



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?

South Shore Health is a not-for-profit independent regional health system providing a wide range of services across the South Shore, including primary and specialty care, acute care, urgent care, home health and community care, emergency medical services, and preventive and wellness services. Anchored by South Shore Hospital, a 374-bed licensed hospital located in Weymouth, the organization aims to keep care local, with a focus on delivering the right care to individuals, in the right place, at the right time.

In the aftermath of COVID-19 and in response to the closure of hospitals and primary and specialty care provider groups throughout its region, South Shore Health (SSH) has experienced tremendous growth in patient volume, especially in demand for emergency and inpatient services. Following the closures of Quincy Medical Center and Norwood Hospital, South Shore Hospital was experiencing increased patient volume, including pediatric volume stemming from periods of high respiratory illnesses. South Shore Hospital's capacity challenges were further exacerbated by the sudden closure of Compass Medical and the unexpected 18-month closure of Signature Brockton Hospital. Since Hospital Fiscal Year (HFY) 2022, South Shore Hospital's emergency department (ED) average daily volume has increased by over 20% resulting in it now being the 3rd busiest ED in Massachusetts.

While the majority of the increase in patient volume may be attributed to the closures of hospitals, other external factors in the region also contributed to the increased volume at SSH. Following the closure of Signature Brockton Hospital, the ongoing strain on capacity at Good Samaritan Medical Center, along with the growing dialogue on the future of Steward Health Care and its Massachusetts hospitals, caused more patients and ambulances to come to South Shore Hospital for care. While the increase of patients from the Brockton area remained steady over most of HFY 2023, South Shore Hospital experienced a spike in patient volume at the end of Calendar Year (CY) 2023 as the media coverage of Steward Health Care intensified. In December 2023, South Shore Hospital averaged over 360 patients per day in its ED, an increase of over 20% in daily ED volume compared to January 2023. This was likely in part due to even more patients choosing to go to South Shore Hospital from Brockton and the surrounding towns.

While South Shore Health remains dedicated to doing everything it can to serve all patients, including those impacted by hospital and other health care closures, the substantial volume of patients seeking care through the ED, medical/surgical (med/surg) and other inpatient services has created great challenges for our organization.

To mitigate the significant influx of patient volume, South Shore Hospital implemented several operational changes to lower the length of stay, move care outside of the hospital whenever possible and improve patient throughput across the system, all of which have been critical in ensuring access to high-quality care. South Shore Hospital also added temporary beds and re-designed clinical and non-clinical areas to accommodate more patients and made significant financial investments in staffing, equipment and supplies to meet the ever-increasing patient demand. In July 2024, South Shore Hospital averaged 420 med/surg patients on a daily basis—which is approximately 150% of our licensed capacity of 287 med/surg beds. If South Shore Hospital had not risen to this immense challenge to provide as much capacity as possible, patients would have likely need to seek care outside of the region in higher-cost settings. However, the unanticipated expenses stemming from these crises have created significant financial challenges for South Shore Hospital that cannot be ignored but providing high-quality care to our patients and supporting our staff has been, and will continue to be, the priority.

All of the closures and disruptions in the health care continuum have created patient experience and access challenges. Due to increased demand, the wait time (measured in average number of minutes) for patients seeking care at SSH's ED in September 2024 (averaged 331 daily ED visits) was 32% longer compared to the wait times in February 2023 (averaged 305 daily ED visits.) When capacity becomes strained throughout the entire hospital, patients end up boarding in the ED, which delays them for getting to the right setting for their care needs and ties up an ED bed from the next person seeking emergent care. This is especially impactful for patients with behavioral health needs—in September 2024, South Shore Hospital averaged nearly 9% more behavioral health patients per day boarding in the ED over our average per day in HFY 2023.

Despite Signature Brockton Hospital reopening in August 2024, our region has continued to face significant instability and ongoing access challenges in part due to the recent closure of Steward Carney Hospital and the transition of Good Samaritan Medical Center to Boston Medical Center. South Shore Health greatly appreciates the work of the Healey-Driscoll Administration, the Health Policy Commission and our state and federal legislators to ensure that the majority of the Steward Health Care hospitals remained open, including Good Samaritan Medical Center, as further hospital closures would have

been catastrophic for patients and the remaining providers in our region. However, patient volume throughout the region remains high and South Shore Hospital has only experienced a 7% reduction in our average ED daily visits¹ since Signature Brockton reopened. It is evident that every bed and access point in our region is critical and there is a crucial need for enhanced regional and statewide health planning in the event another planned or unexpected crisis occurs.

