

CENTER FOR HEALTH INFORMATION AND ANALYSIS

MASSACHUSETTS HOSPITAL PROFILES

DATA THROUGH
FISCAL YEAR 2016

JANUARY 2018



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CENTER FOR HEALTH INFORMATION AND ANALYSIS

MASSACHUSETTS HOSPITAL PROFILES

INDUSTRY OVERVIEW

DATA THROUGH
FISCAL YEAR 2016

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OVERVIEW

Number of Massachusetts Hospitals by System Affiliation and Profit Status in FY 2016

In FY 2016 there were a total of 91 hospitals in Massachusetts, including 63 acute care hospitals and 28 non-acute hospitals. This reflects a number of key transactions in the industry: the merger of Baystate Mary Lane into Baystate Wing Hospital; the opening of High Point Hospital and Southcoast Behavioral Hospital, two non-acute hospitals; and the transition of Kindred Boston and Kindred North Shore from acute hospitals to 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 FY 2016. Thirteen multi-hospital systems encompassed 48 acute care hospitals and five non-acute hospitals. An additional five multi-hospital systems operated a combined 12 non-acute hospitals.

Seventy-four percent of hospitals were part of multi-hospital systems and 36% of hospitals were for-profit hospitals.

	Acute Non-Profit or Public	Acute For-Profit	Non-Acute Non-Profit	Non-Acute For-Profit	TOTAL
Multi-Hospital System	34	12	4	17	67
Individual Hospitals	17	0	3	4	24
Total	51	12	7	21	91

OVERVIEW

FY 2016 Acute Hospital Cohorts at a Glance

The Academic Medical Center (AMC) cohort had the highest median percentage occupancy, average commercial relative price, total revenue, and the highest inpatient to outpatient revenue in FY 2016. The AMC cohort includes six hospitals, the smallest of the four cohorts. The community-High Public Payer (HPP) cohort had the largest number of total staffed beds, total discharges, public payer mix, and emergency department visits. The community-HPP cohort is the largest cohort, with 29 hospitals.

There are six specialty hospitals which are not displayed on this table as they are not considered a cohort.

	AMCs	Teaching	Community	Community-HPP
Total Staffed Beds	4,049	2,159	2,119	5,411
Median Percent Occupancy	82.0%	71.1%	58.0%	64.7%
Total Discharges	225,806	126,933	127,425	300,758
Emergency Department Visits	525,129	479,772	527,060	1,510,777
Average Commercial Statewide Relative Price	1.167	0.938	1.053	0.932
Average Public Payer Mix	62.3%	65.5%	55.4%	68.8%
Total Revenue in FY 16 (in millions)	\$11,643	\$3,997	\$2,927	\$6,768
Inpatient:Outpatient Revenue in FY 16	49%:51%	37%:63%	33%:67%	34%:66%

Data Source: Hospital Cost Reports and Relative Price data

UTILIZATION

Hospitals reported a total statewide decrease in inpatient discharges from the previous year, with 806,908 inpatient discharges reported in FY 2016, a 0.1% decrease.

The teaching and community-HPP cohorts, as well as specialty hospitals, saw a decrease in inpatient discharges between FY 2015 and FY 2016, and the AMC and community hospital cohorts saw an increase in the same time frame.

With the exception of the teaching cohort, all other hospital cohorts and specialty hospitals saw a decrease in inpatient discharges between FY 2012 and FY 2016.

Change in Discharges, by Hospital Type

With the exception of the teaching cohort, all other hospital cohorts and specialty hospitals saw a decrease in inpatient discharges between FY 2012 and FY 2016.

	Hospitals	FY 2012 Discharges	FY 2015 Discharges	FY 2016 Discharges	% of Statewide Discharges	% Change, FY 2012-2016	% Change, FY 2015-2016
Academic Medical Center	6	231,506	223,232	225,806	28%	-2.5%	1.2%
Teaching Hospital	7	125,325	127,182	126,933	16%	1.3%	-0.2%
Community Hospital	15	131,357	126,562	127,425	16%	-3.0%	0.7%
Community-High Public Payer	29	323,581	303,888	300,758	37%	-7.1%	-1.0%
Specialty Hospital	6	26,701	26,593	25,986	3%	-2.7%	-2.3%
Total Statewide	63	838,470	807,457	806,908	100%	-3.8%	-0.1%

Data Source: Hospital Cost Reports

UTILIZATION

The statewide change in outpatient visits increased by 1.6% between FY 2012 and FY 2016. All cohorts, except for the teaching cohort, saw an increase in outpatient visits between FY 2012 and FY 2016. The teaching cohort saw a 3.8% decrease in outpatient visits.

Median Change in Outpatient Visits, by Hospital Type

The statewide outpatient visits increased by 1.6% between FY 2012 and FY 2016.

	FY 2012-FY 2013	FY 2012-FY 2014	FY 2012-FY 2015	FY 2012-FY 2016
Academic Medical Center	-1.8%	-1.0%	-3.4%	0.6%
Teaching Hospital	-1.3%	-3.8%	0.3%	-3.8%
Community Hospital	1.0%	-2.2%	1.2%	4.3%
Community-High Public Payer	-2.0%	-2.1%	-0.9%	1.6%
Specialty Hospital	0.9%	1.0%	3.3%	7.2%
Total Statewide	-1.2%	-2.1%	0.3%	1.6%

Data Source: Hospital Cost Reports

UTILIZATION

Diagnosis Related Groups (DRGs) are used to classify the types of inpatient cases a hospital treats. Neonate births remained the most common reasons for inpatient admissions in FY 2016 and, combined with vaginal and cesarean deliveries DRGs, accounted for 17% of inpatient discharges statewide.

Other most frequent DRGs remained largely consistent with prior fiscal years.

FY 2016 Top Discharges Statewide, by Diagnostic Group

Normal neonate birth remains the most common reason for inpatient admissions in FY 2016.

Rank	DRG	Description	Discharges	% Total Discharges
1	640	Normal neonate birth	61,758	8%
2	560	Vaginal delivery	46,596	6%
3	720	Septicemia & disseminated infections	33,831	4%
4	194	Heart failure	23,959	3%
5	540	Cesarean delivery	21,759	3%
6	302	Knee joint replacement	17,998	2%
7	139	Other pneumonia	17,024	2%
8	140	Chronic obstructive pulmonary disease	14,575	2%
9	301	Hip joint replacement	14,043	2%
10	201	Cardiac arrhythmia & conduction disorders	12,809	2%
		All Other	542,556	67%
		Total Discharges	806,908	100%

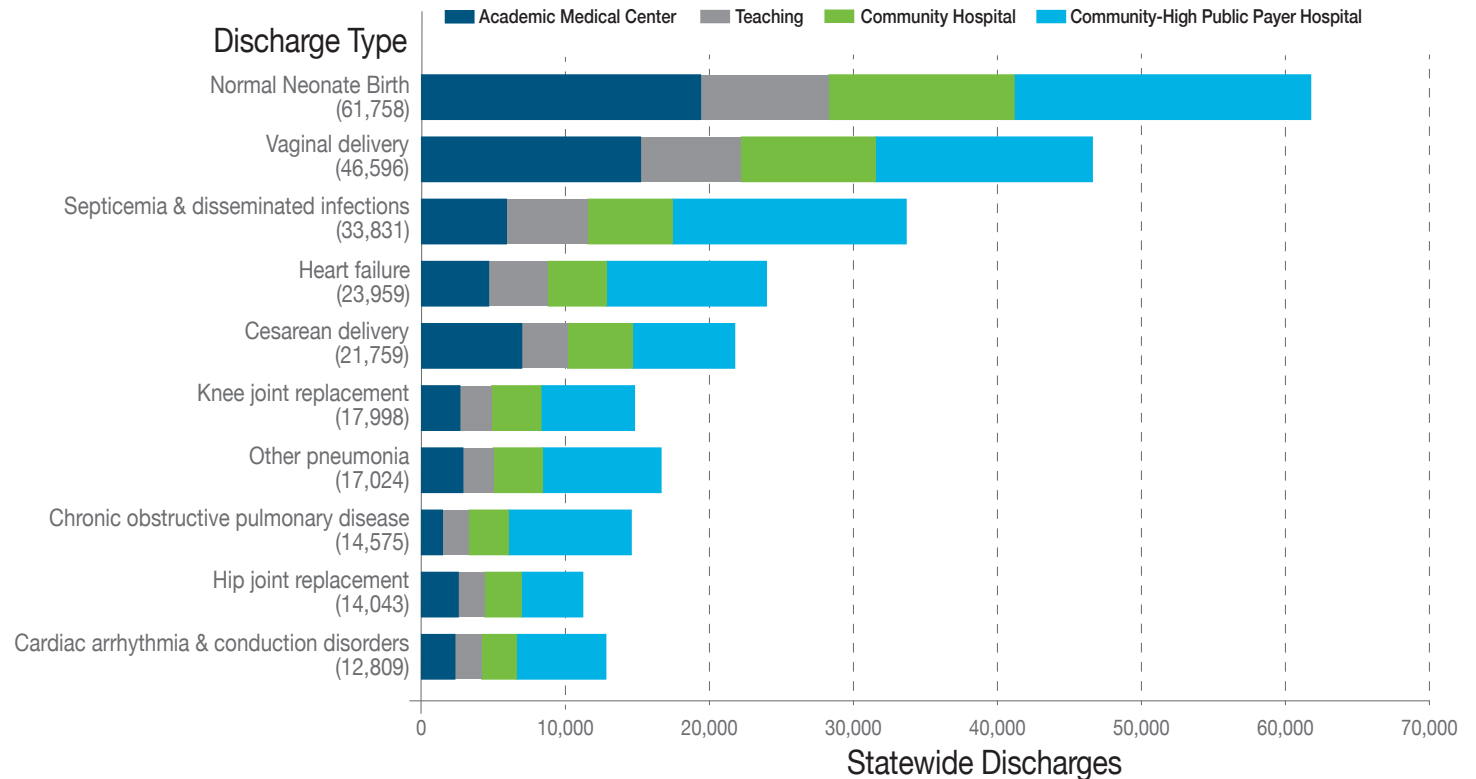
Data Source: Hospital Discharge Database

UTILIZATION

The community-HPP cohort had the largest number of all the top ten discharge types, except for vaginal deliveries. AMCs had the largest share of vaginal deliveries, which is the second largest discharge group.

FY 2016 Top Discharges Statewide, by Cohort

Community-HPP hospitals have the largest share of all but one of the top ten discharges types.



Data Source: Hospital Discharge Database

Note: Specialty hospitals are included in the totals but are not displayed as a cohort.

UTILIZATION

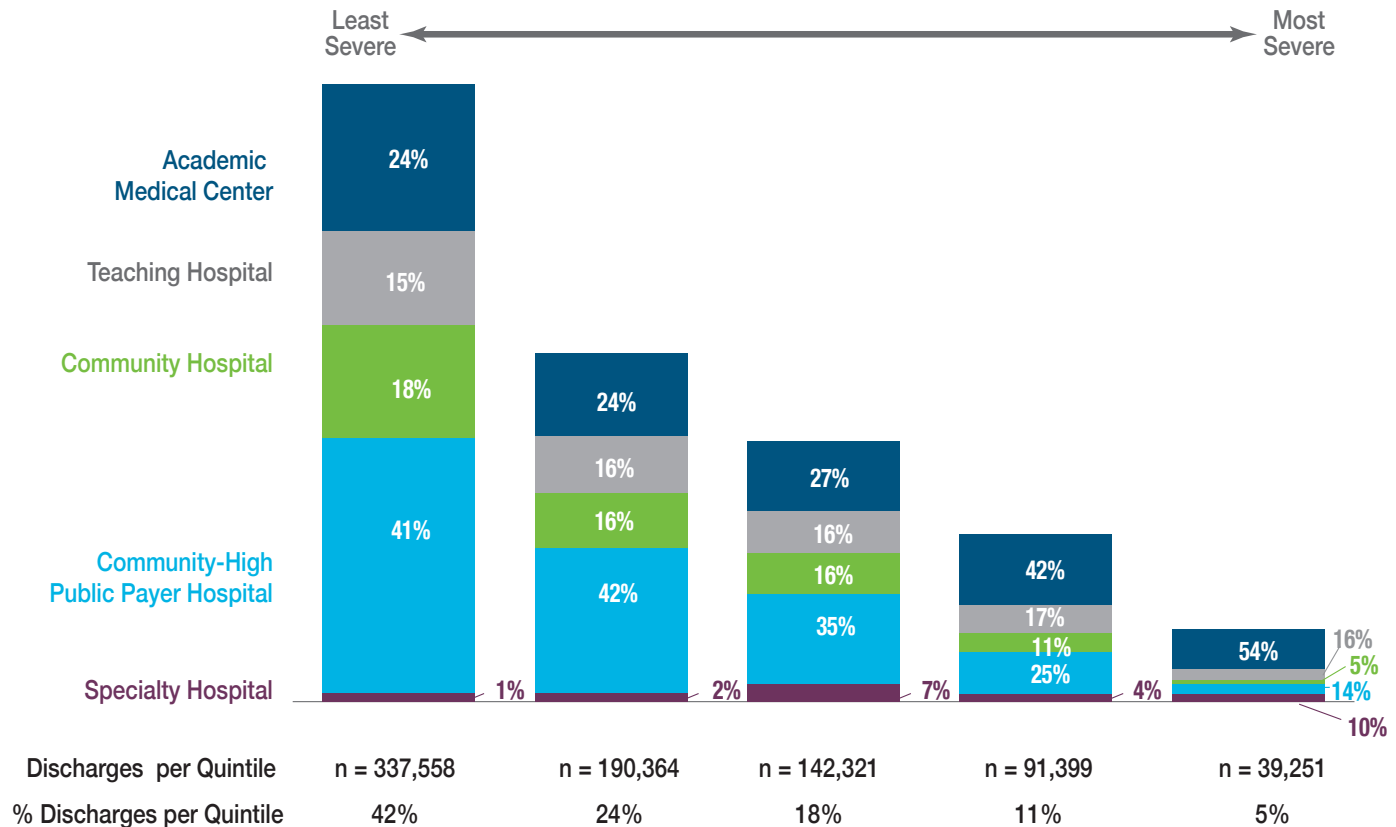
Inpatient hospitalizations are frequently categorized into Diagnosis Related Groups (DRGs) which quantify the predicted resources required to provide care to patients with different medical conditions. This presentation examines the distribution of cases across the range of DRGs by severity grouping (quintiles) and by hospital type.

AMCs and teaching hospitals combined treated approximately 40% of the less severe cases in 2016, while nearly 60% of this level of care was provided in community hospital settings (community and HPP hospitals).

Conversely, AMCs and teaching hospitals provided care to 70% of the most severe cases while approximately 20% of these cases received care in community hospital settings. Specialty hospitals provided care to 10% of the most severe cases.

FY 2016 Statewide Severity Distribution of Inpatient Cases, by Hospital Type

The least severe quintile contained the highest number of statewide inpatient discharges, at 42%.



Data Source: Hospital Discharge Database

SERVICES

Occupancy rates, which show what percent of a hospital's staffed beds were filled over the course of the year, have decreased statewide from a median 69% in FY 2015 to 67% in FY 2016. AMCs continued to have the highest median occupancy rate at 82% in FY 2016. Community hospitals had the lowest occupancy rate at 58%.

Median Occupancy Rates, by Cohort

Median occupancy rates remained the same for AMCs and teaching hospitals between FY 2015 and FY 2016, while median occupancy rates decreased for community hospitals and community-HPP hospitals.

	FY 2015 Occupancy Rate	FY 2016 Occupancy Rate
Academic Medical Center	82%	82%
Teaching Hospital	71%	71%
Community Hospital	64%	58%
Community-High Public Payer	66%	65%
Statewide Median*	69%	67%

Data Source: Hospital Cost Reports

* Statewide discharges also includes those at specialty hospitals.

PAYER MIX

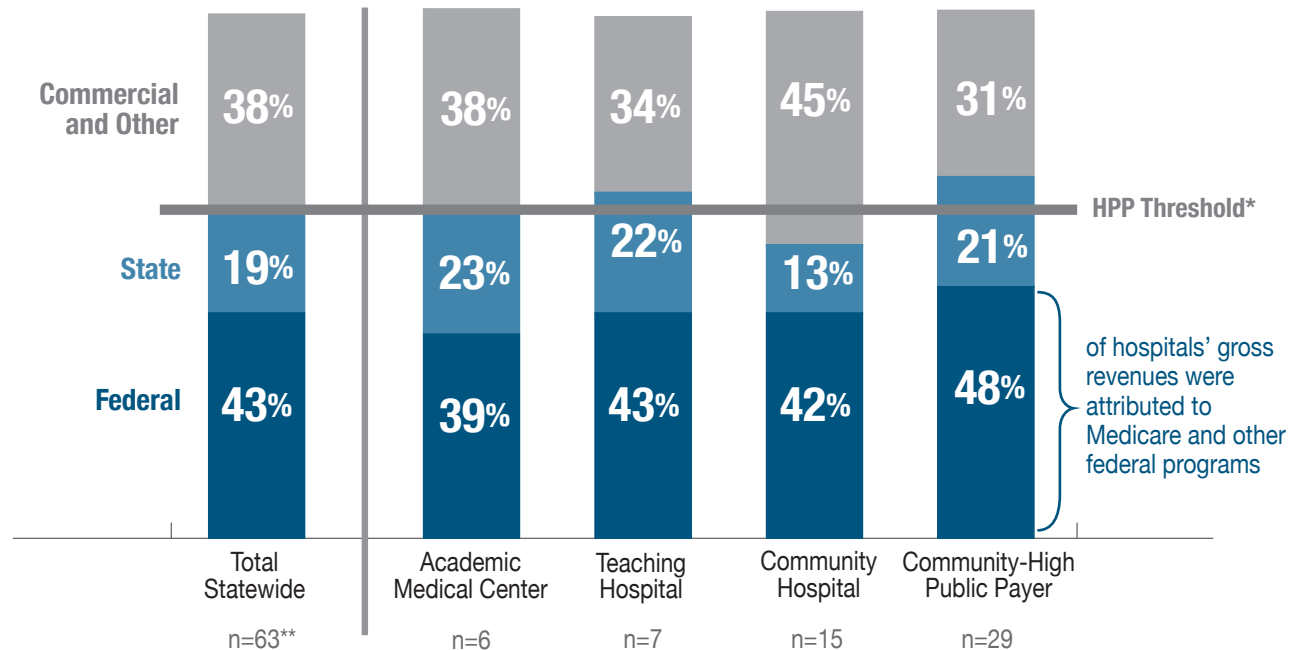
In FY 2016, 62% of acute hospital gross revenue statewide was attributed to public payers, including Medicare, Medicaid, and other programs.

Community hospitals had the lowest proportion of public payer revenue, at 55%.

By definition, community-HPP hospitals are more dependent on public payers, which accounted for 69% of their gross revenue in FY 2016.

FY 2016 Payer Mix

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



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, other government, and the Health Safety Net.

** Statewide Total includes specialty hospitals.

RELATIVE PRICE

Statewide commercial relative prices varied across hospital cohorts.

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

Data presented here is for calendar year (CY) 2015 and only for the commercial insurance market.

CY 2015 Statewide Median Commercial Relative Price

AMCs were paid the highest median prices relative to hospitals in other cohorts.

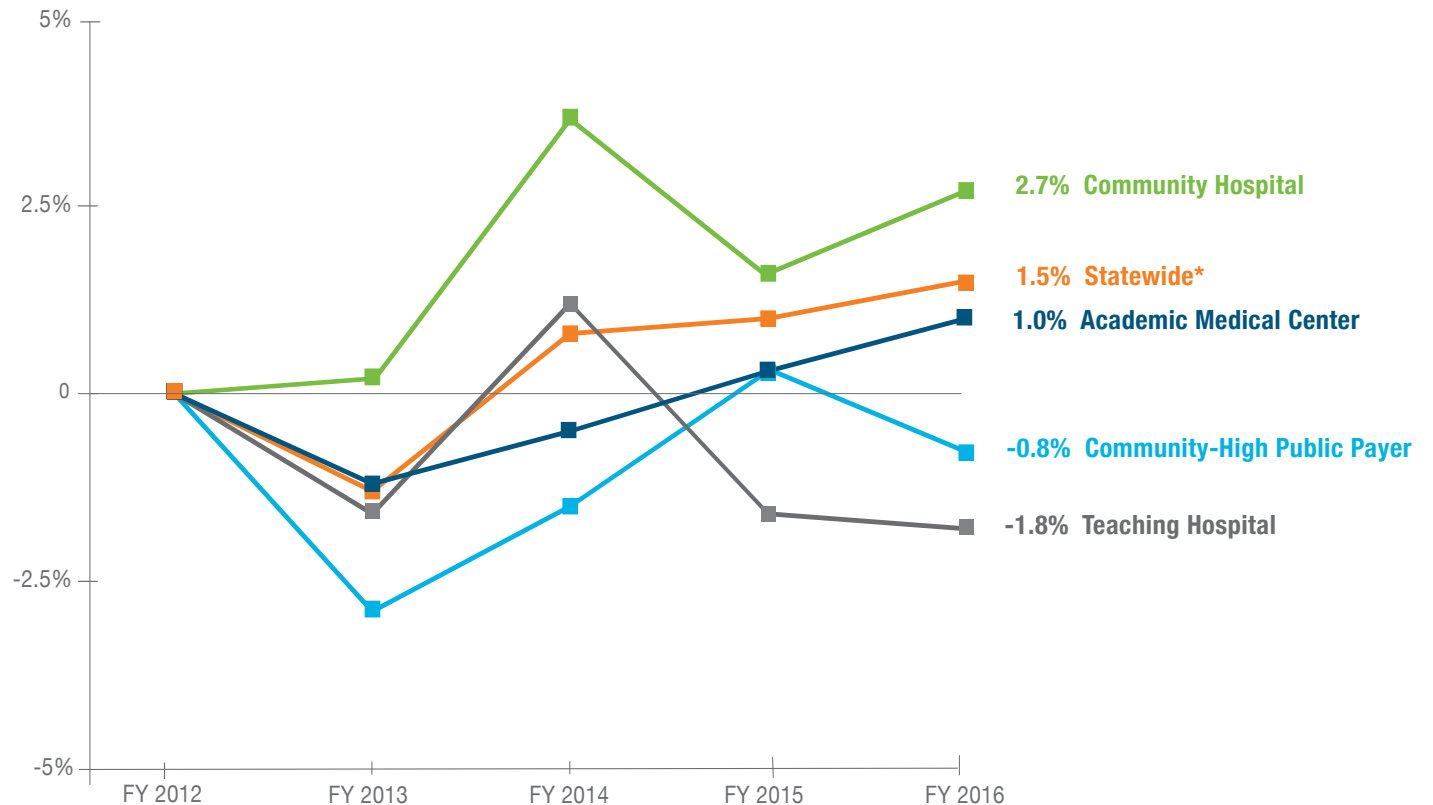


REVENUE

Growth in Inpatient Revenue per CMAD, FY 2012 - FY 2016

Inpatient Revenue per Case Mix Adjusted Discharge (CMAD) varied by cohort between FY 2012 and FY 2016. The statewide median increased by 1.5%. The community and AMC cohort increased by 2.7% and 1.0%, respectively. The community-HPP and teaching cohorts both decreased, by 0.8% and 1.8%, respectively.

The community hospital cohort experienced the greatest growth between FY 2012 and FY 2016.



Data Source: Hospital Cost Reports and Hospital Discharge Database

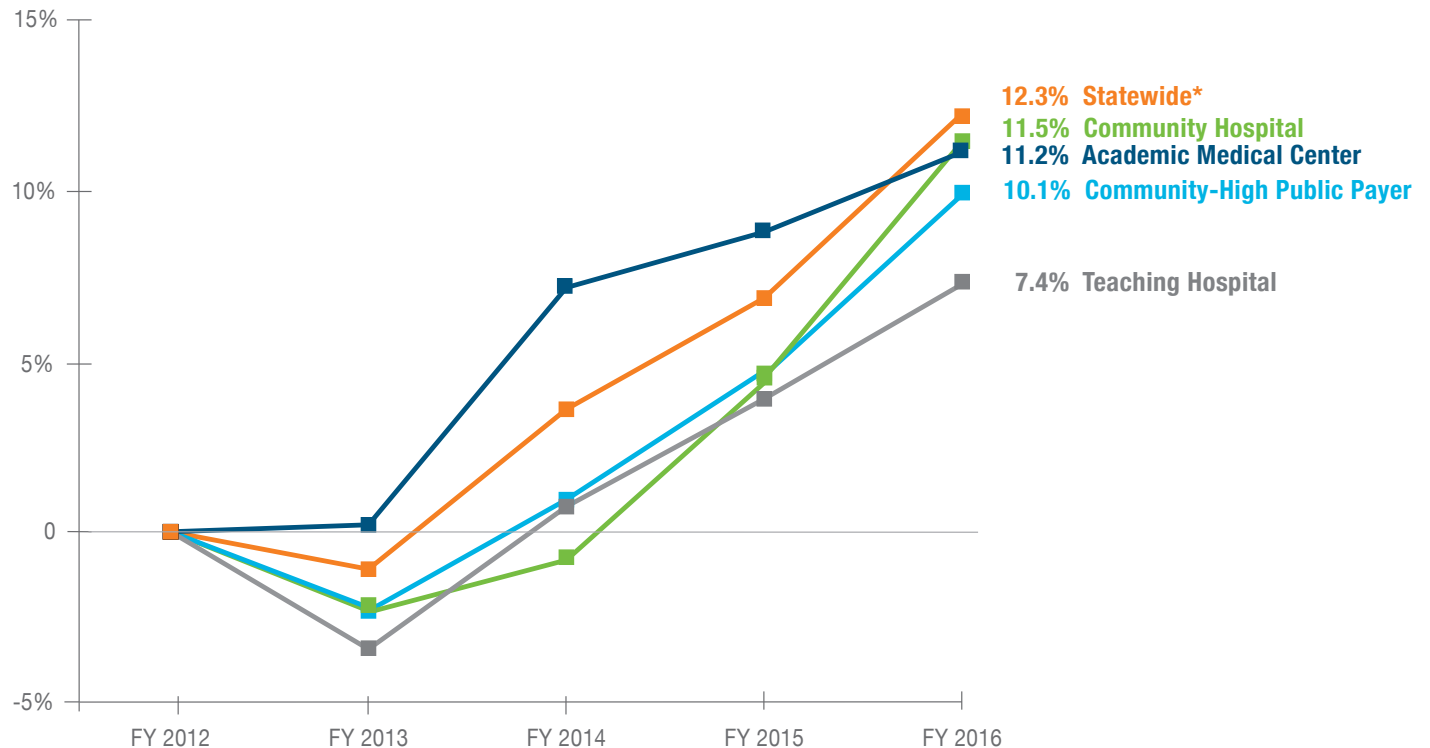
* Statewide data includes specialty hospitals.

REVENUE

Growth in Outpatient Revenue, FY 2012 - FY 2016

The statewide outpatient revenue grew by 12.3% between FY 2012 and FY 2016. All cohorts experienced a growth in the same period of time. The community cohort saw the largest growth at 11.5%. The teaching cohort saw the smallest amount of growth at 7.4%.

The community hospital cohort experienced the greatest growth between FY 2012 and FY 2016.



