

Harvard Pilgrim Health Care - FY2013

Community Benefits Mission Statement

Harvard Pilgrim Health Care facilitates excellent health care for its members. We continually seek to improve the health status of the communities of which we are a part through health awareness and innovative community service initiatives, which involve collaboration with community-based agencies, and teaching and health services research. Our health care administrators and managers are actively engaged in these efforts. The longstanding work of the Harvard Pilgrim Health Care Foundation provides funds to further that mission.

Target Populations

Name of Target Population	Basis for Selection
All	Needs assessment
All	Based on the expertise of our staff.

Publication of Target Populations

Marketing Collateral, Annual Report, Website

Hospital/HMO Web Page Publicizing Target Pop.

<https://www.harvardpilgrim.org>

Key Accomplishments of Reporting Year

Growing Up Healthy (childhood obesity prevention initiative)

- Distributed \$100,000 to 10 MA schools for the Healthy School Food Champions initiative designed to help support school food service departments with the changes needed to meet the new, more stringent federal guidelines for healthy school meals. The grant review committee consisted of MA Departments of Education and Public Health leaders involved in school food issues. The funded communities are: Boston, Fitchburg, two schools in Lawrence, New Bedford, Springfield, Tewksbury, Waltham, Weymouth and Worcester.
- Funding for the Boys and Girls Clubs of Boston resulted in 66 staff trained in CATCH (Coordinated Approach to Child Health), an evidence-based physical activity and nutrition education curriculum.
- Healthy Kids Out of School, an initiative based out of Tufts University's

Friedman School of Nutrition Science and Policy, is promoting their health messages and providing training to out-of-school time staff throughout the state (the science-based themes are: drink right, move more and snack smart). MA Youth Soccer, Pop Warner Football, 4-H and the Boy Scouts are the most engaged partners.

- Let's Go! Healthcare, a program of MaineHealth, is training and providing resources to 14 pediatric practices throughout Worcester County to help children and their families who are at risk of being overweight or obese. The science-based theme of 5210 (at least 5 fruits and vegetables, no more than 2 hours of screen time, at least 1 hour of moderate to rigorous physical activity and 0 sugar-sweetened drinks daily) is a major theme promoted to the staff in addition to motivational interviewing, among other proven practices.

- Burlington Chamber of Commerce Charitable Foundation received a grant to get the local business community focused on local food. Funds were used to construct a community garden as a means for related businesses to interact with the community on local food.

Culture InSight (cultural competency consultation and training unit)

- Partnering for Healthy Communities, Culture InSight's new program, offering technical assistance grants to support projects addressing health disparities in Massachusetts communities, was launched in 2012.

- Request for Proposals required:

- o Alignment with the federal Office of Minority Health's Standards for Linguistically and Culturally Appropriate Care or with the National Plan to End Health Disparities, issued in 2011 by the Office of Minority Health.

- o Organizations applying for the technical assistance grants offered by Partnering for Healthy Communities must be working in collaboration with at least one other organization, and

- o Must work in collaboration with community based partners.

- o Three multi-year, multi-stakeholder projects were chosen (all of which are described in the Selected Programs section).

One success story is the Advocates, Inc. project (MetroWest). They completed an in-depth program assessment and implemented

changes in its three participating organizations (e.g., increased overall mental health clinician staff with the addition of bilingual, bicultural staff, increased and improved supervision for bilingual staff, formation of multicultural clinical teams, differential pay structure for bicultural clinicians).

- Published a major report entitled *Leading Towards Health Equality: Lessons from the Field*, that was featured in a major conference in November at the Museum of Science. This report documents the best practices in ensuring a welcoming environment for patients and staff alike. Hallmark Health, Neighborhood Health Plan and the City of Boston are a few of the local examples highlighted.

Harvard Pilgrim Health Care Institute
HPHCI researchers recently concluded a randomized trial in collaboration with Cambridge Health Alliance (CHA) that examined the impact of using a hospital-based community health worker to support high risk patients during their admissions and for 30 days after discharge in order to reduce hospital readmission. CHA is an urban safety net health system in Massachusetts that serves a racially and linguistically diverse population. The intervention reduced readmissions in older patients, but unexpectedly increased post-discharge utilization in patients under age 60, who have high rates of substance abuse and mental health problems.

