



CAPE COD HEALTHCARE

November 4 , 2024

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, 2024, 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
President and CEO

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 disproportionately 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?

Cape Cod Healthcare has largely been spared the effects of the bankruptcy of Steward Healthcare, with some constraints on transfer capacity felt at both hospitals, Cape Cod Hospital and Falmouth Hospital.

Regarding the post- pandemic, “new normal” state, Cape Cod Healthcare has emerged a strong organization through refinement of process, expense control, and key strategic investments. We have been able to invest in a campus expansion at Cape Cod Hospital, outpatient facilities, and our medical staff. Future planning includes investment in labor and delivery, and surgical operations.

As with healthcare systems across the country, Cape Cod Healthcare has experienced the heavy impact of workforce shortages for over three years. At Cape Cod Healthcare, the use of traveler staff has remained historically high in FY24, at \$52M FYTD August. This continued reliance on traveler staff is essential for addressing workforce staffing challenges.

Nursing and traveler staff utilization has intensified in key areas such as lab services, home health, and radiology, where there is a significant shortage of qualified personnel in our region.

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.

Cape Cod Healthcare has identified the following reforms to better protect the Massachusetts health care system and ensure greater stability moving forward:

- A. Investment in Primary Care

- B. Reimbursement Support
- C. Cost Sharing

A. Investment in Primary Care

Cape Cod Healthcare agrees with the 2023 and 2024 Cost Trends policy recommendations to strengthen primary care. We need the state, insurers, and health care systems to come together to develop solutions. It is imperative that we incentivize physicians to consider primary care as well as reduce the physician burnout associated with the administrative burden of managing patients. The following are suggested actions:

1. Reduce the cost of provider education and training
2. Standardize quality and patient experience program requirements, with less administrative burden, aligning with national standards rather than proprietary or network-specific standards.
3. Reduce physician burnout through increased reimbursement that can be used to hire support staff or invest in technology
4. Standardize data-sharing through membership lists and administrative claims data sets so that analysis on localized trends is more readily actionable.

B. Reimbursement Support

Cape Cod Healthcare would like to see legislation that supports fair reimbursement to healthcare providers.

C. Cost Sharing

As payers develop product designs with higher patient cost shares for purposes of attracting accounts and driving sales, often, those patients cannot afford the cost sharing terms of the policies they have chosen. Payers should have financial responsibility for the bad debt liability taken on by hospitals and health systems caused by untenable insurance product design.

D. Behavioral Health Workforce Investment

There is a critical need for behavioral health services in Massachusetts. Cape Cod Healthcare supports HPCs efforts in the area as outlined in the 2023 Cost Trends Report.

E. Protect individual community hospitals and health systems in MA

The Health Policy Commission wrote in 2016¹ about the importance of community hospitals in Massachusetts. Community Hospitals such as Cape Cod Hospital and Falmouth Hospital provide distinct services to our communities and many care for a disproportional share of public payer patients. We would support all legislative efforts to protect community hospitals and the important services they provide.

¹ Community Hospitals at a Crossroads March 2016

F. More affordable Post-Secondary education

Cape Cod Healthcare agrees with HPC's recommendation in 2023 Cost Trends Report to alleviate the financial burden of higher education for licensed roles to effectively reduce barriers to entry.

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?

Cape Cod Healthcare top few strategies for addressing affordability challenges, access difficulties, and widening health disparities are:

- A. Improve Health Equity
- B. Build a Diverse Workforce
- C. Overcome Workforce Challenges

A. Cape Cod Healthcare has taken the following steps to improve health equity and be a provider of choice in equitable, highest quality care

Disaggregating quality and patient experience data by race, ethnicity, and language to identify health disparities

1. Process improvement done to improve accuracy and completeness of self-reported race and ethnicity data
2. Addressing identified health disparities
3. Hypertension control among Black men and women: Screenings and referrals for social determinants of health, provision of free home BP machines, culturally aligned care, and increased access to care management services.
4. Pre-eclampsia among Black mothers: Increase access to culturally aligned pre-natal care Doula in the community; Trauma-informed care; Person-centered Care practices.
5. Increasing access to Haitian Creole interpreter services in response to identified need in the patient community
6. Collaboration with Cape Organization for the Rights of the Disabled to access their 'options counselor' services for admitted patients who have disabilities.
7. Engaging and listening to the community to inform health equity priorities
8. Community Health Needs Assessment
9. Health Equity Committee established including patients, community advocacy organizations and CCHC Board of Trustee
10. Community engagement events and related surveys through Cape Cod Healthcare's Community Ambassador Program