Data Source: Hospital Cost Reports

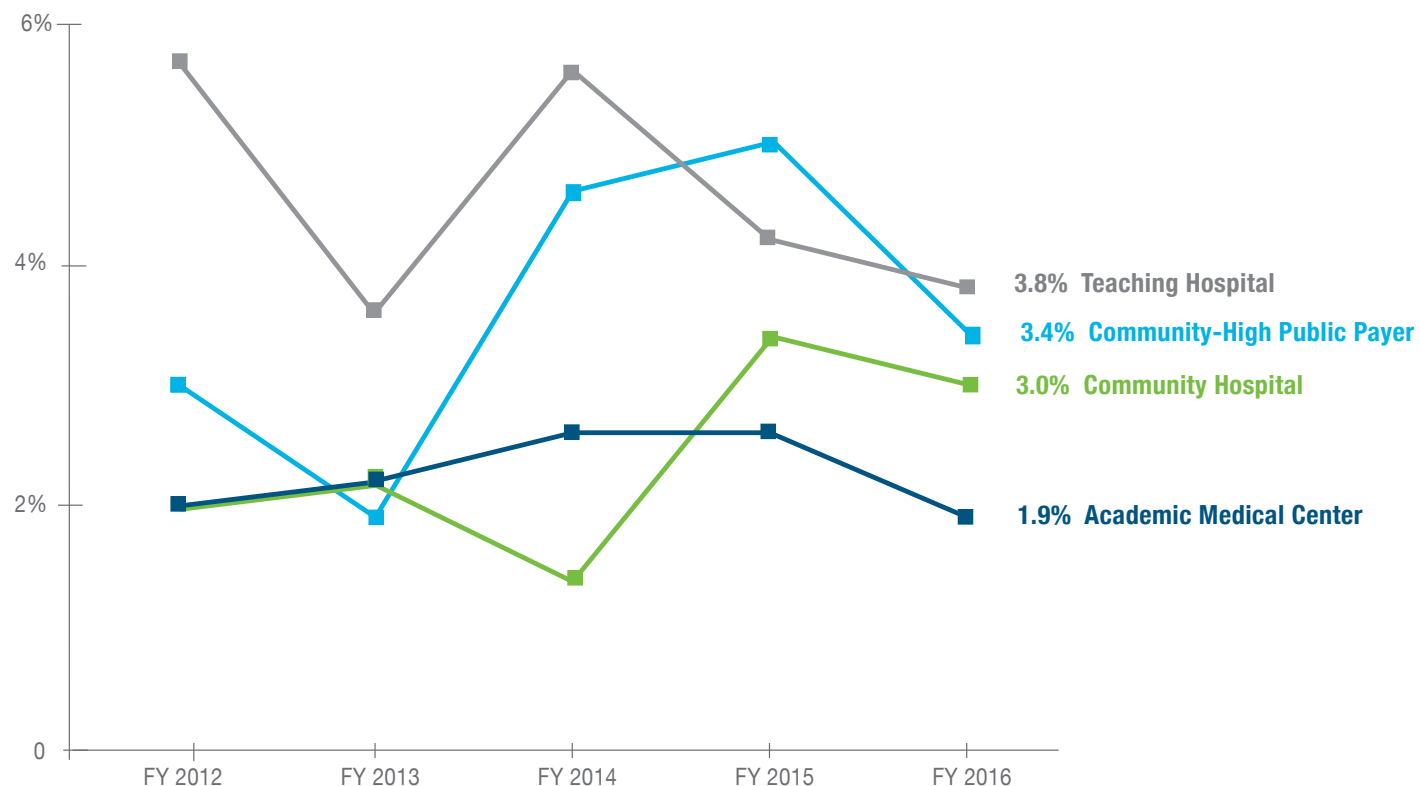
* Statewide data includes specialty hospitals.

FINANCIAL PERFORMANCE

FY 2016 Median Operating Margin, by Cohort

In FY 2016, the teaching hospital cohort had the highest median operating margin at 3.8%. Over the past five fiscal years between FY 2012 and FY 2016, the AMC and teaching cohorts have seen decreases in the median operating margin, while the community and community-HPP cohorts have seen increases in operating margins.

The teaching hospital cohort had the highest operating margin in FY 2016 at 3.8%.



Data Source: Hospital Standardized Financial Statements

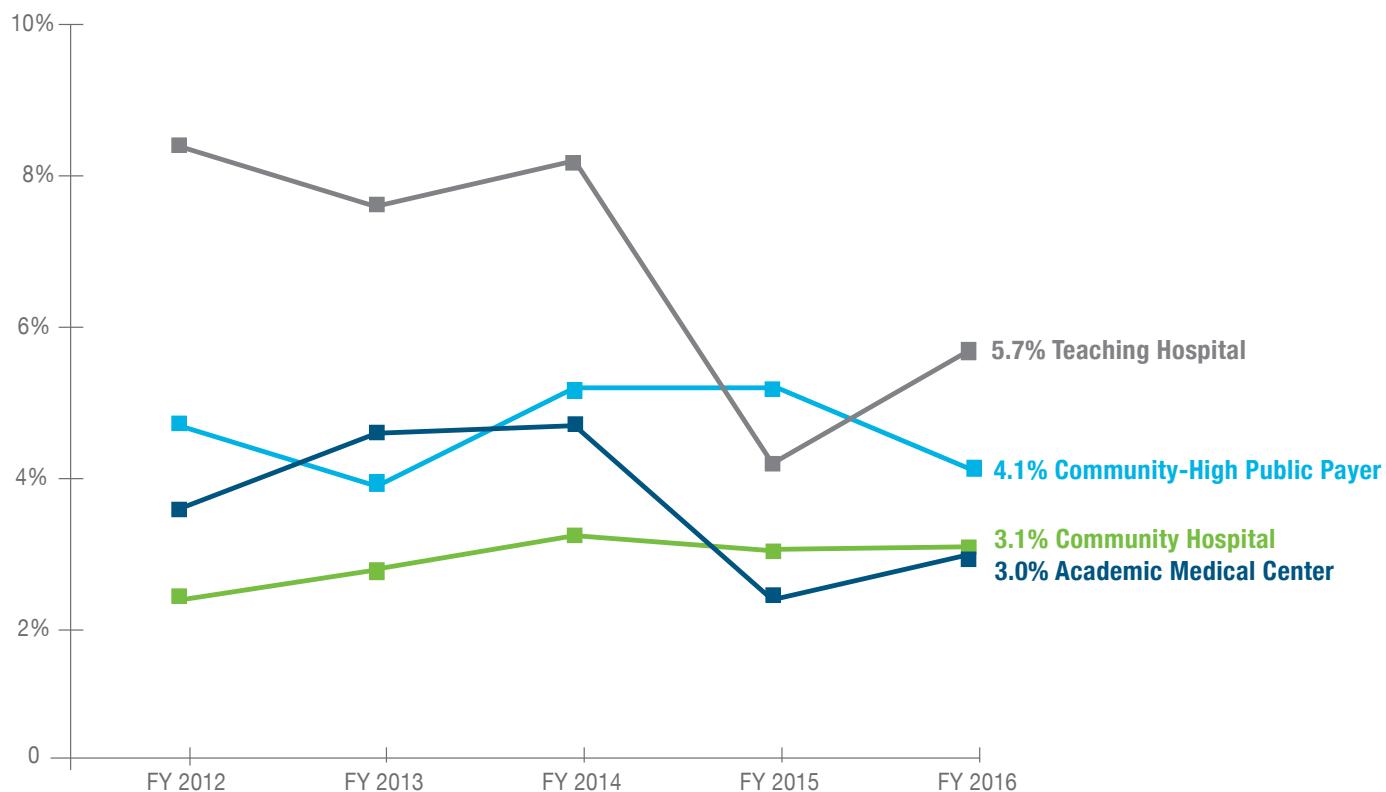
FINANCIAL PERFORMANCE

The teaching cohort had the highest median total margin in FY 2016 at 5.7%. The teaching cohort experienced the greatest increase in median total margin between FY 2015 and FY 2016.

Over the past five fiscal years, the community hospital cohort experienced a slight increase in median total margin, while the AMC, teaching, and community-HPP cohorts experienced decreases in total margin.

FY 2016 Median Total Margin, by Cohort

The teaching hospital cohort had the highest median total margin in FY 2016 at 5.7%.



Data Source: Hospital Standardized Financial Statements

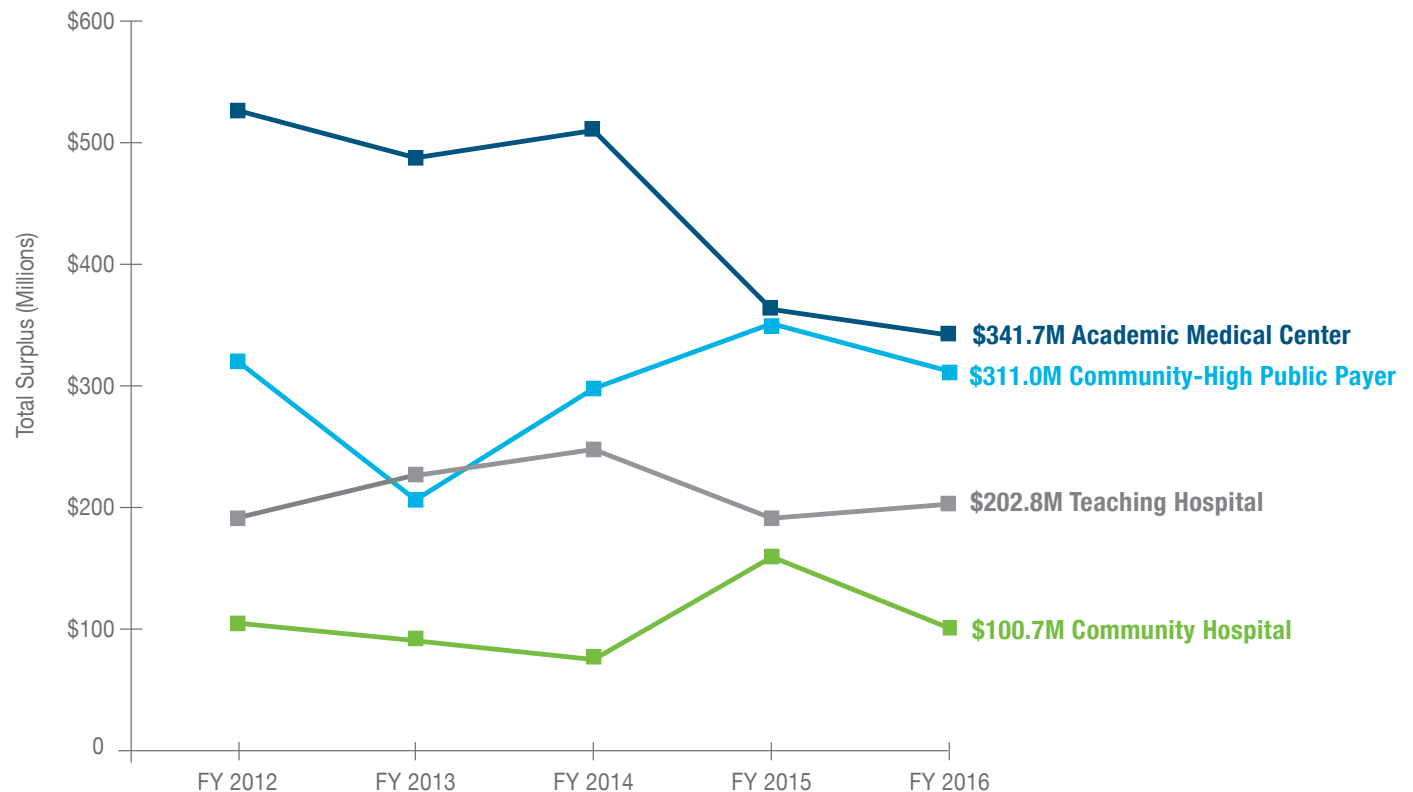
FINANCIAL PERFORMANCE

FY 2016 Surplus, by Cohort

In FY 2016, the six AMCs had the largest surplus, reporting a combined \$341.7 million dollars in their excess of revenue over expenses. However, this represents a 35% decrease from FY 2012.

Between FY 2012 and FY 2016, the teaching cohort experienced an increase in combined surpluses. However, the AMC, community, and the community-HPP cohorts all experienced decreases in combined surpluses.

AMCs collectively had the largest surplus in absolute dollars every year from FY 2012 to FY 2016.



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
[@Mass_CHIA](https://twitter.com/Mass_CHIA)

INTRODUCTION TO ACUTE HOSPITAL PROFILES

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.

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 [page A1](#)

Beth Israel Deaconess Medical Center	Tufts Medical Center
Massachusetts General Hospital	Brigham and Women's Hospital
Boston Medical Center	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 Cohort [page A7](#)

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 [page A14](#)

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	South Shore Hospital
Cooley Dickinson Hospital	Steward Norwood Hospital
Emerson Hospital	Winchester Hospital
Heywood 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-High Public Payer (HPP) Cohort page A29

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

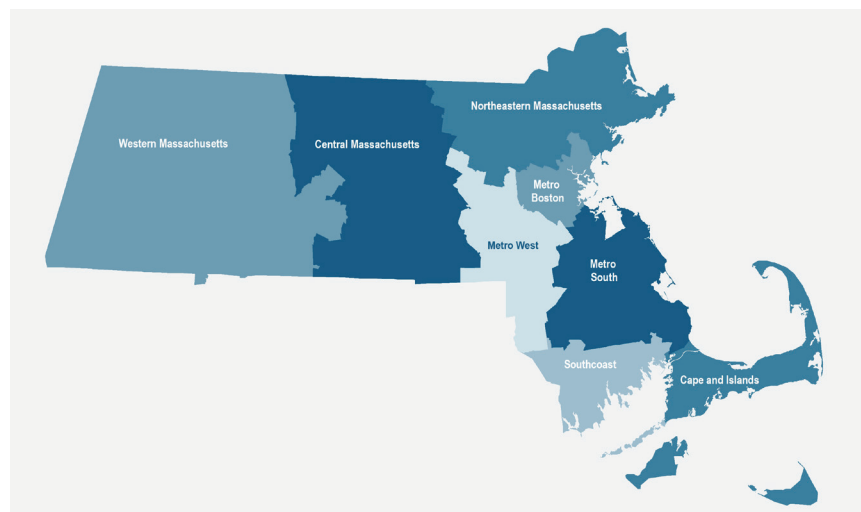
Specialty hospitals are not included in any cohort comparison analysis due to the unique patient populations they serve and/or the unique sets of services they provide. Specialty hospitals may be included in statewide analyses.

Specialty Hospitals page A58

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

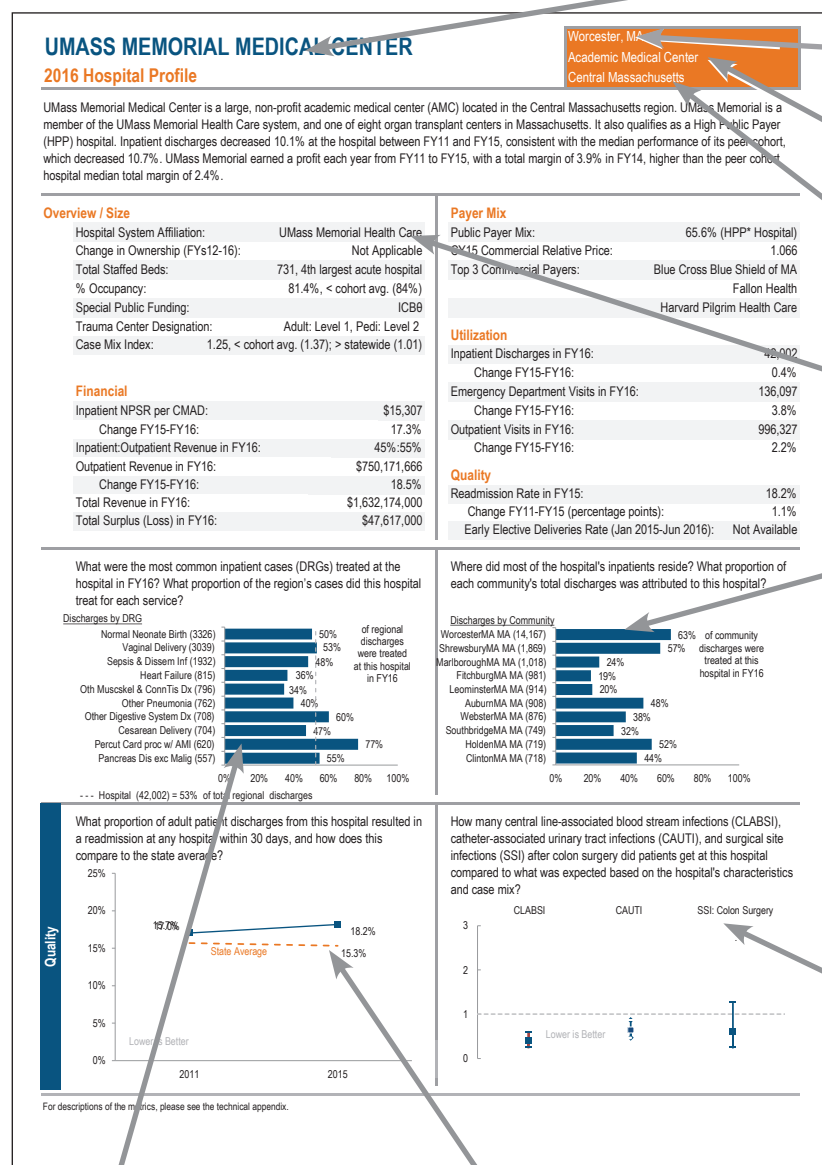
When presenting hospital service data, CHIA assigned acute hospitals to eight geographic regions. These regions are based on the sixteen geographic regions defined by the Massachusetts Health Policy Commission, which were created by consolidating the 66 Dartmouth Atlas Hospital Services Areas.

To view a list of the hospitals within each region, please see the technical appendix.



HOW TO READ ACUTE HOSPITAL PROFILES – FISCAL YEAR 2016

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.



Hospital name change (if applicable)

Campus location(s)

Hospital's cohort

Region

Multi-hospital system affiliation (if applicable)

Regional utilization

The communities where the hospital's inpatients reside are listed, with the number of this hospital's discharges from each community and a bar representing the share this hospital provides for each community among Massachusetts hospitals.

Health care-associated infections

This measure displays how many central line-associated blood stream infections (CLABSI), catheter-associated urinary tract infections (CAUTI), and surgical site infections (SSI) after colon surgery patients experienced relative to what was expected, based on the hospital's characteristics and case mix.

The dotted line indicates that the expected and observed number of infections were equal. A lower score is better.

Types of inpatient cases

This hospital's most frequent inpatient cases are listed, with the number of discharges in each group and a bar representing the proportion of regional cases treated at this hospital.

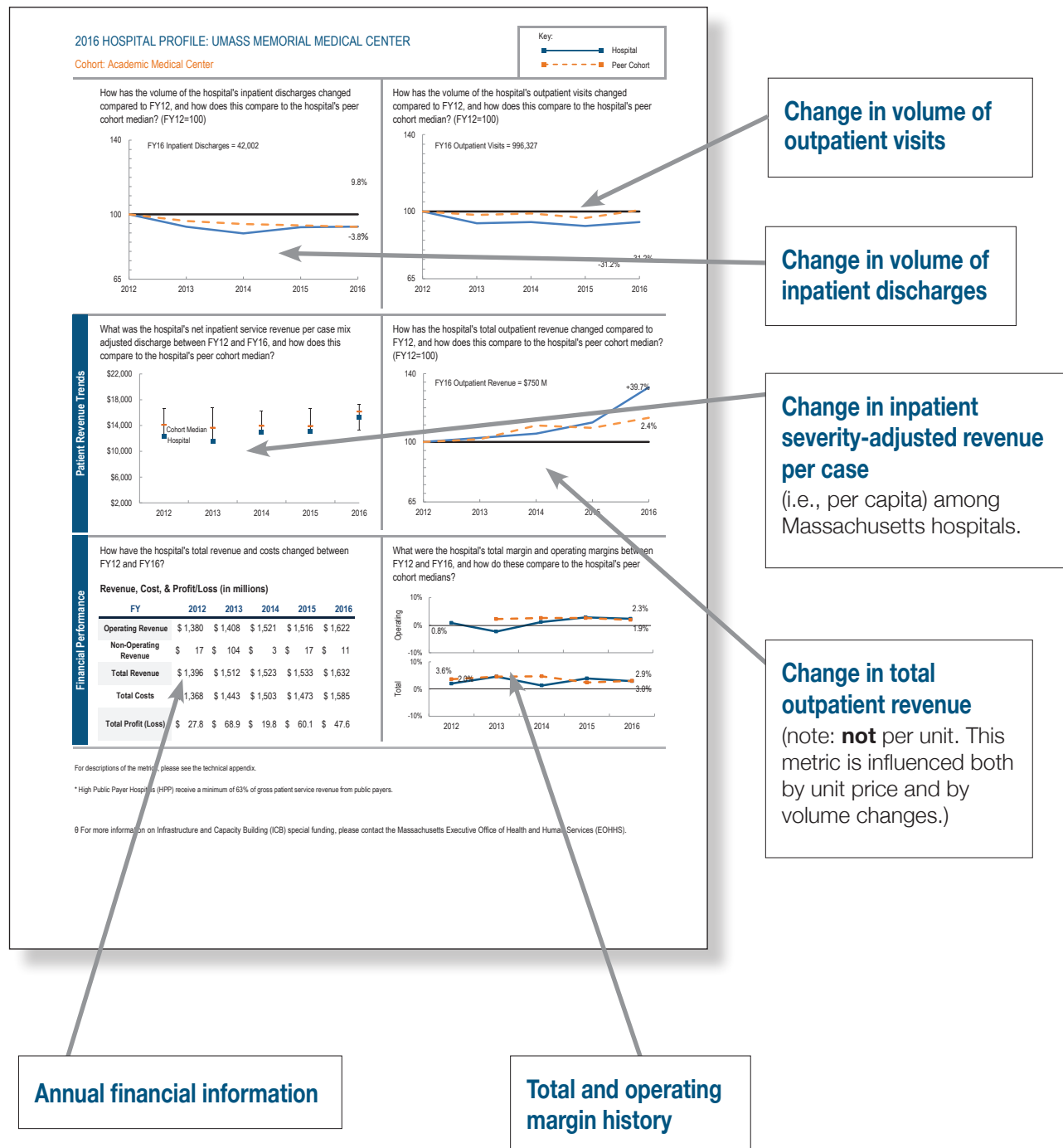
Readmissions

This measure is designed to follow adult patients for 30 days from discharge and determine whether they are admitted to a hospital during this period. The unadjusted readmission rates for 2011 and 2015 are displayed in the graph. A lower score is better.

HOW TO READ ACUTE HOSPITAL PROFILES – FISCAL YEAR 2016

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

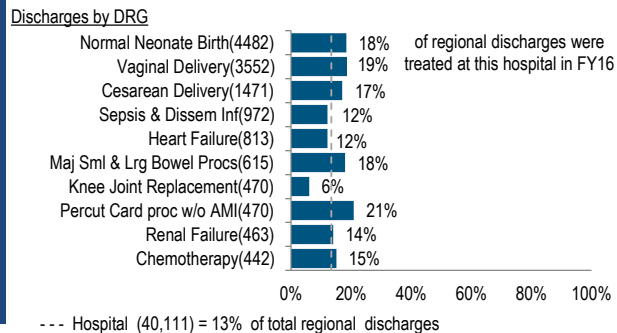
2016 Hospital Profile

Boston, MA
Academic Medical Center
Metro Boston

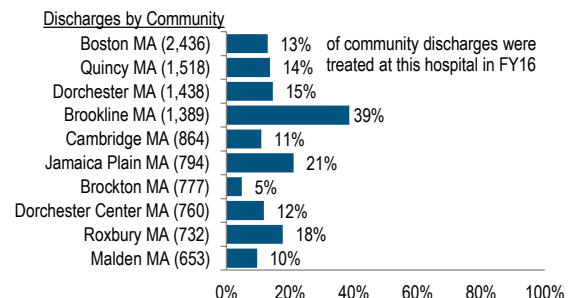
Beth Israel Deaconess Medical Center (BIDMC) is a large, non-profit Academic Medical Center (AMC) located in the Metro Boston region. It is one of nine organ transplant centers in Massachusetts and is a member of CareGroup. For the third consecutive fiscal year, Beth Israel Deaconess Medical Center saw increases in both inpatient discharges and outpatient visits. It earned a profit each year from FY12 to FY16, with a 3.1% total margin in FY16, slightly higher than the AMC median total margin of 3.0%. It reported a total profit of \$49.8M in FY16, while also reporting \$1.6B in total revenue, its highest in that same period.

At a Glance	Overview / Size	
	Hospital System Affiliation:	CareGroup
	Change in Ownership (FY12-16):	Not Applicable
	Total Staffed Beds:	669, 5th largest acute hospital
	% Occupancy:	89.4%, > cohort avg. (84%)
	Special Public Funding:	Not Applicable
	Trauma Center Designation:	Adult: Level 1
	Case Mix Index:	1.34, < cohort avg. (1.44); > statewide (1.07)
	Financial	
	Inpatient NPSR per CMAD:	\$13,896
Services	Change FY15-FY16:	0.4%
	Inpatient:Outpatient Revenue in FY16:	46%:54%
	Outpatient Revenue in FY16:	\$534,428,384
	Change FY15-FY16:	8.8%
	Total Revenue in FY16:	\$1,620,451,785
	Total Surplus (Loss) in FY16:	\$49,766,991
	Payer Mix	
	Public Payer Mix:	57.2% (Non-HPP* Hospital)
	CY15 Commercial S-RP:	1.06
	Top 3 Commercial Payers:	Blue Cross Blue Shield of MA Harvard Pilgrim Health Care Tufts Health Plan
Quality	Utilization	
	Inpatient Discharges in FY16:	40,111
	Change FY15-FY16:	2.1%
	Emergency Department Visits in FY16:	43,899
	Change FY15-FY16:	4.2%
	Outpatient Visits in FY16:	827,484
	Change FY15-FY16:	9.1%
	Quality	
	Readmission Rate in FY15:	16.6%
	Change FY11-FY15 (percentage points):	-1.5%
	Early Elective Deliveries Rate (Jan 2015-Jun 2016):	0.0%

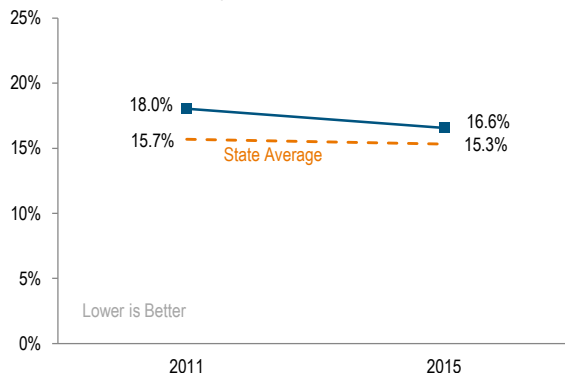
What were the most common inpatient cases (DRGs) treated at the hospital in FY16? What proportion of the region's cases did this hospital treat for each service?



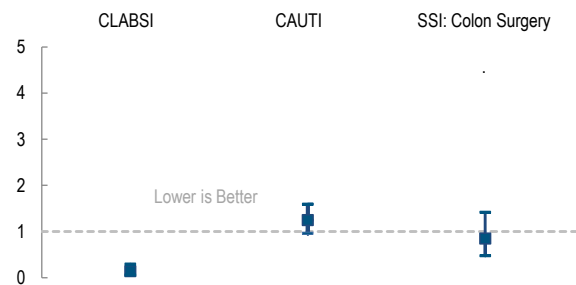
Where did most of the hospital's inpatients reside? What proportion of each community's total discharges was attributed to this hospital?



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.

2016 HOSPITAL PROFILE: BETH ISRAEL DEACONESS MEDICAL CENTER

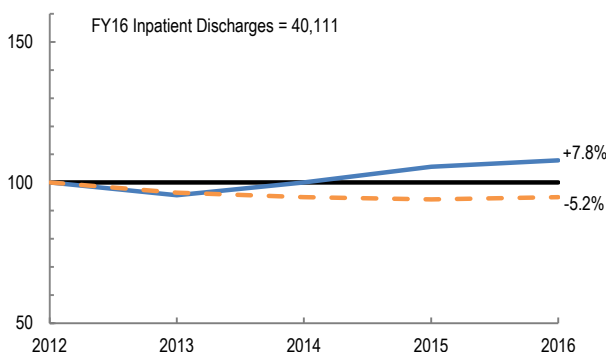
Cohort: Academic Medical Center

Key:

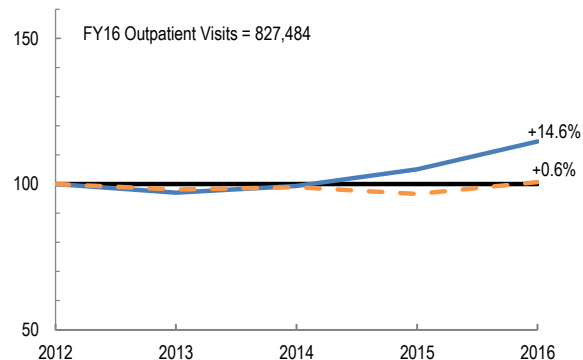


Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY12, and how does this compare to the hospital's peer cohort median? (FY12=100)

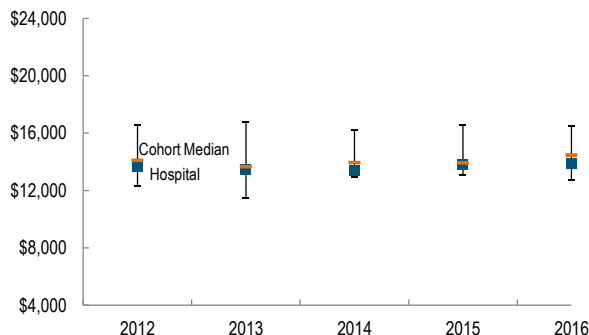


How has the volume of the hospital's outpatient visits changed compared to FY12, and how does this compare to the hospital's peer cohort median? (FY12=100)

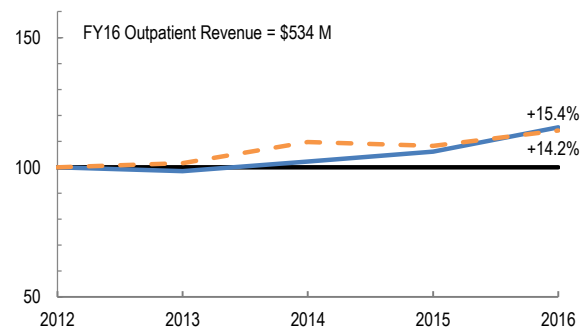


Patient Revenue Trends

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY12 and FY16, and how does this compare to the hospital's peer cohort median?



