Baystate Health

ADVANCING CARE. ENHANCING LIVES.

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November 4, 2024

Mr. David Seltz
Executive Director
Health Policy Commission
50 Milk Street
Boston, MA 02109
Via Electronic Submission to HPC-Testimony@mass.gov

Re: 2024 Pre-Filed Testimony Providers

Dear Mr. Seltz:

This letter transmits Baystate Health's written testimony as required under M.G.L. c. 6D, § 8 to submit written questions from the Health Policy Commission and the Office of the Attorney General for the 2024 Annual Health Care Cost Trends Hearing.

Please find attached Baystate Health's responses to the questions in the 2024 Pre-Filed Testimony for Providers. We hope our responses are helpful to you as we all seek to understand more about Massachusetts's dynamic healthcare environment and remain committed to finding solutions and paving the way for a more equitable, stable, and resilient healthcare landscape in the Commonwealth.

As CEO of Baystate Health, by my signature below, I certify that I am legally authorized and empowered to represent Baystate Health for the purposes of this testimony, and acknowledge it is signed under the pains and penalties of perjury.

Please direct any follow-up questions to AnnMarie Martinez, Vice President of Managed Care Contracting for Baystate Health (Annmarie.Martinez@baystatehealth.org; 413-459-9024)

Sincerely,

Peter D. Banko
President & Chief Executive Officer
Baystate Health

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.

Baystate Health Preamble Response to the 2024 Massachusetts Health Policy Commission (HPC) Cost Trends Hearing

Preamble:

Baystate Health is honored to participate in the 2024 Health Care Cost Trends Hearing at a time when the Commonwealth's healthcare landscape faces significant disruption, challenges, and opportunities for transformation. With the recent bankruptcy of Steward Health Care, Massachusetts has felt reverberations of instability across communities, healthcare organizations, and the lives of residents who depend on a resilient system. These changes have intensified the financial pressures and workforce challenges that providers are facing as we adapt to a post-pandemic "new normal."

At Baystate Health, we are driven by our dual commitment to serve as both a community health safety net and an academic leader, offering high-quality, accessible care for all residents in Western Massachusetts. We serve a population consisting of large numbers of indigents and those with government insurance. As the primary healthcare provider in our region, we bear a unique responsibility: if we do not provide critical services or programs, there may be no alternative for the communities we serve. Our academic mission is equally essential, helping us grow a workforce that can meet the region's evolving needs while fostering a dynamic environment where all clinicians, staff, and students are engaged and valued.

Our future depends on aligning around a single strategic vision — one that emphasizes efficiency and system-wide coordination without compromising the integrity of our services or the quality of care. This does not mean replicating the practices of other systems but rather embracing a tailored approach that is uniquely suited to Baystate Health's role as both an academic and community-based provider.

In response to the need for healthcare reform in Massachusetts, Baystate Health remains steadfast in our commitment to innovative, clinician-led solutions that make care more affordable, accessible, and equitable. We look forward to engaging with the HPC and other stakeholders at this year's hearing to collectively advance a healthcare system that better serves every resident across the Commonwealth.

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?

The healthcare market in Massachusetts has undergone upheaval in recent years, notably with the bankruptcy of Steward Health Care and subsequent facility closures. These disruptions have had profound effects on Massachusetts patients and communities, particularly those we serve in Western Massachusetts. As the largest health system in this region, Baystate Health has witnessed firsthand the challenges these changes have posed to equitable and affordable access to care.

Impact on Patients and Communities: The financial distress and closures of health care facilities across Massachusetts, especially those in economically vulnerable regions, have exacerbated existing disparities. Communities served by financially struggling institutions have seen a reduction in services, forcing patients to travel further for care, often to regions with similarly overburdened systems. This creates a two-tiered system of care, where residents in rural and underserved areas—especially in the western part of the state — experience reduced access to critical services such as behavioral health, maternity care, and primary care, while those in more affluent, resource-rich areas, predominantly in the East, continue to have better access. Moreover, the strain placed on state resources to stabilize entities like Steward Health Care has shifted focus and funding away from initiatives that could benefit communities across the state. This imbalance contributes to a growing divide between the eastern and western regions, further entrenching inequities in care.