B. Build a diverse workforce with an inclusive culture, where all can belong and flourish

Improve work culture in DEI by investing in staff training opportunities

1. Employee DEI culture survey to understand perceptions and needs related to improving DEI culture in the workplace
2. Video modules for DEI training
3. Human Library events to improve work culture of unjudging

C. Overcome Workforce Challenges

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:

1. Patient Service Tech Trainee Program
2. Nursing Assistant Trainee Program
3. Pharmacy Tech Trainee Program
4. VNA Certified Home Health Aide Training Program
5. Partnership with local community college to identify and train nurses
6. RN Residency & Transition Program
7. Nurse Novice Program
8. Phlebotomy Apprenticeship Program
9. Collaboration between HR and Interpreter Services with candidates during the hiring process
10. English as a Second Language classes
11. Nursing Assistant Co-op Program with Cape Cod Regional Tech High School
12. Co-op program with Bourne High School
13. Student Helpers to assist with high volume in the summer
14. A Recruitment Sourcer to reduce the need for outside agencies
15. Early recruitment campaign for summer temps
16. Creation of new “Student Nurse Intern” position, allowing candidates to start in the position prior to the formal program
17. Riverview School and Project Search
18. Employee Wellness program
19. Employee referral program
20. Manager Connection Newsletter
21. Learning & Development Empowerment U
22. New Employee Orientation Program – Rising Stars
23. Employee Recognition Program – STAR (Special Thanks and Recognition)
24. Manager Development Program – STAR Leadership Academy

The most significant challenge to implementing our Health Equity strategies are:

- Healthcare’s front-line staff are involved in patient care. Staff training requires that their schedules be adjusted to accommodate training without impacting patient care which is challenging.

- Currently Cape Cod Healthcare has set up three pathways to listen to the needs of the community in the context of health equity: community needs assessment, health equity committee, and our community ambassador program and its related community engagement activities to address health equity. Creating the structure and implementing the process for these three approaches requires resources in the form of participation by staff and provision of space and material support.
- Dependency on third party vendors to disaggregate data held by such third-party vendors as in the example of Qualtrics, our vendor for our patient experience survey data.
- Addressing health disparities in hypertension control requires changes in workflow to screen for social determinants of health and provide corresponding referrals, arrange for free provision of home blood pressure machines, and enhance care management services to coordinate delivery of equitable care.
- Sponsoring culturally aligned peer support Doula training to increase access to Doulas in the community to address health disparities in peri-natal health requires efforts to create partnerships in the community, identifying candidates for training, and providing funding support for the trainings.

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.

Cape Cod Healthcare recommends the following state health policy changes to support efforts to advance health care cost containment, affordability, and health equity, accessibility.

- A. 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.
 - B. Timely physician licensing
 - C. Eliminate unnecessary administrative costs
 - D. Automate prior authorizations
 - E. Remedy the continual underpayment from public sector sources
 - F. Address the behavioral health boarding crisis
 - G. Control Increasing Pharmaceutical Cost
- A. 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.

B. 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 two 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.

C. 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.

D. 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 management companies 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.

E. Remedy the Continual Underpayment from Public Sector Sources

Nationally, per the American Hospital Association², combined underpayments from Medicare and Medicaid was \$100.4 billion in 2020. 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.

Chronic underpayment makes vulnerable communities more vulnerable.

Cape Cod Healthcare relies heavily on governmental payers for services provided to our patients. FYTD24, government payers represented 73.0% of our revenue. Correspondingly, commercial payers' percentage of revenue is 27.0%. These payer trends are consistent with our population demographic and will continue to challenge Cape Cod Healthcare's ability to maintain services given the revenue payer mix, while facing increased demand for services due to the aging population.