How has the hospital's total outpatient revenue changed compared to FY12, and how does this compare to the hospital's peer cohort median? (FY12=100)



Financial Performance

How have the hospital's total revenue and costs changed between FY12 and FY16?

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

FY	2012	2013	2014	2015	2016
Operating Revenue	\$ 1,380	\$ 1,360	\$ 1,417	\$ 1,518	\$ 1,595
Non-Operating Revenue	\$ 29	\$ 49	\$ 32	\$ (11)	\$ 25
Total Revenue	\$ 1,410	\$ 1,410	\$ 1,449	\$ 1,507	\$ 1,620
Total Costs	\$ 1,336	\$ 1,309	\$ 1,385	\$ 1,477	\$ 1,571
Total Profit (Loss)	\$ 74.0	\$ 100.2	\$ 63.3	\$ 29.7	\$ 49.8

What were the hospital's total margin and operating margins between FY12 and FY16, and how do these compare to the hospital's peer cohort medians?



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

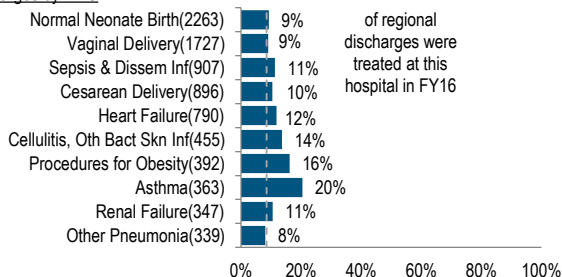
* High Public Payer Hospitals (HPP) receive a minimum of 63% of gross patient service revenue from public payers.

Boston Medical Center (BMC) is a large, non-profit 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 76.9%. It is the state's seventh largest hospital, and one of nine organ transplant centers in Massachusetts. BMC treated 20% of all Asthma cases in Metro Boston, though it accounted for only 8% of total regional discharges. In FY16, BMC reported a loss of \$7.6M after four consecutive profitable fiscal years. BMC had a total margin of -0.6% in FY16, which was lower than the cohort average of 3.0%.

At a Glance	Overview / Size	
	Hospital System Affiliation:	Not Applicable
	Change in Ownership (FY12-16):	Not Applicable
	Total Staffed Beds:	450, 7th largest acute hospital
	% Occupancy:	77.1%, lowest in cohort avg. (84%)
	Special Public Funding:	DSTI ⁿ
	Trauma Center Designation:	Adult: Level 1, Pedi: Level 2
	Case Mix Index:	1.18, < cohort avg. (1.44); > statewide (1.07)
	Financial	
	Inpatient NPSR per CMAD:	\$15,036
Services	Change FY15-FY16:	7.3%
	Inpatient:Outpatient Revenue in FY16:	32%:68%
	Outpatient Revenue in FY16:	\$556,065,472
	Change FY15-FY16:	-13.5%
	Total Revenue in FY16:	\$1,233,408,000
	Total Surplus (Loss) in FY16:	(\$7,631,000)
	Payer Mix	
	Public Payer Mix:	76.9% (HPP* Hospital)
	CY15 Commercial S-RP:	1.01
	Top 3 Commercial Payers:	Blue Cross Blue Shield of MA Harvard Pilgrim Health Care Tufts Health Plan
Quality	Utilization	
	Inpatient Discharges in FY16:	25,131
	Change FY15-FY16:	1.3%
	Emergency Department Visits in FY16:	132,148
	Change FY15-FY16:	5.4%
	Outpatient Visits in FY16:	1,643,197
	Change FY15-FY16:	4.8%
	Quality	
	Readmission Rate in FY15:	16.4%
	Change FY11-FY15 (percentage points):	-1.3%
	Early Elective Deliveries Rate (Jan 2015-Jun 2016):	0.0%

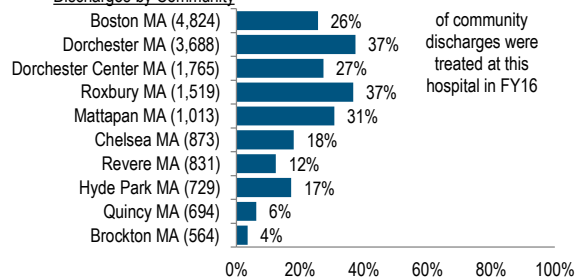
What were the most common inpatient cases (DRGs) treated at the hospital in FY16? What proportion of the region's cases did this hospital treat for each service?

Discharges by DRG

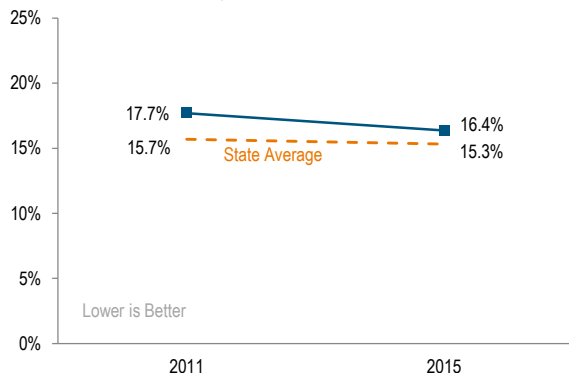


Where did most of the hospital's inpatients reside? What proportion of each community's total discharges was attributed to this hospital?

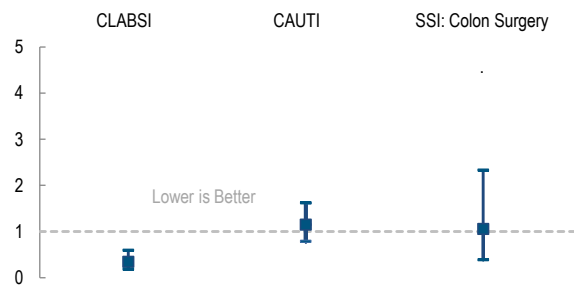
Discharges by Community



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?



2016 HOSPITAL PROFILE: BOSTON MEDICAL CENTER

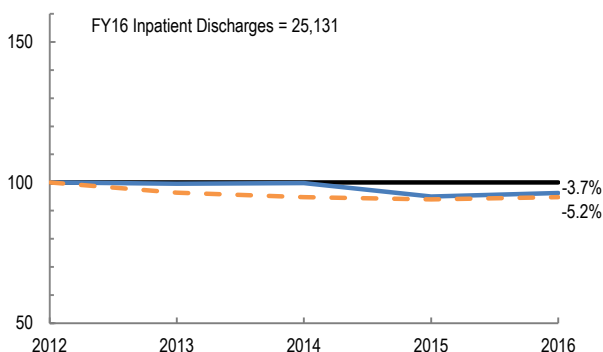
Cohort: Academic Medical Center

Key:

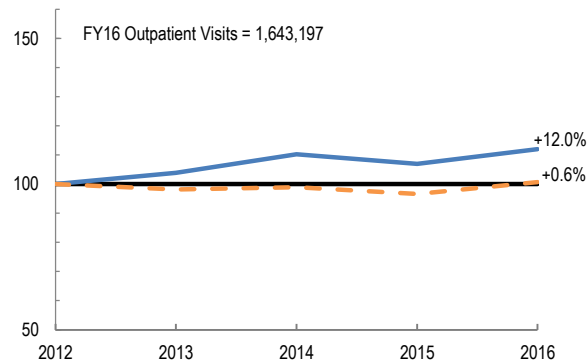


Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY12, and how does this compare to the hospital's peer cohort median? (FY12=100)

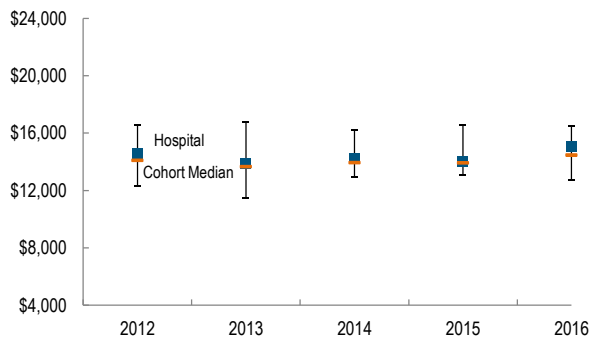


How has the volume of the hospital's outpatient visits changed compared to FY12, and how does this compare to the hospital's peer cohort median? (FY12=100)

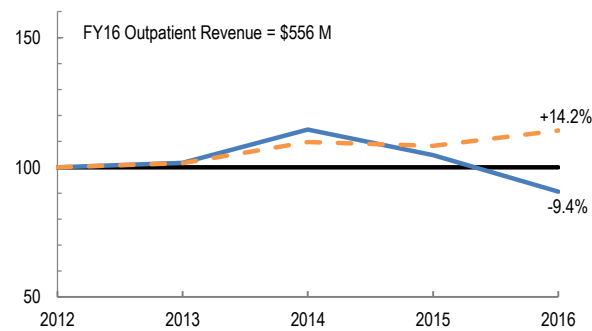


Patient Revenue Trends

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY12 and FY16, and how does this compare to the hospital's peer cohort median?



How has the hospital's total outpatient revenue changed compared to FY12, and how does this compare to the hospital's peer cohort median? (FY12=100)



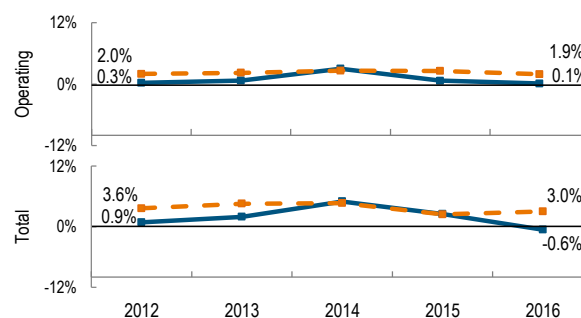
Financial Performance

How have the hospital's total revenue and costs changed between FY12 and FY16?

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

FY	2012	2013	2014	2015	2016
Operating Revenue	\$ 1,011	\$ 1,016	\$ 1,087	\$ 1,137	\$ 1,243
Non-Operating Revenue	\$ 6	\$ 13	\$ 22	\$ 22	\$ (9)
Total Revenue	\$ 1,017	\$ 1,029	\$ 1,109	\$ 1,159	\$ 1,233
Total Costs	\$ 1,008	\$ 1,009	\$ 1,053	\$ 1,130	\$ 1,241
Total Profit (Loss)	\$ 8.8	\$ 20.0	\$ 55.5	\$ 29.3	\$ (7.6)

What were the hospital's total margin and operating margins between FY12 and FY16, 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 Delivery System Transformation Initiative (DSTI) special funding, please contact the Massachusetts Executive Office of Health and Human Service (EOHHS).

BRIGHAM AND WOMEN'S HOSPITAL

2016 Hospital Profile

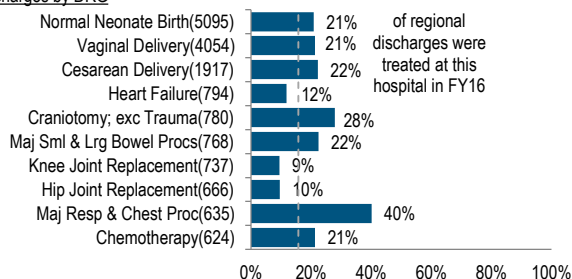
Boston, MA
Academic Medical Center
Metro Boston

Brigham and Women's Hospital is a non-profit 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. In FY16, Brigham and Women's Hospital total margin was 3.5% resulting in a \$94.4M excess of revenue over expenses. Brigham and Women's Hospital's average profits between FY12 and FY14 were \$141M.

At a Glance	Overview / Size	
	Hospital System Affiliation:	Partners HealthCare
	Change in Ownership (FY12-16):	Not Applicable
	Total Staffed Beds:	859, 2nd largest acute hospital
	% Occupancy:	82.6%, < cohort avg. (84%)
	Special Public Funding:	Not Applicable
	Trauma Center Designation:	Adult: Level 1
	Case Mix Index:	1.56, > cohort avg. (1.44); > statewide (1.07)
	Financial	
	Inpatient NPSR per CMAD:	\$16,457
Services	Change FY15-FY16:	-0.7%
	Inpatient:Outpatient Revenue in FY16:	59%:41%
	Outpatient Revenue in FY16:	\$658,710,306
	Change FY15-FY16:	2.6%
	Total Revenue in FY16:	\$2,731,483,000
	Total Surplus (Loss) in FY16:	\$94,383,000
	Payer Mix	
	Public Payer Mix:	54.5% (Non-HPP* Hospital)
	CY15 Commercial S-RP:	1.41
	Top 3 Commercial Payers:	Blue Cross Blue Shield of MA Harvard Pilgrim Health Care Tufts Health Plan
Quality	Utilization	
	Inpatient Discharges in FY16:	47,017
	Change FY15-FY16:	2.7%
	Emergency Department Visits in FY16:	58,328
	Change FY15-FY16:	-2.7%
	Outpatient Visits in FY16:	558,705
	Change FY15-FY16:	48.6%
	Quality	
	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 FY16? What proportion of the region's cases did this hospital treat for each service?

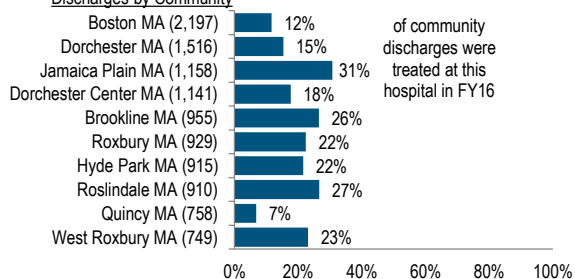
Discharges by DRG



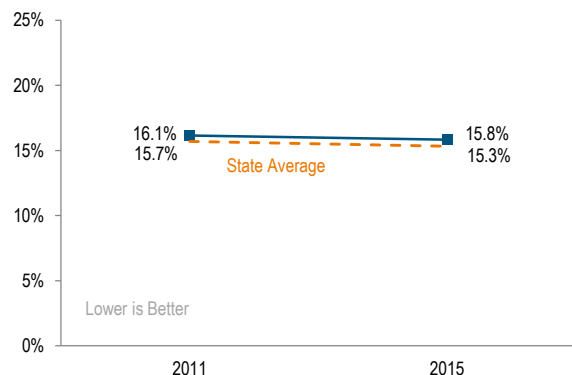
--- Hospital (47,017) = 16% of total regional discharges

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

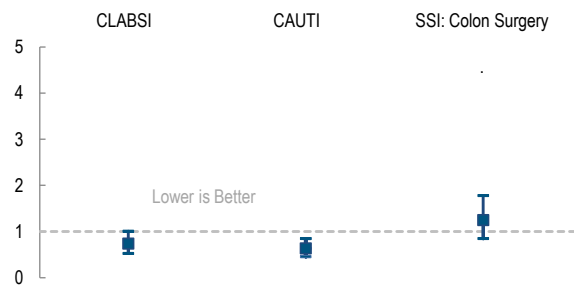
Discharges by Community



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.

2016 HOSPITAL PROFILE: BRIGHAM AND WOMEN'S HOSPITAL

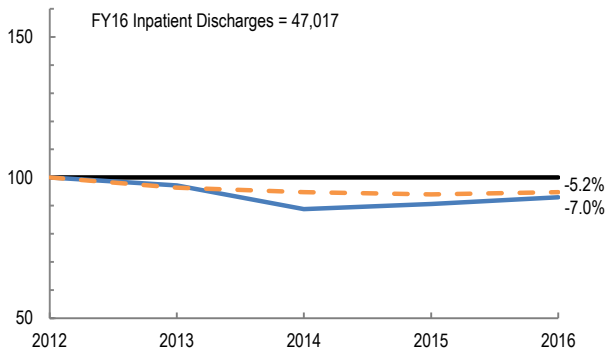
Cohort: Academic Medical Center

Key:

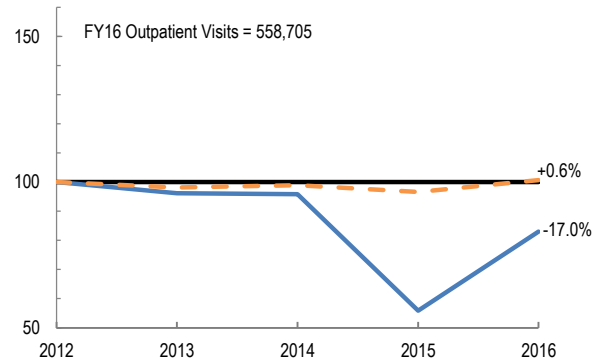


Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY12, and how does this compare to the hospital's peer cohort median? (FY12=100)

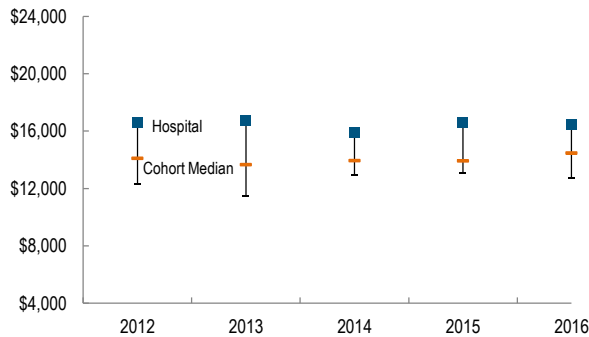


How has the volume of the hospital's outpatient visits changed compared to FY12, and how does this compare to the hospital's peer cohort median? (FY12=100)

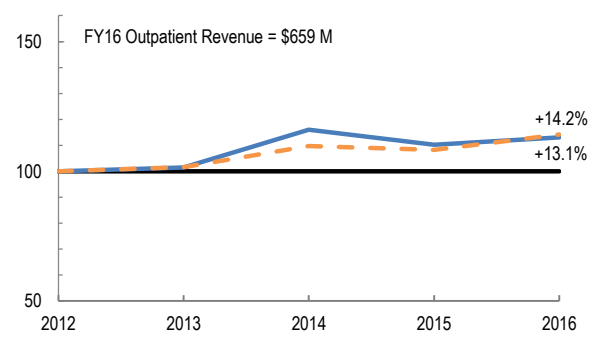


Patient Revenue Trends

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY12 and FY16, and how does this compare to the hospital's peer cohort median?



How has the hospital's total outpatient revenue changed compared to FY12, and how does this compare to the hospital's peer cohort median? (FY12=100)



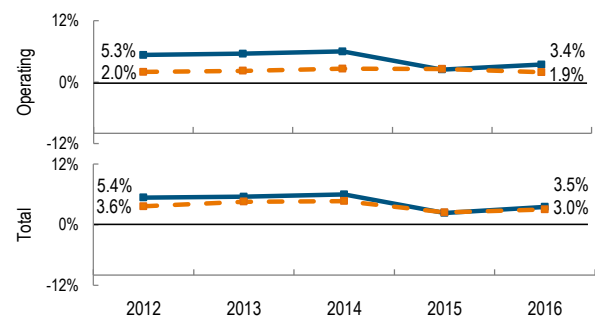
Financial Performance

How have the hospital's total revenue and costs changed between FY12 and FY16?

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

FY	2012	2013	2014	2015	2016
Operating Revenue	\$ 2,455	\$ 2,517	\$ 2,538	\$ 2,606	\$ 2,730
Non-Operating Revenue	\$ 2	\$ (0)	\$ 0	\$ (3)	\$ 1
Total Revenue	\$ 2,457	\$ 2,516	\$ 2,538	\$ 2,603	\$ 2,731
Total Costs	\$ 2,325	\$ 2,377	\$ 2,386	\$ 2,542	\$ 2,637
Total Profit (Loss)	\$ 132.2	\$ 139.0	\$ 151.7	\$ 60.8	\$ 94.4

What were the hospital's total margin and operating margins between FY12 and FY16, and how do these compare to the hospital's peer cohort medians?



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

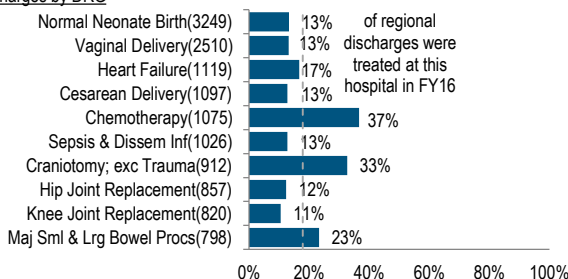
* High Public Payer Hospitals (HPP) receive a minimum of 63% of gross patient service revenue from public payers.

Massachusetts General Hospital (MGH) is a non-profit academic medical center (AMC) located in the Metro Boston region. MGH is the largest hospital in Massachusetts, with 1,078 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. MGH is one of nine organ transplant centers in Massachusetts. It earned a profit each year from FY12 to FY16, with a 3.9% total margin in FY16, higher than the 3.0% median total margin of its peer cohort. Inpatient discharges increased 3.4% at MGH from FY12 to FY16, while its peer cohort had a median decrease of 5.2%.

At a Glance	Overview / Size	
	Hospital System Affiliation:	Partners HealthCare
	Change in Ownership (FY12-16):	Not Applicable
	Total Staffed Beds:	1,078, largest acute hospital
	% Occupancy:	80.1%, < cohort avg. (84%)
	Special Public Funding:	Not Applicable
	Trauma Center Designation:	Adult: Level 1, Pedi: Level 1
	Case Mix Index:	1.56, > cohort avg. (1.44); > statewide (1.07)
	Financial	
	Inpatient NPSR per CMAD:	\$16,063
Services	Change FY15-FY16:	0.0%
	Inpatient:Outpatient Revenue in FY16:	50%:50%
	Outpatient Revenue in FY16:	\$1,227,954,688
	Change FY15-FY16:	3.9%
	Total Revenue in FY16:	\$3,672,121,000
	Total Surplus (Loss) in FY16:	\$142,821,000
	Payer Mix	
	Public Payer Mix:	57.4% (Non-HPP* Hospital)
	CY15 Commercial S-RP:	1.41
	Top 3 Commercial Payers:	Blue Cross Blue Shield of MA Harvard Pilgrim Health Care Tufts Health Plan
Quality	Utilization	
	Inpatient Discharges in FY16:	53,587
	Change FY15-FY16:	-0.7%
	Emergency Department Visits in FY16:	108,698
	Change FY15-FY16:	1.9%
	Outpatient Visits in FY16:	906,638
	Change FY15-FY16:	2.1%
	Quality	
	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 FY16? What proportion of the region's cases did this hospital treat for each service?

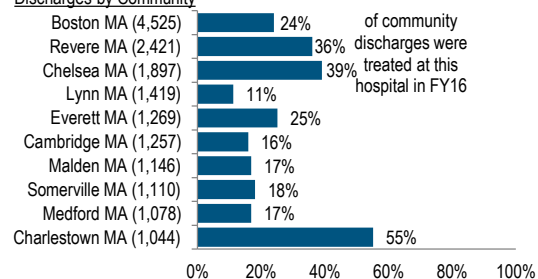
Discharges by DRG



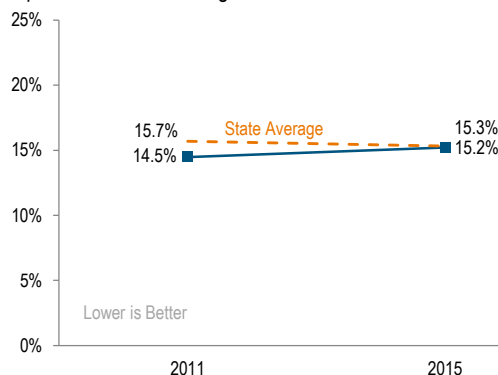
--- Hospital (53,587) = 18% of total regional discharges

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

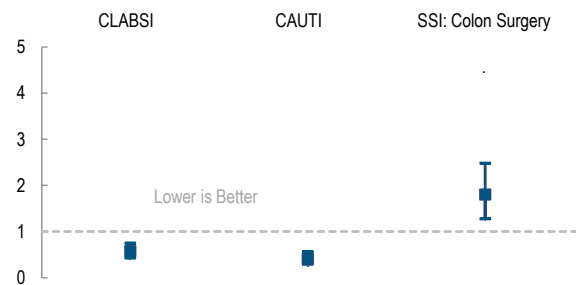
Discharges by Community



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?



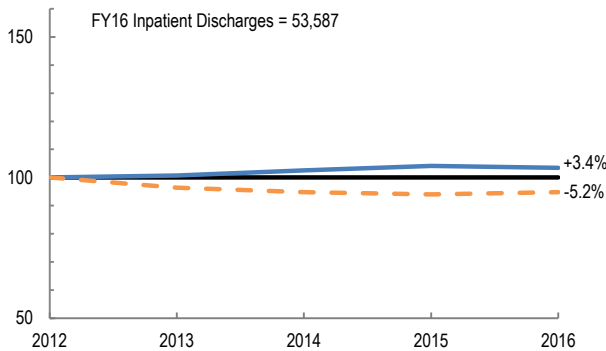
2016 HOSPITAL PROFILE: MASSACHUSETTS GENERAL HOSPITAL

Cohort: Academic Medical Center

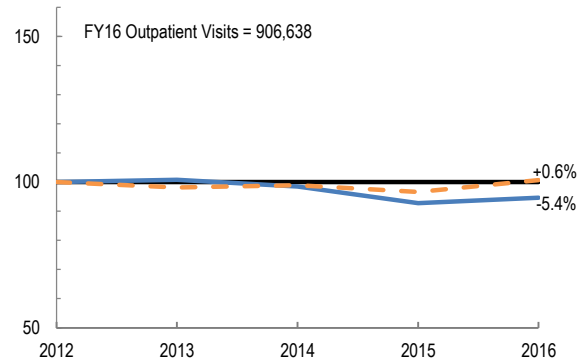
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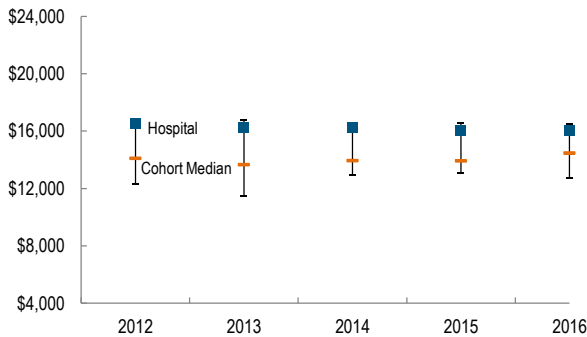
How has the volume of the hospital's inpatient discharges changed compared to FY12, and how does this compare to the hospital's peer cohort median? (FY12=100)



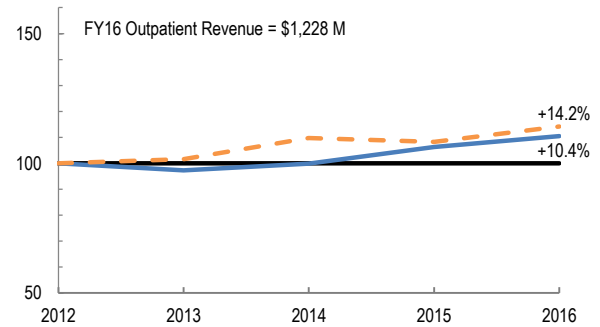
How has the volume of the hospital's outpatient visits changed compared to FY12, and how does this compare to the hospital's peer cohort median? (FY12=100)



What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY12 and FY16, and how does this compare to the hospital's peer cohort median?



How has the hospital's total outpatient revenue changed compared to FY12, and how does this compare to the hospital's peer cohort median? (FY12=100)

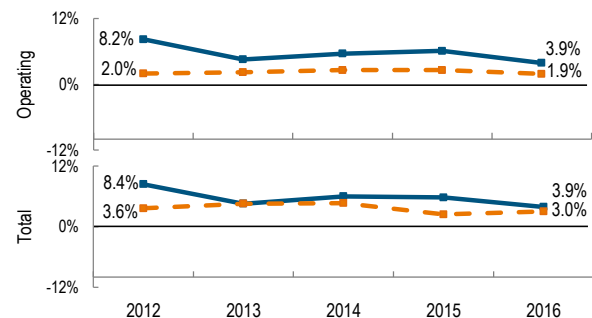


How have the hospital's total revenue and costs changed between FY12 and FY16?

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

FY	2012	2013	2014	2015	2016
Operating Revenue	\$ 3,255	\$ 3,271	\$ 3,326	\$ 3,488	\$ 3,672
Non-Operating Revenue	\$ 6	\$ 1	\$ 13	\$ (10)	\$ (0)
Total Revenue	\$ 3,260	\$ 3,272	\$ 3,339	\$ 3,477	\$ 3,672
Total Costs	\$ 2,987	\$ 3,123	\$ 3,139	\$ 3,276	\$ 3,529
Total Profit (Loss)	\$ 273.6	\$ 149.2	\$ 200.1	\$ 201.1	\$ 142.8

What were the hospital's total margin and operating margins between FY12 and FY16, and how do these compare to the hospital's peer cohort medians?



