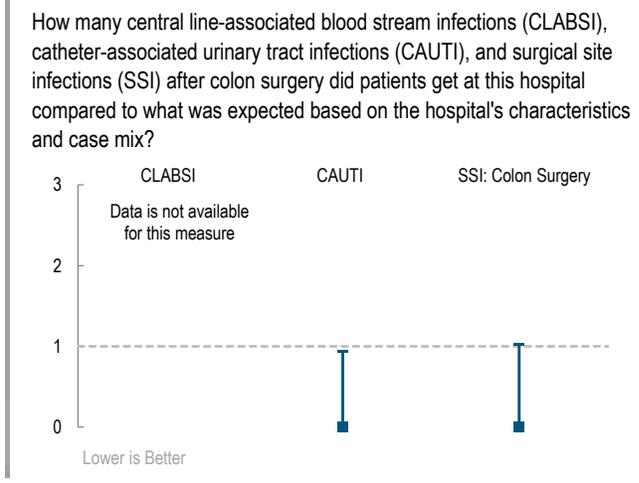
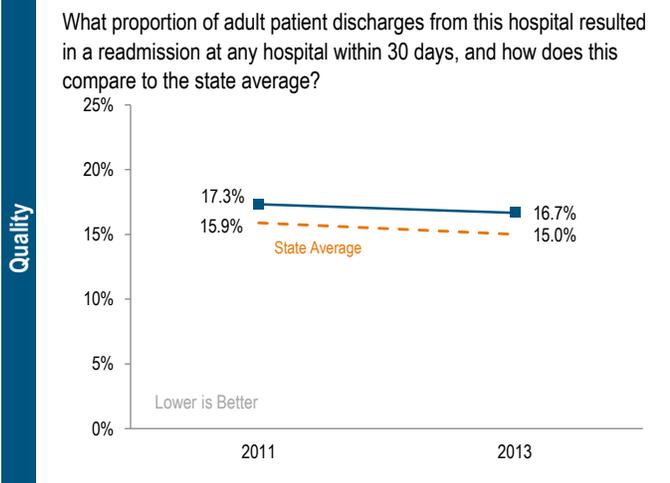
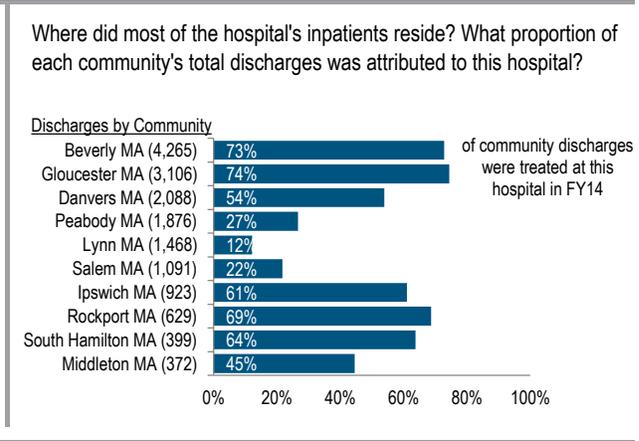
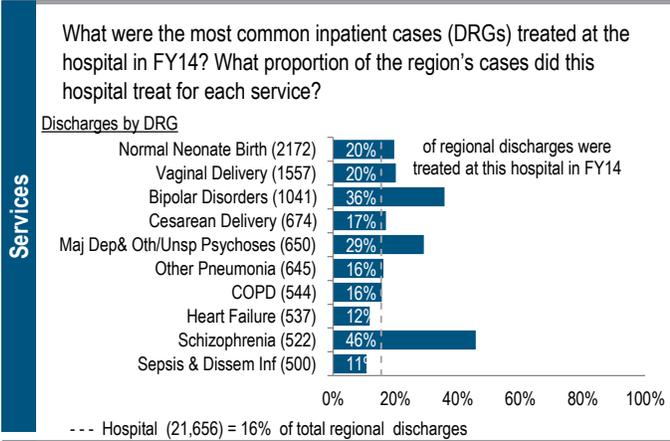


Northeast Hospital, which includes Addison Gilbert Hospital and Beverly Hospital campuses, is a non-profit community hospital located in the Northeastern Massachusetts region. It is among the larger acute hospitals in Massachusetts. Northeast Hospital and Lahey Hospital & Medical Center formed Lahey Health in 2012. Inpatient discharges at the hospital increased 3.7% from FY10 to FY14, while the median inpatient discharges among peer cohort hospitals decreased 9.5%. Northeast Hospital earned a profit each year from FY10 to FY14, with a total margin of 5.7% in FY14, higher than the 2.9% median total margin among cohort hospitals, and the highest in the five-year period.

