

<a href="#">Information Publicly Available via Massachusetts CHIA (2023)</a>	<a href="#">Massachusetts CHIA Definitions &amp; Data Sources</a>	<a href="#">Is this Information Available Publicly in New York? Does New York Collect the Data?</a>																						
<b>HEALTH CARE EXPENDITURES<sup>i</sup></b>																								
<b>Total Health Care Expenditures (THCE)</b>		<b>Total Health Care Expenditures (THCE)</b>																						
<ul style="list-style-type: none"> <li>Per Capita Total Health Care Expenditure Trends, 2013-2021</li> <li>Components of Total Health Care Expenditures, 2019-2021</li> <li>Components of Total Health Care Expenditures: Private Commercial Insurance by Product Type, 2019-2021</li> <li>Components of Total Health Care Expenditures: Medicare Programs, 2019-2021</li> <li>Components of Total Health Care Expenditures: MassHealth by Program Type, 2019-2021</li> <li>Components of Total Health Care Expenditures: MassHealth Enrollment by Delivery System, 2020-2021</li> <li>Components of Total Health Care Expenditures: Net Cost</li> </ul>	<p><u>Definition:</u> THCE is a measure of total spending for health care in the Commonwealth. Chapter 224 of the Acts of 2012 (Chapter 224) defines THCE as the annual per capita sum of all health care expenditures in the Commonwealth from public and private sources, including: 1) all categories of medical expenses and all non-claims related payments to providers, as included in the health status adjusted total medical expenses (TME) reported by CHIA; 2) all patient cost-sharing amounts, such as deductibles and copayments; and 3) the net cost of private health insurance, or as otherwise defined in regulations promulgated by CHIA.</p> <table border="1" data-bbox="569 800 1583 1310"> <thead> <tr> <th data-bbox="569 800 1136 829">THCE CATEGORY</th> <th data-bbox="1142 800 1583 829">DATA SOURCE</th> </tr> </thead> <tbody> <tr> <td colspan="2" data-bbox="569 834 1583 863"><b>Commercially Insured Expenditures</b></td> </tr> <tr> <td data-bbox="569 868 1136 898">Commercial Full-Claim</td> <td data-bbox="1142 868 1583 898">TME data reported by commercial payers to CHIA</td> </tr> <tr> <td data-bbox="569 902 1136 932">Commercial Partial-Claim</td> <td data-bbox="1142 902 1583 932">TME data reported by commercial payers to CHIA with actuarial estimates</td> </tr> <tr> <td colspan="2" data-bbox="569 937 1583 966"><b>Public Coverage Expenditures</b></td> </tr> <tr> <td data-bbox="569 971 1136 1000">MassHealth Managed Care Organizations (MCOs) and Accountable Care Organizations Model A (ACO-A)</td> <td data-bbox="1142 971 1583 1000">TME data reported by commercial payers to CHIA</td> </tr> <tr> <td data-bbox="569 1005 1136 1034">Commonwealth Care MCOs</td> <td data-bbox="1142 1005 1583 1034">TME data reported by commercial payers to CHIA</td> </tr> <tr> <td data-bbox="569 1039 1136 1068">MassHealth (ACO-B, PCC, FFS, SCO, PACE, One Care, and Other)</td> <td data-bbox="1142 1039 1583 1068">Reported by MassHealth</td> </tr> <tr> <td data-bbox="569 1073 1136 1102">Medicare Advantage</td> <td data-bbox="1142 1073 1583 1102">TME data reported by commercial payers to CHIA</td> </tr> <tr> <td data-bbox="569 1107 1136 1136">Medicare Parts A and B</td> <td data-bbox="1142 1107 1583 1136">CMS data summary to CHIA</td> </tr> <tr> <td data-bbox="569 1141 1136 1170">Standalone Medicare Part D</td> <td data-bbox="1142 1141 1583 1170">CMS data summary to CHIA</td> </tr> </tbody> </table>	THCE CATEGORY	DATA SOURCE	<b>Commercially Insured Expenditures</b>		Commercial Full-Claim	TME data reported by commercial payers to CHIA	Commercial Partial-Claim	TME data reported by commercial payers to CHIA with actuarial estimates	<b>Public Coverage Expenditures</b>		MassHealth Managed Care Organizations (MCOs) and Accountable Care Organizations Model A (ACO-A)	TME data reported by commercial payers to CHIA	Commonwealth Care MCOs	TME data reported by commercial payers to CHIA	MassHealth (ACO-B, PCC, FFS, SCO, PACE, One Care, and Other)	Reported by MassHealth	Medicare Advantage	TME data reported by commercial payers to CHIA	Medicare Parts A and B	CMS data summary to CHIA	Standalone Medicare Part D	CMS data summary to CHIA	<ul style="list-style-type: none"> <li>NYS equivalent of CHIA Total Health Care Expenditures information is <b>not available</b> in NYS.</li> <li>Portions of the CHIA-collected data that are used to calculate the TME<sup>1</sup>, that are <b>not available</b> in NYS include the net cost of private health insurance, non-claims related payments to providers (including provider performance payments) patient cost-sharing and Veterans Health Administration data.</li> <li>Given the data that is currently collected by NYS DOH APD and NYS DFS, it may be possible for NYS to provide CHIA-like information on partial NYS Health Care Expenditures</li> </ul>
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<sup>1</sup> TME is defined as the total medical spending for a member population based on allowed claims (i.e., payer paid amount plus patient cost sharing) for all categories of medical expenses and all non-claims related payments to providers. TME is expressed on a PMPM basis.

