

Massachusetts Hospital Profiles

Data Through Fiscal
Year 2020

April 2022



Table of Contents

FY 2020 Massachusetts Hospital Profiles Executive Summary	1-3
Introduction to Acute Hospital Profiles	Ai
How to Read Acute Hospital Profiles	Aiii
Acute Hospitals - by Type	
Academic Medical Centers	
Beth Israel Deaconess Medical Center	A1
Boston Medical Center	A2
Brigham and Women's Hospital	A3
Massachusetts General Hospital	A4
Tufts Medical Center	A5
UMass Memorial Medical Center	A6
Teaching Hospitals	
Baystate Medical Center	A7
Brigham and Women's Faulkner Hospital	A8
Cambridge Health Alliance	A9
Lahey Hospital & Medical Center	A10
Mount Auburn Hospital	A11
Saint Vincent Hospital	A12
Steward Carney Hospital	A13
Steward St. Elizabeth's Medical Center	A14
Community Hospitals	
Anna Jaques Hospital	A15
Beth Israel Deaconess Hospital - Milton	A16
Beth Israel Deaconess Hospital - Needham	A17
Cooley Dickinson Hospital	A18
Emerson Hospital	A19
Martha's Vineyard Hospital	A20
MelroseWakefield Hospital	A21
Milford Regional Medical Center	A22
Nantucket Cottage Hospital	A23
Newton-Wellesley Hospital	A24
South Shore Hospital	A25
Winchester Hospital	A26
Community-High Public Payer Hospitals	
Athol Hospital	A27
Baystate Franklin Medical Center	A28
Baystate Noble Hospital	A29
Baystate Wing Hospital	A30
Berkshire Medical Center	A31
Beth Israel Deaconess Hospital - Plymouth	A32
Cape Cod Hospital	A33
Fairview Hospital	A34
Falmouth Hospital	A35
Harrington Memorial Hospital	A36
HealthAlliance-Clinton Hospital	A37
Heywood Hospital	A38
Holyoke Medical Center	A39
Lawrence General Hospital	A40
Lowell General Hospital	A41
Marlborough Hospital	A42
Mercy Medical Center	A43
MetroWest Medical Center	A44
Morton Hospital, A Steward Family Hospital	A45

Table of Contents (Continued)

Nashoba Valley Medical Center, A Steward Family Hospital	A46
North Shore Medical Center	A47
Northeast Hospital	A48
Signature Healthcare Brockton Hospital	A49
Southcoast Hospitals Group	A50
Steward Good Samaritan Medical Center	A51
Steward Holy Family Hospital	A52
Steward Norwood Hospital	A53
Steward Saint Anne's Hospital	A54
Sturdy Memorial Hospital	A55
Specialty Hospitals	
Boston Children's Hospital	A56
Dana-Farber Cancer Institute	A57
Massachusetts Eye and Ear Infirmary	A58
New England Baptist Hospital	A59
Shriners Hospitals for Children - Boston	A60
Shriners Hospitals for Children - Springfield	A60
Introduction to Non-Acute Hospital Profiles	Bi
How-to-Read Non-Acute Hospital Profiles Guide	Biii
Non-Acute Hospitals - by Cohort	
Psychiatric Hospitals	B1
Rehabilitation Hospitals	B2
Chronic Care Hospitals	B3
AdCare Hospital of Worcester	B4
Franciscan Hospital for Children	B4
Hebrew Rehabilitation Hospital	B4
Department of Mental Health Hospitals	B5
Department of Public Health Hospitals	B6
Technical Appendix	C1

EXECUTIVE SUMMARY: FY 2020 MASSACHUSETTS HOSPITAL PROFILES

Introduction

The FY 2020 Massachusetts Hospital Profiles provide descriptive and comparative information on acute and non-acute hospitals based on hospital characteristics, services, payer mix, utilization trends, cost trends, financial performance, and selected quality measures over a five-year period.

The FY 2020 publication includes an individual profile for each acute hospital, a consolidated profile for each non-acute hospital cohort, and a comprehensive [databook](#). Additionally, this publication includes an [interactive dashboard](#) for all acute hospitals. The interactive dashboard allows users to select data views by individual hospital, hospital type, and hospital health system. This executive summary focuses on statewide acute hospital findings. Aggregate and provider-specific results can be found in individual hospital profiles and the interactive dashboard on CHIA's website.*

* The executive summary includes thumbnails of the charts referenced throughout, which link to the full version of the chart in the interactive report for easier viewing.

Overview

In FY 2020, there were 61 acute care hospitals in Massachusetts. Of these 61 hospitals, 10 were for-profit hospitals, all of which were part of multi-acute hospital systems. There were 51 non-profit hospitals in Massachusetts, 37 of which are components of larger multi-acute systems, and 14 of which are components of individual hospital systems (see [interactive chart A](#)).

Hospitals are categorized into five types—Academic Medical Centers (AMCs), teaching hospitals, community hospitals, community-High Public Payer (HPP) hospitals, and specialty hospitals. For analytical purposes, AMCs, teaching hospitals, community hospitals, and community-HPP hospitals are also considered cohorts of similar hospitals. Specialty hospitals are not considered a cohort, due to their unique patient populations and services. For FY 2020, there were six AMCs, eight teaching hospitals, 12 community hospitals, 29 community-HPP hospitals, and six specialty hospitals.

This report incorporates the impact of COVID-19 on hospital financials and utilization during fiscal year 2020

Hospital Financial Performance

Total margin reflects the excess of total revenues over total expenses, including operating and non-operating activities such as investment income, as a percentage of total revenue. Operating margin reflects the excess of operating revenues over operating expenses, including patient care and other activities, as a percentage of total revenue.

Federal COVID relief funding was distributed to hospitals starting in April 2020 as part of the Coronavirus Aid, Relief, and Economic Security (CARES) Act. State relief funds were also distributed to hospitals during this time period. In FY 2020, acute hospitals reported \$1.9 billion in federal COVID-19 relief funds and \$206.8 million in state relief funds as operating revenue, which are included in both the total and operating margins.

The statewide acute hospital median total margin in FY 2020 was 2.6%, a decrease of 0.9 percentage points between 2019 and 2020. The Academic Medical Center and community-HPP cohorts experienced an increase in total margin, while the community and teaching hospital cohorts decreased. The community hospital cohort experienced the largest change in total margin, a decrease of 4.2 percentage points.

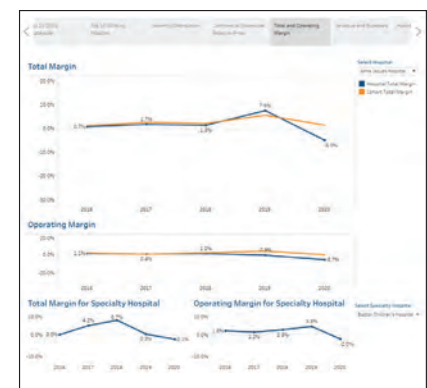
The statewide acute hospital median operating margin of 1.3% represented a decrease of 1.2 percentage points from the prior year. The teaching, community and community-HPP hospital cohorts experienced a decrease in median operating margin while the AMC cohort remained stable. The community hospital was the only cohort to report a negative median operating margin.

A At a Glance



Click images to see the detailed graphic and the full interactive report.

B Total and Operating Margins



Click images to see the detailed graphic and the full interactive report.

As noted, the FY 2020 total and operating margins included COVID-19 relief funding reported as operating revenue. If these relief funds had not been distributed, the median acute hospital total margin would have been -4.5%.

The financial performance of hospital health systems is also important to understanding the greater context in which hospitals operate. For more information about the financial performance of hospital health systems, please see the FY 2020 Massachusetts Acute Hospital and Health System Financial Performance Report [here](#)..

Hospital Utilization

Between FY 2019 and FY 2020, statewide hospital inpatient discharges decreased by 7.5%. All hospital cohorts experienced a decrease in inpatient discharges, with AMCs experiencing the greatest decrease of 9.1%.

Inpatient hospitalizations are frequently categorized into Diagnosis Related Groups (DRGs), which quantify the predicted resources required to provide care to patients with different medical conditions. Consistent with previous years, the most frequently occurring DRG in Massachusetts was normal neonate births. The community-HPP cohort, which includes the most hospitals, treated the greatest share of patients for eight of the top ten discharges among hospital cohorts.

CHIA also examined the distribution of discharges by grouping all DRGs into five severity quintiles. The first quintile represented the least severe discharges, and the fifth quintile represented the most complex discharges. AMCs and teaching hospitals combined treated 41% of the least severe cases in 2020, while 58% of cases at this level of care were provided in community hospital settings (community and community-HPP hospitals). Conversely, AMCs and teaching hospitals provided care to 72% of the most severe cases, while 18% of these cases received care in community hospitals. Specialty hospitals provided care to 9% of the most severe cases.

C Operating Revenue and Expenses



Click images to see the detailed graphic and the full interactive report.

D Utilization



Click images to see the detailed graphic and the full interactive report.

For more information, please contact:



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INTRODUCTION TO ACUTE HOSPITAL PROFILES

An **acute hospital** is a hospital that is licensed by the Massachusetts Department of Public Health, which contains a majority of medical-surgical, pediatric, obstetric, and maternity beds.

Hospitals are categorized in five types—Academic Medical Centers (AMCs), teaching hospitals, community hospitals, community-High Public Payer (HPP) hospitals, and specialty hospitals. For analytical purposes, AMCs, teaching hospitals, community hospitals, and community-HPP hospitals are also considered cohorts. Specialty hospitals are not considered a cohort, due to their unique patient populations and services. For FY20, there were six AMCs, eight teaching hospitals, 12 community hospitals, and 29 community-HPP hospitals. There are six specialty hospitals.

Academic Medical Centers (AMCs) are a subset of teaching hospitals. AMCs are characterized by extensive research and teaching programs, comprehensive resources for tertiary and quaternary care, being principal teaching hospitals for their respective medical schools, and being full service hospitals with case mix intensity greater than 5% above the statewide average.

AMC Cohortpage A1

Beth Israel Deaconess Medical Center	Massachusetts General Hospital
Boston Medical Center	Tufts Medical Center
Brigham and Women's Hospital	UMass Memorial Medical Center

Teaching hospitals are hospitals that report at least 25 full-time equivalent medical school residents per one hundred inpatient beds in accordance with the Medicare Payment Advisory Commission (MedPAC) and are not classified as AMCs.

Teaching Cohortpage A7

Baystate Medical Center	Mount Auburn Hospital
Brigham and Women's Faulkner Hospital	Saint Vincent Hospital
Cambridge Health Alliance	Steward Carney Hospital
Lahey Hospital & Medical Center	Steward St. Elizabeth's Medical Center

Community hospitals are hospitals that do not meet the MedPAC definition to be classified as teaching hospitals and have a public payer mix of less than 63%.

Community Hospital Cohort.....page A14

Anna Jaques Hospital	MelroseWakefield Hospital
Beth Israel Deaconess Hospital - Milton	Milford Regional Medical Center
Beth Israel Deaconess Hospital - Needham	Nantucket Cottage Hospital
Cooley Dickinson Hospital	Newton-Wellesley Hospital
Emerson Hospital	South Shore Hospital
Martha's Vineyard Hospital	Winchester Hospital

Community-High Public Payer (HPP) hospitals are community hospitals that have 63% or greater of Gross Patient Service Revenue (GPSR) attributable to Medicare, MassHealth, and other government payers, including the Health Safety Net.

Community-High Public Payer (HPP) Cohort.....page A29

Athol Hospital	Marlborough Hospital
Baystate Franklin Medical Center	Mercy Medical Center
Baystate Noble Hospital	MetroWest Medical Center
Baystate Wing Hospital	Morton Hospital, A Steward Family Hospital
Berkshire Medical Center	Nashoba Valley Medical Center, A Steward Family Hospital
Beth Israel Deaconess Hospital - Plymouth	North Shore Medical Center
Cape Cod Hospital	Northeast Hospital
Fairview Hospital	Signature Healthcare Brockton Hospital
Falmouth Hospital	Southcoast Hospitals Group
Harrington Memorial Hospital	Steward Good Samaritan Medical Center
HealthAlliance-Clinton Hospital	Steward Holy Family Hospital
Heywood Hospital	Steward Norwood Hospital
Holyoke Medical Center	Steward Saint Anne's Hospital
Lawrence General Hospital	Sturdy Memorial Hospital
Lowell General Hospital	

Specialty hospitals are not included in any cohort comparison analysis due to the unique patient populations they serve and/or the unique sets of services they provide. Specialty hospitals may be included in statewide analyses.

Specialty Hospitals.....page A58

Boston Children's Hospital	New England Baptist Hospital
Dana-Farber Cancer Institute	Shriners Hospitals for Children - Boston
Massachusetts Eye and Ear Infirmary	Shriners Hospitals for Children - Springfield

HOW TO READ ACUTE HOSPITAL PROFILES – FISCAL YEAR 2020

This sheet provides a brief introduction to the metrics on the acute hospital profiles. Definitions and notes on all metrics are available in the [technical appendix](#).

SIGNATURE HEALTHCARE BROCKTON HOSPITAL

2020 Hospital Profile

Signature Healthcare Brockton Hospital is a non-profit community-High Public Payer (HPP) hospital located in the Metro South region. Between FY16 and FY20, the volume of inpatient discharges at the hospital decreased by 6.2% compared to a median decrease of 7.6% at cohort hospitals. Outpatient visits increased 21.4% for the hospital between FY16 and FY20, compared to a median decrease of 15.2% for its peer cohort. Signature Healthcare Brockton Hospital reported a profit each year in this time period including a profit of \$17.0M in FY20 and a total margin of 5.4%, compared to the cohort median of 4.0%.

Overview / Size		Payer Mix	
Hospital System Affiliation:	Signature Healthcare Corporation	Public Payer Mix ¹ :	74.3% HPP Hospital
Hospital System Surplus (Deficit) in FY20:	\$7,327,183	CY19 Commercial Statewide Relative Price:	0.827
Change in Ownership (FY16-20):	Not Applicable	Top 3 Commercial Payers:	Blue Cross Blue Shield Harvard Pilgrim Tufts HMO
Total Staffed Beds:	216, mid-size acute hospital	Utilization	
% Occupancy:	66.3%, > cohort avg. (63%)	Inpatient Discharges in FY20:	11,404
Trauma Center Designation:	Not Applicable	Change FY19-FY20:	-1.6%
Case Mix Index:	0.93, < cohort avg. (1.00), < statewide (1.16)	Emergency Department Visits in FY20:	49,142
		Change FY19-FY20:	-17.2%
		Outpatient Visits in FY20:	180,310
		Change FY19-FY20:	-6.4%
		Quality	
		Readmission Rate in FY20:	17.1%
		Change FY19-FY20 (percentage points):	-0.5
		Early Elective Deliveries Rate:	0.0%

Hospital name

Campus location(s)

Hospital type

Region

Hospital system affiliation

Regional utilization

The communities where the hospital's inpatients reside are listed, with the number of this hospital's discharges from each community and a bar representing the share this hospital provides for each community among Massachusetts hospitals.

Services

What were the most common inpatient cases (DRGs) treated at the hospital in FY20? What proportion of the region's cases did this hospital treat for each service?

DRG	Count	Percentage
Normal Neonate Birth (112)	25	25%
Vaginal Delivery (113)	27	27%
Septicemia & Infections (958)	17%	17% of regional discharges were treated at this hospital in FY20
Cesarean Delivery (390)	20%	20%
Heart Failure (355)	14%	14%
COVID (325)	22%	22%
Bipolar Disorders (291)	75%	75%
Maj Resp Infect & Wounds (233)	11%	11%
Bacterial Skin Infections (198)	18%	18%
Cardiac Arrhythmia (187)	15%	15%

--- Hospital (11,404) = 6% of total regional discharges

Where did most of the hospital's inpatients reside? What proportion of each community's total discharges was attributed to this hospital?

Community	Count	Percentage
Brockton MA (8,850)	37%	37%
Bridgewater MA (673)	24%	24%
Taunton MA (467)	7%	7%
East Bridgewater MA (447)	28%	28%
Abington MA (386)	19%	19%
Wilmington MA (362)	22%	22%
Rockland MA (270)	11%	11%
Stoughton MA (269)	7%	7%
Randolph MA (232)	22%	22%
West Bridgewater MA (222)	22%	22%

Quality

What proportion of adult patient discharges from this hospital resulted in a readmission at any hospital within 30 days, and how does this compare to the statewide rate?

19.1% (2016), 17.1% (2020), Statewide Rate: 15.9%

Lower is Better

How many central line-associated blood stream infections (CLABSI), catheter-associated urinary tract infections (CAUTI), and surgical site infections (SSI) after colon surgery did patients get at this hospital compared to what was expected based on the hospital's characteristics and case mix?

CLABSI, CAUTI, SSI: Colon Surgery

Lower is Better

Types of inpatient cases

This hospital's most frequent inpatient cases are listed, with the number of discharges in each group and a bar representing the proportion of regional cases treated at this hospital.

Readmissions

This measure is designed to follow adult patients for 30 days from discharge and determine whether they are admitted to a hospital during this period. The readmission rates for 2016 and 2020 are displayed in the graph. A lower score is better.

Health care-associated infections

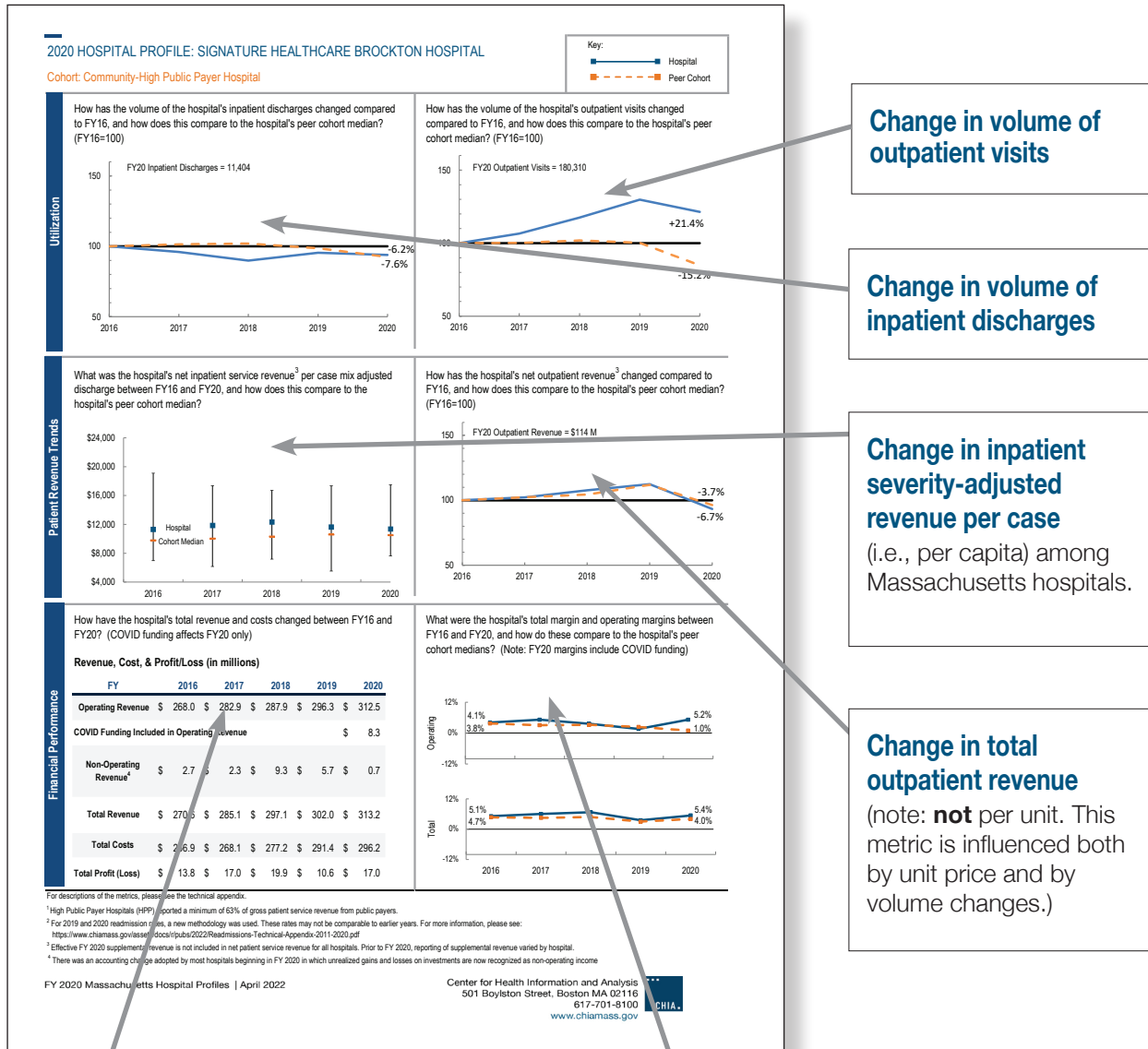
This measure displays how many central line-associated blood stream infections (CLABSI), catheter-associated urinary tract infections (CAUTI), and surgical site infections (SSI) after colon surgery patients experienced relative to what was expected, based on the hospital's characteristics and case mix.

The dotted line indicates that the expected and observed number of infections were equal. A lower score is better.

HOW TO READ ACUTE HOSPITAL PROFILES – FISCAL YEAR 2020

Each of the first four graphs compares trends at the featured hospital (in blue) to the trend among the peer cohort hospitals (in orange). Both trends are anchored at 100 to emphasize recent changes. The labeled points are cumulative over the time period.

Absolute differences between the hospital and the cohort cannot be read from these graphs, but are available in the data supplement to these reports.



2020 Hospital Profile

Beth Israel Deaconess Medical Center (BIDMC) is a large, non-profit Academic Medical Center (AMC) located in the Metro Boston region. At 740 inpatient beds, it is the largest member of Beth Israel Lahey Health and is one of nine organ transplant centers in the state. Between FY16 and FY20, the volume of inpatient discharges at the hospital decreased by 9.9% compared to a median decrease of 8.8% at AMCs. Outpatient visits decreased 19.9% for the hospital between FY16 and FY20, compared to a median decrease of 16.2% at AMCs. It earned a profit each year from FY16 to FY20, with a 4.7% total margin in FY20 compared to the AMC median total margin of 4.2%.

Overview / Size

Hospital System Affiliation:	Beth Israel Lahey Health
Hospital System Surplus (Deficit) in FY20:	\$73,031,000
Change in Ownership (FY16-20):	Beth Israel Lahey Health 3/1/19
Total Staffed Beds:	740, 5th largest acute hospital
% Occupancy:	82.1%, < cohort avg. (84%)
Trauma Center Designation:	Adult: Level 1
Case Mix Index:	1.54, < cohort avg. (1.63); > statewide (1.16)

Financial

Inpatient NPSR per CMAD:	\$13,581
Change FY19-FY20:	-0.5%
Inpatient Outpatient Revenue in FY20:	40%:60%
Outpatient Revenue in FY20:	\$577,496,861
Change FY19-FY20:	-9.4%
Total Revenue in FY20:	\$2,076,895,000
COVID Funding Included in Total Revenue:	\$117,378,000
Total Surplus (Deficit) in FY20:	\$98,377,000

Payer Mix

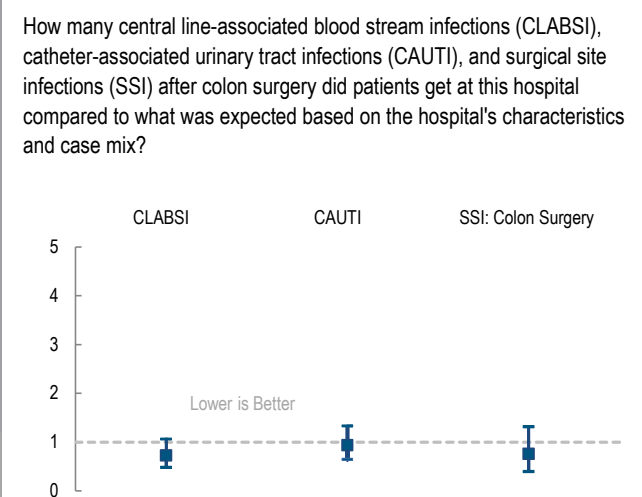
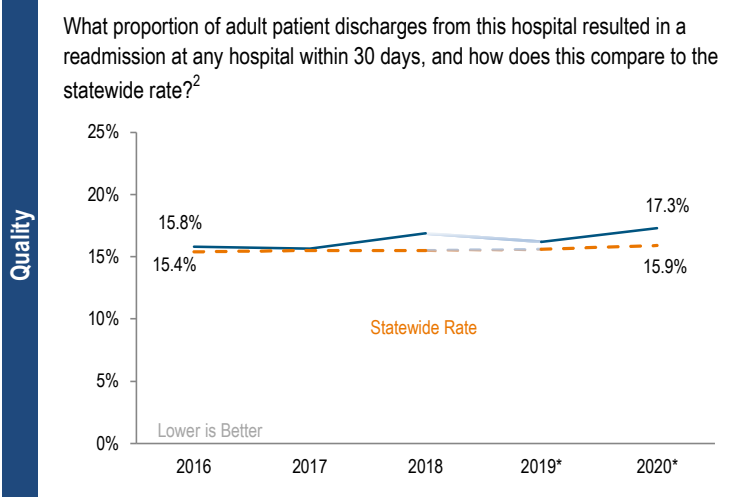
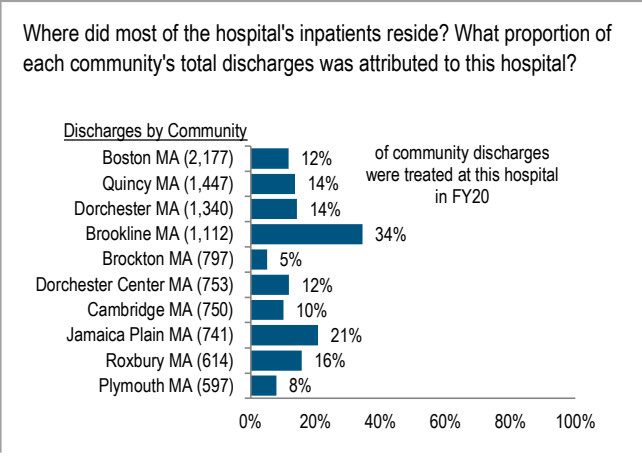
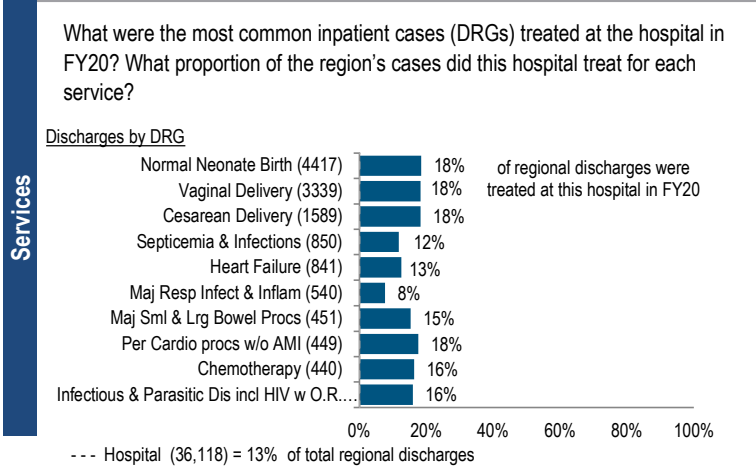
Public Payer Mix ¹ :	56.1% non-HPP Hospital
CY19 Commercial Statewide Relative Price:	1.052
Top 3 Commercial Payers:	Blue Cross Blue Shield Harvard Pilgrim Tufts HMO

Utilization

Inpatient Discharges in FY20:	36,118
Change FY19-FY20:	-10.6%
Emergency Department Visits in FY20:	63,923
Change FY19-FY20:	-15.3%
Outpatient Visits in FY20:	549,790
Change FY19-FY20:	-25.9%

Quality

Readmission Rate in FY20:	17.3%
Change FY19-FY20 (percentage points):	1.1
Early Elective Deliveries Rate:	0.0%



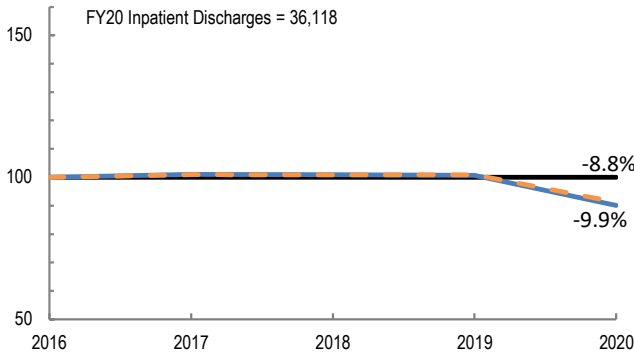
2020 HOSPITAL PROFILE: BETH ISRAEL DEACONESS MEDICAL CENTER

Cohort: Academic Medical Center

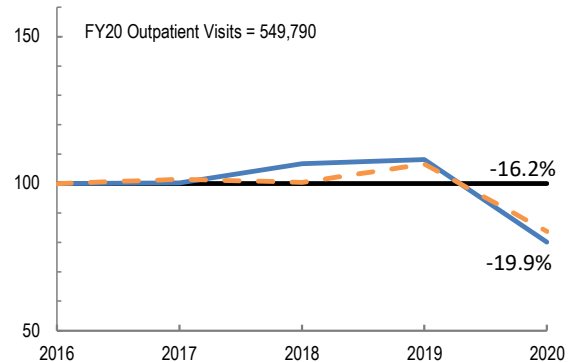


Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY16, and how does this compare to the hospital's peer cohort median? (FY16=100)

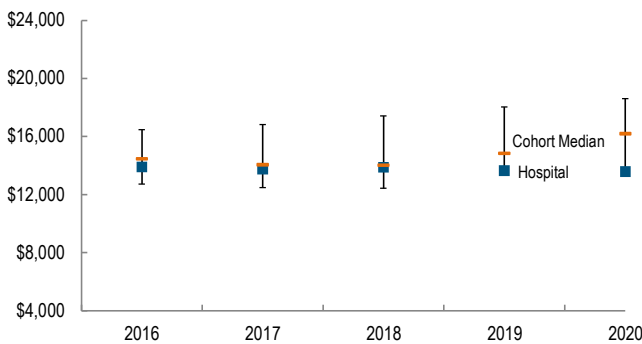


How has the volume of the hospital's outpatient visits changed compared to FY16, and how does this compare to the hospital's peer cohort median? (FY16=100)

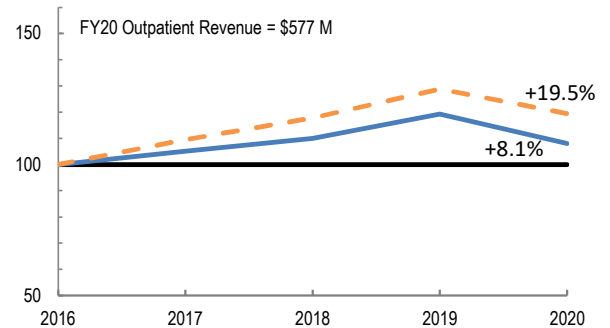


Patient Revenue Trends

What was the hospital's net inpatient service revenue³ per case mix adjusted discharge between FY16 and FY20, and how does this compare to the hospital's peer cohort median?



How has the hospital's net outpatient revenue³ changed compared to FY16, and how does this compare to the hospital's peer cohort median? (FY16=100)



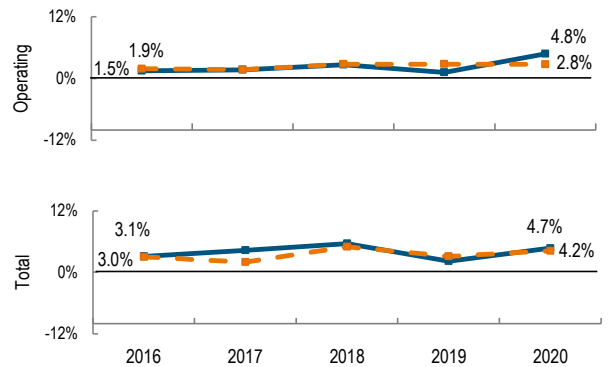
Financial Performance

How have the hospital's total revenue and costs changed between FY16 and FY20? (COVID funding affects FY20 only)

Revenue, Cost, & Profit/Loss (in millions)

FY	2016	2017	2018	2019	2020
Operating Revenue	\$ 1,595.4	\$ 1,688.4	\$ 1,818.5	\$ 1,118.3	\$ 2,078.5
COVID Funding Included in Operating Revenue					\$ 117.4
Non-Operating Revenue⁴	\$ 25.1	\$ 44.5	\$ 52.6	\$ 11.5	\$ (1.6)
Total Revenue	\$ 1,620.5	\$ 1,733.0	\$ 1,871.1	\$ 1,129.9	\$ 2,076.9
Total Costs	\$ 1,570.7	\$ 1,658.4	\$ 1,767.2	\$ 1,105.2	\$ 1,978.5
Total Profit (Loss)	\$ 49.8	\$ 74.6	\$ 103.9	\$ 24.6	\$ 98.4

What were the hospital's total margin and operating margins between FY16 and FY20, and how do these compare to the hospital's peer cohort medians? (Note: FY20 margins include COVID funding)



For descriptions of the metrics, please see the technical appendix.

¹ High Public Payer Hospitals (HPP) reported a minimum of 63% of gross patient service revenue from public payers.

² For 2019 and 2020 readmission rates, a new methodology was used. These rates may not be comparable to earlier years. For more information, please see: <https://www.chiamass.gov/assets/docs/r/pubs/2022/Readmissions-Technical-Appendix-2011-2020.pdf>

³ Effective FY 2020 supplemental revenue is not included in net patient service revenue for all hospitals. Prior to FY 2020, reporting of supplemental revenue varied by hospital.

⁴ There was an accounting change adopted by most hospitals beginning in FY 2020 in which unrealized gains and losses on investments are now recognized as non-operating income

Boston Medical Center (BMC) is a large, non-profit academic medical center (AMC) located in the Metro Boston region. BMC is a teaching hospital of Boston University School of Medicine. It also qualifies as a High Public Payer (HPP) hospital. It is the state's eighth-largest hospital, and one of nine organ transplant centers in Massachusetts. Between FY16 and FY20, the volume of inpatient discharges decreased by 13.4% compared to a median decrease of 8.8% at peer cohort hospitals. Outpatient visits increased by 7.7% between FY16 and FY20, compared to a median decrease of 16.2% at peer cohort hospitals. In FY20, BMC reported a total margin of 4.9% compared to its peer cohort median of 4.2%.

Overview / Size

Hospital System Affiliation:	Boston Medical Center Health System
Hospital System Surplus (Deficit) in FY20:	\$147,396,000
Change in Ownership (FY16-20):	Not Applicable
Total Staffed Beds:	420, 8th largest acute hospital
% Occupancy:	89.2%, > cohort avg. (84%)
Trauma Center Designation:	Adult: Level 1, Pedi: Level 2
Case Mix Index:	1.36, < cohort avg. (1.63); > statewide (1.16)

Financial

Inpatient NPSR per CMAD:	\$16,282
Change FY19-FY20:	14.4%
Inpatient Outpatient Revenue in FY20:	29%:71%
Outpatient Revenue in FY20:	\$661,922,762
Change FY19-FY20:	-20.4%
Total Revenue in FY20:	\$1,877,645,000
COVID Funding Included in Total Revenue:	\$202,003,000
Total Surplus (Deficit) in FY20:	\$92,455,000

Payer Mix

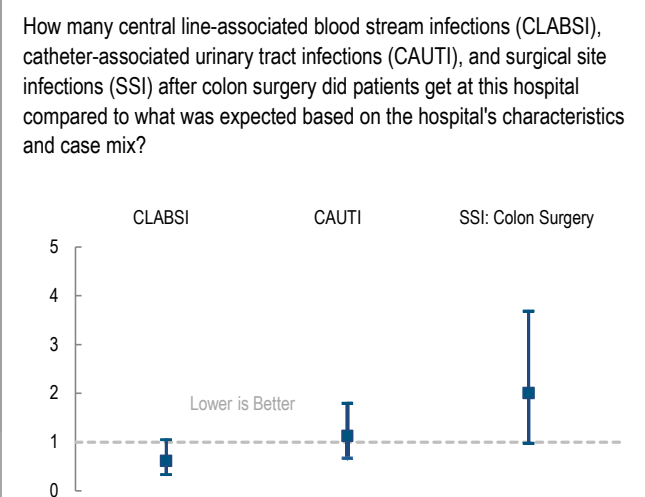
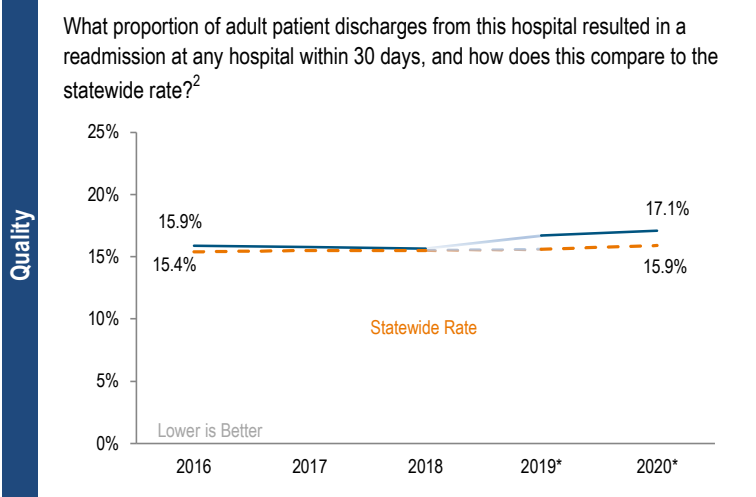
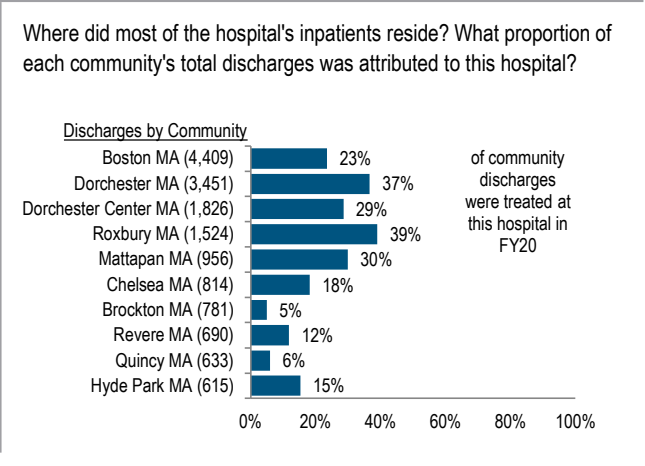
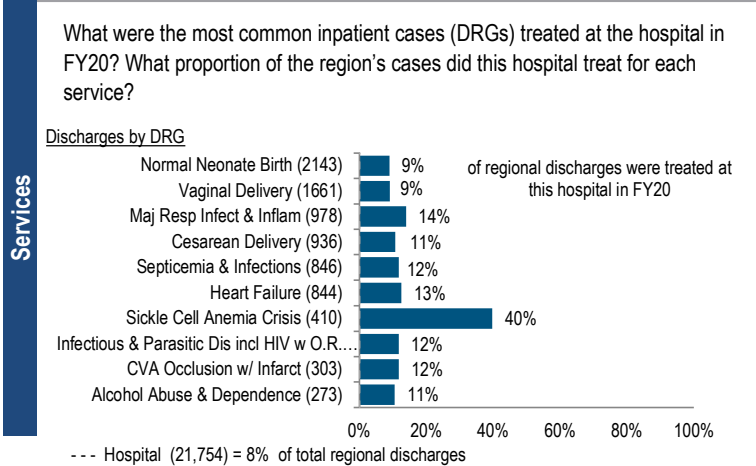
Public Payer Mix ¹ :	74.5% HPP Hospital
CY19 Commercial Statewide Relative Price:	1.284
Top 3 Commercial Payers:	Boston Medical Center HealthNet Plan Blue Cross Blue Shield Harvard Pilgrim

Utilization

Inpatient Discharges in FY20:	21,754
Change FY19-FY20:	-15.7%
Emergency Department Visits in FY20:	165,058
Change FY19-FY20:	-2.4%
Outpatient Visits in FY20:	1,770,002
Change FY19-FY20:	-8.1%

Quality

Readmission Rate in FY20:	17.1%
Change FY19-FY20 (percentage points):	0.4
Early Elective Deliveries Rate:	0.0%



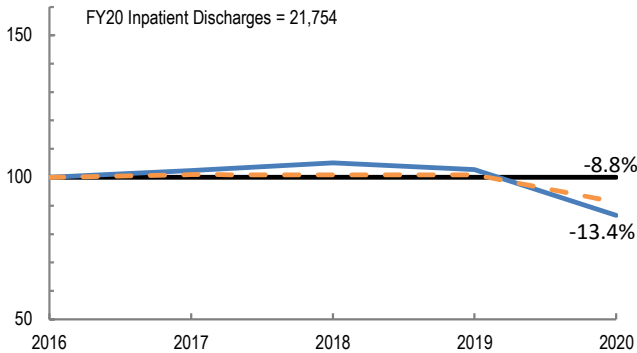
2020 HOSPITAL PROFILE: BOSTON MEDICAL CENTER

Cohort: Academic Medical Center

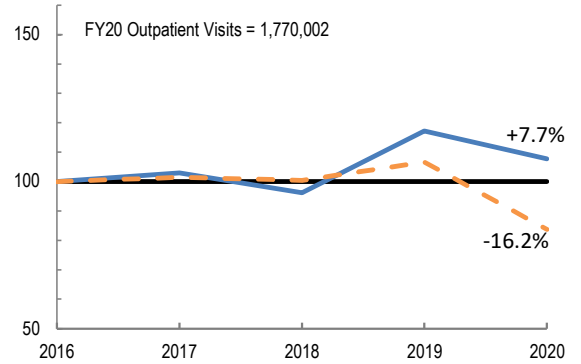


Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY16, and how does this compare to the hospital's peer cohort median? (FY16=100)

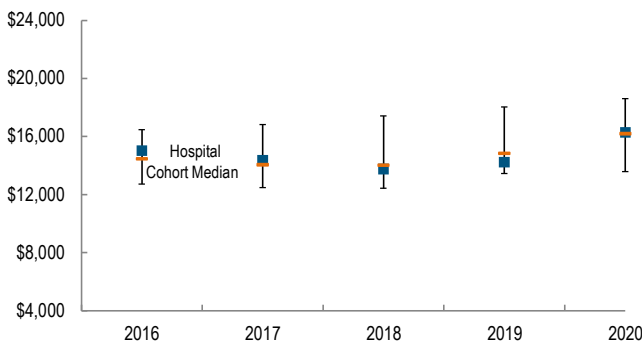


How has the volume of the hospital's outpatient visits changed compared to FY16, and how does this compare to the hospital's peer cohort median? (FY16=100)

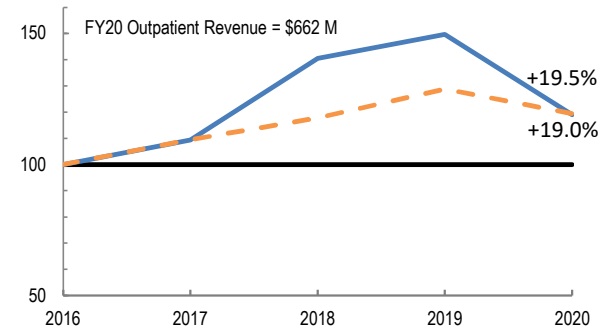


Patient Revenue Trends

What was the hospital's net inpatient service revenue³ per case mix adjusted discharge between FY16 and FY20, and how does this compare to the hospital's peer cohort median?



How has the hospital's net outpatient revenue³ changed compared to FY16, and how does this compare to the hospital's peer cohort median? (FY16=100)



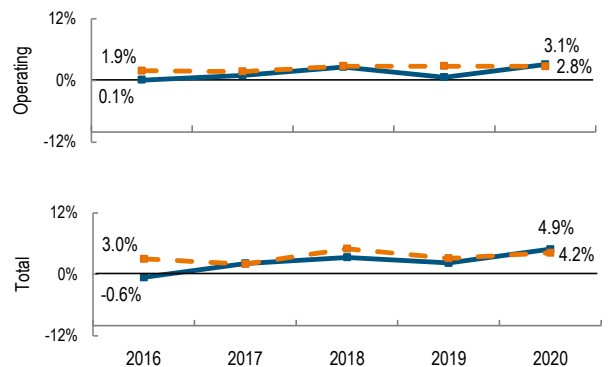
Financial Performance

How have the hospital's total revenue and costs changed between FY16 and FY20? (COVID funding affects FY20 only)

Revenue, Cost, & Profit/Loss (in millions)

FY	2016	2017	2018	2019	2020
Operating Revenue	\$ 1,242.8	\$ 1,325.7	\$ 1,481.4	\$ 1,661.8	\$ 1,843.1
COVID Funding Included in Operating Revenue					\$ 202.0
Non-Operating Revenue⁴	\$ (9.4)	\$ 15.8	\$ 11.2	\$ 26.1	\$ 34.6
Total Revenue	\$ 1,233.4	\$ 1,341.5	\$ 1,492.6	\$ 1,687.9	\$ 1,877.6
Total Costs	\$ 1,241.0	\$ 1,312.9	\$ 1,443.2	\$ 1,651.2	\$ 1,785.2
Total Profit (Loss)	\$ (7.6)	\$ 28.6	\$ 49.4	\$ 36.7	\$ 92.5

What were the hospital's total margin and operating margins between FY16 and FY20, and how do these compare to the hospital's peer cohort medians? (Note: FY20 margins include COVID funding)



For descriptions of the metrics, please see the technical appendix.

¹ High Public Payer Hospitals (HPP) reported a minimum of 63% of gross patient service revenue from public payers.

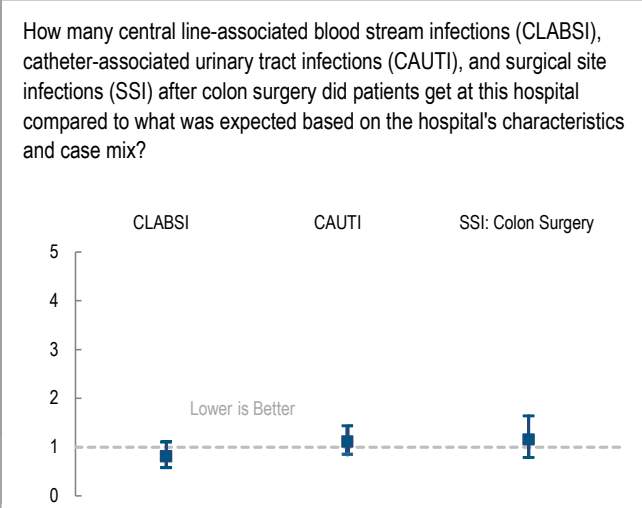
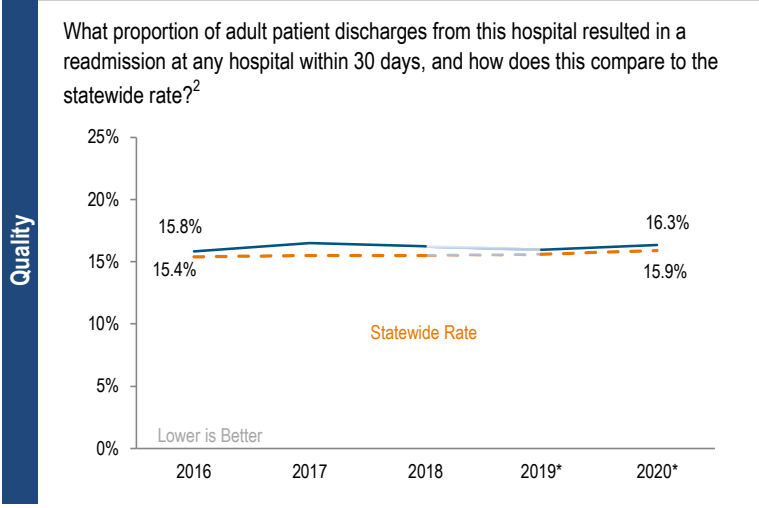
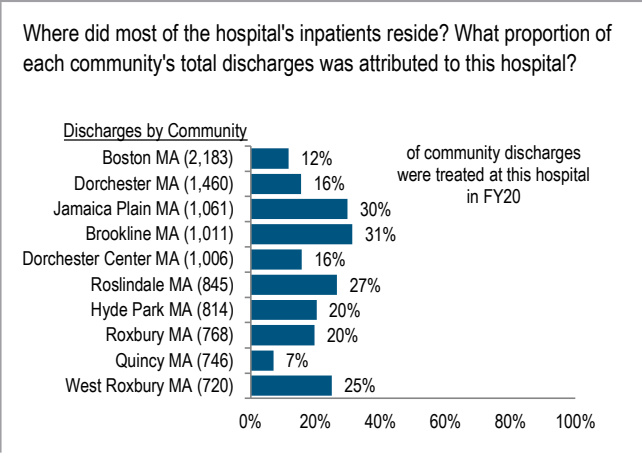
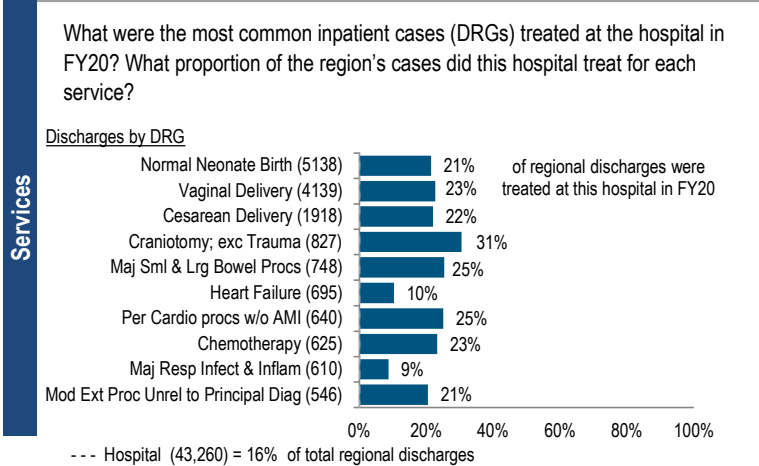
² For 2019 and 2020 readmission rates, a new methodology was used. These rates may not be comparable to earlier years. For more information, please see: <https://www.chiamass.gov/assets/docs/r/pubs/2022/Readmissions-Technical-Appendix-2011-2020.pdf>

³ Effective FY 2020 supplemental revenue is not included in net patient service revenue for all hospitals. Prior to FY 2020, reporting of supplemental revenue varied by hospital.

⁴ There was an accounting change adopted by most hospitals beginning in FY 2020 in which unrealized gains and losses on investments are now recognized as non-operating income

Brigham and Women's Hospital is a non-profit academic medical center (AMC) located in the Metro Boston region. At 891 staffed beds, it is the second-largest hospital in Massachusetts and one of nine organ transplant centers in the state. It is a member of Mass General Brigham. Between FY16 and FY20, the volume of inpatient discharges at the hospital decreased by 8.0% compared to a median decrease of 8.8% at AMCs. Outpatient visits increased 10.1% for the hospital between FY16 and FY20, compared to a median decrease of 16.2% at AMCs. It earned a profit each year from FY16 to FY20, with a 2.4% total margin in FY20 compared to the AMC median total margin of 4.2%.

At a Glance	Overview / Size		Payer Mix	
	Hospital System Affiliation:	Mass General Brigham	Public Payer Mix ¹ :	55.0% non-HPP Hospital
	Hospital System Surplus (Deficit) in FY20:	\$263,515,000	CY19 Commercial Statewide Relative Price:	1.389
	Change in Ownership (FY16-20):	Not Applicable	Top 3 Commercial Payers:	Blue Cross Blue Shield Harvard Pilgrim AllWays
	Total Staffed Beds:	891, 2nd largest acute hospital		
	% Occupancy:	80.4%, < cohort avg. (84%)		
	Trauma Center Designation:	Adult: Level 1		
	Case Mix Index:	1.72, > cohort avg. (1.63); > statewide (1.16)		
	Financial		Utilization	
	Inpatient NPSR per CMAD:	\$18,590	Inpatient Discharges in FY20:	43,260
Change FY19-FY20:	3.1%	Change FY19-FY20:	-9.6%	
Inpatient Outpatient Revenue in FY20:	56%.44%	Emergency Department Visits in FY20:	51,803	
Change FY19-FY20:	-10.8%	Change FY19-FY20:	-16.1%	
Outpatient Revenue in FY20:	\$835,684,461	Outpatient Visits in FY20:	615,174	
Change FY19-FY20:	-10.8%	Change FY19-FY20:	-9.9%	
Total Revenue in FY20:	\$3,218,854,000			
COVID Funding Included in Total Revenue:	\$96,575,000	Quality		
Total Surplus (Deficit) in FY20:	\$77,545,000	Readmission Rate in FY20:	16.3%	
		Change FY19-FY20 (percentage points):	0.4	
		Early Elective Deliveries Rate:	5.4%	



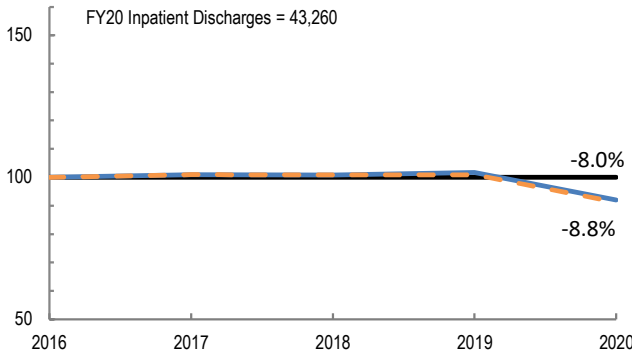
2020 HOSPITAL PROFILE: BRIGHAM AND WOMEN'S HOSPITAL

Cohort: Academic Medical Center

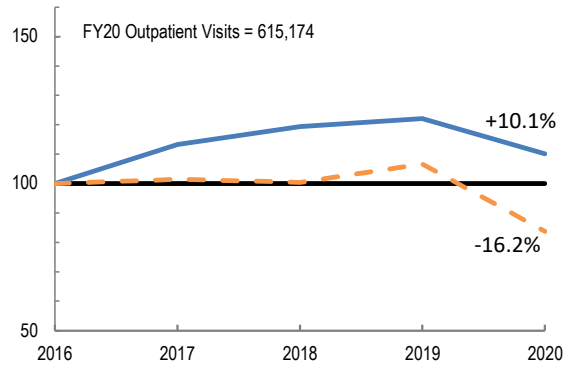


Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY16, and how does this compare to the hospital's peer cohort median? (FY16=100)

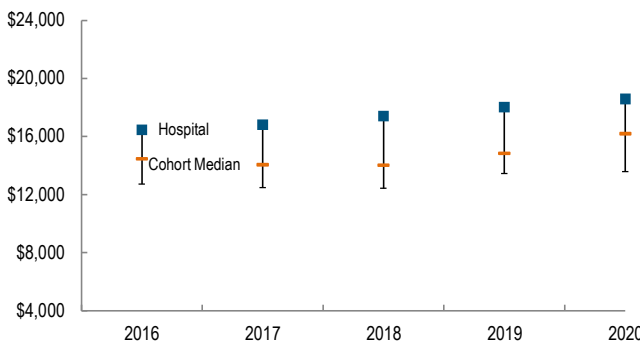


How has the volume of the hospital's outpatient visits changed compared to FY16, and how does this compare to the hospital's peer cohort median? (FY16=100)

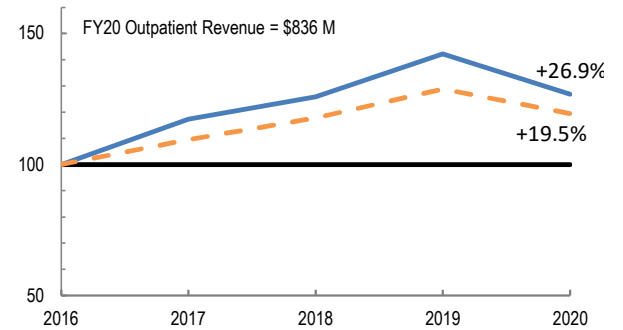


Patient Revenue Trends

What was the hospital's net inpatient service revenue³ per case mix adjusted discharge between FY16 and FY20, and how does this compare to the hospital's peer cohort median?



How has the hospital's net outpatient revenue³ changed compared to FY16, and how does this compare to the hospital's peer cohort median? (FY16=100)



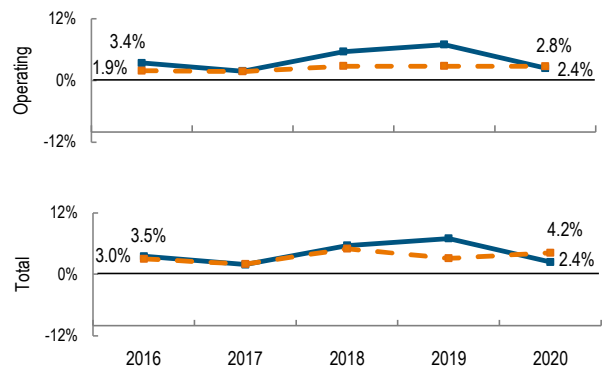
Financial Performance

How have the hospital's total revenue and costs changed between FY16 and FY20? (COVID funding affects FY20 only)

Revenue, Cost, & Profit/Loss (in millions)

FY	2016	2017	2018	2019	2020
Operating Revenue	\$ 2,730.5	\$ 2,935.8	\$ 3,096.2	\$ 3,252.9	\$ 3,218.2
COVID Funding Included in Operating Revenue					\$ 96.6
Non-Operating Revenue⁴	\$ 1.0	\$ 3.2	\$ (0.7)	\$ 0.7	\$ 0.7
Total Revenue	\$ 2,731.5	\$ 2,938.9	\$ 3,095.6	\$ 3,253.5	\$ 3,218.9
Total Costs	\$ 2,637.1	\$ 2,883.1	\$ 2,922.5	\$ 3,024.4	\$ 3,141.3
Total Profit (Loss)	\$ 94.4	\$ 55.9	\$ 173.0	\$ 229.1	\$ 77.5

What were the hospital's total margin and operating margins between FY16 and FY20, and how do these compare to the hospital's peer cohort medians? (Note: FY20 margins include COVID funding)



For descriptions of the metrics, please see the technical appendix.

¹ High Public Payer Hospitals (HPP) reported a minimum of 63% of gross patient service revenue from public payers.

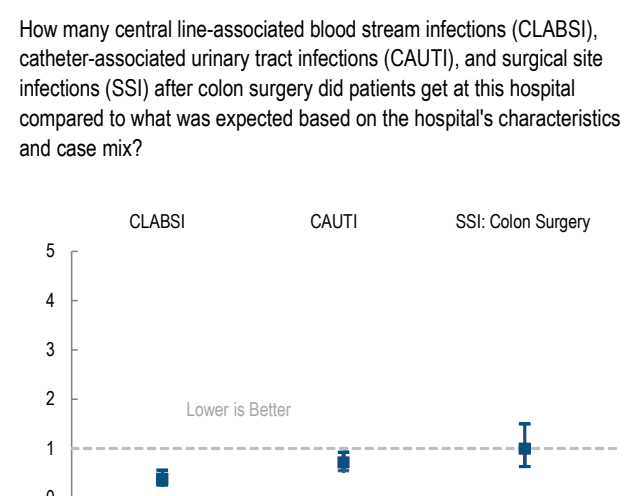
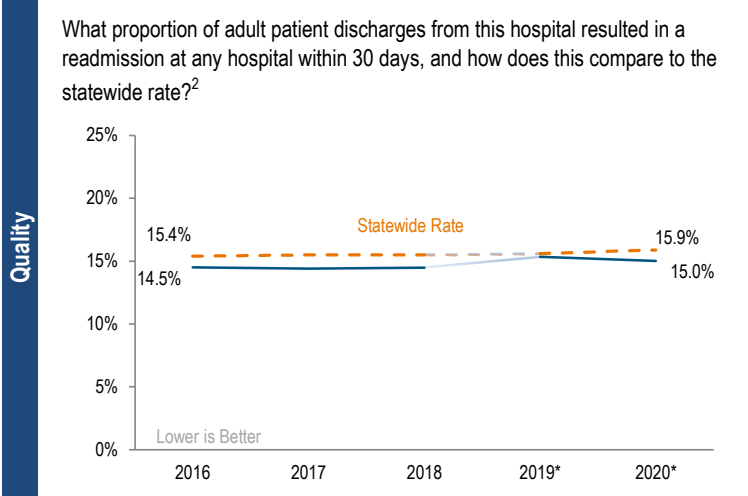
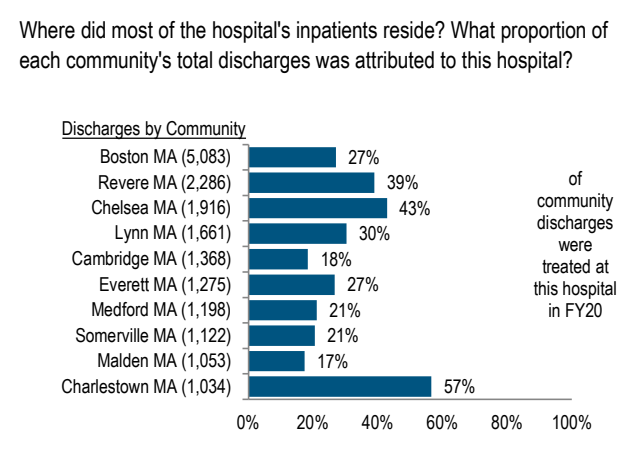
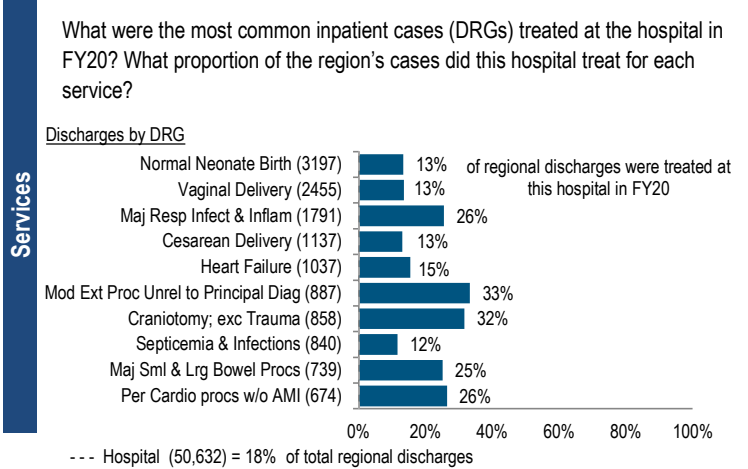
² For 2019 and 2020 readmission rates, a new methodology was used. These rates may not be comparable to earlier years. For more information, please see: <https://www.chiamass.gov/assets/docs/r/pubs/2022/Readmissions-Technical-Appendix-2011-2020.pdf>

³ Effective FY 2020 supplemental revenue is not included in net patient service revenue for all hospitals. Prior to FY 2020, reporting of supplemental revenue varied by hospital.

⁴ There was an accounting change adopted by most hospitals beginning in FY 2020 in which unrealized gains and losses on investments are now recognized as non-operating income

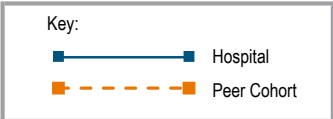
Massachusetts General Hospital (MGH) is a non-profit academic medical center (AMC) located in the Metro Boston region. MGH is the oldest and largest hospital in Massachusetts, with 1,063 staffed beds. MGH is a teaching hospital of Harvard Medical School, a member of Mass General Brigham, and one of nine organ transplant centers in Massachusetts. The hospital has reported a profit in each of the last 5 years including a \$236.3M profit in FY20 with a 5.2% total margin, higher than the 4.2% median total margin of its peer cohort.

At a Glance	Overview / Size		Payer Mix	
	Hospital System Affiliation:	Mass General Brigham	Public Payer Mix ¹ :	57.2% non-HPP Hospital
	Hospital System Surplus (Deficit) in FY20:	\$263,515,000	CY19 Commercial Statewide Relative Price:	1.382
	Change in Ownership (FY16-20):	Not Applicable	Top 3 Commercial Payers:	Blue Cross Blue Shield AllWays Harvard Pilgrim
	Total Staffed Beds:	1,063, largest acute hospital		
	% Occupancy:	82.2%, < cohort avg. (84%)		
	Trauma Center Designation:	Adult: Level 1, Pedi: Level 1		
	Case Mix Index:	1.80, > cohort avg. (1.63); > statewide (1.16)		
	Financial		Utilization	
	Inpatient NPSR per CMAD:	\$16,145	Inpatient Discharges in FY20:	50,632
Change FY19-FY20:	-4.8%	Change FY19-FY20:	-6.5%	
Inpatient Outpatient Revenue in FY20:	46%:54%	Emergency Department Visits in FY20:	98,624	
Outpatient Revenue in FY20:	\$1,472,667,353	Change FY19-FY20:	-11.6%	
Change FY19-FY20:	-3.0%	Outpatient Visits in FY20:	774,874	
Total Revenue in FY20:	\$4,518,805,000	Change FY19-FY20:	-12.3%	
COVID Funding Included in Total Revenue:	\$202,955,000	Quality		
Total Surplus (Deficit) in FY20:	\$236,289,000	Readmission Rate in FY20:	15.0%	
		Change FY19-FY20 (percentage points):	-0.3	
		Early Elective Deliveries Rate:	Not Available	



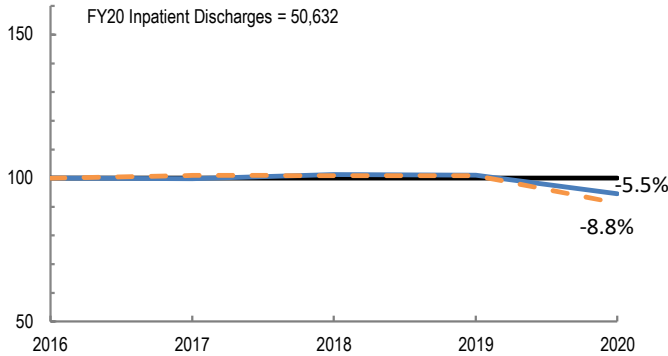
2020 HOSPITAL PROFILE: MASSACHUSETTS GENERAL HOSPITAL

Cohort: Academic Medical Center

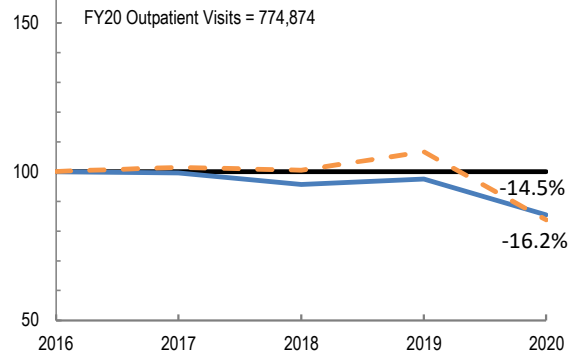


Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY16, and how does this compare to the hospital's peer cohort median? (FY16=100)

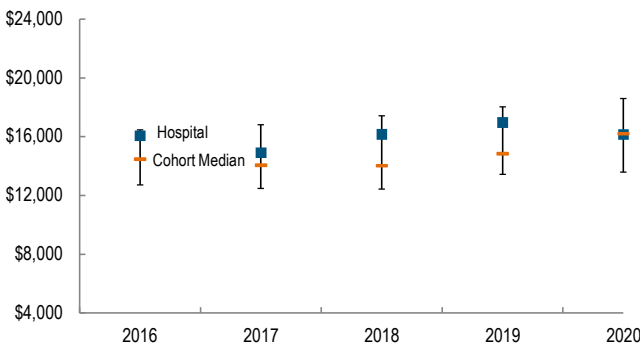


How has the volume of the hospital's outpatient visits changed compared to FY16, and how does this compare to the hospital's peer cohort median? (FY16=100)

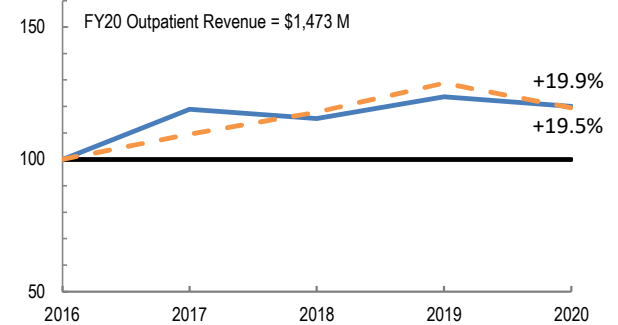


Patient Revenue Trends

What was the hospital's net inpatient service revenue³ per case mix adjusted discharge between FY16 and FY20, and how does this compare to the hospital's peer cohort median?



How has the hospital's net outpatient revenue³ changed compared to FY16, and how does this compare to the hospital's peer cohort median? (FY16=100)



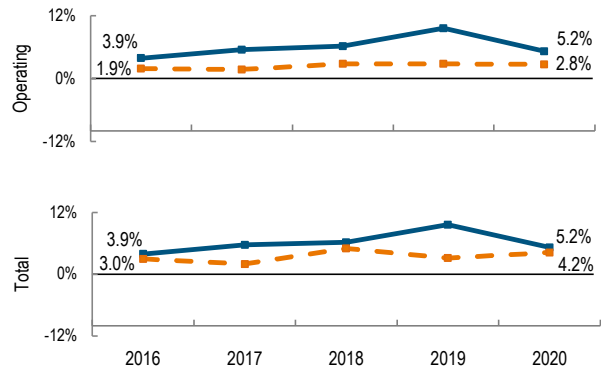
Financial Performance

How have the hospital's total revenue and costs changed between FY16 and FY20? (COVID funding affects FY20 only)

Revenue, Cost, & Profit/Loss (in millions)

FY	2016	2017	2018	2019	2020
Operating Revenue	\$ 3,672.2	\$ 3,935.7	\$ 4,073.0	\$ 4,490.5	\$ 4,518.3
COVID Funding Included in Operating Revenue					\$ 203.0
Non-Operating Revenue⁴	\$ (0.1)	\$ 7.0	\$ (1.7)	\$ 0.7	\$ 0.5
Total Revenue	\$ 3,672.1	\$ 3,942.6	\$ 4,071.2	\$ 4,491.3	\$ 4,518.8
Total Costs	\$ 3,529.3	\$ 3,719.1	\$ 3,820.6	\$ 4,060.2	\$ 4,282.5
Total Profit (Loss)	\$ 142.8	\$ 223.5	\$ 250.6	\$ 431.1	\$ 236.3

What were the hospital's total margin and operating margins between FY16 and FY20, and how do these compare to the hospital's peer cohort medians? (Note: FY20 margins include COVID funding)



For descriptions of the metrics, please see the technical appendix.

¹ High Public Payer Hospitals (HPP) reported a minimum of 63% of gross patient service revenue from public payers.

² For 2019 and 2020 readmission rates, a new methodology was used. These rates may not be comparable to earlier years. For more information, please see: <https://www.chiamass.gov/assets/docs/r/pubs/2022/Readmissions-Technical-Appendix-2011-2020.pdf>

³ Effective FY 2020 supplemental revenue is not included in net patient service revenue for all hospitals. Prior to FY 2020, reporting of supplemental revenue varied by hospital.

⁴ There was an accounting change adopted by most hospitals beginning in FY 2020 in which unrealized gains and losses on investments are now recognized as non-operating income

Tufts Medical Center is a large, non-profit academic medical center (AMC) located in the Metro Boston region. Tufts Medical Center is a teaching hospital of Tufts University School of Medicine and includes the Tufts Children's Hospital, which is located within the Tufts Medical Center complex. Tufts Medical Center is one of nine organ transplant centers in Massachusetts and is a member of Wellforce. Outpatient visits decreased by 23.1% between FY16 and FY20, compared with the cohort median decrease of 16.2%. Tufts Medical Center reported a profit of \$38.2M in FY20 and a total margin of 3.7% compared to the median of 4.2% among AMCs.

Overview / Size

Hospital System Affiliation:	Wellforce
Hospital System Surplus (Deficit) in FY20:	\$31,120,000
Change in Ownership (FY16-20):	Not Applicable
Total Staffed Beds:	289, among the larger acute hospitals
% Occupancy:	90.5%, highest in cohort avg. (84%)
Trauma Center Designation:	Adult: Level 1, Pedi: Level 1
Case Mix Index:	1.80, > cohort avg. (1.63); > statewide (1.16)

Financial

Inpatient NPSR per CMAD:	\$16,239
Change FY19-FY20:	5.2%
Inpatient Outpatient Revenue in FY20:	47%:53%
Outpatient Revenue in FY20:	\$375,489,324
Change FY19-FY20:	2.0%
Total Revenue in FY20:	\$1,020,690,000
COVID Funding Included in Total Revenue:	\$27,572,000
Total Surplus (Deficit) in FY20:	\$38,180,000

Payer Mix

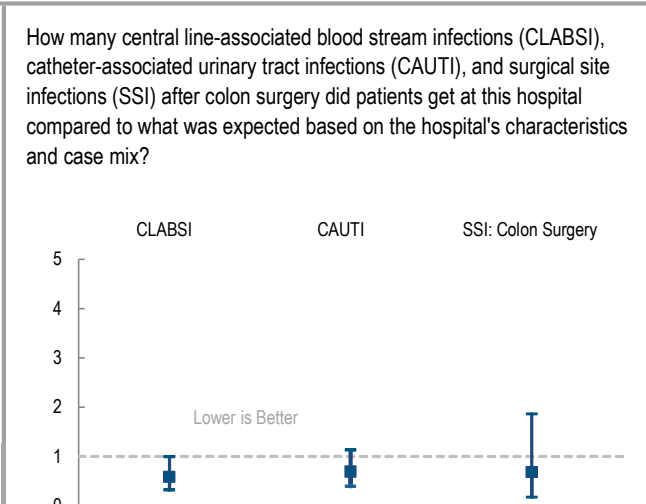
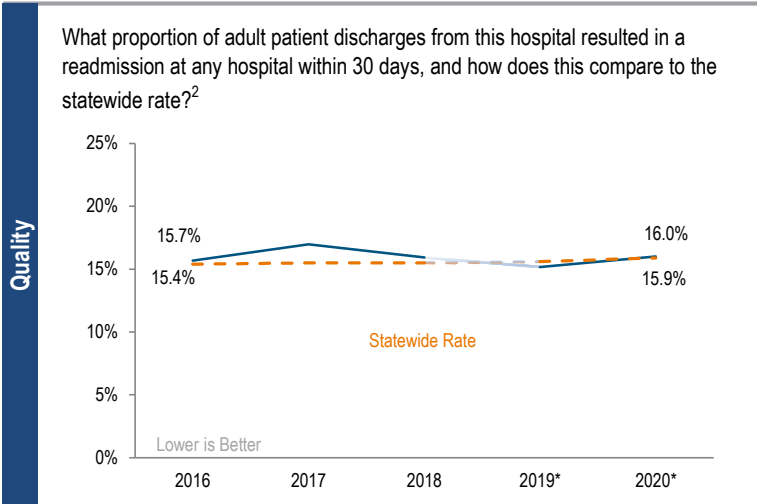
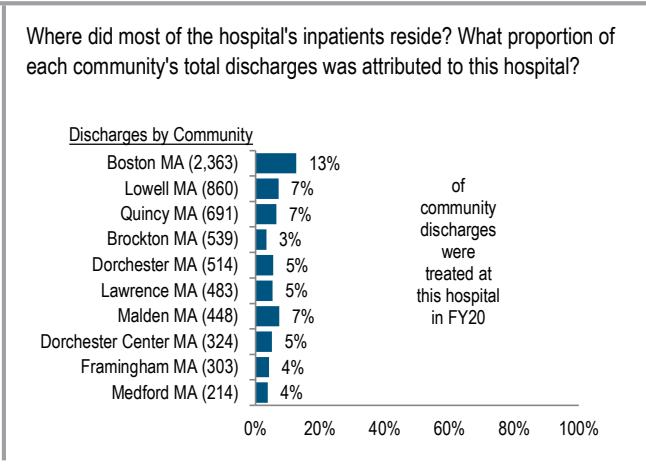
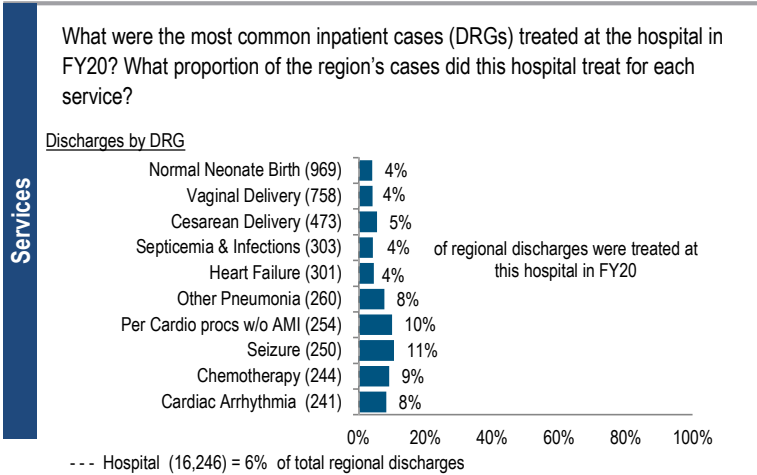
Public Payer Mix ¹ :	64.4% HPP Hospital
CY19 Commercial Statewide Relative Price:	1.082
Top 3 Commercial Payers:	Blue Cross Blue Shield Tufts HMO Harvard Pilgrim

Utilization

Inpatient Discharges in FY20:	16,246
Change FY19-FY20:	-6.5%
Emergency Department Visits in FY20:	35,729
Change FY19-FY20:	-17.4%
Outpatient Visits in FY20:	330,773
Change FY19-FY20:	-26.8%

Quality

Readmission Rate in FY20:	16.0%
Change FY19-FY20 (percentage points):	0.8
Early Elective Deliveries Rate:	23.1%



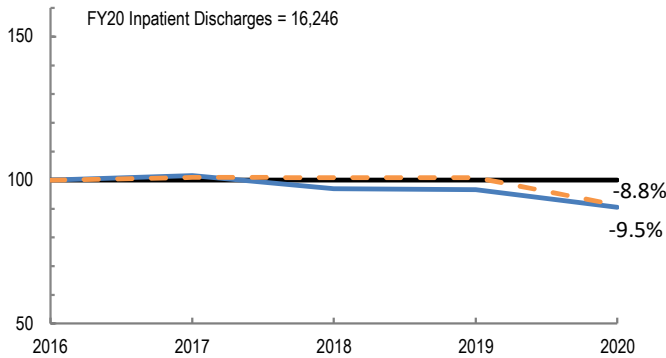
2020 HOSPITAL PROFILE: TUFTS MEDICAL CENTER

Cohort: Academic Medical Center

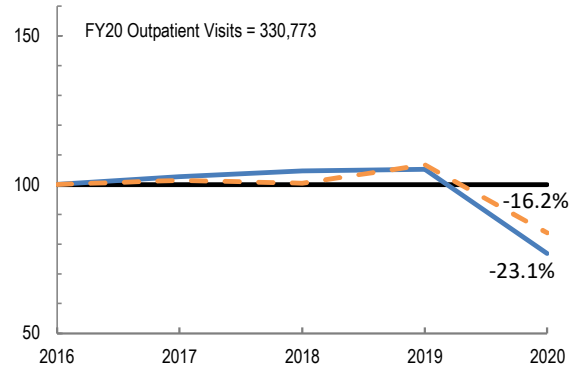


Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY16, and how does this compare to the hospital's peer cohort median? (FY16=100)

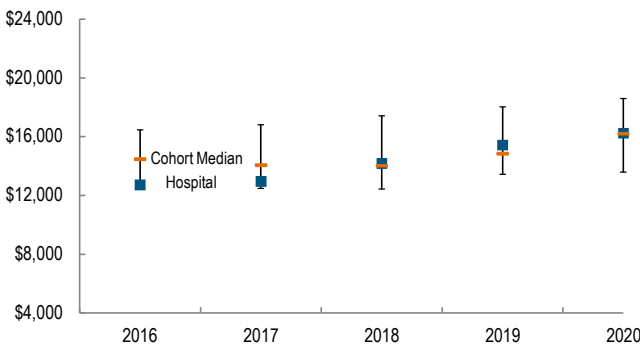


How has the volume of the hospital's outpatient visits changed compared to FY16, and how does this compare to the hospital's peer cohort median? (FY16=100)

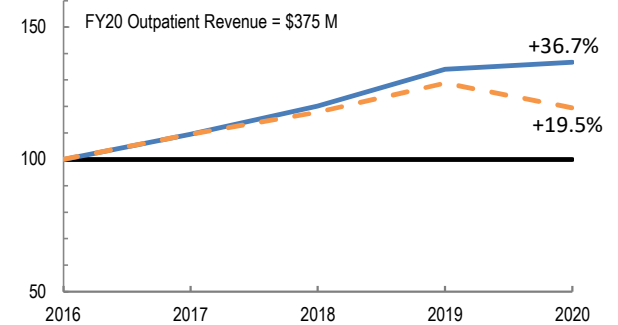


Patient Revenue Trends

What was the hospital's net inpatient service revenue³ per case mix adjusted discharge between FY16 and FY20, and how does this compare to the hospital's peer cohort median?



How has the hospital's net outpatient revenue³ changed compared to FY16, and how does this compare to the hospital's peer cohort median? (FY16=100)



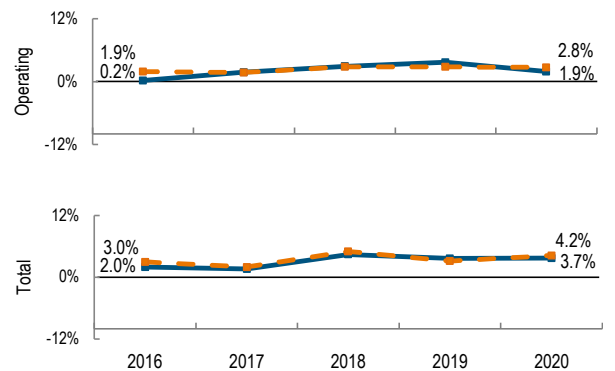
Financial Performance

How have the hospital's total revenue and costs changed between FY16 and FY20? (COVID funding affects FY20 only)

Revenue, Cost, & Profit/Loss (in millions)

FY	2016	2017	2018	2019	2020
Operating Revenue	\$ 740.3	\$ 787.2	\$ 874.0	\$ 939.9	\$ 1,001.6
COVID Funding Included in Operating Revenue					\$ 27.6
Non-Operating Revenue⁴	\$ 13.1	\$ (1.9)	\$ 13.2	\$ (1.0)	\$ 19.1
Total Revenue	\$ 753.4	\$ 785.4	\$ 887.2	\$ 938.9	\$ 1,020.7
Total Costs	\$ 738.6	\$ 773.1	\$ 847.9	\$ 904.9	\$ 982.5
Total Profit (Loss)	\$ 14.8	\$ 12.3	\$ 39.3	\$ 33.9	\$ 38.2

What were the hospital's total margin and operating margins between FY16 and FY20, and how do these compare to the hospital's peer cohort medians? (Note: FY20 margins include COVID funding)



For descriptions of the metrics, please see the technical appendix.

¹ High Public Payer Hospitals (HPP) reported a minimum of 63% of gross patient service revenue from public payers.

² For 2019 and 2020 readmission rates, a new methodology was used. These rates may not be comparable to earlier years. For more information, please see: <https://www.chiamass.gov/assets/docs/r/pubs/2022/Readmissions-Technical-Appendix-2011-2020.pdf>

³ Effective FY 2020 supplemental revenue is not included in net patient service revenue for all hospitals. Prior to FY 2020, reporting of supplemental revenue varied by hospital.

⁴ There was an accounting change adopted by most hospitals beginning in FY 2020 in which unrealized gains and losses on investments are now recognized as non-operating income

UMass Memorial Medical Center is a large, non-profit academic medical center (AMC) located in the Central Massachusetts region. UMass Memorial is a member of UMass Memorial Health Care, and one of nine organ transplant centers in Massachusetts. It also qualifies as a High Public Payer (HPP) hospital. Outpatient visits decreased by 18.0% between FY16 and FY20, compared with the cohort median decrease of 16.2%. UMass Memorial earned a profit each year from FY16 to FY20, including a profit of \$46.4M in FY20 and a total margin of 2.3% compared to its peer cohort median of 4.2%.

At a Glance

Overview / Size

Hospital System Affiliation:	UMass Memorial Health Care
Hospital System Surplus (Deficit) in FY20:	(\$23,048,000)
Change in Ownership (FY16-20):	Not Applicable
Total Staffed Beds:	774, 4th largest acute hospital
% Occupancy:	78.0%, lowest in cohort avg. (84%)
Trauma Center Designation:	Adult: Level 1, Pedi: Level 1
Case Mix Index:	1.53, < cohort avg. (1.63); > statewide (1.16)

Financial

Inpatient NPSR per CMAD:	\$13,893
Change FY19-FY20:	3.4%
Inpatient Outpatient Revenue in FY20:	45%:55%
Outpatient Revenue in FY20:	\$766,814,080
Change FY19-FY20:	2.6%
Total Revenue in FY20:	\$2,038,258,000
COVID Funding Included in Total Revenue:	\$131,926,639
Total Surplus (Deficit) in FY20:	\$46,403,000

Payer Mix

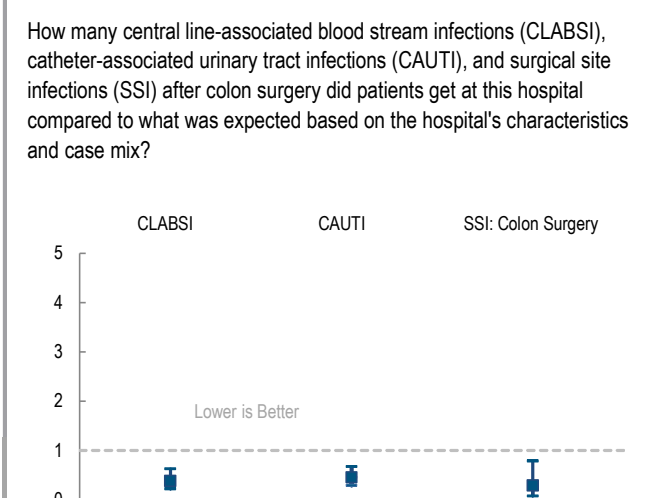
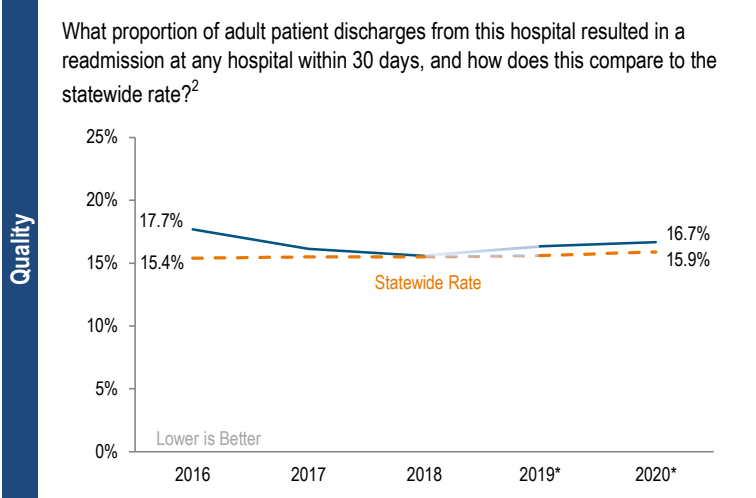
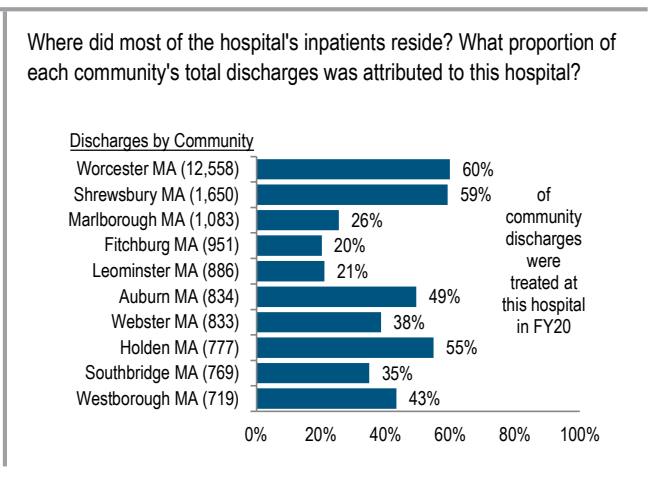
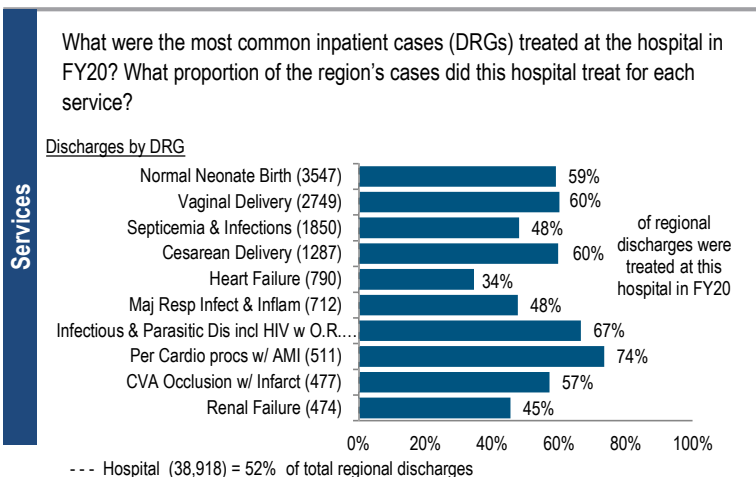
Public Payer Mix ¹ :	66.5% HPP Hospital
CY19 Commercial Statewide Relative Price:	1.090
Top 3 Commercial Payers:	Blue Cross Blue Shield Fallon Tufts HMO

Utilization

Inpatient Discharges in FY20:	38,918
Change FY19-FY20:	-7.8%
Emergency Department Visits in FY20:	110,665
Change FY19-FY20:	-17.5%
Outpatient Visits in FY20:	817,416
Change FY19-FY20:	-14.4%

Quality

Readmission Rate in FY20:	16.7%
Change FY19-FY20 (percentage points):	0.3
Early Elective Deliveries Rate:	2.7%



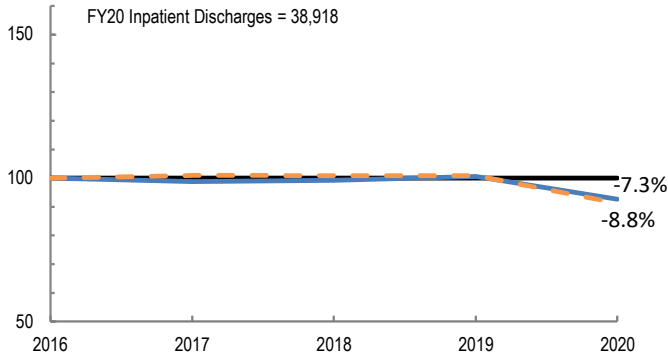
2020 HOSPITAL PROFILE: UMASS MEMORIAL MEDICAL CENTER

Cohort: Academic Medical Center

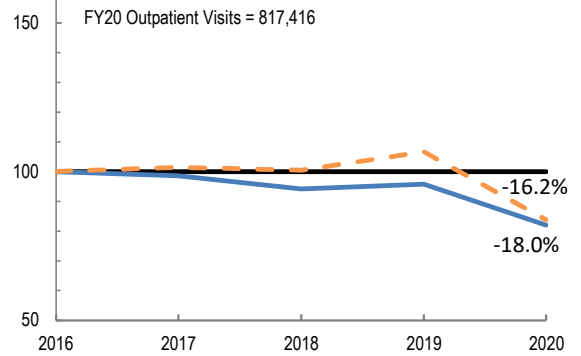


Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY16, and how does this compare to the hospital's peer cohort median? (FY16=100)

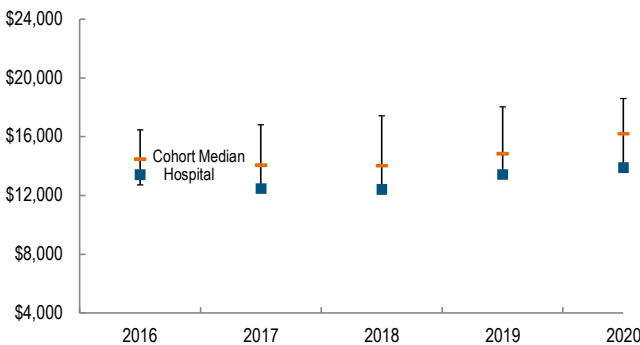


How has the volume of the hospital's outpatient visits changed compared to FY16, and how does this compare to the hospital's peer cohort median? (FY16=100)

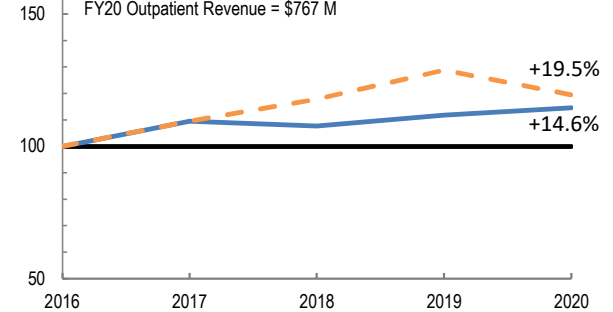


Patient Revenue Trends

What was the hospital's net inpatient service revenue³ per case mix adjusted discharge between FY16 and FY20, and how does this compare to the hospital's peer cohort median?



How has the hospital's net outpatient revenue³ changed compared to FY16, and how does this compare to the hospital's peer cohort median? (FY16=100)



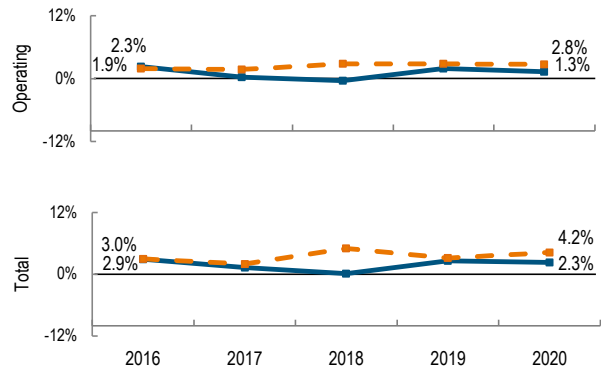
Financial Performance

How have the hospital's total revenue and costs changed between FY16 and FY20? (COVID funding affects FY20 only)

Revenue, Cost, & Profit/Loss (in millions)

FY	2016	2017	2018	2019	2020
Operating Revenue	\$ 1,621.5	\$ 1,686.4	\$ 1,731.3	\$ 1,878.8	\$ 2,018.4
COVID Funding Included in Operating Revenue					\$ 131.9
Non-Operating Revenue⁴	\$ 10.7	\$ 16.3	\$ 9.5	\$ 12.3	\$ 19.9
Total Revenue	\$ 1,632.2	\$ 1,702.7	\$ 1,740.8	\$ 1,891.1	\$ 2,038.3
Total Costs	\$ 1,584.6	\$ 1,680.8	\$ 1,739.1	\$ 1,842.8	\$ 1,991.9
Total Profit (Loss)	\$ 47.6	\$ 21.9	\$ 1.7	\$ 48.3	\$ 46.4

What were the hospital's total margin and operating margins between FY16 and FY20, and how do these compare to the hospital's peer cohort medians? (Note: FY20 margins include COVID funding)



For descriptions of the metrics, please see the technical appendix.

¹ High Public Payer Hospitals (HPP) reported a minimum of 63% of gross patient service revenue from public payers.

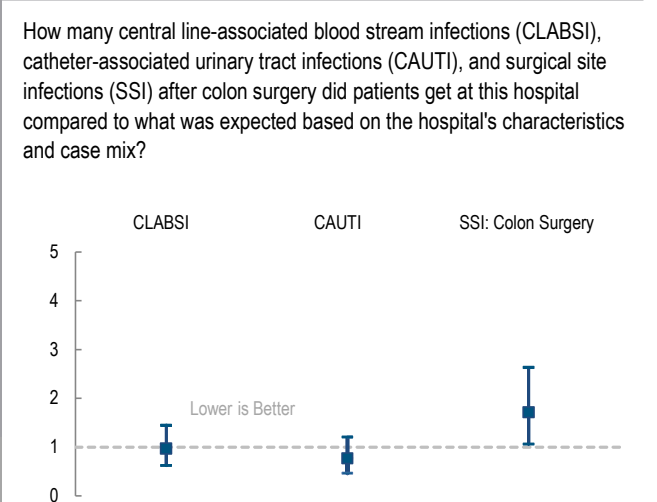
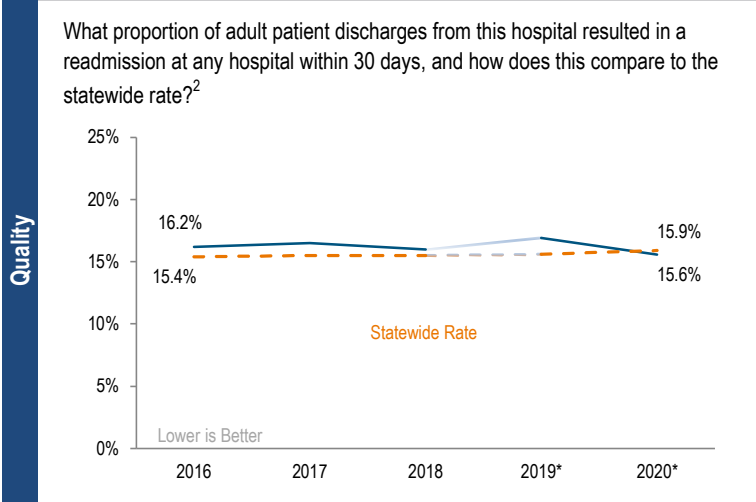
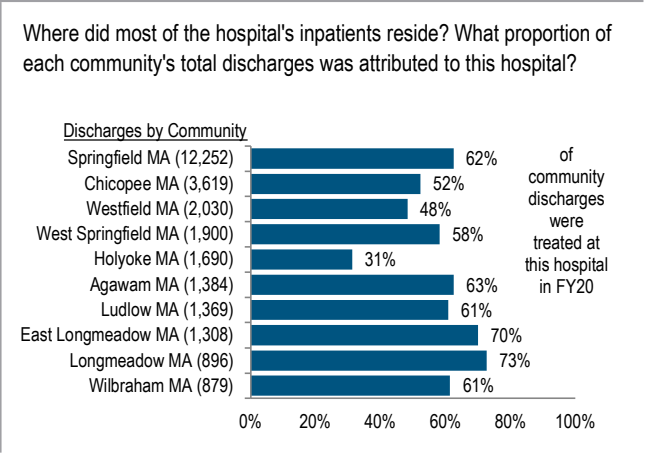
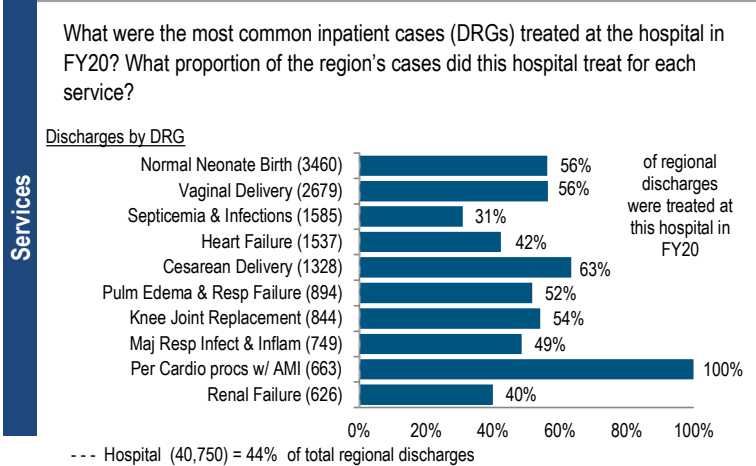
² For 2019 and 2020 readmission rates, a new methodology was used. These rates may not be comparable to earlier years. For more information, please see: <https://www.chiamass.gov/assets/docs/r/pubs/2022/Readmissions-Technical-Appendix-2011-2020.pdf>

³ Effective FY 2020 supplemental revenue is not included in net patient service revenue for all hospitals. Prior to FY 2020, reporting of supplemental revenue varied by hospital.

⁴ There was an accounting change adopted by most hospitals beginning in FY 2020 in which unrealized gains and losses on investments are now recognized as non-operating income

Baystate Medical Center is a non-profit teaching hospital located in the Western Massachusetts region. It is the third-largest acute hospital in Massachusetts, with 791 staffed beds. It is a member of Baystate Health and qualifies as a High Public Payer (HPP). It is one of nine organ transplant centers in Massachusetts. Between FY16 and FY20, the volume of inpatient discharges decreased by 1.0% compared to a 6.4% decrease at cohort hospitals. Baystate Medical Center was profitable each year from FY16 to FY20. In FY20 it had a total margin of 6.4%, compared to its peer cohort median of 4.8%.

At a Glance	Overview / Size		Payer Mix	
	Hospital System Affiliation:	Baystate Health	Public Payer Mix ¹ :	71.0% HPP Hospital
	Hospital System Surplus (Deficit) in FY20:	\$44,236,000	CY19 Commercial Statewide Relative Price:	0.972
	Change in Ownership (FY16-20):	Not Applicable	Top 3 Commercial Payers:	Blue Cross Blue Shield Health New England Cigna
	Total Staffed Beds:	791, 3rd largest acute hospital		
	% Occupancy:	74.0%, > cohort avg. (73%)		
	Trauma Center Designation:	Adult: Level 1, Pedi: Level 2		
	Case Mix Index:	1.32, > cohort avg. (1.19); > statewide (1.16)		
	Financial		Utilization	
	Inpatient NPSR per CMAD:	\$11,506	Inpatient Discharges in FY20:	40,750
Change FY19-FY20:	-1.9%	Change FY19-FY20:	-4.3%	
Inpatient Outpatient Revenue in FY20:	44%:56%	Emergency Department Visits in FY20:	95,922	
Outpatient Revenue in FY20:	\$597,255,431	Change FY19-FY20:	-42.3%	
Change FY19-FY20:	1.4%	Outpatient Visits in FY20:	343,851	
Total Revenue in FY20:	\$1,481,244,000	Change FY19-FY20:	-21.5%	
COVID Funding Included in Total Revenue:	\$90,976,000			
Total Surplus (Deficit) in FY20:	\$95,181,000	Quality		
		Readmission Rate in FY20:	15.6%	
		Change FY19-FY20 (percentage points):	-1.4	
		Early Elective Deliveries Rate:	6.3%	



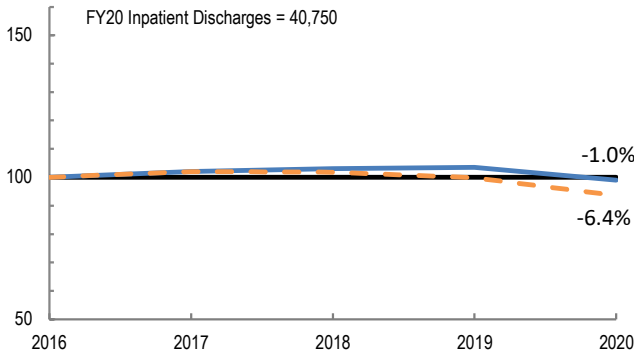
2020 HOSPITAL PROFILE: BAYSTATE MEDICAL CENTER

Cohort: Teaching Hospital

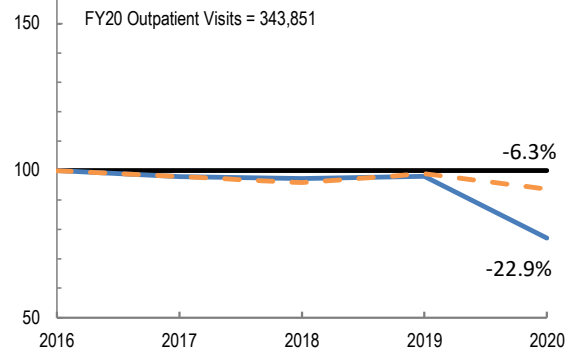


Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY16, and how does this compare to the hospital's peer cohort median? (FY16=100)

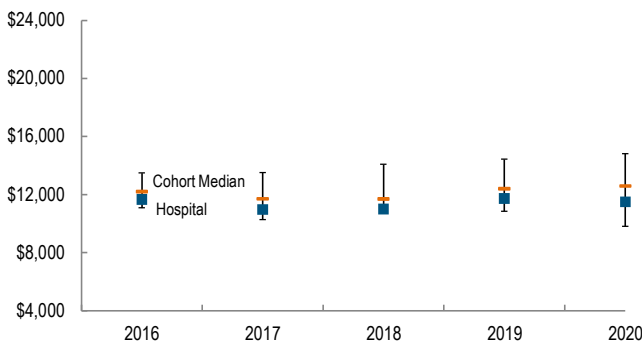


How has the volume of the hospital's outpatient visits changed compared to FY16, and how does this compare to the hospital's peer cohort median? (FY16=100)

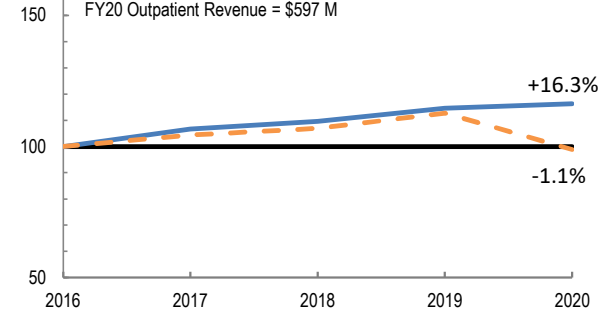


Patient Revenue Trends

What was the hospital's net inpatient service revenue³ per case mix adjusted discharge between FY16 and FY20, and how does this compare to the hospital's peer cohort median?



How has the hospital's net outpatient revenue³ changed compared to FY16, and how does this compare to the hospital's peer cohort median? (FY16=100)



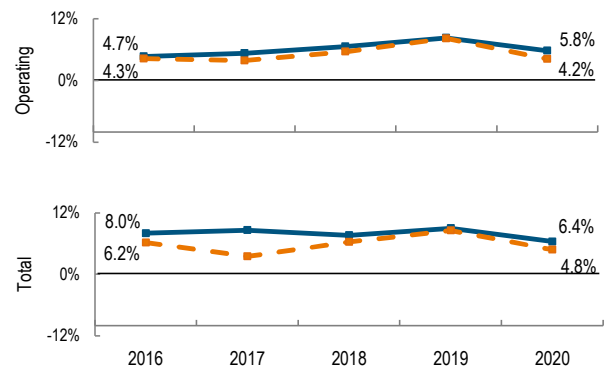
Financial Performance

How have the hospital's total revenue and costs changed between FY16 and FY20? (COVID funding affects FY20 only)

Revenue, Cost, & Profit/Loss (in millions)

FY	2016	2017	2018	2019	2020
Operating Revenue	\$ 1,178.2	\$ 1,227.1	\$ 1,296.2	\$ 1,400.1	\$ 1,472.3
COVID Funding Included in Operating Revenue					\$ 91.0
Non-Operating Revenue⁴	\$ 40.3	\$ 42.3	\$ 13.3	\$ 8.9	\$ 8.9
Total Revenue	\$ 1,218.4	\$ 1,269.4	\$ 1,309.5	\$ 1,408.9	\$ 1,481.2
Total Costs	\$ 1,120.7	\$ 1,160.4	\$ 1,209.7	\$ 1,282.6	\$ 1,386.1
Total Profit (Loss)	\$ 97.8	\$ 109.0	\$ 99.8	\$ 126.4	\$ 95.2

What were the hospital's total margin and operating margins between FY16 and FY20, and how do these compare to the hospital's peer cohort medians? (Note: FY20 margins include COVID funding)



For descriptions of the metrics, please see the technical appendix.

¹ High Public Payer Hospitals (HPP) reported a minimum of 63% of gross patient service revenue from public payers.

