

CENTER FOR HEALTH INFORMATION AND ANALYSIS

---

# MASSACHUSETTS HOSPITAL PROFILES

---

DATA THROUGH  
FISCAL YEAR 2015

---

MARCH 2017



# Table of Contents

Massachusetts Hospital Profiles-Data through Fiscal Year 2015 Industry Overview and Chartbook .....	1-11
Introduction to Acute Hospital Cohort Profiles .....	Ai
How to Read Acute Hospital Cohort Profiles .....	Aiii
Acute Hospital Cohort Profile .....	A1
Introduction to Acute Hospital Profiles .....	Bi
How to Read Acute Hospital Profiles .....	Biii
<b>Acute Hospitals - by Cohort</b>	
<b>Academic Medical Centers</b>	
Beth Israel Deaconess Medical Center .....	B1
Boston Medical Center .....	B2
Brigham and Women's Hospital .....	B3
Massachusetts General Hospital .....	B4
Tufts Medical Center .....	B5
UMass Memorial Medical Center .....	B6
<b>Teaching Hospitals</b>	
Baystate Medical Center .....	B7
Cambridge Health Alliance .....	B8
Lahey Hospital & Medical Center .....	B9
Mount Auburn Hospital .....	B10
Saint Vincent Hospital .....	B11
Steward Carney Hospital .....	B12
Steward St. Elizabeth's Medical Center .....	B13
<b>Community Hospitals</b>	
Anna Jaques Hospital .....	B14
Baystate Mary Lane Hospital .....	B15
Beth Israel Deaconess Hospital - Milton .....	B16
Beth Israel Deaconess Hospital - Needham .....	B17
Brigham and Women's Faulkner Hospital .....	B18
Cooley Dickinson Hospital .....	B19
Emerson Hospital .....	B20
Hallmark Health .....	B21
Martha's Vineyard Hospital .....	B22
Milford Regional Medical Center .....	B23
Nantucket Cottage Hospital .....	B24
Newton-Wellesley Hospital .....	B25
Northeast Hospital .....	B26
Steward Norwood Hospital .....	B27
South Shore Hospital .....	B28
Winchester Hospital .....	B29
<b>Community-High Public Payer Hospitals</b>	
Athol Hospital .....	B30
Baystate Franklin Medical Center .....	B31
Baystate Noble Hospital .....	B32
Baystate Wing Hospital .....	B33
Berkshire Medical Center .....	B34
Beth Israel Deaconess Hospital - Plymouth .....	B35
Cape Cod Hospital .....	B36
Clinton Hospital .....	B37
Fairview Hospital .....	B38
Falmouth Hospital .....	B39

## Table of Contents (Continued)

Harrington Memorial Hospital.....	B40
HealthAlliance Hospital.....	B41
Heywood Hospital .....	B42
Holyoke Medical Center .....	B43
Lawrence General Hospital .....	B44
Lowell General Hospital.....	B45
Marlborough Hospital .....	B46
Mercy Medical Center .....	B47
MetroWest Medical Center.....	B48
Morton Hospital.....	B49
Nashoba Valley Medical Center.....	B50
North Shore Medical Center.....	B51
Signature Healthcare Brockton Hospital .....	B52
Southcoast Hospitals Group .....	B53
Steward Good Samaritan Medical Center.....	B54
Steward Holy Family Hospital.....	B55
Steward Saint Anne's Hospital .....	B56
Sturdy Memorial Hospital .....	B57
<b>Specialty Hospitals</b>	
Boston Children's Hospital .....	B58
Dana-Farber Cancer Institute .....	B59
Curahealth Boston.....	B60
Curahealth Boston North Shore .....	B61
Massachusetts Eye and Ear Infirmary .....	B62
New England Baptist Hospital.....	B63
Shriners Hospitals for Children - Boston.....	B64
Shriners Hospitals for Children - Springfield .....	B65
<b>Introduction to Non-Acute Hospital Cohort Profiles .....</b>	<b>Ci</b>
<b>How-to-Read Non-Acute Hospital Cohort Profiles Guide .....</b>	<b>Ciii</b>
<b>Non-Acute Hospitals - by Cohort</b>	
Psychiatric Hospitals .....	C1
Rehabilitation Hospitals.....	C2
Chronic Care Hospitals .....	C3
<b>Specialty</b>	
AdCare Hospital of Worcester .....	C4
Franciscan Hospital for Children .....	C4
Hebrew Rehabilitation Hospital .....	C4
<b>Technical Appendix .....</b>	<b>D1</b>

CENTER FOR HEALTH INFORMATION AND ANALYSIS

---

# MASSACHUSETTS HOSPITAL PROFILES

INDUSTRY OVERVIEW

DATA THROUGH  
FISCAL YEAR 2015

---

MARCH 2017





# Table of Contents

Number of Massachusetts Hospitals by System Affiliation and Profit Status .....	1
Change in Discharges, by Cohort .....	2
Top Discharges Statewide by Diagnostic Group .....	3
Median Occupancy Rates by Cohort .....	4
Payer Mix .....	5
CY2015 Statewide Relative Price .....	6
Growth in Inpatient Revenue per CMAD, FY2011-FY2015 .....	7
Growth in Outpatient Revenue, FY2011-FY2015 .....	8
Surplus by Cohort .....	9
Median Operating Margin .....	10
Median Total Margin .....	11

## OVERVIEW

# Number of Massachusetts Hospitals by System Affiliation and Profit Status in FY2015

In FY2015 there were a total of 90 hospitals in Massachusetts, including 65 acute care hospitals and 25 non-acute hospitals. This reflects a number of key transactions in the industry: the merger of Merrimack Valley into Steward Holy Family hospital; the closure of Quincy Medical Center, an acute hospital; and the closures of Radius Specialty Hospital and Spaulding North Shore, both non-acute hospitals.

The majority of hospitals were part of a larger hospital system that owned more than one hospital in addition to other lines of business. Sixty-seven hospitals (74%) were affiliated with a multi-hospital system in FY2015; 13 multi-acute systems encompassed 48 acute care hospitals and four non-acute hospitals. An additional five multi-hospital systems operated a combined 15 non-acute hospitals.

Seventy-four percent (74%) of hospitals are part of multi-hospital systems and 37% of hospitals are for-profit hospitals.

	Acute Non-Profit or Public	Acute For-Profit	Non-Acute Non-Profit	Non-Acute For-Profit	TOTAL
Multi-Hospital System	34	14	4	15	67
Individual Hospitals	17	0	2	4	23
TOTAL	51	14	6	19	90

## UTILIZATION

Hospitals reported an increase in inpatient discharges from the previous year, with 808,410 inpatient discharges reported in FY2015, a 2% increase over the previous year. The four cohorts experienced similar trends between FY2014 and FY2015, but differed over the five year period of FY2011 to FY2015. The teaching hospital cohort is the only cohort that saw no decline in discharges over the five year period. The community-High Public Payer cohort had a 9% decrease in discharges, while the AMC and community cohorts experienced decreases of 7% and 6%, respectively.

## Change in Discharges, by Cohort

All cohorts experienced increases in inpatient discharges between FY2014 and FY2015.

	Hospitals	FY2011 Discharges	FY2014 Discharges	FY2015 Discharges	% of Statewide Discharges	% Change, FY2011-2015	% Change, FY2014-2015
<b>Academic Medical Center</b>	6	240,385	219,458	223,232	28%	-7%	2%
<b>Teaching Hospital</b>	7	126,585	124,093	127,182	16%	0%	2%
<b>Community Hospital</b>	16	165,865	150,158	155,111	19%	-6%	3%
<b>Community-High Public Payer</b>	28	301,424	271,597	275,339	34%	-9%	1%
<b>Specialty Hospital</b>	8	27,991	26,876	27,546	3%	-2%	2%
<b>Total Statewide</b>	<b>65</b>	<b>862,250</b>	<b>792,182</b>	<b>808,410</b>	<b>100%</b>	<b>-6%</b>	<b>2%</b>

Data Source: Hospital Cost Reports

## UTILIZATION

Diagnosis Related Groups (DRGs) are used to classify the types of patient cases a hospital treats. Neonate births remained the most common reasons for inpatient admissions in FY2015, and combined with delivery DRGs accounted for 17% of inpatient discharges statewide.

Other most frequent DRGs remained consistent with prior fiscal years; unique DRGs not associated with deliveries individually accounted for less than 4%, respectively.

## Top Discharges Statewide by Diagnostic Group (FY2015)

Normal neonate births remained the most common reason for inpatient admissions in FY2015.

Rank	DRG	Description	Discharges*	% Total Discharges
1	640	Normal neonate birth	60,806	8%
2	560	Vaginal delivery	46,743	6%
3	720	Septicemia & disseminated infections	32,772	4%
4	194	Heart failure	23,670	3%
5	540	Cesarean delivery	21,807	3%
6	139	Other pneumonia	18,771	2%
7	140	Chronic obstructive pulmonary disease	16,883	2%
8	302	Knee joint replacement	16,730	2%
9	301	Hip joint replacement	13,924	2%
10	383	Cellulitis & other bacterial skin infections	13,515	2%
		All Other	542,789	67%
		<b>Total Discharges</b>	<b>808,410</b>	<b>100%</b>

**Data Source:** Hospital Discharge Database (HDD)

**Note:** Total Discharges reported by hospitals in the HDD may vary from total discharges reported by hospitals in the Hospital Cost Reports. See the technical appendix for more information.

\*Discharge data does not include the acute care Kindred hospitals.

## SERVICES

Occupancy rates, which show what percent of a hospital's staffed beds were filled over the course of the year, have increased statewide from a median 65% in FY2014 to 67% in FY2015. Academic Medical Centers (AMCs) continued to have the highest median occupancy rate, with a median of 82% in FY2015.

## Median Occupancy Rates by Cohort

Median occupancy rates increased for Academic Medical Centers and specialty hospitals between FY2014 and FY2015, while median occupancy rates remained the same for teaching hospitals, community hospitals, and community-High Public Payer (community-HPP) hospitals.

	FY2014 Occupancy Rate	FY2015 Occupancy Rate
Academic Medical Center	80%	82%
Teaching Hospital	71%	71%
Community Hospital	65%	65%
Community-High Public Payer	63%	63%
Specialty Hospital	64%	67%

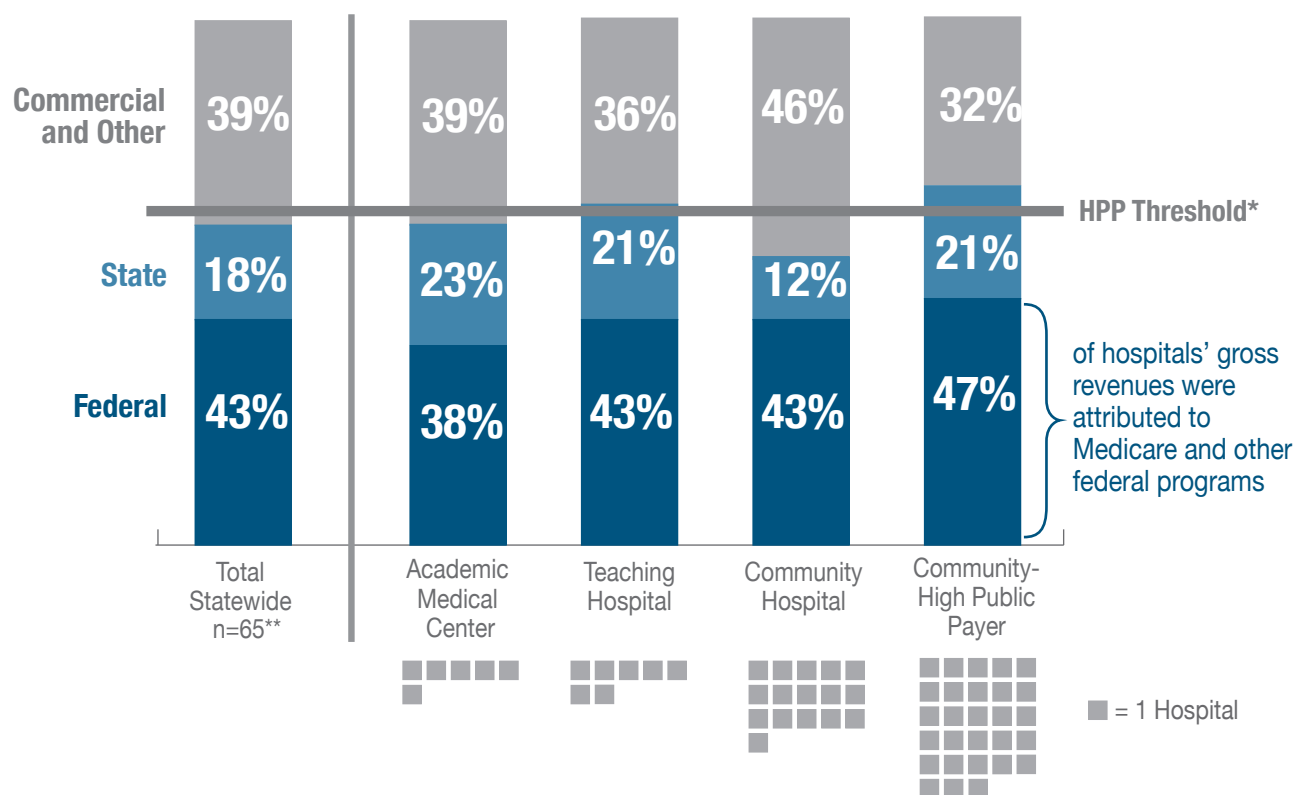
Data Source: Hospital Cost Reports

## PAYER MIX

## FY2015 Payer Mix

There were no significant changes in hospital payer mix statistics between FY2014 and FY2015. In FY2015, 61% of acute hospital gross revenue statewide was attributed to public payers, including Medicare, Medicaid, and other programs. Community hospitals had the lowest proportion of public payer revenue, of 55%. By definition, community-High Public Payer hospitals are more dependent on public payers, which accounted for 68% of their gross revenue in FY2015.

Other than community-HPP hospitals, teaching hospitals had the second highest share of public payer revenue.



**Data Source:** Hospital Cost Reports

\* Hospitals have High Public Payer (HPP) status if they have 63% or more of gross revenues (GPSR) attributable to Medicare, Medicaid, and other government payers, including the Health Safety Net.

\*\* Statewide Total includes Specialty Hospitals.

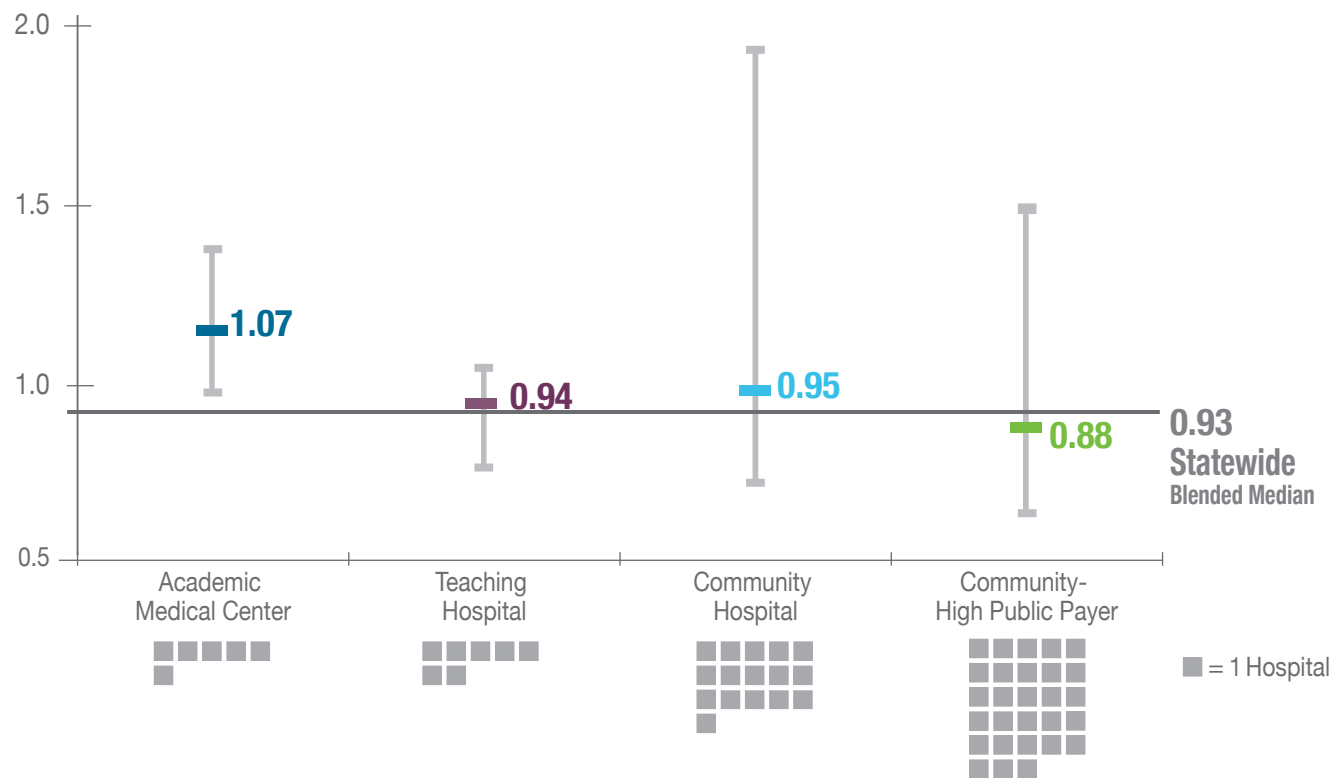
## RELATIVE PRICE

Statewide relative prices varied across hospital cohorts. Notably, AMCs had the highest median statewide relative price and all AMCs had statewide relative prices that exceeded the statewide median. Community hospitals had the highest variation of statewide relative prices within a cohort though much of the variation was driven by high relative prices at a small number of geographically isolated hospitals.

This is the first year that statewide relative price data is being included in the hospital profiles. CHIA is required to calculate a statewide relative price metric pursuant to M.G.L. c. 29, § 2TTT. Data presented here is only for the commercial insurance market. Additional information on CHIA's methodology for calculating statewide relative price can be found here: <http://www.chiamass.gov/relative-price-and-provider-price-variation>.

## Acute Hospital Statewide Relative Price, by Hospital Cohort, CY2015

Academic Medical Centers were paid the highest median prices relative to hospitals in other cohorts.



Data Source: Payer Relative Price Filings

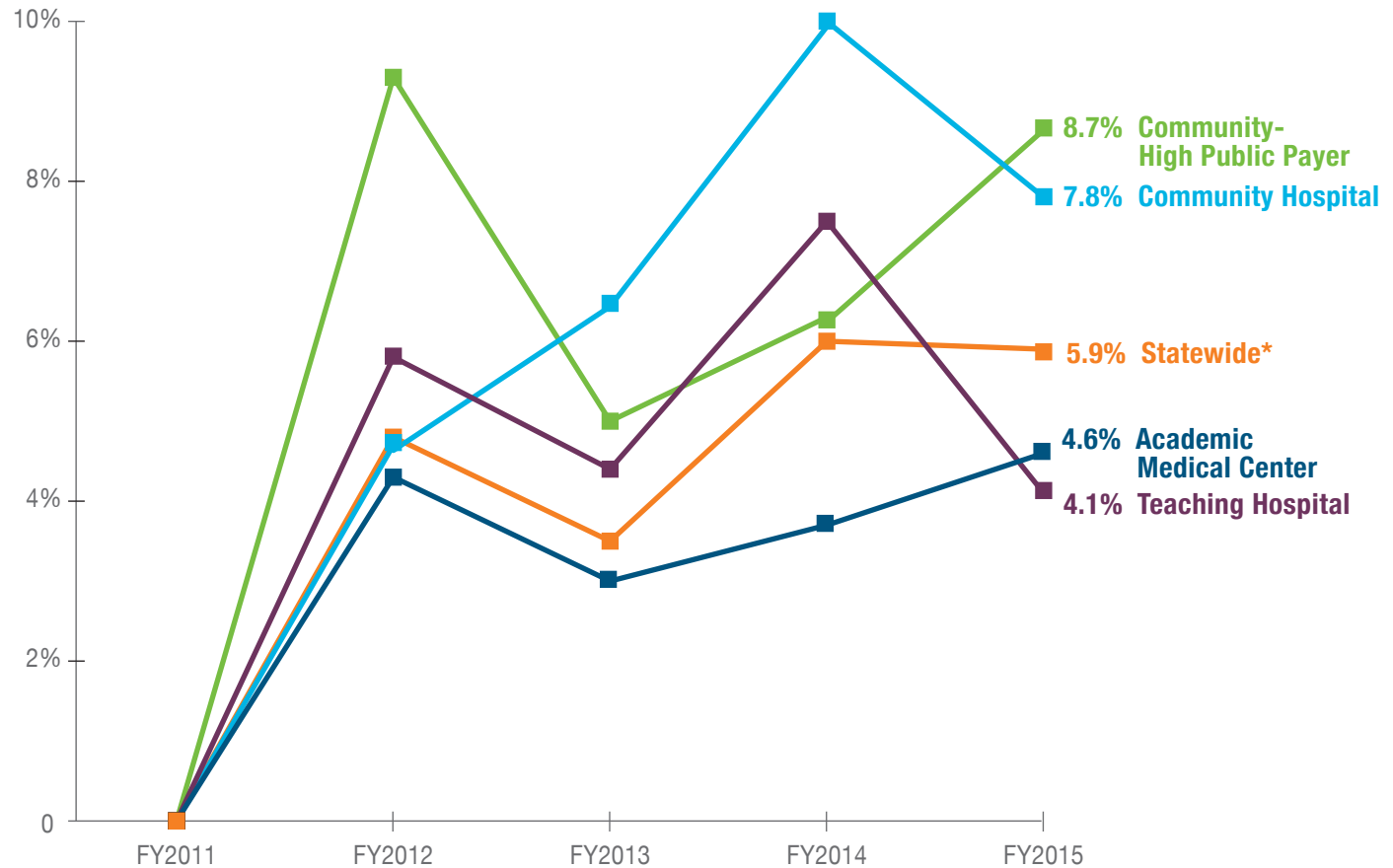
\*Specialty hospitals are not displayed, but are included in the statewide median.

## REVENUE

# Growth in Inpatient Revenue per CMAD, FY2011-FY2015

Inpatient Revenue per Case Mix Adjusted Discharge (CMAD) increased statewide between FY2011 and FY2015. The community-High Public Payer cohort had the largest growth during this five year period, increasing 8.7%. The community hospitals also experienced higher than statewide growth, seeing an average increase in inpatient revenue per discharge of 7.8%.

The community-HPP cohort experienced the greatest growth between FY2011 and FY2015.



Data Source: Hospital Cost Reports and Hospital Discharge Database

\* Statewide data includes Specialty hospitals.

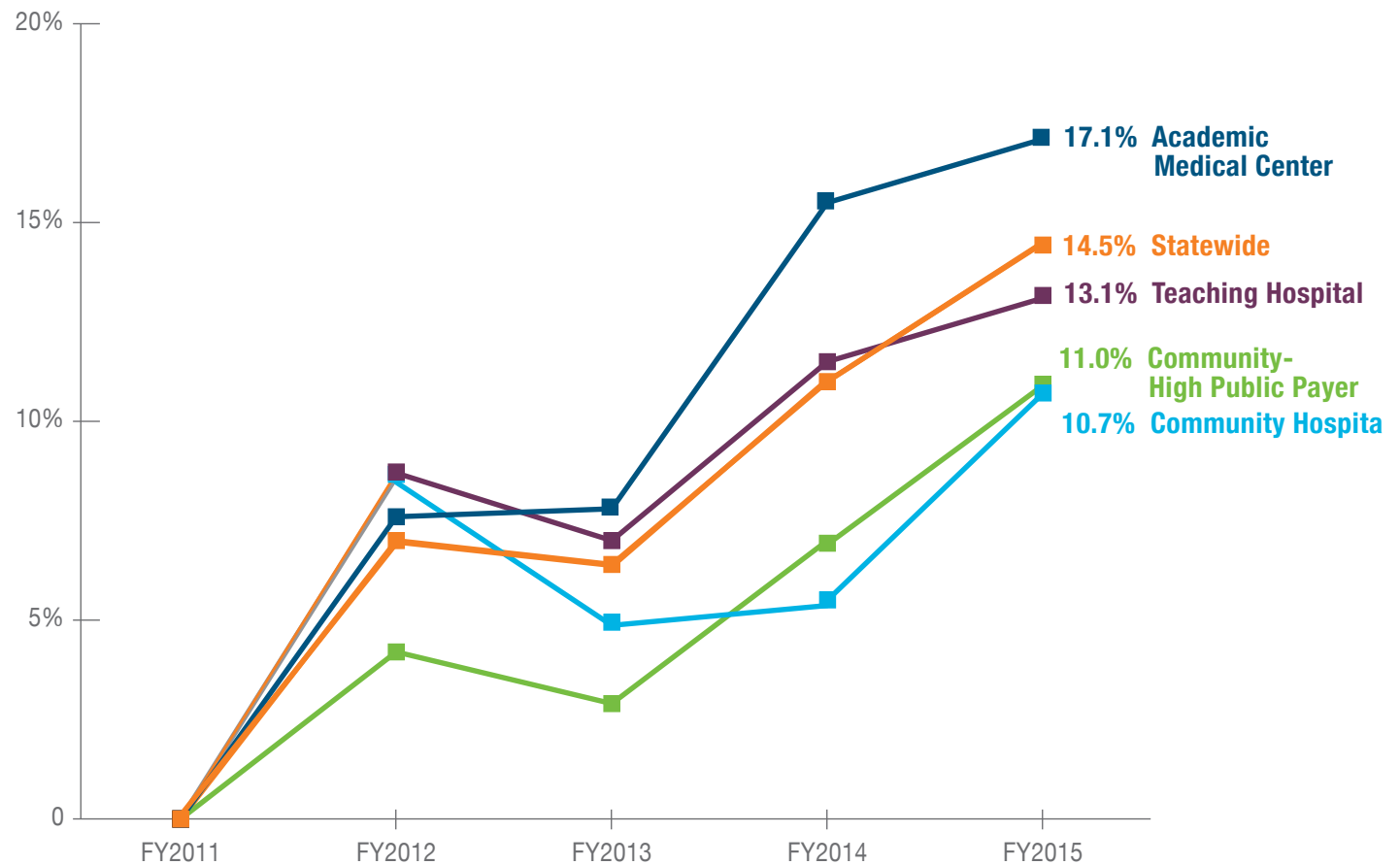


## REVENUE

### Growth in Outpatient Revenue, FY2011-FY2015

Similar to inpatient revenue trends, outpatient revenue increased for all cohorts from FY2011. Academic Medical Centers saw the largest increase, experiencing a median 17.1% growth in outpatient revenue. Community hospitals had the lowest rate of growth, but still saw an increase of 10.7% between FY2011 and FY2015.

The community-High Public Payer cohort experienced the greatest growth between FY2011 and FY2015.



Data Source: Hospital Cost Reports

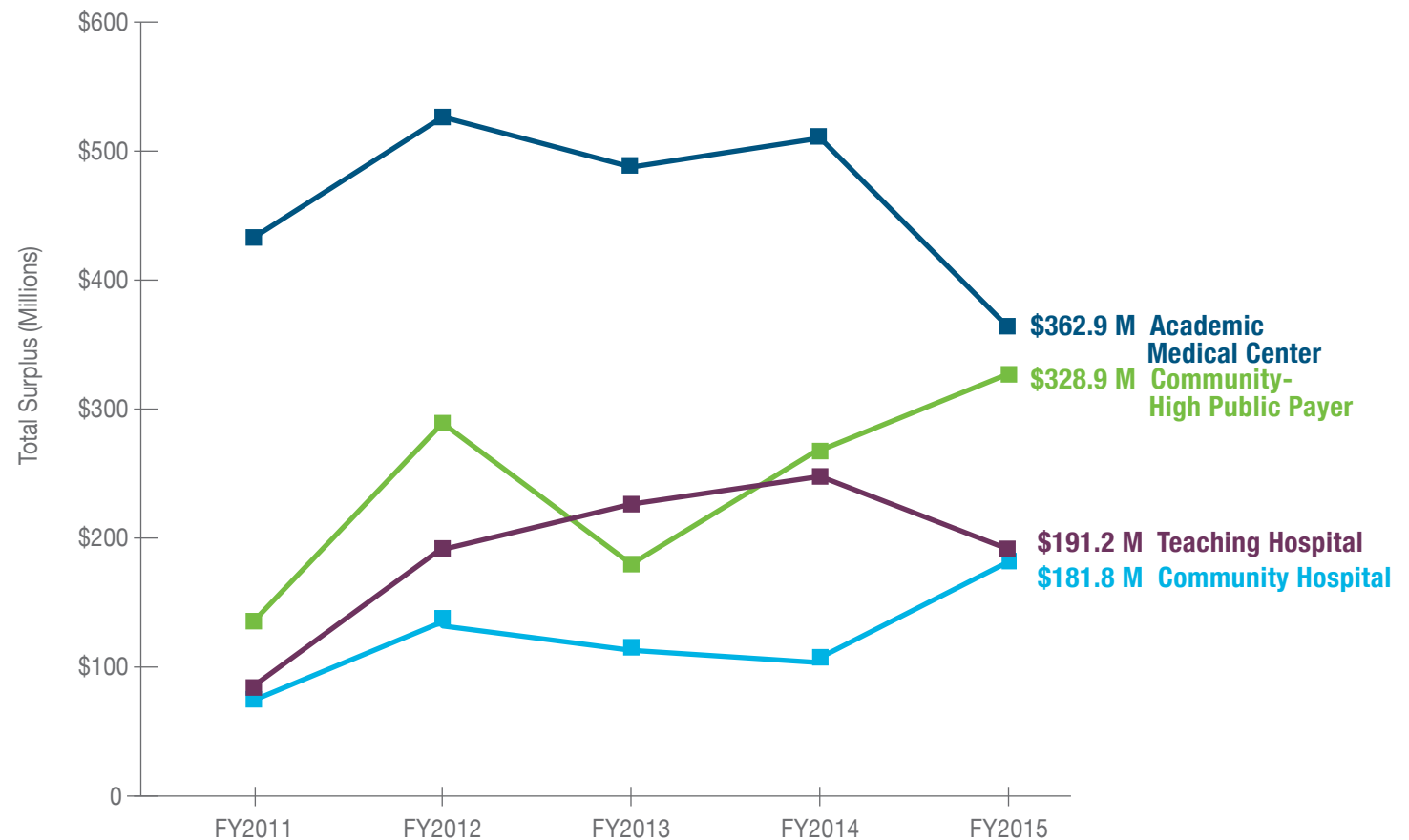
\* Statewide data includes Specialty hospitals.

## FINANCIAL PERFORMANCE

In FY2015, the six AMCs had the largest surplus, reporting a combined \$362.9 million in profit. This is lower, however, than their performance in the previous four fiscal years. The community-HPP hospital cohort experienced the largest increase over the five year period, from a combined surplus of \$135.5 million in FY2011 to \$328.9 million in FY2015.

## FY2015 Surplus by Cohort

Academic Medical Centers collectively had the largest surplus in absolute dollars every year from FY2011 to FY2015.



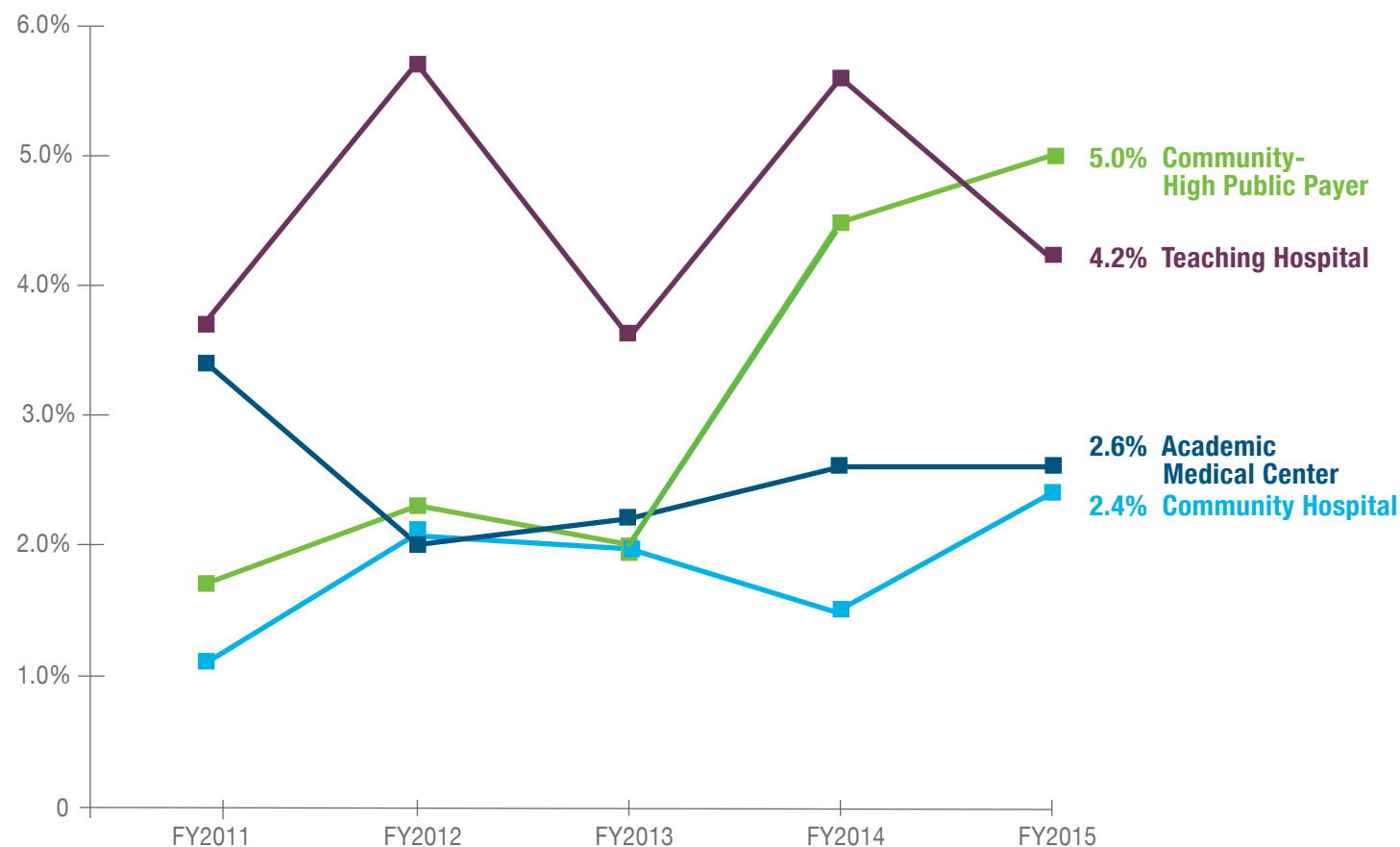
Data Source: Hospital Standardized Financial Statements

## FINANCIAL PERFORMANCE

### FY2015 Median Operating Margin

The community-High Public Payer hospital cohort had the highest median operating margin in FY2015 at 5.0%. Over the previous four fiscal years of FY2011–FY2014, teaching hospitals were consistently the highest among cohorts, with margins of 5.7% in FY2012 and 5.6% in FY2014. The community and community-HPP hospital cohorts experienced increases in median operating margin from FY2014 to FY2015. The median operating margin for AMCs was consistent between FY2014 and FY2015 and has increased steadily over the past four fiscal years, but remained lower than their FY2011 median operating margin.

The community-High Public Payer cohort had the highest operating margin in FY2015 at 5.0%.



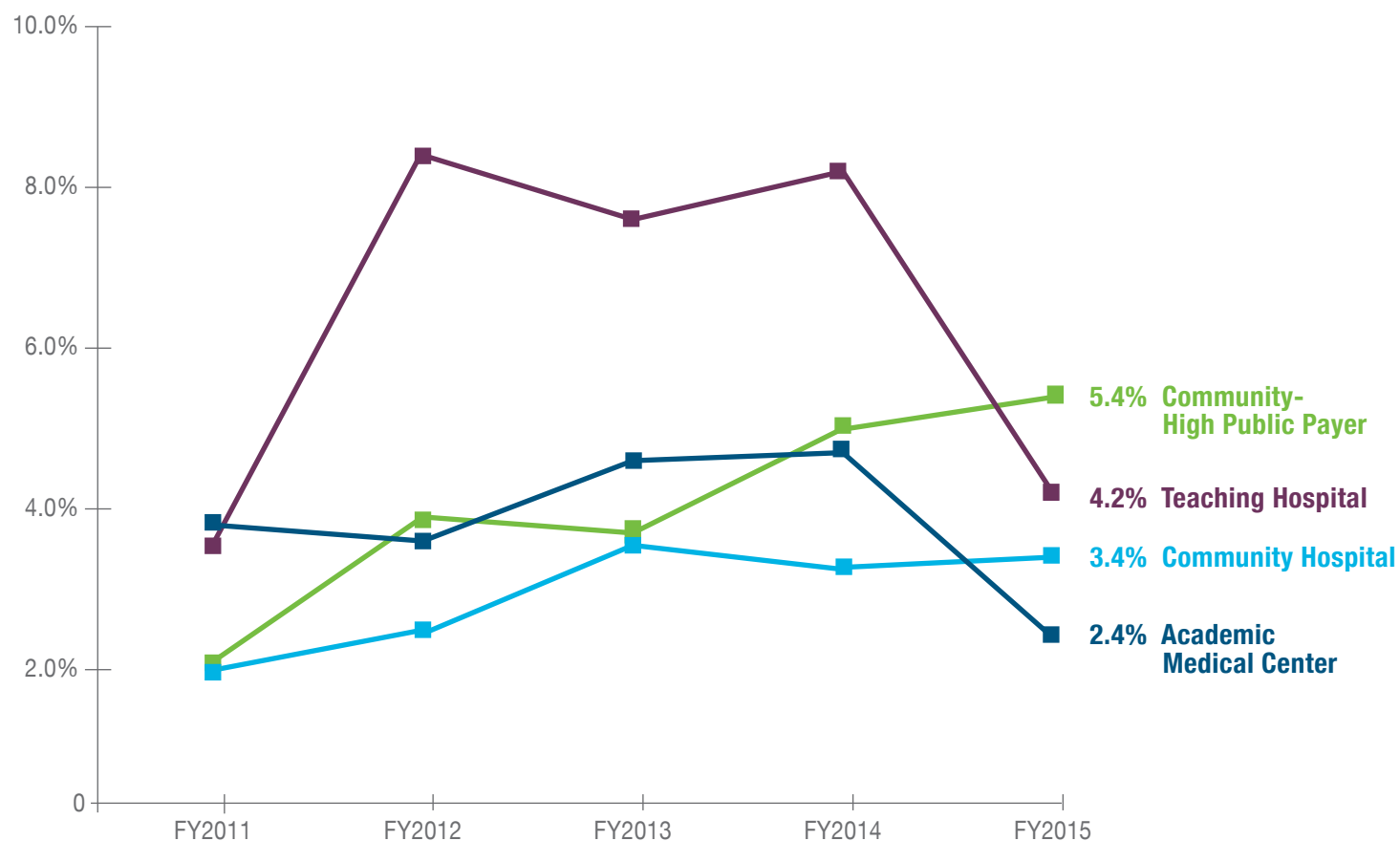
Data Source: Hospital Standardized Financial Statements

## FINANCIAL PERFORMANCE

Similar to trends in operating margin, the community-High Public Payer cohort had the highest median total margin in FY2015, of 5.4%. The teaching hospital cohort experienced a significant decrease in total margin from 8.2% in FY2014 to 4.2% in FY2015. AMCs saw a similar decrease in the one year period, declining from a median of 4.7% in FY2014 to 2.4% in FY2015. Community hospitals have been consistent over the five year period of FY2011-FY2015; the cohort saw a 3.4% median total margin in FY2015.

## FY2015 Median Total Margin

The community-High Public Payer cohort had the highest total margin in FY2015 at 5.4%.



Data Source: Hospital Standardized Financial Statements



For more information, please contact:

CENTER FOR HEALTH INFORMATION AND ANALYSIS

501 Boylston Street  
Boston, MA 02116

(617) 701-8100

[www.chiamass.gov](http://www.chiamass.gov)  
[@Mass\\_CHIA](https://twitter.com/Mass_CHIA)

# INTRODUCTION TO ACUTE HOSPITAL COHORTS

**Acute hospitals** are grouped into cohorts of similar hospitals, as follows:

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

## AMC Cohort

Beth Israel Deaconess Medical Center	Massachusetts General Hospital
Boston Medical Center	Tufts Medical Center
Brigham and Women's Hospital	UMass Memorial Medical Center

**Teaching hospitals** are hospitals that report at least 25 full-time equivalent medical school residents per one hundred inpatient beds in accordance with the Medicare Payment Advisory Commission (MedPAC) and are not classified as AMCs.

## Teaching Hospital Cohort

Baystate Medical Center	Saint Vincent Hospital
Cambridge Health Alliance	Steward Carney Hospital
Lahey Hospital & Medical Center	Steward St. Elizabeth's Medical Center
Mount Auburn Hospital	

**Community hospitals** are hospitals that do not meet the MedPAC definition to be classified as teaching hospitals and have a public payer mix of less than 63%.

## Community Hospital Cohort

Anna Jaques Hospital	Martha's Vineyard Hospital
Baystate Mary Lane Hospital	Milford Regional Medical Center
Beth Israel Deaconess Hospital — Milton	Nantucket Cottage Hospital
Beth Israel Deaconess Hospital — Needham	Newton-Wellesley Hospital
Brigham and Women's Faulkner Hospital	Northeast Hospital
Cooley Dickinson Hospital	Steward Norwood Hospital
Emerson Hospital	South Shore Hospital
Hallmark Health	Winchester Hospital

**Community High Public Payer (HPP) hospitals** are community hospitals that have 63% or greater of Gross Patient Service Revenue (GPSR) attributable to Medicare, MassHealth, and other government payers, including the Health Safety Net.

#### Community-HPP Cohort

Athol Hospital	Lawrence General Hospital
Baystate Franklin Medical Center	Lowell General Hospital
Baystate Noble Hospital	Marlborough Hospital
Baystate Wing Hospital	Mercy Medical Center
Berkshire Medical Center	MetroWest Medical Center
Beth Israel Deaconess Hospital – Plymouth	Morton Hospital
Cape Cod Hospital	Nashoba Valley Medical Center
Clinton Hospital	North Shore Medical Center
Fairview Hospital	Signature Healthcare Brockton Hospital
Falmouth Hospital	Southcoast Hospitals Group
Harrington Memorial Hospital	Steward Good Samaritan Medical Center
HealthAlliance Hospital	Steward Holy Family Hospital
Heywood Hospital	Steward Saint Anne's Hospital
Holyoke Medical Center	Sturdy Memorial Hospital

**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. Specialty hospitals may be included in statewide analyses.

#### Specialty Hospitals

Boston Children's Hospital	Massachusetts Eye and Ear Infirmary
Dana-Farber Cancer Institute	New England Baptist Hospital
Curahealth Boston	Shriners Hospitals for Children — Boston
Curahealth Boston North Shore	Shriners Hospitals for Children — Springfield

For detailed descriptions of the data sources and metrics used in the acute hospital cohort profile, please see the technical appendix.

# HOW TO READ ACUTE HOSPITAL COHORT PROFILE – FISCAL YEAR 2015

This sheet provides a brief introduction to the metrics on the hospital cohorts. Definitions and notes on all metrics are available in the technical appendix.

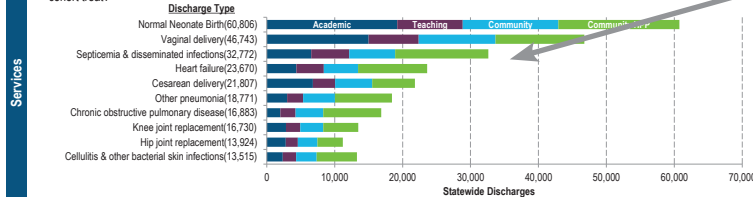
## ACUTE HOSPITAL COHORTS

### 2015 Hospital Profile

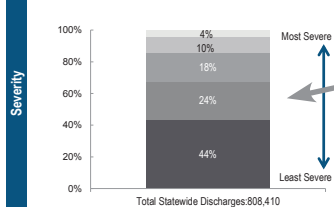
There were six academic medical centers (AMCs) in FY15, seven teaching hospitals, sixteen community hospitals, and twenty-eight community-high Public Payer Hospitals (HPP). Teaching hospitals are training institutions with at least twenty-five full-time equivalent medical school residents per one hundred inpatient beds. AMCs are characterized by more extensive research and teaching programs than teaching hospitals, as well as significant capacity for highly specialized and complex care (i.e. tertiary and quaternary). Community hospitals are hospitals that are not characterized as specialty, teaching, or AMCs. Community-HPP hospitals are a subset of community hospitals that receive 63% or more of their business from Medicare, Medicaid, and other government programs.

	AMCs	Teaching	Community	Comm.-HPP
<b>TOTAL STAFFED BEDS</b>	4,005	2,227	2,635	5,011
<b>MEDIAN % OCCUPANCY</b>	82.1%	71.5%	64.9%	62.8%
<b>TOTAL DISCHARGES</b>	223,232	127,182	155,111	275,339
<b>EMERGENCY DEPARTMENT VISITS</b>	508,852	436,063	612,369	1,406,424
<b>AVG. COMMERCIAL RELATIVE PRICE</b>	1.167	0.938	1.051	0.928
<b>AVG. PUBLIC PAYER MIX</b>	61.4%	64.1%	54.3%	68.4%
<b>TOTAL REVENUE IN FY15 (in millions)</b>	\$10,965	\$3,782	\$3,337	\$6,038
<b>INPATIENT:OUTPATIENT REVENUE IN FY15</b>	48%:52%	38%:62%	34%:66%	35%:65%

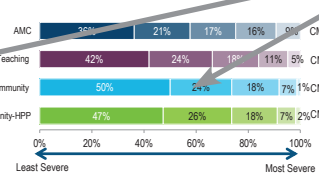
What were the most common inpatient cases (DRGs) treated at acute hospitals statewide in FY15? What proportion of these types of cases did each cohort treat?



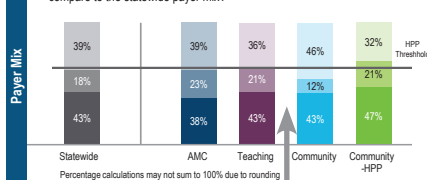
What was the severity distribution of inpatient cases statewide in FY15?



What was the severity distribution of inpatient cases within each cohort in FY15?

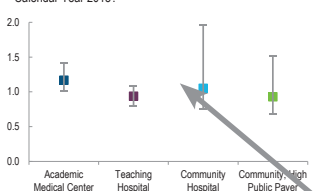


What was each cohort's payer mix in FY15? How does each cohort compare to the statewide payer mix?



For descriptions of the metrics, please see technical appendix.

What was each cohort's median Commercial Relative Price in Calendar Year 2015?



## Types of inpatient cases

The state's top ten most frequent inpatient cases are listed, with the number of discharges from each cohort indicated by the colored bands within each bar.

## Inpatient severity distribution

The severity distribution of all inpatient cases treated at acute hospitals is shown on the left. The bars on the right display the severity distribution of cases within each cohort.

## Payer mix

Each cohort's average share of business from federal and state programs and commercial payers is displayed, in addition to the overall payer mix statewide.

The grey line indicates whether the average hospital in each cohort receives 63% or more of its business from government programs (the bottom two sections of each column). This is the "HPP Threshold."

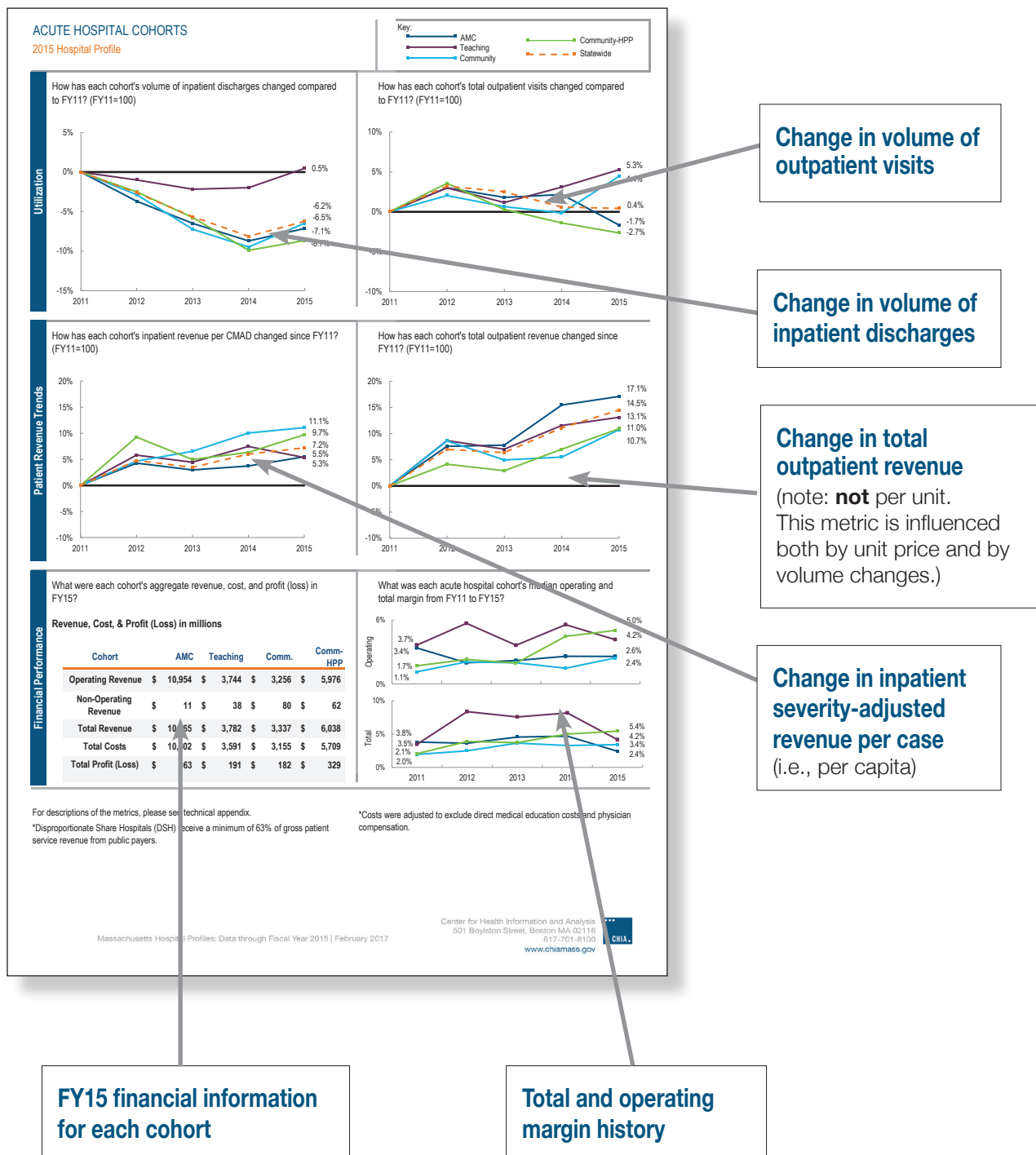
## Relative Price

The colored dashes represent the average Blended Statewide Relative Price (S-RP) of all hospitals in each cohort, for all Massachusetts commercial payers in 2015. The range for each cohort is also displayed.



# HOW TO READ ACUTE HOSPITAL COHORT PROFILE – FISCAL YEAR 2015

These graphs compare trends among the cohorts. All trends in the first four graphs are anchored at 0 to emphasize recent changes. The labeled points are cumulative over the time period.



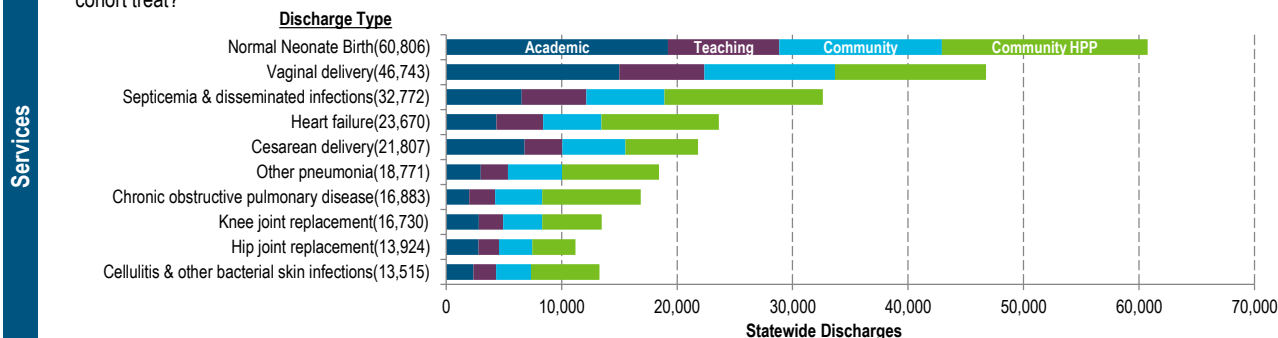
# ACUTE HOSPITAL COHORTS

## 2015 Hospital Profile

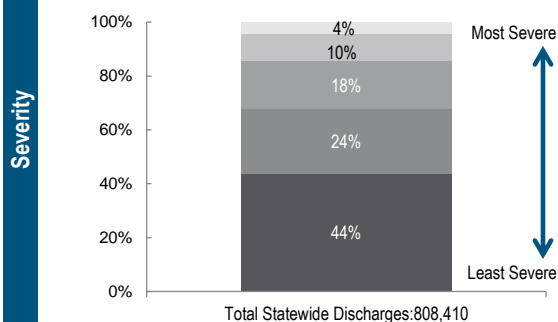
There were six academic medical centers (AMCs) in FY15, seven teaching hospitals, sixteen community hospitals, and twenty-eight community-High Public Payer Hospitals (HPP). Teaching hospitals are training institutions with at least twenty-five full-time equivalent medical school residents per one hundred inpatient beds. AMCs are characterized by more extensive research and teaching programs than teaching hospitals, as well as significant capacity for highly specialized and complex care (i.e. tertiary and quaternary). Community hospitals are hospitals that are not characterized as specialty, teaching, or AMCs. Community-HPP hospitals are a subset of community hospitals that receive 63% or more of their business from Medicare, Medicaid, and other government programs.

	AMCs	Teaching	Community	Comm.-HPP
<b>TOTAL STAFFED BEDS</b>	4,005	2,227	2,635	5,011
<b>MEDIAN % OCCUPANCY</b>	82.1%	71.5%	64.9%	62.8%
<b>TOTAL DISCHARGES</b>	223,232	127,182	155,111	275,339
<b>EMERGENCY DEPARTMENT VISITS</b>	508,852	436,063	612,369	1,408,424
<b>AVG. COMMERCIAL RELATIVE PRICE</b>	1.167	0.938	1.051	0.928
<b>AVG. PUBLIC PAYER MIX</b>	61.4%	64.1%	54.3%	68.4%
<b>TOTAL REVENUE IN FY15 (in millions)</b>	\$10,965	\$3,782	\$3,337	\$6,038
<b>INPATIENT:OUTPATIENT REVENUE IN FY15</b>	48%:52%	38%:62%	34%:66%	35%:65%

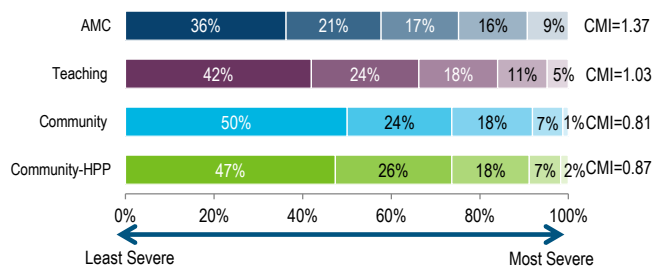
What were the most common inpatient cases (DRGs) treated at acute hospitals statewide in FY15? What proportion of these types of cases did each cohort treat?



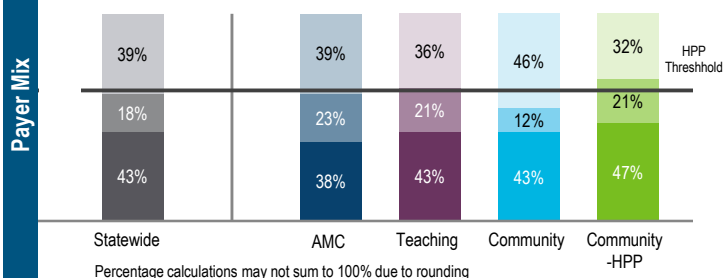
What was the severity distribution of inpatient cases statewide in FY15?



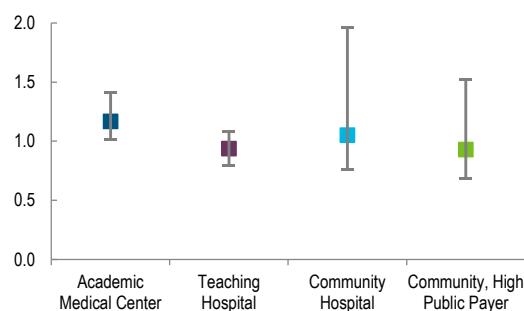
What was the severity distribution of inpatient cases within each cohort in FY15?



What was each cohort's payer mix in FY15? How does each cohort compare to the statewide payer mix?



What was each cohort's median Commercial Relative Price in Calendar Year 2015?



For descriptions of the metrics, please see technical appendix.

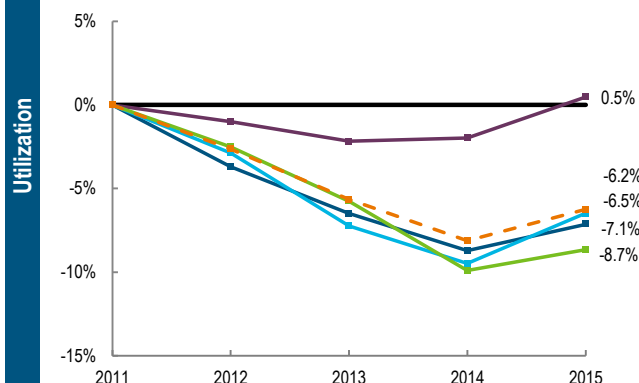
# ACUTE HOSPITAL COHORTS

## 2015 Hospital Profile

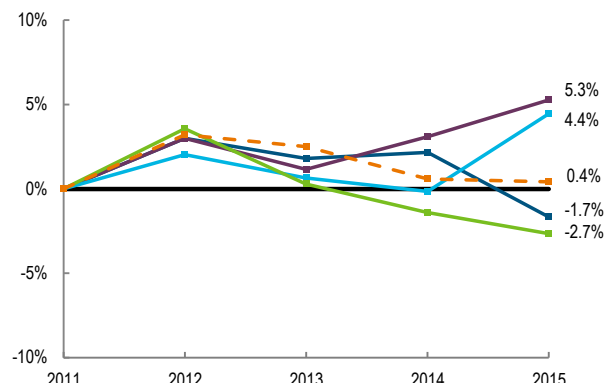
Key:

- AMC
- Teaching
- Community
- Community-HPP
- Statewide

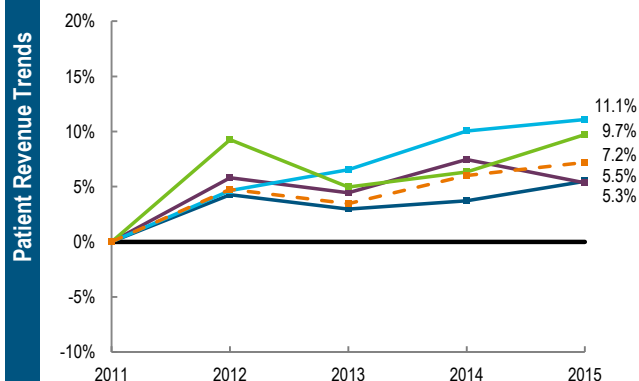
How has each cohort's volume of inpatient discharges changed compared to FY11? (FY11=100)



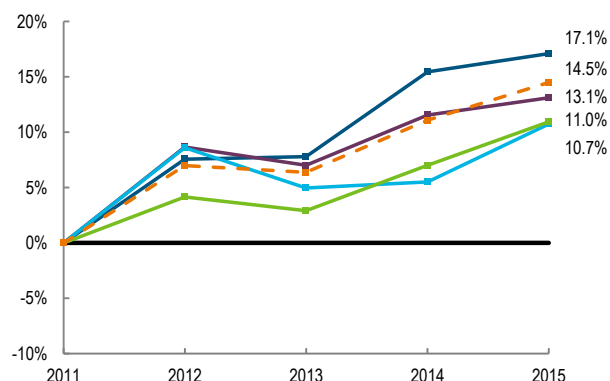
How has each cohort's total outpatient visits changed compared to FY11? (FY11=100)



How has each cohort's inpatient revenue per CMAD changed since FY11? (FY11=100)



How has each cohort's total outpatient revenue changed since FY11? (FY11=100)

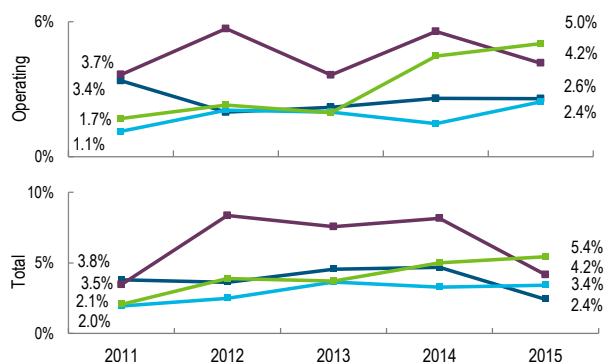


What were each cohort's aggregate revenue, cost, and profit (loss) in FY15?

### Revenue, Cost, & Profit (Loss) in millions

Cohort	AMC	Teaching	Comm.	Comm-HPP
Operating Revenue	\$ 10,954	\$ 3,744	\$ 3,256	\$ 5,976
Non-Operating Revenue	\$ 11	\$ 38	\$ 80	\$ 62
Total Revenue	\$ 10,965	\$ 3,782	\$ 3,337	\$ 6,038
Total Costs	\$ 10,602	\$ 3,591	\$ 3,155	\$ 5,709
Total Profit (Loss)	\$ 363	\$ 191	\$ 182	\$ 329

What was each acute hospital cohort's median operating and total margin from FY11 to FY15?



For descriptions of the metrics, please see technical appendix.

\*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.

# INTRODUCTION TO ACUTE HOSPITALS

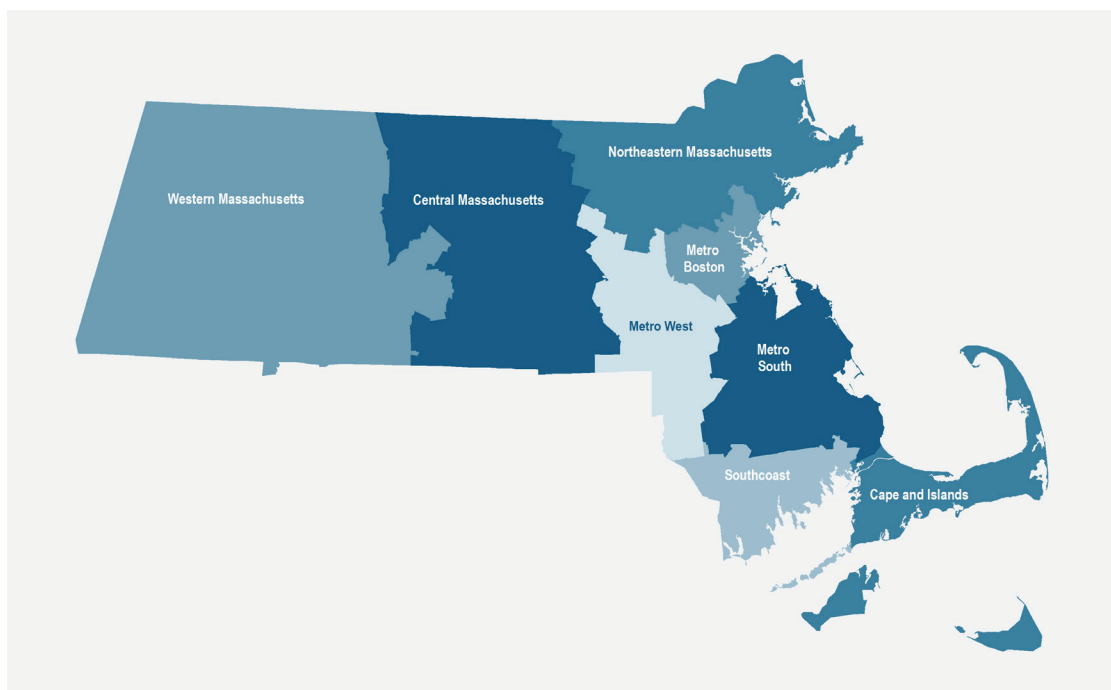
---

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

Each hospital is assigned to a cohort of similar hospitals: Academic Medical Centers (AMCs), teaching hospitals, community hospitals, and community-High Public Payer (HPP) hospitals. When presenting trends for utilization, costs, financial performance, and quality, baseline data for each hospital's cohort provides a point of comparison. Specialty hospitals may be included in statewide analyses, but are not identified with a distinct cohort.

For detailed descriptions of the data sources and metrics used in the acute hospital profiles, please see the technical appendix.

When presenting hospital service data, CHIA assigned acute hospitals to eight geographic regions. These regions are based on the sixteen geographic regions defined by the Massachusetts Health Policy Commission, which were created by consolidating the 66 Dartmouth Atlas Hospital Services Areas.



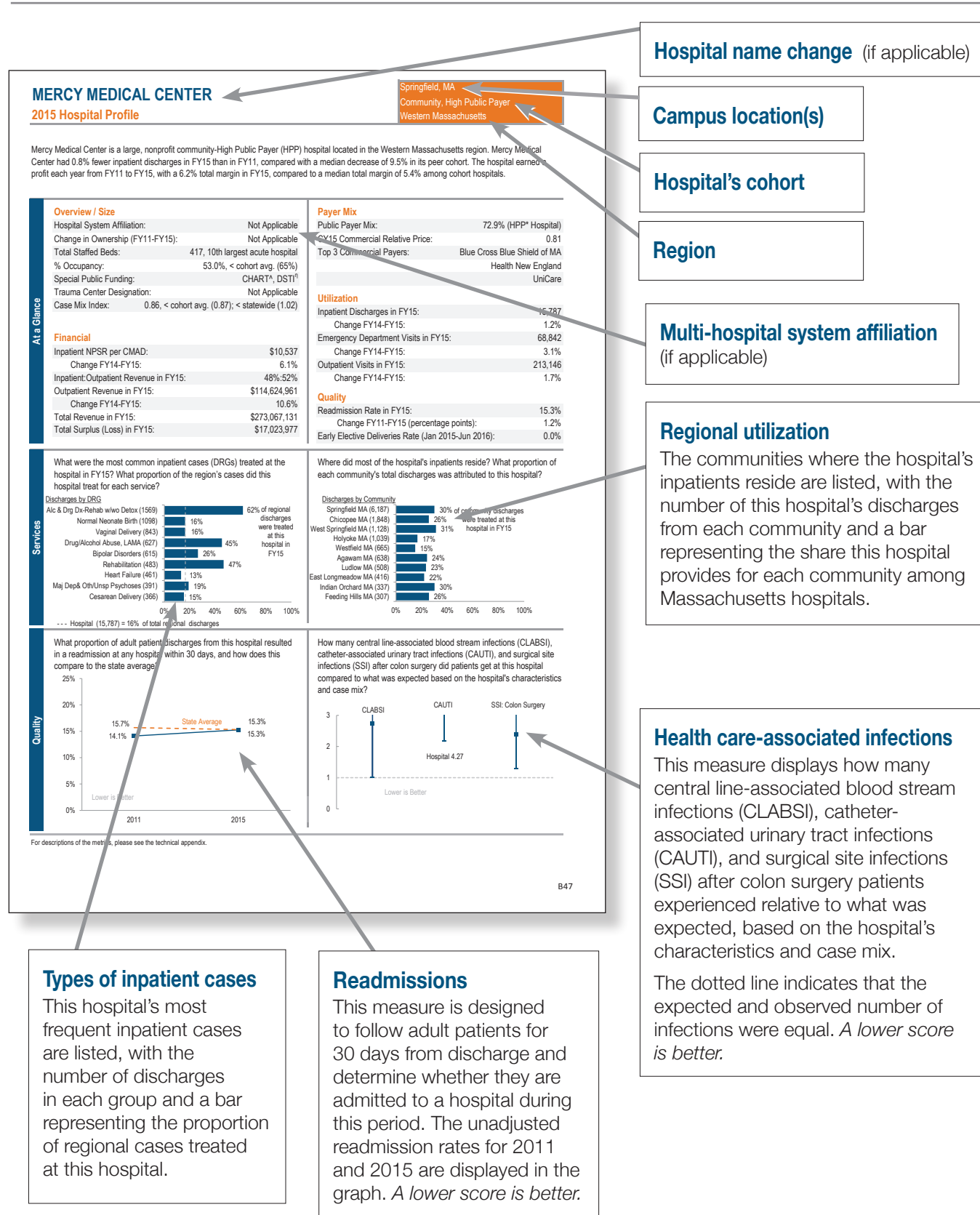
To view a list of the hospitals within each region, please see the technical appendix or refer to <http://www.chiamass.gov/hospitals-by-region/>.

Hospital	
Anna Jaques Hospital	B14
Athol Hospital	B30
Baystate Franklin Medical Center	B31
Baystate Mary Lane Hospital	B15
Baystate Medical Center	B7
Baystate Noble Hospital	B32
Baystate Wing Hospital	B33
Berkshire Medical Center	B34
Beth Israel Deaconess Hospital — Milton	B16
Beth Israel Deaconess Hospital — Needham	B17
Beth Israel Deaconess Hospital — Plymouth	B35
Beth Israel Deaconess Medical Center	B1
Boston Children's Hospital	B58
Boston Medical Center	B2
Brigham and Women's Faulkner Hospital	B18
Brigham and Women's Hospital	B3
Cambridge Health Alliance	B8
Cape Cod Hospital	B36
Clinton Hospital	B37
Cooley Dickinson Hospital	B19
Curahealth Boston	B60
Curahealth Boston North Shore	B61
Dana-Farber Cancer Institute	B59
Emerson Hospital	B20
Fairview Hospital	B38
Falmouth Hospital	B39
Hallmark Health	B21
Harrington Memorial Hospital	B40
HealthAlliance Hospital	B41
Heywood Hospital	B42
Holyoke Medical Center	B43
Lahey Hospital & Medical Center	B9
Lawrence General Hospital	B44
Lowell General Hospital	B45

Hospital	
Marlborough Hospital	B46
Martha's Vineyard Hospital	B22
Massachusetts Eye and Ear Infirmary	B62
Massachusetts General Hospital	B4
Mercy Medical Center	B47
MetroWest Medical Center	B48
Milford Regional Medical Center	B23
Morton Hospital	B49
Mount Auburn Hospital	B10
Nantucket Cottage Hospital	B24
Nashoba Valley Medical Center	B50
New England Baptist Hospital	B63
Newton-Wellesley Hospital	B25
North Shore Medical Center	B51
Northeast Hospital	B26
Saint Vincent Hospital	B11
Shriners Hospitals for Children — Boston	B64
Shriners Hospitals for Children — Springfield	B65
Signature Healthcare Brockton Hospital	B52
South Shore Hospital	B28
Southcoast Hospitals Group	B53
Steward Carney Hospital	B12
Steward Good Samaritan Medical Center	B54
Steward Holy Family Hospital	B55
Steward Norwood Hospital	B27
Steward Saint Anne's Hospital	B56
Steward St. Elizabeth's Medical Center	B13
Sturdy Memorial Hospital	B57
Tufts Medical Center	B5
UMass Memorial Medical Center	B6
Winchester Hospital	B29

# HOW TO READ ACUTE HOSPITAL PROFILES – FISCAL YEAR 2015

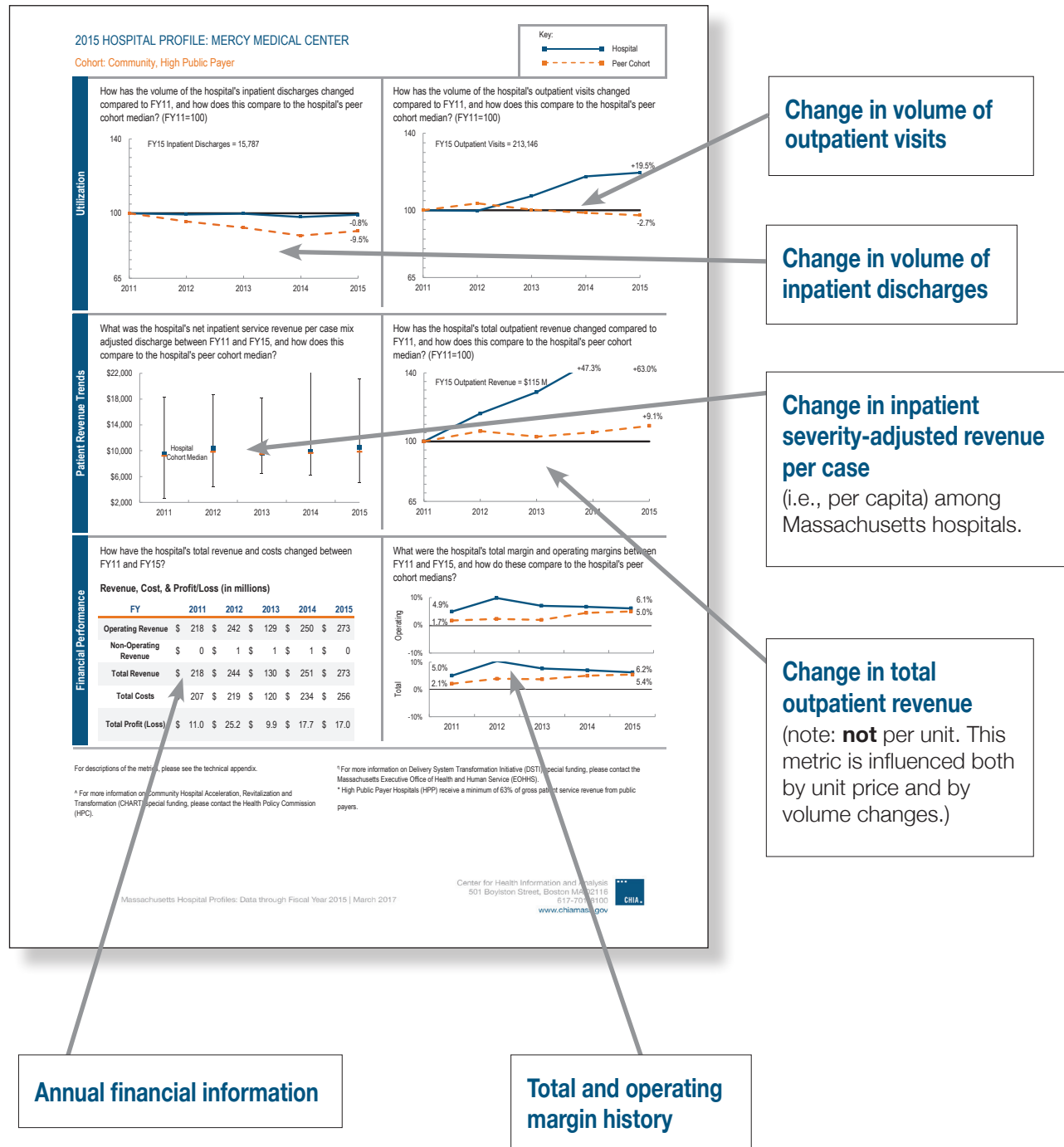
This sheet provides a brief introduction to the metrics on the acute hospital profiles. Definitions and notes on all metrics are available in the technical appendix.



# HOW TO READ ACUTE HOSPITAL PROFILES – FISCAL YEAR 2015

Each of the first four graphs compares trends at the featured hospital (in blue) to the trend among the peer cohort hospitals (in orange). Both trends are anchored at 100 to emphasize recent changes. The labeled points are cumulative over the time period.

Absolute differences between the hospital and the cohort cannot be read from these graphs, but are available in the data supplement to these reports.



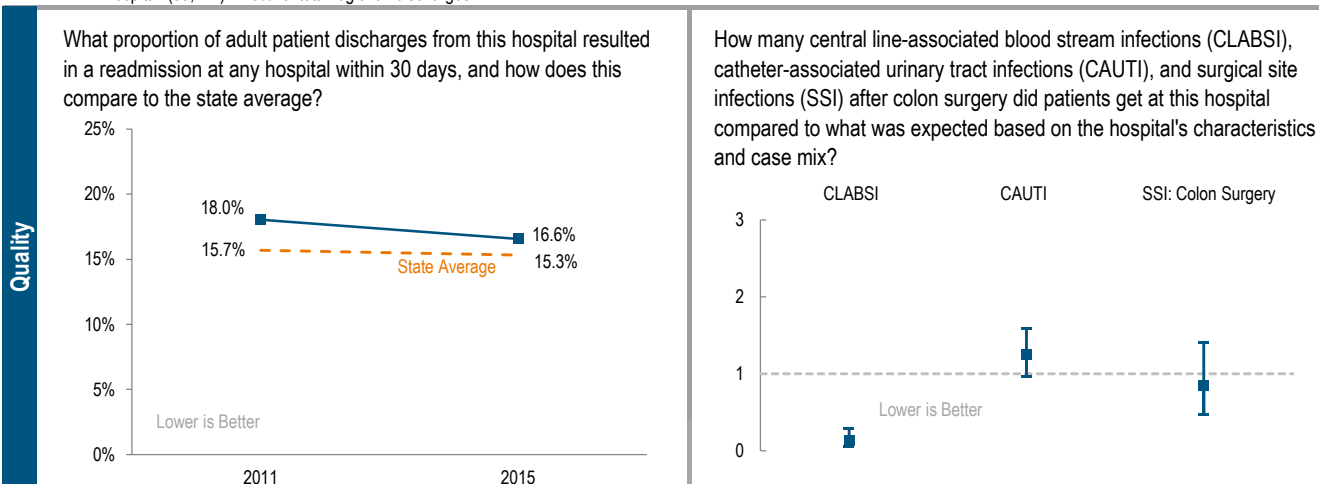
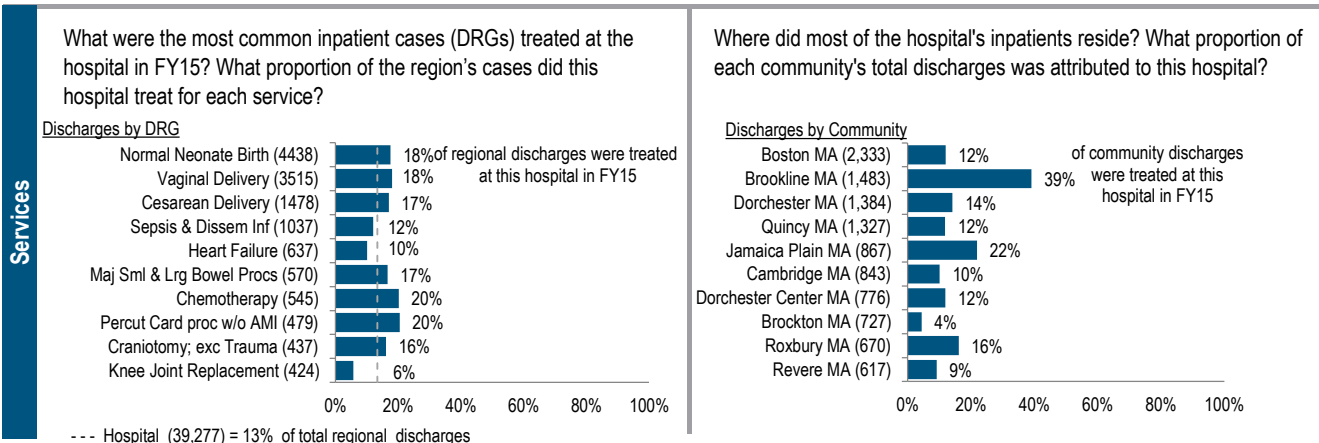
# BETH ISRAEL DEACONESS MEDICAL CENTER

## 2015 Hospital Profile

Boston, MA  
Academic Medical Center  
Metro Boston

Beth Israel Deaconess Medical Center (BIDMC) is a large, nonprofit Academic Medical Center (AMC) located in the Metro Boston region. It is one of nine organ transplant centers in Massachusetts and is a member of CareGroup. For the second consecutive fiscal year, Beth Israel Deaconess Medical Center saw an increase in inpatient discharges. It earned a profit each year from FY11 to FY15, with a 2.0% total margin in FY15, slightly lower than the AMC median total margin of 2.4%. It reported a total profit of \$29.7M in FY15, its lowest reported profit in the past five fiscal years, while also reporting \$1.5B in total revenue, its highest in that same period.

At a Glance	<b>Overview / Size</b>	
	Hospital System Affiliation:	CareGroup
	Change in Ownership (FY11-FY15):	Not Applicable
	Total Staffed Beds:	671, 5th largest acute hospital
	% Occupancy:	87.0%, > cohort avg. (85%)
	Special Public Funding:	ICB <sup>9</sup>
	Trauma Center Designation:	Adult: Level 1
	Case Mix Index:	1.30, < cohort avg. (1.37); > statewide (1.00)
	<b>Financial</b>	
	Inpatient NPSR per CMAD:	\$13,837
	Change FY14-FY15:	3.1%
	Inpatient:Outpatient Revenue in FY15:	45%:55%
	Outpatient Revenue in FY15:	\$491,273,181
	Change FY14-FY15:	3.7%
	Total Revenue in FY15:	\$1,506,592,968
	Total Surplus (Loss) in FY15:	\$29,747,569
	<b>Payer Mix</b>	
	Public Payer Mix:	56.3% (Non-HPP* Hospital)
	CY15 Commercial Relative Price:	1.06
	Top 3 Commercial Payers:	Blue Cross Blue Shield of MA Harvard Pilgrim Health Care Tufts Health Plan
	<b>Utilization</b>	
	Inpatient Discharges in FY15:	39,277
	Change FY14-FY15:	5.6%
	Emergency Department Visits in FY15:	42,146
	Change FY14-FY15:	-1.0%
	Outpatient Visits in FY15:	758,638
	Change FY14-FY15:	5.7%
	<b>Quality</b>	
	Readmission Rate in FY15:	16.6%
	Change FY11-FY15 (percentage points):	-1.5%
	Early Elective Deliveries Rate (Jan 2015-Jun 2016):	0.0%



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



# 2015 HOSPITAL PROFILE: BETH ISRAEL DEACONESS MEDICAL CENTER

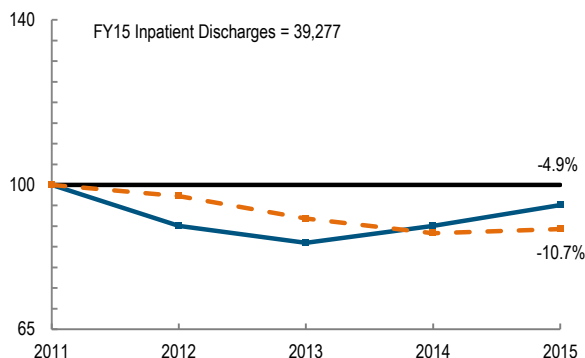
Cohort: Academic Medical Center

Key:

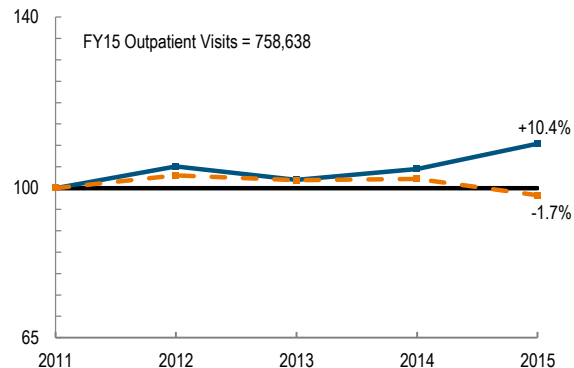


## Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY11, and how does this compare to the hospital's peer cohort median? (FY11=100)

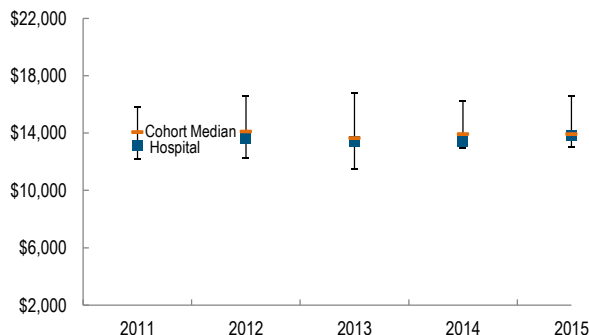


How has the volume of the hospital's outpatient visits changed compared to FY11, and how does this compare to the hospital's peer cohort median? (FY11=100)

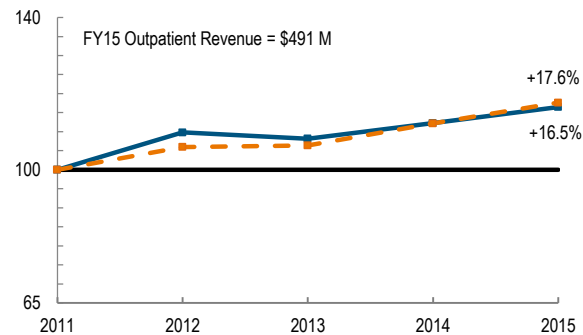


## Patient Revenue Trends

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY11 and FY15, and how does this compare to the hospital's peer cohort median?



How has the hospital's total outpatient revenue changed compared to FY11, and how does this compare to the hospital's peer cohort median? (FY11=100)



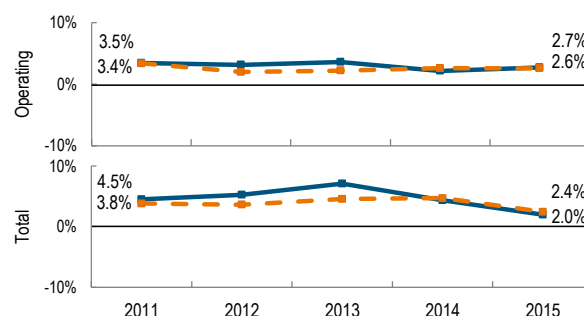
## Financial Performance

How have the hospital's total revenue and costs changed between FY11 and FY15?

### Revenue, Cost, & Profit/Loss (in millions)

FY	2011	2012	2013	2014	2015
Operating Revenue	\$ 1,368	\$ 1,380	\$ 1,360	\$ 1,417	\$ 1,518
Non-Operating Revenue	\$ 14	\$ 29	\$ 49	\$ 32	\$ (11)
Total Revenue	\$ 1,382	\$ 1,410	\$ 1,410	\$ 1,449	\$ 1,507
Total Costs	\$ 1,320	\$ 1,336	\$ 1,309	\$ 1,385	\$ 1,477
Total Profit (Loss)	\$ 62.3	\$ 74.0	\$ 100.2	\$ 63.3	\$ 29.7

What were the hospital's total margin and operating margins between FY11 and FY15, and how do these compare to the hospital's peer cohort medians?



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

<sup>9</sup> For more information on Infrastructure and Capacity Building (ICB) special funding, please contact the Massachusetts Executive Office of Health and Human Services (EOHHS).

\* High Public Payer Hospitals (HPP) receive a minimum of 63% of gross patient service revenue from public payers.

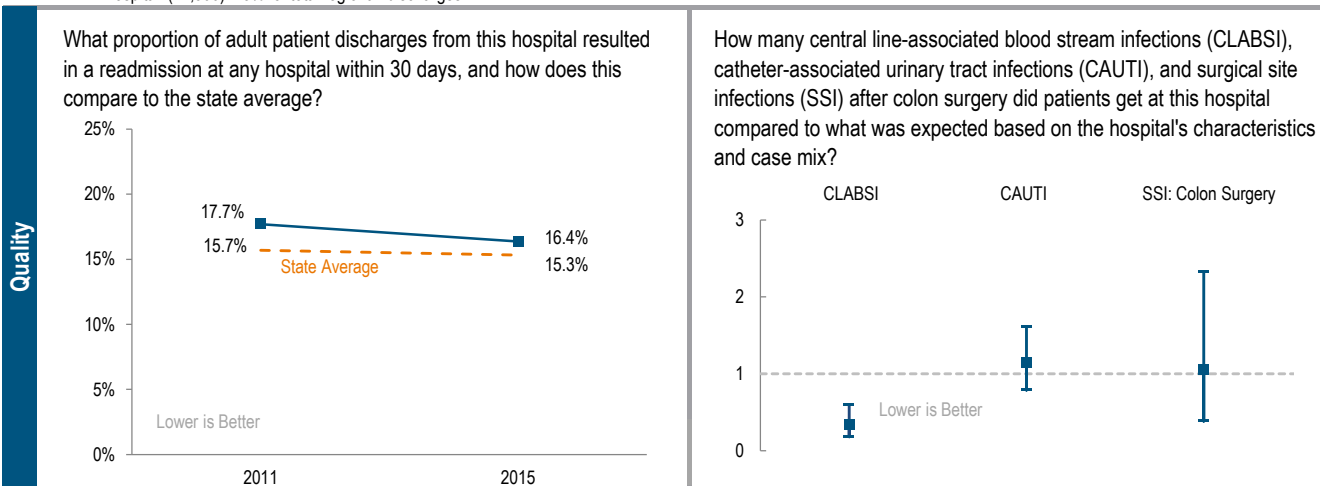
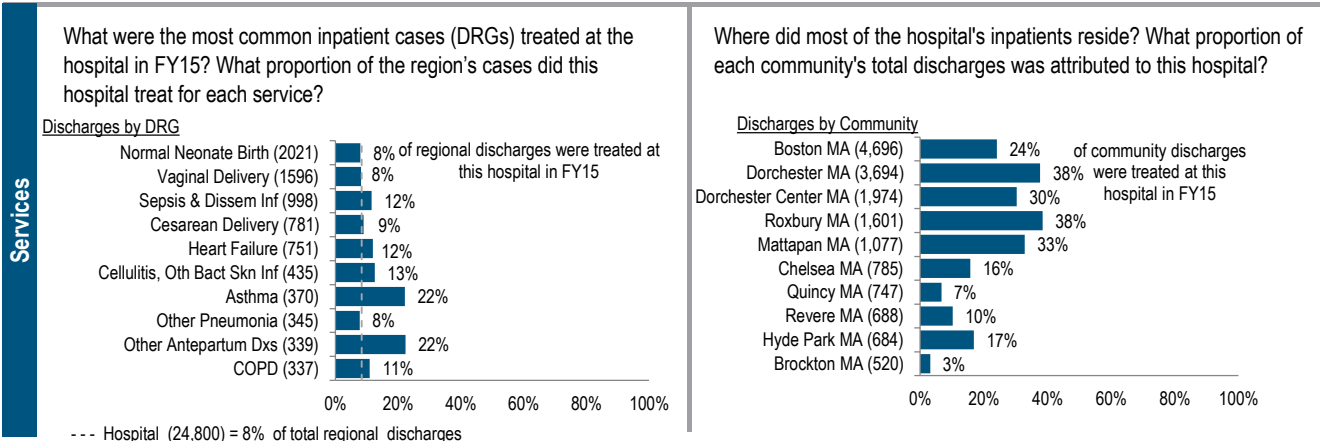
# BOSTON MEDICAL CENTER

## 2015 Hospital Profile

Boston, MA  
Academic Medical Center  
Metro Boston

Boston Medical Center (BMC) is a large, nonprofit Academic Medical Center (AMC) located in the Metro Boston region. BMC is a teaching hospital of Boston University School of Medicine. It also qualifies as a High Public Payer (HPP) hospital, and has the highest public payer mix in the state with 77.2%. It is the state's seventh largest hospital, and one of nine organ transplant centers in Massachusetts. BMC treated 22% of all Asthma cases in Metro Boston, though it accounted for only 8% of total regional discharges. In FY15, BMC reported a profit for the fourth consecutive fiscal year, with a profit of \$29.3M. BMC had a total margin of 2.5% in FY15, which was slightly above the cohort median of 2.4%.

At a Glance	<b>Overview / Size</b>	
	Hospital System Affiliation:	Not Applicable
	Change in Ownership (FY11-FY15):	Not Applicable
	Total Staffed Beds:	454, 7th largest acute hospital
	% Occupancy:	75.1%, lowest in cohort (avg. 85%)
	Special Public Funding:	DSTI <sup>n</sup>
	Trauma Center Designation:	Adult: Level 1, Pedi: Level 2
	Case Mix Index:	1.15, < cohort avg. (1.37); > statewide (1.00)
	<b>Financial</b>	
	Inpatient NPSR per CMAD:	\$14,008
	Change FY14-FY15:	-1.5%
	Inpatient:Outpatient Revenue in FY15:	31%:69%
	Outpatient Revenue in FY15:	\$642,545,867
	Change FY14-FY15:	-8.6%
	Total Revenue in FY15:	\$1,159,014,000
	Total Surplus (Loss) in FY15:	\$29,333,000
	<b>Payer Mix</b>	
	Public Payer Mix:	77.2% (HPP* Hospital)
	CY15 Commercial Relative Price:	1.01
	Top 3 Commercial Payers:	Blue Cross Blue Shield of MA Harvard Pilgrim Health Care Tufts Health Plan
	<b>Utilization</b>	
	Inpatient Discharges in FY15:	24,800
	Change FY14-FY15:	-4.9%
	Emergency Department Visits in FY15:	125,430
	Change FY14-FY15:	-2.6%
	Outpatient Visits in FY15:	1,568,545
	Change FY14-FY15:	-3.0%
	<b>Quality</b>	
	Readmission Rate in FY15:	16.4%
	Change FY11-FY15 (percentage points):	-1.3%
	Early Elective Deliveries Rate (Jan 2015-Jun 2016):	0.0%



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

# 2015 HOSPITAL PROFILE: BOSTON MEDICAL CENTER

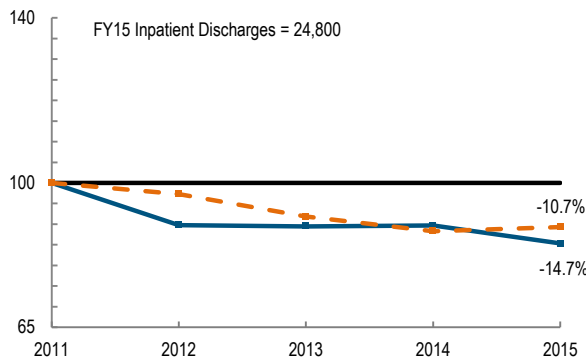
Cohort: Academic Medical Center

Key:

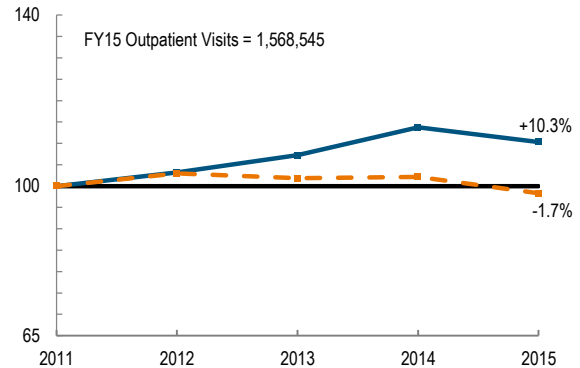


## Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY11, and how does this compare to the hospital's peer cohort median? (FY11=100)

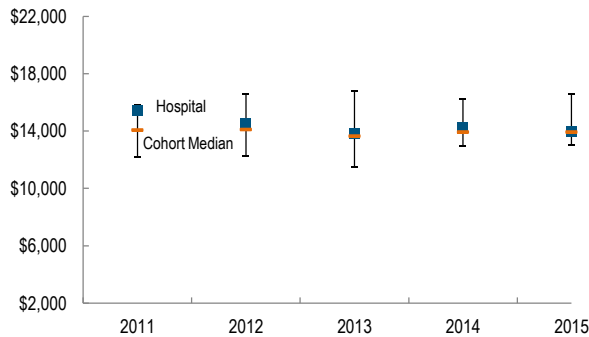


How has the volume of the hospital's outpatient visits changed compared to FY11, and how does this compare to the hospital's peer cohort median? (FY11=100)

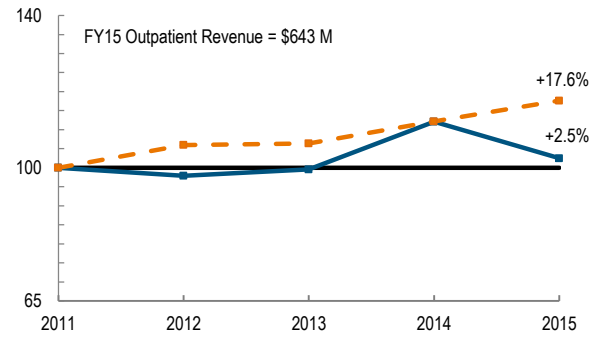


## Patient Revenue Trends

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY11 and FY15, and how does this compare to the hospital's peer cohort median?



How has the hospital's total outpatient revenue changed compared to FY11, and how does this compare to the hospital's peer cohort median? (FY11=100)



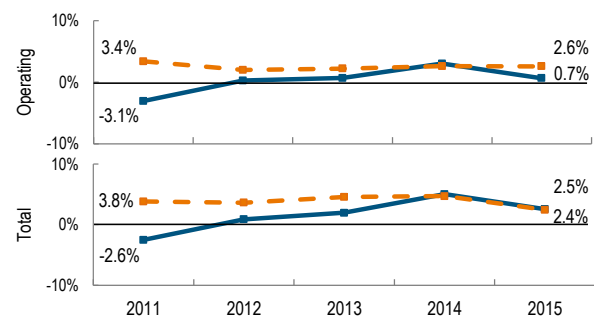
## Financial Performance

How have the hospital's total revenue and costs changed between FY11 and FY15?

### Revenue, Cost, & Profit/Loss (in millions)

FY	2011	2012	2013	2014	2015
Operating Revenue	\$ 980	\$ 1,011	\$ 1,016	\$ 1,087	\$ 1,137
Non-Operating Revenue	\$ 5	\$ 6	\$ 13	\$ 22	\$ 22
Total Revenue	\$ 985	\$ 1,017	\$ 1,029	\$ 1,109	\$ 1,159
Total Costs	\$ 1,010	\$ 1,008	\$ 1,009	\$ 1,053	\$ 1,130
Total Profit (Loss)	\$ (25.1)	\$ 8.8	\$ 20.0	\$ 55.5	\$ 29.3

What were the hospital's total margin and operating margins between FY11 and FY15, 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).

\* High Public Payer Hospitals (HPP) receive a minimum of 63% of gross patient service revenue from public payers.

# BRIGHAM AND WOMEN'S HOSPITAL

## 2015 Hospital Profile

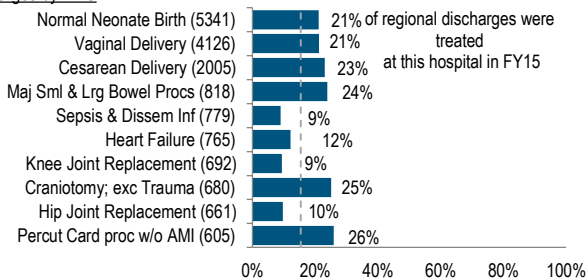
Boston, MA  
Academic Medical Center  
Metro Boston

Brigham and Women's Hospital is a nonprofit Academic Medical Center (AMC) located in the Metro Boston region. Within Massachusetts, it is the second largest hospital, has the highest number of births at any hospital, and is designated as one of nine organ transplant centers in the state. It is a member of Partners HealthCare System. In FY15, Brigham and Women's Hospital reported a total profit of \$60.8M, after reporting profits of at least \$122M between FY11 and FY14.

At a Glance	<b>Overview / Size</b>	
	Hospital System Affiliation:	Partners HealthCare
	Change in Ownership (FY11-FY15):	Not Applicable
	Total Staffed Beds:	859, 2nd largest acute hospital
	% Occupancy:	81.5%, < cohort avg. (85%)
	Special Public Funding:	Not Applicable
	Trauma Center Designation:	Adult: Level 1
	Case Mix Index:	1.47, > cohort avg. (1.37); > statewide (1.00)
	<b>Financial</b>	
	Inpatient NPSR per CMAD:	\$16,567
Services	Change FY14-FY15:	4.1%
	Inpatient:Outpatient Revenue in FY15:	59%:41%
	Outpatient Revenue in FY15:	\$642,308,991
	Change FY14-FY15:	-4.9%
	Total Revenue in FY15:	\$2,602,856,000
	Total Surplus (Loss) in FY15:	\$60,800,000
	<b>Payer Mix</b>	
	Public Payer Mix:	52.4% (Non-HPP* Hospital)
	CY15 Commercial Relative Price:	1.41
	Top 3 Commercial Payers:	Blue Cross Blue Shield of MA Harvard Pilgrim Health Care Tufts Health Plan
Quality	<b>Utilization</b>	
	Inpatient Discharges in FY15:	45,784
	Change FY14-FY15:	1.9%
	Emergency Department Visits in FY15:	59,917
	Change FY14-FY15:	0.3%
	Outpatient Visits in FY15:	375,864 <sup>a</sup>
	Change FY14-FY15:	-41.8%
	<b>Quality</b>	
	Readmission Rate in FY15:	15.8%
	Change FY11-FY15 (percentage points):	-0.3%
	Early Elective Deliveries Rate (Jan 2015-Jun 2016):	3.5%

What were the most common inpatient cases (DRGs) treated at the hospital in FY15? What proportion of the region's cases did this hospital treat for each service?

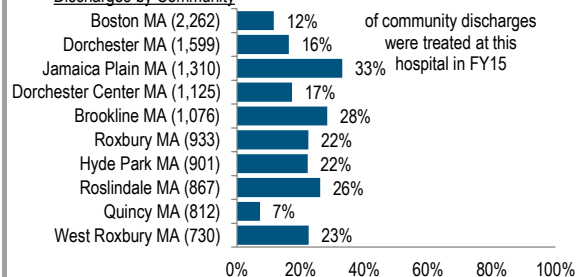
### Discharges by DRG



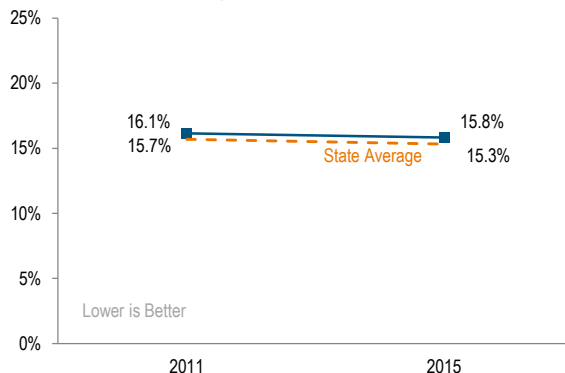
--- Hospital (45,784) = 15% of total regional discharges

Where did most of the hospital's inpatients reside? What proportion of each community's total discharges was attributed to this hospital?

