

Massachusetts Hospital Profiles

Data Through
Hospital Fiscal Year 2022

February 2024

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HFY 2022 MASSACHUSETTS HOSPITAL PROFILES

Introduction

The Hospital Fiscal Year (HFY) 2022 Massachusetts Hospital Profiles provide descriptive and comparative information on acute and non-acute hospitals based on hospital characteristics, services, payer mix, utilization trends, top discharges, and financial performance and cost trends over a five-year period.

The HFY 2022 publication includes an individual profile for each acute hospital, a consolidated profile for each non-acute hospital cohort, and a comprehensive [databook](#). 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.

Overview

In HFY 2022, there were 61 acute care hospitals in Massachusetts. Of the 61 hospitals, ten were for-profit hospitals, all of which were part of multi-acute hospital systems. There were 51 non-profit hospitals in Massachusetts, 38 of which are part of larger multi-acute systems, and 13 of which are part of individual hospital systems.

Acute 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 HFY 2022, there were six AMCs, seven teaching hospitals, 11 community hospitals, 31 community-HPP hospitals, and six specialty hospitals.

In HFY 2022, there were 38 non-acute care hospitals in Massachusetts. Of the 38 hospitals, 23 were for-profit hospitals and 15 were non-profit.

Non-acute hospitals are categorized into six types—behavioral health hospitals, chronic care hospitals, rehabilitation hospitals, Department of Mental Health facilities, Department of Public Health facilities, and specialty hospitals. For HFY 2022, there were 13 behavioral health hospitals, four chronic care hospitals, nine rehabilitation hospitals, five hospitals under the Department of Mental Health, four hospitals under the Department of Public Health, and three specialty hospitals.

Acute Hospital Financial Performance

Profitability

Profitability metrics measure the ability of the hospital to generate a surplus. There are three profitability metrics reported in Hospital Profiles: total margin, operating margin, and non-operating margin. Total margin reflects the excess of total revenues over total expenses (including operating and non-operating activities), 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. Non-operating margin includes items that are not related to operations, such as investment income, contributions, gains from the sale of assets and other unrelated business activities, as a percentage of total revenue.

The statewide acute hospital median total margin in HFY 2022 was -4.2%, a decrease of 9.2 percentage points in comparison to the prior fiscal year. Similarly, the statewide acute hospital median operating margin (-1.3%) and non-operating margin (-0.4%) decreased from the prior year. All four cohorts reported decreases in median total, operating, and non-operating margins.

In HFY 2022, expenses increased 8.9% while operating revenues increased 5.5% as compared to the prior hospital fiscal year. Net patient service revenue, the most significant component of operating revenue, increased by 3.2%. In aggregate, expenses exceeded operating revenues by \$460 million at acute hospitals.

In HFY 2022, acute hospitals reported \$281.6 million in federal COVID-19 relief funds and \$186.1 million in state relief funds as operating revenue. These funds are included in both the total and operating margins.

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 and greater detail on acute hospital financials, please see the HFY2022 Massachusetts Acute Hospital and Health System Financial Performance Report available [here](#).

Solvency and Liquidity

Solvency and capital structure metrics measure how a hospital's assets are financed and their ability to take on more debt. Liquidity metrics measure the hospital's ability to meet short-term obligations and generate cash for operations.

There are four solvency and capital structure ratios included in Hospital Profiles: Debt Service Coverage Ratio, Cash Flow to Total Debt, Equity Financing, and Average Age of Plant.

There is one liquidity measure included in Hospital Profiles, the current ratio metric. A ratio of 1.0 or higher means that current liabilities could be adequately covered by existing current assets and indicates financial stability. The statewide acute hospital median current ratio increased by 0.1 between HFY 2021 and 2022, from 1.3 to 1.4. In HFY 2022, 47 out of the 61 acute hospitals had a current ratio of 1.0 or higher.

More information on the financial performance metrics can be found [here](#).

Acute Hospital Utilization

Between HFY 2021 and 2022, aggregate acute hospital inpatient discharges decreased by 2.9%, while aggregate inpatient days increased by 3.4%. All cohorts reported a decrease in aggregate inpatient discharges and an increase in inpatient days. In HFY 2022, acute hospitals reported 14,764 staffed beds.

Statewide outpatient visits decreased by 0.9% between HFY 2021 and HFY 2022. The teaching and community hospital cohorts reported an increase in aggregate outpatient visits (at 1.5% and 5.3%, respectively), while the AMC and community-HPP cohorts saw a decrease (-0.9% and -5.1%, respectively).

Emergency department visits increased by 6.8% between HFY 2021 and 2022. All cohorts saw an increase in aggregate emergency department visits, with the teaching hospital cohort experiencing the greatest percent increase during this time period.

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.

Hospital Profiles also reports the distribution of discharges by community to provide a sense of each hospital's inpatient service area. Communities with less than 25 discharges are suppressed for confidentiality.

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 HFY2022, there were six AMCs, seven teaching hospitals, 11 community hospitals, and 31 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	Saint Vincent Hospital
Cambridge Health Alliance	Steward Carney Hospital
Lahey Hospital & Medical Center	Steward St. Elizabeth's Medical Center
Mount Auburn Hospital	

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	Milford Regional Medical Center
Beth Israel Deaconess Hospital - Milton	Nantucket Cottage Hospital
Beth Israel Deaconess Hospital - Needham	Newton-Wellesley Hospital
Brigham and Women's Faulkner Hospital	South Shore Hospital
Emerson Hospital	Winchester Hospital
Martha's Vineyard 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 A25

Athol Hospital	Marlborough Hospital
Baystate Franklin Medical Center	MelroseWakefield Hospital
Baystate Noble Hospital	Mercy Medical Center
Baystate Wing Hospital	MetroWest Medical Center
Berkshire Medical Center	Morton Hospital, A Steward Family Hospital
Beth Israel Deaconess Hospital - Plymouth	Nashoba Valley Medical Center, A Steward Family Hospital
Cape Cod Hospital	North Shore Medical Center
Cooley Dickinson 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 A56

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 – HOSPITAL FISCAL YEAR 2022

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](#).

Lahey Hospital & Medical Center
2022 Hospital Profile

OVERVIEW

City/Town: Burlington & Peabody, MA
Region: Northeastern Massachusetts
Hospital Type: Teaching Hospital
Total Staffed Beds in HFY22: 345, Large Hospital
Hospital System Affiliation: Beth Israel Lahey Health
Hospital System Surplus (Deficit) in HFY22: (\$442,037,000)
Change in Ownership HFY18-HFY22: Beth Israel Lahey Health 3/1/19

Tax Status: Trauma Center Designation: Adult Level 1
Total FTEs in HFY22: 3,841.97
FY22 Case Mix Index: 1.78
Public Payer Mix: 61.9%
Percent of Total GSPSR - Medicare/Medicaid/Commercial: 53% / 8% / 33%
CY21 Commercial Statewide Relative Price: 0.99

FINANCIAL

GROSS AND NET PATIENT SERVICE REVENUES (GSPSR & NPSR)

	HFY18	HFY19	HFY20	HFY21	HFY22
Inpatient GSPSR	\$681.7M	\$751.7M	\$732.2M	\$790.2M	\$88.8M
Outpatient GSPSR	\$1,470.0M	\$1,603.5M	\$1,406.4M	\$1,596.4M	\$1,482.2M
Total GSPSR	\$2,151.7M	\$2,355.3M	\$2,138.7M	\$2,386.6M	\$2,271.0M
Inpatient NPSR per CMAD	\$12,061	\$12,559	\$12,576	\$13,032	\$13,082
Inpatient NPSR	\$445.9M	\$476.0M	\$450.1M	\$485.7M	\$481.9M
Outpatient NPSR	\$519.6M	\$563.0M	\$481.7M	\$544.7M	\$505.9M

*Data Source: CHA Hospital Cost Reports

REVENUE & EXPENSES

	HFY18	HFY19	HFY20	HFY21	HFY22
Operating Revenue	\$1,010.5M	\$652.1M	\$1,039.0M	\$1,120.7M	\$1,064.1M
Non-Operating Revenue ¹	\$1.3M	\$0.3M	\$3.5M	\$23.4M	(\$69.1M)
COVID Funding Included in Operating Revenue ²	-	-	\$50.6M	\$29.3M	\$10.8M
Total Revenue	\$1,111.8M	\$652.4M	\$1,042.5M	\$1,144.1M	\$995.0M
Total Expenses	\$94.1M	\$577.7M	\$966.3M	\$1,033.4M	\$1,033.1M
Total Surplus (Deficit)	\$66.4M	\$74.7M	\$76.2M	\$110.7M	(\$38.0M)
Operating Margin	6.4%	11.4%	7.0%	7.6%	3.1%
Non-Operating Margin	0.1%	0%	0.3%	2.0%	(6.9%)
Total Margin	6.6%	11.4%	7.3%	9.7%	(3.8%)

*Data Source: Standardized Financial Statements

SOLVENCY AND LIQUIDITY

	HFY18	HFY19	HFY20	HFY21	HFY22
Net Assets or Equity	(\$6.5M)	\$127.3M	\$4.3M	\$555.7M	\$421.8M
Current Ratio	0.7	2.0	1.2	1.7	1.9
Debt Service Coverage Ratio	10.7	18.6	3.0	8.1	3.8
Capital Flow to Total Debt	56.2%	89.6%	40.2%	24.2%	4.6%
Equity Financing Ratio	(2.9%)	49.5%	20.3%	3.1%	35.2%
Average Age of Plant	0	0	0	16.1	15.0

*Data Source: Standardized Financial Statements

UTILIZATION

Licensed Beds in HFY22: 345
Available Beds in HFY22: 345
Staffed Beds in HFY22: 345
HFY22 Percentage Occupancy: 94.1%
Inpatient Discharges in HFY22: 20,747 (3.3%)
Change HFY21-HFY22: 15.9%
Percent of Total Region Discharges in HFY22: 2.8%
Percent of Statewide Total Discharges in HFY22: 118,448 (0.8%)
Change HFY21-HFY22: 18.1%
Percent of Total Region Inpatient Days in HFY22: 2.9%
Percent of Statewide Total Inpatient Days in HFY22: 5.71
Change HFY21-HFY22: 18.1%
Percent of Total Region Emergency Department Visits in HFY22: 66.193 (6.8%)
Percent of Statewide Total Emergency Department Visits in HFY22: 13.0%
Change HFY21-HFY22: 2.4%
Outpatient Visits in HFY22: 1,174,395 (45.1%)
Change HFY21-HFY22: 45.1%

*Data Source: CHA Hospital Cost Reports

TOP DISCHARGES BY INPATIENT CASE (DRG) IN FY22

Inpatient Case (DRG) ³	Discharges	Percent of Total Hospital Discharges
Sepsis/septicemia & disseminated infections	1,175	5.7%
Heart failure	828	4.0%
Major Resp Infect & Inflam	747	3.6%
Per Cardio Proc w/AMI	597	2.9%
Major Small & Large Bowel Procedures	488	2.3%
Cardiac Arrhythmia	480	2.3%
Cva & Percutaneous Occlusion W/ Infract	448	2.2%
Infect & parasitic dis Incl HIV w/ O.R. proc	390	1.9%
Per Cardio Proc w/AMI	383	1.9%
Renal failure	375	1.8%

*Data Source: CHA Hospital Discharge Dataset

TOP DISCHARGES BY COMMUNITY IN FY22

Community ⁴	Discharges	Percent of Total Community Discharges
Woburn, MA	1,361	27%
Billerica, MA	1,353	45%
Burlington, MA	1,258	51%
Peabody, MA	922	13%
Lexington, MA	855	41%
Wilmington, MA	722	30%
Arlington, MA	611	15%
Tewksbury, MA	511	15%
Bedford, MA	498	44%
Reading, MA	430	19%

*Data Source: CHA Hospital Discharge Dataset

FOOTNOTES:

For descriptions of the metrics, please see the technical appendix.
¹ High Point (HPP) reported a minimum of 63% of gross patient service revenue from public payers.
² COVID-19 supplemental revenue is not included in net patient service revenue for all hospitals. Prior to FY2022, reporting of supplemental revenue varied by hospital.
³ There was an accounting change adopted by most hospitals beginning in FY2022 in which unrealized gains and losses on investments are now recognized as non-operating income.
⁴ Federal state COVID-19 relief funding was distributed to hospitals as part of the Coronavirus Aid, Relief, and Economic Security (CARES) Act beginning in FY2020. A portion of this funding was reported as operating revenue.
⁵ Inpatient case and communities with less than 20 discharges have been omitted from the Top Discharges by Inpatient Case (DRG) and Top Discharges by Community charts.
⁶ As both Beth Israel Lahey and Beth Israel Lahey Health became financially consolidated in March 2019, seven months of financial data was reported for FY2019 for this hospital.

Hospital name

Overview
A list of general information pertaining to the hospital.

Utilization
Hospital utilization information derived from hospital cost reports with comparisons to prior year, region, and statewide metrics where applicable.

Gross and Net Patient Service Revenues (GSPSR & NPSR)
Financial information derived from hospital cost reports relating to the hospital's GSPSR and NPSR over five years.

Top Discharges by Inpatient Case (DRG)
The hospital's most frequent inpatient diagnoses derived from the Hospital Inpatient Discharge Dataset listed with the number of discharges and the percent each DRG represents of the total discharges at the hospital.

Top Discharges by Community
The communities where the hospital's inpatients reside derived from the Hospital Inpatient Discharge Dataset listed with the number of discharges and the percent of inpatients from the community treated at that hospital.

Solvency and Liquidity
Five-year trend information derived from standardized financial statements for the hospital's solvency and liquidity metrics.

Revenue and Expenses
Five-year trend derived from standardized financial statements showing hospital's revenue, expense, and profitability statistics.



Beth Israel Deaconess Medical Center

2022 Hospital Profile

OVERVIEW

City/Town:	Boston, MA
Region:	Metro Boston
Hospital Type:	Academic Medical Center
Total Staffed Beds in HFY22:	799, 5th Largest Hospital
Hospital System Affiliation:	Beth Israel Lahey Health
Hospital System Surplus (Deficit) in HFY22:	(\$442,037,000)
Change in Ownership HFY18-HFY22:	Beth Israel Lahey Health 3/1/19

Tax Status:	Non-profit
Trauma Center Designation:	Adult: Level 1
Total FTE's in HFY22:	8,065.16
FY22 Case Mix Index:	1.73
Public Payer Mix ¹ :	57.7%
Percent of Total GPSR - Medicare/Medicaid/Commercial:	46% / 13% / 34%
CY21 Commercial Statewide Relative Price:	1.06

FINANCIAL

GROSS AND NET PATIENT SERVICE REVENUES (GPSR & NPSR)

	HFY18	HFY19	HFY20	HFY21	HFY22
Inpatient GPSR	\$1,199.3M	\$1,215.6M	\$1,186.0M	\$1,371.7M	\$1,337.5M
Outpatient GPSR	\$1,773.6M	\$1,898.8M	\$1,759.1M	\$2,073.5M	\$2,492.2M
Total GPSR	\$2,972.9M	\$3,114.4M	\$2,945.2M	\$3,445.2M	\$3,829.6M
Inpatient NPSR per CMAD	\$13,861	\$13,611	\$13,521	\$14,064	\$13,725
Inpatient NPSR	\$802.8M	\$797.6M	\$755.1M	\$853.4M	\$852.6M
Outpatient NPSR	\$587.8M	\$637.2M	\$577.5M	\$692.3M	\$813.8M

*Data Source: CHIA Hospital Cost Reports

REVENUE & EXPENSES

	HFY18	HFY19	HFY20	HFY21	HFY22
Operating Revenue	\$1,818.5M	\$1,118.3M	\$2,078.5M	\$2,241.3M	\$2,388.2M
Non-Operating Revenue ³	\$52.6M	\$11.5M	(\$1.6M)	\$90.3M	(\$83.5M)
COVID Funding Included in Operating Revenue ⁴	-	-	\$117.4M	\$0.0M	\$6.3M
Total Revenue	\$1,871.1M	\$1,129.9M	\$2,076.9M	\$2,331.7M	\$2,304.7M
Total Expenses	\$1,767.2M	\$1,105.2M	\$1,978.5M	\$2,150.3M	\$2,351.1M
Total Surplus (Deficit)	\$103.9M	\$24.6M	\$98.4M	\$181.4M	(\$46.4M)
Operating Margin	2.7%	1.2%	4.8%	3.9%	1.6%
Non-Operating Margin	2.8%	1.0%	(0.1%)	3.9%	(3.6%)
Total Margin	5.6%	2.2%	4.7%	7.8%	(2.0%)

*Data Source: Standardized Financial Statements

SOLVENCY AND LIQUIDITY

	HFY18	HFY19	HFY20	HFY21	HFY22
Total Net Assets or Equity	\$1,105.7M	\$1,070.5M	\$1,062.6M	\$1,303.6M	\$1,285.4M
Current Ratio	3.0	3.0	2.2	2.2	3.6
Debt Service Coverage Ratio	6.1	2.7	6.0	8.0	1.5
Cash Flow to Total Debt	20.4%	8.5%	16.7%	23.9%	2.3%
Equity Financing Ratio	50.2%	48.5%	42.5%	47.3%	42.9%
Average Age of Plant	0	0	0	26.0	28.0

*Data Source: Standardized Financial Statements

UTILIZATION

Licensed Beds in HFY22:	807
Available Beds in HFY22:	807
Staffed Beds in HFY22:	799
HFY22 Percentage Occupancy:	83.8%
Inpatient Discharges in HFY22:	35,996
Change HFY21-HFY22:	(3.5%)
Percent of Total Region Discharges in HFY22:	13.2%
Percent of Statewide Total Discharges in HFY22:	4.9%
Inpatient Days in HFY22:	244,425
Change HFY21-HFY22:	1.2%
Percent of Total Region Inpatient Days in HFY22:	13.9%
Percent of Statewide Total Inpatient Days in HFY22:	5.9%
Average Length of Stay in HFY22:	6.8
Change HFY21-HFY22:	4.9%
Emergency Department Visits in HFY22:	50,520
Change HFY21-HFY22:	5.7%
Percent of Total Region Emergency Department Visits in HFY22:	6.4%
Percent of Statewide Total Emergency Department Visits in HFY22:	1.9%
Outpatient Visits in HFY22:	895,049
Change HFY21-HFY22:	2.1%

*Data Source: CHIA Hospital Cost Reports

TOP DISCHARGES BY INPATIENT CASE (DRG) IN FY22

Inpatient Case (DRG) ⁵	Discharges	Percent of Total Hospital Discharges
Normal Neonate Birth	4,126	11.6%
Vaginal delivery	3,028	8.5%
Cesarean delivery	1,683	4.7%
Septicemia & Disseminated Infections	797	2.2%
Heart failure	795	2.2%
Major Resp Infect & Inflamm	603	1.7%
Per Cardio Proc w/o AMI	568	1.6%
Infect & parasitic dis incl HIV w/ O.R. proc	525	1.5%
Major Small & Large Bowel Procedures	511	1.4%
Chemotherapy	434	1.2%

*Data Source: CHIA Hospital Discharge Dataset

TOP DISCHARGES BY COMMUNITY IN FY22

Community ⁵	Discharges	Percent of Total Community Discharges
Boston, MA	2,078	12%
Quincy, MA	1,399	14%
Dorchester, MA	1,178	13%
Brookline, MA	1,114	36%
Brockton, MA	775	5%
Cambridge, MA	748	11%
Dorchester Center, MA	729	12%
Jamaica Plain, MA	726	21%
Plymouth, MA	670	9%
Roxbury, MA	626	17%

*Data Source: CHIA Hospital Discharge Dataset

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

³ There was an accounting change adopted by most hospitals beginning in HFY 2020 in which unrealized gains and losses on investments are now recognized as non-operating revenue.

⁴ Federal and State COVID-19 relief funding was distributed to hospitals as part of the Coronavirus Aid, Relief, and Economic Security (CARES) Act beginning in HFY2020. A portion of this funding was reported as operating revenue.

⁵ Inpatient cases and communities with less than 25 discharges have been omitted from the Top Discharges by Inpatient Case (DRG) and Top Discharges By Community charts.

⁶ As Beth Israel Lahey Health became financially consolidated in March 2019, seven months of financial data was reported for FY 2019 for this hospital.

Boston Medical Center

2022 Hospital Profile

OVERVIEW

City/Town:	Boston, MA
Region:	Metro Boston
Hospital Type:	Academic Medical Center
Total Staffed Beds in HFY22:	461, 8th Largest Hospital
Hospital System Affiliation:	Boston Medical Center Health System
Hospital System Surplus (Deficit) in HFY22:	(\$110,949,000)
Change in Ownership HFY18-HFY22:	Not Applicable

Tax Status:	Non-profit
Trauma Center Designation:	Not Applicable
Total FTE's in HFY22:	8,901.00
FY22 Case Mix Index:	1.42
Public Payer Mix ¹ :	74.4%: HPP Hospital
Percent of Total GPSR - Medicare/Medicaid/Commercial:	28% / 41% / 18%
CY21 Commercial Statewide Relative Price:	0.93

FINANCIAL

GROSS AND NET PATIENT SERVICE REVENUES (GPSR & NPSR)

	HFY18	HFY19	HFY20	HFY21	HFY22
Inpatient GPSR	\$941.6M	\$959.0M	\$931.7M	\$1,036.8M	\$1,029.3M
Outpatient GPSR	\$2,450.0M	\$2,584.7M	\$2,304.3M	\$2,642.2M	\$2,878.9M
Total GPSR	\$3,391.6M	\$3,543.7M	\$3,236.0M	\$3,679.1M	\$3,908.1M
Inpatient NPSR per CMAD	\$13,749	\$14,234	\$16,282	\$16,202	\$16,811
Inpatient NPSR	\$453.2M	\$473.7M	\$482.2M	\$540.1M	\$512.9M
Outpatient NPSR	\$781.6M	\$832.0M	\$661.9M	\$775.1M	\$834.8M

*Data Source: CHIA Hospital Cost Reports

REVENUE & EXPENSES

	HFY18	HFY19	HFY20	HFY21	HFY22
Operating Revenue	\$1,481.4M	\$1,661.8M	\$1,843.1M	\$1,929.7M	\$2,110.0M
Non-Operating Revenue ³	\$11.2M	\$26.1M	\$34.6M	\$36.4M	(\$62.2M)
COVID Funding Included in Operating Revenue ⁴	-	-	\$202.0M	\$60.0M	\$46.2M
Total Revenue	\$1,492.6M	\$1,687.9M	\$1,877.6M	\$1,966.1M	\$2,047.8M
Total Expenses	\$1,443.2M	\$1,651.2M	\$1,785.2M	\$1,920.1M	\$2,131.2M
Total Surplus (Deficit)	\$49.4M	\$36.7M	\$92.5M	\$46.0M	(\$83.4M)
Operating Margin	2.6%	0.6%	3.1%	0.5%	(1.0%)
Non-Operating Margin	0.7%	1.5%	1.8%	1.9%	(3.0%)
Total Margin	3.3%	2.2%	4.9%	2.3%	(4.1%)

*Data Source: Standardized Financial Statements

SOLVENCY AND LIQUIDITY

	HFY18	HFY19	HFY20	HFY21	HFY22
Total Net Assets or Equity	\$1,344.1M	\$1,327.5M	\$1,323.9M	\$1,420.5M	\$1,255.6M
Current Ratio	1.7	2.0	1.8	1.9	1.7
Debt Service Coverage Ratio	1.5	5.3	6.5	5.2	1.4
Cash Flow to Total Debt	13.0%	13.8%	15.8%	12.8%	2.0%
Equity Financing Ratio	54.2%	54.7%	48.3%	51.8%	50.1%
Average Age of Plant	12.0	12.0	10.0	11.0	11.0

*Data Source: Standardized Financial Statements

UTILIZATION

Licensed Beds in HFY22:	461
Available Beds in HFY22:	461
Staffed Beds in HFY22:	461
HFY22 Percentage Occupancy:	91.3%
Inpatient Discharges in HFY22:	21,560
Change HFY21-HFY22:	(4.9%)
Percent of Total Region Discharges in HFY22:	7.9%
Percent of Statewide Total Discharges in HFY22:	2.9%
Inpatient Days in HFY22:	153,634
Change HFY21-HFY22:	6.3%
Percent of Total Region Inpatient Days in HFY22:	8.7%
Percent of Statewide Total Inpatient Days in HFY22:	3.7%
Average Length of Stay in HFY22:	7.1
Change HFY21-HFY22:	11.9%
Emergency Department Visits in HFY22:	107,703
Change HFY21-HFY22:	5.3%
Percent of Total Region Emergency Department Visits in HFY22:	13.6%
Percent of Statewide Total Emergency Department Visits in HFY22:	4.0%
Outpatient Visits in HFY22:	1,953,501
Change HFY21-HFY22:	(9.7%)

*Data Source: CHIA Hospital Cost Reports

TOP DISCHARGES BY INPATIENT CASE (DRG) IN FY22

Inpatient Case (DRG) ⁵	Discharges	Percent of Total Hospital Discharges
Normal Neonate Birth	2,234	9.4%
Vaginal delivery	1,713	7.2%
Cesarean delivery	987	4.2%
Heart failure	846	3.6%
Septicemia & Disseminated Infections	675	2.8%
Major Resp Infect & Inflam	629	2.7%
Procedures for obesity	353	1.5%
Infec & parasitic dis incl HIV w/ O.R. proc	336	1.4%
Sickle cell anemia crisis	313	1.3%
Seizure	292	1.2%

*Data Source: CHIA Hospital Discharge Dataset

TOP DISCHARGES BY COMMUNITY IN FY22

Community ⁵	Discharges	Percent of Total Community Discharges
Boston, MA	3,718	22%
Dorchester, MA	3,274	37%
Dorchester Center, MA	1,803	30%
Roxbury, MA	1,438	38%
Mattapan, MA	938	32%
Brockton, MA	802	6%
Quincy, MA	757	8%
Revere, MA	691	12%
Chelsea, MA	689	17%
Hyde Park, MA	651	17%

*Data Source: CHIA Hospital Discharge Dataset

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

³ There was an accounting change adopted by most hospitals beginning in HFY 2020 in which unrealized gains and losses on investments are now recognized as non-operating revenue.

⁴ Federal and State COVID-19 relief funding was distributed to hospitals as part of the Coronavirus Aid, Relief, and Economic Security (CARES) Act beginning in HFY2020. A portion of this funding was reported as operating revenue.

⁵ Inpatient cases and communities with less than 25 discharges have been omitted from the Top Discharges by Inpatient Case (DRG) and Top Discharges By Community charts.

⁶ Outpatient metrics for Boston Medical Center (BMC) include information for the following freestanding community health centers: East Boston Neighborhood Health Center, Codman Square Health Center, Dorchester House Multi-Service Center and South Boston Community Health Center

Brigham and Women's Hospital

2022 Hospital Profile

OVERVIEW

City/Town:	Boston, MA
Region:	Metro Boston
Hospital Type:	Academic Medical Center
Total Staffed Beds in HFY22:	909, 2nd Largest Hospital
Hospital System Affiliation:	Mass General Brigham
Hospital System Surplus (Deficit) in HFY22:	(\$2,257,627,000)
Change in Ownership HFY18-HFY22:	Not Applicable

Tax Status:	Non-profit
Trauma Center Designation:	Adult: Level 1
Total FTE's in HFY22:	9,827.00
FY22 Case Mix Index:	1.78
Public Payer Mix ¹ :	55.8%
Percent of Total GPSR - Medicare/Medicaid/Commercial:	41% / 12% / 42%
CY21 Commercial Statewide Relative Price:	1.37

FINANCIAL

GROSS AND NET PATIENT SERVICE REVENUES (GPSR & NPSR)

	HFY18	HFY19	HFY20	HFY21	HFY22
Inpatient GPSR	\$3,855.1M	\$4,193.2M	\$3,919.3M	\$4,453.8M	\$4,534.8M
Outpatient GPSR	\$2,859.9M	\$3,080.8M	\$3,034.0M	\$3,777.0M	\$4,174.6M
Total GPSR	\$6,715.0M	\$7,274.1M	\$6,953.3M	\$8,230.8M	\$8,709.3M
Inpatient NPSR per CMAD	\$17,409	\$18,028	\$18,590	\$19,873	\$19,662
Inpatient NPSR	\$1,327.3M	\$1,436.6M	\$1,384.7M	\$1,592.2M	\$1,628.7M
Outpatient NPSR	\$829.5M	\$937.2M	\$835.7M	\$1,003.0M	\$1,080.8M

*Data Source: CHIA Hospital Cost Reports

REVENUE & EXPENSES

	HFY18	HFY19	HFY20	HFY21	HFY22
Operating Revenue	\$3,096.2M	\$3,252.9M	\$3,218.2M	\$3,688.8M	\$3,835.5M
Non-Operating Revenue ³	(\$0.7M)	\$0.7M	\$0.7M	\$5.0M	(\$2.8M)
COVID Funding Included in Operating Revenue ⁴	-	-	\$96.6M	\$47.0M	\$0.0M
Total Revenue	\$3,095.6M	\$3,253.5M	\$3,218.9M	\$3,693.8M	\$3,832.8M
Total Expenses	\$2,922.5M	\$3,024.4M	\$3,141.3M	\$3,379.0M	\$3,709.8M
Total Surplus (Deficit)	\$173.0M	\$229.1M	\$77.5M	\$314.8M	\$123.0M
Operating Margin	5.6%	7.0%	2.4%	8.4%	3.3%
Non-Operating Margin	0.0%	0.0%	0.0%	0.1%	(0.1%)
Total Margin	5.6%	7.0%	2.4%	8.5%	3.2%

*Data Source: Standardized Financial Statements

SOLVENCY AND LIQUIDITY

	HFY18	HFY19	HFY20	HFY21	HFY22
Total Net Assets or Equity	\$833.2M	\$977.5M	\$780.7M	\$612.8M	\$857.9M
Current Ratio	1.3	1.3	1.2	0.8	1.3
Debt Service Coverage Ratio	2.6	3.0	1.8	3.1	1.9
Cash Flow to Total Debt	19.7%	22.2%	11.0%	21.4%	16.0%
Equity Financing Ratio	27.4%	32.1%	21.7%	18.6%	26.8%
Average Age of Plant	7.0	8.0	8.0	9.0	9.0

*Data Source: Standardized Financial Statements

UTILIZATION

Licensed Beds in HFY22:	909
Available Beds in HFY22:	909
Staffed Beds in HFY22:	909
HFY22 Percentage Occupancy:	91.9%
Inpatient Discharges in HFY22:	46,511
Change HFY21-HFY22:	(0.2%)
Percent of Total Region Discharges in HFY22:	17.1%
Percent of Statewide Total Discharges in HFY22:	6.4%
Inpatient Days in HFY22:	305,021
Change HFY21-HFY22:	5.9%
Percent of Total Region Inpatient Days in HFY22:	17.4%
Percent of Statewide Total Inpatient Days in HFY22:	7.4%
Average Length of Stay in HFY22:	6.6
Change HFY21-HFY22:	6.1%
Emergency Department Visits in HFY22:	56,537
Change HFY21-HFY22:	4.2%
Percent of Total Region Emergency Department Visits in HFY22:	7.1%
Percent of Statewide Total Emergency Department Visits in HFY22:	2.1%
Outpatient Visits in HFY22:	757,785
Change HFY21-HFY22:	6.0%

*Data Source: CHIA Hospital Cost Reports

TOP DISCHARGES BY INPATIENT CASE (DRG) IN FY22

Inpatient Case (DRG) ⁵	Discharges	Percent of Total Hospital Discharges
Normal Neonate Birth	5,784	12.2%
Vaginal delivery	4,454	9.4%
Cesarean delivery	2,347	5.0%
Craniotomy except for trauma	897	1.9%
Major Resp Infect & Inflamm	880	1.9%
Major Small & Large Bowel Procedures	801	1.7%
Heart failure	795	1.7%
Per Cardio Proc w/o AMI	653	1.4%
Major Respiratory & Chest Procedures	630	1.3%
Dorsal & lumbar fusion proc	625	1.3%

*Data Source: CHIA Hospital Discharge Dataset

TOP DISCHARGES BY COMMUNITY IN FY22

Community ⁵	Discharges	Percent of Total Community Discharges
Boston, MA	2,185	13%
Dorchester, MA	1,581	18%
Jamaica Plain, MA	1,179	34%
Dorchester Center, MA	1,011	17%
Brookline, MA	947	31%
Roslindale, MA	943	30%
Hyde Park, MA	931	24%
Roxbury, MA	824	22%
West Roxbury, MA	814	29%
Quincy, MA	733	7%

*Data Source: CHIA Hospital Discharge Dataset

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

³ There was an accounting change adopted by most hospitals beginning in HFY 2020 in which unrealized gains and losses on investments are now recognized as non-operating revenue.

⁴ Federal and State COVID-19 relief funding was distributed to hospitals as part of the Coronavirus Aid, Relief, and Economic Security (CARES) Act beginning in HFY2020. A portion of this funding was reported as operating revenue.

⁵ Inpatient cases and communities with less than 25 discharges have been omitted from the Top Discharges by Inpatient Case (DRG) and Top Discharges by Community charts.



For more information, please contact:

CENTER FOR HEALTH INFORMATION AND ANALYSIS

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Boston, MA 02116
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Massachusetts General Hospital

2022 Hospital Profile

OVERVIEW

City/Town:	Boston, MA
Region:	Metro Boston
Hospital Type:	Academic Medical Center
Total Staffed Beds in HFY22:	1,064, Largest Hospital
Hospital System Affiliation:	Mass General Brigham
Hospital System Surplus (Deficit) in HFY22:	(\$2,257,627,000)
Change in Ownership HFY18-HFY22:	Not Applicable

Tax Status:	Non-profit
Trauma Center Designation:	Adult: Level 1, Pedi: Level 1
Total FTE's in HFY22:	13,062.38
FY22 Case Mix Index:	1.93
Public Payer Mix ¹ :	60.3%
Percent of Total GPSR - Medicare/Medicaid/Commercial:	42% / 14% / 37%
CY21 Commercial Statewide Relative Price:	1.37

FINANCIAL

GROSS AND NET PATIENT SERVICE REVENUES (GPSR & NPSR)

	HFY18	HFY19	HFY20	HFY21	HFY22
Inpatient GPSR	\$4,438.5M	\$4,330.1M	\$4,445.7M	\$4,926.3M	\$5,059.2M
Outpatient GPSR	\$4,872.9M	\$5,707.3M	\$5,209.7M	\$6,198.0M	\$6,761.5M
Total GPSR	\$9,311.5M	\$10,037.4M	\$9,655.5M	\$11,124.3M	\$11,820.7M
Inpatient NPSR per CMAD	\$16,159	\$16,967	\$16,145	\$16,404	\$16,411
Inpatient NPSR	\$1,486.3M	\$1,586.7M	\$1,472.8M	\$1,579.7M	\$1,534.3M
Outpatient NPSR	\$1,417.6M	\$1,518.8M	\$1,472.7M	\$1,785.4M	\$1,957.7M

*Data Source: CHIA Hospital Cost Reports

REVENUE & EXPENSES

	HFY18	HFY19	HFY20	HFY21	HFY22
Operating Revenue	\$4,073.0M	\$4,490.5M	\$4,518.3M	\$4,996.0M	\$5,277.2M
Non-Operating Revenue ³	(\$1.7M)	\$0.7M	\$0.5M	\$5.2M	(\$8.9M)
COVID Funding Included in Operating Revenue ⁴	-	-	\$203.0M	\$82.6M	\$0.1M
Total Revenue	\$4,071.2M	\$4,491.3M	\$4,518.8M	\$5,001.2M	\$5,268.3M
Total Expenses	\$3,820.6M	\$4,060.2M	\$4,282.5M	\$4,760.0M	\$5,077.8M
Total Surplus (Deficit)	\$250.6M	\$431.1M	\$236.3M	\$241.2M	\$190.5M
Operating Margin	6.2%	9.6%	5.2%	4.7%	3.8%
Non-Operating Margin	0.0%	0.0%	0.0%	0.1%	(0.2%)
Total Margin	6.2%	9.6%	5.2%	4.8%	3.6%

*Data Source: Standardized Financial Statements

SOLVENCY AND LIQUIDITY

	HFY18	HFY19	HFY20	HFY21	HFY22
Total Net Assets or Equity	\$2,488.4M	\$2,701.8M	\$2,810.6M	\$3,194.2M	\$3,546.0M
Current Ratio	1.7	1.4	1.2	0.8	1.1
Debt Service Coverage Ratio	5.6	7.8	6.0	5.9	5.1
Cash Flow to Total Debt	43.0%	59.3%	28.3%	30.0%	32.4%
Equity Financing Ratio	63.0%	64.3%	54.2%	58.3%	64.5%
Average Age of Plant	9.0	10.0	10.0	11.0	11.0

*Data Source: Standardized Financial Statements

UTILIZATION

Licensed Beds in HFY22:	1,064
Available Beds in HFY22:	1,064
Staffed Beds in HFY22:	1,064
HFY22 Percentage Occupancy:	89.2%
Inpatient Discharges in HFY22:	48,426
Change HFY21-HFY22:	(4.4%)
Percent of Total Region Discharges in HFY22:	17.8%
Percent of Statewide Total Discharges in HFY22:	6.6%
Inpatient Days in HFY22:	346,410
Change HFY21-HFY22:	1.9%
Percent of Total Region Inpatient Days in HFY22:	19.7%
Percent of Statewide Total Inpatient Days in HFY22:	8.4%
Average Length of Stay in HFY22:	7.2
Change HFY21-HFY22:	6.6%
Emergency Department Visits in HFY22:	109,570
Change HFY21-HFY22:	7.8%
Percent of Total Region Emergency Department Visits in HFY22:	13.8%
Percent of Statewide Total Emergency Department Visits in HFY22:	4.0%
Outpatient Visits in HFY22:	862,756
Change HFY21-HFY22:	3.5%

*Data Source: CHIA Hospital Cost Reports

TOP DISCHARGES BY INPATIENT CASE (DRG) IN FY22

Inpatient Case (DRG) ⁵	Discharges	Percent of Total Hospital Discharges
Normal Neonate Birth	3,035	6.3%
Vaginal delivery	2,360	4.9%
Major Resp Infect & Inflamm	1,556	3.2%
Cesarean delivery	1,093	2.3%
Heart failure	1,043	2.2%
Craniotomy except for trauma	941	1.9%
Per Cardio Proc w/o AMI	897	1.9%
Septicemia & Disseminated Infections	864	1.8%
Major Small & Large Bowel Procedures	760	1.6%
Mod Ext Proc Unrel to Principal Diag	724	1.5%

*Data Source: CHIA Hospital Discharge Dataset

TOP DISCHARGES BY COMMUNITY IN FY22

Community ⁵	Discharges	Percent of Total Community Discharges
Boston, MA	4,477	26%
Revere, MA	2,297	39%
Chelsea, MA	1,683	41%
Lynn, MA	1,425	12%
Cambridge, MA	1,272	18%
Medford, MA	1,219	22%
Everett, MA	1,211	26%
Somerville, MA	1,210	23%
Malden, MA	1,159	19%
Charlestown, MA	948	56%

*Data Source: CHIA Hospital Discharge Dataset

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

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³ There was an accounting change adopted by most hospitals beginning in HFY 2020 in which unrealized gains and losses on investments are now recognized as non-operating revenue.

⁴ Federal and State COVID-19 relief funding was distributed to hospitals as part of the Coronavirus Aid, Relief, and Economic Security (CARES) Act beginning in HFY2020. A portion of this funding was reported as operating revenue.

⁵ Inpatient cases and communities with less than 25 discharges have been omitted from the Top Discharges by Inpatient Case (DRG) and Top Discharges by Community charts.

Tufts Medical Center

2022 Hospital Profile

OVERVIEW

City/Town:	Boston, MA
Region:	Metro Boston
Hospital Type:	Academic Medical Center
Total Staffed Beds in HFY22:	288, Large Hospital
Hospital System Affiliation:	Tufts Medicine
Hospital System Surplus (Deficit) in HFY22:	(\$530,357,000)
Change in Ownership HFY18-HFY22:	Not Applicable

Tax Status:	Non-profit
Trauma Center Designation:	Adult: Level 1
Total FTE's in HFY22:	4,778.47
FY22 Case Mix Index:	1.77
Public Payer Mix ¹ :	62.7%
Percent of Total GPSR - Medicare/Medicaid/Commercial:	38% / 23% / 33%
CY21 Commercial Statewide Relative Price:	1.08

FINANCIAL

GROSS AND NET PATIENT SERVICE REVENUES (GPSR & NPSR)

	HFY18	HFY19	HFY20	HFY21	HFY22
Inpatient GPSR	\$995.4M	\$1,022.7M	\$974.8M	\$1,100.8M	\$1,073.2M
Outpatient GPSR	\$1,101.8M	\$1,196.5M	\$1,083.8M	\$1,305.0M	\$1,337.2M
Total GPSR	\$2,097.2M	\$2,219.2M	\$2,058.6M	\$2,405.7M	\$2,410.4M
Inpatient NPSR per CMAD	\$14,177	\$15,436	\$16,239	\$16,366	\$15,038
Inpatient NPSR	\$457.2M	\$483.7M	\$475.0M	\$518.6M	\$441.2M
Outpatient NPSR	\$330.1M	\$368.0M	\$375.5M	\$477.5M	\$533.9M

*Data Source: CHIA Hospital Cost Reports

REVENUE & EXPENSES

	HFY18	HFY19	HFY20	HFY21	HFY22
Operating Revenue	\$874.0M	\$939.9M	\$1,001.6M	\$1,122.1M	\$1,088.8M
Non-Operating Revenue ³	\$13.2M	(\$1.0M)	\$19.1M	\$81.0M	(\$57.1M)
COVID Funding Included in Operating Revenue ⁴	-	-	\$27.6M	\$7.6M	\$14.5M
Total Revenue	\$887.2M	\$938.9M	\$1,020.7M	\$1,203.1M	\$1,031.6M
Total Expenses	\$847.9M	\$904.9M	\$982.5M	\$1,067.7M	\$1,222.0M
Total Surplus (Deficit)	\$39.3M	\$33.9M	\$38.2M	\$135.3M	(\$190.4M)
Operating Margin	2.9%	3.7%	1.9%	4.5%	(12.9%)
Non-Operating Margin	1.5%	(0.1%)	1.9%	6.7%	(5.5%)
Total Margin	4.4%	3.6%	3.7%	11.2%	(18.5%)

*Data Source: Standardized Financial Statements

SOLVENCY AND LIQUIDITY

	HFY18	HFY19	HFY20	HFY21	HFY22
Total Net Assets or Equity	\$155.4M	\$143.3M	\$184.7M	\$387.9M	\$51.3M
Current Ratio	1.4	1.2	1.1	1.4	0.9
Debt Service Coverage Ratio	3.1	2.7	2.8	5.8	(4.5)
Cash Flow to Total Debt	13.6%	10.2%	8.4%	23.5%	(21.0%)
Equity Financing Ratio	21.2%	17.0%	16.4%	31.9%	5.5%
Average Age of Plant	16.0	16.0	16.0	16.0	14.0

*Data Source: Standardized Financial Statements

UTILIZATION

Licensed Beds in HFY22:	439
Available Beds in HFY22:	428
Staffed Beds in HFY22:	288
HFY22 Percentage Occupancy:	100.8%
Inpatient Discharges in HFY22:	16,557
Change HFY21-HFY22:	(5.1%)
Percent of Total Region Discharges in HFY22:	6.1%
Percent of Statewide Total Discharges in HFY22:	2.3%
Inpatient Days in HFY22:	105,984
Change HFY21-HFY22:	0.1%
Percent of Total Region Inpatient Days in HFY22:	6.0%
Percent of Statewide Total Inpatient Days in HFY22:	2.6%
Average Length of Stay in HFY22:	6.4
Change HFY21-HFY22:	5.4%
Emergency Department Visits in HFY22:	37,753
Change HFY21-HFY22:	0%
Percent of Total Region Emergency Department Visits in HFY22:	4.8%
Percent of Statewide Total Emergency Department Visits in HFY22:	1.4%
Outpatient Visits in HFY22:	400,060
Change HFY21-HFY22:	6.8%

*Data Source: CHIA Hospital Cost Reports

TOP DISCHARGES BY INPATIENT CASE (DRG) IN FY22

Inpatient Case (DRG) ⁵	Discharges	Percent of Total Hospital Discharges
Normal Neonate Birth	956	5.8%
Vaginal delivery	677	4.1%
Cesarean delivery	520	3.1%
Major Resp Infect & Inflam	459	2.8%
Heart failure	350	2.1%
Per Cardio Proc w/o AMI	329	2.0%
Dorsal & lumbar fusion proc	293	1.8%
Cardiac cath w circ disord exc heart disease	218	1.3%
Craniotomy except for trauma	216	1.3%
Cardiac Arrhythmia	214	1.3%

*Data Source: CHIA Hospital Discharge Dataset

TOP DISCHARGES BY COMMUNITY IN FY22

Community ⁵	Discharges	Percent of Total Community Discharges
Boston, MA	2,232	13%
Lowell, MA	767	7%
Quincy, MA	723	7%
Dorchester, MA	547	6%
Brockton, MA	468	3%
Malden, MA	456	7%
Lawrence, MA	352	4%
Framingham, MA	324	4%
Dorchester Center, MA	292	5%
Dracut, MA	233	7%

*Data Source: CHIA Hospital Discharge Dataset

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⁴ Federal and State COVID-19 relief funding was distributed to hospitals as part of the Coronavirus Aid, Relief, and Economic Security (CARES) Act beginning in HFY2020. A portion of this funding was reported as operating revenue.

⁵ Inpatient cases and communities with less than 25 discharges have been omitted from the Top Discharges by Inpatient Case (DRG) and Top Discharges by Community charts.

⁶ Tufts Medical Center's net patient service revenue (NPSR) includes their pharmacy revenue.



UMass Memorial Medical Center

2022 Hospital Profile

OVERVIEW

City/Town:	Worcester, MA
Region:	Central Massachusetts
Hospital Type:	Academic Medical Center
Total Staffed Beds in HFY22:	800, 4th Largest Hospital
Hospital System Affiliation:	UMass Memorial Health Care
Hospital System Surplus (Deficit) in HFY22:	(\$161,465,000)
Change in Ownership HFY18-HFY22:	Not Applicable

Tax Status:	Non-profit
Trauma Center Designation:	Adult: Level 1, Pedi: Level 1
Total FTE's in HFY22:	7,670.46
FY22 Case Mix Index:	1.52
Public Payer Mix ¹ :	66.7%: HPP Hospital
Percent of Total GPSR - Medicare/Medicaid/Commercial:	42% / 23% / 29%
CY21 Commercial Statewide Relative Price:	1.10

FINANCIAL

GROSS AND NET PATIENT SERVICE REVENUES (GPSR & NPSR)

	HFY18	HFY19	HFY20	HFY21	HFY22
Inpatient GPSR	\$2,056.2M	\$2,241.3M	\$2,306.2M	\$2,561.9M	\$2,622.1M
Outpatient GPSR	\$2,669.9M	\$2,944.2M	\$2,817.3M	\$3,396.5M	\$3,810.6M
Total GPSR	\$4,726.0M	\$5,185.5M	\$5,123.5M	\$5,958.4M	\$6,432.7M
Inpatient NPSR per CMAD	\$12,425	\$13,432	\$13,893	\$14,692	\$14,535
Inpatient NPSR	\$722.1M	\$822.0M	\$828.2M	\$906.1M	\$887.7M
Outpatient NPSR	\$720.3M	\$747.4M	\$766.8M	\$897.7M	\$1,008.9M

*Data Source: CHIA Hospital Cost Reports

REVENUE & EXPENSES

	HFY18	HFY19	HFY20	HFY21	HFY22
Operating Revenue	\$1,731.3M	\$1,878.8M	\$2,018.4M	\$2,154.7M	\$2,282.9M
Non-Operating Revenue ³	\$9.5M	\$12.3M	\$19.9M	\$49.3M	\$6.1M
COVID Funding Included in Operating Revenue ⁴	-	-	\$131.9M	\$22.3M	\$31.1M
Total Revenue	\$1,740.8M	\$1,891.1M	\$2,038.3M	\$2,203.9M	\$2,288.9M
Total Expenses	\$1,739.1M	\$1,842.8M	\$1,991.9M	\$2,139.5M	\$2,372.6M
Total Surplus (Deficit)	\$1.7M	\$48.3M	\$46.4M	\$64.4M	(\$83.7M)
Operating Margin	(0.4%)	1.9%	1.3%	0.7%	(3.9%)
Non-Operating Margin	0.5%	0.6%	1.0%	2.2%	0.3%
Total Margin	0.1%	2.6%	2.3%	2.9%	(3.7%)

*Data Source: Standardized Financial Statements

SOLVENCY AND LIQUIDITY

	HFY18	HFY19	HFY20	HFY21	HFY22
Total Net Assets or Equity	\$177.3M	\$194.8M	\$434.1M	\$479.3M	\$357.9M
Current Ratio	1.2	1.8	1.1	1.1	0.9
Debt Service Coverage Ratio	2.4	3.8	3.5	9.9	(0.1)
Cash Flow to Total Debt	9.0%	15.5%	10.6%	22.7%	(2.0%)
Equity Financing Ratio	14.7%	14.4%	26.4%	32.2%	25.2%
Average Age of Plant	14.0	14.0	13.0	13.0	13.0

*Data Source: Standardized Financial Statements

UTILIZATION

Licensed Beds in HFY22:	818
Available Beds in HFY22:	818
Staffed Beds in HFY22:	800
HFY22 Percentage Occupancy:	88.8%
Inpatient Discharges in HFY22:	40,110
Change HFY21-HFY22:	0.8%
Percent of Total Region Discharges in HFY22:	55.5%
Percent of Statewide Total Discharges in HFY22:	5.5%
Inpatient Days in HFY22:	259,240
Change HFY21-HFY22:	6.2%
Percent of Total Region Inpatient Days in HFY22:	61.8%
Percent of Statewide Total Inpatient Days in HFY22:	6.3%
Average Length of Stay in HFY22:	6.5
Change HFY21-HFY22:	5.4%
Emergency Department Visits in HFY22:	123,820
Change HFY21-HFY22:	14.5%
Percent of Total Region Emergency Department Visits in HFY22:	41.6%
Percent of Statewide Total Emergency Department Visits in HFY22:	4.6%
Outpatient Visits in HFY22:	983,725
Change HFY21-HFY22:	4.6%

*Data Source: CHIA Hospital Cost Reports

TOP DISCHARGES BY INPATIENT CASE (DRG) IN FY22

Inpatient Case (DRG) ⁵	Discharges	Percent of Total Hospital Discharges
Normal Neonate Birth	3,787	9.5%
Vaginal delivery	2,885	7.3%
Septicemia & Disseminated Infections	1,803	4.5%
Cesarean delivery	1,498	3.8%
Major Resp Infect & Inflam	1,247	3.1%
Heart failure	857	2.2%
Infec & parasitic dis incl HIV w/ O.R. proc	593	1.5%
Extracranial Vascular Procedures	539	1.4%
Per Cardio Proc w/ AMI	473	1.2%
Alcohol abuse & dependence	469	1.2%

*Data Source: CHIA Hospital Discharge Dataset

TOP DISCHARGES BY COMMUNITY IN FY22

Community ⁵	Discharges	Percent of Total Community Discharges
Worcester, MA	13,309	64%
Shrewsbury, MA	1,746	60%
Marlborough, MA	1,121	27%
Auburn, MA	1,001	54%
Fitchburg, MA	970	21%
Leominster, MA	939	21%
Webster, MA	909	40%
Holden, MA	821	61%
Millbury, MA	760	55%
Westborough, MA	723	47%

*Data Source: CHIA Hospital Discharge Dataset

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

³ There was an accounting change adopted by most hospitals beginning in HFY 2020 in which unrealized gains and losses on investments are now recognized as non-operating revenue.

⁴ Federal and State COVID-19 relief funding was distributed to hospitals as part of the Coronavirus Aid, Relief, and Economic Security (CARES) Act beginning in HFY2020. A portion of this funding was reported as operating revenue.

⁵ Inpatient cases and communities with less than 25 discharges have been omitted from the Top Discharges by Inpatient Case (DRG) and Top Discharges by Community charts.



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Baystate Medical Center

2022 Hospital Profile

OVERVIEW

City/Town:	Springfield, MA
Region:	Western Massachusetts
Hospital Type:	Teaching Hospital
Total Staffed Beds in HFY22:	837, 3rd Largest Hospital
Hospital System Affiliation:	Baystate Health
Hospital System Surplus (Deficit) in HFY22:	(\$327,400,000)
Change in Ownership HFY18-HFY22:	Not Applicable

Tax Status:	Non-profit
Trauma Center Designation:	Adult: Level 1, Pedi: Level 2
Total FTE's in HFY22:	7,028.92
FY22 Case Mix Index:	1.33
Public Payer Mix ¹ :	71.4%: HPP Hospital
Percent of Total GPSR - Medicare/Medicaid/Commercial:	45% / 24% / 26%
CY21 Commercial Statewide Relative Price:	0.96

FINANCIAL

GROSS AND NET PATIENT SERVICE REVENUES (GPSR & NPSR)

	HFY18	HFY19	HFY20	HFY21	HFY22
Inpatient GPSR	\$1,042.8M	\$1,180.4M	\$1,186.5M	\$1,354.0M	\$1,378.8M
Outpatient GPSR	\$1,364.3M	\$1,485.0M	\$1,489.9M	\$1,683.6M	\$1,868.7M
Total GPSR	\$2,407.0M	\$2,665.5M	\$2,676.4M	\$3,037.6M	\$3,247.5M
Inpatient NPSR per CMAD	\$11,004	\$11,727	\$11,506	\$11,707	\$11,582
Inpatient NPSR	\$581.8M	\$646.2M	\$618.9M	\$683.8M	\$670.6M
Outpatient NPSR	\$562.9M	\$588.8M	\$597.3M	\$690.1M	\$752.4M

*Data Source: CHIA Hospital Cost Reports

REVENUE & EXPENSES

	HFY18	HFY19	HFY20	HFY21	HFY22
Operating Revenue	\$1,296.2M	\$1,400.1M	\$1,472.3M	\$1,595.8M	\$1,610.5M
Non-Operating Revenue ³	\$13.3M	\$8.9M	\$8.9M	\$103.6M	(\$84.2M)
COVID Funding Included in Operating Revenue ⁴	-	-	\$91.0M	\$0.0M	\$32.6M
Total Revenue	\$1,309.5M	\$1,408.9M	\$1,481.2M	\$1,699.5M	\$1,526.3M
Total Expenses	\$1,209.7M	\$1,282.6M	\$1,386.1M	\$1,503.7M	\$1,691.7M
Total Surplus (Deficit)	\$99.8M	\$126.4M	\$95.2M	\$195.7M	(\$165.3M)
Operating Margin	6.6%	8.3%	5.8%	5.4%	(5.3%)
Non-Operating Margin	1.0%	0.6%	0.6%	6.1%	(5.5%)
Total Margin	7.6%	9.0%	6.4%	11.5%	(10.8%)

*Data Source: Standardized Financial Statements

SOLVENCY AND LIQUIDITY

	HFY18	HFY19	HFY20	HFY21	HFY22
Total Net Assets or Equity	\$827.7M	\$839.0M	\$856.4M	\$1,071.3M	\$792.8M
Current Ratio	3.5	3.8	2.3	2.6	2.6
Debt Service Coverage Ratio	7.1	8.1	5.9	5.8	(4.3)
Cash Flow to Total Debt	30.6%	36.2%	16.4%	31.3%	(14.9%)
Equity Financing Ratio	60.7%	59.5%	45.8%	55.4%	51.2%
Average Age of Plant	16.0	17.0	18.0	20.0	18.0

*Data Source: Standardized Financial Statements

UTILIZATION

Licensed Beds in HFY22:	837
Available Beds in HFY22:	837
Staffed Beds in HFY22:	837
HFY22 Percentage Occupancy:	78.5%
Inpatient Discharges in HFY22:	43,536
Change HFY21-HFY22:	0.7%
Percent of Total Region Discharges in HFY22:	48.4%
Percent of Statewide Total Discharges in HFY22:	6.0%
Inpatient Days in HFY22:	239,855
Change HFY21-HFY22:	3.2%
Percent of Total Region Inpatient Days in HFY22:	50.4%
Percent of Statewide Total Inpatient Days in HFY22:	5.8%
Average Length of Stay in HFY22:	5.5
Change HFY21-HFY22:	2.4%
Emergency Department Visits in HFY22:	99,449
Change HFY21-HFY22:	10.8%
Percent of Total Region Emergency Department Visits in HFY22:	25.9%
Percent of Statewide Total Emergency Department Visits in HFY22:	3.7%
Outpatient Visits in HFY22:	406,461
Change HFY21-HFY22:	14.2%

*Data Source: CHIA Hospital Cost Reports

TOP DISCHARGES BY INPATIENT CASE (DRG) IN FY22

Inpatient Case (DRG) ⁵	Discharges	Percent of Total Hospital Discharges
Normal Neonate Birth	3,562	8.3%
Vaginal delivery	2,734	6.3%
Septicemia & Disseminated Infections	1,887	4.4%
Heart failure	1,627	3.8%
Cesarean delivery	1,468	3.4%
Major Resp Infect & Inflamm	1,367	3.2%
Pul edema & resp failure	822	1.9%
Per Cardio Proc w/ AMI	764	1.8%
Kidney & Urinary Tract Infections	722	1.7%
Renal failure	617	1.4%

*Data Source: CHIA Hospital Discharge Dataset

TOP DISCHARGES BY COMMUNITY IN FY22

Community ⁵	Discharges	Percent of Total Community Discharges
Springfield, MA	13,255	71%
Chicopee, MA	4,075	58%
Westfield, MA	2,227	49%
West Springfield, MA	2,101	65%
Holyoke, MA	1,928	37%
Agawam, MA	1,545	67%
East Longmeadow, MA	1,483	74%
Ludlow, MA	1,380	64%
Longmeadow, MA	982	79%
Wilbraham, MA	858	59%

*Data Source: CHIA Hospital Discharge Dataset

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

³ There was an accounting change adopted by most hospitals beginning in HFY 2020 in which unrealized gains and losses on investments are now recognized as non-operating revenue.

