

Massachusetts Acute Hospital & Health System Financial Performance

HFY 2023

September 2024



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Introduction

The Center for Health Information and Analysis (CHIA) reports on the annual and quarterly financial performance of acute hospitals, hospital health systems, and affiliated physician organizations. This publication includes metrics on the profitability, liquidity, and solvency of hospital health systems and their affiliated acute hospitals, as well as the profitability of affiliated physician organizations.

For this year's annual report, in addition to the metrics in previous reports, CHIA included additional liquidity and solvency metrics for health systems and hospitals, such as current days cash on hand, debt service coverage ratio, and long-term debt to total capitalization.

To understand the impact of temporary labor expenses on hospitals and their health systems, CHIA began collecting temporary staffing expenses in August 2023.

This report incorporates the results of these filings, which were collected for hospital fiscal years (HFY) 2019-2023.

In HFY 2023, Massachusetts had 24 hospital health systems, which included 60 acute hospitals and 48 physician organizations. Hospitals are grouped into four primary cohorts based on similar characteristics: Academic Medical Centers (AMCs), teaching hospitals, community hospitals, and community-High Public Payer (HPP) hospitals. Specialty hospitals are not considered a cohort due to the unique patient populations served and/or the unique sets of services provided. Specialty hospitals are included in statewide medians but are not included in the cohort analyses. This report assigns hospitals to cohorts based on HFY 2022 cost report data.

Ten out of 24 hospital health systems operate more than one acute hospital in Massachusetts and are classified as multi-acute systems. The remaining 14 operate one acute hospital in Massachusetts and are classified as independent systems. Four systems (Steward Health Care, Tenet Healthcare, Trinity Health, and Shriners Hospitals for Children) are part of larger systems that operate hospitals nationwide. Hospital health systems consist of all consolidated health entities, including acute hospitals, non-acute hospitals, and physician organizations. They may also include health plans and consolidated non-health care entities, such as foundations and real estate trusts.

Steward Health Care did not submit the required system-level audited and standardized financial statement data. Therefore, Steward Health Care system and physician organization data could not be included

in this report. Additionally, the Steward Health Care hospital data is based solely on standardized financial data submitted because audited financial statements were not provided for any of the years included in this report.

Heywood Healthcare did not have audited financial statements available for HFYs 2021 through 2023; as a result, Heywood Healthcare system, hospital, and physician organization data are based solely on standardized financial data submitted for those years.

This report contains 12 months of fiscal year data for HFY 2023 for all systems and hospitals based on each entity's fiscal year end date. Most entities' fiscal year end is September 30 except for Steward Health Care, Trinity Health, Cambridge Health Alliance, Tenet Healthcare, and Shriners Hospitals for Children. ■

Key Findings

- For HFY 2023, CHIA found that overall acute hospital profitability, as measured by median total margin, was 2.2%—an increase of 6.4 percentage points from 2022; the statewide acute hospital median operating margin was 0.2% in HFY 2023—an increase of 1.5 percentage points from 2022.
- Aggregate operating revenues across all acute hospitals increased by \$3.6 billion (9.4 percent) from HFY 2022 to HFY 2023 after increasing by \$2.0 billion (5.4 percent) in the prior hospital fiscal year.
- Aggregate expenses across all acute hospitals increased by \$3.0 billion (7.6 percent) from HFY 2022 to HFY 2023 after increasing by \$3.2 billion (8.9 percent) in the prior hospital fiscal year.
- Temporary labor expenses decreased slightly in HFY 2023 compared with the prior hospital fiscal year, but remained more than double what was reported in HFY 2021 and five times what was reported in HFY 2019.
- The statewide median hospital health system total margin was 3.2 percent, an increase of 9.0 percentage points in comparison to the prior hospital fiscal year, while the statewide median hospital health system operating margin was -2.8 percent.
- Total margins reported by the hospital health systems were influenced primarily by non-operating margins during this period, which included approximately \$2.2 billion in unrealized gains and losses. ■

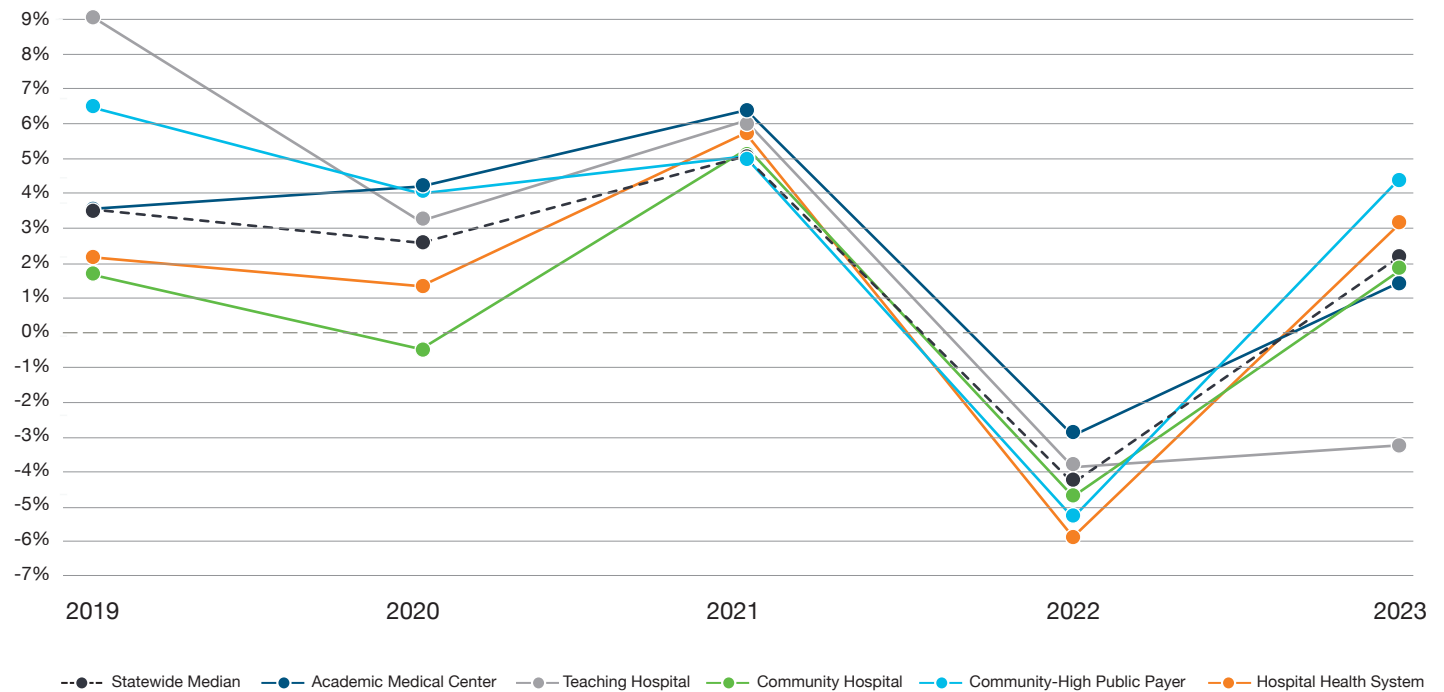
Profitability

Total margin reflects the excess of total revenues over total expenses, including operating and non-operating activities, as a percentage of total revenue. The margins include COVID-19 relief funding reported as operating revenue and unrealized gains or losses reported as non-operating revenue.

The statewide acute hospital median total margin increased by 6.4 percentage points, from -4.2% in 2022 to 2.2% in 2023. All four cohorts reported increases in median total margin, with the most significant increase reported by the community-HPP hospitals (9.5 percentage points). The teaching hospital cohort was the only cohort to report a negative median margin for HFY 2023. These margins include non-operating activities and \$343.6 million in COVID-19 relief funding reported as operating revenue.

The hospital health system total margin increased by 9.0 percentage points, from -5.8% in 2022 to 3.2% in 2023. Total margins reported by the hospital health systems were influenced primarily by non-operating margins during this period, which included approximately \$2.2 billion in unrealized gains and losses.

HFY 2019-2023 Health System and Hospital Cohort Median Total Margin Trends



	2019	2020	2021	2022	2023
Statewide Median	3.5%	2.6%	5.0%	-4.2%	2.2%
Academic Medical Center	3.1%	4.2%	6.3%	-2.9%	1.5%
Teaching Hospital	9.0%	3.2%	6.0%	-3.8%	-3.2%
Community Hospital	1.7%	-0.4%	5.2%	-4.6%	1.8%
Community-High Public Payer	6.4%	4.0%	5.0%	-5.2%	4.3%
Health System	2.2%	1.4%	5.7%	-5.8%	3.2%

Notes: Steward Health Care's system level data are not included in 2019, 2021, 2022, or 2023 as they did not submit audited or standardized financial statements those years. In 2020 they did not submit audited or standardized financial statements, but their data was derived from a publicly available source and is included. The statewide acute hospital median includes specialty hospitals.

Profitability

HFY 2019-2023 Health System and Hospital Cohort Median Operating and Non-Operating Margin Trends

Operating margin reflects the excess of operating revenues over operating expenses, including patient care and other activities, as a percentage of total revenue. These operating margins also include the COVID-19 relief funding reported as operating revenue.

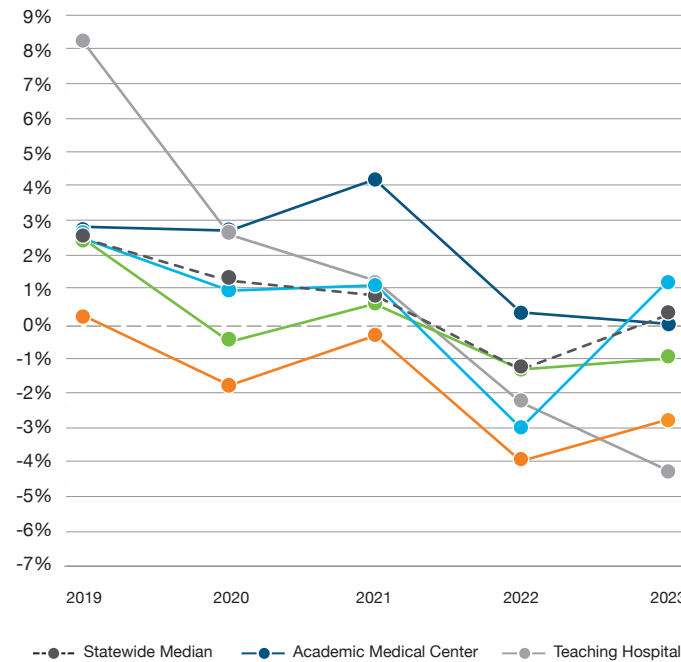
The statewide acute hospital median operating margin increased by 1.5 percentage points, from -1.3% in 2022 to 0.2% in 2023.

Non-operating margins include items that are not related to operations, such as investment income, contributions, gains from the sale of assets, and other unrelated business activities. Starting in HFY 2020, accounting standards required realized and unrealized gains to be recognized in financial performance. These results are included in the non-operating and total margins in this report.

The statewide acute hospital median non-operating margin increased by 2.0 percentage points, from -0.4% in 2022 to 1.6% in 2023.

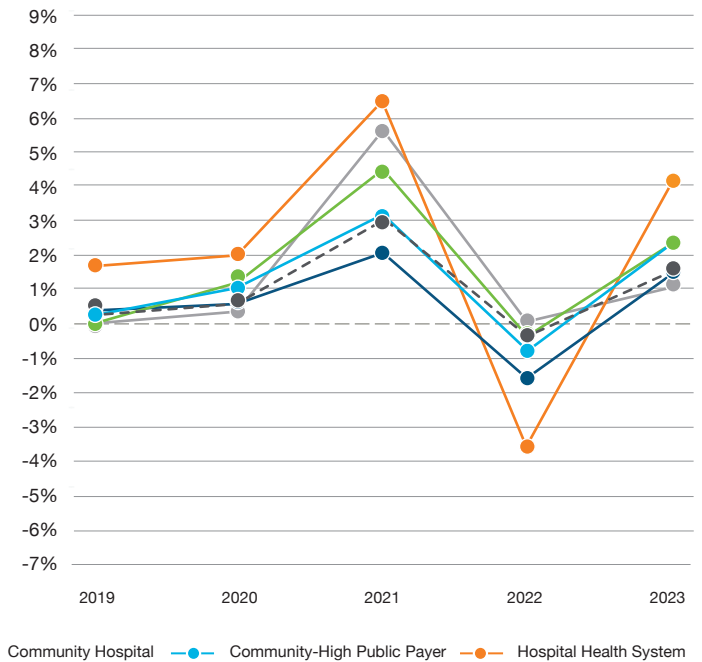
The median hospital health system operating margin increased by 1.2 percentage points from the prior hospital fiscal year, while the median non-operating margin increased by 7.7 percentage points in the same time period.