Impact on Equitable and Affordable Care: A primary driver of these disruptions is payer mix, which disproportionately impacts institutions that serve high percentages of government-insured patients. Governmental reimbursement rates, particularly from Medicaid, often do not cover the full cost of care. Health systems like Baystate, which serve a large Medicaid population, face significant financial pressure, particularly when additional state resources are redirected toward stabilizing other systems. This has led to certain health care entities in the state reducing their service offerings to remain financially solvent, further limiting access to care for underserved populations.

Implications for Baystate Health and Workforce: For Baystate Health, these disruptions have resulted in increased patient volumes from areas impacted by closures, adding strain to our workforce and infrastructure. The ripple effect of closures in other parts of the state has meant that we are managing growing demand with limited resources, all while navigating the same financial challenges tied to reimbursement and rising operational costs. This environment has made it increasingly difficult to sustain service levels, recruit and retain top talent, and maintain our mission of providing high-quality care to every patient, regardless of his or her ability to pay. Despite these challenges, Baystate remains committed to our community-focused mission. We are continually exploring ways to innovate and create sustainable models of care, especially as we

advocate for policy changes that can improve reimbursement rates and stabilize health care funding in Massachusetts. Our goal is to ensure that every resident of the Commonwealth, regardless of geography or socioeconomic status, has access to the care they need and deserve.

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 will be discussed further in question 4, opportunity remains for the Commonwealth to move significantly in the direction of creating sustainable funding models for the state's largely not-for-profit health systems. The enormous disparity in economic output in Boston versus other regions of the state has become more and more impactful particularly as it pertains to hospital financing. The lack of economic activity in western Massachusetts, coupled with historic levels of underfunding from Medicare has placed an unfair burden on systems such as Baystate Health. To complicate matters, the three hospitals which serve Hampden County are in their truest sense safety net providers -- all with woefully inadequate payer mixes. Not surprisingly, these hospitals serve the largest number of citizens living in "Gateway Cities" in Massachusetts.

Moreover, it has become increasingly difficult for these hospitals to provide essential services, with several choosing to discontinue said services, thereby placing additional burden and stress on Baystate Health. In less than a generation, the state has evolved into a cluster of 'have' and 'have-not' hospitals -- those whose payments are primarily from commercial sources and those whose payments are primarily from public. Other hospitals have moved quickly to rebalance the inadequacy of commercial and public payers through securing a series of supplemental payments from Medicaid, but even those advances have proven inadequate for nearly a third of the state's hospitals.

We would encourage a more aggressive stance on provider taxes with a greater focus toward regional equity and service to the state's most needy residents as illustrated by such metrics as the social vulnerability index.

We also support recent efforts by the state legislature to enact further reforms within the health care sector aimed at providing additional oversight and accountability within the industry. Chief among those recommendations and goals currently under consideration are:

Expanding the scope of the Health Policy Commission and the Center for Health Information and Analysis to include oversight of the pharmaceutical industry:

- Direct CHIA to promulgate regulations for, and require the submission of, specific and uniform information from both pharmaceutical manufacturers and pharmacy benefit managers regarding the factors in drug pricing.

- Incorporate data from PBMs and pharmaceutical manufacturers into the HPC's annual cost trends report, and the health care cost benchmark.
- Push for greater PBM accountability in how they manage 340B claims, fees, and reimbursements. Increased transparency would allow for oversight to ensure that 340B entities are receiving the full benefits of the program as intended. This is crucial for maintaining cost savings and patient care for underserved populations.

