

BETH ISRAEL DEACONESS HOSPITAL - PLYMOUTH

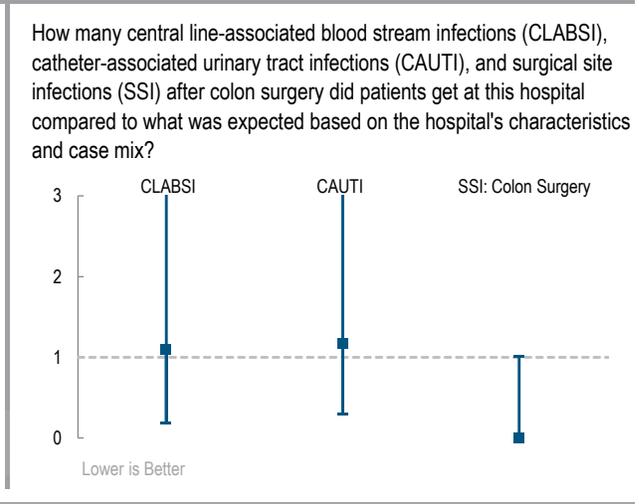
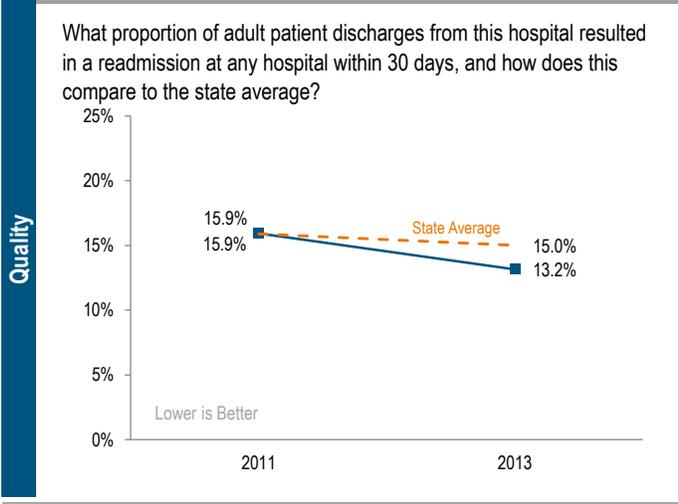
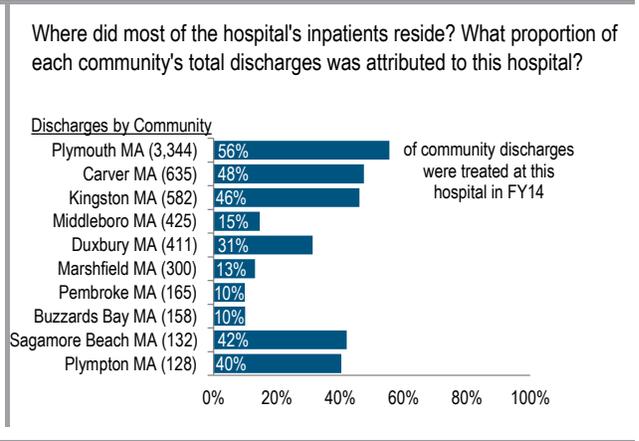
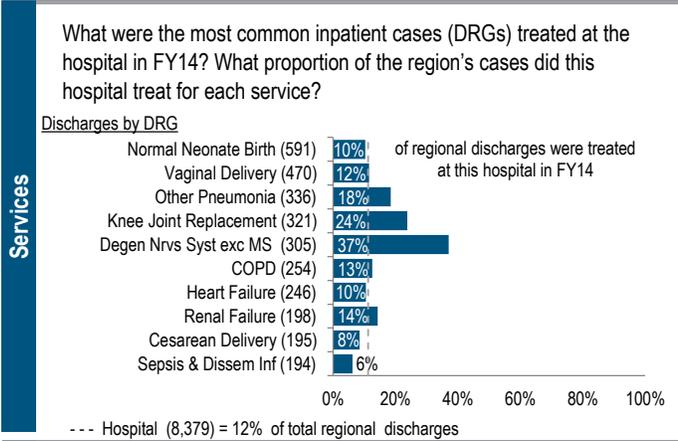
2014 Hospital Profile