Operating Margin Trends



	2019	2020	2021	2022	2023
Statewide Median	2.5%	1.3%	0.8%	-1.3%	0.2%
Academic Medical Center	2.8%	2.8%	4.2%	0.3%	0.1%
Teaching Hospital	8.3%	2.6%	1.2%	-2.3%	-4.3%
Community Hospital	2.5%	-0.5%	0.6%	-1.3%	-1.0%
Community-High Public Payer	2.5%	1.0%	1.1%	-3.0%	1.2%
Health System	0.3%	-1.8%	-0.4%	-4.0%	-2.8%

Non-Operating Margin Trends



	2019	2020	2021	2022	2023
Statewide Median	0.2%	0.5%	3.0%	-0.4%	1.6%
Academic Medical Center	0.3%	0.5%	2.1%	-1.6%	1.4%
Teaching Hospital	0.0%	0.3%	5.5%	0.0%	1.1%
Community Hospital	0.1%	1.1%	4.4%	-0.4%	2.3%
Community-High Public Payer	0.2%	1.0%	3.1%	-0.8%	2.3%
Health System	1.6%	1.9%	6.5%	-3.6%	4.1%

Notes: Steward Health Care's system level data are not included in 2019, 2021, 2022, or 2023 as they did not submit audited or standardized financial statements those years. In 2020 they did not submit audited or standardized financial statements, but their data was derived from a publicly available source and is included. The statewide acute hospital median includes specialty hospitals.

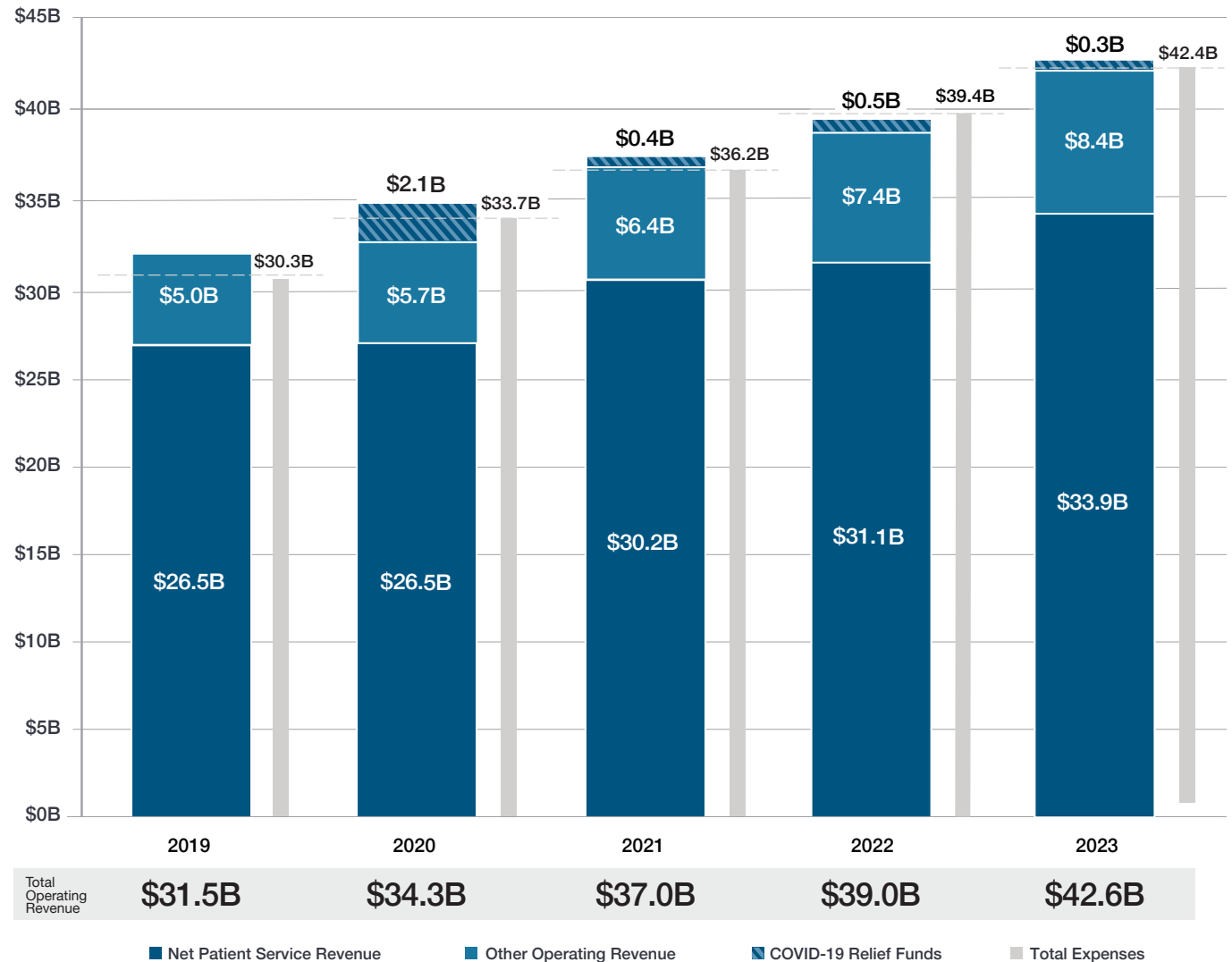
Profitability

Aggregate total operating revenue increased by \$3.6 billion (9.4%) from HFY 2022 to HFY 2023, with aggregate net patient service revenue, the most significant component of operating revenue, increasing by \$2.8 billion (8.9%) compared with the prior fiscal year. In HFY 2023, operating revenues exceeded expenses by \$0.2 billion in aggregate.

Aggregate expenses increased \$3.0 billion (7.6%) in HFY 2023 compared with the prior fiscal year.

In HFY 2023, hospitals reported \$343.6 million in COVID-19 relief funds in their operating revenue compared with \$467.6 million in HFY 2022.

HFY 2019-2023 Hospital Operating Revenue and Expense Trends



Notes: Alternative payment methods and net assets released from restrictions are not displayed on the graph but are included in total operating revenue.

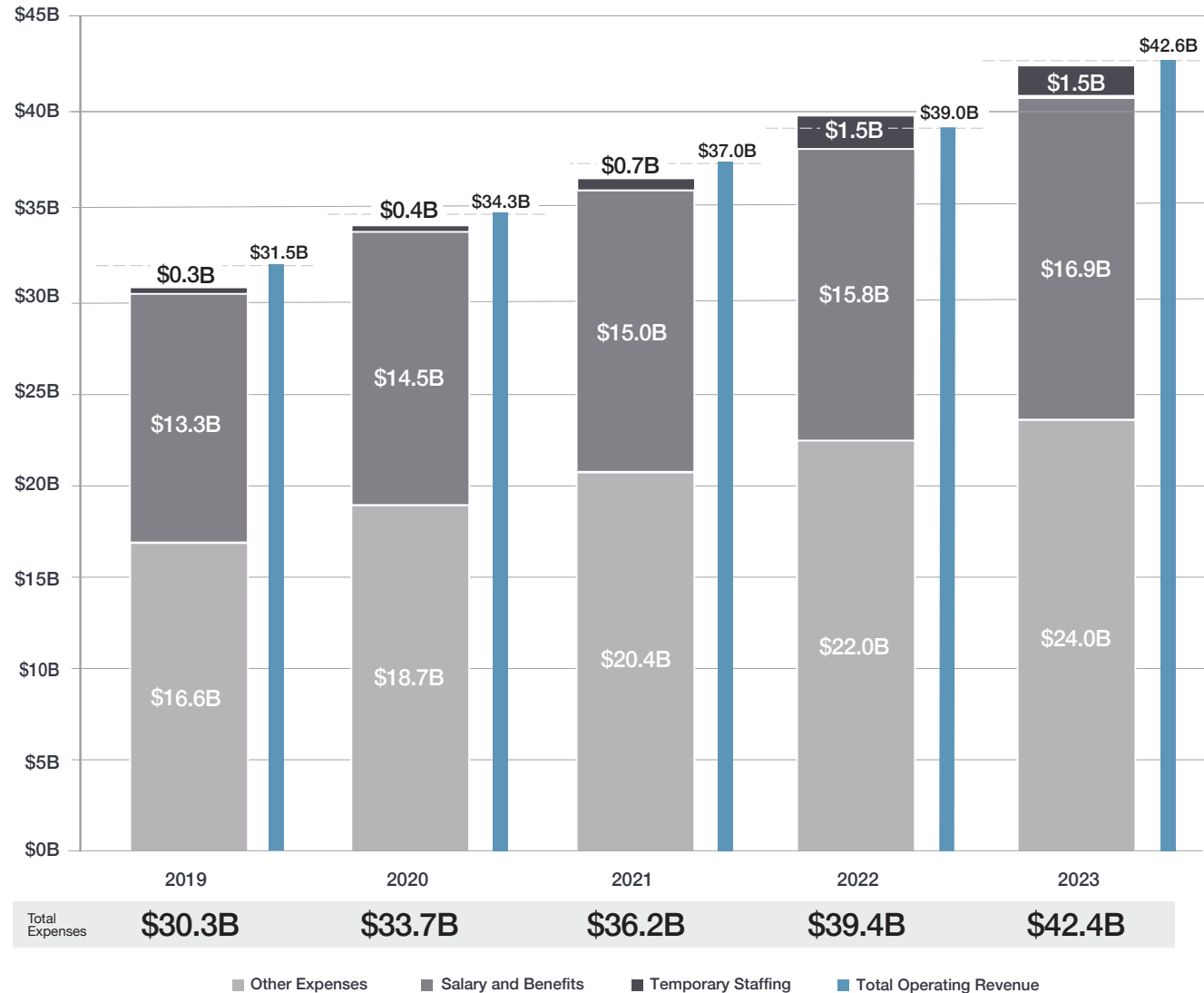
Profitability

Aggregate workforce spending at acute hospitals, comprised of salary and benefits and temporary labor costs, increased \$1.0 billion (5.8%) in HFY 2023 compared with the prior hospital fiscal year. Workforce spending represented 43.3% of total expenses in HFY 2023, which is consistent with prior years.

Aggregate spending on other operating costs, including depreciation, interest, health safety net assessment, and other operating expenses, increased \$2.0 billion (9.0%).

In HFY 2023, temporary labor costs represented 8.2% of workforce spend and 3.6% of total expenses. This was a decrease from the prior year, when temporary labor costs represented 8.9% of workforce expenses and 3.9% of total expenses.