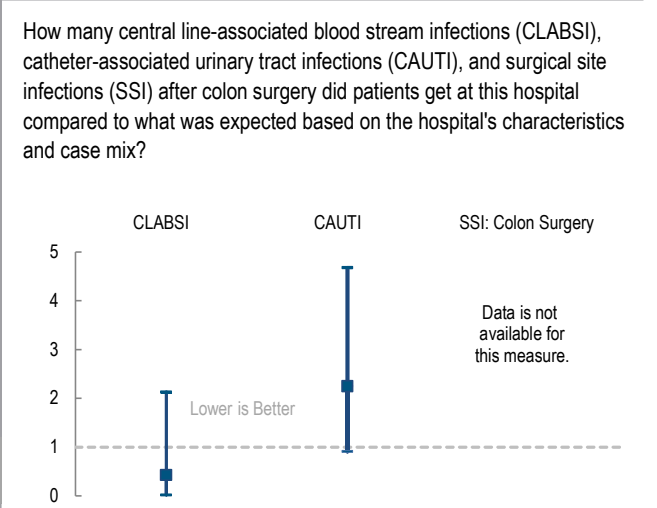
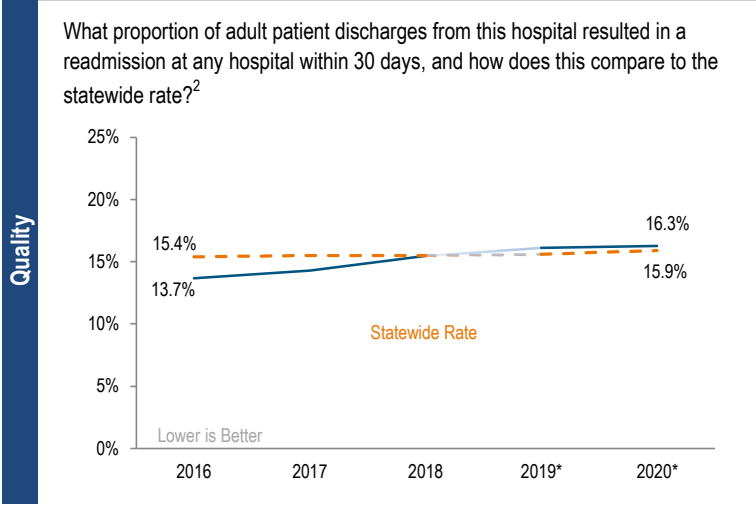
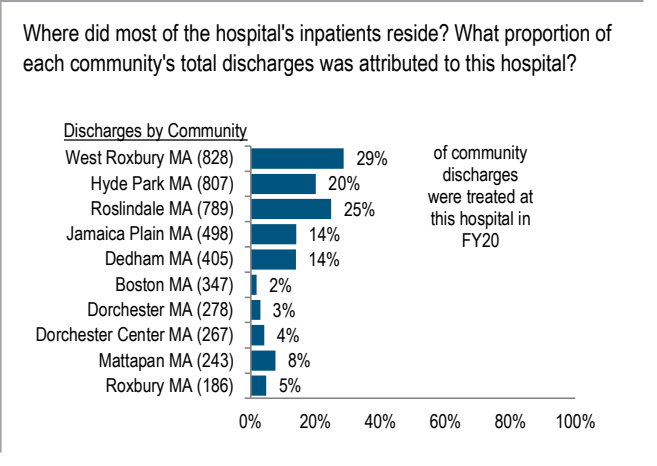
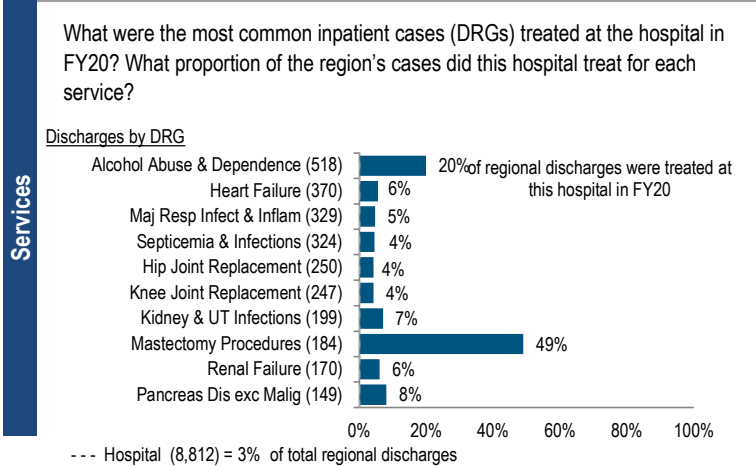
² For 2019 and 2020 readmission rates, a new methodology was used. These rates may not be comparable to earlier years. For more information, please see: <https://www.chiamass.gov/assets/docs/r/pubs/2022/Readmissions-Technical-Appendix-2011-2020.pdf>

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⁴ There was an accounting change adopted by most hospitals beginning in FY 2020 in which unrealized gains and losses on investments are now recognized as non-operating income

Brigham and Women's Faulkner Hospital is a non-profit community hospital located in the Metro Boston region. It is a mid-size acute hospital and a member of Mass General Brigham. Between FY16 and FY20, the volume of inpatient discharges at the hospital decreased by 4.9% compared to a median decrease of 6.4% at cohort hospitals. Outpatient visits decreased 15.0% for the hospital between FY16 and FY20, compared to a median decrease of 6.3% for its peer cohort. The hospital has reported a profit in each of the last five years. In FY20 it had a total margin of 6.7%, above the 4.8% median of its cohort hospitals.

At a Glance	Overview / Size		Payer Mix	
	Hospital System Affiliation:	Mass General Brigham	Public Payer Mix ¹ :	61.5% non-HPP Hospital
	Hospital System Surplus (Deficit) in FY20:	\$263,515,000	CY19 Commercial Statewide Relative Price:	1.001
	Change in Ownership (FY16-20):	Not Applicable	Top 3 Commercial Payers:	Blue Cross Blue Shield Harvard Pilgrim AllWays
	Total Staffed Beds:	171, mid-size acute hospital		
	% Occupancy:	68.5%, < cohort avg. (73%)		
	Trauma Center Designation:	Not Applicable		
	Case Mix Index:	1.06, < cohort avg. (1.19); < statewide (1.16)		
	Financial		Utilization	
	Inpatient NPSR per CMAD:	\$13,145	Inpatient Discharges in FY20:	8,812
Change FY19-FY20:	7.3%	Change FY19-FY20:	-10.2%	
Inpatient Outpatient Revenue in FY20:	34%:66%	Emergency Department Visits in FY20:	23,892	
Outpatient Revenue in FY20:	\$154,125,831	Change FY19-FY20:	-14.2%	
Change FY19-FY20:	-4.6%	Outpatient Visits in FY20:	27,159	
Total Revenue in FY20:	\$313,166,000	Change FY19-FY20:	-14.8%	
COVID Funding Included in Total Revenue:	\$28,016,000	Quality		
Total Surplus (Deficit) in FY20:	\$20,897,000	Readmission Rate in FY20:	16.3%	
		Change FY19-FY20 (percentage points):	0.2	
		Early Elective Deliveries Rate:	Not Applicable	



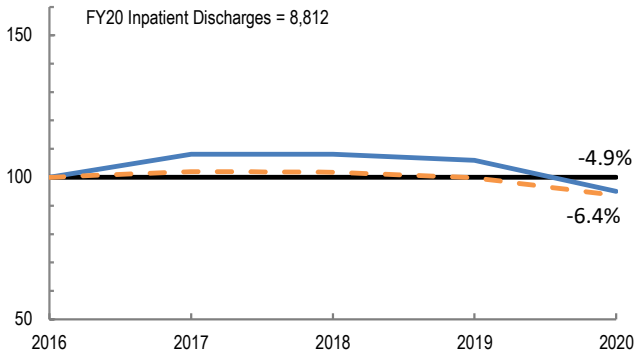
2020 HOSPITAL PROFILE: BRIGHAM AND WOMEN'S FAULKNER HOSPITAL

Cohort: Teaching Hospital

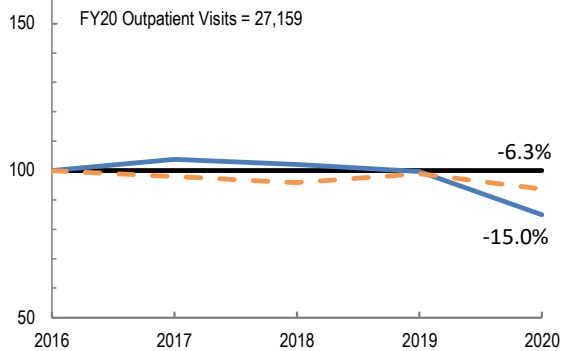


Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY16, and how does this compare to the hospital's peer cohort median? (FY16=100)

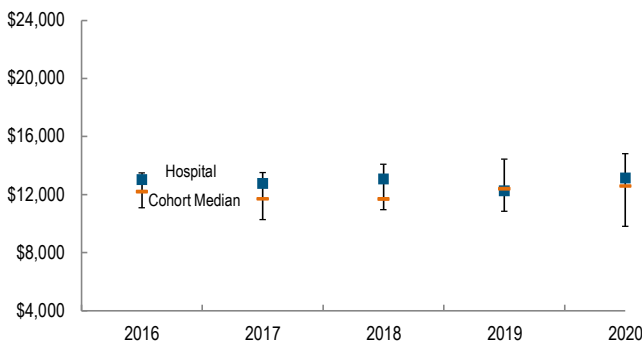


How has the volume of the hospital's outpatient visits changed compared to FY16, and how does this compare to the hospital's peer cohort median? (FY16=100)

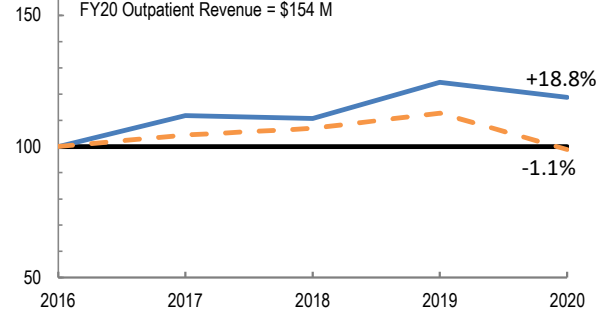


Patient Revenue Trends

What was the hospital's net inpatient service revenue³ per case mix adjusted discharge between FY16 and FY20, and how does this compare to the hospital's peer cohort median?



How has the hospital's net outpatient revenue³ changed compared to FY16, and how does this compare to the hospital's peer cohort median? (FY16=100)



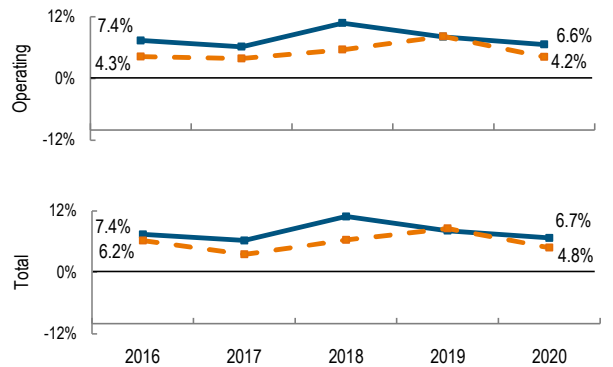
Financial Performance

How have the hospital's total revenue and costs changed between FY16 and FY20? (COVID funding affects FY20 only)

Revenue, Cost, & Profit/Loss (in millions)

FY	2016	2017	2018	2019	2020
Operating Revenue	\$ 254.9	\$ 275.3	\$ 278.3	\$ 289.9	\$ 313.0
COVID Funding Included in Operating Revenue					\$ 28.0
Non-Operating Revenue⁴	\$ (0.1)	\$ 0.1	\$ 0.2	\$ 0.3	\$ 0.1
Total Revenue	\$ 254.7	\$ 275.3	\$ 278.5	\$ 290.2	\$ 313.2
Total Costs	\$ 235.9	\$ 258.2	\$ 248.2	\$ 266.6	\$ 292.3
Total Profit (Loss)	\$ 18.8	\$ 17.1	\$ 30.2	\$ 23.6	\$ 20.9

What were the hospital's total margin and operating margins between FY16 and FY20, and how do these compare to the hospital's peer cohort medians? (Note: FY20 margins include COVID funding)



For descriptions of the metrics, please see the technical appendix.

¹ High Public Payer Hospitals (HPP) reported a minimum of 63% of gross patient service revenue from public payers.

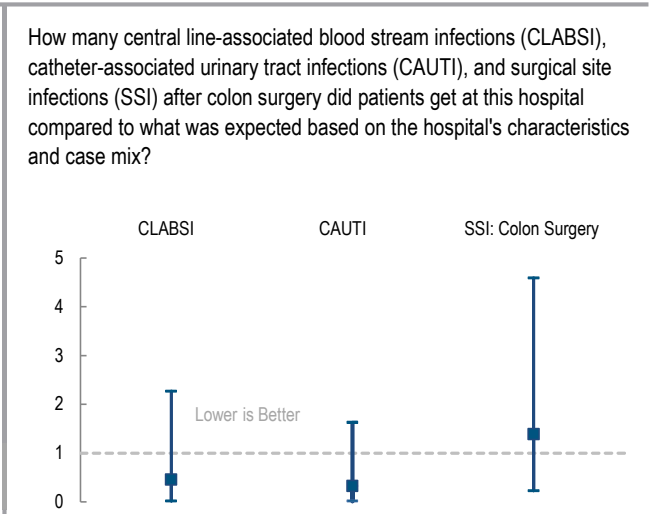
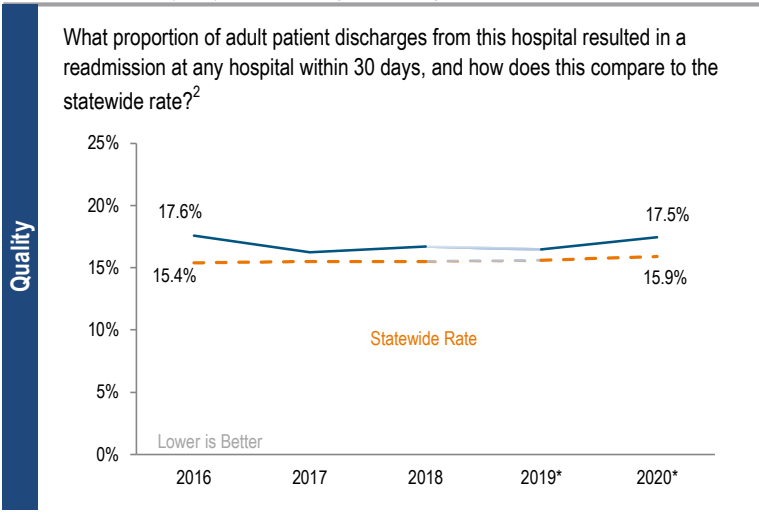
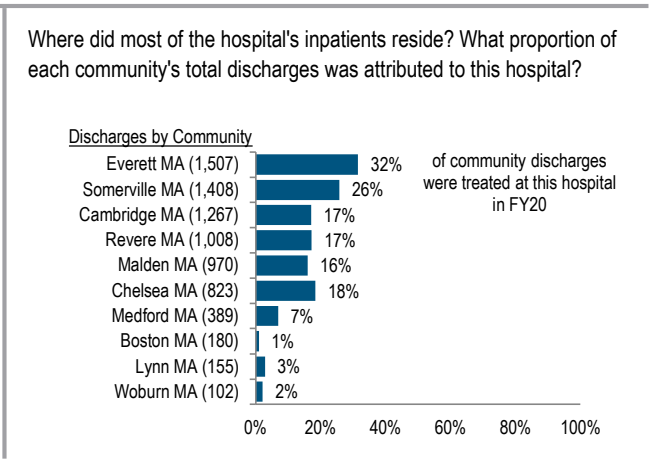
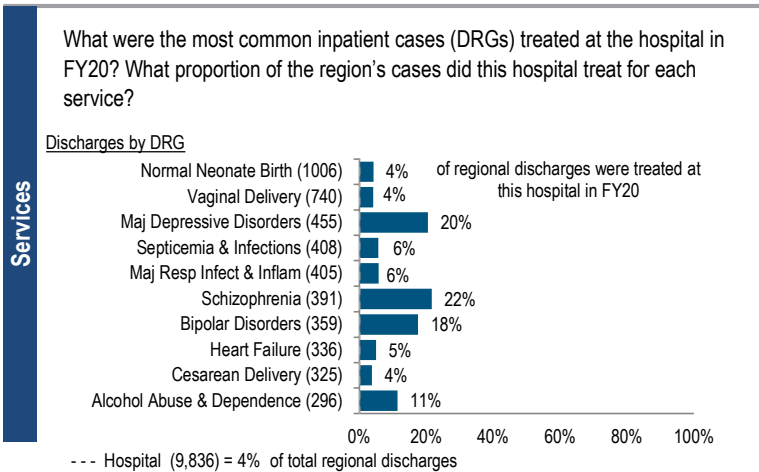
² For 2019 and 2020 readmission rates, a new methodology was used. These rates may not be comparable to earlier years. For more information, please see: <https://www.chiamass.gov/assets/docs/r/pubs/2022/Readmissions-Technical-Appendix-2011-2020.pdf>

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⁴ There was an accounting change adopted by most hospitals beginning in FY 2020 in which unrealized gains and losses on investments are now recognized as non-operating income

Cambridge Health Alliance (CHA) is a municipal teaching hospital located in the Metro Boston region. It is the only municipality-owned hospital in Massachusetts. CHA includes Cambridge Hospital, Somerville Hospital, and Whidden Memorial Hospital campuses. It qualifies as a High Public Payer (HPP) hospital. Between FY16 and FY20, the volume of inpatient discharges at the hospital decreased by 7.9% compared to a median decrease of 6.4% at cohort hospitals. Outpatient visits increased by 0.2% for the hospital between FY16 and FY20, compared to the the median decrease of 6.3% for its peer cohort. It reported a loss of \$3.4M in FY20 with a total margin of -0.5%.

At a Glance	Overview / Size		Payer Mix	
	Hospital System Affiliation:	Cambridge Health Alliance	Public Payer Mix ¹ :	69.6% HPP Hospital
	Hospital System Surplus (Deficit) in FY20:	(\$3,411,696)	CY19 Commercial Statewide Relative Price:	0.788
	Change in Ownership (FY16-20):	Not Applicable	Top 3 Commercial Payers:	Blue Cross Blue Shield Harvard Pilgrim Tufts Health Public Plans
	Total Staffed Beds:	370, among the larger acute hospitals		
	% Occupancy:	40.9%, lowest in cohort avg. (73%)		
	Trauma Center Designation:	Not Applicable		
	Case Mix Index:	0.93, < cohort avg. (1.19); < statewide (1.16)		
	Financial		Utilization	
	Inpatient NPSR per CMAD:	\$12,507	Inpatient Discharges in FY20:	9,836
Change FY19-FY20:	-7.3%	Change FY19-FY20:	-3.4%	
Inpatient Outpatient Revenue in FY20:	22%:78%	Emergency Department Visits in FY20:	85,136	
Outpatient Revenue in FY20:	\$200,780,810	Change FY19-FY20:	-7.0%	
Change FY19-FY20:	-8.8%	Outpatient Visits in FY20:	718,258	
Total Revenue in FY20:	\$742,934,319	Change FY19-FY20:	6.4%	
COVID Funding Included in Total Revenue:	\$27,899,451	Quality		
Total Surplus (Deficit) in FY20:	-\$3,411,696	Readmission Rate in FY20:	17.5%	
		Change FY19-FY20 (percentage points):	1.0	
		Early Elective Deliveries Rate:	0.0%	



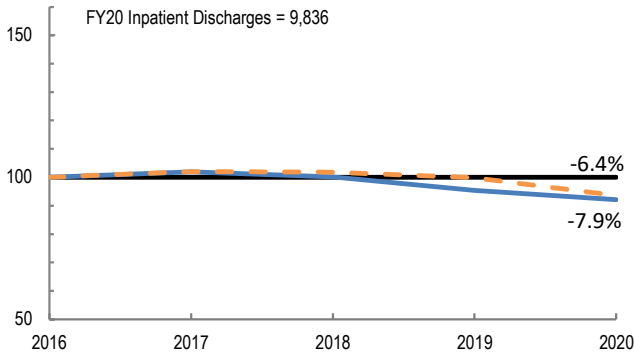
2020 HOSPITAL PROFILE: CAMBRIDGE HEALTH ALLIANCE

Cohort: Teaching Hospital

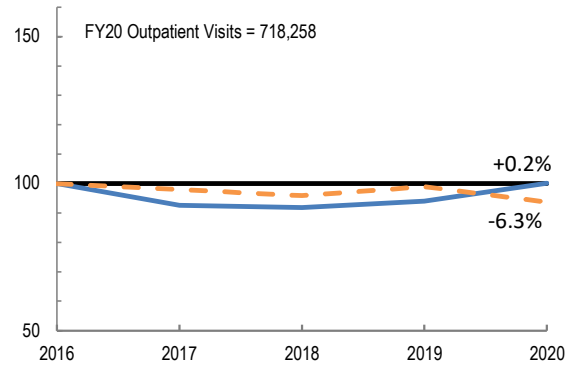


Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY16, and how does this compare to the hospital's peer cohort median? (FY16=100)

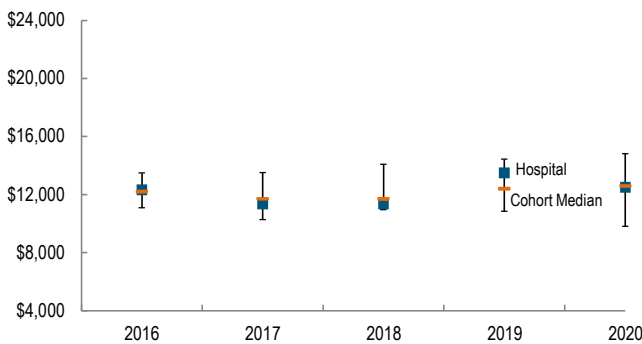


How has the volume of the hospital's outpatient visits changed compared to FY16, and how does this compare to the hospital's peer cohort median? (FY16=100)

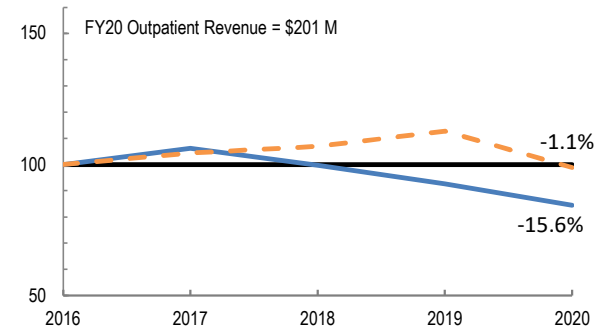


Patient Revenue Trends

What was the hospital's net inpatient service revenue³ per case mix adjusted discharge between FY16 and FY20, and how does this compare to the hospital's peer cohort median?



How has the hospital's net outpatient revenue³ changed compared to FY16, and how does this compare to the hospital's peer cohort median? (FY16=100)



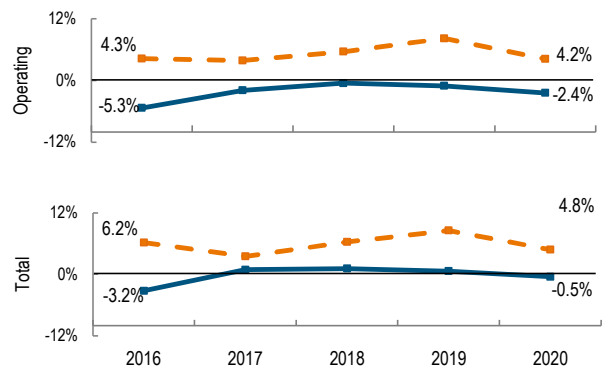
Financial Performance

How have the hospital's total revenue and costs changed between FY16 and FY20? (COVID funding affects FY20 only)

Revenue, Cost, & Profit/Loss (in millions)

FY	2016	2017	2018	2019	2020
Operating Revenue	\$ 571.7	\$ 589.8	\$ 649.6	\$ 684.5	\$ 728.3
COVID Funding Included in Operating Revenue					\$ 27.9
Non-Operating Revenue⁴	\$ 12.2	\$ 16.7	\$ 10.9	\$ 11.6	\$ 14.6
Total Revenue	\$ 583.9	\$ 606.5	\$ 660.5	\$ 696.1	\$ 742.9
Total Costs	\$ 602.8	\$ 601.1	\$ 653.0	\$ 691.7	\$ 746.3
Total Profit (Loss)	\$ (18.8)	\$ 5.5	\$ 7.5	\$ 4.4	\$ (3.4)

What were the hospital's total margin and operating margins between FY16 and FY20, and how do these compare to the hospital's peer cohort medians? (Note: FY20 margins include COVID funding)



For descriptions of the metrics, please see the technical appendix.

¹ High Public Payer Hospitals (HPP) reported a minimum of 63% of gross patient service revenue from public payers.

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⁴ There was an accounting change adopted by most hospitals beginning in FY 2020 in which unrealized gains and losses on investments are now recognized as non-operating income

Lahey Hospital & Medical Center is a non-profit teaching hospital located in the Northeastern Massachusetts region. It is among the larger acute hospitals in Massachusetts and one of nine transplant centers in the State. Between FY16 and FY20, the volume of inpatient discharges at the hospital decreased by 9.9% compared to a median decrease of 6.4% at cohort hospitals. Outpatient visits decreased 3.0% for the hospital between FY16 and FY20, compared to a median decrease of 6.3% for its peer cohort. Lahey Hospital & Medical Center has been profitable each year from FY16 to FY20, with a total margin at or near the median of its peer cohort hospitals.

Overview / Size

Hospital System Affiliation:	Beth Israel Lahey Health
Hospital System Surplus (Deficit) in FY20:	\$73,031,000
Change in Ownership (FY16-20):	Beth Israel Lahey Health 3/1/19
Total Staffed Beds:	345, among the larger acute hospitals
% Occupancy:	92.0%, > cohort avg. (73%)
Trauma Center Designation:	Adult: Level 1
Case Mix Index:	1.67, > cohort avg. (1.19); > statewide (1.16)

Financial

Inpatient NPSR per CMAD:	\$12,576
Change FY19-FY20:	0.1%
Inpatient Outpatient Revenue in FY20:	34%:66%
Outpatient Revenue in FY20:	\$481,717,289
Change FY19-FY20:	-14.4%
Total Revenue in FY20:	\$1,042,516,000
COVID Funding Included in Total Revenue:	\$50,591,000
Total Surplus (Deficit) in FY20:	\$76,212,000

Payer Mix

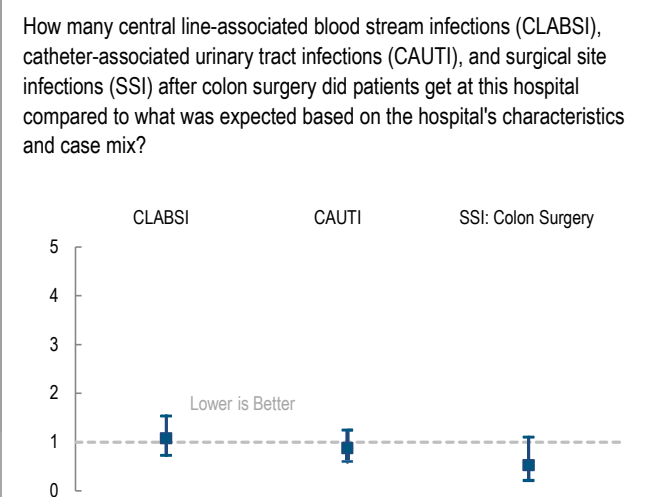
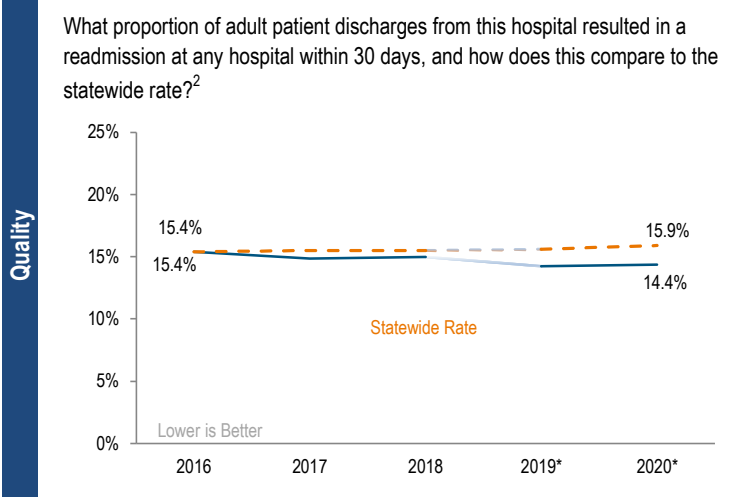
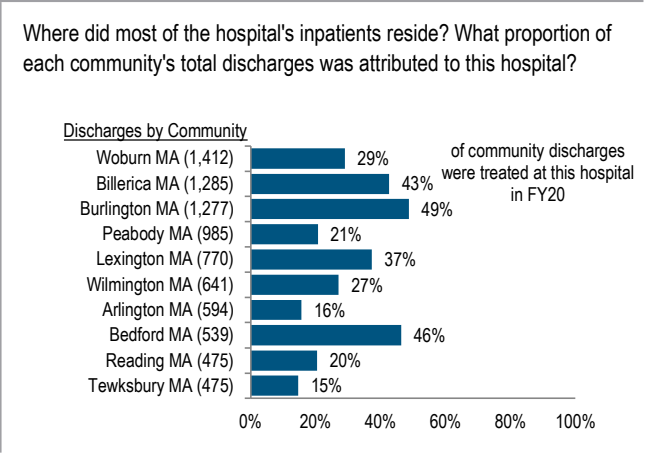
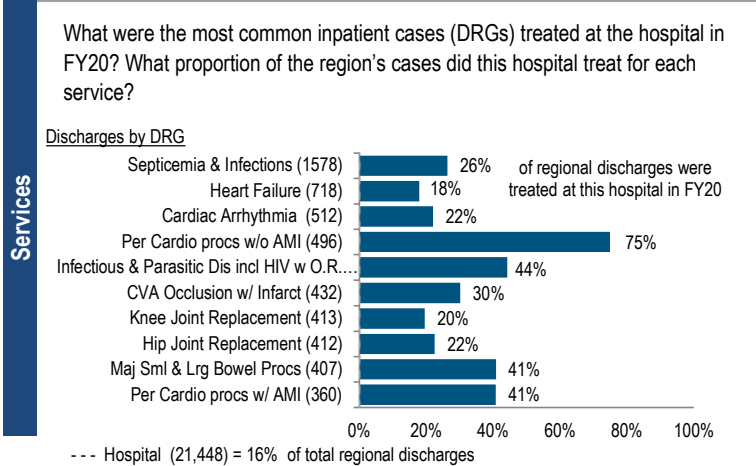
Public Payer Mix ¹ :	60.7% non-HPP Hospital
CY19 Commercial Statewide Relative Price:	0.969
Top 3 Commercial Payers:	Blue Cross Blue Shield Harvard Pilgrim Tufts HMO

Utilization

Inpatient Discharges in FY20:	21,448
Change FY19-FY20:	-10.4%
Emergency Department Visits in FY20:	58,993
Change FY19-FY20:	-11.3%
Outpatient Visits in FY20:	770,340
Change FY19-FY20:	-10.1%

Quality

Readmission Rate in FY20:	14.4%
Change FY19-FY20 (percentage points):	0.1
Early Elective Deliveries Rate:	Not Applicable



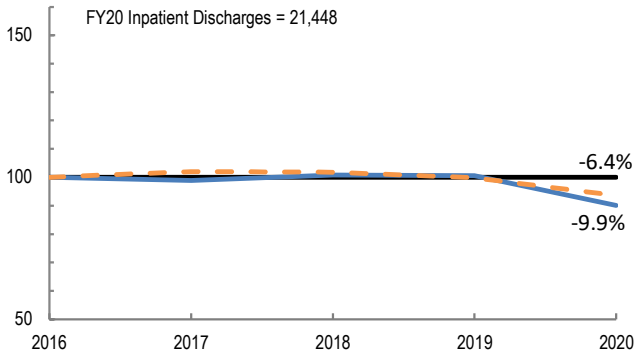
2020 HOSPITAL PROFILE: LAHEY HOSPITAL & MEDICAL CENTER

Cohort: Teaching Hospital

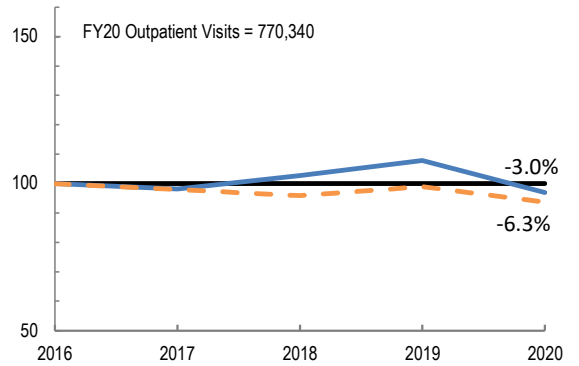


Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY16, and how does this compare to the hospital's peer cohort median? (FY16=100)

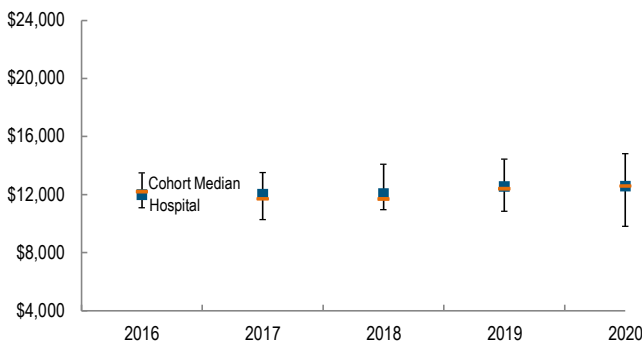


How has the volume of the hospital's outpatient visits changed compared to FY16, and how does this compare to the hospital's peer cohort median? (FY16=100)

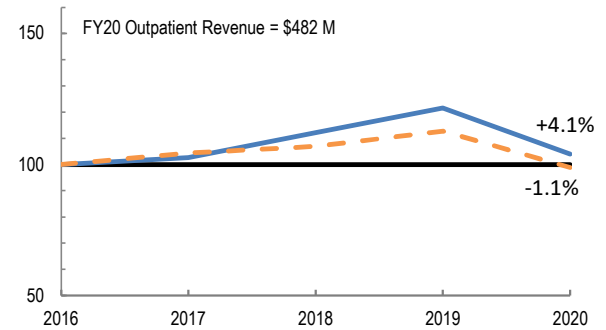


Patient Revenue Trends

What was the hospital's net inpatient service revenue³ per case mix adjusted discharge between FY16 and FY20, and how does this compare to the hospital's peer cohort median?



How has the hospital's net outpatient revenue³ changed compared to FY16, and how does this compare to the hospital's peer cohort median? (FY16=100)



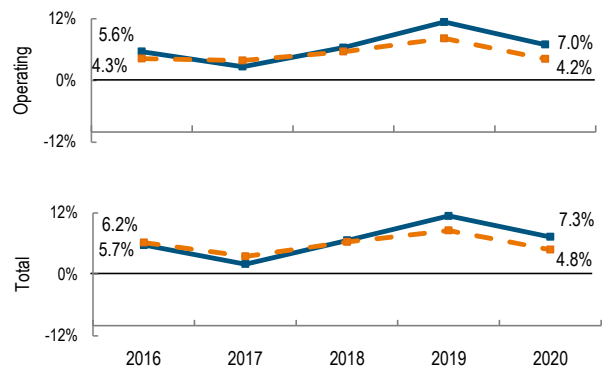
Financial Performance

How have the hospital's total revenue and costs changed between FY16 and FY20? (COVID funding affects FY20 only)

Revenue, Cost, & Profit/Loss (in millions)

FY	2016	2017	2018	2019	2020
Operating Revenue	\$ 923.6	\$ 949.2	\$ 1,010.5	\$ 652.1	\$ 1,039.0
COVID Funding Included in Operating Revenue					\$ 50.6
Non-Operating Revenue⁴	\$ 0.9	\$ (6.2)	\$ 1.3	\$ 0.3	\$ 3.5
Total Revenue	\$ 924.4	\$ 943.0	\$ 1,011.8	\$ 652.4	\$ 1,042.5
Total Costs	\$ 872.1	\$ 924.2	\$ 945.4	\$ 577.7	\$ 966.3
Total Profit (Loss)	\$ 52.4	\$ 18.8	\$ 66.4	\$ 74.7	\$ 76.2

What were the hospital's total margin and operating margins between FY16 and FY20, and how do these compare to the hospital's peer cohort medians? (Note: FY20 margins include COVID funding)



For descriptions of the metrics, please see the technical appendix.

¹ High Public Payer Hospitals (HPP) reported a minimum of 63% of gross patient service revenue from public payers.

² For 2019 and 2020 readmission rates, a new methodology was used. These rates may not be comparable to earlier years. For more information, please see: <https://www.chiamass.gov/assets/docs/r/pubs/2022/Readmissions-Technical-Appendix-2011-2020.pdf>

³ Effective FY 2020 supplemental revenue is not included in net patient service revenue for all hospitals. Prior to FY 2020, reporting of supplemental revenue varied by hospital.

⁴ There was an accounting change adopted by most hospitals beginning in FY 2020 in which unrealized gains and losses on investments are now recognized as non-operating income

Mount Auburn Hospital is a large, non-profit teaching hospital located in the Metro Boston region. It is a member of Beth Israel Lahey Health. Between FY16 and FY20, the volume of inpatient discharges at the hospital decreased by 11.2%, compared to a median decrease of 6.4% for its peer cohort. The hospital has reported a profit in each of the last five years and in FY20 reported a total margin of 3.2%, compared to its peer cohort median of 4.8%.

At a Glance

Overview / Size

Hospital System Affiliation:	Beth Israel Lahey Health
Hospital System Surplus (Deficit) in FY20:	\$73,031,000
Change in Ownership (FY16-20):	Not Applicable
Total Staffed Beds:	243, among the larger acute hospitals
% Occupancy:	62.3%, < cohort avg. (73%)
Trauma Center Designation:	Not Applicable
Case Mix Index:	0.89, < cohort avg. (1.19); < statewide (1.16)

Financial

Inpatient NPSR per CMAD:	\$12,911
Change FY19-FY20:	2.8%
Inpatient Outpatient Revenue in FY20:	36%:64%
Outpatient Revenue in FY20:	\$141,948,638
Change FY19-FY20:	-20.1%
Total Revenue in FY20:	\$329,879,000
COVID Funding Included in Total Revenue:	\$20,773,000
Total Surplus (Deficit) in FY20:	\$10,573,000

Payer Mix

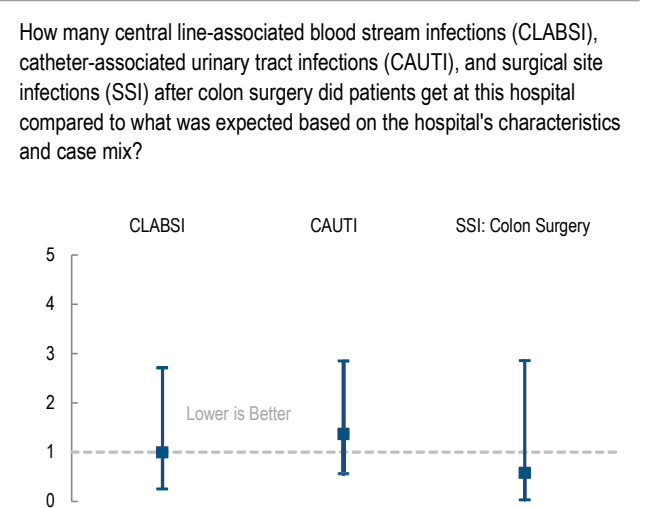
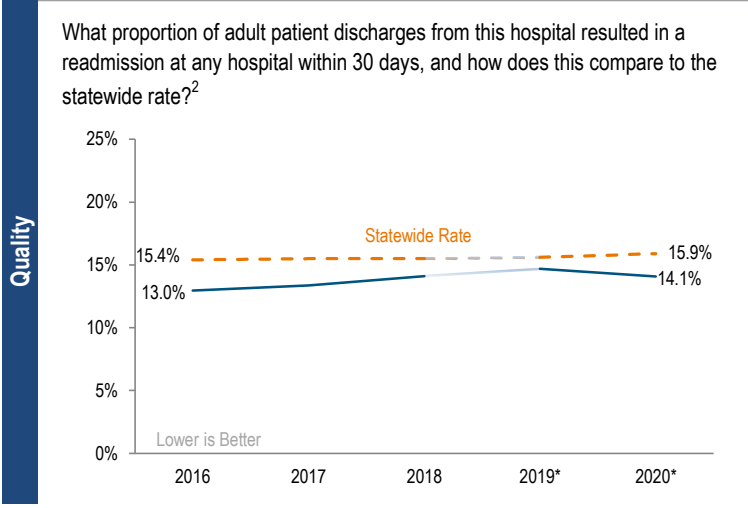
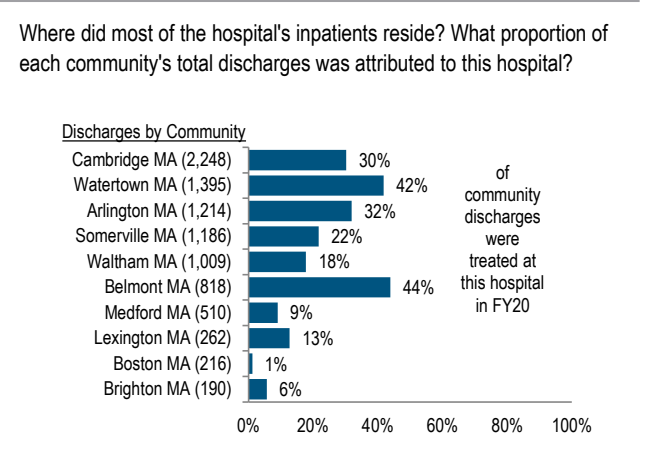
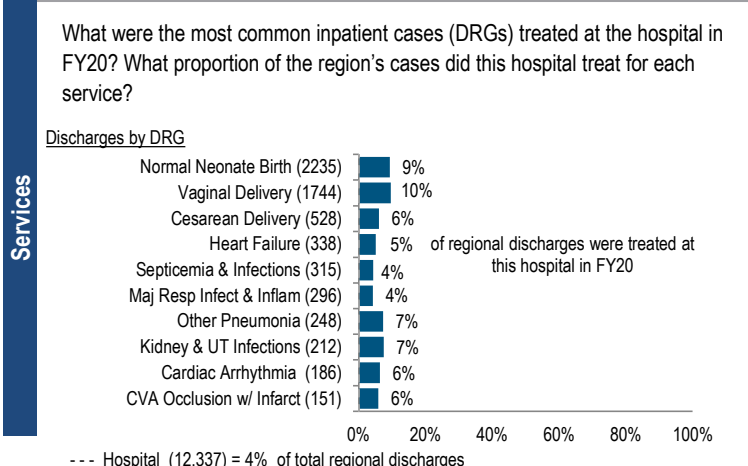
Public Payer Mix ¹ :	53.4% non-HPP Hospital
CY19 Commercial Statewide Relative Price:	0.960
Top 3 Commercial Payers:	Blue Cross Blue Shield Tufts HMO Harvard Pilgrim

Utilization

Inpatient Discharges in FY20:	12,337
Change FY19-FY20:	-8.7%
Emergency Department Visits in FY20:	28,366
Change FY19-FY20:	-17.0%
Outpatient Visits in FY20:	270,498
Change FY19-FY20:	176.8%

Quality

Readmission Rate in FY20:	14.1%
Change FY19-FY20 (percentage points):	-0.6
Early Elective Deliveries Rate:	0.0%



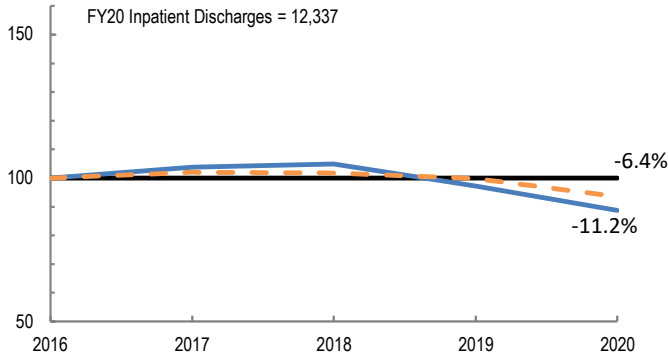
2020 HOSPITAL PROFILE: MOUNT AUBURN HOSPITAL

Cohort: Teaching Hospital

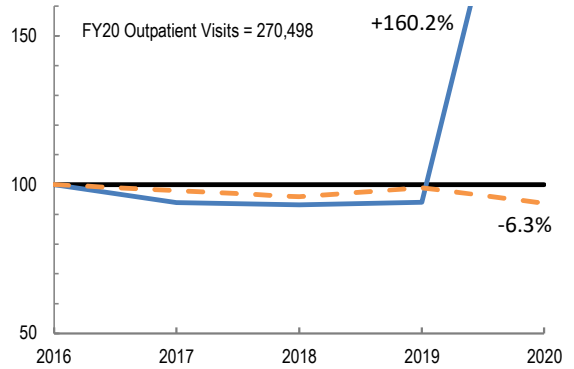


Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY16, and how does this compare to the hospital's peer cohort median? (FY16=100)

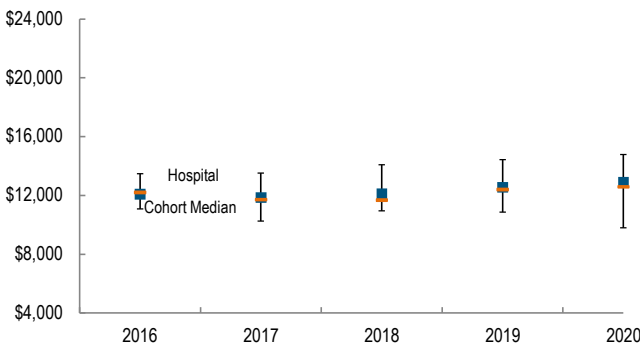


How has the volume of the hospital's outpatient visits changed compared to FY16, and how does this compare to the hospital's peer cohort median? (FY16=100)

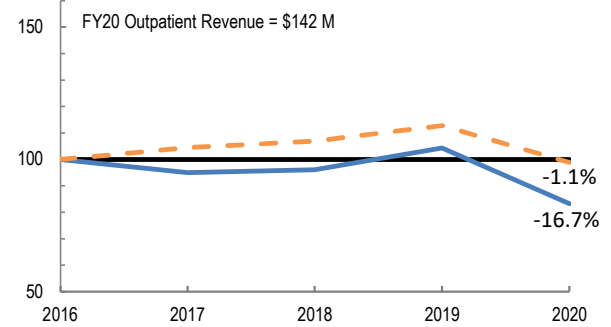


Patient Revenue Trends

What was the hospital's net inpatient service revenue³ per case mix adjusted discharge between FY16 and FY20, and how does this compare to the hospital's peer cohort median?



How has the hospital's net outpatient revenue³ changed compared to FY16, and how does this compare to the hospital's peer cohort median? (FY16=100)



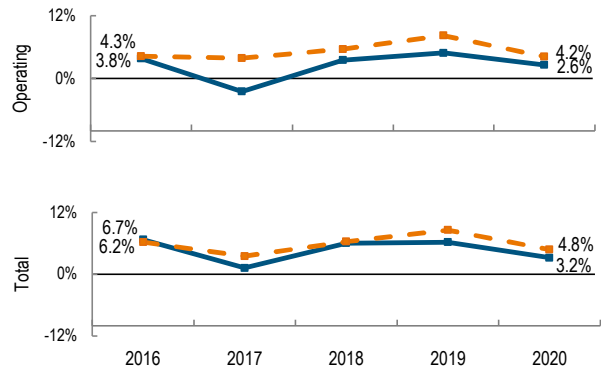
Financial Performance

How have the hospital's total revenue and costs changed between FY16 and FY20? (COVID funding affects FY20 only)

Revenue, Cost, & Profit/Loss (in millions)

FY	2016	2017	2018	2019	2020
Operating Revenue	\$ 343.3	\$ 321.7	\$ 338.7	\$ 203.5	\$ 327.8
COVID Funding Included in Operating Revenue					\$ 20.8
Non-Operating Revenue⁴	\$ 10.3	\$ 12.3	\$ 8.7	\$ 2.7	\$ 2.1
Total Revenue	\$ 353.5	\$ 333.9	\$ 347.5	\$ 206.2	\$ 329.9
Total Costs	\$ 329.8	\$ 330.0	\$ 326.5	\$ 193.4	\$ 319.3
Total Profit (Loss)	\$ 23.7	\$ 3.9	\$ 21.0	\$ 12.8	\$ 10.6

What were the hospital's total margin and operating margins between FY16 and FY20, and how do these compare to the hospital's peer cohort medians? (Note: FY20 margins include COVID funding)



For descriptions of the metrics, please see the technical appendix.

¹ High Public Payer Hospitals (HPP) reported a minimum of 63% of gross patient service revenue from public payers.

² For 2019 and 2020 readmission rates, a new methodology was used. These rates may not be comparable to earlier years. For more information, please see: <https://www.chiamass.gov/assets/docs/r/pubs/2022/Readmissions-Technical-Appendix-2011-2020.pdf>

³ Effective FY 2020 supplemental revenue is not included in net patient service revenue for all hospitals. Prior to FY 2020, reporting of supplemental revenue varied by hospital.

⁴ There was an accounting change adopted by most hospitals beginning in FY 2020 in which unrealized gains and losses on investments are now recognized as non-operating income

Saint Vincent Hospital is a for-profit teaching hospital located in the Central Massachusetts region. It is a member of Tenet Healthcare. Between FY16 and FY20, the volume of inpatient discharges at the hospital increased by 0.2% while the median inpatient discharges at cohort hospitals decreased by 6.4%. Outpatient visits increased 17.6% for the hospital between FY16 and FY20, compared to a median decrease of 6.3% for its peer cohort. Saint Vincent Hospital reported a profit each year in this time period including a profit of \$69.8M in FY20 and a total margin of 14.4%, compared to the cohort median of 4.8%.

At a Glance

Overview / Size

Hospital System Affiliation:	Tenet Healthcare
Hospital System Surplus (Deficit) in FY20:	\$399,000,000
Change in Ownership (FY16-20):	Not Applicable
Total Staffed Beds:	303, among the larger acute hospitals
% Occupancy:	66.6%, < cohort avg. (73%)
Trauma Center Designation:	Not Applicable
Case Mix Index:	1.13, < cohort avg. (1.19); < statewide (1.16)

Financial

Inpatient NPSR per CMAD:	\$9,798
Change FY19-FY20:	-9.7%
Inpatient Outpatient Revenue in FY20:	39%:61%
Outpatient Revenue in FY20:	\$286,072,309
Change FY19-FY20:	5.5%
Total Revenue in FY20:	\$484,161,056
COVID Funding Included in Total Revenue:	\$40,396,774
Total Surplus (Deficit) in FY20:	\$69,793,967

Payer Mix

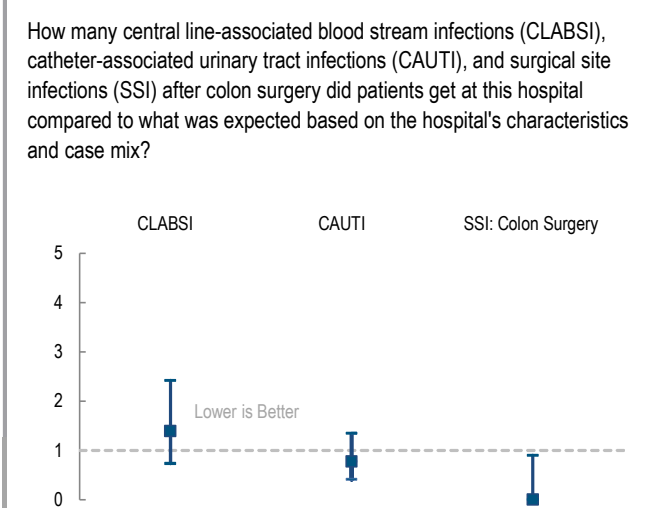
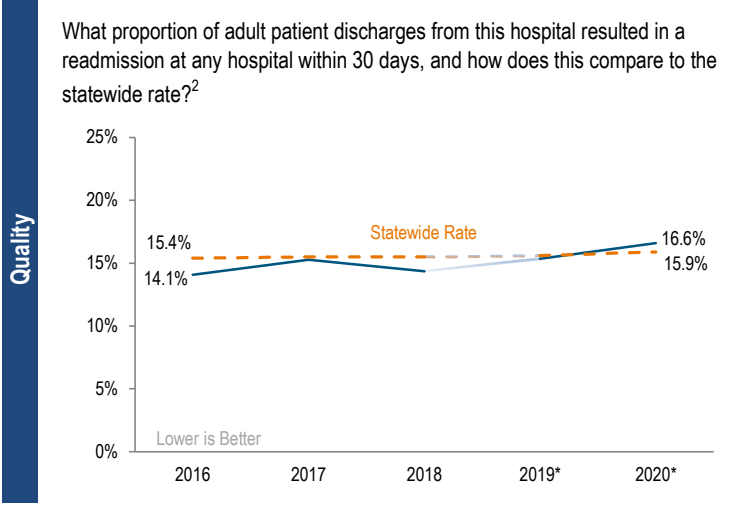
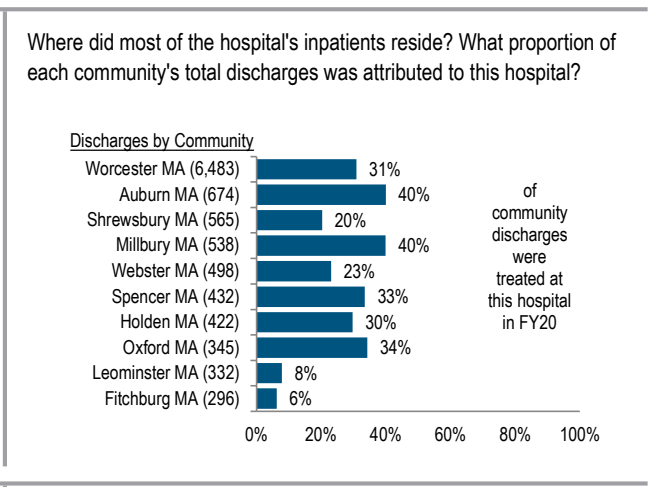
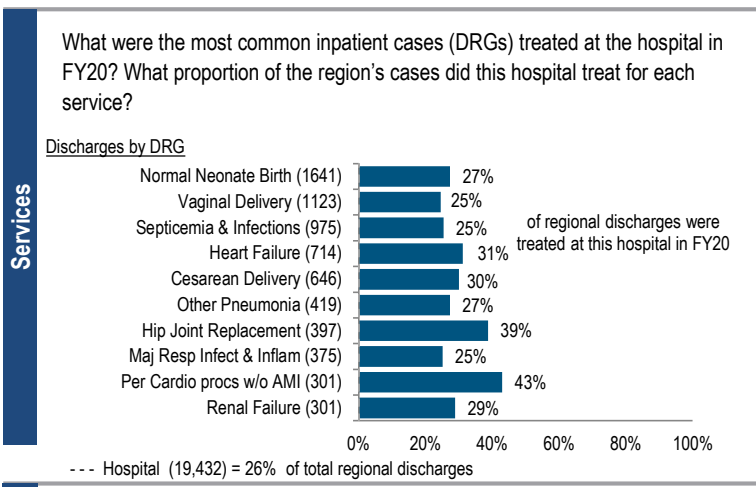
Public Payer Mix ¹ :	67.7% HPP Hospital
CY19 Commercial Statewide Relative Price:	0.955
Top 3 Commercial Payers:	Blue Cross Blue Shield Fallon Harvard Pilgrim

Utilization

Inpatient Discharges in FY20:	19,432
Change FY19-FY20:	1.2%
Emergency Department Visits in FY20:	62,400
Change FY19-FY20:	13.6%
Outpatient Visits in FY20:	261,642
Change FY19-FY20:	1.1%

Quality

Readmission Rate in FY20:	16.6%
Change FY19-FY20 (percentage points):	1.2
Early Elective Deliveries Rate:	0.0%



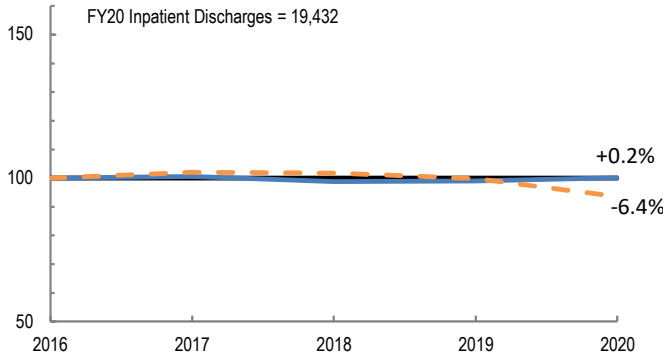
2020 HOSPITAL PROFILE: SAINT VINCENT HOSPITAL

Cohort: Teaching Hospital

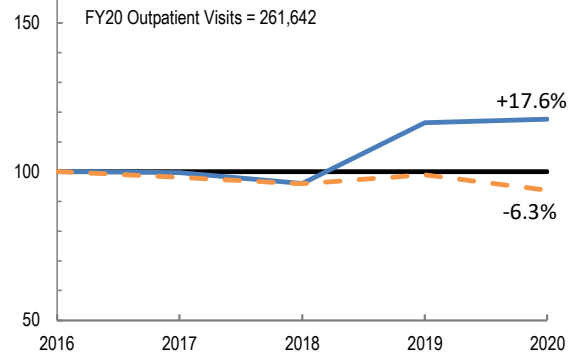


Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY16, and how does this compare to the hospital's peer cohort median? (FY16=100)

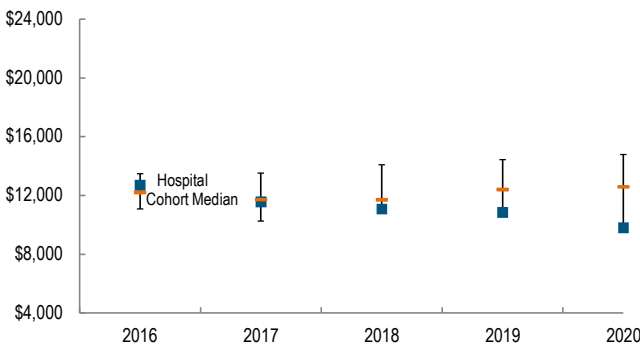


How has the volume of the hospital's outpatient visits changed compared to FY16, and how does this compare to the hospital's peer cohort median? (FY16=100)

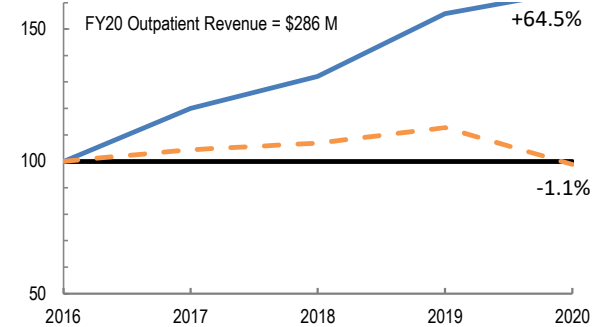


Patient Revenue Trends

What was the hospital's net inpatient service revenue³ per case mix adjusted discharge between FY16 and FY20, and how does this compare to the hospital's peer cohort median?



How has the hospital's net outpatient revenue³ changed compared to FY16, and how does this compare to the hospital's peer cohort median? (FY16=100)



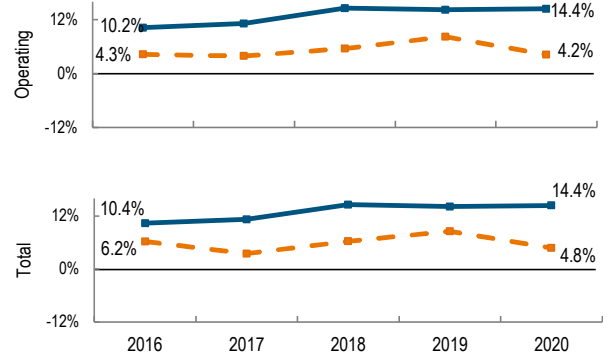
Financial Performance

How have the hospital's total revenue and costs changed between FY16 and FY20? (COVID funding affects FY20 only)

Revenue, Cost, & Profit/Loss (in millions)

FY	2016	2017	2018	2019	2020
Operating Revenue	\$ 458.1	\$ 460.9	\$ 496.1	\$ 517.4	\$ 484.1
COVID Funding Included in Operating Revenue					\$ 40.4
Non-Operating Revenue⁴	\$ 0.8	\$ 0.1	\$ (0.4)	\$ 0.0	\$ 0.1
Total Revenue	\$ 458.9	\$ 461.0	\$ 495.8	\$ 517.4	\$ 484.2
Total Costs	\$ 411.3	\$ 409.1	\$ 423.6	\$ 443.7	\$ 414.4
Total Profit (Loss)	\$ 47.6	\$ 51.9	\$ 72.2	\$ 73.7	\$ 69.8

What were the hospital's total margin and operating margins between FY16 and FY20, and how do these compare to the hospital's peer cohort medians? (Note: FY20 margins include COVID funding)



For descriptions of the metrics, please see the technical appendix.

¹ High Public Payer Hospitals (HPP) reported a minimum of 63% of gross patient service revenue from public payers.

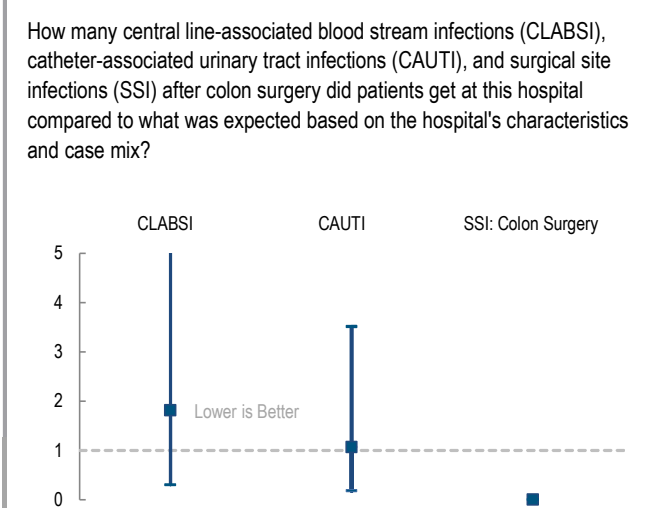
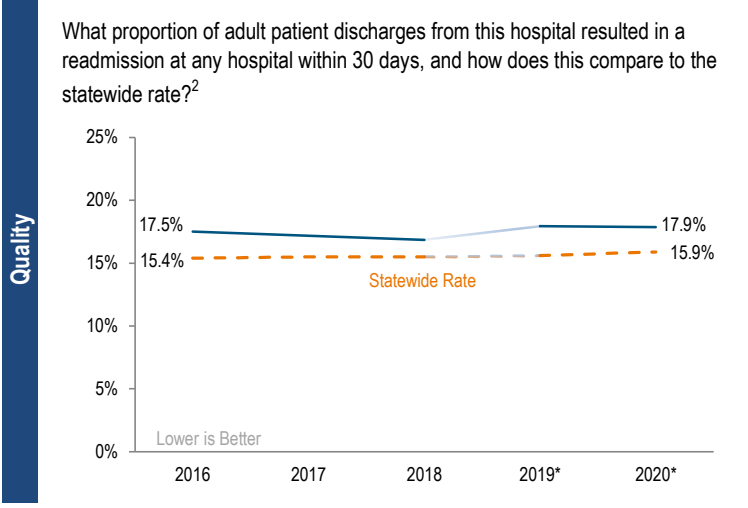
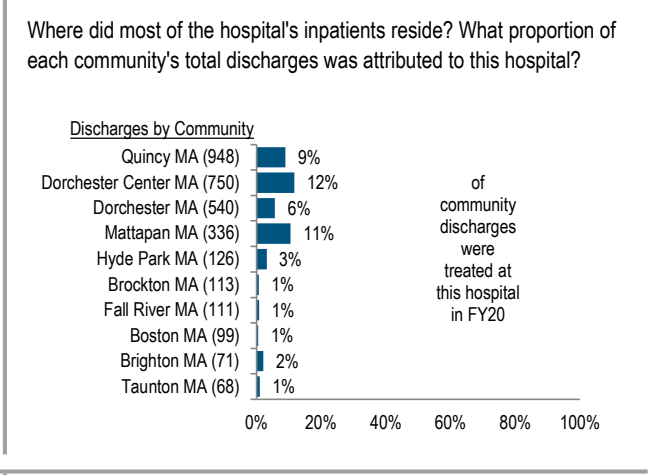
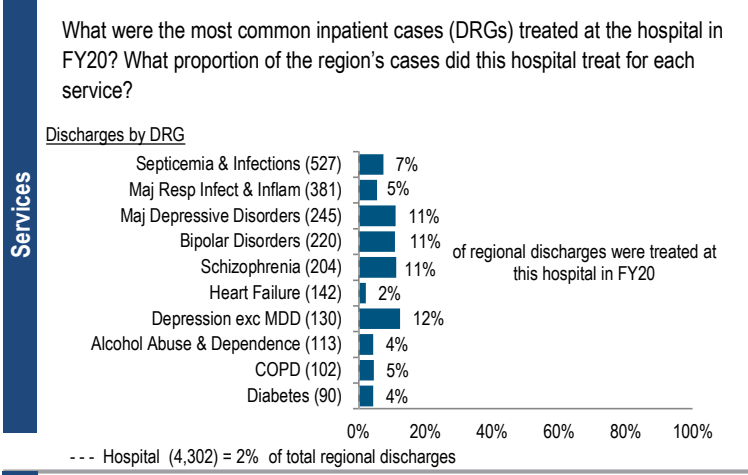
² For 2019 and 2020 readmission rates, a new methodology was used. These rates may not be comparable to earlier years. For more information, please see: <https://www.chiamass.gov/assets/docs/r/pubs/2022/Readmissions-Technical-Appendix-2011-2020.pdf>

³ Effective FY 2020 supplemental revenue is not included in net patient service revenue for all hospitals. Prior to FY 2020, reporting of supplemental revenue varied by hospital.

⁴ There was an accounting change adopted by most hospitals beginning in FY 2020 in which unrealized gains and losses on investments are now recognized as non-operating income

Steward Carney Hospital is a for-profit teaching hospital located in the Metro Boston region. Steward Carney is a member of Steward Health Care. Between FY16 and FY20, the volume of inpatient discharges at the hospital decreased by 12.0% compared to a median decrease of 6.4% at cohort hospitals. Outpatient visits decreased by 37.6% for the hospital between FY16 and FY20, compared to a median decrease of 6.3% for its peer cohort. Steward Carney reported a profit of \$4.1M in FY20 and a total margin of 2.5%, compared with a median total margin of 4.8% in its cohort.

At a Glance	Overview / Size		Payer Mix	
	Hospital System Affiliation:	Steward Health Care	Public Payer Mix ¹ :	77.3% HPP Hospital
	Hospital System Surplus (Deficit) in FY20:	(\$407,593,000)	CY19 Commercial Statewide Relative Price:	0.921
	Change in Ownership (FY16-20):	Not Applicable	Top 3 Commercial Payers:	Blue Cross Blue Shield
	Total Staffed Beds:	91, among the smaller acute hospitals		Harvard Pilgrim
	% Occupancy:	86.7%, > cohort avg. (73%)		Tufts HMO
	Trauma Center Designation:	Not Applicable		
	Case Mix Index:	1.13, < cohort avg. (1.19); < statewide (1.16)		
	Financial		Utilization	
	Inpatient NPSR per CMAD:	\$12,621	Inpatient Discharges in FY20:	4,302
Change FY19-FY20:	11.0%	Change FY19-FY20:	-7.1%	
Inpatient Outpatient Revenue in FY20:	41%:59%	Emergency Department Visits in FY20:	37,617	
Outpatient Revenue in FY20:	\$38,643,076	Change FY19-FY20:	-25.4%	
Change FY19-FY20:	-29.9%	Outpatient Visits in FY20:	66,670	
Total Revenue in FY20:	\$165,461,945	Change FY19-FY20:	-21.9%	
COVID Funding Included in Total Revenue:	\$41,595,421			
Total Surplus (Deficit) in FY20:	\$4,098,122	Quality		
		Readmission Rate in FY20:	17.9%	
		Change FY19-FY20 (percentage points):	-0.1	
		Early Elective Deliveries Rate:	Not Applicable	



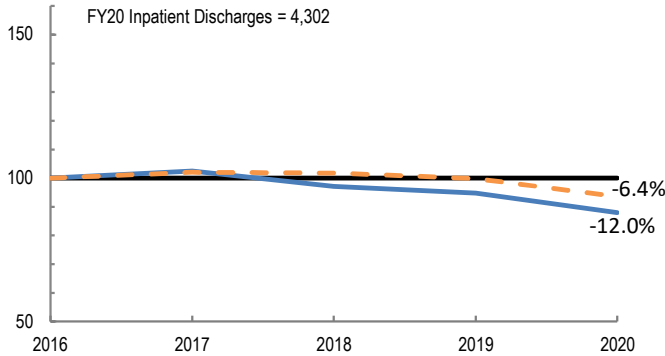
2020 HOSPITAL PROFILE: STEWARD CARNEY HOSPITAL

Cohort: Teaching Hospital

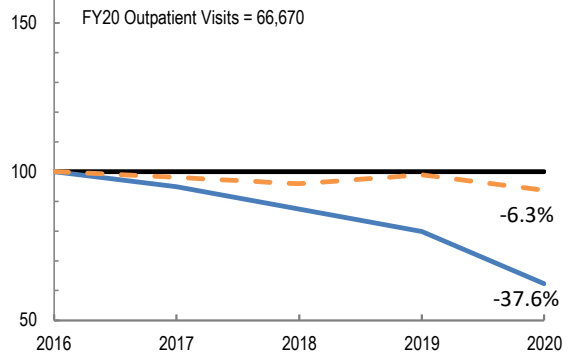


Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY16, and how does this compare to the hospital's peer cohort median? (FY16=100)

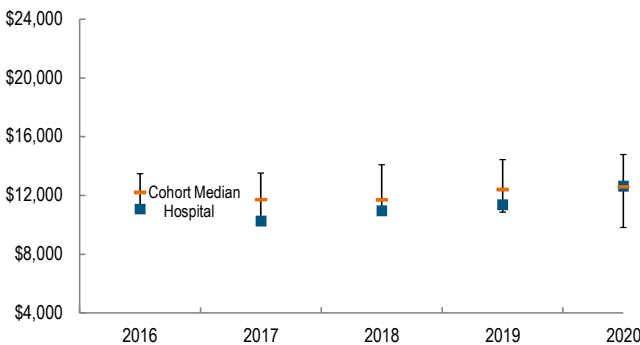


How has the volume of the hospital's outpatient visits changed compared to FY16, and how does this compare to the hospital's peer cohort median? (FY16=100)

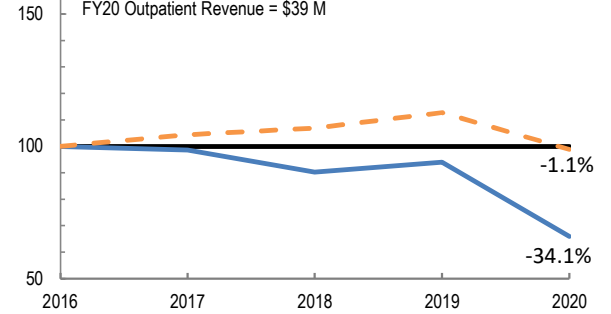


Patient Revenue Trends

What was the hospital's net inpatient service revenue³ per case mix adjusted discharge between FY16 and FY20, and how does this compare to the hospital's peer cohort median?



How has the hospital's net outpatient revenue³ changed compared to FY16, and how does this compare to the hospital's peer cohort median? (FY16=100)



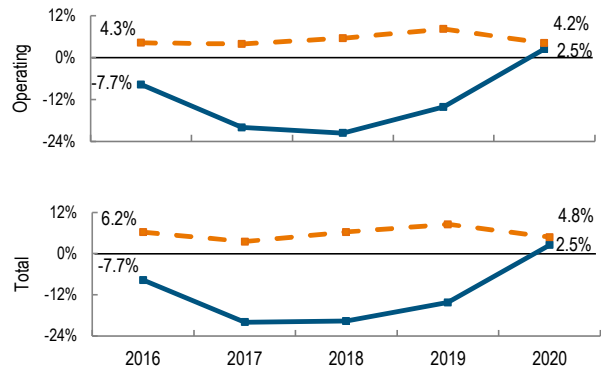
Financial Performance

How have the hospital's total revenue and costs changed between FY16 and FY20? (COVID funding affects FY20 only)

Revenue, Cost, & Profit/Loss (in millions)

FY	2016	2017	2018	2019	2020
Operating Revenue	\$ 123.4	\$ 119.8	\$ 116.3	\$ 118.3	\$ 165.5
COVID Funding Included in Operating Revenue					\$ 41.6
Non-Operating Revenue⁴	\$ 0.0	\$ 0.0	\$ 2.3	\$ 0.0	\$ 0.0
Total Revenue	\$ 123.4	\$ 119.8	\$ 118.6	\$ 118.3	\$ 165.5
Total Costs	\$ 132.9	\$ 143.8	\$ 141.9	\$ 135.1	\$ 161.4
Total Profit (Loss)	\$ (9.5)	\$ (24.0)	\$ (23.3)	\$ (16.8)	\$ 4.1

What were the hospital's total margin and operating margins between FY16 and FY20, and how do these compare to the hospital's peer cohort medians? (Note: FY20 margins include COVID funding)



For descriptions of the metrics, please see the technical appendix.

¹ High Public Payer Hospitals (HPP) reported a minimum of 63% of gross patient service revenue from public payers.

² For 2019 and 2020 readmission rates, a new methodology was used. These rates may not be comparable to earlier years. For more information, please see: <https://www.chiamass.gov/assets/docs/r/pubs/2022/Readmissions-Technical-Appendix-2011-2020.pdf>

³ Effective FY 2020 supplemental revenue is not included in net patient service revenue for all hospitals. Prior to FY 2020, reporting of supplemental revenue varied by hospital.

⁴ There was an accounting change adopted by most hospitals beginning in FY 2020 in which unrealized gains and losses on investments are now recognized as non-operating income

Steward Saint Elizabeth's Medical Center is a mid-size, for-profit teaching hospital located in the Metro Boston region. Steward Saint Elizabeth's is a member of Steward Health Care. It also qualifies as a High Public Payer (HPP) hospital. Outpatient visits decreased 9.5% for the hospital between FY16 and FY20, compared to a median decrease of 6.3% for its peer cohort. Steward Saint Elizabeth's Medical Center reported a profit each year in this time period including a profit of \$2.3M in FY20 and a total margin of 0.6% compared to its peer cohort median of 4.8%.

At a Glance

Overview / Size

Hospital System Affiliation:	Steward Health Care
Hospital System Surplus (Deficit) in FY20:	(\$407,593,000)
Change in Ownership (FY16-20):	Not Applicable
Total Staffed Beds:	218, mid-size acute hospital
% Occupancy:	92.7%, highest in cohort avg. (73%)
Trauma Center Designation:	Not Applicable
Case Mix Index:	1.38, > cohort avg. (1.19); > statewide (1.16)

Financial

Inpatient NPSR per CMAD:	\$14,791
Change FY19-FY20:	2.5%
Inpatient Outpatient Revenue in FY20:	61%:39%
Outpatient Revenue in FY20:	\$105,328,390
Change FY19-FY20:	-15.5%
Total Revenue in FY20:	\$413,375,030
COVID Funding Included in Total Revenue:	\$22,307,960
Total Surplus (Deficit) in FY20:	\$2,323,344

Payer Mix

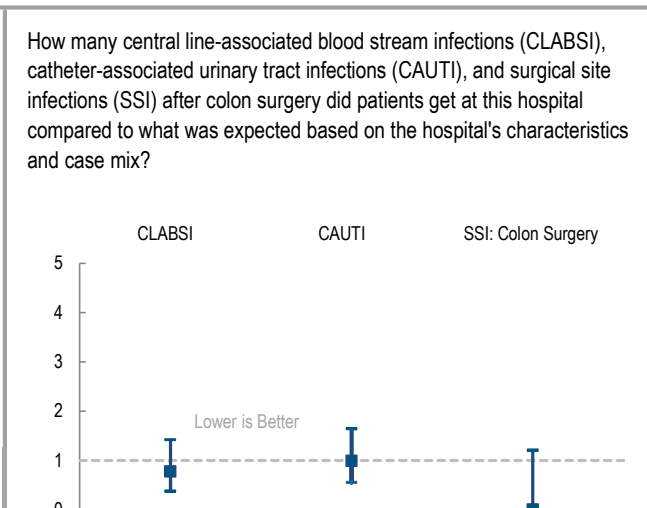
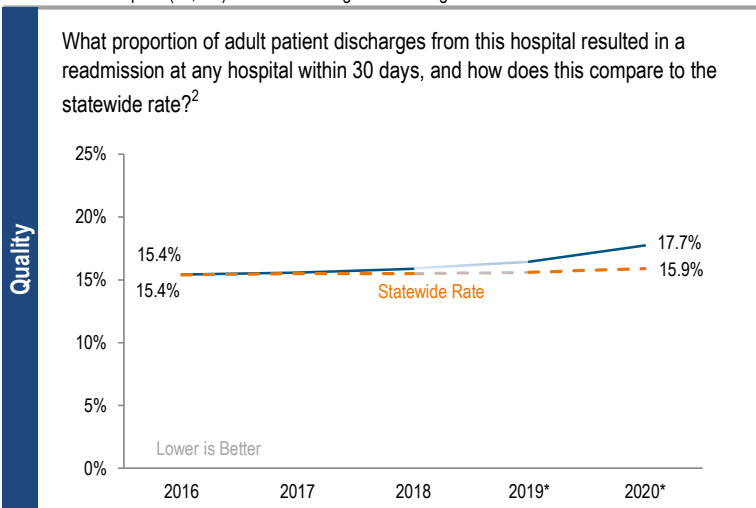
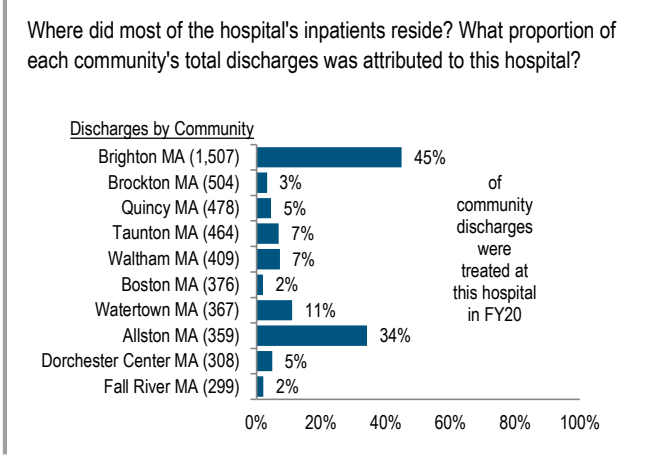
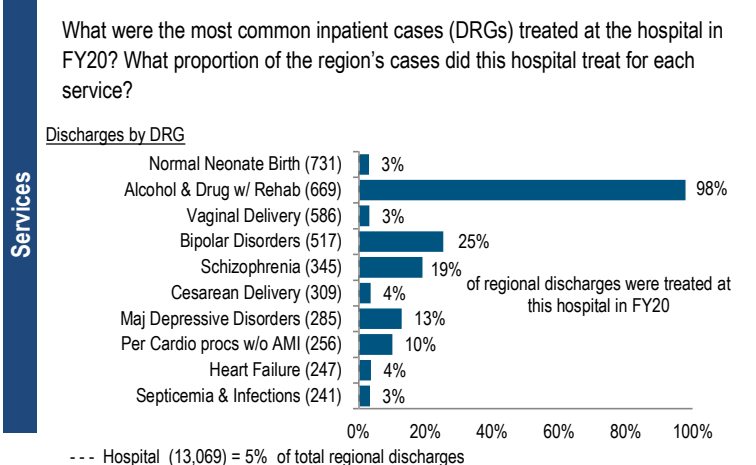
Public Payer Mix ¹ :	68.2% HPP Hospital
CY19 Commercial Statewide Relative Price:	1.067
Top 3 Commercial Payers:	Blue Cross Blue Shield Harvard Pilgrim Tufts HMO

Utilization

Inpatient Discharges in FY20:	13,069
Change FY19-FY20:	-3.0%
Emergency Department Visits in FY20:	23,715
Change FY19-FY20:	-13.5%
Outpatient Visits in FY20:	116,854
Change FY19-FY20:	-11.9%

Quality

Readmission Rate in FY20:	17.7%
Change FY19-FY20 (percentage points):	1.3
Early Elective Deliveries Rate:	3.7%



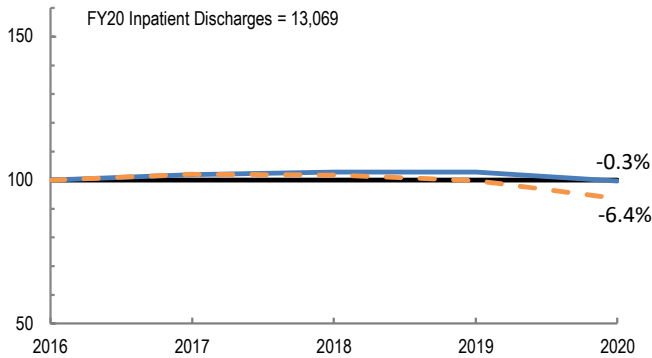
2020 HOSPITAL PROFILE: STEWARD ST. ELIZABETH'S MEDICAL CENTER

Cohort: Teaching Hospital

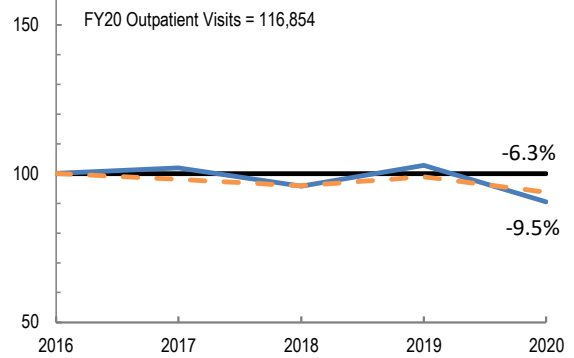


Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY16, and how does this compare to the hospital's peer cohort median? (FY16=100)

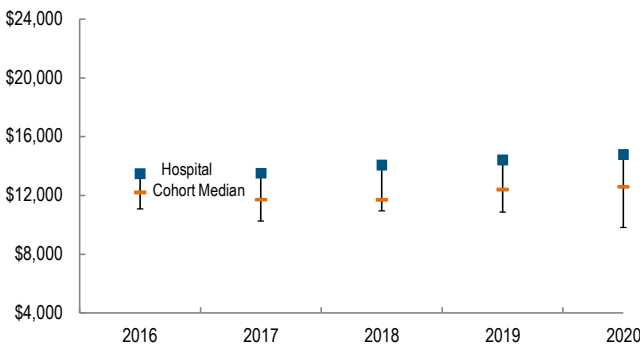


How has the volume of the hospital's outpatient visits changed compared to FY16, and how does this compare to the hospital's peer cohort median? (FY16=100)

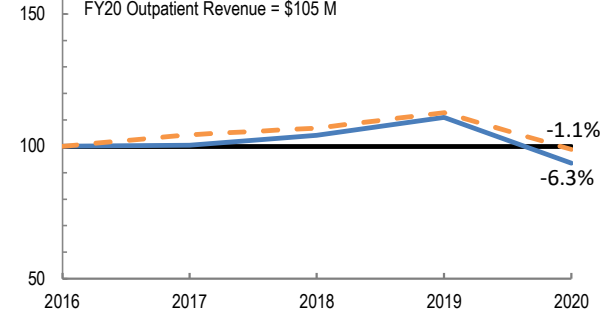


Patient Revenue Trends

What was the hospital's net inpatient service revenue³ per case mix adjusted discharge between FY16 and FY20, and how does this compare to the hospital's peer cohort median?



How has the hospital's net outpatient revenue³ changed compared to FY16, and how does this compare to the hospital's peer cohort median? (FY16=100)



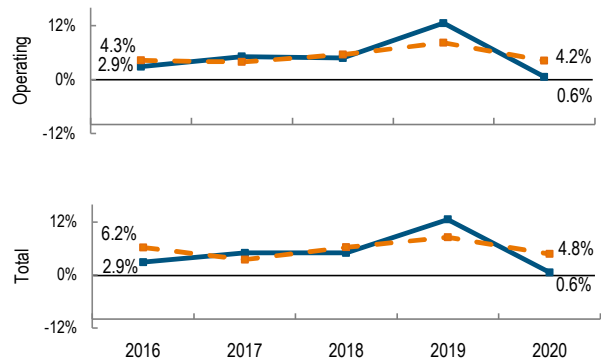
Financial Performance

How have the hospital's total revenue and costs changed between FY16 and FY20? (COVID funding affects FY20 only)

Revenue, Cost, & Profit/Loss (in millions)

FY	2016	2017	2018	2019	2020
Operating Revenue	\$ 334.3	\$ 360.2	\$ 381.0	\$ 399.5	\$ 413.4
COVID Funding Included in Operating Revenue					\$ 22.3
Non-Operating Revenue⁴	\$ 0.0	\$ (0.4)	\$ 1.0	\$ 0.0	\$ 0.0
Total Revenue	\$ 334.3	\$ 359.8	\$ 382.0	\$ 399.5	\$ 413.4
Total Costs	\$ 324.7	\$ 341.8	\$ 362.8	\$ 349.1	\$ 411.1
Total Profit (Loss)	\$ 9.7	\$ 18.0	\$ 19.2	\$ 50.3	\$ 2.3

What were the hospital's total margin and operating margins between FY16 and FY20, and how do these compare to the hospital's peer cohort medians? (Note: FY20 margins include COVID funding)



For descriptions of the metrics, please see the technical appendix.

¹ High Public Payer Hospitals (HPP) reported a minimum of 63% of gross patient service revenue from public payers.

² For 2019 and 2020 readmission rates, a new methodology was used. These rates may not be comparable to earlier years. For more information, please see: <https://www.chiamass.gov/assets/docs/r/pubs/2022/Readmissions-Technical-Appendix-2011-2020.pdf>

³ Effective FY 2020 supplemental revenue is not included in net patient service revenue for all hospitals. Prior to FY 2020, reporting of supplemental revenue varied by hospital.

⁴ There was an accounting change adopted by most hospitals beginning in FY 2020 in which unrealized gains and losses on investments are now recognized as non-operating income

Anna Jaques Hospital is a mid-size, non-profit community hospital located in the Northeastern Massachusetts region. It is clinically affiliated with Beth Israel Deaconess Medical Center and is a member of Beth Israel Lahey Health. From FY16 to FY20, inpatient discharges decreased 12.9% at the hospital, compared to a median decrease of 3.2% in its peer cohort. Outpatient visits decreased by 15.7% between FY16 and FY20, compared to a median decrease of 6.8% in its peer cohort. Anna Jaques was profitable each year from FY16 and FY19, but reported a loss in FY20 with a total margin of -5.0%, below its cohort median of 1.4%.

Overview / Size

Hospital System Affiliation:	Beth Israel Lahey Health
Hospital System Surplus (Deficit) in FY20:	\$73,031,000
Change in Ownership (FY16-20):	Beth Israel Lahey Health 3/1/19
Total Staffed Beds:	140, mid-size acute hospital
% Occupancy:	54.1%, < cohort avg. (58%)
Trauma Center Designation:	Adult: Level 3
Case Mix Index:	0.84, < cohort avg. (0.89); < statewide (1.16)

Financial

Inpatient NPSR per CMAD:	\$8,789
Change FY19-FY20:	6.1%
Inpatient Outpatient Revenue in FY20:	28%:72%
Outpatient Revenue in FY20:	\$69,645,618
Change FY19-FY20:	-18.0%
Total Revenue in FY20:	\$127,154,000
COVID Funding Included in Total Revenue:	\$6,616,000
Total Surplus (Deficit) in FY20:	-\$6,401,000

Payer Mix

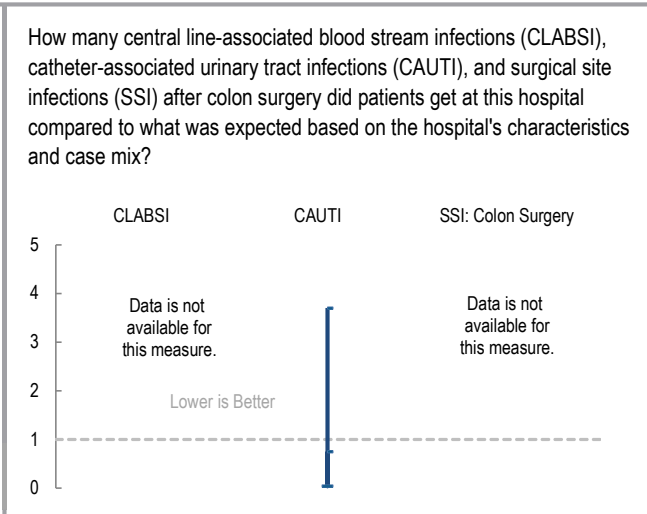
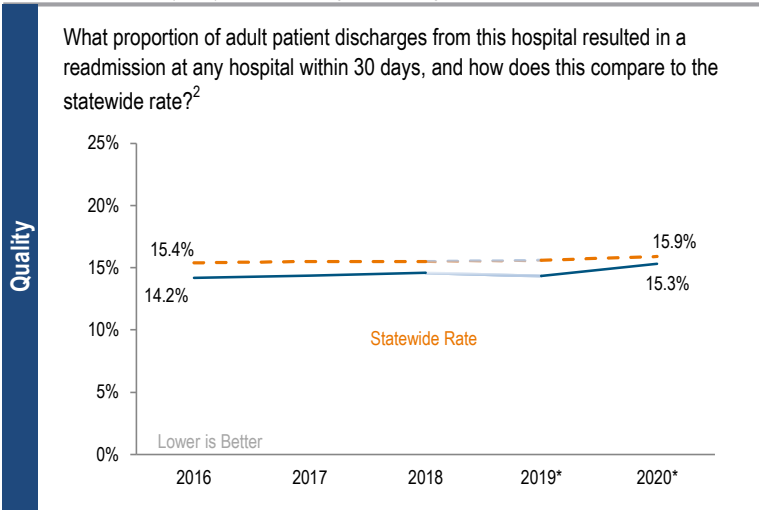
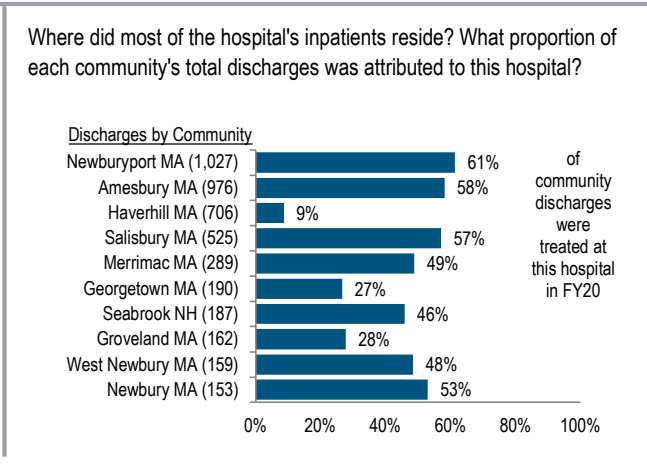
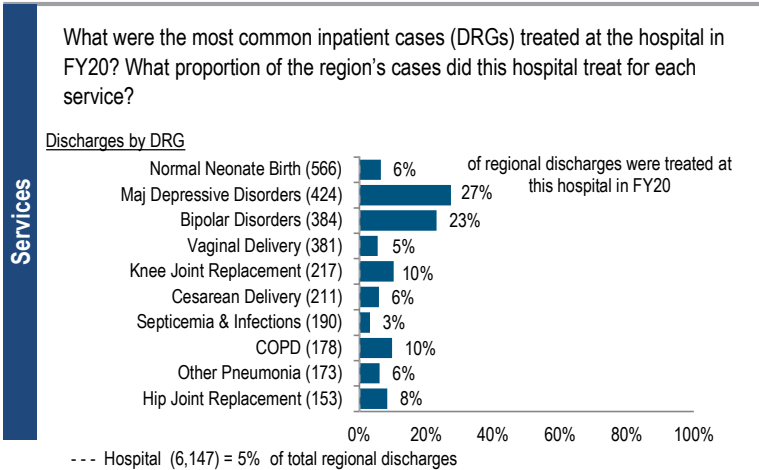
Public Payer Mix ¹ :	61.0% non-HPP Hospital
CY19 Commercial Statewide Relative Price:	0.750
Top 3 Commercial Payers:	Blue Cross Blue Shield Tufts HMO Harvard Pilgrim

Utilization

Inpatient Discharges in FY20:	6,147
Change FY19-FY20:	-13.5%
Emergency Department Visits in FY20:	22,221
Change FY19-FY20:	-16.0%
Outpatient Visits in FY20:	57,903
Change FY19-FY20:	-16.1%

Quality

Readmission Rate in FY20:	15.3%
Change FY19-FY20 (percentage points):	1.0
Early Elective Deliveries Rate:	0.0%



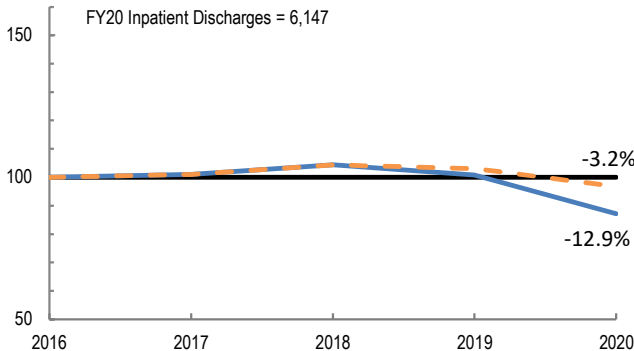
2020 HOSPITAL PROFILE: ANNA JQUES HOSPITAL

Cohort: Community Hospital

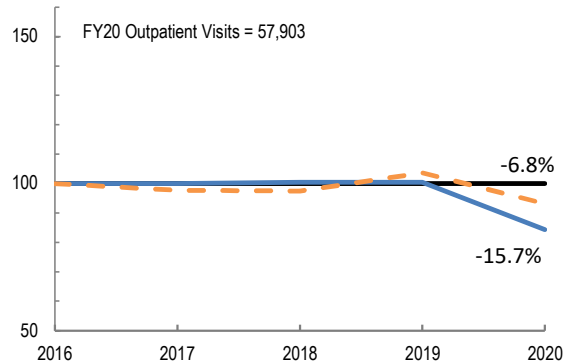


Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY16, and how does this compare to the hospital's peer cohort median? (FY16=100)

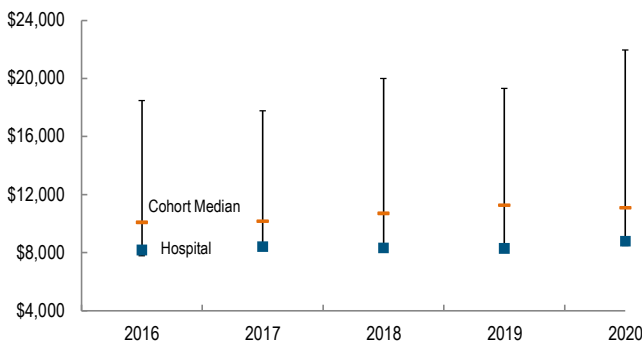


How has the volume of the hospital's outpatient visits changed compared to FY16, and how does this compare to the hospital's peer cohort median? (FY16=100)

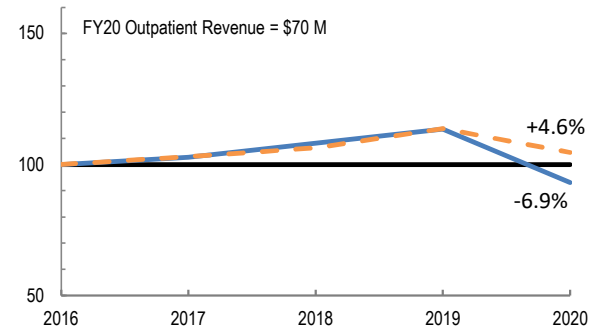


Patient Revenue Trends

What was the hospital's net inpatient service revenue³ per case mix adjusted discharge between FY16 and FY20, and how does this compare to the hospital's peer cohort median?



How has the hospital's net outpatient revenue³ changed compared to FY16, and how does this compare to the hospital's peer cohort median? (FY16=100)



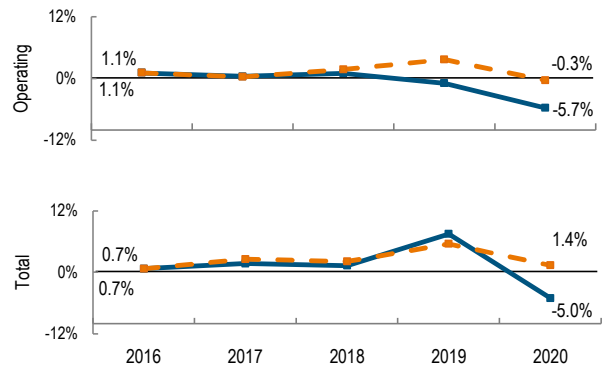
Financial Performance

How have the hospital's total revenue and costs changed between FY16 and FY20? (COVID funding affects FY20 only)

Revenue, Cost, & Profit/Loss (in millions)

FY	2016	2017	2018	2019	2020
Operating Revenue	\$ 124.3	\$ 129.1	\$ 133.8	\$ 78.7	\$ 126.3
COVID Funding Included in Operating Revenue					\$ 6.6
Non-Operating Revenue⁴	\$ (0.5)	\$ 1.7	\$ 0.4	\$ 7.3	\$ 0.8
Total Revenue	\$ 123.8	\$ 130.8	\$ 134.1	\$ 86.0	\$ 127.2
Total Costs	\$ 123.0	\$ 128.7	\$ 132.4	\$ 79.5	\$ 133.6
Total Profit (Loss)	\$ 0.8	\$ 2.2	\$ 1.8	\$ 6.5	\$ (6.4)

What were the hospital's total margin and operating margins between FY16 and FY20, and how do these compare to the hospital's peer cohort medians? (Note: FY20 margins include COVID funding)



For descriptions of the metrics, please see the technical appendix.

¹ High Public Payer Hospitals (HPP) reported a minimum of 63% of gross patient service revenue from public payers.

² For 2019 and 2020 readmission rates, a new methodology was used. These rates may not be comparable to earlier years. For more information, please see: <https://www.chiamass.gov/assets/docs/r/pubs/2022/Readmissions-Technical-Appendix-2011-2020.pdf>

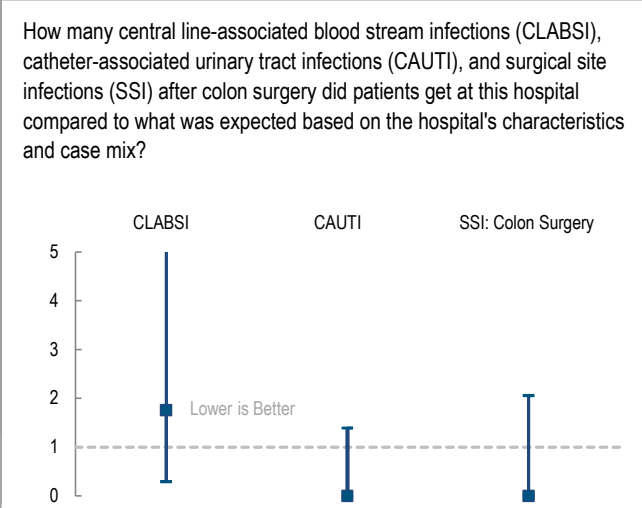
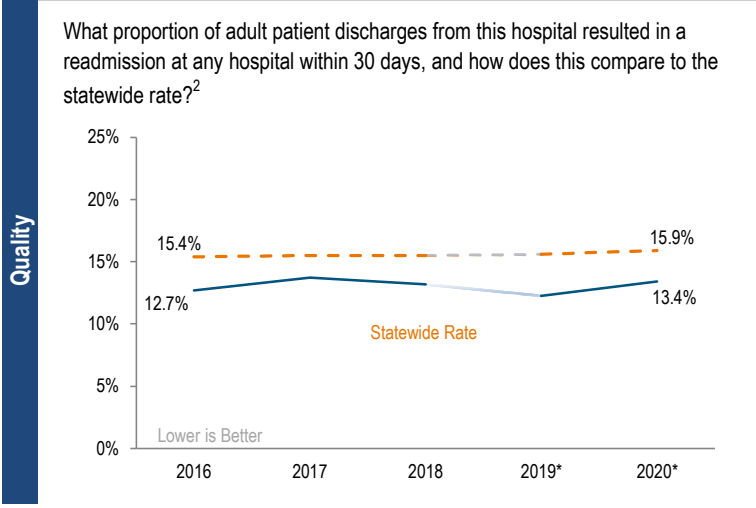
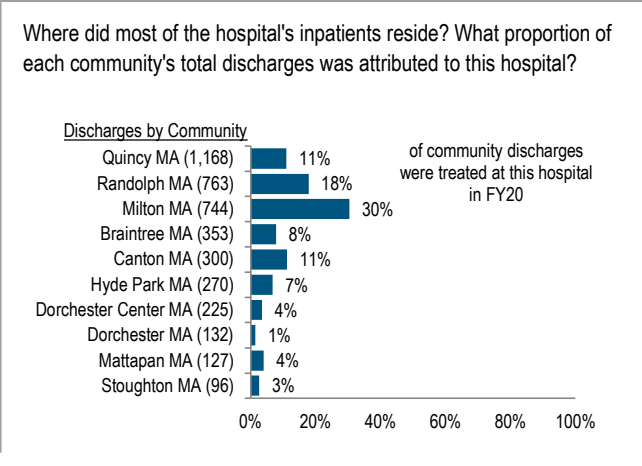
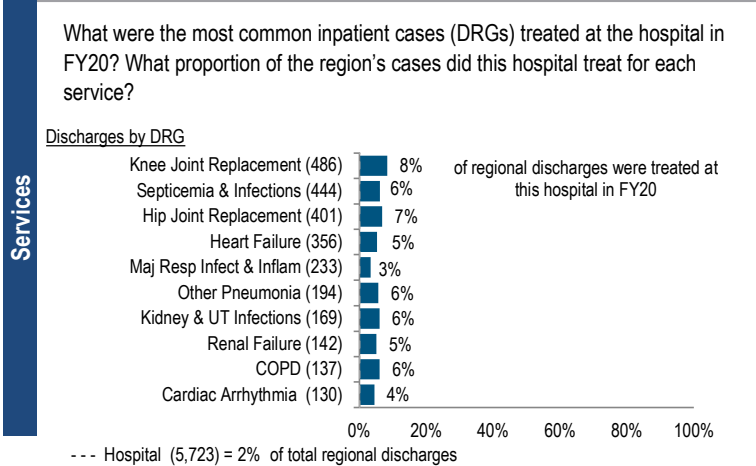
³ Effective FY 2020 supplemental revenue is not included in net patient service revenue for all hospitals. Prior to FY 2020, reporting of supplemental revenue varied by hospital.

⁴ There was an accounting change adopted by most hospitals beginning in FY 2020 in which unrealized gains and losses on investments are now recognized as non-operating income

2020 Hospital Profile

Beth Israel Deaconess Hospital – Milton (BID-Milton) is a non-profit community hospital located in the Metro Boston region. At 78 inpatient beds, it is among the smaller acute hospitals in Massachusetts. It is a member of Beth Israel Lahey Health. Between FY16 and FY20, the volume of inpatient discharges at the hospital increased by 13.5% compared to a median decrease of 3.2% at cohort hospitals. Outpatient visits decreased 2.6% for the hospital between FY16 and FY20, compared to a median decrease of 6.8% for its peer cohort. The hospital has reported a profit in each of the last five years. In FY20 it had a total margin of 6.0%, above the 1.4% median of its cohort hospitals.

At a Glance	Overview / Size		Payer Mix	
	Hospital System Affiliation:	Beth Israel Lahey Health	Public Payer Mix ¹ :	58.8% non-HPP Hospital
	Hospital System Surplus (Deficit) in FY20:	\$73,031,000	CY19 Commercial Statewide Relative Price:	0.816
	Change in Ownership (FY16-20):	Beth Israel Lahey Health 3/1/19	Top 3 Commercial Payers:	Blue Cross Blue Shield Harvard Pilgrim Tufts HMO
	Total Staffed Beds:	78, among the smaller acute hospitals		
	% Occupancy:	77.9%, > cohort avg. (58%)		
	Trauma Center Designation:	Not Applicable		
	Case Mix Index:	1.10, > cohort avg. (0.89); < statewide (1.16)		
	Financial		Utilization	
	Inpatient NPSR per CMAD:	\$10,441	Inpatient Discharges in FY20:	5,723
Change FY19-FY20:	-2.2%	Change FY19-FY20:	-6.7%	
Inpatient Outpatient Revenue in FY20:	41%:59%	Emergency Department Visits in FY20:	26,926	
Outpatient Revenue in FY20:	\$49,018,553	Change FY19-FY20:	1.3%	
Change FY19-FY20:	-10.5%	Outpatient Visits in FY20:	37,816	
Total Revenue in FY20:	\$130,528,000	Change FY19-FY20:	-7.7%	
COVID Funding Included in Total Revenue:	\$17,024,400	Quality		
Total Surplus (Deficit) in FY20:	\$7,884,000	Readmission Rate in FY20:	13.4%	
		Change FY19-FY20 (percentage points):	1.1	
		Early Elective Deliveries Rate:	Not Applicable	



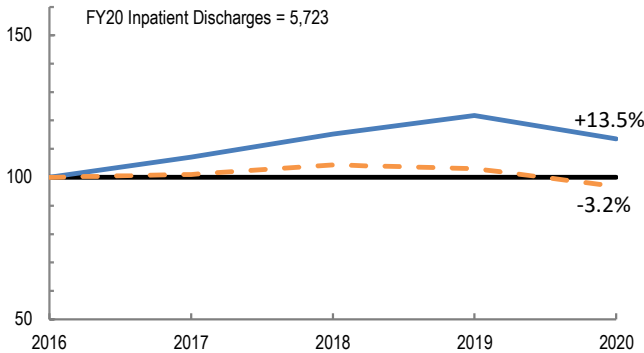
2020 HOSPITAL PROFILE: BETH ISRAEL DEACONESS HOSPITAL - MILTON

Cohort: Community Hospital

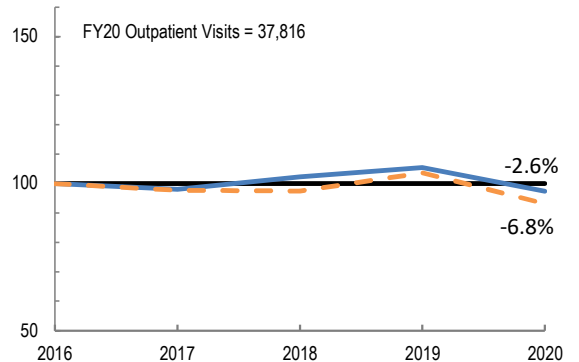


Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY16, and how does this compare to the hospital's peer cohort median? (FY16=100)

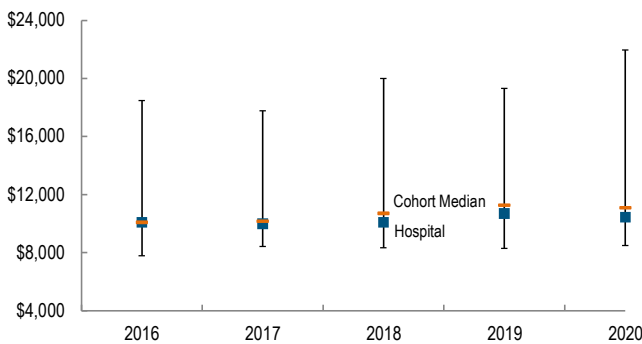


How has the volume of the hospital's outpatient visits changed compared to FY16, and how does this compare to the hospital's peer cohort median? (FY16=100)

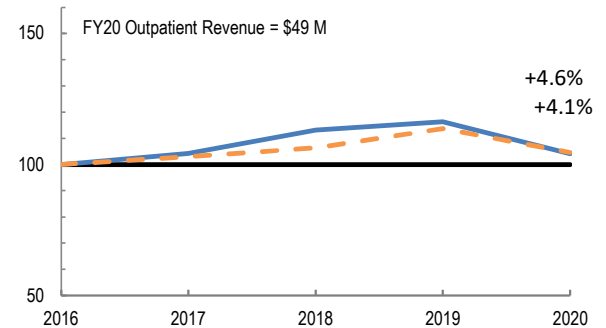


Patient Revenue Trends

What was the hospital's net inpatient service revenue³ per case mix adjusted discharge between FY16 and FY20, and how does this compare to the hospital's peer cohort median?



How has the hospital's net outpatient revenue³ changed compared to FY16, and how does this compare to the hospital's peer cohort median? (FY16=100)



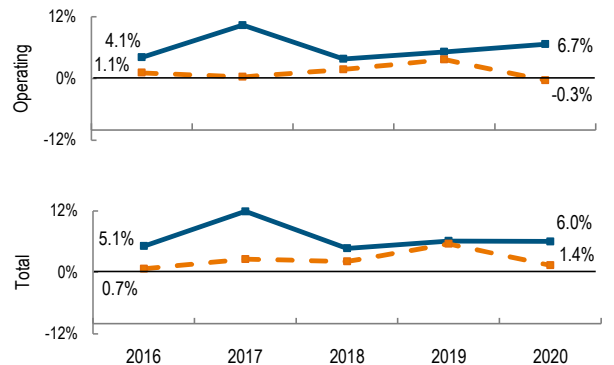
Financial Performance

How have the hospital's total revenue and costs changed between FY16 and FY20? (COVID funding affects FY20 only)

Revenue, Cost, & Profit/Loss (in millions)

FY	2016	2017	2018	2019	2020
Operating Revenue	\$ 105.5	\$ 117.9	\$ 122.1	\$ 74.5	\$ 131.4
COVID Funding Included in Operating Revenue					\$ 17.0
Non-Operating Revenue⁴	\$ 1.1	\$ 1.8	\$ 1.2	\$ 0.7	\$ (0.9)
Total Revenue	\$ 106.5	\$ 119.7	\$ 123.3	\$ 75.2	\$ 130.5
Total Costs	\$ 101.1	\$ 105.5	\$ 117.4	\$ 70.6	\$ 122.6
Total Profit (Loss)	\$ 5.4	\$ 14.2	\$ 5.8	\$ 4.6	\$ 7.9

What were the hospital's total margin and operating margins between FY16 and FY20, and how do these compare to the hospital's peer cohort medians? (Note: FY20 margins include COVID funding)



For descriptions of the metrics, please see the technical appendix.

¹ High Public Payer Hospitals (HPP) reported a minimum of 63% of gross patient service revenue from public payers.