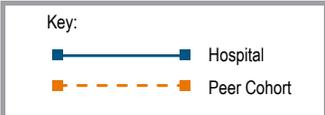
Overview / Size	
Hospital System Affiliation:	Lahey Health System
Change in Ownership (FY10-FY14):	Lahey Health - 2012
Total Staffed Beds:	404, among the larger acute hospitals
% Occupancy:	66.5%, > cohort avg. (61%)
Special Public Funding:	CHART ^A , ICB ^B
Trauma Center Designation:	Adult: Level 3
Case Mix Index:	0.79, < cohort avg. (0.81); < statewide (1.00)
Financial	
Adjusted ^F Cost per Discharge:	\$8,993
Inpatient NPSR per CMAD:	\$10,108
Change FY13-FY14:	1.2%
Inpatient:Outpatient Revenue in FY14:	37%:63%
Outpatient Revenue in FY14:	\$154,605,194
Change FY13-FY14:	-4.1%
Total Revenue in FY14:	\$336,505,000
Total Surplus (Loss) in FY14:	\$19,194,000
Payer Mix	
Public Payer Mix:	61.9% (Non-DSH* Hospital)
CY14 Commercial Payer Price Level:	36th Percentile
Top 3 Commercial Payers:	Blue Cross Blue Shield of Massachusetts Harvard Pilgrim Health Care Tufts Associated Health Maintenance Org.
Utilization	
Inpatient Discharges in FY14:	21,656
Change FY13-FY14:	3.1%
Emergency Department Visits in FY14:	62,697
Change FY13-FY14:	-1.5%
Outpatient Visits in FY14:	165,792
Change FY13-FY14:	-0.6%
Quality	
Readmission Rate in FY13:	16.7%
Change FY11-FY13 (percentage points):	-0.6%
Early Elective Deliveries Rate (Jan 2014-Jun 2015):	13.0%



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

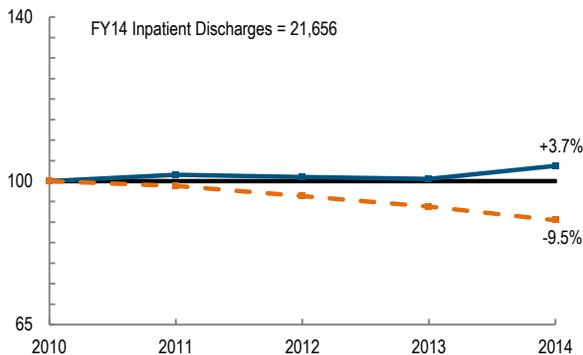
2014 HOSPITAL PROFILE: NORTHEAST HOSPITAL

Cohort: Community Hospital

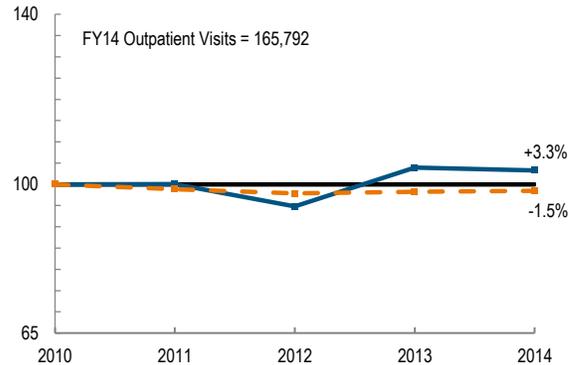


Utilization

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)

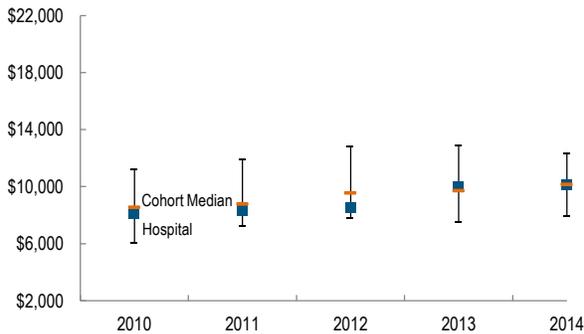


How has the volume of the hospital's outpatient visits changed compared to FY10, and how does this compare to the hospital's peer cohort median? (FY10=100)

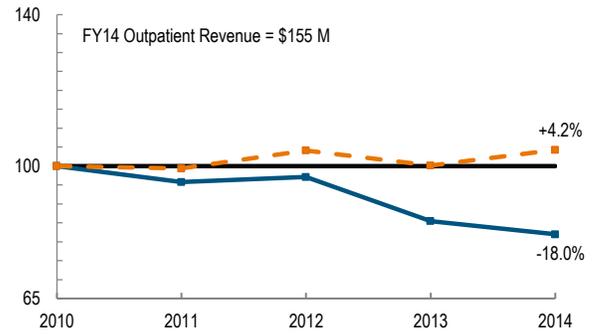


Patient Revenue Trends

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)



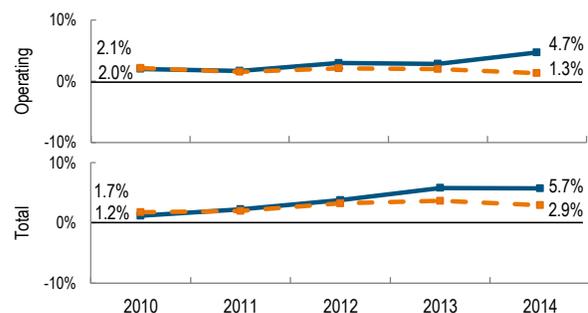
Financial Performance

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	\$ 322	\$ 316	\$ 330	\$ 321	\$ 333
Non-Operating Revenue	\$ (3)	\$ 2	\$ 3	\$ 10	\$ 3
Total Revenue	\$ 319	\$ 318	\$ 333	\$ 331	\$ 337
Total Costs	\$ 316	\$ 311	\$ 320	\$ 312	\$ 317
Total Profit (Loss)	\$ 3.7	\$ 7.1	\$ 12.6	\$ 19.1	\$ 19.2

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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