### Discharges by Community

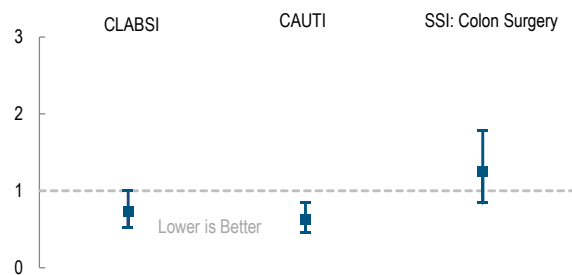


What proportion of adult patient discharges from this hospital resulted in a readmission at any hospital within 30 days, and how does this compare to the state average?



Lower is Better

How many central line-associated blood stream infections (CLABSI), catheter-associated urinary tract infections (CAUTI), and surgical site infections (SSI) after colon surgery did patients get at this hospital compared to what was expected based on the hospital's characteristics and case mix?



Lower is Better

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

<sup>a</sup> See Hospital Specific Notes in technical appendix.

# 2015 HOSPITAL PROFILE: BRIGHAM AND WOMEN'S HOSPITAL

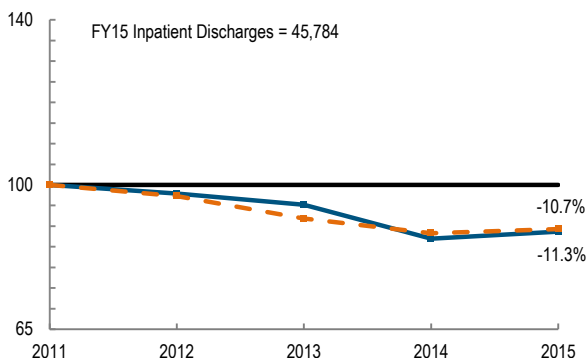
Cohort: Academic Medical Center

Key:

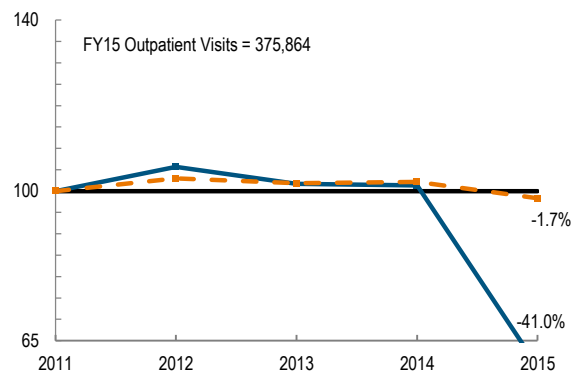
— Hospital  
- - - Peer Cohort

## Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY11, and how does this compare to the hospital's peer cohort median? (FY11=100)

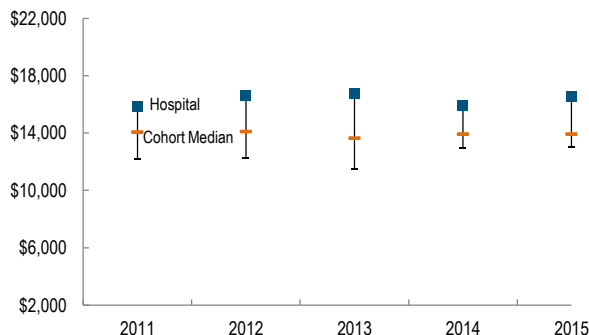


How has the volume of the hospital's outpatient visits changed compared to FY11, and how does this compare to the hospital's peer cohort median? (FY11=100)

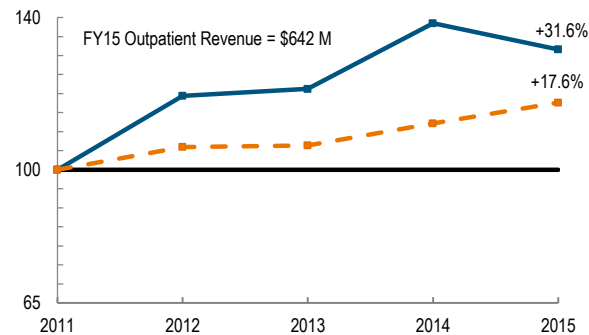


## Patient Revenue Trends

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY11 and FY15, and how does this compare to the hospital's peer cohort median?



How has the hospital's total outpatient revenue changed compared to FY11, and how does this compare to the hospital's peer cohort median? (FY11=100)



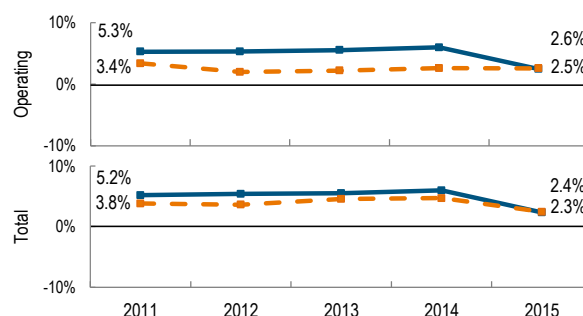
## Financial Performance

How have the hospital's total revenue and costs changed between FY11 and FY15?

### Revenue, Cost, & Profit/Loss (in millions)

FY	2011	2012	2013	2014	2015
Operating Revenue	\$ 2,356	\$ 2,455	\$ 2,517	\$ 2,538	\$ 2,606
Non-Operating Revenue	\$ (3)	\$ 2	\$ (0)	\$ 0	\$ (3)
Total Revenue	\$ 2,353	\$ 2,457	\$ 2,516	\$ 2,538	\$ 2,603
Total Costs	\$ 2,231	\$ 2,325	\$ 2,377	\$ 2,386	\$ 2,542
Total Profit (Loss)	\$ 122.0	\$ 132.2	\$ 139.0	\$ 151.7	\$ 60.8

What were the hospital's total margin and operating margins between FY11 and FY15, and how do these compare to the hospital's peer cohort medians?



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

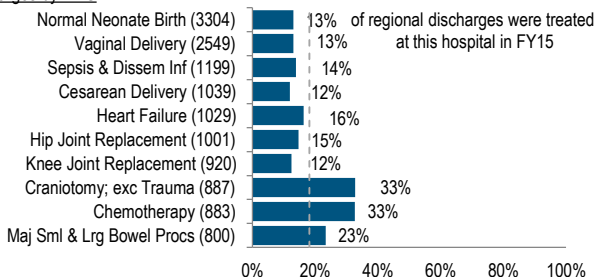
\* High Public Payer Hospitals (HPP) receive a minimum of 63% of gross patient service revenue from public payers.

Massachusetts General Hospital (MGH) is a nonprofit Academic Medical Center (AMC) located in the Metro Boston region. MGH is the largest hospital in Massachusetts with 1,043 staffed beds; it is also the oldest hospital in Massachusetts. It is a teaching hospital of Harvard Medical School and a member of Partners HealthCare System. MGH is one of nine organ transplant centers in Massachusetts. MGH earned a profit each year from FY11 to FY15, with a 5.8% total margin in FY15, higher than the 2.4% median total margin of its peer cohort. Inpatient discharges have increased 6.7% at MGH from FY11 to FY15, while the median of its peer cohort has decreased 10.7%.

At a Glance	<b>Overview / Size</b>	
	Hospital System Affiliation:	Partners HealthCare
	Change in Ownership (FY11-FY15):	Not Applicable
	Total Staffed Beds:	1,043, largest acute hospital
	% Occupancy:	82.8%, < cohort avg. (85%)
	Special Public Funding:	Not Applicable
	Trauma Center Designation:	Adult: Level 1, Pedi: Level 1
	Case Mix Index:	1.45, > cohort avg. (1.37); > statewide (1.00)
	<b>Financial</b>	
	Inpatient NPSR per CMAD:	\$16,069
Services	Change FY14-FY15:	-1.0%
	Inpatient:Outpatient Revenue in FY15:	49%:51%
	Outpatient Revenue in FY15:	\$1,181,887,248
	Change FY14-FY15:	6.4%
	Total Revenue in FY15:	\$3,477,339,000
	Total Surplus (Loss) in FY15:	\$201,124,000
	<b>Payer Mix</b>	
	Public Payer Mix:	56.6% (Non-HPP* Hospital)
	CY15 Commercial Relative Price:	1.41
	Top 3 Commercial Payers:	Blue Cross Blue Shield of MA Harvard Pilgrim Health Care Tufts Health Plan
Quality	<b>Utilization</b>	
	Inpatient Discharges in FY15:	53,953
	Change FY14-FY15:	1.6%
	Emergency Department Visits in FY15:	106,695
	Change FY14-FY15:	3.9%
	Outpatient Visits in FY15:	888,351
	Change FY14-FY15:	-5.9%
	<b>Quality</b>	
	Readmission Rate in FY15:	15.2%
	Change FY11-FY15 (percentage points):	0.7%
	Early Elective Deliveries Rate (Jan 2015-Jun 2016):	Not Available

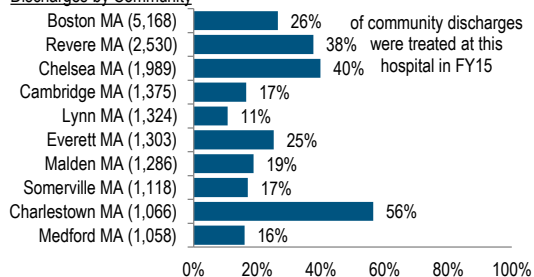
What were the most common inpatient cases (DRGs) treated at the hospital in FY15? What proportion of the region's cases did this hospital treat for each service?

Discharges by DRG

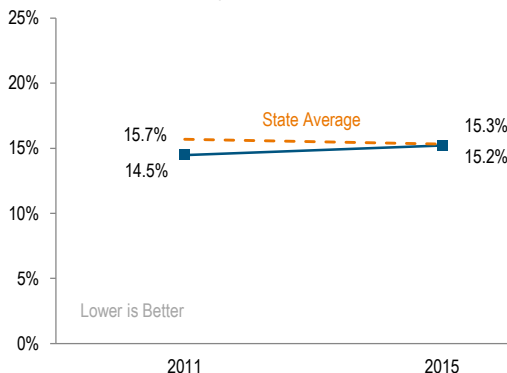


Where did most of the hospital's inpatients reside? What proportion of each community's total discharges was attributed to this hospital?

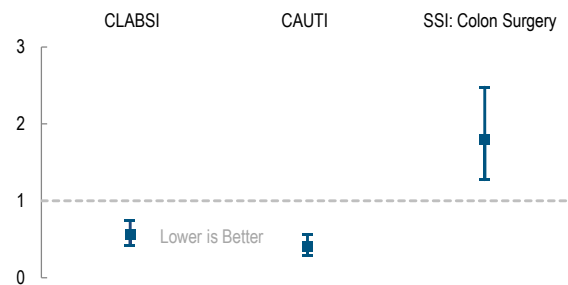
Discharges by Community



What proportion of adult patient discharges from this hospital resulted in a readmission at any hospital within 30 days, and how does this compare to the state average?



How many central line-associated blood stream infections (CLABSI), catheter-associated urinary tract infections (CAUTI), and surgical site infections (SSI) after colon surgery did patients get at this hospital compared to what was expected based on the hospital's characteristics and case mix?



# 2015 HOSPITAL PROFILE: MASSACHUSETTS GENERAL HOSPITAL

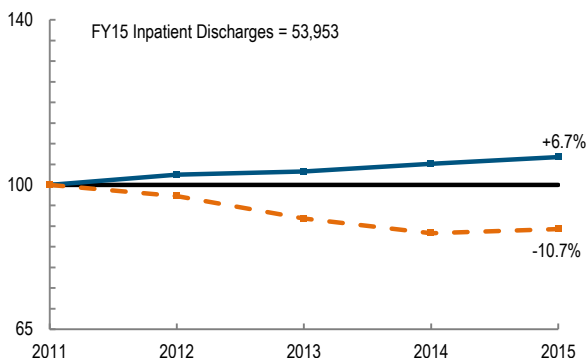
Cohort: Academic Medical Center

Key:

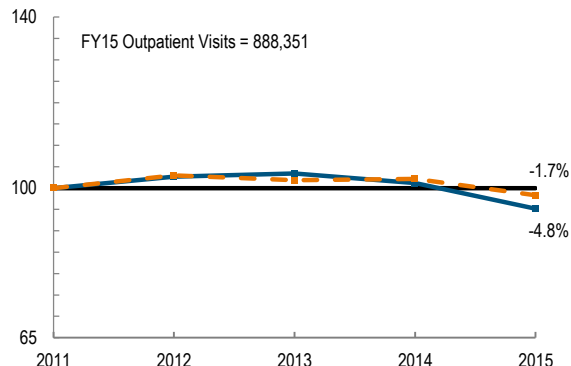


## Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY11, and how does this compare to the hospital's peer cohort median? (FY11=100)

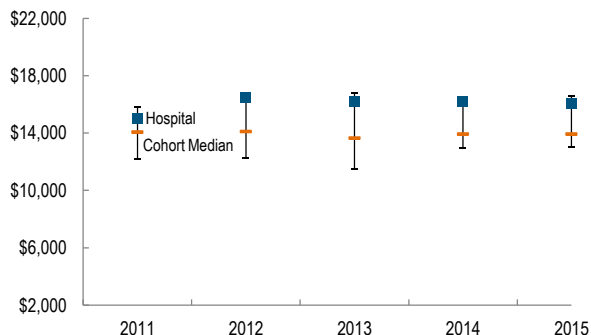


How has the volume of the hospital's outpatient visits changed compared to FY11, and how does this compare to the hospital's peer cohort median? (FY11=100)

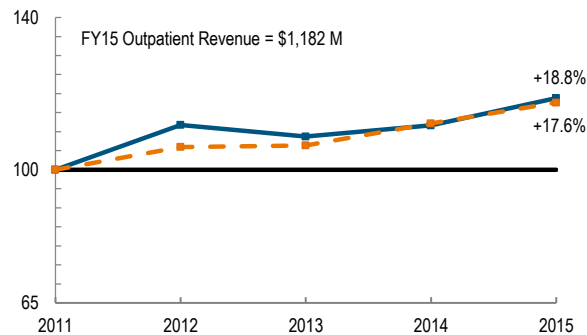


## Patient Revenue Trends

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY11 and FY15, and how does this compare to the hospital's peer cohort median?



How has the hospital's total outpatient revenue changed compared to FY11, and how does this compare to the hospital's peer cohort median? (FY11=100)



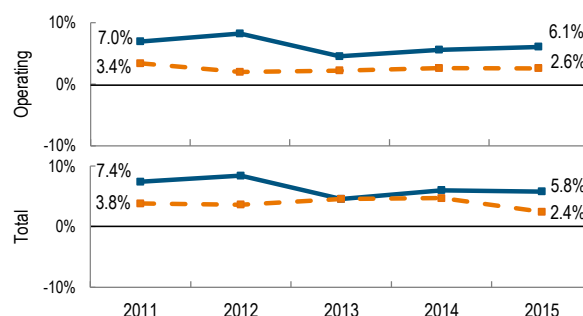
## Financial Performance

How have the hospital's total revenue and costs changed between FY11 and FY15?

### Revenue, Cost, & Profit/Loss (in millions)

FY	2011	2012	2013	2014	2015
Operating Revenue	\$ 3,021	\$ 3,255	\$ 3,271	\$ 3,326	\$ 3,488
Non-Operating Revenue	\$ 13	\$ 6	\$ 1	\$ 13	\$ (10)
Total Revenue	\$ 3,033	\$ 3,260	\$ 3,272	\$ 3,339	\$ 3,477
Total Costs	\$ 2,810	\$ 2,987	\$ 3,123	\$ 3,139	\$ 3,276
Total Profit (Loss)	\$ 223.9	\$ 273.6	\$ 149.2	\$ 200.1	\$ 201.1

What were the hospital's total margin and operating margins between FY11 and FY15, and how do these compare to the hospital's peer cohort medians?

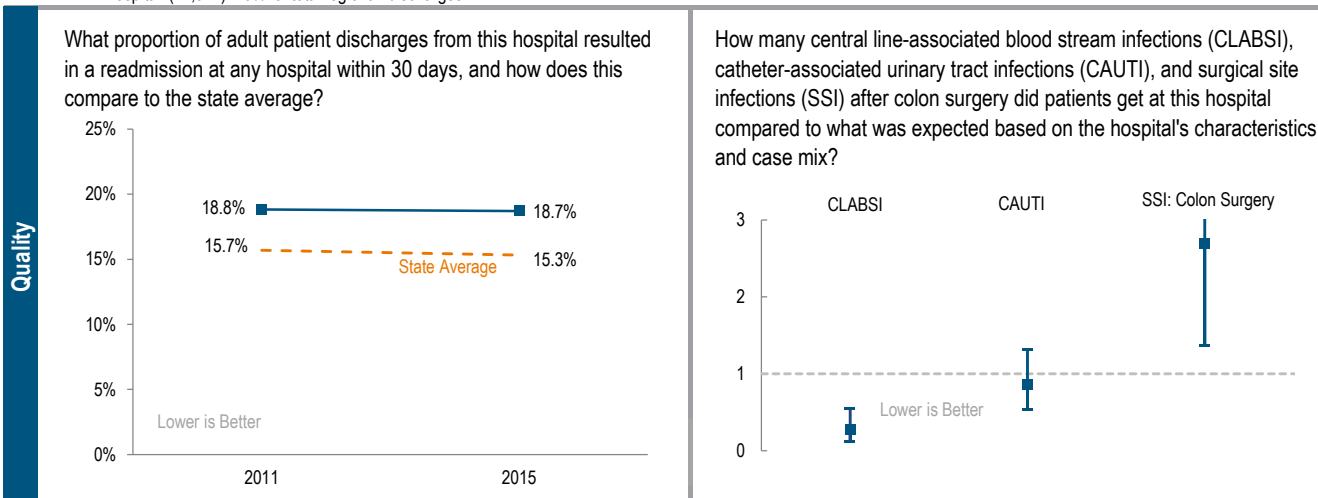
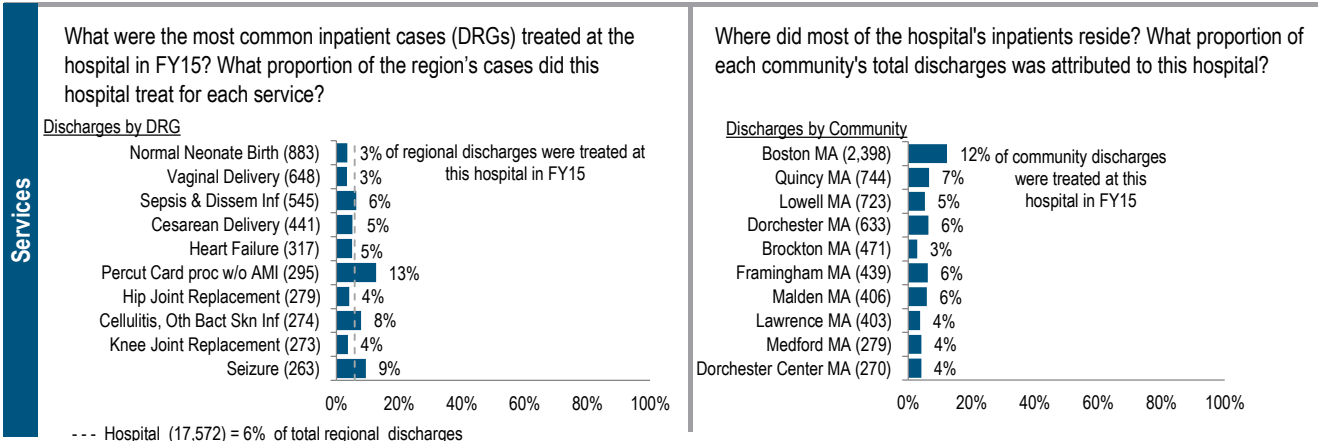


For descriptions of the metrics, please see the technical appendix.

\* High Public Payer Hospitals (HPP) receive a minimum of 63% of gross patient service revenue from public payers.

Tufts Medical Center is a large, nonprofit Academic Medical Center (AMC) located in the Metro Boston region. Tufts Medical Center is a teaching hospital of Tufts University School of Medicine and includes the Floating Hospital for Children, which is located within the Tufts Medical Center complex. Tufts Medical Center is one of nine organ transplant centers in Massachusetts and is a member of Wellforce. Inpatient discharges decreased 17.4% from FY11 to FY15 at Tufts Medical Center, greater than the 10.7% decrease in the median of its peer cohort. The hospital reported a loss in FY15, with a total margin of -2.6%. FY15 was the only year in the five year period that the hospital reported a loss.

At a Glance	<b>Overview / Size</b>	
	Hospital System Affiliation:	Wellforce
	Change in Ownership (FY11-FY15):	Wellforce - 2014
	Total Staffed Beds:	255, among the larger acute hospitals
	% Occupancy:	100.5%, highest in cohort (avg. 85%)
	Special Public Funding:	ICB <sup>9</sup>
	Trauma Center Designation:	Adult: Level 1, Pedi: Level 1
	Case Mix Index:	1.60, > cohort avg. (1.37); > statewide (1.00)
	<b>Financial</b>	
	Inpatient NPSR per CMAD:	\$13,141
	Change FY14-FY15:	-3.7%
	Inpatient:Outpatient Revenue in FY15:	48%:52%
	Outpatient Revenue in FY15:	\$248,042,847
	Change FY14-FY15:	9.5%
	Total Revenue in FY15:	\$686,126,829
	Total Surplus (Loss) in FY15:	(\$18,174,000)
	<b>Payer Mix</b>	
	Public Payer Mix:	62.0% (Non-HPP* Hospital)
	CY15 Commercial Relative Price:	1.05
	Top 3 Commercial Payers:	Blue Cross Blue Shield of MA Harvard Pilgrim Health Care Tufts Health Plan
	<b>Utilization</b>	
	Inpatient Discharges in FY15:	17,572
	Change FY14-FY15:	-1.4%
	Emergency Department Visits in FY15:	43,612
	Change FY14-FY15:	5.5%
	Outpatient Visits in FY15:	405,119
	Change FY14-FY15:	-1.5%
	<b>Quality</b>	
	Readmission Rate in FY15:	18.7%
	Change FY11-FY15 (percentage points):	-0.1%
	Early Elective Deliveries Rate (Jan 2015-Jun 2016):	0.0%



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



# 2015 HOSPITAL PROFILE: TUFTS MEDICAL CENTER

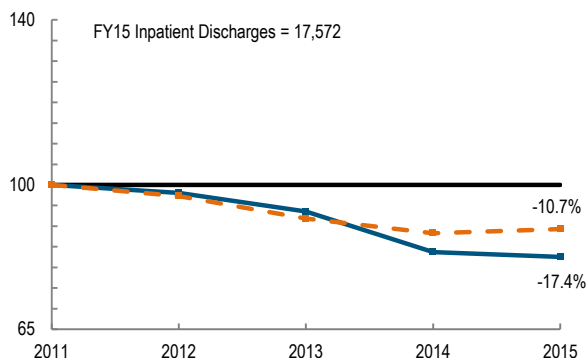
Cohort: Academic Medical Center

Key:

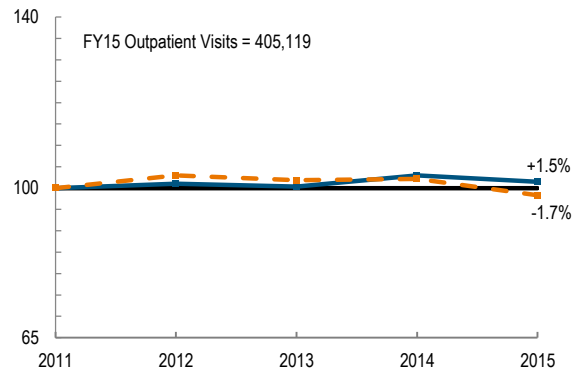


## Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY11, and how does this compare to the hospital's peer cohort median? (FY11=100)

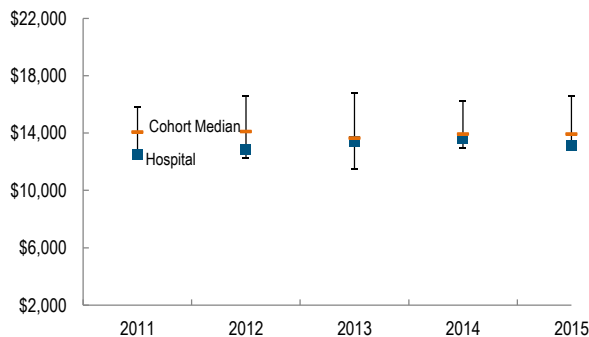


How has the volume of the hospital's outpatient visits changed compared to FY11, and how does this compare to the hospital's peer cohort median? (FY11=100)

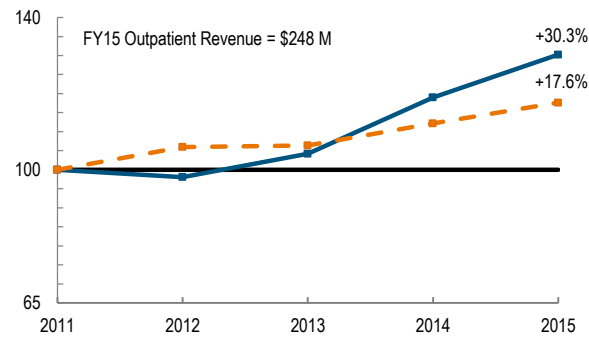


## Patient Revenue Trends

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY11 and FY15, and how does this compare to the hospital's peer cohort median?



How has the hospital's total outpatient revenue changed compared to FY11, and how does this compare to the hospital's peer cohort median? (FY11=100)



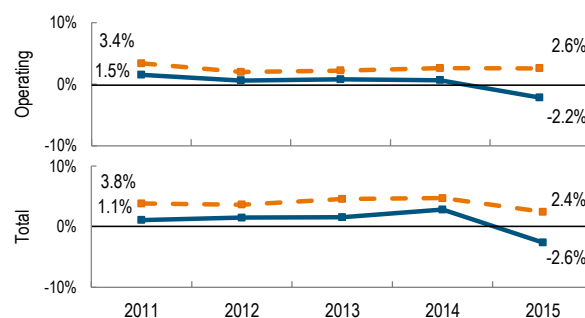
## Financial Performance

How have the hospital's total revenue and costs changed between FY11 and FY15?

### Revenue, Cost, & Profit/Loss (in millions)

FY	2011	2012	2013	2014	2015
Operating Revenue	\$ 675	\$ 667	\$ 656	\$ 685	\$ 689
Non-Operating Revenue	\$ (3)	\$ 6	\$ 5	\$ 15	\$ (3)
Total Revenue	\$ 672	\$ 673	\$ 661	\$ 700	\$ 686
Total Costs	\$ 665	\$ 663	\$ 651	\$ 681	\$ 704
Total Profit (Loss)	\$ 7.3	\$ 10.0	\$ 10.2	\$ 19.7	\$ (18.2)

What were the hospital's total margin and operating margins between FY11 and FY15, and how do these compare to the hospital's peer cohort medians?



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

<sup>9</sup> For more information on Infrastructure and Capacity Building (ICB) special funding, please contact the Massachusetts Executive Office of Health and Human Services (EOHHS).

\* High Public Payer Hospitals (HPP) receive a minimum of 63% of gross patient service revenue from public payers.

# UMASS MEMORIAL MEDICAL CENTER

## 2015 Hospital Profile

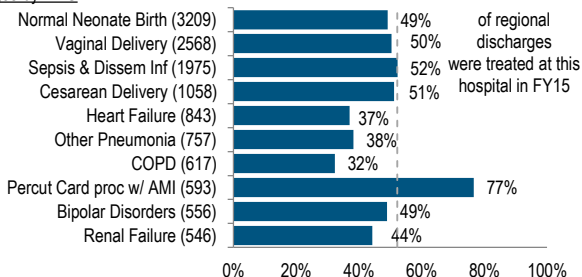
Worcester, MA  
Academic Medical Center  
Central Massachusetts

UMass Memorial Medical Center is a large, nonprofit Academic Medical Center (AMC) located in the Central Massachusetts region. UMass Memorial is a member of the UMass Memorial Health Care system, and one of nine organ transplant centers in Massachusetts. It also qualifies as a High Public Payer (HPP) hospital. Inpatient discharges decreased 10.1% at the hospital between FY11 and FY15, consistent with the median performance of its peer cohort, which decreased 10.7%. UMass Memorial earned a profit each year from FY11 to FY15, with a total margin of 3.9% in FY15, higher than the peer cohort median total margin of 2.4%.

At a Glance	<b>Overview / Size</b>	
	Hospital System Affiliation:	UMass Memorial Health Care
	Change in Ownership (FY11-FY15):	Not Applicable
	Total Staffed Beds:	723, 4th largest acute hospital
	% Occupancy:	81.5%, < cohort avg. (85%)
	Special Public Funding:	ICB <sup>9</sup>
	Trauma Center Designation:	Adult: Level 1, Pedi: Level 1
	Case Mix Index:	1.26, < cohort avg. (1.37); > statewide (1.00)
	<b>Financial</b>	
	Inpatient NPSR per CMAD:	\$13,048
Services	Change FY14-FY15:	0.9%
	Inpatient:Outpatient Revenue in FY15:	45%:55%
	Outpatient Revenue in FY15:	\$632,894,722
	Change FY14-FY15:	6.2%
	Total Revenue in FY15:	\$1,533,230,000
	Total Surplus (Loss) in FY15:	\$60,090,000
	<b>Payer Mix</b>	
	Public Payer Mix:	64.0% (HPP* Hospital)
	CY15 Commercial Relative Price:	1.07
	Top 3 Commercial Payers:	Blue Cross Blue Shield of MA Fallon Health Harvard Pilgrim Health Care
Quality	<b>Utilization</b>	
	Inpatient Discharges in FY15:	41,846
	Change FY14-FY15:	3.7%
	Emergency Department Visits in FY15:	131,052
	Change FY14-FY15:	-0.8%
	Outpatient Visits in FY15:	974,761
	Change FY14-FY15:	-2.2%
	<b>Quality</b>	
	Readmission Rate in FY15:	18.2%
	Change FY11-FY15 (percentage points):	1.1%
	Early Elective Deliveries Rate (Jan 2015-Jun 2016):	Not Available

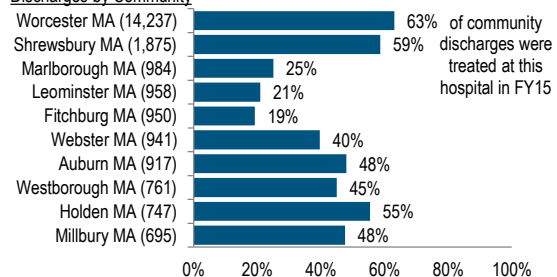
What were the most common inpatient cases (DRGs) treated at the hospital in FY15? What proportion of the region's cases did this hospital treat for each service?

### Discharges by DRG

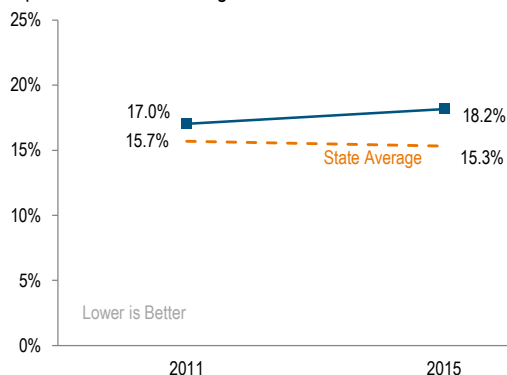


Where did most of the hospital's inpatients reside? What proportion of each community's total discharges was attributed to this hospital?

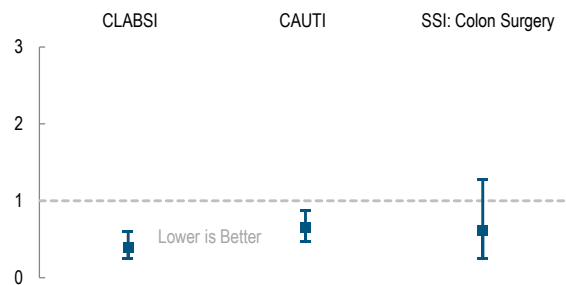
### Discharges by Community



What proportion of adult patient discharges from this hospital resulted in a readmission at any hospital within 30 days, and how does this compare to the state average?



How many central line-associated blood stream infections (CLABSI), catheter-associated urinary tract infections (CAUTI), and surgical site infections (SSI) after colon surgery did patients get at this hospital compared to what was expected based on the hospital's characteristics and case mix?



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

# 2015 HOSPITAL PROFILE: UMASS MEMORIAL MEDICAL CENTER

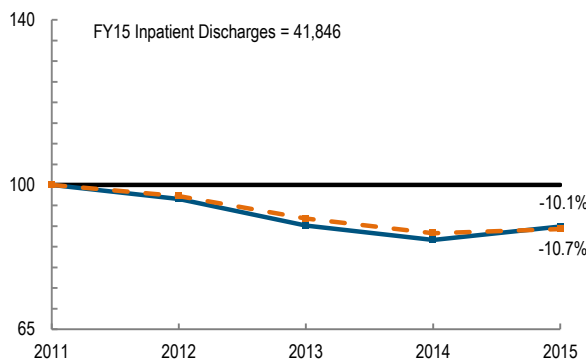
Cohort: Academic Medical Center

Key:

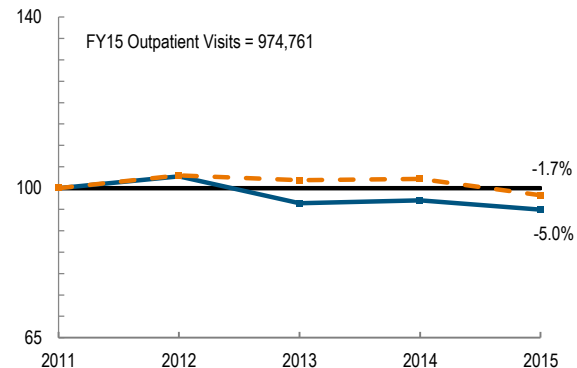


## Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY11, and how does this compare to the hospital's peer cohort median? (FY11=100)

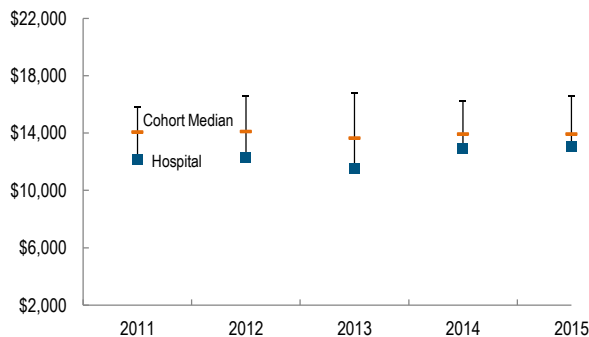


How has the volume of the hospital's outpatient visits changed compared to FY11, and how does this compare to the hospital's peer cohort median? (FY11=100)

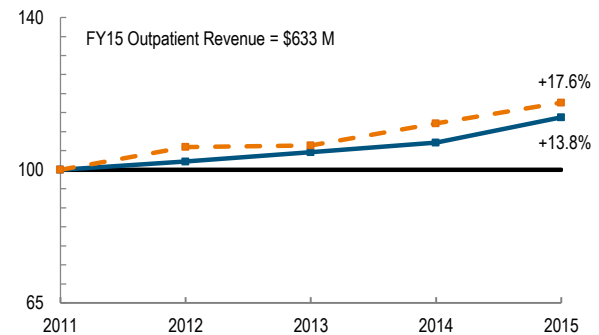


## Patient Revenue Trends

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY11 and FY15, and how does this compare to the hospital's peer cohort median?



How has the hospital's total outpatient revenue changed compared to FY11, and how does this compare to the hospital's peer cohort median? (FY11=100)



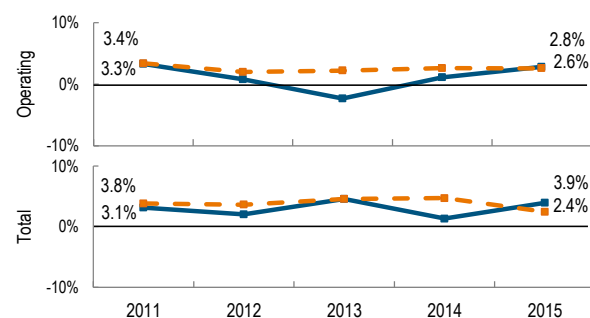
## Financial Performance

How have the hospital's total revenue and costs changed between FY11 and FY15?

### Revenue, Cost, & Profit/Loss (in millions)

FY	2011	2012	2013	2014	2015
Operating Revenue	\$ 1,375	\$ 1,380	\$ 1,408	\$ 1,521	\$ 1,516
Non-Operating Revenue	\$ (2)	\$ 17	\$ 104	\$ 3	\$ 17
Total Revenue	\$ 1,373	\$ 1,396	\$ 1,512	\$ 1,523	\$ 1,533
Total Costs	\$ 1,330	\$ 1,368	\$ 1,443	\$ 1,503	\$ 1,473
Total Profit (Loss)	\$ 42.9	\$ 27.8	\$ 68.9	\$ 19.8	\$ 60.1

What were the hospital's total margin and operating margins between FY11 and FY15, and how do these compare to the hospital's peer cohort medians?



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

<sup>9</sup> For more information on Infrastructure and Capacity Building (ICB) special funding, please contact the Massachusetts Executive Office of Health and Human Services (EOHHS).

\* High Public Payer Hospitals (HPP) receive a minimum of 63% of gross patient service revenue from public payers.

# BAYSTATE MEDICAL CENTER

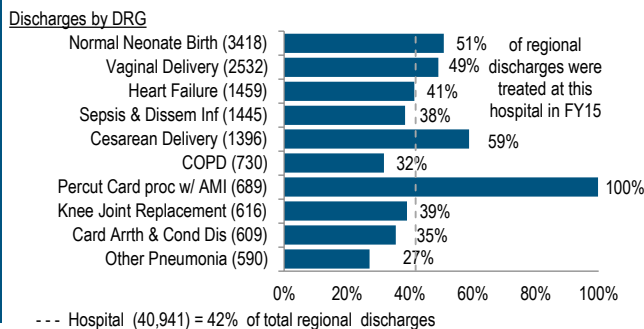
## 2015 Hospital Profile

Springfield, MA  
Teaching Hospital  
Western Massachusetts

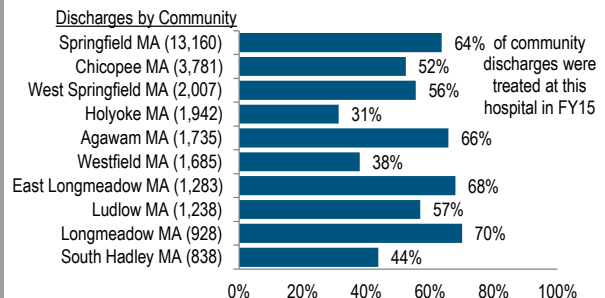
Baystate Medical Center is a nonprofit teaching hospital located in the Western Massachusetts region. It is the third largest acute hospital in Massachusetts, with 767 staffed beds. It is a member of the Baystate Health system, and qualifies as High Public Payer (HPP). It is the only Level 1 Trauma Center in its region, the only Level 2 Pediatric Trauma Center in its region, and one of nine organ transplant centers in Massachusetts. Baystate Medical Center was profitable each year from FY11 to FY15, with a 6.7% total margin in FY15, above the median among cohort hospitals.

At a Glance	<b>Overview / Size</b>	
	Hospital System Affiliation:	Baystate Health System
	Change in Ownership (FY11-FY15):	Not Applicable
	Total Staffed Beds:	767, 3rd largest acute hospital
	% Occupancy:	72.0%, < cohort avg. (75%)
	Special Public Funding:	ICB <sup>6</sup>
	Trauma Center Designation:	Adult: Level 1, Pedi: Level 2
	Case Mix Index:	1.13, > cohort avg. (1.03); > statewide (1.00)
	<b>Financial</b>	
	Inpatient NPSR per CMAD:	\$11,326
Services	Change FY14-FY15:	-8.5%
	Inpatient:Outpatient Revenue in FY15:	45%:55%
	Outpatient Revenue in FY15:	\$495,064,860
	Change FY14-FY15:	23.2%
	Total Revenue in FY15:	\$1,153,081,000
	Total Surplus (Loss) in FY15:	\$76,849,000
	<b>Payer Mix</b>	
	Public Payer Mix:	69.3% (HPP* Hospital)
	CY15 Commercial Relative Price:	1.01
	Top 3 Commercial Payers:	Blue Cross Blue Shield of MA Health New England UniCare
Quality	<b>Utilization</b>	
	Inpatient Discharges in FY15:	40,941
	Change FY14-FY15:	2.9%
	Emergency Department Visits in FY15:	109,167
	Change FY14-FY15:	6.3%
	Outpatient Visits in FY15:	444,284
	Change FY14-FY15:	0.3%
	<b>Quality</b>	
	Readmission Rate in FY15:	17.0%
	Change FY11-FY15 (percentage points):	2.6%
	Early Elective Deliveries Rate (Jan 2015-Jun 2016):	3.6%

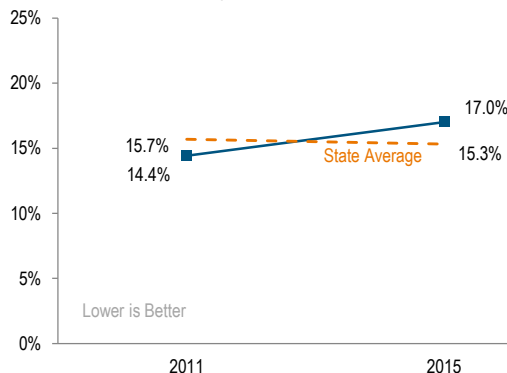
What were the most common inpatient cases (DRGs) treated at the hospital in FY15? What proportion of the region's cases did this hospital treat for each service?



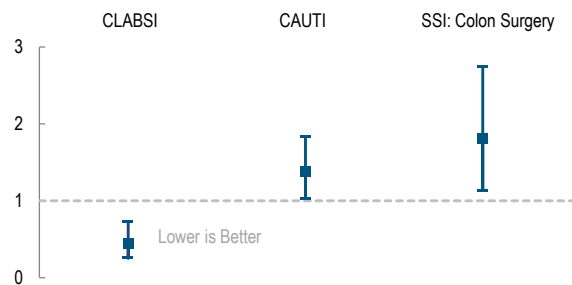
Where did most of the hospital's inpatients reside? What proportion of each community's total discharges was attributed to this hospital?



What proportion of adult patient discharges from this hospital resulted in a readmission at any hospital within 30 days, and how does this compare to the state average?



How many central line-associated blood stream infections (CLABSI), catheter-associated urinary tract infections (CAUTI), and surgical site infections (SSI) after colon surgery did patients get at this hospital compared to what was expected based on the hospital's characteristics and case mix?



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

# 2015 HOSPITAL PROFILE: BAYSTATE MEDICAL CENTER

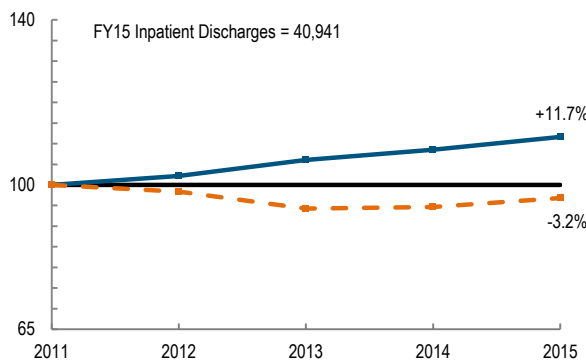
Cohort: Teaching Hospital

Key:

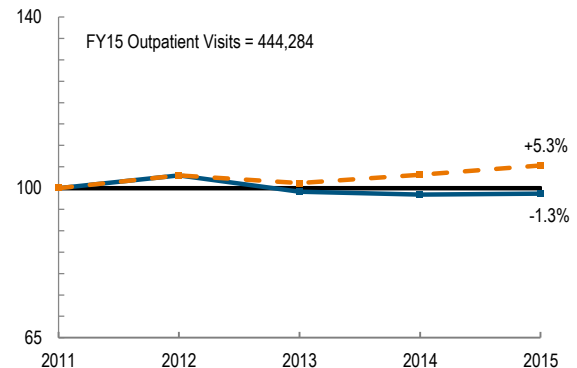


## Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY11, and how does this compare to the hospital's peer cohort median? (FY11=100)

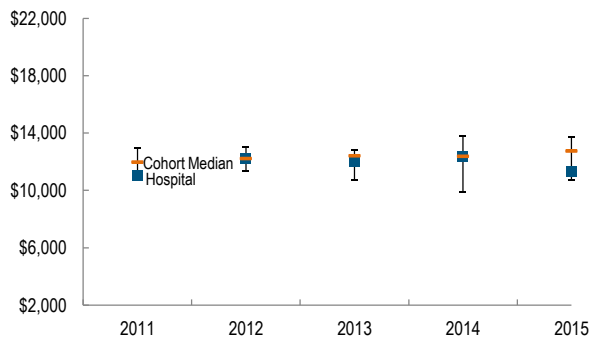


How has the volume of the hospital's outpatient visits changed compared to FY11, and how does this compare to the hospital's peer cohort median? (FY11=100)

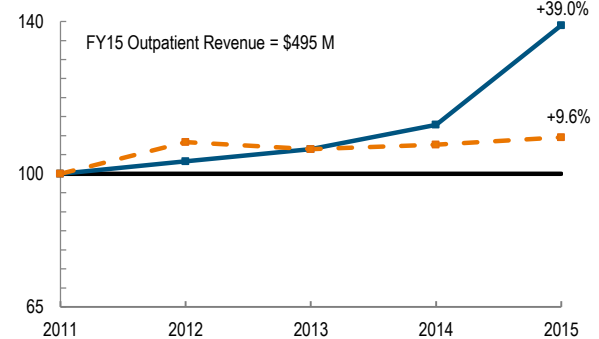


## Patient Revenue Trends

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY11 and FY15, and how does this compare to the hospital's peer cohort median?



How has the hospital's total outpatient revenue changed compared to FY11, and how does this compare to the hospital's peer cohort median? (FY11=100)



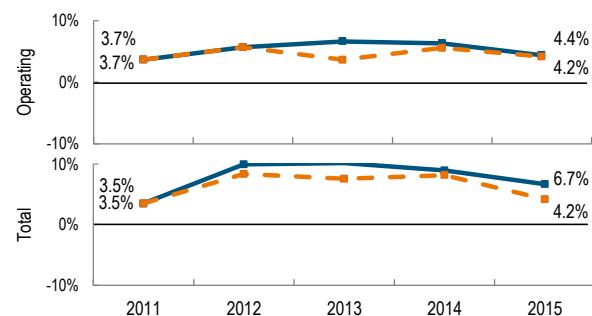
## Financial Performance

How have the hospital's total revenue and costs changed between FY11 and FY15?

### Revenue, Cost, & Profit/Loss (in millions)

FY	2011	2012	2013	2014	2015
Operating Revenue	\$ 878	\$ 940	\$ 996	\$ 1,053	\$ 1,127
Non-Operating Revenue	\$ (2)	\$ 42	\$ 36	\$ 28	\$ 26
Total Revenue	\$ 877	\$ 982	\$ 1,032	\$ 1,081	\$ 1,153
Total Costs	\$ 846	\$ 884	\$ 927	\$ 984	\$ 1,076
Total Profit (Loss)	\$ 30.5	\$ 97.6	\$ 104.7	\$ 96.3	\$ 76.8

What were the hospital's total margin and operating margins between FY11 and FY15, and how do these compare to the hospital's peer cohort medians?



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

<sup>9</sup> For more information on Infrastructure and Capacity Building (ICB) special funding, please contact the Massachusetts Executive Office of Health and Human Services (EOHHS).

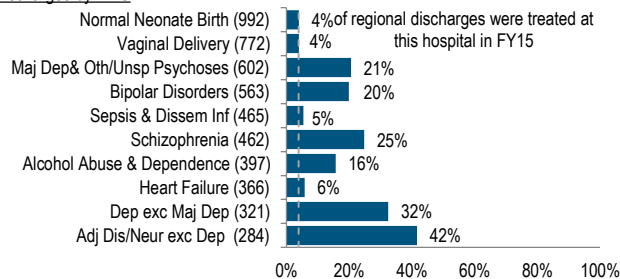
\* High Public Payer Hospitals (HPP) receive a minimum of 63% of gross patient service revenue from public payers.

Cambridge Health Alliance (CHA) is a mid-size, municipal teaching hospital located in the Metro Boston region. It is the only municipally-owned hospital in Massachusetts. CHA includes Cambridge Hospital, Somerville Hospital, and Whidden Memorial Hospital campuses. It qualifies as a High Public Payer (HPP) hospital. Though it was only responsible for 4% of the discharges in the Metro Boston region, it treated over one-fifth of Bipolar Disorders, Schizophrenia, and Depression cases region-wide in FY15. It reported a profit of \$7.9M in FY15 after reporting losses in FY11 through FY14.

At a Glance	<b>Overview / Size</b>	
	Hospital System Affiliation:	Not Applicable
	Change in Ownership (FY11-FY15):	Not Applicable
	Total Staffed Beds:	229, mid-size acute hospital
	% Occupancy:	70.4%, < cohort avg. (75%)
	Special Public Funding:	DSTI <sup>n</sup>
	Trauma Center Designation:	Not Applicable
	Case Mix Index:	0.78, < cohort avg. (1.03); < statewide (1.00)
	<b>Financial</b>	
	Inpatient NPSR per CMAD:	\$13,696
Services	Change FY14-FY15:	-0.8%
	Inpatient:Outpatient Revenue in FY15:	24%:76%
	Outpatient Revenue in FY15:	\$244,724,560
	Change FY14-FY15:	-27.5%
	Total Revenue in FY15:	\$585,063,146
	Total Surplus (Loss) in FY15:	\$7,945,894
	<b>Payer Mix</b>	
	Public Payer Mix:	66.2% (HPP* Hospital)
	CY15 Commercial Relative Price:	0.80
	Top 3 Commercial Payers:	Blue Cross Blue Shield of MA Harvard Pilgrim Health Care Tufts Health Plan
Quality	<b>Utilization</b>	
	Inpatient Discharges in FY15:	11,700
	Change FY14-FY15:	-2.9%
	Emergency Department Visits in FY15:	98,573
	Change FY14-FY15:	3.0%
	Outpatient Visits in FY15:	678,717
	Change FY14-FY15:	2.1%
	<b>Quality</b>	
	Readmission Rate in FY15:	18.0%
	Change FY11-FY15 (percentage points):	-1.0%
	Early Elective Deliveries Rate (Jan 2015-Jun 2016):	0.0%

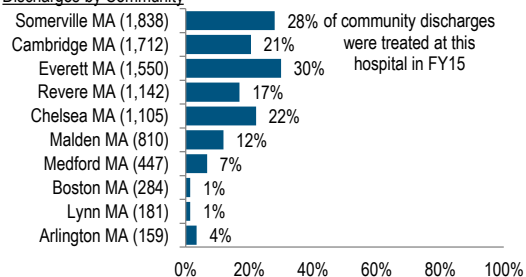
What were the most common inpatient cases (DRGs) treated at the hospital in FY15? What proportion of the region's cases did this hospital treat for each service?

#### Discharges by DRG

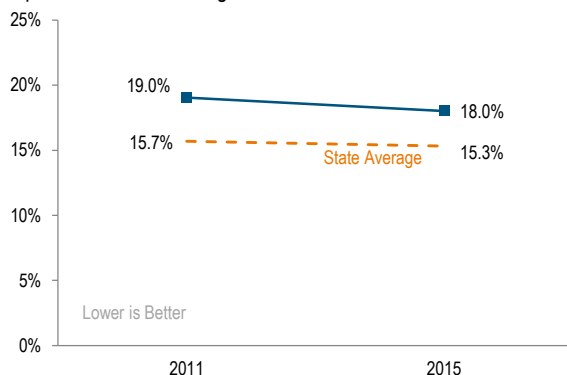


Where did most of the hospital's inpatients reside? What proportion of each community's total discharges was attributed to this hospital?

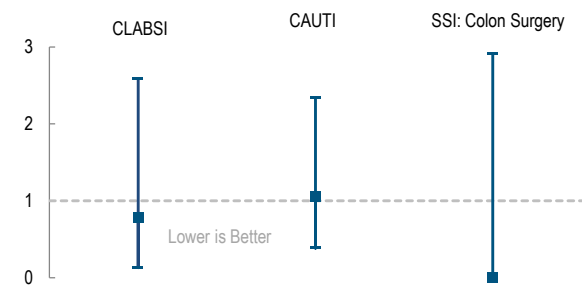
#### Discharges by Community



What proportion of adult patient discharges from this hospital resulted in a readmission at any hospital within 30 days, and how does this compare to the state average?



How many central line-associated blood stream infections (CLABSI), catheter-associated urinary tract infections (CAUTI), and surgical site infections (SSI) after colon surgery did patients get at this hospital compared to what was expected based on the hospital's characteristics and case mix?



# 2015 HOSPITAL PROFILE: CAMBRIDGE HEALTH ALLIANCE

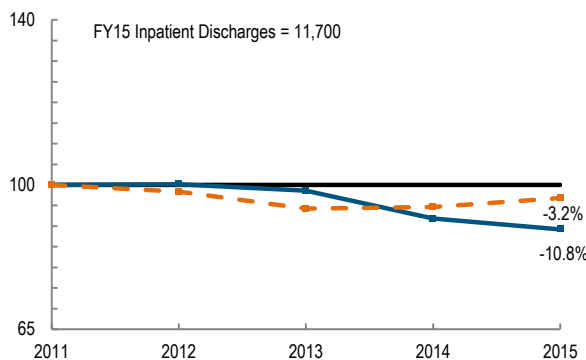
Cohort: Teaching Hospital

Key:

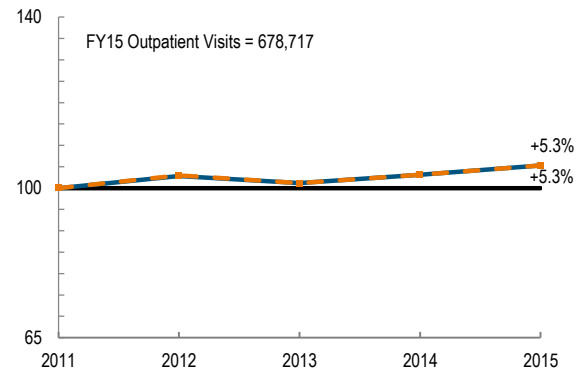


## Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY11, and how does this compare to the hospital's peer cohort median? (FY11=100)

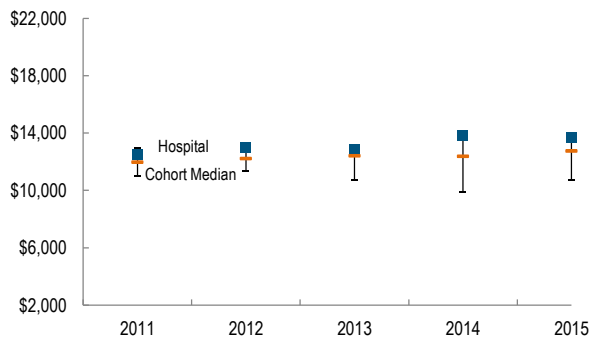


How has the volume of the hospital's outpatient visits changed compared to FY11, and how does this compare to the hospital's peer cohort median? (FY11=100)

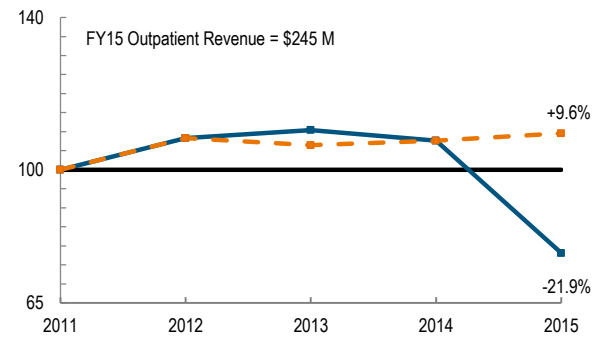


## Patient Revenue Trends

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY11 and FY15, and how does this compare to the hospital's peer cohort median?



How has the hospital's total outpatient revenue changed compared to FY11, and how does this compare to the hospital's peer cohort median? (FY11=100)



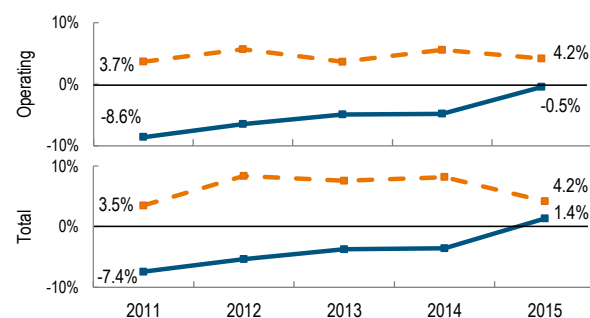
## Financial Performance

How have the hospital's total revenue and costs changed between FY11 and FY15?

### Revenue, Cost, & Profit/Loss (in millions)

FY	2011	2012	2013	2014	2015
Operating Revenue	\$ 490	\$ 526	\$ 528	\$ 530	\$ 574
Non-Operating Revenue	\$ 6	\$ 6	\$ 6	\$ 6	\$ 11
Total Revenue	\$ 496	\$ 532	\$ 535	\$ 537	\$ 585
Total Costs	\$ 533	\$ 561	\$ 554	\$ 556	\$ 577
Total Profit (Loss)	\$ (36.9)	\$ (28.5)	\$ (20.0)	\$ (19.3)	\$ 7.9

What were the hospital's total margin and operating margins between FY11 and FY15, 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).

\* High Public Payer Hospitals (HPP) receive a minimum of 63% of gross patient service revenue from public payers.

# LAHEY HOSPITAL & MEDICAL CENTER

## 2015 Hospital Profile

Burlington, MA & Peabody, MA  
Teaching Hospital  
Northeastern Massachusetts

Lahey Hospital & Medical Center is a nonprofit teaching hospital located in the Northeastern Massachusetts region. It is among the larger acute hospitals in Massachusetts and one of nine transplant centers in Massachusetts. Lahey Hospital & Medical Center saw an increase of 0.3% in inpatient discharges from FY11 to FY15. Over the five year period, its trend in inpatient discharges has closely matched that of the median for its peer cohort. Lahey Hospital & Medical Center has been profitable each year from FY11 to FY15, posting a total margin of 3.8% in FY15, below the cohort median of 4.2%. In each of the last four years the total margin of the hospital has been at or near the median of its peer cohort.

### At a Glance

#### Overview / Size

Hospital System Affiliation:	Lahey Health System
Change in Ownership (FY11-FY15):	Lahey Health - 2012
Total Staffed Beds:	345, among the larger acute hospitals
% Occupancy:	85.3%, > cohort avg. (75%)
Special Public Funding:	ICB <sup>9</sup>
Trauma Center Designation:	Adult: Level 2
Case Mix Index:	1.42, > cohort avg. (1.03); > statewide (1.00)

#### Financial

Inpatient NPSR per CMAD:	\$11,973
Change FY14-FY15:	-3.2%
Inpatient:Outpatient Revenue in FY15:	32%:68%
Outpatient Revenue in FY15:	\$436,781,617
Change FY14-FY15:	1.2%
Total Revenue in FY15:	\$837,646,993
Total Surplus (Loss) in FY15:	\$31,422,770

#### Payer Mix

Public Payer Mix:	57.2% (Non-HPP* Hospital)
CY15 Commercial Relative Price:	1.01
Top 3 Commercial Payers:	Blue Cross Blue Shield of MA Harvard Pilgrim Health Care Tufts Health Plan

#### Utilization

Inpatient Discharges in FY15:	22,267
Change FY14-FY15:	6.0%
Emergency Department Visits in FY15:	58,252
Change FY14-FY15:	3.8%
Outpatient Visits in FY15:	910,155
Change FY14-FY15:	-3.0%

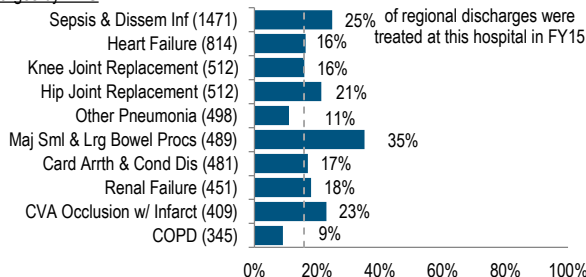
#### Quality

Readmission Rate in FY15:	15.7%
Change FY11-FY15 (percentage points):	1.0%
Early Elective Deliveries Rate (Jan 2015-Jun 2016):	Not Available

### Services

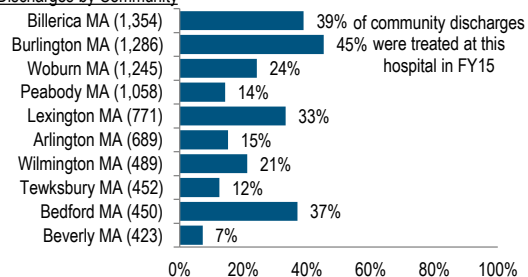
What were the most common inpatient cases (DRGs) treated at the hospital in FY15? What proportion of the region's cases did this hospital treat for each service?

#### Discharges by DRG



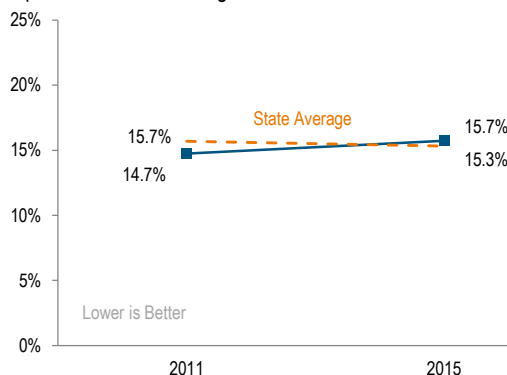
Where did most of the hospital's inpatients reside? What proportion of each community's total discharges was attributed to this hospital?

#### Discharges by Community

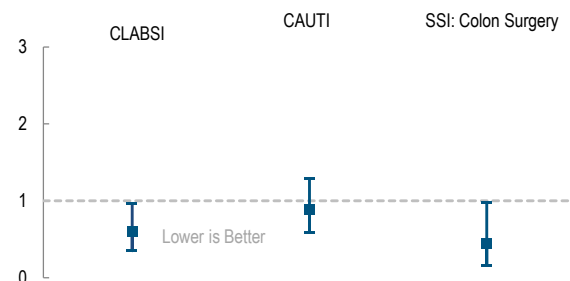


### Quality

What proportion of adult patient discharges from this hospital resulted in a readmission at any hospital within 30 days, and how does this compare to the state average?



How many central line-associated blood stream infections (CLABSI), catheter-associated urinary tract infections (CAUTI), and surgical site infections (SSI) after colon surgery did patients get at this hospital compared to what was expected based on the hospital's characteristics and case mix?



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



# 2015 HOSPITAL PROFILE: LAHEY HOSPITAL & MEDICAL CENTER

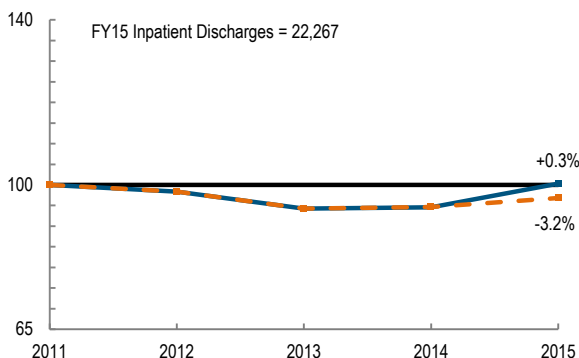
Cohort: Teaching Hospital

Key:

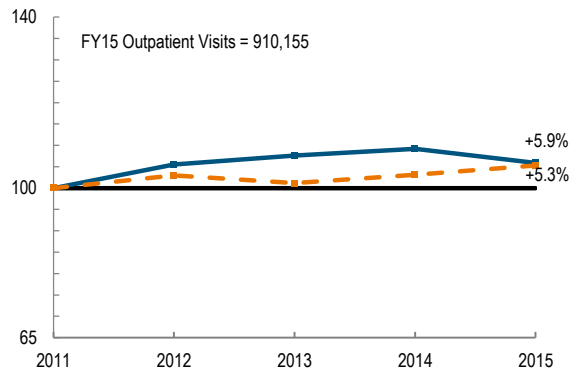


## Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY11, and how does this compare to the hospital's peer cohort median? (FY11=100)

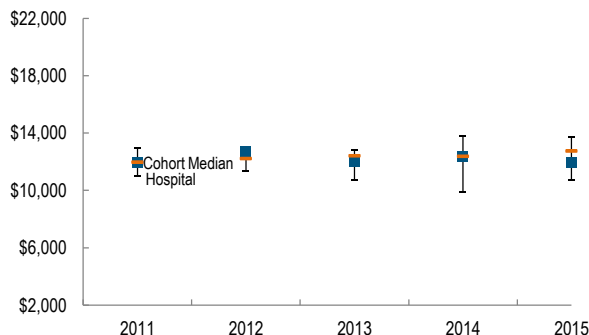


How has the volume of the hospital's outpatient visits changed compared to FY11, and how does this compare to the hospital's peer cohort median? (FY11=100)

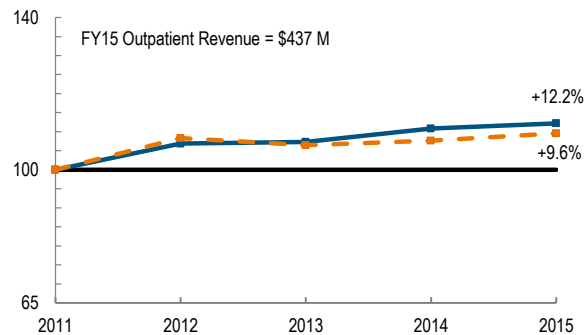


## Patient Revenue Trends

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY11 and FY15, and how does this compare to the hospital's peer cohort median?



How has the hospital's total outpatient revenue changed compared to FY11, and how does this compare to the hospital's peer cohort median? (FY11=100)



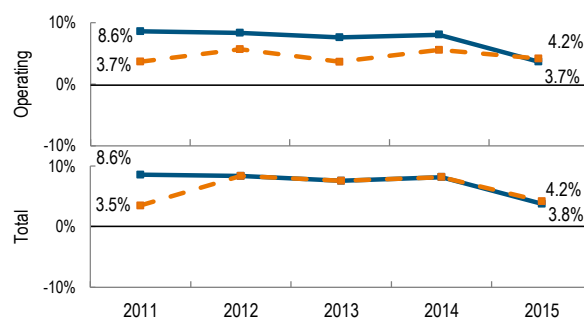
## Financial Performance

How have the hospital's total revenue and costs changed between FY11 and FY15?

### Revenue, Cost, & Profit/Loss (in millions)

FY	2011	2012	2013	2014	2015
Operating Revenue	\$ 760	\$ 816	\$ 794	\$ 821	\$ 837
Non-Operating Revenue	\$ (0)	\$ 0	\$ (0)	\$ 1	\$ 1
Total Revenue	\$ 760	\$ 817	\$ 794	\$ 822	\$ 838
Total Costs	\$ 695	\$ 748	\$ 734	\$ 755	\$ 806
Total Profit (Loss)	\$ 65.1	\$ 68.3	\$ 60.1	\$ 67.2	\$ 31.4

What were the hospital's total margin and operating margins between FY11 and FY15, and how do these compare to the hospital's peer cohort medians?



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

\* High Public Payer Hospitals (HPP) receive a minimum of 63% of gross patient service revenue from public payers.

† For more information on Infrastructure and Capacity Building (ICB) special funding, please contact the Massachusetts Executive Office of Health and Human Services (EOHHS).

Mount Auburn Hospital is a mid-size, nonprofit teaching hospital located in the Metro Boston region. It is a member of CareGroup. Mount Auburn Hospital was profitable each year from FY11 to FY15, and it earned a total margin of 7.4% in FY15, higher than the 4.2% median of its peer cohort. Over the five year period, Mount Auburn Hospital has had a total margin above the median of its peer cohort in each year.

### At a Glance

#### Overview / Size

Hospital System Affiliation:	CareGroup
Change in Ownership (FY11-FY15):	Not Applicable
Total Staffed Beds:	227, mid-size acute hospital
% Occupancy:	71.5%, < cohort avg. (75%)
Special Public Funding:	Not Applicable
Trauma Center Designation:	Not Applicable
Case Mix Index:	0.82, < cohort avg. (1.03); < statewide (1.00)

#### Financial

Inpatient NPSR per CMAD:	\$12,746
Change FY14-FY15:	3.0%
Inpatient:Outpatient Revenue in FY15:	32%:68%
Outpatient Revenue in FY15:	\$168,169,407
Change FY14-FY15:	1.8%
Total Revenue in FY15:	\$333,838,000
Total Surplus (Loss) in FY15:	\$24,732,000

#### Payer Mix

Public Payer Mix:	52.8% (Non-HPP* Hospital)
CY15 Commercial Relative Price:	0.94
Top 3 Commercial Payers:	Blue Cross Blue Shield of MA Harvard Pilgrim Health Care Tufts Health Plan

#### Utilization

Inpatient Discharges in FY15:	14,157
Change FY14-FY15:	0.8%
Emergency Department Visits in FY15:	35,532
Change FY14-FY15:	0.8%
Outpatient Visits in FY15:	176,328
Change FY14-FY15:	1.0%

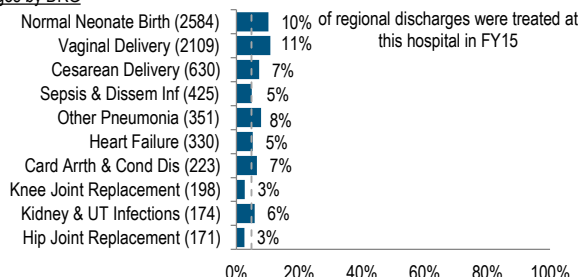
#### Quality

Readmission Rate in FY15:	14.2%
Change FY11-FY15 (percentage points):	-0.8%
Early Elective Deliveries Rate (Jan 2015-Jun 2016):	0.0%

### Services

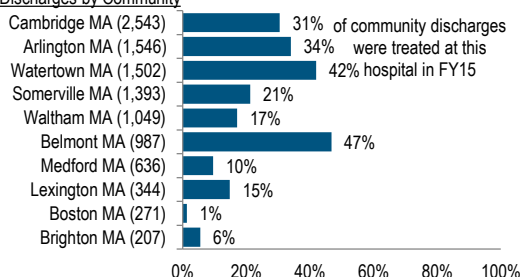
What were the most common inpatient cases (DRGs) treated at the hospital in FY15? What proportion of the region's cases did this hospital treat for each service?

#### Discharges by DRG



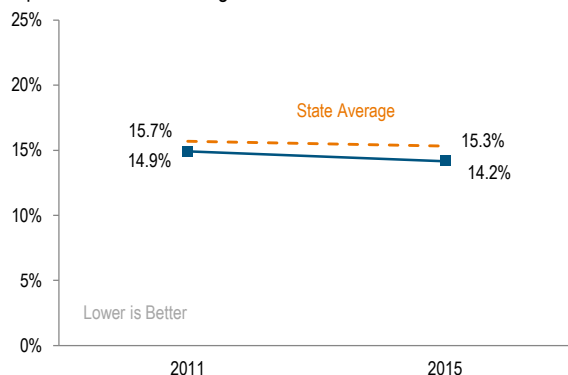
Where did most of the hospital's inpatients reside? What proportion of each community's total discharges was attributed to this hospital?

#### Discharges by Community

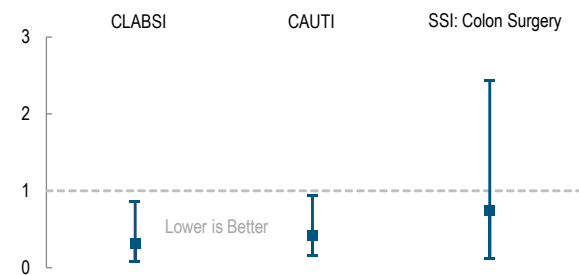


### Quality

What proportion of adult patient discharges from this hospital resulted in a readmission at any hospital within 30 days, and how does this compare to the state average?



How many central line-associated blood stream infections (CLABSI), catheter-associated urinary tract infections (CAUTI), and surgical site infections (SSI) after colon surgery did patients get at this hospital compared to what was expected based on the hospital's characteristics and case mix?

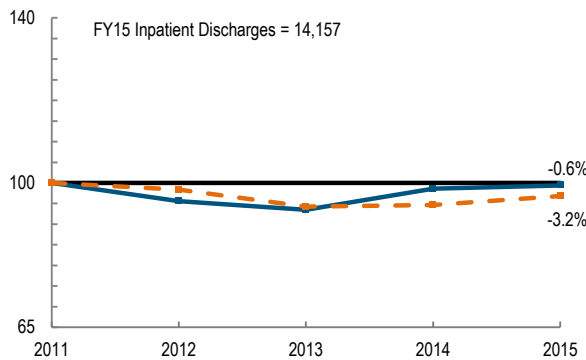


## 2015 HOSPITAL PROFILE: MOUNT AUBURN HOSPITAL

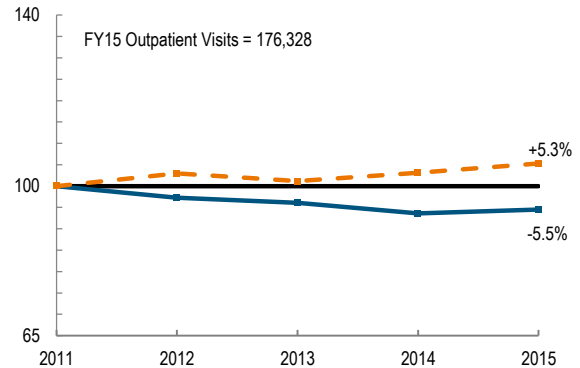
Cohort: Teaching Hospital

### Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY11, and how does this compare to the hospital's peer cohort median? (FY11=100)

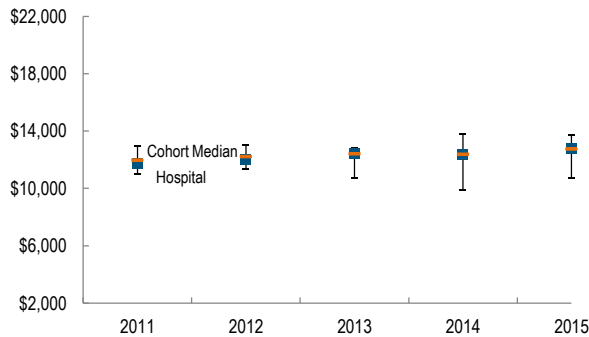


How has the volume of the hospital's outpatient visits changed compared to FY11, and how does this compare to the hospital's peer cohort median? (FY11=100)

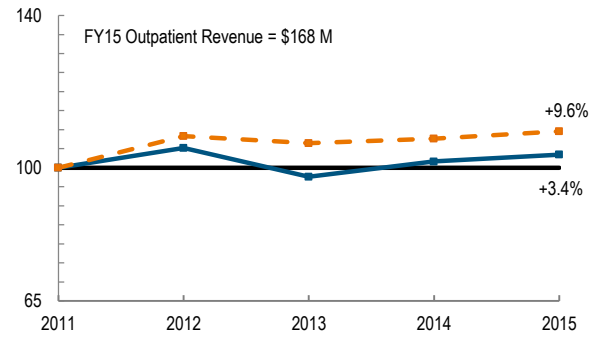


### Patient Revenue Trends

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY11 and FY15, and how does this compare to the hospital's peer cohort median?



How has the hospital's total outpatient revenue changed compared to FY11, and how does this compare to the hospital's peer cohort median? (FY11=100)



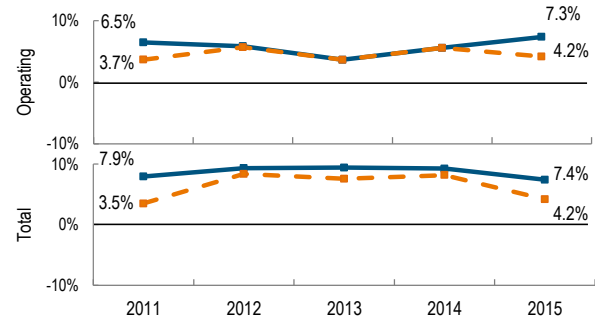
### Financial Performance

How have the hospital's total revenue and costs changed between FY11 and FY15?

#### Revenue, Cost, & Profit/Loss (in millions)

FY	2011	2012	2013	2014	2015
Operating Revenue	\$ 310	\$ 316	\$ 305	\$ 320	\$ 334
Non-Operating Revenue	\$ 5	\$ 11	\$ 19	\$ 12	\$ 0
Total Revenue	\$ 314	\$ 327	\$ 324	\$ 332	\$ 334
Total Costs	\$ 289	\$ 297	\$ 293	\$ 301	\$ 309
Total Profit (Loss)	\$ 25.0	\$ 30.4	\$ 30.4	\$ 30.7	\$ 24.7

What were the hospital's total margin and operating margins between FY11 and FY15, and how do these compare to the hospital's peer cohort medians?



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

\* High Public Payer Hospitals (HPP) receive a minimum of 63% of gross patient service revenue from public payers.

# SAINT VINCENT HOSPITAL

## 2015 Hospital Profile

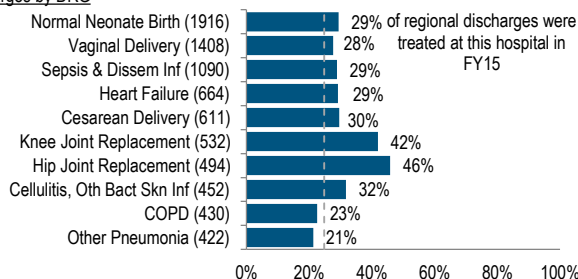
Worcester, MA  
Teaching Hospital  
Central Massachusetts

Saint Vincent Hospital is a for-profit teaching hospital located in the Central Massachusetts region. It is among the larger acute hospitals in Massachusetts. It also qualifies as a High Public Payer (HPP) hospital. Along with MetroWest Medical Center, Saint Vincent Hospital was bought by Tenet Healthcare Corporation in 2013. Outpatient Revenue has increased 59.2% from FY11 to FY15. Saint Vincent Hospital has been profitable each year in this time period, with a total margin of 10.4% in FY15.

At a Glance	<b>Overview / Size</b>	
	Hospital System Affiliation:	Tenet Healthcare
	Change in Ownership (FY11-FY15):	Tenet - 2013
	Total Staffed Beds:	301, among the larger acute hospitals
	% Occupancy:	69.3%, lowest in cohort (avg. 75%)
	Special Public Funding:	Not Applicable
	Trauma Center Designation:	Not Applicable
	Case Mix Index:	0.96, < cohort avg. (1.03); < statewide (1.00)
	<b>Financial</b>	
	Inpatient NPSR per CMAD:	\$13,007
Services	Change FY14-FY15:	-0.1%
	Inpatient:Outpatient Revenue in FY15:	40%:60%
	Outpatient Revenue in FY15:	\$165,530,355
	Change FY14-FY15:	-0.8%
	Total Revenue in FY15:	\$431,432,576
	Total Surplus (Loss) in FY15:	\$44,900,054
	<b>Payer Mix</b>	
	Public Payer Mix:	65.3% (HPP* Hospital)
	CY15 Commercial Relative Price:	0.84
	Top 3 Commercial Payers:	Blue Cross Blue Shield of MA Fallon Health Harvard Pilgrim Health Care
Quality	<b>Utilization</b>	
	Inpatient Discharges in FY15:	19,500
	Change FY14-FY15:	0.8%
	Emergency Department Visits in FY15:	53,548
	Change FY14-FY15:	-22.4%
	Outpatient Visits in FY15:	224,245
	Change FY14-FY15:	81.3%
	<b>Quality</b>	
	Readmission Rate in FY15:	15.1%
	Change FY11-FY15 (percentage points):	-2.0%
	Early Elective Deliveries Rate (Jan 2015-Jun 2016):	0.0%

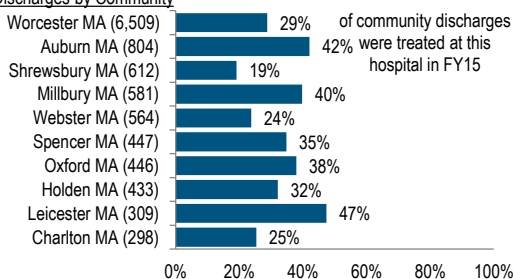
What were the most common inpatient cases (DRGs) treated at the hospital in FY15? What proportion of the region's cases did this hospital treat for each service?

### Discharges by DRG

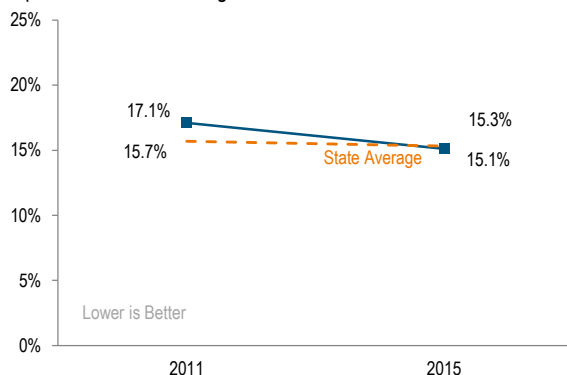


Where did most of the hospital's inpatients reside? What proportion of each community's total discharges was attributed to this hospital?

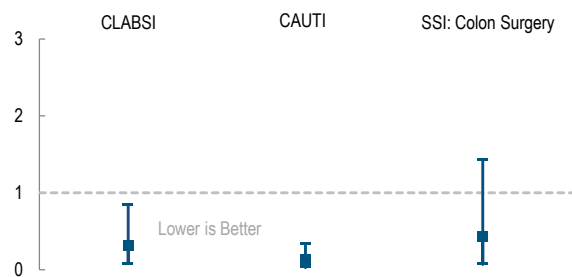
### Discharges by Community



What proportion of adult patient discharges from this hospital resulted in a readmission at any hospital within 30 days, and how does this compare to the state average?



How many central line-associated blood stream infections (CLABSI), catheter-associated urinary tract infections (CAUTI), and surgical site infections (SSI) after colon surgery did patients get at this hospital compared to what was expected based on the hospital's characteristics and case mix?



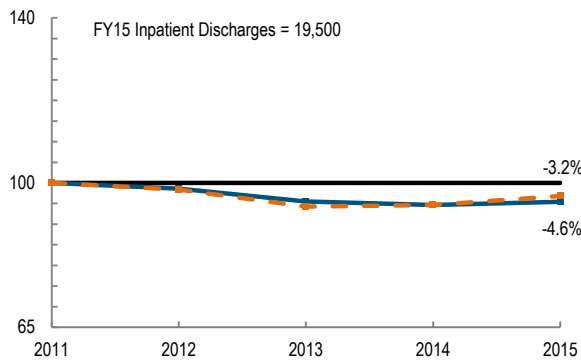
For descriptions of the metrics, please see the technical appendix.

## 2015 HOSPITAL PROFILE: SAINT VINCENT HOSPITAL

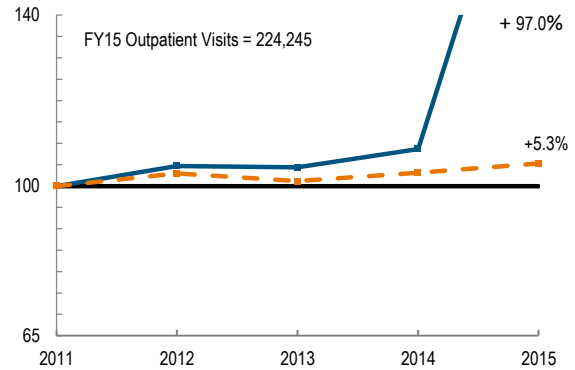
Cohort: Teaching Hospital

### Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY11, and how does this compare to the hospital's peer cohort median? (FY11=100)

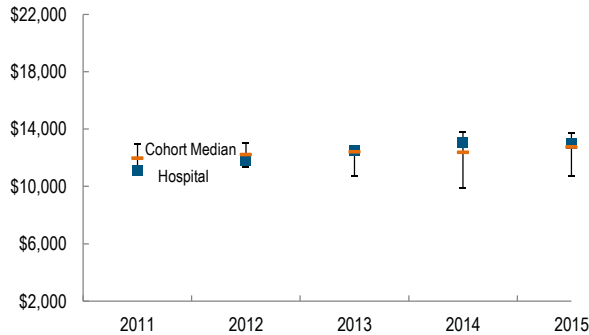


How has the volume of the hospital's outpatient visits changed compared to FY11, and how does this compare to the hospital's peer cohort median? (FY11=100)

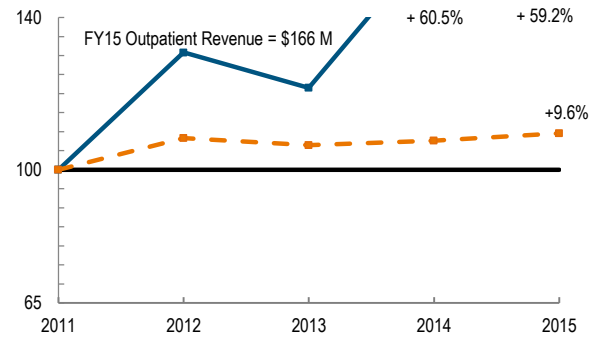


### Patient Revenue Trends

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY11 and FY15, and how does this compare to the hospital's peer cohort median?



How has the hospital's total outpatient revenue changed compared to FY11, and how does this compare to the hospital's peer cohort median? (FY11=100)



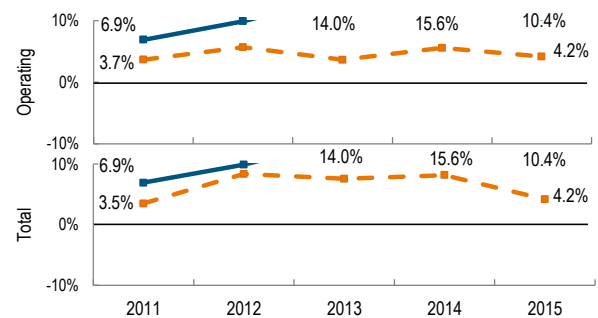
### Financial Performance

How have the hospital's total revenue and costs changed between FY11 and FY15?

#### Revenue, Cost, & Profit/Loss (in millions)

FY	2011	2012	2013	2014	2015
Operating Revenue	\$ 328	\$ 351	\$ 359	\$ 418	\$ 431
Non-Operating Revenue	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
<b>Total Revenue</b>	<b>\$ 328</b>	<b>\$ 351</b>	<b>\$ 359</b>	<b>\$ 418</b>	<b>\$ 431</b>
Total Costs	\$ 306	\$ 316	\$ 309	\$ 353	\$ 387
<b>Total Profit (Loss)</b>	<b>\$ 22.7</b>	<b>\$ 34.7</b>	<b>\$ 50.3</b>	<b>\$ 65.2</b>	<b>\$ 44.9</b>

What were the hospital's total margin and operating margins between FY11 and FY15, and how do these compare to the hospital's peer cohort medians?



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

\* High Public Payer Hospitals (HPP) receive a minimum of 63% of gross patient service revenue from public payers.

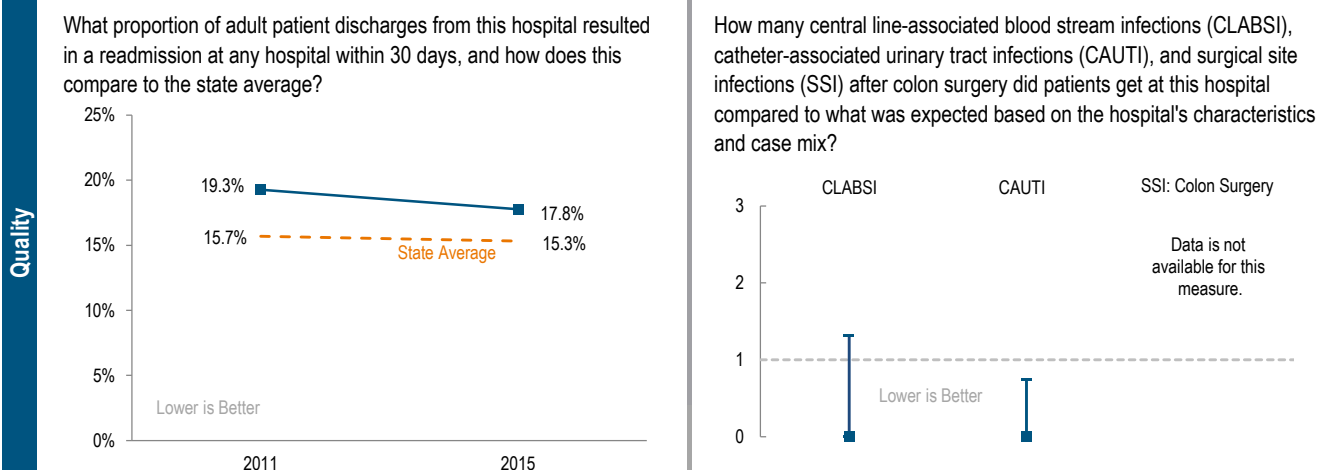
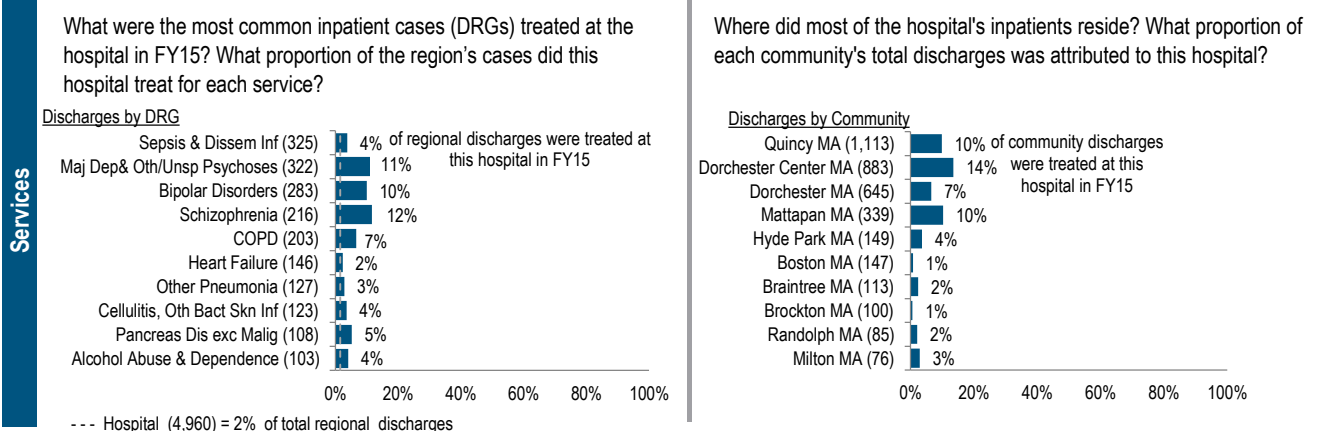
# STEWARD CARNEY HOSPITAL

## 2015 Hospital Profile

Dorchester, MA  
Teaching Hospital  
Metro Boston

Steward Carney Hospital is a for-profit teaching hospital located in the Metro Boston region. Steward Carney is a member of Steward Health Care System. It is among the smaller acute hospitals in Massachusetts and qualifies as a High Public Payer (HPP) hospital. Steward Carney had 14.6% fewer inpatient discharges in FY15 than in FY11, compared to a cohort median decrease of 3.2%. Steward Carney reported a loss in each fiscal year from FY11 to FY15, with a total margin of -7.3% in FY15, compared with a median total margin of 4.2% in its cohort.

At a Glance	<b>Overview / Size</b>	
	Hospital System Affiliation:	Steward Health Care System
	Change in Ownership (FY11-FY15):	Not Applicable
	Total Staffed Beds:	83, among the smaller acute hospitals
	% Occupancy:	86.8%, highest in cohort (avg. 75%)
	Special Public Funding:	DSTI <sup>n</sup>
	Trauma Center Designation:	Not Applicable
	Case Mix Index:	0.91, < cohort avg. (1.03); < statewide (1.00)
	<b>Financial</b>	
	Inpatient NPSR per CMAD:	\$10,725
	Change FY14-FY15:	8.5%
	Inpatient:Outpatient Revenue in FY15:	30%:70%
	Outpatient Revenue in FY15:	\$54,439,851
	Change FY14-FY15:	18.7%
	Total Revenue in FY15:	\$114,614,565
	Total Surplus (Loss) in FY15:	(\$8,319,735)
	<b>Payer Mix</b>	
	Public Payer Mix:	72.8% (HPP* Hospital)
	CY15 Commercial Relative Price:	0.89
	Top 3 Commercial Payers:	Blue Cross Blue Shield of MA Harvard Pilgrim Health Care Tufts Health Plan
	<b>Utilization</b>	
	Inpatient Discharges in FY15:	4,960
	Change FY14-FY15:	13.7%
	Emergency Department Visits in FY15:	50,385
	Change FY14-FY15:	64.9%
	Outpatient Visits in FY15:	103,068
	Change FY14-FY15:	17.6%
	<b>Quality</b>	
	Readmission Rate in FY15:	17.8%
	Change FY11-FY15 (percentage points):	-1.5%
	Early Elective Deliveries Rate (Jan 2015-Jun 2016):	Not Available



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

## 2015 HOSPITAL PROFILE: STEWARD CARNEY HOSPITAL

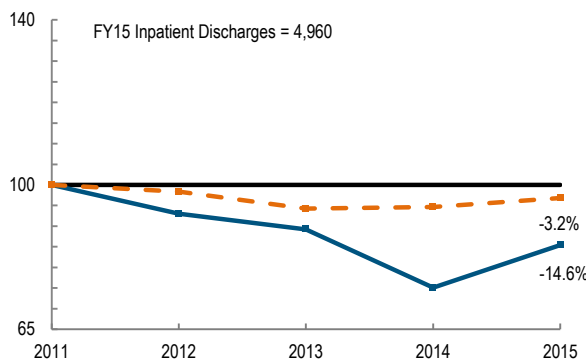
Cohort: Teaching Hospital

Key:

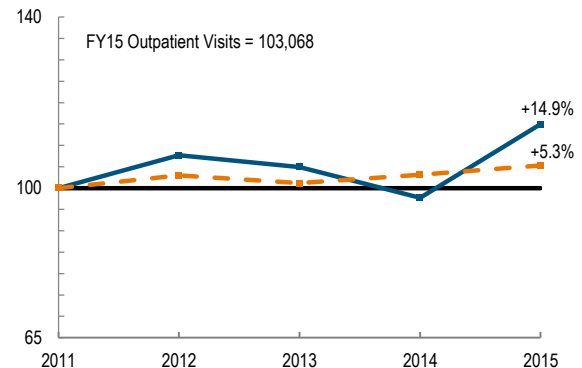


### Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY11, and how does this compare to the hospital's peer cohort median? (FY11=100)

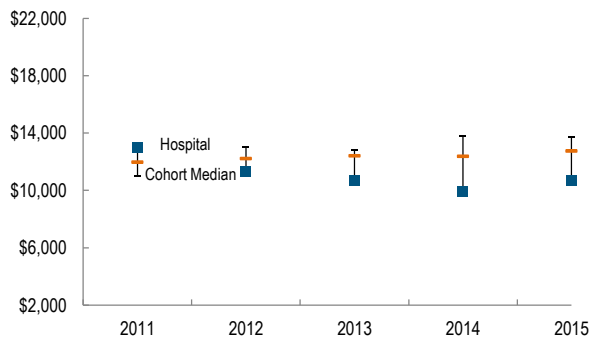


How has the volume of the hospital's outpatient visits changed compared to FY11, and how does this compare to the hospital's peer cohort median? (FY11=100)

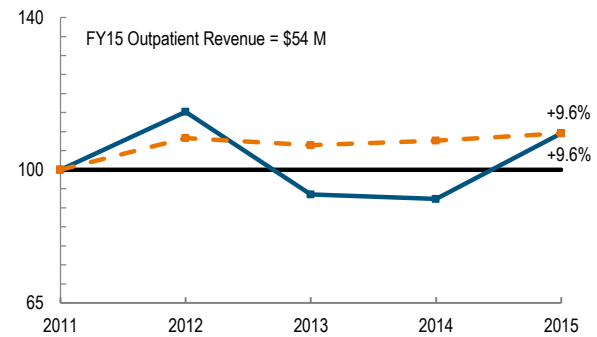


### Patient Revenue Trends

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY11 and FY15, and how does this compare to the hospital's peer cohort median?



How has the hospital's total outpatient revenue changed compared to FY11, and how does this compare to the hospital's peer cohort median? (FY11=100)



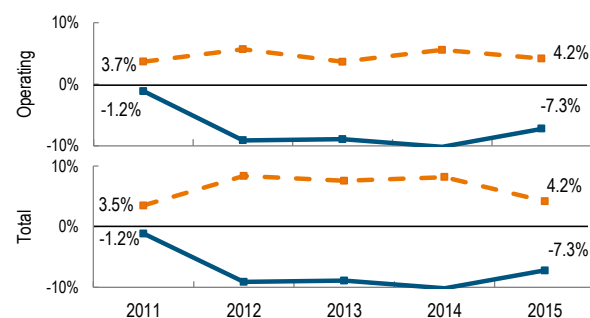
### Financial Performance

How have the hospital's total revenue and costs changed between FY11 and FY15?

#### Revenue, Cost, & Profit/Loss (in millions)

FY	2011	2012	2013	2014	2015
Operating Revenue	\$ 111	\$ 110	\$ 101	\$ 91	\$ 115
Non-Operating Revenue	\$ 0	\$ 0	\$ 0	\$ (0)	\$ 0
Total Revenue	\$ 111	\$ 110	\$ 101	\$ 91	\$ 115
Total Costs	\$ 112	\$ 120	\$ 110	\$ 101	\$ 123
Total Profit (Loss)	\$ (1.3)	\$ (10.0)	\$ (9.0)	\$ (9.3)	\$ (8.3)

What were the hospital's total margin and operating margins between FY11 and FY15, and how do these compare to the hospital's peer cohort medians?



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

<sup>9</sup> For more information on Delivery System Transformation Initiative (DSTI) special funding, please contact the Massachusetts Executive Office of Health and Human Service (EOHHS).

\* High Public Payer Hospitals (HPP) receive a minimum of 63% of gross patient service revenue from public payers.

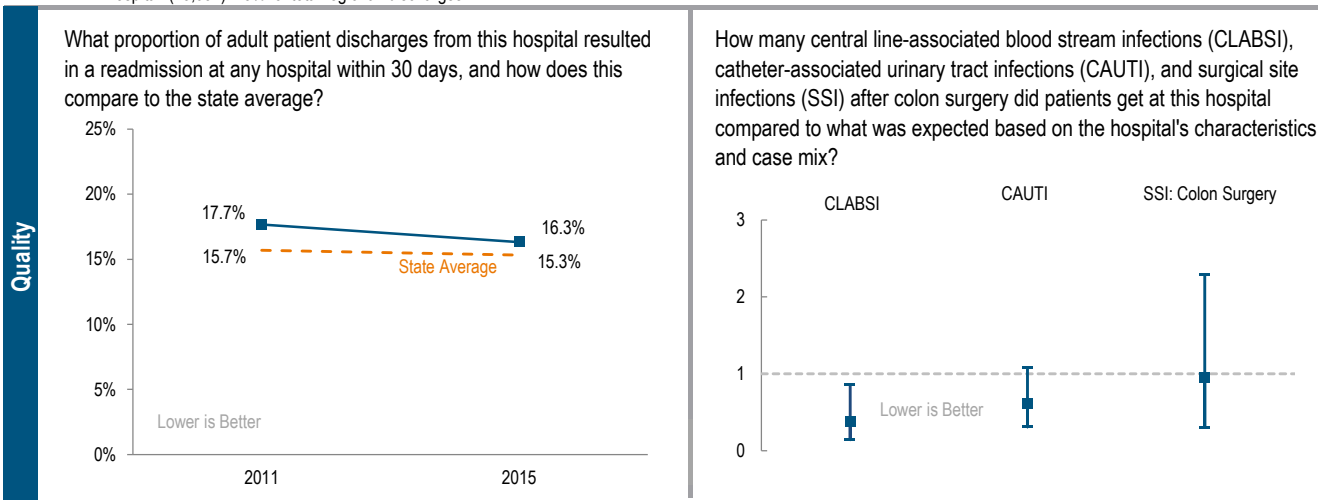
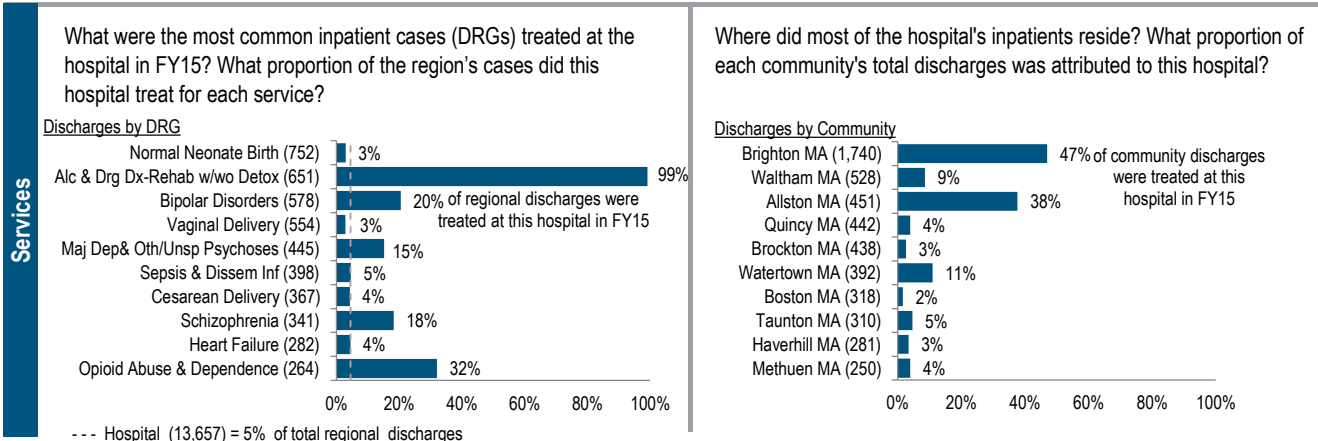
# STEWARD ST. ELIZABETH'S MEDICAL CENTER

## 2015 Hospital Profile

Brighton, MA  
Teaching Hospital  
Metro Boston

Steward St. Elizabeth's Medical Center is a large, for-profit teaching hospital located in the Metro Boston region. Steward St. Elizabeth's is a member of Steward Health Care System. It also qualifies as a High Public Payer (HPP) hospital. Inpatient discharges at the hospital decreased 3.2% from FY11 to FY15, equal to the median of its peer hospital cohort. Over the five year period, the changes in discharges have been nearly identical to the cohort median. From FY11 to FY15, outpatient revenue increased 4.1%. Steward St. Elizabeth's reported earning a profit for the third straight fiscal year in FY15. Its FY15 total margin of 4.2% was equal to the median of its peer cohort.

