MASSACHUSETTS
HEALTH POLICY COMMISSION

2024 Pre-Filed Testimony
PROVIDERS

As part of the
Annual Health Care
Cost Trends Hearing

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

INSTRUCTIONS FOR WRITTEN TESTIMONY

If you are receiving this, you are hereby required under M.G.L. c. 6D, § 8 to submit written pre-filed testimony for the 2024 Annual Health Care Cost Trends Hearing.

On or before the close of business on **Monday, November 4, 2024**, please electronically submit testimony as a Word document to: HPC-Testimony@mass.gov. Please complete relevant responses to the questions posed in the provided template. If necessary, you may include additional supporting testimony or documentation in an appendix. Please submit any data tables included in your response in Microsoft Excel or Access format.

We encourage you to refer to and build upon your organization's pre-filed testimony responses from 2013 to 2023, if applicable. If a question is not applicable to your organization, please indicate that in your response.

Your submission must contain a statement from a signatory that is legally authorized and empowered to represent the named organization for the purposes of this testimony. The statement must note that the testimony is signed under the pains and penalties of perjury. An electronic signature will be sufficient for this submission.

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

HPC CONTACT INFORMATION

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

AGO CONTACT INFORMATION

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

THE 2024 HEALTH CARE COST TRENDS HEARING: PRE-FILED TESTIMONY

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

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

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

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

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

QUESTIONS FROM THE HEALTH POLICY COMMISSION

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

Introduction

As an integrated delivery system, Tufts Medicine has proudly provided high quality, affordable and equitable health care for diverse populations across eastern Massachusetts. Our physician network spans from southern New Hampshire to Lowell, Melrose, Boston and many southern communities including Quincy, Attleboro, New Bedford and Cape Cod.

Tufts Medicine serves a patient population that is about 68% public payer, approximately 23% through Mass Health (Medicaid) and another 45% through Medicare. Importantly, despite many cost reduction and operational improvement initiatives, the lingering effects of the COVID-19 pandemic, including the seismic disruption to the healthcare workforce, supply chain shortages and inflation, and an inadequate post-acute network, among other issues, has created significant challenges to Tufts Medicine, as it has to many other delivery systems across the Commonwealth. We agree with Massachusetts legislative leaders and the Massachusetts Health & Hospital Association (MHA) that the entire health care ecosystem is fragile.

Further, for Tufts Medicine, neither MassHealth nor Medicare reimbursement is sufficient to cover these increased costs of care. Unlike some of our competition, we do not receive the level of supplemental payments for those with a higher public payer mix, nor do we have the high commercial payer mix other systems use to cross-subsidize the inherent inadequacies of state and federal reimbursement systems.

The consequence of these and other disruptive market dynamics has limited the ability for Tufts Medicine to further invest and scale in the strategies that we have proven can provide the requisite access to affordable and equitable care. As a result, despite many operational improvement efforts, including efforts to expand home care offerings, avoid unnecessary emergency room utilization, and reduce length of stay and emergency department left without being seen rates, we have seen an increase in emergency room utilization and patients in our communities presenting with more advanced and complex disease progression, requiring additional resources to care for and return them to health.

This, coupled with challenged resources to expand social services support to address the social determinates of health, threatens achieving the Commonwealth's goals of equity and affordability while causing further moral injury to our care teams so committed to the noble profession of healthcare delivery.

Commitment to Behavioral Health

Despite these considerable challenges and crises across the entire healthcare ecosystem, Tufts Medicine remains committed to addressing health equity and affordability. Tufts Medicine recognizes that there is insufficient access to inpatient and outpatient behavioral health across the Commonwealth and has taken several actions to increase access in our community. Tufts Medicine currently has 82 behavioral health inpatient beds and provides clinical psychiatrists, nurse practitioners and psychologists for nearly half of the Commonwealth's state hospital behavioral health beds. Access to these services is essential in our community where there is a shortage of behavioral health providers. This is why we are investing in a state-of-the-art, 144-bed inpatient behavioral health hospital in Malden, while continuing to provide care at our 20 behavioral health beds at Tufts Medical Center in Boston. Our behavioral health strategy extends to the ambulatory care setting, where we have integrated behavioral health care teams within primary care and specialty medical settings utilizing the evidence-based collaborative care model, care through telemedicine, and timely referral to equitable and accessible behavioral health treatment. We are also building a more robust pipeline for the behavioral health workforce with our psychiatric training program currently consisting of 48 psychiatric residents and fellows.

