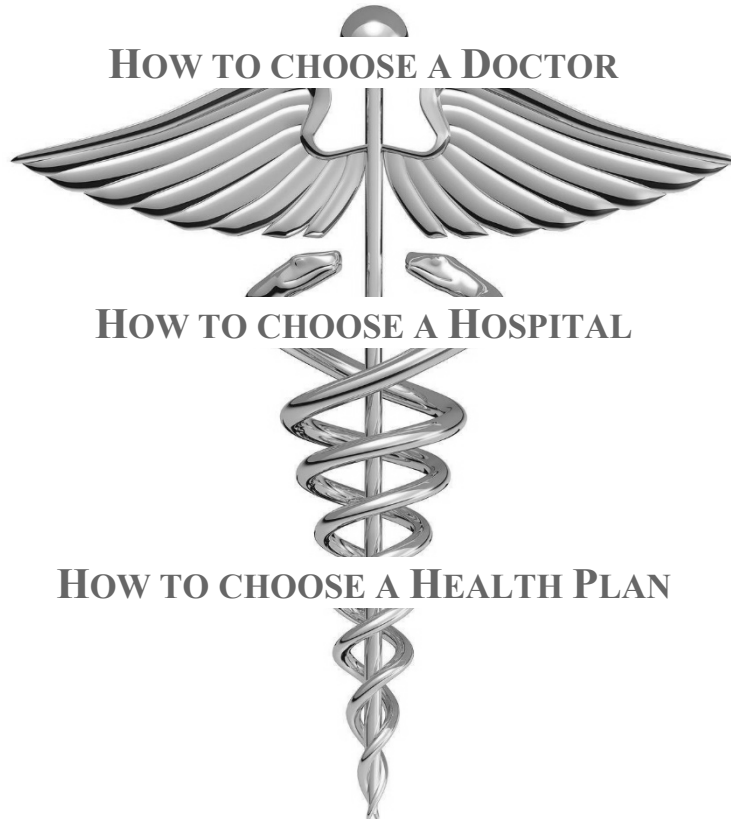

FINDING THE BEST HEALTHCARE YOU CAN AFFORD

2017 Massachusetts Edition



Peter A. Wadsworth

WWW.FINDINGTHEBESTHEALTHCARE.COM

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FOREWORD

*Dedicated to the memory of my parents,
Alexander and Constance Gahm Wadsworth,
lifetime residents of Massachusetts.*

After moving recently from New York to Massachusetts, I was confronted with the task of finding new doctors and selecting a new health plan. To be fair, I had a head start (see below) compared to the average newcomer to Massachusetts. But I soon found the task more daunting than I expected because there are so many health providers to choose from and so many online resources offering to help with that choice. For example, within five miles of zip code 02026, the Boston suburb of Dedham, there are literally hundreds of primary care physicians, and one health plan's web site found over 27,000 doctors "nearby".

Moreover, while Massachusetts has some of the best hospitals in the country, not all of them are equally excellent or capable in all specialties and not all doctors have admitting privileges to the best hospitals. And while some Massachusetts health plans are the most highly rated in the country, not all of the more 40 than health plans offered in Massachusetts are top rated.

Most people don't have the time, patience or experience to thoroughly research their choices of doctors, hospitals and health plans. So they do the best they can or postpone the decision. I have known many people on eastern Long Island, for example, who have only the most casual of relationships, if any, with a primary care physician. When confronted with an immediate health problem, either they rapidly become medical super-shoppers or they simply submit to the vagaries of a local healthcare "system" of uneven and sometimes questionable quality.

The premise of this report is that by taking control of your healthcare decisions and using the most appropriate of the online resources reviewed in this report, you can do better.

MY BACKGROUND

As stated above, I came to the healthcare decision process with a head start compared to a working person (or a family) with limited time for to learn about and choose a doctor, a hospital and a health plan in Massachusetts:

- I have been involved in the healthcare field for most of my professional life. On Wall Street I financed many non-profit hospitals and HMOs, including Harvard Community Health Plan (now Harvard Pilgrim). Many were repeat clients that I came to know well and to whom I became a strategic and financial advisor. Prior to that, I designed health insurance plans for Blue Cross and Blue Shield.
- As an over-65 person with Medicare coverage, the most popular and well regarded health plan in the United States, and with no pressing health issues, I had time to research my choice of supplementary (add-on) health plans.
- I am relatively healthy. I have the aches and pains of sports injuries accumulated over the years but, to the best of my knowledge, no major health problems. The only two operations I have had in my life were the extraction of wisdom teeth (two nights at Faulkner Hospital) and cataract (day) surgery recently in New York Hospital.
- As the oldest and geographically closest of three children, I helped both of my parents with health care decisions in Massachusetts toward the end of their lives.

- I went to Dedham Medical Associates as a child, encountered them a second time as a positive case study at the Harvard School of Public Health and finally as a participating group with former client Harvard Community Health Plan. And they are highly rated by Harvard Pilgrim. So returning to Dedham Medical Associates was an easy decision, which narrowed down choice of primary care physicians from hundreds to fewer than 20, not all of whom were accepting new patients.

Yet I was somewhat overwhelmed by abundance of online information available to help me with the choices I needed to make. Health plans are seemingly designed to be inscrutable, even to those (like me) who have designed them. And but for the decision to go with Dedham Medical Associates, choosing a doctor would have been really difficult because of there are literally hundreds of primary care physicians available within a few miles. Moreover, I felt the need to educate myself about the relative merits and capabilities of Boston area hospitals, the sources of medical excellence and emergency services, knowing that not every hospital encounter requires or merits a trip to Massachusetts General.

ACKNOWLEDGEMENTS

No foreword would be complete without acknowledging those who have contributed in one way or another to this report.

Online Resources

In the 1970s, I wrote a public policy paper entitled “A Consumer-oriented Strategy for Reducing the Cost of Health Care in New York City”. At that time there was no internet. Research meant going to libraries, collecting newspaper clippings and interviewing professionals in the field. So I cannot say enough good things about the many people and organizations that have created and provided the online information sources without which this report would not have been possible.

Centers for Medicare and Medicaid (CMS)

At a time when our system of financing healthcare with public funds is under attack, the Centers for Medicare and Medicaid (CMS) are the best, and possibly only, comprehensive source of information about the healthcare results, costs and usage. To my knowledge, no comparable central repository of information exists in the United States. Most hospital rating services rely on CMS data for their ratings, albeit blended with patient satisfaction surveys and other subjective information interpreted in a variety of ways.

Massachusetts Health Quality Partners

Massachusetts Health Quality Partners (MHQP) has developed a database of primary care medical group practices in Massachusetts and has worked with Consumer Reports to bring objective information to the public about the quality of care provided by those groups. MHQP has also established its own website to provide more detailed and timely information. It is the only organization of its kind in Massachusetts and the sole source of objective quality of care information about primary care physicians. As more and more health care providers form alliances to provide better, more coordinated patient care and protect their franchises, MHQP will likely become even more important in helping consumers choose their primary care physicians. I greatly appreciate the time Barbra Rabson, MHQP’s President and CEO, took to discuss this project with me and to share her insights concerning healthcare in Massachusetts.

Atrius Health

Atrius is the umbrella organization that manages Dedham Medical Associates, my childhood and current provider of primary care services, as well as the Harvard Vanguard Groups, both of which used to be closely affiliated with former client Harvard Community Health Plan (now Harvard Pilgrim). In particular, I want to thank Marci Sindell, Atrius’s Chief Strategy Office & Senior Vice President of External Affairs, who was kind enough to spend time discussing this project with me.

In addition, Robert Puffer, Jonathan Hass and Joe Fitzgerald have been helpful in various ways.

While this report focuses only on Massachusetts, to the extent there is sufficient interest, I anticipate similar efforts for other states or geographic areas in the future. So this report may serve as a template, for better or worse, and resource for future publications.

Peter A. Wadsworth

March 20, 2017

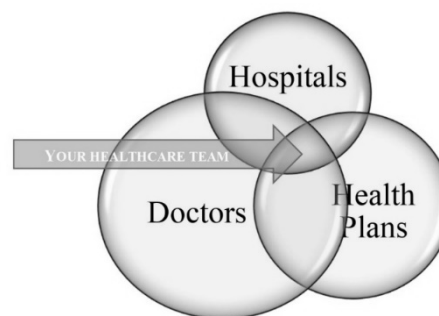
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INTRODUCTION

This report is intended to serve as a guide to the best available information to help healthcare consumers choose the highest quality doctors, hospitals and health plans they can afford. The report outlines a strategy using many competing and complementary information sources to choose the best combination of health plan, doctors and hospitals, which are co-dependent in the following ways:

- In response to cost pressures, nearly all health plans limit your choice of providers;
- As a result, not all doctors accept all health insurance plans
- And not all doctors have admitting privileges to the best, safest, most conveniently located hospitals; and
- Not all primary care physicians have relationships with the specialists you would choose for yourself and your family.



The report is designed to help you be the best manager of health care for you and your loved ones. It emphasizes the importance of choosing one or more hospitals as the core of your healthcare system because: (a) hospital quality is more measurable and the results available to consumers than any other component of healthcare; and (b) with the exception of medical groups, physician quality can only be judged, albeit imperfectly, by the hospitals with which they are affiliated and at which they trained. The exception involves quality assessment of medical groups, as discussed in this report.

MASSACHUSETTS: HIGH QUALITY AT A PRICE

Massachusetts is, in many respects, a leader in healthcare, but an expensive one. It is home to some of the finest teaching hospitals in the country. A recent study ranked Massachusetts second highest in healthcare costs per capita, seventh best for access to healthcare and second best for health outcomes.¹ Another study ranked Massachusetts 17th best in terms of health insurance premiums.² The reader can judge whether the high costs are justified by ease of access and superior outcomes. Interestingly, Hawaii ranked last in access but first in outcomes.

In 2006 Massachusetts' governor signed "An Act Providing Access to Affordable, Quality, Accountable Health Care" into law. It was designed to provide universal health coverage for Massachusetts residents. That law was, in effect, superseded by Obamacare, in connection with which Massachusetts recently obtained a federal waiver enabling the state to overhaul its Medicaid program. It is expected to save the state millions of dollars while maintaining or improving the quality of healthcare for the medically needy.

Yet even in Massachusetts the quality and cost of healthcare varies significantly from one provider and health plan to another. By choosing wisely you can positively impact your finances and the long term health of you and your family.

COST & QUALITY OF HEALTHCARE IN THE U.S.

Many have declared that the United States has the best healthcare system in the world. And in some respects it is true. The U. S. has been a pioneer in various fields of medicine, technology, pharmaceuticals, and biotechnology. Yet comparing the cost of healthcare and a variety of outcomes, such as life expectancy, in the United States with those of other countries, we do not fare that well.

¹ [2016's States with the Best & Worst Health Care](#), WalletHub, by Richie Bernardo – Sept. 6, 2016

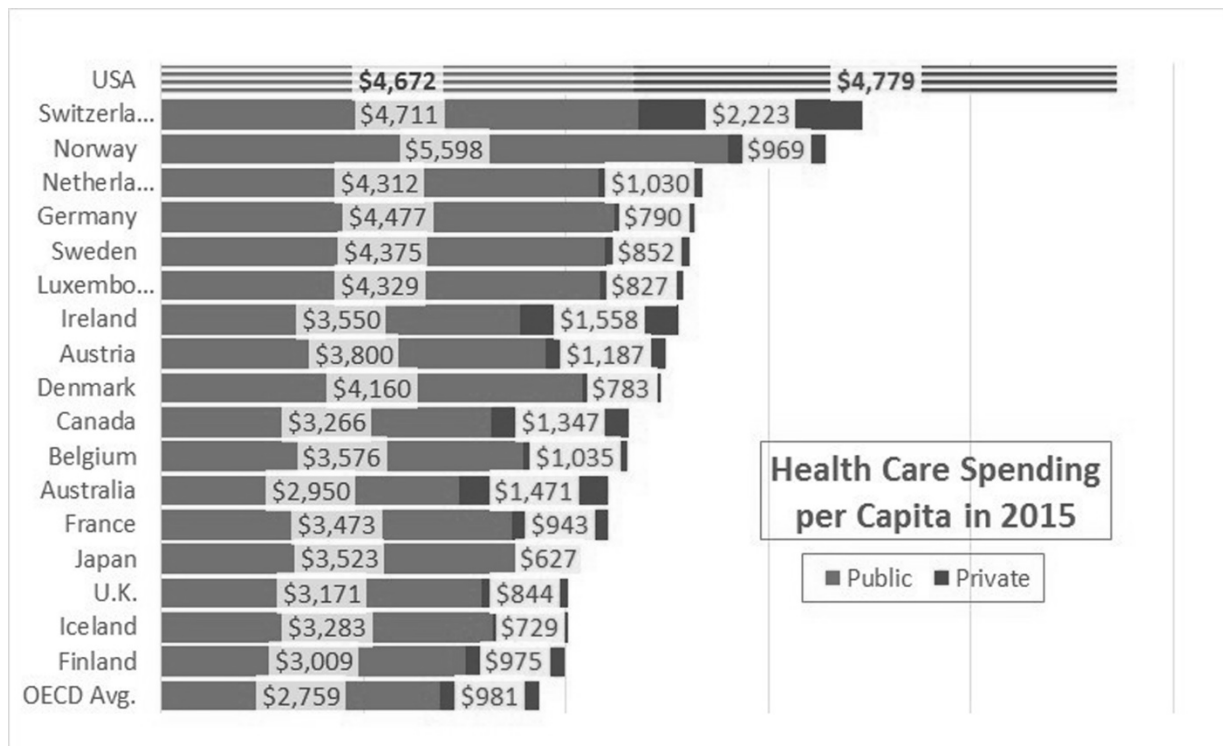
² [10 Best and Worst States for Health Insurance Costs](#), Huffington Post - Jan. 20,2016

FINDING THE BEST HEALTHCARE YOU CAN AFFORD

The U.S. spends at least twice as much per capita on healthcare as do most other developed countries. Yet the United States lags behind lower cost countries in many measures of healthcare effectiveness.

- The U.S. ranks 10th in infant mortality, 21st in life expectancy at birth; 18th for life expectancy of females at age 65, and 27th for premature female mortality.
- The McKinsey Global Institute estimates “that excess spending on “health administration and insurance” accounts for “more than enough to finance universal health insurance...”
- While competition is often cited as the preferred method of controlling rising healthcare costs, the number of competing healthcare plans has declined by almost 50% over the last 10 years.
- Unlike in the 1980s and early 1990s when rapidly growing HMOs enrollment dramatically reduced hospital utilization (days/100), there is no magic bullet on the horizon that promises to significantly reduce the growth of healthcare cost in the United States.

And the American consumer pays an average of \$4,779 per capita, far more than any other country, as shown in the chart below.



These statistics together with additional research by the author and many others lead one to the inescapable conclusion that while Americans pay far more for their healthcare, they receive less value in return for their healthcare dollar than do residents of any other country. For more about this visit the Organisation for Economic Co-operation and Development website (www.OECD.org). See also **Appendix A: Cost & Quality of Healthcare in the U.S.** for more on this subject. The author also recommends reading *The Healing of America* by T. R. Reid³, who visited France, Germany, Japan, the U.K., India and Canada looking for solutions to the overspending, underperforming United States healthcare system. His book is highly readable, entertaining and insightful.

³ **The Healing of America: A Global Quest for Better, Cheaper, and Fairer Health Care** by T.R. Reid, published by Penguin Group, 2010.

ORGANIZATION OF REPORT

This report is divided into three main sections, each of which includes several chapters (see Table of Contents):

- I. Choosing a Doctor
- II. Choosing a Hospital
- III. Choosing a Health Plan

The physician section focuses on selecting a primary care physician (PCP), be s/he an internist, family care doctor, pediatrician or specialist in geriatrics, depending upon the needs of the patient and the requirements of the health plan selected. The physician section also addresses specialty care, as does the next (hospital) section, and surgical outcomes.

The hospital section first addresses hospital safety and adverse outcomes (deaths and complications), which offers some stark comparisons among the 60+ hospitals in Massachusetts and reveals significant differences of opinion among the organizations that rate hospitals for safety. The hospital section then includes chapters on hospitals that excel at various specialties, such as cardiology, cancer, OB/GYN, pediatrics, orthopedics and emergency care.

The health plan section describes different types of managed care plans, health insurance terminology, resources for finding Medicare, Medicaid and ACA (Obamacare) health plans and, last but not least, some very helpful health plan cost calculators.

The diagram at the beginning of this Introduction represents the way the three choices – doctor, hospital and health plan – intersect to narrow and simplify the final decision. This is a positive in the Boston area where there are literally thousands of primary care physicians, 27 hospitals within 20 miles and over 40 health plans to choose from. Choosing a health plan and a hospital first greatly simplifies the choice of physician. And as this report documents, there is much more information available with which to judge the quality of hospitals and health plans than for doctors.

If your employer offers a single health plan, that will be your starting point. If you have an established relationship with one or more doctors, they will be your starting point. If neither is the case, the author recommends that you narrow your choices by first choosing the hospital(s) that you would prefer to be admitted to, then choosing an affordable health plan that includes the hospital in its network and a conveniently located doctor who participates in the health plan's network and has admitting privileges to the hospital(s) of choice. Alternatively, seek out a multi-specialty medical group that has admitting privileges to the hospital(s) of choice. There are endless variations, but you get the idea.

As health plans' provider networks become more and more restrictive in order to control costs, your choices of providers are more and more likely to dictate the health plan you choose (and vice versa).

Personal Healthcare Questionnaire

Before you read this report, I suggest that you ask yourself some of the following questions:

- Do you currently have a primary care physician? An Ob/gyn? Pediatrician? Cardiologist?
- What hospitals do they have admitting privileges to?
- Are they board certified? Are they in a group practice or solo practitioners?
- How is the group rated for quality of care and patient satisfaction?
- What is your hospital's safety score? Death rate? Rate of complications and readmissions?
- If you had a heart attack, which hospital you would prefer to be admitted to?

- What is the survival rate of heart attack patients admitted to that hospital?
- How long is the wait time in that ER? How many leave without being treated?
- How much would a hospital stay cost you out-of-pocket?
- Are you satisfied with the doctors and hospitals in your health plan's network?
- How well does your health plan rate for quality and customer satisfaction?
- How do your health plan's premiums and out-of-pocket costs compare?
- Are you receiving the health insurance premium subsidies that you are entitled to?
- Does your health plan have a useful guide to select primary care physicians and specialists?

This report is designed to help you answer these questions so that you can be confident that you are receiving the best healthcare you and your health plan can afford to pay for.

BEYOND MASSACHUSETTS

While the geographic focus of this report is Massachusetts, it also draws on the author's experiences and knowledge of eastern Long Island, a medically underserved area, and New York City, where he lived and worked for over 20 years. More broadly speaking, many of the online resources cited and approaches outlined herein are applicable to residents elsewhere in the country, especially in large metropolitan areas. Rural and medically underserved areas may require a somewhat different approach.

For updates to this report and news of future reports on other geographic areas, the author suggests that you visit www.findingthebesthealthcare.com from time to time.

I. CHOOSING A DOCTOR

A great deal has been written in the last four or five decades about how to select a doctor. In the past, the primary emphasis has been on qualitative factors such as how well the doctor listens and communicates, how long you have to wait for an appointment, and so on. This information is readily available in any number of books. This report will not try to duplicate that robust body of work. There are two primary reasons that past writings have focused on qualitative and subjective factors.

First, the doctor-patient relationship is of utmost importance and can impact quality of care by the very fact that faulty communication can lead to faulty diagnosis and treatment.

Second, there is very little objective information available about the quality of physician care in an ambulatory setting - the doctor's office or clinic. There are many reasons for this, but two are especially compelling:

1. Meaningful measurement of outcomes, the ultimate yardstick of quality, is difficult or impossible to obtain outside of a hospital setting unless one tracks a sufficient number of patients using the same doctor over a sufficient number of years to provide statistically meaningful results. Absent a specific diagnosis and treatment, such as a heart attack or heart bypass surgery, it is difficult to measure results in the short run. By the time the results are in some doctors would have retired. And newer doctors practicing for less than five or ten years would not even have ratings.
2. For individual doctors, patient outcomes are as much a result of good or bad luck, i.e. randomness, as they are a result of him or her practicing good or bad medicine. And preventive medicine practiced today may not pay off for years into the future. Even if it were possible to measure outcomes of patient care in an office setting, individual doctors and even small groups do not serve sufficient large numbers of patients to reach statistically significant conclusions. Even some smaller hospitals encounter this problem.

To illustrate the second point, in the 1990s some HMOs tried to pay doctors a fixed dollar amount for each patient, called a capitation rate, instead of paying doctors the traditional fee-for-service payments for each service provided. The experiment failed because one or two high cost major illnesses could bankrupt a doctor, and, conversely, doctors whose patients had no major illnesses could do very well financially through no fault of their own.

So it is difficult, if not impossible, to measure the quality of office-based physician care. What we are left with is a variety of indirect measures of care such as hospital affiliation, medical group affiliation, board certification and medical education. Two more direct measures of physician quality discussed in this section are: (a) the measurement of primary care group practice quality, addressed in the chapter entitled **Medical Group Practices**; and (b) surgical results, addressed in the chapter entitled **Choosing a Specialist**.

This section will review the available objective information provided by online services that can help you select a doctor. By using this information together with selecting one or more preferred hospitals (See Section II) and a health plan (Section III), you can narrow the choice of doctors to those most likely to provide you with quality of healthcare you deserve at a price you can afford.

1. DOCTOR SELECTION CRITERIA

Having just described how difficult it is to objectively measure the quality of care a doctor practices in an office setting, the author believes that the two most important secondary indicators of quality are medical group affiliation and hospital affiliation.

HOSPITAL AFFILIATION

Hospital affiliation is a critical determinant for two reasons. First, there are substantial variations in hospital quality as measured by rates of infections, readmissions and deaths. Second, this objective information for hospitals is available to the public through several services. In fact, some might argue that there is too much information about hospital quality. The next section (**II. CHOOSING A HOSPITAL**) will provide you with that information for Massachusetts hospitals.

MEDICAL GROUP AFFILIATION

Doctors who practice in a group with supervision are more likely to deliver good medicine because they are automatically subject to peer review by, are more likely to keep up-to-date through their interactions with and are answerable to the other doctors in their group. That is not to suggest that some solo practitioners don't provide excellent medical care. But the quality of care in a group practice lends itself to some kinds of measurement, as is currently being pioneered by Massachusetts Health Quality Partners (MHQP) as well as elsewhere in the country. A multispecialty group practice setting has the added advantage of in-house referrals, feedback from those referrals, shared medical records and the potential for better coordinated care.

In addition, selecting a group practice first makes it much easier to choose an individual physician by narrowing the choices. For example, by selecting Dedham Medical Associates, the author was able to narrow his choice of primary care physicians from literally hundreds to eleven! Selecting a medical group also simplifies changing physicians or finding a back-up if the primary care physician becomes goes on vacation, gets sick or retires. In addition to 11 primary care physicians, Dedham Medical Associates has over 90 physician major specialists practicing under one roof.

PRIMARY CARE PHYSICIANS

For those who are unclear about its meaning, a primary care physician (PCP) is any physician who serves as the primary or first contact with the patient. It may be a doctor who specializes in internal medicine, a pediatrician, a gynecologist or a cardiologist, among others. Most group practices and search engines allow you to specify that you are looking for a primary care physician and/or allow you to specify the specialty. In connection with a health plan, the primary care physician often serves as the doctor whom you must contact first to be referred to a specialist. Although some people find this burdensome, from a medical perspective, it enables the PCP to review the patient's symptoms, medical history and other factors that may have a bearing on the appropriate treatment and type of specialist care, if warranted. It may also help keep healthcare costs under control.

OTHER CRITERIA

Some of the objective criteria the author offers to select a doctor include

- **Primary Care Specialty.** Most health plans require you to choose a primary care physician (PCP). Typically, this includes family practitioners, internists (internal medicine), and gerontologists (for old people), pediatricians or ob-gyns.
- **Geographic Availability.** In the Boston area a doctor can easily be found within 5 miles of your residence or place of work. In rural areas, 25 miles might be a reasonable distance. In addition, it is important to know which doctors are accepting new patients.

- **Medical education and credentials:** med school, internship and residency, as well as board certification. To make any sort of judgement based on this information, the consumer needs to know which medical schools and hospitals are the best indicators of medical proficiency.
- **Health Plan.** If the consumer already has a health plan, then most health plans list participating doctors and hospitals with some variation depending upon whether the plan is an HMO, PPO or some other variation. Some health plans, most notably Aetna, have very helpful web sites when it comes to choosing doctors. Other independent (non-health plan) web sites allow you to specify insurance coverage as one of the screening criteria for choosing a doctor. In addition, certain health systems have doctor selection sites.

MEDICAL EDUCATION

While medical education as an indirect measure of current quality of care, it is helpful to know that a doctor has received a good education and passed rigorous hurdles before practicing medicine with the training wheels off. While the author found very few sources that rate medical education, US News does provide such a service online. Here are some results:

Med Schools: Primary Care (US News)

US News' 11 top schools for primary care, in alphabetical order.

- Baylor College of Medicine (TX)
- Oregon Health and Science University
- University of California--Los Angeles (Geffen)
- University of California--San Francisco
- University of Colorado
- University of Michigan--Ann Arbor
- University of Minnesota
- University of North Carolina--Chapel Hill
- University of Pennsylvania (Perelman)
- University of Texas Southwestern Medical Center
- University of Washington

Med Schools: Internal Medicine (US News)

1. Harvard University
2. Johns Hopkins
3. University of California—San Francisco
4. University of Pennsylvania (Perelman)
5. Duke University
6. University of Michigan—Ann Arbor
7. University of Washington
8. Washington University in St. Louis
9. Columbia University
10. Stanford University
10. Vanderbilt University

Residency (US News)

US News ranks just two residency programs, but also mentions Harvard University, Johns Hopkins, Stanford, University of Pennsylvania and University of Wisconsin:

- #1. University of Washington, Seattle, WA
- #2. University of North Carolina, Chapel Hill, NC

For more information on residency programs, go to <https://residency.doximity.com/>

EVALUATING DOCTOR SELECTION SERVICES

In order to evaluate various physician selection services, the author used his home town - Dedham, Massachusetts – as a starting point. This has the advantage of personal familiarity. The author recently relocated near there and had to select a new doctor and health plan. In addition, there are hundreds of primary care physicians and specialists and four hospitals within 5 miles of Dedham, and all of Boston's teaching and specialty hospitals are within a 10 miles.

To choose his physician and health plan, the author relied largely on various online services. And given his experience in the healthcare industry, he developed the following criteria for reviewing and evaluating these online services.

There are two levels of criteria: (1) whether the information is available within the database; and (2) whether the search function can screen doctors based on that information. The latter can save the consumer a lot of time. Information about physicians that is typically included by these services inform our criteria:

- Physician specialty or designation as a primary care physician.
- Board Certification
- Distance (miles) from consumer's location. Some services offer increments, e.g. 5, 10, 15, 25, 50 miles. Others simply include the information in the results and/or provide a sort that shows closest candidate physicians first. The author started reviewing online services using the following criteria:
 - Internal Medicine w/i 5 Miles of 02026 (Dedham, MA)
 - Internal Medicine accepting Medicare w/i 5 Miles of 02026
- Specific health plan(s) accepted.
- Accepting New Patients? (screen available or whether information is available at all)
- Group Practice Affiliation (screen available or whether information is available at all)
- Hospital Affiliation (screen available or whether information available at all)
- Medical Education; Med. School, internship, residency. Some will give all three, others only one.

The write-ups in the following chapters provide a sample of services available including some that the author used to make his decision.

2. INDEPENDENT DOCTOR SELECTION SERVICES

CONSUMER REPORTS

Consumer Reports has issued two reports on Massachusetts doctors: one in July, 2012 and another in 2016. Both were done in conjunction with Massachusetts Health Quality Partners (MHQP), which organization is reviewed in the chapter on Medical Group Practices that follows. In addition, Consumer Reports recommends a number of sites under the heading “Where to go for doctor information. Some are more useful than others.

AngiesList.com

A subscription (paid) website. (Not reviewed.)

Castle Connolly

Excellent subscription site. (See below.)

AMA DoctorFinder

(See next chapter, Providers’ Doctor Selection Services.)

HealthGrades

HealthGrades provides some of the author’s search criteria but does not allow the user to screen for “accepting new patients”, group practice or hospital affiliation. The author found the website hard to use.

NCQA

NCQA does not have a doctor search facility

Physician Compare (Medicare)

This site, operated by Medicare.gov, is reviewed elsewhere in the chapter on health plans.

RateMDs

RateMDs provided insufficient information to be useful in the test area.

Vitals.com

Although referred by Consumer Reports, the author didn’t find this site particularly useful. Within Massachusetts, you can choose from one of 8 cities, e.g. Boston, Brighton, Brockton, Burlington, Cambridge, Fall River, Framingham, Worcester. Selecting Boston provided a list of 3578 internists. And although it gives user ratings (not the authors preferred criterion if he had to choose just one) on a scale of one to five, there is no way to sort or filter the list by rating, distance or any other criterion. So you are still confronted with the needle-in-a-haystack problem.

U.S. News & World Report

(See U.S. News further on in this chapter.)

Yelp

The author did not review this site.

CASTLE CONNOLLY

Castle Connolly’s “America’s Top Doctors” is, as the name implies, a highly selective service that the author has used. But has it may be too selective in many cases. As an example, Castle Connolly identified twelve docs specializing in Internal Medicine within 5 miles of Dedham, MA (as compared to 197 from HealthGrove) only one of which was accepting Medicare (2 within any distance). Nearest dermatologist to Dedham, MA is in Providence, RI 38 miles away. Castle Connolly may be most useful in and around New York City where the service originated.

Castle Connolly's "Advanced Search" enables you to specify the state, city, zip code, specialty, disease/condition, hospital affiliation, insurance company and plan, as well as doctor's name and publication, e.g. Boston Magazine 2016.

BOSTON CONSUMERS' CHECKBOOK

Boston Consumers' Checkbook rates doctors based on recommendations from both patients and other doctors. It offers searches for primary care specialties, i.e. family practice, internal medicine, pediatrics and geriatrics. In addition, it offers searches for any of the following specialties:

- Allergy/Immunology
- Anesthesiology
- Cardiac Surgery
- Cardiology
- Colon & Rectal Surgery
- Dermatology
- Emergency Medicine
- Endocrinology
- Gastroenterology
- General Surgery
- Genetics
- Gynecologic Oncology
- Hematology/Oncology
- Infectious Disease
- Infertility
- Nephrology
- Neurological Surgery
- Neurology
- Nuclear Medicine
- Obstetrics/Gynecology
- Ophthalmology
- Orthopedics
- Otolaryngology
- Pain Medicine
- Pathology
- Plastic Surgery
- Psychiatry
- Pulmonary Disease
- Radiology--Diagnostic
- Radiology--Therapeutic
- Rehabilitation
- Rheumatology
- Thoracic Surgery
- Urology
- Vascular Surgery

A search on one or more specialties provides a list of doctors within the specified distance (5, 10, 15, 25, 50 or 100 miles). For each doctor listed, the following information is provided:

- Top-Rated by Doctors (with or without a check mark and number of doctors recommending)
- Top-Rated by Patients (with or without a check mark)
- Patient Rating for Overall Quality (number of ratings percentage of ratings that were "very good" or "excellent")
- Board Certifications
- Most Recent Comment

The listings can be sorted by distance from specified location, Rating for Overall Quality, Number of Ratings or number of Doctor Recommendations. A search for an internist within five miles of zip code 02026 yielded three doctors, two of whom were top rated by patients and none by doctors. Expanding the search to 10 miles yielded 27 internists, three of whom were Top-Rated by Doctors and 15 by patients. Only one was top-rated by both patients and doctors. A search for cardiac surgeons within 10 miles yielded no results, while another Checkbook site SurgeonRatings.org, listed 19 specialists in Heart Valve or Heart Bypass Surgery and 45 in Angioplasty or Pacemaker Surgery.

BOSTON MAGAZINE

Boston Magazine partners with Castle Connolly to provide a "guide to hundreds of Boston's Top Doctors". The magazine's search engine enables a search by hospital, specialty, name, **or** zip, but only one of those options at a time. Other search engines enable you to narrow your selection by distance from a specified location **and** specialty and additional criteria. However, a search for internists provided a balloon at the bottom of the page reading "Click here to find a Beth Israel Deaconess Internal Medicine Specialist. The saving grace for his search engine is that Castle Connolly is highly selective, thereby reducing the number of doctors to be considered. A search for internists using zip code 02026 yielded no doctors.

However, going to Castle Connolly's paid website (see below) provides a better search experience.

BOARD OF REGISTRATION IN MEDICINE

Board of Registration in Medicine (Commonwealth of Massachusetts) enables you to search for primary care physicians and several specialties, e.g. cancer and OB/GYN, within 5, 10, 15, 30 or 50 miles of a town in Massachusetts. By selecting “More search options” you can screen by specialty and hospital admitting privileges. Results: 542 physicians specializing in internal medicine within 5 miles of zip code 02026. Drilling down to the individual doctor provides a wealth of information, including medical education, board certification, honors and awards, and whether or not there have been malpractice payments or disciplinary actions against this doctor. Unfortunately, with so few screens and minimal information on the pages that list all doctors meeting one’s criteria (name, specialties, License Status, Town/City, State and Distance), it is hard to narrow down the choices. In a medically underserved area, this might be much more useable. As is, the Board of Registration in Medicine can serve as an excellent secondary source to obtain more information about a doctor. It can also be useful in screening for doctors with admitting privileges to a specific hospital. For example, it lists 103 internists within 5 miles of Dedham that have admitting privileges at Faulkner Hospital. A more recent visit (12/19/2016) returned the message, “An error has occurred on the Physician Profile website”, when initiating a search for Internal Medicine in zip code 02026.

DOCTOR DIRECTORY

Doctor Directory shows 90 “enhanced listings” and 100 “Standard Listings” of internists in the vicinity of Dedham, MA. For each listing opened (clicked on), the directory includes address, medical specialty and subspecialty, if any. The “enhanced listing” includes gender, graduation year and whether or not the doctor is accepting new patients. The author did not find this directory particularly useful.

HEALTHGROVE

HealthGrove listed 197 specialists in Internal Medicine within five miles of Dedham, only one of whom had a user review (1 review). Years of experience ranged from 63 to blank and there was no screen by hospital admitting privileges, affiliated group, “accepting new patients” or health plans accepted. Having “drilled down” to the individual doctor, however, HealthGrove provides a ranking of the medical school attended as well as hospital affiliations. Each hospital is ranked within the state, and drilling down still further shows “Best Rated Nearby Hospital”. The opening page includes average user rating (on a scale of 1 to 5), years of experience, specialty and medical school, although many user ratings and medical schools are missing. The list can be narrowed down by distance (1, 5, 10, 15, 20, 30 or 50 miles) from a specified town, specialty, “common conditions” and sequenced by name, average user rating or years of experience. Residency and admitting privileges can be determined by clicking on an individual doctor but are not available as screens to narrow down the choice of physicians.

HealthGrove identifies 197 internists within 5 miles of Dedham, Massachusetts (zip code 02026). However, not one of them practices at Dedham Medical Associates, a well-regarded group practice with over 100 physicians (not all internists) practicing under one roof and another 20 or more at a second location in nearby Norwood. Twenty-four of them specialize in Internal Medicine or Internal Medicine/Geriatrics.

Because HealthGrove is a data aggregator, in each doctor’s record they provide a wealth of information in each of the following sections (pages):

- Education and Training
- See More Doctors nearby
- Professional Information
- Common Conditions
- Procedures Performed
- Physician Teaming
- Prescribing Record

- Open Payments
- References

So while HealthGrove is thorough it is not easy to screen for your doctor of choice. Accordingly, the author considers HealthGrove a secondary source once you have narrowed your choice to a handful of doctors.

U.S. NEWS

U.S. News provides a lot of information about your doctor of (possible) choice but it's hard to get there. A search of internists within 5 miles of Dedham turned up 268 matches. The first page shows the first 10 matches and one has to repeatedly click on "Load More" to display additional matches. The listings can be sorted by distance or by name but there are no screens for health insurance accepted, hospital admitting privileges or group affiliation. Nor do the thumbnails show the address, so it was hard to tell which physicians were affiliated with Dedham Medical Associates, for example. The thumbnails do include summaries that vary in content and require you to click on "more" to read the full summary. Once you open up the page for an individual doctor, there is quite a bit of information, such as hospital affiliation, education & medical training, certification & licensure, and "Insurance Accepted", although my personal physician's profile stated that he "does not have any insurances listed."

ZOCDOC

Zocdoc takes a more people oriented approach to finding a doctor. Each page of doctors includes a photograph, a patient rating (1 to 5 stars) and shows when the doctor is next available for an appointment, even listing appointment hours for the current day. Zocdoc allows you to screen by type of illness or medical specialty and to screen doctors according to the insurance plans s/he accepts. It does it allow you to specify the distance you're willing to go although you can sort the list by distance. Zocdoc only listed two doctors within 5 miles of Dedham and did not list any internists affiliated with Dedham Medical Associates. So this user-friendly website appears to be lacking in available doctors and invites additional doctors to "List your practice with Zocdoc".

3. PROVIDERS' DOCTOR SELECTION SERVICES

Virtually every medical group and hospital has a web site that offers help in choosing one of their doctors. Rather than providing an exhaustive review of all providers' websites, four examples of well-known provider organizations are covered below. Bear in mind that if you haven't already chosen a hospital and/or a medical group (the subject of two thirds of this report), using a provider's website to select a doctor shortcuts the process and may not result in choosing the best healthcare you can afford. In addition, the author recommends that you consult the last chapter of this section (**Choosing a Doctor: Summing Up**) to see what a really useful online doctor selection web service should include.

AMA DOCTORFINDER

DoctorFinder is a site sponsored by the American Medical Association although it shows non-members as well as members. A search of internists IN Dedham showed 3 AMA members and 20 non-members all within the specified zip code. (It would be helpful to show doctors in neighboring towns.) No address is given for members or non-members although a telephone number is listed. Medical education and residency training is listed for members.

MASSACHUSETTS GENERAL HOSPITAL

Massachusetts General Hospital (MGH) has a very useful website for those who have decided to use MGH and have a specific specialty in mind. But it has its limitations. By designating Primary Care under "Centers & Departments", the author was able to obtain a listing of 232 MGH affiliated doctors, and there is a further screen by six specific locations (Boston, Charlestown, Chelsea, Everett, Revere and Waltham). Choosing Waltham revealed 12 doctors, five of whom were accepting new patients. There was no screen for health plans accepted and a search of the MGH website reveals the following disclaimer:

"... physicians who are affiliated with but do not work for Massachusetts General Hospital.... may accept different insurances than our hospitals. To make sure your physician accepts your insurance, please check with their office before you schedule an appointment."

ATRIUS HEALTH

Atrius Health starts out with an advantage, in the author's opinion, in that all of its 256 doctors work at one of twenty multi-specialty group practice locations in Massachusetts, including 17 Harvard Vanguard locations and two Dedham Medical Associates locations, all of which were previously part of Harvard Pilgrim Healthcare. While the "Find A Doctor" website can be frustrating at first, it enables one to find a limited number of primary care physicians accepting new patients with screens (filters) by specialty, location, gender and language spoken. Atrius does not provide information or screens for hospital affiliation. However, Atrius states the following about its "Specialty & Hospital Connections":

"We have assembled a group of highly skilled specialty departments within Atrius Health, including cardiology, orthopedics and sports medicine, diabetes/endocrinology, cancer, pain management, physical therapy, pediatrics, OB/GYN, ophthalmology, and fertility, among others. Our top-ranked specialists come to Atrius Health because they enjoy our team approach and their ability to collaborate with other specialties in the care of our patients."

"We have specialists and primary care physicians on the faculty of Harvard Medical School and other respected institutions, and many have staff privileges at many of the academic teaching hospitals throughout Greater Boston."

Health insurance plans accepted are specified on the website (<https://www.atriushealth.org/become-a-patient/health-insurance-plan-information>) for all doctors. Tufts Medicare Preferred HMO is the only Medicare Advantage plan Atrius currently accepts, but they accept a number of non-HMO Medicare plans.

PARTNERS HEALTHCARE

Partners Healthcare, founded by Massachusetts General and Brigham and Women's Hospitals and now operating nine hospitals in eastern Massachusetts, has a website for finding affiliated physicians (physician-finder.partners.org). A search for internists within five miles of zip code 02026 provided 32 names. The list could be narrowed by specifying age group (pediatrics, teenagers, adults and geriatrics), whether accepting new patients, primary care specialty, insurance accepted, language(s), gender and hospital affiliations. So, for example, 12 internists specialized in adult medicine, had admitting privileges to Faulkner Hospital, accepted Harvard Pilgrim Health Care and spoke English. All were associated with groups carrying the Brigham and Women's name. Opening the record of an individual physician also provides medical education.

Partners Community Physicians Organization (PCPO – formerly known as Partners Community HealthCare, Inc., or PCHI) “currently supports more than 6,000 physicians”. The PCPO Network includes the following groups

- Affiliated Pediatric Practices (APP)
- Charles River Medical Associates
- Emerson PHO
- Hallmark Health
- North Shore Health System
- Newton-Wellesley PHO
- Pentucket Medical Associates
- Tri - County Medical Associates

Some of these groups have their own search engines for finding doctors. Newton-Wellesley PHO, for example, enables you to screen by specialty, town, gender and name (Dedham yielded no internists, but nearby Needham did.).

4. HEALTH PLANS' DOCTOR SELECTION SERVICES

The following health plans have websites that provide assistance in selecting doctors participating in one or more of their health insurance plans.

AETNA

Aetna's site checks virtually all the boxes, provided that you are looking for a doctor within the Aetna network. Aetna lists 68 specialists in Internal Medicine in their Medicare plan within 5 miles of Dedham, MA as compared to 260 by U.S. News and World Report and 254 by HealthGrades. Aetna provides all of the above screens for narrowing doctor choices, but the choice of physician group practice affiliations is limited and medical education does not include residency and internship – only med school.

BLUE CROSS BLUE SHIELD OF MASSACHUSETTS

Blue Cross & Blue Shield Medicare PPO listed 73 internists within 5 miles of zip code 02026 (Dedham, MA) but did not include Dedham Medical Associates (Dedham Medical Associates). The website met all of the other criteria listed above except that it did not provide information on where a physician had served his or her residency and internship.

HARVARD PILGRIM HEALTHCARE

Harvard Pilgrim Healthcare (HPHC) lists 322 primary care providers (PCPs) within 5 miles of zip code 02026, who are participating in the point-of-service (POS) plan; 201 were internists and 29 were Family Practitioners. The Medicare Stride HMO yielded 112 PCPs, of which 80 were internists and 26 were Family Practitioners. The list can be narrowed down by group affiliation and whether the PCP is accepting new patients. Your search can also be expanded by increasing the radius (in miles) from the specified location. Drilling down to an individual PCP yields additional information, such as specialties and hospital admitting privileges, as well as basic contact information. Certain PCPs include the following notation:

This provider is affiliated with a physician group or health care system that has received Harvard Pilgrim's Quality Honor Roll award in the year indicated. See explanation below.



The "Quality Honor Roll" award, as shown by a red ribbon symbol, is given to physician groups and health-care systems (with many medical practice sites), that received high scores on several important clinical quality measures. These measures assessed the quality of care for members with acute care needs, chronic care needs and preventative care needs. These scores reflect performance that exceeds the highest levels of performance reported nationally. [\(More about Physician Group Honor Roll\)](#).