At a Glance	<b>Overview / Size</b>	
	Hospital System Affiliation:	Steward Health Care System
	Change in Ownership (FY11-FY15):	Not Applicable
	Total Staffed Beds:	275, among the larger acute hospitals
	% Occupancy:	71.3%, < cohort avg. (75%)
	Special Public Funding:	ICB <sup>9</sup>
	Trauma Center Designation:	Not Applicable
	Case Mix Index:	1.15, > cohort avg. (1.03); > statewide (1.00)
	<b>Financial</b>	
	Inpatient NPSR per CMAD:	\$13,070
	Change FY14-FY15:	0.9%
	Inpatient:Outpatient Revenue in FY15:	53%:47%
	Outpatient Revenue in FY15:	\$112,087,780
	Change FY14-FY15:	6.6%
	Total Revenue in FY15:	\$326,370,704
	Total Surplus (Loss) in FY15:	\$13,629,745
	<b>Payer Mix</b>	
	Public Payer Mix:	65.1% (HPP* Hospital)
	CY15 Commercial Relative Price:	1.08
	Top 3 Commercial Payers:	Blue Cross Blue Shield of MA Tufts Health Plan Harvard Pilgrim Health Care
	<b>Utilization</b>	
	Inpatient Discharges in FY15:	13,657
	Change FY14-FY15:	1.2%
	Emergency Department Visits in FY15:	30,606
	Change FY14-FY15:	-1.6%
	Outpatient Visits in FY15:	130,849
	Change FY14-FY15:	-32.2%
	<b>Quality</b>	
	Readmission Rate in FY15:	16.3%
	Change FY11-FY15 (percentage points):	-1.3%
	Early Elective Deliveries Rate (Jan 2015-Jun 2016):	8.1%



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



# 2015 HOSPITAL PROFILE: STEWARD ST. ELIZABETH'S MEDICAL CENTER

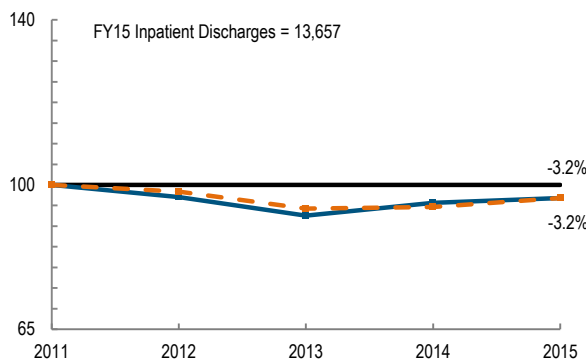
Cohort: Teaching Hospital

Key:

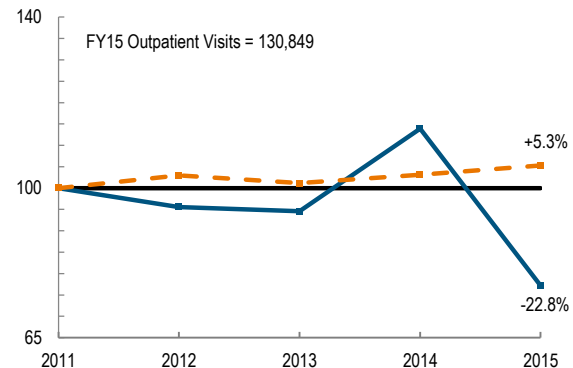


## Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY11, and how does this compare to the hospital's peer cohort median? (FY11=100)

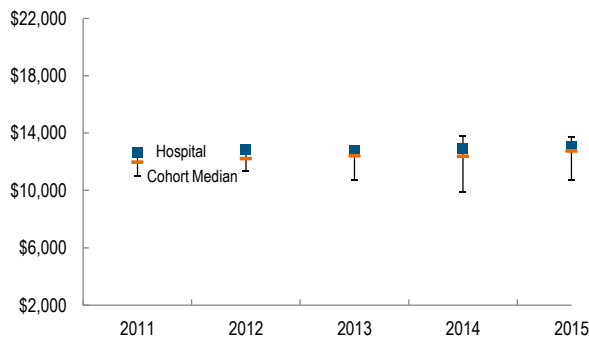


How has the volume of the hospital's outpatient visits changed compared to FY11, and how does this compare to the hospital's peer cohort median? (FY11=100)

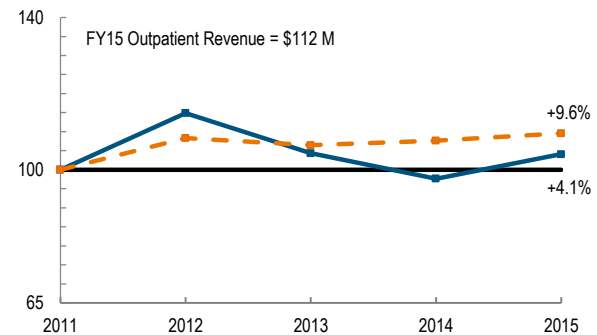


## Patient Revenue Trends

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY11 and FY15, and how does this compare to the hospital's peer cohort median?



How has the hospital's total outpatient revenue changed compared to FY11, and how does this compare to the hospital's peer cohort median? (FY11=100)



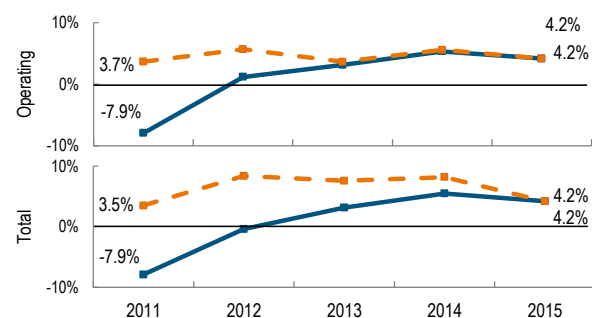
## Financial Performance

How have the hospital's total revenue and costs changed between FY11 and FY15?

### Revenue, Cost, & Profit/Loss (in millions)

FY	2011	2012	2013	2014	2015
Operating Revenue	\$ 264	\$ 311	\$ 313	\$ 312	\$ 326
Non-Operating Revenue	\$ 0	\$ (5)	\$ 0	\$ 0	\$ 0
Total Revenue	\$ 264	\$ 306	\$ 313	\$ 312	\$ 326
Total Costs	\$ 285	\$ 307	\$ 303	\$ 295	\$ 313
Total Profit (Loss)	\$ (20.9)	\$ (1.3)	\$ 9.8	\$ 17.1	\$ 13.6

What were the hospital's total margin and operating margins between FY11 and FY15, and how do these compare to the hospital's peer cohort medians?



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

<sup>9</sup> For more information on Infrastructure and Capacity Building (ICB) special funding, please contact the Massachusetts Executive Office of Health and Human Services (EOHHS).

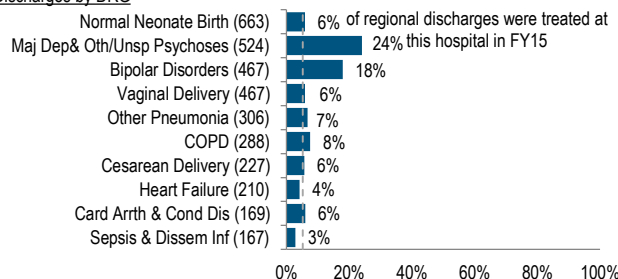
\* High Public Payer Hospitals (HPP) receive a minimum of 63% of gross patient service revenue from public payers.

Anna Jaques Hospital is a mid-size, nonprofit community hospital located in the Northeastern Massachusetts region. It has been clinically affiliated with Beth Israel Deaconess Medical Center since 2010. From FY11 to FY15, inpatient discharges decreased 5.4% at the hospital, compared to a median decrease of 4.8% in its peer cohort. Anna Jaques was profitable four of the five years between FY11 and FY15, with a 1.0% total margin in FY15, and its operating margin was consistent with the median of its peer cohort each year.

At a Glance	<b>Overview / Size</b>	
	Hospital System Affiliation:	Not Applicable
	Change in Ownership (FY11-FY15):	Not Applicable
	Total Staffed Beds:	140, mid-size acute hospital
	% Occupancy:	59.9%, < cohort avg. (64%)
	Special Public Funding:	CHART <sup>a</sup> , ICB <sup>b</sup>
	Trauma Center Designation:	Adult: Level 3
	Case Mix Index:	0.75, < cohort avg. (0.81); < statewide (1.00)
	<b>Financial</b>	
	Inpatient NPSR per CMAD:	\$8,129
Services	Change FY14-FY15:	-1.9%
	Inpatient:Outpatient Revenue in FY15:	31%:69%
	Outpatient Revenue in FY15:	\$67,258,815
	Change FY14-FY15:	9.2%
	Total Revenue in FY15:	\$116,073,593
	Total Surplus (Loss) in FY15:	\$1,201,219
	<b>Payer Mix</b>	
	Public Payer Mix:	59.5% (Non-HPP* Hospital)
	CY15 Commercial Relative Price:	0.76
	Top 3 Commercial Payers:	Blue Cross Blue Shield of MA Harvard Pilgrim Health Care Tufts Health Plan
Quality	<b>Utilization</b>	
	Inpatient Discharges in FY15:	7,287
	Change FY14-FY15:	-4.0%
	Emergency Department Visits in FY15:	30,718
	Change FY14-FY15:	-1.0%
	Outpatient Visits in FY15:	57,335
	Change FY14-FY15:	1.4%
	<b>Quality</b>	
	Readmission Rate in FY15:	15.2%
	Change FY11-FY15 (percentage points):	-1.1%
	Early Elective Deliveries Rate (Jan 2015-Jun 2016):	Not Available

What were the most common inpatient cases (DRGs) treated at the hospital in FY15? What proportion of the region's cases did this hospital treat for each service?

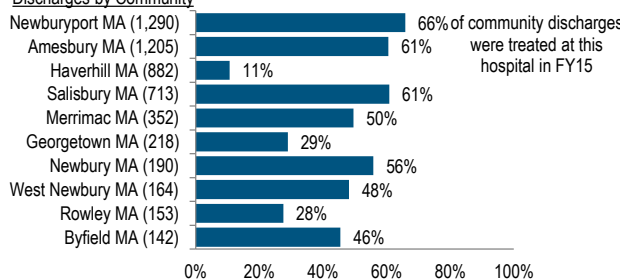
#### Discharges by DRG



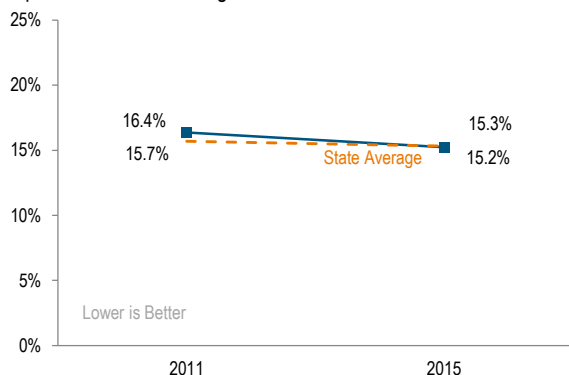
--- Hospital (7,287) = 5% of total regional discharges

Where did most of the hospital's inpatients reside? What proportion of each community's total discharges was attributed to this hospital?

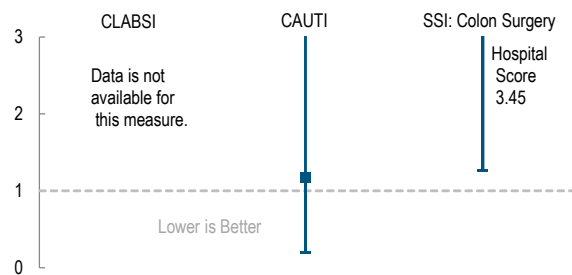
#### Discharges by Community



What proportion of adult patient discharges from this hospital resulted in a readmission at any hospital within 30 days, and how does this compare to the state average?



How many central line-associated blood stream infections (CLABSI), catheter-associated urinary tract infections (CAUTI), and surgical site infections (SSI) after colon surgery did patients get at this hospital compared to what was expected based on the hospital's characteristics and case mix?



## 2015 HOSPITAL PROFILE: ANNA JQUES HOSPITAL

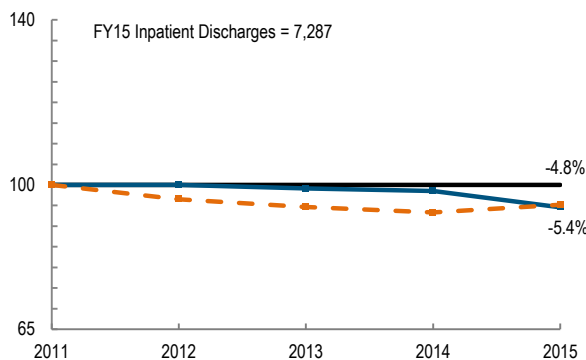
Cohort: Community Hospital

Key:

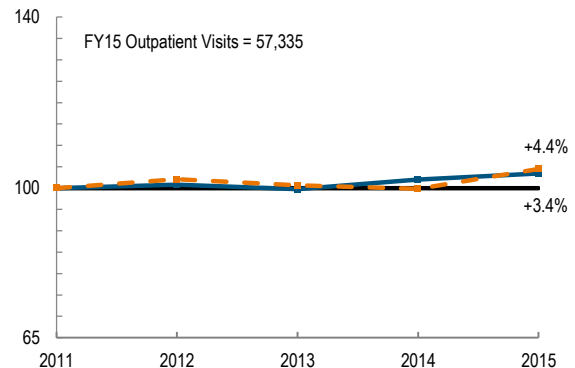


### Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY11, and how does this compare to the hospital's peer cohort median? (FY11=100)

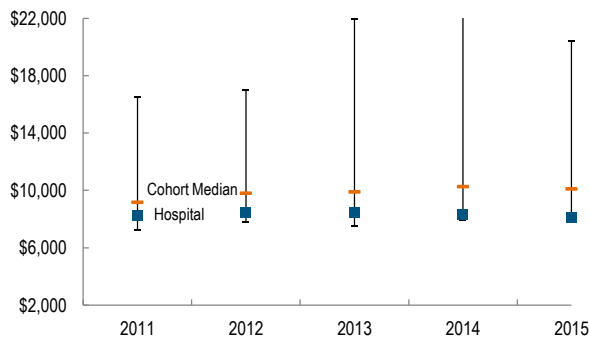


How has the volume of the hospital's outpatient visits changed compared to FY11, and how does this compare to the hospital's peer cohort median? (FY11=100)

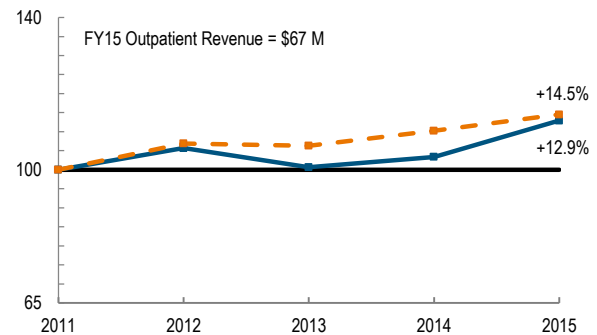


### Patient Revenue Trends

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY11 and FY15, and how does this compare to the hospital's peer cohort median?



How has the hospital's total outpatient revenue changed compared to FY11, and how does this compare to the hospital's peer cohort median? (FY11=100)



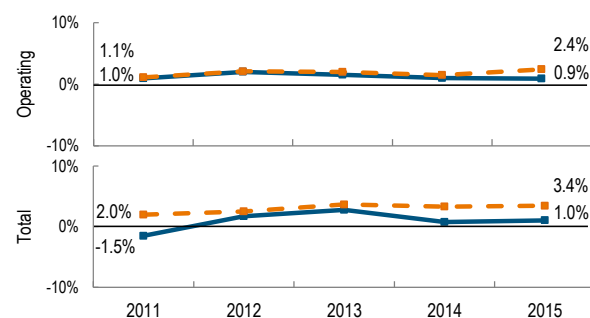
### Financial Performance

How have the hospital's total revenue and costs changed between FY11 and FY15?

#### Revenue, Cost, & Profit/Loss (in millions)

FY	2011	2012	2013	2014	2015
Operating Revenue	\$ 109	\$ 115	\$ 112	\$ 113	\$ 116
Non-Operating Revenue	\$ (3)	\$ (0)	\$ 1	\$ (0)	\$ 0
Total Revenue	\$ 107	\$ 115	\$ 114	\$ 113	\$ 116
Total Costs	\$ 108	\$ 113	\$ 111	\$ 112	\$ 115
Total Profit (Loss)	\$ (1.6)	\$ 2.0	\$ 3.2	\$ 0.9	\$ 1.2

What were the hospital's total margin and operating margins between FY11 and FY15, and how do these compare to the hospital's peer cohort medians?



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

<sup>g</sup> For more information on Infrastructure and Capacity Building (ICB) special funding, please contact the Massachusetts Executive Office of Health and Human Services (EOHHS).

\* High Public Payer Hospitals (HPP) receive a minimum of 63% of gross patient service revenue from public payers.

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

# BAYSTATE MARY LANE HOSPITAL

## 2015 Hospital Profile

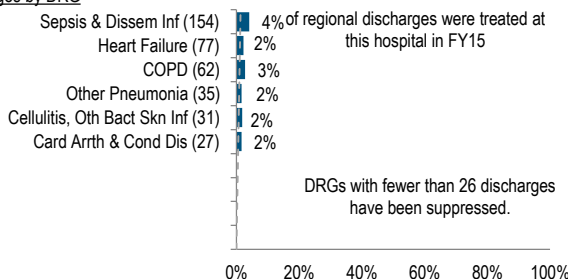
Ware, MA  
Community Hospital  
Western Massachusetts

Baystate Mary Lane Hospital is a small, nonprofit community hospital located in the Western Massachusetts region, and is a member of Baystate Health. Between FY11 and FY15, inpatient discharges declined by 15.8%, while the median for similar hospitals decreased by 4.8%. Baystate Mary Lane Hospital reported a profit in FY15 after reporting a loss in both FY13 and FY14, with a total margin of 1.0% in FY15. Baystate Mary Lane Hospital merged with Baystate Wing Hospital effective 9/10/16 and closed its inpatient services.

At a Glance	<b>Overview / Size</b>	
	Hospital System Affiliation:	Baystate Health System
	Change in Ownership (FY11-FY15):	Not applicable
	Total Staffed Beds:	25, among the smallest acute hospitals
	% Occupancy:	28.5%, < cohort avg. (64%)
	Special Public Funding:	CHART^
	Trauma Center Designation:	Not Applicable
	Case Mix Index:	0.82, > cohort avg. (0.81); < statewide (1.00)
	<b>Financial</b>	
	Inpatient NPSR per CMAD:	\$7,780
Services	Change FY14-FY15:	-2.0%
	Inpatient:Outpatient Revenue in FY15:	15%:85%
	Outpatient Revenue in FY15:	\$18,430,548
	Change FY14-FY15:	3.0%
	Total Revenue in FY15:	\$28,445,000
	Total Surplus (Loss) in FY15:	\$293,000
	<b>Payer Mix</b>	
	Public Payer Mix:	62.8% (Non-HPP* Hospital)
	CY15 Commercial Relative Price:	1.00
	Top 3 Commercial Payers:	Blue Cross Blue Shield of MA Health New England Harvard Pilgrim Health Care
Quality	<b>Utilization</b>	
	Inpatient Discharges in FY15:	954
	Change FY14-FY15:	-2.1%
	Emergency Department Visits in FY15:	14,589
	Change FY14-FY15:	-3.9%
	Outpatient Visits in FY15:	17,488
	Change FY14-FY15:	-4.2%
	<b>Quality</b>	
	Readmission Rate in FY15:	14.4%
	Change FY11-FY15 (percentage points):	2.4%
	Early Elective Deliveries Rate (Jan 2015-Jun 2016):	Not Available

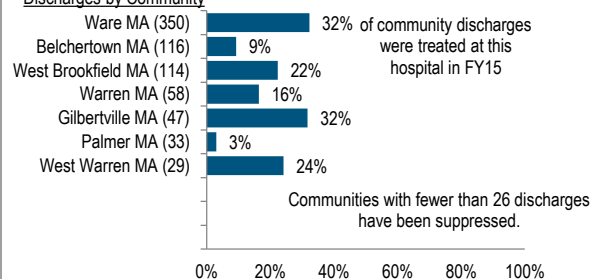
What were the most common inpatient cases (DRGs) treated at the hospital in FY15? What proportion of the region's cases did this hospital treat for each service?

### Discharges by DRG

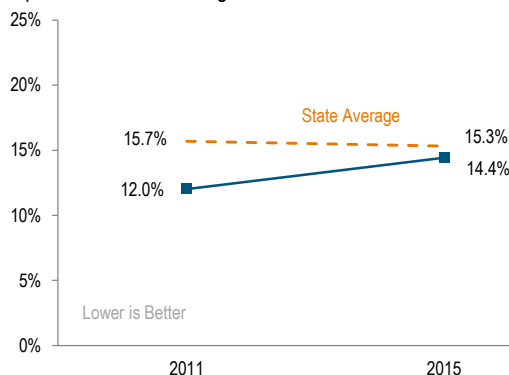


Where did most of the hospital's inpatients reside? What proportion of each community's total discharges was attributed to this hospital?

### Discharges by Community



What proportion of adult patient discharges from this hospital resulted in a readmission at any hospital within 30 days, and how does this compare to the state average?



How many central line-associated blood stream infections (CLABSI), catheter-associated urinary tract infections (CAUTI), and surgical site infections (SSI) after colon surgery did patients get at this hospital compared to what was expected based on the hospital's characteristics and case mix?

Data is not available for these measures.

# 2015 HOSPITAL PROFILE: BAYSTATE MARY LANE HOSPITAL

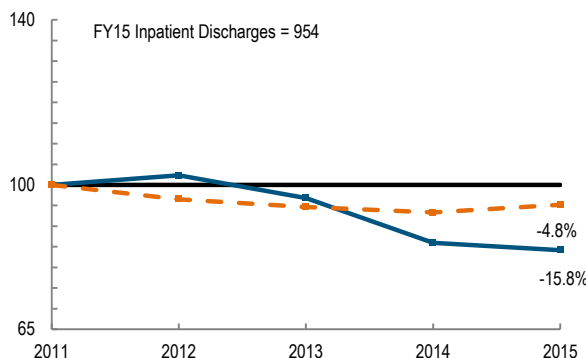
Cohort: Community Hospital

Key:

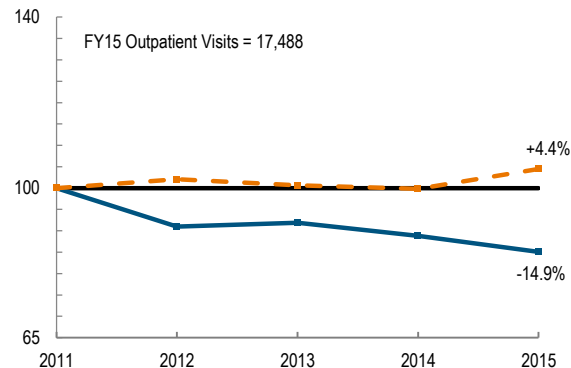


## Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY11, and how does this compare to the hospital's peer cohort median? (FY11=100)

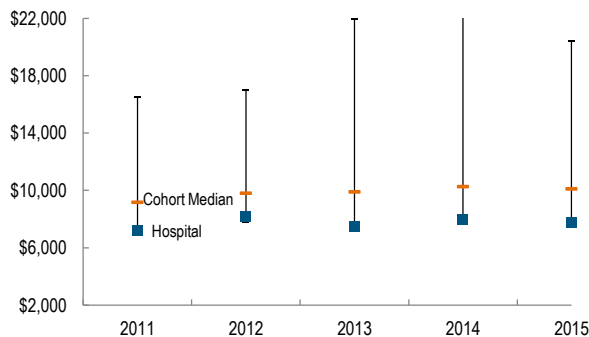


How has the volume of the hospital's outpatient visits changed compared to FY11, and how does this compare to the hospital's peer cohort median? (FY11=100)

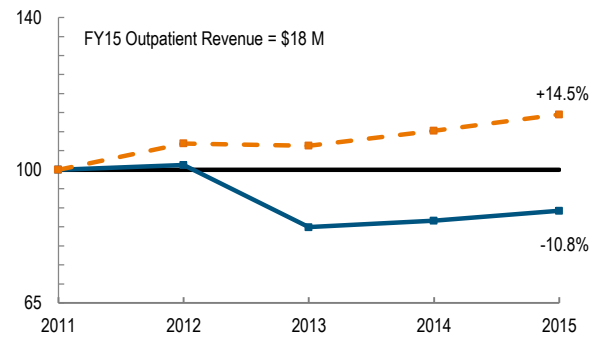


## Patient Revenue Trends

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY11 and FY15, and how does this compare to the hospital's peer cohort median?



How has the hospital's total outpatient revenue changed compared to FY11, and how does this compare to the hospital's peer cohort median? (FY11=100)



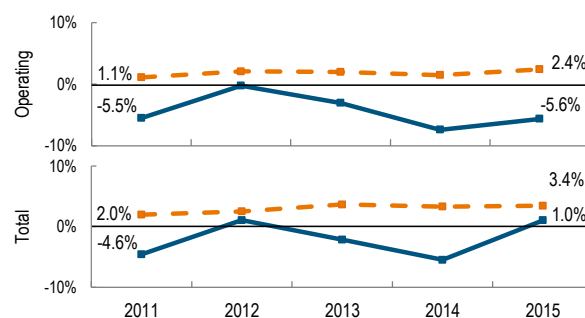
## Financial Performance

How have the hospital's total revenue and costs changed between FY11 and FY15?

### Revenue, Cost, & Profit/Loss (in millions)

FY	2011	2012	2013	2014	2015
Operating Revenue	\$ 30	\$ 30	\$ 26	\$ 26	\$ 27
Non-Operating Revenue	\$ 0	\$ 0	\$ 0	\$ 0	\$ 2
<b>Total Revenue</b>	<b>\$ 30</b>	<b>\$ 30</b>	<b>\$ 26</b>	<b>\$ 26</b>	<b>\$ 28</b>
Total Costs	\$ 31	\$ 30	\$ 26	\$ 28	\$ 28
<b>Total Profit (Loss)</b>	<b>\$ (1.4)</b>	<b>\$ 0.3</b>	<b>\$ (0.6)</b>	<b>\$ (1.5)</b>	<b>\$ 0.3</b>

What were the hospital's total margin and operating margins between FY11 and FY15, and how do these compare to the hospital's peer cohort medians?



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

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

\* High Public Payer Hospitals (HPP) receive a minimum of 63% of gross patient service revenue from public payers.

# BETH ISRAEL DEACONESS HOSPITAL - MILTON

## 2015 Hospital Profile

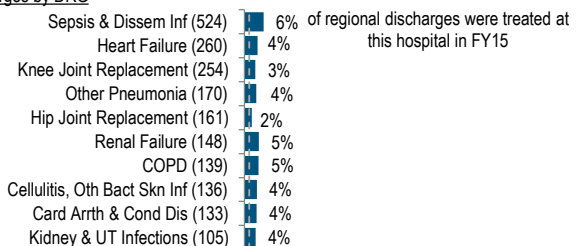
Milton, MA  
Community Hospital  
Metro Boston

Beth Israel Deaconess Hospital – Milton (BID-Milton) is a nonprofit community hospital located in the Metro Boston region. It is among the smaller acute hospitals in Massachusetts. It was purchased by Beth Israel Deaconess Medical Center in 2012 and at that time became a member of CareGroup. It earned a profit each year in the five-year period, with a total margin of 1.2% in FY15, below its peer cohort median of 3.4%.

At a Glance	<b>Overview / Size</b>	
	Hospital System Affiliation:	CareGroup
	Change in Ownership (FY11-FY15):	CareGroup - 2012
	Total Staffed Beds:	68, among the smaller acute hospitals
	% Occupancy:	77.1%, > cohort avg. (64%)
	Special Public Funding:	CHART^
	Trauma Center Designation:	Not Applicable
	Case Mix Index:	1.01, > cohort avg. (0.81); > statewide (1.00)
	<b>Financial</b>	
	Inpatient NPSR per CMAD:	\$10,052
Services	Change FY14-FY15:	0.5%
	Inpatient:Outpatient Revenue in FY15:	32%:68%
	Outpatient Revenue in FY15:	\$44,718,178
	Change FY14-FY15:	12.4%
	Total Revenue in FY15:	\$91,101,049
	Total Surplus (Loss) in FY15:	\$1,059,430
	<b>Payer Mix</b>	
	Public Payer Mix:	61.7% (Non-HPP* Hospital)
	CY15 Commercial Relative Price:	0.76
	Top 3 Commercial Payers:	Blue Cross Blue Shield of MA Harvard Pilgrim Health Care Tufts Health Plan
Quality	<b>Utilization</b>	
	Inpatient Discharges in FY15:	4,610
	Change FY14-FY15:	7.0%
	Emergency Department Visits in FY15:	24,889
	Change FY14-FY15:	-8.1%
	Outpatient Visits in FY15:	34,779
	Change FY14-FY15:	-0.3%
	<b>Quality</b>	
	Readmission Rate in FY15:	13.4%
	Change FY11-FY15 (percentage points):	-2.5%
	Early Elective Deliveries Rate (Jan 2015-Jun 2016):	Not Available

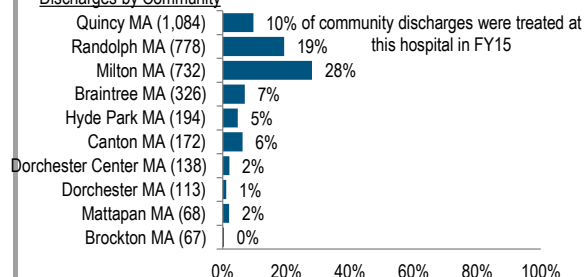
What were the most common inpatient cases (DRGs) treated at the hospital in FY15? What proportion of the region's cases did this hospital treat for each service?

### Discharges by DRG

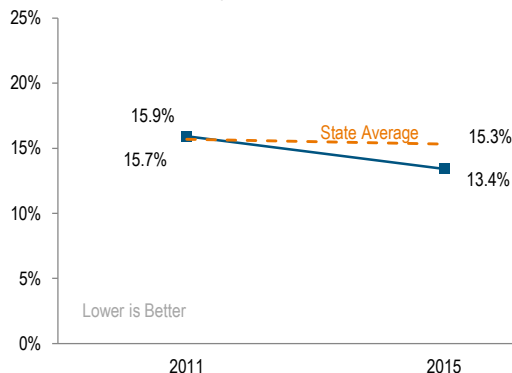


Where did most of the hospital's inpatients reside? What proportion of each community's total discharges was attributed to this hospital?

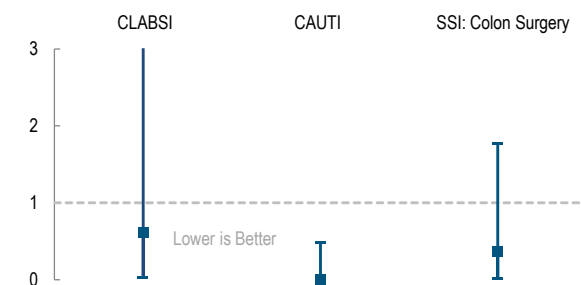
### Discharges by Community



What proportion of adult patient discharges from this hospital resulted in a readmission at any hospital within 30 days, and how does this compare to the state average?



How many central line-associated blood stream infections (CLABSI), catheter-associated urinary tract infections (CAUTI), and surgical site infections (SSI) after colon surgery did patients get at this hospital compared to what was expected based on the hospital's characteristics and case mix?



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

# 2015 HOSPITAL PROFILE: BETH ISRAEL DEACONESS HOSPITAL - MILTON

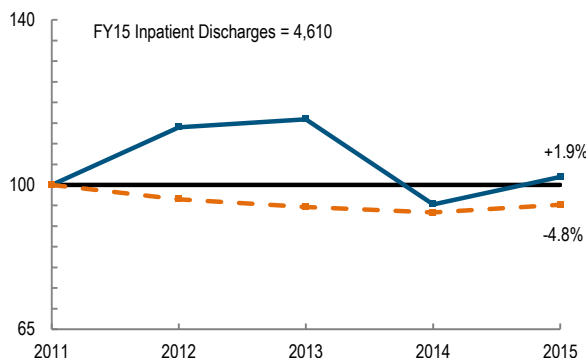
Cohort: Community Hospital

Key:

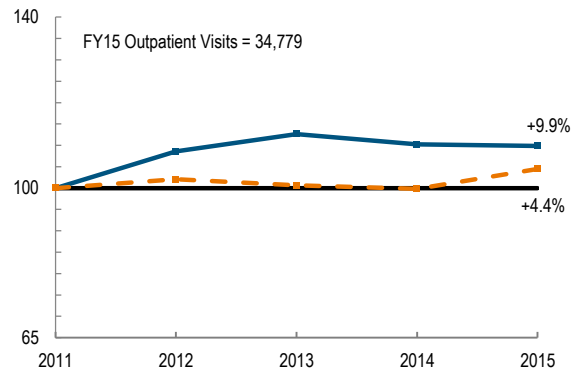


## Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY11, and how does this compare to the hospital's peer cohort median? (FY11=100)

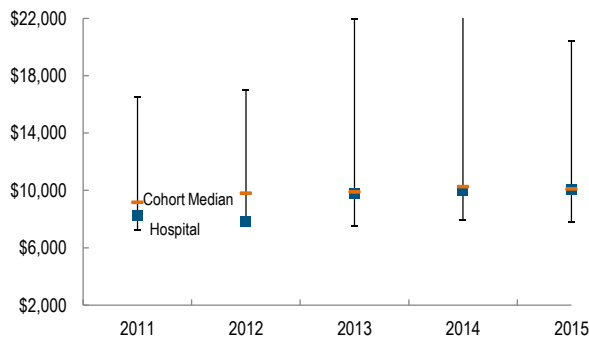


How has the volume of the hospital's outpatient visits changed compared to FY11, and how does this compare to the hospital's peer cohort median? (FY11=100)

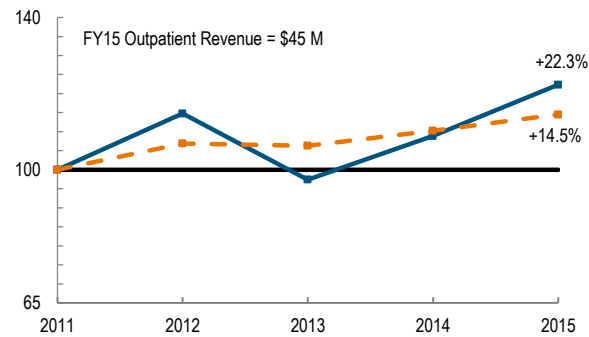


## Patient Revenue Trends

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY11 and FY15, and how does this compare to the hospital's peer cohort median?



How has the hospital's total outpatient revenue changed compared to FY11, and how does this compare to the hospital's peer cohort median? (FY11=100)



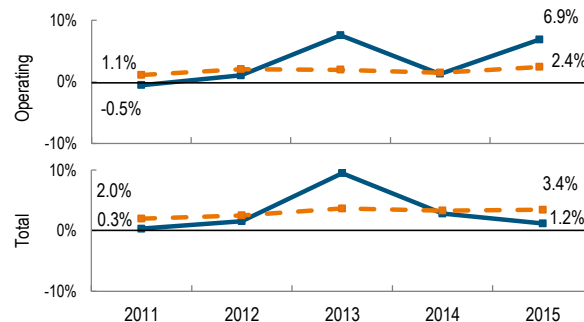
## Financial Performance

How have the hospital's total revenue and costs changed between FY11 and FY15?

### Revenue, Cost, & Profit/Loss (in millions)

FY	2011	2012	2013	2014	2015
Operating Revenue	\$ 68	\$ 75	\$ 84	\$ 83	\$ 96
Non-Operating Revenue	\$ 1	\$ 0	\$ 2	\$ 1	\$ (5)
Total Revenue	\$ 68	\$ 75	\$ 86	\$ 84	\$ 91
Total Costs	\$ 68	\$ 74	\$ 78	\$ 82	\$ 90
Total Profit (Loss)	\$ 0.2	\$ 1.2	\$ 8.1	\$ 2.4	\$ 1.1

What were the hospital's total margin and operating margins between FY11 and FY15, and how do these compare to the hospital's peer cohort medians?



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

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

\* High Public Payer Hospitals (HPP) receive a minimum of 63% of gross patient service revenue from public payers.

# BETH ISRAEL DEACONESS HOSPITAL - NEEDHAM

## 2015 Hospital Profile

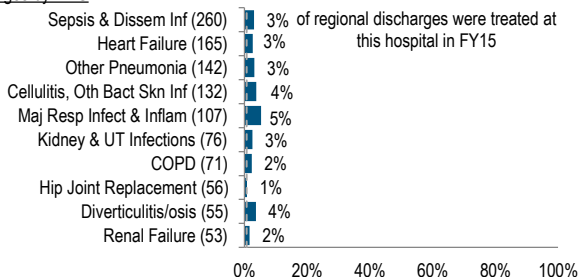
Needham, MA  
Community Hospital  
Metro Boston

Beth Israel Deaconess Hospital – Needham (BID-Needham) is a nonprofit community hospital located in the Metro Boston region. It is among the smaller acute hospitals in Massachusetts and is a member of CareGroup. Outpatient revenue increased by 43.5% compared with a median increase of 14.5% for cohort hospitals. BID-Needham's total margin was positive each year since FY12, and it had a 4.7% total margin in FY15, higher than the cohort median of 3.4%.

At a Glance	<b>Overview / Size</b>	
	Hospital System Affiliation:	CareGroup
	Change in Ownership (FY11-FY15):	Not Applicable
	Total Staffed Beds:	31, among the smallest acute hospitals
	% Occupancy:	65.0%, > cohort avg. (64%)
	Special Public Funding:	CHART^
	Trauma Center Designation:	Not Applicable
	Case Mix Index:	0.89, > cohort avg. (0.81); < statewide (1.00)
	<b>Financial</b>	
	Inpatient NPSR per CMAD:	\$9,483
Services	Change FY14-FY15:	2.0%
	Inpatient:Outpatient Revenue in FY15:	17%:83%
	Outpatient Revenue in FY15:	\$56,897,144
	Change FY14-FY15:	7.5%
	Total Revenue in FY15:	\$78,212,560
	Total Surplus (Loss) in FY15:	\$3,700,775
	<b>Payer Mix</b>	
	Public Payer Mix:	49.1% (Non-HPP* Hospital)
	CY15 Commercial Relative Price:	0.983
	Top 3 Commercial Payers:	Blue Cross Blue Shield of MA Harvard Pilgrim Health Care Tufts Health Plan
Quality	<b>Utilization</b>	
	Inpatient Discharges in FY15:	2,205
	Change FY14-FY15:	15.5%
	Emergency Department Visits in FY15:	12,083
	Change FY14-FY15:	1.2%
	Outpatient Visits in FY15:	146,267
	Change FY14-FY15:	0.0%
	<b>Quality</b>	
	Readmission Rate in FY15:	14.1%
	Change FY11-FY15 (percentage points):	1.6%
	Early Elective Deliveries Rate (Jan 2015-Jun 2016):	Not Available

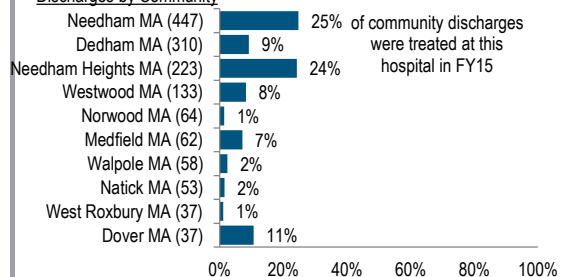
What were the most common inpatient cases (DRGs) treated at the hospital in FY15? What proportion of the region's cases did this hospital treat for each service?

Discharges by DRG

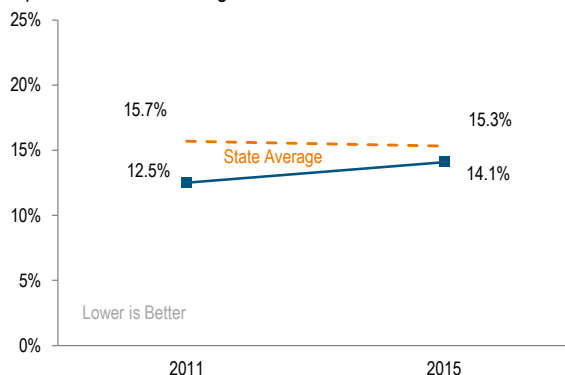


Where did most of the hospital's inpatients reside? What proportion of each community's total discharges was attributed to this hospital?

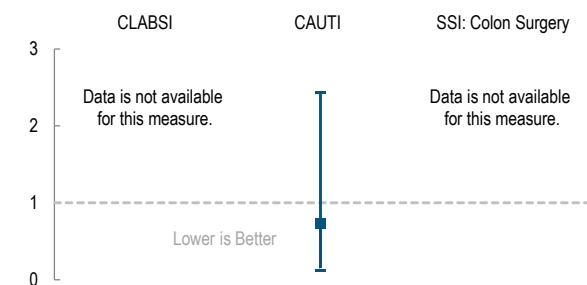
Discharges by Community



What proportion of adult patient discharges from this hospital resulted in a readmission at any hospital within 30 days, and how does this compare to the state average?



How many central line-associated blood stream infections (CLABSI), catheter-associated urinary tract infections (CAUTI), and surgical site infections (SSI) after colon surgery did patients get at this hospital compared to what was expected based on the hospital's characteristics and case mix?



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



# 2015 HOSPITAL PROFILE: BETH ISRAEL DEACONESS HOSPITAL - NEEDHAM

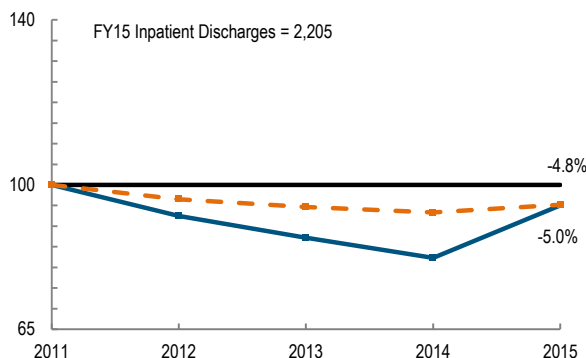
Cohort: Community Hospital

Key:

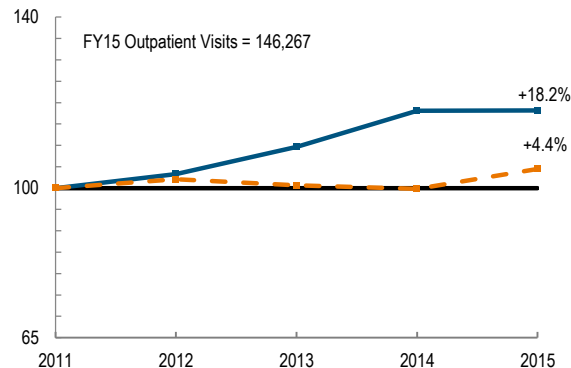


## Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY11, and how does this compare to the hospital's peer cohort median? (FY11=100)

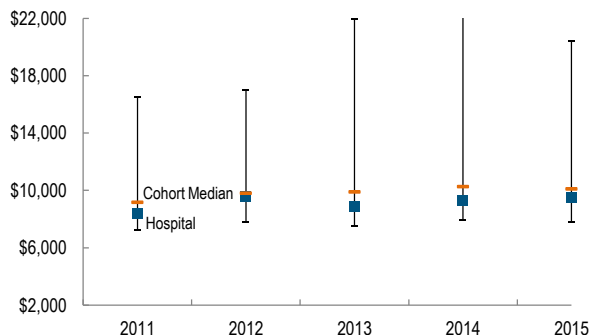


How has the volume of the hospital's outpatient visits changed compared to FY11, and how does this compare to the hospital's peer cohort median? (FY11=100)

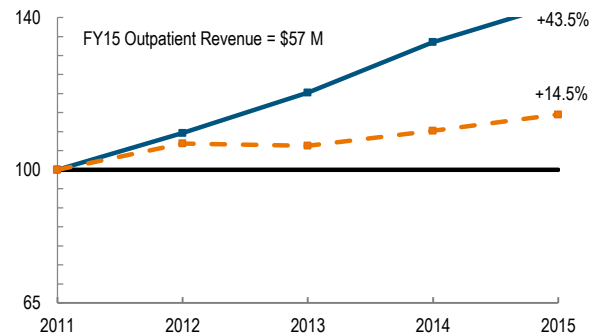


## Patient Revenue Trends

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY11 and FY15, and how does this compare to the hospital's peer cohort median?



How has the hospital's total outpatient revenue changed compared to FY11, and how does this compare to the hospital's peer cohort median? (FY11=100)



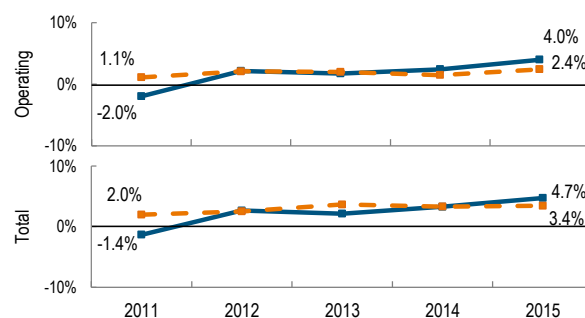
## Financial Performance

How have the hospital's total revenue and costs changed between FY11 and FY15?

### Revenue, Cost, & Profit/Loss (in millions)

FY	2011	2012	2013	2014	2015
Operating Revenue	\$ 55	\$ 60	\$ 64	\$ 70	\$ 78
Non-Operating Revenue	\$ 0	\$ 0	\$ 0	\$ 1	\$ 1
Total Revenue	\$ 55	\$ 61	\$ 64	\$ 71	\$ 78
Total Costs	\$ 56	\$ 59	\$ 63	\$ 68	\$ 75
Total Profit (Loss)	\$ (0.7)	\$ 1.6	\$ 1.4	\$ 2.3	\$ 3.7

What were the hospital's total margin and operating margins between FY11 and FY15, and how do these compare to the hospital's peer cohort medians?



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

\* High Public Payer Hospitals (HPP) receive a minimum of 63% of gross patient service revenue from public payers.

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

# BRIGHAM AND WOMEN'S FAULKNER HOSPITAL

## 2015 Hospital Profile

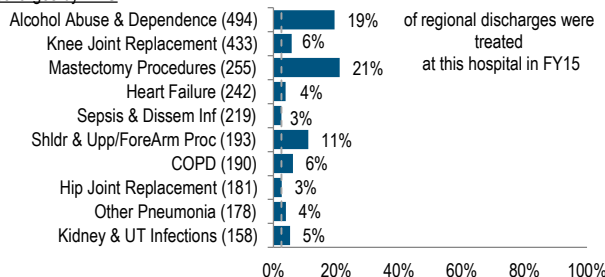
Boston, MA  
Community Hospital  
Metro Boston

Brigham and Women's Faulkner Hospital is a nonprofit community hospital located in the Metro Boston region. It is among the smaller acute hospitals in Massachusetts and is a member of the Partners HealthCare System. Though it only accounted for 3% of total regional discharges in FY15, it treated 19% of Alcohol Abuse and Dependence cases and 21% of Mastectomy Procedures in Metro Boston. In FY15 the hospital reported a profit for the second consecutive year, the third time in the past five years. It had a total margin of 0.4%, below its peer cohort median of 3.4%.

At a Glance	<b>Overview / Size</b>	
	Hospital System Affiliation:	Partners HealthCare
	Change in Ownership (FY11-FY15):	Not Applicable
	Total Staffed Beds:	138, mid-size acute hospital
	% Occupancy:	72.2%, > cohort avg. (64%)
	Special Public Funding:	Not Applicable
	Trauma Center Designation:	Not Applicable
	Case Mix Index:	0.88, > cohort avg. (0.81); < statewide (1.00)
	<b>Financial</b>	
	Inpatient NPSR per CMAD:	\$13,293
Services	Change FY14-FY15:	1.2%
	Inpatient:Outpatient Revenue in FY15:	35%:65%
	Outpatient Revenue in FY15:	\$109,202,190
	Change FY14-FY15:	-1.7%
	Total Revenue in FY15:	\$219,137,000
	Total Surplus (Loss) in FY15:	\$973,000
	<b>Payer Mix</b>	
	Public Payer Mix:	55.9% (Non-HPP* Hospital)
	CY15 Commercial Relative Price:	1.05
	Top 3 Commercial Payers:	Blue Cross Blue Shield of MA Harvard Pilgrim Health Care Tufts Health Plan
Quality	<b>Utilization</b>	
	Inpatient Discharges in FY15:	8,468
	Change FY14-FY15:	11.9%
	Emergency Department Visits in FY15:	31,428
	Change FY14-FY15:	41.5%
	Outpatient Visits in FY15:	33,866
	Change FY14-FY15:	-9.3%
	<b>Quality</b>	
	Readmission Rate in FY15:	13.9%
	Change FY11-FY15 (percentage points):	-1.3%
	Early Elective Deliveries Rate (Jan 2015-Jun 2016):	Not Available

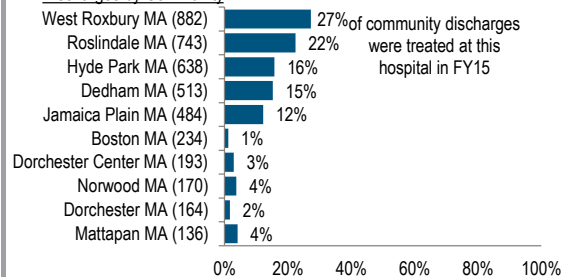
What were the most common inpatient cases (DRGs) treated at the hospital in FY15? What proportion of the region's cases did this hospital treat for each service?

### Discharges by DRG

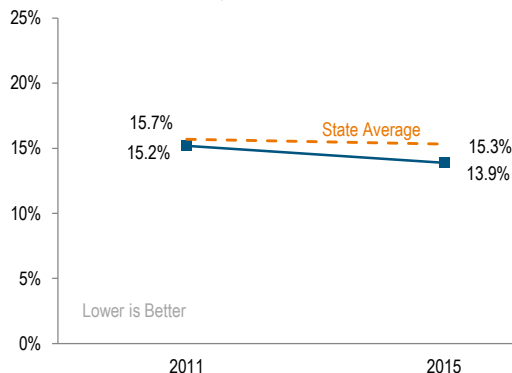


Where did most of the hospital's inpatients reside? What proportion of each community's total discharges was attributed to this hospital?

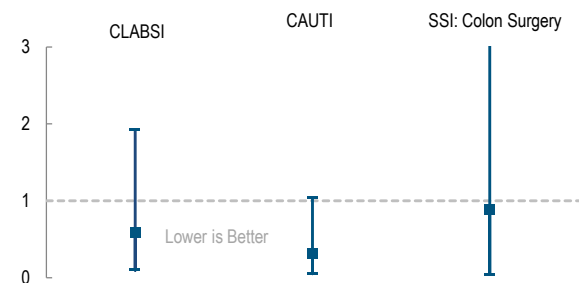
### Discharges by Community



What proportion of adult patient discharges from this hospital resulted in a readmission at any hospital within 30 days, and how does this compare to the state average?



How many central line-associated blood stream infections (CLABSI), catheter-associated urinary tract infections (CAUTI), and surgical site infections (SSI) after colon surgery did patients get at this hospital compared to what was expected based on the hospital's characteristics and case mix?



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

# 2015 HOSPITAL PROFILE: BRIGHAM AND WOMEN'S FAULKNER HOSPITAL

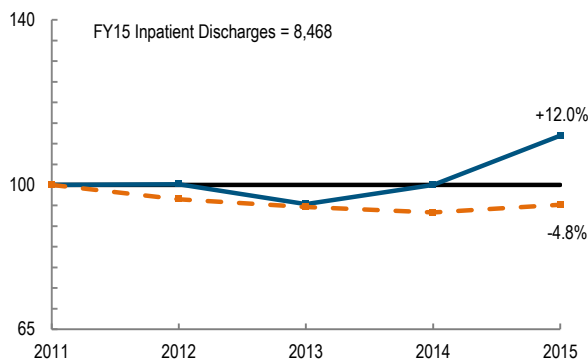
Cohort: Community Hospital

Key:

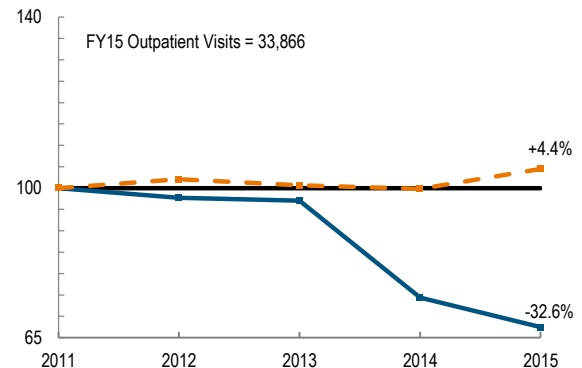


## Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY11, and how does this compare to the hospital's peer cohort median? (FY11=100)

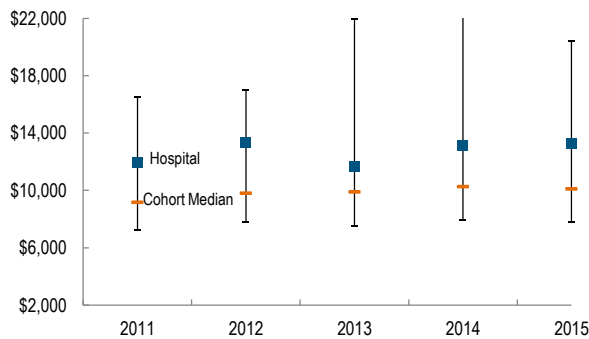


How has the volume of the hospital's outpatient visits changed compared to FY11, and how does this compare to the hospital's peer cohort median? (FY11=100)

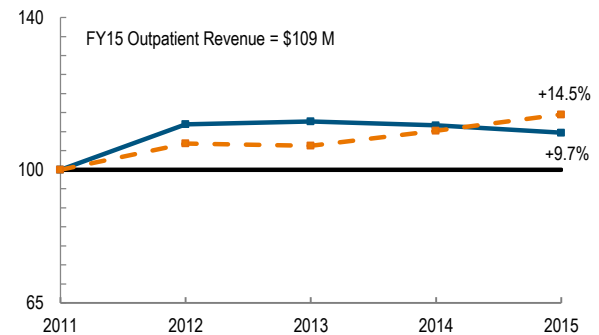


## Patient Revenue Trends

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY11 and FY15, and how does this compare to the hospital's peer cohort median?



How has the hospital's total outpatient revenue changed compared to FY11, and how does this compare to the hospital's peer cohort median? (FY11=100)



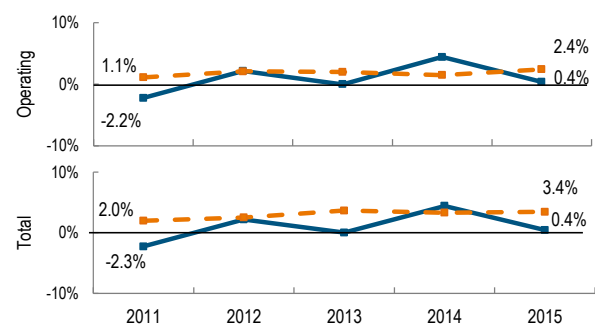
## Financial Performance

How have the hospital's total revenue and costs changed between FY11 and FY15?

### Revenue, Cost, & Profit/Loss (in millions)

FY	2011	2012	2013	2014	2015
Operating Revenue	\$ 181	\$ 198	\$ 193	\$ 208	\$ 219
Non-Operating Revenue	\$ (0)	\$ 0	\$ 0	\$ (0)	\$ 0
Total Revenue	\$ 181	\$ 198	\$ 193	\$ 208	\$ 219
Total Costs	\$ 186	\$ 194	\$ 193	\$ 199	\$ 218
Total Profit (Loss)	\$ (4.1)	\$ 4.4	\$ (0.0)	\$ 9.2	\$ 1.0

What were the hospital's total margin and operating margins between FY11 and FY15, and how do these compare to the hospital's peer cohort medians?



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

\* High Public Payer Hospitals (HPP) receive a minimum of 63% of gross patient service revenue from public payers.

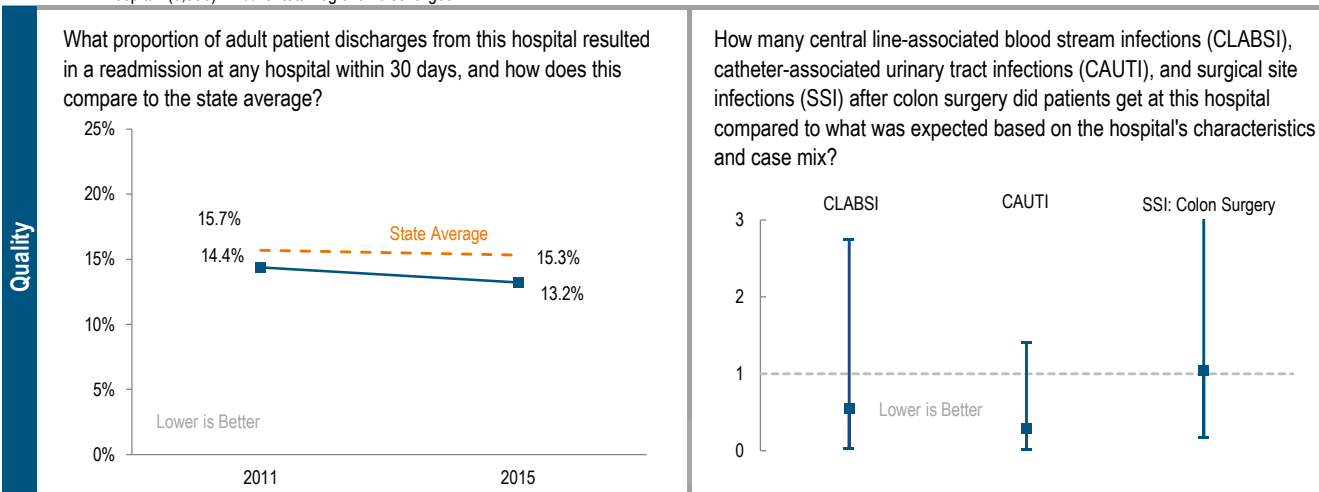
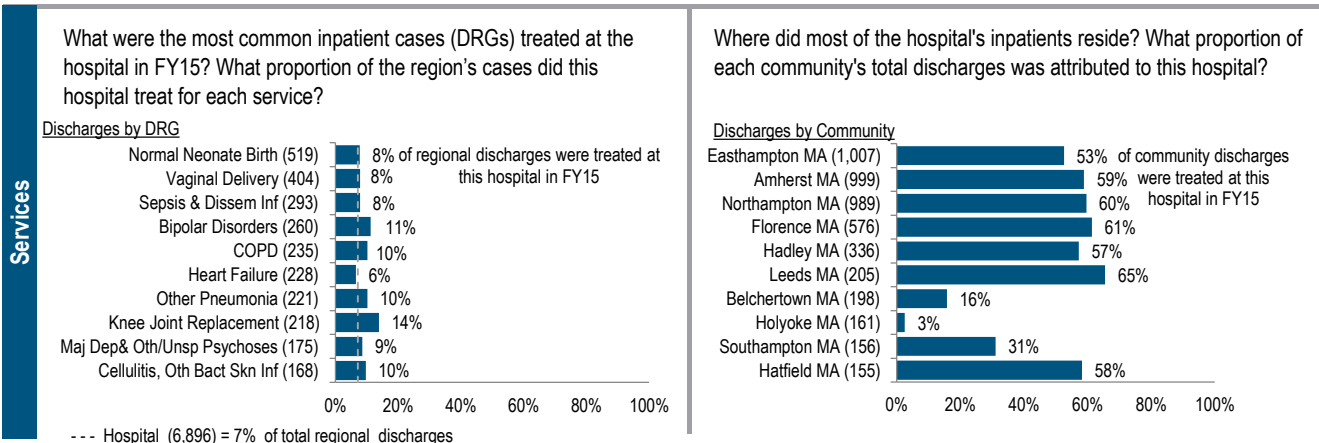
# COOLEY DICKINSON HOSPITAL

## 2015 Hospital Profile

Northampton, MA  
Community Hospital  
Western Massachusetts

Cooley Dickinson Hospital is a community hospital located in the Western Massachusetts region. It is among the smaller acute hospitals in Massachusetts and is a member of the Partners HealthCare System. Between FY11 and FY15, inpatient discharges at the hospital have steadily decreased each year, a total of 22.2%, compared with a median decrease of 4.8% among cohort hospitals. After experiencing a loss in FY14, Cooley Dickinson recovered to post a profit of \$3.7M. Cooley Dickinson reported a total margin of 2.4% in FY15, below the cohort median of 3.4%.

At a Glance	<b>Overview / Size</b>	
	Hospital System Affiliation:	Partners HealthCare
	Change in Ownership (FY11-FY15):	Partners - 2013
	Total Staffed Beds:	87, among the smaller acute hospitals
	% Occupancy:	90.8%, highest in cohort (avg. 64%)
	Special Public Funding:	ICB <sup>9</sup>
	Trauma Center Designation:	Not Applicable
	Case Mix Index:	0.83, > cohort avg. (0.81); < statewide (1.00)
	<b>Financial</b>	
	Inpatient NPSR per CMAD:	\$10,167
	Change FY14-FY15:	-1.5%
	Inpatient:Outpatient Revenue in FY15:	38%:62%
	Outpatient Revenue in FY15:	\$92,936,964
	Change FY14-FY15:	4.5%
	Total Revenue in FY15:	\$157,414,000
	Total Surplus (Loss) in FY15:	\$3,730,000
	<b>Payer Mix</b>	
	Public Payer Mix:	60.1% (Non-HPP* Hospital)
	CY15 Commercial Relative Price:	1.00
	Top 3 Commercial Payers:	Blue Cross Blue Shield of MA Health New England Harvard Pilgrim Health Care
	<b>Utilization</b>	
	Inpatient Discharges in FY15:	6,896
	Change FY14-FY15:	-1.7%
	Emergency Department Visits in FY15:	33,914
	Change FY14-FY15:	-1.1%
	Outpatient Visits in FY15:	51,118
	Change FY14-FY15:	-0.9%
	<b>Quality</b>	
	Readmission Rate in FY15:	13.2%
	Change FY11-FY15 (percentage points):	-1.1%
	Early Elective Deliveries Rate (Jan 2015-Jun 2016):	0.0%



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

## 2015 HOSPITAL PROFILE: COOLEY DICKINSON HOSPITAL

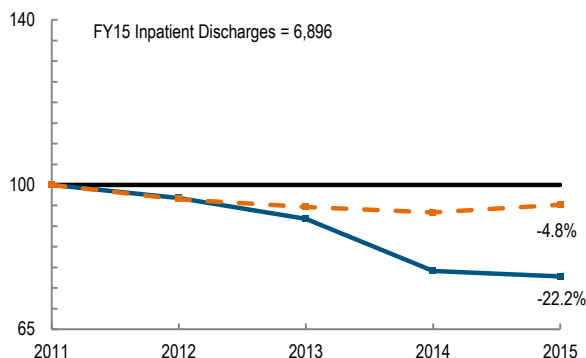
Cohort: Community Hospital

Key:

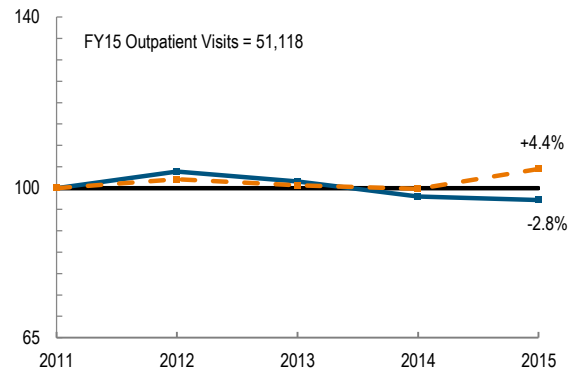


### Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY11, and how does this compare to the hospital's peer cohort median? (FY11=100)

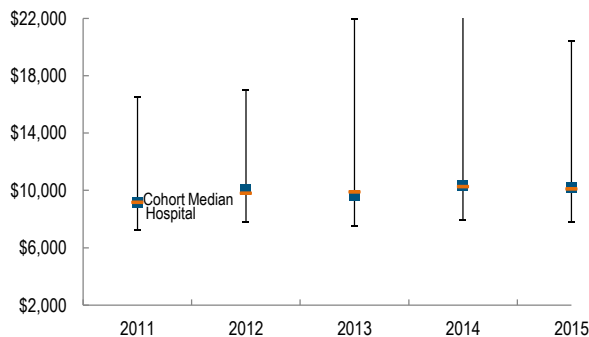


How has the volume of the hospital's outpatient visits changed compared to FY11, and how does this compare to the hospital's peer cohort median? (FY11=100)

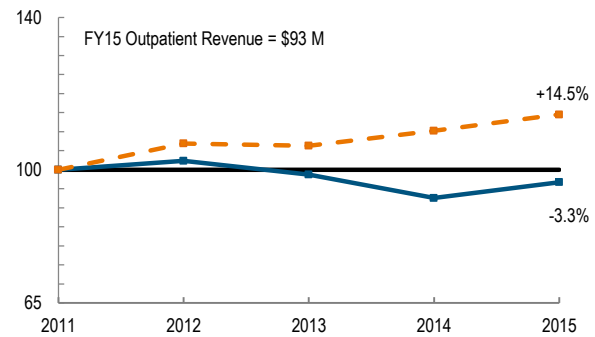


### Patient Revenue Trends

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY11 and FY15, and how does this compare to the hospital's peer cohort median?



How has the hospital's total outpatient revenue changed compared to FY11, and how does this compare to the hospital's peer cohort median? (FY11=100)



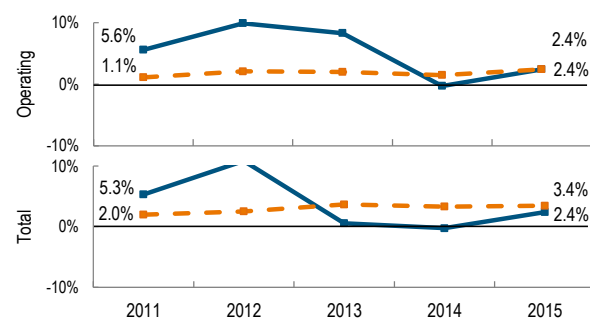
### Financial Performance

How have the hospital's total revenue and costs changed between FY11 and FY15?

#### Revenue, Cost, & Profit/Loss (in millions)

FY	2011	2012	2013	2014	2015
Operating Revenue	\$ 161	\$ 168	\$ 161	\$ 153	\$ 157
Non-Operating Revenue	\$ (0)	\$ 2	\$ (12)	\$ 0	\$ (0)
Total Revenue	\$ 161	\$ 169	\$ 150	\$ 153	\$ 157
Total Costs	\$ 152	\$ 151	\$ 149	\$ 154	\$ 154
Total Profit (Loss)	\$ 8.5	\$ 18.3	\$ 0.8	\$ (0.4)	\$ 3.7

What were the hospital's total margin and operating margins between FY11 and FY15, and how do these compare to the hospital's peer cohort medians?



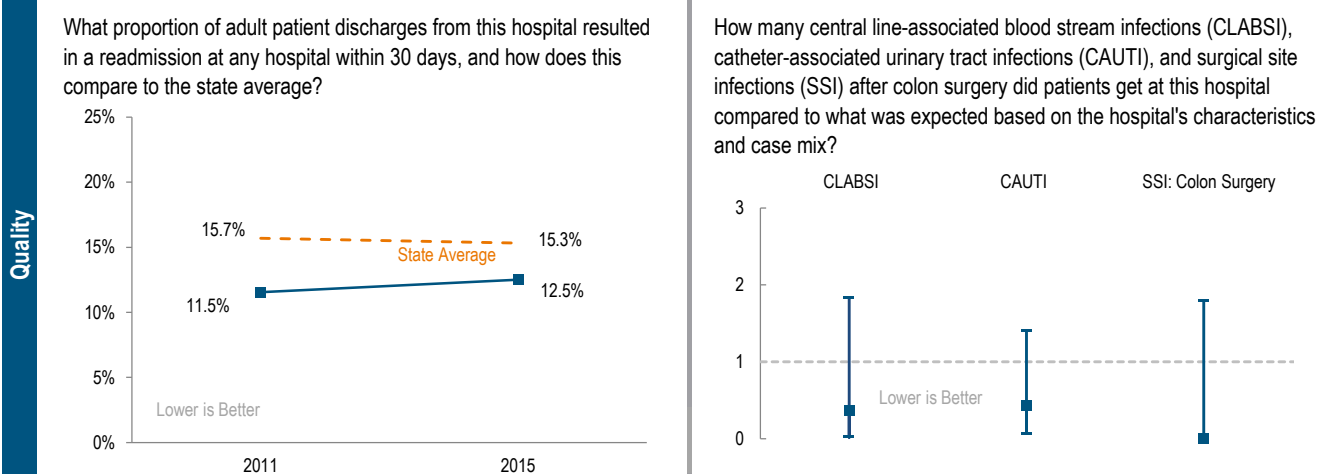
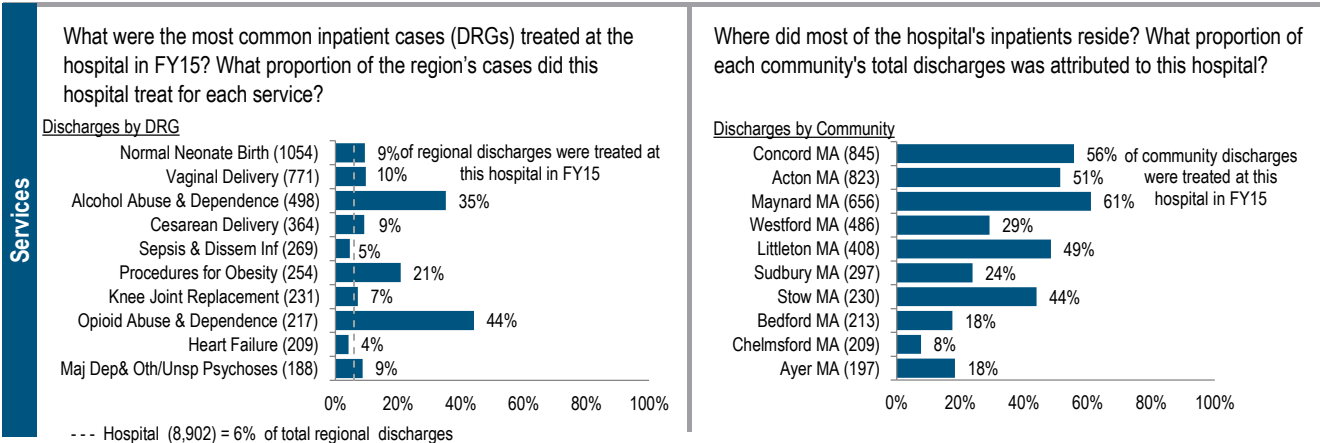
For descriptions of the metrics, please see the technical appendix.

<sup>9</sup> For more information on Infrastructure and Capacity Building (ICB) special funding, please contact the Massachusetts Executive Office of Health and Human Services (EOHHS).

\* High Public Payer Hospitals (HPP) receive a minimum of 63% of gross patient service revenue from public payers.

Emerson Hospital is a mid-size, nonprofit community hospital located in the Northeastern Massachusetts region. From FY11 to FY15, inpatient discharges decreased 8.3%, compared to a 4.8% decrease for its peer hospital cohort median. Between FY11 and FY15, outpatient revenue increased 16.5%. Though it was only responsible for 6% of total regional discharges in FY15, the hospital treated 44% of all regional Opioid & Abuse cases and 35% of all Alcohol Abuse & Dependence cases. Emerson Hospital reported a loss in FY15, but it earned a profit each year from FY11 to FY14.

At a Glance	<b>Overview / Size</b>	
	Hospital System Affiliation:	Not Applicable
	Change in Ownership (FY11-FY15):	Not Applicable
	Total Staffed Beds:	199, mid-size acute hospital
	% Occupancy:	54.2%, < cohort avg. (64%)
	Special Public Funding:	CHART <sup>A</sup> , ICB <sup>B</sup>
	Trauma Center Designation:	Not Applicable
	Case Mix Index:	0.79, < cohort avg. (0.81); < statewide (1.00)
	<b>Financial</b>	
	Inpatient NPSR per CMAD:	\$9,664
	Change FY14-FY15:	-3.8%
	Inpatient:Outpatient Revenue in FY15:	28%:72%
	Outpatient Revenue in FY15:	\$126,200,554
	Change FY14-FY15:	4.0%
	Total Revenue in FY15:	\$201,751,315
	Total Surplus (Loss) in FY15:	(\$238,046)
	<b>Payer Mix</b>	
	Public Payer Mix:	43.8% (Non-HPP* Hospital)
	CY15 Commercial Relative Price:	0.85
	Top 3 Commercial Payers:	Blue Cross Blue Shield of MA Harvard Pilgrim Health Care Tufts Health Plan
	<b>Utilization</b>	
	Inpatient Discharges in FY15:	8,902
	Change FY14-FY15:	1.9%
	Emergency Department Visits in FY15:	32,065
	Change FY14-FY15:	-1.3%
	Outpatient Visits in FY15:	93,346
	Change FY14-FY15:	0.4%
	<b>Quality</b>	
	Readmission Rate in FY15:	12.5%
	Change FY11-FY15 (percentage points):	1.0%
	Early Elective Deliveries Rate (Jan 2015-Jun 2016):	3.4%



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

## 2015 HOSPITAL PROFILE: EMERSON HOSPITAL

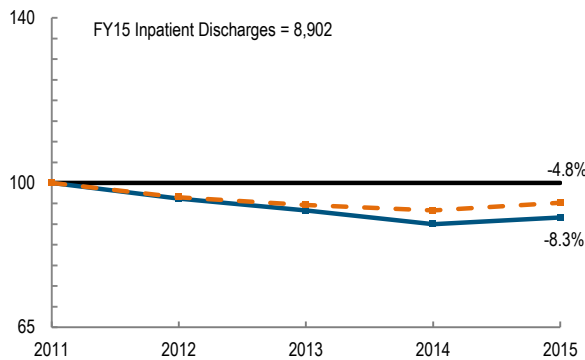
Cohort: Community Hospital

Key:

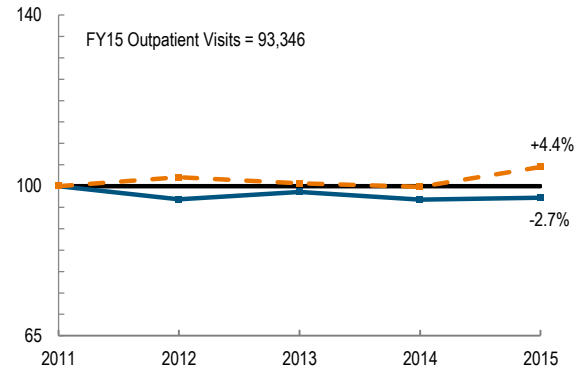


### Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY11, and how does this compare to the hospital's peer cohort median? (FY11=100)

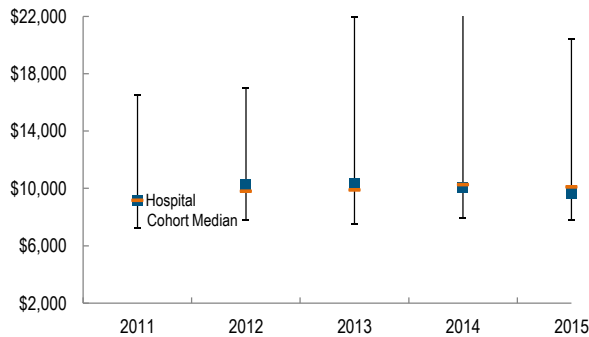


How has the volume of the hospital's outpatient visits changed compared to FY11, and how does this compare to the hospital's peer cohort median? (FY11=100)

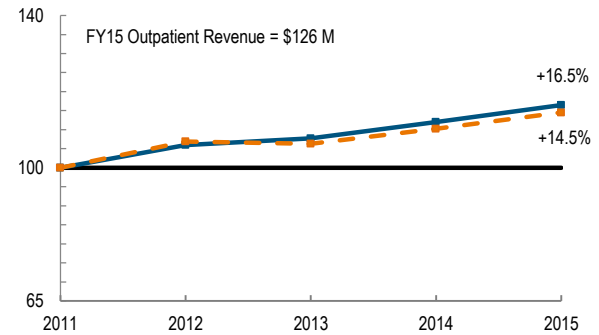


### Patient Revenue Trends

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY11 and FY15, and how does this compare to the hospital's peer cohort median?



How has the hospital's total outpatient revenue changed compared to FY11, and how does this compare to the hospital's peer cohort median? (FY11=100)



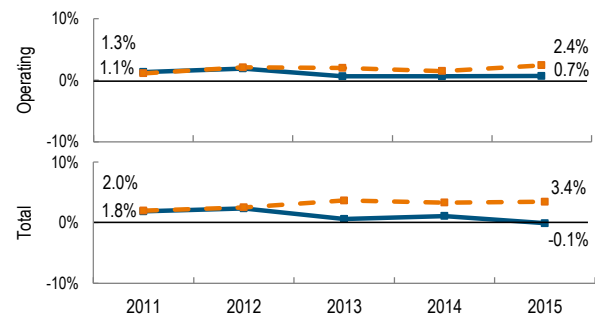
### Financial Performance

How have the hospital's total revenue and costs changed between FY11 and FY15?

#### Revenue, Cost, & Profit/Loss (in millions)

FY	2011	2012	2013	2014	2015
Operating Revenue	\$ 179	\$ 189	\$ 190	\$ 192	\$ 203
Non-Operating Revenue	\$ 1	\$ 1	\$ (0)	\$ 1	\$ (2)
Total Revenue	\$ 180	\$ 190	\$ 190	\$ 193	\$ 202
Total Costs	\$ 177	\$ 185	\$ 188	\$ 191	\$ 202
Total Profit (Loss)	\$ 3.3	\$ 4.5	\$ 1.1	\$ 2.1	\$ (0.2)

What were the hospital's total margin and operating margins between FY11 and FY15, and how do these compare to the hospital's peer cohort medians?



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

<sup>a</sup> For more information on Infrastructure and Capacity Building (ICB) special funding, please contact the Massachusetts Executive Office of Health and Human Services (EOHHS).

\* High Public Payer Hospitals (HPP) receive a minimum of 63% of gross patient service revenue from public payers.

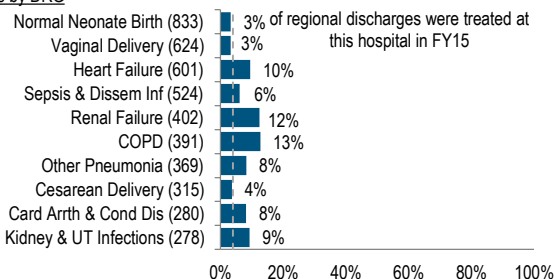
<sup>^</sup> For more information on Community Hospital Acceleration, Revitalization and Transformation (CHART) special funding, please contact the Health Policy Commission (HPC).

Hallmark Health System, which includes Lawrence Memorial Hospital and Melrose-Wakefield Hospital campuses, is a mid-size, nonprofit community hospital system located in the Metro Boston region. Between FY11 and FY15, inpatient discharges decreased 27.2% at Hallmark Health, compared to a median decrease of 4.8% among cohort hospitals. Hallmark Health reported a profit each year from FY11 to FY15. It had a total margin of 4.8%, higher than the median of its peer cohort of 3.4%. Over the five year period of FY11 to FY15, Hallmark Health has experienced a higher total margin than its peer cohort median in each year.

At a Glance	<b>Overview / Size</b>	
	Hospital System Affiliation:	Wellforce
	Change in Ownership (FY11-FY15):	Wellforce - 2017
	Total Staffed Beds:	176, mid-size acute hospital
	% Occupancy:	90.1%, > cohort avg. (64%)
	Special Public Funding:	CHART^
	Trauma Center Designation:	Not Applicable
	Case Mix Index:	0.85, > cohort avg. (0.81); < statewide (1.00)
	<b>Financial</b>	
	Inpatient NPSR per CMAD:	\$9,941
Services	Change FY14-FY15:	-9.6%
	Inpatient:Outpatient Revenue in FY15:	28%:72%
	Outpatient Revenue in FY15:	\$145,323,183
	Change FY14-FY15:	5.6%
	Total Revenue in FY15:	\$271,416,000
	Total Surplus (Loss) in FY15:	\$13,004,000
	<b>Payer Mix</b>	
	Public Payer Mix:	62.0% (Non-HPP* Hospital)
	CY15 Commercial Relative Price:	0.91
	Top 3 Commercial Payers:	Blue Cross Blue Shield of MA Harvard Pilgrim Health Care Tufts Health Plan
Quality	<b>Utilization</b>	
	Inpatient Discharges in FY15:	11,740
	Change FY14-FY15:	-0.5%
	Emergency Department Visits in FY15:	50,986
	Change FY14-FY15:	-3.1%
	Outpatient Visits in FY15:	544,133
	Change FY14-FY15:	-2.3%
	<b>Quality</b>	
	Readmission Rate in FY15:	16.4%
	Change FY11-FY15 (percentage points):	-2.6%
	Early Elective Deliveries Rate (Jan 2015-Jun 2016):	0.0%

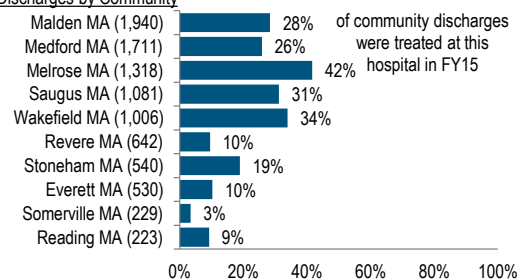
What were the most common inpatient cases (DRGs) treated at the hospital in FY15? What proportion of the region's cases did this hospital treat for each service?

Discharges by DRG

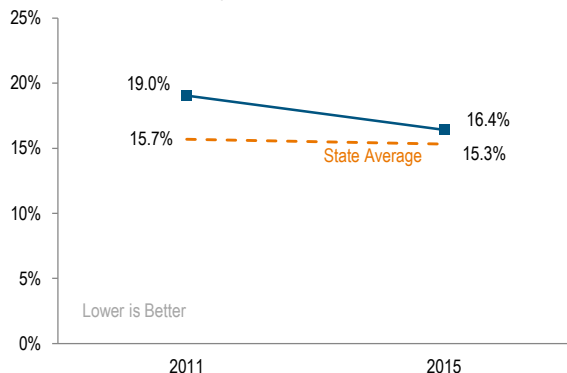


Where did most of the hospital's inpatients reside? What proportion of each community's total discharges was attributed to this hospital?

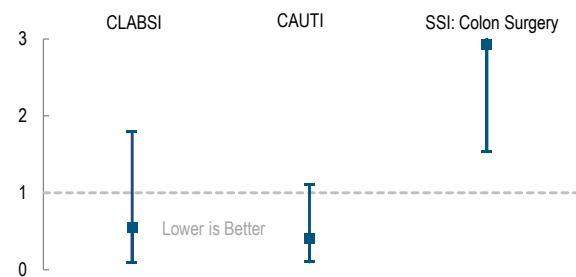
Discharges by Community



What proportion of adult patient discharges from this hospital resulted in a readmission at any hospital within 30 days, and how does this compare to the state average?



How many central line-associated blood stream infections (CLABSI), catheter-associated urinary tract infections (CAUTI), and surgical site infections (SSI) after colon surgery did patients get at this hospital compared to what was expected based on the hospital's characteristics and case mix?



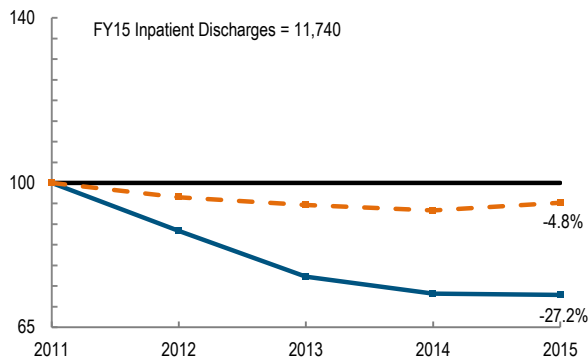


## 2015 HOSPITAL PROFILE: HALLMARK HEALTH

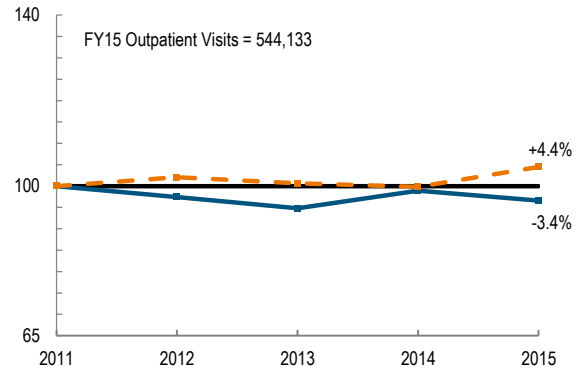
Cohort: Community Hospital

### Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY11, and how does this compare to the hospital's peer cohort median? (FY11=100)

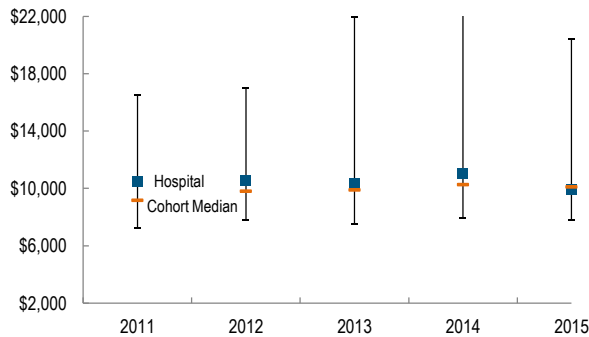


How has the volume of the hospital's outpatient visits changed compared to FY11, and how does this compare to the hospital's peer cohort median? (FY11=100)

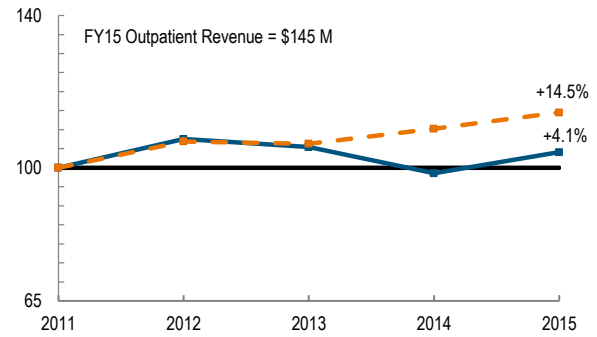


### Patient Revenue Trends

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY11 and FY15, and how does this compare to the hospital's peer cohort median?



How has the hospital's total outpatient revenue changed compared to FY11, and how does this compare to the hospital's peer cohort median? (FY11=100)



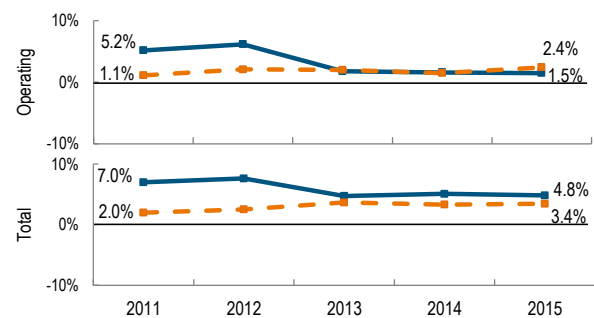
### Financial Performance

How have the hospital's total revenue and costs changed between FY11 and FY15?

#### Revenue, Cost, & Profit/Loss (in millions)

FY	2011	2012	2013	2014	2015
Operating Revenue	\$ 284	\$ 292	\$ 264	\$ 257	\$ 262
Non-Operating Revenue	\$ 5	\$ 4	\$ 8	\$ 9	\$ 9
Total Revenue	\$ 289	\$ 296	\$ 272	\$ 266	\$ 271
Total Costs	\$ 269	\$ 274	\$ 259	\$ 253	\$ 258
Total Profit (Loss)	\$ 20.1	\$ 22.6	\$ 12.8	\$ 13.5	\$ 13.0

What were the hospital's total margin and operating margins between FY11 and FY15, and how do these compare to the hospital's peer cohort medians?



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

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

\* High Public Payer Hospitals (HPP) receive a minimum of 63% of gross patient service revenue from public payers.

# MARTHA'S VINEYARD HOSPITAL

## 2015 Hospital Profile

Oak Bluffs, MA  
Community Hospital  
Cape and Islands

Martha's Vineyard Hospital is a small, nonprofit community hospital located in the Cape and Islands region. It is a member of Partners HealthCare. Martha's Vineyard Hospital is designated by the Centers for Medicare & Medicaid Services (CMS) as one of three Critical Access Hospitals (CAH) in Massachusetts. Martha's Vineyard Hospital was profitable each year from FY11 to FY15, with a total margin of 3.1% in FY15, compared to a median total margin of 3.4% among peer cohort hospitals. In FY15, Martha's Vineyard Hospital had 4.8% more inpatient discharges than in FY11, compared with a median decrease of 4.1% in its peer cohort.

At a Glance	<b>Overview / Size</b>	
	Hospital System Affiliation:	Partners HealthCare
	Change in Ownership (FY11-FY15):	Not Applicable
	Total Staffed Beds:	31, among the smallest acute hospitals
	% Occupancy:	52.2%, < cohort avg. (64%)
	Special Public Funding:	Not Applicable
	Trauma Center Designation:	Not Applicable
	Case Mix Index:	0.62, < cohort avg. (0.81); < statewide (1.00)
	<b>Financial</b>	
	Inpatient NPSR per CMAD:	\$20,387
	Change FY14-FY15:	-12.4%
	Inpatient:Outpatient Revenue in FY15:	18%:82%
	Outpatient Revenue in FY15:	\$55,452,982
	Change FY14-FY15:	22.3%
	Total Revenue in FY15:	\$74,954,000
	Total Surplus (Loss) in FY15:	\$2,353,000
	<b>Payer Mix</b>	
	Public Payer Mix:	50.7% (Non-HPP* Hospital)
	CY15 Commercial Relative Price:	1.93
	Top 3 Commercial Payers:	Blue Cross Blue Shield of MA Neighborhood Health Plan Harvard Pilgrim Health Care
	<b>Utilization</b>	
	Inpatient Discharges in FY15:	1,321
	Change FY14-FY15:	0.6%
	Emergency Department Visits in FY15:	14,748
	Change FY14-FY15:	2.4%
	Outpatient Visits in FY15:	59,484
	Change FY14-FY15:	3.6%
	<b>Quality</b>	
	Readmission Rate in FY15:	18.2%
	Change FY11-FY15 (percentage points):	5.8%
	Early Elective Deliveries Rate (Jan 2015-Jun 2016):	Not Available

Services	What were the most common inpatient cases (DRGs) treated at the hospital in FY15? What proportion of the region's cases did this hospital treat for each service?	
	<b>Discharges by DRG</b>	
	Normal Neonate Birth (126)	9% of regional discharges were treated at this hospital in FY15
	Other Pneumonia (114)	17%
	Vaginal Delivery (86)	9%
	Kidney & UT Infections (47)	9%
	Heart Failure (46)	5%
	Cesarean Delivery (41)	9%
	Cellulitis, Oth Bact Skn Inf (41)	11%
	Rehabilitation (35)	34%
	Where did most of the hospital's inpatients reside? What proportion of each community's total discharges was attributed to this hospital?	
	<b>Discharges by Community</b>	
	Vineyard Haven MA (466)	55% of community discharges were treated at this hospital in FY15
	Edgartown MA (266)	48%
	Oak Bluffs MA (193)	50%
	West Tisbury MA (92)	54%
	Chilmark MA (52)	50%
	--- Hospital (1,321) = 5% of total regional discharges	

Quality	What proportion of adult patient discharges from this hospital resulted in a readmission at any hospital within 30 days, and how does this compare to the state average?	
	<p>2011: 12.4%      2015: 18.2%      State Average: 15.3%</p> <p>Lower is Better</p>	
	How many central line-associated blood stream infections (CLABSI), catheter-associated urinary tract infections (CAUTI), and surgical site infections (SSI) after colon surgery did patients get at this hospital compared to what was expected based on the hospital's characteristics and case mix?	
	Data is not available for these measures.	

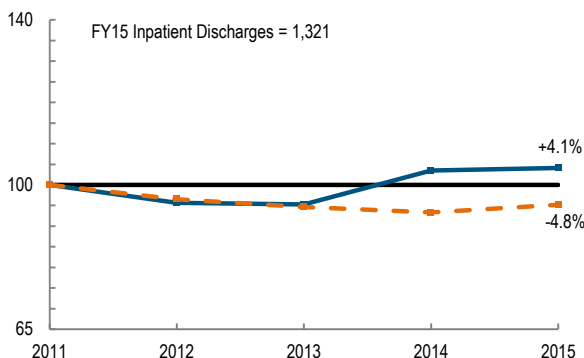
For descriptions of the metrics, please see the technical appendix.

## 2015 HOSPITAL PROFILE: MARTHA'S VINEYARD HOSPITAL

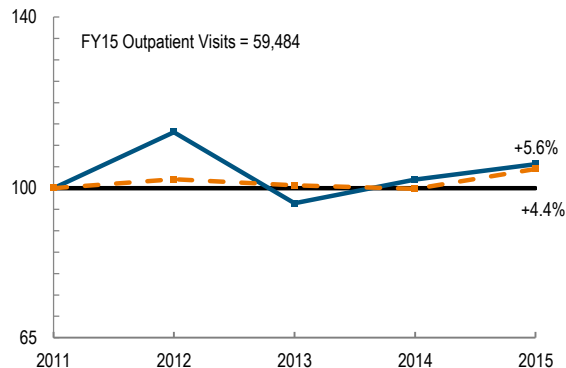
Cohort: Community Hospital

### Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY11, and how does this compare to the hospital's peer cohort median? (FY11=100)

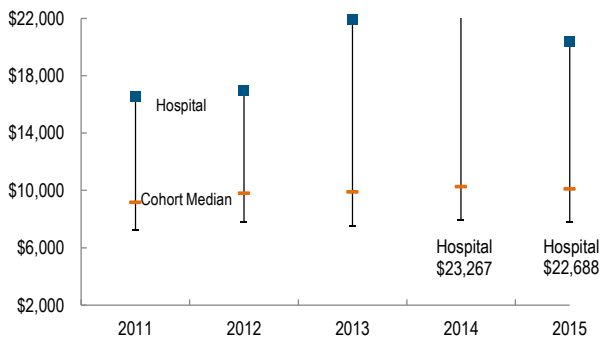


How has the volume of the hospital's outpatient visits changed compared to FY11, and how does this compare to the hospital's peer cohort median? (FY11=100)

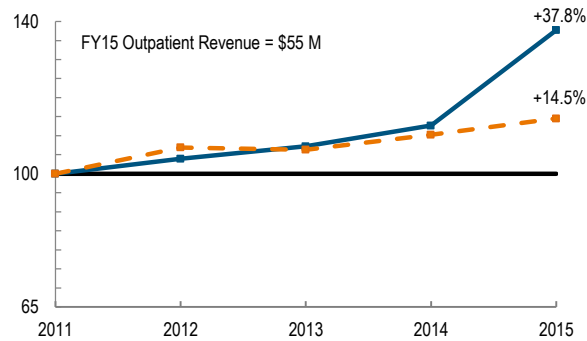


### Patient Revenue Trends

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY11 and FY15, and how does this compare to the hospital's peer cohort median?



How has the hospital's total outpatient revenue changed compared to FY11, and how does this compare to the hospital's peer cohort median? (FY11=100)



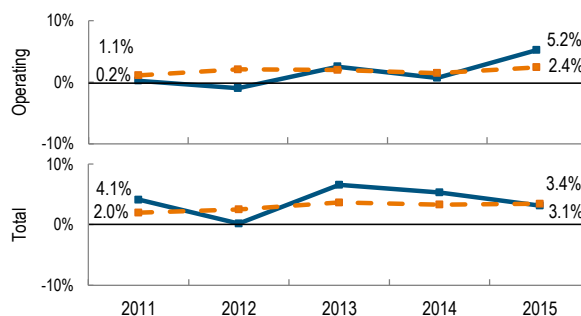
### Financial Performance

How have the hospital's total revenue and costs changed between FY11 and FY15?

#### Revenue, Cost, & Profit/Loss (in millions)

FY	2011	2012	2013	2014	2015
Operating Revenue	\$ 56	\$ 59	\$ 62	\$ 69	\$ 76
Non-Operating Revenue	\$ 2	\$ 1	\$ 3	\$ 3	(2)
Total Revenue	\$ 58	\$ 60	\$ 65	\$ 72	\$ 75
Total Costs	\$ 56	\$ 60	\$ 61	\$ 68	\$ 73
Total Profit (Loss)	\$ 2.4	\$ 0.1	\$ 4.3	\$ 3.8	\$ 2.4

What were the hospital's total margin and operating margins between FY11 and FY15, and how do these compare to the hospital's peer cohort medians?



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

\* High Public Payer Hospitals (HPP) receive a minimum of 63% of gross patient service revenue from public payers.

# MILFORD REGIONAL MEDICAL CENTER

## 2015 Hospital Profile

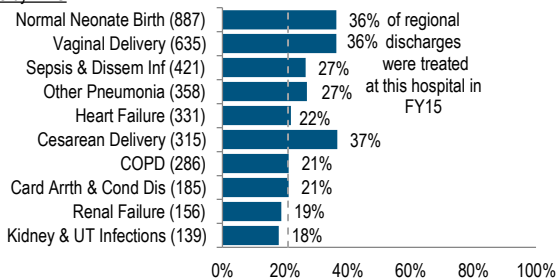
Milford, MA  
Community Hospital  
Metro West

Milford Regional Medical Center is a mid-size, nonprofit community hospital located in the Metro West region. Inpatient discharges decreased 1.4% at Milford Regional Medical Center from FY11 to FY15, compared with a median decrease of 4.8% among its peer cohort hospitals. Milford Regional Medical Center earned a profit each year in the five-year period, with a total margin of 3.7% in FY15, similar to the 3.4% median of its peer cohort.

At a Glance	<b>Overview / Size</b>	
	Hospital System Affiliation:	Not Applicable
	Change in Ownership (FY11-FY15):	Not Applicable
	Total Staffed Beds:	160, mid-size acute hospital
	% Occupancy:	51.3%, < cohort avg. (64%)
	Special Public Funding:	CHART <sup>a</sup> , ICB <sup>b</sup>
	Trauma Center Designation:	Not Applicable
	Case Mix Index:	0.84, > cohort avg. (0.81); < statewide (1.00)
	<b>Financial</b>	
	Inpatient NPSR per CMAD:	\$8,909
Services	Change FY14-FY15:	-18.2%
	Inpatient:Outpatient Revenue in FY15:	26%:74%
	Outpatient Revenue in FY15:	\$123,685,669
	Change FY14-FY15:	8.8%
	Total Revenue in FY15:	\$199,249,290
	Total Surplus (Loss) in FY15:	\$7,417,851
	<b>Payer Mix</b>	
	Public Payer Mix:	52.0% (Non-HPP* Hospital)
	CY15 Commercial Relative Price:	0.84
	Top 3 Commercial Payers:	Blue Cross Blue Shield of MA Harvard Pilgrim Health Care Tufts Health Plan
Quality	<b>Utilization</b>	
	Inpatient Discharges in FY15:	8,693
	Change FY14-FY15:	5.4%
	Emergency Department Visits in FY15:	56,523
	Change FY14-FY15:	1.7%
	Outpatient Visits in FY15:	117,156
	Change FY14-FY15:	3.4%
	<b>Quality</b>	
	Readmission Rate in FY15:	15.1%
	Change FY11-FY15 (percentage points):	-1.8%
	Early Elective Deliveries Rate (Jan 2015-Jun 2016):	0.5%

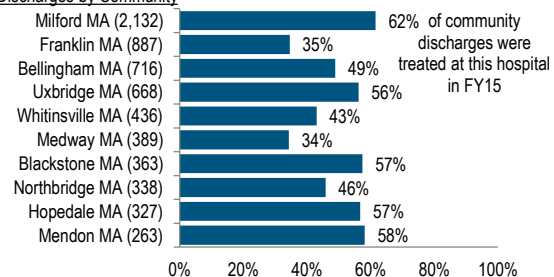
What were the most common inpatient cases (DRGs) treated at the hospital in FY15? What proportion of the region's cases did this hospital treat for each service?

### Discharges by DRG

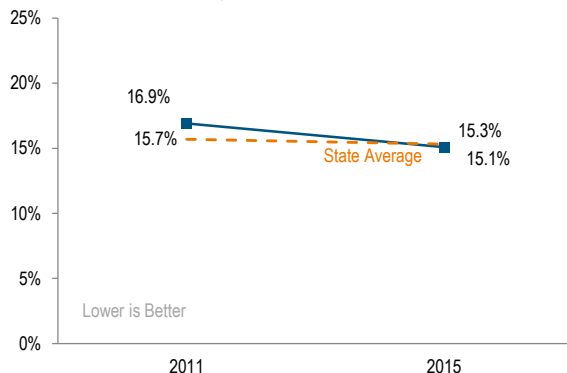


Where did most of the hospital's inpatients reside? What proportion of each community's total discharges was attributed to this hospital?

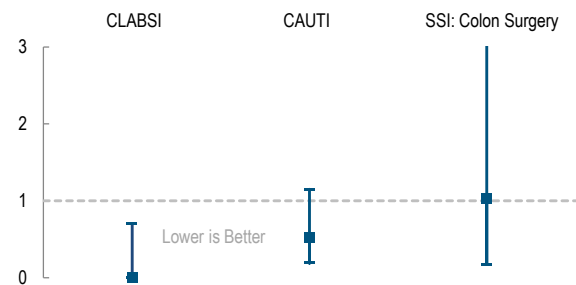
### Discharges by Community



What proportion of adult patient discharges from this hospital resulted in a readmission at any hospital within 30 days, and how does this compare to the state average?



How many central line-associated blood stream infections (CLABSI), catheter-associated urinary tract infections (CAUTI), and surgical site infections (SSI) after colon surgery did patients get at this hospital compared to what was expected based on the hospital's characteristics and case mix?



