DECEMBER 2020

About this Report

The Center for Health Information and Analysis (CHIA) reports quarterly on the financial performance of the Commonwealth’s acute care hospitals, associated hospital health systems (HHS), and affiliated physician organizations. This report provides a quarterly update on profitability, liquidity, and solvency for the fiscal year-to-date period ending September 30, 2020. Additionally, this report was expanded in order to include the financial impact of COVID-19 on hospitals. Steward Health Care provided its hospital data, however, it did not submit the required HHS or physician organization data. Most hospitals and health systems have a September 30th fiscal year end and as such, data for those hospitals are not due until January 2021.

Governor Baker declared a state of emergency on March 10, 2020. Federal COVID-related funding was distributed in April, May, June, and July to hospitals as part of the Coronavirus Aid, Relief, and Economic Security (CARES) Act. A portion of this funding was reported as operating revenue and is reflected in the data as such. State relief funds were also distributed to hospitals during this time period.

<table>
<thead>
<tr>
<th>Entity</th>
<th>Organization Type</th>
<th>Months Reported</th>
<th>Operating Margin</th>
<th>Total Margin</th>
<th>COVID Funding in Operating Revenue 1</th>
<th>Excess (Deficit) of Revenue over Expenses (in millions)</th>
<th>Total COVID Funding Reported 2</th>
<th>Current Ratio</th>
<th>Net Assets (in millions)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cambridge Health Alliance</td>
<td>3</td>
<td>0.1%</td>
<td>1.3%</td>
<td>$7.5</td>
<td>$2.6</td>
<td>$3.5</td>
<td>3.3</td>
<td>$250.3</td>
<td></td>
</tr>
<tr>
<td>Shriners Hospitals for Children</td>
<td>9</td>
<td>-43.8%</td>
<td>-22.6%</td>
<td>$1.5</td>
<td>($128.6)</td>
<td>$1.5</td>
<td>10.1</td>
<td>$9,530.1</td>
<td></td>
</tr>
<tr>
<td>Shriners Hospital for Children - Springfield*</td>
<td>Specialty Hospital</td>
<td>9</td>
<td>-43.8%</td>
<td>-22.6%</td>
<td>$1.5</td>
<td>($128.6)</td>
<td>$1.5</td>
<td>10.1</td>
<td>$9,530.1</td>
</tr>
<tr>
<td>Steward Health Care did not submit the required hospital health system data</td>
<td>9</td>
<td>-29.5%</td>
<td>-36.6%</td>
<td>$0.0</td>
<td>($12.0)</td>
<td>$7.8</td>
<td>1.2</td>
<td>$7.0</td>
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</tr>
<tr>
<td>Nashoba Valley Medical Center</td>
<td>Community-High Public Payor</td>
<td>9</td>
<td>-32.8%</td>
<td>-44.5%</td>
<td>$0.0</td>
<td>($37.6)</td>
<td>$61.6</td>
<td>0.8</td>
<td>$25.1</td>
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<tr>
<td>Steward Good Samaritan Medical Center</td>
<td>Community-High Public Payor</td>
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<td>-9.7%</td>
<td>-9.7%</td>
<td>$0.0</td>
<td>($17.2)</td>
<td>$47.0</td>
<td>0.9</td>
<td>$21.9</td>
</tr>
<tr>
<td>Steward Notewod Hospital</td>
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<td>9</td>
<td>-18.7%</td>
<td>-18.7%</td>
<td>$0.0</td>
<td>($17.7)</td>
<td>$44.7</td>
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<td>$19.5</td>
</tr>
<tr>
<td>Steward Holy Family Hospital</td>
<td>Community-High Public Payor</td>
<td>9</td>
<td>-5.3%</td>
<td>5.3%</td>
<td>$0.0</td>
<td>$10.5</td>
<td>$51.0</td>
<td>1.2</td>
<td>$40.5</td>
</tr>
<tr>
<td>Steward St. Elizabeth’s Medical Center</td>
<td>Teaching Hospital</td>
<td>9</td>
<td>-7.3%</td>
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<td>$0.0</td>
<td>($20.9)</td>
<td>$80.6</td>
<td>0.9</td>
<td>$76.4</td>
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<td>Tenet Healthcare</td>
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<td>-0.1%</td>
<td>$445.0</td>
<td>($15.0)</td>
<td>$2,228.0</td>
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<tr>
<td>Saint Vincent Medical Company</td>
<td>Physician Organization</td>
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<td>-40.9%</td>
<td>-40.9%</td>
<td>$0.6</td>
<td>($10.3)</td>
<td>$1.8</td>
<td>-</td>
<td>-</td>
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<tr>
<td>Trinity Health did not submit the required hospital health system data</td>
<td>9</td>
<td>-7.1%</td>
<td>-7.1%</td>
<td>($6.1)</td>
<td>($0.1)</td>
<td>$6.5</td>
<td>2.5</td>
<td>$152.1</td>
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</tr>
<tr>
<td>Mercy Medical Center</td>
<td>Community-High Public Payor</td>
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<td>-7.9%</td>
<td>-7.9%</td>
<td>$0.0</td>
<td>($0.6)</td>
<td>$0.0</td>
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<tr>
<td>Mercy Inpatient Medical Associates</td>
<td>Physician Organization</td>
<td>3</td>
<td>-38.2%</td>
<td>-38.2%</td>
<td>$0.0</td>
<td>($0.4)</td>
<td>$0.0</td>
<td>-</td>
<td>-</td>
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<tr>
<td>Mercy Specialist Physicians</td>
<td>Physician Organization</td>
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<td>-80.2%</td>
<td>$0.0</td>
<td>($0.4)</td>
<td>$0.0</td>
<td>-</td>
<td>-</td>
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<tr>
<td>Pioneer Valley Cardiology Associates</td>
<td>Physician Organization</td>
<td>3</td>
<td>-61.5%</td>
<td>-61.5%</td>
<td>$0.0</td>
<td>($1.2)</td>
<td>$0.0</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Riverbend Medical Group</td>
<td>Physician Organization</td>
<td>3</td>
<td>-28.4%</td>
<td>-28.4%</td>
<td>$0.0</td>
<td>($4.4)</td>
<td>$0.0</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>