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.

Over the past four years, the Commonwealth has experienced the closure of five acute care hospitals: the 18-month closure of Signature Brockton Hospital, along with the permanent closure of Quincy Medical Center, Norwood Hospital, Carney Hospital and Nashoba Valley Regional Medical Center. These closures, along with the overall instability resulting from COVID-19, the closure of other primary care and specialty providers, and the disruptions created by the Steward Health Care crisis, have made it increasingly necessary to explore reforms to stabilize the health care continuum.

South Shore Health looks forward to working closely with the HPC and state and federal lawmakers on policies that will ensure our health system is stable and able to provide accessible and affordable care for patients. We also want to work collaboratively to identify ways to support new and ongoing investments to community health systems and providers to enhance care delivery and improve outcomes. South Shore Health suggests focusing on the following key areas:

- Addressing the current crisis facing the state's healthcare system – particularly around capacity, equitable access, and financial stability: While the bankruptcy of Steward Health Care is certainly a significant component and driver of the challenges facing the Commonwealth, it is important to acknowledge that the state's healthcare system was already strained, with providers facing ever-increasing costs, capacity challenges, and a stressed workforce.
- Evolving the benchmark system to account for the real-time pressures hospitals and patients are experiencing: Hospitals are struggling with significant expense drivers stemming from volume spikes/regional instability; labor shortages and the

¹ Average ED visits per day for October 2024 compared to the average ED visits per day for the period of April through July 2024

continued need to use temporary labor; market pressures on compensation; continuous barriers to discharge and getting patients to the right setting of care; rate and payment reductions by government payers; and other rising costs. It is important for the benchmark system to recognize the impact of these expenses on hospitals' operating margins.

- Greater transparency and accountability for every part of the healthcare system, including new market entries and the industries behind some of the highest rates of cost growth: While acute care hospitals and health systems are required to provide comprehensive reports and data to the HPC and other state agencies, other parts of the healthcare system are not. It is important for other health care related entities to be held to transparency and benchmarking standards so the HPC can have further data the impact of high cost growth on the entire health care continuum.

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?

South Shore Hospital aims to provide a safe, welcoming and comfortable environment for all patients, caregivers and colleagues. We are committed to improving access to services, enhancing our ability to provide culturally competent care and making advancements in health equity.

One strategy for South Shore Health is to gain a more comprehensive understanding of our patients and the barriers they are facing to achieving optimal health. This has required expanding our efforts to collect patient demographic data to use in conjunction with the organization's quality and safety data to identify health disparities. South Shore Hospital stratifies quality and safety measures by characteristics such as age, race, ethnicity, and preferred language to understand differences in performance outcomes across populations. One recent enhancement is the implementation of a new disability status screening process to assess patients for disabilities and connect them with an accommodation as needed. Patients who screen positively have a "badge" icon in the electronic medical record so the care team can easily identify patients who have a disability and/or requested an accommodation to ensure we provided responsive and appropriate care.

Our enhanced data collection has helped us to understand patients in more holistic way—this is critical for us to understand where there are disparities in outcomes so we can

develop a targeted response. We have established a formal structure to review quality outcome measure performance stratified by appropriate demographics such as patient race, ethnicity, language, sexual orientation, gender identity and/or disability status to identify health disparities. When health disparities are identified, we have implemented strategies to develop and implement targeted interventions such as continuing to build on our colleague and provider training program offerings to include focus areas such as sexual orientation and gender identity (SOGI), implicit bias-training, cultural sensitivity training, and disability competent care.

Our strategies to expand data collection and develop and implemented targeted interventions has been critical as South Shore Health has worked to address increased need for interpreter services. As the demographics of our patient population have shifted, South Shore Health has welcomed these new patients into our health system and has been proactive in addressing the corresponding increase in need for interpreter services and other support services.

Our enhanced efforts contributed to the development of needed action in response to the 18-month closure of Signature Brockton Hospital. Understanding that over 20% of the population in the Brockton service area speaks a language other than English, South Shore Hospital experienced a shift in the demographics of our patient population and as a result, there has been an increasing need for interpreter services and other support services. Our data collection efforts demonstrate that South Shore Health has experienced an increase in demand of over 60% year over year for interpreter services. As we learned more about our patient needs, we expanded access to interpreters through the deployment of additional iPads with an interpreter “app” so that we can better meeting the needs of our limited English proficiency (LEP) patients, translated additional documents and added two new language line options to the Hospital and Health System main phone lines that allow Portuguese and Spanish speaking callers to connect with an interpreter to navigate their phone experience. While these investments were costly to the organization, the actions led to an enhanced patient experience.

