

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%.

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:	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

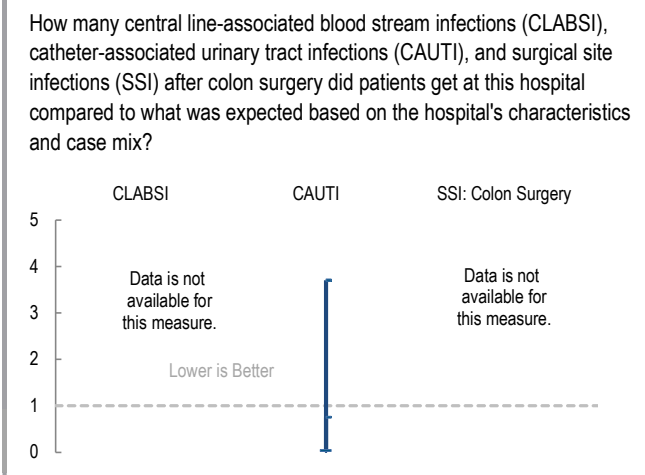
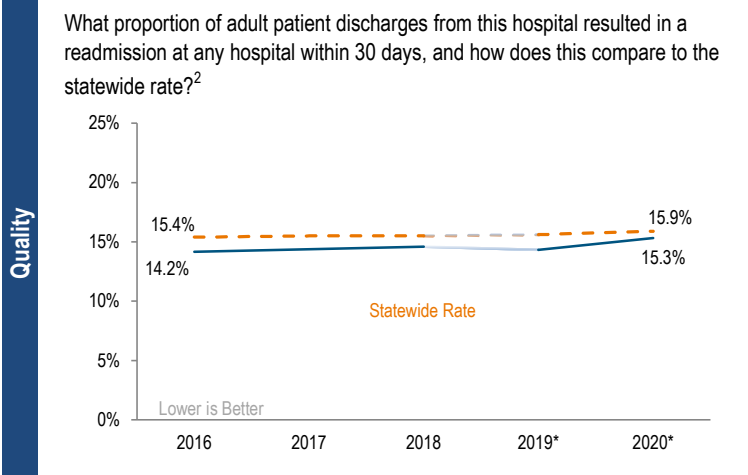
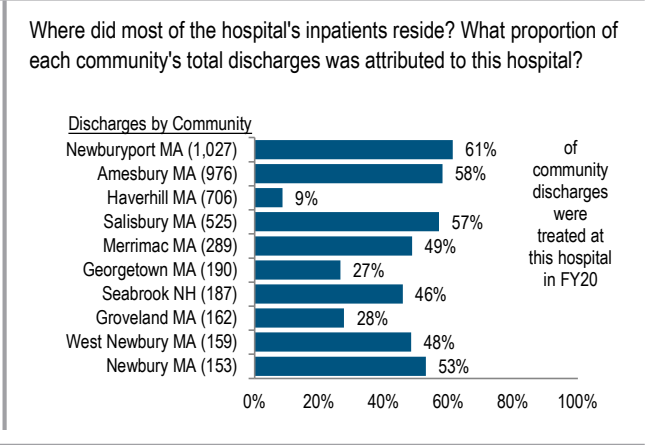
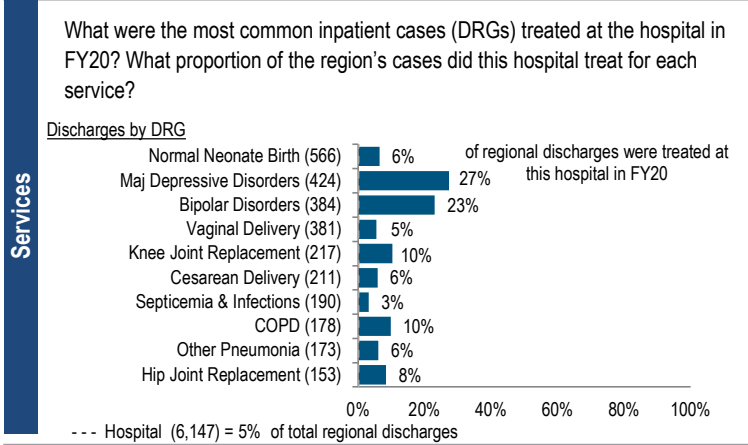
Public Payer Mix ¹ :	61.0% non-HPP Hospital
CY19 Commercial Statewide Relative Price:	0.750
Top 3 Commercial Payers:	Blue Cross Blue Shield Tufts HMO Harvard Pilgrim