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

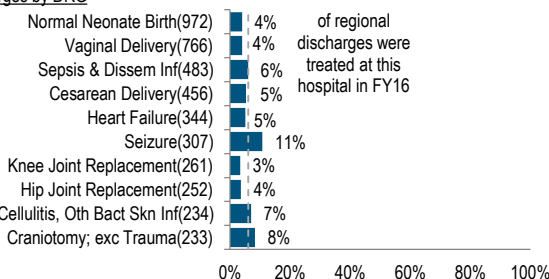
* High Public Payer Hospitals (HPP) receive a minimum of 63% of gross patient service revenue from public payers.

Tufts Medical Center is a large, non-profit 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 14.0% from FY12 to FY16 at Tufts Medical Center, a greater rate than the 5.2% median decrease for its peer cohort. The hospital earned a profit of \$14.8M in FY16, with a total margin of 2.0%.

At a Glance	Overview / Size	
	Hospital System Affiliation:	Wellforce
	Change in Ownership (FY12-16):	Not Applicable
	Total Staffed Beds:	262, among the larger acute hospitals
	% Occupancy:	102.0%, highest in cohort avg. (84%)
	Special Public Funding:	Not Applicable
	Trauma Center Designation:	Adult: Level 1, Pedi: Level 1
	Case Mix Index:	1.72, > cohort avg. (1.44); > statewide (1.07)
	Financial	
	Inpatient NPSR per CMAD:	\$12,710
Services	Change FY15-FY16:	-3.3%
	Inpatient:Outpatient Revenue in FY16:	47%:53%
	Outpatient Revenue in FY16:	\$274,717,325
	Change FY15-FY16:	10.8%
	Total Revenue in FY16:	\$753,392,958
	Total Surplus (Loss) in FY16:	\$14,765,000
	Payer Mix	
	Public Payer Mix:	61.9% (Non-HPP* Hospital)
	CY15 Commercial S-RP:	1.05
	Top 3 Commercial Payers:	Blue Cross Blue Shield of MA Harvard Pilgrim Health Care Tufts Health Plan
Quality	Utilization	
	Inpatient Discharges in FY16:	17,958
	Change FY15-FY16:	2.2%
	Emergency Department Visits in FY16:	45,959
	Change FY15-FY16:	5.4%
	Outpatient Visits in FY16:	430,137
	Change FY15-FY16:	6.2%
	Quality	
	Readmission Rate in FY15:	18.7%
	Change FY11-FY15 (percentage points):	-0.1%
	Early Elective Deliveries Rate (Jan 2015-Jun 2016):	0.0%

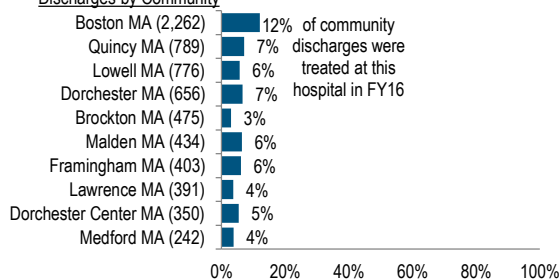
What were the most common inpatient cases (DRGs) treated at the hospital in FY16? What proportion of the region's cases did this hospital treat for each service?

Discharges by DRG

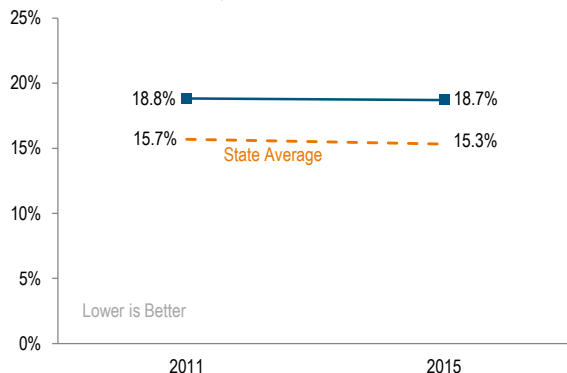


Where did most of the hospital's inpatients reside? What proportion of each community's total discharges was attributed to this hospital?

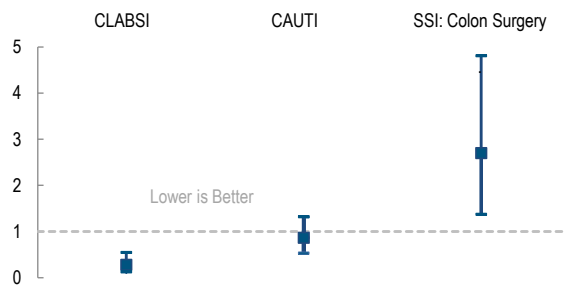
Discharges by Community



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?



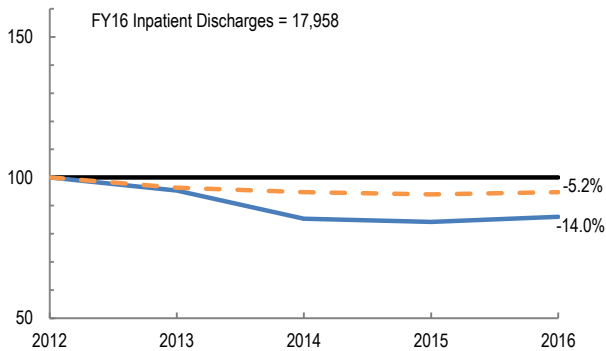
2016 HOSPITAL PROFILE: TUFTS MEDICAL CENTER

Cohort: Academic Medical Center

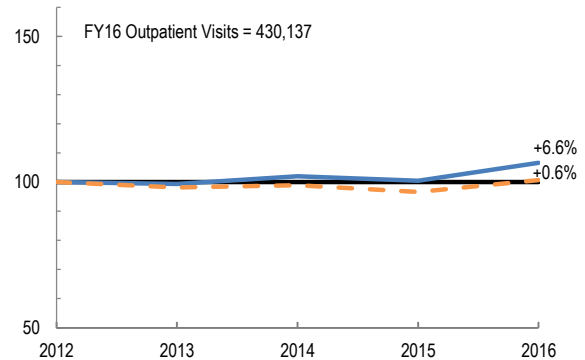
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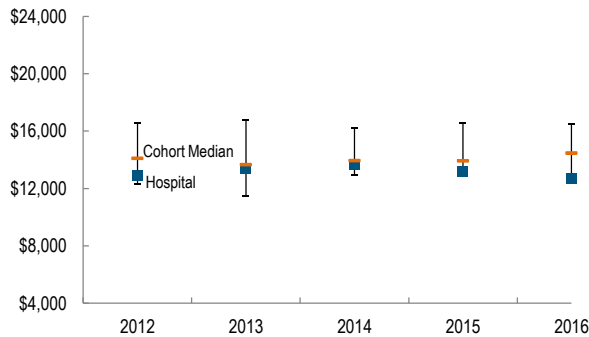
How has the volume of the hospital's inpatient discharges changed compared to FY12, and how does this compare to the hospital's peer cohort median? (FY12=100)



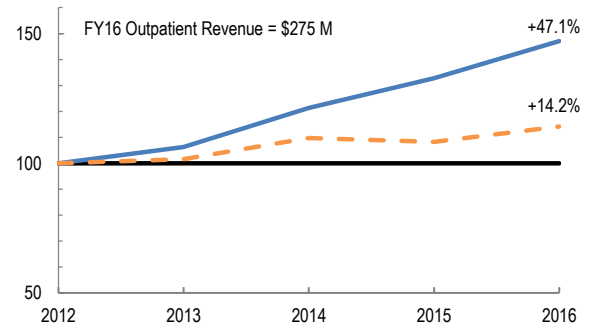
How has the volume of the hospital's outpatient visits changed compared to FY12, and how does this compare to the hospital's peer cohort median? (FY12=100)



What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY12 and FY16, and how does this compare to the hospital's peer cohort median?



How has the hospital's total outpatient revenue changed compared to FY12, and how does this compare to the hospital's peer cohort median? (FY12=100)

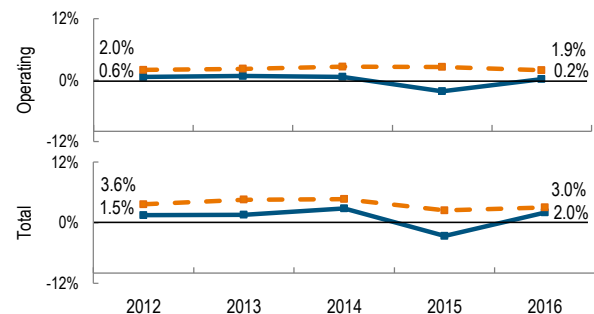


How have the hospital's total revenue and costs changed between FY12 and FY16?

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

FY	2012	2013	2014	2015	2016
Operating Revenue	\$ 667	\$ 656	\$ 685	\$ 689	\$ 740
Non-Operating Revenue	\$ 6	\$ 5	\$ 15	\$ (3)	\$ 13
Total Revenue	\$ 673	\$ 661	\$ 700	\$ 686	\$ 753
Total Costs	\$ 663	\$ 651	\$ 681	\$ 704	\$ 739
Total Profit (Loss)	\$ 10.0	\$ 10.2	\$ 19.7	\$ (18.2)	\$ 14.8

What were the hospital's total margin and operating margins between FY12 and FY16, 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.

UMASS MEMORIAL MEDICAL CENTER

2016 Hospital Profile

Worcester, MA
Academic Medical Center
Central Massachusetts

UMass Memorial Medical Center is a large, non-profit academic medical center (AMC) located in the Central Massachusetts region. UMass Memorial is a member of UMass Memorial Health Care, and one of nine organ transplant centers in Massachusetts. It also qualifies as a High Public Payer (HPP) hospital. Inpatient discharges decreased 6.6% at the hospital between FY12 and FY16, greater than the median decrease of 5.2% for its cohort. UMass Memorial earned a profit each year from FY12 to FY16, with a total margin of 2.9% in FY16, just under the peer cohort hospital median total margin of 3.0%.

At a Glance

Overview / Size

Hospital System Affiliation:	UMass Memorial Health Care
Change in Ownership (FY12-16):	Not Applicable
Total Staffed Beds:	731, 4th largest acute hospital
% Occupancy:	81.4%, < cohort avg. (84%)
Special Public Funding:	Not Applicable
Trauma Center Designation:	Adult: Level 1, Pedi: Level 2
Case Mix Index:	1.31, < cohort avg. (1.44); > statewide (1.07)

Financial

Inpatient NPSR per CMAD:	\$13,402
Change FY15-FY16:	2.7%
Inpatient:Outpatient Revenue in FY16:	45%:55%
Outpatient Revenue in FY16:	\$668,905,826
Change FY15-FY16:	5.7%
Total Revenue in FY16:	\$1,632,174,000
Total Surplus (Loss) in FY16:	\$47,617,000

Payer Mix

Public Payer Mix:	65.6% (HPP* Hospital)
CY15 Commercial S-RP:	1.07
Top 3 Commercial Payers:	Blue Cross Blue Shield of MA Fallon Health Harvard Pilgrim Health Care

Utilization

Inpatient Discharges in FY16:	42,002
Change FY15-FY16:	0.4%
Emergency Department Visits in FY16:	136,097
Change FY15-FY16:	3.8%
Outpatient Visits in FY16:	996,327
Change FY15-FY16:	2.2%

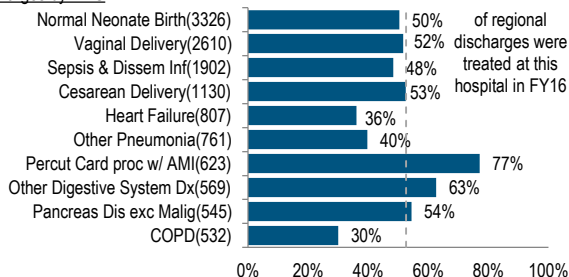
Quality

Readmission Rate in FY15:	18.2%
Change FY11-FY15 (percentage points):	1.1%
Early Elective Deliveries Rate (Jan 2015-Jun 2016):	Not Available

Services

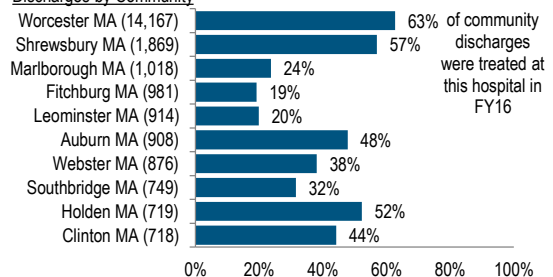
What were the most common inpatient cases (DRGs) treated at the hospital in FY16? What proportion of the region's cases did this hospital treat for each service?

Discharges by DRG



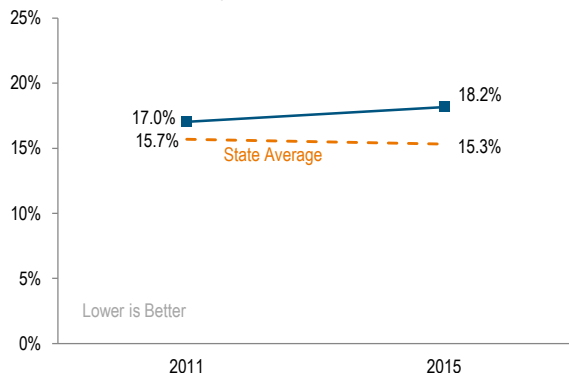
Where did most of the hospital's inpatients reside? What proportion of each community's total discharges was attributed to this hospital?

Discharges by Community

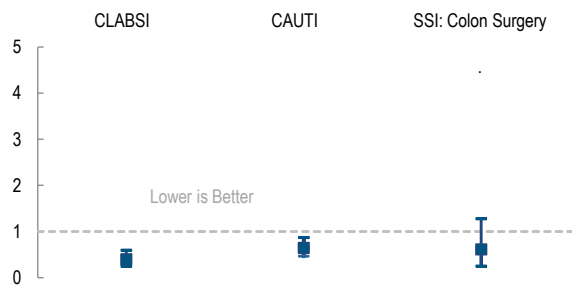


Quality

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.

2016 HOSPITAL PROFILE: UMASS MEMORIAL MEDICAL CENTER

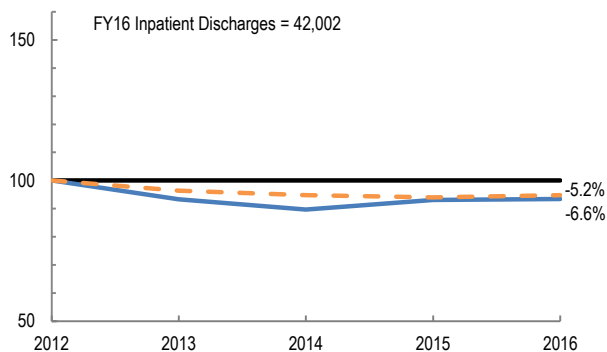
Cohort: Academic Medical Center

Key:

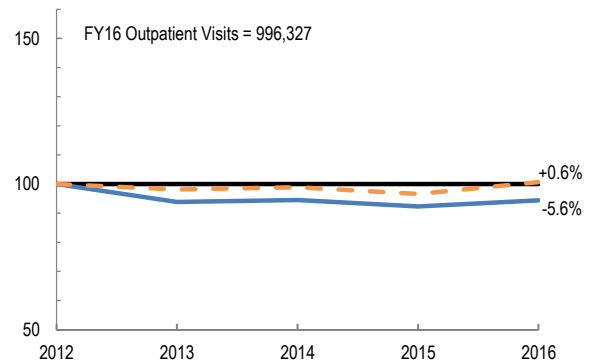
— Hospital
- - - Peer Cohort

Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY12, and how does this compare to the hospital's peer cohort median? (FY12=100)

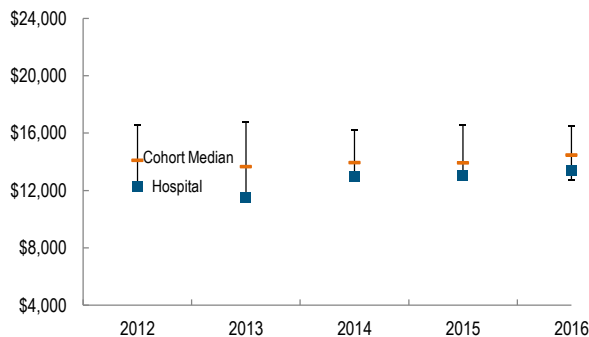


How has the volume of the hospital's outpatient visits changed compared to FY12, and how does this compare to the hospital's peer cohort median? (FY12=100)

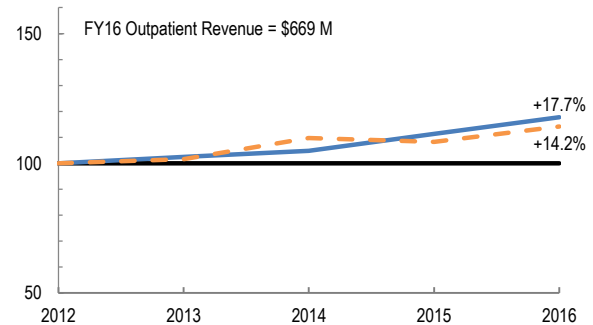


Patient Revenue Trends

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY12 and FY16, and how does this compare to the hospital's peer cohort median?



How has the hospital's total outpatient revenue changed compared to FY12, and how does this compare to the hospital's peer cohort median? (FY12=100)



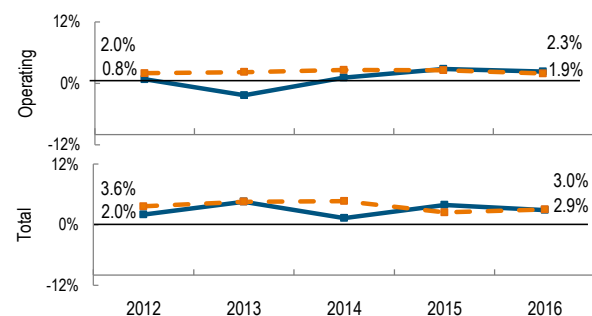
Financial Performance

How have the hospital's total revenue and costs changed between FY12 and FY16?

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

FY	2012	2013	2014	2015	2016
Operating Revenue	\$ 1,380	\$ 1,408	\$ 1,521	\$ 1,516	\$ 1,622
Non-Operating Revenue	\$ 17	\$ 104	\$ 3	\$ 17	\$ 11
Total Revenue	\$ 1,396	\$ 1,512	\$ 1,523	\$ 1,533	\$ 1,632
Total Costs	\$ 1,368	\$ 1,443	\$ 1,503	\$ 1,473	\$ 1,585
Total Profit (Loss)	\$ 27.8	\$ 68.9	\$ 19.8	\$ 60.1	\$ 47.6

What were the hospital's total margin and operating margins between FY12 and FY16, 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.

BAYSTATE MEDICAL CENTER

2016 Hospital Profile

Springfield, MA
Teaching Hospital
Western Massachusetts

Baystate Medical Center is a non-profit teaching hospital located in the Western Massachusetts region. It is the third largest acute hospital in Massachusetts, with 770 staffed beds. It is a member of Baystate Health and qualifies as High Public Payer (HPP). It is the only Level 1 Adult Trauma Center and 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 FY12 to FY16, with an 8.0% total margin in FY16, above the median among cohort hospitals.

At a Glance

Overview / Size

Hospital System Affiliation:	Baystate Health System
Change in Ownership (FY12-16):	Not Applicable
Total Staffed Beds:	770, 3rd largest acute hospital
% Occupancy:	70.1%, < cohort avg. (79%)
Special Public Funding:	Not Applicable
Trauma Center Designation:	Adult: Level 1, Pedi: Level 2
Case Mix Index:	1.16, > cohort avg. (1.07); > statewide (1.07)

Financial

Inpatient NPSR per CMAD:	\$11,654
Change FY15-FY16:	2.9%
Inpatient:Outpatient Revenue in FY16:	45%:55%
Outpatient Revenue in FY16:	\$513,620,464
Change FY15-FY16:	3.7%
Total Revenue in FY16:	\$1,218,425,000
Total Surplus (Loss) in FY16:	\$97,752,000

Payer Mix

Public Payer Mix:	69.5% (HPP* Hospital)
CY15 Commercial S-RP:	1.01
Top 3 Commercial Payers:	Blue Cross Blue Shield of MA Health New England UniCare

Utilization

Inpatient Discharges in FY16:	41,160
Change FY15-FY16:	0.5%
Emergency Department Visits in FY16:	149,347
Change FY15-FY16:	36.8%
Outpatient Visits in FY16:	446,177
Change FY15-FY16:	0.4%

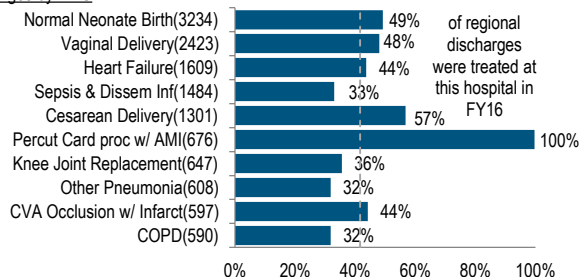
Quality

Readmission Rate in FY15:	17.0%
Change FY11-FY15 (percentage points):	2.6%
Early Elective Deliveries Rate (Jan 2015-Jun 2016):	3.6%

Services

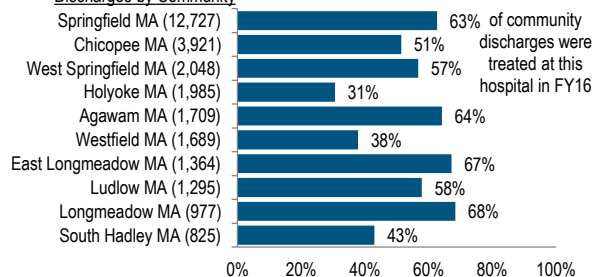
What were the most common inpatient cases (DRGs) treated at the hospital in FY16? What proportion of the region's cases did this hospital treat for each service?

Discharges by DRG



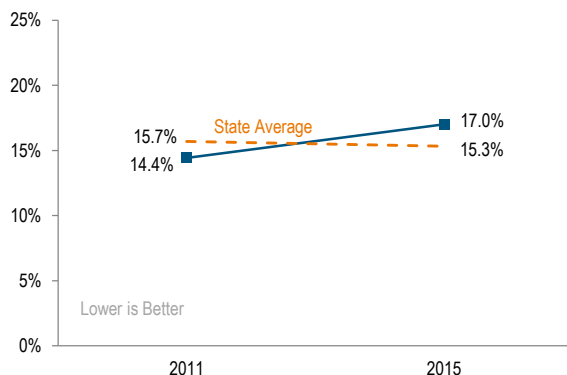
Where did most of the hospital's inpatients reside? What proportion of each community's total discharges was attributed to this hospital?

Discharges by Community

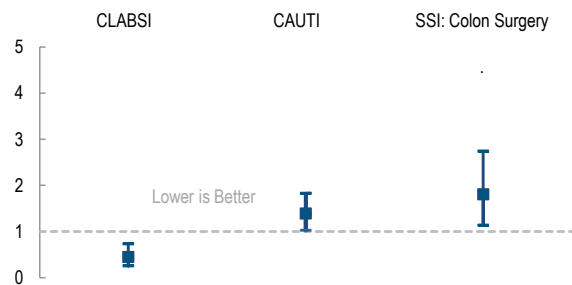


Quality

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.

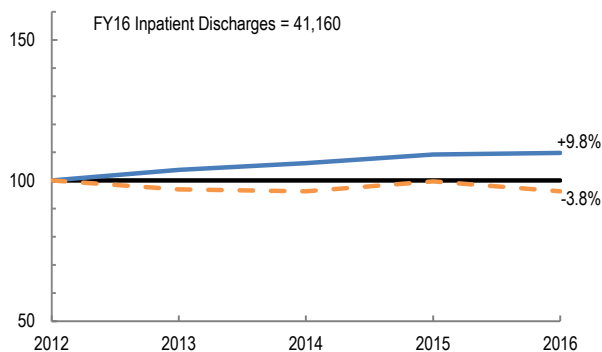
2016 HOSPITAL PROFILE: BAYSTATE MEDICAL CENTER

Cohort: Teaching Hospital

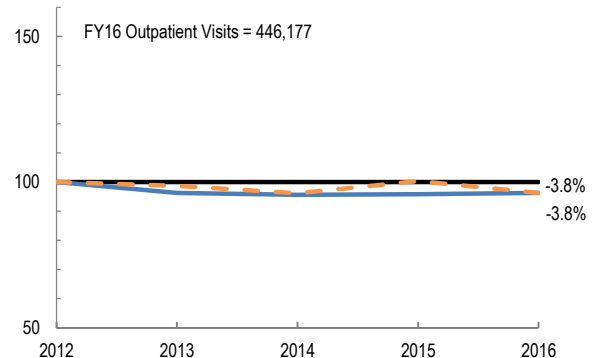
Key:



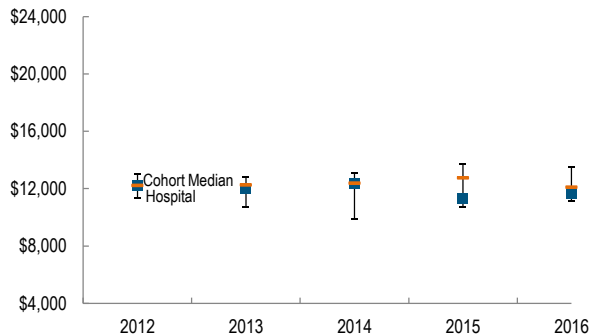
How has the volume of the hospital's inpatient discharges changed compared to FY12, and how does this compare to the hospital's peer cohort median? (FY12=100)



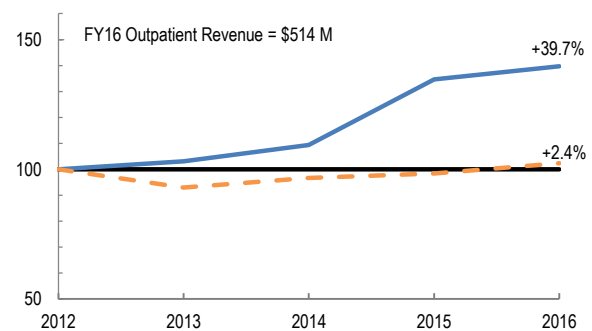
How has the volume of the hospital's outpatient visits changed compared to FY12, and how does this compare to the hospital's peer cohort median? (FY12=100)



What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY12 and FY16, and how does this compare to the hospital's peer cohort median?



How has the hospital's total outpatient revenue changed compared to FY12, and how does this compare to the hospital's peer cohort median? (FY12=100)

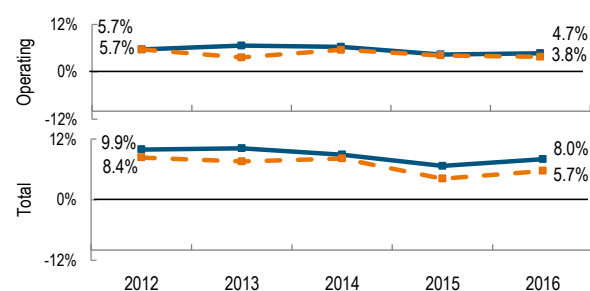


How have the hospital's total revenue and costs changed between FY12 and FY16?

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

FY	2012	2013	2014	2015	2016
Operating Revenue	\$ 940	\$ 996	\$ 1,053	\$ 1,127	\$ 1,178
Non-Operating Revenue	\$ 42	\$ 36	\$ 28	\$ 26	\$ 40
Total Revenue	\$ 982	\$ 1,032	\$ 1,081	\$ 1,153	\$ 1,218
Total Costs	\$ 884	\$ 927	\$ 984	\$ 1,076	\$ 1,121
Total Profit (Loss)	\$ 97.6	\$ 104.7	\$ 96.3	\$ 76.8	\$ 97.8

What were the hospital's total margin and operating margins between FY12 and FY16, 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.

CAMBRIDGE HEALTH ALLIANCE

2016 Hospital Profile

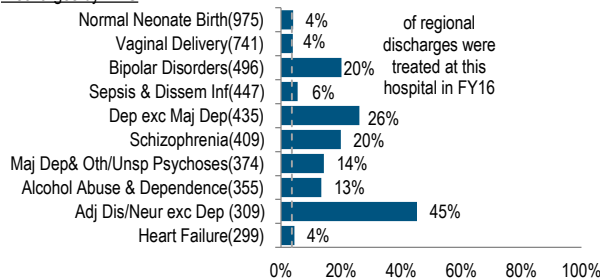
Cambridge, Somerville, & Everett, MA
Teaching Hospital
Metro Boston

Cambridge Health Alliance (CHA) is a mid-size, municipal teaching hospital located in the Metro Boston region. It is the only municipality-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 20% of Bipolar Disorders and 20% of Schizophrenia, and 26% of Depression cases region-wide in FY16. It reported a loss of \$18.8M in FY16 after reporting a profit of \$7.9M in FY15. Cambridge Health Alliance reported losses in FY12 through FY14.