HPHCI researchers, along with colleagues from CHA, The Harvard Center for Geographical Analysis and the Dana Farber Cancer Institute Health Communication Core, developed a Community Wellness Map – an interactive, web-based tool to help residents be more active, eat better, and live a healthier lifestyle. The map provides wellness resources for five MA towns served by CHA. It features a comprehensive list of physical activity, nutrition, and weight management programs. The development of this tool was part of a larger effort to improve diabetes prevention for CHA patients and individuals living in the neighboring areas. The Community Wellness Map is available online at <http://worldmap.harvard.edu/maps/CHAwellness> and also provides tips for healthy living, including suggestions for activities that can

be done within publicly accessible outdoor and indoor public spaces.

HPHCI researchers investigated whether vulnerable high-deductible health plan members might forego necessary emergency care due to high out-of-pocket costs.

Investigators analyzed emergency department (ED) visits and hospitalizations over two years among enrollees insured through small employers in Massachusetts. Results showed that low socioeconomic status enrollees had 25-30% decreases in high severity ED visits over both follow-up years; hospitalizations were reduced by 23% initially but increased again in year 2. The researchers concluded that it is important that policymakers and employers enhance education for members of high-deductible health plans about their benefit structures.

HPHCI researchers published a study on patterns of ED and hospital use for men and women enrolled in health plans through MA employers. After switching to high-deductible plans, men initially reduced ED visits, including those that were for high severity conditions. High-severity ED visits were reduced by 34% and lower-severity ED visits experienced a 21% reduction. This was followed by increased hospitalizations, possibly suggesting that the high-deductible plan might have caused men to avoid needed care. In contrast, women respond to high-deductible health plans more appropriately, and decreased visits to the emergency room only for less severe problems. HPHCI researchers believe it is important for policy research to examine gender differences to identify potentially vulnerable populations that can result from the changing health care environment.

HPHCI researchers published a study that found that among families in unsubsidized MA health insurance exchange plans, those with lower incomes, worse health, and more children were at greater risk for financial burden and higher-than-expected out-of-pocket costs. This study and others also found that patients and their providers infrequently discuss out-of-pocket costs. Study results indicated that 38 percent of surveyed families reported financial burden associated with their health care and 45 percent reported higher-than-expected out-of-pocket costs. HPHCI researchers suggested that

policymakers develop further strategies to help mitigate financial burden, such as providing cost calculators and price transparency tools.

In a prospective study of over 1,000 mother-child pairs from a multisite group practice in MA, HPHCI researchers examined a number of obesity risk factors. Risk factors included those seen during pregnancy (gestational diabetes and depression), during infancy (rapid infant weight gain, non-exclusive breastfeeding, and early introduction of solid foods), and those observed during early childhood (sleeping <12 hours per day, the presence of a TV in the child's sleeping room, and intake of sugar-sweetened beverages or fast food). The researchers assessed the extent to which racial/ethnic disparities in adiposity and overweight among children could be explained by differences in these various risk factors. Results indicated that the factors operating in infancy and early childhood – all behavioral in nature and therefore modifiable – were the biggest determinant of increased prevalence of obesity and overweight among black and Hispanic 7-year-olds.

HPHCI researchers published a study that looked at the decisions of adolescents, adults and school age children visiting six national chain fast-food restaurants in four New England cities, including Springfield and Boston, MA. The average underestimation of calories was 175 calories for adults, 259 calories for adolescents and 175 calories for children. Nearly one-quarter of participants underestimated calorie content by 500 or more calories. As the calories in meals increased, the underestimation increased as well. HPHCI researchers propose that menu labeling combined with educational outreach may help consumers understand calories better and make healthier food choices.

HPHCI researchers have created The Massachusetts Trim Tracker. This tool leverages routine electronic health record data from a large MA ambulatory group medical practice to enable state health officials to automatically track changes in the prevalence of obesity, hypertension, and diabetes over time for all patients or for specific subgroups of interest. This tool can be used to assess the impact of public health campaigns as well as flag specific

populations for more targeted interventions.

HPHCI researchers continue to work closely with the Massachusetts Department of Public Health to develop better tools to evaluate public health interventions and investments. HPHCI researchers are members of the technical advisory group on evaluation strategy for the state's Prevention and Wellness Trust Fund. In addition, HPHCI is continuing to work with Mass Department of Public Health on the development of MDPHnet. MDPHnet makes it possible for public health officials to submit queries to participating medical practices to run against their electronic health record data. Three large MA groups currently participate: Atrius Health, Cambridge Health Alliance, and the Mass League of Community Health Centers. The health department is currently using the system for influenza-like illness surveillance and diabetes surveillance.