***Providing additional regulatory oversight of for-profit and private equity*:**

- We would encourage the state to hold these entities to the same oversight and scrutiny as hospitals, health systems, and health plans. The HPC should have the appropriate powers and oversight capacity to bring private equity to the table and ensure they are a part of the state's shared mission around affordability. Appropriate enforcement levers should also reside within the office of the Attorney General for violations of statute and regulation.
- In addition, the state must hold these entities to the same standards and requirements of the state's ambitious equity goals.

Ensuring key principles of market oversight:

- Create a new 3-year "benchmark cycle" for determining projected health care cost growth. This would involve setting specific cost growth targets or benchmarks that aim to control spending while accommodating factors such as inflation, population health trends, and policy changes.
- Require HPC to develop a rate equity target to phase in increased payments to "low historic relative price hospitals" which disproportionately serve vulnerable populations.
- Direct DPH to develop regulations and practice standards relating to the licensure of both office-based surgical centers and urgent care centers.
- Establishes task forces to review issues around primary care access, delivery and payment and the use of prior authorization for health care services.
- Expand CHIA hospital oversight, including by requiring hospitals to disclose information relating to any significant equity investors, health care real estate investment trusts, management services organizations, or a parent organization's out-of-state operations.
- Expand DPH's determination of need process, including by requiring any proposed new ambulatory surgical centers to have a letter of support from any existing independent community hospitals with an overlapping service area.
- Prohibit the issuance of any new licenses for hospitals that lease the site of their main campus from a health care real estate investment trust, but grandfather in any hospitals.
- Require the Board of Registration in Medicine to maintain a registry of all physician practices with more than 10 physicians.
- Expand the ability of CHIA to refer health care entities to HPC, including for contributing to excessive cost growth, or failing to comply with reporting requirements.

Other considerations:

We would join with the Massachusetts Health and Hospital Association in calling for implementation of several components of Chapter 224 including the following provisions:

- Mapping the availability of services across the state to ensure access to care.
- Adjusting the commercial payment system to invest in preventative and high-value care for complex patients.
- Expanding coverage for services provided by non-medical/surgical professionals.
- Ensuring equitable reimbursement for independent community providers.

3. Reflecting on consistent HPC findings showing increasing health care affordability challenges, growing difficulties accessing needed care, an, d 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?

Addressing widening health disparities:

- Our FY24 enterprise-wide goals focused on health disparities centered on our compass point objectives in quality to achieve and exceed performance targets for breast cancer screening rates for women 50-74 years old and achieving blood pressure control for patients with hypertension (including a tactical plan to reduce gaps by race/ethnicity). In FY 23 and 24, there has also been focus on ameliorating disparities through depression screening and diabetes control among vulnerable populations, respectively.

- To build our hospital teams' capability and skills in performance improvement to address health disparities in clinical outcomes, Baystate Health launched a learning collaborative for staff and leaders with short-term (12-month) comprehensive support including peer learning, professional development, and sustainable improvements. In partnership with the enterprise's Division of Healthcare Quality and Operations Excellence (performance improvement) teams, learning collaborative participants attend virtual and in-person meetings, share data quarterly, and test interventions (that address disparities) using Plan-Do-Check-Act cycles. In addition, the learning collaborative utilizes established performance improvement tools (e.g., gap analysis) in tandem with equity tools (Racial and Health Equity Impact Assessments) as frameworks to promote long-term sustainable change.

Healthcare affordability:

In response to increased community need for access to digital connectivity as a social determinant of health, the Alliance for Digital Equity, a grassroots effort, resulted in the forming of the largest regional coalition in the Commonwealth addressing the digital divide. In 2023, the Massachusetts Broadband Institute (MBI) awarded BH with a two-year, $5.1 million dollar grant. Over the past year, the Alliance for Digital Equity began implementing systemwide and localized interventions around digital equity in all four counties of western Massachusetts. This regional collaboration has engaged 59 organizations, with 17 sub-grantees directly receiving funding for implementation of deliverables related to connectivity, education, affordable internet, digital literacy and skills training, and public internet space through modernization. In July/August 2024, the Alliance was awarded an additional $1 Million to expand the existing work of digital equity in domains such as digital navigation, digital literacy, device distribution, digital evaluation, public space modernization, and other areas relevant in this space.