⁴ Federal and State COVID-19 relief funding was distributed to hospitals as part of the Coronavirus Aid, Relief, and Economic Security (CARES) Act beginning in HFY2020. A portion of this funding was reported as operating revenue.

⁵ Inpatient cases and communities with less than 25 discharges have been omitted from the Top Discharges by Inpatient Case (DRG) and Top Discharges by Community charts.

Cambridge Health Alliance

2022 Hospital Profile

OVERVIEW

City/Town:	Cambridge, Somerville, & Everett, MA
Region:	Metro Boston
Hospital Type:	Teaching Hospital
Total Staffed Beds in HFY22:	272, Large Hospital
Hospital System Affiliation:	Cambridge Health Alliance
Hospital System Surplus (Deficit) in HFY22:	\$16,243,916
Change in Ownership HFY18-HFY22:	Not Applicable

Tax Status:	Municipal
Trauma Center Designation:	Not Applicable
Total FTE's in HFY22:	3,792.97
FY22 Case Mix Index:	0.91
Public Payer Mix ¹ :	68.9%: HPP Hospital
Percent of Total GPSR - Medicare/Medicaid/Commercial:	22% / 45% / 22%
CY21 Commercial Statewide Relative Price:	0.79

FINANCIAL

GROSS AND NET PATIENT SERVICE REVENUES (GPSR & NPSR)

	HFY18	HFY19	HFY20	HFY21	HFY22
Inpatient GPSR	\$184.4M	\$189.1M	\$185.3M	\$199.6M	\$196.3M
Outpatient GPSR	\$686.4M	\$714.0M	\$641.6M	\$666.5M	\$718.2M
Total GPSR	\$870.8M	\$903.0M	\$826.9M	\$866.1M	\$914.5M
Inpatient NPSR per CMAD	\$11,333	\$13,497	\$12,507	\$13,665	\$14,166
Inpatient NPSR	\$102.7M	\$120.3M	\$114.6M	\$119.6M	\$117.5M
Outpatient NPSR	\$237.2M	\$220.2M	\$200.8M	\$239.0M	\$250.0M

*Data Source: CHIA Hospital Cost Reports

REVENUE & EXPENSES

	HFY18	HFY19	HFY20	HFY21	HFY22
Operating Revenue	\$649.6M	\$684.5M	\$728.3M	\$756.8M	\$803.6M
Non-Operating Revenue ³	\$10.9M	\$11.6M	\$14.6M	\$80.5M	\$56.5M
COVID Funding Included in Operating Revenue ⁴	-	-	\$27.9M	\$0.0M	\$0.0M
Total Revenue	\$660.5M	\$696.1M	\$742.9M	\$837.3M	\$860.1M
Total Expenses	\$653.0M	\$691.7M	\$746.3M	\$787.3M	\$844.0M
Total Surplus (Deficit)	\$7.5M	\$4.4M	(\$3.4M)	\$50.1M	\$16.0M
Operating Margin	(0.5%)	(1.0%)	(2.4%)	(3.6%)	(4.7%)
Non-Operating Margin	1.7%	1.7%	2.0%	9.6%	6.6%
Total Margin	1.1%	0.6%	(0.5%)	6.0%	1.9%

*Data Source: Standardized Financial Statements

SOLVENCY AND LIQUIDITY

	HFY18	HFY19	HFY20	HFY21	HFY22
Total Net Assets or Equity	\$24.8M	\$249.7M	\$248.5M	\$299.2M	\$289.2M
Current Ratio	2.1	4.4	2.3	4.1	3.3
Debt Service Coverage Ratio	52.0	245.9	205.2	996.6	4.8
Cash Flow to Total Debt	30.6%	27.4%	8.8%	57.3%	23.0%
Equity Financing Ratio	7.2%	43.8%	36.1%	42.7%	38.9%
Average Age of Plant	21.0	22.0	20.0	19.0	18.0

*Data Source: Standardized Financial Statements

UTILIZATION

Licensed Beds in HFY22:	391
Available Beds in HFY22:	272
Staffed Beds in HFY22:	272
HFY22 Percentage Occupancy:	60.3%
Inpatient Discharges in HFY22:	9,089
Change HFY21-HFY22:	(3.9%)
Percent of Total Region Discharges in HFY22:	3.3%
Percent of Statewide Total Discharges in HFY22:	1.2%
Inpatient Days in HFY22:	59,868
Change HFY21-HFY22:	4.5%
Percent of Total Region Inpatient Days in HFY22:	3.4%
Percent of Statewide Total Inpatient Days in HFY22:	1.5%
Average Length of Stay in HFY22:	6.6
Change HFY21-HFY22:	8.7%
Emergency Department Visits in HFY22:	88,094
Change HFY21-HFY22:	27.2%
Percent of Total Region Emergency Department Visits in HFY22:	11.1%
Percent of Statewide Total Emergency Department Visits in HFY22:	3.2%
Outpatient Visits in HFY22:	758,486
Change HFY21-HFY22:	0.4%

*Data Source: CHIA Hospital Cost Reports

TOP DISCHARGES BY INPATIENT CASE (DRG) IN FY22

Inpatient Case (DRG) ⁵	Discharges	Percent of Total Hospital Discharges
Normal Neonate Birth	1,047	11.7%
Vaginal delivery	754	8.4%
Major Depressive Disorders	390	4.3%
Major Resp Infect & Inflam	379	4.2%
Schizophrenia	369	4.1%
Cesarean delivery	360	4.0%
Septicemia & Disseminated Infections	306	3.4%
Heart failure	299	3.3%
Alcohol abuse & dependence	273	3.0%
Bipolar disorders	272	3.0%

*Data Source: CHIA Hospital Discharge Dataset

TOP DISCHARGES BY COMMUNITY IN FY22

Community ⁵	Discharges	Percent of Total Community Discharges
Everett, MA	1,430	31%
Somerville, MA	1,254	24%
Cambridge, MA	1,119	16%
Malden, MA	986	16%
Revere, MA	907	15%
Chelsea, MA	734	18%
Medford, MA	398	7%
Lynn, MA	208	2%
Boston, MA	175	1%
Woburn, MA	123	2%

*Data Source: CHIA Hospital Discharge Dataset

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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³ There was an accounting change adopted by most hospitals beginning in HFY 2020 in which unrealized gains and losses on investments are now recognized as non-operating revenue.

⁴ Federal and State COVID-19 relief funding was distributed to hospitals as part of the Coronavirus Aid, Relief, and Economic Security (CARES) Act beginning in HFY2020. A portion of this funding was reported as operating revenue.

⁵ Inpatient cases and communities with less than 25 discharges have been omitted from the Top Discharges by Inpatient Case (DRG) and Top Discharges by Community charts.



For more information, please contact:

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Lahey Hospital & Medical Center

2022 Hospital Profile

OVERVIEW

City/Town:	Burlington & Peabody, MA
Region:	Northeastern Massachusetts
Hospital Type:	Teaching Hospital
Total Staffed Beds in HFY22:	345, Large Hospital
Hospital System Affiliation:	Beth Israel Lahey Health
Hospital System Surplus (Deficit) in HFY22:	(\$442,037,000)
Change in Ownership HFY18-HFY22:	Beth Israel Lahey Health 3/1/19

Tax Status:	Non-profit
Trauma Center Designation:	Adult: Level 1
Total FTE's in HFY22:	3,841.97
FY22 Case Mix Index:	1.78
Public Payer Mix ¹ :	61.9%
Percent of Total GPSR - Medicare/Medicaid/Commercial:	53% / 8% / 33%
CY21 Commercial Statewide Relative Price:	0.99

FINANCIAL

GROSS AND NET PATIENT SERVICE REVENUES (GPSR & NPSR)

	HFY18	HFY19	HFY20	HFY21	HFY22
Inpatient GPSR	\$681.7M	\$751.7M	\$732.2M	\$790.2M	\$788.8M
Outpatient GPSR	\$1,470.0M	\$1,603.5M	\$1,406.4M	\$1,596.4M	\$1,482.2M
Total GPSR	\$2,151.7M	\$2,355.3M	\$2,138.7M	\$2,386.6M	\$2,271.0M
Inpatient NPSR per CMAD	\$12,061	\$12,559	\$12,576	\$13,032	\$13,062
Inpatient NPSR	\$445.9M	\$476.0M	\$450.1M	\$485.7M	\$481.9M
Outpatient NPSR	\$519.6M	\$563.0M	\$481.7M	\$544.7M	\$505.9M

*Data Source: CHIA Hospital Cost Reports

REVENUE & EXPENSES

	HFY18	HFY19	HFY20	HFY21	HFY22
Operating Revenue	\$1,010.5M	\$652.1M	\$1,039.0M	\$1,120.7M	\$1,064.1M
Non-Operating Revenue ³	\$1.3M	\$0.3M	\$3.5M	\$23.4M	(\$69.1M)
COVID Funding Included in Operating Revenue ⁴	-	-	\$50.6M	\$29.3M	\$10.8M
Total Revenue	\$1,011.8M	\$652.4M	\$1,042.5M	\$1,144.1M	\$995.0M
Total Expenses	\$945.4M	\$577.7M	\$966.3M	\$1,033.4M	\$1,033.1M
Total Surplus (Deficit)	\$66.4M	\$74.7M	\$76.2M	\$110.7M	(\$38.0M)
Operating Margin	6.4%	11.4%	7.0%	7.6%	3.1%
Non-Operating Margin	0.1%	0.0%	0.3%	2.0%	(6.9%)
Total Margin	6.6%	11.4%	7.3%	9.7%	(3.8%)

*Data Source: Standardized Financial Statements

SOLVENCY AND LIQUIDITY

	HFY18	HFY19	HFY20	HFY21	HFY22
Total Net Assets or Equity	(\$6.5M)	\$127.3M	\$89.3M	\$555.7M	\$421.8M
Current Ratio	0.7	2.0	1.2	1.7	1.9
Debt Service Coverage Ratio	10.7	18.6	3.0	8.1	3.8
Cash Flow to Total Debt	56.2%	89.6%	40.2%	24.2%	4.6%
Equity Financing Ratio	(2.9%)	49.5%	20.3%	34.4%	35.2%
Average Age of Plant	0	0	0	16.0	15.0

*Data Source: Standardized Financial Statements

UTILIZATION

Licensed Beds in HFY22:	345
Available Beds in HFY22:	345
Staffed Beds in HFY22:	345
HFY22 Percentage Occupancy:	94.1%
Inpatient Discharges in HFY22:	20,747
Change HFY21-HFY22:	(3.3%)
Percent of Total Region Discharges in HFY22:	15.9%
Percent of Statewide Total Discharges in HFY22:	2.8%
Inpatient Days in HFY22:	118,448
Change HFY21-HFY22:	(0.8%)
Percent of Total Region Inpatient Days in HFY22:	18.1%
Percent of Statewide Total Inpatient Days in HFY22:	2.9%
Average Length of Stay in HFY22:	5.7
Change HFY21-HFY22:	2.5%
Emergency Department Visits in HFY22:	66,193
Change HFY21-HFY22:	6.8%
Percent of Total Region Emergency Department Visits in HFY22:	13.0%
Percent of Statewide Total Emergency Department Visits in HFY22:	2.4%
Outpatient Visits in HFY22:	1,174,395
Change HFY21-HFY22:	45.1%

*Data Source: CHIA Hospital Cost Reports

TOP DISCHARGES BY INPATIENT CASE (DRG) IN FY22

Inpatient Case (DRG) ⁵	Discharges	Percent of Total Hospital Discharges
Septicemia & Disseminated Infections	1,175	5.7%
Heart failure	828	4.0%
Major Resp Infect & Inflamm	747	3.6%
Per Cardio Proc w/o AMI	597	2.9%
Major Small & Large Bowel Procedures	488	2.4%
Cardiac Arrhythmia	480	2.3%
Cva & Precerebral Occlusion W/ Infarct	448	2.2%
Infect & parasitic dis incl HIV w/ O.R. proc	390	1.9%
Per Cardio Proc w/ AMI	383	1.9%
Renal failure	375	1.8%

*Data Source: CHIA Hospital Discharge Dataset

TOP DISCHARGES BY COMMUNITY IN FY22

Community ⁵	Discharges	Percent of Total Community Discharges
Woburn, MA	1,381	27%
Billerica, MA	1,353	45%
Burlington, MA	1,258	51%
Peabody, MA	922	13%
Lexington, MA	855	41%
Wilmington, MA	722	30%
Arlington, MA	536	15%
Tewksbury, MA	527	15%
Bedford, MA	498	44%
Reading, MA	430	19%

*Data Source: CHIA Hospital Discharge Dataset

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

³ There was an accounting change adopted by most hospitals beginning in HFY 2020 in which unrealized gains and losses on investments are now recognized as non-operating revenue.

⁴ Federal and State COVID-19 relief funding was distributed to hospitals as part of the Coronavirus Aid, Relief, and Economic Security (CARES) Act beginning in HFY2020. A portion of this funding was reported as operating revenue.

⁵ Inpatient cases and communities with less than 25 discharges have been omitted from the Top Discharges by Inpatient Case (DRG) and Top Discharges By Community charts.

⁶ As Beth Israel Lahey Health became financially consolidated in March 2019, seven months of financial data was reported for FY 2019 for this hospital.



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Mount Auburn Hospital

2022 Hospital Profile

OVERVIEW

City/Town:	Cambridge, MA
Region:	Metro Boston
Hospital Type:	Teaching Hospital
Total Staffed Beds in HFY22:	236, Mid-Size Hospital
Hospital System Affiliation:	Beth Israel Lahey Health
Hospital System Surplus (Deficit) in HFY22:	(\$442,037,000)
Change in Ownership HFY18-HFY22:	Not Applicable

Tax Status:	Non-profit
Trauma Center Designation:	Not Applicable
Total FTE's in HFY22:	1,453.98
FY22 Case Mix Index:	0.98
Public Payer Mix ¹ :	55.3%
Percent of Total GPSR - Medicare/Medicaid/Commercial:	44% / 11% / 41%
CY21 Commercial Statewide Relative Price:	0.92

FINANCIAL

GROSS AND NET PATIENT SERVICE REVENUES (GPSR & NPSR)

	HFY18	HFY19	HFY20	HFY21	HFY22
Inpatient GPSR	\$213.1M	\$204.7M	\$185.3M	\$203.9M	\$208.0M
Outpatient GPSR	\$411.5M	\$431.0M	\$336.4M	\$384.7M	\$419.4M
Total GPSR	\$624.6M	\$635.7M	\$521.7M	\$588.6M	\$627.4M
Inpatient NPSR per CMAD	\$12,124	\$12,560	\$12,911	\$12,795	\$12,992
Inpatient NPSR	\$156.6M	\$153.7M	\$141.5M	\$154.6M	\$157.7M
Outpatient NPSR	\$163.9M	\$177.7M	\$141.9M	\$163.1M	\$178.0M

*Data Source: CHIA Hospital Cost Reports

REVENUE & EXPENSES

	HFY18	HFY19	HFY20	HFY21	HFY22
Operating Revenue	\$338.7M	\$203.5M	\$327.8M	\$328.0M	\$357.7M
Non-Operating Revenue ³	\$8.7M	\$2.7M	\$2.1M	\$19.1M	(\$14.4M)
COVID Funding Included in Operating Revenue ⁴	-	-	\$20.8M	\$13.4M	\$2.6M
Total Revenue	\$347.5M	\$206.2M	\$329.9M	\$347.1M	\$343.4M
Total Expenses	\$326.5M	\$193.4M	\$319.3M	\$323.9M	\$365.7M
Total Surplus (Deficit)	\$21.0M	\$12.8M	\$10.6M	\$23.1M	(\$22.4M)
Operating Margin	3.5%	4.9%	2.6%	1.2%	(2.3%)
Non-Operating Margin	2.5%	1.3%	0.6%	5.5%	(4.2%)
Total Margin	6.0%	6.2%	3.2%	6.7%	(6.5%)

*Data Source: Standardized Financial Statements

SOLVENCY AND LIQUIDITY

	HFY18	HFY19	HFY20	HFY21	HFY22
Total Net Assets or Equity	\$251.8M	\$254.4M	\$244.0M	\$255.6M	\$194.3M
Current Ratio	3.3	3.4	2.0	1.9	1.4
Debt Service Coverage Ratio	4.0	2.7	3.2	4.5	0.6
Cash Flow to Total Debt	25.5%	16.0%	17.6%	24.2%	2.4%
Equity Financing Ratio	56.7%	57.6%	51.4%	46.8%	49.3%
Average Age of Plant	0	0	0	16.0	16.0

*Data Source: Standardized Financial Statements

UTILIZATION

Licensed Beds in HFY22:	252
Available Beds in HFY22:	236
Staffed Beds in HFY22:	236
HFY22 Percentage Occupancy:	69.7%
Inpatient Discharges in HFY22:	12,378
Change HFY21-HFY22:	(2.8%)
Percent of Total Region Discharges in HFY22:	4.6%
Percent of Statewide Total Discharges in HFY22:	1.7%
Inpatient Days in HFY22:	60,063
Change HFY21-HFY22:	2.0%
Percent of Total Region Inpatient Days in HFY22:	3.4%
Percent of Statewide Total Inpatient Days in HFY22:	1.5%
Average Length of Stay in HFY22:	4.9
Change HFY21-HFY22:	5.0%
Emergency Department Visits in HFY22:	32,812
Change HFY21-HFY22:	13.0%
Percent of Total Region Emergency Department Visits in HFY22:	4.1%
Percent of Statewide Total Emergency Department Visits in HFY22:	1.2%
Outpatient Visits in HFY22:	302,245
Change HFY21-HFY22:	3.0%

*Data Source: CHIA Hospital Cost Reports

TOP DISCHARGES BY INPATIENT CASE (DRG) IN FY22

Inpatient Case (DRG) ⁵	Discharges	Percent of Total Hospital Discharges
Normal Neonate Birth	2,110	17.1%
Vaginal delivery	1,634	13.3%
Cesarean delivery	549	4.5%
Major Resp Infect & Inflam	478	3.9%
Heart failure	386	3.1%
Septicemia & Disseminated Infections	333	2.7%
Other pneumonia	192	1.6%
Hip joint replacement	185	1.5%
Kidney & Urinary Tract Infections	178	1.4%
Renal failure	164	1.3%

*Data Source: CHIA Hospital Discharge Dataset

TOP DISCHARGES BY COMMUNITY IN FY22

Community ⁵	Discharges	Percent of Total Community Discharges
Cambridge, MA	2,303	32%
Watertown, MA	1,508	44%
Arlington, MA	1,231	34%
Somerville, MA	1,003	19%
Waltham, MA	958	18%
Belmont, MA	816	44%
Medford, MA	449	8%
Lexington, MA	223	11%
Boston, MA	222	1%
Brighton, MA	162	5%

*Data Source: CHIA Hospital Discharge Dataset

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

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⁴ Federal and State COVID-19 relief funding was distributed to hospitals as part of the Coronavirus Aid, Relief, and Economic Security (CARES) Act beginning in HFY2020. A portion of this funding was reported as operating revenue.

⁵ Inpatient cases and communities with less than 25 discharges have been omitted from the Top Discharges by Inpatient Case (DRG) and Top Discharges By Community charts.

⁶ As Beth Israel Lahey Health became financially consolidated in March 2019, seven months of financial data was reported for FY 2019 for this hospital.

⁷ Mount Auburn Hospital changed their methodology for counting outpatient visits to include all clinic visits for the entity starting in HFY 2020.



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Saint Vincent Hospital

2022 Hospital Profile

OVERVIEW

City/Town:	Worcester, MA
Region:	Central Massachusetts
Hospital Type:	Teaching Hospital
Total Staffed Beds in HFY22:	333, Large Hospital
Hospital System Affiliation:	Tenet Healthcare
Hospital System Surplus (Deficit) in HFY22:	\$411,000,000
Change in Ownership HFY18-HFY22:	Not Applicable

Tax Status:	For profit
Trauma Center Designation:	Not Applicable
Total FTE's in HFY22:	1,295.30
FY22 Case Mix Index:	1.15
Public Payer Mix ¹ :	68.9%: HPP Hospital
Percent of Total GPSR - Medicare/Medicaid/Commercial:	52% / 17% / 26%
CY21 Commercial Statewide Relative Price:	0.95

FINANCIAL

GROSS AND NET PATIENT SERVICE REVENUES (GPSR & NPSR)

	HFY18	HFY19	HFY20	HFY21	HFY22
Inpatient GPSR	\$539.5M	\$746.4M	\$876.9M	\$812.7M	\$812.5M
Outpatient GPSR	\$858.6M	\$1,251.5M	\$1,399.2M	\$1,224.4M	\$1,273.6M
Total GPSR	\$1,398.0M	\$1,997.9M	\$2,276.0M	\$2,037.1M	\$2,086.1M
Inpatient NPSR per CMAD	\$11,081	\$10,850	\$9,798	\$9,226	\$10,708
Inpatient NPSR	\$218.4M	\$214.8M	\$215.8M	\$179.5M	\$195.5M
Outpatient NPSR	\$229.7M	\$271.2M	\$286.1M	\$263.6M	\$212.8M

*Data Source: CHIA Hospital Cost Reports

REVENUE & EXPENSES

	HFY18	HFY19	HFY20	HFY21	HFY22
Operating Revenue	\$496.1M	\$517.4M	\$484.1M	\$412.9M	\$430.4M
Non-Operating Revenue ³	(\$0.4M)	\$0.0M	\$0.1M	(\$5.4M)	\$0.0M
COVID Funding Included in Operating Revenue ⁴	-	-	\$40.4M	(\$14.3M)	\$22.2M
Total Revenue	\$495.8M	\$517.4M	\$484.2M	\$407.5M	\$430.4M
Total Expenses	\$423.6M	\$443.7M	\$414.4M	\$513.1M	\$414.4M
Total Surplus (Deficit)	\$72.2M	\$73.7M	\$69.8M	(\$105.6M)	\$16.0M
Operating Margin	14.6%	14.2%	14.4%	(24.6%)	3.7%
Non-Operating Margin	(0.1%)	0.0%	0.0%	(1.3%)	0.0%
Total Margin	14.6%	14.2%	14.4%	(25.9%)	3.7%

*Data Source: Standardized Financial Statements

SOLVENCY AND LIQUIDITY

	HFY18	HFY19	HFY20	HFY21	HFY22
Total Net Assets or Equity	\$487.6M	\$561.2M	\$238.2M	\$247.4M	\$253.5M
Current Ratio	2.0	2.3	0.8	1.0	2.9
Debt Service Coverage Ratio	24.8	16.6	19.6	(33.2)	14.0
Cash Flow to Total Debt	200.3%	183.7%	81.7%	(101.6%)	92.4%
Equity Financing Ratio	128.8%	139.3%	63.4%	66.9%	68.2%
Average Age of Plant	5.0	6.0	7.0	8.0	9.0

*Data Source: Standardized Financial Statements

UTILIZATION

Licensed Beds in HFY22:	333
Available Beds in HFY22:	333
Staffed Beds in HFY22:	333
HFY22 Percentage Occupancy:	54.9%
Inpatient Discharges in HFY22:	15,944
Change HFY21-HFY22:	(6.0%)
Percent of Total Region Discharges in HFY22:	22.0%
Percent of Statewide Total Discharges in HFY22:	2.2%
Inpatient Days in HFY22:	66,710
Change HFY21-HFY22:	(6.7%)
Percent of Total Region Inpatient Days in HFY22:	15.9%
Percent of Statewide Total Inpatient Days in HFY22:	1.6%
Average Length of Stay in HFY22:	4.2
Change HFY21-HFY22:	(0.9%)
Emergency Department Visits in HFY22:	46,012
Change HFY21-HFY22:	3.3%
Percent of Total Region Emergency Department Visits in HFY22:	15.4%
Percent of Statewide Total Emergency Department Visits in HFY22:	1.7%
Outpatient Visits in HFY22:	307,835
Change HFY21-HFY22:	50.2%

*Data Source: CHIA Hospital Cost Reports

TOP DISCHARGES BY INPATIENT CASE (DRG) IN FY22

Inpatient Case (DRG) ⁵	Discharges	Percent of Total Hospital Discharges
Normal Neonate Birth	1,519	10.3%
Vaginal delivery	1,032	7.0%
Septicemia & Disseminated Infections	890	6.0%
Major Resp Infect & Inflam	622	4.2%
Cesarean delivery	563	3.8%
Heart failure	530	3.6%
Cardiac Arrhythmia	274	1.9%
Other pneumonia	266	1.8%
Kidney & Urinary Tract Infections	231	1.6%
Pul edema & resp failure	230	1.6%

*Data Source: CHIA Hospital Discharge Dataset

TOP DISCHARGES BY COMMUNITY IN FY22

Community ⁵	Discharges	Percent of Total Community Discharges
Worcester, MA	5,402	26%
Auburn, MA	670	36%
Shrewsbury, MA	469	16%
Millbury, MA	416	30%
Spencer, MA	381	28%
Webster, MA	373	16%
Oxford, MA	340	29%
Holden, MA	334	25%
Leominster, MA	300	7%
Leicester, MA	260	39%

*Data Source: CHIA Hospital Discharge Dataset

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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³ There was an accounting change adopted by most hospitals beginning in HFY 2020 in which unrealized gains and losses on investments are now recognized as non-operating revenue.

⁴ Federal and State COVID-19 relief funding was distributed to hospitals as part of the Coronavirus Aid, Relief, and Economic Security (CARES) Act beginning in HFY2020. A portion of this funding was reported as operating revenue.

⁵ Inpatient cases and communities with less than 25 discharges have been omitted from the Top Discharges by Inpatient Case (DRG) and Top Discharges by Community charts.

Steward Carney Hospital

2022 Hospital Profile

OVERVIEW

City/Town:	Dorchester, MA
Region:	Metro Boston
Hospital Type:	Teaching Hospital
Total Staffed Beds in HFY22:	91, Small Hospital
Hospital System Affiliation:	Steward Health Care
Hospital System Surplus (Deficit) in HFY22:	Steward Health Care Failed to Submit
Change in Ownership HFY18-HFY22:	Not Applicable

Tax Status:	For profit
Trauma Center Designation:	Not Applicable
Total FTE's in HFY22:	587.67
FY22 Case Mix Index:	1.09
Public Payer Mix ¹ :	75.3%: HPP Hospital
Percent of Total GPSR - Medicare/Medicaid/Commercial:	37% / 37% / 20%
CY21 Commercial Statewide Relative Price:	0.94

FINANCIAL

GROSS AND NET PATIENT SERVICE REVENUES (GPSR & NPSR)

	HFY18	HFY19	HFY20	HFY21	HFY22
Inpatient GPSR	\$65.7M	\$64.1M	\$71.4M	\$63.6M	\$58.0M
Outpatient GPSR	\$136.8M	\$136.0M	\$104.0M	\$104.1M	\$111.4M
Total GPSR	\$202.5M	\$200.1M	\$175.4M	\$167.7M	\$169.4M
Inpatient NPSR per CMAD	\$10,954	\$11,375	\$12,621	\$11,320	\$12,342
Inpatient NPSR	\$51.3M	\$51.4M	\$61.5M	\$48.5M	\$42.1M
Outpatient NPSR	\$52.9M	\$55.1M	\$38.6M	\$40.6M	\$47.6M

*Data Source: CHIA Hospital Cost Reports

REVENUE & EXPENSES

	HFY18	HFY19	HFY20	HFY21	HFY22
Operating Revenue	\$116.3M	\$118.3M	\$165.5M	\$113.2M	\$98.1M
Non-Operating Revenue ³	\$2.3M	\$0.0M	\$0.0M	\$14.2M	\$0.0M
COVID Funding Included in Operating Revenue ⁴	-	-	\$41.6M	\$0.0M	\$2.4M
Total Revenue	\$118.6M	\$118.3M	\$165.5M	\$127.4M	\$98.1M
Total Expenses	\$141.9M	\$135.1M	\$161.4M	\$139.7M	\$120.7M
Total Surplus (Deficit)	(\$23.3M)	(\$16.8M)	\$4.1M	(\$12.3M)	(\$22.6M)
Operating Margin	(21.6%)	(14.2%)	2.5%	(20.8%)	(23.0%)
Non-Operating Margin	2.0%	0.0%	0.0%	11.2%	0.0%
Total Margin	(19.7%)	(14.2%)	2.5%	(9.6%)	(23.0%)

*Data Source: Standardized Financial Statements

SOLVENCY AND LIQUIDITY

	HFY18	HFY19	HFY20	HFY21	HFY22
Total Net Assets or Equity	\$11.3M	\$22.9M	\$26.6M	\$37.3M	(\$0.5M)
Current Ratio	1.3	1.4	0.8	1.1	1.2
Debt Service Coverage Ratio	(0.4)	(12.4)	6.6	(12.9)	0.3
Cash Flow to Total Debt	(90.1%)	(114.3%)	29.9%	(83.2%)	(4.9%)
Equity Financing Ratio	29.6%	56.5%	52.0%	62.2%	(0.2%)
Average Age of Plant	3.0	8.0	7.0	(19.0)	2.0

*Data Source: Standardized Financial Statements

UTILIZATION

Licensed Beds in HFY22:	159
Available Beds in HFY22:	122
Staffed Beds in HFY22:	91
HFY22 Percentage Occupancy:	72.9%
Inpatient Discharges in HFY22:	3,119
Change HFY21-HFY22:	(17.9%)
Percent of Total Region Discharges in HFY22:	1.1%
Percent of Statewide Total Discharges in HFY22:	<1%
Inpatient Days in HFY22:	24,206
Change HFY21-HFY22:	(4.9%)
Percent of Total Region Inpatient Days in HFY22:	1.4%
Percent of Statewide Total Inpatient Days in HFY22:	<1%
Average Length of Stay in HFY22:	7.8
Change HFY21-HFY22:	15.8%
Emergency Department Visits in HFY22:	30,919
Change HFY21-HFY22:	(2.7%)
Percent of Total Region Emergency Department Visits in HFY22:	3.9%
Percent of Statewide Total Emergency Department Visits in HFY22:	1.1%
Outpatient Visits in HFY22:	63,172
Change HFY21-HFY22:	(3.2%)

*Data Source: CHIA Hospital Cost Reports

TOP DISCHARGES BY INPATIENT CASE (DRG) IN FY22

Inpatient Case (DRG) ⁵	Discharges	Percent of Total Hospital Discharges
Bipolar disorders	272	8.3%
Schizophrenia	238	7.3%
Major Depressive Disorders	171	5.2%
Septicemia & Disseminated Infections	144	4.4%
Heart failure	140	4.3%
Major Resp Infect & Inflam	116	3.6%
Depression Exc Mdd	92	2.8%
Diabetes	80	2.5%
Organic Mental Health Disturbances	79	2.4%
Alcohol abuse & dependence	73	2.2%

*Data Source: CHIA Hospital Discharge Dataset

TOP DISCHARGES BY COMMUNITY IN FY22

Community ⁵	Discharges	Percent of Total Community Discharges
Dorchester Center, MA	722	12%
Quincy, MA	546	6%
Dorchester, MA	463	5%
Mattapan, MA	262	9%
Brockton, MA	121	1%
Taunton, MA	100	1%
Hyde Park, MA	97	2%
Boston, MA	94	1%
Fall River, MA	64	1%
Milton, MA	49	2%

*Data Source: CHIA Hospital Discharge Dataset

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⁵ Inpatient cases and communities with less than 25 discharges have been omitted from the Top Discharges by Inpatient Case (DRG) and Top Discharges By Community charts.

⁶ Steward Health Care did not provide their audited financial statements, therefore their financial data is as reported or filed.



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Steward St. Elizabeth's Medical Center

2022 Hospital Profile

OVERVIEW

City/Town:	Brighton, MA
Region:	Metro Boston
Hospital Type:	Teaching Hospital
Total Staffed Beds in HFY22:	234, Mid-Size Hospital
Hospital System Affiliation:	Steward Health Care
Hospital System Surplus (Deficit) in HFY22:	Steward Health Care Failed to Submit
Change in Ownership HFY18-HFY22:	Not Applicable

Tax Status:	For profit
Trauma Center Designation:	Adult: Level 2
Total FTE's in HFY22:	1,706.77
FY22 Case Mix Index:	1.47
Public Payer Mix ¹ :	67.7%: HPP Hospital
Percent of Total GPSR - Medicare/Medicaid/Commercial:	49% / 18% / 28%
CY21 Commercial Statewide Relative Price:	1.08

FINANCIAL

GROSS AND NET PATIENT SERVICE REVENUES (GPSR & NPSR)

	HFY18	HFY19	HFY20	HFY21	HFY22
Inpatient GPSR	\$368.5M	\$394.5M	\$415.0M	\$484.5M	\$497.7M
Outpatient GPSR	\$269.0M	\$296.6M	\$265.0M	\$319.1M	\$303.3M
Total GPSR	\$637.5M	\$691.1M	\$680.1M	\$803.6M	\$800.9M
Inpatient NPSR per CMAD	\$14,080	\$14,423	\$14,791	\$15,836	\$16,116
Inpatient NPSR	\$251.1M	\$265.6M	\$266.1M	\$296.2M	\$300.4M
Outpatient NPSR	\$117.2M	\$124.7M	\$105.3M	\$126.1M	\$120.3M

*Data Source: CHIA Hospital Cost Reports

REVENUE & EXPENSES

	HFY18	HFY19	HFY20	HFY21	HFY22
Operating Revenue	\$381.0M	\$399.5M	\$413.4M	\$433.6M	\$445.7M
Non-Operating Revenue ³	\$1.0M	\$0.0M	\$0.0M	\$4.7M	\$0.0M
COVID Funding Included in Operating Revenue ⁴	-	-	\$22.3M	\$0.0M	\$5.9M
Total Revenue	\$382.0M	\$399.5M	\$413.4M	\$438.3M	\$445.7M
Total Expenses	\$362.8M	\$349.1M	\$411.1M	\$427.4M	\$448.3M
Total Surplus (Deficit)	\$19.2M	\$50.3M	\$2.3M	\$10.9M	(\$2.6M)
Operating Margin	4.8%	12.6%	0.6%	1.4%	(0.6%)
Non-Operating Margin	0.3%	0.0%	0.0%	1.1%	0.0%
Total Margin	5.0%	12.6%	0.6%	2.5%	(0.6%)

*Data Source: Standardized Financial Statements

SOLVENCY AND LIQUIDITY

	HFY18	HFY19	HFY20	HFY21	HFY22
Total Net Assets or Equity	\$44.7M	\$28.8M	\$87.4M	\$131.1M	\$67.6M
Current Ratio	1.1	1.2	0.8	1.1	2.0
Debt Service Coverage Ratio	5.8	331.9	19.6	9.3	1.5
Cash Flow to Total Debt	60.0%	129.3%	11.9%	32.3%	3.5%
Equity Financing Ratio	46.7%	38.3%	58.9%	69.3%	18.5%
Average Age of Plant	5.0	11.0	11.0	10.0	5.0

*Data Source: Standardized Financial Statements

UTILIZATION

Licensed Beds in HFY22:	326
Available Beds in HFY22:	325
Staffed Beds in HFY22:	234
HFY22 Percentage Occupancy:	91.7%
Inpatient Discharges in HFY22:	12,697
Change HFY21-HFY22:	(6.9%)
Percent of Total Region Discharges in HFY22:	4.7%
Percent of Statewide Total Discharges in HFY22:	1.7%
Inpatient Days in HFY22:	78,307
Change HFY21-HFY22:	(2.3%)
Percent of Total Region Inpatient Days in HFY22:	4.5%
Percent of Statewide Total Inpatient Days in HFY22:	1.9%
Average Length of Stay in HFY22:	6.2
Change HFY21-HFY22:	4.9%
Emergency Department Visits in HFY22:	25,549
Change HFY21-HFY22:	(2.0%)
Percent of Total Region Emergency Department Visits in HFY22:	3.2%
Percent of Statewide Total Emergency Department Visits in HFY22:	<1%
Outpatient Visits in HFY22:	115,662
Change HFY21-HFY22:	(9.3%)

*Data Source: CHIA Hospital Cost Reports

TOP DISCHARGES BY INPATIENT CASE (DRG) IN FY22

Inpatient Case (DRG) ⁵	Discharges	Percent of Total Hospital Discharges
Normal Neonate Birth	935	7.3%
Vaginal delivery	673	5.3%
Alcohol & drug dep w/ rehab	490	3.8%
Cesarean delivery	408	3.2%
Major Depressive Disorders	408	3.2%
Bipolar disorders	379	3.0%
Schizophrenia	306	2.4%
Per Cardio Proc w/o AMI	275	2.2%
Coronary Bypass w/o Card Cath	251	2.0%
Knee joint replacement	251	2.0%

*Data Source: CHIA Hospital Discharge Dataset

TOP DISCHARGES BY COMMUNITY IN FY22

Community ⁵	Discharges	Percent of Total Community Discharges
Brighton, MA	1,296	42%
Brockton, MA	574	4%
Taunton, MA	534	8%
Fall River, MA	378	3%
Waltham, MA	361	7%
Allston, MA	322	33%
Haverhill, MA	322	4%
Watertown, MA	288	8%
Lawrence, MA	283	3%
Methuen, MA	252	4%

*Data Source: CHIA Hospital Discharge Dataset

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

³ There was an accounting change adopted by most hospitals beginning in HFY 2020 in which unrealized gains and losses on investments are now recognized as non-operating revenue.

⁴ Federal and State COVID-19 relief funding was distributed to hospitals as part of the Coronavirus Aid, Relief, and Economic Security (CARES) Act beginning in HFY2020. A portion of this funding was reported as operating revenue.

⁵ Inpatient cases and communities with less than 25 discharges have been omitted from the Top Discharges by Inpatient Case (DRG) and Top Discharges By Community charts.

⁶ Steward Health Care did not provide their audited financial statements, therefore their financial data is as reported or filed.

Anna Jaques Hospital

2022 Hospital Profile

OVERVIEW

City/Town:	Newburyport, MA
Region:	Northeastern Massachusetts
Hospital Type:	Community Hospital
Total Staffed Beds in HFY22:	136, Mid-Size Hospital
Hospital System Affiliation:	Beth Israel Lahey Health
Hospital System Surplus (Deficit) in HFY22:	(\$442,037,000)
Change in Ownership HFY18-HFY22:	Beth Israel Lahey Health 3/1/19

Tax Status:	Non-profit
Trauma Center Designation:	Adult: Level 3
Total FTE's in HFY22:	708.33
FY22 Case Mix Index:	0.96
Public Payer Mix ¹ :	62.0%
Percent of Total GPSR - Medicare/Medicaid/Commercial:	52% / 11% / 33%
CY21 Commercial Statewide Relative Price:	0.76

FINANCIAL

GROSS AND NET PATIENT SERVICE REVENUES (GPSR & NPSR)

	HFY18	HFY19	HFY20	HFY21	HFY22
Inpatient GPSR	\$73.9M	\$79.1M	\$70.3M	\$73.9M	\$75.0M
Outpatient GPSR	\$196.3M	\$215.0M	\$182.8M	\$219.8M	\$211.1M
Total GPSR	\$270.2M	\$294.1M	\$253.1M	\$293.7M	\$286.1M
Inpatient NPSR per CMAD	\$8,316	\$8,283	\$8,789	\$8,939	\$8,682
Inpatient NPSR	\$48.0M	\$48.1M	\$45.5M	\$48.7M	\$49.2M
Outpatient NPSR	\$80.9M	\$85.0M	\$69.6M	\$82.8M	\$80.3M

*Data Source: CHIA Hospital Cost Reports

REVENUE & EXPENSES

	HFY18	HFY19	HFY20	HFY21	HFY22
Operating Revenue	\$133.8M	\$78.7M	\$126.3M	\$141.2M	\$138.7M
Non-Operating Revenue ³	\$0.4M	\$7.3M	\$0.8M	\$3.8M	(\$2.4M)
COVID Funding Included in Operating Revenue ⁴	-	-	\$6.6M	\$4.9M	\$1.2M
Total Revenue	\$134.1M	\$86.0M	\$127.2M	\$145.0M	\$136.3M
Total Expenses	\$132.4M	\$79.5M	\$133.6M	\$143.0M	\$150.2M
Total Surplus (Deficit)	\$1.8M	\$6.5M	(\$6.4M)	\$1.9M	(\$13.9M)
Operating Margin	1.0%	(0.9%)	(5.7%)	(1.3%)	(8.4%)
Non-Operating Margin	0.3%	8.5%	0.6%	2.6%	(1.8%)
Total Margin	1.3%	7.5%	(5.0%)	1.3%	(10.2%)

*Data Source: Standardized Financial Statements

SOLVENCY AND LIQUIDITY

	HFY18	HFY19	HFY20	HFY21	HFY22
Total Net Assets or Equity	\$33.5M	\$21.0M	\$8.7M	\$26.6M	\$39.5M
Current Ratio	2.1	3.5	1.6	1.6	1.3
Debt Service Coverage Ratio	3.7	5.7	(0.1)	4.4	(4.6)
Cash Flow to Total Debt	17.9%	28.2%	(1.2%)	12.1%	(16.3%)
Equity Financing Ratio	38.1%	22.7%	8.3%	23.1%	34.3%
Average Age of Plant	20.0	0	0	3.0	4.0

*Data Source: Standardized Financial Statements

UTILIZATION

Licensed Beds in HFY22:	136
Available Beds in HFY22:	136
Staffed Beds in HFY22:	136
HFY22 Percentage Occupancy:	61.2%
Inpatient Discharges in HFY22:	5,899
Change HFY21-HFY22:	(2.2%)
Percent of Total Region Discharges in HFY22:	4.5%
Percent of Statewide Total Discharges in HFY22:	<1%
Inpatient Days in HFY22:	30,360
Change HFY21-HFY22:	3.3%
Percent of Total Region Inpatient Days in HFY22:	4.7%
Percent of Statewide Total Inpatient Days in HFY22:	<1%
Average Length of Stay in HFY22:	5.2
Change HFY21-HFY22:	5.7%
Emergency Department Visits in HFY22:	24,274
Change HFY21-HFY22:	7.8%
Percent of Total Region Emergency Department Visits in HFY22:	4.8%
Percent of Statewide Total Emergency Department Visits in HFY22:	<1%
Outpatient Visits in HFY22:	61,531
Change HFY21-HFY22:	1.1%

*Data Source: CHIA Hospital Cost Reports

TOP DISCHARGES BY INPATIENT CASE (DRG) IN FY22

Inpatient Case (DRG) ⁵	Discharges	Percent of Total Hospital Discharges
Normal Neonate Birth	568	9.6%
Septicemia & Disseminated Infections	389	6.6%
Vaginal delivery	334	5.7%
Bipolar disorders	256	4.3%
Major Depressive Disorders	249	4.2%
Cesarean delivery	232	3.9%
Major Resp Infect & Inflam	231	3.9%
Heart failure	215	3.7%
Depression Exc Mdd	194	3.3%
Knee joint replacement	186	3.2%

*Data Source: CHIA Hospital Discharge Dataset

TOP DISCHARGES BY COMMUNITY IN FY22

Community ⁵	Discharges	Percent of Total Community Discharges
Newburyport, MA	967	60%
Amesbury, MA	920	57%
Haverhill, MA	655	8%
Salisbury, MA	582	58%
Merrimac, MA	294	46%
Groveland, MA	181	27%
Seabrook, NH	169	47%
Georgetown, MA	162	24%
Rowley, MA	146	25%
West Newbury, MA	144	48%

*Data Source: CHIA Hospital Discharge Dataset

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

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³ There was an accounting change adopted by most hospitals beginning in HFY 2020 in which unrealized gains and losses on investments are now recognized as non-operating revenue.

⁴ Federal and State COVID-19 relief funding was distributed to hospitals as part of the Coronavirus Aid, Relief, and Economic Security (CARES) Act beginning in HFY2020. A portion of this funding was reported as operating revenue.

⁵ Inpatient cases and communities with less than 25 discharges have been omitted from the Top Discharges by Inpatient Case (DRG) and Top Discharges By Community charts.

⁶ As Beth Israel Lahey Health became financially consolidated in March 2019, seven months of financial data was reported for FY 2019 for this hospital.

Beth Israel Deaconess Hospital - Milton

2022 Hospital Profile

OVERVIEW

City/Town:	Milton, MA
Region:	Metro Boston
Hospital Type:	Community Hospital
Total Staffed Beds in HFY22:	102, Mid-Size Hospital
Hospital System Affiliation:	Beth Israel Lahey Health
Hospital System Surplus (Deficit) in HFY22:	(\$442,037,000)
Change in Ownership HFY18-HFY22:	Beth Israel Lahey Health 3/1/19

Tax Status:	Non-profit
Trauma Center Designation:	Not Applicable
Total FTE's in HFY22:	630.02
FY22 Case Mix Index:	1.16
Public Payer Mix ¹ :	60.2%
Percent of Total GPSR - Medicare/Medicaid/Commercial:	52% / 10% / 32%
CY21 Commercial Statewide Relative Price:	0.83

FINANCIAL

GROSS AND NET PATIENT SERVICE REVENUES (GPSR & NPSR)

	HFY18	HFY19	HFY20	HFY21	HFY22
Inpatient GPSR	\$109.7M	\$109.2M	\$101.8M	\$114.0M	\$111.1M
Outpatient GPSR	\$169.0M	\$163.5M	\$145.6M	\$189.3M	\$199.8M
Total GPSR	\$278.8M	\$272.7M	\$247.4M	\$303.2M	\$310.9M
Inpatient NPSR per CMAD	\$10,091	\$10,682	\$10,441	\$10,948	\$10,862
Inpatient NPSR	\$60.8M	\$67.8M	\$66.0M	\$71.2M	\$67.1M
Outpatient NPSR	\$53.3M	\$54.8M	\$49.0M	\$64.0M	\$67.2M

*Data Source: CHIA Hospital Cost Reports

REVENUE & EXPENSES

	HFY18	HFY19	HFY20	HFY21	HFY22
Operating Revenue	\$122.1M	\$74.5M	\$131.4M	\$145.3M	\$140.0M
Non-Operating Revenue ³	\$1.2M	\$0.7M	(\$0.9M)	\$6.7M	(\$3.8M)
COVID Funding Included in Operating Revenue ⁴	-	-	\$17.0M	\$0.0M	\$0.7M
Total Revenue	\$123.3M	\$75.2M	\$130.5M	\$151.9M	\$136.2M
Total Expenses	\$117.4M	\$70.6M	\$122.6M	\$136.8M	\$150.2M
Total Surplus (Deficit)	\$5.8M	\$4.6M	\$7.9M	\$15.2M	(\$14.0M)
Operating Margin	3.8%	5.2%	6.7%	5.6%	(7.5%)
Non-Operating Margin	1.0%	1.0%	(0.7%)	4.4%	(2.8%)
Total Margin	4.7%	6.1%	6.0%	10.0%	(10.3%)

*Data Source: Standardized Financial Statements

SOLVENCY AND LIQUIDITY

	HFY18	HFY19	HFY20	HFY21	HFY22
Total Net Assets or Equity	\$91.3M	\$92.3M	\$99.7M	\$123.3M	\$108.7M)
Current Ratio	2.3	2.4	1.6	1.8	1.6
Debt Service Coverage Ratio	3.7	3.3	4.9	7.1	(1.1)
Cash Flow to Total Debt	22.2%	19.2%	20.8%	34.0%	(9.1%)
Equity Financing Ratio	56.4%	57.9%	52.0%	60.5%	63.2%
Average Age of Plant	0	0	0	7.0	8.0

*Data Source: Standardized Financial Statements

UTILIZATION

Licensed Beds in HFY22:	102
Available Beds in HFY22:	102
Staffed Beds in HFY22:	102
HFY22 Percentage Occupancy:	63.8%
Inpatient Discharges in HFY22:	5,335
Change HFY21-HFY22:	(8.6%)
Percent of Total Region Discharges in HFY22:	2.0%
Percent of Statewide Total Discharges in HFY22:	<1%
Inpatient Days in HFY22:	23,748
Change HFY21-HFY22:	(0.9%)
Percent of Total Region Inpatient Days in HFY22:	1.4%
Percent of Statewide Total Inpatient Days in HFY22:	<1%
Average Length of Stay in HFY22:	4.5
Change HFY21-HFY22:	8.3%
Emergency Department Visits in HFY22:	31,937
Change HFY21-HFY22:	7.0%
Percent of Total Region Emergency Department Visits in HFY22:	4.0%
Percent of Statewide Total Emergency Department Visits in HFY22:	1.2%
Outpatient Visits in HFY22:	53,356
Change HFY21-HFY22:	19.7%

*Data Source: CHIA Hospital Cost Reports

TOP DISCHARGES BY INPATIENT CASE (DRG) IN FY22

Inpatient Case (DRG) ⁵	Discharges	Percent of Total Hospital Discharges
Knee joint replacement	536	10.1%
Septicemia & Disseminated Infections	394	7.4%
Major Resp Infect & Inflamm	380	7.1%
Heart failure	365	6.8%
Hip joint replacement	360	6.8%
Kidney & Urinary Tract Infections	164	3.1%
Other pneumonia	131	2.5%
Renal failure	125	2.3%
Procedures for obesity	113	2.1%
Cardiac Arrhythmia	101	1.9%

*Data Source: CHIA Hospital Discharge Dataset

TOP DISCHARGES BY COMMUNITY IN FY22

Community ⁵	Discharges	Percent of Total Community Discharges
Quincy, MA	1,080	11%
Milton, MA	680	30%
Randolph, MA	624	17%
Canton, MA	412	16%
Braintree, MA	302	7%
Dorchester Center, MA	210	3%
Hyde Park, MA	202	5%
Dorchester, MA	128	1%
Brockton, MA	96	1%
Mattapan, MA	82	3%

*Data Source: CHIA Hospital Discharge Dataset

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

³ There was an accounting change adopted by most hospitals beginning in HFY 2020 in which unrealized gains and losses on investments are now recognized as non-operating revenue.

⁴ Federal and State COVID-19 relief funding was distributed to hospitals as part of the Coronavirus Aid, Relief, and Economic Security (CARES) Act beginning in HFY2020. A portion of this funding was reported as operating revenue.

⁵ Inpatient cases and communities with less than 25 discharges have been omitted from the Top Discharges by Inpatient Case (DRG) and Top Discharges By Community charts.

⁶ As Beth Israel Lahey Health became financially consolidated in March 2019, seven months of financial data was reported for FY 2019 for this hospital.

Beth Israel Deaconess Hospital - Needham

2022 Hospital Profile

OVERVIEW

City/Town:	Needham, MA
Region:	Metro Boston
Hospital Type:	Community Hospital
Total Staffed Beds in HFY22:	58, Small Hospital
Hospital System Affiliation:	Beth Israel Lahey Health
Hospital System Surplus (Deficit) in HFY22:	(\$442,037,000)
Change in Ownership HFY18-HFY22:	Beth Israel Lahey Health 3/1/19

Tax Status:	Non-profit
Trauma Center Designation:	Not Applicable
Total FTE's in HFY22:	854.96
FY22 Case Mix Index:	1.09
Public Payer Mix ¹ :	56.1%
Percent of Total GPSR - Medicare/Medicaid/Commercial:	49% / 7% / 36%
CY21 Commercial Statewide Relative Price:	0.94

FINANCIAL

GROSS AND NET PATIENT SERVICE REVENUES (GPSR & NPSR)

	HFY18	HFY19	HFY20	HFY21	HFY22
Inpatient GPSR	\$35.8M	\$38.9M	\$46.0M	\$62.1M	\$73.2M
Outpatient GPSR	\$166.4M	\$177.7M	\$156.1M	\$208.4M	\$224.0M
Total GPSR	\$202.2M	\$216.6M	\$202.0M	\$270.5M	\$297.2M
Inpatient NPSR per CMAD	\$9,036	\$11,208	\$9,599	\$9,802	\$9,850
Inpatient NPSR	\$26.2M	\$31.5M	\$29.1M	\$37.9M	\$43.0M
Outpatient NPSR	\$67.7M	\$68.5M	\$62.3M	\$80.3M	\$88.6M

*Data Source: CHIA Hospital Cost Reports

REVENUE & EXPENSES

	HFY18	HFY19	HFY20	HFY21	HFY22
Operating Revenue	\$97.1M	\$60.8M	\$105.8M	\$121.4M	\$136.5M
Non-Operating Revenue ³	\$0.3M	\$0.0M	\$0.1M	\$1.4M	(\$0.5M)
COVID Funding Included in Operating Revenue ⁴	-	-	\$10.1M	\$0.0M	\$0.6M
Total Revenue	\$97.3M	\$60.8M	\$106.0M	\$122.9M	\$136.0M
Total Expenses	\$91.9M	\$59.8M	\$106.3M	\$120.7M	\$133.9M
Total Surplus (Deficit)	\$5.4M	\$1.0M	(\$0.4M)	\$2.1M	\$2.1M
Operating Margin	5.3%	1.6%	(0.5%)	0.6%	1.9%
Non-Operating Margin	0.3%	0.1%	0.1%	1.2%	(0.4%)
Total Margin	5.6%	1.7%	(0.4%)	1.7%	1.5%

*Data Source: Standardized Financial Statements

SOLVENCY AND LIQUIDITY

	HFY18	HFY19	HFY20	HFY21	HFY22
Total Net Assets or Equity	\$54.2M	\$57.3M	\$57.0M	\$64.0M	\$70.5M
Current Ratio	1.7	1.8	1.5	1.5	1.7
Debt Service Coverage Ratio	4.3	2.0	2.4	3.0	2.9
Cash Flow to Total Debt	13.5%	6.3%	8.8%	12.6%	14.3%
Equity Financing Ratio	34.8%	36.8%	34.2%	37.5%	42.4%
Average Age of Plant	0	0	0	9.0	10.0

*Data Source: Standardized Financial Statements

UTILIZATION

Licensed Beds in HFY22:	58
Available Beds in HFY22:	58
Staffed Beds in HFY22:	58
HFY22 Percentage Occupancy:	81.5%
Inpatient Discharges in HFY22:	4,007
Change HFY21-HFY22:	7.5%
Percent of Total Region Discharges in HFY22:	1.5%
Percent of Statewide Total Discharges in HFY22:	<1%
Inpatient Days in HFY22:	17,250
Change HFY21-HFY22:	18.6%
Percent of Total Region Inpatient Days in HFY22:	1.0%
Percent of Statewide Total Inpatient Days in HFY22:	<1%
Average Length of Stay in HFY22:	4.3
Change HFY21-HFY22:	10.3%
Emergency Department Visits in HFY22:	19,752
Change HFY21-HFY22:	(5.8%)
Percent of Total Region Emergency Department Visits in HFY22:	2.5%
Percent of Statewide Total Emergency Department Visits in HFY22:	<1%
Outpatient Visits in HFY22:	62,269
Change HFY21-HFY22:	4.9%

*Data Source: CHIA Hospital Cost Reports

TOP DISCHARGES BY INPATIENT CASE (DRG) IN FY22

Inpatient Case (DRG) ⁵	Discharges	Percent of Total Hospital Discharges
Septicemia & Disseminated Infections	404	10.0%
Heart failure	350	8.7%
Major Resp Infect & Inflam	320	8.0%
Kidney & Urinary Tract Infections	176	4.4%
Other pneumonia	164	4.1%
Renal failure	142	3.5%
Cellulitis & Other Skin Infections	99	2.5%
Cva & Precerebral Occlusion W/ Infarct	98	2.4%
Hip joint replacement	88	2.2%
Chronic Obstructive Pulmonary Disease	82	2.0%

*Data Source: CHIA Hospital Discharge Dataset

TOP DISCHARGES BY COMMUNITY IN FY22

Community ⁵	Discharges	Percent of Total Community Discharges
Norwood, MA	808	23%
Dedham, MA	525	18%
Needham, MA	443	28%
Walpole, MA	311	17%
Westwood, MA	274	20%
Needham Heights, MA	157	20%
Medfield, MA	107	13%
Sharon, MA	97	7%
Natick, MA	77	3%
West Roxbury, MA	73	3%

*Data Source: CHIA Hospital Discharge Dataset

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

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² Effective HFY 2020, supplemental revenue is not included in net patient service revenue for all hospitals. Prior to HFY 2020, reporting of supplemental revenue varied by hospital.

³ There was an accounting change adopted by most hospitals beginning in HFY 2020 in which unrealized gains and losses on investments are now recognized as non-operating revenue.

⁴ Federal and State COVID-19 relief funding was distributed to hospitals as part of the Coronavirus Aid, Relief, and Economic Security (CARES) Act beginning in HFY2020. A portion of this funding was reported as operating revenue.

⁵ Inpatient cases and communities with less than 25 discharges have been omitted from the Top Discharges by Inpatient Case (DRG) and Top Discharges By Community charts.

⁶ As Beth Israel Lahey Health became financially consolidated in March 2019, seven months of financial data was reported for FY 2019 for this hospital.