Plans for Next Reporting Year

The Foundation's Board of Directors is planning for a 3-5 year refreshed focus (starting in 2015) starting with a June 2014 retreat to be followed by confirmation of that focus in the September 2014 Board meeting.

Growing Up Healthy (childhood obesity prevention initiative)

- Results from the Healthy School Food Champions RFP in Massachusetts will be coming in. Most of the awards were to help support school food service training and/or equipment needs to meet the new federal school food guidelines.

- Provide funding for the operation of a Veggie Mobile to deliver fresh fruits and vegetables to low-income neighborhoods of Worcester where such food is hard to find.

- Continuation and expansion of our two regional projects, Healthy Kids Out of School (a communications campaign for staff and volunteers of out-of-school time programs with training and resources to embed the health messages) and Let's Go! Healthcare (providing training and resources to pediatric practices and hospitals on how to reduce and prevent childhood obesity).

Culture InSight (cultural competency consultation and training unit)

- Continuation of the three Massachusetts projects (Improving Mental Health Services to Brazilians and Latinos in the MetroWest Area, Infusing Mass in Motion with Health Equity and Improving Pregnancy Care and Early Childhood Visit Rates in the Latina Community of Lawrence).

Harvard Pilgrim Health Care Institute
HPHCI researchers are continuing to work closely with the Massachusetts Department of Public Health to develop better tools to evaluate public health interventions and investments, including the development of MDPHnet. MDPHnet makes it possible for public health officials to submit queries to participating medical practices to run against their electronic health record data.

HPHCI researchers are continuing work on the Massachusetts Trim Tracker, a tool that leverages routine electronic health record data from a large MA ambulatory group medical practice to enable state health officials to automatically track changes in the prevalence of obesity, hypertension, and diabetes over time.

HPHCI researchers continue the collaboration with Cambridge Health Alliance (CHA) that examined the impact of using a hospital-based community health worker to support high risk patients during their admissions and for 30 days after discharge in order to reduce hospital readmission. As part of this ongoing work the team is examining the longer-term impact of the community health worker continuing to provide support for these patients during and after subsequent hospitalizations, as well as qualitative research with younger patients to understand whether there were any modifiable aspects of care that might have prevented their admission.

Community Benefits Process

Select Community Benefits Process

Community Benefits Leadership/Team

Community Benefits Leadership Team:

- Eric H. Schultz, President and Chief Executive Officer, Harvard Pilgrim Health

Care (Foundation Board Chair)

- Bill Graham, Esquire, Vice President of Policy and Government Affairs, Harvard Pilgrim Health Care
- Karen Voci, Executive Director, Harvard Pilgrim Health Care Foundation
- Suzanne Finn, Esquire, Assistant General Counsel, Harvard Pilgrim Health Care (Foundation Board Clerk)
- Teresa Gallinaro, Legislative Consultant, Harvard Pilgrim Health Care
- Michael Devlin, Administrative Director, Harvard Pilgrim Health Care Foundation
- Shani Dowd, Director of Culture InSight, Harvard Pilgrim Health Care Foundation
- Virginia Hinrichsen, Administrative Director, Harvard Pilgrim Health Care Institute
- The Foundation Board of Directors

Community Benefits Team Meetings

The Foundation Board of Directors has complete program and fiduciary responsibility over the Foundation's work. They meet quarterly to review progress toward the Foundation's Community Benefit goals, which are to:

1. Provide training, information and technical assistance on childhood obesity prevention and cultural competency.
2. Support evidence-based programs to reduce childhood obesity and health equity.
3. Improve health environments in the community through employee service and giving.

Community Partners

The Massachusetts Department of Public Health, Tufts University Friedman School of Nutrition Science and Policy, Neighborhood Health Plan, Greater Lawrence Family Health Center, Advocates, Inc. of Framingham, the Boys and Girls Clubs of Boston and the Regional Environmental Council of Worcester were some of our partners for data that ultimately helped shape our choices for our Community Benefits focus.

Community Health Needs Assessment

Date Last Assessment Completed and Current Status

October and November 2012 for Growing Up Healthy (childhood obesity prevention initiative) and November 2013 for Culture InSight. Growing Up Healthy used the Massachusetts Health Council's 2012 Common Health for the Commonwealth: Massachusetts Trends in the Preventable Determinants report and Culture InSight published and used a report entitled Leading Toward Health Equality: Lessons from the Field which details the best practices in making health and human service organizations more welcoming to all people.