² For 2019 and 2020 readmission rates, a new methodology was used. These rates may not be comparable to earlier years. For more information, please see: <https://www.chiamass.gov/assets/docs/r/pubs/2022/Readmissions-Technical-Appendix-2011-2020.pdf>

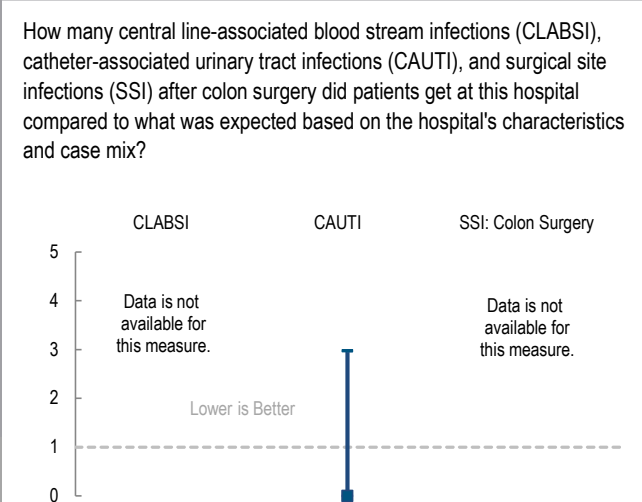
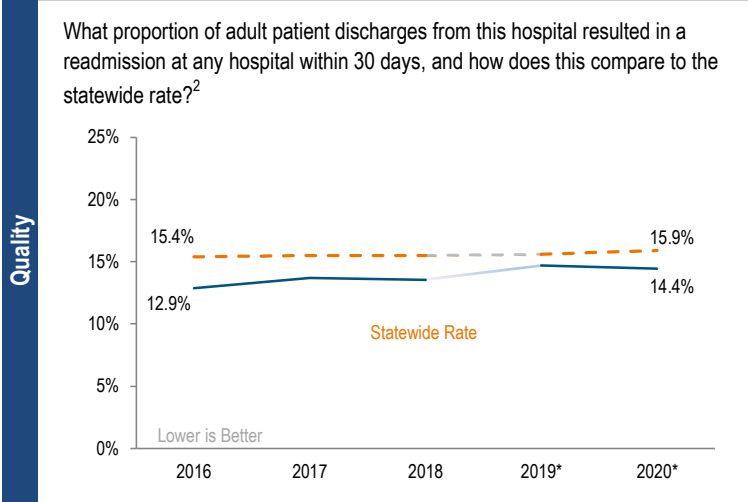
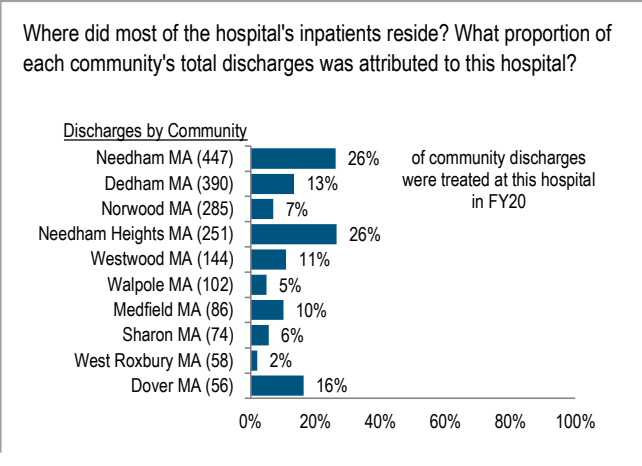
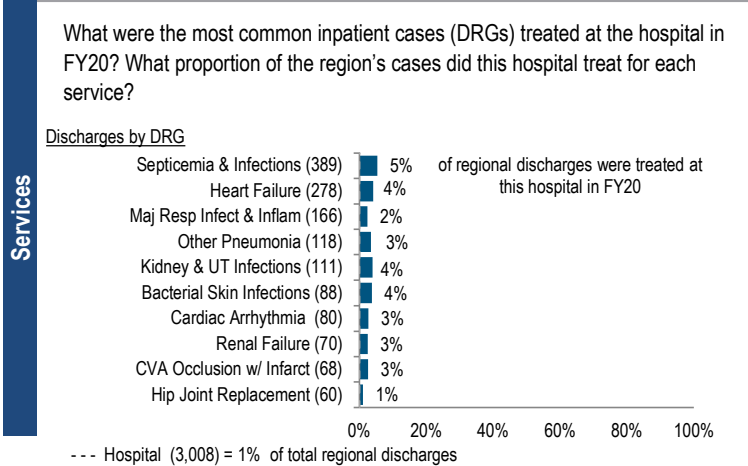
³ Effective FY 2020 supplemental revenue is not included in net patient service revenue for all hospitals. Prior to FY 2020, reporting of supplemental revenue varied by hospital.

⁴ There was an accounting change adopted by most hospitals beginning in FY 2020 in which unrealized gains and losses on investments are now recognized as non-operating income

2020 Hospital Profile

Beth Israel Deaconess Hospital – Needham (BID-Needham) is a non-profit community hospital located in the Metro Boston region. At 57 inpatient beds, it is among the smaller acute hospitals in Massachusetts. It is a member of Beth Israel Lahey Health. Between FY16 and FY20, the volume of inpatient discharges at the hospital increased by 24.2% compared to a median decrease of 3.2% at cohort hospitals. Outpatient visits increased 15.4% for the hospital between FY16 and FY20, compared to a median decrease of 6.8% for its peer cohort. In FY20 it had a total margin of -0.4%, below the 1.4% median of its cohort hospitals.

At a Glance	Overview / Size		Payer Mix	
	Hospital System Affiliation:	Beth Israel Lahey Health	Public Payer Mix ¹ :	51.3% non-HPP Hospital
	Hospital System Surplus (Deficit) in FY20:	\$73,031,000	CY19 Commercial Statewide Relative Price:	0.911
	Change in Ownership (FY16-20):	Beth Israel Lahey Health 3/1/19	Top 3 Commercial Payers:	Blue Cross Blue Shield Harvard Pilgrim Tufts HMO
	Total Staffed Beds:	57, among the smaller acute hospitals		
	% Occupancy:	54.1%, < cohort avg. (58%)		
	Trauma Center Designation:	Not Applicable		
	Case Mix Index:	1.01, > cohort avg. (0.89); < statewide (1.16)		
	Financial		Utilization	
	Inpatient NPSR per CMAD:	\$9,599	Inpatient Discharges in FY20:	3,008
Change FY19-FY20:	-14.4%	Change FY19-FY20:	5.7%	
Inpatient Outpatient Revenue in FY20:	23%:77%	Emergency Department Visits in FY20:	15,567	
Outpatient Revenue in FY20:	\$62,268,301	Change FY19-FY20:	-6.6%	
Change FY19-FY20:	-9.1%	Outpatient Visits in FY20:	57,969	
Total Revenue in FY20:	\$105,954,000	Change FY19-FY20:	-12.8%	
COVID Funding Included in Total Revenue:	\$10,050,000	Quality		
Total Surplus (Deficit) in FY20:	-\$376,000	Readmission Rate in FY20:	14.4%	
		Change FY19-FY20 (percentage points):	-0.3	
		Early Elective Deliveries Rate:	Not Applicable	



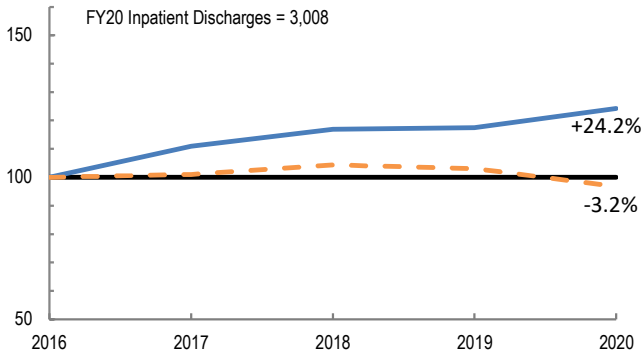
2020 HOSPITAL PROFILE: BETH ISRAEL DEACONESS HOSPITAL - NEEDHAM

Cohort: Community Hospital

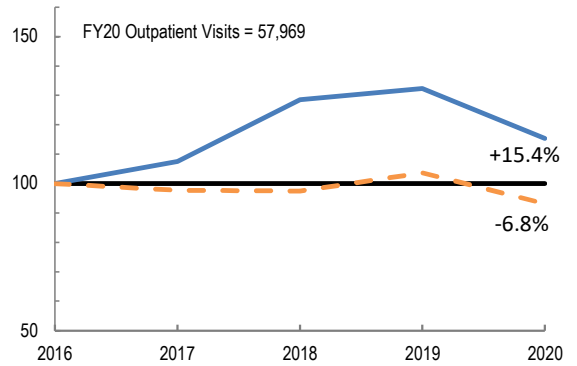


Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY16, and how does this compare to the hospital's peer cohort median? (FY16=100)

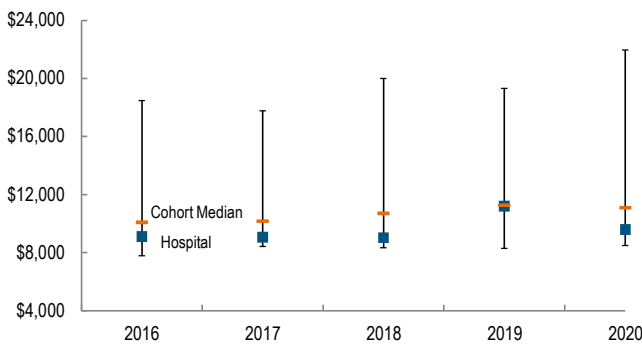


How has the volume of the hospital's outpatient visits changed compared to FY16, and how does this compare to the hospital's peer cohort median? (FY16=100)

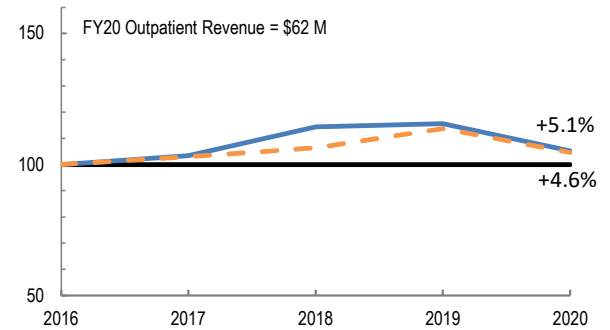


Patient Revenue Trends

What was the hospital's net inpatient service revenue³ per case mix adjusted discharge between FY16 and FY20, and how does this compare to the hospital's peer cohort median?



How has the hospital's net outpatient revenue³ changed compared to FY16, and how does this compare to the hospital's peer cohort median? (FY16=100)



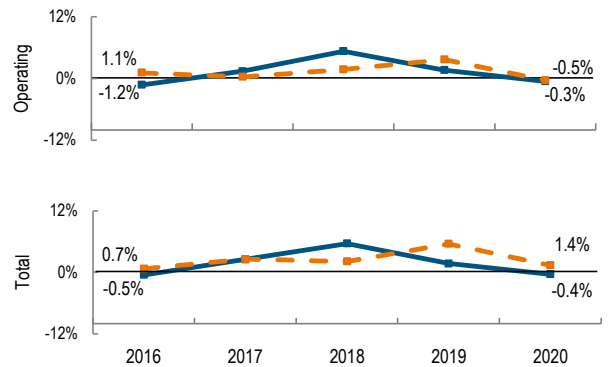
Financial Performance

How have the hospital's total revenue and costs changed between FY16 and FY20? (COVID funding affects FY20 only)

Revenue, Cost, & Profit/Loss (in millions)

FY	2016	2017	2018	2019	2020
Operating Revenue	\$ 82.5	\$ 86.7	\$ 97.1	\$ 60.8	\$ 105.8
COVID Funding Included in Operating Revenue					\$ 10.1
Non-Operating Revenue⁴	\$ 0.6	\$ 1.0	\$ 0.3	\$ 0.0	\$ 0.1
Total Revenue	\$ 83.1	\$ 87.7	\$ 97.3	\$ 60.8	\$ 106.0
Total Costs	\$ 83.5	\$ 85.5	\$ 91.9	\$ 59.8	\$ 106.3
Total Profit (Loss)	\$ (0.4)	\$ 2.2	\$ 5.4	\$ 1.0	\$ (0.4)

What were the hospital's total margin and operating margins between FY16 and FY20, and how do these compare to the hospital's peer cohort medians? (Note: FY20 margins include COVID funding)



For descriptions of the metrics, please see the technical appendix.

¹ High Public Payer Hospitals (HPP) reported a minimum of 63% of gross patient service revenue from public payers.

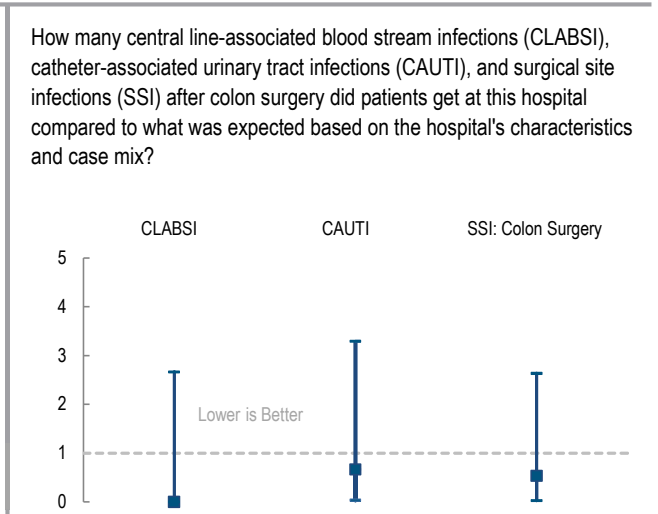
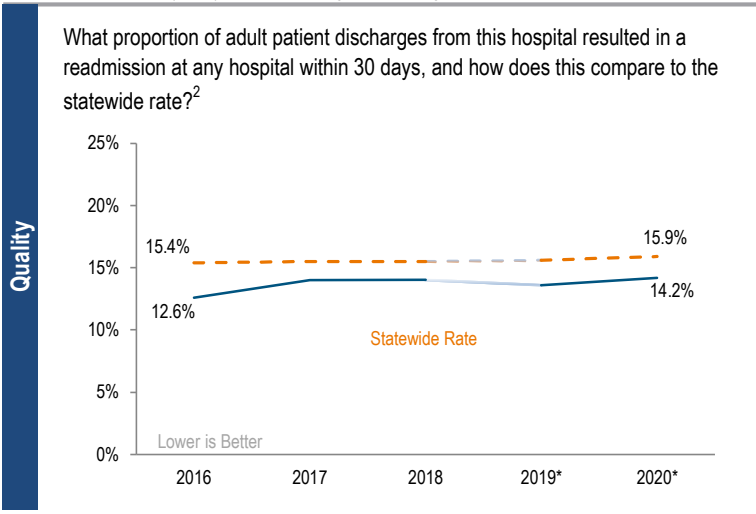
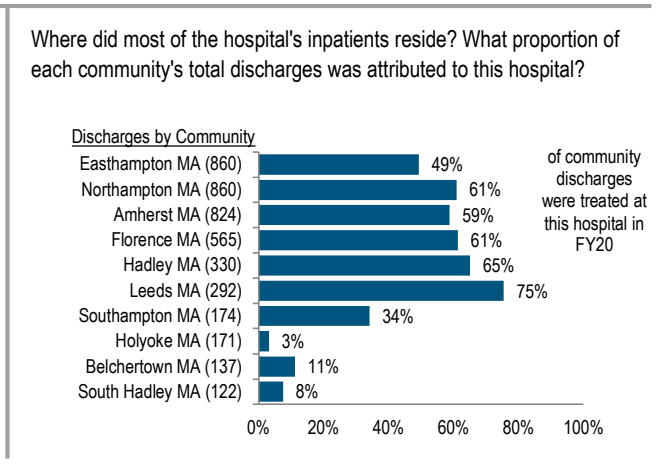
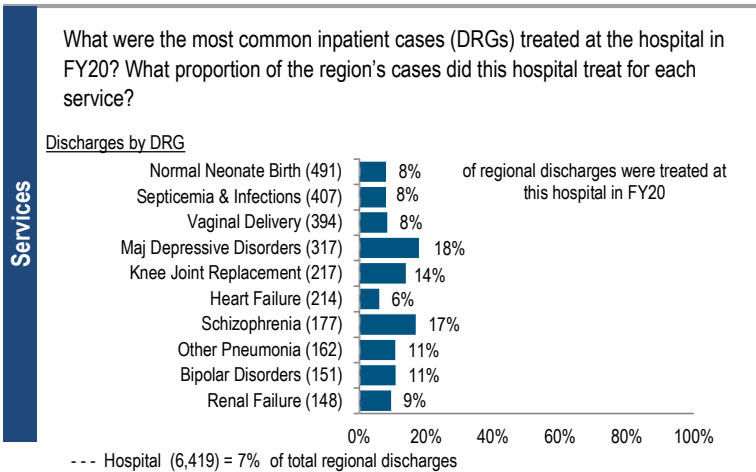
² For 2019 and 2020 readmission rates, a new methodology was used. These rates may not be comparable to earlier years. For more information, please see: <https://www.chiamass.gov/assets/docs/r/pubs/2022/Readmissions-Technical-Appendix-2011-2020.pdf>

³ Effective FY 2020 supplemental revenue is not included in net patient service revenue for all hospitals. Prior to FY 2020, reporting of supplemental revenue varied by hospital.

⁴ There was an accounting change adopted by most hospitals beginning in FY 2020 in which unrealized gains and losses on investments are now recognized as non-operating income

Cooley Dickinson Hospital is a community hospital located in the Western Massachusetts region. It is a mid-size acute hospital and a member of Mass General Brigham. Between FY16 and FY20, inpatient discharges at the hospital have decreased by 10.3%, compared with a median decrease of 3.2% among cohort hospitals. In the same period, outpatient visits decreased by 8.3%, compared to a 6.8% median decrease in its cohort. After reporting a profit of \$15.7M in FY19, Cooley Dickinson Hospital reported a loss of \$0.8M in FY20 and a total margin of -0.4%, compared to a median total margin of 1.4% in its cohort.

At a Glance	Overview / Size		Payer Mix	
	Hospital System Affiliation:	Mass General Brigham	Public Payer Mix ¹ :	62.7% non-HPP Hospital
	Hospital System Surplus (Deficit) in FY20:	\$263,515,000	CY19 Commercial Statewide Relative Price:	1.011
	Change in Ownership (FY16-20):	Not Applicable	Top 3 Commercial Payers:	Blue Cross Blue Shield Health New England UniCare
	Total Staffed Beds:	151, mid-size acute hospital		
	% Occupancy:	50.6%, < cohort avg. (58%)		
	Trauma Center Designation:	Not Applicable		
	Case Mix Index:	0.95, > cohort avg. (0.89); < statewide (1.16)		
	Financial		Utilization	
	Inpatient NPSR per CMAD:	\$8,476	Inpatient Discharges in FY20:	6,419
Change FY19-FY20:	-25.3%	Change FY19-FY20:	-10.8%	
Inpatient Outpatient Revenue in FY20:	28%:72%	Emergency Department Visits in FY20:	28,951	
Outpatient Revenue in FY20:	\$133,990,633	Change FY19-FY20:	-13.2%	
Change FY19-FY20:	6.6%	Outpatient Visits in FY20:	40,818	
Total Revenue in FY20:	\$199,764,000	Change FY19-FY20:	-2.2%	
COVID Funding Included in Total Revenue:	\$9,144,000			
Total Surplus (Deficit) in FY20:	-\$807,000	Quality		
		Readmission Rate in FY20:	14.2%	
		Change FY19-FY20 (percentage points):	0.6	
		Early Elective Deliveries Rate:	0.0%	



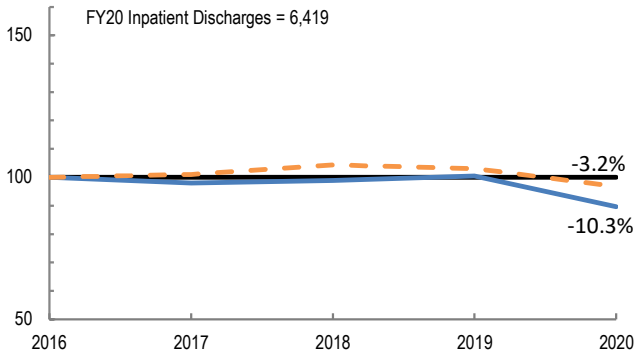
2020 HOSPITAL PROFILE: COOLEY DICKINSON HOSPITAL

Cohort: Community Hospital

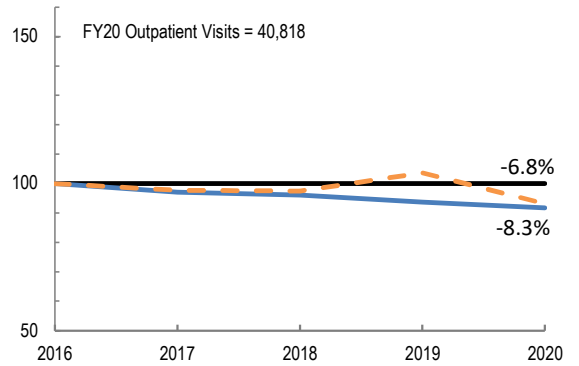


Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY16, and how does this compare to the hospital's peer cohort median? (FY16=100)

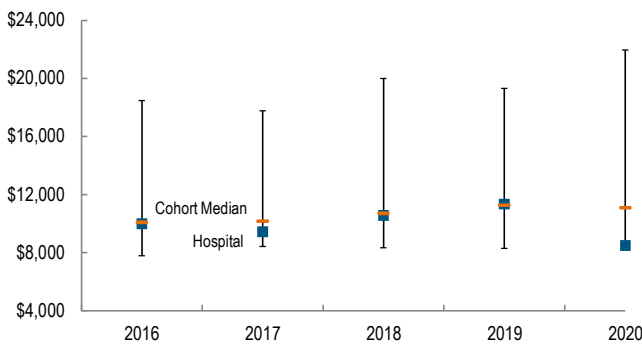


How has the volume of the hospital's outpatient visits changed compared to FY16, and how does this compare to the hospital's peer cohort median? (FY16=100)

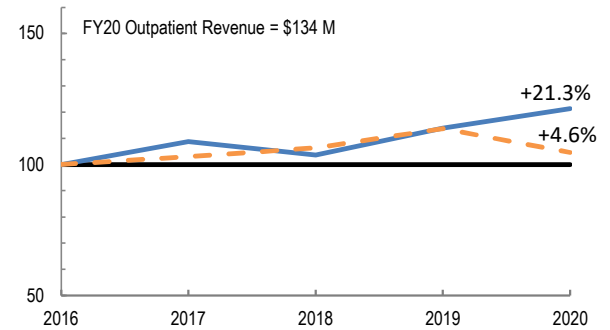


Patient Revenue Trends

What was the hospital's net inpatient service revenue³ per case mix adjusted discharge between FY16 and FY20, and how does this compare to the hospital's peer cohort median?



How has the hospital's net outpatient revenue³ changed compared to FY16, and how does this compare to the hospital's peer cohort median? (FY16=100)



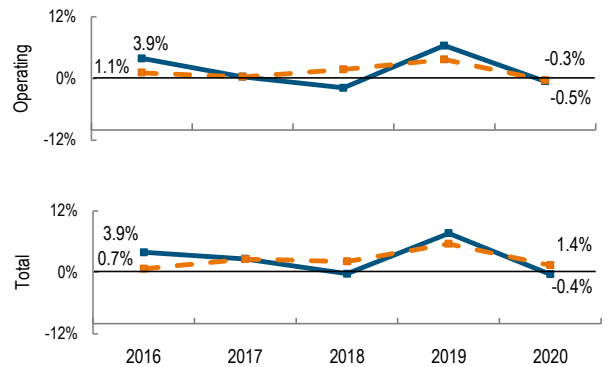
Financial Performance

How have the hospital's total revenue and costs changed between FY16 and FY20? (COVID funding affects FY20 only)

Revenue, Cost, & Profit/Loss (in millions)

FY	2016	2017	2018	2019	2020
Operating Revenue	\$ 178.1	\$ 183.0	\$ 184.5	\$ 204.1	\$ 199.6
COVID Funding Included in Operating Revenue					\$ 9.1
Non-Operating Revenue⁴	\$ 0.1	\$ 4.2	\$ 2.8	\$ 2.5	\$ 0.2
Total Revenue	\$ 178.1	\$ 187.3	\$ 187.2	\$ 206.6	\$ 199.8
Total Costs	\$ 171.2	\$ 182.4	\$ 187.9	\$ 191.0	\$ 200.6
Total Profit (Loss)	\$ 7.0	\$ 4.9	\$ (0.6)	\$ 15.7	\$ (0.8)

What were the hospital's total margin and operating margins between FY16 and FY20, and how do these compare to the hospital's peer cohort medians? (Note: FY20 margins include COVID funding)



For descriptions of the metrics, please see the technical appendix.

¹ High Public Payer Hospitals (HPP) reported a minimum of 63% of gross patient service revenue from public payers.

² For 2019 and 2020 readmission rates, a new methodology was used. These rates may not be comparable to earlier years. For more information, please see: <https://www.chiamass.gov/assets/docs/r/pubs/2022/Readmissions-Technical-Appendix-2011-2020.pdf>

³ Effective FY 2020 supplemental revenue is not included in net patient service revenue for all hospitals. Prior to FY 2020, reporting of supplemental revenue varied by hospital.

⁴ There was an accounting change adopted by most hospitals beginning in FY 2020 in which unrealized gains and losses on investments are now recognized as non-operating income

Emerson Hospital is a mid-size, non-profit community hospital located in the Northeastern Massachusetts region. Between FY16 and FY20, the volume of inpatient discharges at the hospital decreased by 6.5% compared to a median decrease of 3.2% at cohort hospitals. Outpatient visits decreased by 23.3% for the hospital between FY16 and FY20, compared to a median decrease of 6.8% for its peer cohort. After reporting profits in each of the prior four years, Emerson Hospital reported a loss of \$3.5M and a total margin of -1.3% in FY20 compared to the median total margin of 1.4% at its cohort hospitals.

Overview / Size

Hospital System Affiliation:	Emerson Health System Inc. and Subsid.
Hospital System Surplus (Deficit) in FY20:	(\$2,592,542)
Change in Ownership (FY16-20):	Not Applicable
Total Staffed Beds:	199, mid-size acute hospital
% Occupancy:	50.1%, < cohort avg. (58%)
Trauma Center Designation:	Not Applicable
Case Mix Index:	0.87, < cohort avg. (0.89); < statewide (1.16)

Financial

Inpatient NPSR per CMAD:	\$11,033
Change FY19-FY20:	-2.8%
Inpatient Outpatient Revenue in FY20:	24%:76%
Outpatient Revenue in FY20:	\$159,463,126
Change FY19-FY20:	-10.7%
Total Revenue in FY20:	\$282,533,858
COVID Funding Included in Total Revenue:	\$14,568,177
Total Surplus (Deficit) in FY20:	-\$3,544,322

Payer Mix

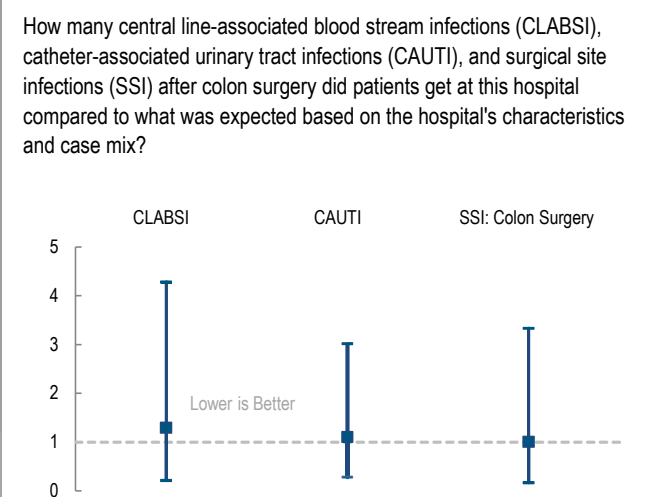
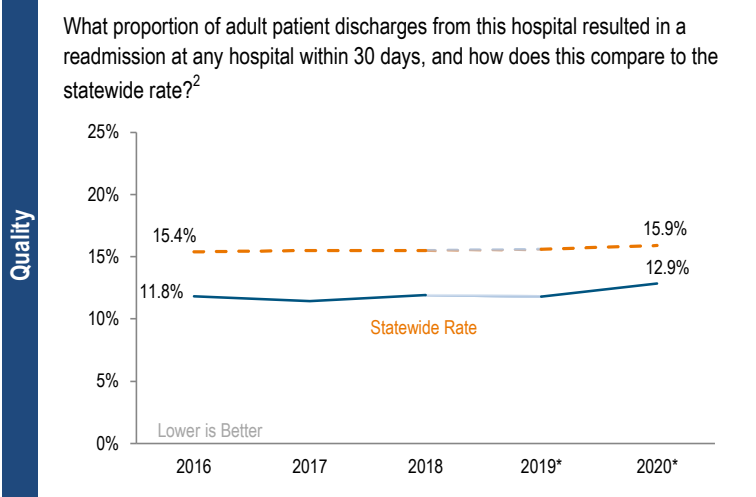
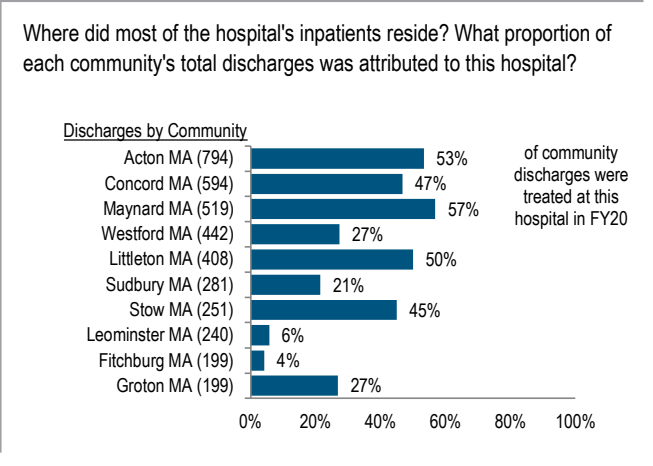
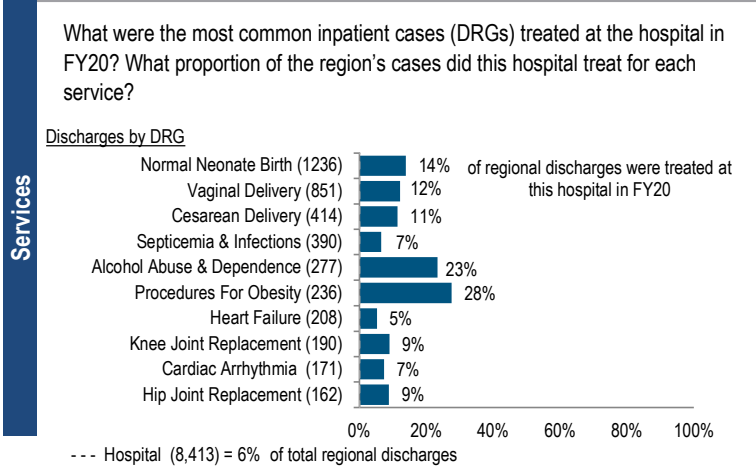
Public Payer Mix ¹ :	49.8% non-HPP Hospital
CY19 Commercial Statewide Relative Price:	0.904
Top 3 Commercial Payers:	Blue Cross Blue Shield Harvard Pilgrim Tufts HMO

Utilization

Inpatient Discharges in FY20:	8,413
Change FY19-FY20:	-3.9%
Emergency Department Visits in FY20:	31,000
Change FY19-FY20:	0.0%
Outpatient Visits in FY20:	72,098
Change FY19-FY20:	-21.4%

Quality

Readmission Rate in FY20:	12.9%
Change FY19-FY20 (percentage points):	1.1
Early Elective Deliveries Rate:	0.0%



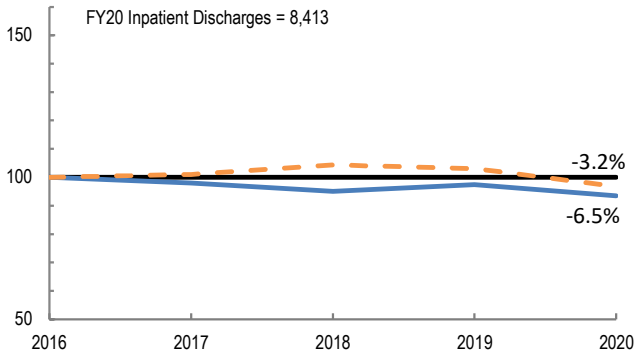
2020 HOSPITAL PROFILE: EMERSON HOSPITAL

Cohort: Community Hospital

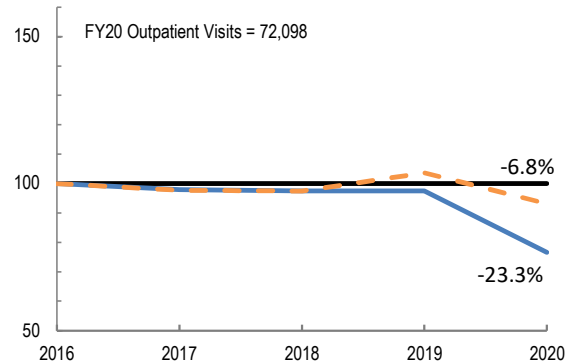


Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY16, and how does this compare to the hospital's peer cohort median? (FY16=100)

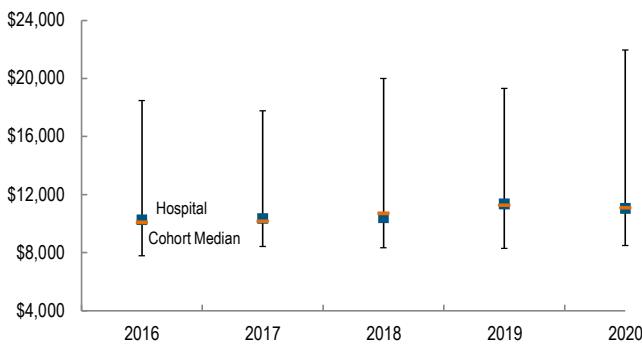


How has the volume of the hospital's outpatient visits changed compared to FY16, and how does this compare to the hospital's peer cohort median? (FY16=100)

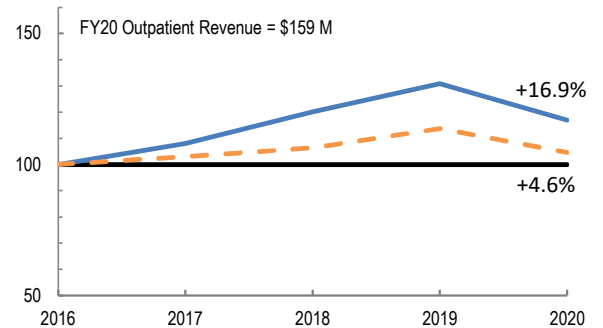


Patient Revenue Trends

What was the hospital's net inpatient service revenue³ per case mix adjusted discharge between FY16 and FY20, and how does this compare to the hospital's peer cohort median?



How has the hospital's net outpatient revenue³ changed compared to FY16, and how does this compare to the hospital's peer cohort median? (FY16=100)



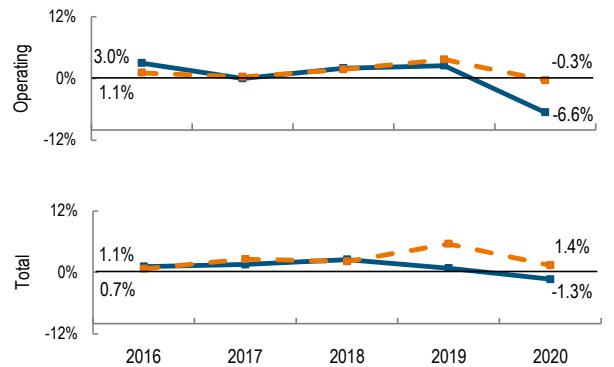
Financial Performance

How have the hospital's total revenue and costs changed between FY16 and FY20? (COVID funding affects FY20 only)

Revenue, Cost, & Profit/Loss (in millions)

FY	2016	2017	2018	2019	2020
Operating Revenue	\$ 222.2	\$ 238.8	\$ 252.3	\$ 275.2	\$ 267.5
COVID Funding Included in Operating Revenue					\$ 14.6
Non-Operating Revenue⁴	\$ (4.2)	\$ 3.5	\$ 1.1	\$ (4.8)	\$ 15.0
Total Revenue	\$ 218.0	\$ 242.4	\$ 253.4	\$ 270.4	\$ 282.5
Total Costs	\$ 215.7	\$ 238.8	\$ 247.2	\$ 268.4	\$ 286.1
Total Profit (Loss)	\$ 2.4	\$ 3.6	\$ 6.2	\$ 2.1	\$ (3.5)

What were the hospital's total margin and operating margins between FY16 and FY20, and how do these compare to the hospital's peer cohort medians? (Note: FY20 margins include COVID funding)



For descriptions of the metrics, please see the technical appendix.

¹ High Public Payer Hospitals (HPP) reported a minimum of 63% of gross patient service revenue from public payers.

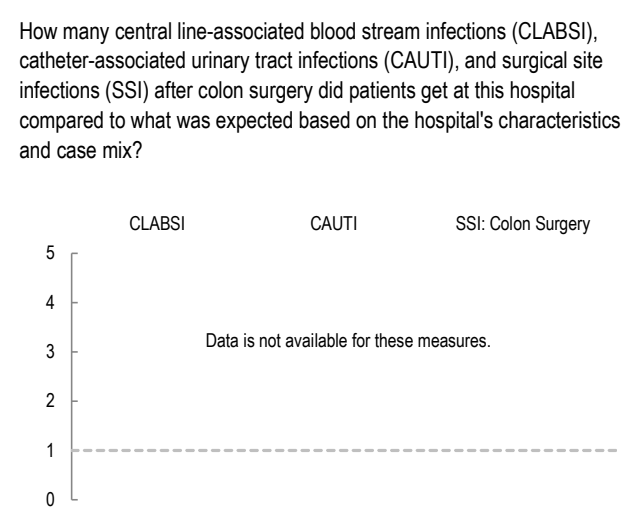
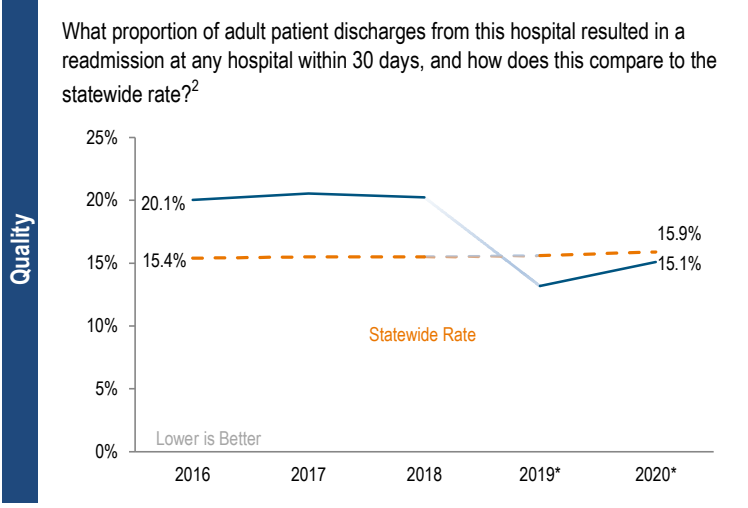
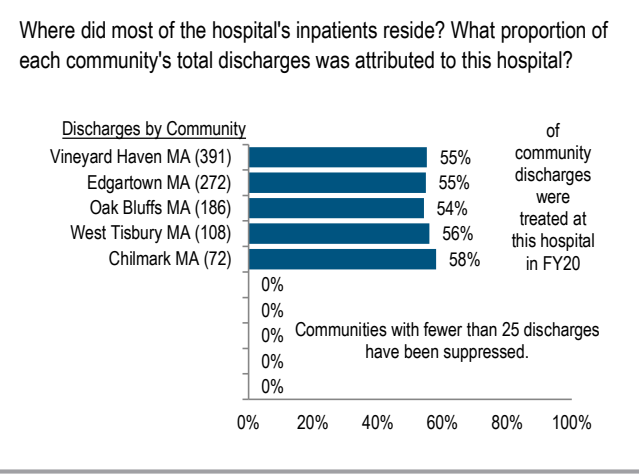
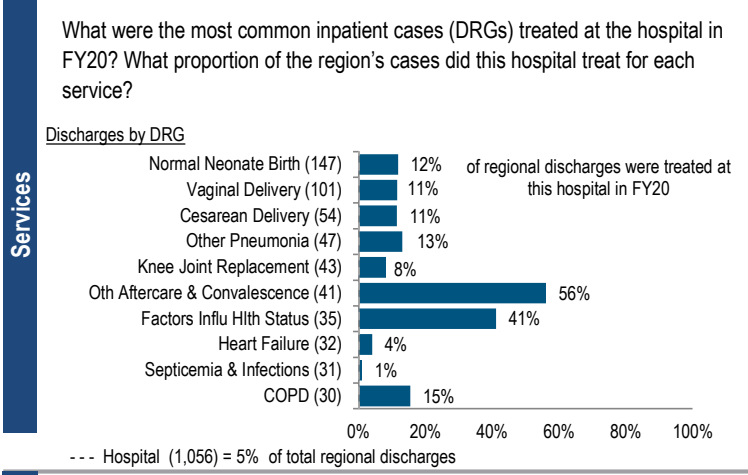
² For 2019 and 2020 readmission rates, a new methodology was used. These rates may not be comparable to earlier years. For more information, please see: <https://www.chiamass.gov/assets/docs/r/pubs/2022/Readmissions-Technical-Appendix-2011-2020.pdf>

³ Effective FY 2020 supplemental revenue is not included in net patient service revenue for all hospitals. Prior to FY 2020, reporting of supplemental revenue varied by hospital.

⁴ There was an accounting change adopted by most hospitals beginning in FY 2020 in which unrealized gains and losses on investments are now recognized as non-operating income

Martha's Vineyard Hospital is a small, non-profit community hospital located in the Cape and Islands region. It is a member of Mass General Brigham. Martha's Vineyard Hospital is designated by the Centers for Medicare & Medicaid Services (CMS) as one of three Critical Access Hospitals (CAH) in Massachusetts. Between FY16 and FY20, the volume of inpatient discharges decreased 14.9% compared to a median decrease of 3.2% at cohort hospitals. It was profitable each year from FY16 to FY20, with a total margin of 9.1% in FY20, compared to a median total margin of 1.4% among peer cohort hospitals.

At a Glance	Overview / Size		Payer Mix	
	Hospital System Affiliation:	Mass General Brigham	Public Payer Mix ¹ :	61.9% non-HPP Hospital
	Hospital System Surplus (Deficit) in FY20:	\$263,515,000	CY19 Commercial Statewide Relative Price:	1.648
	Change in Ownership (FY16-20):	Not Applicable	Top 3 Commercial Payers:	Blue Cross Blue Shield AllWays Harvard Pilgrim
	Total Staffed Beds:	31, among the smallest acute hospitals		
	% Occupancy:	41.2%, < cohort avg. (58%)		
	Trauma Center Designation:	Not Applicable		
	Case Mix Index:	0.73, < cohort avg. (0.89); < statewide (1.16)		
	Financial		Utilization	
	Inpatient NPSR per CMAD:	\$21,962	Inpatient Discharges in FY20:	1,056
Change FY19-FY20:	13.8%	Change FY19-FY20:	-16.8%	
Inpatient Outpatient Revenue in FY20:	11%:89%	Emergency Department Visits in FY20:	12,254	
Outpatient Revenue in FY20:	\$76,409,958	Change FY19-FY20:	-17.0%	
Change FY19-FY20:	-3.1%	Outpatient Visits in FY20:	55,615	
Total Revenue in FY20:	\$109,638,000	Change FY19-FY20:	-11.1%	
COVID Funding Included in Total Revenue:	\$6,756,000	Quality		
Total Surplus (Deficit) in FY20:	\$9,981,000	Readmission Rate in FY20:	15.1%	
		Change FY19-FY20 (percentage points):	1.9	
		Early Elective Deliveries Rate:	Not Available	



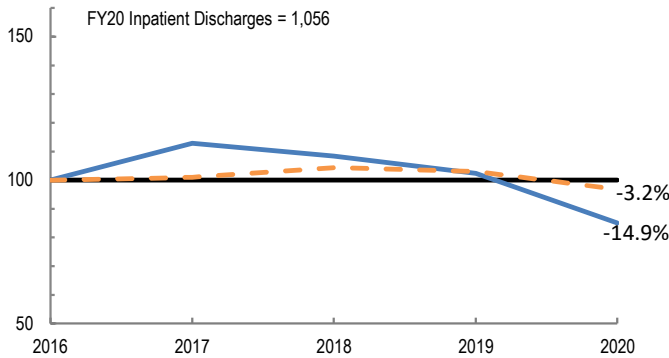
2020 HOSPITAL PROFILE: MARTHA'S VINEYARD HOSPITAL

Cohort: Community Hospital

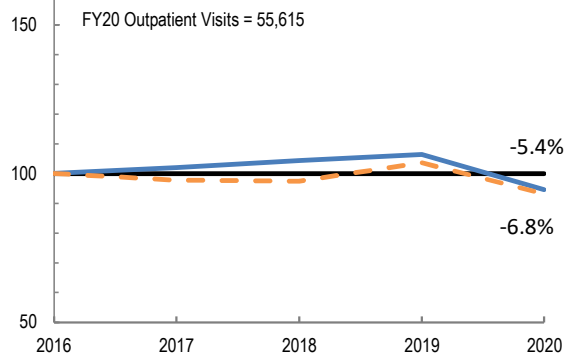


Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY16, and how does this compare to the hospital's peer cohort median? (FY16=100)

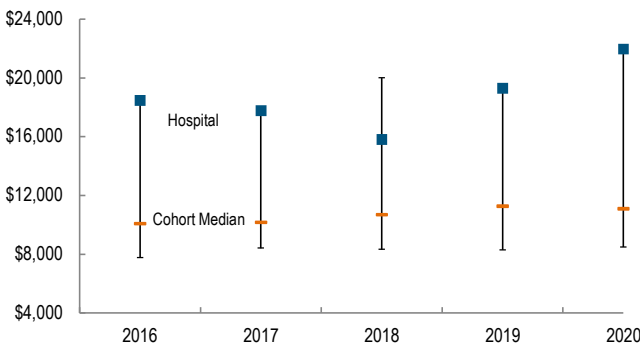


How has the volume of the hospital's outpatient visits changed compared to FY16, and how does this compare to the hospital's peer cohort median? (FY16=100)

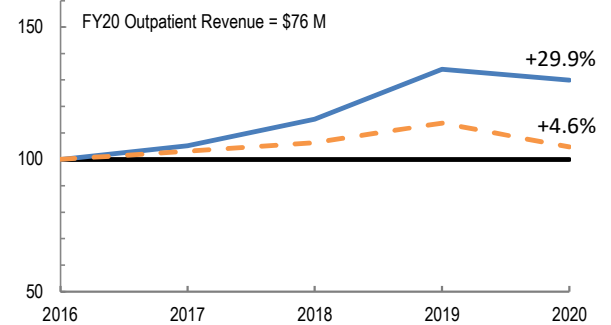


Patient Revenue Trends

What was the hospital's net inpatient service revenue³ per case mix adjusted discharge between FY16 and FY20, and how does this compare to the hospital's peer cohort median?



How has the hospital's net outpatient revenue³ changed compared to FY16, and how does this compare to the hospital's peer cohort median? (FY16=100)



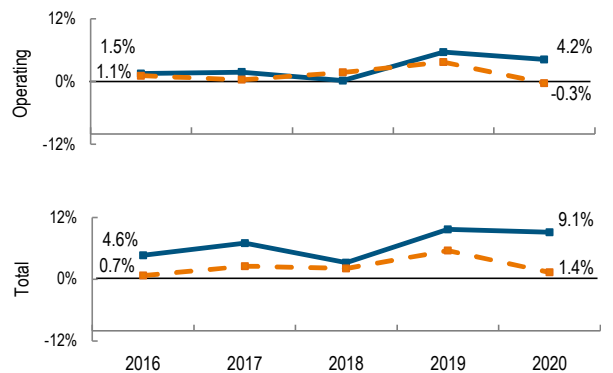
Financial Performance

How have the hospital's total revenue and costs changed between FY16 and FY20? (COVID funding affects FY20 only)

Revenue, Cost, & Profit/Loss (in millions)

FY	2016	2017	2018	2019	2020
Operating Revenue	\$ 77.6	\$ 85.6	\$ 88.1	\$ 99.0	\$ 104.3
COVID Funding Included in Operating Revenue					\$ 6.8
Non-Operating Revenue⁴	\$ 2.5	\$ 4.7	\$ 2.7	\$ 4.2	\$ 5.3
Total Revenue	\$ 80.1	\$ 90.2	\$ 90.8	\$ 103.2	\$ 109.6
Total Costs	\$ 76.4	\$ 83.9	\$ 87.9	\$ 93.2	\$ 99.7
Total Profit (Loss)	\$ 3.7	\$ 6.3	\$ 2.9	\$ 10.0	\$ 10.0

What were the hospital's total margin and operating margins between FY16 and FY20, and how do these compare to the hospital's peer cohort medians? (Note: FY20 margins include COVID funding)



For descriptions of the metrics, please see the technical appendix.

¹ High Public Payer Hospitals (HPP) reported a minimum of 63% of gross patient service revenue from public payers.

² For 2019 and 2020 readmission rates, a new methodology was used. These rates may not be comparable to earlier years. For more information, please see: <https://www.chiamass.gov/assets/docs/hr/pubs/2022/Readmissions-Technical-Appendix-2011-2020.pdf>

³ Effective FY 2020 supplemental revenue is not included in net patient service revenue for all hospitals. Prior to FY 2020, reporting of supplemental revenue varied by hospital.

⁴ There was an accounting change adopted by most hospitals beginning in FY 2020 in which unrealized gains and losses on investments are now recognized as non-operating income

Melrose Wakefield Healthcare, which includes Lawrence Memorial Hospital and Melrose Wakefield Hospital campuses, is a mid-size, non-profit community hospital located in the Metro Boston region. Between FY16 and FY20, the volume of inpatient discharges at the hospital decreased by 18.3% compared to a median decrease of 3.2% at cohort hospitals. Outpatient visits decreased 37.7% for the hospital between FY16 and FY20, compared to a median decrease of 6.8% for its peer cohort. Melrose Wakefield Healthcare reported a profit of \$21.8M in FY20 and a total margin of 8.5%.

Overview / Size

Hospital System Affiliation:	Wellforce
Hospital System Surplus (Deficit) in FY20:	\$31,120,000
Change in Ownership (FY16-20):	Wellforce - 2017
Total Staffed Beds:	172, mid-size acute hospital
% Occupancy:	80.0%, highest in cohort avg. (58%)
Trauma Center Designation:	Not Applicable
Case Mix Index:	0.97, > cohort avg. (0.89); < statewide (1.16)

Financial

Inpatient NPSR per CMAD:	\$11,185
Change FY19-FY20:	-0.5%
Inpatient Outpatient Revenue in FY20:	35%:65%
Outpatient Revenue in FY20:	\$96,899,787
Change FY19-FY20:	-21.7%
Total Revenue in FY20:	\$255,548,000
COVID Funding Included in Total Revenue:	\$30,403,000
Total Surplus (Deficit) in FY20:	\$21,846,000

Payer Mix

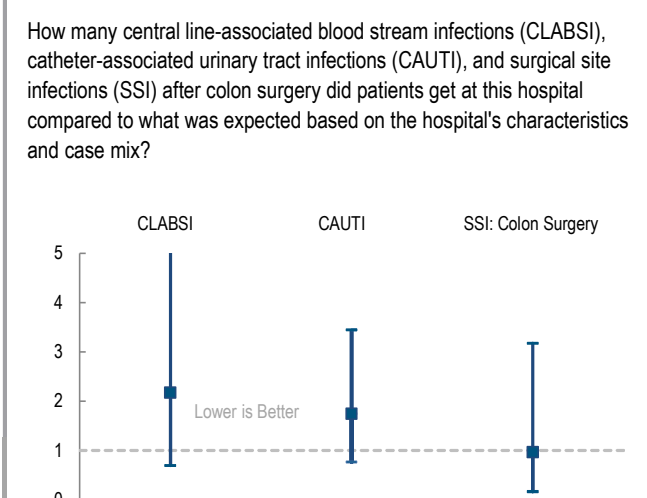
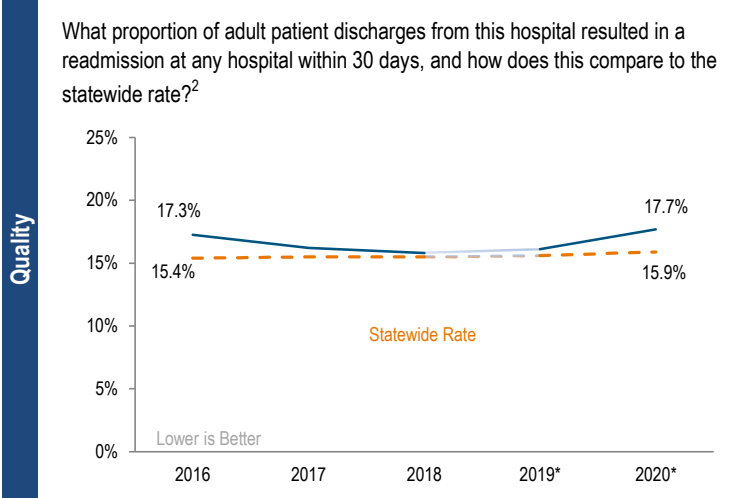
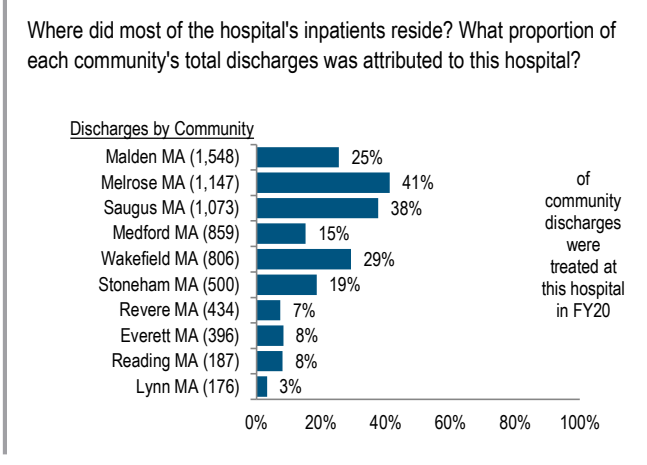
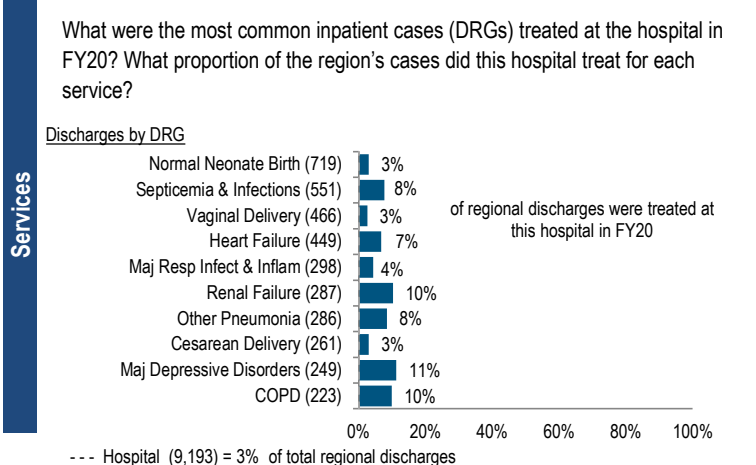
Public Payer Mix ¹ :	62.7% non-HPP Hospital
CY19 Commercial Statewide Relative Price:	0.924
Top 3 Commercial Payers:	Blue Cross Blue Shield Tufts HMO Harvard Pilgrim

Utilization

Inpatient Discharges in FY20:	9,193
Change FY19-FY20:	-3.6%
Emergency Department Visits in FY20:	31,644
Change FY19-FY20:	-18.2%
Outpatient Visits in FY20:	333,652
Change FY19-FY20:	-21.6%

Quality

Readmission Rate in FY20:	17.7%
Change FY19-FY20 (percentage points):	1.6
Early Elective Deliveries Rate:	0.0%



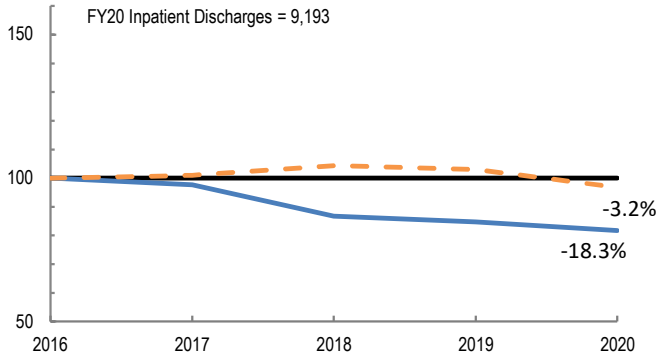
2020 HOSPITAL PROFILE: MELROSE WAKEFIELD HEALTHCARE

Cohort: Community Hospital

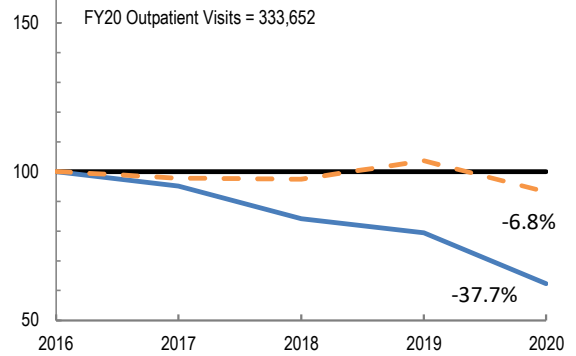


Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY16, and how does this compare to the hospital's peer cohort median? (FY16=100)

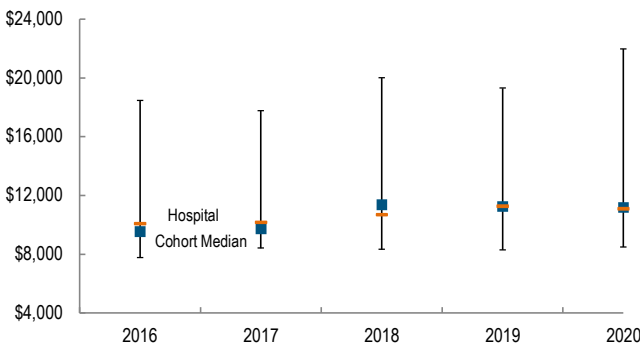


How has the volume of the hospital's outpatient visits changed compared to FY16, and how does this compare to the hospital's peer cohort median? (FY16=100)

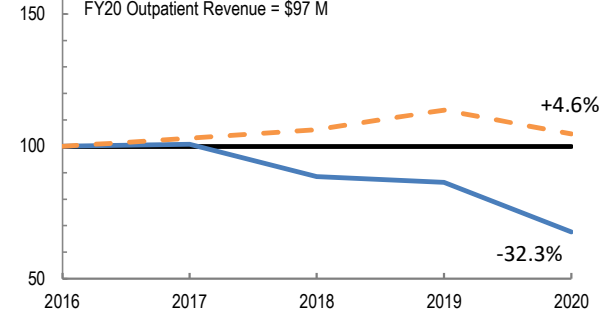


Patient Revenue Trends

What was the hospital's net inpatient service revenue³ per case mix adjusted discharge between FY16 and FY20, and how does this compare to the hospital's peer cohort median?



How has the hospital's net outpatient revenue³ changed compared to FY16, and how does this compare to the hospital's peer cohort median? (FY16=100)



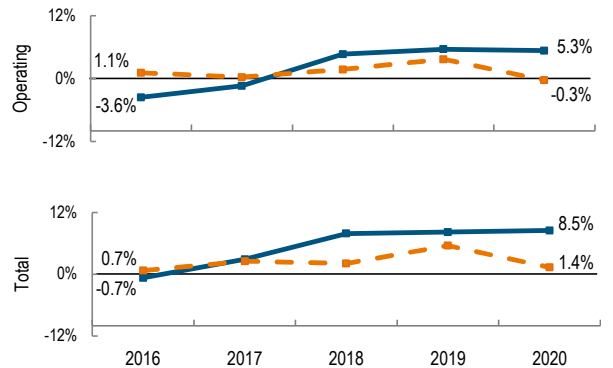
Financial Performance

How have the hospital's total revenue and costs changed between FY16 and FY20? (COVID funding affects FY20 only)

Revenue, Cost, & Profit/Loss (in millions)

FY	2016	2017	2018	2019	2020
Operating Revenue	\$ 257.7	\$ 261.2	\$ 245.4	\$ 244.7	\$ 247.3
COVID Funding Included in Operating Revenue					\$ 30.4
Non-Operating Revenue⁴	\$ 7.7	\$ 11.6	\$ 8.2	\$ 6.5	\$ 8.3
Total Revenue	\$ 265.4	\$ 272.8	\$ 253.6	\$ 251.2	\$ 255.5
Total Costs	\$ 267.3	\$ 265.0	\$ 233.5	\$ 230.6	\$ 233.7
Total Profit (Loss)	\$ (1.9)	\$ 7.9	\$ 20.1	\$ 20.6	\$ 21.8

What were the hospital's total margin and operating margins between FY16 and FY20, and how do these compare to the hospital's peer cohort medians? (Note: FY20 margins include COVID funding)



For descriptions of the metrics, please see the technical appendix.

¹ High Public Payer Hospitals (HPP) reported a minimum of 63% of gross patient service revenue from public payers.

² For 2019 and 2020 readmission rates, a new methodology was used. These rates may not be comparable to earlier years. For more information, please see: <https://www.chiamass.gov/assets/docs/r/pubs/2022/Readmissions-Technical-Appendix-2011-2020.pdf>

³ Effective FY 2020 supplemental revenue is not included in net patient service revenue for all hospitals. Prior to FY 2020, reporting of supplemental revenue varied by hospital.

⁴ There was an accounting change adopted by most hospitals beginning in FY 2020 in which unrealized gains and losses on investments are now recognized as non-operating income

Milford Regional Medical Center is a mid-size, non-profit community hospital located in the Metro West region. Between FY16 and FY20, the volume of inpatient discharges at the hospital increased by 7.9% compared to a median decrease of 3.2% at cohort hospitals. Outpatient visits decreased 17.1% for the hospital between FY16 and FY20, compared to a median decrease of 6.8% for its peer cohort. Milford Regional Medical Center reported profits in each of the last five years including a \$7.3M profit in FY20. Its FY20 total margin was 3.1% compared to a median total margin of 1.4% at peer cohort hospitals.

At a Glance

Overview / Size

Hospital System Affiliation:	Milford Regional Medical Ctr, Inc. & Affil.
Hospital System Surplus (Deficit) in FY20:	(\$2,333,403)
Change in Ownership (FY16-20):	Not Applicable
Total Staffed Beds:	158, mid-size acute hospital
% Occupancy:	59.2%, > cohort avg. (58%)
Trauma Center Designation:	Not Applicable
Case Mix Index:	0.92, > cohort avg. (0.89); < statewide (1.16)

Financial

Inpatient NPSR per CMAD:	\$8,672
Change FY19-FY20:	2.8%
Inpatient Outpatient Revenue in FY20:	28%:72%
Outpatient Revenue in FY20:	\$126,671,887
Change FY19-FY20:	-10.8%
Total Revenue in FY20:	\$232,694,378
COVID Funding Included in Total Revenue:	\$15,282,484
Total Surplus (Deficit) in FY20:	\$7,265,404

Payer Mix

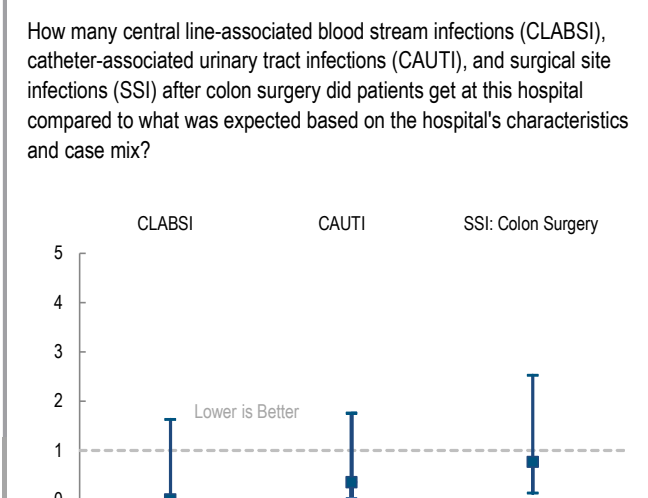
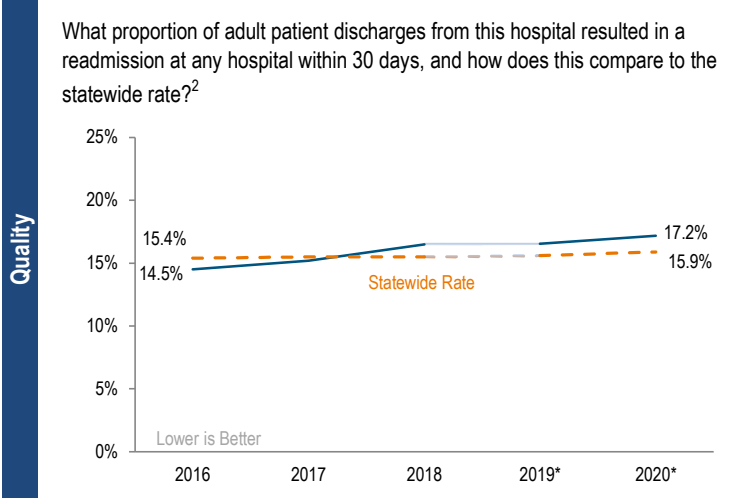
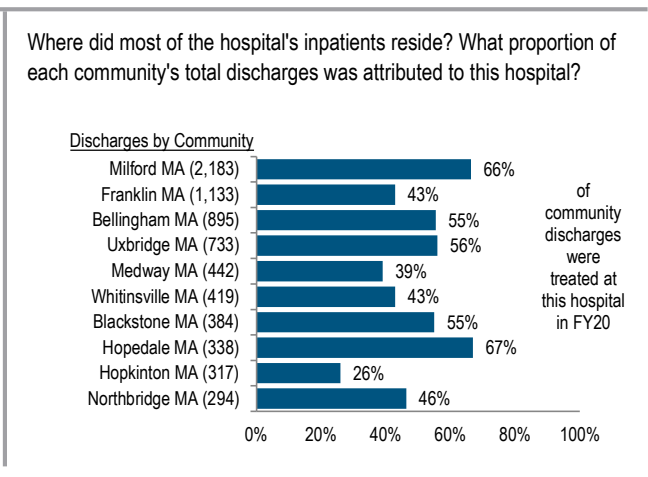
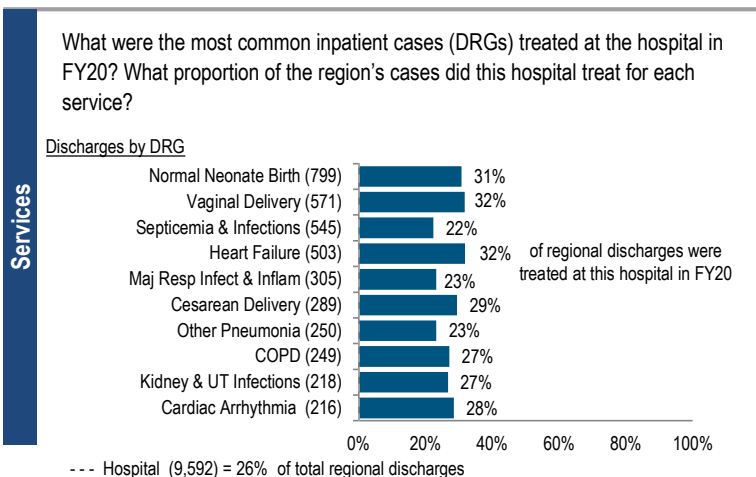
Public Payer Mix ¹ :	54.5% non-HPP Hospital
CY19 Commercial Statewide Relative Price:	0.849
Top 3 Commercial Payers:	Blue Cross Blue Shield Harvard Pilgrim Tufts HMO

Utilization

Inpatient Discharges in FY20:	9,592
Change FY19-FY20:	-2.7%
Emergency Department Visits in FY20:	50,697
Change FY19-FY20:	-15.8%
Outpatient Visits in FY20:	100,198
Change FY19-FY20:	-24.0%

Quality

Readmission Rate in FY20:	17.2%
Change FY19-FY20 (percentage points):	0.6
Early Elective Deliveries Rate:	0.0%



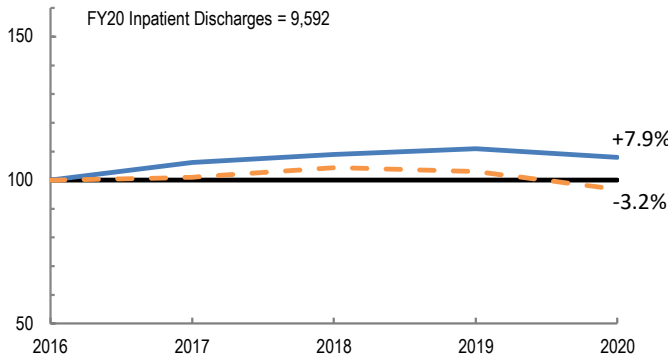
2020 HOSPITAL PROFILE: MILFORD REGIONAL MEDICAL CENTER

Cohort: Community Hospital

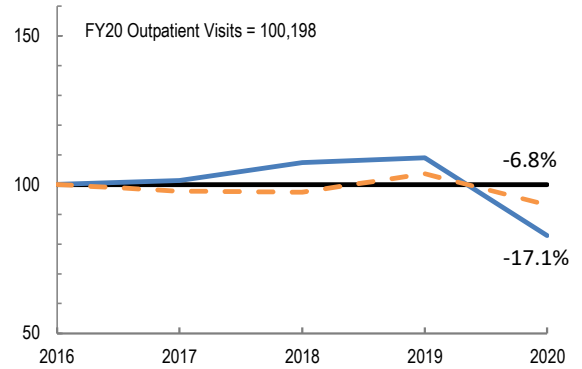


Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY16, and how does this compare to the hospital's peer cohort median? (FY16=100)

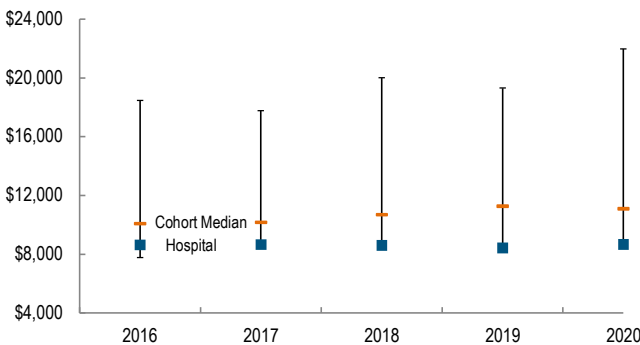


How has the volume of the hospital's outpatient visits changed compared to FY16, and how does this compare to the hospital's peer cohort median? (FY16=100)

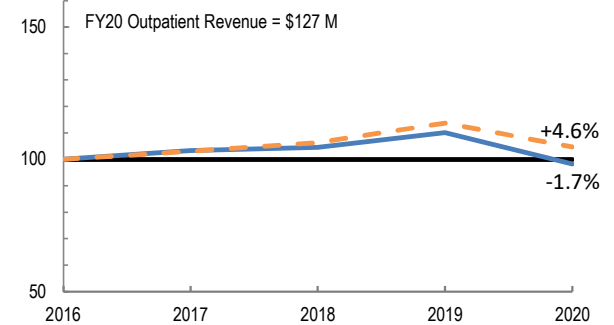


Patient Revenue Trends

What was the hospital's net inpatient service revenue³ per case mix adjusted discharge between FY16 and FY20, and how does this compare to the hospital's peer cohort median?



How has the hospital's net outpatient revenue³ changed compared to FY16, and how does this compare to the hospital's peer cohort median? (FY16=100)



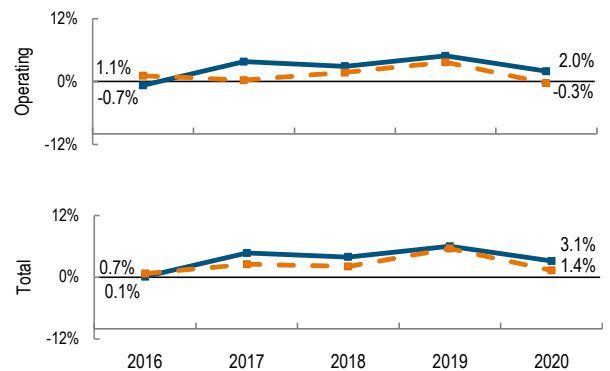
Financial Performance

How have the hospital's total revenue and costs changed between FY16 and FY20? (COVID funding affects FY20 only)

Revenue, Cost, & Profit/Loss (in millions)

FY	2016	2017	2018	2019	2020
Operating Revenue	\$ 205.3	\$ 214.0	\$ 219.3	\$ 230.3	\$ 230.0
COVID Funding Included in Operating Revenue					\$ 15.3
Non-Operating Revenue⁴	\$ 1.7	\$ 2.1	\$ 2.1	\$ 2.4	\$ 2.7
Total Revenue	\$ 207.0	\$ 216.1	\$ 221.4	\$ 232.7	\$ 232.7
Total Costs	\$ 206.8	\$ 205.9	\$ 212.8	\$ 218.8	\$ 225.4
Total Profit (Loss)	\$ 0.1	\$ 10.2	\$ 8.5	\$ 13.9	\$ 7.3

What were the hospital's total margin and operating margins between FY16 and FY20, and how do these compare to the hospital's peer cohort medians? (Note: FY20 margins include COVID funding)



For descriptions of the metrics, please see the technical appendix.

¹ High Public Payer Hospitals (HPP) reported a minimum of 63% of gross patient service revenue from public payers.

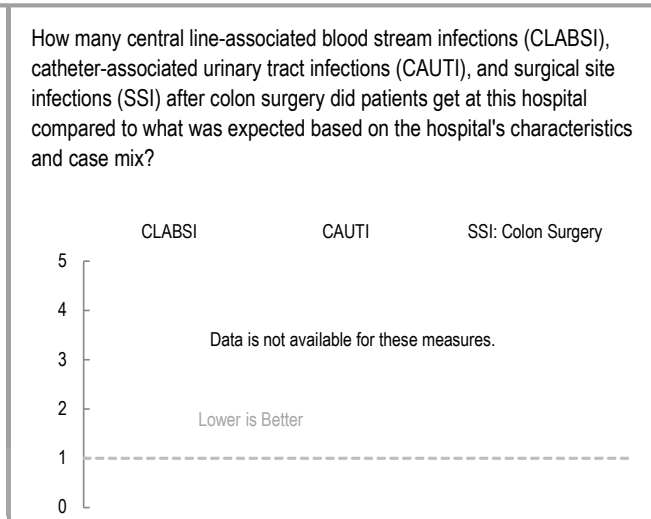
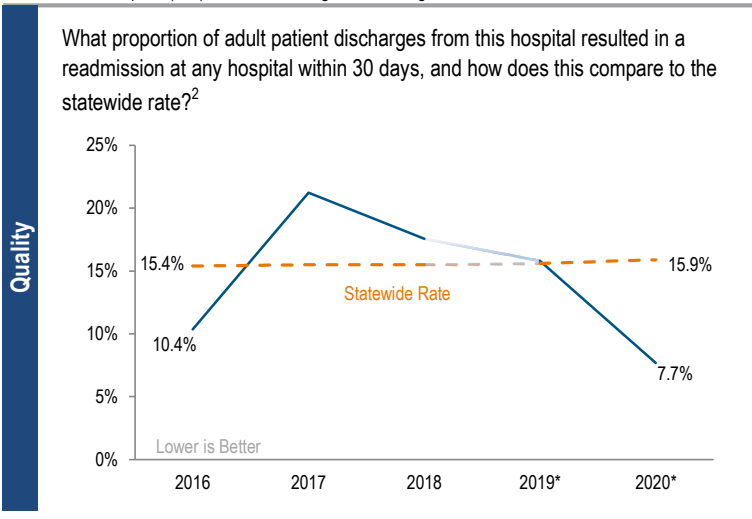
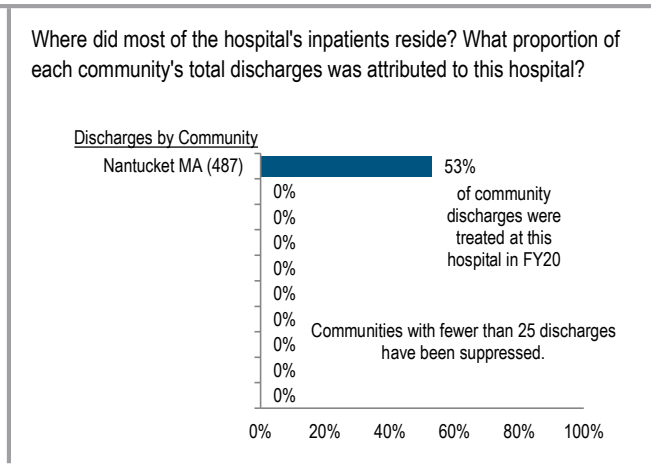
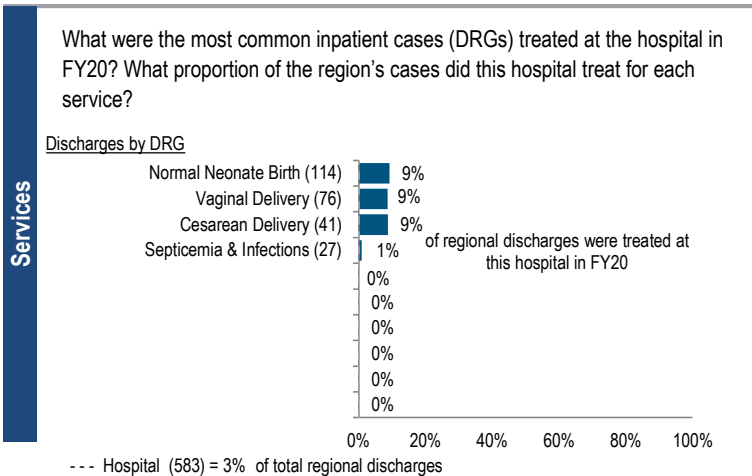
² For 2019 and 2020 readmission rates, a new methodology was used. These rates may not be comparable to earlier years. For more information, please see: <https://www.chiamass.gov/assets/docs/r/pubs/2022/Readmissions-Technical-Appendix-2011-2020.pdf>

³ Effective FY 2020 supplemental revenue is not included in net patient service revenue for all hospitals. Prior to FY 2020, reporting of supplemental revenue varied by hospital.

⁴ There was an accounting change adopted by most hospitals beginning in FY 2020 in which unrealized gains and losses on investments are now recognized as non-operating income

Nantucket Cottage Hospital is a non-profit community hospital located in the Cape and Islands region. Nantucket Cottage is the smallest acute hospital in Massachusetts, with 18 staffed beds. It is a member of Mass General Brigham. Between FY16 and FY20, the volume of inpatient discharges at the hospital decreased by 10.7% compared to a median decrease of 3.2% at cohort hospitals. Nantucket Cottage Hospital reported losses in the last five years including a loss of \$1.3M in FY20. Its FY20 total margin was -2.1%, lower than the median of its peer cohort of 1.4%.

At a Glance	Overview / Size		Payer Mix	
	Hospital System Affiliation:	Mass General Brigham	Public Payer Mix ¹ :	52.1% non-HPP Hospital
	Hospital System Surplus (Deficit) in FY20:	\$263,515,000	CY19 Commercial Statewide Relative Price:	1.868
	Change in Ownership (FY16-20):	Not Applicable	Top 3 Commercial Payers:	Blue Cross Blue Shield AllWays Harvard Pilgrim
	Total Staffed Beds:	18, the smallest acute hospital		
	% Occupancy:	31.1%, lowest in cohort avg. (58%)		
	Trauma Center Designation:	Not Applicable		
	Case Mix Index:	0.62, < cohort avg. (0.89); < statewide (1.16)		
	Financial		Utilization	
	Inpatient NPSR per CMAD:	\$16,973	Inpatient Discharges in FY20:	583
Change FY19-FY20:	-10.4%	Change FY19-FY20:	0.9%	
Inpatient Outpatient Revenue in FY20:	11%:89%	Emergency Department Visits in FY20:	7,775	
Change FY19-FY20:	-10.4%	Change FY19-FY20:	-17.5%	
Outpatient Revenue in FY20:	\$45,560,265	Outpatient Visits in FY20:	34,543	
Change FY19-FY20:	26.4%	Change FY19-FY20:	77.8%	
Total Revenue in FY20:	\$62,563,000	Quality		
COVID Funding Included in Total Revenue:	\$5,002,000	Readmission Rate in FY20:	7.7%	
Total Surplus (Deficit) in FY20:	-\$1,312,000	Change FY19-FY20 (percentage points):	-8.1	
		Early Elective Deliveries Rate:	Not Available	



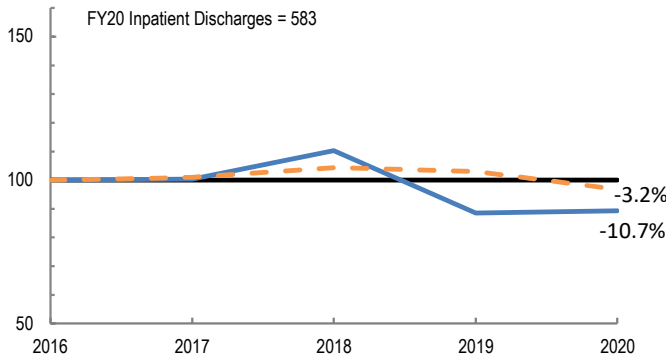
2020 HOSPITAL PROFILE: NANTUCKET COTTAGE HOSPITAL

Cohort: Community Hospital

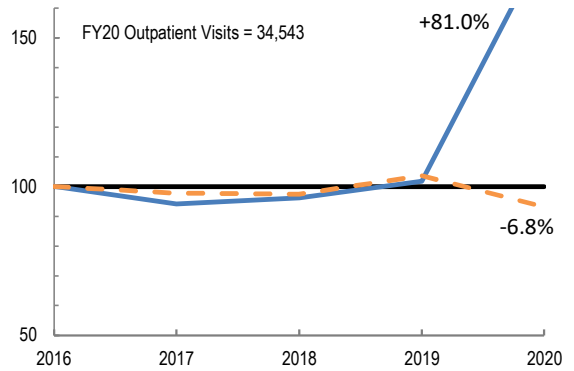


Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY16, and how does this compare to the hospital's peer cohort median? (FY16=100)

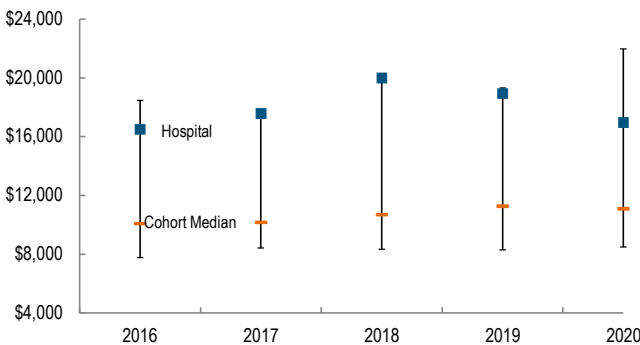


How has the volume of the hospital's outpatient visits changed compared to FY16, and how does this compare to the hospital's peer cohort median? (FY16=100)

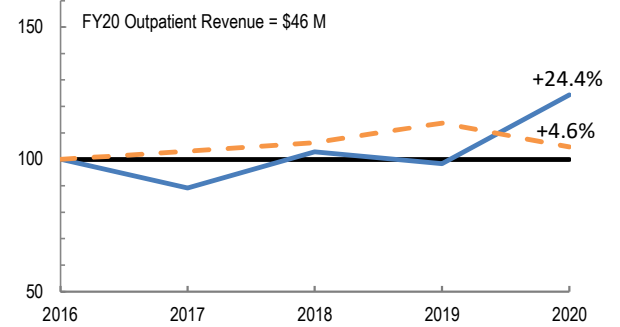


Patient Revenue Trends

What was the hospital's net inpatient service revenue³ per case mix adjusted discharge between FY16 and FY20, and how does this compare to the hospital's peer cohort median?



How has the hospital's net outpatient revenue³ changed compared to FY16, and how does this compare to the hospital's peer cohort median? (FY16=100)



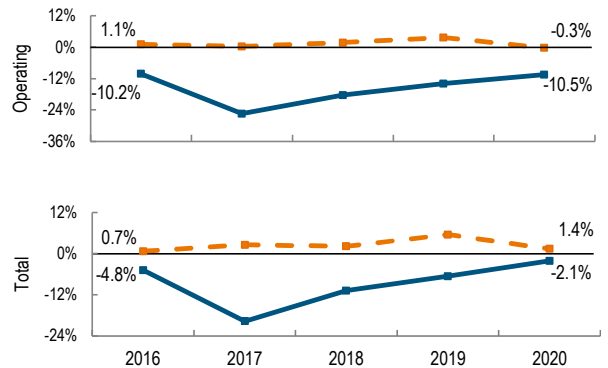
Financial Performance

How have the hospital's total revenue and costs changed between FY16 and FY20? (COVID funding affects FY20 only)

Revenue, Cost, & Profit/Loss (in millions)

FY	2016	2017	2018	2019	2020
Operating Revenue	\$ 45.2	\$ 43.3	\$ 49.6	\$ 46.6	\$ 57.3
COVID Funding Included in Operating Revenue					\$ 5.0
Non-Operating Revenue⁴	\$ 2.6	\$ 2.6	\$ 4.0	\$ 3.7	\$ 5.3
Total Revenue	\$ 47.8	\$ 45.9	\$ 53.6	\$ 50.3	\$ 62.6
Total Costs	\$ 50.1	\$ 54.9	\$ 59.4	\$ 53.6	\$ 63.9
Total Profit (Loss)	\$ (2.3)	\$ (9.0)	\$ (5.8)	\$ (3.3)	\$ (1.3)

What were the hospital's total margin and operating margins between FY16 and FY20, and how do these compare to the hospital's peer cohort medians? (Note: FY20 margins include COVID funding)



For descriptions of the metrics, please see the technical appendix.

¹ High Public Payer Hospitals (HPP) reported a minimum of 63% of gross patient service revenue from public payers.

² For 2019 and 2020 readmission rates, a new methodology was used. These rates may not be comparable to earlier years. For more information, please see: <https://www.chiamass.gov/assets/docs/r/pubs/2022/Readmissions-Technical-Appendix-2011-2020.pdf>

³ Effective FY 2020 supplemental revenue is not included in net patient service revenue for all hospitals. Prior to FY 2020, reporting of supplemental revenue varied by hospital.

⁴ There was an accounting change adopted by most hospitals beginning in FY 2020 in which unrealized gains and losses on investments are now recognized as non-operating income

Newton-Wellesley Hospital is a non-profit community hospital located in the Metro Boston region. It is a large acute hospital and a member of Mass General Brigham. Between FY16 and FY20, the volume of inpatient discharges at the hospital increased by 2.0% compared to a median decrease of 3.2% at cohort hospitals. Outpatient visits decreased 32.9% for the hospital between FY16 and FY20, compared to a median decrease of 6.8% for its peer cohort. Newton-Wellesley reported a loss of \$25.6M in FY20 and a total margin of -4.7%, lower than the median of its peer cohort of 1.4%.

At a Glance

Overview / Size

Hospital System Affiliation:	Mass General Brigham
Hospital System Surplus (Deficit) in FY20:	\$263,515,000
Change in Ownership (FY16-20):	Not Applicable
Total Staffed Beds:	341, among the larger acute hospitals
% Occupancy:	56.9%, < cohort avg. (58%)
Trauma Center Designation:	Not Applicable
Case Mix Index:	0.89, < cohort avg. (0.89); < statewide (1.16)

Financial

Inpatient NPSR per CMAD:	\$12,133
Change FY19-FY20:	-7.6%
Inpatient Outpatient Revenue in FY20:	33%:67%
Outpatient Revenue in FY20:	\$272,054,136
Change FY19-FY20:	-3.5%
Total Revenue in FY20:	\$539,735,000
COVID Funding Included in Total Revenue:	\$37,278,000
Total Surplus (Deficit) in FY20:	-\$25,629,000

Payer Mix

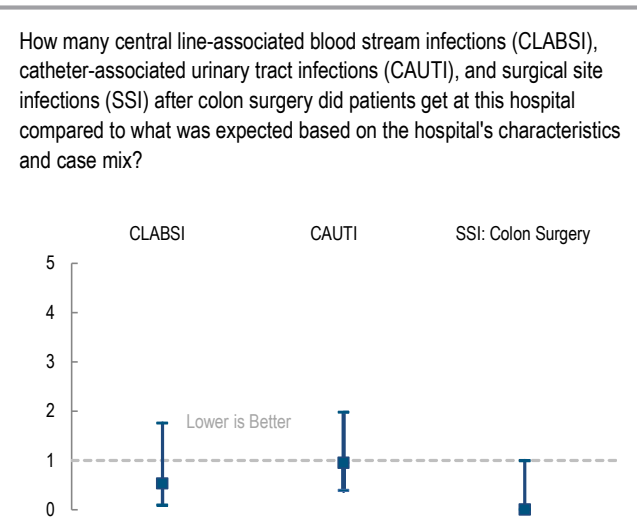
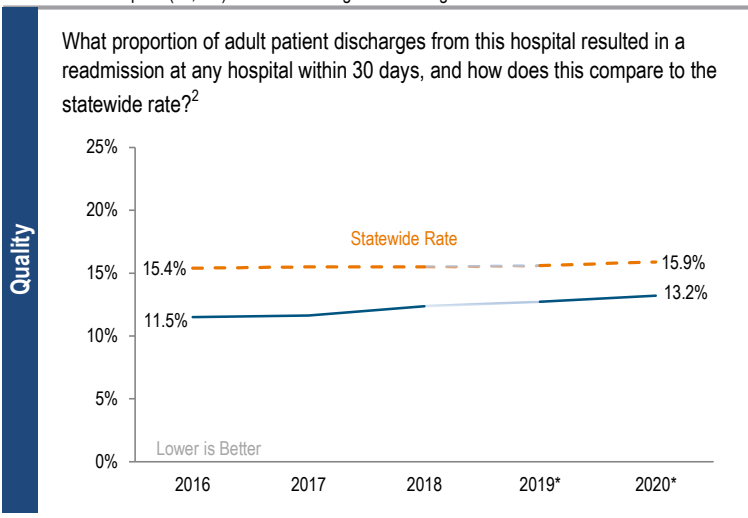
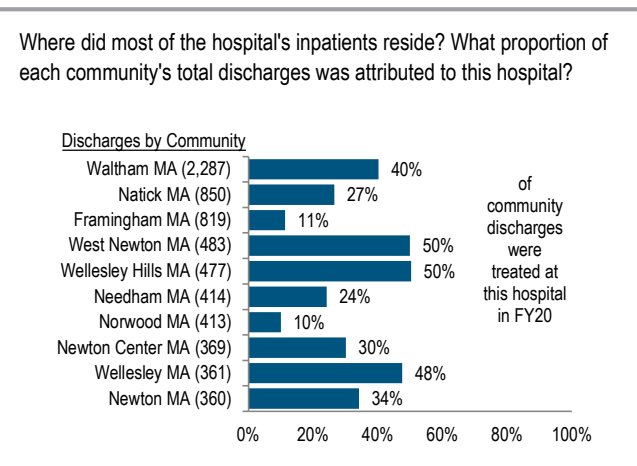
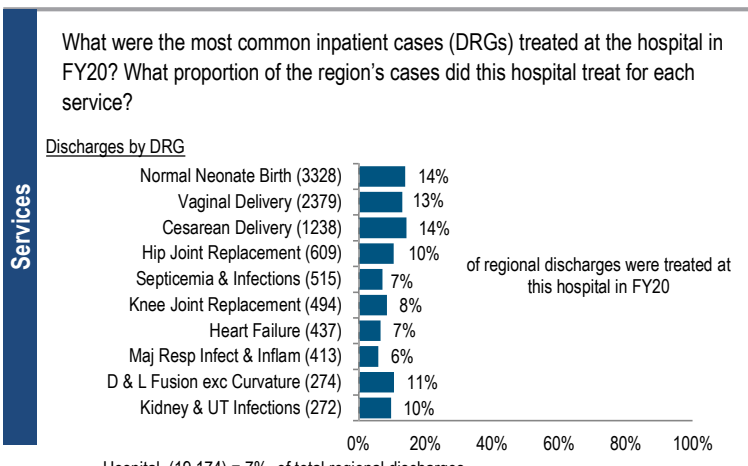
Public Payer Mix ¹ :	44.3% non-HPP Hospital
CY19 Commercial Statewide Relative Price:	0.958
Top 3 Commercial Payers:	Blue Cross Blue Shield Harvard Pilgrim Tufts HMO

Utilization

Inpatient Discharges in FY20:	19,174
Change FY19-FY20:	-1.7%
Emergency Department Visits in FY20:	41,660
Change FY19-FY20:	-12.6%
Outpatient Visits in FY20:	97,859
Change FY19-FY20:	-12.3%

Quality

Readmission Rate in FY20:	13.2%
Change FY19-FY20 (percentage points):	0.5
Early Elective Deliveries Rate:	4.0%



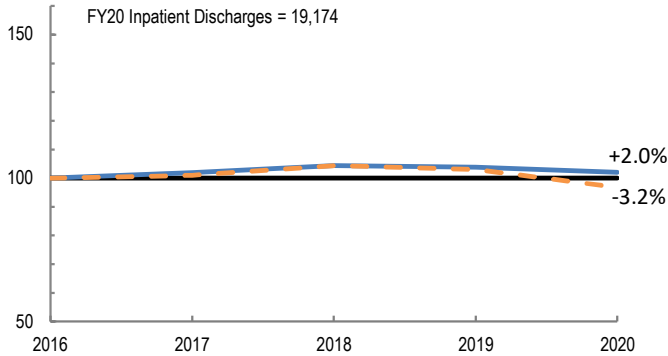
2020 HOSPITAL PROFILE: NEWTON-WELLESLEY HOSPITAL

Cohort: Community Hospital

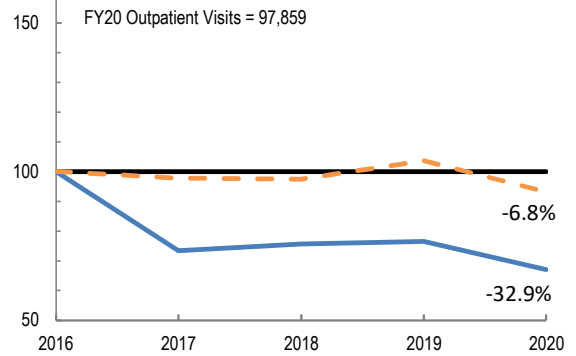


Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY16, and how does this compare to the hospital's peer cohort median? (FY16=100)

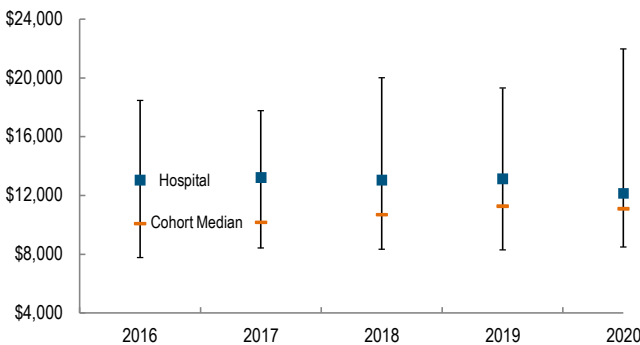


How has the volume of the hospital's outpatient visits changed compared to FY16, and how does this compare to the hospital's peer cohort median? (FY16=100)

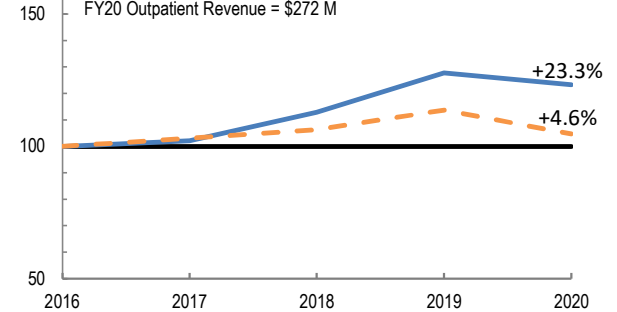


Patient Revenue Trends

What was the hospital's net inpatient service revenue³ per case mix adjusted discharge between FY16 and FY20, and how does this compare to the hospital's peer cohort median?



How has the hospital's net outpatient revenue³ changed compared to FY16, and how does this compare to the hospital's peer cohort median? (FY16=100)



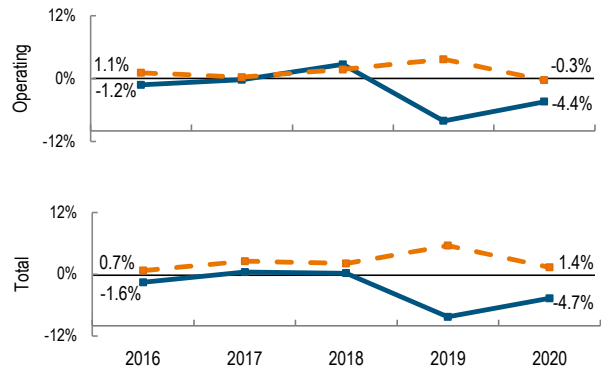
Financial Performance

How have the hospital's total revenue and costs changed between FY16 and FY20? (COVID funding affects FY20 only)

Revenue, Cost, & Profit/Loss (in millions)

FY	2016	2017	2018	2019	2020
Operating Revenue	\$ 434.1	\$ 453.0	\$ 504.7	\$ 531.1	\$ 541.8
COVID Funding Included in Operating Revenue					\$ 37.3
Non-Operating Revenue⁴	\$ (1.6)	\$ 2.8	\$ (12.3)	\$ (1.2)	\$ (2.1)
Total Revenue	\$ 432.5	\$ 455.8	\$ 492.5	\$ 529.9	\$ 539.7
Total Costs	\$ 439.2	\$ 454.0	\$ 491.4	\$ 573.9	\$ 565.4
Total Profit (Loss)	\$ (6.8)	\$ 1.8	\$ 1.0	\$ (44.0)	\$ (25.6)

What were the hospital's total margin and operating margins between FY16 and FY20, and how do these compare to the hospital's peer cohort medians? (Note: FY20 margins include COVID funding)



For descriptions of the metrics, please see the technical appendix.

¹ High Public Payer Hospitals (HPP) reported a minimum of 63% of gross patient service revenue from public payers.

² For 2019 and 2020 readmission rates, a new methodology was used. These rates may not be comparable to earlier years. For more information, please see: <https://www.chiamass.gov/assets/docs/r/pubs/2022/Readmissions-Technical-Appendix-2011-2020.pdf>

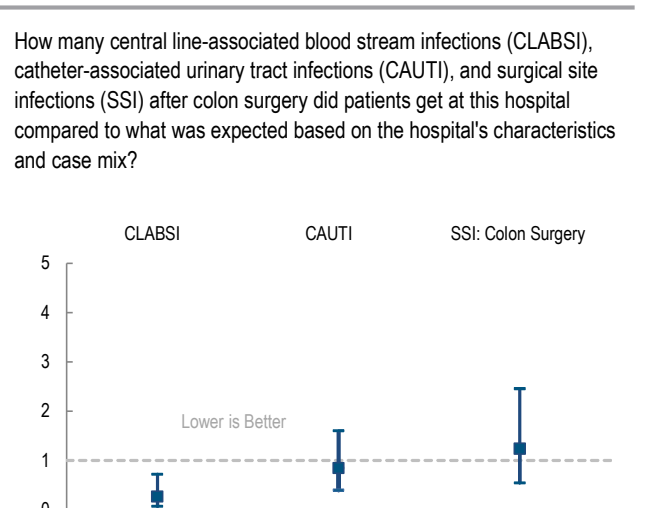
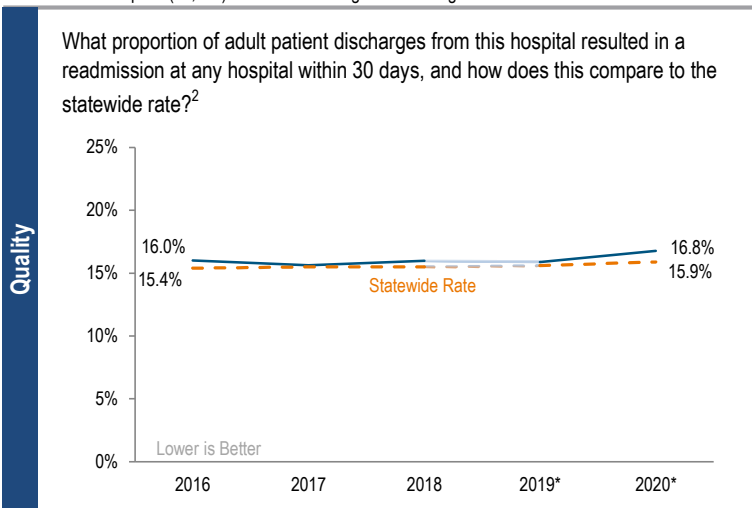
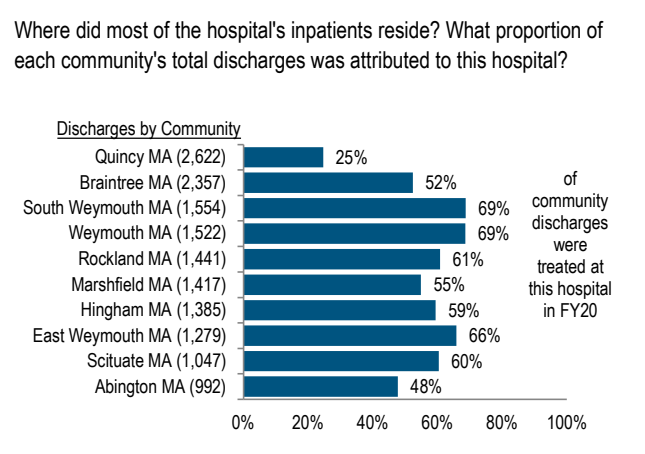
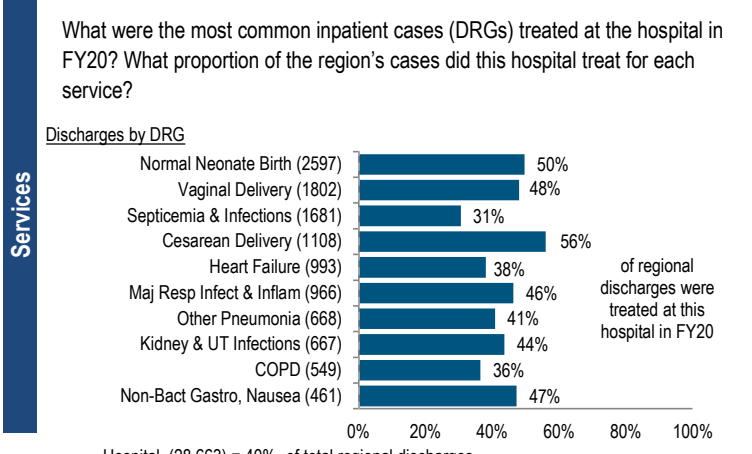
³ Effective FY 2020 supplemental revenue is not included in net patient service revenue for all hospitals. Prior to FY 2020, reporting of supplemental revenue varied by hospital.

⁴ There was an accounting change adopted by most hospitals beginning in FY 2020 in which unrealized gains and losses on investments are now recognized as non-operating income

South Shore Hospital is a large, non-profit community hospital located in the Metro South region. Between FY16 and FY20, the volume of inpatient discharges at the hospital remained the same compared to a median decrease of 3.2% at cohort hospitals. Outpatient visits increased by 37.9% for the hospital between FY16 and FY20, compared to a median decrease of 6.8% for its peer cohort. South Shore Hospital reported a profit each year in this time period including a profit of \$25.1M in FY20 and a total margin of 3.5%, compared to the cohort median of 1.4%.

Overview / Size	
Hospital System Affiliation:	South Shore Health System
Hospital System Surplus (Deficit) in FY20:	\$21,044,967
Change in Ownership (FY16-20):	Not Applicable
Total Staffed Beds:	455, 7th largest acute hospital
% Occupancy:	75.9%, > cohort avg. (58%)
Trauma Center Designation:	Adult: Level 2
Case Mix Index:	1.04, > cohort avg. (0.89); < statewide (1.16)
Financial	
Inpatient NPSR per CMAD:	\$11,155
Change FY19-FY20:	-1.3%
Inpatient Outpatient Revenue in FY20:	44%:56%
Outpatient Revenue in FY20:	\$267,074,418
Change FY19-FY20:	-7.1%
Total Revenue in FY20:	\$710,094,055
COVID Funding Included in Total Revenue:	\$38,015,218
Total Surplus (Deficit) in FY20:	\$25,070,535

Payer Mix	
Public Payer Mix ¹ :	61.0% non-HPP Hospital
CY19 Commercial Statewide Relative Price:	1.069
Top 3 Commercial Payers:	Blue Cross Blue Shield Harvard Pilgrim Tufts HMO
Utilization	
Inpatient Discharges in FY20:	28,663
Change FY19-FY20:	-5.9%
Emergency Department Visits in FY20:	57,607
Change FY19-FY20:	-15.1%
Outpatient Visits in FY20:	453,733
Change FY19-FY20:	-3.8%
Quality	
Readmission Rate in FY20:	16.8%
Change FY19-FY20 (percentage points):	0.9
Early Elective Deliveries Rate:	0.7%



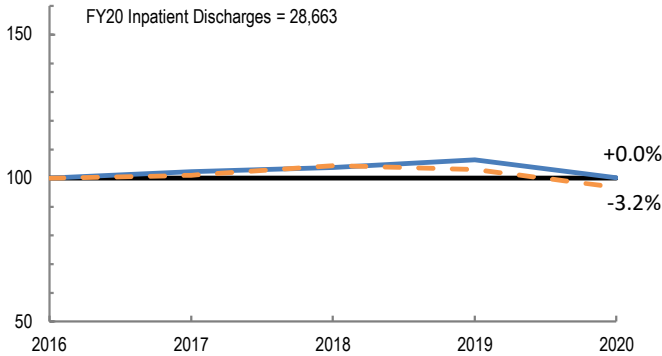
2020 HOSPITAL PROFILE: SOUTH SHORE HOSPITAL

Cohort: Community Hospital

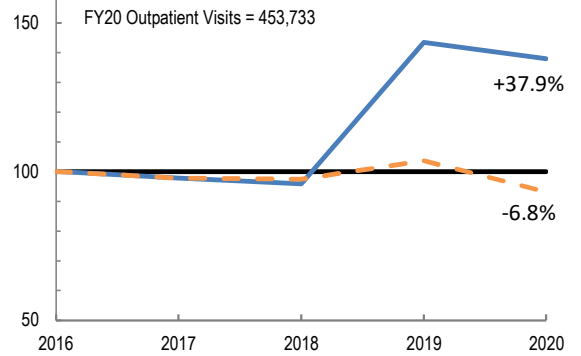


Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY16, and how does this compare to the hospital's peer cohort median? (FY16=100)

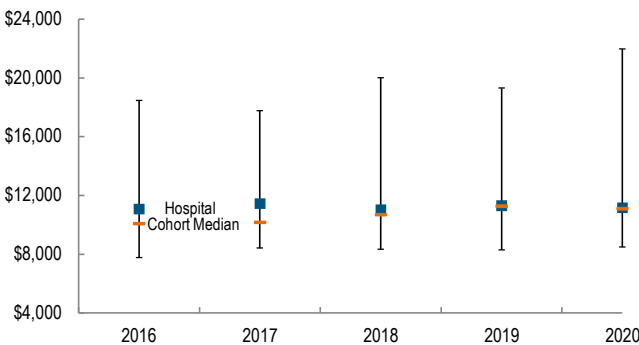


How has the volume of the hospital's outpatient visits changed compared to FY16, and how does this compare to the hospital's peer cohort median? (FY16=100)

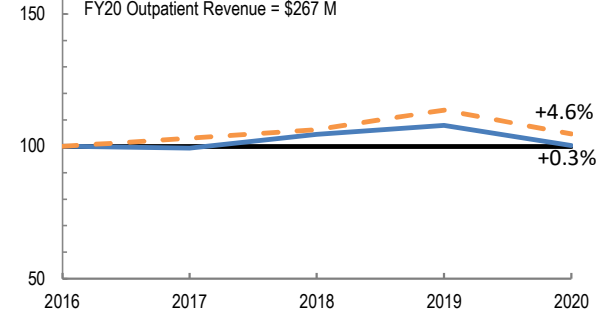


Patient Revenue Trends

What was the hospital's net inpatient service revenue³ per case mix adjusted discharge between FY16 and FY20, and how does this compare to the hospital's peer cohort median?



How has the hospital's net outpatient revenue³ changed compared to FY16, and how does this compare to the hospital's peer cohort median? (FY16=100)



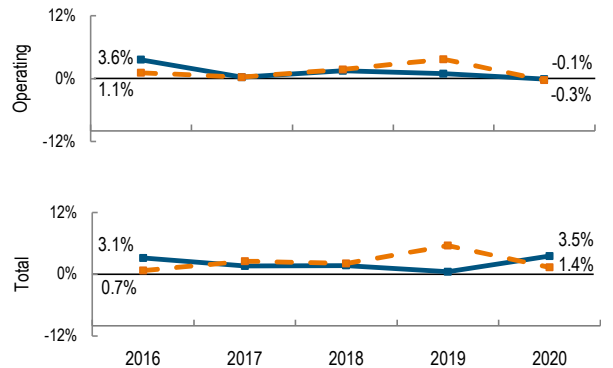
Financial Performance

How have the hospital's total revenue and costs changed between FY16 and FY20? (COVID funding affects FY20 only)

Revenue, Cost, & Profit/Loss (in millions)

FY	2016	2017	2018	2019	2020
Operating Revenue	\$ 573.3	\$ 594.3	\$ 615.3	\$ 653.0	\$ 684.1
COVID Funding Included in Operating Revenue					\$ 38.0
Non-Operating Revenue⁴	\$ (3.2)	\$ 7.8	\$ 1.5	\$ (2.2)	\$ 26.0
Total Revenue	\$ 570.1	\$ 602.1	\$ 616.8	\$ 650.9	\$ 710.1
Total Costs	\$ 552.7	\$ 592.4	\$ 606.1	\$ 647.3	\$ 685.0
Total Profit (Loss)	\$ 17.5	\$ 9.6	\$ 10.7	\$ 3.6	\$ 25.1

What were the hospital's total margin and operating margins between FY16 and FY20, and how do these compare to the hospital's peer cohort medians? (Note: FY20 margins include COVID funding)



For descriptions of the metrics, please see the technical appendix.

¹ High Public Payer Hospitals (HPP) reported a minimum of 63% of gross patient service revenue from public payers.

² For 2019 and 2020 readmission rates, a new methodology was used. These rates may not be comparable to earlier years. For more information, please see: <https://www.chiamass.gov/assets/docs/r/pubs/2022/Readmissions-Technical-Appendix-2011-2020.pdf>

³ Effective FY 2020 supplemental revenue is not included in net patient service revenue for all hospitals. Prior to FY 2020, reporting of supplemental revenue varied by hospital.