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.

Our current healthcare environment is challenging and constantly evolving. In the aftermath of COVID-19 and hospital closures across the state, it has been necessary to use innovative, new strategies to promote access for the record-breaking volumes of patients seeking care. One critical component of this work is our continued focus on

having patients access the right care at the right time in the right setting, which ultimately promotes affordability and reductions in health care cost growth.

A key part of this approach is the use of innovative models of care to enhance care coordination and serve patients in settings other than the hospital. South Shore Health's Mobile Integrated Health (MIH) program and its newly launched Hospital at Home program have been important components of this work as the programs are designed to provide care directly to individuals in the comfort of their own homes or other community settings with the goals of:

- Enhancing service delivery and care coordination;
- Improving acute patient flow and increasing inpatient capacity; and
- Preventing unnecessary ED visits and hospitalizations.

While MIH and Hospital at Home have proven to be critical resources to improve access to cost-effective and patient-centered care, the majority of the program costs are not reimbursed by insurers. SSH strongly supports a long-term commitment from all payers for reimbursement for innovative and effective strategies, such as MIH and Hospital at Home, that promote accessibility and affordability, along with enhanced patient outcomes.

Another area of necessary reform is the automation of the prior authorization process and implementing mandates for more-timely decision-making. As acute care hospitals across the Commonwealth, and especially in our region, continue to face significant patient volume, it is critical to resolve unnecessary barriers and promote streamlined pathways to care. On any given day, there are large numbers of patients that are ready for discharge from the hospital but are often met with administrative barriers from insurers that delay admission into an appropriate post-acute care setting. This is especially problematic on weekends and holidays when insurance companies are closed and post-acute facilities do not accept admissions. These delays negatively impact the throughput of patients through the acute environment, ultimately resulting in longer acute care wait times for those in need; negative impacts to a patient's health outcomes; and patients staying in potentially more expensive care settings for longer than necessary.

The prior authorization process should reflect the 24/7 operation of hospitals as much as possible to promote patient flow and avoid unnecessary delays. Data-informed reforms to prior authorization should be implemented, prohibiting the use of prior authorization for services, medications and treatments that have historically low-denial rates. These state policy changes would help reduce the administrative barriers to timely discharges to the right setting of care and potentially reduce healthcare costs across the state.

Lastly, it is important to acknowledge that operating margins for all acute care hospitals across the state were barely positive in hospital fiscal year (HFY) 2023 and that trend has worsened in HFY 2024 with the statewide median operating margin now negative. South Shore Health, like many other health systems, reported a -2.0% operating margin in HFY23 and -2.8% operating margin in HFY24 (as of 6/30/24.)² While experiencing a negative operating margin is challenging for all hospitals, it is especially problematic for independent community health systems, like South Shore Health, that do not have financial support from a larger system/parent company to aid us when we face financial challenges.

South Shore Health is also unique as we provide a broader range of highly advanced and specialized care than is available in other community hospitals. South Shore Hospital is pleased to provide the only Level II Trauma Center in our region, along with the only Level III NICU in a Massachusetts community-based hospital. Additionally, we have a state-of-the-art critical care unit, along with 24/7 access to life-saving heart treatment – primary angioplasty – and the region’s busiest, modernized cardiac catheterization lab. South Shore Health has also maintained its commitment to pediatrics by investing in an enhanced 12-bed pediatric unit and operating a pediatric ED.

As an independent system, we aim to keep care local and out of higher-cost settings—we are able to achieve this by providing these specialized and advanced services right in the region. This approach enables patients to avoid travelling outside of the region for care in higher-cost settings such as downtown academic medical centers or specialty hospitals. We are pleased to be able to keep care at South Shore Hospital and limit the transfer of patients to academic medical centers, unless medically necessary. While the reported transfer rates of community hospitals in areas with high academic medical center presence was 3.1%, South Shore Hospital has nearly 50% fewer transfers to those higher-cost settings at a rate of 1.5%.³ However, this requires significant investment on programs that are often not accretive to our margin but ultimately contribute to lower costs for patients and the entire Massachusetts health care system.