Healthcare access:

The Baystate Health Wellness on Wheels (W.O.W.) Bus began in 2021 to support the mobile preventative health clinic. The W.O.W. Bus team works with the community to provide health screenings and education to low-to-moderate income and at-risk populations throughout western Massachusetts. As the new mobile classroom of our academic health center, the bus creates a community-centered model for interdisciplinary education.

What are the most significant challenges to implementing these strategies?

The most significant challenges to implementing these strategies include: 1) obtaining and sustaining buy-in and commitment within all levels of the hierarchy and across our enterprise, 2) cost of strategies/interventions combined with limited resources (staff, money, time,) and 3) sustainability and transferring knowledge around improving health to community partners and community members.

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.

Regional Approaches to Hospital Financing:

State policymakers need to analyze and respond to changing demographics across the Commonwealth and how they influence the payer mix. Baystate Health has experienced a demonstrable shift to public payers over the past decade while the commercial market base has shrunk precipitously. Taken together, resources are not available to ensure the level of access our patients deserve, nor can we invest in many of the

innovations we have witnessed within hospitals elsewhere in the state (e.g., home hospital programs and artificial intelligence).

The state must also respond to regions where providers exit, close needed services, or invest outside the local market. As the sole provider of many services in western Massachusetts, these actions by neighbor hospitals put added strain on the operations of Baystate Health. The alternative is for citizens to seek care in more costly areas such as Boston, Hartford, or other regions, thereby driving up overall health care expenditures in the state.

Federal Government Financing Threats:

The Commonwealth of Massachusetts must respond to the unfortunate setbacks in federal financing that had served as a reliable backbone to fund safety net hospitals for years. Given the importance of the hospital industry to our state, it must be acknowledged individual hospitals have varying capacities to weather unrelenting cuts and diminished reimbursements by the federal government. The ongoing incursions by pharma into the reliability of the 340b program which assists vulnerable populations with their care are well-known. Further harming hospitals' financial well-being are the modest adjustments in Medicare fee models that do not reflect market conditions, inflationary pressures, extreme workforce price escalations, and other threats brought on by the post-pandemic reality.

We remain grateful for the opportunity brought with the renewal of the 1115 Medicaid Waiver and successor enhancements approved by CMS this fall -- it would be impossible to sustain the advances in health equity, innovation, access, and quality it mandates without this adequate system funding. That said, even these additional resources are linked to excessive metrics that might be viewed as unreasonable as hospitals continue to recover from catastrophic financial losses of past years.

Workforce:

A key component driving costs for Baystate Health, not surprisingly, is the increased cost of labor. A shrinking population and lower workforce participation has created fierce competition for talent in western Massachusetts. Adding to this struggle is the increased desire by workers to work remotely, an option largely not available in the healthcare environment. Baystate Health conducts a fair amount of distance recruiting, but even this does not reduce the constraints on the availability of workers.

We recommend the state consider the following initiatives to aggressively confront this unsustainable cost escalation area. These include a) passage of the Nurse Compact legislation, b) identifying additional opportunities to expand the scope of practice, c) developing pathways for foreign-trained physician credentialing, d) additional alignment of the workforce, education, and training continuum with a particular focus on population challenged regions, e) further controls on nurse contract labor spending, and e) expansion of higher education and workforce training programs, grants, and scholarships to increase the healthcare workforce.