Plymouth, MA
Community, Disproportionate Share Hospital
Metro South

Beth Israel Deaconess Hospital – Plymouth (BID-Plymouth) is a mid-size, non-profit community-Disproportionate Share Hospital (DSH) located in the Metro South region. It was compared with community hospitals in FY13, as it did not qualify for DSH status that year. Between FY10 and FY14, inpatient discharges decreased 26.8% at the hospital, compared to a median decrease of 9.4% among cohort hospitals. BID-Plymouth earned a profit each year from FY10 to FY14, though its total margin in FY14 was 0.0%, compared with its cohort median total margin of 5.3%.

Overview / Size		Payer Mix	
Hospital System Affiliation:	CareGroup	Public Payer Mix:	63.1% (DSH* Hospital)
Change in Ownership (FY10-FY14):	CareGroup - 2014	CY14 Commercial Payer Price Level:	42nd Percentile
Total Staffed Beds:	172, mid-size acute hospital	Top 3 Commercial Payers:	Blue Cross Blue Shield of Massachusetts Harvard Pilgrim Health Care Tufts Associated Health Maintenance Org.
% Occupancy:	60.1%, < cohort avg. (66%)	Utilization	
Special Public Funding:	CHART ^A , ICB ^B	Inpatient Discharges in FY14:	8,379
Trauma Center Designation:	Not Applicable	Change FY13-FY14:	-2.9%
Case Mix Index:	0.94, > cohort avg. (0.85); < statewide (1.00)	Emergency Department Visits in FY14:	48,097
		Change FY13-FY14:	-4.9%
		Outpatient Visits in FY14:	112,448
		Change FY13-FY14:	-0.3%
		Quality	
		Readmission Rate in FY13:	13.2%
		Change FY11-FY13 (percentage points):	-2.8%
		Early Elective Deliveries Rate (Jan 2014-Jun 2015):	0.0%

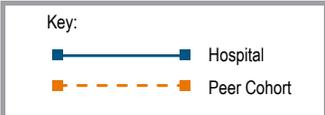
Financial	
Adjusted ^F Cost per Discharge:	\$10,088
Inpatient NPSR per CMAD:	\$10,472
Change FY13-FY14:	-7.0%
Inpatient:Outpatient Revenue in FY14:	28%:72%
Outpatient Revenue in FY14:	\$107,491,659
Change FY13-FY14:	4.8%
Total Revenue in FY14:	\$191,557,356
Total Surplus (Loss) in FY14:	\$63,443