To keep care in the community and out of higher cost settings, the Commonwealth needs to give strong consideration to payment reform that creates incentives for patients to seek care in lower cost, community hospitals and avoid higher cost/tertiary settings, when clinically appropriate. This is critically important as our state continues to transition from the massive disruptions in our health care system—we need community hospitals to thrive

² Massachusetts Acute Hospital and Health System Financial Performance, Hospital Fiscal Year Data through June 30, 2024, <https://www.chiamass.gov/assets/Uploads/mass-hospital-financials/data-through-6-30-2024/Data-Through-06-30-2024-report.pdf>

³ “Association of Academic Medical Center Presence With Clinical Outcomes at Neighboring Community Hospitals Among Medicare Beneficiaries”, JAMA Network, <https://pmc.ncbi.nlm.nih.gov/articles/PMC9892959/>

and continue to provide essential access points for patients. Without more financial support of these hospitals, we are at high risk of further reductions in care throughout the state.

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	0	304
	Q2	0	340
	Q3	0	385
	Q4	0	296
CY2023	Q1	0	330
	Q2	0	331
	Q3	0	385
	Q4	0	559
CY2024	Q1	0	1415
	Q2	0	972
	TOTAL:	0	4345

Please note that as of CY2024, South Shore Medical Center was added to South Shore Health's automated system for tracking payment inquiries. Prior to this date, tracking

was manual so the transition to an automated system has contributed to more accurate tracking.

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

South Shore Health offers Financial Counseling services to assist patients who are uninsured or under insured, along with providing support for patients with submitting Medical Hardship applications to the State. South Shore Health has a credit and collections policy that offers self-pay discounts and payment plans, and we work with patients that would like to enroll in an Able Pay program. Able Pay is an independent agency that enables patients an option to enroll to have their remaining South Shore Health balance (after insurance) resolved by Able Pay.

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.

At this time, South Shore Health does not establish any agreements that adjust for bad debt in the final settlement.

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.

Please see attached. At this time, the type of contract – HMO or PPO – does not directly connect to the revenue or margins for that category. The following list of carriers or programs are included in above categories:

Aetna

Blue Cross Blue Shield

Champus

CIGNA
Connector Care
Fallon
Free Care
Harvard Pilgrim Health Care
Mass General Brigham Health Plan/AllWays Health
MassHealth/Medicaid
Medicaid Replacement
Medicare
Medicare Advantage
PHCS
Self Pay
Tufts
United Healthcare
Wellpoint/GIC Indemnity
Miscellaneous Plans

- 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. At this time, the type of contract – HMO or PPO – does not directly connect to the revenue or margins for that category. The following list of carriers or programs are included in above categories:

Aetna
Blue Cross Blue Shield
Champus
CIGNA
Connector Care
Fallon
Free Care
Harvard Pilgrim Health Care
Mass General Brigham Health Plan/AllWays Health
MassHealth/Medicaid

Medicaid Replacement
Medicare
Medicare Advantage
PHCS
Self Pay
Tufts
United Healthcare
Wellpoint/GIC Indemnity
Miscellaneous Plans

South Shore Health: 2024 Pre-Filed Testimony
Question 4a
Summary for South Shore Hospital

		FY22		FY23		UnAudited FY24	
		\$'s	%	\$'s	%	\$'s	%
GPSR	Commercial	\$ 523,371,358	33.4%	\$ 547,480,747	32.4%	\$ 585,130,342	32.2%
	Medicare	\$ 745,324,314	47.6%	\$ 791,148,228	46.8%	\$ 862,066,281	47.4%
	Medicaid	\$ 190,732,257	12.2%	\$ 226,338,966	13.4%	\$ 240,057,976	13.2%
	Other Payers	\$ 51,169,963	3.3%	\$ 63,810,837	3.8%	\$ 68,838,864	3.8%
	Other Revenue	\$ 55,356,969	3.5%	\$ 61,339,143	3.6%	\$ 61,882,969	3.4%
Total		\$ 1,565,954,861		\$ 1,690,117,921		\$ 1,817,976,432	
NPSR	Commercial	\$ 306,822,081	43.1%	\$ 325,683,023	42.8%	\$ 352,957,057	43.3%
	Medicare	\$ 310,379,851	43.6%	\$ 318,758,454	41.9%	\$ 330,948,188	40.6%
	Medicaid	\$ 60,837,866	8.6%	\$ 71,452,420	9.4%	\$ 82,329,475	10.1%
	Other Payers	\$ 33,514,193	4.7%	\$ 45,047,745	5.9%	\$ 48,908,599	6.0%
	Other Revenue	\$ 55,356,969		\$ 61,339,143		\$ 61,882,969	
Total		\$ 766,910,960		\$ 822,280,786		\$ 877,026,288	
Operating Expense	Commercial	\$ 265,275,256	33.4%	\$ 265,719,871	32.4%	\$ 289,041,782	32.2%
	Medicare	\$ 377,774,012	47.6%	\$ 383,983,923	46.8%	\$ 425,842,169	47.4%
	Medicaid	\$ 96,674,278	12.2%	\$ 109,853,654	13.4%	\$ 118,583,468	13.2%
	Other Payers	\$ 25,935,934	3.3%	\$ 30,970,600	3.8%	\$ 34,004,916	3.8%
	Other Revenue	\$ 28,058,154	3.5%	\$ 29,770,963	3.6%	\$ 30,568,853	3.4%
Total		\$ 793,717,634		\$ 820,299,011		\$ 898,041,188	
Operating Margin	Commercial	\$ 41,546,825	13.5%	\$ 59,963,153	18.4%	\$ 63,915,275	18.1%
	Medicare	\$ (67,394,162)	-21.7%	\$ (65,225,468)	-20.5%	\$ (94,893,982)	-28.7%
	Medicaid	\$ (35,836,412)	-58.9%	\$ (38,401,234)	-53.7%	\$ (36,253,993)	-44.0%
	Other Payers	\$ 7,578,259	22.6%	\$ 14,077,145	31.2%	\$ 14,903,683	30.5%
	Other Revenue	\$ 27,298,815		\$ 31,568,180		\$ 31,314,116	
Total		\$ (26,806,674)		\$ 1,981,775		\$ (21,014,900)	