⁴ There was an accounting change adopted by most hospitals beginning in FY 2020 in which unrealized gains and losses on investments are now recognized as non-operating income

Winchester Hospital is a mid-size, non-profit community hospital located in the Northeastern Massachusetts region. It is a member of Beth Israel Lahey Health. Between FY16 and FY20, the volume of inpatient discharges at the hospital increased by 7.3% compared to a median decrease of 3.2% at cohort hospitals. Outpatient visits increased 9.3% for the hospital between FY16 and FY20, compared to a median decrease of 6.8% for its peer cohort. Winchester Hospital reported a profit of \$26.3M in FY20 and a total margin of 8.6% compared to its peer cohort median total margin of 1.4%.

At a Glance

Overview / Size

Hospital System Affiliation:	Beth Israel Lahey Health
Hospital System Surplus (Deficit) in FY20:	\$73,031,000
Change in Ownership (FY16-20):	Beth Israel Lahey Health 3/1/19
Total Staffed Beds:	220, mid-size acute hospital
% Occupancy:	61.2%, > cohort avg. (58%)
Trauma Center Designation:	Not Applicable
Case Mix Index:	0.77, < cohort avg. (0.89); < statewide (1.16)

Financial

Inpatient NPSR per CMAD:	\$12,100
Change FY19-FY20:	8.4%
Inpatient Outpatient Revenue in FY20:	35%:65%
Outpatient Revenue in FY20:	\$130,167,682
Change FY19-FY20:	-12.2%
Total Revenue in FY20:	\$304,362,000
COVID Funding Included in Total Revenue:	\$21,099,000
Total Surplus (Deficit) in FY20:	\$26,271,000

Payer Mix

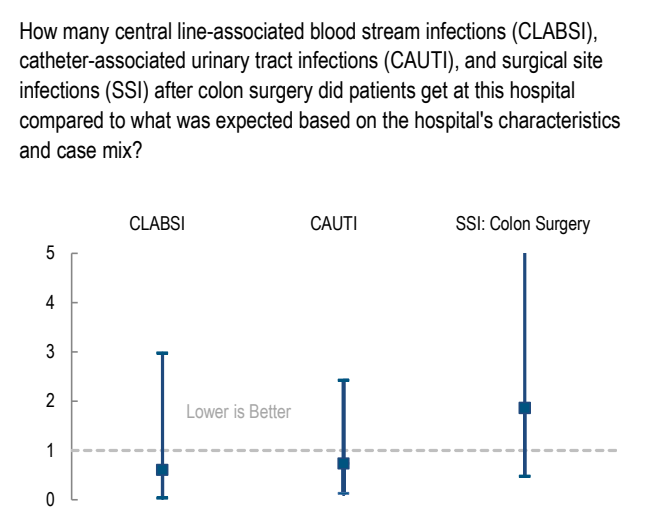
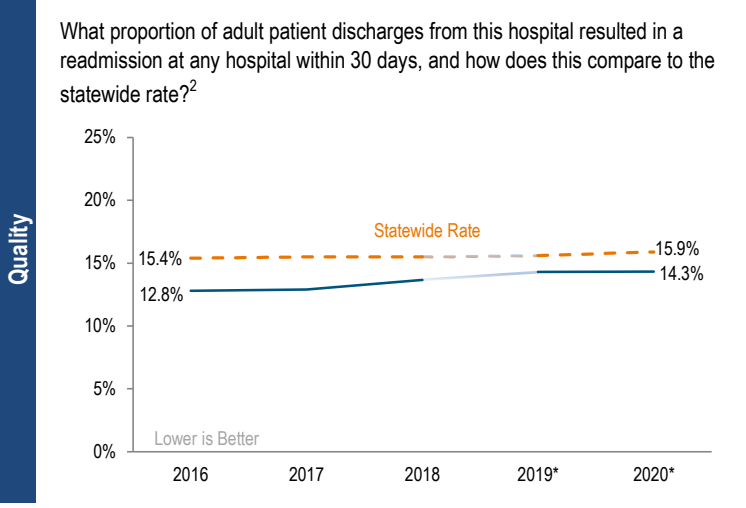
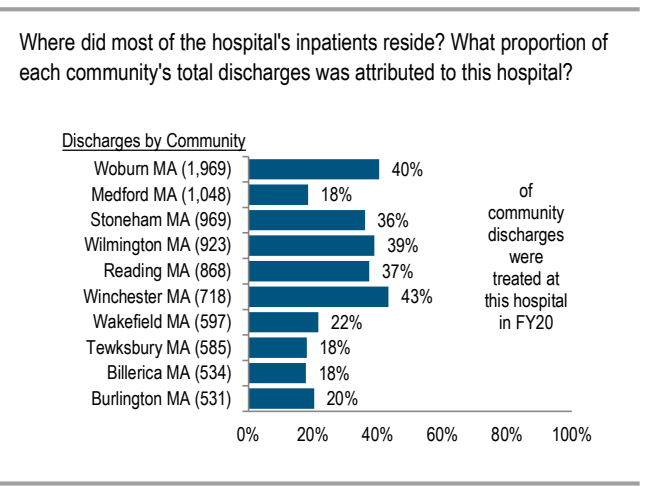
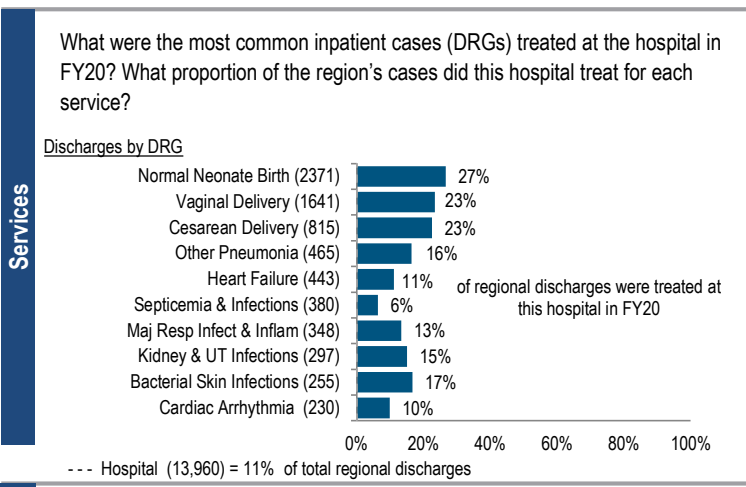
Public Payer Mix ¹ :	46.7% non-HPP Hospital
CY19 Commercial Statewide Relative Price:	0.883
Top 3 Commercial Payers:	Blue Cross Blue Shield Harvard Pilgrim Tufts HMO

Utilization

Inpatient Discharges in FY20:	13,960
Change FY19-FY20:	-1.8%
Emergency Department Visits in FY20:	39,445
Change FY19-FY20:	-15.2%
Outpatient Visits in FY20:	258,836
Change FY19-FY20:	-6.5%

Quality

Readmission Rate in FY20:	14.3%
Change FY19-FY20 (percentage points):	0.0
Early Elective Deliveries Rate:	0.0%



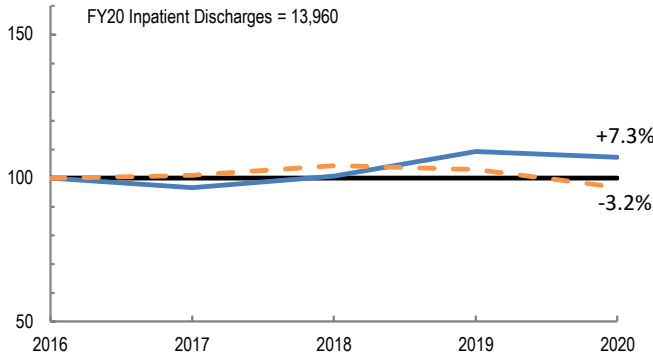
2020 HOSPITAL PROFILE: WINCHESTER HOSPITAL

Cohort: Community Hospital

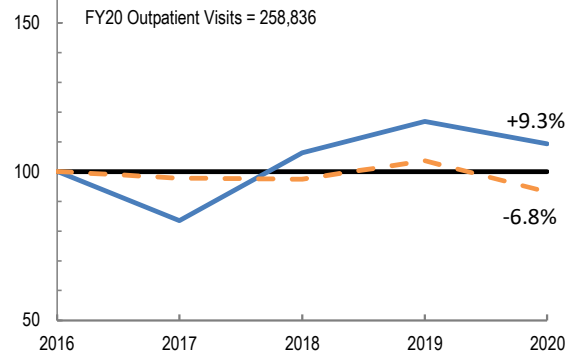


Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY16, and how does this compare to the hospital's peer cohort median? (FY16=100)

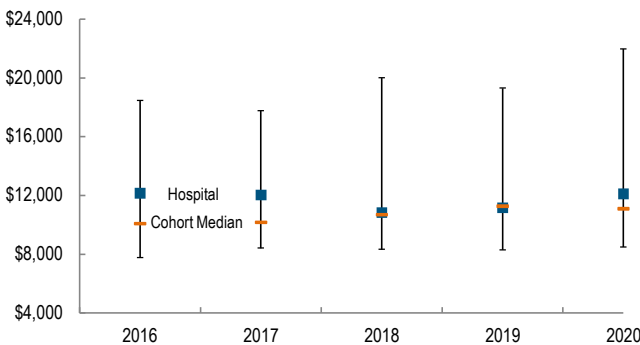


How has the volume of the hospital's outpatient visits changed compared to FY16, and how does this compare to the hospital's peer cohort median? (FY16=100)

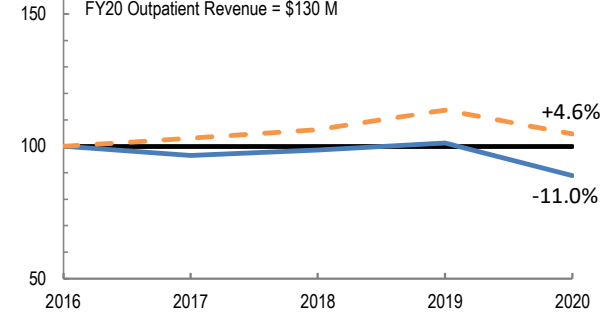


Patient Revenue Trends

What was the hospital's net inpatient service revenue³ per case mix adjusted discharge between FY16 and FY20, and how does this compare to the hospital's peer cohort median?



How has the hospital's net outpatient revenue³ changed compared to FY16, and how does this compare to the hospital's peer cohort median? (FY16=100)



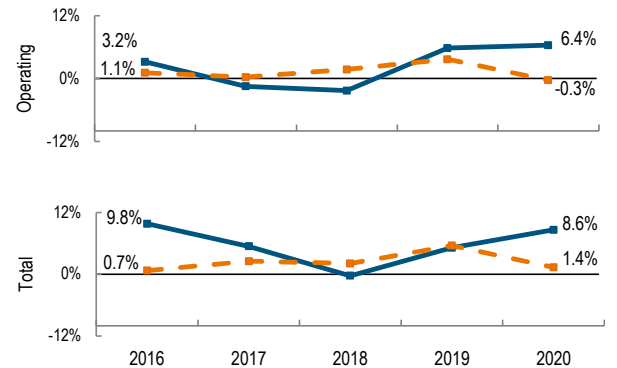
Financial Performance

How have the hospital's total revenue and costs changed between FY16 and FY20? (COVID funding affects FY20 only)

Revenue, Cost, & Profit/Loss (in millions)

FY	2016	2017	2018	2019	2020
Operating Revenue	\$ 281.5	\$ 273.5	\$ 270.3	\$ 172.6	\$ 297.5
COVID Funding Included in Operating Revenue					\$ 21.1
Non-Operating Revenue⁴	\$ 19.9	\$ 20.3	\$ 5.5	\$ (1.1)	\$ 6.9
Total Revenue	\$ 301.4	\$ 293.9	\$ 275.8	\$ 171.5	\$ 304.4
Total Costs	\$ 271.9	\$ 277.9	\$ 276.7	\$ 162.7	\$ 278.1
Total Profit (Loss)	\$ 29.5	\$ 16.0	\$ (0.9)	\$ 8.8	\$ 26.3

What were the hospital's total margin and operating margins between FY16 and FY20, and how do these compare to the hospital's peer cohort medians? (Note: FY20 margins include COVID funding)



For descriptions of the metrics, please see the technical appendix.

¹ High Public Payer Hospitals (HPP) reported a minimum of 63% of gross patient service revenue from public payers.

² For 2019 and 2020 readmission rates, a new methodology was used. These rates may not be comparable to earlier years. For more information, please see: <https://www.chiamass.gov/assets/docs/r/pubs/2022/Readmissions-Technical-Appendix-2011-2020.pdf>

³ Effective FY 2020 supplemental revenue is not included in net patient service revenue for all hospitals. Prior to FY 2020, reporting of supplemental revenue varied by hospital.

⁴ There was an accounting change adopted by most hospitals beginning in FY 2020 in which unrealized gains and losses on investments are now recognized as non-operating income

Athol Hospital is a non-profit community-High Public Payer (HPP) hospital located in the Central Massachusetts region. It is the second smallest acute hospital in Massachusetts, with 21 staffed beds. It is a member of Heywood Healthcare and is designated by the Centers for Medicare & Medicaid Services (CMS) as one of three Critical Access Hospitals (CAH) in Massachusetts. Inpatient discharges increased by 0.2% for the hospital between FY16 and FY20, compared to a median decrease of 7.6% for its peer cohort. Athol Hospital has reported positive total margins each year since FY16, including a total margin of 5.4% in FY20, above the cohort median of 4.0%.

Overview / Size

Hospital System Affiliation:	Heywood Healthcare
Hospital System Surplus (Deficit) in FY20:	\$3,428,964
Change in Ownership (FY16-20):	Not Applicable
Total Staffed Beds:	21, among the smallest acute hospitals
% Occupancy:	44.8%, < cohort avg. (63%)
Trauma Center Designation:	Not Applicable
Case Mix Index:	0.84, < cohort avg. (1.00); < statewide (1.16)

Financial

Inpatient NPSR per CMAD:	\$16,199
Change FY19-FY20:	27.3%
Inpatient Outpatient Revenue in FY20:	8%:92%
Outpatient Revenue in FY20:	\$26,388,318
Change FY19-FY20:	10.2%
Total Revenue in FY20:	\$34,208,442
COVID Funding Included in Total Revenue:	\$681,175
Total Surplus (Deficit) in FY20:	\$1,837,861

Payer Mix

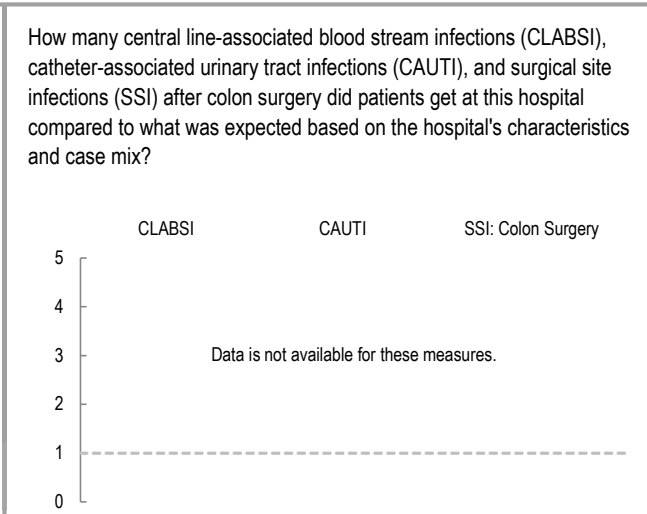
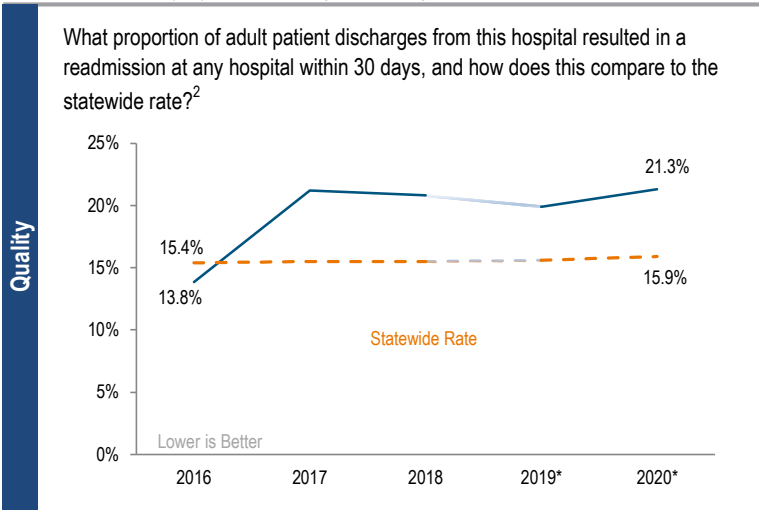
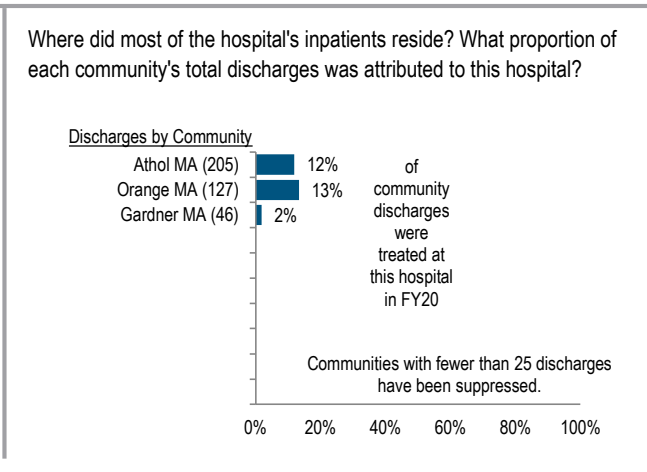
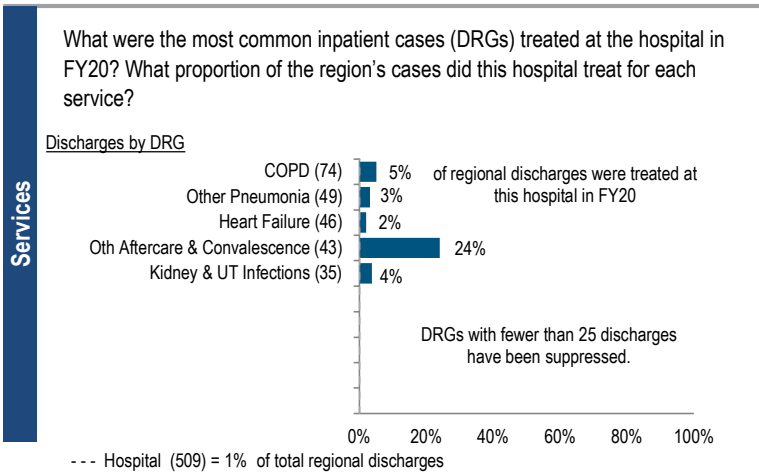
Public Payer Mix ¹ :	70.6% HPP Hospital
CY19 Commercial Statewide Relative Price:	0.825
Top 3 Commercial Payers:	Blue Cross Blue Shield Fallon Tufts Health Public Plans

Utilization

Inpatient Discharges in FY20:	509
Change FY19-FY20:	2.6%
Emergency Department Visits in FY20:	9,823
Change FY19-FY20:	-9.3%
Outpatient Visits in FY20:	27,304
Change FY19-FY20:	22.1%

Quality

Readmission Rate in FY20:	21.3%
Change FY19-FY20 (percentage points):	1.4
Early Elective Deliveries Rate:	Not Available



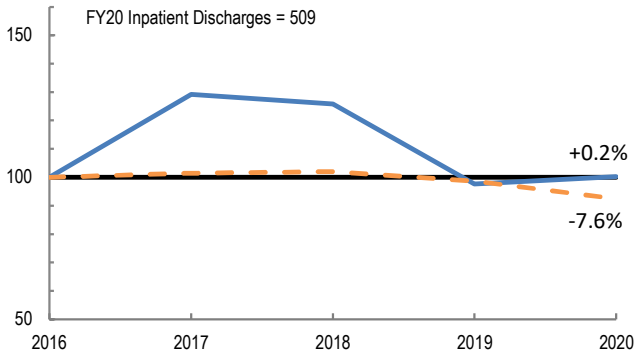
2020 HOSPITAL PROFILE: ATHOL HOSPITAL

Cohort: Community-High Public Payer Hospital

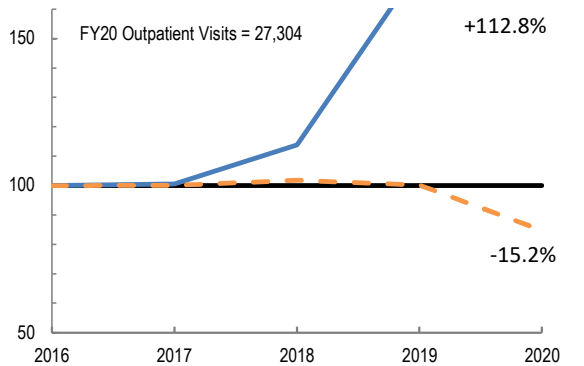


Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY16, and how does this compare to the hospital's peer cohort median? (FY16=100)

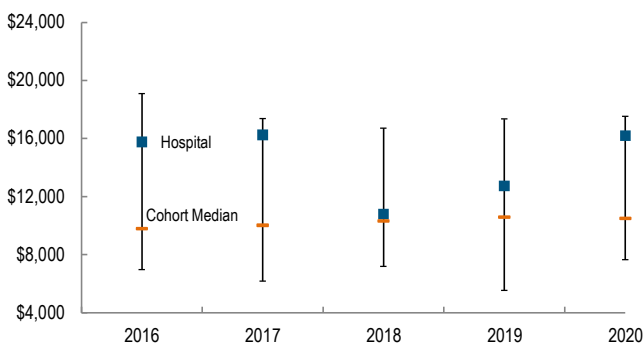


How has the volume of the hospital's outpatient visits changed compared to FY16, and how does this compare to the hospital's peer cohort median? (FY16=100)

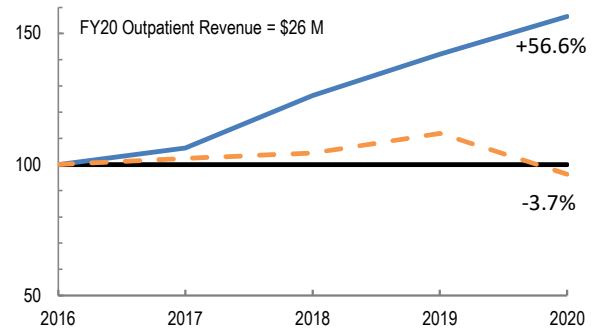


Patient Revenue Trends

What was the hospital's net inpatient service revenue³ per case mix adjusted discharge between FY16 and FY20, and how does this compare to the hospital's peer cohort median?



How has the hospital's net outpatient revenue³ changed compared to FY16, and how does this compare to the hospital's peer cohort median? (FY16=100)



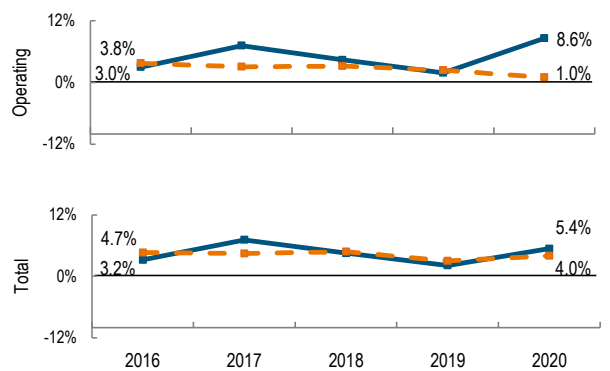
Financial Performance

How have the hospital's total revenue and costs changed between FY16 and FY20? (COVID funding affects FY20 only)

Revenue, Cost, & Profit/Loss (in millions)

FY	2016	2017	2018	2019	2020
Operating Revenue	\$ 23.7	\$ 27.1	\$ 27.0	\$ 30.7	\$ 35.3
COVID Funding Included in Operating Revenue					\$ 0.7
Non-Operating Revenue⁴	\$ 0.1	\$ (0.0)	\$ 0.0	\$ 0.1	\$ (1.1)
Total Revenue	\$ 23.8	\$ 27.0	\$ 27.0	\$ 30.8	\$ 34.2
Total Costs	\$ 23.0	\$ 25.1	\$ 25.8	\$ 30.1	\$ 32.4
Total Profit (Loss)	\$ 0.8	\$ 1.9	\$ 1.2	\$ 0.7	\$ 1.8

What were the hospital's total margin and operating margins between FY16 and FY20, and how do these compare to the hospital's peer cohort medians? (Note: FY20 margins include COVID funding)



For descriptions of the metrics, please see the technical appendix.

¹ High Public Payer Hospitals (HPP) reported a minimum of 63% of gross patient service revenue from public payers.

² For 2019 and 2020 readmission rates, a new methodology was used. These rates may not be comparable to earlier years. For more information, please see: <https://www.chiamass.gov/assets/docs/r/pubs/2022/Readmissions-Technical-Appendix-2011-2020.pdf>

³ Effective FY 2020 supplemental revenue is not included in net patient service revenue for all hospitals. Prior to FY 2020, reporting of supplemental revenue varied by hospital.

⁴ There was an accounting change adopted by most hospitals beginning in FY 2020 in which unrealized gains and losses on investments are now recognized as non-operating income

Baystate Franklin Medical Center is a mid-size, non-profit community-High Public Payer (HPP) hospital located in the Western Massachusetts region. It is a member of Baystate Health. Between FY16 and FY20, the volume of inpatient discharges at the hospital decreased by 12.1%, compared to a median decrease of 7.6% at cohort hospitals. Outpatient visits decreased 40.9% for the hospital between FY16 and FY20, compared to a median decrease of 15.2% for its peer cohort. Baystate Franklin Medical Center reported a total margin of -1.5% in FY20, below its cohort median of 4.0%.

Overview / Size

Hospital System Affiliation:	Baystate Health
Hospital System Surplus (Deficit) in FY20:	\$44,236,000
Change in Ownership (FY16-20):	Not Applicable
Total Staffed Beds:	107, mid-size acute hospital
% Occupancy:	43.7%, < cohort avg. (63%)
Trauma Center Designation:	Not Applicable
Case Mix Index:	0.83, < cohort avg. (1.00); < statewide (1.16)

Financial

Inpatient NPSR per CMAD:	\$9,339
Change FY19-FY20:	-0.5%
Inpatient Outpatient Revenue in FY20:	25%:75%
Outpatient Revenue in FY20:	\$51,215,908
Change FY19-FY20:	-13.9%
Total Revenue in FY20:	\$102,504,000
COVID Funding Included in Total Revenue:	\$8,802,000
Total Surplus (Deficit) in FY20:	-\$1,529,000

Payer Mix

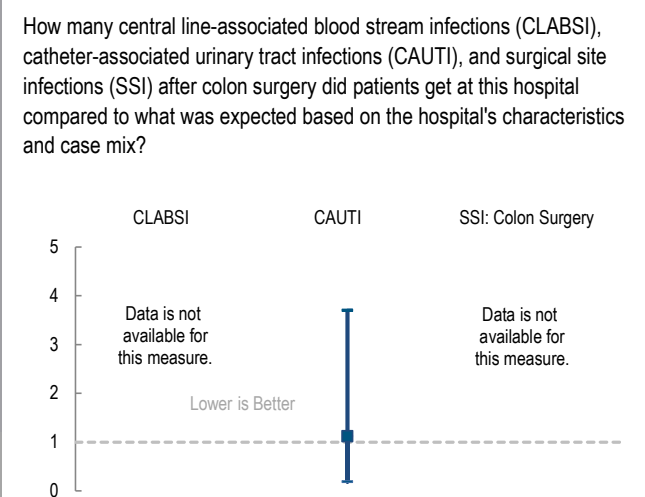
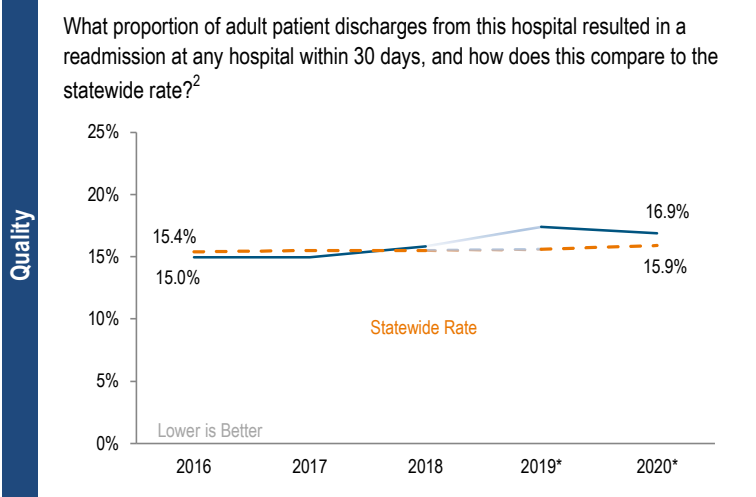
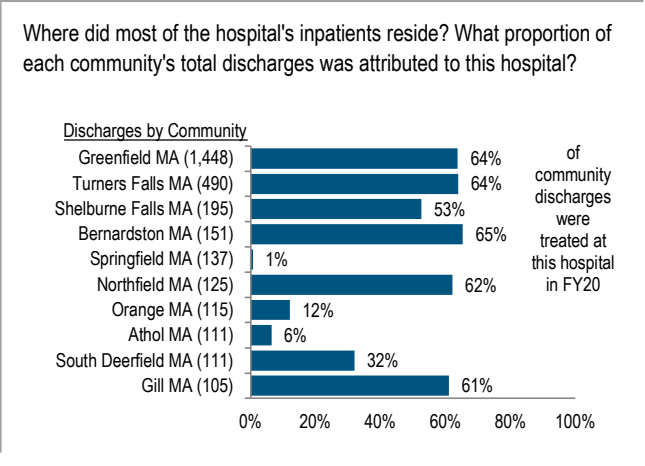
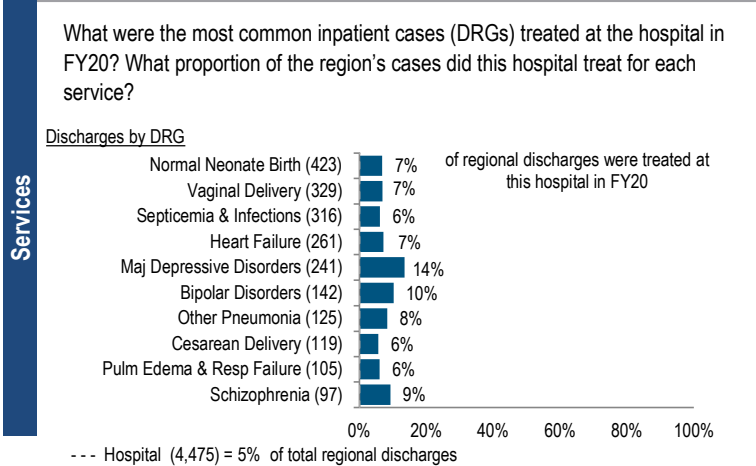
Public Payer Mix ¹ :	71.6% HPP Hospital
CY19 Commercial Statewide Relative Price:	1.002
Top 3 Commercial Payers:	Blue Cross Blue Shield Health New England UniCare

Utilization

Inpatient Discharges in FY20:	4,475
Change FY19-FY20:	-10.1%
Emergency Department Visits in FY20:	21,321
Change FY19-FY20:	-14.0%
Outpatient Visits in FY20:	28,653
Change FY19-FY20:	-11.6%

Quality

Readmission Rate in FY20:	16.9%
Change FY19-FY20 (percentage points):	-0.5
Early Elective Deliveries Rate:	12.5%



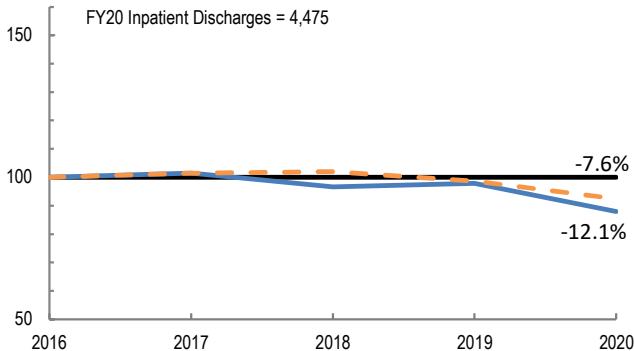
2020 HOSPITAL PROFILE: BAYSTATE FRANKLIN MEDICAL CENTER

Cohort: Community-High Public Payer Hospital

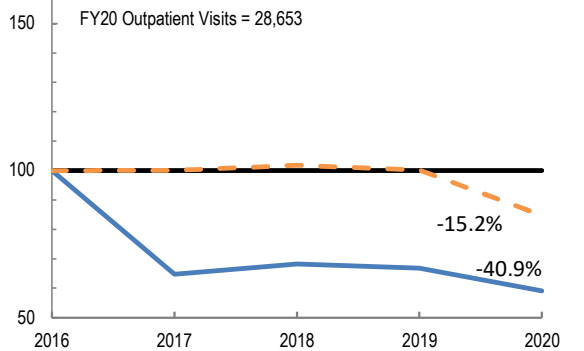


Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY16, and how does this compare to the hospital's peer cohort median? (FY16=100)

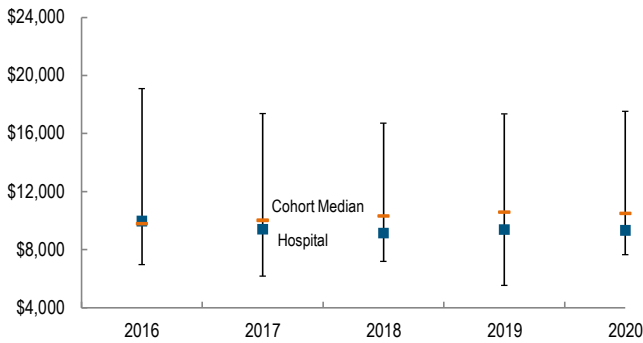


How has the volume of the hospital's outpatient visits changed compared to FY16, and how does this compare to the hospital's peer cohort median? (FY16=100)

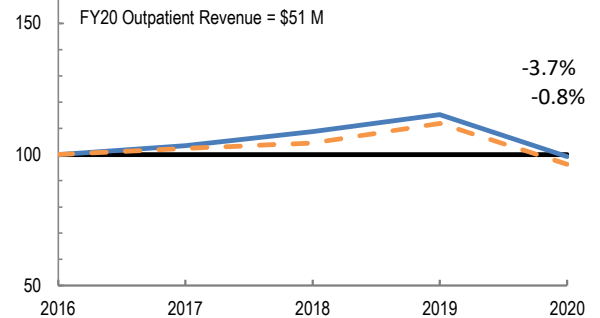


Patient Revenue Trends

What was the hospital's net inpatient service revenue³ per case mix adjusted discharge between FY16 and FY20, and how does this compare to the hospital's peer cohort median?



How has the hospital's net outpatient revenue³ changed compared to FY16, and how does this compare to the hospital's peer cohort median? (FY16=100)



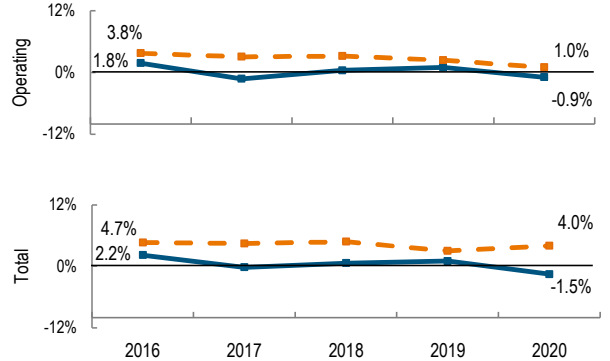
Financial Performance

How have the hospital's total revenue and costs changed between FY16 and FY20? (COVID funding affects FY20 only)

Revenue, Cost, & Profit/Loss (in millions)

FY	2016	2017	2018	2019	2020
Operating Revenue	\$ 98.2	\$ 98.6	\$ 102.7	\$ 106.7	\$ 103.2
COVID Funding Included in Operating Revenue					\$ 8.8
Non-Operating Revenue ⁴	\$ 0.4	\$ 1.0	\$ 0.2	\$ (0.0)	\$ (0.7)
Total Revenue	\$ 98.6	\$ 99.6	\$ 102.9	\$ 106.6	\$ 102.5
Total Costs	\$ 96.4	\$ 99.8	\$ 102.3	\$ 105.6	\$ 104.0
Total Profit (Loss)	\$ 2.2	\$ (0.2)	\$ 0.6	\$ 1.0	\$ (1.5)

What were the hospital's total margin and operating margins between FY16 and FY20, and how do these compare to the hospital's peer cohort medians? (Note: FY20 margins include COVID funding)



For descriptions of the metrics, please see the technical appendix.

¹ High Public Payer Hospitals (HPP) reported a minimum of 63% of gross patient service revenue from public payers.

² For 2019 and 2020 readmission rates, a new methodology was used. These rates may not be comparable to earlier years. For more information, please see: <https://www.chiamass.gov/assets/docs/r/pubs/2022/Readmissions-Technical-Appendix-2011-2020.pdf>

³ Effective FY 2020 supplemental revenue is not included in net patient service revenue for all hospitals. Prior to FY 2020, reporting of supplemental revenue varied by hospital.

⁴ There was an accounting change adopted by most hospitals beginning in FY 2020 in which unrealized gains and losses on investments are now recognized as non-operating income

Baystate Noble Hospital is a non-profit community-High Public Payer (HPP) hospital located in the Western Massachusetts region. It is a member of Baystate Health and qualifies as a High Public Payer (HPP). Between FY16 and FY20, inpatient discharges at the hospital decreased 21.2% compared to a median decrease of 7.6% at cohort hospitals, while outpatient visits decreased 34.2% compared to a median decrease of 15.2% at cohort hospitals. Baystate Noble reported a loss of \$10.1 million in FY20 after reporting a loss of \$9.6 million in FY19. In FY20 Baystate Noble reported a total margin of -18.7% compared to its peer cohort median of 4.0%.

Overview / Size

Hospital System Affiliation:	Baystate Health
Hospital System Surplus (Deficit) in FY20:	\$44,236,000
Change in Ownership (FY16-20):	Not Applicable
Total Staffed Beds:	91, among the smaller acute hospitals
% Occupancy:	42.6%, < cohort avg. (63%)
Trauma Center Designation:	Not Applicable
Case Mix Index:	0.98, < cohort avg. (1.00); < statewide (1.16)

Financial

Inpatient NPSR per CMAD:	\$10,495
Change FY19-FY20:	9.9%
Inpatient Outpatient Revenue in FY20:	31%:69%
Outpatient Revenue in FY20:	\$22,512,739
Change FY19-FY20:	-20.0%
Total Revenue in FY20:	\$54,183,000
COVID Funding Included in Total Revenue:	\$3,586,000
Total Surplus (Deficit) in FY20:	-\$10,115,000

Payer Mix

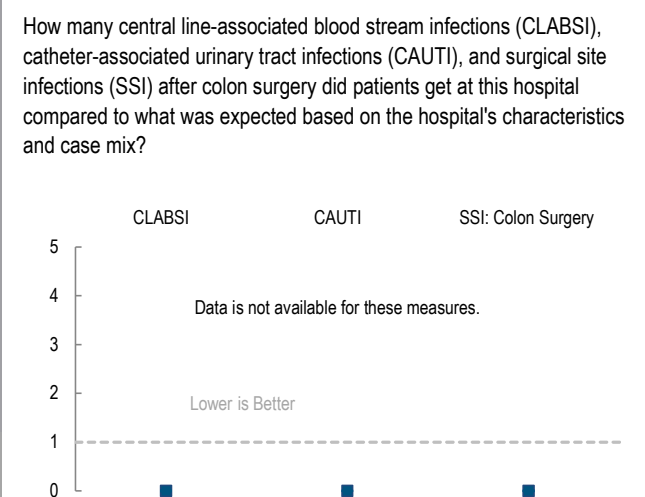
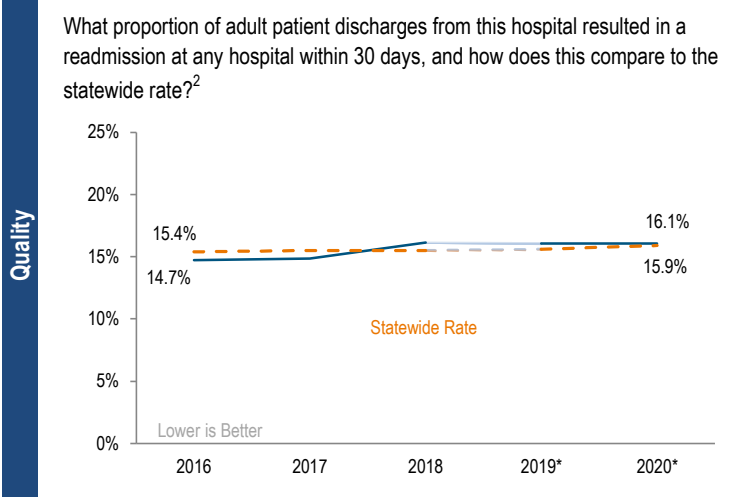
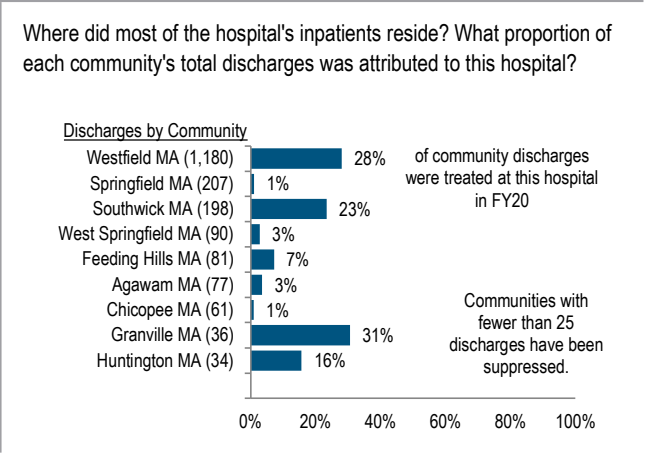
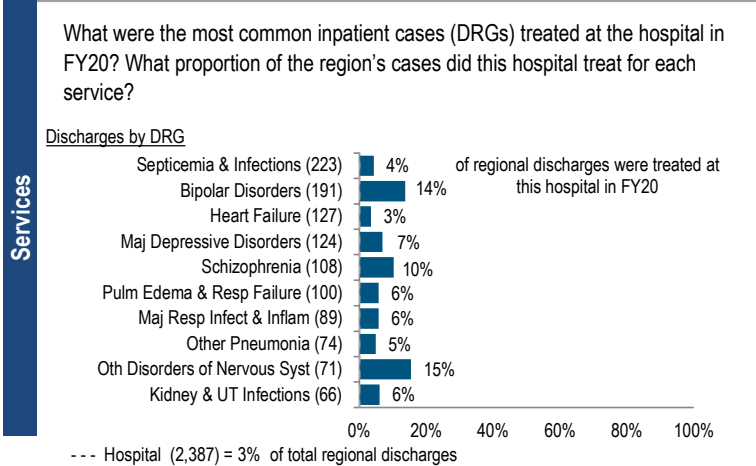
Public Payer Mix ¹ :	69.8% HPP Hospital
CY19 Commercial Statewide Relative Price:	0.736
Top 3 Commercial Payers:	Blue Cross Blue Shield Health New England Cigna

Utilization

Inpatient Discharges in FY20:	2,387
Change FY19-FY20:	-9.6%
Emergency Department Visits in FY20:	23,280
Change FY19-FY20:	-15.7%
Outpatient Visits in FY20:	28,316
Change FY19-FY20:	-14.1%

Quality

Readmission Rate in FY20:	16.1%
Change FY19-FY20 (percentage points):	0.0
Early Elective Deliveries Rate:	Not Applicable



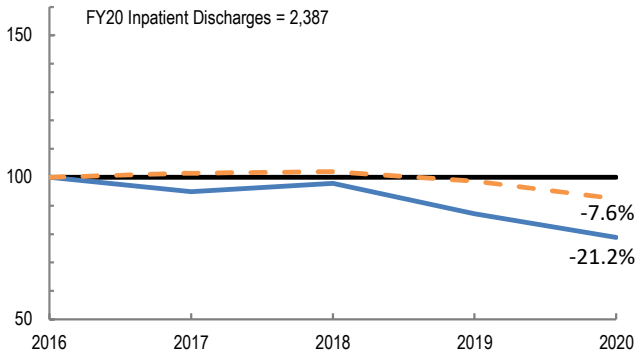
2020 HOSPITAL PROFILE: BAYSTATE NOBLE HOSPITAL

Cohort: Community-High Public Payer Hospital

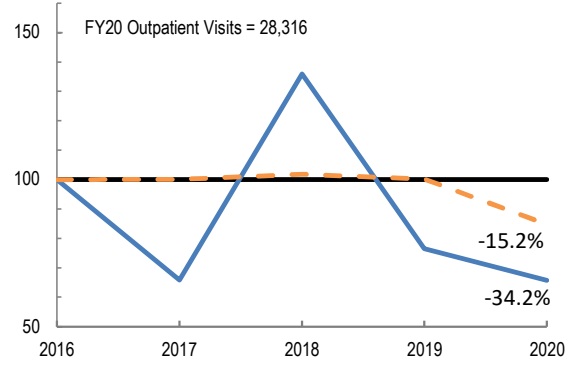


Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY16, and how does this compare to the hospital's peer cohort median? (FY16=100)

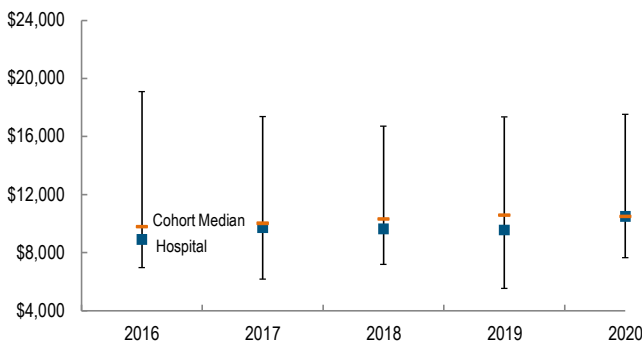


How has the volume of the hospital's outpatient visits changed compared to FY16, and how does this compare to the hospital's peer cohort median? (FY16=100)

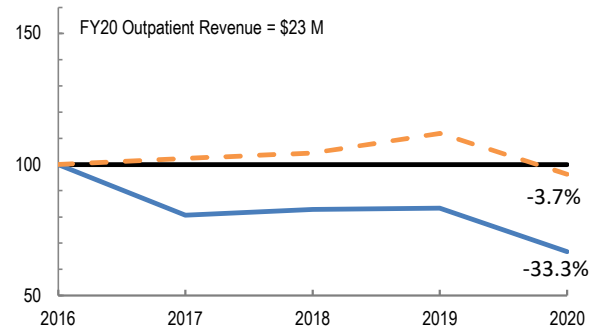


Patient Revenue Trends

What was the hospital's net inpatient service revenue³ per case mix adjusted discharge between FY16 and FY20, and how does this compare to the hospital's peer cohort median?



How has the hospital's net outpatient revenue³ changed compared to FY16, and how does this compare to the hospital's peer cohort median? (FY16=100)



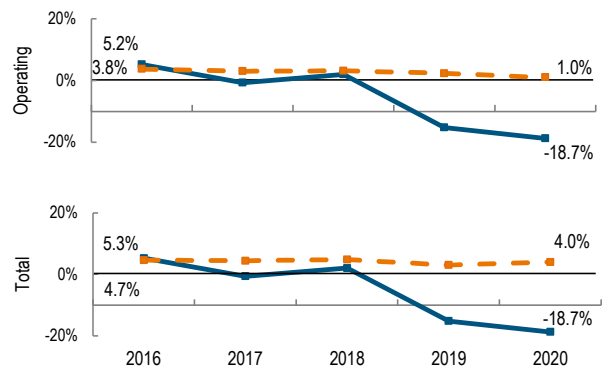
Financial Performance

How have the hospital's total revenue and costs changed between FY16 and FY20? (COVID funding affects FY20 only)

Revenue, Cost, & Profit/Loss (in millions)

FY	2016	2017	2018	2019	2020
Operating Revenue	\$ 61.1	\$ 56.6	\$ 58.4	\$ 62.9	\$ 54.2
COVID Funding Included in Operating Revenue					\$ 3.6
Non-Operating Revenue⁴	\$ 0.1	\$ 0.1	\$ 0.0	\$ (0.0)	\$ 0.0
Total Revenue	\$ 61.2	\$ 56.7	\$ 58.4	\$ 62.9	\$ 54.2
Total Costs	\$ 57.9	\$ 57.0	\$ 57.2	\$ 72.4	\$ 64.3
Total Profit (Loss)	\$ 3.3	\$ (0.3)	\$ 1.2	\$ (9.6)	\$ (10.1)

What were the hospital's total margin and operating margins between FY16 and FY20, and how do these compare to the hospital's peer cohort medians? (Note: FY20 margins include COVID funding)



For descriptions of the metrics, please see the technical appendix.

¹ High Public Payer Hospitals (HPP) reported a minimum of 63% of gross patient service revenue from public payers.

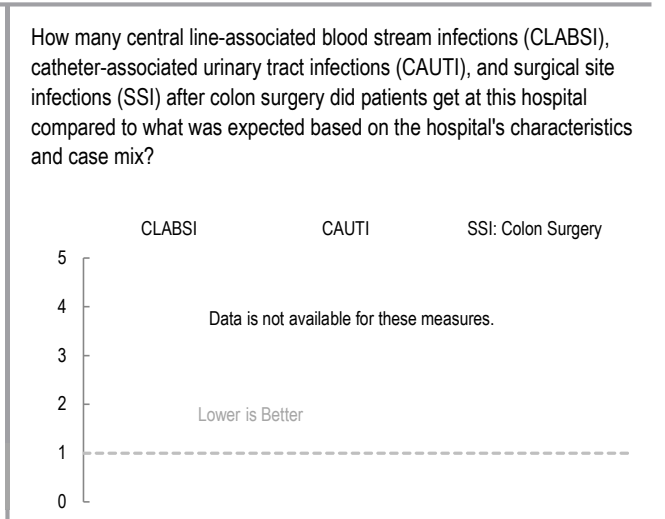
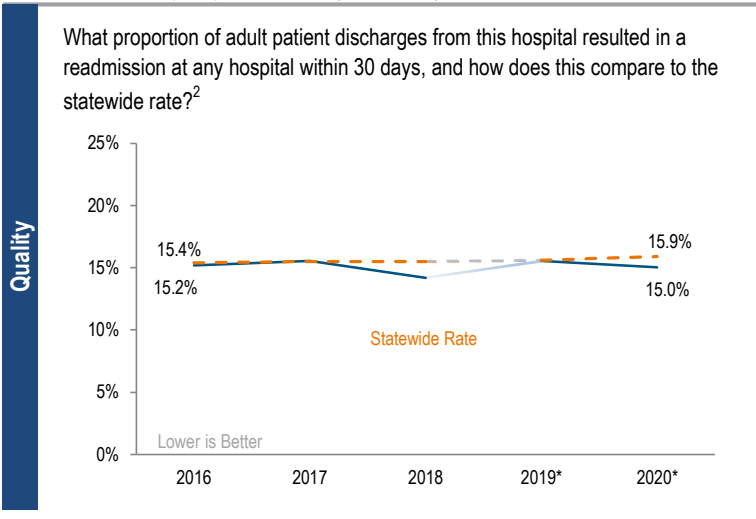
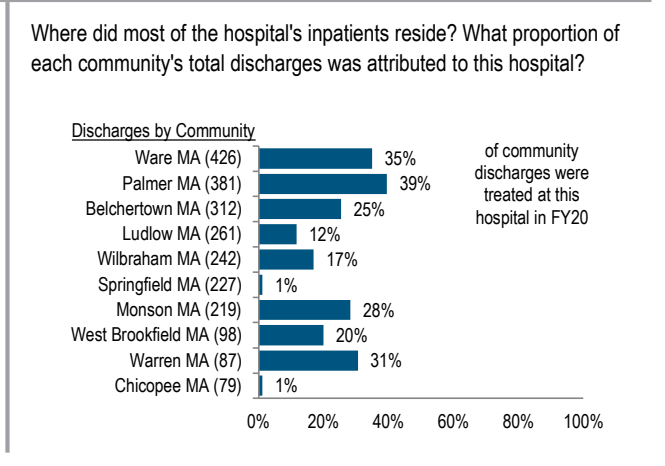
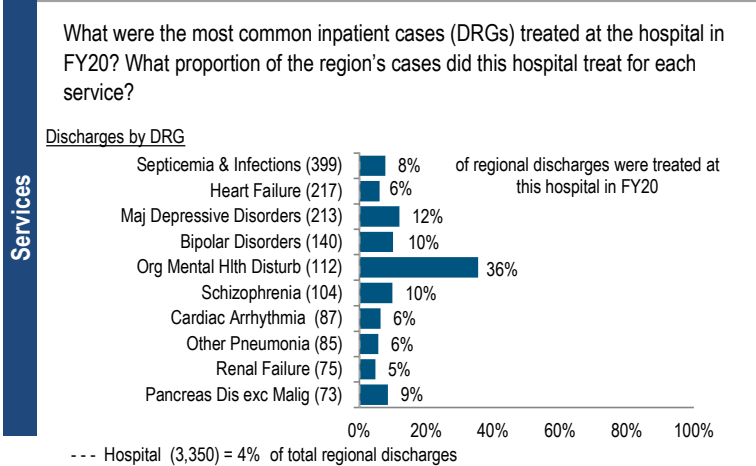
² For 2019 and 2020 readmission rates, a new methodology was used. These rates may not be comparable to earlier years. For more information, please see: <https://www.chiamass.gov/assets/docs/r/pubs/2022/Readmissions-Technical-Appendix-2011-2020.pdf>

³ Effective FY 2020 supplemental revenue is not included in net patient service revenue for all hospitals. Prior to FY 2020, reporting of supplemental revenue varied by hospital.

⁴ There was an accounting change adopted by most hospitals beginning in FY 2020 in which unrealized gains and losses on investments are now recognized as non-operating income

Baystate Wing Hospital is a non-profit community-High Public Payer (HPP) hospital located in the Western Massachusetts region. Between FY16 and FY20, the volume of inpatient discharges at the hospital increased by 19.1% compared to a median decrease of 7.6% at cohort hospitals. Outpatient visits decreased 24.8% for the hospital between FY16 and FY20, compared to a median decrease of 15.2% for its peer cohort. Baystate Wing Hospital has reported a loss in each of the last five years, including a loss of \$7.3 million in FY20, and a total margin of -8.4% compared to its peer cohort median of 4.0%.

At a Glance	Overview / Size		Payer Mix	
	Hospital System Affiliation:	Baystate Health	Public Payer Mix ¹ :	69.0% HPP Hospital
	Hospital System Surplus (Deficit) in FY20:	\$44,236,000	CY19 Commercial Statewide Relative Price:	0.773
	Change in Ownership (FY16-20):	Includes Mary Lane 9/10/16	Top 3 Commercial Payers:	Blue Cross Blue Shield Health New England Cigna
	Total Staffed Beds:	74, among the smaller acute hospitals		
	% Occupancy:	63.0%, = cohort avg. (63%)		
	Trauma Center Designation:	Not Applicable		
	Case Mix Index:	0.97, < cohort avg. (1.00); < statewide (1.16)		
	Financial		Utilization	
	Inpatient NPSR per CMAD:	\$10,258	Inpatient Discharges in FY20:	3,350
Change FY19-FY20:	2.4%	Change FY19-FY20:	-2.6%	
Inpatient Outpatient Revenue in FY20:	28%:72%	Emergency Department Visits in FY20:	31,749	
Outpatient Revenue in FY20:	\$45,282,449	Change FY19-FY20:	-1.6%	
Change FY19-FY20:	-9.6%	Outpatient Visits in FY20:	114,290	
Total Revenue in FY20:	\$86,413,000	Change FY19-FY20:	-12.7%	
COVID Funding Included in Total Revenue:	\$3,410,000	Quality		
Total Surplus (Deficit) in FY20:	-\$7,297,000	Readmission Rate in FY20:	15.0%	
		Change FY19-FY20 (percentage points):	-0.5	
		Early Elective Deliveries Rate:	Not Applicable	



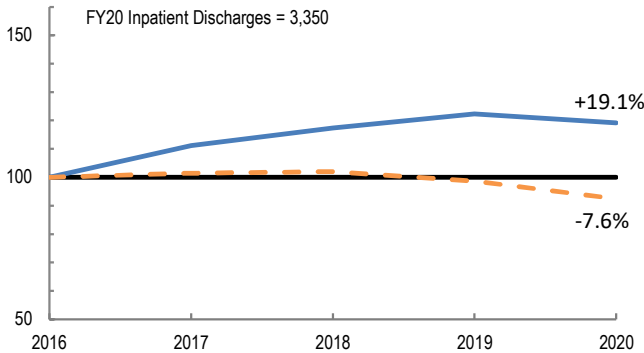
2020 HOSPITAL PROFILE: BAYSTATE WING HOSPITAL

Cohort: Community-High Public Payer Hospital

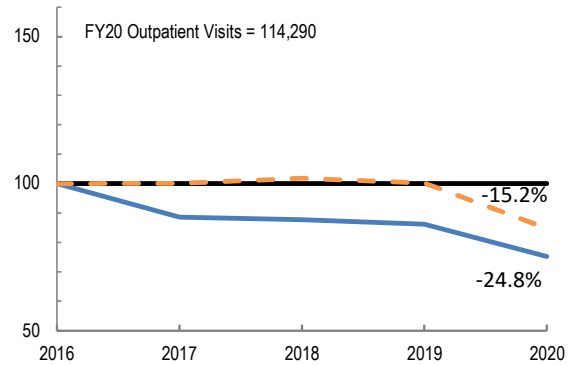


Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY16, and how does this compare to the hospital's peer cohort median? (FY16=100)

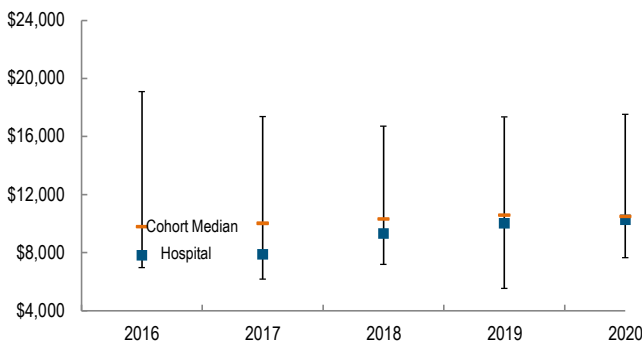


How has the volume of the hospital's outpatient visits changed compared to FY16, and how does this compare to the hospital's peer cohort median? (FY16=100)

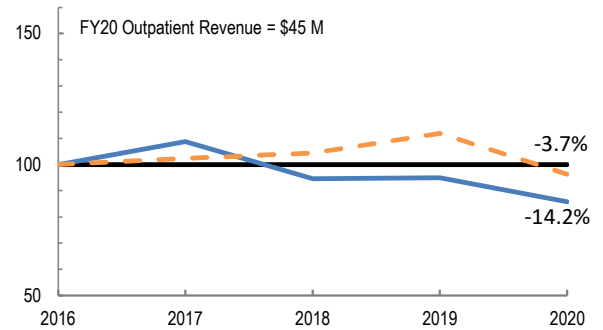


Patient Revenue Trends

What was the hospital's net inpatient service revenue³ per case mix adjusted discharge between FY16 and FY20, and how does this compare to the hospital's peer cohort median?



How has the hospital's net outpatient revenue³ changed compared to FY16, and how does this compare to the hospital's peer cohort median? (FY16=100)



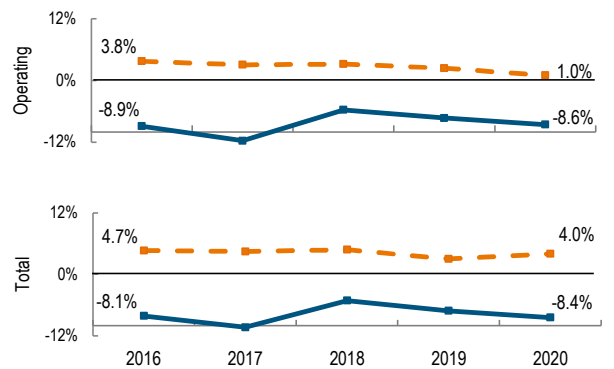
Financial Performance

How have the hospital's total revenue and costs changed between FY16 and FY20? (COVID funding affects FY20 only)

Revenue, Cost, & Profit/Loss (in millions)

FY	2016	2017	2018	2019	2020
Operating Revenue	\$ 75.7	\$ 86.4	\$ 85.6	\$ 87.2	\$ 86.3
COVID Funding Included in Operating Revenue					\$ 3.4
Non-Operating Revenue⁴	\$ 0.6	\$ 1.2	\$ 0.5	\$ 0.2	\$ 0.1
Total Revenue	\$ 76.4	\$ 87.6	\$ 86.1	\$ 87.4	\$ 86.4
Total Costs	\$ 82.6	\$ 96.7	\$ 90.5	\$ 93.6	\$ 93.7
Total Profit (Loss)	\$ (6.2)	\$ (9.1)	\$ (4.4)	\$ (6.2)	\$ (7.3)

What were the hospital's total margin and operating margins between FY16 and FY20, and how do these compare to the hospital's peer cohort medians? (Note: FY20 margins include COVID funding)



For descriptions of the metrics, please see the technical appendix.

¹ High Public Payer Hospitals (HPP) reported a minimum of 63% of gross patient service revenue from public payers.

² For 2019 and 2020 readmission rates, a new methodology was used. These rates may not be comparable to earlier years. For more information, please see: <https://www.chiamass.gov/assets/docs/r/pubs/2022/Readmissions-Technical-Appendix-2011-2020.pdf>

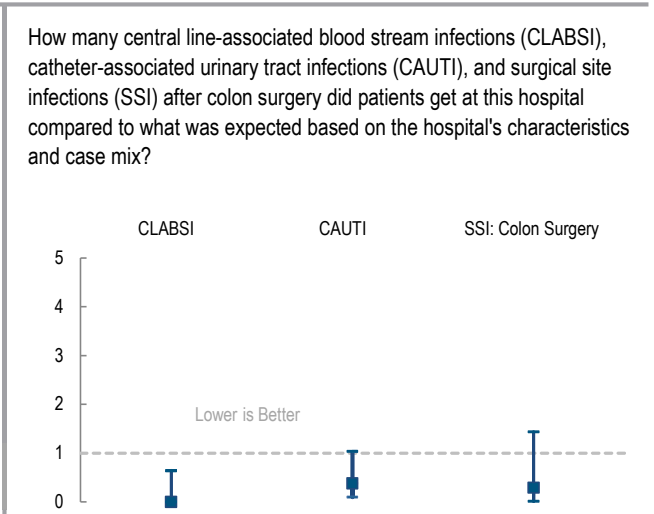
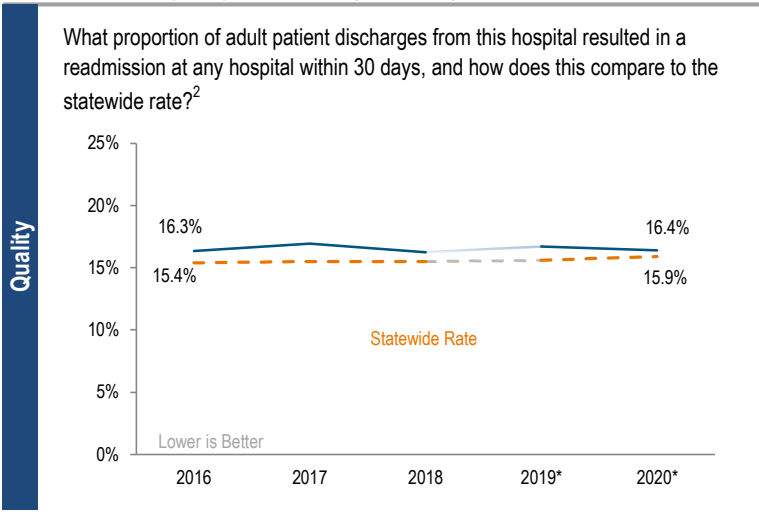
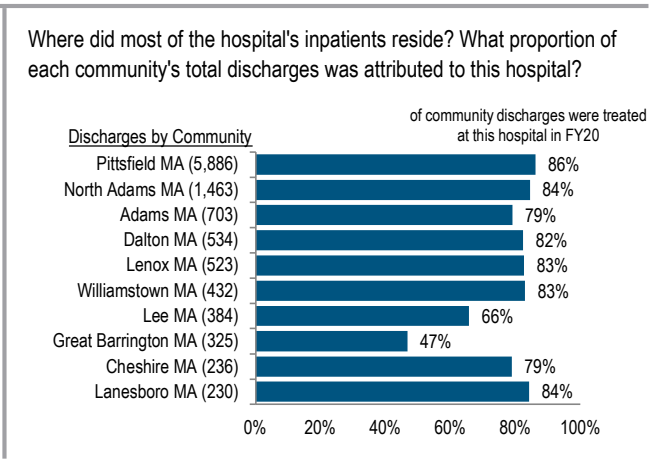
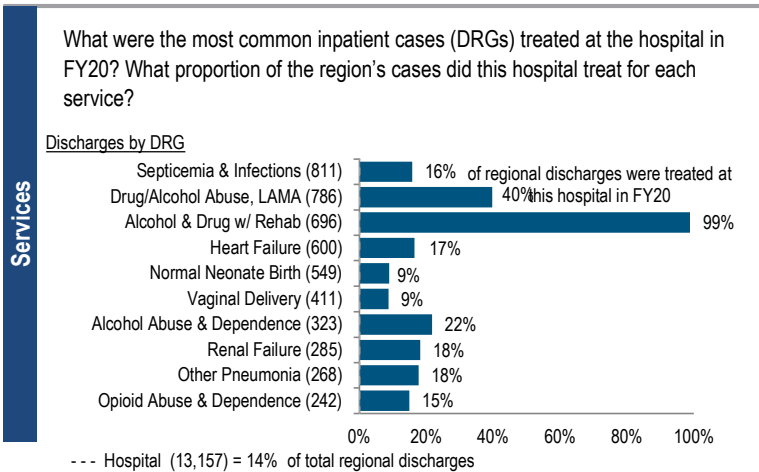
³ Effective FY 2020 supplemental revenue is not included in net patient service revenue for all hospitals. Prior to FY 2020, reporting of supplemental revenue varied by hospital.

⁴ There was an accounting change adopted by most hospitals beginning in FY 2020 in which unrealized gains and losses on investments are now recognized as non-operating income

Berkshire Medical Center is a mid-size, non-profit community-High Public Payer (HPP) hospital located in the Western Massachusetts region. It is a Level 3 Trauma center and a member of Berkshire Health Systems. Between FY16 and FY20, the volume of inpatient discharges at the hospital decreased by 12.5% compared to a median decrease of 7.6% at cohort hospitals. Outpatient visits decreased 11.5% for the hospital between FY16 and FY20, compared to a median decrease of 15.2% for its peer cohort. The hospital has reported a profit in each of the last five years. In FY20 it had a total margin of 4.6%, above the 4.0% median of its peer cohort hospitals.

Overview / Size	
Hospital System Affiliation:	Berkshire Health Systems
Hospital System Surplus (Deficit) in FY20:	(\$9,554,414)
Change in Ownership (FY16-20):	Not Applicable
Total Staffed Beds:	187, mid-size acute hospital
% Occupancy:	90.6%, > cohort avg. (63%)
Trauma Center Designation:	Adult: Level 3
Case Mix Index:	1.06, > cohort avg. (1.00); < statewide (1.16)
Financial	
Inpatient NPSR per CMAD:	\$11,741
Change FY19-FY20:	-0.4%
Inpatient Outpatient Revenue in FY20:	32%:68%
Outpatient Revenue in FY20:	\$261,005,061
Change FY19-FY20:	-7.2%
Total Revenue in FY20:	\$544,005,859
COVID Funding Included in Total Revenue:	\$20,438,042
Total Surplus (Deficit) in FY20:	\$24,874,472

Payer Mix	
Public Payer Mix ¹ :	73.5% HPP Hospital
CY19 Commercial Statewide Relative Price:	1.215
Top 3 Commercial Payers:	Blue Cross Blue Shield Health New England Tufts Health Public Plans
Utilization	
Inpatient Discharges in FY20:	13,157
Change FY19-FY20:	-11.4%
Emergency Department Visits in FY20:	40,870
Change FY19-FY20:	-23.9%
Outpatient Visits in FY20:	247,671
Change FY19-FY20:	-19.4%
Quality	
Readmission Rate in FY20:	16.4%
Change FY19-FY20 (percentage points):	-0.3
Early Elective Deliveries Rate:	0.0%



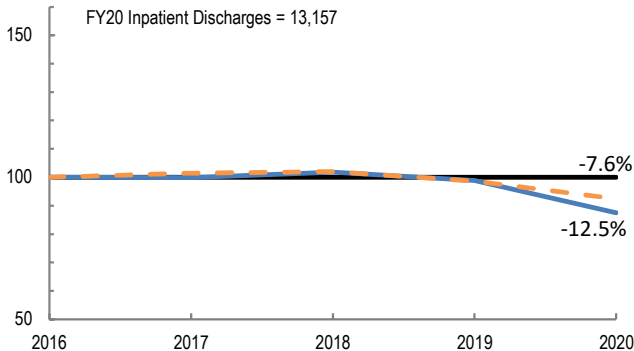
2020 HOSPITAL PROFILE: BERKSHIRE MEDICAL CENTER

Cohort: Community-High Public Payer Hospital

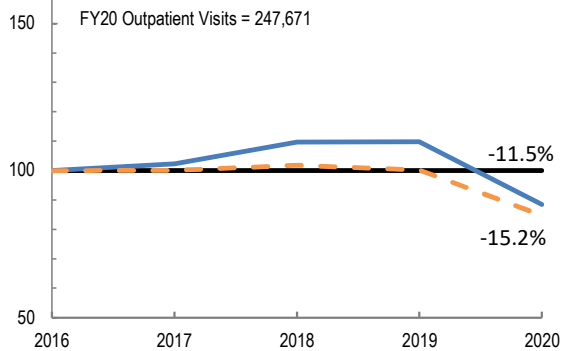


Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY16, and how does this compare to the hospital's peer cohort median? (FY16=100)

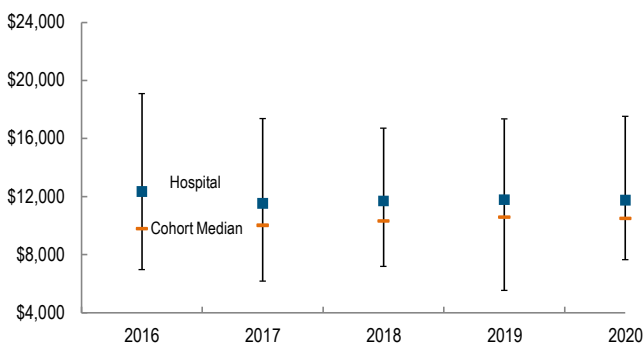


How has the volume of the hospital's outpatient visits changed compared to FY16, and how does this compare to the hospital's peer cohort median? (FY16=100)

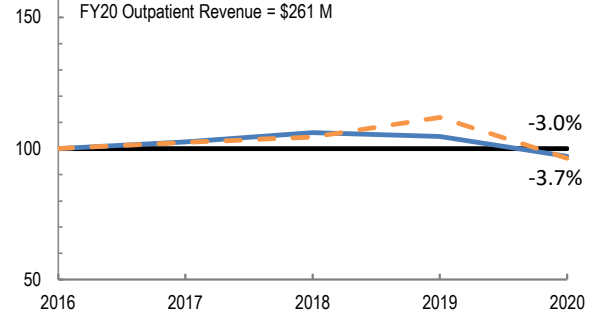


Patient Revenue Trends

What was the hospital's net inpatient service revenue³ per case mix adjusted discharge between FY16 and FY20, and how does this compare to the hospital's peer cohort median?



How has the hospital's net outpatient revenue³ changed compared to FY16, and how does this compare to the hospital's peer cohort median? (FY16=100)



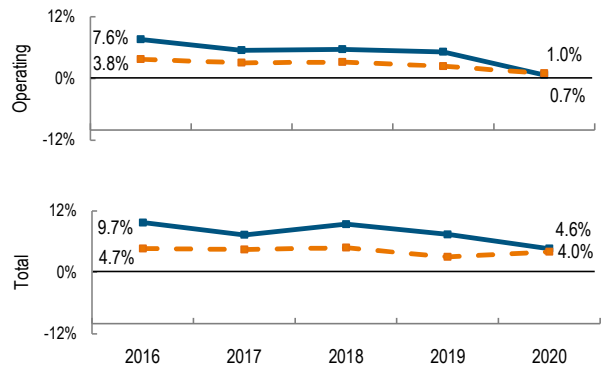
Financial Performance

How have the hospital's total revenue and costs changed between FY16 and FY20? (COVID funding affects FY20 only)

Revenue, Cost, & Profit/Loss (in millions)

FY	2016	2017	2018	2019	2020
Operating Revenue	\$ 476.6	\$ 486.0	\$ 509.1	\$ 527.0	\$ 522.7
COVID Funding Included in Operating Revenue					\$ 20.4
Non-Operating Revenue⁴	\$ 10.2	\$ 9.3	\$ 19.1	\$ 12.2	\$ 21.3
Total Revenue	\$ 486.8	\$ 495.3	\$ 528.2	\$ 539.2	\$ 544.0
Total Costs	\$ 439.6	\$ 459.0	\$ 478.8	\$ 499.1	\$ 519.1
Total Profit (Loss)	\$ 47.2	\$ 36.3	\$ 49.4	\$ 40.1	\$ 24.9

What were the hospital's total margin and operating margins between FY16 and FY20, and how do these compare to the hospital's peer cohort medians? (Note: FY20 margins include COVID funding)



For descriptions of the metrics, please see the technical appendix.

¹ High Public Payer Hospitals (HPP) reported a minimum of 63% of gross patient service revenue from public payers.

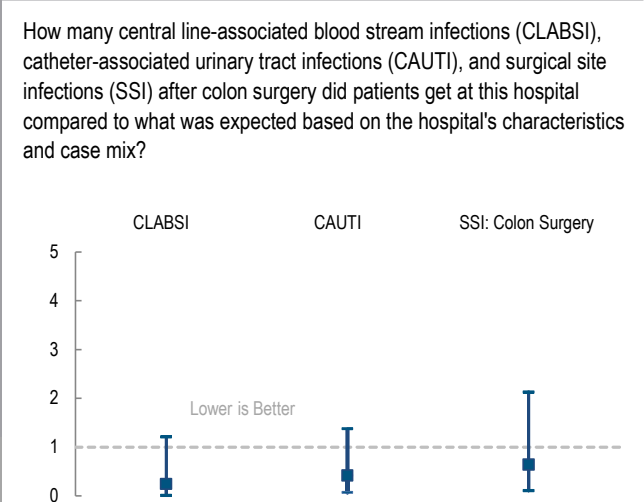
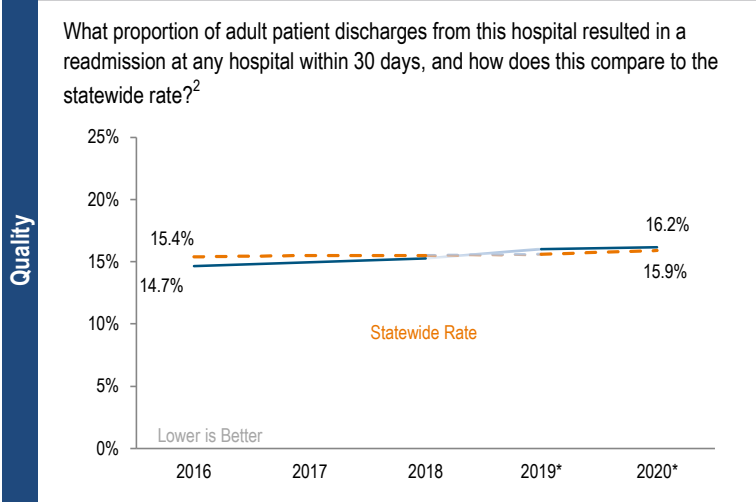
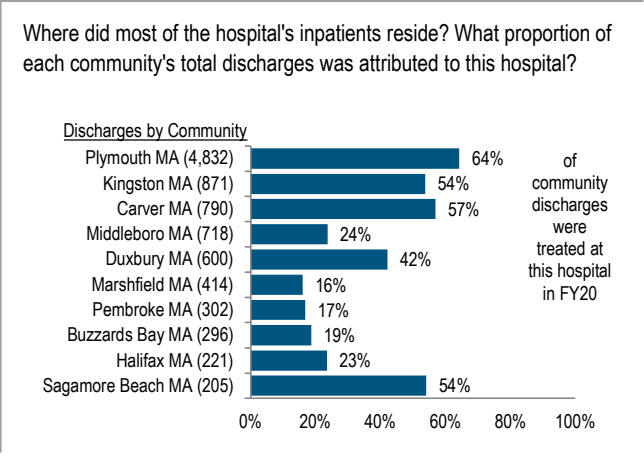
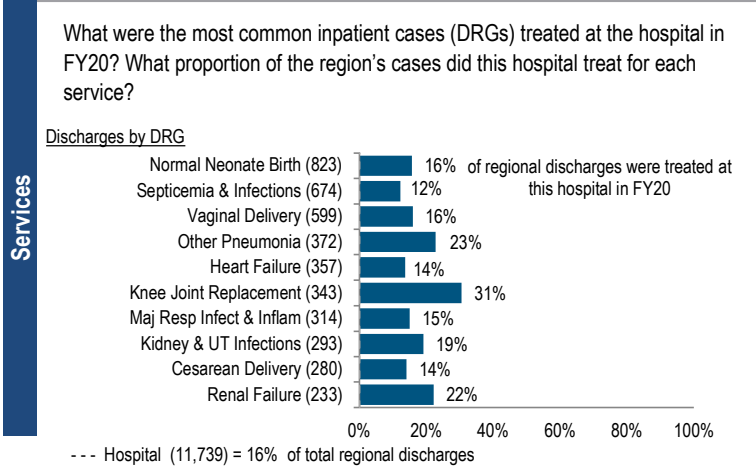
² For 2019 and 2020 readmission rates, a new methodology was used. These rates may not be comparable to earlier years. For more information, please see: <https://www.chiamass.gov/assets/docs/r/pubs/2022/Readmissions-Technical-Appendix-2011-2020.pdf>

³ Effective FY 2020 supplemental revenue is not included in net patient service revenue for all hospitals. Prior to FY 2020, reporting of supplemental revenue varied by hospital.

⁴ There was an accounting change adopted by most hospitals beginning in FY 2020 in which unrealized gains and losses on investments are now recognized as non-operating income

Beth Israel Deaconess Hospital – Plymouth (BID-Plymouth) is a mid-size, non-profit community-High Public Payer (HPP) hospital located in the Metro South region. It is a member of Beth Israel Lahey Health. Between FY16 and FY20, the volume of inpatient discharges at the hospital increased by 17.3% compared to a median decrease of 7.6% at cohort hospitals. Outpatient visits decreased by 11.0% for the hospital between FY16 and FY20, compared to a median decrease of 15.2% for its peer cohort. The hospital has reported a profit in each of the last five years. In FY20 it had a total margin of 6.3%, above the 4.0% median of its cohort hospitals.

At a Glance	Overview / Size		Payer Mix	
	Hospital System Affiliation:	Beth Israel Lahey Health	Public Payer Mix ¹ :	66.7% HPP Hospital
	Hospital System Surplus (Deficit) in FY20:	\$73,031,000	CY19 Commercial Statewide Relative Price:	0.881
	Change in Ownership (FY16-20):	Beth Israel Lahey Health 3/1/19	Top 3 Commercial Payers:	Blue Cross Blue Shield Harvard Pilgrim Tufts HMO
	Total Staffed Beds:	183, mid-size acute hospital		
	% Occupancy:	79.4%, > cohort avg. (63%)		
	Trauma Center Designation:	Not Applicable		
	Case Mix Index:	1.04, > cohort avg. (1.00); < statewide (1.16)		
	Financial		Utilization	
	Inpatient NPSR per CMAD:	\$11,018	Inpatient Discharges in FY20:	11,739
Change FY19-FY20:	-6.8%	Change FY19-FY20:	4.0%	
Inpatient Outpatient Revenue in FY20:	35%:65%	Emergency Department Visits in FY20:	38,360	
Outpatient Revenue in FY20:	\$143,107,005	Change FY19-FY20:	-13.9%	
Change FY19-FY20:	-4.2%	Outpatient Visits in FY20:	115,801	
Total Revenue in FY20:	\$310,754,000	Change FY19-FY20:	-10.7%	
COVID Funding Included in Total Revenue:	\$20,178,000			
Total Surplus (Deficit) in FY20:	\$19,536,000	Quality		
		Readmission Rate in FY20:	16.2%	
		Change FY19-FY20 (percentage points):	0.1	
		Early Elective Deliveries Rate:	0.0%	



2020 HOSPITAL PROFILE: BETH ISRAEL DEACONESS HOSPITAL - PLYMOUTH

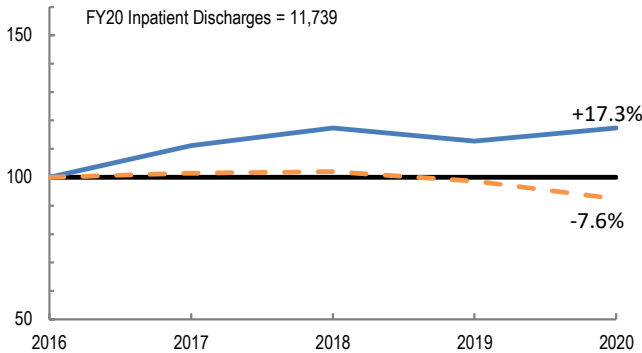
Cohort: Community-High Public Payer Hospital

Key:

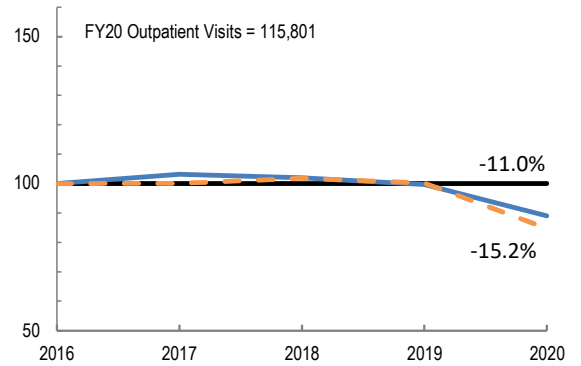
- Hospital
- Peer Cohort

Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY16, and how does this compare to the hospital's peer cohort median? (FY16=100)

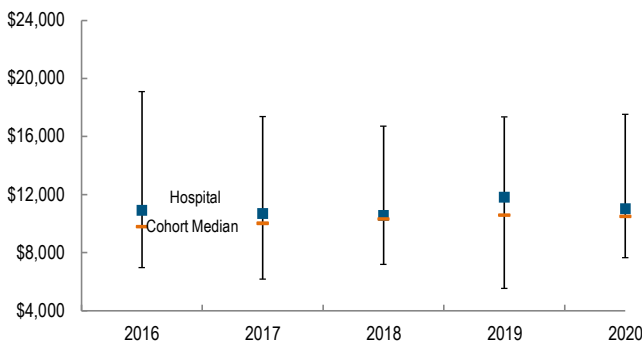


How has the volume of the hospital's outpatient visits changed compared to FY16, and how does this compare to the hospital's peer cohort median? (FY16=100)

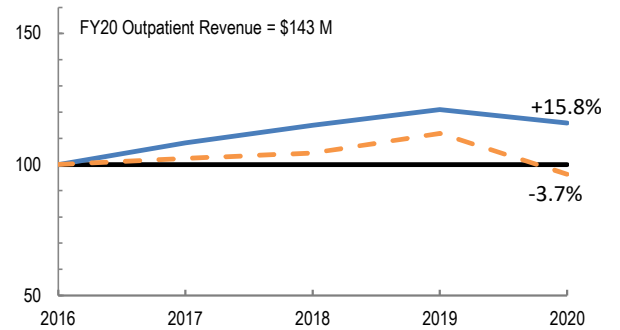


Patient Revenue Trends

What was the hospital's net inpatient service revenue³ per case mix adjusted discharge between FY16 and FY20, and how does this compare to the hospital's peer cohort median?



How has the hospital's net outpatient revenue³ changed compared to FY16, and how does this compare to the hospital's peer cohort median? (FY16=100)



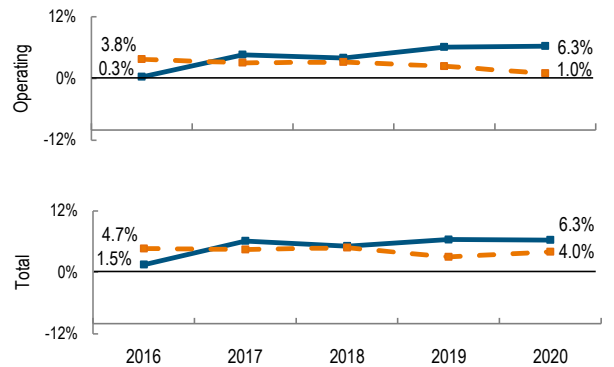
Financial Performance

How have the hospital's total revenue and costs changed between FY16 and FY20? (COVID funding affects FY20 only)

Revenue, Cost, & Profit/Loss (in millions)

FY	2016	2017	2018	2019	2020
Operating Revenue	\$ 236.6	\$ 260.7	\$ 274.3	\$ 177.1	\$ 310.7
COVID Funding Included in Operating Revenue					\$ 20.2
Non-Operating Revenue⁴	\$ 2.9	\$ 3.9	\$ 3.2	\$ 0.5	\$ 0.0
Total Revenue	\$ 239.5	\$ 264.6	\$ 277.5	\$ 177.6	\$ 310.8
Total Costs	\$ 235.9	\$ 248.4	\$ 263.3	\$ 166.3	\$ 291.2
Total Profit (Loss)	\$ 3.6	\$ 16.2	\$ 14.2	\$ 11.3	\$ 19.5

What were the hospital's total margin and operating margins between FY16 and FY20, and how do these compare to the hospital's peer cohort medians? (Note: FY20 margins include COVID funding)



For descriptions of the metrics, please see the technical appendix.

¹ High Public Payer Hospitals (HPP) reported a minimum of 63% of gross patient service revenue from public payers.

² For 2019 and 2020 readmission rates, a new methodology was used. These rates may not be comparable to earlier years. For more information, please see: <https://www.chiamass.gov/assets/docs/r/pubs/2022/Readmissions-Technical-Appendix-2011-2020.pdf>

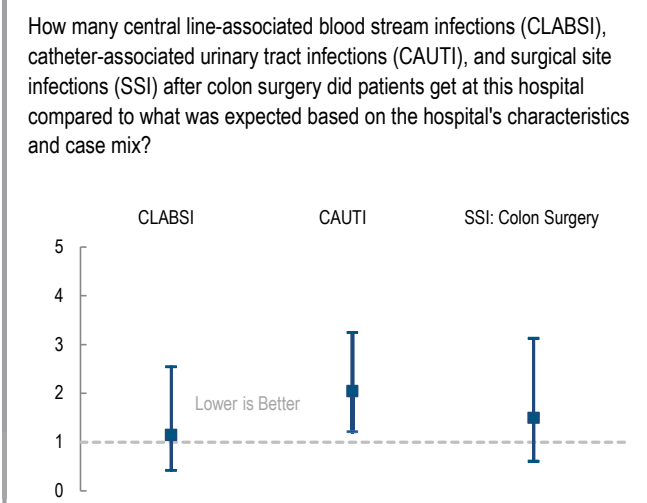
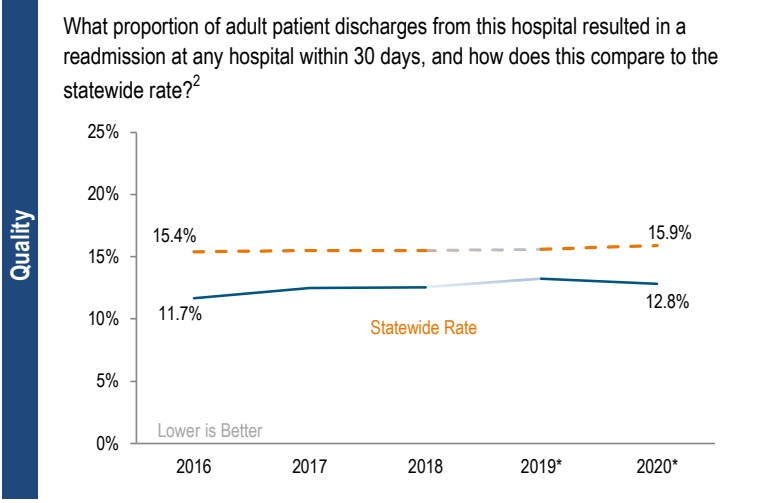
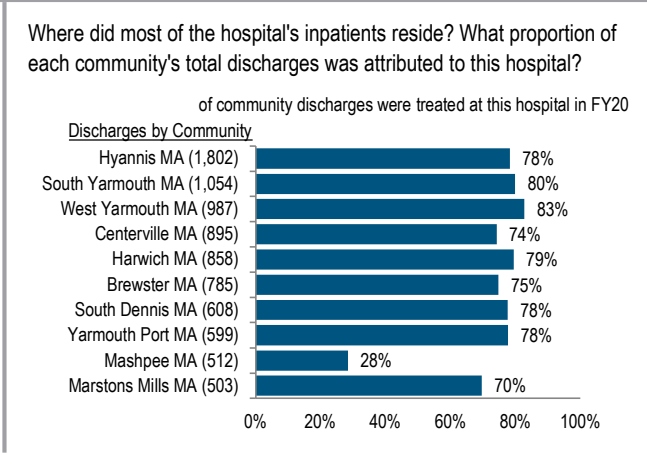
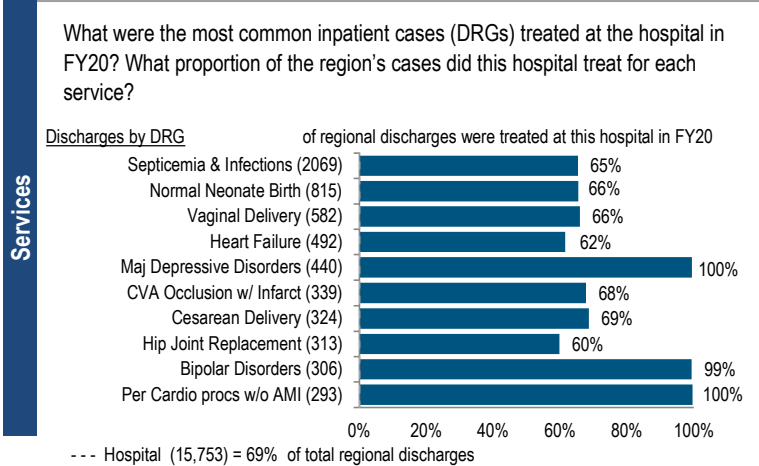
³ Effective FY 2020 supplemental revenue is not included in net patient service revenue for all hospitals. Prior to FY 2020, reporting of supplemental revenue varied by hospital.

⁴ There was an accounting change adopted by most hospitals beginning in FY 2020 in which unrealized gains and losses on investments are now recognized as non-operating income

Cape Cod Hospital is a non-profit community-High Public Payer (HPP) hospital located in the Cape and Islands region. It is among the larger acute hospitals in Massachusetts and is a member of Cape Cod Healthcare. Between FY16 and FY20, inpatient discharges at the hospital have remained constant, compared with a median decrease of 7.6% among cohort hospitals. In the same period, outpatient visits decreased by 23.6%, compared to a 15.2% median decrease amongst its cohort. Cape Cod Hospital reported a profit of \$27.6M in FY20 and a total margin of 4.7% compared to the median of 4.0% at its cohort hospitals.

Overview / Size	
Hospital System Affiliation:	Cape Cod Healthcare
Hospital System Surplus (Deficit) in FY20:	\$4,691,467
Change in Ownership (FY16-20):	Not Applicable
Total Staffed Beds:	269, among the larger acute hospitals
% Occupancy:	68.3%, > cohort avg. (63%)
Trauma Center Designation:	Not Applicable
Case Mix Index:	1.21, > cohort avg. (1.00); > statewide (1.16)
Financial	
Inpatient NPSR per CMAD:	\$13,981
Change FY19-FY20:	-4.4%
Inpatient Outpatient Revenue in FY20:	41%:59%
Outpatient Revenue in FY20:	\$253,515,183
Change FY19-FY20:	-11.7%
Total Revenue in FY20:	\$582,600,734
COVID Funding Included in Total Revenue:	\$30,285,139
Total Surplus (Deficit) in FY20:	\$27,561,438

Payer Mix	
Public Payer Mix ¹ :	74.9% HPP Hospital
CY19 Commercial Statewide Relative Price:	1.339
Top 3 Commercial Payers:	Blue Cross Blue Shield Tufts HMO Harvard Pilgrim
Utilization	
Inpatient Discharges in FY20:	15,753
Change FY19-FY20:	-8.2%
Emergency Department Visits in FY20:	65,198
Change FY19-FY20:	-16.7%
Outpatient Visits in FY20:	117,524
Change FY19-FY20:	-23.3%
Quality	
Readmission Rate in FY20:	12.8%
Change FY19-FY20 (percentage points):	-0.4
Early Elective Deliveries Rate:	0.0%



2020 HOSPITAL PROFILE: CAPE COD HOSPITAL

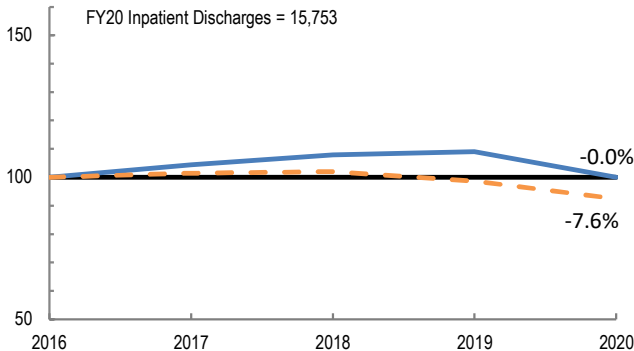
Cohort: Community-High Public Payer Hospital

Key:

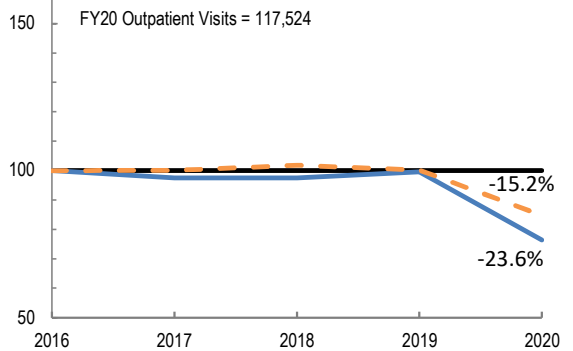
- Hospital
- Peer Cohort

Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY16, and how does this compare to the hospital's peer cohort median? (FY16=100)

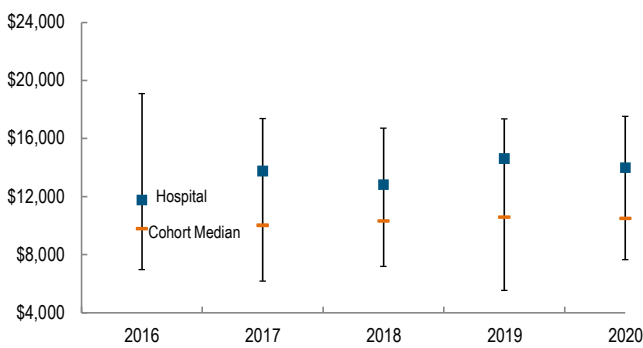


How has the volume of the hospital's outpatient visits changed compared to FY16, and how does this compare to the hospital's peer cohort median? (FY16=100)

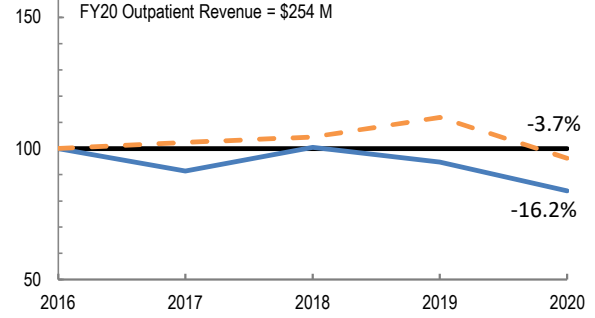


Patient Revenue Trends

What was the hospital's net inpatient service revenue³ per case mix adjusted discharge between FY16 and FY20, and how does this compare to the hospital's peer cohort median?



How has the hospital's net outpatient revenue³ changed compared to FY16, and how does this compare to the hospital's peer cohort median? (FY16=100)



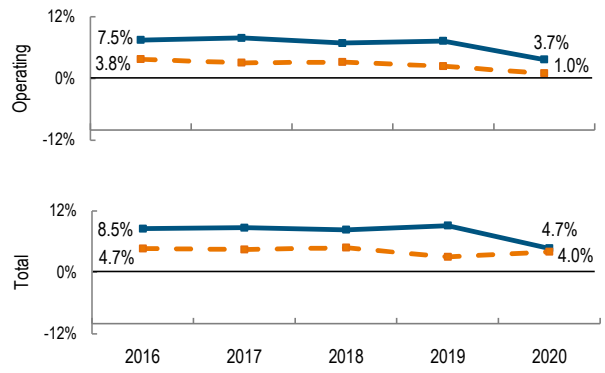
Financial Performance

How have the hospital's total revenue and costs changed between FY16 and FY20? (COVID funding affects FY20 only)

Revenue, Cost, & Profit/Loss (in millions)

FY	2016	2017	2018	2019	2020
Operating Revenue	\$ 513.5	\$ 541.8	\$ 570.8	\$ 604.6	\$ 576.6
COVID Funding Included in Operating Revenue					\$ 30.3
Non-Operating Revenue⁴	\$ 5.2	\$ 4.3	\$ 8.4	\$ 10.9	\$ 6.0
Total Revenue	\$ 518.7	\$ 546.1	\$ 579.2	\$ 615.5	\$ 582.6
Total Costs	\$ 474.5	\$ 498.7	\$ 531.1	\$ 559.6	\$ 555.0
Total Profit (Loss)	\$ 44.2	\$ 47.4	\$ 48.1	\$ 55.9	\$ 27.6

What were the hospital's total margin and operating margins between FY16 and FY20, and how do these compare to the hospital's peer cohort medians? (Note: FY20 margins include COVID funding)



For descriptions of the metrics, please see the technical appendix.

¹ High Public Payer Hospitals (HPP) reported a minimum of 63% of gross patient service revenue from public payers.

² For 2019 and 2020 readmission rates, a new methodology was used. These rates may not be comparable to earlier years. For more information, please see: <https://www.chiamass.gov/assets/docs/r/pubs/2022/Readmissions-Technical-Appendix-2011-2020.pdf>

³ Effective FY 2020 supplemental revenue is not included in net patient service revenue for all hospitals. Prior to FY 2020, reporting of supplemental revenue varied by hospital.

⁴ There was an accounting change adopted by most hospitals beginning in FY 2020 in which unrealized gains and losses on investments are now recognized as non-operating income

Fairview Hospital is a small, non-profit community-High Public Payer (HPP) hospital located in the Western Massachusetts region. It is a member of Berkshire Health Systems. Fairview Hospital is designated by the Centers for Medicare & Medicaid Services (CMS) as one of three Critical Access Hospitals (CAH) in Massachusetts. Between FY16 and FY20, the volume of inpatient discharges at the hospital decreased by 4.7% compared to a median decrease of 7.6% at cohort hospitals. After reporting profits in each of the prior four years, Fairview Hospital reported a loss of \$0.8M and a total margin of -1.2% in FY20 compared to the median total margin of 4.0% at its cohort hospitals.

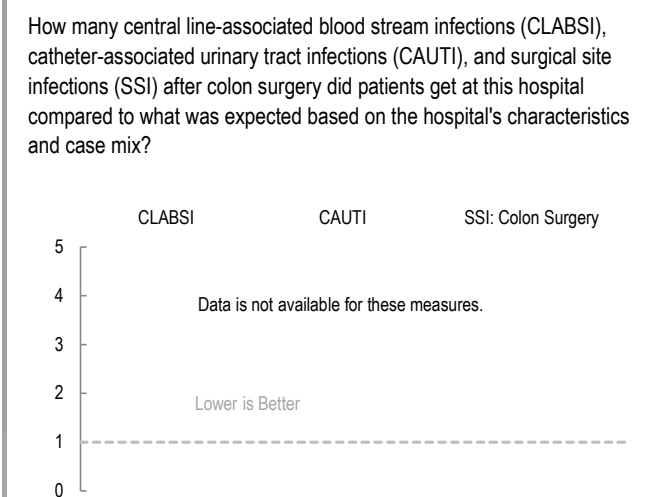
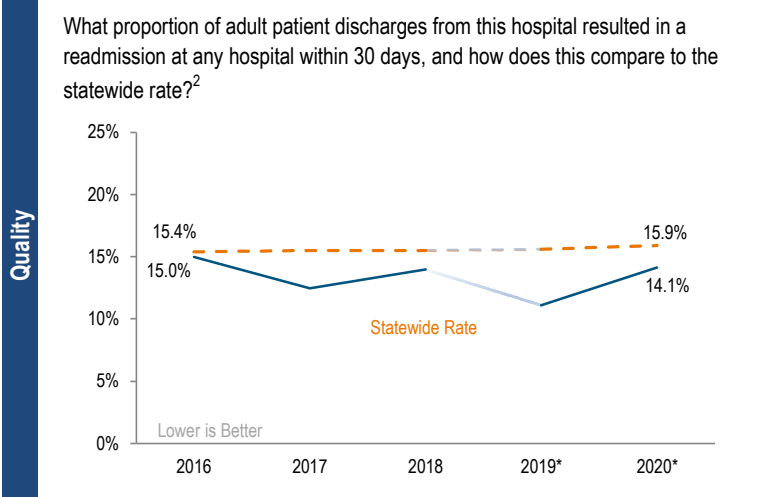
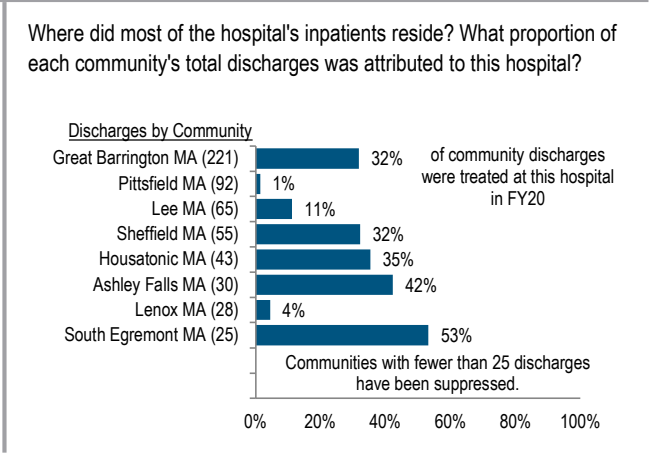
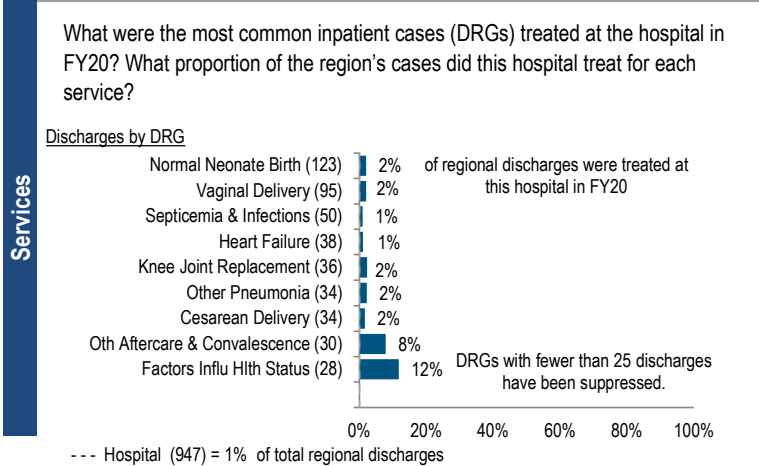
Overview / Size	
Hospital System Affiliation:	Berkshire Health Systems
Hospital System Surplus (Deficit) in FY20:	(\$9,554,414)
Change in Ownership (FY16-20):	Not Applicable
Total Staffed Beds:	28, among the smallest acute hospitals
% Occupancy:	29.6%, lowest in cohort avg. (63%)
Trauma Center Designation:	Not Applicable
Case Mix Index:	0.75, < cohort avg. (1.00); < statewide (1.16)

Financial	
Inpatient NPSR per CMAD:	\$17,510
Change FY19-FY20:	1.0%
Inpatient Outpatient Revenue in FY20:	15%:85%
Outpatient Revenue in FY20:	\$46,733,995
Change FY19-FY20:	9.1%
Total Revenue in FY20:	\$65,365,282
COVID Funding Included in Total Revenue:	\$5,569,968
Total Surplus (Deficit) in FY20:	-\$780,093

Payer Mix	
Public Payer Mix ¹ :	64.9% HPP Hospital
CY19 Commercial Statewide Relative Price:	1.349
Top 3 Commercial Payers:	Blue Cross Blue Shield HNE Tufts Health Public Plans

Utilization	
Inpatient Discharges in FY20:	947
Change FY19-FY20:	-4.1%
Emergency Department Visits in FY20:	10,410
Change FY19-FY20:	-10.6%
Outpatient Visits in FY20:	59,406
Change FY19-FY20:	161.1%

Quality	
Readmission Rate in FY20:	14.1%
Change FY19-FY20 (percentage points):	3.0
Early Elective Deliveries Rate:	0.0%



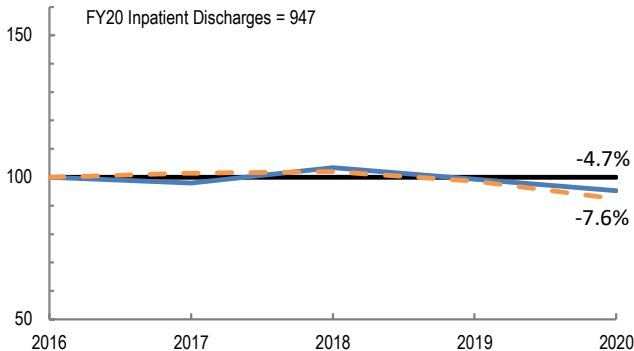
2020 HOSPITAL PROFILE: FAIRVIEW HOSPITAL

Cohort: Community-High Public Payer Hospital

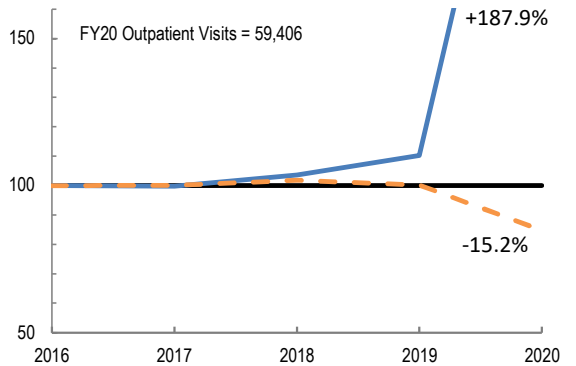


Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY16, and how does this compare to the hospital's peer cohort median? (FY16=100)

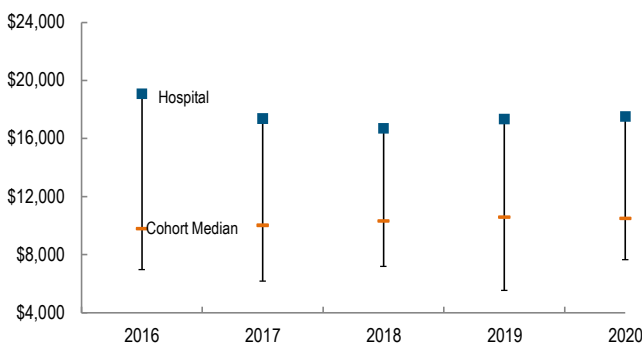


How has the volume of the hospital's outpatient visits changed compared to FY16, and how does this compare to the hospital's peer cohort median? (FY16=100)

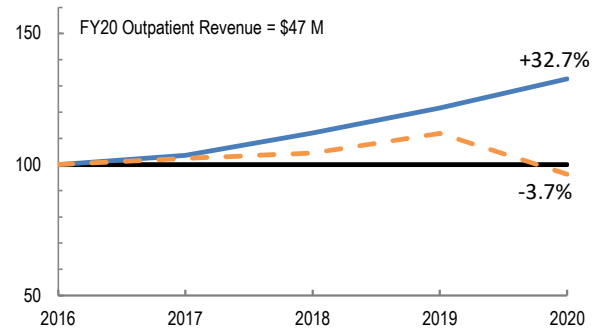


Patient Revenue Trends

What was the hospital's net inpatient service revenue³ per case mix adjusted discharge between FY16 and FY20, and how does this compare to the hospital's peer cohort median?