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<p>of Private Health Insurance by Market Sector, 2019-2021</p> <ul style="list-style-type: none"> <li>Components of Total Health Care Expenditures: Other Public Programs, 2019-2021</li> </ul>	<table border="1"> <tr> <td data-bbox="569 297 1136 342">Health Safety Net</td> <td data-bbox="1136 297 1583 342">Reported by HSN</td> </tr> <tr> <td data-bbox="569 342 1136 388">Medical Security Program</td> <td data-bbox="1136 342 1583 388">Reported by commercial payers to CHIA</td> </tr> <tr> <td data-bbox="569 388 1136 459">Veterans Health Administration</td> <td data-bbox="1136 388 1583 459">Veterans Health Administration (VA) summary data reported to CHIA for FYs 2018, 2019, and 2020</td> </tr> <tr> <td data-bbox="569 459 1136 667"><b><u>Net Cost of Private Health Insurance</u></b></td> <td data-bbox="1136 459 1583 667">Calculated from the Medical Loss Ratio Reports from the Massachusetts Division of Insurance (DOI), the Annual Statutory Financial Statement and Supplemental Health Care Exhibit from the National Association of Insurance Commissioners (NAIC), and the Medical Loss Ratio Reports from the Center for Consumer Information and Insurance Oversight (CCIIO)</td> </tr> <tr> <td data-bbox="569 667 1136 735"><b><u>Massachusetts population</u></b></td> <td data-bbox="1136 667 1583 735">U.S. Census Bureau</td> </tr> </table>	Health Safety Net	Reported by HSN	Medical Security Program	Reported by commercial payers to CHIA	Veterans Health Administration	Veterans Health Administration (VA) summary data reported to CHIA for FYs 2018, 2019, and 2020	<b><u>Net Cost of Private Health Insurance</u></b>	Calculated from the Medical Loss Ratio Reports from the Massachusetts Division of Insurance (DOI), the Annual Statutory Financial Statement and Supplemental Health Care Exhibit from the National Association of Insurance Commissioners (NAIC), and the Medical Loss Ratio Reports from the Center for Consumer Information and Insurance Oversight (CCIIO)	<b><u>Massachusetts population</u></b>	U.S. Census Bureau	<p>that is more comprehensive than that which is currently available.</p>
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<ul style="list-style-type: none"> <li>Total Health Care Expenditures by Service Category, 2019-2021: Gross of Prescription Drug Rebates</li> <li>Total Health Care Expenditures by Service Category, 2019-2021: Net of Prescription Drug Rebates</li> <li>Change in Total Health Care Expenditures by Service Category, 2019-2021</li> <li>Components of Total Health Care Expenditures:</li> </ul>	<p><b><u>Definition:</u></b> For the purposes of this report, health care expenditures by service category represent the annual sum of all THCE reported spending in each service category. Health care expenditures by service category include health care expenditures from public and private sources and consists of 1) all categories of medical payments to providers, and 2) all patient cost-sharing amounts, such as deductibles, coinsurance, and copayments.</p>		<ul style="list-style-type: none"> <li>NYS equivalent of CHIA Total Health Care Expenditures by Service Category information is <b>not available</b>.</li> <li>CHIA-collected data that is used to calculate the TME<sup>2</sup>, that is <b>not available</b> in NYS includes the net cost of private health insurance and Veterans Health Administration data.</li> <li>Given the data that is currently collected by NYS</li> </ul>									

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<p>Commercial Spending by Service Category, 2019-2021</p> <ul style="list-style-type: none"> <li>• Components of Total Health Care Expenditures: Medicare Spending by Service Category, 2019-2021</li> <li>• Telehealth in the Commonwealth</li> <li>• Components of Total Health Care Expenditures: Telehealth Spending</li> </ul>	<table border="1"> <thead> <tr> <th data-bbox="569 297 1031 329">Data Category</th> <th data-bbox="1031 297 1587 329">Data Source</th> </tr> </thead> <tbody> <tr> <td colspan="2" data-bbox="569 329 1587 362"><b>Commercially-Insured Pharmacy Expenditures</b></td> </tr> <tr> <td data-bbox="569 362 1031 410">Commercial Full-Claim</td> <td data-bbox="1031 362 1587 410">TME data reported by commercial payers to CHIA</td> </tr> <tr> <td data-bbox="569 410 1031 459">Commercial Partial-Claim</td> <td data-bbox="1031 410 1587 459">TME data reported by commercial payers to CHIA with actuarial estimates</td> </tr> <tr> <td colspan="2" data-bbox="569 459 1587 492"><b>Public Coverage Pharmacy Expenditures</b></td> </tr> <tr> <td data-bbox="569 492 1031 540">MassHealth MCOs and ACO-As</td> <td data-bbox="1031 492 1587 540">TME data reported by commercial payers to CHIA</td> </tr> <tr> <td data-bbox="569 540 1031 589">MassHealth (FFS, PCC, Temporary, ACO-B, MCO wrap, ACO-A wrap, and supplemental payments)</td> <td data-bbox="1031 540 1587 589">Reported by MassHealth</td> </tr> <tr> <td data-bbox="569 589 1031 638">Programs Primarily for Dual-Eligibles (SCO, PACE, and One Care)</td> <td data-bbox="1031 589 1587 638">Reported by MassHealth</td> </tr> <tr> <td data-bbox="569 638 1031 686">Medicare Advantage</td> <td data-bbox="1031 638 1587 686">TME data reported by commercial payers to CHIA</td> </tr> <tr> <td data-bbox="569 686 1031 735">Medicare Parts A and B</td> <td data-bbox="1031 686 1587 735">CMS data summary to CHIA</td> </tr> <tr> <td data-bbox="569 735 1031 784">Standalone Medicare Part D</td> <td data-bbox="1031 735 1587 784">CMS data summary to CHIA</td> </tr> <tr> <td data-bbox="569 784 1031 833">Health Safety Net</td> <td data-bbox="1031 784 1587 833">Reported by the HSN</td> </tr> <tr> <td data-bbox="569 833 1031 881">Veterans Health Administration</td> <td data-bbox="1031 833 1587 881">Sourced from publicly available VA data</td> </tr> </tbody> </table>		Data Category	Data Source	<b>Commercially-Insured Pharmacy Expenditures</b>		Commercial Full-Claim	TME data reported by commercial payers to CHIA	Commercial Partial-Claim	TME data reported by commercial payers to CHIA with actuarial estimates	<b>Public Coverage Pharmacy Expenditures</b>		MassHealth MCOs and ACO-As	TME data reported by commercial payers to CHIA	MassHealth (FFS, PCC, Temporary, ACO-B, MCO wrap, ACO-A wrap, and supplemental payments)	Reported by MassHealth	Programs Primarily for Dual-Eligibles (SCO, PACE, and One Care)	Reported by MassHealth	Medicare Advantage	TME data reported by commercial payers to CHIA	Medicare Parts A and B	CMS data summary to CHIA	Standalone Medicare Part D	CMS data summary to CHIA	Health Safety Net	Reported by the HSN	Veterans Health Administration	Sourced from publicly available VA data	<p>DOH APD and NYS DFS, it may be possible for NYS to provide CHIA-like information on partial NYS Health Care Expenditures by Service Area that is still more comprehensive than currently available.</p>
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<ul style="list-style-type: none"> <li>• Estimated Impact of Rebates on Pharmacy Spending and Growth, 2019-2021</li> <li>• Range of Payer-Reported Commercial Rebates as a Percentage of Gross Pharmacy Expenditures, 2019-2021</li> </ul>	<p><b>Definitions:</b></p> <ul style="list-style-type: none"> <li>• Prescription Drug Rebate Share of Pharmacy Expenditures: Aggregate prescription drug rebates divided by aggregate pharmacy expenditures.</li> <li>• Aggregate Prescription Drug Rebates: the sum of all rebates and other price concessions (including concessions from price protection and hold harmless contract clauses) provided by pharmaceutical manufacturers for prescription drugs with specified dates of fill, excluding manufacturer-provided fair market value bona fide service fees.</li> <li>• Aggregate Pharmacy Expenditures: the sum of all incurred claim allowed payment amounts to pharmacies for prescription drugs, biological products, or</li> </ul>		<ul style="list-style-type: none"> <li>• NYS equivalent of CHIA prescription during rebates and pharmacy expenditures information is <b>not available</b>.</li> <li>• Rebate data for commercially insured members is <b>not available</b>.</li> <li>• NYS DOH has drug rebate data for the Medicaid program and data for pharmacy expenditures for</li> </ul>																										