HFY 2019-2023 Hospital Expense Trends Breakdown



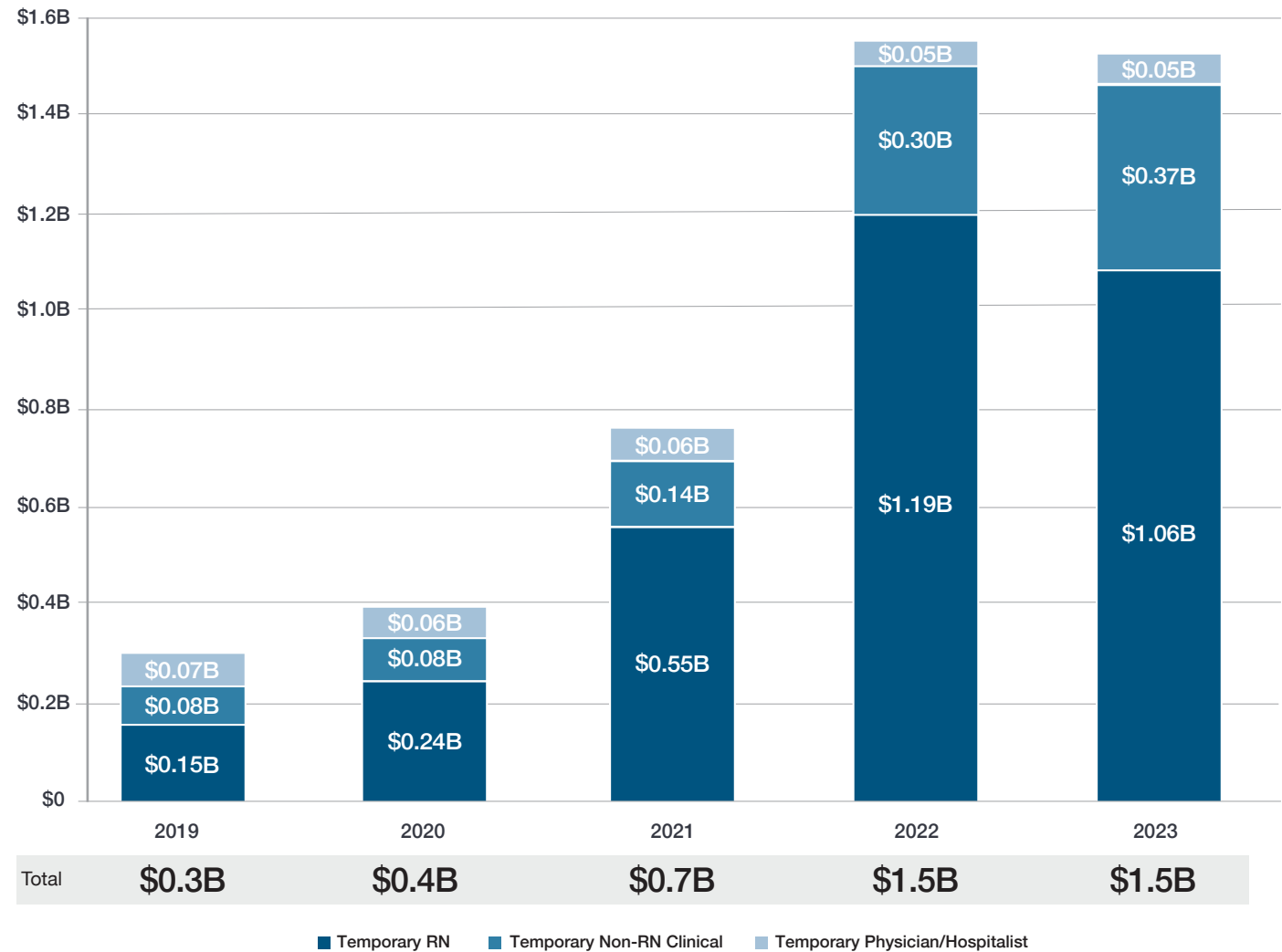
Notes: Temporary Staffing was removed from previously reported Salary and Benefits and Other Expenses for the purpose of this graph. To do this accurately, hospitals were required to indicate which expense line the temporary staffing costs were reported on in their financial statement filings.

Profitability

Temporary labor expenses collected include registered nurses, physicians or hospitalists, and other clinical staff who are working on short-term contracts or on a temporary basis. In HFY 2023, temporary labor expenses decreased by \$63.0 million (4.1%) compared with the prior hospital fiscal year, but they remained more than double what was reported for HFY 2021.

Temporary registered nurses (RNs) represented \$1.1 billion in aggregate spending at acute hospitals and 71.6% of the total temporary labor expenses in HFY 2023.

2019-2023 Hospital Temporary Labor Expense Trends



Notes: Temporary RN expenses of \$122.9 million in HFY 2021 and \$22.3 million in HFY 2022 are due to the nursing strike at Saint Vincent Hospital.

Heywood Hospital and Athol Hospital are not included in HFY 2019-2021 as they did not submit data on their temporary labor for those years; they submitted data for HFY 2022 and those expenses are included in the analysis for that year.

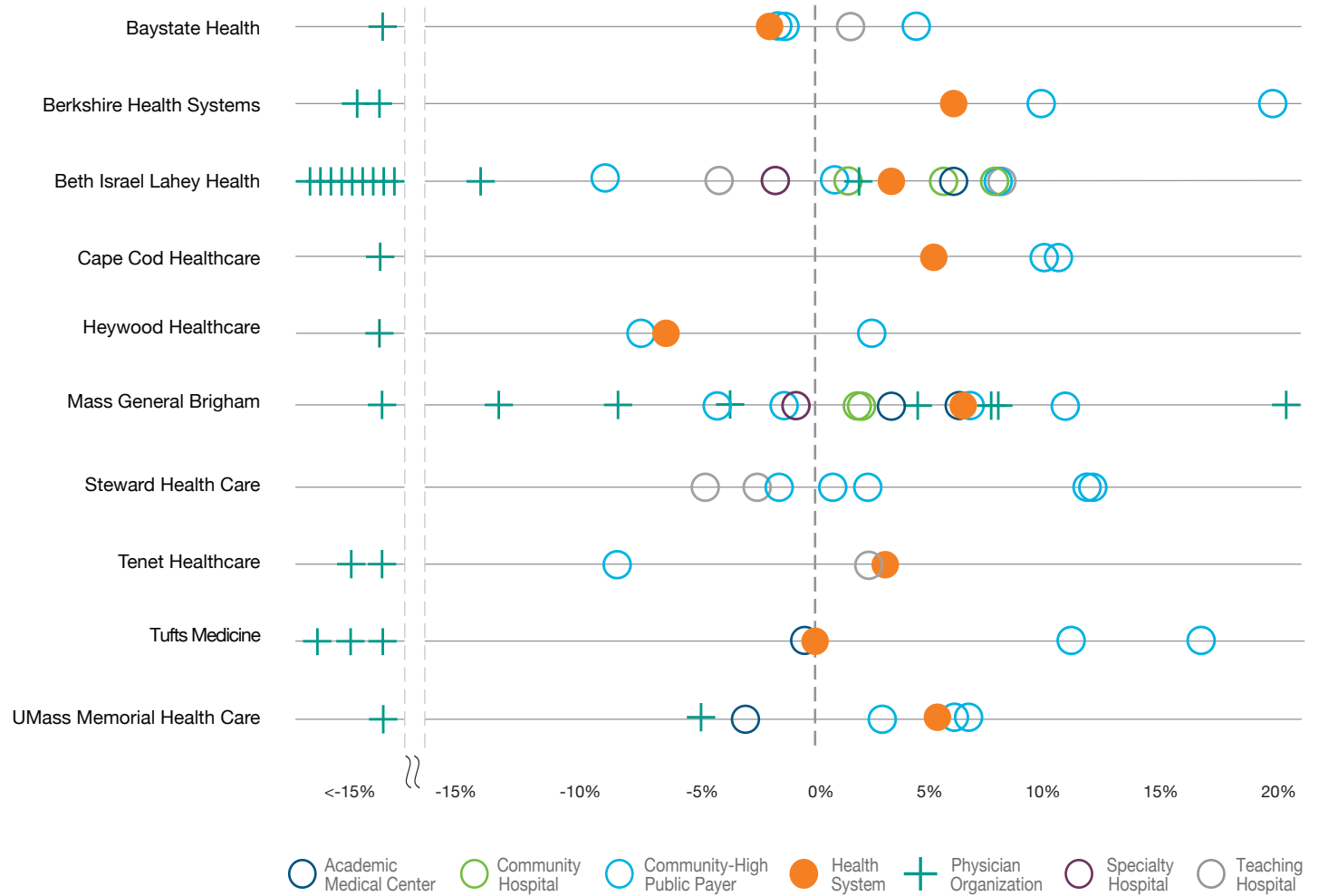
Profitability

Seven of nine multi-acute hospital health systems reported positive total margins. Four of the nine multi-acute hospital health systems reported positive operating margins. The multi-acute health system that reported the lowest total margin was Heywood Healthcare System at -6.2%, while the system that reported the highest total margin was Mass General Brigham at 6.2%.

The acute care hospital that reported the lowest total margin was Anna Jaques Hospital (Beth Israel Lahey Health) at -8.9%, while the acute care hospital that reported the highest total margin was Fairview Hospital (Berkshire Health Systems) at 19.3%.

Of the 32 physician organizations associated with a multi-acute health system, 27 reported a loss.

HFY 2023 Total Margin for Systems with Multiple Acute Hospitals by Component Entity



Notes: Steward Norwood Hospital is not included because they have been closed since 2020; however, their data is included in the data tables and [databook](#). Twenty-one physician organizations had total margins <math><-15\%</math>; to display all entities in one graph, there is an axis break at -15% to account for these organizations. Detailed information is provided in the accompanying [databook](#). For complete definitions of acute hospital types, see page 26.

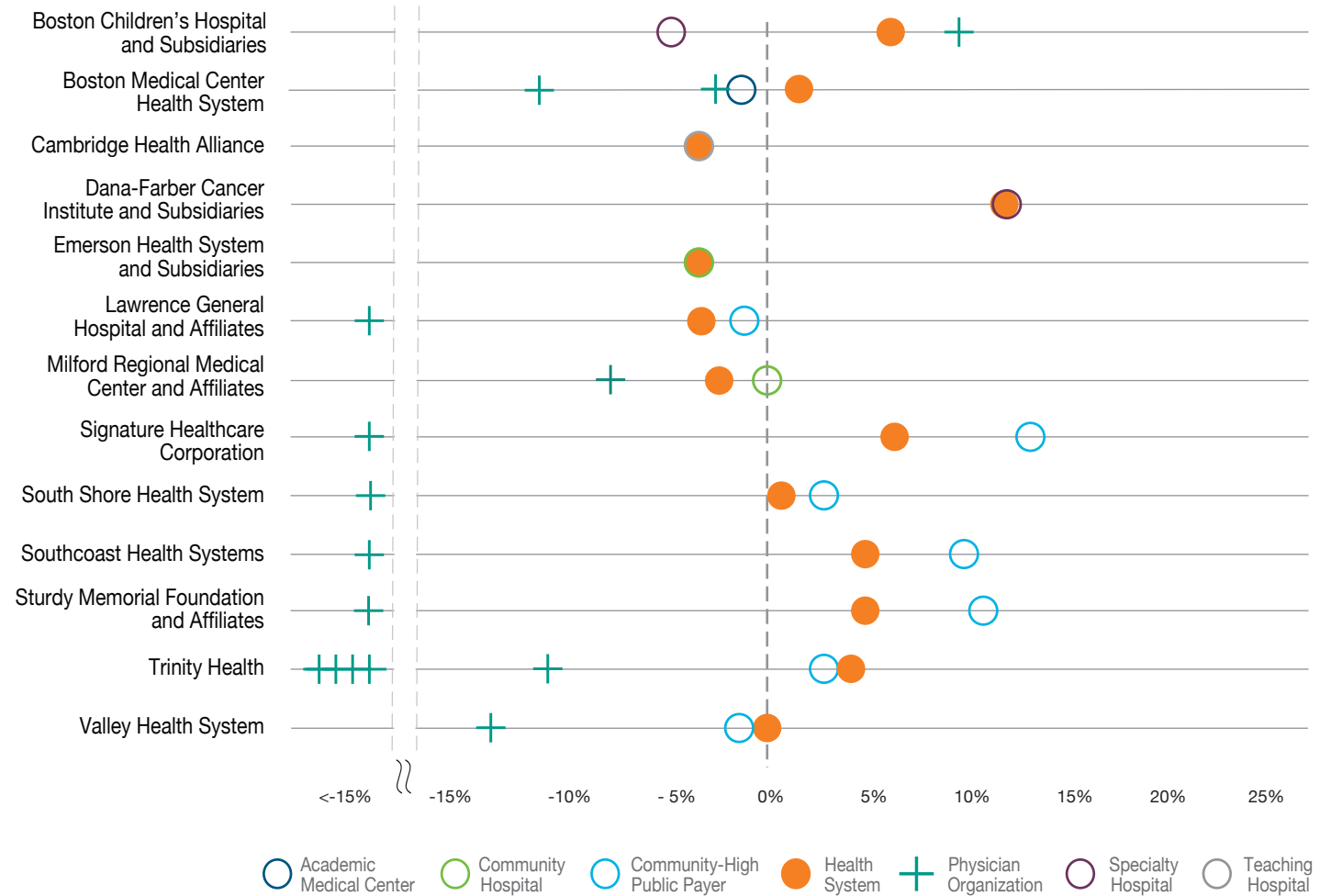
Profitability

Ten of the 14 independent health systems reported positive total margins. Two of 14 independent health systems reported positive operating margins. The total margins for independent health systems ranged from -3.3% for both Cambridge Health Alliance and Emerson Health System to 11.9% for Dana-Farber Cancer Institute.