How has the hospital's net outpatient revenue³ changed compared to FY16, and how does this compare to the hospital's peer cohort median? (FY16=100)



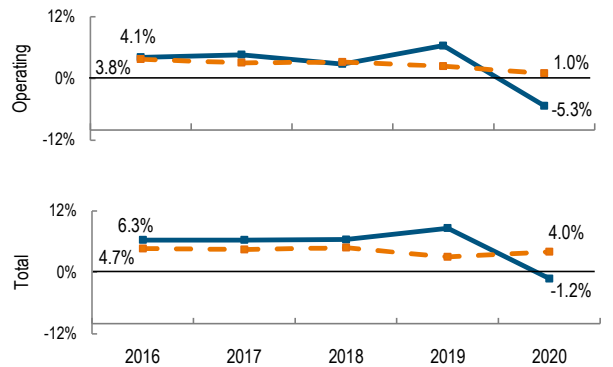
Financial Performance

How have the hospital's total revenue and costs changed between FY16 and FY20? (COVID funding affects FY20 only)

Revenue, Cost, & Profit/Loss (in millions)

FY	2016	2017	2018	2019	2020
Operating Revenue	\$ 49.7	\$ 50.2	\$ 54.2	\$ 58.5	\$ 62.7
COVID Funding Included in Operating Revenue				\$ 5.6	
Non-Operating Revenue⁴	\$ 1.1	\$ 0.9	\$ 2.0	\$ 1.3	\$ 2.7
Total Revenue	\$ 50.9	\$ 51.1	\$ 56.2	\$ 59.8	\$ 65.4
Total Costs	\$ 47.7	\$ 47.9	\$ 52.6	\$ 54.7	\$ 66.1
Total Profit (Loss)	\$ 3.2	\$ 3.2	\$ 3.6	\$ 5.2	\$ (0.8)

What were the hospital's total margin and operating margins between FY16 and FY20, and how do these compare to the hospital's peer cohort medians? (Note: FY20 margins include COVID funding)



For descriptions of the metrics, please see the technical appendix.

¹ High Public Payer Hospitals (HPP) reported a minimum of 63% of gross patient service revenue from public payers.

² For 2019 and 2020 readmission rates, a new methodology was used. These rates may not be comparable to earlier years. For more information, please see: <https://www.chiamass.gov/assets/docs/r/pubs/2022/Readmissions-Technical-Appendix-2011-2020.pdf>

³ Effective FY 2020 supplemental revenue is not included in net patient service revenue for all hospitals. Prior to FY 2020, reporting of supplemental revenue varied by hospital.

⁴ There was an accounting change adopted by most hospitals beginning in FY 2020 in which unrealized gains and losses on investments are now recognized as non-operating income

Falmouth Hospital is a mid-size, non-profit community-High Public Payer (HPP) hospital located in the Cape and Islands region. It is a member of Cape Cod Healthcare. Between FY16 and FY20, its inpatient discharges decreased 15.4% compared to a median decrease of 7.6% at peer cohort hospitals. Outpatient visits decreased 22.0% compared to a median decrease of 15.2% at peer cohort hospitals. Falmouth Hospital earned a profit each year from FY16 to FY20, and reported a 6.1% total margin in FY20, compared to a cohort median total margin of 4.0%. Falmouth Hospital's total margin has been higher than its peer cohort median in each of the last five years.

At a Glance

Overview / Size

Hospital System Affiliation:	Cape Cod Healthcare
Hospital System Surplus (Deficit) in FY20:	\$4,691,467
Change in Ownership (FY16-20):	Not Applicable
Total Staffed Beds:	103, mid-size acute hospital
% Occupancy:	57.3%, < cohort avg. (63%)
Trauma Center Designation:	Not Applicable
Case Mix Index:	1.11, > cohort avg. (1.00); < statewide (1.16)

Financial

Inpatient NPSR per CMAD:	\$9,333
Change FY19-FY20:	4.5%
Inpatient Outpatient Revenue in FY20:	32%:68%
Outpatient Revenue in FY20:	\$97,124,357
Change FY19-FY20:	-11.6%
Total Revenue in FY20:	\$174,375,604
COVID Funding Included in Total Revenue:	\$9,828,349
Total Surplus (Deficit) in FY20:	\$10,555,211

Payer Mix

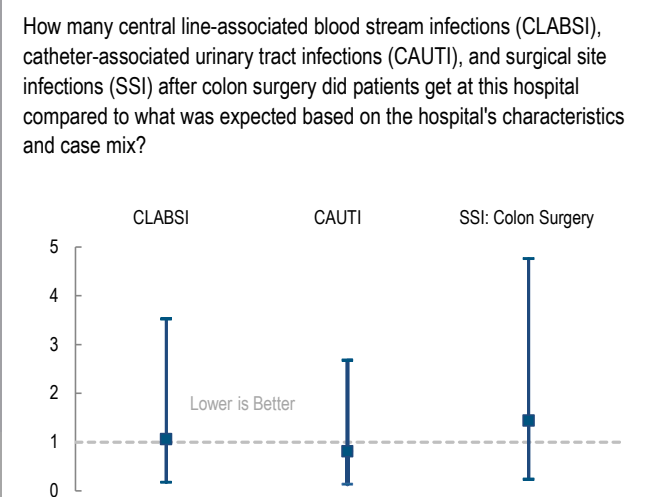
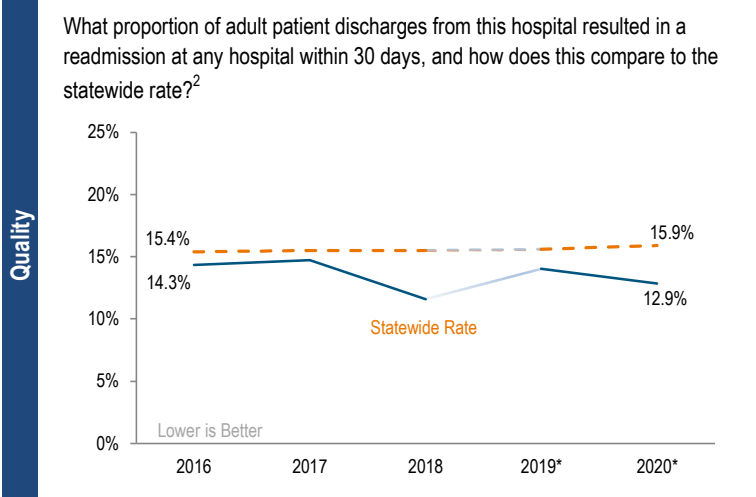
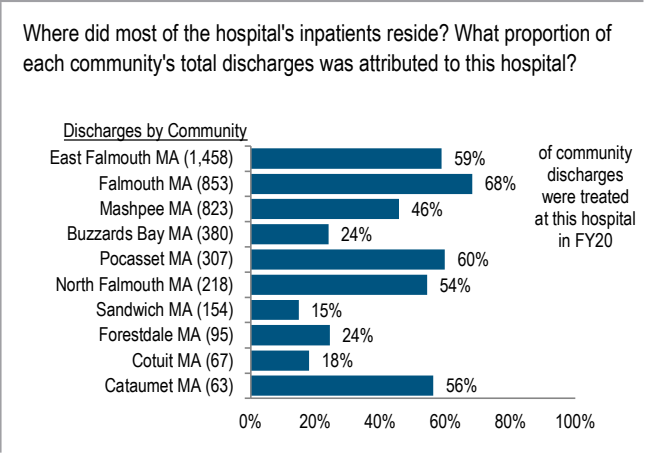
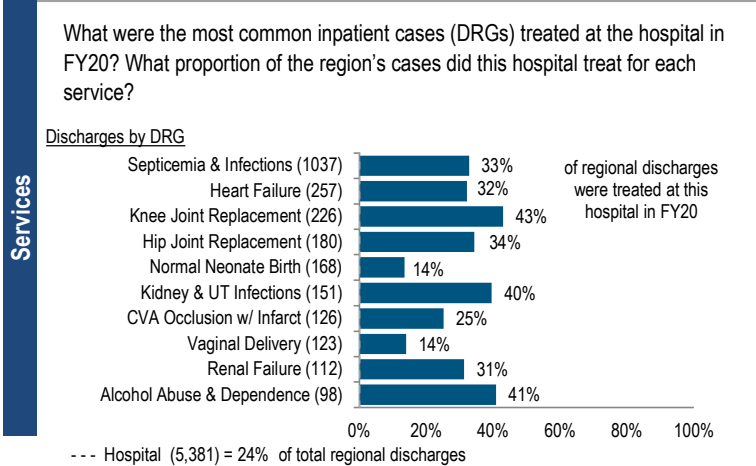
Public Payer Mix ¹ :	71.5% HPP Hospital
CY19 Commercial Statewide Relative Price:	1.450
Top 3 Commercial Payers:	Blue Cross Blue Shield Tufts HMO Harvard Pilgrim

Utilization

Inpatient Discharges in FY20:	5,381
Change FY19-FY20:	-14.2%
Emergency Department Visits in FY20:	26,749
Change FY19-FY20:	-14.1%
Outpatient Visits in FY20:	37,971
Change FY19-FY20:	-15.9%

Quality

Readmission Rate in FY20:	12.9%
Change FY19-FY20 (percentage points):	-1.2
Early Elective Deliveries Rate:	2.9%



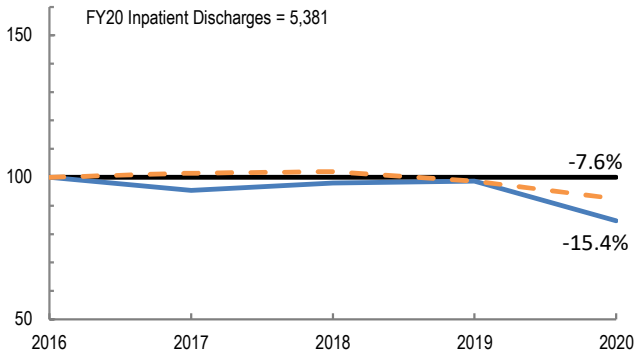
2020 HOSPITAL PROFILE: FALMOUTH HOSPITAL

Cohort: Community-High Public Payer Hospital

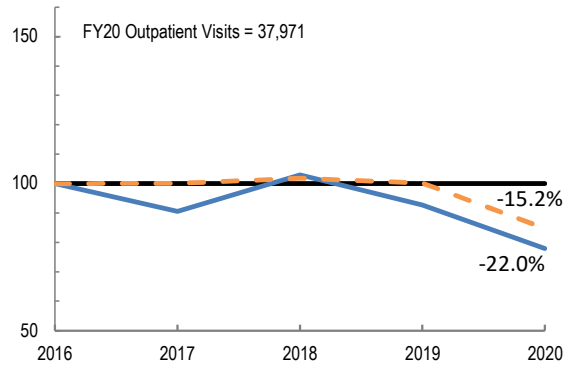


Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY16, and how does this compare to the hospital's peer cohort median? (FY16=100)

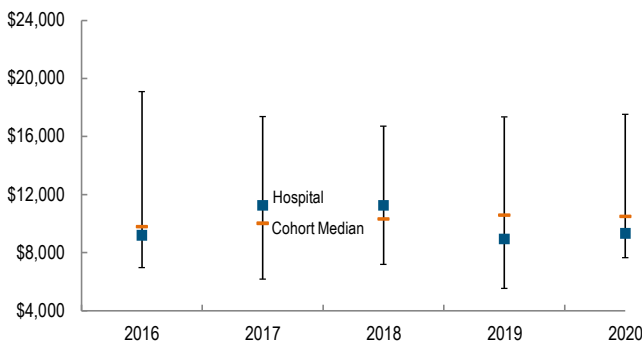


How has the volume of the hospital's outpatient visits changed compared to FY16, and how does this compare to the hospital's peer cohort median? (FY16=100)

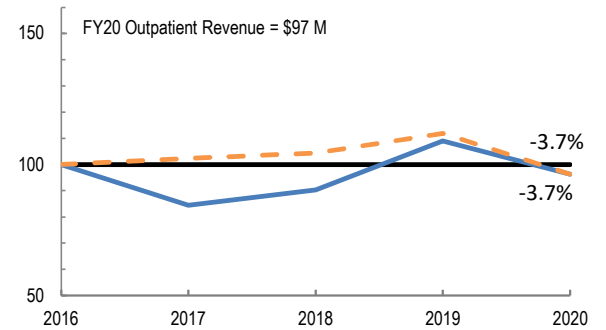


Patient Revenue Trends

What was the hospital's net inpatient service revenue³ per case mix adjusted discharge between FY16 and FY20, and how does this compare to the hospital's peer cohort median?



How has the hospital's net outpatient revenue³ changed compared to FY16, and how does this compare to the hospital's peer cohort median? (FY16=100)



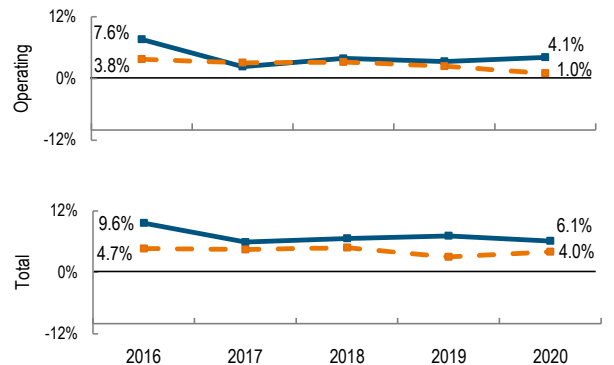
Financial Performance

How have the hospital's total revenue and costs changed between FY16 and FY20? (COVID funding affects FY20 only)

Revenue, Cost, & Profit/Loss (in millions)

FY	2016	2017	2018	2019	2020
Operating Revenue	\$ 163.0	\$ 158.2	\$ 164.6	\$ 170.5	\$ 170.9
COVID Funding Included in Operating Revenue					\$ 9.8
Non-Operating Revenue⁴	\$ 3.5	\$ 5.9	\$ 4.6	\$ 6.9	\$ 3.5
Total Revenue	\$ 166.4	\$ 164.1	\$ 169.2	\$ 177.3	\$ 174.4
Total Costs	\$ 150.4	\$ 154.5	\$ 158.1	\$ 164.7	\$ 163.8
Total Profit (Loss)	\$ 16.1	\$ 9.6	\$ 11.1	\$ 12.7	\$ 10.6

What were the hospital's total margin and operating margins between FY16 and FY20, and how do these compare to the hospital's peer cohort medians? (Note: FY20 margins include COVID funding)



For descriptions of the metrics, please see the technical appendix.

¹ High Public Payer Hospitals (HPP) reported a minimum of 63% of gross patient service revenue from public payers.

² For 2019 and 2020 readmission rates, a new methodology was used. These rates may not be comparable to earlier years. For more information, please see: <https://www.chiamass.gov/assets/docs/r/pubs/2022/Readmissions-Technical-Appendix-2011-2020.pdf>

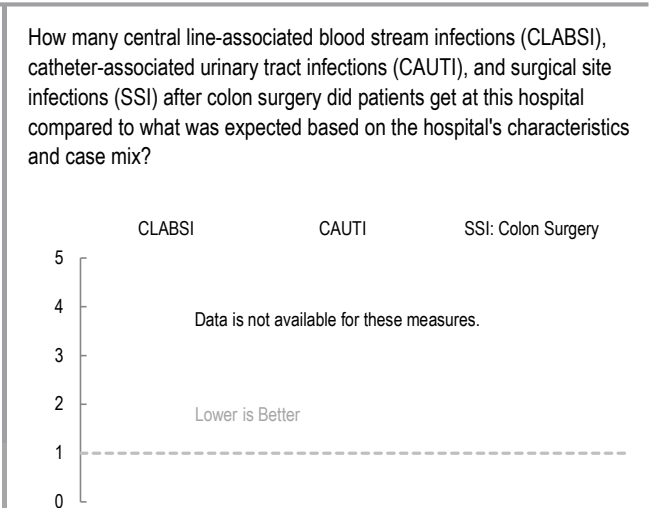
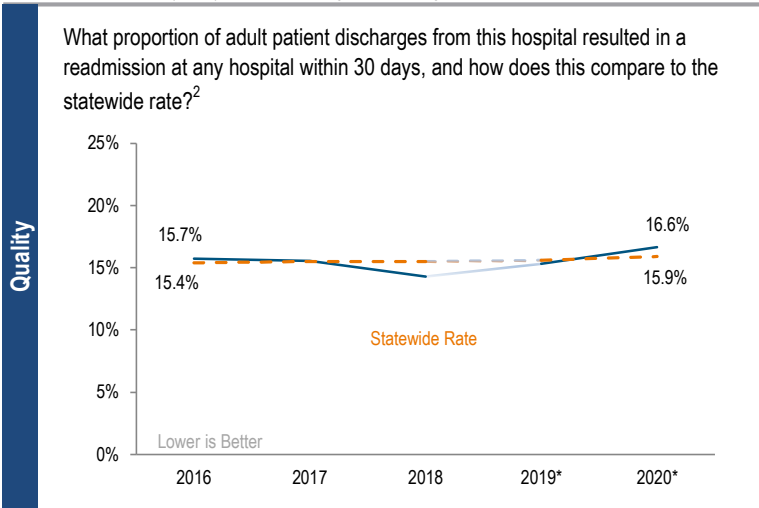
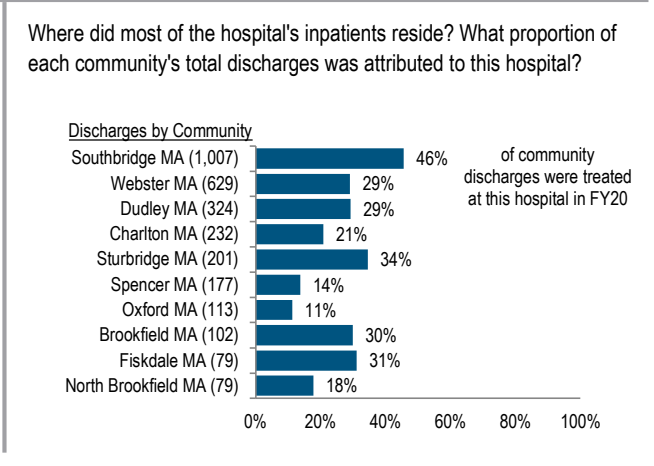
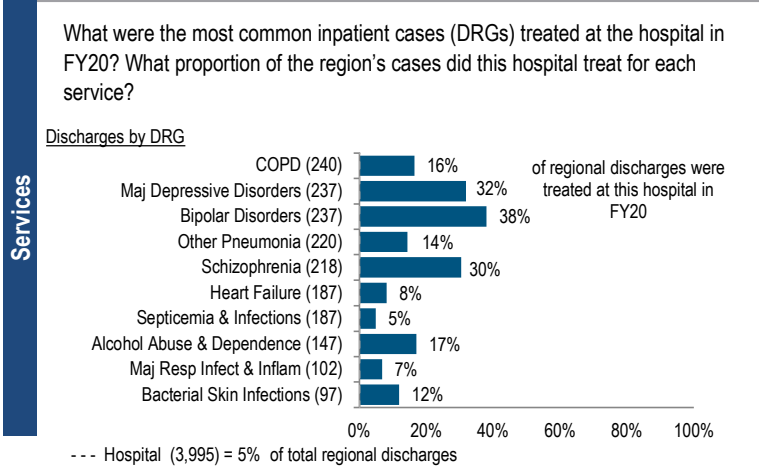
³ Effective FY 2020 supplemental revenue is not included in net patient service revenue for all hospitals. Prior to FY 2020, reporting of supplemental revenue varied by hospital.

⁴ There was an accounting change adopted by most hospitals beginning in FY 2020 in which unrealized gains and losses on investments are now recognized as non-operating income

Harrington Memorial Hospital is a mid-size, non-profit community-High Public Payer (HPP) hospital located in the Central Massachusetts region. Between FY16 and FY20, the volume of inpatient discharges at the hospital decreased by 2.8% compared to a median decrease of 7.6% at cohort hospitals. Outpatient visits decreased by 6.2% for the hospital between FY16 and FY20, compared to a median decrease of 15.2% for its peer cohort. After reporting a profit in each of the prior four years, in FY20 Harrington reported a loss of \$0.4M. In FY20, its total margin of -0.3% was lower than its peer cohort median of 4.0%.

Overview / Size	
Hospital System Affiliation:	Harrington Healthcare System, Inc.
Hospital System Surplus (Deficit) in FY20:	(\$12,166,502)
Change in Ownership (FY16-20):	Not Applicable
Total Staffed Beds:	119, mid-size acute hospital
% Occupancy:	47.1%, < cohort avg. (63%)
Trauma Center Designation:	Not Applicable
Case Mix Index:	0.95, < cohort avg. (1.00); < statewide (1.16)
Financial	
Inpatient NPSR per CMAD:	\$10,778
Change FY19-FY20:	36.8%
Inpatient Outpatient Revenue in FY20:	22%:78%
Outpatient Revenue in FY20:	\$81,572,226
Change FY19-FY20:	-21.7%
Total Revenue in FY20:	\$146,778,982
COVID Funding Included in Total Revenue:	\$8,827,877
Total Surplus (Deficit) in FY20:	-\$411,840

Payer Mix	
Public Payer Mix ¹ :	67.8% HPP Hospital
CY19 Commercial Statewide Relative Price:	0.841
Top 3 Commercial Payers:	Blue Cross Blue Shield Fallon Tufts HMO
Utilization	
Inpatient Discharges in FY20:	3,995
Change FY19-FY20:	-10.6%
Emergency Department Visits in FY20:	33,502
Change FY19-FY20:	-15.2%
Outpatient Visits in FY20:	73,015
Change FY19-FY20:	-11.5%
Quality	
Readmission Rate in FY20:	16.6%
Change FY19-FY20 (percentage points):	1.3
Early Elective Deliveries Rate:	Not Applicable



2020 HOSPITAL PROFILE: HARRINGTON MEMORIAL HOSPITAL

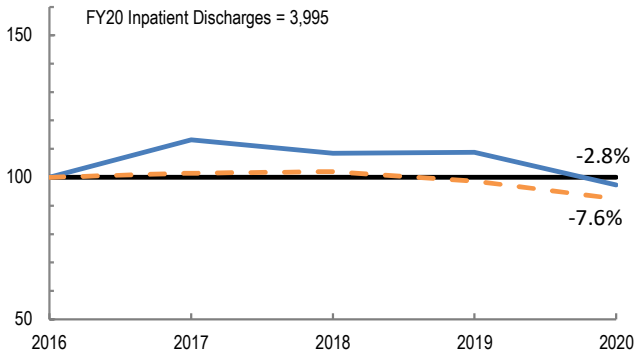
Cohort: Community-High Public Payer Hospital

Key:

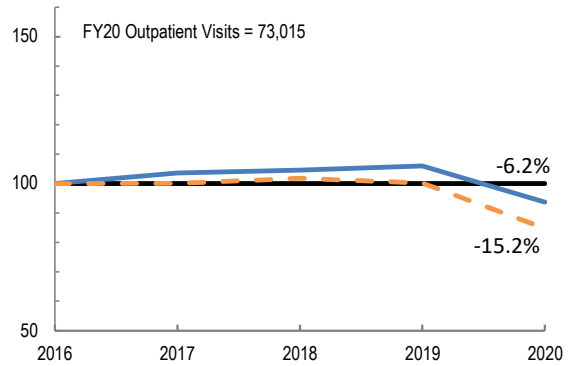
- Hospital
- Peer Cohort

Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY16, and how does this compare to the hospital's peer cohort median? (FY16=100)

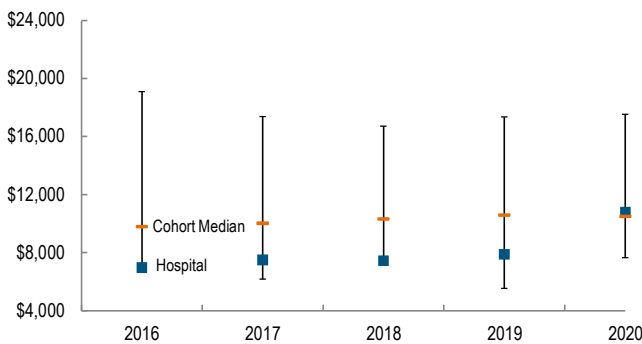


How has the volume of the hospital's outpatient visits changed compared to FY16, and how does this compare to the hospital's peer cohort median? (FY16=100)

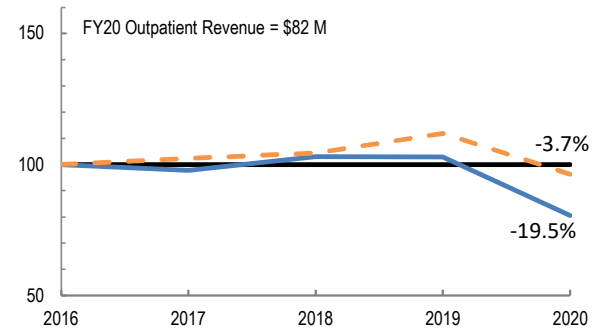


Patient Revenue Trends

What was the hospital's net inpatient service revenue³ per case mix adjusted discharge between FY16 and FY20, and how does this compare to the hospital's peer cohort median?



How has the hospital's net outpatient revenue³ changed compared to FY16, and how does this compare to the hospital's peer cohort median? (FY16=100)



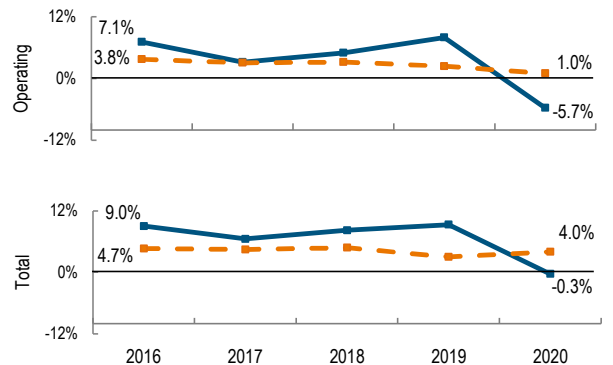
Financial Performance

How have the hospital's total revenue and costs changed between FY16 and FY20? (COVID funding affects FY20 only)

Revenue, Cost, & Profit/Loss (in millions)

FY	2016	2017	2018	2019	2020
Operating Revenue	\$ 135.5	\$ 137.9	\$ 142.8	\$ 144.6	\$ 138.8
COVID Funding Included in Operating Revenue					\$ 8.8
Non-Operating Revenue⁴	\$ 2.6	\$ 4.7	\$ 4.7	\$ 1.9	\$ 8.0
Total Revenue	\$ 138.0	\$ 142.7	\$ 147.6	\$ 146.5	\$ 146.8
Total Costs	\$ 125.6	\$ 133.4	\$ 135.4	\$ 132.8	\$ 147.2
Total Profit (Loss)	\$ 12.4	\$ 9.3	\$ 12.1	\$ 13.6	\$ (0.4)

What were the hospital's total margin and operating margins between FY16 and FY20, and how do these compare to the hospital's peer cohort medians? (Note: FY20 margins include COVID funding)



For descriptions of the metrics, please see the technical appendix.

¹ High Public Payer Hospitals (HPP) reported a minimum of 63% of gross patient service revenue from public payers.

² For 2019 and 2020 readmission rates, a new methodology was used. These rates may not be comparable to earlier years. For more information, please see: <https://www.chiamass.gov/assets/docs/r/pubs/2022/Readmissions-Technical-Appendix-2011-2020.pdf>

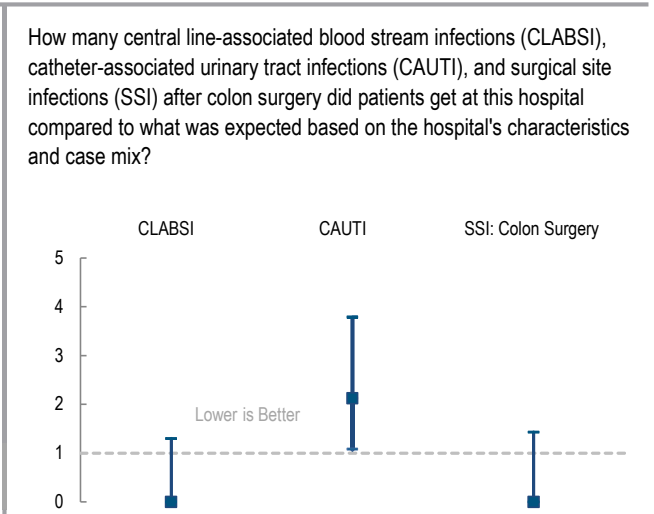
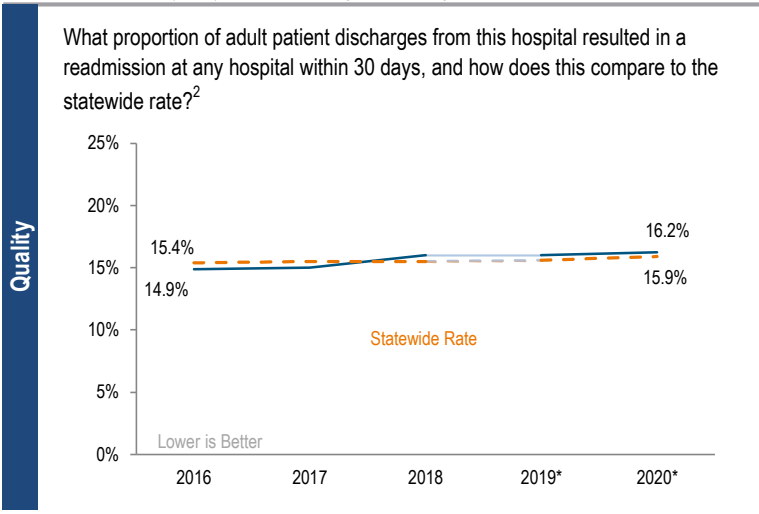
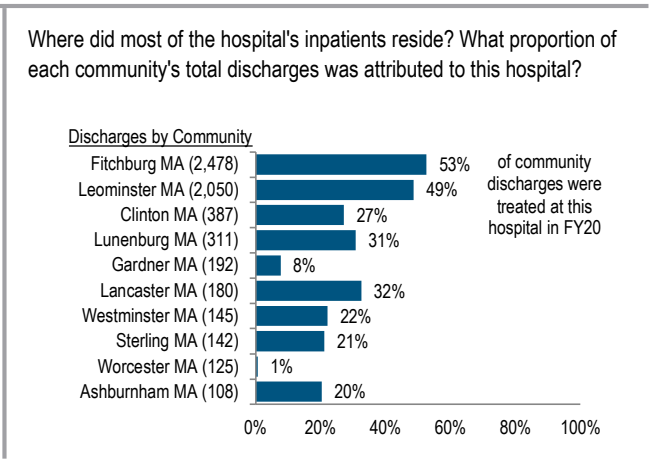
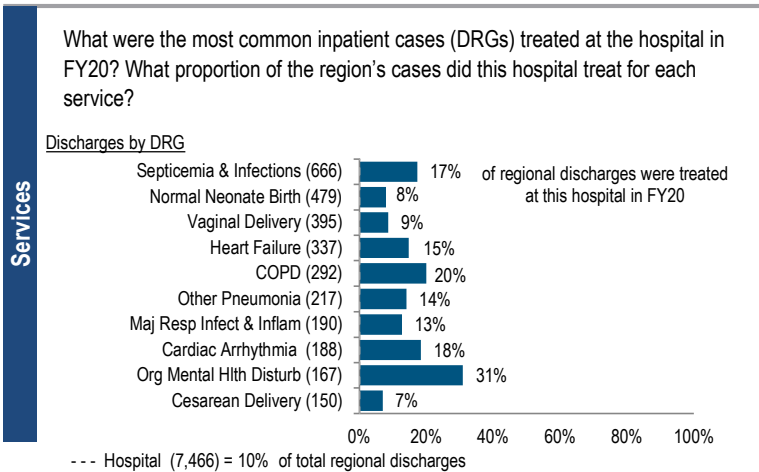
³ Effective FY 2020 supplemental revenue is not included in net patient service revenue for all hospitals. Prior to FY 2020, reporting of supplemental revenue varied by hospital.

⁴ There was an accounting change adopted by most hospitals beginning in FY 2020 in which unrealized gains and losses on investments are now recognized as non-operating income

2020 Hospital Profile

HealthAlliance-Clinton Hospital is a non-profit community-High Public Payer (HPP) hospital located in the Central Massachusetts region. It is a member of UMass Memorial Health Care. Between FY16 and FY20, the volume of inpatient discharges at the hospital decreased by 2.3% compared to a median decrease of 7.6% at cohort hospitals. Outpatient visits decreased by 9.1% for the hospital between FY16 and FY20, compared to a median decrease of 15.2% for its peer cohort. After reporting a loss in each of the prior two years, in FY20 HealthAlliance-Clinton reported a profit of \$3.8M. In FY20, its total margin of 1.8% was lower than its peer cohort median of 4.0%.

At a Glance	Overview / Size		Payer Mix	
	Hospital System Affiliation:	UMass Memorial Health Care	Public Payer Mix ¹ :	71.8% HPP Hospital
	Hospital System Surplus (Deficit) in FY20:	(\$23,048,000)	CY19 Commercial Statewide Relative Price:	0.807
	Change in Ownership (FY16-20):	Includes Clinton 10/1/17	Top 3 Commercial Payers:	Blue Cross Blue Shield Fallon Tufts HMO
	Total Staffed Beds:	116, mid-size acute hospital		
	% Occupancy:	78.6%, > cohort avg. (63%)		
	Trauma Center Designation:	Not Applicable		
	Case Mix Index:	1.07, > cohort avg. (1.00); < statewide (1.16)		
	Financial		Utilization	
	Inpatient NPSR per CMAD:	\$8,965	Inpatient Discharges in FY20:	7,466
Change FY19-FY20:	9.9%	Change FY19-FY20:	-5.0%	
Inpatient Outpatient Revenue in FY20:	32%:68%	Emergency Department Visits in FY20:	64,041	
Outpatient Revenue in FY20:	\$98,280,195	Change FY19-FY20:	-21.5%	
Change FY19-FY20:	-6.0%	Outpatient Visits in FY20:	87,580	
Total Revenue in FY20:	\$214,263,000	Change FY19-FY20:	-22.2%	
COVID Funding Included in Total Revenue:	\$18,918,914			
Total Surplus (Deficit) in FY20:	\$3,798,000	Quality		
		Readmission Rate in FY20:	16.2%	
		Change FY19-FY20 (percentage points):	0.2	
		Early Elective Deliveries Rate:	0.0%	



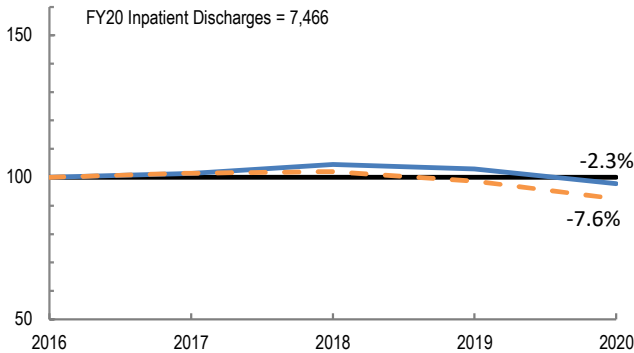
2020 HOSPITAL PROFILE: HEALTHALLIANCE-CLINTON HOSPITAL

Cohort: Community-High Public Payer Hospital

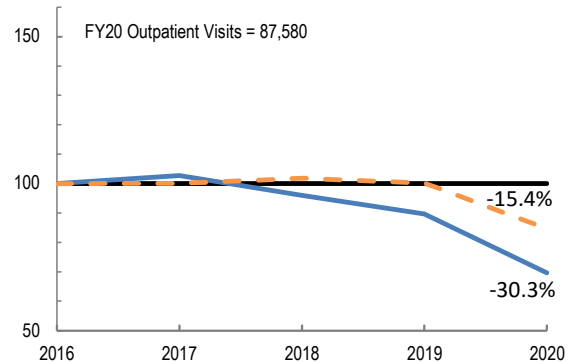


Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY16, and how does this compare to the hospital's peer cohort median? (FY16=100)

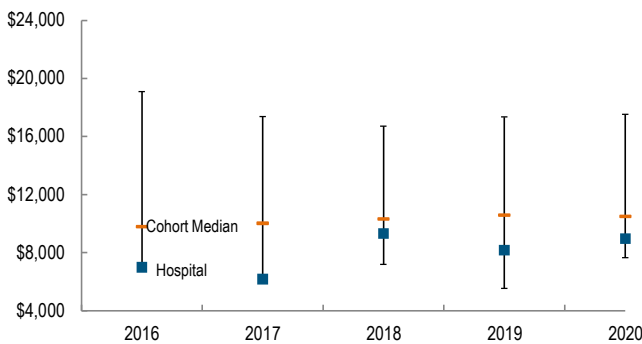


How has the volume of the hospital's outpatient visits changed compared to FY16, and how does this compare to the hospital's peer cohort median? (FY16=100)

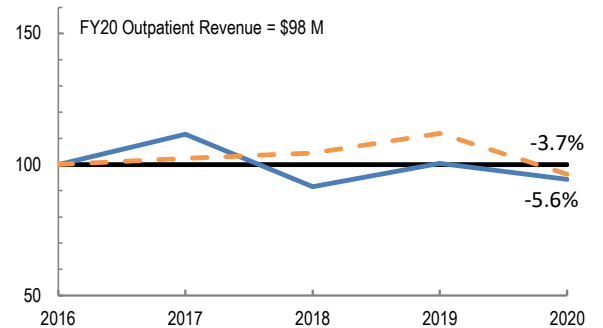


Patient Revenue Trends

What was the hospital's net inpatient service revenue³ per case mix adjusted discharge between FY16 and FY20, and how does this compare to the hospital's peer cohort median?



How has the hospital's net outpatient revenue³ changed compared to FY16, and how does this compare to the hospital's peer cohort median? (FY16=100)



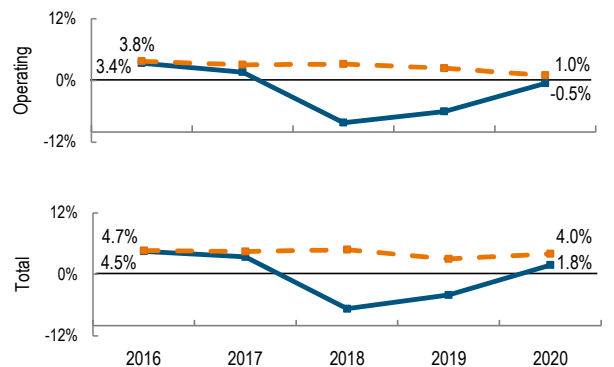
Financial Performance

How have the hospital's total revenue and costs changed between FY16 and FY20? (COVID funding affects FY20 only)

Revenue, Cost, & Profit/Loss (in millions)

FY	2016	2017	2018	2019	2020
Operating Revenue	\$ 181.0	\$ 188.4	\$ 200.5	\$ 201.3	\$ 209.3
COVID Funding Included in Operating Revenue					\$ 18.9
Non-Operating Revenue⁴	\$ 2.0	\$ 3.5	\$ 3.0	\$ 4.0	\$ 4.9
Total Revenue	\$ 183.0	\$ 191.9	\$ 203.5	\$ 205.3	\$ 214.3
Total Costs	\$ 174.8	\$ 185.3	\$ 217.1	\$ 213.5	\$ 210.5
Total Profit (Loss)	\$ 8.2	\$ 6.6	\$ (13.7)	\$ (8.2)	\$ 3.8

What were the hospital's total margin and operating margins between FY16 and FY20, and how do these compare to the hospital's peer cohort medians? (Note: FY20 margins include COVID funding)



For descriptions of the metrics, please see the technical appendix.

¹ High Public Payer Hospitals (HPP) reported a minimum of 63% of gross patient service revenue from public payers.

² For 2019 and 2020 readmission rates, a new methodology was used. These rates may not be comparable to earlier years. For more information, please see: <https://www.chiamass.gov/assets/docs/r/pubs/2022/Readmissions-Technical-Appendix-2011-2020.pdf>

³ Effective FY 2020 supplemental revenue is not included in net patient service revenue for all hospitals. Prior to FY 2020, reporting of supplemental revenue varied by hospital.

⁴ There was an accounting change adopted by most hospitals beginning in FY 2020 in which unrealized gains and losses on investments are now recognized as non-operating income

Heywood Hospital is a small, non-profit community-High Public Payer (HPP) hospital located in the Central Massachusetts region. Between FY16 and FY20, the volume of inpatient discharges at the hospital decreased by 6.6% compared to a median decrease of 7.6% at cohort hospitals. Outpatient visits decreased by 14.1% for the hospital between FY16 and FY20, compared to a median decrease of 15.2% for its peer cohort. Heywood Hospital has reported a profit in each year of the last five years. In FY20 its total margin of 2.1% was lower than its peer cohort median of 4.0%.

Overview / Size

Hospital System Affiliation:	Heywood Healthcare
Hospital System Surplus (Deficit) in FY20:	\$3,428,964
Change in Ownership (FY16-20):	Not Applicable
Total Staffed Beds:	99, among the smaller acute hospitals
% Occupancy:	61.1%, < cohort avg. (63%)
Trauma Center Designation:	Not Applicable
Case Mix Index:	0.95, < cohort avg. (1.00); < statewide (1.16)

Financial

Inpatient NPSR per CMAD:	\$7,902
Change FY19-FY20:	5.6%
Inpatient Outpatient Revenue in FY20:	18%:82%
Outpatient Revenue in FY20:	\$93,503,084
Change FY19-FY20:	-3.8%
Total Revenue in FY20:	\$149,315,113
COVID Funding Included in Total Revenue:	\$10,542,658
Total Surplus (Deficit) in FY20:	\$3,158,957

Payer Mix

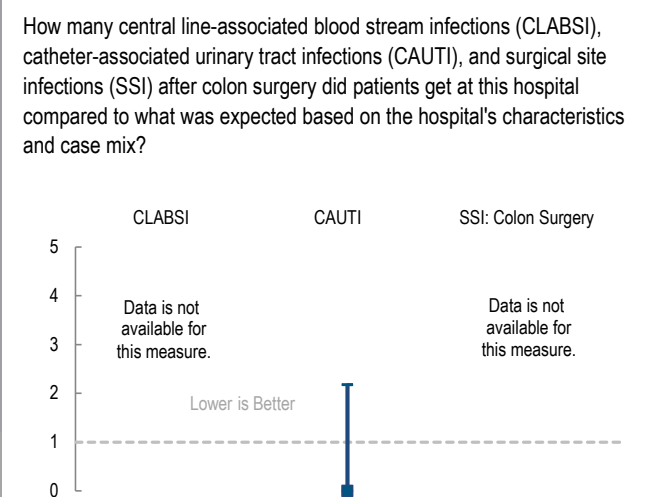
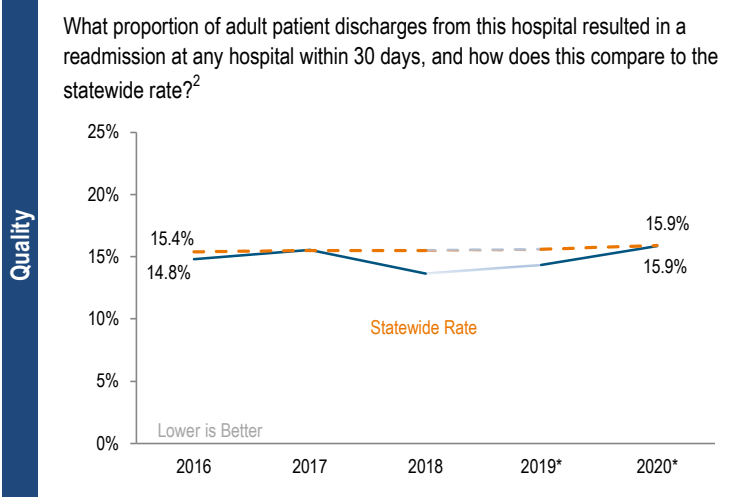
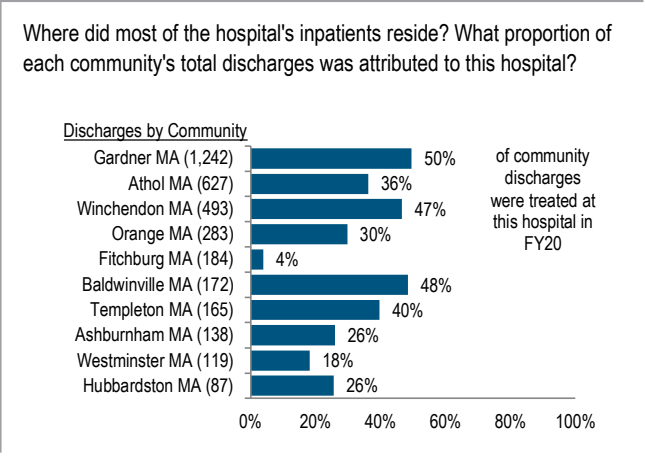
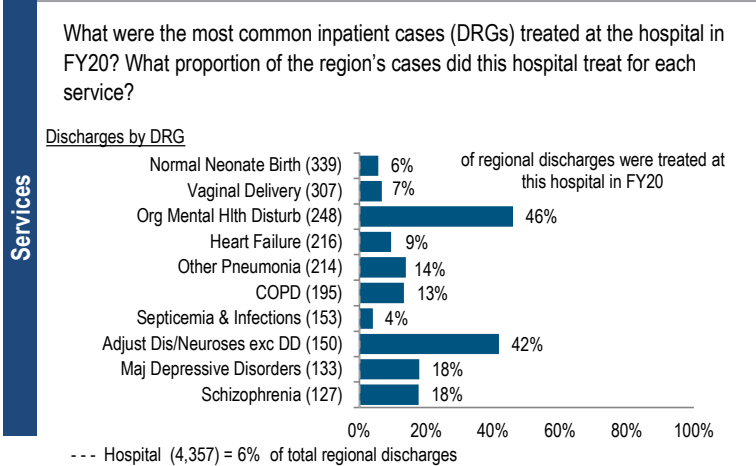
Public Payer Mix ¹ :	64.5% HPP Hospital
CY19 Commercial Statewide Relative Price:	0.719
Top 3 Commercial Payers:	Blue Cross Blue Shield Tufts HMO Fallon

Utilization

Inpatient Discharges in FY20:	4,357
Change FY19-FY20:	-7.2%
Emergency Department Visits in FY20:	22,871
Change FY19-FY20:	-15.4%
Outpatient Visits in FY20:	72,038
Change FY19-FY20:	-19.2%

Quality

Readmission Rate in FY20:	15.9%
Change FY19-FY20 (percentage points):	1.5
Early Elective Deliveries Rate:	2.8%



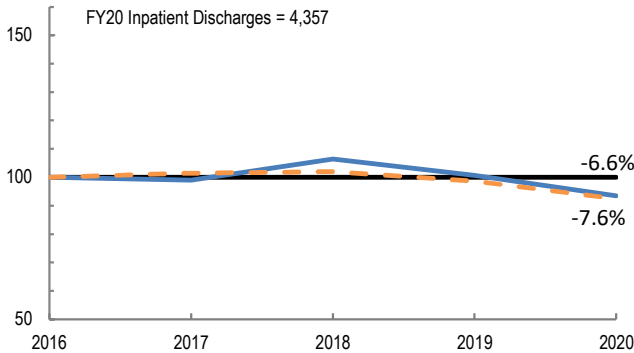
2020 HOSPITAL PROFILE: HEYWOOD HOSPITAL

Cohort: Community-High Public Payer Hospital

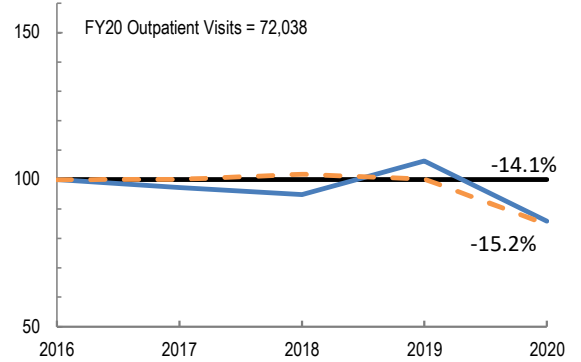


Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY16, and how does this compare to the hospital's peer cohort median? (FY16=100)

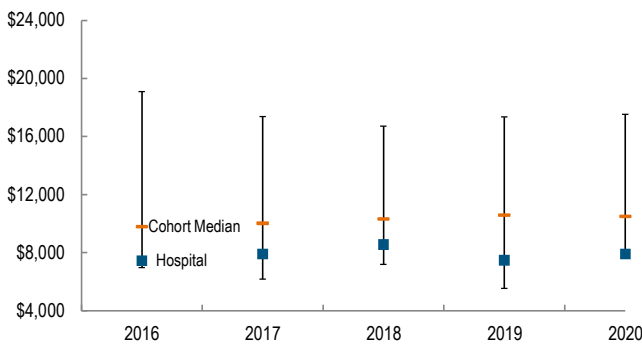


How has the volume of the hospital's outpatient visits changed compared to FY16, and how does this compare to the hospital's peer cohort median? (FY16=100)

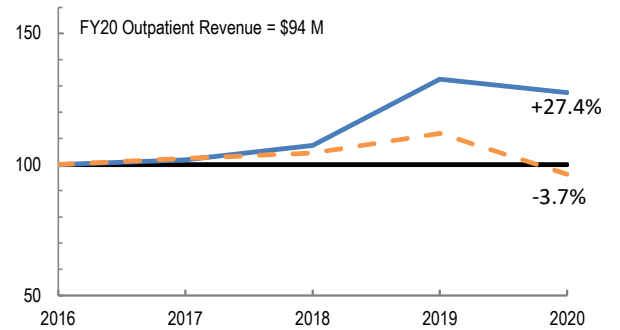


Patient Revenue Trends

What was the hospital's net inpatient service revenue³ per case mix adjusted discharge between FY16 and FY20, and how does this compare to the hospital's peer cohort median?



How has the hospital's net outpatient revenue³ changed compared to FY16, and how does this compare to the hospital's peer cohort median? (FY16=100)



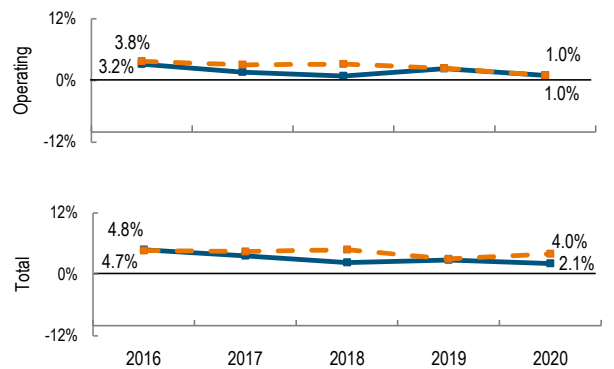
Financial Performance

How have the hospital's total revenue and costs changed between FY16 and FY20? (COVID funding affects FY20 only)

Revenue, Cost, & Profit/Loss (in millions)

FY	2016	2017	2018	2019	2020
Operating Revenue	\$ 110.7	\$ 114.8	\$ 123.7	\$ 142.3	\$ 147.6
COVID Funding Included in Operating Revenue					\$ 10.5
Non-Operating Revenue⁴	\$ 1.8	\$ 2.3	\$ 1.8	\$ 0.7	\$ 1.7
Total Revenue	\$ 112.6	\$ 117.2	\$ 125.4	\$ 143.0	\$ 149.3
Total Costs	\$ 107.2	\$ 113.0	\$ 122.5	\$ 139.0	\$ 146.2
Total Profit (Loss)	\$ 5.4	\$ 4.2	\$ 2.9	\$ 4.0	\$ 3.2

What were the hospital's total margin and operating margins between FY16 and FY20, and how do these compare to the hospital's peer cohort medians? (Note: FY20 margins include COVID funding)



For descriptions of the metrics, please see the technical appendix.

¹ High Public Payer Hospitals (HPP) reported a minimum of 63% of gross patient service revenue from public payers.

² For 2019 and 2020 readmission rates, a new methodology was used. These rates may not be comparable to earlier years. For more information, please see: <https://www.chiamass.gov/assets/docs/r/pubs/2022/Readmissions-Technical-Appendix-2011-2020.pdf>

³ Effective FY 2020 supplemental revenue is not included in net patient service revenue for all hospitals. Prior to FY 2020, reporting of supplemental revenue varied by hospital.

⁴ There was an accounting change adopted by most hospitals beginning in FY 2020 in which unrealized gains and losses on investments are now recognized as non-operating income

Holyoke Medical Center is a mid-size, non-profit community-High Public Payer (HPP) hospital located in the Western Massachusetts region. Between FY16 and FY20, the volume of inpatient discharges at the hospital decreased by 14.0% compared to a median decrease of 7.6% at cohort hospitals. Outpatient visits increased 25.1% for the hospital between FY16 and FY20, compared to a median decrease of 15.2% for its peer cohort. Holyoke Medical Center has reported a profit in each year of the past five years. In FY20 its total margin of 9.5% was greater than its peer cohort median of 4.0%.

Overview / Size

Hospital System Affiliation:	Valley Health System
Hospital System Surplus (Deficit) in FY20:	\$17,611,138
Change in Ownership (FY16-20):	Not Applicable
Total Staffed Beds:	107, mid-size acute hospital
% Occupancy:	62.6%, < cohort avg. (63%)
Trauma Center Designation:	Not Applicable
Case Mix Index:	1.00, > cohort avg. (1.00); < statewide (1.16)

Financial

Inpatient NPSR per CMAD:	\$10,272
Change FY19-FY20:	16.4%
Inpatient Outpatient Revenue in FY20:	25%:75%
Outpatient Revenue in FY20:	\$81,937,617
Change FY19-FY20:	-20.1%
Total Revenue in FY20:	\$191,555,520
COVID Funding Included in Total Revenue:	\$23,500,334
Total Surplus (Deficit) in FY20:	\$18,253,131

Payer Mix

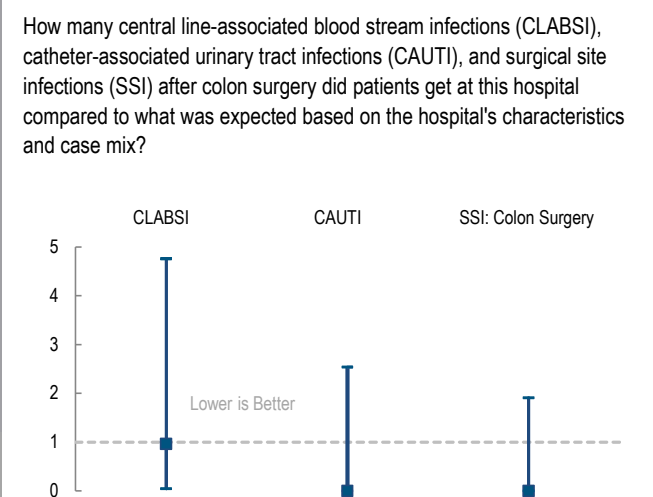
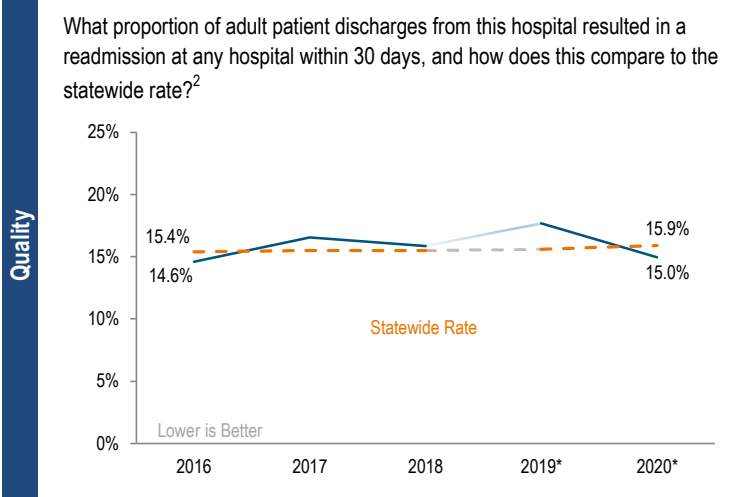
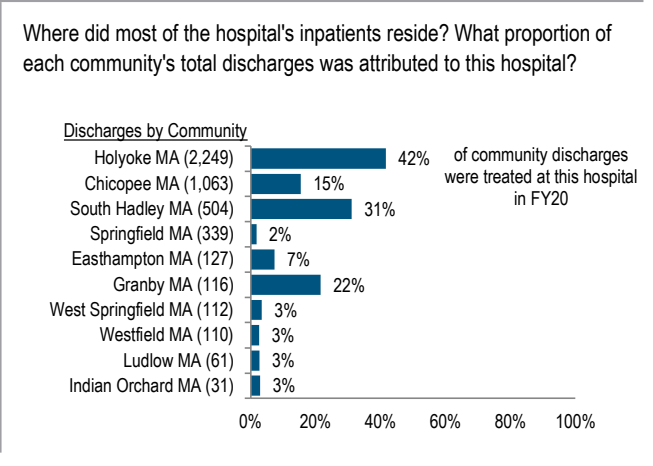
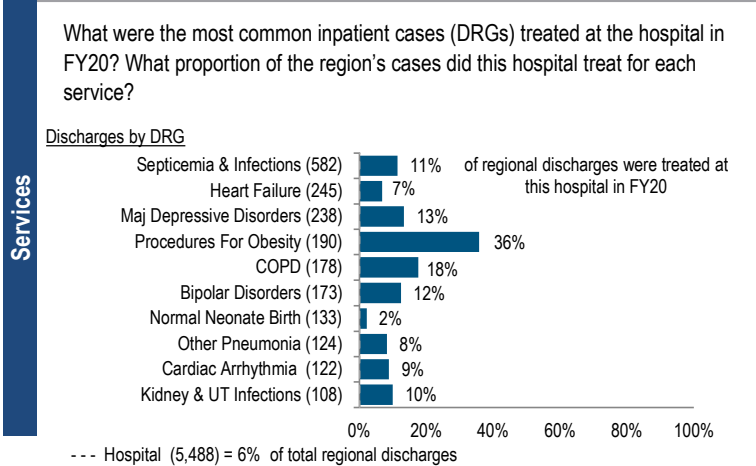
Public Payer Mix ¹ :	76.7% HPP Hospital
CY19 Commercial Statewide Relative Price:	0.727
Top 3 Commercial Payers:	Blue Cross Blue Shield Health New England Boston Medical Center HealthNet Plan

Utilization

Inpatient Discharges in FY20:	5,488
Change FY19-FY20:	-17.5%
Emergency Department Visits in FY20:	43,532
Change FY19-FY20:	-12.5%
Outpatient Visits in FY20:	141,965
Change FY19-FY20:	-6.5%

Quality

Readmission Rate in FY20:	15.0%
Change FY19-FY20 (percentage points):	-2.7
Early Elective Deliveries Rate:	3.8%



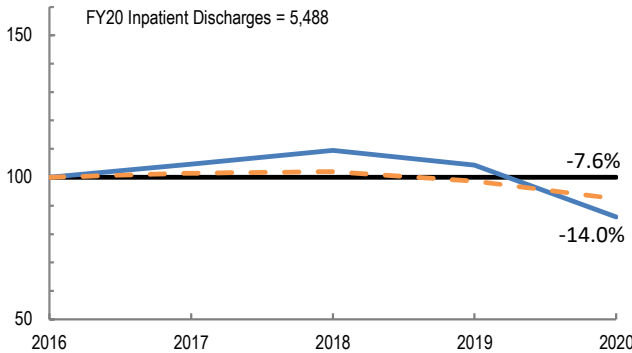
2020 HOSPITAL PROFILE: HOLYOKE MEDICAL CENTER

Cohort: Community-High Public Payer Hospital

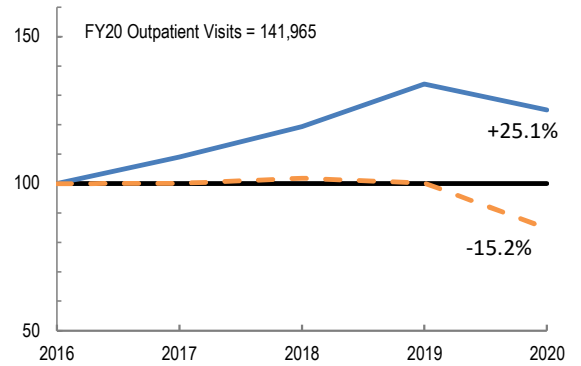


Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY16, and how does this compare to the hospital's peer cohort median? (FY16=100)

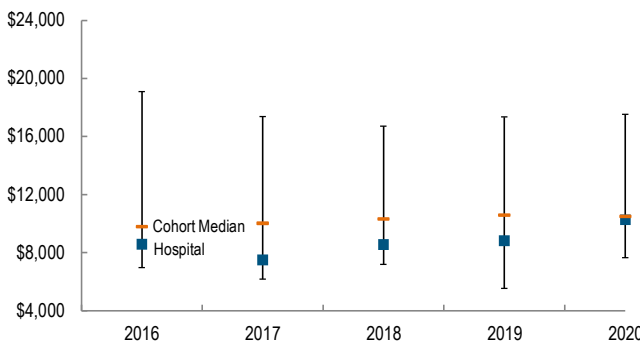


How has the volume of the hospital's outpatient visits changed compared to FY16, and how does this compare to the hospital's peer cohort median? (FY16=100)

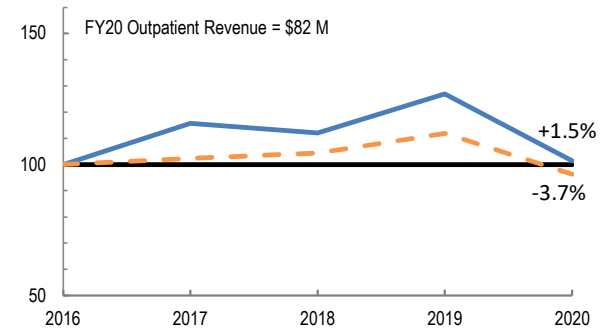


Patient Revenue Trends

What was the hospital's net inpatient service revenue³ per case mix adjusted discharge between FY16 and FY20, and how does this compare to the hospital's peer cohort median?



How has the hospital's net outpatient revenue³ changed compared to FY16, and how does this compare to the hospital's peer cohort median? (FY16=100)



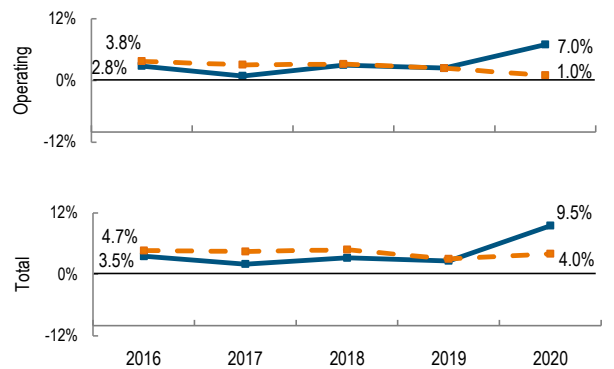
Financial Performance

How have the hospital's total revenue and costs changed between FY16 and FY20? (COVID funding affects FY20 only)

Revenue, Cost, & Profit/Loss (in millions)

FY	2016	2017	2018	2019	2020
Operating Revenue	\$ 142.4	\$ 153.2	\$ 167.2	\$ 178.5	\$ 186.7
COVID Funding Included in Operating Revenue					\$ 23.5
Non-Operating Revenue⁴	\$ 1.0	\$ 1.6	\$ 0.4	\$ 0.4	\$ 4.8
Total Revenue	\$ 143.4	\$ 154.8	\$ 167.6	\$ 178.9	\$ 191.6
Total Costs	\$ 138.4	\$ 151.8	\$ 162.2	\$ 174.2	\$ 173.3
Total Profit (Loss)	\$ 5.0	\$ 3.0	\$ 5.4	\$ 4.7	\$ 18.3

What were the hospital's total margin and operating margins between FY16 and FY20, and how do these compare to the hospital's peer cohort medians? (Note: FY20 margins include COVID funding)



For descriptions of the metrics, please see the technical appendix.

¹ High Public Payer Hospitals (HPP) reported a minimum of 63% of gross patient service revenue from public payers.

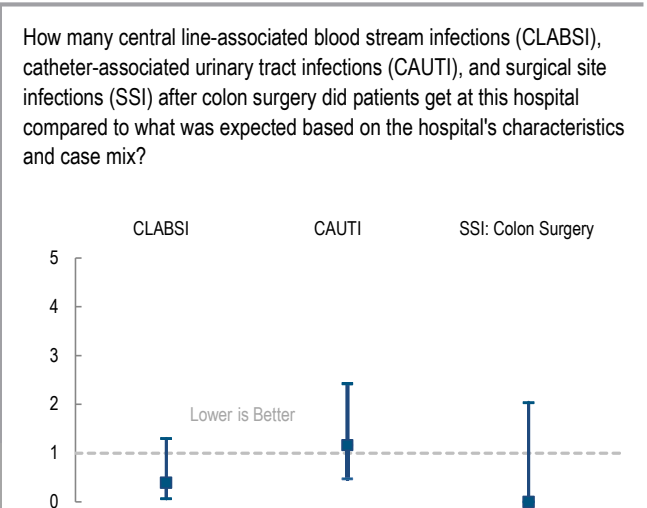
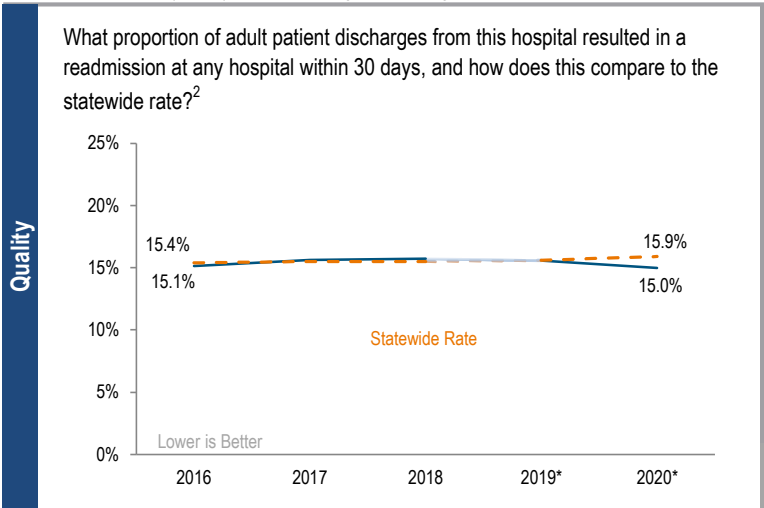
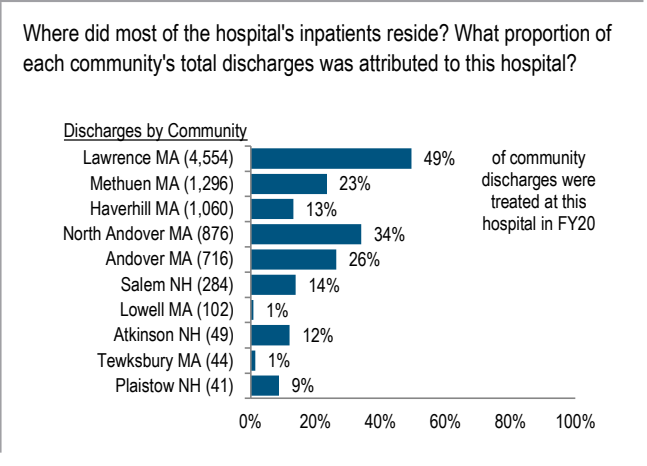
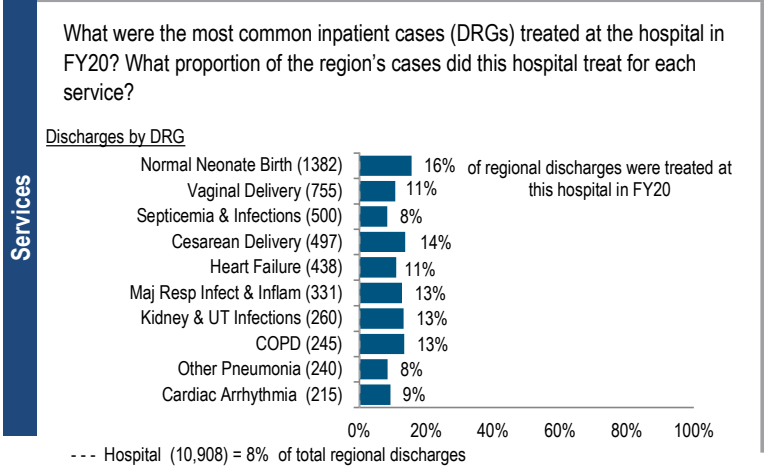
² For 2019 and 2020 readmission rates, a new methodology was used. These rates may not be comparable to earlier years. For more information, please see: <https://www.chiamass.gov/assets/docs/r/pubs/2022/Readmissions-Technical-Appendix-2011-2020.pdf>

³ Effective FY 2020 supplemental revenue is not included in net patient service revenue for all hospitals. Prior to FY 2020, reporting of supplemental revenue varied by hospital.

⁴ There was an accounting change adopted by most hospitals beginning in FY 2020 in which unrealized gains and losses on investments are now recognized as non-operating income

Lawrence General Hospital is a mid-size, non-profit community-High Public Payer (HPP) hospital located in the Northeastern Massachusetts region. Between FY16 and FY20, the volume of inpatient discharges at the hospital decreased by 10.2% compared to a median decrease of 7.6% at cohort hospitals. Outpatient visits decreased by 4.3% for the hospital between FY16 and FY20, compared to a median decrease of 15.2% for its peer cohort. The hospital has reported losses in each of the last three years, including a loss of \$9.6M in FY20. Its total margin was -3.3% as compared to the median total margin of 4.0% at peer cohort hospitals.

At a Glance	Overview / Size		Payer Mix	
	Hospital System Affiliation:	Lawrence General Hospital and Affiliates	Public Payer Mix ¹ :	71.3% HPP Hospital
	Hospital System Surplus (Deficit) in FY20:	(\$17,171,000)	CY19 Commercial Statewide Relative Price:	0.777
	Change in Ownership (FY16-20):	Not Applicable	Top 3 Commercial Payers:	Blue Cross Blue Shield Harvard Pilgrim BMCHP
	Total Staffed Beds:	227, mid-size acute hospital		
	% Occupancy:	50.2%, < cohort avg. (63%)		
	Trauma Center Designation:	Adult: Level 3		
	Case Mix Index:	1.07, > cohort avg. (1.00); < statewide (1.16)		
	Financial		Utilization	
	Inpatient NPSR per CMAD:	\$9,535	Inpatient Discharges in FY20:	10,908
Change FY19-FY20:	-17.6%	Change FY19-FY20:	-8.6%	
Inpatient Outpatient Revenue in FY20:	38%:62%	Emergency Department Visits in FY20:	53,398	
Change FY19-FY20:	-18.6%	Change FY19-FY20:	-9.6%	
Outpatient Revenue in FY20:	\$86,658,805	Outpatient Visits in FY20:	272,553	
Change FY19-FY20:	-18.6%	Change FY19-FY20:	-6.0%	
Total Revenue in FY20:	\$290,104,745			
COVID Funding Included in Total Revenue:	\$61,250,446	Quality		
Total Surplus (Deficit) in FY20:	-\$9,592,255	Readmission Rate in FY20:	15.0%	
		Change FY19-FY20 (percentage points):	-0.6	
		Early Elective Deliveries Rate:	0.0%	



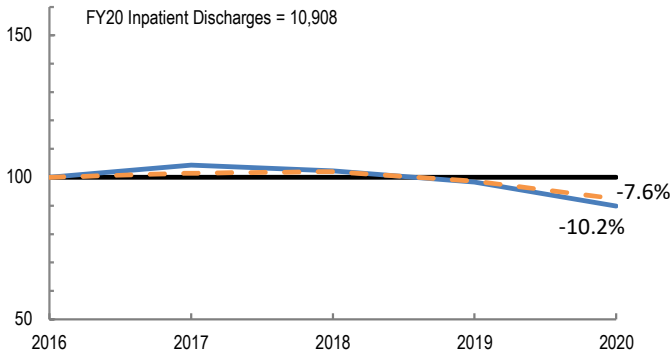
2020 HOSPITAL PROFILE: LAWRENCE GENERAL HOSPITAL

Cohort: Community-High Public Payer Hospital

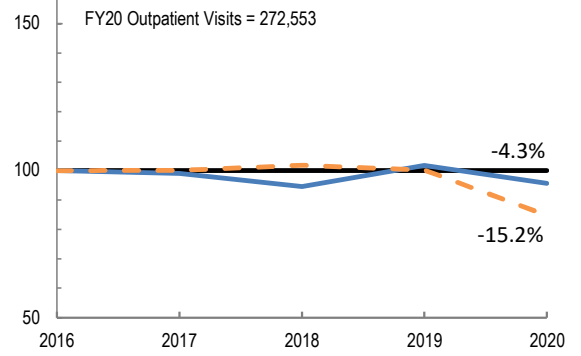


Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY16, and how does this compare to the hospital's peer cohort median? (FY16=100)

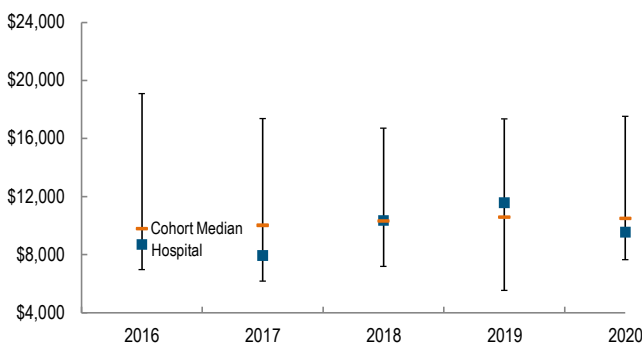


How has the volume of the hospital's outpatient visits changed compared to FY16, and how does this compare to the hospital's peer cohort median? (FY16=100)

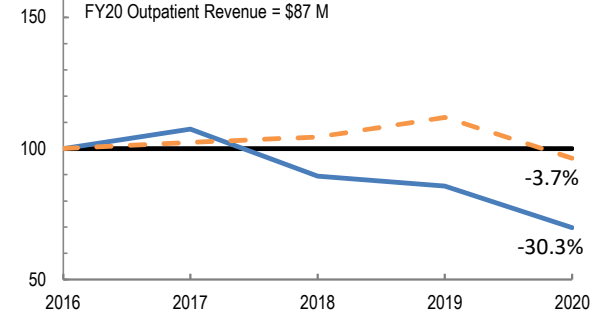


Patient Revenue Trends

What was the hospital's net inpatient service revenue³ per case mix adjusted discharge between FY16 and FY20, and how does this compare to the hospital's peer cohort median?



How has the hospital's net outpatient revenue³ changed compared to FY16, and how does this compare to the hospital's peer cohort median? (FY16=100)



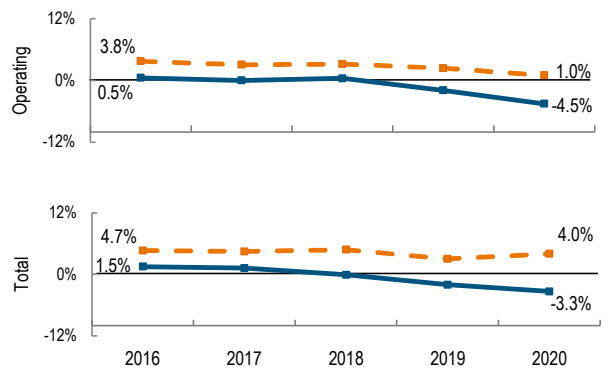
Financial Performance

How have the hospital's total revenue and costs changed between FY16 and FY20? (COVID funding affects FY20 only)

Revenue, Cost, & Profit/Loss (in millions)

FY	2016	2017	2018	2019	2020
Operating Revenue	\$ 241.4	\$ 247.8	\$ 253.6	\$ 261.1	\$ 286.6
COVID Funding Included in Operating Revenue					\$ 61.3
Non-Operating Revenue⁴	\$ 2.3	\$ 3.1	\$ (1.3)	\$ (0.2)	\$ 3.6
Total Revenue	\$ 243.7	\$ 250.9	\$ 252.4	\$ 260.9	\$ 290.1
Total Costs	\$ 240.1	\$ 247.8	\$ 252.5	\$ 266.0	\$ 299.7
Total Profit (Loss)	\$ 3.6	\$ 3.1	\$ (0.2)	\$ (5.1)	\$ (9.6)

What were the hospital's total margin and operating margins between FY16 and FY20, and how do these compare to the hospital's peer cohort medians? (Note: FY20 margins include COVID funding)



For descriptions of the metrics, please see the technical appendix.

¹ High Public Payer Hospitals (HPP) reported a minimum of 63% of gross patient service revenue from public payers.

² For 2019 and 2020 readmission rates, a new methodology was used. These rates may not be comparable to earlier years. For more information, please see: <https://www.chiamass.gov/assets/docs/r/pubs/2022/Readmissions-Technical-Appendix-2011-2020.pdf>

³ Effective FY 2020 supplemental revenue is not included in net patient service revenue for all hospitals. Prior to FY 2020, reporting of supplemental revenue varied by hospital.

⁴ There was an accounting change adopted by most hospitals beginning in FY 2020 in which unrealized gains and losses on investments are now recognized as non-operating income

Lowell General Hospital is a non-profit community-High Public Payer (HPP) hospital located in the Northeastern Massachusetts region. It is among the larger acute hospitals in Massachusetts. Lowell General Hospital is a member of Wellforce. Between FY16 and FY20, the volume of inpatient discharges at the hospital decreased by 15.4% compared to a median decrease of 7.6% at cohort hospitals. Outpatient visits decreased by 29.6% for the hospital between FY16 and FY20, compared to a median decrease of 15.2% for its peer cohort. Lowell General has reported a profit in each year of the past five years. In FY20, its total margin was 2.6% as compared to the median total margin of 4.0% at peer cohort hospitals.

Overview / Size

Hospital System Affiliation:	Wellforce
Hospital System Surplus (Deficit) in FY20:	\$31,120,000
Change in Ownership (FY16-20):	Not Applicable
Total Staffed Beds:	353, among the larger acute hospitals
% Occupancy:	60.0%, < cohort avg. (63%)
Trauma Center Designation:	Adult: Level 3
Case Mix Index:	0.94, < cohort avg. (1.00); < statewide (1.16)

Financial

Inpatient NPSR per CMAD:	\$10,456
Change FY19-FY20:	-1.3%
Inpatient Outpatient Revenue in FY20:	34%:66%
Outpatient Revenue in FY20:	\$226,465,732
Change FY19-FY20:	-9.2%
Total Revenue in FY20:	\$482,147,000
COVID Funding Included in Total Revenue:	\$31,331,000
Total Surplus (Deficit) in FY20:	\$12,406,000

Payer Mix

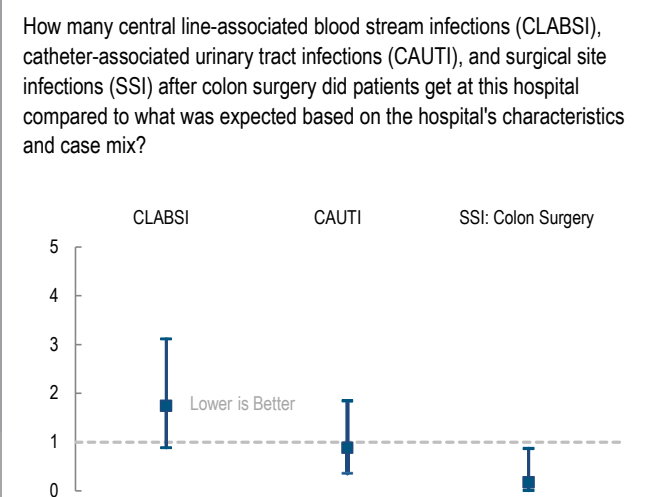
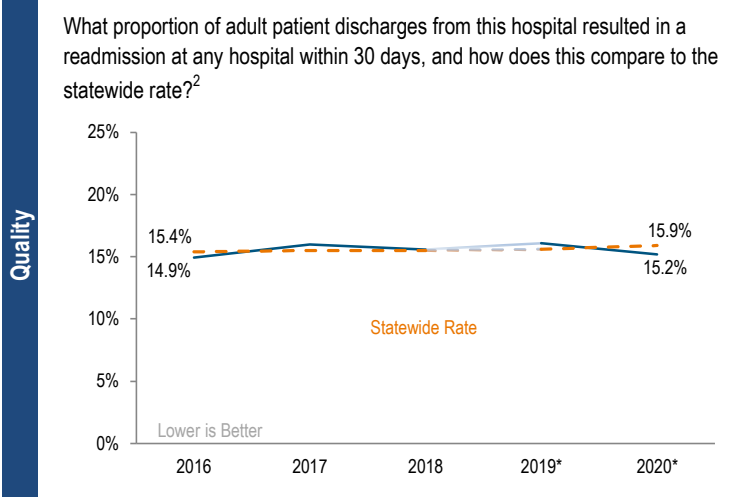
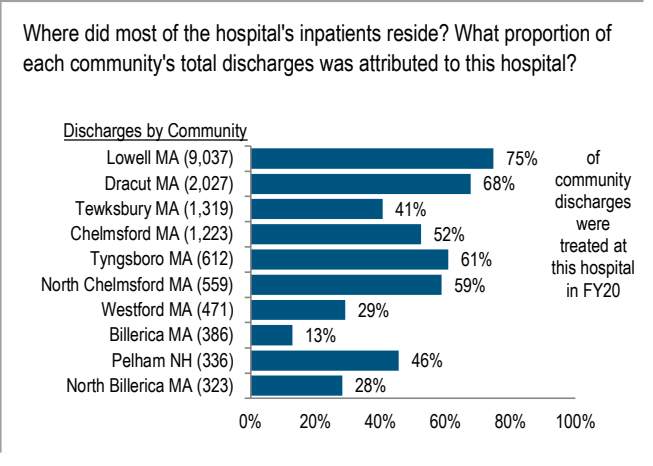
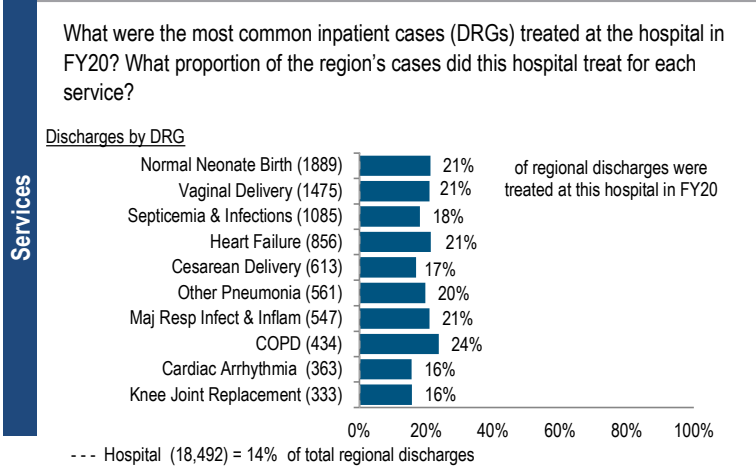
Public Payer Mix ¹ :	65.9% HPP Hospital
CY19 Commercial Statewide Relative Price:	0.846
Top 3 Commercial Payers:	Blue Cross Blue Shield Tufts HMO Harvard Pilgrim

Utilization

Inpatient Discharges in FY20:	18,492
Change FY19-FY20:	-9.3%
Emergency Department Visits in FY20:	80,726
Change FY19-FY20:	-17.0%
Outpatient Visits in FY20:	136,594
Change FY19-FY20:	-24.7%

Quality

Readmission Rate in FY20:	15.2%
Change FY19-FY20 (percentage points):	-0.9
Early Elective Deliveries Rate:	2.9%



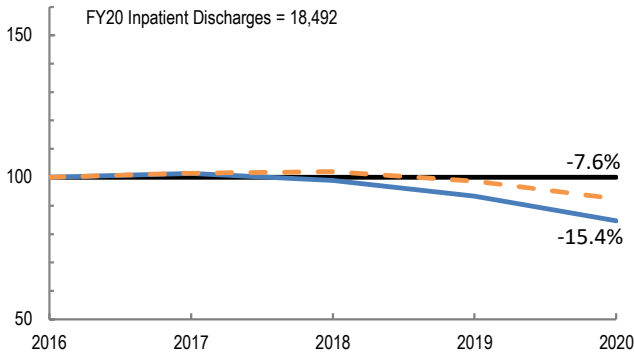
2020 HOSPITAL PROFILE: LOWELL GENERAL HOSPITAL

Cohort: Community-High Public Payer Hospital

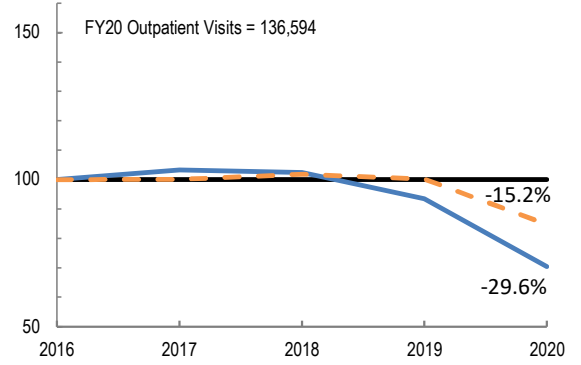


Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY16, and how does this compare to the hospital's peer cohort median? (FY16=100)

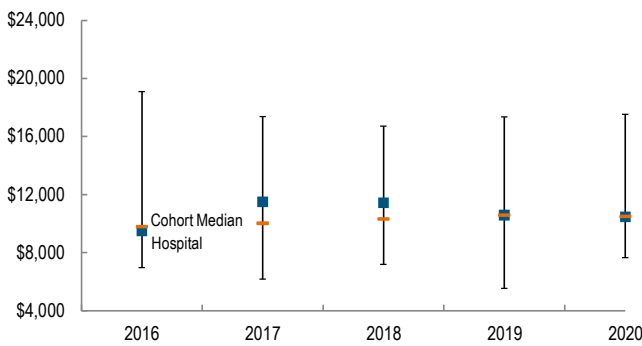


How has the volume of the hospital's outpatient visits changed compared to FY16, and how does this compare to the hospital's peer cohort median? (FY16=100)

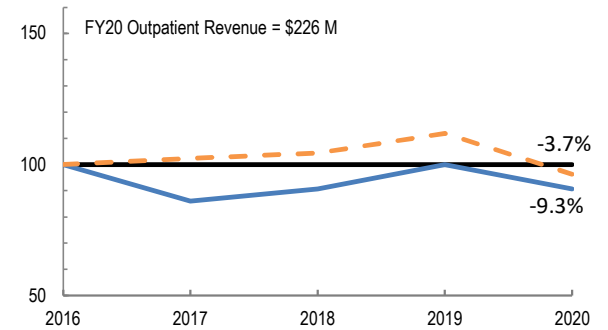


Patient Revenue Trends

What was the hospital's net inpatient service revenue³ per case mix adjusted discharge between FY16 and FY20, and how does this compare to the hospital's peer cohort median?



How has the hospital's net outpatient revenue³ changed compared to FY16, and how does this compare to the hospital's peer cohort median? (FY16=100)



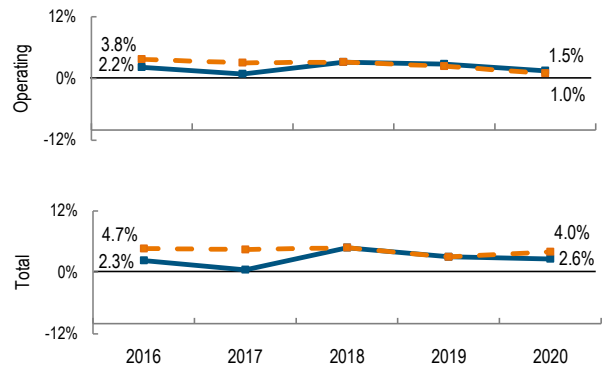
Financial Performance

How have the hospital's total revenue and costs changed between FY16 and FY20? (COVID funding affects FY20 only)

Revenue, Cost, & Profit/Loss (in millions)

FY	2016	2017	2018	2019	2020
Operating Revenue	\$ 441.4	\$ 451.8	\$ 472.6	\$ 472.0	\$ 477.1
COVID Funding Included in Operating Revenue					\$ 31.3
Non-Operating Revenue⁴	\$ 0.8	\$ (1.8)	\$ 7.7	\$ 0.9	\$ 5.1
Total Revenue	\$ 442.1	\$ 449.9	\$ 480.3	\$ 472.9	\$ 482.1
Total Costs	\$ 431.8	\$ 447.6	\$ 457.1	\$ 458.8	\$ 469.7
Total Profit (Loss)	\$ 10.4	\$ 2.3	\$ 23.2	\$ 14.1	\$ 12.4

What were the hospital's total margin and operating margins between FY16 and FY20, and how do these compare to the hospital's peer cohort medians? (Note: FY20 margins include COVID funding)



For descriptions of the metrics, please see the technical appendix.

¹ High Public Payer Hospitals (HPP) reported a minimum of 63% of gross patient service revenue from public payers.

² For 2019 and 2020 readmission rates, a new methodology was used. These rates may not be comparable to earlier years. For more information, please see: <https://www.chiamass.gov/assets/docs/r/pubs/2022/Readmissions-Technical-Appendix-2011-2020.pdf>

³ Effective FY 2020 supplemental revenue is not included in net patient service revenue for all hospitals. Prior to FY 2020, reporting of supplemental revenue varied by hospital.

⁴ There was an accounting change adopted by most hospitals beginning in FY 2020 in which unrealized gains and losses on investments are now recognized as non-operating income

Marlborough Hospital is a non-profit community-High Public Payer (HPP) hospital located in the Metro West region. It is among the smaller acute hospitals in Massachusetts and a member of UMass Memorial Health Care. Between FY16 and FY20, the volume of inpatient discharges at the hospital decreased by 12.8% compared to a median decrease of 7.6% at cohort hospitals. Outpatient visits decreased 33.8% for the hospital between FY16 and FY20, compared to a median decrease of 15.2% for its peer cohort. In FY20, Marlborough Hospital reported a profit of \$1.8M. Its total margin was 2.0% in FY20 as compared to the median total margin of 4.0% at peer cohort hospitals.

Overview / Size

Hospital System Affiliation:	UMass Memorial Health Care
Hospital System Surplus (Deficit) in FY20:	(\$23,048,000)
Change in Ownership (FY16-20):	Not Applicable
Total Staffed Beds:	67, among the smaller acute hospitals
% Occupancy:	67.2%, > cohort avg. (63%)
Trauma Center Designation:	Not Applicable
Case Mix Index:	1.07, > cohort avg. (1.00); < statewide (1.16)

Financial

Inpatient NPSR per CMAD:	\$7,633
Change FY19-FY20:	38.1%
Inpatient Outpatient Revenue in FY20:	30%:70%
Outpatient Revenue in FY20:	\$39,477,291
Change FY19-FY20:	-23.7%
Total Revenue in FY20:	\$92,535,000
COVID Funding Included in Total Revenue:	\$14,630,972
Total Surplus (Deficit) in FY20:	\$1,807,000

Payer Mix

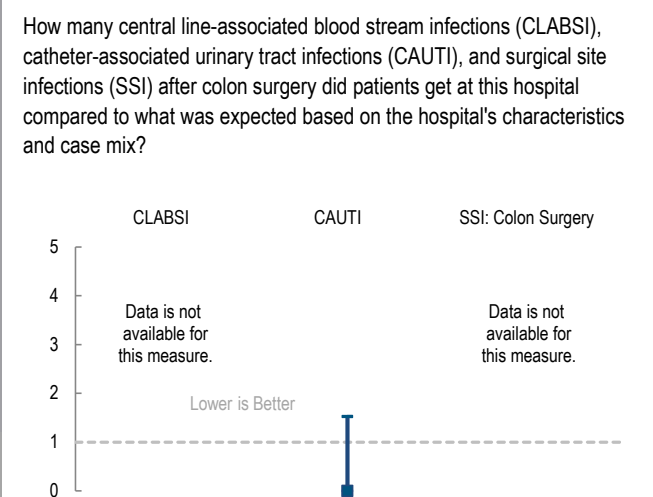
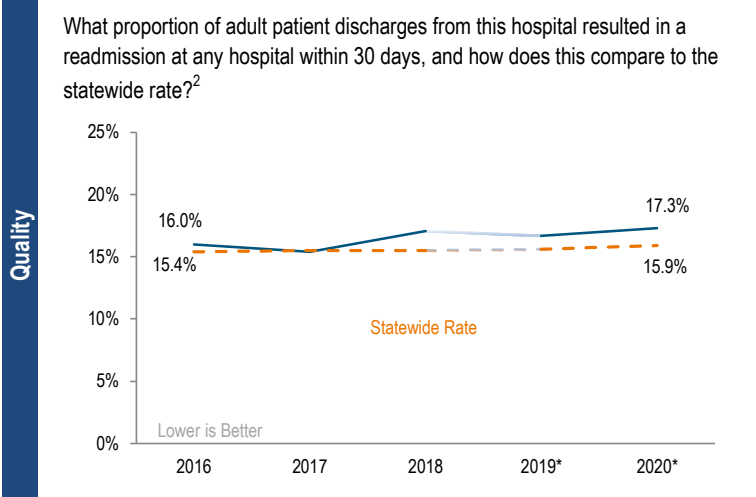
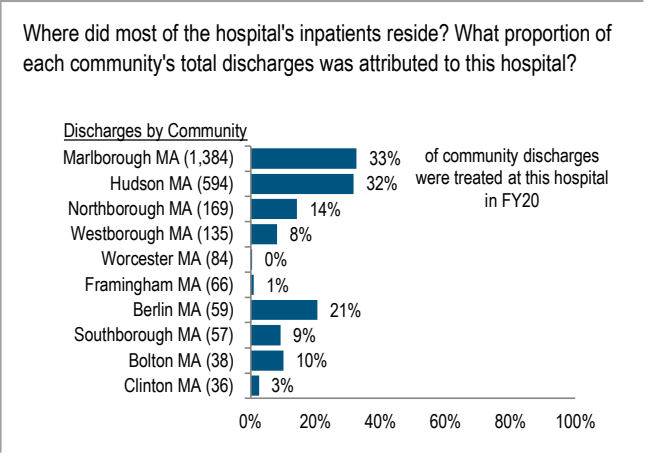
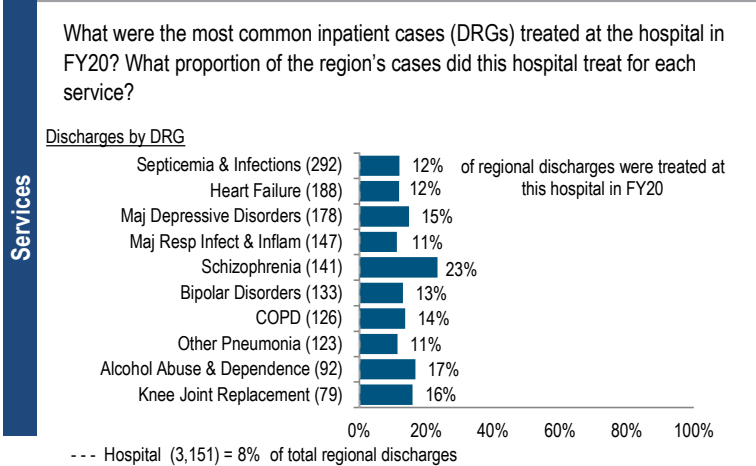
Public Payer Mix ¹ :	65.0% HPP Hospital
CY19 Commercial Statewide Relative Price:	0.908
Top 3 Commercial Payers:	Blue Cross Blue Shield Tufts HMO Tufts Health Public Plans

Utilization

Inpatient Discharges in FY20:	3,151
Change FY19-FY20:	-6.2%
Emergency Department Visits in FY20:	22,678
Change FY19-FY20:	-16.0%
Outpatient Visits in FY20:	24,204
Change FY19-FY20:	-15.8%

Quality

Readmission Rate in FY20:	17.3%
Change FY19-FY20 (percentage points):	0.6
Early Elective Deliveries Rate:	Not Applicable



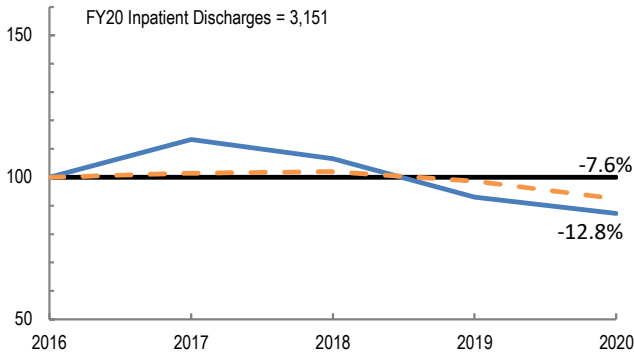
2020 HOSPITAL PROFILE: MARLBOROUGH HOSPITAL

Cohort: Community-High Public Payer Hospital

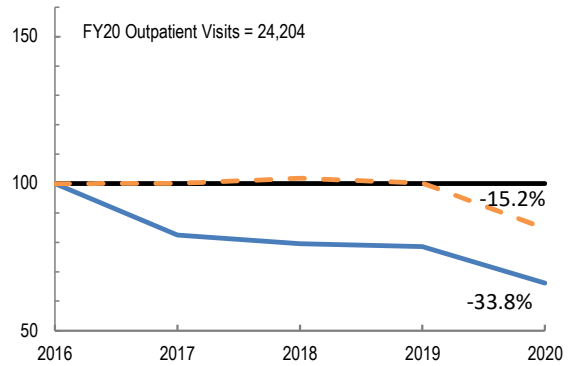


Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY16, and how does this compare to the hospital's peer cohort median? (FY16=100)

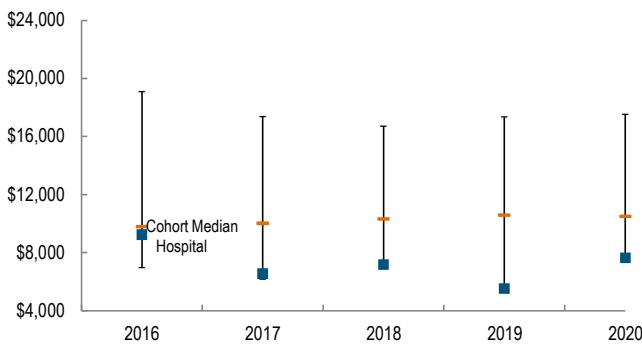


How has the volume of the hospital's outpatient visits changed compared to FY16, and how does this compare to the hospital's peer cohort median? (FY16=100)

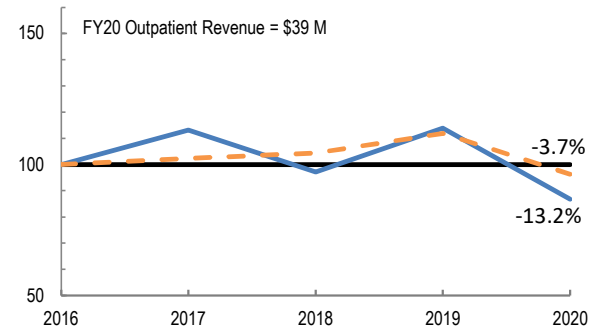


Patient Revenue Trends

What was the hospital's net inpatient service revenue³ per case mix adjusted discharge between FY16 and FY20, and how does this compare to the hospital's peer cohort median?



How has the hospital's net outpatient revenue³ changed compared to FY16, and how does this compare to the hospital's peer cohort median? (FY16=100)



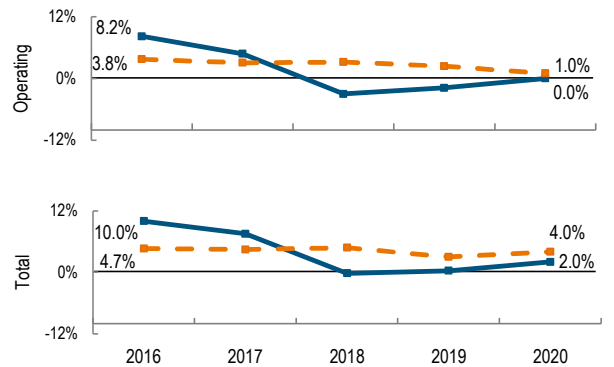
Financial Performance

How have the hospital's total revenue and costs changed between FY16 and FY20? (COVID funding affects FY20 only)

Revenue, Cost, & Profit/Loss (in millions)

FY	2016	2017	2018	2019	2020
Operating Revenue	\$ 87.2	\$ 87.1	\$ 82.1	\$ 84.4	\$ 90.7
COVID Funding Included in Operating Revenue					\$ 14.6
Non-Operating Revenue⁴	\$ 1.6	\$ 2.4	\$ 2.4	\$ 1.8	\$ 1.8
Total Revenue	\$ 88.9	\$ 89.4	\$ 84.5	\$ 86.3	\$ 92.5
Total Costs	\$ 80.0	\$ 82.8	\$ 84.6	\$ 86.0	\$ 90.7
Total Profit (Loss)	\$ 8.9	\$ 6.7	\$ (0.1)	\$ 0.3	\$ 1.8

What were the hospital's total margin and operating margins between FY16 and FY20, and how do these compare to the hospital's peer cohort medians? (Note: FY20 margins include COVID funding)



For descriptions of the metrics, please see the technical appendix.

¹ High Public Payer Hospitals (HPP) reported a minimum of 63% of gross patient service revenue from public payers.

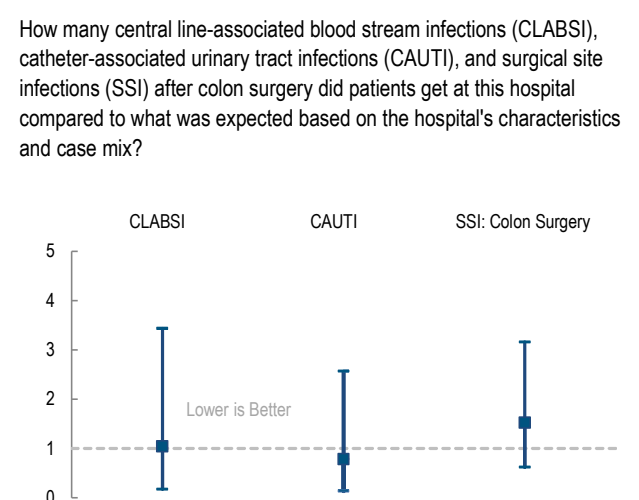
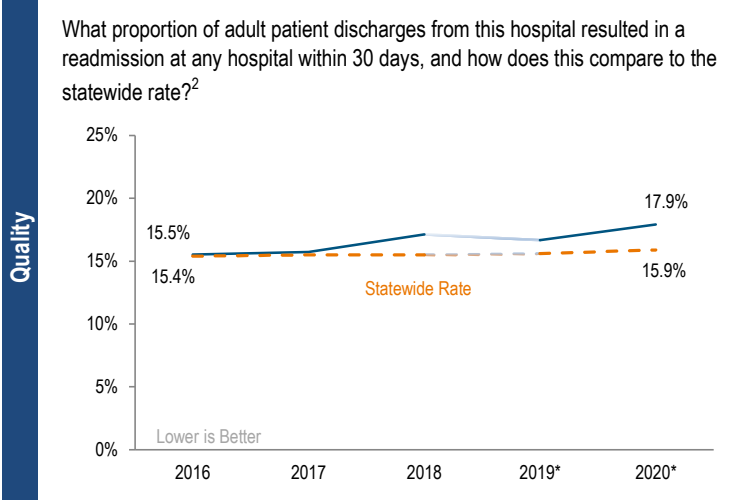
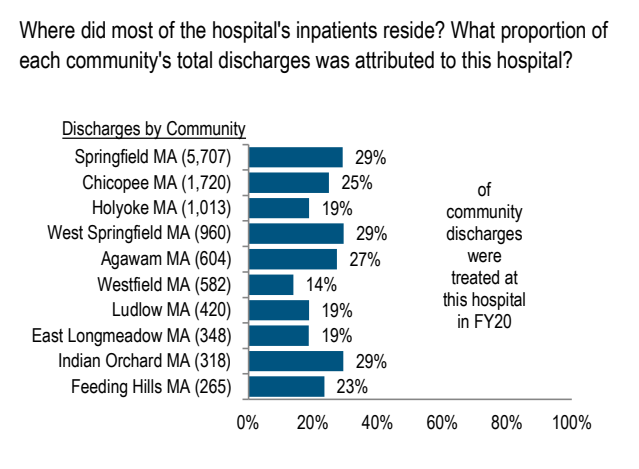
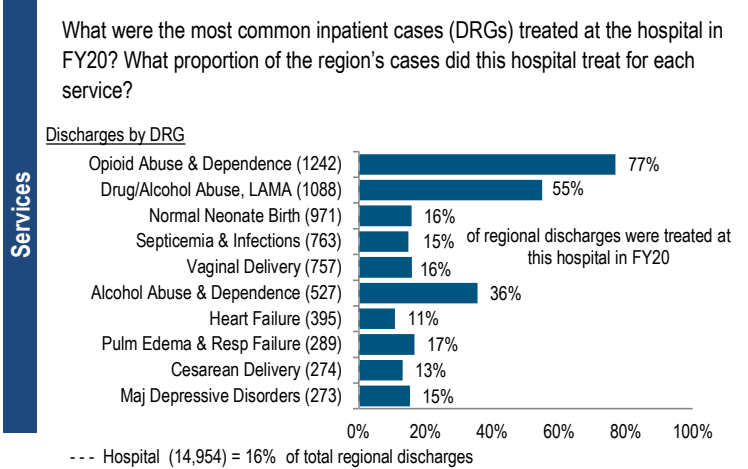
² For 2019 and 2020 readmission rates, a new methodology was used. These rates may not be comparable to earlier years. For more information, please see: <https://www.chiamass.gov/assets/docs/r/pubs/2022/Readmissions-Technical-Appendix-2011-2020.pdf>

³ Effective FY 2020 supplemental revenue is not included in net patient service revenue for all hospitals. Prior to FY 2020, reporting of supplemental revenue varied by hospital.

⁴ There was an accounting change adopted by most hospitals beginning in FY 2020 in which unrealized gains and losses on investments are now recognized as non-operating income

Mercy Medical Center is a large, non-profit community-High Public Payer (HPP) hospital located in the Western Massachusetts region. Between FY16 and FY20, the volume of inpatient discharges at the hospital decreased by 8.2% compared to a median decrease of 7.6% at cohort hospitals. Outpatient visits decreased by 15.2% for the hospital between FY16 and FY20, matching the median increase for its peer cohort. The hospital reported losses of 13.3M in FY19 and 7.8M in FY20. Its FY20 total margin was -2.3% compared to a median total margin of 4.0% at peer cohort hospitals.

At a Glance	Overview / Size		Payer Mix	
	Hospital System Affiliation:	Trinity Health	Public Payer Mix ¹ :	78.1% HPP Hospital
	Hospital System Surplus (Deficit) in FY20:	(\$75,458,898)	CY19 Commercial Statewide Relative Price:	0.838
	Change in Ownership (FY16-20):	Not Applicable	Top 3 Commercial Payers:	Blue Cross Blue Shield Health New England Cigna
	Total Staffed Beds:	395, among the larger acute hospitals		
	% Occupancy:	46.3%, < cohort avg. (63%)		
	Trauma Center Designation:	Not Applicable		
	Case Mix Index:	0.97, < cohort avg. (1.00); < statewide (1.16)		
	Financial		Utilization	
	Inpatient NPSR per CMAD:	\$9,767	Inpatient Discharges in FY20:	14,954
Change FY19-FY20:	0.7%	Change FY19-FY20:	-13.3%	
Inpatient Outpatient Revenue in FY20:	42%:58%	Emergency Department Visits in FY20:	60,033	
Outpatient Revenue in FY20:	\$140,557,884	Change FY19-FY20:	-10.6%	
Change FY19-FY20:	-2.1%	Outpatient Visits in FY20:	190,497	
Total Revenue in FY20:	\$339,047,895	Change FY19-FY20:	-12.4%	
COVID Funding Included in Total Revenue:	\$32,074,757			
Total Surplus (Deficit) in FY20:	-\$7,835,628	Quality		
		Readmission Rate in FY20:	17.9%	
		Change FY19-FY20 (percentage points):	1.3	
		Early Elective Deliveries Rate:	0.0%	



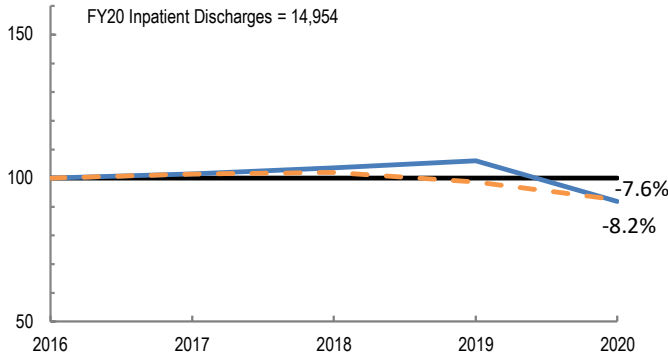
2020 HOSPITAL PROFILE: MERCY MEDICAL CENTER

Cohort: Community-High Public Payer Hospital

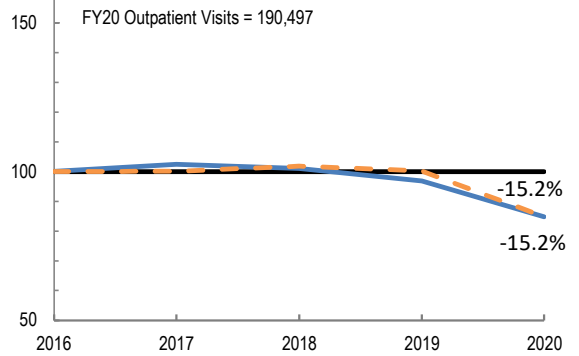


Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY16, and how does this compare to the hospital's peer cohort median? (FY16=100)

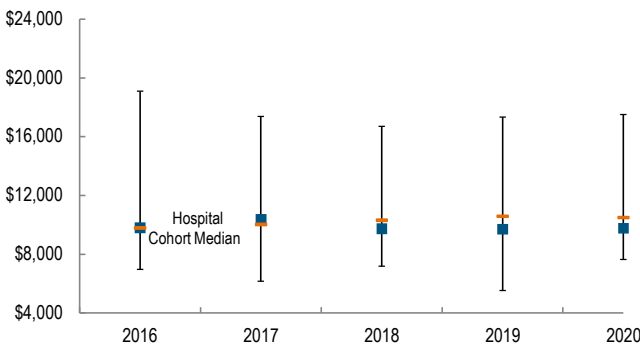


How has the volume of the hospital's outpatient visits changed compared to FY16, and how does this compare to the hospital's peer cohort median? (FY16=100)

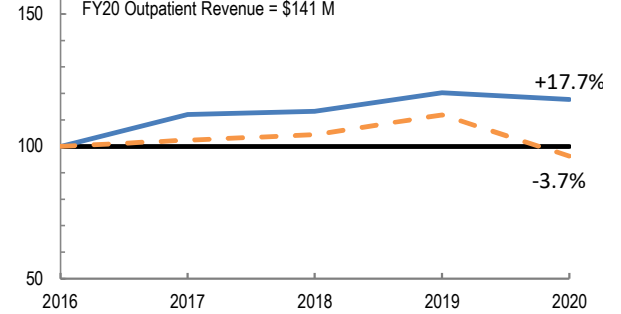


Patient Revenue Trends

What was the hospital's net inpatient service revenue³ per case mix adjusted discharge between FY16 and FY20, and how does this compare to the hospital's peer cohort median?