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	<p>vaccines as defined by the payer’s prescription drug benefit in a given calendar year, including member cost-sharing and excluding prescription drug rebates.</p> <ul style="list-style-type: none"> <li>Pharmacy Expenditures Net of Rebates: Aggregate pharmacy expenditures minus aggregate prescription drug rebates</li> </ul> <table border="1" data-bbox="575 477 1583 1000"> <thead> <tr> <th data-bbox="575 477 1079 509">Data Category</th> <th data-bbox="1079 477 1583 509">Data Source</th> </tr> </thead> <tbody> <tr> <td data-bbox="575 509 1079 565"><u>Rebate, Pharmacy Expenditure, and Member Month Data for Commercially-Insured Members</u></td> <td data-bbox="1079 509 1583 565"></td> </tr> <tr> <td data-bbox="575 565 1079 613">Commercial<sup>13</sup></td> <td data-bbox="1079 565 1583 613">Data reported by commercial payers to CHIA</td> </tr> <tr> <td data-bbox="575 613 1079 669"><u>Rebate, Pharmacy Expenditure, and Member Month Data for Publicly-Insured Members</u></td> <td data-bbox="1079 613 1583 669"></td> </tr> <tr> <td data-bbox="575 669 1079 717">MassHealth MCO/ACO-As</td> <td data-bbox="1079 669 1583 717">Data reported by commercial payers and MassHealth to CHIA</td> </tr> <tr> <td data-bbox="575 717 1079 766">MassHealth (FFS, PCC, ACO-B, and wrap payments)</td> <td data-bbox="1079 717 1583 766">Data reported by MassHealth to CHIA</td> </tr> <tr> <td data-bbox="575 766 1079 815">Medicare Advantage (Part D)</td> <td data-bbox="1079 766 1583 815">Data reported by commercial payers to CHIA</td> </tr> <tr> <td data-bbox="575 815 1079 863">Medicare FFS/Medicare Prescription Drug Plans:</td> <td data-bbox="1079 815 1583 863">Data reported by commercial payers to CHIA</td> </tr> <tr> <td data-bbox="575 863 1079 912">Senior Care Options (SCO)</td> <td data-bbox="1079 863 1583 912">Data reported by commercial payers to CHIA</td> </tr> <tr> <td data-bbox="575 912 1079 961">One Care</td> <td data-bbox="1079 912 1583 961">Data reported by commercial payers to CHIA</td> </tr> <tr> <td data-bbox="575 961 1079 1000">Programs of All-Inclusive Care for the Elderly (PACE)</td> <td data-bbox="1079 961 1583 1000">Data reported by commercial payers to CHIA</td> </tr> </tbody> </table>	Data Category	Data Source	<u>Rebate, Pharmacy Expenditure, and Member Month Data for Commercially-Insured Members</u>		Commercial <sup>13</sup>	Data reported by commercial payers to CHIA	<u>Rebate, Pharmacy Expenditure, and Member Month Data for Publicly-Insured Members</u>		MassHealth MCO/ACO-As	Data reported by commercial payers and MassHealth to CHIA	MassHealth (FFS, PCC, ACO-B, and wrap payments)	Data reported by MassHealth to CHIA	Medicare Advantage (Part D)	Data reported by commercial payers to CHIA	Medicare FFS/Medicare Prescription Drug Plans:	Data reported by commercial payers to CHIA	Senior Care Options (SCO)	Data reported by commercial payers to CHIA	One Care	Data reported by commercial payers to CHIA	Programs of All-Inclusive Care for the Elderly (PACE)	Data reported by commercial payers to CHIA	<p>Medicaid. NYS DFS has claims reports data for pharmacy expenditures for commercial plans.</p> <ul style="list-style-type: none"> <li>Commercial plan member cost-sharing data is <b>not available</b>.</li> </ul>
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<ul style="list-style-type: none"> <li>Total Acute Care Hospital Inpatient Discharges, October 2018-September 2022</li> <li>Total Acute Care Hospital Emergency Department</li> </ul>	<ul style="list-style-type: none"> <li>Hospital Inpatient Discharge Databases (HIDD) and Emergency Department Databases (EDD) of CHIA’s Acute Hospital Case Mix Databases were used as the data sources for reporting on trends in acute hospital utilization.</li> <li>The HIDD and EDD are visit-level files including patient socio-demographics, diagnostic information, treatment and service information, and hospital charges.</li> </ul>	<ul style="list-style-type: none"> <li>NYS equivalent of CHIA hospital utilization information is <b>available</b> using NYS SPARCS data.</li> </ul>																						

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<p>Treat-and-Release Visits, October 2018-September 2022</p> <ul style="list-style-type: none"> <li>Acute Care Hospital Inpatient Discharges Related to COVID-19, January 2020-September 2022</li> <li>Acute Care Hospital Inpatient Discharges Related to COVID-19 by Expected Primary Payer Type, January 2020-September 2022</li> <li>Acute Care Hospital Inpatient Discharges Related to COVID-19 by Discharge Setting, January 2020-September 2022</li> </ul>	<ul style="list-style-type: none"> <li>For this analysis, discharge setting information reported by the facility was classified into one of six mutually exclusive categories: Home, Home with Home Health Agency Care, SNF, Rehabilitation, Expired, Other (hospice, CAH, psychiatric hospital, federal healthcare facility, another short-term general hospital for inpatient care, another type of institution not defined elsewhere, or other discharger setting).</li> <li>Length of Stay</li> </ul>	
<b>Hospital and Health System Financial Performance</b>		<b>Hospital and Health System Financial Performance</b>
<ul style="list-style-type: none"> <li>Total Margin Trends by Hospital Cohort</li> <li>Operating and Non-Operating Trends by Hospital Cohort</li> <li>Hospital Operating Revenue and Expense Trends</li> </ul>	<p><b>Description of Financial Metrics:</b> Financial ratio analysis is one critical component of assessing an entity's financial condition. These measures are used for hospitals and their affiliated health systems.</p> <p><b>Profitability</b> - This category evaluates the ability of an entity to generate a surplus.</p> <p><b>Operating Margin</b></p> <ul style="list-style-type: none"> <li>Operating income is income from normal operations of an entity, including patient care and other activities, such as research, gift shops, parking, and cafeteria, minus the expenses associated with such activities. Operating Margin is a critical ratio that measures how profitable the entity is when looking at the performance of its primary activities. In HFY 2020 and HFY</li> </ul>	<ul style="list-style-type: none"> <li>NYS equivalent of CHIA Hospital and Health System Financial Performance information is <b>not available</b> publicly in a comparable manner.</li> <li>NYS DOH does collect hospital Cost Report and Form 990 data, so it may be</li> </ul>