Brigham and Women's Faulkner Hospital

2022 Hospital Profile

OVERVIEW

City/Town:	Boston, MA
Region:	Metro Boston
Hospital Type:	Community Hospital
Total Staffed Beds in HFY22:	171, Mid-Size Hospital
Hospital System Affiliation:	Mass General Brigham
Hospital System Surplus (Deficit) in HFY22:	(\$2,257,627,000)
Change in Ownership HFY18-HFY22:	Not Applicable

Tax Status:	Non-profit
Trauma Center Designation:	Not Applicable
Total FTE's in HFY22:	1,265.84
FY22 Case Mix Index:	1.14
Public Payer Mix ¹ :	61.4%
Percent of Total GPSR - Medicare/Medicaid/Commercial:	46% / 14% / 34%
CY21 Commercial Statewide Relative Price:	1.00

FINANCIAL

GROSS AND NET PATIENT SERVICE REVENUES (GPSR & NPSR)

	HFY18	HFY19	HFY20	HFY21	HFY22
Inpatient GPSR	\$308.3M	\$318.4M	\$277.0M	\$296.0M	\$290.1M
Outpatient GPSR	\$489.7M	\$551.4M	\$549.1M	\$700.1M	\$727.8M
Total GPSR	\$798.0M	\$869.8M	\$826.1M	\$996.1M	\$1,018.0M
Inpatient NPSR per CMAD	\$13,069	\$12,250	\$13,145	\$13,503	\$13,057
Inpatient NPSR	\$127.2M	\$120.5M	\$123.1M	\$124.8M	\$114.7M
Outpatient NPSR	\$143.6M	\$161.6M	\$154.1M	\$192.5M	\$201.6M

*Data Source: CHIA Hospital Cost Reports

REVENUE & EXPENSES

	HFY18	HFY19	HFY20	HFY21	HFY22
Operating Revenue	\$278.3M	\$289.9M	\$313.0M	\$332.0M	\$325.0M
Non-Operating Revenue ³	\$0.2M	\$0.3M	\$0.1M	\$0.0M	(\$0.1M)
COVID Funding Included in Operating Revenue ⁴	-	-	\$28.0M	\$6.8M	\$0.1M
Total Revenue	\$278.5M	\$290.2M	\$313.2M	\$332.0M	\$324.9M
Total Expenses	\$248.2M	\$266.6M	\$292.3M	\$316.1M	\$341.7M
Total Surplus (Deficit)	\$30.2M	\$23.6M	\$20.9M	\$15.9M	(\$16.8M)
Operating Margin	10.8%	8.1%	6.6%	4.8%	(5.1%)
Non-Operating Margin	0.1%	0.1%	0.0%	0.0%	0.0%
Total Margin	10.9%	8.1%	6.7%	4.8%	(5.2%)

*Data Source: Standardized Financial Statements

SOLVENCY AND LIQUIDITY

	HFY18	HFY19	HFY20	HFY21	HFY22
Total Net Assets or Equity	\$103.4M	\$104.0M	\$117.4M	\$68.4M	\$100.8M
Current Ratio	1.4	1.3	1.3	0.7	0.9
Debt Service Coverage Ratio	17.7	15.2	14.0	13.5	(1.3)
Cash Flow to Total Debt	105.1%	94.9%	37.7%	39.4%	(4.1%)
Equity Financing Ratio	67.9%	68.5%	53.6%	45.3%	63.2%
Average Age of Plant	9.0	9.0	9.0	10.0	11.0

*Data Source: Standardized Financial Statements

UTILIZATION

Licensed Beds in HFY22:	171
Available Beds in HFY22:	171
Staffed Beds in HFY22:	171
HFY22 Percentage Occupancy:	70.9%
Inpatient Discharges in HFY22:	7,693
Change HFY21-HFY22:	(9.4%)
Percent of Total Region Discharges in HFY22:	2.8%
Percent of Statewide Total Discharges in HFY22:	1.1%
Inpatient Days in HFY22:	44,271
Change HFY21-HFY22:	(0.0%)
Percent of Total Region Inpatient Days in HFY22:	2.5%
Percent of Statewide Total Inpatient Days in HFY22:	1.1%
Average Length of Stay in HFY22:	5.8
Change HFY21-HFY22:	10.4%
Emergency Department Visits in HFY22:	28,599
Change HFY21-HFY22:	12.6%
Percent of Total Region Emergency Department Visits in HFY22:	3.6%
Percent of Statewide Total Emergency Department Visits in HFY22:	1.1%
Outpatient Visits in HFY22:	31,259
Change HFY21-HFY22:	9.2%

*Data Source: CHIA Hospital Cost Reports

TOP DISCHARGES BY INPATIENT CASE (DRG) IN FY22

Inpatient Case (DRG) ⁵	Discharges	Percent of Total Hospital Discharges
Alcohol abuse & dependence	506	6.6%
Major Resp Infect & Inflam	464	6.0%
Heart failure	417	5.4%
Septicemia & Disseminated Infections	351	4.6%
Procedures for obesity	200	2.6%
Kidney & Urinary Tract Infections	164	2.1%
Renal failure	160	2.1%
Knee joint replacement	159	2.1%
Opioid abuse & dependence	133	1.7%
Malf, Reac, Compl of Genitourinary Dev	127	1.6%

*Data Source: CHIA Hospital Discharge Dataset

TOP DISCHARGES BY COMMUNITY IN FY22

Community ⁵	Discharges	Percent of Total Community Discharges
West Roxbury, MA	765	27%
Roslindale, MA	720	23%
Hyde Park, MA	699	18%
Dedham, MA	464	16%
Jamaica Plain, MA	451	13%
Boston, MA	275	2%
Dorchester, MA	217	2%
Norwood, MA	216	6%
Mattapan, MA	208	7%
Dorchester Center, MA	165	3%

*Data Source: CHIA Hospital Discharge Dataset

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

³ There was an accounting change adopted by most hospitals beginning in HFY 2020 in which unrealized gains and losses on investments are now recognized as non-operating revenue.

⁴ Federal and State COVID-19 relief funding was distributed to hospitals as part of the Coronavirus Aid, Relief, and Economic Security (CARES) Act beginning in HFY2020. A portion of this funding was reported as operating revenue.

⁵ Inpatient cases and communities with less than 25 discharges have been omitted from the Top Discharges by Inpatient Case (DRG) and Top Discharges by Community charts.

Emerson Hospital

2022 Hospital Profile

OVERVIEW

City/Town:	Concord, MA
Region:	Northeastern Massachusetts
Hospital Type:	Community Hospital
Total Staffed Beds in HFY22:	199, Mid-Size Hospital
Hospital System Affiliation:	Emerson Health System Inc. and Subsid.
Hospital System Surplus (Deficit) in HFY22:	\$4,148,867
Change in Ownership HFY18-HFY22:	Not Applicable

Tax Status:	Non-profit
Trauma Center Designation:	Not Applicable
Total FTE's in HFY22:	1,512.90
FY22 Case Mix Index:	0.89
Public Payer Mix ¹ :	49.8%
Percent of Total GPSR - Medicare/Medicaid/Commercial:	41% / 6% / 47%
CY21 Commercial Statewide Relative Price:	0.93

FINANCIAL

GROSS AND NET PATIENT SERVICE REVENUES (GPSR & NPSR)

	HFY18	HFY19	HFY20	HFY21	HFY22
Inpatient GPSR	\$147.0M	\$157.2M	\$150.3M	\$162.2M	\$180.9M
Outpatient GPSR	\$494.7M	\$534.2M	\$488.8M	\$611.1M	\$660.2M
Total GPSR	\$641.7M	\$691.4M	\$639.1M	\$773.4M	\$841.1M
Inpatient NPSR per CMAD	\$10,415	\$11,357	\$11,033	\$11,754	\$11,663
Inpatient NPSR	\$76.5M	\$85.4M	\$80.9M	\$92.9M	\$94.0M
Outpatient NPSR	\$163.9M	\$178.6M	\$159.5M	\$208.0M	\$221.2M

*Data Source: CHIA Hospital Cost Reports

REVENUE & EXPENSES

	HFY18	HFY19	HFY20	HFY21	HFY22
Operating Revenue	\$252.3M	\$275.2M	\$267.5M	\$316.1M	\$347.2M
Non-Operating Revenue ³	\$1.1M	(\$4.8M)	\$15.0M	\$31.8M	\$2.9M
COVID Funding Included in Operating Revenue ⁴	-	-	\$14.6M	\$0.0M	\$15.0M
Total Revenue	\$253.4M	\$270.4M	\$282.5M	\$347.9M	\$350.2M
Total Expenses	\$247.2M	\$268.4M	\$286.1M	\$314.8M	\$347.1M
Total Surplus (Deficit)	\$6.2M	\$2.1M	(\$3.5M)	\$33.0M	\$3.1M
Operating Margin	2.0%	2.5%	(6.6%)	0.4%	0.0%
Non-Operating Margin	0.4%	(1.8%)	5.3%	9.1%	0.8%
Total Margin	2.5%	0.8%	(1.3%)	9.5%	0.9%

*Data Source: Standardized Financial Statements

SOLVENCY AND LIQUIDITY

	HFY18	HFY19	HFY20	HFY21	HFY22
Total Net Assets or Equity	\$58.2M	\$49.9M	\$45.2M	\$88.2M	\$98.6M
Current Ratio	1.6	1.5	1.2	1.7	1.1
Debt Service Coverage Ratio	2.6	1.9	0.8	4.5	1.7
Cash Flow to Total Debt	15.4%	10.3%	4.9%	30.9%	10.7%
Equity Financing Ratio	29.5%	23.4%	19.4%	33.2%	37.6%
Average Age of Plant	23.0	24.0	24.0	24.0	21.0

*Data Source: Standardized Financial Statements

UTILIZATION

Licensed Beds in HFY22:	199
Available Beds in HFY22:	199
Staffed Beds in HFY22:	199
HFY22 Percentage Occupancy:	51.0%
Inpatient Discharges in HFY22:	9,027
Change HFY21-HFY22:	3.6%
Percent of Total Region Discharges in HFY22:	6.9%
Percent of Statewide Total Discharges in HFY22:	1.2%
Inpatient Days in HFY22:	37,030
Change HFY21-HFY22:	3.2%
Percent of Total Region Inpatient Days in HFY22:	5.7%
Percent of Statewide Total Inpatient Days in HFY22:	<1%
Average Length of Stay in HFY22:	4.1
Change HFY21-HFY22:	(0.5%)
Emergency Department Visits in HFY22:	32,340
Change HFY21-HFY22:	13.1%
Percent of Total Region Emergency Department Visits in HFY22:	6.4%
Percent of Statewide Total Emergency Department Visits in HFY22:	1.2%
Outpatient Visits in HFY22:	58,810
Change HFY21-HFY22:	(7.1%)

*Data Source: CHIA Hospital Cost Reports

TOP DISCHARGES BY INPATIENT CASE (DRG) IN FY22

Inpatient Case (DRG) ⁵	Discharges	Percent of Total Hospital Discharges
Normal Neonate Birth	1,352	15.2%
Vaginal delivery	937	10.6%
Cesarean delivery	440	5.0%
Septicemia & Disseminated Infections	404	4.6%
Procedures for obesity	403	4.5%
Major Resp Infect & Inflamm	304	3.4%
Cardiac Arrhythmia	216	2.4%
Heart failure	214	2.4%
Alcohol abuse & dependence	174	2.0%
Hip joint replacement	147	1.7%

*Data Source: CHIA Hospital Discharge Dataset

TOP DISCHARGES BY COMMUNITY IN FY22

Community ⁵	Discharges	Percent of Total Community Discharges
Acton, MA	857	55%
Concord, MA	799	57%
Maynard, MA	622	64%
Westford, MA	438	27%
Littleton, MA	398	52%
Leominster, MA	315	7%
Sudbury, MA	289	23%
Stow, MA	260	54%
Fitchburg, MA	249	5%
Groton, MA	226	29%

*Data Source: CHIA Hospital Discharge Dataset

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

³ There was an accounting change adopted by most hospitals beginning in HFY 2020 in which unrealized gains and losses on investments are now recognized as non-operating revenue.

⁴ Federal and State COVID-19 relief funding was distributed to hospitals as part of the Coronavirus Aid, Relief, and Economic Security (CARES) Act beginning in HFY2020. A portion of this funding was reported as operating revenue.

⁵ Inpatient cases and communities with less than 25 discharges have been omitted from the Top Discharges by Inpatient Case (DRG) and Top Discharges by Community charts.

Martha's Vineyard Hospital

2022 Hospital Profile

OVERVIEW

City/Town:	Oak Bluffs, MA
Region:	Cape and Islands
Hospital Type:	Community Hospital
Total Staffed Beds in HFY22:	31, Small Hospital
Hospital System Affiliation:	Mass General Brigham
Hospital System Surplus (Deficit) in HFY22:	(\$2,257,627,000)
Change in Ownership HFY18-HFY22:	Not Applicable

Tax Status:	Non-profit
Trauma Center Designation:	Not Applicable
Total FTE's in HFY22:	401.38
FY22 Case Mix Index:	0.72
Public Payer Mix ¹ :	59.8%
Percent of Total GPSR - Medicare/Medicaid/Commercial:	46% / 18% / 30%
CY21 Commercial Statewide Relative Price:	1.50

FINANCIAL

GROSS AND NET PATIENT SERVICE REVENUES (GPSR & NPSR)

	HFY18	HFY19	HFY20	HFY21	HFY22
Inpatient GPSR	\$23.2M	\$27.2M	\$18.9M	\$19.8M	\$33.1M
Outpatient GPSR	\$140.0M	\$151.8M	\$149.4M	\$194.9M	\$194.3M
Total GPSR	\$163.2M	\$178.9M	\$168.2M	\$214.7M	\$227.4M
Inpatient NPSR per CMAD	\$15,819	\$19,293	\$21,962	\$18,553	\$19,554
Inpatient NPSR	\$16.3M	\$16.7M	\$16.8M	\$18.5M	\$17.5M
Outpatient NPSR	\$67.8M	\$78.8M	\$76.4M	\$89.3M	\$104.0M

*Data Source: CHIA Hospital Cost Reports

REVENUE & EXPENSES

	HFY18	HFY19	HFY20	HFY21	HFY22
Operating Revenue	\$88.1M	\$99.0M	\$104.3M	\$114.0M	\$125.5M
Non-Operating Revenue ³	\$2.7M	\$4.2M	\$5.3M	\$16.0M	(\$12.5M)
COVID Funding Included in Operating Revenue ⁴	-	-	\$6.8M	\$1.5M	\$0.3M
Total Revenue	\$90.8M	\$103.2M	\$109.6M	\$130.0M	\$113.0M
Total Expenses	\$87.9M	\$93.2M	\$99.7M	\$108.8M	\$117.8M
Total Surplus (Deficit)	\$2.9M	\$10.0M	\$10.0M	\$21.2M	(\$4.8M)
Operating Margin	0.2%	5.6%	4.2%	4.0%	6.9%
Non-Operating Margin	3.0%	4.0%	4.9%	12.3%	(11.1%)
Total Margin	3.2%	9.7%	9.1%	16.3%	(4.2%)

*Data Source: Standardized Financial Statements

SOLVENCY AND LIQUIDITY

	HFY18	HFY19	HFY20	HFY21	HFY22
Total Net Assets or Equity	\$120.1M	\$128.8M	\$137.8M	\$160.0M	\$151.3M
Current Ratio	2.1	2.2	1.9	2.1	2.6
Debt Service Coverage Ratio	0	0	852.3	377.1	12.0
Cash Flow to Total Debt	41.0%	61.4%	39.2%	60.3%	3.0%
Equity Financing Ratio	79.4%	77.9%	73.4%	75.7%	81.9%
Average Age of Plant	8.0	9.0	10.0	11.0	12.0

*Data Source: Standardized Financial Statements

UTILIZATION

Licensed Beds in HFY22:	31
Available Beds in HFY22:	31
Staffed Beds in HFY22:	31
HFY22 Percentage Occupancy:	37.5%
Inpatient Discharges in HFY22:	1,247
Change HFY21-HFY22:	(8.6%)
Percent of Total Region Discharges in HFY22:	5.3%
Percent of Statewide Total Discharges in HFY22:	<1%
Inpatient Days in HFY22:	4,237
Change HFY21-HFY22:	(3.7%)
Percent of Total Region Inpatient Days in HFY22:	4.0%
Percent of Statewide Total Inpatient Days in HFY22:	<1%
Average Length of Stay in HFY22:	3.4
Change HFY21-HFY22:	5.6%
Emergency Department Visits in HFY22:	15,693
Change HFY21-HFY22:	11.6%
Percent of Total Region Emergency Department Visits in HFY22:	11.8%
Percent of Statewide Total Emergency Department Visits in HFY22:	<1%
Outpatient Visits in HFY22:	71,655
Change HFY21-HFY22:	18.5%

*Data Source: CHIA Hospital Cost Reports

TOP DISCHARGES BY INPATIENT CASE (DRG) IN FY22

Inpatient Case (DRG) ⁵	Discharges	Percent of Total Hospital Discharges
Normal Neonate Birth	132	11.4%
Vaginal delivery	80	6.9%
Major Resp Infect & Inflamm	65	5.6%
Heart failure	52	4.5%
Cesarean delivery	50	4.3%
Other pneumonia	45	3.9%
Septicemia & Disseminated Infections	39	3.4%
Cardiac Arrhythmia	32	2.8%
Kidney & Urinary Tract Infections	32	2.8%
Other Aftercare & Convalescence	31	2.7%

*Data Source: CHIA Hospital Discharge Dataset

TOP DISCHARGES BY COMMUNITY IN FY22

Community ⁵	Discharges	Percent of Total Community Discharges
Vineyard Haven, MA	387	56%
Edgartown, MA	258	54%
Oak Bluffs, MA	199	57%
West Tisbury, MA	100	55%
Chilmark, MA	53	53%

*Data Source: CHIA Hospital Discharge Dataset

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

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³ There was an accounting change adopted by most hospitals beginning in HFY 2020 in which unrealized gains and losses on investments are now recognized as non-operating revenue.

⁴ Federal and State COVID-19 relief funding was distributed to hospitals as part of the Coronavirus Aid, Relief, and Economic Security (CARES) Act beginning in HFY2020. A portion of this funding was reported as operating revenue.

⁵ Inpatient cases and communities with less than 25 discharges have been omitted from the Top Discharges by Inpatient Case (DRG) and Top Discharges by Community charts.

Milford Regional Medical Center

2022 Hospital Profile

OVERVIEW

City/Town:	Milford, MA
Region:	Metro West
Hospital Type:	Community Hospital
Total Staffed Beds in HFY22:	157, Mid-Size Hospital
Hospital System Affiliation:	Milford Regional Medical Ctr, Inc. & Affil.
Hospital System Surplus (Deficit) in HFY22:	(\$20,292,196)
Change in Ownership HFY18-HFY22:	Not Applicable

Tax Status:	Non-profit
Trauma Center Designation:	Not Applicable
Total FTE's in HFY22:	1,259.12
FY22 Case Mix Index:	0.98
Public Payer Mix ¹ :	55.8%
Percent of Total GPSR - Medicare/Medicaid/Commercial:	44% / 12% / 39%
CY21 Commercial Statewide Relative Price:	0.88

FINANCIAL

GROSS AND NET PATIENT SERVICE REVENUES (GPSR & NPSR)

	HFY18	HFY19	HFY20	HFY21	HFY22
Inpatient GPSR	\$134.1M	\$149.5M	\$144.3M	\$158.7M	\$168.8M
Outpatient GPSR	\$365.3M	\$396.5M	\$363.8M	\$434.9M	\$459.3M
Total GPSR	\$499.4M	\$546.0M	\$508.1M	\$593.6M	\$628.1M
Inpatient NPSR per CMAD	\$8,608	\$8,434	\$8,672	\$8,588	\$8,810
Inpatient NPSR	\$75.1M	\$77.8M	\$76.8M	\$81.4M	\$87.1M
Outpatient NPSR	\$134.7M	\$141.9M	\$126.7M	\$149.7M	\$166.0M

*Data Source: CHIA Hospital Cost Reports

REVENUE & EXPENSES

	HFY18	HFY19	HFY20	HFY21	HFY22
Operating Revenue	\$219.3M	\$230.3M	\$230.0M	\$242.1M	\$266.9M
Non-Operating Revenue ³	\$2.1M	\$2.4M	\$2.7M	\$7.5M	(\$6.1M)
COVID Funding Included in Operating Revenue ⁴	-	-	\$15.3M	\$1.9M	\$6.1M
Total Revenue	\$221.4M	\$232.7M	\$232.7M	\$249.6M	\$260.9M
Total Expenses	\$212.8M	\$218.8M	\$225.4M	\$251.3M	\$272.9M
Total Surplus (Deficit)	\$8.5M	\$13.9M	\$7.3M	(\$1.8M)	(\$12.1M)
Operating Margin	2.9%	4.9%	2.0%	(3.7%)	(2.3%)
Non-Operating Margin	1.0%	1.0%	1.1%	3.0%	(2.3%)
Total Margin	3.9%	6.0%	3.1%	(0.7%)	(4.6%)

*Data Source: Standardized Financial Statements

SOLVENCY AND LIQUIDITY

	HFY18	HFY19	HFY20	HFY21	HFY22
Total Net Assets or Equity	\$122.0M	\$125.0M	\$127.8M	\$119.4M	\$99.4M
Current Ratio	3.2	2.6	1.9	1.8	1.9
Debt Service Coverage Ratio	2.8	2.9	3.3	2.1	0.7
Cash Flow to Total Debt	14.4%	17.1%	10.9%	5.9%	0.2%
Equity Financing Ratio	48.1%	46.4%	42.9%	40.5%	39.9%
Average Age of Plant	11.0	11.0	11.0	12.0	10.0

*Data Source: Standardized Financial Statements

UTILIZATION

Licensed Beds in HFY22:	157
Available Beds in HFY22:	157
Staffed Beds in HFY22:	157
HFY22 Percentage Occupancy:	66.0%
Inpatient Discharges in HFY22:	10,068
Change HFY21-HFY22:	3.5%
Percent of Total Region Discharges in HFY22:	33.3%
Percent of Statewide Total Discharges in HFY22:	1.4%
Inpatient Days in HFY22:	37,804
Change HFY21-HFY22:	7.0%
Percent of Total Region Inpatient Days in HFY22:	25.5%
Percent of Statewide Total Inpatient Days in HFY22:	<1%
Average Length of Stay in HFY22:	3.8
Change HFY21-HFY22:	3.3%
Emergency Department Visits in HFY22:	56,744
Change HFY21-HFY22:	10.2%
Percent of Total Region Emergency Department Visits in HFY22:	34.1%
Percent of Statewide Total Emergency Department Visits in HFY22:	2.1%
Outpatient Visits in HFY22:	103,148
Change HFY21-HFY22:	9.9%

*Data Source: CHIA Hospital Cost Reports

TOP DISCHARGES BY INPATIENT CASE (DRG) IN FY22

Inpatient Case (DRG) ⁵	Discharges	Percent of Total Hospital Discharges
Normal Neonate Birth	925	9.3%
Vaginal delivery	642	6.4%
Major Resp Infect & Inflamm	614	6.1%
Heart failure	519	5.2%
Septicemia & Disseminated Infections	507	5.1%
Cesarean delivery	335	3.4%
Pul edema & resp failure	252	2.5%
Other pneumonia	247	2.5%
Renal failure	235	2.4%
Kidney & Urinary Tract Infections	220	2.2%

*Data Source: CHIA Hospital Discharge Dataset

TOP DISCHARGES BY COMMUNITY IN FY22

Community ⁵	Discharges	Percent of Total Community Discharges
Milford, MA	2,059	65%
Franklin, MA	1,147	47%
Bellingham, MA	840	55%
Uxbridge, MA	686	57%
Whitinsville, MA	524	48%
Medway, MA	489	41%
Blackstone, MA	424	63%
Hopkinton, MA	346	28%
Hopedale, MA	320	61%
Northbridge, MA	310	51%

*Data Source: CHIA Hospital Discharge Dataset

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

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² Effective HFY 2020, supplemental revenue is not included in net patient service revenue for all hospitals. Prior to HFY 2020, reporting of supplemental revenue varied by hospital.

³ There was an accounting change adopted by most hospitals beginning in HFY 2020 in which unrealized gains and losses on investments are now recognized as non-operating revenue.

⁴ Federal and State COVID-19 relief funding was distributed to hospitals as part of the Coronavirus Aid, Relief, and Economic Security (CARES) Act beginning in HFY2020. A portion of this funding was reported as operating revenue.

⁵ Inpatient cases and communities with less than 25 discharges have been omitted from the Top Discharges by Inpatient Case (DRG) and Top Discharges by Community charts.

Nantucket Cottage Hospital

2022 Hospital Profile

OVERVIEW

City/Town:	Nantucket, MA
Region:	Cape and Islands
Hospital Type:	Community Hospital
Total Staffed Beds in HFY22:	18, Small Hospital
Hospital System Affiliation:	Mass General Brigham
Hospital System Surplus (Deficit) in HFY22:	(\$2,257,627,000)
Change in Ownership HFY18-HFY22:	Not Applicable

Tax Status:	Non-profit
Trauma Center Designation:	Not Applicable
Total FTE's in HFY22:	244.58
FY22 Case Mix Index:	0.69
Public Payer Mix ¹ :	52.3%
Percent of Total GPSR - Medicare/Medicaid/Commercial:	33% / 19% / 40%
CY21 Commercial Statewide Relative Price:	1.81

FINANCIAL

GROSS AND NET PATIENT SERVICE REVENUES (GPSR & NPSR)

	HFY18	HFY19	HFY20	HFY21	HFY22
Inpatient GPSR	\$10.4M	\$10.3M	\$9.5M	\$11.4M	\$12.2M
Outpatient GPSR	\$60.5M	\$62.6M	\$79.7M	\$107.5M	\$107.1M
Total GPSR	\$70.9M	\$72.8M	\$89.2M	\$119.0M	\$119.3M
Inpatient NPSR per CMAD	\$19,990	\$18,939	\$16,973	\$17,623	\$17,616
Inpatient NPSR	\$9.2M	\$6.4M	\$6.2M	\$7.0M	\$8.0M
Outpatient NPSR	\$37.6M	\$36.0M	\$45.6M	\$60.5M	\$56.4M

*Data Source: CHIA Hospital Cost Reports

REVENUE & EXPENSES

	HFY18	HFY19	HFY20	HFY21	HFY22
Operating Revenue	\$49.6M	\$46.6M	\$57.3M	\$71.5M	\$72.1M
Non-Operating Revenue ³	\$4.0M	\$3.7M	\$5.3M	\$4.7M	\$5.2M
COVID Funding Included in Operating Revenue ⁴	-	-	\$5.0M	\$1.1M	\$0.3M
Total Revenue	\$53.6M	\$50.3M	\$62.6M	\$76.2M	\$77.3M
Total Expenses	\$59.4M	\$53.6M	\$63.9M	\$72.2M	\$83.8M
Total Surplus (Deficit)	(\$5.8M)	(\$3.3M)	(\$1.3M)	\$4.0M	(\$6.5M)
Operating Margin	(18.3%)	(13.9%)	(10.5%)	(0.9%)	(15.2%)
Non-Operating Margin	7.5%	7.3%	8.4%	6.1%	6.8%
Total Margin	(10.8%)	(6.6%)	(2.1%)	5.2%	(8.4%)

*Data Source: Standardized Financial Statements

SOLVENCY AND LIQUIDITY

	HFY18	HFY19	HFY20	HFY21	HFY22
Total Net Assets or Equity	\$142.3M	\$158.7M	\$155.6M	\$162.9M	\$150.3M
Current Ratio	4.8	3.4	3.0	3.5	4.0
Debt Service Coverage Ratio	23.6	1.1	23.8	53.2	(1.5)
Cash Flow to Total Debt	61.3%	1.1%	42.2%	95.5%	(5.4%)
Equity Financing Ratio	94.1%	93.9%	93.1%	93.4%	94.8%
Average Age of Plant	2.0	8.0	5.0	6.0	6.0

*Data Source: Standardized Financial Statements

UTILIZATION

Licensed Beds in HFY22:	18
Available Beds in HFY22:	18
Staffed Beds in HFY22:	18
HFY22 Percentage Occupancy:	30.9%
Inpatient Discharges in HFY22:	658
Change HFY21-HFY22:	7.7%
Percent of Total Region Discharges in HFY22:	2.8%
Percent of Statewide Total Discharges in HFY22:	<1%
Inpatient Days in HFY22:	2,030
Change HFY21-HFY22:	10.4%
Percent of Total Region Inpatient Days in HFY22:	1.9%
Percent of Statewide Total Inpatient Days in HFY22:	<1%
Average Length of Stay in HFY22:	3.1
Change HFY21-HFY22:	2.7%
Emergency Department Visits in HFY22:	11,587
Change HFY21-HFY22:	15.8%
Percent of Total Region Emergency Department Visits in HFY22:	8.7%
Percent of Statewide Total Emergency Department Visits in HFY22:	<1%
Outpatient Visits in HFY22:	35,019
Change HFY21-HFY22:	(16.7%)

*Data Source: CHIA Hospital Cost Reports

TOP DISCHARGES BY INPATIENT CASE (DRG) IN FY22

Inpatient Case (DRG) ⁵	Discharges	Percent of Total Hospital Discharges
Normal Neonate Birth	132	19.3%
Vaginal delivery	90	13.1%
Cesarean delivery	50	7.3%
Major Resp Infect & Inflam	48	7.0%
Septicemia & Disseminated Infections	40	5.8%
Other pneumonia	25	3.6%

*Data Source: CHIA Hospital Discharge Dataset

TOP DISCHARGES BY COMMUNITY IN FY22

Community ⁵	Discharges	Percent of Total Community Discharges
Nantucket, MA	583	56%

*Data Source: CHIA Hospital Discharge Dataset

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

³ There was an accounting change adopted by most hospitals beginning in HFY 2020 in which unrealized gains and losses on investments are now recognized as non-operating revenue.

⁴ Federal and State COVID-19 relief funding was distributed to hospitals as part of the Coronavirus Aid, Relief, and Economic Security (CARES) Act beginning in HFY2020. A portion of this funding was reported as operating revenue.

⁵ Inpatient cases and communities with less than 25 discharges have been omitted from the Top Discharges by Inpatient Case (DRG) and Top Discharges by Community charts.



For more information, please contact:

CENTER FOR HEALTH INFORMATION AND ANALYSIS

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Newton-Wellesley Hospital

2022 Hospital Profile

OVERVIEW

City/Town:	Newton, MA
Region:	Metro Boston
Hospital Type:	Community Hospital
Total Staffed Beds in HFY22:	330, Large Hospital
Hospital System Affiliation:	Mass General Brigham
Hospital System Surplus (Deficit) in HFY22:	(\$2,257,627,000)
Change in Ownership HFY18-HFY22:	Not Applicable

Tax Status:	Non-profit
Trauma Center Designation:	Not Applicable
Total FTE's in HFY22:	2,318.33
FY22 Case Mix Index:	0.90
Public Payer Mix ¹ :	48.0%
Percent of Total GPSR - Medicare/Medicaid/Commercial:	39% / 7% / 49%
CY21 Commercial Statewide Relative Price:	0.96

FINANCIAL

GROSS AND NET PATIENT SERVICE REVENUES (GPSR & NPSR)

	HFY18	HFY19	HFY20	HFY21	HFY22
Inpatient GPSR	\$471.7M	\$451.6M	\$455.8M	\$524.9M	\$553.3M
Outpatient GPSR	\$857.9M	\$956.9M	\$922.1M	\$1,161.0M	\$1,294.3M
Total GPSR	\$1,329.6M	\$1,408.5M	\$1,377.9M	\$1,686.0M	\$1,847.6M
Inpatient NPSR per CMAD	\$13,042	\$13,127	\$12,133	\$12,189	\$12,951
Inpatient NPSR	\$216.8M	\$220.9M	\$207.5M	\$225.0M	\$240.1M
Outpatient NPSR	\$249.2M	\$281.8M	\$272.1M	\$360.1M	\$381.8M

*Data Source: CHIA Hospital Cost Reports

REVENUE & EXPENSES

	HFY18	HFY19	HFY20	HFY21	HFY22
Operating Revenue	\$504.7M	\$531.1M	\$541.8M	\$612.5M	\$650.6M
Non-Operating Revenue ³	(\$12.3M)	(\$1.2M)	(\$2.1M)	(\$3.1M)	(\$2.8M)
COVID Funding Included in Operating Revenue ⁴	-	-	\$37.3M	\$2.0M	\$0.1M
Total Revenue	\$492.5M	\$529.9M	\$539.7M	\$609.4M	\$647.8M
Total Expenses	\$491.4M	\$573.9M	\$565.4M	\$605.2M	\$658.8M
Total Surplus (Deficit)	\$1.0M	(\$44.0M)	(\$25.6M)	\$4.2M	(\$10.9M)
Operating Margin	2.7%	(8.1%)	(4.4%)	1.2%	(1.3%)
Non-Operating Margin	(2.5%)	(0.2%)	(0.4%)	(0.5%)	(0.4%)
Total Margin	0.2%	(8.3%)	(4.7%)	0.7%	(1.7%)

*Data Source: Standardized Financial Statements

SOLVENCY AND LIQUIDITY

	HFY18	HFY19	HFY20	HFY21	HFY22
Total Net Assets or Equity	\$203.1M	\$159.9M	\$127.7M	\$87.6M	\$285.9M
Current Ratio	1.7	0.9	1.0	0.7	2.0
Debt Service Coverage Ratio	2.1	(0.4)	0.5	1.7	1.1
Cash Flow to Total Debt	18.2%	(6.0%)	2.4%	11.5%	7.6%
Equity Financing Ratio	48.1%	39.4%	25.1%	19.0%	44.7%
Average Age of Plant	9.0	9.0	9.0	10.0	10.0

*Data Source: Standardized Financial Statements

UTILIZATION

Licensed Beds in HFY22:	330
Available Beds in HFY22:	330
Staffed Beds in HFY22:	330
HFY22 Percentage Occupancy:	72.8%
Inpatient Discharges in HFY22:	20,545
Change HFY21-HFY22:	2.4%
Percent of Total Region Discharges in HFY22:	7.6%
Percent of Statewide Total Discharges in HFY22:	2.8%
Inpatient Days in HFY22:	87,735
Change HFY21-HFY22:	11.9%
Percent of Total Region Inpatient Days in HFY22:	5.0%
Percent of Statewide Total Inpatient Days in HFY22:	2.1%
Average Length of Stay in HFY22:	4.3
Change HFY21-HFY22:	9.5%
Emergency Department Visits in HFY22:	56,055
Change HFY21-HFY22:	19.5%
Percent of Total Region Emergency Department Visits in HFY22:	7.1%
Percent of Statewide Total Emergency Department Visits in HFY22:	2.1%
Outpatient Visits in HFY22:	121,706
Change HFY21-HFY22:	16.8%

*Data Source: CHIA Hospital Cost Reports

TOP DISCHARGES BY INPATIENT CASE (DRG) IN FY22

Inpatient Case (DRG) ⁵	Discharges	Percent of Total Hospital Discharges
Normal Neonate Birth	3,449	16.8%
Vaginal delivery	2,424	11.8%
Cesarean delivery	1,318	6.4%
Major Resp Infect & Inflam	619	3.0%
Septicemia & Disseminated Infections	594	2.9%
Heart failure	589	2.9%
Hip joint replacement	401	2.0%
Knee joint replacement	338	1.7%
Kidney & Urinary Tract Infections	331	1.6%
Cardiac Arrhythmia	280	1.4%

*Data Source: CHIA Hospital Discharge Dataset

TOP DISCHARGES BY COMMUNITY IN FY22

Community ⁵	Discharges	Percent of Total Community Discharges
Waltham, MA	2,163	40%
Natick, MA	1,101	37%
Framingham, MA	1,068	15%
Norwood, MA	451	13%
Wellesley Hills, MA	445	49%
West Newton, MA	442	48%
Weston, MA	403	52%
Wayland, MA	400	40%
Newton, MA	380	36%
Walpole, MA	368	20%

*Data Source: CHIA Hospital Discharge Dataset

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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³ There was an accounting change adopted by most hospitals beginning in HFY 2020 in which unrealized gains and losses on investments are now recognized as non-operating revenue.

⁴ Federal and State COVID-19 relief funding was distributed to hospitals as part of the Coronavirus Aid, Relief, and Economic Security (CARES) Act beginning in HFY2020. A portion of this funding was reported as operating revenue.

⁵ Inpatient cases and communities with less than 25 discharges have been omitted from the Top Discharges by Inpatient Case (DRG) and Top Discharges by Community charts.

South Shore Hospital

2022 Hospital Profile

OVERVIEW

City/Town:	South Weymouth, MA
Region:	Metro South
Hospital Type:	Community Hospital
Total Staffed Beds in HFY22:	441, 9th Largest Hospital
Hospital System Affiliation:	South Shore Health System
Hospital System Surplus (Deficit) in HFY22:	(\$118,998,936)
Change in Ownership HFY18-HFY22:	Not Applicable

Tax Status:	Non-profit
Trauma Center Designation:	Adult: Level 2
Total FTE's in HFY22:	3,803.00
FY22 Case Mix Index:	1.08
Public Payer Mix ¹ :	61.9%
Percent of Total GPSR - Medicare/Medicaid/Commercial:	49% / 13% / 33%
CY21 Commercial Statewide Relative Price:	1.01

FINANCIAL

GROSS AND NET PATIENT SERVICE REVENUES (GPSR & NPSR)

	HFY18	HFY19	HFY20	HFY21	HFY22
Inpatient GPSR	\$541.9M	\$555.2M	\$547.8M	\$601.8M	\$624.5M
Outpatient GPSR	\$690.3M	\$732.9M	\$691.8M	\$841.9M	\$886.1M
Total GPSR	\$1,232.2M	\$1,288.0M	\$1,239.5M	\$1,443.7M	\$1,510.6M
Inpatient NPSR per CMAD	\$11,019	\$11,300	\$11,155	\$11,827	\$11,340
Inpatient NPSR	\$297.3M	\$325.9M	\$333.5M	\$380.5M	\$363.6M
Outpatient NPSR	\$278.2M	\$287.3M	\$267.1M	\$314.3M	\$347.8M

*Data Source: CHIA Hospital Cost Reports

REVENUE & EXPENSES

	HFY18	HFY19	HFY20	HFY21	HFY22
Operating Revenue	\$615.3M	\$653.0M	\$684.1M	\$746.5M	\$766.9M
Non-Operating Revenue ³	\$1.5M	(\$2.2M)	\$26.0M	\$53.4M	(\$74.7M)
COVID Funding Included in Operating Revenue ⁴	-	-	\$38.0M	\$0.3M	\$3.2M
Total Revenue	\$616.8M	\$650.9M	\$710.1M	\$799.9M	\$692.2M
Total Expenses	\$606.1M	\$647.3M	\$685.0M	\$750.0M	\$793.7M
Total Surplus (Deficit)	\$10.7M	\$3.6M	\$25.1M	\$49.9M	(\$101.5M)
Operating Margin	1.5%	0.9%	(0.1%)	(0.4%)	(3.9%)
Non-Operating Margin	0.2%	(0.3%)	3.7%	6.7%	(10.8%)
Total Margin	1.7%	0.5%	3.5%	6.2%	(14.7%)

*Data Source: Standardized Financial Statements

SOLVENCY AND LIQUIDITY

	HFY18	HFY19	HFY20	HFY21	HFY22
Total Net Assets or Equity	\$304.6M	\$341.3M	\$369.6M	\$403.5M	\$324.8M
Current Ratio	1.5	1.4	1.0	1.0	1.4
Debt Service Coverage Ratio	2.7	2.2	3.1	4.3	(2.9)
Cash Flow to Total Debt	12.9%	10.9%	13.0%	21.2%	(22.5%)
Equity Financing Ratio	45.7%	49.9%	44.3%	48.8%	49.0%
Average Age of Plant	12.0	12.0	10.0	10.0	11.0

*Data Source: Standardized Financial Statements

UTILIZATION

Licensed Beds in HFY22:	441
Available Beds in HFY22:	441
Staffed Beds in HFY22:	441
HFY22 Percentage Occupancy:	82.4%
Inpatient Discharges in HFY22:	29,619
Change HFY21-HFY22:	(2.8%)
Percent of Total Region Discharges in HFY22:	40.5%
Percent of Statewide Total Discharges in HFY22:	4.0%
Inpatient Days in HFY22:	132,687
Change HFY21-HFY22:	0.5%
Percent of Total Region Inpatient Days in HFY22:	38.4%
Percent of Statewide Total Inpatient Days in HFY22:	3.2%
Average Length of Stay in HFY22:	4.5
Change HFY21-HFY22:	3.5%
Emergency Department Visits in HFY22:	70,204
Change HFY21-HFY22:	9.8%
Percent of Total Region Emergency Department Visits in HFY22:	26.9%
Percent of Statewide Total Emergency Department Visits in HFY22:	2.6%
Outpatient Visits in HFY22:	572,462
Change HFY21-HFY22:	5.7%

*Data Source: CHIA Hospital Cost Reports

TOP DISCHARGES BY INPATIENT CASE (DRG) IN FY22

Inpatient Case (DRG) ⁵	Discharges	Percent of Total Hospital Discharges
Normal Neonate Birth	2,728	9.2%
Vaginal delivery	1,952	6.6%
Major Resp Infect & Inflamm	1,510	5.1%
Cesarean delivery	1,160	3.9%
Septicemia & Disseminated Infections	1,140	3.8%
Heart failure	1,011	3.4%
Kidney & Urinary Tract Infections	764	2.6%
Other pneumonia	585	2.0%
Cardiac Arrhythmia	484	1.6%
Other Back & Neck Disorder	403	1.4%

*Data Source: CHIA Hospital Discharge Dataset

TOP DISCHARGES BY COMMUNITY IN FY22

Community ⁵	Discharges	Percent of Total Community Discharges
Quincy, MA	2,914	30%
Braintree, MA	2,185	52%
South Weymouth, MA	1,664	70%
Hingham, MA	1,591	63%
Rockland, MA	1,560	65%
Marshfield, MA	1,396	54%
Weymouth, MA	1,394	66%
Scituate, MA	1,195	67%
East Weymouth, MA	1,113	63%
Pembroke, MA	1,096	56%

*Data Source: CHIA Hospital Discharge Dataset

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⁵ Inpatient cases and communities with less than 25 discharges have been omitted from the Top Discharges by Inpatient Case (DRG) and Top Discharges by Community charts.

Winchester Hospital

2022 Hospital Profile

OVERVIEW

City/Town:	Winchester, MA
Region:	Northeastern Massachusetts
Hospital Type:	Community Hospital
Total Staffed Beds in HFY22:	221, Mid-Size Hospital
Hospital System Affiliation:	Beth Israel Lahey Health
Hospital System Surplus (Deficit) in HFY22:	(\$442,037,000)
Change in Ownership HFY18-HFY22:	Beth Israel Lahey Health 3/1/19

Tax Status:	Non-profit
Trauma Center Designation:	Not Applicable
Total FTE's in HFY22:	1,423.01
FY22 Case Mix Index:	0.81
Public Payer Mix ¹ :	47.6%
Percent of Total GPSR - Medicare/Medicaid/Commercial:	40% / 7% / 47%
CY21 Commercial Statewide Relative Price:	0.90

FINANCIAL

GROSS AND NET PATIENT SERVICE REVENUES (GPSR & NPSR)

	HFY18	HFY19	HFY20	HFY21	HFY22
Inpatient GPSR	\$159.7M	\$179.7M	\$186.9M	\$216.7M	\$226.3M
Outpatient GPSR	\$383.4M	\$394.7M	\$351.5M	\$442.0M	\$472.1M
Total GPSR	\$543.1M	\$574.3M	\$538.4M	\$658.7M	\$698.4M
Inpatient NPSR per CMAD	\$10,829	\$11,160	\$12,100	\$12,142	\$12,422
Inpatient NPSR	\$111.6M	\$125.5M	\$130.5M	\$142.6M	\$149.3M
Outpatient NPSR	\$144.3M	\$148.2M	\$130.2M	\$157.5M	\$164.9M

*Data Source: CHIA Hospital Cost Reports

REVENUE & EXPENSES

	HFY18	HFY19	HFY20	HFY21	HFY22
Operating Revenue	\$270.3M	\$172.6M	\$297.5M	\$316.4M	\$334.3M
Non-Operating Revenue ³	\$5.5M	(\$1.1M)	\$6.9M	\$22.9M	(\$26.0M)
COVID Funding Included in Operating Revenue ⁴	-	-	\$21.1M	\$0.0M	\$1.5M
Total Revenue	\$275.8M	\$171.5M	\$304.4M	\$339.3M	\$308.2M
Total Expenses	\$276.7M	\$162.7M	\$278.1M	\$296.4M	\$327.2M
Total Surplus (Deficit)	(\$0.9M)	\$8.8M	\$26.3M	\$42.8M	(\$18.9M)
Operating Margin	(2.3%)	5.8%	6.4%	5.9%	2.3%
Non-Operating Margin	2.0%	(0.7%)	2.3%	6.7%	(8.4%)
Total Margin	(0.3%)	5.1%	8.6%	12.6%	(6.1%)

*Data Source: Standardized Financial Statements

SOLVENCY AND LIQUIDITY

	HFY18	HFY19	HFY20	HFY21	HFY22
Total Net Assets or Equity	\$294.3M	\$297.1M	\$319.6M	\$360.2M	\$325.1M
Current Ratio	1.4	4.7	3.4	4.1	5.3
Debt Service Coverage Ratio	2.8	3.9	7.5	10.6	0.3
Cash Flow to Total Debt	11.4%	13.9%	25.8%	38.9%	(0.5%)
Equity Financing Ratio	65.4%	66.1%	63.7%	66.1%	70.2%
Average Age of Plant	4.0	0	0	7.0	7.0

*Data Source: Standardized Financial Statements

UTILIZATION

Licensed Beds in HFY22:	218
Available Beds in HFY22:	218
Staffed Beds in HFY22:	221
HFY22 Percentage Occupancy:	69.2%
Inpatient Discharges in HFY22:	14,917
Change HFY21-HFY22:	0.7%
Percent of Total Region Discharges in HFY22:	11.5%
Percent of Statewide Total Discharges in HFY22:	2.0%
Inpatient Days in HFY22:	55,837
Change HFY21-HFY22:	5.6%
Percent of Total Region Inpatient Days in HFY22:	8.6%
Percent of Statewide Total Inpatient Days in HFY22:	1.4%
Average Length of Stay in HFY22:	3.7
Change HFY21-HFY22:	4.8%
Emergency Department Visits in HFY22:	39,444
Change HFY21-HFY22:	(0.0%)
Percent of Total Region Emergency Department Visits in HFY22:	7.8%
Percent of Statewide Total Emergency Department Visits in HFY22:	1.4%
Outpatient Visits in HFY22:	258,840
Change HFY21-HFY22:	(0.1%)

*Data Source: CHIA Hospital Cost Reports

TOP DISCHARGES BY INPATIENT CASE (DRG) IN FY22

Inpatient Case (DRG) ⁵	Discharges	Percent of Total Hospital Discharges
Normal Neonate Birth	2,450	16.6%
Vaginal delivery	1,718	11.6%
Cesarean delivery	831	5.6%
Major Resp Infect & Inflam	675	4.6%
Heart failure	449	3.0%
Other pneumonia	407	2.8%
Kidney & Urinary Tract Infections	339	2.3%
Septicemia & Disseminated Infections	334	2.3%
Cellulitis & Other Skin Infections	261	1.8%
Cardiac Arrhythmia	246	1.7%

*Data Source: CHIA Hospital Discharge Dataset

TOP DISCHARGES BY COMMUNITY IN FY22

Community ⁵	Discharges	Percent of Total Community Discharges
Woburn, MA	2,046	40%
Medford, MA	1,087	20%
Stoneham, MA	1,039	38%
Reading, MA	911	39%
Wilmington, MA	897	37%
Winchester, MA	797	45%
Wakefield, MA	642	23%
Tewksbury, MA	621	18%
North Reading, MA	569	41%
Burlington, MA	533	21%

*Data Source: CHIA Hospital Discharge Dataset

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⁵ Inpatient cases and communities with less than 25 discharges have been omitted from the Top Discharges by Inpatient Case (DRG) and Top Discharges By Community charts.

⁶ As Beth Israel Lahey Health became financially consolidated in March 2019, seven months of financial data was reported for FY 2019 for this hospital.

Athol Hospital

2022 Hospital Profile

OVERVIEW

City/Town:	Athol, MA
Region:	Central Massachusetts
Hospital Type:	Community-High Public Payer Hospital
Total Staffed Beds in HFY22:	21, Small Hospital
Hospital System Affiliation:	Heywood Healthcare
Hospital System Surplus (Deficit) in HFY22:	(\$35,316,850)
Change in Ownership HFY18-HFY22:	Not Applicable

Tax Status:	Non-profit
Trauma Center Designation:	Not Applicable
Total FTE's in HFY22:	157.23
FY22 Case Mix Index:	0.90
Public Payer Mix ¹ :	70.1%: HPP Hospital
Percent of Total GPSR - Medicare/Medicaid/Commercial:	47% / 22% / 26%
CY21 Commercial Statewide Relative Price:	0.90

FINANCIAL

GROSS AND NET PATIENT SERVICE REVENUES (GPSR & NPSR)

	HFY18	HFY19	HFY20	HFY21	HFY22
Inpatient GPSR	\$8.7M	\$7.6M	\$7.0M	\$7.4M	\$7.4M
Outpatient GPSR	\$66.2M	\$75.8M	\$75.9M	\$86.1M	\$79.7M
Total GPSR	\$74.8M	\$83.4M	\$82.9M	\$93.4M	\$87.1M
Inpatient NPSR per CMAD	\$10,796	\$12,726	\$16,199	\$14,141	\$9,624
Inpatient NPSR	\$5.0M	\$5.2M	\$7.0M	\$5.9M	\$4.5M
Outpatient NPSR	\$21.3M	\$23.9M	\$26.4M	\$32.2M	\$25.8M

*Data Source: CHIA Hospital Cost Reports

REVENUE & EXPENSES

	HFY18	HFY19	HFY20	HFY21	HFY22
Operating Revenue	\$27.0M	\$30.7M	\$35.3M	\$36.4M	\$32.1M
Non-Operating Revenue ³	\$0.0M	\$0.1M	(\$1.1M)	\$0.0M	\$0.0M
COVID Funding Included in Operating Revenue ⁴	-	-	\$0.7M	\$0.0M	\$0.0M
Total Revenue	\$27.0M	\$30.8M	\$34.2M	\$36.4M	\$32.1M
Total Expenses	\$25.8M	\$30.1M	\$32.4M	\$36.2M	\$38.2M
Total Surplus (Deficit)	\$1.2M	\$0.7M	\$1.8M	\$0.2M	(\$6.0M)
Operating Margin	4.4%	1.9%	8.6%	0.5%	(18.8%)
Non-Operating Margin	0.1%	0.2%	(3.2%)	0.1%	0.0%
Total Margin	4.5%	2.1%	5.4%	0.6%	(18.8%)

*Data Source: Standardized Financial Statements

SOLVENCY AND LIQUIDITY

	HFY18	HFY19	HFY20	HFY21	HFY22
Total Net Assets or Equity	\$8.2M	\$9.3M	\$22.0M	\$14.5M	(\$0.5M)
Current Ratio	0.9	0.8	2.0	0.7	0.2
Debt Service Coverage Ratio	2.7	2.4	21.5	8.1	(28.6)
Cash Flow to Total Debt	13.3%	8.4%	29.9%	6.4%	(20.9%)
Equity Financing Ratio	34.4%	36.6%	60.5%	48.3%	(2.1%)
Average Age of Plant	14.0	17.0	17.0	18.0	19.0

*Data Source: Standardized Financial Statements

UTILIZATION

Licensed Beds in HFY22:	25
Available Beds in HFY22:	21
Staffed Beds in HFY22:	21
HFY22 Percentage Occupancy:	48.0%
Inpatient Discharges in HFY22:	523
Change HFY21-HFY22:	(0.6%)
Percent of Total Region Discharges in HFY22:	0.7%
Percent of Statewide Total Discharges in HFY22:	<1%
Inpatient Days in HFY22:	3,676
Change HFY21-HFY22:	(0.9%)
Percent of Total Region Inpatient Days in HFY22:	0.9%
Percent of Statewide Total Inpatient Days in HFY22:	<1%
Average Length of Stay in HFY22:	7.0
Change HFY21-HFY22:	(0.4%)
Emergency Department Visits in HFY22:	11,306
Change HFY21-HFY22:	12.3%
Percent of Total Region Emergency Department Visits in HFY22:	3.8%
Percent of Statewide Total Emergency Department Visits in HFY22:	<1%
Outpatient Visits in HFY22:	30,621
Change HFY21-HFY22:	14.1%

*Data Source: CHIA Hospital Cost Reports

TOP DISCHARGES BY INPATIENT CASE (DRG) IN FY22

Inpatient Case (DRG) ⁵	Discharges	Percent of Total Hospital Discharges
Chronic Obstructive Pulmonary Disease	61	11.9%
Heart failure	52	10.1%
Other pneumonia	51	9.9%
Rehabilitation	45	8.8%
Kidney & Urinary Tract Infections	27	5.3%
Septicemia & Disseminated Infections	25	4.9%

*Data Source: CHIA Hospital Discharge Dataset

TOP DISCHARGES BY COMMUNITY IN FY22

Community ⁵	Discharges	Percent of Total Community Discharges
Athol, MA	223	16%
Orange, MA	119	14%
Gardner, MA	42	2%
Winchendon, MA	30	3%

*Data Source: CHIA Hospital Discharge Dataset

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

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³ There was an accounting change adopted by most hospitals beginning in HFY 2020 in which unrealized gains and losses on investments are now recognized as non-operating revenue.

⁴ Federal and State COVID-19 relief funding was distributed to hospitals as part of the Coronavirus Aid, Relief, and Economic Security (CARES) Act beginning in HFY2020. A portion of this funding was reported as operating revenue.

⁵ Inpatient cases and communities with less than 25 discharges have been omitted from the Top Discharges by Inpatient Case (DRG) and Top Discharges by Community charts.

Baystate Franklin Medical Center

2022 Hospital Profile

OVERVIEW

City/Town:	Greenfield, MA
Region:	Western Massachusetts
Hospital Type:	Community-High Public Payer Hospital
Total Staffed Beds in HFY22:	107, Mid-Size Hospital
Hospital System Affiliation:	Baystate Health
Hospital System Surplus (Deficit) in HFY22:	(\$327,400,000)
Change in Ownership HFY18-HFY22:	Not Applicable

Tax Status:	Non-profit
Trauma Center Designation:	Not Applicable
Total FTE's in HFY22:	488.55
FY22 Case Mix Index:	0.83
Public Payer Mix ¹ :	72.7%: HPP Hospital
Percent of Total GPSR - Medicare/Medicaid/Commercial:	48% / 21% / 25%
CY21 Commercial Statewide Relative Price:	0.96

FINANCIAL

GROSS AND NET PATIENT SERVICE REVENUES (GPSR & NPSR)

	HFY18	HFY19	HFY20	HFY21	HFY22
Inpatient GPSR	\$67.8M	\$69.6M	\$61.3M	\$67.0M	\$73.5M
Outpatient GPSR	\$178.8M	\$198.4M	\$182.0M	\$202.2M	\$222.6M
Total GPSR	\$246.7M	\$267.9M	\$243.2M	\$269.1M	\$296.2M
Inpatient NPSR per CMAD	\$9,135	\$9,389	\$9,339	\$9,195	\$9,928
Inpatient NPSR	\$37.7M	\$39.7M	\$34.6M	\$36.2M	\$38.7M
Outpatient NPSR	\$56.1M	\$59.5M	\$51.2M	\$58.7M	\$59.4M

*Data Source: CHIA Hospital Cost Reports

REVENUE & EXPENSES

	HFY18	HFY19	HFY20	HFY21	HFY22
Operating Revenue	\$102.7M	\$106.7M	\$103.2M	\$108.0M	\$113.2M
Non-Operating Revenue ³	\$0.2M	(\$0.0M)	(\$0.7M)	\$0.3M	(\$0.4M)
COVID Funding Included in Operating Revenue ⁴	-	-	\$8.8M	\$0.0M	\$5.4M
Total Revenue	\$102.9M	\$106.6M	\$102.5M	\$108.3M	\$112.9M
Total Expenses	\$102.3M	\$105.6M	\$104.0M	\$109.8M	\$121.8M
Total Surplus (Deficit)	\$0.6M	\$1.0M	(\$1.5M)	(\$1.5M)	(\$8.9M)
Operating Margin	0.4%	1.0%	(0.9%)	(1.7%)	(7.6%)
Non-Operating Margin	0.2%	0.0%	(0.6%)	0.3%	(0.3%)
Total Margin	0.6%	1.0%	(1.5%)	(1.4%)	(7.9%)

*Data Source: Standardized Financial Statements

SOLVENCY AND LIQUIDITY

	HFY18	HFY19	HFY20	HFY21	HFY22
Total Net Assets or Equity	\$53.2M	\$46.2M	\$42.6M	\$52.4M	\$39.9M
Current Ratio	1.7	1.7	1.3	1.1	1.0
Debt Service Coverage Ratio	3.9	4.0	2.3	2.3	(1.6)
Cash Flow to Total Debt	17.4%	18.2%	6.9%	7.6%	(10.8%)
Equity Financing Ratio	57.4%	50.5%	39.1%	50.9%	49.8%
Average Age of Plant	17.0	19.0	20.0	21.0	23.0

*Data Source: Standardized Financial Statements

UTILIZATION

Licensed Beds in HFY22:	107
Available Beds in HFY22:	107
Staffed Beds in HFY22:	107
HFY22 Percentage Occupancy:	49.9%
Inpatient Discharges in HFY22:	4,696
Change HFY21-HFY22:	(0.3%)
Percent of Total Region Discharges in HFY22:	5.2%
Percent of Statewide Total Discharges in HFY22:	<1%
Inpatient Days in HFY22:	19,500
Change HFY21-HFY22:	6.5%
Percent of Total Region Inpatient Days in HFY22:	4.1%
Percent of Statewide Total Inpatient Days in HFY22:	<1%
Average Length of Stay in HFY22:	4.2
Change HFY21-HFY22:	6.7%
Emergency Department Visits in HFY22:	23,412
Change HFY21-HFY22:	10.2%
Percent of Total Region Emergency Department Visits in HFY22:	6.1%
Percent of Statewide Total Emergency Department Visits in HFY22:	<1%
Outpatient Visits in HFY22:	31,122
Change HFY21-HFY22:	8.4%

*Data Source: CHIA Hospital Cost Reports

TOP DISCHARGES BY INPATIENT CASE (DRG) IN FY22

Inpatient Case (DRG) ⁵	Discharges	Percent of Total Hospital Discharges
Normal Neonate Birth	381	8.2%
Septicemia & Disseminated Infections	300	6.5%
Vaginal delivery	267	5.8%
Heart failure	260	5.6%
Major Resp Infect & Inflam	228	4.9%
Cesarean delivery	134	2.9%
Cardiac Arrhythmia	115	2.5%
Bipolar disorders	109	2.4%
Alcohol abuse & dependence	104	2.2%
Kidney & Urinary Tract Infections	99	2.1%

*Data Source: CHIA Hospital Discharge Dataset

TOP DISCHARGES BY COMMUNITY IN FY22

Community ⁵	Discharges	Percent of Total Community Discharges
Greenfield, MA	1,603	67%
Turners Falls, MA	451	62%
Shelburne Falls, MA	217	54%
Bernardston, MA	174	60%
Northfield, MA	132	58%
Orange, MA	121	14%
Erving, MA	118	56%
South Deerfield, MA	114	34%
Montague, MA	105	52%
Colrain, MA	104	51%

*Data Source: CHIA Hospital Discharge Dataset

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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³ There was an accounting change adopted by most hospitals beginning in HFY 2020 in which unrealized gains and losses on investments are now recognized as non-operating revenue.