Primary care providers (PCPs) whose practice is part of a high-scoring physician group have the red ribbon symbol next to their names in the Harvard Pilgrim Provider Directory. These ribbons reflect their scores for the current and prior year and are not an endorsement or recommendation by Harvard Pilgrim.

Unfortunately, it is not possible to screen the list of doctors, except visually, for awards or hospital admitting privileges.

TUFTS HEALTH PLAN

Tufts Preferred HMO is similar in capability to Aetna's and is subject to similar limitations. They list just 62 specialists in Internal Medicine within 5 miles of Dedham, who participate in their Medicare plan.

Like Aetna, Tufts has a very robust search engine for physicians provided that you know which health plan you are in or want to enroll in. Doctors can be searched by geography, specialty, medical group and hospital admitting privileges.

MEDICARE.GOV (PHYSICIAN COMPARE)

This site identified 55 physicians (47 board certified) specializing in internal medicine within five miles of zip code 02026, who accept “Medicare assignment”. A glaring omission was complete absence of Dedham Medical Associates, the author’s current medical provider, which is located in the same zip code, has 20 physicians on staff specializing in internal medicine and accepts Medicare. Oddly, the Medicare site does list another Atrius (Dedham Medical Associates’ parent company) medical group in nearby Chestnut Hill.

The user has the option to look for doctors within 10, 15, 25, 50, 100 or 200 miles. Doctors can be screened by hospital affiliation, practice type (solo or group practice), graduation year, board certification and name of group practice and are sorted by distance from specified location. You can compare up to three doctors, although the information provided for comparison is limited to primary specialty, additional specialty, gender, contact information and address. The page for an individual doctor includes group and hospital affiliations, as well as education. You can also compare medical groups, but the comparison screen provides little useful information other than address and telephone number. Opening the record for a single group practice yields the kind of information that would provide useful comparisons with other groups:

- Performance score: Ratings of one to five stars and percentage scores for such criteria as “Getting timely care, appointments, and information.” The only clinical measure is “Giving antiplatelet blood thinners to patients with heart disease.”
- Patient survey score: covers the same non-clinical criteria as above.
- Affiliated clinicians: lists the other clinicians (physicians?) affiliated with this group and their specialties.

MASSHEALTH

MassHealth provides a doctor finder service on its website but the contents are limited. A search for participating internists for Dedham (02026) showed no doctors by name, but two group practices, one of which was Dedham Medical Associates. Similarly, a search on a Boston zip code turned up just two doctors. No details beyond telephone number, address and specialties are given.

OTHER HEALTH PLANS

Additional health plans may or may not (subject to further investigation) provide assistance selecting physicians in Massachusetts include some or all of the following:

- Medicare
- Assurant Self-Funded Health Plans
- Beech Street
- Brighton Marine US Family Health Plan
- Cigna Health and Life Insurance
- ConnectiCare of Massachusetts
- Coventry Healthcare
- Fallon Health
- Gerber Life Insurance Company
- GPM Life
- Health New England
- Humana
- Martin’s Point US Family Health Plan
- MassHealth (Medicaid + CHIP)
- Minuteman Health
- Mutual of Omaha
- Neighborhood Health Plan
- Omaha Insurance Company
- OSW
- Private Health Care Systems
- Railroad Medicare
- Senior Whole Health
- Tricare
- Unicare
- United of Omaha
- United Healthcare

5. MEDICAL GROUP PRACTICES

Most Massachusetts physicians are members of a group practice ranging from hospital based or sponsored groups, e.g. Partners, to large multi-specialty group practices, e.g. Atrius, to much smaller groups. Each type of group practice has its advantages from personalized care to highest clinical quality. Hospital based groups typically organize around surgical specialties and disease groups, as do the hospitals themselves. They should be expected to provide the highest quality of clinical care (and diagnosis). Large independent groups like Atrius manage several multispecialty groups of doctors that may at one time have been closely associated with an HMO, e.g. the Harvard Vanguard groups, and are likely to be more focused on cost-effectiveness of care. In that culture, unnecessary tests and hospitalization are to be avoided and alternative forms of care embraced. Atrius, for example, operates one of the Pioneer Accountable Care Organizations (ACOs) enabled by the Affordable Care Act, whose express purpose is to deliver more cost-effective care. Smaller groups may offer the advantage of more personalized care but may lack the resources and peer review of larger groups.

PARTIAL LIST OF MEDICAL GROUP PRACTICES

Acton Medical Associates, P.C.-Acton	Iora primary care
Affiliated Pediatric Practices-Eastern MA	Lahey Clinic-Burlington
Baycare Health Partners*-Springfield	Lowell General PHO-Lowell
Beth Israel Deaconess Care Organization-Eastern MA	Massachusetts General Hospital Physicians Organization-Boston
Brigham and Women's Physician Organization-Boston	Mount Auburn Cambridge IPA-Cambridge
Central Mass Independent Physician Association, LLC-Worcester	New England Quality Care Alliance-Eastern MA
Charles River Medical Associates, P.C.*-Natick	Newton Wellesley Hospital Physicians-Newton
Compass Medical P.C.*-South Shore	North Shore Health System-Salem & Lynn
Cooley Dickinson Physician Hospital Organization-Northampton	Northeast PHO-Beverly
Dedham Medical Associates*-Dedham	Pentucket Medical Associates-Haverhill
Emerson PHO, Inc-Concord	PMG Physician Associates, P.C.-Plymouth
Granite Medical-Quincy	Reliant Medical Group*-Central MA
Harrington Physician Hospital Organization*-Southboro	Signature Medical Group-Brockton
Harvard Vanguard**, Beverly*-	South Shore Medical Center-Norwell
Harvard Vanguard**, Braintree*-	South Shore Physician Hospital Organization-South Weymouth
Harvard Vanguard**, Burlington	Southboro Medical Group-Southboro
Harvard Vanguard**, Cambridge	Steward Greater Boston West Local Chapter-Brighton
Harvard Vanguard**, Central Specialists-Boston	Steward Greater Fall River Local Chapter-Fall River
Harvard Vanguard**, Chelmsford-Chelmsford	Steward Greater Nashoba Local Chapter*-Ayer
Harvard Vanguard**, Chestnut Hill*-Boston	Steward Greater Newburyport Local Chapter*-Newburyport
Harvard Vanguard**, Concord Hillside	Steward Greater Quincy Local Chapter-Quincy
Harvard Vanguard**, Copley-Boston	Steward Greater Taunton Local Chapter-Taunton
Harvard Vanguard**, Kenmore* -Boston	Sturdy Memorial Hospital Affiliated Physicians-Attleboro
Harvard Vanguard**, Medford*-Medford	The Pediatric Physicians' Organization at Children's-Boston
Harvard Vanguard**, Peabody*	TriCounty Medical Associates*-Milford
Harvard Vanguard**, Post Office Square*-Boston	U. Mass Memorial Health Care-Worcester
Harvard Vanguard**, Quincy-Quincy	Winchester Physician Associates*-Winchester
Harvard Vanguard**, Somerville*-Somerville	
Harvard Vanguard**, Watertown-Watertown	
Harvard Vanguard**, Wellesley-Wellesley	

** full name is Harvard Vanguard Medical Associates

CONSUMER REPORTS

Consumer Reports has issued two reports on Massachusetts medical groups – one in 2012 and another in 2016 – both in cooperation with and based on information provided by Massachusetts Health Quality Partners (see below).

HARVARD PILGRIM

Harvard Pilgrim Health Care appends the following group-related designations to some doctors, as discussed in the previous chapter:

This provider is affiliated with a physician group or health care system that has received Harvard Pilgrim's Quality Honor Roll award in the year indicated. See explanation below.



The "Quality Honor Roll" award, as shown by a red ribbon symbol, is given to physician groups and health-care systems (with many medical practice sites), that received high scores on several important clinical quality measures. These measures assessed the quality of care for members with acute care needs, chronic care needs and preventative care needs. These scores reflect performance that exceeds the highest levels of performance reported nationally. ([More about Physician Group Honor Roll](#)).



Primary care providers (PCPs) whose practice is part of a high-scoring physician group have the red ribbon symbol next to their names in the Harvard Pilgrim Provider Directory. These ribbons reflect their scores for the current and prior year and are not an endorsement or recommendation by Harvard Pilgrim.

MASSACHUSETTS HEALTH QUALITY PARTNERS (MHQP)

HealthCare Compass (<http://healthcarecompassma.org/>) uniquely focuses on physician groups rather than individual practitioners and was created by Massachusetts Health Quality Partners (MHQP), a “non-profit coalition of physicians, hospitals, health plans, purchasers, patient and public representatives, academics, and government agencies.” MHQP’s latest (January 2017) survey covers “over 500 practices representing approximately 4,000 physicians.” MHQP summarizes the findings of its latest survey as follows:

“The new data show that there is a need for providers across the state to engage more fully with their patients as they address health concerns. Specifically, we found that despite all time high communication scores, providers are often not working in with their patients as partners in gaining better control over their health and wellness. The 2016 PES survey results emphasize the need for us to work together to support patients’ self-management as a key component in improving health care outcomes. “

MHQP describes its Clinical Quality in Primary Care Report in more detail:

“MHQP’s Clinical Quality in Primary Care Report compares the performance of [nearly 500] doctors’ offices across the state. We are the only Massachusetts organization that compiles and publishes comparative healthcare quality data, which allows doctor’s offices to see how well they measure up to their peers around the state as well as where and how they can improve patient care. The report also helps consumers compare doctors’ offices on the quality of care provided to patients, which helps them understand what high-quality care looks like and choose which doctors’ office is right for them.

“The quality measures in the report include preventive care services (such as cancer screenings or children’s well visits) and chronic disease care (such as asthma or diabetes care). The quality measures used in the report are HEDIS measures developed by the

National Committee on Quality Assurance (NCQA). We have been producing reports for doctors' offices and consumers since 2005.

"MHQP's Clinical Quality Report is a collaborative effort of many stakeholders, coming together to support a common framework for reporting on quality for providers and patients. We work with five of our member health plans to collect data for this report program and then aggregate this information across plans by practice site, medical group, and physician network. We then share the results with physicians via quality improvement reports, and with patients on healthcarecompassma.org, MHQP's public reporting website.

HealthCare Compass

"This website helps patients compare primary care doctors' offices across two different standards of quality.

"The Massachusetts Statewide Patient Experience Survey Report shares the results from a survey sent to over 200,000 primary care patients, asking them to report about their experiences with a specific primary care doctor and with that doctor's office...." (The website also references 65,000 patients in a different context.)

"The Clinical Quality report looks at how well primary care doctors are giving their patients the correct preventive care services (such as cancer screenings and well child check-ups) and chronic disease care (such as asthma or diabetes care)." ⁴

Searches can specify adult or pediatric care within 5, 10, 25 or 50 miles. A search for adult primary care within 5 miles of Dedham yielded 9 offices, which may in fact represent hundreds of doctors, and within 10 miles yielded 99 groups. On the initial screen Healthcare Compass shows the group's name and address and whether there is sufficient clinical data available by which to judge the group's quality of care. Unfortunately, Healthcare Compass provides no information about number of doctors in the group or their specialties. Nor does it identify the hospitals to which a group has admitting privileges.

Within search results, you can compare up to three offices at a time. There are seven patient experience criteria and a patient willingness to recommend score of up to 100%. Quality criteria include three measures of adult diagnostic and preventive care, two each for Women's Health, diabetes and medication management and one each for behavioral health and asthma care. If the author has a criticism of the web site it is that there is no overall rating that would make it easier for the consumer with no specific health problem to decide among physician groups.

When you select and compare three "offices" Healthcare Compass compares them based on several measures of Patient Experience, Clinical Quality and Doctors' Office Details.

Patient Experience

➤ Care from Personal Doctors

- How Well Doctors Communicate with Patients
- How Well Doctors Coordinate Care
- How Well Doctors Know Their Patients
- How Well Doctors Pay Attention to Mental (Behavioral) Health

⁴ http://www.healthcarecompassma.org/learn_more/details/?content_item_id=27

- **Care and Service from Others in the Doctor's Office**
 - Getting Timely Appointments, Care, and Information
 - How Well Doctors Support Patient Self-Management
 - Getting Quality Care from Staff in the Doctor's Office
- **Willingness to Recommend**
 - Patients' Willingness to Recommend Their Provider to Family and Friends
- Clinical Quality***
- **Preventive Care**
 - Cervical Cancer Screening (Ages 21 to 64)
 - Colorectal Cancer Screening Tests (Ages 50 to 75)
 - Using Imaging Tests for Lower Back Pain Only When Appropriate
- **Women's Health**
 - Breast Cancer Screening (Ages 50 to 74)
 - Chlamydia Screening (Ages 21 to 24)
- **Diabetes Care for Adults**
 - Blood Sugar (HbA1C) Screening Test
 - Tests to Monitor Kidney Disease
 - Medication Management
 - Yearly Follow-up to Monitor Patients on Long-Term ACE Inhibitors or ARBs
 - Yearly Follow-up to Monitor Patients on Long-Term Medication
- **Behavioral Health**
 - Long-term Medicine for Depression
- **Asthma Care**
 - Medicine Use for People with Asthma (Ages 5-64)

HEALTHGRADES

HealthGrades offers a Group Practice Directory that enables the reader (web browser) to locate group practices by town within Massachusetts. HealthGrades lists, for example, 41 group practices in Dedham, Massachusetts. A closer look, however, reveals that many of the so-called “groups” list just one “affiliated provider”, i.e. a “group” of one. And Dedham Medical Associates is listed five times with various numbers of “Affiliated Providers” ranging from 1 to 37 and totaling 72 in all. In reality, Dedham Medical Associates has over 100 physicians practicing under one roof and 23 more at a second location. HealthGrades does not offer any way to narrow one’s search based on medical specialty, size of group, etc.

BLUE CROSS BLUE SHIELD OF MASSACHUSETTS

Blue Cross Blue Shield of Massachusetts (BCBSMA) provides a directory of medical group practices that can be sorted by distance, quality or patient rating. However, no quality or patient rating was available for the 91 groups listed within five miles of zip code 02026 at the time the author reviewed the site. And the list included non-primary and specialty groups, such as anesthesiologists, as well as groups of 1 or 2 doctors. When searching BCBSMA for doctors, however, you can specify medical group affiliation, and the number of doctors in each group is shown in parentheses. There is also an option to specify one clinical quality measure, e.g. breast cancer screening, or all six clinical quality measures.

6. CHOOSING A SPECIALIST

This is a difficult subject about which to generalize because I've known so many people who have become medical super-shoppers when it comes to their own care or that of a loved one. In essence, they become experts on the particulars of their condition and through constant attention, research, trial and error and asking questions, they learn who is the best in the field, whether it is cancer, heart, pediatrics, infectious diseases or whatever. My experience with medical super-shoppers is greatest in New York City, which contains medical resources comparable to those in the Boston area, including three nationally recognized teaching institutions –four if you count Columbia and Cornell separately.

So it would be impossible to cover all the specialties within the scope of this report or to duplicate the knowledge of the many medical super-shoppers. But I will start by sharing my own experience with cataract surgery to illustrate the process.

FINDING A CATARACT SURGEON

A few years ago, I became aware that I was developing cataracts that would eventually need surgery. In fact, I was not introduced gently to the subject. I visited a local (eastern Long Island) optometrist for an update to my prescription eyeglasses. At the end of the appointment, the examiner, who was an ophthalmologist, exclaimed something like, “You’ve got cataracts! You should have them fixed right away!”

After leaving the office and calming down, I made an appointment with my trusted ophthalmologist in Manhattan, who had performed laser surgery on me for a partially detached retina some years before. Due to my years of experience with him and having checked him out with several other eye doctors before the laser surgery, I trusted him implicitly. After examining me he told me that at some point I would need cataract surgery and I would know when it was time. In other words – no hurry.

There was just one problem. He didn't accept Medicare. And without insurance the combined cost of cataract surgery including doctor, hospital and anesthesiologist would be thousands of dollars rather than in the hundreds with Medicare coverage.

So I began to look for a cataract surgeon who accepted Medicare. My main source of information was the internet, and I made several efforts to find “the one”. But each search left me vaguely dissatisfied with no conviction that I had found my eye surgeon. Eventually I consulted New York Magazine which, like Boston Magazine, uses the Castle Connolly service. While I cannot recreate the exact conditions of my search two years later, New York Magazine/Castle Connolly lists seven ophthalmologists in New York and shows their hospital affiliation. As I browsed the list, and checked out various doctors I kept finding solo practitioners.

I could not find a compelling reason to choose any of them until I came across an article extolling the virtues of a young superstar cataract surgeon who was affiliated with Weill Cornell Medical Center and New York Presbyterian Hospital. Something clicked. Having attended Cornell University, lived in New York and worked in healthcare finance for over two decades, I had great respect for Cornell's medical school operating at New York Hospital and knew it to be one of the most highly respected teaching institutions in the country. And here was a doctor who was affiliated with a medical group specializing in eye care and part of the staff of New York Hospital and Cornell Medical School.

I was able to verify with a phone call that the medical group accepted Medicare, as did the hospital. After a little more research I knew I had found my cataract surgeon. The fact that he was backed up by a competent staff, including 22 other ophthalmologists, added to my comfort, as did discovering later that a particularly discriminating (and wealthy) friend of mine with a different eye problem had found his way to the same doctor through a completely different path.

Long story short, in 2015 I had both cataracts removed and couldn't be more pleased with the results. And Medicare covered most of the cost after substantially discounting the price as billed. There were, by the way, three bills – physician, hospital and anesthesiologist - for each surgery.

SURGEONRATINGS.ORG

SurgeonRatings.org by Consumers' CheckBook is an online site that provides results-oriented ratings of surgeons in the following specialties.

- Angioplasty or Pacemaker Surgery
- Aortic or Endovascular Surgery
- Endarterectomy/Head or Neck Muscle Angioplasty
- Femur Fracture Surgery
- Gallbladder Removal Surgery
- Gastric Surgery
- Heart Valve or Heart Bypass Surgery
- Hernia Surgery
- Hip or Knee Replacement Surgery
- Hysterectomy and Cystocele/Rectocele Repair Surgery
- Major Bowel Surgery
- Prostate Removal Surgery
- Pulmonary Surgery
- Spinal Cord Exploration or Spine Fusion Surgery

While the above list of surgeries is limited, the content is impressive. For example, choosing “Heart Valve or Heart Bypass Surgery”, resulted in a list of 19 surgeons within 10 miles of zip code 02026 with the following information for each

- Name and contact information
- “Better Outcomes: Fewer Deaths” rating from 5 stars (best) to none.
- “Better Outcomes: Fewer Deaths or Other Bad Outcomes” from 5 stars (best) to none.
- “Recommended by Most Surveyed Doctors” and the number recommending.
- Specialties in which Board Certified
- “Surgeon's Hospitals”, some of which carried a check mark (✓= Hospital high-rated for outcomes for this surgery or for this surgeon”).

This latter notation (Surgeon's Hospitals) helps square the circle between choosing a doctor and choosing a hospital. It is unfortunate that this website doesn't include more types of surgeries, e.g. OB/GYN.

OTHER ONLINE SERVICES

Most online services that have already been cited for choosing primary care physicians will also will enable you to search for specialists.

Castle Connolly

Castle Connolly's advanced search capability enables you to search for doctors in a long list of specialties and/or disease/conditions. They can be screened by hospital affiliation and by insurance company and plan, as well as condition or procedure. Castle Connolly identified 40 ophthalmologists, 30 OB/GYNs and 50 cardiologists within 10 miles of zip code 02026. Four of the ophthalmologists do cataract surgery and accept Medicare, two of them at Massachusetts Eye and Ear.

Board of Registration in Medicine

The Massachusetts Board of Registration offers doctor searches in the following specialties on its home page:

- Cancer
- Dermatology
- Eye Physicians
- OB/GYN
- Orthopedics
- Pediatrics
- Primary Care
- Psychiatry

Clicking on “More search options” reveals a much longer list of specialties, as a selection of hospital affiliations. The Board of Registration found 322 Ophthalmologists, 191 of which were affiliated with Massachusetts Eye and Ear, 459 OB/GYNs and 531 cardiologists within 10 miles of zip code 02026.

HealthGrove

HealthGrove allows you to specify physician specialty and/or condition but does not allow you to screen by hospital affiliation. HealthGrove found 353 ophthalmologists, 517 OB/GYNs and 545 cardiologists w7ithin 10 miles of zip code 02026. Specifying cataracts as a condition did not change the number of ophthalmologists found.

U.S. News

U.S. News provides a long list of specialties from which you can choose, including a large number of pediatric subspecialties. U.S. News can search for doctors based on the following specialties and procedures or conditions:

Specialty

- Cancer
- Cardiology & Heart Surgery
- Diabetes & Endocrinology
- Ear, Nose & Throat
- Gastroenterology & GI Surgery
- Geriatrics
- Gynecology
- Nephrology
- Neurology & Neurosurgery
- Ophthalmology
- Orthopedics
- Psychiatry
- Pulmonology
- Rehabilitation
- Rheumatology
- Urology

Procedure or Condition

- Abdominal Aortic Aneurysm Repair
- Aortic Valve Surgery
- Chronic Obstructive Pulmonary Disease (COPD)
- Colon Cancer Surgery
- Heart Bypass Surgery
- Heart Failure
- Hip Replacement
- Knee Replacement
- Lung Cancer Surgery

U.S. News identified 319 ophthalmologists, 616 OB/GYNs and 558 cardiologists within 10 miles of zip code 02026. Unfortunately, you cannot screen them by hospital affiliation, which is particularly useful when choosing a specialist.

Zocdoc

Zocdoc asks you to specify specialty, symptom, condition, treatment or doctor’s name, as well as your insurance carrier, on the opening screen. Since there is no pulldown list, the author could not determine

how comprehensive the list of “specify specialty, symptom, condition treatment” is. Zocdoc identified eight ophthalmologists within 10 miles of zip code 02026, two of whom accept Medicare.

AMA Doctor Finder

The AMA website states that it “provides professional information about virtually every licensed physician in the United States and its possessions — including more than 814,000 doctors of medicine and doctors of osteopathy or osteopathic medicine. But the site is frustrating to use. It was only able to identify two ophthalmologists in zip code 02026. There was no option to search within a 10-mile radius of the specified zip code. An attempt to search for ophthalmologists in Boston elicited the following message: “Sorry, the results of your search were too large. Please try to narrow your search criteria.”

Massachusetts General Hospital

Massachusetts General is presumably well represented in virtually every specialty. Screens are limited to “clinical interest”, “Center or Department”, and 28 Locations, including Boston, Braintree, Belmont, Cambridge, Charlestown, Chelsea, Concord, Framingham, Waltham, Newton, Martha’s Vineyard, and Nantucket. MGH lists 108 ophthalmologists, most of whom are located in Boston and 8 of whom do cataract surgery, as well as 60 OB/GYNs and 89 cardiologists.

Partners

Partners invites you to “Browse by Common Specialties”: Primary Care Physicians, Cardiology (Heart Doctor), Endocrinology, Family Medicine, Gastroenterology, Hematology (Blood Specialist), Infectious Diseases, Internal Medicine, Medical Oncology, Pediatrics, Pulmonology (Lung Doctor), Rheumatology. Its site is focused on primary care. Partners listed 135 ophthalmologists, 213 OB/GYNs and 235 cardiologists within 10 miles of zip code 02026

Atrius

Atrius provides a choice of searching for a primary care physician or specialist. It located 18 ophthalmologists, 83 OB/GYNs and 29 cardiologists within 10 miles of zip code 02026.

Aetna

Once specifying a health plan (the author was able to specify Medicare without getting more specific), Aetna enables you to search for a specialist and to screen by hospital and group affiliation, as well as distance, gender and language. Aetna was able to locate 211 ophthalmologists, 453 OB/GYNs and 316 cardiologists within 10 miles of zip code 02026 with the following proviso:

“These providers may not accept all Aetna Medicare plans. If you're an Aetna member, log into your secure DocFind for personalized results based on your plan or location. From here you can view provider details. You can also call the provider's office to find out if they accept your Aetna Medicare plan.”

Blue Cross Blue Shield of Massachusetts (BCBSMA)

BCBSMA limits the choice of specialists for which you can search to OB/GYN, dermatologist, cardiologist, orthopedist, chiropractor and physical therapist/rehabilitation. BCBSMA was able to locate 454 OB/GYNs and 393 cardiologists within 10 miles of zip code 02026. Within those specialties you can select ages and disorders treated, treatment methods and subspecialties. In addition, you can select hospital and group affiliation. You can also specify whether the physician is board certified and a member of a group practice or a solo practitioner.

Harvard Pilgrim

Harvard Pilgrim’s PPO located 810 ophthalmologists, 732 cardiologists and 771 OB/GYNs within 10 miles of zip code 02026, which could then be narrowed down by group affiliation. Harvard Pilgrim’s Medicare Stride HMO was somewhat more restrictive, locating 525 cardiologists, 554 OB/GYNs and 393

ophthalmologists. The largest number of OB/GYNs were members of the Harvard medical Faculty at BIDMC (Beth Israel Deaconess Medical Center) followed by Brigham & Women's Physician Organization. Cardiologists showed a similar concentration, but the most prevalent affiliation for ophthalmologists was Boston University Eye Associates.

Tufts Health Plan

Tufts Health Plan's website was able to locate 500 ophthalmologists, 329 cardiologists and 500 OB/GYNs. Just 12 OB/GYNs were available as primary care physicians.

Medicare

The opening page of <https://www.medicare.gov/physiciancompare/> invites you to browse by specialty and provides a long list of specialties. Medicare.gov located 482 OB/GYNs, 488 cardiologists and 229 ophthalmologists (70 of whom had admitting privileges to Massachusetts Eye and Ear were board certified and affiliated with a group practice) within 10 miles of zip code 02026.

MassHealth

MassHealth provides a long list of specialties, including several surgical specialties, to choose from. MassHealth was able to locate no ophthalmologists, 3 OB/GYNs (including Dedham Medical Associates and other group) and 2 cardiologists (one was Dedham Medical Associates) **in** zip code 02026. There was no option to search within a 10-mile radius of the specified zip code. Using Boston as the search criterion located 260 ophthalmologists including groups, 336 cardiologists and 244 OB/GYNs.

SPECIALISTS & CHOOSING A HOSPITAL

The next section (Choosing a Hospital) devotes several chapters to selecting hospitals according to their performance in specific specialties. The author recommends narrowing the search for a specialist by choosing a hospital that excels in that specialty before settling on a specific doctor, unless you have already decided on your physician specialist of choice. The advantage of selecting a hospital first is that hospitals provide far more measurables than individual physicians, SurgeonTatings.org excepted.

7. DOCTOR SELECTION SERVICES: SUMMING UP

While there is a bewildering array of websites that help consumer’s select a doctor, none stand alone without knowledge of hospital quality, as described in the next section. Among the health plan websites, Aetna and Tufts stand out. Among the provider websites, Mass. General Hospital and Atrius Health, the management company for many of the Harvard Pilgrim groups, and among independents, Castle Connolly’s America’s Top Doctors, HealthGrove and SurgeonRatings.org stand out for different reasons.

The table below summarizes the extent to which each of the physician selection services reviewed herein applies key selection criteria for choosing a doctor.

PHYSICIAN FINDER SERVICE	IMs ⁵ w/i 5 miles	Accepting New Patients?	Medical Group Affiliation	Hospital Affiliation	Medical Education	Health Plans Accepted
Castle Connolly (by subscription)	5	NA	In record	Screen	Yes	Screen
Board of Registration in Medicine	542	In record	In record	Screen	In record	In record
Boston Consumers’ Checkbook	3	NA	No	No	In record	No
Doctor Directory	190	Yes	NA	NA	NA	NA
HealthGrove	197	NA	In record	In record	Screen	NA
U.S. News	268	NA	NA	In record	In record	In record
Zocdoc	2	Yes	NA	NA	Yes	Screen
AMA Doctor Finder	18	NA	Some	NA		NA
Massachusetts General	17	Screen	[MGH only]	MGH	In record	Yes
Partners	32	Screen	[Partners only]	Screen	Yes	Screen
Atrius	42	Screen	[Atrius only]	NA	Yes	Elsewhere ⁶
Aetna	[63]	Screen	Screen	Screen	Yes	Screen
Blue Cross Blue Shield	[74]	Screen	Screen	Screen	Yes	Screen
Harvard Pilgrim	[80]	Screen	Screen	Yes	NA	Screen
Tufts	[228]	Screen	Screen	Screen	Yes	Screen
Medicare	[55]	NA	Screen	Screen	Yes	Given
MassHealth	29	NA	Yes	NA	NA	Given

“Screen” listing of all doctors that meet other search criteria can also be screened (or filtered) based on the criterion referenced in the column heading of the table above, e.g. hospital affiliation.

“Yes” the criterion, e.g. hospital affiliation, is visible in the list but screening must be done manually.

“In Record” the information is available when the viewing the information for a single doctor but cannot be seen in a listing of all doctors meeting the search criteria.

The table above summarizes our findings as they relate to the most commonly selected primary care specialty, internal medicine (IM). Typically, these sites also enable you to select other types of primary

⁵ IMs: Doctors specializing in Internal Medicine; numbers in [brackets] represent those participating in the health plan.

⁶ Specified elsewhere on the website.

care physicians (PCPs) like family practitioners, pediatricians, gerontologists and gynecologists. Some sites will simply allow you to specify that you’re looking for a PCP.

Most of these sites also offer search capabilities for a wide variety of physician specialties. For both specialists and PCPs, those sites that provide information about hospital and group practice affiliation are more useful. One website - HealthCare Compass sponsored by Massachusetts Health Quality Partners (MHQP) - provides comparative information about the clinical quality of group practices.

SPECIALISTS

The next section (Choosing a Hospital) reviews hospital capabilities and quality for cardiology, obstetrics & gynecology, cancer, pediatrics (children), orthopedics and emergency care, as well as for general acute care. Choosing your hospital first will make it easier to select a physician specialist, particularly if you live in a metropolitan area like Boston where there are so many to choose from. The chart below illustrates the large number of choices within 10 miles of zip code 02026 (Dedham, MA) except as otherwise noted. MassHealth, for example, did not offer a search radius but only a specific city, town or zip code. Therefore, we chose Boston rather than 02026 or Dedham.

Doctors in Three Specialties within 10 miles of 02026
(except where otherwise noted)

Service	Ophthal- mology	Obstetrics & Gynecology	Cardiology	Hospital Affiliation?
Aetna	211	453	316	Screen
Atrius	18	83	29	No
Blue Cross Blue Shield	NA	454	393	Screen
Board of Registration in Medicine	318	459	531	Screen
Castle Connolly	40	30	50	Screen
Harvard Pilgrim	810	771	732	Yes
HealthGrove	353	517	545	In record
Massachusetts General (all locations)	108	60	89	Yes
MassHealth (in Boston)	260	244	336	No
Medicare	229	482	488	Screen
Partners	135	213	235	Screen
Tufts	500	500	329	Screen
US News	319	616	558	In record

In addition to the above services, SurgeonRatings.org, created by CheckBook, deserves special mention as it is the only service we have found that rates individual surgeons based on their results. Unfortunately, they do not rate ophthalmologists or obstetricians, and in cardiology they only provide ratings for “Heart Valve or Heart Bypass Surgery”; so we cannot compare them with the services listed in the table above.

ARE WE DONE YET?

If you have found this information sufficient to choose a doctor, either you are one of the lucky ones or you have skipped a step. If you don’t know to which hospitals your chosen doctor(s) has(have) admitting privileges, then you are missing a vital determinant of healthcare quality and cost. And have you checked to see whether your choice of doctors is compatible with your choice of health plan? You may wish to start by choosing a health plan then choosing a participating doctor. The third section of this report covers health plan selection.

The list of physician finder services in the tables above and those covered elsewhere in this report is not exhaustive. Most medical groups, hospitals and hospital systems and health insurance companies offer similar services. It was beyond the scope of this report to review every one of them. The author feels that the list above and services covered elsewhere in this report is sufficiently illustrative to point the reader in the right direction even if his or her provider or health plan is not represented herein.

II. CHOOSING A HOSPITAL

Choosing a hospital is both the easiest and the most challenging part of the decision process. It is easiest because so much information is available on hospital quality, safety and patient satisfaction. And there are far fewer hospitals than doctors to choose from – approximately 20 in the Boston area as compared to hundreds of primary care physicians, thousands if all specialties are included. But choosing a hospital is challenging because there is so much information available with which to compare hospitals.

THE HOSPITAL IS CORNERSTONE OF YOUR HEALTHCARE TEAM

The selection of one or more hospitals is the cornerstone of the author's recommended strategy for choosing a healthcare team because:

- Quality of care is far more measurable for hospitals than for doctors
- Doctors must meet certain standards of care to maintain admitting privileges at a given hospital.
- Hospitals often sponsor medical group practices, which hold individual doctors to certain standards of care.
- The hospital(s) at which a doctor has trained tell you a lot about the quality of his/her medical education.

HOSPITAL QUALITY: WHAT TO CONSIDER

Some of the more common determinants of hospital quality include:

- Death rates
- Infection rates
- Readmission rates
- Correct medications and procedures
- Patient satisfaction rates
- Hospital safety scores, which combine the above with additional data in various ways.

The purpose of this section is to educate the consumer on the various hospital selection services and how to read and make use of the results.

TEACHING VS. COMMUNITY HOSPITALS

Hospitals like Massachusetts General and Beth Israel Deaconess are known as teaching hospitals because they are associated with a medical school. They employ faculty that are highly regarded in their respective specialties. As a result, teaching hospitals often take on challenging and difficult cases, which may skew their outcomes negatively. Simply put, they are likely to have higher rates of deaths, complications, readmissions and infections than non-teaching hospitals because they take on more difficult and advanced cases. Outcomes measures are supposed to adjust for case severity but may not do so adequately. Teaching hospitals also tend to be more expensive because of their use of advanced technology and the cost of their teaching mission.

Accordingly, community (non-teaching) hospitals often score better on various “safety” factors such as deaths and infections. And knowledgeable healthcare consumers often prefer to use a community hospital, all other things being equal, for “routine” procedures, such as knee or hip replacement, childbirth, etc.

Massachusetts Teaching Hospitals

Baystate Medical Center

Berkshire Medical Center

Beth Israel Deaconess Medical Center

Boston Medical Center

Brigham and Women's Hospital

Brockton Hospital

Mount Auburn Hospital

Caritas Carney Hospital

Caritas Saint Elizabeth's Medical Center

Children's Hospital

Dana Farber Cancer Institute

Faulkner Hospital

Lahey Clinic Hospital
Lemuel Shattuck Hospital
Massachusetts General Hospital
McLean Hospital
Mount Auburn Hospital
New England Medical Center

Saint Vincent Hospital
Salem Hospital
Spaulding Rehabilitation Hospital Network
UMass Memorial Medical Center
Worcester Medical Center

TREATMENT CATEGORIES

In addition to an overall hospital rating, a hospital's rating in a specific disease or treatment category such as cardiology (heart disease), cancer, orthopedics, pediatrics, etc. will be important to those of you who need treatment for a specific condition or disease. And no hospital excels in every specialty. This report devotes specific chapters to each of several specialties to help the reader evaluate their hospital choices in a more discriminating manner. If you or a loved one has a particular health problem that is not covered in one of these chapters, do not despair. Several websites reviewed in this section cover a much broader range of diseases than those few to which chapters are devoted.

GEOGRAPHIC SCOPE

While the focus of this section tends to be on Boston area hospitals, some analyses reference all Massachusetts hospitals, and occasionally, for comparison, eastern Long Island (considered rural or underserved when it comes to health services) and in New York City hospitals.

8. NATIONAL PERSPECTIVE

It is helpful to view Massachusetts hospitals from a national perspective to see how they compare with the best in the country. Several online services provide national rankings that include some Massachusetts hospitals.

U.S. NEWS

U.S. News' Honor Roll, lists Massachusetts General and Brigham and Women's third and thirteenth, respectively, among the top twenty for 2016-17:

1. Mayo Clinic, Rochester, Minn.
2. Cleveland Clinic
- 3. Massachusetts General Hospital, Boston**
4. Johns Hopkins Hospital, Baltimore
5. UCLA Medical Center
6. New York-Presbyterian University Hospital of Columbia and Cornell
7. UCSF Medical Center, San Francisco
8. Northwestern Memorial Hospital, Chicago
9. Hospitals of the University of Pennsylvania-Penn Presbyterian, Philadelphia
10. NYU Langone Medical Center
11. Barnes-Jewish Hospital/Washington University, St. Louis
12. UPMC Presbyterian Shadyside, Pittsburgh
- 13. Brigham and Women's Hospital, Boston**
14. Stanford Health Care-Stanford Hospital, Stanford, Calif.
15. Mount Sinai Hospital, New York

U.S. News ranks Massachusetts General 4th and Brigham & Women's 7th nationally when it comes to cardiology and heart surgery. The same two hospitals are ranked 5th and 6th nationally for adult gynecology. Dana Farber is ranked 4th and Massachusetts General 11th nationally among cancer hospitals. In orthopedics, Massachusetts General is ranked 8th, Brigham & Women's 26th and New England Baptist 37th. Massachusetts Eye and Ear is rated 4th in the country among Ophthalmology hospitals.

HEALTHGROVE

HealthGrove ranks the top ten hospitals nationally using a "Smart Rating":

1. Mayo Clinic
2. NY Presbyterian
3. UCLA Medical Center
4. Johns Hopkins
5. University of Michigan
6. UCSF Medical Center (San Francisco)
- 7. Massachusetts General**
8. Cleveland Clinic
9. Case Medical Center
10. Indiana University Health

LEAPFROG HOSPITAL SAFETY GRADES

Leapfrog gave 31 of 60 Massachusetts hospitals that it rated an "A" Hospital Safety Grade, which ranks as seventh best in the country. (Hawaii, Idaho, Maine, Wisconsin, North Carolina and Utah ranked better.) By contrast, New York state was ranked 46th, and the only hospital in New York City that received an A rating was Woodhull, a municipal hospital in Brooklyn. All of New York City's teaching hospitals received

“C” ratings. There are several other services that provide hospital safety ratings, and Medicare assesses Patient Safety Penalties when it deems it appropriate. We have devoted a chapter to discussing the various measures of hospital safety.

WHY NOT THE BEST

Why Not The Best (WNTB) ranks Massachusetts 27th (just after New York) in Overall Recommended Care, which WNTB describes as “a weighted average of all of the process-of-care, or “core” measures, reported on CMS Hospital Compare”. The top five states are Utah, Maine, Wyoming, Colorado and North Carolina. In terms of Overall Recommended Care, WNTB ranks New England Baptist highest and Faulkner and VA Boston Healthcare, Jamaica Plains higher than the top 25 percent of hospitals nationally. An additional five Massachusetts hospitals are ranked higher than the national average for teaching hospitals.

DEATH (MORTALITY) RATES

Finally, Massachusetts does not fare too well when measuring hospital quality by “Deaths among Patients with Serious Treatable Complications after Surgery”, one of the outcomes tabulated by the Centers for Medicare and Medicaid Services (CMS) and available to the public. As described in a subsequent chapter, Medicare ranks no New England hospitals, and only two in the northeastern U. S. as “Better than National Rate” with respect to deaths.

In fact, as the map below shows, no New England hospitals and only 2 in the northeastern United States were ranked “Better than National Rate” with respect to deaths.

Hospitals ranked “Better than National Rate” by CMS for “Deaths among Patients with Serious Treatable Complications after Surgery”



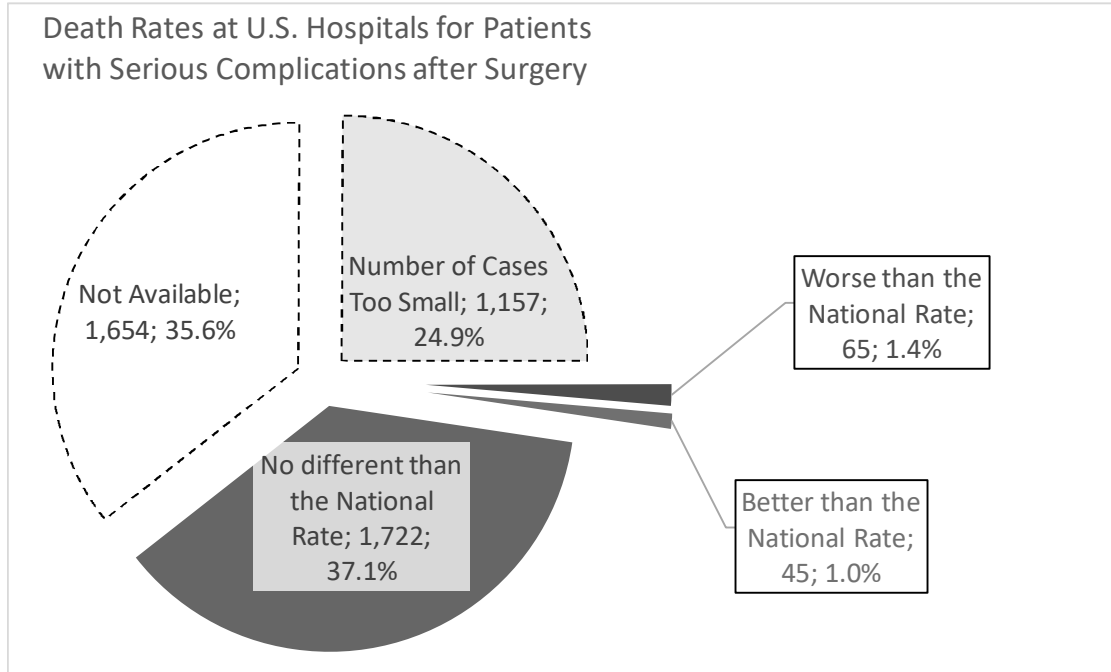
SOURCE: Medicare.gov and Google maps

When ranking states by average death rate, Massachusetts comes in 16th, while Massachusetts’ neighboring states all rank lower: Maine 20th, Connecticut 22nd, New Hampshire 29th, New York 41st and Rhode Island 42nd. The top five states (lowest average death rates) are South Dakota, Minnesota, Montana, Arizona and Delaware. (Maryland hospitals did not report any data.)

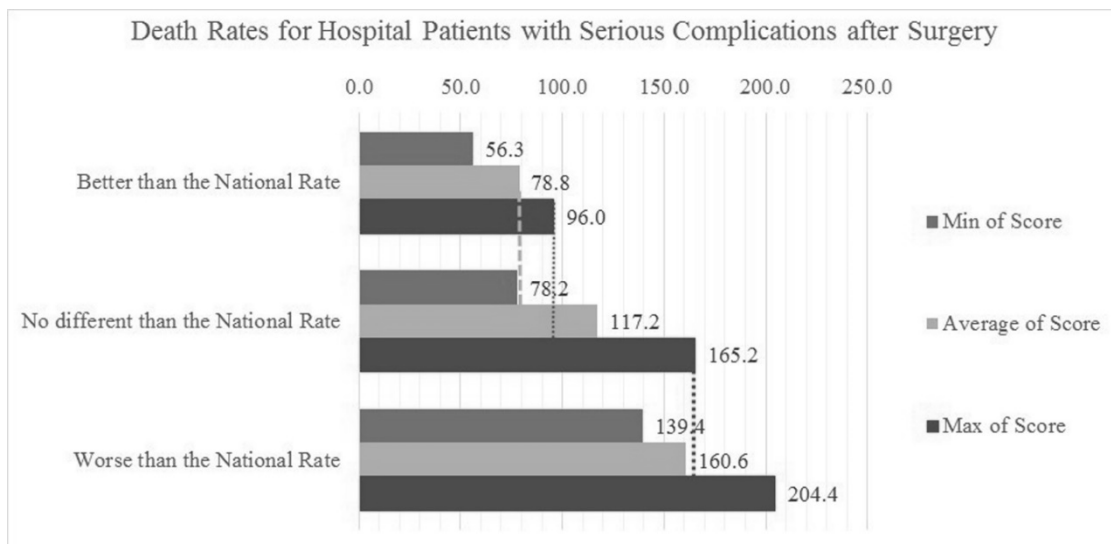
So while there are many reasons to believe that Massachusetts provides superior healthcare, the aggregate objective data delivers a mixed verdict. All the more reason to choose your hospital carefully.

