

Hospital Profile: BAYSTATE MEDICAL CENTER

Springfield, MA
Baystate Health System
Teaching Hospital
Pioneer Valley / Franklin Region

Baystate Medical Center is a non-profit, acute care teaching hospital. It is the third largest hospital in Massachusetts, with 749 staffed beds. It is located in the Pioneer Valley/Franklin region and represents 42% of all acute hospital staffed beds in the region. It is a member of the Baystate Health system. It is also a teaching hospital of Tufts University School of Medicine. Baystate Medical Center qualifies as a Disproportionate Share Hospital (DSH), as more than 63% of its gross patient service revenue is derived from government programs.

PATIENTS Thirty-four percent of all inpatient cases treated at Baystate Medical Center are from Springfield.

INPATIENT SERVICES Compared with the other teaching hospitals, Baystate Medical Center treats a greater proportion of higher-severity cases. In FY12, it accounted for 47% of all inpatient discharges from acute hospitals within the Pioneer Valley/Franklin region. Of note, based on its most common FY12 inpatient cases (DRGs), Baystate Medical Center treated 100% of Percutaneous Cardiovascular Procedures with AMI cases, 59% of Knee Joint Replacement cases and 59% of Hip Joint Replacement cases in the Pioneer Valley/Franklin region.

FINANCIAL PERFORMANCE Baystate Medical Center's total revenue in FY12 was \$982 million. Its FY12 public payer mix was 67%, higher than the average teaching hospital. Baystate Medical Center's FY12 inpatient cost⁺ per case mix adjusted discharge was \$8,298, approximately 18% lower than the average teaching hospital, and the second lowest among all teaching hospitals. Baystate Medical Center's CY12 average commercial payer price level was at the 60th percentile, higher than the average teaching hospital. It earned a surplus of \$97.6 million (9.9% total margin) in FY12, the highest in the five year period of FY08 to FY12, although it earned a surplus each year during this period.

AT A GLANCE

TOTAL STAFFED BEDS: 749, 3rd largest acute hospital

% OCCUPANCY: 66%, < cohort avg. (74%)

TOTAL REVENUE in FY12: \$982 million

PUBLIC PAYER MIX: 67% (DSH* Hospital)

SPECIAL PUBLIC FUNDING: ICB⁹

TAX STATUS: Non-profit

TRAUMA CENTER DESIGNATION: Adult: Level 1; Pedi: Level 2

CY12 COMMERCIAL PAYER PRICE LEVEL: 60th Percentile

CASE MIX INDEX in FY12: 1.19, > cohort avg. (1.01); > statewide (1.06)

INPATIENT:OUTPATIENT REVENUE in FY12: 47%:53%

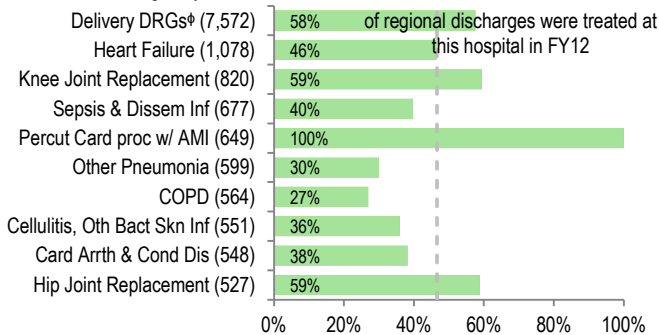
TOTAL MARGIN in FY12: 9.9% (\$97.6 million)

CHANGE in OWNERSHIP (FY08-FY12): Not Applicable

SERVICES

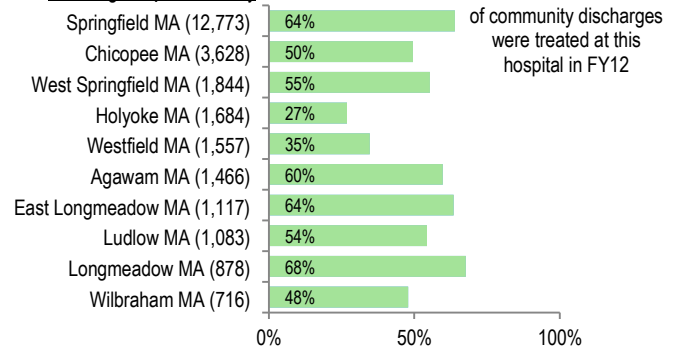
What were the most common inpatient cases (DRGs) treated at the hospital? What proportion of the region's cases did this hospital treat for each service?