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

# 2015 HOSPITAL PROFILE: MILFORD REGIONAL MEDICAL CENTER

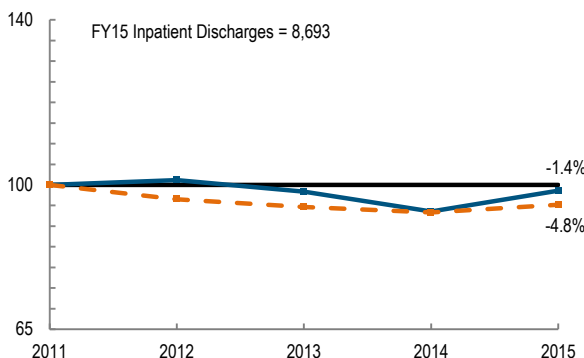
Cohort: Community Hospital

Key:

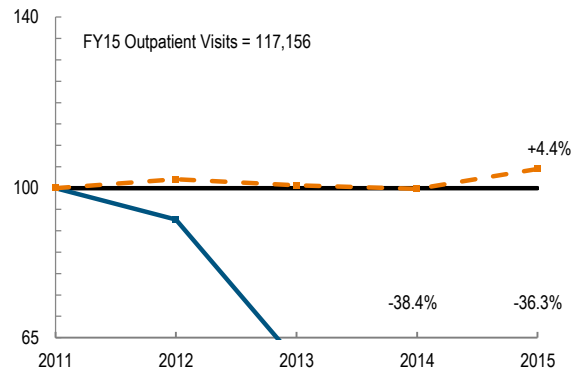


## Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY11, and how does this compare to the hospital's peer cohort median? (FY11=100)

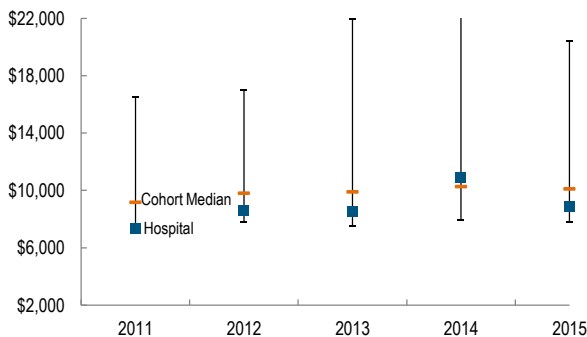


How has the volume of the hospital's outpatient visits changed compared to FY11, and how does this compare to the hospital's peer cohort median? (FY11=100)

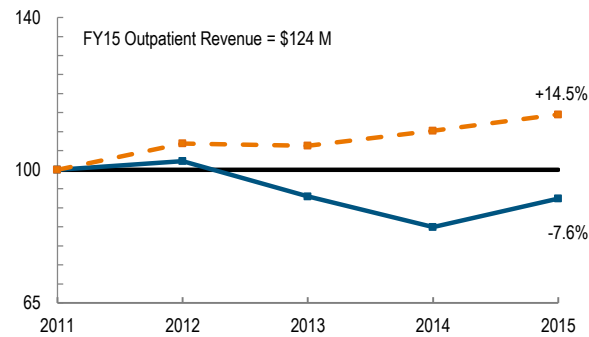


## Patient Revenue Trends

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY11 and FY15, and how does this compare to the hospital's peer cohort median?



How has the hospital's total outpatient revenue changed compared to FY11, and how does this compare to the hospital's peer cohort median? (FY11=100)



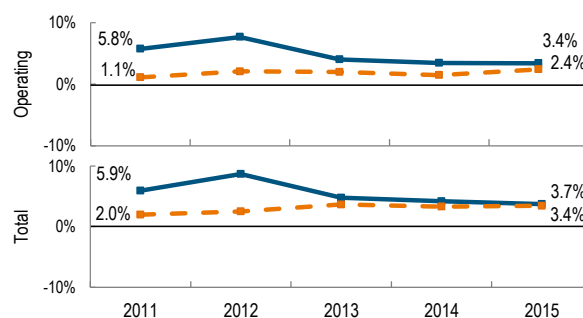
## Financial Performance

How have the hospital's total revenue and costs changed between FY11 and FY15?

### Revenue, Cost, & Profit/Loss (in millions)

FY	2011	2012	2013	2014	2015
Operating Revenue	\$ 195	\$ 196	\$ 183	\$ 188	\$ 199
Non-Operating Revenue	\$ 0	\$ 2	\$ 1	\$ 1	\$ 1
Total Revenue	\$ 195	\$ 198	\$ 185	\$ 189	\$ 199
Total Costs	\$ 184	\$ 181	\$ 176	\$ 181	\$ 192
Total Profit (Loss)	\$ 11.6	\$ 17.2	\$ 8.8	\$ 7.9	\$ 7.4

What were the hospital's total margin and operating margins between FY11 and FY15, and how do these compare to the hospital's peer cohort medians?



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

<sup>g</sup> For more information on Infrastructure and Capacity Building (ICB) special funding, please contact the Massachusetts Executive Office of Health and Human Services (EOHHS).

\* High Public Payer Hospitals (HPP) receive a minimum of 63% of gross patient service revenue from public payers.

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

# NANTUCKET COTTAGE HOSPITAL

## 2015 Hospital Profile

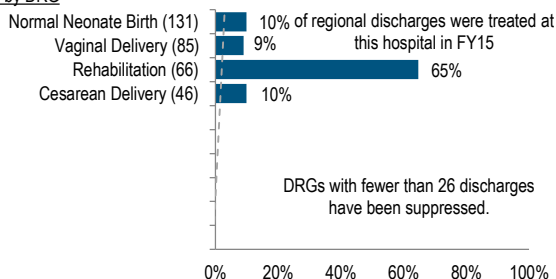
Nantucket, MA  
Community Hospital  
Cape and Islands

Nantucket Cottage Hospital is a nonprofit community hospital located in the Cape and Islands region, and is a member of the Partners HealthCare System. Nantucket Cottage is the second smallest hospital in Massachusetts, with 23 staffed beds. Inpatient discharges increased 16.7% at the hospital between FY11 and FY15, compared with a 4.8% decrease at the median of its cohort; outpatient revenue at the hospital increased 52.9% in the same period. Nantucket Cottage Hospital earned a profit in FY15 for the fourth consecutive fiscal year while it reported a total margin of 2.3%, lower than the median of its peer cohort of 3.4%.

At a Glance	<b>Overview / Size</b>	
	Hospital System Affiliation:	Partners HealthCare
	Change in Ownership (FY11-FY15):	Not Applicable
	Total Staffed Beds:	23, among the smallest acute hospitals
	% Occupancy:	28.5%, lowest in cohort (avg. 64%)
	Special Public Funding:	Not Applicable
	Trauma Center Designation:	Not Applicable
	Case Mix Index:	0.63, < cohort avg. (0.81); < statewide (1.00)
	<b>Financial</b>	
	Inpatient NPSR per CMAD:	\$10,937
Services	Change FY14-FY15:	7.3%
	Inpatient:Outpatient Revenue in FY15:	14%:86%
	Outpatient Revenue in FY15:	\$32,145,760
	Change FY14-FY15:	5.3%
	Total Revenue in FY15:	\$44,406,000
	Total Surplus (Loss) in FY15:	\$1,004,000
	<b>Payer Mix</b>	
	Public Payer Mix:	42.5% (Non-HPP* Hospital)
	CY15 Commercial Relative Price:	1.96
	Top 3 Commercial Payers:	Blue Cross Blue Shield of MA Neighborhood Health Plan Harvard Pilgrim Health Care
Quality	<b>Utilization</b>	
	Inpatient Discharges in FY15:	635
	Change FY14-FY15:	1.1%
	Emergency Department Visits in FY15:	10,411
	Change FY14-FY15:	3.7%
	Outpatient Visits in FY15:	18,677
	Change FY14-FY15:	-22.5%
	<b>Quality</b>	
	Readmission Rate in FY15:	10.2%
	Change FY11-FY15 (percentage points):	-7.0%
	Early Elective Deliveries Rate (Jan 2015-Jun 2016):	Not Available

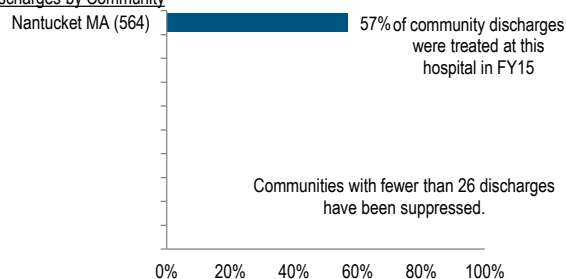
What were the most common inpatient cases (DRGs) treated at the hospital in FY15? What proportion of the region's cases did this hospital treat for each service?

Discharges by DRG

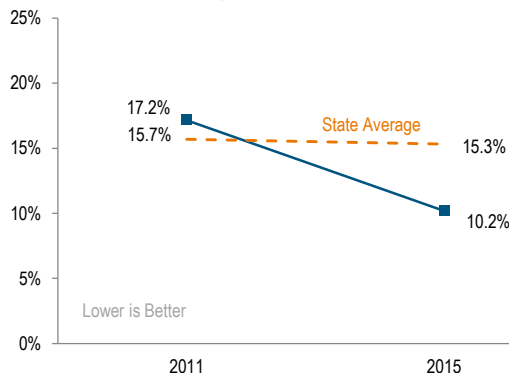


Where did most of the hospital's inpatients reside? What proportion of each community's total discharges was attributed to this hospital?

Discharges by Community



What proportion of adult patient discharges from this hospital resulted in a readmission at any hospital within 30 days, and how does this compare to the state average?



How many central line-associated blood stream infections (CLABSI), catheter-associated urinary tract infections (CAUTI), and surgical site infections (SSI) after colon surgery did patients get at this hospital compared to what was expected based on the hospital's characteristics and case mix?

Data is not available for these measures.

## 2015 HOSPITAL PROFILE: NANTUCKET COTTAGE HOSPITAL

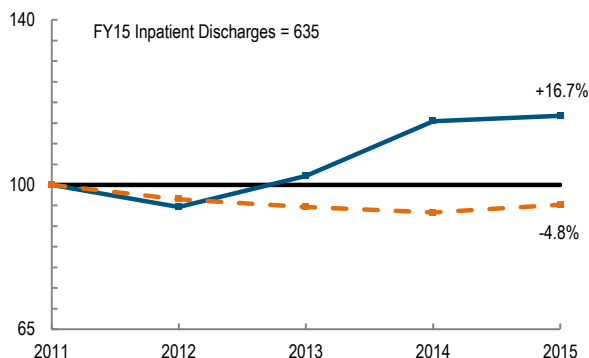
Cohort: Community Hospital

Key:

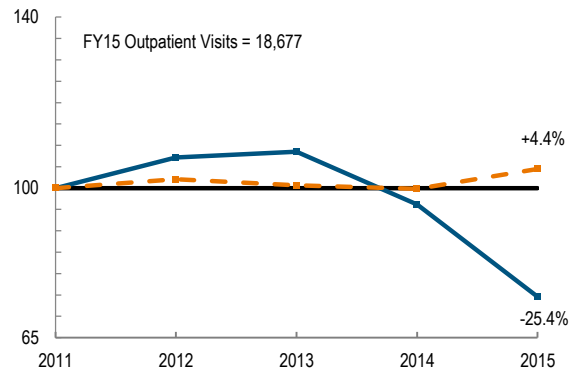
— Hospital  
- - - Peer Cohort

### Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY11, and how does this compare to the hospital's peer cohort median? (FY11=100)

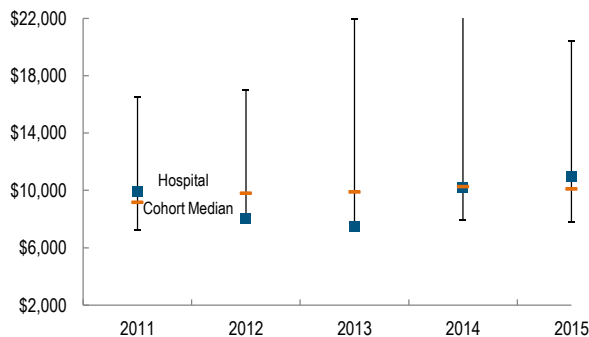


How has the volume of the hospital's outpatient visits changed compared to FY11, and how does this compare to the hospital's peer cohort median? (FY11=100)

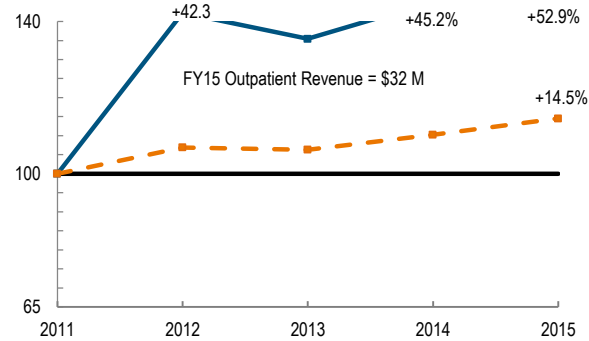


### Patient Revenue Trends

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY11 and FY15, and how does this compare to the hospital's peer cohort median?



How has the hospital's total outpatient revenue changed compared to FY11, and how does this compare to the hospital's peer cohort median? (FY11=100)



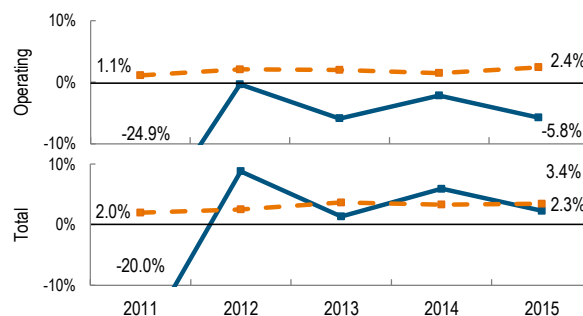
### Financial Performance

How have the hospital's total revenue and costs changed between FY11 and FY15?

#### Revenue, Cost, & Profit/Loss (in millions)

FY	2011	2012	2013	2014	2015
Operating Revenue	\$ 26	\$ 33	\$ 32	\$ 37	\$ 41
Non-Operating Revenue	\$ 1	\$ 3	\$ 3	\$ 3	\$ 4
Total Revenue	\$ 27	\$ 37	\$ 35	\$ 40	\$ 44
Total Costs	\$ 32	\$ 33	\$ 35	\$ 37	\$ 43
Total Profit (Loss)	\$ (5.4)	\$ 3.2	\$ 0.5	\$ 2.3	\$ 1.0

What were the hospital's total margin and operating margins between FY11 and FY15, and how do these compare to the hospital's peer cohort medians?

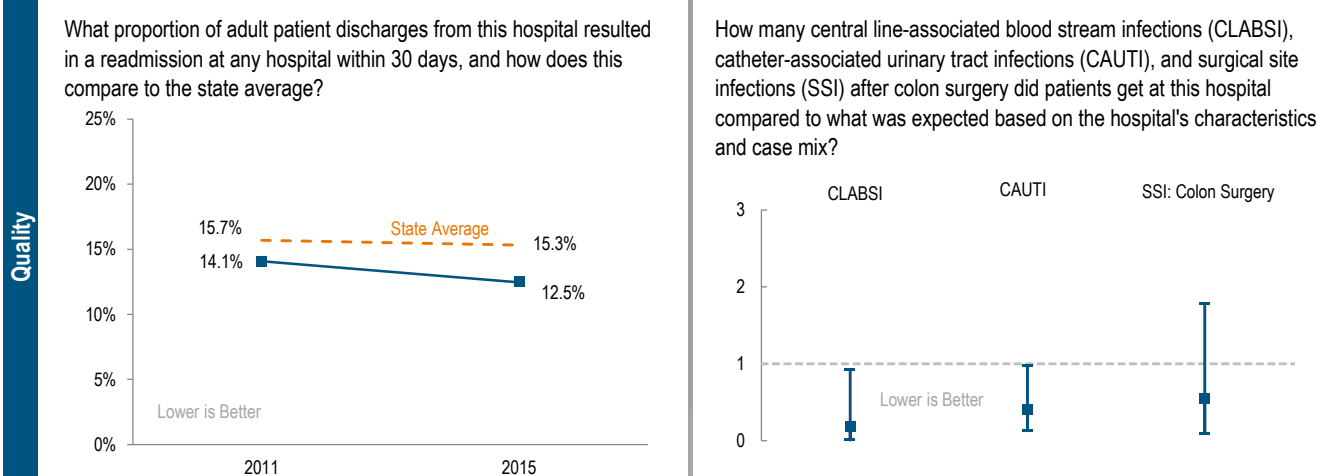
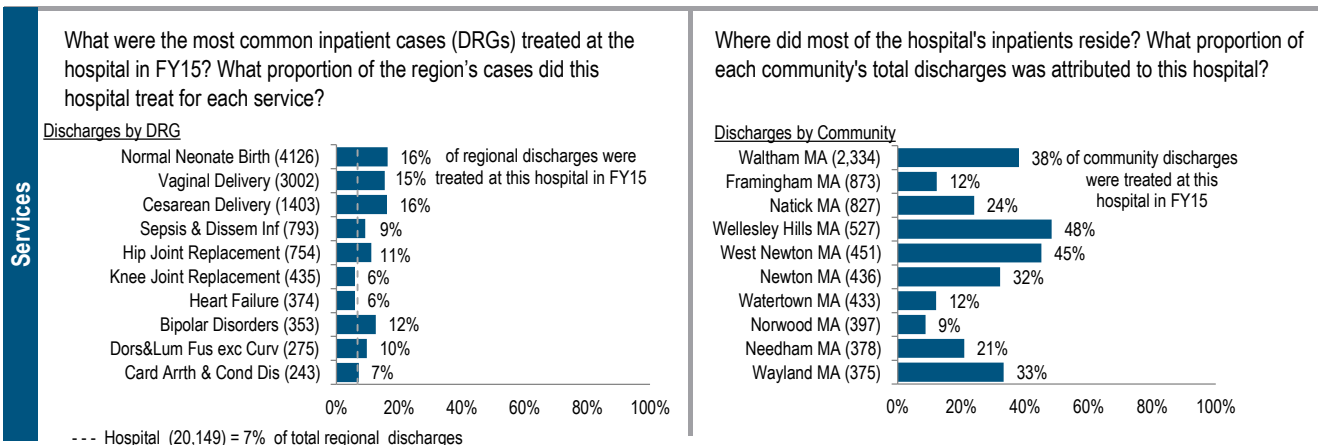


For descriptions of the metrics, please see the technical appendix.

\* High Public Payer Hospitals (HPP) receive a minimum of 63% of gross patient service revenue from public payers.

Newton-Wellesley Hospital is a nonprofit community hospital located in the Metro Boston region. It is among the larger acute hospitals in Massachusetts and is a member of Partners HealthCare System. Newton-Wellesley was profitable each year in the five-year period, and it had a total margin of 4.3% in FY15, which is slightly higher than the 3.4% median of its peer cohort. It receives the lowest percentage of gross revenue from public payers of any non-specialty acute hospital.

At a Glance	<b>Overview / Size</b>	
	Hospital System Affiliation:	Partners HealthCare
	Change in Ownership (FY11-FY15):	Not Applicable
	Total Staffed Beds:	316, among the larger acute hospitals
	% Occupancy:	64.8%, > cohort avg. (64%)
	Special Public Funding:	Not Applicable
	Trauma Center Designation:	Not Applicable
	Case Mix Index:	0.75, < cohort avg. (0.81); < statewide (1.00)
	<b>Financial</b>	
	Inpatient NPSR per CMAD:	\$13,137
	Change FY14-FY15:	7.4%
	Inpatient:Outpatient Revenue in FY15:	34%:66%
	Outpatient Revenue in FY15:	\$222,909,129
	Change FY14-FY15:	0.3%
	Total Revenue in FY15:	\$441,244,000
	Total Surplus (Loss) in FY15:	\$19,192,000
	<b>Payer Mix</b>	
	Public Payer Mix:	41.2% (Non-HPP* Hospital)
	CY15 Commercial Relative Price:	1.01
	Top 3 Commercial Payers:	Blue Cross Blue Shield of MA Harvard Pilgrim Health Care Tufts Health Plan
	<b>Utilization</b>	
	Inpatient Discharges in FY15:	20,149
	Change FY14-FY15:	0.3%
	Emergency Department Visits in FY15:	56,728
	Change FY14-FY15:	3.8%
	Outpatient Visits in FY15:	152,445
	Change FY14-FY15:	17.7%
	<b>Quality</b>	
	Readmission Rate in FY15:	12.5%
	Change FY11-FY15 (percentage points):	-1.6%
	Early Elective Deliveries Rate (Jan 2015-Jun 2016):	12.2%



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



## 2015 HOSPITAL PROFILE: NEWTON-WELLESLEY HOSPITAL

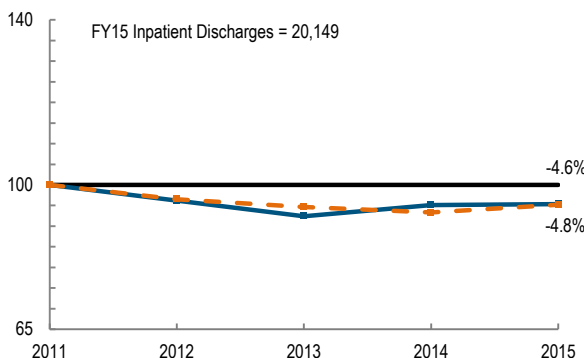
Cohort: Community Hospital

Key:

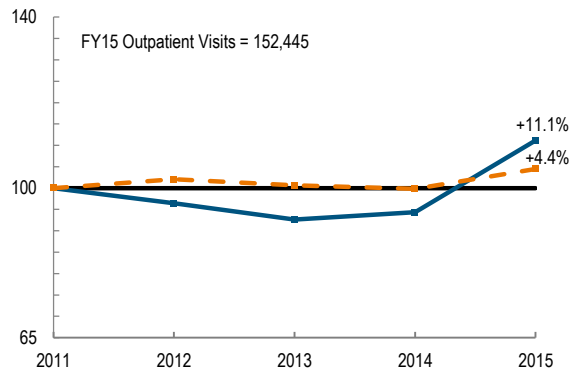


### Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY11, and how does this compare to the hospital's peer cohort median? (FY11=100)

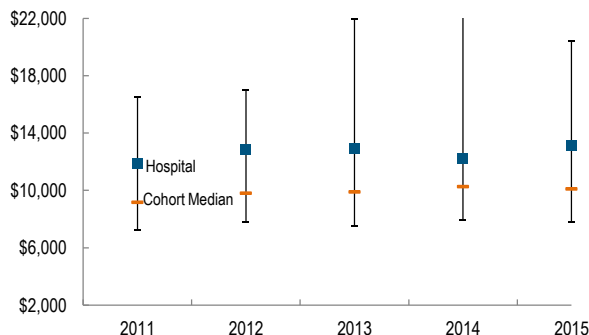


How has the volume of the hospital's outpatient visits changed compared to FY11, and how does this compare to the hospital's peer cohort median? (FY11=100)

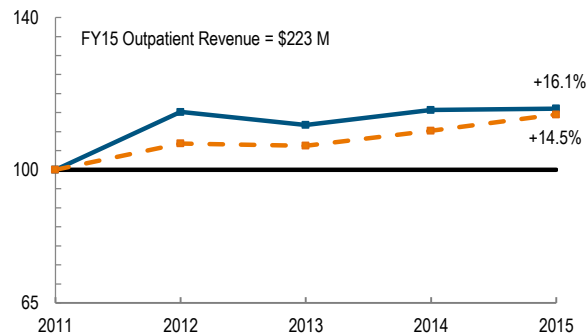


### Patient Revenue Trends

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY11 and FY15, and how does this compare to the hospital's peer cohort median?



How has the hospital's total outpatient revenue changed compared to FY11, and how does this compare to the hospital's peer cohort median? (FY11=100)



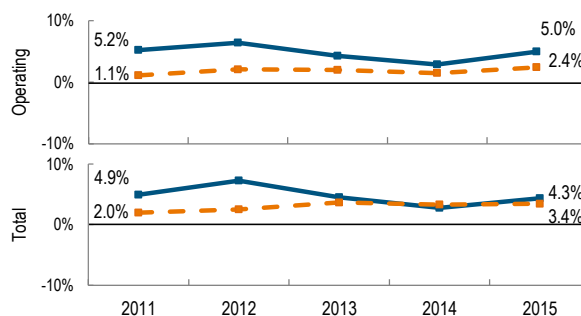
### Financial Performance

How have the hospital's total revenue and costs changed between FY11 and FY15?

#### Revenue, Cost, & Profit/Loss (in millions)

FY	2011	2012	2013	2014	2015
Operating Revenue	\$ 398	\$ 426	\$ 416	\$ 427	\$ 444
Non-Operating Revenue	\$ (1)	\$ 4	\$ 1	\$ (0)	\$ (3)
Total Revenue	\$ 397	\$ 429	\$ 417	\$ 426	\$ 441
Total Costs	\$ 377	\$ 398	\$ 398	\$ 415	\$ 422
Total Profit (Loss)	\$ 19.6	\$ 31.2	\$ 18.8	\$ 11.8	\$ 19.2

What were the hospital's total margin and operating margins between FY11 and FY15, and how do these compare to the hospital's peer cohort medians?

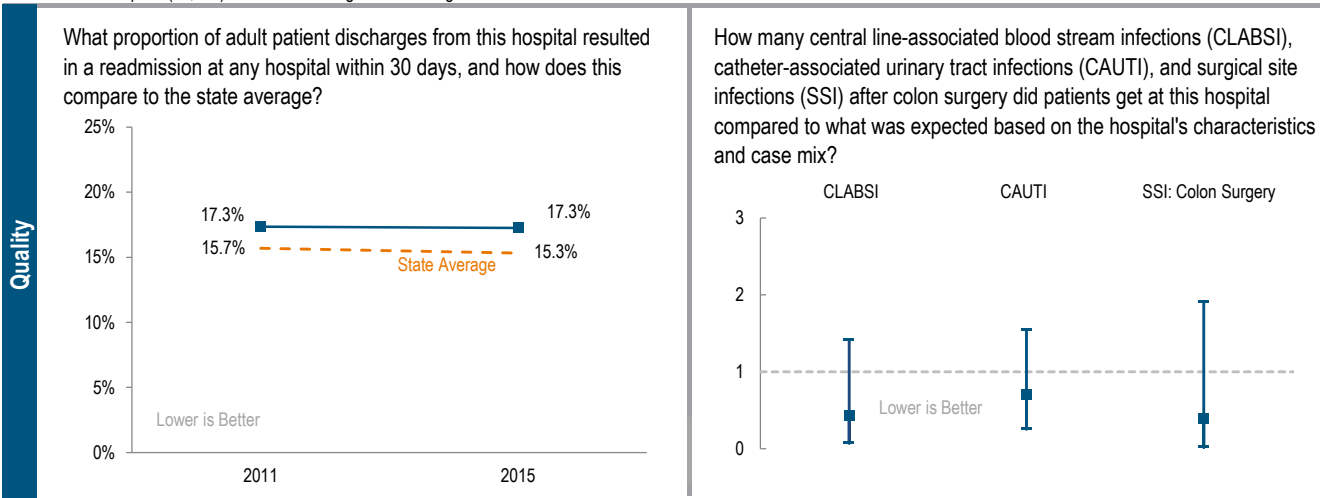
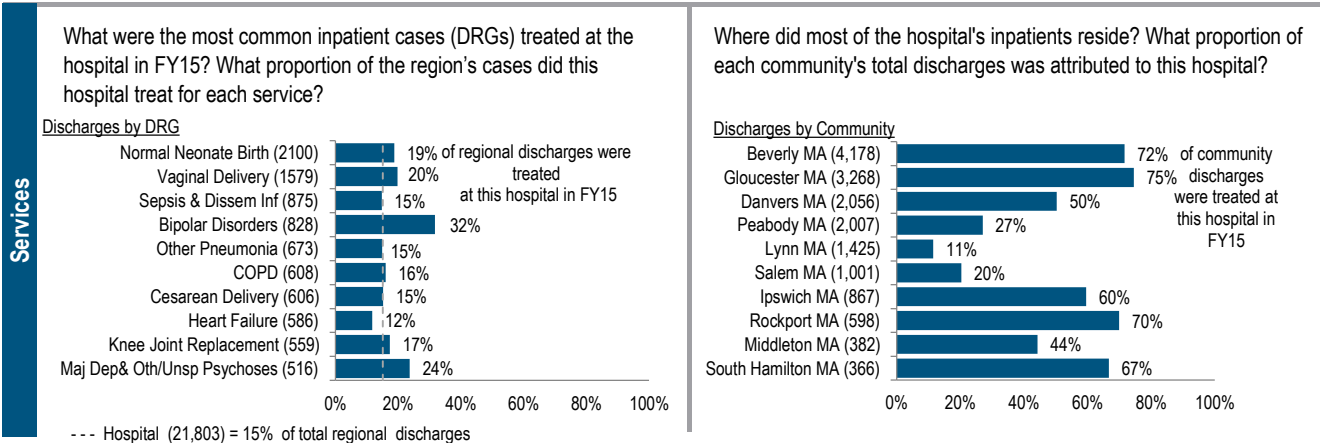


For descriptions of the metrics, please see the technical appendix.

\* High Public Payer Hospitals (HPP) receive a minimum of 63% of gross patient service revenue from public payers.

Northeast Hospital, which includes Addison Gilbert Hospital and Beverly Hospital campuses, is a nonprofit community hospital located in the Northeastern Massachusetts region. It is among the larger acute hospitals in Massachusetts, and has been a member of the Lahey Health System since 2012. Inpatient visits at the hospital increased 2.8% from FY11 to FY15, while the median inpatient discharges among peer cohort hospitals decreased 4.8%. Northeast Hospital earned a profit each year from FY11 to FY15, with a total margin of 3.9% in FY15; this was slightly higher than the 3.4% median for its peer cohort.

At a Glance	<b>Overview / Size</b>	
	Hospital System Affiliation:	Lahey Health System
	Change in Ownership (FY11-FY15):	Lahey Health - 2012
	Total Staffed Beds:	404, among the larger acute hospitals
	% Occupancy:	68.7%, > cohort avg. (64%)
	Special Public Funding:	CHART <sup>a</sup> , ICB <sup>b</sup>
	Trauma Center Designation:	Adult: Level 3
	Case Mix Index:	0.80, < cohort avg. (0.81); < statewide (1.00)
	<b>Financial</b>	
	Inpatient NPSR per CMAD:	\$10,396
	Change FY14-FY15:	2.9%
	Inpatient:Outpatient Revenue in FY15:	37%:63%
	Outpatient Revenue in FY15:	\$160,836,630
	Change FY14-FY15:	4.0%
	Total Revenue in FY15:	\$351,529,005
	Total Surplus (Loss) in FY15:	\$13,882,951
	<b>Payer Mix</b>	
	Public Payer Mix:	61.9% (Non-HPP* Hospital)
	CY15 Commercial Relative Price:	0.87
	Top 3 Commercial Payers:	Blue Cross Blue Shield of MA Harvard Pilgrim Health Care Tufts Health Plan
	<b>Utilization</b>	
	Inpatient Discharges in FY15:	21,803
	Change FY14-FY15:	0.7%
	Emergency Department Visits in FY15:	64,227
	Change FY14-FY15:	2.4%
	Outpatient Visits in FY15:	169,463
	Change FY14-FY15:	2.2%
	<b>Quality</b>	
	Readmission Rate in FY15:	17.3%
	Change FY11-FY15 (percentage points):	-0.1%
	Early Elective Deliveries Rate (Jan 2015-Jun 2016):	0.0%



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

## 2015 HOSPITAL PROFILE: NORTHEAST HOSPITAL

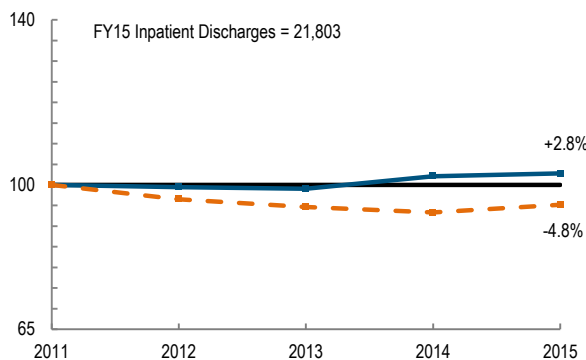
Cohort: Community Hospital

Key:

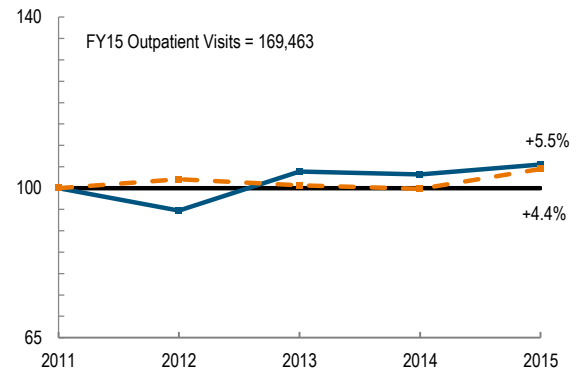


### Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY11, and how does this compare to the hospital's peer cohort median? (FY11=100)

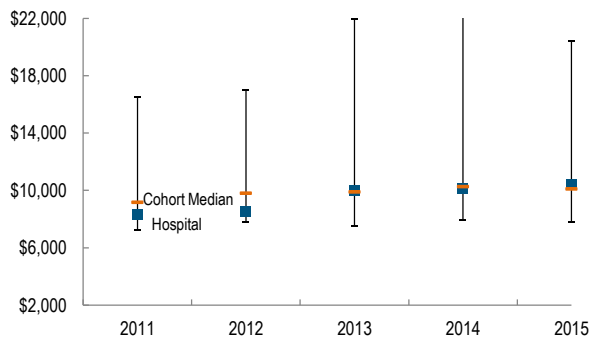


How has the volume of the hospital's outpatient visits changed compared to FY11, and how does this compare to the hospital's peer cohort median? (FY11=100)

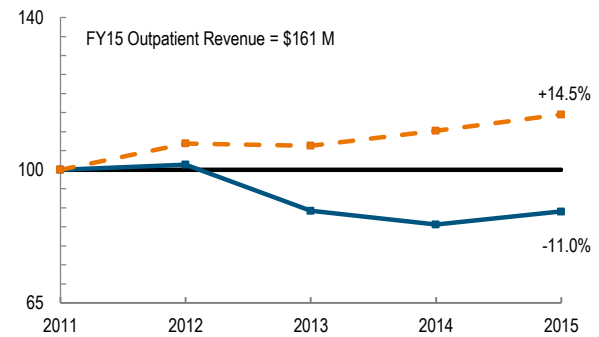


### Patient Revenue Trends

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY11 and FY15, and how does this compare to the hospital's peer cohort median?



How has the hospital's total outpatient revenue changed compared to FY11, and how does this compare to the hospital's peer cohort median? (FY11=100)



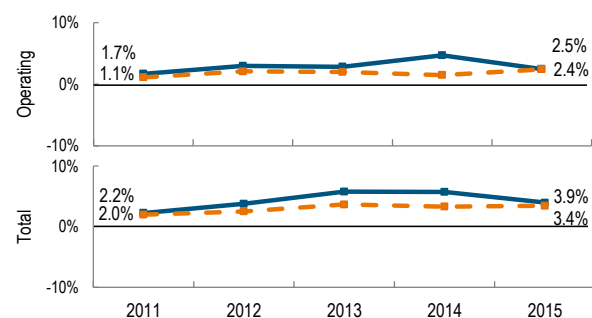
### Financial Performance

How have the hospital's total revenue and costs changed between FY11 and FY15?

#### Revenue, Cost, & Profit/Loss (in millions)

FY	2011	2012	2013	2014	2015
Operating Revenue	\$ 316	\$ 330	\$ 321	\$ 333	\$ 346
Non-Operating Revenue	\$ 2	\$ 3	\$ 10	\$ 3	\$ 5
Total Revenue	\$ 318	\$ 333	\$ 331	\$ 337	\$ 352
Total Costs	\$ 311	\$ 320	\$ 312	\$ 317	\$ 338
Total Profit (Loss)	\$ 7.1	\$ 12.6	\$ 19.1	\$ 19.2	\$ 13.9

What were the hospital's total margin and operating margins between FY11 and FY15, and how do these compare to the hospital's peer cohort medians?



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

<sup>g</sup> For more information on Infrastructure and Capacity Building (ICB) special funding, please contact the Massachusetts Executive Office of Health and Human Services (EOHHS).

\* High Public Payer Hospitals (HPP) receive a minimum of 63% of gross patient service revenue from public payers.

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

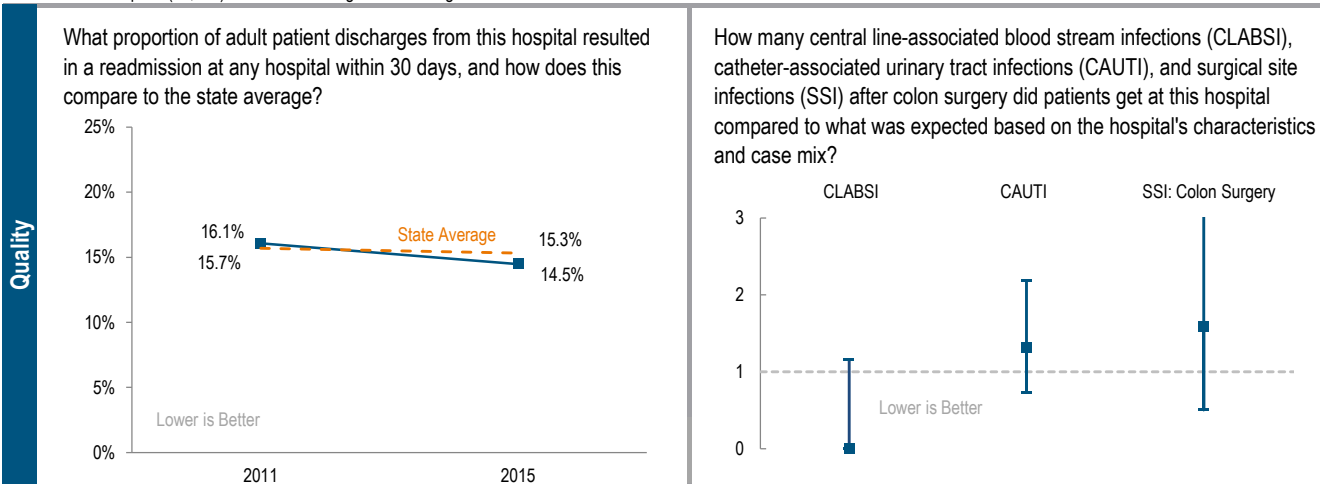
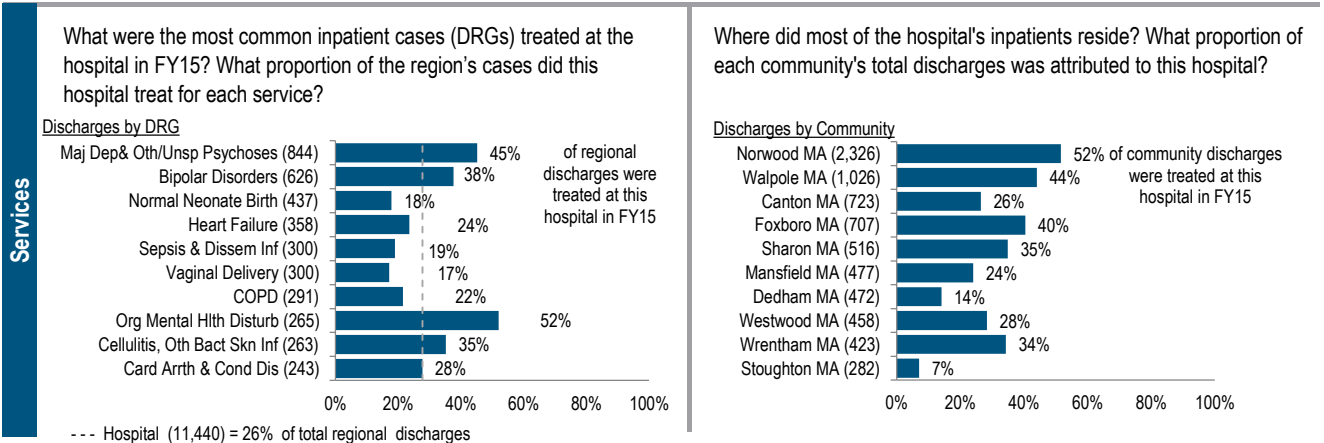
# STEWARD NORWOOD HOSPITAL

## 2015 Hospital Profile

Norwood, MA  
Community Hospital  
Metro West

Steward Norwood Hospital is a mid-size, for-profit community hospital located in the Metro West region. Steward Norwood Hospital is a member of the Steward Health Care System. The hospital had a 13.4% decrease in inpatient discharges in FY15 compared to FY11, compared with a median decrease of 4.8% in its cohort. Steward Norwood Hospital was profitable for the third straight fiscal year in FY15, with a total margin of 7.6%; this is higher than its peer hospital cohort median of 3.4%.

At a Glance	<b>Overview / Size</b>	
	Hospital System Affiliation:	Steward Health Care System
	Change in Ownership (FY11-FY15):	Not Applicable
	Total Staffed Beds:	182, mid-size acute hospital
	% Occupancy:	84.5%, > cohort avg. (64%)
	Special Public Funding:	ICB <sup>9</sup>
	Trauma Center Designation:	Not Applicable
	Case Mix Index:	0.89, > cohort avg. (0.81); < statewide (1.00)
	<b>Financial</b>	
	Inpatient NPSR per CMAD:	\$9,718
	Change FY14-FY15:	9.3%
	Inpatient:Outpatient Revenue in FY15:	40%:60%
	Outpatient Revenue in FY15:	\$80,064,827
	Change FY14-FY15:	3.2%
	Total Revenue in FY15:	\$181,449,413
	Total Surplus (Loss) in FY15:	\$13,824,983
	<b>Payer Mix</b>	
	Public Payer Mix:	61.4% (Non-HPP* Hospital)
	CY15 Commercial Relative Price:	0.90
	Top 3 Commercial Payers:	Blue Cross Blue Shield of MA Harvard Pilgrim Health Care Tufts Health Plan
	<b>Utilization</b>	
	Inpatient Discharges in FY15:	11,440
	Change FY14-FY15:	1.0%
	Emergency Department Visits in FY15:	42,161
	Change FY14-FY15:	1.9%
	Outpatient Visits in FY15:	61,238
	Change FY14-FY15:	9.2%
	<b>Quality</b>	
	Readmission Rate in FY15:	14.5%
	Change FY11-FY15 (percentage points):	-1.6%
	Early Elective Deliveries Rate (Jan 2015-Jun 2016):	0.0%



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

## 2015 HOSPITAL PROFILE: STEWARD NORWOOD HOSPITAL

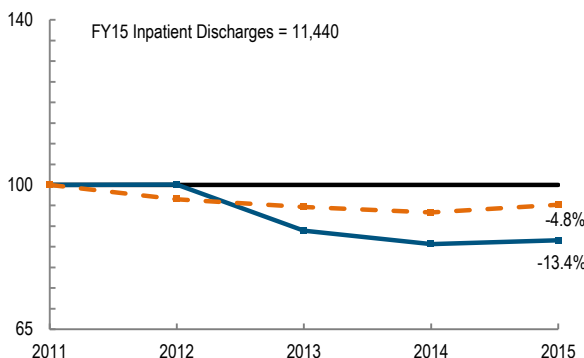
Cohort: Community Hospital

Key:

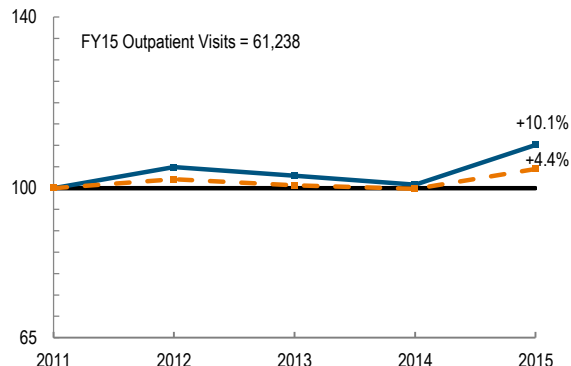


### Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY11, and how does this compare to the hospital's peer cohort median? (FY11=100)

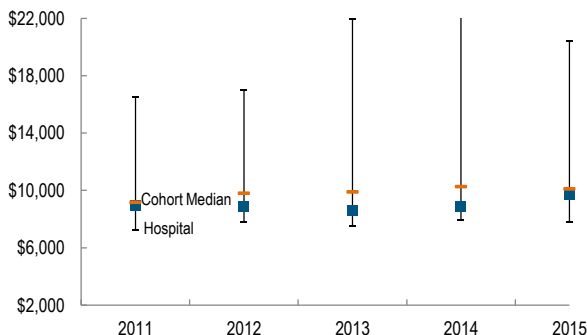


How has the volume of the hospital's outpatient visits changed compared to FY11, and how does this compare to the hospital's peer cohort median? (FY11=100)

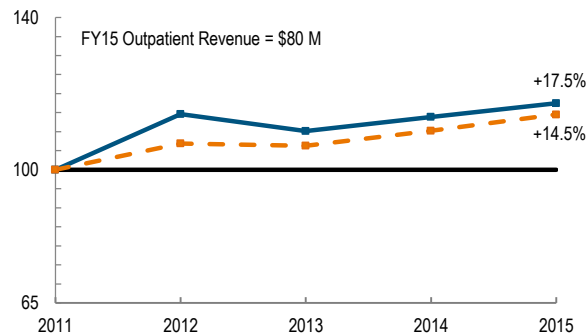


### Patient Revenue Trends

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY11 and FY15, and how does this compare to the hospital's peer cohort median?



How has the hospital's total outpatient revenue changed compared to FY11, and how does this compare to the hospital's peer cohort median? (FY11=100)



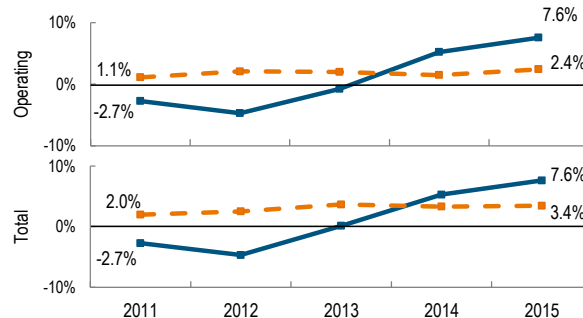
### Financial Performance

How have the hospital's total revenue and costs changed between FY11 and FY15?

#### Revenue, Cost, & Profit/Loss (in millions)

FY	2011	2012	2013	2014	2015
Operating Revenue	\$ 156	\$ 181	\$ 169	\$ 174	\$ 181
Non-Operating Revenue	\$ 0	\$ 0	\$ 2	\$ 0	\$ 0
Total Revenue	\$ 156	\$ 181	\$ 170	\$ 174	\$ 181
Total Costs	\$ 160	\$ 189	\$ 170	\$ 165	\$ 168
Total Profit (Loss)	\$ (4.3)	\$ (8.5)	\$ 0.2	\$ 9.2	\$ 13.8

What were the hospital's total margin and operating margins between FY11 and FY15, and how do these compare to the hospital's peer cohort medians?



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

<sup>9</sup> For more information on Infrastructure and Capacity Building (ICB) special funding, please contact the Massachusetts Executive Office of Health and Human Services (EOHHS).

\* High Public Payer Hospitals (HPP) receive a minimum of 63% of gross patient service revenue from public payers.

# SOUTH SHORE HOSPITAL

## 2015 Hospital Profile

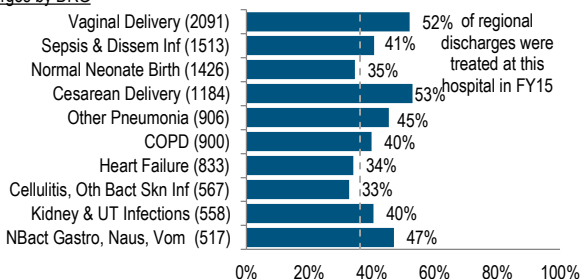
South Weymouth, MA  
Community Hospital  
Metro South

South Shore Hospital is a large, nonprofit community hospital located in the Metro South region. Inpatient visits at South Shore Hospital in FY15 were 2.6% higher than in FY11, compared with a 4.8% decrease at the cohort median. Between FY11 and FY15, outpatient revenue increased 32.9% at the hospital. South Shore Hospital was profitable from FY11 to FY15, with a total margin of 8.9% in FY15, higher than the median of its cohort (3.4%).

At a Glance	<b>Overview / Size</b>	
	Hospital System Affiliation:	Not Applicable
	Change in Ownership (FY11-FY15):	Not Applicable
	Total Staffed Beds:	432, 8th largest acute hospital
	% Occupancy:	71.6%, > cohort avg. (64%)
	Special Public Funding:	ICB <sup>a</sup>
	Trauma Center Designation:	Adult: Level 2, Pedi: Level 3
	Case Mix Index:	0.90, > cohort avg. (0.81); < statewide (1.00)
	<b>Financial</b>	
	Inpatient NPSR per CMAD:	\$10,734
Services	Change FY14-FY15:	-9.0%
	Inpatient:Outpatient Revenue in FY15:	45%:55%
	Outpatient Revenue in FY15:	\$247,412,121
	Change FY14-FY15:	4.6%
	Total Revenue in FY15:	\$563,824,045
	Total Surplus (Loss) in FY15:	\$50,044,891 <sup>a</sup>
	<b>Payer Mix</b>	
	Public Payer Mix:	60.1% (Non-HPP* Hospital)
	CY15 Commercial Relative Price:	1.11
	Top 3 Commercial Payers:	Blue Cross Blue Shield of MA Harvard Pilgrim Health Care Tufts Health Plan
Quality	<b>Utilization</b>	
	Inpatient Discharges in FY15:	27,255
	Change FY14-FY15:	10.2%
	Emergency Department Visits in FY15:	94,667
	Change FY14-FY15:	8.9%
	Outpatient Visits in FY15:	319,937
	Change FY14-FY15:	6.2%
	<b>Quality</b>	
	Readmission Rate in FY15:	15.8%
	Change FY11-FY15 (percentage points):	-0.3%
	Early Elective Deliveries Rate (Jan 2015-Jun 2016):	0.0%

What were the most common inpatient cases (DRGs) treated at the hospital in FY15? What proportion of the region's cases did this hospital treat for each service?

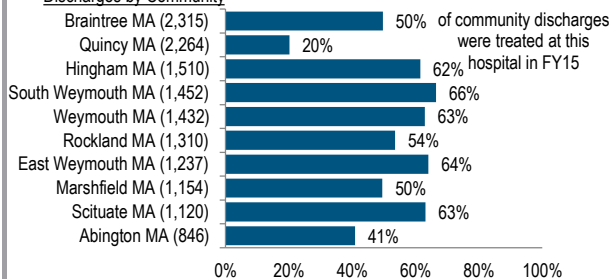
### Discharges by DRG



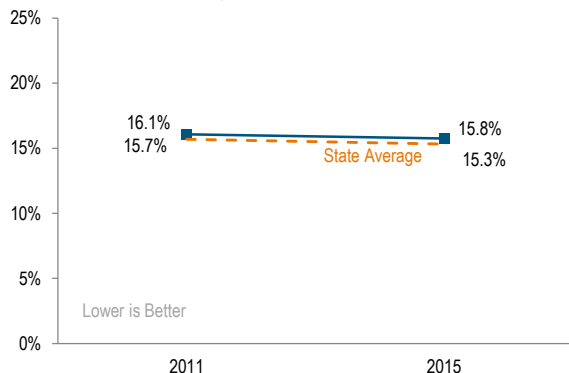
--- Hospital (27,255) = 38% of total regional discharges

Where did most of the hospital's inpatients reside? What proportion of each community's total discharges was attributed to this hospital?

### Discharges by Community

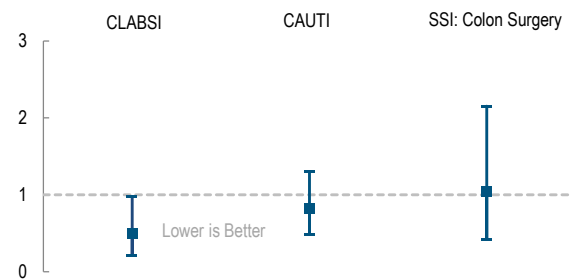


What proportion of adult patient discharges from this hospital resulted in a readmission at any hospital within 30 days, and how does this compare to the state average?



Lower is Better

How many central line-associated blood stream infections (CLABSI), catheter-associated urinary tract infections (CAUTI), and surgical site infections (SSI) after colon surgery did patients get at this hospital compared to what was expected based on the hospital's characteristics and case mix?



Lower is Better

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

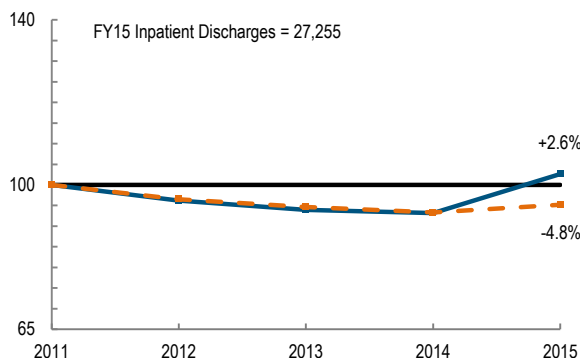
<sup>a</sup> See Hospital Specific Notes in technical appendix.

## 2015 HOSPITAL PROFILE: SOUTH SHORE HOSPITAL

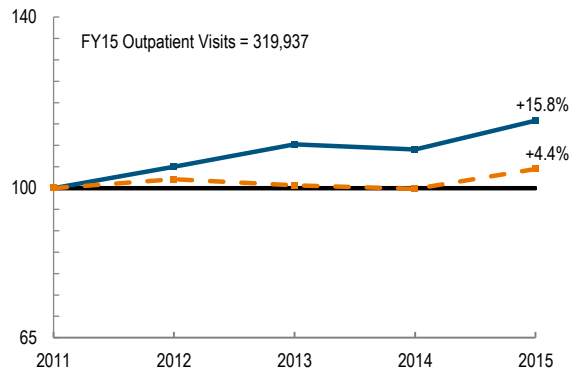
Cohort: Community Hospital

### Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY11, and how does this compare to the hospital's peer cohort median? (FY11=100)

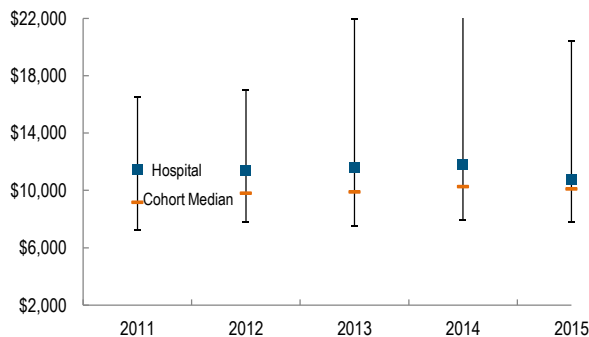


How has the volume of the hospital's outpatient visits changed compared to FY11, and how does this compare to the hospital's peer cohort median? (FY11=100)

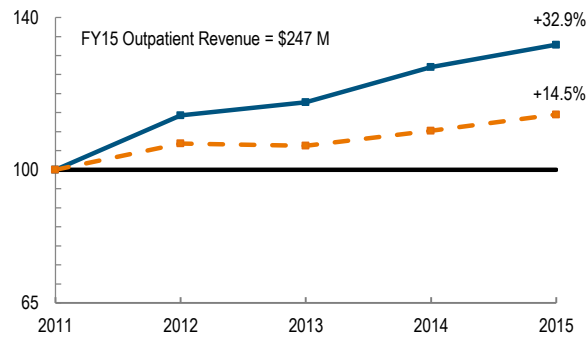


### Patient Revenue Trends

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY11 and FY15, and how does this compare to the hospital's peer cohort median?



How has the hospital's total outpatient revenue changed compared to FY11, and how does this compare to the hospital's peer cohort median? (FY11=100)



### Financial Performance

How have the hospital's total revenue and costs changed between FY11 and FY15?

#### Revenue, Cost, & Profit/Loss (in millions)

FY	2011	2012	2013	2014	2015
Operating Revenue	\$ 436	\$ 459	\$ 472	\$ 495	\$ 536
Non-Operating Revenue	\$ (0)	\$ (4)	\$ 7	\$ (0)	\$ 28
Total Revenue	\$ 436	\$ 455	\$ 479	\$ 495	\$ 564
Total Costs	\$ 427	\$ 451	\$ 457	\$ 479	\$ 514
Total Profit (Loss)	\$ 9.1	\$ 4.2	\$ 21.7	\$ 16.4	\$ 50.0

What were the hospital's total margin and operating margins between FY11 and FY15, and how do these compare to the hospital's peer cohort medians?



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

\* High Public Payer Hospitals (HPP) receive a minimum of 63% of gross patient service revenue from public payers.

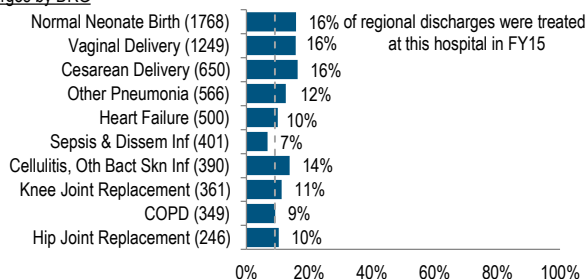
For more information on Infrastructure and Capacity Building (ICB) special funding, please contact the Massachusetts Executive Office of Health and Human Services (EOHHS).

Winchester Hospital is a mid-size, nonprofit community hospital located in the Northeastern Massachusetts region and is a member of the Lahey Health System. Winchester Hospital had 16.1% fewer inpatient discharges in FY15 than in FY11, compared to a median decrease of 4.8% in its peer cohort. Winchester Hospital earned a profit each year from FY11 to FY15, with a 15.9% total margin in FY15, the highest total margin among all acute hospitals in Massachusetts in FY15.

At a Glance	<b>Overview / Size</b>	
	Hospital System Affiliation:	Lahey Health System
	Change in Ownership (FY11-FY15):	Lahey Health - 2014
	Total Staffed Beds:	223, mid-size acute hospital
	% Occupancy:	62.0%, < cohort avg. (64%)
	Special Public Funding:	CHART^
	Trauma Center Designation:	Not Applicable
	Case Mix Index:	0.76, < cohort avg. (0.81); < statewide (1.00)
	<b>Financial</b>	
	Inpatient NPSR per CMAD:	\$11,888
Services	Change FY14-FY15:	-3.6%
	Inpatient:Outpatient Revenue in FY15:	29%:71%
	Outpatient Revenue in FY15:	\$147,564,510
	Change FY14-FY15:	7.0%
	Total Revenue in FY15:	\$316,583,672
	Total Surplus (Loss) in FY15:	\$50,308,623
	<b>Payer Mix</b>	
	Public Payer Mix:	44.4% (Non-HPP* Hospital)
	CY15 Commercial Relative Price:	0.89
	Top 3 Commercial Payers:	Blue Cross Blue Shield of MA Harvard Pilgrim Health Care Tufts Health Plan
Quality	<b>Utilization</b>	
	Inpatient Discharges in FY15:	12,753
	Change FY14-FY15:	4.0%
	Emergency Department Visits in FY15:	42,232
	Change FY14-FY15:	4.3%
	Outpatient Visits in FY15:	237,089
	Change FY14-FY15:	5.7%
	<b>Quality</b>	
	Readmission Rate in FY15:	13.1%
	Change FY11-FY15 (percentage points):	-1.8%
	Early Elective Deliveries Rate (Jan 2015-Jun 2016):	0.0%

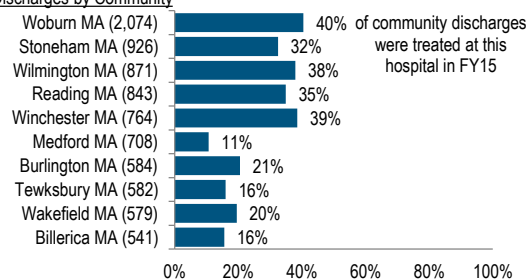
What were the most common inpatient cases (DRGs) treated at the hospital in FY15? What proportion of the region's cases did this hospital treat for each service?

#### Discharges by DRG

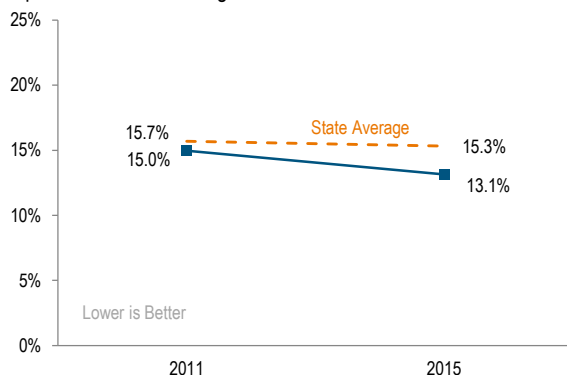


Where did most of the hospital's inpatients reside? What proportion of each community's total discharges was attributed to this hospital?

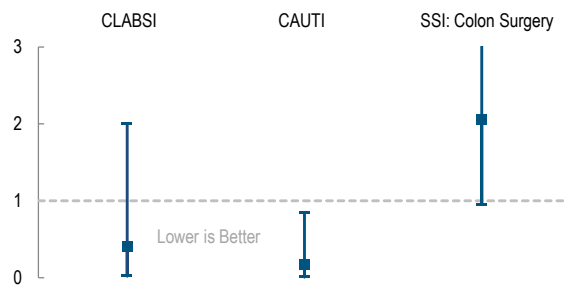
#### Discharges by Community



What proportion of adult patient discharges from this hospital resulted in a readmission at any hospital within 30 days, and how does this compare to the state average?



How many central line-associated blood stream infections (CLABSI), catheter-associated urinary tract infections (CAUTI), and surgical site infections (SSI) after colon surgery did patients get at this hospital compared to what was expected based on the hospital's characteristics and case mix?





## 2015 HOSPITAL PROFILE: WINCHESTER HOSPITAL

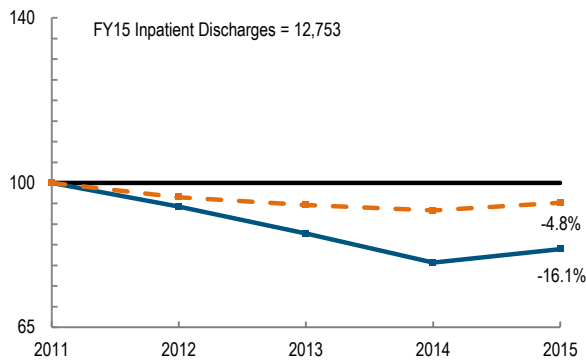
Cohort: Community Hospital

Key:

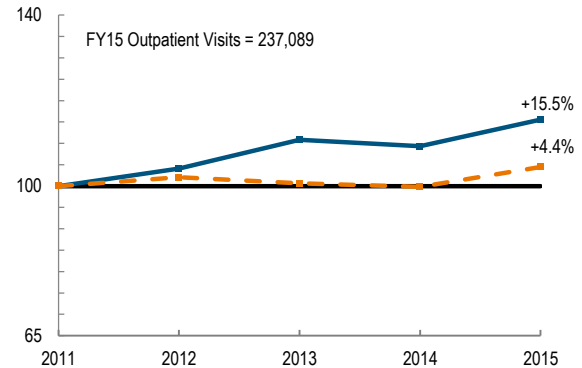


### Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY11, and how does this compare to the hospital's peer cohort median? (FY11=100)

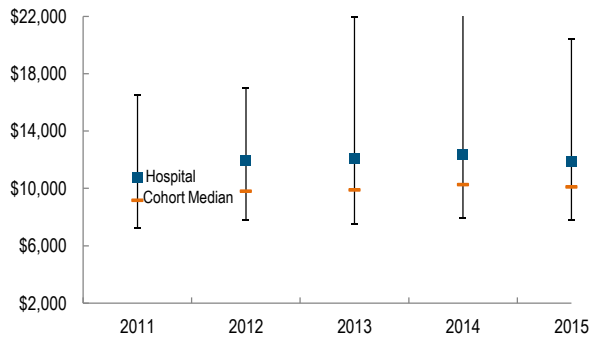


How has the volume of the hospital's outpatient visits changed compared to FY11, and how does this compare to the hospital's peer cohort median? (FY11=100)

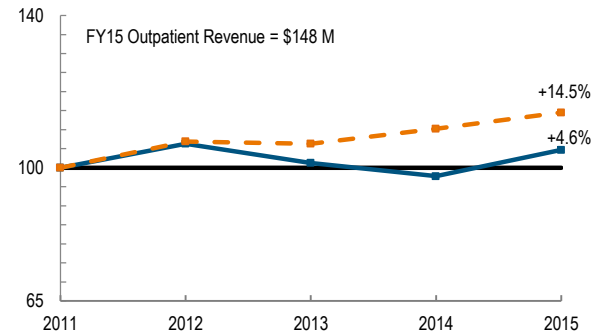


### Patient Revenue Trends

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY11 and FY15, and how does this compare to the hospital's peer cohort median?



How has the hospital's total outpatient revenue changed compared to FY11, and how does this compare to the hospital's peer cohort median? (FY11=100)



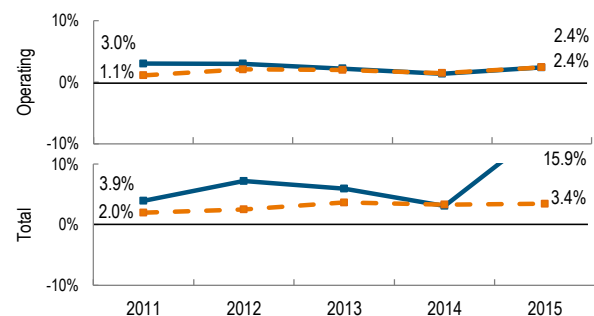
### Financial Performance

How have the hospital's total revenue and costs changed between FY11 and FY15?

#### Revenue, Cost, & Profit/Loss (in millions)

FY	2011	2012	2013	2014	2015
Operating Revenue	\$ 268	\$ 282	\$ 273	\$ 267	\$ 274
Non-Operating Revenue	\$ 2	\$ 12	\$ 11	\$ 5	\$ 43
Total Revenue	\$ 271	\$ 294	\$ 283	\$ 272	\$ 317
Total Costs	\$ 260	\$ 273	\$ 266	\$ 263	\$ 266
Total Profit (Loss)	\$ 10.6	\$ 21.1	\$ 16.8	\$ 8.4	\$ 50.3

What were the hospital's total margin and operating margins between FY11 and FY15, and how do these compare to the hospital's peer cohort medians?



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

\* For more information on Community Hospital Acceleration, Revitalization and Transformation (CHART) special funding, please contact the Health Policy Commission (HPC).

\* High Public Payer Hospitals (HPP) receive a minimum of 63% of gross patient service revenue from public payers.

Athol Hospital is a nonprofit community-High Public Payer (HPP) hospital located in the Central Massachusetts region. It is the smallest acute hospital in Massachusetts, with 11 staffed beds. It is a member of Heywood Healthcare, and is designated by the Centers for Medicare & Medicaid Services (CMS) as one of three Critical Access Hospitals (CAH) in Massachusetts. Athol Hospital reported a loss for FY15 after it earned a profit in FY13 and FY14, with a -1.7% total margin in FY15 compared with a median total margin of 5.4% in its peer cohort.

### At a Glance

#### Overview / Size

Hospital System Affiliation:	Heywood Healthcare
Change in Ownership (FY11-FY15):	Heywood Healthcare - 2012
Total Staffed Beds:	15, the smallest acute hospital
% Occupancy:	60.0%, < cohort avg. (65%)
Special Public Funding:	CHART <sup>a</sup> , ICB <sup>b</sup>
Trauma Center Designation:	Not Applicable
Case Mix Index:	0.87, = cohort avg. (0.87); < statewide (1.02)

#### Financial

Inpatient NPSR per CMAD:	\$5,042
Change FY14-FY15:	-62.7%
Inpatient:Outpatient Revenue in FY15:	12%:88%
Outpatient Revenue in FY15:	\$18,869,601
Change FY14-FY15:	24.1%
Total Revenue in FY15:	\$23,009,035
Total Surplus (Loss) in FY15:	(\$402,216)

#### Payer Mix

Public Payer Mix:	67.5% (HPP* Hospital)
CY15 Commercial Relative Price:	0.95
Top 3 Commercial Payers:	Fallon Health Blue Cross Blue Shield of MA Tufts Health Plan

#### Utilization

Inpatient Discharges in FY15:	603
Change FY14-FY15:	5.2%
Emergency Department Visits in FY15:	10,588
Change FY14-FY15:	6.3%
Outpatient Visits in FY15:	10,856
Change FY14-FY15:	-71.8%

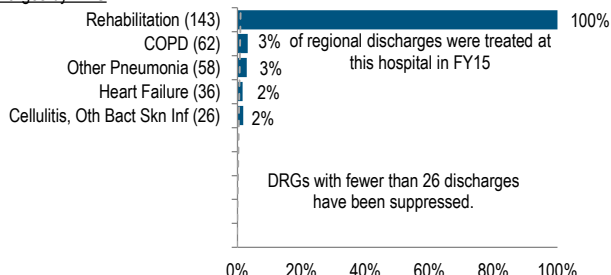
#### Quality

Readmission Rate in FY15:	15.3%
Change FY11-FY15 (percentage points):	0.7%
Early Elective Deliveries Rate (Jan 2015-Jun 2016):	Not Available

### Services

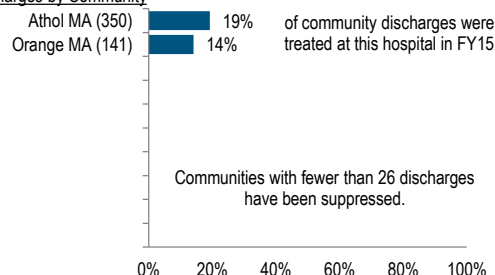
What were the most common inpatient cases (DRGs) treated at the hospital in FY15? What proportion of the region's cases did this hospital treat for each service?

#### Discharges by DRG



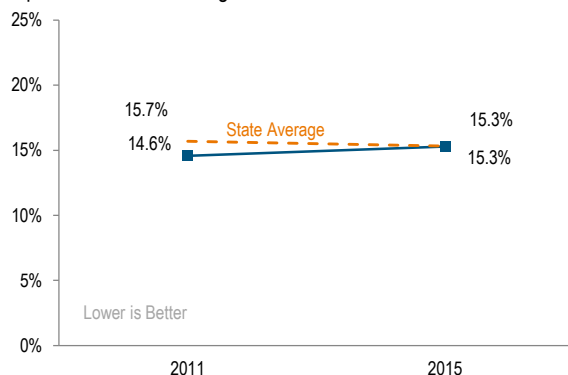
Where did most of the hospital's inpatients reside? What proportion of each community's total discharges was attributed to this hospital?

#### Discharges by Community



### Quality

What proportion of adult patient discharges from this hospital resulted in a readmission at any hospital within 30 days, and how does this compare to the state average?



How many central line-associated blood stream infections (CLABSI), catheter-associated urinary tract infections (CAUTI), and surgical site infections (SSI) after colon surgery did patients get at this hospital compared to what was expected based on the hospital's characteristics and case mix?

Data for these measures is not available.

## 2015 HOSPITAL PROFILE: ATHOL HOSPITAL

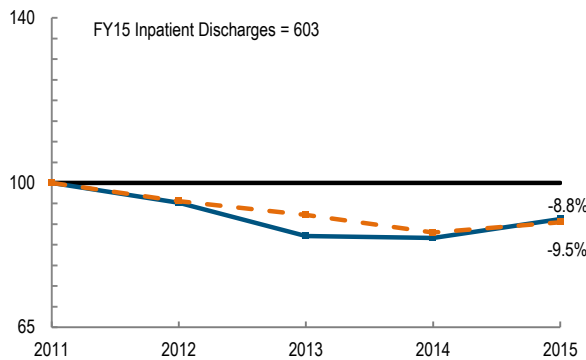
Cohort: Community, High Public Payer

Key:

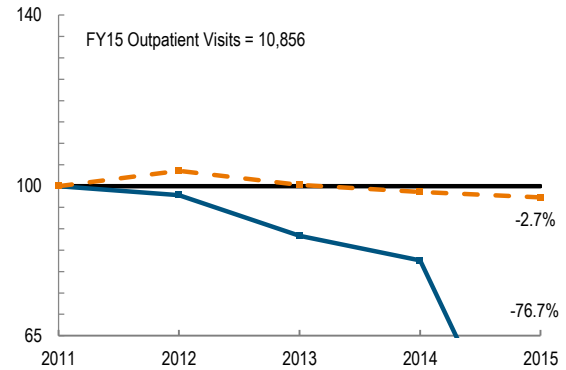


### Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY11, and how does this compare to the hospital's peer cohort median? (FY11=100)

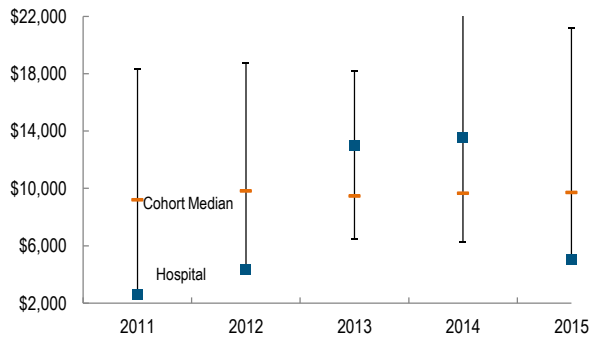


How has the volume of the hospital's outpatient visits changed compared to FY11, and how does this compare to the hospital's peer cohort median? (FY11=100)

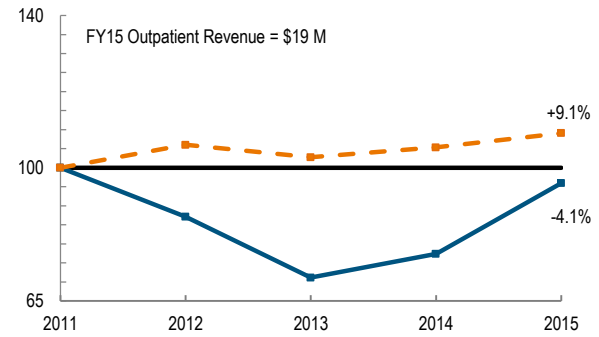


### Patient Revenue Trends

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY11 and FY15, and how does this compare to the hospital's peer cohort median?



How has the hospital's total outpatient revenue changed compared to FY11, and how does this compare to the hospital's peer cohort median? (FY11=100)



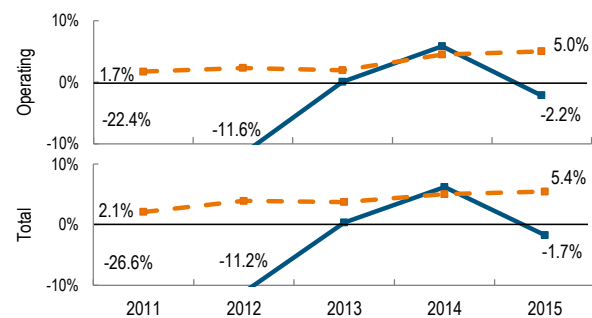
### Financial Performance

How have the hospital's total revenue and costs changed between FY11 and FY15?

#### Revenue, Cost, & Profit/Loss (in millions)

FY	2011	2012	2013	2014	2015
Operating Revenue	\$ 19	\$ 20	\$ 19	\$ 23	\$ 23
Non-Operating Revenue	\$ (1)	\$ 0	\$ 0	\$ 0	\$ 0
Total Revenue	\$ 18	\$ 20	\$ 20	\$ 23	\$ 23
Total Costs	\$ 22	\$ 22	\$ 19	\$ 21	\$ 23
Total Profit (Loss)	\$ (4.7)	\$ (2.3)	\$ 0.1	\$ 1.4	\$ (0.4)

What were the hospital's total margin and operating margins between FY11 and FY15, and how do these compare to the hospital's peer cohort medians?



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

<sup>9</sup> For more information on Infrastructure and Capacity Building (ICB) special funding, please contact the Massachusetts Executive Office of Health and Human Services (EOHHS).

\* High Public Payer Hospitals (HPP) receive a minimum of 63% of gross patient service revenue from public payers.

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

# BAYSTATE FRANKLIN MEDICAL CENTER

## 2015 Hospital Profile

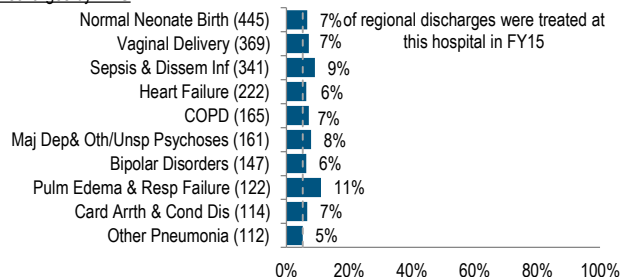
Greenfield, MA  
Community, High Public Payer  
Western Massachusetts

Baystate Franklin Medical Center is a mid-size, nonprofit community-High Public Payer (HPP) hospital located in the Western Massachusetts region, and is a member of Baystate Health. Between FY11 and FY15, the volume of inpatient discharges at the hospital increased 23.9% compared to a median decrease of 9.5% at cohort hospitals. Baystate Franklin Medical Center earned a profit of \$10.6M in FY15, an increase from \$1.8M in FY14.

At a Glance	<b>Overview / Size</b>	
	Hospital System Affiliation:	Baystate Health System
	Change in Ownership (FY11-FY15):	Not Applicable
	Total Staffed Beds:	110, mid-size acute hospital
	% Occupancy:	51.4%, < cohort avg. (65%)
	Special Public Funding:	CHART^
	Trauma Center Designation:	Not Applicable
	Case Mix Index:	0.79, < cohort avg. (0.87); < statewide (1.00)
	<b>Financial</b>	
	Inpatient NPSR per CMAD:	\$9,458
Services	Change FY14-FY15:	3.0%
	Inpatient:Outpatient Revenue in FY15:	29%:71%
	Outpatient Revenue in FY15:	\$51,793,657
	Change FY14-FY15:	9.3%
	Total Revenue in FY15:	\$99,271,000
	Total Surplus (Loss) in FY15:	\$10,630,000
	<b>Payer Mix</b>	
	Public Payer Mix:	68.9% (HPP* Hospital)
	CY15 Commercial Relative Price:	0.98
	Top 3 Commercial Payers:	Blue Cross Blue Shield of MA Health New England UniCare
Quality	<b>Utilization</b>	
	Inpatient Discharges in FY15:	5,090
	Change FY14-FY15:	12.4%
	Emergency Department Visits in FY15:	26,053
	Change FY14-FY15:	0.2%
	Outpatient Visits in FY15:	45,543
	Change FY14-FY15:	-1.9%
	<b>Quality</b>	
	Readmission Rate in FY15:	16.4%
	Change FY11-FY15 (percentage points):	1.6%
	Early Elective Deliveries Rate (Jan 2015-Jun 2016):	3.8%

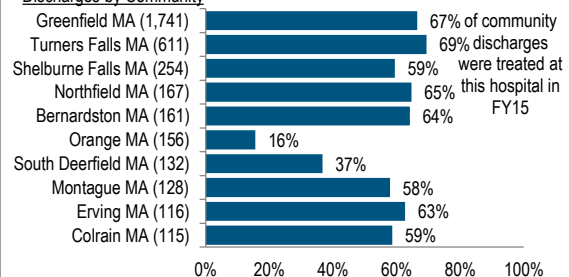
What were the most common inpatient cases (DRGs) treated at the hospital in FY15? What proportion of the region's cases did this hospital treat for each service?

### Discharges by DRG

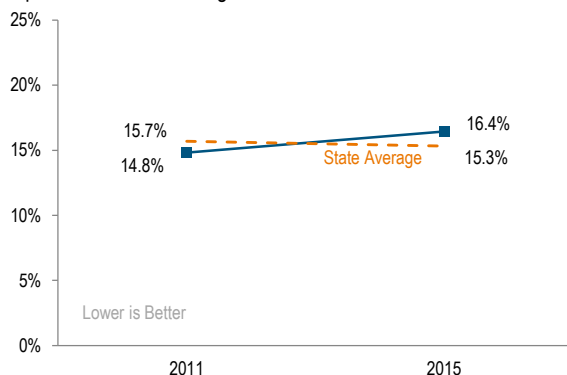


Where did most of the hospital's inpatients reside? What proportion of each community's total discharges was attributed to this hospital?

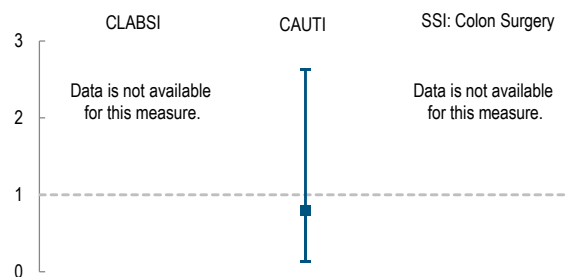
### Discharges by Community



What proportion of adult patient discharges from this hospital resulted in a readmission at any hospital within 30 days, and how does this compare to the state average?



How many central line-associated blood stream infections (CLABSI), catheter-associated urinary tract infections (CAUTI), and surgical site infections (SSI) after colon surgery did patients get at this hospital compared to what was expected based on the hospital's characteristics and case mix?



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

# 2015 HOSPITAL PROFILE: BAYSTATE FRANKLIN MEDICAL CENTER

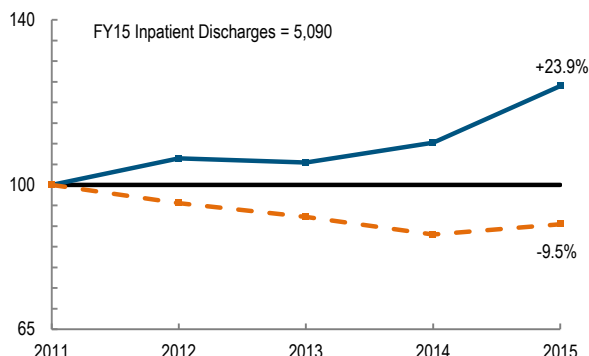
Cohort: Community, High Public Payer

Key:

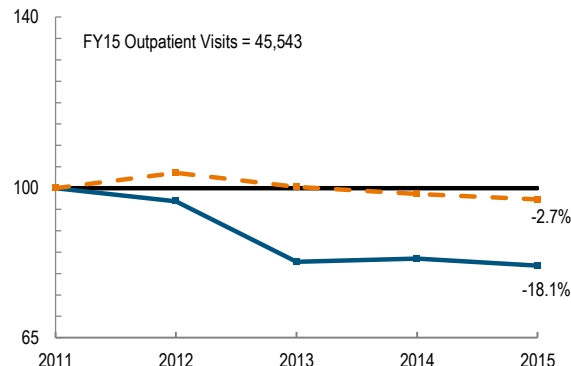
— Hospital  
- - - Peer Cohort

## Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY11, and how does this compare to the hospital's peer cohort median? (FY11=100)

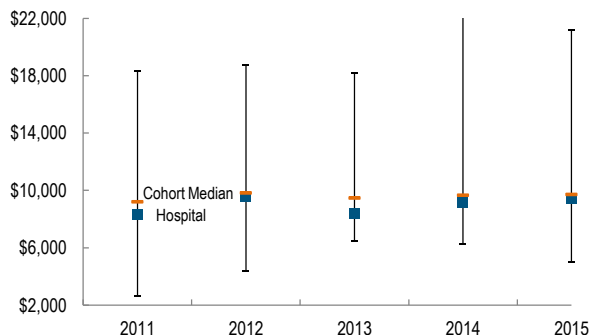


How has the volume of the hospital's outpatient visits changed compared to FY11, and how does this compare to the hospital's peer cohort median? (FY11=100)

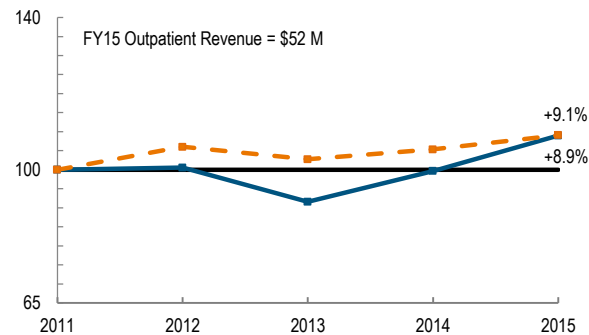


## Patient Revenue Trends

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY11 and FY15, and how does this compare to the hospital's peer cohort median?



How has the hospital's total outpatient revenue changed compared to FY11, and how does this compare to the hospital's peer cohort median? (FY11=100)



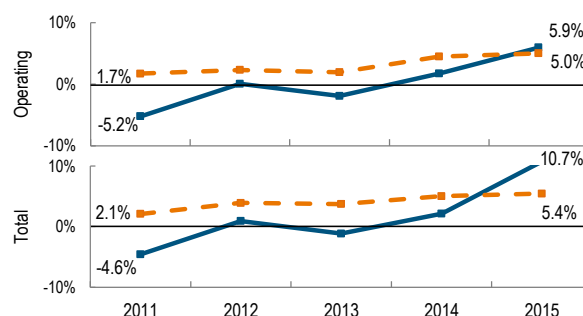
## Financial Performance

How have the hospital's total revenue and costs changed between FY11 and FY15?

### Revenue, Cost, & Profit/Loss (in millions)

FY	2011	2012	2013	2014	2015
Operating Revenue	\$ 76	\$ 82	\$ 78	\$ 83	\$ 95
Non-Operating Revenue	\$ 1	\$ 1	\$ 1	\$ 0	\$ 5
Total Revenue	\$ 77	\$ 82	\$ 78	\$ 84	\$ 99
Total Costs	\$ 80	\$ 81	\$ 79	\$ 82	\$ 89
Total Profit (Loss)	\$ (3.5)	\$ 0.8	\$ (0.9)	\$ 1.8	\$ 10.6

What were the hospital's total margin and operating margins between FY11 and FY15, and how do these compare to the hospital's peer cohort medians?



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

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

\* High Public Payer Hospitals (HPP) receive a minimum of 63% of gross patient service revenue from public payers.

# BAYSTATE NOBLE HOSPITAL

## 2015 Hospital Profile

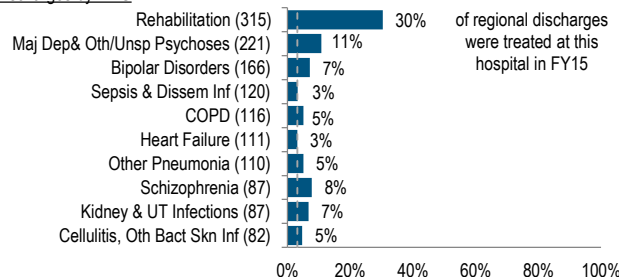
Westfield, MA  
Community, High Public Payer  
Western Massachusetts

Baystate Noble Hospital is a nonprofit community-High Public Payer (HPP) hospital located in the Western Massachusetts region. It is among the smaller acute hospitals in Massachusetts. It became affiliated with Baystate Health in 2015. Between FY11 and FY15, inpatient discharges at the hospital decreased 12.4%, more than the median of its peer cohort which decreased 9.5%. FY15 was the fourth consecutive fiscal year that Baystate Noble Hospital was profitable, and it had a total margin of 1.3%, lower than the 5.4% median for its peer cohort.

At a Glance	<b>Overview / Size</b>	
	Hospital System Affiliation:	Baystate Health System
	Change in Ownership (FY11-FY15):	Baystate Health - 2015
	Total Staffed Beds:	97, among the smaller acute hospitals
	% Occupancy:	48.5%, < cohort avg. (65%)
	Special Public Funding:	CHART <sup>a</sup> , ICB <sup>b</sup>
	Trauma Center Designation:	Not Applicable
	Case Mix Index:	0.95, > cohort avg. (0.87); < statewide (1.00)
	<b>Financial</b>	
	Inpatient NPSR per CMAD:	\$9,368
Services	Change FY14-FY15:	5.8%
	Inpatient:Outpatient Revenue in FY15:	33%:67%
	Outpatient Revenue in FY15:	\$30,731,686
	Change FY14-FY15:	-4.5%
	Total Revenue in FY15:	\$58,931,878
	Total Surplus (Loss) in FY15:	\$781,959
	<b>Payer Mix</b>	
	Public Payer Mix:	68.3% (HPP* Hospital)
	CY15 Commercial Relative Price:	0.68
	Top 3 Commercial Payers:	Blue Cross Blue Shield of MA Health New England Cigna - East
Quality	<b>Utilization</b>	
	Inpatient Discharges in FY15:	3,035
	Change FY14-FY15:	-7.0%
	Emergency Department Visits in FY15:	28,367
	Change FY14-FY15:	9.8%
	Outpatient Visits in FY15:	41,017
	Change FY14-FY15:	0.0%
	<b>Quality</b>	
	Readmission Rate in FY15:	13.4%
	Change FY11-FY15 (percentage points):	0.0%
	Early Elective Deliveries Rate (Jan 2015-Jun 2016):	Not Available

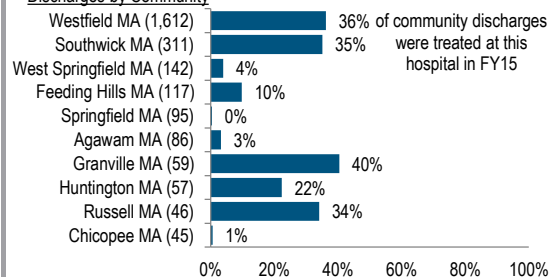
What were the most common inpatient cases (DRGs) treated at the hospital in FY15? What proportion of the region's cases did this hospital treat for each service?

### Discharges by DRG

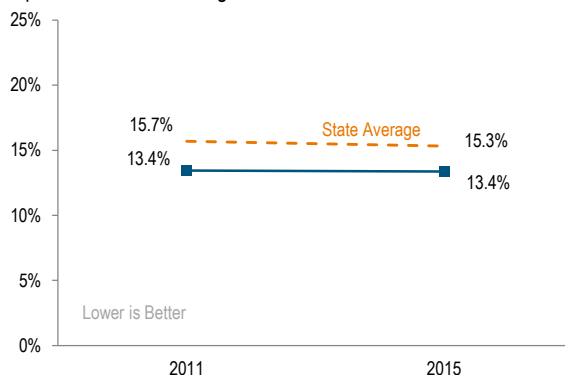


Where did most of the hospital's inpatients reside? What proportion of each community's total discharges was attributed to this hospital?

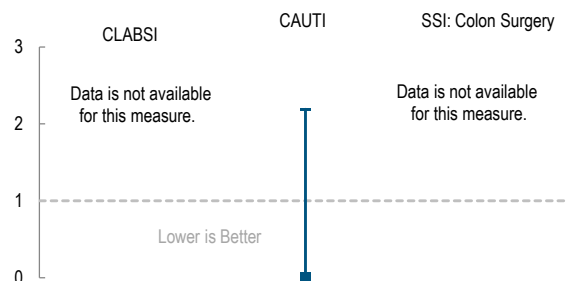
### Discharges by Community



What proportion of adult patient discharges from this hospital resulted in a readmission at any hospital within 30 days, and how does this compare to the state average?



How many central line-associated blood stream infections (CLABSI), catheter-associated urinary tract infections (CAUTI), and surgical site infections (SSI) after colon surgery did patients get at this hospital compared to what was expected based on the hospital's characteristics and case mix?



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

## 2015 HOSPITAL PROFILE: BAYSTATE NOBLE HOSPITAL

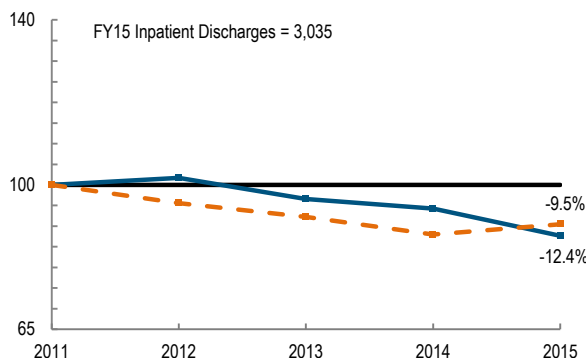
Cohort: Community, High Public Payer

Key:

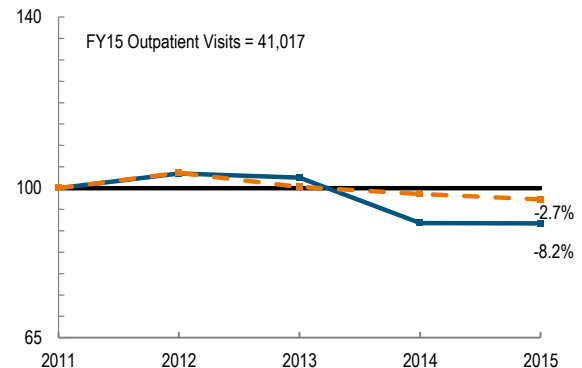


### Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY11, and how does this compare to the hospital's peer cohort median? (FY11=100)

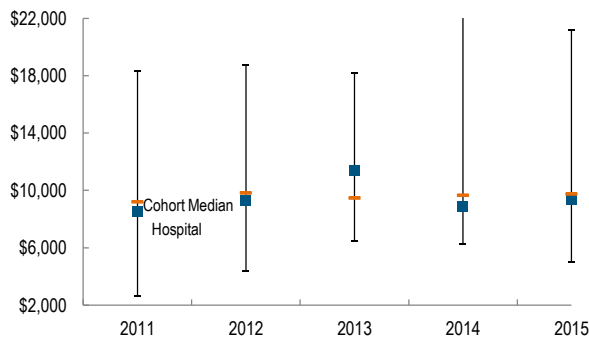


How has the volume of the hospital's outpatient visits changed compared to FY11, and how does this compare to the hospital's peer cohort median? (FY11=100)

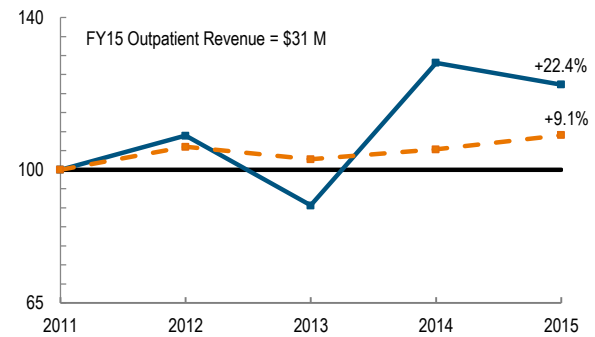


### Patient Revenue Trends

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY11 and FY15, and how does this compare to the hospital's peer cohort median?



How has the hospital's total outpatient revenue changed compared to FY11, and how does this compare to the hospital's peer cohort median? (FY11=100)



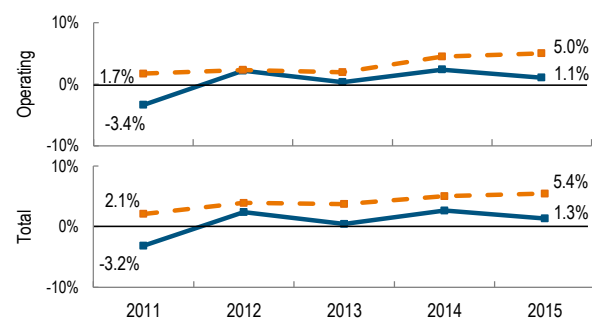
### Financial Performance

How have the hospital's total revenue and costs changed between FY11 and FY15?

#### Revenue, Cost, & Profit/Loss (in millions)

FY	2011	2012	2013	2014	2015
Operating Revenue	\$ 53	\$ 58	\$ 55	\$ 57	\$ 59
Non-Operating Revenue	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
Total Revenue	\$ 53	\$ 59	\$ 55	\$ 57	\$ 59
Total Costs	\$ 55	\$ 57	\$ 55	\$ 56	\$ 58
Total Profit (Loss)	\$ (1.7)	\$ 1.4	\$ 0.2	\$ 1.5	\$ 0.8

What were the hospital's total margin and operating margins between FY11 and FY15, and how do these compare to the hospital's peer cohort medians?



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

<sup>g</sup> For more information on Infrastructure and Capacity Building (ICB) special funding, please contact the Massachusetts Executive Office of Health and Human Services (EOHHS).

\* High Public Payer Hospitals (HPP) receive a minimum of 63% of gross patient service revenue from public payers.

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

# BAYSTATE WING HOSPITAL

## 2015 Hospital Profile

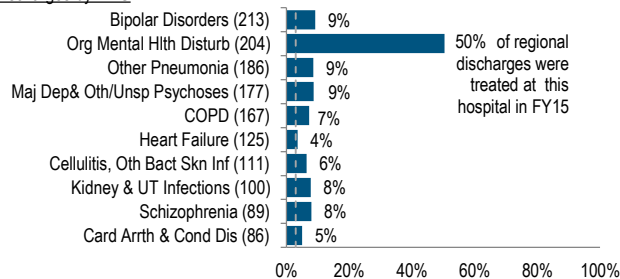
Palmer, MA  
Community, High Public Payer  
Western Massachusetts

Baystate Wing Hospital is a nonprofit community-High Public Payer (HPP) hospital located in the Western Massachusetts region. It is among the smaller acute hospitals in Massachusetts. Baystate Wing Hospital joined Baystate Health effective September 1, 2014. Baystate Wing Hospital was responsible for 3% of regional discharges, but accounted for 50% of Organic Mental Health Disturbance discharges. The hospital had a 22.9% decrease in inpatient discharges from FY11 to FY15, compared to a 9.5% decrease in its peer cohort median. Baystate Wing Hospital reported a loss in FY15 after it earned a profit each year from FY10 to FY14.

At a Glance	<b>Overview / Size</b>	
	Hospital System Affiliation:	Baystate Health System
	Change in Ownership (FY11-FY15):	Baystate Health - 2013
	Total Staffed Beds:	74, among the smaller acute hospitals
	% Occupancy:	61.9%, < cohort avg. (65%)
	Special Public Funding:	CHART^
	Trauma Center Designation:	Not Applicable
	Case Mix Index:	0.84, < cohort avg. (0.87); < statewide (1.00)
	<b>Financial</b>	
	Inpatient NPSR per CMAD:	\$8,650
Services	Change FY14-FY15:	-0.7%
	Inpatient:Outpatient Revenue in FY15:	29%:71%
	Outpatient Revenue in FY15:	\$50,947,293
	Change FY14-FY15:	-10.3%
	Total Revenue in FY15:	\$74,236,000
	Total Surplus (Loss) in FY15:	(\$5,448,000)
	<b>Payer Mix</b>	
	Public Payer Mix:	70.7% (HPP* Hospital)
	CY15 Commercial Relative Price:	0.75
	Top 3 Commercial Payers:	Blue Cross Blue Shield of MA Health New England Cigna - East
Quality	<b>Utilization</b>	
	Inpatient Discharges in FY15:	2,887
	Change FY14-FY15:	-5.3%
	Emergency Department Visits in FY15:	22,458
	Change FY14-FY15:	-2.1%
	Outpatient Visits in FY15:	163,969
	Change FY14-FY15:	-9.3%
	<b>Quality</b>	
	Readmission Rate in FY15:	14.8%
	Change FY11-FY15 (percentage points):	-2.8%
	Early Elective Deliveries Rate (Jan 2015-Jun 2016):	Not Available

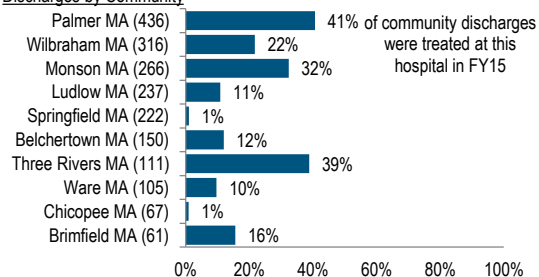
What were the most common inpatient cases (DRGs) treated at the hospital in FY15? What proportion of the region's cases did this hospital treat for each service?

### Discharges by DRG

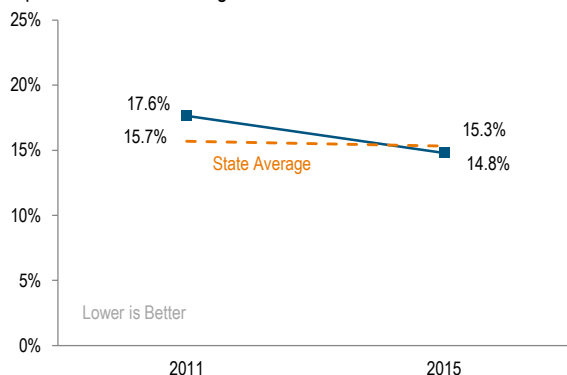


Where did most of the hospital's inpatients reside? What proportion of each community's total discharges was attributed to this hospital?

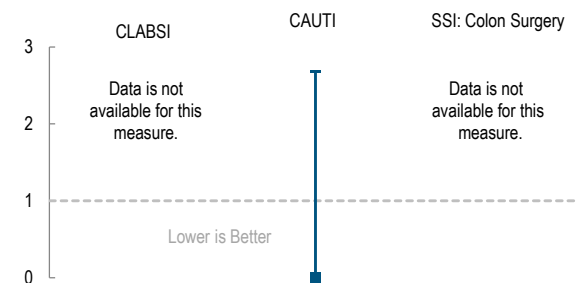
### Discharges by Community



What proportion of adult patient discharges from this hospital resulted in a readmission at any hospital within 30 days, and how does this compare to the state average?



How many central line-associated blood stream infections (CLABSI), catheter-associated urinary tract infections (CAUTI), and surgical site infections (SSI) after colon surgery did patients get at this hospital compared to what was expected based on the hospital's characteristics and case mix?