9. MORE ON HOSPITAL DEATH RATES

Looking further into CMS’s death rate data will provide insight into what to expect and how to interpret local hospital data. Using “Death rates for patients with serious complications after surgery”, the pie chart below shows that just 45 out of over 4,600 U.S. hospitals received a “Better than National Rate” ranking from Medicare.gov.



Since these 45 hospitals represent just 1 percent of U. S. acute care hospitals, the death rate ranking of “Better than National Rate” appears to be a discriminating one. Looking at the data more closely, however, shows significant overlap in the death rates of the 45 hospitals in the “Better than the National Rate” category with hospitals in the much larger “No Different from the National Rate” group. The maximum death rate for a “Better than National” hospital is 96.0, whereas the minimum rate for a “No Different than the National” hospital is 78.2, 18.5% lower than the highest rate for a “Better than National Rate” hospital and slightly lower than the average for “Better than National Rate” hospitals. Similar overlap occurs when comparing “No Different” and “Worse” hospital death rates.



Medicare offers the following explanation of its ratings, which may or may not help us to understand the overlap shown in the graph above:

“The hospital’s interval estimate is compared to the national readmission rate or death rate. For each measure the hospital’s performance is categorized as:

- *“Better than the National Rate” if the entire 95% interval estimate surrounding the hospital’s rate is lower than the national rate;*
- *“No different than the National Rate” if the 95% interval estimate surrounding the hospital’s rate includes the national rate; or*
- *“Worse than the National Rate” if the entire 95% interval estimate surrounding the hospital’s rate is higher than the national rate.*
- *“The number of cases is too small (fewer than 25) to reliably tell how well the hospital is performing” if a hospital has fewer than 25 eligible cases.⁷*

Equally unsatisfying is this explanation from CMS:

*“To accurately compare hospital performance, **the readmission and death measures adjust for patient characteristics that may make readmission or death more likely.** These characteristics include the patient’s age, past medical history, and other diseases or conditions (comorbidities) the patient had when they were admitted that are known to increase the patient’s chance of dying or of having a readmission.”⁸*

Fortunately, we do not have to rely solely on the Medicare rankings to assess the relative quality of Massachusetts hospitals. The Centers for Medicare & Medicaid Services (CMS) compile a database of United States hospitals’ outcomes based on information collected in connection with the Medicare and Medicaid health insurance programs. The author will analyze this data in the chapter entitled **Adverse Outcomes**, and use the results in subsequent chapters.

MASSACHUSETTS HOSPITALS

The chart on the following page shows death rates for all Massachusetts hospitals, for which the Centers for Medicare and Medicaid Services reported rates.

Looking at Massachusetts hospitals we find that despite adjusting for *“the patient’s age, past medical history, and other diseases or conditions (comorbidities) the patient had when they were admitted”⁹*, there is substantial variation in death rates - from a low of 87.3 to high of almost twice that (156.7). To be clear CMS is quite adamant that it adjusts for *“for patient characteristics that may make readmission or death more likely”*:

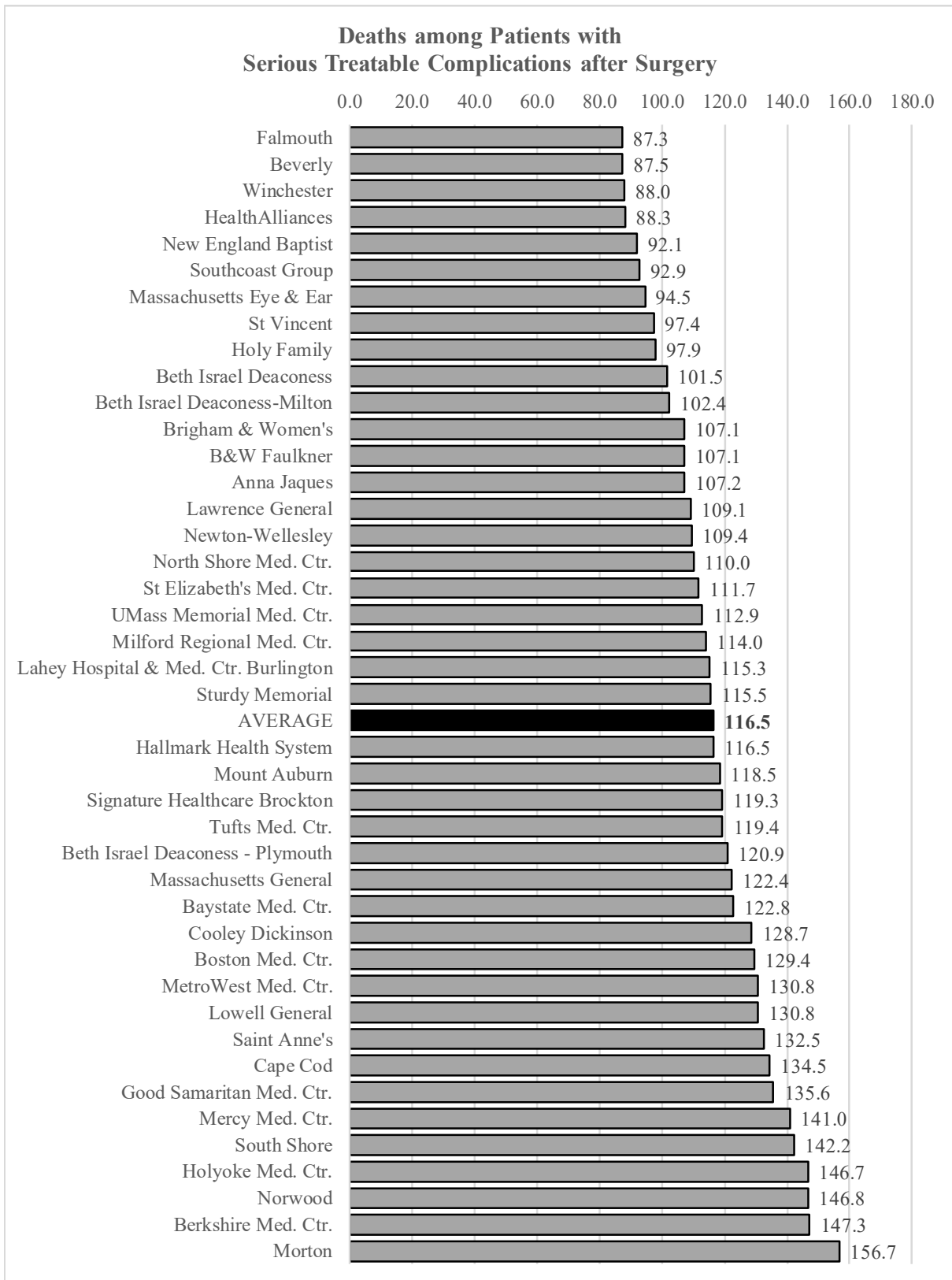
“To accurately compare hospital performance, the readmission and death measures adjust for patient characteristics that may make readmission or death more likely. These characteristics include the patient’s age, past medical history, and other diseases or conditions (comorbidities) the patient had when they were admitted that are known to increase the patient’s chance of dying or of having a readmission.” -Medicare.gov-

⁷ <https://www.medicare.gov/hospitalcompare/Data/30-day-measures.html>

⁸ IBID.

⁹ Medicare.gov, Hospital Compare (<https://www.medicare.gov/hospitalcompare/Data/30-day-measures.html>)

CMS Adjusted Death (Mortality) Rates for Massachusetts Hospitals



NOTA BENE: The author is hesitant to judge any hospital based solely on “adjusted” death rates.

Yet the wide variation of death rates among Massachusetts hospitals leads the author to suspect either that:

- a. The death rates are insufficiently adjusted for case severity and other relevant factors; or
- b. Some caseloads are so small that random variations lead to unusually high or low death rates.

If true, then the tendency of Medicare.gov to rate the vast majority of its hospitals as “No Different than the National Rate” suggests that it would be wise for the consumer to consider other information sources to help them choose their hospitals. And in fact, several online services incorporate the CMS data shown here along with other outcome data, as we shall see.

10. MORTALITY & MORBIDITY RATES

The Centers for Medicare & Medicaid Services (CMS) compile a database of United States hospitals' procedures and outcomes based on information collected in connection with the Medicare and Medicaid health insurance programs. That data represents the most comprehensive database on hospital quality and performance in the United States. The website (cms.gov) makes the data available to the public. Other hospital selection services rely on CMS data as a component of their rating systems, albeit with widely varying results, as we will see in subsequent chapters.

ALL MASSACHUSETTS HOSPITALS

The chart on the next page shows all Massachusetts hospitals ranked in each type of complication measured. The abbreviated labels in numbered columns above correspond to the following descriptions provided by CMS with the data.

1. A wound that splits open after surgery on the abdomen or pelvis
2. Accidental cuts and tears from medical treatment
3. Collapsed lung due to medical treatment
4. Deaths among Patients with Serious Treatable Complications after Surgery
5. Rate of complications for hip/knee replacement patients
6. Serious blood clots after surgery
7. Serious complications

Blank entries, such as death rates for Adcare and Baystate Mary Lane Hospitals, denote insufficient data to provide a ranking. Therefore, it is not possible to rank all Massachusetts hospitals based on negative outcomes using the same yardstick. Accordingly, we offer three additional charts that rank hospitals:

Hospitals for which CMS published death rates.

The chart in the previous chapter includes all Massachusetts hospitals for which CMS has published data on Deaths among Patients with Serious Treatable Complications after Surgery.

Hospitals for which CMS published data on all seven outcomes.

This table clearly illustrates that a hospital can rank poorly in one measure but well overall. For example, the number one ranked hospital overall, New England Baptist, ranks 35th in “wounds that split open” and 16th in “Accidental cuts and tears”. In addition, it should be noted that New England Baptist, which is primarily an orthopedic hospital, cannot be directly compared with general acute care hospitals due to its substantially different mix of surgeries.

The overall ranking reflects the author's opinion that deaths should be given greater importance than complications. Therefore, the Overall CMS Outcomes Rank in the last column is determined by adding together all of the individual rankings for the seven measures of health outcomes shown in the columns on the left but giving twice as much weight to death rates (double counting) when ranking hospitals.

Hospitals for which CMS published data on all outcomes except Death Rates.

By omitting Deaths among Patients with Serious Treatable Complications after Surgery we are able to include more Massachusetts hospitals (51) in our rankings. OA Rank in this chart is determined by adding together all of the individual rankings for the six measures of health outcomes shown in the columns on the left, and equally weighting them to arrive at an overall rank.

HOSPITALS WITH ALL SEVEN OUTCOMES MEASURES

The chart below ranks 41 Massachusetts hospitals with respect to seven possible negative outcomes of hospitalization (excludes hospitals not measured on all 7 outcomes) and double weights “4. Deaths after Surgery” to arrive at “Overall CMS Outcomes Rank” in the rightmost column.

Massachusetts Hospitals reporting all 7 CMS Outcomes

(INCLUDES ONLY HOSPITALS REPORTING RESULTS FOR ALL 7 OUTCOMES)

HOSPITAL	1. A wound that splits open	2. Accidental cuts and tears	3. Collapsed lung	4. Deaths after Surgery	5. Complications for hip/knee replacemen	6. Serious blood clots	7. Serious complications	OVERALL CMS OUTCOMES RANK
New England Baptist	35	16	7	5	2	5	3	1
Brigham & Women's Faulkner	13	10	7	13	13	20	6	2
Cape Cod	3	36	12	36	1	3	6	3
Saint Anne's	20	3	7	35	4	22	6	4
Newton-Wellesley	4	24	12	16	13	15	19	5
Signature Healthcare Brockton	20	15	19	26	9	9	5	6
Metrowest Medical Center	10	8	40	33	9	4	3	7
Norwood	45	6	3	3	17	8	2	8
Good Samaritan Medical Center	7	13	24	17	17	21	12	9
Beth Israel Deaconess-Milton	15	38	7	11	27	12	28	10
Beverly	44	29	24	2	24	2	15	11
St Vincent	6	3	47	8	9	52	22	12
Cooley Dickinson,The	15	2	6	31	6	54	34	13
Baystate Medical Center	38	17	3	30	5	38	21	14
Southcoast Group	49	13	18	6	27	30	12	15
Massachusetts General	30	5	45	29	7	35	6	16
Winchester	7	39	3	3	45	28	34	17
Hallmark Health System	4	48	7	23	27	18	42	18
Healthalliances,	18	9	48	4	49	34	11	19
South Shore	32	18	1	9	20	45	22	20
Brigham & Women's	1	44	12	12	12	48	48	21
Beth Israel Deaconess - Plymouth	42	48	19	28	13	1	31	22
Berkshire Medical Center	34	1	43	3	44	19	1	23
Lowell General	43	22	30	34	37	7	12	24
Beth Israel Deaconess Medical Center	14	24	49	10	37	24	27	25
Falmouth	11	50	27	1	27	25	45	26
St Elizabeth's Medical Center	40	44	45	18	7	6	28	27
Mount Auburn	9	37	12	25	37	40	45	28
Mercy Medical Ctr	40	27	2	8	20	44	40	29
UMass Memorial Medical Center	28	34	43	19	3	42	42	30
Milford Regional Medical Center	24	43	30	20	51	11	37	31
Sturdy Memorial	11	12	34	22	49	53	38	32
Morton	51	21	36	3	34	14	22	33
Lahey & Medical Center, Burlington	1	33	51	21	34	50	48	34
North Shore Medical Center	38	31	19	17	46	47	42	35
Anna Jaques	46	32	39	14	33	41	40	36
Holy Family	50	5	40	9	27	29	50	37
Lawrence General	17	53	53	15	37	32	51	38
Holyoke Medical Center	20	54	54	5	27	45	53	39
Boston Medical Center	43	40	52	32	53	49	52	40
Tufts Medical Center	47	52	49	27	46	51	54	41

The following hospitals reported no data or insufficient data to be included in the rankings above.

- | | |
|---|--|
| Boston Children's Hospital | Nashoba Valley Medical Center |
| Northampton VA Medical Center | Baystate Wing Hospital & Medical Centers |
| VA Boston Healthcare System - Jamaica Plain | Emerson Hospital |
| Bedford VA Medical Center | Harrington Memorial Hospital |
| Martha's Vineyard Hospital Inc | Marlborough Hospital |
| Athol Memorial Hospital | Cambridge Health Alliance |
| Adcare Hospital of Worcester Inc | Baystate Franklin Medical Center |
| Clinton Hospital Association | Noble Hospital |
| Fairview Hospital | Beth Israel Deaconess Hospital - Needham |
| Nantucket Cottage Hospital | Carney Hospital |
| Baystate Mary Lane Hospital | Heywood Hospital |

HOSPITAL SIX-OUTCOME RANKINGS: DEATH RATES OMITTED

By omitting death rates, we can obtain ratings for an additional 9 Massachusetts hospitals for which CMS has published results for the other six outcomes, as shown below:

Massachusetts Hospitals ranked by CMS Outcomes except Deaths

(INCLUDES ALL HOSPITALS REPORTING RESULTS FOR 6 OUTCOMES)

HOSPITAL	A wound that splits open	Accidental cuts and tears	Collapsed lung	Complications for hip/knee replacement	Serious blood clots	Serious complication	OA RANK
Cape Cod	3	33	12	1	3	6	1
Saint Anne's	20	3	7	4	21	6	2
Brigham & Women's Faulkner	13	10	7	13	19	6	3
New England Baptist	35	16	7	2	5	3	3
Metrowest Medical Center	10	8	38	9	4	3	5
Signature Healthcare Brockton	20	15	19	9	9	5	6
Norwood	44	6	3	17	8	2	7
Newton-Wellesley	4	23	12	13	15	18	8
Good Samaritan Medical Center	7	13	24	17	20	12	9
Cooley Dickinson	15	2	6	6	51	31	10
Baystate Medical Center	37	17	3	5	35	20	11
Beth Israel Deaconess-Milton	15	35	7	25	12	26	12
Massachusetts General	30	5	42	7	33	6	13
Cambridge Health Alliance	20	18	12	22	34	17	13
Emerson	18	38	12	13	16	31	15
Marlborough	32	11	19	35	26	6	16
Baystate Franklin Medical Center	27	7	19	22	40	15	17
Beverly	43	26	24	22	2	15	18
St Vincent	6	3	44	9	49	21	18
South Shore	32	18	1	20	42	21	20
Berkshire Medical Center	34	1	40	42	18	1	21
Hallmark Health System	4	45	7	25	17	39	22
Harrington Memorial	30	26	24	17	25	21	23
Southcoast Group,	48	13	18	25	29	12	24
Winchester	7	36	3	43	27	31	25
Lowell General	42	21	30	35	7	12	25
Brigham & Women's	1	41	12	12	45	45	27
St Elizabeth's Medical Center	39	41	42	7	6	26	28
Healthalliances	18	9	45	46	32	11	28
Mercy Medical Ctr	39	25	2	20	41	37	30
Beth Israel Deaconess Medical Center	14	23	46	35	23	25	31
Mount Auburn	9	34	12	35	37	42	32
Morton	50	20	34	32	14	21	33
Noble	35	22	34	35	30	19	34
Falmouth	11	47	27	25	24	42	35
Beth Israel Deaconess - Needham	29	39	27	49	10	26	36
Umass Memorial Medical Center	28	31	40	3	39	39	36
Sturdy Memorial	11	12	32	46	50	35	38
Milford Regional Medical Center	24	40	30	48	11	34	39
Camey	25	44	34	35	13	36	39
Lahey & Medical Center, Burlington	1	30	48	32	47	45	41
North Shore Medical Center	37	28	19	44	44	39	42
Heywood	26	43	32	32	36	44	43
Anna Jaques	45	29	37	31	38	37	44
Lawrence General	17	50	50	35	31	48	45
Holyoke Medical Center	20	51	51	25	42	50	46
Beth Israel Deaconess - Plymouth	41	45	19	50	50	50	47
Boston Medical Center	47	37	49	50	50	50	48
Tufts Medical Center	46	50	50	50	50	50	49
Holy Family	49	48	50	50	50	50	50

11. MEDICARE.GOV

Medicare has awarded one Massachusetts hospital, New England Baptist, its highest (five stars) rating and eight Massachusetts hospitals four stars:

Massachusetts General
Brigham & Women's Faulkner
Beth Israel Deaconess
Winchester
Newton-Wellesley
North Shore
Beverly
Emerson

Medicare's website allows the consumer to find hospitals within 1, 5, 10, 25, 50 100 or 200 miles of a specified zip code and to compare three hospitals at a time from within that list.

HOSPITAL COMPARE FEATURE

Medicare.gov has a hospital compare feature, but it takes many clicks to find useful comparisons and those comparisons can only be done for three hospitals at a time. Those three hospitals can be compared with respect to:

- Services provided,
- Patient survey results,
- Timely & Effective Care
- Readmissions & Deaths
- Complications
- Use of Medical Imaging
- Payment & Value of Care.

However, many of the comparisons, e.g. Readmissions & Deaths, rate all three hospitals as **"No Different than the National Rate"**. This was true even when the author selected a four-star hospital, a three-star hospital and a two-star hospital and compared readmission and fatality rates for heart attacks. This held true even when the author compared three lowest ranked (one star) hospitals within 200 miles of Dedham, which included Rhode Island, Connecticut and Long Island.

If, however, the reader selects "Show all graphs" the website will show numerical values for each subcategory. For example, "Chronic obstructive pulmonary disease (COPD)", "heart attack", "heart failure", "pneumonia", "Stroke" "Coronary artery bypass graft" and "Hip/knee replacement" are all subcategories of "Readmissions & deaths". For each subcategory the reader would have to select the "Show all graphs" and record the results. In effect, one would need to do a complex spreadsheet analysis of the various hospitals under consideration or know exactly what condition. Alternatively, one can look at the "30-day hospital-wide readmission rates", which tend not to vary as much.

After trying to tease meaning out of the Hospital Compare feature of the Medicare.gov website, the author, who is no stranger to spreadsheet analysis and data analytics, concludes that there are better sources of information to find the best hospitals. However, see the next chapter (**Adverse Outcomes**) for the author's analysis of CMS data.

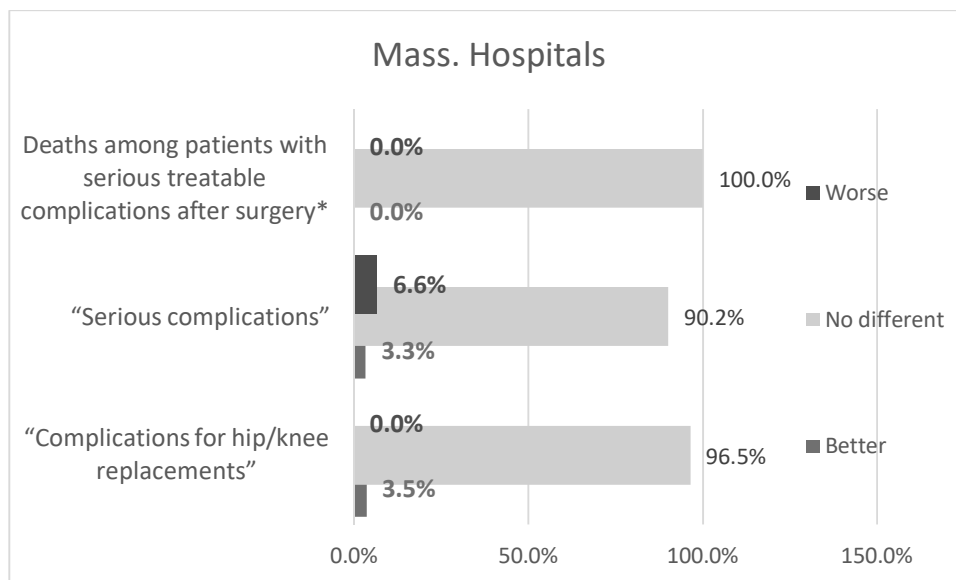
"NO BETTER THAN THE NATIONAL AVERAGE"

As stated, Medicare.gov tends to lump most hospitals together as "no better [or worse] than the national average". To illustrate, nationally Medicare.gov recently compiled the following ratings:

- 110 out of 3395 hospitals nation-wide (3.2%) have “Better than the national value” for “Serious complications”.
- 45 out of 2868 hospitals nation-wide (1.6%) have “Better than the national value” of “Deaths among patients with serious treatable complications after surgery.”
- 54 out of 3507 hospitals nation-wide (1.5%) have a “Better than the national rate” of complications for hip/knee replacements;

These measurements exclude “people in Medicare Advantage (like an HMO or PPO) plans”, about one third of all Medicare beneficiaries.

Shown graphically, over 90% of all U. S. (and Massachusetts) hospitals are ranked average by Medicare in each of three categories. However, no Massachusetts hospital has a better than average rate of “deaths among patients with serious treatable complications after surgery” compared to 2.4% of rated hospitals nationwide. Conversely the comparison of Massachusetts to U.S. hospitals is favorable with respect to “complications for hip/knee replacements”. In both cases, this is cold comfort to the consumer who is looking for that needle in the haystack of a hospital with few if any deaths or complications. The Medicare website does not lend itself to that kind of search although the data exists.



*14 Mass. Hospitals “did not have enough cases to reliably tell how they were performing.

Despite the comprehensiveness of its database, therefore, Medicare.gov is the least helpful of the hospital rating services because it provides the least amount of differentiation among hospitals by lumping them all into one of four rating categories.

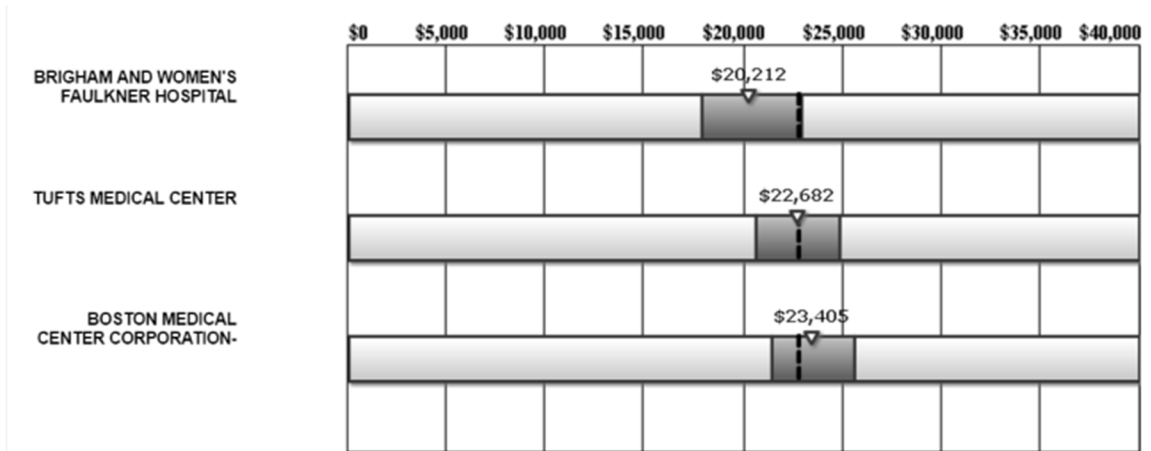
PAYMENT & VALUE OF CARE

Medicare.gov does have a very interesting feature buried within Hospital Compare, which is called “Payment & value of care”. The website describes this metric as follows:

“Looking at payment measures together with quality-of-care measures (such as death rates) allows you to assess the value of care in hospitals.

“The payment measures add up the payments for care starting the day the patient enters the hospital and continuing for the next 30 days. For example, this can include payments to the hospital, doctor’s office, skilled nursing facility, hospice, as well as patient co-pays made during this time. The quality measures below look at death rates in the first 30 days after patients are hospitalized. This includes deaths for any reason, not just from a heart attack, heart failure, or pneumonia.”

A comparison of the “payment & value of care” of three hospitals under the subcategory “Payment for heart attacks” appears to show a significant difference, albeit with some overlap, in the value delivered by Faulkner Hospital, Tufts Medical Center and Boston Medical Center:



SOURCE: <https://www.medicare.gov/hospitalcompare/search.html>

Yet if the reader hadn't persevered and clicked on “Show Graphs”, all he or she would have gotten is an indication that each hospital provides value that is “*No different from the national average*”.

12. HEALTH PLANS' HOSPITAL SELECTION SERVICES

In addition to Medicare, most private insurers provide some assistance, of greatly varying usefulness, in selecting hospitals.

AETNA

Aetna offers a search engine of providers, including hospitals, but does not rate hospitals on quality or other aspects of service. In addition, one must specify the type of plan, e.g. Medicare, before initiating a search although it is not necessary to specify an exact plan or be enrolled to gain access to the search engine. The site allows you to specify a town or zip code and a radius (in miles) from that location to search for hospitals. A search within 10 miles of zip code 02026 listed 22 facilities, eight of which were psychiatric.

The search engine is useful if you have chosen a hospital and want to find a doctor with admitting privileges to that hospital. For example, 19 primary care physicians were identified as associated with Faulkner Hospital. You can then screen for additional admitting privileges, e.g. Massachusetts General, by group affiliation (recommended by the author), whether accepting new patients, type of doctor, gender and language spoken.

BLUE CROSS BLUE SHIELD OF MASSACHUSETTS

Blue Cross and Blue Shield of Massachusetts (BCBSMA) provides a hospital search facility on its web site once you specify the health plan you have or are considering. (The website also offers search facilities for urgent and ambulatory care centers, rehabilitation hospitals, behavioral health/substance use facilities and medical groups.)

A search under their Medicare PPO shows 18 acute care hospitals within 10 miles of zip code 02026, including four specialty hospitals: Dana Farber Cancer Institute, Children's, Massachusetts Eye & Ear and NE Baptist. The list can be sorted alphabetically, by distance, by patient rating or by "quality". In the name of quality, BCBSMA makes "Blue Distinction" awards, defined as follows:

"Blue Distinction Centers and Blue Distinction Centers+ have a proven history of delivering exceptional care and results. With two levels of recognition, you and your doctor can choose the hospital that best meets your needs. To learn more, contact your local Blue Cross Blue Shield company.

BCBSMA provides a further elaboration.

Blue Distinction Centers are hospitals recognized for their expertise in delivering specialty care.

Blue Distinction Centers+ are hospitals recognized for their expertise and efficiency in delivering specialty care.

The BCBSMA web site allows screening by each of 11 different specialties. For example, screening by Blue Distinction Centers+ for "Acute Myocardial Infarction (Heart Attack)" yields four hospitals (out of 18) within 10 miles of zip code 02026 and a different four Blue Distinction Centers for "Complex and Rare Cancers". Drilling down to the individual hospital provides, in addition to basic information,

- Quality awards, such as All Patient 30 Day Mortality, Surgical Care Infection Prevention, Heart Failure and Surgical Complications. Data comes from Centers for Medicare and Medicaid Services (CMS) but BCBSMA awards top ranking to the top 10% of hospitals as opposed to CMS's top 1%.
- A list of accreditations and awards, e.g. Joint Commission accreditation. Blue Distinction, Blue Distinction+, and Blue Distinction Center.
- Patient ratings and reviews.

- Networks (health plans) accepted.

Finally, the site provides an unfiltered list of affiliated doctors.

HARVARD PILGRIM HEALTHCARE

Harvard Pilgrim Healthcare provides a hospital search service on its website after you first specify the plan in which you are, or anticipate being, enrolled. You can search for acute care facilities within a specified distance of your location or zip code. HPHC found 16 hospitals within 10 miles of zip code 02026, which can be sorted by distance. You can compare up to three hospitals at a time although limited information is provided. Clicking on “more about this hospital” provides basic location and contact information and three tabs: overview, which shows accreditations; Affiliated Doctors; and Hospital Quality.

The Hospital Quality tab refers you to Medicare.gov’s Hospital Compare service with the following:

“Choosing a hospital for the care you and your family may need is an important decision. Information on hospital quality measures can help with this important decision. Hospital Compare has information about the quality of care at over 4,000 Medicare-certified hospitals. It has information on clinical quality, patient safety and patient hospital experience measures that have been endorsed by the National Quality Forum.”

TUFTS HEALTH PLAN

Tufts provides a hospital locator service after specifying your health coverage. A search within ten miles of zip code 02026 yielded 18 hospitals, including Children’s, Dana Farber, Massachusetts Eye & Ear and NE Baptist. A comparison of up to three hospitals yields only basic contact information and accreditation status as did clicking on a single hospital.

OTHER HEALTH PLANS & INSURERS

The author has reviewed the search capabilities of the most widely used health insurers above. Other health insurers may also have search capabilities that will help you find the best hospital(s). In many cases you have to be enrolled in a health plan in order to make use of them or to realize full value. The examples above should help you know what to look for.

13. INDEPENDENT RATING SERVICES

CONSUMER REPORTS

Consumer Reports rates hospitals based on the CR safety score and four specific criteria:

- avoiding C. difficile infections,
- avoiding MRSA infections
- avoiding C-sections
- discharge instructions.

Consumer Reports' website explains that their hospital ratings include:

- **A Safety Score** based on hospital acquired infections, unnecessary readmissions, mortality (death rates), communication with patients and appropriate use of scanning.
- **Patient Outcomes**, i.e. infection and mortality rates, the components of which seem to overlap with those making up the safety score above.
- **Patient Experience** based on *“the percentage of respondents who said they would “definitely” recommend the hospital ... and ... gave the hospital an overall rating of 9 or 10 on a scale of 0 to 10”* and answers to questions about things like: *“Communication about discharge and medications”*; *“Doctor-patient and nurse-patient communication”*; *“Pain control”*; *“Receiving help when needed”*; *“Keeping hospital rooms quiet at night and keeping rooms and bathroom clean.”*
- **Hospital Practices** such as “appropriate use of CT scanning” and “avoiding C-sections”. The C-section data comes from the Leapfrog Group, which provides its own Hospital Safety Grade (reviewed in the next chapter).
- **Heart Surgery** survival and complication rates, best surgical techniques, and “right drugs” for two procedures: heart bypass surgery and aortic heart valve replacement.

Consumer Reports' Hospital Safety Ratings

Consumer Reports also offers safety ratings for hospitals. They describe their methodology as follows:

“Our Ratings come from scientifically-based data on patient experience and outcomes as well as certain hospital practices gathered from public sources. Some of that information is available elsewhere. For example, you can see the federal government's version of patient experience and readmissions data on its Hospital Compare website. But ConsumerReports.org collects all the information and summarizes it in an easy-to-interpret format, using our familiar ratings symbols.”

“For a hospital to have a safety score, it must have valid data for all measures that we include in calculating the score: patient experience, readmissions, scanning, infections, and mortality. The data we use come from the Centers for Medicare and Medicaid Services. If CMS does not report data for one or more of those measures, it is because the hospital either did not have sufficient data or because there were discrepancies in data collection.”

“Unlike most other Consumer Reports Ratings, we don't collect the data in our hospital Ratings ourselves, so there may be issues with quality we can't control. In some cases, the information comes from billing and other administrative data submitted by hospitals to Medicare, and isn't designed to measure patient outcomes. However, we review the

methods of data collection, validation, and analysis used by each data provider, and use only the most relevant and best data that's available.”

The top five ranking Massachusetts hospitals by CR Safety Score are New England Baptist (77 out of a possible 100), Fairview, Emerson, Baystate Noble and Newton-Wellesley (65). Massachusetts General (53) and Faulkner (55), which are near the top of other ratings, are well down in the pack. No Massachusetts hospitals are rated for “Avoiding C-sections”. CR lets you compare up to five hospitals for basic information such as ownership and number of beds, eight measures of patient outcomes, 9 measures of patient experience and two measures of hospital practices as described in their methodology (above). Clicking on an individual hospital provides even more information.

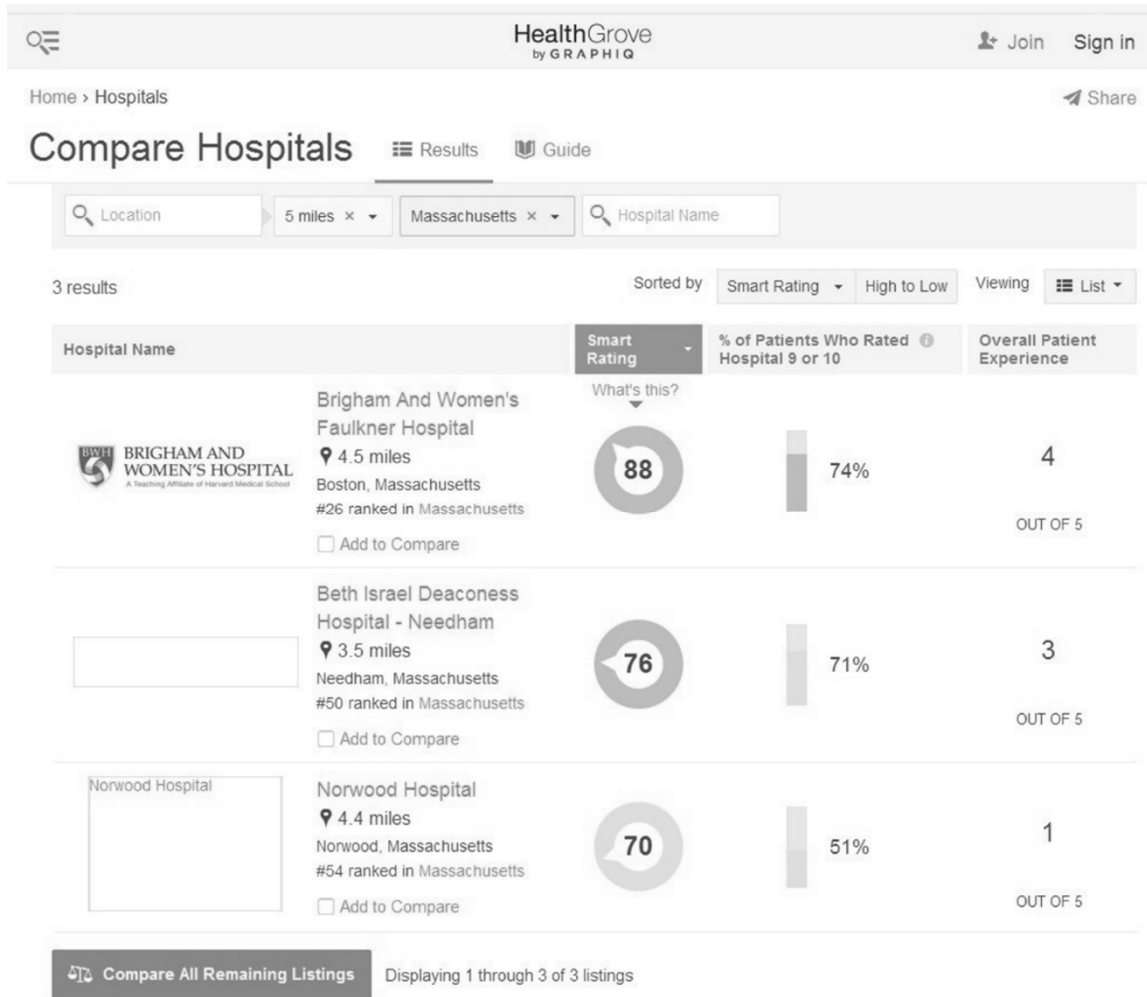
For hospitals rated for heart surgery (many are not), CR provides a percentage chance of surviving at least 30 days after procedure and being discharged, avoiding all five major complications, receiving all four medications and receiving “at least one optimal surgical graft.” All data is cited as coming from the Centers for Medicare and Medicaid Services (CMS).

HEALTHGROVE

HealthGrove’s website describes itself as “*a health site that uses Graphiq’s semantic technology to deliver deep insights via data-driven articles, visualizations and research tools.*” and “*a health news and information site with an emphasis on data-driven analysis. We cover a wide range of subjects, from medical conditions to insurance to substance abuse. In each case, we partner with the best data providers in the industry, offering research tools and interactive visualizations across dozens of topics.*” HealthGrove provides information that may be useful in selecting a hospital or a doctor.

For each hospital, HealthGrove provides a “Smart Rating” ranging from a highest rating of 100 to a lowest rating of 40. The Smart Rating is a weighted average of eight metrics, including U.S. News & World Report (38.9%), Truven Analytics (31.1%), Medicare (9%), “Number of Cases” (9%), death rates from Pneumonia (3%) and Heart Attack (3%) and “Catheter Associated UTI Rate (3%)”. HealthGrove also provides data on patient ratings of the hospital.

Screenshot of HealthGrove Hospital Compare Feature



By drilling down to an individual hospital the reader can obtain more detailed data on quality of care, patient experience, staff communication, average costs and other useful information, including, location, telephone number and neighboring hospitals.

The table below shows some of the available hospital measures provided by HealthGrove for selected Massachusetts hospitals. Two community hospitals in this list – Nashoba Valley and Clinton – illustrate lower rated hospitals with incomplete information.

HealthGrove data for selected Massachusetts (and NY) Hospitals

Hospital	Smart Rating	Patient	Blood Clots	Serious Complications	Colon Infections	Catheter Infections	C. Diff Infections
New York-Presbyterian	100	73%	4.4	0.77	1.032	0.805	0.977
Massachusetts General	98	82%	4.4	0.63	1.772	0.891	1.038
Brigham And Women's	94	77%	5.9	0.98	1.314	0.957	1.063
Tufts Medical Center	90	75%	6.61	1.21	2.726	1.537	1.098
Newton-Wellesley	89	79%	3.53	0.7	1.169	0.296	0.363
Brigham And Women's Faulkner	88	74%	3.77	0.63	1.304	0.428	0.717
Southampton	83	74%	3.19	0.84	0.586	1.166	1.425
Nashoba Valley Medical Center	63	55%	3.6	0.68	NA	NA	0.674
Clinton Association	57	81%	NA	0.79	NA	NA	-

SOURCE: HealthGrove

HONEST HEALTH

Honest Health has created an attractive and easy to use website for selecting hospitals and intends to broaden its scope to health insurance, physicians and other health services. Searching for a hospital within 10 miles of zip code 02026 yielded 19 hospitals, although it had some problems processing a zip code starting with a 0. The page that lists hospitals meeting the screening criteria also displays a map showing the hospital’s locations. Options exist to search within a 10, 15, 30, 100 or 250 mile radius. Each hospital is given a letter grade (A through F) for quality, a star grade (1 through 5) based on patient surveys and a rating of the uninsured price with a rating from 1 to 4 dollar signs. “MyValue” can be calculated based on your choosing the relative priority of Quality, patient ratings, cost and distance. The screenshots below illustrate the type of information available at honesthealth.org.