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	<p>2021, these margins include COVID-19 relief funding reported as operating revenue.</p> <ul style="list-style-type: none"> <li>○ Operating Margin = (Total Operating Revenue – Total Expenses Including Nonrecurring Gains or Losses) / Total Unrestricted Revenue, Gains and Other Support</li> </ul> <p><b>Non-Operating Margin</b></p> <ul style="list-style-type: none"> <li>○ Non-operating income includes items that are not related to operations, such as investment income, contributions, gains from the sale of assets and other unrelated business activities.</li> <li>○ Non-Operating Margin = Total Non-Operating Revenue / Total Unrestricted Revenue, Gains and Other Support</li> </ul> <p><b>Total Margin</b></p> <ul style="list-style-type: none"> <li>○ This ratio evaluates the overall profitability of the entity using both operating surplus (or loss) and non-operating surplus (or loss). In HFY 2020 and HFY 2021, these margins include COVID-19 relief funding reported as operating revenue.</li> <li>○ Total Margin = Total Excess of Revenue, Gains and Other Support Over Expenses / Total Unrestricted Revenue, Gains and Other Support</li> </ul> <p><b>Other Measures</b></p> <p>The following are individual line items from the Standardized Financial Filing.</p> <ul style="list-style-type: none"> <li>○ <b>Net Patient Service Revenue (NPSR):</b> Revenue an entity would expect to collect for services provided, including premium revenue, less contractual allowances. NPSR is the primary source of revenue for an entity.</li> <li>○ <b>Other Operating Revenue:</b> Includes revenue from services other than health care provided to patients, as well as sales and services to non-patients.</li> <li>○ <b>Federal COVID-19 Relief Funds:</b> Total funds an entity received related to the COVID-19 pandemic from federal sources that was reported as operating revenue.</li> <li>○ <b>State &amp; Other COVID-19 Relief Funds:</b> Total funds an entity received related to the COVID-19 pandemic from state or other sources, such as private grants or contributions, that was reported as operating revenue.</li> </ul>	<p>possible for this information to be made available in NYS.</p>

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	<ul style="list-style-type: none"> <li>○ <b>Total Expenses:</b> Includes all expenses reported by the entity, including but not limited to salary and benefits, depreciation, interest, health safety net assessment, and other operating expenses.</li> </ul>	
<b>Nursing Facility Utilization and Financial Performance</b>		<b>Nursing Facility Utilization and Financial Performance</b>
<ul style="list-style-type: none"> <li>• Nursing Facility Utilization, by Payer Type</li> <li>• Nursing Facility Annual Occupancy Rates</li> <li>• Total Facilities, Total Beds, and Median Occupancy by County, 2021</li> <li>• Nursing Facility Median Total Margin</li> <li>• Nursing Facility Total Revenue and Expenses</li> </ul>	<p><u>Data Source:</u> The data underlying the metrics in the nursing facility-related slides is from the Nursing Facility Cost Reports (HCF-1 in 2019 and 2020; SNF-CR in 2021) submitted to CHIA for each calendar year 2019-2021.</p> <ul style="list-style-type: none"> <li>• <b>Nursing Facility Utilization, by Payer Type</b> <u>Nursing Facility Resident Days</u> - This metric measures the distribution of resident days by payer type: Medicaid, Medicare, Self-Pay, Commercial, other public programs, and other payer types. To compute adjusted resident days by payer type, each facility’s total resident days for a given payer type within a given year were divided by the number of operating days then multiplied by the number of days in that calendar year.</li> <li>• <b>Nursing Facility Annual Occupancy Rates</b> <u>Occupancy Rate</u> - This metric measures the proportion of all nursing facility beds that were filled during the year.</li> <li>• <b>Total Facilities, Total Operating Beds, and Occupancy by County, 2021</b> <u>Total Facilities, 2021</u> - This metric counts the number of nursing facilities which submitted a 2021 cost report to CHIA, total and in each county. <u>Total Licensed Beds, 2021</u> - This metric counts the number of licensed beds in nursing facilities which submitted a 2021 cost report to CHIA, total and in each county. <u>Median Occupancy Rate, 2021</u> - For this metric, the occupancy rate was calculated for each facility as described above, and the median value was determined, across all facilities and in each county.</li> <li>• <b>Nursing Facility Median Total Margin</b> <u>Median Total Margin</u> - Total margin measures the nursing facility’s financial performance across all of its income and expenses. The total margin was</li> </ul>	<ul style="list-style-type: none"> <li>• NYS equivalent of CHIA Nursing Facility Utilization and Financial Performance information is <b>not available</b> publicly in a comparable manner.</li> <li>• NYS DOH does collect nursing facility Cost Reports, so it may be possible for this information to be made available in NYS.</li> </ul>