At a Glance	Overview / Size	
	Hospital System Affiliation:	Not Applicable
	Change in Ownership (FY12-16):	Not Applicable
	Total Staffed Beds:	229, mid-size acute hospital
	% Occupancy:	66.9%, lowest in cohort avg. (79%)
	Special Public Funding:	DSTI ⁿ
	Trauma Center Designation:	Not Applicable
	Case Mix Index:	0.83, < cohort avg. (1.07); < statewide (1.07)
	Financial	
	Inpatient NPSR per CMAD:	\$12,324
Services	Change FY15-FY16:	-10.0%
	Inpatient:Outpatient Revenue in FY16:	22%:78%
	Outpatient Revenue in FY16:	\$237,826,850
	Change FY15-FY16:	-2.8%
	Total Revenue in FY16:	\$583,939,273
	Total Surplus (Loss) in FY16:	(\$18,821,572)
	Payer Mix	
	Public Payer Mix:	70.9% (HPP* Hospital)
	CY15 Commercial S-RP:	0.80
	Top 3 Commercial Payers:	Blue Cross Blue Shield of MA Harvard Pilgrim Health Care Tufts Health Plan
Quality	Utilization	
	Inpatient Discharges in FY16:	10,678
	Change FY15-FY16:	-8.7%
	Emergency Department Visits in FY16:	98,505
	Change FY15-FY16:	-0.1%
	Outpatient Visits in FY16:	717,164
	Change FY15-FY16:	5.7%
	Quality	
	Readmission Rate in FY15:	18.0%
	Change FY11-FY15 (percentage points):	-1.0%
	Early Elective Deliveries Rate (Jan 2015-Jun 2016):	0.0%

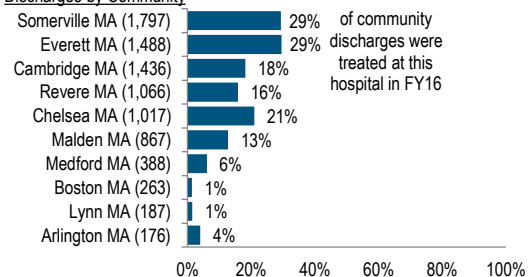
What were the most common inpatient cases (DRGs) treated at the hospital in FY16? What proportion of the region's cases did this hospital treat for each service?

Discharges by DRG

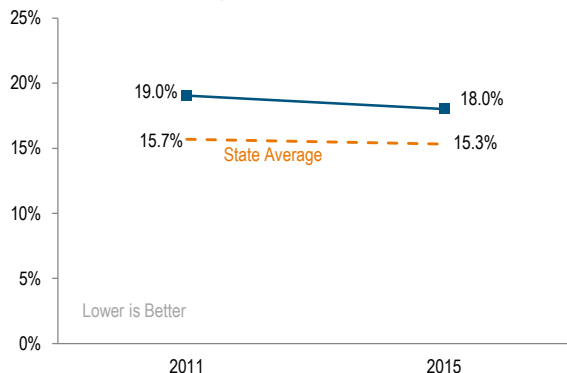


Where did most of the hospital's inpatients reside? What proportion of each community's total discharges was attributed to this hospital?

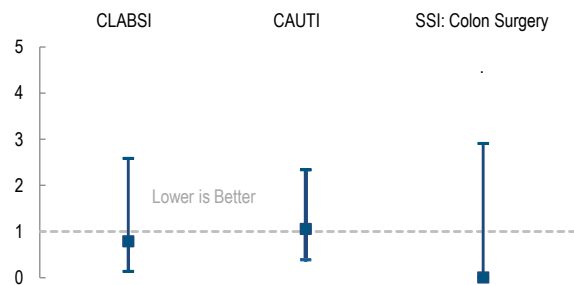
Discharges by Community



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.

2016 HOSPITAL PROFILE: CAMBRIDGE HEALTH ALLIANCE

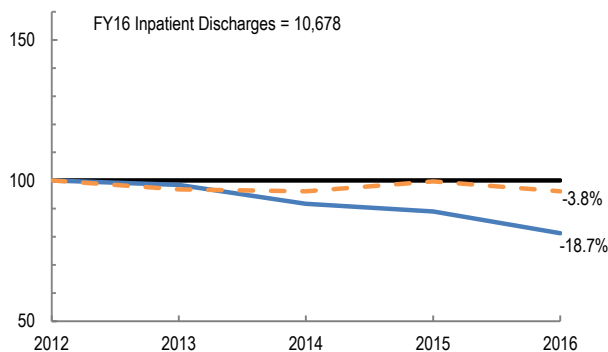
Cohort: Teaching Hospital

Key:

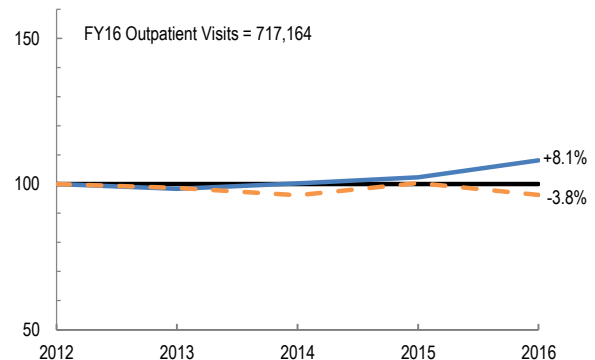


Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY12, and how does this compare to the hospital's peer cohort median? (FY12=100)

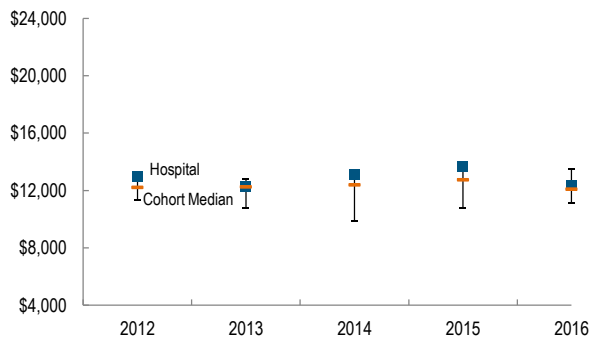


How has the volume of the hospital's outpatient visits changed compared to FY12, and how does this compare to the hospital's peer cohort median? (FY12=100)

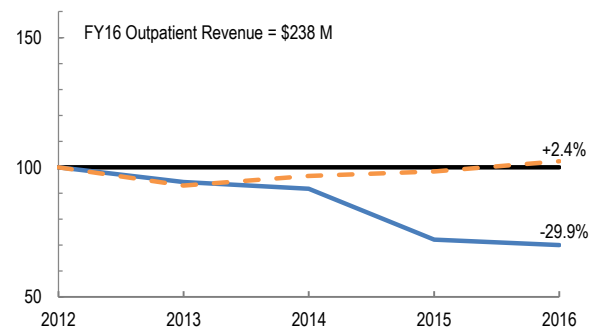


Patient Revenue Trends

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY12 and FY16, and how does this compare to the hospital's peer cohort median?



How has the hospital's total outpatient revenue changed compared to FY12, and how does this compare to the hospital's peer cohort median? (FY12=100)



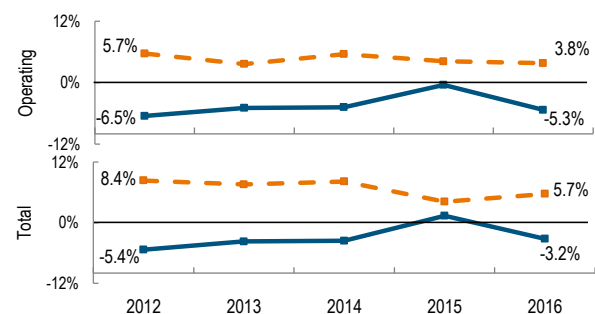
Financial Performance

How have the hospital's total revenue and costs changed between FY12 and FY16?

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

FY	2012	2013	2014	2015	2016
Operating Revenue	\$ 526	\$ 528	\$ 530	\$ 574	\$ 572
Non-Operating Revenue	\$ 6	\$ 6	\$ 6	\$ 11	\$ 12
Total Revenue	\$ 532	\$ 535	\$ 537	\$ 585	\$ 584
Total Costs	\$ 561	\$ 554	\$ 556	\$ 577	\$ 603
Total Profit (Loss)	\$ (28.5)	\$ (20.0)	\$ (19.3)	\$ 7.9	\$ (18.8)

What were the hospital's total margin and operating margins between FY12 and FY16, 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 Delivery System Transformation Initiative (DSTI) special funding, please contact the Massachusetts Executive Office of Health and Human Service (EOHHS).

LAHEY HOSPITAL & MEDICAL CENTER

2016 Hospital Profile

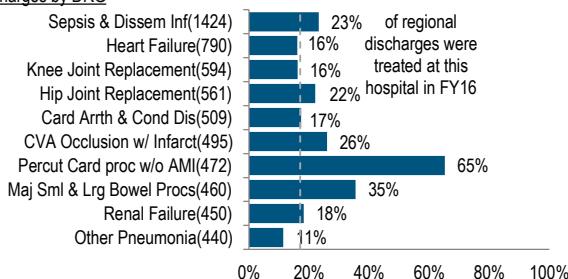
Burlington & Peabody, MA
Teaching Hospital
Northeastern Massachusetts

Lahey Hospital & Medical Center is a non-profit 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 9.0% in inpatient discharges from FY12 to FY16. Lahey Hospital & Medical Center has been profitable each year from FY12 to FY16, posting a total margin of 5.7% in FY16, matching the cohort median. In each of the five 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 (FY12-16):	Lahey Health - 2012
	Total Staffed Beds:	345, among the larger acute hospitals
	% Occupancy:	87.1%, > cohort avg. (79%)
	Special Public Funding:	Not Applicable
	Trauma Center Designation:	Adult: Level 2
	Case Mix Index:	1.50, > cohort avg. (1.07); > statewide (1.07)
	Financial	
	Inpatient NPSR per CMAD:	\$11,999
Services	Change FY15-FY16:	0.2%
	Inpatient:Outpatient Revenue in FY16:	33%:67%
	Outpatient Revenue in FY16:	\$462,961,901
	Change FY15-FY16:	6.0%
	Total Revenue in FY16:	\$924,425,554
	Total Surplus (Loss) in FY16:	\$52,364,958
	Payer Mix	
	Public Payer Mix:	60.1% (Non-HPP* Hospital)
	CY15 Commercial S-RP:	1.01
	Top 3 Commercial Payers:	Blue Cross Blue Shield of MA Harvard Pilgrim Health Care Tufts Health Plan
Quality	Utilization	
	Inpatient Discharges in FY16:	23,805
	Change FY15-FY16:	6.9%
	Emergency Department Visits in FY16:	61,444
	Change FY15-FY16:	5.5%
	Outpatient Visits in FY16:	794,105
	Change FY15-FY16:	-12.8%
	Quality	
	Readmission Rate in FY15:	15.7%
	Change FY11-FY15 (percentage points):	1.0%
	Early Elective Deliveries Rate (Jan 2015-Jun 2016):	Not Available

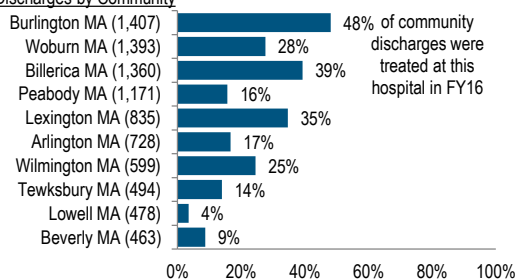
What were the most common inpatient cases (DRGs) treated at the hospital in FY16? What proportion of the region's cases did this hospital treat for each service?

Discharges by DRG

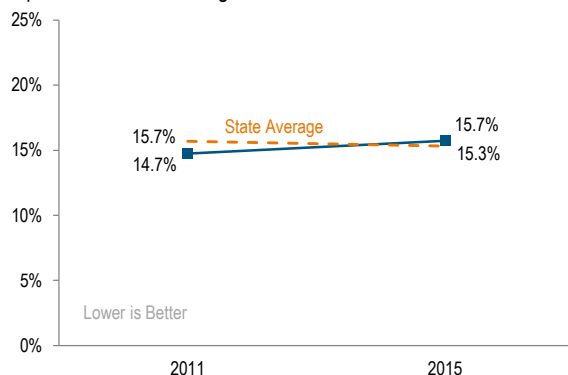


Where did most of the hospital's inpatients reside? What proportion of each community's total discharges was attributed to this hospital?

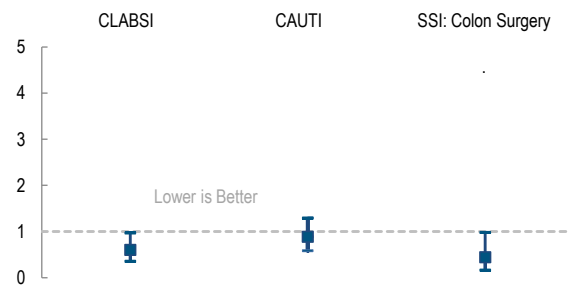
Discharges by Community



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.

2016 HOSPITAL PROFILE: LAHEY HOSPITAL & MEDICAL CENTER

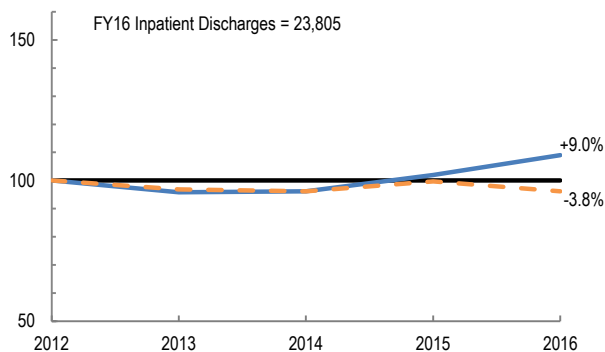
Cohort: Teaching Hospital

Key:

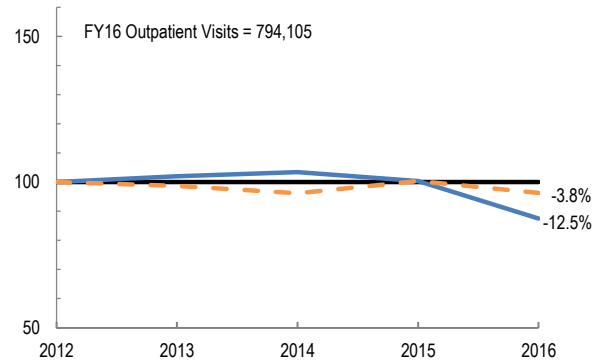


Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY12, and how does this compare to the hospital's peer cohort median? (FY12=100)

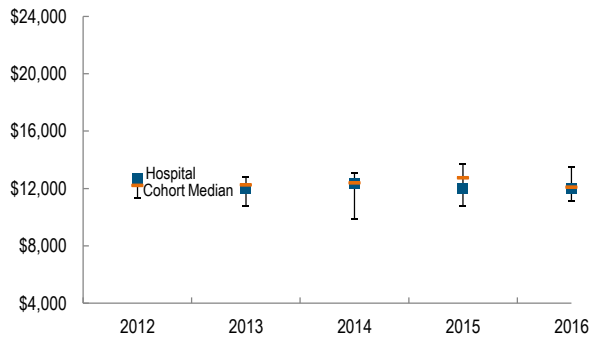


How has the volume of the hospital's outpatient visits changed compared to FY12, and how does this compare to the hospital's peer cohort median? (FY12=100)

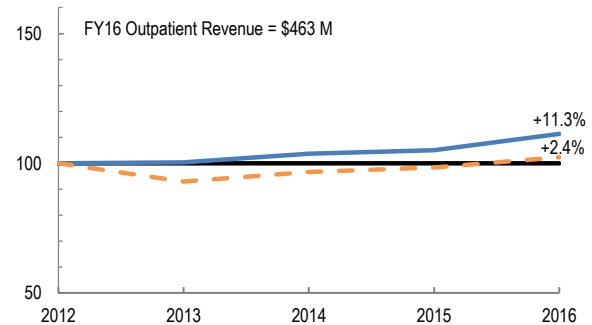


Patient Revenue Trends

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY12 and FY16, and how does this compare to the hospital's peer cohort median?



How has the hospital's total outpatient revenue changed compared to FY12, and how does this compare to the hospital's peer cohort median? (FY12=100)



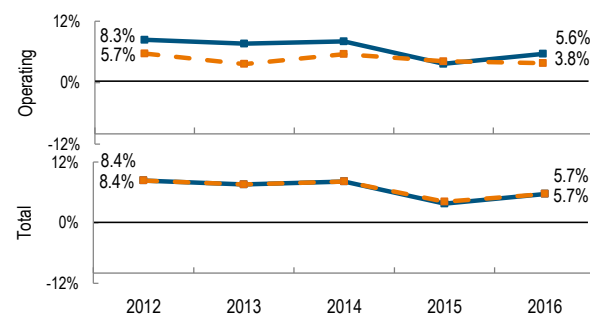
Financial Performance

How have the hospital's total revenue and costs changed between FY12 and FY16?

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

FY	2012	2013	2014	2015	2016
Operating Revenue	\$ 816	\$ 794	\$ 821	\$ 837	\$ 924
Non-Operating Revenue	\$ 0	\$ (0)	\$ 1	\$ 1	\$ 1
Total Revenue	\$ 817	\$ 794	\$ 822	\$ 838	\$ 924
Total Costs	\$ 748	\$ 734	\$ 755	\$ 806	\$ 872
Total Profit (Loss)	\$ 68.3	\$ 60.1	\$ 67.2	\$ 31.4	\$ 52.4

What were the hospital's total margin and operating margins between FY12 and FY16, and how do these compare to the hospital's peer cohort medians?



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

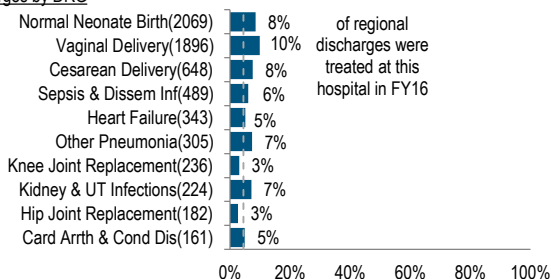
* High Public Payer Hospitals (HPP) receive a minimum of 63% of gross patient service revenue from public payers.

Mount Auburn Hospital is a mid-size, non-profit teaching hospital located in the Metro Boston region. It is a member of CareGroup. Mount Auburn Hospital was profitable each year from FY12 to FY16, and it earned a total margin of 6.7%, higher than the 5.7% 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 (FY12-16):	Not Applicable
	Total Staffed Beds:	233, mid-size acute hospital
	% Occupancy:	67.6%, < cohort avg. (79%)
	Special Public Funding:	Not Applicable
	Trauma Center Designation:	Not Applicable
	Case Mix Index:	0.88, < cohort avg. (1.07); < statewide (1.07)
	Financial	
	Inpatient NPSR per CMAD:	\$12,090
Services	Change FY15-FY16:	-5.1%
	Inpatient:Outpatient Revenue in FY16:	31%:69%
	Outpatient Revenue in FY16:	\$170,485,098
	Change FY15-FY16:	1.4%
	Total Revenue in FY16:	\$353,546,000
	Total Surplus (Loss) in FY16:	\$23,733,000
	Payer Mix	
	Public Payer Mix:	51.8% (Non-HPP* Hospital)
	CY15 Commercial S-RP:	0.94
	Top 3 Commercial Payers:	Blue Cross Blue Shield of MA Harvard Pilgrim Health Care Tufts Health Plan
Quality	Utilization	
	Inpatient Discharges in FY16:	13,895
	Change FY15-FY16:	-1.9%
	Emergency Department Visits in FY16:	36,224
	Change FY15-FY16:	1.9%
	Outpatient Visits in FY16:	103,945
	Change FY15-FY16:	-41.1%
	Quality	
	Readmission Rate in FY15:	14.2%
	Change FY11-FY15 (percentage points):	-0.8%
	Early Elective Deliveries Rate (Jan 2015-Jun 2016):	0.0%

What were the most common inpatient cases (DRGs) treated at the hospital in FY16? What proportion of the region's cases did this hospital treat for each service?

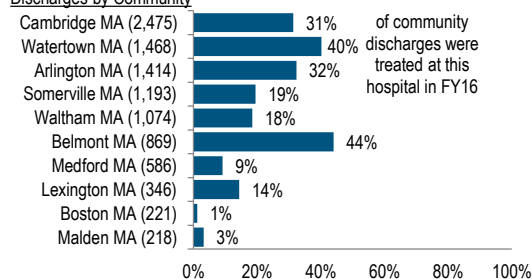
Discharges by DRG



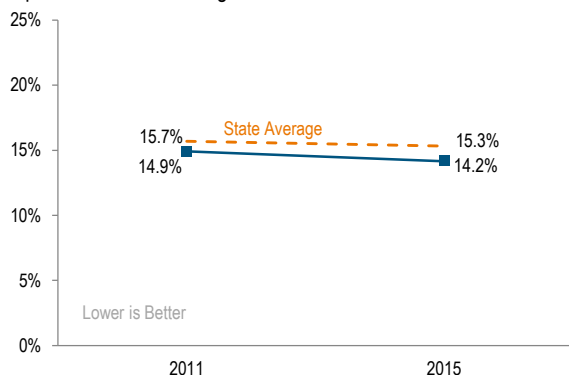
--- Hospital (13,895) = 5% of total regional discharges

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

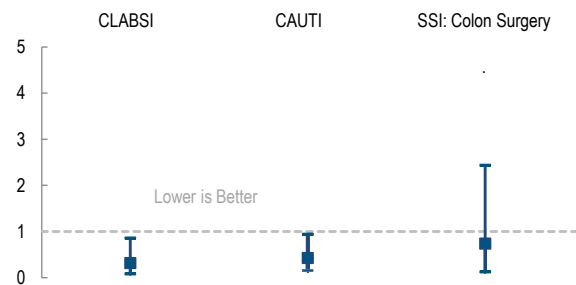
Discharges by Community



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?



2016 HOSPITAL PROFILE: MOUNT AUBURN HOSPITAL

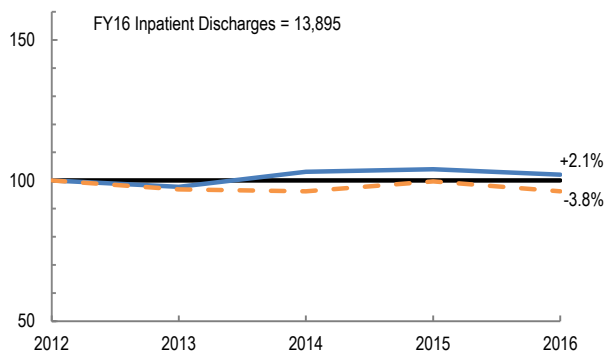
Cohort: Teaching Hospital

Key:

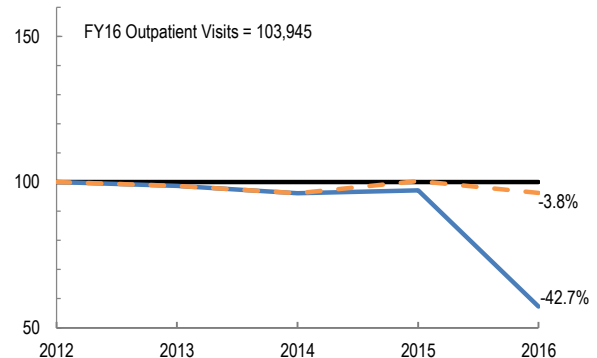
— Hospital
- - - Peer Cohort

Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY12, and how does this compare to the hospital's peer cohort median? (FY12=100)

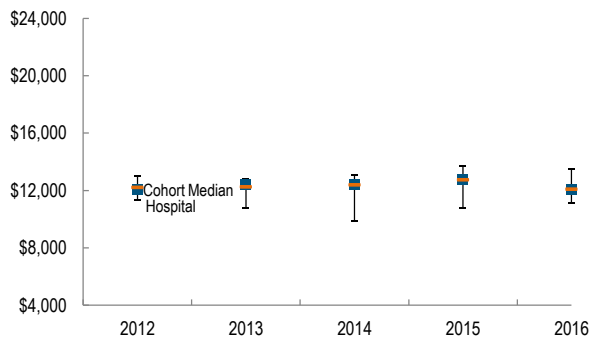


How has the volume of the hospital's outpatient visits changed compared to FY12, and how does this compare to the hospital's peer cohort median? (FY12=100)

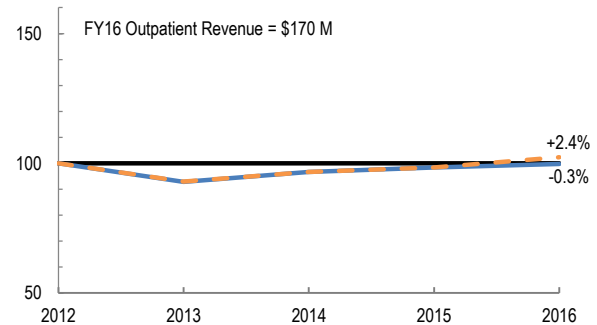


Patient Revenue Trends

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY12 and FY16, and how does this compare to the hospital's peer cohort median?



How has the hospital's total outpatient revenue changed compared to FY12, and how does this compare to the hospital's peer cohort median? (FY12=100)



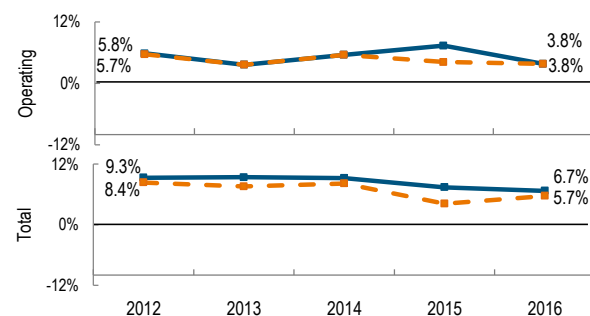
Financial Performance

How have the hospital's total revenue and costs changed between FY12 and FY16?

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

FY	2012	2013	2014	2015	2016
Operating Revenue	\$ 316	\$ 305	\$ 320	\$ 334	\$ 343
Non-Operating Revenue	\$ 11	\$ 19	\$ 12	\$ 0	\$ 10
Total Revenue	\$ 327	\$ 324	\$ 332	\$ 334	\$ 354
Total Costs	\$ 297	\$ 293	\$ 301	\$ 309	\$ 330
Total Profit (Loss)	\$ 30.4	\$ 30.4	\$ 30.7	\$ 24.7	\$ 23.7

What were the hospital's total margin and operating margins between FY12 and FY16, 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

2016 Hospital Profile

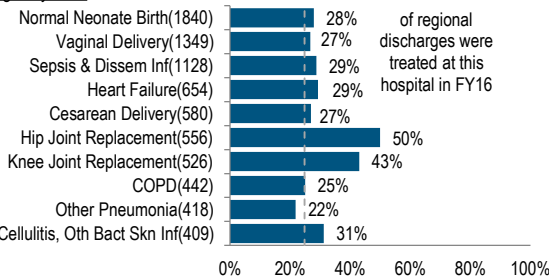
Worcester, MA
Teaching Hospital
Central Massachusetts

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 increased 27.9% from FY12 to FY16. Saint Vincent Hospital was profitable each year in this time period, with a total margin of 10.4% in FY16.

At a Glance	Overview / Size	
	Hospital System Affiliation:	Tenet Healthcare
	Change in Ownership (FY12-16):	Tenet - 2013
	Total Staffed Beds:	303, among the larger acute hospitals
	% Occupancy:	71.1%, < cohort avg. (79%)
	Special Public Funding:	Not Applicable
	Trauma Center Designation:	Not Applicable
	Case Mix Index:	1.00, < cohort avg. (1.07); < statewide (1.07)
	Financial	
	Inpatient NPSR per CMAD:	\$12,703
Services	Change FY15-FY16:	-2.3%
	Inpatient:Outpatient Revenue in FY16:	40%:60%
	Outpatient Revenue in FY16:	\$173,926,853
	Change FY15-FY16:	5.1%
	Total Revenue in FY16:	\$458,942,711
	Total Surplus (Loss) in FY16:	\$47,641,544
	Payer Mix	
	Public Payer Mix:	65.8% (HPP* Hospital)
	CY15 Commercial S-RP:	0.84
	Top 3 Commercial Payers:	Blue Cross Blue Shield of MA Fallon Health Harvard Pilgrim Health Care
Quality	Utilization	
	Inpatient Discharges in FY16:	19,397
	Change FY15-FY16:	-0.5%
	Emergency Department Visits in FY16:	52,521
	Change FY15-FY16:	-1.9%
	Outpatient Visits in FY16:	222,406
	Change FY15-FY16:	-0.8%
	Quality	
	Readmission Rate in FY15:	15.1%
	Change FY11-FY15 (percentage points):	-2.0%
	Early Elective Deliveries Rate (Jan 2015-Jun 2016):	0.0%

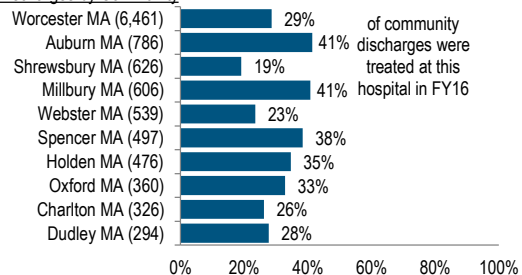
What were the most common inpatient cases (DRGs) treated at the hospital in FY16? What proportion of the region's cases did this hospital treat for each service?