Commitment to Academic Excellence

Our health system also continues to deliver academic excellence. Tufts Medicine is the principal teaching health system for Tufts University School of Medicine. The relationship between Tufts Medicine and Tufts University leverages both institutions' respective strengths, fosters the development of dedicated clinicians, scientists, public health professionals, and educators, and most importantly, best serves our patients. For example, this year we are focused on growing the Tufts Medicine Clinical Research Program to give our patients greater access to innovative and potentially life-saving treatments. This growth will enable our patients to participate in research at Tufts Medical Center, Melrose Wakefield Hospital, and Lowell General Hospital and several ambulatory settings, allowing participation in innovative technologies and treatments to patients closer to home and ensuring our patients are not limited to receiving innovative care only in Boston.

Expanding Access to Equitable and Affordable Care

Tufts Medicine is also building off a long history of providing equitable and affordable access to lifesaving, innovative and complex-care programs across New England. Examples include expanding neuroscience and neurodegenerative disease offerings across our health system; re-establishing the liver transplant program at Tufts Medical Center; and in 2023, Tufts Medical Center exceeded its previous record for adult heart transplants, completing 61 heart transplants, a record-breaking number in New England. Every heart transplant was a life-changing event for patients and their families, and we were proud to play a role in helping people continue to make memories with their loved ones.

Confronting Significant Threats and Challenges

For three decades, the 340B Drug Pricing Program has enabled eligible hospitals serving low-income patients to stretch scarce state and federal reimbursement to provide more comprehensive care to their patients and communities as Congress intended. Actions by pharmaceutical manufacturers to restrict statutorily required discounts violate the intent of the 340B program and action must be taken to prevent further cuts. Existing restrictions resulted in the loss of tens of millions in savings for our system in FY24. Without 340B savings, Tufts Medicine's programs that help our most vulnerable patients are at risk. Every dollar saved from 340B discounts results in a dollar that safety net providers can dedicate to benefit our community and at no cost to consumers, Mass Health or the federal government.

Addressing Administrative Complexities

Other longstanding problems affecting patient access and experiences include the workforce shortage and prior authorization claims denials, resulting in longer waiting times in emergency rooms, hospitals, ambulatory clinics, and post-acute venues of care. Some of our hospitals have had to turn away patient transfers from other hospitals because of an inability to staff more beds, and discharge requests to move patients onto the next stage of care are often wrongly denied. These issues burden health care workers and drive higher rates of stress and burnout and exacerbate challenges to talent acquisition and retention in the Commonwealth. While staffing shortages and claims denials existed before COVID-19, the challenges have worsened dramatically, and health care providers continue to grapple with these systemic challenges that undermine the health care system in Massachusetts. We urge bold and decisive legislative action to address inappropriate claims denials and costly administrative processes and provide certainty and relief for patients and providers.

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.

Protect the 340B Drug Pricing Program

In addition to the concerns mentioned above, Tufts Medicine is concerned about drug manufacturers' efforts to violate the 340B program by restricting statutorily required discounts for 340B drugs dispensed at pharmacies that contract with hospitals to service medically underserved communities. The laws that some states have begun enacting prohibit health insurers and pharmacy benefit managers (PBMs) from reimbursing covered entities at a lower rate than non-covered entities for the same drug. Those laws also bar PBMs from excluding pharmacies from contracting with covered entities and manufacturers from restricting contract pharmacies from providing health system patients access to drugs purchased under the 340B program. We support legislation that ensures PBMs and manufacturers continue to follow the federal law.

Re- Evaluate the Sufficiency of the MassHealth Reimbursement Rates

The sustainability of the Massachusetts health care market is threatened by the continued use of fee-for-service models where there is an ever-present gap between MassHealth payment updates and actual operating costs, which have increased more rapidly post-Covid-19 than in the prior period. The lower cost health systems with high numbers of MassHealth patients have needed to improve their reimbursement rates to close the ensuing financial gap. At Tufts Medicine, for instance, we have seen our financial condition erode over the past few years despite offering high-quality care at a lower price than our primary competitors in most areas. We urge Massachusetts to alter the payment model to ensure hospitals and health systems can provide the needed services for the vulnerable communities they serve.