How has the hospital's net outpatient revenue³ changed compared to FY16, and how does this compare to the hospital's peer cohort median? (FY16=100)



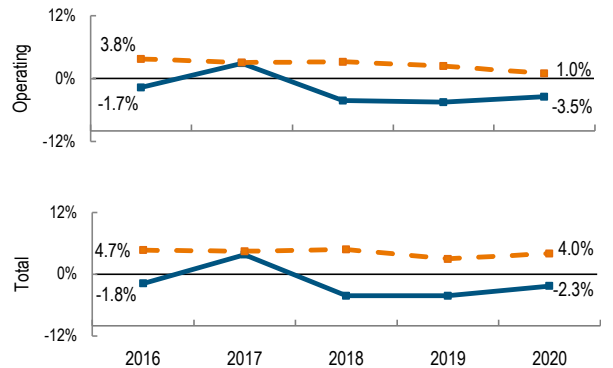
Financial Performance

How have the hospital's total revenue and costs changed between FY16 and FY20? (COVID funding affects FY20 only)

Revenue, Cost, & Profit/Loss (in millions)

FY	2016	2017	2018	2019	2020
Operating Revenue	\$ 264.4	\$ 295.1	\$ 300.1	\$ 317.1	\$ 334.9
COVID Funding Included in Operating Revenue					\$ 32.1
Non-Operating Revenue⁴	\$ (0.3)	\$ 2.7	\$ 0.1	\$ 1.1	\$ 4.2
Total Revenue	\$ 264.1	\$ 297.8	\$ 300.2	\$ 318.2	\$ 339.0
Total Costs	\$ 268.9	\$ 286.5	\$ 312.8	\$ 331.5	\$ 346.9
Total Profit (Loss)	\$ (4.8)	\$ 11.3	\$ (12.6)	\$ (13.3)	\$ (7.8)

What were the hospital's total margin and operating margins between FY16 and FY20, and how do these compare to the hospital's peer cohort medians? (Note: FY20 margins include COVID funding)



For descriptions of the metrics, please see the technical appendix.

¹ High Public Payer Hospitals (HPP) reported a minimum of 63% of gross patient service revenue from public payers.

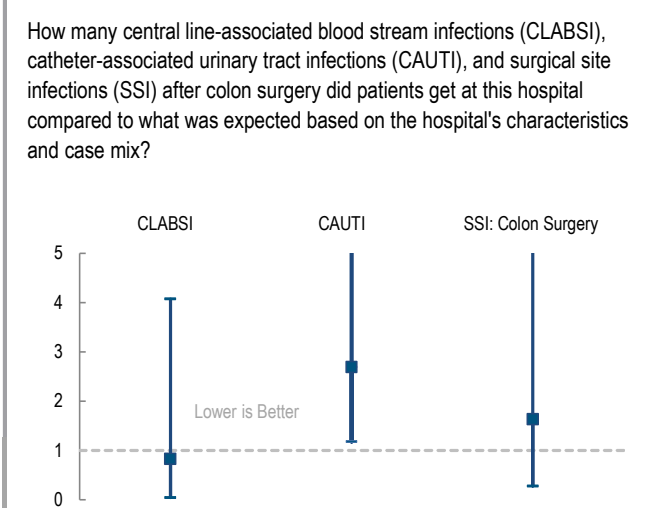
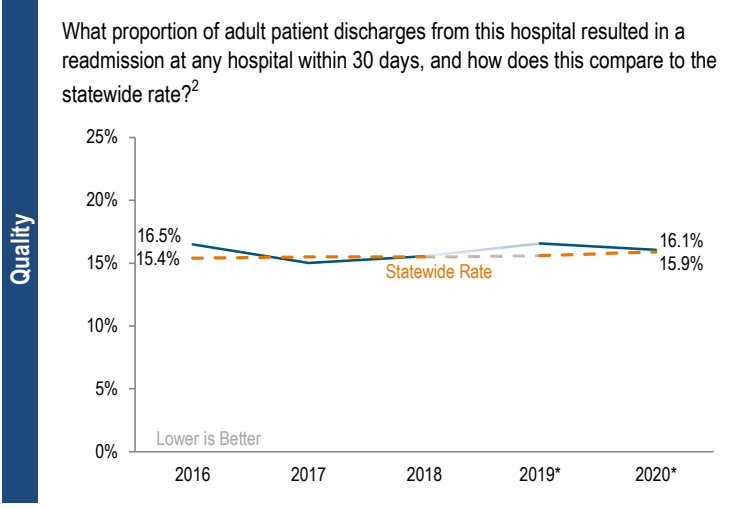
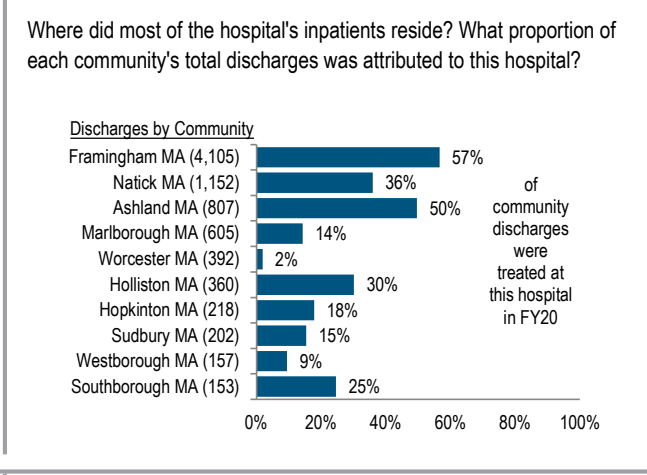
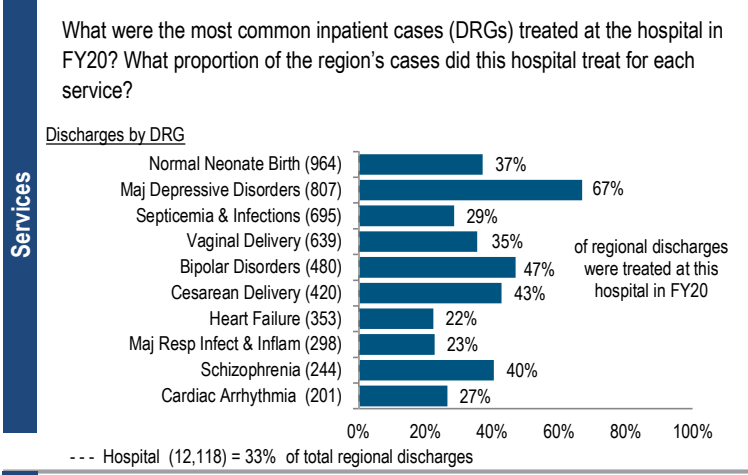
² For 2019 and 2020 readmission rates, a new methodology was used. These rates may not be comparable to earlier years. For more information, please see: <https://www.chiamass.gov/assets/docs/r/pubs/2022/Readmissions-Technical-Appendix-2011-2020.pdf>

³ Effective FY 2020 supplemental revenue is not included in net patient service revenue for all hospitals. Prior to FY 2020, reporting of supplemental revenue varied by hospital.

⁴ There was an accounting change adopted by most hospitals beginning in FY 2020 in which unrealized gains and losses on investments are now recognized as non-operating income

MetroWest Medical Center is a for-profit community-High Public Payer (HPP) hospital located in the Metro West region. It is among the larger acute hospitals in Massachusetts and it is a member of Tenet Healthcare. Between FY16 and FY20, the volume of inpatient discharges at the hospital increased by 1.3% compared to a median decrease of 7.6% at cohort hospitals. Outpatient visits decreased 45.8% for the hospital between FY16 and FY20, compared to a median decrease of 15.2% for its peer cohort. The hospital reported profits of \$7.0M in FY19 and \$10.1M in FY20. The FY20 total margin for the hospital was the same as the median total margin at peer cohort hospitals at 4.0%.

At a Glance	Overview / Size		Payer Mix	
	Hospital System Affiliation:	Tenet Healthcare	Public Payer Mix ¹ :	67.6% HPP Hospital
	Hospital System Surplus (Deficit) in FY20:	\$399,000,000	CY19 Commercial Statewide Relative Price:	1.003
	Change in Ownership (FY16-20):	Not Applicable	Top 3 Commercial Payers:	Blue Cross Blue Shield Harvard Pilgrim Tufts HMO
	Total Staffed Beds:	351, among the larger acute hospitals		
	% Occupancy:	47.6%, < cohort avg. (63%)		
	Trauma Center Designation:	Not Applicable		
	Case Mix Index:	1.06, > cohort avg. (1.00); < statewide (1.16)		
	Financial		Utilization	
	Inpatient NPSR per CMAD:	\$10,296	Inpatient Discharges in FY20:	12,118
Change FY19-FY20:	-1.7%	Change FY19-FY20:	6.4%	
Inpatient Outpatient Revenue in FY20:	37%:63%	Emergency Department Visits in FY20:	49,837	
Outpatient Revenue in FY20:	\$130,990,928	Change FY19-FY20:	-1.1%	
Change FY19-FY20:	-0.5%	Outpatient Visits in FY20:	237,703	
Total Revenue in FY20:	\$251,602,849	Change FY19-FY20:	-14.2%	
COVID Funding Included in Total Revenue:	\$32,045,652			
Total Surplus (Deficit) in FY20:	\$10,103,127	Quality		
		Readmission Rate in FY20:	16.1%	
		Change FY19-FY20 (percentage points):	-0.5	
		Early Elective Deliveries Rate:	0.0%	



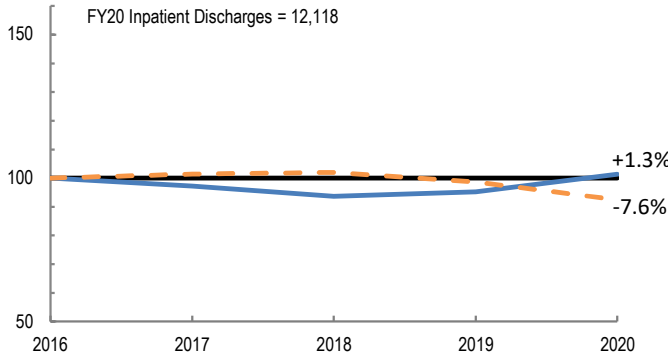
2020 HOSPITAL PROFILE: METROWEST MEDICAL CENTER

Cohort: Community-High Public Payer Hospital

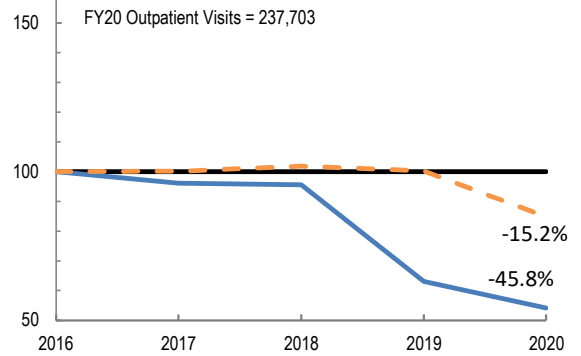


Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY16, and how does this compare to the hospital's peer cohort median? (FY16=100)

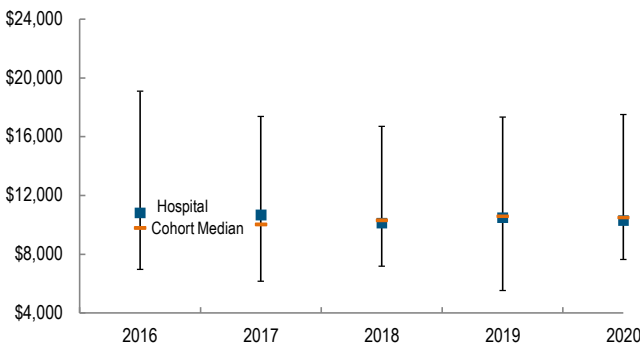


How has the volume of the hospital's outpatient visits changed compared to FY16, and how does this compare to the hospital's peer cohort median? (FY16=100)

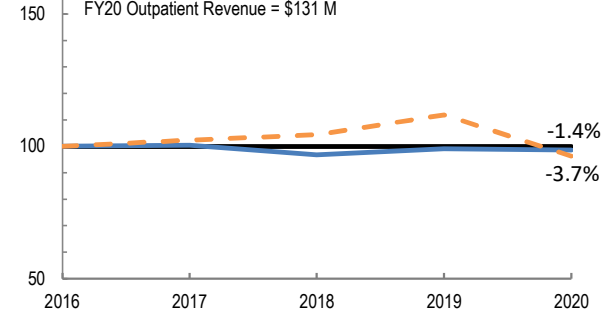


Patient Revenue Trends

What was the hospital's net inpatient service revenue³ per case mix adjusted discharge between FY16 and FY20, and how does this compare to the hospital's peer cohort median?



How has the hospital's net outpatient revenue³ changed compared to FY16, and how does this compare to the hospital's peer cohort median? (FY16=100)



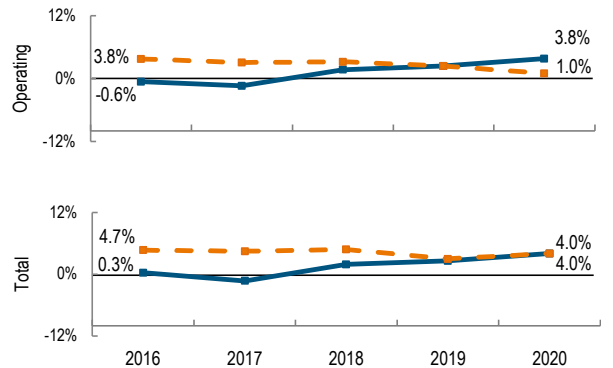
Financial Performance

How have the hospital's total revenue and costs changed between FY16 and FY20? (COVID funding affects FY20 only)

Revenue, Cost, & Profit/Loss (in millions)

FY	2016	2017	2018	2019	2020
Operating Revenue	\$ 247.6	\$ 241.3	\$ 253.9	\$ 267.5	\$ 251.0
COVID Funding Included in Operating Revenue					\$ 32.0
Non-Operating Revenue⁴	\$ 2.2	\$ 0.4	\$ 0.5	\$ 0.6	\$ 0.6
Total Revenue	\$ 249.8	\$ 241.7	\$ 254.4	\$ 268.1	\$ 251.6
Total Costs	\$ 249.0	\$ 244.7	\$ 249.6	\$ 261.1	\$ 241.5
Total Profit (Loss)	\$ 0.8	\$ (3.0)	\$ 4.8	\$ 7.0	\$ 10.1

What were the hospital's total margin and operating margins between FY16 and FY20, and how do these compare to the hospital's peer cohort medians? (Note: FY20 margins include COVID funding)



For descriptions of the metrics, please see the technical appendix.

¹ High Public Payer Hospitals (HPP) reported a minimum of 63% of gross patient service revenue from public payers.

² For 2019 and 2020 readmission rates, a new methodology was used. These rates may not be comparable to earlier years. For more information, please see: <https://www.chiamass.gov/assets/docs/r/pubs/2022/Readmissions-Technical-Appendix-2011-2020.pdf>

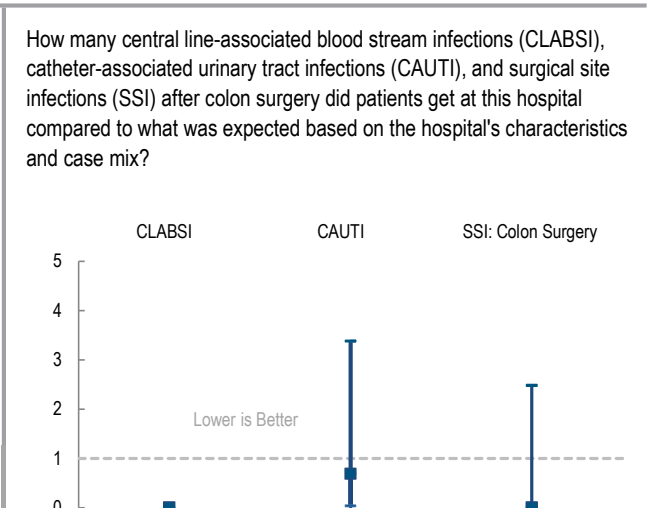
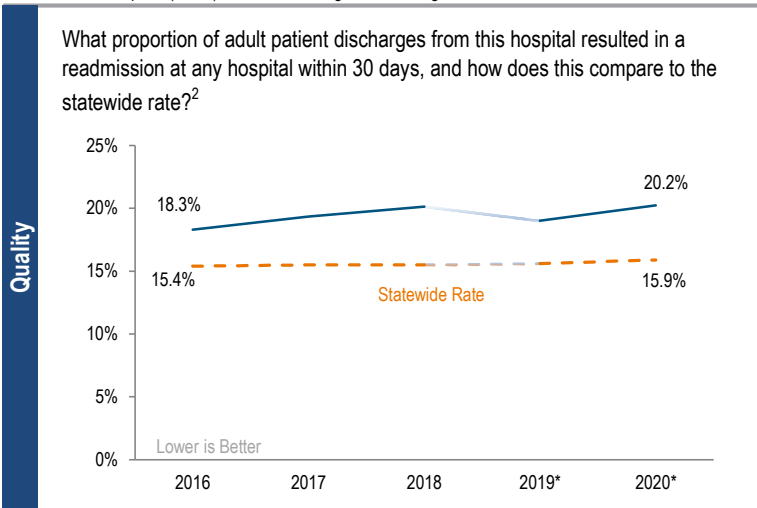
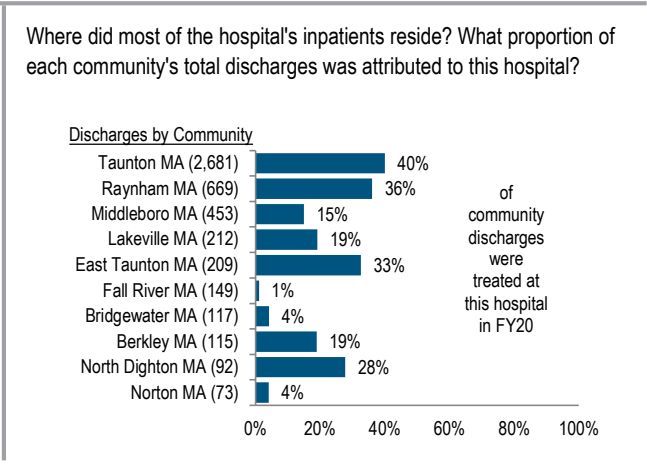
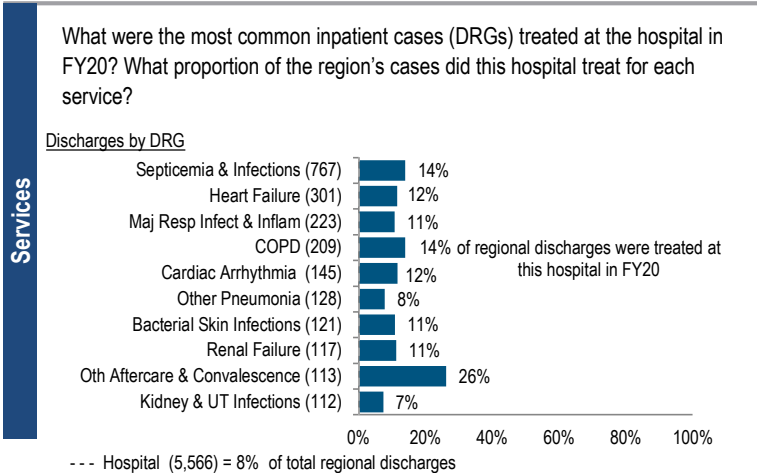
³ Effective FY 2020 supplemental revenue is not included in net patient service revenue for all hospitals. Prior to FY 2020, reporting of supplemental revenue varied by hospital.

⁴ There was an accounting change adopted by most hospitals beginning in FY 2020 in which unrealized gains and losses on investments are now recognized as non-operating income

Morton Hospital, A Steward Family Hospital is a smaller, for-profit community-High Public Payer Hospital (HPP) located in the Metro South region. Morton Hospital is a member of Steward Health Care. Between FY16 and FY20, the volume of inpatient discharges at the hospital decreased by 8.2% compared to a median decrease of 7.6% at cohort hospitals. Outpatient visits decreased 23.9% for the hospital between FY16 and FY20, compared to a median decrease of 15.2% for its peer cohort. Morton Hospital reported a profit of \$9.7M in FY20. Its FY19 total margin was 6.1%, compared to its peer cohort median of 4.0%.

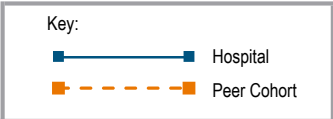
At a Glance	Overview / Size	
	Hospital System Affiliation:	Steward Health Care
	Hospital System Surplus (Deficit) in FY20:	(\$407,593,000)
	Change in Ownership (FY16-20):	Not Applicable
	Total Staffed Beds:	101, among the smaller acute hospitals
	% Occupancy:	79.7%, > cohort avg. (63%)
	Trauma Center Designation:	Not Applicable
	Case Mix Index:	1.17, > cohort avg. (1.00); > statewide (1.16)
	Financial	
	Inpatient NPSR per CMAD:	\$9,252
Change FY19-FY20:	-9.2%	
Inpatient Outpatient Revenue in FY20:	37%:63%	
Outpatient Revenue in FY20:	\$55,299,083	
Change FY19-FY20:	-13.9%	
Total Revenue in FY20:	\$160,570,821	
COVID Funding Included in Total Revenue:	\$30,920,713	
Total Surplus (Deficit) in FY20:	\$9,734,846	

Payer Mix	
Public Payer Mix ¹ :	71.2% HPP Hospital
CY19 Commercial Statewide Relative Price:	0.912
Top 3 Commercial Payers:	Blue Cross Blue Shield Harvard Pilgrim Tufts HMO
Utilization	
Inpatient Discharges in FY20:	5,566
Change FY19-FY20:	3.8%
Emergency Department Visits in FY20:	35,772
Change FY19-FY20:	-22.4%
Outpatient Visits in FY20:	45,750
Change FY19-FY20:	-24.0%
Quality	
Readmission Rate in FY20:	20.2%
Change FY19-FY20 (percentage points):	1.2
Early Elective Deliveries Rate:	Not Applicable



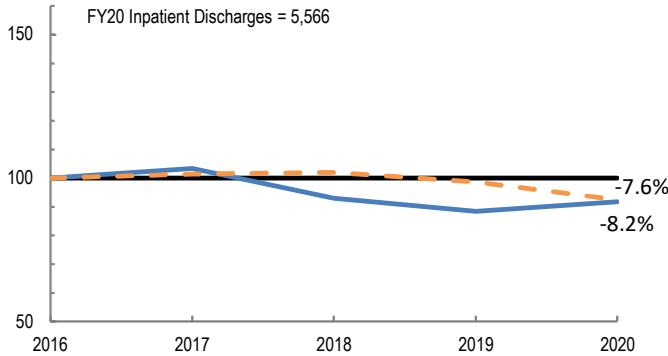
2020 HOSPITAL PROFILE: MORTON HOSPITAL, A STEWARD FAMILY HOSPITAL

Cohort: Community-High Public Payer Hospital

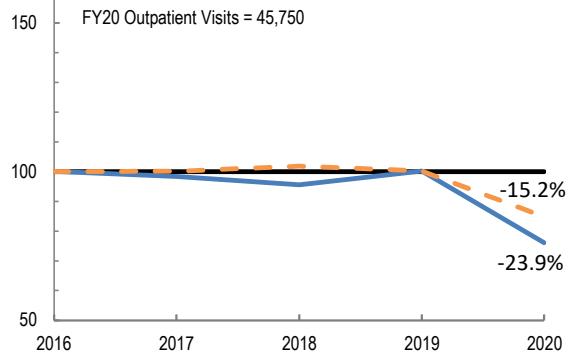


Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY16, and how does this compare to the hospital's peer cohort median? (FY16=100)

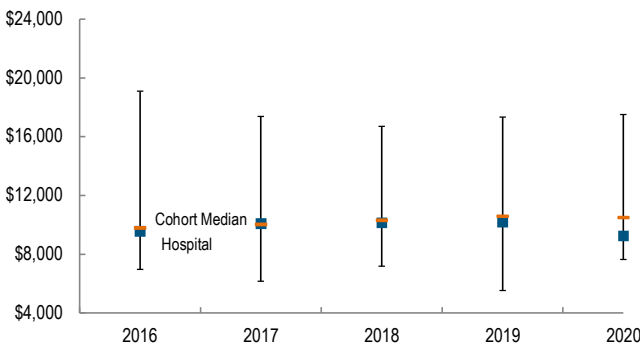


How has the volume of the hospital's outpatient visits changed compared to FY16, and how does this compare to the hospital's peer cohort median? (FY16=100)

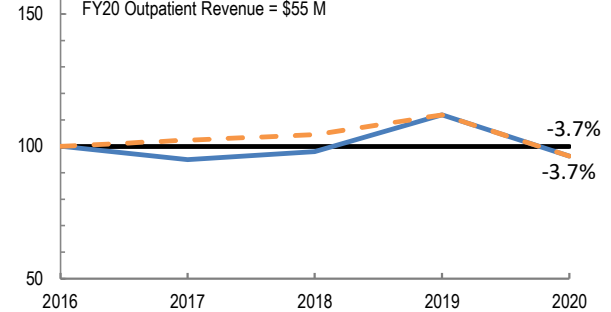


Patient Revenue Trends

What was the hospital's net inpatient service revenue³ per case mix adjusted discharge between FY16 and FY20, and how does this compare to the hospital's peer cohort median?



How has the hospital's net outpatient revenue³ changed compared to FY16, and how does this compare to the hospital's peer cohort median? (FY16=100)



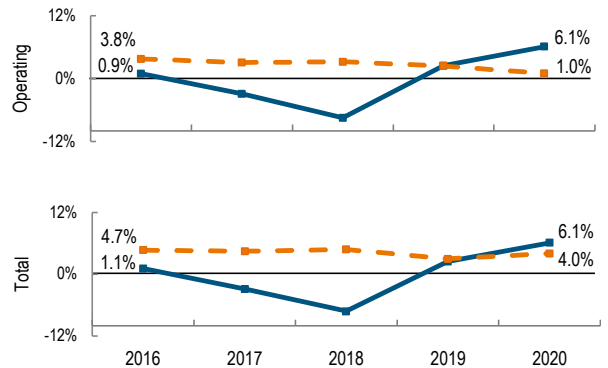
Financial Performance

How have the hospital's total revenue and costs changed between FY16 and FY20? (COVID funding affects FY20 only)

Revenue, Cost, & Profit/Loss (in millions)

FY	2016	2017	2018	2019	2020
Operating Revenue	\$ 118.0	\$ 119.4	\$ 119.0	\$ 124.1	\$ 160.6
COVID Funding Included in Operating Revenue					\$ 30.9
Non-Operating Revenue⁴	\$ 0.2	\$ 0.0	\$ 0.3	\$ 0.0	\$ 0.0
Total Revenue	\$ 118.2	\$ 119.4	\$ 119.4	\$ 124.1	\$ 160.6
Total Costs	\$ 116.9	\$ 122.9	\$ 127.9	\$ 120.9	\$ 150.8
Total Profit (Loss)	\$ 1.3	\$ (3.4)	\$ (8.6)	\$ 3.1	\$ 9.7

What were the hospital's total margin and operating margins between FY16 and FY20, and how do these compare to the hospital's peer cohort medians? (Note: FY20 margins include COVID funding)



For descriptions of the metrics, please see the technical appendix.

¹ High Public Payer Hospitals (HPP) reported a minimum of 63% of gross patient service revenue from public payers.

² For 2019 and 2020 readmission rates, a new methodology was used. These rates may not be comparable to earlier years. For more information, please see: <https://www.chiamass.gov/assets/docs/r/pubs/2022/Readmissions-Technical-Appendix-2011-2020.pdf>

³ Effective FY 2020 supplemental revenue is not included in net patient service revenue for all hospitals. Prior to FY 2020, reporting of supplemental revenue varied by hospital.

⁴ There was an accounting change adopted by most hospitals beginning in FY 2020 in which unrealized gains and losses on investments are now recognized as non-operating income

2020 Hospital Profile

Nashoba Valley Medical Center, A Steward Family Hospital is a small, for-profit community-High Public Payer (HPP) hospital located in the Northeastern Massachusetts region. It is a member of Steward Health Care. Between FY16 and FY20, the volume of inpatient discharges at the hospital decreased by 14.6% compared to a median decrease of 7.6%. Outpatient visits decreased 34.2% for the hospital between FY16 and FY20, compared to a median decrease of 15.2%. The hospital reported a loss for the fourth year in the row in FY20, losing \$16M and reporting a total margin of -31.5%, compared to its peer cohort median of 4.0%.

Overview / Size

Hospital System Affiliation:	Steward Health Care System
Hospital System Surplus (Deficit) in FY20:	(\$407,593,000)
Change in Ownership (FY16-20):	Not Applicable
Total Staffed Beds:	39, among the smaller acute hospitals
% Occupancy:	73.7%, > cohort avg. (63%)
Trauma Center Designation:	Not Applicable
Case Mix Index:	0.97, < cohort avg. (1.00); < statewide (1.16)

Financial

Inpatient NPSR per CMAD:	\$12,193
Change FY19-FY20:	7.5%
Inpatient Outpatient Revenue in FY20:	26%:74%
Outpatient Revenue in FY20:	\$28,245,570
Change FY19-FY20:	-24.6%
Total Revenue in FY20:	\$50,917,475
COVID Funding Included in Total Revenue:	\$1,218,100
Total Surplus (Deficit) in FY20:	-\$16,024,073

Payer Mix

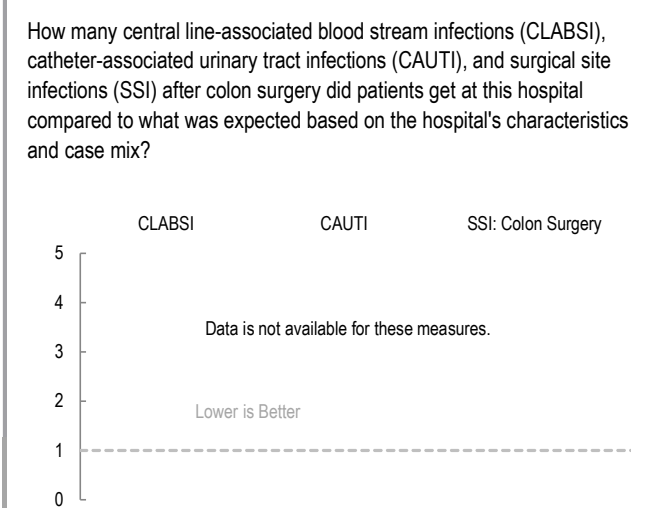
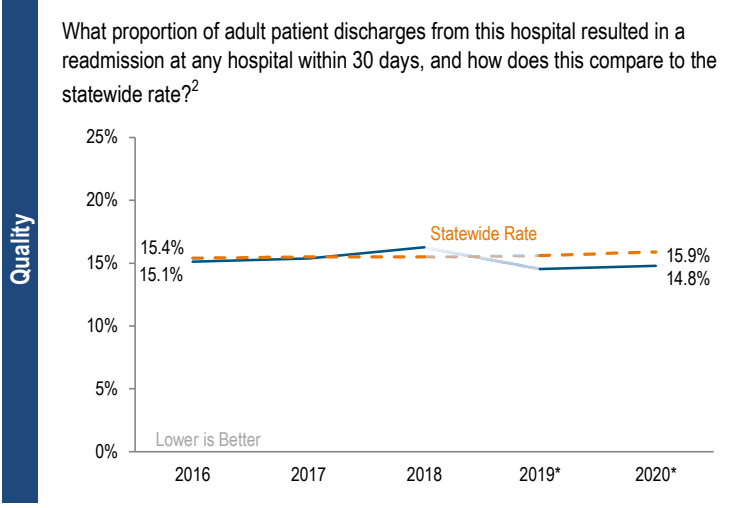
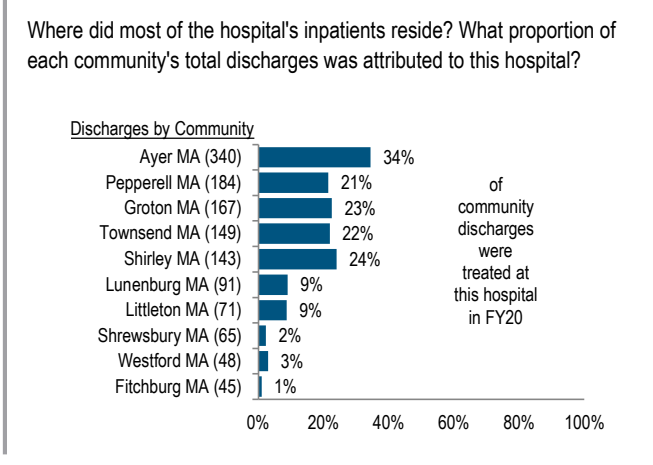
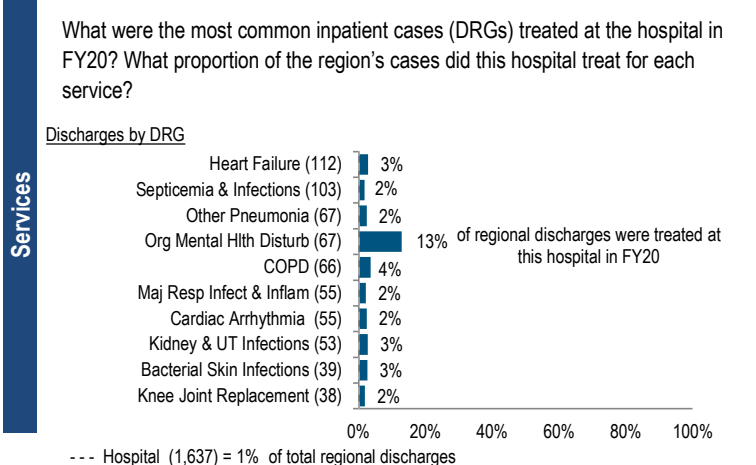
Public Payer Mix ¹ :	66.1% HPP Hospital
CY19 Commercial Statewide Relative Price:	0.897
Top 3 Commercial Payers:	Blue Cross Blue Shield Tufts HMO Harvard Pilgrim

Utilization

Inpatient Discharges in FY20:	1,637
Change FY19-FY20:	-12.5%
Emergency Department Visits in FY20:	11,013
Change FY19-FY20:	-22.9%
Outpatient Visits in FY20:	33,273
Change FY19-FY20:	-32.0%

Quality

Readmission Rate in FY20:	14.8%
Change FY19-FY20 (percentage points):	0.2
Early Elective Deliveries Rate:	Not Applicable

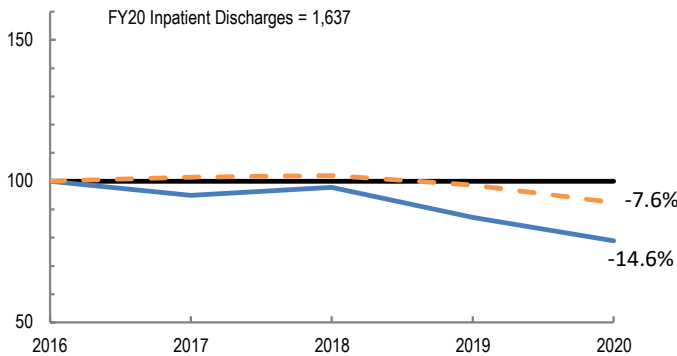


Key:

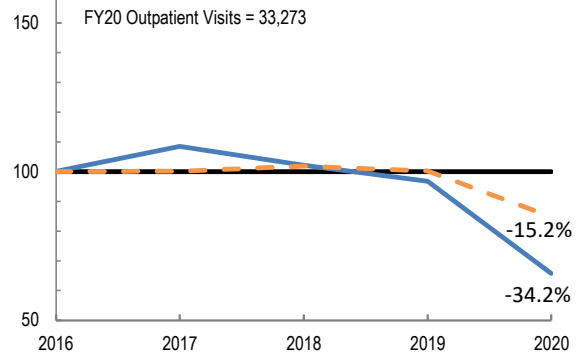
- Hospital
- Peer Cohort

Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY16, and how does this compare to the hospital's peer cohort median? (FY16=100)

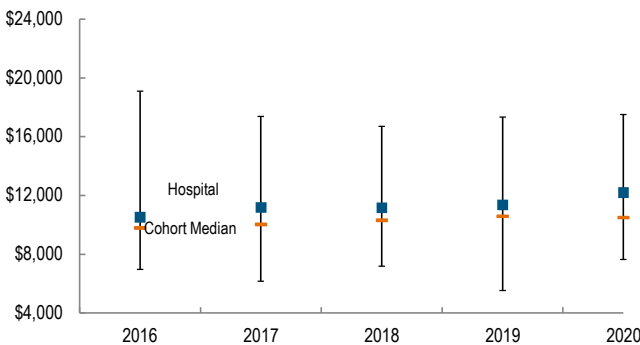


How has the volume of the hospital's outpatient visits changed compared to FY16, and how does this compare to the hospital's peer cohort median? (FY16=100)

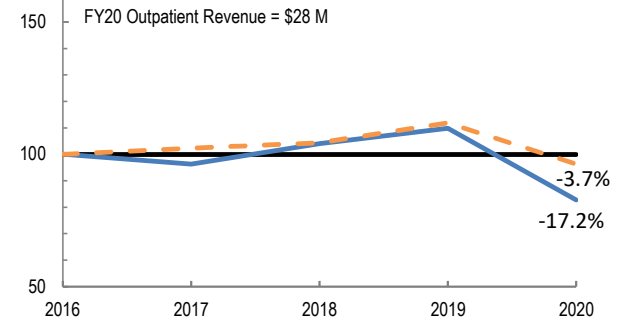


Patient Revenue Trends

What was the hospital's net inpatient service revenue³ per case mix adjusted discharge between FY16 and FY20, and how does this compare to the hospital's peer cohort median?



How has the hospital's net outpatient revenue³ changed compared to FY16, and how does this compare to the hospital's peer cohort median? (FY16=100)



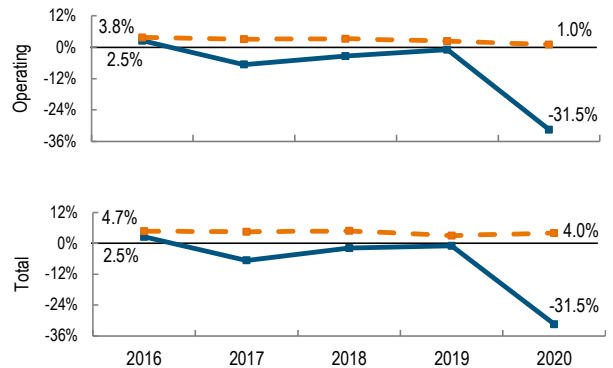
Financial Performance

How have the hospital's total revenue and costs changed between FY16 and FY20? (COVID funding affects FY20 only)

Revenue, Cost, & Profit/Loss (in millions)

FY	2016	2017	2018	2019	2020
Operating Revenue	\$ 53.2	\$ 54.7	\$ 57.7	\$ 58.1	\$ 50.9
COVID Funding Included in Operating Revenue					\$ 1.2
Non-Operating Revenue⁴	\$ (0.0)	\$ 0.0	\$ 0.9	\$ 0.0	\$ 0.0
Total Revenue	\$ 53.2	\$ 54.7	\$ 58.6	\$ 58.1	\$ 50.9
Total Costs	\$ 51.9	\$ 58.3	\$ 59.7	\$ 58.7	\$ 66.9
Total Profit (Loss)	\$ 1.3	\$ (3.6)	\$ (1.1)	\$ (0.6)	\$ (16.0)

What were the hospital's total margin and operating margins between FY16 and FY20, and how do these compare to the hospital's peer cohort medians? (Note: FY20 margins include COVID funding)



For descriptions of the metrics, please see the technical appendix.

¹ High Public Payer Hospitals (HPP) reported a minimum of 63% of gross patient service revenue from public payers.

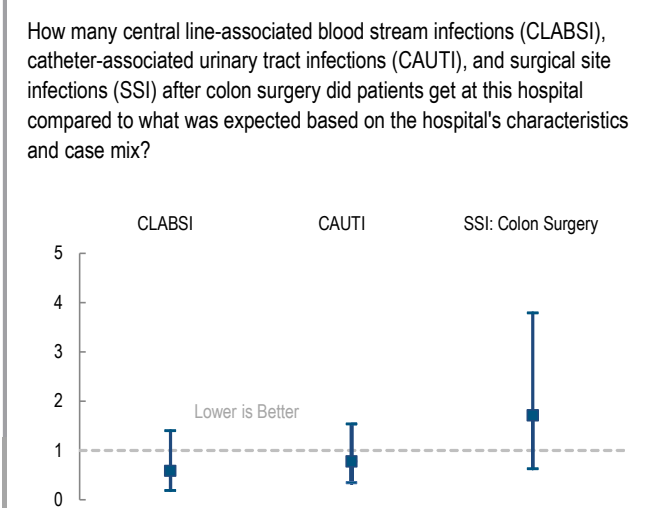
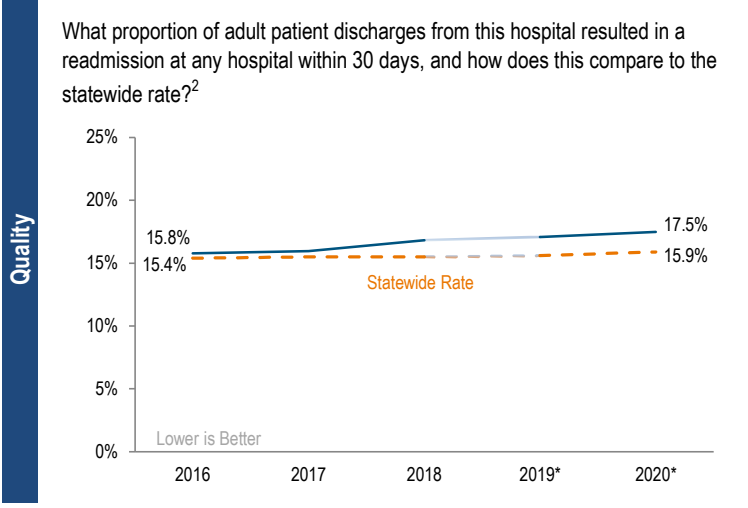
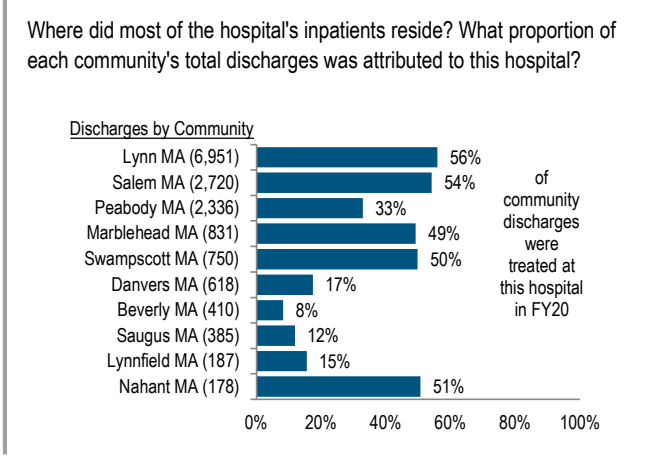
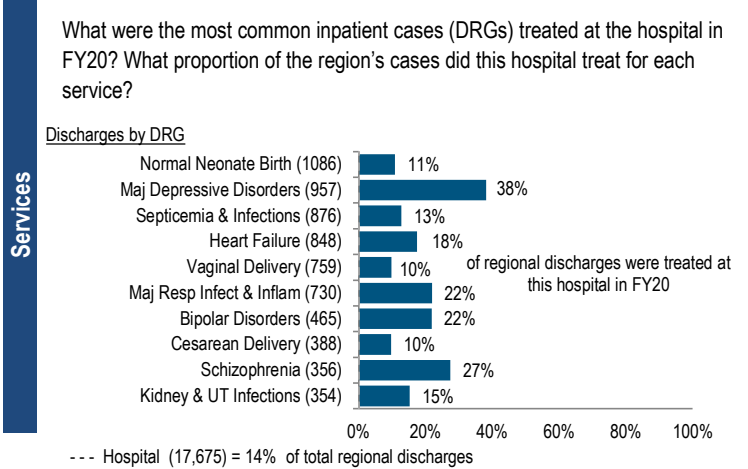
² For 2019 and 2020 readmission rates, a new methodology was used. These rates may not be comparable to earlier years. For more information, please see: <https://www.chiamass.gov/assets/docs/r/pubs/2022/Readmissions-Technical-Appendix-2011-2020.pdf>

³ Effective FY 2020 supplemental revenue is not included in net patient service revenue for all hospitals. Prior to FY 2020, reporting of supplemental revenue varied by hospital.

⁴ There was an accounting change adopted by most hospitals beginning in FY 2020 in which unrealized gains and losses on investments are now recognized as non-operating income

North Shore Medical Center is a large, non-profit community-High Public Payer (HPP) hospital located in the Northeastern Massachusetts region. It is a member of Mass General Brigham. Between FY16 and FY20, the volume of inpatient discharges at the hospital decreased by 7.3% compared to a median decrease of 7.6% at cohort hospitals. Outpatient visits decreased by 13.7% for the hospital between FY16 and FY20, compared to a median decrease of 15.2% for its peer cohort. North Shore Medical Center experienced a profit of \$51.2M in FY20 and a total margin of 9.7%, compared to the median of its peer cohort of 4.0%.

At a Glance	Overview / Size		Payer Mix	
	Hospital System Affiliation:	Mass General Brigham	Public Payer Mix ¹ :	69.5% HPP Hospital
	Hospital System Surplus (Deficit) in FY20:	\$263,515,000	CY19 Commercial Statewide Relative Price:	0.980
	Change in Ownership (FY16-20):	Not Applicable	Top 3 Commercial Payers:	Blue Cross Blue Shield AllWays Harvard Pilgrim
	Total Staffed Beds:	398, 10th largest acute hospital		
	% Occupancy:	68.2%, > cohort avg. (63%)		
	Trauma Center Designation:	Adult: Level 3		
	Case Mix Index:	1.04, > cohort avg. (1.00); < statewide (1.16)		
	Financial		Utilization	
	Inpatient NPSR per CMAD:	\$12,516	Inpatient Discharges in FY20:	17,675
Change FY19-FY20:	2.1%	Change FY19-FY20:	0.4%	
Inpatient Outpatient Revenue in FY20:	40%:60%	Emergency Department Visits in FY20:	70,338	
Outpatient Revenue in FY20:	\$191,223,137	Change FY19-FY20:	-1.1%	
Change FY19-FY20:	-10.2%	Outpatient Visits in FY20:	93,177	
Total Revenue in FY20:	\$526,160,000	Change FY19-FY20:	-15.2%	
COVID Funding Included in Total Revenue:	\$70,203,000			
Total Surplus (Deficit) in FY20:	\$51,197,000	Quality		
		Readmission Rate in FY20:	17.5%	
		Change FY19-FY20 (percentage points):	0.4	
		Early Elective Deliveries Rate:	0.0%	



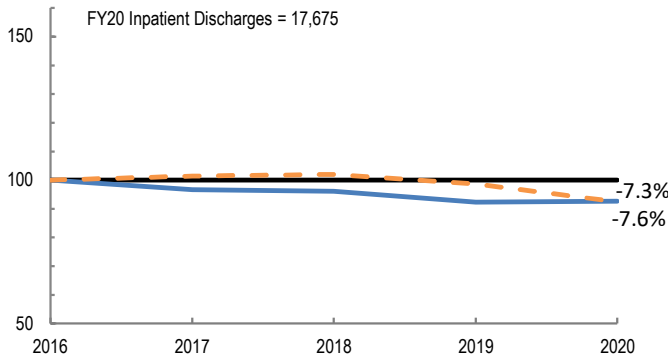
2020 HOSPITAL PROFILE: NORTH SHORE MEDICAL CENTER

Cohort: Community-High Public Payer Hospital

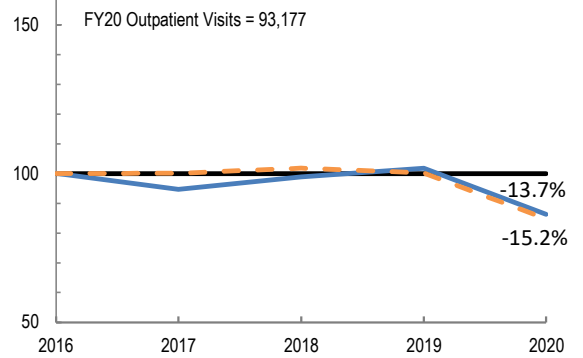


Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY16, and how does this compare to the hospital's peer cohort median? (FY16=100)

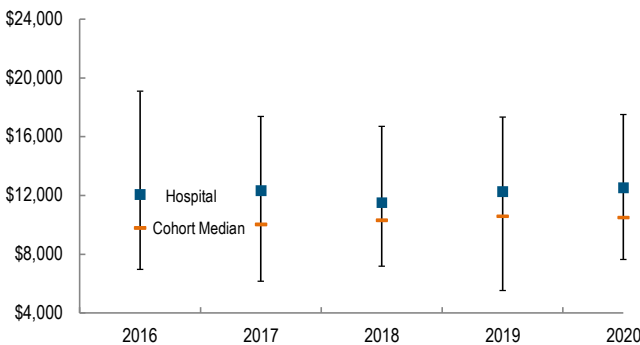


How has the volume of the hospital's outpatient visits changed compared to FY16, and how does this compare to the hospital's peer cohort median? (FY16=100)

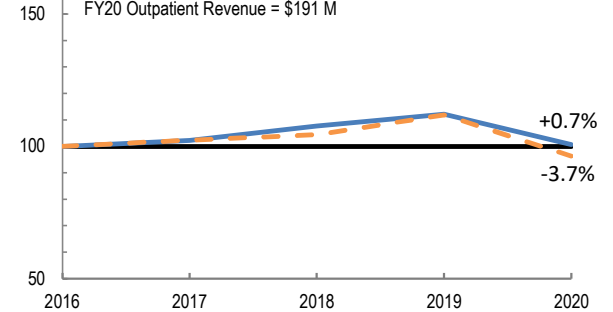


Patient Revenue Trends

What was the hospital's net inpatient service revenue³ per case mix adjusted discharge between FY16 and FY20, and how does this compare to the hospital's peer cohort median?



How has the hospital's net outpatient revenue³ changed compared to FY16, and how does this compare to the hospital's peer cohort median? (FY16=100)



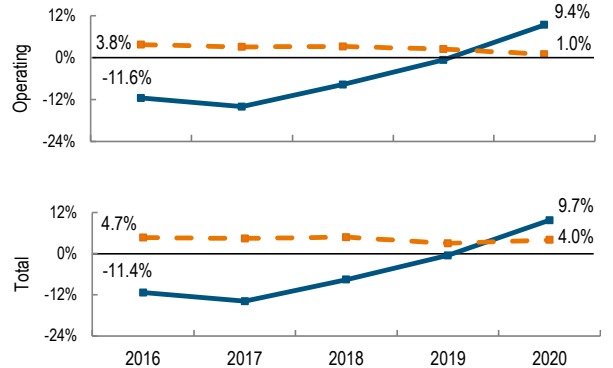
Financial Performance

How have the hospital's total revenue and costs changed between FY16 and FY20? (COVID funding affects FY20 only)

Revenue, Cost, & Profit/Loss (in millions)

FY	2016	2017	2018	2019	2020
Operating Revenue	\$ 419.2	\$ 413.7	\$ 422.8	\$ 456.6	\$ 524.4
COVID Funding Included in Operating Revenue					\$ 70.2
Non-Operating Revenue⁴	\$ 0.7	\$ 0.2	\$ 0.4	\$ 0.3	\$ 1.7
Total Revenue	\$ 419.9	\$ 413.9	\$ 423.1	\$ 456.9	\$ 526.2
Total Costs	\$ 467.9	\$ 471.7	\$ 455.3	\$ 459.7	\$ 475.0
Total Profit (Loss)	\$ (48.0)	\$ (57.7)	\$ (32.2)	\$ (2.8)	\$ 51.2

What were the hospital's total margin and operating margins between FY16 and FY20, and how do these compare to the hospital's peer cohort medians? (Note: FY20 margins include COVID funding)



For descriptions of the metrics, please see the technical appendix.

¹ High Public Payer Hospitals (HPP) reported a minimum of 63% of gross patient service revenue from public payers.

² For 2019 and 2020 readmission rates, a new methodology was used. These rates may not be comparable to earlier years. For more information, please see: <https://www.chiamass.gov/assets/docs/r/pubs/2022/Readmissions-Technical-Appendix-2011-2020.pdf>

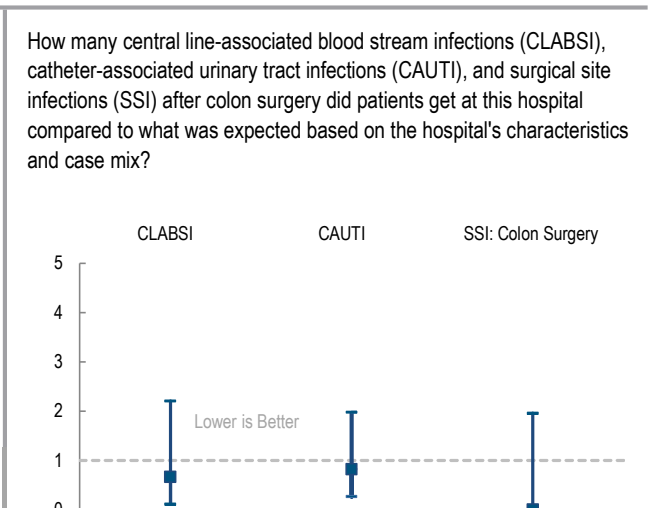
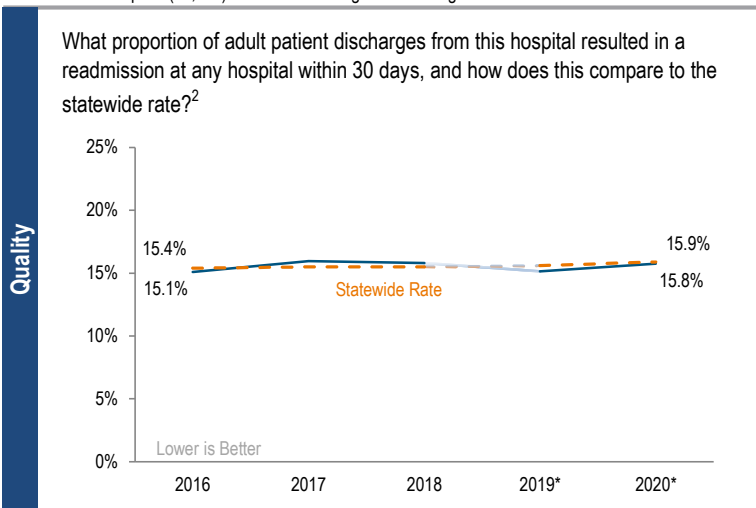
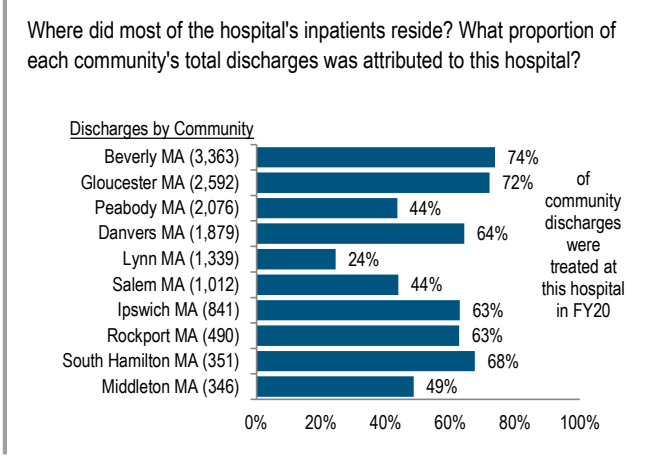
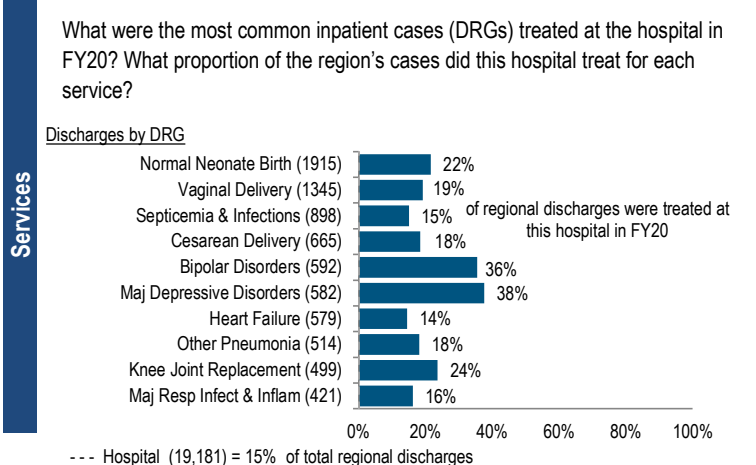
³ Effective FY 2020 supplemental revenue is not included in net patient service revenue for all hospitals. Prior to FY 2020, reporting of supplemental revenue varied by hospital.

⁴ There was an accounting change adopted by most hospitals beginning in FY 2020 in which unrealized gains and losses on investments are now recognized as non-operating income

Northeast Hospital, which includes the Addison Gilbert Hospital and Beverly Hospital campuses, is a non-profit community-High Public Payer (HPP) hospital located in the Northeastern Massachusetts region. It is among the larger acute hospitals in Massachusetts and is a member of Beth Israel Lahey Health. Between FY16 and FY20, outpatient visits decreased by 5.3%, compared to a median decrease of 15.2% for its peer cohort. Northeast Hospital reported a profit in each of the last five years, including a profit of \$53.5M in FY20 and a total margin of 12.8%, higher than the 4.0% median for its peer cohort.

Overview / Size	
Hospital System Affiliation:	Beth Israel Lahey Health
Hospital System Surplus (Deficit) in FY20:	\$73,031,000
Change in Ownership (FY16-20):	Beth Israel Lahey Health 3/1/19
Total Staffed Beds:	353, among the larger acute hospitals
% Occupancy:	72.3%, > cohort avg. (63%)
Trauma Center Designation:	Adult: Level 3
Case Mix Index:	0.94, < cohort avg. (1.00); < statewide (1.16)
Financial	
Inpatient NPSR per CMAD:	\$10,933
Change FY19-FY20:	2.8%
Inpatient Outpatient Revenue in FY20:	37%:63%
Outpatient Revenue in FY20:	\$154,744,599
Change FY19-FY20:	-10.6%
Total Revenue in FY20:	\$417,095,000
COVID Funding Included in Total Revenue:	\$35,054,000
Total Surplus (Deficit) in FY20:	\$53,547,000

Payer Mix	
Public Payer Mix ¹ :	63.9% HPP Hospital
CY19 Commercial Statewide Relative Price:	0.832
Top 3 Commercial Payers:	Blue Cross Blue Shield Harvard Pilgrim Tufts HMO
Utilization	
Inpatient Discharges in FY20:	19,181
Change FY19-FY20:	-9.0%
Emergency Department Visits in FY20:	53,386
Change FY19-FY20:	-13.2%
Outpatient Visits in FY20:	406,758
Change FY19-FY20:	-14.9%
Quality	
Readmission Rate in FY20:	15.8%
Change FY19-FY20 (percentage points):	0.6
Early Elective Deliveries Rate:	0.0%



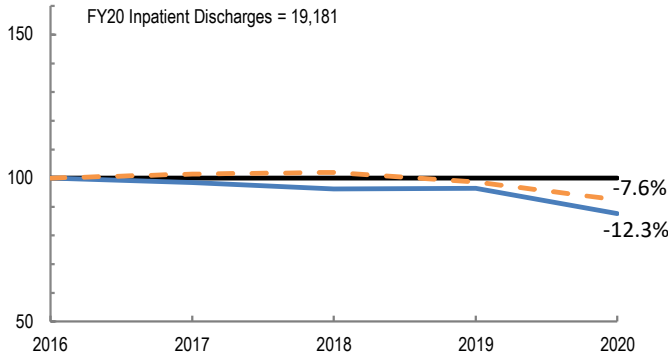
2020 HOSPITAL PROFILE: NORTHEAST HOSPITAL

Cohort: Community-High Public Payer Hospital

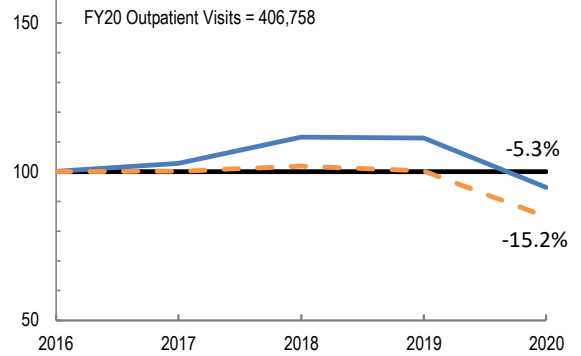


Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY16, and how does this compare to the hospital's peer cohort median? (FY16=100)

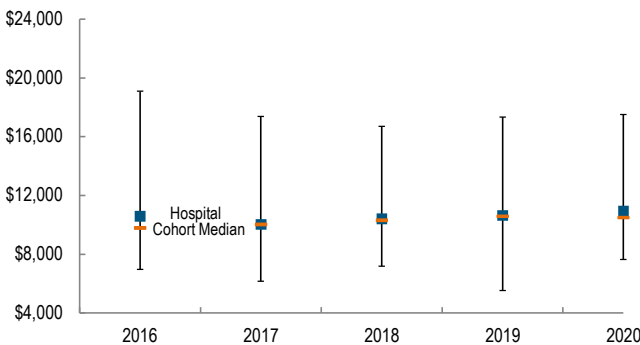


How has the volume of the hospital's outpatient visits changed compared to FY16, and how does this compare to the hospital's peer cohort median? (FY16=100)

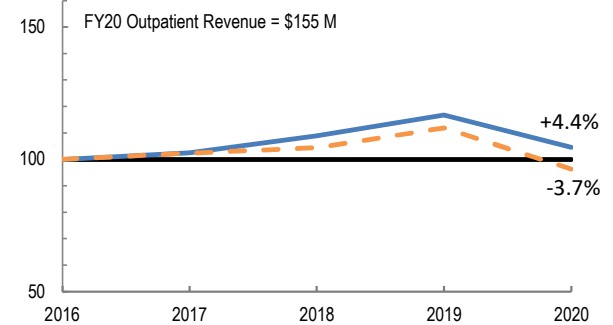


Patient Revenue Trends

What was the hospital's net inpatient service revenue³ per case mix adjusted discharge between FY16 and FY20, and how does this compare to the hospital's peer cohort median?



How has the hospital's net outpatient revenue³ changed compared to FY16, and how does this compare to the hospital's peer cohort median? (FY16=100)



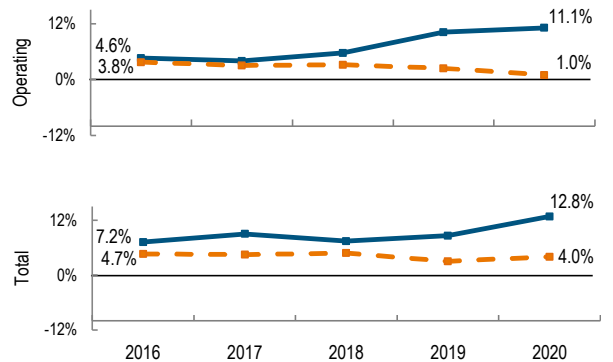
Financial Performance

How have the hospital's total revenue and costs changed between FY16 and FY20? (COVID funding affects FY20 only)

Revenue, Cost, & Profit/Loss (in millions)

FY	2016	2017	2018	2019	2020
Operating Revenue	\$ 349.5	\$ 350.2	\$ 373.4	\$ 235.2	\$ 410.0
COVID Funding Included in Operating Revenue					\$ 35.1
Non-Operating Revenue⁴	\$ 9.4	\$ 18.5	\$ 6.3	\$ (3.8)	\$ 7.1
Total Revenue	\$ 358.9	\$ 368.7	\$ 379.7	\$ 231.4	\$ 417.1
Total Costs	\$ 333.0	\$ 335.6	\$ 351.7	\$ 211.5	\$ 363.5
Total Profit (Loss)	\$ 25.9	\$ 33.1	\$ 28.0	\$ 19.9	\$ 53.5

What were the hospital's total margin and operating margins between FY16 and FY20, and how do these compare to the hospital's peer cohort medians? (Note: FY20 margins include COVID funding)



For descriptions of the metrics, please see the technical appendix.

¹ High Public Payer Hospitals (HPP) reported a minimum of 63% of gross patient service revenue from public payers.

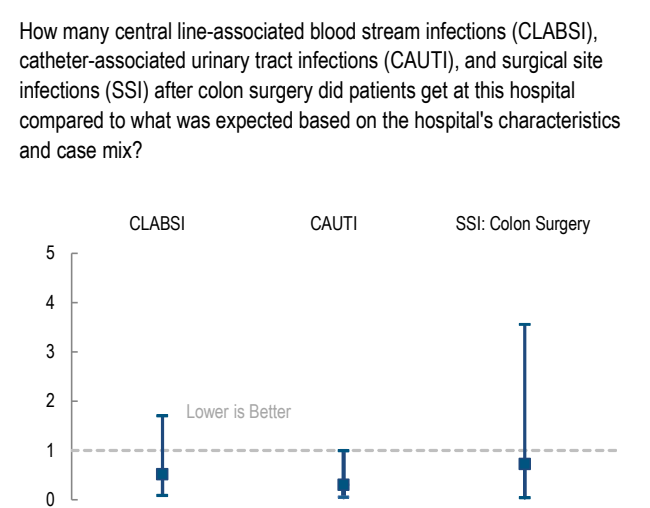
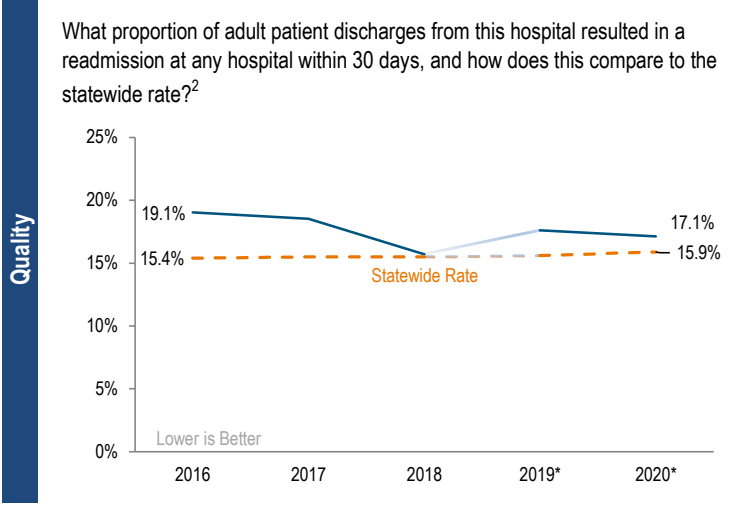
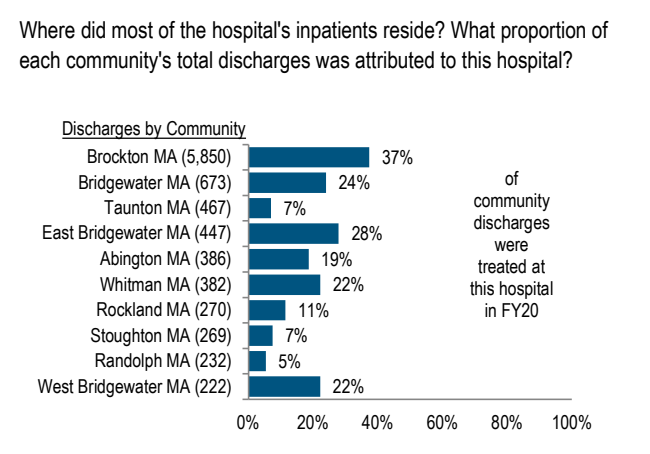
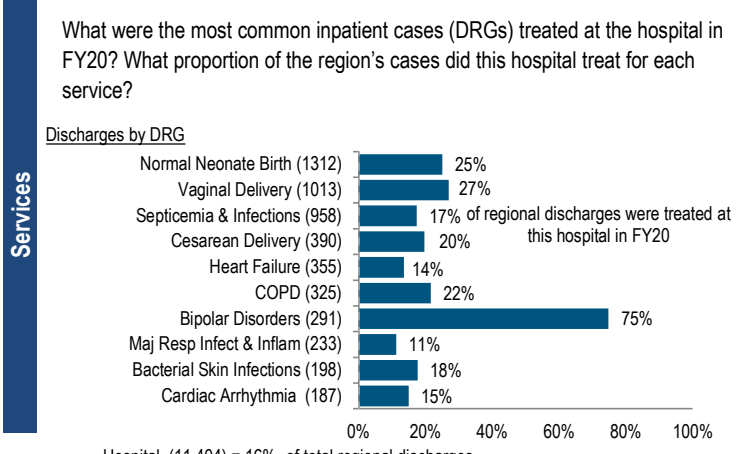
² For 2019 and 2020 readmission rates, a new methodology was used. These rates may not be comparable to earlier years. For more information, please see: <https://www.chiamass.gov/assets/docs/r/pubs/2022/Readmissions-Technical-Appendix-2011-2020.pdf>

³ Effective FY 2020 supplemental revenue is not included in net patient service revenue for all hospitals. Prior to FY 2020, reporting of supplemental revenue varied by hospital.

⁴ There was an accounting change adopted by most hospitals beginning in FY 2020 in which unrealized gains and losses on investments are now recognized as non-operating income

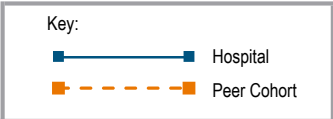
Signature Healthcare Brockton Hospital is a non-profit community-High Public Payer (HPP) hospital located in the Metro South region. Between FY16 and FY20, the volume of inpatient discharges at the hospital decreased by 6.2% compared to a median decrease of 7.6% at cohort hospitals. Outpatient visits increased 21.4% for the hospital between FY16 and FY20, compared to a median decrease of 15.2% for its peer cohort. Signature Healthcare Brockton Hospital reported a profit each year in this time period including a profit of \$17.0M in FY20 and a total margin of 5.4%, compared to the cohort median of 4.0%.

Overview / Size		Payer Mix	
Hospital System Affiliation:	Signature Healthcare Corporation	Public Payer Mix ¹ :	74.3% HPP Hospital
Hospital System Surplus (Deficit) in FY20:	\$7,327,183	CY19 Commercial Statewide Relative Price:	0.827
Change in Ownership (FY16-20):	Not Applicable	Top 3 Commercial Payers:	Blue Cross Blue Shield Harvard Pilgrim Tufts HMO
Total Staffed Beds:	216, mid-size acute hospital		
% Occupancy:	66.3%, > cohort avg. (63%)		
Trauma Center Designation:	Not Applicable		
Case Mix Index:	0.93, < cohort avg. (1.00); < statewide (1.16)		
Financial		Utilization	
Inpatient NPSR per CMAD:	\$11,362	Inpatient Discharges in FY20:	11,404
Change FY19-FY20:	-2.3%	Change FY19-FY20:	-1.6%
Inpatient Outpatient Revenue in FY20:	38%:62%	Emergency Department Visits in FY20:	49,142
Outpatient Revenue in FY20:	\$113,765,414	Change FY19-FY20:	-17.2%
Change FY19-FY20:	-17.0%	Outpatient Visits in FY20:	180,310
Total Revenue in FY20:	\$313,186,008	Change FY19-FY20:	-6.4%
COVID Funding Included in Total Revenue:	\$8,260,510		
Total Surplus (Deficit) in FY20:	\$17,005,175		
		Quality	
		Readmission Rate in FY20:	17.1%
		Change FY19-FY20 (percentage points):	-0.5
		Early Elective Deliveries Rate:	0.0%



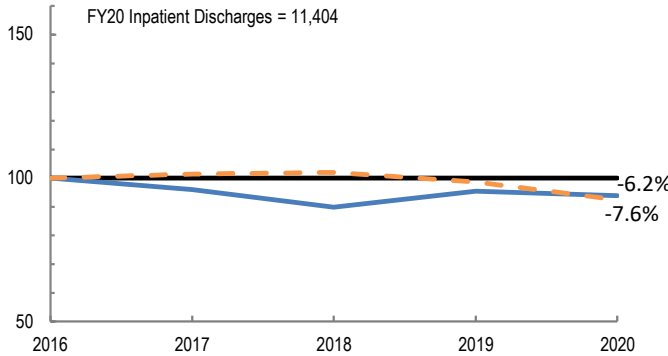
2020 HOSPITAL PROFILE: SIGNATURE HEALTHCARE BROCKTON HOSPITAL

Cohort: Community-High Public Payer Hospital

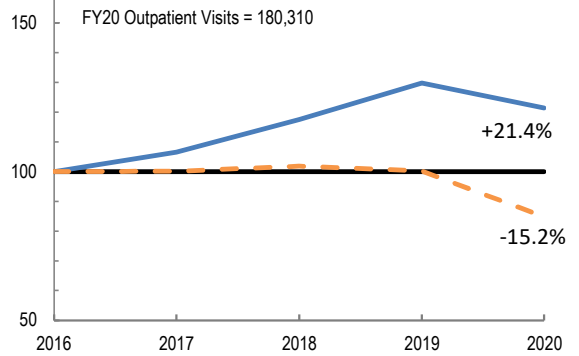


Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY16, and how does this compare to the hospital's peer cohort median? (FY16=100)

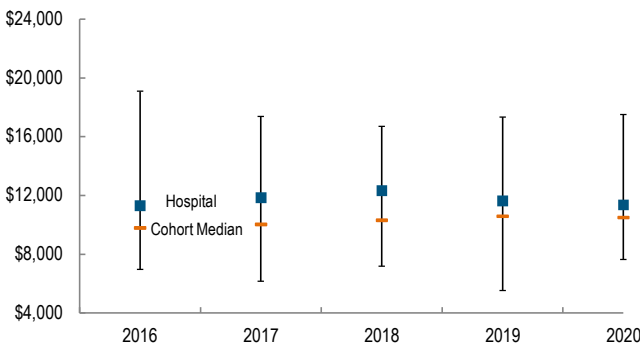


How has the volume of the hospital's outpatient visits changed compared to FY16, and how does this compare to the hospital's peer cohort median? (FY16=100)

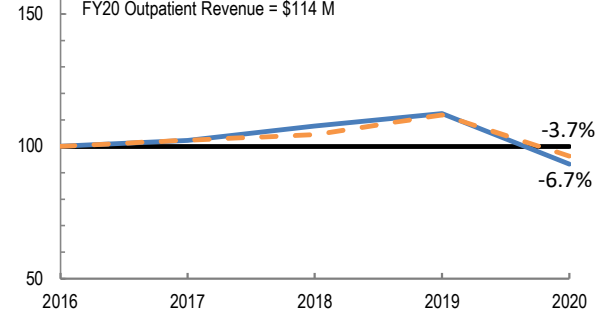


Patient Revenue Trends

What was the hospital's net inpatient service revenue³ per case mix adjusted discharge between FY16 and FY20, and how does this compare to the hospital's peer cohort median?



How has the hospital's net outpatient revenue³ changed compared to FY16, and how does this compare to the hospital's peer cohort median? (FY16=100)



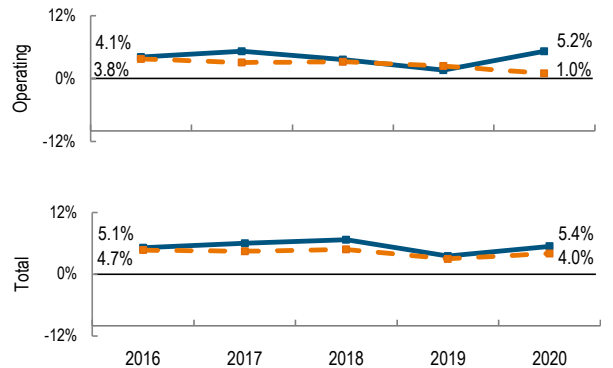
Financial Performance

How have the hospital's total revenue and costs changed between FY16 and FY20? (COVID funding affects FY20 only)

Revenue, Cost, & Profit/Loss (in millions)

FY	2016	2017	2018	2019	2020
Operating Revenue	\$ 268.0	\$ 282.9	\$ 287.9	\$ 296.3	\$ 312.5
COVID Funding Included in Operating Revenue					\$ 8.3
Non-Operating Revenue⁴	\$ 2.7	\$ 2.3	\$ 9.3	\$ 5.7	\$ 0.7
Total Revenue	\$ 270.6	\$ 285.1	\$ 297.1	\$ 302.0	\$ 313.2
Total Costs	\$ 256.9	\$ 268.1	\$ 277.2	\$ 291.4	\$ 296.2
Total Profit (Loss)	\$ 13.8	\$ 17.0	\$ 19.9	\$ 10.6	\$ 17.0

What were the hospital's total margin and operating margins between FY16 and FY20, and how do these compare to the hospital's peer cohort medians? (Note: FY20 margins include COVID funding)



For descriptions of the metrics, please see the technical appendix.

¹ High Public Payer Hospitals (HPP) reported a minimum of 63% of gross patient service revenue from public payers.

² For 2019 and 2020 readmission rates, a new methodology was used. These rates may not be comparable to earlier years. For more information, please see: <https://www.chiamass.gov/assets/docs/r/pubs/2022/Readmissions-Technical-Appendix-2011-2020.pdf>

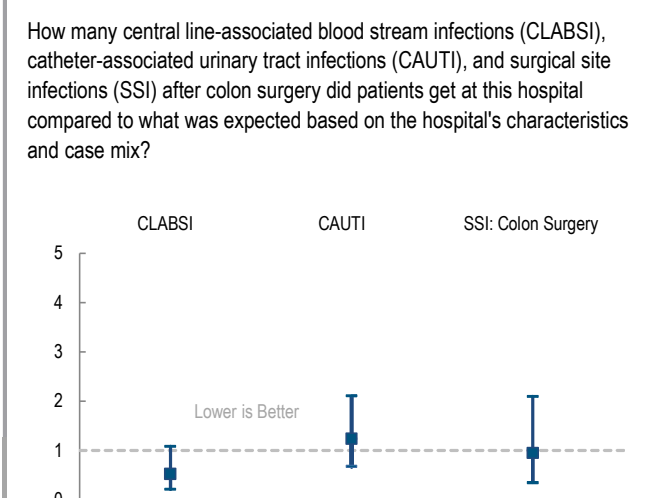
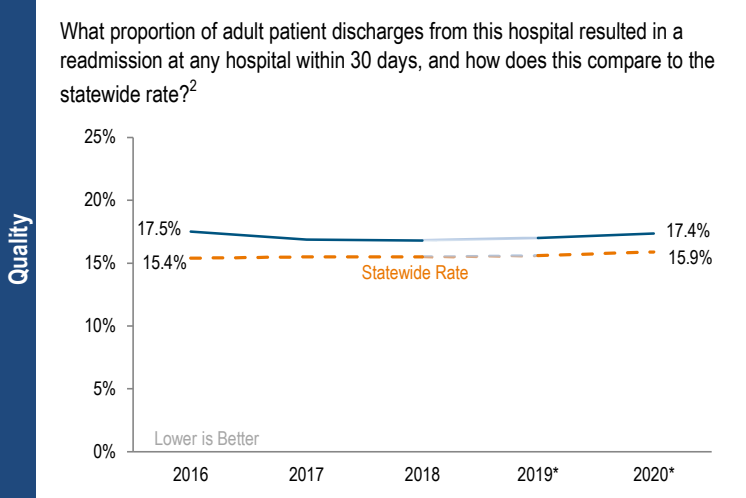
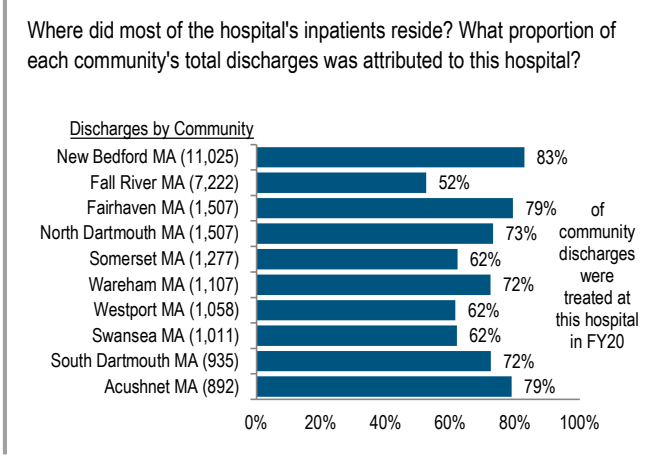
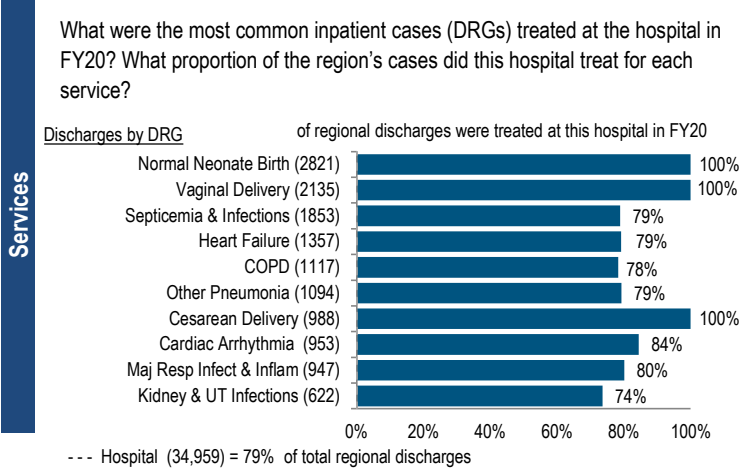
³ Effective FY 2020 supplemental revenue is not included in net patient service revenue for all hospitals. Prior to FY 2020, reporting of supplemental revenue varied by hospital.

⁴ There was an accounting change adopted by most hospitals beginning in FY 2020 in which unrealized gains and losses on investments are now recognized as non-operating income

2020 Hospital Profile

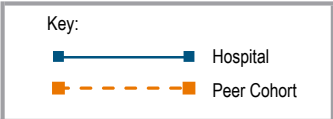
Southcoast Hospitals Group is a large, non-profit community-High Public Payer (HPP) hospital group located in the Southcoast region. It has three campuses across Southeastern Massachusetts: Charlton Memorial Hospital, St. Luke's Hospital, and Tobey Hospital. Between FY16 and FY20, the volume of inpatient discharges at the hospital decreased by 7.6% matching the median decrease at cohort hospitals. Outpatient visits decreased by 9.4% for the hospital between FY16 and FY20, compared to a median decrease of 15.2% for its peer cohort. Southcoast Hospitals Group reported a profit each year in this time period including a profit of \$107.6M in FY20 and a total margin of 11.4%.

At a Glance	Overview / Size		Payer Mix	
	Hospital System Affiliation:	Southcoast Health System	Public Payer Mix ¹ :	74.1% HPP Hospital
	Hospital System Surplus (Deficit) in FY20:	\$66,280,687	CY19 Commercial Statewide Relative Price:	0.824
	Change in Ownership (FY16-20):	Not Applicable	Top 3 Commercial Payers:	Blue Cross Blue Shield
	Total Staffed Beds:	439, 6th largest acute hospital		Harvard Pilgrim
	% Occupancy:	100.4%, highest in cohort avg. (63%)		Tufts HMO
	Trauma Center Designation:	Not Applicable		
	Case Mix Index:	1.08, > cohort avg. (1.00); < statewide (1.16)		
	Financial		Utilization	
	Inpatient NPSR per CMAD:	\$9,306	Inpatient Discharges in FY20:	34,959
Change FY19-FY20:	1.8%	Change FY19-FY20:	-7.7%	
Inpatient Outpatient Revenue in FY20:	40%:60%	Emergency Department Visits in FY20:	130,501	
Outpatient Revenue in FY20:	\$416,518,294	Change FY19-FY20:	-19.5%	
Change FY19-FY20:	-8.7%	Outpatient Visits in FY20:	818,486	
Total Revenue in FY20:	\$947,465,265	Change FY19-FY20:	-15.4%	
COVID Funding Included in Total Revenue:	\$70,062,573			
Total Surplus (Deficit) in FY20:	\$107,585,598			
		Quality		
		Readmission Rate in FY20:	17.4%	
		Change FY19-FY20 (percentage points):	0.3	
		Early Elective Deliveries Rate:	0.0%	



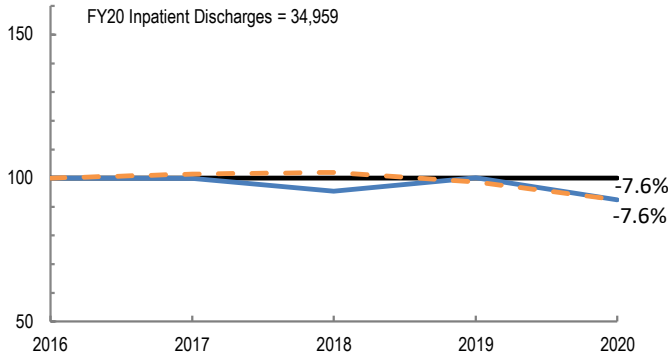
2020 HOSPITAL PROFILE: SOUTHCOAST HOSPITALS GROUP

Cohort: Community-High Public Payer Hospital

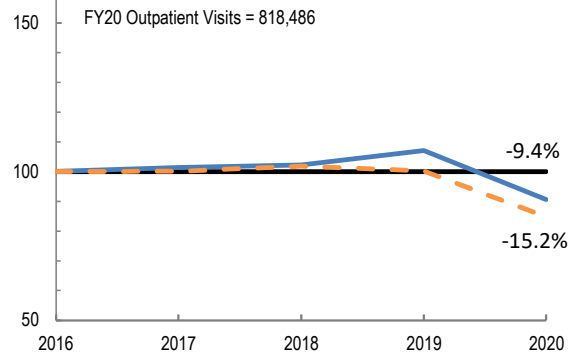


Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY16, and how does this compare to the hospital's peer cohort median? (FY16=100)

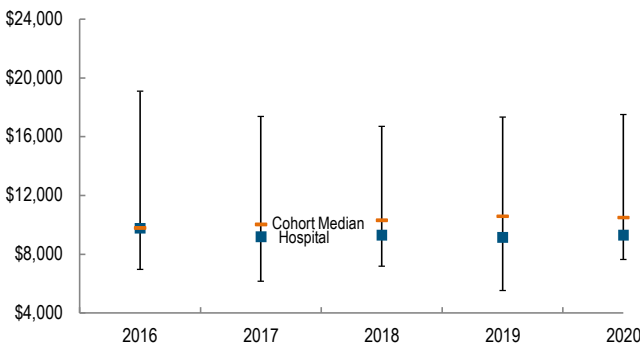


How has the volume of the hospital's outpatient visits changed compared to FY16, and how does this compare to the hospital's peer cohort median? (FY16=100)

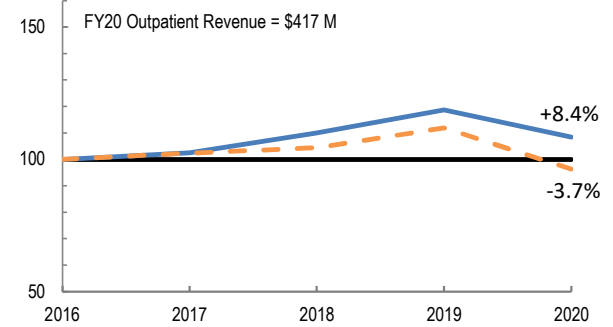


Patient Revenue Trends

What was the hospital's net inpatient service revenue³ per case mix adjusted discharge between FY16 and FY20, and how does this compare to the hospital's peer cohort median?



How has the hospital's net outpatient revenue³ changed compared to FY16, and how does this compare to the hospital's peer cohort median? (FY16=100)



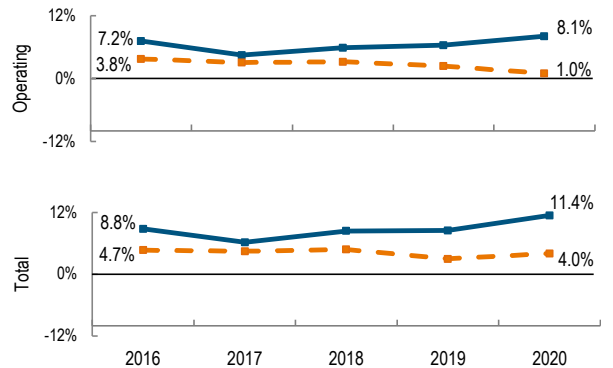
Financial Performance

How have the hospital's total revenue and costs changed between FY16 and FY20? (COVID funding affects FY20 only)

Revenue, Cost, & Profit/Loss (in millions)

FY	2016	2017	2018	2019	2020
Operating Revenue	\$ 815.8	\$ 810.2	\$ 827.9	\$ 879.4	\$ 916.9
COVID Funding Included in Operating Revenue					\$ 70.1
Non-Operating Revenue⁴	\$ 13.8	\$ 13.9	\$ 21.3	\$ 19.0	\$ 30.5
Total Revenue	\$ 829.6	\$ 824.1	\$ 849.2	\$ 898.4	\$ 947.5
Total Costs	\$ 756.4	\$ 772.7	\$ 777.5	\$ 821.8	\$ 839.9
Total Profit (Loss)	\$ 73.2	\$ 51.4	\$ 71.8	\$ 76.6	\$ 107.6

What were the hospital's total margin and operating margins between FY16 and FY20, and how do these compare to the hospital's peer cohort medians? (Note: FY20 margins include COVID funding)



For descriptions of the metrics, please see the technical appendix.

¹ High Public Payer Hospitals (HPP) reported a minimum of 63% of gross patient service revenue from public payers.

² For 2019 and 2020 readmission rates, a new methodology was used. These rates may not be comparable to earlier years. For more information, please see: <https://www.chiamass.gov/assets/docs/r/pubs/2022/Readmissions-Technical-Appendix-2011-2020.pdf>

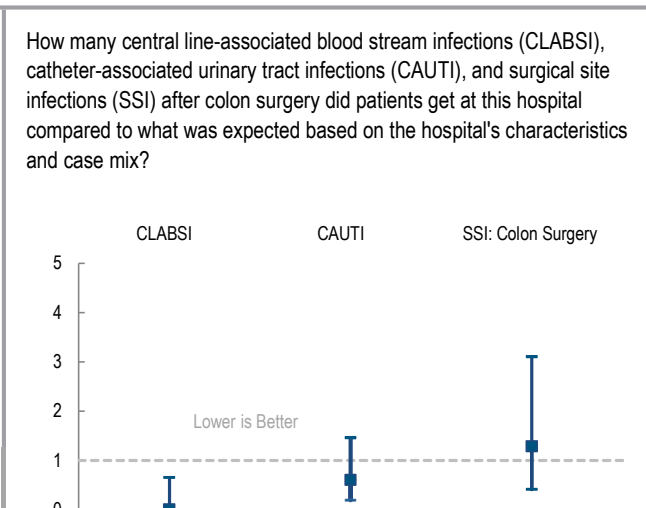
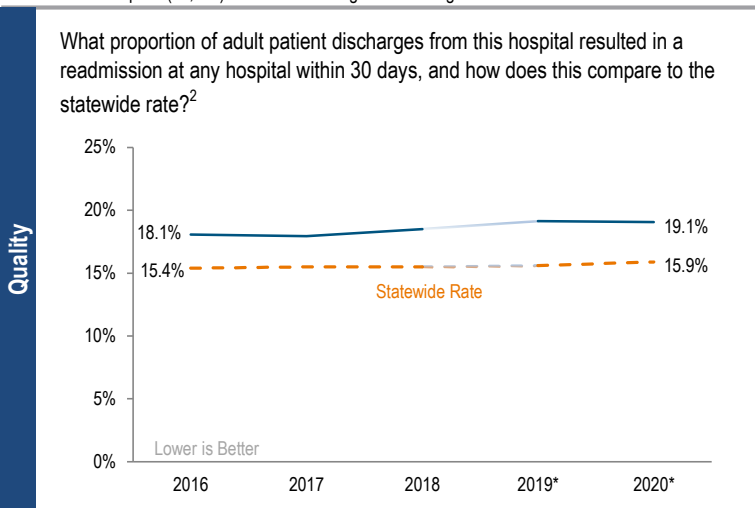
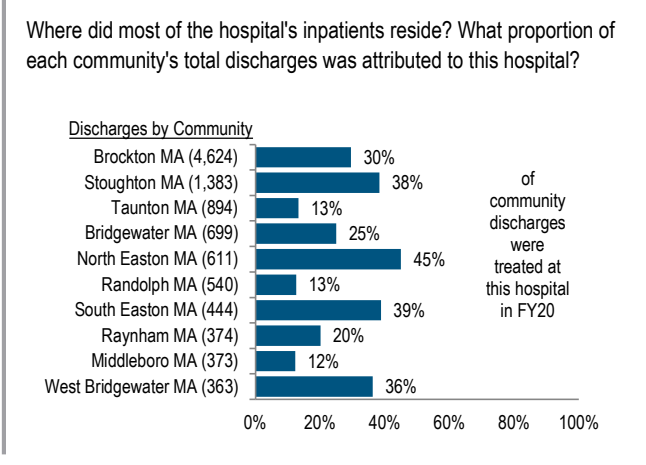
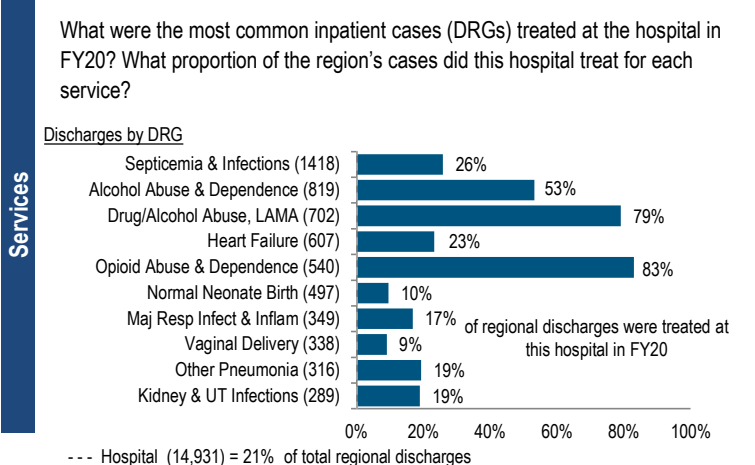
³ Effective FY 2020 supplemental revenue is not included in net patient service revenue for all hospitals. Prior to FY 2020, reporting of supplemental revenue varied by hospital.

⁴ There was an accounting change adopted by most hospitals beginning in FY 2020 in which unrealized gains and losses on investments are now recognized as non-operating income

Steward Good Samaritan Medical Center is a large, for-profit community-High Public Payer (HPP) hospital located in the Metro South region. It is a member of Steward Health Care. Outpatient visits decreased by 19.3% for the hospital between FY16 and FY20, compared to a median decrease of 15.2% for its peer cohort. Outpatient revenue decreased 21.1% for the hospital between FY16 and FY20, compared to a median decrease of 3.7% for its peer cohort. Steward Good Samaritan reported a profit in each of the five years in this period, including a profit at \$58.8M and a total margin of 17.2% in FY20.

Overview / Size	
Hospital System Affiliation:	Steward Health Care
Hospital System Surplus (Deficit) in FY20:	(\$407,593,000)
Change in Ownership (FY16-20):	Not Applicable
Total Staffed Beds:	237, among the larger acute hospitals
% Occupancy:	78.2%, > cohort avg. (63%)
Trauma Center Designation:	Adult: Level 3
Case Mix Index:	1.06, > cohort avg. (1.00); < statewide (1.16)
Financial	
Inpatient NPSR per CMAD:	\$10,859
Change FY19-FY20:	-3.9%
Inpatient Outpatient Revenue in FY20:	50%:50%
Outpatient Revenue in FY20:	\$95,614,617
Change FY19-FY20:	-27.7%
Total Revenue in FY20:	\$341,170,952
COVID Funding Included in Total Revenue:	\$44,336,804
Total Surplus (Deficit) in FY20:	\$58,776,667

Payer Mix	
Public Payer Mix ¹ :	70.1% HPP Hospital
CY19 Commercial Statewide Relative Price:	0.974
Top 3 Commercial Payers:	Blue Cross Blue Shield Harvard Pilgrim Tufts HMO
Utilization	
Inpatient Discharges in FY20:	14,931
Change FY19-FY20:	-6.3%
Emergency Department Visits in FY20:	50,914
Change FY19-FY20:	-19.3%
Outpatient Visits in FY20:	61,902
Change FY19-FY20:	-20.0%
Quality	
Readmission Rate in FY20:	19.1%
Change FY19-FY20 (percentage points):	-0.1
Early Elective Deliveries Rate:	0.0%



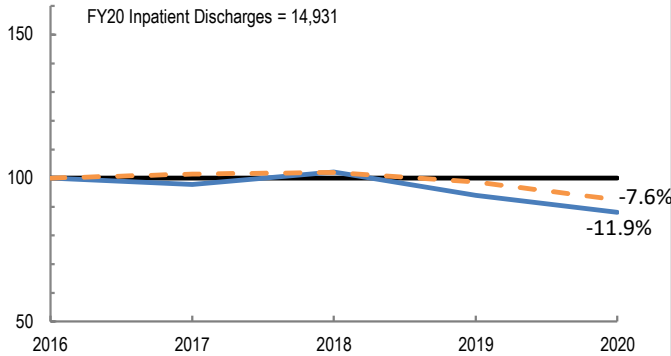
2020 HOSPITAL PROFILE: STEWARD GOOD SAMARITAN MEDICAL CENTER

Cohort: Community-High Public Payer Hospital

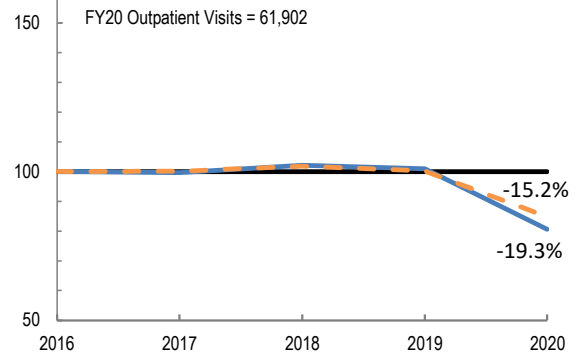


Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY16, and how does this compare to the hospital's peer cohort median? (FY16=100)

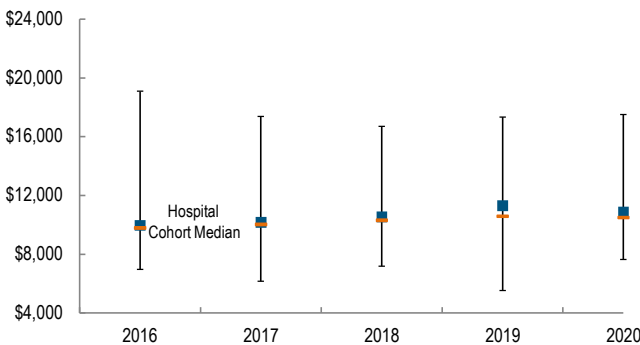


How has the volume of the hospital's outpatient visits changed compared to FY16, and how does this compare to the hospital's peer cohort median? (FY16=100)

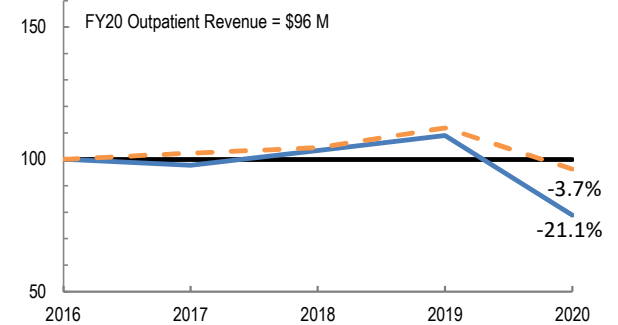


Patient Revenue Trends

What was the hospital's net inpatient service revenue³ per case mix adjusted discharge between FY16 and FY20, and how does this compare to the hospital's peer cohort median?



How has the hospital's net outpatient revenue³ changed compared to FY16, and how does this compare to the hospital's peer cohort median? (FY16=100)



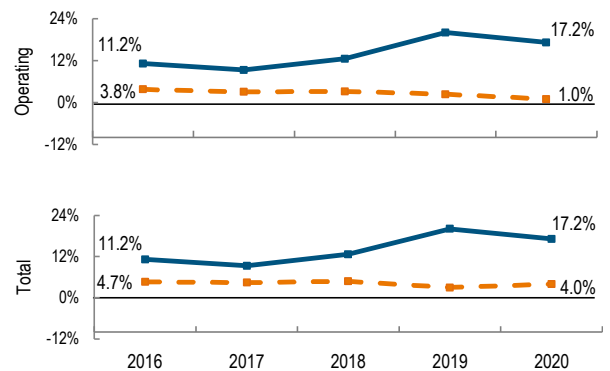
Financial Performance

How have the hospital's total revenue and costs changed between FY16 and FY20? (COVID funding affects FY20 only)

Revenue, Cost, & Profit/Loss (in millions)

FY	2016	2017	2018	2019	2020
Operating Revenue	\$ 273.7	\$ 276.4	\$ 298.7	\$ 310.3	\$ 341.2
COVID Funding Included in Operating Revenue					\$ 44.3
Non-Operating Revenue⁴	\$ 0.2	\$ 0.2	\$ 0.6	\$ 0.0	\$ 0.0
Total Revenue	\$ 273.9	\$ 276.6	\$ 299.3	\$ 310.3	\$ 341.2
Total Costs	\$ 243.1	\$ 250.8	\$ 261.2	\$ 247.8	\$ 282.4
Total Profit (Loss)	\$ 30.8	\$ 25.8	\$ 38.1	\$ 62.5	\$ 58.8

What were the hospital's total margin and operating margins between FY16 and FY20, and how do these compare to the hospital's peer cohort medians? (Note: FY20 margins include COVID funding)



For descriptions of the metrics, please see the technical appendix.

¹ High Public Payer Hospitals (HPP) reported a minimum of 63% of gross patient service revenue from public payers.

² For 2019 and 2020 readmission rates, a new methodology was used. These rates may not be comparable to earlier years. For more information, please see: <https://www.chiamass.gov/assets/docs/r/pubs/2022/Readmissions-Technical-Appendix-2011-2020.pdf>

³ Effective FY 2020 supplemental revenue is not included in net patient service revenue for all hospitals. Prior to FY 2020, reporting of supplemental revenue varied by hospital.

⁴ There was an accounting change adopted by most hospitals beginning in FY 2020 in which unrealized gains and losses on investments are now recognized as non-operating income

Steward Holy Family Hospital is a mid-size, for-profit community-High Public Payer (HPP) hospital located in the Northeastern Massachusetts region. It is a member of Steward Health Care. Between FY16 and FY20, the volume of inpatient discharges at the hospital decreased by 2.7% compared to a median decrease of 7.6% at cohort hospitals. Outpatient visits decreased 15.4% for the hospital between FY16 and FY20, compared to a median decrease of 15.2% for its peer cohort. Steward Holy Family Hospital reported a total margin of 0.0% in FY20, compared to the cohort median of 4.0%.

Overview / Size

Hospital System Affiliation:	Steward Health Care
Hospital System Surplus (Deficit) in FY20:	(\$407,593,000)
Change in Ownership (FY16-20):	Not Applicable
Total Staffed Beds:	231, mid-size acute hospital
% Occupancy:	73.1%, > cohort avg. (63%)
Trauma Center Designation:	Not Applicable
Case Mix Index:	1.01, > cohort avg. (1.00); < statewide (1.16)

Financial

Inpatient NPSR per CMAD:	\$10,717
Change FY19-FY20:	-2.5%
Inpatient Outpatient Revenue in FY20:	45%:55%
Outpatient Revenue in FY20:	\$99,389,830
Change FY19-FY20:	-18.6%
Total Revenue in FY20:	\$269,890,753
COVID Funding Included in Total Revenue:	\$25,635,173
Total Surplus (Deficit) in FY20:	-\$39,610

Payer Mix

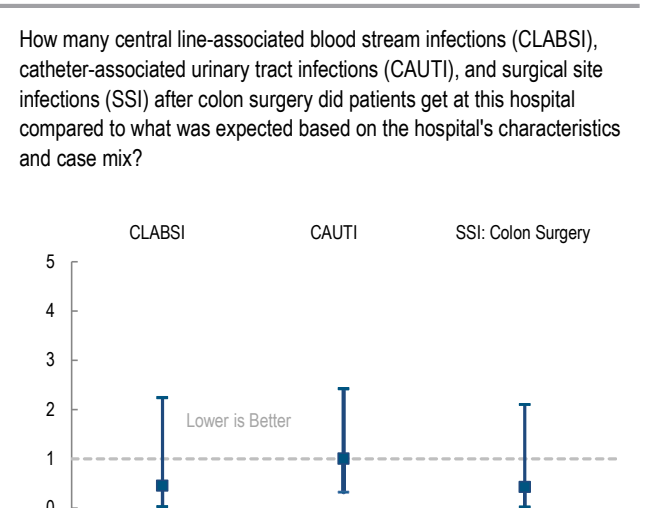
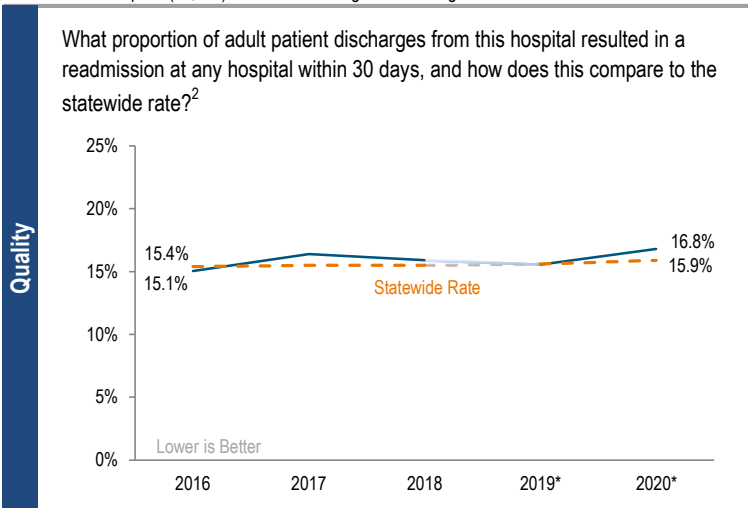
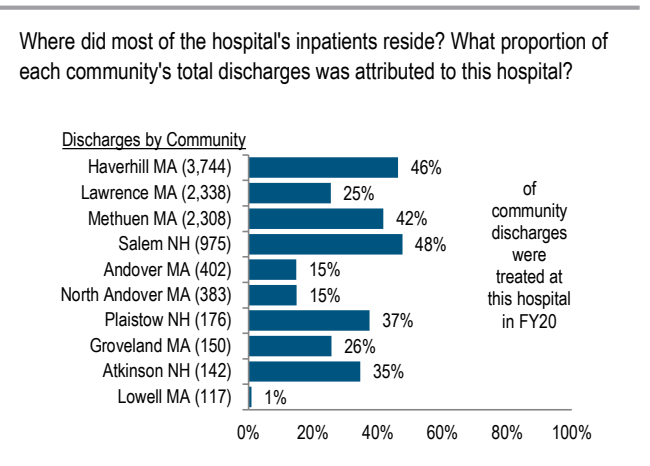
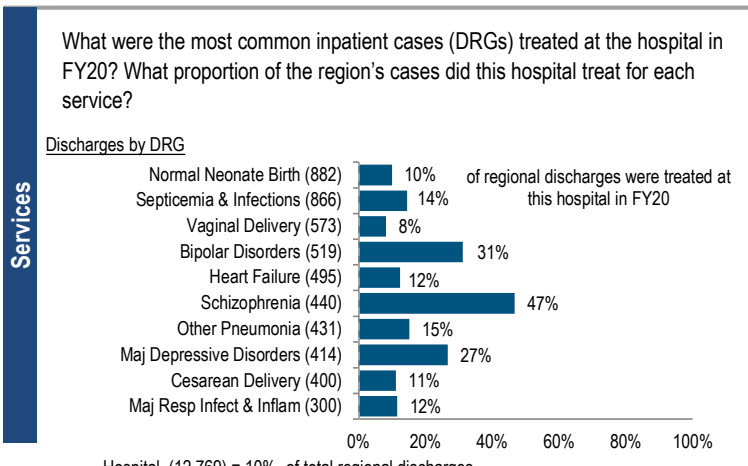
Public Payer Mix ¹ :	70.0% HPP Hospital
CY19 Commercial Statewide Relative Price:	0.907
Top 3 Commercial Payers:	Blue Cross Blue Shield Harvard Pilgrim Tufts HMO

Utilization

Inpatient Discharges in FY20:	12,769
Change FY19-FY20:	-4.1%
Emergency Department Visits in FY20:	60,401
Change FY19-FY20:	-21.8%
Outpatient Visits in FY20:	109,602
Change FY19-FY20:	-15.5%

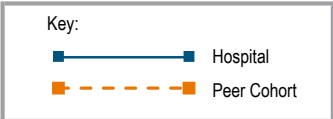
Quality

Readmission Rate in FY20:	16.8%
Change FY19-FY20 (percentage points):	1.3
Early Elective Deliveries Rate:	0.9%



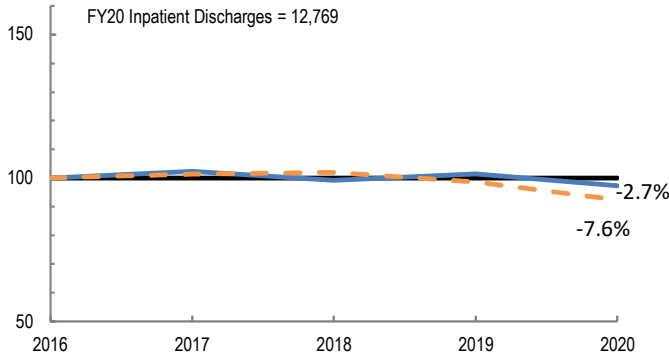
2020 HOSPITAL PROFILE: STEWARD HOLY FAMILY HOSPITAL

Cohort: Community-High Public Payer Hospital

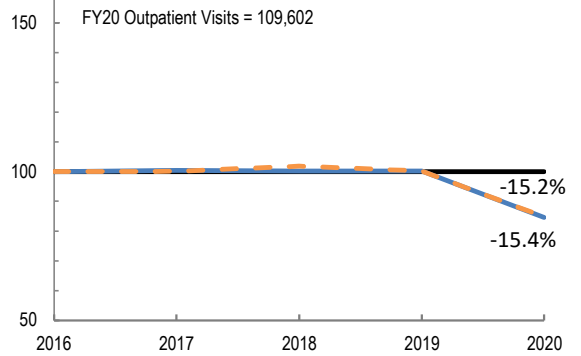


Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY16, and how does this compare to the hospital's peer cohort median? (FY16=100)

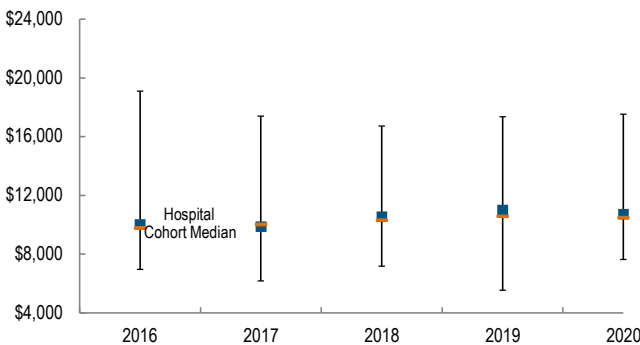


How has the volume of the hospital's outpatient visits changed compared to FY16, and how does this compare to the hospital's peer cohort median? (FY16=100)

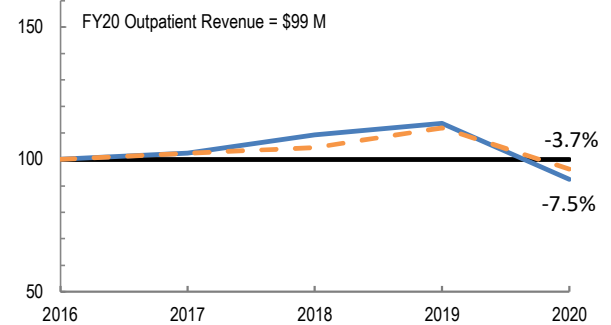


Patient Revenue Trends

What was the hospital's net inpatient service revenue³ per case mix adjusted discharge between FY16 and FY20, and how does this compare to the hospital's peer cohort median?