Consultants/Other Organizations

UMass Boston Center for Social Policy and Rasky Baerlein.

Data Sources

Interviews, MassCHIP, Public Health Personnel, Surveys, Other - • Assessment done by The Faculty Group in November 2011. This assessment was used in strategic planning with the Foundation's Board of Directors to ascertain possible partnerships and opportunities to prevent childhood obesity and decrease health disparities in Massachusetts and other New England states. • A November 2010 report entitled Dishing Out Healthy School Meals. The report targeted school administration (teachers, principals, school food service directors), school board members, parents. The Assessment was done by Tufts University Friedman School of Nutrition Science and Policy • The Massachusetts Health Council's 2012 Common Health for the Commonwealth: Massachusetts Trends in the Preventable Determinants report • A 2012 focus group and survey of Culture InSight grantee stakeholders (Neighborhood Health Plan and Advocates) to ensure the need and efficacy of the projects (Lawrence and MetroWest). • January 2012 RFP responses for both Growing Up Healthy and Culture InSight requiring assessments from nonprofit organizations about the needs in their locations. • November 2012 release of Gaining Traction, the Foundation's attempt to document its progress in reducing and preventing childhood obesity in MA, NH and ME. • November 2013 release of entitled Leading Toward Health Equality: Lessons from the Field which details the best practices in making health and human service organizations more welcoming to all people.

Select Community Benefits Programs

Regional Environmental Council of Worcester

Brief Description or Objective	To support the Veggie Mobile, a mobile farmer's market bringing low cost fruits and vegetables to low income families in Worcester.
Program Type	Grant/Donation/Foundation/Scholarship,Outreach to Underserved,Prevention
Target Population	<ul style="list-style-type: none"> • Regions Served: Worcester • Health Indicator: Other: Diabetes, Other: Nutrition, Overweight and Obesity • Sex: All • Age Group: All • Ethnic Group: All • Language: English , Spanish , Vietnamese
Goals	
Statewide Priority:	Chronic Disease Management in Disadvantage Populations, Promoting Wellness of Vulnerable Populations, Reducing Health Disparity

Goal Description

Goal: to improve access to healthy food for Worcester

Goal Status

The Mobile Market significantly improved its outreach to

residents living in food deserts. disadvantaged populations in 2013.

Partners

Partner Name, Description Partner Web Address

Not Specified

Contact Information

Steve Fisher, Executive Director Regional Environmental Council of Worcester 9 Castle Street Worcester, MA 508.799.9139 www.recworchester.org , director@recworchester.org

Detailed Description

Not Specified

Tufts University Friedman School of Nutrition

Brief Description or Objective

To promote healthy eating and active living messages to staff and volunteers of out-of-school time programs.

Program Type

Community Participation/Capacity Building Initiative,Grant/Donation/Foundation/Scholarship,Prevention

Target Population

- **Regions Served:** All Massachusetts
- **Health Indicator:** Other: Diabetes, Other: Nutrition, Overweight and Obesity, Physical Activity
- **Sex:** All
- **Age Group:** Adult
- **Ethnic Group:** All
- **Language:** English

Goals

Statewide Priority: Chronic Disease Management in Disadvantage Populations, Promoting Wellness of Vulnerable Populations

Goal Description

Goal: to provide health messaging, training and resources to staff and volunteers of out-of-school programs in order to reduce childhood obesity.

Goal Status

Trainings continue around the state.

Partners

Partner Name, Description

Partner Web Address

YMCA www.ymca.org

Mass Youth Soccer <http://www.mayouthsoccer.org/default.aspx>

Mass Pop Warner http://www.popwarner.com/League_Finder/Massachusetts.htm

Mass 4-H <http://mass4h.org/>

Mass Boy Scouts of America <http://www.scouting.org/>

Contact Information

Christina Economos, PhD, Director ChildObesity180/Healthy Kids Out of School Tufts University Friedman School of Nutrition Science and Policy 150 Harrison Avenue Boston, MA 02111 617-636-3784 www.healthykidshub.org, Christina.economos@tufts.edu

Detailed Description

Not Specified

Advocates, Inc

Brief Description or Objective

This project builds on work already completed in 2011, when a survey was done of the mental health clinicians and staffs of the three largest providers of mental health services in the region.