**Honest health partial screen shot:
hospitals within 10 miles of Dedham, Massachusetts**

The screenshot shows the Honest Health website interface. At the top, there is a search bar and a navigation menu. Below the search bar, there are filter options: "Filter by" with dropdowns for "30 mile radiu", "All grades", "All stars", "All prices", "Insurance" (set to "Uninsured"), and "Sort by" (set to "MyValue"). The main content area displays a list of three hospitals:

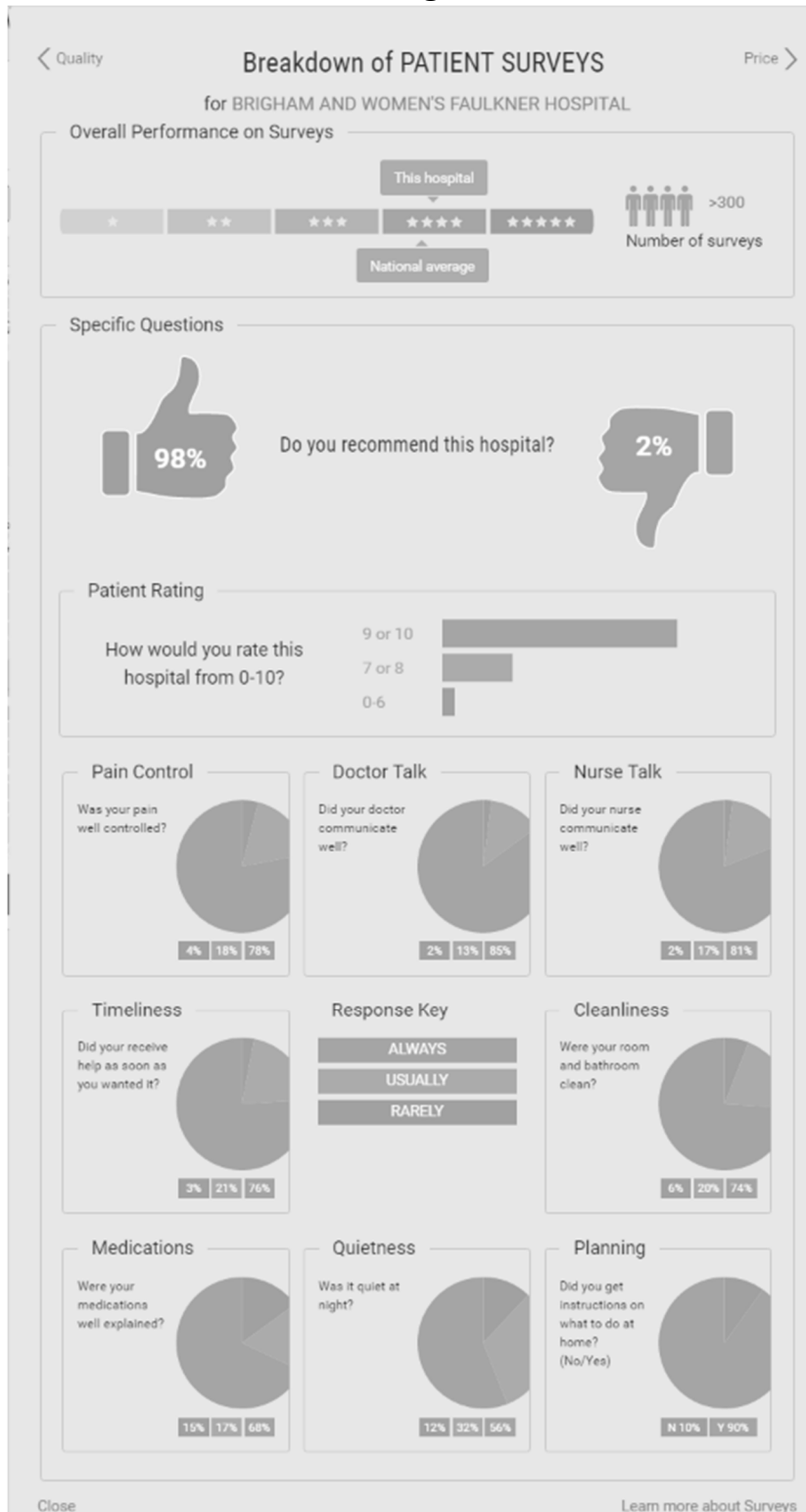
Hospital Name	Distance	Quality Grade	Star Rating	Surveys	Uninsured Price	MyValue Score
MOUNT AUBURN HOSPITAL Address: 330 MOUNT AUBURN STREET, CAMBRIDGE, MA 2138 Phone: (617) 492-3500	9.21 mi	A	★★★★★	300+	\$\$\$	1
BRIGHAM AND WOMEN'S FAULKNER HOSPITAL Address: 1153 CENTRE STREET, BOSTON, MA 2130 Phone: (617) 983-7000	4.49 mi	A	★★★★★	300+	\$\$\$	2
NEWTON-WELLESLEY HOSPITAL Address: 2014 WASHINGTON STREET, NEWTON, MA 2462 Phone: (617) 243-6000	7.24 mi	A	★★★★★	300+	\$\$\$	3

Honest Health screen shot: Brigham & Women's Faulkner



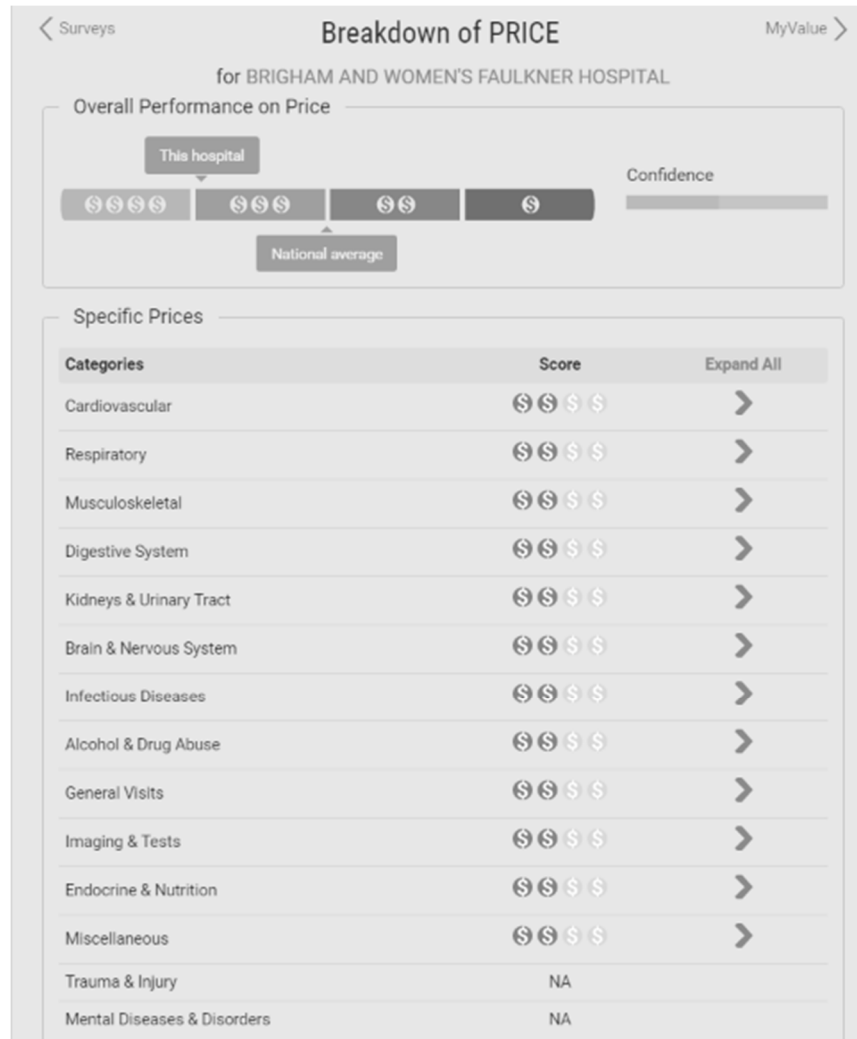
SOURCE: <http://honesthealth.org/#/p/brigham-and-womens-faulkner-hospital>

Honesthealth screen shot: Brigham & Women's Faulkner



SOURCE: <http://honesthealth.org/#/p/brigham-and-womens-faulkner-hospital>

Honesthealth screen shot: Brigham & Women’s Faulkner



SOURCE: <http://honesthealth.org/#/p/brigham-and-womens-faulkner-hospital>

Although it’s an easy site to use, Honesthealth’s resulting rankings don’t always agree with those derived from other sources. The table below shows hospitals ranked in descending order by CMS Outcomes scores reported by Honesthealth, from a high of 77% for Mt. Auburn to a low of 23% for Beth Israel Needham. Patient ratings (% Recommend) are also in descending order in the table. (CMS Negative Outcomes Ranks computed by the author are shown at the bottom of the table for comparison.) The author cannot explain Brigham & Women’s Hospital’s relatively low Honest Health Overall Rank (11th) compared to its peers based on the high component scores from Honest Health.

Data from Honesthealth website for selected Boston area Hospitals

	<u>Mt. Auburn</u>	<u>Faulkner</u>	<u>Brigham & Women's</u>	<u>Newton-Wellesley</u>	<u>Beth Israel Milton</u>	<u>Beth Israel Needham</u>
Honesthealth Overall Rank	1	2	11	3	4	7
Quality	A	A	A	A	B	B
CMS Outcomes Score	77%	73%	73%	37%	33%	23%
CM Process Score	74%	84%	84%	70%	79%	56%
JCAHO Process	NA	90%	90%	88%	84%	76%
% HA patients die w/i 30 days	41%	50%	50%	46%	46%	48%
% HF patients die w/i 30 days	32%	34%	34%	31%	32%	38%
% Recommend	98%	98%	98%	96%	96%	95%
CMS Neg. Outcomes Rank	28	2	21	5	10	NR

LEAPFROG HOSPITAL SAFETY GRADE (HSG)

The Leapfrog Hospital Safety Grade (HSG) provides strong differentiation among hospitals. For example, Tufts Medical Center is rated C by Leapfrog while Mass General Hospital (MGH) is rated A. Hospitals in the eastern Massachusetts have Leapfrog grades varying from A (best) to C or lower. Leapfrog lists just 15 hospitals within 10 miles of Dedham compared to 19 hospitals from HealthGrove, but some specialty hospitals, e.g. NE Baptist, are missing.

Leapfrog gave 31 of 60 Massachusetts an “A” Hospital Safety Grade, which ranks as seventh best in the country. (Hawaii, Idaho, Maine, Wisconsin, North Carolina and Utah ranked better.) Included as “A” rated hospitals were 20 hospitals in the greater Boston area:

- Addison Gilbert Hospital - Gloucester
- Beth Israel Deaconess Hospital - Plymouth
- Beth Israel Deaconess Hospital-Milton
- Beverly Hospital, Beverly
- Brigham and Women's Faulkner Hospital
- Emerson Hospital, Concord
- Lawrence Memorial Hospital of Medford
- Melrose-Wakefield Hospital
- Holy Family – Methuen
- Holy Family at Merrimack Valley
- Lahey Hospital & Medical Center – Burlington
- Lowell General
- Massachusetts General
- Mount Auburn – Cambridge
- Nashoba Valley – Ayer
- Newton-Wellesley
- Brockton Hospital
- South Shore – South Weymouth
- St. Vincent - Worcester
- Winchester Hospital

The Hospital Safety Score can yield some shocking results. For example, University Hospital at Stony Brook, the nearest tertiary hospital to the Hamptons and the backup to Southampton Hospital, recently had a Hospital Safety Score of F! When the author shared this information with several friends living in the Hamptons, all were shocked and unaware of the poor rating, as was one local newspaper editor. Their reactions are understandable considering that: (a) this is a university hospital with a generally good reputation, and (b) as recently as 2013 that hospital had an A rating from Leapfrog. While this is bad news for residents on the East End of Long Island, surely no-one can accuse the HSG of failing to differentiate among hospitals.

See also the next chapter (Hospital Safety Scores Compared) for more on Leapfrog Hospital Safety Scores.

U.S. NEWS

U.S. News ranks hospitals within each state but ranks only what it considers to be the top 12 Massachusetts hospitals in the Boston area; the rest are graded on individual specialties. For example, Faulkner is not ranked but is graded as “High Performing” on two procedures – chronic obstructive pulmonary disease and heart failure. If one drills down to listed specialties, however, one can find a safety rating of 5 out of 5 for Faulkner Hospital. U.S. News also gives national rankings.

Massachusetts Hospital	State Rank
Massachusetts General Hospital	1
Brigham and Women's Hospital	2
Baystate Medical Center	3
Beth Israel Deaconess Medical Center	4
Tufts Medical Center	5
Lahey Hospital & Medical Center, Burlington	6
South Shore Hospital	7
UMass Memorial Medical Center	7
Cape Cod Hospital	9
Winchester Hospital	9
Boston Medical Center	11
Lowell General Hospital	12
North Shore Medical Center	12

U.S. News ranks hospitals in the following specialties even though most hospitals are considered general care hospitals.

Cancer	Geriatrics	Psychiatry
Cardiology & Heart Surgery	Gynecology	Pulmonology
Diabetes & Endocrinology	Nephrology	Rehabilitation
Ear, Nose & Throat	Neurology & Neurosurgery	Rheumatology
Gastroenterology & GI	Ophthalmology	Urology
Surgery	Orthopedics	

Rankings in twelve of the specialties are based on “extensive data-driven analysis” of “structure, process, and outcomes.” The other four specialty rankings are based on “hospital reputation as determined by physician surveys.”

U.S. News’ top three Massachusetts hospital for cancer treatment are Dana Farber, Mass. General and Baystate Medical Center. And for cardiology: Mass. General, Brigham & Women’s and Baystate Medical. For each hospital, it gives an overall score, a safety score and the number of affiliated doctors in that specialty. Looking at an individual hospital provides rankings in each of the specialties as well as national rank, if applicable, and a further rating, e.g. High Performing, in each of nine procedures, such as knee replacement and heart failure. Drilling down further on heart failure yields a scorecard on various aspects of the condition, e.g. survival, medicating patients properly, nurse staffing. Cardiac ICU. Similarly, drilling down on the “Heart Bypass Surgery” scorecard includes such items as preventing readmissions and preventing prolonged hospitalizations.

Examples of U.S. News detailed ratings are shown below:

Sample US News Hospital Rating

This Hospital's Performance

Adult Specialties Rankings and Ratings

Hospitals are evaluated across 16 medical specialties that include cancer and cardiology & heart surgery. Twelve of the 16 specialties rely heavily on data from multiple sources like the American Hospital Association and the Centers for Medicare and Medicaid Services. In four other specialties, hospitals are scored on reputation among surveyed physicians.

Specialty	National Rank	Overall Score	
Geriatrics	Not Ranked	34.6/100	»
Orthopedics	Not Ranked	21.7/100	»

Adult Procedures / Conditions Ratings

In addition to broader specialty categories like orthopedics and urology, U.S. News evaluates hospitals in certain common medical procedures and conditions. Rather than a numerical ranking, hospitals are given a rating of high performing, average or below average in each category.

Procedure/Condition	Rating	
Abdominal Aortic Aneurysm Repair	Average	»
Chronic Obstructive Pulmonary Disease (COPD)	Average	»
Colon Cancer Surgery	Average	»
Heart Failure	High performing	»
Hip Replacement	Average	»
Knee Replacement	Average	»

Sample US News Health Failure Scorecard

Heart Failure Scorecard	
<p>A hospital's Heart failure score is based on multiple data categories, including patient survival, volume and more. Hospitals received one of three ratings -- high performing, average or below average -- unless they treated an insufficient number of patients to be rated. Hospitals that earned a high performing rating were significantly better than the national average. See more hospital ratings in Heart Failure or U.S. News national rankings in Cardiology & Heart Surgery.</p>	
Rating	High performing
Survival	Worst
<p>Survival chances at this hospital 30 days after undergoing this procedure, based on U.S. News analysis of Medicare claims.</p>	
Number of patients	High
<p>Relative number of inpatients age 65 and over who had this procedure or condition in 2012-14.</p>	
<p>Range: 364 to 749</p>	
Treating patients with blood clots	Meets standard
<p>How often hospital uses an appropriate combination of blood thinners with patients diagnosed with blood clots.</p>	
<p>Range: 95-100%</p>	
Medicating patients correctly	NA
<p>How often hospital uses drugs called ACE inhibitors or ARBs with patients whose hearts can't pump blood efficiently.</p>	
Nurse Magnet status	✘
<p>Whether hospital was recognized by American Nurses Credentialing Center for high nursing standards as of April 1, 2016.</p>	
Nurse staffing	Worst
<p>How much nursing care is offered, reflecting hospital's total nurses relative to total patients.</p>	
Intensivists	✓
<p>Whether hospital has at least one intensive-care unit staffed by a doctor specifically certified or trained to care for ICU patients.</p>	
Cardiac ICU	✓
<p>Whether hospital has a specialized intensive-care unit for heart patients.</p>	

WHY NOT THE BEST (WNTB)

IPRO (Improving Healthcare for the Common Good®) describes itself as “a national organization providing a full spectrum of healthcare assessment and improvement services that foster more efficient use of resources and enhance healthcare quality to achieve better patient outcomes. Founded in 1984.... IPRO holds contracts with federal, state and local government agencies, as well as private-sector clients, in more than 33 states and the District of Columbia.”¹⁰

WNTB enables the selection of geographic area, then hospitals within. It can also mix and match, e.g. teaching hospitals in Boston area and community hospitals on Long Island, then compare by different measures, e.g. Overall Quality, Recommended Heart Attack (or Failure) Care, Pneumonia Care, Readmission Rates, etc. A complete list of categories, each of which includes several subcategories, include:

- Quality – Overall Recommended Care
- Inpatient Quality Indicators (Hospital)
- Inpatient Quality Indicators - Maternity (Hospital)
- Recommended Heart Attack Care
- Recommended Heart Failure Care
- Recommended Pneumonia Care
- Emergency Care
- Immunization Rates
- Timely and Effective Stroke Care
- Blood Clot Prevention and Treatment
- Readmission Rates for various problems, e.g. heart attack, pneumonia, etc.
- Value-Based Purchasing -- Readmissions Program
- Mortality Rates for heart attacks, heart failure, pneumonia, chronic pulmonary disease and acute ischemic stroke and a composite of those categories.
- Early Elective Delivery Rates scheduled too early (1-3 weeks early), when not medically necessary.
- Health Care-Associated Infections
- Surgical Care Improvement
- Patient Experience (HCAHPS)
- Spending Per Medicare Beneficiary
- Health Care Costs – Cardiac, Joint and Other
- Health Information Technology
- Patient Safety Indicators (Hospital)

Sample screen shots for Quality, Overall Heart Failure Care and Emergency Care are shown below:

¹⁰ <http://ipro.org/about/overview-2>

Quality - Overall Recommended Care CHANGE CATEGORY Group By: None Health System HRR

Overall Recommended Care	Overall Heart Failure Care	Overall Surgical Care
Q2/14 - Q1/15	Q2/14 - Q1/15	Q2/14 - Q1/15
× BETH ISRAEL DEACONESS MEDICAL CENTER (MA) ⓘ	96.75 %	100.00 % ⓘ
× BOSTON MEDICAL CENTER CORPORATION (MA) ⓘ	96.40 %	100.00 % ⓘ
× BRIGHAM AND WOMEN'S HOSPITAL (MA) ⓘ	96.74 %	100.00 % ⓘ
× FAULKNER HOSPITAL (MA) ⓘ	99.37 %	100.00 % ⓘ
× MASSACHUSETTS GENERAL HOSPITAL (MA) ⓘ	98.06 %	100.00 % ⓘ
× NEW ENGLAND BAPTIST HOSPITAL (MA) ⓘ	98.53 %	N/A ⓘ
× NEW YORK-PRESBYTERIAN HOSPITAL (NY) ⓘ		98.46 % ⓘ

SOURCE: WNTB

Overall Heart Failure Care

Several treatments have been proven to give the best results to most adults with heart failure. The measure shows how often a hospital gave these treatments to their patients for this condition. All reported process measures were included in the composite.
 --Author: IPRO

Reporting time period: 04/01/2014 - 03/31/2015 (Q214 - Q115)

Selected Hospitals & Benchmarks Trend Data Top Performers Map Group By: None Health System HRR

NAME	Overall	Ranking
× MASSACHUSETTS GENERAL HOSPITAL (MA) ⓘ 20 30 51	100%	(1 of 3078)
× BETH ISRAEL DEACONESS MEDICAL CENTER (MA) ⓘ 20 30 51	100%	(1 of 3078)
× NEWTON-WELLESLEY HOSPITAL (MA) ⓘ 20 30 51	100%	(1 of 3078)
× BRIGHAM AND WOMEN'S HOSPITAL (MA) ⓘ 20 30 51	100%	(1 of 3078)
× TUFTS MEDICAL CENTER (MA) ⓘ 30 51	100%	(1 of 3078)
× FAULKNER HOSPITAL (MA) ⓘ 20 51	100%	(1 of 3078)
× NEW YORK (NY) ⓘ	99%	
× MASSACHUSETTS (MA) ⓘ	98.96%	
× BETH ISRAEL DEACONESS HOSPITAL - NEEDHAM (MA) ⓘ 50	98.84%	(2531 of 3078)

Numbers in parentheses indicate the hospital's ranking out of all U.S. hospitals eligible for this analysis.

SOURCE: WNTB



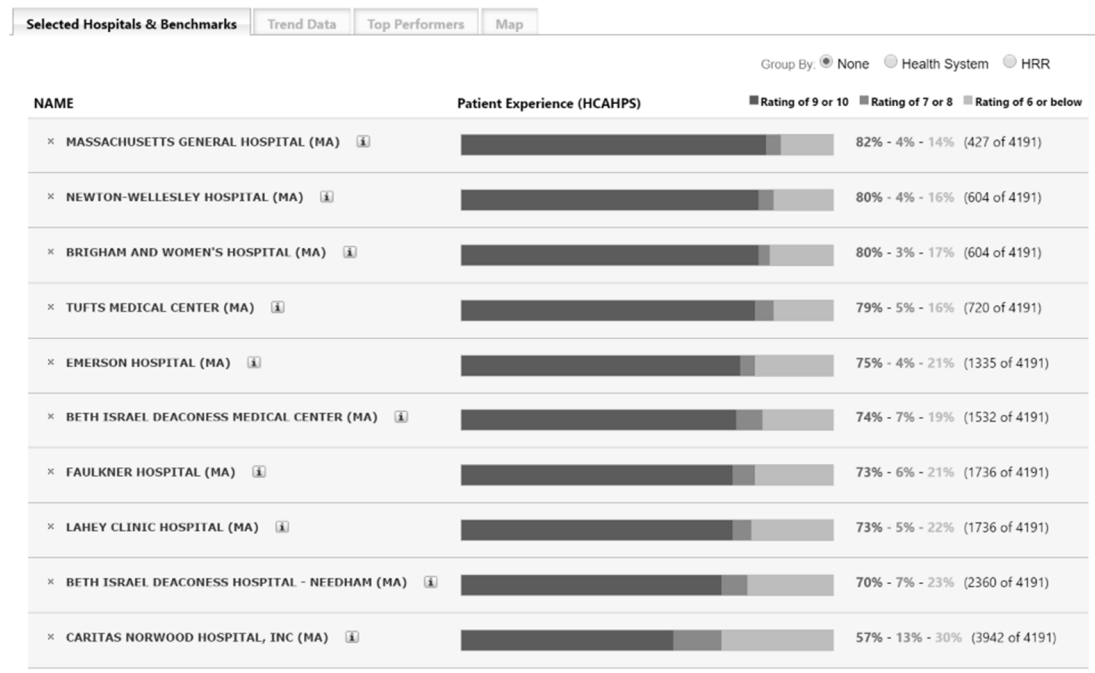
SOURCE: WNTB

Percent of Patients Highly Satisfied

This measure is used to assess adult inpatients' perception of their hospital. Patients rate their hospital on a scale from 0 to 10, where 0 is the worst hospital possible and 10 is the best hospital possible.

--Author: Agency for Healthcare Research and Quality CAHPS Consortium Centers for Medicare and Medicaid Services

Reporting time period: 10/01/2014 - 09/30/2015 (Q414 - Q315)



SOURCE: WNTB

WOMEN'S CHOICE AWARDS

“The Women’s Choice Award has identified America’s Best Hospitals across our nation to help women make smart healthcare choices. Our goal is to simplify your choice of hospitals as we understand how this critically important decision can impact you and your family. Being treated with the proper level of care impacts your health, well-being and healing so our goal is to identify those hospitals that have demonstrated the highest level of quality care to their patients, with a special focus on the female experience.”

“Our methodology is unique in that it is the only national list that simplifies a women’s choice when selecting a hospital. Our understanding of what matters most to women when selecting a hospital is based on surveys of tens of thousands of women, as well as research conducted in partnership with the Wharton School of Business on what drives the consumer experience for women vs. men. This research led us to understand that we cannot separate clinical performance from patient experience. Furthermore, all of the methodologies below take into consideration the female recommendation rating based on patient feedback.

“In arriving at our award determinations, we use the most recent publicly available information from The Centers for Medicare and Medicaid Services (CMS), as well as accreditation information from appropriate sources. In some cases, we have surveyed thousands of women to determine which measures are most important to them. Our methodology is objective, replicable and uniform. There are no subjective considerations for any of our awards.”¹¹

Women’s Choice Awards are made for hospitals in specific categories:

- bariatric surgery
- breast centers
- cancer care
- emergency care
- extended care
- heart care
- obstetrics
- orthopedics
- patient safety
- stroke centers
- patient experience
- children’s hospitals.

Patient Experience

Women’s Choice Awards were made to the following Massachusetts hospitals for 2016:

- Brigham and Women’s Hospital
- Cape Cod Hospital
- Fairview Hospital
- Massachusetts General Hospital
- Newton-Wellesley Hospital
- South Shore Hospital
- Tufts Medical Center
- Winchester Hospital

¹¹ SOURCE: Women’s Choice Awards website

Patient Safety

With respect to patient safety, the website is especially articulate:

“The America’s Best Hospitals for Patient Safety are hospitals that had a low incidence of problems arising from surgical errors and infections. The hospitals that report their frequency to The Centers for Medicare and Medicaid Services (CMS) are ranked for each of the following eleven measures:

- 1. Deaths among patients with serious treatable complications after surgery,*
- 2. Collapsed lung due to medical treatment,*
- 3. Serious blood clots after surgery,*
- 4. A wound that splits open after surgery on the abdomen or pelvis,*
- 5. Accidental cuts and tears from medical treatment,*
- 6. Serious complications,*
- 7. Central line-associated blood stream infections (CLABSI),*
- 8. Catheter-Associated Urinary Tract Infections (CAUTI),*
- 9. Surgical Site Infection from colon surgery (SSI: Colon),*
- 10. Methicillin-resistant Staphylococcus Aureus (MRSA) blood laboratory-identified events (bloodstream infections), and*
- 11. Clostridium difficile (C.diff.) laboratory-identified events (intestinal infections).*

“Hospitals can be eliminated from consideration for the following reasons:

- Not reporting on at least 4 of the surgical complication measures (1-6) or 4 of the infection measures (7-11),*
- Having a patient recommendation rating in the bottom 25% nationally,*
- Receiving a CMS rating of “Worse than the U.S. National Rate” for any of the above measures*
- Not implementing Safe Surgery Checklists.*

“For the remaining hospitals, the Women’s Choice Award (WCA) averaged their rankings for all the measures (weighted slightly toward surgical errors as a result of the WCA’s women’s survey) and cut off the award list only including those that averaged in the top half nationally.”¹²

WCA selected the following Massachusetts hospitals as meeting their standards for patient safety in 2016:

- Beverly Hospital
- Emerson Hospital
- Faulkner Hospital
- HealthAlliance Hospital – Burbank Campus
- Holy Family Hospital
- Jordan Hospital
- Lowell General Hospital – Main Campus
- MetroWest Medical Center – Framingham Union Hospital
- Milford Regional Medical Center
- New England Baptist Hospital
- Newton-Wellesley Hospital
- Saint Anne’s Hospital
- Signature Healthcare Brockton Hospital

¹² Ibid.

- Charlton Memorial Hospital
- St. Luke's Hospital
- Tobey Hospital

WCA apparently does not differentiate among or rank the hospitals to which they give awards. So when the list is long, as for patient safety, although 16 out of more than 60 hospitals in Massachusetts does represent significant culling, other criteria need be applied to narrow down the choice.

By contrast, WCA cites just one hospital, Harrington Memorial, for “Best Emergency Care in Massachusetts” and five for cancer care:

- Lahey Clinic Medical Center
- Mount Auburn Hospital
- Saint Anne's Hospital
- South Shore Hospital
- Winchester Hospital

Best Breast Centers

WCA selected sixteen “Best Breast Centers” in Massachusetts in 2016 based on the following criteria.

“All awarded centers have met the high standards of the National Accreditation Program for Breast Centers (NAPBC) and carry the Breast Imaging Center of Excellence (BICOE) seal from the American College of Radiology [and] have above average patient recommendation ratings according to the Centers for Medicare and Medicaid Services.”¹³

- Berkshire Medical Center
- Beth Israel Deaconess Medical Center
- Beverly Hospital
- Falmouth Hospital
- Holyoke Medical Center
- Jordan Hospital
- Lahey Clinic Medical Center
- Mercy Medical Center
- Milford Regional Medical Center
- Mount Auburn Hospital
- Newton-Wellesley Hospital
- Signature Healthcare Brockton Hospital
- South Shore Hospital
- The Cambridge Hospital
- UMass Memorial Medical Center – University Campus
- Winchester Hospital

¹³ Ibid.

14. HOSPITAL SAFETY SCORES COMPARED

At least three online services provide hospital safety ratings – U.S. News, Consumer Reports and the Leapfrog Group’s Hospital Safety Grade. Their methodologies differ, their scores are different and they do not always agree. In addition, Medicare assesses Patient Safety Penalties for hospitals with “with high rates of patient injuries”. Sixteen Massachusetts hospitals recently received Patient Safety Penalties in 2016.

U.S. NEWS

U.S. News incorporates safety ratings into its overall ratings. Their safety ratings are comprised of six factors, each scored on a scale of 1 (worst) to 5 (best), as shown below for Mass. General Hospital

U.S. News Safety Ratings for Mass. General Hospital

Patient safety	Average
Ability to prevent six types of accidents and medical errors across hospital.	3/5
<input type="radio"/> See fewer patient safety metrics	
Success in preventing deaths from treatable complications after surgery.	Above average 5/5
Success in preventing collapsed lung during biopsies, catheter insertions and other procedures.	Below average 1/5
Success in preventing major bleeding and bruising after surgery.	Below average 1/5
Success in preventing respiratory failure after surgery.	Above average 5/5
Success in preventing surgical incisions from reopening afterwards.	Below average 1/5
Success in preventing harm to patients during surgery.	Average 3/5

In mid-2016 U.S. News changed their safety rating methodology and reduced its weighting from 10% to 5% in overall ratings with a lengthy explanation. The editors state that “Objective performance data should outweigh the subjective opinions of clinicians, even those who are experts in their field.” They explain that “reputation has been reduced to 27.5 percent in most specialties...” In short, “survival will now account for 37.5 percent” of the overall hospital rating is excluded from the U.S. News definition of safety.

U.S. News grades hospital safety on the narrowest, but perhaps most important, basis – results. Specifically, U.S. News grades safety based on success in preventing “deaths from treatable complications after surgery”, “collapsed lung during biopsies, catheter insertions and other procedures”, “major bleeding and bruising after surgery”, “respiratory failure after surgery”, “surgical incisions from reopening afterwards” and “harm to patients during surgery”. Not included is any reference to hospital related infections or staff procedures, which are ingredients of the other two safety ratings.

LEAPFROG HOSPITAL SAFETY GRADE

Leapfrog defines patient safety as protecting “patients from errors, injuries, accidents, and infections.” You can drill down to get individual scores under the following categories:

- Infections; Problems with Surgery;
- Practices to Prevent Errors;
- Safety Problems;
- Doctors, Nurses & Hospital Staff.

The Leapfrog Hospital Safety Grade can range from A (Best) to F (Fail) and multiple hospitals can receive the same score. It is equally based on outcomes, such as deaths and readmission rates, and on process measures, such as patient ratings of “Responsiveness of hospital staff”.

CONSUMER REPORTS

Consumer Reports gives a numerical grade between 100 and 1. Massachusetts hospitals have been graded from 43 (worst) to 77 (best). Consumer Reports’ Safety Score is based on: (a) hospital acquired infections, (b) unnecessary readmissions, (c) mortality (death rates), (d) communication with patients and (e) appropriate use of scanning.

THREE SAFETY SCORES COMPARED

The differences between the U.S. News and the Leapfrog Hospital Safety Score safety ratings are quite noticeable. The average safety rating awarded by the Hospital Safety Score was one and a half (1 ½) grades higher than U.S. News, and in all but two cases out of twelve, the HSS rating was higher than the U.S. News rating. The table below compares 11 Boston area hospitals’ safety ratings from Leapfrog, U.S. News and Consumer Reports shown in descending order of Consumer Reports’ score.

Safety Scores for 11 Boston Area Hospitals

HOSPITAL	LEAPFROG HOSPITAL SAFETY GRADE	CONSUMER REPORTS	U.S. NEWS ¹⁴
Emerson Hospital	A	68	(2)
Newton-Wellesley Hospital	A	65	(5)
Winchester Hospital	A	61	4
Brigham & Women's Faulkner Hospital	A	55	(5)
Brigham and Women's Hospital	B	53	5
Massachusetts General Hospital	A	53	3
Tufts Medical Center	C	53	2
Lahey Hospital & Medical Center	B	51	2
Boston Medical Center Corporation	C	49	1
Beth Israel Deaconess Medical Center	A	47	2
UMass. Memorial Medical Center Inc	C	46	2
Average/Median	B	55	2

NOTE: US News Safety ratings, 5 is best.

The results appear to favor community hospitals over large medical centers:

- Some of the hospitals with a top Leapfrog Hospital Safety Grade (A), such as Massachusetts General and Beth Israel Deaconess, received middle-of-the-pack ratings from Consumer Reports.

¹⁴ US News scores in parentheses are for “Specialties at this hospital” as compared to overall scores.

- Neither of the two top ranked hospitals, Faulkner and Newton-Wellesley, received an overall safety rating from U.S. News, but the US News safety scores in parentheses based on score for disease specific Scorecards, e.g. Cancer, appear to be uniform from one disease to another
- Several medical centers – Lahey, Tufts, UMass and Boston – fared poorly in this comparison.
- Certain specialty hospitals were not rated at all (Dana Farber Cancer Center) or received only one rating (New England Baptist, predominantly orthopedic).

If there is a lesson to be drawn from this information, it is that hospital safety ratings may be somewhat counter-intuitive, and certain community hospitals deliver excellent care within the limits of their abilities while teaching hospitals like Massachusetts General are still the place to go for difficult and complex diagnoses and procedures.

In addition, hospital safety ratings change over time, so it pays to keep up-to-date. University Hospital at Stony Brook (NY), the nearest tertiary care hospitals to eastern Long Island and the Hamptons, was rated A by Leapfrog in 2013, F in the spring of 2016 then C in the fall of 2016 (U.S. News rates it 1 out of 5).

MEDICARE PATIENT SAFETY PENALTIES

Kaiser Health News reported on December 21, 2016 that the federal government imposing financial penalties on 769 hospitals nationwide for 2017 “with high rates of patient injuries.”¹⁵. The article goes on to say “*The punishments come in the third year of Medicare penalties for hospitals with patients most frequently suffering from potentially avoidable complications, including various types of infections, blood clots, bed sores and falls.*” As a result, the article states that those hospitals will lose one percent of all Medicare payments for the year.” Sixteen Massachusetts hospitals were penalized. Six of them are three time offenders and three more have been penalized twice, as shown in the table below:

**Massachusetts Hospitals assessed
Medicare Patient Safety Penalties for 2017**

Hospital Name	2015	2016	2017
Boston Medical Center Corporation	Yes	Yes	Yes
Brigham & Women's Hospital	Yes	Yes	Yes
Falmouth Hospital	Yes	Yes	Yes
Lahey Hospital & Medical Center, Burlington	Yes	Yes	Yes
North Shore Medical Center	Yes	Yes	Yes
Tufts Medical Center	Yes	Yes	Yes
Hallmark Health System		Yes	Yes
Mercy Medical Center	Yes		Yes
South Shore Hospital		Yes	Yes
Baystate Mary Lane Hospital			Yes
Beth Israel Deaconess Hospital - Needham			Yes
Cambridge Health Alliance			Yes
Lawrence General Hospital			Yes
MetroWest Medical Center			Yes
Nashoba Valley Medical Center			Yes
UMass Memorial Medical Center			Yes

¹⁵ “Latest Hospital Injury Penalties Include Crackdown On Antibiotic Resistant Germs”, by Jordan Rau, Kaiser Health News (KHN.org), 12/21/16.

Eight additional Massachusetts hospitals were penalized in 2015 or 2016 but not in 2017.

Massachusetts Hospitals assessed Medicare Patient Safety Penalties in prior years

Hospital Name	2015	2016
Baystate Franklin Medical Center		Yes
Baystate Medical Center		Yes
Beth Israel Deaconess Hospital - Plymouth	Yes	
Beth Israel Deaconess Medical Center	Yes	
Heywood Hospital	Yes	
Holyoke Medical Center	Yes	Yes
Nantucket Cottage Hospital		Yes
Sturdy Memorial Hospital	Yes	

SUMMING UP

The table below shows patient safety ratings from all four sources sequenced from the highest to lowest Consumer Reports score for convenience. (This is not a preferential endorsement of the Consumer Reports safety ratings over any of the other safety ratings.)

Hospital	Leapfrog Hospital Safety Grade	Consumer Reports Safety	U.S. News Patient Safety	Medicare Patient Safety Penalties (yrs)
Emerson Hospital	A	68	2	0
Newton-Wellesley Hospital	A	65	5	0
Winchester Hospital	A	61	4	0
Hallmark Health System	A	58	-	2
North Shore Medical Center	C	58	-	3
Cambridge Health Alliance	C	56	4	1
MetroWest Medical Center	C	56	-	1
South Shore Hospital	A	56	-	2
Faulkner Hospital	A	55	5	0
Massachusetts General Hospital	A	53	3	0
Nashoba Valley Medical Center	A	53	-	1
Brigham & Women's Hospital	B	53	5	3
Tufts Medical Center	C	53	2	3
Lahey Hospital & Medical Center	B	51	2	3
Lawrence General Hospital	B	50	2	1
Falmouth Hospital	B	50	-	3
Boston Medical Center Corporation	C	49	1	3
Beth Israel Deaconess Medical Center	A	47	2	0
UMass Memorial Medical Center	C	46	2	1
Mercy Medical Center	B	43	-	2
Beth Israel Deaconess Hospital - Needham	B	NR	3	1

NOTE: US News Safety ratings: 5 is best.

While there appears to be a high correlation between Leapfrog Hospital Safety Grade and fewest Medicare penalty years, the correlation is not exact. For example, while several hospitals with no Medicare penalties had A ratings from Leapfrog, two A rated hospitals were penalized by Medicare in two out of three years. Moreover, the Consumer Reports and U.S. News safety ratings do not seem to corroborate the Leapfrog safety ratings very well. Nevertheless, there appear to be some clear winners and losers in the group.

SAFETY VS. CLINICAL EXCELLENCE

While patient safety is important, it is by no means the only measure of the quality of hospital care. Rather safety should be considered as a risk factor while seeking clinical excellence in the specific condition requiring treatment, e.g. heart, cancer, childbirth, pediatrics, etc. as discussed in next several chapters in this section.

15. CARDIOLOGY

When it comes to heart related hospital performance, we can observe significant variations in mortality and morbidity rates based on data provided by the Centers for Medicare and Medicaid Services (CMS), as shown in the table at the end of this chapter. For example, the highest heart related morbidity (death) rate reported for a Massachusetts hospital is significantly (37.5 percent) higher than the lowest. By contrast, overall death rates from all conditions (see chapter entitled [More on Hospital Death Rates](#)) can almost double from the lowest rate to the highest, which suggests that disease specific outcomes, such as we are looking at here, provide a more useful basis of comparison.

Shown below are the ten Massachusetts hospitals with the lowest average heart-related death rates as reported by CMS. Even within the top ten, the highest readmission rate is 13 percent higher than the lowest.

Massachusetts hospitals with 10 lowest average heart-related Mortality Rates

Hospital	Average Mortality Rate	Average Readmission Rate	Mortality Rank ¹⁶	Readmission Rank ¹⁷
Falmouth Hospital	10.67	17.33	1	22
Southcoast Hospital	11.33	18.83	2	46
Hallmark Health System	11.47	17.50	3	26
North Shore Medical Center	11.53	16.23	4	5
Lahey Hospital & Med. Center, Burlington	11.60	17.93	5	35
Winchester Hospital	11.70	16.57	6	10
Brigham & Women's Faulkner	11.70	18.83	6	46
Saint Anne's Hospital	11.83	19.10	8	48
Newton-Wellesley Hospital	11.87	16.27	9	6
Cambridge Health Alliance	12.10	17.80	10	30

Some of these hospitals have significantly higher readmission rates than others. So choosing the hospitals the lowest morbidity rate without considering other factors might not be the best strategy. Since most readers are not data analysts, let's also consider what the various online rating services have to say.

WHY NOT THE BEST

Why Not The Best (WNTB) ranks the following 20 Massachusetts hospitals as 100% for "Overall Heart Failure Care":

Mount Auburn Hospital	Nashoba Valley Medical Center
Cambridge Health Alliance	South Shore Hospital
Caritas Carney Hospital	Newton-Wellesley Hospital
Boston Medical Center	Winchester Hospital
Caritas St Elizabeth's Medical Center	Brigham & Women's Hospital
Lowell General Hospital	Caritas Good Samaritan Medical Center
Hallmark Health System	Tufts Medical Center
Massachusetts General Hospital	Faulkner Hospital
Emerson Hospital	Caritas Norwood Hospital
Beth Israel Deaconess Medical Center	Lahey Clinic Hospital

¹⁶ Ranking among all Massachusetts hospitals

¹⁷ Ranking among all Massachusetts hospitals.

WNTB’s Overall Heart Failure Care ratings, therefore, do not provide much differentiation in cardiac care among hospitals. However, WNTB also rates hospitals by 30-day mortality rate for heart attacks and heart failures derived from CMS data. The top ten in each cause of morbidity (heart attacks and heart failures) are shown in the tables below:

WNTB Top 10 Massachusetts Hospitals 30-Day Mortality Rate: Heart Attacks

Hospital Name	Overall Rate
<i>Top 10% Teaching Hospitals (U.S.)</i>	
1. Mount Auburn Hospital	11.8 %
2. Lahey Clinic Hospital	12.1 %
3. Hallmark Health System	12.4 %
4. Caritas St. Elizabeth's Medical Center	12.6 %
5. Beth Israel Deaconess Medical Center	12.6 %
6. South Shore Hospital	12.6 %
7. Emerson Hospital	12.7 %
8. Tufts Medical Center	13 %
9. Faulkner Hospital	13.1 %
<i>National Top 25% Hospitals (U.S.)</i>	
10. Newton-Wellesley Hospital	13.2 %

WNTB Top 10 Massachusetts Hospitals 30-Day Mortality Rate: Heart Failures

Hospital Name	Overall Rate
1. Boston Medical Center Corporation	7.6%
<i>Top 10% Teaching Hospitals (U.S.)</i>	
2. Beth Israel Deaconess Medical Center	9.0%
3. Winchester Hospital	9.5%
4. MetroWest Medical Center	9.4%
5. Massachusetts General Hospital	9.6%
6. Caritas St Elizabeth's Medical Center	9.8%
7. Lahey Clinic Hospital	9.8%
8. Faulkner Hospital	10.5%
9. Cambridge Health Alliance	10.4%
10. Newton-Wellesley Hospital	10.5%

BLUE CROSS BLUE SHIELD OF MASSACHUSETTS (BCBSMA)

BCBSMA lists six general hospitals with Blue Distinction Awards for Cardiac Care:

- St. Elizabeth's Medical Center
- Beth Israel Deaconess Medical Center
- Mount Auburn Hospital
- Tufts Medical Center
- Massachusetts General Hospital
- Lahey Clinic

U.S. NEWS

U.S. News ranks 14 Massachusetts hospitals as the top places to go for heart surgery and cardiology. Although they are ordered by overall rank, you may wish to give special consideration to the safety rank (5 is best).

Hospital	National Rank	US News	
		Overall Score	Safety Score
Massachusetts General Hospital	4	78.2	3
Brigham & Women's Hospital	7	75.2	5
Baystate Medical Center		52.7	3
Tufts Medical Center		50.7	2
Beth Israel Deaconess Medical Center		48.7	2
Lahey Hospital & Medical Center, Burlington		48.2	2
Boston Medical Center Corporation		47.0	1
South Shore Hospital		44.7	2
Southcoast Charlton Memorial Hospital		37.4	4
UMass Memorial Medical Center		36.6	2
St Vincent Hospital		33.0	3
North Shore Medical Center		32.2	4
Mount Auburn Hospital		30.6	2
Cape Cod Hospital		25.4	4

WOMEN'S CHOICE AWARDS

Women's Choice Awards selected the following Best Hospitals for Heart Care in Massachusetts in 2016:

- Baystate Medical Center
- Beth Israel Deaconess Medical Center
- Brigham and Women's Hospital
- Cape Cod Hospital
- Lahey Hospital and Medical Center
- Massachusetts General Hospital
- Mount Auburn Hospital
- NSMC Union Hospital

CENTERS FOR MEDICARE AND MEDICAID SERVICES (CMS) DATA ANALYSIS

The table at the end of this chapter ranks heart care by measuring readmission and mortality rates for heart related conditions, using the heart-related data from the Medicare.gov hospital database.

- Acute Myocardial Infarction (AMI) 30-Day Mortality Rate
- Death rate for stroke patients
- Heart failure (HF) 30-Day Mortality Rate
- Acute Myocardial Infarction (AMI) 30-Day Readmission Rate
- Heart failure (HF) 30-Day Readmission Rate
- Rate of readmission for stroke patients

We excluded any hospital that did not have results for all six measurements. We then averaged rates of deaths and the rates of readmissions over each of the three conditions and ranked the hospitals using those averages. So the Mortality Rank is the rank of all Massachusetts hospitals based on the Average Mortality Rate and the Readmission Rank based on the Average Readmission Rate

The "CMS Composite Rank" is the author's ranking determined by averaging of the Mortality Rank and the Readmission Rank but with the Mortality Rank double weighted.