Discharges by DRG

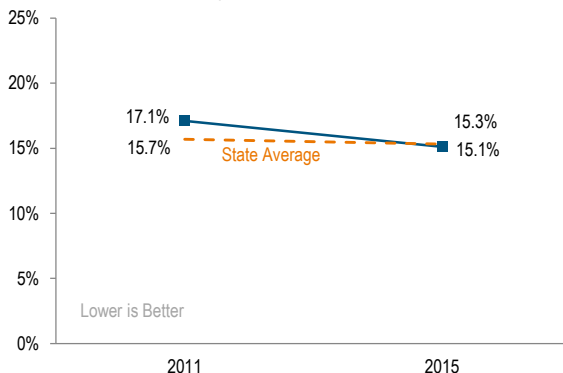


Where did most of the hospital's inpatients reside? What proportion of each community's total discharges was attributed to this hospital?

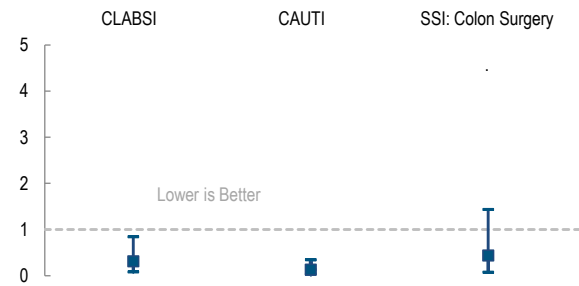
Discharges by Community



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.

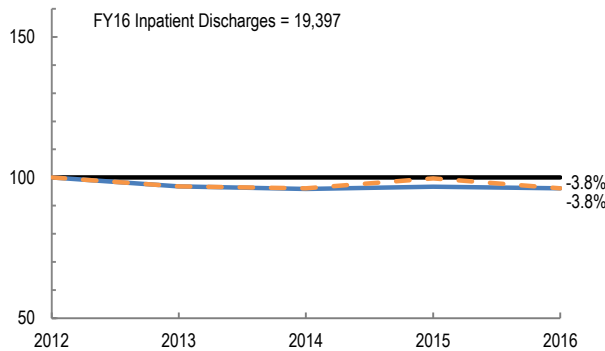
2016 HOSPITAL PROFILE: SAINT VINCENT HOSPITAL

Cohort: Teaching Hospital

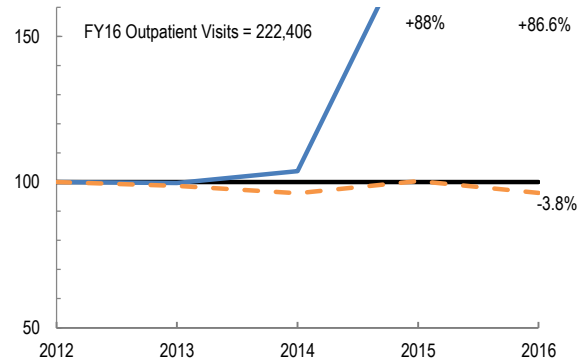
Key:



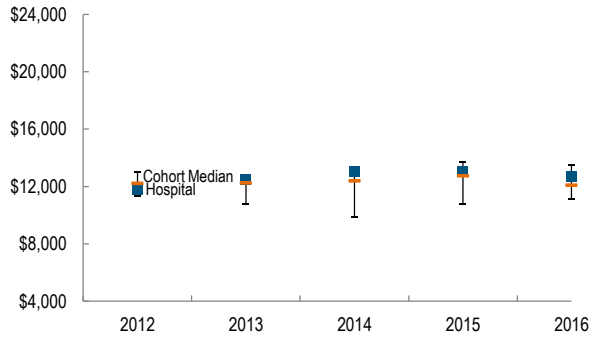
How has the volume of the hospital's inpatient discharges changed compared to FY12, and how does this compare to the hospital's peer cohort median? (FY12=100)



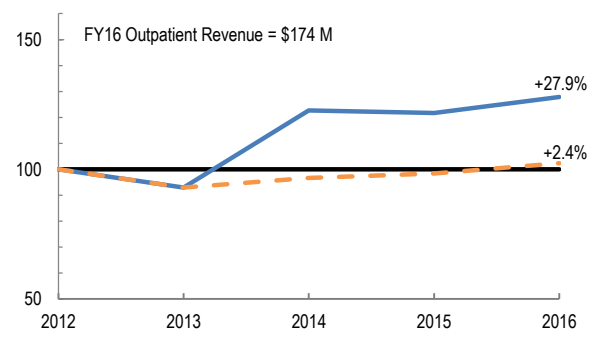
How has the volume of the hospital's outpatient visits changed compared to FY12, and how does this compare to the hospital's peer cohort median? (FY12=100)



What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY12 and FY16, and how does this compare to the hospital's peer cohort median?



How has the hospital's total outpatient revenue changed compared to FY12, and how does this compare to the hospital's peer cohort median? (FY12=100)

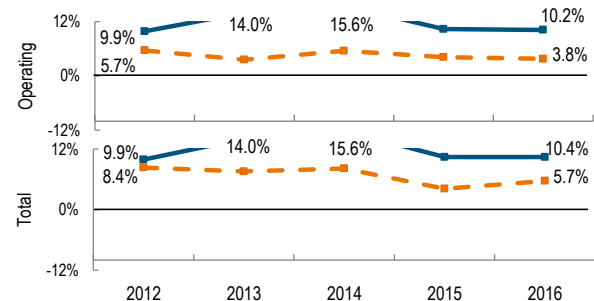


How have the hospital's total revenue and costs changed between FY12 and FY16?

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

FY	2012	2013	2014	2015	2016
Operating Revenue	\$ 351	\$ 359	\$ 418	\$ 431	\$ 458
Non-Operating Revenue	\$ 0	\$ 0	\$ 0	\$ 0	\$ 1
Total Revenue	\$ 351	\$ 359	\$ 418	\$ 431	\$ 459
Total Costs	\$ 316	\$ 309	\$ 353	\$ 387	\$ 411
Total Profit (Loss)	\$ 34.7	\$ 50.3	\$ 65.2	\$ 44.9	\$ 47.6

What were the hospital's total margin and operating margins between FY12 and FY16, 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

2016 Hospital Profile

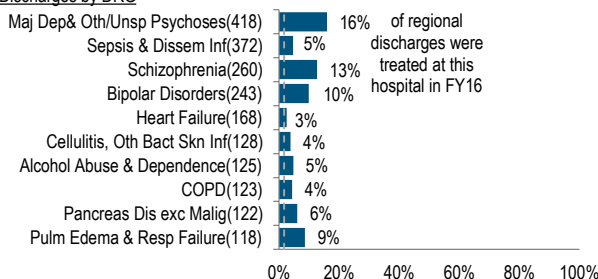
Dorchester, MA
Teaching Hospital
Metro Boston

Steward Carney Hospital is a for-profit teaching hospital located in the Metro Boston region. Steward Carney is a member of Steward Health Care. It is among the smaller acute hospitals in Massachusetts and qualifies as a High Public Payer (HPP) hospital. Steward Carney had 9.5% fewer inpatient discharges in FY16 than in FY12, compared to a cohort median decrease of 3.8%. Steward Carney reported a loss in each fiscal year from FY12 to FY16, with a total margin of -7.7% in FY16, compared with a median total margin of 5.7% in its cohort.

At a Glance	Overview / Size	
	Hospital System Affiliation:	Steward Health Care System
	Change in Ownership (FY12-16):	Not Applicable
	Total Staffed Beds:	83, among the smaller acute hospitals
	% Occupancy:	90.6%, > cohort avg. (79%)
	Special Public Funding:	DSTI ⁿ
	Trauma Center Designation:	Not Applicable
	Case Mix Index:	0.96, < cohort avg. (1.07); < statewide (1.07)
	Financial	
	Inpatient NPSR per CMAD:	\$11,083
Services	Change FY15-FY16:	3.3%
	Inpatient:Outpatient Revenue in FY16:	29%:71%
	Outpatient Revenue in FY16:	\$58,618,937
	Change FY15-FY16:	7.7%
	Total Revenue in FY16:	\$123,397,604
	Total Surplus (Loss) in FY16:	(\$9,532,289)
	Payer Mix	
	Public Payer Mix:	74.8% (HPP* Hospital)
	CY15 Commercial S-RP:	0.89
	Top 3 Commercial Payers:	Blue Cross Blue Shield of MA Harvard Pilgrim Health Care Tufts Health Plan
Quality	Utilization	
	Inpatient Discharges in FY16:	4,891
	Change FY15-FY16:	-1.4%
	Emergency Department Visits in FY16:	52,170
	Change FY15-FY16:	3.5%
	Outpatient Visits in FY16:	106,914
	Change FY15-FY16:	3.7%
	Quality	
	Readmission Rate in FY15:	17.8%
	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 FY16? What proportion of the region's cases did this hospital treat for each service?

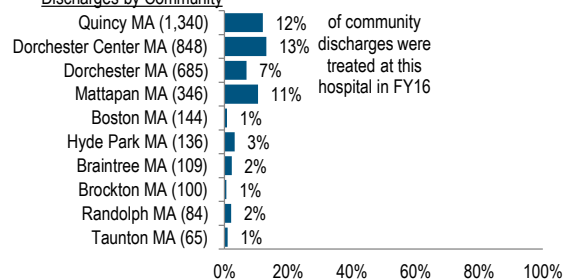
Discharges by DRG



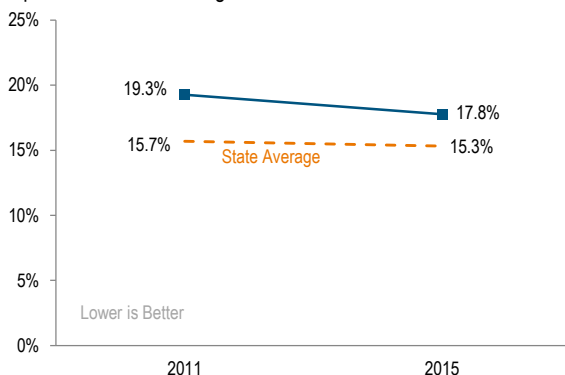
--- Hospital (4,891) = 2% of total regional discharges

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

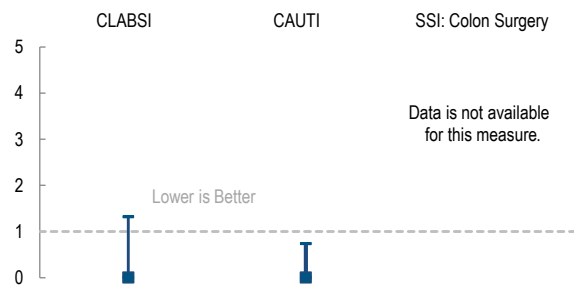
Discharges by Community



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.

2016 HOSPITAL PROFILE: STEWARD CARNEY HOSPITAL

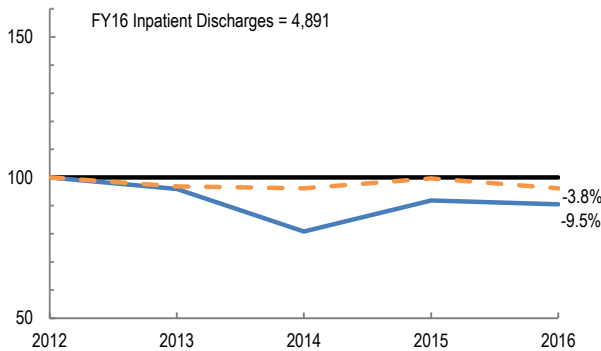
Cohort: Teaching Hospital

Key:

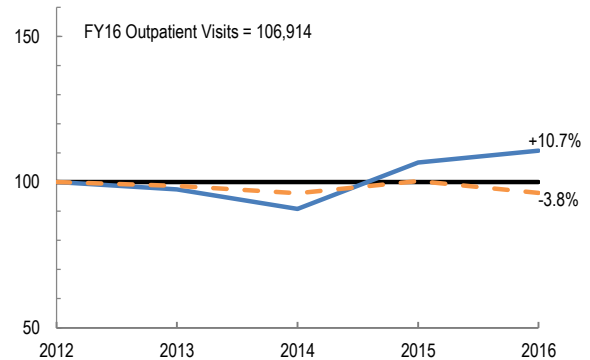


Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY12, and how does this compare to the hospital's peer cohort median? (FY12=100)

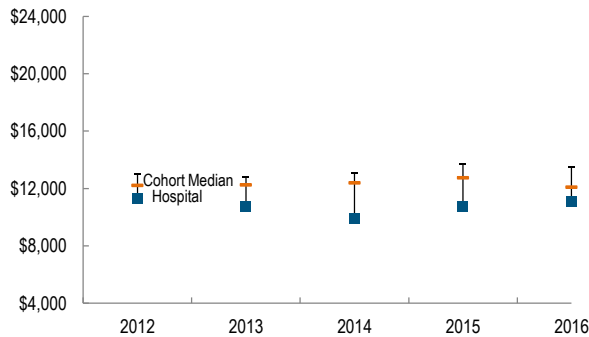


How has the volume of the hospital's outpatient visits changed compared to FY12, and how does this compare to the hospital's peer cohort median? (FY12=100)

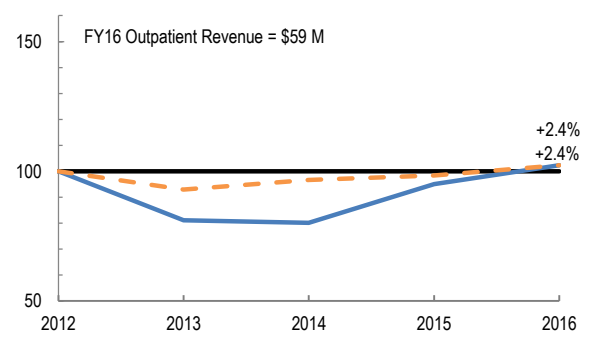


Patient Revenue Trends

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY12 and FY16, and how does this compare to the hospital's peer cohort median?



How has the hospital's total outpatient revenue changed compared to FY12, and how does this compare to the hospital's peer cohort median? (FY12=100)



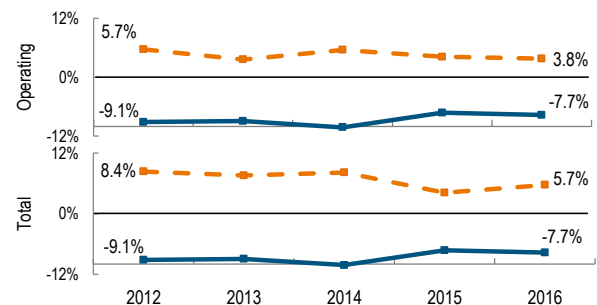
Financial Performance

How have the hospital's total revenue and costs changed between FY12 and FY16?

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

FY	2012	2013	2014	2015	2016
Operating Revenue	\$ 110	\$ 101	\$ 91	\$ 115	\$ 123
Non-Operating Revenue	\$ 0	\$ 0	\$ (0)	\$ 0	\$ 0
Total Revenue	\$ 110	\$ 101	\$ 91	\$ 115	\$ 123
Total Costs	\$ 120	\$ 110	\$ 101	\$ 123	\$ 133
Total Profit (Loss)	\$ (10.0)	\$ (9.0)	\$ (9.3)	\$ (8.3)	\$ (9.5)

What were the hospital's total margin and operating margins between FY12 and FY16, 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 Delivery System Transformation Initiative (DSTI) special funding, please contact the Massachusetts Executive Office of Health and Human Service (EOHHS).

STEWARD ST. ELIZABETH'S MEDICAL CENTER

2016 Hospital Profile

Brighton, MA
Teaching Hospital
Metro Boston

Steward Saint Elizabeth's Medical Center is a mid-size, for-profit teaching hospital located in the Metro Boston region. Steward Saint Elizabeth's is a member of Steward Health Care. It also qualifies as a High Public Payer (HPP) hospital. Inpatient discharges at the hospital decreased 4.3% from FY12 to FY16, slightly more than the 3.8% median decrease for its peer hospital cohort. Outpatient visits decreased 20.2% from FY12 to FY16, while outpatient revenue decreased 9.1%. Steward Saint Elizabeth's reported earning a profit for the fourth straight fiscal year in FY16, but its 2.9% total margin was lower than the 5.7% median of its peer cohort.

At a Glance

Overview / Size

Hospital System Affiliation:	Steward Health Care System
Change in Ownership (FY12-16):	Not Applicable
Total Staffed Beds:	196, mid-size acute hospital
% Occupancy:	97.4%, highest in cohort avg. (79%)
Special Public Funding:	Not Applicable
Trauma Center Designation:	Not Applicable
Case Mix Index:	1.19, > cohort avg. (1.07); > statewide (1.07)

Financial

Inpatient NPSR per CMAD:	\$13,477
Change FY15-FY16:	3.1%
Inpatient:Outpatient Revenue in FY16:	54%:46%
Outpatient Revenue in FY16:	\$112,464,091
Change FY15-FY16:	0.3%
Total Revenue in FY16:	\$334,334,939
Total Surplus (Loss) in FY16:	\$9,655,527

Payer Mix

Public Payer Mix:	65.8% (HPP* Hospital)
CY15 Commercial S-RP:	1.08
Top 3 Commercial Payers:	Blue Cross Blue Shield of MA Tufts Health Plan Harvard Pilgrim Health Care

Utilization

Inpatient Discharges in FY16:	13,107
Change FY15-FY16:	-4.0%
Emergency Department Visits in FY16:	29,561
Change FY15-FY16:	-3.4%
Outpatient Visits in FY16:	129,165
Change FY15-FY16:	-1.3%

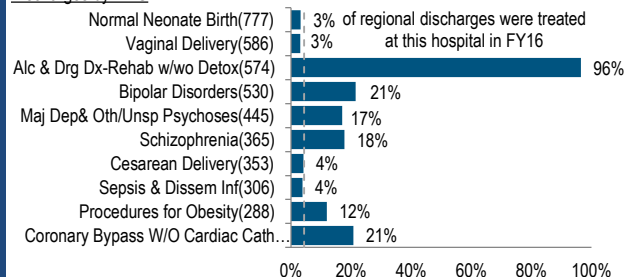
Quality

Readmission Rate in FY15:	16.3%
Change FY11-FY15 (percentage points):	-1.3%
Early Elective Deliveries Rate (Jan 2015-Jun 2016):	8.1%

Services

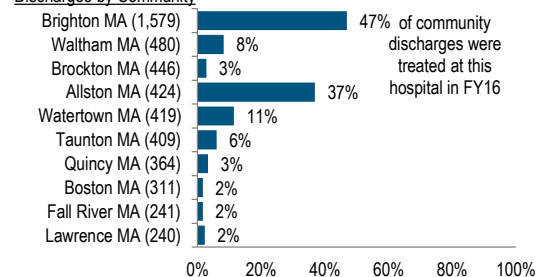
What were the most common inpatient cases (DRGs) treated at the hospital in FY16? What proportion of the region's cases did this hospital treat for each service?

Discharges by DRG



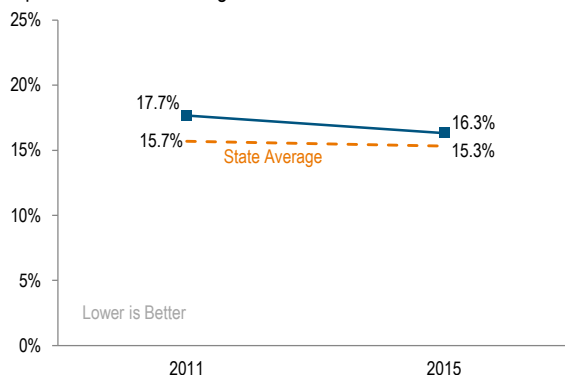
Where did most of the hospital's inpatients reside? What proportion of each community's total discharges was attributed to this hospital?

Discharges by Community

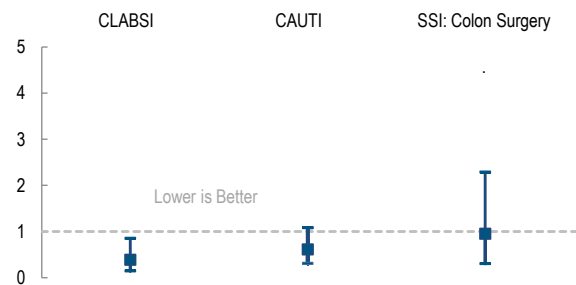


Quality

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.

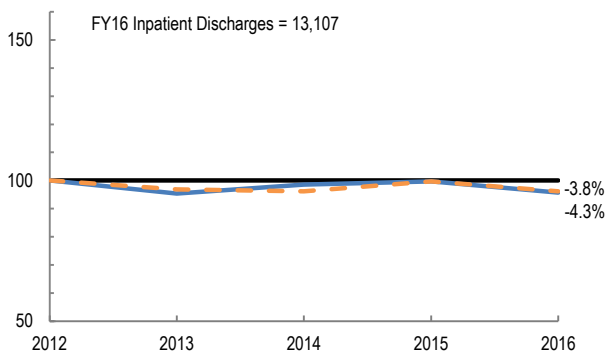
2016 HOSPITAL PROFILE: STEWARD ST. ELIZABETH'S MEDICAL CENTER

Cohort: Teaching Hospital

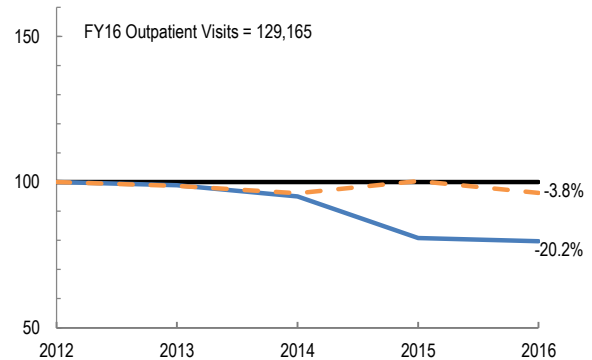
Key:



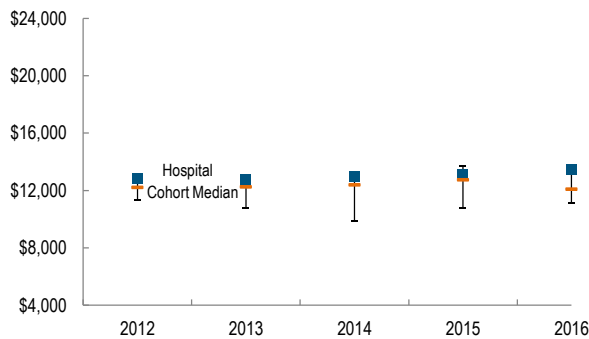
How has the volume of the hospital's inpatient discharges changed compared to FY12, and how does this compare to the hospital's peer cohort median? (FY12=100)



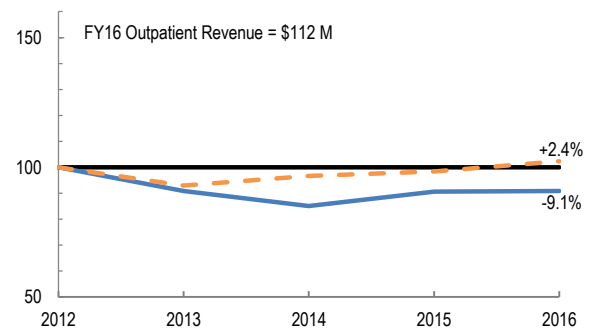
How has the volume of the hospital's outpatient visits changed compared to FY12, and how does this compare to the hospital's peer cohort median? (FY12=100)



What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY12 and FY16, and how does this compare to the hospital's peer cohort median?



How has the hospital's total outpatient revenue changed compared to FY12, and how does this compare to the hospital's peer cohort median? (FY12=100)

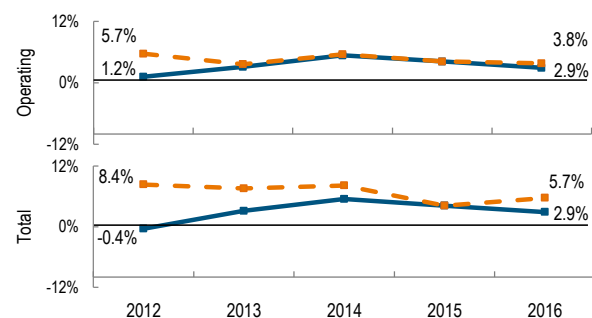


How have the hospital's total revenue and costs changed between FY12 and FY16?

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

FY	2012	2013	2014	2015	2016
Operating Revenue	\$ 311	\$ 313	\$ 312	\$ 326	\$ 334
Non-Operating Revenue	\$ (5)	\$ 0	\$ 0	\$ 0	\$ 0
Total Revenue	\$ 306	\$ 313	\$ 312	\$ 326	\$ 334
Total Costs	\$ 307	\$ 303	\$ 295	\$ 313	\$ 325
Total Profit (Loss)	\$ (1.3)	\$ 9.8	\$ 17.1	\$ 13.6	\$ 9.7

What were the hospital's total margin and operating margins between FY12 and FY16, and how do these compare to the hospital's peer cohort medians?



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

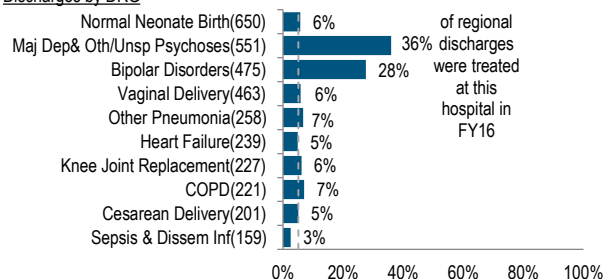
* High Public Payer Hospitals (HPP) receive a minimum of 63% of gross patient service revenue from public payers.

Anna Jaques Hospital is a mid-size, non-profit community hospital located in the Northeastern Massachusetts region. It has been clinically affiliated with Beth Israel Deaconess Medical Center since 2010. From FY12 to FY16, inpatient discharges decreased 8.4% at the hospital, compared to a median decrease of 3.7% in its peer cohort. Anna Jaques was profitable each of the five years between FY12 and FY16, with a 0.7% total margin in FY16. Its operating and total margins were equal to or below the median of its peer cohort each year.

At a Glance	Overview / Size	
	Hospital System Affiliation:	Not Applicable
	Change in Ownership (FY12-16):	Not Applicable
	Total Staffed Beds:	140, mid-size acute hospital
	% Occupancy:	55.2%, < cohort avg. (61%)
	Special Public Funding:	CHART^
	Trauma Center Designation:	Adult: Level 3
	Case Mix Index:	0.78, < cohort avg. (0.84); < statewide (1.07)
	Financial	
	Inpatient NPSR per CMAD:	\$8,175
Services	Change FY15-FY16:	0.6%
	Inpatient:Outpatient Revenue in FY16:	28%:72%
	Outpatient Revenue in FY16:	\$74,806,569
	Change FY15-FY16:	11.2%
	Total Revenue in FY16:	\$123,828,278
	Total Surplus (Loss) in FY16:	\$817,092
	Payer Mix	
	Public Payer Mix:	58.5% (Non-HPP* Hospital)
	CY15 Commercial S-RP:	0.76
	Top 3 Commercial Payers:	Blue Cross Blue Shield of MA Harvard Pilgrim Health Care Tufts Health Plan
Quality	Utilization	
	Inpatient Discharges in FY16:	7,054
	Change FY15-FY16:	-3.2%
	Emergency Department Visits in FY16:	30,560
	Change FY15-FY16:	-0.5%
	Outpatient Visits in FY16:	68,675
	Change FY15-FY16:	19.8%
	Quality	
	Readmission Rate in FY15:	15.2%
	Change FY11-FY15 (percentage points):	-1.1%
	Early Elective Deliveries Rate (Jan 2015-Jun 2016):	Not Available

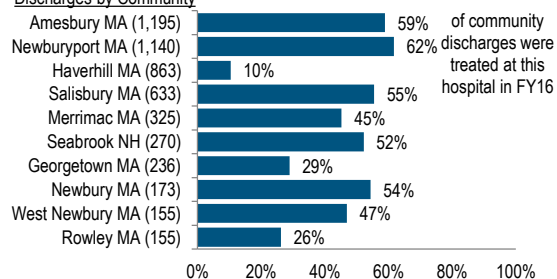
What were the most common inpatient cases (DRGs) treated at the hospital in FY16? What proportion of the region's cases did this hospital treat for each service?

