

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

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:	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

Inpatient NPSR per CMAD:	\$8,476
Change FY19-FY20:	-25.3%
Inpatient Outpatient Revenue in FY20:	28%:72%
Outpatient Revenue in FY20:	\$133,990,633
Change FY19-FY20:	6.6%
Total Revenue in FY20:	\$199,764,000
COVID Funding Included in Total Revenue:	\$9,144,000
Total Surplus (Deficit) in FY20:	-\$807,000

Payer Mix

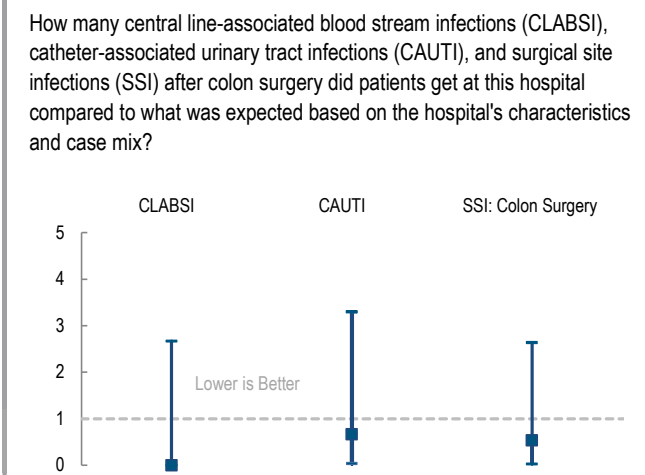
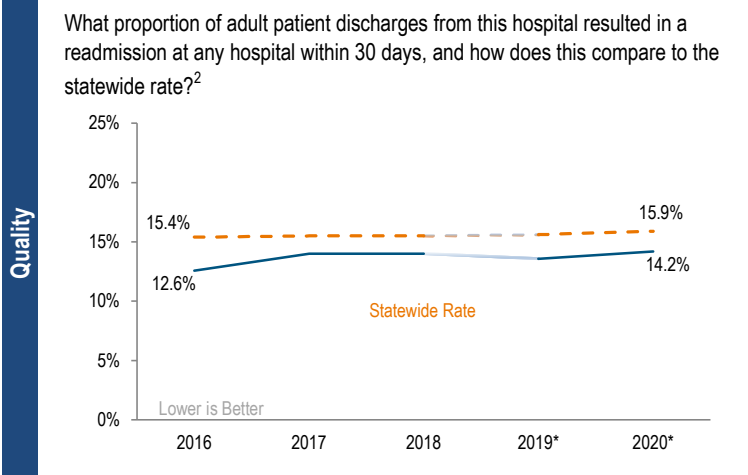
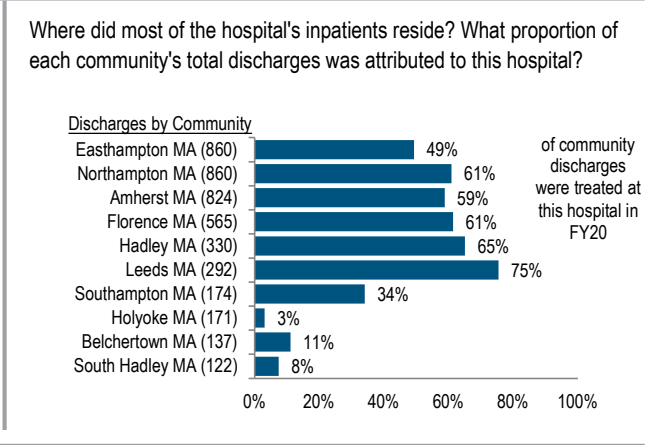
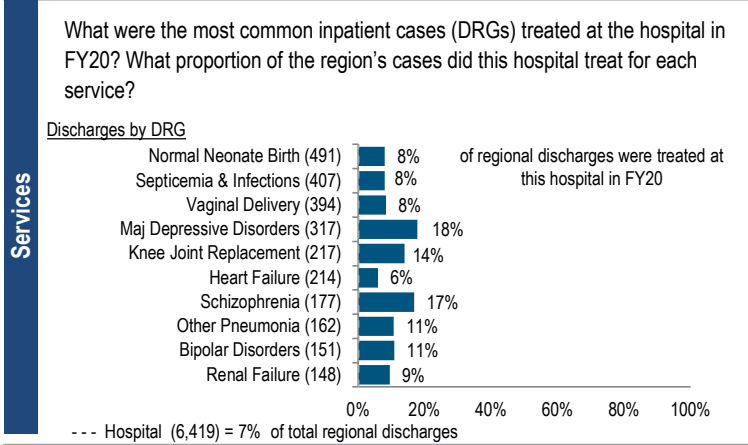
Public Payer Mix ¹ :	62.7% non-HPP Hospital
CY19 Commercial Statewide Relative Price:	1.011
Top 3 Commercial Payers:	Blue Cross Blue Shield Health New England UniCare

