This is the technical appendix for the hospital health systems overview. Multi-acute health systems are defined as systems with more than one acute care facility, while independent health systems for CHIA’s reporting purpose are those with only one acute care hospital.

The Center for Health Information and Analysis (CHIA) relied on the following data sources to present financial information: the Annual Massachusetts Hospital Cost Report (MA Hospital Cost Report), the Standardized Financial Statement Database, and Audited Financial Statements.

Unless otherwise noted, metrics included in this report are based on financial data reported by health systems, acute hospitals, and affiliated physician organizations from Fiscal Year (FY) 2018.

**Massachusetts Hospital Cost Report:**

The Massachusetts Hospital Cost Report is submitted each year by acute and non-acute hospitals and it contains data on costs, revenues, and utilization statistics. Hospitals are required to complete the MA Hospital Cost Report based on their respective fiscal year end.

**Standardized Financial Statements:**

The Standardized Financial Statements are submitted quarterly and annually by all health systems on behalf of the system and their affiliated acute hospitals and physician organizations. They contain information on the entity’s assets, liabilities, revenues, expenses, and profits or losses. Required reporting for physician organizations is limited to information on revenues, expenses, and profits or losses.

**Audited Financial Statements:**

Audited Financial Statements are submitted annually by hospitals (or their parent health system, if applicable). In addition to the financial figures that are found in the Standardized Financial Statements, the Audited Financial Statements contain an opinion from an independent auditor as well as notes from the hospital or system management that elaborate on the financial performance and standing of the hospital or system during the fiscal year. Audited Financial Statements were used as the primary source for all affiliated health plan information.

**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 2018:

<table>
<thead>
<tr>
<th>Multi-Acute Hospital System</th>
<th>Acute Hospital Member</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baystate Health</td>
<td>Baystate Franklin Medical Center&lt;br&gt;Baystate Medical Center&lt;br&gt;Baystate Noble Hospital&lt;br&gt;Baystate Wing Hospital</td>
</tr>
<tr>
<td>Berkshire Health Systems</td>
<td>Berkshire Medical Center&lt;br&gt;Fairview Hospital</td>
</tr>
<tr>
<td>Cape Cod Healthcare</td>
<td>Cape Cod Hospital&lt;br&gt;Falmouth Hospital</td>
</tr>
<tr>
<td>CareGroup</td>
<td>Beth Israel Deaconess Hospital – Milton&lt;br&gt;Beth Israel Deaconess Hospital – Needham&lt;br&gt;Beth Israel Deaconess Hospital – Plymouth&lt;br&gt;Beth Israel Deaconess Medical Center&lt;br&gt;Mount Auburn Hospital&lt;br&gt;New England Baptist Hospital</td>
</tr>
<tr>
<td>Heywood Healthcare</td>
<td>Athol Hospital&lt;br&gt;Heywood Hospital</td>
</tr>
<tr>
<td>Lahey Health System</td>
<td>Lahey Hospital &amp; Medical Center&lt;br&gt;Northeast Hospital&lt;br&gt;Winchester Hospital</td>
</tr>
<tr>
<td>Partners HealthCare System</td>
<td>Brigham and Women’s Hospital&lt;br&gt;Brigham and Women’s Faulkner Hospital&lt;br&gt;Cooley Dickinson Hospital&lt;br&gt;Martha’s Vineyard Hospital&lt;br&gt;Massachusetts Eye and Ear Infirmary&lt;br&gt;Massachusetts General Hospital&lt;br&gt;Nantucket Cottage Hospital&lt;br&gt;Newton-Wellesley Hospital&lt;br&gt;North Shore Medical Center</td>
</tr>
<tr>
<td>Shriners Hospitals for Children^</td>
<td>Shriners Hospitals for Children – Boston&lt;br&gt;Shriners Hospitals for Children – Springfield</td>
</tr>
<tr>
<td>Steward Health Care System^</td>
<td>Morton Hospital&lt;br&gt;Nashoba Valley Medical Center&lt;br&gt;Steward Carney Hospital&lt;br&gt;Steward Good Samaritan Medical Center&lt;br&gt;Steward Holy Family Hospital&lt;br&gt;Steward Norwood Hospital&lt;br&gt;Steward Saint Anne’s Hospital&lt;br&gt;Steward St. Elizabeth’s Medical Center</td>
</tr>
<tr>
<td>UMass Memorial Health Care</td>
<td>HealthAlliance-Clinton Hospital&lt;br&gt;Marlborough Hospital&lt;br&gt;UMass Memorial Medical Medical Center</td>
</tr>
<tr>
<td>Tenet Healthcare^</td>
<td>MetroWest Medical Center&lt;br&gt;Saint Vincent Hospital</td>
</tr>
<tr>
<td>Wellforce</td>
<td>Lowell General Hospital&lt;br&gt;MelroseWakefield Hospital&lt;br&gt;Tufts Medical Center</td>
</tr>
</tbody>
</table>