Expand the Lens of Statewide Cost Containment

We support policies inclusive of all stakeholders across the health care ecosystem, not just hospitals and health plans, specifically to enhance oversight of pharmaceutical spending, PBM practices, and other areas of cost growth.

Support a Robust Workforce

- Workforce Pipeline: Tufts Medicine believes it's important to build a robust healthcare workforce pipeline that partners with community colleges, feeder schools, and adjacent industries and prioritizes diverse candidates.

- Nurse Licensure Compact: We support initiatives that would create more opportunities for teaching and for recruiting health care workers across our health system and throughout Massachusetts. For example, Massachusetts can invest in frontline nurses through the mutual recognition model enabled by the Nurse Licensure Compact. By joining the Compact, Massachusetts would expand access to experienced nurses, reducing time to hire for the benefit of both patients and providers. Massachusetts can also invest in primary care specialties by repaying or forgiving loans, or by increasing the number of visas for primary care specialties.

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?

1. Expanded Focus on Value-Based Care

- As a safety net provider, Tufts Medicine appreciates how affordability, access, and equity in health care can uplift communities. We work to ensure these priorities show up across the entire continuum of care, but do not believe the current fee-for-service payment system is designed to fully address those challenges. **To truly solve the affordability crisis and improve access to equitable care, the entire health care ecosystem needs to be reformed to more appropriately allocate the trillions of dollars we spend on health care each year to be more strategic with how we reward whole-person, patient-centered affordable and equitable health care. The solution is value-based care.** Meanwhile, Tufts Medicine will continue in our mission to deliver affordable, high-quality, equitable care.
- Recent disruptions to the Massachusetts health care market **require a serious response that prioritizes patients' health outcomes and rewards better care. Given that opportunities to fundamentally transform the health care market are infrequent and fleeting, we urge bold thought and action to reimagine health care while the chance is before us.**
- At Tufts Medicine, we believe value-based care models that have been tested and proven effective are the key to this transformational change. As an early adopter of value-based care, Tufts Medicine has been on a multi-year journey to migrate our system away from FFS volume-based care and more toward total cost of care outcomes. We continue to increase the number of covered lives in value-based contracts as we work to be the best high-quality, low-cost option for our patients. Today, our health system is one of the most cost-effective systems in the state,

leveraging value-based care and other alternative payment models. In 2022, we were the highest performer for the Medicare Shared Savings Program (MSSP) in terms of quality and cost in all of New England, and preliminary reports suggest we performed very well in 2023. The Center for Health Information and Analysis (CHIA) validates us as a high quality, affordable provider network and major differentiator in the Massachusetts health care market.

- We applaud Massachusetts for being a leading example of how to incentivize a transition to value-based care, particularly among safety-net providers, and encouraging cross-payer alignment. Through its waiver program, Massachusetts supports and incentivizes safety-net hospitals to participate in Accountable Care Organizations (ACOs). Critical components driving this include tying participation in ACOs to safety-net provider funds and includes access to funding to address health equity and social determinants of health (SDOH) and providing financial support that's separate from the medical cap that can be used for administration, such as funding for a social worker to address complex patient needs.
- We envision a future health care system that is truly centered on the value of the care provided. Care transformation requires payment transformation, where providers are rewarded for providing high-quality, accessible, affordable, person-centered, equitable care, all of which are top priorities for Tufts Medicine. Fully transitioning to value-based and coordinated-care models would also improve our ability to meaningfully invest in maternal health and combat the rising maternal health crisis. By adopting a stronger value-based care model and providing the necessary incentives to achieve it, Massachusetts can foster a more efficient, equitable, and sustainable health care system for all.

