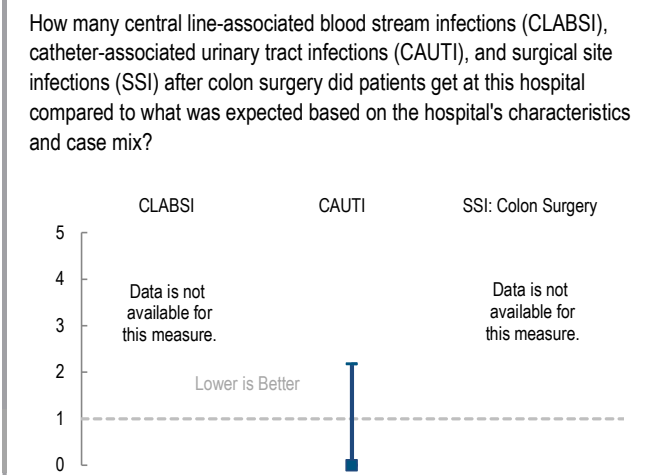
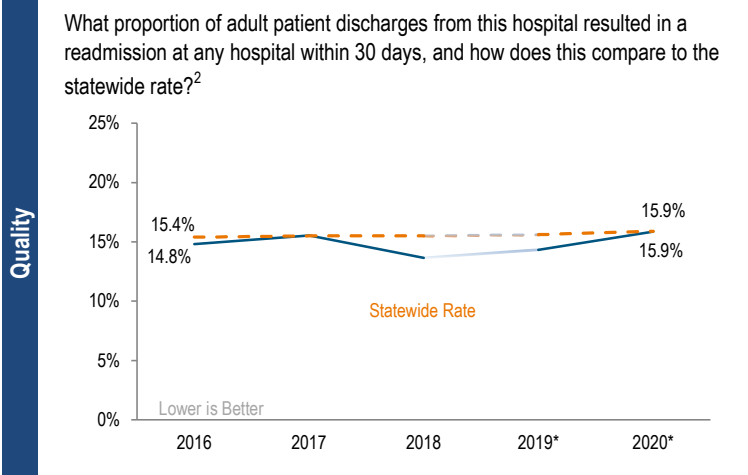
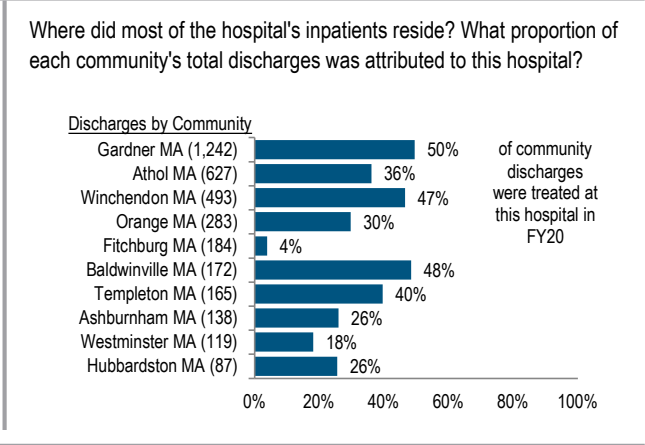
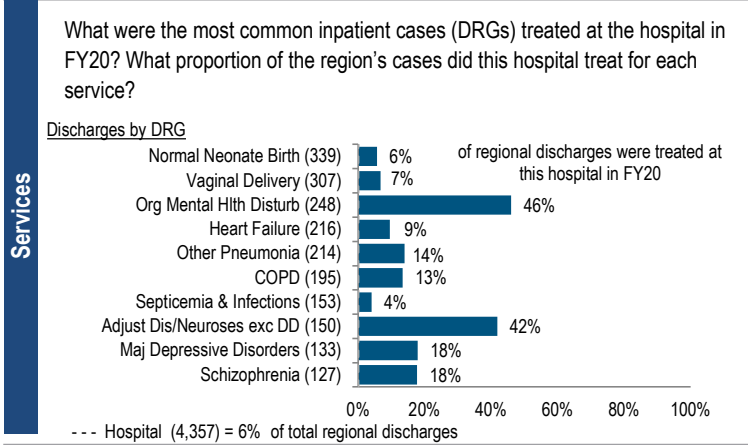


Heywood Hospital is a small, non-profit community-High Public Payer (HPP) hospital located in the Central Massachusetts region. Between FY16 and FY20, the volume of inpatient discharges at the hospital decreased by 6.6% compared to a median decrease of 7.6% at cohort hospitals. Outpatient visits decreased 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%.