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



## 2015 HOSPITAL PROFILE: BAYSTATE WING HOSPITAL

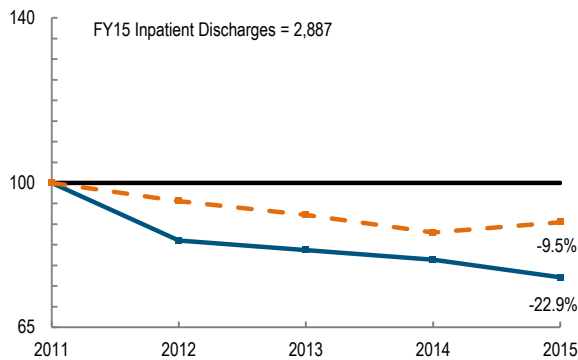
Cohort: Community, High Public Payer

Key:

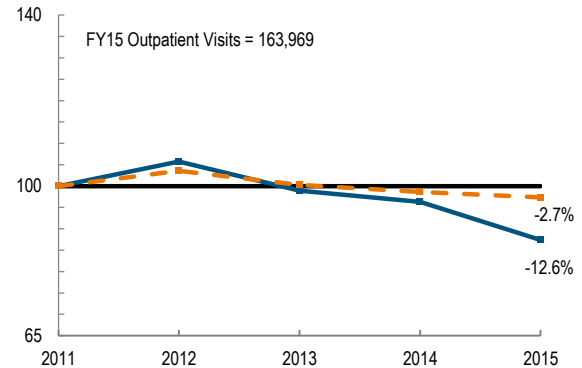


### Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY11, and how does this compare to the hospital's peer cohort median? (FY11=100)

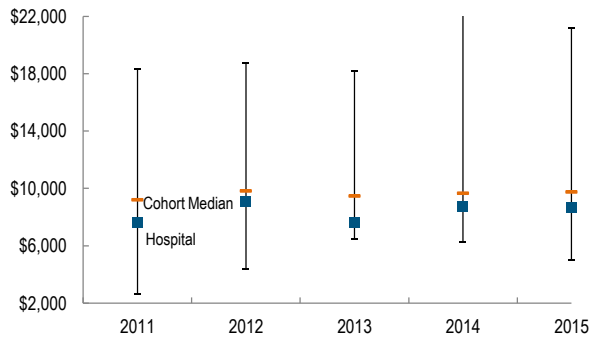


How has the volume of the hospital's outpatient visits changed compared to FY11, and how does this compare to the hospital's peer cohort median? (FY11=100)

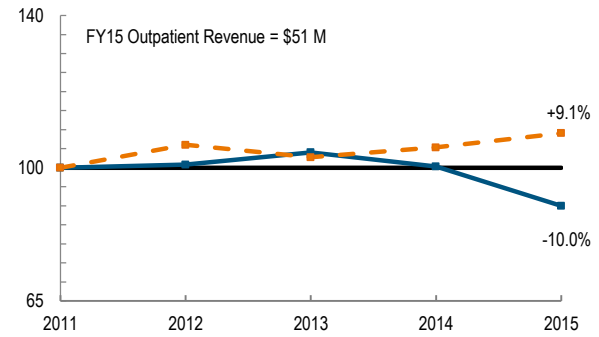


### Patient Revenue Trends

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY11 and FY15, and how does this compare to the hospital's peer cohort median?



How has the hospital's total outpatient revenue changed compared to FY11, and how does this compare to the hospital's peer cohort median? (FY11=100)



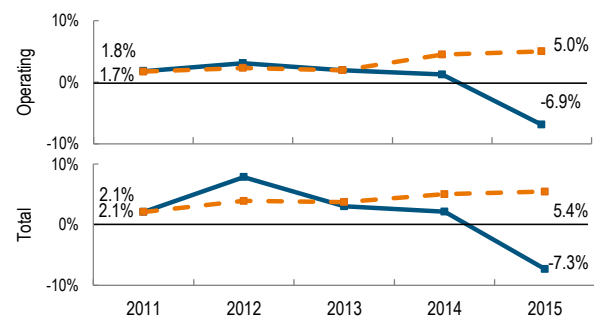
### Financial Performance

How have the hospital's total revenue and costs changed between FY11 and FY15?

#### Revenue, Cost, & Profit/Loss (in millions)

FY	2011	2012	2013	2014	2015
Operating Revenue	\$ 91	\$ 92	\$ 92	\$ 87	\$ 75
Non-Operating Revenue	\$ 0	\$ 5	\$ 1	\$ 1	\$ (0)
Total Revenue	\$ 92	\$ 97	\$ 93	\$ 88	\$ 74
Total Costs	\$ 90	\$ 89	\$ 90	\$ 86	\$ 80
Total Profit (Loss)	\$ 1.9	\$ 7.6	\$ 2.8	\$ 1.9	\$ (5.4)

What were the hospital's total margin and operating margins between FY11 and FY15, and how do these compare to the hospital's peer cohort medians?



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

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

\* High Public Payer Hospitals (HPP) receive a minimum of 63% of gross patient service revenue from public payers.

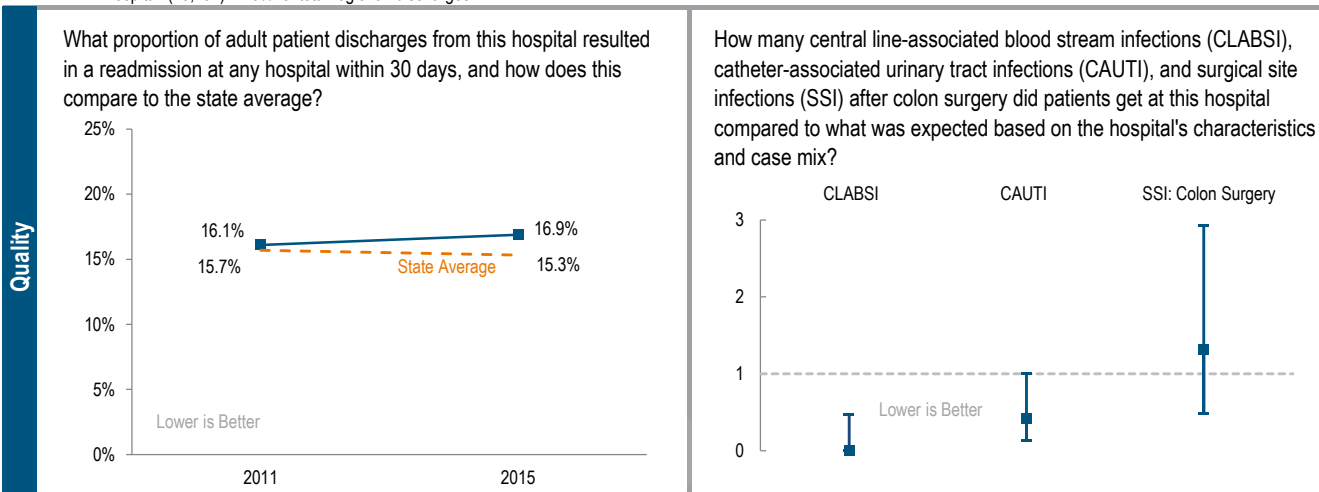
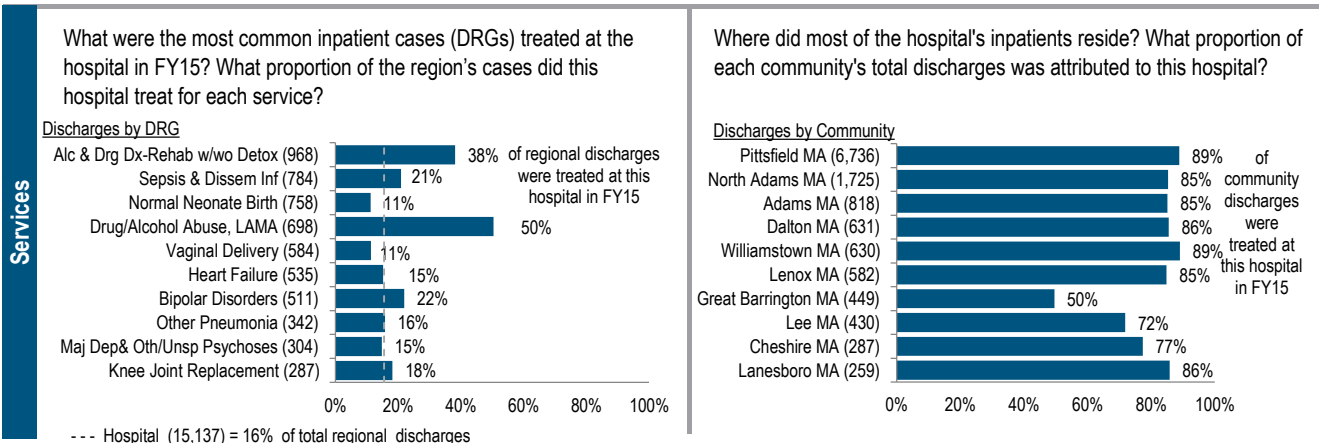
# BERKSHIRE MEDICAL CENTER

## 2015 Hospital Profile

Pittsfield, MA  
Community, High Public Payer  
Western Massachusetts

Berkshire Medical Center is a mid-size, nonprofit community-High Public Payer (HPP) hospital located in the Western Massachusetts region. It is a member of Berkshire Health Systems. It has operated the Berkshire North Satellite Emergency Facility at the former North Adams Regional Hospital building since May 2014; consequently, there was a 26.6% increase in emergency room visits from FY13 to FY15. It earned a profit each year in the five-year period, with a total margin of 10.2% in FY15, above the cohort median of 5.4%.

At a Glance	<b>Overview / Size</b>	
	Hospital System Affiliation:	Berkshire Health Systems
	Change in Ownership (FY11-FY15):	Not Applicable
	Total Staffed Beds:	219, mid-size acute hospital
	% Occupancy:	83.5%, > cohort avg. (65%)
	Special Public Funding:	CHART <sup>a</sup> , ICB <sup>b</sup>
	Trauma Center Designation:	Adult: Level 3
	Case Mix Index:	0.90, > cohort avg. (0.87); < statewide (1.00)
	<b>Financial</b>	
	Inpatient NPSR per CMAD:	\$12,415
	Change FY14-FY15:	3.0%
	Inpatient:Outpatient Revenue in FY15:	33%:67%
	Outpatient Revenue in FY15:	\$247,305,476
	Change FY14-FY15:	16.4%
	Total Revenue in FY15:	\$453,630,347
	Total Surplus (Loss) in FY15:	\$46,404,417
	<b>Payer Mix</b>	
	Public Payer Mix:	70.0% (HPP* Hospital)
	CY15 Commercial Relative Price:	1.13
	Top 3 Commercial Payers:	Blue Cross Blue Shield of MA Health New England Tufts Health Plan
	<b>Utilization</b>	
	Inpatient Discharges in FY15:	15,137
	Change FY14-FY15:	8.6%
	Emergency Department Visits in FY15:	60,069
	Change FY14-FY15:	10.9%
	Outpatient Visits in FY15:	192,679
	Change FY14-FY15:	-29.9%
	<b>Quality</b>	
	Readmission Rate in FY15:	16.9%
	Change FY11-FY15 (percentage points):	0.8%
	Early Elective Deliveries Rate (Jan 2015-Jun 2016):	0.0%



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

## 2015 HOSPITAL PROFILE: BERKSHIRE MEDICAL CENTER

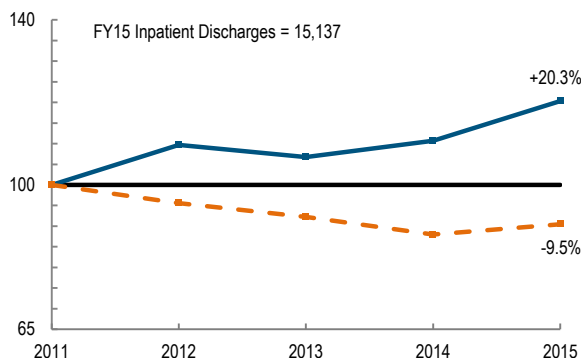
Cohort: Community, High Public Payer

Key:

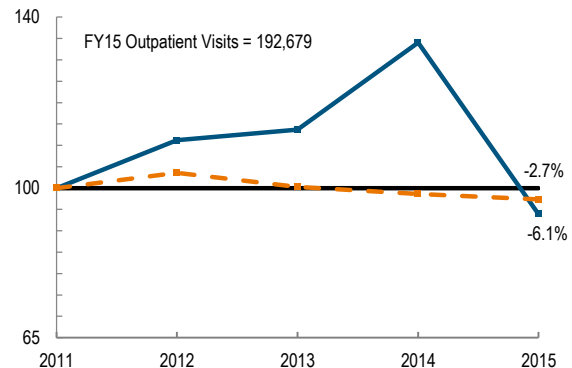


### Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY11, and how does this compare to the hospital's peer cohort median? (FY11=100)

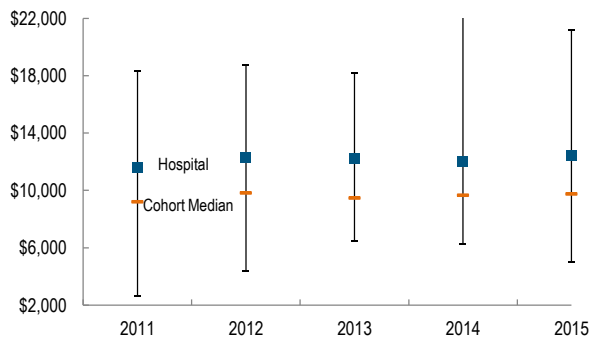


How has the volume of the hospital's outpatient visits changed compared to FY11, and how does this compare to the hospital's peer cohort median? (FY11=100)

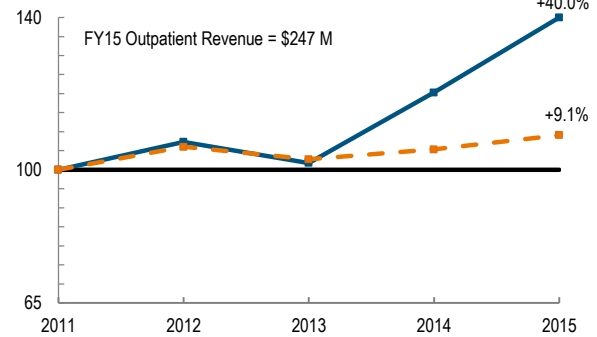


### Patient Revenue Trends

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY11 and FY15, and how does this compare to the hospital's peer cohort median?



How has the hospital's total outpatient revenue changed compared to FY11, and how does this compare to the hospital's peer cohort median? (FY11=100)



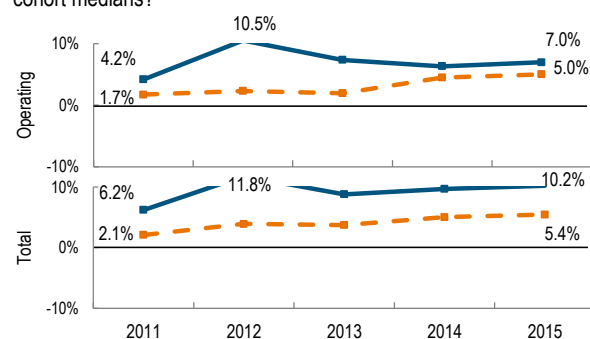
### Financial Performance

How have the hospital's total revenue and costs changed between FY11 and FY15?

#### Revenue, Cost, & Profit/Loss (in millions)

FY	2011	2012	2013	2014	2015
Operating Revenue	\$ 332	\$ 363	\$ 351	\$ 387	\$ 439
Non-Operating Revenue	\$ 7	\$ 5	\$ 5	\$ 14	\$ 15
Total Revenue	\$ 339	\$ 368	\$ 356	\$ 401	\$ 454
Total Costs	\$ 318	\$ 324	\$ 325	\$ 362	\$ 407
Total Profit (Loss)	\$ 21.0	\$ 43.4	\$ 31.3	\$ 38.8	\$ 46.4

What were the hospital's total margin and operating margins between FY11 and FY15, and how do these compare to the hospital's peer cohort medians?



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

<sup>9</sup> For more information on Infrastructure and Capacity Building (ICB) special funding, please contact the Massachusetts Executive Office of Health and Human Services (EOHHS).

\* High Public Payer Hospitals (HPP) receive a minimum of 63% of gross patient service revenue from public payers.

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

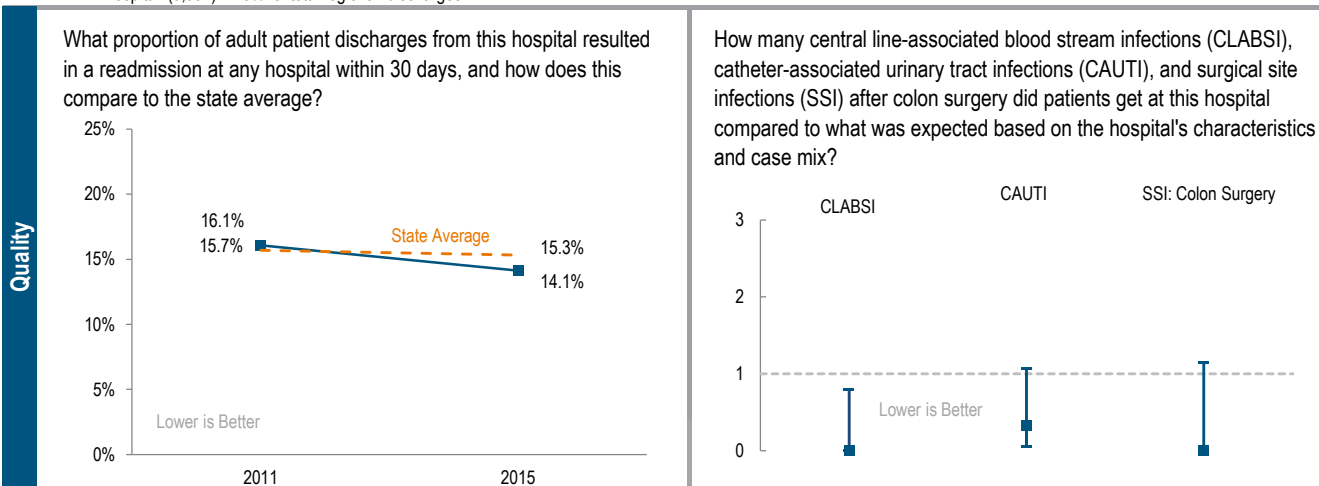
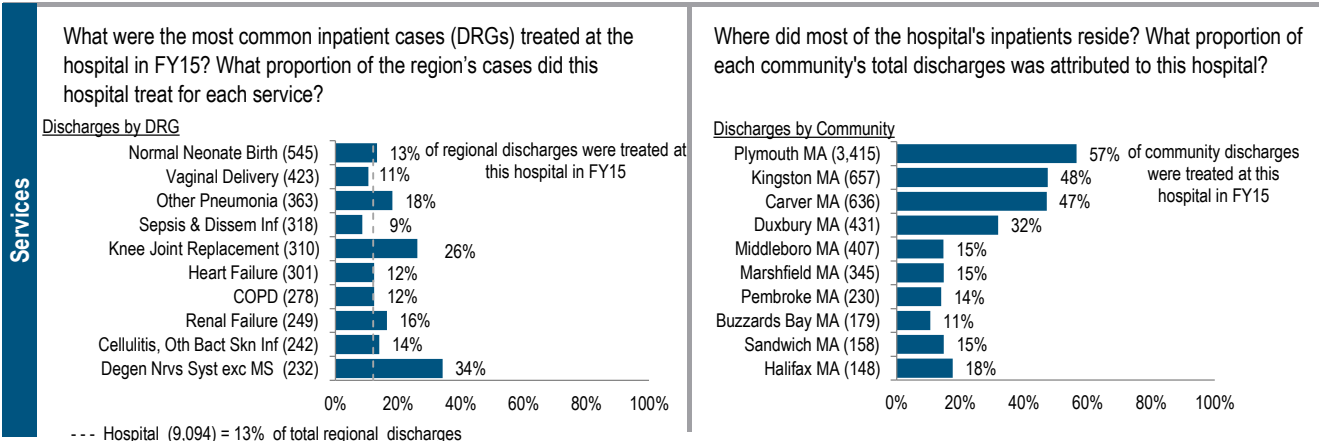
# BETH ISRAEL DEACONESS HOSPITAL - PLYMOUTH

## 2015 Hospital Profile

Plymouth, MA  
Community, High Public Payer  
Metro South

Beth Israel Deaconess Hospital – Plymouth (BID-Plymouth) is a mid-size, nonprofit community-High Public Payer (HPP) hospital located in the Metro South region. Between FY11 and FY15, inpatient discharges decreased 18.2% at the hospital, compared to a median decrease of 9.5% among cohort hospitals. BID-Plymouth was profitable each year from FY11 to FY15. It reported a total margin of 3.0% in FY15, below the cohort median of 5.4%. The hospital also had a positive operating margin of 3.0% in FY15.

At a Glance	<b>Overview / Size</b>	
	Hospital System Affiliation:	CareGroup
	Change in Ownership (FY11-FY15):	CareGroup - 2014
	Total Staffed Beds:	172, mid-size acute hospital
	% Occupancy:	66.2%, > cohort avg. (65%)
	Special Public Funding:	CHART <sup>a</sup> , ICB <sup>b</sup>
	Trauma Center Designation:	Not Applicable
	Case Mix Index:	0.95, > cohort avg. (0.87); < statewide (1.00)
	<b>Financial</b>	
	Inpatient NPSR per CMAD:	\$10,311
	Change FY14-FY15:	-1.5%
	Inpatient:Outpatient Revenue in FY15:	30%:70%
	Outpatient Revenue in FY15:	\$121,804,671
	Change FY14-FY15:	13.3%
	Total Revenue in FY15:	\$217,673,257
	Total Surplus (Loss) in FY15:	\$6,595,748
	<b>Payer Mix</b>	
	Public Payer Mix:	65.0% (HPP* Hospital)
	CY15 Commercial Relative Price:	0.86
	Top 3 Commercial Payers:	Blue Cross Blue Shield of MA Harvard Pilgrim Health Care Tufts Health Plan
	<b>Utilization</b>	
	Inpatient Discharges in FY15:	9,094
	Change FY14-FY15:	8.5%
	Emergency Department Visits in FY15:	46,370
	Change FY14-FY15:	-3.6%
	Outpatient Visits in FY15:	86,630
	Change FY14-FY15:	-23.0%
	<b>Quality</b>	
	Readmission Rate in FY15:	14.1%
	Change FY11-FY15 (percentage points):	-1.9%
	Early Elective Deliveries Rate (Jan 2015-Jun 2016):	0.0%



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

## 2015 HOSPITAL PROFILE: BETH ISRAEL DEACONESS HOSPITAL - PLYMOUTH

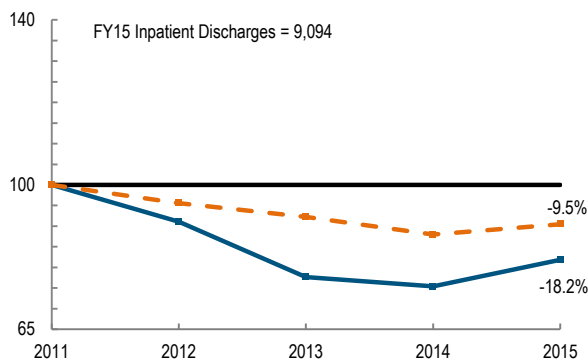
Cohort: Community, High Public Payer

Key:

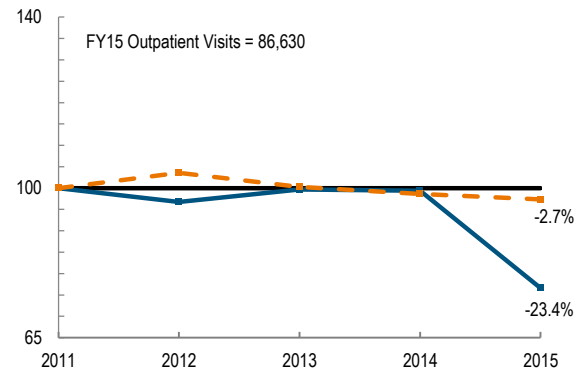
— Hospital  
- - - Peer Cohort

### Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY11, and how does this compare to the hospital's peer cohort median? (FY11=100)

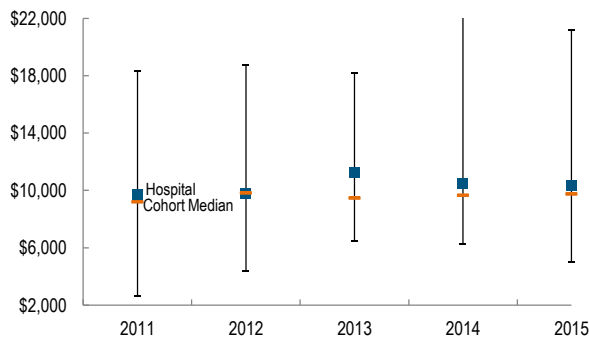


How has the volume of the hospital's outpatient visits changed compared to FY11, and how does this compare to the hospital's peer cohort median? (FY11=100)

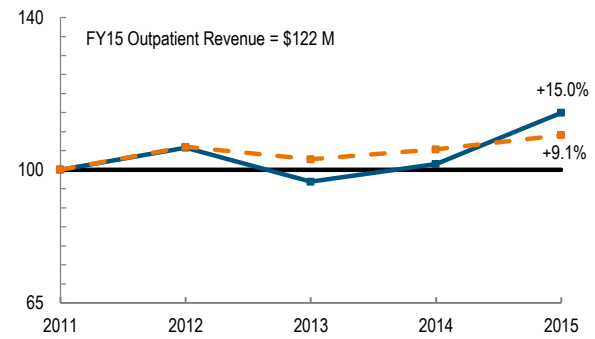


### Patient Revenue Trends

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY11 and FY15, and how does this compare to the hospital's peer cohort median?



How has the hospital's total outpatient revenue changed compared to FY11, and how does this compare to the hospital's peer cohort median? (FY11=100)



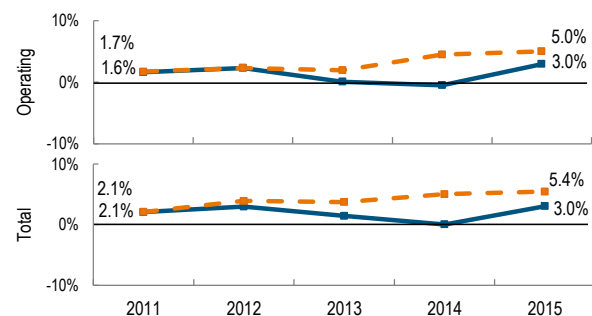
### Financial Performance

How have the hospital's total revenue and costs changed between FY11 and FY15?

#### Revenue, Cost, & Profit/Loss (in millions)

FY	2011	2012	2013	2014	2015
Operating Revenue	\$ 200	\$ 205	\$ 196	\$ 191	\$ 218
Non-Operating Revenue	\$ 1	\$ 1	\$ 3	\$ 1	\$ 0
Total Revenue	\$ 201	\$ 206	\$ 199	\$ 192	\$ 218
Total Costs	\$ 197	\$ 200	\$ 196	\$ 191	\$ 211
Total Profit (Loss)	\$ 4.1	\$ 6.1	\$ 2.8	\$ 0.1	\$ 6.6

What were the hospital's total margin and operating margins between FY11 and FY15, and how do these compare to the hospital's peer cohort medians?



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

<sup>a</sup> For more information on Infrastructure and Capacity Building (ICB) special funding, please contact the Massachusetts Executive Office of Health and Human Services (EOHHS).

\* High Public Payer Hospitals (HPP) receive a minimum of 63% of gross patient service revenue from public payers.

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

# CAPE COD HOSPITAL

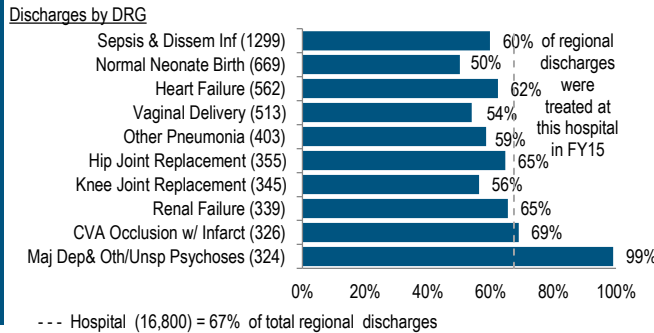
## 2015 Hospital Profile

Hyannis, MA  
Community, High Public Payer  
Cape and Islands

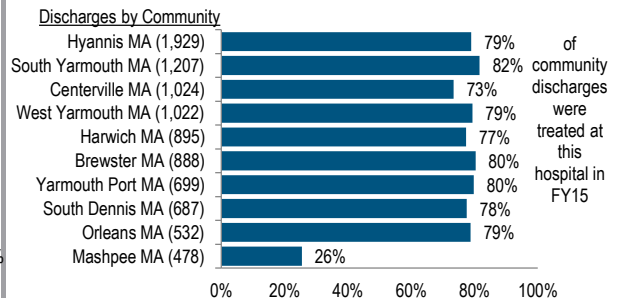
Cape Cod Hospital is a nonprofit community-High Public Payer (HPP) hospital located in the Cape and Islands region. It is among the larger acute hospitals in Massachusetts and is a member of Cape Cod Healthcare. Cape Cod Hospital treated 67% of all discharges in the region. Inpatient discharges at Cape Cod Hospital increased from FY14 to FY15. Cape Cod Hospital earned a profit each year from FY11 to FY15, with a total margin of 8.0% in FY15. Both its operating margin and total margin have been consistently higher than the cohort median over this five year time period.

At a Glance	<b>Overview / Size</b>	
	Hospital System Affiliation:	Cape Cod Healthcare
	Change in Ownership (FY11-FY15):	Not Applicable
	Total Staffed Beds:	269, among the larger acute hospitals
	% Occupancy:	72.8%, > cohort avg. (65%)
	Special Public Funding:	Not Applicable
	Trauma Center Designation:	Not Applicable
	Case Mix Index:	1.03, > cohort avg. (0.87); > statewide (1.00)
	<b>Financial</b>	
	Inpatient NPSR per CMAD:	\$11,555
Services	Change FY14-FY15:	-3.6%
	Inpatient:Outpatient Revenue in FY15:	34%:66%
	Outpatient Revenue in FY15:	\$275,864,140
	Change FY14-FY15:	13.2%
	Total Revenue in FY15:	\$479,127,174
	Total Surplus (Loss) in FY15:	\$38,455,033
	<b>Payer Mix</b>	
	Public Payer Mix:	72.7% (HPP* Hospital)
	CY15 Commercial Relative Price:	1.31
	Top 3 Commercial Payers:	Blue Cross Blue Shield of MA Harvard Pilgrim Health Care Tufts Health Plan
Quality	<b>Utilization</b>	
	Inpatient Discharges in FY15:	16,800
	Change FY14-FY15:	5.8%
	Emergency Department Visits in FY15:	84,382
	Change FY14-FY15:	2.1%
	Outpatient Visits in FY15:	146,989
	Change FY14-FY15:	3.8%
	<b>Quality</b>	
	Readmission Rate in FY15:	12.9%
	Change FY11-FY15 (percentage points):	-0.2%
	Early Elective Deliveries Rate (Jan 2015-Jun 2016):	0.0%

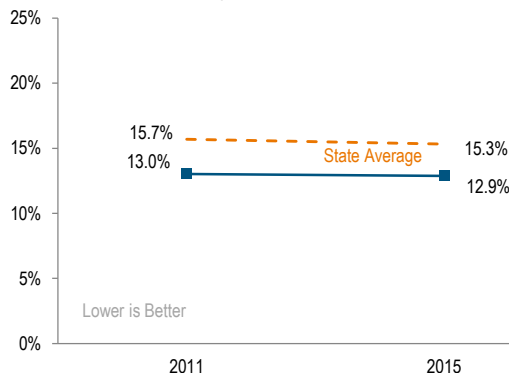
What were the most common inpatient cases (DRGs) treated at the hospital in FY15? What proportion of the region's cases did this hospital treat for each service?



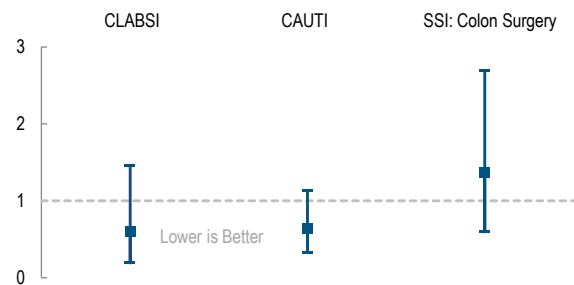
Where did most of the hospital's inpatients reside? What proportion of each community's total discharges was attributed to this hospital?



What proportion of adult patient discharges from this hospital resulted in a readmission at any hospital within 30 days, and how does this compare to the state average?



How many central line-associated blood stream infections (CLABSI), catheter-associated urinary tract infections (CAUTI), and surgical site infections (SSI) after colon surgery did patients get at this hospital compared to what was expected based on the hospital's characteristics and case mix?



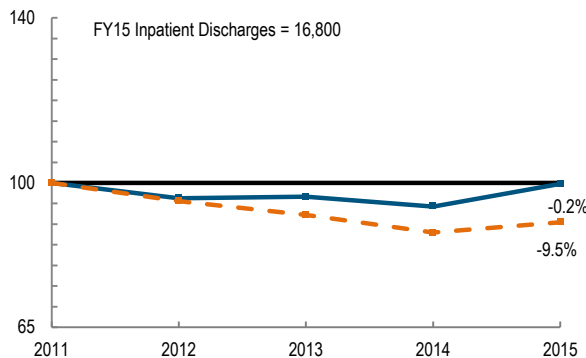
For descriptions of the metrics, please see the technical appendix.

## 2015 HOSPITAL PROFILE: CAPE COD HOSPITAL

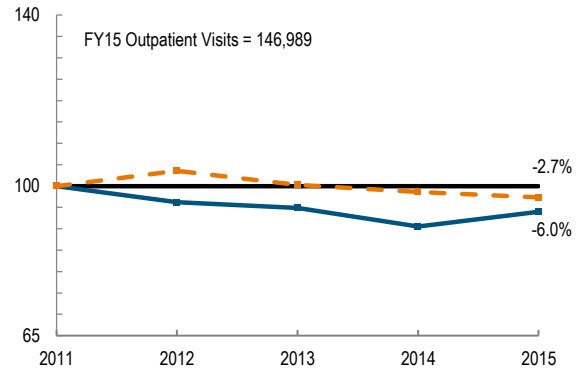
Cohort: Community, High Public Payer

### Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY11, and how does this compare to the hospital's peer cohort median? (FY11=100)

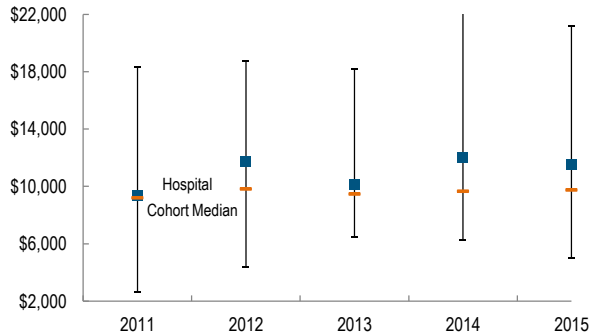


How has the volume of the hospital's outpatient visits changed compared to FY11, and how does this compare to the hospital's peer cohort median? (FY11=100)

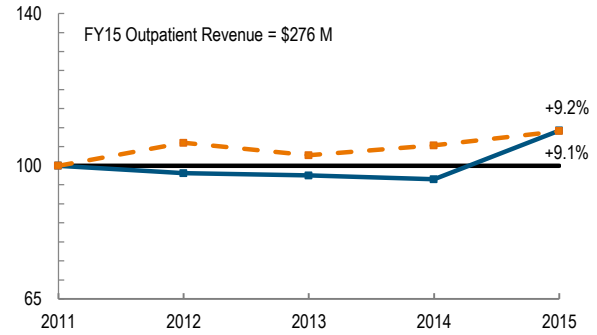


### Patient Revenue Trends

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY11 and FY15, and how does this compare to the hospital's peer cohort median?



How has the hospital's total outpatient revenue changed compared to FY11, and how does this compare to the hospital's peer cohort median? (FY11=100)



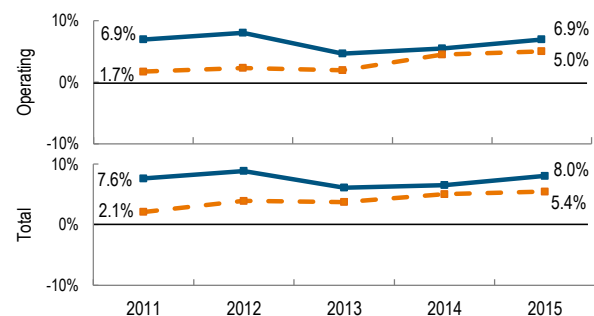
### Financial Performance

How have the hospital's total revenue and costs changed between FY11 and FY15?

#### Revenue, Cost, & Profit/Loss (in millions)

FY	2011	2012	2013	2014	2015
Operating Revenue	\$ 412	\$ 444	\$ 416	\$ 449	\$ 474
Non-Operating Revenue	\$ 3	\$ 4	\$ 6	\$ 5	\$ 5
Total Revenue	\$ 414	\$ 447	\$ 422	\$ 454	\$ 479
Total Costs	\$ 383	\$ 408	\$ 397	\$ 424	\$ 441
Total Profit (Loss)	\$ 31.5	\$ 39.5	\$ 25.7	\$ 29.5	\$ 38.5

What were the hospital's total margin and operating margins between FY11 and FY15, and how do these compare to the hospital's peer cohort medians?



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

\* High Public Payer Hospitals (HPP) receive a minimum of 63% of gross patient service revenue from public payers.

# CLINTON HOSPITAL

## 2015 Hospital Profile

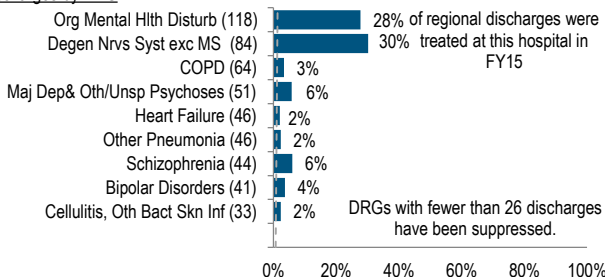
Clinton, MA  
Community, High Public Payer  
Central Massachusetts

Clinton Hospital is a nonprofit community-High Public Payer (HPP) hospital located in the Central Massachusetts region. It is among the smallest acute hospitals in Massachusetts and is a member of UMass Memorial Health Care. Though it was only responsible for 1% of total regional discharges, it treated 28% of Organic Mental Health Disturbances cases and 30% of the Degenerative Nervous System excluding MS cases in Central Massachusetts in FY15. It reported increases in inpatient discharges from FY14 to FY15, after experiencing decreases from FY11-FY14. Clinton Hospital reported a loss of \$1.2M in FY15, and it was the third time in the last four fiscal years that it reported a loss.

At a Glance	<b>Overview / Size</b>	
	Hospital System Affiliation:	UMass Memorial Health Care
	Change in Ownership (FY11-FY15):	Not Applicable
	Total Staffed Beds:	41, among the smallest acute hospitals
	% Occupancy:	59.9%, < cohort avg. (65%)
	Special Public Funding:	Not Applicable
	Trauma Center Designation:	Not Applicable
	Case Mix Index:	0.91, > cohort avg. (0.87); < statewide (1.00)
	<b>Financial</b>	
	Inpatient NPSR per CMAD:	\$11,849
Services	Change FY14-FY15:	30.9%
	Inpatient:Outpatient Revenue in FY15:	29%:71%
	Outpatient Revenue in FY15:	\$12,646,479
	Change FY14-FY15:	-12.4%
	Total Revenue in FY15:	\$26,658,000
	Total Surplus (Loss) in FY15:	(\$1,229,000)
	<b>Payer Mix</b>	
	Public Payer Mix:	68.8% (HPP* Hospital)
	CY15 Commercial Relative Price:	0.94
	Top 3 Commercial Payers:	Blue Cross Blue Shield of MA Tufts Health Plan Fallon Health
Quality	<b>Utilization</b>	
	Inpatient Discharges in FY15:	1,054
	Change FY14-FY15:	5.5%
	Emergency Department Visits in FY15:	13,906
	Change FY14-FY15:	8.4%
	Outpatient Visits in FY15:	17,628
	Change FY14-FY15:	4.4%
	<b>Quality</b>	
	Readmission Rate in FY15:	18.0%
	Change FY11-FY15 (percentage points):	-1.5%
	Early Elective Deliveries Rate (Jan 2015-Jun 2016):	Not Available

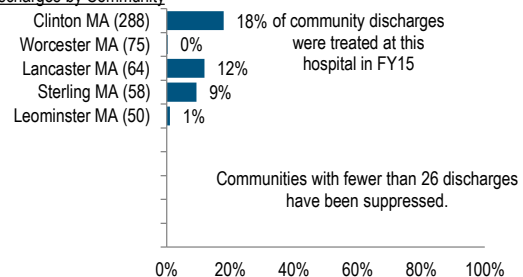
What were the most common inpatient cases (DRGs) treated at the hospital in FY15? What proportion of the region's cases did this hospital treat for each service?

### Discharges by DRG

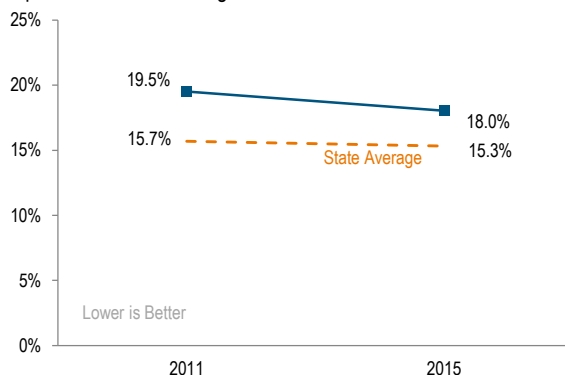


Where did most of the hospital's inpatients reside? What proportion of each community's total discharges was attributed to this hospital?

### Discharges by Community



What proportion of adult patient discharges from this hospital resulted in a readmission at any hospital within 30 days, and how does this compare to the state average?



How many central line-associated blood stream infections (CLABSI), catheter-associated urinary tract infections (CAUTI), and surgical site infections (SSI) after colon surgery did patients get at this hospital compared to what was expected based on the hospital's characteristics and case mix?

Data is not available for these measures.



## 2015 HOSPITAL PROFILE: CLINTON HOSPITAL

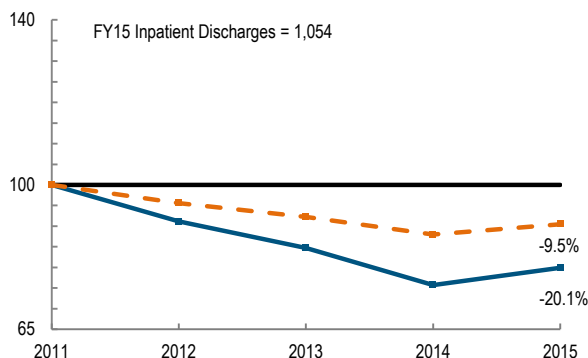
Cohort: Community, High Public Payer

Key:

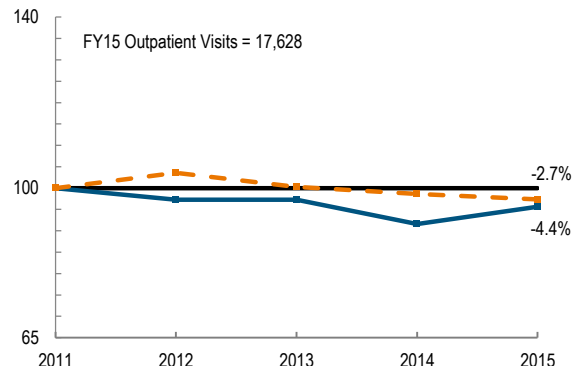


### Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY11, and how does this compare to the hospital's peer cohort median? (FY11=100)

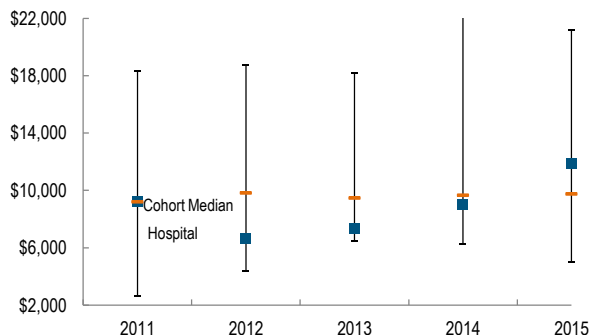


How has the volume of the hospital's outpatient visits changed compared to FY11, and how does this compare to the hospital's peer cohort median? (FY11=100)

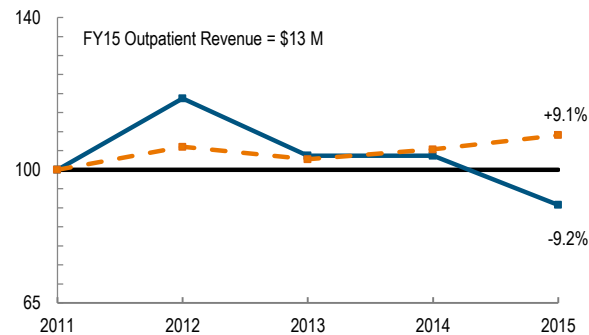


### Patient Revenue Trends

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY11 and FY15, and how does this compare to the hospital's peer cohort median?



How has the hospital's total outpatient revenue changed compared to FY11, and how does this compare to the hospital's peer cohort median? (FY11=100)



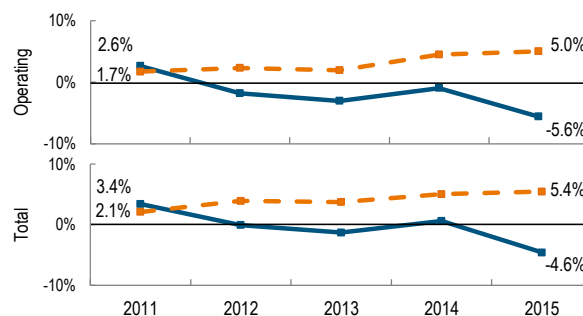
### Financial Performance

How have the hospital's total revenue and costs changed between FY11 and FY15?

#### Revenue, Cost, & Profit/Loss (in millions)

FY	2011	2012	2013	2014	2015
Operating Revenue	\$ 26	\$ 25	\$ 24	\$ 26	\$ 26
Non-Operating Revenue	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
Total Revenue	\$ 26	\$ 26	\$ 24	\$ 27	\$ 27
Total Costs	\$ 25	\$ 26	\$ 24	\$ 27	\$ 28
Total Profit (Loss)	\$ 0.9	\$ (0.0)	\$ (0.3)	\$ 0.2	\$ (1.2)

What were the hospital's total margin and operating margins between FY11 and FY15, and how do these compare to the hospital's peer cohort medians?



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

\* High Public Payer Hospitals (HPP) receive a minimum of 63% of gross patient service revenue from public payers.

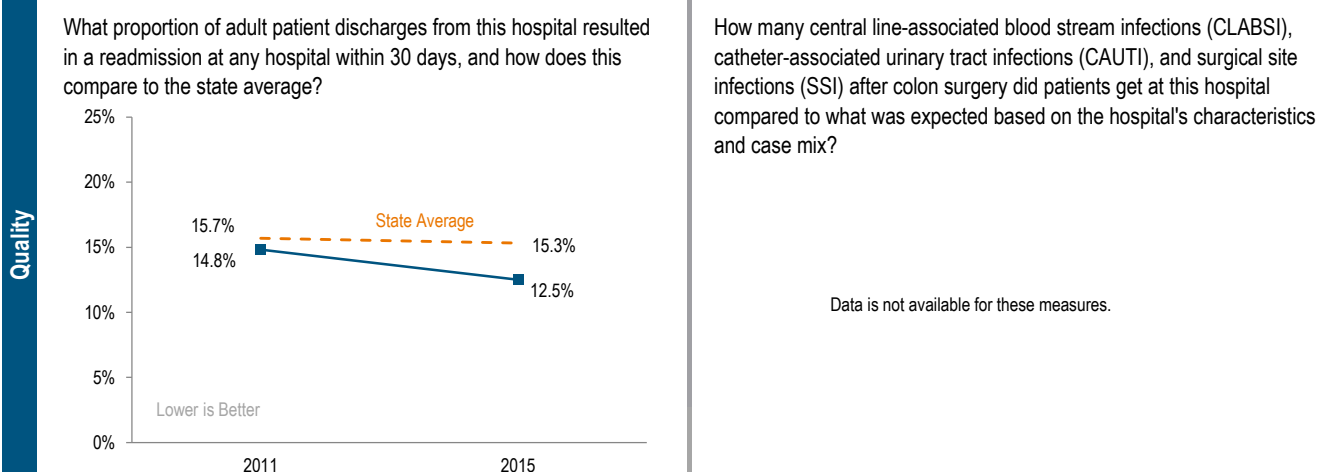
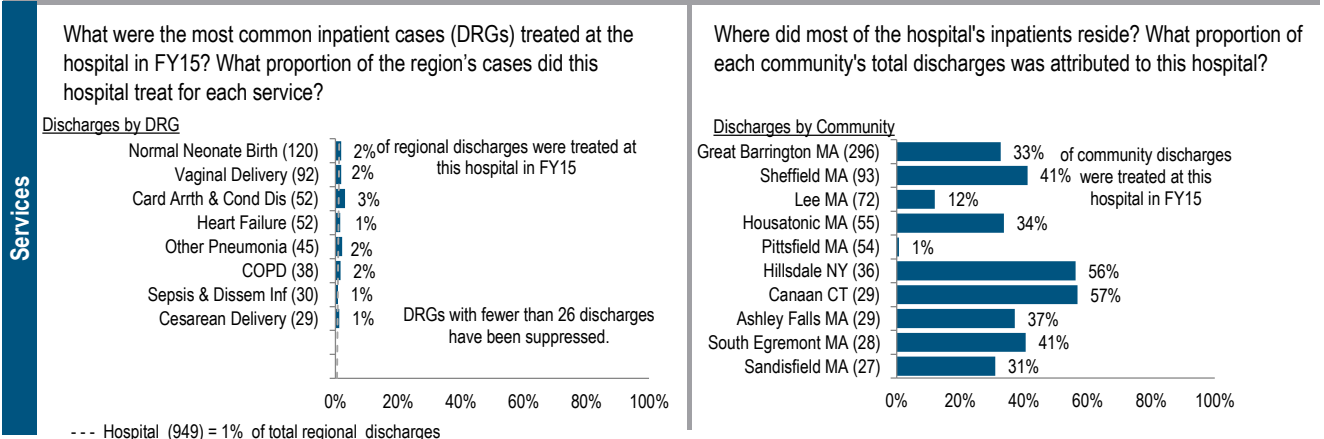
# FAIRVIEW HOSPITAL

## 2015 Hospital Profile

Great Barrington, MA  
Community, High Public Payer  
Western Massachusetts

Fairview Hospital is a small, nonprofit community-High Public Payer (HPP) hospital located in the Western Massachusetts region. It is a member of Berkshire Health Systems. Fairview Hospital is designated by the Centers for Medicare & Medicaid Services (CMS) as one of three Critical Access Hospitals (CAH) in Massachusetts. It earned a profit each year from FY11 to FY15, with a total margin of 10.2% in FY15, compared with a median total margin of 5.4% in its peer cohort. Over the five year period, Fairview Hospital has consistently had both total margins and operating margins that have been higher than its peer cohort medians.

At a Glance	<b>Overview / Size</b>	
	Hospital System Affiliation:	Berkshire Health Systems
	Change in Ownership (FY11-FY15):	Not Applicable
	Total Staffed Beds:	28, among the smallest acute hospitals
	% Occupancy:	33.4%, lowest in cohort (avg. 65%)
	Special Public Funding:	ICB <sup>9</sup>
	Trauma Center Designation:	Not Applicable
	Case Mix Index:	0.62, < cohort avg. (0.87); < statewide (1.00)
	<b>Financial</b>	
	Inpatient NPSR per CMAD:	\$21,160
	Change FY14-FY15:	-11.1%
	Inpatient:Outpatient Revenue in FY15:	18%:82%
	Outpatient Revenue in FY15:	\$35,075,109
	Change FY14-FY15:	7.2%
	Total Revenue in FY15:	\$51,007,536
	Total Surplus (Loss) in FY15:	\$5,197,768
	<b>Payer Mix</b>	
	Public Payer Mix:	65.9% (HPP* Hospital)
	CY15 Commercial Relative Price:	1.32
	Top 3 Commercial Payers:	Blue Cross Blue Shield of MA Health New England Aetna Health
	<b>Utilization</b>	
	Inpatient Discharges in FY15:	949
	Change FY14-FY15:	4.5%
	Emergency Department Visits in FY15:	11,447
	Change FY14-FY15:	-4.8%
	Outpatient Visits in FY15:	20,400
	Change FY14-FY15:	-16.9%
	<b>Quality</b>	
	Readmission Rate in FY15:	12.5%
	Change FY11-FY15 (percentage points):	-2.3%
	Early Elective Deliveries Rate (Jan 2015-Jun 2016):	0.0%



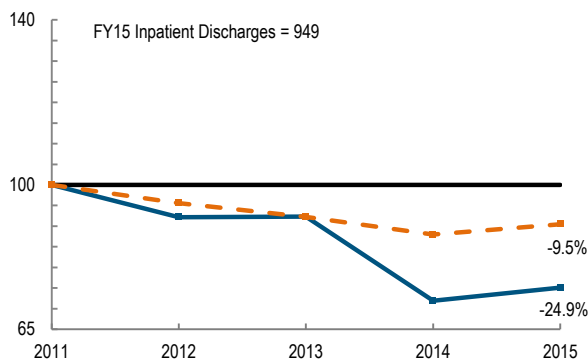
For descriptions of the metrics, please see the technical appendix.

## 2015 HOSPITAL PROFILE: FAIRVIEW HOSPITAL

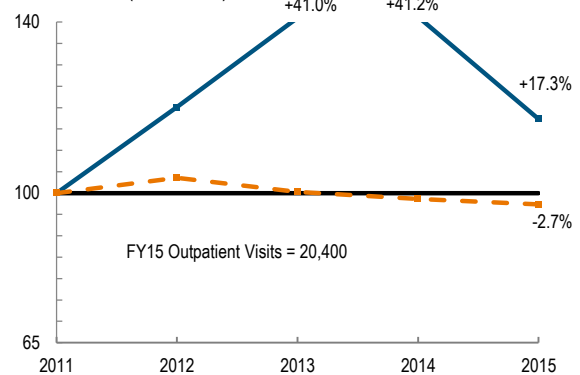
Cohort: Community, High Public Payer

### Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY11, and how does this compare to the hospital's peer cohort median? (FY11=100)

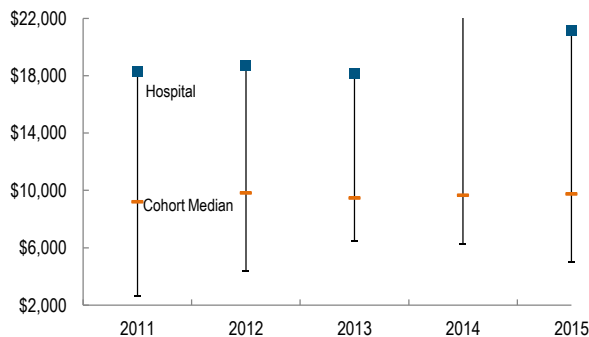


How has the volume of the hospital's outpatient visits changed compared to FY11, and how does this compare to the hospital's peer cohort median? (FY11=100)

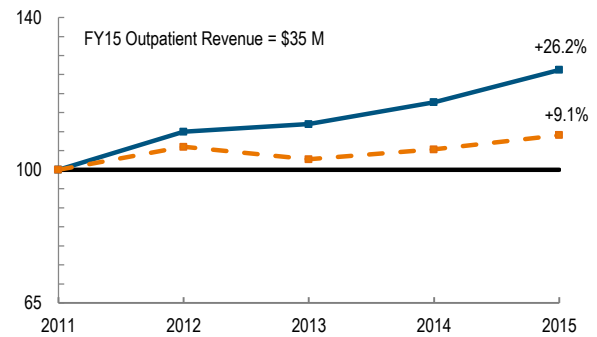


### Patient Revenue Trends

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY11 and FY15, and how does this compare to the hospital's peer cohort median?



How has the hospital's total outpatient revenue changed compared to FY11, and how does this compare to the hospital's peer cohort median? (FY11=100)



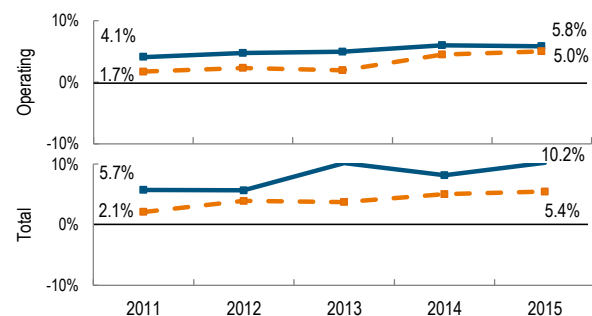
### Financial Performance

How have the hospital's total revenue and costs changed between FY11 and FY15?

#### Revenue, Cost, & Profit/Loss (in millions)

FY	2011	2012	2013	2014	2015
Operating Revenue	\$ 43	\$ 46	\$ 45	\$ 47	\$ 49
Non-Operating Revenue	\$ 1	\$ 0	\$ 2	\$ 1	\$ 2
Total Revenue	\$ 43	\$ 46	\$ 48	\$ 48	\$ 51
Total Costs	\$ 41	\$ 43	\$ 43	\$ 44	\$ 46
Total Profit (Loss)	\$ 2.5	\$ 2.6	\$ 4.8	\$ 3.9	\$ 5.2

What were the hospital's total margin and operating margins between FY11 and FY15, and how do these compare to the hospital's peer cohort medians?



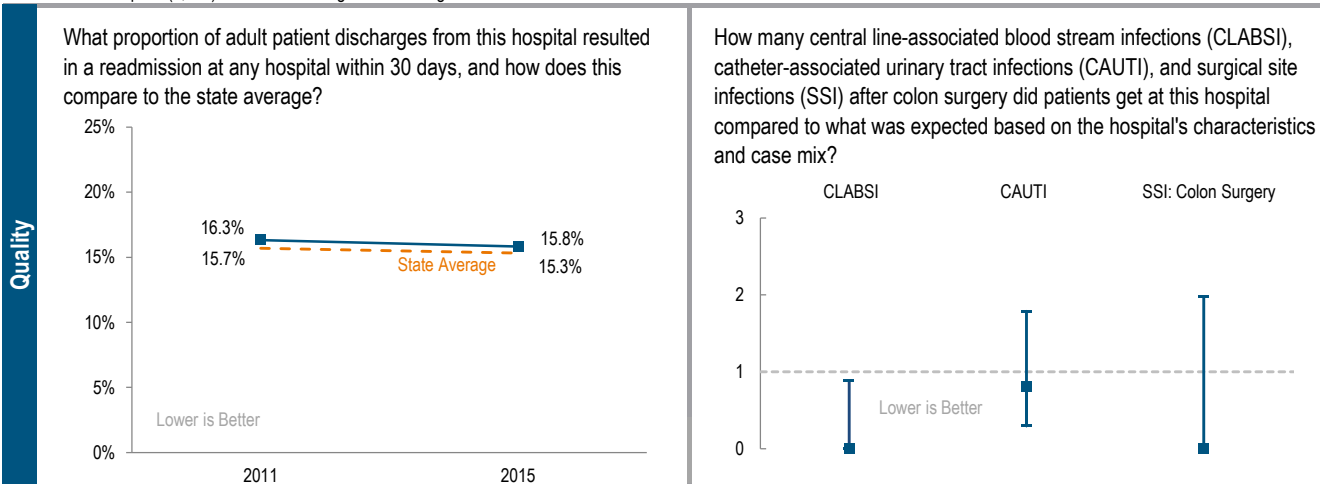
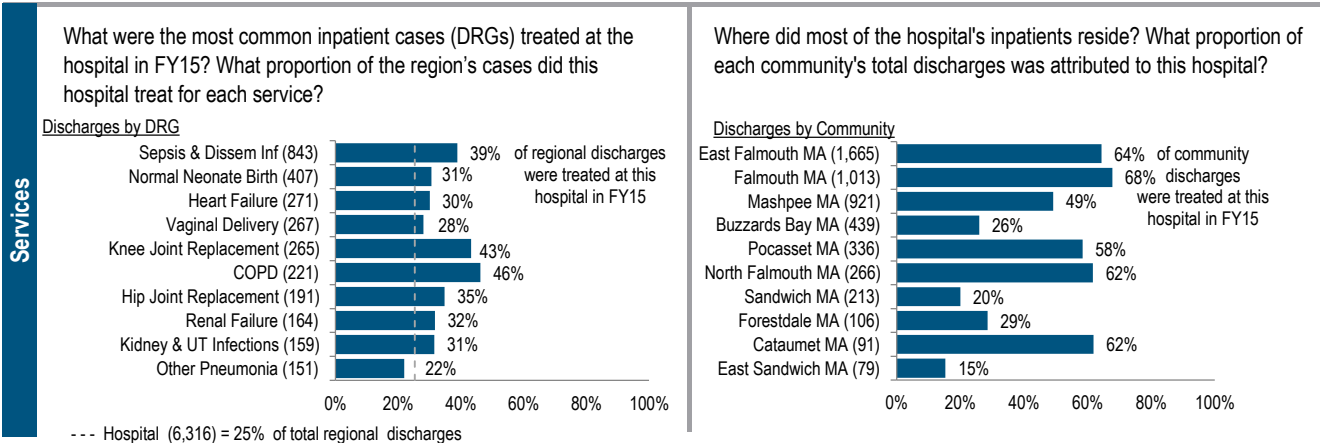
For descriptions of the metrics, please see the technical appendix.

<sup>9</sup> For more information on Infrastructure and Capacity Building (ICB) special funding, please contact the Massachusetts Executive Office of Health and Human Services (EOHHS).

\* High Public Payer Hospitals (HPP) receive a minimum of 63% of gross patient service revenue from public payers.

Falmouth Hospital is a mid-size, nonprofit community-High Public Payer (HPP) hospital located in the Cape and Islands region. It is a member of Cape Cod Healthcare. Between FY11 and FY15, its inpatient discharges decreased 5.0%, compared with a median decrease of 9.5% among cohort hospitals. Falmouth Hospital earned a profit each year from FY11 to FY15, and earned a 9.3% total margin in FY15, compared to a cohort median total margin of 5.4%. It has consistently earned a higher total margin and operating margin than its peer cohort over this time period.

At a Glance	<b>Overview / Size</b>	
	Hospital System Affiliation:	Cape Cod Healthcare
	Change in Ownership (FY11-FY15):	Not Applicable
	Total Staffed Beds:	103, mid-size acute hospital
	% Occupancy:	68.8%, > cohort avg. (65%)
	Special Public Funding:	Not Applicable
	Trauma Center Designation:	Not Applicable
	Case Mix Index:	0.97, > cohort avg. (0.87); < statewide (1.00)
	<b>Financial</b>	
	Inpatient NPSR per CMAD:	\$9,600
	Change FY14-FY15:	-8.1%
	Inpatient:Outpatient Revenue in FY15:	29%:71%
	Outpatient Revenue in FY15:	\$95,597,075
	Change FY14-FY15:	11.8%
	Total Revenue in FY15:	\$159,068,858
	Total Surplus (Loss) in FY15:	\$14,819,789
	<b>Payer Mix</b>	
	Public Payer Mix:	71.6% (HPP* Hospital)
	CY15 Commercial Relative Price:	1.52
	Top 3 Commercial Payers:	Blue Cross Blue Shield of MA Harvard Pilgrim Health Care Tufts Health Plan
	<b>Utilization</b>	
	Inpatient Discharges in FY15:	6,316
	Change FY14-FY15:	0.3%
	Emergency Department Visits in FY15:	34,800
	Change FY14-FY15:	-1.9%
	Outpatient Visits in FY15:	47,830
	Change FY14-FY15:	-0.2%
	<b>Quality</b>	
	Readmission Rate in FY15:	15.8%
	Change FY11-FY15 (percentage points):	-0.5%
	Early Elective Deliveries Rate (Jan 2015-Jun 2016):	3.2%



## 2015 HOSPITAL PROFILE: FALMOUTH HOSPITAL

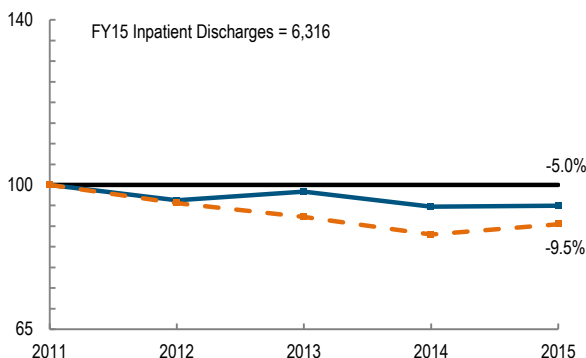
Cohort: Community, High Public Payer

Key:

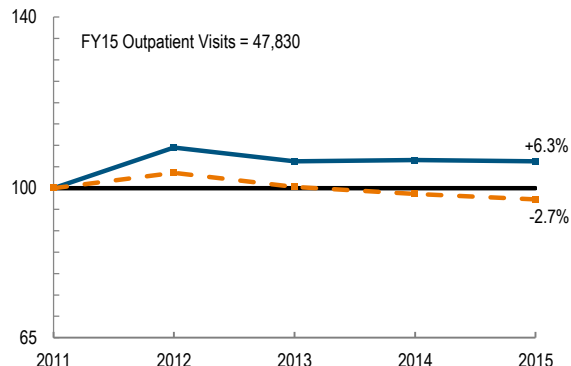


### Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY11, and how does this compare to the hospital's peer cohort median? (FY11=100)

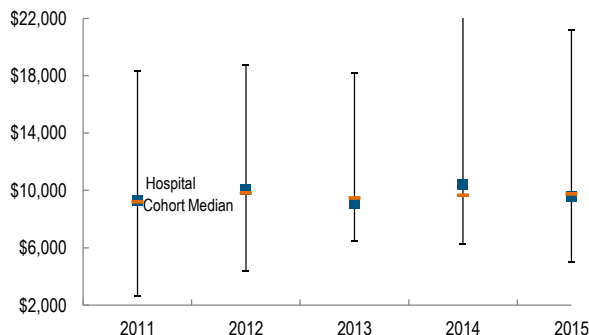


How has the volume of the hospital's outpatient visits changed compared to FY11, and how does this compare to the hospital's peer cohort median? (FY11=100)

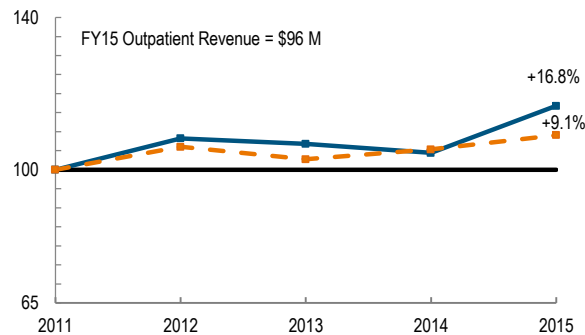


### Patient Revenue Trends

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY11 and FY15, and how does this compare to the hospital's peer cohort median?



How has the hospital's total outpatient revenue changed compared to FY11, and how does this compare to the hospital's peer cohort median? (FY11=100)



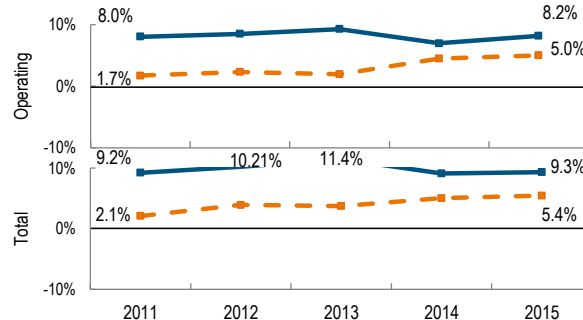
### Financial Performance

How have the hospital's total revenue and costs changed between FY11 and FY15?

#### Revenue, Cost, & Profit/Loss (in millions)

FY	2011	2012	2013	2014	2015
Operating Revenue	\$ 147	\$ 156	\$ 150	\$ 155	\$ 157
Non-Operating Revenue	\$ 2	\$ 3	\$ 3	\$ 3	\$ 2
Total Revenue	\$ 149	\$ 159	\$ 154	\$ 159	\$ 159
Total Costs	\$ 135	\$ 143	\$ 136	\$ 144	\$ 144
Total Profit (Loss)	\$ 13.7	\$ 16.2	\$ 17.6	\$ 14.4	\$ 14.8

What were the hospital's total margin and operating margins between FY11 and FY15, and how do these compare to the hospital's peer cohort medians?



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

\* High Public Payer Hospitals (HPP) receive a minimum of 63% of gross patient service revenue from public payers.

# HARRINGTON MEMORIAL HOSPITAL

## 2015 Hospital Profile

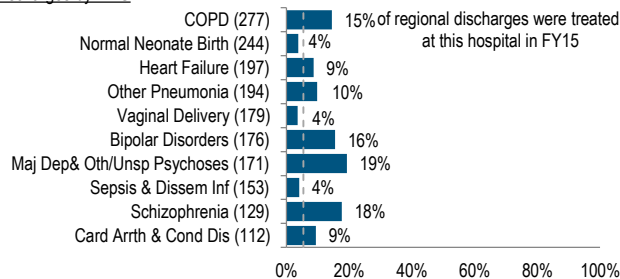
Southbridge, MA  
Community, High Public Payer  
Central Massachusetts

Harrington Memorial Hospital is a mid-size, nonprofit community-High Public Payer (HPP) hospital located in the Central Massachusetts region. Outpatient revenue has increased 4.9% from FY11 to FY15 for Harrington, while its peer cohort median increased 9.1% over the same period. In FY15, Harrington reported a profit for the third consecutive fiscal year, and the fourth in the past five fiscal years. Its total margin of 7.3% was higher than its peer cohort median of 5.4%.

At a Glance	<b>Overview / Size</b>	
	Hospital System Affiliation:	Not Applicable
	Change in Ownership (FY11-FY15):	Not Applicable
	Total Staffed Beds:	126, mid-size acute hospital
	% Occupancy:	39.3%, < cohort avg. (65%)
	Special Public Funding:	CHART <sup>a</sup> , ICB <sup>b</sup>
	Trauma Center Designation:	Not Applicable
	Case Mix Index:	0.79, < cohort avg. (0.87); < statewide (1.00)
	<b>Financial</b>	
	Inpatient NPSR per CMAD:	\$6,986
Services	Change FY14-FY15:	1.2%
	Inpatient:Outpatient Revenue in FY15:	19%:81%
	Outpatient Revenue in FY15:	\$84,743,960
	Change FY14-FY15:	8.1%
	Total Revenue in FY15:	\$126,134,507
	Total Surplus (Loss) in FY15:	\$9,258,280
	<b>Payer Mix</b>	
	Public Payer Mix:	65.2% (HPP* Hospital)
	CY15 Commercial Relative Price:	0.90
	Top 3 Commercial Payers:	Blue Cross Blue Shield of MA Fallon Health Harvard Pilgrim Health Care
Quality	<b>Utilization</b>	
	Inpatient Discharges in FY15:	4,250
	Change FY14-FY15:	1.8%
	Emergency Department Visits in FY15:	43,103
	Change FY14-FY15:	5.2%
	Outpatient Visits in FY15:	80,187
	Change FY14-FY15:	6.8%
	<b>Quality</b>	
	Readmission Rate in FY15:	13.7%
	Change FY11-FY15 (percentage points):	-1.8%
	Early Elective Deliveries Rate (Jan 2015-Jun 2016):	0.0%

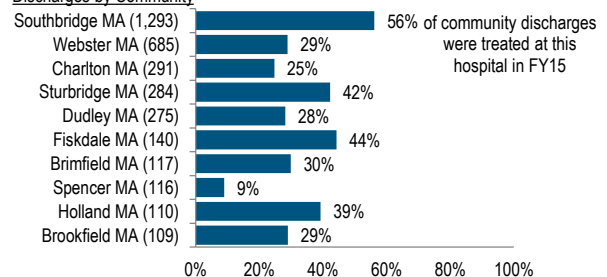
What were the most common inpatient cases (DRGs) treated at the hospital in FY15? What proportion of the region's cases did this hospital treat for each service?

Discharges by DRG

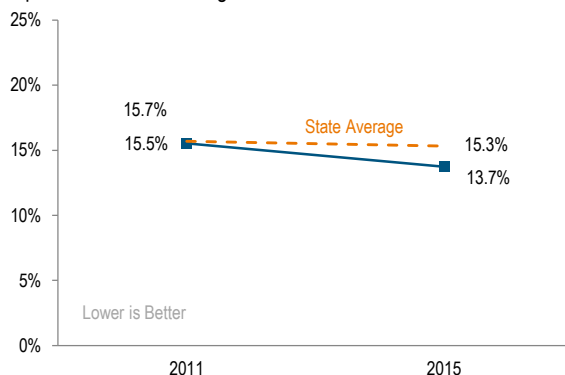


Where did most of the hospital's inpatients reside? What proportion of each community's total discharges was attributed to this hospital?

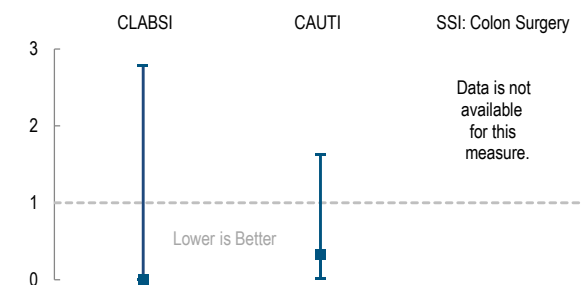
Discharges by Community



What proportion of adult patient discharges from this hospital resulted in a readmission at any hospital within 30 days, and how does this compare to the state average?



How many central line-associated blood stream infections (CLABSI), catheter-associated urinary tract infections (CAUTI), and surgical site infections (SSI) after colon surgery did patients get at this hospital compared to what was expected based on the hospital's characteristics and case mix?



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

## 2015 HOSPITAL PROFILE: HARRINGTON MEMORIAL HOSPITAL

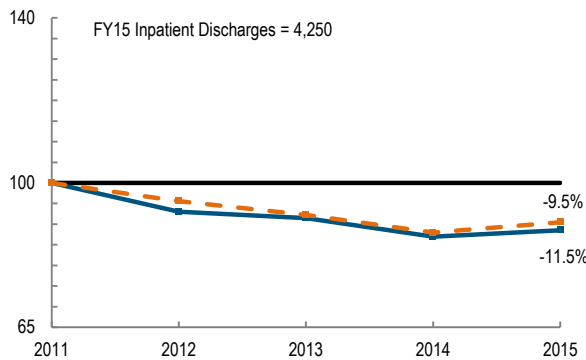
Cohort: Community, High Public Payer

Key:

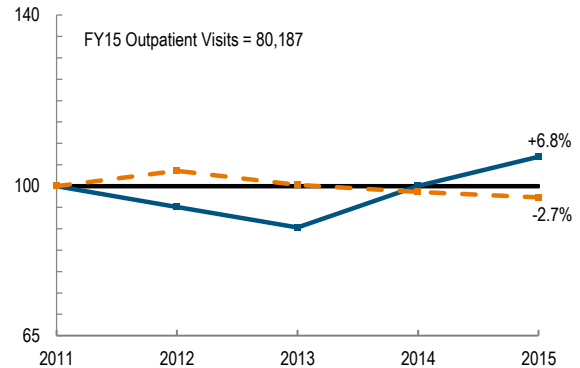


### Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY11, and how does this compare to the hospital's peer cohort median? (FY11=100)

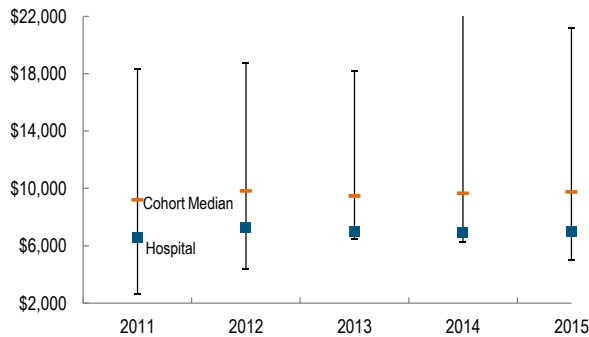


How has the volume of the hospital's outpatient visits changed compared to FY11, and how does this compare to the hospital's peer cohort median? (FY11=100)

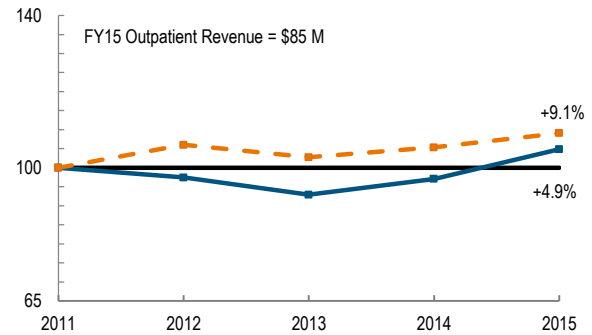


### Patient Revenue Trends

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY11 and FY15, and how does this compare to the hospital's peer cohort median?



How has the hospital's total outpatient revenue changed compared to FY11, and how does this compare to the hospital's peer cohort median? (FY11=100)



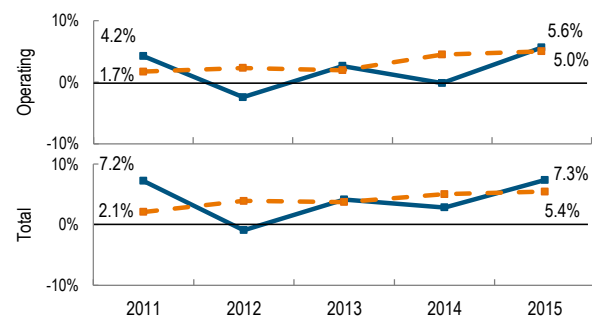
### Financial Performance

How have the hospital's total revenue and costs changed between FY11 and FY15?

#### Revenue, Cost, & Profit/Loss (in millions)

FY	2011	2012	2013	2014	2015
Operating Revenue	\$ 115	\$ 115	\$ 110	\$ 113	\$ 124
Non-Operating Revenue	\$ 4	\$ 2	\$ 2	\$ 3	\$ 2
Total Revenue	\$ 118	\$ 117	\$ 112	\$ 117	\$ 126
Total Costs	\$ 110	\$ 118	\$ 107	\$ 114	\$ 117
Total Profit (Loss)	\$ 8.5	\$ (1.1)	\$ 4.6	\$ 3.3	\$ 9.3

What were the hospital's total margin and operating margins between FY11 and FY15, and how do these compare to the hospital's peer cohort medians?



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

<sup>a</sup> For more information on Infrastructure and Capacity Building (ICB) special funding, please contact the Massachusetts Executive Office of Health and Human Services (EOHHS).

\* High Public Payer Hospitals (HPP) receive a minimum of 63% of gross patient service revenue from public payers.

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

# HEALTHALLIANCE HOSPITAL

## 2015 Hospital Profile

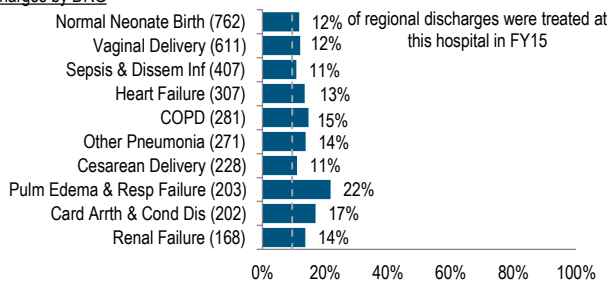
Leominster, MA & Fitchburg, MA  
Community, High Public Payer  
Central Massachusetts

HealthAlliance Hospital is a nonprofit community-High Public Payer (HPP) hospital located in the Central Massachusetts region. It is among the smaller acute hospitals in Massachusetts and is a member of UMass Memorial Health Care. From FY11 to FY15, outpatient revenue increased for HealthAlliance by 4.3%, compared to a 9.1% increase for its peer cohort median. HealthAlliance earned a profit each year in the five-year period, with a 4.2% total margin in FY15, compared with a 5.4% cohort median total margin.

At a Glance	<b>Overview / Size</b>	
	Hospital System Affiliation:	UMass Memorial Health Care
	Change in Ownership (FY11-FY15):	Not Applicable
	Total Staffed Beds:	102, mid-size acute hospital
	% Occupancy:	77.8%, > cohort avg. (65%)
	Special Public Funding:	CHART^
	Trauma Center Designation:	Not Applicable
	Case Mix Index:	0.89, > cohort avg. (0.87); < statewide (1.00)
	<b>Financial</b>	
	Inpatient NPSR per CMAD:	\$7,284
Services	Change FY14-FY15:	-7.0%
	Inpatient:Outpatient Revenue in FY15:	27%:73%
	Outpatient Revenue in FY15:	\$100,433,855
	Change FY14-FY15:	4.7%
	Total Revenue in FY15:	\$167,334,001
	Total Surplus (Loss) in FY15:	\$6,955,135
	<b>Payer Mix</b>	
	Public Payer Mix:	68.6% (HPP* Hospital)
	CY15 Commercial Relative Price:	0.78
	Top 3 Commercial Payers:	Blue Cross Blue Shield of MA Harvard Pilgrim Health Care Fallon Health
Quality	<b>Utilization</b>	
	Inpatient Discharges in FY15:	7,433
	Change FY14-FY15:	4.7%
	Emergency Department Visits in FY15:	70,470
	Change FY14-FY15:	16.0%
	Outpatient Visits in FY15:	116,994
	Change FY14-FY15:	10.9%
	<b>Quality</b>	
	Readmission Rate in FY15:	15.6%
	Change FY11-FY15 (percentage points):	0.1%
	Early Elective Deliveries Rate (Jan 2015-Jun 2016):	Not Available

What were the most common inpatient cases (DRGs) treated at the hospital in FY15? What proportion of the region's cases did this hospital treat for each service?

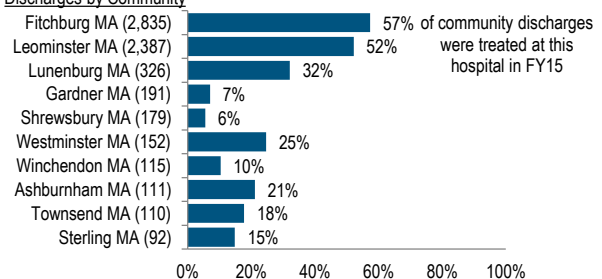
Discharges by DRG



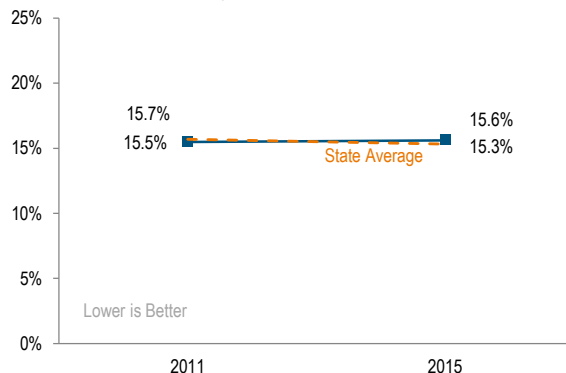
--- Hospital (7,433) = 9% of total regional discharges

Where did most of the hospital's inpatients reside? What proportion of each community's total discharges was attributed to this hospital?

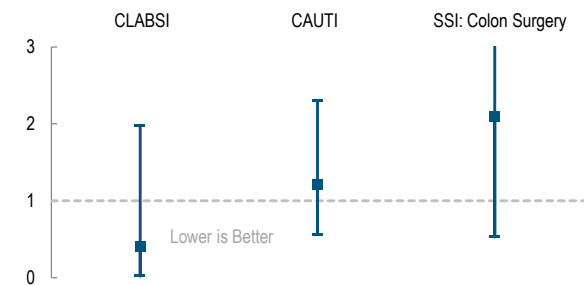
Discharges by Community



What proportion of adult patient discharges from this hospital resulted in a readmission at any hospital within 30 days, and how does this compare to the state average?



How many central line-associated blood stream infections (CLABSI), catheter-associated urinary tract infections (CAUTI), and surgical site infections (SSI) after colon surgery did patients get at this hospital compared to what was expected based on the hospital's characteristics and case mix?



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



## 2015 HOSPITAL PROFILE: HEALTHALLIANCE HOSPITAL

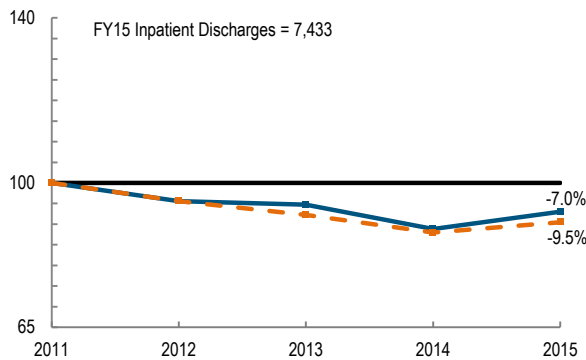
Cohort: Community, High Public Payer

Key:

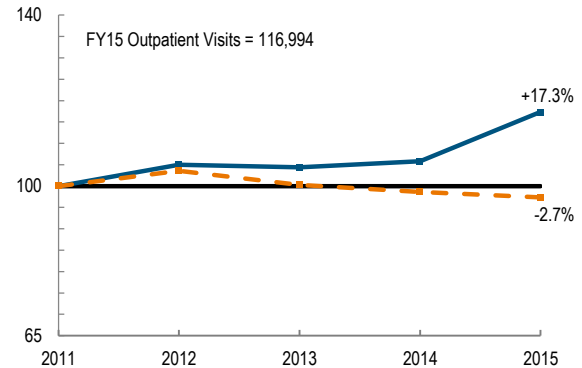


### Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY11, and how does this compare to the hospital's peer cohort median? (FY11=100)

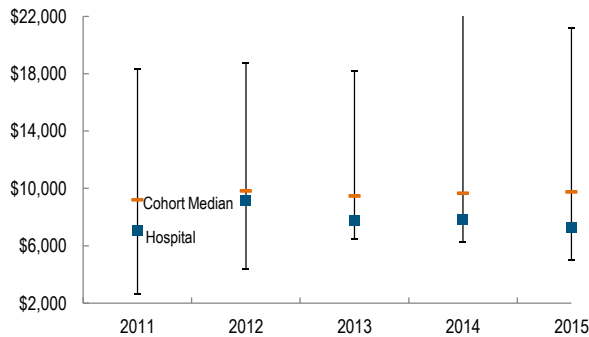


How has the volume of the hospital's outpatient visits changed compared to FY11, and how does this compare to the hospital's peer cohort median? (FY11=100)

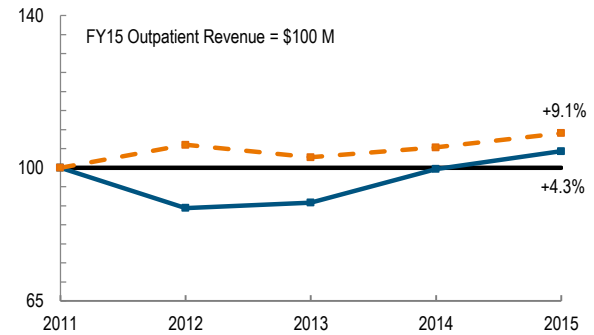


### Patient Revenue Trends

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY11 and FY15, and how does this compare to the hospital's peer cohort median?



How has the hospital's total outpatient revenue changed compared to FY11, and how does this compare to the hospital's peer cohort median? (FY11=100)



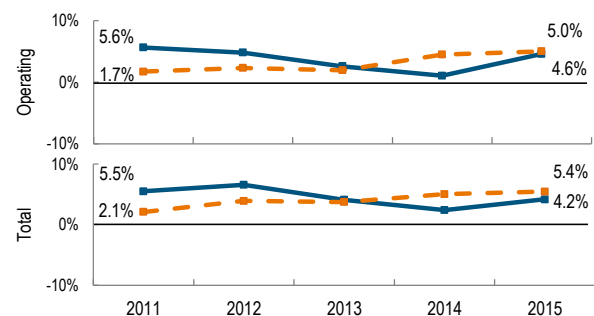
### Financial Performance

How have the hospital's total revenue and costs changed between FY11 and FY15?

#### Revenue, Cost, & Profit/Loss (in millions)

FY	2011	2012	2013	2014	2015
Operating Revenue	\$ 168	\$ 165	\$ 159	\$ 161	\$ 168
Non-Operating Revenue	\$ (0)	\$ 3	\$ 2	\$ 2	\$ (1)
Total Revenue	\$ 168	\$ 168	\$ 162	\$ 164	\$ 167
Total Costs	\$ 159	\$ 157	\$ 155	\$ 160	\$ 160
Total Profit (Loss)	\$ 9.2	\$ 11.0	\$ 6.6	\$ 3.9	\$ 7.0

What were the hospital's total margin and operating margins between FY11 and FY15, and how do these compare to the hospital's peer cohort medians?



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

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

\* High Public Payer Hospitals (HPP) receive a minimum of 63% of gross patient service revenue from public payers.

# HEYWOOD HOSPITAL

## 2015 Hospital Profile

Gardner, MA  
Community, High Public Payer  
Central Massachusetts

Heywood Hospital is a mid-size, nonprofit community-High Public Payer (HPP) hospital located in the Central Massachusetts region. It is a member of Heywood Healthcare. Though only responsible for 6% of total inpatient cases in the region, it treated 44% of all Organic Mental Health Disturbances, 20% of all Bipolar Disorder cases, 19% of Major Depression/ Other Unspecified Psychoses, and 19% of all Schizophrenia cases in Central Massachusetts. In FY15 Heywood Hospital reported a profit for the fourth consecutive fiscal year, and its total margin of 4.3% was below the cohort median of 5.4%.

### At a Glance

#### Overview / Size

Hospital System Affiliation:	Heywood Healthcare
Change in Ownership (FY11-FY15):	Heywood Healthcare - 2012
Total Staffed Beds:	106, mid-size acute hospital
% Occupancy:	63.8%, < cohort avg. (65%)
Special Public Funding:	CHART <sup>a</sup> , ICB <sup>b</sup>
Trauma Center Designation:	Not Applicable
Case Mix Index:	0.81, < cohort avg. (0.87); < statewide (1.00)

#### Financial

Inpatient NPSR per CMAD:	\$7,893
Change FY14-FY15:	-1.1%
Inpatient:Outpatient Revenue in FY15:	23%:77%
Outpatient Revenue in FY15:	\$67,359,735
Change FY14-FY15:	7.3%
Total Revenue in FY15:	\$105,825,932
Total Surplus (Loss) in FY15:	\$4,601,921

#### Payer Mix

Public Payer Mix:	63.4% (HPP* Hospital)
CY15 Commercial Relative Price:	0.75
Top 3 Commercial Payers:	Blue Cross Blue Shield of MA Tufts Health Plan Harvard Pilgrim Health Care

#### Utilization

Inpatient Discharges in FY15:	4,994
Change FY14-FY15:	-0.1%
Emergency Department Visits in FY15:	26,898
Change FY14-FY15:	4.9%
Outpatient Visits in FY15:	110,091
Change FY14-FY15:	44.4%

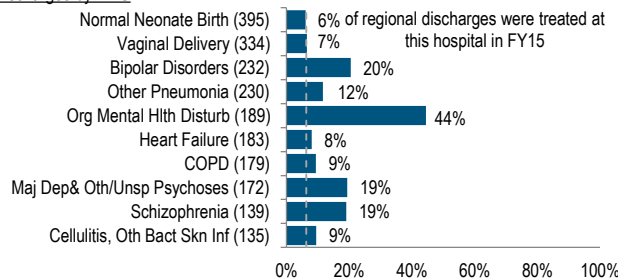
#### Quality

Readmission Rate in FY15:	15.3%
Change FY11-FY15 (percentage points):	-1.0%
Early Elective Deliveries Rate (Jan 2015-Jun 2016):	5.0%

### Services

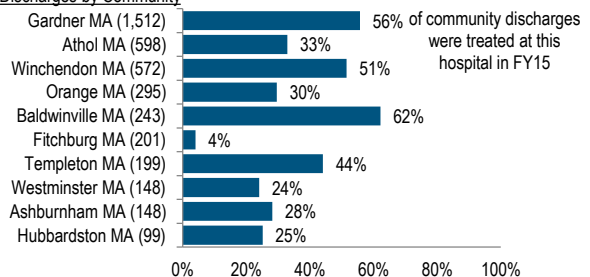
What were the most common inpatient cases (DRGs) treated at the hospital in FY15? What proportion of the region's cases did this hospital treat for each service?

#### Discharges by DRG



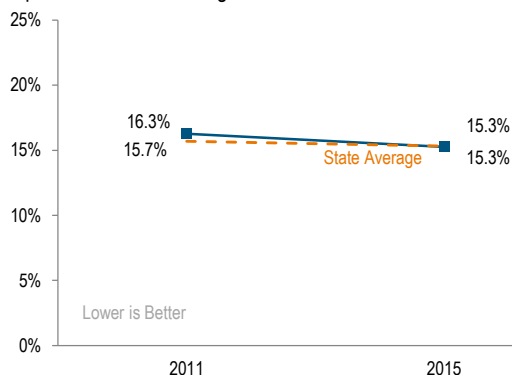
Where did most of the hospital's inpatients reside? What proportion of each community's total discharges was attributed to this hospital?

#### Discharges by Community

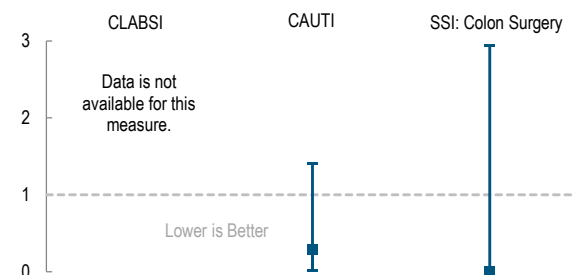


### Quality

What proportion of adult patient discharges from this hospital resulted in a readmission at any hospital within 30 days, and how does this compare to the state average?



How many central line-associated blood stream infections (CLABSI), catheter-associated urinary tract infections (CAUTI), and surgical site infections (SSI) after colon surgery did patients get at this hospital compared to what was expected based on the hospital's characteristics and case mix?



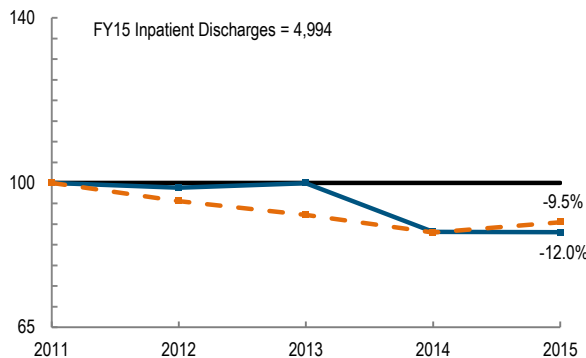
For descriptions of the metrics, please see the technical appendix.

## 2015 HOSPITAL PROFILE: HEYWOOD HOSPITAL

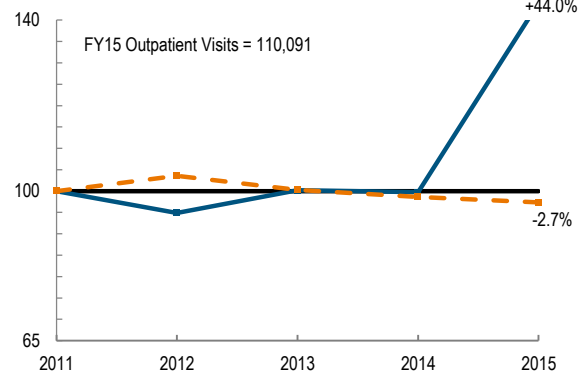
Cohort: Community, High Public Payer

### Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY11, and how does this compare to the hospital's peer cohort median? (FY11=100)

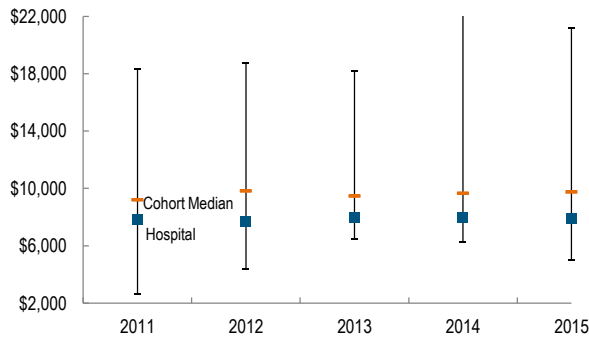


How has the volume of the hospital's outpatient visits changed compared to FY11, and how does this compare to the hospital's peer cohort median? (FY11=100)

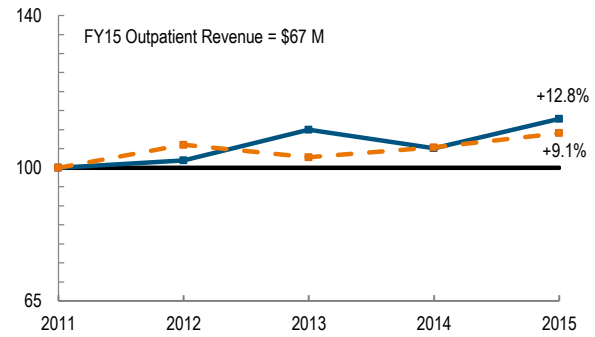


### Patient Revenue Trends

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY11 and FY15, and how does this compare to the hospital's peer cohort median?



How has the hospital's total outpatient revenue changed compared to FY11, and how does this compare to the hospital's peer cohort median? (FY11=100)



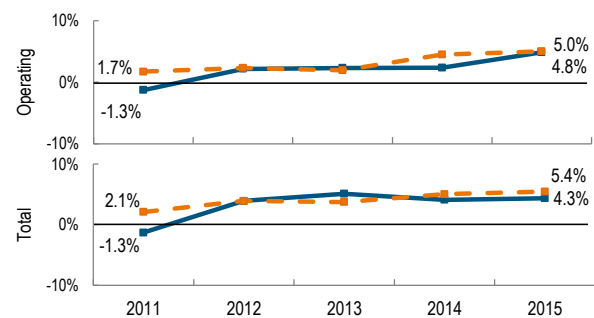
### Financial Performance

How have the hospital's total revenue and costs changed between FY11 and FY15?

#### Revenue, Cost, & Profit/Loss (in millions)

FY	2011	2012	2013	2014	2015
Operating Revenue	\$ 97	\$ 101	\$ 102	\$ 102	\$ 106
Non-Operating Revenue	\$ (0)	\$ 2	\$ 3	\$ 2	\$ (1)
Total Revenue	\$ 97	\$ 103	\$ 105	\$ 104	\$ 106
Total Costs	\$ 99	\$ 99	\$ 100	\$ 100	\$ 101
Total Profit (Loss)	\$ (1.3)	\$ 4.0	\$ 5.4	\$ 4.3	\$ 4.6

What were the hospital's total margin and operating margins between FY11 and FY15, and how do these compare to the hospital's peer cohort medians?



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

<sup>g</sup> For more information on Infrastructure and Capacity Building (ICB) special funding, please contact the Massachusetts Executive Office of Health and Human Services (EOHHS).

\* High Public Payer Hospitals (HPP) receive a minimum of 63% of gross patient service revenue from public payers.

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

# HOLYOKE MEDICAL CENTER

## 2015 Hospital Profile

Holyoke, MA  
Community, High Public Payer  
Western Massachusetts

Holyoke Medical Center is a mid-size, nonprofit community-High Public Payer (HPP) hospital located in the Western Massachusetts region. Between FY11 and FY15, Holyoke Medical Center had an 11.0% decrease in inpatient discharges, compared to a 9.5% decrease for the median of its peer cohort. Over this time period, its changes in discharges have closely mirrored the peer cohort. Holyoke Medical Center has been profitable for each year in the five year period. In FY15, it had a total margin of 2.8%, lower than the cohort median of 5.4%; over the five year period, Holyoke Medical Center has been close to the median of its peer cohort in both total margin and operating margin.

### At a Glance

#### Overview / Size

Hospital System Affiliation:	Not Applicable
Change in Ownership (FY11-FY15):	Not Applicable
Total Staffed Beds:	107, mid-size acute hospital
% Occupancy:	61.2%, < cohort avg. (65%)
Special Public Funding:	CHART <sup>^</sup> , ICB <sup>g</sup> , DSTI <sup>h</sup>
Trauma Center Designation:	Not Applicable
Case Mix Index:	0.84, < cohort avg. (0.87); < statewide (1.00)

#### Financial

Inpatient NPSR per CMAD:	\$8,965
Change FY14-FY15:	-9.4%
Inpatient:Outpatient Revenue in FY15:	26%:74%
Outpatient Revenue in FY15:	\$69,532,897
Change FY14-FY15:	14.9%
Total Revenue in FY15:	\$127,197,263
Total Surplus (Loss) in FY15:	\$3,580,883

#### Payer Mix

Public Payer Mix:	75.8% (HPP* Hospital)
CY15 Commercial Relative Price:	0.72
Top 3 Commercial Payers:	Health New England Blue Cross Blue Shield of MA UniCare

#### Utilization

Inpatient Discharges in FY15:	5,727
Change FY14-FY15:	2.4%
Emergency Department Visits in FY15:	41,447
Change FY14-FY15:	-1.3%
Outpatient Visits in FY15:	95,553
Change FY14-FY15:	16.3%

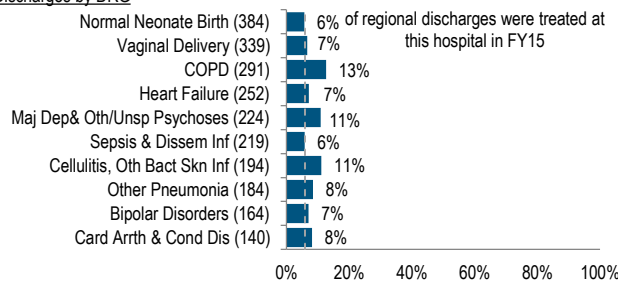
#### Quality

Readmission Rate in FY15:	16.5%
Change FY11-FY15 (percentage points):	-0.7%
Early Elective Deliveries Rate (Jan 2015-Jun 2016):	0.0%

### Services

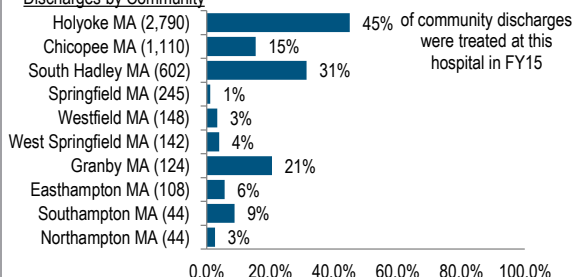
What were the most common inpatient cases (DRGs) treated at the hospital in FY15? What proportion of the region's cases did this hospital treat for each service?

#### Discharges by DRG



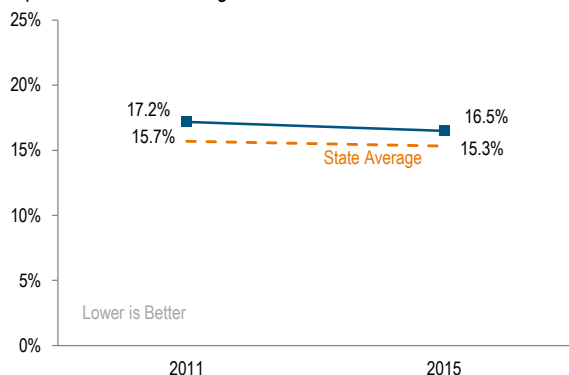
Where did most of the hospital's inpatients reside? What proportion of each community's total discharges was attributed to this hospital?