Discharges by DRG



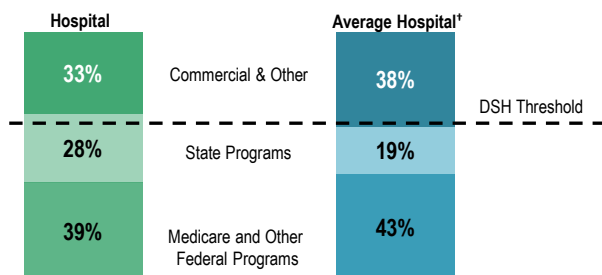
Where did most of the hospital's inpatients reside? What proportion of each community's total discharges were attributed to this hospital?

Discharges by Community



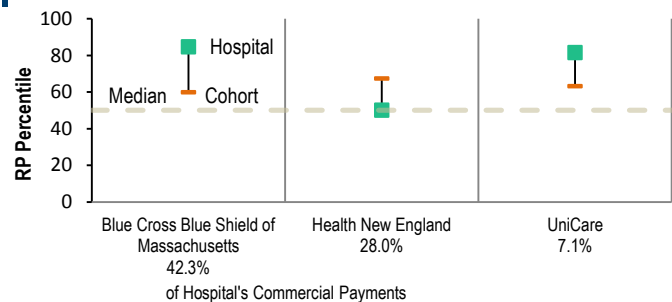
PAYER MIX

What was the hospital's overall payer mix (gross charges) in FY12, and how does this hospital compare to the average acute hospital's payer mix?



Percentage calculations may not sum to 100% due to rounding

What were the hospital's CY12 payer-specific relative price levels for its top three commercial payers? How does this hospital compare to the average hospital in its peer cohort?



For descriptions of the metrics, please see Technical Appendix.

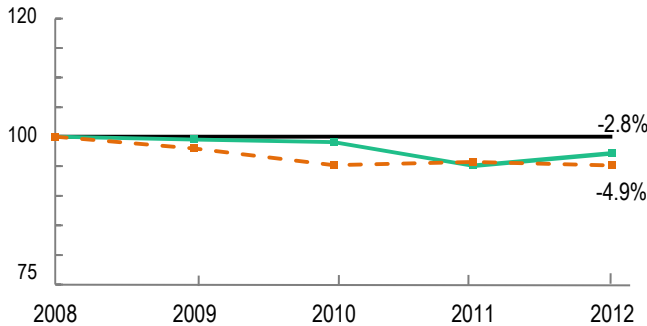
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Cohort: Teaching Hospital

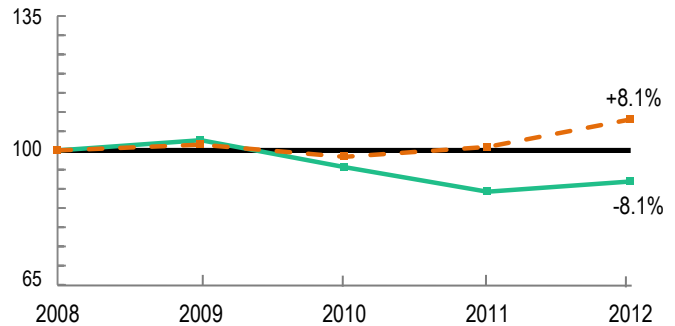


UTILIZATION TRENDS

How has the volume of the hospital's inpatient discharges changed compared to FY08, and how does this hospital compare to the average hospital in its peer cohort? (FY08=100)