**Average Mortality & Readmission Rates and Ranks for
Strokes, Myocardial Infarctions & Heart Failures**

Hospital	Average Mortality Rate	Average Readmission Rate	Mortality Rank	Readmission Rank	CMS Composite Rank
North Shore Medical Center	11.53	16.23	4	5	1
Winchester Hospital	11.70	16.57	6	10	2
Falmouth Hospital	10.67	17.33	1	22	3
Newton-Wellesley Hospital	11.87	16.27	9	6	3
Baystate Medical Center	12.30	16.20	14	4	5
Hallmark Health System	11.47	17.50	3	26	5
Beth Israel Deaconess Hospital-Milton	12.40	16.03	18	1	7
Boston Medical Center	12.27	16.87	13	13	8
Beverly Hospital Corporation	12.37	16.80	16	12	9
Lahey Hospital & Medical Center, Burlington	11.60	17.93	5	35	10
Good Samaritan Medical Center	12.17	17.40	11	24	11
Emerson Hospital	12.63	16.30	21	7	12
Beth Israel Deaconess Hospital - Plymouth	12.63	16.37	21	8	13
Cambridge Health Alliance	12.10	17.80	10	30	13
MetroWest Medical Center	12.37	17.20	15	20	13
Southcoast Hospital Group	11.33	18.83	2	46	13
Beth Israel Deaconess Medical Center	12.37	17.20	16	20	17
UMass Memorial Medical Center	12.17	17.83	11	31	18
Mount Auburn Hospital	12.47	17.03	19	17	19
Brigham & Women's Faulkner Hospital	11.70	18.83	6	46	20
Cooley Dickinson Hospital	13.03	16.03	31	1	21
Saint Anne's Hospital	11.83	19.10	8	48	22
South Shore Hospital	12.73	17.03	25	17	23
Brigham & Women's Hospital	12.63	17.73	21	28	24
Baystate Wing Hospital & Medical Centers	13.27	16.43	35	9	25
Lawrence General Hospital	12.50	18.50	20	42	26
Cape Cod Hospital	13.13	17.03	33	17	27
St Elizabeth's Medical Center	12.67	17.97	24	36	28
HealthAlliance Hospitals	12.87	17.77	28	29	29
Norwood Hospital	13.60	16.67	39	11	30
Anna Jaques Hospital	12.80	17.97	27	36	31
Lowell General Hospital	12.73	18.27	26	40	32
Sturdy Memorial Hospital	14.40	16.10	47	3	33
Heywood Hospital	13.30	17.67	36	27	34
Tufts Medical Center	12.90	18.40	29	41	34
Beth Israel Deaconess Hospital - Needham	13.17	17.90	34	32	36
Berkshire Medical Center	13.60	17.37	39	23	37
Holyoke Medical Center	13.80	16.93	43	15	37
Massachusetts General Hospital	12.93	18.63	30	44	39
Mercy Medical Center	13.97	16.90	46	14	40
Morton Hospital	13.43	17.90	37	32	40
Milford Regional Medical Center	13.10	18.57	32	43	42
Baystate Franklin Medical Center	14.67	16.93	48	15	43
Marlborough Hospital	13.80	17.47	43	25	43
Holy Family Hospital	13.47	18.23	38	39	45
Harrington Memorial Hospital	13.80	17.90	43	32	46
Signature Healthcare Brockton Hospital	13.67	18.20	42	38	47
St Vincent Hospital	13.63	18.67	41	45	48

SOURCE: CMS hospital database

SURGEONRATINGS.ORG

CheckBook's SurgeonRatings.org rates both surgeons and hospitals for the following heart related specialties

- Angioplasty or Pacemaker Surgery
- Aortic or Endovascular Surgery
- Heart Valve or Heart Bypass Surgery

While the site is designed to rate surgeons, for each surgeon it also shows "Surgeon's Hospitals", some of which carried a check mark (✓= Hospital high-rated for outcomes for this surgery or for this surgeon").

The following hospitals associated with "Surgeons with Good Results" had a checkmark appended with the notation "*high-rated for outcomes for this surgery or for this surgeon*"¹⁸ in connection with "Heart Valve or Heart Bypass Surgery".

- Massachusetts General (6 surgeons mentioned)
- Brigham & Women's (1)
- Mount Auburn (2)
- North Shore Medical (3)
- Southcoast Health System (1)
- Lahey Hospital & Medical Center (4)
- UMass Memorial Medical Center (3)

Numbers in parentheses represent the number of times each hospital is mentioned in connection with a surgeon. For example, six heart surgeons were mentioned in connection with Massachusetts General. To be clear, number of mentions is not a measure of quality, per se.

SUMMING UP: HEART-RELATED RATINGS & CMS OUTCOMES

The table below shows the top 20 ranked Massachusetts hospitals based on the CMS composite heart related mortality and readmission rankings and each lower ranked hospitals that received heart related ratings by WNTB, US News, Women's Choice Awards or BCBSMA. In addition, it shows the number of surgeons for hospitals check-marked by SurgeonRatings.org.

With 30 hospitals on this list, and in the absence of any clear cut choices, the author would give strong consideration to three factors:

1. Surgical excellence (see SurgeonRatings.org above)
2. CMS outcomes rankings, and
3. Safety (see chapter on Hospital Safety Scores).

¹⁸ <http://www.checkbook.org/surgeonratings/default.cfm>

**Heart Related Morbidity/Mortality Rankings &
Heart Care Recommendations from Various Sources**

Hospital Name	Composite Rank: CMS Outcomes	WNTB 100%	US News OA Score	US News Safety Score	Women's Choice	BCBSMA	Surgeons Ratings.org
North Shore Medical Center	1		32.2	4	YES		3
Winchester	2	YES				YES	
Falmouth	3						
Newton-Wellesley	3	YES				YES	
Baystate Medical Center	5		52.7	3	YES		
Hallmark Health System	5	YES				YES	
Beth Israel Deaconess-Milton	7						
Boston Medical Center	8	YES	47	1			
Beverly Corporation	9						
Lahey Hospital & Med. Center, Burlington	10	YES	48.2	2	YES		4
Good Samaritan Medical Center	11	YES				YES	
Emerson	12	YES					
Cambridge Health Alliance	13	YES					
MetroWest Medical Center	13						
Southcoast Group	13		37.4	4			1
Beth Israel Deaconess Med. Center - Plymouth	13						
Beth Israel Deaconess Medical Center	17	YES	48.7	2			
UMass Memorial Medical Center	18		36.6	2			3
Mount Auburn	19	YES	30.6	2	YES		2
Nashoba Valley Medical Center	19	YES				YES	
Brigham & Women's Faulkner	20	YES				YES	
South Shore	23	YES	44.7	2		YES	
Brigham & Women's	24	YES	75.2	5	YES	YES	1
Cape Cod	27		25.4	4	YES		
Carney Inc	27	YES					
St Elizabeth's Medical Center	28	YES					
Norwood	30	YES				YES	
Lowell General	32	YES					
Tufts Medical Center	34	YES	50.7	2		YES	
Massachusetts General	39	YES	78.2	3	YES		6
St Vincent	48		33	3			

“**Composite Rank: CMS Outcomes**” is the author’s ranking based on heart-related mortality and readmission rated provided by CMS as shown on the previous page. Number in SurgeonRatings.org column represent of number of surgeons for check-marked hospitals.

16. MATERNITY CARE

WOMEN'S CHOICE

Women's Choice Awards selected the following "Best Hospitals for Obstetrics in Massachusetts" for 2016:

- Beth Israel Deaconess Medical Center
- Brigham and Women's Hospital
- Cape Cod Hospital
- Emerson Hospital
- Fairview Hospital
- Holyoke Medical Center
- Martha's Vineyard Hospital
- Massachusetts General Hospital
- Milford Regional Medical Center
- Mount Auburn Hospital
- Newton-Wellesley Hospital
- South Shore Hospital
- Tufts Medical Center
- Winchester Hospital

The Women's Choice website offers the following advice on how to find the best Obstetrics/Maternity hospital:

And while we hope the choice will be yours, it's important to make sure your insurance covers the stay at the hospital. If your insurance requires you to choose from a certain list of maternity wards, hopefully at least one of your choices will be listed among the best, but just in case here are things you will need to ensure proper medical coverage during the birth and stay at the hospital according to www.BabyMed.com:

1. *Average Length of Stay. With insurance coverage, most of the time the length of stay approved will be the time the mother spends in the hospital. Before choosing the best maternity ward, ask how long the average length of stay is for a vaginal birth and a C-section birth. Just because the insurance approves a length of time does not mean the hospital has the available rooms to keep mom and baby that long.*
2. *Number of Patients on the Floor. How many mothers and babies can be housed in the maternity unit at one time? Is the unit usually full or are their open rooms available most of the time? If there are open rooms on most days, the mom may be able to stay longer in the hospital with the support from the nurses when transitioning from pregnant woman to new mother.*
3. *Nurse to Patient Ratio. The number of patients for every nurse on the maternity ward is an indication of the support the pregnant mom and the new mom will receive. If there is a large ratio, the care you want may not be available with the nurses being spread thin over the patients.*
4. *Private Room Availability. Some insurances cover the use of a private room after birth. This does not mean the hospital will have that space available. If you want to have a bit more privacy after baby is born, check with the maternity ward to see if there are private rooms available.*

5. *Night Visitor Privileges.* Dad wants to be as much a part of the birth and after birth care as possible. A growing number of hospitals allow the father to stay in the room with the patient for moral and physical support.
6. *After Birth Suite.* In cases where the baby is in need of specialized care after mom has been released, after birth suites provide mom a place to stay in the hospital while baby is still under the care of the doctors.
7. *NICU.* After the baby is born, if there are any complications the baby may need NICU care. NICU stands for Neonatal Intensive Care Unit. If the hospital does not have an NICU on sight, choosing another maternity ward may be the best option.
8. *Specialized Care.* Along with choosing a maternity ward with a NICU, the specialized care givers need to be available to care for the baby. These caregivers include Neonatal Intensive Care nurses and a pediatrician that specializes in critical infant care.
9. *Obstetrician / Pediatrician on Call or in House.* Some hospitals employ an obstetrician and / or a pediatrician to be in house during the late night and overnight hours. Others only require a specific doctor to be on call. With the on call doctor, there will be a wait before specific care can be given.
10. *Lactation Support.* Some mothers choose to breast feed from the moment they know they are pregnant and take classes on lactation. Others decide after the baby is born to try their hand at breast feeding. For these moms, in house lactation support is essential to making the connection between mom and baby a bit less stressful.
11. *Patient Reviews.* After checking your list and finding what seems like the perfect hospital or maternity ward, the last thing to check are other patient reviews. These can be found all over the Internet and are a great indication of how the maternity ward truly treats the patient and the baby.

LEAPFROG GROUP

The Leapfrog Group has a robust website for hospitals that includes a section on maternity care. Leapfrog rates hospitals' maternity care based on five measures, each as described below¹⁹ and each of which can be used to sort hospitals from highest to lowest rating:

Early Elective Deliveries

“Data strongly demonstrates that early elective deliveries—scheduled cesarean sections or medical inductions performed prior to 39 weeks of gestation without medical necessity—carry risks to both babies and mothers. Early elective deliveries can result in neonatal intensive care unit (NICU) admissions, longer stays and higher costs to both patients and payers. For this measure, a lower rate is more desirable. Leapfrog’s target for all hospitals is 5%. (Hospitals with a reported rate of 5% or less are better than target. Hospitals with a rate greater than 5% are worse than target.)”

23 Massachusetts hospitals within 50 miles of Boston received the highest rating for this measure

¹⁹ All Leapfrog descriptions obtained from <http://www.leapfroggroup.org/compare-hospitals>

Cesarean Sections

“Cesarean sections (C-sections) carry serious risks of infection or blood clots, and many women experience longer recoveries and difficulty with future pregnancies. C-sections can also cause problems for babies, like breathing difficulties that need treatment in a newborn intensive care unit (NICU). To measure a hospital's rate of C-sections, Leapfrog uses one standardized, endorsed measure that reflects the percentage of first-time mothers giving birth to a single baby, at term, in the head-down position.

“For this measure, a lower rate is more desirable. Leapfrog's target for all hospitals is 23.9%. (Hospitals with a reported rate of 23.9% or less are better than target. Hospitals with a rate greater than 23.9% are worse than target.)”

13 Massachusetts hospitals within 50 miles of Boston received the highest rating for this measure

Episiotomies

“An episiotomy is an incision made in the perineum (the birth canal) during childbirth. Although episiotomies were once routine in childbirth, medical guidelines today recommend an episiotomy only in a narrow set of cases. Episiotomies have been clearly linked with worse perineal tears, loss of bladder or bowel control, and pelvic floor defects.

“For this measure, a lower rate is more desirable. Leapfrog's target for all hospitals is 5%. (Hospitals with a reported rate of 5% or less are better than target. Hospitals with a rate greater than 5% are worse than target.)”

11 Massachusetts hospitals within 50 miles of Boston received the highest rating for this measure

Maternity Care Processes

“To ensure a safe delivery for mom and baby, hospitals must take some standard precautions for their patients. In this area of the Survey, Leapfrog assesses whether a newborn has been properly screened for a high bilirubin level. If a high level is not caught, the newborn faces a high risk of brain damage and various disabilities. Additionally, mothers that deliver via C-section are sometimes at risk for a pulmonary embolism, where one or more arteries in the lungs become blocked by a blood clot. Hospitals must take care to reduce this risk using standard prevention protocols. Leapfrog's target rate for both components is 80% or greater, meaning that at least 80% of babies are screened for jaundice, and techniques to prevent blood clots are used for at least 80% of mothers delivering via C-section.”

26 Massachusetts hospitals within 50 miles of Boston received the highest rating for this measure

High-Risk Deliveries

“When infants are born weighing less than 1500 grams (3 pounds, 4.91 ounces), they must be cared for in a NICU with proven capacity to care for them. Research suggests that these very-vulnerable babies are more likely to survive and thrive if they are born in a hospital that has an experienced NICU available on-site.

“To achieve Leapfrog's standard, a hospital must deliver at least 50 very-low birth weight babies per year (shown below as Number of Deliveries Performed) and ensure that at least 80% of mothers receive antenatal steroids prior to delivery (shown below as Process Adherence) OR the hospital must maintain a lower-than-average morbidity/mortality rate for very-low birth weight babies (shown below as Outcome) and ensure that at least 80% of mothers receive antenatal steroids prior to delivery (shown below as Process Adherence).”

Only Brigham & Women's and Beth Israel Deaconess among hospitals within 50 miles of Boston received the highest rating for this measure.

Combined Maternity Care Ratings

In addition to Brigham & Women’s and Beth Israel Deaconess, which scored highest on all five Leapfrog measures of maternity care quality, the following hospitals within 50 miles of Boston received the highest rating for all measures other than High-Risk Deliveries:

- Cambridge Health Alliance
- UMass Memorial
- Emerson
- Heywood
- Beth Israel Deaconess –Plymouth

Massachusetts General “Declined to Respond”

Notably, Massachusetts General Hospitals is shown with the notation “Declined to Respond to the Leapfrog Hospital Survey.” Leapfrog provides the following elaboration for all hospitals so designated:

“This hospital was asked to demonstrate its commitment to transparency by participating in the Leapfrog Hospital Survey. Disappointingly, the hospital chose not to do so and is withholding critical information on quality and safety from its patients. We encourage consumers to contact the hospital and ask them to provide this information so that they have the resources needed to choose the best hospital for them and their families.”

U.S. NEWS

U.S. News ranks two Massachusetts hospitals nationally and 12 overall for adult gynecology. The table below shows only those ranked hospitals by U.S. News with a safety score of 3 or better:

Hospital	National Rank	Overall Score	Safety Score
Massachusetts General Hospital	5	88.5	3
Brigham and Women's Hospital	6	88.3	5
Winchester Hospital		71.4	4
Cape Cod Hospital		56.8	4
St Elizabeth's Medical Center		46.2	3
Good Samaritan Medical Center		25.5	4
Lawrence General Hospital		10.6	3

BLUE CROSS BLUE SHIELD OF MASSACHUSETTS (BCBSMA)

BCBSMA lists seven hospitals with Blue Distinction Awards for Maternity Care:

- Beth Israel Deaconess Medical Center
- Good Samaritan Medical Center
- Massachusetts General Hospital
- MetroWest Medical Center - Framingham Union
- North Shore Medical Center - Salem Campus
- North Shore Medical Center - Union Campus
- South Shore Hospital

SUMMING UP

The table below shows 22 hospitals recommended for maternity care by at least one of the four organizations discussed above: Women’s Choice, Leapfrog Group, Blue Cross Blue Shield of Massachusetts and US News.

**Hospitals Recommended for Maternity Care by
Women’s Choice, Leapfrog, BCBSMA or US News**

Hospital	Women’s Choice	Leapfrog ²⁰	BCBSMA	US News		
				Natl. Rank	Overall Score	Safety Score
Massachusetts General Hospital	WC	NA	BCBSMA	5	88.5	3
South Shore Hospital	WC		BCBSMA			
Brigham and Women’s Hospital	WC	5		6	88.3	5
Winchester Hospital	WC				71.4	4
Emerson Hospital	WC	4				
Fairview Hospital	WC					
Martha’s Vineyard Hospital	WC					
Mount Auburn Hospital	WC					
Newton-Wellesley Hospital	WC					
Good Samaritan			BCBSMA		25.5	4
Beth Israel Deaconess	WC	5	BCBSMA			
MetroWest Medical Center - Framingham Union			BCBSMA			
North Shore Medical Centers			BCBSMA			
Cape Cod Hospital	WC				56.8	4
Holyoke Medical Center	WC					
Milford Regional Medical Center	WC					
St Elizabeth’s Medical Center					46.2	3
Lawrence General Hospital					10.6	3
Cambridge Health Alliance		4				
UMass Memorial		4				
Heywood		4				

NOTE: Only hospitals rated highest by Leapfrog in at least four categories are noted here.

²⁰ “4” designates Massachusetts hospitals that ranked highest for Early Elective Deliveries, Cesarean Sections, Episiotomies and Maternity Care Processes; “5” for hospitals that also ranked highest for High-Risk Deliveries

17. CHILDREN'S HOSPITALS

Boston Children's Hospital is typically within the top five on everyone's list.

WOMEN'S CHOICE

Women's Choice Awards list just one best children's hospital in Massachusetts - UMass Memorial Children's Medical Center in Worcester.

U.S. NEWS

U.S. News recently ranked Boston Children's Hospital number one in the country, followed by Children's Hospital of Philadelphia, Cincinnati Children's Hospital Medical Center, Texas Children's Hospital, Houston and Seattle Children's Hospital. They provide rankings and ratings for the following children's specialties

- Cancer
- Cardiology & Heart Surgery
- Diabetes & Endocrinology
- Gastroenterology & GI Surgery
- Neonatology
- Nephrology
- Neurology & Neurosurgery
- Orthopedics
- Pulmonology
- Urology

WebMD reports that *“Boston Children's Hospital is No. 1 in the United States, according to U.S. News & World Report's latest annual rankings of the best pediatric hospitals. It ranks in the top 5% for all 10 specialties rated.”*

WHY NOT THE BEST

Boston Children's Hospital is one of seven children's hospitals in the country with their highest “Smart Rating” of 92 for children's hospitals.

18. CANCER CARE

U.S. NEWS

U.S. News ranks twenty Massachusetts hospitals for the overall quality of their cancer care together with a safety score ranging from 5 (best) to 1 (worst). Only 7 of the 20 received a safety rating of 4 or 5.

Hospital	National Rank	Overall Score	Safety Score
Dana Farber/Brigham & Women's Cancer Center	4	80.9	5
Massachusetts General Hospital	11	70.6	3
Beth Israel Deaconess Medical Center		52.5	2
UMass Memorial Medical Center		45.3	2
Lahey Hospital & Medical Center, Burlington		43.6	2
Boston Medical Center		41.9	1
Baystate Medical Center		38.6	3
Tufts Medical Center		34.7	2
Newton-Wellesley Hospital		30.2	5
Winchester Hospital		30.0	4
Mount Auburn Hospital		26.7	2
Southcoast Charlton Memorial Hospital		26.6	4
St Vincent Hospital		26.0	3
St Elizabeth's Medical Center		25.6	3
Cape Cod Hospital		24.7	4
South Shore Hospital		24.1	2
Lowell General Hospital		23.1	1
Berkshire Medical Center Inc		18.4	4
North Shore Medical Center		16.5	4
Holy Family Hospital		9.5	1

As with any hospital, the outcome is only as good as the doctors who diagnose and treats the cancer. So the rankings above are only an indication of the kind of cancer care one might receive, on average, from each hospital named.

HEALTHGROVE

HealthGrove lists 11 hospitals with a cancer center within 10 miles of zip code 02026 and 43 hospitals within 50 miles. The top three listings in order of “U.S. News Score”, which is not displayed, are Dana Farber, Beth Israel Deaconess and Lahey Clinic (in Burlington). Selecting “high number of breast cases seen” reduces to three the number of hospitals within 10 miles: Newton-Wellesley, Beth Israel Deaconess and Cambridge Health Alliance. Other “high number of cases” screens include

- Cervix
- Chronic Myeloid Leukemia
- Lung
- Melanoma
- Ovary
- Peritoneum, Omentum and Mesentery
- Prostate
- Thyroid
- Urinary Bladder
- Uterus
- Vulva

Comparing any three hospitals provides a long list of cancer-related specialists:

- Certified Oncology Advanced Practice Nurse
- Certified Oncology Nurse
- Certified Oncology Social Worker
- Clinical Psychologist
- Colon and Rectal Surgeon
- Diagnostic Radiologist
- General Surgeon
- Genetic Counselor
- Grief Counselor
- Gynecologic Surgeon
- Hematologist
- Medical Oncologist
- Nuclear Medicine Physician
- Nuclear Radiologist
- Oncology Dietician/Registered Dietician
- Oncology Nurse
- Oncology Social Worker
- Oral/Maxillofacial Surgeon
- Other Mental Health Professional
- Otolaryngologist
- Pathologist - Anatomic
- Pathologist - Clinical
- Pediatric Hematologist/Oncologist
- Pediatric Oncology Social Worker
- Pediatric Surgeon
- Radiation Oncologist
- Thoracic Surgeon
- Urologist
- Vascular and Interventional Radiologist

The following medical oncology services are listed when present:

- Plasmapheresis
- Stem Cell Transplant
- TheraSphere/SIR-Sphere
- Unsealed Source Radiotherapy
- Bone Marrow Transplant
- Chemoembolization
- Hormone Therapy
- Infusion Center with Chemotherapy
- Photodynamic Therapy

The following radiation oncology services are listed when present:

- Intensity Modulated Radiation Therapy (IMRT)
- Selective Internal Radiation Therapy (SIRT)
- 3D Conformal Radiation Therapy
- Brachytherapy - High Dose Rate (HDR)
- Brachytherapy - Low Dose Rate (LDR)
- Computerized Treatment Planning
- CyberKnife
- Electron Beam
- External Beam Radiation Therapy
- Gamma Knife
- High Dose Rate (HDR) MammoSite Radiation Therapy System
- Hyperthermia
- Image-Guided Radiation Therapy (IGRT)
- Linear Accelerator
- Proton Beam
- Stereotactic Radiosurgery
- Systemic Radioisotopes

The following surgical procedures are listed when present:

- Catheter based Partial Breast Irradiation (ex: Mammosite)
- Cryosurgery
- Hyperthermic Intraperitoneal Chemotherapy
- Intraoperative Radiation Therapy
- Limb Perfusion
- Minimally Invasive Surgery
- Robotic Assisted Procedures
- Microwave Ablation
- Radiofrequency Ablation
- Sentinel Lymph Node Biopsy
- Ultrasonic Surgical Aspiration

WOMEN'S CHOICE AWARDS

Women's Choice Awards selected the following Best Hospitals for Cancer Care in Massachusetts in 2016:

- Lahey Clinic Medical Center
- Mount Auburn Hospital
- Saint Anne's Hospital
- South Shore Hospital
- Winchester Hospital

The criteria for selection are “*the very best cancer hospitals that have been accredited by the American College of Surgeons' Commission on Cancer, and received high recommendation ratings for patient satisfaction from the Centers for Medicare and Medicaid Services. [They] were also recognized for having chemotherapy, radiation and hospice services and/or major research programs.*”²¹ No explanation is given for not selecting Dana Farber/Brigham & Women's Cancer Center.

SUMMING UP: HOSPITALS FOR CANCER TREATMENT

Beyond Dana Farber, there does not appear to be much consensus about which hospitals are best for cancer treatment or surgery. Of the 20 hospitals rated for cancer treatment by US News, only seven received a safety rating of 4 or 5 and only one of those was recommended by Women's Choice Awards.

Hospital	US News			Women's Choice Awards
	National Rank	Overall Score	Safety Score	
Dana Farber/Brigham & Women's Cancer Center	4	80.9	5	
Newton-Wellesley Hospital		30.2	5	
Winchester Hospital		30	4	Yes
Southcoast Charlton Memorial Hospital		26.6	4	
Cape Cod Hospital		24.7	4	
Berkshire Medical Center Inc		18.4	4	
North Shore Medical Center		16.5	4	
Massachusetts General Hospital	11	70.6	3	
Baystate Medical Center		38.6	3	
St Vincent Hospital		26	3	
St Elizabeth's Medical Center		25.6	3	
Beth Israel Deaconess Medical Center		52.5	2	
UMass Memorial Medical Center		45.3	2	
Lahey Hospital & Medical Center, Burlington		43.6	2	Yes
Tufts Medical Center		34.7	2	
Mount Auburn Hospital		26.7	2	Yes
South Shore Hospital		24.1	2	Yes
Boston Medical Center		41.9	1	
Lowell General Hospital		23.1	1	
Holy Family Hospital		9.5	1	

²¹ <https://www.womenschoiceaward.com/best-hospital-cancer-care/massachusetts/?submit=view>

Since there are many forms of cancer and different hospitals excel in treating in different forms and treatments, there is no simple recommendation on this subject. The website resources reviewed in this chapter contain enough information to constitute a book. We have only scratched the surface of this subject. The author recommends exploring any of the above-mentioned sites in this chapter that speak to you as well those in the chapter entitled **Choosing a Specialist** in previous section of this report.

19. ORTHOPEDICS/KNEE & HIP SURGERY

At the risk of stating the obvious, New England Baptist Hospital is the consensus first choice when it comes to orthopedic surgery. A number of community hospitals, however, also have good survey results. And for the more “routine” procedures, size, proximity to home, your doctor other considerations may sway the choice to a community hospital with good safety and patient experience ratings.

U.S. NEWS

U.S. News ranks three Massachusetts hospitals nationally and 29 in all for orthopedics. As with any hospital experience, the author recommends that you give due consideration to the safety score, even though it may also be included in the overall score. Accordingly, the table below shows only 14 Massachusetts hospitals ranked by U.S. News for orthopedics if their US News safety score was 3 or better:

Hospital	National Rank	Overall Score	Safety Score
Massachusetts General Hospital	8	68.4	3
Brigham and Women's Hospital	26	59.8	5
New England Baptist Hospital	37	57.7	5
Baystate Medical Center		44.8	3
Newton-Wellesley Hospital		44.1	5
Winchester Hospital		39.3	4
North Shore Medical Center		37.4	4
Beverly Hospital		35.2	5
Cape Cod Hospital		34.2	4
Southcoast Charlton Memorial Hospital		33.4	4
St Vincent Hospital		32.9	3
MetroWest Medical Center		27.5	4
Milford Regional Medical Center		25.5	3
St Elizabeth's Medical Center		23.8	3

WOMEN'S CHOICE

Women's Choice Awards selected the following “Best Hospitals for Orthopedics in Massachusetts” in 2016:

- Beth Israel Deaconess Hospital – Milton
- Beverly Hospital
- Cooley Dickinson Hospital
- Lahey Clinic Medical Center
- Lowell General Hospital – Main Campus
- Mount Auburn Hospital
- New England Baptist Hospital
- Newton-Wellesley Hospital
- Saint Vincent Hospital
- Winchester Hospital

20. EMERGENCY CARE

Much less information is available on emergency care than for inpatient care. And in many cases this will be a moot subject, because, as my primary care physician recently informed me, in a true emergency the ambulance driver will most likely take you to the nearest available ER. In any event, to the extent that you have a choice, the following information may be helpful.

WHY NOT THE BEST (WNTB)

Why Not The Best (WNTB) rates hospitals based on the following data obtained from CMS:

- Time from ED (Emergency Department) arrival to ED departure,
- Admitting decision time to ED departure time for admitted patients,
- percentage of patients leaving without being seen,
- percentage of CT performed in a timely manner.

Of the 44 Massachusetts hospitals for which there were reported results, 25 emerged with data in each of the first three categories. The table below ranks these 25 hospitals based on the average rank over all four categories. To the of the author’s knowledge, his ranking methodology has not been duplicated elsewhere; so other information sources should also be consulted as well.

Overall Rank	NAME	Arrival to Departure (mins)	Arrival to Departure Rank	% Left not Seen	Rank Not Seen	Admit Time (min.)	Admit Rank	CT Scan (%)	CT Rank
1	Nashoba Valley Medical Center	214	1	0%	1	83	3	N/A	NR
2	Milton Hospital Inc	238	2	1%	5	68	1	80%	5
3	Massachusetts Eye And Ear Infirmary	264	3	1%	5	78	2	N/A	NR
4	Beth Israel Deaconess Hospital - Needham	313	7	0%	1	116	6	81%	4
5	Cambridge Health Alliance	303	4	0%	1	94	4	62%	10
6	Faulkner Hospital	326	12	1%	5	124	8	100%	1
7	Newton-wellesley Hospital	321	10	1%	5	125	9	83%	3
8	Emerson Hospital	313	7	1%	5	131	11	N/A	NR
9	Caritas Carney Hospital Inc	307	5	1%	5	159	16	N/A	NR
10	Caritas St Elizabeth's Medical Center	311	6	1%	5	172	19	N/A	NR
10	Hallmark Health System	350	14	2%	17	123	7	93%	2
10	Winchester Hospital	333	13	1%	5	144	12	62%	10
13	Mount Auburn Hospital	321	10	2%	17	106	5	N/A	NR
14	Metrowest Medical Center	359	17	1%	5	153	15	79%	6
15	Caritas Good Samaritan Medical Center	316	9	2%	17	130	10	70%	8
16	Caritas Norwood Hospital, Inc	354	16	0%	1	181	21	64%	9
17	Tufts Medical Center	350	14	2%	17	147	14	N/A	NR
18	Beth Israel Deaconess Medical Center	403	22	1%	5	179	20	N/A	NR
19	Lahey Clinic Hospital	366	18	2%	17	146	13	N/A	NR
20	Massachusetts General Hospital	546	25	1%	5	251	24	N/A	NR
20	South Shore Hospital	526	24	1%	5	377	25	N/A	NR
22	Brigham And Women's Hospital	380	20	2%	17	164	18	N/A	NR
23	Lowell General Hospital	431	23	3%	23	194	22	76%	7
24	Marlborough Hospital	366	18	3%	23	162	17	N/A	NR
25	Boston Medical Center Corporation	383	21	7%	25	229	23	N/A	NR
	National Averages	280		2%		99		76%	

BOSTON CONSUMERS’ CHECKBOOK

Boston Consumers’ Checkbook takes a different approach, rating emergency services by doctor and patient opinion. They give Checkbook’s Top Rating based on three different criteria: complex care, simple care and inpatient care (admissions). Physician ratings are given for both simple and complex care. Hospitals can be selected on the basis of distance (1, 5, 10, 25 and 50 miles) and filtered or screened by presence of

Checkbook's Top Rating for complex, simple and/or inpatient care. Just five of 48 hospitals within 50 miles of zip code 02026 received Checkbook's Top Rating in all three categories:

- Massachusetts General
- Brigham & Women's
- Tufts Medical Center
- Newton-Wellesley
- Winchester

Eliminating the inpatient care criterion qualified two more hospitals: Boston Children's and Boston Medical Center. Applying only the simple care criterion enlarged the list to 15. Eleven hospitals received a Checkbook's Top Rating for Inpatient Care.

The website allows you to drill down and obtain much more detailed data for: Patient Ratings, Timely & Effective Care: Frontline Capabilities, such as Trauma Center Designation (Level I through V) and number of cases per year; and Ratings for Inpatient Care.

21. CHOOSING A HOSPITAL: SUMMING UP

There is an abundance of information on which to judge hospitals and several competing rating services that serve, to varying degrees, the consumer and/or hospital management. Hospitals are evaluated or rated on three fundamental bases:

1. Patient satisfaction
2. Proper protocols and procedures
3. Results or adverse outcomes.

While most of the known rating services tend to rely on a blend of all three measures, the author has a preference for ratings based on outcomes because ultimately it is the absence of negative outcomes (complications or death) that we wish for ourselves, our families and friends.

SAFETY & ADVERSE OUTCOMES

Multiple rating services, most notably Leapfrog, use the word safety in their ratings. Yet safety is defined differently by US News, Consumer Reports and Medicare. And each organization considers procedures and processes, as well as adverse outcomes. Adverse outcomes data (death rates and six complications rates) is provided by the Centers for Medicare and Medicaid Services (CMS) but does not include data from Medicare Advantage plans or private insurers.

The chart below compares the various safety ratings and overall CMS outcomes rankings (see chapter titled **Mortality & Morbidity Rates**) for 21 Massachusetts hospitals starting with hospitals that have the fewest years of Medicare patient safety penalties. A quick scan of the chart leads to the inescapable conclusion that adverse outcome rankings yield significantly different conclusions about hospital safety than safety grades from Leapfrog, US News and Consumer Reports and Medicare Patient Safety Penalties.

21 Massachusetts Hospitals Ranked by Medicare Patient Safety Penalties then by Leapfrog Safety Grade

Hospital	Leapfrog Hospital Safety Grade	Consumer Reports Safety	US News Patient Safety	Medicare Patient Safety Penalties (yrs)	OVERALL CMS OUTCOMES RANK
Beth Israel Deaconess Medical Center	A	47	2	0	26
Faulkner Hospital	A	55	5	0	2
Emerson Hospital	A	68	2	0	NR
Massachusetts General Hospital	A	53	3	0	16
Newton-Wellesley Hospital	A	65	5	0	5
Winchester Hospital	A	61	4	0	17
Nashoba Valley Medical Center	A	53	NR	1	NR
Beth Israel Deaconess Hospital - Needham	B	NR	3	1	NR
Lawrence General Hospital	B	50	2	1	38
Cambridge Health Alliance	C	56	4	1	NR
MetroWest Medical Center	C	56	NR	1	7
UMass Memorial Medical Center	C	46	2	1	29
Hallmark Health System	A	58	NR	2	18
South Shore Hospital	A	56	NR	2	20
Mercy Medical Center	B	43	NR	2	29
Brigham & Women's Hospital	B	53	5	3	21
Falmouth Hospital	B	50	NR	3	26
Lahey Hospital & Medical Center	B	51	2	3	34
Boston Medical Center Corporation	C	49	1	3	40
North Shore Medical Center	C	58	NR	3	35
Tufts Medical Center	C	53	2	3	41

NOTES: For US News Safety ratings, 5 is best. **“Overall CMS Outcomes”** Rank is for Massachusetts hospitals as determined by the author; the lowest number is best.

Ranking the same 21 Massachusetts hospitals by the author's computation of CMS Outcomes (death rates double weighted together with 6 types of complications) shows a somewhat different picture, although some of the same hospitals rank near the top in both tables. It can also be argued that some of the hospitals that lack a ranking for Overall CMS Outcomes (designated by NR in the table) should still be seen as high quality hospitals based on their safety ratings.

**21 Massachusetts Hospitals Ranked by Author's CMS Outcomes
then by Medicare Safety Penalties**

Hospital	Leapfrog Hospital Safety Grade	Consumer Reports Safety	US News Patient Safety	Medicare Patient Safety Penalties (yrs)	OVERALL CMS OUTCOMES RANK
Faulkner Hospital	A	55	5	0	2
Newton-Wellesley Hospital	A	65	5	0	5
MetroWest Medical Center	C	56	NR	1	7
Massachusetts General Hospital	A	53	3	0	16
Winchester Hospital	A	61	4	0	17
Hallmark Health System	A	58	NR	2	18
South Shore Hospital	A	56	NR	2	20
Brigham & Women's Hospital	B	53	5	3	21
Beth Israel Deaconess Medical Center	A	47	2	0	26
Falmouth Hospital	B	50	NR	3	26
UMass Memorial Medical Center	C	46	2	1	29
Mercy Medical Center	B	43	NR	2	29
Lahey Hospital & Medical Center	B	51	2	3	34
North Shore Medical Center	C	58	NR	3	35
Lawrence General Hospital	B	50	2	1	38
Boston Medical Center Corporation	C	49	1	3	40
Tufts Medical Center	C	53	2	3	41
Emerson Hospital	A	68	2	0	NR
Nashoba Valley Medical Center	A	53	NR	1	NR
Beth Israel Deaconess Hospital - Needham	B	NR	3	1	NR
Cambridge Health Alliance	C	56	4	1	NR

ADDITIONAL FINDINGS

Massachusetts hospitals provide some of the best healthcare in the country. More than half have been awarded a top safety rating (A) by Leapfrog. On the other hand, Massachusetts hospitals rate less well based on adverse outcomes (death and readmission rates) but better than hospitals in neighboring states. Some additional findings in this section include:

- About one third of the 64 acute care hospitals in Massachusetts are teaching hospitals.
- Massachusetts General and Children's Hospital (for children) are invariably ranked among the nation's best hospitals, while Brigham & Women's, New England Baptist (for orthopedics) and Dana Farber (for cancer) are sometimes nationally ranked in their specialties.
- Although Massachusetts hospitals ranked 16th in the country for average death rate, the lower ranking of the neighboring states suggests that Massachusetts hospitals are delivering high quality care given the demographics and epidemiology of the Northeastern United States.

- Death rates²² at Massachusetts hospitals vary significantly (the highest rate in the state is almost twice the lowest rate) even though adjusted for case severity, and several Boston teaching hospitals reported higher death rates than the state average. The author questions whether this data is adequately adjusted for case mix.
- New England Baptist, Faulkner and Newton-Wellesley rank among the top five Massachusetts hospitals as measured by lowest combined adverse outcomes (average death and readmission rates).
- Six Massachusetts hospitals have had Medicare Patient Safety Penalties imposed for three years in a row.
- When four different assessments of patient safety (Leapfrog, Consumers Reports, US News and Medicare) are considered together with ranking based on fewest adverse CMS outcomes, no Massachusetts hospital stands head and shoulders above the rest. You are encouraged, therefore, to look at all the evidence and to consider any special needs (see below) before choosing your preferred hospitals for emergency, specialty and general acute care.
- While Dana Farber and Massachusetts General are recognized nationally for cancer treatment, five other Massachusetts hospitals received cancer treatment ratings and US News patient safety scores of 4 or 5.
- Four Massachusetts hospitals received Women’s Choice Best Hospitals for Obstetrics awards and were highly rated by US News or by BCBSMA.
- Boston Children’s Hospital is the consensus choice for children, although UMass Memorial Children’s Medical Center of Worcester was singled out by Women’s Choice Awards.
- Four Massachusetts hospitals are ranked highly for heart-related procedures by one or another rating services and rank in the top third of Massachusetts hospitals for heart-related outcomes.
- While New England Baptist is usually considered the top hospital for orthopedics, a number of community hospitals and medical centers come highly recommended. As with all in-hospital specialty care, safety scores should also be considered.
- Nashoba Valley Medical Center ranked first among 25 Massachusetts hospital Emergency Departments (EDs) for promptness of care, followed by Milton Hospital, Massachusetts Eye & Ear, Beth Israel Deaconess, Cambridge Health Alliance, Faulkner and Newton-Wellesley.

²² “Adjusted Death Rates among Patients with Serious Treatable Complications after Surgery”, Centers for Medicare and Medicaid Services.

HOW TO CHOOSE

While choosing a hospital is complicated, arguably it is the most important and measurable component of the healthcare decision process. The author suggests the following to simplify the decision process:

1. For routine and emergency care, limit your choices to hospitals within a reasonable distance from home. In the Boston area, 5 or 10 miles may be more than adequate. But include at least one or two teaching or specialty hospitals even if they are farther away.
2. Choose different hospitals for different purposes.
 - a. For routine procedures and treatment, a community hospital closer to home with more amenities and maybe even friendlier staff may be more than adequate, and their costs are likely to be lower. Check the various hospital safety reports and patient ratings for community hospitals in your area using the rating services cited in this report.
 - b. Choose a teaching or specialty hospital based on the quality and safety data, including surgeons' ratings, provided by the online services cited herein and any specific health issues you are currently aware of.
 - c. If you have specific health issues, such as heart problems or a family history of them, review specific information on hospitals' cardiac services (see chapter entitled Cardiology) and on heart surgeons (in the previous section). The chapters in this section that address specific conditions: cancer, obstetrics, pediatric, cardiology and/or orthopedics are designed to be helpful in this regard.
 - d. Choose the closest (to work or home) emergency room that is likely to be most responsive (see chapter on Emergency Care) if and when you or a family member requires immediate care and time is of the essence.
3. If you don't have insurance coverage or your insurance won't cover a specific procedure or treatment, be sure to check with more than one hospital and with Medicare.gov to compare costs.

Finally, the author recommends that you choose your doctor(s) based on the hospitals to which they have admitting privileges.

III. CHOOSING A HEALTH PLAN

With over 40 health plans offered in Massachusetts, choosing a plan can be one of the most perplexing and challenging tasks that a consumer can face. The number of choices are reduced by age or employment status, but usually you are left with several alternatives from which to choose:

- It used to be that employers offered one health plan to all employees. Now many employers offer a choice of health plans. And some employers will direct you to a health exchange (Massachusetts Health Connector) to purchase a health plan.
- Healthcare exchanges like Massachusetts Health Connector established under the Affordable Care Act (Obamacare) offer one stop shopping, standardized benefits and, depending on family size and income, may offer subsidies to reduce the cost of healthcare coverage. Once there you will choose from four levels (Bronze, Silver, Gold or Platinum) of coverage (described in the chapter entitled Massachusetts' Health Exchange) from each of several competing insurers.
- Seniors can opt for basic Medicare coverage, add prescription drug (Part D) coverage or choose from a variety of Medigap and Medicare Advantage plans, the latter typically restricting the providers you can use and all offered by multiple insurers.
- There are also employer sponsored coverages for retirees as an alternative to Medicare, which are not covered in this report.

Those who are attached to existing providers or have already selected a hospital and physician will, of course, be limited to the health plans their providers accept. That may simplify your choice of health plans.

PURPOSE OF THIS SECTION

The purpose of this section is to provide you with the knowledge, terminology and resources to choose a health plan that is most suited to the readers' needs and those of his or her family.

Because of the multiplicity of individual plans offered by so many different insurers together with the differing health needs, financial resources and risk preferences of individual readers, it would be impossible to recommend specific plans. Making choices can best be accomplished with one of the online services reviewed in this section or with a financial advisor, insurance representative, HR personnel or other professional that can put your needs ahead of organizational needs.

This section covers the following subject matter:

- a brief history of health plans and managed care;
- a description of the different types of health plans, e.g. HMOs, PPOs, Medicare, etc.;
- a review of the terminology used to describe health plans;
- A list of health plans offered in Massachusetts;
- A roadmap and specific sections on Medicare, MassHealth (Medicaid) and HealthConnector, the Massachusetts health insurance exchange.
- A review of the online resources that rate and/or price health plans.

