



Health Care in Massachusetts: Key Indicators

May 2011 Edition

Deval Patrick, Governor
Commonwealth of Massachusetts

Timothy P. Murray
Lieutenant Governor



JudyAnn Bigby, Secretary
Executive Office of Health and Human Services

Seena Carrington, Acting Commissioner
Division of Health Care Finance and Policy

Key Indicators

Introduction	2
Health Insurance Coverage	3
<i>Health insurance coverage information is collected and updated quarterly.</i>	
Employer Survey	9
<i>The employer survey, which was conducted every two years prior to 2009, is conducted annually beginning with the 2009 survey. Results from the 2010 survey are presented in this edition of the report.</i>	
Access to Health Care	12
<i>The Division of Health Care Finance and Policy (DHCFP) health insurance survey and Behavioral Risk Factor Surveillance System (BRFSS) survey are both conducted annually. Measures on insurance coverage from the 2010 DHCFP health insurance survey and results from the 2010 BRFSS survey are presented in this report.</i>	
Health Insurance Premiums	21
<i>Premium information for Group Insurance Commission (GIC), Commonwealth Care health plans, and the Health Connector Affordability Schedule is updated once a year. Lowest-cost Commonwealth Choice plan premiums are updated quarterly. This edition includes updated information for GIC premiums and the lowest-cost Commonwealth Choice plans.</i>	
Health Safety Net	24
<i>Health Safety Net (HSN) information is collected and updated quarterly. Data for HSN fiscal year 2010 are presented in this edition of the report.</i>	
Health Plan Financial Performance	30
<i>Health plan financial performance information is obtained quarterly from reports that health plans self-report to the Division of Insurance. Information for the year ending December 31, 2010 is included in this edition.</i>	
Acute Hospital Financial Performance	35
<i>Acute hospital financial performance information is submitted to the Division of Health Care Finance and Policy quarterly. Data for fiscal year 2010 is presented in this edition of the report.</i>	
Community Health Center Financial Performance	40
<i>Community health center financial performance is updated once a year. Information for fiscal year 2009 is included in this edition of the report.</i>	
Other Indicators	42
<i>Information on MassHealth members ages 65 and older is updated quarterly. The 2010 year-end enrollment data for this population is presented in this edition of the report.</i>	



About this Report

Health Care in Massachusetts: Key Indicators is a quarterly report from the Division of Health Care Finance and Policy (DHCFP). *Key Indicators* provides an overview of the Massachusetts health care landscape based on data reported by providers, health plans, government, and surveys of Massachusetts residents and employers. This edition of the report presents findings from the end of the 2010 calendar year.

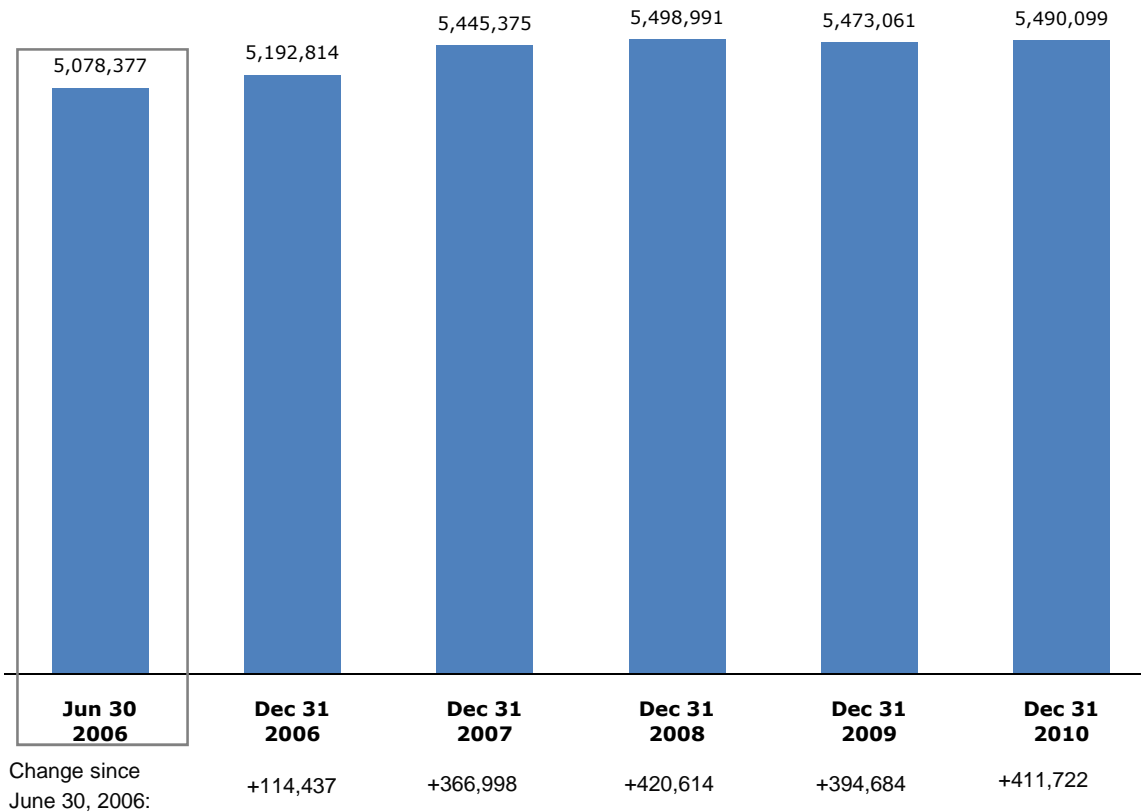
DHCFP found that approximately 17,000 additional residents gained health insurance coverage between the end of calendar years 2009 and 2010, bringing the number of newly insured residents since implementation of health care reform (June 2006) to over 411,722 as of December 31, 2010. Total enrollment in the private group market declined by about 1% between December 31, 2009 and December 31, 2010; over the same period, enrollment in MassHealth, Commonwealth Care, and individually purchased health insurance increased by 5.9%, 5.3%, and 2.5%, respectively.

In addition to health insurance enrollment and the financial performance of Massachusetts health plans at the end of the 2010 calendar year, this edition of the report also updates health care access measures from the Behavioral Risk Factor Surveillance System (BRFSS), health insurance premiums from the Health Connector, financial performance of Massachusetts acute hospitals, and enrollment in Prescription Advantage by Massachusetts residents aged 65 or older. This report does not update the DHCFP household and employer surveys, demand and volume trends from the Health Safety Net (HSN), and financial performance of community health centers (CHCs). Data for these sections are carried over from the last edition of the report.



Individuals with Health Insurance, 2006-2010

Excludes Medicare Enrollees

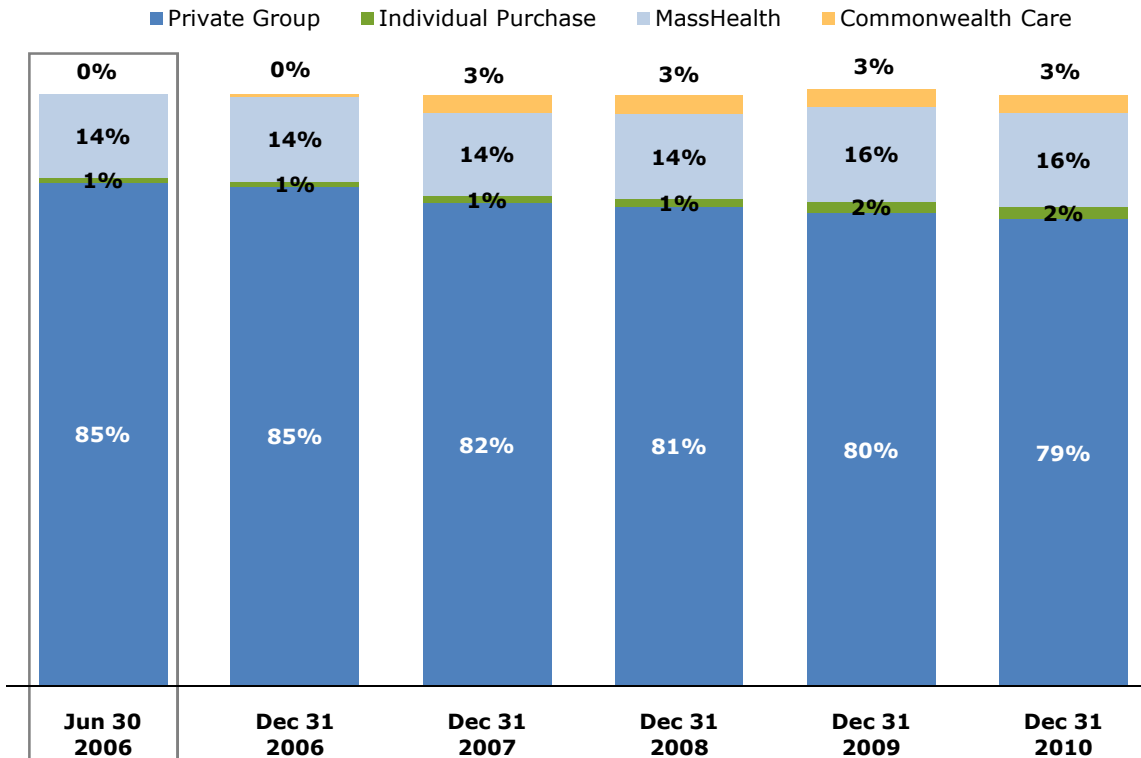


More than 17,000 additional Massachusetts residents obtained health insurance coverage in the one year period between December 31, 2009 and December 31, 2010. These gains bring the total number of newly insured residents since passage of health care reform to over 411,722.

Notes: Data reflect total enrollment as of the specified date. Totals include Massachusetts residents enrolled in health insurance products offered by the following health plans and their affiliates: Aetna Health Inc, Blue Cross Blue Shield (BCBSMA, HMO Blue and Massachusetts residents insured through other Blue Cross Association plans), Boston Medical Center HealthNet Plan, CeltiCare Health Plan, CIGNA HealthCare of Massachusetts, ConnectiCare of Massachusetts, Fallon Community Health Plan, Great-West Health Care, Harvard Pilgrim Health Care, HealthMarkets (MEGA Life and Health Insurance Company, Mid-West National Life Insurance Company of Tennessee, and the Chesapeake Life Insurance Company), Health New England, MassHealth, Neighborhood Health Plan, Tufts Associated HMO, UniCare Life and Health Insurance, and United Healthcare. Data exclude the following insured Massachusetts residents: federal employees not insured through a commercial carrier, active duty military personnel and their families who receive services through Champus/Tricare only, and inmates of the Department of Correction. Numbers may not match previous editions of Key Indicators, as health plans may revise enrollment information in previous quarters.
Sources: Membership reported to DHCFP by health plans and MassHealth; Commonwealth Care enrollment data are from the Health Connector.

Insured Population by Insurance Type, 2006-2010

Excludes Medicare Enrollees



Number of Members by Coverage Type:

	Jun 30 2006	Dec 31 2006	Dec 31 2007	Dec 31 2008	Dec 31 2009	Dec 31 2010	Change since 6/30/06:
Private Group	4,333,014	4,395,136	4,457,157	4,474,466	4,358,867	4,315,040	-17,974
Individual Purchase	40,184	38,718	65,465	81,073	114,668	117,514	+77,330
MassHealth	705,179	740,663	764,559	780,727	848,528	898,572	+193,393
Commonwealth Care	0	18,327	158,194	162,725	150,998	158,973	+158,973
Total Members	5,078,377	5,192,814	5,445,375	5,498,991	5,473,061	5,490,099	+411,722

Of the newly insured since health reform, a significant number are MassHealth and Commonwealth Care members. Although enrollment in the private group market has slightly declined possibly as a result of the recent economic downturn, as of December 31, 2010, the majority of Massachusetts residents (79%) continue to receive coverage through the private group market.

Beginning in October 2009, "aliens with special status" (AWSS) became enrolled in the Commonwealth Care Bridge program and received coverage through CeliCare. These members are counted in the enrollment numbers for individual purchase in December 2009 and December 2010.

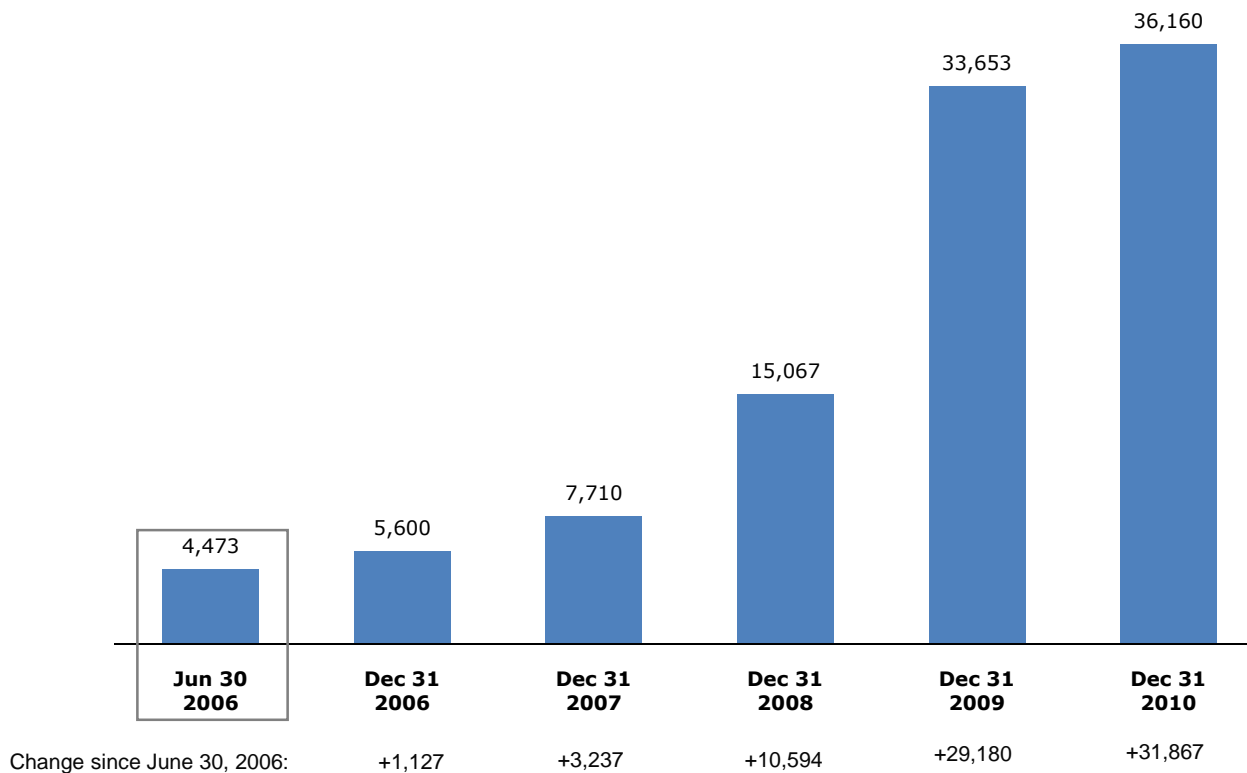
Notes: Private group includes large group, small group, and self-insured members reported by the health plans listed on page 7. Individual purchase includes Commonwealth Choice and residual non-group market. MassHealth enrollment does not include members with partial coverage or premium assistance; they are counted in the private plans. These members include Seniors, MassHealth Limited, individuals with third party liability (e.g., disabled with Medicare), and Family Assistance/Insurance Partnership. Commonwealth Care includes enrollment in Boston Medical Center HealthNet Plan, Fallon Community Health Plan, Neighborhood Health Plan, and CeliCare Health Plan. Data reflect total enrollment as of the specified date. Totals include Massachusetts residents enrolled in health insurance products offered by the following health plans and their affiliates: Aetna Health, Blue Cross Blue Shield (BCBSMA, HMO Blue and Massachusetts residents insured through other Blue Cross Association plans), Boston Medical Center HealthNet Plan, CeliCare Health Plan, CIGNA HealthCare of Massachusetts, ConnectiCare of Massachusetts, Fallon Community Health Plan, Great-West Health Care, Harvard Pilgrim Health Care, HealthMarkets (MEGA Life and Health Insurance Company, Mid-West National Life Insurance Company of Tennessee, and the Chesapeake Life Insurance Company), Health New England, MassHealth, Neighborhood Health Plan, Network Health, Tufts Associated HMO, UniCare Life and Health Insurance, and United Healthcare. Data exclude the following insured MA residents: federal employees not insured through a commercial carrier, active duty military personnel and their families who receive services through Champus/Tricare only and inmates of the Department of Correction. Numbers may not match previous editions of *Key Indicators*, as health plans may revise enrollment information in previous quarters. Percentages may not sum to 100 due to rounding.

Sources: Membership reported to DHCFF by health plans, and MassHealth; Commonwealth Care enrollment data are from the Health Connector.



Medical Security Program Enrollment, 2006-2010

Unemployment Claimants and Dependents



The Medical Security Program (MSP) is a health care plan for low- and moderate-income Massachusetts residents receiving unemployment insurance benefits.

Enrollment in the MSP has consistently increased since June 2006, although growth from 2009 to 2010 was mild compared to the 2008 to 2009 period.

The MSP offers two types of coverage: premium assistance for COBRA-eligible individuals, and direct coverage for individuals who do not qualify for COBRA. Premium assistance members are counted in the private group market while direct purchase enrollees are included in individual purchase on page 4. MSP enrollees are included in the total enrollment on page 3 and are reflected in total enrollment by insurer on page 7.

More information on COBRA can be found at www.dol.gov/ebsa/cobra

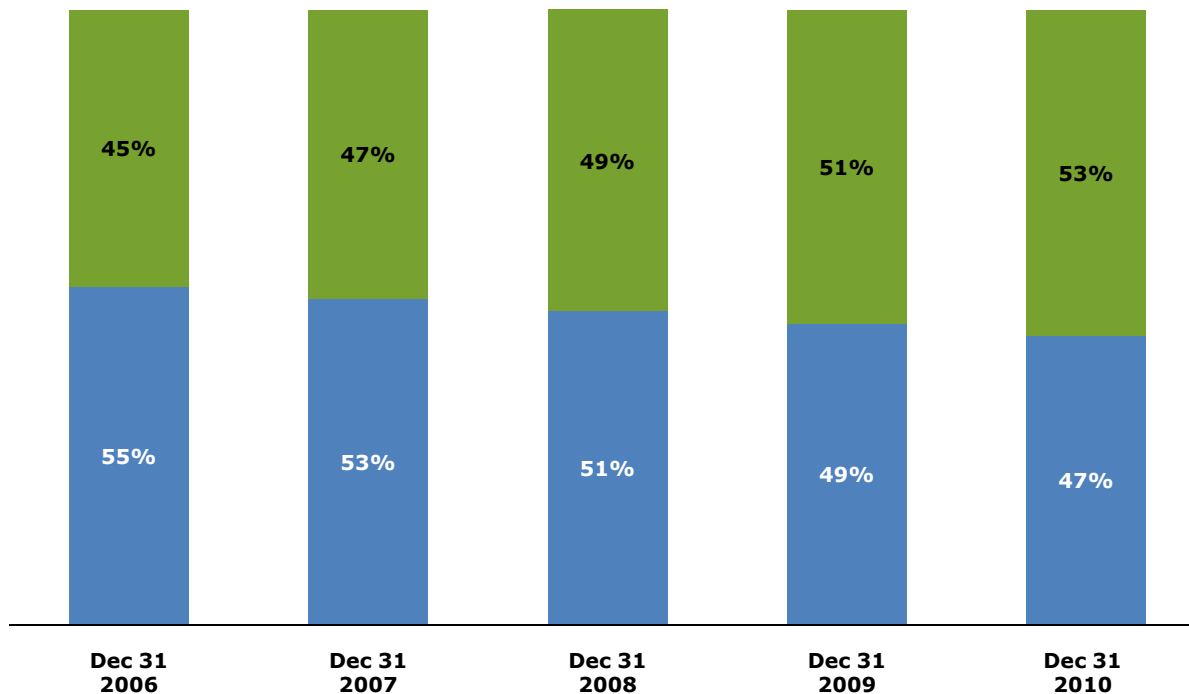
Notes: Data reflect total enrollment, including claimants and their dependents.
Source: Massachusetts Division of Unemployment Assistance.



Private Group Enrollment by Fully and Self-Insured Plans, 2006-2010

Excludes Medicare Advantage

■ Self-Insured
■ Fully-Insured



Self-insured products are arrangements in which an employer provides health benefits to employees and assumes the insurance risk for claims payment. Unlike fully-insured products, the health plan acts as a third party administrator for self-insured products and is not at risk for medical costs.