Discharges by DRG

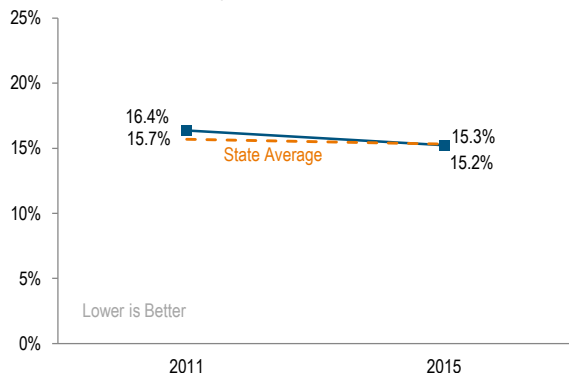


Where did most of the hospital's inpatients reside? What proportion of each community's total discharges was attributed to this hospital?

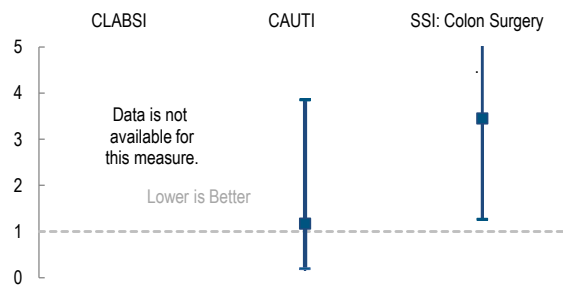
Discharges by Community



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?



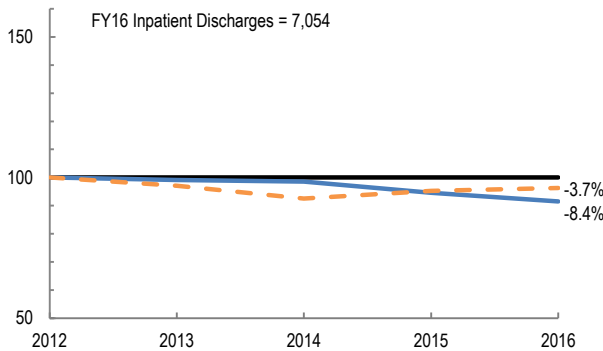
2016 HOSPITAL PROFILE: ANNA JQUES HOSPITAL

Cohort: Community Hospital

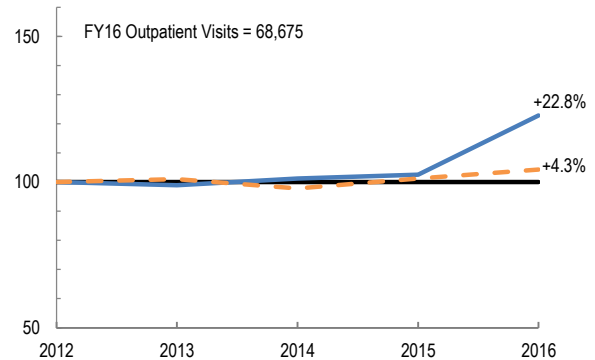
Key:



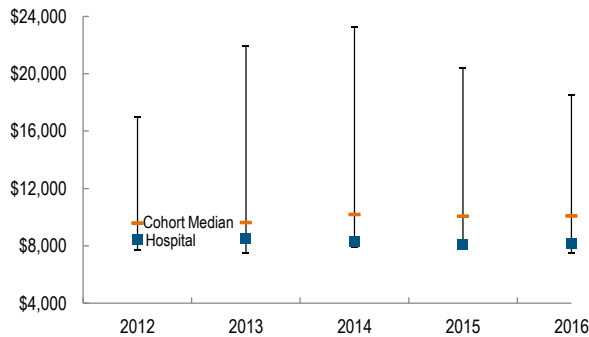
How has the volume of the hospital's inpatient discharges changed compared to FY12, and how does this compare to the hospital's peer cohort median? (FY12=100)



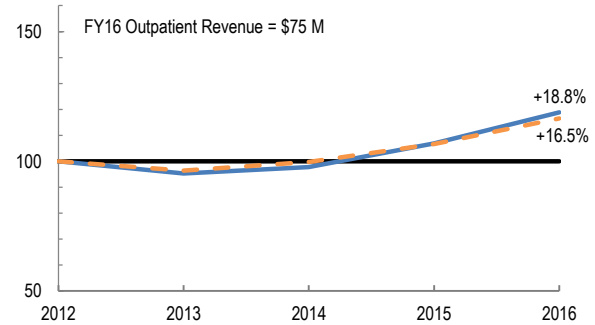
How has the volume of the hospital's outpatient visits changed compared to FY12, and how does this compare to the hospital's peer cohort median? (FY12=100)



What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY12 and FY16, and how does this compare to the hospital's peer cohort median?



How has the hospital's total outpatient revenue changed compared to FY12, and how does this compare to the hospital's peer cohort median? (FY12=100)

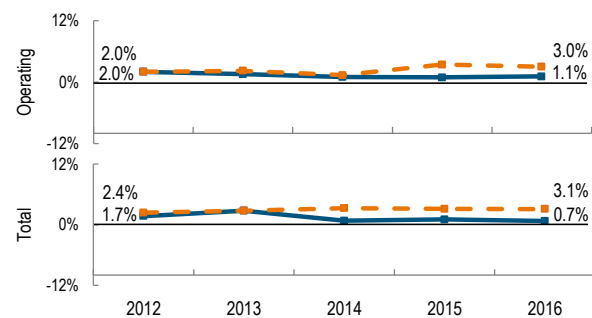


How have the hospital's total revenue and costs changed between FY12 and FY16?

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

FY	2012	2013	2014	2015	2016
Operating Revenue	\$ 115	\$ 112	\$ 113	\$ 116	\$ 124
Non-Operating Revenue	\$ (0)	\$ 1	\$ (0)	\$ 0	\$ (0)
Total Revenue	\$ 115	\$ 114	\$ 113	\$ 116	\$ 124
Total Costs	\$ 113	\$ 111	\$ 112	\$ 115	\$ 123
Total Profit (Loss)	\$ 2.0	\$ 3.2	\$ 0.9	\$ 1.2	\$ 0.8

What were the hospital's total margin and operating margins between FY12 and FY16, 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).

BAYSTATE MARY LANE HOSPITAL

2016 Hospital Profile

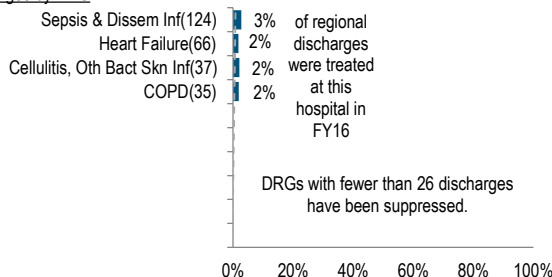
Ware, MA
Community Hospital
Western Massachusetts

Baystate Mary Lane Hospital, a member of Baystate Health, was a small, non-profit community hospital located in the Western Massachusetts region. It merged with Baystate Wing Hospital effective 9/10/16 and closed its inpatient services. Between FY12 and FY16, inpatient discharges declined by 36.2%, while the median decrease for similar hospitals was 3.7%. Outpatient visits also decreased for the hospital by 22.4% between FY12 and FY16, compared to a median increase of 4.3% for its peer cohort. Baystate Mary Lane Hospital reported a loss in FY16 after reporting a profit in FY15, with a total margin of -6.8% in FY16.

At a Glance	Overview / Size	
	Hospital System Affiliation:	Baystate Health System
	Change in Ownership (FY12-16):	Merged w Baystate Wing 9/10/16
	Total Staffed Beds:	25, among the smallest acute hospitals
	% Occupancy:	21.9%, lowest in cohort avg. (61%)
	Special Public Funding:	Not Applicable
	Trauma Center Designation:	Not Applicable
	Case Mix Index:	0.84, = cohort avg. (0.84); < statewide (1.07)
	Financial	
	Inpatient NPSR per CMAD:	\$7,773
Services	Change FY15-FY16:	-0.1%
	Inpatient:Outpatient Revenue in FY16:	13%:87%
	Outpatient Revenue in FY16:	\$15,619,398
	Change FY15-FY16:	-15.3%
	Total Revenue in FY16:	\$22,148,000
	Total Surplus (Loss) in FY16:	(\$1,506,000)
	Payer Mix	
	Public Payer Mix:	61.9% (Non-HPP* Hospital)
	CY15 Commercial S-RP:	1.00
	Top 3 Commercial Payers:	Blue Cross Blue Shield of MA Health New England Harvard Pilgrim Health Care
Quality	Utilization	
	Inpatient Discharges in FY16:	740
	Change FY15-FY16:	-22.4%
	Emergency Department Visits in FY16:	14,043
	Change FY15-FY16:	-3.7%
	Outpatient Visits in FY16:	14,509
	Change FY15-FY16:	-17.0%
	Quality	
	Readmission Rate in FY15:	14.4%
	Change FY11-FY15 (percentage points):	2.4%
	Early Elective Deliveries Rate (Jan 2015-Jun 2016):	Not Available

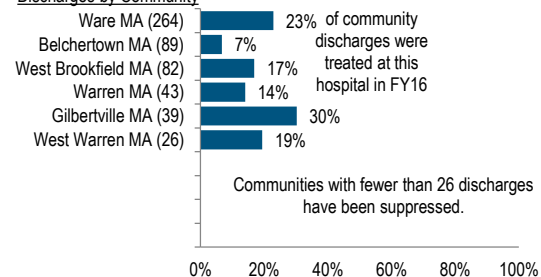
What were the most common inpatient cases (DRGs) treated at the hospital in FY16? What proportion of the region's cases did this hospital treat for each service?

Discharges by DRG

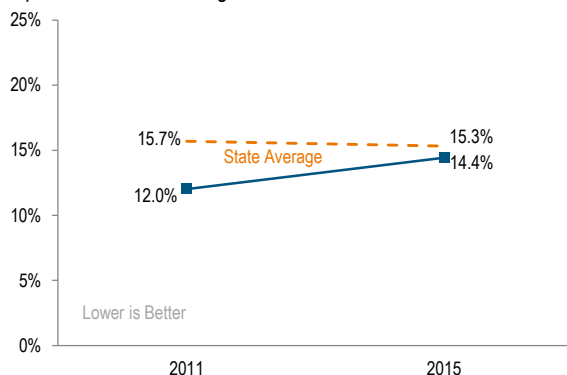


Where did most of the hospital's inpatients reside? What proportion of each community's total discharges was attributed to this hospital?

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.

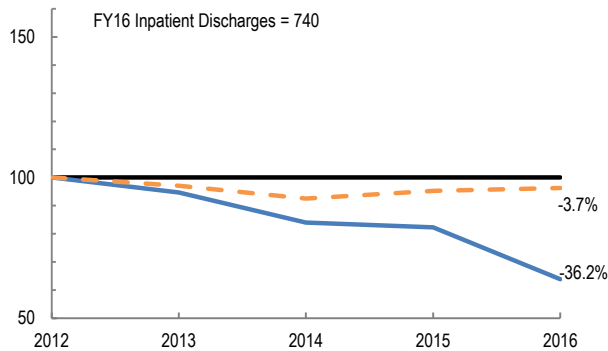
2016 HOSPITAL PROFILE: BAYSTATE MARY LANE HOSPITAL

Cohort: Community Hospital

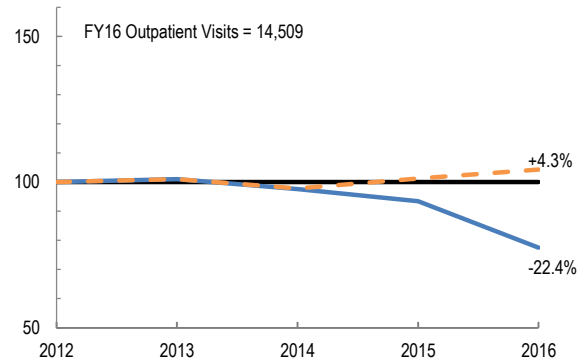
Key:
—■— Hospital
- - - ■ - - - Peer Cohort

Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY12, and how does this compare to the hospital's peer cohort median? (FY12=100)

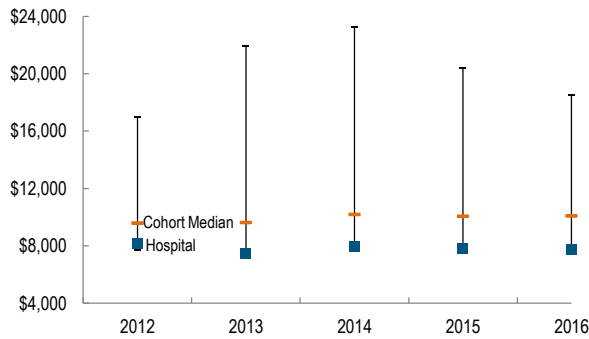


How has the volume of the hospital's outpatient visits changed compared to FY12, and how does this compare to the hospital's peer cohort median? (FY12=100)

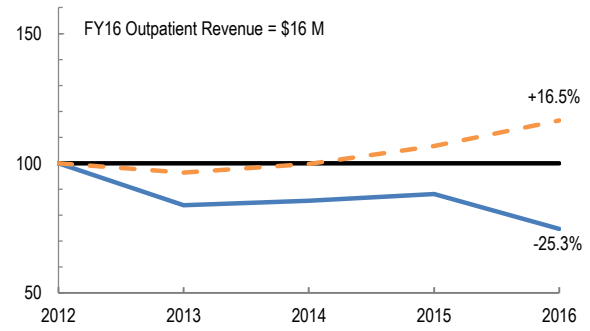


Patient Revenue Trends

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY12 and FY16, and how does this compare to the hospital's peer cohort median?



How has the hospital's total outpatient revenue changed compared to FY12, and how does this compare to the hospital's peer cohort median? (FY12=100)



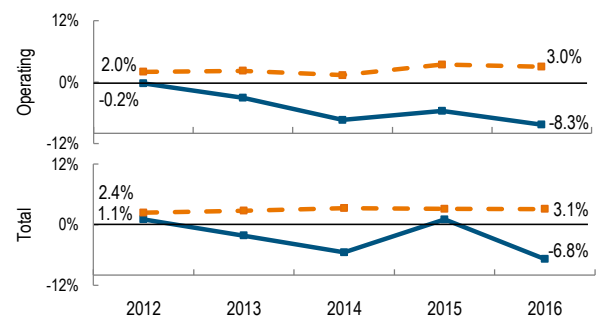
Financial Performance

How have the hospital's total revenue and costs changed between FY12 and FY16?

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

FY	2012	2013	2014	2015	2016
Operating Revenue	\$ 30	\$ 26	\$ 26	\$ 27	\$ 22
Non-Operating Revenue	\$ 0	\$ 0	\$ 0	\$ 2	\$ 0
Total Revenue	\$ 30	\$ 26	\$ 26	\$ 28	\$ 22
Total Costs	\$ 30	\$ 26	\$ 28	\$ 28	\$ 24
Total Profit (Loss)	\$ 0.3	\$ (0.6)	\$ (1.5)	\$ 0.3	\$ (1.5)

What were the hospital's total margin and operating margins between FY12 and FY16, 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.

BETH ISRAEL DEACONESS HOSPITAL - MILTON

2016 Hospital Profile

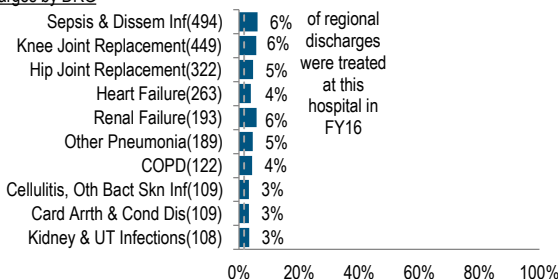
Milton, MA
Community Hospital
Metro Boston

Beth Israel Deaconess Hospital – Milton (BID-Milton) is a non-profit 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. Between FY12 and FY16, there was a 13.1% increase in outpatient visits at the hospital, compared to a median increase of 4.3% in its peer cohort. It earned a profit each year in the five-year period, with a total margin of 5.1% in FY16, above its peer cohort median of 3.1%.

At a Glance	Overview / Size	
	Hospital System Affiliation:	CareGroup
	Change in Ownership (FY12-16):	CareGroup - 2012
	Total Staffed Beds:	68, among the smaller acute hospitals
	% Occupancy:	82.1%, > cohort avg. (61%)
	Special Public Funding:	CHART^
	Trauma Center Designation:	Not Applicable
	Case Mix Index:	1.06, > cohort avg. (0.84); < statewide (1.07)
	Financial	
	Inpatient NPSR per CMAD:	\$10,086
Services	Change FY15-FY16:	0.3%
	Inpatient:Outpatient Revenue in FY16:	36%:64%
	Outpatient Revenue in FY16:	\$47,065,951
	Change FY15-FY16:	5.3%
	Total Revenue in FY16:	\$106,544,250
	Total Surplus (Loss) in FY16:	\$5,437,544
	Payer Mix	
	Public Payer Mix:	57.7% (Non-HPP* Hospital)
	CY15 Commercial S-RP:	0.76
	Top 3 Commercial Payers:	Blue Cross Blue Shield of MA Harvard Pilgrim Health Care Tufts Health Plan
Quality	Utilization	
	Inpatient Discharges in FY16:	5,041
	Change FY15-FY16:	9.3%
	Emergency Department Visits in FY16:	27,334
	Change FY15-FY16:	9.8%
	Outpatient Visits in FY16:	38,840
	Change FY15-FY16:	11.7%
	Quality	
	Readmission Rate in FY15:	13.4%
	Change FY11-FY15 (percentage points):	-2.5%
	Early Elective Deliveries Rate (Jan 2015-Jun 2016):	Not Available

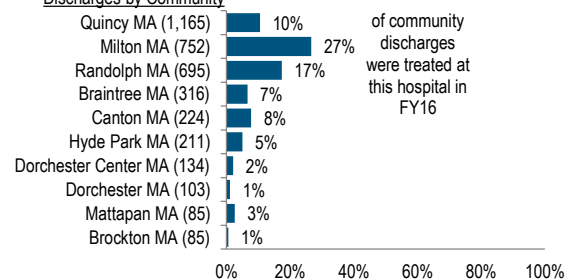
What were the most common inpatient cases (DRGs) treated at the hospital in FY16? What proportion of the region's cases did this hospital treat for each service?

Discharges by DRG

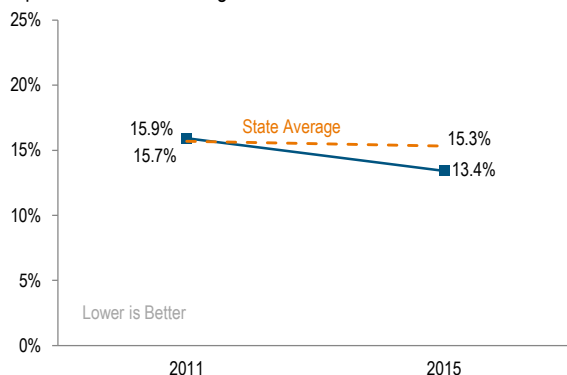


Where did most of the hospital's inpatients reside? What proportion of each community's total discharges was attributed to this hospital?

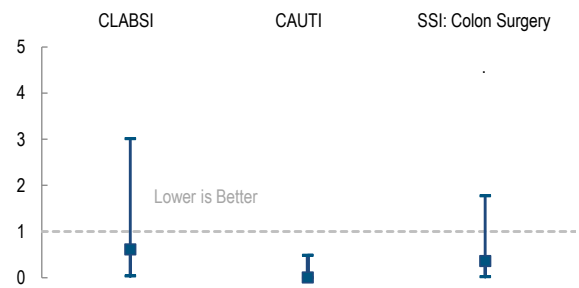
Discharges by Community



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.

2016 HOSPITAL PROFILE: BETH ISRAEL DEACONESS HOSPITAL - MILTON

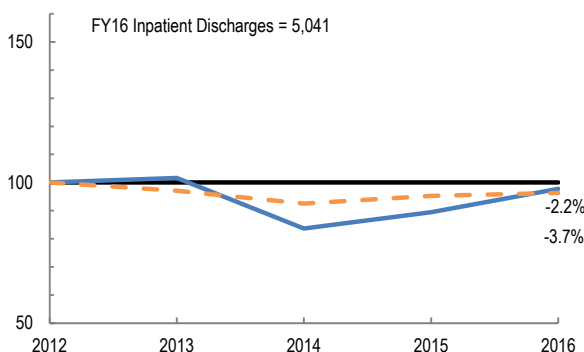
Cohort: Community Hospital

Key:

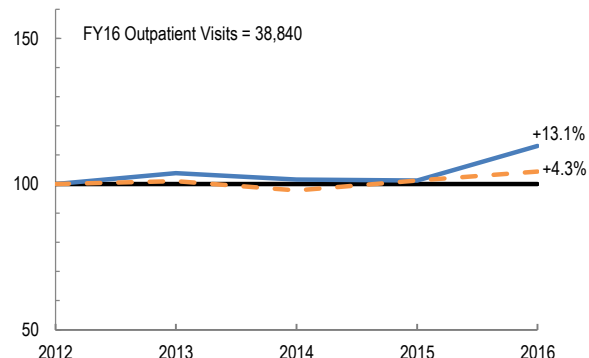
— Hospital
- - - Peer Cohort

Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY12, and how does this compare to the hospital's peer cohort median? (FY12=100)

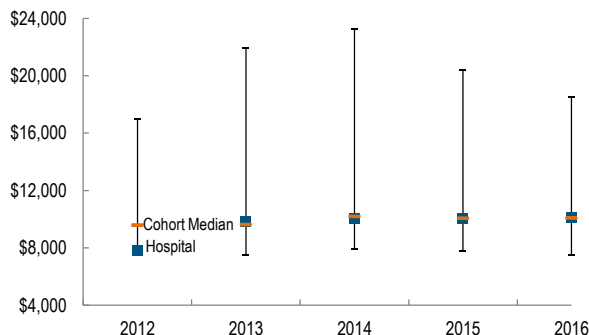


How has the volume of the hospital's outpatient visits changed compared to FY12, and how does this compare to the hospital's peer cohort median? (FY12=100)

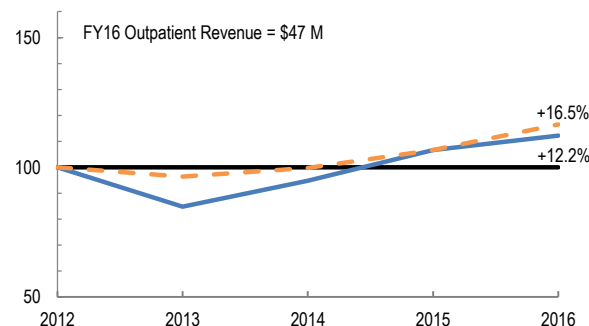


Patient Revenue Trends

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY12 and FY16, and how does this compare to the hospital's peer cohort median?



How has the hospital's total outpatient revenue changed compared to FY12, and how does this compare to the hospital's peer cohort median? (FY12=100)



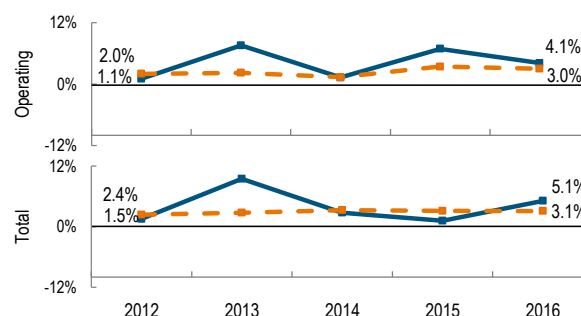
Financial Performance

How have the hospital's total revenue and costs changed between FY12 and FY16?

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

FY	2012	2013	2014	2015	2016
Operating Revenue	\$ 75	\$ 84	\$ 83	\$ 96	\$ 105
Non-Operating Revenue	\$ 0	\$ 2	\$ 1	\$ (5)	\$ 1
Total Revenue	\$ 75	\$ 86	\$ 84	\$ 91	\$ 107
Total Costs	\$ 74	\$ 78	\$ 82	\$ 90	\$ 101
Total Profit (Loss)	\$ 1.2	\$ 8.1	\$ 2.4	\$ 1.1	\$ 5.4

What were the hospital's total margin and operating margins between FY12 and FY16, 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).

BETH ISRAEL DEACONESS HOSPITAL - NEEDHAM

2016 Hospital Profile

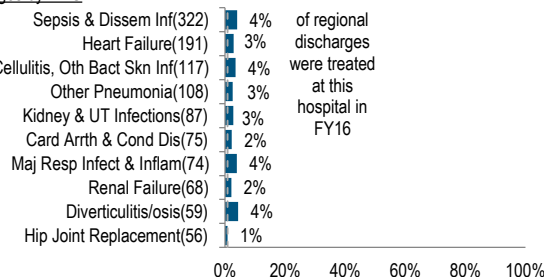
Needham, MA
Community Hospital
Metro Boston

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 36.2% between FY12 and FY16 compared with a median increase of 16.5% for cohort hospitals. BID-Needham's total margin was negative in FY16 after being positive each year from FY12 to FY15. It had a -0.5% total margin in FY16, lower than the cohort median of 3.1%.

At a Glance	Overview / Size	
	Hospital System Affiliation:	CareGroup
	Change in Ownership (FY12-16):	Not Applicable
	Total Staffed Beds:	41, among the smaller acute hospitals
	% Occupancy:	58.0%, < cohort avg. (61%)
	Special Public Funding:	Not Applicable
	Trauma Center Designation:	Not Applicable
	Case Mix Index:	0.98, > cohort avg. (0.84); < statewide (1.07)
	Financial	
	Inpatient NPSR per CMAD:	\$9,106
Services	Change FY15-FY16:	-4.0%
	Inpatient:Outpatient Revenue in FY16:	18%:82%
	Outpatient Revenue in FY16:	\$59,224,079
	Change FY15-FY16:	4.1%
	Total Revenue in FY16:	\$83,090,550
	Total Surplus (Loss) in FY16:	(\$441,192)
	Payer Mix	
	Public Payer Mix:	51.1% (Non-HPP* Hospital)
	CY15 Commercial S-RP:	0.98
	Top 3 Commercial Payers:	Blue Cross Blue Shield of MA Harvard Pilgrim Health Care Tufts Health Plan
Quality	Utilization	
	Inpatient Discharges in FY16:	2,422
	Change FY15-FY16:	9.8%
	Emergency Department Visits in FY16:	12,115
	Change FY15-FY16:	0.3%
	Outpatient Visits in FY16:	152,019
	Change FY15-FY16:	3.9%
	Quality	
	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 FY16? What proportion of the region's cases did this hospital treat for each service?

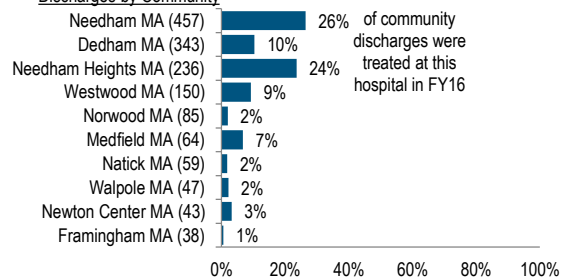
Discharges by DRG



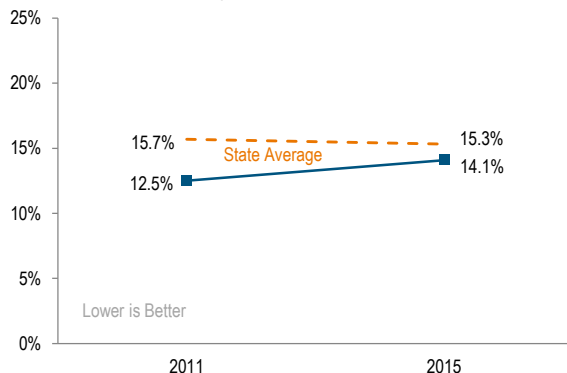
--- Hospital (2,422) = 1% of total regional discharges

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

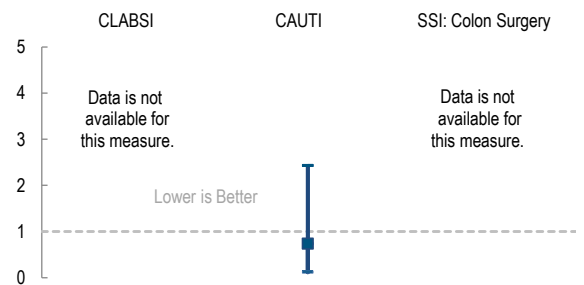
Discharges by Community



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.