2. Commitment to Innovative Services that Expand Access to Equitable Care, Closer to Home

- Tufts Medicine Integrated Network (TMIN): Founded on the principle of building capabilities to keep care local, Tufts Medicine has proven the ability to provide the very best care in the community, close to and often in the home, while also providing some of the most complex care at its academic medical center. We believe redesigning care models for and expanding access to these services will help people live longer and healthier lives while controlling costs by reducing unnecessary emergency room visits, admissions, and readmissions. Our primary care strategy is central to the future of TMIN, which was founded by primary care and specialty physicians to serve as Tufts Medicine's population health enterprise in 2021, unifying our two previously existing clinically integrated networks. It is the only network that still brings together both private practice and employed physicians and community- and academic-based providers to transform primary and specialty care into a system of population health.

- Local Primary Care Teams: We believe that local primary care teams are best positioned to understand and meet community needs. TMIN is committed to local care organizations as a platform to organize and manage care. To better equip local primary care teams, we have:
    - Deployed trained practice optimization managers to improve workflow and efficiency in TMIN primary care practices.
    - Hired, trained, and deployed Care Coordination Specialists to identify gaps in care for patients with complex, co-morbid conditions to deliver more care in the community and reduce avoidable hospitalizations.
    - Deployed technology and people to engage our at-risk patients and schedule critical preventive care services including mammograms.
- Mobile Integrated Health (MIH): Throughout 2024, we have continued our use of mobile integrated health in the community to decrease hospital utilization. Our MIH unit visited over 1000 patients, preventing 396 emergency room visits and 161 admissions. This success has fueled interest to further expand and broaden the geographies we serve, demonstrating our commitment to access, controlling cost, and improving care coordination.
- Behavioral Health integration: We also believe primary care must encompass behavioral health care. Mild to moderate depressive and anxiety disorders commonly present in our primary care practices. By some estimates more than half of all patients in our panels are facing behavioral health challenges, which adversely impact quality of life, health care utilization and cost.
- Synchronous: In response, our physicians led an effort to deploy Synchronous, a virtual and in-person, AI-assisted behavioral health platform that has transformed our ability to meet unmet mild to moderate behavioral health needs in the community. With Synchronous, we have deployed many trained therapists in the community, complete intake within days, and have largely eliminated wait times for therapist sessions. Today, three years since inception, we have almost 6,000 encounters per month and approximately 20% reductions in severity scoring for depressive and anxiety disorders. That reduction translates into better life quality and wellbeing and improved care outcomes for our most vulnerable patients, as well as lower total cost of care.
- Advancing health equity and culturally competent care in our communities: We have embedded the coordination and oversight of our health equity initiatives into TMIN. While this approach to improving public health has many dimensions, one way we are advancing it is by providing community benefits, in addition to the high quality and high touch care that we provide for all our patients. Initiatives include:
    - On-demand qualified interpreters at every level of care, free of charge to the patient, and translation of forms and information portals.

- Smoking cessation program to serve one of the biggest community health issues impacting our patients in Boston's Chinatown neighborhood.
- Mail order pharmacy program for patients that need specialty medication and can't afford or don't have access to appropriate transportation.
- Medication Adherence Program for patients on upwards of 10 medications daily, organized by the pharmacy team in convenient blister packs.
- Wellness and preventive programs that impact our communities such as weight loss management and vaccinations.
- Substance use disorder assistance (i.e. offering Medication-Assisted Treatment in our outpatient clinics).
- Bedside delivery of prescriptions service, offered prior to discharge to ensure patients have access to and can afford their medications.
- Home infusion pharmacy program to support patients being cared for at the right site of care.
- Coverage of copays and subsidization to provide free care for our patients who can't afford it.
- FindHelp platform integrated within Epic allowing patients and non-patients to access our health and social services partners in local communities to support their care and meet their needs for social determinants of health.

We are also partnering with like-minded organizations to advance population health. For example, we remain a proud supporter of the Health Equity Compact, a group over 80 leaders of color across Massachusetts hospitals, health centers, payers, and academic institutions, who are committed to eliminating health disparities as the next chapter in health reform. Together, we are advocating for an improved health system where everyone will benefit. And within our walls at Tufts Medicine, our system-wide diversity, equity, and inclusion (DEI) mission is focused on building a culture where people can thrive. We're continuing the important work of advancing diversity and cultural competence to enable the delivery of unmatched patient experiences, and we're achieving this goal by working with communities to reduce health disparities and address their specific, culturally relevant needs.