COVID Funding 1: Federal COVID-19 related funding was distributed in April, May, June, and July to hospitals as part of the CARES Act. A portion of this funding was reported as operating revenue and is reflected in the data as such.

Excess (Deficit) of Revenue over Expenses: Excess (Deficit) of Revenue over Expenses is calculated as the difference between reported Revenue and Expenses.

Total COVID Funding Reported 2: Total COVID Funding Reported is calculated as the sum of Federal COVID-19 related funding and any other COVID-19 related funding.

Current Ratio: Current Ratio is calculated as Total Current Assets divided by Total Current Liabilities.

Net Assets: Net Assets is calculated as Total Assets minus Total Liabilities.
Notes:

All dollar values are in millions.

1 Sum of amounts reported as Other Operating Revenue: Federal COVID-19 Relief Funds and Other Operating Revenue: State & Other COVID-19 Relief Funds. This value does not include COVID-19 relief funds reported on other line items.

2 Sum of all COVID-19 relief funding reported. Hospital Health System values represent the amount reported by the hospital health system or the sum reported by all affiliated entities within that system. Some of this funding was received in the form of loans or advanced payments and will be required to be repaid. Please see the databook for more information.

3 The Steward Health Care hospitals did not report any COVID-19 relief funding received as operating revenue. Due to this, their financial metrics do not include these funds and may appear lower during this period.

4 Hospitals are permitted to transfer certain COVID relief funds to their affiliated entities. Mercy Medical Center transferred some COVID relief funds during the current period that had been recognized in a prior period.

ε Indicates a Hospital meets the High Public Payer threshold.

- Indicates current ratio and net assets are not collected from the physician organization.