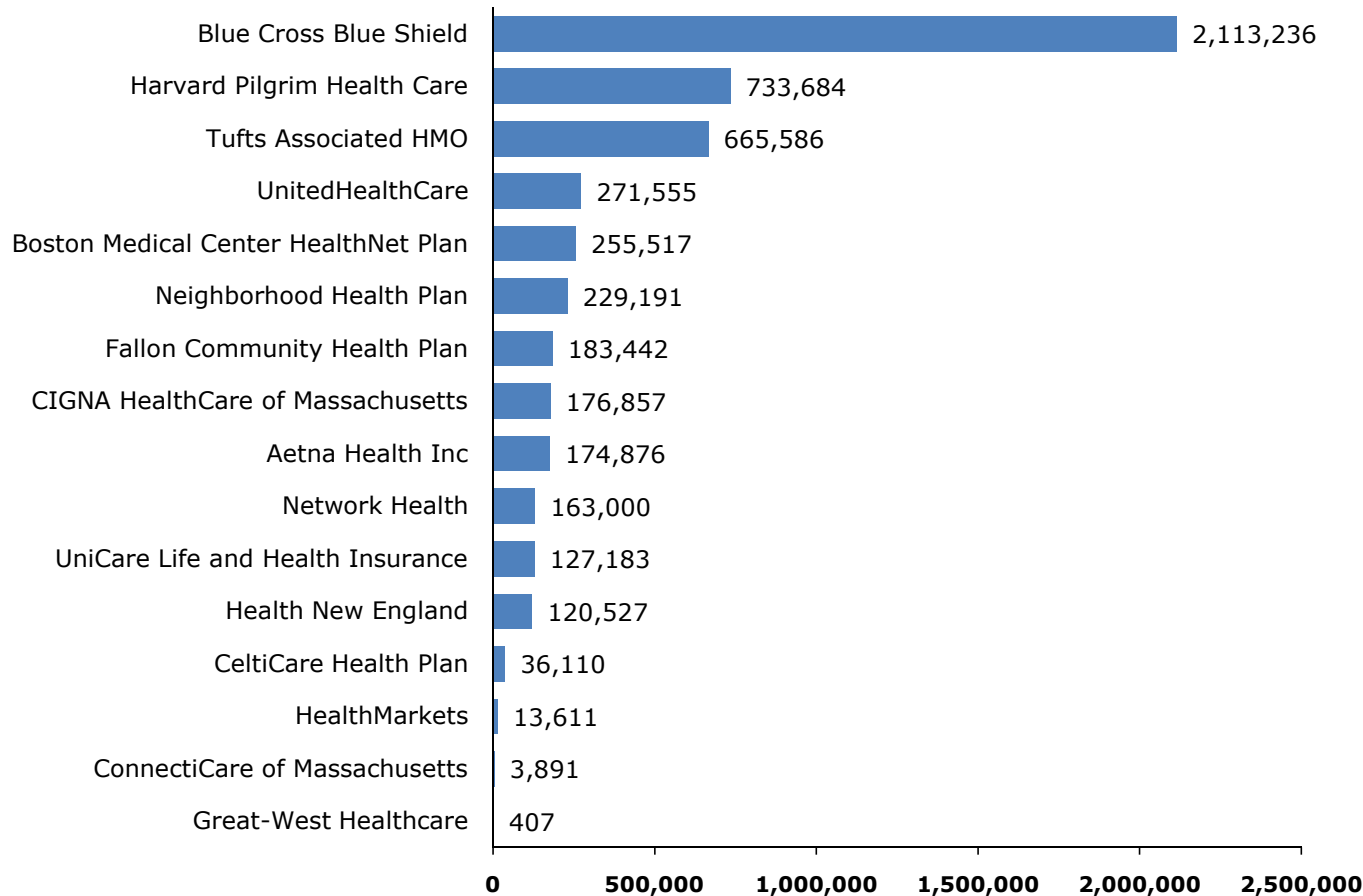
Membership in self-insured products has grown steadily since December 2006 and currently accounts for more than half of private group enrollment.

The Employee Retirement Income Security Act (ERISA) exempts self-insured plans from most state oversight and regulations.

Notes: Data reflect enrollment in large and small group health insurance. Self-insured products are those reported by health plans listed on page 7 and do not include self-administered or third-party administered plans. As a result, the number of self-insured members may be understated. Totals include Massachusetts residents enrolled in health insurance products offered by the following health plans and their affiliates: Aetna Health, Blue Cross Blue Shield (BCBSMA, HMO Blue and Massachusetts residents insured through other Blue Cross Association plans), CIGNA HealthCare of Massachusetts, ConnectiCare of Massachusetts, Fallon Community Health Plan, Great-West Health Care, Harvard Pilgrim Health Care, HealthMarkets (MEGA Life and Health Insurance Company, Mid-West National Life Insurance Company of Tennessee, and the Chesapeake Life Insurance Company), Health New England, Neighborhood Health Plan, Tufts Associated HMO, and UniCare. United Healthcare does not report information on fully- and self-insured membership and data are not included on this page. The Q4 2010 fully-insured rate reflects fully-insured membership data from CeltiCare Health Plan. CeltiCare did not report fully-insured membership for periods prior to September 30, 2010.
Sources: Membership reported to DHCFP by health plans.



Enrollment by Private Insurer as of December 31, 2010 (Includes Medicare Advantage)



Enrollment figures by insurer include all Massachusetts residents enrolled in health insurance products offered by the identified insurer and its affiliates. MassHealth, Medicare Advantage, and Commonwealth Care enrollment are included in addition to fully and self-insured group and direct purchase products.

From the end of 2009 to the end of 2010, Blue Cross Blue Shield's market share declined by two percentage points to 40% .

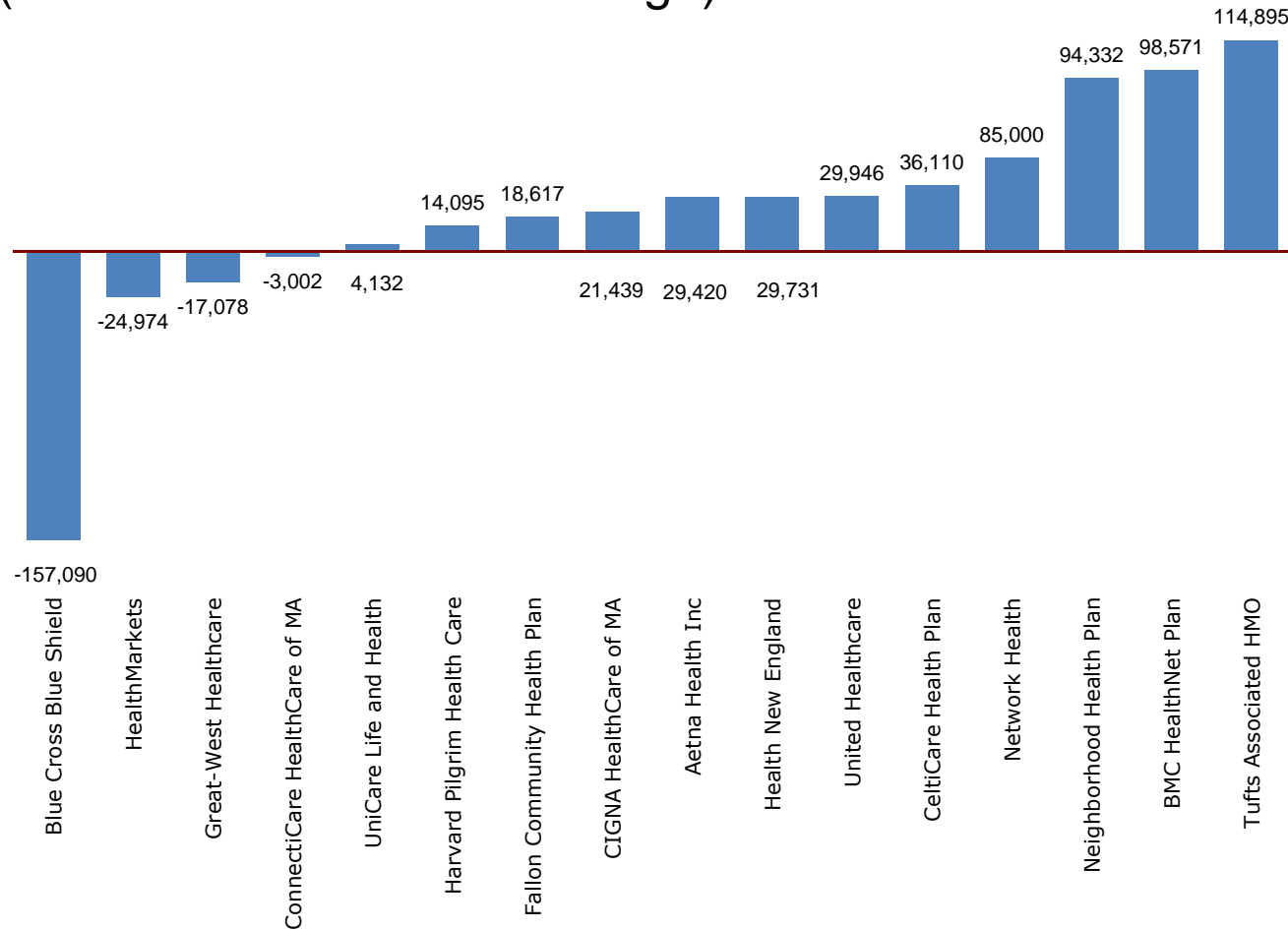
*CIGNA health care acquired Great West Health Care in 2008. As a result of the acquisition, Great West contracts have been re-written to another Cigna company. These members are reflected in total CIGNA membership. Great West membership is expected to reach zero for future editions of the *Key Indicators* report.

Notes: Data reflect total enrollment as of December 31, 2010, rounded to the nearest thousand. Figures by plan include Massachusetts residents who are enrolled in health insurance products administered by the listed insurer and all of its affiliates. Enrollment includes group, non-group, Commonwealth Choice direct purchase, FEHBP, student health insurance, MassHealth, Medicare Advantage, Commonwealth Care, and fully- and self-insured members. Products offering limited health benefits or supplemental coverage are not included. Joint ventures between health plans are reported by the primary administrator. Blue Cross Blue Shield includes HMO Blue, BCBSMA, Massachusetts residents enrolled in out-of-state association plans that subcontract with BCBSMA, and Massachusetts residents enrolled in other out-of-state association plans. Health New England (HNE) started offering Medicaid policies to its members in July 2010. HNE total membership includes approximately 4,000 Medicaid members. Total numbers of people with health insurance presented on pages 3 and 4 include MassHealth members not enrolled in private plans and exclude Medicare Advantage. Therefore, numbers by insurer will not sum to totals on pages 3 and 4 of this report. Enrollment for UniCare Life and Health Insurance includes both GIC and other fully and self-insured products. As DHCFP identifies self-insured members and enrollment in affiliated plans, numbers are not comparable to enrollment or financial information reported in quarterly and annual statements by health maintenance organizations to the Massachusetts Division of Insurance. Sources: Membership reported to DHCFP by health plans, MassHealth, and the Health Connector.

Change in Enrollment by Private Insurer

June 2006 to December 2010

(Includes Medicare Advantage)



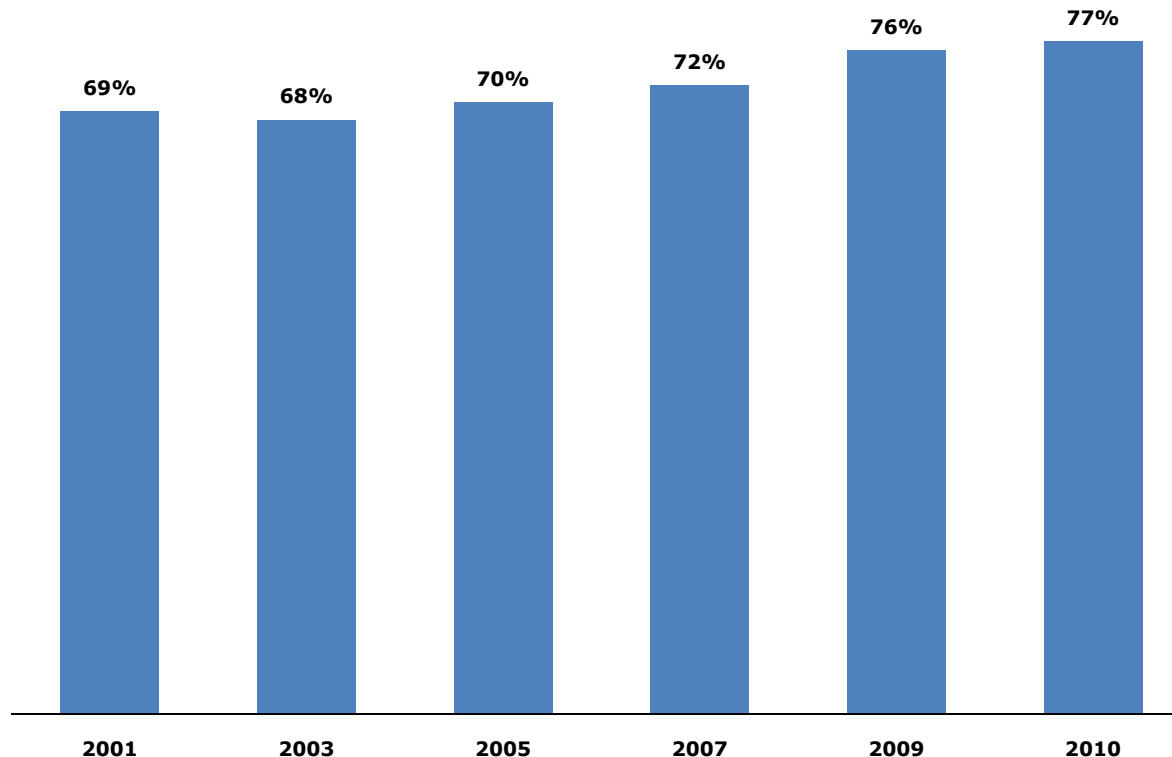
The majority of health plans have seen growth in enrollment since implementation of health care reform in Massachusetts. Boston Medical Center HealthNet Plan, Neighborhood Health Plan, and Tufts Associated HMO have reported the most significant increases for the period.

Notes: Data reflect the change in total enrollment, rounded to the nearest thousand, between June 30, 2006 and September 30, 2010. Figures by plan include Massachusetts residents who are enrolled in health insurance products administered by the listed insurer and all of its affiliates. Enrollment includes group, non-group, Commonwealth Choice direct purchase, FEHBP, student health insurance, MassHealth, Medicare Advantage, Commonwealth Care, and fully- and self-insured members. Products offering limited health benefits or supplemental coverage are not included. Joint ventures between health plans are reported by the primary administrator. Harvard Pilgrim Health Care losses include enrollees in a plan that is jointly administered by United Healthcare and are included in United Healthcare's enrollment tally. Blue Cross Blue Shield includes HMO Blue, BCBSMA, Massachusetts residents enrolled in out-of-state association plans that subcontract with BCBSMA, and Massachusetts residents enrolled in other out-of-state association plans. Total numbers of people with health insurance presented on pages 3 and 4 include MassHealth members not enrolled in private plans and exclude Medicare Advantage. Therefore, numbers by insurer will not sum to totals on pages 3 and 4 of this report. Enrollment for UniCare Life and Health Insurance includes both GIC and other fully- and self-insured products. As DHCFP identifies self-insured members and enrollment in affiliated plans, numbers are not comparable to enrollment or financial information reported in quarterly and annual statements by health maintenance organizations to the Massachusetts Division of Insurance.

Sources: Membership reported to DHCFP by health plans, MassHealth, and the Health Connector.



Percent of Massachusetts Employers Offering Health Insurance, 2001-2010



The percentage of Massachusetts employers who offer health insurance coverage to their employees has steadily increased since 2001. In 2010, 77% of employers in the Commonwealth (compared to a national average of 69%) offered health insurance to their employees.*

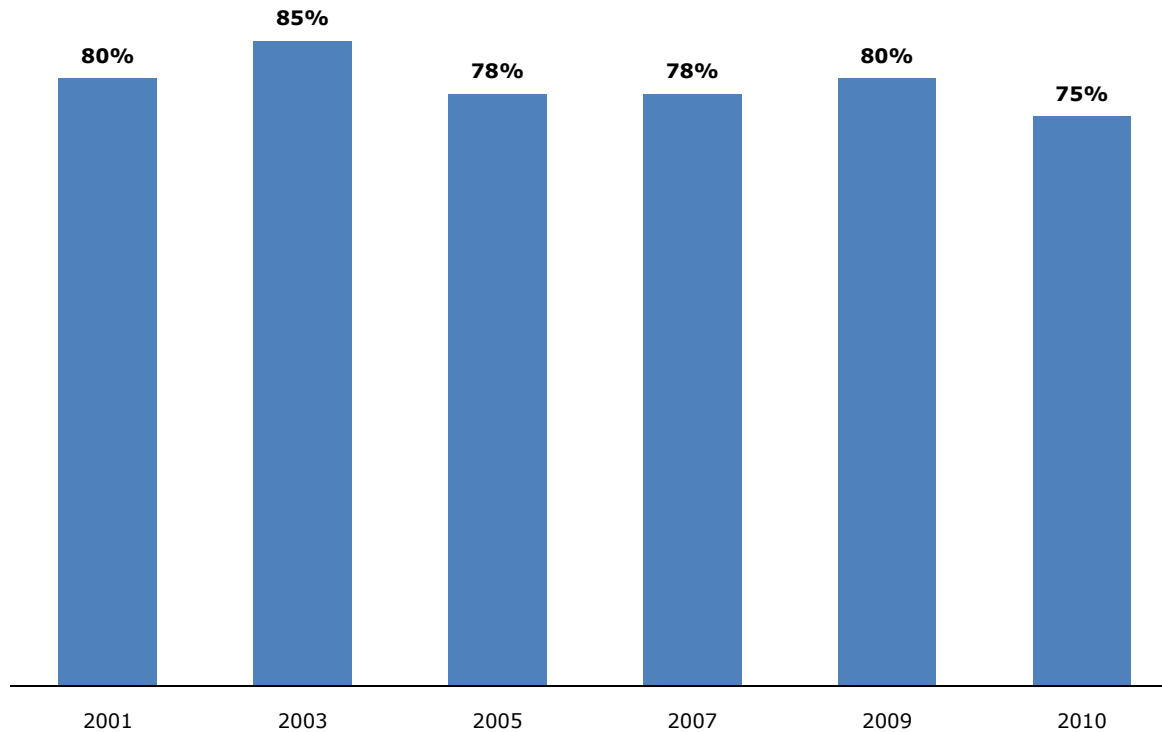
Employers offering health insurance represents the proportion of all employers in Massachusetts (excluding federal and state public agencies) with at least three employees who make health insurance available to employees. Changes in the employer offer rate do not reflect employment and/ or unemployment fluctuations in the state's economy.

*The national average was 60% in 2009. According to Kaiser/HRET, "the reason for the large increase [from 60% to 69%] in offer rate is unclear. Because of the poor economic climate in 2010, it is unlikely that many firms began offering coverage this year. A possible explanation is that non-offering firms were more likely to fail during the past year, with the attrition of non-offering firms leading to a higher offer rate among surviving firms." (Kaiser/HRET News Release, September 2, 2010).

Sources: DHCFP Employer Surveys for selected years in the period 2001-2010. National average Kaiser/HRET Survey of Employer Sponsored Benefits, 2010. For further information on the DHCFP Employer Survey Report, visit www.mass.gov/dhcfp.



Percent of Eligible Massachusetts Employees Enrolled in Employer-Based Health Insurance, 2001-2010



Three out of every four (75%) eligible employees in Massachusetts was enrolled in employer-based health plans in 2010, representing a five percentage point drop when compared to 2009.

Employee take-up rate of employer-sponsored insurance may be affected by factors such as the loss of spousal coverage.

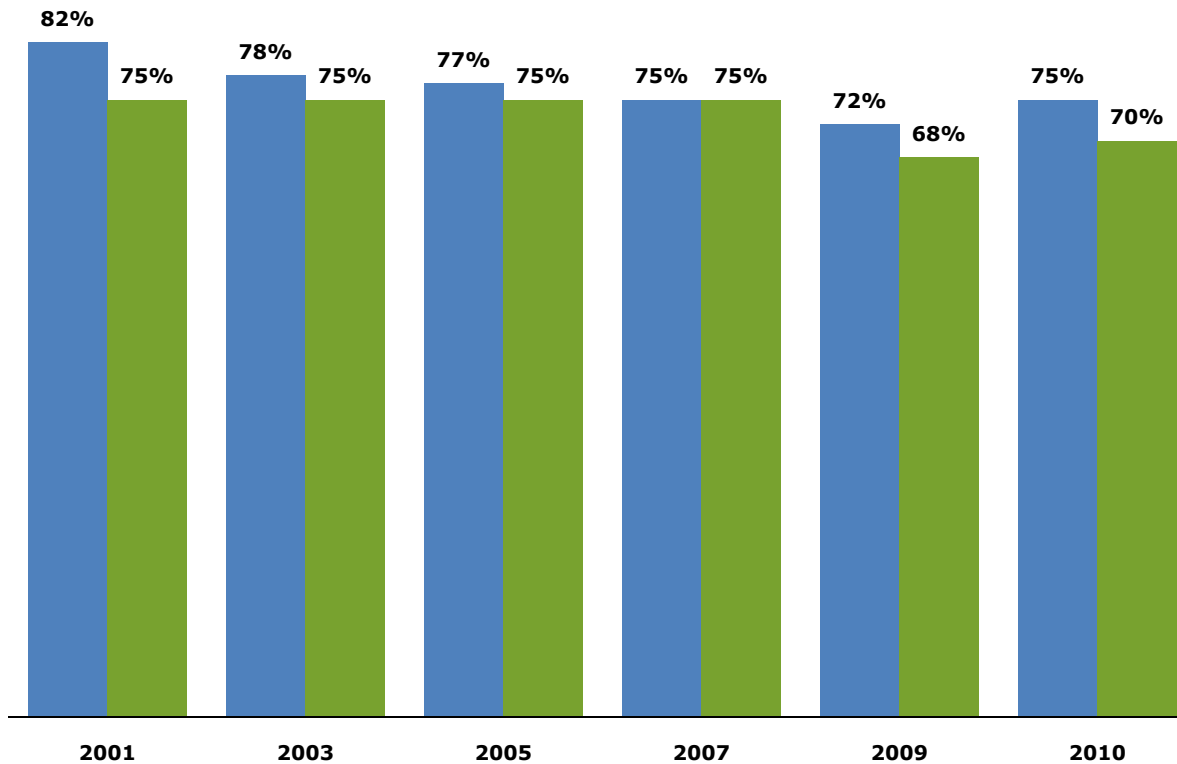
Note: Data reflect median employee take up rates.

Sources: DHCFP Employer Survey for 2001, 2003, 2005, 2007, 2009, and 2010. For further information on the 2010 Employer Survey Report, visit www.mass.gov/dhcfp.