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

Accelerate the transition to a true value-based care system

Tufts Medicine supports policies that are aligned with value-based care and that provide the flexibility required to help the healthcare ecosystem evolve from the traditional fee-for-service delivery model. We firmly believe that a complete transition to a value-based care system will improve quality of care, affordability, and equity. There are numerous benefits to addressing health care at both the population level and the patient level, but the current fee-for-service model disincentivizes population health and is not properly aligned to support the whole-person, preventive care patients today required to achieve optimal health.

While we are proponents of moving towards value across all payers and patients, it requires commitment and resources from our government and private payer partners to implement. Models must empower providers to deliver the "right care in the right place," free of regulatory constraints that run the risk of wasteful spending.

Activities and services offered to effectively address social determinants of health, not typically compensated under the fee-for-service system, are made possible under risk-based payment models. For example, Advanced Payment Models that are focused on outcomes, not procedures, provide more flexibility for innovation to deliver care that is more meaningful, effective, and affordable. As another example, social determinants of health are a big driver of unnecessary emergency department visits, but too often the cost of addressing those issues is greater than the payment we receive from government payers. As the Commonwealth transitions to these more effective models, we would also welcome a move toward prepaid capitation for certain physician and hospital services with appropriate buy-in from health plans as an alternative to the current fee-for-service payments in value-based agreements.

Make telehealth flexibilities and parity permanent

As hospitals strive to provide high-quality care accessible to all, telehealth has become an indispensable tool. We support policies that make telehealth flexibilities and payment parity permanent. This will allow us to:

- Enhance Access to Care: Telehealth removes geographical barriers, connecting patients in underserved communities with specialists and vital services they might not otherwise access. This is crucial in addressing health equity disparities across Massachusetts.
- Improve Patient Outcomes: Contemporary care models that integrate telehealth help manage chronic conditions, facilitate timely follow-ups, and prevent unnecessary hospital readmissions. This leads to better patient outcomes and reduces overall healthcare costs.

- Support the Health Care Workforce: Telehealth allows our providers to work more efficiently and offer care in flexible ways. This helps with recruitment and retention of healthcare professionals, especially in areas facing shortages.
- Ensure Financial Stability for Telehealth Programs: Preserving facility fees is crucial for hospitals to maintain and expand telehealth infrastructure, ensuring its long-term sustainability.

Protect the safety of the health care workforce

We strongly support policies to improve workplace safety. Health care providers are experiencing an alarming rise in patient violence. These incidents harm workers and undermine our ability to retain top, talented experts at the bedsides of our emergency departments and acute care settings. We urge the state to adopt policies to evaluate and address security risks at healthcare facilities and enforce strict penalties against patients who knowingly commit acts of violence against healthcare workers. We also encourage the state to promote preventive approaches to workplace violence to stop incidents before they arise, as well as invest in enhanced technologies that can prompt safety teams to immediately respond to frontline workers who are in need.

Streamline prior authorization to relieve overburdened health care workers

The prior authorization process increases the administrative and financial burden on providers and results in delayed care for patients. In recent years, prior authorization has been responsible for diverting an increasing amount of our physicians' time and energy toward administrative responsibilities. What began as a tool to monitor and control spending on costly or novel treatments now includes many common services, treatments, and medications. As a result, our physicians and staff, like those across the Commonwealth, spend an average of 14 hours each week submitting paperwork, calling insurers, and appealing denials to try to secure, maintain, or resume medically necessary care. This process occupies vital time they should be able to dedicate to patient care. It also delays transfers to post-acute facilities and homes with services, thus undermining health care access to those with acute needs. We applaud the state for its 48-hour limit to start addressing these delays.

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**	10,283	11,407
	Q2	13,313	14,769
	Q3*	82	0
	Q4	63	0
CY2023	**Q1**	172	26
	Q2	102	90
	Q3	164	178
	Q4	120	219
CY2024	**Q1**	134	364
	Q2	207	384
	TOTAL:	24,640	27,437

*Until Q3 of 22, estimate inquiries were all manual. As of Q322, Tufts Medicine's Self-Service tool was fully functioning, so that number of separate requests reduced significantly. Tufts Medicine's new Epic instance went live during Q2 2022.

