

**Massachusetts General Physicians Organization (MGPO) – Hemophilia Treatment Center Designation  
– Massachusetts General Comprehensive Hemophilia and Thrombosis Center (HM02114)  
Response to the Committee on Energy and Commerce**

- 1) In a chart or similar format, please list each of the following items for 2012, 2013, 2014, 2015, and 2016

*Please note the following responses are related to the MGPO's participation as a Hemophilia Treatment Center (HTC). This grant funded HRSA specialty clinic program is intended "to provide optimal care using a multi-disciplinary team approach that provides accessible, family-centered, continuous, comprehensive, coordinated, and culturally effective care for individuals with hemophilia and other bleeding disorders". This clinic was registered in 2011 and began operations in 2013.*

- a) The number of 340B drugs your organization, and all associated sites and off-site outpatient facilities registered as child sites, purchased for that year. Please provide a breakdown of the number of these drugs that were purchased by the covered entity's child sites and the number directly purchased by the covered entity.

**Chart Below illustrates the number of antihemophilic units purchased**

Fiscal Year	2013	2014	2015	2016
340 B Factor Purchased	17,850	445,248	1,513,264	2,075,867

- b) The percentage of 340B drugs purchased and dispensed that fall into each of the following categories:

- i) Analgesics - Zero
- ii) Antidepressants - Zero
- iii) Oncology treatment drugs - Zero
- iv) Antidiabetic agents - Zero
- v) Antihyperlipidemic agents – Zero

- c) The number of 340B drugs your organization purchased that were dispensed to insured patients, including:

- i) Chart Below

Fiscal Year	2013	2014	2015	2016
Medicare	0	0	0	0

- ii) Chart Below

Fiscal Year	2013	2014	2015	2016
Medicaid	0	58.1%	53%	47.1%

- iii) Chart Below

Fiscal Year	2013	2014	2015	2016
Commercial	0	41.9%	47%	52.9%

- d) **The number of 340B drugs your organization purchased that were dispensed to uninsured patients;**

*No drugs were dispensed to uninsured patients from 2013-2016 but per question 4 below the MGPO is capable of doing so.*

- e) **The amount of savings (in dollars), as compared to the GPO price for the same drug, that your organization generated through participation in the 340B Drug Pricing Program; and**

*We do not track this information.*

- f) **The amount of charity care (in dollars) that your organization provided; and**

*The MGPO follows the same "Patient Discount and Financial Assistance" policy as the hospital and provides free or charity care to patients as shown in the chart below. The net amount was calculated for the entire organization (beyond HTC) based on the cost of providing clinical care to patients without coverage. This does not include the net underfunding for patients on Medicaid and other low income insurance products.*

**Charity Care \$'s**

Fiscal Year	2013	2014	2015	2016
Charity Care	\$9,620,460	\$6,816,522	\$9,658,874	\$10,563,845

- g) **The number of patients that received charity care from your organization.**

*The number of unique patients receiving charity care from the entire MGPO (beyond HTC) is shown in the chart below.*

**Charity Care Patients**

Fiscal Year	2013	2014	2015	2016
Charity Care	15,957	14,812	14,975	16,672

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- 2) **How does your organization calculate the amount of savings it generates through participation in the 340b Drug Pricing program? How does your organization track the amount of money your organization received when an insured patient's insurance reimbursement exceeds the 340B price paid for the drug?**

*Our Program does not track the amount of savings it generates through participation in the 340B Drug Pricing Program. The Program Manager for the HTC tracks all reimbursements from payers. Internally this information is captured in our reporting systems. Based on MCHB guidelines, we are*

*required to report detailed Program performance annually. We can track the payments received by patient and the drugs purchased by patient.*

- 3) **How does your organization use program savings to care for vulnerable populations? Are programs savings used for any other purposes?**

*All funds are used to care for the Hemophilia patients consistent with the Comprehensive Care Model, and the accounting, reporting and program funds use requirements for sub-grantees MCHB Grant (45 C.F.R. 72.24(b)(1)).*

- a) **Does your organization provide any additional charity care to uninsured and underinsured patients with funds derived from sources other than the 340b Drug Pricing Program? If so, please elaborate**

*The MGPO provides charity care to patients using the net patient care proceeds generated from services provided to all patients.*

- b) **What percentage of total health care services provided by your organization is charity care?**

*Charity care as a percentage of gross revenue is shown in the chart below.*

**Charity Care % of Gross Revenue**

Fiscal Year	2013	2014	2015	2016
Charity Care	1.36%	1.05%	1.12%	1.24%

- 4) **Does your organization have any policies to help ensure that uninsured and underinsured patients directly benefit from the program by receiving discounts on 340B drugs? If so, please elaborate.**

*In the HTC program, patients could be either served directly or HTC staff and Social Work staff help to find coverage.*

*For clinical care in general, the MGPO does follow the hospital's "Patient Discount and Financial Assistance" policy which seeks to ensure access to urgent and emergent services for any patient with a demonstrated financial need.*

- 5) **How many child-site does your organization have registered to participate in the 340B Drug Pricing Program? Please provide a list of all child-sites, including the location of the child-site and the date it began participating in the program.**

*Not applicable for a specialized clinic. Our HTC has zero child sites.*

- 6) **How many pharmacies has your organization contracted with to dispense drugs purchased through the 340B Drug Pricing Program on your behalf?**

*Our HTC is contracted with one Specialty Pharmacy.*

- a) **Do your contracts with these pharmacies require that program savings be passed on to the intended beneficiaries, including requiring that uninsured or underinsured patients receive discounts on 340B drugs?**

*Yes. The contract provides that all monies collected by the contract pharmacy, on behalf of the HTC, be remitted in full to the HTC.*

- b) **Does your organization share any program savings with these contract pharmacies? If so, please elaborate.**

*We do not share program savings with our contract pharmacy. The contract pharmacy is paid only for professional services, rent, utilities and logistics expenses.*

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