

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.

Overview / Size

Hospital System Affiliation:	Lawrence General Hospital and Affiliates
Hospital System Surplus (Deficit) in FY20:	(\$17,171,000)
Change in Ownership (FY16-20):	Not Applicable
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

Inpatient NPSR per CMAD:	\$9,535
Change FY19-FY20:	-17.6%
Inpatient Outpatient Revenue in FY20:	38%:62%
Outpatient Revenue in FY20:	\$86,658,805
Change FY19-FY20:	-18.6%
Total Revenue in FY20:	\$290,104,745
COVID Funding Included in Total Revenue:	\$61,250,446
Total Surplus (Deficit) in FY20:	-\$9,592,255

Payer Mix

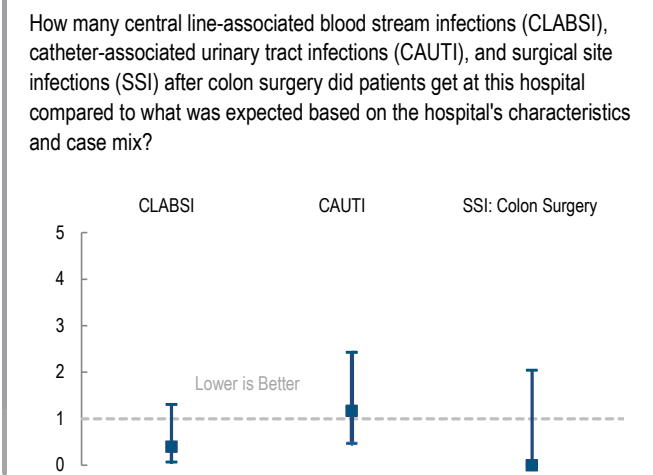
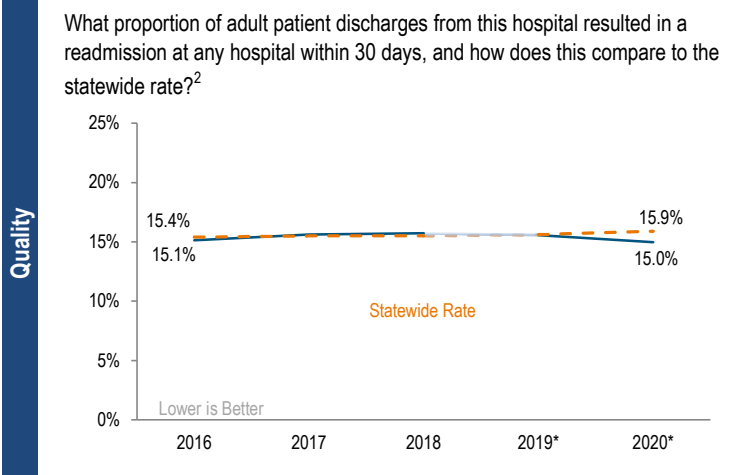
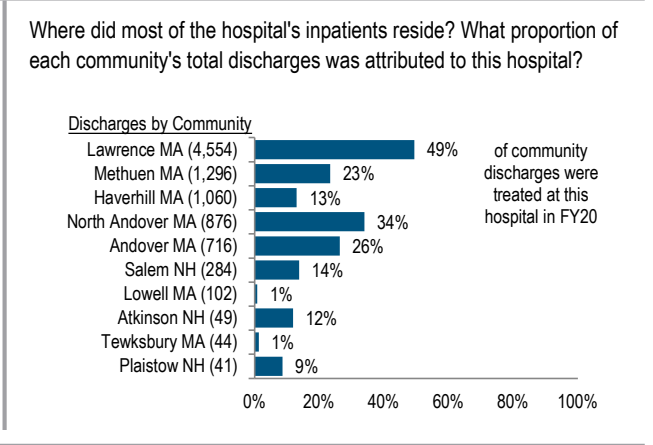
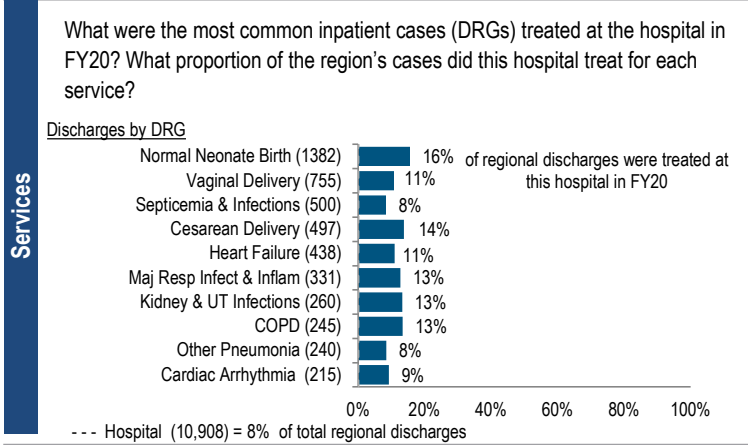
Public Payer Mix ¹ :	71.3% HPP Hospital
CY19 Commercial Statewide Relative Price:	0.777
Top 3 Commercial Payers:	Blue Cross Blue Shield Harvard Pilgrim BMCHP