Acute care hospital total margins ranged from -4.9% for Boston Children's Hospital to 13.2% for Signature Healthcare Brockton Hospital.

All but one physician organization associated with an independent health system reported negative or zero total margins. Boston Children's Hospital's physician organization was the exception with a 9.6% total margin.

HFY 2023 Total Margin for Independent Health Systems by Component Entity



Notes: Shriners Hospitals for Children are not included due to reporting differences. Signature Healthcare Brockton Hospital was closed starting in February 2023 due to a fire, impacting their HFY 2023 financial performance. Nine physician organizations had total margins <-15%; to display all entities in one graph, there is an axis break at -15%. Detailed information is provided in the accompanying [databook](#).

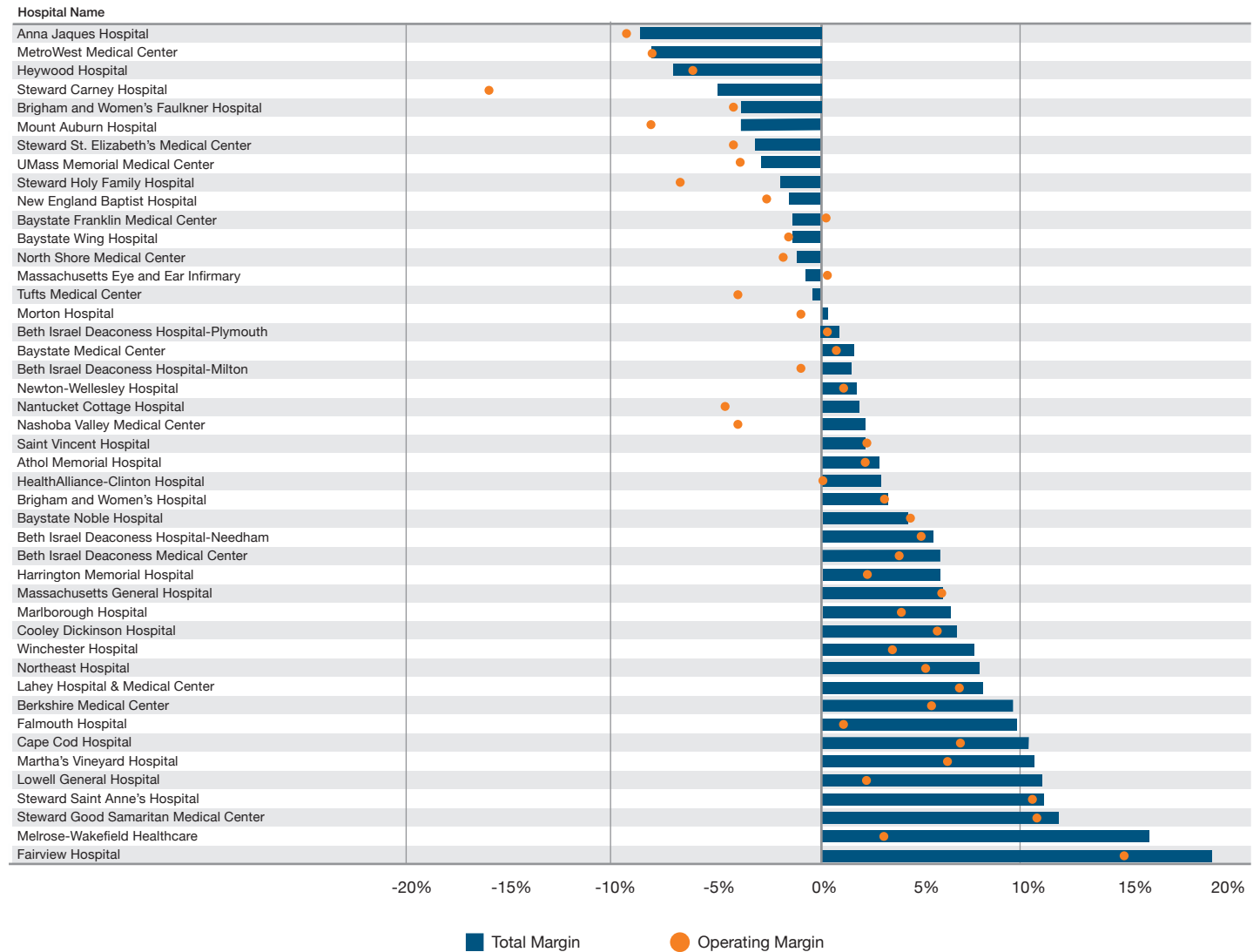
Profitability

Thirty-one of the 46 hospitals that are part of multi-acute health systems reported positive total margins in HFY 2023, while 29 (63%) reported positive operating margins in this period. Operating margins only include operating activities, while the total margins include both operating and non-operating activities.

The operating margins ranged from -16.3% for Steward Carney Hospital to 14.9% for Fairview Hospital.

These margins include \$226.3 million in COVID-19 relief funding reported as operating revenue by these hospitals.

HFY 2023 Total and Operating Margin for Hospitals in Multiple Acute Hospital Health Systems



Notes: Steward Norwood Hospital is not included because they have been closed since 2020; however, their data is included in the data tables and [databook](#).

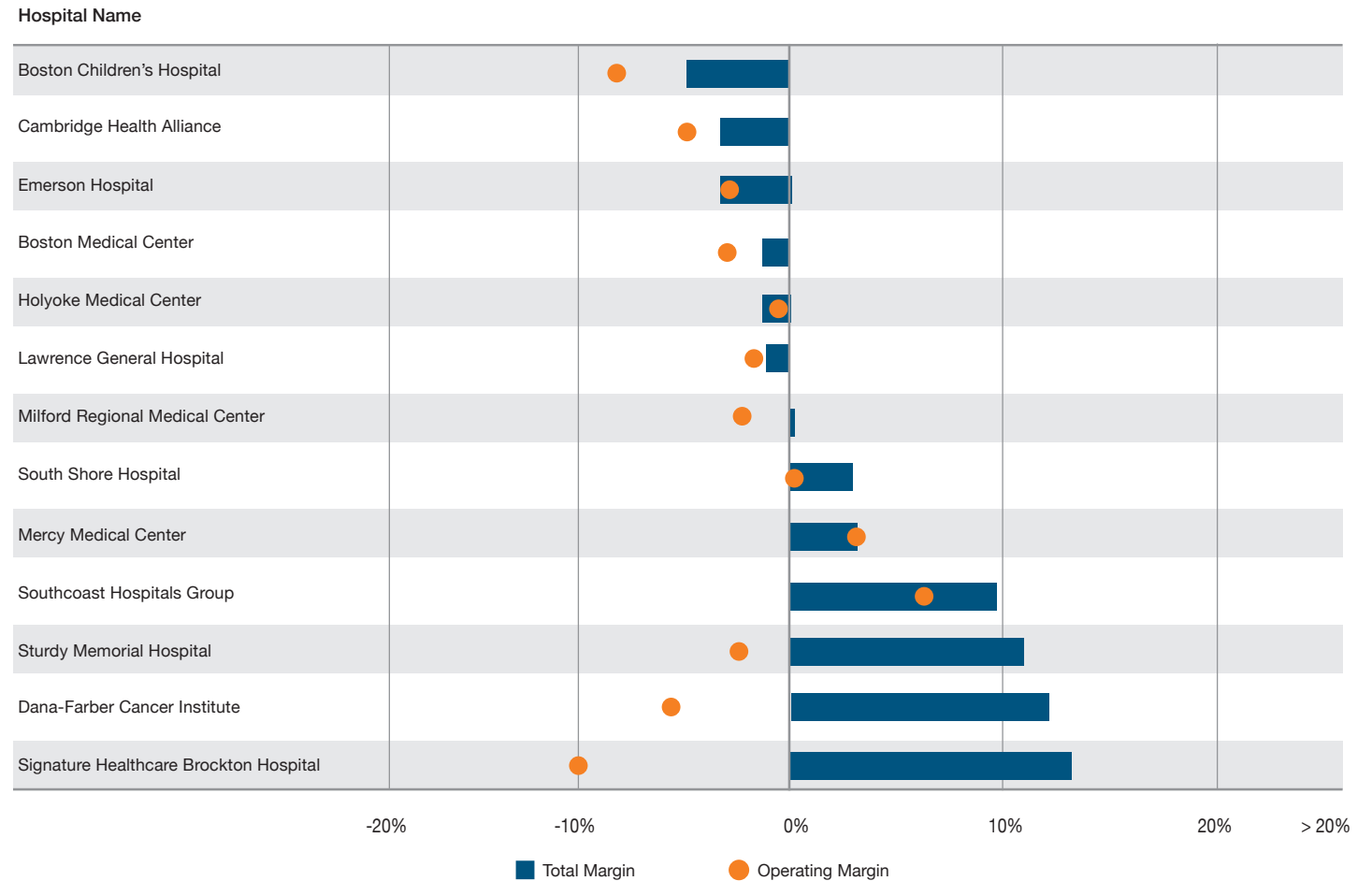
Profitability

Seven of the 14 hospitals that are part of independent health systems reported positive total margins in HFY 2023, while three of 14 reported positive operating margins.

The operating margins ranged from -10.0% for Signature Healthcare Brockton Hospital to 6.2% for Southcoast Hospitals Group.

These margins include \$117.3 million in COVID-19 relief funding reported as operating revenue.

HFY 2023 Total and Operating Margin for Hospitals in Independent Health Systems



Note: Shriners Hospitals for Children - Boston is not included due to reporting differences. Signature Healthcare Brockton Hospital was closed starting in February 2023 due to a fire, impacting their HFY 2023 financial performance.