22.A BRIEF HISTORY OF MANAGED HEALTHCARE

In the 1960s there were basically two types of insurers offering health plans: (1) indemnity insurers, typically life insurance companies serving large national or regional markets across state lines; and (2) Blue Cross and Blue Shield plans, typically serving local or state markets. The strength of the Blues was the Blue Cross hospital plans, which were typically able to offer lower rates than indemnity plans due to the fact that they were non-profits and were able to negotiate significant discounts for hospital services. Blue Shield health plans covering physician and other non-hospital services were subject to deductibles and coinsurance and therefore did not have the same buying power as Blue Cross plans. While Blue Shield and Blue Cross plans began life as separate companies, by the late 1960s they had begun to merge to become Blue Cross/Blue Shield plans, which dominated many local markets.

The success of the Blue Cross plans led to an interesting (and expensive) phenomenon. Doctors tended to admit patients to the hospital for routine tests and other procedures because their patients were fully reimbursed by Blue Cross for inpatient hospital care. In contrast, outpatient and non-hospital care was subject deductibles and coinsurance, if it was reimbursed at all. This in-hospital reimbursement bias encouraged high levels of hospitalization that benefitted doctors, hospitals and patients, and helped lead to the emergence of HMOs.

Health Maintenance Organizations (HMOs) were few and far between in the 1960s. Typically, they were non-profit group or staff model plans (see next chapter, **Types of Health Plans**) whose doctors were full-time employees or contractors to the HMO. One of the biggest HMOs, Kaiser-Permanente, was originally created to provide healthcare services to employees of the Kaiser Companies at remote locations where healthcare providers were scarce or non-existent. Eventually Kaiser discovered that there was a cost advantage to delivering healthcare within the budget using salaried physicians with no financial incentives to hospitalize their patients or order unnecessary tests. With the financial incentives reversed from those of Blue Cross and Blue Shield providers, something interesting happened. HMOs produced dramatically lower rates of hospitalization than the Blues plans and indemnity insurers, which paid doctors and hospitals on a fee-for-service basis. Yet for the most part HMOs' lower rates of hospitalization caused no demonstrable deterioration in patient care, and the money saved more than paid for the cost of more and better office-based services.

Armed with the big idea that prepaid health plans could deliver more cost-effective healthcare without sacrificing quality, the Nixon administration created research and development funding to encourage the proliferation of (non-profit) HMOs. During the 1970s, many non-profit HMOs sprang up around the country. By the 1980s they had begun to compete effectively with the Blues and indemnity insurers. While the indemnity insurers and the Blues were reporting hospitalization rates of 800 to 900 days per thousand insureds under age 65, HMOs were reporting hospitalization rates of half that amount by limiting lengths of stay and paying for ambulatory care in doctor's offices and other non-hospital settings. As a result, HMOs were able to price more comprehensive coverage at or below the cost of an indemnity and Blue Cross/Blue Shield health plans and rapidly gained market share. As they gained market share and credibility, HMOs began taking market share from indemnity insurers and the Blues.

In response, insurance companies began to adapt. Some of the Blues started their own HMOs. Other insurers started preferred provider organizations (PPOs), which contracted with groups of doctors and hospitals to provide healthcare services at negotiated prices with some form of utilization reviews.

HMOs also adapted by starting network and IPA (independent practice association) models wherein they contracted on a non-exclusive basis with groups of physicians and solo practitioners to provide care to HMO members. While network and IPA model HMOs attempted to enter into fixed cost (capitation) agreements with doctors, such arrangements didn't work well under the non-exclusive agreements. Doctors

who treated other patients on a fee-for-service basis could be wiped out financially if one prepaid (capitated) patient experienced a major illness or chronic disease. At the same time, some doctors might give more attention to their fee-for-service patients, who represented incremental income, than to their HMO patients. It became a standing joke in some circles that if you were an HMO patient you went to the back of the line. So network and IPA model HMOs relied primarily on utilization reviews rather than innovative payment arrangements like capitation and on intrinsic provider motivation to control costs.

As health insurers and HMOs became more and more competitive (and similar), utilization review procedures instituted to eliminate unnecessary and higher cost (hospital-based) care became increasingly stringent and seemingly arbitrary. In the 1990s this led to consumer backlash and the proliferation of PPOs with less stringent utilization reviews and options for enrollees to go to out-of-network providers for a cost penalty. HMOs began to experiment with PPOs and other variations on the HMO health plan model.

By the late 1990s merger mania began to sweep the country. Insurers acquired HMOs, and HMOs acquired insurance companies. Blue Cross and Blue Shield plans began acquiring other Blue plans in other states. Hospitals began forming multi-hospital systems. Physicians groups merged or entered into management contracts with for-profit companies like Tennessee based Phycor. In short, massive consolidation started to take place so that insurers and HMOs became virtually indistinguishable and, in many cases, came to exist under the same roof.

Hospitals and doctors also began to band together both for negotiating leverage with HMOs and insurers and, in some cases, to create their own health plans – precursors to accountable care organizations (ACOs) under Obamacare.

Nationwide HMO enrollment, which had been growing at greater than 20 percent a year in the 1980s, began to slow, then peaked in 1999-2000 and declined thereafter (see appendix A).

There were many winners and losers as a result of this consolidation, but the healthcare consumer was almost surely not among the winners. Choices of health plans and resultant price competition were reduced. Healthcare costs continued to rise with a respite taking place in the late 2000s mostly because the recession depressed demand for healthcare. Those without health plans (the self-insured) fared even worse as non-negotiated retail hospital rates rose disproportionately. The media has been replete with stories of uninsured individuals and families being driven into financial hardship or bankruptcy as a result of an accident or illness compounded by the much higher “retail” rates charged by hospitals²³. As health plans negotiate increasingly tighter hospital reimbursement rates year after year, like a balloon that is squeezed in one area, “retail” rates skyrocket for those who can least afford them – the uninsured.

The Patient Protection & Affordable Care Act (PPACA, ACA or Obamacare) became law in 2010. It was passed by the Senate by a vote of 60 to 39 after last minute negotiations that eliminated any public option or Medicare buy-in from the final bill. The House passed the Senate bill with a 219–212 vote on March 21, 2010. Putting aside the politics of the legislation, most people agree that the final bill created an incredibly complicated system that has ended up making healthcare coverage available to more than 20 million people who previously could not afford coverage or were locked out of the market due to pre-existing medical conditions or other reasons. Many would repeal the bill despite its successes, and most of its supporters agree that it could be improved upon, although there is little consensus on how to do so.

Prior to the passage of the PPACA in 2010, it was estimated that more than 40 million Americans did not have health insurance. To be sure, some of them were young and healthy or simply between employers

²³ [America's Bitter Pill: Money, Politics, Backroom Deals, and the Fight to Fix Our Broken Healthcare System](#), Steven Brill, Random House, 2015

who provided health coverage. But many had lost their health insurance and could not replace it because of a pre-existing medical condition or simply couldn't afford the rising cost of health insurance premiums.

23. TYPES OF HEALTH PLANS

HMOs

Here is a definition of an HMO:

“Health maintenance organizations represent “pre-paid” or “capitated” insurance plans in which individuals or their employers pay a fixed monthly fee for services instead of a separate charge for each visit or service. The monthly fees remain the same, regardless of types or levels of services provided. Services are provided by physicians who are employed by, or under contract with, the HMO. HMOs vary in design. Depending on the type of the HMO, services may be provided in a central facility, or in a physician’s own office (as with IPAs.)”²⁴

HMOs operate in a variety of forms: staff, group, IPA and network. Most HMOs today do not fit neatly into just one form; they can have multiple divisions, each operating under a different model, or blend two or more models together.

In a **Staff Model HMO**, physicians are salaried and typically have offices in HMO facilities. In this case, physicians may be direct employees of the HMO or contractually obligated to similar effect. The staff model is an example of a closed-panel HMO, meaning that contracted physicians may only see HMO patients.²⁵ Harvard Community Health Plan, now part of Harvard Pilgrim Health Care, began life as a staff model HMO.

The **Group Model HMO** does not employ physicians directly, but contracts with one or more multi-specialty physician group practices on an exclusive basis. The group practice may be established by the HMO and only serve HMO members ("captive group model"). Kaiser Permanente is an example of a captive group model HMO. Despite the different contractual arrangements, there is little operational difference between group and staff model HMOs.²⁶ Both employ physicians to provide care exclusively to HMO enrollees.

If not already part of a group medical practice, physicians may contract with an **Independent Practice Association (IPA)**, which in turn contracts with the HMO. This model is an example of an open-panel HMO, where a physician may maintain his or her own office and may see non-HMO members.²⁷

Network model HMOs contract with any combination of groups, IPAs (Independent Practice Associations), and individual physicians. Since 1990, most HMOs run by managed care organizations with other lines of business (such as PPO, POS and indemnity) use the network model. Because of the indirect and non-exclusive relationship of network and IPA model HMOs with their physicians, utilization controls are typically more stringent (some would say punitive or arbitrary) than for closed-panel group and staff model HMOs.²⁸ IPAs and networks were the most appealing form of organization for for-profit HMO companies because they require the least amount of capital to establish and grow.

In the Author’s opinion, it was the increasingly stringent utilization controls of IPA and network model HMOs in the late 1980s and 1990s exacerbated by increasing competition, especially in California, that

²⁴ <https://www.healthinsurance.org/glossary/health-maintenance-organizations-hmos/>

²⁵ From Wikipedia edited by the author for relevance, clarity and brevity.

²⁶ From Wikipedia edited by the author for relevance, clarity and brevity.

²⁷ From Wikipedia edited by the author for relevance, clarity and brevity.

²⁸ From Wikipedia edited by the author for relevance, clarity and brevity.

eventually led to a consumer backlash against managed care.²⁹ Nevertheless, well run HMOs typically represent the most cost effective way to finance healthcare.

Massachusetts is home to some of the best HMOs in the country, which the author believes is attributable to two inter-related factors:

- most Massachusetts HMOs started out as closed panel group or staff models that had a proactive relationship with their physicians; and
- due to state regulation, all Massachusetts-based HMOs have remained not-for-profit.

Many Massachusetts physician groups are or were at one-time part of a group or staff model HMO. As a result, much of how they practice medicine today has its roots in collegial group or staff model HMOs where the physicians were paid a salary plus bonus rather than fee-for-service and therefore had no financial incentive to order unnecessary tests, procedures or referrals.

PREFERRED PROVIDER ORGANIZATION (PPO)

A preferred provider organization (PPO) is a managed care organization of health providers who contract with an insurer or third-party administrator (TPA) to provide health insurance coverage to policy holders represented by the insurer or TPA. Policy holders receive substantial discounts from health care providers who are partnered with the PPO. If policy holders use a physician outside the PPO plan, they typically pay more for the medical care.³⁰

EPO PLANS

EPO stands for "Exclusive Provider Organization" plan. EPO plans combine the flexibility of PPO plans with the cost-savings of HMO plans. You won't need to choose a primary care physician, and you don't need referrals to see a specialist. But you'll have a limited network of doctors and hospitals to choose from. And EPO plans don't cover care outside your network unless it's an emergency. It's important to know who participates in your EPO plan's network. If you go to a doctor or hospital that doesn't accept your plan, you'll pay all costs. An EPO plan may be right for you if: you do not want to get a referral to see a specialist; you want to receive a much lower negotiated rate with an EPO plan than you would with an HMO or PPO plan. *[from Blue Cross Blue Shield Blue Care of Michigan]*

INDEMNITY INSURANCE

While such plans are few and far between these days, indemnity insurance plans represent the old style of health insurance – no restrictions on the providers you can see, no attempts to “manage” the care provided. Such plans are/were typically offered by life insurance companies that viewed health insurance as a loss leader or accommodation business to provide employers with the convenience of one stop shopping for all of their insurance needs. As health care costs have risen and managed care alternatives have provided more coverage for less cost, indemnity plans have become dinosaurs. There may be a few of them around but typically they are offered with either high cost or limited coverage. In short, virtually every health plan incorporates some form of managed care to control costs.

²⁹ [The Rise and Fall of HMOs shows how a worthy idea went wrong](#), Alain Enthoven, Commonwealth, April 10, 2005

³⁰ Source: <https://www.healthinsurance.org/glossary/preferred-provider-organization-ppo/>

24. BEFORE YOU CHOOSE ...

The Massachusetts Attorney General provides some generalized advice on “How to Choose a Health Plan”. Rather than paraphrase or summarize, we have included below the content unedited from the web site. Those who find this too rudimentary can skip ahead.

Know What Is Covered

Before choosing a plan, think about what matters most to you and your family. You will probably find that you need to balance the features each plan offers against the total cost you are likely to face under each plan.

➤ **Doctors, Clinics, Hospitals**

Consider how important it is to you to have a plan that allows you to receive care from the doctors, hospitals, and clinics you choose. Health Maintenance Organizations (HMOs) usually require you to select a primary care physician from the plan network to oversee all of your health care. Both HMOs and Preferred Provider Organizations (PPOs) encourage you to access a specific network of doctors and hospitals by charging lower fees for this network. Some plans may not pay for out-of-network services at all. To help narrow your choices, ask a trusted doctor which insurance plans she or he accepts.

➤ **Prescriptions**

If you or your family especially needs help with the cost of prescription drugs, check that your medications are included in the plan's list of covered medications (also known as a "formulary"). Sometimes a plan will cover the generic (non-brand name) version of the drug or a similar drug instead. You may wish to ask your doctor if these substitutions would be acceptable for you.

➤ **Costs and Coverage**

Consider whether you need coverage for frequent doctor visits or will use the plan only in the event of a hospitalization for a major illness.

Check if the plan has a maximum coverage dollar amount. Plans may have yearly or lifetime maximum benefit amounts, or may limit the amount of coverage for each hospital stay. Make sure the plan would provide enough coverage if you or a family member became seriously ill or injured.

Look carefully at what insurance companies exclude from their basic coverage by reading the member handbook and checking both what is covered and what is not covered. Do **not** base your decision only on advertisements, brochures, or conversations with insurance representatives - make sure you read the handbook.

Some insurance companies sell separate "riders," at an additional cost, to add more coverage to their basic policies.

➤ **Other Benefits**

You may also be interested in a plan that offers wellness benefits such as diet counseling or discounts for health club memberships. Consider how likely you are to use these benefits and if so, how much extra you are willing to pay for coverage that includes them.

Know How Much You Will Pay

When you compare the price of different health insurance plans, you should consider both the cost of the monthly premiums and the cost of out-of-pocket expenses. Out-of-pocket costs could end up being more than amount you thought you would save by choosing a plan with a lower monthly premium. Out-of-pocket expenses might include the following.

➤ **Deductibles**

Deductibles refers to the amount you must pay on your own before the insurance coverage begins. If you are considering a plan with a deductible, find out exactly how the deductible works. Ask if there is one annual across-the-board deductible or if there are separate deductibles for specific services or for each family member. Add up how much you might have to pay out of pocket for all the deductibles if you or your family faced health problems.

➤ **Co-payments**

Co-payments refers to the amount you must pay out of pocket at the time of the service. These might be charged for prescriptions, doctor visits, surgical procedures and hospital stays. Estimate how much you might spend on co-payments in a year by adding up how many prescriptions you might need to fill, how many doctor's visits you might need, and whether it is likely you would require a hospital stay or outpatient surgery. Instead of co-payments, some plans include **co-insurance**, which means that the insurance company only pays a certain percentage of each bill (usually 80%) and you pay the rest.

➤ ***Beware of Unlicensed Health Plans***

If you are trying to purchase health insurance on your own, make sure the plans you are considering are actually insurance. Some businesses and individuals will try to take advantage of the requirement that everyone in Massachusetts have health insurance by using unfair or deceptive advertising practices or by operating scams. All legitimate health insurance companies are licensed by the Massachusetts Division of Insurance. You can call the [Division of Insurance](#) at (617) 521-7794 to verify that a company is a licensed insurer.

➤ **Health Plan Promises**

Beware of health plan promises that seem too good to be true. Don't be fooled by bogus health plans that seek unsuspecting consumers on the internet and through unsolicited faxes and phone calls. Don't be fooled by health plans that sound too good to be true or that advertise a limited time offer. You should never respond to an unsolicited fax or provide personal information to a telemarketer. You should always be careful when surfing the web. Unless you know who sent you the fax or set up a website, don't trust them with your money or your personal information.

➤ **Discount Plans/Cards**

Don't be fooled by discount plans or cards. Don't buy a discount plan or card as an alternative to health plan coverage. Discount plans/cards do not pay anything toward your medical claims. Instead, they may allow you to get a discount on some of your medical expenses. Discount plans/cards may look like a cheap health plan, but they are not health insurance and they do not meet your Massachusetts "individual mandate" requirement for health coverage. Discount plans/cards may promise big savings, but you may end up with no savings and no way to get your money back. They are not regulated by Massachusetts or federal law, so buyer beware and know what you are getting before you sign up for a discount plan. You should check with your doctor or local pharmacist to ask whether you will receive any real savings before you give your money or your personal information to anyone offering health care discounts.

➤ **Read the Fine Print**

Read the fine print before choosing a health plan. Always take a close look at plan benefits and limitations before you sign up or pay any fees. That way you can see in advance if the plan is right for you and your family. Make sure you understand what the plan covers and does not cover. And remember to add up how much you will have to pay out of your pocket for deductibles and co-

payments and items that are not covered. High out-of-pocket costs can soon wipe out the savings of lower monthly premiums.

25. HEALTH INSURANCE TERMINOLOGY

SELECTED HEALTH INSURANCE TERMS

The following selected health insurance definitions are part of a larger list published by the U.S. Bureau of Labor Statistics and included in its entirety as **Appendix B**. (Also included in Appendix B are definitions for various types of HMOs, PPOs and other types of health plans.)

Coinsurance - A form of medical cost sharing in a health insurance plan that requires an insured person to pay a stated percentage of medical expenses after the deductible amount, if any, was paid.

- ◆ Once any deductible amount and coinsurance are paid, the insurer is responsible for the rest of the reimbursement for covered benefits up to allowed charges: the individual could also be responsible for any charges in excess of what the insurer determines to be “usual, customary and reasonable”.
- ◆ Coinsurance rates may differ if services are received from an approved provider (i.e., a provider with whom the insurer has a contract or an agreement specifying payment levels and other contract requirements) or if received by providers not on the approved list.
- ◆ In addition to overall coinsurance rates, rates may also differ for different types of services.

Copayment - A form of medical cost sharing in a health insurance plan that requires an insured person to pay a fixed dollar amount when a medical service is received. The insurer is responsible for the rest of the reimbursement.

- ◆ There may be separate copayments for different services.
- ◆ Some plans require that a deductible first be met for some specific services before a copayment applies.

Deductible - A fixed dollar amount during the benefit period - usually a year - that an insured person pays before the insurer starts to make payments for covered medical services. Plans may have both per individual and family deductibles.

- ◆ Some plans may have separate deductibles for specific services. For example, a plan may have a hospitalization deductible per admission.
- ◆ Deductibles may differ if services are received from an approved provider or if received from providers not on the approved list.

Maximum plan dollar limit - The maximum amount payable by the insurer for covered expenses for the insured and each covered dependent while covered under the health plan. Plans can have a yearly and/or a lifetime maximum dollar limit. The most typical of maximums is a lifetime amount of \$1 million per individual.

Maximum out-of-pocket expense - The maximum dollar amount a group member is required to pay out of pocket during a year. Until this maximum is met, the plan and group member shares in the cost of covered expenses. After the maximum is reached, the insurance carrier pays all covered expenses, often up to a lifetime maximum. (See previous definition.)

MEDICARE TERMINOLOGY

Donut Hole

The donut hole is the portion of Medicare prescription drug (Part D) coverage that you pay after the first \$3,700 of annual expenditures. The donut hole begins once you reach your Medicare Part D plan's initial

coverage limit (\$3,700 in **2017**) and ends when you spend a total of \$4,970 (in **2017**). Part D enrollees will receive a 60% discount on the total cost of their brand-name drugs purchased while in the donut hole

26. HEALTH PLANS AVAILABLE IN MASSACHUSETTS

Massachusetts enacted an “individual mandate” that became effective in 2007. And since 2009 all Massachusetts residents who are 18 or older are required to have “minimum creditable coverage”³¹, defined as a health plan that:

- Covers prescription drugs (may have deductible of up to \$250 per individual/\$500 per family)
- Covers regular doctor visits and check-ups before any deductible
- Caps the annual deductible at \$2,000 for an individual or \$4,000 for a family
- If you have a deductible or co-insurance on core services, caps out-of-pocket spending for health services at \$5,000 for an individual or \$10,000 for a family each year
- Does not cap total benefits for a sickness or for each year; and,
- Does not cap spending for a day in the hospital.

According to the Massachusetts.gov website, “any of the plans listed below will meet the minimum coverage standards”:

- A Young Adult Health Plan offered through the Health Connector
- A High Deductible Health Plan that meets federal requirements for a Health Savings Account
- A Commonwealth Care Health Insurance Plan
- A Qualifying Student Health Insurance Plan
- A Medicare plan
- A Medicaid plan
- A Tricare plan
- A medical care program of the Indian Health Service or of a tribal organization;
- A state health benefits risk pool
- A health plan offered under 5 U.S.C. 8
- A public health plan as defined in federal regulations authorized by the Public Health Service Act, section 2701(c)(I)(I), as amended by Public Law 104-191
- A health benefit plan under the Peace Corps Act
- Any other qualifying coverage required by the Health Insurance Portability and Accountability Act of 1996, as it is amended.

Massachusetts offers assistance in obtaining insurance through MassHealth, which is the state Medicaid program for people with income at or below 138% of the federal poverty level (FPL), and Massachusetts HealthConnector, which is a health insurance exchange and may provide premium subsidies depending upon your income does not exceed 400% of the FPL. Both are described in more detail below and in subsequent chapters.

HMOs, PPOs & MORE

Here is a partial list of health plans available in Massachusetts. Some insurers use multiple names or offer multiple plans under similar names.

Aetna PPO	Beech Street
Aetna Medicare	Blue Cross and Blue Shield of Massachusetts
Assurant Self-Funded Health Plans	PPO
BCBSMA Medicare PPO	

³¹ <http://www.mass.gov/ocabr/insurance/health-insurance/consumer-guides/health-care-coverage/section-ii-health-plans.html>

Blue Cross and Blue Shield of Massachusetts HMO Blue HMO	Minuteman Health PPO
Boston Medical Center HealthNet Plan HMO	Mutual of Omaha
Brighton Marine US Family Health Plan HMO	Neighborhood Health Plan HMO
Cigna Health and Life Insurance PPO	Omaha Insurance Company
Cigna Health and Life Insurance HMO	OSW (39)
ConnectiCare of Massachusetts HMO	Private Health Care Systems (38)
Coventry Healthcare	Railroad Medicare (13)
Fallon Health HMO	Senior Whole Health (17)
Gerber Life Insurance Company	Tricare
GPM Life	Tufts Associated Health Maintenance Organization HMO
Harvard Pilgrim Health Care HMO	Tufts Benefit Administrators PPO
Harvard Pilgrim Health Care PPO	Tufts Health Plan – Network Health
Health New England HMO	Tufts Medicare Preferred HMO
Humana	Unicare
Martin’s Point US Family Health Plan HMO	United of Omaha
MassHealth (Medicaid + CHIP)	UnitedHealth care Insurance PPO
Medicare	UnitedHealth care of New England HMO
Minuteman Health HMO	UnitedHealth Care Services PPO

See Also: <http://www.mass.gov/ocabr/insurance/health-insurance/health-care-access-bureau/group-products-and-plans/currently-licensed-hmo-products/> and <http://www.mass.gov/ocabr/insurance/health-insurance/health-care-access-bureau/group-products-and-plans/preferred-provider-plans/>

MEDICARE

The Medicare program is designed primarily for people over 65 years of age and is paid for and managed by the Social Security Administration, which collects premiums, sets rates, promulgates rules and pays healthcare providers. Medicare covers more than 1.2 million Massachusetts residents and 55 million people nationwide. It is widely believed to be one of the most popular health care plans in the United States. Coverage and supplemental alternatives are described in a later chapter, but here is a brief description of the program provided by the Social Security Administration.

“Medicare is our country’s health insurance program for people age 65 or older. Certain people younger than age 65 can qualify for Medicare, too, including those with disabilities and those who have permanent kidney failure.”

“If you’re eligible at age 65, your initial enrollment period begins three months before your 65th birthday, includes the month you turn age 65, and ends three months after that birthday.”

“You can apply online for Medicare even if you are not ready to retire. Use our online application to sign up for Medicare.”

For more information about applying for Medicare only and delaying retirement benefits, visit **Applying for Medicare Only – Before You Decide** (<https://www.ssa.gov/planners/retire/justmedicare.html>). Medicare is described in more detail in a subsequent chapter.

AFFORDABLE CARE ACT (ACA)

The Affordable Care Act, abbreviated ACA and often referred to as Obamacare, is offered in Massachusetts under the name MassHealth, an expanded Medicaid program, and through Massachusetts HealthConnector, a health insurance exchange. They are available to Massachusetts residents who do not have coverage provided by their employer, union or certain other health plan arrangements. In addition to eliminating health plan exclusions for pre-existing conditions and other restrictions, the ACA defines minimum required coverage (benefits).

MassHealth is available for people under age 65 who would otherwise have trouble obtaining health insurance or require financial assistance to pay health insurance premiums. It is the state’s version of Medicaid and the applicable income limit is 138% of the FPL.

MassHealth and Massachusetts HealthConnector offer a variety of health plan coverages from different sources including HMOs, Blue Cross & Blue Shield and various private insurers. Individuals and families whose income does not exceed 400% of the Federal Poverty Level (see below) may be eligible for subsidies or tax credits to help them pay the monthly premiums.³²

Household Size (# of people)	Annual Household Income	
	Federal Poverty Level (FPL)	Maximum Income for Subsidies
1	\$11,880	\$47,520
2	\$16,020	\$64,080
3	\$20,160	\$80,640
4	\$24,300	\$97,200
5	\$28,440	\$113,760
6	\$32,580	\$130,320
7	\$36,730	\$146,920
8	\$40,890	\$163,560

MassHealth and Massachusetts HealthConnector are described in more detail in a subsequent chapter.

ACCOUNTABLE CARE ORGANIZATIONS (ACOs)

*“Accountable Care Organizations (ACOs) are groups of doctors, hospitals, and other health care providers, who come together voluntarily to give coordinated high quality care to the Medicare patients they serve. Coordinated care helps ensure that patients, especially the chronically ill, get the right care at the right time, with the goal of avoiding unnecessary duplication of services and preventing medical errors. When an ACO succeeds in both delivering high-quality care and spending health care dollars more wisely, it will share in the savings it achieves for the Medicare program.”*³³

“The Pioneer ACO Model was designed specifically for organizations with experience offering coordinated, patient-centered care, and operating in ACO-like arrangements. The [18] selected organizations were chosen for their significant experience offering this type of quality care to their patients, along with other criteria listed in the Request for Applications (RFA) document available at

³² <http://obamacarefacts.com/federal-poverty-level/>

³³ <https://innovation.cms.gov/initiatives/ACO>

*www.innovations.cms.gov. These organizations were selected through an open and competitive process from a large applicant pool that included many qualified organizations.*³⁴

There are currently five Pioneer Accountable Care Organizations (out of 19 nationally) in Massachusetts:

- Atrius Health
- Beth Israel Deaconess Physician Organization
- Mount Auburn Cambridge Independent Practice Association (MACIPA)
- Partners HealthCare and
- Steward Health Care System.

In addition, CMS lists the following Medicare Shared Savings Program participants (ACOs) in whose service area includes Massachusetts for 2016:

- BMC Integrated Care Services, Inc. - One Boston Medical Center Place, Boston, Massachusetts, 02118
- Circle Health Alliance, LLC - 295 Varnum Avenue, Lowell, Massachusetts, 01854
- Coastal Medical, Inc. - 10 Davol Square, Suite 400, Providence, Rhode Island, 02903
- Collaborative Health ACO - 67 Union Street, Natick, Massachusetts, 01760
- Emerald Physicians - 433 West Main Street, Hyannis, Massachusetts, 02601
- Integra Community Care Network LLC - 45 Willard Ave, Providence, Rhode Island, 02905
- Lahey Clinical Performance ACO - 25 Mall Road, Burlington, Massachusetts, 01805
- NEQCA Accountable Care, Inc. - 325 Wood Road, Suite 210, Braintree, Massachusetts, 02184
- Southcoast Accountable Care Organization, LLC - 101 Page Street, New Bedford, Massachusetts, 02740
- UMASS Memorial Accountable Care Organization, Inc. - One Biotech Park, 365 Plantation Street, 3rd Floor, Worcester, Massachusetts, 01605

³⁴ <https://innovation.cms.gov/initiatives/pioneer-aco-model/pioneeraco-factsheet.html>

27. FINANCIAL ASSISTANCE PROGRAMS

Massachusetts offers several types of assistance to pay the cost of health care insurance. Medicaid is available for individuals and families whose income is below 138% of the Federal Poverty Level (see table below). Additional aid may be available for families with children under the Children's Health Insurance Program (CHIP). Individuals and families with income up to 400% of the Federal Poverty Level may be available for subsidies or tax credits to help pay the cost of health insurance. A brief description of each program is given below. More detail, including how to apply, is provided in later chapters of this report.

MASSHEALTH (MEDICAID)

Medicaid is a health plan for people with limited income and is jointly funded and managed by the federal government and the state. The number of people eligible for Medicaid was expanded under provisions of the Affordable Care Act. Medicaid reimbursement rates for providers are typically less than Medicare and private insurance plans, and the number of doctors, hospitals and other healthcare providers participating in the Medicaid program is limited. There are now 1.65 million Massachusetts residents receiving some amount of Medicaid assistance³⁵.

Medicaid in Massachusetts is called MassHealth. MassHealth offers paid-in-full coverage to state residents whose pre-tax income does not exceed 133 percent of the Federal Poverty Level (plus an allowance of 5%, for a total of 138%) and who do not qualify for other programs. Healthcare is offered through several health plans that contract with a limited number of doctors, hospitals and other healthcare providers. MassHealth is described in more detail in a subsequent chapter. The Children's Health Insurance Program (see below) provides benefits for eligible families with higher income levels.

CHILDREN'S HEALTH INSURANCE PROGRAM (CHIP)

The Children's Health Insurance Program (CHIP) was established in 1997 to provide health coverage to eligible children through both Medicaid and separate CHIP programs. It is administered by the state according to federal requirements and jointly funded by the state and the federal government. As of mid-2016, there were 1.66 million CHIP enrollees in Massachusetts. Eligibility is based on income as a percentage of the federal poverty Level (see table above), age of the child or pregnancy and certain other factors as described in more detail in a subsequent chapter. In Massachusetts, CHIP is administered by MassHealth.

CHIP is available to kids whose family income does not exceed 300 percent of Federal Poverty Level and to non-resident pregnant women with income up to 200 percent of Federal Poverty Level

- Children up to age 1: 200 percent of the Federal Poverty Level; Children ages 1 to 18: 150 percent of Federal Poverty Level
- Pregnant women are covered with family income up to 200 percent of Federal Poverty Level
- Children with family income too high to qualify for Medicaid and pregnant women who aren't eligible for Medicaid due to immigration status;
- Parents and other adults with incomes up to 133 percent of Federal Poverty Level

ELIGIBILITY

Most Medicaid eligibility and all CHIP eligibility is based on modified adjusted across income (MAGI) Income eligibility levels are tied to the federal poverty level (FPL). The following table provides a more detailed view of Massachusetts's MAGI-based eligibility levels, expressed as a percentage of the FPL, for several key groups: children, pregnant women, parents/caretaker relatives, and, other adults

³⁵ <https://www.healthinsurance.org/massachusetts-medicaid/>

State Medicaid (MassHealth) & CHIP Eligibility¹ as of June 1, 2016³⁶

	Children						Adults (Medicaid)	
	Ages 0-1 ²	Ages 1-4 ²	Ages 5-18 ²	Separate CHIP ³	Medicaid	CHIP ⁴	Parent/CareTaker ⁵	Expansion to Adults
Income as % of Federal Poverty Level	200%	150%	150%	300%	200%	NA	133%	133%

➤ **Notes to Table**

1. This table reflects the principal but not all MAGI coverage groups. All income standards are expressed as a percentage of the federal poverty level (FPL). For the eligibility groups reflected in the table, an individual's income, computed using the Modified Adjusted Gross Income (MAGI)-based income rules described in 42 CFR 435.603, is compared to the income standards identified in this table to determine if they are income eligible for Medicaid or CHIP. The MAGI-based rules generally include adjusting an individual's income by an amount equivalent to 5% FPL disregard. Other eligibility criteria also apply, for example, with respect to citizenship, immigration status and residency.
2. These eligibility standards include CHIP-funded Medicaid expansions.
3. CHIP covers birth through age 18 unless otherwise noted in parentheses.
4. States have the option to cover pregnant women under CHIP. This table does not include notations of states that have elected to provide CHIP coverage of unborn children from conception to birth.
5. Reflects Medicaid state plan coverage of the eligibility group for parents and other caretaker relatives. Parents and caretaker relatives with income over the income standard for coverage under this group may be eligible for coverage in the adult group in states that have expanded to cover the adult group. In states that use dollar amounts based on household size, rather than percentages of the FPL, to determine eligibility for parents, we converted those amounts to a percentage of the FPL and selected the highest percentage to reflect the eligibility level for the group.

Massachusetts also covers some 19 and 20 year olds.

³⁶ <https://www.medicaid.gov/medicaid/by-state/stateprofile.html?state=Massachusetts>

28. MASSHEALTH (MEDICAID)

“Under Obamacare, Massachusetts provides health insurance plans in a Marketplace run by the State government. Massachusetts has received \$180,067,775 in grants for research, planning, information technology development, and implementation of its Health Exchange Marketplace. All insurance plans are provided by private companies, but they must comply with federal regulations in terms of essential health benefits and coverage.”³⁷

“Massachusetts has chosen to expand its Medicaid program in 2014 to cover households with incomes up to 138% of the federal poverty level. This comes to about \$16,394 a year for 1 person or \$37,300 for a family of 4.”³⁸

HOW TO APPLY

The following information was obtained from the MassHealth website:

Apply by Mail or Fax (Paper Application)

“Please fill out and sign the Applications for Individuals and Families (ACA-3) and mail it to: Health Insurance Processing Center, P.O. Box 4405, Taunton, MA 02780. Or FAX to: 1-857-323-8300.”

Apply by Phone

“Call the MassHealth Customer Service Center at 1-800-841-2900 (TTY: 1-800-497-4648 for people who are deaf, hard of hearing, or speech disabled) or 1-877-MA ENROLL (877-623-6765).”

Apply in Person

“Visit a MassHealth Enrollment Center (MECs) to apply in person.”

Professional Assistance

“A Certified Application Counselor or Navigator can also help you with your application. To find an assister and make an appointment, go to the Massachusetts Health Connector’s Help Center, then select Find an Enrollment Assister.”

ELIGIBILITY

You may be eligible for Medicaid in Massachusetts, subject to certain income requirements, if you are:

- unemployed.
- disabled.
- caregiver for a related child or senior person in your home.
- caregiver for a child or children under the ages of 19 in your home.
- a pregnant woman.
- a woman with breast or cervical cancer.
- a young adult with low income.
- an individual who needs long-term care.
- employed by a qualified company.
- A United States citizens or
- A qualified legal immigrant with legal permanent status, were granted asylum, are a refugee or have valid nonimmigrant status
- A Native American born in Canada.

³⁷ <http://affordable-care-act.healthgrove.com/1/51/Massachusetts>

³⁸ IBID

HEALTH INSURANCE MARKETPLACE CALCULATOR

HealthGrove offers a Health Insurance Marketplace Calculator to help determine whether you are eligible for Medicaid (MassHealth), which pays the full cost of healthcare or health insurance subsidies under Obamacare, depending upon your income, family size and other factors.

The 2016 Massachusetts Medicaid income requirements below:

MassHealth & Other Health Programs: Upper Income Levels, March 1, 2016 to Feb 28, 2017										
Population/ Program	Seniors (MassHealth Standard)		Adults under 65 (MassHealth Standard or MassHealth CarePlus)		Children & Young Adults under Age 21 (MassHealth Standard) Full Health Safety Net eff. 6-1-16		Pregnant women & infants (MH Standard); HIV+ individuals (MassHealth Family Assistance);		MassHealth Family Assistance (Children under 19); Small Business Premium Assistance, Partial Health Safety Net with a deductible eff.6-1-16	
	Not MAGI		MAGI		MAGI		MAGI		MAGI	
Percent of poverty	100% (plus \$20 mo. disregard)		133%+ 5%		150%+5%		200%+5%		300%+5%	
	Monthly	Weekly	Monthly	Weekly	Monthly	Weekly	Monthly	Weekly	Monthly	Weekly
Family Size										
1	\$1,010	\$233.09	\$1,367	\$315.49	\$1,535	\$354.26	\$2,030	\$468.50	\$3,020	\$696.98
2	\$1,355	\$312.72	\$1,843	\$425.34	\$2,070	\$477.73	\$2,737	\$631.66	\$4,072	\$939.76
3	\$1,700	\$392.34	\$2,319	\$535.20	\$2,604	\$600.97	\$3,444	\$794.83	\$5,124	\$1,182.55
4	\$2,045	\$471.96	\$2,796	\$645.28	\$3,140	\$724.67	\$4,152	\$958.23	\$6,177	\$1,425.57
5	\$2,390	\$551.58	\$3,272	\$755.14	\$3,674	\$847.91	\$4,859	\$1,121.39	\$7,229	\$1,668.36
6	\$2,735	\$631.20	\$3,747	\$864.76	\$4,209	\$971.38	\$5,566	\$1,284.56	\$8,281	\$1,911.15
7	\$3,081	\$711.05	\$4,225	\$975.08	\$4,746	\$1,095.32	\$6,276	\$1,448.42	\$9,337	\$2,154.86
8	\$3,428	\$791.14	\$4,703	\$1,085.39	\$5,283	\$1,219.25	\$6,986	\$1,612.28	\$10,394	\$2,398.80
Each addtl.	\$367	\$84.70	\$480	\$110.78	\$538	\$124.16	\$712	\$164.32	\$1,058	\$244.17

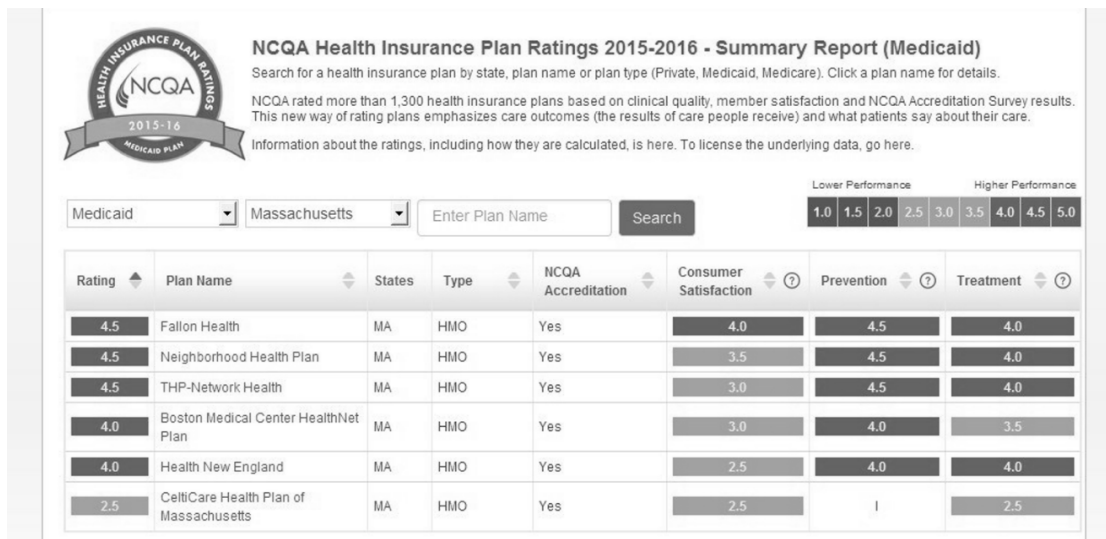
For people under 65 in MassHealth, Children's Medical Security Plan (CMSP) & Health Safety Net (HSN), eligibility is based on current monthly Modified Adjusted Gross Income (MAGI); programs that use the new 5% of poverty level income deduction are shown in this table as 5% FPL higher e.g. the 133% standard is shown as 138% .
 Monthly amounts are based on the Office of Medicaid 2016 Desk Guide; weekly amounts were calculated by dividing monthly amounts by 4.333.
 Add the fetus to the family size of pregnant women in MassHealth & HSN.
 For Seniors, eligibility is based on countable monthly income after deductions and there is an asset test, and the \$20 per monthly standard disregard is added to the 100% FPL standard in this table; the 5% MAGI deduction does not apply.
 The Senior deductible income standard is \$522 per mo. for an individual;\$650 per mo. for a couple.
 The income standard for an institutionalized individual is \$72.80 per month.
 Massachusetts Law Reform Institute, www.mlri.org, October 26, 2016 version 2 Page 1 of 2

MassHealth & Other Health Programs: Upper Income Levels									
March 1, 2016 to February 28, 2017			2016 FPLs are used for coverage in Jan - Dec 2017						
Population/ Program	Persons with breast/ cervical cancer (MassHealth Standard)	Children under 19 (CMSP-subsidized)	ConnectorCare					Qualified Health Plans with Premium Tax Credits	
			Plan Type 1	Plan Type 2A	Plan Type 2B	Plan Type 3A	Plan Type 3B		
Percent of poverty	250% +5%	400% + 5%	100%	150%	200%	250%	300%	400%	
	Monthly	Monthly	Weekly	Annual	Annual	Annual	Annual	Annual	
Family Size									
1	\$2,525	\$4,010	\$925.46	\$11,880	\$17,820	\$23,760	\$29,700	\$35,640	\$47,520
2	\$3,405	\$5,407	\$1,247.87	\$16,020	\$24,030	\$32,040	\$40,050	\$48,060	\$64,080
3	\$4,284	\$6,804	\$1,570.27	\$20,160	\$30,240	\$40,320	\$50,400	\$60,480	\$80,640
4	\$5,165	\$8,202	\$1,892.91	\$24,300	\$36,450	\$48,600	\$60,750	\$72,900	\$97,200
5	\$6,044	\$9,599	\$2,215.32	\$28,440	\$42,660	\$56,880	\$71,100	\$85,320	\$113,760
6	\$6,924	\$10,996	\$2,537.73	\$32,580	\$48,870	\$65,160	\$81,450	\$97,740	\$130,320
7	\$7,807	\$12,398	\$2,861.30	\$36,730	\$55,095	\$73,460	\$91,825	\$110,190	\$146,920
8	\$8,690	\$13,801	\$3,185.09	\$40,890	\$61,335	\$81,780	\$102,225	\$122,670	\$163,560
Each addtl.	\$885	\$1,405	\$324.26	\$4,160	\$6,240	\$8,320	\$10,400	\$12,480	\$16,640

For ConnectorCare & Qualified Health Plans with Premium Tax Credits, eligibility is based on expected annual MAGI income with no 5% of poverty level income deduction. 2016 FPL levels are used until the next open enrollment in the fall of 2017.
 Children with income over 405% of the poverty level can buy-in to the Children's Medical Security Program (CMSP) at full cost. There is no income upper limit or deductible for disabled children or disabled working adults in CommonHealth.
 The CommonHealth deductible income standard for nonworking adults is \$542 per mo. for one person & \$670 for a couple
 The upper income level for PACE and other home & community based waiver programs is \$2199 monthly in 2016.
 The 2016 poverty levels were published in the Jan. 25, 2016 Federal Register, 81 Fed. Reg 4036.
 The 2016 MassHealth Desk Guide is posted here: <http://www.mass.gov/eohhs/docs/masshealth/deskguides/fpl-deskguide.pdf>
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MASSHEALTH PLAN RATINGS

the National Committee on Quality Assurance (NCQA) provides guidance for choosing among MassHealth (Medicaid) health plans in Massachusetts. The screenshot below suggests substantial differences in patient satisfaction among such plans.