F. Address the Behavioral Health Boarding Crisis

For many years, the behavioral health systems both nationally and in Massachusetts, have struggled with access to care due to workforce vacancies, inadequate reimbursement, and increasing acuity. Patients often board in emergency room and in medical-surgical room beds awaiting placement. Massachusetts has, at any given time this past year, had 303-640 patients boarding for psychiatric bed placement³, all competing for the few open beds across the state. This uses already challenged emergency room resources and is often not the optimal setting for mental health care and treatment. The Southeast Region is often one of the top three regions boarding patients. ⁴ Of great concern is the record numbers of youth

² AHA Fact Sheet: Underpayment by Medicare and Medicaid February 2022

³ <https://mhalink.informz.net/mhalink/data/images/20240129BehavioralHealthReport.pdf>

⁴ <https://mhalink.informz.net/mhalink/data/images/20240122BehavioralHealthReport.pdf>

and geriatric patients that may be boarding at those times, with highs of 90 and 96 patients respectively state-wide.⁵

Cape Cod & Islands have been acutely affected by this crisis though our patients are more fortunate as CCH leadership has supported a psychiatric emergency service (PES) team in our emergency rooms. The PES team works to provide stabilization and has been able to decrease our psychiatric patient boarding by an average of 25% from calendar year 2023 to year to date 2024, admitting patients to lower levels of care and discharging back to the community. However, the scarcity of available outpatient providers and programs, makes it difficult to ensure continued community stability and reduce the number of patients who have to return to the ED.

The limited availability of inpatient psychiatric beds is a significant contributor to psychiatric patients boarding longer in the emergency rooms. The increased acuity of patients requiring longer lengths of inpatient stays, the frequent postponement in court commitment hearings delaying appropriate and necessary treatment to reduce inpatient stays, the lack of adequate community services and housing delaying stable discharges, all factor into a lack of available inpatient psychiatric beds to reduce emergency room psychiatric boarding. Our Adult Acute stabilization unit, Cape Psychiatric Center, has not been immune to these challenges, but we have worked to strengthen community resource relationships, and decrease our length of stay which positively effects our ability to accept admissions.

G. Control Increasing Pharmaceutical Cost

The unharnessed rate of pharmaceutical spending is unsustainable. From FY21 to FY23, pharmaceutical spending at Cape Cod Healthcare increased 43% or \$40.8M. Total operational expense has increased 14% or \$134.3M. Drug costs represent 30% of the increase in total operating costs over the three years. The most notable increase in pharmacy expense at Cape Cod Healthcare is related to oncology drugs. While the increase seems to have stabilized in the current year FYTD24 Aug with just a 2% increase for FYTD23 Aug expense remain high, with drug expense accounting for 12% of total expenses.

The overall increases are driven by increases in both volume and market price(s). Cost increases related to our pharmaceutical spending have a direct impact on Cape Cod Healthcare's profitability given our inability to generate offsetting increases via fixed inpatient DRG payments or in outpatient reimbursements, which are contractually governed. Decreased margins drive less investment in people, plant, and infrastructure.

Considering the exceptional profitability of the pharmaceutical companies themselves, it is time for regulation in the market to slow pricing increases year over year.

⁵ <https://mhalink.informz.net/mhalink/data/images/20240102BehavioralHealthReport.pdf>

QUESTIONS FROM THE OFFICE OF THE ATTORNEY GENERAL

- 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	37	89
	Q2	38	116
	Q3	85	125
	Q4	106	123
CY2023	Q1	155	126
	Q2	106	171
	Q3	157	210
	Q4	183	203
CY2024	Q1	213	98
	Q2	147	112
TOTAL:		1227	1373

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

Cape Cod Healthcare offers a Financial Assistance Program allowing patients who qualify to enroll in state programs. Patients without insurance, who do not qualify for any Medical Hardship, MassHealth/Free Care, and/or other State or Federal assistance programs, and

who do not fall into any poverty guidelines, will be charged the Medicare rate. CCHC also offers payment plans to all patients with outstanding balances.

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.

Cape Cod Healthcare does not have any global risk arrangements that adjust 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.

Click or tap here to enter text.