⁴ Federal and State COVID-19 relief funding was distributed to hospitals as part of the Coronavirus Aid, Relief, and Economic Security (CARES) Act beginning in HFY2020. A portion of this funding was reported as operating revenue.

⁵ Inpatient cases and communities with less than 25 discharges have been omitted from the Top Discharges by Inpatient Case (DRG) and Top Discharges by Community charts.

Baystate Noble Hospital

2022 Hospital Profile

OVERVIEW

City/Town:	Westfield, MA
Region:	Western Massachusetts
Hospital Type:	Community-High Public Payer Hospital
Total Staffed Beds in HFY22:	85, Small Hospital
Hospital System Affiliation:	Baystate Health
Hospital System Surplus (Deficit) in HFY22:	(\$327,400,000)
Change in Ownership HFY18-HFY22:	Not Applicable

Tax Status:	Non-profit
Trauma Center Designation:	Not Applicable
Total FTE's in HFY22:	374.22
FY22 Case Mix Index:	0.91
Public Payer Mix ¹ :	69.1%: HPP Hospital
Percent of Total GPSR - Medicare/Medicaid/Commercial:	46% / 19% / 29%
CY21 Commercial Statewide Relative Price:	0.73

FINANCIAL

GROSS AND NET PATIENT SERVICE REVENUES (GPSR & NPSR)

	HFY18	HFY19	HFY20	HFY21	HFY22
Inpatient GPSR	\$51.7M	\$47.1M	\$40.2M	\$53.1M	\$58.8M
Outpatient GPSR	\$98.5M	\$93.4M	\$89.4M	\$122.0M	\$142.9M
Total GPSR	\$150.2M	\$140.5M	\$129.6M	\$175.1M	\$201.7M
Inpatient NPSR per CMAD	\$9,627	\$9,552	\$10,495	\$10,806	\$10,869
Inpatient NPSR	\$27.3M	\$24.2M	\$24.7M	\$30.8M	\$33.6M
Outpatient NPSR	\$27.9M	\$28.1M	\$22.5M	\$31.8M	\$36.1M

*Data Source: CHIA Hospital Cost Reports

REVENUE & EXPENSES

	HFY18	HFY19	HFY20	HFY21	HFY22
Operating Revenue	\$58.4M	\$62.9M	\$54.2M	\$69.0M	\$76.0M
Non-Operating Revenue ³	\$0.0M	(\$0.0M)	\$0.0M	\$0.1M	(\$0.1M)
COVID Funding Included in Operating Revenue ⁴	-	-	\$3.6M	\$0.0M	\$1.2M
Total Revenue	\$58.4M	\$62.9M	\$54.2M	\$69.1M	\$75.9M
Total Expenses	\$57.2M	\$72.4M	\$64.3M	\$68.9M	\$82.7M
Total Surplus (Deficit)	\$1.2M	(\$9.6M)	(\$10.1M)	\$0.1M	(\$6.9M)
Operating Margin	2.0%	(15.2%)	(18.7%)	0.1%	(8.9%)
Non-Operating Margin	0.0%	0.0%	0.0%	0.1%	(0.1%)
Total Margin	2.0%	(15.2%)	(18.7%)	0.2%	(9.1%)

*Data Source: Standardized Financial Statements

SOLVENCY AND LIQUIDITY

	HFY18	HFY19	HFY20	HFY21	HFY22
Total Net Assets or Equity	\$16.8M	\$14.7M	\$25.2M	\$30.8M	\$20.8M
Current Ratio	0.4	0.3	0.7	1.0	0.7
Debt Service Coverage Ratio	6.2	(9.2)	(10.2)	14.0	(7.9)
Cash Flow to Total Debt	17.8%	(19.5%)	(23.5%)	22.4%	(14.6%)
Equity Financing Ratio	40.9%	30.2%	47.2%	55.4%	52.4%
Average Age of Plant	21.0	16.0	14.0	14.0	15.0

*Data Source: Standardized Financial Statements

UTILIZATION

Licensed Beds in HFY22:	85
Available Beds in HFY22:	85
Staffed Beds in HFY22:	85
HFY22 Percentage Occupancy:	58.1%
Inpatient Discharges in HFY22:	3,389
Change HFY21-HFY22:	10.9%
Percent of Total Region Discharges in HFY22:	3.8%
Percent of Statewide Total Discharges in HFY22:	<1%
Inpatient Days in HFY22:	18,012
Change HFY21-HFY22:	8.3%
Percent of Total Region Inpatient Days in HFY22:	3.8%
Percent of Statewide Total Inpatient Days in HFY22:	<1%
Average Length of Stay in HFY22:	5.3
Change HFY21-HFY22:	(2.4%)
Emergency Department Visits in HFY22:	27,975
Change HFY21-HFY22:	13.2%
Percent of Total Region Emergency Department Visits in HFY22:	7.3%
Percent of Statewide Total Emergency Department Visits in HFY22:	1.0%
Outpatient Visits in HFY22:	36,834
Change HFY21-HFY22:	11.9%

*Data Source: CHIA Hospital Cost Reports

TOP DISCHARGES BY INPATIENT CASE (DRG) IN FY22

Inpatient Case (DRG) ⁵	Discharges	Percent of Total Hospital Discharges
Septicemia & Disseminated Infections	294	8.9%
Major Resp Infect & Inflamm	232	7.0%
Heart failure	198	6.0%
Bipolar disorders	148	4.5%
Kidney & Urinary Tract Infections	127	3.8%
Major Depressive Disorders	121	3.6%
Schizophrenia	120	3.6%
Pul edema & resp failure	102	3.1%
Cellulitis & Other Skin Infections	95	2.9%
Renal failure	91	2.7%

*Data Source: CHIA Hospital Discharge Dataset

TOP DISCHARGES BY COMMUNITY IN FY22

Community ⁵	Discharges	Percent of Total Community Discharges
Westfield, MA	1,575	35%
Southwick, MA	334	34%
Springfield, MA	219	1%
West Springfield, MA	161	5%
Agawam, MA	153	7%
Feeding Hills, MA	145	13%
Chicopee, MA	66	1%
Russell, MA	61	33%
Granville, MA	50	34%
Holyoke, MA	50	1%

*Data Source: CHIA Hospital Discharge Dataset

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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³ There was an accounting change adopted by most hospitals beginning in HFY 2020 in which unrealized gains and losses on investments are now recognized as non-operating revenue.

⁴ Federal and State COVID-19 relief funding was distributed to hospitals as part of the Coronavirus Aid, Relief, and Economic Security (CARES) Act beginning in HFY2020. A portion of this funding was reported as operating revenue.

⁵ Inpatient cases and communities with less than 25 discharges have been omitted from the Top Discharges by Inpatient Case (DRG) and Top Discharges by Community charts.

Baystate Wing Hospital

2022 Hospital Profile

OVERVIEW

City/Town:	Palmer & Ware, MA
Region:	Western Massachusetts
Hospital Type:	Community-High Public Payer Hospital
Total Staffed Beds in HFY22:	68, Small Hospital
Hospital System Affiliation:	Baystate Health
Hospital System Surplus (Deficit) in HFY22:	(\$327,400,000)
Change in Ownership HFY18-HFY22:	Not Applicable

Tax Status:	Non-profit
Trauma Center Designation:	Not Applicable
Total FTE's in HFY22:	482.41
FY22 Case Mix Index:	1.02
Public Payer Mix ¹ :	70.5%: HPP Hospital
Percent of Total GPSR - Medicare/Medicaid/Commercial:	49% / 20% / 26%
CY21 Commercial Statewide Relative Price:	0.74

FINANCIAL

GROSS AND NET PATIENT SERVICE REVENUES (GPSR & NPSR)

	HFY18	HFY19	HFY20	HFY21	HFY22
Inpatient GPSR	\$55.5M	\$55.1M	\$57.1M	\$69.0M	\$76.2M
Outpatient GPSR	\$140.3M	\$154.2M	\$146.7M	\$154.8M	\$178.4M
Total GPSR	\$195.8M	\$209.3M	\$203.8M	\$223.7M	\$254.6M
Inpatient NPSR per CMAD	\$9,310	\$10,016	\$10,258	\$11,122	\$11,232
Inpatient NPSR	\$30.4M	\$32.5M	\$33.4M	\$41.1M	\$40.7M
Outpatient NPSR	\$49.9M	\$50.1M	\$45.3M	\$46.9M	\$50.8M

*Data Source: CHIA Hospital Cost Reports

REVENUE & EXPENSES

	HFY18	HFY19	HFY20	HFY21	HFY22
Operating Revenue	\$85.6M	\$87.2M	\$86.3M	\$97.5M	\$97.8M
Non-Operating Revenue ³	\$0.5M	\$0.2M	\$0.1M	\$1.6M	(\$1.6M)
COVID Funding Included in Operating Revenue ⁴	-	-	\$3.4M	\$0.0M	\$1.7M
Total Revenue	\$86.1M	\$87.4M	\$86.4M	\$99.1M	\$96.1M
Total Expenses	\$90.5M	\$93.6M	\$93.7M	\$98.7M	\$108.1M
Total Surplus (Deficit)	(\$4.4M)	(\$6.2M)	(\$7.3M)	\$0.3M	(\$12.0M)
Operating Margin	(5.7%)	(7.3%)	(8.6%)	(1.2%)	(10.8%)
Non-Operating Margin	0.6%	0.2%	0.2%	1.6%	(1.7%)
Total Margin	(5.1%)	(7.1%)	(8.4%)	0.3%	(12.5%)

*Data Source: Standardized Financial Statements

SOLVENCY AND LIQUIDITY

	HFY18	HFY19	HFY20	HFY21	HFY22
Total Net Assets or Equity	\$50.2M	\$42.9M	\$38.6M	\$43.8M	\$25.7M
Current Ratio	1.2	1.1	1.0	1.1	0.8
Debt Service Coverage Ratio	1.9	0.6	(0.1)	3.9	(3.8)
Cash Flow to Total Debt	3.1%	0.4%	(1.7%)	10.3%	(13.2%)
Equity Financing Ratio	47.9%	43.8%	36.7%	41.9%	31.1%
Average Age of Plant	8.0	8.0	10.0	11.0	13.0

*Data Source: Standardized Financial Statements

UTILIZATION

Licensed Beds in HFY22:	68
Available Beds in HFY22:	68
Staffed Beds in HFY22:	68
HFY22 Percentage Occupancy:	88.8%
Inpatient Discharges in HFY22:	3,565
Change HFY21-HFY22:	(1.5%)
Percent of Total Region Discharges in HFY22:	4.0%
Percent of Statewide Total Discharges in HFY22:	<1%
Inpatient Days in HFY22:	22,030
Change HFY21-HFY22:	10.0%
Percent of Total Region Inpatient Days in HFY22:	4.6%
Percent of Statewide Total Inpatient Days in HFY22:	<1%
Average Length of Stay in HFY22:	6.2
Change HFY21-HFY22:	11.8%
Emergency Department Visits in HFY22:	34,554
Change HFY21-HFY22:	9.5%
Percent of Total Region Emergency Department Visits in HFY22:	9.0%
Percent of Statewide Total Emergency Department Visits in HFY22:	1.3%
Outpatient Visits in HFY22:	133,463
Change HFY21-HFY22:	1.2%

*Data Source: CHIA Hospital Cost Reports

TOP DISCHARGES BY INPATIENT CASE (DRG) IN FY22

Inpatient Case (DRG) ⁵	Discharges	Percent of Total Hospital Discharges
Septicemia & Disseminated Infections	457	12.9%
Heart failure	326	9.2%
Major Resp Infect & Inflam	282	8.0%
Major Depressive Disorders	161	4.5%
Bipolar disorders	103	2.9%
Pul edema & resp failure	86	2.4%
Chronic Obstructive Pulmonary Disease	84	2.4%
Cardiac Arrhythmia	83	2.3%
Disorders Of Pancreas Except Malignancy	79	2.2%
Renal failure	79	2.2%

*Data Source: CHIA Hospital Discharge Dataset

TOP DISCHARGES BY COMMUNITY IN FY22

Community ⁵	Discharges	Percent of Total Community Discharges
Ware, MA	510	41%
Palmer, MA	400	43%
Belchertown, MA	345	26%
Ludlow, MA	319	15%
Wilbraham, MA	315	22%
Monson, MA	275	35%
Springfield, MA	257	1%
Warren, MA	114	34%
West Brookfield, MA	90	20%
Chicopee, MA	82	1%

*Data Source: CHIA Hospital Discharge Dataset

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

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² Effective HFY 2020, supplemental revenue is not included in net patient service revenue for all hospitals. Prior to HFY 2020, reporting of supplemental revenue varied by hospital.

³ There was an accounting change adopted by most hospitals beginning in HFY 2020 in which unrealized gains and losses on investments are now recognized as non-operating revenue.

⁴ Federal and State COVID-19 relief funding was distributed to hospitals as part of the Coronavirus Aid, Relief, and Economic Security (CARES) Act beginning in HFY2020. A portion of this funding was reported as operating revenue.

⁵ Inpatient cases and communities with less than 25 discharges have been omitted from the Top Discharges by Inpatient Case (DRG) and Top Discharges by Community charts.

Berkshire Medical Center

2022 Hospital Profile

OVERVIEW

City/Town:	Pittsfield, MA
Region:	Western Massachusetts
Hospital Type:	Community-High Public Payer Hospital
Total Staffed Beds in HFY22:	198, Mid-Size Hospital
Hospital System Affiliation:	Berkshire Health Systems
Hospital System Surplus (Deficit) in HFY22:	(\$28,743,507)
Change in Ownership HFY18-HFY22:	Not Applicable

Tax Status:	Non-profit
Trauma Center Designation:	Adult: Level 3
Total FTE's in HFY22:	2,460.95
FY22 Case Mix Index:	1.19
Public Payer Mix ¹ :	72.6%: HPP Hospital
Percent of Total GPSR - Medicare/Medicaid/Commercial:	52% / 20% / 22%
CY21 Commercial Statewide Relative Price:	1.04

FINANCIAL

GROSS AND NET PATIENT SERVICE REVENUES (GPSR & NPSR)

	HFY18	HFY19	HFY20	HFY21	HFY22
Inpatient GPSR	\$329.9M	\$329.8M	\$314.7M	\$322.7M	\$328.7M
Outpatient GPSR	\$688.0M	\$718.8M	\$677.6M	\$810.3M	\$856.8M
Total GPSR	\$1,017.8M	\$1,048.6M	\$992.3M	\$1,133.0M	\$1,185.5M
Inpatient NPSR per CMAD	\$11,702	\$11,786	\$11,741	\$12,230	\$12,055
Inpatient NPSR	\$173.8M	\$178.4M	\$164.4M	\$169.8M	\$170.6M
Outpatient NPSR	\$285.2M	\$281.4M	\$261.0M	\$315.5M	\$336.7M

*Data Source: CHIA Hospital Cost Reports

REVENUE & EXPENSES

	HFY18	HFY19	HFY20	HFY21	HFY22
Operating Revenue	\$509.1M	\$527.0M	\$522.7M	\$587.3M	\$627.9M
Non-Operating Revenue ³	\$19.1M	\$12.2M	\$21.3M	\$54.7M	(\$50.4M)
COVID Funding Included in Operating Revenue ⁴	-	-	\$20.4M	\$13.2M	\$1.5M
Total Revenue	\$528.2M	\$539.2M	\$544.0M	\$642.0M	\$577.4M
Total Expenses	\$478.8M	\$499.1M	\$519.1M	\$545.3M	\$590.4M
Total Surplus (Deficit)	\$49.4M	\$40.1M	\$24.9M	\$96.7M	(\$12.9M)
Operating Margin	5.7%	5.2%	0.7%	6.5%	6.5%
Non-Operating Margin	3.6%	2.3%	3.9%	8.5%	(8.7%)
Total Margin	9.4%	7.4%	4.6%	15.1%	(2.2%)

*Data Source: Standardized Financial Statements

SOLVENCY AND LIQUIDITY

	HFY18	HFY19	HFY20	HFY21	HFY22
Total Net Assets or Equity	\$440.0M	\$461.1M	\$457.2M	\$540.9M	\$498.9M
Current Ratio	1.4	1.4	1.6	1.4	1.4
Debt Service Coverage Ratio	10.0	8.9	10.7	64.1	5.3
Cash Flow to Total Debt	53.1%	50.2%	27.1%	58.3%	12.5%
Equity Financing Ratio	72.6%	74.4%	62.4%	69.1%	72.5%
Average Age of Plant	12.0	12.0	14.0	15.0	15.0

*Data Source: Standardized Financial Statements

UTILIZATION

Licensed Beds in HFY22:	318
Available Beds in HFY22:	292
Staffed Beds in HFY22:	198
HFY22 Percentage Occupancy:	84.9%
Inpatient Discharges in HFY22:	11,904
Change HFY21-HFY22:	(4.4%)
Percent of Total Region Discharges in HFY22:	13.2%
Percent of Statewide Total Discharges in HFY22:	1.6%
Inpatient Days in HFY22:	61,340
Change HFY21-HFY22:	2.1%
Percent of Total Region Inpatient Days in HFY22:	12.9%
Percent of Statewide Total Inpatient Days in HFY22:	1.5%
Average Length of Stay in HFY22:	5.2
Change HFY21-HFY22:	6.8%
Emergency Department Visits in HFY22:	50,357
Change HFY21-HFY22:	11.6%
Percent of Total Region Emergency Department Visits in HFY22:	13.1%
Percent of Statewide Total Emergency Department Visits in HFY22:	1.9%
Outpatient Visits in HFY22:	317,077
Change HFY21-HFY22:	0.4%

*Data Source: CHIA Hospital Cost Reports

TOP DISCHARGES BY INPATIENT CASE (DRG) IN FY22

Inpatient Case (DRG) ⁵	Discharges	Percent of Total Hospital Discharges
Septicemia & Disseminated Infections	856	7.2%
Drug & alcohol abuse or dep against med advice	770	6.5%
Alcohol & drug dep w/ rehab	719	6.1%
Heart failure	527	4.4%
Normal Neonate Birth	487	4.1%
Major Resp Infect & Inflamm	450	3.8%
Vaginal delivery	393	3.3%
Alcohol abuse & dependence	266	2.2%
Opioid abuse & dependence	252	2.1%
Depression Exc Mdd	200	1.7%

*Data Source: CHIA Hospital Discharge Dataset

TOP DISCHARGES BY COMMUNITY IN FY22

Community ⁵	Discharges	Percent of Total Community Discharges
Pittsfield, MA	5,151	85%
North Adams, MA	1,565	84%
Adams, MA	748	83%
Dalton, MA	493	79%
Lee, MA	467	71%
Lenox, MA	446	79%
Williamstown, MA	352	82%
Great Barrington, MA	325	47%
Cheshire, MA	223	77%
Lanesboro, MA	213	79%

*Data Source: CHIA Hospital Discharge Dataset

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

³ There was an accounting change adopted by most hospitals beginning in HFY 2020 in which unrealized gains and losses on investments are now recognized as non-operating revenue.

⁴ Federal and State COVID-19 relief funding was distributed to hospitals as part of the Coronavirus Aid, Relief, and Economic Security (CARES) Act beginning in HFY2020. A portion of this funding was reported as operating revenue.

⁵ Inpatient cases and communities with less than 25 discharges have been omitted from the Top Discharges by Inpatient Case (DRG) and Top Discharges by Community charts.

Beth Israel Deaconess Hospital - Plymouth

2022 Hospital Profile

OVERVIEW

City/Town:	Plymouth, MA
Region:	Metro South
Hospital Type:	Community-High Public Payer Hospital
Total Staffed Beds in HFY22:	187, Mid-Size Hospital
Hospital System Affiliation:	Beth Israel Lahey Health
Hospital System Surplus (Deficit) in HFY22:	(\$442,037,000)
Change in Ownership HFY18-HFY22:	Beth Israel Lahey Health 3/1/19

Tax Status:	Non-profit
Trauma Center Designation:	Not Applicable
Total FTE's in HFY22:	1,363.04
FY22 Case Mix Index:	1.17
Public Payer Mix ¹ :	68.7%: HPP Hospital
Percent of Total GPSR - Medicare/Medicaid/Commercial:	57% / 11% / 26%
CY21 Commercial Statewide Relative Price:	0.91

FINANCIAL

GROSS AND NET PATIENT SERVICE REVENUES (GPSR & NPSR)

	HFY18	HFY19	HFY20	HFY21	HFY22
Inpatient GPSR	\$207.1M	\$244.0M	\$234.2M	\$237.7M	\$255.4M
Outpatient GPSR	\$420.2M	\$463.0M	\$438.7M	\$510.5M	\$554.7M
Total GPSR	\$627.2M	\$707.0M	\$672.9M	\$748.3M	\$810.0M
Inpatient NPSR per CMAD	\$10,556	\$11,822	\$11,018	\$11,106	\$10,514
Inpatient NPSR	\$124.1M	\$137.0M	\$134.9M	\$142.1M	\$143.9M
Outpatient NPSR	\$142.0M	\$149.4M	\$143.1M	\$168.5M	\$181.3M

*Data Source: CHIA Hospital Cost Reports

REVENUE & EXPENSES

	HFY18	HFY19	HFY20	HFY21	HFY22
Operating Revenue	\$274.3M	\$177.1M	\$310.7M	\$323.7M	\$340.1M
Non-Operating Revenue ³	\$3.2M	\$0.5M	\$0.0M	\$4.4M	(\$2.6M)
COVID Funding Included in Operating Revenue ⁴	-	-	\$20.2M	\$0.9M	\$2.6M
Total Revenue	\$277.5M	\$177.6M	\$310.8M	\$328.0M	\$337.5M
Total Expenses	\$263.3M	\$166.3M	\$291.2M	\$318.0M	\$343.2M
Total Surplus (Deficit)	\$14.2M	\$11.3M	\$19.5M	\$10.0M	(\$5.7M)
Operating Margin	4.0%	6.1%	6.3%	1.7%	(0.9%)
Non-Operating Margin	1.2%	0.3%	0.0%	1.3%	(0.8%)
Total Margin	5.1%	6.4%	6.3%	3.1%	(1.7%)

*Data Source: Standardized Financial Statements

SOLVENCY AND LIQUIDITY

	HFY18	HFY19	HFY20	HFY21	HFY22
Total Net Assets or Equity	\$101.0M	\$107.3M	\$117.9M	\$122.3M	\$99.9M
Current Ratio	2.1	2.1	1.4	1.4	1.3
Debt Service Coverage Ratio	4.8	4.1	5.9	4.1	1.1
Cash Flow to Total Debt	24.6%	19.0%	19.2%	14.7%	4.8%
Equity Financing Ratio	48.7%	50.0%	40.4%	44.1%	48.0%
Average Age of Plant	0	0	0	7.0	8.0

*Data Source: Standardized Financial Statements

UTILIZATION

Licensed Beds in HFY22:	187
Available Beds in HFY22:	187
Staffed Beds in HFY22:	187
HFY22 Percentage Occupancy:	82.1%
Inpatient Discharges in HFY22:	11,720
Change HFY21-HFY22:	(0.0%)
Percent of Total Region Discharges in HFY22:	16.0%
Percent of Statewide Total Discharges in HFY22:	1.6%
Inpatient Days in HFY22:	56,064
Change HFY21-HFY22:	0.3%
Percent of Total Region Inpatient Days in HFY22:	16.2%
Percent of Statewide Total Inpatient Days in HFY22:	1.4%
Average Length of Stay in HFY22:	4.8
Change HFY21-HFY22:	0.2%
Emergency Department Visits in HFY22:	42,367
Change HFY21-HFY22:	7.6%
Percent of Total Region Emergency Department Visits in HFY22:	16.2%
Percent of Statewide Total Emergency Department Visits in HFY22:	1.6%
Outpatient Visits in HFY22:	116,607
Change HFY21-HFY22:	(15.1%)

*Data Source: CHIA Hospital Cost Reports

TOP DISCHARGES BY INPATIENT CASE (DRG) IN FY22

Inpatient Case (DRG) ⁵	Discharges	Percent of Total Hospital Discharges
Septicemia & Disseminated Infections	1,103	9.5%
Normal Neonate Birth	914	7.9%
Vaginal delivery	672	5.8%
Major Resp Infect & Inflam	569	4.9%
Heart failure	420	3.6%
Cesarean delivery	292	2.5%
Alcohol abuse & dependence	255	2.2%
Renal failure	219	1.9%
Knee joint replacement	217	1.9%
Pul edema & resp failure	196	1.7%

*Data Source: CHIA Hospital Discharge Dataset

TOP DISCHARGES BY COMMUNITY IN FY22

Community ⁵	Discharges	Percent of Total Community Discharges
Plymouth, MA	4,755	64%
Carver, MA	836	56%
Kingston, MA	734	51%
Middleboro, MA	681	23%
Duxbury, MA	540	37%
Marshfield, MA	381	15%
Pembroke, MA	339	17%
Buzzards Bay, MA	277	17%
Sandwich, MA	207	20%
Halifax, MA	187	21%

*Data Source: CHIA Hospital Discharge Dataset

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

³ There was an accounting change adopted by most hospitals beginning in HFY 2020 in which unrealized gains and losses on investments are now recognized as non-operating revenue.

⁴ Federal and State COVID-19 relief funding was distributed to hospitals as part of the Coronavirus Aid, Relief, and Economic Security (CARES) Act beginning in HFY2020. A portion of this funding was reported as operating revenue.

⁵ Inpatient cases and communities with less than 25 discharges have been omitted from the Top Discharges by Inpatient Case (DRG) and Top Discharges By Community charts.

⁶ As Beth Israel Lahey Health became financially consolidated in March 2019, seven months of financial data was reported for FY 2019 for this hospital.

Cape Cod Hospital

2022 Hospital Profile

OVERVIEW

City/Town:	Hyannis, MA
Region:	Cape and Islands
Hospital Type:	Community-High Public Payer Hospital
Total Staffed Beds in HFY22:	269, Large Hospital
Hospital System Affiliation:	Cape Cod Healthcare
Hospital System Surplus (Deficit) in HFY22:	(\$56,580,664)
Change in Ownership HFY18-HFY22:	Not Applicable

Tax Status:	Non-profit
Trauma Center Designation:	Not Applicable
Total FTE's in HFY22:	1,945.32
FY22 Case Mix Index:	1.21
Public Payer Mix ¹ :	74.7%: HPP Hospital
Percent of Total GPSR - Medicare/Medicaid/Commercial:	60% / 13% / 20%
CY21 Commercial Statewide Relative Price:	1.36

FINANCIAL

GROSS AND NET PATIENT SERVICE REVENUES (GPSR & NPSR)

	HFY18	HFY19	HFY20	HFY21	HFY22
Inpatient GPSR	\$470.3M	\$537.0M	\$495.7M	\$567.0M	\$580.3M
Outpatient GPSR	\$823.1M	\$812.9M	\$716.8M	\$838.1M	\$956.0M
Total GPSR	\$1,293.5M	\$1,349.9M	\$1,212.6M	\$1,405.1M	\$1,536.3M
Inpatient NPSR per CMAD	\$12,822	\$14,624	\$13,981	\$15,735	\$14,470
Inpatient NPSR	\$256.2M	\$306.8M	\$266.8M	\$319.6M	\$293.3M
Outpatient NPSR	\$303.8M	\$287.0M	\$253.5M	\$256.5M	\$323.5M

*Data Source: CHIA Hospital Cost Reports

REVENUE & EXPENSES

	HFY18	HFY19	HFY20	HFY21	HFY22
Operating Revenue	\$570.8M	\$604.6M	\$576.6M	\$606.7M	\$653.7M
Non-Operating Revenue ³	\$8.4M	\$10.9M	\$6.0M	\$20.7M	(\$25.9M)
COVID Funding Included in Operating Revenue ⁴	-	-	\$30.3M	\$11.6M	\$15.5M
Total Revenue	\$579.2M	\$615.5M	\$582.6M	\$627.4M	\$627.8M
Total Expenses	\$531.1M	\$559.6M	\$555.0M	\$574.7M	\$633.5M
Total Surplus (Deficit)	\$48.1M	\$55.9M	\$27.6M	\$52.7M	(\$5.8M)
Operating Margin	6.9%	7.3%	3.7%	5.1%	3.2%
Non-Operating Margin	1.5%	1.8%	1.0%	3.3%	(4.1%)
Total Margin	8.3%	9.1%	4.7%	8.4%	(0.9%)

*Data Source: Standardized Financial Statements

SOLVENCY AND LIQUIDITY

	HFY18	HFY19	HFY20	HFY21	HFY22
Total Net Assets or Equity	\$450.1M	\$476.1M	\$488.3M	\$513.0M	\$480.3M
Current Ratio	2.2	2.2	1.4	1.5	2.1
Debt Service Coverage Ratio	5.3	6.1	4.8	5.3	1.5
Cash Flow to Total Debt	36.7%	43.6%	20.9%	27.3%	9.0%
Equity Financing Ratio	70.9%	72.8%	62.4%	65.6%	76.2%
Average Age of Plant	13.0	12.0	8.0	15.0	16.0

*Data Source: Standardized Financial Statements

UTILIZATION

Licensed Beds in HFY22:	269
Available Beds in HFY22:	269
Staffed Beds in HFY22:	269
HFY22 Percentage Occupancy:	80.2%
Inpatient Discharges in HFY22:	16,718
Change HFY21-HFY22:	(1.6%)
Percent of Total Region Discharges in HFY22:	71.5%
Percent of Statewide Total Discharges in HFY22:	2.3%
Inpatient Days in HFY22:	78,743
Change HFY21-HFY22:	7.1%
Percent of Total Region Inpatient Days in HFY22:	74.0%
Percent of Statewide Total Inpatient Days in HFY22:	1.9%
Average Length of Stay in HFY22:	4.7
Change HFY21-HFY22:	8.8%
Emergency Department Visits in HFY22:	75,113
Change HFY21-HFY22:	7.6%
Percent of Total Region Emergency Department Visits in HFY22:	56.5%
Percent of Statewide Total Emergency Department Visits in HFY22:	2.8%
Outpatient Visits in HFY22:	460,054
Change HFY21-HFY22:	0.0%

*Data Source: CHIA Hospital Cost Reports

TOP DISCHARGES BY INPATIENT CASE (DRG) IN FY22

Inpatient Case (DRG) ⁵	Discharges	Percent of Total Hospital Discharges
Septicemia & Disseminated Infections	1,943	11.5%
Normal Neonate Birth	918	5.5%
Vaginal delivery	621	3.7%
Heart failure	599	3.6%
Major Resp Infect & Inflam	468	2.8%
Kidney & Urinary Tract Infections	390	2.3%
Cesarean delivery	347	2.1%
Cva & Precebral Occlusion W/ Infarct	345	2.1%
Per Cardio Proc w/o AMI	314	1.9%
Cardiac Arrhythmia	310	1.8%

*Data Source: CHIA Hospital Discharge Dataset

TOP DISCHARGES BY COMMUNITY IN FY22

Community ⁵	Discharges	Percent of Total Community Discharges
Hyannis, MA	1,897	81%
South Yarmouth, MA	1,187	82%
West Yarmouth, MA	936	80%
Centerville, MA	910	76%
Harwich, MA	882	79%
Brewster, MA	796	76%
South Dennis, MA	637	74%
Mashpee, MA	628	31%
Yarmouth Port, MA	614	80%
Marstons Mills, MA	505	70%

*Data Source: CHIA Hospital Discharge Dataset

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

³ There was an accounting change adopted by most hospitals beginning in HFY 2020 in which unrealized gains and losses on investments are now recognized as non-operating revenue.

⁴ Federal and State COVID-19 relief funding was distributed to hospitals as part of the Coronavirus Aid, Relief, and Economic Security (CARES) Act beginning in HFY2020. A portion of this funding was reported as operating revenue.

⁵ Inpatient cases and communities with less than 25 discharges have been omitted from the Top Discharges by Inpatient Case (DRG) and Top Discharges by Community charts.

⁶ Cape Cod Hospital changed its methodology for counting outpatient visits to include all clinic visits for the entity starting in HFY 2021.

Cooley Dickinson Hospital

2022 Hospital Profile

OVERVIEW

City/Town:	Northampton, MA
Region:	Western Massachusetts
Hospital Type:	Community-High Public Payer Hospital
Total Staffed Beds in HFY22:	151, Mid-Size Hospital
Hospital System Affiliation:	Mass General Brigham
Hospital System Surplus (Deficit) in HFY22:	(\$2,257,627,000)
Change in Ownership HFY18-HFY22:	Not Applicable

Tax Status:	Non-profit
Trauma Center Designation:	Not Applicable
Total FTE's in HFY22:	972.58
FY22 Case Mix Index:	0.98
Public Payer Mix ¹ :	70.4%: HPP Hospital
Percent of Total GPSR - Medicare/Medicaid/Commercial:	50% / 12% / 26%
CY21 Commercial Statewide Relative Price:	0.92

FINANCIAL

GROSS AND NET PATIENT SERVICE REVENUES (GPSR & NPSR)

	HFY18	HFY19	HFY20	HFY21	HFY22
Inpatient GPSR	\$149.1M	\$162.8M	\$136.4M	\$157.5M	\$158.6M
Outpatient GPSR	\$318.7M	\$356.2M	\$354.9M	\$452.5M	\$500.2M
Total GPSR	\$467.7M	\$519.1M	\$491.3M	\$610.0M	\$658.7M
Inpatient NPSR per CMAD	\$10,570	\$11,341	\$8,476	\$9,150	\$8,874
Inpatient NPSR	\$66.3M	\$74.0M	\$51.6M	\$58.4M	\$55.5M
Outpatient NPSR	\$114.4M	\$125.7M	\$134.0M	\$167.9M	\$174.9M

*Data Source: CHIA Hospital Cost Reports

REVENUE & EXPENSES

	HFY18	HFY19	HFY20	HFY21	HFY22
Operating Revenue	\$184.5M	\$204.1M	\$199.6M	\$236.0M	\$238.9M
Non-Operating Revenue ³	\$2.8M	\$2.5M	\$0.2M	\$0.1M	\$0.0M
COVID Funding Included in Operating Revenue ⁴	-	-	\$9.1M	\$4.8M	\$0.2M
Total Revenue	\$187.2M	\$206.6M	\$199.8M	\$236.1M	\$238.9M
Total Expenses	\$187.9M	\$191.0M	\$200.6M	\$211.1M	\$229.8M
Total Surplus (Deficit)	(\$0.6M)	\$15.7M	(\$0.8M)	\$25.0M	\$9.1M
Operating Margin	(1.8%)	6.4%	(0.5%)	10.6%	3.8%
Non-Operating Margin	1.5%	1.2%	0.1%	0.0%	0.0%
Total Margin	(0.3%)	7.6%	(0.4%)	10.6%	3.8%

*Data Source: Standardized Financial Statements

SOLVENCY AND LIQUIDITY

	HFY18	HFY19	HFY20	HFY21	HFY22
Total Net Assets or Equity	\$23.7M	\$52.3M	\$39.8M	\$41.7M	\$46.0M
Current Ratio	0.6	0.8	0.7	0.7	0.7
Debt Service Coverage Ratio	2.2	4.6	2.0	5.8	4.3
Cash Flow to Total Debt	15.4%	40.7%	11.7%	40.8%	31.6%
Equity Financing Ratio	17.7%	38.1%	24.9%	27.5%	36.0%
Average Age of Plant	8.0	9.0	10.0	11.0	12.0

*Data Source: Standardized Financial Statements

UTILIZATION

Licensed Beds in HFY22:	151
Available Beds in HFY22:	151
Staffed Beds in HFY22:	151
HFY22 Percentage Occupancy:	58.4%
Inpatient Discharges in HFY22:	6,357
Change HFY21-HFY22:	(4.6%)
Percent of Total Region Discharges in HFY22:	7.1%
Percent of Statewide Total Discharges in HFY22:	<1%
Inpatient Days in HFY22:	32,170
Change HFY21-HFY22:	5.8%
Percent of Total Region Inpatient Days in HFY22:	6.8%
Percent of Statewide Total Inpatient Days in HFY22:	<1%
Average Length of Stay in HFY22:	5.1
Change HFY21-HFY22:	10.7%
Emergency Department Visits in HFY22:	36,418
Change HFY21-HFY22:	14.8%
Percent of Total Region Emergency Department Visits in HFY22:	9.5%
Percent of Statewide Total Emergency Department Visits in HFY22:	1.3%
Outpatient Visits in HFY22:	60,708
Change HFY21-HFY22:	44.4%

*Data Source: CHIA Hospital Cost Reports

TOP DISCHARGES BY INPATIENT CASE (DRG) IN FY22

Inpatient Case (DRG) ⁵	Discharges	Percent of Total Hospital Discharges
Normal Neonate Birth	536	8.5%
Vaginal delivery	399	6.3%
Septicemia & Disseminated Infections	385	6.1%
Heart failure	339	5.4%
Major Resp Infect & Inflam	258	4.1%
Major Depressive Disorders	226	3.6%
Cesarean delivery	167	2.6%
Hip joint replacement	132	2.1%
Knee joint replacement	132	2.1%
Renal failure	121	1.9%

*Data Source: CHIA Hospital Discharge Dataset

TOP DISCHARGES BY COMMUNITY IN FY22

Community ⁵	Discharges	Percent of Total Community Discharges
Northampton, MA	821	63%
Easthampton, MA	806	46%
Amherst, MA	800	58%
Florence, MA	475	59%
Hadley, MA	272	59%
Leeds, MA	239	76%
Belchertown, MA	217	16%
Holyoke, MA	190	4%
Southampton, MA	169	31%
South Hadley, MA	144	9%

*Data Source: CHIA Hospital Discharge Dataset

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

³ There was an accounting change adopted by most hospitals beginning in HFY 2020 in which unrealized gains and losses on investments are now recognized as non-operating revenue.

⁴ Federal and State COVID-19 relief funding was distributed to hospitals as part of the Coronavirus Aid, Relief, and Economic Security (CARES) Act beginning in HFY2020. A portion of this funding was reported as operating revenue.

⁵ Inpatient cases and communities with less than 25 discharges have been omitted from the Top Discharges by Inpatient Case (DRG) and Top Discharges By Community charts.

Fairview Hospital

2022 Hospital Profile

OVERVIEW

City/Town:	Great Barrington, MA
Region:	Western Massachusetts
Hospital Type:	Community-High Public Payer Hospital
Total Staffed Beds in HFY22:	28, Small Hospital
Hospital System Affiliation:	Berkshire Health Systems
Hospital System Surplus (Deficit) in HFY22:	(\$28,743,507)
Change in Ownership HFY18-HFY22:	Not Applicable

Tax Status:	Non-profit
Trauma Center Designation:	Not Applicable
Total FTE's in HFY22:	349.70
FY22 Case Mix Index:	0.80
Public Payer Mix ¹ :	67.0%: HPP Hospital
Percent of Total GPSR - Medicare/Medicaid/Commercial:	51% / 13% / 27%
CY21 Commercial Statewide Relative Price:	1.19

FINANCIAL

GROSS AND NET PATIENT SERVICE REVENUES (GPSR & NPSR)

	HFY18	HFY19	HFY20	HFY21	HFY22
Inpatient GPSR	\$17.1M	\$16.9M	\$15.8M	\$16.5M	\$17.8M
Outpatient GPSR	\$80.3M	\$89.7M	\$91.4M	\$108.6M	\$123.6M
Total GPSR	\$97.4M	\$106.6M	\$107.2M	\$125.1M	\$141.4M
Inpatient NPSR per CMAD	\$16,709	\$17,336	\$17,510	\$16,852	\$16,703
Inpatient NPSR	\$13.2M	\$13.8M	\$12.4M	\$13.5M	\$13.9M
Outpatient NPSR	\$39.5M	\$42.8M	\$46.7M	\$54.7M	\$62.3M

*Data Source: CHIA Hospital Cost Reports

REVENUE & EXPENSES

	HFY18	HFY19	HFY20	HFY21	HFY22
Operating Revenue	\$54.2M	\$58.5M	\$62.7M	\$77.3M	\$82.5M
Non-Operating Revenue ³	\$2.0M	\$1.3M	\$2.7M	\$5.8M	\$2.8M
COVID Funding Included in Operating Revenue ⁴	-	-	\$5.6M	\$4.2M	\$0.1M
Total Revenue	\$56.2M	\$59.8M	\$65.4M	\$83.0M	\$85.3M
Total Expenses	\$52.6M	\$54.7M	\$66.1M	\$67.5M	\$74.1M
Total Surplus (Deficit)	\$3.6M	\$5.2M	(\$0.8M)	\$15.5M	\$11.2M
Operating Margin	2.8%	6.4%	(5.3%)	11.7%	9.9%
Non-Operating Margin	3.6%	2.2%	4.1%	6.9%	3.3%
Total Margin	6.4%	8.6%	(1.2%)	18.7%	13.2%

*Data Source: Standardized Financial Statements

SOLVENCY AND LIQUIDITY

	HFY18	HFY19	HFY20	HFY21	HFY22
Total Net Assets or Equity	\$36.7M	\$40.9M	\$38.6M	\$55.3M	\$66.7M
Current Ratio	1.3	1.6	1.2	1.4	2.2
Debt Service Coverage Ratio	13.5	17.0	6.4	174.4	63.3
Cash Flow to Total Debt	49.4%	65.1%	8.6%	68.6%	60.1%
Equity Financing Ratio	73.9%	76.1%	58.9%	66.1%	72.9%
Average Age of Plant	11.0	12.0	12.0	13.0	14.0

*Data Source: Standardized Financial Statements

UTILIZATION

Licensed Beds in HFY22:	29
Available Beds in HFY22:	29
Staffed Beds in HFY22:	28
HFY22 Percentage Occupancy:	35.7%
Inpatient Discharges in HFY22:	1,031
Change HFY21-HFY22:	2.7%
Percent of Total Region Discharges in HFY22:	1.1%
Percent of Statewide Total Discharges in HFY22:	<1%
Inpatient Days in HFY22:	3,650
Change HFY21-HFY22:	12.3%
Percent of Total Region Inpatient Days in HFY22:	0.8%
Percent of Statewide Total Inpatient Days in HFY22:	<1%
Average Length of Stay in HFY22:	3.5
Change HFY21-HFY22:	9.3%
Emergency Department Visits in HFY22:	12,472
Change HFY21-HFY22:	16.6%
Percent of Total Region Emergency Department Visits in HFY22:	3.2%
Percent of Statewide Total Emergency Department Visits in HFY22:	<1%
Outpatient Visits in HFY22:	67,731
Change HFY21-HFY22:	0.7%

*Data Source: CHIA Hospital Cost Reports

TOP DISCHARGES BY INPATIENT CASE (DRG) IN FY22

Inpatient Case (DRG) ⁵	Discharges	Percent of Total Hospital Discharges
Normal Neonate Birth	148	14.4%
Vaginal delivery	106	10.3%
Septicemia & Disseminated Infections	70	6.8%
Major Resp Infect & Inflam	54	5.3%
Heart failure	52	5.1%
Cesarean delivery	41	4.0%
Other pneumonia	35	3.4%
Chronic Obstructive Pulmonary Disease	31	3.0%

*Data Source: CHIA Hospital Discharge Dataset

TOP DISCHARGES BY COMMUNITY IN FY22

Community ⁵	Discharges	Percent of Total Community Discharges
Great Barrington, MA	265	39%
Lee, MA	73	11%
Pittsfield, MA	72	1%
Sheffield, MA	63	40%
Housatonic, MA	49	43%
Canaan, CT	39	64%
Hillsdale, NY	37	53%
Ashley Falls, MA	35	53%
Lenox, MA	31	6%
Stockbridge, MA	27	20%

*Data Source: CHIA Hospital Discharge Dataset

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

³ There was an accounting change adopted by most hospitals beginning in HFY 2020 in which unrealized gains and losses on investments are now recognized as non-operating revenue.

⁴ Federal and State COVID-19 relief funding was distributed to hospitals as part of the Coronavirus Aid, Relief, and Economic Security (CARES) Act beginning in HFY2020. A portion of this funding was reported as operating revenue.

⁵ Inpatient cases and communities with less than 25 discharges have been omitted from the Top Discharges by Inpatient Case (DRG) and Top Discharges by Community charts.

Falmouth Hospital

2022 Hospital Profile

OVERVIEW

City/Town:	Falmouth, MA
Region:	Cape and Islands
Hospital Type:	Community-High Public Payer Hospital
Total Staffed Beds in HFY22:	81, Small Hospital
Hospital System Affiliation:	Cape Cod Healthcare
Hospital System Surplus (Deficit) in HFY22:	(\$56,580,664)
Change in Ownership HFY18-HFY22:	Not Applicable

Tax Status:	Non-profit
Trauma Center Designation:	Not Applicable
Total FTE's in HFY22:	643.67
FY22 Case Mix Index:	1.14
Public Payer Mix ¹ :	71.8%: HPP Hospital
Percent of Total GPSR - Medicare/Medicaid/Commercial:	58% / 13% / 22%
CY21 Commercial Statewide Relative Price:	1.48

FINANCIAL

GROSS AND NET PATIENT SERVICE REVENUES (GPSR & NPSR)

	HFY18	HFY19	HFY20	HFY21	HFY22
Inpatient GPSR	\$120.7M	\$131.7M	\$129.0M	\$147.3M	\$148.7M
Outpatient GPSR	\$269.6M	\$291.8M	\$274.0M	\$292.4M	\$333.3M
Total GPSR	\$390.3M	\$423.5M	\$403.0M	\$439.6M	\$482.0M
Inpatient NPSR per CMAD	\$11,250	\$8,934	\$9,333	\$12,102	\$12,528
Inpatient NPSR	\$70.0M	\$57.0M	\$55.7M	\$70.3M	\$68.2M
Outpatient NPSR	\$91.1M	\$109.9M	\$97.1M	\$87.8M	\$103.1M

*Data Source: CHIA Hospital Cost Reports

REVENUE & EXPENSES

	HFY18	HFY19	HFY20	HFY21	HFY22
Operating Revenue	\$164.6M	\$170.5M	\$170.9M	\$168.0M	\$180.7M
Non-Operating Revenue ³	\$4.6M	\$6.9M	\$3.5M	\$22.2M	(\$19.5M)
COVID Funding Included in Operating Revenue ⁴	-	-	\$9.8M	\$3.9M	\$3.5M
Total Revenue	\$169.2M	\$177.3M	\$174.4M	\$190.2M	\$161.3M
Total Expenses	\$158.1M	\$164.7M	\$163.8M	\$166.0M	\$177.7M
Total Surplus (Deficit)	\$11.1M	\$12.7M	\$10.6M	\$24.2M	(\$16.4M)
Operating Margin	3.9%	3.3%	4.1%	1.1%	1.9%
Non-Operating Margin	2.7%	3.9%	2.0%	11.7%	(12.1%)
Total Margin	6.6%	7.1%	6.1%	12.7%	(10.2%)

*Data Source: Standardized Financial Statements

SOLVENCY AND LIQUIDITY

	HFY18	HFY19	HFY20	HFY21	HFY22
Total Net Assets or Equity	\$232.4M	\$230.8M	\$237.6M	\$247.6M	\$219.1M
Current Ratio	1.4	1.3	1.0	0.9	0.8
Debt Service Coverage Ratio	6.0	6.3	5.8	7.9	(2.8)
Cash Flow to Total Debt	38.2%	44.0%	24.3%	38.5%	(19.3%)
Equity Financing Ratio	82.8%	83.4%	75.9%	75.1%	80.8%
Average Age of Plant	13.0	13.0	14.0	16.0	19.0

*Data Source: Standardized Financial Statements

UTILIZATION

Licensed Beds in HFY22:	81
Available Beds in HFY22:	81
Staffed Beds in HFY22:	81
HFY22 Percentage Occupancy:	72.2%
Inpatient Discharges in HFY22:	4,772
Change HFY21-HFY22:	(6.3%)
Percent of Total Region Discharges in HFY22:	20.4%
Percent of Statewide Total Discharges in HFY22:	<1%
Inpatient Days in HFY22:	21,347
Change HFY21-HFY22:	5.4%
Percent of Total Region Inpatient Days in HFY22:	20.1%
Percent of Statewide Total Inpatient Days in HFY22:	<1%
Average Length of Stay in HFY22:	4.5
Change HFY21-HFY22:	12.6%
Emergency Department Visits in HFY22:	30,461
Change HFY21-HFY22:	5.9%
Percent of Total Region Emergency Department Visits in HFY22:	22.9%
Percent of Statewide Total Emergency Department Visits in HFY22:	1.1%
Outpatient Visits in HFY22:	168,417
Change HFY21-HFY22:	9.9%

*Data Source: CHIA Hospital Cost Reports

TOP DISCHARGES BY INPATIENT CASE (DRG) IN FY22

Inpatient Case (DRG) ⁵	Discharges	Percent of Total Hospital Discharges
Septicemia & Disseminated Infections	824	17.1%
Heart failure	289	6.0%
Major Resp Infect & Inflam	205	4.3%
Kidney & Urinary Tract Infections	185	3.8%
Knee joint replacement	145	3.0%
Cva & Precerebral Occlusion W/ Infarct	124	2.6%
Alcohol abuse & dependence	112	2.3%
Hip joint replacement	110	2.3%
Acute myocardial infarction	106	2.2%
Other pneumonia	101	2.1%

*Data Source: CHIA Hospital Discharge Dataset

TOP DISCHARGES BY COMMUNITY IN FY22

Community ⁵	Discharges	Percent of Total Community Discharges
East Falmouth, MA	1,288	54%
Mashpee, MA	808	41%
Falmouth, MA	806	63%
Buzzards Bay, MA	434	27%
Pocasset, MA	294	53%
North Falmouth, MA	189	53%
Sandwich, MA	89	9%
Forestdale, MA	62	18%
Hyannis, MA	52	2%
Monument Beach, MA	45	51%

*Data Source: CHIA Hospital Discharge Dataset

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

³ There was an accounting change adopted by most hospitals beginning in HFY 2020 in which unrealized gains and losses on investments are now recognized as non-operating revenue.

⁴ Federal and State COVID-19 relief funding was distributed to hospitals as part of the Coronavirus Aid, Relief, and Economic Security (CARES) Act beginning in HFY2020. A portion of this funding was reported as operating revenue.

⁵ Inpatient cases and communities with less than 25 discharges have been omitted from the Top Discharges by Inpatient Case (DRG) and Top Discharges by Community charts.

⁶ Falmouth Hospital changed its methodology for counting outpatient visits to include all clinic visits for the entity starting in HFY 2021.

Harrington Memorial Hospital

2022 Hospital Profile

OVERVIEW

City/Town:	Southbridge, MA
Region:	Central Massachusetts
Hospital Type:	Community-High Public Payer Hospital
Total Staffed Beds in HFY22:	129, Mid-Size Hospital
Hospital System Affiliation:	UMass Memorial Health Care
Hospital System Surplus (Deficit) in HFY22:	(\$161,465,000)
Change in Ownership HFY18-HFY22:	UMass Memorial Health Care 7/1/21

Tax Status:	Non-profit
Trauma Center Designation:	Not Applicable
Total FTE's in HFY22:	971.53
FY22 Case Mix Index:	1.06
Public Payer Mix ¹ :	68.8%: HPP Hospital
Percent of Total GPSR - Medicare/Medicaid/Commercial:	45% / 24% / 25%
CY21 Commercial Statewide Relative Price:	0.85

FINANCIAL

GROSS AND NET PATIENT SERVICE REVENUES (GPSR & NPSR)

	HFY18	HFY19	HFY20	HFY21	HFY22
Inpatient GPSR	\$65.7M	\$68.1M	\$75.1M	\$78.8M	\$95.2M
Outpatient GPSR	\$296.1M	\$311.2M	\$271.4M	\$318.9M	\$349.7M
Total GPSR	\$361.8M	\$379.4M	\$346.5M	\$397.7M	\$444.9M
Inpatient NPSR per CMAD	\$7,443	\$7,879	\$10,778	\$8,400	\$8,694
Inpatient NPSR	\$29.3M	\$31.3M	\$41.0M	\$36.1M	\$39.9M
Outpatient NPSR	\$104.4M	\$104.2M	\$81.6M	\$102.6M	\$110.5M

*Data Source: CHIA Hospital Cost Reports

REVENUE & EXPENSES

	HFY18	HFY19	HFY20	HFY21	HFY22
Operating Revenue	\$142.8M	\$144.6M	\$138.8M	\$154.1M	\$160.7M
Non-Operating Revenue ³	\$4.7M	\$1.9M	\$8.0M	\$3.9M	(\$2.5M)
COVID Funding Included in Operating Revenue ⁴	-	-	\$8.8M	\$0.0M	\$4.5M
Total Revenue	\$147.6M	\$146.5M	\$146.8M	\$158.0M	\$158.2M
Total Expenses	\$135.4M	\$132.8M	\$147.2M	\$143.4M	\$158.6M
Total Surplus (Deficit)	\$12.1M	\$13.6M	(\$0.4M)	\$14.6M	(\$0.4M)
Operating Margin	5.0%	8.0%	(5.7%)	6.8%	1.3%
Non-Operating Margin	3.2%	1.3%	5.4%	2.5%	(1.6%)
Total Margin	8.2%	9.3%	(0.3%)	9.2%	(0.2%)

*Data Source: Standardized Financial Statements

SOLVENCY AND LIQUIDITY

	HFY18	HFY19	HFY20	HFY21	HFY22
Total Net Assets or Equity	\$75.3M	\$74.3M	\$73.1M	\$80.6M	\$69.9M
Current Ratio	2.8	2.4	2.2	2.2	1.2
Debt Service Coverage Ratio	10.6	9.5	2.3	8.8	7.1
Cash Flow to Total Debt	33.0%	33.6%	7.9%	31.0%	27.0%
Equity Financing Ratio	54.7%	54.6%	50.1%	53.8%	52.7%
Average Age of Plant	18.0	18.0	20.0	18.0	17.0

*Data Source: Standardized Financial Statements

UTILIZATION

Licensed Beds in HFY22:	129
Available Beds in HFY22:	129
Staffed Beds in HFY22:	129
HFY22 Percentage Occupancy:	60.1%
Inpatient Discharges in HFY22:	4,339
Change HFY21-HFY22:	0.3%
Percent of Total Region Discharges in HFY22:	6.0%
Percent of Statewide Total Discharges in HFY22:	<1%
Inpatient Days in HFY22:	28,297
Change HFY21-HFY22:	23.5%
Percent of Total Region Inpatient Days in HFY22:	6.7%
Percent of Statewide Total Inpatient Days in HFY22:	<1%
Average Length of Stay in HFY22:	6.5
Change HFY21-HFY22:	23.3%
Emergency Department Visits in HFY22:	39,607
Change HFY21-HFY22:	12.7%
Percent of Total Region Emergency Department Visits in HFY22:	13.3%
Percent of Statewide Total Emergency Department Visits in HFY22:	1.5%
Outpatient Visits in HFY22:	81,832
Change HFY21-HFY22:	2.2%

*Data Source: CHIA Hospital Cost Reports

TOP DISCHARGES BY INPATIENT CASE (DRG) IN FY22

Inpatient Case (DRG) ⁵	Discharges	Percent of Total Hospital Discharges
Major Resp Infect & Inflam	466	10.8%
Major Depressive Disorders	299	6.9%
Heart failure	285	6.6%
Schizophrenia	205	4.7%
Bipolar disorders	185	4.3%
Chronic Obstructive Pulmonary Disease	181	4.2%
Other pneumonia	171	4.0%
Septicemia & Disseminated Infections	157	3.6%
Kidney & Urinary Tract Infections	137	3.2%
Alcohol abuse & dependence	114	2.6%

*Data Source: CHIA Hospital Discharge Dataset

TOP DISCHARGES BY COMMUNITY IN FY22

Community ⁵	Discharges	Percent of Total Community Discharges
Southbridge, MA	954	47%
Webster, MA	770	34%
Dudley, MA	305	32%
Charlton, MA	242	21%
Sturbridge, MA	235	39%
Spencer, MA	182	14%
Oxford, MA	156	13%
Brookfield, MA	128	35%
North Brookfield, MA	121	26%
Worcester, MA	100	0%

*Data Source: CHIA Hospital Discharge Dataset

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

³ There was an accounting change adopted by most hospitals beginning in HFY 2020 in which unrealized gains and losses on investments are now recognized as non-operating revenue.

⁴ Federal and State COVID-19 relief funding was distributed to hospitals as part of the Coronavirus Aid, Relief, and Economic Security (CARES) Act beginning in HFY2020. A portion of this funding was reported as operating revenue.

⁵ Inpatient cases and communities with less than 25 discharges have been omitted from the Top Discharges by Inpatient Case (DRG) and Top Discharges By Community charts.

⁶ Harrington Memorial Hospital became part of UMass Memorial Health Care in July 2021.