HEALTH PLAN CONTACT INFORMATION

MassHealth provides the following contact information for recipients choosing a health plan. Some plans’ website provide assistance in locating participating doctors, hospital and other healthcare professionals.

Boston Medical Center HealthNet Plan

Members: 1-888-566-0010 (TTY: 1-800-421-1220); Mental Health and Substance Use Disorder Services: 1-888-217-3501 (TTY: 1-888-727-9441)

CeltiCare Health CarePlus

Members: 1-855-678-6975 (TTY: 1-866-614-1949); Mental Health and Substance Use Disorder Services: 1-855-678-6975 (TTY: 1-866-614-1949)

Fallon Health Plan (not listed on MassHealth website)

To learn about Fallon Health and all your MassHealth plan options, call the MassHealth Customer Service Center at: 1-800-841-2900 (TDD/TTY: 1-800-497-4648) Mon.-Fri., 8 a.m. to 5 p.m.

Health New England

Members: 1-800-786-9999 (TTY: 1-800-439-2370); Mental Health and Substance Use Disorder Services: 1-800-495-0086 (TTY: 1-617-790-4130)

Neighborhood Health Plan

Note on website as of Oct. 31, 2016: “Neighborhood Health Plan has temporarily stopped enrolling new members in our MassHealth plans. This does not impact current MassHealth members in any way.” Members: 1-800-462-5449 (TTY: 1-800-655-1761); Mental Health and Substance Use Disorder Services: 1-800-414-2820 (TTY: 1-781-994-7660)

Tufts Health Plan

Members: 1-855-393-3154 (TTY: 1-888-391-5535); Mental Health and Substance Use Disorder Services: 1-855-393-3154 (TTY: 1-888-391-5535)

Primary Care Clinician Plan

Members: 1-800-841-2900 (TTY: 1-800-497-4648); Mental Health and Substance Use Disorder
Services: 1-800-495-0086 (TTY: 1-617-790-4130)

29. MASSACHUSETTS’ HEALTH EXCHANGE

“The Open Enrollment period ends on January 31. However, you can apply for coverage any time “if you qualify for a Special Enrollment Period, are applying for a dental plan, or qualify for help paying for health coverage including ConnectorCare, MassHealth, Children’s Medical Security Plan (CMSP), or Health Safety Net.”³⁹

The Massachusetts’ ConnectorCare is a state run health insurance exchange as provided by the Patient Protection and Affordable Care Act (“PPACA”, “ACA” or “Obamacare”). It offers approved health benefit packages from the health plans and insurers show below.

- Blue Cross Blue Shield of MA
- Boston Medical Center HealthNet Plan
- CeltiCare Health Plan
- Fallon Health
- Harvard Pilgrim Health Care
- Health New England
- Minuteman Health (MHI)
- Neighborhood Health Plan (NHP)
- Tufts Health Plan-Network Health
- Tufts Health Plan
- UnitedHealthcare

“Each insurer’s plan may have different doctors or hospitals in their provider networks. Be sure to use our new Find a Provider tool at ProviderDirectory.MAhealthconnector.org to see if the providers you want are in a plan’s network before you enroll. ”

ELIGIBILITY

Number of People in Household	Maximum Annual Income before Taxes to Qualify for:		
	MassHealth (138% of FPL ⁴⁰)	Connector-Care (300%)	Health Insurance Tax Credits (400%)
1	\$16,394	\$35,640	\$47,520
2	\$22,108	\$48,060	\$64,080
3	\$27,821	\$60,480	\$80,640
4	\$33,534	\$72,900	\$97,200
5	\$39,247	\$85,320	\$113,760
6	\$44,960	\$97,740	\$130,320
7	\$50,674	\$110,160	\$146,880
8	\$56,387	\$122,580	\$163,440
Income per each additional person	\$5,713	\$12,420	\$16,560

“People with household incomes that are at 300% of the Federal Poverty Level (FPL) or lower may qualify for ConnectorCare. If your income is higher than 300% of the FPL, you won’t qualify for a ConnectorCare plan. However, you may still be able to get tax credits that help to lower the cost of your monthly premiums. You can enter some information on MAhealthconnector.org to see which programs you may qualify for. In addition to qualifying based on income, ConnectorCare members must:

- Live in Massachusetts
- Be a US Citizen, National, or lawfully present immigrant in the United States
- Not qualify to enroll in an employer’s affordable, comprehensive health insurance

³⁹ <https://www.mahealthconnector.org/start>

⁴⁰ FPL = Federal Poverty Limit expressed as dollars of income.

- Not be in jail
- Not qualify for Medicare, MassHealth (Medicaid) or other public health insurance programs

COVERAGE OPTIONS

There are four levels of coverage ranging – Platinum, Gold, Silver and Bronze. According to Healthconnector.org:

- Platinum plans have the highest premiums but the lowest co-pays and deductibles.
- Gold plans have lower premiums, but higher co-pays and deductibles than Platinum plans.
- Silver plans have lower premiums, but higher co-pays and deductibles than Gold plans.
- Bronze plans have the lowest premiums but the highest co-pays and deductibles

A website called medicoverage.com summarizes the differences between the four tiers - Platinum, Gold, Silver and Bronze – as follows (for California):

Out-of-Pocket Costs**	Bronze	Silver	Gold	Platinum
Deductible	\$6,000 Med/ \$500 Rx	\$2,250 Med/\$250 Rx	\$0	\$0
Preventive	\$0	\$0	\$0	\$0
Doctor’s Office Visits	\$70 for first 3	\$45	\$35	\$20
Specialist	\$90 after deductible	\$70	\$55	\$40
Generic Rx	100% per script up to \$500 after deductible	\$15	\$15	\$5
Brand RX	100% per script up to \$500 after deductible	\$50 after Rx deduct	\$50	\$15
Lab Testing	\$40	\$35	\$35	\$20
X-ray	100% negotiated rate	\$65	\$50	\$40
Maternity	100% of negotiated rate	20% of negotiated rate, after deductible	\$600 per day HMO***/20% PPO	\$250 per day HMO***/10%
Out-patient Surgery	100% of negotiated rate, after deductible	20% of negotiated rate, after deductible	\$600 HMO/20% PPO	\$250 HMO/10% PPO
Hospital Stay	100% negotiated rate, after deductible	20% of negotiated rate, after deductible	\$600 per day HMO***/20% PPO	\$250 per day HMO***/10%
ER Visit	100% of negotiated rate	\$250 after deductible	\$250	\$150
Urgent Care	\$120 after deductible	\$90	\$60	\$40
Out-of-Pocket Maximum	\$6,500/\$13,000 (individual/family)	\$6,250/\$12,500 (individual/family)	\$6,200/\$12,400 (individual/family)	\$4,000/\$8,000 (individual/family)
***Up to 5 days in the hospital. **Because California has standardized its health plans these are the costs associated with them. Each state will vary.				

Source: <http://medicoverage.com/health-insurance-blog/news/comparing-exchange-plans-bronze-silver-gold-platinum>

FINDING THE BEST HEALTHCARE YOU CAN AFFORD

Carriers that offer at least one plan in each tier include:

- Blue Cross Blue Shield of MA
- Boston Medical Center HealthNet Plan
- CeltiCare Health Plan
- Fallon Health
- Harvard Pilgrim Health Care
- Health New England
- Minuteman Health (MHI)
- Neighborhood Health Plan (NHP)
- Tufts Health Plan-Network Health
- Tufts Health Plan
- UnitedHealthcare

BRONZE, SILVER, GOLD & PLATINUM COVERAGE

BetterHealthConnector.com summarizes the four levels of coverages in the following screenshots.

Platinum

PLATINUM PLANS		
Standardized Plans		
Plan Name	Platinum A	Platinum B
Annual Deductible (individual/family)	\$0/\$0	\$500/\$1,000
Annual Maximum Out-of-Pocket (individual/family)	\$2,000/ \$4,000	\$1,500/ \$3,000
PCP Office Visits	\$25	\$20
Specialist Office Visits	\$40	\$35
Emergency Room	\$150	\$100
Inpatient Hospitalization	\$500	\$0
High-Cost Imaging	\$150	\$100
Outpatient Surgery	\$500	\$0
Rx (mail order=2x)	Retail Tier 1	\$15
	Retail Tier 2	\$30
	Retail Tier 3	\$50
	Mail Order Tier 1	\$30
	Mail Order Tier 2	\$60
	Mail Order Tier 2	\$50
	Mail Order Tier 3	\$150
Mail Order Tier 3	\$135	

Numbers in bold type indicate that this benefit is subject to the annual deductible

Gold

GOLD PLANS										
PLAN FEATURE/SERVICE	GOLD A	GOLD B	GOLD C	OTHER GOLD PLANS						
	Plans offered by all carriers; plan names may vary			FH Deductible 1200*	FH Deductible 2000 High*	HPHC Best Buy HMO 1000**	NHP Prime HMO 2000/4000 25/40/150	NHP Prime HMO 500/1000 PY 30/45	BCBSMA HMO Blue \$500 Deductible with HCCS	
Tier									Tier 1	Tier 2
Annual Deductible (individual/family)	\$500/ \$1,000	\$1,000/ \$2,000	\$1,500/ \$3,000	\$1,200/ \$2,400	\$2,000/ \$4,000	\$1,000/ \$2,000	\$2,000/ \$4,000	\$500/ \$1,000		\$500/ \$1,000
Annual Maximum Out-of-Pocket (individual/family)	\$3,000/ \$6,000	\$5,000/ \$10,000	\$5,000/ \$10,000	\$4,500/ \$9,000	\$4,000/ \$8,000	\$5,250/ \$10,500	Medical: \$5,350/\$10,700 Rx: \$1,000/\$2,000	\$5,000/ \$10,000		Medical: \$4,000/\$8,000 Rx: \$1,000/\$2,000
PCP Office Visit	\$20	\$30	\$25	\$10	\$25	\$25	\$25	\$30		\$20
Specialist Office Visit	\$35	\$45	\$40	\$20	\$40	\$40	\$40	\$45		\$35
Emergency Room	30%	\$150	\$150	\$250	\$200	\$250	\$150	\$250		\$100
Inpatient Hospitalization	30%	\$500	\$250	\$1,000	\$500	\$0	\$0	\$500	\$0	\$1,000
High-Cost Imaging	30%	\$200	\$150	\$300	\$150	\$150	\$0	\$250	\$100	\$550
Outpatient Surgery	30%	\$250	\$250	\$700	\$250	\$0	\$0	\$250	\$0	\$1,000
Retail	Tier 1	\$15	\$20	\$15	\$5	\$15	\$25	\$15	\$25	\$15
	Tier 2	50%	\$30	\$25	\$30	\$30	\$40	\$25	\$40	\$25
	Tier 3	50%	\$50	\$50	50%	\$50	\$60	\$45	\$60	\$45
Prescription Drugs (Rx)						20%				
	Mail Order Tier 1	\$30	\$40	\$30		\$30	\$62.50	\$30	\$50	\$30
	Mail Order Tier 2	50%	\$60	\$50	\$60	\$60	\$100	\$50	\$80	\$50
	Mail Order Tier 3	50%	\$150	\$150	50%	\$150	\$180	\$135¹	\$180	\$135
						20%				

Numbers in bold type indicate that this benefit is subject to the annual deductible

*FH offers all plans on three (3) provider networks: Select Care, Direct Care and Steward Community Care

**HPHC offers the Best Buy HMO plan on two (2) provider networks: their Standard network and their Focus network

¹ Only in-patient hospitalization, high-cost imaging, and outpatient surgery are subject to the deductible.

Silver

SILVER PLANS						
	SILVER	OTHER SILVER PLANS				
Plan Name	Plan offered by all carriers; plan names vary	HPHC Core Coverage HMO 1750	HPHC Best Buy HSA PPO 2000*	HPHC Best Buy HMO 2000**	MHI MyDoc Silver Plus	
Annual Deductible (individual/family)	\$2,000/ \$4,000	\$1,750/ \$3,500	\$2,000/ \$4,000	\$2,000/ \$4,000	\$1,750/ \$3,500	
Annual Maximum Out-of-Pocket (individual/family)	\$6,350/ \$12,700	\$5,250/ \$10,500	\$5,250/ \$10,500	\$5,250/ \$10,500	\$6,600/ \$13,200	
PCP Office Visit	\$30	\$30 ¹	\$30	\$35	\$15²	
Specialist Office Visit	\$50	\$30 ¹	\$45	\$65	\$45	
Emergency Room	\$350	\$250	\$0	\$500	\$350	
Inpatient Hospitalization	\$1,000	20%	20%	20%	\$1,000	
High-Cost Imaging	\$400	20%	20%	\$300	\$400	
Outpatient Surgery	\$750	20%	20%	20%	\$750	
Prescription Drugs (Rx)	Retail Tier 1	\$20	\$25	\$25	\$10	
	Retail Tier 2	\$40	\$75	\$40	\$30	
	Retail Tier 3	\$70	\$100	\$60	\$50	
	Retail Tier 4		20%	20%		
	Mail Order Tier 1	\$40	\$62.50	\$62.50	\$62.50	\$20
	Mail Order Tier 2	\$80	\$187.50	\$100	\$187.50	\$60
	Mail Order Tier 3	\$210	\$300	\$180	\$300	\$150
Mail Order Tier 4		20%	20%	20%		

Numbers in bold type indicate that this benefit is subject to the annual deductible

**HPHC Best Buy HSA PPO 2000: The costs that are displayed above are the costs for in-network services*

***HPHC's Best Buy HMO 2000 is offered on two (2) networks: their Standard network and their Focus network*

¹ \$30 copay if one of the first three medical office visits per individual (6 per family); next visits are subject to the deductible, then 20% coinsurance

² \$15 copay if one of the first three PCP or mental health/substance abuse disorder visits; next visits are subject to the deductible, then \$15 copay

Bronze

BRONZE PLANS				
	BRONZE PLAN	OTHER BRONZE PLANS		
Plan Name	Standardized plans offered by all carriers; plan names vary	MHI MyDoc HMO Bronze Plus	NHP Prime HMO 1750/3500 CY 50/80	
Annual Deductible (individual/family)	\$2,000/ \$4,000	Medical: \$1,750/\$3,500 Rx: \$250/\$500	Medical: \$1,750/\$3,500 Rx: \$250/\$500	
Annual Maximum Out-of-Pocket (individual/family)	\$6,350/ \$12,700	\$6,600/ \$13,200	\$6,350/ \$12,700	
PCP Office Visit	\$50	\$50	\$50	
Specialist Office Visit	\$75	\$80	\$80	
Emergency Room	\$750	\$750	\$750	
Inpatient Hospitalization	\$1,000	35%	\$1,000	
High-Cost Imaging	\$1,000	\$1,000	\$1,000	
Outpatient Surgery	\$1,000	35%	\$1,000	
Prescription Drugs (Rx)	Retail Tier 1	\$30	\$30	\$50
	Retail Tier 2	50%	50%	\$85
	Retail Tier 3	50%	50%	\$120
	Mail Order Tier 1	\$60	\$60	\$100
	Mail Order Tier 2	50%	50%	\$170
	Mail Order Tier 3	50%	50%	\$360

Numbers in bold type indicate that this benefit is subject to the annual deductible

HEALTH INSURANCE MARKETPLACE CALCULATOR

HealthGrove offers a Health Insurance Marketplace Calculator to help determine whether you are eligible for subsidies to help pay the cost of healthcare or health insurance subsidies under Obamacare, depending upon your income, family size and other factors.

30. PRIVATE (COMMERCIAL) HEALTH PLAN RATINGS

“The National Committee for Quality Assurance (NCQA) has released its annual health insurance plan rankings. For Private Health Insurance Plan Rankings 2014-2015, Tufts Associated Health Maintenance Organization was ranked as the top-ranked plan in Massachusetts and the 1st ranked plan in the United States. Six of the top 10 private health insurance plans in the nation are available in Massachusetts. Rankings are based on health plans’ quality, customer satisfaction and accreditation results. Visit healthplanrankings.ncqa.org to see all the rankings.”

The table below shows the nationally ranked (by NCQA) HMOs and PPOs offered in Massachusetts

National Rank	Health Plan	Type
1	Tufts Associated Health Maintenance Organization	HMO
2	Harvard Pilgrim Health Care	HMO
3	Harvard Pilgrim Health Care	PPO
3	Harvard Pilgrim Insurance	PPO
6	Tufts Benefit Administrators	PPO
10	Blue Cross and Blue Shield of Massachusetts	PPO
11	Blue Cross and Blue Shield of Massachusetts HMO Blue	HMO
30	Health New England	HMO
34	Fallon Health	HMO
45	Martin’s Point US Family Health Plan	HMO
51	Connecticut General Life Insurance (Cigna)	PPO
51	Cigna Health and Life Insurance	PPO
51	Connecticut General Life Insurance (Cigna)	HMO
51	Cigna Health and Life Insurance	HMO
62	Neighborhood Health Plan	HMO
67	ConnectiCare of Massachusetts	HMO
69	Aetna Health (Pennsylvania)	HMO
143	UnitedHealthcare Insurance	PPO
143	UnitedHealthcare Services	PPO
171	Aetna Life Insurance	PPO
NR	Brighton Marine US Family Health Plan	HMO
NR	Boston Medical Center HealthNet Plan	HMO
NR	UnitedHealthcare of New England	HMO
NR	Minuteman Health	HMO
NR	Minuteman Health	PPO

SOURCE: [National Committee for Quality Assurance \(NCQA\)](http://healthplanrankings.ncqa.org)

NCQA provides information on commercial, Medicaid and Medicare health plans and, for each plan, an overall rating (on a scale of 1 to 5), as well as ratings on consumer satisfaction, prevention and treatment. NCQA lists whether each health plan is or is not accredited by them. Health plans are rated in three different groups: commercial, Medicaid and Medicare.

- <http://healthinsuranceratings.ncqa.org/2016/search/Commercial/MA>
- <http://healthinsuranceratings.ncqa.org/2016/search/Medicaid/MA>
- <http://healthinsuranceratings.ncqa.org/2016/search/Medicare/MA>

The screenshot below shows NCQA ratings for private (commercial) health plans, i.e. not Medicare or Medicaid).

NCQA Health Insurance Plan Ratings 2015-2016 - Summary Report (Private)

Search for a health insurance plan by state, plan name or plan type (Private, Medicaid, Medicare). Click a plan name for details.

NCQA rated more than 1,300 health insurance plans based on clinical quality, member satisfaction and NCQA Accreditation Survey results. This new way of rating plans emphasizes care outcomes (the results of care people receive) and what patients say about their care.

Information about the ratings, including how they are calculated, is here. To license the underlying data, go here.

Private(Commercial) | Massachusetts | Enter Plan Name | Search

Lower Performance | Higher Performance

Rating	Plan Name	States	Type	NCQA Accreditation	Consumer Satisfaction	Prevention	Treatment
5.0	Harvard Pilgrim Health Care	ME, MA	HMO/POS	Yes	4.0	4.5	4.5
5.0	Harvard Pilgrim Health Care	MA	PPO	Yes	4.0	4.5	4.5
5.0	Harvard Pilgrim Insurance	MA	PPO	Yes	4.0	4.5	4.5
5.0	Tufts Associated Health Maintenance Organization	MA, RI	HMO/POS	Yes	3.5	4.5	4.5
5.0	Tufts Benefit Administrators	MA, RI	PPO	Yes	4.0	4.5	4.5
4.5	Blue Cross and Blue Shield of Massachusetts	MA	PPO	Yes	3.5	4.5	4.5
4.5	Blue Cross and Blue Shield of Massachusetts HMO Blue	MA	HMO/POS	Yes	3.0	4.5	4.5
4.5	Fallon Health	MA	HMO/POS	Yes	3.0	4.5	3.5
4.5	Health New England	MA	HMO/POS	Yes	3.0	4.5	4.5
4.0	Cigna Health and Life Insurance	MA	HMO/POS/PPO	Yes	2.5	4.5	3.5
4.0	ConnectiCare of Massachusetts	MA	HMO/POS	Yes	3.0	4.0	3.5
4.0	Connecticut General Life Insurance (Cigna)	MA	HMO/POS/PPO	Yes	2.5	4.5	3.5
4.0	Neighborhood Health Plan	MA	HMO	Yes	2.0	4.5	3.5
3.5	UnitedHealthcare Insurance	MA	PPO	Yes	3.5	3.0	2.5
3.5	UnitedHealthCare Services	MA	PPO	Yes	3.5	3.0	2.5
3.0	Aetna Life Insurance Company (Massachusetts)	MA	PPO	Yes	2.5	2.5	2.5

CROPPED TO CONSERVE SPACE AND FACILITATE READABILITY

31. MEDICARE PLANS

ORIGINAL MEDICARE

The federal government describes the Medicare program (“Original Medicare”) as follows:

Eligibility

“Medicare is the federal health insurance program for people who are 65 or older, certain younger people with disabilities, and people with End-Stage Renal Disease (permanent kidney failure requiring dialysis or a transplant, sometimes called ESRD).

Medicare Part A (Hospital Insurance)

“Part A covers inpatient hospital stays, care in a skilled nursing facility, hospice care, and some home health care.” Applicable deductibles and coinsurance include:

- \$1,288 deductible for each (12 month) benefit period
- Days 1-60: \$0 coinsurance for each benefit period
- Days 61-90: \$322 coinsurance per day of each benefit period
- Days 91 and beyond: \$644 coinsurance per each "lifetime reserve day" after day 90 for each benefit period (up to 60 days over your lifetime)
- Beyond lifetime reserve days: all costs

Medicare Part B (Medical Insurance)

“Part B covers certain doctors' services, outpatient care, medical supplies, and preventive services. \$166 per year. After your deductible is met, you typically pay 20% of the Medicare-approved amount for most doctor services (including most doctor services while you're a hospital inpatient), outpatient therapy, and durable medical equipment.”

Medicare Part C (Medicare Advantage Plans)

“Medicare Advantage Plans [offered by private companies] include Health Maintenance Organizations, Preferred Provider Organizations, Private Fee-for-Service Plans, Special Needs Plans, and Medicare Medical Savings Account Plans. If you're enrolled in a Medicare Advantage Plan, most Medicare services are covered through the plan and aren't paid for under Medicare” Part A and Part B above. “Most Medicare Advantage Plans offer prescription drug coverage” as an option

Medicare Part D (prescription drug coverage)

“Part D adds prescription drug coverage to Original Medicare, some Medicare Cost Plans, some Medicare Private-Fee-for-Service Plans, and Medicare Medical Savings Account Plans. These plans are offered by insurance companies and other private companies approved by Medicare. Medicare Advantage Plans may also offer prescription drug coverage that follows the same rules as Medicare Prescription Drug Plans.”

MEDICARE ADVANTAGE PLANS

The following description is taken from the Medicare.gov website:

“A type of Medicare health plan offered by a private company that contracts with Medicare to provide you with all your Part A and Part B benefits. Medicare Advantage Plans include Health Maintenance Organizations, Preferred Provider Organizations, Private Fee-for-Service Plans, Special Needs Plans, and Medicare Medical Savings Account Plans. If you're enrolled in a Medicare Advantage Plan, most Medicare services are covered through the plan and aren't paid for under Original Medicare. Most

Medicare Advantage Plans offer prescription drug coverage.”⁴¹ Medicare.Gov lists the following types of Medicare Advantage Plans

- *Health Maintenance Organization (HMO) Plans*
- *HMO Point of Service (HMOPOS) Plans: An HMO Plan that may allow you to get some services out-of-network for a higher cost.*
- *Preferred Provider Organization (PPO) Plans*
- *Private Fee-for-Service (PFFS) Plans*
- *Special Needs Plans (SNPs)*
- *“Medical Savings Account (MSA) Plans: A plan that combines a high deductible health plan with a bank account. Medicare deposits money into the account (usually less than the deductible). You can use the money to pay for your health care services during the year.”⁴²*

There are other less common types of Medicare Advantage Plans that may be available

MEDICARE SUPPLEMENTAL (MEDIGAP) PLANS

The following description is taken from the Medicare.gov website:

“A Medicare Supplement Insurance (Medigap) policy, sold by private companies, can help pay some of the health care costs that Original Medicare doesn't cover, like copayments, coinsurance, and deductibles. Some Medigap policies also offer coverage for services that Original Medicare doesn't cover, like medical care when you travel outside the U.S. If you have Original Medicare and you buy a Medigap policy, Medicare will pay its share of the Medicare-approved amount for covered health care costs. Then your Medigap policy pays its share.”

“A Medigap policy is different from a Medicare Advantage Plan.” A Medicare Advantage Plan provides Medicare benefits and lowers cost sharing, “while a Medigap policy only supplements your Original Medicare benefits.”

“Eight things to know about Medigap policies

- *You must have Medicare Part A and Part B.*
- *If you have a Medicare Advantage Plan, you can apply for a Medigap policy, but make sure you can leave the Medicare Advantage Plan before your Medigap policy begins.*
- *You pay the private insurance company a monthly premium for your Medigap policy in addition to the monthly Part B premium that you pay to Medicare.*
- *A Medigap policy only covers one person. If you and your spouse both want Medigap coverage, you'll each have to buy separate policies.*
- *You can buy a Medigap policy from any insurance company that's licensed in your state to sell one.*
- *Any standardized Medigap policy is guaranteed renewable even if you have health problems. This means the insurance company can't cancel your Medigap policy as long as you pay the premium.*
- *Some Medigap policies sold in the past cover prescription drugs, but Medigap policies sold after January 1, 2006 aren't allowed to include prescription drug coverage. If you want prescription drug coverage, you can join a Medicare Prescription Drug Plan (Part D).*

⁴¹ <https://www.medicare.gov/sign-up-change-plans/medicare-health-plans/medicare-advantage-plans/medicare-advantage-plans.html>

⁴² <https://www.medicare.gov/sign-up-change-plans/medicare-health-plans/medicare-advantage-plans/types-of-medicare-advantage-plans.html>

- *It's illegal for anyone to sell you a Medigap policy if you have a Medicare Medical Savings Account (MSA) Plan.*
- *Medigap policies don't cover everything*

“Medigap policies generally don't cover long-term care, vision or dental care, hearing aids, eyeglasses, or private-duty nursing.”

“Insurance plans that aren't Medigap

“Some types of insurance aren't Medigap plans, they include:

- *Medicare Advantage Plans (like an HMO, PPO, or Private Fee-for-Service Plan)*
- *Medicare Prescription Drug Plans*
- *Medicaid*
- *Employer or union plans, including the Federal Employees Health Benefits Program (FEHBP)*
- *TRICARE*
- *Veterans' benefits*
- *Long-term care insurance policies*
- *Indian Health Service, Tribal, and Urban Indian Health plans*

“How PPO Plans Work (medicare.gov)

“A Medicare PPO Plan is a type of Medicare Advantage Plan (Part C) offered by a private insurance company. In a PPO Plan, you pay less if you use doctors, hospitals, and other health care providers that belong to the plan's network. You pay more if you use doctors, hospitals, and providers outside of the network.”

“Can you get your health care from any doctor, other health care provider, or hospital?

“In most cases, you can get your health care from any doctor, other health care provider, or hospital in PPO Plans. PPO Plans have network doctors, other health care providers, and hospitals. Each plan gives you flexibility to go to doctors, specialists, or hospitals that aren't on the plan's list, but it will usually cost more.”

“Are prescription drugs covered?

“In most cases, prescription drugs are covered in PPO Plans. Ask the plan. If you want Medicare drug coverage, you must join a PPO Plan that offers prescription drug coverage. Remember, if you join a PPO Plan that doesn't offer prescription drug coverage, you can't join a Medicare Prescription Drug Plan (Part D).”

“Do you need to choose a primary care doctor?

“You don't need to choose a primary care doctor in PPO Plans.”


“Do you have to get a referral to see a specialist?

“In most cases, you don't have to get a referral to see a specialist in PPO Plans. If you use plan specialists, your costs for covered services will usually be lower than if you use non-plan specialists.”

“What else do you need to know about this type of plan?

“A PPO Plan isn't the same as Original Medicare or a Medicare Supplement Insurance (Medigap) policy. PPO Plans usually offer extra benefits than Original Medicare, but you may have to pay extra for these benefits.”

Summary of Benefits

										
Plan Letter	A	B	C	D	F	G	K	L	M	N
Basic Benefits	✓	✓	✓	✓	✓	✓	✓	✓	✓	\$20 Office Co-Pay \$50 ER Co-Pay
Part A Deductible		✓	✓	✓	✓	✓	50%	75%	50%	✓
Skilled Nursing Coinsurance			✓	✓	✓	✓	50%	75%	✓	✓
Part B Deductible		✓	✓		✓					
Part B Excess					✓	✓				
Forgein Travel Emergency			✓	✓	✓	✓			✓	✓

SOURCE: Healthcare.com

SelectQuote provides the following summary comparison of Medicare supplemental programs:

“The benefits offered by all Medicare Supplement, or Medigap, policies have been standardized, which allows them to be easily compared between insurance companies. A total of 11 plans are available, which are identified as Medigap Plans A through N (except in MA, MN and WI). Although insurance companies can choose which plans to offer, every carrier is required to make Plan A available. The Medicare comparison chart below provides a checklist of each plan's benefits for a side-by-side comparison. Remember, not all plans may be available in your state. All plans include these basic benefits:

- Medicare Part A hospital coinsurance
- Medicare Part A extended hospital coverage (365 days after Medicare benefits end)
- Medicare Part A hospice outpatient prescription drug copayment and inpatient respite care coinsurance
- Medicare Part B coinsurance*
- Medicare Parts A and B first three pints of blood

Benefits

	A	B	C	D	F	FH*	G	K	L	M	N**
Basic Benefits: Hospitalization	●	●	●	●	●	●	●	●	●	●	●
Basic Benefits as all Others:	●	●	●	●	●	●	●	50%	75%	●	●
Medicare Part A Deductible		●	●	●	●	●	●	50%	75%	50%	●
Skilled Nursing Coinsurance			●	●	●	●	●	50%	75%	●	●
Medicare Part B Deductible		●			●	●					
Medicare Part B Excess Charge Benefits					●	●	●				
Foreign Travel Emergency		●	●	●	●	●	●			●	●
Out-of-Pocket Annual Limit								●	●		

SOURCE: <https://www.selectquotesenior.com/medicare-information/medicare-supplement-benefits>

NOTES:

Plan FH: This high deductible plan F (FH) pays the same or offers the same benefits as Plan F after you have paid a calendar year \$2,140 deductible. Benefits from the high deductible Plan F will not begin until out-of-pocket expenses are \$2,140. Out-of-pocket expenses for this deductible are expenses that would ordinarily be paid by the policy. This includes the Medicare deductibles for Part A and Part B, but does not include the plan's separate foreign travel emergency deductible.

Plan N requires up to a \$20 copayment for an office visit and up to a \$50 copayment for an emergency room visit.

32. MEDICARE PLAN RATINGS

HEALTHGROVE

HealthGrove provides a list of “Best Massachusetts Medicare Advantage Plans” that includes a Medicare Star Rating (somewhat surprisingly Harvard Pilgrim Stride Rx is not rated), the monthly premium and the maximum out-of-pocket expenditure (“the most you pay during a policy period (usually one year) before your health insurance or plan starts to pay 100% for covered essential health benefits.”), not to be confused with catastrophic coverage. It [provides screens for state, county, plan coverage (Part C & D or Part C Only), maximum Out-of-pocket and Annual drug deductible. This greatly facilitates cost comparisons. Clicking on an individual pan provides a multiplicity of ratings from the Centers for Medicare and Medicaid Services under the following categories for Part C and Part D (prescription drug): Staying Healthy; Managing Conditions; Member Experience; Member Complaints and Customer Service. The website lets the viewer easily view alternative plans or revert to the larger selection of Medicare Advantage Plans to consider another alternative. The screenshot below from the HealthGrove website shows 5 of the 11 Part C only Medicare Advantage Plans in Massachusetts.

Plan Name	Medicare Star Rating	Premium	Out of Pocket Maximum
Fallon Senior Plan Saver Fallon Health Massachusetts <input type="checkbox"/> Add to Compare	4.5 ***** out of 5 stars	\$0.00 \$\$\$\$\$	\$6,700
HNE Medicare Basic No Rx HNE Medicare Advantage Plans Massachusetts <input type="checkbox"/> Add to Compare	4.5 ***** out of 5 stars	\$19.00 \$\$\$\$\$	\$3,400
Tufts Medicare Preferred HMO Value No Rx Tufts Health Plan or Tufts Medicare Preferred Massachusetts <input type="checkbox"/> Add to Compare	4.5 ***** out of 5 stars	\$22.00 \$\$\$\$\$	\$3,400
Tufts Medicare Preferred HMO Basic No Rx Tufts Health Plan or Tufts Medicare Preferred Massachusetts <input type="checkbox"/> Add to Compare	4.5 ***** out of 5 stars	\$33.00 \$\$\$\$\$	\$3,400
Tufts Medicare Preferred HMO Basic No Rx Tufts Health Plan or Tufts Medicare Preferred Massachusetts <input type="checkbox"/> Add to Compare	4.5 ***** out of 5 stars	\$34.00 \$\$\$\$\$	\$3,400

HealthGrove provides the same information on 45 Medicare Advantage Plans that include Medicare Part D (prescription drugs) in their plans.

NCQA

The screenshot below provides an example of NCQA’s ratings for Medicare plans.

NCQA Health Insurance Plan Ratings 2016-2017 - Summary Report (Medicare)

Search for a health insurance plan by state, plan name or plan type (Private, Medicaid, Medicare). Click a plan name for a detailed analysis.

In 2016, NCQA rated more than 1,000 health insurance plans based on clinical quality, member satisfaction and NCQA Accreditation Survey results. This way of rating plans emphasizes care outcomes (the results of care people receive) and what patients say about their care.

Information about the ratings, including how they are calculated, is available here. To license the underlying data, go here.

Medicare | Massachusetts | Enter Plan Name | Search

Lower Performance | Higher Performance

Rating	Plan Name	States	Type	NQCA Accreditation	Consumer Satisfaction	Prevention	Treatment
4.5	Blue Cross and Blue Shield of Massachusetts HMO Blue, Inc. CMS Contract: H2261	MA	HMO	Yes	4.0	4.0	4.0
4.5	Blue Cross and Blue Shield of Massachusetts, Inc. CMS Contract: H2230	MA	PPO	Yes	4.0	4.0	4.0
4.5	Health New England, Inc. CMS Contract: H8578	MA	HMO/POS	Yes	3.5	5.0	4.0
4.0	Aetna Health Inc. (Pennsylvania) - Massachusetts CMS Contract: H3931	MA	HMO	Yes	3.5	3.5	3.5
4.0	Aetna Life Insurance Company (Massachusetts) CMS Contract: H5521	MA	PPO	Yes	4.0	4.0	3.5
4.0	Fallon Community Health Plan CMS Contract: H9001	MA	HMO	Yes	3.5	4.0	4.0
4.0	UnitedHealthcare Insurance Company - Maryland (Medicare) CMS Contract: H5652	CO, KS, MD, MA, MI, NJ, PA, TX, VA	HMO	No	4.0	4.5	4.0
4.0	UnitedHealthcare of New England, Inc. (MA/RI/VT/NH) CMS Contract: H1944	MA, PA, RI, VT	HMO	Yes	3.0	3.5	3.5
3.5	UnitedHealthcare Insurance Company - Regional (CT, MA, RI, VT) CMS Contract: R7444	CT, MA, RI, VT	PPO	Yes	3.0	3.0	3.5
3.0	Senior Whole Health, LLC † CMS Contract: H2224	MA	HMO	No (Scheduled)	2.5	3.5	3.5
3.0	UnitedHealthcare Insurance Company (MASCO) † CMS Contract: H2226	MA, NH, RI	HMO	No	2.0	3.5	3.5
2.5	Care Improvement Plus South Central Insurance Company CMS Contract: H5322	AL, FL, GA, IN, ME, MA, MO, NH, NJ, NM, OH, PA, VA	HMO/POS	No	2.5	3.0	2.5
Partial Data Reported	Fallon Community Health Plan CMS Contract: H2411	MA	PPO	No	I	I	I
Partial Data Reported	Sierra Health and Life Insurance Company, Inc.-(CT,MA,ME,NH,RI,VT) CMS Contract: H2001	CT, ME, MA, NH, RI, VT	PPO	Yes	I	3.5	3.0
No Data Reported	Commonwealth Care Alliance † CMS Contract: H2225	MA	HMO	No			
No Data Reported	Tufts Associated Health Maintenance Organization, Inc. CMS Contract: H2256	MA	HMO	No			

- NQCA Accreditation is as of June 30, 2016
- I= Insufficient data; NC = No Credit; NA = Not Applicable; NP = Not Publicly Reported
- Specific plan demographic data are supplied by AIS's Directory of Health Plans, Atlantic Services, Inc. (www.aishealth.com)
- † Indicates Special Needs Plan (SNP), according to CMS
- Contact us at my.ncqa.org to ask about licensing the ratings data for research or display

CROPPED TO CONSERVE SPACE AND FACILITATE READABILITY

HEALTHCARE.COM

Healthcare.com is a clearinghouse for a number of private insurance plans. Among the insurers and health plans offered through this clearinghouse are “Blue Cross, Aetna, Cigna, Human & more”. Links are included to: <http://www.healthexchangerates.org>; <http://www.affordable-health-insurance-plans.org>; <https://quotes.healthplanrate.com>; and <http://www.affordablehealthquotesforyou.com> Healthcare.com offers the following description of the differences between Medicare supplemental and advantage plans.

“Both Medigap insurance and Medicare Advantage plans offer private-market medical coverage for Medicare beneficiaries. However, there are key differences between Medigap and Medicare Advantage in what coverage is provided, and by whom, that we explore in this comparison chart.

“Medicare Supplement plans, also known as Medigap plans, are offered through private insurance companies and fill in the gaps in coverage left behind by Original Medicare,

the Medicare insurance provided by the federal government. There are ten standardized Medigap plans available across the country, lettered A through N. This standardization means that insurance companies can*

“As a Medicare beneficiary, you have many different options for plans in which you can enroll. Depending on your needs, Original Medicare might provide enough coverage. However, Original Medicare does not cover all the costs associated with your hospital, prescription drugs or other expenses, so it might be worth your while to look into other.”

SELECTQUOTE SENIOR

Is a clearinghouse for the following private insurance plans serving the Medicare market: Aetna, Cigna, Gerber Life, GPM Life, Humana, Mutual of Omaha, Omaha, Insurance Company, United HealthCare and United of Omaha.

SHINE PROGRAM

“The SHINE Program (Serving the Health Insurance Needs of Everyone) is a state ... program that provides free health insurance information, counseling and assistance to Massachusetts residents with Medicare and their caregivers.” It is administered by the Massachusetts Executive Office of Elder Affairs in partnership with elder service agencies, social service and community based agencies and Councils on Aging and “is partially funded by the federal agency Centers for Medicare & Medicaid Services.”

33. HEALTH PLAN COSTS

There are a few online services that provide help choosing a health plan by estimating total annual costs, which take into account all out-of-pocket costs, including monthly premiums, deductibles, copayments, coinsurance and annual limits. One of those services even considers doctors currently being used, regular prescription drug needs and other factors that can impact annual cost. While it is beyond the scope of this report to analyze the actuarial assumptions underlying these services, it is clear that these services can greatly simplify the health plan selection process.

HEALTH INSURANCE MARKETPLACE CALCULATOR

HealthGrove offers a Health Insurance Marketplace Calculator to help determine whether you are eligible for Medicaid (MassHealth), which pays the full cost of healthcare or health insurance subsidies under Obamacare, depending upon your income, family size and other factors.

ONEEXCHANGE

OneExchange is a unique website with an extremely helpful approach to selecting a health plan. Upon entering you must create an account, which involves providing certain essential information such as social security number and birth date. At that point the site splits into two. Based on the information provided, you are sent either to the Medicare Insurance sector or Health Insurance sector of the website. The author was directed to Medicare where additional information was requested.

1. *How would you describe your health-condition?*
2. *Would you need routine medical care if you were traveling out of your home area, or do you travel internationally?*
3. *What kind of premiums and copayments would you rather plan for?*
 - a. *Lower monthly premiums and pay copayments when you go to the doctor or hospital.*
 - b. *Higher monthly premiums and pay minimal copayments when you go to the doctor or hospital.*
4. *Some plans require you to pay a deductible before plan coverage begins. Generally, plans that have a higher monthly premium will have a low or even no deductible, but in the event you need medical care you'll pay more out-of-pocket until the deductible is met. What do you prefer?*
 - a. *I prefer a low deductible*
 - b. *I prefer a high deductible plan*
5. *Should you require a Skilled Nursing Facility, would you like the plan to fully cover these costs?*
6. *In most states, health care providers can charge you more than Medicare will pay for services (Excess charges), and you may be responsible for the additional cost. Would you like the plan to cover these expenses?*
7. *Do you take prescription medications?*

You can then choose the type of plan to compare: Medigap, prescription drug (Part D only) or Medicare Advantage. And you can switch back and forth between those three choices without having to enter any additional information. Each page of choices provides a brief description of each health plan with an estimated annual cost, as illustrated in the screen shot below. The author considers this a useful and well-designed site.

TUFTS Health Plan PLAN NAME: Tufts Medicare Preferred HMO Basic Rx (HMO) H2256-026-002

COVERAGE INCLUDES: [Icons for Rx, W, H, P] PREMIUM: \$39.00 per month

PLAN RATING: ★★★★★

ESTIMATED ANNUAL COSTS | View details ▶ Sort by: Estimated Annual Total (selected) Premium

PREMIUM \$468 per year	+	DRUG COSTS No drugs added Add prescriptions ▶	+	MEDICAL COSTS \$314 Explain this	=	ANNUAL TOTAL \$782*
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BENEFITS SUMMARY | View details ▶

DOCTORS OFFICE VISITS Primary care physician visit: * \$10 copay Specialist visit: * \$30 copay Services may require a referral from your doctor.	PRESCRIPTION DRUG COVERAGE Preferred Generic: \$4 copay Generic: \$8 copay Preferred Brand: \$47 copay Non-Preferred Brand: \$100 copay Specialty Drugs: 27% of the cost	INPATIENT HOSPITAL Our plan covers an unlimited number of days for an inpatient hospital stay. * \$275 copay per day for days 1 through 5 * \$0 per day for days 6 through 90 * \$0 per day for days 91 and beyond	<input type="checkbox"/> Add to compare <input type="checkbox"/> Print this plan <input type="checkbox"/> Save to account
---	---	--	---

Source: medicare.oneexchange.com. **NOTE:** estimated annual total cost may be understated because no prescription drugs were entered for consideration.