Utilization

Inpatient Discharges in FY20:	10,908
Change FY19-FY20:	-8.6%
Emergency Department Visits in FY20:	53,398
Change FY19-FY20:	-9.6%
Outpatient Visits in FY20:	272,553
Change FY19-FY20:	-6.0%

Quality

Readmission Rate in FY20:	15.0%
Change FY19-FY20 (percentage points):	-0.6
Early Elective Deliveries Rate:	0.0%



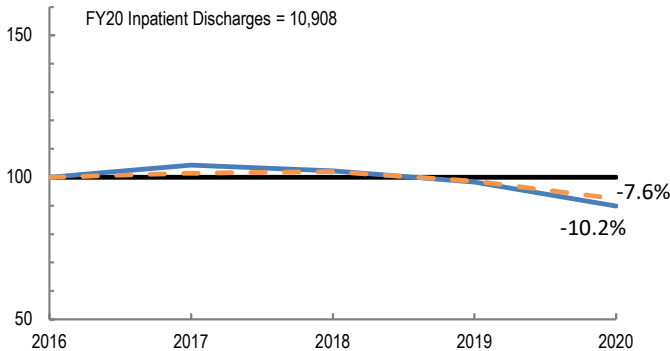
2020 HOSPITAL PROFILE: LAWRENCE GENERAL HOSPITAL

Cohort: Community-High Public Payer Hospital

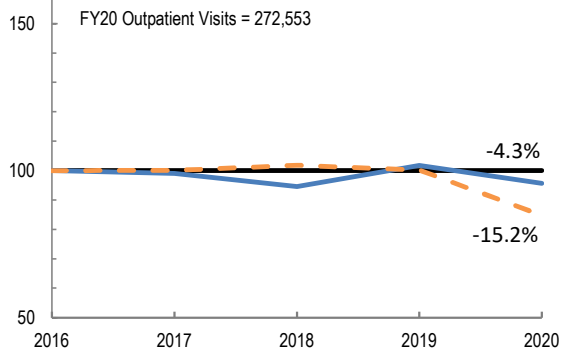


Utilization

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)

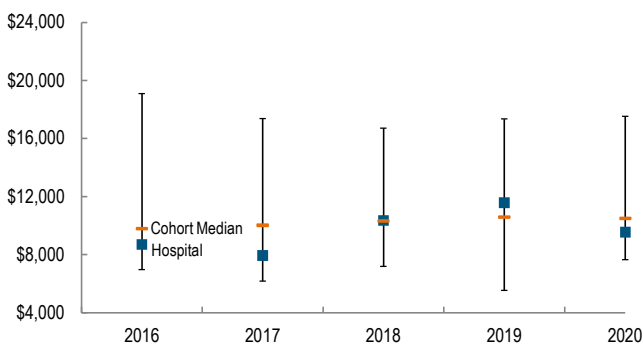


How has the volume of the hospital's outpatient visits changed compared to FY16, and how does this compare to the hospital's peer cohort median? (FY16=100)

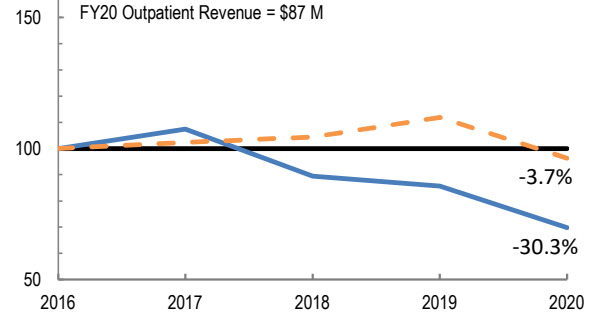


Patient Revenue Trends

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)



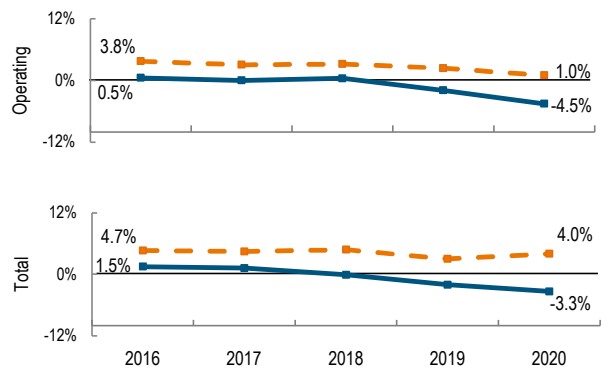
Financial Performance

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