HealthAlliance-Clinton Hospital

2022 Hospital Profile

OVERVIEW

City/Town:	Leominster, Fitchburg & Clinton, MA
Region:	Central Massachusetts
Hospital Type:	Community-High Public Payer Hospital
Total Staffed Beds in HFY22:	116, Mid-Size Hospital
Hospital System Affiliation:	UMass Memorial Health Care
Hospital System Surplus (Deficit) in HFY22:	(\$161,465,000)
Change in Ownership HFY18-HFY22:	Not Applicable

Tax Status:	Non-profit
Trauma Center Designation:	Not Applicable
Total FTE's in HFY22:	835.39
FY22 Case Mix Index:	1.10
Public Payer Mix ¹ :	72.8%: HPP Hospital
Percent of Total GPSR - Medicare/Medicaid/Commercial:	51% / 20% / 23%
CY21 Commercial Statewide Relative Price:	0.85

FINANCIAL

GROSS AND NET PATIENT SERVICE REVENUES (GPSR & NPSR)

	HFY18	HFY19	HFY20	HFY21	HFY22
Inpatient GPSR	\$186.3M	\$195.9M	\$190.7M	\$212.3M	\$222.6M
Outpatient GPSR	\$414.7M	\$438.4M	\$413.1M	\$473.6M	\$476.3M
Total GPSR	\$601.0M	\$634.3M	\$603.8M	\$685.8M	\$698.9M
Inpatient NPSR per CMAD	\$9,310	\$8,157	\$8,965	\$9,447	\$9,130
Inpatient NPSR	\$73.2M	\$66.9M	\$71.3M	\$80.2M	\$76.8M
Outpatient NPSR	\$95.3M	\$104.5M	\$98.3M	\$109.7M	\$111.8M

*Data Source: CHIA Hospital Cost Reports

REVENUE & EXPENSES

	HFY18	HFY19	HFY20	HFY21	HFY22
Operating Revenue	\$200.5M	\$201.3M	\$209.3M	\$218.7M	\$217.7M
Non-Operating Revenue ³	\$3.0M	\$4.0M	\$4.9M	\$10.7M	(\$6.0M)
COVID Funding Included in Operating Revenue ⁴	-	-	\$18.9M	\$1.3M	\$0.9M
Total Revenue	\$203.5M	\$205.3M	\$214.3M	\$229.3M	\$211.7M
Total Expenses	\$217.1M	\$213.5M	\$210.5M	\$217.8M	\$248.8M
Total Surplus (Deficit)	(\$13.7M)	(\$8.2M)	\$3.8M	\$11.6M	(\$37.1M)
Operating Margin	(8.2%)	(6.0%)	(0.5%)	0.4%	(14.7%)
Non-Operating Margin	1.5%	2.0%	2.3%	4.7%	(2.8%)
Total Margin	(6.7%)	(4.0%)	1.8%	5.0%	(17.5%)

*Data Source: Standardized Financial Statements

SOLVENCY AND LIQUIDITY

	HFY18	HFY19	HFY20	HFY21	HFY22
Total Net Assets or Equity	\$166.1M	\$155.1M	\$161.8M	\$178.4M	\$133.9M
Current Ratio	1.1	0.9	1.0	1.1	0.6
Debt Service Coverage Ratio	(0.7)	1.7	7.2	10.9	(8.0)
Cash Flow to Total Debt	(2.7%)	3.5%	23.1%	32.4%	(27.1%)
Equity Financing Ratio	59.6%	59.6%	53.6%	55.5%	47.8%
Average Age of Plant	16.0	16.0	15.0	15.0	14.0

*Data Source: Standardized Financial Statements

UTILIZATION

Licensed Beds in HFY22:	173
Available Beds in HFY22:	173
Staffed Beds in HFY22:	116
HFY22 Percentage Occupancy:	92.2%
Inpatient Discharges in HFY22:	7,660
Change HFY21-HFY22:	(2.6%)
Percent of Total Region Discharges in HFY22:	10.6%
Percent of Statewide Total Discharges in HFY22:	1.0%
Inpatient Days in HFY22:	39,039
Change HFY21-HFY22:	8.7%
Percent of Total Region Inpatient Days in HFY22:	9.3%
Percent of Statewide Total Inpatient Days in HFY22:	<1%
Average Length of Stay in HFY22:	5.1
Change HFY21-HFY22:	11.8%
Emergency Department Visits in HFY22:	51,371
Change HFY21-HFY22:	(18.0%)
Percent of Total Region Emergency Department Visits in HFY22:	17.2%
Percent of Statewide Total Emergency Department Visits in HFY22:	1.9%
Outpatient Visits in HFY22:	77,697
Change HFY21-HFY22:	(13.1%)

*Data Source: CHIA Hospital Cost Reports

TOP DISCHARGES BY INPATIENT CASE (DRG) IN FY22

Inpatient Case (DRG) ⁵	Discharges	Percent of Total Hospital Discharges
Septicemia & Disseminated Infections	639	8.5%
Major Resp Infect & Inflam	492	6.6%
Normal Neonate Birth	460	6.1%
Heart failure	419	5.6%
Vaginal delivery	362	4.8%
Chronic Obstructive Pulmonary Disease	216	2.9%
Kidney & Urinary Tract Infections	186	2.5%
Renal failure	180	2.4%
Cardiac Arrhythmia	177	2.4%
Other pneumonia	167	2.2%

*Data Source: CHIA Hospital Discharge Dataset

TOP DISCHARGES BY COMMUNITY IN FY22

Community ⁵	Discharges	Percent of Total Community Discharges
Fitchburg, MA	2,447	52%
Leominster, MA	2,257	50%
Clinton, MA	448	30%
Lunenburg, MA	340	32%
Lancaster, MA	191	31%
Sterling, MA	189	29%
Gardner, MA	158	7%
Westminster, MA	154	26%
Worcester, MA	115	1%
Ashby, MA	96	35%

*Data Source: CHIA Hospital Discharge Dataset

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

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³ There was an accounting change adopted by most hospitals beginning in HFY 2020 in which unrealized gains and losses on investments are now recognized as non-operating revenue.

⁴ Federal and State COVID-19 relief funding was distributed to hospitals as part of the Coronavirus Aid, Relief, and Economic Security (CARES) Act beginning in HFY2020. A portion of this funding was reported as operating revenue.

⁵ Inpatient cases and communities with less than 25 discharges have been omitted from the Top Discharges by Inpatient Case (DRG) and Top Discharges by Community charts.



For more information, please contact:

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Heywood Hospital

2022 Hospital Profile

OVERVIEW

City/Town:	Gardner, MA
Region:	Central Massachusetts
Hospital Type:	Community-High Public Payer Hospital
Total Staffed Beds in HFY22:	147, Mid-Size Hospital
Hospital System Affiliation:	Heywood Healthcare
Hospital System Surplus (Deficit) in HFY22:	(\$35,316,850)
Change in Ownership HFY18-HFY22:	Not Applicable

Tax Status:	Non-profit
Trauma Center Designation:	Not Applicable
Total FTE's in HFY22:	749.74
FY22 Case Mix Index:	1.08
Public Payer Mix ¹ :	66.8%: HPP Hospital
Percent of Total GPSR - Medicare/Medicaid/Commercial:	45% / 19% / 31%
CY21 Commercial Statewide Relative Price:	0.73

FINANCIAL

GROSS AND NET PATIENT SERVICE REVENUES (GPSR & NPSR)

	HFY18	HFY19	HFY20	HFY21	HFY22
Inpatient GPSR	\$57.8M	\$53.6M	\$52.9M	\$49.0M	\$52.3M
Outpatient GPSR	\$207.9M	\$247.3M	\$236.4M	\$253.9M	\$282.5M
Total GPSR	\$265.7M	\$300.9M	\$289.3M	\$302.9M	\$334.8M
Inpatient NPSR per CMAD	\$8,554	\$7,481	\$7,902	\$5,999	\$6,445
Inpatient NPSR	\$35.3M	\$32.4M	\$32.6M	\$24.8M	\$26.0M
Outpatient NPSR	\$78.7M	\$97.2M	\$93.5M	\$109.9M	\$109.5M

*Data Source: CHIA Hospital Cost Reports

REVENUE & EXPENSES

	HFY18	HFY19	HFY20	HFY21	HFY22
Operating Revenue	\$123.7M	\$142.3M	\$147.6M	\$131.1M	\$155.0M
Non-Operating Revenue ³	\$1.8M	\$0.7M	\$1.7M	\$4.2M	(\$0.3M)
COVID Funding Included in Operating Revenue ⁴	-	-	\$10.5M	\$0.0M	\$0.0M
Total Revenue	\$125.4M	\$143.0M	\$149.3M	\$135.3M	\$154.8M
Total Expenses	\$122.5M	\$139.0M	\$146.2M	\$151.0M	\$174.6M
Total Surplus (Deficit)	\$2.9M	\$4.0M	\$3.2M	(\$15.7M)	(\$19.8M)
Operating Margin	0.9%	2.3%	1.0%	(14.7%)	(12.6%)
Non-Operating Margin	1.4%	0.5%	1.2%	3.1%	(0.2%)
Total Margin	2.3%	2.8%	2.1%	(11.6%)	(12.8%)

*Data Source: Standardized Financial Statements

SOLVENCY AND LIQUIDITY

	HFY18	HFY19	HFY20	HFY21	HFY22
Total Net Assets or Equity	\$53.0M	\$53.5M	\$40.7M	\$27.2M	\$9.4M
Current Ratio	1.0	1.0	1.7	0.6	0.8
Debt Service Coverage Ratio	5.6	5.1	2.3	(2.6)	(3.1)
Cash Flow to Total Debt	17.6%	18.7%	8.6%	(12.5%)	(14.3%)
Equity Financing Ratio	56.6%	56.0%	30.1%	21.1%	8.0%
Average Age of Plant	18.0	20.0	21.0	22.0	16.0

*Data Source: Standardized Financial Statements

UTILIZATION

Licensed Beds in HFY22:	147
Available Beds in HFY22:	147
Staffed Beds in HFY22:	147
HFY22 Percentage Occupancy:	41.8%
Inpatient Discharges in HFY22:	3,752
Change HFY21-HFY22:	(9.0%)
Percent of Total Region Discharges in HFY22:	5.2%
Percent of Statewide Total Discharges in HFY22:	<1%
Inpatient Days in HFY22:	22,432
Change HFY21-HFY22:	0.5%
Percent of Total Region Inpatient Days in HFY22:	5.3%
Percent of Statewide Total Inpatient Days in HFY22:	<1%
Average Length of Stay in HFY22:	6.0
Change HFY21-HFY22:	10.5%
Emergency Department Visits in HFY22:	25,734
Change HFY21-HFY22:	14.9%
Percent of Total Region Emergency Department Visits in HFY22:	8.6%
Percent of Statewide Total Emergency Department Visits in HFY22:	<1%
Outpatient Visits in HFY22:	72,587
Change HFY21-HFY22:	3.5%

*Data Source: CHIA Hospital Cost Reports

TOP DISCHARGES BY INPATIENT CASE (DRG) IN FY22

Inpatient Case (DRG) ⁵	Discharges	Percent of Total Hospital Discharges
Major Resp Infect & Inflam	308	8.2%
Normal Neonate Birth	261	6.9%
Vaginal delivery	236	6.3%
Septicemia & Disseminated Infections	225	6.0%
Heart failure	209	5.6%
Major Depressive Disorders	154	4.1%
Chronic Obstructive Pulmonary Disease	147	3.9%
Other pneumonia	145	3.9%
Organic Mental Health Disturbances	116	3.1%
Kidney & Urinary Tract Infections	77	2.0%

*Data Source: CHIA Hospital Discharge Dataset

TOP DISCHARGES BY COMMUNITY IN FY22

Community ⁵	Discharges	Percent of Total Community Discharges
Gardner, MA	1,014	45%
Winchendon, MA	488	49%
Athol, MA	432	32%
Orange, MA	209	25%
Fitchburg, MA	173	4%
Templeton, MA	166	43%
Ashburnham, MA	155	34%
Baldwinville, MA	143	45%
Westminster, MA	131	22%
Hubbardston, MA	119	35%

*Data Source: CHIA Hospital Discharge Dataset

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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³ There was an accounting change adopted by most hospitals beginning in HFY 2020 in which unrealized gains and losses on investments are now recognized as non-operating revenue.

⁴ Federal and State COVID-19 relief funding was distributed to hospitals as part of the Coronavirus Aid, Relief, and Economic Security (CARES) Act beginning in HFY2020. A portion of this funding was reported as operating revenue.

⁵ Inpatient cases and communities with less than 25 discharges have been omitted from the Top Discharges by Inpatient Case (DRG) and Top Discharges by Community charts.

Holyoke Medical Center

2022 Hospital Profile

OVERVIEW

City/Town:	Holyoke, MA
Region:	Western Massachusetts
Hospital Type:	Community-High Public Payer Hospital
Total Staffed Beds in HFY22:	213, Mid-Size Hospital
Hospital System Affiliation:	Valley Health System
Hospital System Surplus (Deficit) in HFY22:	(\$2,355,441)
Change in Ownership HFY18-HFY22:	Not Applicable

Tax Status:	Non-profit
Trauma Center Designation:	Not Applicable
Total FTE's in HFY22:	1,190.00
FY22 Case Mix Index:	1.04
Public Payer Mix ¹ :	79.8%: HPP Hospital
Percent of Total GPSR - Medicare/Medicaid/Commercial:	47% / 31% / 18%
CY21 Commercial Statewide Relative Price:	0.76

FINANCIAL

GROSS AND NET PATIENT SERVICE REVENUES (GPSR & NPSR)

	HFY18	HFY19	HFY20	HFY21	HFY22
Inpatient GPSR	\$81.6M	\$84.4M	\$84.3M	\$101.8M	\$165.3M
Outpatient GPSR	\$249.8M	\$284.3M	\$257.9M	\$302.4M	\$365.2M
Total GPSR	\$331.3M	\$368.7M	\$342.2M	\$404.2M	\$530.6M
Inpatient NPSR per CMAD	\$8,550	\$8,825	\$10,272	\$12,818	\$13,037
Inpatient NPSR	\$54.8M	\$54.1M	\$56.6M	\$72.3M	\$84.0M
Outpatient NPSR	\$90.4M	\$102.5M	\$81.9M	\$79.0M	\$92.9M

*Data Source: CHIA Hospital Cost Reports

REVENUE & EXPENSES

	HFY18	HFY19	HFY20	HFY21	HFY22
Operating Revenue	\$167.2M	\$178.5M	\$186.7M	\$185.5M	\$210.9M
Non-Operating Revenue ³	\$0.4M	\$0.4M	\$4.8M	(\$0.7M)	(\$2.6M)
COVID Funding Included in Operating Revenue ⁴	-	-	\$23.5M	\$0.0M	\$9.6M
Total Revenue	\$167.6M	\$178.9M	\$191.6M	\$184.8M	\$208.4M
Total Expenses	\$162.2M	\$174.2M	\$173.3M	\$184.0M	\$208.3M
Total Surplus (Deficit)	\$5.4M	\$4.7M	\$18.3M	\$0.8M	\$0.0M
Operating Margin	3.0%	2.4%	7.0%	0.8%	1.3%
Non-Operating Margin	0.2%	0.2%	2.5%	(0.4%)	(1.2%)
Total Margin	3.2%	2.6%	9.5%	0.4%	0.0%

*Data Source: Standardized Financial Statements

SOLVENCY AND LIQUIDITY

	HFY18	HFY19	HFY20	HFY21	HFY22
Total Net Assets or Equity	(\$0.9M)	(\$16.4M)	(\$10.8M)	\$10.5M	\$33.7M
Current Ratio	1.4	1.3	1.6	1.3	1.3
Debt Service Coverage Ratio	4.9	4.0	7.9	2.1	2.1
Cash Flow to Total Debt	22.6%	18.4%	40.7%	9.9%	9.4%
Equity Financing Ratio	(1.0%)	(18.1%)	(10.0%)	9.3%	29.7%
Average Age of Plant	27.0	29.0	28.0	23.0	21.0

*Data Source: Standardized Financial Statements

UTILIZATION

Licensed Beds in HFY22:	219
Available Beds in HFY22:	219
Staffed Beds in HFY22:	213
HFY22 Percentage Occupancy:	49.1%
Inpatient Discharges in HFY22:	6,168
Change HFY21-HFY22:	13.3%
Percent of Total Region Discharges in HFY22:	6.9%
Percent of Statewide Total Discharges in HFY22:	<1%
Inpatient Days in HFY22:	38,172
Change HFY21-HFY22:	32.5%
Percent of Total Region Inpatient Days in HFY22:	8.0%
Percent of Statewide Total Inpatient Days in HFY22:	<1%
Average Length of Stay in HFY22:	6.2
Change HFY21-HFY22:	17.0%
Emergency Department Visits in HFY22:	42,158
Change HFY21-HFY22:	5.8%
Percent of Total Region Emergency Department Visits in HFY22:	11.0%
Percent of Statewide Total Emergency Department Visits in HFY22:	1.5%
Outpatient Visits in HFY22:	165,382
Change HFY21-HFY22:	3.7%

*Data Source: CHIA Hospital Cost Reports

TOP DISCHARGES BY INPATIENT CASE (DRG) IN FY22

Inpatient Case (DRG) ⁵	Discharges	Percent of Total Hospital Discharges
Major Depressive Disorders	461	7.5%
Septicemia & Disseminated Infections	413	6.8%
Bipolar disorders	314	5.1%
Heart failure	307	5.0%
Schizophrenia	287	4.7%
Major Resp Infect & Inflam	278	4.5%
Procedures for obesity	205	3.4%
Chronic Obstructive Pulmonary Disease	169	2.8%
Kidney & Urinary Tract Infections	155	2.5%
Renal failure	150	2.5%

*Data Source: CHIA Hospital Discharge Dataset

TOP DISCHARGES BY COMMUNITY IN FY22

Community ⁵	Discharges	Percent of Total Community Discharges
Holyoke, MA	2,456	47%
Chicopee, MA	1,255	18%
South Hadley, MA	569	34%
Springfield, MA	481	3%
Easthampton, MA	154	9%
West Springfield, MA	151	5%
Granby, MA	144	25%
Westfield, MA	136	3%
Northampton, MA	62	5%
Agawam, MA	59	3%

*Data Source: CHIA Hospital Discharge Dataset

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

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³ There was an accounting change adopted by most hospitals beginning in HFY 2020 in which unrealized gains and losses on investments are now recognized as non-operating revenue.

⁴ Federal and State COVID-19 relief funding was distributed to hospitals as part of the Coronavirus Aid, Relief, and Economic Security (CARES) Act beginning in HFY2020. A portion of this funding was reported as operating revenue.

⁵ Inpatient cases and communities with less than 25 discharges have been omitted from the Top Discharges by Inpatient Case (DRG) and Top Discharges by Community charts.

Lawrence General Hospital

2022 Hospital Profile

OVERVIEW

City/Town:	Lawrence, MA
Region:	Northeastern Massachusetts
Hospital Type:	Community-High Public Payer Hospital
Total Staffed Beds in HFY22:	227, Mid-Size Hospital
Hospital System Affiliation:	Lawrence General Hospital and Affiliates
Hospital System Surplus (Deficit) in HFY22:	(\$19,374,000)
Change in Ownership HFY18-HFY22:	Not Applicable

Tax Status:	Non-profit
Trauma Center Designation:	Adult: Level 3
Total FTE's in HFY22:	1,436.34
FY22 Case Mix Index:	1.00
Public Payer Mix ¹ :	75.8%: HPP Hospital
Percent of Total GPSR - Medicare/Medicaid/Commercial:	39% / 30% / 21%
CY21 Commercial Statewide Relative Price:	0.81

FINANCIAL

GROSS AND NET PATIENT SERVICE REVENUES (GPSR & NPSR)

	HFY18	HFY19	HFY20	HFY21	HFY22
Inpatient GPSR	\$206.2M	\$208.0M	\$199.5M	\$235.4M	\$252.2M
Outpatient GPSR	\$355.9M	\$344.3M	\$327.8M	\$433.0M	\$420.4M
Total GPSR	\$562.1M	\$552.3M	\$527.3M	\$668.4M	\$672.6M
Inpatient NPSR per CMAD	\$10,356	\$11,573	\$9,535	\$11,880	\$11,895
Inpatient NPSR	\$116.6M	\$126.5M	\$110.9M	\$122.5M	\$125.3M
Outpatient NPSR	\$111.1M	\$106.5M	\$86.7M	\$126.6M	\$117.7M

*Data Source: CHIA Hospital Cost Reports

REVENUE & EXPENSES

	HFY18	HFY19	HFY20	HFY21	HFY22
Operating Revenue	\$253.6M	\$261.1M	\$286.6M	\$315.6M	\$315.1M
Non-Operating Revenue ³	(\$1.3M)	(\$0.2M)	\$3.6M	\$3.2M	(\$11.1M)
COVID Funding Included in Operating Revenue ⁴	-	-	\$61.3M	\$0.0M	\$1.4M
Total Revenue	\$252.4M	\$260.9M	\$290.1M	\$318.8M	\$304.0M
Total Expenses	\$252.5M	\$266.0M	\$299.7M	\$326.3M	\$324.5M
Total Surplus (Deficit)	(\$0.2M)	(\$5.1M)	(\$9.6M)	(\$7.5M)	(\$20.5M)
Operating Margin	0.4%	(1.9%)	(4.5%)	(3.4%)	(3.1%)
Non-Operating Margin	(0.5%)	(0.1%)	1.2%	1.0%	(3.7%)
Total Margin	(0.1%)	(2.0%)	(3.3%)	(2.4%)	(6.7%)

*Data Source: Standardized Financial Statements

SOLVENCY AND LIQUIDITY

	HFY18	HFY19	HFY20	HFY21	HFY22
Total Net Assets or Equity	\$115.4M	\$107.4M	\$93.9M	\$72.8M	\$45.9M
Current Ratio	1.7	1.4	1.5	1.3	1.0
Debt Service Coverage Ratio	3.1	2.1	1.2	1.9	(0.8)
Cash Flow to Total Debt	9.0%	4.6%	1.6%	4.0%	(4.8%)
Equity Financing Ratio	46.3%	40.6%	29.1%	24.0%	16.8%
Average Age of Plant	11.0	0	12.0	12.0	13.0

*Data Source: Standardized Financial Statements

UTILIZATION

Licensed Beds in HFY22:	227
Available Beds in HFY22:	227
Staffed Beds in HFY22:	227
HFY22 Percentage Occupancy:	55.7%
Inpatient Discharges in HFY22:	10,543
Change HFY21-HFY22:	1.2%
Percent of Total Region Discharges in HFY22:	8.1%
Percent of Statewide Total Discharges in HFY22:	1.4%
Inpatient Days in HFY22:	46,135
Change HFY21-HFY22:	9.8%
Percent of Total Region Inpatient Days in HFY22:	7.1%
Percent of Statewide Total Inpatient Days in HFY22:	1.1%
Average Length of Stay in HFY22:	4.4
Change HFY21-HFY22:	8.7%
Emergency Department Visits in HFY22:	57,299
Change HFY21-HFY22:	5.1%
Percent of Total Region Emergency Department Visits in HFY22:	11.3%
Percent of Statewide Total Emergency Department Visits in HFY22:	2.1%
Outpatient Visits in HFY22:	349,938
Change HFY21-HFY22:	(32.8%)

*Data Source: CHIA Hospital Cost Reports

TOP DISCHARGES BY INPATIENT CASE (DRG) IN FY22

Inpatient Case (DRG) ⁵	Discharges	Percent of Total Hospital Discharges
Normal Neonate Birth	1,239	11.8%
Vaginal delivery	783	7.5%
Cesarean delivery	544	5.2%
Septicemia & Disseminated Infections	515	4.9%
Major Resp Infect & Inflamm	501	4.8%
Heart failure	497	4.7%
Kidney & Urinary Tract Infections	267	2.5%
Cardiac Arrhythmia	199	1.9%
Other pneumonia	193	1.8%
Procedures for obesity	178	1.7%

*Data Source: CHIA Hospital Discharge Dataset

TOP DISCHARGES BY COMMUNITY IN FY22

Community ⁵	Discharges	Percent of Total Community Discharges
Lawrence, MA	4,710	50%
Methuen, MA	1,431	25%
Haverhill, MA	1,298	16%
North Andover, MA	926	36%
Andover, MA	811	29%
Salem, NH	301	14%
Lowell, MA	107	1%
Atkinson, NH	65	14%
Plaistow, NH	57	13%
Dracut, MA	45	1%

*Data Source: CHIA Hospital Discharge Dataset

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⁵ Inpatient cases and communities with less than 25 discharges have been omitted from the Top Discharges by Inpatient Case (DRG) and Top Discharges by Community charts.



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Lowell General Hospital

2022 Hospital Profile

OVERVIEW

City/Town:	Lowell, MA
Region:	Northeastern Massachusetts
Hospital Type:	Community-High Public Payer Hospital
Total Staffed Beds in HFY22:	352, Large Hospital
Hospital System Affiliation:	Tufts Medicine
Hospital System Surplus (Deficit) in HFY22:	(\$530,357,000)
Change in Ownership HFY18-HFY22:	Not Applicable

Tax Status:	Non-profit
Trauma Center Designation:	Adult: Level 3
Total FTE's in HFY22:	2,374.68
FY22 Case Mix Index:	1.02
Public Payer Mix ¹ :	66.5%: HPP Hospital
Percent of Total GPSR - Medicare/Medicaid/Commercial:	46% / 21% / 28%
CY21 Commercial Statewide Relative Price:	0.81

FINANCIAL

GROSS AND NET PATIENT SERVICE REVENUES (GPSR & NPSR)

	HFY18	HFY19	HFY20	HFY21	HFY22
Inpatient GPSR	\$428.1M	\$412.4M	\$400.8M	\$466.5M	\$449.3M
Outpatient GPSR	\$821.8M	\$856.3M	\$775.0M	\$862.6M	\$867.8M
Total GPSR	\$1,249.9M	\$1,268.7M	\$1,175.8M	\$1,329.0M	\$1,317.1M
Inpatient NPSR per CMAD	\$11,435	\$10,591	\$10,456	\$11,617	\$10,020
Inpatient NPSR	\$228.0M	\$204.5M	\$182.2M	\$202.6M	\$183.9M
Outpatient NPSR	\$226.2M	\$249.5M	\$226.5M	\$248.1M	\$261.4M

*Data Source: CHIA Hospital Cost Reports

REVENUE & EXPENSES

	HFY18	HFY19	HFY20	HFY21	HFY22
Operating Revenue	\$472.6M	\$472.0M	\$477.1M	\$501.5M	\$509.7M
Non-Operating Revenue ³	\$7.7M	\$0.9M	\$5.1M	\$19.2M	(\$11.2M)
COVID Funding Included in Operating Revenue ⁴	-	-	\$31.3M	\$11.5M	\$8.7M
Total Revenue	\$480.3M	\$472.9M	\$482.1M	\$520.7M	\$498.5M
Total Expenses	\$457.1M	\$458.8M	\$469.7M	\$492.8M	\$594.4M
Total Surplus (Deficit)	\$23.2M	\$14.1M	\$12.4M	\$27.9M	(\$96.0M)
Operating Margin	3.2%	2.8%	1.5%	1.7%	(17.0%)
Non-Operating Margin	1.6%	0.2%	1.0%	3.7%	(2.3%)
Total Margin	4.8%	3.0%	2.6%	5.4%	(19.3%)

*Data Source: Standardized Financial Statements

SOLVENCY AND LIQUIDITY

	HFY18	HFY19	HFY20	HFY21	HFY22
Total Net Assets or Equity	\$161.0M	\$137.8M	\$123.7M	\$160.4M	\$96.9M
Current Ratio	1.2	1.1	1.1	1.2	1.4
Debt Service Coverage Ratio	3.6	3.3	4.5	3.4	(5.1)
Cash Flow to Total Debt	18.0%	14.8%	8.2%	13.6%	(19.1%)
Equity Financing Ratio	32.9%	30.3%	20.4%	27.3%	19.8%
Average Age of Plant	11.0	13.0	15.0	14.0	11.0

*Data Source: Standardized Financial Statements

UTILIZATION

Licensed Beds in HFY22:	428
Available Beds in HFY22:	428
Staffed Beds in HFY22:	352
HFY22 Percentage Occupancy:	69.6%
Inpatient Discharges in HFY22:	18,065
Change HFY21-HFY22:	1.6%
Percent of Total Region Discharges in HFY22:	13.9%
Percent of Statewide Total Discharges in HFY22:	2.5%
Inpatient Days in HFY22:	89,418
Change HFY21-HFY22:	13.6%
Percent of Total Region Inpatient Days in HFY22:	13.7%
Percent of Statewide Total Inpatient Days in HFY22:	2.2%
Average Length of Stay in HFY22:	5.0
Change HFY21-HFY22:	11.7%
Emergency Department Visits in HFY22:	88,049
Change HFY21-HFY22:	5.5%
Percent of Total Region Emergency Department Visits in HFY22:	17.3%
Percent of Statewide Total Emergency Department Visits in HFY22:	3.2%
Outpatient Visits in HFY22:	154,503
Change HFY21-HFY22:	(3.0%)

*Data Source: CHIA Hospital Cost Reports

TOP DISCHARGES BY INPATIENT CASE (DRG) IN FY22

Inpatient Case (DRG) ⁵	Discharges	Percent of Total Hospital Discharges
Normal Neonate Birth	1,550	8.6%
Vaginal delivery	1,215	6.8%
Septicemia & Disseminated Infections	1,036	5.8%
Major Resp Infect & Inflam	876	4.9%
Heart failure	861	4.8%
Cesarean delivery	457	2.5%
Other pneumonia	406	2.3%
Cardiac Arrhythmia	340	1.9%
Chronic Obstructive Pulmonary Disease	338	1.9%
Kidney & Urinary Tract Infections	336	1.9%

*Data Source: CHIA Hospital Discharge Dataset

TOP DISCHARGES BY COMMUNITY IN FY22

Community ⁵	Discharges	Percent of Total Community Discharges
Lowell, MA	8,301	72%
Dracut, MA	2,201	67%
Tewksbury, MA	1,257	36%
Chelmsford, MA	1,173	51%
Tyngsboro, MA	586	60%
North Chelmsford, MA	498	60%
Westford, MA	481	30%
North Billerica, MA	336	28%
Billerica, MA	335	11%
Pelham, NH	335	46%

*Data Source: CHIA Hospital Discharge Dataset

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Marlborough Hospital

2022 Hospital Profile

OVERVIEW

City/Town:	Marlborough, MA
Region:	Metro West
Hospital Type:	Community-High Public Payer Hospital
Total Staffed Beds in HFY22:	67, Small Hospital
Hospital System Affiliation:	UMass Memorial Health Care
Hospital System Surplus (Deficit) in HFY22:	(\$161,465,000)
Change in Ownership HFY18-HFY22:	Not Applicable

Tax Status:	Non-profit
Trauma Center Designation:	Not Applicable
Total FTE's in HFY22:	404.90
FY22 Case Mix Index:	1.16
Public Payer Mix ¹ :	66.1%: HPP Hospital
Percent of Total GPSR - Medicare/Medicaid/Commercial:	46% / 20% / 27%
CY21 Commercial Statewide Relative Price:	0.94

FINANCIAL

GROSS AND NET PATIENT SERVICE REVENUES (GPSR & NPSR)

	HFY18	HFY19	HFY20	HFY21	HFY22
Inpatient GPSR	\$76.9M	\$79.3M	\$79.9M	\$88.1M	\$92.1M
Outpatient GPSR	\$189.5M	\$205.6M	\$185.5M	\$228.9M	\$254.7M
Total GPSR	\$266.4M	\$284.9M	\$265.4M	\$317.0M	\$346.7M
Inpatient NPSR per CMAD	\$7,174	\$5,525	\$7,633	\$8,871	\$8,406
Inpatient NPSR	\$26.3M	\$18.8M	\$25.7M	\$30.5M	\$29.2M
Outpatient NPSR	\$44.2M	\$51.8M	\$39.5M	\$52.1M	\$57.8M

*Data Source: CHIA Hospital Cost Reports

REVENUE & EXPENSES

	HFY18	HFY19	HFY20	HFY21	HFY22
Operating Revenue	\$82.1M	\$84.4M	\$90.7M	\$107.1M	\$104.9M
Non-Operating Revenue ³	\$2.4M	\$1.8M	\$1.8M	\$4.5M	(\$2.0M)
COVID Funding Included in Operating Revenue ⁴	-	-	\$14.6M	\$0.8M	\$0.5M
Total Revenue	\$84.5M	\$86.3M	\$92.5M	\$111.6M	\$103.0M
Total Expenses	\$84.6M	\$86.0M	\$90.7M	\$105.6M	\$109.9M
Total Surplus (Deficit)	(\$0.1M)	\$0.3M	\$1.8M	\$6.0M	(\$6.9M)
Operating Margin	(3.0%)	(1.8%)	0.0%	1.4%	(4.8%)
Non-Operating Margin	2.9%	2.1%	2.0%	4.0%	(1.9%)
Total Margin	(0.2%)	0.3%	2.0%	5.4%	(6.7%)

*Data Source: Standardized Financial Statements

SOLVENCY AND LIQUIDITY

	HFY18	HFY19	HFY20	HFY21	HFY22
Total Net Assets or Equity	\$48.6M	\$46.0M	\$51.5M	\$58.4M	\$49.6M
Current Ratio	2.5	2.5	1.3	1.3	1.3
Debt Service Coverage Ratio	3.0	3.7	7.1	12.5	(6.0)
Cash Flow to Total Debt	13.9%	15.9%	11.5%	20.4%	(12.4%)
Equity Financing Ratio	63.3%	59.9%	47.2%	50.6%	55.4%
Average Age of Plant	10.0	10.0	10.0	10.0	12.0

*Data Source: Standardized Financial Statements

UTILIZATION

Licensed Beds in HFY22:	79
Available Beds in HFY22:	67
Staffed Beds in HFY22:	67
HFY22 Percentage Occupancy:	76.5%
Inpatient Discharges in HFY22:	2,996
Change HFY21-HFY22:	(2.6%)
Percent of Total Region Discharges in HFY22:	9.9%
Percent of Statewide Total Discharges in HFY22:	<1%
Inpatient Days in HFY22:	18,698
Change HFY21-HFY22:	5.7%
Percent of Total Region Inpatient Days in HFY22:	12.6%
Percent of Statewide Total Inpatient Days in HFY22:	<1%
Average Length of Stay in HFY22:	6.2
Change HFY21-HFY22:	8.5%
Emergency Department Visits in HFY22:	28,482
Change HFY21-HFY22:	13.9%
Percent of Total Region Emergency Department Visits in HFY22:	17.1%
Percent of Statewide Total Emergency Department Visits in HFY22:	1.0%
Outpatient Visits in HFY22:	30,357
Change HFY21-HFY22:	(19.5%)

*Data Source: CHIA Hospital Cost Reports

TOP DISCHARGES BY INPATIENT CASE (DRG) IN FY22

Inpatient Case (DRG) ⁵	Discharges	Percent of Total Hospital Discharges
Septicemia & Disseminated Infections	241	8.0%
Major Resp Infect & Inflam	228	7.6%
Heart failure	202	6.7%
Major Depressive Disorders	129	4.3%
Schizophrenia	128	4.3%
Other pneumonia	96	3.2%
Chronic Obstructive Pulmonary Disease	89	3.0%
Alcohol abuse & dependence	84	2.8%
Renal failure	82	2.7%
Kidney & Urinary Tract Infections	77	2.6%

*Data Source: CHIA Hospital Discharge Dataset

TOP DISCHARGES BY COMMUNITY IN FY22

Community ⁵	Discharges	Percent of Total Community Discharges
Marlborough, MA	1,397	34%
Hudson, MA	549	31%
Northborough, MA	183	16%
Worcester, MA	97	0%
Westborough, MA	89	6%
Berlin, MA	61	21%
Framingham, MA	60	1%
Southborough, MA	60	10%
Clinton, MA	39	3%
Shrewsbury, MA	28	1%

*Data Source: CHIA Hospital Discharge Dataset

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

³ There was an accounting change adopted by most hospitals beginning in HFY 2020 in which unrealized gains and losses on investments are now recognized as non-operating revenue.

⁴ Federal and State COVID-19 relief funding was distributed to hospitals as part of the Coronavirus Aid, Relief, and Economic Security (CARES) Act beginning in HFY2020. A portion of this funding was reported as operating revenue.

⁵ Inpatient cases and communities with less than 25 discharges have been omitted from the Top Discharges by Inpatient Case (DRG) and Top Discharges by Community charts.

MelroseWakefield Healthcare

2022 Hospital Profile

OVERVIEW

City/Town:	Medford & Melrose, MA
Region:	Metro Boston
Hospital Type:	Community-High Public Payer Hospital
Total Staffed Beds in HFY22:	172, Mid-Size Hospital
Hospital System Affiliation:	Tufts Medicine
Hospital System Surplus (Deficit) in HFY22:	(\$530,357,000)
Change in Ownership HFY18-HFY22:	Wellforce - 2017

Tax Status:	Non-profit
Trauma Center Designation:	Not Applicable
Total FTE's in HFY22:	1,128.24
FY22 Case Mix Index:	1.03
Public Payer Mix ¹ :	65.0%: HPP Hospital
Percent of Total GPSR - Medicare/Medicaid/Commercial:	50% / 15% / 31%
CY21 Commercial Statewide Relative Price:	0.90

FINANCIAL

GROSS AND NET PATIENT SERVICE REVENUES (GPSR & NPSR)

	HFY18	HFY19	HFY20	HFY21	HFY22
Inpatient GPSR	\$155.7M	\$157.5M	\$160.9M	\$166.5M	\$172.1M
Outpatient GPSR	\$360.9M	\$367.1M	\$304.0M	\$340.4M	\$325.0M
Total GPSR	\$516.5M	\$524.6M	\$464.9M	\$506.9M	\$497.1M
Inpatient NPSR per CMAD	\$11,379	\$11,243	\$11,185	\$10,822	\$11,054
Inpatient NPSR	\$101.2M	\$100.2M	\$99.9M	\$100.0M	\$97.6M
Outpatient NPSR	\$126.9M	\$123.7M	\$96.9M	\$115.1M	\$108.2M

*Data Source: CHIA Hospital Cost Reports

REVENUE & EXPENSES

	HFY18	HFY19	HFY20	HFY21	HFY22
Operating Revenue	\$245.4M	\$244.7M	\$247.3M	\$238.5M	\$230.4M
Non-Operating Revenue ³	\$8.2M	\$6.5M	\$8.3M	\$31.0M	(\$28.8M)
COVID Funding Included in Operating Revenue ⁴	-	-	\$30.4M	\$1.5M	\$3.7M
Total Revenue	\$253.6M	\$251.2M	\$255.5M	\$269.5M	\$201.6M
Total Expenses	\$233.5M	\$230.6M	\$233.7M	\$248.3M	\$308.9M
Total Surplus (Deficit)	\$20.1M	\$20.6M	\$21.8M	\$21.3M	(\$107.3M)
Operating Margin	4.7%	5.6%	5.3%	(3.6%)	(39.0%)
Non-Operating Margin	3.2%	2.6%	3.2%	11.5%	(14.3%)
Total Margin	7.9%	8.2%	8.5%	7.9%	(53.2%)

*Data Source: Standardized Financial Statements

SOLVENCY AND LIQUIDITY

	HFY18	HFY19	HFY20	HFY21	HFY22
Total Net Assets or Equity	\$150.3M	\$178.3M	\$179.9M	\$191.1M	\$121.0M
Current Ratio	1.4	1.4	1.1	0.7	1.1
Debt Service Coverage Ratio	2.9	4.2	4.4	3.9	(8.4)
Cash Flow to Total Debt	27.0%	20.6%	14.4%	14.3%	(45.2%)
Equity Financing Ratio	51.1%	48.8%	39.6%	43.2%	35.5%
Average Age of Plant	23.0	24.0	28.0	31.0	27.0

*Data Source: Standardized Financial Statements

UTILIZATION

Licensed Beds in HFY22:	232
Available Beds in HFY22:	230
Staffed Beds in HFY22:	172
HFY22 Percentage Occupancy:	82.2%
Inpatient Discharges in HFY22:	8,540
Change HFY21-HFY22:	(6.8%)
Percent of Total Region Discharges in HFY22:	3.1%
Percent of Statewide Total Discharges in HFY22:	1.2%
Inpatient Days in HFY22:	51,595
Change HFY21-HFY22:	3.8%
Percent of Total Region Inpatient Days in HFY22:	2.9%
Percent of Statewide Total Inpatient Days in HFY22:	1.3%
Average Length of Stay in HFY22:	6.0
Change HFY21-HFY22:	11.4%
Emergency Department Visits in HFY22:	31,438
Change HFY21-HFY22:	0.3%
Percent of Total Region Emergency Department Visits in HFY22:	4.0%
Percent of Statewide Total Emergency Department Visits in HFY22:	1.2%
Outpatient Visits in HFY22:	330,844
Change HFY21-HFY22:	(16.1%)

*Data Source: CHIA Hospital Cost Reports

TOP DISCHARGES BY INPATIENT CASE (DRG) IN FY22

Inpatient Case (DRG) ⁵	Discharges	Percent of Total Hospital Discharges
Normal Neonate Birth	718	8.5%
Vaginal delivery	485	5.7%
Heart failure	475	5.6%
Major Resp Infect & Inflam	471	5.5%
Septicemia & Disseminated Infections	464	5.5%
Cesarean delivery	266	3.1%
Major Depressive Disorders	222	2.6%
Renal failure	211	2.5%
Cardiac Arrhythmia	204	2.4%
Chronic Obstructive Pulmonary Disease	180	2.1%

*Data Source: CHIA Hospital Discharge Dataset

TOP DISCHARGES BY COMMUNITY IN FY22

Community ⁵	Discharges	Percent of Total Community Discharges
Malden, MA	1,457	24%
Melrose, MA	1,153	42%
Saugus, MA	1,052	31%
Wakefield, MA	789	28%
Medford, MA	672	12%
Stoneham, MA	410	15%
Revere, MA	389	7%
Everett, MA	334	7%
Lynn, MA	225	2%
Reading, MA	188	8%

*Data Source: CHIA Hospital Discharge Dataset

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

³ There was an accounting change adopted by most hospitals beginning in HFY 2020 in which unrealized gains and losses on investments are now recognized as non-operating revenue.

⁴ Federal and State COVID-19 relief funding was distributed to hospitals as part of the Coronavirus Aid, Relief, and Economic Security (CARES) Act beginning in HFY2020. A portion of this funding was reported as operating revenue.

⁵ Inpatient cases and communities with less than 25 discharges have been omitted from the Top Discharges by Inpatient Case (DRG) and Top Discharges by Community charts.

Mercy Medical Center

2022 Hospital Profile

OVERVIEW

City/Town:	Springfield, MA
Region:	Western Massachusetts
Hospital Type:	Community-High Public Payer Hospital
Total Staffed Beds in HFY22:	291, Large Hospital
Hospital System Affiliation:	Trinity Health
Hospital System Surplus (Deficit) in HFY22:	(\$1,431,348,117)
Change in Ownership HFY18-HFY22:	Not Applicable

Tax Status:	Non-profit
Trauma Center Designation:	Not Applicable
Total FTE's in HFY22:	1,036.00
FY22 Case Mix Index:	1.18
Public Payer Mix ¹ :	77.1%: HPP Hospital
Percent of Total GPSR - Medicare/Medicaid/Commercial:	52% / 25% / 20%
CY21 Commercial Statewide Relative Price:	0.84

FINANCIAL

GROSS AND NET PATIENT SERVICE REVENUES (GPSR & NPSR)

	HFY18	HFY19	HFY20	HFY21	HFY22
Inpatient GPSR	\$284.6M	\$305.9M	\$279.9M	\$249.2M	\$229.2M
Outpatient GPSR	\$330.1M	\$395.0M	\$389.5M	\$421.7M	\$418.6M
Total GPSR	\$614.7M	\$700.9M	\$669.4M	\$671.0M	\$647.8M
Inpatient NPSR per CMAD	\$9,733	\$9,703	\$9,767	\$9,215	\$9,762
Inpatient NPSR	\$148.3M	\$158.2M	\$141.8M	\$120.2M	\$106.7M
Outpatient NPSR	\$135.1M	\$143.5M	\$140.6M	\$165.5M	\$162.7M

*Data Source: CHIA Hospital Cost Reports

REVENUE & EXPENSES

	HFY18	HFY19	HFY20	HFY21	HFY22
Operating Revenue	\$300.1M	\$317.1M	\$334.9M	\$319.6M	\$335.5M
Non-Operating Revenue ³	\$0.1M	\$1.1M	\$4.2M	\$17.3M	\$1.1M
COVID Funding Included in Operating Revenue ⁴	-	-	\$32.1M	(\$3.4M)	\$16.0M
Total Revenue	\$300.2M	\$318.2M	\$339.0M	\$336.9M	\$336.6M
Total Expenses	\$312.8M	\$331.5M	\$346.9M	\$321.1M	\$331.9M
Total Surplus (Deficit)	(\$12.6M)	(\$13.3M)	(\$7.8M)	\$15.8M	\$4.7M
Operating Margin	(4.2%)	(4.5%)	(3.5%)	(0.4%)	1.1%
Non-Operating Margin	0.0%	0.3%	1.2%	5.1%	0.3%
Total Margin	(4.2%)	(4.2%)	(2.3%)	4.7%	1.4%

*Data Source: Standardized Financial Statements

SOLVENCY AND LIQUIDITY

	HFY18	HFY19	HFY20	HFY21	HFY22
Total Net Assets or Equity	\$155.6M	\$157.5M	\$150.1M	\$199.5M	\$63.9M
Current Ratio	4.1	4.5	2.6	1.8	1.7
Debt Service Coverage Ratio	0.3	0	1.1	5.1	3.7
Cash Flow to Total Debt	(1.5%)	(2.5%)	1.1%	8.1%	9.3%
Equity Financing Ratio	54.5%	53.8%	47.6%	35.4%	25.0%
Average Age of Plant	16.0	18.0	19.0	16.0	15.0

*Data Source: Standardized Financial Statements

UTILIZATION

Licensed Beds in HFY22:	321
Available Beds in HFY22:	291
Staffed Beds in HFY22:	291
HFY22 Percentage Occupancy:	38.7%
Inpatient Discharges in HFY22:	9,286
Change HFY21-HFY22:	(23.7%)
Percent of Total Region Discharges in HFY22:	10.3%
Percent of Statewide Total Discharges in HFY22:	1.3%
Inpatient Days in HFY22:	41,067
Change HFY21-HFY22:	(13.3%)
Percent of Total Region Inpatient Days in HFY22:	8.6%
Percent of Statewide Total Inpatient Days in HFY22:	<1%
Average Length of Stay in HFY22:	4.4
Change HFY21-HFY22:	13.6%
Emergency Department Visits in HFY22:	57,435
Change HFY21-HFY22:	5.1%
Percent of Total Region Emergency Department Visits in HFY22:	14.9%
Percent of Statewide Total Emergency Department Visits in HFY22:	2.1%
Outpatient Visits in HFY22:	176,061
Change HFY21-HFY22:	(19.2%)

*Data Source: CHIA Hospital Cost Reports

TOP DISCHARGES BY INPATIENT CASE (DRG) IN FY22

Inpatient Case (DRG) ⁵	Discharges	Percent of Total Hospital Discharges
Normal Neonate Birth	779	8.8%
Vaginal delivery	615	7.0%
Major Resp Infect & Inflam	453	5.1%
Septicemia & Disseminated Infections	429	4.9%
Heart failure	420	4.8%
Procedures for obesity	215	2.4%
Cesarean delivery	214	2.4%
Other Aftercare & Convalescence	186	2.1%
Chronic Obstructive Pulmonary Disease	184	2.1%
Other pneumonia	159	1.8%

*Data Source: CHIA Hospital Discharge Dataset

TOP DISCHARGES BY COMMUNITY IN FY22

Community ⁵	Discharges	Percent of Total Community Discharges
Springfield, MA	3,664	20%
Chicopee, MA	1,210	17%
West Springfield, MA	598	19%
Agawam, MA	431	19%
Holyoke, MA	343	7%
East Longmeadow, MA	318	16%
Westfield, MA	299	7%
Ludlow, MA	294	14%
Indian Orchard, MA	248	22%
Feeding Hills, MA	204	18%

*Data Source: CHIA Hospital Discharge Dataset

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

³ There was an accounting change adopted by most hospitals beginning in HFY 2020 in which unrealized gains and losses on investments are now recognized as non-operating revenue.

⁴ Federal and State COVID-19 relief funding was distributed to hospitals as part of the Coronavirus Aid, Relief, and Economic Security (CARES) Act beginning in HFY2020. A portion of this funding was reported as operating revenue.

⁵ Inpatient cases and communities with less than 25 discharges have been omitted from the Top Discharges by Inpatient Case (DRG) and Top Discharges by Community charts.

MetroWest Medical Center

2022 Hospital Profile

OVERVIEW

City/Town:	Framingham & Natick, MA
Region:	Metro West
Hospital Type:	Community-High Public Payer Hospital
Total Staffed Beds in HFY22:	275, Large Hospital
Hospital System Affiliation:	Tenet Healthcare
Hospital System Surplus (Deficit) in HFY22:	\$411,000,000
Change in Ownership HFY18-HFY22:	Not Applicable

Tax Status:	For profit
Trauma Center Designation:	Not Applicable
Total FTE's in HFY22:	1,033.30
FY22 Case Mix Index:	1.06
Public Payer Mix ¹ :	66.6%: HPP Hospital
Percent of Total GPSR - Medicare/Medicaid/Commercial:	45% / 22% / 27%
CY21 Commercial Statewide Relative Price:	0.92

FINANCIAL

GROSS AND NET PATIENT SERVICE REVENUES (GPSR & NPSR)

	HFY18	HFY19	HFY20	HFY21	HFY22
Inpatient GPSR	\$241.7M	\$338.0M	\$434.4M	\$440.4M	\$506.6M
Outpatient GPSR	\$481.7M	\$650.2M	\$737.2M	\$584.0M	\$692.0M
Total GPSR	\$723.4M	\$988.2M	\$1,171.6M	\$1,024.4M	\$1,198.5M
Inpatient NPSR per CMAD	\$10,115	\$10,478	\$10,296	\$10,658	\$11,436
Inpatient NPSR	\$111.2M	\$117.7M	\$132.2M	\$119.3M	\$120.4M
Outpatient NPSR	\$128.6M	\$131.6M	\$131.0M	\$90.3M	\$102.2M

*Data Source: CHIA Hospital Cost Reports

REVENUE & EXPENSES

	HFY18	HFY19	HFY20	HFY21	HFY22
Operating Revenue	\$253.9M	\$267.5M	\$251.0M	\$226.1M	\$218.8M
Non-Operating Revenue ³	\$0.5M	\$0.6M	\$0.6M	\$0.7M	\$0.9M
COVID Funding Included in Operating Revenue ⁴	-	-	\$32.0M	(\$4.9M)	\$7.9M
Total Revenue	\$254.4M	\$268.1M	\$251.6M	\$226.8M	\$219.7M
Total Expenses	\$249.6M	\$261.1M	\$241.5M	\$237.3M	\$229.6M
Total Surplus (Deficit)	\$4.8M	\$7.0M	\$10.1M	(\$10.5M)	(\$9.9M)
Operating Margin	1.7%	2.4%	3.8%	(5.0%)	(4.9%)
Non-Operating Margin	0.2%	0.2%	0.2%	0.3%	0.4%
Total Margin	1.9%	2.6%	4.0%	(4.6%)	(4.5%)

*Data Source: Standardized Financial Statements

SOLVENCY AND LIQUIDITY

	HFY18	HFY19	HFY20	HFY21	HFY22
Total Net Assets or Equity	\$48.1M	\$54.9M	\$10.4M	\$24.9M	(\$79.1M)
Current Ratio	1.5	1.9	0.6	0.8	1.6
Debt Service Coverage Ratio	4.3	5.6	10.7	(1.6)	(0.9)
Cash Flow to Total Debt	35.5%	45.3%	26.8%	(3.9%)	(4.4%)
Equity Financing Ratio	42.2%	42.3%	9.6%	21.7%	(30.8%)
Average Age of Plant	4.0	5.0	5.0	6.0	6.0

*Data Source: Standardized Financial Statements

UTILIZATION

Licensed Beds in HFY22:	275
Available Beds in HFY22:	275
Staffed Beds in HFY22:	275
HFY22 Percentage Occupancy:	58.3%
Inpatient Discharges in HFY22:	9,893
Change HFY21-HFY22:	(5.7%)
Percent of Total Region Discharges in HFY22:	32.7%
Percent of Statewide Total Discharges in HFY22:	1.4%
Inpatient Days in HFY22:	58,538
Change HFY21-HFY22:	3.8%
Percent of Total Region Inpatient Days in HFY22:	39.5%
Percent of Statewide Total Inpatient Days in HFY22:	1.4%
Average Length of Stay in HFY22:	5.9
Change HFY21-HFY22:	10.0%
Emergency Department Visits in HFY22:	32,367
Change HFY21-HFY22:	2.4%
Percent of Total Region Emergency Department Visits in HFY22:	19.4%
Percent of Statewide Total Emergency Department Visits in HFY22:	1.2%
Outpatient Visits in HFY22:	175,615
Change HFY21-HFY22:	8.4%

*Data Source: CHIA Hospital Cost Reports

TOP DISCHARGES BY INPATIENT CASE (DRG) IN FY22

Inpatient Case (DRG) ⁵	Discharges	Percent of Total Hospital Discharges
Normal Neonate Birth	831	9.2%
Major Depressive Disorders	603	6.7%
Vaginal delivery	567	6.3%
Septicemia & Disseminated Infections	419	4.6%
Bipolar disorders	376	4.2%
Cesarean delivery	346	3.8%
Heart failure	309	3.4%
Major Resp Infect & Inflam	281	3.1%
Schizophrenia	236	2.6%
Cardiac Arrhythmia	221	2.4%

*Data Source: CHIA Hospital Discharge Dataset

TOP DISCHARGES BY COMMUNITY IN FY22

Community ⁵	Discharges	Percent of Total Community Discharges
Framingham, MA	3,810	52%
Natick, MA	757	26%
Ashland, MA	741	44%
Worcester, MA	391	2%
Marlborough, MA	382	9%
Holliston, MA	265	24%
Hopkinton, MA	170	14%
Sudbury, MA	144	11%
Southborough, MA	115	19%
Westborough, MA	112	7%

*Data Source: CHIA Hospital Discharge Dataset

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

³ There was an accounting change adopted by most hospitals beginning in HFY 2020 in which unrealized gains and losses on investments are now recognized as non-operating revenue.

⁴ Federal and State COVID-19 relief funding was distributed to hospitals as part of the Coronavirus Aid, Relief, and Economic Security (CARES) Act beginning in HFY2020. A portion of this funding was reported as operating revenue.

⁵ Inpatient cases and communities with less than 25 discharges have been omitted from the Top Discharges by Inpatient Case (DRG) and Top Discharges by Community charts.

Morton Hospital, A Steward Family Hospital

2022 Hospital Profile

OVERVIEW

City/Town:	Taunton, MA
Region:	Metro South
Hospital Type:	Community-High Public Payer Hospital
Total Staffed Beds in HFY22:	123, Mid-Size Hospital
Hospital System Affiliation:	Steward Health Care
Hospital System Surplus (Deficit) in HFY22:	Steward Health Care Failed to Submit
Change in Ownership HFY18-HFY22:	Not Applicable

Tax Status:	For profit
Trauma Center Designation:	Not Applicable
Total FTE's in HFY22:	772.02
FY22 Case Mix Index:	1.06
Public Payer Mix ¹ :	69.0%: HPP Hospital
Percent of Total GPSR - Medicare/Medicaid/Commercial:	48% / 23% / 22%
CY21 Commercial Statewide Relative Price:	0.94

FINANCIAL

GROSS AND NET PATIENT SERVICE REVENUES (GPSR & NPSR)

	HFY18	HFY19	HFY20	HFY21	HFY22
Inpatient GPSR	\$86.8M	\$83.1M	\$85.9M	\$104.2M	\$113.3M
Outpatient GPSR	\$135.1M	\$154.7M	\$145.3M	\$188.4M	\$203.4M
Total GPSR	\$221.9M	\$237.8M	\$231.2M	\$292.6M	\$316.7M
Inpatient NPSR per CMAD	\$10,136	\$10,187	\$9,252	\$9,287	\$9,975
Inpatient NPSR	\$59.1M	\$57.4M	\$60.0M	\$67.3M	\$75.5M
Outpatient NPSR	\$56.3M	\$64.2M	\$55.3M	\$71.7M	\$76.9M

*Data Source: CHIA Hospital Cost Reports

REVENUE & EXPENSES

	HFY18	HFY19	HFY20	HFY21	HFY22
Operating Revenue	\$119.0M	\$124.1M	\$160.6M	\$150.6M	\$161.8M
Non-Operating Revenue ³	\$0.3M	\$0.0M	\$0.0M	\$2.0M	\$0.0M
COVID Funding Included in Operating Revenue ⁴	-	-	\$30.9M	\$0.0M	\$2.7M
Total Revenue	\$119.4M	\$124.1M	\$160.6M	\$152.7M	\$161.8M
Total Expenses	\$127.9M	\$120.9M	\$150.8M	\$156.9M	\$166.6M
Total Surplus (Deficit)	(\$8.6M)	\$3.1M	\$9.7M	(\$4.2M)	(\$4.8M)
Operating Margin	(7.5%)	2.5%	6.1%	(4.1%)	(3.0%)
Non-Operating Margin	0.3%	0.0%	0.0%	1.3%	0.0%
Total Margin	(7.2%)	2.5%	6.1%	(2.8%)	(3.0%)

*Data Source: Standardized Financial Statements

SOLVENCY AND LIQUIDITY

	HFY18	HFY19	HFY20	HFY21	HFY22
Total Net Assets or Equity	\$16.6M	\$25.1M	\$17.6M	\$37.5M	\$26.9M
Current Ratio	1.2	1.4	0.9	1.3	2.3
Debt Service Coverage Ratio	(0.4)	47.7	66.0	(14.7)	1.3
Cash Flow to Total Debt	(25.3%)	54.6%	75.6%	(14.8%)	1.8%
Equity Financing Ratio	50.9%	64.4%	46.4%	66.3%	17.2%
Average Age of Plant	2.0	5.0	7.0	9.0	3.0

*Data Source: Standardized Financial Statements

UTILIZATION

Licensed Beds in HFY22:	144
Available Beds in HFY22:	149
Staffed Beds in HFY22:	123
HFY22 Percentage Occupancy:	83.7%
Inpatient Discharges in HFY22:	7,161
Change HFY21-HFY22:	16.3%
Percent of Total Region Discharges in HFY22:	9.8%
Percent of Statewide Total Discharges in HFY22:	<1%
Inpatient Days in HFY22:	37,578
Change HFY21-HFY22:	14.9%
Percent of Total Region Inpatient Days in HFY22:	10.9%
Percent of Statewide Total Inpatient Days in HFY22:	<1%
Average Length of Stay in HFY22:	5.3
Change HFY21-HFY22:	(1.1%)
Emergency Department Visits in HFY22:	42,761
Change HFY21-HFY22:	0.5%
Percent of Total Region Emergency Department Visits in HFY22:	16.4%
Percent of Statewide Total Emergency Department Visits in HFY22:	1.6%
Outpatient Visits in HFY22:	57,260
Change HFY21-HFY22:	1.6%

*Data Source: CHIA Hospital Cost Reports

TOP DISCHARGES BY INPATIENT CASE (DRG) IN FY22

Inpatient Case (DRG) ⁵	Discharges	Percent of Total Hospital Discharges
Major Resp Infect & Inflam	493	7.2%
Alcohol abuse & dependence	384	5.6%
Heart failure	321	4.7%
Opioid abuse & dependence	313	4.5%
Septicemia & Disseminated Infections	256	3.7%
Chronic Obstructive Pulmonary Disease	246	3.6%
Drug & alcohol abuse or dep against med advice	242	3.5%
Cardiac Arrhythmia	187	2.7%
Knee joint replacement	182	2.6%
Kidney & Urinary Tract Infections	170	2.5%

*Data Source: CHIA Hospital Discharge Dataset

TOP DISCHARGES BY COMMUNITY IN FY22

Community ⁵	Discharges	Percent of Total Community Discharges
Taunton, MA	3,182	46%
Raynham, MA	701	36%
Middleboro, MA	564	19%
East Taunton, MA	290	38%
Lakeville, MA	266	22%
Norton, MA	128	8%
Berkley, MA	120	22%
North Dighton, MA	111	32%
New Bedford, MA	99	1%
Attleboro, MA	98	3%

*Data Source: CHIA Hospital Discharge Dataset

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

³ There was an accounting change adopted by most hospitals beginning in HFY 2020 in which unrealized gains and losses on investments are now recognized as non-operating revenue.