Utilization

Inpatient Discharges in FY20:	6,419
Change FY19-FY20:	-10.8%
Emergency Department Visits in FY20:	28,951
Change FY19-FY20:	-13.2%
Outpatient Visits in FY20:	40,818
Change FY19-FY20:	-2.2%

Quality

Readmission Rate in FY20:	14.2%
Change FY19-FY20 (percentage points):	0.6
Early Elective Deliveries Rate:	0.0%



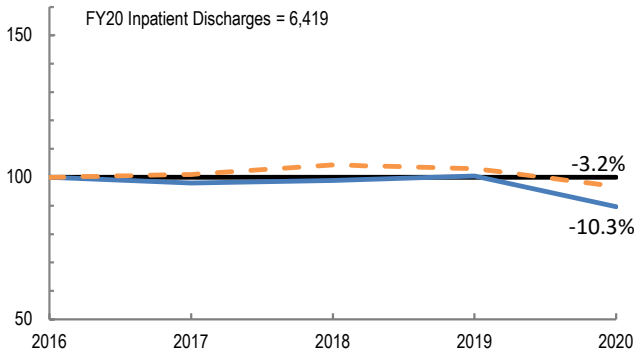
2020 HOSPITAL PROFILE: COOLEY DICKINSON HOSPITAL

Cohort: Community Hospital

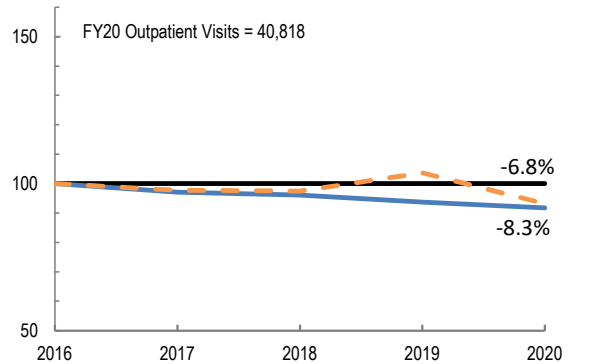


Utilization

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)

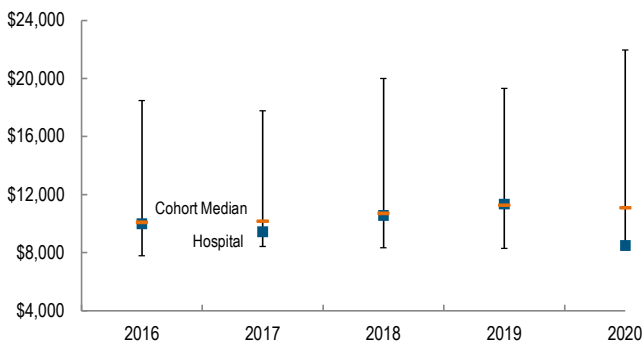


How has the volume of the hospital's outpatient visits changed compared to FY16, and how does this compare to the hospital's peer cohort median? (FY16=100)

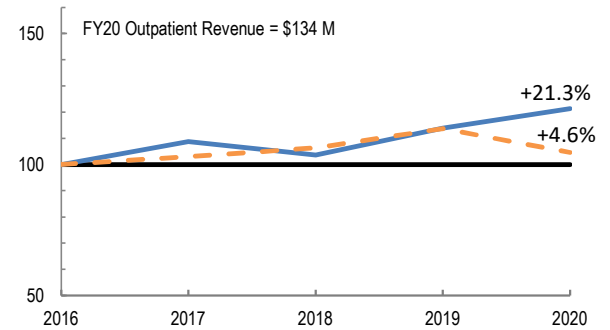


Patient Revenue Trends

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)



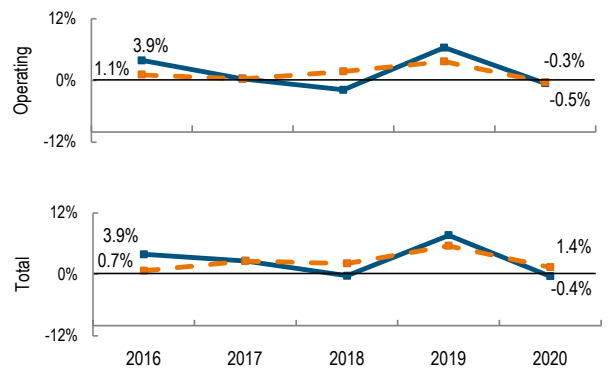
Financial Performance

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