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	calculated for each nursing facility, then the 75th percentile, median, and 25th percentile were determined across all facilities.	
<b>BEHAVIORAL HEALTH<sup>iii</sup></b>		
<b>Behavioral Health Expenditures</b>		<b>Behavioral Health Expenditures</b>
<ul style="list-style-type: none"> <li>Behavioral Health Spending by Insurance Category, 2021</li> <li>Member Cost-Sharing as a Percentage of Total Expenditures by Insurance Category, 2021</li> <li>Range of Payer-Reported Substance Use Disorder Expenditures as a Percentage of Total Behavioral Health Expenditures by Insurance Category, 2021</li> <li>Commercial Behavioral Health Expenditures Per Member Per Month for Pediatric and Non-Pediatric Physician Groups, 2021</li> </ul>	<p><u>Definitions:</u> The following definitions are applicable to the Behavioral Health chapter of CHIA’s Annual Report only.</p> <ul style="list-style-type: none"> <li>Behavioral Health Expenditures: Includes incurred claims (payer-paid), member-cost-sharing, and non-claims-based payments for services that met CHIA’s criteria for behavioral health services, including general services provided by a behavioral health clinician, and behavioral health services provided by any practitioner.</li> <li>Total Health Expenditures: Total medical and prescription drug spending for services that were not classified as behavioral health.</li> <li>Member Months (annual): The number of members participating in a plan over the specified period of time expressed in months of membership.</li> <li>BH Member Months (annual): The number of members participating in a plan over the specified period of time expressed in member months, who had a Behavioral Health principal diagnosis at any point during the reporting year.</li> <li>Member Cost-Sharing: Total member cost-sharing/member paid amounts for service category spending.</li> <li>Substance Use Disorder Expenditures: Includes incurred claims (payer-paid), member-cost-sharing, and non-claims-based payments for services that met CHIA’s criteria for substance use disorder services in accordance with the SUD service subset code list.</li> <li>Pediatric Provider Group Behavioral Health Expenditures: Expenditures classified as behavioral health for members attributed to a provider organization in which at least 75% of its patients are children up to the age of 18.</li> </ul>	<ul style="list-style-type: none"> <li>NYS equivalent of CHIA Behavioral Health Expenditures information is <b>not available</b>.</li> <li>Commercial member-cost sharing data and total medical and prescription drug spending is <b>not available</b>.</li> <li>NYS DOH does collect Article 28 Hospital Inpatient Cost Transparency data which combines SPARCS and Institutional Cost Reports and NYS OMH collects Medicaid utilization and expenditures as well as the Mental Health Inpatient Use for General Hospitals, Private Hospitals, State Psychiatric Centers, and Residential Treatment Facilities, so it may be possible for some of this</li> </ul>



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	<ul style="list-style-type: none"> <li>Non-Pediatric Provider Group Behavioral Health Expenditures: Expenditures classified as behavioral health for members attributed to a provider organization which does not meet the criteria of a pediatric provider group defined.</li> </ul>	<p>information to be made available in NYS.</p>
<p><b>Behavioral Health Acute Hospital Utilization</b></p>		<p><b>Behavioral Health Acute Hospital Utilization</b></p>
<ul style="list-style-type: none"> <li>Total Acute Care Hospital Inpatient Discharges with Behavioral Health Primary Diagnosis, October 2018-September 2022</li> <li>Total Emergency Department Treat-and-Release Visits with Behavioral Health Primary Diagnosis, October 2018-September 2022</li> <li>Acute Care Hospital Inpatient Discharges with a Behavioral Health Primary</li> <li>Diagnosis by Condition Category among Patients Aged 2-17, FFY 2021</li> <li>Acute Care Hospital Inpatient Discharges with a Behavioral Health Primary</li> <li>Diagnosis by Condition Category among Patients Aged 18-64, FFY 2021</li> </ul>	<p><u>Overview</u></p> <ul style="list-style-type: none"> <li>For this report, the Hospital Inpatient Discharge Databases (HIDD) and Emergency Department Databases (EDD) of CHIA’s Acute Hospital Case Mix Databases (see above) were used as the data source for reporting on behavioral health utilization in acute hospitals.</li> <li>The HIDD and EDD are visit-level files including patient socio-demographics, diagnostic information, treatment and service information, and hospital charges.</li> <li>They include only discharges or visits at acute hospitals and <u>do not</u> include data from private psychiatric hospitals, substance abuse facilities, or Department of Mental Health hospitals.</li> </ul> <p><u>Behavioral Health</u></p> <ul style="list-style-type: none"> <li>Inpatient discharges and treat-and-release ED visits were categorized into clinical meaningful independent behavioral health categories based on the listed primary and secondary diagnosis codes using the Clinical Classifications Software Refined (CCSR) for ICD-10-CM diagnoses.</li> <li>The CCSR for ICD-10-CM diagnoses was developed by the Agency for Healthcare Research and Quality (AHRQ) and aggregates over 70,000 ICD-10-CM diagnosis codes into over 530 clinically meaningful categories, organized across 21 body systems. This report uses CCSR v. 2023.1.</li> </ul>	<ul style="list-style-type: none"> <li>NYS equivalent of CHIA Behavioral Health Acute Hospital Utilization information <b>is available</b> using NYS SPARCS data.</li> </ul>

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<ul style="list-style-type: none"> <li>Acute Care Hospital Inpatient Discharges with a Behavioral Health Primary</li> <li>Diagnosis by Condition Category among Patients Aged 65+, FFY 2021</li> </ul>		
<p><b>Behavioral Health Hospital Statistics and Outpatient Visits</b></p>		<p><b>Behavioral Health Hospital Statistics and Outpatient Visits</b></p>
<ul style="list-style-type: none"> <li>Outpatient Behavioral Health Utilization</li> <li>Massachusetts Hospital Statistics, HFY 2021</li> </ul>	<p><u>Outpatient Visits:</u> The total outpatient visits reported by the hospital.</p> <p><u>Description of Metrics:</u></p> <p>Licensed Beds</p> <ul style="list-style-type: none"> <li>The average number of beds during the fiscal year that were licensed for patient use.</li> </ul> <p>Staffed Beds</p> <ul style="list-style-type: none"> <li>The average number of beds during the fiscal year that were in service and staffed for patient use.</li> </ul> <p>Percent Occupancy</p> <ul style="list-style-type: none"> <li>The average percent of staffed inpatient beds occupied during the reporting period.</li> <li>Percent Occupancy = (Inpatient Days) / (Weighted Average Staffed Beds * Number of Days in Reporting Period)</li> </ul> <p>Average Length of Stay</p> <ul style="list-style-type: none"> <li>The average duration of an inpatient admission.</li> </ul> <p>Average Length of Stay = Inpatient Days / Discharges.</p>	<ul style="list-style-type: none"> <li>NYS equivalent of CHIA Behavioral Health Hospital Statistics and Outpatient Visits is <b>not available</b>.</li> <li>NYS OMH Outpatient Capacity in the County Planning Profiles is <b>available</b>.</li> <li>NYS OMH collects ad hoc data related to Hospital Statistics.</li> </ul>
<p><b>QUALITY OF CARE IN THE COMMONWEALTH<sup>IV</sup></b></p>		