⁴ Federal and State COVID-19 relief funding was distributed to hospitals as part of the Coronavirus Aid, Relief, and Economic Security (CARES) Act beginning in HFY2020. A portion of this funding was reported as operating revenue.

⁵ Inpatient cases and communities with less than 25 discharges have been omitted from the Top Discharges by Inpatient Case (DRG) and Top Discharges By Community charts.

⁶ Steward Health Care did not provide their audited financial statements, therefore their financial data is as reported or filed.

Nashoba Valley Medical Center, A Steward Family Hospital

2022 Hospital Profile

OVERVIEW

City/Town:	Ayer, MA
Region:	Northeastern Massachusetts
Hospital Type:	Community-High Public Payer Hospital
Total Staffed Beds in HFY22:	38, Small Hospital
Hospital System Affiliation:	Steward Health Care
Hospital System Surplus (Deficit) in HFY22:	Steward Health Care Failed to Submit
Change in Ownership HFY18-HFY22:	Not Applicable

Tax Status:	For profit
Trauma Center Designation:	Not Applicable
Total FTE's in HFY22:	323.69
FY22 Case Mix Index:	1.10
Public Payer Mix ¹ :	64.3%: HPP Hospital
Percent of Total GPSR - Medicare/Medicaid/Commercial:	46% / 14% / 30%
CY21 Commercial Statewide Relative Price:	0.94

FINANCIAL

GROSS AND NET PATIENT SERVICE REVENUES (GPSR & NPSR)

	HFY18	HFY19	HFY20	HFY21	HFY22
Inpatient GPSR	\$42.4M	\$41.7M	\$36.1M	\$43.3M	\$45.3M
Outpatient GPSR	\$115.9M	\$121.8M	\$100.7M	\$125.3M	\$144.9M
Total GPSR	\$158.3M	\$163.6M	\$136.8M	\$168.6M	\$190.2M
Inpatient NPSR per CMAD	\$11,162	\$11,346	\$12,193	\$11,565	\$11,652
Inpatient NPSR	\$20.0M	\$19.6M	\$19.4M	\$22.9M	\$24.0M
Outpatient NPSR	\$35.5M	\$37.5M	\$28.2M	\$36.6M	\$44.9M

*Data Source: CHIA Hospital Cost Reports

REVENUE & EXPENSES

	HFY18	HFY19	HFY20	HFY21	HFY22
Operating Revenue	\$57.7M	\$58.1M	\$50.9M	\$63.1M	\$72.7M
Non-Operating Revenue ³	\$0.9M	\$0.0M	\$0.0M	\$4.7M	\$0.0M
COVID Funding Included in Operating Revenue ⁴	-	-	\$1.2M	\$0.0M	\$1.1M
Total Revenue	\$58.6M	\$58.1M	\$50.9M	\$67.8M	\$72.7M
Total Expenses	\$59.7M	\$58.7M	\$66.9M	\$69.4M	\$73.4M
Total Surplus (Deficit)	(\$1.1M)	(\$0.6M)	(\$16.0M)	(\$1.6M)	(\$0.7M)
Operating Margin	(3.4%)	(1.0%)	(31.5%)	(9.3%)	(0.9%)
Non-Operating Margin	1.5%	0.0%	0.0%	6.9%	0.0%
Total Margin	(1.9%)	(1.0%)	(31.5%)	(2.4%)	(0.9%)

*Data Source: Standardized Financial Statements

SOLVENCY AND LIQUIDITY

	HFY18	HFY19	HFY20	HFY21	HFY22
Total Net Assets or Equity	\$2.2M	\$7.1M	\$6.4M	\$8.3M	\$1.0M
Current Ratio	1.7	1.5	0.9	1.3	2.4
Debt Service Coverage Ratio	1.0	1.1	(22.4)	(0.4)	1.4
Cash Flow to Total Debt	2.6%	1.7%	(231.5%)	(12.2%)	3.2%
Equity Financing Ratio	18.8%	51.9%	44.8%	50.1%	0.9%
Average Age of Plant	4.0	9.0	10.0	8.0	3.0

*Data Source: Standardized Financial Statements

UTILIZATION

Licensed Beds in HFY22:	77
Available Beds in HFY22:	46
Staffed Beds in HFY22:	38
HFY22 Percentage Occupancy:	84.3%
Inpatient Discharges in HFY22:	1,874
Change HFY21-HFY22:	1.0%
Percent of Total Region Discharges in HFY22:	1.4%
Percent of Statewide Total Discharges in HFY22:	<1%
Inpatient Days in HFY22:	11,690
Change HFY21-HFY22:	(5.9%)
Percent of Total Region Inpatient Days in HFY22:	1.8%
Percent of Statewide Total Inpatient Days in HFY22:	<1%
Average Length of Stay in HFY22:	6.2
Change HFY21-HFY22:	(6.9%)
Emergency Department Visits in HFY22:	16,004
Change HFY21-HFY22:	15.9%
Percent of Total Region Emergency Department Visits in HFY22:	3.2%
Percent of Statewide Total Emergency Department Visits in HFY22:	<1%
Outpatient Visits in HFY22:	39,897
Change HFY21-HFY22:	3.2%

*Data Source: CHIA Hospital Cost Reports

TOP DISCHARGES BY INPATIENT CASE (DRG) IN FY22

Inpatient Case (DRG) ⁵	Discharges	Percent of Total Hospital Discharges
Major Resp Infect & Inflam	154	8.2%
Heart failure	96	5.1%
Septicemia & Disseminated Infections	82	4.4%
Cardiac Arrhythmia	68	3.6%
Major Depressive Disorders	62	3.3%
Chronic Obstructive Pulmonary Disease	59	3.2%
Hip joint replacement	54	2.9%
Renal failure	47	2.5%
Kidney & Urinary Tract Infections	45	2.4%
Bipolar disorders	45	2.4%

*Data Source: CHIA Hospital Discharge Dataset

TOP DISCHARGES BY COMMUNITY IN FY22

Community ⁵	Discharges	Percent of Total Community Discharges
Ayer, MA	309	36%
Pepperell, MA	184	23%
Groton, MA	147	19%
Shirley, MA	138	21%
Townsend, MA	136	23%
Lunenburg, MA	117	11%
Shrewsbury, MA	113	4%
Fitchburg, MA	71	2%
Leominster, MA	58	1%
Littleton, MA	53	7%

*Data Source: CHIA Hospital Discharge Dataset

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

³ There was an accounting change adopted by most hospitals beginning in HFY 2020 in which unrealized gains and losses on investments are now recognized as non-operating revenue.

⁴ Federal and State COVID-19 relief funding was distributed to hospitals as part of the Coronavirus Aid, Relief, and Economic Security (CARES) Act beginning in HFY2020. A portion of this funding was reported as operating revenue.

⁵ Inpatient cases and communities with less than 25 discharges have been omitted from the Top Discharges by Inpatient Case (DRG) and Top Discharges By Community charts.

⁶ Steward Health Care did not provide their audited financial statements, therefore their financial data is as reported or filed.

North Shore Medical Center

2022 Hospital Profile

OVERVIEW

City/Town:	Salem & Lynn, MA
Region:	Northeastern Massachusetts
Hospital Type:	Community-High Public Payer Hospital
Total Staffed Beds in HFY22:	397, 10th Largest Hospital
Hospital System Affiliation:	Mass General Brigham
Hospital System Surplus (Deficit) in HFY22:	(\$2,257,627,000)
Change in Ownership HFY18-HFY22:	Not Applicable

Tax Status:	Non-profit
Trauma Center Designation:	Adult: Level 3
Total FTE's in HFY22:	2,257.94
FY22 Case Mix Index:	1.13
Public Payer Mix ¹ :	70.0%: HPP Hospital
Percent of Total GPSR - Medicare/Medicaid/Commercial:	44% / 22% / 27%
CY21 Commercial Statewide Relative Price:	0.96

FINANCIAL

GROSS AND NET PATIENT SERVICE REVENUES (GPSR & NPSR)

	HFY18	HFY19	HFY20	HFY21	HFY22
Inpatient GPSR	\$493.7M	\$490.5M	\$540.9M	\$588.3M	\$621.9M
Outpatient GPSR	\$835.2M	\$899.9M	\$818.7M	\$990.7M	\$1,052.6M
Total GPSR	\$1,328.9M	\$1,390.4M	\$1,359.6M	\$1,579.0M	\$1,674.5M
Inpatient NPSR per CMAD	\$11,509	\$12,253	\$12,516	\$12,683	\$12,155
Inpatient NPSR	\$208.5M	\$217.0M	\$230.6M	\$251.1M	\$248.1M
Outpatient NPSR	\$204.4M	\$213.0M	\$191.2M	\$227.8M	\$244.8M

*Data Source: CHIA Hospital Cost Reports

REVENUE & EXPENSES

	HFY18	HFY19	HFY20	HFY21	HFY22
Operating Revenue	\$422.8M	\$456.6M	\$524.4M	\$521.2M	\$541.1M
Non-Operating Revenue ³	\$0.4M	\$0.3M	\$1.7M	(\$0.5M)	\$0.1M
COVID Funding Included in Operating Revenue ⁴	-	-	\$70.2M	\$3.8M	\$6.1M
Total Revenue	\$423.1M	\$456.9M	\$526.2M	\$520.7M	\$541.2M
Total Expenses	\$455.3M	\$459.7M	\$475.0M	\$505.0M	\$568.6M
Total Surplus (Deficit)	(\$32.2M)	(\$2.8M)	\$51.2M	\$15.7M	(\$27.4M)
Operating Margin	(7.7%)	(0.7%)	9.4%	3.1%	(5.1%)
Non-Operating Margin	0.1%	0.1%	0.3%	(0.1%)	0.0%
Total Margin	(7.6%)	(0.6%)	9.7%	3.0%	(5.1%)

*Data Source: Standardized Financial Statements

SOLVENCY AND LIQUIDITY

	HFY18	HFY19	HFY20	HFY21	HFY22
Total Net Assets or Equity	(\$91.0M)	(\$318.0M)	\$331.3M	\$212.3M	\$349.1M
Current Ratio	2.8	0.8	1.6	0.7	1.9
Debt Service Coverage Ratio	0.2	0.6	6.0	3.7	1.0
Cash Flow to Total Debt	(0.8%)	3.2%	27.4%	19.2%	4.3%
Equity Financing Ratio	(13.7%)	(62.8%)	50.3%	42.4%	54.9%
Average Age of Plant	7.0	7.0	7.0	7.0	7.0

*Data Source: Standardized Financial Statements

UTILIZATION

Licensed Beds in HFY22:	397
Available Beds in HFY22:	397
Staffed Beds in HFY22:	397
HFY22 Percentage Occupancy:	74.3%
Inpatient Discharges in HFY22:	18,036
Change HFY21-HFY22:	(0.9%)
Percent of Total Region Discharges in HFY22:	13.9%
Percent of Statewide Total Discharges in HFY22:	2.5%
Inpatient Days in HFY22:	107,636
Change HFY21-HFY22:	3.2%
Percent of Total Region Inpatient Days in HFY22:	16.5%
Percent of Statewide Total Inpatient Days in HFY22:	2.6%
Average Length of Stay in HFY22:	6.0
Change HFY21-HFY22:	4.2%
Emergency Department Visits in HFY22:	54,623
Change HFY21-HFY22:	(17.8%)
Percent of Total Region Emergency Department Visits in HFY22:	10.8%
Percent of Statewide Total Emergency Department Visits in HFY22:	2.0%
Outpatient Visits in HFY22:	83,189
Change HFY21-HFY22:	(10.9%)

*Data Source: CHIA Hospital Cost Reports

TOP DISCHARGES BY INPATIENT CASE (DRG) IN FY22

Inpatient Case (DRG) ⁵	Discharges	Percent of Total Hospital Discharges
Normal Neonate Birth	1,162	6.4%
Major Resp Infect & Inflamm	922	5.1%
Heart failure	832	4.6%
Vaginal delivery	804	4.4%
Septicemia & Disseminated Infections	793	4.4%
Major Depressive Disorders	769	4.3%
Bipolar disorders	472	2.6%
Cesarean delivery	423	2.3%
Schizophrenia	387	2.1%
Kidney & Urinary Tract Infections	340	1.9%

*Data Source: CHIA Hospital Discharge Dataset

TOP DISCHARGES BY COMMUNITY IN FY22

Community ⁵	Discharges	Percent of Total Community Discharges
Lynn, MA	6,961	57%
Salem, MA	2,699	56%
Peabody, MA	2,281	32%
Marblehead, MA	927	54%
Swampscott, MA	791	57%
Danvers, MA	623	18%
Beverly, MA	470	10%
Saugus, MA	418	12%
Lynnfield, MA	198	16%
Nahant, MA	176	54%

*Data Source: CHIA Hospital Discharge Dataset

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

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³ There was an accounting change adopted by most hospitals beginning in HFY 2020 in which unrealized gains and losses on investments are now recognized as non-operating revenue.

⁴ Federal and State COVID-19 relief funding was distributed to hospitals as part of the Coronavirus Aid, Relief, and Economic Security (CARES) Act beginning in HFY2020. A portion of this funding was reported as operating revenue.

⁵ Inpatient cases and communities with less than 25 discharges have been omitted from the Top Discharges by Inpatient Case (DRG) and Top Discharges by Community charts.

Northeast Hospital

2022 Hospital Profile

OVERVIEW

City/Town:	Beverly & Gloucester, MA
Region:	Northeastern Massachusetts
Hospital Type:	Community-High Public Payer Hospital
Total Staffed Beds in HFY22:	377, Large Hospital
Hospital System Affiliation:	Beth Israel Lahey Health
Hospital System Surplus (Deficit) in HFY22:	(\$442,037,000)
Change in Ownership HFY18-HFY22:	Beth Israel Lahey Health 3/1/19

Tax Status:	Non-profit
Trauma Center Designation:	Adult: Level 3
Total FTE's in HFY22:	1,754.22
FY22 Case Mix Index:	0.98
Public Payer Mix ¹ :	65.0%: HPP Hospital
Percent of Total GPSR - Medicare/Medicaid/Commercial:	51% / 14% / 30%
CY21 Commercial Statewide Relative Price:	0.85

FINANCIAL

GROSS AND NET PATIENT SERVICE REVENUES (GPSR & NPSR)

	HFY18	HFY19	HFY20	HFY21	HFY22
Inpatient GPSR	\$307.6M	\$324.9M	\$314.4M	\$321.0M	\$339.1M
Outpatient GPSR	\$539.3M	\$596.0M	\$539.9M	\$625.9M	\$660.9M
Total GPSR	\$846.9M	\$920.9M	\$854.3M	\$946.8M	\$1,000.0M
Inpatient NPSR per CMAD	\$10,409	\$10,637	\$11,207	\$9,599	\$9,708
Inpatient NPSR	\$200.2M	\$207.9M	\$202.1M	\$171.8M	\$178.0M
Outpatient NPSR	\$161.2M	\$173.0M	\$156.3M	\$209.8M	\$212.6M

*Data Source: CHIA Hospital Cost Reports

REVENUE & EXPENSES

	HFY18	HFY19	HFY20	HFY21	HFY22
Operating Revenue	\$373.4M	\$235.2M	\$410.0M	\$400.1M	\$415.0M
Non-Operating Revenue ³	\$6.3M	(\$3.8M)	\$7.1M	\$28.9M	(\$32.4M)
COVID Funding Included in Operating Revenue ⁴	-	-	\$35.1M	\$0.0M	\$1.7M
Total Revenue	\$379.7M	\$231.4M	\$447.1M	\$429.0M	\$384.3M
Total Expenses	\$351.7M	\$211.5M	\$363.5M	\$383.4M	\$417.1M
Total Surplus (Deficit)	\$28.0M	\$19.9M	\$83.6M	\$45.6M	(\$32.8M)
Operating Margin	5.7%	10.2%	11.1%	3.9%	(0.5%)
Non-Operating Margin	1.7%	(1.7%)	1.7%	6.7%	(8.5%)
Total Margin	7.4%	8.6%	12.8%	10.6%	(9.0%)

*Data Source: Standardized Financial Statements

SOLVENCY AND LIQUIDITY

	HFY18	HFY19	HFY20	HFY21	HFY22
Total Net Assets or Equity	\$234.5M	\$219.2M	\$251.6M	\$313.2M	\$274.5M
Current Ratio	2.0	5.0	3.1	3.4	4.5
Debt Service Coverage Ratio	7.1	5.1	11.2	9.8	(2.4)
Cash Flow to Total Debt	32.6%	19.5%	33.1%	32.1%	(11.7%)
Equity Financing Ratio	53.8%	47.9%	45.7%	55.2%	61.0%
Average Age of Plant	13.0	0	0	16.0	16.0

*Data Source: Standardized Financial Statements

UTILIZATION

Licensed Beds in HFY22:	377
Available Beds in HFY22:	377
Staffed Beds in HFY22:	377
HFY22 Percentage Occupancy:	69.1%
Inpatient Discharges in HFY22:	18,685
Change HFY21-HFY22:	(1.0%)
Percent of Total Region Discharges in HFY22:	14.4%
Percent of Statewide Total Discharges in HFY22:	2.6%
Inpatient Days in HFY22:	95,038
Change HFY21-HFY22:	5.1%
Percent of Total Region Inpatient Days in HFY22:	14.6%
Percent of Statewide Total Inpatient Days in HFY22:	2.3%
Average Length of Stay in HFY22:	5.1
Change HFY21-HFY22:	6.3%
Emergency Department Visits in HFY22:	59,465
Change HFY21-HFY22:	7.4%
Percent of Total Region Emergency Department Visits in HFY22:	11.7%
Percent of Statewide Total Emergency Department Visits in HFY22:	2.2%
Outpatient Visits in HFY22:	449,818
Change HFY21-HFY22:	10.5%

*Data Source: CHIA Hospital Cost Reports

TOP DISCHARGES BY INPATIENT CASE (DRG) IN FY22

Inpatient Case (DRG) ⁵	Discharges	Percent of Total Hospital Discharges
Normal Neonate Birth	1,928	10.3%
Vaginal delivery	1,350	7.2%
Septicemia & Disseminated Infections	992	5.3%
Major Resp Infect & Inflam	795	4.2%
Cesarean delivery	647	3.5%
Bipolar disorders	591	3.2%
Heart failure	588	3.1%
Major Depressive Disorders	426	2.3%
Renal failure	362	1.9%
Cardiac Arrhythmia	358	1.9%

*Data Source: CHIA Hospital Discharge Dataset

TOP DISCHARGES BY COMMUNITY IN FY22

Community ⁵	Discharges	Percent of Total Community Discharges
Beverly, MA	3,297	67%
Gloucester, MA	2,583	69%
Peabody, MA	2,216	31%
Danvers, MA	1,803	52%
Lynn, MA	1,319	11%
Salem, MA	946	20%
Ipswich, MA	800	57%
Rockport, MA	460	62%
Middleton, MA	370	39%
South Hamilton, MA	331	58%

*Data Source: CHIA Hospital Discharge Dataset

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³ There was an accounting change adopted by most hospitals beginning in HFY 2020 in which unrealized gains and losses on investments are now recognized as non-operating revenue.

⁴ Federal and State COVID-19 relief funding was distributed to hospitals as part of the Coronavirus Aid, Relief, and Economic Security (CARES) Act beginning in HFY2020. A portion of this funding was reported as operating revenue.

⁵ Inpatient cases and communities with less than 25 discharges have been omitted from the Top Discharges by Inpatient Case (DRG) and Top Discharges By Community charts.

⁶ As Beth Israel Lahey Health became financially consolidated in March 2019, seven months of financial data was reported for FY 2019 for this hospital.

Signature Healthcare Brockton Hospital

2022 Hospital Profile

OVERVIEW

City/Town:	Brockton, MA
Region:	Metro South
Hospital Type:	Community-High Public Payer Hospital
Total Staffed Beds in HFY22:	216, Mid-Size Hospital
Hospital System Affiliation:	Signature Healthcare Corporation
Hospital System Surplus (Deficit) in HFY22:	(\$7,274,033)
Change in Ownership HFY18-HFY22:	Not Applicable

Tax Status:	Non-profit
Trauma Center Designation:	Not Applicable
Total FTE's in HFY22:	1,595.71
FY22 Case Mix Index:	0.96
Public Payer Mix ¹ :	76.0%: HPP Hospital
Percent of Total GPSR - Medicare/Medicaid/Commercial:	46% / 29% / 20%
CY21 Commercial Statewide Relative Price:	0.90

FINANCIAL

GROSS AND NET PATIENT SERVICE REVENUES (GPSR & NPSR)

	HFY18	HFY19	HFY20	HFY21	HFY22
Inpatient GPSR	\$271.7M	\$306.6M	\$305.3M	\$322.6M	\$379.4M
Outpatient GPSR	\$514.1M	\$551.6M	\$500.3M	\$581.0M	\$644.9M
Total GPSR	\$785.8M	\$858.2M	\$805.6M	\$903.6M	\$1,024.2M
Inpatient NPSR per CMAD	\$12,334	\$11,629	\$11,935	\$12,287	\$13,119
Inpatient NPSR	\$124.8M	\$121.9M	\$126.8M	\$132.2M	\$143.0M
Outpatient NPSR	\$131.3M	\$137.0M	\$113.8M	\$137.0M	\$145.7M

*Data Source: CHIA Hospital Cost Reports

REVENUE & EXPENSES

	HFY18	HFY19	HFY20	HFY21	HFY22
Operating Revenue	\$287.9M	\$296.3M	\$312.5M	\$340.0M	\$369.6M
Non-Operating Revenue ³	\$9.3M	\$5.7M	\$0.7M	\$4.0M	\$5.4M
COVID Funding Included in Operating Revenue ⁴	-	-	\$8.3M	\$15.8M	\$16.7M
Total Revenue	\$297.1M	\$302.0M	\$313.2M	\$344.1M	\$374.9M
Total Expenses	\$277.2M	\$291.4M	\$296.2M	\$327.1M	\$363.9M
Total Surplus (Deficit)	\$19.9M	\$10.6M	\$17.0M	\$17.0M	\$11.0M
Operating Margin	3.6%	1.6%	5.2%	3.8%	1.5%
Non-Operating Margin	3.1%	1.9%	0.2%	1.2%	1.4%
Total Margin	6.7%	3.5%	5.4%	4.9%	2.9%

*Data Source: Standardized Financial Statements

SOLVENCY AND LIQUIDITY

	HFY18	HFY19	HFY20	HFY21	HFY22
Total Net Assets or Equity	\$88.8M	\$64.2M	\$67.0M	\$92.8M	\$92.7M
Current Ratio	1.2	1.1	0.7	0.7	0.9
Debt Service Coverage Ratio	4.4	3.6	3.8	3.8	3.8
Cash Flow to Total Debt	26.7%	16.1%	14.8%	17.0%	14.1%
Equity Financing Ratio	36.3%	24.9%	20.3%	29.7%	32.9%
Average Age of Plant	10.0	10.0	10.0	10.0	12.0

*Data Source: Standardized Financial Statements

UTILIZATION

Licensed Beds in HFY22:	216
Available Beds in HFY22:	216
Staffed Beds in HFY22:	216
HFY22 Percentage Occupancy:	74.9%
Inpatient Discharges in HFY22:	11,336
Change HFY21-HFY22:	(1.6%)
Percent of Total Region Discharges in HFY22:	15.5%
Percent of Statewide Total Discharges in HFY22:	1.5%
Inpatient Days in HFY22:	59,044
Change HFY21-HFY22:	9.9%
Percent of Total Region Inpatient Days in HFY22:	17.1%
Percent of Statewide Total Inpatient Days in HFY22:	1.4%
Average Length of Stay in HFY22:	5.2
Change HFY21-HFY22:	11.8%
Emergency Department Visits in HFY22:	54,761
Change HFY21-HFY22:	6.4%
Percent of Total Region Emergency Department Visits in HFY22:	21.0%
Percent of Statewide Total Emergency Department Visits in HFY22:	2.0%
Outpatient Visits in HFY22:	287,594
Change HFY21-HFY22:	0.7%

*Data Source: CHIA Hospital Cost Reports

TOP DISCHARGES BY INPATIENT CASE (DRG) IN FY22

Inpatient Case (DRG) ⁵	Discharges	Percent of Total Hospital Discharges
Normal Neonate Birth	1,264	11.0%
Vaginal delivery	952	8.3%
Septicemia & Disseminated Infections	737	6.4%
Major Resp Infect & Inflam	554	4.8%
Cesarean delivery	406	3.5%
Heart failure	319	2.8%
Bipolar disorders	280	2.4%
Chronic Obstructive Pulmonary Disease	273	2.4%
Kidney & Urinary Tract Infections	235	2.0%
Cardiac Arrhythmia	181	1.6%

*Data Source: CHIA Hospital Discharge Dataset

TOP DISCHARGES BY COMMUNITY IN FY22

Community ⁵	Discharges	Percent of Total Community Discharges
Brockton, MA	5,828	40%
Bridgewater, MA	613	23%
Whitman, MA	492	27%
East Bridgewater, MA	467	30%
Taunton, MA	413	6%
Abington, MA	324	16%
Stoughton, MA	293	8%
Rockland, MA	256	11%
West Bridgewater, MA	227	25%
Hanson, MA	205	17%

*Data Source: CHIA Hospital Discharge Dataset

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

³ There was an accounting change adopted by most hospitals beginning in HFY 2020 in which unrealized gains and losses on investments are now recognized as non-operating revenue.

⁴ Federal and State COVID-19 relief funding was distributed to hospitals as part of the Coronavirus Aid, Relief, and Economic Security (CARES) Act beginning in HFY2020. A portion of this funding was reported as operating revenue.

⁵ Inpatient cases and communities with less than 25 discharges have been omitted from the Top Discharges by Inpatient Case (DRG) and Top Discharges by Community charts.

Southcoast Hospitals Group

2022 Hospital Profile

OVERVIEW

City/Town:	Fall River, New Bedford, & Wareham, MA
Region:	Southcoast
Hospital Type:	Community-High Public Payer Hospital
Total Staffed Beds in HFY22:	522, 6th Largest Hospital
Hospital System Affiliation:	Southcoast Health System
Hospital System Surplus (Deficit) in HFY22:	(\$150,739,024)
Change in Ownership HFY18-HFY22:	Not Applicable

Tax Status:	Non-profit
Trauma Center Designation:	Not Applicable
Total FTE's in HFY22:	4,440.51
FY22 Case Mix Index:	1.20
Public Payer Mix ¹ :	74.6%: HPP Hospital
Percent of Total GPSR - Medicare/Medicaid/Commercial:	52% / 21% / 23%
CY21 Commercial Statewide Relative Price:	0.83

FINANCIAL

GROSS AND NET PATIENT SERVICE REVENUES (GPSR & NPSR)

	HFY18	HFY19	HFY20	HFY21	HFY22
Inpatient GPSR	\$776.5M	\$830.2M	\$829.1M	\$902.6M	\$962.8M
Outpatient GPSR	\$1,220.0M	\$1,327.4M	\$1,247.7M	\$1,511.4M	\$1,637.9M
Total GPSR	\$1,996.6M	\$2,157.6M	\$2,076.9M	\$2,413.9M	\$2,600.7M
Inpatient NPSR per CMAD	\$9,293	\$9,142	\$9,306	\$9,291	\$9,157
Inpatient NPSR	\$349.1M	\$362.8M	\$350.6M	\$343.3M	\$340.4M
Outpatient NPSR	\$422.8M	\$456.4M	\$416.5M	\$476.6M	\$494.3M

*Data Source: CHIA Hospital Cost Reports

REVENUE & EXPENSES

	HFY18	HFY19	HFY20	HFY21	HFY22
Operating Revenue	\$827.9M	\$879.4M	\$916.9M	\$919.2M	\$979.2M
Non-Operating Revenue ³	\$21.3M	\$19.0M	\$30.5M	\$76.2M	(\$65.5M)
COVID Funding Included in Operating Revenue ⁴	-	-	\$70.1M	\$6.2M	\$34.6M
Total Revenue	\$849.2M	\$898.4M	\$947.5M	\$995.5M	\$913.7M
Total Expenses	\$777.5M	\$821.8M	\$839.9M	\$889.0M	\$981.0M
Total Surplus (Deficit)	\$71.8M	\$76.6M	\$107.6M	\$106.5M	(\$67.3M)
Operating Margin	5.9%	6.4%	8.1%	3.0%	(0.2%)
Non-Operating Margin	2.5%	2.1%	3.2%	7.7%	(7.2%)
Total Margin	8.4%	8.5%	11.4%	10.7%	(7.4%)

*Data Source: Standardized Financial Statements

SOLVENCY AND LIQUIDITY

	HFY18	HFY19	HFY20	HFY21	HFY22
Total Net Assets or Equity	\$556.4M	\$575.3M	\$663.4M	\$697.0M	\$542.1M
Current Ratio	1.4	1.4	1.4	1.1	1.4
Debt Service Coverage Ratio	7.3	7.4	10.1	4.3	(0.1)
Cash Flow to Total Debt	35.5%	37.5%	34.4%	33.2%	(2.3%)
Equity Financing Ratio	58.1%	59.6%	54.7%	55.1%	54.7%
Average Age of Plant	12.0	12.0	10.0	10.0	10.0

*Data Source: Standardized Financial Statements

UTILIZATION

Licensed Beds in HFY22:	852
Available Beds in HFY22:	717
Staffed Beds in HFY22:	522
HFY22 Percentage Occupancy:	87.0%
Inpatient Discharges in HFY22:	30,933
Change HFY21-HFY22:	(5.6%)
Percent of Total Region Discharges in HFY22:	76.5%
Percent of Statewide Total Discharges in HFY22:	4.2%
Inpatient Days in HFY22:	165,824
Change HFY21-HFY22:	1.6%
Percent of Total Region Inpatient Days in HFY22:	77.4%
Percent of Statewide Total Inpatient Days in HFY22:	4.0%
Average Length of Stay in HFY22:	5.4
Change HFY21-HFY22:	7.6%
Emergency Department Visits in HFY22:	133,569
Change HFY21-HFY22:	4.1%
Percent of Total Region Emergency Department Visits in HFY22:	74.6%
Percent of Statewide Total Emergency Department Visits in HFY22:	4.9%
Outpatient Visits in HFY22:	988,816
Change HFY21-HFY22:	(4.9%)

*Data Source: CHIA Hospital Cost Reports

TOP DISCHARGES BY INPATIENT CASE (DRG) IN FY22

Inpatient Case (DRG) ⁵	Discharges	Percent of Total Hospital Discharges
Normal Neonate Birth	2,737	8.8%
Vaginal delivery	2,058	6.6%
Major Resp Infect & Inflam	1,603	5.2%
Septicemia & Disseminated Infections	1,349	4.3%
Heart failure	1,282	4.1%
Cesarean delivery	993	3.2%
Cardiac Arrhythmia	787	2.5%
Chronic Obstructive Pulmonary Disease	777	2.5%
Other pneumonia	603	1.9%
Kidney & Urinary Tract Infections	509	1.6%

*Data Source: CHIA Hospital Discharge Dataset

TOP DISCHARGES BY COMMUNITY IN FY22

Community ⁵	Discharges	Percent of Total Community Discharges
New Bedford, MA	9,711	81%
Fall River, MA	6,011	48%
Fairhaven, MA	1,423	79%
North Dartmouth, MA	1,326	70%
Somerset, MA	1,096	56%
Westport, MA	1,063	60%
Wareham, MA	935	68%
Swansea, MA	904	60%
South Dartmouth, MA	877	69%
Acushnet, MA	781	77%

*Data Source: CHIA Hospital Discharge Dataset

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

³ There was an accounting change adopted by most hospitals beginning in HFY 2020 in which unrealized gains and losses on investments are now recognized as non-operating revenue.

⁴ Federal and State COVID-19 relief funding was distributed to hospitals as part of the Coronavirus Aid, Relief, and Economic Security (CARES) Act beginning in HFY2020. A portion of this funding was reported as operating revenue.

⁵ Inpatient cases and communities with less than 25 discharges have been omitted from the Top Discharges by Inpatient Case (DRG) and Top Discharges by Community charts.

Steward Good Samaritan Medical Center

2022 Hospital Profile

OVERVIEW

City/Town:	Brockton, MA
Region:	Metro South
Hospital Type:	Community-High Public Payer Hospital
Total Staffed Beds in HFY22:	192, Mid-Size Hospital
Hospital System Affiliation:	Steward Health Care
Hospital System Surplus (Deficit) in HFY22:	Steward Health Care Failed to Submit
Change in Ownership HFY18-HFY22:	Not Applicable

Tax Status:	For profit
Trauma Center Designation:	Adult: Level 3
Total FTE's in HFY22:	1,117.51
FY22 Case Mix Index:	1.15
Public Payer Mix ¹ :	69.8%: HPP Hospital
Percent of Total GPSR - Medicare/Medicaid/Commercial:	49% / 18% / 26%
CY21 Commercial Statewide Relative Price:	0.98

FINANCIAL

GROSS AND NET PATIENT SERVICE REVENUES (GPSR & NPSR)

	HFY18	HFY19	HFY20	HFY21	HFY22
Inpatient GPSR	\$277.0M	\$289.8M	\$266.5M	\$302.5M	\$306.9M
Outpatient GPSR	\$306.5M	\$314.9M	\$264.3M	\$314.0M	\$301.1M
Total GPSR	\$583.5M	\$604.7M	\$530.8M	\$616.5M	\$608.0M
Inpatient NPSR per CMAD	\$10,539	\$11,303	\$10,859	\$11,612	\$11,663
Inpatient NPSR	\$164.5M	\$171.8M	\$172.1M	\$180.1M	\$178.6M
Outpatient NPSR	\$125.3M	\$132.2M	\$95.6M	\$116.5M	\$114.4M

*Data Source: CHIA Hospital Cost Reports

REVENUE & EXPENSES

	HFY18	HFY19	HFY20	HFY21	HFY22
Operating Revenue	\$298.7M	\$310.3M	\$341.2M	\$306.9M	\$311.2M
Non-Operating Revenue ³	\$0.6M	\$0.0M	\$0.0M	\$2.9M	\$0.0M
COVID Funding Included in Operating Revenue ⁴	-	-	\$44.3M	\$0.0M	\$6.4M
Total Revenue	\$299.3M	\$310.3M	\$341.2M	\$309.8M	\$311.2M
Total Expenses	\$261.2M	\$247.8M	\$282.4M	\$287.8M	\$278.0M
Total Surplus (Deficit)	\$38.1M	\$62.5M	\$58.8M	\$22.1M	\$33.2M
Operating Margin	12.5%	20.1%	17.2%	6.2%	10.7%
Non-Operating Margin	0.2%	0.0%	0.0%	0.9%	0.0%
Total Margin	12.7%	20.1%	17.2%	7.1%	10.7%

*Data Source: Standardized Financial Statements

SOLVENCY AND LIQUIDITY

	HFY18	HFY19	HFY20	HFY21	HFY22
Total Net Assets or Equity	\$86.7M	\$34.6M	\$29.9M	\$46.1M	\$33.4M
Current Ratio	3.7	1.5	0.9	1.2	2.2
Debt Service Coverage Ratio	16.3	384.1	148.7	36.9	5.1
Cash Flow to Total Debt	153.6%	262.4%	198.8%	82.4%	27.6%
Equity Financing Ratio	71.6%	55.6%	45.8%	56.6%	18.4%
Average Age of Plant	5.0	9.0	10.0	10.0	5.0

*Data Source: Standardized Financial Statements

UTILIZATION

Licensed Beds in HFY22:	237
Available Beds in HFY22:	237
Staffed Beds in HFY22:	192
HFY22 Percentage Occupancy:	85.5%
Inpatient Discharges in HFY22:	13,362
Change HFY21-HFY22:	(8.5%)
Percent of Total Region Discharges in HFY22:	18.3%
Percent of Statewide Total Discharges in HFY22:	1.8%
Inpatient Days in HFY22:	59,949
Change HFY21-HFY22:	(11.8%)
Percent of Total Region Inpatient Days in HFY22:	17.4%
Percent of Statewide Total Inpatient Days in HFY22:	1.5%
Average Length of Stay in HFY22:	4.5
Change HFY21-HFY22:	(3.6%)
Emergency Department Visits in HFY22:	51,269
Change HFY21-HFY22:	(4.4%)
Percent of Total Region Emergency Department Visits in HFY22:	19.6%
Percent of Statewide Total Emergency Department Visits in HFY22:	1.9%
Outpatient Visits in HFY22:	62,603
Change HFY21-HFY22:	(8.3%)

*Data Source: CHIA Hospital Cost Reports

TOP DISCHARGES BY INPATIENT CASE (DRG) IN FY22

Inpatient Case (DRG) ⁵	Discharges	Percent of Total Hospital Discharges
Septicemia & Disseminated Infections	765	5.9%
Major Resp Infect & Inflam	599	4.6%
Heart failure	583	4.5%
Normal Neonate Birth	448	3.4%
Knee joint replacement	346	2.6%
Cardiac Arrhythmia	337	2.6%
Kidney & Urinary Tract Infections	321	2.5%
Vaginal delivery	316	2.4%
Other pneumonia	265	2.0%
Chronic Obstructive Pulmonary Disease	259	2.0%

*Data Source: CHIA Hospital Discharge Dataset

TOP DISCHARGES BY COMMUNITY IN FY22

Community ⁵	Discharges	Percent of Total Community Discharges
Brockton, MA	3,596	25%
Stoughton, MA	1,427	40%
Taunton, MA	767	11%
Bridgewater, MA	605	23%
North Easton, MA	556	44%
Randolph, MA	466	12%
Canton, MA	459	18%
South Easton, MA	416	40%
Raynham, MA	380	19%
Middleboro, MA	348	12%

*Data Source: CHIA Hospital Discharge Dataset

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

³ There was an accounting change adopted by most hospitals beginning in HFY 2020 in which unrealized gains and losses on investments are now recognized as non-operating revenue.

⁴ Federal and State COVID-19 relief funding was distributed to hospitals as part of the Coronavirus Aid, Relief, and Economic Security (CARES) Act beginning in HFY2020. A portion of this funding was reported as operating revenue.

⁵ Inpatient cases and communities with less than 25 discharges have been omitted from the Top Discharges by Inpatient Case (DRG) and Top Discharges By Community charts.

⁶ Steward Health Care did not provide their audited financial statements, therefore their financial data is as reported or filed.

Steward Holy Family Hospital

2022 Hospital Profile

OVERVIEW

City/Town:	Methuen, MA
Region:	Northeastern Massachusetts
Hospital Type:	Community-High Public Payer Hospital
Total Staffed Beds in HFY22:	182, Mid-Size Hospital
Hospital System Affiliation:	Steward Health Care
Hospital System Surplus (Deficit) in HFY22:	Steward Health Care Failed to Submit
Change in Ownership HFY18-HFY22:	Not Applicable

Tax Status:	For profit
Trauma Center Designation:	Not Applicable
Total FTE's in HFY22:	1,179.36
FY22 Case Mix Index:	1.03
Public Payer Mix ¹ :	69.5%: HPP Hospital
Percent of Total GPSR - Medicare/Medicaid/Commercial:	45% / 26% / 24%
CY21 Commercial Statewide Relative Price:	0.95

FINANCIAL

GROSS AND NET PATIENT SERVICE REVENUES (GPSR & NPSR)

	HFY18	HFY19	HFY20	HFY21	HFY22
Inpatient GPSR	\$218.8M	\$233.7M	\$216.7M	\$236.0M	\$220.8M
Outpatient GPSR	\$307.7M	\$314.7M	\$260.8M	\$306.3M	\$296.7M
Total GPSR	\$526.6M	\$548.4M	\$477.5M	\$542.3M	\$517.6M
Inpatient NPSR per CMAD	\$10,555	\$10,996	\$10,717	\$11,207	\$11,502
Inpatient NPSR	\$124.8M	\$140.7M	\$137.8M	\$151.5M	\$145.4M
Outpatient NPSR	\$117.5M	\$122.1M	\$99.4M	\$119.9M	\$110.9M

*Data Source: CHIA Hospital Cost Reports

REVENUE & EXPENSES

	HFY18	HFY19	HFY20	HFY21	HFY22
Operating Revenue	\$248.2M	\$266.3M	\$269.9M	\$285.0M	\$272.0M
Non-Operating Revenue ³	\$2.1M	\$0.0M	\$0.0M	\$12.6M	\$0.0M
COVID Funding Included in Operating Revenue ⁴	-	-	\$25.6M	\$0.0M	\$5.6M
Total Revenue	\$250.3M	\$266.3M	\$269.9M	\$297.6M	\$272.0M
Total Expenses	\$233.9M	\$241.0M	\$269.9M	\$272.9M	\$264.6M
Total Surplus (Deficit)	\$16.3M	\$25.3M	(\$0.0M)	\$24.8M	\$7.5M
Operating Margin	5.7%	9.5%	0.0%	4.1%	2.7%
Non-Operating Margin	0.8%	0.0%	0.0%	4.2%	0.0%
Total Margin	6.5%	9.5%	0.0%	8.3%	2.7%

*Data Source: Standardized Financial Statements

SOLVENCY AND LIQUIDITY

	HFY18	HFY19	HFY20	HFY21	HFY22
Total Net Assets or Equity	\$5.8M	\$23.2M	\$21.2M	\$41.5M	\$20.2M
Current Ratio	1.0	1.3	0.8	1.4	2.0
Debt Service Coverage Ratio	3.0	57.8	4.8	43.4	1.8
Cash Flow to Total Debt	88.8%	108.1%	8.6%	109.9%	6.0%
Equity Financing Ratio	16.1%	43.6%	37.7%	57.0%	6.5%
Average Age of Plant	6.0	13.0	13.0	53.0	4.0

*Data Source: Standardized Financial Statements

UTILIZATION

Licensed Beds in HFY22:	348
Available Beds in HFY22:	262
Staffed Beds in HFY22:	182
HFY22 Percentage Occupancy:	92.2%
Inpatient Discharges in HFY22:	12,286
Change HFY21-HFY22:	(8.8%)
Percent of Total Region Discharges in HFY22:	9.4%
Percent of Statewide Total Discharges in HFY22:	1.7%
Inpatient Days in HFY22:	61,224
Change HFY21-HFY22:	(1.5%)
Percent of Total Region Inpatient Days in HFY22:	9.4%
Percent of Statewide Total Inpatient Days in HFY22:	1.5%
Average Length of Stay in HFY22:	5.0
Change HFY21-HFY22:	8.0%
Emergency Department Visits in HFY22:	69,876
Change HFY21-HFY22:	3.9%
Percent of Total Region Emergency Department Visits in HFY22:	13.8%
Percent of Statewide Total Emergency Department Visits in HFY22:	2.6%
Outpatient Visits in HFY22:	109,695
Change HFY21-HFY22:	(8.6%)

*Data Source: CHIA Hospital Cost Reports

TOP DISCHARGES BY INPATIENT CASE (DRG) IN FY22

Inpatient Case (DRG) ⁵	Discharges	Percent of Total Hospital Discharges
Normal Neonate Birth	1,117	9.0%
Vaginal delivery	723	5.8%
Septicemia & Disseminated Infections	693	5.6%
Major Resp Infect & Inflamm	577	4.6%
Heart failure	509	4.1%
Cesarean delivery	494	4.0%
Bipolar disorders	363	2.9%
Schizophrenia	357	2.9%
Other pneumonia	314	2.5%
Major Depressive Disorders	270	2.2%

*Data Source: CHIA Hospital Discharge Dataset

TOP DISCHARGES BY COMMUNITY IN FY22

Community ⁵	Discharges	Percent of Total Community Discharges
Haverhill, MA	3,532	44%
Lawrence, MA	2,255	24%
Methuen, MA	2,246	40%
Salem, NH	944	44%
Lowell, MA	479	4%
Andover, MA	343	12%
North Andover, MA	331	13%
Groveland, MA	196	29%
Plaistow, NH	183	42%
Atkinson, NH	151	33%

*Data Source: CHIA Hospital Discharge Dataset

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³ There was an accounting change adopted by most hospitals beginning in HFY 2020 in which unrealized gains and losses on investments are now recognized as non-operating revenue.

⁴ Federal and State COVID-19 relief funding was distributed to hospitals as part of the Coronavirus Aid, Relief, and Economic Security (CARES) Act beginning in HFY2020. A portion of this funding was reported as operating revenue.

⁵ Inpatient cases and communities with less than 25 discharges have been omitted from the Top Discharges by Inpatient Case (DRG) and Top Discharges By Community charts.

⁶ Steward Health Care did not provide their audited financial statements, therefore their financial data is as reported or filed.

Steward Norwood Hospital

2022 Hospital Profile

Steward Norwood has been temporarily closed since July 2020.

OVERVIEW

City/Town:	Norwood, MA
Region:	Metro West
Hospital Type:	Community-High Public Payer Hospital
Total Staffed Beds in HFY22:	0, Small Hospital
Hospital System Affiliation:	Steward Health Care
Hospital System Surplus (Deficit) in HFY22:	Steward Health Care Failed to Submit
Change in Ownership HFY18-HFY22:	Not Applicable

Tax Status:	For profit
Trauma Center Designation:	Not Applicable
Total FTE's in HFY22:	89.21
FY22 Case Mix Index:	-
Public Payer Mix ¹ :	66.6%: HPP Hospital
Percent of Total GPSR - Medicare/Medicaid/Commercial:	55% / 9% / 31%
CY21 Commercial Statewide Relative Price:	#N/A

FINANCIAL

GROSS AND NET PATIENT SERVICE REVENUES (GPSR & NPSR)

	HFY18	HFY19	HFY20	HFY21	HFY22
Inpatient GPSR	\$155.9M	\$159.9M	\$72.5M	\$0.0M	\$0.0M
Outpatient GPSR	\$231.5M	\$239.1M	\$120.4M	\$60.8M	\$62.4M
Total GPSR	\$387.4M	\$399.0M	\$192.9M	\$60.8M	\$62.4M
Inpatient NPSR per CMAD	\$10,315	\$10,872	\$10,666	-	-
Inpatient NPSR	\$101.1M	\$106.7M	\$54.2M	\$0.0M	\$0.0M
Outpatient NPSR	\$87.3M	\$94.7M	\$42.2M	\$24.1M	\$20.5M

*Data Source: CHIA Hospital Cost Reports

REVENUE & EXPENSES

	HFY18	HFY19	HFY20	HFY21	HFY22
Operating Revenue	\$192.9M	\$203.7M	\$119.5M	\$27.6M	\$49.3M
Non-Operating Revenue ³	\$1.7M	\$0.0M	\$0.0M	\$9.0M	\$0.0M
COVID Funding Included in Operating Revenue ⁴	-	-	\$19.2M	\$0.0M	\$1.5M
Total Revenue	\$194.7M	\$203.7M	\$119.5M	\$36.6M	\$49.3M
Total Expenses	\$183.5M	\$178.7M	\$138.2M	\$72.2M	\$56.4M
Total Surplus (Deficit)	\$11.2M	\$25.0M	(\$18.7M)	(\$35.6M)	(\$7.1M)
Operating Margin	4.9%	12.3%	(15.6%)	(121.9%)	(14.4%)
Non-Operating Margin	0.9%	0.0%	0.0%	24.6%	0.0%
Total Margin	5.7%	12.3%	(15.6%)	(97.3%)	(14.4%)

*Data Source: Standardized Financial Statements

SOLVENCY AND LIQUIDITY

	HFY18	HFY19	HFY20	HFY21	HFY22
Total Net Assets or Equity	\$17.1M	\$32.7M	\$20.6M	(\$4.3M)	\$4.1M)
Current Ratio	1.2	1.3	(0.1)	0.1	0.1
Debt Service Coverage Ratio	2.5	45.6	23.7	(55.3)	1.0
Cash Flow to Total Debt	72.5%	152.0%	(132.7%)	(94.5%)	0.1%
Equity Financing Ratio	41.1%	62.0%	55.8%	(11.6%)	1.9%
Average Age of Plant	6.0	12.0	12.0	15.0	5.0

*Data Source: Standardized Financial Statements

UTILIZATION

Licensed Beds in HFY22:	231
Available Beds in HFY22:	-
Staffed Beds in HFY22:	-
HFY22 Percentage Occupancy:	0.0%
Inpatient Discharges in HFY22:	0
Change HFY21-HFY22:	100.0%
Percent of Total Region Discharges in HFY22:	0.0%
Percent of Statewide Total Discharges in HFY22:	<1%
Inpatient Days in HFY22:	0
Change HFY21-HFY22:	100.0%
Percent of Total Region Inpatient Days in HFY22:	0.0%
Percent of Statewide Total Inpatient Days in HFY22:	<1%
Average Length of Stay in HFY22:	0
Change HFY21-HFY22:	100.0%
Emergency Department Visits in HFY22:	0
Change HFY21-HFY22:	0%
Percent of Total Region Emergency Department Visits in HFY22:	0.0%
Percent of Statewide Total Emergency Department Visits in HFY22:	<1%
Outpatient Visits in HFY22:	10,504
Change HFY21-HFY22:	15.0%

*Data Source: CHIA Hospital Cost Reports

TOP DISCHARGES BY INPATIENT CASE (DRG) IN FY22

Inpatient Case (DRG) ⁵	Discharges	Percent of Total Hospital Discharges

*Data Source: CHIA Hospital Discharge Dataset

TOP DISCHARGES BY COMMUNITY IN FY22

Community ⁵	Discharges	Percent of Total Community Discharges

*Data Source: CHIA Hospital Discharge Dataset

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

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⁴ Federal and State COVID-19 relief funding was distributed to hospitals as part of the Coronavirus Aid, Relief, and Economic Security (CARES) Act beginning in HFY2020. A portion of this funding was reported as operating revenue.

⁵ Inpatient cases and communities with less than 25 discharges have been omitted from the Top Discharges by Inpatient Case (DRG) and Top Discharges By Community charts.

⁶ Steward Health Care did not provide their audited financial statements, therefore their financial data is as reported or filed.

⁷ Steward Norwood Hospital was temporarily closed in July 2020 and remains closed as of this publication. No inpatient services were provided in HFY 2022 though some outpatient services were still available.

Steward Saint Anne's Hospital

2022 Hospital Profile

OVERVIEW

City/Town:	Fall River, MA
Region:	Southcoast
Hospital Type:	Community-High Public Payer Hospital
Total Staffed Beds in HFY22:	187, Mid-Size Hospital
Hospital System Affiliation:	Steward Health Care
Hospital System Surplus (Deficit) in HFY22:	Steward Health Care Failed to Submit
Change in Ownership HFY18-HFY22:	Not Applicable

Tax Status:	For profit
Trauma Center Designation:	Not Applicable
Total FTE's in HFY22:	1,081.99
FY22 Case Mix Index:	1.19
Public Payer Mix ¹ :	71.6%: HPP Hospital
Percent of Total GPSR - Medicare/Medicaid/Commercial:	55% / 18% / 24%
CY21 Commercial Statewide Relative Price:	1.06

FINANCIAL

GROSS AND NET PATIENT SERVICE REVENUES (GPSR & NPSR)

	HFY18	HFY19	HFY20	HFY21	HFY22
Inpatient GPSR	\$187.9M	\$213.2M	\$206.4M	\$246.7M	\$250.1M
Outpatient GPSR	\$469.6M	\$484.1M	\$446.5M	\$539.3M	\$544.3M
Total GPSR	\$657.5M	\$697.3M	\$652.8M	\$786.0M	\$794.4M
Inpatient NPSR per CMAD	\$10,063	\$11,135	\$11,174	\$11,648	\$11,124
Inpatient NPSR	\$101.5M	\$114.8M	\$110.4M	\$127.6M	\$126.0M
Outpatient NPSR	\$168.3M	\$174.1M	\$157.2M	\$187.7M	\$189.9M

*Data Source: CHIA Hospital Cost Reports

REVENUE & EXPENSES

	HFY18	HFY19	HFY20	HFY21	HFY22
Operating Revenue	\$276.2M	\$292.0M	\$275.2M	\$321.6M	\$323.4M
Non-Operating Revenue ³	\$0.7M	\$0.0M	\$0.0M	\$2.3M	\$0.0M
COVID Funding Included in Operating Revenue ⁴	-	-	\$6.7M	\$0.0M	\$6.4M
Total Revenue	\$276.9M	\$292.0M	\$275.2M	\$323.8M	\$323.4M
Total Expenses	\$241.3M	\$236.8M	\$256.0M	\$284.5M	\$277.6M
Total Surplus (Deficit)	\$35.6M	\$55.2M	\$19.1M	\$39.3M	\$45.8M
Operating Margin	12.6%	18.9%	6.9%	11.4%	14.2%
Non-Operating Margin	0.3%	0.0%	0.0%	0.7%	0.0%
Total Margin	12.9%	18.9%	6.9%	12.1%	14.2%

*Data Source: Standardized Financial Statements

SOLVENCY AND LIQUIDITY

	HFY18	HFY19	HFY20	HFY21	HFY22
Total Net Assets or Equity	\$142.0M	\$32.4M	\$38.8M	\$49.3M	\$37.6M
Current Ratio	6.4	1.7	1.0	1.3	2.2
Debt Service Coverage Ratio	16.2	154.7	47.2	58.3	5.7
Cash Flow to Total Debt	189.5%	285.9%	83.0%	142.6%	33.4%
Equity Financing Ratio	84.4%	56.6%	53.4%	59.8%	18.6%
Average Age of Plant	5.0	8.0	9.0	22.0	6.0

*Data Source: Standardized Financial Statements

UTILIZATION

Licensed Beds in HFY22:	211
Available Beds in HFY22:	206
Staffed Beds in HFY22:	187
HFY22 Percentage Occupancy:	70.8%
Inpatient Discharges in HFY22:	9,479
Change HFY21-HFY22:	(0.4%)
Percent of Total Region Discharges in HFY22:	23.5%
Percent of Statewide Total Discharges in HFY22:	1.3%
Inpatient Days in HFY22:	48,293
Change HFY21-HFY22:	(5.0%)
Percent of Total Region Inpatient Days in HFY22:	22.6%
Percent of Statewide Total Inpatient Days in HFY22:	1.2%
Average Length of Stay in HFY22:	5.1
Change HFY21-HFY22:	(4.9%)
Emergency Department Visits in HFY22:	45,532
Change HFY21-HFY22:	1.3%
Percent of Total Region Emergency Department Visits in HFY22:	25.4%
Percent of Statewide Total Emergency Department Visits in HFY22:	1.7%
Outpatient Visits in HFY22:	157,454
Change HFY21-HFY22:	(10.0%)

*Data Source: CHIA Hospital Cost Reports

TOP DISCHARGES BY INPATIENT CASE (DRG) IN FY22

Inpatient Case (DRG) ⁵	Discharges	Percent of Total Hospital Discharges
Major Resp Infect & Inflam	567	6.0%
Septicemia & Disseminated Infections	354	3.8%
Heart failure	341	3.6%
Knee joint replacement	316	3.4%
Hip joint replacement	254	2.7%
Kidney & Urinary Tract Infections	253	2.7%
Other pneumonia	241	2.6%
Procedures for obesity	223	2.4%
Diabetes	217	2.3%
Cardiac Arrhythmia	202	2.2%

*Data Source: CHIA Hospital Discharge Dataset

TOP DISCHARGES BY COMMUNITY IN FY22

Community ⁵	Discharges	Percent of Total Community Discharges
Fall River, MA	4,868	39%
New Bedford, MA	767	6%
Somerset, MA	544	28%
Tiverton, RI	493	41%
Westport, MA	468	26%
Swansea, MA	400	26%
North Dartmouth, MA	326	17%
South Dartmouth, MA	176	14%
Fairhaven, MA	114	6%
Taunton, MA	102	1%

*Data Source: CHIA Hospital Discharge Dataset

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

³ There was an accounting change adopted by most hospitals beginning in HFY 2020 in which unrealized gains and losses on investments are now recognized as non-operating revenue.

⁴ Federal and State COVID-19 relief funding was distributed to hospitals as part of the Coronavirus Aid, Relief, and Economic Security (CARES) Act beginning in HFY2020. A portion of this funding was reported as operating revenue.

⁵ Inpatient cases and communities with less than 25 discharges have been omitted from the Top Discharges by Inpatient Case (DRG) and Top Discharges By Community charts.

⁶ Steward Health Care did not provide their audited financial statements, therefore their financial data is as reported or filed.