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

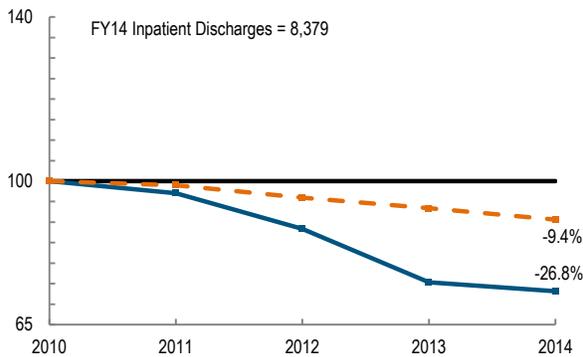
2014 HOSPITAL PROFILE: BETH ISRAEL DEACONESS HOSPITAL - PLYMOUTH

Cohort: Community, Disproportionate Share Hospital

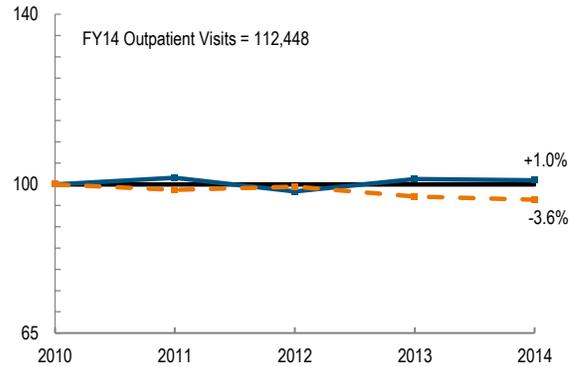


Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY10, and how does this compare to the hospital's peer cohort median? (FY10=100)

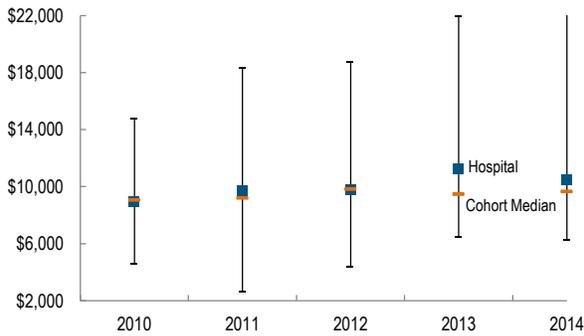


How has the volume of the hospital's outpatient visits changed compared to FY10, and how does this compare to the hospital's peer cohort median? (FY10=100)

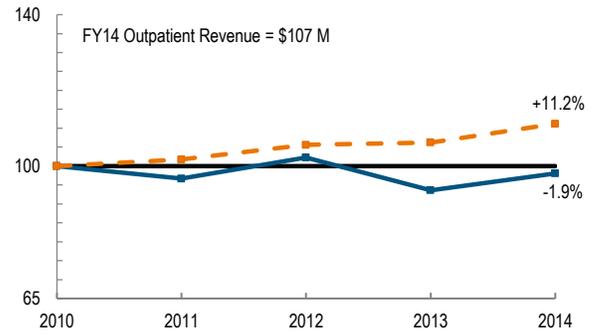


Patient Revenue Trends

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY10 and FY14, and how does this compare to the hospital's peer cohort median?



How has the hospital's total outpatient revenue changed compared to FY10, and how does this compare to the hospital's peer cohort median? (FY10=100)



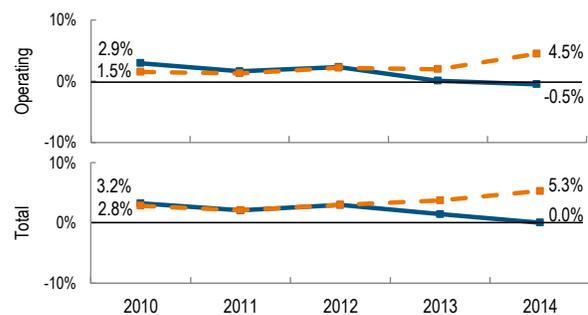
Financial Performance

How have the hospital's total revenue and costs changed between FY10 and FY14?

Revenue, Cost, & Profit/Loss (in millions)

FY	2010	2011	2012	2013	2014
Operating Revenue	\$ 197	\$ 200	\$ 205	\$ 196	\$ 191
Non-Operating Revenue	\$ 1	\$ 1	\$ 1	\$ 3	\$ 1
Total Revenue	\$ 197	\$ 201	\$ 206	\$ 199	\$ 192
Total Costs	\$ 191	\$ 197	\$ 200	\$ 196	\$ 191
Total Profit (Loss)	\$ 6.3	\$ 4.1	\$ 6.1	\$ 2.8	\$ 0.1

What were the hospital's total margin and operating margins between FY10 and FY14, and how do these compare to the hospital's peer cohort medians?



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

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

[^] For more information on Community Hospital Acceleration, Revitalization and Transformation (CHART) special funding, please contact the Health Policy Commission (HPC).

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

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

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