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%



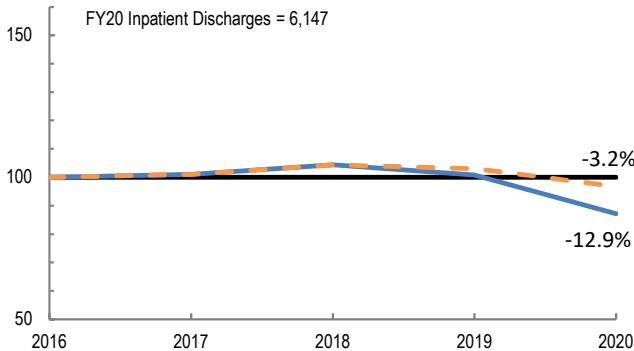
2020 HOSPITAL PROFILE: ANNA JQUES HOSPITAL

Cohort: Community Hospital

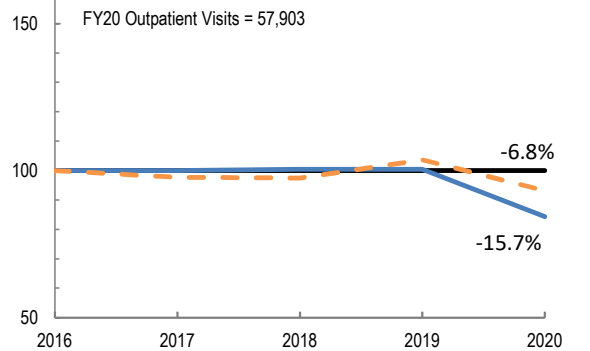


Utilization

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)

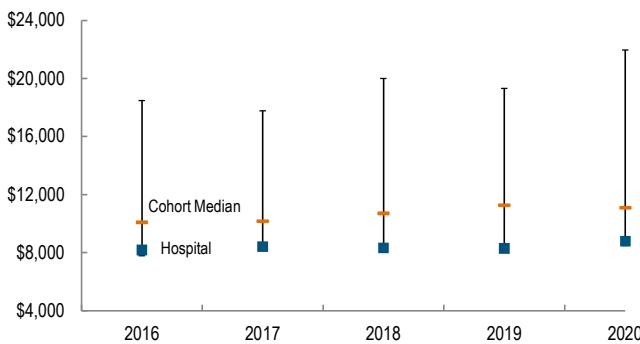


How has the volume of the hospital's outpatient visits changed compared to FY16, and how does this compare to the hospital's peer cohort median? (FY16=100)

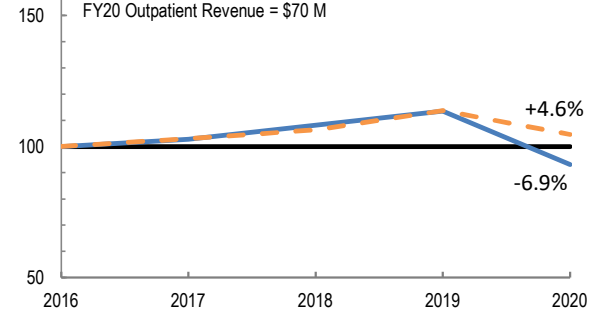


Patient Revenue Trends

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)



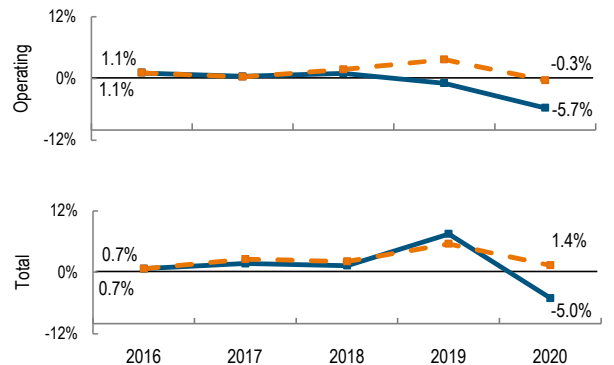
Financial Performance

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