Sturdy Memorial Hospital

2022 Hospital Profile

OVERVIEW

City/Town:	Attleboro, MA
Region:	Metro West
Hospital Type:	Community-High Public Payer Hospital
Total Staffed Beds in HFY22:	153, Mid-Size Hospital
Hospital System Affiliation:	Sturdy Memorial Foundation
Hospital System Surplus (Deficit) in HFY22:	(\$61,750,003)
Change in Ownership HFY18-HFY22:	Not Applicable

Tax Status:	Non-profit
Trauma Center Designation:	Not Applicable
Total FTE's in HFY22:	1,156.98
FY22 Case Mix Index:	0.98
Public Payer Mix ¹ :	65.0%: HPP Hospital
Percent of Total GPSR - Medicare/Medicaid/Commercial:	49% / 16% / 30%
CY21 Commercial Statewide Relative Price:	1.06

FINANCIAL

GROSS AND NET PATIENT SERVICE REVENUES (GPSR & NPSR)

	HFY18	HFY19	HFY20	HFY21	HFY22
Inpatient GPSR	\$106.8M	\$102.4M	\$104.9M	\$124.2M	\$118.5M
Outpatient GPSR	\$255.7M	\$276.4M	\$271.4M	\$318.1M	\$344.8M
Total GPSR	\$362.4M	\$378.8M	\$376.3M	\$442.2M	\$463.3M
Inpatient NPSR per CMAD	\$9,124	\$9,301	\$8,853	\$9,071	\$8,918
Inpatient NPSR	\$59.5M	\$61.4M	\$57.7M	\$68.1M	\$64.0M
Outpatient NPSR	\$126.5M	\$136.4M	\$132.7M	\$143.0M	\$156.0M

*Data Source: CHIA Hospital Cost Reports

REVENUE & EXPENSES

	HFY18	HFY19	HFY20	HFY21	HFY22
Operating Revenue	\$190.7M	\$201.9M	\$209.5M	\$223.9M	\$228.9M
Non-Operating Revenue ³	\$11.7M	\$22.7M	\$25.1M	\$65.5M	(\$27.2M)
COVID Funding Included in Operating Revenue ⁴	-	-	\$12.5M	\$0.0M	\$0.0M
Total Revenue	\$202.4M	\$224.6M	\$234.6M	\$289.4M	\$201.7M
Total Expenses	\$179.1M	\$198.1M	\$207.4M	\$227.9M	\$243.0M
Total Surplus (Deficit)	\$23.3M	\$26.4M	\$27.2M	\$61.5M	(\$41.3M)
Operating Margin	5.7%	1.7%	0.9%	(1.4%)	(7.0%)
Non-Operating Margin	5.8%	10.1%	10.7%	22.6%	(13.5%)
Total Margin	11.5%	11.8%	11.6%	21.2%	(20.5%)

*Data Source: Standardized Financial Statements

SOLVENCY AND LIQUIDITY

	HFY18	HFY19	HFY20	HFY21	HFY22
Total Net Assets or Equity	\$434.7M	\$402.0M	\$410.0M	\$514.9M	\$516.2M
Current Ratio	2.3	1.4	1.0	1.2	1.1
Debt Service Coverage Ratio	25,600.5	0	0	0	0
Cash Flow to Total Debt	162.8%	143.5%	69.3%	148.3%	(80.8%)
Equity Financing Ratio	92.9%	91.3%	86.6%	90.0%	104.3%
Average Age of Plant	13.0	14.0	15.0	15.0	15.0

*Data Source: Standardized Financial Statements

UTILIZATION

Licensed Beds in HFY22:	153
Available Beds in HFY22:	153
Staffed Beds in HFY22:	153
HFY22 Percentage Occupancy:	59.4%
Inpatient Discharges in HFY22:	7,301
Change HFY21-HFY22:	(8.6%)
Percent of Total Region Discharges in HFY22:	24.1%
Percent of Statewide Total Discharges in HFY22:	<1%
Inpatient Days in HFY22:	33,187
Change HFY21-HFY22:	(3.5%)
Percent of Total Region Inpatient Days in HFY22:	22.4%
Percent of Statewide Total Inpatient Days in HFY22:	<1%
Average Length of Stay in HFY22:	4.6
Change HFY21-HFY22:	5.8%
Emergency Department Visits in HFY22:	48,877
Change HFY21-HFY22:	8.9%
Percent of Total Region Emergency Department Visits in HFY22:	29.4%
Percent of Statewide Total Emergency Department Visits in HFY22:	1.8%
Outpatient Visits in HFY22:	114,671
Change HFY21-HFY22:	6.5%

*Data Source: CHIA Hospital Cost Reports

TOP DISCHARGES BY INPATIENT CASE (DRG) IN FY22

Inpatient Case (DRG) ⁵	Discharges	Percent of Total Hospital Discharges
Normal Neonate Birth	536	7.4%
Major Resp Infect & Inflam	533	7.4%
Vaginal delivery	343	4.7%
Septicemia & Disseminated Infections	340	4.7%
Heart failure	305	4.2%
Other pneumonia	254	3.5%
Chronic Obstructive Pulmonary Disease	239	3.3%
Kidney & Urinary Tract Infections	216	3.0%
Cesarean delivery	205	2.8%
Alcohol abuse & dependence	185	2.6%

*Data Source: CHIA Hospital Discharge Dataset

TOP DISCHARGES BY COMMUNITY IN FY22

Community ⁵	Discharges	Percent of Total Community Discharges
Attleboro, MA	2,469	63%
North Attleboro, MA	1,025	52%
Norton, MA	530	33%
Mansfield, MA	508	27%
Plainville, MA	333	42%
Foxboro, MA	322	20%
Wrentham, MA	322	27%
Rehoboth, MA	266	41%
Seekonk, MA	215	48%
Pawtucket, RI	142	33%

*Data Source: CHIA Hospital Discharge Dataset

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

³ There was an accounting change adopted by most hospitals beginning in HFY 2020 in which unrealized gains and losses on investments are now recognized as non-operating revenue.

⁴ Federal and State COVID-19 relief funding was distributed to hospitals as part of the Coronavirus Aid, Relief, and Economic Security (CARES) Act beginning in HFY2020. A portion of this funding was reported as operating revenue.

⁵ Inpatient cases and communities with less than 25 discharges have been omitted from the Top Discharges by Inpatient Case (DRG) and Top Discharges by Community charts.

Boston Children's Hospital

2022 Hospital Profile

OVERVIEW

City/Town:	Boston, MA
Region:	Metro Boston
Hospital Type:	Specialty Hospital
Total Staffed Beds in HFY22:	485, 7th Largest Hospital
Hospital System Affiliation:	Boston Children's Hospital and Subsid.
Hospital System Surplus (Deficit) in HFY22:	(\$519,999,000)
Change in Ownership HFY18-HFY22:	Not Applicable

Tax Status:	Non-profit
Trauma Center Designation:	Pedi: Level 1
Total FTE's in HFY22:	9,234.42
FY22 Case Mix Index:	2.35
Public Payer Mix ¹ :	39.5%
Percent of Total GPSR - Medicare/Medicaid/Commercial:	<1% / 30% / 58%
CY21 Commercial Statewide Relative Price:	1.57

FINANCIAL

GROSS AND NET PATIENT SERVICE REVENUES (GPSR & NPSR)

	HFY18	HFY19	HFY20	HFY21	HFY22
Inpatient GPSR	\$1,139.2M	\$1,245.5M	\$1,240.9M	\$1,426.2M	\$1,639.5M
Outpatient GPSR	\$1,098.4M	\$1,205.7M	\$1,125.6M	\$1,415.8M	\$1,527.0M
Total GPSR	\$2,237.6M	\$2,451.2M	\$2,366.5M	\$2,841.9M	\$3,166.5M
Inpatient NPSR per CMAD	\$23,960	\$22,904	\$26,511	\$26,816	\$28,288
Inpatient NPSR	\$713.6M	\$785.5M	\$713.3M	\$792.4M	\$877.6M
Outpatient NPSR	\$585.9M	\$611.5M	\$552.9M	\$674.2M	\$705.5M

*Data Source: CHIA Hospital Cost Reports

REVENUE & EXPENSES

	HFY18	HFY19	HFY20	HFY21	HFY22
Operating Revenue	\$1,754.0M	\$1,869.0M	\$1,851.8M	\$2,005.3M	\$2,270.1M
Non-Operating Revenue ³	\$81.3M	(\$63.5M)	(\$0.5M)	\$91.7M	\$118.6M
COVID Funding Included in Operating Revenue ⁴	-	-	\$97.4M	\$0.0M	\$81.4M
Total Revenue	\$1,835.3M	\$1,805.5M	\$1,851.3M	\$2,097.0M	\$2,388.7M
Total Expenses	\$1,712.4M	\$1,800.7M	\$1,889.6M	\$2,021.9M	\$2,299.0M
Total Surplus (Deficit)	\$122.9M	\$4.8M	(\$38.2M)	\$75.1M	\$89.7M
Operating Margin	2.3%	3.8%	(2.0%)	(0.8%)	(1.2%)
Non-Operating Margin	4.4%	(3.5%)	0.0%	4.4%	5.0%
Total Margin	6.7%	0.3%	(2.1%)	3.6%	3.8%

*Data Source: Standardized Financial Statements

SOLVENCY AND LIQUIDITY

	HFY18	HFY19	HFY20	HFY21	HFY22
Total Net Assets or Equity	\$4,047.8M	\$4,204.3M	\$4,562.0M	\$5,170.7M	\$5,067.4M
Current Ratio	7.6	7.8	7.2	6.6	6.1
Debt Service Coverage Ratio	6.8	4.5	3.7	7.6	7.5
Cash Flow to Total Debt	14.7%	7.5%	3.9%	9.4%	11.3%
Equity Financing Ratio	67.8%	66.6%	61.2%	65.4%	64.2%
Average Age of Plant	15.0	15.0	31.0	17.0	15.0

*Data Source: Standardized Financial Statements

UTILIZATION

Licensed Beds in HFY22:	485
Available Beds in HFY22:	485
Staffed Beds in HFY22:	485
HFY22 Percentage Occupancy:	73.4%
Inpatient Discharges in HFY22:	13,225
Change HFY21-HFY22:	3.3%
Percent of Total Region Discharges in HFY22:	4.9%
Percent of Statewide Total Discharges in HFY22:	1.8%
Inpatient Days in HFY22:	129,885
Change HFY21-HFY22:	11.7%
Percent of Total Region Inpatient Days in HFY22:	7.4%
Percent of Statewide Total Inpatient Days in HFY22:	3.2%
Average Length of Stay in HFY22:	9.8
Change HFY21-HFY22:	8.0%
Emergency Department Visits in HFY22:	60,361
Change HFY21-HFY22:	26.8%
Percent of Total Region Emergency Department Visits in HFY22:	7.6%
Percent of Statewide Total Emergency Department Visits in HFY22:	2.2%
Outpatient Visits in HFY22:	294,766
Change HFY21-HFY22:	12.9%

*Data Source: CHIA Hospital Cost Reports

TOP DISCHARGES BY INPATIENT CASE (DRG) IN FY22

Inpatient Case (DRG) ⁵	Discharges	Percent of Total Hospital Discharges
Seizure	493	3.7%
Chemotherapy	425	3.2%
Major Resp Infect & Inflam	402	3.0%
Craniotomy except for trauma	342	2.6%
Bronchiolitis & RSV pneumonia	328	2.5%
Pul edema & resp failure	321	2.4%
Asthma	298	2.3%
Malnutrition, Fail to Thrive & Oth	289	2.2%
Other Digestive System Diagnoses	256	1.9%
D & L Fusion For Curvature	250	1.9%

*Data Source: CHIA Hospital Discharge Dataset

TOP DISCHARGES BY COMMUNITY IN FY22

Community ⁵	Discharges	Percent of Total Community Discharges
Dorchester, MA	293	3%
Brockton, MA	231	2%
Boston, MA	208	1%
Dorchester Center, MA	183	3%
Lawrence, MA	170	2%
Framingham, MA	160	2%
Lynn, MA	147	1%
Manchester, NH	144	16%
New Bedford, MA	142	1%
Cambridge, MA	139	2%

*Data Source: CHIA Hospital Discharge Dataset

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

³ There was an accounting change adopted by most hospitals beginning in HFY 2020 in which unrealized gains and losses on investments are now recognized as non-operating revenue.

⁴ Federal and State COVID-19 relief funding was distributed to hospitals as part of the Coronavirus Aid, Relief, and Economic Security (CARES) Act beginning in HFY2020. A portion of this funding was reported as operating revenue.

⁵ Inpatient cases and communities with less than 25 discharges have been omitted from the Top Discharges by Inpatient Case (DRG) and Top Discharges by Community charts.

Dana-Farber Cancer Institute

2022 Hospital Profile

OVERVIEW

City/Town:	Boston, MA
Region:	Metro Boston
Hospital Type:	Specialty Hospital
Total Staffed Beds in HFY22:	30, Small Hospital
Hospital System Affiliation:	Dana-Farber Cancer Institute and Subsid.
Hospital System Surplus (Deficit) in HFY22:	(\$8,130,871)
Change in Ownership HFY18-HFY22:	Not Applicable

Tax Status:	Non-profit
Trauma Center Designation:	Not Applicable
Total FTE's in HFY22:	5,249.32
FY22 Case Mix Index:	2.33
Public Payer Mix ¹ :	54.2%
Percent of Total GPSR - Medicare/Medicaid/Commercial:	46% / 7% / 45%
CY21 Commercial Statewide Relative Price:	1.73

FINANCIAL

GROSS AND NET PATIENT SERVICE REVENUES (GPSR & NPSR)

	HFY18	HFY19	HFY20	HFY21	HFY22
Inpatient GPSR	\$117.0M	\$109.8M	\$99.4M	\$110.1M	\$110.6M
Outpatient GPSR	\$3,035.8M	\$3,386.7M	\$3,540.8M	\$4,159.4M	\$4,879.6M
Total GPSR	\$3,152.8M	\$3,496.5M	\$3,640.1M	\$4,269.5M	\$4,990.1M
Inpatient NPSR per CMAD	\$11,394	\$14,514	\$13,805	\$15,078	\$13,044
Inpatient NPSR	\$48.7M	\$46.7M	\$37.0M	\$39.5M	\$39.1M
Outpatient NPSR	\$994.0M	\$1,135.8M	\$1,126.4M	\$1,346.6M	\$1,564.0M

*Data Source: CHIA Hospital Cost Reports

REVENUE & EXPENSES

	HFY18	HFY19	HFY20	HFY21	HFY22
Operating Revenue	\$1,633.5M	\$1,666.0M	\$1,730.8M	\$2,052.1M	\$2,383.9M
Non-Operating Revenue ³	\$165.0M	\$301.9M	\$290.8M	\$510.7M	\$175.3M
COVID Funding Included in Operating Revenue ⁴	-	-	\$23.3M	\$23.5M	\$14.5M
Total Revenue	\$1,798.5M	\$1,967.9M	\$2,021.7M	\$2,562.8M	\$2,559.2M
Total Expenses	\$1,685.4M	\$1,904.9M	\$1,970.9M	\$2,236.8M	\$2,571.0M
Total Surplus (Deficit)	\$113.1M	\$63.0M	\$50.8M	\$326.0M	(\$11.8M)
Operating Margin	(2.9%)	(12.1%)	(11.9%)	(7.2%)	(7.3%)
Non-Operating Margin	9.2%	15.3%	14.4%	19.9%	6.9%
Total Margin	6.3%	3.2%	2.5%	12.7%	(0.5%)

*Data Source: Standardized Financial Statements

SOLVENCY AND LIQUIDITY

	HFY18	HFY19	HFY20	HFY21	HFY22
Total Net Assets or Equity	\$1,754.9M	\$1,944.5M	\$2,153.2M	\$2,942.8M	\$2,798.2M
Current Ratio	1.6	1.6	1.1	1.2	1.2
Debt Service Coverage Ratio	8.5	6.3	7.2	20.1	4.5
Cash Flow to Total Debt	21.9%	16.3%	12.5%	38.4%	8.3%
Equity Financing Ratio	60.7%	62.2%	55.2%	64.7%	65.3%
Average Age of Plant	9.0	10.0	11.0	11.0	12.0

*Data Source: Standardized Financial Statements

UTILIZATION

Licensed Beds in HFY22:	30
Available Beds in HFY22:	30
Staffed Beds in HFY22:	30
HFY22 Percentage Occupancy:	87.8%
Inpatient Discharges in HFY22:	1,290
Change HFY21-HFY22:	(10.2%)
Percent of Total Region Discharges in HFY22:	0.5%
Percent of Statewide Total Discharges in HFY22:	<1%
Inpatient Days in HFY22:	9,609
Change HFY21-HFY22:	(4.5%)
Percent of Total Region Inpatient Days in HFY22:	0.5%
Percent of Statewide Total Inpatient Days in HFY22:	<1%
Average Length of Stay in HFY22:	7.5
Change HFY21-HFY22:	6.4%
Emergency Department Visits in HFY22:	0
Change HFY21-HFY22:	0%
Percent of Total Region Emergency Department Visits in HFY22:	0.0%
Percent of Statewide Total Emergency Department Visits in HFY22:	<1%
Outpatient Visits in HFY22:	368,977
Change HFY21-HFY22:	3.7%

*Data Source: CHIA Hospital Cost Reports

TOP DISCHARGES BY INPATIENT CASE (DRG) IN FY22

Inpatient Case (DRG) ⁵	Discharges	Percent of Total Hospital Discharges
Chemotherapy	233	18.0%
Bone marrow transplant	72	5.6%
Digestive malignancy	61	4.7%
Maj HEM/IG Dx exc SC	59	4.6%
Other Digestive System Diagnoses	53	4.1%
Lymphoma, Myeloma & Non-Acute Leukemia	44	3.4%
Nervous system malignancy	31	2.4%
Renal failure	31	2.4%
Factors Inflv Hlth Status	31	2.4%
Major Resp Infect & Inflam	30	2.3%

*Data Source: CHIA Hospital Discharge Dataset

TOP DISCHARGES BY COMMUNITY IN FY22

Community ⁵	Discharges	Percent of Total Community Discharges
Boston, MA	29	0%

*Data Source: CHIA Hospital Discharge Dataset

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

³ There was an accounting change adopted by most hospitals beginning in HFY 2020 in which unrealized gains and losses on investments are now recognized as non-operating revenue.

⁴ Federal and State COVID-19 relief funding was distributed to hospitals as part of the Coronavirus Aid, Relief, and Economic Security (CARES) Act beginning in HFY2020. A portion of this funding was reported as operating revenue.

⁵ Inpatient cases and communities with less than 25 discharges have been omitted from the Top Discharges by Inpatient Case (DRG) and Top Discharges by Community charts.



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Massachusetts Eye and Ear Infirmary

2022 Hospital Profile

OVERVIEW

City/Town:	Boston, MA
Region:	Metro Boston
Hospital Type:	Specialty Hospital
Total Staffed Beds in HFY22:	41, Small Hospital
Hospital System Affiliation:	Mass General Brigham
Hospital System Surplus (Deficit) in HFY22:	(\$2,257,627,000)
Change in Ownership HFY18-HFY22:	Joined Mass General Brigham 4/1/18

Tax Status:	Non-profit
Trauma Center Designation:	Not Applicable
Total FTE's in HFY22:	869.43
FY22 Case Mix Index:	1.58
Public Payer Mix ¹ :	50.0%
Percent of Total GPSR - Medicare/Medicaid/Commercial:	40% / 10% / 44%
CY21 Commercial Statewide Relative Price:	0.89

FINANCIAL

GROSS AND NET PATIENT SERVICE REVENUES (GPSR & NPSR)

	HFY18	HFY19	HFY20	HFY21	HFY22
Inpatient GPSR	\$43.0M	\$44.3M	\$43.8M	\$44.7M	\$53.1M
Outpatient GPSR	\$459.1M	\$486.5M	\$396.0M	\$507.9M	\$529.8M
Total GPSR	\$502.1M	\$530.8M	\$439.8M	\$552.6M	\$583.0M
Inpatient NPSR per CMAD	\$12,384	\$12,329	\$11,090	\$12,736	\$14,036
Inpatient NPSR	\$20.1M	\$20.6M	\$18.9M	\$19.7M	\$23.8M
Outpatient NPSR	\$197.0M	\$205.3M	\$170.4M	\$223.1M	\$237.7M

*Data Source: CHIA Hospital Cost Reports

REVENUE & EXPENSES

	HFY18	HFY19	HFY20	HFY21	HFY22
Operating Revenue	\$149.2M	\$292.2M	\$267.0M	\$313.0M	\$328.5M
Non-Operating Revenue ³	\$11.5M	(\$8.7M)	(\$1.6M)	\$0.1M	(\$3.1M)
COVID Funding Included in Operating Revenue ⁴	-	-	\$9.1M	\$7.7M	\$0.0M
Total Revenue	\$160.7M	\$283.4M	\$265.5M	\$313.1M	\$325.4M
Total Expenses	\$144.9M	\$289.9M	\$290.9M	\$312.4M	\$324.9M
Total Surplus (Deficit)	\$15.9M	(\$6.5M)	(\$25.4M)	\$0.6M	\$0.5M
Operating Margin	2.7%	0.8%	(9.0%)	0.2%	1.1%
Non-Operating Margin	7.2%	(3.1%)	(0.6%)	0.0%	(0.9%)
Total Margin	9.9%	(2.3%)	(9.6%)	0.2%	0.2%

*Data Source: Standardized Financial Statements

SOLVENCY AND LIQUIDITY

	HFY18	HFY19	HFY20	HFY21	HFY22
Total Net Assets or Equity	\$318.1M	\$49.5M	\$19.8M	\$19.2M	\$15.5M
Current Ratio	1.5	1.5	1.1	1.1	1.1
Debt Service Coverage Ratio	2.4	1.2	0	2.0	2.1
Cash Flow to Total Debt	14.6%	7.2%	(2.5%)	9.8%	12.6%
Equity Financing Ratio	58.1%	19.6%	6.7%	6.7%	6.5%
Average Age of Plant	25.0	7.0	7.0	8.0	8.0

*Data Source: Standardized Financial Statements

UTILIZATION

Licensed Beds in HFY22:	41
Available Beds in HFY22:	41
Staffed Beds in HFY22:	41
HFY22 Percentage Occupancy:	30.8%
Inpatient Discharges in HFY22:	1,075
Change HFY21-HFY22:	4.1%
Percent of Total Region Discharges in HFY22:	0.4%
Percent of Statewide Total Discharges in HFY22:	<1%
Inpatient Days in HFY22:	4,610
Change HFY21-HFY22:	8.9%
Percent of Total Region Inpatient Days in HFY22:	0.3%
Percent of Statewide Total Inpatient Days in HFY22:	<1%
Average Length of Stay in HFY22:	4.3
Change HFY21-HFY22:	4.6%
Emergency Department Visits in HFY22:	24,100
Change HFY21-HFY22:	21.0%
Percent of Total Region Emergency Department Visits in HFY22:	3.0%
Percent of Statewide Total Emergency Department Visits in HFY22:	<1%
Outpatient Visits in HFY22:	357,564
Change HFY21-HFY22:	5.9%

*Data Source: CHIA Hospital Cost Reports

TOP DISCHARGES BY INPATIENT CASE (DRG) IN FY22

Inpatient Case (DRG) ⁵	Discharges	Percent of Total Hospital Discharges
Other Major Head & Neck Procedures	162	15.0%
Orbital procedures	106	9.8%
Major Cranial/Facial Bone Procedures	92	8.5%
Other Ent Procedures	76	7.0%
Craniotomy except for trauma	61	5.6%
Other Nervous Syst Procs	57	5.3%
Eye procedures except orbit	57	5.3%
Major Larynx & Trachea Procedures	53	4.9%
Other ENT & Cranial Dx	44	4.1%

*Data Source: CHIA Hospital Discharge Dataset

TOP DISCHARGES BY COMMUNITY IN FY22

Community ⁵	Discharges	Percent of Total Community Discharges
Lynn, MA	29	0%
Boston, MA	25	0%

*Data Source: CHIA Hospital Discharge Dataset

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

³ There was an accounting change adopted by most hospitals beginning in HFY 2020 in which unrealized gains and losses on investments are now recognized as non-operating revenue.

⁴ Federal and State COVID-19 relief funding was distributed to hospitals as part of the Coronavirus Aid, Relief, and Economic Security (CARES) Act beginning in HFY2020. A portion of this funding was reported as operating revenue.

⁵ Inpatient cases and communities with less than 25 discharges have been omitted from the Top Discharges by Inpatient Case (DRG) and Top Discharges by Community charts.

⁶ Massachusetts Eye and Ear Infirmary joined Mass General Brigham effective April 1, 2018.



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New England Baptist Hospital

2022 Hospital Profile

OVERVIEW

City/Town:	Boston, MA
Region:	Metro Boston
Hospital Type:	Specialty Hospital
Total Staffed Beds in HFY22:	75, Small Hospital
Hospital System Affiliation:	Beth Israel Lahey Health
Hospital System Surplus (Deficit) in HFY22:	(\$42,037,000)
Change in Ownership HFY18-HFY22:	Beth Israel Lahey Health 3/1/19

Tax Status:	Non-profit
Trauma Center Designation:	Not Applicable
Total FTE's in HFY22:	818.95
FY22 Case Mix Index:	1.68
Public Payer Mix ¹ :	52.5%
Percent of Total GPSR - Medicare/Medicaid/Commercial:	51% / 2% / 42%
CY21 Commercial Statewide Relative Price:	0.83

FINANCIAL

GROSS AND NET PATIENT SERVICE REVENUES (GPSR & NPSR)

	HFY18	HFY19	HFY20	HFY21	HFY22
Inpatient GPSR	\$237.8M	\$238.3M	\$228.7M	\$210.0M	\$142.6M
Outpatient GPSR	\$139.5M	\$142.9M	\$116.3M	\$170.9M	\$248.5M
Total GPSR	\$377.3M	\$381.3M	\$344.9M	\$380.9M	\$391.2M
Inpatient NPSR per CMAD	\$14,487	\$14,759	\$15,003	\$15,762	\$15,625
Inpatient NPSR	\$171.9M	\$169.0M	\$146.1M	\$140.4M	\$96.7M
Outpatient NPSR	\$53.1M	\$56.4M	\$42.9M	\$75.6M	\$124.6M

*Data Source: CHIA Hospital Cost Reports

REVENUE & EXPENSES

	HFY18	HFY19	HFY20	HFY21	HFY22
Operating Revenue	\$241.9M	\$141.5M	\$211.6M	\$247.0M	\$239.7M
Non-Operating Revenue ³	\$4.2M	\$0.8M	\$1.1M	\$6.0M	(\$3.3M)
COVID Funding Included in Operating Revenue ⁴	-	-	\$5.1M	\$17.2M	\$0.6M
Total Revenue	\$246.1M	\$142.3M	\$212.7M	\$253.0M	\$236.4M
Total Expenses	\$237.2M	\$136.2M	\$219.8M	\$224.6M	\$231.3M
Total Surplus (Deficit)	\$8.9M	\$6.0M	(\$7.1M)	\$28.4M	\$5.1M
Operating Margin	1.9%	3.7%	(3.8%)	8.9%	3.5%
Non-Operating Margin	1.7%	0.6%	0.5%	2.4%	(1.4%)
Total Margin	3.6%	4.2%	(3.3%)	11.2%	2.2%

*Data Source: Standardized Financial Statements

SOLVENCY AND LIQUIDITY

	HFY18	HFY19	HFY20	HFY21	HFY22
Total Net Assets or Equity	\$148.3M	\$153.9M	\$146.2M	\$177.9M	\$189.8M
Current Ratio	4.8	6.0	2.6	3.1	5.5
Debt Service Coverage Ratio	7.5	5.2	1.7	14.0	4.6
Cash Flow to Total Debt	29.2%	17.7%	3.6%	37.0%	20.3%
Equity Financing Ratio	62.6%	64.2%	54.1%	55.1%	63.6%
Average Age of Plant	0	0	0	24.0	21.0

*Data Source: Standardized Financial Statements

UTILIZATION

Licensed Beds in HFY22:	118
Available Beds in HFY22:	118
Staffed Beds in HFY22:	75
HFY22 Percentage Occupancy:	35.8%
Inpatient Discharges in HFY22:	3,690
Change HFY21-HFY22:	(39.9%)
Percent of Total Region Discharges in HFY22:	1.4%
Percent of Statewide Total Discharges in HFY22:	<1%
Inpatient Days in HFY22:	9,809
Change HFY21-HFY22:	(28.4%)
Percent of Total Region Inpatient Days in HFY22:	0.6%
Percent of Statewide Total Inpatient Days in HFY22:	<1%
Average Length of Stay in HFY22:	2.7
Change HFY21-HFY22:	19.3%
Emergency Department Visits in HFY22:	0
Change HFY21-HFY22:	0%
Percent of Total Region Emergency Department Visits in HFY22:	0.0%
Percent of Statewide Total Emergency Department Visits in HFY22:	<1%
Outpatient Visits in HFY22:	111,126
Change HFY21-HFY22:	(1.4%)

*Data Source: CHIA Hospital Cost Reports

TOP DISCHARGES BY INPATIENT CASE (DRG) IN FY22

Inpatient Case (DRG) ⁵	Discharges	Percent of Total Hospital Discharges
Knee joint replacement	1,230	33.3%
Hip joint replacement	850	23.0%
Dorsal & lumbar fusion proc	573	15.5%
Shoulder & Arm Procs	254	6.9%
C. Spinal Fusion & Other Procs	210	5.7%
D & L Fusion For Curvature	163	4.4%
Intervertebral Disc Excis	92	2.5%
Knee & Lower Leg Procedures Except Foot	81	2.2%
Oth Muscl Sys & Tis Proc	61	1.7%
Proc W Diag Of Rehab, Aftercare	34	0.9%

*Data Source: CHIA Hospital Discharge Dataset

TOP DISCHARGES BY COMMUNITY IN FY22

Community ⁵	Discharges	Percent of Total Community Discharges
Boston, MA	70	0%
Worcester, MA	64	0%
Cambridge, MA	53	1%
Plymouth, MA	53	1%
Arlington, MA	39	1%
Medford, MA	39	1%
Quincy, MA	37	0%
Waltham, MA	35	1%
Braintree, MA	34	1%
Brockton, MA	34	0%

*Data Source: CHIA Hospital Discharge Dataset

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

³ There was an accounting change adopted by most hospitals beginning in HFY 2020 in which unrealized gains and losses on investments are now recognized as non-operating revenue.

⁴ Federal and State COVID-19 relief funding was distributed to hospitals as part of the Coronavirus Aid, Relief, and Economic Security (CARES) Act beginning in HFY2020. A portion of this funding was reported as operating revenue.

⁵ Inpatient cases and communities with less than 25 discharges have been omitted from the Top Discharges by Inpatient Case (DRG) and Top Discharges By Community charts.

⁶ As Beth Israel Lahey Health became financially consolidated in March 2019, seven months of financial data was reported for FY 2019 for this hospital.

Shriners Hospitals for Children

2022 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 Hospital for Children - Boston

OVERVIEW

City/Town:	Boston, MA
Region:	Metro Boston
Cohort	Specialty Hospital
Staffed Beds in HFY22:	9, Small Hospital
Change in Ownership HFY18-HFY22:	Not Applicable
Trauma Center Designation:	Not Applicable
Tax Status:	Non-profit
Total FTE's in HFY22:	146.84
FY22 Case Mix Index:	2.71
Public Payer Mix ² :	41.2%
Percent of Total GPSR - Medicare/Medicaid/Commercial:	<1% / 25% / 32%
CY21 Commercial Statewide Relative Price:	0.87

UTILIZATION

Available beds in HFY22:	9
Licensed beds in HFY22:	9
HFY22 Percentage Occupancy:	25.60%
Inpatient Discharges in HFY22:	83
Change HFY21-HFY22:	7.8%
Inpatient Days in HFY22:	841
Change HFY21-HFY22:	(4.6%)
Average Length of Stay in HFY22:	10.13
Change HFY21-HFY22:	(11.5%)
Outpatient Visits in HFY22:	9,695
Change HFY21-HFY22:	3.5%

FINANCIAL

GROSS PATIENT SERVICE REVENUE (GPSR) & COSTS

	HFY18	HFY19	HFY20	HFY21	HFY22
Inpatient GPSR	\$13.2M	\$18.4M	\$13.8M	\$11.1M	\$9.8M
Outpatient GPSR	\$20.3M	\$19.6M	\$11.8M	\$21.4M	\$21.3M
Total GPSR	\$33.5M	\$38.0M	\$25.6M	\$32.5M	\$31.1M
Inpatient Costs per CMAD	\$32,680	\$35,419	\$62,722	\$40,696	\$78,290

REVENUE, EXPENSES AND NET ASSETS

	HFY18	HFY19	HFY20	HFY21	HFY22
Operating Revenue	\$8.4M	\$9.0M	\$17.6M	\$10.9M	\$10.7M
COVID Funding Included in Operating Revenue ⁵	-	-	\$7.5M	\$0.0M	\$0.0M
Non-Operating Revenue ⁴	\$0.0M	\$0.0M	\$0.0M	\$0.0M	\$0.0M
Total Revenue	\$8.4M	\$9.0M	\$17.6M	\$10.9M	\$10.7M
Total Expenses	\$40.1M	\$42.1M	\$40.0M	\$40.2M	\$39.9M
Total Surplus (Deficit)			See note		
Total Net Assets or Equity	\$51.1M	\$48.0M	\$48.7M	\$44.5M	\$42.2M

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

¹ Data from the HFY2018 through HFY2022 CHIA Cost Reports and Financial Statements.

² High Public Payer Hospitals (HPP) reported a minimum of 63% of gross patient service revenue from public payers.

³ There was an accounting change adopted by most hospitals beginning in HFY 2020 in which unrealized gains and losses on investments are now recognized as non-operating income

⁴ Federal and State COVID-19 relief funding was distributed to hospitals as part of the Coronavirus Aid, Relief, and Economic Security (CARES) Act beginning in HFY2020. A portion of this funding was reported as operating revenue.

⁵ Effective HFY2023, Shriners Springfield is no longer an acute hospital and is now an outpatient center. This year is the last year they will be reported in Hospital Profiles.

⁶ 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.



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Shriners Hospital for Children - Springfield

OVERVIEW

City/Town:	Springfield, MA
Region:	Western Massachusetts
Cohort	Specialty Hospital
Staffed Beds in HFY22:	20, Small Hospital
Change in Ownership HFY18-HFY22:	Not Applicable
Trauma Center Designation:	Not Applicable
Tax Status:	Non-profit
Total FTE's in HFY22:	135.21
FY22 Case Mix Index:	1.33
Public Payer Mix ² :	54.5%
Percent of Total GPSR - Medicare/Medicaid/Commercial:	<1% / 52% / 38%
CY21 Commercial Statewide Relative Price:	0.94

UTILIZATION

Available beds in HFY22:	20
Licensed beds in HFY22:	20
HFY22 Percentage Occupancy:	0.73%
Inpatient Discharges in HFY22:	32
Change HFY21-HFY22:	(59.5%)
Inpatient Days in HFY22:	53
Change HFY21-HFY22:	(62.9%)
Average Length of Stay in HFY22:	1.66
Change HFY21-HFY22:	(8.3%)
Outpatient Visits in HFY22:	23,789
Change HFY21-HFY22:	(10.9%)

FINANCIAL

GROSS PATIENT SERVICE REVENUE (GPSR) & COSTS

	HFY18	HFY19	HFY20	HFY21	HFY22
Inpatient GPSR	\$10.8M	\$10.7M	\$8.6M	\$4.5M	\$1.7M
Outpatient GPSR	\$25.2M	\$20.9M	\$13.7M	\$28.4M	\$24.7M
Total GPSR	\$35.9M	\$31.6M	\$22.3M	\$32.8M	\$26.4M
Inpatient Costs per CMAD	\$41,018	\$44,365	\$91,750	\$74,340	\$184,059

REVENUE, EXPENSES AND NET ASSETS

	HFY18	HFY19	HFY20	HFY21	HFY22
Operating Revenue	\$12.2M	\$12.9M	\$12.9M	\$11.4M	\$8.8M
COVID Funding Included in Operating Revenue ⁵	-	-	\$4.7M	\$0.0M	\$0.0M
Non-Operating Revenue ⁴	\$0.0M	\$0.0M	\$0.0M	\$0.0M	\$0.0M
Total Revenue	\$12.2M	\$12.9M	\$12.9M	\$11.4M	\$8.8M
Total Expenses	\$24.1M	\$24.8M	\$23.6M	\$22.9M	\$21.6M
Total Surplus (Deficit)			See note ⁶		
Total Net Assets or Equity	\$12.6M	\$11.6M	\$10.6M	\$10.0M	\$7.7M

INTRODUCTION TO NON-ACUTE HOSPITAL PROFILES

Non-acute hospitals in Massachusetts are typically identified as behavioral health, 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.

Behavioral health hospitals are licensed by DMH for psychiatric services and by DPH for substance abuse services.

Behavioral Health Hospital Cohort page B1

Arbour Hospital	Miravista Behavioral Health Center
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
McLean Hospital	

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

Encompass 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

New England Sinai Hospital	Spaulding Hospital Cambridge
Pamhealth Stoughton	Vibra Hospital of Western Massachusetts

Specialty Non-Acute Hospitals page B4

AdCare Hospital of Worcester

Hebrew Rehabilitation Hospital

Franciscan Hospital for Children

State Operated Facilities page B5 and B6

Department of Mental Health Facilities

Cape Cod and 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 Facilities

Lemuel Shattuck Hospital

Pappas Rehabilitation Hospital for Children

Tewksbury Hospital

Western Massachusetts 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 – HOSPITAL FISCAL YEAR 2022

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](#).

BEHAVIORAL HEALTH HOSPITAL

Hospital Fiscal Year 2022 Hospital Profile

Behavioral Health Hospitals are licensed by the Department of Mental Health (DMH) for psychiatric services, and by the Department of Public Health (DPH) for substance use services. Behavioral Health Hospitals offer mental health services, substance abuse disorder treatments, and inpatient, outpatient, and partial hospitalization services.

BEHAVIORAL HEALTH HOSPITALS

Arbour Hospital	Arbour-Fuller Hospital
Arbour-HRI Hospital	Bournewood Hospital
Haverhill Pavilion Behavioral Health Hospital	Hospital Behavioral Medicine
McLean Hospital	Miravista Behavioral Health Center
Southcoast Behavioral Health	Taravista Behavioral Health Center
Walden Behavioral Care LLC	Westborough Behavioral Healthcare Hospital
Westwood Lodge Pembroke Hospital	

BEHAVIORAL HEALTH HOSPITAL COHORT: AT A GLANCE

Total Staffed Beds:	1,506 (28.0% of total non-acute hospital beds)	Total GPSR:	\$993,299,238 (27.1% of total non-acute hospital GPSR)
Median Percent Occupancy:	85.9% > median of all non-acute hospitals (81.8%)	Percent of Total GPSR - Medicare/Medicaid/Commercial:	23%/ 42%/ 33%
Total Inpatient Days:	438,163 (29.2% of total non-acute hospital days)	Inpatient GPSR:	\$818,657,114 (25.9% of total non-acute hospital IP GPSR)
Total Inpatient Discharges:	31,938 (54.7% of total non-acute hospital beds)	Outpatient GPSR:	\$174,642,124 (34.8% of total non-acute hospital OP GPSR)
Average Public Payer Mix:	73.3% > average of all non-acute hospitals (71.0%)		

BEHAVIORAL HEALTH HOSPITAL METRICS

INPATIENT DAYS

	HFY18	HFY19	HFY20	HFY21	HFY22
Arbour	46,648	47,987	45,559	44,527	47,280
Arbour-Fuller	35,683	35,686	35,700	28,086	34,166
Arbour-HRI	21,720	21,582	21,988	21,095	21,555
Bournewood	31,242	33,856	34,478	32,761	30,983
Haverhill Pavilion	20,249	18,740	21,853	22,768	23,071
Hospital For Behavioral Health	-	-	27,974	25,760	27,429
McLean	71,044	72,915	68,837	77,933	85,224
Miravista	-	-	-	21,481	-
Southcoast Behavioral	40,156	47,186	49,051	50,520	51,411
Taravista	27,540	37,277	35,124	30,870	33,646
Walden Behavioral	16,378	16,530	16,005	16,659	18,128
Westborough Behavioral	8,637	14,918	16,324	9,864	14,107
Westwood Pembroke	34,593	34,798	37,647	32,543	29,679

AVERAGE LENGTH OF STAY (DAYS)

	HFY18	HFY19	HFY20	HFY21	HFY22
Arbour	11.3	12.5	17.0	16.5	14.2
Arbour-Fuller	11.8	12.6	16.0	17.6	17.4
Arbour-HRI	9.8	10.6	13.8	15.5	22.4
Bournewood	9.2	8.5	9.7	11.6	12.3
Haverhill Pavilion	9.6	10.2	12.8	11.3	16.1
Hospital For Behavioral Health	-	-	13.0	12.9	11.3
McLean	11.5	12.2	13.1	13.9	14.7
Miravista	-	-	-	-	7.5
Southcoast Behavioral	10.3	10.3	13.1	15.6	16.6
Taravista	9.2	8.7	8.4	8.0	8.0
Walden Behavioral	12.5	12.6	11.3	12.1	37.1
Westborough Behavioral	8.8	9.2	14.1	11.7	18.9
Westwood Pembroke	10.2	10.9	12.6	12.6	-

OUTPATIENT VISITS

	HFY18	HFY19	HFY20	HFY21	HFY22
Arbour	45,908	54,754	50,968	47,970	46,857
Arbour-Fuller	27,127	28,653	31,700	31,678	31,815
Arbour-HRI	18,240	19,888	23,372	41,712	37,622
Bournewood	30,915	38,179	33,814	36,917	32,932
Haverhill Pavilion	367	0	0	0	0
Hospital For Behavioral Health	-	-	3,980	4,241	4,335
McLean	97,217	100,933	102,366	108,330	105,801
Miravista	-	-	-	-	73,000
Southcoast Behavioral	0	0	0	0	0
Taravista	0	0	0	0	0
Walden Behavioral	0	0	0	0	0
Westborough Behavioral	1,762	2,145	1,583	1,499	6,991
Westwood Pembroke	9,824	6,171	8,032	12,850	8,734

NET INPATIENT REVENUE PER PATIENT DAY

	HFY18	HFY19	HFY20	HFY21	HFY22
Arbour	\$744	\$754	\$846	\$856	\$989
Arbour-Fuller	\$779	\$820	\$895	\$812	\$974
Arbour-HRI	\$817	\$800	\$913	\$881	\$991
Bournewood	\$858	\$903	\$947	\$984	\$1,012
Haverhill Pavilion	\$929	\$892	\$924	\$938	\$-
Hospital For Behavioral Health	-	-	\$963	\$930	\$971
McLean	\$1,257	\$1,257	\$1,290	\$1,326	\$1,402
Miravista	-	-	-	-	\$723
Southcoast Behavioral	\$835	\$831	\$896	\$899	\$975
Taravista	\$778	\$846	\$862	\$937	\$1,044
Walden Behavioral	\$894	\$901	\$972	\$1,113	\$1,179
Westborough Behavioral	\$795	\$908	\$1,078	\$1,136	\$1,134
Westwood Pembroke	\$780	\$814	\$873	\$887	\$1,049

TOTAL NET OUTPATIENT REVENUE

	HFY18	HFY19	HFY20	HFY21	HFY22
Arbour	\$6.5M	\$7.0M	\$5.7M	\$7.6M	\$6.4M
Arbour-Fuller	\$6.0M	\$6.8M	\$7.2M	\$8.3M	\$8.4M
Arbour-HRI	\$5.4M	\$6.1M	\$7.1M	\$11.6M	\$11.6M
Bournewood	\$2.8M	\$3.4M	\$4.1M	\$5.6M	\$5.7M
Haverhill Pavilion	\$1.0M	\$0.0M	\$0.0M	\$0.0M	\$0.0M
Hospital For Behavioral Health	-	-	\$1.1M	\$1.7M	\$1.4M
McLean	\$44.2M	\$47.1M	\$44.9M	\$50.3M	\$54.0M
Miravista	-	-	-	\$2.7M	-
Southcoast Behavioral	\$0.0M	\$0.0M	\$0.0M	\$0.0M	\$0.0M
Taravista	\$0.0M	\$0.0M	\$0.0M	\$0.0M	\$0.0M
Walden Behavioral	\$0.0M	\$0.0M	\$0.0M	\$0.0M	\$0.0M
Westborough Behavioral	\$0.5M	\$0.8M	\$0.4M	\$0.4M	\$2.1M
Westwood Pembroke	\$1.9M	\$2.1M	\$2.4M	\$4.0M	\$2.9M

TOTAL REVENUE, COST, AND PROFIT IN HFY22

	Operating Revenue	Total Revenue	Total Expenses	Income (Loss)	Total Margin
Arbour	\$54.8M	\$54.8M	\$42.8M	\$12.0M	21.9%
Arbour-Fuller	\$44.0M	\$44.0M	\$32.9M	\$11.1M	25.2%
Arbour-HRI	\$33.4M	\$33.4M	\$24.4M	\$9.0M	27.0%
Bournewood	\$39.0M	\$39.0M	\$35.8M	\$3.2M	8.2%
Haverhill Pavilion	\$22.4M	\$22.4M	\$20.5M	\$1.9M	8.6%
Hospital For Behavioral Health	\$29.8M	\$29.8M	\$32.3M	(\$2.5M)	(8.4%)
McLean	\$301.8M	\$289.0M	\$330.8M	(\$41.8M)	(14.5%)
Miravista	\$19.8M	\$19.8M	\$37.4M	(\$17.5M)	(87.9%)
Southcoast Behavioral	\$56.0M	\$56.0M	\$36.8M	\$19.2M	34.2%
Taravista	\$35.3M	\$36.4M	\$39.8M	(\$3.4M)	(9.4%)
Walden Behavioral	\$46.8M	\$46.8M	\$50.8M	(\$3.9M)	(8.4%)
Westborough Behavioral	\$19.0M	\$19.0M	\$26.4M	(\$7.4M)	(39.1%)
Westwood Pembroke	\$35.5M	\$35.5M	\$29.0M	\$6.5M	18.2%

Cohort Name

List of Hospitals in Cohort

Cohort at a Glance

List of cohort metrics and comparisons to the metrics for all non-acute hospitals (where applicable).

Average Length of Stay

Five-year trend for each hospital in the cohort.

Inpatient Days

Five-year trend for each hospital in the cohort.

Inpatient Revenue per Patient Day

Five-year trend for each hospital in the cohort.

Financial Metrics

Revenue, expenses, and profitability for each hospital in the cohort.

Outpatient Revenue

Five-year trend for each hospital in the cohort.

Outpatient Visits

Five-year trend for each hospital in the cohort.

For more information, please contact:
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Massachusetts Hospital Profiles: Data through Hospital Fiscal Year 2022 | February 2024

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BEHAVIORAL HEALTH HOSPITAL

Hospital Fiscal Year 2022 Hospital Profile

Behavioral Health Hospitals are licensed by the Department of Mental Health (DMH) for psychiatric services, and by the Department of Public Health (DPH) for substance use services. Behavioral Health Hospitals offer mental health services, substance abuse disorder treatments, and inpatient, outpatient, and partial hospitalization.

BEHAVIORAL HEALTH HOSPITALS

Arbour Hospital	Arbour-Fuller Hospital
Arbour-HRI Hospital	Bournewood Hospital
Haverhill Pavilion Behavioral Health Hospital	Hospital Behavioral Medicine
McLean Hospital	Miravista Behavioral Health Center
Southcoast Behavioral Health	Taravista Behavioral Health Center
Walden Behavioral Care LLC	Westborough Behavioral Healthcare Hospital
Westwood Lodge Pembroke Hospital	

BEHAVIORAL HEALTH HOSPITAL COHORT: AT A GLANCE

Total Staffed Beds:	1,506 (28.0% of total non-acute hospital beds)	Total GPSR:	\$993,299,238 (27.1% of total non-acute hospital GPSR)
Median Percent Occupancy:	85.9% > median of all non-acute hospitals (81.8%)	Percent of Total GPSR -	23% / 42% / 33%
Total Inpatient Days:	438,163 (29.2% of total non-acute hospital days)	Medicare/Medicaid/Commercial:	
Total Inpatient Discharges:	31,938 (54.7% of total non-acute hospital beds)	Inpatient GPSR:	\$818,657,114 (25.9% of total non-acute hospital IP GPSR)
Average Public Payer Mix:	73.3% > average of all non-acute hospitals (71.0%)	Outpatient GPSR:	\$174,642,124 (34.8% of total non-acute hospital OP GPSR)

BEHAVIORAL HEALTH HOSPITAL METRICS

INPATIENT DAYS

	HFY18	HFY19	HFY20	HFY21	HFY22
Arbour	46,648	46,287	45,559	44,527	47,280
Arbour-Fuller	35,683	35,686	35,000	28,086	34,166
Arbour-HRI	21,720	21,582	21,988	20,095	21,555
Bournewood	31,242	33,855	34,478	32,787	30,983
Haverhill Pavilion	20,249	18,740	21,653	22,788	23,074
Hospital For Behavioral Health	-	-	27,974	25,760	27,429
McLean	71,044	72,915	68,837	77,933	85,224
Miravista	-	-	-	-	21,481
Southcoast Behavioral	40,156	47,186	49,051	50,520	51,411
Taravista	27,540	37,277	35,124	30,870	33,646
Walden Behavioral	16,378	16,530	16,005	16,659	18,128
Westborough Behavioral	8,637	14,918	16,324	9,864	14,107
Westwood Pembroke	34,593	34,798	37,647	32,543	29,679

OUTPATIENT VISITS

	HFY18	HFY19	HFY20	HFY21	HFY22
Arbour	45,908	54,754	50,968	47,970	46,857
Arbour-Fuller	27,127	28,653	31,700	31,678	31,815
Arbour-HRI	18,240	19,888	23,372	41,712	37,622
Bournewood	30,915	38,179	33,814	36,917	32,932
Haverhill Pavilion	7,367	0	0	0	0
Hospital For Behavioral Health	-	-	3,980	4,241	4,335
McLean	97,282	100,933	102,366	108,330	105,801
Miravista	-	-	-	-	73,000
Southcoast Behavioral	0	0	0	0	0
Taravista	0	0	0	0	0
Walden Behavioral	0	0	0	0	0
Westborough Behavioral	1,762	2,445	1,583	1,499	6,991
Westwood Pembroke	9,824	6,711	8,032	12,850	8,734

TOTAL NET OUTPATIENT REVENUE

	HFY18	HFY19	HFY20	HFY21	HFY22
Arbour	\$6.5M	\$7.0M	\$5.7M	\$7.6M	\$6.4M
Arbour-Fuller	\$6.0M	\$6.8M	\$7.2M	\$8.3M	\$8.4M
Arbour-HRI	\$5.4M	\$6.1M	\$7.4M	\$11.6M	\$11.6M
Bournewood	\$2.8M	\$3.4M	\$4.0M	\$5.6M	\$5.7M
Haverhill Pavilion	\$1.0M	\$0.0M	\$0.0M	\$0.0M	\$0.0M
Hospital For Behavioral Health	-	-	\$1.1M	\$1.7M	\$1.4M
McLean	\$44.2M	\$47.1M	\$44.9M	\$50.3M	\$54.0M
Miravista	-	-	-	-	\$2.7M
Southcoast Behavioral	\$0.0M	\$0.0M	\$0.0M	\$0.0M	\$0.0M
Taravista	\$0.0M	\$0.0M	\$0.0M	\$0.0M	\$0.0M
Walden Behavioral	\$0.0M	\$0.0M	\$0.0M	\$0.0M	\$0.0M
Westborough Behavioral	\$0.5M	\$0.8M	\$0.4M	\$0.4M	\$2.1M
Westwood Pembroke	\$1.9M	\$2.1M	\$2.4M	\$4.0M	\$2.9M

For descriptions of the metrics, please see the technical appendix

¹ Data from the HFY2018 through HFY2022 CHIA Cost Reports.

² Hospital For Behavioral Health opened in HFY19 with first data reporting in HFY20. // Miravista Behavioral Health Center opened in HFY21 with first data reporting in HFY22.

AVERAGE LENGTH OF STAY (DAYS)

	HFY18	HFY19	HFY20	HFY21	HFY22
Arbour	11.3	12.5	17.0	16.5	21.2
Arbour-Fuller	11.8	12.6	16.0	17.6	17.4
Arbour-HRI	9.8	10.6	13.8	15.5	22.4
Bournewood	8.2	8.5	9.7	11.6	12.3
Haverhill Pavilion	9.6	10.2	12.8	11.3	16.1
Hospital For Behavioral Health	-	-	13.0	12.9	11.3
McLean	11.5	12.2	13.1	13.9	14.7
Miravista	-	-	-	-	7.5
Southcoast Behavioral	9.2	10.3	13.1	15.6	16.6
Taravista	9.2	8.5	8.7	8.4	8.0
Walden Behavioral	12.5	12.6	17.8	32.1	37.1
Westborough Behavioral	8.8	9.2	14.1	12.0	18.9
Westwood Pembroke	10.2	10.9	12.6	12.6	9.3

NET INPATIENT REVENUE PER PATIENT DAY

	HFY18	HFY19	HFY20	HFY21	HFY22
Arbour	\$744	\$754	\$848	\$856	\$989
Arbour-Fuller	\$779	\$820	\$895	\$842	\$974
Arbour-HRI	\$817	\$800	\$913	\$881	\$991
Bournewood	\$858	\$903	\$947	\$984	\$1,012
Haverhill Pavilion	\$929	\$892	\$924	\$938	\$951
Hospital For Behavioral Health	-	-	\$963	\$930	\$971
McLean	\$1,257	\$1,257	\$1,290	\$1,326	\$1,402
Miravista	-	-	-	-	\$723
Southcoast Behavioral	\$835	\$831	\$896	\$899	\$975
Taravista	\$778	\$846	\$862	\$937	\$1,044
Walden Behavioral	\$894	\$901	\$972	\$1,113	\$1,179
Westborough Behavioral	\$795	\$908	\$1,078	\$1,136	\$1,134
Westwood Pembroke	\$780	\$814	\$873	\$887	\$1,049

TOTAL REVENUE, COST, AND PROFIT IN HFY22

	Operating Revenue	Total Revenue	Total Expenses	Income (Loss)	Total Margin
Arbour	\$54.8M	\$54.8M	\$42.8M	\$12.0M	21.9%
Arbour-Fuller	\$44.0M	\$44.0M	\$32.9M	\$11.1M	25.2%
Arbour-HRI	\$33.4M	\$33.4M	\$24.4M	\$9.0M	27.0%
Bournewood	\$39.0M	\$39.0M	\$35.8M	\$3.2M	8.2%
Haverhill Pavilion	\$22.4M	\$22.4M	\$20.5M	\$1.9M	8.6%
Hospital For Behavioral Health	\$29.8M	\$29.8M	\$32.3M	(\$2.5M)	(8.4%)
McLean	\$301.8M	\$289.0M	\$330.8M	(\$41.9M)	(14.5%)
Miravista	\$19.9M	\$19.9M	\$37.4M	(\$17.5M)	(87.9%)
Southcoast Behavioral	\$56.0M	\$56.0M	\$36.8M	\$19.2M	34.2%
Taravista	\$35.3M	\$36.4M	\$39.8M	(\$3.4M)	(9.4%)
Walden Behavioral	\$46.8M	\$46.8M	\$50.8M	(\$3.9M)	(8.4%)
Westborough Behavioral	\$19.0M	\$19.0M	\$26.4M	(\$7.4M)	(39.1%)
Westwood Pembroke	\$35.5M	\$35.5M	\$29.0M	\$6.5M	18.2%



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REHABILITATION HOSPITAL

Hospital Fiscal Year 2022 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.