Equity and Inclusion:

- Standardize data collection, analysis of uniformly agreed upon metrics (utilizing best practice and external benchmarks from hospitals/health systems nationally) and reporting on data to advance health equity.
- Incentivize and support strategic capital investments within at-risk neighborhoods.
- Develop high school to healthcare pipeline investments for grades 9-12 (MA would provide financial support to building and sustaining the infrastructure directly to healthcare organizations, particularly those regions experiencing a decrease in percentage of high school students entering institutions of higher ed)
- Health equity representation in the CHIA Oversight Council
- Recognition of organizational vulnerabilities based on external benchmarks (e.g., CDC Social Vulnerability Index) and reimbursement given based upon a comprehensive "picture" of hospitals for additional resource investment, particularly in historically disinvested communities (e.g., rural communities and communities of color) in Western MA
- Support and fund long-term investments in climate resiliency efforts for agricultural and rural communities in Western MA to mitigate social/structural impacts of climate change on food systems, housing, transportation, physical and behavioral health, economic viability, and social instability.

Other:

We would also ask state policy makers to consider the following:

- Address SDOH through Medicaid - including transportation, nutrition counseling and housing assistance services.
- Expand/make permanent all telehealth services by requiring them to be on par with in-person services. (H.986/S.655, An Act Relative to Telehealth and Digital Equity for Patients)
- Expand current initiatives utilizing SNF home-based care.
- Protect the 340B Drug Pricing Program from any harmful changes and reining in the increasing costs of drugs.
- Take actions to hold commercial insurers accountable for practices that delay, deny and disrupt care. (S. 1249, An Act Relative to Reducing Administrative Burden)
- Bolster support to enhance cybersecurity of hospitals and the entire health care system.

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	5	72
	Q2	6	73
	Q3	2	84
	Q4	1	70
CY2023	Q1	3	88
	Q2	5	74
	Q3	1	73
	Q4	0	62
CY2024	Q1	4	97
	Q2	2	100
	TOTAL:	29	793

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

Baystate will inquire with the patient as to their eligibility for Baystate Health Financial assistance per our policy guidelines. If the patient does not meet those requirements, no-interest payment plans of up to four years can be arranged. Financial Counselors are

available to assist patients with Mass Health applications. All Financial Counselors are trained and certified by Mass Health.

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.

None of Baystate Health's current risk arrangements adjust settlements for bad debt. As healthcare providers strive to adapt to value-based care and global risk arrangements, the need for equitable financial risk-sharing mechanisms has become critical to sustainability. One key challenge is the impact of bad debt on settlement results within these arrangements. Bad debt, particularly from uninsured or underinsured patients, often lies beyond the control of providers yet significantly impacts our financial stability and the effectiveness of risk-based arrangements.

With the HPC's support in advocating for standardized adjustments in global risk settlements to account for bad debt, such adjustments would align with fair risk-sharing principles and could enhance providers' ability to focus on delivering quality care without undue financial penalties.

Given the HPC's influential role in promoting healthcare innovation and affordability, we believe your involvement could encourage payors to consider fair adjustments for bad debt in their settlement models.

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.

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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.

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Baystate Medical Center 2022	GPSR ($000s)	NPSR ($000s)	Op Margin ($000s)
Commercial	1,190,387	483,768	64,738
Medicare	1,375,015	606,136	(63,145)
Medicaid	715,151	305,141	(93,788)
All Other Business	158,770	64,332	(6,321)
Total	3,439,323	1,459,377	(98,515)

Baystate Medical Center 2023	GPSR ($000s)	NPSR ($000s)	Op Margin ($000s)
Commercial	1,296,001	516,620	62,852
Medicare	1,476,227	653,196	(39,906)
Medicaid	772,231	327,670	(52,586)
All Other Business	172,940	68,677	(6,556)
Total	3,717,400	1,566,162	(36,196)

Baystate Medical Center 2024	GPSR ($000s)	NPSR ($000s)	Op Margin ($000s)
Commercial	1,138,470	462,439	71,279
Medicare	1,615,890	716,144	(8,133)
Medicaid	957,404	408,388	(13,793)
All Other Business	136,920	58,700	(3,063)
Total	3,848,684	1,645,670	46,290