Cape Cod Hospital				
Fiscal Year	GPSR	NPSR	Operating Margin	% Operating Margin
2022	\$ 1,544,825,543	\$ 621,644,352	\$ 24,627,494	4%
a) Commerical	\$ 294,330,038	\$ 185,260,991	\$ 75,945,749	41%
b) Medicare	\$ 936,441,188	\$ 337,893,948	\$ (28,368,214)	-8%
c) Medicaid	\$ 197,508,264	\$ 52,573,973	\$ (25,774,147)	-49%
d) All Other Business	\$ 116,546,053	\$ 45,915,440	\$ 2,824,106	6%
2023	\$ 1,662,841,174	\$ 672,062,644	\$ 34,769,915	5%
a) Commerical	\$ 303,625,539	\$ 191,025,718	\$ 79,624,151	42%
b) Medicare	\$ 1,006,585,379	\$ 365,133,784	\$ (27,690,234)	-8%
c) Medicaid	\$ 228,272,259	\$ 64,280,951	\$ (23,116,902)	-36%
d) All Other Business	\$ 124,357,997	\$ 51,622,191	\$ 5,952,900	12%
2024 July	\$ 1,458,043,689	\$ 591,311,294	\$ 32,568,249	6%
a) Commerical	\$ 258,071,745	\$ 166,540,149	\$ 70,798,632	43%
b) Medicare	\$ 888,838,352	\$ 323,969,629	\$ (19,685,847)	-6%
c) Medicaid	\$ 185,725,605	\$ 50,389,896	\$ (23,545,861)	-47%
d) All Other Business	\$ 125,407,988	\$ 50,411,619	\$ 5,001,326	10%

Falmouth Hospital				
Fiscal Year	GPSR	NPSR	Operating Margin	% Operating Margin
2022	\$ 490,199,462	\$ 174,014,691	\$ (973,165)	-1%
a) Commerical	\$ 105,204,741	\$ 63,191,917	\$ 29,085,231	46%
b) Medicare	\$ 284,211,907	\$ 83,937,421	\$ (21,864,177)	-26%
c) Medicaid	\$ 61,002,899	\$ 13,265,036	\$ (8,754,893)	-66%
d) All Other Business	\$ 39,779,915	\$ 13,620,317	\$ 560,674	4%
2023	\$ 524,080,415	\$ 179,522,204	\$ (6,554,960)	-4%
a) Commerical	\$ 106,486,510	\$ 60,616,271	\$ 26,481,915	44%
b) Medicare	\$ 310,263,493	\$ 90,642,257	\$ (24,331,624)	-27%
c) Medicaid	\$ 66,897,160	\$ 14,900,830	\$ (8,521,705)	-57%
d) All Other Business	\$ 40,433,252	\$ 13,362,846	\$ (183,547)	-1%
2024 July	\$ 457,563,129	\$ 157,173,463	\$ 246,908	0%
a) Commerical	\$ 94,979,359	\$ 55,494,541	\$ 25,496,663	46%
b) Medicare	\$ 270,365,637	\$ 77,115,657	\$ (19,486,889)	-25%
c) Medicaid	\$ 54,247,740	\$ 11,776,074	\$ (6,633,518)	-56%
d) All Other Business	\$ 37,970,393	\$ 12,787,191	\$ 870,652	7%
Grand Total	\$ 1,471,843,006	\$ 510,710,358	\$ (7,281,217)	-1%

For both hospitals in all years, HMO and PPO plans have % Operating Margins comparable to Commercial. Contracts that incorporate per member per month budgets have significantly negative margins.

Commerical

AETNA
AETNA OTHER
BC FEDERAL
BC HMO
BC INDEMNITY
BC OUT OF STATE HMO
BC OUT OF STATE PPO
BC PPO
BLUE BENEFIT ADMINISTRATORS
CAPITAL DISTRICT PHYSICIANS HEALTH PLAN
CIGNA BEHAVIORIAL HEALTH
CIGNA CARELINK
CIGNA HEALTH PLAN
CIGNA OTHER
COMMERCIAL
COVENTRY HEALTH CARE
COVERAGE DISCOVERY
EMBLEM HEALTH
FALLON HMO
FIRST HEALTH
GEHA
GWH CIGNA PPO
HARVARD PILGRIM HMO
HARVARD PILGRIM PPO
HARVARD PILGRIM STUDENT RESOURCES
HEALTH NEW ENGLAND
HEALTH PLANS INC
HOME HEALTH
HOSPICE
HOSPICE BEACON
HOSPICE BROADREACH
HOSPICE OF MA (ATHENA)
HOSPICEVNA
HUMANA
KAISER GENERIC
KAISER PERMANENTE HMO
KAISER PERMANENTE SELF
MASS GENERAL BRIGHAM HEALTHPLAN HMO
MASS GENERAL BRIGHAM HEALTHPLAN PPO
MULTIPLAN
NOVA HEALTHCARE
OPTUM HEALTH
OUT OF COUNTRY
PHCS
STARMARK TRUSTMARK
TUFTS CARELINK
TUFTS EMPLOYEE PLAN
TUFTS HMO
TUFTS PPO
TUFTS SELECT NETWORK
TUFTS SPIRIT
UMR
UMR PPO
UNICARE
UNICARE STATE INDEMNITY PLAN
UNITED HEALTHCARE
UNITED OTHER
UNITED OXFORD
UNITED PASSPORT CONNECT
VNA OF CCHC HOME HEALTH