Percent Contribution to Individual and Family Health Insurance Premiums by Massachusetts Employers, 2001-2010

■ Individual Premium
■ Family Premium

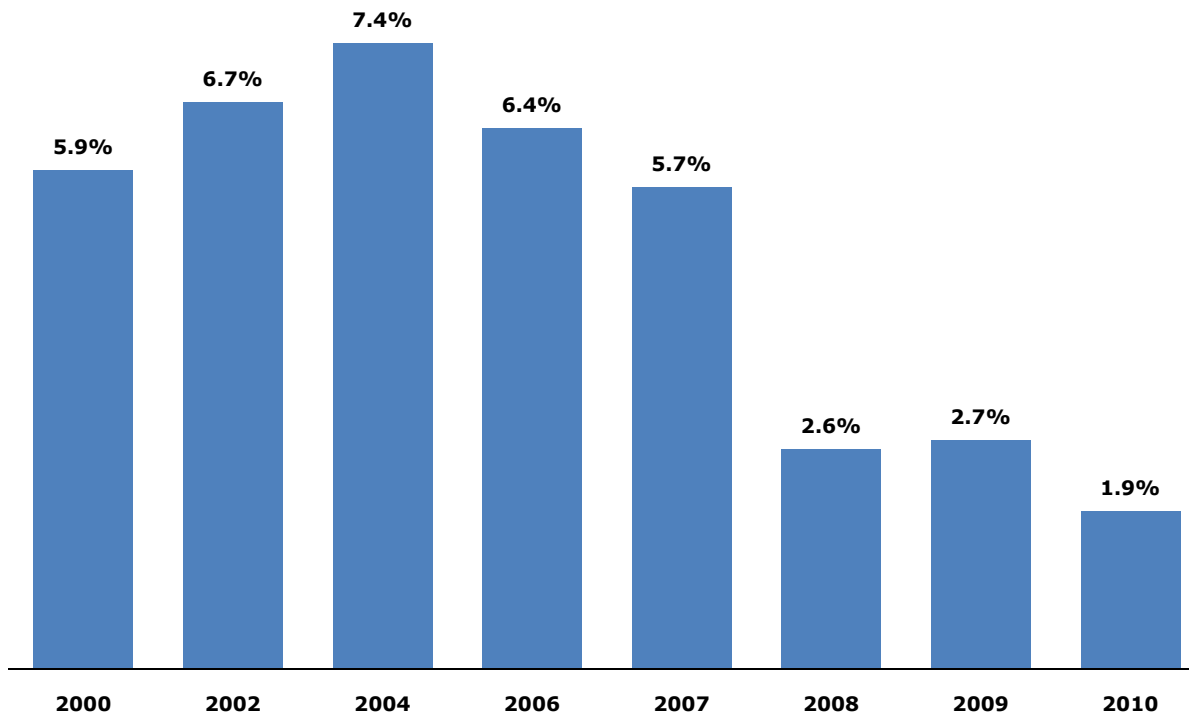


The proportion of individual and family health insurance premiums paid for by employers, respectively, rose to 75% and 70% in 2010.

Note: Data reflect median employer contributions to individual and family health insurance premiums.
Sources: DHCFP Employer Survey for 2001, 2003, 2005, 2007, 2009, and 2010. For further information on the 2010 Employer Survey Report, visit www.mass.gov/dhcfp.



Percent of Massachusetts Residents without Health Insurance Coverage, 2000-2010



More than 98% of Massachusetts residents had health insurance at the time of DHCFP's 2010 Massachusetts Health Insurance Survey (MHIS). This suggests that as of 2010, only 120,000 Massachusetts residents remain without health insurance coverage.* Virtually all children in Massachusetts (99.8%) are now insured.

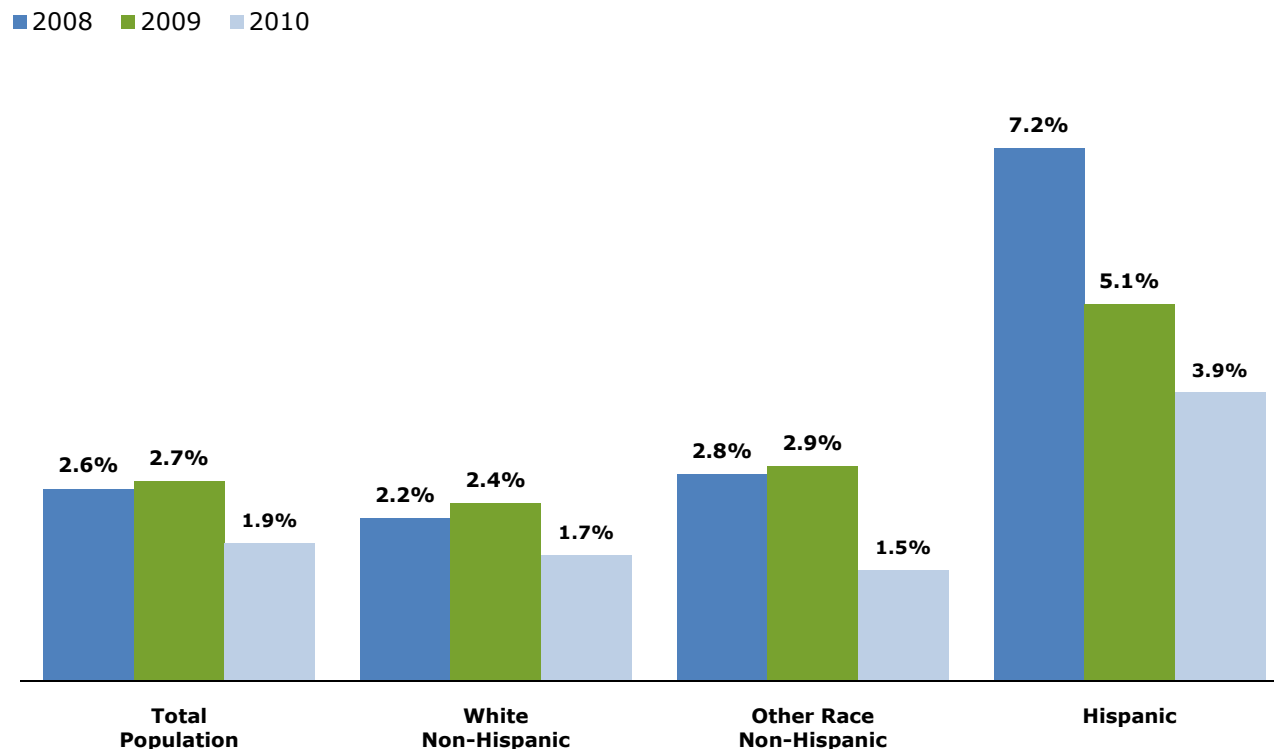
Nationally, 16.7% of the US population remained without health insurance coverage in 2009, the most recent year for which data was available.

DHCFP implemented a new survey methodology beginning in 2008, therefore some caution should be taken when comparing data before 2008 to data after 2008 due to methodological differences.

*Population estimates are based on estimates of the total civilian non-institutionalized population in Massachusetts from the March Current Population Survey for the relevant year. Sources: DHCFP Household Surveys for 2000, 2002, 2004, 2006, and 2007; surveys from 2000 through 2006 were conducted February through June of the survey year; survey for 2007 was conducted January through July of 2007. Data for 2008, 2009, and 2010 are from the Urban Institute tabulations on the Massachusetts Health Insurance Survey for the respective years. For more information, please visit www.mass.gov/dhcfp. National uninsured rate is as reported by the U.S. Census Bureau in Income, Poverty, and Health Insurance Coverage in the United States, 2008 and 2009 data. Online at <http://www.census.gov>.



Percent of Massachusetts Residents without Health Insurance Coverage by Race and Ethnicity, 2008-2010



The rate of uninsured Hispanic residents in Massachusetts has sharply declined since 2008. The percentage of Hispanic residents without health insurance coverage in 2010, however, was more than double the state average, suggesting that compared to racial/ethnic groups, Hispanic residents are more likely to go without health insurance coverage.

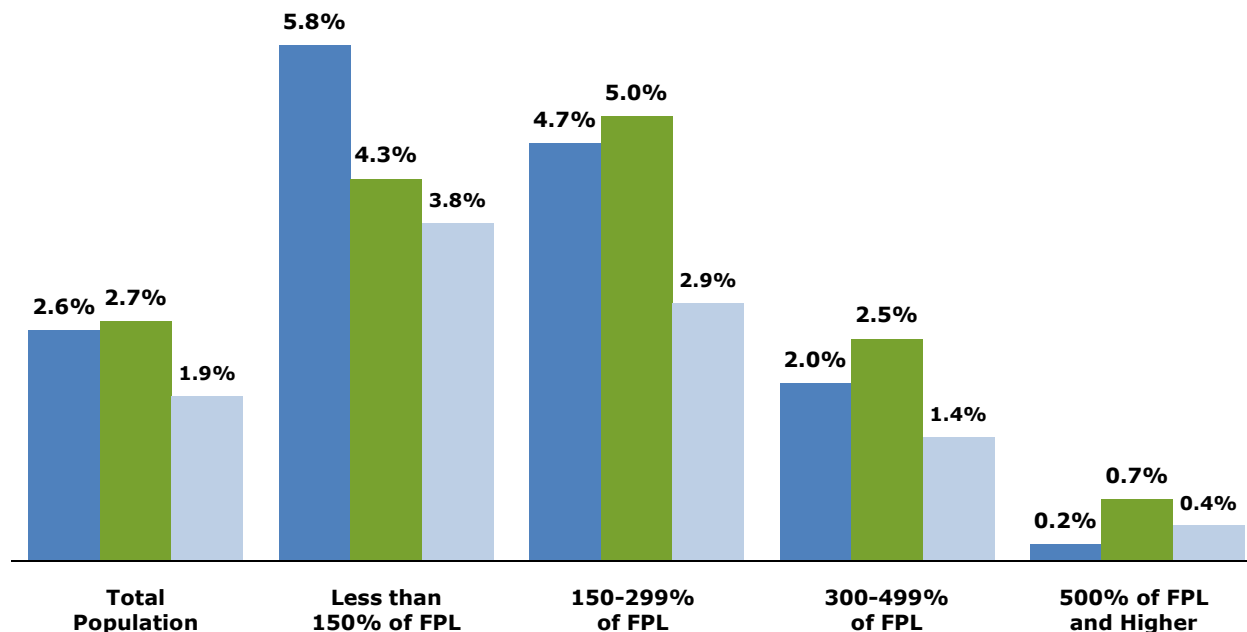
In some cases, what appears to be relatively large differences in estimates for 2008 and 2009 are not statistically significant. This occurs because estimates based on small subgroups of the overall population have larger variances. A test of significance was not conducted for the 2009 – 2010 period.

Source: Urban Institute tabulations on the 2008, 2009, and 2010 Massachusetts Health Insurance Survey. For more information, please visit www.mass.gov/dhcfp.



Percent of Massachusetts Residents without Health Insurance Coverage by Federal Poverty Level, 2008-2010

■ 2008 ■ 2009 ■ 2010



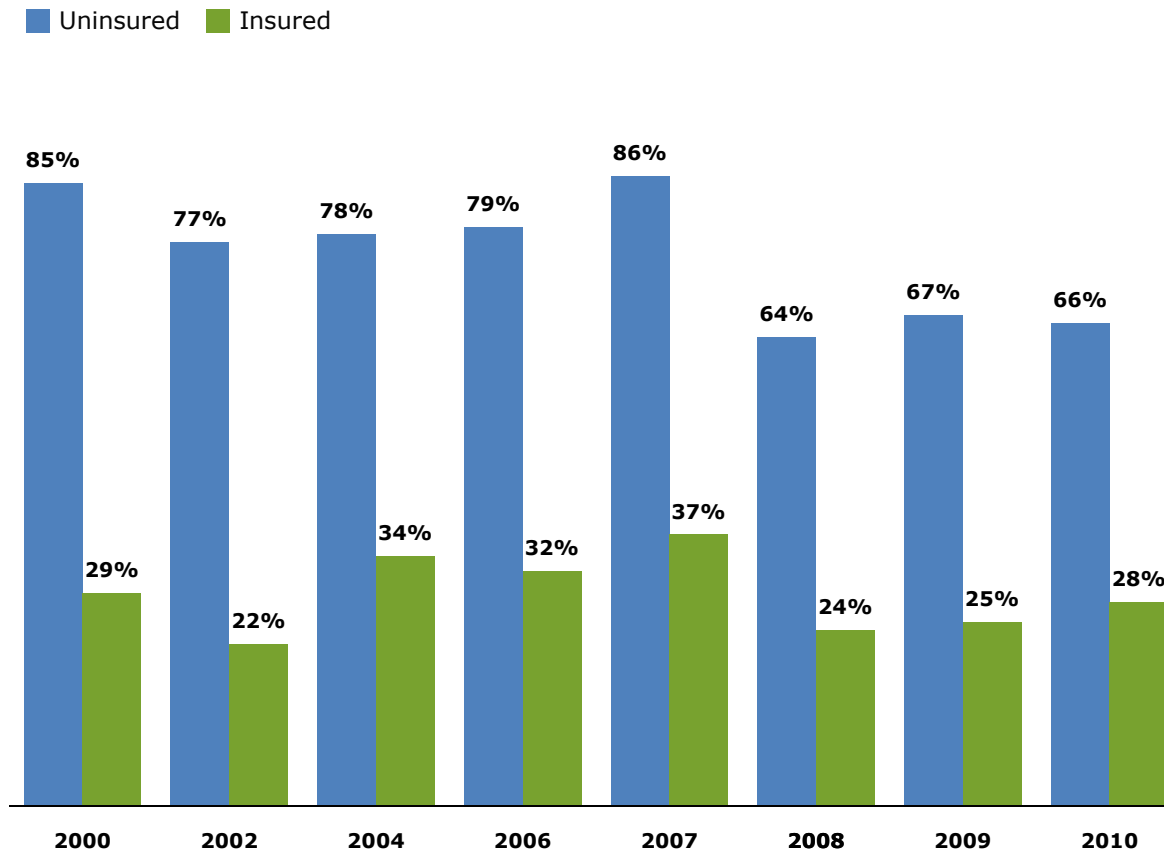
Across all income levels, rates of uninsurance among Massachusetts residents have declined since 2008. Low-income residents (those with incomes under 300% of the federal poverty level), however, are more likely than residents with higher incomes to go without health insurance coverage.

In some cases, what appear to be relatively large differences in estimates between 2008 and 2009 are not statistically significant. This occurs because estimates based on small subgroups of the overall population have larger variances. A test of significance was not conducted for the 2009 – 2010 period.

Source: Urban Institute tabulations on the 2008, 2009, and 2010 Massachusetts Health Insurance Survey. For more information, please visit www.mass.gov/dhcfp.

Insured and Uninsured Adult Residents Who Needed Care But for Whom Cost Was an Obstacle, 2000-2010

Percent of Massachusetts Residents Ages 19-64



Cost remains a significant barrier for people without health coverage in Massachusetts. In the 2010 household survey, among adults aged 19 to 64 years, 66% of uninsured residents compared to 28% of insured residents reported that cost affected their ability to access care.

DHCFP implemented a new survey methodology beginning in 2008, therefore caution should be taken when comparing data before 2008 to data after 2008 due to methodological differences.

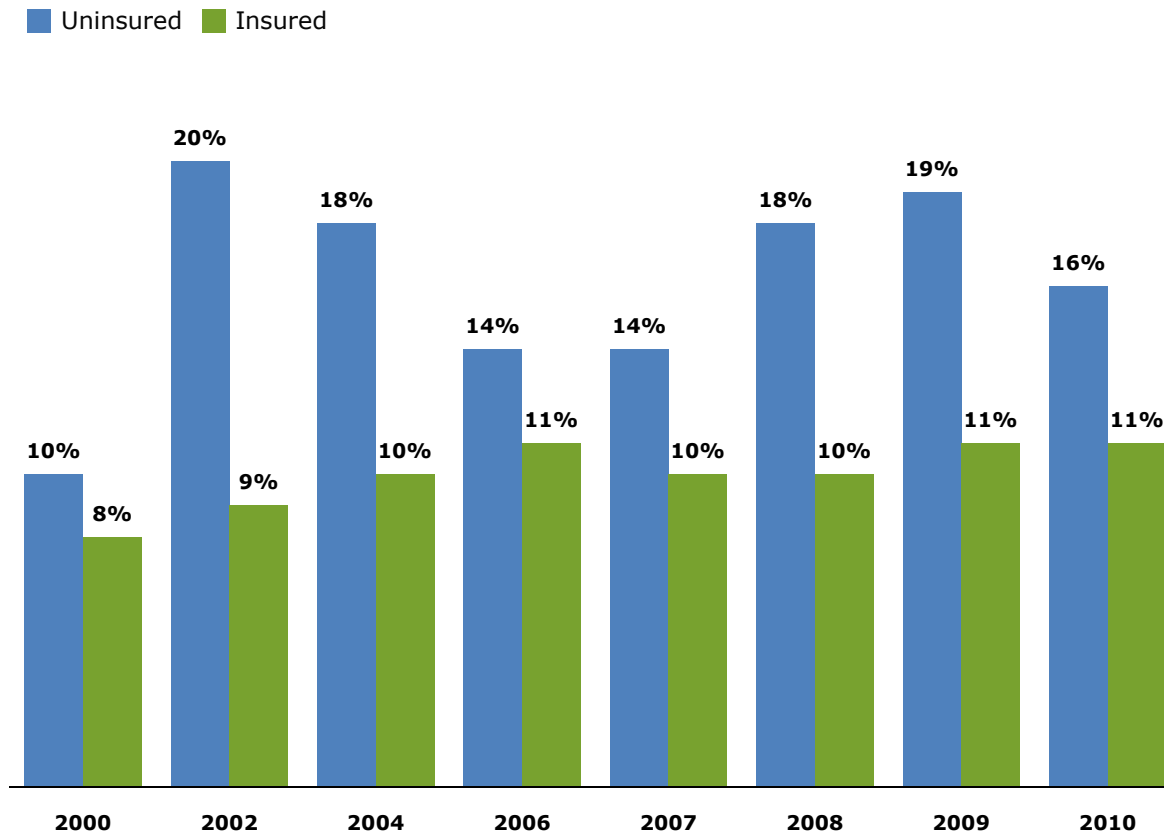
Notes: The differences between insured and uninsured residents are statistically significant for 2002, 2004, and 2007.

Sources: DHCFP Household Survey for 2000, 2002, 2004, 2006, and 2007. The surveys from 2000 through 2006 are conducted from February through June of the survey years. The 2007 survey was conducted from January through July of the survey year. The 2008 through 2010 data are from the Urban Institute tabulations on the Massachusetts Health Insurance Survey. For more information, please visit www.mass.gov/dhcfp.



Insured and Uninsured Adult Residents Who Report Being in Fair or Poor Health, 2000-2010

Percent of Massachusetts Residents Ages 19-64



Since 2006, the proportion of insured Massachusetts residents who report being in fair or poor health has remained steady at approximately 11% while the proportion for uninsured residents has increased, despite a three percentage point rate decrease over the 2009-2010 period.

DHCFP implemented a new survey methodology beginning in 2008, therefore caution should be taken when comparing data before 2008 to data after 2008 due to methodological differences.

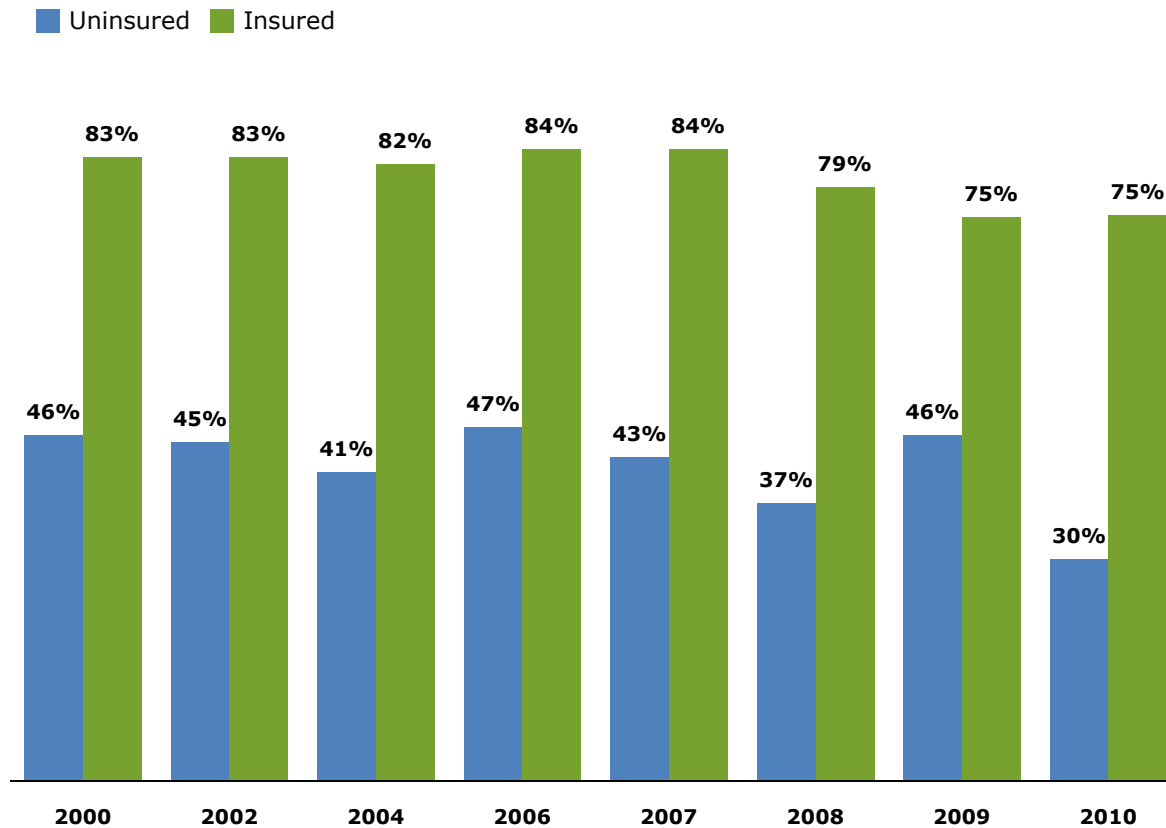
Notes: The differences between insured and uninsured residents are statistically significant for 2002, 2004, and 2007.

Sources: DHCFP Household Survey for 2000, 2002, 2004, 2006, and 2007. The surveys from 2000 through 2006 are conducted from February through June of the survey years. The 2007 survey was conducted from January through July of the survey year. The 2008 through 2010 data are from the Urban Institute tabulations on the Massachusetts Health Insurance Survey. For more information, please visit www.mass.gov/dhcfp.