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

Tufts Medicine offers discounts and extended payment plans for patients who are unable to pay the patient portion of their bill in full. We also assist patients in trying to enroll them in the Health Safety Net.

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.

No.

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.

N/A

    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.

Tufts Medical Center

(000's) FY 22	**Commercial**	**Medicare**	**Medicaid**	**Other**	**Total**
GPSR	669,307	819,968	443,891	123,821	2,056,987

NPSR	333,624	291,671	142,908	42,685	810,889
Operating Revenue	77,884	95,416	51,654	14,409	239,363
Expense	385,086	471,769	255,393	71,240	1,183,488
Operating Margin	26,423	(84,681)	(60,831)	(14,147)	(133,236)

(000's) **FY 23**	**Commercial**	**Medicare**	**Medicaid**	**Other**	**Total**
GPSR	700,714	1,235,929	534,185	106,414	2,577,243
NPSR	297,474	404,516	147,727	26,574	876,291
Operating Revenue	83,752	147,723	63,848	12,719	308,042
Expense	336,272	593,120	256,355	51,068	1,236,815
Operating Margin	44,955	(40,882)	(44,780)	(11,775)	(52,482)

Lowell General Hospital

(000's) **FY 22**	**Commercial**	**Medicare**	**Medicaid**	**Other**	**Total**
GPSR	373,010	599,921	274,612	69,573	1,317,115
NPSR	162,251	188,081	82,883	22,991	456,205
Operating Revenue	13,428	21,597	9,886	2,505	47,415
Expense	166,628	267,993	122,673	31,079	588,373

Operating Margin	9,050	(58,315)	(29,904)	(5,584)	(84,753)

(000's) FY 23	**Commercial**	**Medicare**	**Medicaid**	**Other**	**Total**
GPSR	362,886	653,182	316,014	75,535	1,407,617
NPSR	162,808	200,327	109,841	30,784	503,760
Operating Revenue	21,060	37,907	18,340	4,384	81,690
Expense	146,986	264,569	128,000	30,595	570,151
Operating Margin	36,882	(26,335)	181	4,572	15,299

MelroseWakefield Hospital

(000's) FY 22	**Commercial**	**Medicare**	**Medicaid**	**Other**	**Total**
GPSR	156,053	248,942	75,660	16,490	497,144
NPSR	81,738	96,701	26,530	3,948	208,917
Operating Revenue	6,739	10,750	3,267	712	21,469
Expense	96,970	154,690	47,014	10,247	308,921
Operating Margin	(8,493)	(47,239)	(17,217)	(5,586)	(78,535)

(000's) FY 23	**Commercial**	**Medicare**	**Medicaid**	**Other**	**Total**
GPSR	180,221	297,552	77,935	28,206	583,914

NPSR	98,231	99,915	29,591	13,416	241,153
Operating Revenue	17,299	28,562	7,481	2,707	56,049
Expense	88,413	145,973	38,233	13,838	286,457
Operating Margin	27,117	(17,497)	(1,161)	2,286	10,746

**All figures above inclusive of federal and state one-time funding sources*

Payor List:

Commercial Payors

Aetna
BCBS
Cigna
HPHC
MGBHP
Tufts
Unicare
United
Other Commercial

Medicare FFS and MA Payors

Medicare
Medicare Dual Eligible
BCBS Medicare
Tufts Medicare
United Medicare
Other Medicare

Medicaid FFS & MCO Payors

Mass Health
Medicaid Psych
WellSense Care Alliance & ACO

ACO-Refer Fallon
ACO-Refer MGBHP
ACO-Refer THPP
ACO-Refer PCC
Medicaid OOS
Wellsense-Connector
MGBHP-Connector
THPP-Connector
Other-Connector

Other Payors

Global Transplant
Veteran & Active Duty
Worker Comp
Free Care
Self Pay
Other
Blank

Commercial
HMO/PPO Split

MWH

HMO	43%
PPO	57%

LGH

HMO	50%
PPO	50%

TMC

HMO	43%
PPO	57%