How has the hospital's net outpatient revenue³ changed compared to FY16, and how does this compare to the hospital's peer cohort median? (FY16=100)



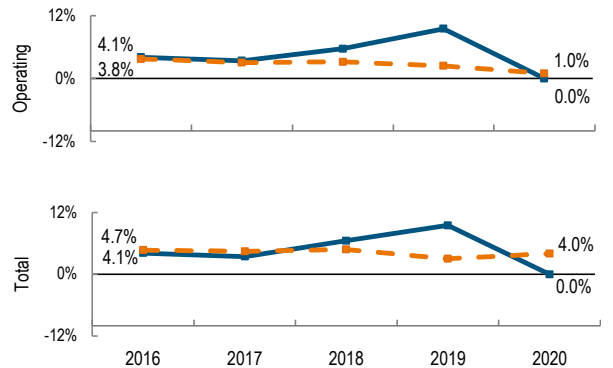
Financial Performance

How have the hospital's total revenue and costs changed between FY16 and FY20? (COVID funding affects FY20 only)

Revenue, Cost, & Profit/Loss (in millions)

FY	2016	2017	2018	2019	2020
Operating Revenue	\$ 232.8	\$ 236.7	\$ 248.2	\$ 266.3	\$ 269.9
COVID Funding Included in Operating Revenue					\$ 25.6
Non-Operating Revenue⁴	\$ 0.0	\$ 0.0	\$ 2.1	\$ 0.0	\$ 0.0
Total Revenue	\$ 232.9	\$ 236.7	\$ 250.3	\$ 266.3	\$ 269.9
Total Costs	\$ 223.2	\$ 228.7	\$ 233.9	\$ 241.0	\$ 269.9
Total Profit (Loss)	\$ 9.6	\$ 8.0	\$ 16.3	\$ 25.3	\$ (0.0)

What were the hospital's total margin and operating margins between FY16 and FY20, and how do these compare to the hospital's peer cohort medians? (Note: FY20 margins include COVID funding)



For descriptions of the metrics, please see the technical appendix.

¹ High Public Payer Hospitals (HPP) reported a minimum of 63% of gross patient service revenue from public payers.

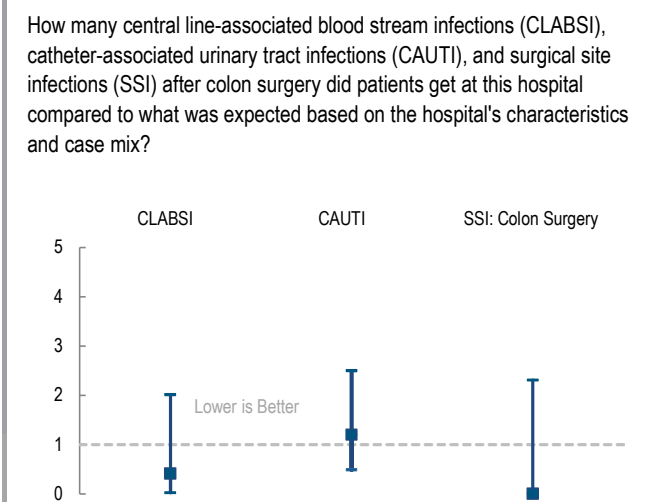
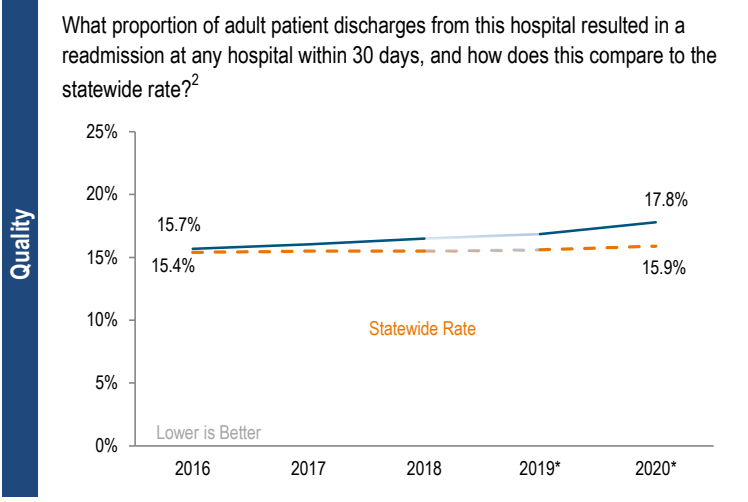
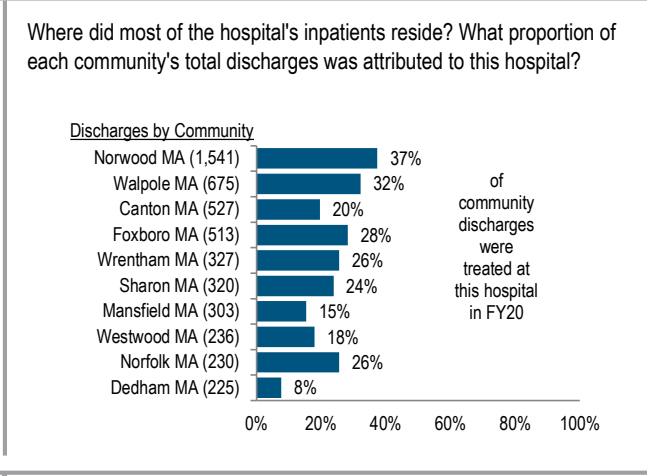
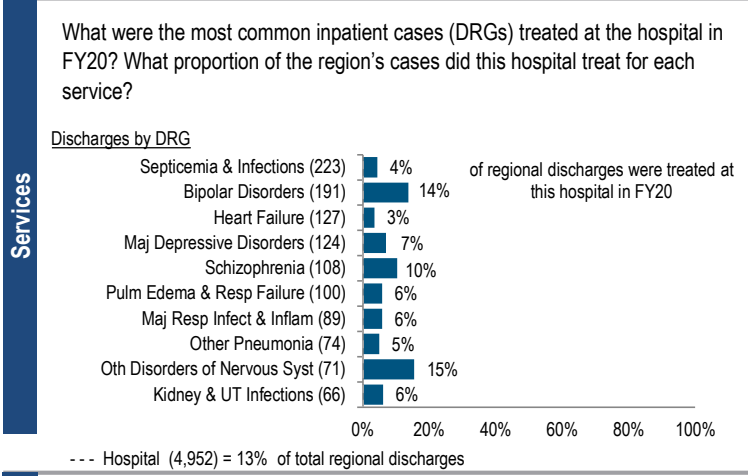
² For 2019 and 2020 readmission rates, a new methodology was used. These rates may not be comparable to earlier years. For more information, please see: <https://www.chiamass.gov/assets/docs/r/pubs/2022/Readmissions-Technical-Appendix-2011-2020.pdf>

³ Effective FY 2020 supplemental revenue is not included in net patient service revenue for all hospitals. Prior to FY 2020, reporting of supplemental revenue varied by hospital.

⁴ There was an accounting change adopted by most hospitals beginning in FY 2020 in which unrealized gains and losses on investments are now recognized as non-operating income

Steward Norwood Hospital is a mid-size, for-profit community-High Public Payer (HPP) hospital located in the Metro West region. Steward Norwood Hospital is a member of Steward Health Care. Between FY16 and FY20, the volume of inpatient discharges at the hospital decreased by 54.4% compared to a median decrease of 7.6% at cohort hospitals. Outpatient visits decreased 52.0% for the hospital between FY16 and FY20, compared to a median decrease of 15.2% for its peer cohort. Steward Norwood Hospital reported a loss in FY20 of \$18.7M and a total margin of -15.6%, compared to the cohort median of 4.0%.

At a Glance	Overview / Size		Payer Mix	
	Hospital System Affiliation:	Steward Health Care	Public Payer Mix ¹ :	64.4% HPP Hospital
	Hospital System Surplus (Deficit) in FY20:	(\$407,593,000)	CY19 Commercial Statewide Relative Price:	0.949
	Change in Ownership (FY16-20):	Not Applicable	Top 3 Commercial Payers:	Blue Cross Blue Shield Harvard Pilgrim Tufts HMO
	Total Staffed Beds:	185, mid-size acute hospital		
	% Occupancy:	40.4%, < cohort avg. (63%)		
	Trauma Center Designation:	Not Applicable		
	Case Mix Index:	1.03, > cohort avg. (1.00); < statewide (1.16)		
	Financial		Utilization	
	Inpatient NPSR per CMAD:	\$10,666	Inpatient Discharges in FY20:	4,952
Change FY19-FY20:	-1.9%	Change FY19-FY20:	-52.2%	
Inpatient Outpatient Revenue in FY20:	38%:62%	Emergency Department Visits in FY20:	15,216	
Outpatient Revenue in FY20:	\$42,199,292	Change FY19-FY20:	-61.4%	
Change FY19-FY20:	-55.4%	Outpatient Visits in FY20:	29,210	
Total Revenue in FY20:	\$119,535,490	Change FY19-FY20:	-53.7%	
COVID Funding Included in Total Revenue:	\$19,233,220			
Total Surplus (Deficit) in FY20:	-\$18,681,633			
		Quality		
		Readmission Rate in FY20:	17.8%	
		Change FY19-FY20 (percentage points):	0.9	
		Early Elective Deliveries Rate:	Not Applicable	



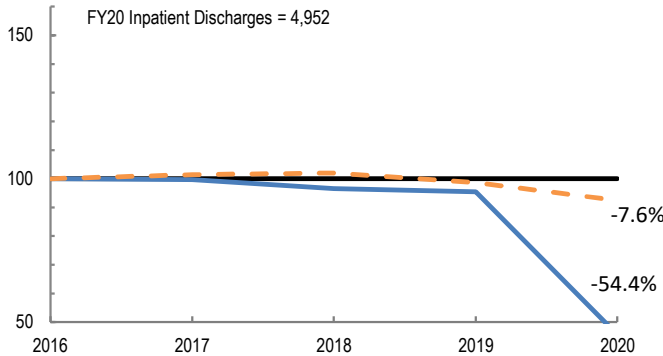
2020 HOSPITAL PROFILE: STEWARD NORWOOD HOSPITAL

Cohort: Community-High Public Payer Hospital

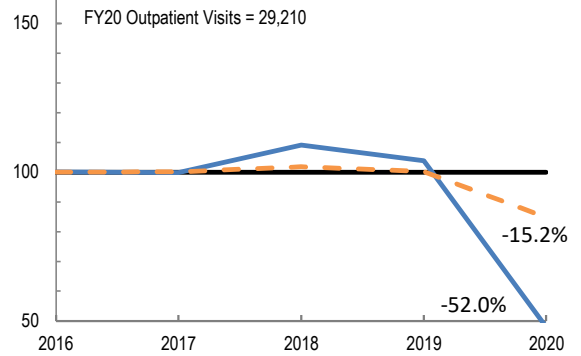


Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY16, and how does this compare to the hospital's peer cohort median? (FY16=100)

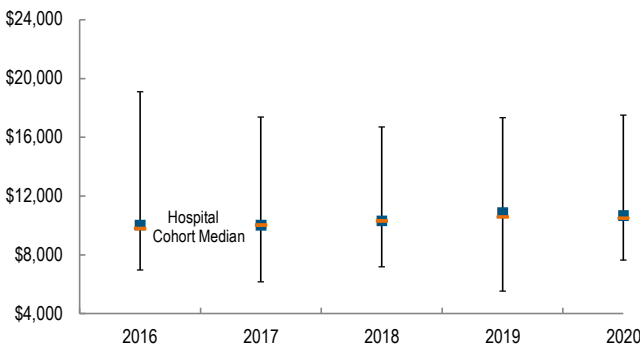


How has the volume of the hospital's outpatient visits changed compared to FY16, and how does this compare to the hospital's peer cohort median? (FY16=100)

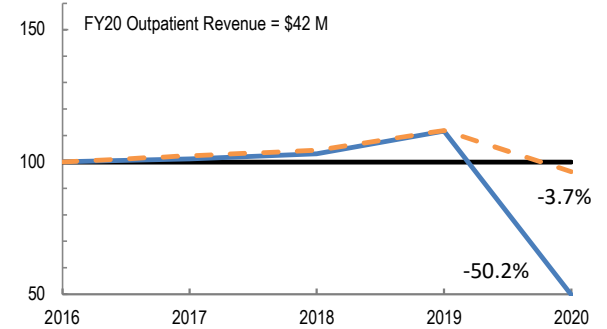


Patient Revenue Trends

What was the hospital's net inpatient service revenue³ per case mix adjusted discharge between FY16 and FY20, and how does this compare to the hospital's peer cohort median?



How has the hospital's net outpatient revenue³ changed compared to FY16, and how does this compare to the hospital's peer cohort median? (FY16=100)



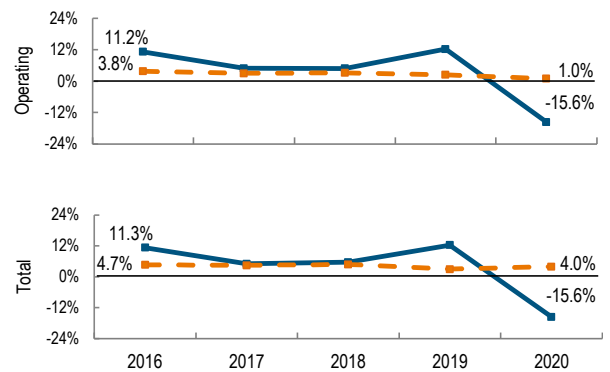
Financial Performance

How have the hospital's total revenue and costs changed between FY16 and FY20? (COVID funding affects FY20 only)

Revenue, Cost, & Profit/Loss (in millions)

FY	2016	2017	2018	2019	2020
Operating Revenue	\$ 189.0	\$ 189.8	\$ 192.9	\$ 203.7	\$ 119.5
COVID Funding Included in Operating Revenue					\$ 19.2
Non-Operating Revenue⁴	\$ 0.1	\$ 0.1	\$ 1.7	\$ 0.0	\$ 0.0
Total Revenue	\$ 189.1	\$ 189.9	\$ 194.7	\$ 203.7	\$ 119.5
Total Costs	\$ 167.9	\$ 180.3	\$ 183.5	\$ 178.7	\$ 138.2
Total Profit (Loss)	\$ 21.3	\$ 9.6	\$ 11.2	\$ 25.0	\$ (18.7)

What were the hospital's total margin and operating margins between FY16 and FY20, and how do these compare to the hospital's peer cohort medians? (Note: FY20 margins include COVID funding)



For descriptions of the metrics, please see the technical appendix.

Steward Norwood Hospital was temporarily closed in July 2020 and remains closed as of this publication.

¹ High Public Payer Hospitals (HPP) reported a minimum of 63% of gross patient service revenue from public payers.

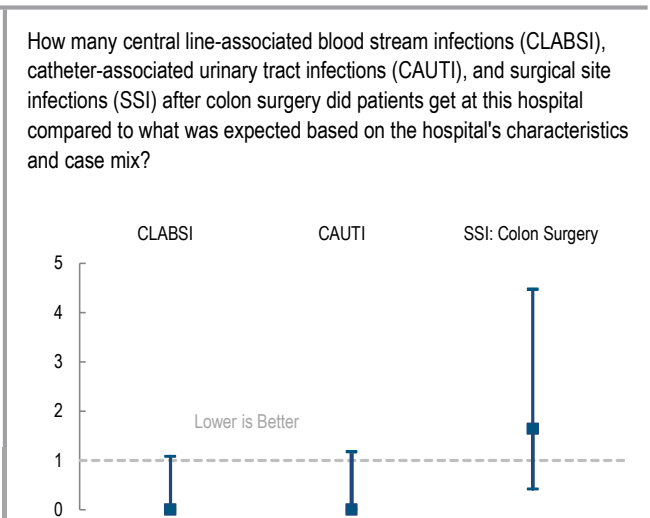
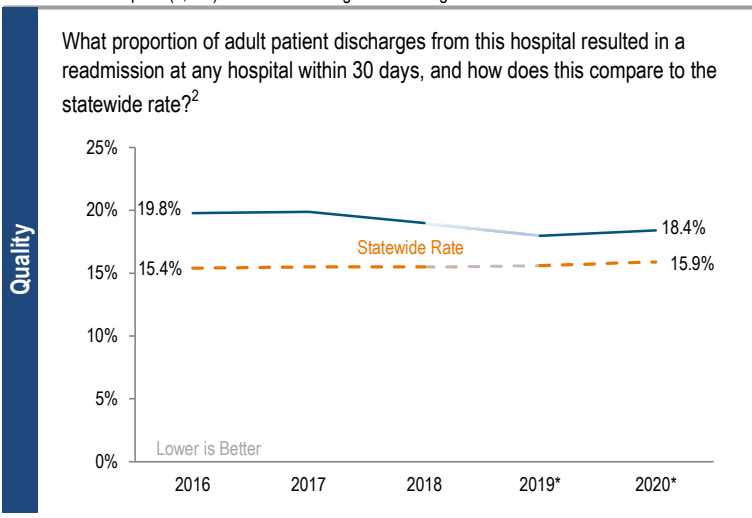
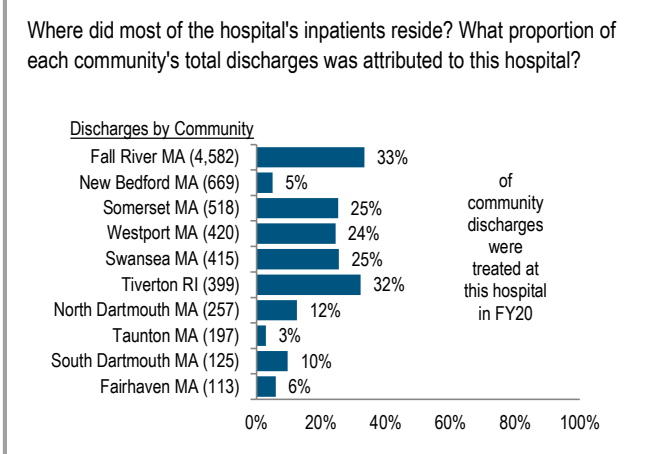
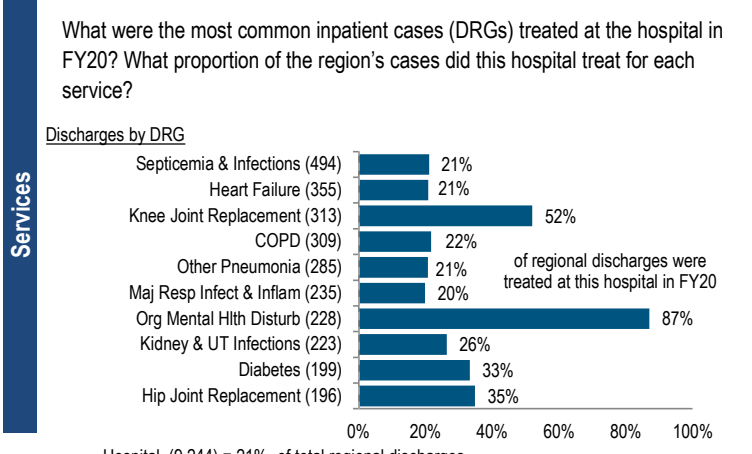
² For 2019 and 2020 readmission rates, a new methodology was used. These rates may not be comparable to earlier years. For more information, please see: <https://www.chiamass.gov/assets/docs//pubs/2022/Readmissions-Technical-Appendix-2011-2020.pdf>

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⁴ There was an accounting change adopted by most hospitals beginning in FY 2020 in which unrealized gains and losses on investments are now recognized as non-operating income

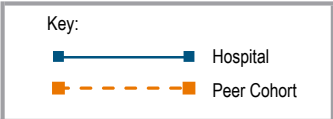
Steward Saint Anne's Hospital is a mid-size, for-profit community-High Public Payer (HPP) hospital located in the Southcoast region. Steward Saint Anne's is a member of Steward Health Care. Between FY16 and FY20, the volume of inpatient discharges at the hospital decreased by 5.1% compared to a median decrease of 7.6% at cohort hospitals. Outpatient visits decreased by 27.7% for the hospital between FY16 and FY20, compared to a median decrease of 15.2% for its peer cohort. Steward Saint Anne's Hospital reported a profit each year in this time period including a profit of \$19.1M in FY20 and a total margin of 6.9%, compared to its peer cohort median total margin of 4.0%.

At a Glance	Overview / Size		Payer Mix	
	Hospital System Affiliation:	Steward Health Care	Public Payer Mix ¹ :	71.8% HPP Hospital
	Hospital System Surplus (Deficit) in FY20:	(\$407,593,000)	CY19 Commercial Statewide Relative Price:	0.999
	Change in Ownership (FY16-20):	Not Applicable	Top 3 Commercial Payers:	Blue Cross Blue Shield Harvard Pilgrim Tufts HMO
	Total Staffed Beds:	187, mid-size acute hospital		
	% Occupancy:	69.2%, > cohort avg. (63%)		
	Trauma Center Designation:	Not Applicable		
	Case Mix Index:	1.07, > cohort avg. (1.00); < statewide (1.16)		
	Financial		Utilization	
	Inpatient NPSR per CMAD:	\$11,174	Inpatient Discharges in FY20:	9,244
Change FY19-FY20:	0.4%	Change FY19-FY20:	-6.4%	
Inpatient Outpatient Revenue in FY20:	32%:68%	Emergency Department Visits in FY20:	40,381	
Outpatient Revenue in FY20:	\$157,161,289	Change FY19-FY20:	-14.5%	
Change FY19-FY20:	-9.7%	Outpatient Visits in FY20:	156,185	
Total Revenue in FY20:	\$275,157,605	Change FY19-FY20:	-12.6%	
COVID Funding Included in Total Revenue:	\$6,673,068			
Total Surplus (Deficit) in FY20:	\$19,117,474	Quality		
		Readmission Rate in FY20:	18.4%	
		Change FY19-FY20 (percentage points):	0.4	
		Early Elective Deliveries Rate:	Not Applicable	



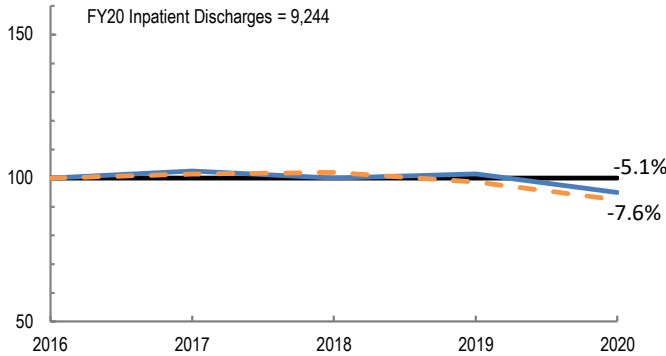
2020 HOSPITAL PROFILE: STEWARD SAINT ANNE'S HOSPITAL

Cohort: Community-High Public Payer Hospital

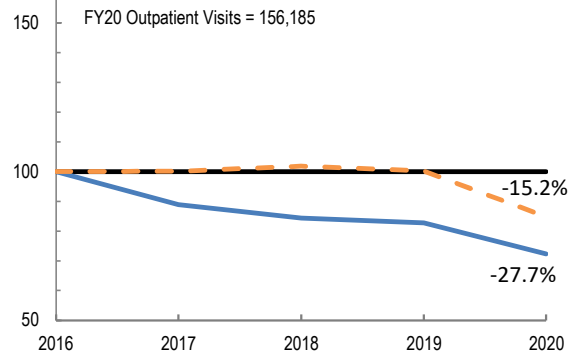


Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY16, and how does this compare to the hospital's peer cohort median? (FY16=100)

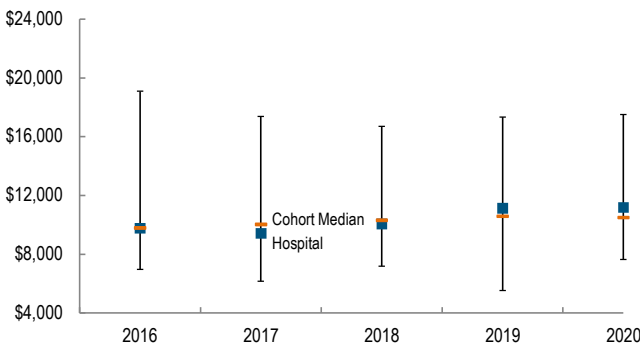


How has the volume of the hospital's outpatient visits changed compared to FY16, and how does this compare to the hospital's peer cohort median? (FY16=100)

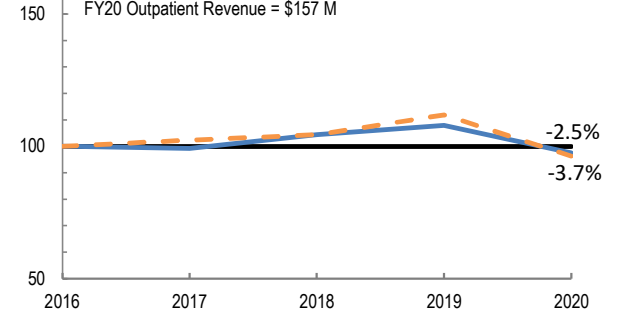


Patient Revenue Trends

What was the hospital's net inpatient service revenue³ per case mix adjusted discharge between FY16 and FY20, and how does this compare to the hospital's peer cohort median?



How has the hospital's net outpatient revenue³ changed compared to FY16, and how does this compare to the hospital's peer cohort median? (FY16=100)



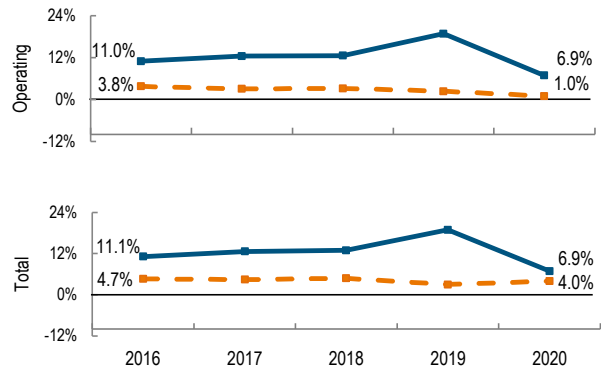
Financial Performance

How have the hospital's total revenue and costs changed between FY16 and FY20? (COVID funding affects FY20 only)

Revenue, Cost, & Profit/Loss (in millions)

FY	2016	2017	2018	2019	2020
Operating Revenue	\$ 264.5	\$ 264.0	\$ 276.2	\$ 292.0	\$ 275.2
COVID Funding Included in Operating Revenue					\$ 6.7
Non-Operating Revenue⁴	\$ 0.2	\$ 0.3	\$ 0.7	\$ 0.0	\$ 0.0
Total Revenue	\$ 264.7	\$ 264.4	\$ 276.9	\$ 292.0	\$ 275.2
Total Costs	\$ 235.3	\$ 231.2	\$ 241.3	\$ 236.8	\$ 256.0
Total Profit (Loss)	\$ 29.4	\$ 33.2	\$ 35.6	\$ 55.2	\$ 19.1

What were the hospital's total margin and operating margins between FY16 and FY20, and how do these compare to the hospital's peer cohort medians? (Note: FY20 margins include COVID funding)



For descriptions of the metrics, please see the technical appendix.

¹ High Public Payer Hospitals (HPP) reported a minimum of 63% of gross patient service revenue from public payers.

² For 2019 and 2020 readmission rates, a new methodology was used. These rates may not be comparable to earlier years. For more information, please see: <https://www.chiamass.gov/assets/docs/r/pubs/2022/Readmissions-Technical-Appendix-2011-2020.pdf>

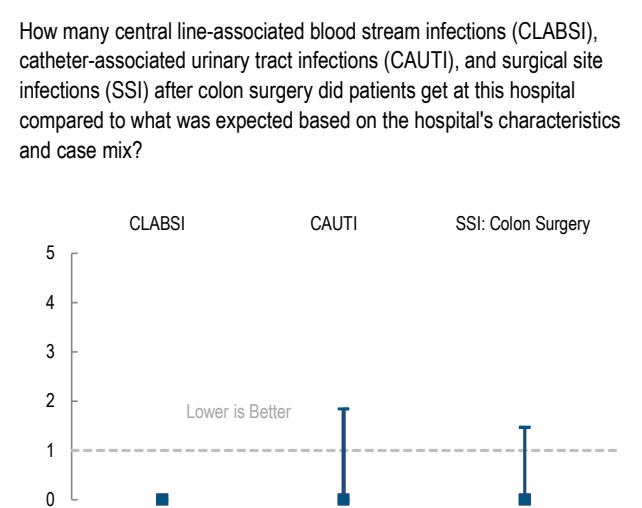
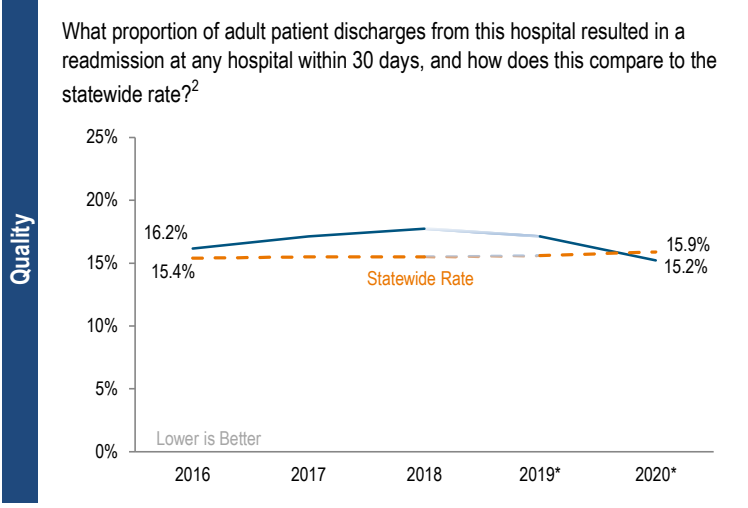
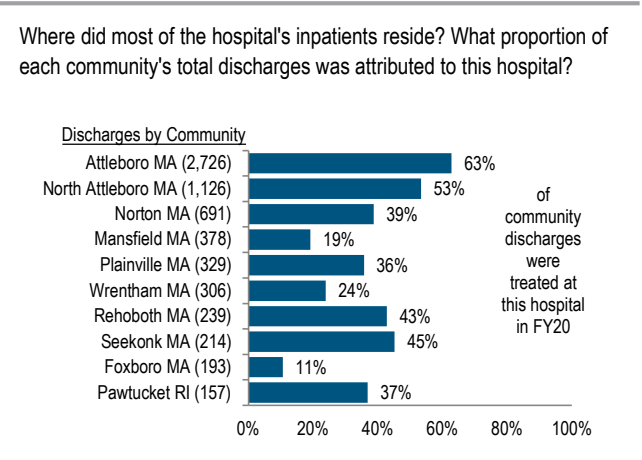
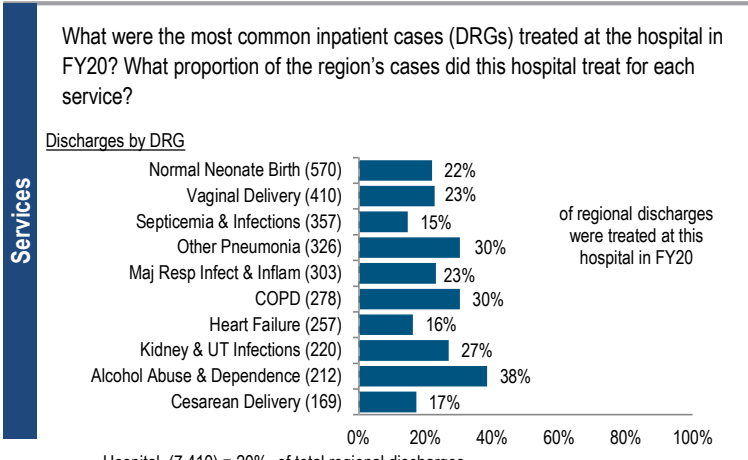
³ Effective FY 2020 supplemental revenue is not included in net patient service revenue for all hospitals. Prior to FY 2020, reporting of supplemental revenue varied by hospital.

⁴ There was an accounting change adopted by most hospitals beginning in FY 2020 in which unrealized gains and losses on investments are now recognized as non-operating income

Sturdy Memorial Hospital is a mid-size, non-profit community-High Public Payer (HPP) hospital located in the Metro West region. Between FY16 and FY20, the volume of inpatient discharges at the hospital increased by 1.1% compared to a median decrease of 7.6% at cohort hospitals. Outpatient visits decreased by 14.5% for the hospital between FY16 and FY20, compared to a median decrease of 15.2% for its peer cohort. Sturdy Memorial Hospital reported a profit each year in this time period including its largest profit of \$27.2M in FY20 and a total margin of 11.6% compared to its peer cohort median total margin of 4.0%.

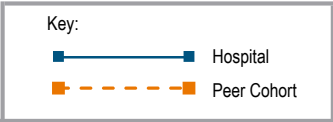
Overview / Size	
Hospital System Affiliation:	Sturdy Memorial Foundation
Hospital System Surplus (Deficit) in FY20:	\$17,567,418
Change in Ownership (FY16-20):	Not Applicable
Total Staffed Beds:	153, mid-size acute hospital
% Occupancy:	54.2%, < cohort avg. (63%)
Trauma Center Designation:	Not Applicable
Case Mix Index:	0.88, < cohort avg. (1.00); < statewide (1.16)
Financial	
Inpatient NPSR per CMAD:	\$8,853
Change FY19-FY20:	-4.8%
Inpatient Outpatient Revenue in FY20:	28%:72%
Outpatient Revenue in FY20:	\$132,678,867
Change FY19-FY20:	-2.7%
Total Revenue in FY20:	\$234,619,001
COVID Funding Included in Total Revenue:	\$12,549,482
Total Surplus (Deficit) in FY20:	\$27,195,504

Payer Mix	
Public Payer Mix ¹ :	64.4% HPP Hospital
CY19 Commercial Statewide Relative Price:	1.124
Top 3 Commercial Payers:	Blue Cross Blue Shield Tufts HMO Harvard Pilgrim
Utilization	
Inpatient Discharges in FY20:	7,410
Change FY19-FY20:	-5.4%
Emergency Department Visits in FY20:	42,001
Change FY19-FY20:	-13.6%
Outpatient Visits in FY20:	96,236
Change FY19-FY20:	-14.9%
Quality	
Readmission Rate in FY20:	15.2%
Change FY19-FY20 (percentage points):	-1.9
Early Elective Deliveries Rate:	5.3%



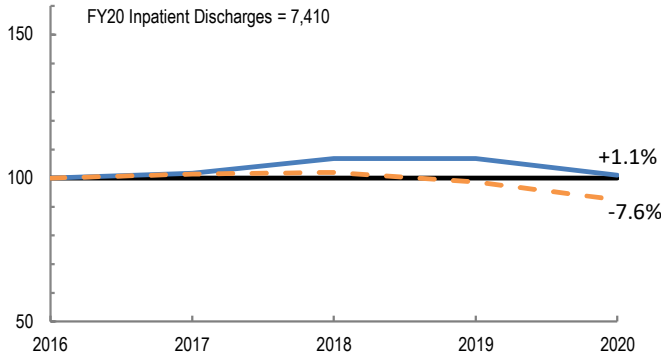
2020 HOSPITAL PROFILE: STURDY MEMORIAL HOSPITAL

Cohort: Community-High Public Payer Hospital

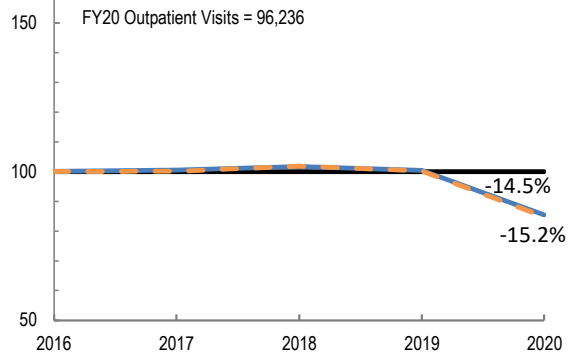


Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY16, and how does this compare to the hospital's peer cohort median? (FY16=100)

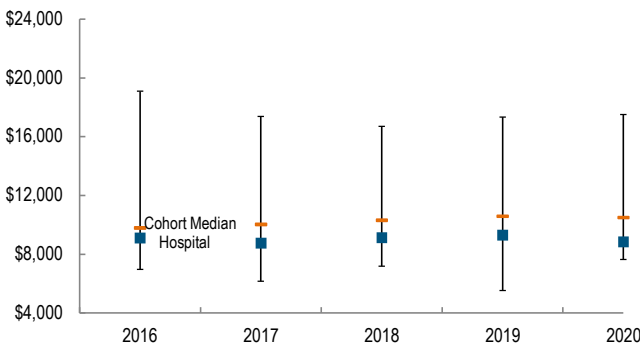


How has the volume of the hospital's outpatient visits changed compared to FY16, and how does this compare to the hospital's peer cohort median? (FY16=100)

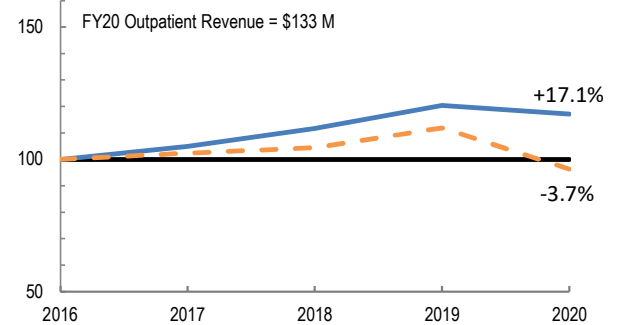


Patient Revenue Trends

What was the hospital's net inpatient service revenue³ per case mix adjusted discharge between FY16 and FY20, and how does this compare to the hospital's peer cohort median?



How has the hospital's net outpatient revenue³ changed compared to FY16, and how does this compare to the hospital's peer cohort median? (FY16=100)



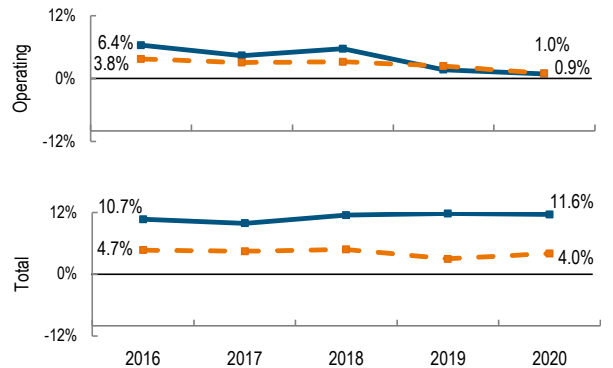
Financial Performance

How have the hospital's total revenue and costs changed between FY16 and FY20? (COVID funding affects FY20 only)

Revenue, Cost, & Profit/Loss (in millions)

FY	2016	2017	2018	2019	2020
Operating Revenue	\$ 170.8	\$ 178.6	\$ 190.7	\$ 201.9	\$ 209.5
COVID Funding Included in Operating Revenue					\$ 12.5
Non-Operating Revenue⁴	\$ 7.7	\$ 10.3	\$ 11.7	\$ 22.7	\$ 25.1
Total Revenue	\$ 178.5	\$ 188.9	\$ 202.4	\$ 224.6	\$ 234.6
Total Costs	\$ 159.5	\$ 170.3	\$ 179.1	\$ 198.1	\$ 207.4
Total Profit (Loss)	\$ 19.1	\$ 18.6	\$ 23.3	\$ 26.4	\$ 27.2

What were the hospital's total margin and operating margins between FY16 and FY20, and how do these compare to the hospital's peer cohort medians? (Note: FY20 margins include COVID funding)



For descriptions of the metrics, please see the technical appendix.

¹ High Public Payer Hospitals (HPP) reported a minimum of 63% of gross patient service revenue from public payers.

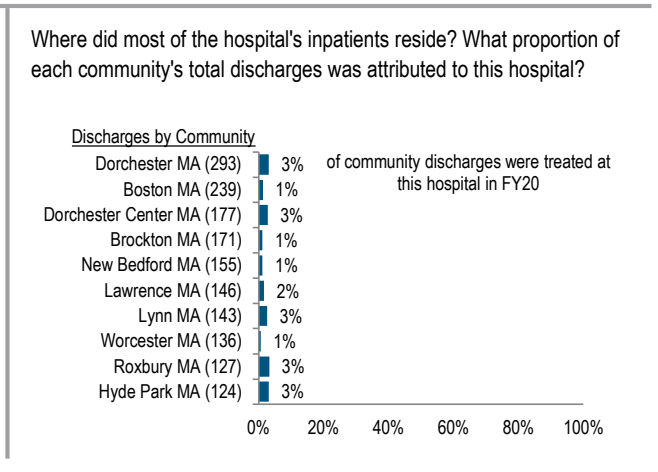
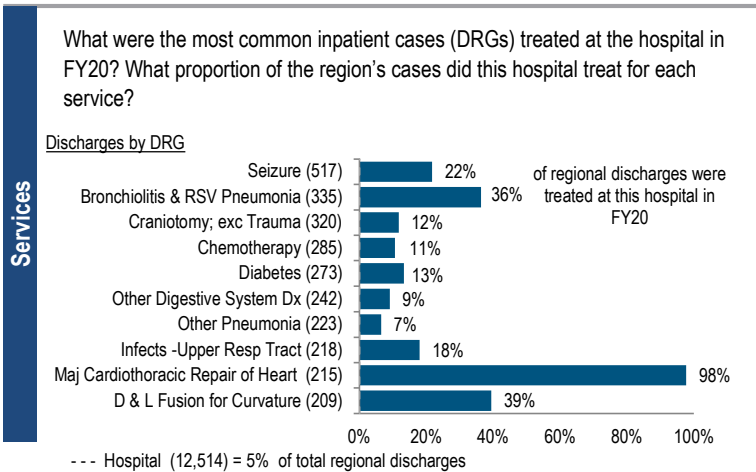
² For 2019 and 2020 readmission rates, a new methodology was used. These rates may not be comparable to earlier years. For more information, please see: <https://www.chiamass.gov/assets/docs/r/pubs/2022/Readmissions-Technical-Appendix-2011-2020.pdf>

³ Effective FY 2020 supplemental revenue is not included in net patient service revenue for all hospitals. Prior to FY 2020, reporting of supplemental revenue varied by hospital.

⁴ There was an accounting change adopted by most hospitals beginning in FY 2020 in which unrealized gains and losses on investments are now recognized as non-operating income

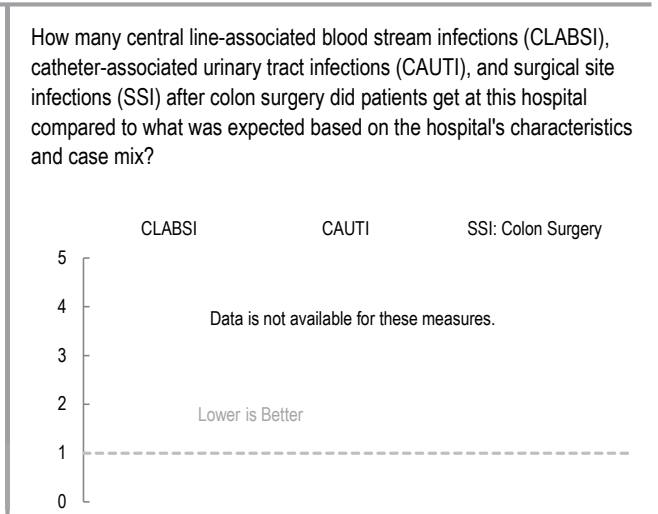
Boston Children's Hospital is a large, non-profit specialty hospital dedicated to pediatric health care. It is located in the Metro Boston region. Boston Children's is a teaching hospital for Harvard Medical School and has research partnerships with numerous institutions in Massachusetts and elsewhere. It is one of nine organ transplant centers in Massachusetts. It is the ninth-largest acute hospital, with 415 beds. After reporting profits in each of the prior three years, the hospital has reported a \$38.2M loss in FY20. In FY20 it reported a -2.1% total margin.

At a Glance	Overview / Size		Payer Mix	
	Hospital System Affiliation:	Boston Children's Hospital and Subsid.	Public Payer Mix ¹ :	36.3% non-HPP Hospital
	Hospital System Surplus (Deficit) in FY20:	\$370,814,000	CY19 Commercial Statewide Relative Price:	1.597
	Change in Ownership (FY16-20):	Not Applicable	Top 3 Commercial Payers:	Blue Cross Blue Shield Harvard Pilgrim Cigna
	Total Staffed Beds:	415, 9th largest acute hospital		
	% Occupancy:	70.6%		
	Trauma Center Designation:	Pedi: Level 1		
	Case Mix Index:	2.15, > cohort avg. (1.92); > statewide (1.16)		
	Financial		Utilization	
	Inpatient NPSR per CMAD:	\$26,511	Inpatient Discharges in FY20:	12,514
Change FY19-FY20:	15.8%	Change FY19-FY20:	-8.9%	
Inpatient Outpatient Revenue in FY20:	52%:48%	Emergency Department Visits in FY20:	47,536	
Change FY19-FY20:	-9.6%	Change FY19-FY20:	-21.7%	
Total Revenue in FY20:	\$1,851,338,000	Outpatient Visits in FY20:	216,710	
COVID Funding Included in Total Revenue:	\$97,355,000	Change FY19-FY20:	-26.6%	
Total Surplus (Deficit) in FY20:	-\$38,249,000	Quality		
		Readmission Rate in FY20:	Not Available	
		Change FY19-FY20 (percentage points):	0.0	
		Early Elective Deliveries Rate:	Not Available	



What proportion of adult patient discharges from this hospital resulted in a readmission at any hospital within 30 days, and how does this compare to the statewide rate?²

Data is not available for the patient population at this specialty hospital.



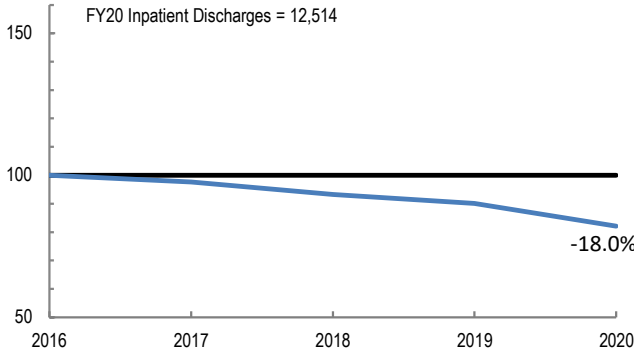
2020 HOSPITAL PROFILE: BOSTON CHILDREN'S HOSPITAL

Cohort: Specialty Hospital

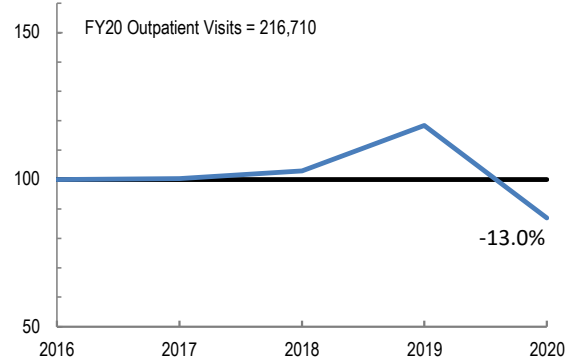


Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY16, and how does this compare to the hospital's peer cohort median? (FY16=100)

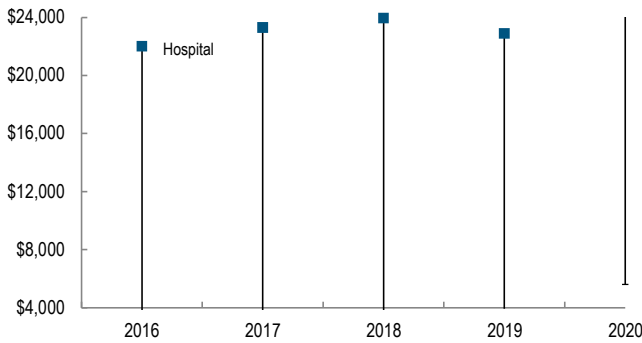


How has the volume of the hospital's outpatient visits changed compared to FY16, and how does this compare to the hospital's peer cohort median? (FY16=100)

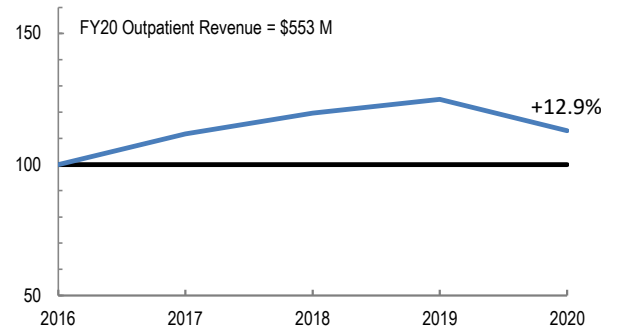


Patient Revenue Trends

What was the hospital's net inpatient service revenue³ per case mix adjusted discharge between FY16 and FY20, and how does this compare to the hospital's peer cohort median?



How has the hospital's net outpatient revenue³ changed compared to FY16, and how does this compare to the hospital's peer cohort median? (FY16=100)



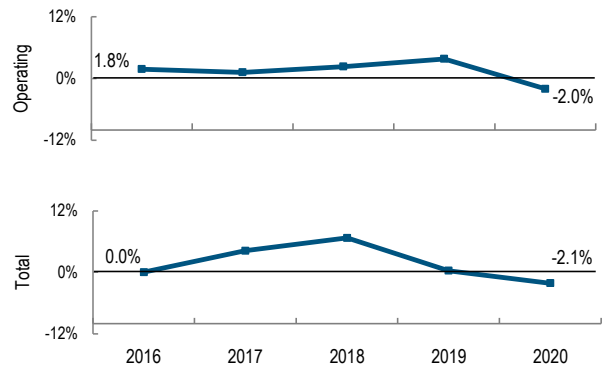
Financial Performance

How have the hospital's total revenue and costs changed between FY16 and FY20? (COVID funding affects FY20 only)

Revenue, Cost, & Profit/Loss (in millions)

FY	2016	2017	2018	2019	2020
Operating Revenue	\$ 1,533.3	\$ 1,665.0	\$ 1,754.0	\$ 1,869.0	\$ 1,851.8
COVID Funding Included in Operating Revenue					\$ 97.4
Non-Operating Revenue⁴	\$ (27.3)	\$ 53.0	\$ 81.3	\$ (63.5)	\$ (0.5)
Total Revenue	\$ 1,506.0	\$ 1,718.0	\$ 1,835.3	\$ 1,805.5	\$ 1,851.3
Total Costs	\$ 1,506.3	\$ 1,645.2	\$ 1,712.4	\$ 1,800.7	\$ 1,889.6
Total Profit (Loss)	\$ (0.3)	\$ 72.8	\$ 122.9	\$ 4.8	\$ (38.2)

What were the hospital's total margin and operating margins between FY16 and FY20, and how do these compare to the hospital's peer cohort medians? (Note: FY20 margins include COVID funding)



For descriptions of the metrics, please see the technical appendix.

¹ High Public Payer Hospitals (HPP) reported a minimum of 63% of gross patient service revenue from public payers.

² For 2019 and 2020 readmission rates, a new methodology was used. These rates may not be comparable to earlier years. For more information, please see: <https://www.chiamass.gov/assets/docs/r/pubs/2022/Readmissions-Technical-Appendix-2011-2020.pdf>

³ Effective FY 2020 supplemental revenue is not included in net patient service revenue for all hospitals. Prior to FY 2020, reporting of supplemental revenue varied by hospital.

⁴ There was an accounting change adopted by most hospitals beginning in FY 2020 in which unrealized gains and losses on investments are now recognized as non-operating income

Dana-Farber Cancer Institute is a nonprofit specialty hospital dedicated to pediatric and adult cancer treatment and research, located in the Metro Boston region. It is a teaching affiliate of Harvard Medical School. It is one of 51 Comprehensive Cancer Centers in the US, designated by the National Cancer Institute. Dana-Farber Cancer Institute provides the majority of its care in an outpatient setting and had 1,420 inpatient discharges compared to 290,258 outpatient visits in FY20. Dana-Farber has posted profits in each year of the five-year period, including a profit of \$50.8M and a 2.5% total margin in FY20.

At a Glance	Overview / Size		Payer Mix	
	Hospital System Affiliation:	Dana-Farber Cancer Institute and Subsid.	Public Payer Mix ¹ :	50.7% non-HPP Hospital
	Hospital System Surplus (Deficit) in FY20:	\$49,156,084	CY19 Commercial Statewide Relative Price:	1.392
	Change in Ownership (FY16-20):	Not Applicable	Top 3 Commercial Payers:	Blue Cross Blue Shield Harvard Pilgrim Cigna
	Total Staffed Beds:	30, among the smallest acute hospitals		
	% Occupancy:	85.5%		
	Trauma Center Designation:	Not Applicable		
	Case Mix Index:	1.89, < cohort avg. (1.92); > statewide (1.16)		
	Financial		Utilization	
	Inpatient NPSR per CMAD:	\$13,805	Inpatient Discharges in FY20:	1,420
Change FY19-FY20:	-4.9%	Change FY19-FY20:	-9.4%	
Inpatient Outpatient Revenue in FY20:	3%:97%	Emergency Department Visits in FY20:	0	
Change FY19-FY20:	-0.8%	Change FY19-FY20:		
Outpatient Revenue in FY20:	\$1,126,372,561	Outpatient Visits in FY20:	290,258	
Change FY19-FY20:	-0.8%	Change FY19-FY20:	-9.1%	
Total Revenue in FY20:	\$2,021,650,703	Quality		
COVID Funding Included in Total Revenue:	\$23,311,102	Readmission Rate in FY20:	Not Available	
Total Surplus (Deficit) in FY20:	\$50,751,335	Change FY19-FY20 (percentage points):	0.0	
		Early Elective Deliveries Rate:	Not Available	

Services	<p>What were the most common inpatient cases (DRGs) treated at the hospital in FY20? What proportion of the region's cases did this hospital treat for each service?</p> <p>This graph has been suppressed, as the hospital provides the vast majority of its services on an outpatient basis. In FY20, the hospital reported 290,258 outpatient visits.</p>	<p>Where did most of the hospital's inpatients reside? What proportion of each community's total discharges was attributed to this hospital?</p> <p>This graph has been suppressed, as no community accounted for more than 1% of the hospital's discharges.</p>
	<p>--- Hospital (1,420) = 1% of total regional discharges</p>	

Quality	<p>What proportion of adult patient discharges from this hospital resulted in a readmission at any hospital within 30 days, and how does this compare to the statewide rate?²</p> <p>This measure is not applicable to the patient population treated at this specialty hospital.</p>	<p>How many central line-associated blood stream infections (CLABSI), catheter-associated urinary tract infections (CAUTI), and surgical site infections (SSI) after colon surgery did patients get at this hospital compared to what was expected based on the hospital's characteristics and case mix?</p> <p>Data is not available for these measures.</p>
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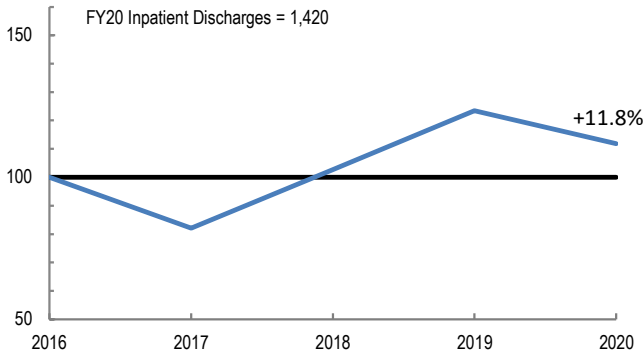
2020 HOSPITAL PROFILE: DANA-FARBER CANCER INSTITUTE

Cohort: Specialty Hospital

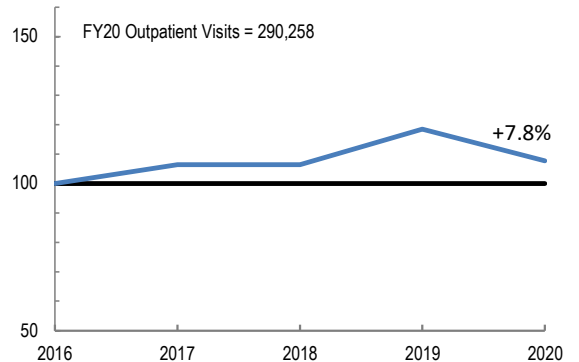


Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY16, and how does this compare to the hospital's peer cohort median? (FY16=100)

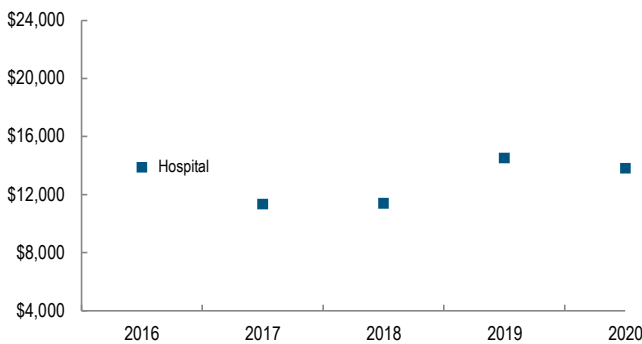


How has the volume of the hospital's outpatient visits changed compared to FY16, and how does this compare to the hospital's peer cohort median? (FY16=100)

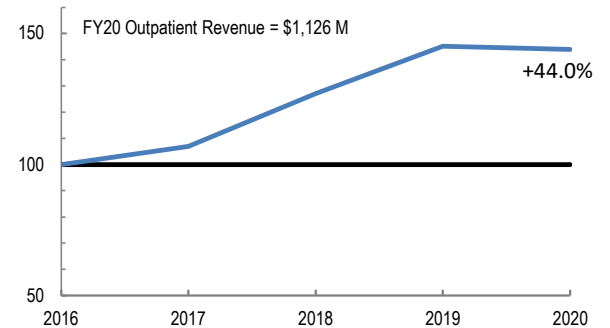


Patient Revenue Trends

What was the hospital's net inpatient service revenue³ per case mix adjusted discharge between FY16 and FY20, and how does this compare to the hospital's peer cohort median?



How has the hospital's net outpatient revenue³ changed compared to FY16, and how does this compare to the hospital's peer cohort median? (FY16=100)



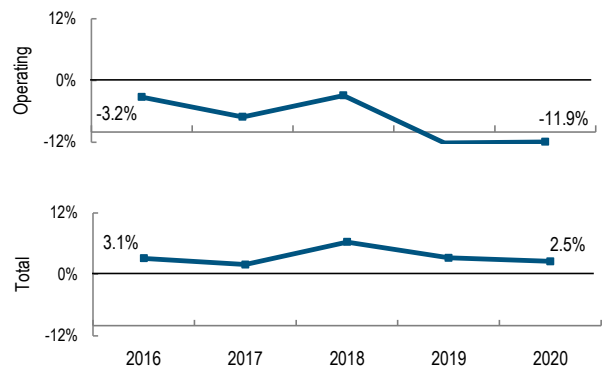
Financial Performance

How have the hospital's total revenue and costs changed between FY16 and FY20? (COVID funding affects FY20 only)

Revenue, Cost, & Profit/Loss (in millions)

FY	2016	2017	2018	2019	2020
Operating Revenue	\$ 1,293.5	\$ 1,429.3	\$ 1,633.5	\$ 1,666.0	\$ 1,730.8
COVID Funding Included in Operating Revenue					\$ 23.3
Non-Operating Revenue⁴	\$ 88.1	\$ 141.4	\$ 165.0	\$ 301.9	\$ 290.8
Total Revenue	\$ 1,381.5	\$ 1,570.7	\$ 1,798.5	\$ 1,967.9	\$ 2,021.7
Total Costs	\$ 1,338.2	\$ 1,540.9	\$ 1,685.4	\$ 1,904.9	\$ 1,970.9
Total Profit (Loss)	\$ 43.3	\$ 29.9	\$ 113.1	\$ 63.0	\$ 50.8

What were the hospital's total margin and operating margins between FY16 and FY20, and how do these compare to the hospital's peer cohort medians? (Note: FY20 margins include COVID funding)



For descriptions of the metrics, please see the technical appendix.

¹ High Public Payer Hospitals (HPP) reported a minimum of 63% of gross patient service revenue from public payers.

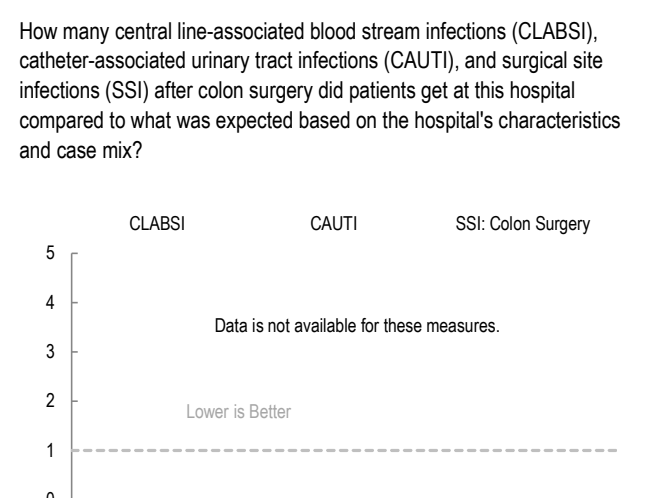
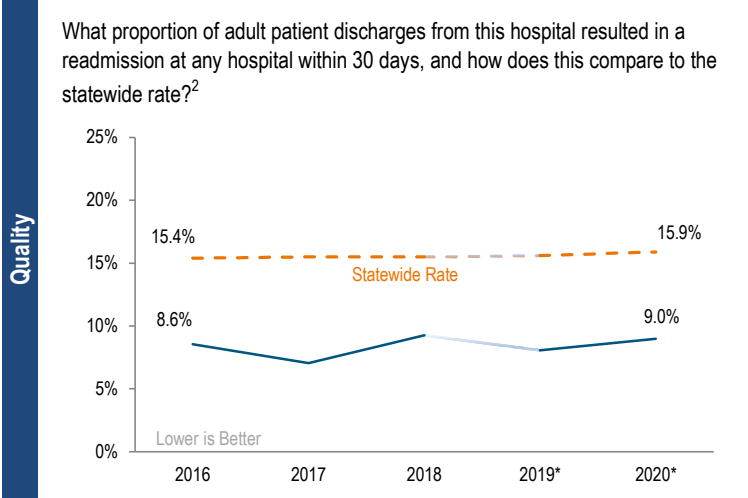
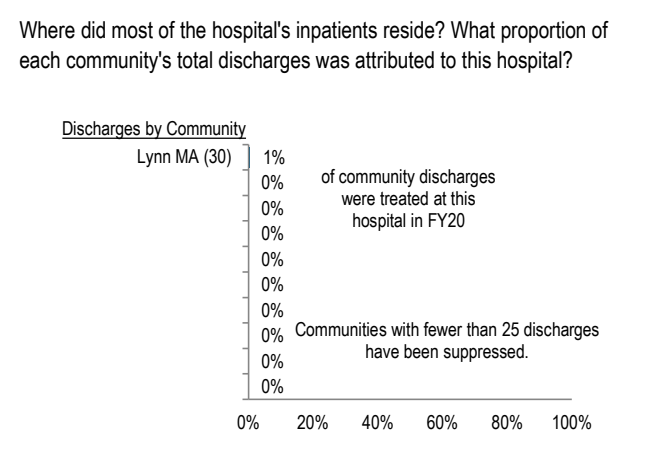
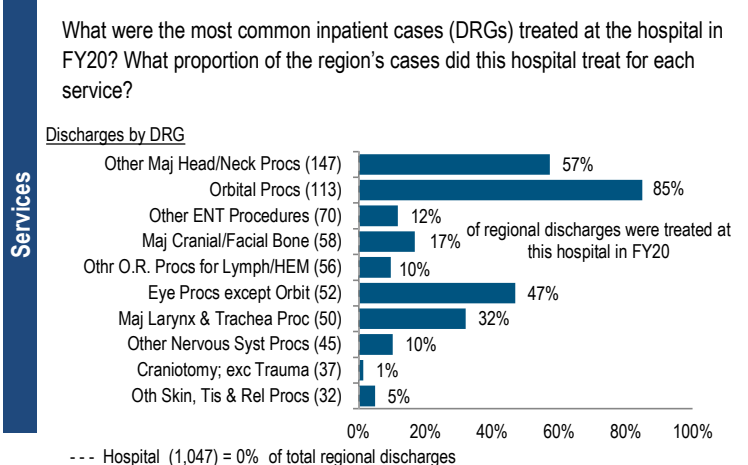
² For 2019 and 2020 readmission rates, a new methodology was used. These rates may not be comparable to earlier years. For more information, please see: <https://www.chiamass.gov/assets/docs/r/pubs/2022/Readmissions-Technical-Appendix-2011-2020.pdf>

³ Effective FY 2020 supplemental revenue is not included in net patient service revenue for all hospitals. Prior to FY 2020, reporting of supplemental revenue varied by hospital.

⁴ There was an accounting change adopted by most hospitals beginning in FY 2020 in which unrealized gains and losses on investments are now recognized as non-operating income

Massachusetts Eye and Ear Infirmary is a small, non-profit specialty hospital located in the Metro Boston region. It is a member of Mass General Brigham. Mass Eye and Ear provides specialized services for disorders of the eye, ear, nose, and throat, including a 24-hour emergency department for these conditions. It provides the region's only designated eye trauma center. It serves a patient population ranging in age from newborn to the elderly. Mass Eye and Ear is a teaching hospital of Harvard Medical School. After reporting a loss of \$6.5M in FY19, the hospital reported a \$25.4M loss in FY20 and a -9.6% total margin.

At a Glance	Overview / Size		Payer Mix	
	Hospital System Affiliation:	Mass General Brigham	Public Payer Mix ¹ :	47.9% non-HPP Hospital
	Hospital System Surplus (Deficit) in FY20:	\$263,515,000	CY19 Commercial Statewide Relative Price:	0.816
	Change in Ownership (FY16-20):	Joined Partners Health Care 4/1/18	Top 3 Commercial Payers:	Blue Cross Blue Shield
	Total Staffed Beds:	41, among the smaller acute hospitals		AllWays
	% Occupancy:	27.9%		Harvard Pilgrim
	Trauma Center Designation:	Not Applicable	Utilization	
	Case Mix Index:	1.62, < cohort avg. (1.92); > statewide (1.16)	Inpatient Discharges in FY20:	1,047
			Change FY19-FY20:	-10.9%
			Emergency Department Visits in FY20:	18,741
		Change FY19-FY20:	-13.4%	
		Outpatient Visits in FY20:	283,158	
		Change FY19-FY20:	-21.2%	
		Quality		
		Readmission Rate in FY20:	9.0%	
		Change FY19-FY20 (percentage points):	0.9	
		Early Elective Deliveries Rate:	Not Applicable	
	Financial			
	Inpatient NPSR per CMAD:	\$11,090		
	Change FY19-FY20:	-10.1%		
	Inpatient Outpatient Revenue in FY20:	10%:90%		
	Outpatient Revenue in FY20:	\$170,433,924		
	Change FY19-FY20:	-17.0%		
	Total Revenue in FY20:	\$265,457,000		
	COVID Funding Included in Total Revenue:	\$9,060,000		
	Total Surplus (Deficit) in FY20:	-\$25,424,000		



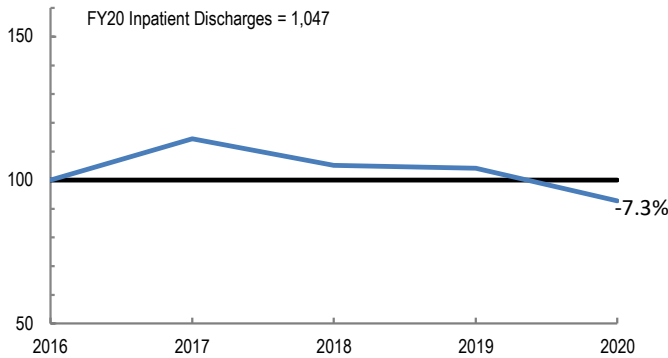
2020 HOSPITAL PROFILE: MASSACHUSETTS EYE AND EAR INFIRMARY

Cohort: Specialty Hospital

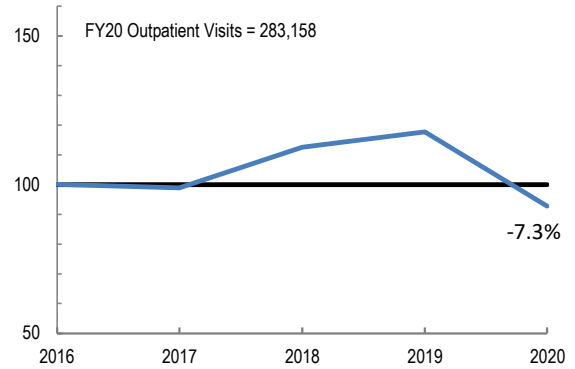
Key: Hospital

Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY16, and how does this compare to the hospital's peer cohort median? (FY16=100)

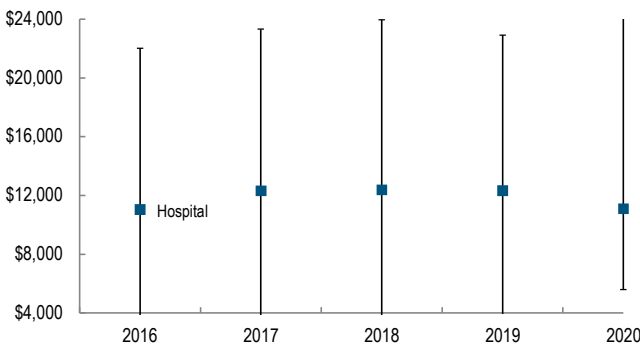


How has the volume of the hospital's outpatient visits changed compared to FY16, and how does this compare to the hospital's peer cohort median? (FY16=100)

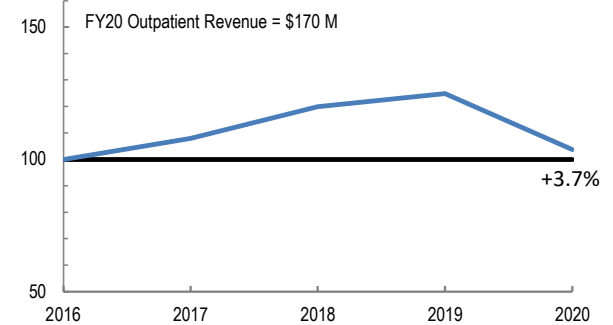


Patient Revenue Trends

What was the hospital's net inpatient service revenue³ per case mix adjusted discharge between FY16 and FY20, and how does this compare to the hospital's peer cohort median?



How has the hospital's net outpatient revenue³ changed compared to FY16, and how does this compare to the hospital's peer cohort median? (FY16=100)



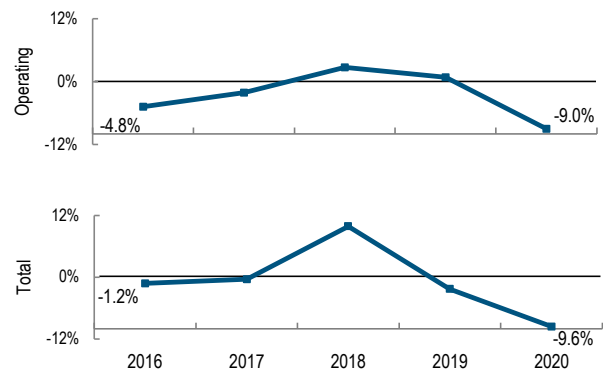
Financial Performance

How have the hospital's total revenue and costs changed between FY16 and FY20? (COVID funding affects FY20 only)

Revenue, Cost, & Profit/Loss (in millions)

FY	2016	2017	2018	2019	2020
Operating Revenue	\$ 249.8	\$ 274.2	\$ 149.2	\$ 292.2	\$ 267.0
COVID Funding Included in Operating Revenue					\$ 9.1
Non-Operating Revenue⁴	\$ 9.2	\$ 4.9	\$ 11.5	\$ (8.7)	\$ (1.6)
Total Revenue	\$ 259.1	\$ 279.1	\$ 160.7	\$ 283.4	\$ 265.5
Total Costs	\$ 262.2	\$ 280.1	\$ 144.9	\$ 289.9	\$ 290.9
Total Profit (Loss)	\$ (3.1)	\$ (1.1)	\$ 15.9	\$ (6.5)	\$ (25.4)

What were the hospital's total margin and operating margins between FY16 and FY20, and how do these compare to the hospital's peer cohort medians? (Note: FY20 margins include COVID funding)



For descriptions of the metrics, please see the technical appendix.

¹ High Public Payer Hospitals (HPP) reported a minimum of 63% of gross patient service revenue from public payers.

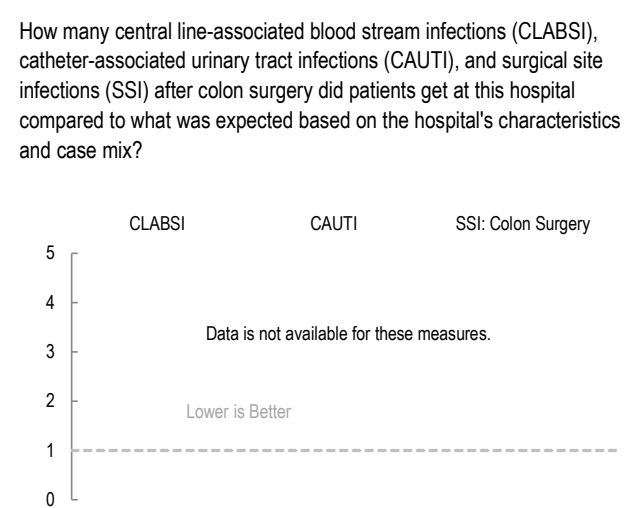
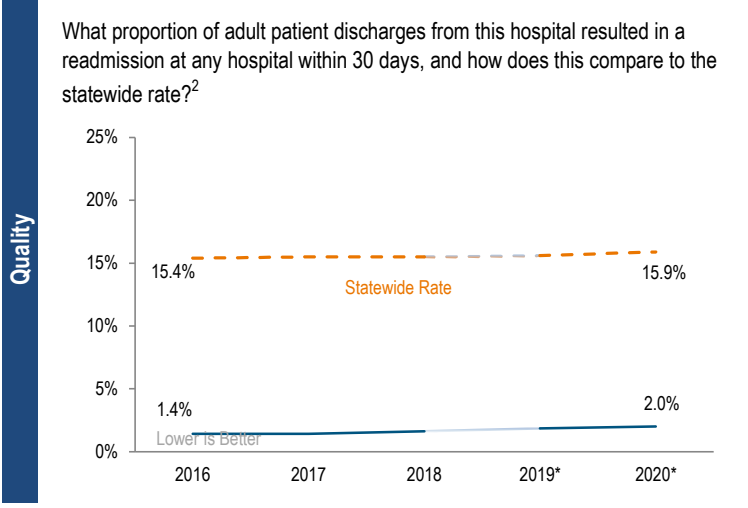
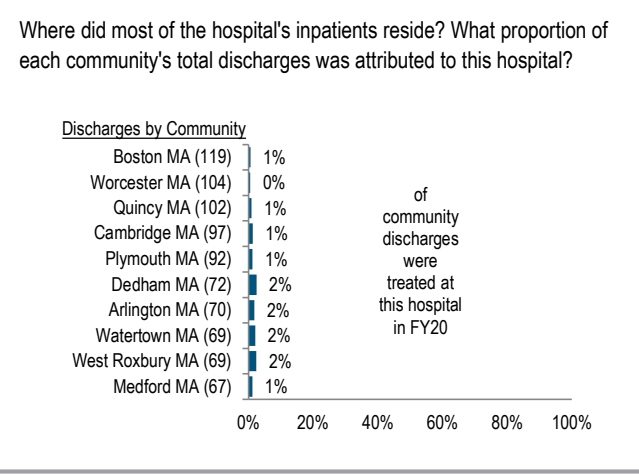
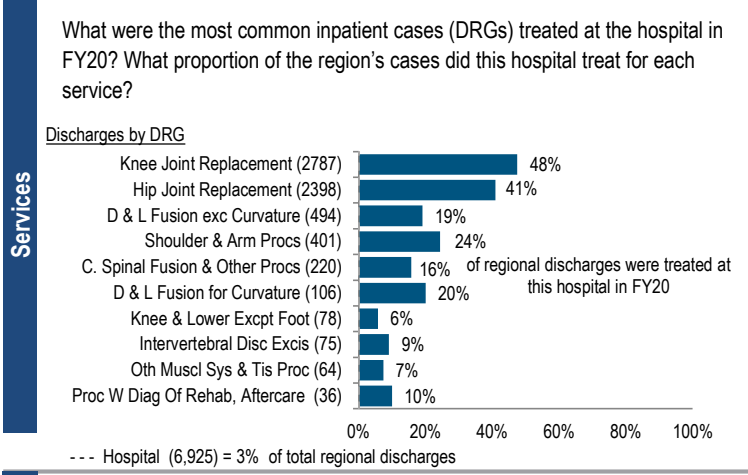
² For 2019 and 2020 readmission rates, a new methodology was used. These rates may not be comparable to earlier years. For more information, please see: <https://www.chiamass.gov/assets/docs/r/pubs/2022/Readmissions-Technical-Appendix-2011-2020.pdf>

³ Effective FY 2020 supplemental revenue is not included in net patient service revenue for all hospitals. Prior to FY 2020, reporting of supplemental revenue varied by hospital.

⁴ There was an accounting change adopted by most hospitals beginning in FY 2020 in which unrealized gains and losses on investments are now recognized as non-operating income

New England Baptist Hospital is a non-profit specialty hospital located in the Metro Boston region. New England Baptist focuses exclusively on orthopedic and musculoskeletal conditions. It is a member of Beth Israel Lahey Health. New England Baptist Hospital is a teaching affiliate of Tufts University School of Medicine and conducts teaching programs in collaboration with the Harvard School of Public Health and the Harvard School of Medicine. New England Baptist reported a loss of \$7.1M in FY20, with a total margin of -3.3% in FY20.

At a Glance	Overview / Size		Payer Mix	
	Hospital System Affiliation:	Beth Israel Lahey Health	Public Payer Mix ¹ :	50.6% non-HPP Hospital
	Hospital System Surplus (Deficit) in FY20:	\$73,031,000	CY19 Commercial Statewide Relative Price:	0.841
	Change in Ownership (FY16-20):	Beth Israel Lahey Health 3/1/19	Top 3 Commercial Payers:	Blue Cross Blue Shield Harvard Pilgrim Tufts HMO
	Total Staffed Beds:	98, among the smaller acute hospitals		
	% Occupancy:	44.3%		
	Trauma Center Designation:	Not Applicable		
	Case Mix Index:	1.41, < cohort avg. (1.92); > statewide (1.16)		
	Financial		Utilization	
	Inpatient NPSR per CMAD:	\$15,003	Inpatient Discharges in FY20:	6,925
Change FY19-FY20:	1.7%	Change FY19-FY20:	-15.0%	
Inpatient Outpatient Revenue in FY20:	66%:34%	Emergency Department Visits in FY20:	0	
Change FY19-FY20:	-23.9%	Change FY19-FY20:		
Total Revenue in FY20:	\$212,720,000	Outpatient Visits in FY20:	90,103	
COVID Funding Included in Total Revenue:	\$5,108,000	Change FY19-FY20:	-22.7%	
Total Surplus (Deficit) in FY20:	-\$7,057,000	Quality		
		Readmission Rate in FY20:	2.0%	
		Change FY19-FY20 (percentage points):	0.1	
		Early Elective Deliveries Rate:	Not Available	



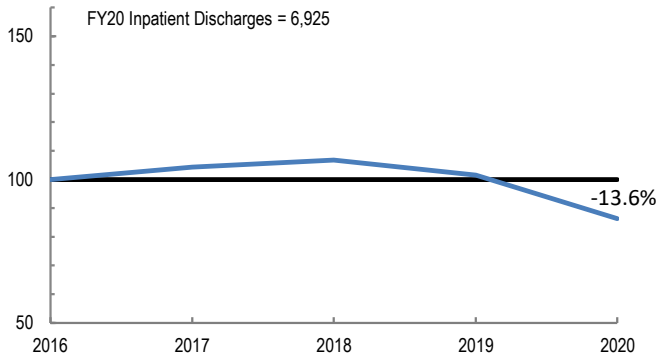
2020 HOSPITAL PROFILE: NEW ENGLAND BAPTIST HOSPITAL

Cohort: Specialty Hospital

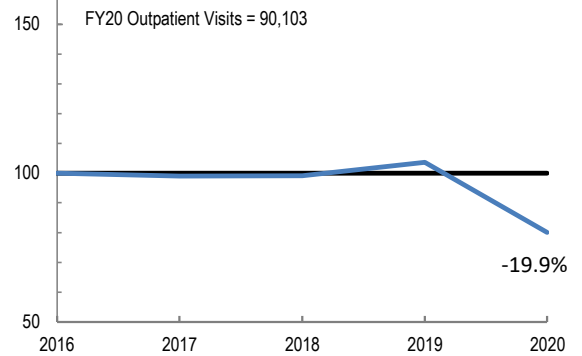
Key:  Hospital

Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY16, and how does this compare to the hospital's peer cohort median? (FY16=100)

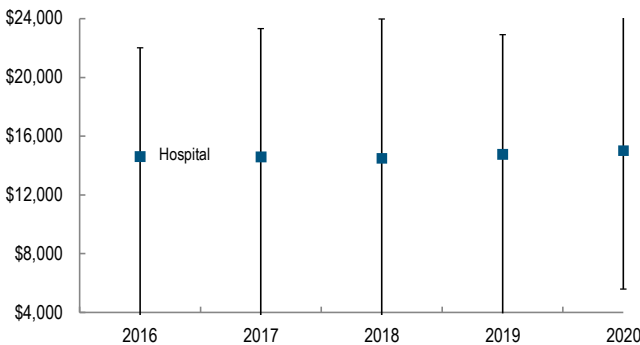


How has the volume of the hospital's outpatient visits changed compared to FY16, and how does this compare to the hospital's peer cohort median? (FY16=100)

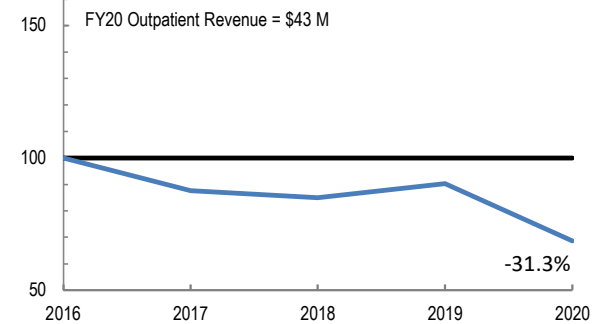


Patient Revenue Trends

What was the hospital's net inpatient service revenue³ per case mix adjusted discharge between FY16 and FY20, and how does this compare to the hospital's peer cohort median?



How has the hospital's net outpatient revenue³ changed compared to FY16, and how does this compare to the hospital's peer cohort median? (FY16=100)



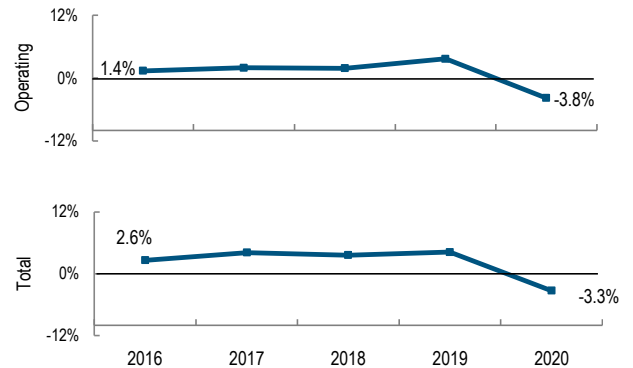
Financial Performance

How have the hospital's total revenue and costs changed between FY16 and FY20? (COVID funding affects FY20 only)

Revenue, Cost, & Profit/Loss (in millions)

FY	2016	2017	2018	2019	2020
Operating Revenue	\$ 239.6	\$ 239.0	\$ 241.9	\$ 141.5	\$ 211.6
COVID Funding Included in Operating Revenue					\$ 5.1
Non-Operating Revenue⁴	\$ 2.7	\$ 5.2	\$ 4.2	\$ 0.8	\$ 1.1
Total Revenue	\$ 242.4	\$ 244.2	\$ 246.1	\$ 142.3	\$ 212.7
Total Costs	\$ 236.1	\$ 234.1	\$ 237.2	\$ 136.2	\$ 219.8
Total Profit (Loss)	\$ 6.2	\$ 10.1	\$ 8.9	\$ 6.0	\$ (7.1)

What were the hospital's total margin and operating margins between FY16 and FY20, and how do these compare to the hospital's peer cohort medians? (Note: FY20 margins include COVID funding)



For descriptions of the metrics, please see the technical appendix.

¹ High Public Payer Hospitals (HPP) reported a minimum of 63% of gross patient service revenue from public payers.

² For 2019 and 2020 readmission rates, a new methodology was used. These rates may not be comparable to earlier years. For more information, please see: <https://www.chiamass.gov/assets/docs/tr/pubs/2022/Readmissions-Technical-Appendix-2011-2020.pdf>

³ Effective FY 2020 supplemental revenue is not included in net patient service revenue for all hospitals. Prior to FY 2020, reporting of supplemental revenue varied by hospital.

⁴ There was an accounting change adopted by most hospitals beginning in FY 2020 in which unrealized gains and losses on investments are now recognized as non-operating income

Acute Specialty Hospitals - Shriners Hospitals for Children

2020 Hospital Profile

Shriners Hospital for Children is a health care system dedicated to pediatric specialty care, research and teaching programs for medical professionals. Children up to age 18 with orthopedic conditions, burns, spinal cord injuries and cleft lip and palate are eligible for care and receive all services regardless of the families' ability to pay. The hospital system was founded by Shriners International, a fraternity with nearly 200 chapters and thousands of clubs around the world. Shriners Hospitals for Children has 22 facilities in the United States, Canada, and Mexico.

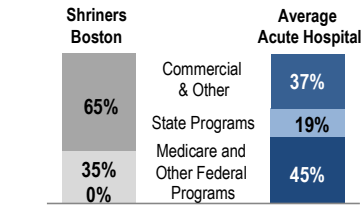
Shriners Hospital for Children - Boston is a 30-bed pediatric specialty hospital, research, and teaching center located in Boston. It treats children with severe burn injuries, complex skin conditions, reconstructive and plastic surgery needs, and cleft lip and palate. It is the only exclusively pediatric, verified burn center in New England. 36% percent of its revenue comes from inpatient services, and the hospital reported 109 inpatient discharges in FY20, 7% less than in the prior year. Its most prominent cases in the region were partial thickness burns with or without skin graft and skin graft for skin and subcutaneous tissue diagnoses.

Shriners Hospital for Children - Springfield is a 40-bed pediatric specialty acute care hospital dedicated to providing inpatient and outpatient specialty care for orthopedic and developmental conditions including scoliosis, clubfoot, cerebral palsy, spina bifida, cleft lip and palate, rheumatology, and others. Following a strategic plan developed in 2015, the hospital has reinvested in its core service line of pediatric orthopedics and initiated new services including post-acute fracture care management, sports health and medicine, and urology. 19% percent of its revenue comes from inpatient services, and it had 67 inpatient discharges in FY20, a 58% decrease from FY19.

Shriners Hospitals for Children - Boston

Boston, MA

At a Glance		Payer Mix	
TOTAL STAFFED BEDS:	30	What was the hospital's overall payer mix (gross charges) and how does this hospital compare to the average acute hospital's payer mix?	
% OCCUPANCY:	8.43%		
INPATIENT DISCHARGES in FY20	109		
PUBLIC PAYER MIX:	35.3%		
CASE MIX INDEX:	2.62		
TAX STATUS:	Non-profit		
INPATIENT:OUTPATIENT REVENUE in FY20:	36%:64%		
INPATIENT COST PER CMAD:	\$62,722		
CHANGE in OWNERSHIP (FY16-FY20):	N/A		



Percentage calculations may not sum to 100% due to rounding.

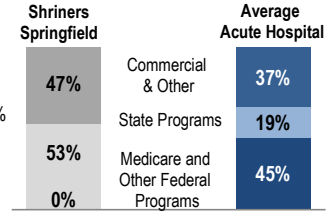
	FY17	FY18	FY19	FY20
Average Length of Stay	13.5	11.3	15.3	8.5
Inpatient Discharges	198	154	117	109
Outpatient Visits	6,383	6,157	6,297	6,543

Revenue, Cost, & Profit/Loss (in millions)					
FY	Total Revenue	Operating Revenue	Non-Operating Revenue	Costs	Total Profit/Loss
2017	\$2.5	\$2.5	\$0.0	\$43.7	
2018	\$8.4	\$8.4	\$0.0	\$40.1	See Note
2019	\$9.0	\$9.0	\$0.0	\$42.1	
2020	\$17.6	\$17.6	\$0.0	\$40.0	

Shriners Hospitals for Children - Springfield

Springfield, MA

At a Glance		Payer Mix	
TOTAL STAFFED BEDS:	40	What was the hospital's overall payer mix (gross charges) and how does this hospital compare to the average acute hospital's payer mix?	
% OCCUPANCY:	2.19%		
INPATIENT DISCHARGES in FY20:	67		
PUBLIC PAYER MIX:	52.9%		
CASE MIX INDEX:	1.82		
TAX STATUS:	Non-profit		
INPATIENT:OUTPATIENT REVENUE in FY20:	19%:81%		
INPATIENT COST PER CMAD:	\$91,750		
CHANGE in OWNERSHIP (FY15-FY19):	N/A		



Percentage calculations may not sum to 100% due to rounding.

	FY17	FY18	FY19	FY20
Average Length of Stay	4.4	5.2	6.9	4.8
Inpatient Discharges	134	142	159	67
Outpatient Visits	16,593	17,020	16,740	17,124

Revenue, Cost, & Profit/Loss (in millions)					
FY	Total Revenue	Operating Revenue	Non-Operating Revenue	Costs	Total Profit/Loss
2017	\$13.5	\$13.5	\$0.0	\$22.8	
2018	\$12.2	\$12.2	\$0.0	\$24.1	See Note
2019	\$12.9	\$12.9	\$0.0	\$24.8	
2020	\$12.9	\$12.9	\$0.0	\$23.6	

Note: Shriners Hospital Boston (SHB) and Shriners Hospital Springfield (SHS) are part of the national Shriners Hospitals for Children system (SHC) and are reliant upon support from the SHC endowment to cover the costs associated with fulfilling their mission to provide care to patients regardless of their ability to pay. This support is provided through transfers from the SHC's endowment to the hospitals, as these transfers are not considered revenue for the purpose of calculating profitability margin, SHB's and SHS's profitability margins are not comparable to other acute hospitals.

INTRODUCTION TO NON-ACUTE HOSPITAL PROFILES

Non-acute hospitals in Massachusetts are typically identified as psychiatric, rehabilitation, and chronic care facilities. CHIA has defined non-acute hospitals in this publication using the Massachusetts Department of Public Health (DPH) and Department of Mental Health (DMH) license criteria. When presenting trends for utilization, costs, and financial performance, CHIA has provided baseline data for each hospital’s cohort as a point of comparison.

Specialty non-acute hospitals are not considered a cohort; however, individual specialty non-acute hospital profiles are available.

Psychiatric hospitals are licensed by DMH for psychiatric services and by DPH for substance abuse services.

Psychiatric Hospital Cohort page B1

Arbour Hospital	McLean Hospital
Arbour-Fuller Hospital	Southcoast Behavioral Hospital
Arbour-HRI Hospital	Taravista Behavioral Health
Bournewood Hospital	Walden Behavioral Care
Haverhill Pavilion Behavioral Health Hospital	Westborough Behavioral HealthCare Hospital
Hospital for Behavioral Medicine	Westwood Lodge Pembroke

Rehabilitation hospitals provide intensive post-acute rehabilitation services, such as physical, occupational, and speech therapy services. For Medicare payment purposes, the federal government classifies hospitals as rehabilitation hospitals if they provide more than 60% of their inpatient services to patients with one or more of 13 diagnoses listed in federal regulations.

Rehabilitation Hospital Cohort page B2

Ecompass Health Rehabilitation Hospital of Braintree	Spaulding Rehabilitation Hospital Boston
Encompass Health Rehabilitation Hospital of New England	Spaulding Rehabilitation Hospital of Cape Cod
Encompass Health Rehabilitation Hospital of Western Massachusetts	Vibra Hospital of Southeastern Massachusetts
Fairlawn Rehabilitation Hospital, an affiliate of Encompass Health	Whittier Rehabilitation Hospital Bradford
	Whittier Rehabilitation Hospital Westborough

Chronic care hospitals are hospitals with an average length of patient stay greater than 25 days. These hospitals typically provide longer-term care, such as ventilator dependent care. Medicare classifies chronic hospitals as Long-Term Care Hospitals, using the same 25-day threshold.

Chronic Care Hospital Cohort page B3

Curahealth Stoughton	Spaulding Hospital Cambridge
New England Sinai Hospital	Vibra Hospital of Western Massachusetts

Specialty Non-Acute Hospital page B4

AdCare Hospital of Worcester

Hebrew Rehabilitation Hospital

Franciscan Hospital for Children

Department of Health page B5 and B6

Department of Mental Health Hospitals

Department of Public Health Hospitals

Cape Cod and Islands Community Mental Health Center

Lemuel Shattuck Hospital

Corrigan Mental Health Center

Pappas Rehabilitation Hospital for Children

Solomon Carter Fuller Mental Health Center

Tewksbury Hospital

Taunton State Hospital

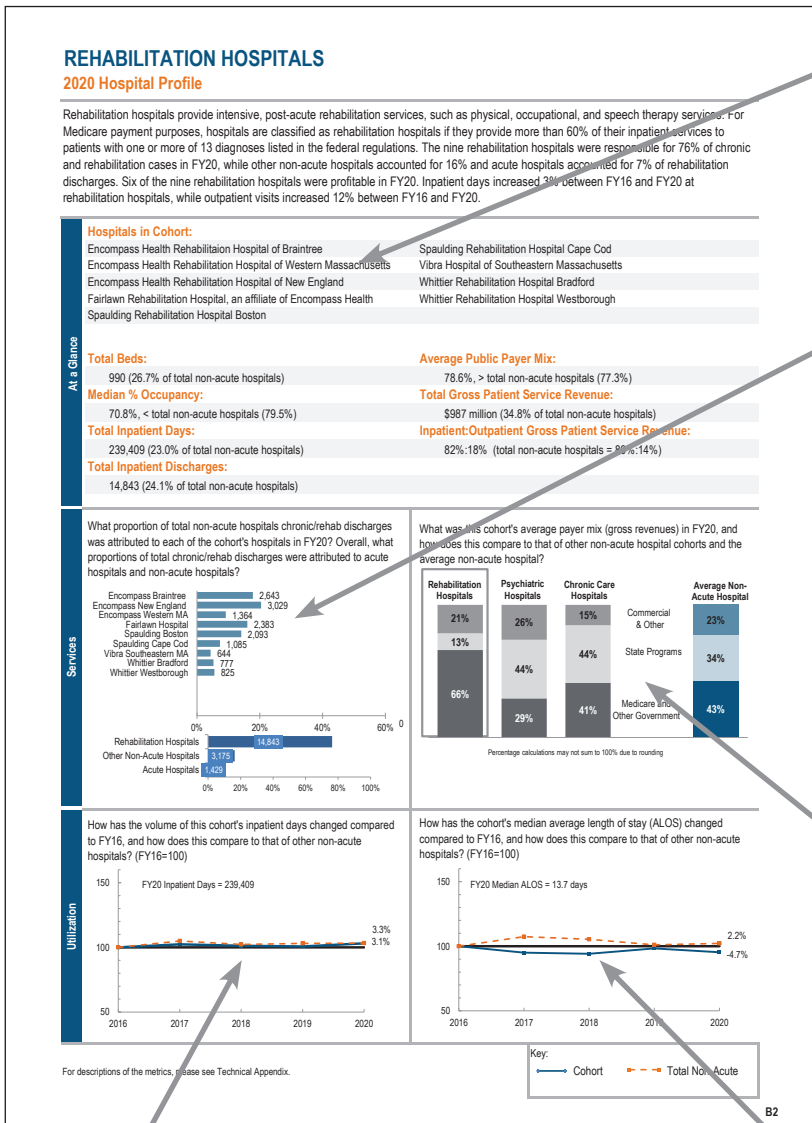
Western Massachusetts Hospital

Worcester State Hospital

For detailed descriptions of the data sources and metrics used in the non-acute hospital profiles, please see the [technical appendix](#).

HOW TO READ NON-ACUTE HOSPITAL PROFILES – FISCAL YEAR 2020

This sheet provides a brief introduction to the metrics on the non-acute hospital cohort-level profiles. Definitions and notes on all metrics are available in the [technical appendix](#).



List of hospitals in cohort

Inpatient cases

Each cohort hospital's proportion of cohort-type discharges statewide (e.g., rehabilitation hospital's proportion of total chronic and rehabilitation discharges) for FY20 are displayed in the top graph. Note that some cohort hospitals treat other types of cases as well.

The bottom graph shows the cohort hospitals' total number of discharges for the cohort type, and compares it to the number of discharges of that type that come from other non-acute hospitals and from acute hospitals.

Payer mix

The cohort's average share of business from federal, state, and commercial payers is outlined. The average payer mix for all non-acute hospitals and for each of the other non-acute hospital cohorts is shown for comparison.

Change in volume of inpatient days

Change in the median of the cohort hospitals' average length of stay

HOW TO READ NON-ACUTE HOSPITAL PROFILES – FISCAL YEAR 2020

Utilization, cost, revenue, and financial data from FY16 to FY20 is presented for each hospital in the given non-acute hospital cohort in the tables below.

REHABILITATION HOSPITALS
2020 Hospital Profile

Volume of Inpatient Days						Average Length of Stay (Days)					
	FY16	FY17	FY18	FY19	FY20		FY16	FY17	FY18	FY19	FY20
Encompass Braintree	28,600	29,804	33,351	34,444	35,540	Encompass Braintree	10.3	12.8	13.2	13.1	13.5
Encompass New England	17,226	17,229	17,274	17,287	17,788	Encompass New England	14.4	13.7	13.5	13.2	13.0
Encompass Western MA	31,144	37,434	38,807	39,055	39,214	Encompass Western MA	12.3	13.6	13.4	13.3	13.0
Fairlawn Hospital	31,226	31,470	28,820	27,718	29,427	Fairlawn Hospital	12.7	10.5	13.4	12.0	12.4
Spaulding Boston	46,005	44,158	44,756	44,863	45,337	Spaulding Boston	19.5	20.1	20.4	20.9	21.7
Spaulding Cape Cod	15,667	15,576	14,631	14,876	14,869	Spaulding Cape Cod	13.9	13.1	13.1	14.1	13.7
Vibra Southeastern MA	25,593	26,182	22,168	21,586	23,248	Vibra Southeastern MA	42.7	41.1	44.6	39.3	36.1
Whittier Bradford	18,069	16,867	17,666	17,063	16,742	Whittier Bradford	25.0	20.0	22.0	21.1	21.6
Whittier Westborough	18,696	17,090	17,682	16,988	17,244	Whittier Westborough	22.4	20.5	19.1	17.8	20.9

Volume of Outpatient Visits						Net Inpatient Revenue per Patient Day					
	FY16	FY17	FY18	FY19	FY20		FY16	FY17	FY18	FY19	FY20
Encompass Braintree	84,661	69,374	58,668	47,217	38,859	Encompass Braintree	\$1,462	\$1,554	\$1,617	\$1,675	\$1,705
Encompass New England	11,678	12,100	10,564	9,333	9,697	Encompass New England	\$1,316	\$1,404	\$1,498	\$1,497	\$1,593
Encompass Western MA	31,864	25,743	27,594	23,735	22,671	Encompass Western MA	\$1,418	\$1,587	\$1,527	\$1,585	\$1,654
Fairlawn Hospital	9,180	9,425	8,573	8,398	7,526	Fairlawn Hospital	\$1,363	\$1,460	\$1,456	\$1,593	\$1,632
Spaulding Boston	268,500	296,754	312,846	349,259	376,899	Spaulding Boston	\$1,701	\$1,671	\$1,710	\$1,849	\$1,889
Spaulding Cape Cod	111,381	112,457	112,597	118,759	133,379	Spaulding Cape Cod	\$1,667	\$1,736	\$1,810	\$1,717	\$1,886
Vibra Southeastern MA	2,925	2,483	2,399	1,677	1,590	Vibra Southeastern MA	\$1,103	\$1,098	\$1,129	\$1,164	\$1,204
Whittier Bradford	39,678	38,786	44,088	43,713	39,553	Whittier Bradford	\$1,292	\$1,295	\$1,281	\$1,401	\$1,386
Whittier Westborough	11,625	15,792	15,781	16,180	13,318	Whittier Westborough	\$1,246	\$1,311	\$1,271	\$1,391	\$1,425

Total Net Outpatient Revenue (in millions)						Total Revenue, Cost, and Profit (Loss) in FY2020					
	FY16	FY17	FY18	FY19	FY20		Operating Revenue	Total Revenue	Costs	Income (Loss)	Total Margin
Encompass Braintree	\$8.8	\$8.3	\$5.7	\$5.0	\$4.9	Encompass Braintree	\$65.9	\$65.9	\$49.6	\$16.3	24.7%
Encompass New England	\$0.9	\$0.9	\$0.8	\$0.7	\$0.8	Encompass New England	\$29.3	\$29.3	\$23.4	\$5.8	19.9%
Encompass Western MA	\$5.0	\$2.2	\$2.6	\$2.2	\$1.8	Encompass Western MA	\$64.2	\$64.2	\$51.8	\$12.5	19.4%
Fairlawn Hospital	\$0.3	\$0.7	\$0.7	\$0.7	\$0.8	Fairlawn Hospital	\$49.0	\$49.0	\$36.5	\$12.4	25.4%
Spaulding Boston	\$30.1	\$41.8	\$42.9	\$47.6	\$48.9	Spaulding Boston	\$151.1	\$151.0	\$171.5	-\$20.5	-13.5%
Spaulding Cape Cod	\$14.7	\$14.7	\$15.5	\$14.8	\$16.5	Spaulding Cape Cod	\$45.1	\$45.2	\$45.7	-\$0.5	-1.2%
Vibra Southeastern MA	\$0.5	\$0.4	\$0.3	\$0.2	\$0.1	Vibra Southeastern MA	\$28.6	\$28.6	\$28.0	\$0.6	2.0%
Whittier Bradford	\$5.3	\$6.0	\$5.0	\$5.3	\$4.8	Whittier Bradford	\$29.3	\$29.3	\$29.5	-\$0.2	-0.6%
Whittier Westborough	\$1.4	\$1.7	\$1.5	\$1.3	\$1.2	Whittier Westborough	\$26.9	\$26.9	\$25.7	\$1.2	4.4%

Total Net Outpatient Revenue (in millions)					
	FY16	FY17	FY18	FY19	FY20
Encompass Braintree	\$8.8	\$8.3	\$5.7	\$5.0	\$4.9
Encompass New England	\$0.9	\$0.9	\$0.8	\$0.7	\$0.8
Encompass Western MA	\$5.0	\$2.2	\$2.6	\$2.2	\$1.8
Fairlawn Hospital	\$0.3	\$0.7	\$0.7	\$0.7	\$0.8
Spaulding Boston	\$30.1	\$41.8	\$42.9	\$47.6	\$48.9
Spaulding Cape Cod	\$14.7	\$14.7	\$15.5	\$14.8	\$16.5
Vibra Southeastern MA	\$0.5	\$0.4	\$0.3	\$0.2	\$0.1
Whittier Bradford	\$5.3	\$6.0	\$5.0	\$5.3	\$4.8
Whittier Westborough	\$1.4	\$1.7	\$1.5	\$1.3	\$1.2

Total Revenue, Cost, and Profit (Loss) in FY2020					
	Operating Revenue	Total Revenue	Costs	Income (Loss)	Total Margin
Encompass Braintree	\$65.9	\$65.9	\$49.6	\$16.3	24.7%
Encompass New England	\$29.3	\$29.3	\$23.4	\$5.8	19.9%
Encompass Western MA	\$64.2	\$64.2	\$51.8	\$12.5	19.4%
Fairlawn Hospital	\$49.0	\$49.0	\$36.5	\$12.4	25.4%
Spaulding Boston	\$151.1	\$151.0	\$171.5	-\$20.5	-13.5%
Spaulding Cape Cod	\$45.1	\$45.2	\$45.7	-\$0.5	-1.2%
Vibra Southeastern MA	\$28.6	\$28.6	\$28.0	\$0.6	2.0%
Whittier Bradford	\$29.3	\$29.3	\$29.5	-\$0.2	-0.6%
Whittier Westborough	\$26.9	\$26.9	\$25.7	\$1.2	4.4%

Average length of stay

Volume of inpatient days

Inpatient revenue per day (i.e., per capita)

Total outpatient visits

Total net outpatient revenue

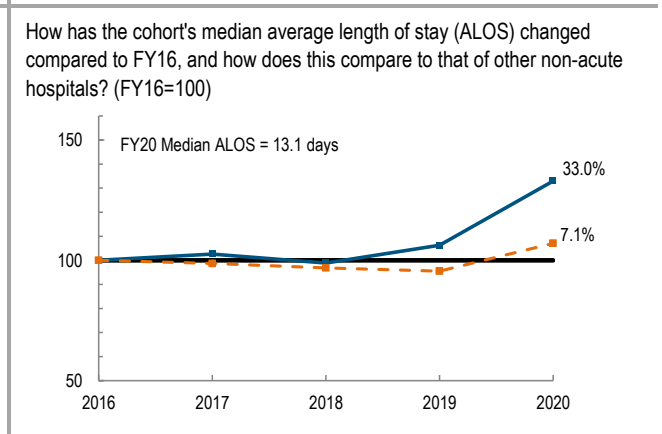
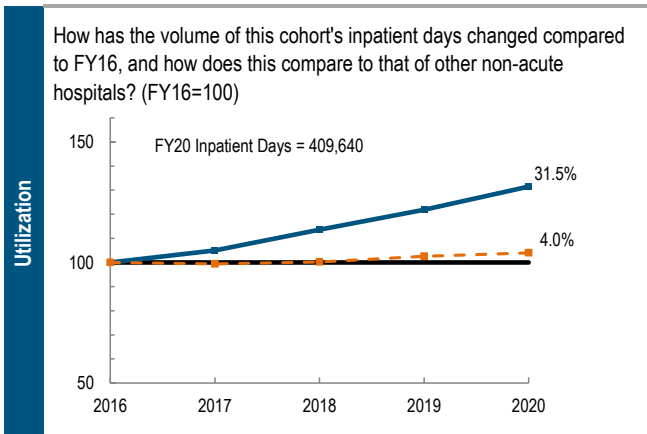
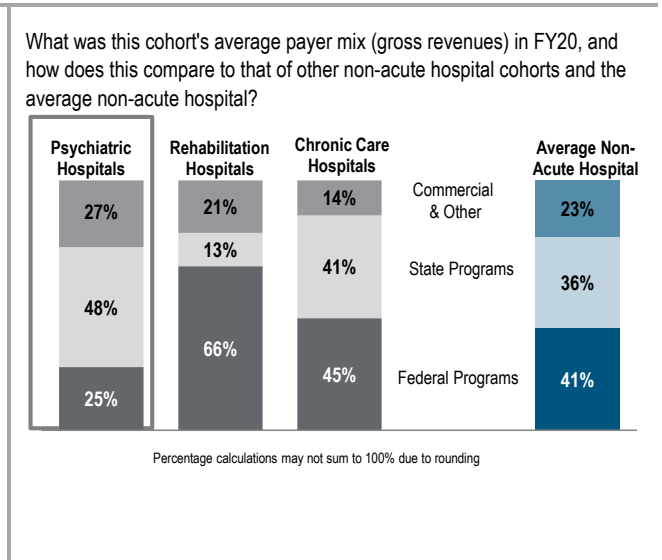
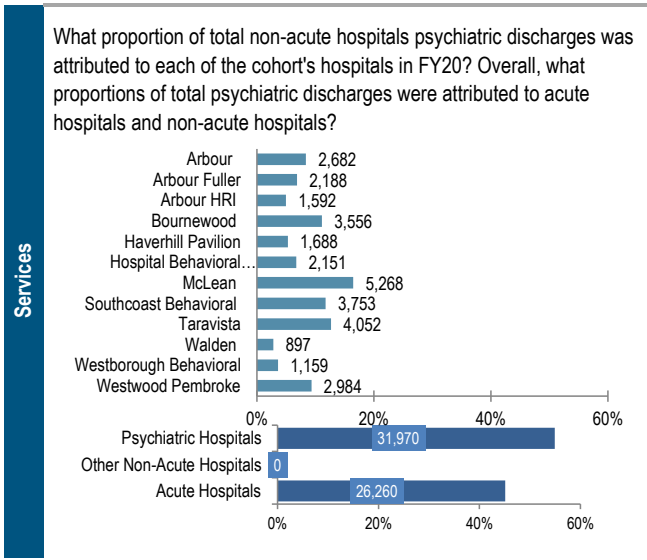
Financial information (FY20 only)

PSYCHIATRIC HOSPITALS

2020 Hospital Profile

Psychiatric hospitals are licensed by the Department of Mental Health (DMH) for psychiatric services, and by the Department of Public Health (DPH) for substance abuse services. Psychiatric hospitals offer mental health services, substance abuse disorder treatments, and inpatient, outpatient, and partial hospitalization. 55% of psychiatric patient discharges in FY20 were from psychiatric hospitals, while 45% of psychiatric discharges were from acute hospitals. Ten of the twelve psychiatric hospitals earned a profit in FY20, compared to six of the eleven in FY19. Hospital for Behavioral Medicine opened in 2019 and reported a full year of operations for the first time in FY20.