Insured and Uninsured Adult Residents Who Reported Having a Dental Visit in the Past Year, 2000-2010

Percent of Massachusetts Residents Ages 19-64



Compared to 2006, in 2010, fewer uninsured Massachusetts residents reported having a dental visit in the past year. Over the same period, there has been a similar but milder decline in the proportion of insured residents who report having a dental visit in the past year.

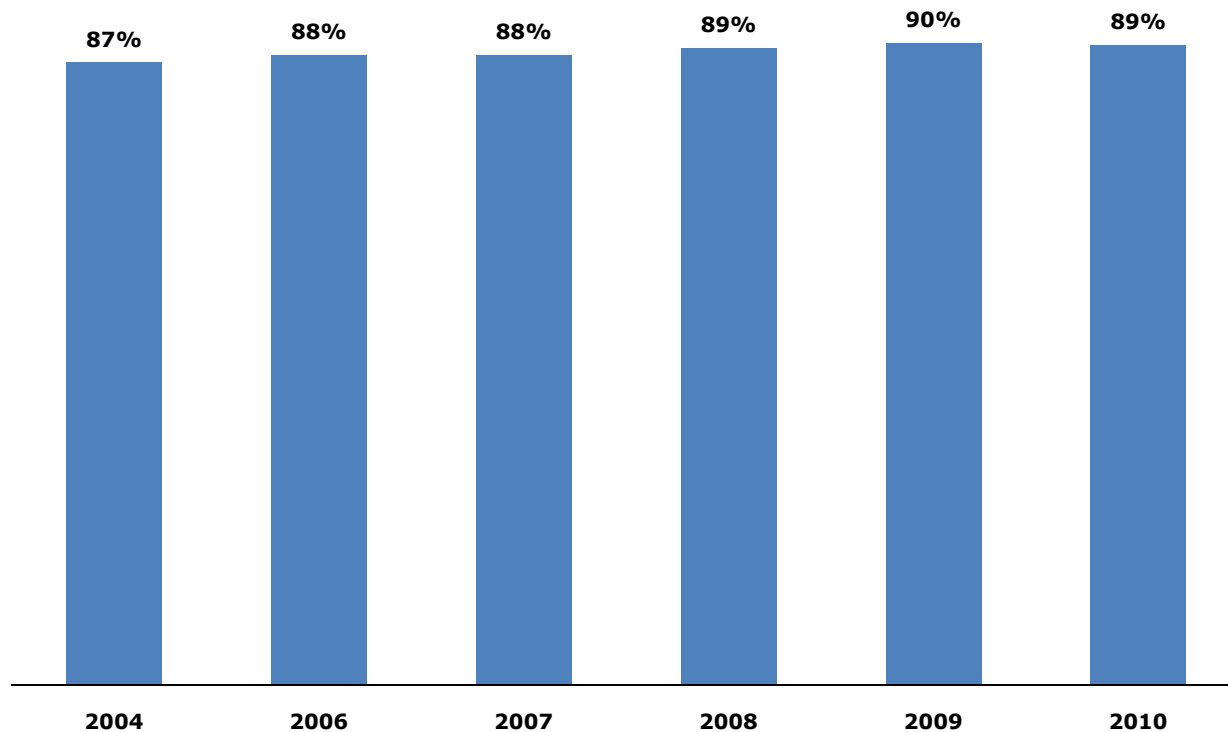
DHCFP implemented a new survey methodology beginning in 2008, therefore caution should be taken when comparing data before 2008 to data after 2008, due to methodological differences.

Notes: Beginning in 2008, DHCFP contracted with a new vendor for the Massachusetts household survey on health insurance. The 2008 survey had a number of methodological changes from prior year surveys which may affect comparability of the results to prior years. The differences between insured and uninsured residents are statistically significant for 2002, 2004, and 2007. Sources: DHCFP Household Survey for 2000, 2002, 2004, 2006, and 2007. The surveys from 2000 through 2006 are conducted from February through June of the survey years. The 2007 survey was conducted from January through July of the survey year. The 2008 through 2010 data are from the Urban Institute tabulations on the Massachusetts Health Insurance Survey. For more information, please visit www.mass.gov/dhcfp. Click on "Publications and Analyses" then go to "Household Health Insurance Survey."



Adult Residents Who Have a Personal Health Care Provider, 2004-2010

Percent of Massachusetts Residents Ages 18 and Over



Percent of adults ages 18+ by race/ethnicity (95% confidence interval):

Race/Ethnicity	2004	2006	2007	2008	2009	2010
White	89% (87%-90%)	89% (88%-90%)	90% (90%-91%)	90% (89%-91%)	91% (90%-92%)	91% (90%-91%)
Black	90% (85%-94%)	89% (85%-92%)	84% (80%-87%)	83% (78%-88%)	84% (80%-88%)	88% (83%-92%)
Hispanic	75% (71%-79%)	75% (71%-79%)	76% (72%-80%)	80% (77%-83%)	82% (78%-85%)	81% (77%-85%)
Asian	88% (84%-93%)	83% (76%-90%)	86% (82%-91%)	84% (78%-90%)	84% (76%-92%)	90% (85%-95%)

Note: Percentages are age adjusted to 2000 US population to control for difference in age distributions among race groups.

Source: Behavioral Risk Factor Surveillance System (BRFSS) for 2004, 2006, 2007, 2008, 2009 and 2010; Massachusetts Department of Public Health (DPH) Health Survey Program, Bureau of Health Statistics.

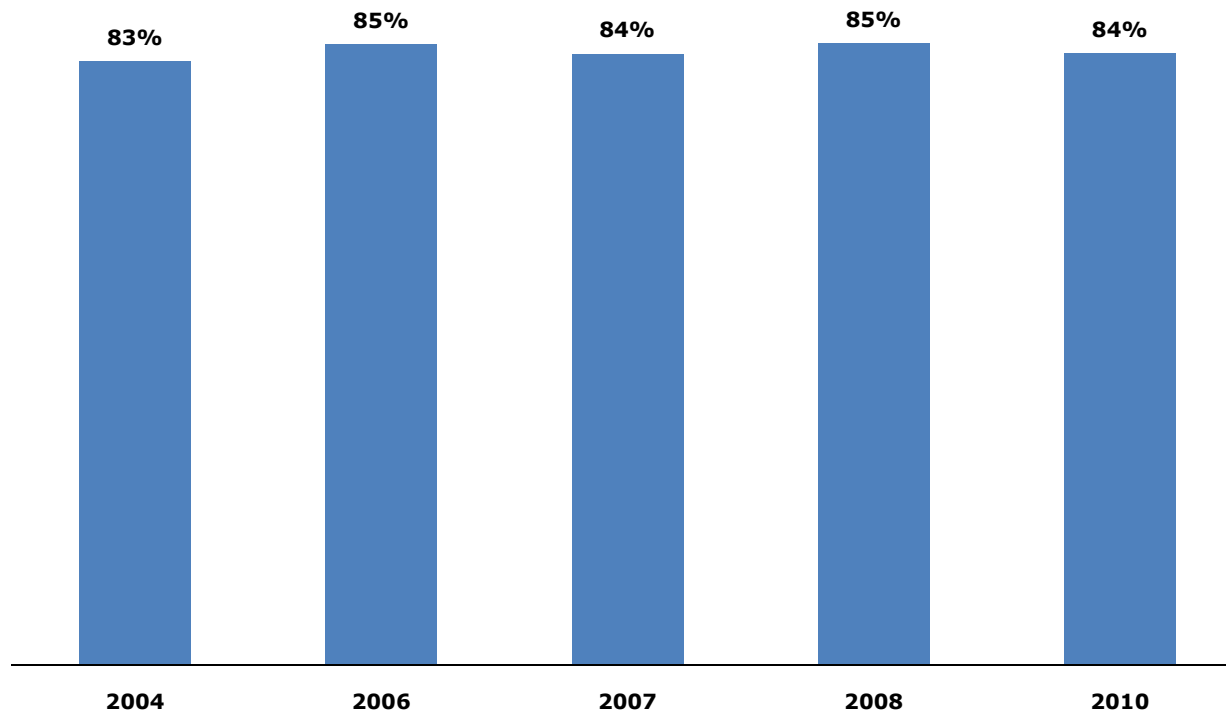
Since 2004, there has been an increase in the overall proportion of Massachusetts adults aged 18 and over who report having a personal health care provider or a primary care doctor.

Overall, and within race, there were no statistically significant differences in the proportion of Massachusetts residents who reported having a personal health care provider in 2009, when compared to results from the 2010 survey. Care should therefore be taken when drawing conclusions about the point estimates.



Adult Female Residents with a Mammogram in the Past Two Years, 2004-2010*

Percent of Massachusetts Women Ages 40+



Percent of women ages 40+ by race/ethnicity (95% confidence interval):

	2004	2006	2007	2008	2010
White	82% (81%-84%)	85% (84%-87%)	84% (82%-86%)	85% (84%-86%)	84% (83%-85%)
Black	80% (64%-95%)	80% (71%-89%)	84% (75%-93%)	87% (82%-91%)	88% (83%-93%)
Hispanic	88% (82%-93%)	87% (82%-92%)	80% (69%-91%)	89% (85%-92%)	82% (75%-89%)
Asian	Insufficient Data	Insufficient Data	Insufficient Data	86% (77%-95%)	71% (54%-87%)

*There is no data for 2009 as the 2009 BRFSS survey did not include this metric.

Note: Percentages are not age-adjusted and data presented for 2004 – 2007 will not match previous editions of *Key Indicators*.

Source: Behavioral Risk Factor Surveillance System (BRFSS) for 2004, 2006, 2007, 2008 and 2010; Massachusetts Department of Public Health (DPH) Health Survey Program, Bureau of Health Statistics.

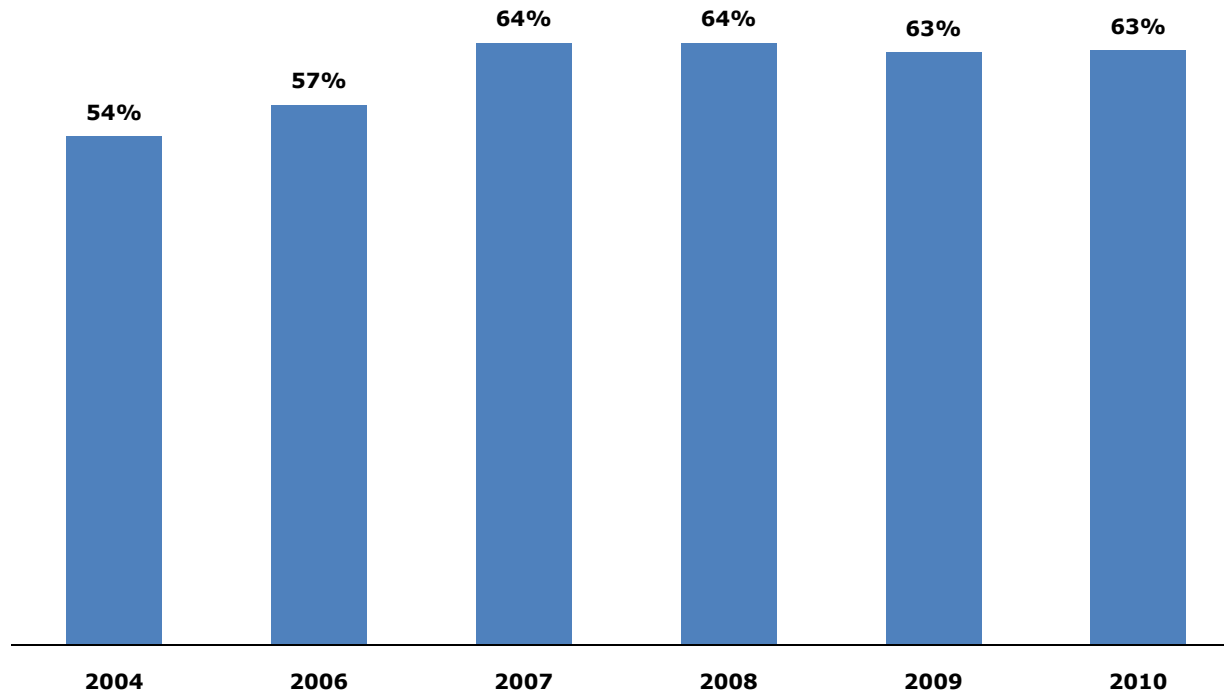
Since 2004, more than 8 out of 10 Massachusetts female residents ages 40 and older consistently report having a mammogram to screen for breast cancer in the last two years, a rate that is similar across racial/ethnic groups.

Overall and within race, there were no statistically significant differences in the proportion of adult female Massachusetts residents who, in 2008, reported having a mammogram in the past two years when compared to results from the 2010 survey. Care should therefore be taken when drawing conclusions about the point estimates.



Adult Residents with a Sigmoidoscopy or Colonoscopy in the Past Five Years, 2004-2010

Percent of Massachusetts Residents Ages 50+



Percent of adults ages 50+ by race/ethnicity (95% confidence interval):

Race/Ethnicity	2004	2006	2007	2008	2009	2010
White	55% (52%-57%)	58% (56%-60%)	64% (62%-67%)	64% (63%-66%)	63% (61%-66%)	64% (62%-65%)
Black	54% (41%-66%)	60% (51%-69%)	74% (62%-85%)	60% (52%-67%)	85% (77%-92%)	65% (57%-72%)
Hispanic	51% (41%-61%)	49% (40%-58%)	56% (43%-70%)	57% (50%-63%)	56% (43%-69%)	55% (47%-63%)
Asian	Insufficient Data	Insufficient Data	Insufficient Data	56% (39%-72%)	Insufficient Data	64% (49%-84%)

More Massachusetts adult residents aged 50 and over have had a sigmoidoscopy or colonoscopy since 2006. Since 2007 survey, nearly two-thirds of adult residents age 50 and over have consistently reported having the screenings.

Overall, and within race, there were no statistically significant differences in the proportion of adult Massachusetts residents aged 50 and over who, in 2009, reported having a sigmoidoscopy or colonoscopy in the past two years, when compared to results from the 2010 survey. Care should therefore be taken when drawing conclusions about the point estimates.

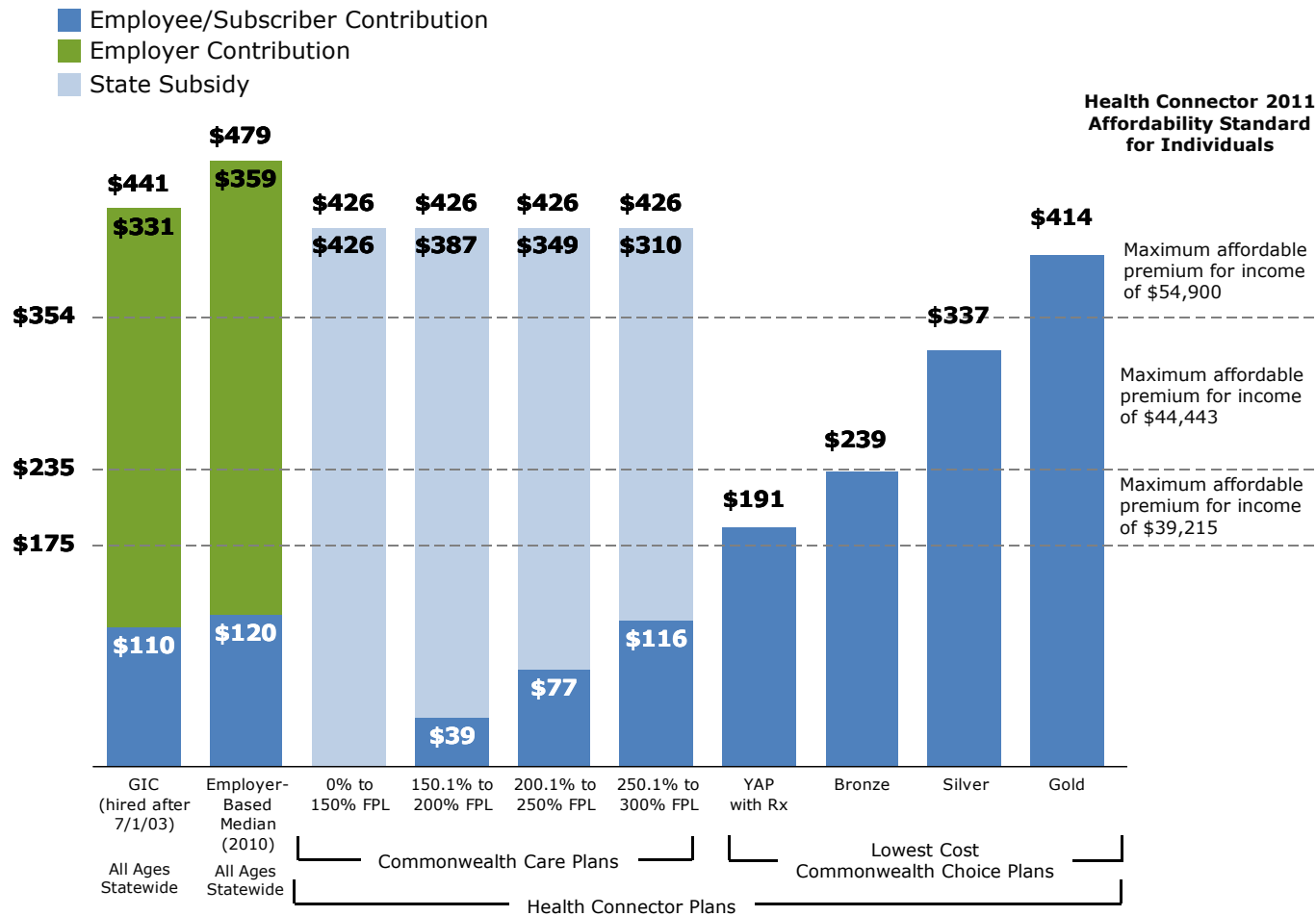
Note: Sigmoidoscopy is a medical examination of the large intestine to screen for colorectal cancer. Colonoscopy is a test that examines the colon, and is intended to screen for colon cancer. Percentages are not age-adjusted and data presented for 2004 – 2007 will not match previous editions of *Key Indicators*.

Source: Behavioral Risk Factor Surveillance System (BRFSS) for 2004, 2006, 2007, 2008, 2009 and 2010; Massachusetts Department of Public Health (DPH) Health Survey Program, Bureau of Health Statistics.



Monthly Cost of Health Insurance in Massachusetts

Employer and Health Connector Plans for Individuals



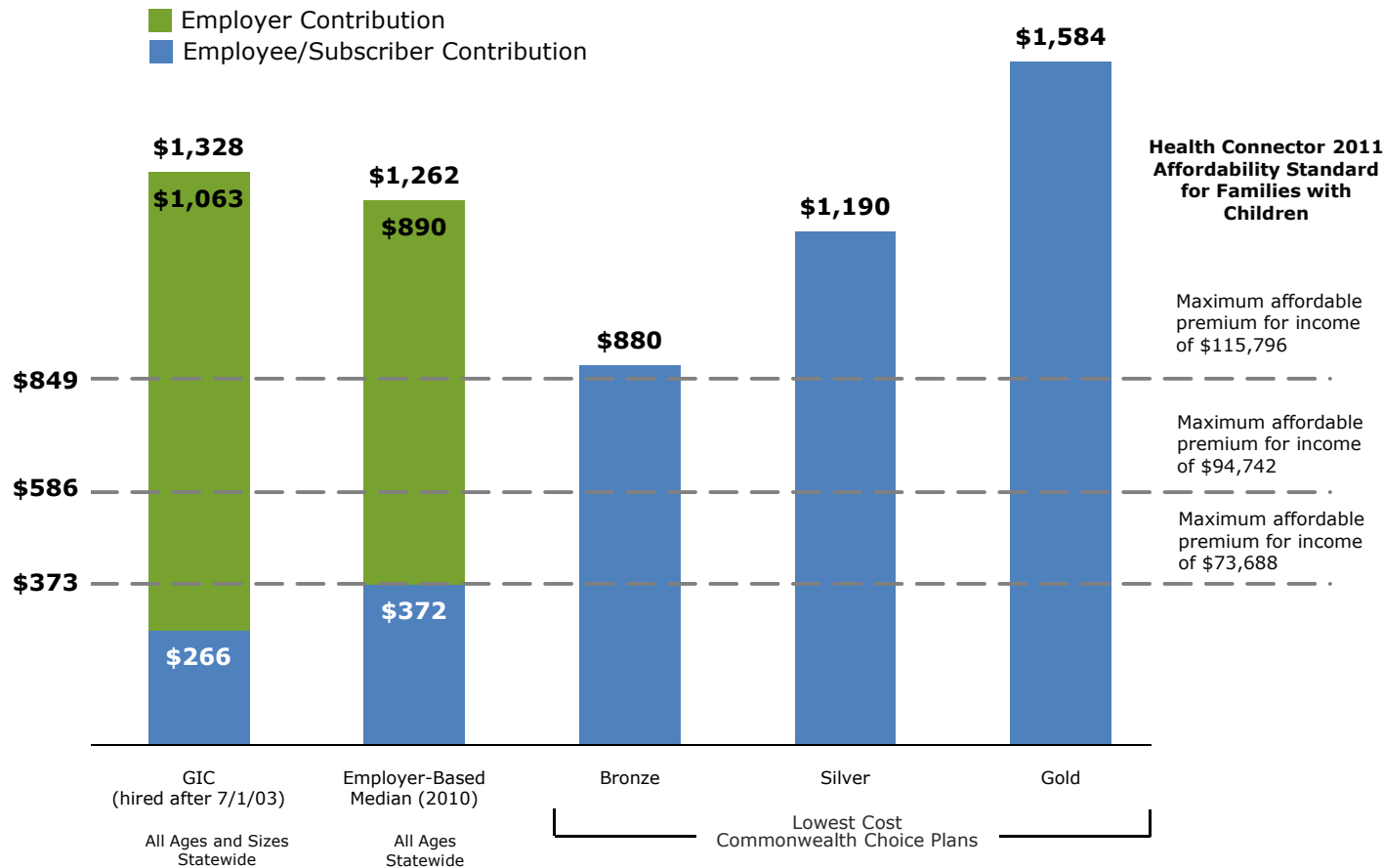
At \$116 per month, subscriber contribution for Commonwealth Care plan members with income between 250.1% and 300% of the federal poverty limit is comparable to the monthly contribution of health insurance for workers with employer-based insurance (\$120).