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<p><b>Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS)</b></p> <ul style="list-style-type: none"> <li>• Patient-Reported Experience During Acute Hospital Admission, CY 2021</li> </ul>	<p><u>Data Source:</u> CMS Hospital Compare; all payers, ages 19+  <u>Definition:</u> All HCAHPS scores were retrieved from CMS Hospital Compare as pre-calculated percentages. Where a hospital’s performance is not included in Hospital Compare because of small numbers, missing data, or because the measure does not apply, the measure is also not included in the report.</p>	<p><b>Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS)</b></p> <ul style="list-style-type: none"> <li>• NYS hospital information is <b>available</b> on the CMS.gov <a href="#">Hospital CAHPS website</a></li> </ul>
<p><b>Consumer Assessment of Healthcare Providers &amp; Systems Clinician and Group Patient Centered Medical Home Survey (CG CAHPS, 4.0 (beta) Survey) – Primary Care (Adult and Pediatrics)</b></p> <ul style="list-style-type: none"> <li>• Primary Care Patient-Reported Experiences for Adults, 2018, 2020 and 2021</li> <li>• Primary Care Patient-Reported Experiences for Pediatrics, 2018, 2020 and 2021</li> <li>• MassHealth Member Primary Care Patient-Reported Experiences for Adults, 2019-2021</li> <li>• MassHealth Member Primary Care Patient-Reported Experiences for Pediatrics, 2019-2021</li> </ul>	<p><u>Data Source:</u> Massachusetts Health Quality Partners, Patient Experience Survey (PES); commercially insured members of five plans in Massachusetts, in an HMO, PPO, or POS health plan product, MassHealth, pediatric patients ages 0-17, adult patients ages 18+.</p>	<p><b>Consumer Assessment of Healthcare Providers &amp; Systems Clinician and Group Patient Centered Medical Home Survey (CG CAHPS, 4.0 (beta) Survey) – Primary Care (Adult and Pediatrics)</b></p> <ul style="list-style-type: none"> <li>• <a href="#">NYS Medicaid Satisfaction Survey Report</a> - NYS is <b>available</b> through a member experience survey conducted every other year for adults enrolled in Medicaid managed care plans. The Department uses the results from this survey to determine variation in member satisfaction among plans.</li> <li>• Patient Centered Medical Home <a href="#">Satisfaction with the Experience of Care</a> (2013) –</li> </ul>

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		<p>Adult and Child CAHPS PCMH <b>is available</b>.</p> <ul style="list-style-type: none"> <li>eQARR - An <a href="#">Online Report on Quality Performance Results for Health Plans in New York State</a> (includes a “Satisfaction with Care” Domain) <b>is available</b>.</li> <li>New York State Department of Health Managed Long-Term Care 2021 <a href="#">Member Satisfaction Survey Summary Report</a> <b>is available</b>.</li> </ul>
Readmissions		Readmissions
<ul style="list-style-type: none"> <li>Trends in Statewide All-Payer Adult Acute Hospital Readmission Rate, Discharges, and Readmissions, SFY 2011-2021</li> <li>Discharge Diagnoses with the Highest Number of Readmissions, 2021</li> <li>Quarterly Trends in All-Payer Discharges, Readmissions, and Readmission Rate by COVID-19 Status, April 2020-June 2021</li> </ul>	<p><u>Definition:</u> CHIA has adapted the Hospital-Wide All-Cause Unplanned 30-day Readmission Measure (NQF #1789) developed by CMS and the Yale Center for Outcomes Research and Evaluation to report on all-payer readmissions in the Commonwealth. The measure was applied to CHIA’s Hospital Inpatient Discharge Database, which is collected from all non-federal acute care hospitals in Massachusetts. This year’s report uses the 2022 CMS readmission measure methodology (version 11.0), which uses the V24 CMS-HCC crosswalk and updates the planned readmissions algorithm. Some discontinuity in trends may be attributable to the change in diagnostic coding from ICD-9-CM to ICD-10-CM. Readmission is defined as an inpatient admission to an acute care facility in Massachusetts occurring within 30 days of an eligible index discharge. Analyses include eligible discharges for adults aged 18 and older with any payer, excluding discharges for obstetric or primary psychiatric care. All readmissions are counted except for those that are considered planned.</p>	<ul style="list-style-type: none"> <li>Statewide all-payer potentially preventable readmission rates by hospital data <b>is available</b> via <a href="#">Health Data NY</a>.</li> <li>Statewide all-payer potentially preventable emergency visit rates by <a href="#">patient county</a> and <a href="#">patient zip code</a> <b>is available</b> via Health Data NY.</li> <li>COVID-19-specific data <b>is available</b> on <a href="#">Health Data NY</a>.</li> </ul>

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<b>The Leapfrog Group</b>		<b>The Leapfrog Group</b>
<ul style="list-style-type: none"> <li>Rates of Maternity-Related Procedures Relative to Performance Targets, by Hospital, 2021</li> <li>Hospital Adherence to the Leapfrog Standard for Safe Practices and Hand Hygiene, 2021</li> </ul>	<p><u>Data Source:</u> The Leapfrog Group Hospital Survey; all payers, all ages.</p> <p><u>Definition:</u> Quality performance data were received from The Leapfrog Group as pre-calculated scores, including comparisons to standards defined by The Leapfrog Group. Participation in the Leapfrog Hospital survey is voluntary; where a hospital does not complete the survey or report on certain items in the survey, the data for that entity is also not included in the report.</p>	<ul style="list-style-type: none"> <li>NYS hospital-specific information <b>is available</b> on the Leapfrog Ratings <a href="#">webpage</a>.</li> </ul>
<b>TOTAL MEDICAL EXPENSES &amp; ALTERNATE PAYMENT METHODS<sup>v</sup></b>		
<b>Total Medical Expenses (TME)</b>		<b>Total Medical Expenses (TME)</b>
<ul style="list-style-type: none"> <li>Change in Commercial HSA TME by Payer, 2019-2021</li> <li>Change in Commercial Unadjusted TME by Payer, 2019-2021</li> <li>Change in MassHealth MCO and ACO-A HSA TME by Payer, 2019-2021</li> <li>Change in MassHealth MCO and ACO-A Unadjusted TME by Payer, 2019-2021</li> <li>Change in Aggregate HSA Scores by Commercial and MassHealth MCO/ACO-A by Payer, 2019-2021</li> </ul>	<p><u>Data Source:</u> Collected annually by CHIA from both commercial and public payers.</p> <p><u>Definitions:</u> TME is defined as the total medical spending for a member population based on allowed claims (i.e., payer paid amount plus patient cost sharing) for all categories of medical expenses and all non-claims related payments to providers. TME is expressed on a PMPM basis.</p> <ul style="list-style-type: none"> <li>Member zip code TME measures the total health care spending of each Massachusetts zip code, based on member residence, rather than where members received services. TME can be measured on an unadjusted basis, which reflects actual spending but does not consider differences among member populations. TME may also be adjusted to reflect differences in member demographics and health status such as age, gender, and clinical profile. This report presents both unadjusted and health-status adjusted (H.S.A.) TME data.</li> <li>Unadjusted TME is the actual payments from a commercial payer and its members to health care providers. Unadjusted TME is presented for aggregated analyses</li> </ul>	<ul style="list-style-type: none"> <li><b>Not available</b> in NYS as NYS does not collect the full amount paid to providers, including both payments from health plans and member cost-sharing payments. NYS does not collect all non-claims related payments to providers, such as provider performance payments.</li> </ul>