Baystate Franklin 2022	GPSR ($000s)	NPSR ($000s)	Op Margin ($000s)
Commercial	108,484	32,653	5,848
Medicare	121,446	42,599	(10,270)
Medicaid	52,788	18,244	(8,542)
All Other Business	13,011	4,573	(1,006)
Total	295,729	98,070	(13,970)

Baystate Franklin 2023	GPSR ($000s)	NPSR ($000s)	Op Margin ($000s)
Commercial	112,650	35,402	5,217
Medicare	134,719	49,674	(5,309)
Medicaid	74,185	25,042	(3,938)
All Other Business	14,301	5,172	(407)
Total	335,855	115,291	(4,436)

Baystate Franklin 2024	GPSR ($000s)	NPSR ($000s)	Op Margin ($000s)
Commercial	119,289	38,208	32,847
Medicare	141,350	51,725	(12,282)
Medicaid	76,819	26,435	(9,827)
All Other Business	15,900	5,829	(2,058)
Total	353,357	122,197	8,681

Baystate Noble 2022	GPSR ($000s)	NPSR ($000s)	Op Margin ($000s)
Commercial	77,215	22,893	3,120
Medicare	86,761	34,070	(4,072)
Medicaid	31,285	11,312	(5,998)
All Other Business	6,459	2,074	(777)
Total	201,719	70,350	(7,726)

Baystate Noble 2023	GPSR ($000s)	NPSR ($000s)	Op Margin ($000s)
Commercial	77,304	22,418	3,649
Medicare	102,291	40,520	(1,392)
Medicaid	40,945	14,165	(2,880)
All Other Business	6,491	2,225	(574)
Total	227,031	79,327	(1,197)

Baystate Noble 2024	GPSR ($000s)	NPSR ($000s)	Op Margin ($000s)
Commercial	74,664	21,122	(1,934)
Medicare	105,146	41,952	1,747
Medicaid	39,979	12,513	709
All Other Business	8,797	3,295	732
Total	228,587	78,882	1,254

Baystate Wing 2022	GPSR ($000s)	NPSR ($000s)	Op Margin ($000s)
Commercial	82,224	26,522	3,456
Medicare	117,213	46,184	(8,703)
Medicaid	44,794	15,377	(5,266)
All Other Business	10,502	3,670	103
Total	254,733	91,753	(10,411)

Baystate Wing 2023	GPSR ($000s)	NPSR ($000s)	Op Margin ($000s)
Commercial	90,955	29,033	3,026
Medicare	126,210	50,673	(9,097)
Medicaid	49,168	16,845	(147)
All Other Business	11,501	4,021	157
Total	277,834	100,573	(6,061)

Baystate Wing 2024	GPSR ($000s)	NPSR ($000s)	Op Margin ($000s)
Commercial	84,136	26,337	14,975
Medicare	115,930	48,426	(16,830)
Medicaid	58,251	19,272	782
All Other Business	11,770	4,517	(773)
Total	270,088	98,553	(1,847)

Carriers or Programs included in above categories:

	Commercial	Medicare	Medicaid	All Other
Aetna	X	X		
Blue Cross Blue Shield	X	X		
Carelon				X
Commonwealth Care Alliance		X	X	
Celticare			X	
Children's Medical Security Plan			X	
Cigna Health	X	X		
Connecticare	X			
Health New England	X	X		
Harvard Pilgrim Healthcare	X			
Mass Medicaid			X	
Medicare		X		
Mass General Brigham	X			
Serenity Care		X	X	

Tricare		X		
Tufts	X	X	X	X
United Behavioral Health				X
United Healthcare	X	X	X	
Wellpoint	X			
Miscellaneous Plans	X	X	X	X

Explain whether and how your revenue and margins may be different for your HMO business, and/or your business reimbursed through contracts that incorporate a per member per month budget against which claims cost are settled:

The type of contract – HMO or PPO – does not strongly correlate with revenue or margins for that particular plan. Further, except for Managed Medicaid, there are no agreements that incorporate a per member per month budget against which claims cost are settled.