Profitability

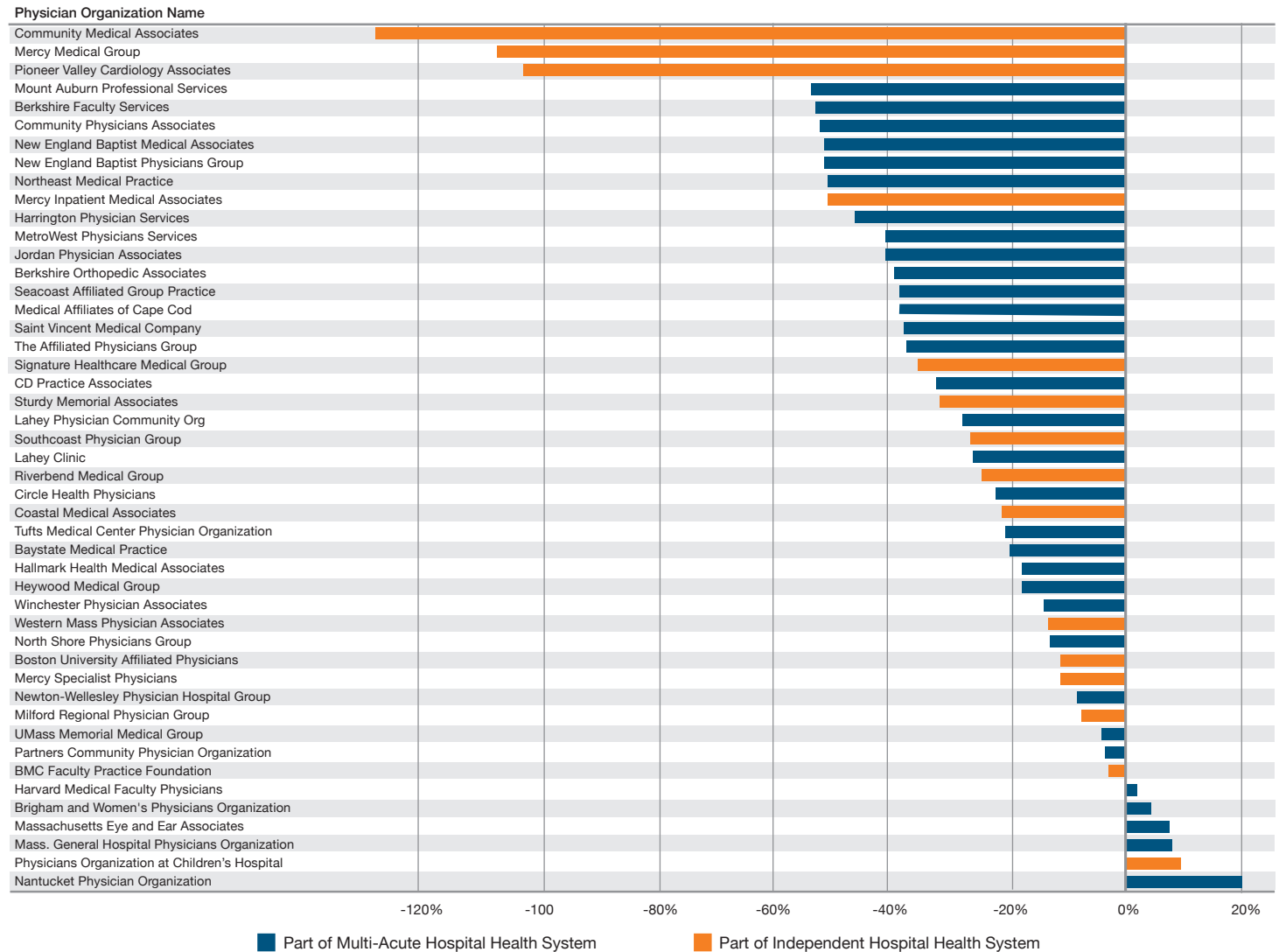
Physician organizations vary greatly by size, services provided, and specialty. As a result, total margins, profits, and losses also vary.

The reported total margin ranged from -128.0% to 19.9%, and the reported net patient service revenue ranged from \$73,000 to \$1.0 billion.

The total margins include \$8.9 million in aggregate COVID-19 relief funds reported as operating revenue.

Only six of 47 physician organizations reported a profit, which ranged from \$354,000 to \$127.2 million. The losses ranged from \$67,082 to \$85.8 million.

HFY 2023 Hospital-Affiliated Physician Organization by Total Margin



Notes: Steward Health Care's physician-level data are not included as they did not submit audited financial statements. Cambridge Health Alliance reports its physician organization as an integrated component of the acute hospital.

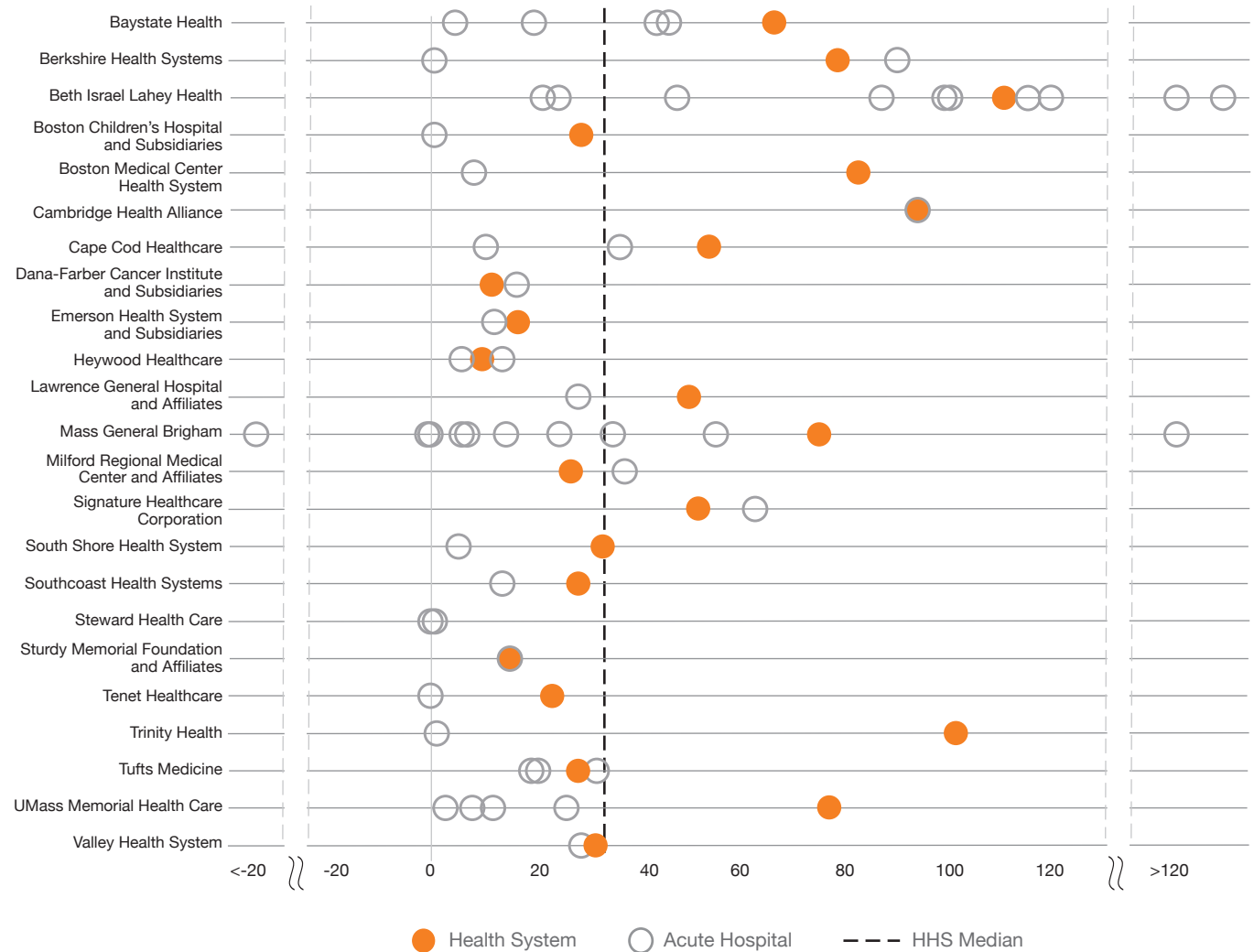
Liquidity

Current days cash on hand reflects cash, cash equivalents, and short-term investments over total expenses less depreciation and amortization, divided by days in the period. This metric measures how long the entity can operate without any revenue inflow and the strength of available cash relative to an entity's operations. Of note, this calculation does not include other available sources that have been designated as available for liquidity purposes but are not classified as short-term investments or cash.

The hospital health system current days cash on hand ranged from nine days at Heywood Healthcare to 111 days at Beth Israel Lahey Health, with a median of 33.5 days.

The reported acute hospital current days cash on hand ranged from -44 days at Cooley Dickinson Hospital (Mass General Brigham) to 215 days at Winchester Hospital (Beth Israel Lahey Health).

HFY 2023 Health System and Hospital Current Days Cash on Hand



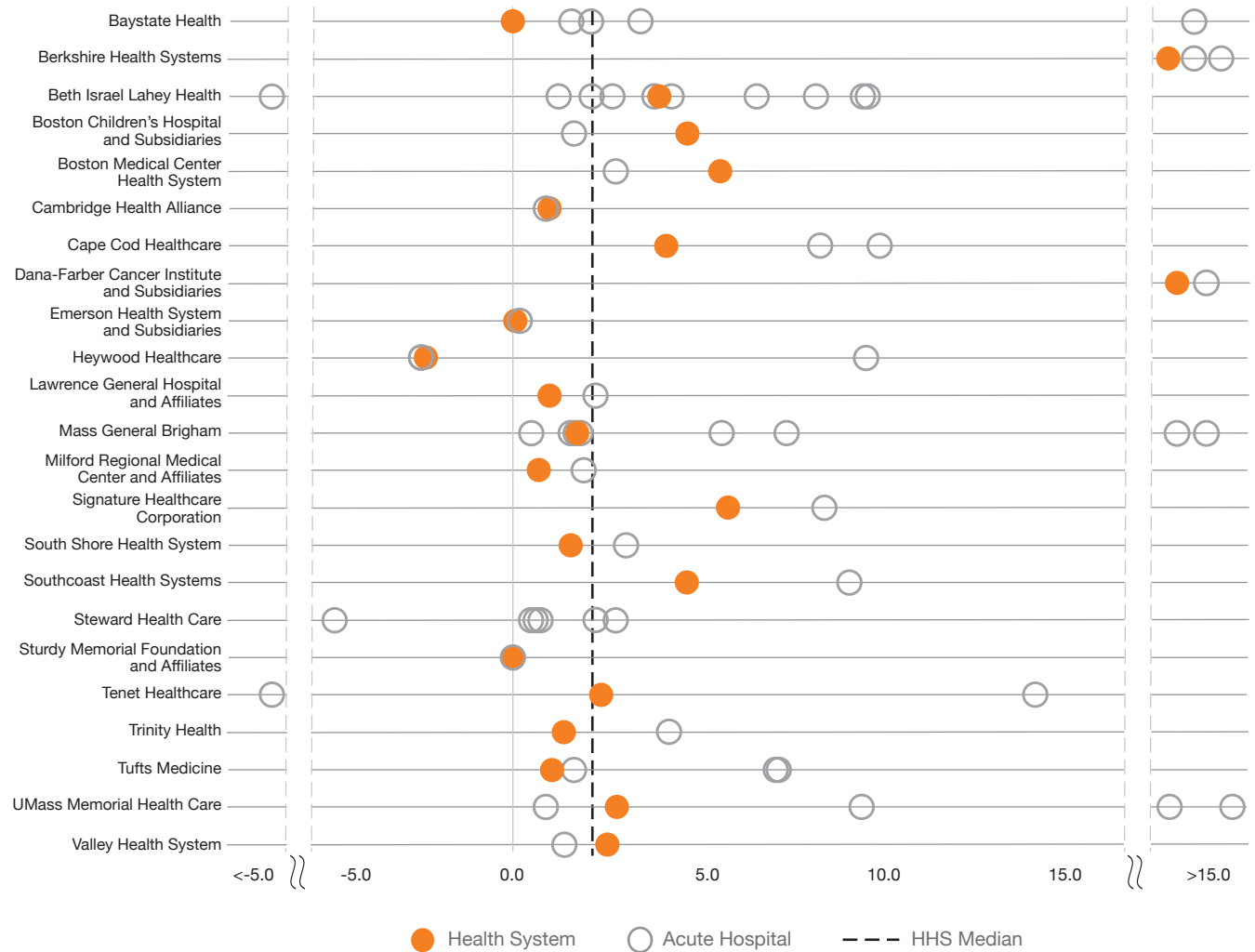
Note: Steward Health Care's system-level data could not be included as they did not submit audited or standardized financial statements.

HFY 2023 Health System and Hospital Debt Service Coverage Ratio

Debt service coverage ratio reflects the sum of total income, interest expense, depreciation, and amortization expense over the sum of interest expense and the current portion of long-term debt. This ratio measures the ability of a hospital to cover current debt obligations with funds derived from both operating and non-operating activity. Higher ratios indicate a hospital is better able to meet its financing commitments. A ratio of 1.0 indicates that average income would just cover current interest and principal payments on long-term debt.

