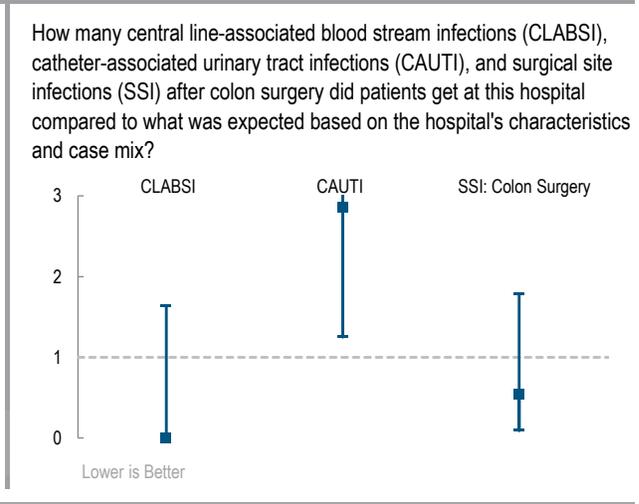
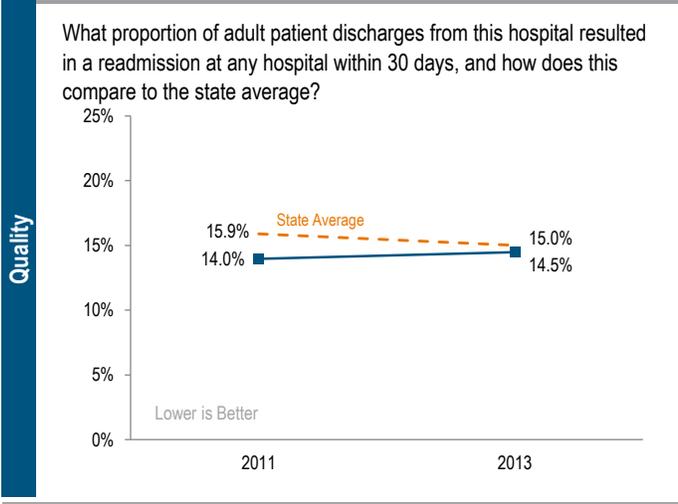
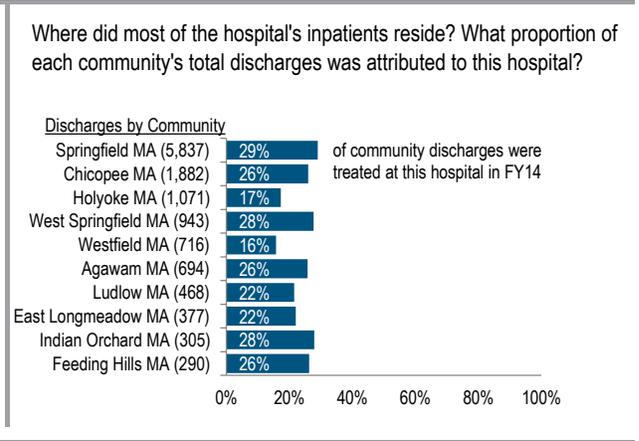
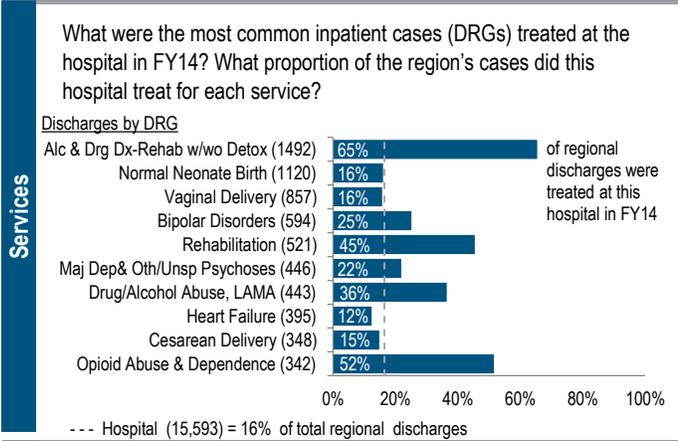


Mercy Medical Center is a large, non-profit community-Disproportionate Share Hospital (DSH) located in the Western Massachusetts region. Mercy Medical Center had 3.9% fewer inpatient discharges in FY14 than in FY10, compared with a median decrease of 9.4% in its peer cohort. Outpatient visits increased at Mercy Medical Center, by 10.1%, compared with a median decline of 3.6% in its peer cohort. The hospital earned a profit each year from FY10 to FY14, with a 7.0% total margin in FY14, compared to a median total margin of 5.3% among cohort hospitals.

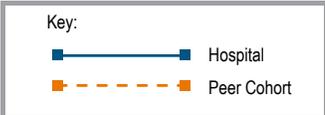
<b>At a Glance</b>	<b>Overview / Size</b>	
	Hospital System Affiliation:	Not Applicable
	Change in Ownership (FY10-FY14):	Not Applicable
	Total Staffed Beds:	420, 9th largest acute hospital
	% Occupancy:	54.2%, < cohort avg. (66%)
	Special Public Funding:	CHART <sup>^</sup> , DSTI <sup>^</sup>
	Trauma Center Designation:	Not Applicable
	Case Mix Index:	0.87, > cohort avg. (0.85); < statewide (1.00)
	<b>Financial</b>	
	Adjusted <sup>†</sup> Cost per Discharge:	\$9,854
Inpatient NPSR per CMAD:	\$9,932	
Change FY13-FY14:	3.3%	
Inpatient:Outpatient Revenue in FY14:	50%:50%	
Outpatient Revenue in FY14:	\$103,635,961	
Change FY13-FY14:	14.4%	
Total Revenue in FY14:	\$251,289,500	
Total Surplus (Loss) in FY14:	\$17,667,822	
<b>Payer Mix</b>		
Public Payer Mix:	74.2% (DSH* Hospital)	
CY14 Commercial Payer Price Level:	26th Percentile	
Top 3 Commercial Payers:	Blue Cross Blue Shield of Massachusetts Health New England, Inc. UniCare Life and Health Insurance Company	
<b>Utilization</b>		
Inpatient Discharges in FY14:	15,593	
Change FY13-FY14:	-1.8%	
Emergency Department Visits in FY14:	66,751	
Change FY13-FY14:	-0.3%	
Outpatient Visits in FY14:	209,655	
Change FY13-FY14:	9.5%	
<b>Quality</b>		
Readmission Rate in FY13:	14.5%	
Change FY11-FY13 (percentage points):	0.5%	
Early Elective Deliveries Rate (Jan 2014-Jun 2015):	0.0%	