#### Discharges by Community

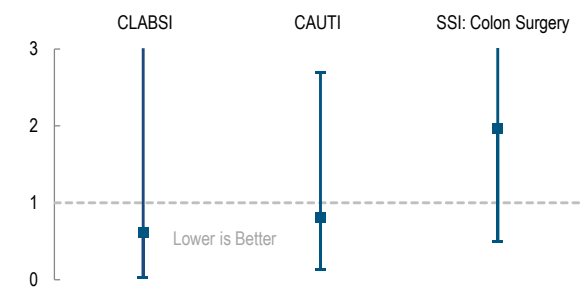


### Quality

What proportion of adult patient discharges from this hospital resulted in a readmission at any hospital within 30 days, and how does this compare to the state average?



How many central line-associated blood stream infections (CLABSI), catheter-associated urinary tract infections (CAUTI), and surgical site infections (SSI) after colon surgery did patients get at this hospital compared to what was expected based on the hospital's characteristics and case mix?



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

## 2015 HOSPITAL PROFILE: HOLYOKE MEDICAL CENTER

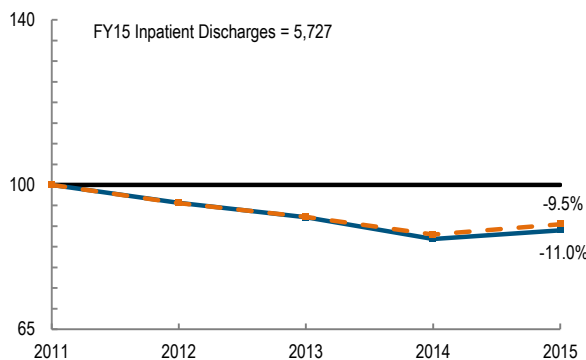
Cohort: Community, High Public Payer

Key:

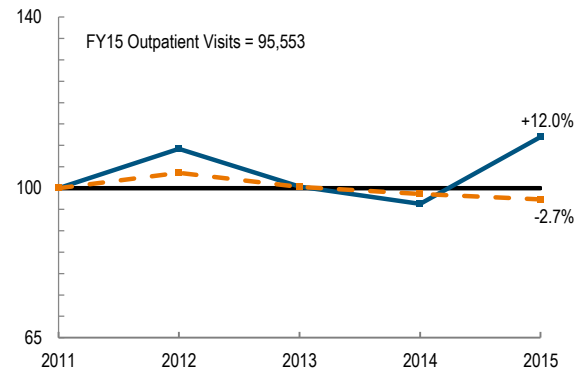


### Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY11, and how does this compare to the hospital's peer cohort median? (FY11=100)

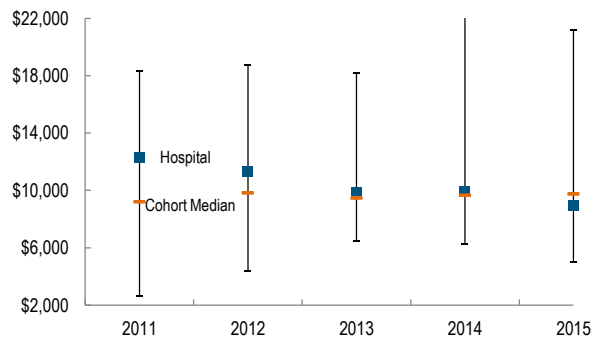


How has the volume of the hospital's outpatient visits changed compared to FY11, and how does this compare to the hospital's peer cohort median? (FY11=100)

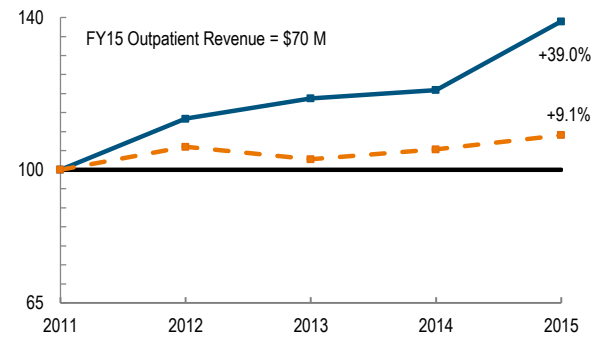


### Patient Revenue Trends

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY11 and FY15, and how does this compare to the hospital's peer cohort median?



How has the hospital's total outpatient revenue changed compared to FY11, and how does this compare to the hospital's peer cohort median? (FY11=100)



### Financial Performance

How have the hospital's total revenue and costs changed between FY11 and FY15?

#### Revenue, Cost, & Profit/Loss (in millions)

FY	2011	2012	2013	2014	2015
Operating Revenue	\$ 122	\$ 129	\$ 121	\$ 123	\$ 127
Non-Operating Revenue	\$ (0)	\$ 1	\$ 0	\$ 1	\$ 0
Total Revenue	\$ 122	\$ 130	\$ 122	\$ 123	\$ 127
Total Costs	\$ 119	\$ 122	\$ 117	\$ 117	\$ 124
Total Profit (Loss)	\$ 3.5	\$ 8.0	\$ 4.5	\$ 6.2	\$ 3.6

What were the hospital's total margin and operating margins between FY11 and FY15, and how do these compare to the hospital's peer cohort medians?



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

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

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

<sup>\*</sup> High Public Payer Hospitals (HPP) receive a minimum of 63% of gross patient service revenue from public payers.

<sup>θ</sup> For more information on Infrastructure and Capacity Building (ICB) special funding, please contact the Massachusetts Executive Office of Health and Human Services (EOHHS).

# LAWRENCE GENERAL HOSPITAL

## 2015 Hospital Profile

Lawrence, MA  
Community, High Public Payer  
Northeastern Massachusetts

Lawrence General Hospital is a mid-size, nonprofit community-High Public Payer (HPP) hospital located in the Northeastern Massachusetts region. Inpatient discharges at Lawrence General Hospital decreased 5.6% between FY11 and FY15, compared with a median decrease of 9.5% among community-HPP hospitals. The hospital experienced a loss of \$4.0M in FY15, with a total margin of -1.7%. The hospital was profitable each year from FY11 through FY14.

### At a Glance

#### Overview / Size

Hospital System Affiliation:	Not Applicable
Change in Ownership (FY11-FY15):	Not Applicable
Total Staffed Beds:	230, mid-size acute hospital
% Occupancy:	55.9%, < cohort avg. (65%)
Special Public Funding:	CHART <sup>a</sup> , DSTI <sup>n</sup>
Trauma Center Designation:	Adult: Level 3
Case Mix Index:	0.77, < cohort avg. (0.87); < statewide (1.00)

#### Financial

Inpatient NPSR per CMAD:	\$9,131
Change FY14-FY15:	-7.4%
Inpatient:Outpatient Revenue in FY15:	35%:65%
Outpatient Revenue in FY15:	\$117,594,455
Change FY14-FY15:	-3.5%
Total Revenue in FY15:	\$226,412,000
Total Surplus (Loss) in FY15:	(\$3,957,000)

#### Payer Mix

Public Payer Mix:	73.5% (HPP* Hospital)
CY15 Commercial Relative Price:	0.75
Top 3 Commercial Payers:	Blue Cross Blue Shield of MA Harvard Pilgrim Health Care Tufts Health Plan

#### Utilization

Inpatient Discharges in FY15:	12,210
Change FY14-FY15:	-3.6%
Emergency Department Visits in FY15:	70,504
Change FY14-FY15:	-6.8%
Outpatient Visits in FY15:	371,327 <sup>a</sup>
Change FY14-FY15:	56.0%

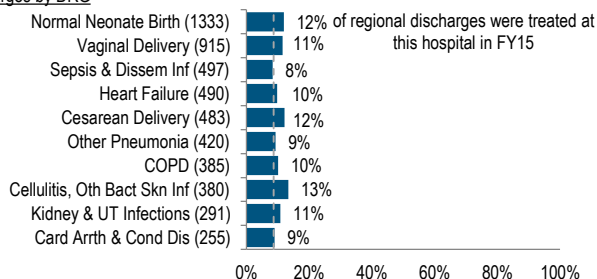
#### Quality

Readmission Rate in FY15:	15.8%
Change FY11-FY15 (percentage points):	1.3%
Early Elective Deliveries Rate (Jan 2015-Jun 2016):	0.0%

### Services

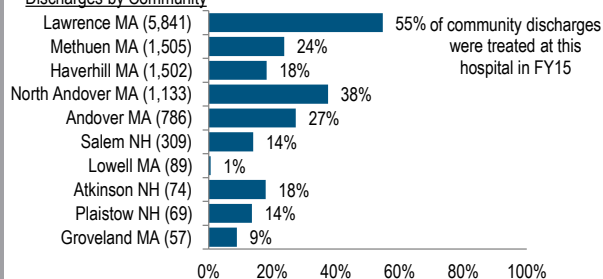
What were the most common inpatient cases (DRGs) treated at the hospital in FY15? What proportion of the region's cases did this hospital treat for each service?

#### Discharges by DRG



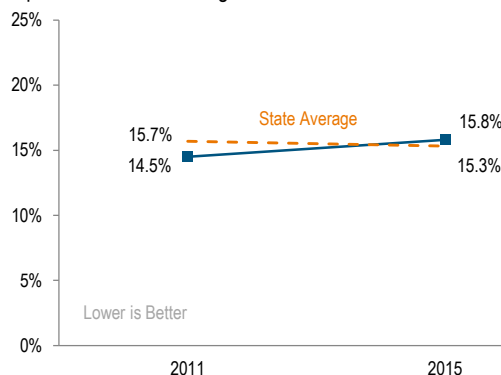
Where did most of the hospital's inpatients reside? What proportion of each community's total discharges was attributed to this hospital?

#### Discharges by Community

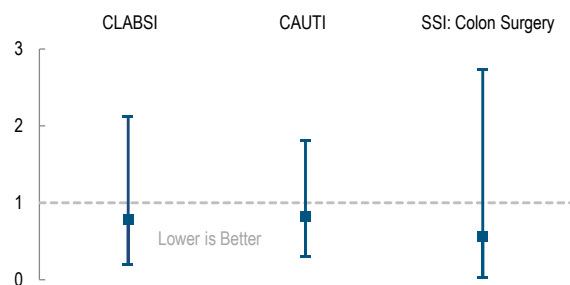


### Quality

What proportion of adult patient discharges from this hospital resulted in a readmission at any hospital within 30 days, and how does this compare to the state average?



How many central line-associated blood stream infections (CLABSI), catheter-associated urinary tract infections (CAUTI), and surgical site infections (SSI) after colon surgery did patients get at this hospital compared to what was expected based on the hospital's characteristics and case mix?



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

<sup>a</sup> See Hospital Specific Notes in technical appendix.

## 2015 HOSPITAL PROFILE: LAWRENCE GENERAL HOSPITAL

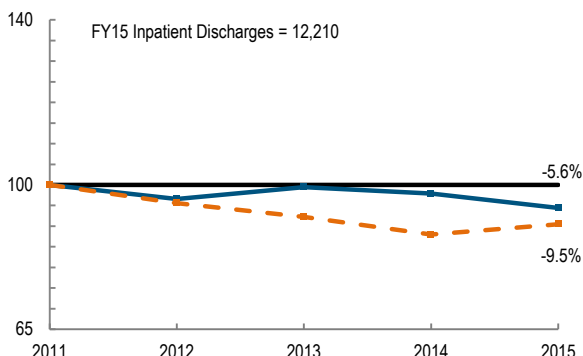
Cohort: Community, High Public Payer

Key:

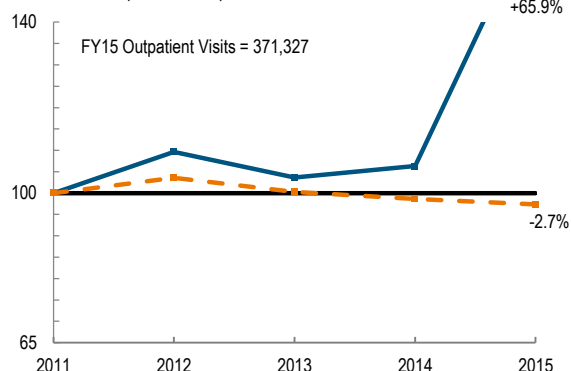


### Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY11, and how does this compare to the hospital's peer cohort median? (FY11=100)

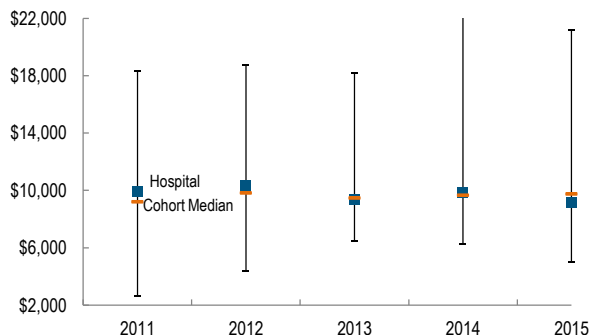


How has the volume of the hospital's outpatient visits changed compared to FY11, and how does this compare to the hospital's peer cohort median? (FY11=100)

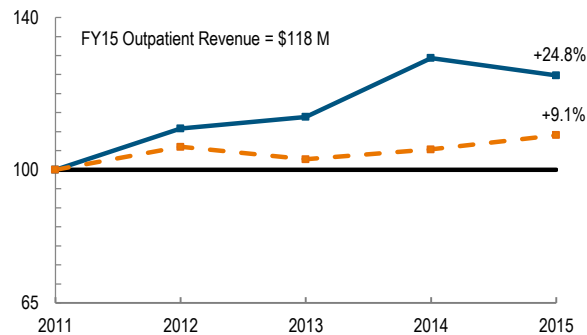


### Patient Revenue Trends

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY11 and FY15, and how does this compare to the hospital's peer cohort median?



How has the hospital's total outpatient revenue changed compared to FY11, and how does this compare to the hospital's peer cohort median? (FY11=100)



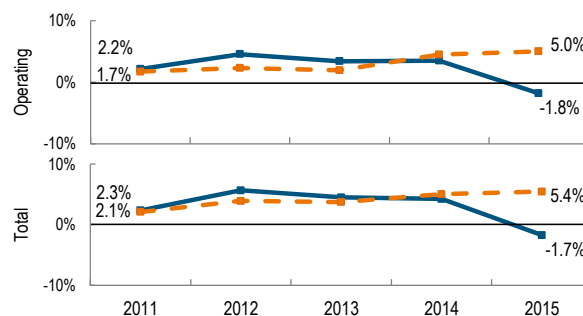
### Financial Performance

How have the hospital's total revenue and costs changed between FY11 and FY15?

#### Revenue, Cost, & Profit/Loss (in millions)

FY	2011	2012	2013	2014	2015
Operating Revenue	\$ 190	\$ 217	\$ 217	\$ 229	\$ 226
Non-Operating Revenue	\$ 0	\$ 2	\$ 2	\$ 2	\$ 0
Total Revenue	\$ 190	\$ 220	\$ 220	\$ 230	\$ 226
Total Costs	\$ 185	\$ 207	\$ 210	\$ 221	\$ 230
Total Profit (Loss)	\$ 4.4	\$ 12.4	\$ 9.9	\$ 9.8	\$ (4.0)

What were the hospital's total margin and operating margins between FY11 and FY15, and how do these compare to the hospital's peer cohort medians?



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

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

<sup>^</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> High Public Payer Hospitals (HPP) receive a minimum of 63% of gross patient service revenue from public payers.



# LOWELL GENERAL HOSPITAL

## 2015 Hospital Profile

Lowell, MA  
Community, High Public Payer  
Northeastern Massachusetts

Lowell General Hospital is a nonprofit community-High Public Payer (HPP) hospital located in the Northeastern Massachusetts region. It is among the larger acute hospitals in Massachusetts, and along with Tufts Medical Center is a part of Wellforce. Lowell General merged with Saints Medical Center in 2012; as such, utilization data from Saints Medical Center is included in Lowell General's FY13 through FY15 data. Lowell General Hospital was profitable each year from FY11 to FY15, with a total margin of 2.5% in FY15, compared to a median total margin of 5.4% in its peer cohort.

### At a Glance

#### Overview / Size

Hospital System Affiliation:	Wellforce
Change in Ownership (FY11-FY15):	Wellforce - 2014
Total Staffed Beds:	344, among the larger acute hospitals
% Occupancy:	70.4%, > cohort avg. (65%)
Special Public Funding:	CHART <sup>a</sup> , ICB <sup>b</sup>
Trauma Center Designation:	Adult: Level 3
Case Mix Index:	0.87, = cohort avg. (0.87); < statewide (1.00)

#### Financial

Inpatient NPSR per CMAD:	\$9,679
Change FY14-FY15:	0.5%
Inpatient:Outpatient Revenue in FY15:	36%:64%
Outpatient Revenue in FY15:	\$234,777,973
Change FY14-FY15:	3.4%
Total Revenue in FY15:	\$427,354,765
Total Surplus (Loss) in FY15:	\$10,697,698

#### Payer Mix

Public Payer Mix:	63.6% (HPP* Hospital)
CY15 Commercial Relative Price:	0.82
Top 3 Commercial Payers:	Blue Cross Blue Shield of MA Harvard Pilgrim Health Care Tufts Health Plan

#### Utilization

Inpatient Discharges in FY15:	21,953
Change FY14-FY15:	0.9%
Emergency Department Visits in FY15:	99,911
Change FY14-FY15:	-0.8%
Outpatient Visits in FY15:	188,434
Change FY14-FY15:	0.7%

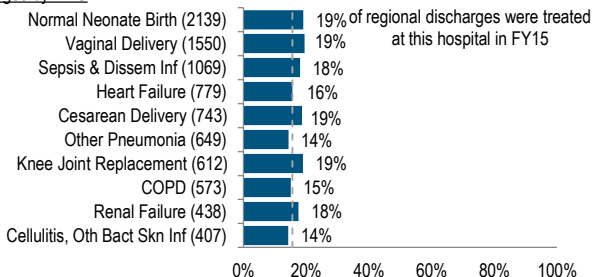
#### Quality

Readmission Rate in FY15:	15.6%
Change FY11-FY15 (percentage points):	0.8%
Early Elective Deliveries Rate (Jan 2015-Jun 2016):	2.5%

### Services

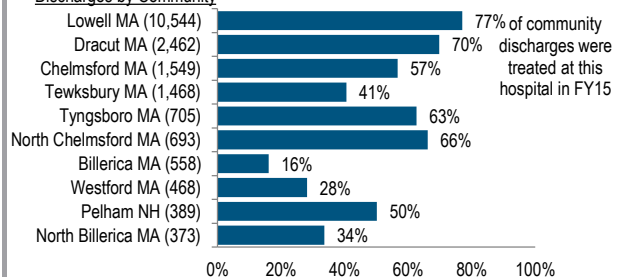
What were the most common inpatient cases (DRGs) treated at the hospital in FY15? What proportion of the region's cases did this hospital treat for each service?

#### Discharges by DRG



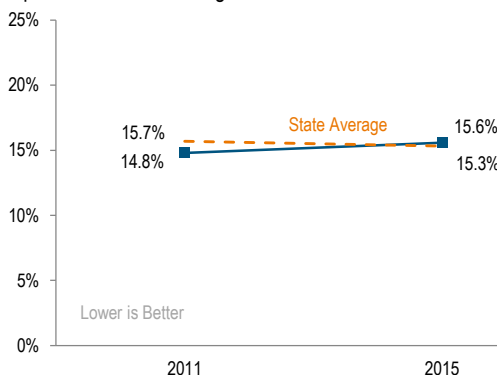
Where did most of the hospital's inpatients reside? What proportion of each community's total discharges was attributed to this hospital?

#### Discharges by Community

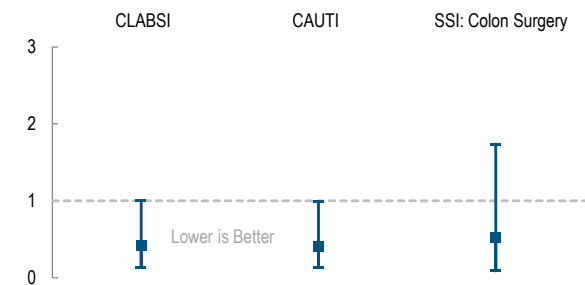


### Quality

What proportion of adult patient discharges from this hospital resulted in a readmission at any hospital within 30 days, and how does this compare to the state average?



How many central line-associated blood stream infections (CLABSI), catheter-associated urinary tract infections (CAUTI), and surgical site infections (SSI) after colon surgery did patients get at this hospital compared to what was expected based on the hospital's characteristics and case mix?



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



## 2015 HOSPITAL PROFILE: LOWELL GENERAL HOSPITAL

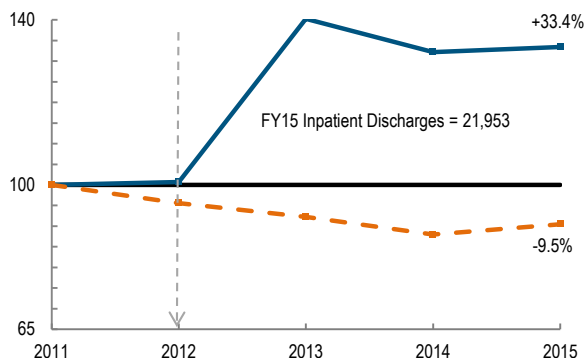
Cohort: Community, High Public Payer

Key:

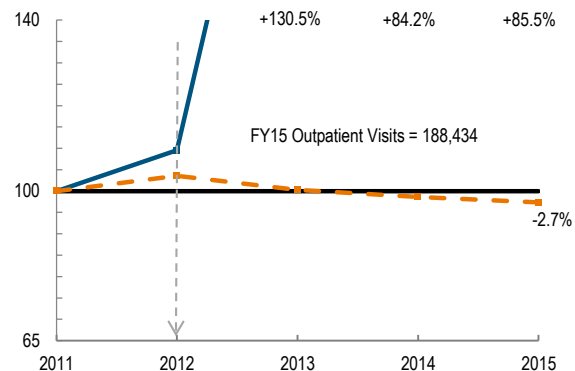


### Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY11, and how does this compare to the hospital's peer cohort median? (FY11=100)

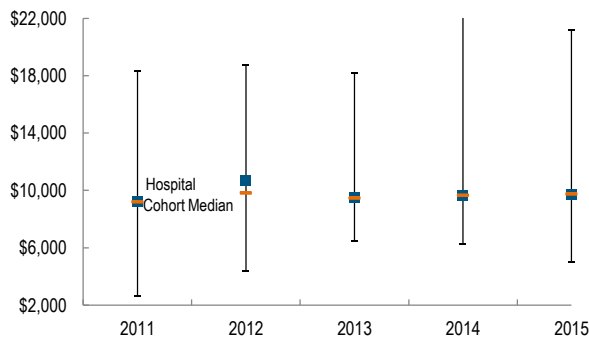


How has the volume of the hospital's outpatient visits changed compared to FY11, and how does this compare to the hospital's peer cohort median? (FY11=100)

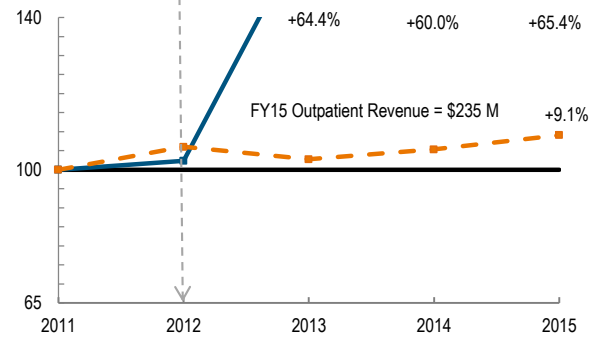


### Patient Revenue Trends

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY11 and FY15, and how does this compare to the hospital's peer cohort median?



How has the hospital's total outpatient revenue changed compared to FY11, and how does this compare to the hospital's peer cohort median? (FY11=100)



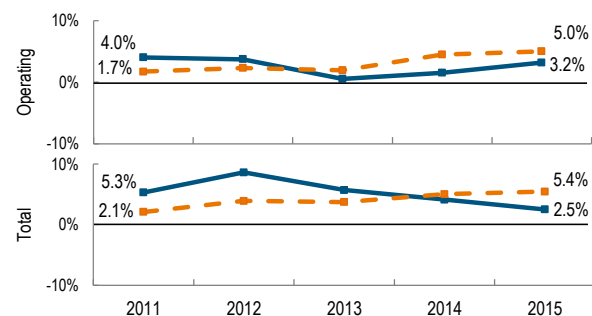
### Financial Performance

How have the hospital's total revenue and costs changed between FY11 and FY15?

#### Revenue, Cost, & Profit/Loss (in millions)

FY	2011	2012	2013	2014	2015
Operating Revenue	\$ 255	\$ 317	\$ 405	\$ 416	\$ 430
Non-Operating Revenue	\$ 3	\$ 16	\$ 22	\$ 11	\$ (3)
Total Revenue	\$ 258	\$ 333	\$ 427	\$ 427	\$ 427
Total Costs	\$ 244	\$ 304	\$ 402	\$ 409	\$ 417
Total Profit (Loss)	\$ 13.6	\$ 28.7	\$ 24.3	\$ 17.6	\$ 10.7

What were the hospital's total margin and operating margins between FY11 and FY15, and how do these compare to the hospital's peer cohort medians?



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

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

\* High Public Payer Hospitals (HPP) receive a minimum of 63% of gross patient service revenue from public payers.

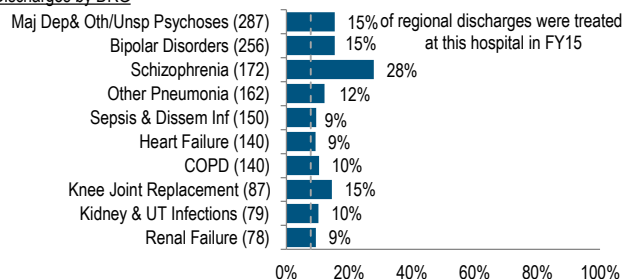
<sup>θ</sup> For more information on Infrastructure and Capacity Building (ICB) special funding, please contact the Massachusetts Executive Office of Health and Human Services (EOHHS).

Marlborough Hospital is a nonprofit community-High Public Payer (HPP) hospital located in the Metro West region. It is among the smaller acute hospitals in Massachusetts and a member of UMass Memorial Health Care. Marlborough Hospital was profitable each year from FY11 to FY15, with a total margin of 5.7% in FY15, compared to a median total margin of 5.4% among peer hospitals. Though Marlborough Hospital accounts for just 9% of discharges in its region, it accounted for 28% of all discharges for Schizophrenia in the Metro West region.

At a Glance	<b>Overview / Size</b>	
	Hospital System Affiliation:	UMass Memorial Health Care
	Change in Ownership (FY11-FY15):	Not Applicable
	Total Staffed Beds:	79, among the smaller acute hospitals
	% Occupancy:	57.0%, < cohort avg. (65%)
	Special Public Funding:	CHART <sup>a</sup> , ICB <sup>b</sup>
	Trauma Center Designation:	Not Applicable
	Case Mix Index:	0.85, < cohort avg. (0.87); < statewide (1.00)
	<b>Financial</b>	
	Inpatient NPSR per CMAD:	\$8,539
Services	Change FY14-FY15:	36.7%
	Inpatient:Outpatient Revenue in FY15:	27%:73%
	Outpatient Revenue in FY15:	\$41,833,708
	Change FY14-FY15:	-5.9%
	Total Revenue in FY15:	\$81,292,000
	Total Surplus (Loss) in FY15:	\$4,617,000
	<b>Payer Mix</b>	
	Public Payer Mix:	63.3% (HPP* Hospital)
	CY15 Commercial Relative Price:	0.85
	Top 3 Commercial Payers:	Blue Cross Blue Shield of MA Harvard Pilgrim Health Care Tufts Health Plan
Quality	<b>Utilization</b>	
	Inpatient Discharges in FY15:	3,877
	Change FY14-FY15:	3.4%
	Emergency Department Visits in FY15:	25,802
	Change FY14-FY15:	-0.5%
	Outpatient Visits in FY15:	79,381
	Change FY14-FY15:	1.2%
	<b>Quality</b>	
	Readmission Rate in FY15:	16.8%
	Change FY11-FY15 (percentage points):	1.6%
	Early Elective Deliveries Rate (Jan 2015-Jun 2016):	Not Available

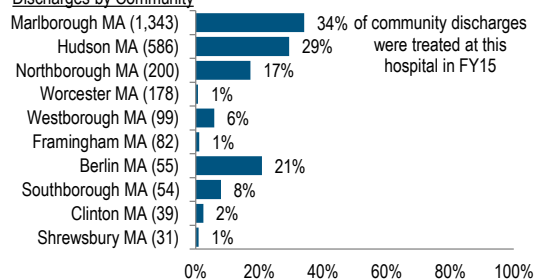
What were the most common inpatient cases (DRGs) treated at the hospital in FY15? What proportion of the region's cases did this hospital treat for each service?

#### Discharges by DRG

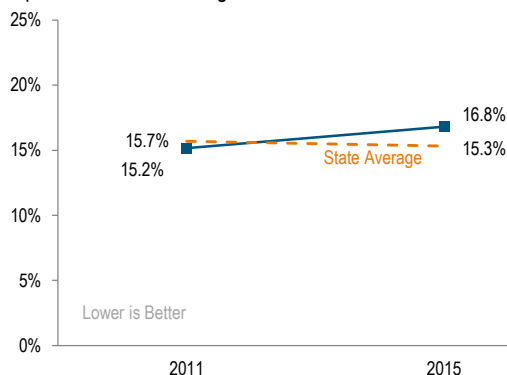


Where did most of the hospital's inpatients reside? What proportion of each community's total discharges was attributed to this hospital?

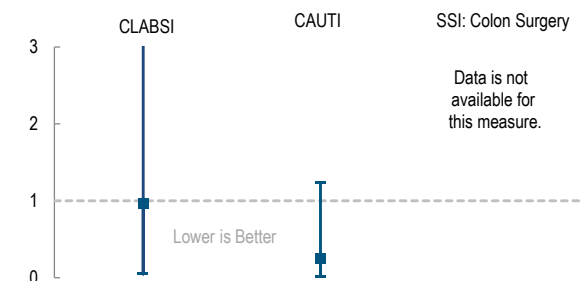
#### Discharges by Community



What proportion of adult patient discharges from this hospital resulted in a readmission at any hospital within 30 days, and how does this compare to the state average?



How many central line-associated blood stream infections (CLABSI), catheter-associated urinary tract infections (CAUTI), and surgical site infections (SSI) after colon surgery did patients get at this hospital compared to what was expected based on the hospital's characteristics and case mix?



## 2015 HOSPITAL PROFILE: MARLBOROUGH HOSPITAL

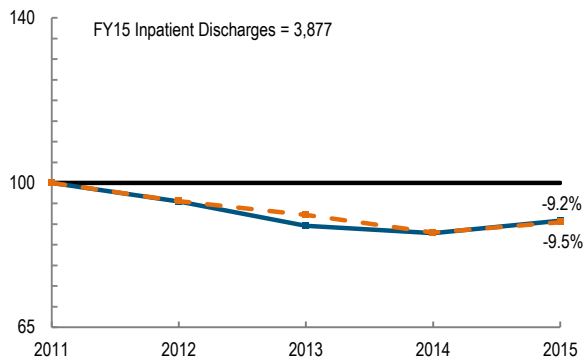
Cohort: Community, High Public Payer

Key:

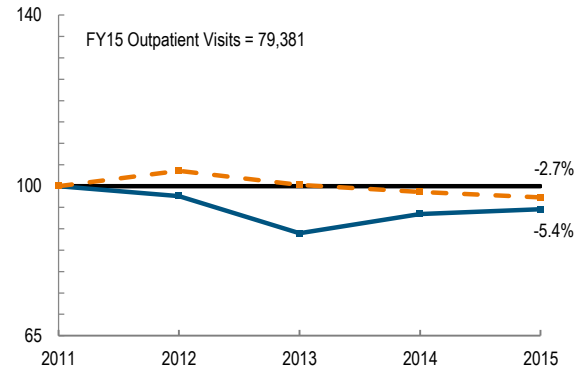


### Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY11, and how does this compare to the hospital's peer cohort median? (FY11=100)

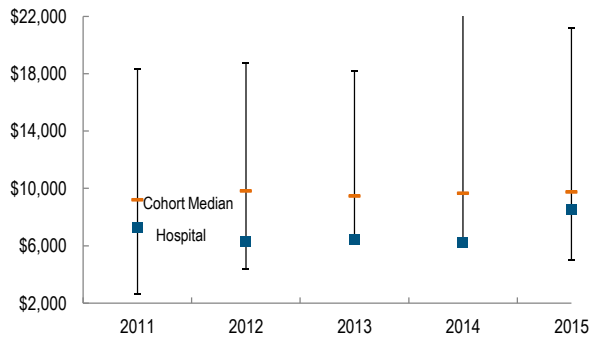


How has the volume of the hospital's outpatient visits changed compared to FY11, and how does this compare to the hospital's peer cohort median? (FY11=100)

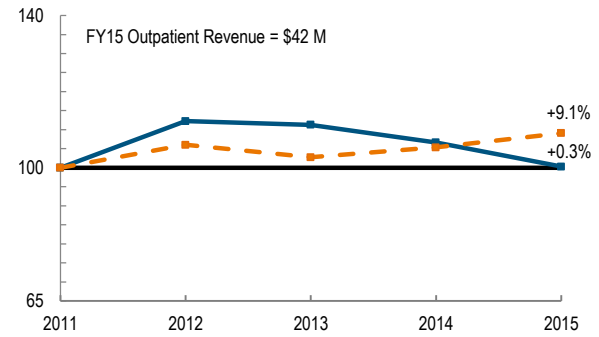


### Patient Revenue Trends

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY11 and FY15, and how does this compare to the hospital's peer cohort median?



How has the hospital's total outpatient revenue changed compared to FY11, and how does this compare to the hospital's peer cohort median? (FY11=100)



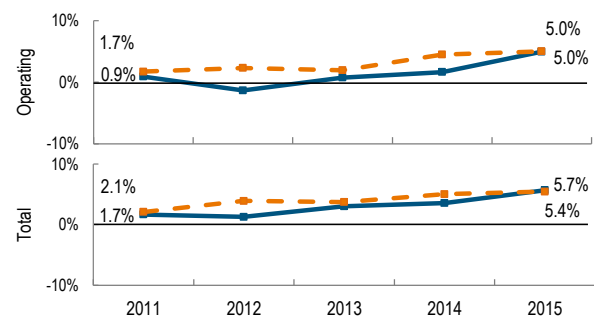
### Financial Performance

How have the hospital's total revenue and costs changed between FY11 and FY15?

#### Revenue, Cost, & Profit/Loss (in millions)

FY	2011	2012	2013	2014	2015
Operating Revenue	\$ 76	\$ 77	\$ 79	\$ 80	\$ 81
Non-Operating Revenue	\$ 1	\$ 2	\$ 2	\$ 2	\$ 1
Total Revenue	\$ 76	\$ 79	\$ 81	\$ 82	\$ 81
Total Costs	\$ 75	\$ 78	\$ 78	\$ 79	\$ 77
Total Profit (Loss)	\$ 1.3	\$ 1.0	\$ 2.4	\$ 2.9	\$ 4.6

What were the hospital's total margin and operating margins between FY11 and FY15, and how do these compare to the hospital's peer cohort medians?



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

<sup>9</sup> For more information on Infrastructure and Capacity Building (ICB) special funding, please contact the Massachusetts Executive Office of Health and Human Services (EOHHS).

\* High Public Payer Hospitals (HPP) receive a minimum of 63% of gross patient service revenue from public payers.

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

# MERCY MEDICAL CENTER

## 2015 Hospital Profile

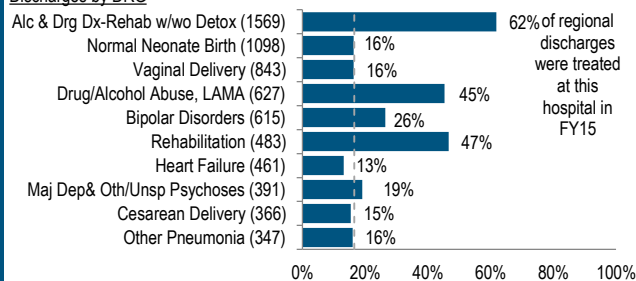
Springfield, MA  
Community, High Public Payer  
Western Massachusetts

Mercy Medical Center is a large, nonprofit community-High Public Payer (HPP) hospital located in the Western Massachusetts region. Mercy Medical Center had 0.8% fewer inpatient discharges in FY15 than in FY11, compared with a median decrease of 9.5% in its peer cohort. The hospital earned a profit each year from FY11 to FY15, with a 6.2% total margin in FY15, compared to a median total margin of 5.4% among cohort hospitals.

At a Glance	<b>Overview / Size</b>	
	Hospital System Affiliation:	Not Applicable
	Change in Ownership (FY11-FY15):	Not Applicable
	Total Staffed Beds:	417, 10th largest acute hospital
	% Occupancy:	53.0%, < cohort avg. (65%)
	Special Public Funding:	CHART <sup>^</sup> , DSTI <sup>†</sup>
	Trauma Center Designation:	Not Applicable
	Case Mix Index:	0.86, < cohort avg. (0.87); < statewide (1.00)
	<b>Financial</b>	
	Inpatient NPSR per CMAD:	\$10,705
Services	Change FY14-FY15:	7.8%
	Inpatient:Outpatient Revenue in FY15:	48%:52%
	Outpatient Revenue in FY15:	\$114,624,961
	Change FY14-FY15:	10.6%
	Total Revenue in FY15:	\$273,067,131
	Total Surplus (Loss) in FY15:	\$17,023,977
	<b>Payer Mix</b>	
	Public Payer Mix:	72.9% (HPP* Hospital)
	CY15 Commercial Relative Price:	0.81
	Top 3 Commercial Payers:	Blue Cross Blue Shield of MA Health New England UniCare
Quality	<b>Utilization</b>	
	Inpatient Discharges in FY15:	15,787
	Change FY14-FY15:	1.2%
	Emergency Department Visits in FY15:	68,842
	Change FY14-FY15:	3.1%
	Outpatient Visits in FY15:	213,146
	Change FY14-FY15:	1.7%
	<b>Quality</b>	
	Readmission Rate in FY15:	15.3%
	Change FY11-FY15 (percentage points):	1.2%
	Early Elective Deliveries Rate (Jan 2015-Jun 2016):	0.0%

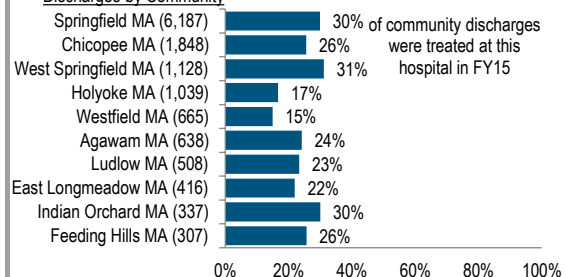
What were the most common inpatient cases (DRGs) treated at the hospital in FY15? What proportion of the region's cases did this hospital treat for each service?

### Discharges by DRG

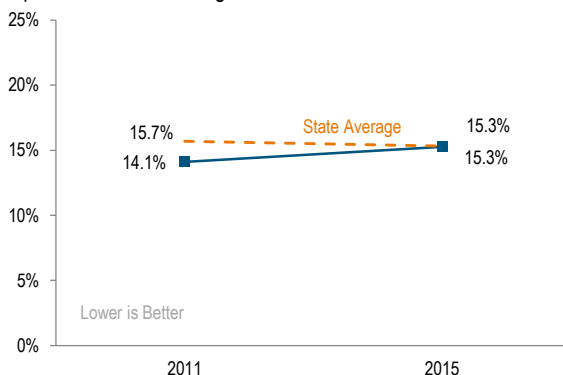


Where did most of the hospital's inpatients reside? What proportion of each community's total discharges was attributed to this hospital?

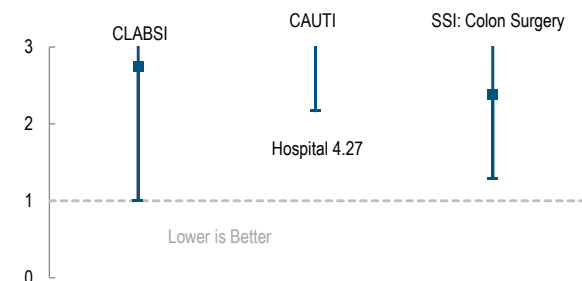
### Discharges by Community



What proportion of adult patient discharges from this hospital resulted in a readmission at any hospital within 30 days, and how does this compare to the state average?



How many central line-associated blood stream infections (CLABSI), catheter-associated urinary tract infections (CAUTI), and surgical site infections (SSI) after colon surgery did patients get at this hospital compared to what was expected based on the hospital's characteristics and case mix?



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

## 2015 HOSPITAL PROFILE: MERCY MEDICAL CENTER

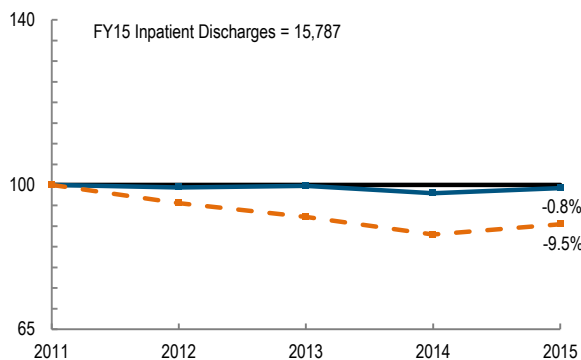
Cohort: Community, High Public Payer

Key:

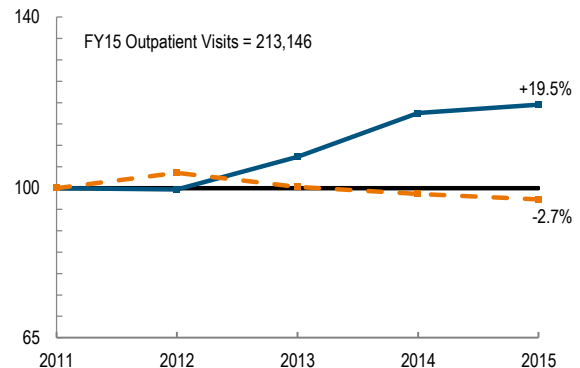


### Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY11, and how does this compare to the hospital's peer cohort median? (FY11=100)

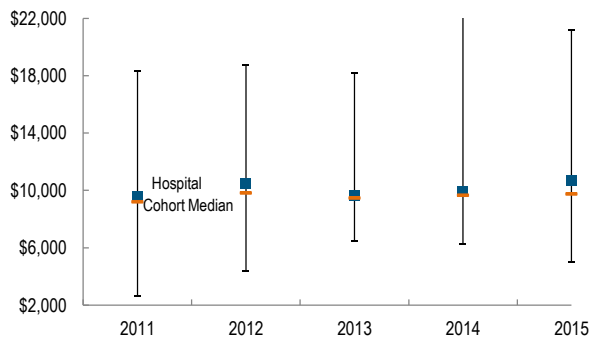


How has the volume of the hospital's outpatient visits changed compared to FY11, and how does this compare to the hospital's peer cohort median? (FY11=100)

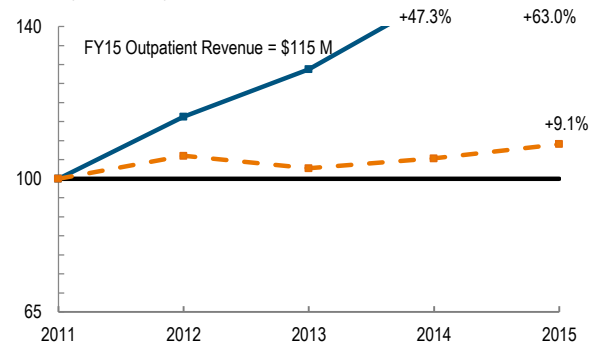


### Patient Revenue Trends

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY11 and FY15, and how does this compare to the hospital's peer cohort median?



How has the hospital's total outpatient revenue changed compared to FY11, and how does this compare to the hospital's peer cohort median? (FY11=100)



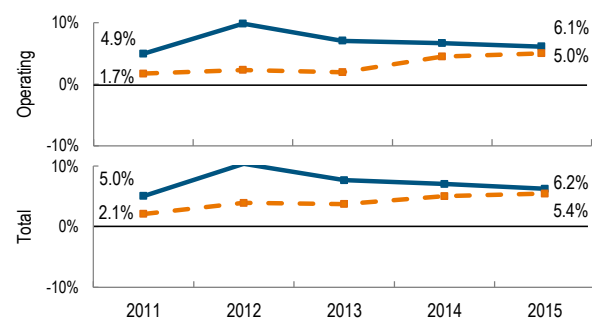
### Financial Performance

How have the hospital's total revenue and costs changed between FY11 and FY15?

#### Revenue, Cost, & Profit/Loss (in millions)

FY	2011	2012	2013	2014	2015
Operating Revenue	\$ 218	\$ 242	\$ 129	\$ 250	\$ 273
Non-Operating Revenue	\$ 0	\$ 1	\$ 1	\$ 1	\$ 0
Total Revenue	\$ 218	\$ 244	\$ 130	\$ 251	\$ 273
Total Costs	\$ 207	\$ 219	\$ 120	\$ 234	\$ 256
Total Profit (Loss)	\$ 11.0	\$ 25.2	\$ 9.9	\$ 17.7	\$ 17.0

What were the hospital's total margin and operating margins between FY11 and FY15, and how do these compare to the hospital's peer cohort medians?



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

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

<sup>^</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> High Public Payer Hospitals (HPP) receive a minimum of 63% of gross patient service revenue from public payers.

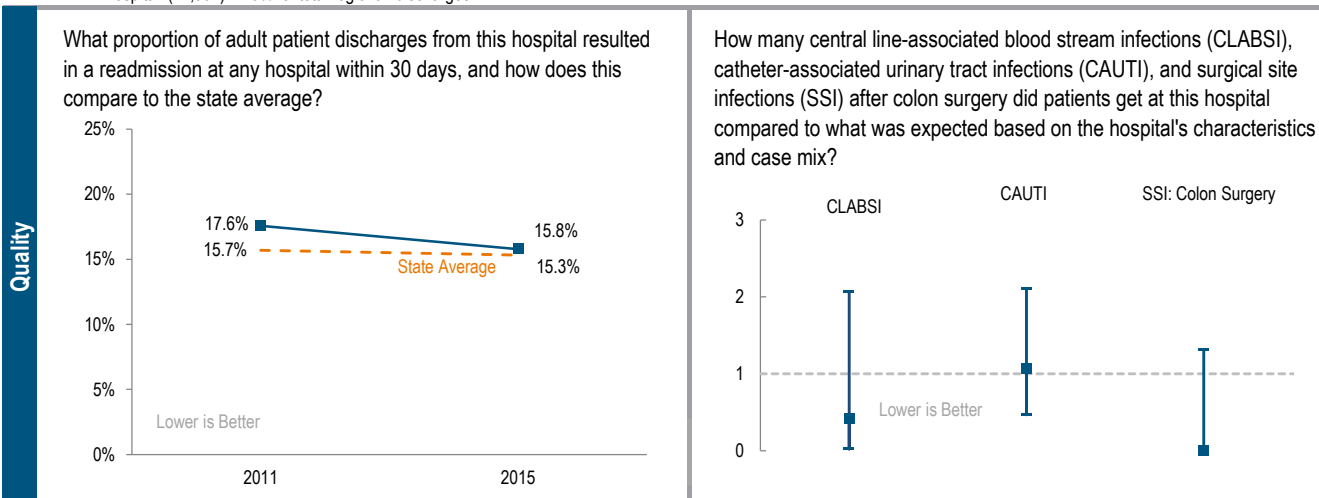
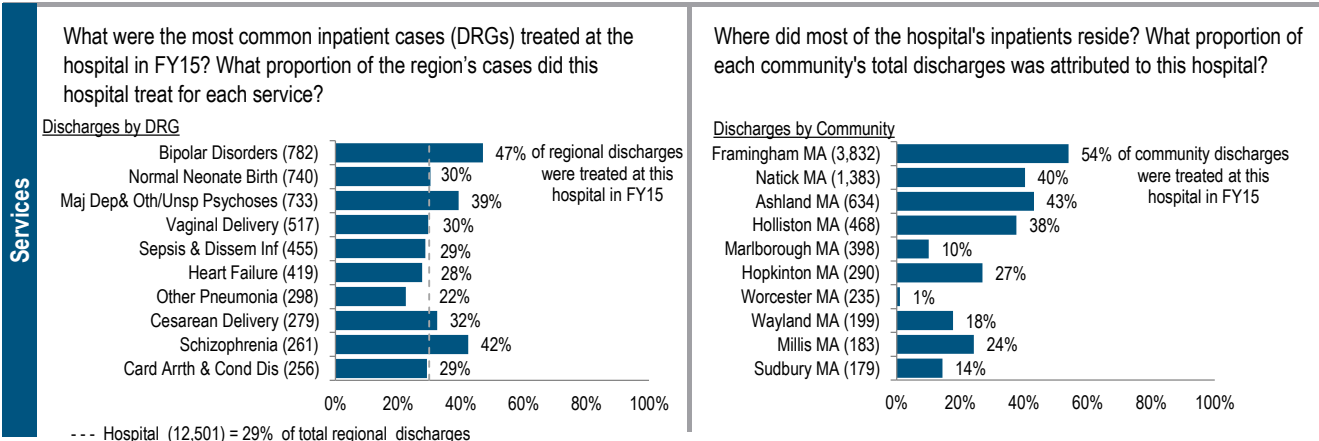
# METROWEST MEDICAL CENTER

## 2015 Hospital Profile

Framingham, MA & Natick, MA  
Community, High Public Payer  
Metro West

MetroWest Medical Center is a for-profit community-High Public Payer (HPP) hospital located in the Metro West region. It is among the larger acute hospitals in Massachusetts. Between FY11 and FY15, MetroWest Medical Center's inpatient discharges decreased by 16.2%, compared with a median decrease of 9.5% among cohort hospitals. MetroWest Medical Center earned a profit in FY15 after operating at a loss each year from FY11 to FY14, and had a total margin of 1.5% in FY15, compared with a median total margin of 5.4% in its cohort.

At a Glance	<b>Overview / Size</b>	
	Hospital System Affiliation:	Tenet Healthcare
	Change in Ownership (FY11-FY15):	Tenet - 2013
	Total Staffed Beds:	313, among the larger acute hospitals
	% Occupancy:	47.3%, < cohort avg. (65%)
	Special Public Funding:	Not Applicable
	Trauma Center Designation:	Not Applicable
	Case Mix Index:	0.92, > cohort avg. (0.87); < statewide (1.00)
	<b>Financial</b>	
	Inpatient NPSR per CMAD:	\$9,717
	Change FY14-FY15:	16.0%
	Inpatient:Outpatient Revenue in FY15:	34%:66%
	Outpatient Revenue in FY15:	\$129,673,613
	Change FY14-FY15:	-10.5%
	Total Revenue in FY15:	\$259,239,579
	Total Surplus (Loss) in FY15:	\$3,874,506
	<b>Payer Mix</b>	
	Public Payer Mix:	64.9% (HPP* Hospital)
	CY15 Commercial Relative Price:	0.86
	Top 3 Commercial Payers:	Blue Cross Blue Shield of MA Harvard Pilgrim Health Care Tufts Health Plan
	<b>Utilization</b>	
	Inpatient Discharges in FY15:	12,501
	Change FY14-FY15:	4.9%
	Emergency Department Visits in FY15:	22,870
	Change FY14-FY15:	-64.3%
	Outpatient Visits in FY15:	445,032
	Change FY14-FY15:	133.5%
	<b>Quality</b>	
	Readmission Rate in FY15:	15.8%
	Change FY11-FY15 (percentage points):	-1.8%
	Early Elective Deliveries Rate (Jan 2015-Jun 2016):	1.5%



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

## 2015 HOSPITAL PROFILE: METROWEST MEDICAL CENTER

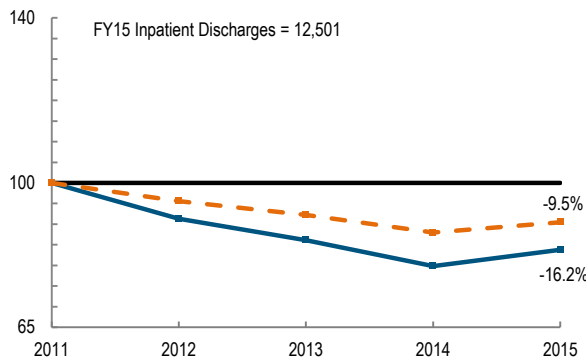
Cohort: Community, High Public Payer

Key:

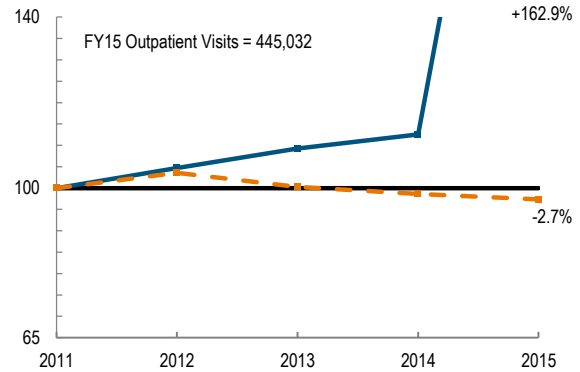


### Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY11, and how does this compare to the hospital's peer cohort median? (FY11=100)

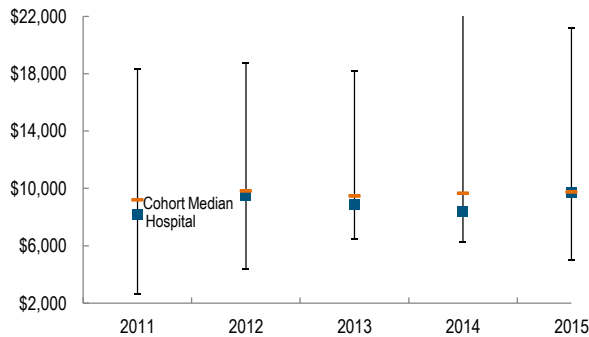


How has the volume of the hospital's outpatient visits changed compared to FY11, and how does this compare to the hospital's peer cohort median? (FY11=100)

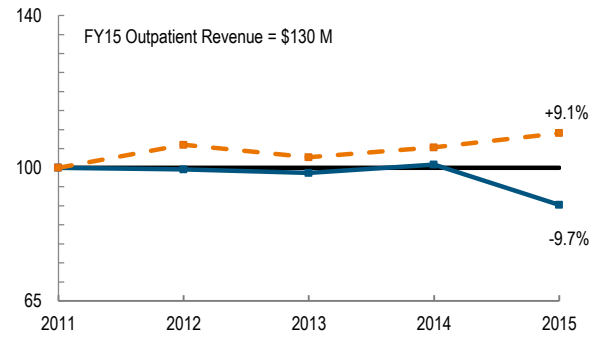


### Patient Revenue Trends

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY11 and FY15, and how does this compare to the hospital's peer cohort median?



How has the hospital's total outpatient revenue changed compared to FY11, and how does this compare to the hospital's peer cohort median? (FY11=100)



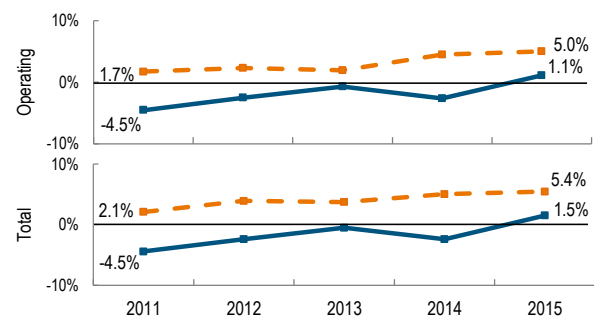
### Financial Performance

How have the hospital's total revenue and costs changed between FY11 and FY15?

#### Revenue, Cost, & Profit/Loss (in millions)

FY	2011	2012	2013	2014	2015
Operating Revenue	\$ 256	\$ 259	\$ 256	\$ 249	\$ 258
Non-Operating Revenue	\$ 0	\$ 0	\$ 0	\$ 1	\$ 1
Total Revenue	\$ 256	\$ 259	\$ 256	\$ 249	\$ 259
Total Costs	\$ 268	\$ 266	\$ 257	\$ 255	\$ 255
Total Profit (Loss)	\$ (11.4)	\$ (6.3)	\$ (1.4)	\$ (6.0)	\$ 3.9

What were the hospital's total margin and operating margins between FY11 and FY15, and how do these compare to the hospital's peer cohort medians?



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

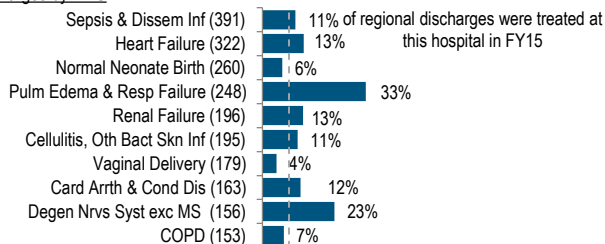
\* High Public Payer Hospitals (HPP) receive a minimum of 63% of gross patient service revenue from public payers.

Morton Hospital is a mid-size, for-profit community-High Public Payer Hospital (HPP) located in the Metro South region. Morton Hospital is a member of the Steward Health Care System. Inpatient discharges at Morton Hospital decreased by 25.0% from FY11 to FY15, compared to a median decrease of 9.5% in peer cohort hospitals during that time. Morton Hospital reported losses in FY11 through FY13, and earned profits in FY14 and FY15.

At a Glance	<b>Overview / Size</b>	
	Hospital System Affiliation:	Steward Health Care System
	Change in Ownership (FY11-FY15):	Not Applicable
	Total Staffed Beds:	88, among the smaller acute hospitals
	% Occupancy:	75.0%, > cohort avg. (65%)
	Special Public Funding:	ICB <sup>6</sup>
	Trauma Center Designation:	Not Applicable
	Case Mix Index:	0.94, > cohort avg. (0.87); < statewide (1.00)
	<b>Financial</b>	
	Inpatient NPSR per CMAD:	\$10,330
Services	Change FY14-FY15:	6.5%
	Inpatient:Outpatient Revenue in FY15:	28%:72%
	Outpatient Revenue in FY15:	\$57,031,808
	Change FY14-FY15:	0.7%
	Total Revenue in FY15:	\$116,114,019
	Total Surplus (Loss) in FY15:	\$5,413,381
	<b>Payer Mix</b>	
	Public Payer Mix:	69.1% (HPP* Hospital)
	CY15 Commercial Relative Price:	0.86
	Top 3 Commercial Payers:	Blue Cross Blue Shield of MA Harvard Pilgrim Health Care Tufts Health Plan
Quality	<b>Utilization</b>	
	Inpatient Discharges in FY15:	5,788
	Change FY14-FY15:	-3.9%
	Emergency Department Visits in FY15:	51,315
	Change FY14-FY15:	1.2%
	Outpatient Visits in FY15:	60,689
	Change FY14-FY15:	-5.8%
	<b>Quality</b>	
	Readmission Rate in FY15:	18.5%
	Change FY11-FY15 (percentage points):	-1.6%
	Early Elective Deliveries Rate (Jan 2015-Jun 2016):	0.0%

What were the most common inpatient cases (DRGs) treated at the hospital in FY15? What proportion of the region's cases did this hospital treat for each service?

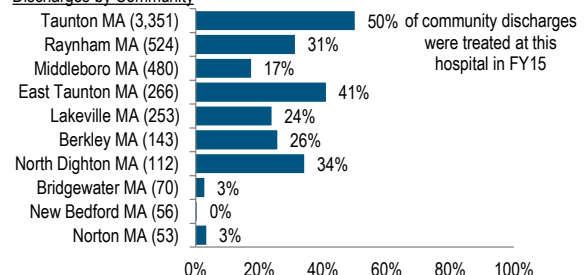
Discharges by DRG



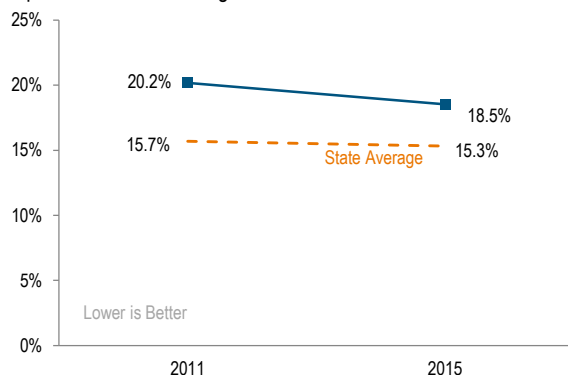
--- Hospital (5,788) = 8% of total regional discharges

Where did most of the hospital's inpatients reside? What proportion of each community's total discharges was attributed to this hospital?

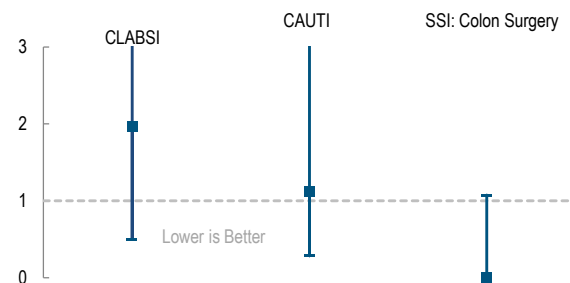
Discharges by Community



What proportion of adult patient discharges from this hospital resulted in a readmission at any hospital within 30 days, and how does this compare to the state average?



How many central line-associated blood stream infections (CLABSI), catheter-associated urinary tract infections (CAUTI), and surgical site infections (SSI) after colon surgery did patients get at this hospital compared to what was expected based on the hospital's characteristics and case mix?





## 2015 HOSPITAL PROFILE: MORTON HOSPITAL

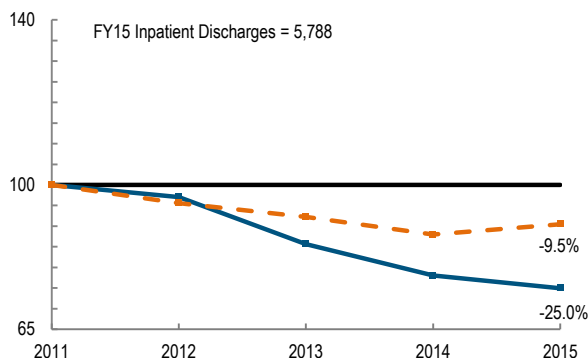
Cohort: Community, High Public Payer

Key:

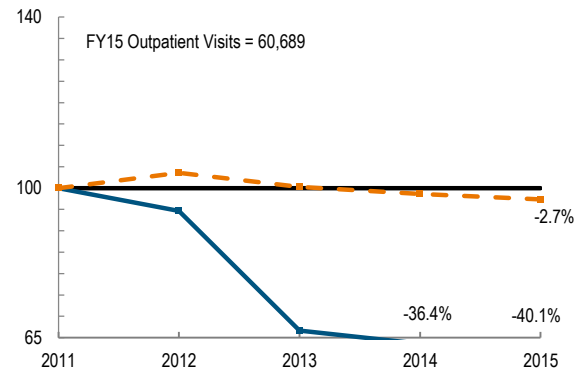


### Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY11, and how does this compare to the hospital's peer cohort median? (FY11=100)

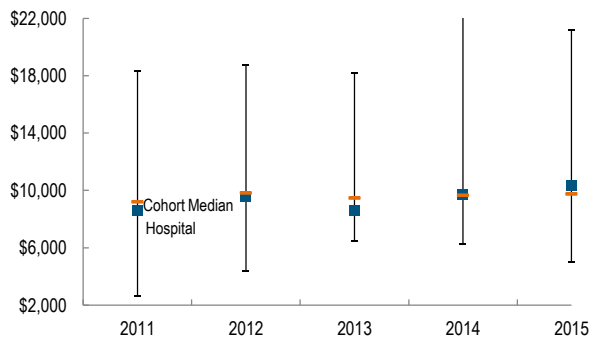


How has the volume of the hospital's outpatient visits changed compared to FY11, and how does this compare to the hospital's peer cohort median? (FY11=100)

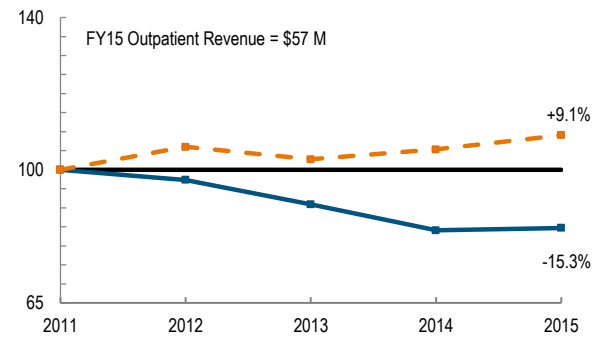


### Patient Revenue Trends

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY11 and FY15, and how does this compare to the hospital's peer cohort median?



How has the hospital's total outpatient revenue changed compared to FY11, and how does this compare to the hospital's peer cohort median? (FY11=100)



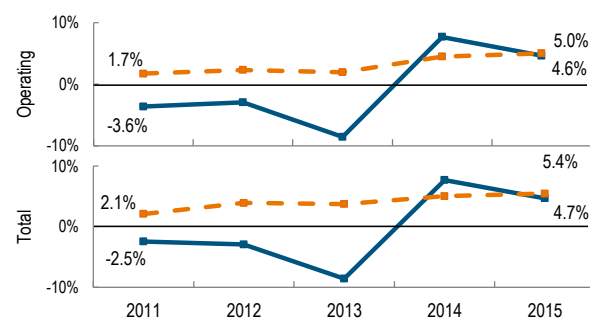
### Financial Performance

How have the hospital's total revenue and costs changed between FY11 and FY15?

#### Revenue, Cost, & Profit/Loss (in millions)

FY	2011	2012	2013	2014	2015
Operating Revenue	\$ 124	\$ 125	\$ 113	\$ 116	\$ 116
Non-Operating Revenue	\$ 1	\$ 0	\$ 0	\$ 0	\$ 0
Total Revenue	\$ 126	\$ 125	\$ 113	\$ 116	\$ 116
Total Costs	\$ 129	\$ 129	\$ 122	\$ 107	\$ 111
Total Profit (Loss)	\$ (3.1)	\$ (3.7)	\$ (9.7)	\$ 8.9	\$ 5.4

What were the hospital's total margin and operating margins between FY11 and FY15, and how do these compare to the hospital's peer cohort medians?



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

<sup>9</sup> For more information on Infrastructure and Capacity Building (ICB) special funding, please contact the Massachusetts Executive Office of Health and Human Services (EOHHS).

\* High Public Payer Hospitals (HPP) receive a minimum of 63% of gross patient service revenue from public payers.

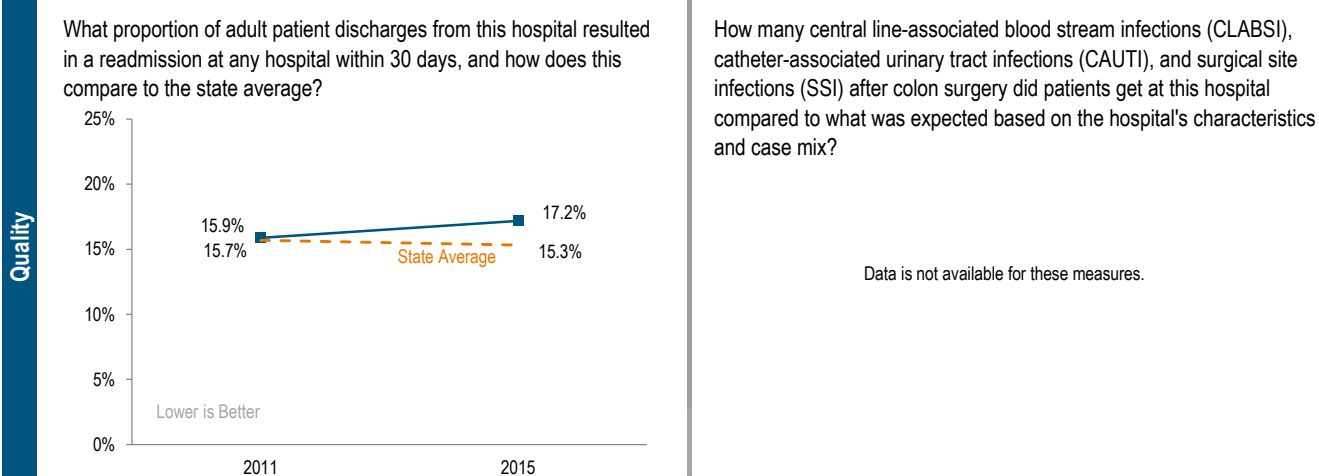
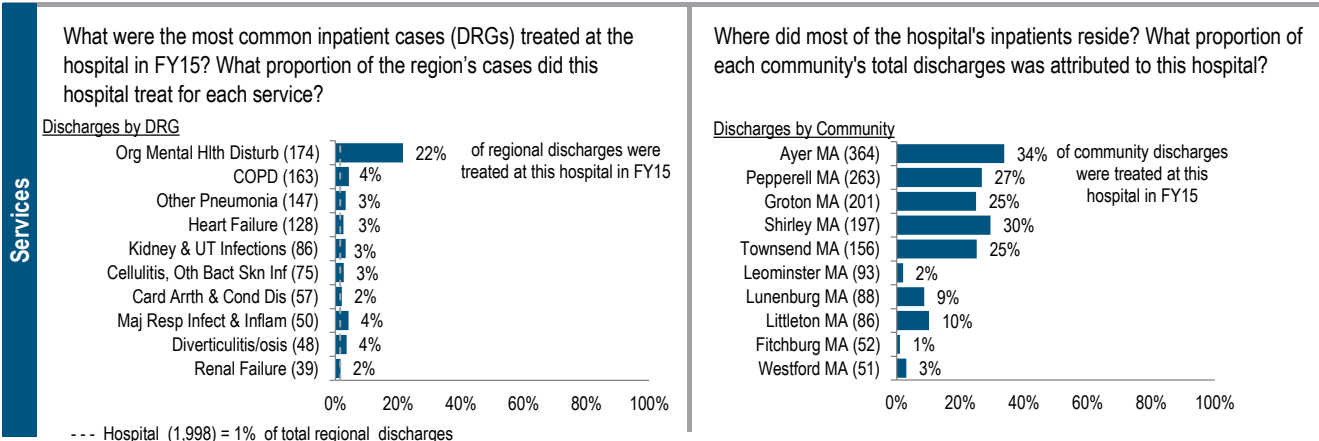
# NASHOBA VALLEY MEDICAL CENTER

## 2015 Hospital Profile

Ayer, MA  
Community, High Public Payer  
Northeastern Massachusetts

Nashoba Valley Medical Center is a small, for-profit community-High Public Payer (HPP) hospital located in the Northeastern Massachusetts region. It is a member of the Steward Health Care System. Nashoba Valley Medical Center accounted for only 1% of regional discharges in FY15, but it accounted for 22% of Organic Mental Health Disturbance discharges. Inpatient discharges at the hospital increased 4.0% from FY11 to FY15, compared to a median decrease of 9.5% among peer cohort hospitals. The hospital reported a profit for the third consecutive fiscal year in FY15, with a 6.9% total margin, higher than the 5.4% median of its peer cohort.

At a Glance	<b>Overview / Size</b>	
	Hospital System Affiliation:	Steward Health Care System
	Change in Ownership (FY11-FY15):	Steward Health Care - 2011
	Total Staffed Beds:	38, among the smaller acute hospitals
	% Occupancy:	79.2%, > cohort avg. (65%)
	Special Public Funding:	ICB <sup>9</sup>
	Trauma Center Designation:	Not Applicable
	Case Mix Index:	0.81, < cohort avg. (0.87); < statewide (1.00)
	<b>Financial</b>	
	Inpatient NPSR per CMAD:	\$9,959
	Change FY14-FY15:	6.0%
	Inpatient:Outpatient Revenue in FY15:	25%:75%
	Outpatient Revenue in FY15:	\$33,936,205
	Change FY14-FY15:	13.0%
	Total Revenue in FY15:	\$51,911,043
	Total Surplus (Loss) in FY15:	\$3,581,078
	<b>Payer Mix</b>	
	Public Payer Mix:	63.6% (HPP* Hospital)
	CY15 Commercial Relative Price:	0.99
	Top 3 Commercial Payers:	Blue Cross Blue Shield of MA Tufts Health Plan Neighborhood Health Plan
	<b>Utilization</b>	
	Inpatient Discharges in FY15:	1,998
	Change FY14-FY15:	1.5%
	Emergency Department Visits in FY15:	15,694
	Change FY14-FY15:	1.8%
	Outpatient Visits in FY15:	47,934
	Change FY14-FY15:	-1.7%
	<b>Quality</b>	
	Readmission Rate in FY15:	17.2%
	Change FY11-FY15 (percentage points):	1.3%
	Early Elective Deliveries Rate (Jan 2015-Jun 2016):	Not Available



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

## 2015 HOSPITAL PROFILE: NASHOBA VALLEY MEDICAL CENTER

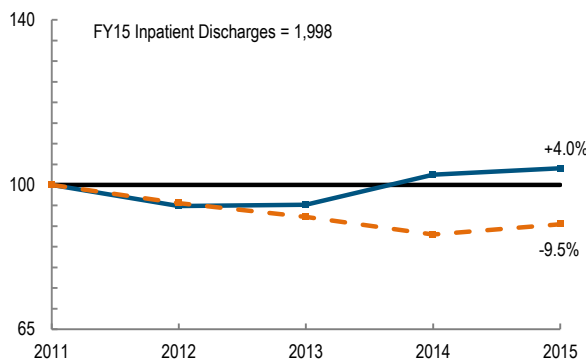
Cohort: Community, High Public Payer

Key:

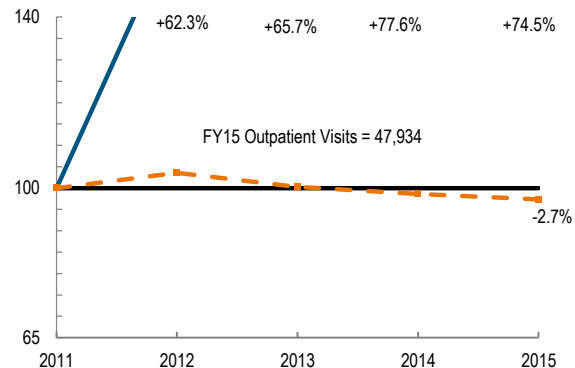


### Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY11, and how does this compare to the hospital's peer cohort median? (FY11=100)

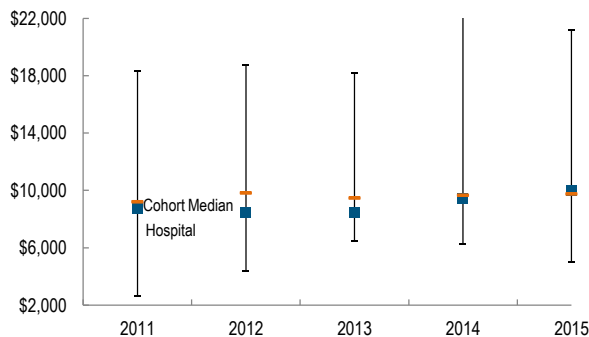


How has the volume of the hospital's outpatient visits changed compared to FY11, and how does this compare to the hospital's peer cohort median? (FY11=100)

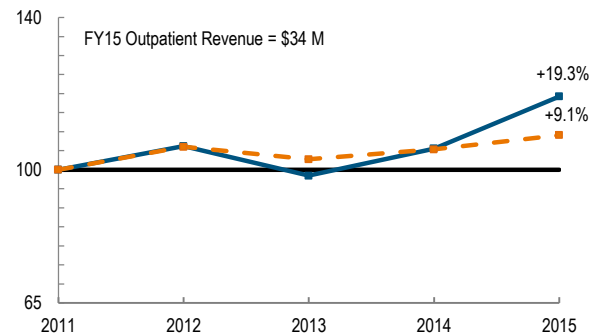


### Patient Revenue Trends

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY11 and FY15, and how does this compare to the hospital's peer cohort median?



How has the hospital's total outpatient revenue changed compared to FY11, and how does this compare to the hospital's peer cohort median? (FY11=100)



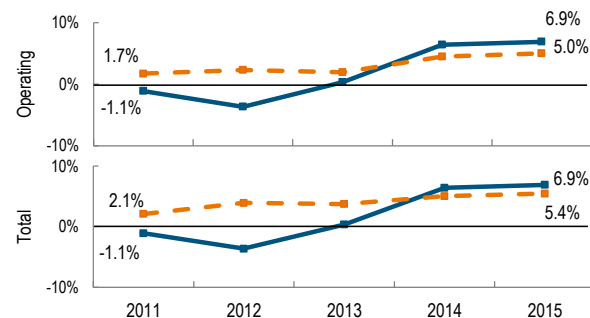
### Financial Performance

How have the hospital's total revenue and costs changed between FY11 and FY15?

#### Revenue, Cost, & Profit/Loss (in millions)

FY	2011	2012	2013	2014	2015
Operating Revenue	\$ 17	\$ 44	\$ 40	\$ 49	\$ 52
Non-Operating Revenue	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
Total Revenue	\$ 17	\$ 44	\$ 40	\$ 49	\$ 52
Total Costs	\$ 17	\$ 46	\$ 40	\$ 46	\$ 48
Total Profit (Loss)	\$ (0.2)	\$ (1.6)	\$ 0.1	\$ 3.2	\$ 3.6

What were the hospital's total margin and operating margins between FY11 and FY15, and how do these compare to the hospital's peer cohort medians?



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

<sup>9</sup> For more information on Infrastructure and Capacity Building (ICB) special funding, please contact the Massachusetts Executive Office of Health and Human Services (EOHHS).

\* High Public Payer Hospitals (HPP) receive a minimum of 63% of gross patient service revenue from public payers.

# NORTH SHORE MEDICAL CENTER

## 2015 Hospital Profile

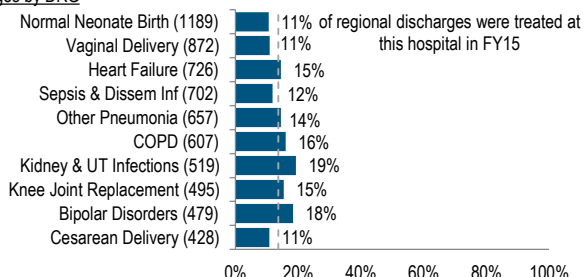
Salem, MA & Lynn, MA  
Community, High Public Payer  
Northeastern Massachusetts

North Shore Medical Center is a large, nonprofit community-High Public Payer (HPP) hospital located in the Northeastern Massachusetts region. It is a member of the Partners HealthCare System. Inpatient discharges have decreased 9.9% from FY11 to FY15, nearly identical to the 9.5% decrease in the median of its peer cohort. North Shore Medical Center has experienced a loss in all five fiscal years from FY11 through FY15. In FY15, the hospital had a total margin of -8.6% and an operating margin of -8.4% and for the third consecutive fiscal year experienced a decline in both measures.

At a Glance	<b>Overview / Size</b>	
	Hospital System Affiliation:	Partners HealthCare
	Change in Ownership (FY11-FY15):	Not Applicable
	Total Staffed Beds:	431, 9th largest acute hospital
	% Occupancy:	61.0%, < cohort avg. (65%)
	Special Public Funding:	Not Applicable
	Trauma Center Designation:	Adult: Level 3
	Case Mix Index:	0.91, > cohort avg. (0.87); < statewide (1.00)
	<b>Financial</b>	
	Inpatient NPSR per CMAD:	\$12,291
Services	Change FY14-FY15:	2.6%
	Inpatient:Outpatient Revenue in FY15:	38%:62%
	Outpatient Revenue in FY15:	\$188,455,868
	Change FY14-FY15:	-1.4%
	Total Revenue in FY15:	\$418,655,000
	Total Surplus (Loss) in FY15:	(\$35,989,000)
	<b>Payer Mix</b>	
	Public Payer Mix:	71.2% (HPP* Hospital)
	CY15 Commercial Relative Price:	1.00
	Top 3 Commercial Payers:	Blue Cross Blue Shield of MA Harvard Pilgrim Health Care Tufts Health Plan
Quality	<b>Utilization</b>	
	Inpatient Discharges in FY15:	19,068
	Change FY14-FY15:	3.2%
	Emergency Department Visits in FY15:	74,187
	Change FY14-FY15:	1.5%
	Outpatient Visits in FY15:	109,333
	Change FY14-FY15:	1.3%
	<b>Quality</b>	
	Readmission Rate in FY15:	14.5%
	Change FY11-FY15 (percentage points):	0.1%
	Early Elective Deliveries Rate (Jan 2015-Jun 2016):	Not Available

What were the most common inpatient cases (DRGs) treated at the hospital in FY15? What proportion of the region's cases did this hospital treat for each service?

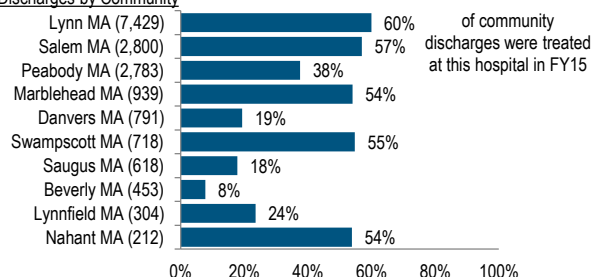
### Discharges by DRG



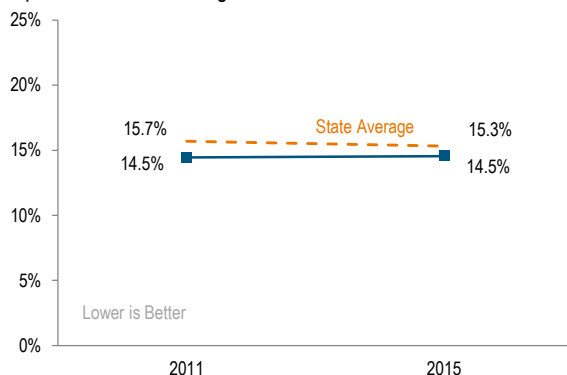
--- Hospital (19,068) = 13% of total regional discharges

Where did most of the hospital's inpatients reside? What proportion of each community's total discharges was attributed to this hospital?

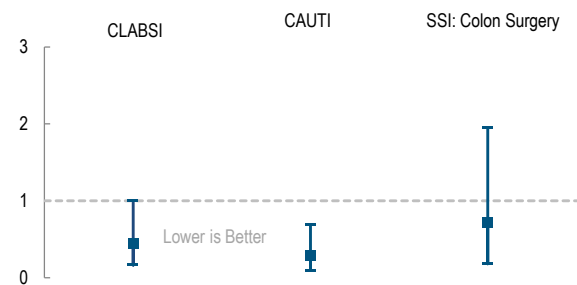
### Discharges by Community



What proportion of adult patient discharges from this hospital resulted in a readmission at any hospital within 30 days, and how does this compare to the state average?



How many central line-associated blood stream infections (CLABSI), catheter-associated urinary tract infections (CAUTI), and surgical site infections (SSI) after colon surgery did patients get at this hospital compared to what was expected based on the hospital's characteristics and case mix?



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

## 2015 HOSPITAL PROFILE: NORTH SHORE MEDICAL CENTER

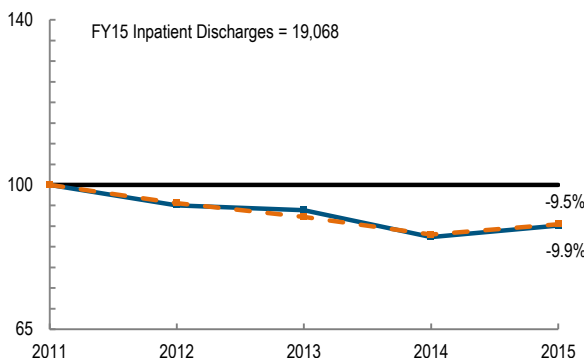
Cohort: Community, High Public Payer

Key:

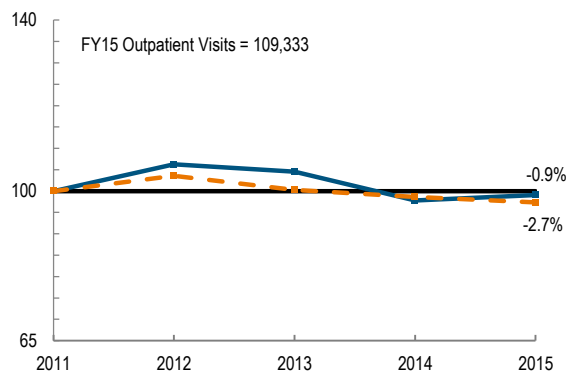
— Hospital  
- - - Peer Cohort

### Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY11, and how does this compare to the hospital's peer cohort median? (FY11=100)

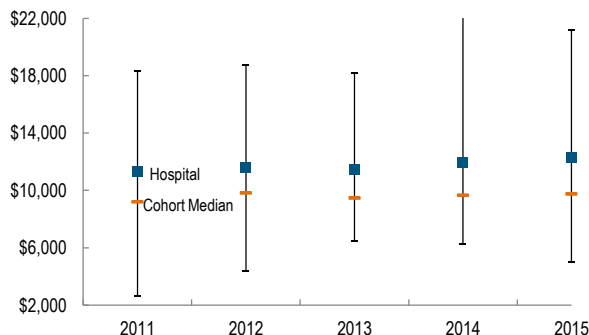


How has the volume of the hospital's outpatient visits changed compared to FY11, and how does this compare to the hospital's peer cohort median? (FY11=100)

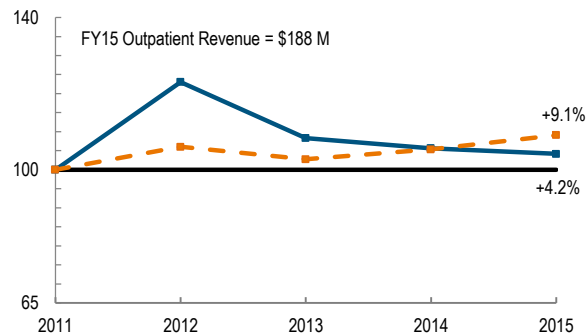


### Patient Revenue Trends

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY11 and FY15, and how does this compare to the hospital's peer cohort median?



How has the hospital's total outpatient revenue changed compared to FY11, and how does this compare to the hospital's peer cohort median? (FY11=100)



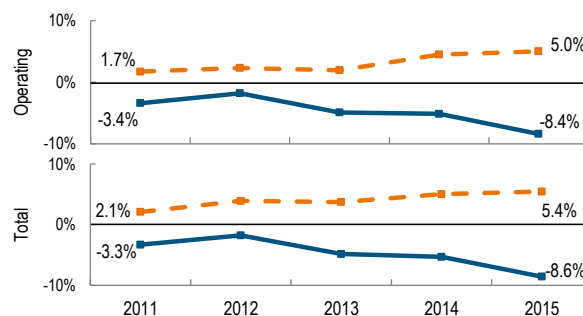
### Financial Performance

How have the hospital's total revenue and costs changed between FY11 and FY15?

#### Revenue, Cost, & Profit/Loss (in millions)

FY	2011	2012	2013	2014	2015
Operating Revenue	\$ 423	\$ 447	\$ 417	\$ 417	\$ 419
Non-Operating Revenue	\$ 0	\$ 0	\$ 0	\$ (1)	\$ (1)
Total Revenue	\$ 423	\$ 447	\$ 417	\$ 416	\$ 419
Total Costs	\$ 438	\$ 455	\$ 437	\$ 438	\$ 455
Total Profit (Loss)	\$ (14.1)	\$ (8.0)	\$ (20.3)	\$ (22.2)	\$ (36.0)

What were the hospital's total margin and operating margins between FY11 and FY15, and how do these compare to the hospital's peer cohort medians?



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

\* High Public Payer Hospitals (HPP) receive a minimum of 63% of gross patient service revenue from public payers.

# SIGNATURE HEALTHCARE BROCKTON HOSPITAL

## 2015 Hospital Profile

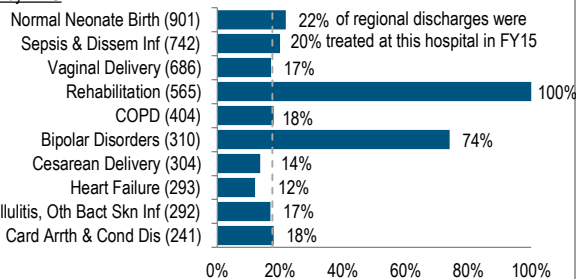
Brockton, MA  
Community, High Public Payer  
Metro South

Signature Healthcare Brockton Hospital is a nonprofit community-High Public Payer (HPP) hospital located in the Metro South region. It is among the larger acute hospitals in Massachusetts. The hospital experienced a 9.0% decrease in inpatient discharges from FY11 to FY15, nearly identical to the median decrease of 9.5% among peer cohort hospitals. Signature Healthcare Brockton Hospital was profitable each year from FY11 to FY15, with a total margin of 5.2% in FY15.

At a Glance	<b>Overview / Size</b>	
	Hospital System Affiliation:	Not Applicable
	Change in Ownership (FY11-FY15):	Not Applicable
	Total Staffed Beds:	245, among the larger acute hospitals
	% Occupancy:	65.6%, > cohort avg. (65%)
	Special Public Funding:	CHART <sup>^</sup> , DSTI <sup>†</sup>
	Trauma Center Designation:	Not Applicable
	Case Mix Index:	0.88, > cohort avg. (0.87); < statewide (1.00)
	<b>Financial</b>	
	Inpatient NPSR per CMAD:	\$11,713
Services	Change FY14-FY15:	14.0%
	Inpatient:Outpatient Revenue in FY15:	40%:60%
	Outpatient Revenue in FY15:	\$105,515,561
	Change FY14-FY15:	-9.4%
	Total Revenue in FY15:	\$260,170,727
	Total Surplus (Loss) in FY15:	\$13,485,580
	<b>Payer Mix</b>	
	Public Payer Mix:	70.7% (HPP* Hospital)
	CY15 Commercial Relative Price:	0.79
	Top 3 Commercial Payers:	Blue Cross Blue Shield of MA Harvard Pilgrim Health Care Tufts Health Plan
Quality	<b>Utilization</b>	
	Inpatient Discharges in FY15:	12,818
	Change FY14-FY15:	2.8%
	Emergency Department Visits in FY15:	62,743
	Change FY14-FY15:	0.2%
	Outpatient Visits in FY15:	108,462
	Change FY14-FY15:	2.7%
	<b>Quality</b>	
	Readmission Rate in FY15:	18.5%
	Change FY11-FY15 (percentage points):	0.2%
	Early Elective Deliveries Rate (Jan 2015-Jun 2016):	0.0%

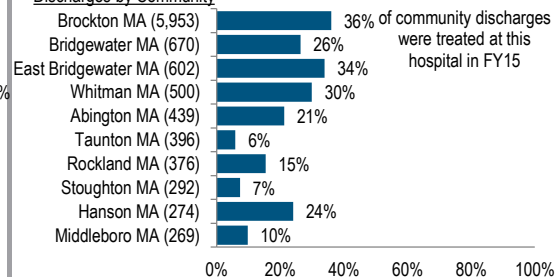
What were the most common inpatient cases (DRGs) treated at the hospital in FY15? What proportion of the region's cases did this hospital treat for each service?

### Discharges by DRG

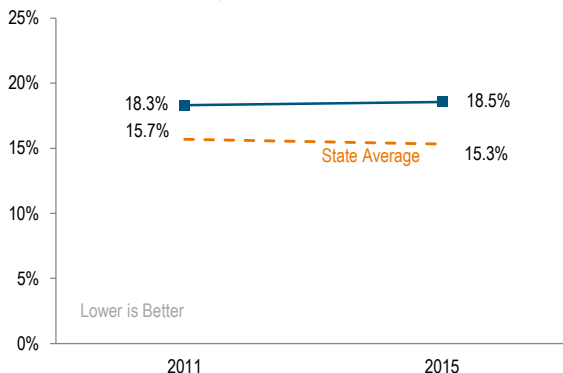


Where did most of the hospital's inpatients reside? What proportion of each community's total discharges was attributed to this hospital?

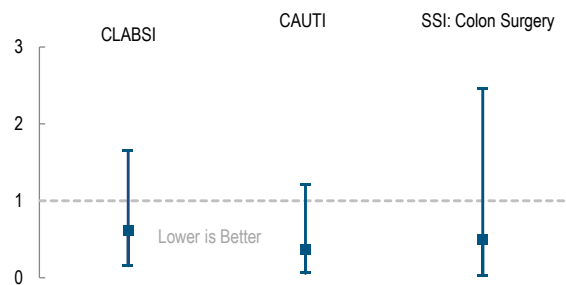
### Discharges by Community



What proportion of adult patient discharges from this hospital resulted in a readmission at any hospital within 30 days, and how does this compare to the state average?



How many central line-associated blood stream infections (CLABSI), catheter-associated urinary tract infections (CAUTI), and surgical site infections (SSI) after colon surgery did patients get at this hospital compared to what was expected based on the hospital's characteristics and case mix?



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

# 2015 HOSPITAL PROFILE: SIGNATURE HEALTHCARE BROCKTON HOSPITAL

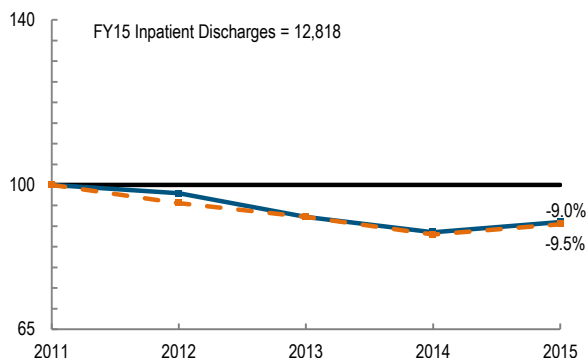
Cohort: Community, High Public Payer

Key:

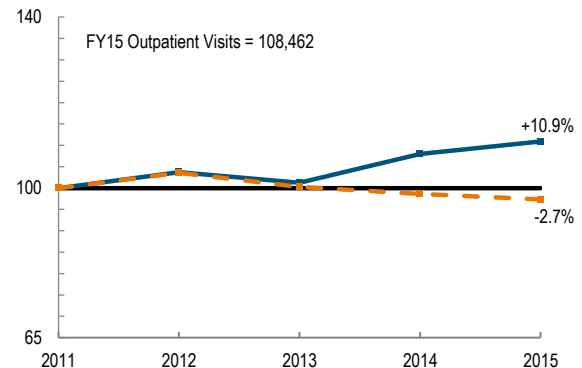


## Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY11, and how does this compare to the hospital's peer cohort median? (FY11=100)

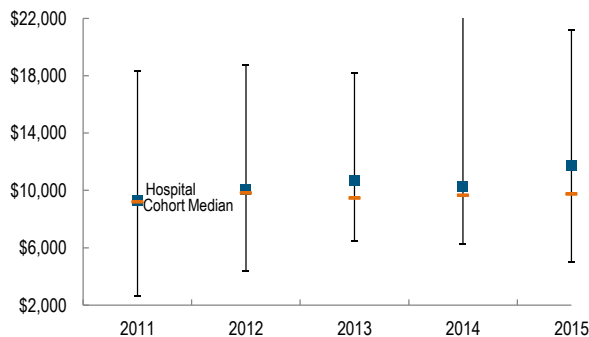


How has the volume of the hospital's outpatient visits changed compared to FY11, and how does this compare to the hospital's peer cohort median? (FY11=100)

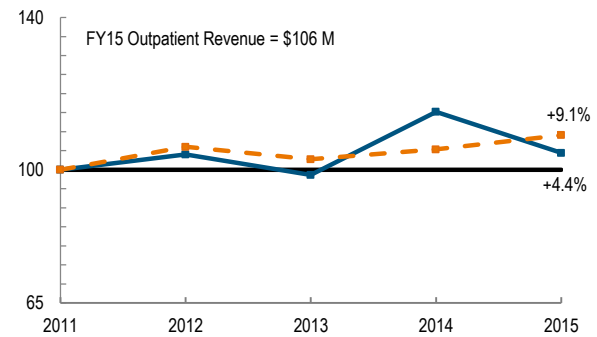


## Patient Revenue Trends

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY11 and FY15, and how does this compare to the hospital's peer cohort median?



How has the hospital's total outpatient revenue changed compared to FY11, and how does this compare to the hospital's peer cohort median? (FY11=100)



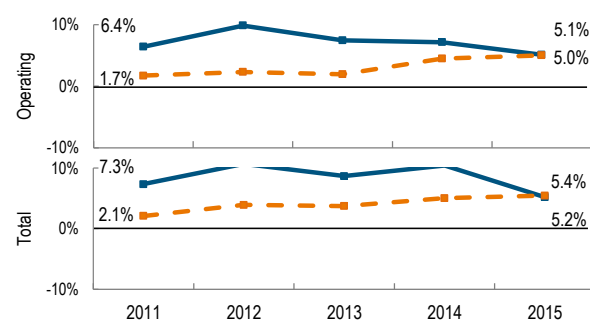
## Financial Performance

How have the hospital's total revenue and costs changed between FY11 and FY15?

### Revenue, Cost, & Profit/Loss (in millions)

FY	2011	2012	2013	2014	2015
Operating Revenue	\$ 218	\$ 238	\$ 224	\$ 238	\$ 260
Non-Operating Revenue	\$ 2	\$ 2	\$ 3	\$ 8	\$ 0
Total Revenue	\$ 220	\$ 240	\$ 227	\$ 246	\$ 260
Total Costs	\$ 204	\$ 214	\$ 207	\$ 220	\$ 247
Total Profit (Loss)	\$ 16.1	\$ 25.6	\$ 19.6	\$ 25.7	\$ 13.5

What were the hospital's total margin and operating margins between FY11 and FY15, and how do these compare to the hospital's peer cohort medians?



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

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

<sup>^</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> High Public Payer Hospitals (HPP) receive a minimum of 63% of gross patient service revenue from public payers.

# SOUTHCOST HOSPITALS GROUP

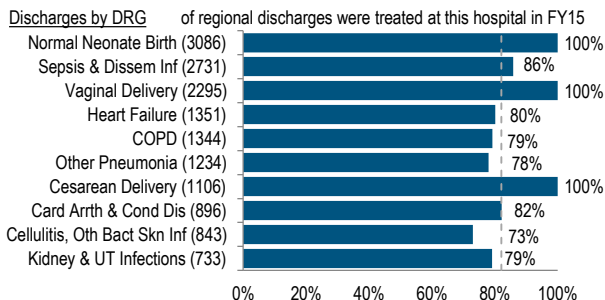
## 2015 Hospital Profile

Fall River, New Bedford, & Wareham, MA  
Community, High Public Payer  
Southcoast

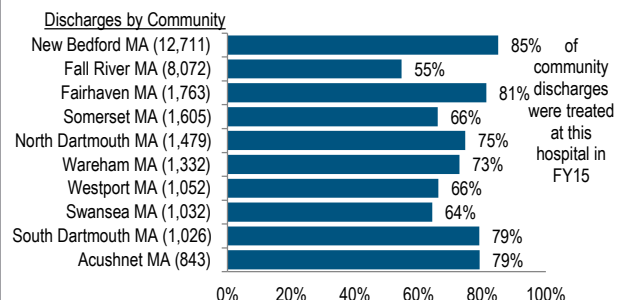
Southcoast Hospitals Group is a large, nonprofit community-High Public Payer (HPP) hospital group located in the Southcoast region. Southcoast Hospitals Group has three campuses across Southeastern Massachusetts: Charlton Memorial Hospital, St. Luke's Hospital, and Tobey Hospital. Southcoast Hospitals Group formed an affiliation with Boston Children's Hospital starting in 2012. Southcoast Hospitals Group was profitable each year from FY11 to FY15, with a total margin of 10.5% in FY15, the second consecutive fiscal year that it experienced an increase and its highest in the five-year period.

At a Glance	<b>Overview / Size</b>	
	Hospital System Affiliation:	Not Applicable
	Change in Ownership (FY11-FY15):	Not Applicable
	Total Staffed Beds:	517, 6th largest acute hospital
	% Occupancy:	92.0%, highest in cohort (avg. 65%)
	Special Public Funding:	CHART^
	Trauma Center Designation:	Not Applicable
	Case Mix Index:	0.95, > cohort avg. (0.87); < statewide (1.00)
	<b>Financial</b>	
	Inpatient NPSR per CMAD:	\$10,389
Services	Change FY14-FY15:	1.9%
	Inpatient:Outpatient Revenue in FY15:	44%:56%
	Outpatient Revenue in FY15:	\$361,209,458
	Change FY14-FY15:	4.8%
	Total Revenue in FY15:	\$832,847,369
	Total Surplus (Loss) in FY15:	\$87,156,930
	<b>Payer Mix</b>	
	Public Payer Mix:	72.2% (HPP* Hospital)
	CY15 Commercial Relative Price:	0.91
	Top 3 Commercial Payers:	Blue Cross Blue Shield of MA Harvard Pilgrim Health Care Tufts Health Plan
Quality	<b>Utilization</b>	
	Inpatient Discharges in FY15:	39,099
	Change FY14-FY15:	1.6%
	Emergency Department Visits in FY15:	159,729
	Change FY14-FY15:	2.1%
	Outpatient Visits in FY15:	878,491
	Change FY14-FY15:	-2.0%
	<b>Quality</b>	
	Readmission Rate in FY15:	17.2%
	Change FY11-FY15 (percentage points):	-0.6%
	Early Elective Deliveries Rate (Jan 2015-Jun 2016):	Not Available

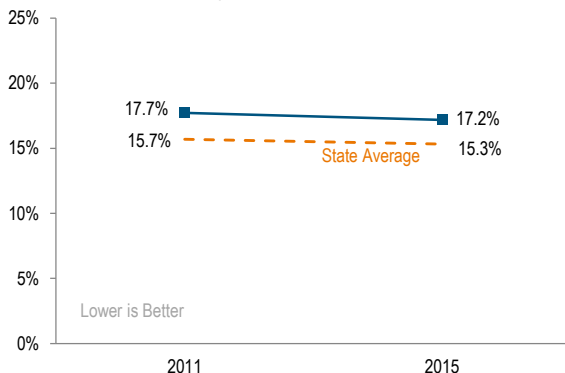
What were the most common inpatient cases (DRGs) treated at the hospital in FY15? What proportion of the region's cases did this hospital treat for each service?