The hospital health system debt service coverage ratio ranged from -2.1 at Heywood Healthcare System to 18.1 at both Berkshire Health System and Dana-Farber Cancer Institute and Subsidiaries. Sixteen out of 23 hospital health systems had a debt service coverage ratio of 1.0 or above.

The reported acute hospital debt service coverage ratio ranged from -6.6 at MetroWest Medical Center (Tenet Healthcare) to 238.5 at Martha's Vineyard Hospital (Mass General Brigham). Forty-five out of 60 acute hospitals had a debt service coverage ratio of 1.0 or above.

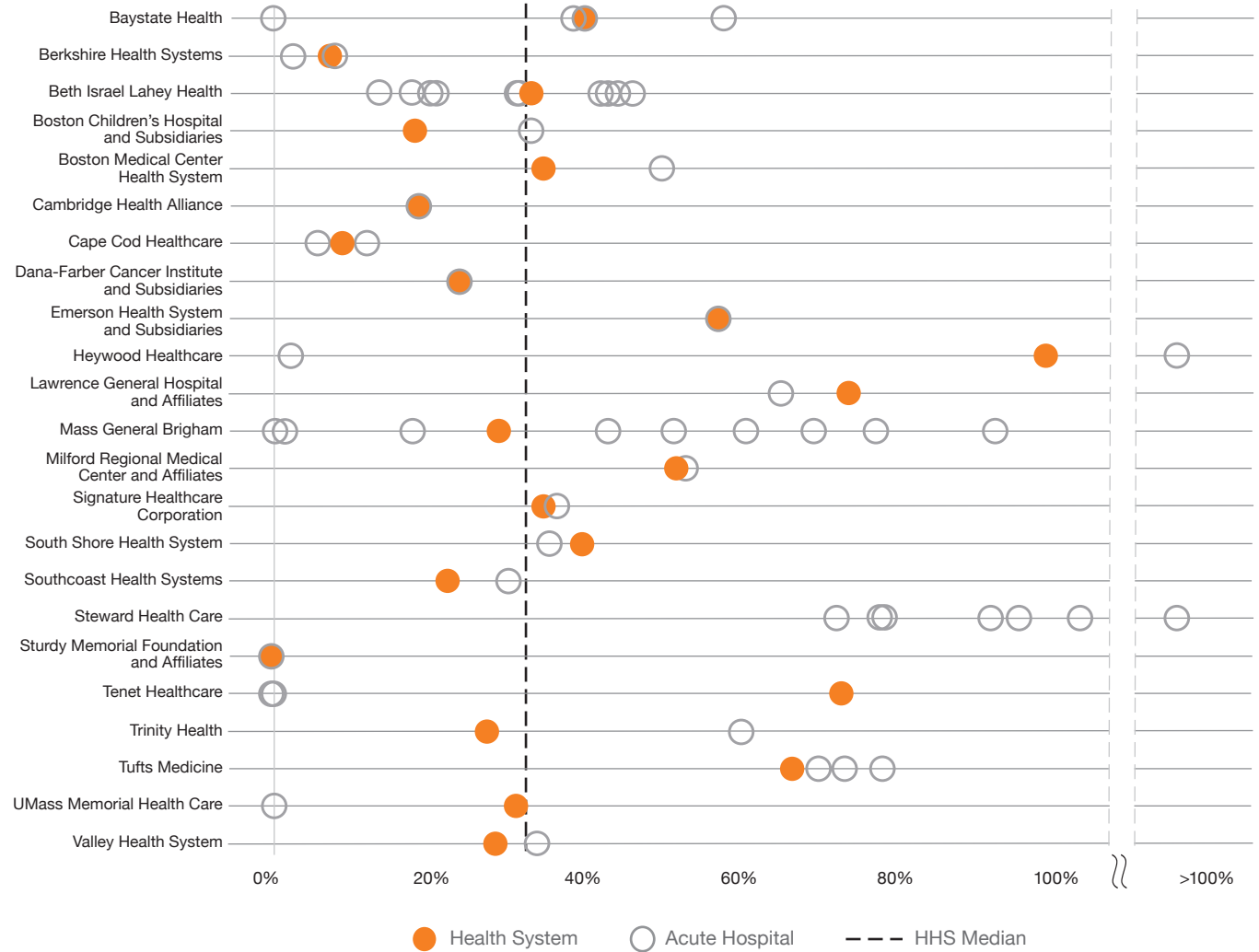


Note: Steward Health Care's system-level data could not be included as they did not submit audited or standardized financial statements.

HFY 2023 Health System and Hospital Long-Term Debt to Total Capitalization

Long-term debt to total capitalization measures the proportion of long-term debt an entity uses to finance its assets, relative to the amount of its total available capital used for the same purpose. A higher ratio means that an entity is more highly leveraged, which carries a higher risk of insolvency.

There were no hospital health systems with a long-term debt to total capitalization ratio more than 100%; there were three acute hospitals—Nashoba Valley Medical Center and Steward Carney Hospital (both Steward Health Care) and Heywood Hospital (Heywood Healthcare)—with a ratio more than 100%.



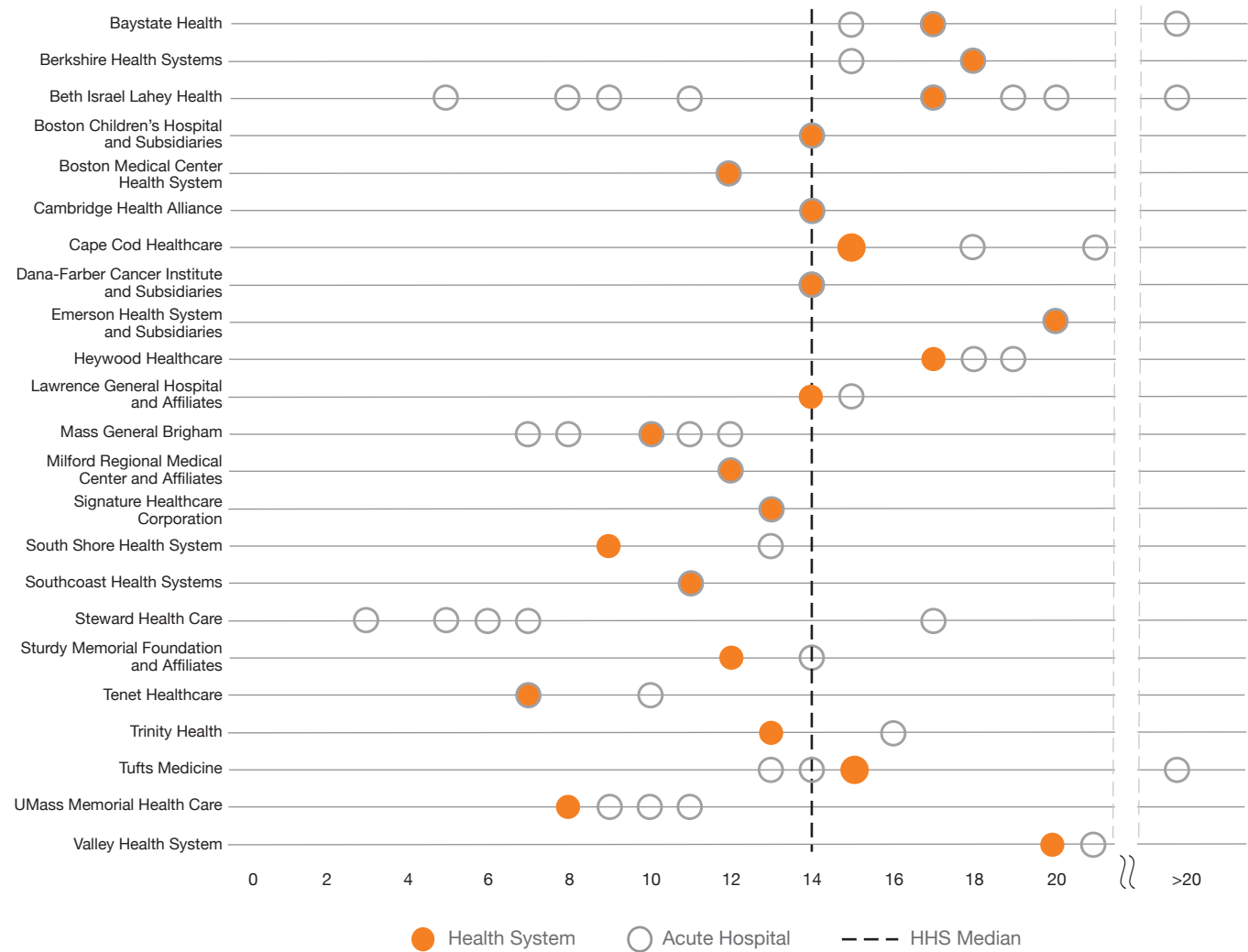
Note: Steward Health Care's system-level data could not be included as they did not submit audited or standardized financial statements.

HFY 2023 Health System and Hospital Average Age of Plant

Average age of plant measures the average age of the entity's fixed assets in years by dividing the accumulated depreciation by the current year's depreciation and amortization expense. Higher values might indicate aging facilities that are more likely to require renovation or replacement.

The hospital health system average age of plant ranged from seven years for Tenet Healthcare to 20 years for Valley Health System and Emerson Health System and Subsidiaries.

The acute hospital average age of plant ranged from three years for Steward Carney Hospital and Nashoba Valley Medical Center (Steward Health Care) to 26 years for Beth Israel Deaconess Medical Center and Baystate Franklin Medical Center.



Note: Steward Health Care's system-level data could not be included as they did not submit audited or standardized financial statements.