Group Insurance Commission (GIC) premium is based on the lowest cost premium among all GIC individual plan rates. The employee contribution represents 25% of the total monthly cost of health insurance for an individual plan. Employer-based premiums, Commonwealth Choice plan premiums, GIC premiums, and Commonwealth Care plan premiums were compared to the affordability schedule that was established by the Health Connector effective for the calendar year 2011. For more details, please visit: www.MAhealthconnector.org.

Notes: The calculation of median premiums for private, employer-based insurance does not include premiums paid by government employees. Commonwealth Care premiums reflect year to date FY2011 (as of May 2011) average composite premiums for the total Commonwealth Care population. The Commonwealth Care subscriber contributions represent the lowest priced plans that are available in FY2011. There is variation in actual capitation amounts across plan types and managed care organizations based on member demographics. The premium for Commonwealth Choice YAP with Rx plan was calculated for a 25-year-old individual living in Boston. Premiums for Commonwealth Choice Bronze, Silver, and Gold are the lowest priced plans available for a 35-year-old individual living in Boston (in the zip code 02111). The premium for a YAP with a Rx plan is for a 25-year-old living in Boston (in the zip code 02111). All Bronze, Silver and Gold plans include Rx. Data are rounded to the nearest whole dollar. Sources: 2010-2011 GIC Benefit Decision Guide; 2010 DHCFCP Employer Survey (Unpublished); Health Connector Affordability Schedule for 2011; Health Connector for Commonwealth Choice plan premiums as of May 1, 2011 and Commonwealth Care premiums as of May 2011.

Monthly Cost of Health Insurance in Massachusetts

Employer and Health Connector Plans for Families



The lowest cost Commonwealth Silver family plan (\$1,190) compares favorably to the average total premium for an employer-based family health plan (\$1,262).

Group Insurance Commission (GIC) premium is based on the lowest cost premium among all GIC family plan rates. The employee contribution represents 25% of the total monthly cost of health insurance for a family plan. Commonwealth Choice plan premiums and GIC premiums were compared to the affordability schedule that was established by the Health Connector effective for the calendar year 2011. For more details, please visit: www.MAhealthconnector.org.

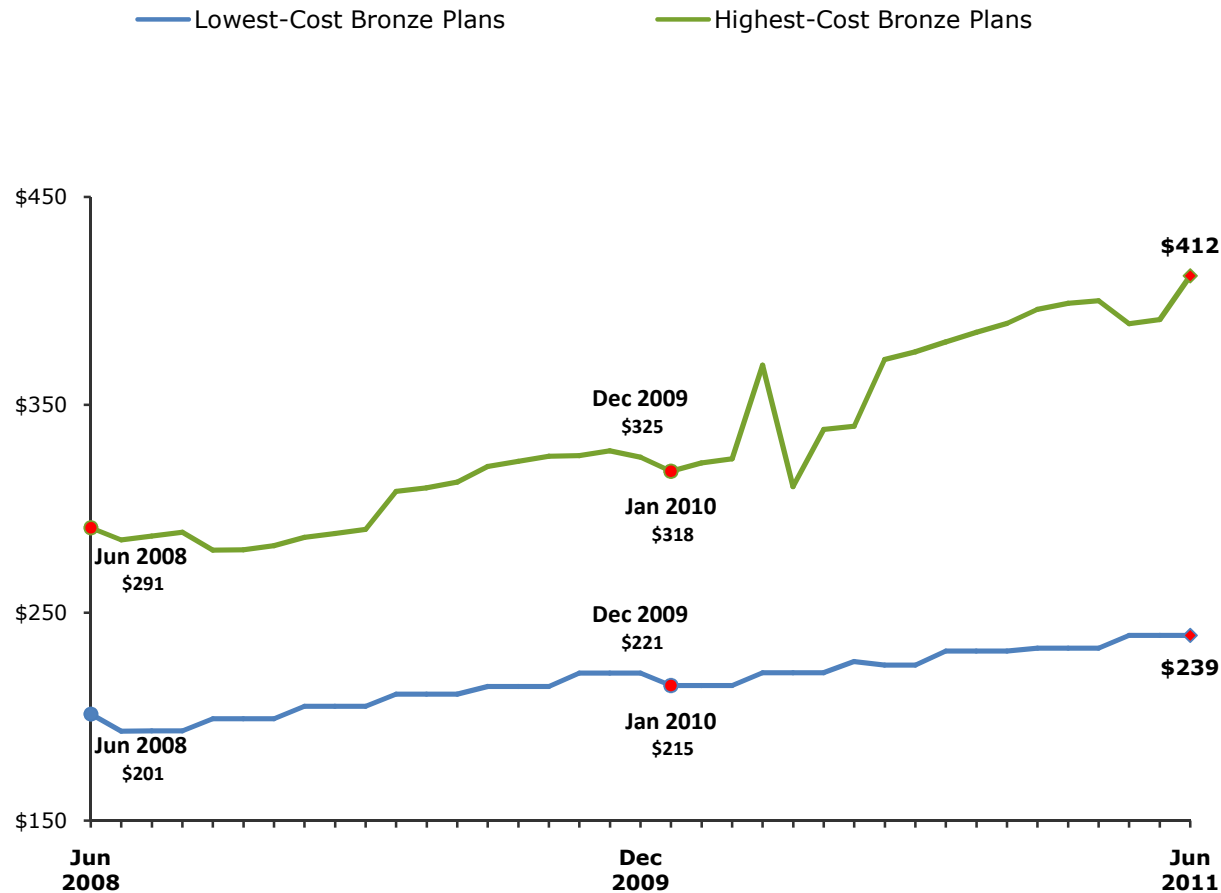
Notes: Commonwealth Care plans provide coverage for adult individuals only and, therefore, do not have family plans. The calculation of median premiums for private employer-based insurance does not include premiums paid by government employees. Premiums for Commonwealth Choice Bronze, Silver, and Gold plans are the lowest price for a family of four with two 35-year-old parents and two children living in Boston (in the zip code 02111). All Bronze, Silver and Gold plans include Rx. Data are rounded to the nearest whole dollar.

Sources: 2011-2012 GIC Benefit Decision Guide; 2009 DHCFP Employer Survey (Unpublished); Health Connector Affordability Schedule for 2011; Health Connector for Commonwealth Choice plan premiums as of May 1, 2011.



Commonwealth Choice Bronze Premiums, 2008-2011

Highest and Lowest-Cost Plans (with Rx coverage)



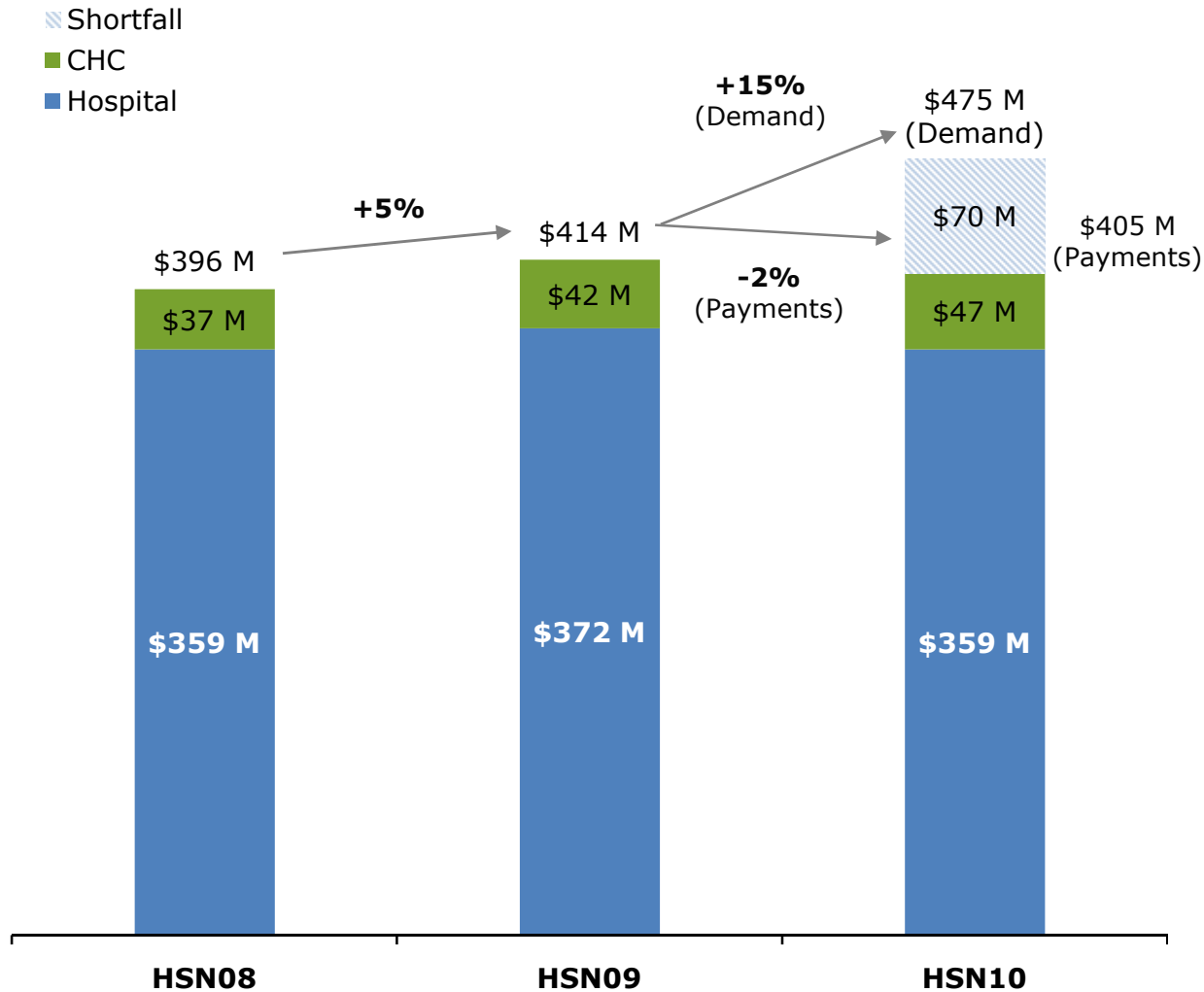
Premiums for both the lowest- and highest-cost Commonwealth Choice Bronze plans have steadily increased since 2008, although the increase has been more gradual for the lowest-cost Bronze plans than for the highest-cost Bronze plans.

Between June 2008 and June 2011, premiums for the highest-cost and lowest-cost Bronze plans increased, respectively, by 42% and 19%.

Beginning in January 2010, premiums for Commonwealth Choice plan benefit packages changed to create three tiers within Bronze. Reported here are the highest and lowest-cost plans within for the Bronze Low Tier.

Notes: Premiums are for a 35-year-old individual living in Boston (in the zip code 02111). As of January 2008, Bronze products are no longer offered without Rx coverage. Monthly premium costs are selected from the highest- and lowest-priced products in the given month therefore trend lines do not track the same product from the same carrier over time. Premiums effective January 2010 and after represent significantly different health benefits packages and may not be comparable to data reported on periods preceding this date. Beginning January 2010, Bronze plans are offered in three tiers; lowest and highest premiums shown are selected from the Bronze Low Tier. Prior to January 2010, lowest and highest premiums represent the lowest and highest in the single Bronze category.
 Source: Premium data from the Health Connector

Health Safety Net Total Demand and Payment Trends, 2008-2010

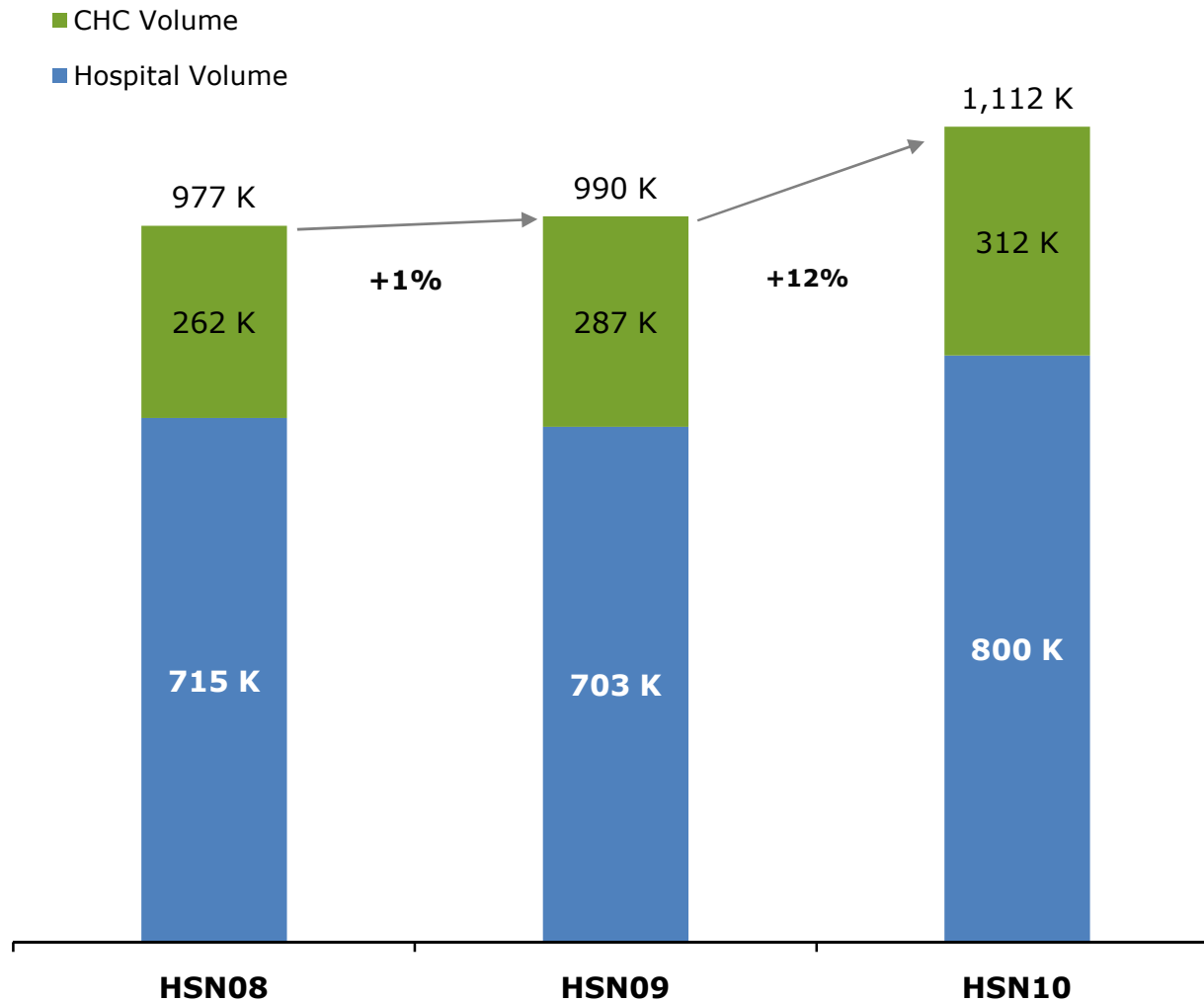


Total Health Safety Net (HSN) payments declined by 2% in Health Safety Net fiscal year 2010 (HSN10) compared to the prior year, while demand increased by 15%.

Demand represents the amount that providers would have been paid in the absence of a funding shortfall. Because HSN10 demand exceeded HSN10 funding, hospital providers experienced a \$70 million shortfall during HSN10.

Notes: The Health Safety Net fiscal year runs from October 1 through September 30 of the following year. Hospital and community health center payments are reported in the month in which payment was made. Previously reported HSN08 payments were projected and have been updated. Numbers are rounded to the nearest million and may not sum due to rounding; percent changes are calculated prior to rounding. Source: DHCFP Health Safety Net Data Warehouse as of 10/25/10. For further information on the Health Safety Net Report visit www.mass.gov/dhcfp.

Health Safety Net Total Service Volume Trends, 2008-2010



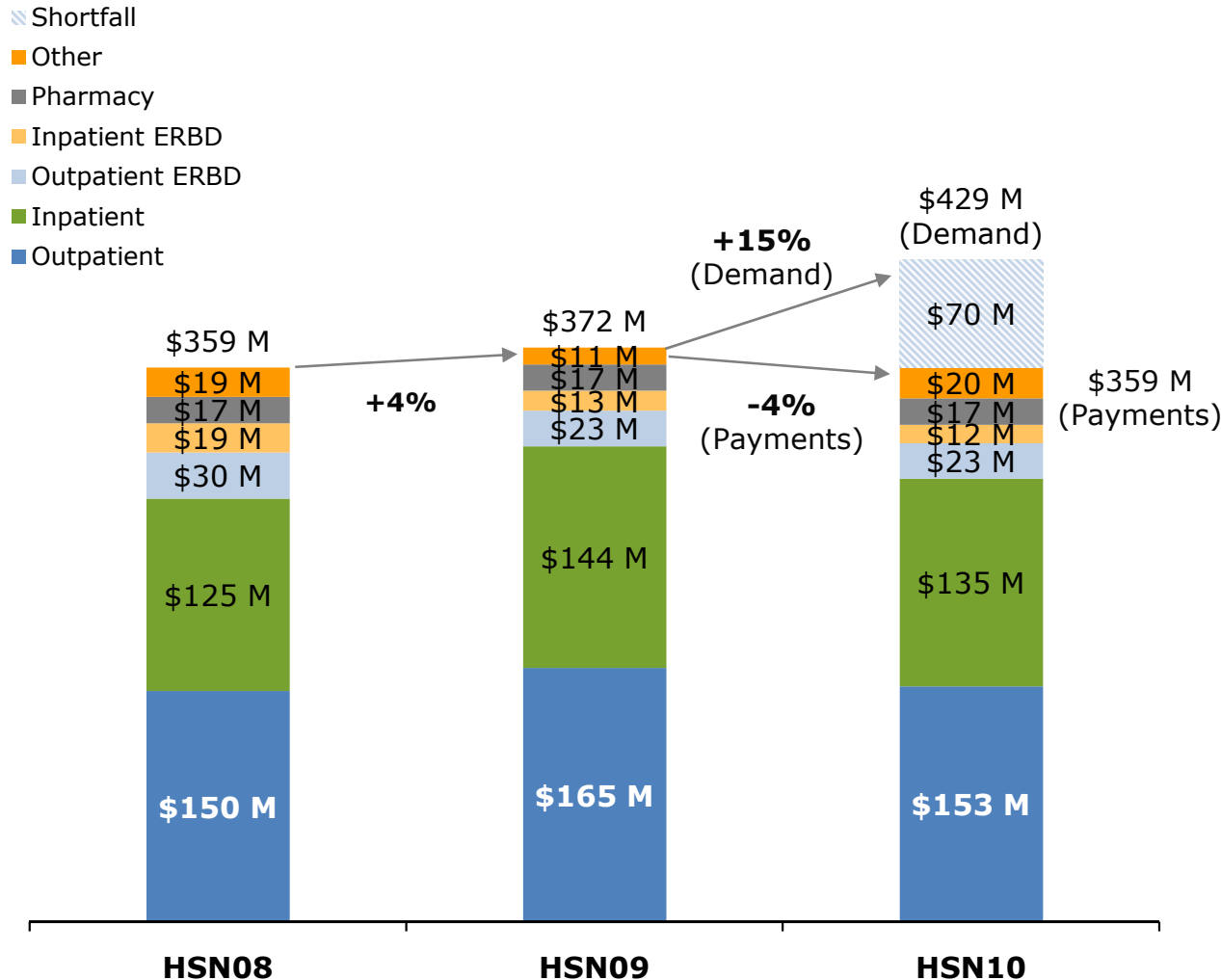
Health Safety Net (HSN) total volume for hospitals and community health centers increased 12% in Health Safety Net fiscal year 2010 (HSN10) compared to the prior year.

Hospital volume is the sum of inpatient discharges and outpatient visits for which payments were made to hospital providers in the years shown. Community health center volume is the sum of visits for which payments were made to community health center providers in the years shown.

Notes: The Health Safety Net fiscal year runs from October 1 through September 30 of the following year. Hospital and community health center volume exclude pharmacy claims. HSN08 CHC volume differs from data previously published due to a technical change made to the methodology used to calculate CHC visits. HSN09 hospital and CHC volume reflects updated hospital and CHC claims activity and may differ from data previously published. Numbers are rounded to the nearest thousand and may not sum due to rounding; percent changes are calculated prior to rounding.
 Source: DHCFP Health Safety Net Data Warehouse as of 10/25/10. For further information on the Health Safety Net Report visit www.mass.gov/dhcfp.



Health Safety Net Hospital Demand and Payment Trends, 2008-2010



Hospital payments declined by 4% in Health Safety Net fiscal year 2010 (HSN10) compared to the prior year, while hospital demand increased by 15%.