At a Glance	Overview / Size		Payer Mix	
	Hospital System Affiliation:	Heywood Healthcare	Public Payer Mix ¹ :	64.5% HPP Hospital
	Hospital System Surplus (Deficit) in FY20:	\$3,428,964	CY19 Commercial Statewide Relative Price:	0.719
	Change in Ownership (FY16-20):	Not Applicable	Top 3 Commercial Payers:	Blue Cross Blue Shield Tufts HMO Fallon
	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		Utilization	
	Inpatient NPSR per CMAD:	\$7,902	Inpatient Discharges in FY20:	4,357
Change FY19-FY20:	5.6%	Change FY19-FY20:	-7.2%	
Inpatient Outpatient Revenue in FY20:	18%:82%	Emergency Department Visits in FY20:	22,871	
Outpatient Revenue in FY20:	\$93,503,084	Change FY19-FY20:	-15.4%	
Change FY19-FY20:	-3.8%	Outpatient Visits in FY20:	72,038	
Total Revenue in FY20:	\$149,315,113	Change FY19-FY20:	-19.2%	
COVID Funding Included in Total Revenue:	\$10,542,658			
Total Surplus (Deficit) in FY20:	\$3,158,957	Quality		
		Readmission Rate in FY20:	15.9%	
		Change FY19-FY20 (percentage points):	1.5	
		Early Elective Deliveries Rate:	2.8%	



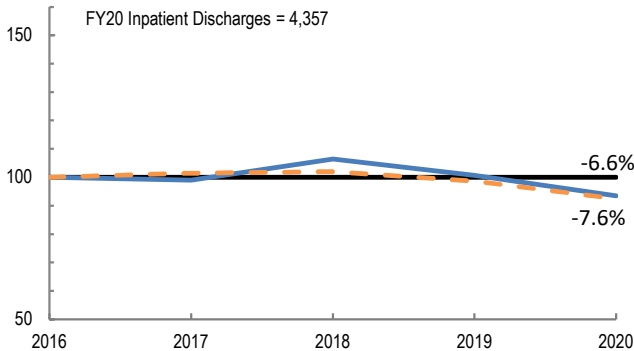
2020 HOSPITAL PROFILE: HEYWOOD HOSPITAL

Cohort: Community-High Public Payer Hospital

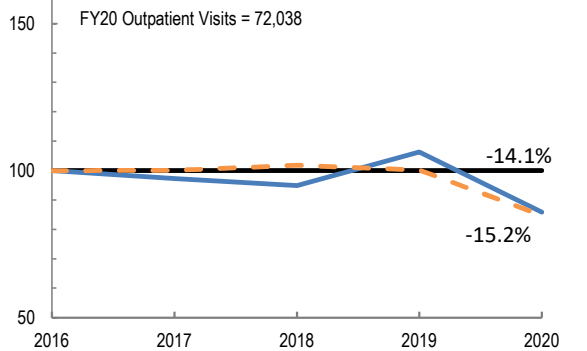


Utilization

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)

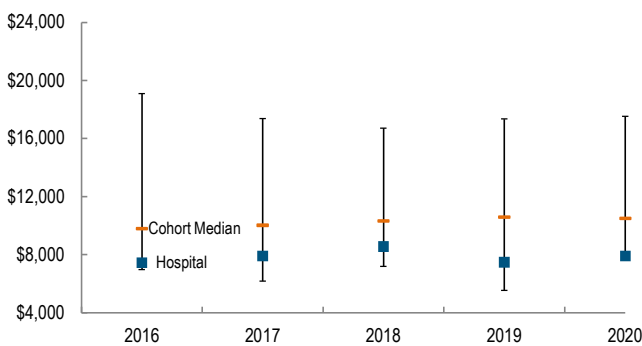


How has the volume of the hospital's outpatient visits changed compared to FY16, and how does this compare to the hospital's peer cohort median? (FY16=100)

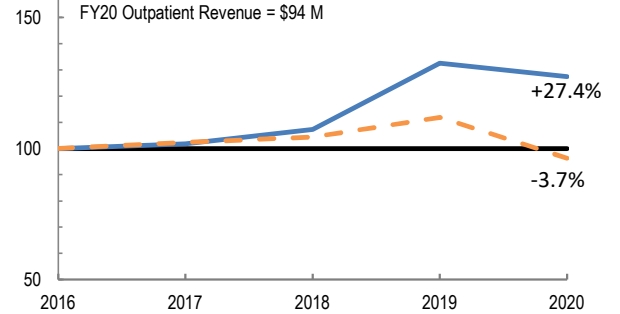


Patient Revenue Trends

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)



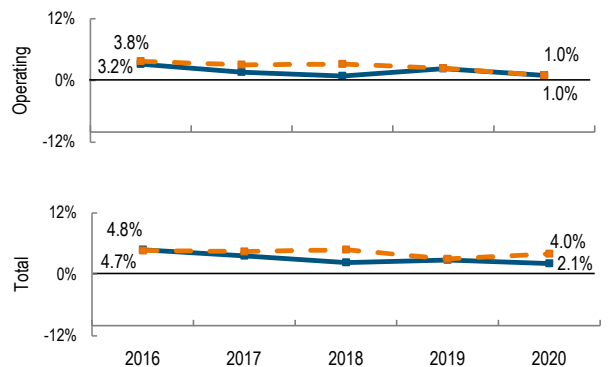
Financial Performance

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