Medicare

AARP MEDICARE ADVANTAGE
AARP MEDICARE SUPPLEMENTAL
AETNA MEDICARE
BC MEDICARE HMO BLUE
BC MEDICARE PPO BLUE
BCBS MEDEX
BMC SENIOR CARE OPTIONS
COMMERCIAL MEDICARE
COMMONWEALTH CARE ALLIANCE
FALLON MEDICARE
FALLON MEDICARE PLUS
FALLON ONECARE
FALLON SENIOR CARE OPTIONS
FALLON SENIOR CARE OPTIONS
HARVARD PILGRIM MEDICARE SUPPLEMENTAL
HARVARD PILGRIM STRIDE
HUMANA MEDICARE
MEDICARE A
MEDICARE B
MEDICARE PART A AND B
MEDICARE RAILROAD RETIREMENT PLAN
TUFTS HEALTH ONE CARE
TUFTS MEDICARE PREFERRED
TUFTS MEDICARE SUPPLEMENTAL
TUFTS SENIOR CARE OPTIONS
UNITED HEALTH PLAN MEDICARE HMO
UNITED HEALTH PLAN MEDICARE PPO
WELLMED
WELLSENSE SENIOR CARE OPTIONS

Medicaid

CMSP
FALLON MEDICAID
FALLON WELLFORCE ACO
HEALTHY START
MASS GENERAL BRIGHAM HEALTHPLAN ACO
MASSHEALTH ESSENTIAL
MASSHEALTH LIMITED
MASSHEALTH STANDARD
MBHP
MBHP
MBHP ACO
MEDICAID EAEDC
STEWART HEALTH CHOICE ACO
TUFTS HEALTH TOGETHER
WELLCARE
WELLSENSE COMMUNITY ALLIANCE
WELLSENSE HEALTH PLAN
WELLSENSE MEDICAID

 **Other**

AIM MUTUAL
BARNSTABLE COUNTY JAIL
BLUE CROSS QHP
CHAMPVA
COMMERCE INSURANCE
COVID 19 HRSA
ESIS
ESIS CCHC EMPLOYEE
FALLON QHP
HARVARD PILGRIM QHP
HEALTH SAFETY NET ER BAD DEBT
HEALTH SAFETY NET MEDICAL HARDSHIP
HEALTH SAFETY NET PARTIAL
HEALTH SAFETY NET PRIMARY
HEALTH SAFETY NET SECONDARY
INDIAN HEALTHSERVICE
LIBERTY MUTUAL
MASS ARMY NATIONAL GUARD
MASS GENERAL BRIGHAM HEALTHPLAN NON
MASS GENERAL BRIGHAM HEALTHPLAN SUBSIDIZED (QHP) HMO
MASSACHUSETTS INTERLOCAL INSURANCE AGENCY
MEDICAID OUT OF STATE
MVA GENERIC
PLYMOUTH ROCK
SAFETY INSURANCE
Self Pay
TRAVELERS INSURANCE
TRICARE EAST
TRICARE FOR LIFE
TRICARE OTHER
TRICARE WEST
TUFTS HEALTH DIRECT (QHP)
UNIFORM SERVICES FAMILY HEALTH PLAN
VA COMMUNITY CARE
VETERANS
VICTIM COMPENSATION VCAD
WELLPOINT
WELLSENSE HEALTH PLAN (CLARITY)
WELLSENSE QHP
WORKERS COMPENSATION GENERIC