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

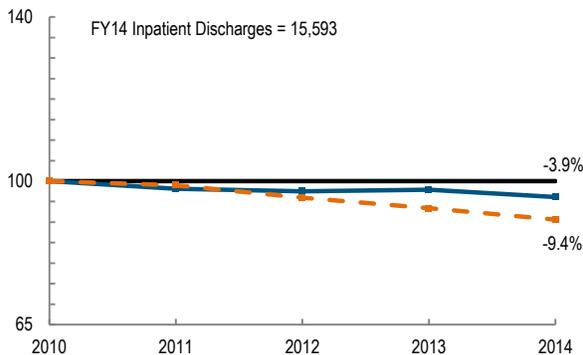
# 2014 HOSPITAL PROFILE: MERCY MEDICAL CENTER

Cohort: Community, Disproportionate Share Hospital

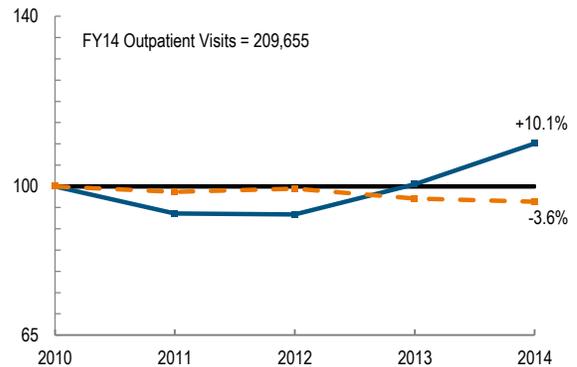


## Utilization

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)

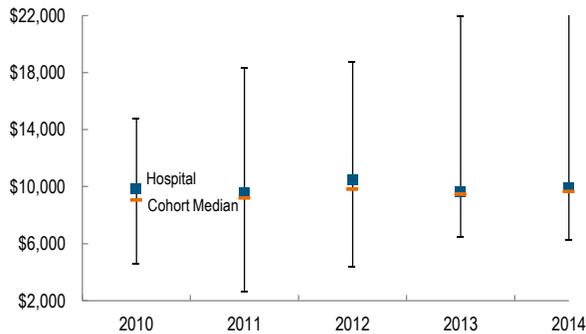


How has the volume of the hospital's outpatient visits changed compared to FY10, and how does this compare to the hospital's peer cohort median? (FY10=100)

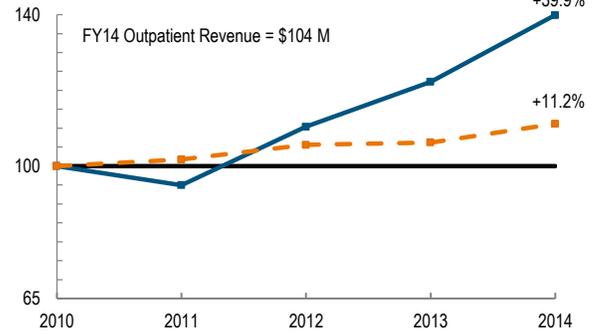


## Patient Revenue Trends

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)



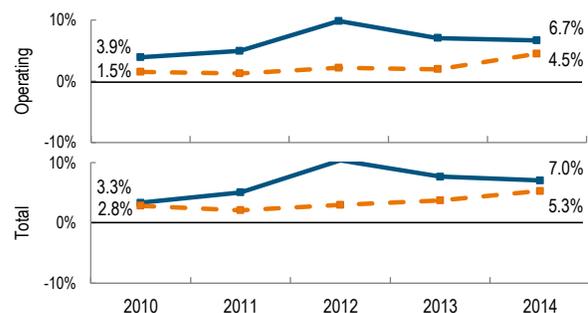
## Financial Performance

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
<b>Operating Revenue</b>	\$ 217	\$ 218	\$ 242	\$ 129	\$ 250
<b>Non-Operating Revenue</b>	\$ (1)	\$ 0	\$ 1	\$ 1	\$ 1
<b>Total Revenue</b>	\$ 216	\$ 218	\$ 244	\$ 130	\$ 251
<b>Total Costs</b>	\$ 209	\$ 207	\$ 219	\$ 120	\$ 234
<b>Total Profit (Loss)</b>	\$ 7.2	\$ 11.0	\$ 25.2	\$ 9.9	\$ 17.7

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.

<sup>1</sup> For more information on Delivery System Transformation Initiative (DSTI) special funding, please contact the Massachusetts Executive Office of Health and Human Service (EOHHS).

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

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

<sup>†</sup> Costs were adjusted to exclude direct medical education costs and physician compensation.

CENTER FOR HEALTH INFORMATION AND ANALYSIS

501 Boylston Street  
Boston, MA 02116  
617.701.8100

[www.chiamass.gov](http://www.chiamass.gov)

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