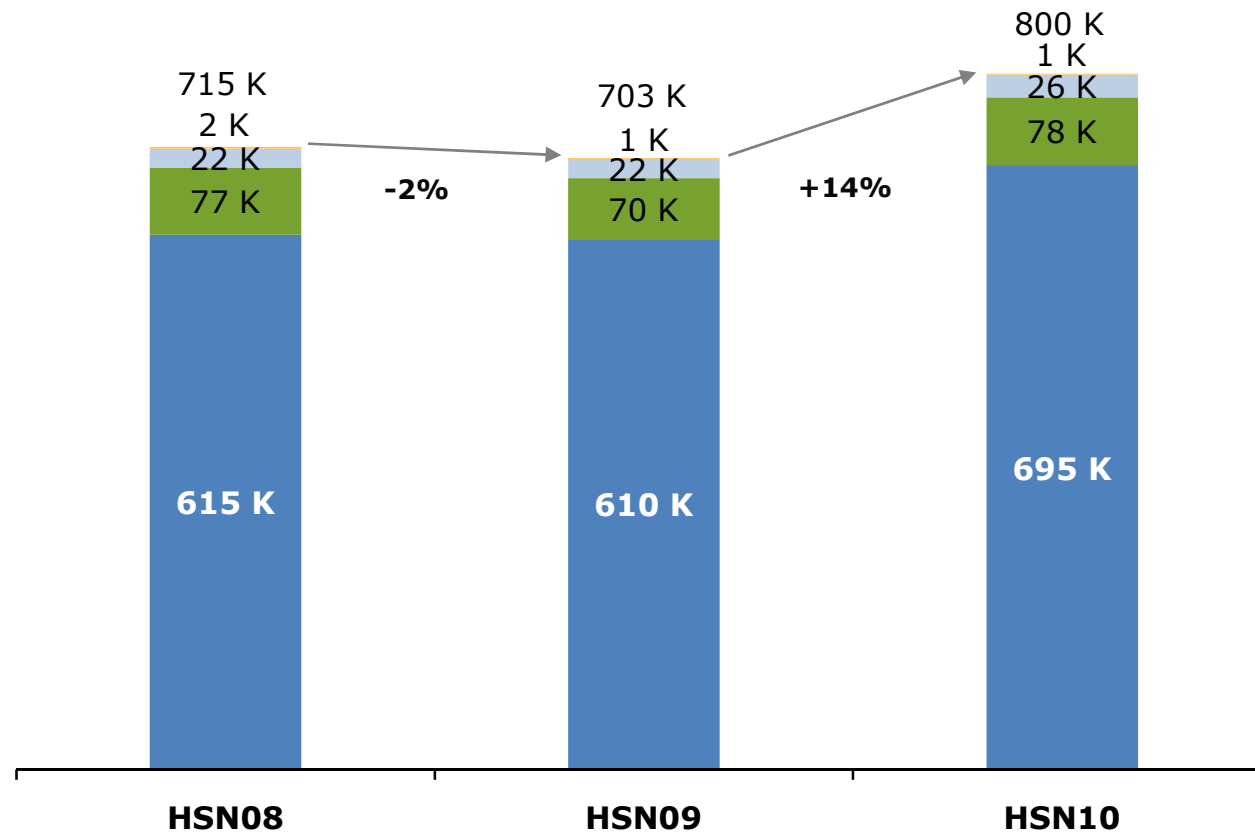
Demand represents the amount that providers would have been paid in the absence of a funding shortfall.

Emergency Room Bad Debt (ERBD) is payment for emergency services provided to an uninsured patient from whom the provider is unable to collect payment after pursuing required collection activity.

Notes: The Health Safety Net fiscal year runs from October 1 through September 30 of the following year. Other HSN Payments include adjustments that are not attributable to a service category. Hospital payments are reported in the month in which payment was made. The HSN10 shortfall allocation is distributed proportionally by service type. Previously reported HSN08 payments were projected and have been updated. HSN09 payments differ from data previously published due to a technical change made to the methodology used to determine the payment amount attributable to each service category. Numbers are rounded to the nearest million and may not sum due to rounding; percent changes are calculated prior to rounding.
 Source: DHCFCP Health Safety Net Data Warehouse as of 10/25/10. For further information on the Health Safety Net Report visit www.mass.gov/dhcfp.

Health Safety Net Hospital Service Volume Trends, 2008-2010

- Inpatient ERBD
- Inpatient Discharges
- Outpatient ERBD
- Outpatient Visits



Hospital volume increased by 14% in Health Safety net fiscal year 2010 (HSN10) compared to the prior year.

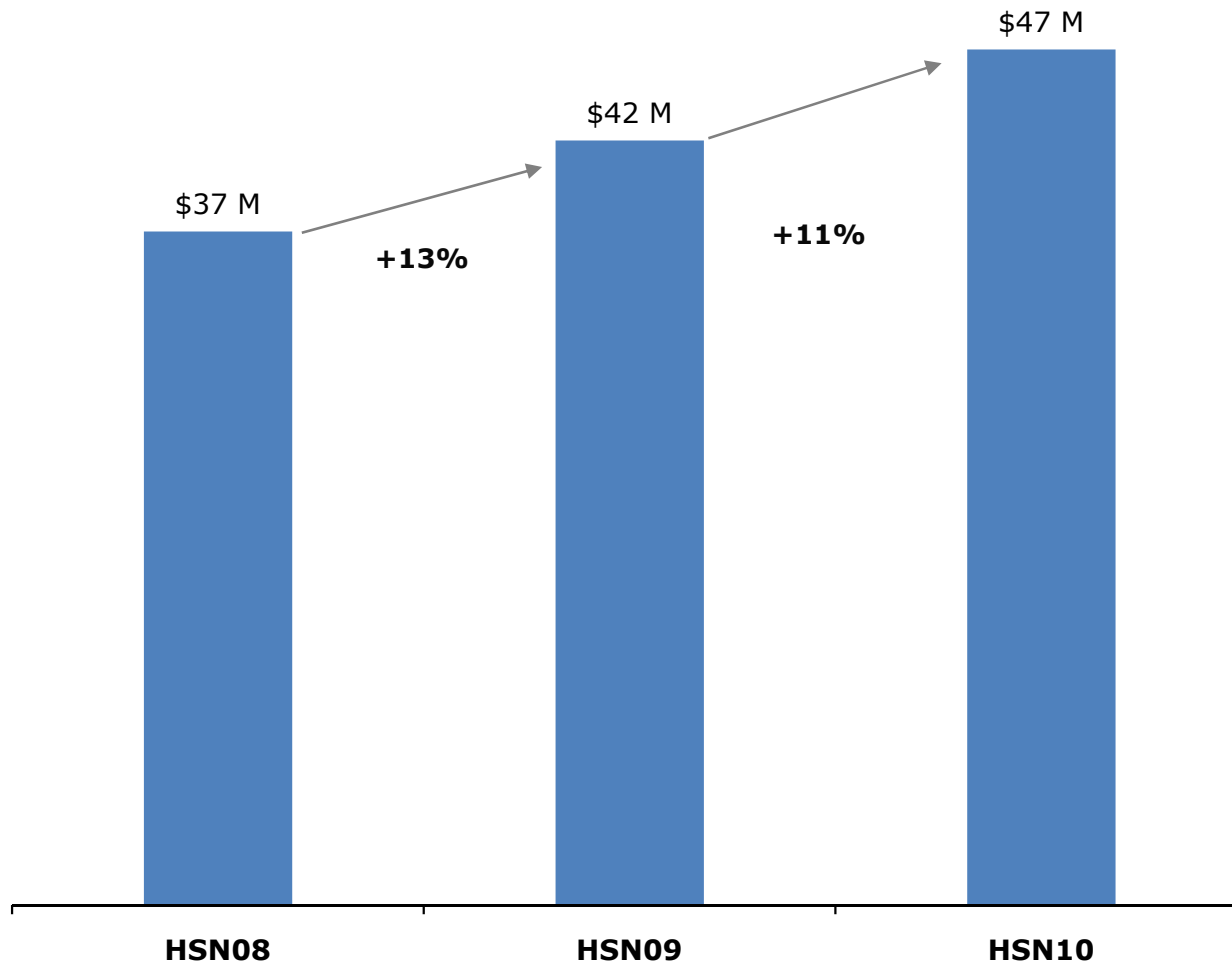
During HSN10, total inpatient volume increased 17% and total outpatient volume increased 14% compared to the prior year.

Notes: The Health Safety Net fiscal year runs from October 1 through September 30 of the following year. Hospital volume is the sum of inpatient discharges and outpatient visits for which payments were made to hospital providers in the months shown. HSN09 volume reflects updated hospital claims activity and may differ from data previously published. Numbers are rounded to the nearest thousand and may not sum due to rounding; percent changes are calculated prior to rounding.

Source: DHCFP Health Safety Net Data Warehouse as of 10/19/10. For further information on the Health Safety Net Report visit www.mass.gov/dhcfp.



Health Safety Net Community Health Center Payment Trends, 2008-2010



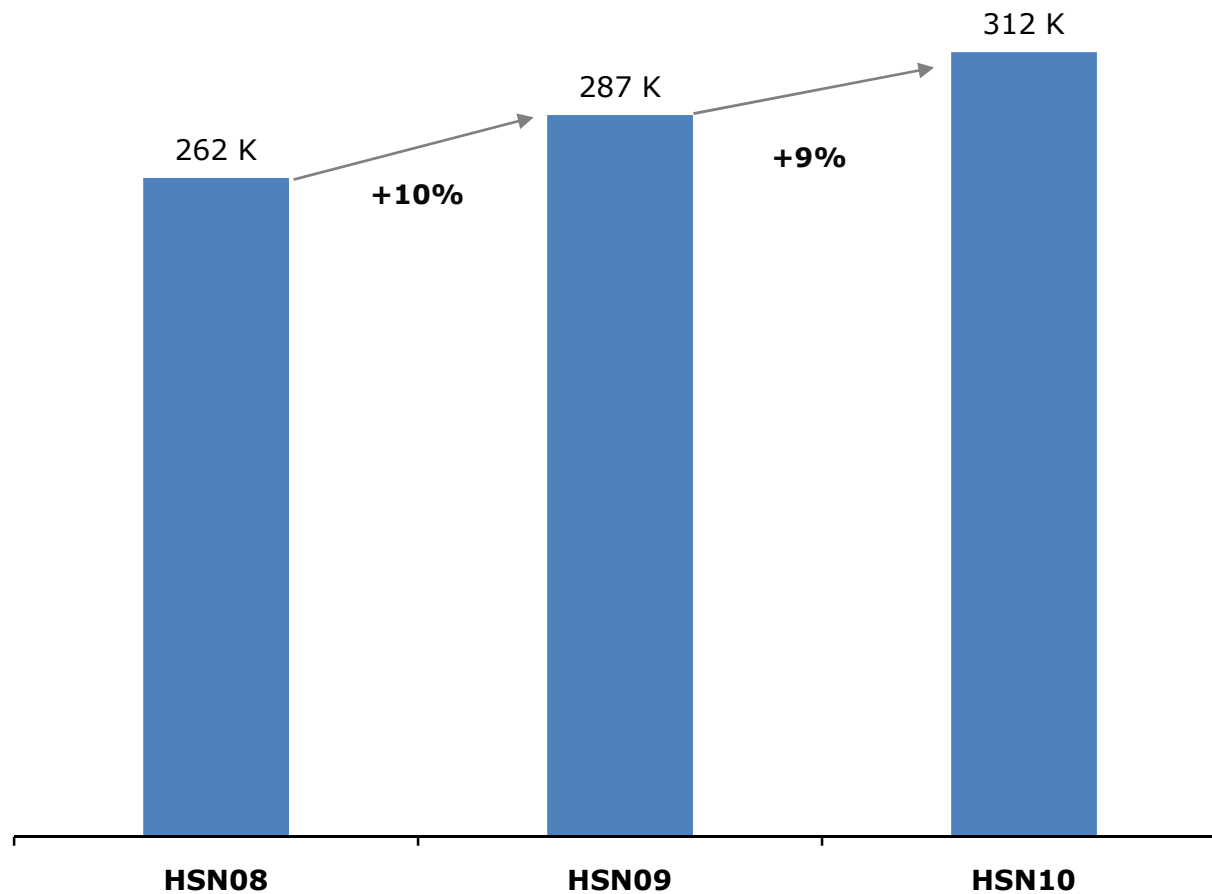
Community health center (CHC) payments increased by 11% in HSN10 compared to the prior year.

Notes: The Health Safety Net fiscal year runs from October 1 through September 30 of the following year. Community health center payments are reported in the month in which payment was made. Numbers are rounded to the nearest million and may not sum due to rounding; percent changes are calculated prior to rounding.

Source: DHCFP Health Safety Net Data Warehouse as of 10/25/10. For further information on the Health Safety Net Report visit www.mass.gov/dhcfp.



HSN Community Health Center Service Volume Trends, 2008-2010



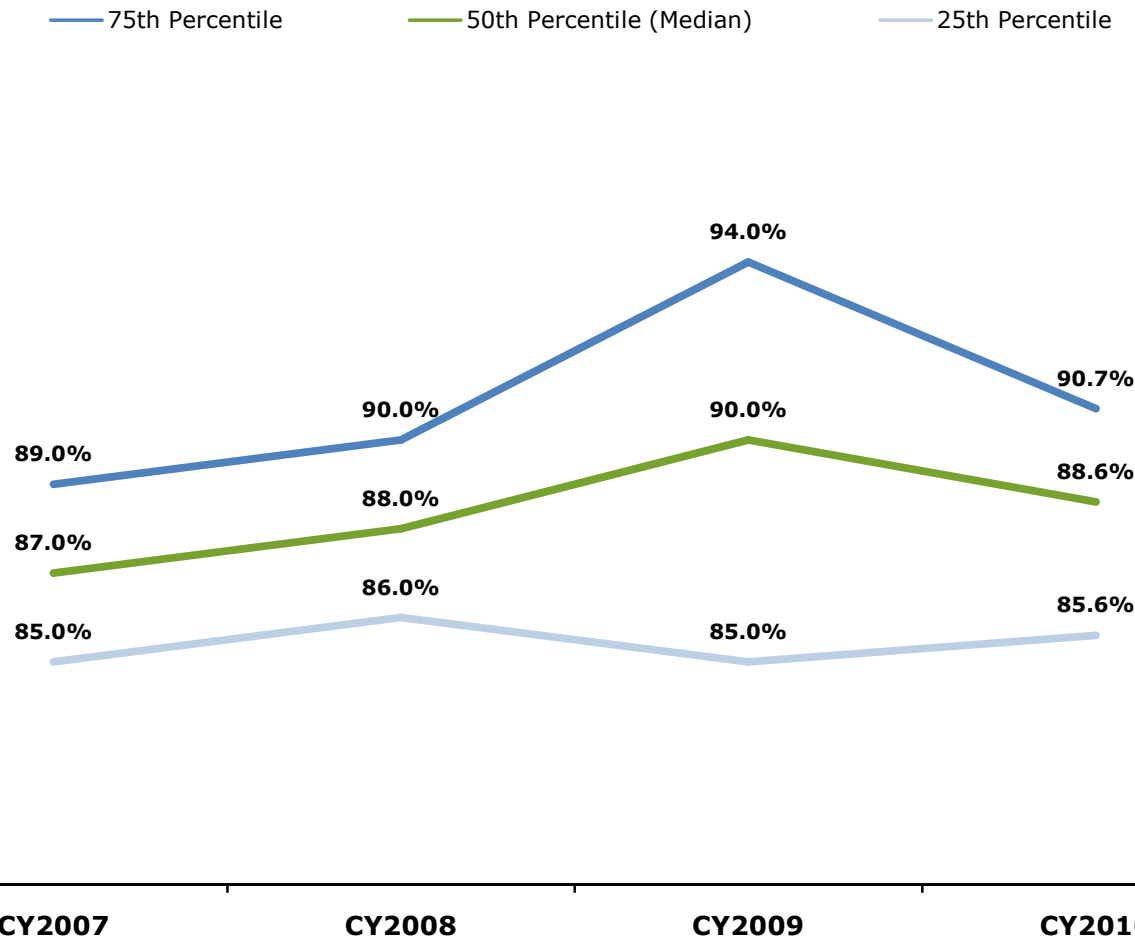
Community health center (CHC) volume increased 9% in HSN10 compared to the prior year.

Notes: The Health Safety Net fiscal year runs from October 1 through September 30 of the following year. Community health center volume is the sum of visits for which payments were made to community health center providers in the years shown. Community health center volume excludes pharmacy claims. CHCs have been moving from a voucher-based to a claims-based adjudication and payment system since April 2009; this transition may result in shifts in volume that is expected to stabilize once all CHCs have transitioned to the new system. HSN08 volume differs from data previously published due to a technical change made to the methodology used to calculate CHC visits. HSN09 volume reflects updated CHC claims activity and may differ from data previously published. Numbers are rounded to the nearest thousand and may not sum due to rounding; percent changes are calculated prior to rounding.

Source: DHCFP Health Safety Net Data Warehouse as of 10/25/10. For further information on the Health Safety Net Q1 Report visit www.mass.gov/dhcfp.



Trends in Medical Expense Ratio for Massachusetts Health Plans, 2007-2010

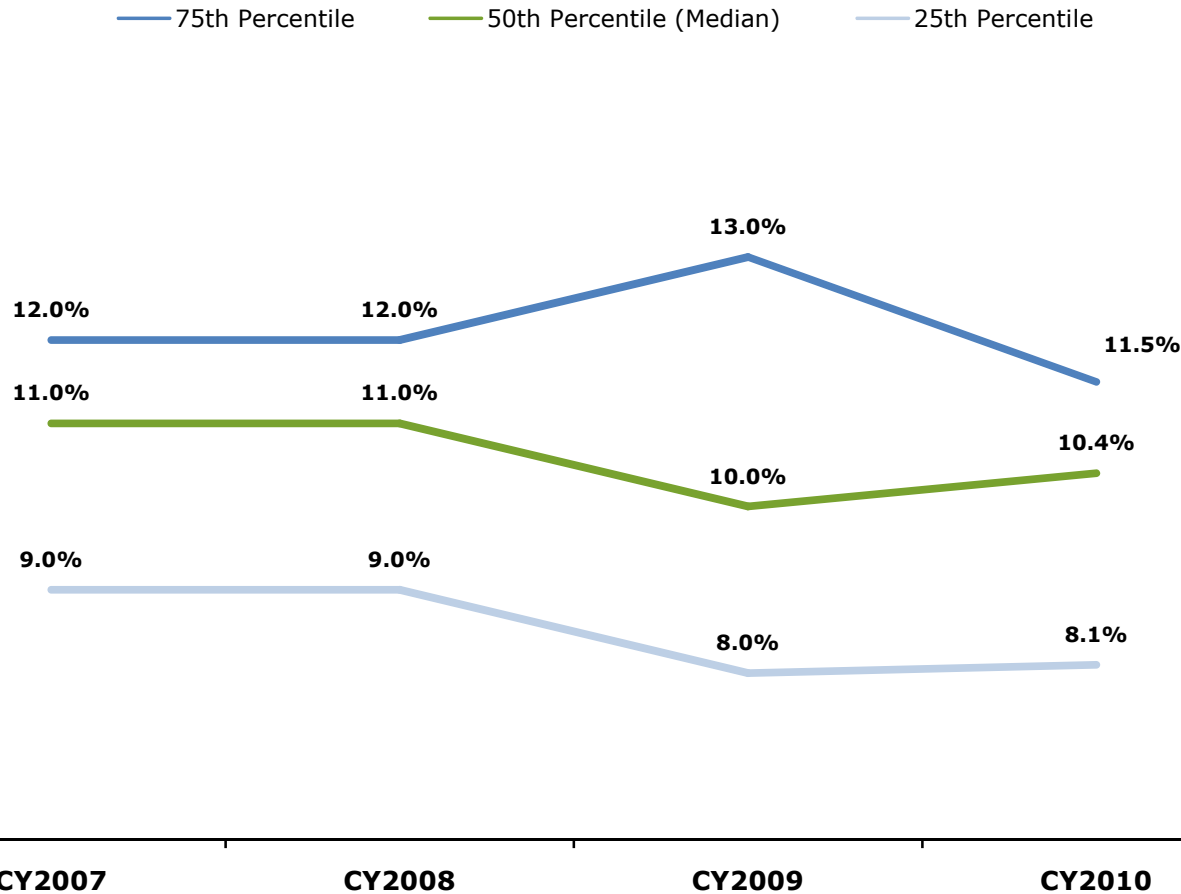


Between calendar years 2009 and 2010, there was a decline in the proportion of premium dollars that Massachusetts health plans spent paying for medical services received by members.

Percentile represents a value below or above which a certain percent of all values fall. For example, a 50th percentile value of 90% means that one half of all health plans for which data are reported had a medical expense ratio of less than 90% and one-half had a ratio above 90%.

Notes: Medical expense ratio is calculated by dividing the total hospital and medical expenses by revenue. In accordance with NAIC reporting standards, revenue here includes premium income and aggregate write-ins for other health care related revenues. It does not include write-ins for non-health revenues or investment income. Information is self-reported by plans to the Massachusetts Division of Insurance (DOI) and represents both in-state and out-of-state business in private insurance products, Medicare, MassHealth, and Commonwealth Care. Information is limited to the following health maintenance organizations (HMOs) licensed with DOI or under contract with MassHealth: Aetna Health Inc, Blue Cross Blue Shield of Massachusetts (including HMO Blue), BMC HealthNet Plan, CeltiCare Health Plan of Massachusetts, Fallon Community Health Plan, Harvard Pilgrim Health Care, Health New England, Neighborhood Health Plan, Network Health, Tufts Associated HMO, and United Health Care of New England. HMOs registered with DOI but with less than 10,000 covered lives are excluded from this analysis as financial information for these companies is more volatile. CeltiCare Health Plan began providing coverage for Massachusetts residents in October 2009. CeltiCare financial information is excluded for periods prior to the end of calendar year 2009. As health plan expenses may change over time, it is likely for a plan to move across percentiles from one period to the next. MassHealth 4B reports were used to calculate financial ratios for Network Health during calendar year 2009. Sources: DOI annual financial statements as self-reported by carriers.