HFY 2023 Health System, Hospital, and Physician Organization Metrics

Entity Name	Organization Type	FYE	Operating Margin	Non-Operating Margin	Total Margin	Excess (Deficit) of Revenue over Expenses	Current Ratio	Current Days Cash on Hand	Debt Service Coverage Ratio	LTD to Total Cap	Average Age of Plant	Net Assets
Baystate Health		9/30	-2.0%	0.3%	-1.7%	(\$54.6)	1.3	66	-0.1	40.0%	17	\$974.4
Baystate Franklin	Community-High Public Payer	9/30	0.2%	-1.7%	-1.5%	(\$2.0)	0.9	5	1.6	38.5%	26	\$44.1
Baystate Medical Center c	Teaching Hospital	9/30	0.7%	0.8%	1.5%	\$27.6	1.6	43	3.5	39.8%	17	\$759.6
Baystate Noble	Community-High Public Payer	9/30	4.3%	0.0%	4.3%	\$3.7	1.0	20	40.1	0.0%	17	\$25.2
Baystate Wing	Community-High Public Payer	9/30	-1.6%	0.4%	-1.2%	(\$1.3)	0.7	46	2.2	57.8%	15	\$25.8
Baystate Medical Practices	Physician Organization	9/30	-18.5%	-1.5%	-20.0%	(\$84.5)	-	-	-	-	-	-
Berkshire Health Systems		9/30	2.2%	3.9%	6.0%	\$51.3	2.0	78	16.5	7.4%	18	\$626.4
Berkshire Medical Center	Community-High Public Payer	9/30	5.5%	4.0%	9.6%	\$66.2	1.4	90	21.8	8.1%	18	\$536.5
Fairview Hospital	Community-High Public Payer	9/30	14.9%	4.4%	19.3%	\$19.0	3.6	1	95.1	2.7%	15	\$85.3
Berkshire Faculty Services	Physician Organization	9/30	-53.2%	0.0%	-53.2%	(\$28.3)	-	-	-	-	-	-
Berkshire Orthopaedic Associates	Physician Organization	9/30	-39.5%	0.0%	-39.5%	(\$3.9)	-	-	-	-	-	-
Beth Israel Lahey Health		9/30	-1.6%	4.8%	3.2%	\$256.0	2.5	111	4.0	33.9%	17	\$3,968.6
Anna Jaques Hospital	Community-High Public Payer	9/30	-9.4%	0.6%	-8.9%	(\$13.3)	1.0	47	-6.3	46.6%	5	\$31.2
Beth Israel Deaconess Hospital - Milton	Community Hospital	9/30	-1.0%	2.6%	1.5%	\$2.4	1.6	99	3.9	13.8%	8	\$111.3
Beth Israel Deaconess Hospital - Needham	Community Hospital	9/30	5.0%	0.6%	5.6%	\$8.3	2.7	22	4.3	42.2%	11	\$98.9
Beth Israel Deaconess Hospital - Plymouth	Community-High Public Payer	9/30	0.3%	0.7%	0.9%	\$3.5	1.0	24	2.6	31.7%	9	\$97.4
Beth Israel Deaconess Medical Center	Academic Medical Center	9/30	3.9%	2.0%	5.9%	\$160.8	4.0	87	6.7	44.9%	26	\$1,459.8
Lahey Hospital and Medical Center	Teaching Hospital	9/30	6.9%	1.1%	8.0%	\$94.3	2.3	120	9.8	43.2%	17	\$486.3
Mount Auburn Hospital	Teaching Hospital	9/30	-8.4%	4.4%	-4.0%	(\$15.0)	1.5	100	1.1	31.5%	17	\$187.4
New England Baptist Hospital	Specialty Hospital	9/30	-2.7%	1.1%	-1.6%	(\$3.9)	6.0	115	2.1	21.0%	20	\$187.0
Northeast Hospital	Community-High Public Payer	9/30	5.2%	2.6%	7.8%	\$37.2	5.8	173	9.9	20.1%	19	\$300.1
Winchester Hospital	Community Hospital	9/30	3.6%	4.0%	7.6%	\$28.1	6.4	215	8.4	17.8%	9	\$354.6
The Affiliated Physicians Group	Physician Organization	9/30	-37.3%	0.0%	-37.3%	(\$38.6)	-	-	-	-	-	-
Community Physicians Associates	Physician Organization	9/30	-52.7%	0.0%	-52.7%	(\$2.5)	-	-	-	-	-	-
Harvard Medical Faculty Physicians	Physician Organization	9/30	-0.6%	2.5%	1.9%	\$17.4	-	-	-	-	-	-
Jordan Physicians Associates	Physician Organization	9/30	-40.9%	0.0%	-40.9%	(\$15.1)	-	-	-	-	-	-
Lahey Clinic	Physician Organization	9/30	-24.5%	-1.8%	-26.3%	(\$85.8)	-	-	-	-	-	-
Lahey Physician Community Org	Physician Organization	9/30	-27.9%	0.0%	-27.9%	(\$5.3)	-	-	-	-	-	-
Mount Auburn Professional Services	Physician Organization	9/30	-54.1%	0.0%	-54.1%	(\$44.2)	-	-	-	-	-	-
New England Baptist Medical Associates	Physician Organization	9/30	-51.6%	0.0%	-51.6%	(\$5.0)	-	-	-	-	-	-
Northeast Medical Practice	Physician Organization	9/30	-50.7%	-0.1%	-50.8%	(\$21.7)	-	-	-	-	-	-
Seacoast Affiliated Group Practice	Physician Organization	9/30	-38.6%	0.0%	-38.6%	(\$5.0)	-	-	-	-	-	-
Winchester Physician Association	Physician Organization	9/30	-14.1%	0.0%	-14.1%	(\$8.2)	-	-	-	-	-	-

Entity Name	Organization Type	FYE	Operating Margin	Non-Operating Margin	Total Margin	Excess (Deficit) of Revenue over Expenses	Current Ratio	Current Days Cash on Hand	Debt Service Coverage Ratio	LTD to Total Cap	Average Age of Plant	Net Assets
Boston Children's Hospital and Subsidiaries		9/30	-5.9%	12.2%	6.4%	\$258.3	1.4	29	4.8	18.6%	14	\$7,662.6
Boston Children's Hospital	Specialty Hospital	9/30	-8.0%	3.1%	-4.9%	(\$126.0)	4.9	0	1.7	33.2%	14	\$5,065.6
Physicians Organization at Children's Hospital and Foundation	Physician Organization	9/30	-2.2%	11.9%	9.6%	\$109.3	-	-	-	-	-	-
Boston Medical Center Health System		9/30	0.0%	1.6%	1.6%	\$100.7	1.5	82	5.8	34.8%	12	\$2,023.6
Boston Medical Center ε	Academic Medical Center	9/30	-3.0%	1.7%	-1.3%	(\$30.6)	1.8	8	2.7	50.0%	12	\$1,247.5
Boston University Affiliated Physicians	Physician Organization	9/30	-11.4%	0.0%	-11.4%	(\$0.1)	-	-	-	-	-	-
BMC Faculty Practice Foundation	Physician Organization	9/30	-3.2%	0.8%	-2.4%	(\$11.4)	-	-	-	-	-	-
Cambridge Health Alliance		6/30	-4.8%	1.5%	-3.3%	(\$30.0)	3.0	94	1.0	19.1%	14	\$274.4
Cambridge Health Alliance ε	Teaching Hospital	6/30	-4.8%	1.5%	-3.3%	(\$30.0)	3.0	94	0.9	19.1%	14	\$274.4
Cape Cod Healthcare		9/30	0.4%	4.6%	5.0%	\$58.5	1.6	53	4.2	9.4%	15	\$895.6
Cape Cod Hospital	Community-High Public Payer	9/30	6.9%	3.5%	10.3%	\$76.8	2.6	36	10.2	12.2%	18	\$533.1
Falmouth Hospital	Community-High Public Payer	9/30	1.2%	8.5%	9.7%	\$19.7	-0.2	10	8.5	6.0%	21	\$234.5
Medical Affiliates of Cape Cod	Physician Organization	9/30	-38.1%	0.0%	-38.1%	(\$35.8)	-	-	-	-	-	-
Dana-Farber Cancer Institute and Subsidiaries		9/30	-5.6%	17.6%	11.9%	\$406.7	1.5	11	18.1	24.1%	14	\$3,360.6
Dana-Farber Cancer Institute	Specialty Hospital	9/30	-5.6%	17.5%	12.0%	\$407.9	1.5	10	18.2	24.1%	14	\$3,356.7
Emerson Health System and Subsidiaries		9/30	-2.8%	-0.6%	-3.3%	(\$11.9)	1.0	17	0.0	57.3%	20	\$91.5
Emerson Hospital	Community Hospital	9/30	-2.8%	-0.6%	-3.3%	(\$11.9)	0.9	12	0.1	57.1%	20	\$92.0
Heywood Healthcare¹		9/30	-5.4%	-0.7%	-6.2%	(\$14.7)	0.5	9	-2.5	99.3%	17	\$7.7
Athol Hospital	Community-High Public Payer	9/30	2.2%	0.2%	2.4%	\$1.0	0.7	13	9.8	2.1%	19	\$15.2
Heywood Hospital	Community-High Public Payer	9/30	-6.3%	-1.0%	-7.3%	(\$13.5)	0.5	7	-2.7	142.5%	18	(\$10.9)
Heywood Medical Group	Physician Organization	9/30	-17.8%	0.0%	-17.8%	(\$1.5)	-	-	-	-	-	-
Lawrence General Hospital and Affiliates		9/30	-3.9%	0.7%	-3.2%	(\$11.4)	1.0	49	0.9	73.9%	14	\$39.9
Lawrence General Hospital	Community-High Public Payer	9/30	-1.6%	0.4%	-1.2%	(\$4.0)	0.9	28	2.2	65.4%	15	\$37.4
Community Medical Associates	Physician Organization	9/30	-128.0%	0.0%	-128.0%	(\$6.5)	-	-	-	-	-	-

Entity Name	Organization Type	FYE	Operating Margin	Non-Operating Margin	Total Margin	Excess (Deficit) of Revenue over Expenses	Current Ratio	Current Days Cash on Hand	Debt Service Coverage Ratio	LTD to Total Cap	Average Age of Plant	Net Assets
Mass General Brigham		9/30	0.5%	5.7%	6.2%	\$1,237.6	2.7	75	1.9	29.0%	10	\$17,101.6
Brigham & Women's Faulkner Hospital	Community-High Public Payer	9/30	-4.3%	0.4%	-4.0%	(\$14.4)	1.1	24	0.4	61.0%	10	\$78.0
Brigham & Women's Hospital	Academic Medical Center	9/30	3.1%	0.1%	3.3%	\$134.3	1.2	6	1.9	77.6%	10	\$845.9
Cooley Dickinson Hospital	Community-High Public Payer	9/30	5.8%	0.9%	6.7%	\$17.5	0.3	-44	5.8	69.7%	12	\$25.8
Martha's Vineyard Hospital	Community-High Public Payer	9/30	6.3%	4.3%	10.6%	\$15.9	3.2	174	238.5	0.4%	12	\$174.8
Massachusetts Eye & Ear Infirmary	Specialty Hospital	9/30	0.3%	-1.1%	-0.8%	(\$2.9)	0.8	-1	1.6	93.0%	8	\$13.0
Massachusetts General Hospital	Academic Medical Center	9/30	6.0%	0.1%	6.1%	\$360.9	1.2	0	7.6	18.0%	11	\$4,508.4
Nantucket Cottage Hospital	Community Hospital	9/30	-4.7%	6.8%	2.0%	\$1.9	5.2	5	44.6	1.4%	7	\$158.3
Newton-Wellesley Hospital	Community Hospital	9/30	1.1%	0.6%	1.8%	\$12.9	2.1	55	1.8	51.6%	11	\$297.4
North Shore Medical Center	Community-High Public Payer	9/30	-1.9%	0.8%	-1.2%	(\$7.1)	1.8	35	1.7	43.1%	8	\$328.3
Brigham and Women's Physicians Organization	Physician Organization	9/30	1.1%	3.3%	4.4%	\$54.1	-	-	-	-	-	-
CD Practice Associates	Physician Organization	9/30	-32.2%	0.0%	-32.2%	(\$22.4)	-	-	-	-	-	-
Massachusetts Eye and Ear Associates	Physician Organization	9/30	5.9%	1.6%	7.5%	\$14.1	-	-	-	-	-	-
Massachusetts General Hospital Physicians Organization	Physician Organization	9/30	2.4%	5.4%	7.8%	\$127.2	-	-	-	-	-	-
Nantucket Physician Organization	Physician Organization	9/30	19.9%	0.0%	19.9%	\$0.4	-	-	-	-	-	-
Newton-Wellesley Physician Hospital Group	Physician Organization	9/30	-8.2%	0.0%	-8.2%	(\$10.3)	-	-	-	-	-	-
North Shore Physicians Group	Physician Organization	9/30	-13.0%	-0.3%	-13.3%	(\$28.8)	-	-	-	-	-	-
Partners Community Physician Organization	Physician Organization	9/30	-6.4%	2.8%	-3.6%	(\$8.0)	-	-	-	-	-	-
Milford Regional Medical Center and Affiliates		9/30	-3.8%	1.7%	-2.1%	(\$8.5)	1.6	27	0.7	52.4%	12	\$95.1
Milford Regional Medical Center	Community Hospital	9/30	-2.2%	2.3%	0.2%	\$0.5	1.8	38	1.8	53.2%	12	\$92.2
Milford Regional Physician Group	Physician Organization	9/30	-7.7%	0.0%	-7.7%	(\$9.0)	-	-	-	-	-	-
Shriners Hospitals for Children*		12/31										
Shriners Hospital for Children - Boston	Specialty Hospital	12/31										
Signature Healthcare Corporation		9/30	-13.8%	20.2%	6.5%	\$27.8	1.0	52	5.8	34.9%	13	\$151.9
Signature Healthcare Brockton Hospital	Community-High Public Payer	9/30	-10.0%	23.3%	13.2%	\$50.1	1.0	63	8.6	36.7%	13	\$141.1
Signature Healthcare Medical Group	Physician Organization	9/30	-35.5%	0.0%	-35.5%	(\$21.8)	-	-	-	-	-	-