* Shriners Hospital Boston (SHB) and Shriners Hospital Springfield are 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 and SHS’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.
REPORT NOTES

Description of Financial Metrics

Financial ratio analysis is one critical component of assessing an entity's financial condition. As part of this quarterly financial performance report, the Center for Health Information and Analysis (CHIA) collects data and reports on profitability, liquidity, and solvency metrics. The measures are used for hospitals and hospital health systems. The physician organizations only report on profitability metrics. Below are the descriptions and calculations for each.

Operating Margin
Operating income is income from normal operations of an entity, including patient care and other activities, such as research, gift shops, parking, and cafeteria, minus the expenses associated with such activities. Operating margin is a critical ratio that measures how profitable the entity is when looking at the performance of its primary activities.

Of note, some federal and state COVID-19 relief funds received are included in the entity’s operating income.

Operating Margin = (Total Operating Revenue - Total Expenses Including Nonrecurring Gains Losses) / Total Unrestricted Revenue, Gains, and Other Support

Total Margin
This ratio evaluates the overall profitability of the entity using both operating surplus (or loss) and non-operating surplus (or loss).

Total Margin = Total Excess of Revenue, Gains, and Other Support Over Expenses / Total Unrestricted Revenue, Gains, and Other Support

COVID Funding in Operating Revenue
This metric sums all sources of COVID-19 relief funding that was recorded as other operating revenue in the financial statements. This may include COVID-19 relief funding received under the CARES Act, HHS public health and social service emergency funds, private foundation grants or contributions, state relief funds, or MassHealth advance payments.

COVID Funding in Operating Revenue = Other Operating Revenue: Federal COVID-19 Relief Funds + Other Operating Revenue: State & Other COVID-19 Relief Funds

Total COVID Funding
This metric sums all sources of COVID-19 relief funding regardless of how that funding was reported in the financial statements. Some COVID-19 relief funding was reported as net patient service revenue, current liabilities, and long-term liabilities. Additionally, some of these funds were received as loans or advanced payments and will be required to be repaid.

Health care providers have until June 30, 2021 to use the Provider Relief Funds received to date. Providers are also permitted to transfer certain funds to affiliated health care providers.

Current Ratio
This ratio measures an entity’s ability to meet its current liabilities with its current assets. A ratio of 1.0 or higher indicates that current liabilities could be adequately covered by the entity’s existing current assets.

Current Ratio = Total Current Assets / Total Current Liabilities
Other Measures

- **Total Excess of Revenue, Gains, and Other Support Over Expenses:** Total dollar amount of surplus or loss derived from all operating and non-operating activities.
- **Other Operating Revenue: Federal COVID-19 Relief Funds:** Revenue an entity received from the federal government related to the COVID-19 pandemic that has been recognized as operating revenue.
- **Other Operating Revenue: State & Other COVID-19 Relief Funds:** Revenue an entity received from the state government or source other than the federal government related to the COVID-19 pandemic that has been recognized as operating revenue.
- **Net Assets:** For not-for-profit entities, this represents the difference between the assets and liabilities of an entity, comprised of retained earnings from operations and contributions from donors. Changes from year to year are attributable to two major categories: (1) increases and/or decreases in Unrestricted Net Assets, which are affected by operations, and (2) changes in Restricted Net Assets (restricted contributions). The for-profit equivalent of Total Net Assets is Owner's Equity.

Data Caveats

The Steward Health Care hospitals did not recognize any of their COVID-19 relief funding as operating revenue. Due to this, their financial metrics also do not include these funds and may appear lower during this period.

Mercy Medical Center transferred some COVID relief funds during the current period that had been recognized in a prior period, which led to a negative value reported as COVID funding recognized in operating revenue in this report. Hospitals are permitted to transfer certain COVID relief funds to their affiliated entities.

Tenet Healthcare is a nationwide health system and their health system level financial metrics represent that of the entire system.

For health systems that did not report COVID-19 relief funding at the system-level, the Total COVID Funding Reported metric is equal to the sum of the funding reported for each of their affiliated entities.

Data represents the period through September 30, 2020 and is not necessarily an indication of the financial position that an entity will have at its fiscal year end.