STRIDE HEALTH

Stride Health, a California company, offers online help finding a health plan if you are under 65 years of age. Their approach involves a relatively simple questionnaire starting with basics like age and family size, then progressing to your current doctors (if any), ongoing prescription drug needs and health conditions, such as:

- Diabetes
- Arthritis
- Depression
- ADHD
- High Cholesterol
- Asthma
- Heart Disease
- High blood pressure
- COPD

If you are a candidate for Obamacare, you can choose the level of coverage, e.g. Bronze, Silver, and any preferred insurers. The website then suggests one health plan and asks if you want to see more. The list begins with the lowest premium plan, but also shows you the plan deductible and estimated annual out-of-pocket costs based on the information you provided. **You can the compare any two plans side-by-side to see more detail on costs and coverage.**

Finally, having tentatively chosen a health plan you can see the Health Plan “In Action”. For example, the author chose “Heart attack” from the following list of “scenarios”:

- Broken leg
- Heart attack
- Dislocated Shoulder
- Hernia
- Baby (congrats!)
- Finger slammed in a car door
- Chicken wing stuck in my throat
- Stomach ulcer
- Sprained ankle
- Case of Strep throat
- Bad flu virus
- Case of Mono
- Concussion

For the heart attack “scenario”, the website showed the cost with the chosen health plan (\$3,451) and “Without insurance” (\$71,986). Not all scenarios show such dramatically different costs, and the “Without insurance” dollar estimates must be taken with a grain of salt as retail hospital prices may be negotiable.

According to a recent CNBC article “Stride Health is available in all 50 states. The company's online platform lists more than 230 insurance carriers, including the big five — UnitedHealth Group, Cigna, Anthem, Humana and Aetna [and] **The company makes money by pocketing a commission from insurance company plans**, featured on Stride Health's platform.”⁴³ Stride Health lists Mayo Clinic and Fidelity Biosciences, among others, as investors.

CLEAR HEALTH ANALYTICS

The Robert Wood Johnson Foundation, renowned for its funding of healthcare projects, “recently named three winners of its first ‘Plan Choice Challenge’”:

- Clear Health Analytics
- Consumer’s Checkbook
- Stride Health

Two of these have already been reviewed – Stride Health above and Consumer’s Checkbook in a previous chapter. Clear Health Analytics does not offer services in Massachusetts and will refer you to Massachusetts HealthConnector. The author did not review the service for this edition.

⁴³ Stride Health: The health insurance broker Uber is using Kate Rogers Tuesday, 9 Feb 2016 CNBC.com

34. CHOOSING A HEALTH PLAN: SUMMING UP

Choosing a health plan involves a number of sequential decisions:

1. Determine whether you are covered by your (or your spouse's) employer's health or retirement plan. These are usually the least expensive either because they are paid for by the employer and/or because group premium rates tend to be lower than individual rates.
2. If you are over 65 or have a disability you are likely eligible for Medicare unless your employer offers and alternative. A chapter of this report is dedicated to describing basic Medicare and Medicare supplemental plans that cover prescription drugs, copays and deductibles, which are offered by private health plans, including HMOs and PPOs.
3. If you qualify for neither of the above and your income is below certain levels (see table below), you may be eligible for health premium subsidies through ConnectorCare, the state health exchange, or MassHealth, the state Medicaid program that provides full coverage for individuals or families whose income is below 138% of the federal poverty limit (FPL).

Number of People in Household	Maximum Annual Income before Taxes to Qualify for:		
	MassHealth (138% of FPL ⁴⁴)	ConnectorCare (300%)	Health Insurance Tax Credits (400%)
1	\$16,394	\$35,640	\$47,520
2	\$22,108	\$48,060	\$64,080
3	\$27,821	\$60,480	\$80,640
4	\$33,534	\$72,900	\$97,200
5	\$39,247	\$85,320	\$113,760
6	\$44,960	\$97,740	\$130,320
7	\$50,674	\$110,160	\$146,880
8	\$56,387	\$122,580	\$163,440

4. If you qualify for none of the above, you can still use ConnectorCare to apply for coverage with one of the health plans listed in this report or you can go through an insurance broker.
5. Each of the above programs except basic Medicare and certain employer programs will require you to select a health plan. This report references online services, such as NCQA, that rate insurance plans for quality. Be sure and consult these before you choose a plan.
6. Some plans provide more for your money than others. Two websites cited in this report will compare total cost of coverage (both insurance premiums and out-of-pocket costs) based on assumptions that you provide. The author highly recommends using one of the sites to help you make the financial decision.
7. If you have already chosen a physician and/or hospital, be sure to check to see that the health plan(s) you are considering include(s) those providers in their network. More than one person I know has been forced to change doctors by skipping this step when choosing a health plan.

Finally, do not rule out an HMO or other managed care plan. The good ones can not only save you money but help you choose good providers.

⁴⁴ FPL = Federal Poverty Limit expressed as dollars of income.

IV. PUTTING IT ALL TOGETHER

Now that you have all this information, what do you do with it? It depends on the kind of decision-maker you are. Some people have little tolerance for detail and want to make a quick decision and be done with it. Others, particularly those who have, or anticipate having, quite a bit of interaction with the healthcare system, will dig deeper. Convenience, such as proximity to home or work, can and should be a major consideration for some, while others will be willing and able to travel much greater distances to find just the right doctor or hospital. On eastern Long Island, for example, typically you either settle for a local doctor and the local hospital, or you go to Manhattan, a two- to three-hour trip.

IF YOU ALREADY HAVE A PRIMARY CARE PHYSICIAN (PCP)

If you've already chosen your PCP or have had a long standing relationship with one you want to keep, your biggest healthcare decision may have been made, at least until you need a specialist.

Choosing a Hospital

Your PCP and/or specialist will have admitting privileges to one or more hospitals. If s/he or they have more than one, then you have a choice, and you should do the research to make it in advance. The hospital section of this report contains a lot of information and resources to help you with that decision.

Emergency Care

If you, a family member or someone you know ever needs emergency care and there is a choice of hospitals (often the ambulance driver will make that decision for you based on proximity), it will be well worth deciding in advance which of those hospitals has the better performance record. There is a chapter in the hospitals section of this report that can help you with that decision.

Specialty Care

You may also need to choose a specialist. (Or you can let your PCP choose one for you.) There is a chapter in Section I (Choosing a Doctor) that reviews online resources, including a service that rates surgeons and their hospitals based on results. Section II (Choosing a Hospital) contains chapters on various specialties and the online resources that tell you which hospitals excel at those specialties. Taken as a whole these online services review a lot more specialties than the examples covered in individual chapters.

Choosing a Health Plan

If you don't already have a health plan or are choosing a new one, check with your PCP (and specialists) to find out what insurance plans he (or they) accepts. When I selected my PCP at Dedham Medical Associates, for example, I was somewhat surprised to learn that the parent company (Atrius) had an exclusive with Tufts HMO for Medicare, so Harvard Pilgrim was not available to me. In contrast, a friend of mine in another state used a health exchange to choose a new health plan, and only after choosing did she discover that none of her doctors were participating providers. Her solution, choose all new doctors.

HMOs, PPOs and ACOs that Limit Choice Can Save You Money

While HMOs have gotten a bad name for reasons I've discussed, Massachusetts is home to some of the top rated HMOs in the country. And unlike in other parts of the country, all Massachusetts HMOs are not-for-profit organizations. So the profit motive is minimized. HMOs are one of several approaches to managing healthcare services in order to provide more value per dollar spent. This should mean fewer out-of-pocket expenditures for health insurance premiums, deductibles, coinsurance and copayments.

In addition to HMOs there are PPOs and affordable care organizations (ACOs). The latter are a relatively new creation of the ACA that puts the health provider, usually the physician, in the driver's seat when it comes to healthcare decisions. But it also introduces financial risk to the provider and the failure rate of ACOs is significant.

The author encourages you not to dismiss these types of health plans, collectively called managed care, out-of-hand, as they may not only save you money but help you obtain better quality healthcare.

IF YOU HAVE A HEALTH PLAN BUT NOT A PCP, CHOOSE A HOSPITAL FIRST

If you've already chosen a health plan or your employer has made that choice for you, then you need to know which doctors and hospitals are part of your health plan's network. Some health insurers, like Aetna, have excellent online services to help you with that choice. Some health plans will still leave you with a broad choice of PCPs, hundreds if you live in Boston metropolitan area. Here's how you can make it simpler.

1. Choose the hospital or hospitals you'd prefer to be admitted to if you have a choice. You may choose one (community) hospital for excellent and relatively pleasant routine care, another for its excellent emergency care and a third as your tertiary care hospital for complicated diagnoses and procedures.
2. If you have a particular medical condition, you may wish to reread one or more of the chapters on specialty care in **Section II: Choosing a Hospital**. Very few hospitals are equally good at all specialties, so it pays to shop around. A heart condition might take you to one hospital, cancer to a second or a neurological problem to a third. See some of the online services reviewed in the hospital section of this report for more, but also review the chapter on choosing a specialist in **Section I: Choosing a Doctor**.
3. Choose your PCP based on the hospital(s) you've chosen as well as your health plan and the other criteria cited in **Section I: Choosing a Doctor** and summarized below. Most hospitals have online search engines that will help you find affiliated PCPs and specialists. And some of the independent search engines enable you to screen physicians by hospital affiliation (admitting privileges).

IF YOU'VE ALREADY CHOSEN A HOSPITAL, CHOOSE A PCP

Now that you've chosen one or more hospitals, you're ready to choose a PCP (and a health plan if you haven't already made that decision). If you're still overwhelmed by the number of choices, choose a medical group first.

Medical Group Affiliation

If you find a PCP through a hospital, s/he is likely to be affiliated with a medical group. This gives you the assurance that s/he has met certain standards of care other than board certification and that s/he collaborates with and gets feedback from the other doctors and healthcare professionals. And in the best of cases they will have shared medical records, coordinated care and a team of specialists to whom they can refer you. There is a chapter on medical group practices that describes a non-profit group (MHQP) that is beginning to report on the quality of care of medical groups, something not possible for solo practitioners and even small groups (3 or less). Certain health plans - Harvard Pilgrim and BCBSMA to name two - designate medical groups that they believe offer superior care.

SPECIALTY CARE

If you need specialty care you have already embarked on a journey that will lead to become an educated healthcare consumer. You may even become one of those medical "super-shoppers" I've described in this report. Medicine is a complicated world with billions of dollars being spent each year on new disease diagnoses and treatments. Some of the resources cited above and others contained in Sections I and II of this report will help you find the quality of specialty care you need and deserve at a price you can afford.

YOU ARE THE MANAGER OF YOUR HEALTHCARE

The online resources cited in this report provide a level of transparency never before available to the healthcare consumer. You can learn more about the quality and cost of your doctors, hospitals and health plans than ever before. Consumer activists have been fighting for transparency for decades. Yet the information we now have is still imperfect.

The results that provide insight into the quality of care (outcomes) are by their very nature dated by the time they reach the public. Primary care quality, especially as relates to results (outcomes or health status), is nearly impossible to measure. And the private sector that serves the majority of people under age 65 does not provide the same kind of comprehensive health outcomes data that the Center for Medicare and Medicaid Services provide. Despite these unprecedented levels of transparency, the available information resources (online and otherwise) give us only a glimpse into the U.S. healthcare system.

While the author encourages everyone to make use of the information sources cited in this report, as well as those the author may have overlooked, ultimately you are the manager of your healthcare. Your eyes and ears will tell you things about the healthcare system that you will never find online or in a book.

LOOKING AHEAD

It is important to point out that the new administration in Washington may make significant changes to the Affordable Care Act. This could result in significant changes to the availability and cost of health insurance, although Massachusetts residents should be somewhat insulated from the impact of changes in the near term due to a pre-existing state law mandating universal coverage and a Medicaid waiver already granted by the federal government that will enable the state to design and operate its own (MassHealth) program for several years to come.

The author anticipates additional reports for other metropolitan areas, most likely New York will come next, as well as updates to this report on Massachusetts as new information comes to light. To keep abreast of developments, you are encouraged to visit the website below periodically and add your name to our mailing list by visiting the website.

[HTTP://WWW.FINDINGTHEBESTHEALTHCARE.COM](http://www.findingthebesthealthcare.com)

The author encourages any and all feedback on this report by visiting this website.

APPENDIX A: COST & QUALITY OF HEALTHCARE IN THE U.S.

October 12, 2013

The purpose of this document is to summarize certain key information intended to inform the national healthcare debate that continues. Here are the main points:

- Per capita healthcare costs in the United States far exceed those of other developed nations, such as France, Germany, Switzerland and Japan, even when adjusted for standard of living.
- Contrary to assertions that we have the best healthcare in the world, various measures of mortality and morbidity, ranking 10th in infant mortality, 21st in life expectancy at birth; 18th for life expectancy of females at age 65, and 27th for premature female mortality.
- The McKinsey Global Institute estimates “that excess spending on “health administration and insurance” accounts for “more than enough to finance universal health insurance...”
- While competition is often cited as the preferred method of controlling rising healthcare costs, the number of competing healthcare plans has declined by almost 50% over the last 10 years.
- Unlike in the 1980s and early 1990s when rapidly growing HMOs enrollment dramatically reduced hospital utilization (days/100), there is no magic bullet on the horizon that promises to significantly reduce the growth of healthcare cost in the United States.

COST OF HEALTHCARE IN THE U.S.

The United States spends almost 1/3 more as a percentage of Gross Domestic Product (GDP) than the next three highest spending developed countries (Switzerland, France and Germany), yet over 40 million people have no health insurance coverage and many more are only partially covered.

Health expenditure per capita in 2003

<u>Country</u>	<u>\$/capita</u>	<u>% of U.S.</u>	<u>Country</u>	<u>\$/capita</u>	<u>% of U.S.</u>
United States	\$5,711	100%	Netherlands	\$2,909	51%
Luxembourg	\$4,611	81%	Australia	\$2,886	51%
Switzerland	\$3,847	67%	Sweden	\$2,745	48%
Norway	\$3,769	66%	Denmark	\$2,743	48%
Iceland	\$3,159	55%	Ireland	\$2,455	43%
France	\$3,048	53%	United Kingdom	\$2,317	41%
Belgium	\$3,044	53%	Italy	\$2,314	41%
Canada	\$2,998	52%	Japan	\$2,249	39%
Austria	\$2,958	52%	Finland	\$2,104	37%

Health expenditures per capita as a percentage of GDP (OECD⁴⁵ Health at a Glance 2007)

USA	15.3%
Switzerland	11.6
France	11.1
Germany	10.7
Canada	9.8
UK	8.3
Japan	8.0

⁴⁵ OECD: Organisation For Economic Co-Operation & Development

McKinsey Global Institute (MGI) found that in 2003 the US spent \$477 billion more than might predicted by higher per capita income than compared other developed nations.⁴⁶ MGI attributes the extra cost per capita primarily to higher spending on hospital care (\$224 billion) and outpatient care (\$178 billion) and on drugs (\$57 billion).

\$417 billion of “excess spending” in the U.S. in 2003 (McKinsey Global Institute)

MGI “estimated that excess spending on “health administration and insurance” accounted for as much as 21 percent of the estimated total excess spending (\$477 billion in 2003). Brought forward, that 21 percent of excess spending on administration would amount to about \$120 billion in 2006 and about \$150 billion in 2008. It would have been more than enough to finance universal health insurance this year.”⁴⁷ MGI goes on to estimate that the major causes of excess spending are: Physician, nurse and technician compensation (\$100 billion); delivery processes, e.g. higher hospital costs and outpatient overcapacity (\$147 billion); and health care administrative and insurance (\$98 billion).

MGI estimates that in 2003, the “United States spent \$412 per capita [\$98 billion] on health care administrative and insurance – nearly 6 times the OECD average.... Because of its unique multiple-payor system”⁴⁸ and related factors. These costs do “not include the additional administrative burden of the multiple-payor structure and insurance products, which is accounted for under providers’ operational costs.”

Administrative Costs (includes profits, taxes, etc.) as percentage of premiums

T. R. Reid⁴⁹ estimates administrative costs as a percentage of premiums:

Private (non-elderly) health insurance	20%
Medicare	3%
Malpractice	1%

By contrast, the health insurers’ trade association, America’s Health Insurance Plans (AHIP), contends that just 13% of “your health insurance dollar” goes to: “government payments, compliances, claims processing and other administrative costs” (6%); “consumer services’, provider support and marketing” (4%); and “insurer profits” (3%), whereas 87% is spent on provider services and drugs.

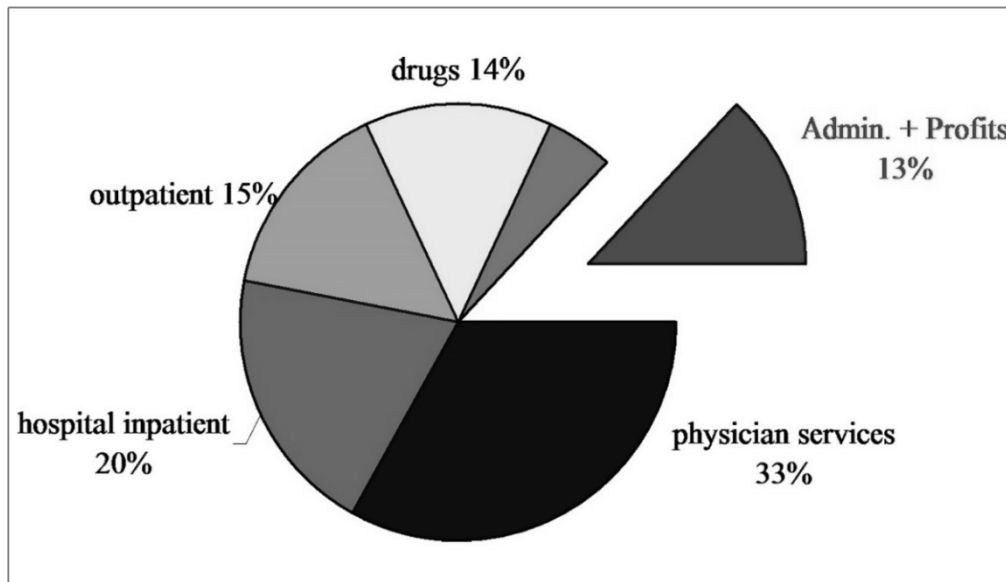
⁴⁶ “Accounting for the Cost of Health Care in the United States”, McKinsey Global Institute, January 2007

⁴⁷ (“Why Does U.S. Health Care Cost So Much? (Part II: Indefensible Administrative Costs)” by Uwe E. Reinhardt, NY Times, Nov. 21, 2008)

⁴⁸ “Accounting for the Cost of Health Care in the United States”, McKinsey Global Institute, January 2007

⁴⁹ “**The Healing of America: A Global Quest for Better, Cheaper, and Fairer Health Care**”, T. R. Reid (The Penguin Press, New York, 2009)

Where does your Health Insurance Dollar Go?



Source: Campaign for an American Solution, an affiliate of American Health Insurance Plans

QUALITY OF CARE: OUTCOMES

The United States ranks well behind other developed countries in almost every measure of health: 10th in infant mortality; 21st in life expectancy at birth; 18th for life expectancy of females at age 65; 19th for life expectancy with lung cancer, 14th for breast cancer, 5th for prostate cancer, 23rd for ischemic heart disease and 4th for strokes; and 27th out of 30 OECD countries for premature female mortality.

➤ **Infant Mortality Rates 2005**

Sweden	2.4
Japan	2.8
Norway	3.1
France	3.6
Germany	3.9
Switzerland	4.2
UK	5.1
Canada	5.3
Poland	6.4
USA	6.8

➤ **Life Expectancy at Birth (OECD Health at a Glance 2009 – 2007 stats)**

- US ranked out 21st out of 30 OECD countries⁵⁰
- 78.1 years vs 82.6 for Japan and 79.1 for all OECD countries.

➤ **“Deaths Before Age 75 that are at least partially modifiable with Effective Medical Care” (Commonwealth Fund 2008)**

- US ranked 19th out of 19 developed countries

⁵⁰ The 30 OECD member countries: Australia, Austria, Belgium, Canada, Czech Republic, Denmark, Finland, France, Germany, Greece, Hungary, Iceland, Ireland, Italy, Japan, Korea, Luxembourg, Mexico, the Netherlands, New Zealand, Norway, Poland, Portugal, the Slovak Republic, Spain, Sweden, Switzerland, Turkey, the United Kingdom and the United States.

- Number of people under age 75 who die of a curable disease is “almost twice as high in the US as in ... France, Japan and Spain.”
- **Life expectancy at age 65 - Females**
 - *US ranked out 18th out of 30 OECD countries*
 - *20.3 years vs 23.6 for Japan and 20.2 for all the OECD average.*
- **Premature mortality, potential years of life lost for females (OECD 2006)**
 - *USA ranked 27th out of 30 countries*
 - *Japan 1.88 years/100,000 females; USA 2.633; OECD average 2.548*
- **Mortality from heart disease and stroke**
 - *Ischemic Heart Disease – USA ranked 23rd out of 28 countries*
 - *Stroke Mortality Rates – USA ranked 4th out of 28 countries*
- **Mortality from cancer (OECD 2006)**
 - *Lung cancer – USA ranked 19th*
 - *Breast Cancer – USA ranked 14th*
 - *Prostate Cancer – USA ranked 5th*
- **Disability-Adjusted Life Expectancy (World Health Organization)**
 - *Japan ranked 1st at 74.5 years*
 - *USA ranked 24th at 70 years (72.6 for females and 67.5 for males)*

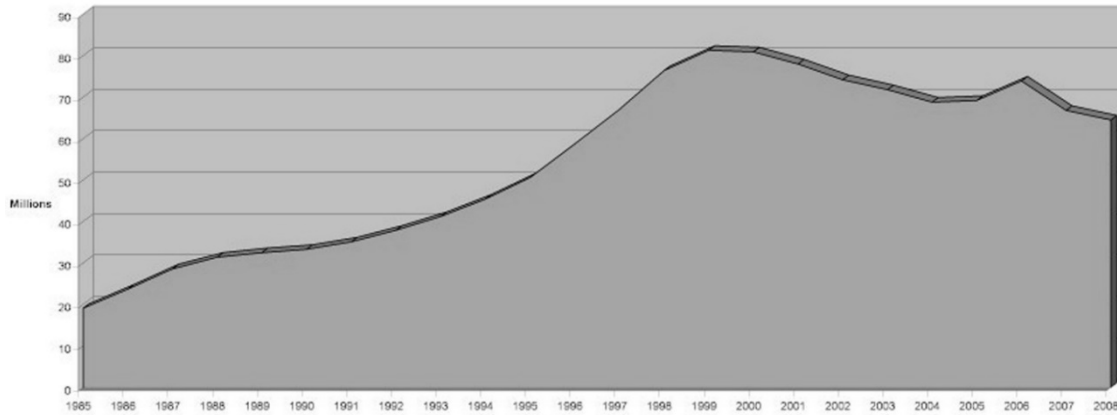
COMPETITION: MANAGED CARE

In an effort to control health care costs, HMOs were supported by grant programs initiated by the Nixon administration in the late 1960s. The early HMOs were non-profit group and staff models, in which the physicians worked exclusively for the organizing HMO and were paid salaries rather than fee-for-service. As a result, physicians were motivated by their peers to practice good medicine and had no financial motivation to hospitalize, order extra tests or otherwise over-utilize services. As a result, HMOs were able to dramatically reduce hospitalization rates, thereby saving money while providing better care. As a result, HMOs competed on price and quality with health insurance companies, which paid their doctors fees for services and practiced little or no utilization review. Then along came hybrid HMOs, known as IPAs, that paid discounted fee-for-service to doctors under contract and introduced increasingly stringent utilization and claim review procedures. Because IPAs required less capital than group or staff models and offered more physician choices, they grew much faster than group and staff model HMOs. Total HMO enrolment grew rapidly during the 1980s and early 1990s as HMOs were able to underprice health insurance companies and/or offer better dollar coverage.

Consolidation: the decline of competition

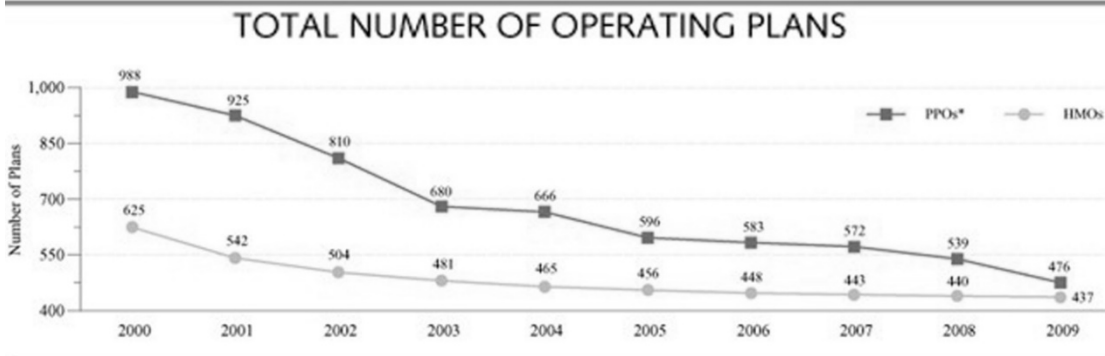
During the 1990s, however, there was a great deal of consolidation. Multi-market HMOs acquired local HMOs. Larger multi-market HMOs acquired smaller multi-market HMOs. Insurance companies acquired multi-market HMOs, and some multi-market HMOs acquired insurance companies. In addition, a consumer revolt developed in the late 1990s as HMO utilization review procedures became too stringent as much of the over-utilization had already been wrung out of the system and utilization review translated into denial of claims or of care. As a result of consolidation competition, even in major markets, has declined. Since 1999 national HMO enrollment and the number of health plans have declined and with the decline competition has waned.

National HMO Enrollment



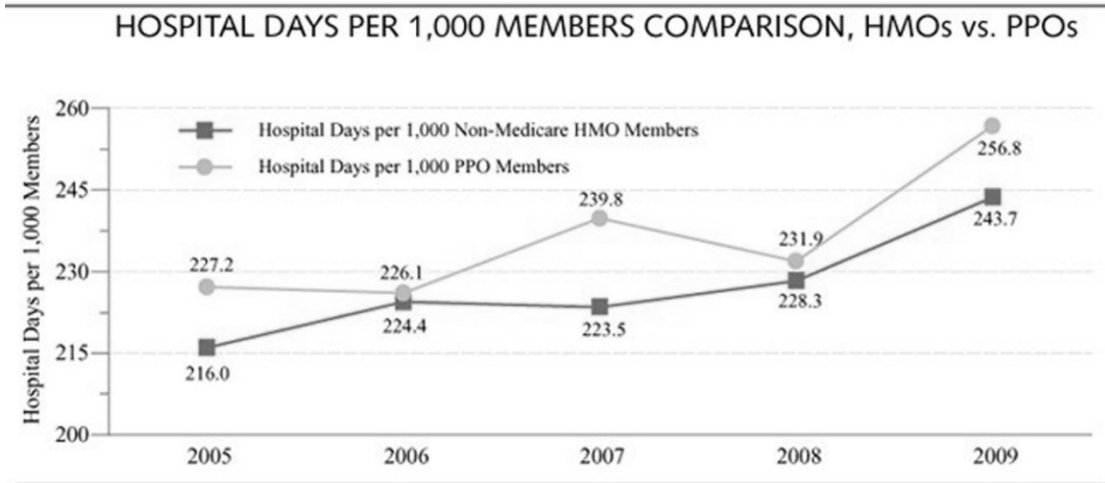
Source: Managed Care Fact Sheets

*The number of HMO & PPO operating plans have been declining since 2000*⁵¹



Data source: Managed Care Digest Series®, SDI © 2010

Managed care hospital utilization has increased since 2005



Data source: Managed Care Digest Series®, SDI © 2010

⁵¹ <http://www.managedcaredigest.com/Dec2010HMOvsPPOTrends.aspx>

APPENDIX B:

DEFINITIONS OF HEALTH INSURANCE TERMS

This document was released by the U.S. Bureau of Labor Statistics as
<https://www.bls.gov/ncs/ebs/sp/healthterms.pdf>.
It has been lightly edited and reformatted by the author to enhance readability.
No words or their intended meanings have been altered

In February 2002, the Federal Government's Interdepartmental Committee on Employment-based Health Insurance Surveys approved the following set of definitions for use in Federal surveys collecting employer-based health insurance data. The BLS National Compensation Survey currently uses these definitions in its data collection procedures and publications. These definitions will be periodically reviewed and updated by the Committee.

ASO (Administrative Services Only) – An arrangement in which an employer hires a third party to deliver administrative services to the employer such as claims processing and billing; the employer bears the risk for claims. This is common in self-insured health care plans.

Coinsurance - A form of medical cost sharing in a health insurance plan that requires an insured person to pay a stated percentage of medical expenses after the deductible amount, if any, was paid.

- ◆ Once any deductible amount and coinsurance are paid, the insurer is responsible for the rest of the reimbursement for covered benefits up to allowed charges: the individual could also be responsible for any charges in excess of what the insurer determines to be “usual, customary and reasonable”.
- ◆ Coinsurance rates may differ if services are received from an approved provider (i.e., a provider with whom the insurer has a contract or an agreement specifying payment levels and other contract requirements) or if received by providers not on the approved list.
- ◆ In addition to overall coinsurance rates, rates may also differ for different types of services.

Copayment - A form of medical cost sharing in a health insurance plan that requires an insured person to pay a fixed dollar amount when a medical service is received. The insurer is responsible for the rest of the reimbursement.

- ◆ There may be separate copayments for different services.
- ◆ Some plans require that a deductible first be met for some specific services before a copayment applies.

Deductible - A fixed dollar amount during the benefit period - usually a year - that an insured person pays before the insurer starts to make payments for covered medical services. Plans may have both per individual and family deductibles.

- ◆ Some plans may have separate deductibles for specific services. For example, a plan may have a hospitalization deductible per admission.
- ◆ Deductibles may differ if services are received from an approved provider or if received from providers not on the approved list.

Flexible spending accounts or arrangements (FSA) - Accounts offered and administered by employers that provide a way for employees to set aside, out of their paycheck, pretax dollars to pay for the employee's share of insurance premiums or medical expenses not covered by the employer's health plan. The employer may also make contributions to a FSA. Typically, benefits or cash must be used within the given benefit

year or the employee loses the money. Flexible spending accounts can also be provided to cover childcare expenses, but those accounts must be established separately from medical FSAs.

Flexible benefits plan (Cafeteria plan) (IRS 125 Plan) – A benefit program under Section 125 of the Internal Revenue Code that offers employees a choice between permissible taxable benefits, including cash, and nontaxable benefits such as life and health insurance, vacations, retirement plans and child care. Although a common core of benefits may be required, the employee can determine how his or her remaining benefit dollars are to be allocated for each type of benefit from the total amount promised by the employer. Sometimes employee contributions may be made for additional coverage.

Fully insured plan - A plan where the employer contracts with another organization to assume financial responsibility for the enrollees' medical claims and for all incurred administrative costs. **Gatekeeper** - Under some health insurance arrangements, a gatekeeper is responsible for the administration of the patient's treatment; the gatekeeper coordinates and authorizes all medical services, laboratory studies, specialty referrals and hospitalizations.

Group purchasing arrangement – Any of a wide array of arrangements in which two or more small employers purchase health insurance collectively, often through a common intermediary who acts on their collective behalf. Such arrangements may go by many different names, including cooperatives, alliances, or business groups on health. They differ from one another along a number of dimensions, including governance, functions and status under federal and State laws. Some are set up or chartered by States while others are entirely private enterprises. Some centralize more of the purchasing functions than others, including functions such as risk pooling, price negotiation, choice of health plans offered to employees, and various administrative tasks. Depending on their functions, they may be subject to different State and/or federal rules. For example, they may be regulated as Multiple Employer Welfare Arrangements (MEWAs).

Association Health Plans – This term is sometimes used loosely to refer to any health plan sponsored by an association. It also has a precise definition under the Health Insurance Portability and Accountability Act of 1996 that exempts from certain requirements insurers that sell insurance to small employers only through association health plans that meet the definition.

HEALTH CARE PLANS AND SYSTEMS

- ♦ **Indemnity plan** - A type of medical plan that reimburses the patient and/or provider as expenses are incurred.
- ♦ **Conventional indemnity plan** - An indemnity that allows the participant the choice of any provider without effect on reimbursement. These plans reimburse the patient and/or provider as expenses are incurred.
- ♦ **Preferred provider organization (PPO) plan** - An indemnity plan where coverage is provided to participants through a network of selected health care providers (such as hospitals and physicians). The enrollees may go outside the network, but would incur larger costs in the form of higher deductibles, higher coinsurance rates, or non-discounted charges from the providers.
- ♦ **Exclusive provider organization (EPO) plan** - A more restrictive type of preferred provider organization plan under which employees must use providers from the specified network of physicians and hospitals to receive coverage; there is no coverage for care received from a non-network provider except in an emergency situation.
- ♦ **Health maintenance organization (HMO)** - A health care system that assumes both the financial risks associated with providing comprehensive medical services (insurance and service risk) and the responsibility for health care delivery in a particular geographic area to HMO

members, usually in return for a fixed, prepaid fee. Financial risk may be shared with the providers participating in the HMO.

♦ **Group Model HMO** - An HMO that contracts with a single multi-specialty medical group to provide care to the HMO's membership. The group practice may work exclusively with the HMO, or it may provide services to non-HMO patients as well. The HMO pays the medical group a negotiated, per capita rate, which the group distributes among its physicians, usually on a salaried basis.

♦ **Staff Model HMO** - A type of closed-panel HMO (where patients can receive services only through a limited number of providers) in which physicians are employees of the HMO. The physicians see patients in the HMO's own facilities.

♦ **Network Model HMO** - An HMO model that contracts with multiple physician groups to provide services to HMO members; may involve large single and multispecialty groups. The physician groups may provide services to both HMO and non-HMO plan participants.

♦ **Individual Practice Association (IPA) HMO** - A type of health care provider organization composed of a group of independent practicing physicians who maintain their own offices and band together for the purpose of contracting their services to HMOs. An IPA may contract with and provide services to both HMO and non-HMO plan participants.

♦ **Point-of-service (POS) plan** - A POS plan is an "HMO/PPO" hybrid; sometimes referred to as an "open-ended" HMO when offered by an HMO. POS plans resemble HMOs for in-network services. Services received outside of the network are usually reimbursed in a manner similar to conventional indemnity plans (e.g., provider reimbursement based on a fee schedule or usual, customary and reasonable charges).

♦ **Physician-hospital organization (PHO)** - Alliances between physicians and hospitals to help providers attain market share, improve bargaining power and reduce administrative costs. These entities sell their services to managed care organizations or directly to employers.

Managed care plans - Managed care plans generally provide comprehensive health services to their members, and offer financial incentives for patients to use the providers who belong to the plan. Examples of managed care plans include:

- ♦ Health maintenance organizations (HMOs),
- ♦ Preferred provider organizations (PPOs),
- ♦ Exclusive provider organizations (EPOs), and
- ♦ Point of service plans (POSs).

Managed care provisions - Features within health plans that provide insurers with a way to manage the cost, use and quality of health care services received by group members. Examples of managed care provisions include:

- ♦ **Preadmission certification** - An authorization for hospital admission given by a health care provider to a group member prior to their hospitalization. Failure to obtain a preadmission certification in non-emergency situations reduces or eliminates the health care provider's obligation to pay for services rendered.
- ♦ **Utilization review** - The process of reviewing the appropriateness and quality of care provided to patients. Utilization review may take place before, during, or after the services are rendered.

♦ **Preadmission testing** - A requirement designed to encourage patients to obtain necessary diagnostic services on an outpatient basis prior to non-emergency hospital admission. The testing is designed to reduce the length of a hospital stay.

♦ **Non-emergency weekend admission restriction** - A requirement that imposes limits on reimbursement to patients for non-emergency weekend hospital admissions.

♦ **Second surgical opinion** - A cost-management strategy that encourages or requires patients to obtain the opinion of another doctor after a physician has recommended that a non-emergency or elective surgery be performed. Programs may be voluntary or mandatory in that reimbursement is reduced or denied if the participant does not obtain the second opinion. Plans usually require that such opinions be obtained from board-certified specialists with no personal or financial interest in the outcome.

Maximum plan dollar limit - The maximum amount payable by the insurer for covered expenses for the insured and each covered dependent while covered under the health plan. ♦ Plans can have a yearly and/or a lifetime maximum dollar limit. The most typical of maximums is a lifetime amount of \$1 million per individual.

Maximum out-of-pocket expense - The maximum dollar amount a group member is required to pay out of pocket during a year. Until this maximum is met, the plan and group member shares in the cost of covered expenses. After the maximum is reached, the insurance carrier pays all covered expenses, often up to a lifetime maximum. (See previous definition.)

Medical savings accounts (MSA) – Savings accounts designated for out-of-pocket medical expenses. In an MSA, employers and individuals are allowed to contribute to a savings account on a pre-tax basis and carry over the unused funds at the end of the year. One major difference between a Flexible Spending Account (FSA) and a Medical Savings Account (MSA) is the ability under an MSA to carry over the unused funds for use in a future year, instead of losing unused funds at the end of the year. Most MSAs allow unused balances and earnings to accumulate. Unlike FSAs, most MSAs are combined with a high deductible or catastrophic health insurance plan.

Minimum premium plan (MPP) – A plan where the employer and the insurer agree that the employer will be responsible for paying all claims up to an agreed-upon aggregate level, with the insurer responsible for the excess. The insurer usually is also responsible for processing claims and administrative services.

Multiple Employer Welfare Arrangement (MEWA) – MEWA is a technical term under federal law that encompasses essentially any arrangement not maintained pursuant to a collective bargaining agreement (other than a State-licensed insurance company or HMO) that provides health insurance benefits to the employees of two or more private employers.

Some MEWAs are sponsored by associations that are local, specific to a trade or industry, and exist for business purposes other than providing health insurance. Such MEWAs most often are regulated as employee health benefit plans under the Employee Retirement Income Security Act of 1974 (ERISA), although States generally also retain the right to regulate them, much the way States regulate insurance companies. They can be funded through tax-exempt trusts known as Voluntary Employees Beneficiary Associations (VEBAs) and they can and often do use these trusts to self-insure rather than to purchase insurance policies.

Other MEWAs are sponsored by Chambers of Commerce or similar organizations of relatively unrelated employers. These MEWAs are not considered to be health plans under ERISA. Instead, each participating employer's plan is regulated separately under ERISA. States are free to regulate the MEWAs themselves.

These MEWAs tend to serve as vehicles for participating employers to buy insurance policies from State licensed insurance companies or HMOs. They do not tend to self-insure.

Multi-employer health plan – Generally, an employee health benefit plan maintained pursuant to a collective bargaining agreement that includes employees of two or more employers. These plans are also known as Taft-Hartley plans or jointly-administered plans. They are subject to federal but not State law (although States may regulate any insurance policies that they buy). They often self-insure.

Premium - Agreed upon fees paid for coverage of medical benefits for a defined benefit period. Premiums can be paid by employers, unions, employees, or shared by both the insured individual and the plan sponsor.

Premium equivalent - For self-insured plans, the cost per covered employee, or the amount the firm would expect to reflect the cost of claims paid, administrative costs, and stop-loss premiums.

Primary care physician (PCP) - A physician who serves as a group member's primary contact within the health plan. In a managed care plan, the primary care physician provides basic medical services, coordinates and, if required by the plan, authorizes referrals to specialists and hospitals.

Reinsurance – The acceptance by one or more insurers, *called reinsurers or assuming companies*, of a portion of the risk underwritten by another insurer that has contracted with an employer for the entire coverage.

Self-insured plan – A plan offered by employers who directly assume the major cost of health insurance for their employees. Some self-insured plans bear the entire risk. Other self-insured employers insure against large claims by purchasing stop-loss coverage. Some self-insured employers contract with insurance carriers or third party administrators for claims processing and other administrative services; other self-insured plans are self-administered. Minimum Premium Plans (MPP) are included in the self-insured health plan category. All types of plans (Conventional Indemnity, PPO, EPO, HMO, POS, and PHOs) can be financed on a self-insured basis. Employers may offer both self-insured and fully insured plans to their employees.

Stop-loss coverage – A form of reinsurance for self-insured employers that limits the amount the employers will have to pay for each person's health care (individual limit) or for the total expenses of the employer (group limit).

Third party administrator (TPA) – An individual or firm hired by an employer to handle claims processing, pay providers, and manage other functions related to the operation of health insurance. The TPA is not the policyholder or the insurer.

TYPES OF HEALTH CARE PROVIDER ARRANGEMENTS

- ♦ **Exclusive providers** - Enrollees must go to providers associated with the plan for all non-emergency care in order for the costs to be covered.
- ♦ **Any providers** - Enrollees may go to providers of their choice with no cost incentives to use a particular subset of providers.
- ♦ **Mixture of providers** - Enrollees may go to any provider but there is a cost incentive to use a particular subset of providers.

Usual, customary, and reasonable (UCR) charges - Conventional indemnity plans operate based on usual, customary, and reasonable (UCR) charges. UCR charges mean that the charge is the provider's usual fee for a service that does not exceed the customary fee in that geographic area, and is reasonable based on the circumstances. Instead of UCR charges, PPO plans often operate based on a negotiated (fixed) schedule of fees that recognize charges for covered services up to a negotiated fixed dollar amount.

REFERENCE SOURCES

Survey definitions from:

- ◆ The National Compensation Survey definitions (BLS),
- ◆ The Medical Expenditure Panel Survey definitions (AHRQ), and
- ◆ The National Employer Health Insurance Survey definitions (NCHS).

Definitions from other Federal agencies and surveys, such as:

- ◆ The Current Population Survey (BLS/Census)
- ◆ ERISA-related definitions (from PWBA) Glossaries and informational papers from websites such as:
 - ◆ OPM's Federal Employees Health Benefit Plans (glossary and specific plan booklets),
 - ◆ Blue Cross / Blue Shield
- ◆ The National Center for Policy Analysis, and
- ◆ The Health Insurance Association of America.

Publications such as:

- ◆ Employee Benefit Plans: A Glossary of Terms, Ninth Edition 1997, Judith A. Sankey - editor, International Foundation of Employee Benefit Plans.
- ◆ "Fundamentals of Employee Benefit Programs, Fourth addition"
- ◆ "Managed Care Plans and Managed Care Features: Data from the EBS to the NCS", Cathy A. Baker and Iris S. Díaz, Compensation and Working Conditions, Spring 2001
- ◆ EBRI Notes Vol. 16, no. 7, July 1995
- ◆ HIAA Source Book Personal communications with staff from some of the data sources cited above.

THE AUTHOR

Peter A. Wadsworth has been professionally involved in healthcare for over 25 years as a health insurance executive, investment banker, financial advisor, writer and lecturer. He has worked with some of the most prominent healthcare organizations in the country, including Harvard Community Health Plan⁵², which later merged with Pilgrim Health Care, and designed health insurance programs for one of the largest BlueCross/Blue Shield plans in the country.

Mr. Wadsworth has presented to groups such as the American Association of Health Plans, the National Health Lawyers Association and the Group Health Institute and at academic institutions such as Columbia University School of Public Health, Rush-Presbyterian-St. Luke's Medical Center and the University of Missouri.

Mr. Wadsworth has also written extensively about healthcare, finance and environmental issues and has been a consumer of healthcare in New York City, on eastern Long Island and now in the Boston area. He has served on numerous advisory committees and non-profit boards, such as the National Peace Foundation in Washington, DC.

Mr. Wadsworth grew up in Dedham, Mass. before earning an undergraduate degree and an MBA at Cornell University. Immediately after Cornell, he worked as a management consultant at McKinsey & Company, to which he attributes his writing skills, and in a variety of capacities at IBM.

Mr. Wadsworth has been an avid sailor, skier, windsurfer and mountain climber and has sung with choral groups in New York and Massachusetts.

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⁵² Mr. Wadsworth arranged virtually all of the capital financing for Harvard Community Health Plan during the 1980s, which by 1990, "*consisted of fourteen Boston-area health centers ... and eight independently contracted physician groups, designed to provide an alternative to fee-for-service health care.*"