^ Tenet Healthcare Corporation, Steward Health Care System and Shriners Hospitals for Children are multi-state health systems with a large presence outside of Massachusetts.
This report consists of individual information for each system detailing the organizations that comprise it. Organizations within each system profile are grouped into the following categories:

- **Acute Hospitals**: a hospital that is licensed by the Massachusetts Department of Public Health, which contains a majority of medical-surgical, pediatric, obstetric, and maternity beds.

- **Physician Organizations**: A medical practice comprised of two or more physicians organized to provide patient care services.

- **Health Plans**: An organization that contracts or offers to provide, deliver, arrange for, pay for, or reimburses any of the costs of health care services.

Unless otherwise noted, metrics and descriptive information included in these profiles are based on financial data from FY 2018.

All revenue and net asset information are sourced from each system’s parent organization and affiliates’ FY 2018 Standardized Financial Statements or consolidated Audited Financial Statements.

Each system’s total **Operating Revenue** and **Net Assets** may not equal the sum of the components displayed in the individual system profiles, due to other owned entities or intercompany eliminations that are not shown.

Organizations that are not displayed on the profiles may include:

- **Non-Acute Hospitals**: typically identified as psychiatric, 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.

- **Other Health Care Providers**: any organization within a system that is engaged in providing health care services and is not categorized as an acute hospital, a non-acute hospital, a physician organization, or a health plan.

- **Other Organizations**: all organizations that are not hospitals, physician organizations, health plans, or other health care providers. Operating revenue and net asset values were derived by adding up values for any organization in the financial statements not already categorized in the profile as a health care-related organization.

- **Consolidating Eliminations**: intercompany transactions that are eliminated during the financial consolidation process.

**Operating revenue** is revenue earned from services associated with patient care, including academic research. It excludes revenue earned from non-operating activities, such as gains associated with the sale of property or income from investments.

**Net assets** reflect the difference between total assets and total liabilities. It is the not-for-profit equivalent of Owner’s Equity.

**Total profit/loss** (often presented in hospital financial statements as “Excess of revenues over expenses”), **operating margin**, and **total margin** are measures of the system’s overall financial performance, with the profit/loss shown in dollars and the margins a percentage. CHIA standardized the calculation of operating and total margins to account for the varied presentation of financial statement reporting among health systems.
• **Total profit/loss** was derived from “Excess of revenues over expenses” or “Net profit/loss” figures reported in each system’s Standardized Financial Statements.

• **System calculation:** Total Margin = Total Profit/Loss ÷ (Operating Revenue + Non-Operating Gains/Losses)

**Acute Hospital Discharges** is the sum total of the reported discharges from the component acute hospitals in the system, sourced from the MA Hospital Cost Report.

The System’s **Percentage of all Massachusetts Acute Hospitals** shows the proportion of total discharges, inpatient revenue, and outpatient revenue for each system in relation to all acute hospitals in Massachusetts. This information was calculated using data from the Annual Massachusetts Hospital Cost Reports.

**Percent of Discharges** is the number of inpatient discharges.

• **Data Source:** MA Hospital Cost Report

• **System Calculation:** Discharge Percent = Total discharges across all acute hospitals in a system divided by total statewide acute hospitals’ discharges multiplied by 100

**Percent of Inpatient Revenue** reflects each system’s inpatient net patient service revenue (NPSR) as a percentage of total inpatient NPSR reported by Massachusetts acute hospitals in FY 2018.

• **Data Source:** MA Hospital Cost Report

• **System Calculation:** Inpatient NPSR Percent = Total inpatient NPSR across all acute hospitals in system divided by total statewide acute hospitals’ inpatient NPSR multiplied by 100

**Percent of Outpatient Revenue** reflects each system’s outpatient net patient service revenue (NPSR) as a percentage of total outpatient NPSR reported by Massachusetts acute hospitals in FY 2018.

• **Data Source:** MA Hospital Cost Report

**System Calculation:** Outpatient NPSR Percent = Total outpatient NPSR across all acute hospitals in system divided by total statewide acute hospitals’ outpatient NPSR multiplied by 100