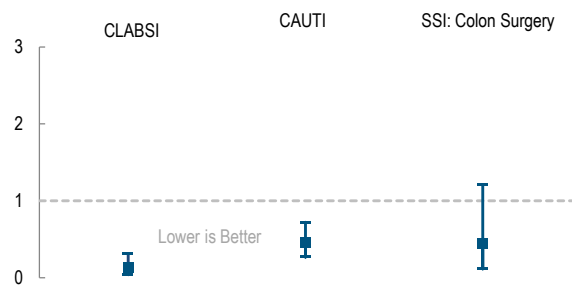
Where did most of the hospital's inpatients reside? What proportion of each community's total discharges was attributed to this hospital?



What proportion of adult patient discharges from this hospital resulted in a readmission at any hospital within 30 days, and how does this compare to the state average?



How many central line-associated blood stream infections (CLABSI), catheter-associated urinary tract infections (CAUTI), and surgical site infections (SSI) after colon surgery did patients get at this hospital compared to what was expected based on the hospital's characteristics and case mix?



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



## 2015 HOSPITAL PROFILE: SOUTHCOAST HOSPITALS GROUP

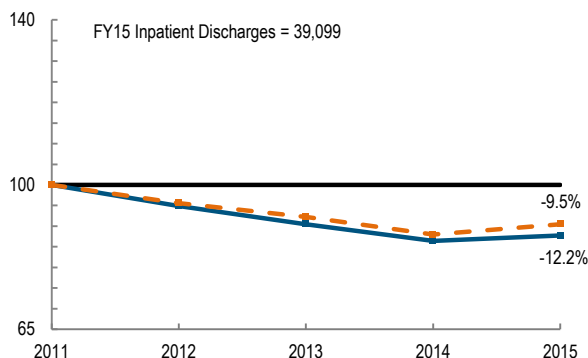
Cohort: Community, High Public Payer

Key:

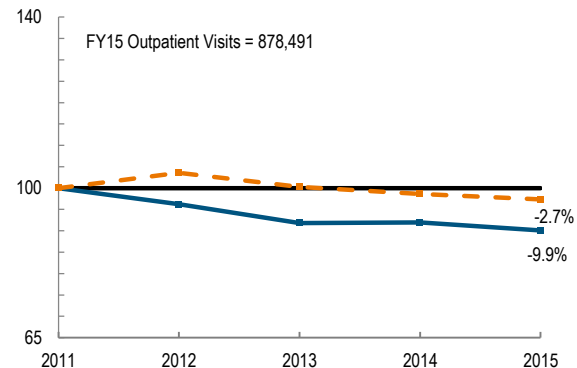


### Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY11, and how does this compare to the hospital's peer cohort median? (FY11=100)

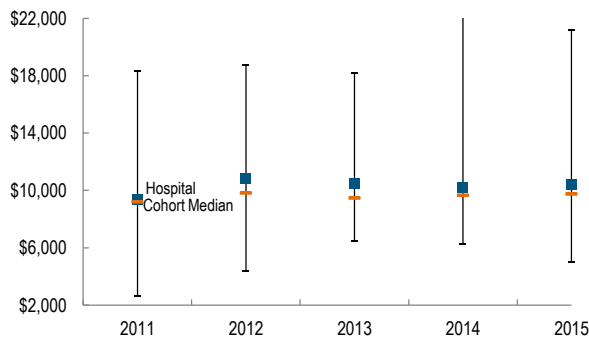


How has the volume of the hospital's outpatient visits changed compared to FY11, and how does this compare to the hospital's peer cohort median? (FY11=100)

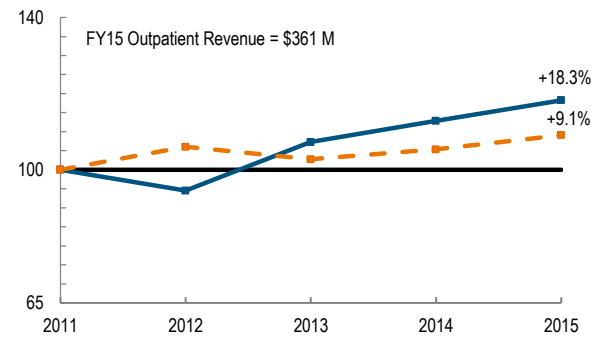


### Patient Revenue Trends

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY11 and FY15, and how does this compare to the hospital's peer cohort median?



How has the hospital's total outpatient revenue changed compared to FY11, and how does this compare to the hospital's peer cohort median? (FY11=100)



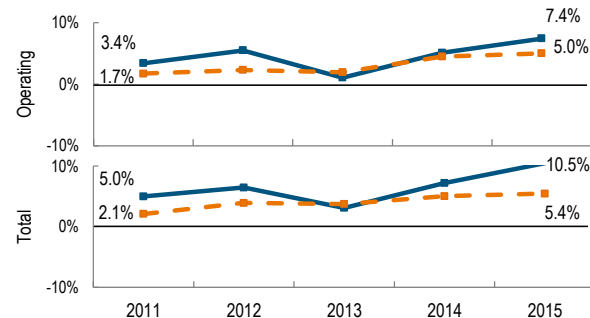
### Financial Performance

How have the hospital's total revenue and costs changed between FY11 and FY15?

#### Revenue, Cost, & Profit/Loss (in millions)

FY	2011	2012	2013	2014	2015
Operating Revenue	\$ 672	\$ 703	\$ 712	\$ 730	\$ 807
Non-Operating Revenue	\$ 11	\$ 7	\$ 14	\$ 15	\$ 25
Total Revenue	\$ 682	\$ 710	\$ 726	\$ 746	\$ 833
Total Costs	\$ 648	\$ 664	\$ 704	\$ 692	\$ 746
Total Profit (Loss)	\$ 34.0	\$ 45.7	\$ 22.4	\$ 53.6	\$ 87.2

What were the hospital's total margin and operating margins between FY11 and FY15, and how do these compare to the hospital's peer cohort medians?



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

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

\* High Public Payer Hospitals (HPP) receive a minimum of 63% of gross patient service revenue from public payers.

# STEWARD GOOD SAMARITAN MEDICAL CENTER

## 2015 Hospital Profile

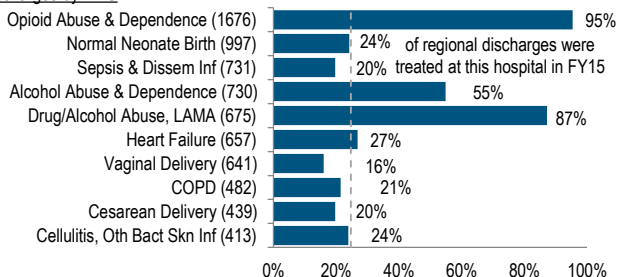
Brockton, MA  
Community, High Public Payer  
Metro South

Steward Good Samaritan Medical Center is a mid-size, for-profit community-High Public Payer (HPP) hospital located in the Metro South region. It is a member of Steward Health Care System. Steward Good Samaritan had a 6.8% increase in inpatient discharges from FY11 to FY15, compared with a median decrease of 9.5% among peer cohort hospitals. Steward Good Samaritan reported a profit in FY15 for the third consecutive fiscal year. Its total margin of 8.6% was higher than the 5.4% median of its peer cohort, and it was also the highest margin the hospital had in the five year period.

At a Glance	<b>Overview / Size</b>	
	Hospital System Affiliation:	Steward Health Care System
	Change in Ownership (FY11-FY15):	Not Applicable
	Total Staffed Beds:	224, mid-size acute hospital
	% Occupancy:	88.0%, > cohort avg. (65%)
	Special Public Funding:	ICB <sup>9</sup>
	Trauma Center Designation:	Not Applicable
	Case Mix Index:	0.82, < cohort avg. (0.87); < statewide (1.00)
	<b>Financial</b>	
	Inpatient NPSR per CMAD:	\$9,792
Services	Change FY14-FY15:	3.6%
	Inpatient:Outpatient Revenue in FY15:	42%:58%
	Outpatient Revenue in FY15:	\$115,228,393
	Change FY14-FY15:	13.2%
	Total Revenue in FY15:	\$260,767,317
	Total Surplus (Loss) in FY15:	\$22,354,425
	<b>Payer Mix</b>	
	Public Payer Mix:	69.3% (HPP* Hospital)
	CY15 Commercial Relative Price:	0.91
	Top 3 Commercial Payers:	Blue Cross Blue Shield of MA Harvard Pilgrim Health Care Tufts Health Plan
Quality	<b>Utilization</b>	
	Inpatient Discharges in FY15:	17,276
	Change FY14-FY15:	3.3%
	Emergency Department Visits in FY15:	61,661
	Change FY14-FY15:	10.2%
	Outpatient Visits in FY15:	72,318
	Change FY14-FY15:	-4.6%
	<b>Quality</b>	
	Readmission Rate in FY15:	16.9%
	Change FY11-FY15 (percentage points):	-0.2%
	Early Elective Deliveries Rate (Jan 2015-Jun 2016):	0.0%

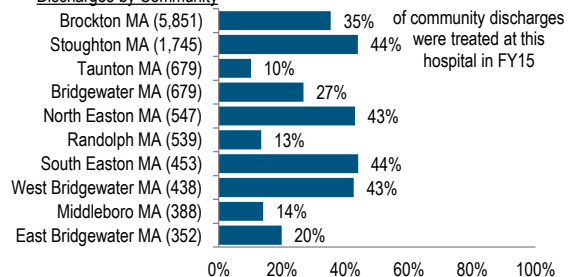
What were the most common inpatient cases (DRGs) treated at the hospital in FY15? What proportion of the region's cases did this hospital treat for each service?

### Discharges by DRG

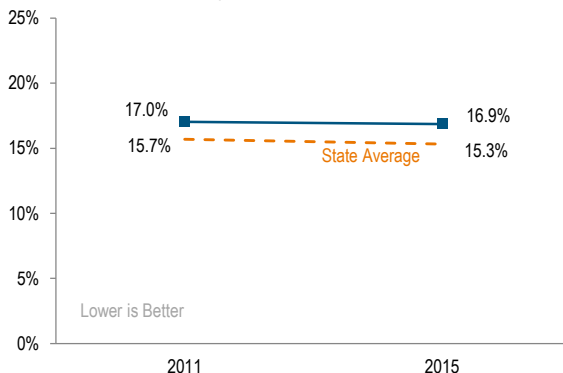


Where did most of the hospital's inpatients reside? What proportion of each community's total discharges was attributed to this hospital?

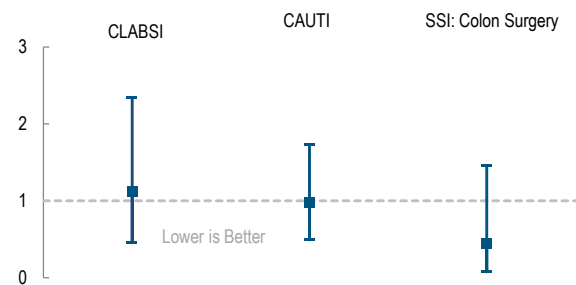
### Discharges by Community



What proportion of adult patient discharges from this hospital resulted in a readmission at any hospital within 30 days, and how does this compare to the state average?



How many central line-associated blood stream infections (CLABSI), catheter-associated urinary tract infections (CAUTI), and surgical site infections (SSI) after colon surgery did patients get at this hospital compared to what was expected based on the hospital's characteristics and case mix?



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

# 2015 HOSPITAL PROFILE: STEWARD GOOD SAMARITAN MEDICAL CENTER

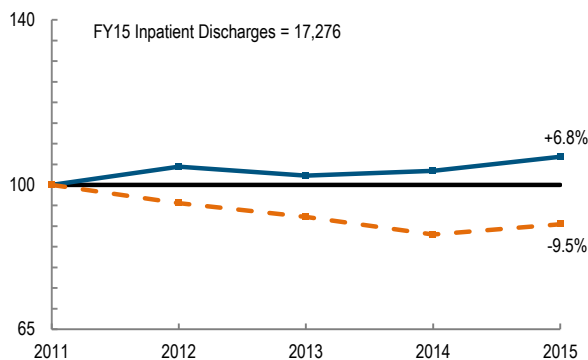
Cohort: Community, High Public Payer

Key:

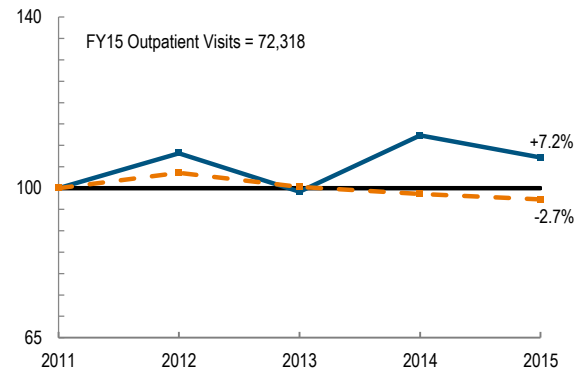


## Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY11, and how does this compare to the hospital's peer cohort median? (FY11=100)

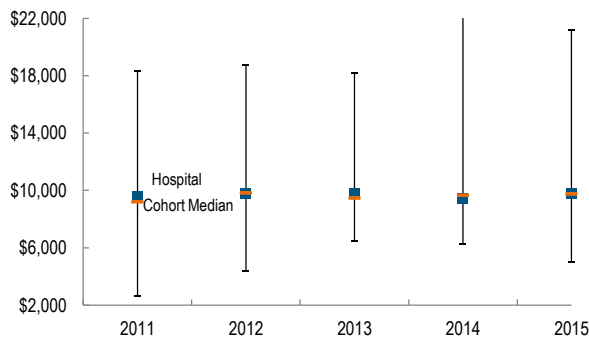


How has the volume of the hospital's outpatient visits changed compared to FY11, and how does this compare to the hospital's peer cohort median? (FY11=100)

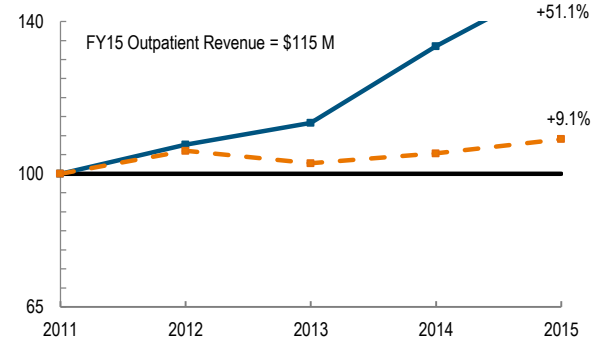


## Patient Revenue Trends

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY11 and FY15, and how does this compare to the hospital's peer cohort median?



How has the hospital's total outpatient revenue changed compared to FY11, and how does this compare to the hospital's peer cohort median? (FY11=100)



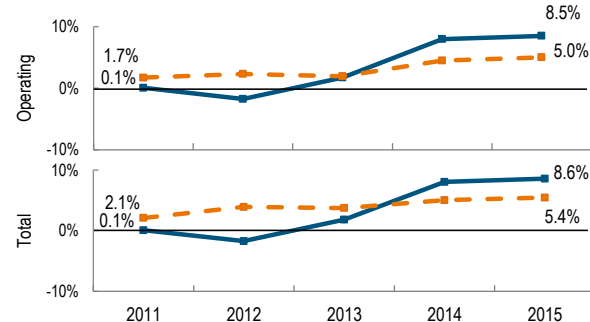
## Financial Performance

How have the hospital's total revenue and costs changed between FY11 and FY15?

### Revenue, Cost, & Profit/Loss (in millions)

FY	2011	2012	2013	2014	2015
Operating Revenue	\$ 183	\$ 225	\$ 234	\$ 247	\$ 261
Non-Operating Revenue	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
Total Revenue	\$ 183	\$ 225	\$ 234	\$ 247	\$ 261
Total Costs	\$ 183	\$ 229	\$ 230	\$ 227	\$ 238
Total Profit (Loss)	\$ 0.1	\$ (4.0)	\$ 4.2	\$ 19.8	\$ 22.4

What were the hospital's total margin and operating margins between FY11 and FY15, and how do these compare to the hospital's peer cohort medians?



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

<sup>9</sup> For more information on Infrastructure and Capacity Building (ICB) special funding, please contact the Massachusetts Executive Office of Health and Human Services (EOHHS).

\* High Public Payer Hospitals (HPP) receive a minimum of 63% of gross patient service revenue from public payers.

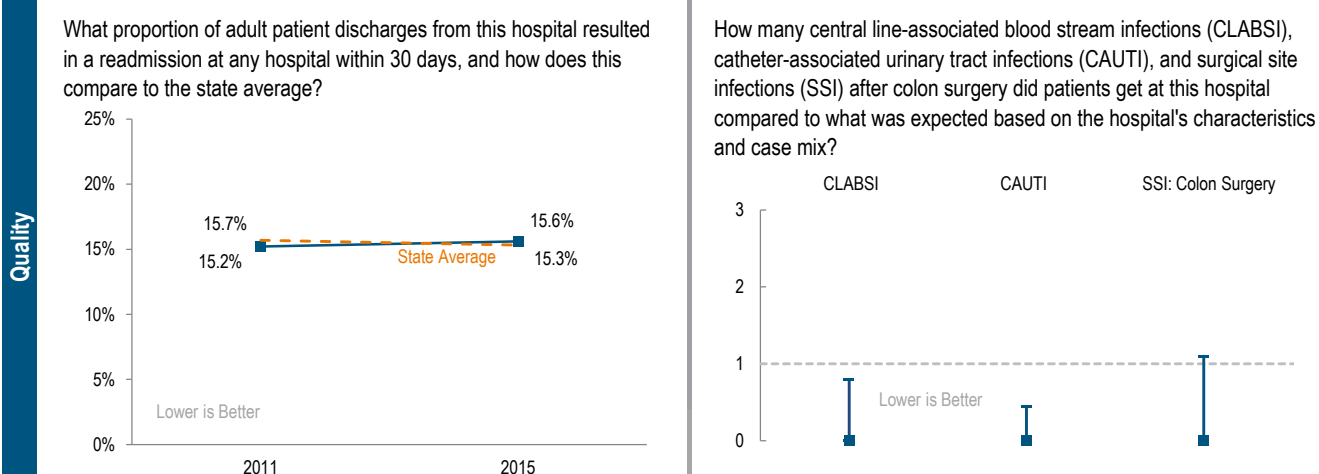
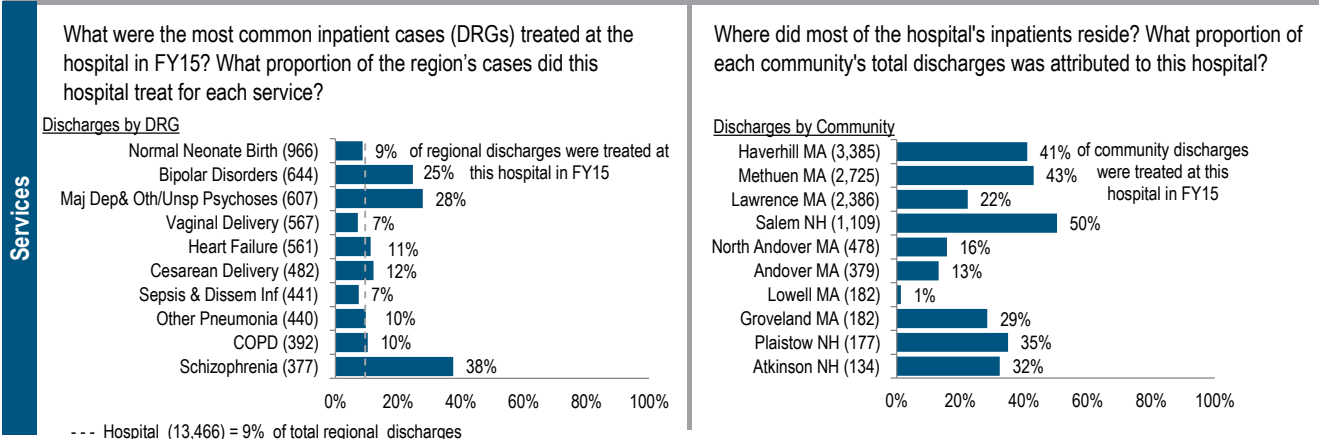
# STEWARD HOLY FAMILY HOSPITAL

## 2015 Hospital Profile

Methuen, MA  
Community, High Public Payer  
Northeastern Massachusetts

Steward Holy Family Hospital is a mid-size, for-profit community-High Public Payer (HPP) hospital located in the Northeastern Massachusetts region. Merrimack Hospital, another Steward Health Care System hospital, merged with Holy Family Hospital in FY14. Though Steward Holy Family Hospital accounted for only 9% of discharges in its region in FY15, it accounted for 28% of regional discharges for Major Depression & Other Unspecified Psychosis and 25% of regional discharges for Bipolar Disorder. Steward Holy Family reported a profit for the third consecutive fiscal year in FY15, and its total margin of 7.3% was higher than the 5.4% median of its peer cohort.

At a Glance	<b>Overview / Size</b>	
	Hospital System Affiliation:	Steward Health Care System
	Change in Ownership (FY11-FY15):	Not Applicable
	Total Staffed Beds:	224, mid-size acute hospital
	% Occupancy:	79.1%, > cohort avg. (65%)
	Special Public Funding:	ICB <sup>9</sup>
	Trauma Center Designation:	Not Applicable
	Case Mix Index:	0.89, > cohort avg. (0.87); < statewide (1.00)
	<b>Financial</b>	
	Inpatient NPSR per CMAD:	\$10,116
	Change FY14-FY15:	8.3%
	Inpatient:Outpatient Revenue in FY15:	39%:61%
	Outpatient Revenue in FY15:	\$108,097,984
	Change FY14-FY15:	17.9%
	Total Revenue in FY15:	\$234,889,247
	Total Surplus (Loss) in FY15:	\$17,228,560
	<b>Payer Mix</b>	
	Public Payer Mix:	67.8% (HPP* Hospital)
	CY15 Commercial Relative Price:	0.86
	Top 3 Commercial Payers:	Blue Cross Blue Shield of MA Tufts Health Plan Harvard Pilgrim Health Care
	<b>Utilization</b>	
	Inpatient Discharges in FY15:	13,466
	Change FY14-FY15:	28.2%
	Emergency Department Visits in FY15:	73,863
	Change FY14-FY15:	57.9%
	Outpatient Visits in FY15:	121,788
	Change FY14-FY15:	33.9%
	<b>Quality</b>	
	Readmission Rate in FY15:	15.6%
	Change FY11-FY15 (percentage points):	0.4%
	Early Elective Deliveries Rate (Jan 2015-Jun 2016):	13.5%



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

## 2015 HOSPITAL PROFILE: STEWARD HOLY FAMILY HOSPITAL

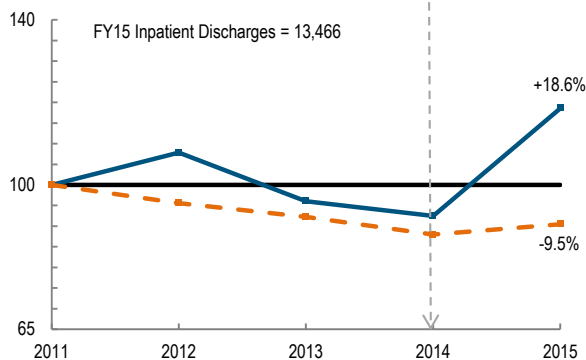
Cohort: Community, High Public Payer

Key:

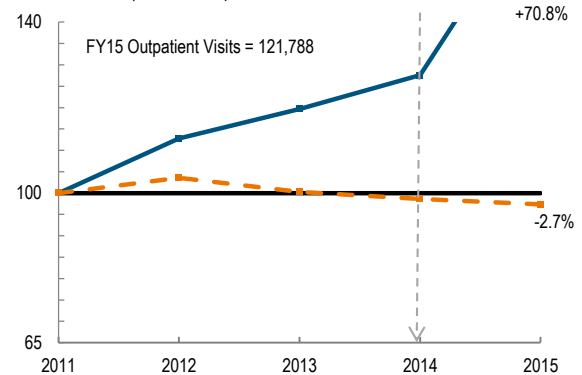


### Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY11, and how does this compare to the hospital's peer cohort median? (FY11=100)

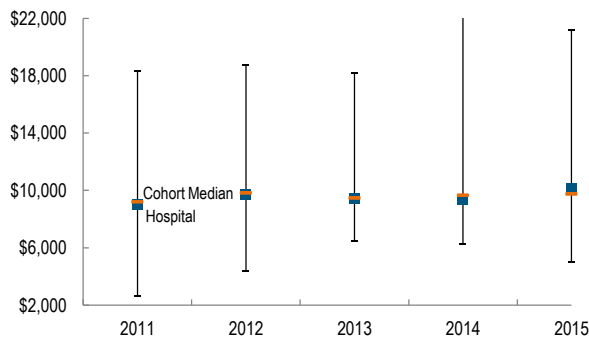


How has the volume of the hospital's outpatient visits changed compared to FY11, and how does this compare to the hospital's peer cohort median? (FY11=100)

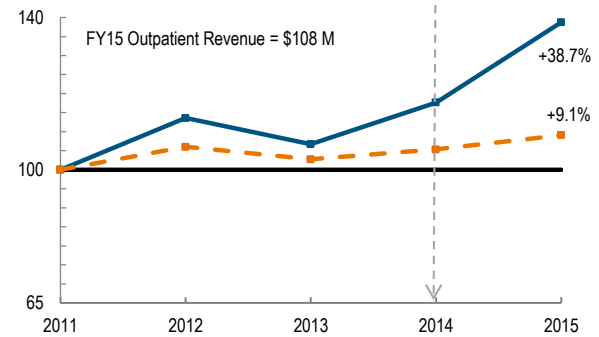


### Patient Revenue Trends

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY11 and FY15, and how does this compare to the hospital's peer cohort median?



How has the hospital's total outpatient revenue changed compared to FY11, and how does this compare to the hospital's peer cohort median? (FY11=100)



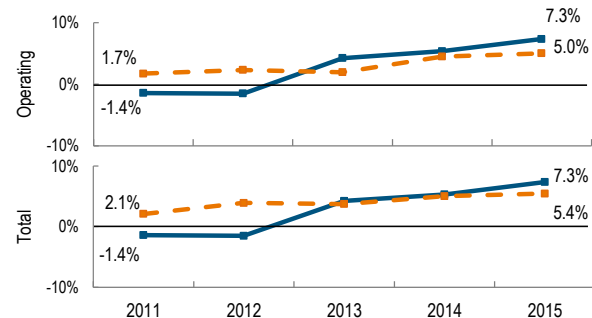
### Financial Performance

How have the hospital's total revenue and costs changed between FY11 and FY15?

#### Revenue, Cost, & Profit/Loss (in millions)

FY	2011	2012	2013	2014	2015
Operating Revenue	\$ 154	\$ 188	\$ 182	\$ 202	\$ 235
Non-Operating Revenue	\$ 0	\$ 0	\$ (0)	\$ (0)	\$ 0
<b>Total Revenue</b>	<b>\$ 154</b>	<b>\$ 188</b>	<b>\$ 182</b>	<b>\$ 202</b>	<b>\$ 235</b>
Total Costs	\$ 156	\$ 191	\$ 174	\$ 191	\$ 218
<b>Total Profit (Loss)</b>	<b>\$ (2.2)</b>	<b>\$ (2.9)</b>	<b>\$ 7.7</b>	<b>\$ 10.7</b>	<b>\$ 17.2</b>

What were the hospital's total margin and operating margins between FY11 and FY15, and how do these compare to the hospital's peer cohort medians?



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

<sup>9</sup> For more information on Infrastructure and Capacity Building (ICB) special funding, please contact the Massachusetts Executive Office of Health and Human Services (EOHHS).

\* High Public Payer Hospitals (HPP) receive a minimum of 63% of gross patient service revenue from public payers.

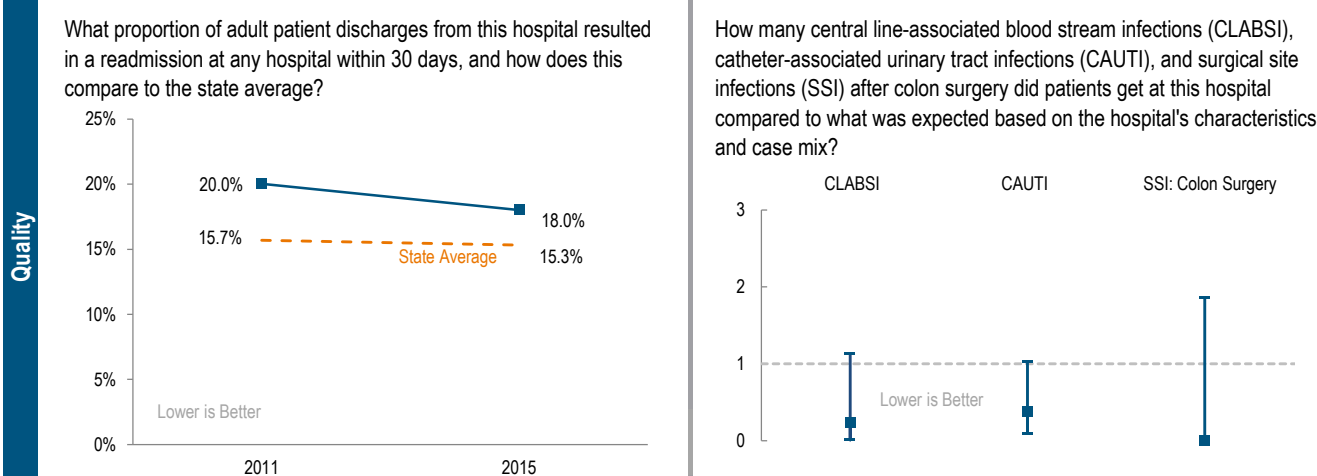
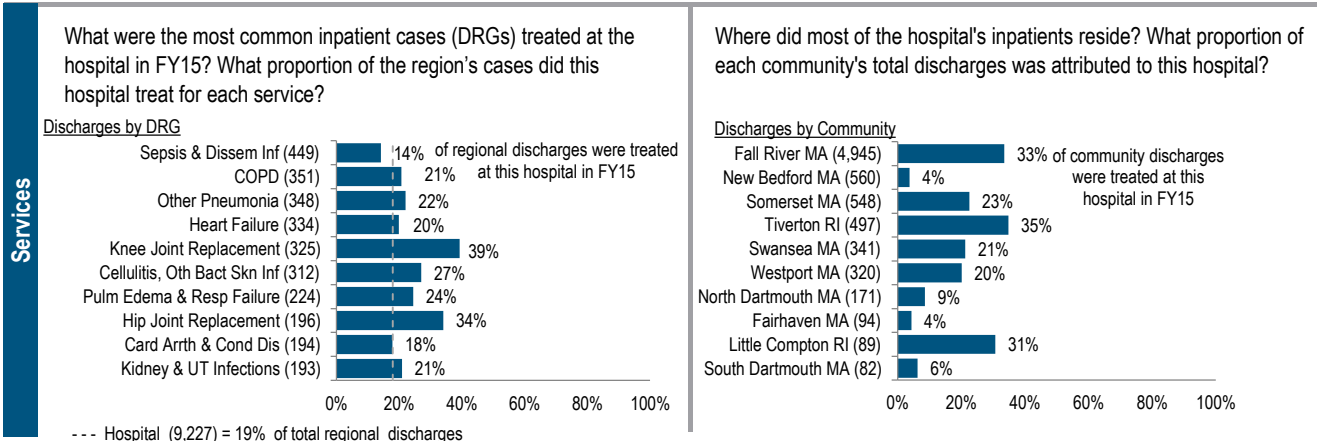
# STEWARD SAINT ANNE'S HOSPITAL

## 2015 Hospital Profile

Fall River, MA  
Community, High Public Payer  
Southcoast

Steward Saint Anne's Hospital is a mid-size, for-profit community-High Public Payer (HPP) hospital located in the Southcoast region. Steward Saint Anne's is a member of the Steward Health Care System. Inpatient discharges at Steward Saint Anne's increased by 31.2% from FY11 to FY15, compared to a decrease of 9.5% in the median of its peer cohort. Steward Saint Anne's has been profitable in each fiscal year from FY11 to FY15, and had a total margin of 10.0% in FY15, higher than the 5.4% median of its peer cohort. The total margin for the hospital has been higher than its peer cohort median in each of the last 5 fiscal years.

At a Glance	<b>Overview / Size</b>	
	Hospital System Affiliation:	Steward Health Care System
	Change in Ownership (FY11-FY15):	Not Applicable
	Total Staffed Beds:	143, mid-size acute hospital
	% Occupancy:	87.8%, > cohort avg. (65%)
	Special Public Funding:	ICB <sup>9</sup>
	Trauma Center Designation:	Not Applicable
	Case Mix Index:	1.01, > cohort avg. (0.87); > statewide (1.00)
	<b>Financial</b>	
	Inpatient NPSR per CMAD:	\$9,840
	Change FY14-FY15:	-7.3%
	Inpatient:Outpatient Revenue in FY15:	25%:75%
	Outpatient Revenue in FY15:	\$157,729,301
	Change FY14-FY15:	7.9%
	Total Revenue in FY15:	\$253,228,834
	Total Surplus (Loss) in FY15:	\$25,276,858
	<b>Payer Mix</b>	
	Public Payer Mix:	67.7% (HPP* Hospital)
	CY15 Commercial Relative Price:	0.93
	Top 3 Commercial Payers:	Blue Cross Blue Shield of MA Harvard Pilgrim Health Care Tufts Health Plan
	<b>Utilization</b>	
	Inpatient Discharges in FY15:	9,227
	Change FY14-FY15:	23.9%
	Emergency Department Visits in FY15:	49,176
	Change FY14-FY15:	8.3%
	Outpatient Visits in FY15:	215,692
	Change FY14-FY15:	24.8%
	<b>Quality</b>	
	Readmission Rate in FY15:	18.0%
	Change FY11-FY15 (percentage points):	-2.0%
	Early Elective Deliveries Rate (Jan 2015-Jun 2016):	Not Available



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

## 2015 HOSPITAL PROFILE: STEWARD SAINT ANNE'S HOSPITAL

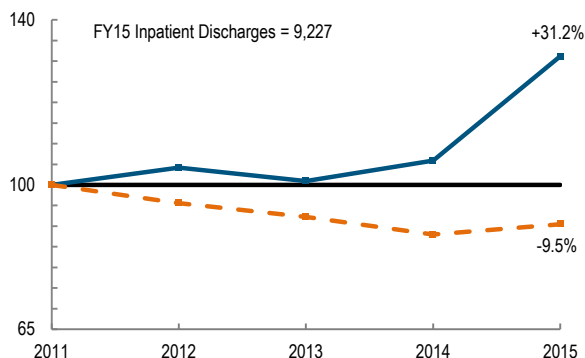
Cohort: Community, High Public Payer

Key:

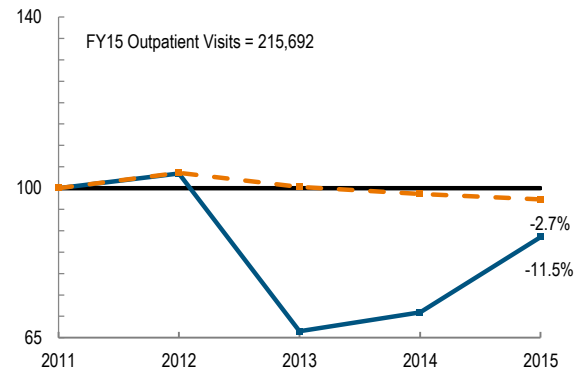


### Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY11, and how does this compare to the hospital's peer cohort median? (FY11=100)

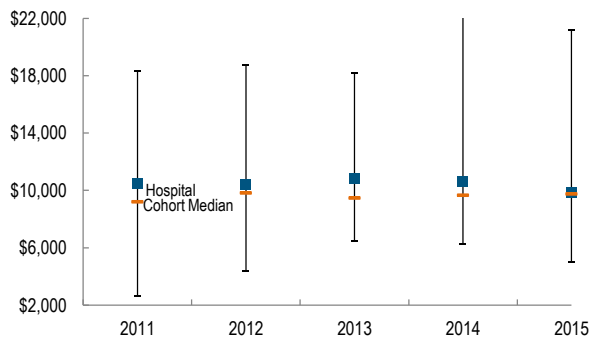


How has the volume of the hospital's outpatient visits changed compared to FY11, and how does this compare to the hospital's peer cohort median? (FY11=100)

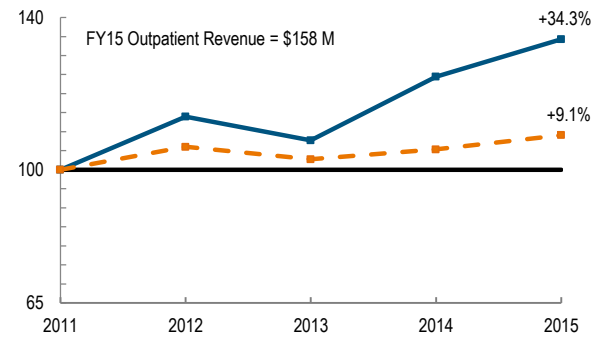


### Patient Revenue Trends

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY11 and FY15, and how does this compare to the hospital's peer cohort median?



How has the hospital's total outpatient revenue changed compared to FY11, and how does this compare to the hospital's peer cohort median? (FY11=100)



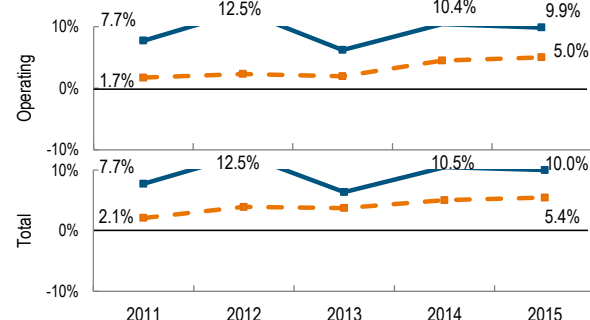
### Financial Performance

How have the hospital's total revenue and costs changed between FY11 and FY15?

#### Revenue, Cost, & Profit/Loss (in millions)

FY	2011	2012	2013	2014	2015
Operating Revenue	\$ 164	\$ 202	\$ 208	\$ 234	\$ 253
Non-Operating Revenue	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
Total Revenue	\$ 164	\$ 202	\$ 208	\$ 234	\$ 253
Total Costs	\$ 151	\$ 177	\$ 195	\$ 210	\$ 228
Total Profit (Loss)	\$ 12.7	\$ 25.4	\$ 13.2	\$ 24.6	\$ 25.3

What were the hospital's total margin and operating margins between FY11 and FY15, and how do these compare to the hospital's peer cohort medians?



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

<sup>g</sup> For more information on Infrastructure and Capacity Building (ICB) special funding, please contact the Massachusetts Executive Office of Health and Human Services (EOHHS).

\* High Public Payer Hospitals (HPP) receive a minimum of 63% of gross patient service revenue from public payers.

# STURDY MEMORIAL HOSPITAL

## 2015 Hospital Profile

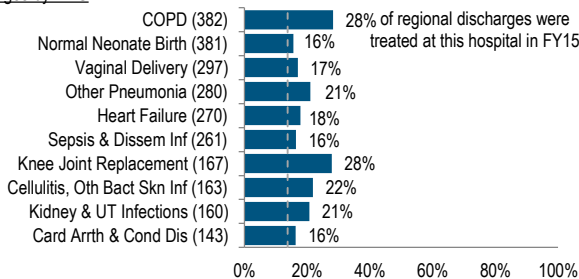
Attleboro, MA  
Community, High Public Payer  
Metro West

Sturdy Memorial Hospital is a mid-size, nonprofit community-High Public Payer (HPP) hospital located in the Metro West region. Inpatient discharges at Sturdy decreased 5.5% between FY11 and FY15, while the median of its peer cohort decreased 9.5%. Sturdy was profitable every year from FY11 to FY15, and had a total margin of 10.4% in FY15, higher than the 5.4% median of its cohort.

At a Glance	<b>Overview / Size</b>	
	Hospital System Affiliation:	Not Applicable
	Change in Ownership (FY11-FY15):	Not Applicable
	Total Staffed Beds:	149, mid-size acute hospital
	% Occupancy:	54.9%, < cohort avg. (65%)
	Special Public Funding:	ICB <sup>9</sup>
	Trauma Center Designation:	Not Applicable
	Case Mix Index:	0.84, < cohort avg. (0.87); < statewide (1.00)
	<b>Financial</b>	
	Inpatient NPSR per CMAD:	\$9,102
Services	Change FY14-FY15:	2.4%
	Inpatient:Outpatient Revenue in FY15:	30%:70%
	Outpatient Revenue in FY15:	\$108,641,930
	Change FY14-FY15:	-0.3%
	Total Revenue in FY15:	\$172,615,381
	Total Surplus (Loss) in FY15:	\$17,949,383
	<b>Payer Mix</b>	
	Public Payer Mix:	64.1% (HPP* Hospital)
	CY15 Commercial Relative Price:	1.05
	Top 3 Commercial Payers:	Blue Cross Blue Shield of MA Harvard Pilgrim Health Care Tufts Health Plan
Quality	<b>Utilization</b>	
	Inpatient Discharges in FY15:	6,902
	Change FY14-FY15:	3.5%
	Emergency Department Visits in FY15:	51,769
	Change FY14-FY15:	0.4%
	Outpatient Visits in FY15:	114,546
	Change FY14-FY15:	0.3%
	<b>Quality</b>	
	Readmission Rate in FY15:	14.8%
	Change FY11-FY15 (percentage points):	1.1%
	Early Elective Deliveries Rate (Jan 2015-Jun 2016):	9.1%

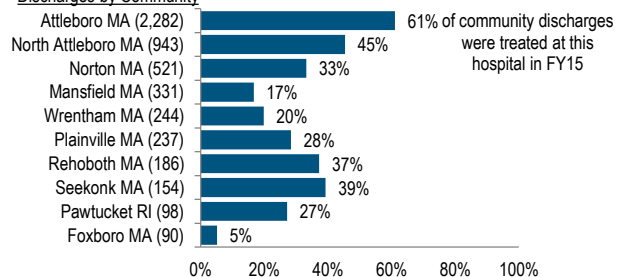
What were the most common inpatient cases (DRGs) treated at the hospital in FY15? What proportion of the region's cases did this hospital treat for each service?

Discharges by DRG

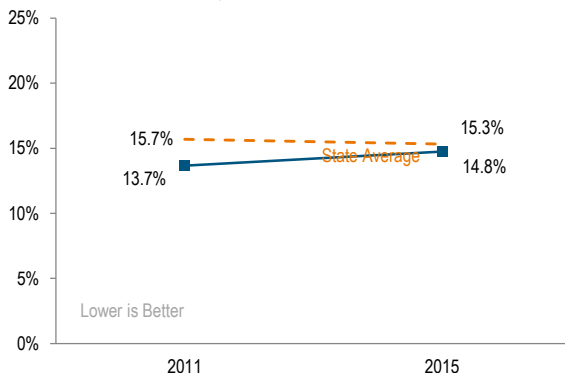


Where did most of the hospital's inpatients reside? What proportion of each community's total discharges was attributed to this hospital?

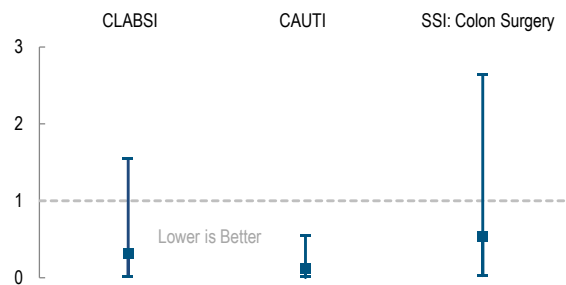
Discharges by Community



What proportion of adult patient discharges from this hospital resulted in a readmission at any hospital within 30 days, and how does this compare to the state average?



How many central line-associated blood stream infections (CLABSI), catheter-associated urinary tract infections (CAUTI), and surgical site infections (SSI) after colon surgery did patients get at this hospital compared to what was expected based on the hospital's characteristics and case mix?



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



## 2015 HOSPITAL PROFILE: STURDY MEMORIAL HOSPITAL

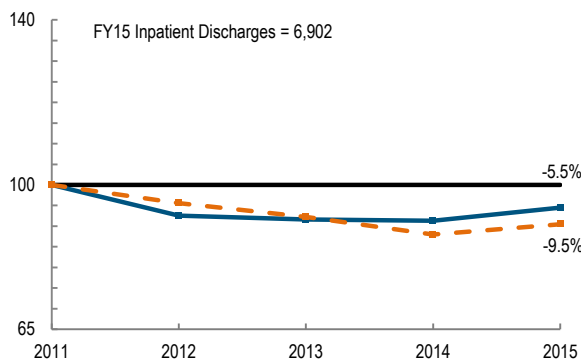
Cohort: Community, High Public Payer

Key:

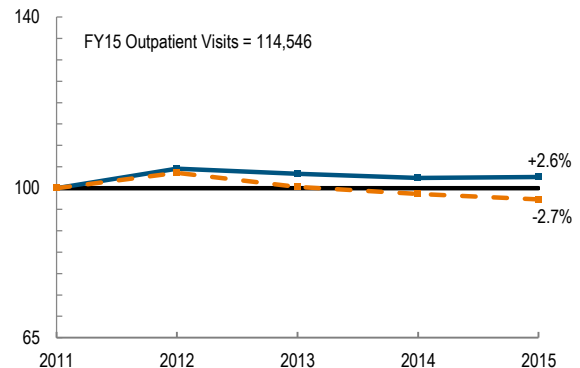


### Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY11, and how does this compare to the hospital's peer cohort median? (FY11=100)

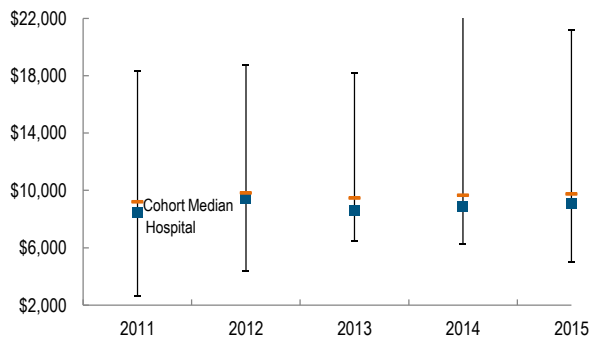


How has the volume of the hospital's outpatient visits changed compared to FY11, and how does this compare to the hospital's peer cohort median? (FY11=100)

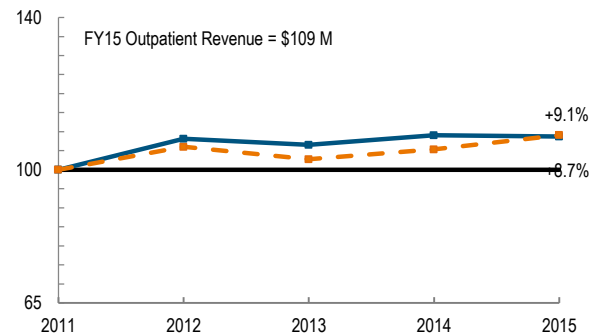


### Patient Revenue Trends

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY11 and FY15, and how does this compare to the hospital's peer cohort median?



How has the hospital's total outpatient revenue changed compared to FY11, and how does this compare to the hospital's peer cohort median? (FY11=100)



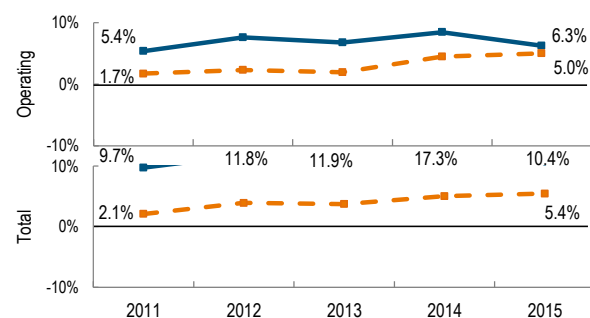
### Financial Performance

How have the hospital's total revenue and costs changed between FY11 and FY15?

#### Revenue, Cost, & Profit/Loss (in millions)

FY	2011	2012	2013	2014	2015
Operating Revenue	\$ 157	\$ 166	\$ 162	\$ 165	\$ 165
Non-Operating Revenue	\$ 7	\$ 7	\$ 9	\$ 16	\$ 7
Total Revenue	\$ 164	\$ 174	\$ 170	\$ 181	\$ 173
Total Costs	\$ 148	\$ 153	\$ 150	\$ 150	\$ 155
Total Profit (Loss)	\$ 15.9	\$ 20.5	\$ 20.2	\$ 31.2	\$ 17.9

What were the hospital's total margin and operating margins between FY11 and FY15, and how do these compare to the hospital's peer cohort medians?



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

<sup>9</sup> For more information on Infrastructure and Capacity Building (ICB) special funding, please contact the Massachusetts Executive Office of Health and Human Services (EOHHS).

\* High Public Payer Hospitals (HPP) receive a minimum of 63% of gross patient service revenue from public payers.

Boston Children's Hospital is a large, nonprofit specialty hospital dedicated to pediatric health care. It is located in the Metro Boston region. Boston Children's is a teaching hospital for Harvard Medical School, and has research partnerships with numerous institutions in Massachusetts and elsewhere. It is one of nine organ transplant centers in Massachusetts. Boston Children's reports that the average age of patients admitted to the hospital is approximately 10 years, and that 84% of discharges from the hospital in FY15 were for patients under 18 years of age. It reported a loss of \$5.5M in FY15, after earning a profit each year from FY11 to FY14. Despite the loss, it still reported a positive operating margin of 2.1%.

At a Glance	<b>Overview / Size</b>	
	Hospital System Affiliation:	Not Applicable
	Change in Ownership (FY11-FY15):	Not Applicable
	Total Staffed Beds:	393, among the larger acute hospitals
	% Occupancy:	79.5%
	Special Public Funding:	Not Applicable
	Trauma Center Designation:	Pedi: Level 1
	Case Mix Index:	1.85, > cohort avg. (1.83); > statewide (1.00)
	<b>Financial</b>	
	Inpatient NPSR per CMAD:	\$21,044
	Change FY14-FY15:	0.9%
	Inpatient:Outpatient Revenue in FY15:	54%:46%
	Outpatient Revenue in FY15:	\$452,752,894
	Change FY14-FY15:	-0.3%
	Total Revenue in FY15:	\$1,377,754,921
	Total Surplus (Loss) in FY15:	(\$5,465,192)
	<b>Payer Mix</b>	
	Public Payer Mix:	35.9% (Non-HPP* Hospital)
	CY15 Commercial Relative Price:	1.51
	Top 3 Commercial Payers:	Blue Cross Blue Shield of MA Harvard Pilgrim Health Care Aetna Health
	<b>Utilization</b>	
	Inpatient Discharges in FY15:	15,634
	Change FY14-FY15:	5.1%
	Emergency Department Visits in FY15:	59,191
	Change FY14-FY15:	4.4%
	Outpatient Visits in FY15:	239,961
	Change FY14-FY15:	1.0%
	<b>Quality</b>	
	Readmission Rate in FY15:	Not Applicable
	Change FY11-FY15 (percentage points):	-
	Early Elective Deliveries Rate (Jan 2015-Jun 2016):	Not Applicable

Services	What were the most common inpatient cases (DRGs) treated at the hospital in FY15? What proportion of the region's cases did this hospital treat for each service?	
	Discharges by DRG	
	Seizure (693)	25% of regional discharges were treated at this hospital in FY15
	Asthma (433)	16%
	Chemotherapy (421)	16%
	Other Digestive System Dx (395)	15%
	NBact Gastro, Naus, Vom (321)	14%
	Infects- Upper Resp Tract (316)	21%
	Other Pneumonia (300)	7%
	Hip & Fem; N-TrauExc Jt Rep (297)	41%
	Where did most of the hospital's inpatients reside? What proportion of each community's total discharges was attributed to this hospital?	
	Discharges by Community	
	Dorchester MA (329)	3% of community discharges were treated at this hospital in FY15
	Boston MA (295)	2%
	Dorchester Center MA (280)	4%
	Brockton MA (252)	2%
	Quincy MA (226)	2%
	Hyde Park MA (175)	4%
	Lynn MA (169)	1%
	New Bedford MA (166)	1%
	Roslindale MA (160)	5%
	Cambridge MA (157)	2%
Quality	What proportion of adult patient discharges from this hospital resulted in a readmission at any hospital within 30 days, and how does this compare to the state average?	
	Data for this measure is not available for the patient population at this specialty hospital.	
	How many central line-associated blood stream infections (CLABSI), catheter-associated urinary tract infections (CAUTI), and surgical site infections (SSI) after colon surgery did patients get at this hospital compared to what was expected based on the hospital's characteristics and case mix?	
	Data is not available for these measures.	

## 2015 HOSPITAL PROFILE: BOSTON CHILDREN'S HOSPITAL

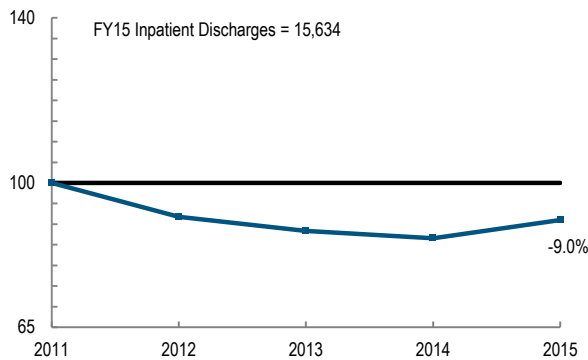
Cohort: N/A - Specialty Hospital

Key:

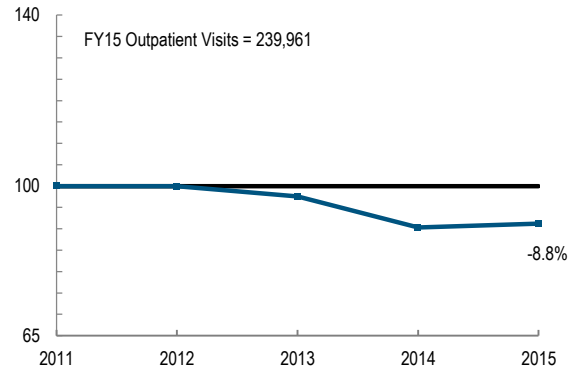
■ Hospital

### Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY11? (FY11=100)

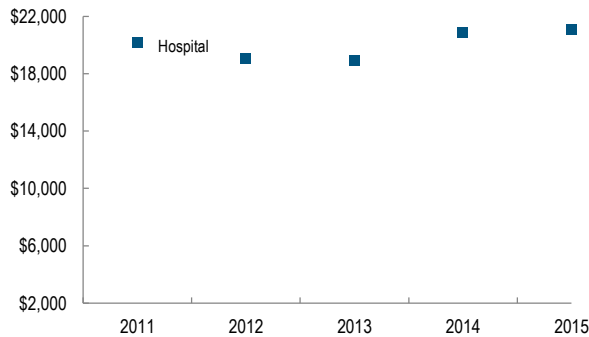


How has the volume of the hospital's outpatient visits changed compared to FY11? (FY11=100)

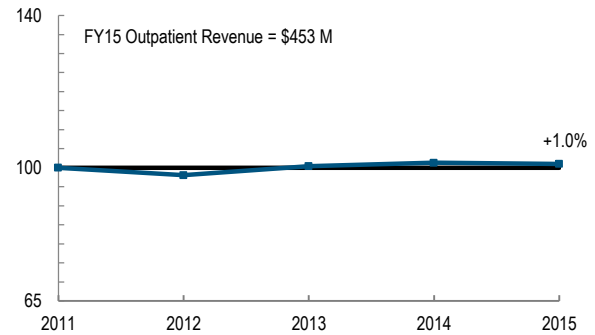


### Patient Revenue Trends

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY11 and FY15?



How has the hospital's total outpatient revenue changed compared to FY11? (FY11=100)



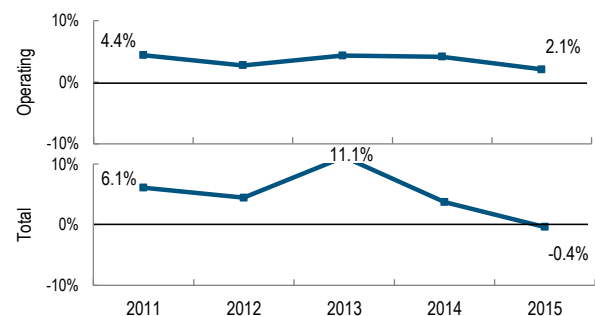
### Financial Performance

How have the hospital's total revenue and costs changed between FY11 and FY15?

#### Revenue, Cost, & Profit/Loss (in millions)

FY	2011	2012	2013	2014	2015
Operating Revenue	\$ 1,326	\$ 1,296	\$ 1,322	\$ 1,387	\$ 1,412
Non-Operating Revenue	\$ 23	\$ 22	\$ 97	\$ (6)	\$ (34)
Total Revenue	\$ 1,349	\$ 1,318	\$ 1,418	\$ 1,381	\$ 1,378
Total Costs	\$ 1,267	\$ 1,259	\$ 1,260	\$ 1,330	\$ 1,383
Total Profit (Loss)	\$ 82.1	\$ 58.4	\$ 157.7	\$ 51.2	\$ (5.5)

What were the hospital's total margin and operating margins between FY11 and FY15?



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

\* High Public Payer Hospitals (HPP) receive a minimum of 63% of gross patient service revenue from public payers.

Dana-Farber Cancer Institute is a nonprofit specialty hospital dedicated to pediatric and adult cancer treatment and research, primarily in an outpatient setting, located in the Metro Boston region. It is a teaching affiliate of Harvard Medical School. It is one of 41 Comprehensive Cancer Centers in the US, designated by the National Cancer Institute. Dana-Farber Cancer Institute provides the majority of its care in an outpatient setting, and had approximately 1,200 inpatient discharges compared to approximately 260K outpatient visits in FY15.

At a Glance

Overview / Size

Hospital System Affiliation:	Not Applicable
Change in Ownership (FY11-FY15):	Not Applicable
Total Staffed Beds:	30
% Occupancy:	88.0%
Special Public Funding:	Not Applicable
Trauma Center Designation:	Not Applicable
Case Mix Index:	1.73, < cohort avg. (1.83); > statewide (1.00)

Financial

Inpatient NPSR per CMAD:	\$15,982
Change FY14-FY15:	-2.7%
Inpatient:Outpatient Revenue in FY15:	5%:95%
Outpatient Revenue in FY15:	\$662,616,030
Change FY14-FY15:	8.3%
Total Revenue in FY15:	\$1,170,583,356
Total Surplus (Loss) in FY15:	\$4,661,503

Payer Mix

Public Payer Mix:	43.5% (Non-HPP* Hospital)
CY15 Commercial Relative Price:	1.50
Top 3 Commercial Payers:	Blue Cross Blue Shield of MA Harvard Pilgrim Health Care Aetna Health

Utilization

Inpatient Discharges in FY15:	1,258
Change FY14-FY15:	18.8%
Emergency Department Visits in FY15:	00
Change FY14-FY15:	
Outpatient Visits in FY15:	259,573
Change FY14-FY15:	3.0%

Quality

Readmission Rate in FY15:	Not Applicable
Change FY11-FY15 (percentage points):	-
Early Elective Deliveries Rate (Jan 2015-Jun 2016):	Not Applicable

Services

What were the most common inpatient cases (DRGs) treated at the hospital in FY15? What proportion of the region's cases did this hospital treat for each service?

This graph has been suppressed, as the hospital provides the vast majority of its services on an outpatient basis. In FY15, this hospital reported 136,703 infusion treatments and over 259,000 outpatient visits.

--- Hospital (1,258) = 0% of total regional discharges

Where did most of the hospital's inpatients reside? What proportion of each community's total discharges was attributed to this hospital?

This graph has been suppressed, as no community accounted for more than 2% of the hospital's total discharges.

Quality

What proportion of adult patient discharges from this hospital resulted in a readmission at any hospital within 30 days, and how does this compare to the state average?

This measure is not applicable to the patient population treated at this specialty hospital.

How many central line-associated blood stream infections (CLABSI), catheter-associated urinary tract infections (CAUTI), and surgical site infections (SSI) after colon surgery did patients get at this hospital compared to what was expected based on the hospital's characteristics and case mix?

Data is not available for these measures.

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

# 2015 HOSPITAL PROFILE: DANA-FARBER CANCER INSTITUTE

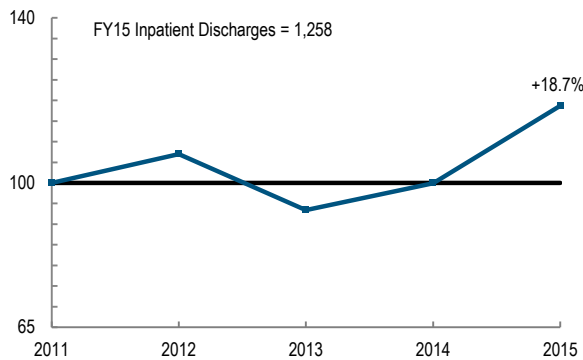
Cohort: N/A - Specialty Hospital

Key:

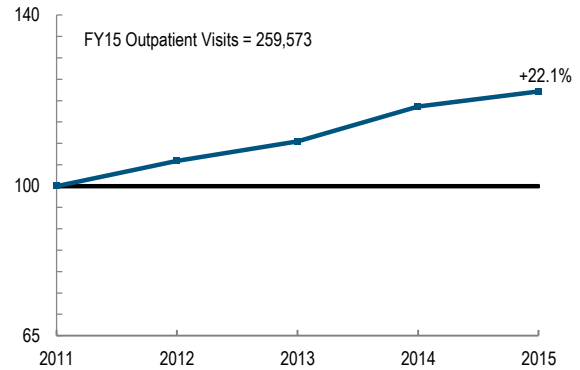
■ Hospital

## Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY11? (FY11=100)

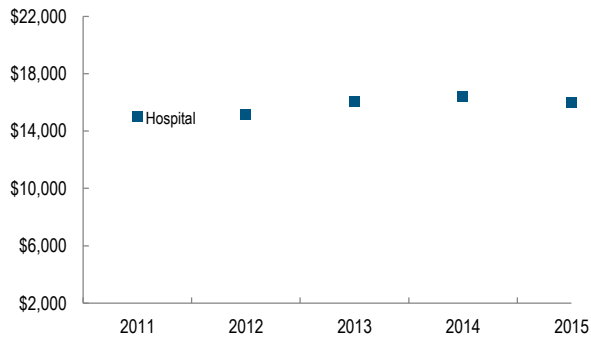


How has the volume of the hospital's outpatient visits changed compared to FY11? (FY11=100)

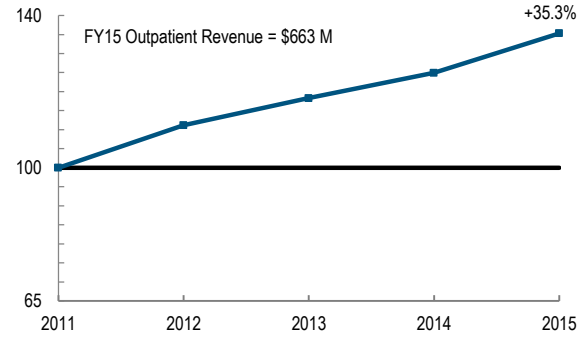


## Patient Revenue Trends

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY11 and FY15?



How has the hospital's total outpatient revenue changed compared to FY11? (FY11=100)



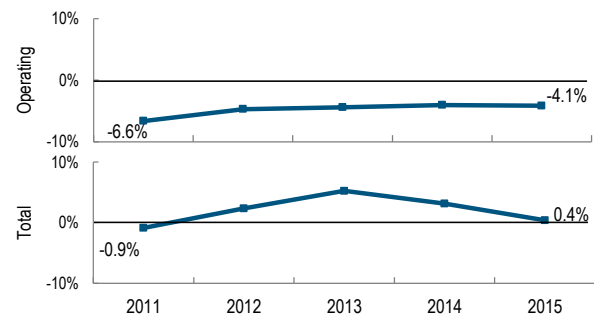
## Financial Performance

How have the hospital's total revenue and costs changed between FY11 and FY15?

### Revenue, Cost, & Profit/Loss (in millions)

FY	2011	2012	2013	2014	2015
Operating Revenue	\$ 903	\$ 938	\$ 975	\$ 1,019	\$ 1,117
Non-Operating Revenue	\$ 55	\$ 71	\$ 104	\$ 79	\$ 53
Total Revenue	\$ 959	\$ 1,008	\$ 1,078	\$ 1,098	\$ 1,171
Total Costs	\$ 967	\$ 985	\$ 1,022	\$ 1,064	\$ 1,166
Total Profit (Loss)	\$ (8.5)	\$ 23.4	\$ 56.2	\$ 34.6	\$ 4.7

What were the hospital's total margin and operating margins between FY11 and FY15, and how do these compare to the hospital's peer cohort medians?



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

\* High Public Payer Hospitals (HPP) receive a minimum of 63% of gross patient service revenue from public payers.

# Acute Specialty Hospitals - Curahealth Hospitals (Kindred Hospitals)

## 2015 Hospital Profile

### **Curahealth Hospitals**

Curahealth Hospital Boston and Curahealth Hospital Boston North Shore are both owned by Curahealth, a healthcare services company with long-term care hospitals in 6 states. Prior to fall 2016, both hospitals were owned by Kindred Healthcare, Inc. and were classified as long-term acute care hospitals, though now they are classified as non-acute care hospitals. Curahealth Hospital Boston and Curahealth Hospital Boston North Shore provide acute cardiac and pulmonary medicine, dialysis, wound care, infectious disease, and rehabilitation services following long-term illness.

### **Curahealth Hospital Boston**

Curahealth Hospital Boston is a for-profit hospital that specializes in providing long-term acute care services. It is located in Metro Boston region, and is among the smaller acute hospitals in Massachusetts, with 59 staffed beds. In FY15, the average length of stay at the hospitals was 28.9 days, and the hospital provided no outpatient services. It did not earn a profit in any year between FY11 and FY15.

### **Curahealth Hospital Boston North Shore**

Curahealth Hospital Boston North Shore is a for-profit hospital that specializes in providing long-term care services. It is located in the Northeastern Massachusetts region, and is among the smaller acute hospitals in Massachusetts, with 50 staffed beds. In FY15, the average length of stay at the hospitals was 27.6 days, and the hospital provided no outpatient services. It earned a negative total margin each year between FY11 and FY15.

**Curahealth Hospital Boston**  
Boston, MA

**At a Glance**

TOTAL STAFFED BEDS: 59  
 % OCCUPANCY: 66.4%  
 INPATIENT DISCHARGES in FY15: 495  
 PUBLIC PAYER MIX: 66%  
 TOTAL REVENUE in FY15: \$21,528,275  
 TAX STATUS: For Profit  
 INPATIENT:OUTPATIENT REVENUE in FY15: 100%:0%  
 CHANGE in OWNERSHIP (FY11-FY15): N/A

**Payer Mix**

What was the hospital's overall payer mix (gross charges) and how does this hospital compare to the average non-acute hospital's payer mix?

Curahealth Boston		Average Non-Acute Hospital
34%	Commercial & Other	32%
0%	State Programs	25%
66%	Medicare and Other Federal Programs	42%

Percentage calculations may not sum to 100% due to

	FY11	FY12	FY13	FY14	FY15
Average Length of Stay	24.4	23.9	25.2	24.2	28.9
Inpatient Days	11,091	11,019	13,154	12,767	14,301
Outpatient Visits	0	0	0	0	0
Net Inpatient Revenue Per Day	\$1,507	\$1,535	\$1,503	\$1,501	\$1,484
Net Outpatient Revenue (millions)	\$0.0	\$0.0	\$0.0	\$0.0	\$0.0
Operating Margin	-3.0%	-1.9%	-0.1%	-8.0%	-0.9%
Total Margin	-3.0%	-1.9%	-0.1%	-8.0%	-0.9%

**Revenue, Cost, & Profit/Loss (in millions)**

FY	Total Revenue	Operating Revenue	Non-Operating Revenue	Costs	Total Profit/Loss
2011	\$16	\$16	\$0	\$17	-\$0.5
2012	\$17	\$17	\$0	\$17	-\$0.3
2013	\$19	\$19	\$0	\$19	-\$0.0
2014	\$19	\$19	\$0	\$20	-\$1.5
2015	\$22	\$22	\$0	\$22	-\$0.2

**Curahealth Hospital Boston North Shore**  
Peabody, MA

**At a Glance**

TOTAL STAFFED BEDS: 50  
 % OCCUPANCY: 69.3%  
 INPATIENT DISCHARGES in FY15: 458  
 PUBLIC PAYER MIX: 66%  
 TOTAL REVENUE in FY15: \$19,333,250  
 TAX STATUS: For Profit  
 INPATIENT:OUTPATIENT REVENUE in FY15: 100%:0%  
 CHANGE in OWNERSHIP N/A

**Payer Mix**

What was the hospital's overall payer mix (gross charges) and how does this hospital compare to the average non-acute hospital's payer mix?

Curahealth Boston North Shore		Average Non-Acute Hospital
34%	Commercial & Other	32%
0%	State Programs	25%
66%	Medicare and Other Federal Programs	42%

Percentage calculations may not sum to 100% due to

	FY11	FY12	FY13	FY14	FY15
Average Length of Stay	32.3	27.2	25.8	26.9	27.6
Inpatient Days	12,107	11,648	11,779	12,577	12,652
Outpatient Visits	0	0	0	0	0
Net Inpatient Revenue Per Day	\$1,546	\$1,502	\$1,477	\$1,537	\$1,571
Net Outpatient Revenue (millions)	\$0.0	\$0.0	\$0.0	\$0.0	\$0.0
Operating Margin	-11.9%	-11.7%	-9.4%	-7.4%	-9.0%
Total Margin	-11.9%	-11.9%	-9.4%	-7.4%	-9.0%

**Revenue, Cost, & Profit/Loss (in millions)**

FY	Total Revenue	Operating Revenue	Non-Operating Revenue	Costs	Total Profit/Loss
2011	\$18	\$18	\$0	\$20	-\$2.1
2012	\$18	\$18	\$0	\$20	-\$2.0
2013	\$17	\$17	\$0	\$19	-\$1.6
2014	\$19	\$19	\$0	\$21	-\$1.4
2015	\$19	\$19	\$0	\$21	-\$1.7

# MASSACHUSETTS EYE AND EAR INFIRMARY

## 2015 Hospital Profile

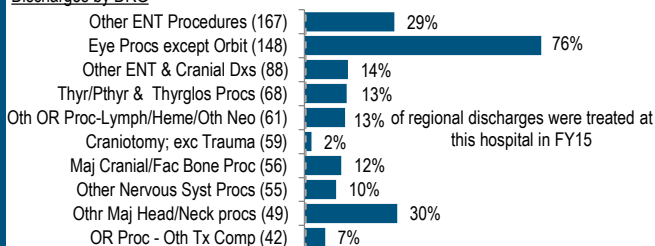
Boston, MA  
Specialty Hospital  
Metro Boston

Massachusetts Eye and Ear Infirmary is a nonprofit specialty hospital located in the Metro Boston region. Mass Eye and Ear provides specialized services for disorders of the eye, ear, nose, and throat, including a 24-hour emergency department for these conditions, and is the region's only designated eye trauma center. It serves a patient population ranging in age from newborns to the elderly. Mass Eye and Ear is a teaching hospital of Harvard Medical School. It had a negative operating margin each year from FY11 to FY15, but a positive total margin each year except FY14 in the five-year period.

At a Glance	<b>Overview / Size</b>	
	Hospital System Affiliation:	Not Applicable
	Change in Ownership (FY11-FY15):	Not Applicable
	Total Staffed Beds:	41
	% Occupancy:	32.1%
	Special Public Funding:	Not Applicable
	Trauma Center Designation:	Not Applicable
	Case Mix Index:	1.24, < cohort avg. (1.83); > statewide (1.00)
	<b>Financial</b>	
	Inpatient NPSR per CMAD:	\$10,583
Services	Change FY14-FY15:	-11.7%
	Inpatient:Outpatient Revenue in FY15:	10%:90%
	Outpatient Revenue in FY15:	\$147,015,233
	Change FY14-FY15:	9.5%
	Total Revenue in FY15:	\$257,274,257
	Total Surplus (Loss) in FY15:	\$2,932,698
	<b>Payer Mix</b>	
	Public Payer Mix:	45.5% (Non-HPP* Hospital)
	CY15 Commercial Relative Price:	0.83
	Top 3 Commercial Payers:	Blue Cross Blue Shield of MA Harvard Pilgrim Health Care Tufts Health Plan
Quality	<b>Utilization</b>	
	Inpatient Discharges in FY15:	1,262
	Change FY14-FY15:	-4.8%
	Emergency Department Visits in FY15:	17,712
	Change FY14-FY15:	-1.9%
	Outpatient Visits in FY15:	271,618
	Change FY14-FY15:	3.5%
	<b>Quality</b>	
	Readmission Rate in FY15:	9.0%
	Change FY11-FY15 (percentage points):	0.5%
	Early Elective Deliveries Rate (Jan 2015-Jun 2016):	Not applicable

What were the most common inpatient cases (DRGs) treated at the hospital in FY15? What proportion of the region's cases did this hospital treat for each service?

### Discharges by DRG

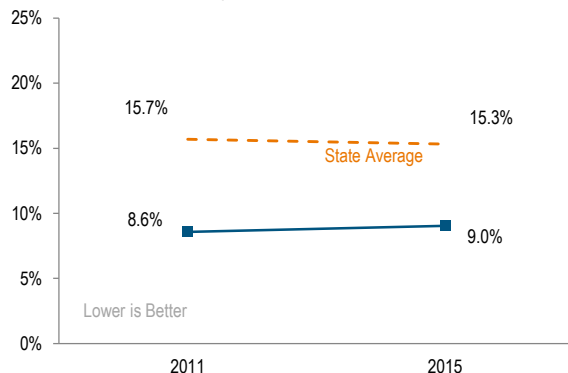


--- Hospital (1,262) = 0% of total regional discharges

Where did most of the hospital's inpatients reside? What proportion of each community's total discharges was attributed to this hospital?

This graph has been suppressed as no single community accounted for more than 1% of the hospital's total discharges, however the hospital reports its patients are primarily from Massachusetts, but also across New England, the U.S. and in some cases, the world.

What proportion of adult patient discharges from this hospital resulted in a readmission at any hospital within 30 days, and how does this compare to the state average?



How many central line-associated blood stream infections (CLABSI), catheter-associated urinary tract infections (CAUTI), and surgical site infections (SSI) after colon surgery did patients get at this hospital compared to what was expected based on the hospital's characteristics and case mix?

Data is not available for these measures.

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



# 2015 HOSPITAL PROFILE: MASSACHUSETTS EYE AND EAR INFIRMARY

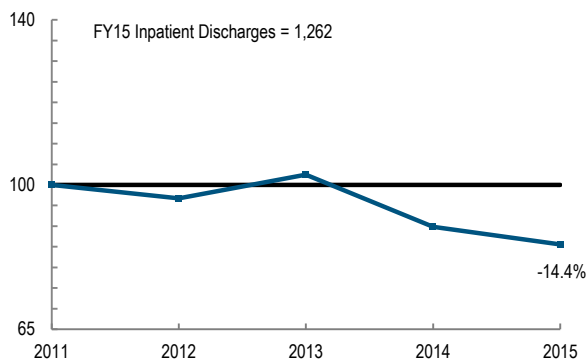
Cohort: N/A - Specialty Hospital

Key:

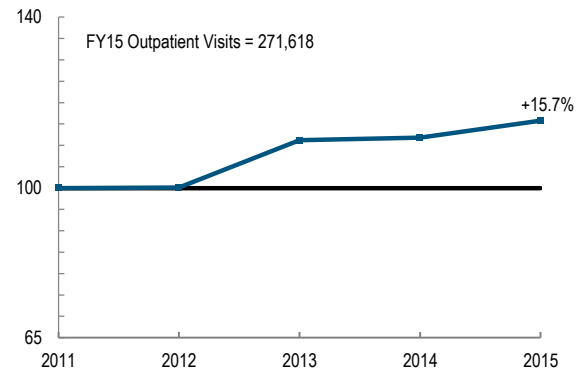
■ Hospital

## Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY11? (FY11=100)

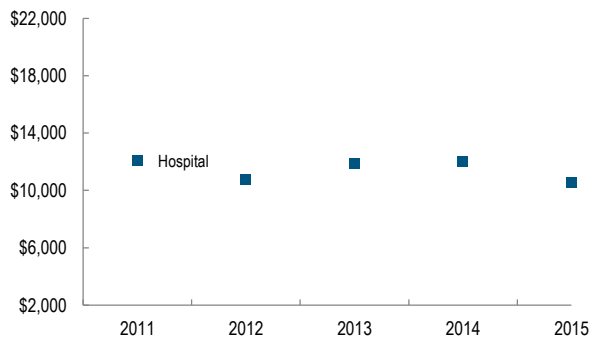


How has the volume of the hospital's outpatient visits changed compared to FY11? (FY11=100)

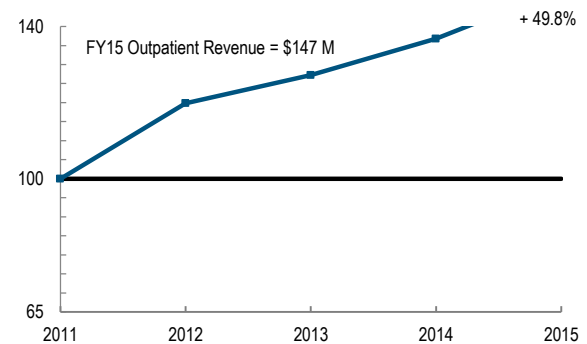


## Patient Revenue Trends

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY11 and FY15?



How has the hospital's total outpatient revenue changed compared to FY11? (FY11=100)



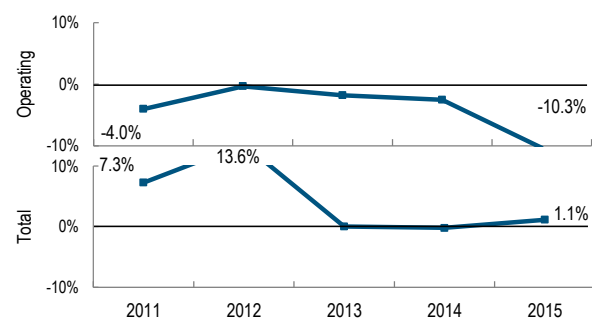
## Financial Performance

How have the hospital's total revenue and costs changed between FY11 and FY15?

### Revenue, Cost, & Profit/Loss (in millions)

FY	2011	2012	2013	2014	2015
Operating Revenue	\$ 193	\$ 202	\$ 219	\$ 223	\$ 228
Non-Operating Revenue	\$ 25	\$ 33	\$ 4	\$ 5	\$ 30
Total Revenue	\$ 217	\$ 234	\$ 224	\$ 229	\$ 257
Total Costs	\$ 202	\$ 202	\$ 224	\$ 229	\$ 254
Total Profit (Loss)	\$ 15.8	\$ 31.8	\$ 0.1	\$ (0.5)	\$ 2.9

What were the hospital's total margin and operating margins between FY11 and FY15?



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

\* High Public Payer Hospitals (HPP) receive a minimum of 63% of gross patient service revenue from public payers.

# NEW ENGLAND BAPTIST HOSPITAL

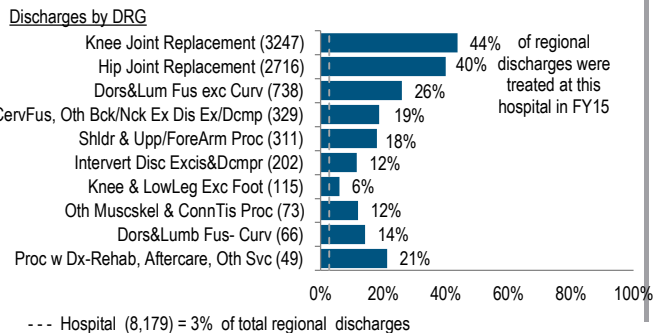
## 2015 Hospital Profile

Boston, MA  
Specialty Hospital  
Metro Boston

New England Baptist Hospital is a nonprofit specialty hospital located in the Metro Boston region. New England Baptist focuses exclusively on orthopedic and musculoskeletal conditions. It is responsible for only 3% of the inpatient discharges in its region, but accounts for over 40% of both hip and knee joint replacements. It is among the smaller acute hospitals in Massachusetts and a member of CareGroup. New England Baptist Hospital is a teaching affiliate of Tufts University School of Medicine and conducts teaching programs in collaboration with the Harvard School of Public Health and the Harvard School of Medicine. New England Baptist earned a profit each year from FY11 to FY15, with a total margin of 2.4% in FY15.

At a Glance	<b>Overview / Size</b>	
	Hospital System Affiliation:	CareGroup
	Change in Ownership (FY11-FY15):	Not Applicable
	Total Staffed Beds:	100, mid-size acute hospital
	% Occupancy:	67.7%
	Special Public Funding:	Not Applicable
	Trauma Center Designation:	Not Applicable
	Case Mix Index:	1.39, < cohort avg. (1.83); > statewide (1.00)
	<b>Financial</b>	
	Inpatient NPSR per CMAD:	\$14,645
Services	Change FY14-FY15:	2.8%
	Inpatient:Outpatient Revenue in FY15:	60%:40%
	Outpatient Revenue in FY15:	\$60,710,112
	Change FY14-FY15:	-2.7%
	Total Revenue in FY15:	\$244,613,018
	Total Surplus (Loss) in FY15:	\$5,920,383
	<b>Payer Mix</b>	
	Public Payer Mix:	42.7% (Non-HPP* Hospital)
	CY15 Commercial Relative Price:	0.93
	Top 3 Commercial Payers:	Blue Cross Blue Shield of MA Harvard Pilgrim Health Care Tufts Health Plan
Quality	<b>Utilization</b>	
	Inpatient Discharges in FY15:	8,179
	Change FY14-FY15:	0.1%
	Emergency Department Visits in FY15:	00
	Change FY14-FY15:	
	Outpatient Visits in FY15:	124,595
	Change FY14-FY15:	-4.4%
	<b>Quality</b>	
	Readmission Rate in FY15:	3.0%
	Change FY11-FY15 (percentage points):	-1.5%
	Early Elective Deliveries Rate (Jan 2015-Jun 2016):	Not Available

What were the most common inpatient cases (DRGs) treated at the hospital in FY15? What proportion of the region's cases did this hospital treat for each service?

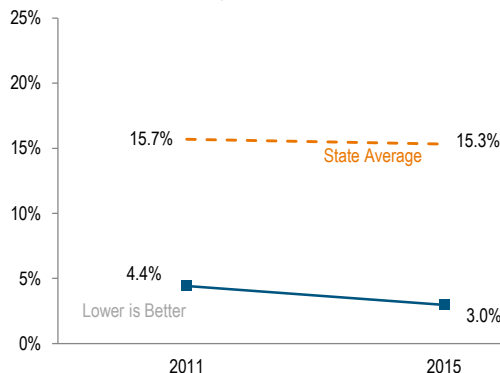


Where did most of the hospital's inpatients reside? What proportion of each community's total discharges was attributed to this hospital?

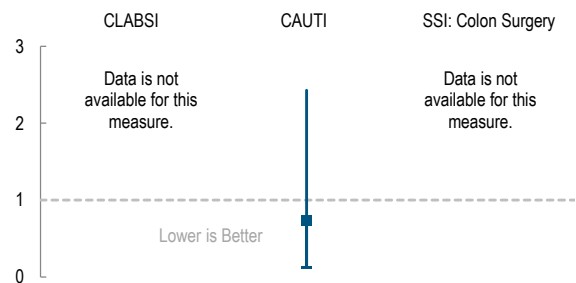
In FY15, this hospital drew patients primarily from eastern Massachusetts, including: Quincy, Boston, Worcester, Cambridge, Plymouth, Braintree, Framingham, Brockton, Waltham, and Medford.

This graph has been suppressed as no single community accounted for more than 2% of the hospital's total discharges.

What proportion of adult patient discharges from this hospital resulted in a readmission at any hospital within 30 days, and how does this compare to the state average?



How many central line-associated blood stream infections (CLABSI), catheter-associated urinary tract infections (CAUTI), and surgical site infections (SSI) after colon surgery did patients get at this hospital compared to what was expected based on the hospital's characteristics and case mix?



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

# 2015 HOSPITAL PROFILE: NEW ENGLAND BAPTIST HOSPITAL

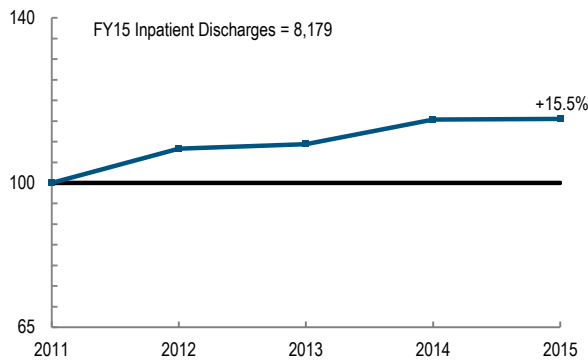
Cohort: N/A - Specialty Hospital

Key:

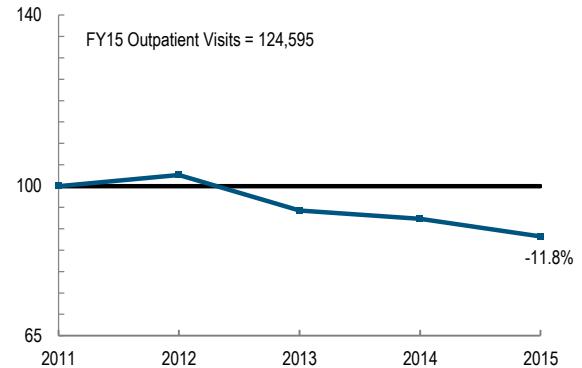
■ Hospital

## Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY11? (FY11=100)

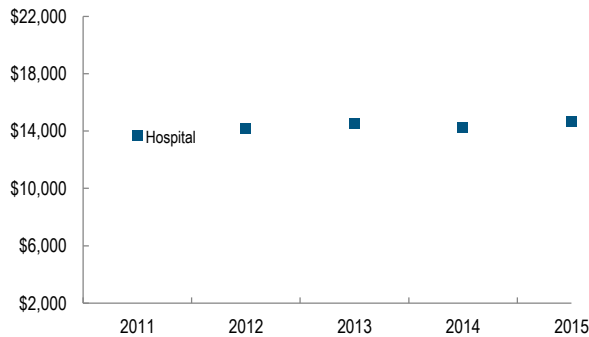


How has the volume of the hospital's outpatient visits changed compared to FY11, and how does this compare to the hospital's peer cohort median? (FY11=100)

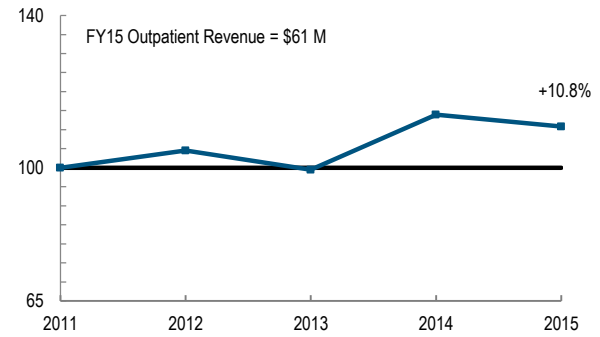


## Patient Revenue Trends

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY11 and FY15?



How has the hospital's total outpatient revenue changed compared to FY11? (FY11=100)



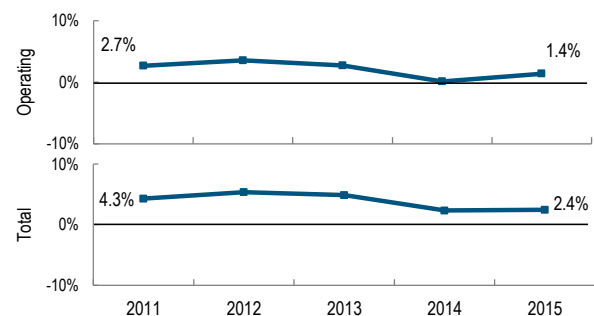
## Financial Performance

How have the hospital's total revenue and costs changed between FY11 and FY15?

### Revenue, Cost, & Profit/Loss (in millions)

FY	2011	2012	2013	2014	2015
Operating Revenue	\$ 200	\$ 215	\$ 220	\$ 234	\$ 242
Non-Operating Revenue	\$ 3	\$ 4	\$ 5	\$ 5	\$ 3
Total Revenue	\$ 203	\$ 219	\$ 225	\$ 239	\$ 245
Total Costs	\$ 194	\$ 207	\$ 214	\$ 234	\$ 239
Total Profit (Loss)	\$ 8.7	\$ 11.7	\$ 10.9	\$ 5.5	\$ 5.9

What were the hospital's total margin and operating margins between FY11 and FY15, and how do these compare to the hospital's peer cohort medians?



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

\* High Public Payer Hospitals (HPP) receive a minimum of 63% of gross patient service revenue from public payers.

# Acute Specialty Hospitals - Shriners Hospitals for Children

## 2015 Hospital Profile

Until 2011, Shriners Hospital did not collect payments from insurers and relied solely on donations, thus they were not subject to the same filing requirements as other acute and non-acute hospitals in Massachusetts.

**Shriners Hospital for Children** is a health care system dedicated to pediatric specialty care, research and teaching programs for medical professionals. Children up to age 18 with orthopedic conditions, burns, spinal cord injuries and cleft lip and palate are eligible for care and receive all services regardless of the families' ability to pay. The hospital system was founded by Shriners International, a fraternity with nearly 200 chapters and thousands of clubs around the world. Shriners Hospitals for Children has 22 facilities in the United States, Canada, and Mexico.

**Shriners Hospital for Children - Boston** is a 30-bed pediatric specialty hospital, research, and teaching center located in Boston. It treats children with severe burn injuries, complex skin conditions, orthopedic conditions, and cleft lip and palate. It is the only exclusively pediatric, verified burn center in New England. Forty-five percent of its revenue comes from inpatient services, and the hospital reported 174 inpatient discharges in FY15, 48% fewer than in the prior year. Its most prominent cases in the region were partial thickness burns with or without skin graft and skin graft for skin and subcutaneous tissue diagnoses.

**Shriners Hospital for Children - Springfield** is dedicated to providing care for a wide range of pediatric orthopedic and neuromusculoskeletal disorders and diseases, as well as cleft lip and palate. Located in Springfield, it has 40 beds. Roughly 40% of its revenue comes from inpatient services, and it had 86 discharges in FY15, a 32% decrease from FY14.

## Shriners Hospitals for Children - Boston Boston, MA

### At a Glance

TOTAL STAFFED BEDS: 30

% OCCUPANCY: 19.31

INPATIENT DISCHARGES in FY15: 174

PUBLIC PAYER MIX: 30.7%

TOTAL REVENUE in FY15: \$36,019,013

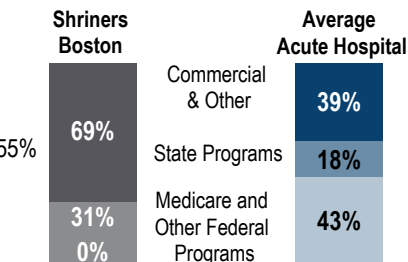
TAX STATUS: Nonprofit

INPATIENT:OUTPATIENT REVENUE in FY15: 45%:55%

CHANGE in OWNERSHIP (FY11-FY15): N/A

### Payer Mix

What was the hospital's overall payer mix (gross charges) and how does this hospital compare to the average acute hospital's payer mix?



Percentage calculations may not sum to 100% due to rounding.

	FY12	FY13	FY14	FY15
Average Length of Stay	6.1	6.9	8.2	12.2
Inpatient Discharges	532	456	332	174
Outpatient Visits	0	5362	5362	4492
Net Inpatient Revenue per Case Mix Adjusted Discharge	\$ 268	\$ 2,907	\$ 22,660	\$ 2,044
Outpatient Revenue (millions)	\$2.3	\$0.5	-\$13.4	\$1.4
Operating Margin			-54%	-98%
Total Margin			36%	-9%

### Revenue, Cost, & Profit/Loss (in millions)

FY	Total Revenue	Operating Revenue	Non-Operating Revenue	Costs	Total Profit/Loss
----	---------------	-------------------	-----------------------	-------	-------------------

2012

2013

2014 \$62 \$6 \$56 \$40 \$22

2015 \$36 \$4 \$32 \$39 -\$3

Data is not displayed due to differences in reporting methods between years.

## Shriners Hospitals for Children - Springfield Springfield, MA

### At a Glance

TOTAL STAFFED BEDS: 40

% OCCUPANCY: 3.38

INPATIENT DISCHARGES in FY15: 86

PUBLIC PAYER MIX: 54.5%

TOTAL REVENUE in FY15: \$17,217,074

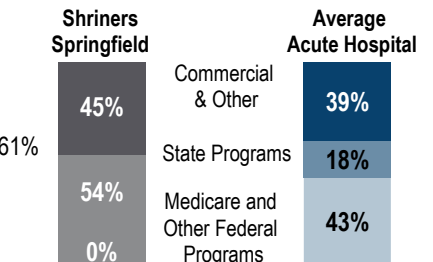
TAX STATUS: Nonprofit

INPATIENT:OUTPATIENT REVENUE in FY15: 39%:61%

CHANGE in OWNERSHIP (FY11-FY15):N/A

### Payer Mix

What was the hospital's overall payer mix (gross charges) and how does this hospital compare to the average acute hospital's payer mix?



Percentage calculations may not sum to 100% due to rounding.

	FY12	FY13	FY14	FY15
Average Length of Stay	5.6	5.1	4.1	5.7
Inpatient Discharges	172	152	126	86
Outpatient Visits	0	12413	6568	9980
Net Inpatient Revenue per Case Mix Adjusted Discharge	\$ 4,507	\$ 8,272	\$ 30,651	\$ 12,850
Outpatient Revenue (millions)	\$1.7	\$2.0	-\$0.8	\$3.2
Operating Margin			-47%	-68%
Total Margin			37%	0%

### Revenue, Cost, & Profit/Loss (in millions)

FY	Total Revenue	Operating Revenue	Non-Operating Revenue	Costs	Total Profit/Loss
----	---------------	-------------------	-----------------------	-------	-------------------

2012

2013

2014 \$31 \$5 \$26 \$19 \$11

2015 \$17 \$6 \$12 \$17 \$0

Data is not displayed due to differences in reporting methods between years.

# INTRODUCTION TO NON-ACUTE HOSPITAL COHORT PROFILES

**Non-acute hospitals** in Massachusetts are 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.

When presenting trends for utilization, costs, and financial performance, CHIA has provided baseline data for each hospital's cohort as a point of comparison. Specialty non-acute hospitals are not identified with a distinct cohort; however, individual specialty non-acute hospital profiles are available.

**Psychiatric hospitals** are licensed by DMH for psychiatric services and by DPH for substance abuse services.

## Psychiatric Hospital Cohort page C1

Arbour Hospital  
Arbour-Fuller Hospital  
Arbour-HRI Hospital  
Baldpate Hospital  
Bournewood Hospital

McLean Hospital  
Walden Behavioral Care  
Westwood Pembroke Hospital  
Whittier Pavilion

**Rehabilitation hospitals** provide intensive post-acute rehabilitation services, such as physical, occupational, and speech therapy services. For Medicare payment purposes, the federal government classifies hospitals as rehabilitation hospitals if they provide more than 60% of their inpatient services to patients with one or more of 13 diagnoses listed in federal regulations.

## Rehabilitation Hospital Cohort page C2

Braintree Rehabilitation Hospital  
Fairlawn Rehabilitation Hospital  
HealthSouth Rehabilitation Hospital of  
Western Massachusetts  
New Bedford Rehabilitation Hospital

New England Rehabilitation Hospital  
Spaulding Rehabilitation Hospital of Cape Cod  
Spaulding Rehabilitation Hospital  
Whittier Rehabilitation Hospital Bradford  
Whittier Rehabilitation Hospital Westborough

**Chronic care hospitals** are hospitals with an average length of patient stay greater than 25 days. These hospitals typically provide longer-term care, such as ventilator dependent care. Medicare classifies chronic hospitals as Long-Term Care Hospitals, using the same 25-day threshold.

## Chronic Care Hospital Cohort page C3

Kindred Hospital Northeast  
New England Sinai Hospital

Spaulding Hospital Cambridge  
Vibra Hospital of Western Massachusetts

## Specialty Non-Acute Hospital page C4

AdCare Hospital of Worcester  
Franciscan Hospital for Children

Hebrew Rehabilitation Hospital

For detailed descriptions of the data sources and metrics used in the non-acute hospital profiles, please see the Technical Appendix.



# HOW TO READ NON-ACUTE HOSPITAL COHORT PROFILES – FISCAL YEAR 2015

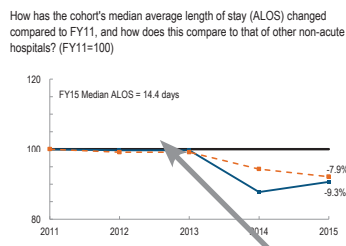
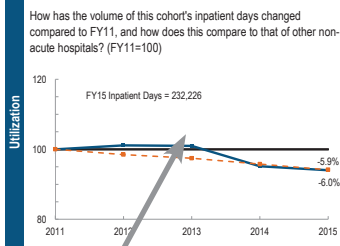
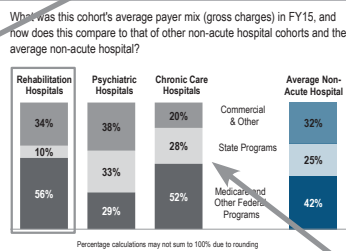
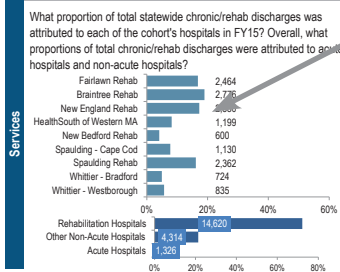
This sheet provides a brief introduction to the metrics on the non-acute hospital cohort-level profiles. Definitions and notes on all metrics are available in the technical appendix.

## REHABILITATION HOSPITALS

### 2015 Hospital Profile

Rehabilitation hospitals provide intensive, post-acute rehabilitation services, such as physical, occupational, and speech therapy services. For Medicare payment purposes, hospitals are classified as rehabilitation hospitals if they provide more than 60% of their inpatient services to patients with one or more of 13 diagnoses listed in the federal regulations. The nine rehabilitation hospitals treated 72% of chronic and rehabilitation cases in FY15, while other non-acute hospitals treated 21% and acute hospitals treated 7%. All but one of the rehabilitation hospitals were profitable in FY15, consistent with the year prior. Inpatient days decreased 6% between FY11 and FY15 at rehabilitation hospitals.

<b>Hospitals in Cohort:</b>	
Fairlawn Rehabilitation Hospital	Spaulding Rehabilitation Hospital Cape Cod
Braintree Rehabilitation Hospital	Spaulding Rehabilitation Hospital
New England Rehabilitation Hospital	Whittier Rehab Hospital Bradford
HealthSouth Rehabilitation Hospital of Western Massachusetts	Whittier Rehab Hospital Westborough
New Bedford Rehabilitation Hospital	
<b>Total Beds:</b>	
990 (26.6% of total non-acute hospitals)	
<b>Median % Occupancy:</b>	
77.8%, < total non-acute hospitals (79.1%)	
<b>Total Inpatient Days:</b>	
232,226 (23.1% of total non-acute hospitals)	
<b>Total Inpatient Discharges:</b>	
14,620 (26.0% of total non-acute hospitals)	
<b>Average Public Payer Mix:</b>	
65.9%, < total non-acute hospitals (67.6%)	
<b>Total Gross Revenue in FY15:</b>	
\$819 million (34.9% of total non-acute hospitals)	
<b>Inpatient/Outpatient Revenue in FY15:</b>	
82%:18% (total non-acute hospitals = 84%:16%)	



For descriptions of the metrics, please see Technical Appendix.

Key: Cohort (solid line), Statewide (dashed line)

## List of hospitals in cohort

## Inpatient cases

Each cohort hospital's proportion of cohort-type discharges statewide (e.g., rehabilitation hospital's proportion of total chronic and rehabilitation discharges) for FY15 are displayed in the top graph. Note that some cohort hospitals treat other types of cases as well.

The bottom graph shows the cohort hospitals' total number of discharges for the cohort type, and compares it to the number of discharges of that type that come from other non-acute hospitals and from acute hospitals.

## Payer mix

The cohort's average share of business from federal, state, and commercial payers is outlined. The average payer mix for all non-acute hospitals and for each of the other non-acute hospital cohorts is shown for comparison.

## Change in volume of inpatient days

## Change in the median of the cohort hospitals' average length of stay



# HOW TO READ NON-ACUTE HOSPITAL COHORT PROFILES – FISCAL YEAR 2015

Utilization, cost, revenue, and financial data from FY11 to FY15 is presented for each hospital in the given non-acute hospital cohort in the tables below.

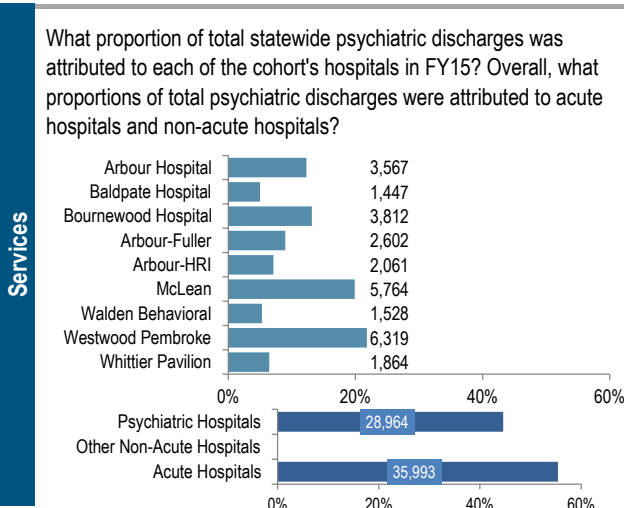


# PSYCHIATRIC HOSPITALS

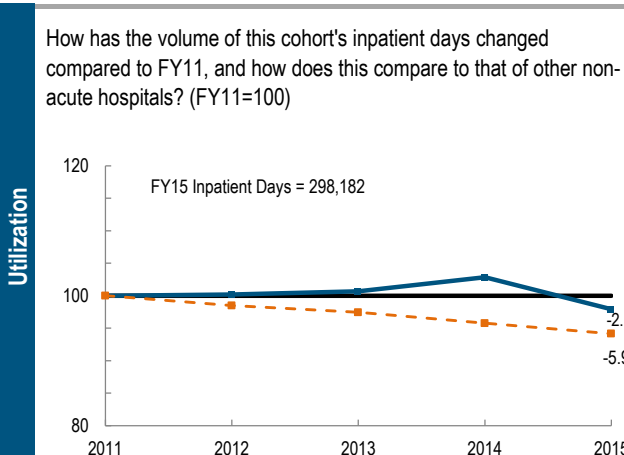
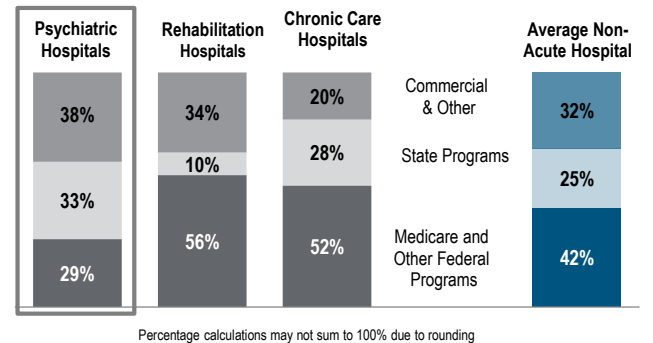
## 2015 Hospital Profile

Psychiatric hospitals are licensed by the Department of Mental Health (DMH) for psychiatric services, and by the Department of Public Health (DPH) for substance abuse services. Psychiatric hospitals treated 45% of psychiatric discharges in FY15, while acute hospitals treated nearly 55% of the psychiatric discharge in Massachusetts. Psychiatric hospitals offer a variety of mental health services, substance abuse disorder treatments, and inpatient, outpatient, and partial hospitalization services. Eight of the nine psychiatric hospitals earned a profit in FY15. Two new psychiatric hospitals, High Point Hospital and Southcoast Behavior Health opened in 2015 with first data reporting for FY16. A third new psychiatric hospital, TaraVista Behavior Health opened in Fall of 2016 with first data reporting for FY17.