South Shore Health: 2024 Pre-Filed Testimony
Question 4b
Summary for South Shore Health System

		FY22		FY23		UnAudited FY24	
		\$'s	%	\$'s	%	\$'s	%
GPSR	Commercial	\$ 681,871,396	38.2%	\$ 701,205,192	36.8%	\$ 738,800,521	36.4%
	Medicare	\$ 790,311,807	44.2%	\$ 832,556,433	43.7%	\$ 902,233,643	44.4%
	Medicaid	\$ 197,507,674	11.1%	\$ 234,247,532	12.3%	\$ 246,855,651	12.2%
	Other Payers	\$ 53,867,784	3.0%	\$ 66,006,790	3.5%	\$ 70,817,682	3.5%
	Other Revenue	\$ 62,855,439	3.5%	\$ 70,587,057	3.7%	\$ 71,842,729	3.5%
Total		\$ 1,786,414,100		\$ 1,904,603,004		\$ 2,030,550,225	
NPSR	Commercial	\$ 385,987,981	47.4%	\$ 405,567,527	47.0%	\$ 424,457,392	46.8%
	Medicare	\$ 328,586,663	40.3%	\$ 334,860,015	38.8%	\$ 344,530,177	38.0%
	Medicaid	\$ 63,322,524	7.8%	\$ 74,237,416	8.6%	\$ 84,867,756	9.4%
	Other Payers	\$ 36,849,691	4.5%	\$ 48,518,021	5.6%	\$ 52,240,730	5.8%
	Other Revenue	\$ 62,855,439		\$ 70,587,057		\$ 71,842,729	
Total		\$ 877,602,297		\$ 933,770,036		\$ 977,938,784	
Operating Expense	Commercial	\$ 348,210,817	38.2%	\$ 350,835,155	36.8%	\$ 369,036,385	36.4%
	Medicare	\$ 403,588,011	44.2%	\$ 416,554,339	43.7%	\$ 450,672,451	44.4%
	Medicaid	\$ 100,861,114	11.1%	\$ 117,201,456	12.3%	\$ 123,306,243	12.2%
	Other Payers	\$ 27,508,626	3.0%	\$ 33,025,287	3.5%	\$ 35,373,962	3.5%
	Other Revenue	\$ 32,098,346	3.5%	\$ 35,316,939	3.7%	\$ 35,885,980	3.5%
Total		\$ 912,266,913		\$ 952,933,176		\$ 1,014,275,022	
Operating Margin	Commercial	\$ 37,777,163	9.8%	\$ 54,732,372	13.5%	\$ 55,421,007	13.1%
	Medicare	\$ (75,001,348)	-22.8%	\$ (81,694,324)	-24.4%	\$ (106,142,275)	-30.8%
	Medicaid	\$ (37,538,590)	-59.3%	\$ (42,964,040)	-57.9%	\$ (38,438,487)	-45.3%
	Other Payers	\$ 9,341,065	25.3%	\$ 15,492,734	31.9%	\$ 16,866,769	32.3%
	Other Revenue	\$ 30,757,093		\$ 35,270,118		\$ 35,956,749	
Total		\$ (34,664,616)		\$ (19,163,140)		\$ (36,336,238)	