Entity Name	Organization Type	FYE	Operating Margin	Non-Operating Margin	Total Margin	Excess (Deficit) of Revenue over Expenses	Current Ratio	Current Days Cash on Hand	Debt Service Coverage Ratio	LTD to Total Cap	Average Age of Plant	Net Assets
South Shore Health System Inc.		9/30	-2.0%	2.7%	0.7%	\$6.8	1.8	34	1.5	40.0%	9	\$414.1
South Shore Hospital	Community-High Public Payer	9/30	0.2%	2.7%	2.9%	\$24.6	1.7	5	3.1	35.6%	13	\$348.3
Coastal Medical Associates	Physician Organization	9/30	-21.1%	0.0%	-21.1%	(\$23.6)	-	-	-	-	-	-
Southcoast Health Systems		9/30	0.7%	4.1%	4.9%	\$69.3	1.4	28	4.8	22.5%	11	\$861.2
Southcoast Hospitals Group	Community-High Public Payer	9/30	6.2%	3.5%	9.7%	\$111.1	1.4	14	9.3	30.4%	11	\$597.6
Southcoast Physician Group	Physician Organization	9/30	-26.5%	0.0%	-26.5%	(\$73.4)	-	-	-	-	-	-
Steward Health Care²		12/31										
Morton Hospital	Community-High Public Payer	12/31	-0.9%	1.2%	0.3%	\$0.6	1.6	0	0.8	81.4%	5	\$17.3
Nashoba Valley Medical Center	Community-High Public Payer	12/31	-4.1%	6.3%	2.2%	\$1.6	-0.4	0	1.3	108.0%	3	(\$2.3)
Steward Carney Hospital ^ε	Teaching Hospital	12/31	-16.3%	11.2%	-5.1%	(\$6.5)	1.1	0	0.7	2556.3%	3	(\$116.0)
Steward Good Samaritan Medical Center	Community-High Public Payer	12/31	10.8%	0.9%	11.7%	\$39.3	-96.2	0	2.2	23.9%	6	\$346.8
Steward Holy Family Hospital	Community-High Public Payer	12/31	-6.9%	4.9%	-2.0%	(\$5.0)	-0.1	0	0.6	58.4%	5	\$120.4
Steward Norwood Hospital	Community-High Public Payer	12/31	50.8%	10.9%	61.6%	\$51.5	0.0	0	24.4	3.2%	17	\$216.1
Steward Saint Anne's Hospital	Community-High Public Payer	12/31	10.4%	0.7%	11.1%	\$38.5	-3.6	0	2.5	16.0%	7	\$436.5
Steward St. Elizabeth's Medical Center ^ε	Teaching Hospital	12/31	-4.3%	1.1%	-3.2%	(\$13.4)	1.5	0	0.4	53.4%	6	\$178.8
Steward Medical Group	Physician Organization	12/31	-	-	-	-	-	-	-	-	-	-
Sturdy Memorial Foundation and Affiliates		9/30	-7.2%	12.1%	4.9%	\$17.2	1.4	14	0.0	0.0%	12	\$568.9
Sturdy Memorial Hospital	Community-High Public Payer	9/30	-2.3%	13.2%	10.9%	\$31.4	1.3	15	0.0	0.0%	14	\$495.8
Sturdy Memorial Associates	Physician Organization	9/30	-31.5%	0.0%	-31.5%	(\$20.2)	-	-	-	-	-	-
Tenet Healthcare		12/31	6.5%	-3.4%	3.0%	\$611	1.5	24	2.3	73.0%	7	\$5,508
MetroWest Medical Center	Community-High Public Payer	12/31	-8.3%	0.0%	-8.3%	(16.4)	1.5	0	-6.6	-0.2%	7	(\$95.5)
Saint Vincent Hospital ^ε	Teaching Hospital	12/31	2.3%	0.0%	2.3%	9.4	2.6	0	14.5	0.2%	10	\$262.9
Metrowest Physician Services	Physician Organization	12/31	-41.0%	0.0%	-41.0%	(3.4)	-	-	-	-	-	-
Saint Vincent Medical Company	Physician Organization	12/31	-38.1%	0.3%	-37.8%	(\$14.0)	-	-	-	-	-	-

Entity Name	Organization Type	FYE	Operating Margin	Non-Operating Margin	Total Margin	Excess (Deficit) of Revenue over Expenses	Current Ratio	Current Days Cash on Hand	Debt Service Coverage Ratio	LTD to Total Cap	Average Age of Plant	Net Assets
Trinity Health		6/30	-1.9%	6.1%	4.2%	\$959.7	2.2	101	1.3	27.7%	13	\$18,326.0
Mercy Medical Center	Community-High Public Payer	6/30	3.0%	0.0%	3.1%	\$9.8	2.0	1	4.2	60.3%	16	\$70.5
Mercy Inpatient Medical Associates	Physician Organization	6/30	-50.5%	0.0%	-50.5%	(\$8.0)	-	-	-	-	-	-
Mercy Medical Group	Physician Organization	6/30	-107.2%	0.0%	-107.2%	(\$4.0)	-	-	-	-	-	-
Mercy Specialist Physicians	Physician Organization	6/30	-10.9%	0.0%	-10.9%	(\$0.1)	-	-	-	-	-	-
Pioneer Valley Cardiology Associates	Physician Organization	6/30	-103.1%	0.0%	-103.1%	(\$9.0)	-	-	-	-	-	-
Riverbend Medical Group	Physician Organization	6/30	-24.5%	0.0%	-24.5%	(\$18.4)	-	-	-	-	-	-
Tufts Medicine		9/30	-6.1%	6.2%	0.1%	\$1.6	1.1	28	1.0	67.2%	15	\$445.7
Lowell General Hospital	Community-High Public Payer	9/30	2.3%	8.6%	10.9%	\$71.4	1.6	19	7.3	73.6%	14	\$83.8
MelroseWakefield Health	Community-High Public Payer	9/30	3.1%	13.2%	16.3%	\$56.8	1.7	32	7.2	78.5%	25	\$61.6
Tufts Medical Center ε	Academic Medical Center	9/30	-4.1%	3.8%	-0.3%	(\$3.5)	1.0	20	1.6	70.0%	13	\$204.3
Circle Health Physicians	Physician Organization	9/30	-22.4%	0.0%	-22.4%	(\$15.7)	-	-	-	-	-	-
Hallmark Health Medical Associates	Physician Organization	9/30	-17.9%	0.0%	-17.9%	(\$9.9)	-	-	-	-	-	-
Tufts Medical Center Physician Organization	Physician Organization	9/30	-20.6%	0.0%	-20.6%	(\$72.0)	-	-	-	-	-	-
UMass Memorial Health Care		9/30	-5.4%	11.0%	5.5%	\$220.2	1.8	77	2.8	31.6%	8	\$1,649.9
HealthAlliance-Clinton Hospital	Community-High Public Payer	9/30	0.2%	2.7%	2.9%	\$7.6	0.8	27	9.7	0.0%	11	\$141.9
Marlborough Hospital	Community-High Public Payer	9/30	4.1%	2.3%	6.4%	\$7.1	1.3	8	25.4	0.0%	11	\$56.2
Harrington Memorial Hospital	Community-High Public Payer	9/30	2.3%	3.8%	6.0%	\$10.8	1.0	2	18.3	0.0%	9	\$68.4
UMass Memorial Medical Center ε	Academic Medical Center	9/30	-3.9%	1.1%	-2.9%	(\$68.9)	0.8	12	0.8	0.0%	10	\$261.1
Harrington Physician Services	Physician Organization	9/30	-46.4%	0.0%	-46.4%	(\$12.1)	-	-	-	-	-	-
UMass Memorial Medical Group Inc.	Physician Organization	9/30	-5.3%	0.7%	-4.7%	(\$33.2)	-	-	-	-	-	-
Valley Health System		9/30	-1.0%	1.1%	0.2%	\$0.5	1.2	31	2.5	28.8%	20	\$53.5
Holyoke Medical Center	Community-High Public Payer	9/30	-0.4%	-0.8%	-1.3%	(\$3.0)	1.1	29	1.3	34.2%	21	\$40.8
Western Mass Physician Associates	Physician Organization	9/30	-13.7%	0.0%	-13.7%	(\$1.1)	-	-	-	-	-	-

All dollar values are in millions.

¹ Heywood HealthCare's data is based on standardized financial statement submitted, as their audited financial statements were not available at the time of this publication.

² Steward Health Care's system level and physician organization data are not included as they did not submit audited or standardized financial statements.

* Shriners Hospital Boston (SHB) is part of the national Shriners Hospitals for Children system (SHC) and are reliant upon support from the SHC endowment to cover the costs associated with fulfilling their mission to provide care to patients regardless of their ability to pay. This support is provided through transfers from the SHC's endowment to the hospitals, as these transfers are not considered revenue for the purpose of calculating profitability margin, SHB's profitability margins are not comparable to other acute hospitals. Therefore, they have been excluded from the graphics but are included in the statewide median and the [databook](#).

ε Indicates current ratio, average payment period, average age of plant, equity financing ratio, and net assets are not collected from the physician organization.

ε Indicates a hospital meets the High Public Payer threshold.

Report Notes

Acute Hospital and Health System Fiscal Year-End Dates

The Hospital Fiscal Year 2023 analysis is based on 12 months of financial data for all entities. The majority of health systems and hospitals have a fiscal year end date of September 30; however, Cambridge Health Alliance and Mercy Medical Center have a June 30 end date, and MetroWest Medical Center, Saint Vincent Hospital, Shriners-Boston, and Steward Health Care System’s eight hospitals have a December 31 fiscal year end date.

Hospitals	Hospital Fiscal Year End	HFY 2023 Data Period
Majority of Hospitals (47)	9/30	10/1/22 – 9/30/23
Cambridge Health Alliance Mercy Medical Center	6/30	7/1/22 – 6/30/23
MetroWest Medical Center Saint Vincent Hospital Shriners Hospitals for Children Boston Steward Health Care System Hospitals (8)	12/31	1/1/23 – 12/31/23

Data Caveats

Steward Health Care did not submit the required audited or standardized financial statements for the system or physician organization in HFYs 2019, 2021, 2022, and 2023; therefore, their data could not be included. In 2020, Steward Health Care system-level data was derived from publicly available audited financial statements that were standardized by CHIA using the same method as the other health systems. Steward Health Care resubmitted their hospital HFY 2023 data to account for intercompany entries. The data in this report reflects that information, which may differ from prior years’ reporting.

Heywood Healthcare’s HFY 2021, HFY 2022, and HFY 2023 audited financial statements were not available in time for this publication; as a result, Heywood Healthcare system, hospital, and physician organization data are based on standardized financial data submitted.

Signature Healthcare Brockton Hospital was closed starting in February 2023 due to a fire, impacting their HFY 2023 financial performance.

Acute Hospital Cohort Definitions

Acute hospitals were assigned to one of the following cohorts according to the criteria below. Please note that some AMCs and teaching hospitals have High Public Payer (HPP) status; this has been noted throughout the report where applicable. For this report, HFY 2022 Hospital Cost Report data is used to determine cohorts.

Academic Medical Centers (AMCs) are a subset of teaching hospitals. AMCs are characterized by (1) extensive research and teaching programs, (2) extensive resources for tertiary and quaternary care, (3) principal teaching hospitals for their respective medical schools, and (4) full-service hospitals with case mix intensity greater than 5 percent above the statewide average.

Teaching hospitals are hospitals that report at least 25 full-time equivalent medical school residents per 100 inpatient beds in accordance with Medicare Payment Advisory Commission and that do not meet the criteria to

be classified as AMCs.

Community hospitals are hospitals that do not meet the criteria of 25 full-time equivalent medical school residents per 100 beds to be classified as a teaching hospital and that have a public payer mix of less than 63 percent.

Community-High Public Payer (HPP) hospitals are community hospitals that disproportionately rely on public revenues by virtue of a public payer mix of 63 percent or more. Public payers include Medicare, MassHealth, and other government payers, including the Health Safety Net.

Specialty hospitals are not included in any cohort comparison analysis due to the unique patient populations they serve and/or the unique sets of services they provide. However, specialty hospitals are included in all statewide median calculations. ■



For more information, please contact:

CENTER FOR HEALTH INFORMATION AND ANALYSIS

501 Boylston Street
Boston, MA 02116

<https://www.chiamass.gov>
[@Mass_CHIA](#)

(617) 701-8100