Trends in Administrative Expense Ratio for Massachusetts Health plans, 2007-2010



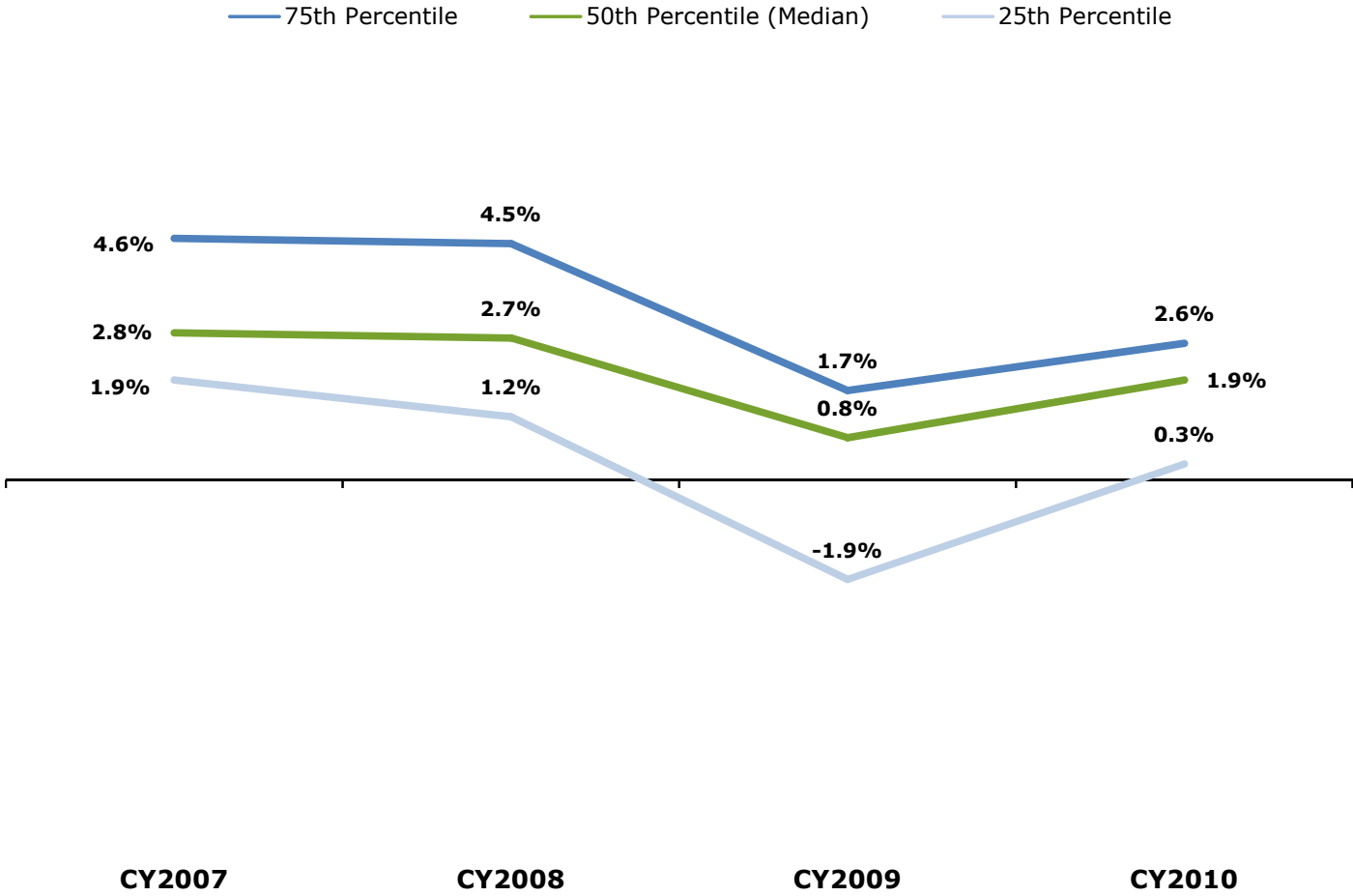
Between the end of calendar years 2009 and 2010, the average administrative expense ratio (the percentage of premium dollars that go towards plan administration) remained relatively unchanged at 10% for all Massachusetts health plans.

Percentile represents a value below or above which a certain percent of all values fall. For example, a 50th percentile value of 10% means that one half of all health plans for which data are reported had an administrative expense ratio of less than 10% and one-half had a ratio above 10%.

Notes: Administrative expense ratio is calculated by dividing the total administrative expenses (including claims adjustment and general administrative expenses) by revenue. In accordance with NAIC reporting standards, revenue here includes premium income and aggregate write-ins for other health care related revenues. It does not include write-ins for non-health revenues or investment income. Massachusetts Division of Insurance (DOI) financial information represents both in-state and out-of-state business in private insurance products, Medicare, MassHealth and Commonwealth Care. Information is limited to the health maintenance organizations licensed with DOI or under contract with MassHealth. HMOs registered with DOI but with less than 10,000 covered lives are excluded from this analysis as financial information for these companies is more volatile. CeltiCare is a plan that began providing coverage for Massachusetts residents in October 2009. Licensing of CeltiCare increased the number of health plans for whom data are reported from 12 in 2007/2008 to 13 in 2009. However, financial ratios for CeltiCare are not included in this analysis. As plan expenses may change over time, it is possible for a health plan to move across percentiles from one period to the next. MassHealth 4B reports were used to calculate financial ratios for Network Health during calendar year 2009. Blue Cross Blue Shield of Massachusetts (BCBSMA) includes the combined performance of BCBSMA and HMO Blue.

Sources: DOI annual financial statements as self-reported by carriers.

Trends in Profit Margin for Massachusetts Health Plans, 2007-2010



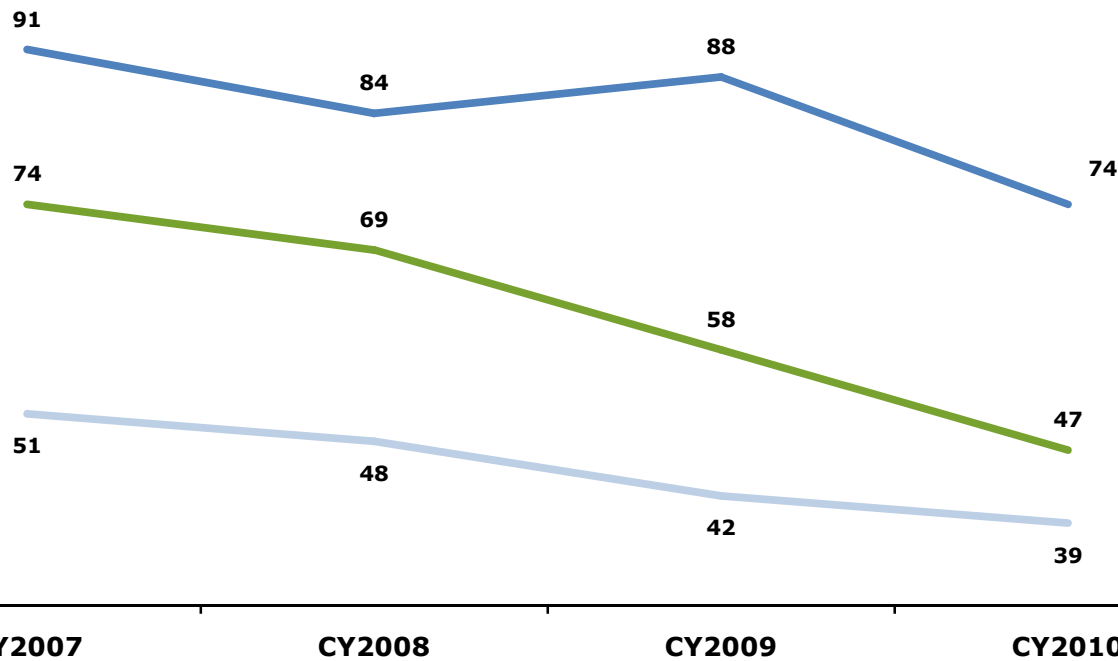
Between the end of the 2009 and 2010 calendar years, Massachusetts health plan profit margins generally rose, although overall, 2010 margins remain below margins report for the 2007 calendar year.

Percentile represents a value below or above which a certain percent of all values fall. For example, a 50th percentile value of 0.8% means that one half of all health plans for which data are reported had a profit margin ratio of less than 0.8% and one-half had a ratio above 0.8%.

Notes: Profit margin is calculated by dividing net income by total revenue. Total revenue here includes premium income, aggregate write-ins for other health care related revenues, and investment gain/loss. It does not include write-ins for non-health revenues. Massachusetts Division of Insurance (DOI) financial information represents both in-state and out-of-state business in private insurance products, Medicare, MassHealth and Commonwealth Care. Information is limited to the health maintenance organizations licensed with DOI or under contract with MassHealth. HMOs registered with DOI but with less than 10,000 covered lives are excluded from this analysis as financial information for these companies is more volatile. CeltiCare is a health plan that began providing coverage for Massachusetts residents in October 2009. Licensing of CeltiCare increased the number of health plans for whom financial data are reported from 12 in 2007/2008 to 13 in 2009. However, financial ratios for CeltiCare are not included in this analysis. As health plan expenses may change over time, it is likely for a health plan to move across percentiles from one period to the next. MassHealth 4B reports were used to calculate financial ratios for Network Health during calendar year 2009. Blue Cross Blue Shield of Massachusetts (BCBSMA) includes the combined performance of BCBSMA and HMO Blue. Sources: DOI annual financial statements as self-reported by carriers.

Trends in Days in Reserve for Massachusetts Health Plans, 2007-2010

— 75th Percentile — 50th Percentile (Median) — 25th Percentile



Days in reserve reflects the number of days a plan could fund medical and administrative expenses from its net worth.

Overall, the number of days that Massachusetts health plans can rely on their reserves to fund medical services received by members has declined since end of the 2007 calendar year.

Percentile represents a value below or above which a certain percent of all values fall. For example, a 50th percentile value of 58 means that one half of all health plans for which data are reported had more than 58 days in reserve and one-half had less than 58 days in reserve.

Notes: Days in reserve is calculated by dividing a health plan's total capital and surplus by the sum of the total hospital and medical expense, claims adjustment expense, and general administrative expense. The ratio is then divided by the number of days in the period. Massachusetts Division of Insurance (DOI) financial information represents both in-state and out-of-state business in private insurance products, Medicare, MassHealth and Commonwealth Care. Information is limited to the health maintenance organizations licensed with DOI or under contract with MassHealth. HMOs registered but with less than 10,000 covered lives are excluded from this analysis as financial information for these companies is more volatile. CeltiCare is a health plan that started providing coverage for Massachusetts residents in October 2009. Licensing of CeltiCare increased the number of health plans for whom financial data are reported from 12 in 2007/2008 to 13 in 2009. However, financial ratios for CeltiCare are not included in this analysis. As health plan expenses may change over time, it is likely for a health plan to move across percentiles from one period to the next. MassHealth 4B reports were used to calculate financial ratios for Network Health during calendar year 2009. Blue Cross Blue Shield of Massachusetts (BCBSMA) includes the combined performance of BCBSMA and HMO Blue. Sources: DOI annual financial statements.

Summary Financial Performance of Massachusetts Health Plans, Calendar Year 2010

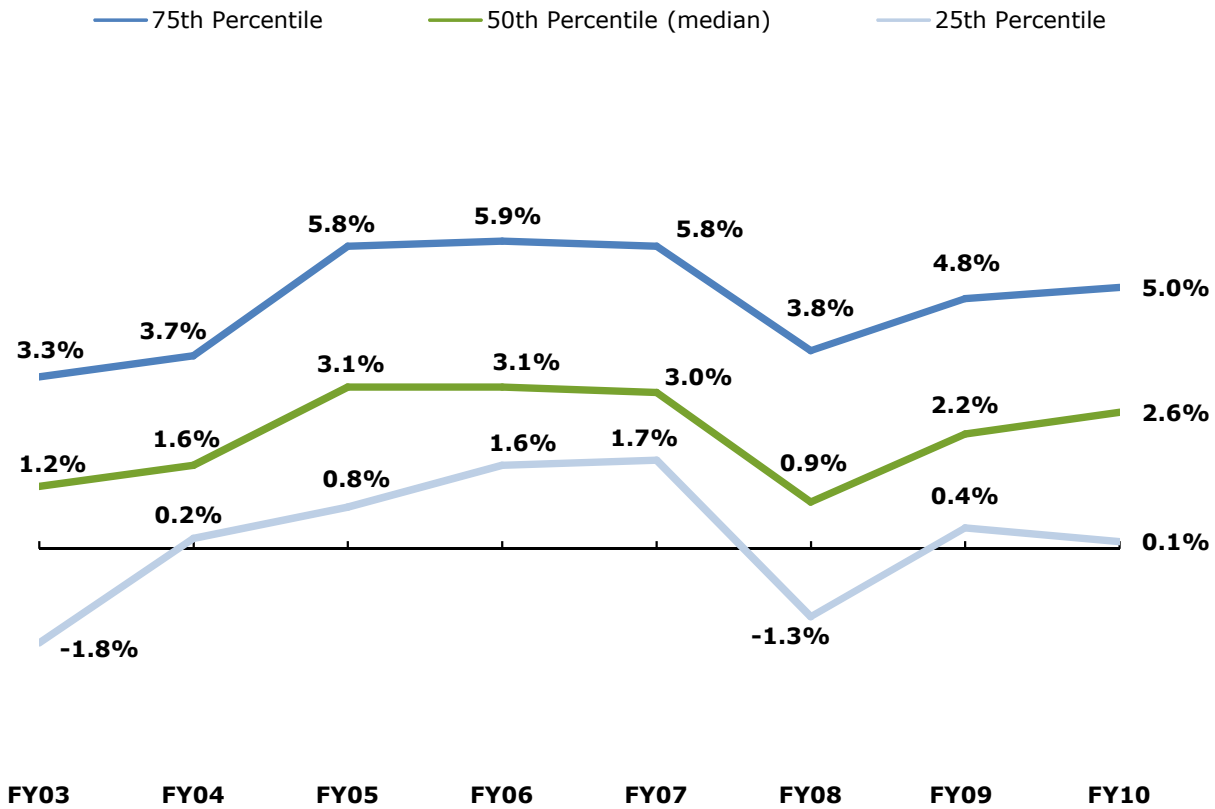
Health Plan	Medical Expense Ratio (%)	Administrative Expense Ratio (%)	Profit Margin (%)	Days in Reserve	Profit / Loss (\$)
Aetna Health, Inc.	82.9	13.1	4.1	38	161,653,734
Blue Cross Blue Shield of Massachusetts	91.1	10.6	0.2	84	13,388,970
BMC HealthNet Plan	87.9	5.7	6.6	71	81,247,846
CeltiCare Health Plan of Massachusetts	82.6	13.5	-0.2	39	(122,199)
Fallon Community Health Plan	92.3	9.1	0.4	30	4,092,619
Harvard Pilgrim Health Care, Inc.	88.7	9.7	1.9	66	44,248,130
Health New England, Inc	84.6	10.9	1.9	39	7,342,633
Neighborhood Health Plan, Inc.	93.1	7.0	1.0	47	10,705,389
Network Health	85.4	5.7	8.9	44	51,397,101
Tufts Associated HMO	88.6	10.4	1.9	86	44,455,181
United Healthcare of New England, Inc.	90.6	14.4	-3.6	95	(14,928,392)
Overall Median	88.6	10.4	1.9		

Notes: Health plan financial information is self-reported by plans to the Massachusetts Division of Insurance (DOI) and represents both in-state and out-of-state business in private insurance products, Medicare, MassHealth, and Commonwealth Care. Information is limited to the following health maintenance organizations (HMOs) licensed with DOI or under contract with MassHealth: Aetna Health Inc, Blue Cross Blue Shield of Massachusetts (including HMO Blue), BMC HealthNet Plan, CeltiCare Health Plan of Massachusetts, Fallon Community Health Plan, Harvard Pilgrim Health Care, Health New England, Neighborhood Health Plan, Network Health, Tufts Associated HMO, and United Health Care of New England. HMOs registered with DOI but with less than 10,000 covered lives are excluded from this analysis as financial information for these companies is more volatile. CeltiCare Health Plan began providing coverage for Massachusetts residents in October 2009. CeltiCare's financial information was not reported in periods prior to December 31, 2010.

Sources: Health plan quarterly financial statements from the Massachusetts Division of Insurance



Total Margin Trends for Massachusetts Acute Hospitals by Fiscal Year



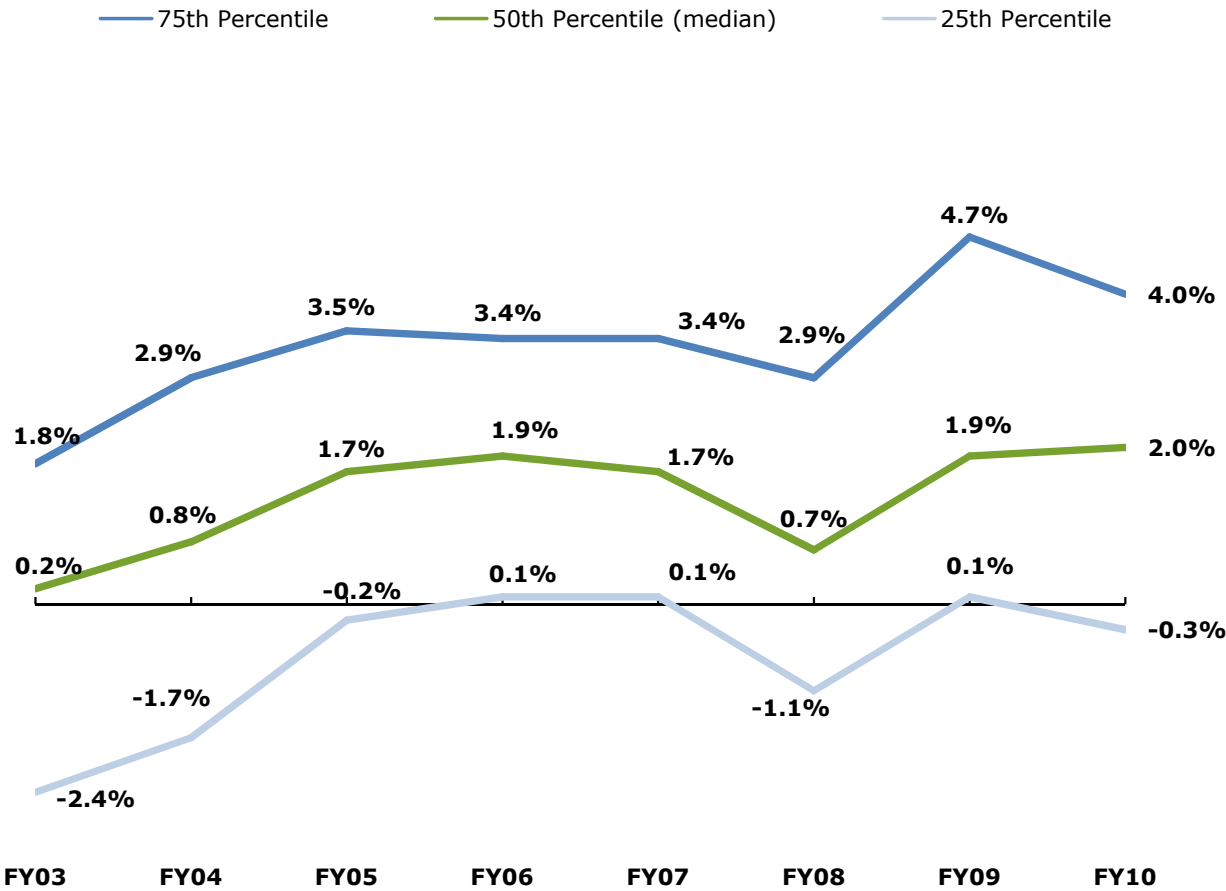
Overall, total (profit) margins for Massachusetts hospitals have improved since end of the 2008 fiscal year. The median profit margin increased from 0.9% at the end of 2008 to just under 3% at the end of 2010.

Benchmark: Northeast US Median for FY08 = 0.9%

Percentile represents a value below or above which a certain percent of all values fall. For example, a 50th percentile value of 3.0% means that one half of all hospitals for whom data are reported had total margin ratio of less than 3.0% and one-half had a ratio above 3.0%.

Notes: Total margin is calculated by dividing total income by total revenue. Fiscal year ends (FYE) vary across hospitals. Source: Based on audited financial data submitted by Massachusetts hospitals to the Division of Health Care Finance and Policy. Benchmark median is from the 2010 Almanac of Hospital Financial and Operating Indicators, INGENIX Consulting.

Operating Margin Trends for Massachusetts Acute Hospitals by Fiscal Year



Operating margins for Massachusetts hospitals have generally improved since 2008. The median operating margin improved from 0.7% in FY2008 to 2.0% during FY2010.

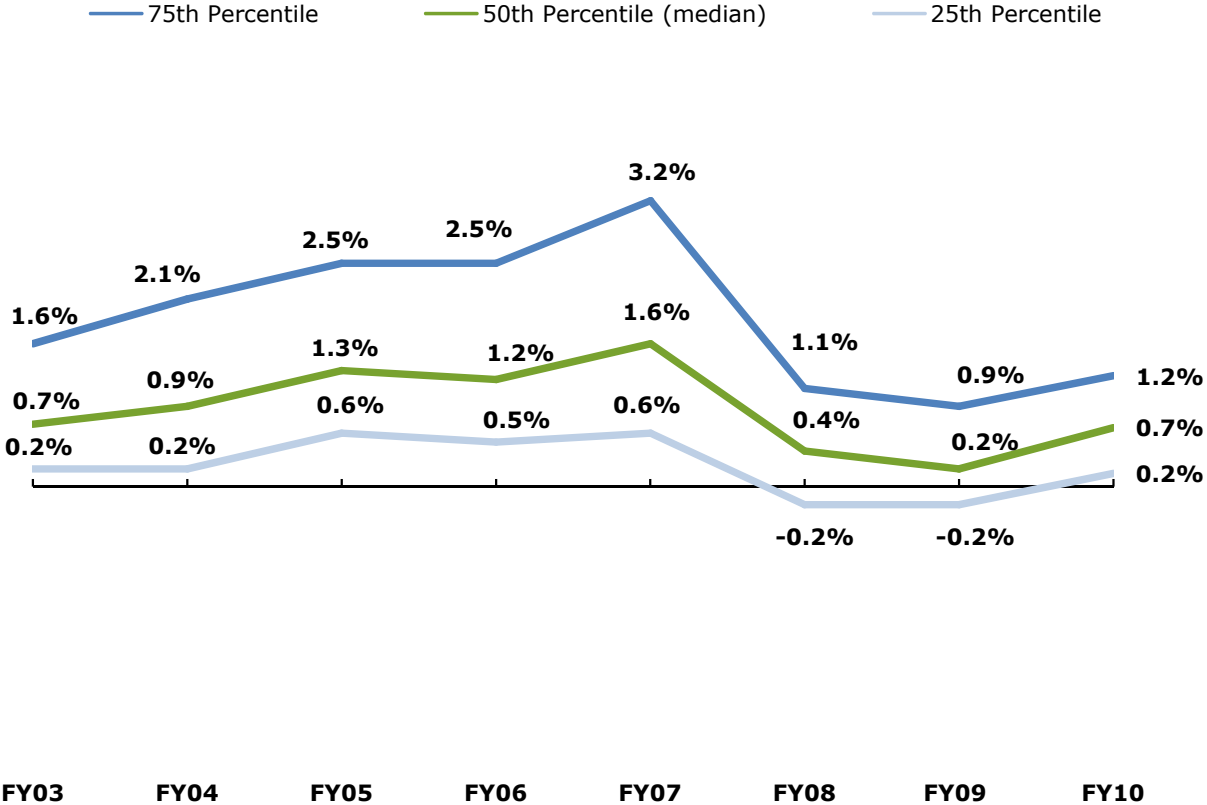
Just under 30% of all Massachusetts hospitals (19 out of 65) reported operating losses for the 2010 fiscal year.