Program Type	Community Health Needs Assessment,Community Participation/Capacity Building Initiative
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Target Population	<ul style="list-style-type: none"> • Regions Served: Framingham, Marlborough • Health Indicator: Mental Health, Other: Cultural Competency • Sex: All • Age Group: All • Ethnic Group: All • Language: All
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Goals	Statewide Priority: Chronic Disease Management in Disadvantage Populations, Promoting Wellness of Vulnerable Populations, Reducing Health Disparity
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Goal Description	Goal Status
Goal: To enhance the quality of mental health services delivered to Brazilians and Latinos in the MetroWest region of Massachusetts.	Training and capacity building continues.

Partners

Partner Name, Description	Partner Web Address
Wayside Youth and Family Support Network	www.waysideyouth.org
South Middlesex Opportunity Council	www.smoc.org

Contact Information	Diane Gould, President/CEO Advocates, Inc One Clark's Hill, Suite 305 Framingham, MA 01702 508-628-6658 www.advocatesinc.org , dgould@advocatesinc.org
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Detailed Description	Not Specified
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Mass in Motion -- Health Resources in Action

Brief Description or Objective	Mass in Motion (MiM) includes teams in 53 Massachusetts communities working with community partners to make communities healthier places to live, and to make healthy choices of diet and activity easier for residents to make. This project is an effort to integrate concepts of health equity and cultural awareness and skills into the work of the MiM teams. Four municipalities will be selected to work with Culture InSight. Activities in 2012 included training for MiM coordinators, development of an RFP process for the selection of four MiM communities and consultation to the project lead team. Activities planned for 2013: o Development of a tool for measuring cultural engagement in community work o Training and consultation for two of the four selected communities
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Program Type	Community Health Needs Assessment,Community Participation/Capacity Building Initiative
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Target Population	<ul style="list-style-type: none"> • Regions Served: Fall River, Framingham, Hudson, Marlborough, Somerville, Worcester • Health Indicator: Access to Health Care, Other: Cultural Competency • Sex: All • Age Group: All • Ethnic Group: All • Language: All
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Goals	Statewide Priority: Chronic Disease Management in Disadvantage Populations, Promoting Wellness of Vulnerable Populations, Reducing Health Disparity
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Goal Description	Goal Status
Goal: To incorporate the concepts of health equity into the work of Mass in Motion Communities.	The work (assessments and training) continues in all communities.

Partners

Partner Name,	Partner Web Address
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DescriptionMass in <http://www.gfrpartners.com>Motion Fall
RiverMass in <http://metrowestmoves.org/>Motion
MetroWestMass in <http://www.somervillema.gov/departments/health/sus>Motion
Somervillemass in <http://www.mphaweb.org/documents/CompleteStreetsWorcester.pdf>motion
worchester**Contact Information**Judi Foley Director of Special Projects, Community Health Health Resources in Action 95
Berkeley Street Boston, MA 02116 617-279-2240<http://www.mass.gov/eohhs/gov/departments/dph/programs/community-health/mass-in-motion/>, jfoley@hria.org**Detailed Description**

Not Specified

Boys and Girls Clubs of Boston**Brief Description or Objective**

Goal: To train and educate staff on how to change the Club environment to be healthier for participating youth using the CATCH evidence-based curriculum.

Program Type

Grant/Donation/Foundation/Scholarship

Target Population

- **Regions Served:** Boston-Dorchester
- **Health Indicator:** Other: Nutrition, Overweight and Obesity, Physical Activity
- **Sex:** All
- **Age Group:** Child-Primary School, Child-Teen
- **Ethnic Group:** All, Black/African American, Hispanic/Latino
- **Language:** All , English

Goals**Statewide Priority:** Chronic Disease Management in Disadvantage Populations, Promoting Wellness of Vulnerable Populations, Reducing Health Disparity**Goal Description**

Goal: To train and educate staff on how to change the Club environment to be healthier for participating youth using the CATCH evidence-based curriculum.

Goal Status

The work (assessment and training) continues.

Partners**Partner Name, Description Partner Web Address**CATCH Office/University of Texas/Houston www.catchinfo.org**Contact Information**Lauren Broadhurst, Director of Operations, Boys & Girls Clubs of Boston 50 Congress Street, Suite 730 Boston, MA 02109; 617.994.4710. , lbroadhurst@bgcb.org**Detailed Description**

Not Specified

Let's Go! Healthcare**Brief Description or Objective**

To train staff at pediatric practices and hospitals on evidence-based childhood obesity prevention methods.