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	<p>across payers, such as statewide and regional analyses. Unadjusted TME is used for such purposes since payers in these analyses utilized different methods in adjusting for health status, and H.S.A. TME results calculated from different health status adjustment methods cannot be directly compared.</p> <ul style="list-style-type: none"> <li>• Health-Status Adjusted TME is the total health care spending for the member population of a payer’s membership based on allowed claims for all categories of medical expenses and all non-claims related payments to health care providers, adjusted by health status, and expressed on a PMPM basis. H.S.A. TME is analyzed in order to examine the payer-specific TME growth rate for their member populations. This ensures that each payer’s TME accounts for the health status and resource utilization of their member populations when comparing a payer’s TME growth rate to the health care cost growth benchmark.</li> <li>• Health-Status Adjustment score is a value that measures a member’s illness burden and predicted resource use based on differences in member characteristics or other risk factors.</li> <li>• Commercial full-claims data includes both self- and fully-insured commercial business for which claims for all medical services were available to the reporting payer. The data captures complete medical spending and is used to calculate commercial TME.</li> <li>• Commercial partial-claims data includes self- and fully-insured commercial business where the employer separately contracts for one or more specialized services, such as pharmacy or behavioral health service management. In these cases, the reporting payer does not have access to the claims for the separately contracted services. As the full range of medical expenses is not included in the data reported by the payers, these partial-claims are not included in the TME analyses contained in this report.</li> </ul>	

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<b>Managing Physician Group TME</b>		<b>Managing Physician Group TME</b>
<ul style="list-style-type: none"> <li>Change in Managing Physician Group Commercial HSA TME, 2019-2021</li> <li>Change in Managing Physician Group Commercial Unadjusted TME for BCBSMA, HPHC, and THP Networks Combined, 2019-2021</li> </ul>	<p><u>Data Source:</u> Collected annually by CHIA from both commercial and public payers.</p> <p><u>Definition:</u> Managing physician group TME measures the total health care spending of members whose plans require the selection of a primary care physician associated with a physician group, adjusted for health status. Thus, managing physician group TME reported by each payer contains exclusively managed care member information. The data reported for each physician group include TME for these members, even when care was provided outside of the physician group. Data related to pediatric physician groups were excluded from the physician group TME analyses</p>	
<b>Alternative Payment Methods (APM)</b>		<b>Alternative Payment Methods (APM)</b>
<ul style="list-style-type: none"> <li>Adoption of Alternative Payment Methods by Insurance Category, 2019-2021</li> </ul>	<p><u>Definition:</u> APMs are payment methods used by a payer to reimburse health care providers that are not solely based on the fee-for-service (FFS) basis. In some APM contracts, financial risk associated with both the occurrence of medical conditions as well as the management of those conditions is shifted from payers to providers to incentivize efficiency and quality of health care delivery.</p> <p><u>Data Source:</u> CHIA collects data on APM from the ten largest commercial payers in the Massachusetts commercial health insurance market, and commercial payers that offered Medicare Advantage plans and MassHealth MCO/ACO-A plans.</p> <p><u>Definitions:</u></p> <ul style="list-style-type: none"> <li><u>Global Payment:</u> Global payments are a type of payment arrangement between payers and providers that establishes a spending target for a comprehensive set of health care services to be delivered to a specified population during a defined time period. Global payment arrangements may shift some financial risk from payers to providers. In these cases, if costs exceed the budgeted amounts,</li> </ul>	<ul style="list-style-type: none"> <li>NYS equivalent of CHIA Adoption of Alternative Payment Methods by Insurance Category is <b>not available</b></li> <li>NYS DOH has some information on Medicaid Value Based Payment models. Information on commercial payment models is not collected by NYS.</li> </ul>



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	<p>providers must absorb those costs, subject to negotiated risk sharing agreements. On the other hand, providers may share in, or retain, the savings if costs are lower than the budgeted amounts and health care quality performance targets are met. It is important to note that within the framework of a global payment arrangement with a managing physician group, payments to service providers are generally made on a FFS basis. Also, global payments as defined here do not consider the extent of risk, if any, borne by the managing physician group. It is difficult to capture levels of risk, as there is currently no standardized approach to risk classification or reporting.</p> <ul style="list-style-type: none"> <li>• <b>Limited Budget:</b> Limited budgets, like global payments, represent a move away from FFS-based payments. Limited budgets are payment arrangements whereby payers and providers, either prospectively or retrospectively, agree to pay for a specific set of services to be delivered by a single provider. This could include, for instance, capitated primary care or oncology services. Limited budgets also shift some financial risk from payers to providers.</li> <li>• <b>Bundled Payment:</b> Bundled payments are a method of reimbursing providers, or a group of providers, for providing multiple health care services associated with defined “episodes of care” (e.g., knee surgery, pregnancy and delivery, and etc.) for a patient or set of patients. These payments may include services developed based upon clinical guidelines, severity adjustments to account for the general health status of a patient and comorbidities (other related ailments), and even designated “profit” margins and allowances for potential complications.</li> <li>• <b>Other, non-FFS-based:</b> This category includes all other payment arrangements that are not based on a FFS model, but that also do not easily fit into any of the other categories. This category includes supplemental payments for the Patient Center Medical Home Initiative (PCHMI), for instance.</li> <li>• <b>Fee-for-service (FFS):</b> Under this model, health care providers are reimbursed by payers at negotiated rates for individual services delivered to patients. A variety of FFS payment arrangements exist, including, but not limited to, Diagnosis Related Groups (DRGs), per-diem payments, claim-based payments adjusted by</li> </ul>	