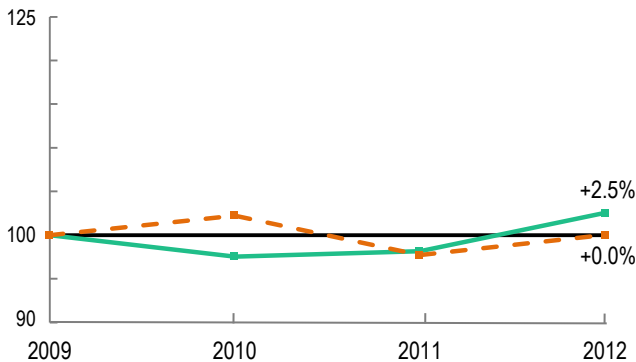


How has the volume of the hospital's outpatient visits changed compared to FY08, and how does this hospital compare to the average hospital in its peer cohort? (FY08=100)

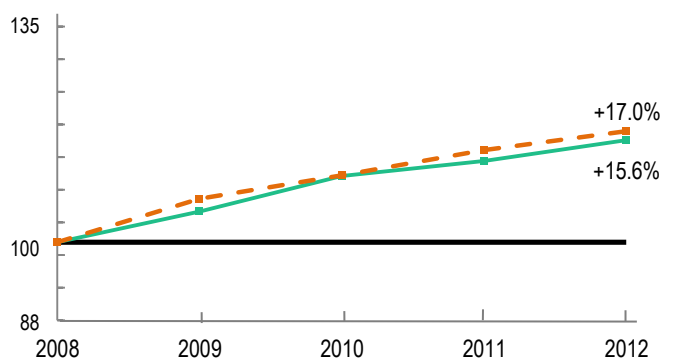


COST TRENDS

How has the hospital's inpatient cost[†] per case mix adjusted discharge changed compared to FY09, and how does this hospital compare to the average hospital in its peer cohort? (FY09=100)



How have the hospital's total outpatient costs changed compared to FY08, and how does this hospital compare to the average hospital in its peer cohort? (FY08=100)

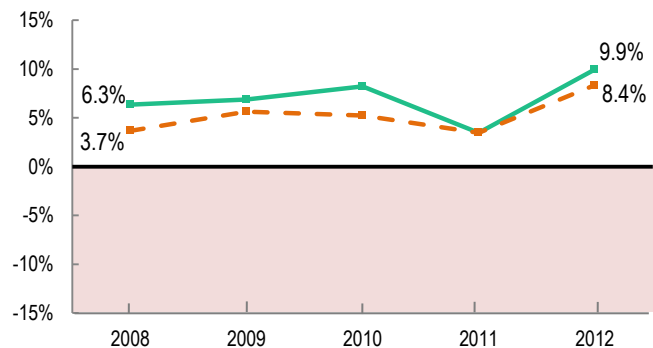


FINANCIAL PERFORMANCE

How have the hospital's total revenue and costs changed between FY08 and FY12?

Revenue, Cost & Profit/Loss (in millions)					
FY	Total Revenue	% Change	Total Cost	% Change	Total Profit/Loss
2008	\$842		\$788		\$53.3
2009	\$868	3.1%	\$808	2.5%	\$59.6
2010	\$897	3.3%	\$823	1.8%	\$73.8
2011	\$877	(2.2%)	\$846	2.9%	\$30.5
2012	\$982	12.0%	\$884	4.5%	\$97.6

What was the hospital's total margin between FY08 and FY12, and how does this compare to the median of its peer cohort hospitals?



For descriptions of the metrics, please see Technical Appendix.

[†] Costs were adjusted to exclude direct medical education costs and physician compensation.

* Disproportionate Share Hospitals (DSH) receive a minimum of 63% of gross patient service revenue

[§] For more information on Infrastructure and Capacity Building (ICB) special funding, please contact the Massachusetts Executive Office of Health and Human Services (EOHHS.)

[§] Delivery DRG includes Cesarean and Vaginal Deliveries, and Neonate DRG.

[†] Average Hospital does not include Specialty hospitals.

For more information, please contact:

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