Program TypeCommunity Participation/Capacity Building
Initiative,Grant/Donation/Foundation/Scholarship,Health Screening,Prevention**Target Population**

- **Regions Served:** Ashburnham, Athol, Auburn, Bolton, Grafton, Holden, Lancaster, Leicester, Mendon, Milford, Northbridge, Oxford, Petersham, Royalston, Shrewsbury,

Southborough, Spencer, Sterling, Sturbridge, Sutton, Templeton, Uxbridge, Webster, Westborough, Westminster

- **Health Indicator:** Not Specified
- **Sex:** All
- **Age Group:** Child-Preschool, Child-Preteen, Child-Primary School, Child-Teen
- **Ethnic Group:** All
- **Language:** All

Goals

Statewide Priority: Chronic Disease Management in Disadvantage Populations, Promoting Wellness of Vulnerable Populations, Reducing Health Disparity

Goal Description

Goal: to reduce childhood obesity through trained pediatric and hospital staff (focus on Worcester County).

Goal Status

Trainings continue throughout Worcester County.

Partners

Partner Name, Description

UMass Medical School

Partner Web Address

<http://www.umassmed.edu/default/>

Contact Information

Victoria W. Rogers. MD Director, Kids CO-OP Director, Let's Go! The Barbara Bush Children's Hospital at Maine Medical Center 22 Bramhall Street Portland, ME 04102 (207) 662-2410 , ROGERV@mmc.org

Detailed Description

Not Specified

Improving Pregnancy Care and Early Childhood Visit Rates in the Latina Community of Lawrence, MA

Brief Description or Objective

Goal: To design and implement culturally competent interventions that will address barriers to post-partum care and to well child care in the first year of life, and reduce barriers to care and reduce or eliminate an identified disparity.

Program Type

Community Education,Community Health Needs Assessment,Community Participation/Capacity Building Initiative,Health Professional/Staff Training,Outreach to Underserved,Prevention

Target Population

- **Regions Served:** Lawrence
- **Health Indicator:** Access to Health Care, Other: Cultural Competency, Other: Parenting Skills, Other: Pregnancy
- **Sex:** Female
- **Age Group:** Adult
- **Ethnic Group:** All
- **Language:** All

Goals

Statewide Priority: Chronic Disease Management in Disadvantage Populations, Promoting Wellness of Vulnerable Populations, Reducing Health Disparity

Goal Description

Goal: To design and implement culturally competent interventions that will address barriers to post-partum care and to well child care in the first year of life, and reduce barriers to care and reduce or eliminate an identified disparity.

Goal Status

The training continues.

Partners

Partner Name, Description Partner Web Address

Greater Lawrence Family Health Center

<http://glfhc.org/site/>

Contact Information Helen Hendricks Director, Quality Management & Improvement Neighborhood Health Plan 252 Summer Street Boston, MA 02210 617-979-5801 , Helen_Hendricks@nhp.org

Detailed Description Not Specified

Expenditures

Program Type	Estimated Total Expenditures for FY2013	Approved Program Budget for 2013
Community Benefits Programs	Direct Expenses \$9,685,066 Associated Expenses \$0 Determination of Need Expenditures \$0 Employee Volunteerism \$0 Other Leveraged Resources \$6,269,801	\$11,511,605 *Excluding expenditures that cannot be projected at the time of the report.
Net Charity Care	HSN Assessment \$24,587,375 HSN Denied Claims Not Specified Free/Discount Care Not Specified Total Net Charity Care Not Specified	
Corporate Sponsorships	\$1,817,512	
	Total Expenditures \$42,359,754	
Massachusetts Plan Members		0
HMO Administrative Expenses		160,391,308
HMO Total Revenue for 2013		1,655,271,954
HMO Hospital, Medical and Other Health Care Costs for 2013		1,461,387,486
Comments: None		

Optional Information

Expenditures	Amount	
Community Service Programs	Direct Expenses \$952,240 Associated Expenses \$0 Determination of Need Expenditures \$0 Employee Volunteerism \$83,700 Other Leveraged Resources \$30,115	
Total Community Service Programs	\$1,066,055	

Bad Debt: Not Specified Not Specified

IRS 990:

\$1,781,384
2013