Hospitals in Cohort:	
Arbour Hospital	McLean Hospital
Arbour Fuller Hospital	Southcoast Behavioral Hospital
Arbour HRI Hospital	Taravista Behavioral Health
Bournewood Hospital	Walden Behavioral Care
Haverhill Pavilion Behavioral Health Hospital	Westborough Behavioral Healthcare Hospital
Hospital for Behavioral Medicine	Westwood Lodge Pembroke
Total Beds:	
1,319 (35.2% of total non-acute hospitals)	Average Public Payer Mix: 73.3%, < total non-acute hospitals (77.4%)
Median % Occupancy:	
91.1%, > total non-acute hospitals (82.4%)	Total Gross Patient Service Revenue: \$857 million (30.7% of total non-acute hospitals)
Total Inpatient Days:	
409,640 (38.9% of total non-acute hospitals)	Inpatient:Outpatient Gross Patient Service Revenue: 88%:12% (total non-acute hospitals = 88%:12%)
Total Inpatient Discharges:	
31,970 (56.1% of total non-acute hospitals)	



For descriptions of the metrics, please see Technical Appendix.



PSYCHIATRIC HOSPITALS

2020 Hospital Profile

Utilization Trends	Volume of Inpatient Days				
	FY16	FY17	FY18	FY19	FY20
Arbour	39,681	45,926	46,648	46,287	45,559
Arbour Fuller	32,239	33,846	35,683	35,686	35,000
Arbour HRI	20,898	21,303	21,720	21,582	21,988
Bournewood	31,819	31,613	31,242	33,855	34,478
Haverhill Pavilion	20,336	18,959	20,249	18,740	21,653
Hospital Behavioral Medicine	*	*	*	*	27,974
McLean	65,845	69,022	71,044	72,915	68,837
Southcoast Behavioral	23,139	33,010	40,156	47,186	49,051
Taravista	^	8,568	27,540	37,277	35,124
Walden	16,564	16,390	16,378	16,530	16,005
Westborough Behavioral	+	+	8,637	14,918	16,324
Westwood Pembroke	61,064	48,581	34,593	34,798	37,647

Utilization Trends	Volume of Outpatient Visits				
	FY16	FY17	FY18	FY19	FY20
Arbour	38,934	40,979	45,908	54,754	50,968
Arbour Fuller	22,071	24,955	27,127	28,653	31,700
Arbour HRI	20,956	22,325	18,240	19,888	23,372
Bournewood	29,322	30,301	30,915	38,179	33,814
Haverhill Pavilion	7,687	7,886	7,367	0	0
Hospital Behavioral Medicine	*	*	*	*	3,980
McLean	107,208	105,599	97,282	100,933	102,366
Southcoast Behavioral	0	0	0	0	0
Taravista	^	0	0	0	0
Walden	0	0	0	0	0
Westborough Behavioral	+	+	1,762	2,445	1,583
Westwood Pembroke	86,275	68,120	9,824	6,711	8,032

Patient Revenue Trends	Total Net Outpatient Revenue (in millions)				
	FY16	FY17	FY18	FY19	FY20
Arbour	\$5.2	\$5.7	\$6.5	\$7.0	\$5.7
Arbour Fuller	\$5.0	\$5.6	\$6.0	\$6.8	\$7.2
Arbour HRI	\$4.8	\$5.3	\$5.4	\$6.1	\$7.4
Bournewood	\$2.7	\$2.8	\$2.8	\$3.4	\$4.0
Haverhill Pavilion	\$1.1	\$1.1	\$1.0	\$0.0	\$0.0
Hospital Behavioral Medicine	*	*	*	*	\$1.1
McLean	\$50.0	\$48.5	\$44.2	\$47.1	\$44.9
Southcoast Behavioral	\$0.0	\$0.0	\$0.0	\$0.0	\$0.0
Taravista	^	\$0.0	\$0.0	\$0.0	\$0.0
Walden	\$0.0	\$0.0	\$0.0	\$0.0	\$0.0
Westborough Behavioral	+	+	\$0.5	\$0.8	\$0.4
Westwood Pembroke	\$7.4	\$5.9	\$1.9	\$2.1	\$2.4

Patient Revenue Trends	Net Inpatient Revenue per Patient Day				
	FY16	FY17	FY18	FY19	FY20
Arbour	\$782	\$730	\$744	\$754	\$848
Arbour Fuller	\$651	\$688	\$779	\$820	\$895
Arbour HRI	\$819	\$722	\$817	\$800	\$913
Bournewood	\$817	\$829	\$858	\$903	\$947
Haverhill Pavilion	\$920	\$940	\$929	\$892	\$924
Hospital Behavioral Medicine	*	*	*	*	\$963
McLean	\$1,238	\$1,260	\$1,257	\$1,257	\$1,290
Southcoast Behavioral	\$770	\$817	\$835	\$831	\$896
Taravista	^	\$973	\$778	\$846	\$862
Walden	\$873	\$872	\$894	\$901	\$972
Westborough Behavioral	+	+	\$795	\$908	\$1,078
Westwood Pembroke	\$784	\$745	\$780	\$814	\$873

Financial Performance	Total Revenue, Cost, and Profit (Loss) in FY2020				
	Operating Revenue	Total Revenue	Costs	Income (Loss)	Total Margin
Arbour	\$45.2	\$45.2	\$41.1	\$4.1	9.0%
Arbour Fuller	\$39.9	\$39.9	\$29.1	\$10.8	27.0%
Arbour HRI	\$28.0	\$28.0	\$21.3	\$6.7	24.0%
Bournewood	\$36.7	\$36.8	\$32.9	\$3.9	10.7%
Haverhill Pavilion	\$20.3	\$20.3	\$20.0	\$0.3	1.5%
Hospital Behavioral Medicine	\$28.9	\$28.9	\$27.3	\$1.6	5.7%
McLean	\$259.1	\$261.0	\$266.7	-\$5.7	-2.2%
Southcoast Behavioral	\$44.6	\$44.6	\$34.3	\$10.3	23.1%
Taravista	\$32.2	\$32.2	\$31.5	\$0.8	2.3%
Walden	\$36.4	\$36.4	\$36.0	\$0.4	1.1%
Westborough Behavioral	\$18.1	\$18.1	\$24.4	-\$6.2	-34.5%
Westwood Pembroke	\$35.7	\$35.7	\$29.7	\$6.0	16.9%

^ First full year of operations FY17, + First full year of operations FY18, * First full year of operations FY20

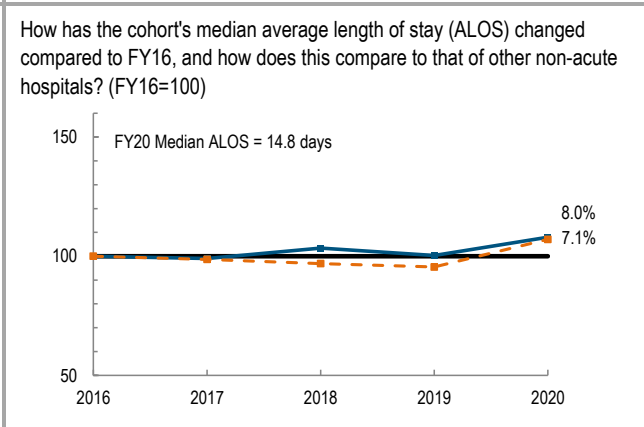
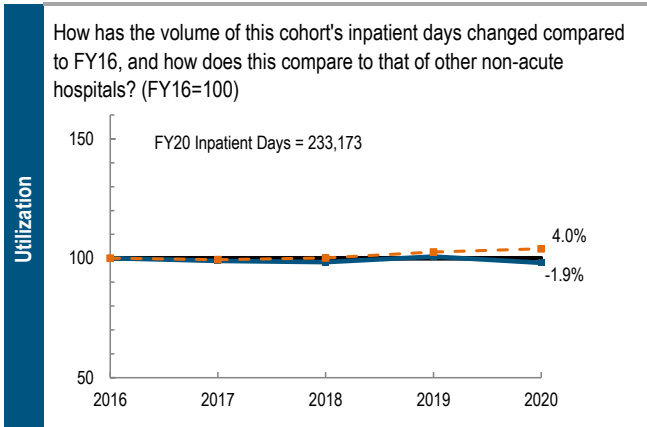
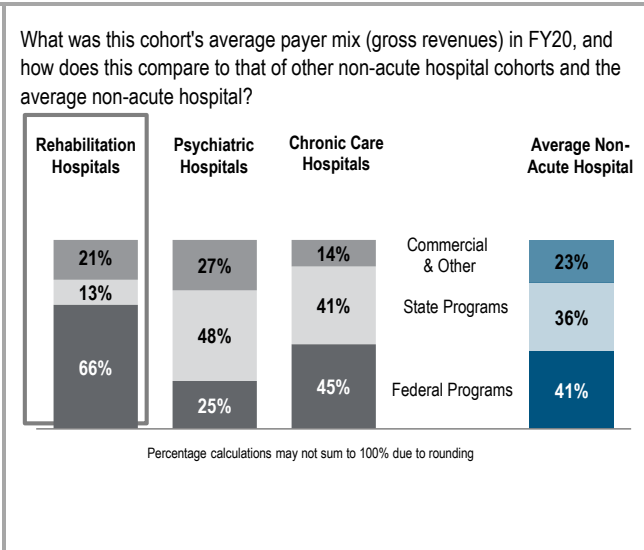
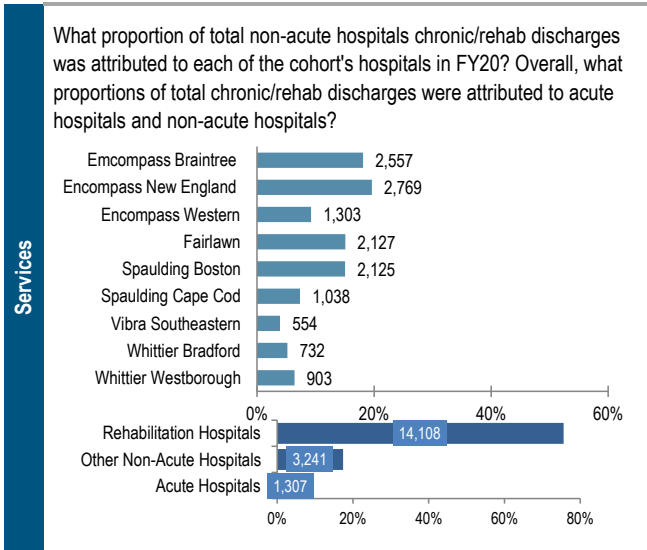
REHABILITATION HOSPITALS

2020 Hospital Profile

Rehabilitation hospitals provide intensive, post-acute rehabilitation services, such as physical, occupational, and speech therapy services. For Medicare payment purposes, hospitals are classified as rehabilitation hospitals if they provide more than 60% of their inpatient services to patients with one or more of 13 diagnoses listed in the federal regulations. The nine rehabilitation hospitals were responsible for 76% of chronic and rehabilitation discharges in FY20, while other non-acute hospitals accounted for 17% and acute hospitals accounted for 7% of rehabilitation discharges. Five of the nine rehabilitation hospitals were profitable in FY20. Inpatient days decreased 2% between FY16 and FY20 at rehabilitation hospitals.

Hospitals in Cohort:	
Encompass Health Rehabilitation Hospital of Braintree	Spaulding Rehabilitation Hospital Cape Cod
Encompass Health Rehabilitation Hospital of New England	Vibra Hospital of Southeastern Massachusetts
Encompass Health Rehabilitation Hospital of Western Massachusetts	Whittier Rehabilitation Hospital Bradford
Fairlawn Rehabilitation Hospital, an affiliate of Encompass Health	Whittier Rehabilitation Hospital Westborough
Spaulding Rehabilitation Hospital Boston	

At a Glance	
Total Beds:	Average Public Payer Mix:
936 (25.0% of total non-acute hospitals)	79.0%, > total non-acute hospitals (77.4%)
Median % Occupancy:	Total Gross Patient Service Revenue:
69.0%, < total non-acute hospitals (82.4%)	\$927 million (33.2% of total non-acute hospitals)
Total Inpatient Days:	Inpatient:Outpatient Gross Patient Service Revenue:
233,173 (22.1% of total non-acute hospitals)	87%:13% (total non-acute hospitals = 88%:12%)
Total Inpatient Discharges:	
14,108 (24.7% of total non-acute hospitals)	



For descriptions of the metrics, please see Technical Appendix.



REHABILITATION HOSPITALS

2020 Hospital Profile

Utilization Trends	Volume of Inpatient Days				
	FY16	FY17	FY18	FY19	FY20
Emcompass Braintree	29,804	33,351	34,444	35,540	36,543
Emcompass New England	37,434	38,807	39,055	39,214	36,453
Emcompass Western	17,229	17,274	17,287	17,788	17,574
Fairlawn	31,470	28,820	27,718	29,427	27,786
Spaulding Boston	46,058	44,756	44,863	45,337	44,702
Spaulding Cape Cod	15,576	14,631	14,876	14,869	15,311
Vibra Southeastern	26,182	22,168	21,586	23,248	22,616
Whittier Bradford	16,867	17,666	17,063	16,742	16,147
Whittier Westborough	17,090	17,682	16,988	17,244	16,041

Utilization Trends	Average Length of Stay (Days)				
	FY16	FY17	FY18	FY19	FY20
Emcompass Braintree	12.8	13.2	13.1	13.5	14.3
Emcompass New England	13.6	13.4	13.3	13.0	13.2
Emcompass Western	13.7	13.5	13.2	13.0	13.5
Fairlawn	12.5	13.4	12.0	12.4	13.1
Spaulding Boston	20.1	20.4	20.9	21.7	21.0
Spaulding Cape Cod	13.1	13.1	14.1	13.7	14.8
Vibra Southeastern	44.1	44.6	39.3	36.1	40.8
Whittier Bradford	20.0	22.0	21.1	21.6	22.1
Whittier Westborough	20.5	19.1	17.8	20.9	17.8

Utilization Trends	Volume of Outpatient Visits				
	FY16	FY17	FY18	FY19	FY20
Emcompass Braintree	69,374	58,668	47,217	38,859	26,906
Emcompass New England	25,743	27,594	23,739	17,671	3,520
Emcompass Western	12,173	10,564	9,333	9,697	1,868
Fairlawn	9,425	8,573	8,398	7,526	2,918
Spaulding Boston	296,754	312,846	349,259	376,899	284,348
Spaulding Cape Cod	112,457	112,597	118,759	133,379	97,759
Vibra Southeastern	2,483	2,399	1,677	1,590	272
Whittier Bradford	38,786	44,088	43,713	39,553	27,524
Whittier Westborough	15,792	15,781	16,180	13,318	8,309

Patient Revenue Trends	Net Inpatient Revenue per Patient Day				
	FY16	FY17	FY18	FY19	FY20
Emcompass Braintree	\$1,554	\$1,617	\$1,675	\$1,705	\$1,585
Emcompass New England	\$1,587	\$1,527	\$1,585	\$1,654	\$1,694
Emcompass Western	\$1,404	\$1,479	\$1,497	\$1,593	\$1,629
Fairlawn	\$1,460	\$1,456	\$1,593	\$1,632	\$1,557
Spaulding Boston	\$1,671	\$1,710	\$1,849	\$1,889	\$1,956
Spaulding Cape Cod	\$1,753	\$1,810	\$1,717	\$1,886	\$1,886
Vibra Southeastern	\$1,098	\$1,129	\$1,184	\$1,204	\$1,219
Whittier Bradford	\$1,295	\$1,281	\$1,401	\$1,386	\$1,518
Whittier Westborough	\$1,311	\$1,271	\$1,391	\$1,425	\$1,531

Patient Revenue Trends	Total Net Outpatient Revenue (in millions)				
	FY16	FY17	FY18	FY19	FY20
Emcompass Braintree	\$8.3	\$5.7	\$5.0	\$4.9	\$3.3
Emcompass New England	\$2.2	\$2.6	\$2.2	\$1.8	\$0.4
Emcompass Western	\$0.9	\$0.8	\$0.7	\$0.8	\$0.2
Fairlawn	\$0.7	\$0.7	\$0.7	\$0.8	\$0.3
Spaulding Boston	\$41.8	\$42.9	\$47.6	\$48.9	\$43.7
Spaulding Cape Cod	\$14.7	\$15.5	\$14.8	\$16.5	\$13.0
Vibra Southeastern	\$0.4	\$0.3	\$0.2	\$0.1	\$0.02
Whittier Bradford	\$6.0	\$5.0	\$5.3	\$4.8	\$3.2
Whittier Westborough	\$1.7	\$1.5	\$1.3	\$1.2	\$0.7

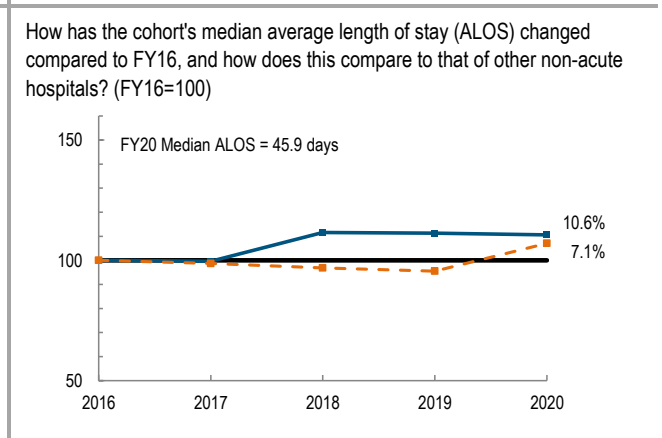
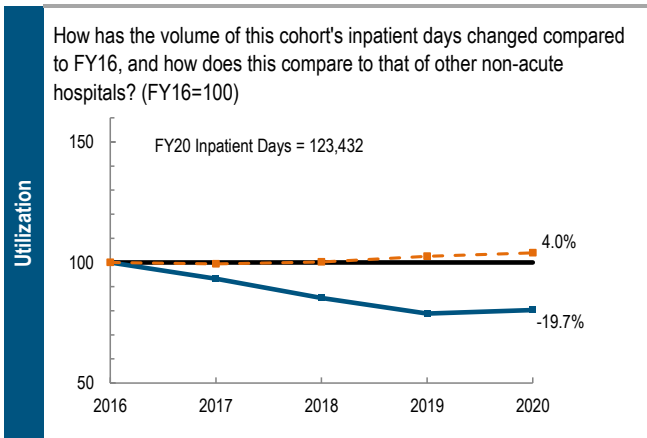
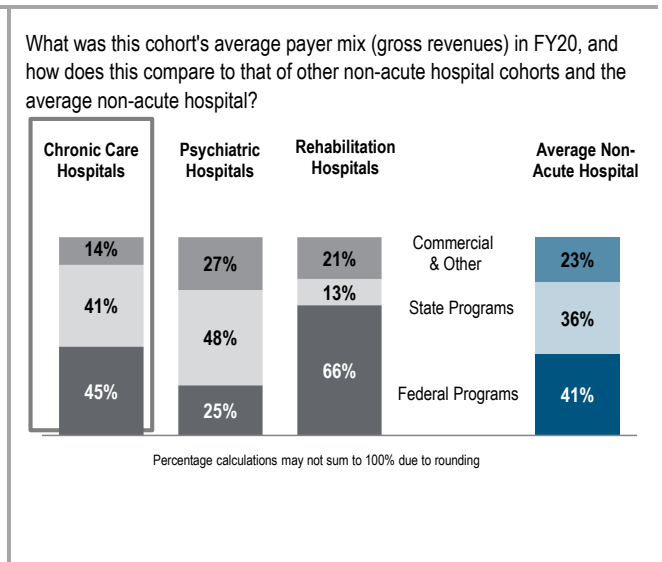
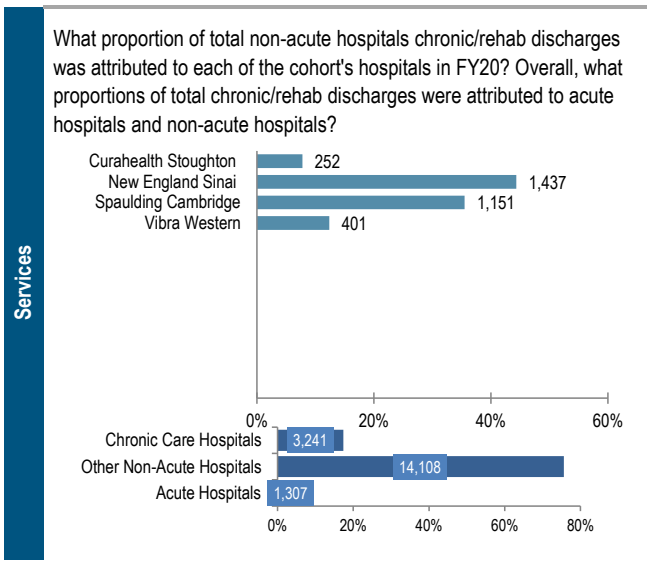
Financial Performance	Total Revenue, Cost, and Profit (Loss) in FY2020				
	Operating Revenue	Total Revenue	Costs	Income (Loss)	Total Margin
Emcompass Braintree	\$61.9	\$61.9	\$51.6	\$10.2	16.5%
Emcompass New England	\$62.2	\$62.2	\$51.6	\$10.6	17.1%
Emcompass Western	\$28.9	\$28.9	\$23.4	\$5.5	19.0%
Fairlawn	\$43.7	\$43.7	\$35.1	\$8.6	19.6%
Spaulding Boston	\$150.8	\$150.8	\$173.0	-\$22.2	-14.7%
Spaulding Cape Cod	\$43.1	\$43.2	\$47.2	-\$4.0	-9.3%
Vibra Southeastern	\$28.4	\$28.4	\$28.9	-\$0.5	-1.8%
Whittier Bradford	\$30.2	\$30.2	\$30.3	-\$0.1	-0.4%
Whittier Westborough	\$27.2	\$27.2	\$26.3	\$1.0	3.6%

CHRONIC CARE HOSPITALS

2020 Hospital Profile

Chronic care hospitals are non-acute hospitals with an average length of patient stay greater than 25 days. These hospitals typically provide longer-term care, such as ventilator dependent care. Medicare classifies chronic hospitals as Long-Term Care Hospitals, using the same 25-day threshold. In FY20 there were four chronic care hospitals operating in Massachusetts. Those facilities were responsible for 17% of all chronic and rehabilitation discharges in FY20, while other non-acute hospitals accounted for 76% and acute hospitals accounted for 7% of chronic care discharges. Two of the four chronic care hospitals reported a loss in FY20. Inpatient days at chronic care hospitals decreased 20% between FY16 and FY20.

At a Glance	
Hospitals in Cohort:	
Curahealth Stoughton	
New England Sinai Hospital	
Spaulding Rehabilitation Hospital Cambridge	
Vibra Hospital of Western Massachusetts	
Total Beds:	
548 (14.6% of total non-acute hospitals)	Average Public Payer Mix:
	86.0%, > total non-acute hospitals (77.4%)
Median % Occupancy:	
61.0%, < total non-acute hospitals (82.4%)	Total Gross Patient Service Revenue:
	\$684 million (24.5% of total non-acute hospitals)
Total Inpatient Days:	
123,432 (11.7% of total non-acute hospitals)	Inpatient:Outpatient Gross Patient Service Revenue:
	100%:0% (total non-acute hospitals = 88%:12%)
Total Inpatient Discharges:	
3,241 (5.7% of total non-acute hospitals)	



For descriptions of the metrics, please see Technical Appendix.



CHRONIC CARE HOSPITALS

2020 Hospital Profile

Utilization Trends	Volume of Inpatient Days					
		FY16	FY17	FY18	FY19	FY20
	Curahealth Stoughton	28,761	21,261	19,604	18,606	19,371
	New England Sinai	31,287	32,695	33,824	39,428	40,694
	Spaulding Cambridge	43,987	42,475	42,776	40,854	40,716
	Vibra Western	49,729	46,924	34,918	22,295	22,651

Utilization Trends	Average Length of Stay (Days)					
		FY16	FY17	FY18	FY19	FY20
	Curahealth Stoughton	64.8	86.4	87.5	82.3	76.9
	New England Sinai	34.3	27.0	30.0	27.2	28.3
	Spaulding Cambridge	32.3	31.8	36.0	37.4	35.4
	Vibra Western	48.8	51.0	56.7	55.1	56.5

Utilization Trends	Volume of Outpatient Visits					
		FY16	FY17	FY18	FY19	FY20
	Curahealth Stoughton	0	0	0	0	0
	New England Sinai	21,316	13,388	14,734	16,797	5,804
	Spaulding Cambridge	0	0	0	0	0
	Vibra Western	0	0	0	0	0

Patient Revenue Trends	Net Inpatient Revenue per Patient Day					
		FY16	FY17	FY18	FY19	FY20
	Curahealth Stoughton	\$1,062	\$963	\$1,336	\$1,055	\$1,044
	New England Sinai	\$1,192	\$1,380	\$1,374	\$1,208	\$1,348
	Spaulding Cambridge	\$1,414	\$1,448	\$1,605	\$1,634	\$1,560
	Vibra Western	\$976	\$952	\$772	\$1,165	\$1,109

Patient Revenue Trends	Total Net Outpatient Revenue (in millions)					
		FY16	FY17	FY18	FY19	FY20
	Curahealth Stoughton	\$0.0	\$0.0	\$0.0	\$0.0	\$0.0
	New England Sinai	\$1.3	\$1.0	\$0.6	\$1.2	\$0.7
	Spaulding Cambridge	\$0.0	\$0.0	\$0.0	\$0.0	\$0.0
	Vibra Western	\$0.0	\$0.0	\$0.0	\$0.0	\$0.0

Financial Performance	Total Revenue, Cost, and Profit (Loss) in FY2020					
		Operating Revenue	Total Revenue	Costs	Income (Loss)	Total Margin
	Curahealth Stoughton	\$21.8	\$21.8	\$16.5	\$5.2	24.1%
	New England Sinai	\$58.0	\$58.0	\$52.4	\$5.5	9.5%
	Spaulding Cambridge	\$88.1	\$88.1	\$108.3	-\$20.2	-22.9%
	Vibra Western	\$26.5	\$26.5	\$27.2	-\$0.7	-2.6%

NON-ACUTE SPECIALTY HOSPITALS

2020 Hospital Profile

AdCare Hospital of Worcester is a for-profit specialty hospital located in Worcester. It is the only private non-acute care hospital that exclusively focuses on substance abuse. It provides detox and inpatient services, as well as outpatient services. From FY16 to FY20, inpatient days at AdCare decreased by 12% and Outpatient visits decreased by 38%. Adcare reported positive margins in each year during this five year period with a 3.3% total margin in FY20.

Adcare Hospital of Worcester

Worcester, MA

At a Glance		Payer Mix	
Total Staffed beds:	114	What was the hospital's overall payer mix (gross revenues) and how does this hospital compare to the average non-acute hospital's payer mix?	
% Occupancy:	81.52		
Inpatient Discharges:	5887		
Public Payer Mix:	86.0%		
Total Net Revenue:	\$37,099,683		
Tax Status:	for-profit		
Inpatient:Outpatient Gross Revenue:	75%:25%		
Change in Ownership (FY16-FY20)	none		

Percentage calculations may not sum to 100% due to rounding.

	FY16	FY17	FY18	FY19	FY20
Average Length of Stay	6.5	6.3	6.4	6.2	5.8
Inpatient Days	38,522	38,293	38,030	37,647	34,013
Outpatient Visits	126,116	114,801	123,331	100,949	77,859
Net Inpatient Revenue Per Day	\$763	\$876	\$818	\$925	\$903
Net Outpatient Revenue (millions)	\$9.3	\$8.8	\$8.9	\$8.0	\$6.4
Operating Margin	9.7%	16.1%	8.2%	11.1%	3.3%
Total Margin	9.7%	16.1%	8.2%	11.1%	3.3%

Revenue, Cost, & Profit/Loss (in millions)					
FY	Total Revenue	Operating Revenue	Non-Operating Revenue	Costs	Total Profit/Loss
2016	\$39	\$39	\$0	\$35	\$3.8
2017	\$42	\$42	\$0	\$36	\$6.8
2018	\$40	\$40	\$0	\$37	\$3.3
2019	\$43	\$43	\$0	\$39	\$4.8
2020	\$40	\$40	\$0	\$38	\$1.3

Franciscan Hospital for Children is a non-profit specialty hospital located in Brighton. It focuses on providing pediatric chronic care and rehabilitation services. It offers inpatient, residential, educational, surgical, outpatient, and home care programs for children with special health care needs. Between FY16 and FY20, inpatient days increased 4%, and outpatient visits decreased 26%. Franciscan Hospital for Children reported a profit in FY20 with a total margin of 3.2%.

Franciscan Hospital for Children

Brighton, MA

At a Glance		Payer Mix	
Total Staffed beds:	112	What was the hospital's overall payer mix (gross revenues) and how does this hospital compare to the average non-acute hospital's payer mix?	
% Occupancy:	57.23		
Inpatient Discharges:	642		
Public Payer Mix:	65.0%		
Total Net Revenue:	\$52,326,918		
Tax Status:	non-profit		
Inpatient:Outpatient Gross Revenue:	69%:31%		
Change in Ownership (FY16-FY20)	none		

Percentage calculations may not sum to 100% due to rounding.

	FY16	FY17	FY18	FY19	FY20
Average Length of Stay	27.4	29.1	30.7	30.7	36.5
Inpatient Days	22,555	23,363	23,623	23,697	23,461
Outpatient Visits	41,834	36,085	34,820	39,786	31,146
Net Inpatient Revenue Per Day	\$1,441	\$1,415	\$1,509	\$1,539	\$1,550
Net Outpatient Revenue (millions)	\$16.0	\$15.5	\$15.8	\$19.3	\$16.0
Operating Margin	3.1%	0.0%	-0.5%	1.2%	3.1%
Total Margin	4.3%	-2.0%	-0.5%	1.5%	3.2%

Revenue, Cost, & Profit/Loss (in millions)					
FY	Total Revenue	Operating Revenue	Non-Operating Revenue	Costs	Total Profit/Loss
2016	\$59	\$58	\$1	\$57	\$2.5
2017	\$58	\$59	-\$1	\$59	-\$1.2
2018	\$62	\$62	\$0	\$63	-\$0.3
2019	\$64	\$64	\$0.2	\$63	\$1.0
2020	\$67	\$67	\$0.1	\$65	\$2.2

For descriptions of the metrics, please see Technical Appendix

NON-ACUTE SPECIALTY HOSPITALS

2020 Hospital Profile

Hebrew Rehabilitation Hospital is a non-profit specialty hospital located in Boston. It specializes in providing hospital and community health care services to geriatric patients. It provides long-term acute, rehabilitative, outpatient, adult day health, and home health care services. It is also the healthcare facility for Hebrew SeniorLife provider organization, a provider of elder care. Between FY16 and FY20, inpatient days decreased 8%, and outpatient visits decreased 29%. Hebrew Rehabilitation has reported a loss in each year during this five year period.

Hebrew Rehabilitation Hospital

Boston, MA

At a Glance		Payer Mix	
Total Staffed beds:	717	What was the hospital's overall payer mix (gross revenues) and how does this hospital compare to the average non-acute hospital's payer mix?	
% Occupancy:	87.56	Average Non-Acute Hospital	
Inpatient Discharges:	1185	Hebrew	
Public Payer Mix:	81.3%		
Total Net Revenue:	\$117,840,532	19% Commercial & Other	23%
Tax Status:	non-profit	56% State Programs	36%
Inpatient:Outpatient Gross Revenue:	97%:3%	25% Federal Programs	41%
Change in Ownership (FY16-FY20)	none		

Percentage calculations may not sum to 100% due to rounding

	FY16	FY17	FY18	FY19	FY20
Average Length of Stay	184.9	172.9	187.9	173.0	193.9
Inpatient Days	249,016	239,822	234,490	237,685	229,785
Outpatient Visits	75,037	77,702	71,791	70,175	53,217
Net Inpatient Revenue Per Day	\$453	\$454	\$490	\$503	\$500
Net Outpatient Revenue (millions)	\$3.6	\$3.7	\$3.8	\$3.9	\$3.0
Operating Margin	-9.7%	-8.2%	-4.8%	-10.7%	-14.0%
Total Margin	-9.6%	-7.4%	-4.0%	-1.5%	-2.5%

Revenue, Cost, & Profit/Loss (in millions)					
FY	Total Revenue	Operating Revenue	Non-Operating Revenue	Costs	Total Profit/Loss
2016	\$120	\$120	\$0	\$131	-\$11.5
2017	\$119	\$118	\$1	\$127	-\$8.8
2018	\$122	\$121	\$1	\$127	-\$4.9
2019	\$129	\$117	\$12	\$131	-\$1.9
2020	\$136	\$120	\$16	\$139	-\$3.4

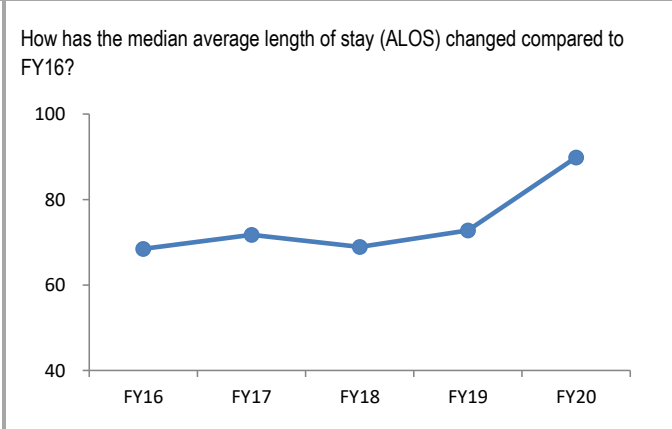
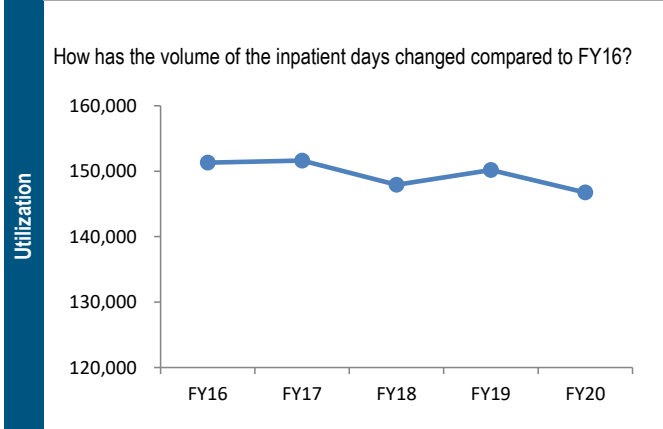
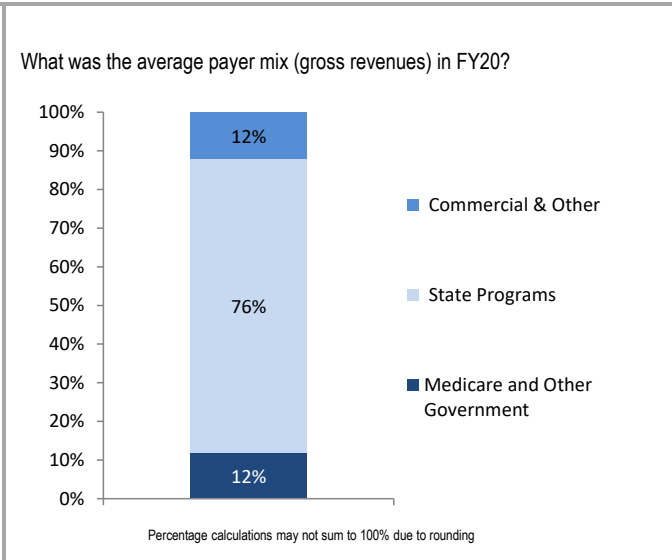
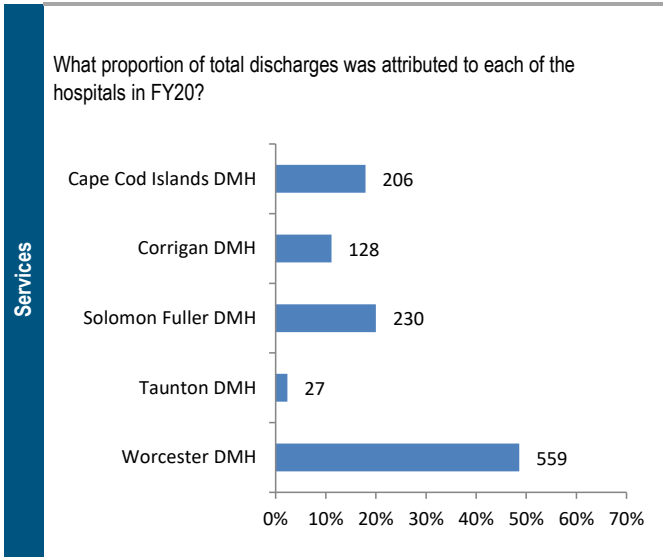
For descriptions of the metrics, please see Technical Appendix

DEPARTMENT OF MENTAL HEALTH HOSPITALS

2020 Hospital Profile

The Department of Mental Health (DMH) operates five hospitals that provide psychiatric and mental health care for those with otherwise limited access to facilities providing such care. The department operates Cape Cod & Islands Mental Health Center, Corrigan Mental Health Center, Solomon Carter Fuller Mental Health Center, Taunton State Hospital, and Worcester State Hospital. Cape Cod & Islands provides inpatient and outpatient psychiatric care. Corrigan offers inpatient and outpatient treatment, crisis counseling, and emergency psychiatric services. Solomon Fuller provides emergency and crisis care for adult and youth patients. Taunton Hospital offers a youth residential program, addiction and substance abuse program, and psychiatric services. Worcester State offers a mental health center for adult and youth patients.

At a Glance	Hospitals in Cohort:	
	Cape Cod & Islands Community Mental Health Center	
	Corrigan Mental Health Center	
	Solomon Carter Fuller Mental Health Center	
	Taunton State Hospital	
	Worcester State Hospital	
	Total Staffed Beds:	Total Outpatient Visits
	427	5,501
	Median % Occupancy:	Median Average Length of Stay in Days
	93.6%	89.9
Total Inpatient Days:	Average Public Payer Mix:	
146,744	88.0%	
Total Inpatient Discharges:	Total Gross Patient Service Revenue:	
1,150	\$195 million	



Key: Cohort

For descriptions of the metrics, please see Technical Appendix.

DEPARTMENT OF MENTAL HEALTH HOSPITALS

2020 Hospital Profile

Utilization Trends	Volume of Inpatient Days					
		FY16	FY17	FY18	FY19	FY20
	Cape Cod Islands DMH	5,754	5,773	5,786	5,781	5,381
	Corrigan DMH	5,636	5,255	3,860	5,639	5,031
	Solomon Fuller DMH	21,223	21,453	20,989	21,024	20,670
	Taunton DMH	17,182	17,126	16,065	16,109	16,294
Worcester DMH	101,522	102,018	101,219	101,635	99,368	

Utilization Trends	Average Length of Stay (Days)					
		FY16	FY17	FY18	FY19	FY20
	Cape Cod Islands DMH	36.0	34.6	41.0	34.8	26.1
	Corrigan DMH	31.0	41.4	68.9	50.4	39.3
	Solomon Fuller DMH	68.5	71.8	67.7	72.8	89.9
	Taunton DMH	419.1	519.0	595.0	435.4	603.5
Worcester DMH	156.7	173.5	167.6	167.4	177.8	

Utilization Trends	Volume of Outpatient Visits					
		FY16	FY17	FY18	FY19	FY20
	Cape Cod Islands DMH	4,874	4,956	3,041	2,431	1,909
	Corrigan DMH	9,288	7,710	3,703	4,744	3,592
	Solomon Fuller DMH	0	0	0	0	0
	Taunton DMH	0	0	0	0	0
Worcester DMH	0	0	0	0	0	

Utilization Trends	Percentage of Occupancy					
		FY16	FY17	FY18	FY19	FY20
	Cape Cod Islands DMH	98.3	98.9	99.1	99.0	91.9
	Corrigan DMH	96.2	90.0	66.1	96.6	85.9
	Solomon Fuller DMH	96.6	98.0	95.8	96.0	94.1
	Taunton DMH	104.3	104.3	97.8	98.1	98.9
Worcester DMH	95.7	96.4	95.6	96.0	93.6	

Utilization Trends	Total Staffed Beds					
		FY16	FY17	FY18	FY19	FY20
	Cape Cod Islands DMH	16	16	16	16	16
	Corrigan DMH	16	16	16	16	16
	Solomon Fuller DMH	60	60	60	60	60
	Taunton DMH	45	45	45	45	45
Worcester DMH	290	290	290	290	290	

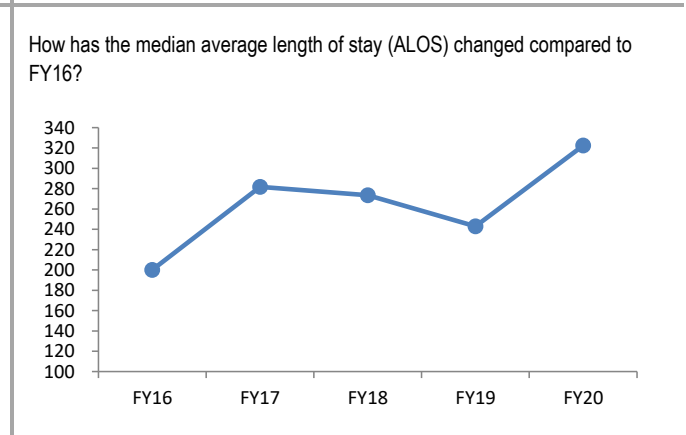
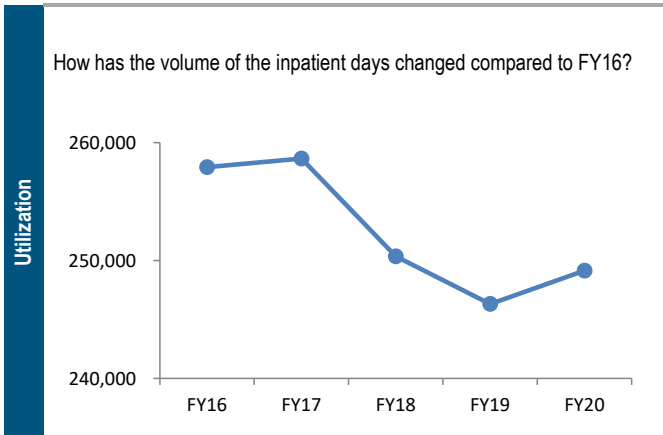
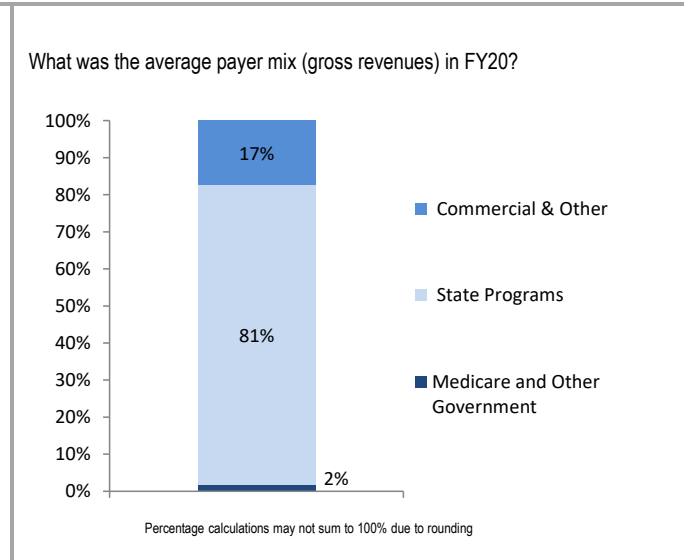
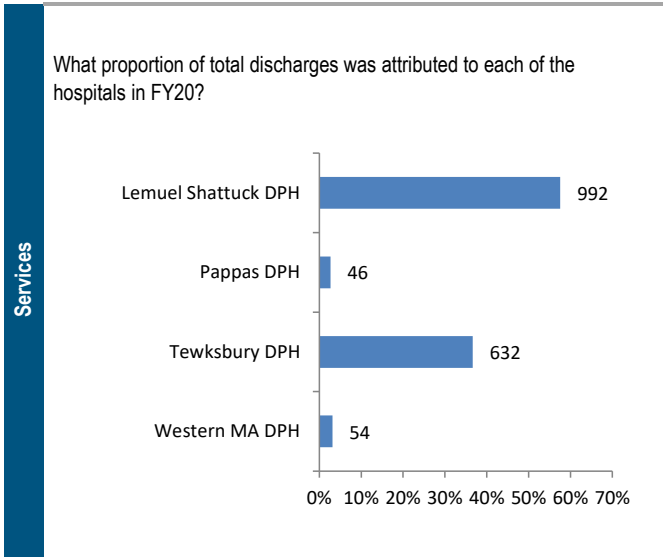
Patient Revenue Trends	Total Net Patient Service Revenue (Thousands)					
		FY16	FY17	FY18	FY19	FY20
	Cape Cod Islands DMH	\$6,136	\$7,249	\$6,368	\$7,108	\$6,465
	Corrigan DMH	\$7,111	\$7,314	\$5,724	\$6,680	\$6,939
	Solomon Fuller DMH	\$5,272	\$5,107	\$12,856	\$3,956	\$3,330
	Taunton DMH	\$2,549	\$2,626	\$11,944	\$2,717	\$2,441
Worcester DMH	\$27,232	\$25,837	\$68,319	\$23,210	\$22,624	

DEPARTMENT OF PUBLIC HEALTH HOSPITALS

2020 Hospital Profile

The Department of Public Health (DPH) operates four multi-specialty hospitals that provide acute and chronic care to those for whom community facilities are not available or access to health care is restricted. The department operates Lemuel Shattuck Hospital, Pappas Rehabilitation Hospital for Children, Tewksbury Hospital, and Western Mass Hospital. Lemuel Shattuck provides acute, subacute, and ambulatory care. Tewksbury Hospital provides both medical and psychiatric services to challenging adult patients with chronic conditions. The Pappas Rehabilitation Hospital for Children serves children with birth defects and severe physical disabilities, many of whom reside there. Western Massachusetts Hospital is a long term medical and specialty care hospital.

At a Glance	Hospitals in Cohort:	
	Lemuel Shattuck Hospital	
	Pappas Rehabilitation Hospital for Children	
	Tewksbury Hospital	
	Western Massachusetts Hospital	
	Total Staffed Beds:	Total Outpatient Visits
	798	16,912
	Median % Occupancy:	Median Average Length of Stay in Days
	83.1%	322.3
	Total Inpatient Days:	Average Public Payer Mix:
249,133	82.7%	
Total Inpatient Discharges:	Total Gross Patient Service Revenue:	
1,724	\$339 million	



Key: Cohort

For descriptions of the metrics, please see Technical Appendix.

DEPARTMENT OF PUBLIC HEALTH HOSPITALS

2020 Hospital Profile

Utilization Trends	Volume of Inpatient Days					
		FY16	FY17	FY18	FY19	FY20
	Lemuel Shattuck DPH	82,271	83,115	79,567	76,342	78,757
	Pappas DPH	21,849	21,336	19,953	20,114	20,695
	Tewksbury DPH	125,147	126,256	124,386	122,992	123,116
	Western MA DPH	28,642	27,942	26,445	26,861	26,565

Utilization Trends	Average Length of Stay (Days)					
		FY16	FY17	FY18	FY19	FY20
	Lemuel Shattuck DPH	60.5	70.4	64.5	67.1	79.4
	Pappas DPH	227.6	395.1	362.8	304.8	449.9
	Tewksbury DPH	172.6	180.9	184.3	180.9	194.8
	Western MA DPH	376.9	382.8	433.5	471.3	491.9

Utilization Trends	Volume of Outpatient Visits					
		FY16	FY17	FY18	FY19	FY20
	Lemuel Shattuck DPH	21,512	22,726	15,939	14,303	16,912
	Pappas DPH	1,016	0	0	0	0
	Tewksbury DPH	0	0	0	0	0
	Western MA DPH	0	0	0	0	0

Utilization Trends	Percentage of Occupancy					
		FY16	FY17	FY18	FY19	FY20
	Lemuel Shattuck DPH	86.5	87.6	83.8	80.4	82.8
	Pappas DPH	71.1	69.6	68.3	68.0	80.8
	Tewksbury DPH	63.3	64.1	63.1	88.4	88.3
	Western MA DPH	85.1	94.5	83.3	84.6	83.4

Utilization Trends	Total Staffed Beds					
		FY16	FY17	FY18	FY19	FY20
	Lemuel Shattuck DPH	260	260	260	260	260
	Pappas DPH	84	84	80	81	70
	Tewksbury DPH	540	540	540	381	381
	Western MA DPH	92	81	87	87	87

Patient Revenue Trends	Total Net Patient Service Revenue (Thousands)					
		FY16	FY17	FY18	FY19	FY20
	Lemuel Shattuck DPH	\$67,688	\$69,328	\$72,776	\$68,415	\$72,606
	Pappas DPH	\$24,290	\$23,841	\$23,797	\$26,311	\$29,129
	Tewksbury DPH	\$76,960	\$79,595	\$85,081	\$88,895	\$97,650
	Western MA DPH	\$24,537	\$24,429	\$24,880	\$28,105	\$28,812

Massachusetts Hospital Profiles

Data Through Fiscal
Year 2020

April 2022

Technical Appendix



FY20 Massachusetts Acute and Non-Acute Care Hospitals (April 2022)

TECHNICAL APPENDIX

Table of Contents

- Introduction 2
 - Multi-Acute Hospital System Affiliation and Location 3
 - Regional Definitions 4
 - Special Designations..... 6
 - Hospital Types 7
- At a Glance 9
- Acute Hospital Profiles: Services 12
- Acute Hospital Profiles: Utilization Trends 14
- Acute Hospital Profiles: Patient Revenue Trends 15
- Acute Hospital Profiles: Financial Performance 16
- Non-Acute Hospital Location and Multi-Hospital System Affiliations 19
- Non-Acute Hospital Profiles: Services 22
- Non-Acute Hospital Profiles: Utilization 23
- Non-Acute Hospital Profiles: Patient Revenue Trends 24
- Non-Acute Hospital Profiles: Financial Performance 24
- Appendix A: Acute Hospitals 25
- Appendix B: Non-Acute Hospitals 27
- Appendix C: Diagnosis Related Groups 28
- Appendix D: Special Public Funding 32

Introduction

Acute and non-acute hospitals included in *Massachusetts Hospital Profiles - Data through Fiscal Year 2020* were profiled on service, payer mix, quality, utilization, revenue, and financial performance. Details for each of these metrics are included in this technical appendix.

The Center for Health Information and Analysis (CHIA) relied on the following primary data sources to present information: the Hospital Cost Report, the Hospital Discharge Database (HDD), and the Hospital Standardized Financial Statement database.

Unless otherwise noted, metrics included in this report are based on data reported by acute and non-acute hospitals from Fiscal Year (FY) 2016 to FY2020. Descriptive acute and non-acute hospital information is from FY2020.

Hospital financial performance and utilization were significantly impacted by the COVID-19 pandemic during 2020. The time period covered in this report incorporates the impact of COVID-19 on hospitals during their fiscal year 2020. Governor Baker declared a state of emergency on March 10, 2020.

Hospital Cost Report:

The Hospital Cost Report is submitted each year by acute and non-acute hospitals and contains data on costs, revenues, and utilization statistics. Beginning in FY2015, the new Hospital Cost Report requires hospitals to submit based on the same time frames as the Medicare 2552 Cost Report filing schedules, which reflects the unique fiscal year end of each hospital.

Hospital Discharge Database (HDD):

HDD data is submitted quarterly by acute hospitals and contains patient-level data identifying charges, days, and diagnostic information for all acute inpatient discharges. CHIA used FY2020 HDD data as of October 2021 for the service metrics, which includes discharges between October 1, 2019 and September 30, 2020 for all acute hospitals.

Hospital Standardized Financial Statements:

The Hospital Standardized Financial Statements are submitted quarterly and annually by acute hospitals based on their individual fiscal year end. The Standardized Financial Statements contain information on the hospital's assets, liabilities, revenues, expenses, and profits or losses.

Audited Financial Statements:

Audited Financial Statements are submitted annually by hospitals (or their parent organizations, if applicable). In addition to the financial figures that are found in the Hospital Standardized Financial Statements, the Audited Financial Statements contain an opinion from an independent auditor as well as notes from hospital or system management that elaborate on the financial performance and standing of the hospital or system during the fiscal year.

Quality Data Sources:

To compile the hospital quality measures, CHIA relied on the following primary data sources: HDD, the Centers for Medicare & Medicaid Services (CMS) Hospital Compare database, and The Leapfrog Group.

Data Verification:

Each year's Hospital Cost Report, hospital and multi-acute hospital system financial statements, Relative Price, and quality data reports were verified in accordance with respective reporting regulation requirements. Additional data verification forms that included each hospital's reported financial data were sent to each acute and non-acute hospital for FY2016-FY2020.

An **acute hospital** is a hospital that is licensed by the Massachusetts Department of Public Health and contains a majority of medical-surgical, pediatric, obstetric, and maternity beds.

Multi-Acute Hospital System Affiliation and Location

Massachusetts hospitals are generally affiliated with a larger health system. Health systems may include multiple hospitals and/or provider organizations while others may have only one hospital with associated providers or provider organizations. Multi-acute hospital system membership identifies those health systems with more than one acute hospital. This information was derived from Audited Financial Statements.

Below is a list of Massachusetts multi-acute hospital systems and their acute hospital members as of the end of each system's fiscal year 2020:

MULTI-ACUTE HOSPITAL SYSTEM	ACUTE HOSPITAL MEMBER
Baystate Health	Baystate Franklin Medical Center Baystate Medical Center Baystate Noble Baystate Wing Hospital
Berkshire Health Systems	Berkshire Medical Center Fairview Hospital
Beth Israel Lahey Health	Anna Jaques Hospital Beth Israel Deaconess Hospital – Milton Beth Israel Deaconess Hospital – Needham Beth Israel Deaconess Hospital – Plymouth Beth Israel Deaconess Medical Center Lahey Hospital & Medical Center Mount Auburn Hospital New England Baptist Hospital Northeast Hospital Winchester Hospital
Cape Cod Healthcare	Cape Cod Hospital Falmouth Hospital
Heywood Healthcare	Athol Hospital Heywood Hospital
Mass General Brigham	Brigham and Women's Hospital Brigham and Women's Faulkner Hospital Cooley Dickinson Hospital

MULTI-ACUTE HOSPITAL SYSTEM	ACUTE HOSPITAL MEMBER
	Martha's Vineyard Hospital Massachusetts Eye and Ear Infirmary Massachusetts General Hospital Nantucket Cottage Hospital Newton-Wellesley Hospital North Shore Medical Center
Shriners Hospitals for Children [^]	Shriners Hospitals for Children – Boston Shriners Hospitals for Children – Springfield
Steward Health Care System	Morton Hospital, A Steward Family Hospital Nashoba Valley Medical Center, A Steward Family Hospital Steward Carney Hospital Steward Good Samaritan Medical Center Steward Holy Family Hospital Steward Norwood Hospital Steward Saint Anne's Hospital Steward St. Elizabeth's Medical Center
UMass Memorial Health Care	HealthAlliance-Clinton Hospital Marlborough Hospital UMass Memorial Medical Center
Wellforce	Lowell General Hospital MelroseWakefield Hospital Tufts Medical Center
Tenet Healthcare [^]	MetroWest Medical Center Saint Vincent Hospital

[^]Tenet Healthcare Corporation and Shriners Hospitals for Children are multi-state health systems with a large presence outside of Massachusetts. Both own two acute hospitals in Massachusetts (Tenet owns MetroWest Medical Center and Saint Vincent Hospital; Shriners owns Shriners Hospitals for Children – Boston and Shriners Hospitals for Children - Springfield).

Regional Definitions

The location for each acute hospital in this report was obtained, where possible, from hospital licensing information collected by the Massachusetts Department of Public Health (DPH). The hospital license includes information on a hospital's campuses and satellite offices.

The geographic regions presented in this report are derived from the Health Policy Commission (HPC) static geographic regions. The HPC regions were rolled up into larger regions for this publication to facilitate better comparison within each geographic area. The acute hospitals and the regions to which they were assigned are:

MASSACHUSETTS REGION**ACUTE HOSPITAL ASSIGNED TO REGION**

Metro Boston

Beth Israel Deaconess Hospital – Milton
Beth Israel Deaconess Hospital – Needham
Beth Israel Deaconess Medical Center
Boston Children’s Hospital
Boston Medical Center
Brigham and Women’s Faulkner Hospital
Brigham and Women’s Hospital
Cambridge Health Alliance
Dana-Farber Cancer Institute
Massachusetts Eye and Ear Infirmary
Massachusetts General Hospital
Melrose Wakefield Healthcare
Mount Auburn Hospital
New England Baptist Hospital
Newton-Wellesley Hospital
Shriners Hospitals for Children – Boston
Steward Carney Hospital
Steward St. Elizabeth’s Medical Center
Tufts Medical Center

Northeastern Massachusetts

Anna Jaques Hospital
Emerson Hospital
Lahey Hospital & Medical Center
Lawrence General Hospital
Lowell General Hospital
Nashoba Valley Medical Center, A Steward Family Hospital
North Shore Medical Center
Northeast Hospital
Steward Holy Family Hospital
Winchester Hospital

Central Massachusetts

Athol Hospital
Harrington Memorial Hospital
HealthAlliance-Clinton Hospital
Heywood Hospital
Saint Vincent Hospital
UMass Memorial Medical Center

Cape and Islands

Cape Cod Hospital
Falmouth Hospital
Martha’s Vineyard Hospital
Nantucket Cottage Hospital

Metro West

Marlborough Hospital
MetroWest Medical Center
Milford Regional Medical Center

MASSACHUSETTS REGION	ACUTE HOSPITAL ASSIGNED TO REGION
	Steward Norwood Hospital Sturdy Memorial Hospital
Western Massachusetts	Baystate Franklin Medical Center Baystate Medical Center Baystate Noble Hospital Baystate Wing Hospital Berkshire Medical Center Cooley Dickinson Hospital Fairview Hospital Holyoke Medical Center Mercy Medical Center Shriners Hospitals for Children – Springfield
Metro South	Beth Israel Deaconess Hospital – Plymouth Morton Hospital, A Steward Family Hospital Signature Healthcare Brockton Hospital South Shore Hospital Steward Good Samaritan Medical Center
Southcoast	Steward Saint Anne’s Hospital Southcoast Hospitals Group

¹ For descriptions of the regions, see <http://www.mass.gov/anf/docs/hpc/2013-cost-trends-report-technical-appendix-b3-regions-of-massachusetts.pdf> (last accessed March 7, 2017).

Special Designations

Certain acute hospitals in Massachusetts have a special status among public payers due to their rural or relatively isolated locations:

Critical Access Hospital is a state designation given to hospitals that have no more than 25 acute beds, are located in a rural area, and are more than a 35-mile drive from the nearest hospital or more than a 15-mile drive in areas with mountainous terrains or secondary roads.¹ Critical Access Hospitals receive cost-based payments from Medicare and MassHealth.

Sole Community Hospital is a Medicare designation given to hospitals that are located in rural areas or are located in areas where it is difficult to access another hospital quickly. These hospitals are eligible to receive higher inpatient payments from Medicare than other hospitals.²

¹ In addition, Critical Access Hospitals include hospitals that were, prior to January 1, 2006, designated by the State as a "necessary provider" of health care services to residents in the area. There are additional requirements to be designated as a Critical Access Hospital, including length of stay requirements, staffing requirements, and other provisions. See Code of Federal Regulations: 42 CFR 485.601-647.

² Code of Federal Regulation: 42 CFR 412.92.

Hospital Types

In order to develop comparative analytics, CHIA assigned hospitals to peer cohorts. The acute hospitals were assigned to one of the following cohorts according to the criteria below:

Academic Medical Centers (AMCs) are a subset of teaching hospitals. AMCs are characterized by (1) extensive research and teaching programs and (2) extensive resources for tertiary and quaternary care, and are (3) principal teaching hospitals for their respective medical schools and (4) full service hospitals with case mix intensity greater than 5% above the statewide average.

Teaching hospitals are those hospitals that report at least 25 full-time equivalent medical school residents per one hundred inpatient beds in accordance with Medicare Payment Advisory Commission (MedPAC) and do not meet the criteria to be classified as AMCs.

Community hospitals are hospitals that are not teaching hospitals and have a public payer mix of less than 63%.

Community - High Public Payer (HPP) are community hospitals that are disproportionately reliant on public revenues by virtue of a public payer mix of 63% or greater. Public payers include Medicare, Medicaid, and other government payers, including the Health Safety Net.

Specialty hospitals are not included in any cohort comparison analysis due the unique patient populations they serve and/or the unique sets of services they provide.

We are using the FY2019 Cohort Designations to be consistent with the Massachusetts Acute Hospital and Health System Financial Performance: FY 2020 published in September 2021.

COHORT DESIGNATION	ACUTE HOSPITAL
AMC	Beth Israel Deaconess Medical Center Boston Medical Center Brigham and Women's Hospital Massachusetts General Hospital Tufts Medical Center UMass Memorial Medical Center
Teaching	Baystate Medical Center Brigham and Women's Faulkner Hospital Cambridge Health Alliance Lahey Hospital & Medical Center Mount Auburn Hospital Saint Vincent Hospital Steward Carney Hospital Steward St. Elizabeth's Medical Center
Community	Anna Jaques Hospital Beth Israel Deaconess Hospital – Milton Beth Israel Deaconess Hospital – Needham Cooley Dickinson Hospital Emerson Hospital

COHORT DESIGNATION**ACUTE HOSPITAL**

	Martha's Vineyard Hospital Melrose Wakefield Healthcare Milford Regional Medical Center Nantucket Cottage Hospital Newton-Wellesley Hospital South Shore Hospital Winchester Hospital
--	---

Community – High Public Payer

Athol Hospital
 Baystate Franklin Medical Center
 Baystate Noble Hospital
 Baystate Wing Hospital
 Berkshire Medical Center
 Beth Israel Deaconess Hospital – Plymouth
 Cape Cod Hospital
 Fairview Hospital
 Falmouth Hospital
 Harrington Memorial Hospital
 HealthAlliance-Clinton Hospital
 Heywood Hospital
 Holyoke Medical Center
 Lawrence General Hospital
 Lowell General Hospital
 Marlborough Hospital
 Mercy Medical Center
 MetroWest Medical Center
 Morton Hospital, A Steward Family Hospital
 Nashoba Valley Medical Center, A Steward Family Hospital
 North Shore Medical Center
 Northeast Hospital
 Signature Healthcare Brockton Hospital
 Southcoast Hospitals Group
 Steward Good Samaritan Medical Center
 Steward Holy Family Hospital
 Steward Norwood Hospital
 Sturdy Memorial Hospital
 Steward Saint Anne's Hospital

Specialty

Boston Children's Hospital
 Dana-Farber Cancer Institute
 Massachusetts Eye and Ear Infirmary
 New England Baptist Hospital
 Shriners Hospitals for Children – Boston
 Shriners Hospitals for Children – Springfield

At a Glance

Hospital system affiliation notes with which multi-acute hospital system, if any, the hospital is affiliated.

Hospital system surplus (loss) is the hospital system's profit/loss in FY 2020.

Change in ownership notes change in ownership during the period of the analysis.

Total staffed beds are the average number of beds during the fiscal year that were in service and staffed for patient use.

Inpatient occupancy rate is the average percent of staffed inpatient beds occupied during the reporting period. Percentage of occupancy is calculated as follows: Inpatient Days divided by Weighted Average Staffed Beds times 365 (or the number of days in the reporting period).

Trauma Center designation is determined by the Massachusetts Department of Public Health and the American College of Surgeons, with Level 1 being the highest designation given to tertiary care facilities. Facilities can be designated as Adult and/or Pediatric Trauma Centers.³ While there are five levels of trauma center designations recognized nationally, Massachusetts hospitals only fall under Levels 1, 2, and 3 for Adult and/or Levels 1 and 2 for Pediatric.

Level 1 Trauma Center is a comprehensive regional resource that is a tertiary care facility central to the trauma system. A Level 1 Trauma Center is capable of providing total care for every aspect of injury, from prevention through rehabilitation.

Level 2 Trauma Center is able to initiate definitive care for all injured patients, and provide 24- hour immediate coverage by general surgeons, as well as coverage by the specialties of orthopedic surgery, neurosurgery, anesthesiology, emergency medicine, radiology and critical care.

Level 3 Trauma Center has demonstrated an ability to provide prompt assessment, resuscitation, surgery, intensive care and stabilization of injured patients and emergency operations, including the ability to provide 24-hour immediate coverage by emergency medicine physicians and prompt availability of general surgeons and anesthesiologists.

Case mix index (CMI) is a relative value assigned to the hospital's mix of inpatients to determine the overall acuity of the hospital's patients and is compared with the CMI of peer hospitals and the statewide average CMI. CHIA calculated each hospital's CMI by applying the 3M™ All Patient Refined (APR) grouper, version 30 with Massachusetts-specific baseline cost weights to each hospital's HDD data. Hospitals validate their HDD data submissions annually with CHIA.

³ American Trauma Society, Trauma Center Levels Explained. Available at: <http://www.amtrauma.org/?page=TraumaLevels> (last accessed October 6th, 2017).

The APR grouper and Massachusetts-specific baseline cost weights used in this year's publication are consistent with those used in last year's publication. All case mix information included in this report has been grouped under APR grouper, version 30.

Inpatient Net Patient Service Revenue (NPSR) per Case Mix Adjusted Discharge (CMAD) measures the hospital's inpatient NPSR divided by the product of the hospital's discharges and its case mix index. Inpatient NPSR includes both net inpatient revenue and inpatient premium revenue. Effective FY 2020 supplemental revenue is not included in net patient service revenue for all hospitals. Prior to FY 2020, reporting of supplemental revenue varied by hospital.

Inpatient NPSR per CMAD growth rate for each hospital represents the percent change in a hospital's calculated Inpatient NPSR per CMAD.

Inpatient – Outpatient Revenue is derived from the amount of GPSR reported for inpatient and outpatient services in the Hospital Cost Report.

Outpatient revenue is the hospital's reported net revenue for outpatient services. Net outpatient service revenue includes both net outpatient revenue and outpatient premium revenue. Effective FY 2020 supplemental revenue is not included in net patient service revenue for all hospitals. Prior to FY 2020, reporting of supplemental revenue varied by hospital.

Outpatient Revenue growth rate for each hospital represents the percent change in a hospital's reported net revenue for outpatient services. Note that this measure examines the growth in total outpatient revenue and is not adjusted for patient volume, severity or service mix.

Total revenue is the hospital's total unrestricted revenue in FY 2020.

COVID Funding Included in Total Revenue is COVID-19 relief funding reported as other operating revenue in the financial statements during FY 2020. This may include COVID-19 relief funding received under the CARES Act, HHS public health and social service emergency funds, private foundation grants or contributions, or state relief funds.

Total surplus (loss) is the hospital's reported profit/loss in FY 2020.

Public payer mix is determined based upon the hospital's reported Gross Patient Service Revenue (GPSR). See Payer Mix metric description in this appendix for more information. We are using the FY2019 GPSR to be consistent with the Massachusetts Acute Hospital and Health System Financial Performance: FY2020 Published in September 2021.

Calendar Year (CY) 2019 Commercial Statewide Relative Price reflects a relativity calculated for a given provider across all commercial payers (statewide RP or "S-RP"). For more information on S-RP methodology, refer to <https://www.chiamass.gov/assets/docs/r/pubs/2021/Relative-Price-Methodology-2019.pdf>

Top three commercial payers represent those with the largest percentage share of total commercial payments at that hospital.

Inpatient discharges data was sourced from the Hospital Cost Report. See the Inpatient Discharge metric for more information.

Inpatient discharges growth rate for each hospital measures the percent change in discharges for inpatient admissions.

Emergency department visits include any visit by a patient to an emergency department that results in registration at the Emergency Department but does not result in an outpatient observation stay or the inpatient admission of the patient at the reporting facility. An Emergency Department visit occurs even if the only service provided to a registered patient is triage or screening.

Emergency department visits growth rate for each hospital measures the percent change in emergency department visits.

Outpatient visits are the total outpatient visits reported by the hospital. Note that outpatient visits may not be uniformly reported across hospitals. Where substantial increases / decreases were observed, hospitals were notified and afforded the opportunity to update the information provided. In most cases, hospitals provided explanations but did not revise their data.

Outpatient visits growth rate for each hospital measures the percent change in total outpatient visits to a hospital.

Readmission rate is calculated using the Hospital-Wide All-Cause Unplanned 30-day Readmission Measure developed by CMS and the Yale Center for Outcomes Research, and applied to the Massachusetts adult all-payer population. Readmissions are defined as an admission for any reason to the same or a different hospital within 30 days of a previous discharge. Obstetric, primary behavioral health, cancer, and rehabilitation discharges are excluded from the calculations. The raw readmissions rate is reported, which is the number of readmissions within 30 days divided by the total number of eligible discharges. Readmission rates for fiscal years 2019 and 2020 were calculated using a different methodology than in prior years. These rates may not be comparable to earlier years. For more information, please see: <https://www.chiamass.gov/assets/docs/r/pubs/2022/Readmissions-Technical-Appendix-2011-2020.pdf>

Early elective deliveries rate measures the proportion of deliveries that were completed between 37 to 39 weeks gestation without medical necessity, following an induction or cesarean section. Thirty-six acute hospitals reported data for this indicator. All data were received from The Leapfrog Group as pre-calculated percentages. The patient population represents all payers and all ages, and the data period was 2020. Participation in the Leapfrog survey is voluntary; where a hospital does not complete the survey or report on certain items in the survey, the measure is also not included in the profiles.

Acute Hospital Profiles: Services

Most common inpatient diagnosis related groups (DRGs) and the percentage of those DRGs treated at that hospital for the region.

- **Data Sources:** FY 2020 HDD data as of October 2021 and the 3M™ APR-DRG 30 All Patient Refined Grouper
- **Hospital Calculation:** Each discharge was grouped and ranked by DRG code. The subject hospital's 10 most frequently occurring DRGs were identified and those DRGs were then summed for all hospitals in the region in order to calculate the percent of regional discharges that were treated at the subject hospital. The total number of the subject hospital's discharges was compared to the sum of all hospital discharges in the region to determine the overall proportion of regional discharges.

For more information on DRGs, please see Appendix C.

Most common communities from where the hospital's inpatient discharges originated, and the total percent of all discharges (from Massachusetts hospitals) from that community that went to that hospital.

- **Data Source:** FY 2020 HDD data as of October 2021 for discharge information; patient origin was determined by the zip codes from where the patients resided. In larger cities, the top communities may reflect postal code neighborhoods.
- **Hospital Calculation:** The zip code for each patient discharge was matched with the USPS community name, and then grouped and ranked. The most frequently occurring communities were then summed for all hospitals in the region to calculate the percent of community discharges that went to the subject hospital.

A **hospital's top communities by inpatient origin** were determined using a hospital's FY20 discharge data from the HDD. Patient origin was determined by the reported zip code for each patient's residence. In larger cities, communities may include multiple zip codes. These zip codes were rolled up to reflect postal code neighborhoods based on the United States Postal Service Database. For more information on the zip codes included within each region, please see the databook.

For example, Boston zip codes were rolled up to the following designations: Boston (Downtown) includes: Back Bay, Beacon Hill, Downtown Boston, the Financial District, East Boston, Fenway/Kenmore, South Boston and South End. The remaining Boston communities with multiple zip codes were rolled up to these designations: Allston, Brighton, Charlestown, Dorchester, Dorchester Center, Hyde Park, Jamaica Plain, Mattapan, Mission Hill, Roslindale, Roxbury, and West Roxbury.

Acute Hospital Profiles: Quality Measures

To compile provider quality performance information, CHIA relied on the following primary data sources: CHIA's Hospital Discharge Database (HDD), the Centers for Medicare and Medicaid Services (CMS) Hospital Compare database, and The Leapfrog Group. Metrics are based on varied data periods due to differences in reporting time frames across the data sources. For each metric, the associated reporting time period is listed.

Health Care-Associated Infections of three different types are reported:

1. **Central Line-Associated Blood Stream Infections (CLABSI):** This measure captures the observed rate of health care-associated central line-associated bloodstream infections among patients in an inpatient acute hospital, compared to the expected number of infections based on the hospital's characteristics and case mix.
2. **Catheter-Related Urinary Tract Infections (CAUTI):** This measure captures the observed rate of health care-associated catheter-related urinary tract infections among patients in an inpatient acute hospital (excluding patients in Level II or III neonatal ICUs), compared to the expected number of infections based on the hospital's characteristics and case mix.
3. **Surgical Site Infections (SSI): Colon Surgery:** This measure captures the observed rate of deep incisional primary or organ/space surgical site infections during the 30-day postoperative period following inpatient colon surgery, compared to the expected number of infections based on the hospital's characteristics and case mix.

- **Data source:** CMS Hospital Compare
- **Data Period:** 2019
- **Hospital Calculation:** These health care-associated infections are reported using the Standard Infection Ratio (SIR), which is the number of infections in a hospital compared to the number of expected infections. The SIR for CLABSI and CAUTI is risk adjusted for type of patient care locations, hospital affiliation with a medical school, and bed size. The SIR for SSI: Colon Surgery is risk adjusted for procedure-related factors, such as: duration of surgery, surgical wound class, use of endoscope, re-operation status, patient age, and patient assessment at time of anesthesiology.

All SIRs for Health Care-Associated Infections are retrieved from CMS Hospital Compare as pre-calculated SIRs.

- **Cohort Calculation:** Not applicable
- **National Comparative:** CMS Hospital Compare

- **Patient Population:** All payers, Age 18+

Hospital Readmission rates are calculated using the Hospital-Wide All-Cause Unplanned 30-day Readmission Measure developed by CMS and the Yale Center for Outcomes Research, and applied to the Massachusetts adult all-payer population. Readmissions are defined as an admission for any reason to the same or a different hospital within 30 days of a previous discharge. Obstetric, primary behavioral health, cancer, and rehabilitation discharges are excluded from the calculations. The raw readmission rate is reported, which is the number of readmissions within 30 days divided by the total number of eligible discharges. For SFY 2019 and 2020, hospital readmission rates were limited to discharges from New England and New York. For more information, please see the [readmissions report technical appendix](#).

- **Data source:** CHIA's Hospital Discharge Database
- **Hospital Calculation:** The raw readmission rate reflects the number of unplanned readmissions within 30 days divided by the total number of eligible discharges during the designated time period.
- **Cohort Calculation:** Not applicable
- **State Comparative:** The method yields a statewide readmission rate across all the Commonwealth's acute-care hospitals for the designated time period.
- **Patient Population:** All payers, age 18+, excluding obstetric, primary psychiatric, cancer, and rehabilitation discharges.

Acute Hospital Profiles: Utilization Trends

Change in volume of inpatient discharges measures discharges for inpatient admissions.

- **Data Sources:**
Massachusetts Hospital Cost Report: Tab 5, Line 47, Column 1
- **Hospital index calculation:** Displays the percent change in the number of inpatient discharges for each year, using FY 2016 as the base year. FY 2017: $(FY\ 2017 - FY\ 2016) / FY\ 2016$, FY 2018: $(FY\ 2018 - FY\ 2016) / FY\ 2016$, FY 2019: $(FY\ 2019 - FY\ 2016) / FY\ 2016$, FY 2020: $(FY\ 2020 - FY\ 2016) / FY\ 2016$.
- **Cohort calculation:** Represents the percent change of total discharges across all hospitals in the cohort for each year. For example: Cohort for FY 2017 = $(\text{Sum of discharges at cohort hospitals in FY 2017} - \text{Sum of discharges at cohort hospitals in FY 2016}) / \text{Sum of discharges at cohort hospitals in FY 2016}$.

Change in volume of outpatient visits measures total outpatient visits to a hospital. Note that outpatient visits may not be uniformly reported across hospitals.

- **Data Sources:**
Massachusetts Hospital Cost Report: Tab 5, Line 301, Column 1
- **Hospital index calculation:** Calculate the percent change between each year, using FY16 as the base year. FY 2017: (FY 2017-FY 2016)/FY 2016, FY 2018: (FY 2018-FY 2016)/FY 2016, FY 2019: (FY 2019-FY 2016)/FY 2016, FY 2020: (FY 2020-FY 2016)/FY 2016.
- **Cohort calculation:** Represents the median of the percent change across all hospitals in the cohort for each year. For example: Cohort for FY 2016 = median of (% change for hospital A, % change for hospital B, % change for hospital C...)

Acute Hospital Profiles: Patient Revenue Trends

Net inpatient service revenue per case mix adjusted discharge (CMAD) measures the hospital's net inpatient service revenue (NPSR) divided by the product of the number of the hospital's discharges and its case mix index. NPSR includes both net inpatient revenue and inpatient premium revenue.

- **Data Sources:** NPSR and discharges were sourced from the Massachusetts Hospital Cost Report; Case Mix Index (CMI) is sourced from HDD.
- **Hospital calculation:** The hospital's inpatient net revenue per CMAD was calculated by dividing NPSR by the total CMAD for each year.
- **Cohort calculation:** The range of all revenue/CMAD values for cohort hospitals are represented by the vertical black line. The cohort value denotes the median revenue per CMAD for all cohort hospitals.

Variation in inpatient discharge counts:

Hospitals may report different numbers of discharges on the Hospital Cost Report and the HDD. Hospitals have explained that this is due to:

- *Timing* – while HDD is accurate when submitted (75 days after the close of a quarter), a case may be reclassified as outpatient, usually due to a change in payer designation. Payers may have different clinical criteria for defining an inpatient and outpatient stay.
- *HDD edits* – discharges reported by the hospital that did not pass HDD edits may have been excluded from the HDD but included in the Hospital Cost Report;
- Payer classification/status differences between the Hospital Cost Report and HDD;

Since a hospital's case mix index is calculated using the HDD, which often includes a lower number of discharges than reported by the hospital on the Hospital Cost Report, the calculation of a hospital's total case mix adjusted discharges equals the number of discharges reported on the Hospital Cost Report, multiplied by the case mix index.

Change in total outpatient revenue measures a hospital's reported net revenue for outpatient services. Net outpatient service revenue includes both net outpatient revenue and outpatient premium revenue. Note that this measure examines the growth in total outpatient revenue and is not adjusted for patient volume, severity or service mix.

- **Data Sources:**
Massachusetts Hospital Cost Report: Tab 5, Line 209, Column 1
- **Hospital index calculation:** Displays the percent change between each year, using FY16 as the base year. FY 2017: (FY 2017-FY 2016)/FY 2016, FY 2018: (FY 2018-FY 2016)/FY 2016, FY 2019: (FY 2019-FY 2016)/FY 2016, FY 2020: (FY 2020-FY 2016)/FY 2016.
- **Cohort calculation:** Represents the median of the percent change across all hospitals in the cohort for each year. For example: Cohort for FY16= median of (% change for hospital A, % change for hospital B, % change for hospital C...)

Acute Hospital Profiles: Financial Performance

Total Revenue, Total Costs and Profit / Loss measure the amount of the subject hospital's Total Revenue, Total Costs, and Total Profit or Loss for each year from 2016 through 2020.

- **Data Sources:** Financial Statements: Total Unrestricted Revenue, Operating Revenue, Other Operating Revenue: Federal and State & Other COVID-19 Relief Funds, Non-Operating Revenue, Total Expenses, and Profit / Loss.

Total Margin measures the subject hospital's overall financial performance compared to the median total margin of the hospitals in its peer cohort. For FY 2020 these margins include COVID relief funding reported as operating revenue.

- **Data Sources:** Financial Statements: Excess of Revenue, Gains, & Other Support divided by Total Unrestricted Revenue
- **Cohort Calculation:** Calculated median for the cohort group.

Operating Margin measures the subject hospital's financial performance of its primary, patient care activities compared to the median operating margin of the hospitals in its peer cohort. For FY 2020 these margins include COVID relief funding reported as operating revenue.

- **Data Sources:** Financial Statements: Operating Revenue minus Total Expenses divided by Total Unrestricted Revenue
- **Cohort Calculation:** Calculated median for the cohort group.

Note: Hospitals may have been assigned to different cohorts in previous years due to payer mix in that given year or other factors. To remain consistent in comparisons between cohorts across multiple years, hospitals were retroactively assigned to their FY 2019 cohort designations for all years examined. The number of hospitals included in a given cohort may vary from year to year due to hospital closures.

The acute hospital cohort profile measures the acute hospital cohorts as composites of the individual hospitals assigned to each cohort. In general, metrics were determined by aggregating the values of all hospitals assigned to the cohort. For comparison purposes, the individual cohorts are compared to one another and all hospitals statewide, including specialties.⁴ The analytic metrics are largely the same as the metrics used for the individual hospital profiles, except as noted below. Please see the descriptions and calculation methods described in the Acute Hospital Metric Description section for more information.

Inpatient Severity Distribution measures the percentage of a cohort's discharges that falls into each statewide severity quintile. This metric provides a way to compare the severity levels of the cohort's patients to those of other acute hospitals in Massachusetts.

- **Data Source:** Hospital Discharge Database (HDD) as of October 2021.
- **Data Period:** FY 2020
- **Cohort Calculation:** Every discharge in the state has a Diagnosis Related Group (DRG) code associated with it. Severity quintiles were determined by ranking all possible DRG outputs by case-weight. The cohort calculation shows the percentage of a cohort's aggregate discharges that falls into each quintile. These proportions were then compared with the proportions of aggregated discharges by severity quintile for all hospitals assigned to other cohorts.

In cases where metrics were similar to the acute hospital profile metrics, data was aggregated to determine cohort measures. For example:

The most common inpatient DRGs for each subject cohort were determined by categorizing all of the hospitals' discharges by cohort using the All Patient Refined Grouper (3M™ APR-DRG 30), which were then summed and ranked. Each of the subject cohort's ten most frequently occurring DRGs were then divided by the statewide count per DRG to obtain the percent of discharges to the statewide total.

*The cohort comparison metric for **payer mix** is different from comparisons among acute hospitals:*

Payer mix was calculated differently from other measures due to the fact that the underlying charges that comprise GPSR differ across hospitals. For this measure, the cohort payer mix was first calculated for each hospital assigned to the cohort in the manner described in the Acute Hospital Profiles section of this Appendix. The mean of the

⁴ Note that specialty hospitals are not assigned to any cohort due to their unique service mix and/or populations served.

individual cohort hospital's experience was determined and is displayed here. The same method was used to determine the trend in outpatient visits for comparison to all other cohort hospital.

Non-Acute Hospital Location and Multi-Hospital System Affiliations

Non-acute hospitals in Massachusetts are typically identified as psychiatric, rehabilitation, chronic care facilities and state owned non-acute hospitals including department of mental health/public health hospitals.

The location for each non-acute hospital in this report was obtained, where possible, from hospital licensing information collected by DPH. The hospital license includes information on a hospital's campuses and satellite offices.

Multi-hospital system membership identifies the health system with which the subject non-acute hospital is a member. This information was derived from the hospital's Audited Financial Statements.

Below is a list of Massachusetts multi-hospital systems and their non-acute hospital members:

MULTI-HOSPITAL SYSTEM	NON-ACUTE HOSPITAL MEMBER
Acadia Healthcare	Haverhill Pavilion Southcoast Behavioral
Curahealth Hospitals	Curahealth Stoughton
Encompass Health	Encompass Rehabilitation Hospital of Braintree Encompass Rehabilitation Hospital of Western MA Encompass Rehabilitation Hospital of New England Fairlawn Rehabilitation Hospital, Encompass
Health Partners New England	Taravista Behavioral Health Miravista Behavioral Health
Mass General Brigham	McLean Hospital Spaulding Rehabilitation Hospital Boston Spaulding Rehabilitation Hospital Cape Cod Spaulding Hospital Cambridge
Signature Healthcare	Westborough Behavioral Healthcare Hospital
Steward Health Care System	New England Sinai Hospital
Vibra Healthcare	Vibra Hospital of Western MA Vibra New Bedford Rehabilitation Hospital
Universal Health Service	Arbour Hospital Arbour Fuller Arbour HRI Hospital Westwood Lodge Pembroke
Whittier Health System	Whittier Rehabilitation Hospital Bradford Whittier Rehabilitation Hospital Westborough

Non-Acute Hospital Cohorts

Non-acute hospitals were assigned to peer cohorts based upon MassHealth regulatory designations, defined by the criteria below⁵:

Psychiatric hospitals are licensed by the DMH for psychiatric services, and by DPH for substance abuse services.

Rehabilitation hospitals provide intensive post-acute rehabilitation services, such as physical, occupational, and speech therapy services. For Medicare payment purposes, the federal government classifies hospitals as rehabilitation hospitals if they provide more than 60% of their inpatient services to patients with one or more of 13 diagnoses listed in federal regulations.⁶

Chronic care hospitals are hospitals with an average length of stay greater than 25 days. These hospitals typically provide longer-term care, such as ventilator-dependent care. Medicare classifies chronic hospitals as Long-Term Care Hospitals, using the same 25-day threshold.

Department of Mental Health Hospitals are state owned non-acute hospital provides psychiatric and mental health care for those with otherwise limited access to facilities providing such care.

Department of Public Health Hospitals are multi-specialty hospitals that provides acute and chronic care to those for whom community facilities are not available or access to health care is restricted.

Non-acute specialty hospitals were not included in any cohort comparison analysis due the unique patient populations they serve and/or the unique sets of services they provide. Non-acute hospitals that were considered specialty hospitals include:

- AdCare Hospital of Worcester - provides substance abuse services
- Franciscan Hospital for Children - provides specialized children's services
- Hebrew Rehabilitation Hospital - specializes in providing longer term care than other chronic hospitals

⁵ State-owned non-acute hospitals are included in this publication started with the 2018 report.

⁶ Code of Federal Regulations: 42 CFR 412.29(b)(2)

Below is a list of non-acute hospital cohorts and the hospitals assigned to each:

COHORT DESIGNATION	NON-ACUTE HOSPITAL
Psychiatric Hospitals	Arbour Hospital Arbour Fuller Memorial Arbour HRI Hospital Bournemouth Hospital Haverhill Pavilion Hospital for Behavioral Medicine McLean Hospital Southcoast Behavioral Hospital Taravista Health Center Walden Behavioral Care Westborough Behavioral Healthcare Hospital Westwood Lodge Pembroke
Rehabilitation Hospitals	Encompass Rehabilitation Hospital of Braintree Encompass Rehabilitation Hospital of New England Encompass Rehabilitation Hospital of Western MA Fairlawn Rehabilitation Hospital, Encompass Spaulding Rehabilitation Hospital Boston Spaulding Rehabilitation Hospital Cape Cod Vibra Hospital of Southeastern Massachusetts Whittier Rehabilitation Hospital Bradford Whittier Rehabilitation Hospital Westborough
Chronic Care Hospitals	Curahealth Stoughton New England Sinai Hospital Spaulding Hospital Cambridge Vibra Hospital of Western Massachusetts
Specialty Non-Acute Hospitals	AdCare Hospital of Worcester Franciscan Hospital for Children Hebrew Rehabilitation Hospital
Department of Mental Health Hospitals	Cape Cod & Islands Community Mental Health Center Corrigan Mental Health Center Solomon Carter Fuller Mental Health Center Taunton State Hospital Worcester State Hospital
Department of Public Health Hospitals	Lemuel Shattuck Hospital Pappas Rehabilitation Hospital for Children Tewksbury Hospital Western Massachusetts Hospital

Total staffed beds are the average number of beds during the fiscal year that were in service and staffed for patient use. Beds ordinarily occupied for less than 24 hours are usually not included.

Percent occupancy rate is the median percent of staffed inpatient beds occupied during the reporting period. Percentage of occupancy is calculated as follows: Inpatient Days divided by Weighted Average Staffed Beds times 365 (or the number of days in the reporting period).

Total inpatient days include all days of care for all patients admitted to each unit. Measure includes the day of admission but not the day of discharge or death. If both admission and discharge or death occur on the same day, the day is considered a day of admission and is counted as one patient day.

Total inpatient discharge information was sourced from Tab 3 of the Massachusetts Hospital Cost Report.

Public payer mix was determined based upon the hospital's reported GPSR. See Payer Mix metric description for more information.

Total revenue was sourced from the hospital's Hospital Cost Report.

Inpatient – outpatient revenue is derived from the amount of GPSR reported for inpatient and outpatient services in the hospital's Hospital Cost Report.

Non-Acute Hospital Profiles: Services

Types of inpatient services are defined by Discharges.

- **Data Sources:**
Massachusetts Hospital Cost Report: Tab 3, Column 5, Lines 1 to 19.
- **Hospital calculation:** Hospital's absolute count of discharges by specific bed type.
- **Cohort calculation:** Hospital's absolute discharge count divided by cohort's total discharges by that specific bed type.

Payer Mix measures the distribution of total GPSR for across the major payer categories. This provides information regarding the proportion of services, as measured by gross charges, which a hospital provides to patients from each category of payer.

- **Data Sources:**
Massachusetts Hospital Cost Report: Tab 5, Line 302, Col 2 through 13
- **Payer Category Definitions:** State Programs = Medicaid Managed + Medicaid Non-Managed + Health Safety Net (HSN); Federal Programs = Medicare Managed + Medicare Non-Managed + Other Government; Commercial & Other = Managed Care + Non-Managed Care + Self Pay + Workers Comp + Other + Connector Care. Dividing each of the above by Total GPSR results in the percentages displayed for each of the three categories.
- **Cohort Calculation:** Displays the mean of the percentages in each of the above payer categories across all hospitals in the cohort.

- **Average Hospital Calculation:** Displays the mean of the percentages in each of the payer categories to get each of the component percentages for the average non-acute hospital.
 - Note: “Average Hospital” group includes specialty hospitals.

Change in Volume of Inpatient Days includes all days of care for all patients admitted to each unit. Measure includes the day of admission but not the day of discharge or death. If both admission and discharge or death occur on the same day, the day is considered a day of admission and is counted as one patient day.

- **Data Sources:**
Massachusetts Hospital Cost Report: Tab 3, Column 4, Line 500
- **Hospital Index calculation:** Calculated percent change in Inpatient Days for each year, using FY 2016 as the base year. FY 2017: (FY 2017-FY 2016)/FY 2016, FY 2018: (FY 2018-FY 2016)/FY 2016, FY 2019: (FY 2019-FY 2016)/FY 2016, FY 2020: (FY 2020-FY 2016)/FY 2016.
- **Cohort calculation:** Represents the median of the percent change across all hospitals in the cohort for each year. For example Cohort for FY16 = median of (% change for hospital A, % change for hospital B, % change for hospital C...)

Median Average Length of Stay (ALOS) measures the average duration of an inpatient admission.

- **Data Sources:**
Massachusetts Hospital Cost Report: Tab 3, Column 8, Line 500
- **Cohort calculation:** The growth in median ALOS for each cohort is calculated relative to FY 2016 as the base year. FY 2017: (FY 2017-FY 2016)/FY 2016, FY 2018: (FY 2018-FY 2016)/FY 2016, FY 2019: (FY 2019-FY 2016)/FY 2016, FY 2020: (FY 2020-FY 2016)/FY 2016.
- This is plotted against the growth in median ALOS among all non-acute hospitals, including specialties, relative to FY 2016.

Non-Acute Hospital Profiles: Utilization

Volume of Inpatient Days includes all days of care for all patients admitted to each unit. Measure includes the day of admission but not the day of discharge or death. If both admission and discharge or death occur on the same day, the day is considered a day of admission and is counted as one patient day.

- **Data Sources:**
Massachusetts Hospital Cost Report: Tab 3, Column 4, Line 500

Average Length of Stay (ALOS) measures the average duration of an inpatient admission.

- **Data Sources:**
Massachusetts Hospital Cost Report: Tab 3, Column 8, Line 500

Volume of Outpatient Visits measures the total outpatient visits to a hospital.

- **Data Sources:**
Massachusetts Hospital Cost Report: Tab 5, Column 1, Line 301

Non-Acute Hospital Profiles: Patient Revenue Trends

Inpatient Revenue per Day is the hospital's net inpatient service revenue (NPSR) divided by its total inpatient days.

- **Data Sources:**
Massachusetts Hospital Cost Report: NPSR including premium revenue was sourced from Tab 5, Column 1, Line 208. Inpatient days were sourced from Tab 5, Column 1, Line 300.

Total Outpatient Revenue measures a hospital's reported net revenue for outpatient services. Note that this measure examines the growth in total outpatient revenue and is not adjusted for patient volume. In addition, several non-acute hospitals do not provide outpatient services.

- **Data Sources:**
Massachusetts Hospital Cost Report: Tab 5, Line 209 (outpatient NPSR including premium revenue)

Non-Acute Hospital Profiles: Financial Performance

Operating Revenue, Total Revenue, Total Costs and Profit / Loss displays the amount of each hospital's Total Revenue, Operating Revenue, Total Costs, and Total Profit or Loss.

- **Data Sources:**
Massachusetts Hospital Cost Report, Tab 11, Column 1, Total Unrestricted Revenue (Row 65), Total Expenses (Row 73), and Profit / Loss: (Row 74).

Total Margin measures the subject hospital's overall financial performance.

- **Data Sources:**
Massachusetts Hospital Cost Report, Tab 11, Column 1, Line 74 (Excess of Revenue, Gains & other support Over Expenses) divided by Tab 11, Column 1, Line 65 (Total Unrestricted Revenue, Gains and Other Supports)

Note: Some for-profit hospitals are organized as S corporations. For-profit entities that are organized as S corporations, in accordance with Internal Revenue Code, do not pay federal income tax on their taxable income. Instead, the shareholders are liable for individual federal income taxes on their portion of the hospital's taxable income. Therefore, these hospitals may have income that appears higher than hospitals organized as a C corporation, which are taxed separately from their owners.

Appendix A: Acute Hospitals

Baystate Mary Lane hospital merged with Baystate Wing hospital in FY 2016.

Beth Israel Lahey Health formed in March, 2019 including the following hospitals: **Addison Gilbert Hospital** (Northeast), **Anna Jaques Hospital**, **BayRidge Hospital** (Northeast), **Beth Israel Deaconess Hospital – Milton**, **Beth Israel Hospital – Needham**, **Beth Israel Hospital – Plymouth**, **Beth Israel Deaconess Medical Center**, **Beverly Hospital** (Northeast), **Lahey Hospital & Medical Center**, **Lahey Medical Center**, **Peabody**, **Mount Auburn Hospital**, **New England Baptist Hospital**, and **Winchester Hospital**. This is reflected in this report.

As Beth Israel Lahey Health became financially consolidated in March 2019, seven months of financial data was reported for FY 2019 for the system and its affiliated hospitals and physician organizations representing the period from March 1 through September 30, 2019.

Boston Medical Center

Outpatient metrics for Boston Medical Center (BMC) include information for the following freestanding community health centers:

1. East Boston Neighborhood Health Center
2. Codman Square Health Center
3. Dorchester House Multi-Service Center
4. South Boston Community Health Center

The FY2018-FY2020 cost reports include the physician charges. Physician charges were not included in the Gross Patient Service Revenue (GPSR), Net Patient Service Revenue (NPSR), expenses or statistics of the cost reports in the prior years.

Clinton Hospital merged with HealthAlliance Hospital effective October 1, 2017 to become HealthAlliance-Clinton Hospital.

Harrington Memorial Hospital and parent Harrington Healthcare System joined UMass Memorial Healthcare in July, 2021. This will be reflected in future publications.

Lawrence General Hospital submitted their unweighted discharge count for Normal Neonate Births for FY 2020 as the information from the HDD was not able to be corrected in time for this publication. The submitted discharge count of 1,382 was used in their profiles.

Massachusetts Eye and Ear Infirmary joined Mass General Brigham effective April 1, 2018.

Partners Health Care announced in November 2019 that it changed its name to **Mass General Brigham**. This is reflected in this publication.

MelroseWakefield Hospital was formerly Hallmark Health.

Mount Auburn Hospital changed their methodology for counting outpatient visits to include all clinic visits for the entity starting in FY2020.

Nantucket Cottage Hospital's outpatient visits in FY 2020 include the first full year of the rural health clinic.

Steward Health Care's hospitals did not provide their audited financial statements, therefore the financial data is as reported or as filed.

Steward Norwood Hospital was temporarily closed in July 2020 and remains closed as of this publication.

Tufts Medical Center's net patient service revenues include their Pharmacy Revenue.

On October 20, 2014, **Tufts Medical Center** and **Lowell General Hospital** combined under a new parent company (**Wellforce**) and created a new multi-acute hospital system. **Hallmark Health** joined Wellforce in FY2017.

All Hospitals

All COVID Funding metrics are presented as reported by the hospital or entity with the exception of Steward Health Care. Steward Health Care did not report any of the COVID relief funding received by their eight hospitals as operating revenue. After obtaining the publicly available audited financial statements, their data was revised by CHIA to include the Provider Relief Funds received by each of the hospitals in their operating revenue.

Effective FY 2020 supplemental revenue is not included in net patient service revenue for all hospitals. Prior to FY 2020, reporting of supplemental revenue varied by hospital.

There was an accounting change adopted by most hospitals beginning in FY 2020 in which unrealized gains and losses on investments are now recognized as non-operating income.

Appendix B: Non-Acute Hospitals

Bournewood Hospital: A sub-chapter S corporation.

Curahealth Hospitals: All the Kindred Hospitals in Massachusetts were bought by Curahealth Hospitals in the Fall of 2016. Curahealth Boston and North Shore subsequently closed after approximately a year into new ownership. Curahealth Stoughton remains open.

Haverhill Pavilion: Bought Whittier Pavilion in 2019. Outpatient Services closed.

High Point Hospital is a new psychiatric hospital opened in 2016 and closed in 2019.

Hospital for Behavioral Medicine New psychiatric hospital opened in FY19 with first data reporting FY20.

Miravista Behavioral Health is a new psychiatric hospital opened in 2021 with first data reporting FY22.

Solomon Carter Fuller Mental Health Center Self pay revenue for 22-64 IMD service is grouped as state program revenue

Southcoast Behavioral Hospital is a new psychiatric hospital opened in 2016.

Spaulding Hospital Cambridge: As of 2013, Spaulding Hospital Cambridge no longer provides Outpatient services.

Spaulding North Shore discontinued inpatient operations as of July 31, 2015 and subsequently closed.

Taravista Behavioral Health is a new psychiatric hospital opened in 2017.

Taunton State Hospital Self pay revenue for 22-64 IMD service is grouped as state program revenue

Westborough Behavioral Healthcare Hospital is a new psychiatric hospital opened in 2017 first data reporting FY18.

Westwood Lodge Pembroke Hospital, Westwood Hospital was closed by the Department of Mental Health on 8/25/2017, the Pembroke Hospital site remains open.

Whittier Pavilion began providing outpatient services in FY14. FY14 outpatient data represents a partial year of operation for these services. Sold to Haverhill Pavilion in 2019.

Worcester State Hospital Self pay revenue for 22-64 IMD service is grouped as state program revenue

Appendix C: Diagnosis Related Groups

Diagnosis Related Groups (DRGs) are used to classify the patient illnesses a hospital treats.

The 10 most common DRGs for each hospital were determined by categorizing all of a hospital's discharges into DRGs defined in the All Patient Refined Grouper (3M™ APR-DRG 30) and ranked by the total number of discharges. In most cases, it was necessary for CHIA to abbreviate the DRG name in order to fit the space available.

Below is a list of abbreviated DRG descriptions that appear in the report, and the full name and APR-DRG 30 code for each DRG.

ABBREVIATED DESCRIPTION	DESCRIPTION	APR DRG V.30
3rd Degree Brn w Skn Gft	Extensive 3rd Degree Burns w Skin Graft	841
Acute Leukemia	Acute Leukemia	690
Acute Myocardial Infarct.	Acute Myocardial Infarction	190
Adjust Dis/Neuroses exc DD	Adjustment Disorders & Neuroses Except Depressive Diagnoses	755
Alcohol & Drug w/ Rehab	Alcohol & Drug Dependence w Rehab Or Rehab/Detox Therapy	772
Alcohol Abuse & Dependence	Alcohol Abuse & Dependence	775
Angina Pectoris	Angina Pectoris & Coronary Atherosclerosis	198
Appendectomy	Appendectomy	225
Asthma	Asthma	141
Bacterial Skin Infections	Cellulitis & Other Bacterial Skin Infections	383
Bipolar Disorders	Bipolar Disorders	753
Bone Marrow Transplant	Bone Marrow Transplant	3
Bronchiolitis & RSV Pneumonia	Bronchiolitis & RSV Pneumonia	138
Burns w/ or w/o Skin Gft	Partial Thickness Burns w Or w/o Skin Graft	844
C. Spinal Fusion & Other Procs	Cervical Spinal Fusion & Other Back/Neck Proc Exc Disc Excis/Decomp	321
Card Cath - Heart Disease	Cardiac Catheterization For Ischemic Heart Disease	192
Cardiac Arrhythmia	Cardiac Arrhythmia & Conduction Disorders	201
Cardiac Valve w/o Cath	Cardiac Valve Procedures w/o Cardiac Catheterization	163
CC W Circ Disord Exc IHD	Cardiac Catheterization W Circ Disord Exc Ischemic Heart Disease	191
Cesarean Delivery	Cesarean Delivery	540
Chemotherapy	Chemotherapy	693
Chest Pain	Chest Pain	203

ABBREVIATED DESCRIPTION	DESCRIPTION	APR DRG V.30
Cleft Lip & Palate Repair	Cleft Lip & Palate Repair	95
COPD	Chronic Obstructive Pulmonary Disease	140
Craniotomy; exc Trauma	Craniotomy Except For Trauma	21
CVA Occlusion w/ Infarct	CVA & Precerebral Occlusion W Infarct	45
D&L Fusion exc Curvature	Dorsal & Lumbar Fusion Proc Except For Curvature Of Back	304
D&L Fusion for Curvature	Dorsal & Lumbar Fusion Proc For Curvature Of Back	303
Degen Nrvs Syst exc MS	Degenerative Nervous System Disorders Exc Mult Sclerosis	42
Depression exc MDD	Depression Except Major Depressive Disorder	754
Digestive Malignancy	Digestive Malignancy	240
Diverticulitis/osis	Diverticulitis & Diverticulosis	244
Drug/Alcohol Abuse, LAMA	Drug & Alcohol Abuse Or Dependence, Left Against Medical Advice	770
Eye Procs except Orbit	Eye Procedures Except Orbit	73
Factors Infl Hlth Status	Signs, Symptoms & Other Factors Influencing Health Status	861
Foot & Toe Procedures	Foot & Toe Procedures	314
Full Burns w/ Skin Graft	Full Thickness Burns w Skin Graft	842
Hand & Wrist Procedures	Hand & Wrist Procedures	316
Heart Failure	Heart Failure	194
Hip & Femur; Non-Trauma	Hip & Femur Procedures For Non-Trauma Except Joint Replacement	309
Hip Joint Replacement	Hip Joint Replacement	301
Infects - Upper Resp Tract	Infections Of Upper Respiratory Tract	113
Intervertebral Disc Excis	Intervertebral Disc Excision & Decompression	310
Intestinal Obstruction	Intestinal Obstruction	247
Kidney & UT Infections	Kidney & Urinary Tract Infections	463
Knee & Lower Excpt Foot	Knee & Lower Leg Procedures Except Foot	313
Knee Joint Replacement	Knee Joint Replacement	302
Lymphoma & Non-Acute Leuk	Lymphoma, Myeloma & Non-Acute Leukemia	691
Maj Cranial/Facial Bone	Major Cranial/Facial Bone Procedures	89
Maj HEM/IG Dx exc SC	Major Hematologic/Immunologic Diag Exc Sickle Cell Crisis & Coagul	660
Maj Larynx & Trachea Proc	Major Larynx & Trachea Procedures	90
Maj Male Pelvic Procs	Major Male Pelvic Procedures	480
Maj Resp & Chest Proc	Major Respiratory & Chest Procedures	120

ABBREVIATED DESCRIPTION	DESCRIPTION	APR DRG V.30
Maj Resp Infect & Inflam	Major Respiratory Infections & Inflammations	137
Maj Sml & Lrg Bowel Procs	Major Small & Large Bowel Procedures	221
Maj. Depressive Disorders	Major Depressive Disorders & Other/Unspecified Psychoses	751
Malignancy- Hept/Pancreas	Malignancy Of Hepatobiliary System & Pancreas	281
Mastectomy Procedures	Mastectomy Procedures	362
Normal Neonate Birth	Neonate Birthwt>2499G, Normal Newborn or Neonate w Other Problem	640
Non-Bact Gastro, Nausea	Non-Bacterial Gastroenteritis, Nausea & Vomiting	249
O.R. Proc for Tx Comp	O.R. Procedure For Other Complications Of Treatment	791
Opioid Abuse & Dependence	Opioid Abuse & Dependence	773
Org Mental Hlth Disturb	Organic Mental Health Disturbances	757
Other Anemia and Blood Dis	Other Anemia & Disorders of Blood & Blood-Forming Organs	663
Other Antepartum Dxs	Other Antepartum Diagnoses	566
Other Digestive System Dx	Other Digestive System Diagnoses	254
Other ENT & Cranial Dxs	Other Ear, Nose, Mouth, Throat & Cranial/Facial Diagnoses	115
Other ENT Procedures	Other Ear, Nose, Mouth & Throat Procedures	98
Other Nervous Syst Procs	Other Nervous System & Related Procedures	26
Other Pneumonia	Other Pneumonia	139
Other Resp & Chest Procs	Other Respiratory & Chest Procedures	121
Othr Back & Neck Disorder	Other Back & Neck Disorders, Fractures & Injuries	347
Othr Maj Head/Neck procs	Other Major Head & Neck Procedures	91
Othr Muscl Sys & Tis Proc	Other Musculoskeletal System & Connective Tissue Procedures	320
Othr Muscl Sys & Tis Dx	Other Musculoskeletal System & Connective Tissue Diagnoses	351
Othr O.R. Procs for Lymph/HEM	Other O.R. Procedures For Lymphatic/Hematopoietic/Other Neoplasms	681
Othr Skin & Breast Dis	Other Skin, Subcutaneous Tissue & Breast Disorders	385
Othr Skin, Tis & Rel Procs	Other Skin, Subcutaneous Tissue & Related Procedures	364
Pancreas Dis exc Malign	Disorders Of Pancreas Except Malignancy	282
Per Cardio procs w/ AMI	Percutaneous Cardiovascular Procedures w AMI	174
Per Cardio procs w/o AMI	Percutaneous Cardiovascular Procedures w/o AMI	175

ABBREVIATED DESCRIPTION	DESCRIPTION	APR DRG V.30
Post-Op, Oth Device Infect	Post-Operative, Post-Traumatic, Other Device Infections	721
Procedures for Obesity	Procedures For Obesity	403
Proc W Diag Of Rehab, Aftercare	Procedure W Diag of Rehab, Aftercare or Other Contact W Health Service	850
Pulm Edema & Resp Failure	Pulmonary Edema & Respiratory Failure	133
Rehabilitation	Rehabilitation	860
Renal Failure	Renal Failure	460
Respiratory Malignancy	Respiratory Malignancy	136
Schizophrenia	Schizophrenia	750
Seizure	Seizure	53
Septicemia Infections	Septicemia & Disseminated Infections	720
Shoulder & Arm Procs	Shoulder, Upper Arm & Forearm Procedures	315
Sickle Cell Anemia Crisis	Sickle Cell Anemia Crisis	662
Skin Graft for Skin Dx	Skin Graft For Skin & Subcutaneous Tissue Diagnoses	361
Syncope & Collapse	Syncope & Collapse	204
Tendon, Muscle, Soft Tis	Tendon, Muscle & Other Soft Tissue Procedures	317
Thyroid & Other Procs	Thyroid, Parathyroid & Thyroglossal Procedures	404
Vaginal Delivery	Vaginal Delivery	560

Appendix D: Special Public Funding

The Health Care Innovation Investment (HCII) program is a unique opportunity for Massachusetts providers, health plans, and their partners to implement innovative models that deliver better health and better care at a lower cost. Chapter 224 of the Acts of 2012, the state's landmark cost containment law, established this competitive investment program to support health care innovation and transformation.

The Community Hospital Reinvestment Trust Fund (CHRTF) provides funding to acute care hospitals to pay for independent operational or financial audits to identify investment opportunities that will increase the hospital's sustainability and efficiency.

For more information, please contact:



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