Benchmark: Northeast US Median for FY08 = 0.9%

Percentile represents a value below or above which a certain percent of all values fall. For example, a 50th percentile value of 1.9% means that one half of all hospitals for whom data are reported had an operating margin ratio of less than 1.9% and one-half had a ratio above 1.9%.

Notes: Operating margin is calculated by dividing operating income by total revenue. Fiscal year ends (FYE) vary across hospitals. Source: Based on audited financial data submitted by Massachusetts acute hospitals to the Division of Health Care Finance and Policy. Benchmark median is from the 2010 Almanac of Hospital Financial and Operating Indicators, INGENIX Consulting.

Non-Operating Margin Trends for Massachusetts Acute Hospitals by Fiscal Year



Overall, non-operating margins for Massachusetts hospitals have improved slightly since the 2008 fiscal year. The median margin was just under 1% in 2010.

Benchmark: Northeast US Median for FY08 = 0.07%

Percentile represents a value below or above which a certain percent of all values fall. For example, a 50th percentile value of 1.6% means that one half of all hospitals for whom data are reported had a non-operating margin ratio of less than 1.6% and one-half had a ratio above 1.6%.

Notes: Non-operating margin is calculated by dividing non-operating income by total revenue. Fiscal year ends (FYE) vary across hospitals. Source: Based on audited financial data submitted by Massachusetts acute hospitals to the Division of Health Care Finance and Policy. Benchmark median is from the 2010 Almanac of Hospital Financial and Operating Indicators, INGENIX Consulting.

Summary of Financial Performance of Massachusetts Acute Hospitals, Fiscal Year 2010

Hospital	Operating Margin (%)	Non Operating Margin (%)	Total Margin (%)
Anna Jaques Hospital	2.31	0.19	2.51
Athol Memorial Hospital	-3.76	0.24	-3.51
Baystate Franklin Medical Center	-6.07	0.78	-5.29
Baystate Mary Lane Hospital	-11.48	1.77	-9.71
Baystate Medical Center †	6.31	1.92	8.23
Berkshire Medical Center †	0.85	1.77	2.62
Beth Israel Deaconess Hospital – Needham	-0.05	0.46	0.41
Beth Israel Deaconess Medical Center	4.18	2.08	6.25
Boston Medical Center †	-3.65	1.13	-2.52
Brigham and Women's Hospital†	5.00	0.06	5.07
Cambridge Health Alliance †	-6.86	1.24	-5.63
Cape Cod Hospital	7.16	-1.42	5.75
Children's Hospital Boston †	4.38	1.23	5.61
Clinton Hospital	1.57	1.13	2.70
Cooley Dickinson Hospital	2.67	0.71	3.38
Dana-Farber Cancer Institute †	-4.02	6.18	2.16
Emerson Hospital	-0.70	0.37	-0.33
Fairview Hospital	1.65	1.30	2.95
Falmouth Hospital	1.68	0.33	2.01
Faulkner Hospital	1.51	-0.45	1.06
Hallmark Health	5.33	1.68	7.00
Harrington Memorial Hospital	2.53	1.00	3.53
Health Alliance Hospital	2.41	0.90	3.31
Heywood Hospital	2.76	0.95	3.70
Holyoke Medical Center	-0.01	0.15	0.14

Hospital	Operating Margin (%)	Non-Operating Margin (%)	Total Margin (%)
Jordan Hospital	2.95	0.27	3.22
Lahey Clinic †	3.21	2.04	5.25
Lawrence General Hospital	1.11	0.71	1.82
Lowell General Hospital	3.97	0.91	4.88
Marlborough Hospital	1.00	1.99	2.99
Martha's Vineyard Hospital	5.48	1.78	7.26
Massachusetts Eye and Ear Infirmary †	-2.63	1.55	-1.08
Massachusetts General Hospital†	6.13	0.20	6.33
Mercy Medical Center	1.26	-0.31	0.95
Merrimack Valley Hospital	-7.38	0.00	-7.38
MetroWest Medical Center	-6.63	0.07	-6.56
Milford Regional Medical Center	2.75	0.54	3.29
Milton Hospital	0.95	0.24	1.19
Morton Hospital and Medical Center	1.21	1.14	2.35
Mount Auburn Hospital †	5.38	3.35	8.73
Nantucket Cottage Hospital	-30.10	7.40	-22.70
Nashoba Valley Medical Center	-1.79	0.00	-1.79
New England Baptist Hospital	2.31	1.86	4.16
Newton-Wellesley Hospital	4.90	0.10	5.01
Noble Hospital	-3.70	0.01	-3.69
North Adams Regional Hospital	-7.07	0.66	-6.41
North Shore Medical Center	-1.37	0.15	-1.22
Northeast Hospital	2.01	-0.84	1.16
Quincy Medical Center	-5.63	-0.10	-5.72
Saint Vincent Hospital †	5.33	0.00	5.33

† Teaching hospital

Notes: Operating and non-operating margins may not sum to total margin due to rounding.

Sources: Based on audited financial data submitted by Massachusetts acute hospitals to the Division of Health Care Finance and Policy.



Summary of Financial Performance of Massachusetts Acute Hospitals, Fiscal Year 2010 (Cont'd)

Hospital	Operating Margin (%)	Non-Operating Margin (%)	Total Margin (%)
Saints Medical Center	-0.32	0.03	-0.29
Signature Healthcare Brockton Hospital	8.31	0.67	8.98
South Shore Hospital	2.28	0.00	2.29
Southcoast Hospitals Group	2.97	0.88	3.85
Steward Carney Hospital, Inc	2.17	0.02	2.20
Steward Good Samaritan Medical Center	5.30	1.11	6.41
Steward Holy Family Hospital	2.63	0.51	3.14
Steward Norwood Hospital	1.48	0.56	2.04
Steward Saint Anne's Hospital	7.06	1.54	8.60
Steward St. Elizabeth's Medical Center †	5.61	0.38	5.99
Sturdy Memorial Hospital	6.84	4.16	11.00
Tufts Medical Center †	0.12	0.70	0.82
UMass Memorial Medical Center †	3.47	0.61	4.08
Winchester Hospital	3.01	0.11	3.12
Wing Memorial Hospital and Medical Centers	1.13	0.19	1.32

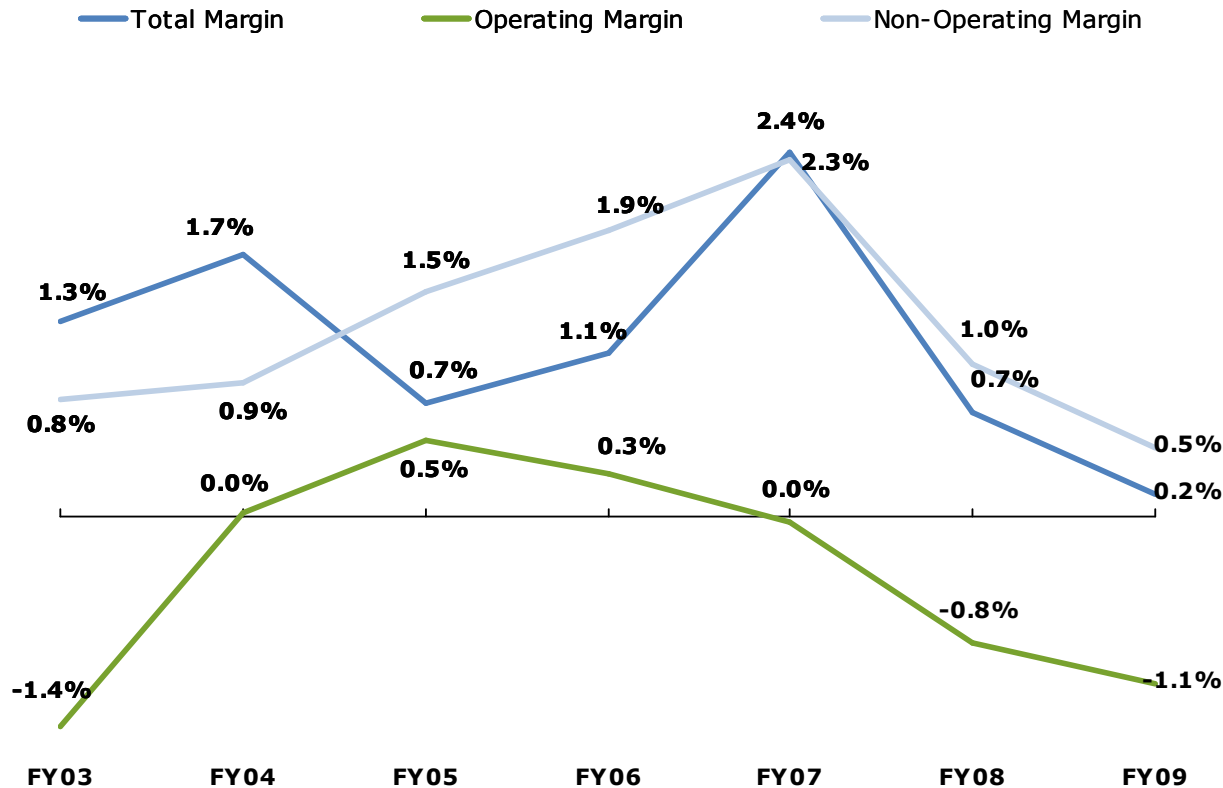
† Teaching hospital

Notes: Operating and non-operating margins may not sum to total margin due to rounding.

Sources: Based on audited financial data submitted by Massachusetts acute hospitals to the Division of Health Care Finance and Policy.



Median Financial Margins for Massachusetts Community Health Centers by Fiscal Year



Median total margins for community health centers (CHCs) have remained positive in the seven years between FY03 and FY09, largely due to positive non-operating margins. In FY09, 33 out of the 37 CHCs for whom data are reported had positive non-operating margins.

CHCs experienced an overall decline in financial performance from FY08 to FY09.

Median represents a value below or above which a certain percent of all values fall. A median value of 2.4% means that one half of all CHCs for which data are reported had a margin of less than 2.4% and one-half had a margin above 2.4%.

Source: CHC audited financial statements for freestanding CHCs from FY03 through FY09.



Summary of Financial Performance of Massachusetts Community Health Centers, Fiscal Year 2009

Health Center	Operating Margin (%)	Non-Operating Margin (%)	Total Margin (%)
Boston Healthcare for the Homeless	1.9	-1.7	0.2
Brockton Neighborhood Health Center	-3.6	-0.8	-4.4
Community Health Center of Cape Cod	-8.3	7.2	-1.0
Caring Health Center	-0.8	0.1	-0.8
Community Health Center of Franklin County	-3.5	0.6	-3.0
Community Health Partners Health Center	0.3	-0.1	0.2
Community Health Connections Health Center	5.6	0.1	5.8
Community Healthlink	-0.2	0.0	-0.2
Dimmock Community Health Center	-7.8	6.4	-1.3
Duffy Health Center	-4.6	2.3	-2.3
Family Health Center of Worcester	0.1	0.1	0.2
Fenway Community Health Center	-2.3	14.3	12.0
Great Brook Valley Health Center	0.9	1.8	2.7
Greater Lawrence Family Health Center	5.2	0.4	5.7
Greater New Bedford Community Health Center	4.6	0.0	4.6
Harbor Health Services, Inc.	1.6	0.5	2.2
Harvard Street Neighborhood Health Center	2.2	0.0	2.2
HealthFirst Family Care Center	-7.0	2.9	-4.0
Hilltown Community Health Centers, Inc	5.9	2.8	8.7
Holyoke Health Center, Inc.	-4.3	0.5	-3.9
Island Health Care	0.5	0.1	0.6
Joseph M. Smith Community Health Center	4.4	1.9	6.3
Lowell Community Health Center	-1.1	0.5	-0.6

Health Center	Operating Margin (%)	Non-Operating Margin (%)	Total Margin (%)
Lynn Community Health Center	0.4	-0.1	0.2
Manet Community Health Center	-1.8	1.9	0.1
Mattapan Community Health Center	-19.3	16.5	-2.8
North End Community Health Center	-4.7	0.8	-3.8
North Shore Community Health Center	-1.7	2.0	0.3
Outer Cape Health Services, Inc.	-1.7	2.8	1.1
River Valley Counseling Center	1.4	0.0	1.4
Roxbury Comprehensive Community Health Center	-7.0	0.0	-7.0
Sidney Borum, Jr. Health Center	-12.8	0.0	-12.8
South Cove Community Health Center	15.9	3.4	19.3
South End Community Health Center	-1.1	0.2	-1.0
Stanley Street Treatment and Resources	-3.5	1.9	-1.6
Upham's Corner Health Committee	-1.1	0.0	-1.1
Whittier Street Health Center	-0.4	5.2	4.8

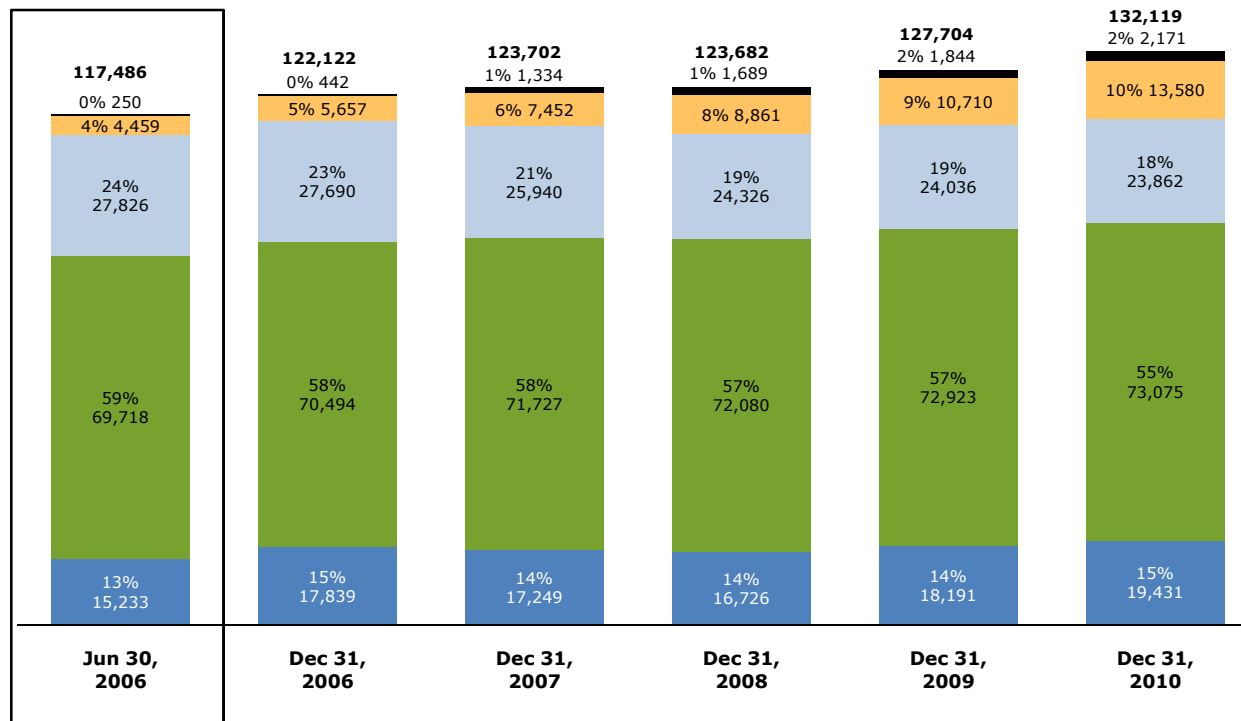
Notes: Operating and non-operating margins may not sum to total margin due to rounding.
Sources: CHC audited financial statements for freestanding CHCs from FY03 through FY09.



MassHealth Members, 2006-2010

Ages 65+

- Senior Care Options (nursing facilities)
- Senior Care Options (community)
- FFS Seniors Residing in Nursing Facilities
- FFS Seniors Residing in the Community
- Medicare Buy-In Only



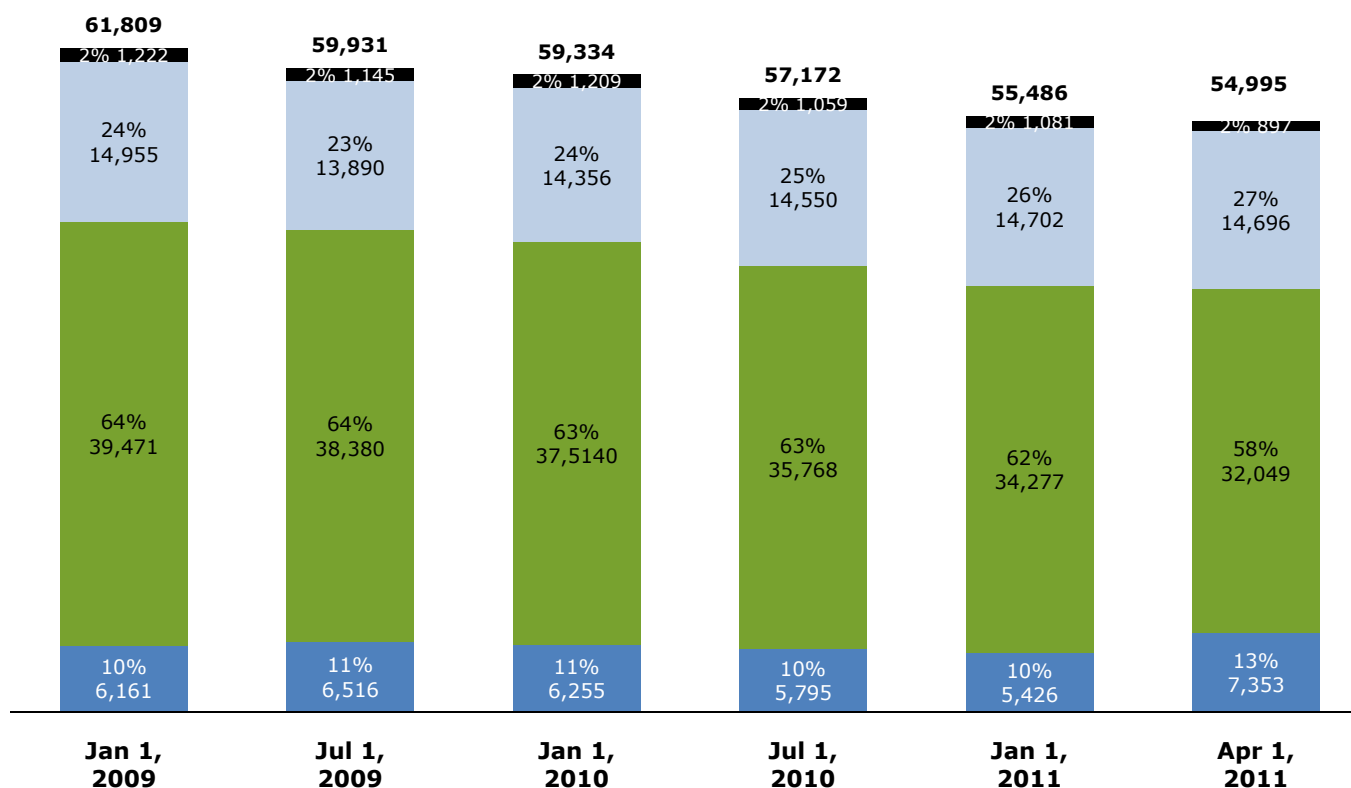
Enrollment of MassHealth members ages 65 and older in Senior Care Options (SCO) tripled from 4% in June 2006 to 12% at the end of 2010. Over the same period, the proportion of SCO and non-SCO seniors in nursing facilities declined from 24% to 18%.

Notes: FFS= fee for service. Percentages may not sum to 100.
 Source: Membership and percentages tabulated from MassHealth monthly enrollment snapshot report, as of December 31, 2010.

Massachusetts Residents Ages 65+ Enrolled in Prescription Advantage

by Percent Federal Poverty Level (FPL)

- >300% FPL
- 188-300% FPL
- 100-188% FPL
- 0-100% FPL



As of April 1, 2011, 71% of those enrolled in Prescription Advantage (PA) have incomes below 188% of the federal poverty level (FPL). Total enrollment in PA by Massachusetts residents 65 and over declined by approximately 11% between January 2009 and April 2011.

Prescription Advantage is a prescription drug insurance plan available to Massachusetts residents age 65 and older. The plan is also available to younger individuals with disabilities who meet income and employment eligibility. PA offers two types of coverage: income-based supplemental assistance for individuals with Medicare, and assistance with plan copayments for members enrolled in creditable coverage plans.

Notes: Numbers are rounded up to the nearest thousand and may not sum to totals. Percentages are calculated prior to rounding.

Sources: Massachusetts Executive Office of Elder Affairs; US Census estimates are used to calculate the percent of Massachusetts residents ages 65 and older enrolled in Prescription Advantage.





Division of Health Care Finance and Policy
Two Boylston Street
Boston, MA 02116
Phone: (627) 988-3100
Fax: (617) 727-7662
Website: www.mass.gov/dhcfp .

Publication Number: 11-252-HCF-01
Authorized by Gary Lambert, State Purchasing Agent

This guide is available online at <http://www.mass.gov/dhcfp> .
When printed by the Commonwealth of Massachusetts, copies are printed on recycled paper.