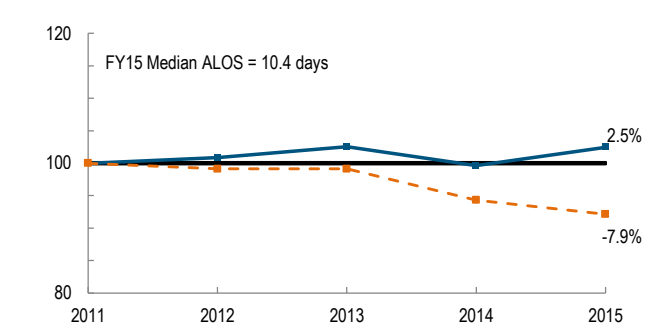
At a Glance	<b>Hospitals in Cohort:</b>	
	Arbour Hospital	McLean Hospital
	Baldpate Hospital	Walden Behavioral Care
	Bournewood Hospital	Westwood Pembroke Hospital
	Arbour-Fuller Hospital	Whittier Pavilion
	Arbour-HRI Hospital	
	<b>Total Beds:</b>	
	971 (26.1% of total non-acute hospitals)	62.0%, < total non-acute hospitals (67.6%)
	<b>Median % Occupancy:</b>	
	82.5%, > total non-acute hospitals (79.1%)	<b>Total Gross Revenue in FY15:</b>
	<b>Total Inpatient Days:</b>	
	298,182 (29.6% of total non-acute hospitals)	<b>Inpatient: Outpatient Revenue in FY15:</b>
	<b>Total Inpatient Discharges:</b>	
	28,964 (51.5% of total non-acute hospitals)	83%:17% (total non-acute hospitals = 84%:16%)



What was this cohort's average payer mix (gross charges) in FY15, and how does this compare to that of other non-acute hospital cohorts and the average non-acute hospital?



How has the cohort's median average length of stay (ALOS) changed compared to FY11, and how does this compare to that of other non-acute hospitals? (FY11=100)



# PSYCHIATRIC HOSPITALS

## 2015 Hospital Profile

Utilization Trends	Volume of Inpatient Days					
		FY11	FY12	FY13	FY14	FY15
	Arbour Hospital	40,409	40,719	44,642	44,074	42,121
	Baldpate Hospital	14,764	12,224	8,378	13,517	7,576
	Bournewood Hospital	27,246	27,924	27,880	30,903	31,495
	Arbour-Fuller	33,755	30,180	32,149	32,176	31,014
	Arbour-HRI	23,231	23,176	21,591	18,672	19,280
	McLean	57,416	57,988	56,910	58,070	59,988
	Walden Behavioral	13,484	15,377	15,505	16,479	16,554
	Westwood Pembroke	76,027	79,407	80,757	79,849	71,348
	Whittier Pavilion	18,266	18,216	18,792	19,525	18,806

Utilization Trends	Average Length of Stay (Days)					
		FY11	FY12	FY13	FY14	FY15
	Arbour Hospital	11.5	10.5	11.1	12.2	11.8
	Baldpate Hospital	6.3	6.1	5.5	6.4	5.2
	Bournewood Hospital	7.6	7.6	8.1	8.3	8.3
	Arbour-Fuller	10.2	10.5	11.0	11.0	11.9
	Arbour-HRI	10.9	10.3	9.6	9.4	9.4
	McLean	9.4	9.6	9.5	10.1	10.4
	Walden Behavioral	9.4	9.7	11.0	10.1	10.8
	Westwood Pembroke	10.8	11.2	11.4	10.8	11.3
	Whittier Pavilion	11.6	10.7	10.4	10.2	10.1

Utilization Trends	Volume of Outpatient Visits					
		FY11	FY12	FY13	FY14	FY15
	Arbour Hospital	28,835	26,953	37,093	38,436	40,470
	Baldpate Hospital	This hospital does not provide outpatient services				
	Bournewood Hospital	24,553	25,238	25,771	22,876	27,593
	Arbour-Fuller	13,816	16,520	17,405	16,071	18,410
	Arbour-HRI	15,126	15,060	14,251	13,912	13,493
	McLean	102,756	103,306	104,813	107,244	115,719
	Walden Behavioral	7,806	12,406	13,398	16,820	18,853
	Westwood Pembroke	16,583	15,792	14,219	14,832	20,436
	Whittier Pavilion	0	0	102	2,287	5,338

Patient Revenue Trends	Net Patient Revenue per Inpatient Day					
		FY11	FY12	FY13	FY14	FY15
	Arbour Hospital	\$699	\$711	\$698	\$723	\$728
	Baldpate Hospital	\$537	\$553	\$636	\$333	\$678
	Bournewood Hospital	\$667	\$747	\$776	\$757	\$753
	Arbour-Fuller	\$641	\$608	\$627	\$650	\$644
	Arbour-HRI	\$718	\$710	\$727	\$738	\$743
	McLean	\$1,055	\$1,052	\$1,111	\$1,156	\$1,184
	Walden Behavioral	\$709	\$731	\$795	\$833	\$1,119
	Westwood Pembroke	\$697	\$697	\$717	\$742	\$747
	Whittier Pavilion	\$839	\$1,042	\$825	\$905	\$834

Utilization Trends	Total Net Outpatient Revenue (in millions)					
		FY11	FY12	FY13	FY14	FY15
	Arbour Hospital	\$5.1	\$5.6	\$7.3	\$7.4	\$6.4
	Baldpate Hospital	This hospital does not provide outpatient services				
	Bournewood Hospital	\$4.0	\$2.3	\$2.5	\$3.1	\$4.3
	Arbour-Fuller	\$3.4	\$4.0	\$4.4	\$4.3	\$4.8
	Arbour-HRI	\$5.2	\$5.2	\$5.2	\$5.2	\$5.0
	McLean	\$38.4	\$43.1	\$40.7	\$40.5	\$45.4
	Walden Behavioral	\$2.2	\$3.1	\$3.6	\$6.1	\$6.1
	Westwood Pembroke	\$7.0	\$7.4	\$7.4	\$7.7	\$7.7
	Whittier Pavilion	\$0.0	\$0.0	\$0.01	\$0.3	\$0.6

Financial Performance	Total Revenue, Cost, and Profit (Loss) in FY2015				
		Operating Revenue	Total Revenue	Costs	Income (Loss)
	Arbour Hospital	\$37.1	\$37.1	\$31.9	\$5.2
	Baldpate Hospital	\$5.1	\$5.1	\$4.6	\$0.5
	Bournewood Hospital	\$28.3	\$28.3	\$25.6	\$2.7
	Arbour-Fuller	\$25.0	\$25.0	\$21.9	\$3.0
	Arbour-HRI	\$19.4	\$19.4	\$17.9	\$1.5
	McLean	\$198.8	\$196.8	\$193.8	\$3.0
	Walden Behavioral	\$26.7	\$26.7	\$26.5	\$0.2
	Westwood Pembroke	\$61.0	\$61.0	\$52.5	\$8.5
	Whittier Pavilion	\$18.0	\$18.0	\$18.6	(\$0.5)

For descriptions of the metrics, please see Technical Appendix.

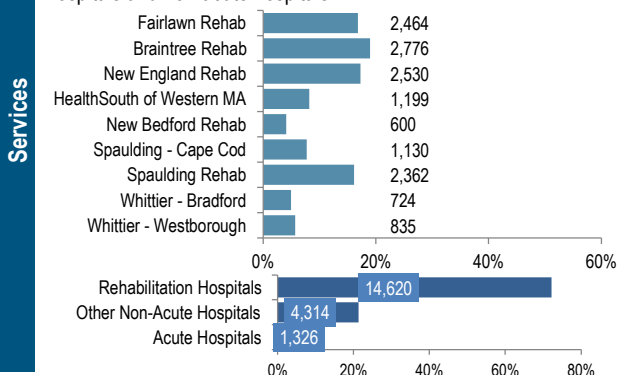
# REHABILITATION HOSPITALS

## 2015 Hospital Profile

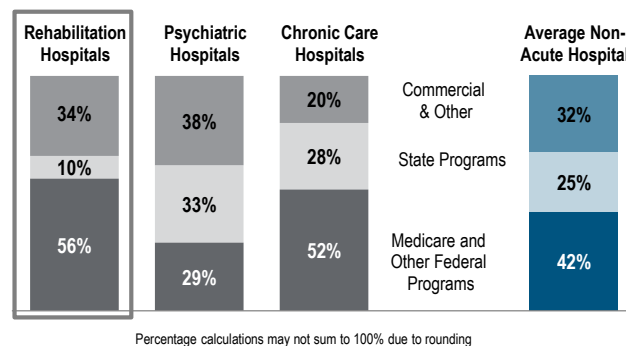
Rehabilitation hospitals provide intensive, post-acute rehabilitation services, such as physical, occupational, and speech therapy services. For Medicare payment purposes, hospitals are classified as rehabilitation hospitals if they provide more than 60% of their inpatient services to patients with one or more of 13 diagnoses listed in the federal regulations. The nine rehabilitation hospitals treated 72% of chronic and rehabilitation cases in FY15, while other non-acute hospitals treated 21% and acute hospitals treated 7%. All but one of the rehabilitation hospitals were profitable in FY15, consistent with the year prior. Inpatient days decreased 6% between FY11 and FY15 at rehabilitation hospitals.

At a Glance	<b>Hospitals in Cohort:</b>	
	Fairlawn Rehabilitation Hospital	Spaulding Rehabilitation Hospital Cape Cod
	Braintree Rehabilitation Hospital	Spaulding Rehabilitation Hospital
	New England Rehabilitation Hospital	Whittier Rehab Hospital Bradford
	HealthSouth Rehabilitation Hospital of Western Massachusetts	Whittier Rehab Hospital Westborough
	New Bedford Rehabilitation Hospital	
	<b>Total Beds:</b>	
	990 (26.6% of total non-acute hospitals)	65.9%, < total non-acute hospitals (67.6%)
	<b>Median % Occupancy:</b>	
	77.8%, < total non-acute hospitals (79.1%)	<b>Total Gross Revenue in FY15:</b>
	<b>Total Inpatient Days:</b>	\$819 million (34.9% of total non-acute hospitals)
	232,226 (23.1% of total non-acute hospitals)	<b>Inpatient:Outpatient Revenue in FY15:</b>
	<b>Total Inpatient Discharges:</b>	82%:18% (total non-acute hospitals = 84%:16%)
	14,620 (26.0% of total non-acute hospitals)	

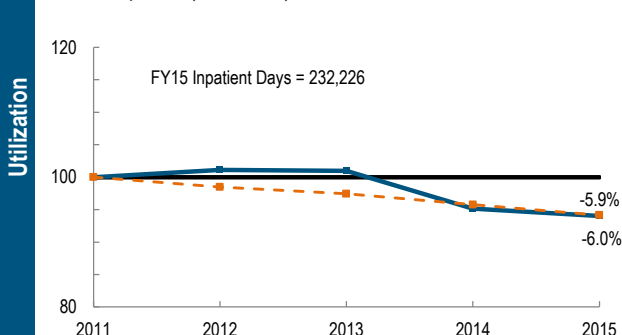
What proportion of total statewide chronic/rehab discharges was attributed to each of the cohort's hospitals in FY15? Overall, what proportions of total chronic/rehab discharges were attributed to acute hospitals and non-acute hospitals?



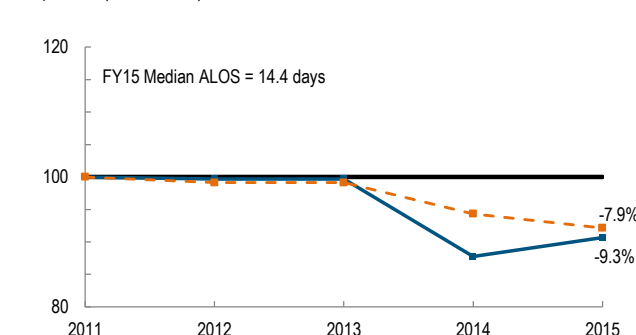
What was this cohort's average payer mix (gross charges) in FY15, and how does this compare to that of other non-acute hospital cohorts and the average non-acute hospital?



How has the volume of this cohort's inpatient days changed compared to FY11, and how does this compare to that of other non-acute hospitals? (FY11=100)



How has the cohort's median average length of stay (ALOS) changed compared to FY11, and how does this compare to that of other non-acute hospitals? (FY11=100)



For descriptions of the metrics, please see Technical Appendix.

Key:  
 Cohort  
 Statewide

# REHABILITATION HOSPITALS

## 2015 Hospital Profile

Utilization Trends	Volume of Inpatient Days					
		FY11	FY12	FY13	FY14	FY15
	Fairlawn Rehab	29,067	32,086	33,059	32,121	31,226
	Braintree Rehab	35,303	35,405	36,528	30,803	28,600
	New England Rehab	35,413	35,815	35,580	30,526	31,144
	HealthSouth of Western MA	16,516	17,026	16,910	17,062	17,226
	New Bedford Rehab	26,841	27,635	27,788	26,807	25,593
	Spaulding - Cape Cod	14,030	14,361	14,974	15,851	15,667
	Spaulding Rehab	53,821	52,208	49,155	45,583	46,005
	Whittier - Bradford	18,026	17,460	17,579	18,552	18,069
	Whittier - Westborough	17,976	17,700	17,824	17,767	18,696

Utilization Trends	Volume of Outpatient Visits					
		FY11	FY12	FY13	FY14	FY15
	Fairlawn Rehab	9,979	10,632	10,809	12,599	9,180
	Braintree Rehab	109,884	112,983	108,775	91,137	84,661
	New England Rehab	39,055	39,003	38,043	36,301	31,864
	HealthSouth of Western MA	27,766	13,924	13,756	13,227	11,678
	New Bedford Rehab	Hospital information suppressed. See Technical Appendix for details.				
	Spaulding - Cape Cod	7,200	7,851	7,852	9,575	10,459
	Spaulding Rehab	145,745	156,417	158,985	179,678	268,499
	Whittier - Bradford	35,197	38,763	37,520	40,235	39,678
	Whittier - Westborough	10,496	11,780	11,493	12,186	11,625

Utilization Trends	Total Net Outpatient Revenue (in millions)					
		FY11	FY12	FY13	FY14	FY15
	Fairlawn Rehab	\$0.7	\$0.5	\$0.7	\$0.9	\$0.7
	Braintree Rehab	\$10.5	\$10.8	\$10.5	\$9.6	\$8.8
	New England Rehab	\$3.2	\$3.0	\$3.0	\$4.3	\$5.0
	HealthSouth of Western MA	\$1.9	\$1.1	\$0.9	\$0.9	\$0.9
	New Bedford Rehab	Hospital information suppressed. See Technical Appendix for details.				
	Spaulding - Cape Cod	\$9.6	\$11.1	\$11.6	\$13.0	\$14.7
	Spaulding Rehab	\$21.1	\$22.2	\$22.6	\$25.2	\$28.8
	Whittier - Bradford	\$3.8	\$4.4	\$4.1	\$5.3	\$5.3
	Whittier - Westborough	\$0.8	\$0.9	\$1.2	\$1.0	\$1.4

Utilization Trends	Average Length of Stay (Days)					
		FY11	FY12	FY13	FY14	FY15
	Fairlawn Rehab	13.8	13.6	13.3	13.0	12.7
	Braintree Rehab	15.9	15.8	15.8	12.5	10.3
	New England Rehab	14.3	15.1	14.3	12.1	12.3
	HealthSouth of Western MA	12.9	13.3	13.6	13.9	14.4
	New Bedford Rehab	53.7	48.0	43.4	42.7	42.7
	Spaulding - Cape Cod	13.7	12.6	13.6	13.8	13.9
	Spaulding Rehab	23.0	21.9	21.7	20.3	19.5
	Whittier - Bradford	23.6	23.9	24.0	24.9	25.0
	Whittier - Westborough	22.0	21.6	22.6	21.9	22.4

Patient Revenue Trends	Net Patient Revenue per Inpatient Day					
		FY11	FY12	FY13	FY14	FY15
	Fairlawn Rehab	\$1,268	\$1,299	\$1,340	\$1,373	\$1,351
	Braintree Rehab	\$1,248	\$1,246	\$1,304	\$1,501	\$1,462
	New England Rehab	\$1,222	\$1,276	\$1,290	\$1,425	\$1,418
	HealthSouth of Western MA	\$1,278	\$1,311	\$1,355	\$1,315	\$1,316
	New Bedford Rehab	\$1,017	\$1,129	\$1,466	\$1,102	\$1,103
	Spaulding - Cape Cod	\$1,469	\$1,497	\$1,580	\$1,563	\$1,667
	Spaulding Rehab	\$1,400	\$1,482	\$1,545	\$1,655	\$1,729
	Whittier - Bradford	\$1,241	\$1,230	\$1,230	\$1,272	\$1,292
	Whittier - Westborough	\$1,224	\$1,221	\$1,214	\$1,234	\$1,246

Financial Performance	Total Revenue, Cost, and Profit (Loss) in FY2015					
		Operating Revenue	Total Revenue	Costs	Income (Loss)	Total Margin
	Fairlawn Rehab	\$43.0	\$43.0	\$34.8	\$8.2	19.0%
	Braintree Rehab	\$50.7	\$50.7	\$40.5	\$10.2	20.2%
	New England Rehab	\$50.1	\$50.1	\$37.2	\$12.9	25.7%
	HealthSouth of Western MA	\$23.6	\$23.6	\$20.1	\$3.5	14.8%
	New Bedford Rehab	\$28.8	\$28.8	\$28.4	\$0.4	1.3%
	Spaulding - Cape Cod	\$41.3	\$41.3	\$38.3	\$3.0	7.2%
	Spaulding Rehab	\$123.1	\$123.1	\$132.2	(\$9.1)	-7.4%
	Whittier - Bradford	\$29.2	\$29.2	\$27.5	\$1.7	5.7%
	Whittier - Westborough	\$25.3	\$25.3	\$22.5	\$2.8	11.0%

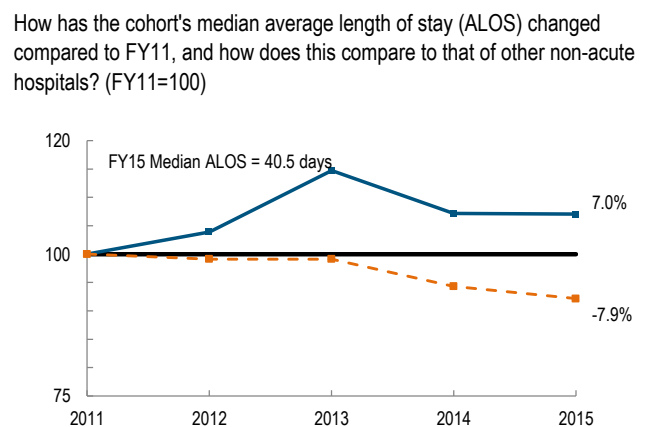
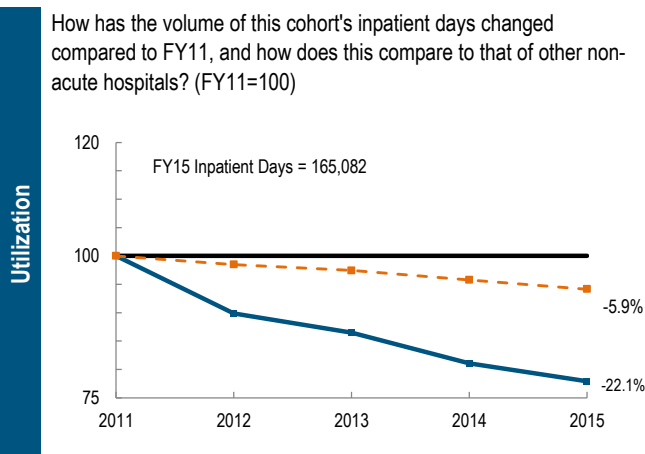
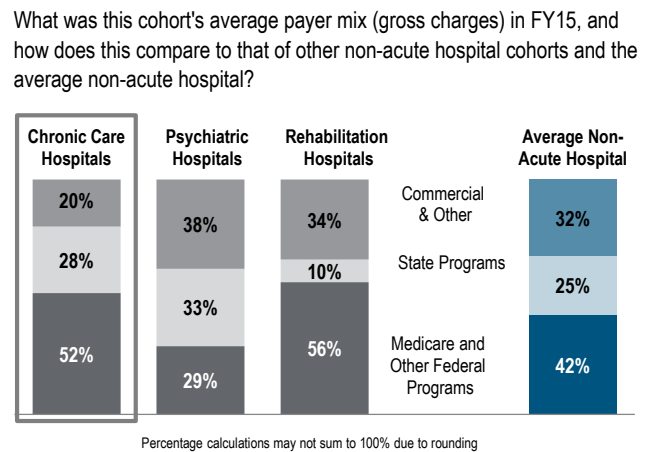
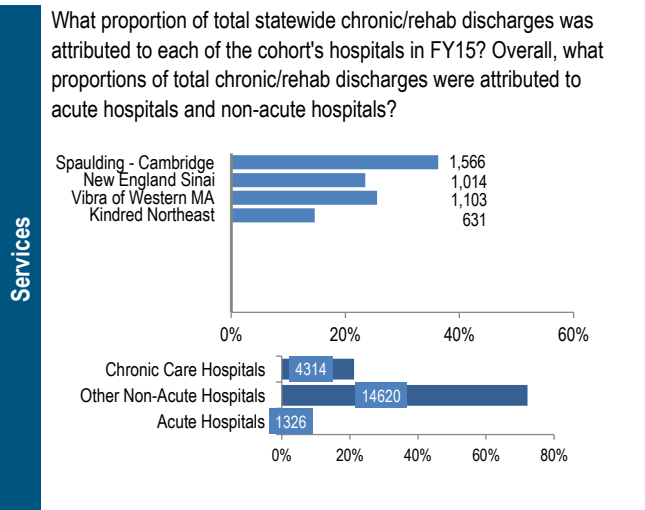
For descriptions of the metrics, please see Technical Appendix.

# CHRONIC CARE HOSPITALS

## 2015 Hospital Profile

Chronic care hospitals are non-acute hospitals with an average length of patient stay greater than 25 days. These hospitals typically provide longer-term care, such as ventilator dependent care. Medicare classifies chronic hospitals as Long-Term Care Hospitals, using the same 25-day threshold. The number of chronic care hospitals in Massachusetts decreased from six to four between FY14 and FY15. Radius Specialty closed in October 2014 and Spaulding North Shore closed in July 2015. Chronic care hospitals cohort treated 21% of all chronic and rehabilitation cases in FY15, while other non-acute hospitals treated 72% and acute hospitals treated 7%. Only one out of the four chronic care hospitals earned a profit in FY15. Inpatient days at chronic care hospitals decreased 22.1% between FY11 and FY15.

At a Glance	<b>Hospitals in Cohort:</b>	
	Kindred Hospital Northeast	New England Sinai Hospital
	Vibra Hospital of Western Massachusetts	Spaulding Hospital Cambridge
	<b>Total Beds:</b>	
	819 (22.0% of total non-acute hospitals)	80.0%, > total non-acute hospitals (67.6%)
	<b>Median % Occupancy:</b>	
	61.3%, < total non-acute hospitals (79.1%)	<b>Total Gross Revenue in FY15:</b>
	<b>Total Inpatient Days:</b>	\$589 million (25.1% of total non-acute hospitals)
	165,082 (16.4% of total non-acute hospitals)	<b>Inpatient:Outpatient Revenue in FY15:</b>
	<b>Total Inpatient Discharges:</b>	99%:1% (total non-acute hospitals = 84%:16%)
	4,319 (7.7% of total non-acute hospitals)	



For descriptions of the metrics, please see Technical Appendix.

Key:  
— Cohort - - - Statewide

# CHRONIC CARE HOSPITALS

## 2015 Hospital Profile

Utilization Trends	Volume of Inpatient Days					
		FY11	FY12	FY13	FY14	FY15
	Kindred Northeast	46,258	37,474	34,555	33,984	31,721
	Vibra of Western MA	57,745	55,614	54,367	55,175	52,426
	New England Sinai	57,612	47,481	44,873	35,467	33,984
	Spaulding - Cambridge	50,318	49,917	49,507	47,169	46,951

Utilization Trends	Average Length of Stay (Days)					
		FY11	FY12	FY13	FY14	FY15
	Kindred Northeast	41.3	43.9	54.7	46.2	49.9
	Vibra of Western MA	51.2	48.0	48.6	52.9	47.5
	New England Sinai	34.4	34.8	38.3	34.9	33.5
	Spaulding - Cambridge	26.8	26.5	28.2	27.7	30.0

Utilization Trends	Volume of Outpatient Visits					
		FY11	FY12	FY13	FY14	FY15
	Kindred Northeast	Hospital information suppressed. See technical appendix for details.				119
	Vibra of Western MA	This hospital does not provide outpatient services				
	New England Sinai	72,423	94,938	32,520	29,013	18,620
	Spaulding - Cambridge	386	249	323	282	282

Patient Revenue Trends	Net Patient Revenue per Inpatient Day					
		FY11	FY12	FY13	FY14	FY15
	Kindred Northeast	\$1,048	\$1,101	\$1,012	\$1,062	\$1,065
	Vibra of Western MA	\$864	\$963	\$916	\$971	\$969
	New England Sinai	\$1,238	\$1,251	\$1,224	\$1,155	\$1,185
	Spaulding - Cambridge	\$1,244	\$1,284	\$1,350	\$1,390	\$1,446

Utilization Trends	Total Net Outpatient Revenue (in millions)					
		FY11	FY12	FY13	FY14	FY15
	Kindred Northeast	Hospital information suppressed. See technical appendix for details.				\$0.1
	Vibra of Western MA	This hospital does not provide outpatient services				
	New England Sinai	\$3.4	\$4.2	\$2.2	\$1.9	\$0.9
	Spaulding - Cambridge	\$0.0	\$0.0	\$0.0	\$0.0	\$0.0

Financial Performance	Total Revenue, Cost, and Profit (Loss) in FY2015					
		Operating Revenue	Total Revenue	Costs	Income (Loss)	Total Margin
	Kindred Northeast	\$33.9	\$33.9	\$35.5	(\$1.6)	-4.8%
	Vibra of Western MA	\$52.8	\$53.0	\$53.5	(\$0.5)	-0.9%
	New England Sinai	\$43.5	\$43.3	\$44.5	(\$1.1)	-2.6%
	Spaulding - Cambridge	\$73.5	\$73.5	\$73.0	\$0.45	0.6%

For descriptions of the metrics, please see Technical Appendix.

# Non-Acute Specialty Hospitals

## 2015 Hospital Profile

**AdCare Hospital of Worcester** is a for-profit specialty hospital located in Worcester. It is the only private non-acute care hospital that concentrates on substance abuse, which it focuses on exclusively. It provides detox and inpatient services, as well as outpatient services. From FY11 to FY15, inpatient days at AdCare increased 3.1%. Outpatient visits increased by 24.3%, while net outpatient revenue increased by 54.8% during that period. From FY11 to FY15, AdCare had positive operating and total margins, earning a 15.5% total margin in FY15.

**Franciscan Hospital for Children** is a non-profit specialty hospital located in Brighton. It focuses on providing chronic care and rehabilitation services to a pediatric population. It offers inpatient, residential, educational, surgical, outpatient, and home care programs for children with special health care needs. Between FY11 and FY15, inpatient days increased 5.0% at the hospital, and outpatient visits decreased 2.5%. In the five year period from FY11 to FY15, Franciscan Hospital for Children reported a profit each year except for FY12 and FY15.

**Hebrew Rehabilitation Hospital** is a non-profit specialty hospital located in Boston. Hebrew Rehabilitation specializes in providing hospital and community health care services to geriatric patients. It provides long-term acute, rehabilitative, outpatient, adult day health, and home health care services. It is also the healthcare facility for Hebrew SeniorLife provider organization, a provider of elder care. Outpatient visits increased 90.9% at the hospital from FY11 to FY15. Hebrew Rehabilitation reported a loss from FY11 through FY15, with a total margin of -7.1% and an operating margin of -7.4% in FY15

### AdCare Hospital of Worcester Worcester, MA

At a Glance

TOTAL STAFFED BEDS: 114

% OCCUPANCY: 91.3%

INPATIENT DISCHARGES in FY15: 6,090

PUBLIC PAYER MIX: 79%

TOTAL REVENUE in FY15: \$41,195,442

TAX STATUS: For profit

INPATIENT:OUTPATIENT REVENUE in FY15: 68%:32%

CHANGE in OWNERSHIP (FY11-FY15): N/A

Payer Mix

What was the hospital's overall payer mix (gross charges) and how does this hospital compare to the average non-acute hospital's payer mix?

AdCare Hospital		Average Non-Acute Hospital
21%	Commercial & Other	32%
33%	State Programs	25%
46%	Medicare and Other Federal Programs	42%

Percentage calculations may not sum to 100% due to rounding.

	FY11	FY12	FY13	FY14	FY15
Average Length of Stay	6.0	6.1	5.9	6.0	6.2
Inpatient Days	36,874	37,588	36,992	37,474	37,999
Outpatient Visits	93,369	103,879	108,451	116,378	116,054
Net Inpatient Revenue Per Day	\$671	\$708	\$705	\$741	\$755
Net Outpatient Revenue (millions)	\$7.1	\$9.0	\$10.2	\$10.9	\$11.1
Operating Margin	6.9%	6.5%	12.6%	12.8%	15.4%
Total Margin	6.9%	6.6%	12.6%	12.8%	15.5%

Revenue, Cost, & Profit/Loss (in millions)					
FY	Total Revenue	Operating Revenue	Non-Operating Revenue	Costs	Total Profit/Loss
2011	\$32	\$32	\$0	\$30	\$2.2
2012	\$36	\$36	\$0	\$34	\$2.4
2013	\$38	\$38	\$0	\$33	\$4.8
2014	\$40	\$40	\$0	\$35	\$5.1
2015	\$41	\$41	\$0	\$35	\$6.4



**Franciscan Hospital for Children**  
Brighton, MA

**At a Glance**

TOTAL STAFFED BEDS: 112

% OCCUPANCY: 52.4%

INPATIENT DISCHARGES in FY15: 819

PUBLIC PAYER MIX: 56%

TOTAL REVENUE in FY15: \$58,656,162

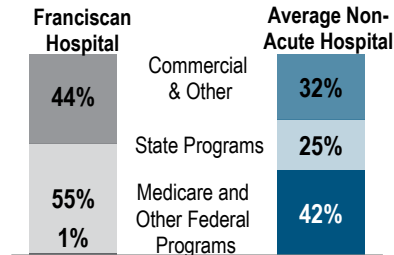
TAX STATUS: Non-profit

INPATIENT:OUTPATIENT REVENUE in FY15:58%:42%

CHANGE in OWNERSHIP (FY11-FY15): N/A

**Payer Mix**

What was the hospital's overall payer mix (gross charges) and how does this hospital compare to the average non-acute hospital's payer mix?



Percentage calculations may not sum to 100% due to rounding.

	FY11	FY12	FY13	FY14	FY15
Average Length of Stay	27.6	27.3	26.4	28.0	26.2
Inpatient Days	20,389	20,802	21,235	21,604	21,418
Outpatient Visits	57,323	52,668	54,920	56,018	55,897
Net Inpatient Revenue Per Day	\$1,157	\$1,237	\$1,480	\$1,591	\$1,400
Net Outpatient Revenue (millions)	\$14.6	\$15.6	\$13.0	\$13.2	\$20.0
Operating Margin	0.9%	-0.8%	1.3%	4.6%	-0.3%
Total Margin	0.9%	-0.8%	1.3%	4.6%	-0.3%

**Revenue, Cost, & Profit/Loss (in millions)**

FY	Total Revenue	Operating Revenue	Non-Operating Revenue	Costs	Total Profit/Loss
2011	\$51	\$51	\$0	\$50	\$0.5
2012	\$52	\$52	\$0	\$53	(\$0.4)
2013	\$56	\$56	\$0	\$55	\$0.7
2014	\$61	\$61	\$0	\$58	\$2.8
2015	\$59	\$59	\$0	\$59	(\$0.2)

**Hebrew Rehabilitation Hospital**  
Boston, MA

**At a Glance**

TOTAL STAFFED BEDS: 717

% OCCUPANCY: 96.0%

INPATIENT DISCHARGES in FY15: 1,407

PUBLIC PAYER MIX: 84%

TOTAL REVENUE in FY15: \$119,863,000

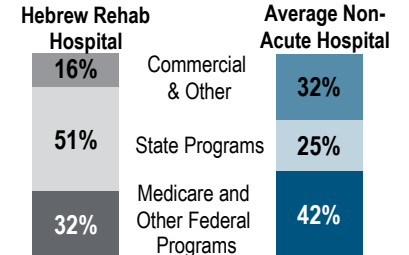
TAX STATUS: Non-profit

INPATIENT:OUTPATIENT REVENUE in FY15: 97%:3%

CHANGE in OWNERSHIP (FY11-FY15): N/A

**Payer Mix**

What was the hospital's overall payer mix (gross charges) and how does this hospital compare to the average non-acute hospital's payer mix?



Percentage calculations may not sum to 100% due to rounding.

	FY11	FY12	FY13	FY14	FY15
Average Length of Stay	165.1	172.5	170.8	171.5	178.5
Inpatient Days	247,779	248,385	243,670	244,093	251,108
Outpatient Visits	36,309	46,552	47,298	50,859	69,299
Net Inpatient Revenue Per Day	\$419	\$422	\$438	\$447	\$451
Net Outpatient Revenue (millions)	\$2.5	\$3.6	\$2.3	\$2.7	\$3.3
Operating Margin	-8.7%	-9.1%	-9.1%	-7.9%	-7.4%
Total Margin	-8.3%	-8.7%	-8.7%	-7.5%	-7.1%

**Revenue, Cost, & Profit/Loss (in millions)**

FY	Total Revenue	Operating Revenue	Non-Operating Revenue	Costs	Total Profit/Loss
2011	\$113	\$112	\$0	\$122	(\$9.3)
2012	\$117	\$116	\$0	\$127	(\$10.2)
2013	\$115	\$114	\$0	\$125	(\$10.0)
2014	\$116	\$116	\$0	\$125	(\$8.7)
2015	\$120	\$119	\$0	\$128	(\$8.5)

CENTER FOR HEALTH INFORMATION AND ANALYSIS

---

# MASSACHUSETTS HOSPITAL PROFILES

TECHNICAL APPENDIX

DATA THROUGH  
FISCAL YEAR 2015

---

MARCH 2017

Publication Number 17-82-CHIA-05 Rev 01



# Acute Hospitals

Acute and non-acute hospitals included in *Massachusetts Hospital Profiles - Data through Fiscal Year 2015* were profiled on service, payer mix, quality, utilization, revenue, and financial performance. Details for each of these metrics are included in this technical appendix.

The Center for Health Information and Analysis (CHIA) relied on the following primary data sources to present information: the Hospital Cost Report, the Hospital Discharge Database (HDD), and the Hospital Standardized Financial Statement database.

Unless otherwise noted, metrics included in this report are based on data reported by acute and non-acute hospitals from Fiscal Year (FY) 2011 to FY2015. Descriptive acute and non-acute hospital information is from FY2015.

## **Hospital Cost Report:**

The Hospital Cost Report is submitted each year by acute and non-acute hospitals and contains data on costs, revenues, and utilization statistics. For FY2014 and earlier, acute hospitals were required to complete the Cost Report based on a fiscal year end of September 30 regardless of their actual fiscal year end. Beginning in FY2015, the new Hospital Cost Report requires hospitals to submit based on the same time frames as the Medicare 2552 Cost Report filing schedules, which reflects the unique fiscal year end of each hospital.

## **Hospital Discharge Database (HDD):**

HDD data is submitted quarterly by acute hospitals and contains patient-level data identifying charges, days, and diagnostic information for all acute inpatient discharges. CHIA used FY2015 HDD data for the service metrics, which includes discharges between October 1, 2014 and September 30, 2015 for all acute hospitals.

## **Hospital Standardized Financial Statements:**

The Hospital Standardized Financial Statements are submitted quarterly and annually by acute hospitals based on their individual fiscal year end. The Standardized Financial Statements contain information on the hospital's assets, liabilities, revenues, expenses, and profits or losses. They reflect only the hospital's financial information; they do not reflect financial information for any larger health system with which a hospital may be affiliated.

## **Audited Financial Statements:**

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

## **Quality Data Sources:**

To compile the hospital quality measures, CHIA relied on the following primary data sources: HDD, the Centers for Medicare & Medicaid Services (CMS) Hospital Compare database, and The Leapfrog Group.

## **Data Verification:**

Each year's Hospital Cost Report, hospital and multi-acute hospital system financial statements, Relative Price, and quality data reports were verified in accordance with respective reporting regulation requirements. Additional data verification forms that included each hospital's reported financial data were sent to each acute and non-acute hospital for FY2011-FY2015.

# Acute Hospitals

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

## **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 2015:

<b>Multi-Acute Hospital System</b>	<b>Acute Hospital Member</b>
<b>Baystate Health</b>	Baystate Franklin Medical Center Baystate Mary Lane Hospital Baystate Medical Center Baystate Noble Baystate Wing Hospital
<b>Berkshire Health Systems</b>	Berkshire Medical Center Fairview Hospital
<b>Cape Cod Healthcare</b>	Cape Cod Hospital Falmouth Hospital
<b>CareGroup</b>	Beth Israel Deaconess Hospital – Milton Beth Israel Deaconess Hospital – Needham Beth Israel Deaconess Hospital – Plymouth Beth Israel Deaconess Medical Center Mount Auburn Hospital New England Baptist Hospital
<b>Heywood Healthcare</b>	Athol Hospital Heywood Hospital
<b>Kindred Healthcare<sup>^</sup></b>	Kindred Hospital – Boston Kindred Hospital – Boston North Shore
<b>Lahey Health System</b>	Lahey Hospital & Medical Center Northeast Hospital Winchester Hospital
<b>Partners HealthCare System</b>	Brigham and Women's Hospital Brigham and Women's Faulkner Hospital Cooley Dickinson Hospital Martha's Vineyard Hospital Massachusetts General Hospital Nantucket Cottage Hospital Newton-Wellesley Hospital North Shore Medical Center
<b>Shriners Hospitals for Children<sup>^</sup></b>	Shriners Hospitals for Children – Boston Shriners Hospitals for Children – Springfield
<b>Steward Health Care System</b>	Morton Hospital Nashoba Valley Medical Center Steward Carney Hospital Steward Good Samaritan Medical Center Steward Holy Family Hospital Steward Norwood Hospital Steward Saint Anne's Hospital Steward St. Elizabeth's Medical Center

# Acute Hospitals

<b>UMass Memorial Health Care</b>	Clinton Hospital HealthAlliance Hospital Marlborough Hospital UMass Memorial Medical Center
<b>Wellforce</b>	Lowell General Hospital Tufts Medical Center
<b>Tenet Healthcare<sup>^</sup></b>	MetroWest Medical Center Saint Vincent Hospital

<sup>^</sup> Kindred Healthcare, Inc., Tenet Healthcare Corporation, and Shriners Hospitals for Children are multi-state health systems with a large presence outside of Massachusetts. Each owns two acute hospitals in Massachusetts (Kindred owns Kindred Hospital – Boston and Kindred Hospital – Boston North Shore; Tenet owns MetroWest Medical Center and Saint Vincent Hospital; Shriners owns Shriners Hospitals for Children – Boston and Shriners Hospitals for Children – Springfield).

## Regional Definitions

The location for each acute hospital in this report was obtained, where possible, from hospital licensing information collected by the Massachusetts Department of Public Health (DPH). The hospital license includes information on a hospital's campuses and satellite offices.

The geographic regions presented in this report are derived from the Health Policy Commission (HPC) static geographic regions.<sup>1</sup> The HPC regions were rolled up into larger regions for this publication to facilitate better comparison within each geographic area. The acute hospitals and the regions to which they were assigned are:

<b>Massachusetts Region</b>	<b>Acute Hospital Assigned to Region</b>
<b>Metro Boston</b>	Beth Israel Deaconess Hospital – Milton Beth Israel Deaconess Hospital – Needham Beth Israel Deaconess Medical Center Boston Children's Hospital Boston Medical Center Brigham and Women's Faulkner Hospital Brigham and Women's Hospital Cambridge Health Alliance Dana-Farber Cancer Institute Hallmark Health Kindred Hospital- Boston Massachusetts Eye and Ear Infirmary Massachusetts General Hospital Mount Auburn Hospital New England Baptist Hospital Newton-Wellesley Hospital Shriners Hospitals for Children – Boston Steward Carney Hospital Steward St. Elizabeth's Medical Center Tufts Medical Center
<b>Northeastern Massachusetts</b>	Anna Jaques Hospital Emerson Hospital Kindred Hospital- Boston North Shore Lahey Hospital & Medical Center Lawrence General Hospital Lowell General Hospital

<sup>1</sup> For descriptions of the regions, see <http://www.mass.gov/anf/docs/hpc/2013-cost-trends-report-technical-appendix-b3-regions-of-massachusetts.pdf> (last accessed March 7, 2017).

# Acute Hospitals

	Nashoba Valley Medical Center North Shore Medical Center Northeast Hospital Steward Holy Family Hospital Winchester Hospital
<b>Central Massachusetts</b>	Athol Hospital Clinton Hospital Harrington Memorial Hospital HealthAlliance Hospital Heywood Hospital Saint Vincent Hospital UMass Memorial Medical Center
<b>Cape and Islands</b>	Cape Cod Hospital Falmouth Hospital Martha's Vineyard Hospital Nantucket Cottage Hospital
<b>Metro West</b>	Marlborough Hospital MetroWest Medical Center Milford Regional Medical Center Steward Norwood Hospital Sturdy Memorial Hospital
<b>Western Massachusetts</b>	Baystate Franklin Medical Center Baystate Mary Lane Hospital Baystate Medical Center Baystate Noble Hospital Baystate Wing Hospital Berkshire Medical Center Cooley Dickinson Hospital Fairview Hospital Holyoke Medical Center Mercy Medical Center Shriners Hospitals for Children – Springfield
<b>Metro South</b>	Beth Israel Deaconess Hospital – Plymouth Morton Hospital Signature Healthcare Brockton Hospital South Shore Hospital Steward Good Samaritan Medical Center
<b>Southcoast</b>	Steward Saint Anne's Hospital Southcoast Hospitals Group

# Acute Hospitals

## Special Designations

Certain acute hospitals in Massachusetts have a special status among public payers due to their rural or relatively isolated locations:

**Critical Access Hospital** is a state designation given to hospitals that have no more than 25 acute beds, are located in a rural area, and are more than a 35-mile drive from the nearest hospital or more than a 15-mile drive in areas with mountainous terrains or secondary roads.<sup>2</sup> Critical Access Hospitals receive cost-based payments from Medicare and MassHealth.

**Sole Community Hospital** is a Medicare designation given to hospitals that are located in rural areas or are located in areas where it is difficult to access another hospital quickly. These hospitals are eligible to receive higher inpatient payments from Medicare than other hospitals.<sup>3</sup>

---

<sup>2</sup> In addition, Critical Access Hospitals include hospitals that were, prior to January 1, 2006, designated by the State as a "necessary provider" of health care services to residents in the area. There are additional requirements to be designated as a Critical Access Hospital, including length of stay requirements, staffing requirements, and other provisions. See Code of Federal Regulations: 42 CFR 485.601-647.

<sup>3</sup> Code of Federal Regulation: 42 CFR 412.92.

# Acute Hospital Cohorts

In order to develop comparative analytics, CHIA assigned hospitals to peer cohorts. The acute hospitals were assigned to one of the following cohorts according to the criteria below:

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

**Teaching hospitals** are those hospitals that report at least 25 full-time equivalent medical school residents per one hundred inpatient beds in accordance with Medicare Payment Advisory Commission (MedPAC) and do not meet the criteria to be classified as AMCs.

**Community hospitals** are hospitals that are not teaching hospitals and have a public payer mix of less than 63%.

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

**Specialty hospitals** are not included in any cohort comparison analysis due the unique patient populations they serve and/or the unique sets of services they provide.

Below is a list of acute hospital cohorts and the hospitals assigned to each, based on FY15 data:

Cohort Designation	Acute Hospital
<b>AMC</b>	Beth Israel Deaconess Medical Center Boston Medical Center Brigham and Women's Hospital Massachusetts General Hospital Tufts Medical Center UMass Memorial Medical Center
<b>Teaching</b>	Baystate Medical Center Cambridge Health Alliance Lahey Hospital & Medical Center Mount Auburn Hospital Saint Vincent Hospital Steward Carney Hospital Steward St. Elizabeth's Medical Center
<b>Community</b>	Anna Jaques Hospital Baystate Mary Lane Hospital Beth Israel Deaconess Hospital – Milton Beth Israel Deaconess Hospital – Needham Brigham and Women's Faulkner Hospital^ Cooley Dickinson Hospital Emerson Hospital Hallmark Health Martha's Vineyard Hospital^ Milford Regional Medical Center Nantucket Cottage Hospital Newton-Wellesley Hospital Northeast Hospital South Shore Hospital Steward Norwood Hospital^ Winchester Hospital



# Acute Hospital Cohorts

<b>Community- High Public Payer</b>	Athol Hospital Baystate Franklin Medical Center Baystate Noble Hospital Baystate Wing Hospital Berkshire Medical Center^ Beth Israel Deaconess Hospital – Plymouth^ Cape Cod Hospital Clinton Hospital Fairview Hospital Falmouth Hospital Harrington Memorial Hospital HealthAlliance Hospital Heywood Hospital Holyoke Medical Center Lawrence General Hospital Lowell General Hospital^ Marlborough Hospital Mercy Medical Center MetroWest Medical Center^ Morton Hospital Nashoba Valley Medical Center^ North Shore Medical Center Signature Healthcare Brockton Hospital Southcoast Hospitals Group Steward Good Samaritan Medical Center Steward Holy Family Hospital Sturdy Memorial Hospital Steward Saint Anne's Hospital
<b>Specialty</b>	Boston Children's Hospital Dana-Farber Cancer Institute Kindred Hospital – Boston Kindred Hospital – Boston North Shore Massachusetts Eye and Ear Infirmary New England Baptist Hospital Shriners Hospitals for Children – Boston Shriners Hospitals for Children – Springfield

^These hospitals were in different cohorts in FY14. Berkshire Medical Center was in the teaching cohort in FY14. Brigham and Women's Faulkner Hospital was in the teaching cohort in FY14. Martha Vineyard's Hospital was in the community high public payer cohort in FY14. MetroWest Medical Center was in the community cohort in FY14. Steward Norwood Hospital was in the community high public payer in FY14.

# Acute Hospital Profiles: At a Glance

**Hospital system affiliation** notes with which multi-acute hospital system, if any, the hospital is affiliated.

**Change in ownership** notes change in ownership during the period of the analysis. In some cases, changes in ownership may have occurred subsequent to FY15.

**Total staffed beds** are the average number of beds during the fiscal year that were in service and staffed for patient use.

**Inpatient occupancy rate** is the average percent of staffed inpatient beds occupied during the reporting period. Percentage of occupancy is calculated as follows: Inpatient Days divided by Weighted Average Staffed Beds times 365 (or the number of days in the reporting period).

**Special public funding** indicates whether the hospital received Delivery System Transformation Initiative (DSTI), Infrastructure and Capacity Building (ICB) or Community Hospitals Acceleration, Revitalization and Transformation (CHART) grants. Special public funding is grant money given to hospitals by the state or federal government. The amounts listed may be total grant allocations that will be disbursed over a period of time, or a portion of a grant that was disbursed in FY15. For more information please see the Special Public Funding notes contained in Exhibit C of this appendix.

**Trauma Center designation** is determined by the Massachusetts Department of Public Health and the American College of Surgeons, with Level 1 being the highest designation given to tertiary care facilities. Facilities can be designated as Adult and/or Pediatric Trauma Centers.<sup>4</sup> While there are five levels of trauma center designations recognized nationally, Massachusetts hospitals only fall under Levels 1, 2, and 3 for Adult and/or Levels 1 and 2 for Pediatric.

**Level 1 Trauma Center** is a comprehensive regional resource that is a tertiary care facility central to the trauma system. A Level 1 Trauma Center is capable of providing total care for every aspect of injury, from prevention through rehabilitation.

**Level 2 Trauma Center** is able to initiate definitive care for all injured patients, and provide 24-hour immediate coverage by general surgeons, as well as coverage by the specialties of orthopedic surgery, neurosurgery, anesthesiology, emergency medicine, radiology and critical care.

**Level 3 Trauma Center** has demonstrated an ability to provide prompt assessment, resuscitation, surgery, intensive care and stabilization of injured patients and emergency operations, including the ability to provide 24-hour immediate coverage by emergency medicine physicians and prompt availability of general surgeons and anesthesiologists.

**Case mix index (CMI)** is a relative value assigned to the hospital's mix of inpatients to determine the overall acuity of the hospital's patients and is compared with the CMI of peer hospitals and the statewide average CMI. CHIA calculated each hospital's CMI by applying the 3M™ All Patient Refined (APR) grouper, version 30 with Massachusetts-specific baseline cost weights to each hospital's HDD data. Hospitals validate their HDD data submissions annually with CHIA.

The APR grouper and Massachusetts-specific baseline cost weights used in this year's publication are consistent with those used in last year's publication. All case mix information included in this report has been grouped under APR grouper, version 30.

---

<sup>4</sup> American Trauma Society, Trauma Center Levels Explained. Available at: <http://www.amtrauma.org/?page=TraumaLevels> (last accessed March 7, 2017).

# Acute Hospital Profiles: At a Glance

**Inpatient Net Patient Service Revenue (NPSR) per Case Mix Adjusted Discharge (CMAD)** measures the hospital's NPSR divided by the product of the hospital's discharges and its case mix index. NPSR includes both net inpatient revenue and inpatient premium revenue.

**Inpatient Net Revenue per CMAD** growth rate for each hospital was calculated by dividing the hospital's Net Patient Service Revenue (NPSR) by the total CMADs

**Inpatient – outpatient revenue** is derived from the amount of GPSR reported for inpatient and outpatient services in the Hospital Cost Report.

**Outpatient revenue** is the hospital's reported net revenue for outpatient services. Net outpatient service revenue includes both net outpatient revenue and outpatient premium revenue.

**Outpatient Revenue** growth rate for each hospital represents the percent change in a hospital's reported net revenue for outpatient services. Note that this measure examines the growth in total outpatient revenue and is not adjusted for patient volume, severity or service mix.

**Total revenue** is the hospital's total unrestricted revenue in FY15.

**Total surplus (loss)** is the hospital's reported profit/loss in FY15.

**Public payer mix** is determined based upon the hospital's reported Gross Patient Service Revenue (GPSR). See Payer Mix metric description in this appendix for more information.

**Calendar Year (CY) 2015 Commercial Relative Price** reflects a relativity calculated for a given provider across all commercial payers (statewide RP or "S-RP"). For more information on S-RP methodology, refer to <http://www.chiamass.gov/assets/docs/g/S-RP-Methods-Memo-2017.pdf>

**Top three commercial payers** represent those with the largest percentage share of total commercial payments at that hospital.

**Inpatient discharges** data was sourced from the Hospital Cost Report. See the Inpatient Discharge metric for more information.

**Inpatient discharges** growth rate for each hospital measures the percent change in discharges for inpatient admissions.

**Emergency department visits** include any visit by a patient to an emergency department that results in registration at the Emergency Department but does not result in an outpatient observation stay or the inpatient admission of the patient at the reporting facility. An Emergency Department visit occurs even if the only service provided to a registered patient is triage or screening.

**Emergency department visits** growth rate for each hospital measures the percent change in emergency department visits.

**Outpatient visits** are the total outpatient visits reported by the hospital. Note that outpatient visits may not be uniformly reported across hospitals. Outpatient visits varied considerably from FY14 to FY15 for some hospitals. Where substantial increases / decreases were observed, hospitals were notified and afforded the opportunity to update the information provided. In most cases, hospitals provided explanations but did not revise their data.

# Acute Hospital Profiles: At a Glance

**Outpatient visits** growth rate for each hospital measures the percent change in total outpatient visits to a hospital.

**Readmission rate** is calculated using the Hospital-Wide All-Cause Unplanned 30-day Readmission Measure developed by CMS and the Yale Center for Outcomes Research, and applied to the Massachusetts adult all-payer population. Readmissions are defined as an admission for any reason to the same or a different hospital within 30 days of a previous discharge. Obstetric, primary behavioral health, cancer, and rehabilitation discharges are excluded from the calculations. The raw readmissions rate is reported, which is the number of readmissions within 30 days divided by the total number of eligible discharges.

**Early elective deliveries rate** measures the proportion of deliveries that were completed between 37 to 39 weeks gestation without medical necessity, following an induction or cesarean section. Thirty-two acute hospitals reported data for this indicator. All data were received from The Leapfrog Group as pre-calculated percentages. The patient population represents all payers and all ages, and the data period was 2014-2015. Participation in the Leapfrog survey is voluntary; where a hospital does not complete the survey or report on certain items in the survey, the measure is also not included in the profiles.

# Acute Hospital Cohort Profile: Metric Descriptions

## Acute Hospital Profiles: Services

**Most common inpatient diagnosis related groups (DRGs)** and the percentage of those DRGs treated at that hospital for the region.

- **Data Source:** FY15 HDD data and the 3M™ APR-DRG 30 All Patient Refined Groupers
- **Hospital Calculation:** Each discharge was grouped and ranked by DRG code. The subject hospital's 10 most frequently occurring DRGs were identified and those DRGs were then summed for all hospitals in the region in order to calculate the percent of regional discharges that were treated at the subject hospital. The total number of the subject hospital's discharges was compared to the sum of all hospital discharges in the region to determine the overall proportion of regional discharges.

For more information on DRGs, please see Exhibit B of this Appendix.

**Most common communities** from where the hospital's inpatient discharges originated, and the total percent of all discharges (from Massachusetts hospitals) from that community that went to that hospital.

- **Data Source:** FY15 HDD data for discharge information; patient origin was determined by the zip codes from where the patients resided. In larger cities, the top communities may reflect postal code neighborhoods.
- **Hospital Calculation:** The zip code for each patient discharge was matched with the USPS community name, and then grouped and ranked. The most frequently occurring communities were then summed for all hospitals in the region to calculate the percent of community discharges that went to the subject hospital.

A hospital's top communities by inpatient origin were determined using a hospital's FY15 discharge data from the HDD. Patient origin was determined by the reported zip code for each patient's residence. In larger cities, communities may include multiple zip codes. These zip codes were rolled up to reflect postal code neighborhoods based on the United States Postal Service Database. For more information on the zip codes included within each region, please see the databook.

For example, Boston zip codes were rolled up to the following designations: Boston (Downtown) includes: Back Bay, Beacon Hill, Downtown Boston, the Financial District, East Boston, Fenway/Kenmore, South Boston and South End. The remaining Boston communities with multiple zip codes were rolled up to these designations: Allston, Brighton, Charlestown, Dorchester, Dorchester Center, Hyde Park, Jamaica Plain, Mattapan, Mission Hill, Roslindale, Roxbury, and West Roxbury.

## Acute Hospital Profiles: Quality Measures

To compile provider quality performance information, CHIA relied on the following primary data sources: CHIA's Hospital Discharge Database (HDD), the Centers for Medicare and Medicaid Services (CMS) Hospital Compare database, and The Leapfrog Group. Metrics are based on varied data periods due to differences in reporting time frames across the data sources. For each metric, the associated reporting time period is listed.

**Health Care-Associated Infections** of three different types are reported:

1. **Central Line-Associated Blood Stream Infections (CLABSI):** This measure captures the observed rate of health care-associated central line-associated bloodstream infections among patients in an inpatient acute hospital, compared to the expected number of infections based on the hospital's characteristics and case mix.

# Acute Hospital Cohort Profile: Metric Descriptions

2. Catheter-Related Urinary Tract Infections (CAUTI): This measure captures the observed rate of health care-associated catheter-related urinary tract infections among patients in an inpatient acute hospital (excluding patients in Level II or III neonatal ICUs), compared to the expected number of infections based on the hospital's characteristics and case mix.
3. Surgical Site Infections (SSI): Colon Surgery: This measure captures the observed rate of deep incisional primary or organ/space surgical site infections during the 30-day postoperative period following inpatient colon surgery, compared to the expected number of infections based on the hospital's characteristics and case mix.

- **Data source:** CMS Hospital Compare
- **Data Period:** 2015
- **Hospital Calculation:** These health care-associated infections are reported using the Standard Infection Ratio (SIR), which is the number of infections in a hospital compared to the number of expected infections. The SIR for CLABSI and CAUTI is risk adjusted for type of patient care locations, hospital affiliation with a medical school, and bed size. The SIR for SSI: Colon Surgery is risk adjusted for procedure-related factors, such as: duration of surgery, surgical wound class, use of endoscope, re-operation status, patient age, and patient assessment at time of anesthesiology.

All SIRs for Health Care-Associated Infections are retrieved from CMS Hospital Compare as pre-calculated SIRs.

- **Cohort Calculation:** Not applicable
- **National Comparative:** CMS Hospital Compare
- **Patient Population:** All payers, Age 18+

**Hospital Readmission rates** are calculated using the Hospital-Wide All-Cause Unplanned 30-day Readmission Measure developed by CMS and the Yale Center for Outcomes Research, and applied to the Massachusetts adult all-payer population. Readmissions are defined as an admission for any reason to the same or a different hospital within 30 days of a previous discharge. Obstetric, primary behavioral health, cancer, and rehabilitation discharges are excluded from the calculations. The raw readmission rate is reported, which is the number of readmissions within 30 days divided by the total number of eligible discharges.

- **Data source:** CHIA's Hospital Discharge Database
- **Data Period:** FY 2015
- **Hospital Calculation:** The raw readmission rate reflects the number of unplanned readmissions within 30 days divided by the total number of eligible discharges during the designated time period.
- **Cohort Calculation:** Not applicable
- **State Comparative:** The method yields a statewide readmission rate across all the Commonwealth's acute-care hospitals for the designated time period.
- **Patient Population:** All payers, age 18+, excluding obstetric, primary psychiatric, cancer, and rehabilitation discharges.

# Acute Hospital Cohort Profile: Metric Descriptions

## Acute Hospital Profiles: Utilization Trends

**Change in volume of inpatient discharges** measures discharges for inpatient admissions.

- **Data Source:** FY14 AND EARLIER YEARS 403 Cost Report: Schedule 3, Row 22, Column 12  
FY15 Hospital Cost Report: Tab 3, Line 500, Column 5
- **Hospital index calculation:** Displays the percent change in the number of inpatient discharges for each year, using FY11 as the base year. FY12:  $(FY12 - FY11)/FY11$ , FY13:  $(FY13 - FY11)/FY11$ , FY14:  $(FY14 - FY11)/FY11$ , FY15:  $(FY15 - FY11)/FY11$ .
- **Cohort calculation:** Represents the percent change of total discharges across all hospitals in the cohort for each year. For example: Cohort for FY12 =  $(\text{Sum of discharges at cohort hospitals in FY12} - \text{Sum of discharges at cohort hospitals in FY11}) / \text{Sum of discharges at cohort hospitals in FY11}$

**Change in volume of outpatient visits** measures total outpatient visits to a hospital. Note that outpatient visits may not be uniformly reported across hospitals.

- **Data Source:** FY14 AND EARLIER YEARS 403 Cost Report: Schedule 5a, Row 39, Column 2  
FY15 Hospital Cost Report: Tab 5, Line 301, Column 1
- **Hospital index calculation:** Calculate the percent change between each year, using FY11 as the base year. FY12:  $(FY12 - FY11)/FY11$ , FY13:  $(FY13 - FY11)/FY11$ , FY14:  $(FY14 - FY11)/FY11$ , FY15:  $(FY15 - FY11)/FY11$ .
- **Cohort calculation:** Represents the median of the percent change across all hospitals in the cohort for each year. For example: Cohort for FY11 = median of (% change for hospital A, % change for hospital B, % change for hospital C...)

## Acute Hospital Profiles: Patient Revenue Trends

**Net inpatient service revenue per case mix adjusted discharge (CMAD)** measures the hospital's net inpatient service revenue (NPSR) divided by the product of the number of the hospital's discharges and its case mix index. NPSR includes both net inpatient revenue and inpatient premium revenue.

- **Data Source:** NPSR and discharges were sourced from the Hospital Cost Report; Case Mix Index (CMI) is sourced from HDD.
- **Hospital calculation:** The hospital's inpatient net revenue per CMAD was calculated by dividing NPSR by the total CMAD for each year.
- **Cohort calculation:** The range of all revenue/CMAD values for cohort hospitals are represented by the vertical black line. The cohort value denotes the median revenue per CMAD for all cohort hospitals.

### Variation in inpatient discharge counts:

Hospitals may report different numbers of discharges on the Hospital Cost Report and the HDD. Hospitals have explained that this is due to:

- **Timing** – while HDD is accurate when submitted (75 days after the close of a quarter), a case may be reclassified as outpatient, usually due to a change in payer designation. Payers may have different clinical criteria for defining an inpatient and outpatient stay.



# Acute Hospital Cohort Profile: Metric Descriptions

- *HDD edits* – discharges reported by the hospital that did not pass HDD edits may have been excluded from the HDD but included in the Hospital Cost Report;
- Payer classification/status differences between the Hospital Cost Report and HDD;

Since a hospital's case mix index is calculated using the HDD, which often includes a lower number of discharges than reported by the hospital on the Hospital Cost Report, the calculation of a hospital's total case mix adjusted discharges equals the number of discharges reported on the Hospital Cost Report, multiplied by the case mix index.

**Change in total outpatient revenue** measures a hospital's reported net revenue for outpatient services. Net outpatient service revenue includes both net outpatient revenue and outpatient premium revenue. Note that this measure examines the growth in total outpatient revenue and is not adjusted for patient volume, severity or service mix.

- **Data Source:** FY14 AND EARLIER YEARS 403 Cost Report: Schedule 5a, Rows 78.01 (net outpatient revenue) + 78.02 (outpatient premium revenue), Column 2  
FY15 Hospital Cost Report: Tab 5, Line 209, Column 1
- **Hospital index calculation:** Displays the percent change between each year, using FY11 as the base year. FY12:  $(FY12 - FY11)/FY11$ , FY13:  $(FY13 - FY11)/FY11$ , FY14:  $(FY14 - FY11)/FY11$ , FY15:  $(FY15 - FY11)/FY11$ .
- **Cohort calculation:** Represents the median of the percent change across all hospitals in the cohort for each year. For example: Cohort for FY11 = median of (% change for hospital A, % change for hospital B, % change for hospital C...)

## Acute Hospital Profiles: Financial Performance

**Total Revenue, Total Costs and Profit / Loss** measure the amount of the subject hospital's Total Revenue, Total Costs, and Total Profit or Loss for each year from 2011 through 2015.

- **Data Sources:** Financial Statements: The line numbers for each data point are as follows: Total Unrestricted Revenue (row 65), Operating Revenue (row 57.2), Non-Operating Revenue (row 64.1), Total Expenses (row 73), and Profit / Loss (row 74).

**Total Margin** measures the subject hospital's overall financial performance compared to the median total margin of the hospitals in its peer cohort.

- **Data Source:** Financial Statements: Excess of Revenue, Gains, & Other Support (row 74) divided by Total Unrestricted Revenue (row 65)
- **Cohort Calculation:** Calculated median for the cohort group.

**Operating Margin** measures the subject hospital's financial performance of its primary, patient care activities compared to the median operating margin of the hospitals in its peer cohort.

- **Data Source:** Financial Statements: Operating Revenue (row 57.2) minus Total Expenses (row 73) divided by Total Unrestricted Revenue (row 65)
- **Cohort Calculation:** Calculated median for the cohort group.

**Note:** Hospitals may have been assigned to different cohorts in previous years due to payer mix in that given year or other factors. To remain consistent in comparisons between cohorts across multiple years,



# Acute Hospital Cohort Profile: Metric Descriptions

hospitals were retroactively assigned to their FY15 cohort designations for all years examined. The number of hospitals included in a given cohort may vary from year to year due to hospital closures.

The acute hospital cohort profile measures the acute hospital cohorts as composites of the individual hospitals assigned to each cohort. In general, metrics were determined by aggregating the values of all hospitals assigned to the cohort. For comparison purposes, the individual cohorts are compared to one another and all hospitals statewide, including specialties.<sup>5</sup> The analytic metrics are largely the same as the metrics used for the individual hospital profiles, except as noted below. Please see the descriptions and calculation methods described in the Acute Hospital Metric Description section for more information.

**Inpatient Severity Distribution** measures the percentage of a cohort's discharges that falls into each statewide severity quintile. This metric provides a way to compare the severity levels of the cohort's patients to those of other acute hospitals in Massachusetts.

- **Data Source:** Hospital Discharge Database (HDD).
- **Data Period:** FY15
- **Cohort Calculation:** Every discharge in the state has a Diagnosis Related Group (DRG) code associated with it. Severity quintiles were determined by ranking all possible DRG outputs by case-weight. The cohort calculation shows the percentage of a cohort's aggregate discharges that falls into each quintile. These proportions were then compared with the proportions of aggregated discharges by severity quintile for all hospitals assigned to other cohorts.

*In cases where metrics were similar to the acute hospital profile metrics, data was aggregated to determine cohort measures. For example:*

**The most common inpatient DRGs** for each subject cohort were determined by categorizing all of the hospitals' discharges by cohort using the All Patient Refined Grouper (3M™ APR-DRG 30), which were then summed and ranked. Each of the subject cohort's ten most frequently occurring DRGs were then divided by the statewide count per DRG to obtain the percent of discharges to the statewide total.

*The cohort comparison metric for **payer mix** is different from comparisons among acute hospitals:*

**Payer mix** was calculated differently from other measures due to the fact that the underlying charges that comprise GPSR differ across hospitals. For this measure, the cohort payer mix was first calculated for each hospital assigned to the cohort in the manner described in the Acute Hospital Profiles section of this Appendix. The mean of the individual cohort hospital's experience was determined and is displayed here. The same method was used to determine the trend in outpatient visits for comparison to all other cohort hospitals.

---

<sup>5</sup> Note that specialty hospitals are not assigned to any cohort due to their unique service mix and/or populations served.

# Non-Acute Hospitals

Non-acute hospitals in Massachusetts are 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.

## Non-Acute Hospital Location and Multi-Hospital System Affiliations

The location for each non-acute hospital in this report was obtained, where possible, from hospital licensing information collected by DPH. The hospital license includes information on a hospital's campuses and satellite offices.

Multi-hospital system membership identifies the health system with which the subject non-acute hospital is a member. This information was derived from the hospital's Audited Financial Statements.

Below is a list of Massachusetts multi-hospital systems and their non-acute hospital members:

Multi-Hospital System	Non-Acute Hospital Member
Arbour Health System	Arbour Hospital Arbour-Fuller Memorial Arbour-HRI Hospital Westwood Pembroke Hospital
HealthSouth	Braintree Rehabilitation Hospital HealthSouth Rehabilitation of Western MA Fairlawn Rehabilitation Hospital New England Rehabilitation Hospital
Kindred Health Care	Kindred Hospital Northeast
Partners HealthCare System	McLean Hospital Spaulding Rehabilitation Hospital of Cape Cod Spaulding North Shore <sup>6</sup> Spaulding Rehabilitation Hospital Spaulding Hospital Cambridge
Vibra HealthCare	Vibra Hospital of Western MA New Bedford Rehabilitation Hospital
Steward Health Care System	New England Sinai Hospital
Whittier Health System	Whittier Pavilion Whittier Rehabilitation Hospital Bradford Whittier Rehabilitation Hospital Westborough

## Non-Acute Hospital Cohorts

Non-acute hospitals were assigned to peer cohorts based upon MassHealth regulatory designations, defined by the criteria below<sup>7</sup>:

**Psychiatric hospitals** are licensed by the DMH for psychiatric services, and by DPH for substance abuse services.

**Rehabilitation hospitals** provide intensive post-acute rehabilitation services, such as physical, occupational, and speech therapy services. For Medicare payment purposes, the federal

<sup>6</sup> Spaulding North Shore closed on July 31, 2015.

<sup>7</sup> State-owned non-acute hospitals are not included in this publication.

# Non-Acute Hospitals

government classifies hospitals as rehabilitation hospitals if they provide more than 60% of their inpatient services to patients with one or more of 13 diagnoses listed in federal regulations.<sup>8</sup>

**Chronic care hospitals** are hospitals with an average length of stay greater than 25 days. These hospitals typically provide longer-term care, such as ventilator-dependent care. Medicare classifies chronic hospitals as Long-Term Care Hospitals, using the same 25-day threshold.

Non-acute specialty hospitals were not included in any cohort comparison analysis due the unique patient populations they serve and/or the unique sets of services they provide. Non-acute hospitals that were considered specialty hospitals include:

- AdCare Hospital of Worcester - provides substance abuse services
- Franciscan Hospital for Children - provides specialized children's services
- Hebrew Rehabilitation Hospital - specializes in providing longer term care than other chronic hospitals

Below is a list of non-acute hospital cohorts and the hospitals assigned to each:

Cohort Designation	Non-Acute Hospital
<b>Psychiatric Hospitals</b>	Arbour Hospital Arbour-Fuller Memorial Arbour-HRI Hospital Baldpate Hospital Bournewood Hospital McLean Hospital Walden Behavioral Care Westwood Pembroke Hospital Whittier Pavilion
<b>Rehabilitation Hospitals</b>	Braintree Rehabilitation Hospital HealthSouth Fairlawn Rehabilitation Hospital HealthSouth Rehabilitation Hospital of Western MA New Bedford Rehabilitation Hospital New England Rehabilitation Hospital Spaulding Rehabilitation Hospital of Cape Cod Spaulding Rehabilitation Hospital Whittier Rehabilitation Hospital Bradford Whittier Rehabilitation Hospital Westborough
<b>Chronic Care Hospitals</b>	Kindred Hospital Northeast New England Sinai Hospital Spaulding Hospital Cambridge Vibra Hospital of Western MA
<b>Specialty Non-Acute Hospitals</b>	AdCare Hospital of Worcester Franciscan Hospital for Children Hebrew Rehabilitation Hospital

<sup>8</sup> Code of Federal Regulations: 42 CFR 412.29(b)(2)

# Non-Acute Hospital Profiles: At a Glance

**Total staffed beds** are the average number of beds during the fiscal year that were in service and staffed for patient use. Beds ordinarily occupied for less than 24 hours are usually not included.

**Percent occupancy rate** is the median percent of staffed inpatient beds occupied during the reporting period. Percentage of occupancy is calculated as follows: Inpatient Days divided by Weighted Average Staffed Beds times 365 (or the number of days in the reporting period).

**Total inpatient days** include all days of care for all patients admitted to each unit. Measure includes the day of admission but not the day of discharge or death. If both admission and discharge or death occur on the same day, the day is considered a day of admission and is counted as one patient day.

**Total inpatient discharge** information was sourced from Schedule 3 of the FY14 AND EARLIER YEARS 403 Cost Report and Tab 3 of the FY15 Hospital Cost Report.

**Public payer mix** was determined based upon the hospital's reported GPSR. See Payer Mix metric description for more information.

**Total revenue** was sourced from the hospital's Hospital Cost Report.

**Inpatient – outpatient revenue** is derived from the amount of GPSR reported for inpatient and outpatient services in the hospital's Hospital Cost Report.

# Non-Acute Hospitals

## Non-Acute Hospital Profiles: Services

**Types of inpatient services** are defined by Discharges.

- **Data Sources:** FY14 AND EARLIER YEARS 403 Cost Report: Schedule 3, Column 12, Rows 1 through 21. FY15 Hospital Cost Report: Tab 3, Column 5, Lines 1 to 19.
- **Hospital calculation:** Hospital's absolute count of discharges by specific bed type.
- **Cohort calculation:** Hospital's absolute discharge count divided by cohort's total discharges by that specific bed type.
- Note: Psychiatric discharges do not include substance abuse discharges.

**Payer Mix** measures the distribution of total GPSR for across the major payer categories. This provides information regarding the proportion of services, as measured by gross charges, which a hospital provides to patients from each category of payer.

- **Data Source:** FY14 and earlier years 403 Cost Report: Schedule 5a, Row 44, Columns 3 -14  
FY15 Hospital Cost Report: Tab 5, Line 302, Column 2 through 13
- **Payer Category Definitions:** State Programs = Medicaid Managed + Medicaid Non-Managed + Health Safety Net (HSN); Federal Programs = Medicare Managed + Medicare Non-Managed + Other Government; Commercial & Other = Managed Care + Non-Managed Care + Self Pay + Workers Comp + Other + Connector Care. Dividing each of the above by Total GPSR results in the percentages displayed for each of the three categories.
- **Cohort Calculation:** Displays the mean of the percentages in each of the above payer categories across all hospitals in the cohort.
- **Average Hospital Calculation:** Displays the mean of the percentages in each of the payer categories to get each of the component percentages for the average non-acute hospital.
  - Note: "Average Hospital" group includes specialty hospitals.

**Change in Volume of Inpatient Days** includes all days of care for all patients admitted to each unit. Measure includes the day of admission but not the day of discharge or death. If both admission and discharge or death occur on the same day, the day is considered a day of admission and is counted as one patient day.

- **Data Sources:** FY14 AND EARLIER YEARS 403 Cost Report, Schedule 3, Column 6, Row 22  
FY15 Hospital Cost Report, Tab 3, Column 4, Line 500
- **Hospital Index calculation:** Calculated percent change in Inpatient Days for each year, using FY11 as the base year. FY12:  $(FY12 - FY11)/FY11$ , FY13:  $(FY13 - FY11)/FY11$ , FY14:  $(FY14 - FY11)/FY11$ , FY15:  $(FY15 - FY11)/FY11$ .
- **Cohort calculation:** Represents the median of the percent change across all hospitals in the cohort for each year. For example Cohort for FY11 = median of (% change for hospital A, % change for hospital B, % change for hospital C...)

**Median Average Length of Stay (ALOS)** measures the average duration of an inpatient admission.

# Non-Acute Hospitals

- **Data Sources:** FY14 AND EARLIER YEARS 403 Cost Report: Schedule 3, Column 13, Row 22  
FY15 Hospital Cost Report: Tab 3, Column 8, Line 500
- **Cohort calculation:** The growth in median ALOS for each cohort is calculated relative to FY11 as the base year. FY12:  $(FY12 - FY11)/FY11$ , FY13:  $(FY13 - FY11)/FY11$ , FY14:  $(FY14 - FY11)/FY11$ , FY15:  $(FY15 - FY11)/FY11$ .
- This is plotted against the growth in median ALOS among all non-acute hospitals, including specialties, relative to FY11.

## Non-Acute Hospital Profiles: Utilization

**Volume of Inpatient Days** includes all days of care for all patients admitted to each unit. Measure includes the day of admission but not the day of discharge or death. If both admission and discharge or death occur on the same day, the day is considered a day of admission and is counted as one patient day.

- **Data Sources:** FY14 AND EARLIER YEARS 403 Cost Report: Schedule 3, Column 6, Row 22  
FY15 Hospital Cost Report: Tab 3, Column 4, Line 500

**Average Length of Stay (ALOS)** measures the average duration of an inpatient admission.

- **Data Sources:** FY14 AND EARLIER YEARS 403 Cost Report: Schedule 3, Column 13, Row 22  
FY15 Hospital Cost Report: Tab 3, Column 8, Line 500

**Volume of Outpatient Visits** measures the total outpatient visits to a hospital.

- **Data Source:** FY14 AND EARLIER YEARS 403 Cost Report; Schedule 5a, Column 2, Row 39  
FY15 Hospital Cost Report: Tab 5, Column 1, Line 301

## Non-Acute Hospital Profiles: Patient Revenue Trends

**Inpatient Revenue per Day** is the hospital's net inpatient service revenue (NPSR) divided by its total inpatient days.

- **Data Source:** FY14 AND EARLIER YEARS 403 Cost Report: NPSR was sourced from schedule 5a, column 2, rows 65.01 (net inpatient revenue) and 65.02 (inpatient premium revenue).  
Inpatient days were sourced from Schedule 3, column 6, row 22. of the 403 Cost Report.  
FY15 Hospital Cost Report: NPSR including premium revenue was sourced from Tab 5, Column 1, Line 208. Inpatient days were sourced from Tab 3, Column 4, Line 500.

**Total Outpatient Revenue** measures a hospital's reported net revenue for outpatient services. Note that this measure examines the growth in total outpatient revenue and is not adjusted for patient volume. In addition, several non-acute hospitals do not provide outpatient services.

- **Data Source:** FY14 AND EARLIER YEARS 403 Cost Report: Schedule 5a, Column 2, Rows 78.01 (net outpatient revenue) and 78.02 (outpatient premium revenue)  
FY15 Hospital Cost Report: Tab 5, Line 209 (outpatient NPSR including premium revenue)

# Non-Acute Hospitals

## Non-Acute Hospital Profiles: Financial Performance

**Operating Revenue, Total Revenue, Total Costs and Profit / Loss** displays the amount of each hospital's Total Revenue, Operating Revenue, Total Costs, and Total Profit or Loss.

- **Data Sources:** FY14 AND EARLIER YEARS 403 Cost Report, Schedule 23 / Hospital Cost Report, Tab 11. For FY15, the line numbers for each data point are as follows: Total Unrestricted Revenue (row 65), Operating Revenue (row 55 + row 56 + row 57+ row 60 + row 64 for the 403 cost report and Line 57.2 for the Hospital Cost report), Total Expenses (row 73), and Profit / Loss: (row 74).

**Total Margin** measures the subject hospital's overall financial performance.

- **Data Source:** FY14 AND EARLIER YEARS 403 Cost Report: Schedule 23, Column 2, Row 173  
FY15 Hospital Cost report: Tab 11, Column 1, Line 74 (Excess of Revenue, Gains & other support Over Expenses) divided by Tab 11, Column 1, Line 65 (Total Unrestricted Revenue, Gains and Other Supports)

**Note:** Some for-profit hospitals are organized as S corporations. For-profit entities that are organized as S corporations, in accordance with Internal Revenue Code, do not pay federal income tax on their taxable income. Instead, the shareholders are liable for individual federal income taxes on their portion of the hospital's taxable income. Therefore, these hospitals may have income that appears higher than hospitals organized as a C corporation, which are taxed separately from their owners.

# Technical Appendix:

## Exhibit A. Hospital-Specific Information & Subsequent Events

### Acute Hospitals

**Athol Hospital** responded to the FY11 to FY15 data verification process for FY12 through FY14 data only.

**Beth Israel Deaconess Hospital- Plymouth** (formerly Jordan Hospital) affiliated with Beth Israel Deaconess Medical Center effective January 1, 2014. The CareGroup system profile includes data for Beth Israel Deaconess Hospital –Plymouth prior to the affiliation with BIDMC in FY14 (October 1, 2013 through December 31, 2013).

**Brigham and Women's Hospital** reported a 42% decrease in outpatient visits from 645,563 in FY2014 to 375,864 in FY2015. It was noted that outpatient revenue increased during this same period. The hospital indicated the discrepancy was related to a change in internal systems, and expects that future years will be consistent with FY2014.

### **Boston Medical Center**

Outpatient metrics for Boston Medical Center (BMC) include information for the following freestanding community health centers:

1. East Boston Neighborhood Health Center
2. Codman Square Health Center
3. Dorchester House Multi-Service Center
4. South Boston Community Health Center

**Curahealth Hospitals** have limited acute hospital information included in this report, as they are considered long-term acute care hospitals for the period of FY2011-FY2015. Curahealth Hospital- Boston and Curahealth Hospital- Boston North Shore were acute hospitals; however, as their data does not align with the other acute hospitals, they are not included in the cohort analysis.

**Lawrence General Hospital** reported a 56.0% increase in outpatient visits from FY2014 to FY2015. The hospital indicated the discrepancy was related to a change in internal systems, and expects that future years will be consistent with FY2014.

**Lowell General Hospital** acquired Saints Medical Center effective July 1, 2012. For FY12, the Financial Statement data submitted by Lowell General Hospital includes 3 months of financial data for Saints Medical Center, in addition to 12 months of financial information for Lowell General Hospital. Saints Medical Center did not submit additional financial statement data for FY12. Each entity submitted a separate 403 Cost Report for FY09 through FY12. For FY14, both Financial Statement and 403 Cost Report data submitted by Lowell General Hospital includes Saints Medical Center data.

On October 20, 2014, Tufts Medical Center and Lowell General Hospital combined under a new parent company (Wellforce) and created a new multi-acute hospital system.

**Mercy Hospital** changed its fiscal year end date from December 31 to June 1 beginning July 1, 2013. Its 2013 Financial Statement filing reflects six months of data (January 1, 2013- June 30, 2013).

**Merrimack Valley Hospital**, owned by Steward Health Care System, merged with Steward Holy Family Hospital, and became a campus of Steward Holy Family Hospital effective August 2014.



# Technical Appendix:

## Exhibit A. Hospital-Specific Information & Subsequent Events

**North Adams Regional Hospital** announced on March 25, 2014 a closure of the hospital and related health care businesses effective March 28, 2014. The hospital building is now operating as a satellite emergency department for Berkshire Medical Center.

**Noble Hospital** was acquired by Baystate Health in June 2015. Noble Hospital was renamed Baystate Noble Hospital.

**Quincy Medical Center** closed on December 26, 2014. The hospital building is now operating as a satellite emergency department for Steward Carney Hospital.

**Saints Medical Center** submitted 403 Cost Report data for FY11 through FY12, but financial statements only for FY11 due to a merger with Lowell General Hospital effective July 1, 2012.

**Shriners Hospitals for Children** (both Boston and Springfield locations) began submitting data to CHIA in FY11.

**South Shore Hospital** reported revenue and total margin data for FY2015 that includes approximately \$29 million in a non-operating, nonrecurring sale of investments transaction.

**Steward Good Samaritan Medical Center** is located in the Metro South region; however, one of its campuses is located in Metro West region. Information for the campus located in Metro West is included in the Steward Good Samaritan Medical Center metrics.

**Steward Health Care System:** Fiscal year data for certain hospitals in the Steward Health Care System was annualized for comparison purposes.

Steward Health Care acquired six hospitals in FY10:

1. Steward St. Elizabeth's Medical Center
2. Steward Saint Anne's Hospital
3. Steward Carney Hospital
4. Steward Good Samaritan Medical Center
5. Steward Norwood Hospital
6. Steward Holy Family Hospital

FY11 403 Cost Report data for these hospitals reflects a period of 329 days, while FY10 403 Cost Report data reflects a period of 401 days. To account for these variances, 403-sourced data was annualized for these two fiscal years.

**Winchester Hospital** became a member of Lahey Health in July 2014.

### **Non-acute Hospitals**

**Spaulding Hospital Cambridge** As of FY14, Spaulding Hospital Cambridge no longer provides outpatient services. Outpatient visits are reported in FY2011 through FY2015, and insignificant amounts of Net Outpatient Revenue were reported in FY2011 and FY2012. No Net Outpatient Revenue was reported for FY2013 through FY2015 due to deductions from Gross Revenue.

**Bournewood Hospital** is a sub-chapter S corporation.

**Kindred Northeast Hospital** reported outpatient revenues in FY11 to FY14 with no reporting of outpatient visits. Data suppressed due to data concerns.

**New Bedford Rehabilitation Hospital** reported outpatient revenues in FY11 to FY15 with no reporting of outpatient visits. Data suppressed due to data concerns.

## Technical Appendix:

### Exhibit A. Hospital-Specific Information & Subsequent Events

**Radius Specialty Hospital** closed its Roxbury and Quincy rehabilitation facilities in October 2014.

**Whittier Pavilion** began providing outpatient services in FY14. FY14 outpatient data represents a partial year of operation for these services.

**Spaulding North Shore** discontinued inpatient operations as of July 31, 2015.

# Technical Appendix:

## Exhibit B. Diagnosis Related Groups (DRGs)

**Diagnosis Related Groups (DRGs)** are used to classify the patient illnesses a hospital treats.

The 10 most common DRGs for each hospital were determined by categorizing all of a hospital's discharges into DRGs defined in the All Patient Refined Grouper (3M™ APR-DRG 30) and ranked by the total number of discharges. In most cases, it was necessary for CHIA to abbreviate the DRG name in order to fit the space available.

Below is a list of abbreviated DRG descriptions that appear in the report, and the full name and APR-DRG 30 code for each DRG.

Abbreviated Description	Description	APR DRG v.30
<b>3rd Degree Brn w Skn Grft</b>	Extensive 3rd Degree Burns w Skin Graft	841
<b>Acute Leukemia</b>	Acute Leukemia	690
<b>Acute Myocardial Infarct.</b>	Acute Myocardial Infarction	190
<b>Adjust Dis/Neuroses exc DD</b>	Adjustment Disorders & Neuroses Except Depressive Diagnoses	755
<b>Alcohol &amp; Drug w/ Rehab</b>	Alcohol & Drug Dependence w Rehab Or Rehab/Detox Therapy	772
<b>Alcohol Abuse &amp; Dependence</b>	Alcohol Abuse & Dependence	775
<b>Angina Pectoris</b>	Angina Pectoris & Coronary Atherosclerosis	198
<b>Appendectomy</b>	Appendectomy	225
<b>Asthma</b>	Asthma	141
<b>Bacterial Skin Infections</b>	Cellulitis & Other Bacterial Skin Infections	383
<b>Bipolar Disorders</b>	Bipolar Disorders	753
<b>Bone Marrow Transplant</b>	Bone Marrow Transplant	3
<b>Bronchiolitis Pneumonia</b>	Bronchiolitis & RSV Pneumonia	138
<b>Burns w/ or w/o Skin Grft</b>	Partial Thickness Burns w Or w/o Skin Graft	844
<b>C. Spinal Fusion &amp; Other Procs</b>	Cervical Spinal Fusion & Other Back/Neck Proc Exc Disc Excis/Decomp	321
<b>Card Cath - Heart Disease</b>	Cardiac Catheterization For Ischemic Heart Disease	192
<b>Cardiac Arrhythmia</b>	Cardiac Arrhythmia & Conduction Disorders	201
<b>Cardiac Valve w/o Cath</b>	Cardiac Valve Procedures w/o Cardiac Catheterization	163
<b>CC W Circ Disord Exc IHD</b>	Cardiac Catheterization W Circ Disord Exc Ischemic Heart Disease	191
<b>Cesarean Delivery</b>	Cesarean Delivery	540
<b>Chemotherapy</b>	Chemotherapy	693
<b>Chest Pain</b>	Chest Pain	203
<b>Cleft Lip &amp; Palate Repair</b>	Cleft Lip & Palate Repair	95
<b>COPD</b>	Chronic Obstructive Pulmonary Disease	140
<b>Craniotomy; exc Trauma</b>	Craniotomy Except For Trauma	21
<b>CVA Occlusion w/ Infarct</b>	CVA & Precerebral Occlusion W Infarct	45
<b>D&amp;L Fusion exc Curvature</b>	Dorsal & Lumbar Fusion Proc Except For Curvature Of Back	304

# Technical Appendix:

## Exhibit B. Diagnosis Related Groups (DRGs)

<b>D&amp;L Fusion for Curvature</b>	Dorsal & Lumbar Fusion Proc For Curvature Of Back	303
<b>Degen Nrvs Syst exc MS</b>	Degenerative Nervous System Disorders Exc Mult Sclerosis	42
<b>Depression exc MDD</b>	Depression Except Major Depressive Disorder	754
<b>Digestive Malignancy</b>	Digestive Malignancy	240
<b>Diverticulitis/osis</b>	Diverticulitis & Diverticulosis	244
<b>Drug/Alcohol Abuse, LAMA</b>	Drug & Alcohol Abuse Or Dependence, Left Against Medical Advice	770
<b>Eye Procs except Orbit</b>	Eye Procedures Except Orbit	73
<b>Factors Infl Hlth Status</b>	Signs, Symptoms & Other Factors Influencing Health Status	861
<b>Foot &amp; Toe Procedures</b>	Foot & Toe Procedures	314
<b>Full Burns w/ Skin Graft</b>	Full Thickness Burns w Skin Graft	842
<b>Hand &amp; Wrist Procedures</b>	Hand & Wrist Procedures	316
<b>Heart Failure</b>	Heart Failure	194
<b>Hip &amp; Femur; Non-Trauma</b>	Hip & Femur Procedures For Non-Trauma Except Joint Replacement	309
<b>Hip Joint Replacement</b>	Hip Joint Replacement	301
<b>Infects- Upper Resp Tract</b>	Infections Of Upper Respiratory Tract	113
<b>Intervertebral Disc Excis</b>	Intervertebral Disc Excision & Decompression	310
<b>Intestinal Obstruction</b>	Intestinal Obstruction	247
<b>Kidney &amp; UT Infections</b>	Kidney & Urinary Tract Infections	463
<b>Knee &amp; Lower Excpt Foot</b>	Knee & Lower Leg Procedures Except Foot	313
<b>Knee Joint Replacement</b>	Knee Joint Replacement	302
<b>Lymphoma &amp; Non-Acute Leuk</b>	Lymphoma, Myeloma & Non-Acute Leukemia	691
<b>Maj Cranial/Facial Bone</b>	Major Cranial/Facial Bone Procedures	89
<b>Maj HEM/IG Dx exc SCD</b>	Major Hematologic/Immunologic Diag Exc Sickl Cell Crisis & Coagul	660
<b>Maj Larynx &amp; Trachea Proc</b>	Major Larynx & Trachea Procedures	90
<b>Maj Male Pelvic Procs</b>	Major Male Pelvic Procedures	480
<b>Maj Resp &amp; Chest Proc</b>	Major Respiratory & Chest Procedures	120
<b>Maj Resp Infect &amp; Inflam</b>	Major Respiratory Infections & Inflammations	137
<b>Maj Sml &amp; Lrg Bowel Procs</b>	Major Small & Large Bowel Procedures	221
<b>Maj. Depressive Disorders</b>	Major Depressive Disorders & Other/Unspecified Psychoses	751
<b>Malignancy- Hept/Pancreas</b>	Malignancy Of Hepatobiliary System & Pancreas	281
<b>Mastectomy Procedures</b>	Mastectomy Procedures	362
<b>Newborn</b>	Neonate Birthwt>2499G, Normal Newborn or Neonate w Other Problem	640
<b>Non-Bact Gastro, Nausea</b>	Non-Bacterial Gastroenteritis, Nausea & Vomiting	249
<b>O.R. Proc for Tx Comp</b>	O.R. Procedure For Other Complications Of Treatment	791

# Technical Appendix:

## Exhibit B. Diagnosis Related Groups (DRGs)

<b>Opioid Abuse &amp; Dependence</b>	Opioid Abuse & Dependence	773
<b>Org Mental Hlth Disturb</b>	Organic Mental Health Disturbances	757
<b>Other Anemia and Blood Dis</b>	Blood Other Anemia & Disorders of Blood & Blood-Forming Organs	663
<b>Other Antepartum Dx</b>	Other Antepartum Diagnoses	566
<b>Other Digestive System Dx</b>	Other Digestive System Diagnoses	254
<b>Other ENT &amp; Cranial Dx</b>	Other Ear, Nose, Mouth, Throat & Cranial/Facial Diagnoses	115
<b>Other ENT Procedures</b>	Other Ear, Nose, Mouth & Throat Procedures	98
<b>Other Nervous Syst Procs</b>	Other Nervous System & Related Procedures	26
<b>Other Pneumonia</b>	Other Pneumonia	139
<b>Other Resp &amp; Chest Procs</b>	Other Respiratory & Chest Procedures	121
<b>Othr Back &amp; Neck Disorder</b>	Other Back & Neck Disorders, Fractures & Injuries	347
<b>Othr Maj Head/Neck procs</b>	Other Major Head & Neck Procedures	91
<b>Othr Muscl Sys &amp; Tis Proc</b>	Other Musculoskeletal System & Connective Tissue Procedures	320
<b>Othr Muscle-skel Syst Dx</b>	Other Musculoskeletal System & Connective Tissue Diagnoses	351
<b>Othr O.R. Procs for Lymph/HEM</b>	Other O.R. Procedures For Lymphatic/Hematopoietic/Other Neoplasms	681
<b>Othr Skin &amp; Breast Dis</b>	Other Skin, Subcutaneous Tissue & Breast Disorders	385
<b>Othr Skin, Tis &amp; Related</b>	Other Skin, Subcutaneous Tissue & Related Procedures	364
<b>Pancreas Dis exc Malig</b>	Disorders Of Pancreas Except Malignancy	282
<b>Per Cardio procs w/ AMI</b>	Percutaneous Cardiovascular Procedures w AMI	174
<b>Per Cardio procs w/o AMI</b>	Percutaneous Cardiovascular Procedures w/o AMI	175
<b>Post-Op, Oth Device Infect</b>	Post-Operative, Post-Traumatic, Other Device Infections	721
<b>Procedures for Obesity</b>	Procedures For Obesity	403
<b>Pulm Edema &amp; Resp Failure</b>	Pulmonary Edema & Respiratory Failure	133
<b>Rehabilitation</b>	Rehabilitation	860
<b>Renal Failure</b>	Renal Failure	460
<b>Respiratory Malignancy</b>	Respiratory Malignancy	136
<b>Schizophrenia</b>	Schizophrenia	750
<b>Seizure</b>	Seizure	53
<b>Septicemia Infections</b>	Septicemia & Disseminated Infections	720
<b>Shoulder &amp; Arm Procs</b>	Shoulder, Upper Arm & Forearm Procedures	315
<b>Sickle Cell Anemia Crisis</b>	Sickle Cell Anemia Crisis	662
<b>Skin Graft for Skin Dx</b>	Skin Graft For Skin & Subcutaneous Tissue Diagnoses	361
<b>Syncope &amp; Collapse</b>	Syncope & Collapse	204
<b>Tendon, Muscle, Soft Tis</b>	Tendon, Muscle & Other Soft Tissue Procedures	317

Technical Appendix:

Exhibit B. Diagnosis Related Groups (DRGs)

Thyroid & Other Procs	Thyroid, Parathyroid & Thyroglossal Procedures	404
Vaginal Delivery	Vaginal Delivery	560

# Technical Appendix:

## Exhibit C. Special Public Funding

**Delivery System Transformation Initiatives (DSTI)** is a federal-state partnership that provides incentive payments to support and reward seven safety net hospitals in Massachusetts for investing in integrated care, quality innovations, and infrastructure to support alternative payment models. The DSTI amounts listed in the table below are payments distributed in FY2015.

**Infrastructure & Capacity Building (ICB)** program is a federal and state-funded program administered by MassHealth to help hospitals transition to integrated delivery systems that provide more effective and cost-efficient care to patients in need. The ICB amounts listed below represent awards in FY15. Hospitals may have received ICB funding in prior years, which would be reflected on their individual profile but excluded from the table below.

The **Community Hospital Acceleration, Revitalization, and Transformation Investment Program (CHART)** is a four-year, \$120M program funded by an industry assessment of select providers and insurers and administered by the Health Policy Commission that makes phased investments to promote efficient, effective care delivery in non-profit, non-teaching, lower cost community hospitals.

Hospital	DSTI (FY15)	ICB (FY15)*	CHART (Phase I)	CHART (Phase II)**
Anna Jaques Hospital		\$747,238	\$333,500	\$1,200,000
Athol Hospital			\$484,128	Joint award. See below.
Baystate Franklin Medical Center			\$476,400	\$1,800,000
Baystate Mary Lane Hospital			\$499,600	
Baystate Medical Center			Ineligible	Ineligible
Baystate Noble Hospital			\$344,665	\$1,200,000
Baystate Wing Hospital			\$357,000	\$1,000,000
Berkshire Medical Center		\$723,671	Ineligible	\$3,000,000
Beth Israel Deaconess Hospital – Milton			\$261,200	\$2,000,000
Beth Israel Deaconess Hospital – Needham			\$300,000	
Beth Israel Deaconess Hospital – Plymouth		\$472,750	\$245,818	\$3,700,000
Beth Israel Deaconess Medical Center		\$286,284	Ineligible	Ineligible
Boston Children's Hospital			Ineligible	Ineligible
Boston Medical Center	\$103,553,333		Ineligible	Ineligible
Brigham and Women's Hospital			Ineligible	Ineligible
Cambridge Health Alliance	\$44,853,333		Ineligible	Ineligible
Cape Cod Hospital			Ineligible	Ineligible
Clinton Hospital			Ineligible	Ineligible
Cooley Dickinson Hospital		\$58,202	Ineligible	Ineligible
Dana-Farber Cancer Institute			Ineligible	Ineligible
Emerson Hospital			\$202,575	\$1,200,000
Fairview Hospital			Ineligible	Ineligible
Falmouth Hospital			Ineligible	Ineligible
Brigham and Women's Faulkner Hospital			Ineligible	Ineligible
Hallmark Health			\$749,360	\$2,500,000
Harrington Memorial Hospital		\$383,887	\$491,600	\$3,500,000
HealthAlliance Hospital			\$410,000	\$3,800,000
Heywood Hospital		\$319,692	\$316,384	Joint award. See below.
Holyoke Medical Center	\$8,153,333	\$129,629	\$500,000	\$3,900,000
Kindred Hospital – Boston			Ineligible	Ineligible
Kindred Hospital – Boston North Shore			Ineligible	Ineligible

# Technical Appendix:

## Exhibit C. Special Public Funding

<b>Lahey Hospital &amp; Medical Center</b>		\$908,882	<i>Ineligible</i>	<i>Ineligible</i>
<b>Lawrence General Hospital</b>	\$14,433,333		\$100,000	\$1,482,654
<b>Lowell General Hospital</b>		\$548,539	\$497,900	\$1,000,000
<b>Marlborough Hospital</b>		\$39,356		\$1,200,000
<b>Martha's Vineyard Hospital</b>			<i>Ineligible</i>	<i>Ineligible</i>
<b>Massachusetts Eye and Ear Infirmary</b>			<i>Ineligible</i>	<i>Ineligible</i>
<b>Massachusetts General Hospital</b>			<i>Ineligible</i>	<i>Ineligible</i>
<b>Mercy Medical Center</b>	\$15,213,333		\$233,134	\$1,300,000
<b>MetroWest Medical Center</b>			<i>Ineligible</i>	<i>Ineligible</i>
<b>Milford Regional Medical Center</b>		\$154,002	\$499,810	\$1,300,000
<b>Mount Auburn Hospital</b>			<i>Ineligible</i>	<i>Ineligible</i>
<b>Nantucket Cottage Hospital</b>			<i>Ineligible</i>	<i>Ineligible</i>
<b>New England Baptist Hospital</b>				
<b>Newton-Wellesley Hospital</b>			<i>Ineligible</i>	<i>Ineligible</i>
<b>North Adams Regional Hospital</b>			\$395,311	<i>Ineligible</i>
<b>North Shore Medical Center</b>			<i>Ineligible</i>	<i>Ineligible</i>
<b>Northeast Hospital</b>			\$359,000	\$3,769,057
<b>Saint Vincent Hospital</b>			<i>Ineligible</i>	
<b>Shriners Hospital for Children – Boston</b>				
<b>Shriners Hospital for Children – Springfield</b>			<i>Ineligible</i>	<i>Ineligible</i>
<b>Signature Healthcare Brockton Hospital</b>	\$16,713,333		\$438,400	\$3,500,000
<b>South Shore Hospital</b>		\$320,548	<i>Ineligible</i>	<i>Ineligible</i>
<b>Southcoast Hospitals Group</b>			\$1,183,357	Joint award. See below.
<b>Steward Carney Hospital</b>	\$6,413,333		<i>Ineligible</i>	<i>Ineligible</i>
<b>Steward Holy Family Hospital</b>		\$796,026	<i>Ineligible</i>	<i>Ineligible</i>
<b>Steward Good Samaritan Medical Center</b>		\$616,196	<i>Ineligible</i>	<i>Ineligible</i>
<b>Merrimack Valley Hospital</b>			<i>Ineligible</i>	<i>Ineligible</i>
<b>Morton Hospital</b>		\$309,706	<i>Ineligible</i>	<i>Ineligible</i>
<b>Nashoba Valley Medical Center</b>			<i>Ineligible</i>	<i>Ineligible</i>
<b>Steward Norwood Hospital</b>			<i>Ineligible</i>	<i>Ineligible</i>
<b>Steward Saint Anne's Hospital</b>			<i>Ineligible</i>	<i>Ineligible</i>
<b>Steward St. Elizabeth's Medical Center</b>		\$1,668,229	<i>Ineligible</i>	<i>Ineligible</i>
<b>Sturdy Memorial Hospital</b>			<i>Ineligible</i>	<i>Ineligible</i>
<b>Tufts Medical Center</b>		\$641,501	<i>Ineligible</i>	<i>Ineligible</i>
<b>UMass Memorial Medical Center</b>		\$1,398,152	<i>Ineligible</i>	<i>Ineligible</i>
<b>Winchester Hospital</b>			\$286,500	\$1,000,000
<b>TOTAL</b>	\$209,333,333	\$11,131,266	\$9,965,642	\$43,351,711

\*Franciscan Hospital for Children, a non-acute specialty hospital, received \$188,777 in ICB funding for FY15

\*\*CHART Phase II Joint Proposals were awarded to:

Athol Memorial Hospital, Heywood Hospital, and HealthAlliance Hospital: \$2,900,000

Addison Gilbert Hospital, Beverly Hospital, Winchester Hospital, and Lowell General Hospital: \$4,800,000

Southcoast Hospitals Group - Charlton Memorial Hospital, Tobey Hospital, and St. Luke's Hospital: \$8,000,000

Hallmark Health - Melrose-Wakefield Hospital and Lawrence Memorial Hospital: \$2,500,000

Baystate Franklin Medical Center, Baystate Mary Lane Hospital and Baystate Wing Hospital: \$900,000

CHART Phase II awards were initially attributed to hospitals in FY14, the fiscal year in which they were awarded. The award is then disbursed over several fiscal years.