassHealth	4.50%	5.56%	8.10%	6.25%
Medicare Advantage	13.52%	8.36%	0.00%	11.39%
Medicare FFS	35.47%	21.58%	2.46%	29.24%
Other	2.57%	0.16%	4.20%	2.09%

BILH Payer Mix based on Net Patient Service Revenue, FY 2019 – FY 2023

	FY 2019 Total	FY 2020 Total	FY 2021 Total	FY 2022 Total
Commercial	46.56%	45.22%	45.67%	44.08%
Managed Medicaid	6.47%	6.78%	6.72%	6.80%
MassHealth	3.02%	3.35%	3.24%	3.44%
Medicare Advantage	10.06%	10.59%	10.94%	12.11%
Medicare FFS	31.06%	31.19%	30.15%	30.09%
Other[2]	2.83%	2.87%	3.27%	3.49%
GRAND TOTAL	**100.00%**	**100.00%**	**100.00%**	**100.00%**

Behavioral Health	Continuing Care	Mt Auburn	MAPS	NEBH
2,131,104	5,530,800	165,492,563	41,472,685	102,136,349
$ 24,973,790	$ 1,111,977	$ 22,163,952	$ 5,702,965	$ 1,150,212
$ 2,574,983	$ 480,791	$ 21,921,935	$ 1,589,222	$ 3,919,461
$ -	$ 8,812,100	$ 35,014,571	$ 5,613,637	$ 22,319,591
$ 780,894	$ 29,786,720	$ 103,429,359	$ 12,155,552	$ 78,753,732
$ 1,336,387	$ 6,310,086	$ (4,846,683)	$ 2,532,533	$ 7,466,455
$ 31,797,158	$ 52,032,474	$ 343,175,698	$ 69,066,594	$ 215,745,800

Sum of Behavioral Health	Sum of Continuing Care	Sum of Mt Auburn	Sum of MAPS	Sum of NEBH
6.70%	10.63%	48.22%	60.05%	47.34%
78.54%	2.14%	6.46%	8.26%	0.53%
8.10%	0.92%	6.39%	2.30%	1.82%
0.00%	16.94%	10.20%	8.13%	10.35%
2.46%	57.25%	30.14%	17.60%	36.50%
4.20%	12.13%	-1.41%	3.67%	3.46%
100.00%	**100.00%**	**100.00%**	**100.00%**	**100.00%**

BID-Milton	BID-Needham	BID-Plymouth	Continuing Care	CPA
37.48%	42.55%	34.00%	10.63%	52.56%
7.03%	4.15%	6.90%	2.14%	5.81%
1.30%	4.18%	2.40%	0.92%	0.47%
16.74%	13.65%	13.13%	16.94%	6.97%
30.68%	33.86%	41.41%	57.25%	29.10%
6.77%	1.60%	2.15%	12.13%	5.10%

FY 2023 Total
41.89%
7.16%
4.79%
12.17%
30.74%
3.26%
100.00%

NEBMA	AJH	SAG	BIDMC	MIL	CPA / MPA	PLY
4,878,053	52,390,844	8,581,631	832,314,145	55,090,035	3,551,293	121,760,005
$ 128,565	$10,824,606	$ 301,889	$ 156,734,906	$10,331,766	$ 392,594	$24,702,886
$ 58,631	$ 6,473,965	$ 216,908	$ 121,138,009	$ 1,917,960	$ 32,060	$ 8,611,803
$ 858,796	$19,441,808	$ 720,355	$ 220,764,545	$24,607,038	$ 470,819	$47,016,521
$ 3,651,521	$51,026,694	$ 1,723,623	$ 566,637,406	$45,087,674	$ 1,966,144	##########
$ 116,590	$ 3,694,757	$ 956,578	$ 40,421,123	$ 9,946,000	$ 344,280	$ 7,715,179
$ 9,692,156	##########	$ 12,500,984	$ 1,938,010,134	##########	$ 6,757,190	##########

Sum of NEBMA	Sum of AJH	Sum of SAG	Sum of BIDMC	Sum of MIL	Sum of CPA / MPA	Sum of JPA
50.33%	36.42%	68.65%	42.95%	37.48%	52.56%	41.76%
1.33%	7.52%	2.41%	8.09%	7.03%	5.81%	11.40%
0.60%	4.50%	1.74%	6.25%	1.30%	0.47%	3.62%
8.86%	13.52%	5.76%	11.39%	16.74%	6.97%	6.23%
37.68%	35.47%	13.79%	29.24%	30.68%	29.10%	34.19%
1.20%	2.57%	7.65%	2.09%	6.77%	5.10%	2.81%
100.00%	**100.00%**	**100.00%**	**100.00%**	**100.00%**	**100.00%**	**100.00%**

JPA	LHMC	LPCO	MAPS	Mt Auburn	NEBH	NEBMA
41.76%	39.77%	64.24%	60.05%	48.22%	47.34%	50.33%
11.40%	7.21%	6.56%	8.26%	6.46%	0.53%	1.33%
3.62%	2.88%	0.67%	2.30%	6.39%	1.82%	0.60%
6.23%	13.87%	8.61%	8.13%	10.20%	10.35%	8.86%
34.19%	31.69%	15.39%	17.60%	30.14%	36.50%	37.68%
2.81%	4.58%	4.53%	3.67%	-1.41%	3.46%	1.20%

JPA	NDM	APG	JOSLIN	EXETER	Grand Total
13,261,285	61,039,501	56,531,630	-	-	##########
$ 3,619,641	$ 5,954,373	$ 2,169,808	$ -	$ -	420,952,864
$ 1,148,981	$ 6,002,415	$ 5,070,319	$ -	$ -	281,874,369
$ 1,978,122	$ 19,575,006	$ 7,629,002	$ -	$ -	715,810,156
$ 10,857,336	$ 48,576,012	$ 19,687,751	$ -	$ -	##########
$ 892,475	$ 2,297,822	$ 142,807	$ 13,168,000	$ -	191,546,074
$ 31,757,840	$143,445,129	$ 91,231,317	$ 13,168,000	$ -	##########

Sum of NDM	Sum of APG	Sum of JOSLIN	Sum of EXETER	Sum of Grand Total	Sum of PLY
42.55%	61.97%	0.00%	0	41.89%	34.00%
4.15%	2.38%	0.00%	0	7.16%	6.90%
4.18%	5.56%	0.00%	0	4.79%	2.40%
13.65%	8.36%	0.00%	0	12.17%	13.13%
33.86%	21.58%	0.00%	0	30.74%	41.41%
1.60%	0.16%	100.00%	0	3.26%	2.15%
100.00%	**100.00%**	**100.00%**	**0**	**100.00%**	**100.00%**

NHC	SAG	Winchester	Joslin Diabetes Center
32.22%	68.65%	56.22%	0.00%
7.22%	2.41%	3.80%	0.00%
9.70%	1.74%	3.72%	0.00%
14.38%	5.76%	9.75%	0.00%
31.48%	13.79%	23.74%	0.00%
5.00%	7.65%	2.76%	100.00%