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	performance measures, and discounted charge-based payments. This category also includes pay-for-performance incentives that accompany FFS payments.	
<b>PRIVATE COMMERCIAL CONTRACT ENROLLMENT<sup>vi</sup></b>		
<ul style="list-style-type: none"> <li>Enrollment by Market Sector, 2019-2021</li> <li>Enrollment by Product Type, 2019-2021</li> <li>Enrollment by Market Sector and Product Type, 2021</li> <li>Enrollment by Funding Type, 2021</li> <li>Largest Payers by Market Sector, 2021</li> <li>Enrollment Changes by Payer, 2020-2021</li> <li>Enrollment by Benefit Design, 2019-2021</li> <li>High Deductible Health Plan (HDHP) Enrollment by Market Sector, 2019-2021</li> </ul>	<p>Payer data was provided in response to the “2022 Annual Premiums Data Request,” which was developed with the assistance of Gorman Actuarial, Inc.</p> <ul style="list-style-type: none"> <li>This request included detailed definitions and specifications for membership, premiums, claims, and other cost data.</li> <li>It specified that payers provide data on their primary, medical, private commercial membership for all group sizes, including the individual and small group segments of the merged market.</li> <li>Products that were specifically excluded from this report were: Medicare Advantage, Medicaid, Medicare supplement, Federal Employees Health Benefits Program, and non-medical (e.g., dental) lines of business.</li> </ul>	<ul style="list-style-type: none"> <li>CHIA-like Private Commercial Enrollment information is <b>not available</b> in NYS.</li> <li>Medicaid Program Enrollment by Month, Medicaid Managed Care Enrollment Reports, Managed Care Reports, Essential Plan and QHP Enrollment data, and Child Health Plus Enrollment is <b>available</b>.</li> </ul>
<b>PRIVATE COMMERCIAL PREMIUMS<sup>vii</sup></b>		
<ul style="list-style-type: none"> <li>Private Commercial Premiums and COVID-19</li> <li>Fully-Insured Premiums by Market Sector, 2019-2021</li> <li>Fully-Insured Benefit Levels by Market Sector, 2021</li> </ul>	<p>Payer-reported data from the “2022 Annual Premiums Data Request” enabled CHIA to report on commercial premiums, benefit levels, member cost-sharing, and allowed and incurred claims.</p> <ul style="list-style-type: none"> <li>Benefit Levels</li> <li>Fully-Insured Premiums</li> <li>Medical Loss Ratio (MLR) rebate amounts</li> </ul>	<p>CHIA-like Private Commercial Premium Information is <b>not available</b> in NYS.</p>

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<ul style="list-style-type: none"> <li>Fully-Insured Premiums by Payer, 2019-2021</li> <li>ConnectorCare Premiums and Market Share, 2019-2021</li> <li>Unsubsidized Individual Premiums and Market Share, 2019-2021</li> </ul>	<ul style="list-style-type: none"> <li>Allowed and Incurred Claims</li> <li>Member Cost-Sharing</li> </ul>	
<p><b>PRIVATE COMMERCIAL PAYER USE OF FUNDS<sup>viii</sup></b></p>		
<ul style="list-style-type: none"> <li>Fully-Insured Payer Use of Premiums by Market Segment, 2019-2021</li> <li>Understanding the Differences: Federal Medical Loss Ratio and CHIA’s Annual Financial Loss Ratio</li> <li>Fully-Insured Non-Medical Expenses and Surplus by Market Segment, 2019-2021</li> <li>Fully-Insured Non-Medical Expense Components and Surplus by Market Segment, 2019-2021</li> </ul>	<p>How payers used the premium revenue that they collected from their commercial fully-insured lines of business for 2019-2021. CHIA analyzed financial data from payer-submitted Massachusetts Division of Insurance’s Medical Loss Ratio Reporting Forms and CCIO Medical Loss Ratio Reporting Forms.</p> <ul style="list-style-type: none"> <li><u>Non-Medical Expenses and Surplus</u> - CHIA’s Annual Financial Loss Ratio formula, which represents the percentage of premiums spent on members’ medical costs, was developed in accordance with actuarial principles and methods for the purpose of measuring how much of an insurer’s premium was retained in a given year. CHIA’s Annual Financial Loss Ratio differs from the federal MLR formula and cannot be used to determine whether MLR thresholds were met. Any MLR rebates paid for each reporting year were subtracted from the premiums for that year. Incurred claims were adjusted for pharmacy rebates, CSR subsidy payments, and risk adjustment and high-cost risk pool payments.</li> <li><u>Non-Medical Expense Components and Surplus</u> - Non-medical expense components shown in the report can be further decomposed to the categories detailed below. These categories are based on aggregations of MLR Reporting Form line items for the 2019-2021 reporting years. Any excess premium funds not allocated by payers to non-medical expenses are reported by CHIA as surplus (net gains).</li> </ul>	

<a href="#">Information Publicly Available via Massachusetts CHIA (2023)</a>	<a href="#">Massachusetts CHIA Definitions &amp; Data Sources</a>	<a href="#">Is this Information Available Publicly in New York? Does New York Collect the Data?</a>
<p><b>PRIVATE COMMERCIAL MEMBER COST-SHARING<sup>ix</sup></b></p>		
<ul style="list-style-type: none"> <li>• Cost-Sharing by Market Sector, 2019-2021</li> <li>• Cost-Sharing in Context, 2019-2021</li> <li>• Cost-Sharing by Deductible Level, 2019-2021</li> <li>• Enrollment by Deductible and Maximum Out-of-Pocket Level, 2019-2021</li> <li>• Private Commercial Insurance Affordability, 2019-2021</li> </ul>	<p>Average cost-sharing PMPM was calculated by subtracting incurred claims amounts and CSR subsidy amounts, if applicable, from allowed claims amounts and dividing by annual member months.</p> <p>Payers also reported enrollment based on members’ deductible and out-of-pocket spending limits. CHIA provided deductible and out-of-pocket maximum ranges for member month reporting. To enable comparisons across plans, payers were instructed to report based on individual (single) policy amounts, even for members enrolled in family policies with higher limits.</p>	<ul style="list-style-type: none"> <li>• Cost sharing information in NYS is only available for plans offered on the NYSOH.</li> <li>• NYS does not collect cost sharing information for commercial plans not on the NYSOH</li> </ul>

<sup>i</sup> THCE, TME, APM Technical Appendix <https://www.chiamass.gov/assets/2023-annual-report/2023-Annual-Report-Technical-Appendices.zip>

<sup>ii</sup> Provider and Health System Trends Technical Appendix <https://www.chiamass.gov/assets/2023-annual-report/2023-Annual-Report-Technical-Appendices.zip>

<sup>iii</sup> Behavioral Health Technical Appendix <https://www.chiamass.gov/assets/2023-annual-report/2023-Annual-Report-Technical-Appendices.zip>

<sup>iv</sup> Quality of Care Technical Appendix <https://www.chiamass.gov/assets/2023-annual-report/2023-Annual-Report-Technical-Appendices.zip>

<sup>v</sup> THCE, TME, APM Technical Appendix <https://www.chiamass.gov/assets/2023-annual-report/2023-Annual-Report-Technical-Appendices.zip>

<sup>vi</sup> Enrollment Premiums, Member Cost-Sharing, Payer Use of Funds Technical Appendix <https://www.chiamass.gov/assets/2023-annual-report/2023-Annual-Report-Technical-Appendices.zip>

<sup>vii</sup> Ibid

<sup>viii</sup> Ibid

<sup>ix</sup> ibid