REHABILITATION HOSPITALS

Encompass Braintree Rehabilitation Hospital	Encompass New England Rehabilitation Hospital
Encompass Rehabilitation Hospital of Western Massachusetts	Fairlawn Rehabilitation Hospital, an affiliate of Encompass Health
Spaulding Rehabilitation Hospital - Boston	Spaulding Rehabilitation Hospital - Cape Cod
Vibra Hospital of Southern Massachusetts	Whittier Rehabilitation Hospital - Bradford
Whittier Rehabilitation Hospital - Westborough	

REHABILITATION HOSPITAL COHORT: AT A GLANCE

Total Staffed Beds:	959 (17.8% of total non-acute hospital beds)	Total GPSR:	\$985,002,960 (26.9% of total non-acute hospital GPSR)
Median Percent Occupancy:	63.9% < median of all non-acute hospitals (81.8%)	Percent of Total GPSR - Medicare/Medicaid/Commercial:	51%/ 20%/ 23%
Total Inpatient Days:	229,862 (15.3% of total non-acute hospital days)	Inpatient GPSR:	\$722,852,736 (22.9% of total non-acute hospital IP GPSR)
Total Inpatient Discharges:	14,682 (25.2% of total non-acute hospital beds)	Outpatient GPSR:	\$262,150,224 (52.2% of total non-acute hospital OP GPSR)
Average Public Payer Mix:	79.4% > average of all non-acute hospitals (71.0%)		

REHABILITATION HOSPITAL METRICS

INPATIENT DAYS

	HFY18	HFY19	HFY20	HFY21	HFY22
Encompass Braintree	34,444	35,540	36,543	37,183	40,359
Encompass New England	39,055	39,214	36,453	38,323	39,449
Encompass Western Mass	17,287	17,788	17,574	18,161	18,214
Fairlawn	27,718	29,427	27,786	25,526	25,660
Spaulding Boston	44,863	45,337	44,702	44,393	42,592
Spaulding Cape Cod	14,876	14,869	15,311	15,981	14,526
Vibra Southeastern	21,586	23,248	22,616	21,762	19,479
Whittier Bradford	17,063	16,742	16,147	16,156	14,313
Whittier Westborough	16,988	17,244	16,041	16,105	15,270

AVERAGE LENGTH OF STAY (DAYS)

	HFY18	HFY19	HFY20	HFY21	HFY22
Encompass Braintree	13.1	13.5	14.3	14.5	14.5
Encompass New England	13.3	13.0	13.2	12.4	12.4
Encompass Western Mass	13.2	13.0	13.5	13.0	12.7
Fairlawn	12.0	12.4	13.1	13.6	13.2
Spaulding Boston	20.9	21.7	21.0	19.7	20.8
Spaulding Cape Cod	14.1	13.7	14.8	15.8	15.7
Vibra Southeastern	39.3	36.1	40.8	35.0	37.5
Whittier Bradford	21.1	21.6	22.1	19.3	17.3
Whittier Westborough	17.8	20.9	17.8	15.3	15.2

OUTPATIENT VISITS

	HFY18	HFY19	HFY20	HFY21	HFY22
Encompass Braintree	47,217	38,859	26,906	27,975	18,703
Encompass New England	23,739	17,671	3,520	1	0
Encompass Western Mass	9,333	9,697	1,868	0	0
Fairlawn	8,398	7,526	2,918	0	0
Spaulding Boston	349,259	376,899	284,348	368,588	384,756
Spaulding Cape Cod	118,759	133,379	97,759	127,189	129,360
Vibra Southeastern	1,677	1,590	272	0	0
Whittier Bradford	43,713	39,553	27,524	23,287	27,052
Whittier Westborough	16,180	13,318	8,309	10,597	11,618

NET INPATIENT REVENUE PER PATIENT DAY

	HFY18	HFY19	HFY20	HFY21	HFY22
Encompass Braintree	\$1,675	\$1,705	\$1,585	\$1,627	\$1,678
Encompass New England	\$1,585	\$1,654	\$1,694	\$1,781	\$1,798
Encompass Western Mass	\$1,497	\$1,593	\$1,629	\$1,741	\$1,734
Fairlawn	\$1,593	\$1,632	\$1,557	\$1,552	\$1,557
Spaulding Boston	\$1,849	\$1,889	\$1,956	\$2,006	\$2,052
Spaulding Cape Cod	\$1,717	\$1,886	\$1,886	\$1,900	\$1,935
Vibra Southeastern	\$1,184	\$1,204	\$1,219	\$1,282	\$0
Whittier Bradford	\$1,401	\$1,386	\$1,518	\$1,564	\$1,685
Whittier Westborough	\$1,391	\$1,425	\$1,531	\$1,692	\$1,651

TOTAL NET OUTPATIENT REVENUE

	HFY18	HFY19	HFY20	HFY21	HFY22
Encompass Braintree	\$5.0M	\$4.9M	\$3.3M	\$3.6M	\$2.8M
Encompass New England	\$2.2M	\$1.8M	\$0.4M	\$0.0M	\$0.0M
Encompass Western Mass	\$0.7M	\$0.8M	\$0.2M	\$0.0M	\$0.0M
Fairlawn	\$0.7M	\$0.8M	\$0.3M	\$0.0M	\$0.0M
Spaulding Boston	\$47.6M	\$48.9M	\$43.7M	\$57.8M	\$57.5M
Spaulding Cape Cod	\$14.8M	\$16.5M	\$13.0M	\$17.0M	\$16.2M
Vibra Southeastern	\$0.2M	\$0.1M	\$0.0M	\$0.0M	\$0.0M
Whittier Bradford	\$5.3M	\$4.8M	\$3.2M	\$3.9M	\$3.8M
Whittier Westborough	\$1.3M	\$1.2M	\$0.7M	\$0.9M	\$1.0M

TOTAL REVENUE, COST, AND PROFIT IN HFY22

	Operating Revenue	Total Revenue	Total Expenses	Income (Loss)	Total Margin
Encompass Braintree	\$70.9M	\$70.9M	\$56.4M	\$14.4M	20.4%
Encompass New England	\$71.1M	\$71.1M	\$58.0M	\$13.2M	18.5%
Encompass Western Mass	\$31.7M	\$31.7M	\$25.1M	\$6.6M	20.9%
Fairlawn	\$40.0M	\$40.0M	\$37.2M	\$2.9M	7.1%
Spaulding Boston	\$167.2M	\$166.4M	\$194.7M	(\$28.3M)	(17.0%)
Spaulding Cape Cod	\$44.9M	\$44.7M	\$51.8M	(\$7.1M)	(15.8%)
Vibra Southeastern	\$29.1M	\$29.1M	\$29.3M	(\$0.2M)	(0.6%)
Whittier Bradford	\$29.7M	\$29.7M	\$29.2M	\$0.5M	1.5%
Whittier Westborough	\$28.3M	\$28.3M	\$25.8M	\$2.6M	9.1%

For descriptions of the metrics, please see the technical appendix

¹ Data from the HFY2018 through HFY2022 CHIA Cost Reports.



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CHRONIC CARE HOSPITAL

Hospital Fiscal Year 2022 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.

CHRONIC CARE HOSPITALS

Pamhealth Stoughton	New England Sinai Hospital - A Steward Family Hospital Inc.
Spaulding Hospital - Cambridge	Vibra Hospital of Western Massachusetts

CHRONIC CARE HOSPITAL COHORT: AT A GLANCE

Total Staffed Beds:	548 (10.2% of total non-acute hospital beds)	Total GPSR:	\$705,240,638 (19.3% of total non-acute hospital GPSR)
Median Percent Occupancy:	56.3% < median of all non-acute hospitals (81.8%)	Percent of Total GPSR - Medicare/Medicaid/Commercial:	41% / 39% / 18%
Total Inpatient Days:	106,732 (7.1% of total non-acute hospital days)	Inpatient GPSR:	\$701,397,664 (22.2% of total non-acute hospital IP GPSR)
Total Inpatient Discharges:	2,003 (3.4% of total non-acute hospital beds)	Outpatient GPSR:	\$3,842,974 (0.8% of total non-acute hospital OP GPSR)
Average Public Payer Mix:	80.9% > average of all non-acute hospitals (71.0%)		

CHRONIC CARE HOSPITAL METRICS

INPATIENT DAYS

	HFY18	HFY19	HFY20	HFY21	HFY22
Pamhealth Stoughton	19,604	18,606	19,371	19,711	16,560
New England Sinai	33,824	39,428	40,694	34,980	28,279
Spaulding Cambridge	42,776	40,854	40,716	40,630	40,086
Vibra Western	34,918	22,295	22,651	21,143	21,807

AVERAGE LENGTH OF STAY (DAYS)

	HFY18	HFY19	HFY20	HFY21	HFY22
Pamhealth Stoughton	87.5	82.3	76.9	55.8	59.1
New England Sinai	30.0	27.2	28.3	38.8	50.8
Spaulding Cambridge	36.0	37.4	35.4	38.6	49.0
Vibra Western	56.7	55.1	56.5	62.2	62.8

OUTPATIENT VISITS

	HFY18	HFY19	HFY20	HFY21	HFY22
Pamhealth Stoughton	0	0	0	0	0
New England Sinai	14,734	16,797	5,804	6,460	7,752
Spaulding Cambridge	0	0	0	0	0
Vibra Western	0	0	0	0	0

NET INPATIENT REVENUE PER PATIENT DAY

	HFY18	HFY19	HFY20	HFY21	HFY22
Pamhealth Stoughton	\$1,336	\$1,055	\$1,044	\$1,130	\$1,117
New England Sinai	\$1,374	\$1,208	\$1,348	\$1,265	\$1,235
Spaulding Cambridge	\$1,605	\$1,634	\$1,560	\$1,692	\$1,743
Vibra Western	\$772	\$1,165	\$1,109	\$1,099	\$1,167

TOTAL NET OUTPATIENT REVENUE

	HFY18	HFY19	HFY20	HFY21	HFY22
Pamhealth Stoughton	\$0.0M	\$0.0M	\$0.0M	\$0.0M	\$0.0M
New England Sinai	\$0.6M	\$1.2M	\$0.7M	\$1.8M	\$1.9M
Spaulding Cambridge	\$0.0M	\$0.0M	\$0.0M	\$0.0M	\$0.0M
Vibra Western	\$0.0M	\$0.0M	\$0.0M	\$0.0M	\$0.0M

TOTAL REVENUE, COST, AND PROFIT IN HFY22

	Operating Revenue	Total Revenue	Total Expenses	Income (Loss)	Total Margin
Pamhealth Stoughton	\$20.7M	\$20.7M	\$21.0M	(\$0.3M)	(1.6%)
New England Sinai	\$37.6M	\$37.6M	\$48.6M	(\$11.0M)	(29.2%)
Spaulding Cambridge	\$80.7M	\$80.7M	\$97.6M	(\$17.0M)	(21.0%)
Vibra Western	\$28.4M	\$28.4M	\$27.6M	\$0.8M	2.9%

For descriptions of the metrics, please see the technical appendix

¹ Data from the HFY2018 through HFY2022 CHIA Cost Reports.



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SPECIALTY HOSPITAL

Hospital Fiscal Year 2022 Hospital Profile

AdCare Hospital of Worcester

AdCare Hospital of Worcester is a for-profit specialty hospital located in Worcester. It is the only private nonacute care hospital that exclusively focuses on substance use. It provides detox and inpatient services, as well as outpatient services.

Total Staffed Beds:	114
Percent Occupancy:	86.65%
Inpatient Discharges:	5,792
Region:	Central Massachusetts
Tax Status:	For profit

HOSPITAL METRICS

	HFY18	HFY19	HFY20	HFY21	HFY22
Average Length of Stay	6.37	6.24	5.78	5.77	6.22
Inpatient Days	38,030	37,647	34,013	31,025	36,054
Outpatient Visits	123,331	100,949	77,859	80,883	65,946
Net IP Revenue per Patient Day	\$1,052	\$1,138	\$1,091	\$1,140	\$1,007
Net Inpatient Revenue	\$31.1M	\$34.8M	\$30.7M	\$29.1M	\$31.2M
Net Outpatient Revenue	\$8.9M	\$8.0M	\$6.4M	\$6.3M	\$5.1M

Inpatient GPSR:	\$59,740,766
Outpatient GPSR:	\$15,412,960
Total Net Patient Service Revenue:	\$36,319,418
Public Payer Mix:	91.5%
Percent of Total GPSR - Medicare/Medicaid/Commercial:	47%/ 45%/ 8%

REVENUE, COSTS & PROFIT (LOSS)

	HFY18	HFY19	HFY20	HFY21	HFY22
Operating Revenue	\$40.4M	\$43.4M	\$39.7M	\$36.3M	\$41.0M
Total Revenue	\$40.4M	\$43.4M	\$39.7M	\$36.7M	\$41.0M
Total Expenses	\$37.1M	\$38.6M	\$38.4M	\$36.6M	\$37.0M
Profit (Loss)	\$3.3M	\$4.8M	\$1.3M	\$0.1M	\$3.9M
Operating Margin	8.2%	11.1%	3.3%	0.2%	9.6%
Total Margin	8.2%	11.1%	3.3%	0.2%	9.6%

Franciscan Hospital for Children

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.

Total Staffed Beds:	112
Percent Occupancy:	50.33%
Inpatient Discharges:	456
Region:	Metro Boston
Tax Status:	Non-profit

HOSPITAL METRICS

	HFY18	HFY19	HFY20	HFY21	HFY22
Average Length of Stay	30.72	30.74	36.54	40.48	45.12
Inpatient Days	23,623	23,697	23,461	22,019	20,573
Outpatient Visits	34,820	39,786	31,146	27,376	26,558
Net IP Revenue per Patient Day	\$2,180	\$2,353	\$2,230	\$2,535	\$2,982
Net Inpatient Revenue	\$35.6M	\$36.5M	\$36.4M	\$38.7M	\$44.0M
Net Outpatient Revenue	\$15.8M	\$19.3M	\$16.0M	\$17.1M	\$17.4M

Inpatient GPSR:	\$65,138,932
Outpatient GPSR:	\$30,561,144
Total Net Patient Service Revenue:	\$61,347,454
Public Payer Mix:	69.9%
Percent of Total GPSR - Medicare/Medicaid/Commercial:	<1%/ 69%/ 30%

REVENUE, COSTS & PROFIT (LOSS)

	HFY18	HFY19	HFY20	HFY21	HFY22
Operating Revenue	\$62.3M	\$64.0M	\$66.9M	\$81.1M	\$78.7M
Total Revenue	\$62.3M	\$64.2M	\$67.0M	\$81.2M	\$77.8M
Total Expenses	\$62.6M	\$63.2M	\$64.8M	\$71.4M	\$77.7M
Profit (Loss)	(\$0.3M)	\$1.0M	\$2.2M	\$9.8M	\$0.1M
Operating Margin	(0.5%)	1.6%	3.3%	12.0%	0.1%
Total Margin	(0.5%)	1.5%	3.2%	12.0%	0.1%

Hebrew Rehabilitation Hospital

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.

Total Staffed Beds:	717
Percent Occupancy:	89.92%
Inpatient Discharges:	1,135
Region:	Metro Boston
Tax Status:	Non-profit

HOSPITAL METRICS

	HFY18	HFY19	HFY20	HFY21	HFY22
Average Length of Stay	187.89	172.99	193.91	201.21	207.34
Inpatient Days	234,490	237,685	229,785	227,570	235,326
Outpatient Visits	71,791	70,175	53,217	54,280	57,369
Net IP Revenue per Patient Day	\$506	\$519	\$513	\$517	\$545
Net Inpatient Revenue	\$115.0M	\$119.5M	\$114.8M	\$114.7M	\$124.8M
Net Outpatient Revenue	\$3.8M	\$3.9M	\$3.0M	\$3.0M	\$3.6M

Inpatient GPSR:	\$170,639,225
Outpatient GPSR:	\$4,549,200
Total Net Patient Service Revenue:	\$128,347,945
Public Payer Mix:	81.3%
Percent of Total GPSR - Medicare/Medicaid/Commercial:	24%/ 58%/ 2%

REVENUE, COSTS & PROFIT (LOSS)

	HFY18	HFY19	HFY20	HFY21	HFY22
Operating Revenue	\$121.3M	\$116.9M	\$120.2M	\$117.7M	\$136.4M
Total Revenue	\$122.2M	\$128.8M	\$136.0M	\$135.3M	\$147.7M
Total Expenses	\$127.1M	\$130.7M	\$139.3M	\$143.7M	\$152.6M
Profit (Loss)	(\$4.9M)	(\$1.9M)	(\$3.4M)	(\$8.3M)	(\$4.8M)
Operating Margin	(4.0%)	(1.6%)	(2.8%)	(7.1%)	(3.5%)
Total Margin	(4.0%)	(1.5%)	(2.5%)	(6.1%)	(3.3%)

For descriptions of the metrics, please see the technical appendix.
¹ Data from the HFY2018 through HFY2022 CHIA Cost Reports.

DEPARTMENT OF MENTAL HEALTH

Hospital Fiscal Year 2022 Hospital Profile

The Department of Mental Health (DMH) operates five facilities that provide psychiatric and mental health care for those with otherwise limited access to facilities providing such care.

DEPARTMENT OF MENTAL HEALTH FACILITIES

Cape Cod and The Islands Mental Health Center
Solomon Carter Fuller Mental Health Center
Worcester State Hospital

Corrigan Mental Health Center
Taunton State Hospital

DEPARTMENT OF MENTAL HEALTH COHORT: AT A GLANCE

Total Staffed Beds: 428 (7.9% of total non-acute hospital beds)
Median Percent Occupancy: 89.0% > median of all non-acute hospitals (81.8%)
Total Inpatient Days: 143,389 (9.6% of total non-acute hospital days)
Total Inpatient Discharges: 1,113 (1.9% of total non-acute hospital beds)
Average Public Payer Mix: 23.5% < average of all non-acute hospitals (71.0%)

Total GPSR: \$228,594,225 (6.2% of total non-acute hospital GPSR)
Percent of Total GPSR - Medicare/Medicaid/Commercial: 6%/ 13%/ <1%
Inpatient GPSR: \$226,595,511 (7.2% of total non-acute hospital IP GPSR)
Outpatient GPSR: \$1,998,714 (0.4% of total non-acute hospital OP GPSR)

DEPARTMENT OF MENTAL HEALTH METRICS

INPATIENT DAYS

	HFY18	HFY19	HFY20	HFY21	HFY22
Cape Cod and The Island	5,786	5,781	5,381	4,555	4,413
Corrigan	3,860	5,639	5,031	4,515	4,830
Solomon Carter Fuller	20,989	21,024	20,670	17,689	19,482
Taunton State	16,065	16,109	16,294	16,043	16,228
Worcester State	101,219	101,635	99,368	91,400	98,436

AVERAGE LENGTH OF STAY (DAYS)

	HFY18	HFY19	HFY20	HFY21	HFY22
Cape Cod and The Island	41.0	34.8	26.1	33.3	39.1
Corrigan	68.9	50.4	39.3	35.0	41.3
Solomon Carter Fuller	67.7	72.8	89.9	75.6	69.8
Taunton State	595.0	435.4	603.5	401.1	463.7
Worcester State	167.6	167.4	177.8	177.5	173.0

OUTPATIENT VISITS

	HFY18	HFY19	HFY20	HFY21	HFY22
Cape Cod and The Island	3,041	2,431	1,909	1,318	1,221
Corrigan	3,703	4,744	3,592	3,040	4,038
Solomon Carter Fuller	0	0	0	0	0
Taunton State	0	0	0	0	0
Worcester State	0	0	0	0	0

PERCENTAGE OCCUPANCY

	HFY18	HFY19	HFY20	HFY21	HFY22
Cape Cod and The Island	99.1%	99.0%	91.9%	89.1%	86.4%
Corrigan	66.1%	96.6%	85.9%	77.3%	82.7%
Solomon Carter Fuller	95.8%	96.0%	94.1%	80.8%	89.0%
Taunton State	97.8%	98.1%	98.9%	97.7%	98.8%
Worcester State	95.6%	96.0%	93.6%	86.4%	92.0%

TOTAL NET INPATIENT REVENUE

	HFY18	HFY19	HFY20	HFY21	HFY22
Cape Cod and The Island	\$6.0M	\$6.6M	\$5.8M	\$6.4M	\$6.4M
Corrigan	\$4.8M	\$5.3M	\$6.0M	\$5.9M	\$4.5M
Solomon Carter Fuller	\$12.9M	\$4.0M	\$3.3M	\$3.6M	\$4.5M
Taunton State	\$11.9M	\$2.7M	\$2.4M	\$2.4M	\$4.2M
Worcester State	\$68.3M	\$23.2M	\$22.6M	\$26.0M	\$25.9M

TOTAL NET OUTPATIENT REVENUE

	HFY18	HFY19	HFY20	HFY21	HFY22
Cape Cod and The Island	\$0.4M	\$0.6M	\$0.6M	\$0.5M	\$0.4M
Corrigan	\$0.9M	\$1.3M	\$1.0M	\$0.6M	\$0.9M
Solomon Carter Fuller	\$0.0M	\$0.0M	\$0.0M	\$0.0M	\$0.0M
Taunton State	\$0.0M	\$0.0M	\$0.0M	\$0.0M	\$0.0M
Worcester State	\$0.0M	\$0.0M	\$0.0M	\$0.0M	\$0.0M

For descriptions of the metrics, please see the technical appendix

¹ Data from the HFY2018 through HFY2022 CHIA Cost Reports.



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DEPARTMENT OF PUBLIC HEALTH

Hospital Fiscal Year 2022 Hospital Profile

The Department of Public Health (DPH) operates four multi-specialty facilities that provide acute and chronic care to those for whom community facilities are not available or access to health care is restricted.

DEPARTMENT OF PUBLIC HEALTH FACILITIES

Lemuel Shattuck Hospital
Tewksbury Hospital

Pappas Rehabilitation Hospital for Children
Western Massachusetts Hospital

DEPARTMENT OF PUBLIC HEALTH COHORT: AT A GLANCE

Total Staffed Beds: 792 (14.7% of total non-acute hospital beds)
Median Percent Occupancy: 77.8% < median of all non-acute hospitals (81.8%)
Total Inpatient Days: 225,393 (15.0% of total non-acute hospital days)
Total Inpatient Discharges: 1,171 (2.0% of total non-acute hospital beds)
Average Public Payer Mix: 79.4% > average of all non-acute hospitals (71.0%)

Total GPSR: \$385,850,046 (10.5% of total non-acute hospital GPSR)
Percent of Total GPSR - Medicare/Medicaid/Commercial: 3%/ 66%/ 8%
Inpatient GPSR: \$376,679,370 (11.9% of total non-acute hospital IP GPSR)
Outpatient GPSR: \$9,170,676 (1.8% of total non-acute hospital OP GPSR)

DEPARTMENT OF PUBLIC HEALTH METRICS

INPATIENT DAYS

	HFY18	HFY19	HFY20	HFY21	HFY22
Lemuel Shattuck	79,567	76,342	78,757	65,329	71,644
Pappas Rehab Hospital	19,953	20,114	20,695	21,054	17,823
Tewksbury	124,386	122,992	123,116	106,459	112,085
Western Massachusetts	26,445	26,861	26,565	25,619	23,841

AVERAGE LENGTH OF STAY (DAYS)

	HFY18	HFY19	HFY20	HFY21	HFY22
Lemuel Shattuck	64.5	67.1	79.4	98.8	120.8
Pappas Rehab Hospital	362.8	304.8	449.9	448.0	379.2
Tewksbury	184.3	180.9	194.8	206.3	229.7
Western Massachusetts	433.5	471.3	491.9	826.4	554.4

OUTPATIENT VISITS

	HFY18	HFY19	HFY20	HFY21	HFY22
Lemuel Shattuck	15,939	14,303	16,912	16,895	19,508
Pappas Rehab Hospital	0	0	0	0	0
Tewksbury	0	0	0	0	0
Western Massachusetts	0	0	0	0	0

PERCENTAGE OCCUPANCY

	HFY18	HFY19	HFY20	HFY21	HFY22
Lemuel Shattuck	83.8%	80.4%	82.8%	67.5%	71.9%
Pappas Rehab Hospital	68.3%	68.0%	80.8%	82.4%	95.8%
Tewksbury	63.1%	88.4%	88.3%	76.6%	80.6%
Western Massachusetts	83.3%	84.6%	83.4%	80.7%	75.1%

TOTAL NET INPATIENT REVENUE

	HFY18	HFY19	HFY20	HFY21	HFY22
Lemuel Shattuck	\$71.5M	\$67.3M	\$71.6M	\$71.4M	\$77.8M
Pappas Rehab Hospital	\$23.8M	\$26.3M	\$29.1M	\$28.0M	\$27.7M
Tewksbury	\$85.1M	\$88.9M	\$97.7M	\$104.2M	\$99.8M
Western Massachusetts	\$24.9M	\$28.1M	\$28.8M	\$29.9M	\$29.5M

TOTAL NET OUTPATIENT REVENUE

	HFY18	HFY19	HFY20	HFY21	HFY22
Lemuel Shattuck	\$1.3M	\$1.1M	\$1.0M	\$0.9M	\$0.9M
Pappas Rehab Hospital	\$0.0M	\$0.0M	\$0.0M	\$0.0M	\$0.0M
Tewksbury	\$0.0M	\$0.0M	\$0.0M	\$0.0M	\$0.0M
Western Massachusetts	\$0.0M	\$0.0M	\$0.0M	\$0.0M	\$0.0M

For descriptions of the metrics, please see the technical appendix

¹ Data from the HFY2018 through HFY2022 CHIA Cost Reports.



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Massachusetts Hospital Profiles

Data Through
Hospital Fiscal Year 2022

February 2024

Technical Appendix



HFY 2022 Massachusetts Acute and Non-Acute Care Hospitals (February 2024)

TECHNICAL APPENDIX

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Introduction

Acute and non-acute hospitals included in *Massachusetts Hospital Profiles - Data through Hospital Fiscal Year 2022* were profiled on service, payer mix, 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 Hospital Fiscal Year (HFY) 2018 to HFY2022. Descriptive acute and non-acute hospital information is from HFY2022.

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. The 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 FFY2022 HDD data as of March 2023 for the service metrics, which includes discharges between October 1, 2021 and September 30, 2022 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. The Audited Financial Statements are used to verify the data submitted in the Hospital Standardized Financial Statements.

Data Verification:

Each year's Hospital Cost Report and hospital and hospital health system financial statements 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 HFY2018-HFY2022.

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 2022:

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 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

MULTI-ACUTE HOSPITAL SYSTEM**ACUTE HOSPITAL MEMBER**

	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 Harrington Memorial Hospital
Tufts Medicine	Lowell General Hospital Melrose Wakefield 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
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MASSACHUSETTS REGION	ACUTE HOSPITAL ASSIGNED TO REGION
	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 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

MASSACHUSETTS REGION	ACUTE HOSPITAL ASSIGNED TO REGION
	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

Hospital Types

In order to develop comparative analytics, CHIA assigns 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 to the unique patient populations they serve and/or the unique sets of services they provide.

We are using the HFY2021 Cohort Designations to be consistent with the HFY 2022 Massachusetts Acute Hospital and Health System Financial Performance published in September 2023.

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 HFY 2020 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.

HOSPITAL TYPE	ACUTE HOSPITAL
Academic Medical Center	Beth Israel Deaconess Medical Center Boston Medical Center Brigham and Women's Hospital

HOSPITAL TYPE	ACUTE HOSPITAL
	Massachusetts General Hospital Tufts Medical Center UMass Memorial Medical Center
Teaching Hospital	Baystate Medical Center Cambridge Health Alliance Lahey Hospital & Medical Center Mount Auburn Hospital Saint Vincent Hospital Steward Carney Hospital Steward St. Elizabeth's Medical Center
Community Hospital	Anna Jaques Hospital Beth Israel Deaconess Hospital – Milton Beth Israel Deaconess Hospital – Needham Brigham and Women's Faulkner Hospital Emerson Hospital Martha's Vineyard Hospital Milford Regional Medical Center Nantucket Cottage Hospital Newton-Wellesley Hospital South Shore Hospital Winchester Hospital
Community – High Public Payer Hospital	Athol Hospital Baystate Franklin Medical Center Baystate Noble Hospital Baystate Wing Hospital Berkshire Medical Center Beth Israel Deaconess Hospital – Plymouth Cape Cod Hospital Cooley Dickinson Hospital Fairview Hospital Falmouth Hospital Harrington Memorial Hospital HealthAlliance-Clinton Hospital Heywood Hospital Holyoke Medical Center Lawrence General Hospital Lowell General Hospital Marlborough Hospital Melrose Wakefield Healthcare Mercy Medical Center MetroWest Medical Center Morton Hospital, A Steward Family Hospital

HOSPITAL TYPE**ACUTE 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 Hospital

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

Acute Hospital Profiles: Overview

City/Town: The city or town where the hospital is located.

Region: The region in which the hospital is located.

Hospital Type: The hospital's designation as an Academic Medical Center, Teaching Hospital, Community Hospital, Community High Public Payer Hospital, or Specialty Hospital.

Total Staffed Beds: The average number of beds during the fiscal year that were in service and staffed for patient use.

The top ten largest hospitals are noted. The remaining hospital sizes are then determined based on the staffed beds with large hospitals having reported greater than 250 beds, mid-size hospitals having reported greater than 100 staffed beds but less than 250 and small hospitals having reported less than 100 staffed beds.

Data Source: Hospital Cost Report Tab 3, Column 3, Line 500.

Hospital System Affiliation: Which multi-acute hospital system, if any, the hospital is affiliated.

Hospital System Surplus (loss): The hospital system's profit/loss in HFY 2022.

Data Source: Standardized Financial Statements: Total Excess of Revenue Gains and Other Support Over Expenses

Change in Ownership: Change in ownership during the period of the analysis.

Tax Status: Indicates if the hospital is a For-Profit or Non-Profit hospital.

Trauma Center Designation: 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.¹ 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

¹ American Trauma Society, Trauma Center Levels Explained. Available at:

<http://www.amtrauma.org/?page=TraumaLevels> (last accessed October 6th, 2017).

24-hour immediate coverage by emergency medicine physicians and prompt availability of general surgeons and anesthesiologists.

Total FTEs: The total number of full-time equivalent (FTE) employees reported at this hospital in HFY 2022.

Data source: Hospital Cost Report Tab 4, Column 1, Line 500.

Case Mix Index (CMI): 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.

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.

Public Payer Mix: Determined based upon the hospital's reported Gross Patient Service Revenue (GPSR). This calculation uses HFY2021 GPSR to be consistent with the HFY2022 Massachusetts Acute Hospital and Health System Financial Performance published in September 2023.

Calculation - Public Payer Mix = (Medicaid Managed GPSR + Medicaid Non-Managed GPSR + Medicare Managed GPSR + Medicare Non-Managed GPSR + Other Government GPSR + HSN GPSR) / Total GPSR.

Data sources: Hospital Cost Report Tab 5, Columns 1; 2; 3; 4; 5; 8 & 13, Line 302.

Percent of Total GPSR - Medicare/Medicaid/Commercial: Determined based upon the hospital's reported HFY 2022 Gross Patient Service Revenue.

Calculation - Percent of Total GPSR Medicare = (Medicare Managed GPSR + Medicare Non-Managed GPSR) / Total GPSR.

Calculation - Percent of Total GPSR Medicaid = (Medicaid Managed GPSR + Medicaid Non-Managed GPSR) / Total GPSR.

Calculation - Percent of Total GPSR Commercial = (Commercial Managed GPSR + Commercial Non-Managed GPSR) / Total GPSR.

Data sources: Hospital Cost Report Tab 5, Columns 1; 2; 3; 4; 5; 9 & 10, Line 302.

Calendar Year (CY) 2021 Commercial Statewide Relative Price: 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/2023/Relative-Price-Executive-Summary-2021.pdf>

Acute Hospital Profiles: Financial

Gross and Net Patient Service Revenues (GPSR & NPSR)

Inpatient Gross Patient Service Revenue (GPSR): The total amount the hospital reported having charged for their inpatient services.

Data source: Hospital Cost Report Tab 5, Column 1, Line 206.

Outpatient Gross Patient Service Revenue (GPSR): The total amount the hospital reported having charged for their outpatient services.

Data source: Hospital Cost Report Tab 5, Column 1, Line 207.

Total Gross Patient Service Revenue (GPSR): The sum of Inpatient Gross Patient Service Revenue and Outpatient Gross Patient Service Revenue.

Data source: Hospital Cost Report Tab 5, Column 1, Line 302.

Inpatient Net Patient Service Revenue (NPSR): The total amount the hospital reported having received for their inpatient services.

Data source: Hospital Cost Report Tab 5, Column 1, Line 208.

Inpatient Net Patient Service Revenue (NPSR) per Case Mix Adjusted Discharge (CMAD): The hospital's NPSR divided by the product of the hospital's discharges and its case mix index.

Calculation: $\text{Inpatient Net Patient Service Revenue (NPSR) per Case Mix Adjusted Discharge (CMAD)} = \frac{\text{Inpatient Net Patient Service Revenue}}{(\text{Hospital Case Mix Index} * \text{Total Hospital Discharges})}$

Data sources: Hospital Cost Report Tab 5, Column 1, Line 206; Tab 3, Column 5, Line 500. & Hospital Discharge Dataset

Outpatient Net Patient Service Revenue (NPSR): The total amount the hospital reported having received for their outpatient services.

Data source: Hospital Cost Report Tab 5, Column 1, Line 209.

Inpatient Costs per Case Mix Adjusted Discharge (CMAD): The hospital's costs are divided by the product of the hospital's discharges and its case mix index (used only for Shriners Boston and Shriners Springfield).

Calculation: $\text{Inpatient Costs per Case Mix Adjusted Discharge (CMAD)} = \frac{\text{Inpatient Costs}}{(\text{Hospital Case Mix Index} * \text{Total Hospital Discharges})}$

Data sources: Hospital Cost Report Tab 2, Column 9, Line 302; Tab 3, Column 5, Line 500. & Hospital Discharge Dataset

Revenue and Expenses

Operating Revenue: Revenue from normal operations of an entity, including patient care and other activities, such as research, gift shops, parking, and cafeteria.

Data Source: Standardized Financial Statements: Total Operating Revenue

COVID Funding Included in Operating Revenue: The total funding received from the federal and state government related to the COVID-19 pandemic and reported as operating revenue.

Calculation - COVID Funding Included in Operating Revenue = Other Operating Revenue: Federal COVID-19 Relief Funds + Other Operating Revenue: State & Other COVID-19 Relief Funds

Data Source: Standardized Financial Statements: Other Operating Revenue: Federal COVID-19 Relief Funds, Other Operating Revenue: State & Other COVID-19 Relief Funds

Non-Operating Revenue: Non-operating revenue includes items that are not related to operations, such as investment income, contributions, gains from the sale of assets and other unrelated business activities.

Data Source: Standardized Financial Statements: Total Non-Operating Revenue

Total Revenue: The combined revenue derived from operating and non-operating activities.

Data Source: Standardized Financial Statements: Total Unrestricted Revenue Gains and Other Support

Total Expenses: The total costs for the hospital derived from operating and non-operating activities.

Data Source: Financial Statements: Total Expenses Including Nonrecurring Gains Losses

Total Surplus (Deficit): The total amount of surplus or deficit derived from operating and non-operating activities.

Data Source: Standardized Financial Statements: Total Excess of Revenue Gains and Other Support Over Expenses

Operating Margin: Operating income is income from normal operations of an entity, including patient care and other activities, such as research, gift shops, parking, and cafeteria, minus the expenses associated with such activities. Operating Margin is a critical ratio that measures how profitable the entity is when looking at the performance of its primary activities.

Calculation - Operating Margin = (Total Operating Revenue – Total Expenses Including Nonrecurring Gains or Losses) / Total Unrestricted Revenue, Gains and Other Support

Data Source: Standardized Financial Statements: Financial Metrics (With COVID-19 Relief Funds) Operating Margin

Non-Operating Margin: Non-operating income includes items that are not related to operations, such as investment income, contributions, gains from the sale of assets and other unrelated business activities.

Calculation - Non-Operating Margin = Total Non-Operating Revenue / Total Unrestricted Revenue, Gains and Other Support

Data Source: Standardized Financial Statements: Financial Metrics (With COVID-19 Relief Funds) Non-Operating Margin

Total Margin This ratio evaluates the overall profitability of the entity using both operating surplus (or loss) and non-operating surplus (or loss).

Calculation - Total Margin = Total Excess of Revenue, Gains and Other Support Over Expenses / Total Unrestricted Revenue, Gains and Other Support

Data Source: Standardized Financial Statements: Financial Metrics (With COVID-19 Relief Funds) Total Margin

Solvency and Liquidity

Total Net Assets or Equity: For not-for-profit entities, this represents the difference between the assets and liabilities of an entity, comprised of retained earnings from operations and contributions from donors. Changes from year to year are attributable to two major categories: (1) increases and/or decreases in Unrestricted Net Assets, which are affected by operations, and (2) changes in Restricted Net Assets (restricted contributions). The for-profit equivalent of Total Net Assets is Owner's Equity.

Data Source: Standardized Financial Statements: Total Net Assets or Equity

Current Ratio: This ratio measures the entity's ability to meet its current liabilities with its current assets (assets expected to be realized in cash during the fiscal year). A ratio of 1.0 or higher indicates that all current liabilities could be adequately covered by the entity's existing current assets.

Calculation - Current Ratio = Total Current Assets / Total Current Liabilities

Data Source: Standardized Financial Statements: FINANCIAL METRICS (With COVID-19 Relief Funds) Current Ratio

Debt Service Coverage Ratio: This ratio measures the ability of an entity to cover current debt obligations with funds derived from both operating and non-operating activity. Higher ratios indicate an entity is better able to meet its financing commitments. A ratio of 1.0 indicates that average income would just cover current interest and principal payments on long term debt.

Calculation - Debt Service Coverage Ratio = (Total Excess of Revenue, Gains, and Other Support Over Expenses + Depreciation and Amortization Expense + Interest Expense) / (Interest Expense + Current Long Term Debt)

Data Source: Standardized Financial Statements: FINANCIAL METRICS (With COVID-19 Relief Funds) Debt Service Coverage Ratio

Cash Flow to Total Debt: This ratio reflects the amount of cash flow being applied to total outstanding debt (all current liabilities in addition to long-term debt) and reflects how much cash can be applied to debt repayment. The lower the ratio, the more likely an entity will be unable to meet debt payments of interest and principal, and the higher the likelihood of violating any debt covenants.

Calculation - Cash Flow to Total Debt = (Total Excess of Revenue, Gains, and Other Support Over Expenses + Depreciation and Amortization Expense) / (Total Current Liabilities + Long Term Debt Net of Current Portion)

Data Source: Standardized Financial Statements: FINANCIAL METRICS (With COVID-19 Relief Funds)
Cash Flow to Total Debt

Equity Financing Ratio: This ratio reflects the ability of an entity to take on more debt and is measured by the proportion of total assets financed by equity. Low values indicate an entity used substantial debt financing to fund asset acquisition and therefore may have difficulty taking on more debt to finance further asset acquisition.

Calculation - Equity Financing = Total Net Assets or Equity / Total Assets

Data Source: Standardized Financial Statements: FINANCIAL METRICS (With COVID-19 Relief Funds)
Equity Financing Ratio

Average Age of Plant: Indicates the financial age of the fixed assets of the organization. The older the average age, the greater the short term need for capital resources.

Calculation - Average Age of Plant = Accumulated Depreciation / Depreciation and Amortization Expense

Data Source: Standardized Financial Statements: FINANCIAL METRICS (With COVID-19 Relief Funds)
Average Age of Plant

Acute Hospital Profiles: Utilization

Licensed Beds: The average number of beds during the fiscal year that the hospital is licensed to have in service and staffed for patient use.

Data Source: Hospital Cost Report Tab 3, Column 1, Line 500.

Available Beds: The average number of beds during the fiscal year that were available to be put in service and staffed for patient use.

Data Source: Hospital Cost Report Tab 3, Column 2, Line 500.

Staffed Beds: The average number of beds during the fiscal year that were in service and staffed for patient use.

Data Source: Hospital Cost Report Tab 3, Column 3, Line 500.

Percentage Occupancy: 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).

Data Source: Hospital Cost Report Tab 3, Column 6, Line 500.

Inpatient Discharges: The total number of discharges reported by the hospital.

Data Source: Hospital Cost Report Tab 3, Column 5, Line 500.

Calculation - Percent Change from HFY2021 = (HFY2022 Discharges – HFY2021 Discharges) / HFY2021 Discharges.

Calculation - Percent of Total Region Discharges = Hospital Discharges / The Sum of the Total Discharges for Each Acute Hospital in the Same Region.

Calculation - Percent of Statewide Total Discharges = Hospital Discharges / The Sum of the Total Discharges for Each Acute Hospital.

Inpatient Days: Total 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 Source: Hospital Cost Report Tab 3, Column 4, Line 500.

Calculation - Percent Change from HFY2021 = (HFY2022 Inpatient Days – HFY2021 Inpatient Days) / HFY2021 Inpatient Days.

Calculation - Percent of Total Region Discharges = Hospital Inpatient Days / The Sum of the Total Inpatient Days for Each Acute Hospital in the Same Region.

Calculation - Percent of Statewide Total Discharges = Hospital Inpatient Days / The Sum of the Total Inpatient Days for Each Acute Hospital.

Average Length of Stay: The average duration of an inpatient admission.

Data Source: Hospital Cost Report Tab 3, Column 8, Line 500.

Calculation - Percent Change from HFY2021 = (HFY2022 Average Length of Stay – HFY2021 Average Length of Stay) / HFY2021 Average Length of Stay.

Emergency Department Visits: Any visit by a patient to an emergency department that results in registration at the Emergency Department. An Emergency Department visit occurs even if the only service provided to a registered patient is triage or screening.

Data Source: Hospital Cost Report Tab 5, Column 1, Line 91.

Calculation - Percent Change from HFY2021 = (HFY2022 Emergency Department Visits – HFY2021 Emergency Department Visits) / HFY2021 Emergency Department Visits.

Calculation - Percent of Total Region Discharges = Hospital Emergency Department Visits / The Sum of the Total Emergency Department Visits for Each Acute Hospital in the Same Region.

Calculation - Percent of Statewide Total Discharges = Hospital Emergency Department Visits / The Sum of the Total Emergency Department Visits for Each Acute Hospital.

Outpatient Visits: The total outpatient visits reported by the hospital. Please note that outpatient visits may not be uniformly reported across hospitals. Where substantial increases or 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.

Data Source: Hospital Cost Report Tab 5, Column 1, Line 301.

Calculation - Percent Change from HFY2021 = (HFY2022 Outpatient Visits – HFY2021 Outpatient Visits) / HFY2021 Outpatient Visits.

Acute Hospital Profiles: Top Discharges by Inpatient Case (DRG) and Community

Top Discharges by Inpatient Case (DRG): A report of the top discharges and each of those discharges as a percentage of the hospital's total discharges.

Data Sources: FFY 2022 HDD data as of March 2023 and the 3M™ APR-DRG 34 All Patient Refined Groupers

Hospital Calculation: Each discharge was grouped and ranked by DRG code. The subject hospital's 10 most frequently occurring DRGs were identified, and those discharges were compared to the total hospital discharges in order to get the percentage of the total hospital discharges.

For more information on DRGs, please see Appendix C.

Top Discharges by Community: 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: FFY 2022 HDD data as of March 2023 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 HFY2022 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

Non-Acute Hospital Multi-Hospital System Affiliations and Cohorts

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 and department of 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
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 Center MiraVista Behavioral Health Center (first reporting for 2022)
Mass General Brigham	McLean Hospital Spaulding Rehabilitation Hospital Boston Spaulding Rehabilitation Hospital Cape Cod Spaulding Hospital Cambridge
Signature Healthcare Services	Westborough Behavioral Healthcare Hospital
Steward Health Care	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 below²:

Behavioral health hospitals are licensed by the DMH for behavioral health 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.³

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 hospitals that provide behavioral 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 provide acute and chronic care to those for whom community facilities are not available or access to health care is restricted.

Non-acute 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. 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.

Below is a list of non-acute hospital cohorts and the hospitals assigned to each:

COHORT DESIGNATION	NON-ACUTE HOSPITAL
Behavioral Health Hospitals	Arbour Hospital Arbour Fuller Memorial

² State-owned non-acute hospitals are included in this publication started with the 2018 report.

³ Code of Federal Regulations: 42 CFR 412.29(b)(2)

COHORT DESIGNATION	NON-ACUTE HOSPITAL
	Arbour HRI Hospital Bournewood Hospital Haverhill Pavillion Hospital for Behavioral Medicine McLean Hospital MiraVista Behavioral Health Center Southcoast Behavioral Hospital TaraVista Behavioral 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

Non-Acute Hospital Profiles: At a Glance

Total Cohort Staffed Beds: The sum of the average number of beds during the fiscal year that were in service and staffed for patient use for the cohort. Beds ordinarily occupied for less than 24 hours are usually not included. The total staffed beds for the cohort are then compared to the total staffed beds for all non-acute hospitals.

Data source: Hospital Cost Report Tab 3, Column 3, Line 500.

Median Cohort Percent Occupancy Rate: 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). The median is calculated for each hospital in the cohort's percentage occupancy. This cohort median percentage occupancy is compared to the median percentage occupancy for all non-acute hospitals.

Data source: Hospital Cost Report Tab 3, Column 6, Line 500.

Total Inpatient Days: All days of care for all patients admitted to each unit for the entire cohort. 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. The total inpatient days for the cohort are then compared to the total inpatient days for all non-acute hospitals.

Data source: Hospital Cost Report Tab 3, Column 4, Line 500.

Total Inpatient Discharges: Sourced from Tab 3 of the Massachusetts Hospital Cost Report. The total inpatient discharges for the cohort are then compared to the total inpatient discharges for all non-acute hospitals.

Data source: Hospital Cost Report Tab 3, Column 5, Line 500.

Average Public Payer Mix: Determined based upon hospital's reported GPSR in HFY2022. An average is then taken of each hospital in the cohort's public payer mix. The average public payer mix for the cohort is then compared to the average public payer mix for all non-acute hospitals.

Calculation - Public Payer Mix = (Medicaid Managed GPSR + Medicaid Non-Managed GPSR + Medicare Managed GPSR + Medicare Non-Managed GPSR + Other Government GPSR + HSN GPSR) / Total GPSR.

Data sources: Hospital Cost Report Tab 5, Columns 1; 2; 3; 4; 5; 8 & 13, Line 302.

Total Gross Patient Service Revenue (GPSR): The total amount each hospital in the cohort charged for their inpatient and outpatient services. The total GPSR for the cohort are then compared to the total GPSR for all non-acute hospitals.

Data source: Hospital Cost Report Tab 5, Column 1, Line 302.

Percent of Total GPSR - Medicare/Medicaid/Commercial: Determined based upon the hospital's reported HFY 2022 Gross Patient Service Revenue.

Calculation - Percent of Total GPSR Medicare = (Medicare Managed GPSR + Medicare Non-Managed GPSR) / Total GPSR.

Calculation - Percent of Total GPSR Medicaid = (Medicaid Managed GPSR + Medicaid Non-Managed GPSR) / Total GPSR.

Calculation - Percent of Total GPSR Commercial = (Commercial Managed GPSR + Commercial Non-Managed GPSR) / Total GPSR.

Data sources: Hospital Cost Report Tab 5, Columns 1; 2; 3; 4; 5; 9 & 10, Line 302.

Total Inpatient Gross Patient Service Revenue (GPSR): The total amount each hospital in the cohort charged for their inpatient services. The total inpatient GPSR for the cohort are then compared to the total GPSR discharges for all non-acute hospitals.

Data source: Hospital Cost Report Tab 5, Column 1, Line 206.

Total Outpatient Gross Patient Service Revenue (GPSR): The total amount each hospital in the cohort charged for their outpatient services. The total outpatient GPSR for the cohort are then compared to the total outpatient GPSR for all non-acute hospitals.

Data source: Hospital Cost Report Tab 5, Column 1, Line 207.

Non-Acute Hospital Profiles: Individual Hospital Metrics

Inpatient Days: 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 source: Hospital Cost Report Tab 3, Column 4, Line 500.

Average Length of Stay: The average duration of an inpatient admission.

Data source: Hospital Cost Report Tab 3, Column 8, Line 500.

Outpatient Visits: 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.

Data source: Hospital Cost Report Tab 5, Column 1, Line 301.

Inpatient Revenue per Day: The hospital's net inpatient service revenue (NPSR) divided by its total inpatient days.

Data source: Hospital Cost Report Tab 5, Column 1, Line 208 & Tab 3, Column 4, Line 500.

Total Outpatient Revenue: 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 Source: Hospital Cost Report Tab 5, Column 1, Line 209.

Total Revenue, Cost and Profit: The following metrics were reported for each hospital in HFY2022:

Operating Revenue: Revenue from normal operations of an entity, including patient care and other activities, such as research, gift shops, parking, and cafeteria.

Data Source: Hospital Cost Report Tab 11, Column 1, Line 57.2.

Total Revenue: The combined revenue derived from operating and non-operating activities.

Data Source: Hospital Cost Report Tab 11, Column 1, Line 65.

Total Expenses: The total costs for the hospital derived from operating and non-operating activities.

Data Source: Hospital Cost Report Tab 11, Column 1, Line 73.

Income (Loss): The total amount of income or loss derived from operating and non-operating activities.

Data Source: Hospital Cost Report Tab 11, Column 1, Line 74.

Total Margin: This ratio evaluates the overall profitability of the entity using both operating surplus (or loss) and non-operating surplus (or loss).

Calculation - Total Margin = Total Excess of Revenue, Gains and Other Support Over Expenses / Total Unrestricted Revenue, Gains and Other Support

Data Sources: Hospital Cost Report Tab 11, Column 1, Line 74 & Tab 11, Column 1, Line 65.

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

Beth Israel Lahey Health formed in March, 2019 and includes 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**.

As Beth Israel Lahey Health became financially consolidated in March 2019, seven months of financial data was reported for HFY 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

Cape Cod Hospital and **Falmouth Hospital** changed their methodology for counting outpatient visits to include all clinic visits for the entity starting in HFY2021.

Harrington Memorial Hospital and parent Harrington Healthcare System joined UMass Memorial Healthcare on July 1, 2021.

Lawrence General Hospital reported a significant increase in outpatient visits related to their COVID testing site operating in HFY 2021.

Massachusetts Eye and Ear Infirmary joined Mass General Brigham effective April 1, 2018.

Partners Health Care changed its name to **Mass General Brigham** in November 2019.

Mount Auburn Hospital changed their methodology for counting outpatient visits to include all clinic visits for the entity starting in HFY2020.

Nantucket Cottage Hospital's outpatient visits in HFY 2020 include the first full year of the rural health clinic.

Shriners Hospitals for Children Springfield is no longer an acute hospital and is now an outpatient center, effective 2023. This year is the last year they will be reported in Hospital Profiles.

Steward Health Care did not provide their audited financial statements, therefore their financial data is as reported or filed.

Steward Norwood Hospital was temporarily closed in July 2020 and remains closed as of this publication. No inpatient services were provided in HFY 2021 though some outpatient services were still available.

Tufts Medical Center's net patient service revenue includes their pharmacy revenue.

Wellforce changed its name to **Tufts Medicine** on March 1, 2022.

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 HFY 2020 data was revised by CHIA to include the Provider Relief Funds received by each of the hospitals in their operating revenue.

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

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

Appendix B: Non-Acute Hospitals

Curahealth Stoughton is now **PAM Health Specialty Hospital of Stoughton** as of November 2021.

Haverhill Pavilion bought Whittier Pavilion in 2019. Outpatient Services closed.

Hospital for Behavioral Medicine is a new psychiatric hospital that opened in HFY 2019 with first data reported for HFY 2020.

Miravista Behavioral Health is a new psychiatric hospital that opened in 2021 with first data reporting for HFY 2022. It was previously Providence Behavioral Health and reported under Mercy Medical Center (an acute hospital).

Westwood Lodge Pembroke Hospital: Westwood Hospital was closed by the Department of Mental Health in August 2017. The Pembroke Hospital site remains open.

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 34) 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 their full name.

ABBREVIATED DESCRIPTION	DESCRIPTION
Acute Kidney Injury	Acute Kidney Injury
Acute major eye infections	Acute major eye infections

ABBREVIATED DESCRIPTION	DESCRIPTION
Acute myocardial infarction	Acute myocardial infarction
Adjust Dis/Neuroses Exc Dd	Adjustment disorders & neuroses except depressive diagnoses
Alcohol & Drug W/ Rehab	Alcohol & drug dependence w rehab or rehab/detox therapy
Alcohol abuse & dependence	Alcohol abuse & dependence
Bipolar disorders	Bipolar disorders
Bone marrow transplant	Bone marrow transplant
C. Spinal Fusion & Other Procs	Cervical spinal fusion & other back/neck proc exc disc excis/decomp
Cardiac Arrhythmia	Cardiac arrhythmia & conduction disorders
Cardiac Cath - Other Non Coronary	Cardiac catheterization for other non-coronary conditions
Cardiac Valve Proc W/O Ami Or Complex Pdx	Cardiac valve procedures w/o AMI or complex PDX
Cellulitis & Other Skin Infections	Cellulitis & other skin infections
Cesarean delivery	Cesarean delivery
Chemotherapy For Acute Leukemia	Chemotherapy for acute leukemia
Chronic Obstructive Pulmonary Disease	Chronic obstructive pulmonary disease
Coronary Bypass W/O Ami Or Complex Pdx	Coronary bypass w/o AMI or complex PDX
Craniotomy except for trauma	Craniotomy except for trauma
Cva & Precerebral Occlusion W/ Infarct	CVA & precerebral occlusion w infarct
D & L Fusion Exc Curvature	Dorsal & lumbar fusion proc except for curvature of back
D & L Fusion For Curvature	Dorsal & lumbar fusion proc for curvature of back
Degen Nrvs Syst Exc Ms	Degenerative nervous system disorders exc mult sclerosis
Depression Exc Mdd	Depression except major depressive disorder
Diabetes	Diabetes
Digestive malignancy	Digestive malignancy
Disorders Of Pancreas Except Malignancy	Disorders of pancreas except malignancy
Diverticulitis & Diverticulosis	Diverticulitis & diverticulosis
Drug/Alcohol Abuse, Lama	Drug & alcohol abuse or dependence, left against medical advice
Electrolyte Dis Exc Hypovolemia Rel	Electrolyte disorders except hypovolemia related
Extracranial Vascular Procedures	Extracranial vascular procedures
Eye Disorders Except Major Infections	Eye disorders except major infections
Eye procedures except orbit	Eye procedures except orbit

ABBREVIATED DESCRIPTION	DESCRIPTION
Factors Influencing Health Status	Signs, symptoms & other factors influencing health status
Fracture & Dislocation Except Femur, Pelvis & Back	Fractures & dislocations except femur, pelvis & back
Fracture of femur	Fracture of femur
Fracture Of Pelvis Or Dislocation Of Hip	Fracture of pelvis or dislocation of hip
Heart failure	Heart failure
Hip and femur fracture repair	Hip and femur fracture repair
Hip joint replacement	Hip joint replacement
Hypovolemia & Related Electrolyte Disorders	Hypovolemia & related electrolyte disorders
Infectious & Parasitic Diseases Including HIV With/Without O.R. Procedure	Infectious & parasitic diseases including HIV with O.R. procedure
Intervertebral Disc Excision	Intervertebral disc excision & decompression
Intestinal obstruction	Intestinal obstruction
Kidney & Urinary Tract Infections	Kidney & urinary tract infections
Knee & Lower Leg Procedures Except Foot	Knee & lower leg procedures except foot
Knee joint replacement	Knee joint replacement
Lymphoma, Myeloma & Non-Acute Leukemia	Lymphoma, myeloma & non-acute leukemia
Major Cardiothoracic Repair Of Heart	Major cardiothoracic repair of heart anomaly
Major Cranial/Facial Bone Procedures	Major cranial/facial bone procedures
Major Depressive Disorders	Major depressive disorders & other/unspecified psychoses
Major Depressive Disorders	Major depressive disorders & other/unspecified psychoses
Major Hematologic/Immunologic Diagnosis Except Sickle Cell Crisis & Coagulation	Major hematologic/immunologic diagnosis except sickle cell crisis & coagulation
Major Larynx & Trachea Procedures	Major larynx & trachea procedures
Major Respiratory Infection & Inflammation	Major respiratory infections & inflammations
Major Respiratory & Chest Procedures	Major respiratory & chest procedures
Major Small & Large Bowel Procedures	Major small & large bowel procedures
Major Stomach, Esophagus & Duodenum Procedures	Major stomach, esophageal & duodenal procedures
Malignancy - Hepatobiliary/Pancreas	Malignancy of hepatobiliary system & pancreas
Malnutrition, Failure To Thrive & Other	Malnutrition, failure to thrive & other nutritional disorders
Moderately Extensive Procedure Unrelated To Principal Diagnosis	Moderately extensive procedure unrelated to principal diagnosis
Musculoskeletal Malignancy & Pathologic Fracture Due To Musculoskeletal Malignancy	Musculoskeletal malignancy & pathologic fracture due to musculoskeletal malignancy

ABBREVIATED DESCRIPTION	DESCRIPTION
Nervous system malignancy	Nervous system malignancy
Normal Neonate Birth	Neonate birthwt >2499g, normal newborn or neonate w other problem
Normal Neonate Birth	Neonate birthwt >2499g, normal newborn or neonate w other problem
O.R. Proc For Tx Comp	O.R. procedure for other complications of treatment
Opioid abuse & dependence	Opioid abuse & dependence
Orbital procedures	Orbital procedures
Organic Mental Health Disturbances	Organic mental health disturbances
Other Aftercare & Convalescence	Other aftercare & convalescence
Other Anemia And Blood Dis	Other anemia & disorders of blood & blood-forming organs
Other Back & Neck Disorder	Other back & neck disorders, fractures & injuries
Other Cardiothoracic & Thoracic Vascular Procs	Other cardiothoracic & thoracic vascular procedures
Other Chemotherapy	Other Chemotherapy
Other Digestive System Diagnoses	Other digestive system diagnoses
Other Disorders Of Nervous System	Other disorders of nervous system
Other Ear, Nose, Mouth, Throat, Cran/Fac Malign	Other ear, nose, mouth, throat & cranial/facial diagnoses
Other Ent Procedures	Other ear, nose, mouth & throat procedures
Other Gastroenteritis, Nausea & Vomiting	Other gastroenteritis, nausea & vomiting
Other Major Head & Neck Procedures	Other major head & neck procedures
Other Muscl Sys & Tis Proc	Other musculoskeletal system & connective tissue diagnoses
Other Muscl Sys & Tis Proc	Other musculoskeletal system & connective tissue procedures
Other Nervous Syst Procs	Other nervous system & related procedures
Other pneumonia	Other pneumonia
Other Significant Hip And Femur Surgery	Other significant hip and femur surgery
Other Skin, Tis & Rel Procs	Other skin, subcutaneous tissue & related procedures
Othr O.R. Procs For Lymph/Hem	Other O.R. procedures for lymphatic/hematopoietic/other neoplasm
Peptic ulcer & gastritis	Peptic ulcer & gastritis
Per Coronary Inter W/ Ami	Percutaneous coronary intervention w AMI
Per Coronary Inter W/O Ami	Percutaneous coronary intervention w/o AMI
Poisoning of medicinal agents	Poisoning of medicinal agents

ABBREVIATED DESCRIPTION	DESCRIPTION
Post-Op, Other Device Infect	Post-operative, post-traumatic, other device infections
Post-Op, Post-Trauma, Other Dev Inf W/ O.R. Proc	Post-op, post-trauma, other device infections w O.R. procedure
Proc w diag of rehab or aftercare	Procedure w diag of rehab, aftercare or oth contact w health servic
Procedures for obesity	Procedures for obesity
Rehabilitation	Rehabilitation
Respiratory Failure	Respiratory Failure
Respiratory malignancy	Respiratory malignancy
Schizophrenia	Schizophrenia
Seizure	Seizure
Septicemia & Disseminated Infections	Septicemia & disseminated infections
Shoulder & Arm Procs Exc Joint Replacement	Shoulder, upper arm & forearm procedures except joint replaceme
Shoulder & Elbow Joint Replacement	Shoulder & elbow joint replacement
Sickle cell anemia crisis	Sickle cell anemia crisis
Sinus & mastoid procedures	Sinus & mastoid procedures
Vaginal delivery	Vaginal delivery

For more information, please contact:



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