2016 HOSPITAL PROFILE: BETH ISRAEL DEACONESS HOSPITAL - NEEDHAM

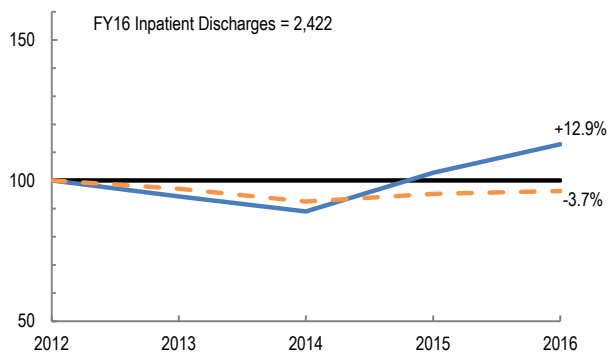
Cohort: Community Hospital

Key:

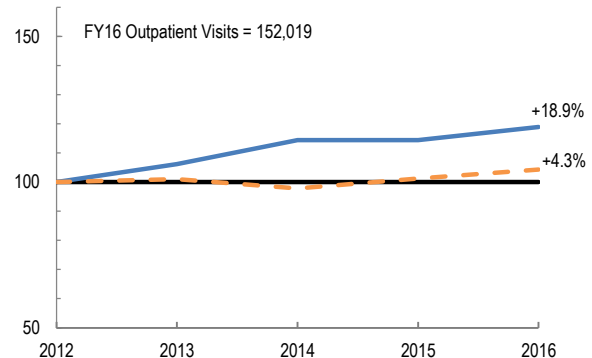
— Hospital
- - - Peer Cohort

Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY12, and how does this compare to the hospital's peer cohort median? (FY12=100)

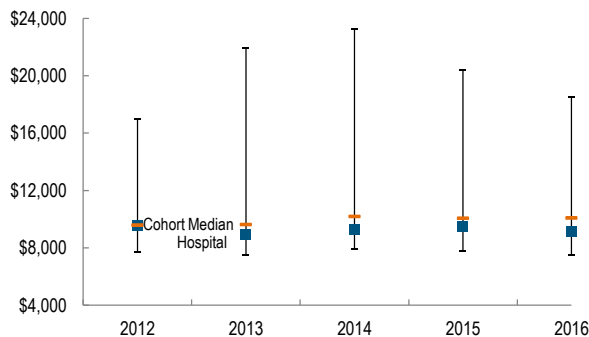


How has the volume of the hospital's outpatient visits changed compared to FY12, and how does this compare to the hospital's peer cohort median? (FY12=100)

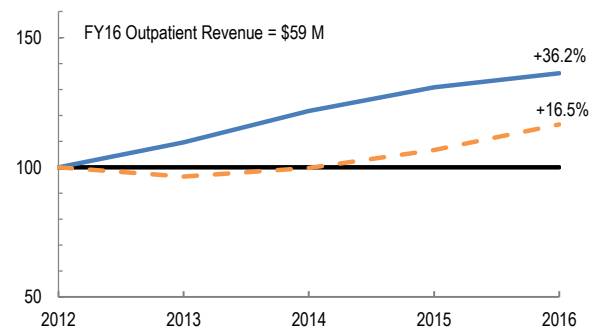


Patient Revenue Trends

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY12 and FY16, and how does this compare to the hospital's peer cohort median?



How has the hospital's total outpatient revenue changed compared to FY12, and how does this compare to the hospital's peer cohort median? (FY12=100)



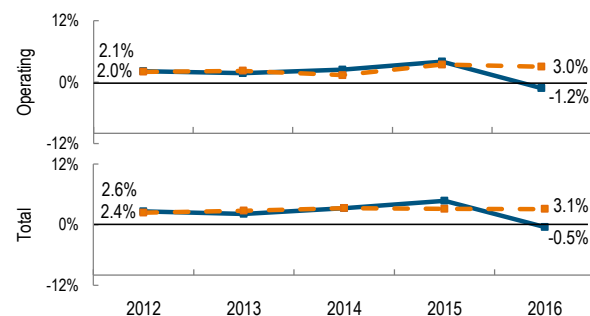
Financial Performance

How have the hospital's total revenue and costs changed between FY12 and FY16?

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

FY	2012	2013	2014	2015	2016
Operating Revenue	\$ 60	\$ 64	\$ 70	\$ 78	\$ 83
Non-Operating Revenue	\$ 0	\$ 0	\$ 1	\$ 1	\$ 1
Total Revenue	\$ 61	\$ 64	\$ 71	\$ 78	\$ 83
Total Costs	\$ 59	\$ 63	\$ 68	\$ 75	\$ 84
Total Profit (Loss)	\$ 1.6	\$ 1.4	\$ 2.3	\$ 3.7	\$ (0.4)

What were the hospital's total margin and operating margins between FY12 and FY16, 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.

BRIGHAM AND WOMEN'S FAULKNER HOSPITAL

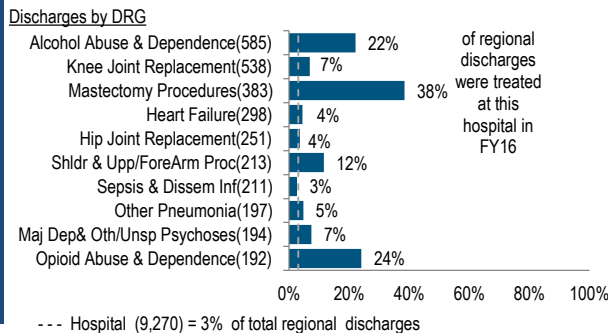
2016 Hospital Profile

Boston, MA
Community Hospital
Metro Boston

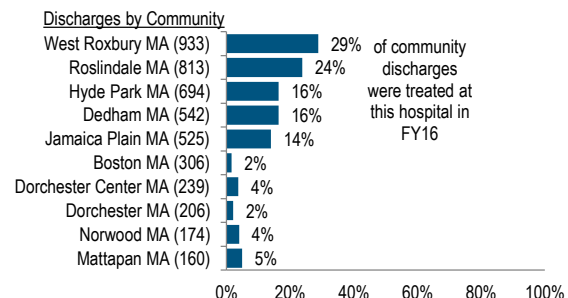
Brigham and Women's Faulkner Hospital is a non-profit community hospital located in the Metro Boston region. It is a mid-size acute hospital and a member of Partners HealthCare. Though it only accounted for 3% of total regional discharges in FY16, it treated 22% of Alcohol Abuse and Dependence cases and 38% of Mastectomy Procedures in Metro Boston. Outpatient visits at the hospital decreased 34.9% between FY12 and FY16, while there was a median increase of 4.3% in its peer cohort during that period. The hospital reported a profit for the third consecutive year and the fourth time in the past five years. In FY16, its total margin was 7.4%, above its peer cohort median of 3.1%.

At a Glance	Overview / Size	
	Hospital System Affiliation:	Partners HealthCare
	Change in Ownership (FY12-16):	Not Applicable
	Total Staffed Beds:	162, mid-size acute hospital
	% Occupancy:	63.9%, > cohort avg. (61%)
	Special Public Funding:	Not Applicable
	Trauma Center Designation:	Not Applicable
	Case Mix Index:	0.95, > cohort avg. (0.84); < statewide (1.07)
	Financial	
	Inpatient NPSR per CMAD:	\$13,039
Services	Change FY15-FY16:	-1.9%
	Inpatient:Outpatient Revenue in FY16:	38%:62%
	Outpatient Revenue in FY16:	\$129,770,030
	Change FY15-FY16:	18.8%
	Total Revenue in FY16:	\$254,745,000
	Total Surplus (Loss) in FY16:	\$18,822,000
	Payer Mix	
	Public Payer Mix:	58.1% (Non-HPP* Hospital)
	CY15 Commercial S-RP:	1.05
	Top 3 Commercial Payers:	Blue Cross Blue Shield of MA Harvard Pilgrim Health Care Tufts Health Plan
Quality	Utilization	
	Inpatient Discharges in FY16:	9,270
	Change FY15-FY16:	9.5%
	Emergency Department Visits in FY16:	27,560
	Change FY15-FY16:	-12.3%
	Outpatient Visits in FY16:	31,953
	Change FY15-FY16:	-5.6%
	Quality	
	Readmission Rate in FY15:	13.9%
	Change FY11-FY15 (percentage points):	-1.3%
	Early Elective Deliveries Rate (Jan 2015-Jun 2016):	Not Available

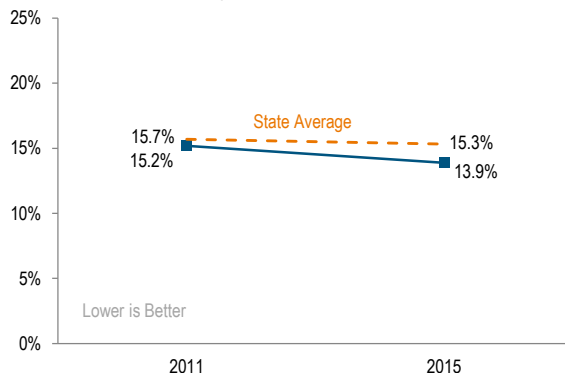
What were the most common inpatient cases (DRGs) treated at the hospital in FY16? What proportion of the region's cases did this hospital treat for each service?



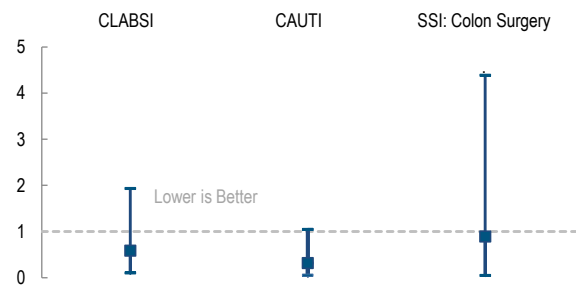
Where did most of the hospital's inpatients reside? What proportion of each community's total discharges was attributed to this hospital?



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.

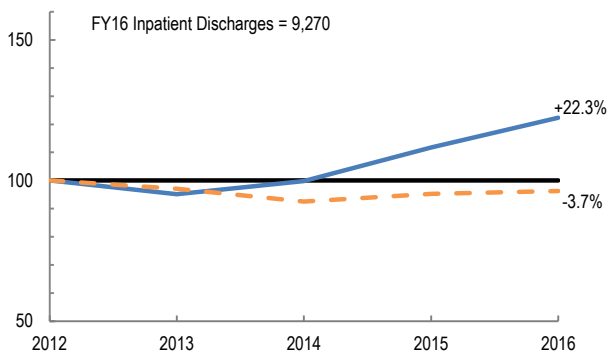
2016 HOSPITAL PROFILE: BRIGHAM AND WOMEN'S FAULKNER HOSPITAL

Cohort: Community Hospital

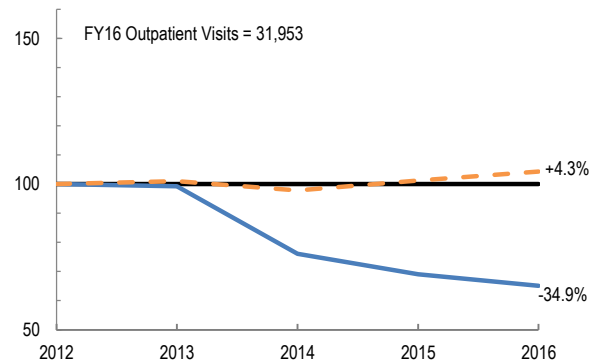
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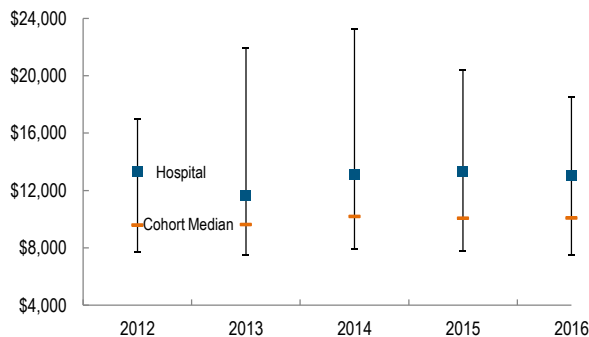
How has the volume of the hospital's inpatient discharges changed compared to FY12, and how does this compare to the hospital's peer cohort median? (FY12=100)



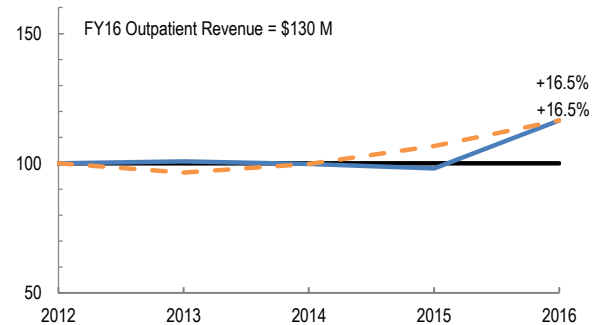
How has the volume of the hospital's outpatient visits changed compared to FY12, and how does this compare to the hospital's peer cohort median? (FY12=100)



What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY12 and FY16, and how does this compare to the hospital's peer cohort median?



How has the hospital's total outpatient revenue changed compared to FY12, and how does this compare to the hospital's peer cohort median? (FY12=100)

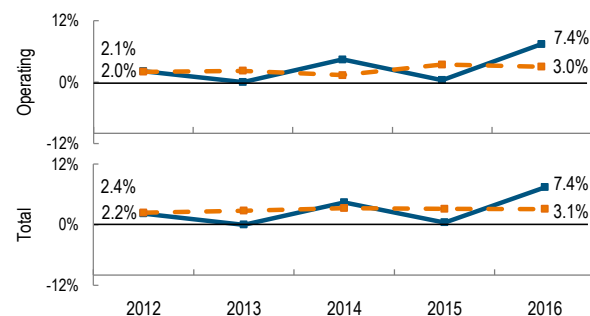


How have the hospital's total revenue and costs changed between FY12 and FY16?

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

FY	2012	2013	2014	2015	2016
Operating Revenue	\$ 198	\$ 193	\$ 208	\$ 219	\$ 255
Non-Operating Revenue	\$ 0	\$ 0	\$ (0)	\$ 0	\$ (0)
Total Revenue	\$ 198	\$ 193	\$ 208	\$ 219	\$ 255
Total Costs	\$ 194	\$ 193	\$ 199	\$ 218	\$ 236
Total Profit (Loss)	\$ 4.4	\$ (0.0)	\$ 9.2	\$ 1.0	\$ 18.8

What were the hospital's total margin and operating margins between FY12 and FY16, 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

2016 Hospital Profile

Northampton, MA
Community Hospital
Western Massachusetts

Cooley Dickinson Hospital is a non-profit community hospital located in the Western Massachusetts region. It is among the smaller acute hospitals in Massachusetts and a member of Partners HealthCare. Between FY12 and FY16, inpatient discharges at the hospital have decreased a total of 16.6%, compared with a median decrease of 3.7% among cohort hospitals. After experiencing a loss in FY14, Cooley Dickinson recovered to post profits of \$3.7M in FY15 and \$7.0M in FY16. Cooley Dickinson reported a total margin of 3.9% in FY16, above the cohort median of 3.1%.

At a Glance

Overview / Size

Hospital System Affiliation:	Partners HealthCare
Change in Ownership (FY12-16):	Partners - 2013
Total Staffed Beds:	92, among the smaller acute hospitals
% Occupancy:	91.3%, highest in cohort avg. (61%)
Special Public Funding:	Not Applicable
Trauma Center Designation:	Not Applicable
Case Mix Index:	0.87, > cohort avg. (0.84); < statewide (1.07)

Financial

Inpatient NPSR per CMAD:	\$9,981
Change FY15-FY16:	-1.8%
Inpatient:Outpatient Revenue in FY16:	36%:64%
Outpatient Revenue in FY16:	\$110,428,400
Change FY15-FY16:	18.8%
Total Revenue in FY16:	\$178,139,000
Total Surplus (Loss) in FY16:	\$6,985,000

Payer Mix

Public Payer Mix:	60.6% (Non-HPP* Hospital)
CY15 Commercial S-RP:	1.00
Top 3 Commercial Payers:	Blue Cross Blue Shield of MA Health New England Harvard Pilgrim Health Care

Utilization

Inpatient Discharges in FY16:	7,160
Change FY15-FY16:	3.8%
Emergency Department Visits in FY16:	33,657
Change FY15-FY16:	-0.8%
Outpatient Visits in FY16:	52,116
Change FY15-FY16:	2.0%

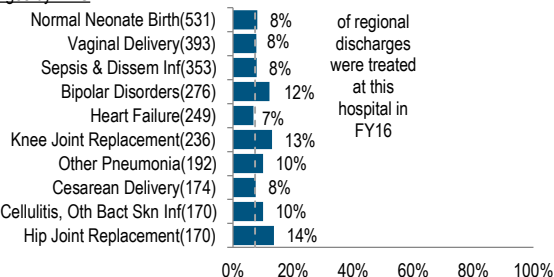
Quality

Readmission Rate in FY15:	13.2%
Change FY11-FY15 (percentage points):	-1.1%
Early Elective Deliveries Rate (Jan 2015-Jun 2016):	0.0%

Services

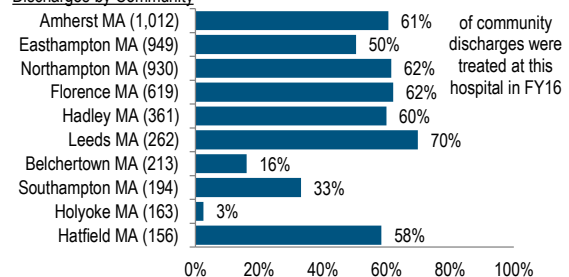
What were the most common inpatient cases (DRGs) treated at the hospital in FY16? What proportion of the region's cases did this hospital treat for each service?

Discharges by DRG



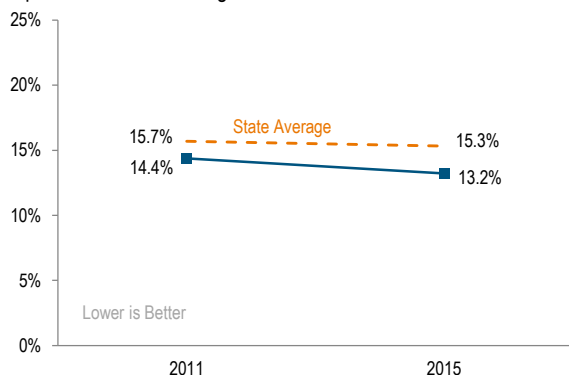
Where did most of the hospital's inpatients reside? What proportion of each community's total discharges was attributed to this hospital?

Discharges by Community

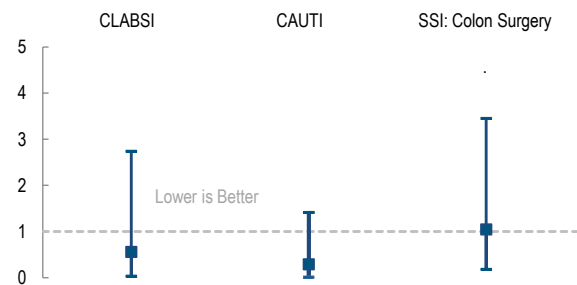


Quality

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.

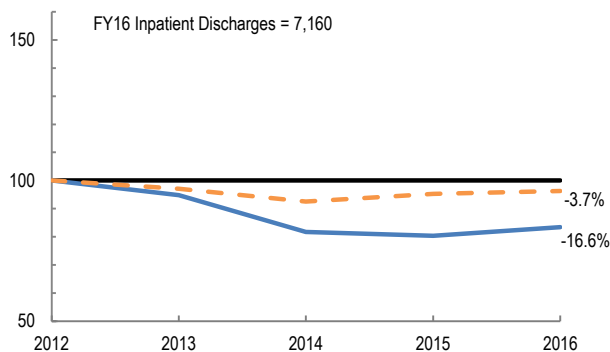
2016 HOSPITAL PROFILE: COOLEY DICKINSON HOSPITAL

Cohort: Community Hospital

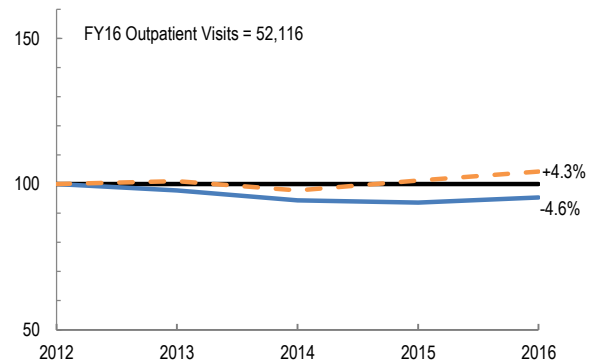
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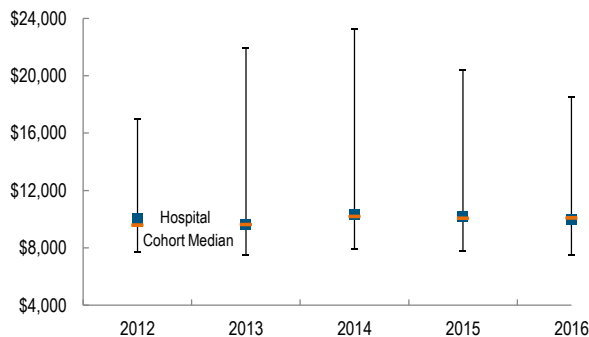
How has the volume of the hospital's inpatient discharges changed compared to FY12, and how does this compare to the hospital's peer cohort median? (FY12=100)



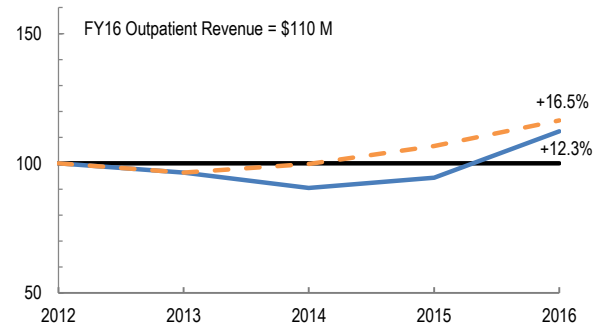
How has the volume of the hospital's outpatient visits changed compared to FY12, and how does this compare to the hospital's peer cohort median? (FY12=100)



What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY12 and FY16, and how does this compare to the hospital's peer cohort median?



How has the hospital's total outpatient revenue changed compared to FY12, and how does this compare to the hospital's peer cohort median? (FY12=100)

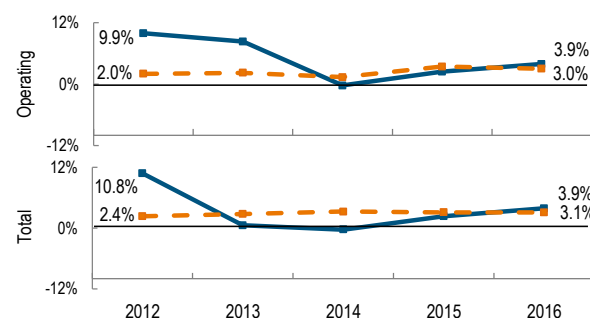


How have the hospital's total revenue and costs changed between FY12 and FY16?

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

FY	2012	2013	2014	2015	2016
Operating Revenue	\$ 168	\$ 161	\$ 153	\$ 157	\$ 178
Non-Operating Revenue	\$ 2	\$ (12)	\$ 0	\$ (0)	\$ 0
Total Revenue	\$ 169	\$ 150	\$ 153	\$ 157	\$ 178
Total Costs	\$ 151	\$ 149	\$ 154	\$ 154	\$ 171
Total Profit (Loss)	\$ 18.3	\$ 0.8	\$ (0.4)	\$ 3.7	\$ 7.0

What were the hospital's total margin and operating margins between FY12 and FY16, and how do these compare to the hospital's peer cohort medians?



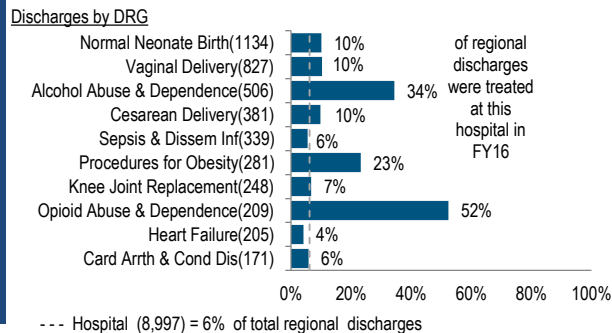
For descriptions of the metrics, please see the technical appendix.

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

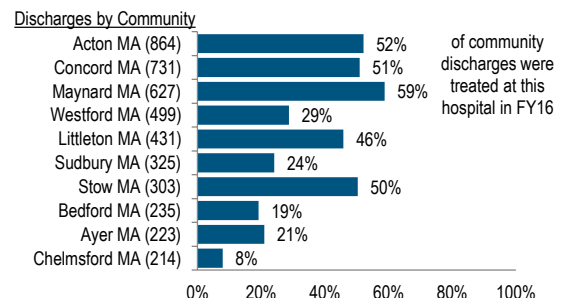
Emerson Hospital is a mid-size, non-profit community hospital located in the Northeastern Massachusetts region. From FY12 to FY16, inpatient discharges decreased 3.7%, matching its peer hospital cohort median. While outpatient visits at the hospital increased 1.1% between FY12 and FY16, outpatient revenue increased 18.8% in that same period. Though it was only responsible for 6% of total regional discharges in FY16, it treated 52% of all regional Opioid Abuse cases and 34% of all Alcohol Abuse & Dependence cases. Emerson Hospital reported a profit of \$2.4M in FY16 after it reported a loss in FY15. It reported profits each year from FY12 to FY14.

At a Glance	Overview / Size	
	Hospital System Affiliation:	Not Applicable
	Change in Ownership (FY12-16):	Not Applicable
	Total Staffed Beds:	199, mid-size acute hospital
	% Occupancy:	52.8%, < cohort avg. (61%)
	Special Public Funding:	CHART^
	Trauma Center Designation:	Not Applicable
	Case Mix Index:	0.82, < cohort avg. (0.84); < statewide (1.07)
	Financial	
	Inpatient NPSR per CMAD:	\$10,267
Services	Change FY15-FY16:	6.2%
	Inpatient:Outpatient Revenue in FY16:	27%:73%
	Outpatient Revenue in FY16:	\$136,426,322
	Change FY15-FY16:	8.1%
	Total Revenue in FY16:	\$218,019,991
	Total Surplus (Loss) in FY16:	\$2,362,029
	Payer Mix	
	Public Payer Mix:	43.5% (Non-HPP* Hospital)
	CY15 Commercial S-RP:	0.85
	Top 3 Commercial Payers:	Blue Cross Blue Shield of MA Harvard Pilgrim Health Care Tufts Health Plan
Quality	Utilization	
	Inpatient Discharges in FY16:	8,997
	Change FY15-FY16:	1.1%
	Emergency Department Visits in FY16:	32,351
	Change FY15-FY16:	0.9%
	Outpatient Visits in FY16:	94,059
	Change FY15-FY16:	0.8%
	Quality	
	Readmission Rate in FY15:	12.5%
	Change FY11-FY15 (percentage points):	1.0%
	Early Elective Deliveries Rate (Jan 2015-Jun 2016):	3.4%

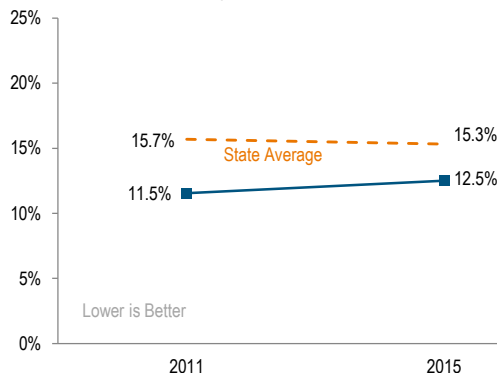
What were the most common inpatient cases (DRGs) treated at the hospital in FY16? What proportion of the region's cases did this hospital treat for each service?



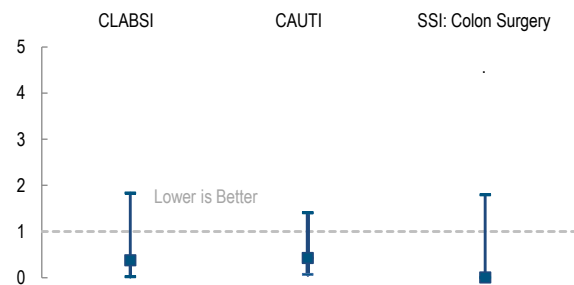
Where did most of the hospital's inpatients reside? What proportion of each community's total discharges was attributed to this hospital?



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?



2016 HOSPITAL PROFILE: EMERSON HOSPITAL

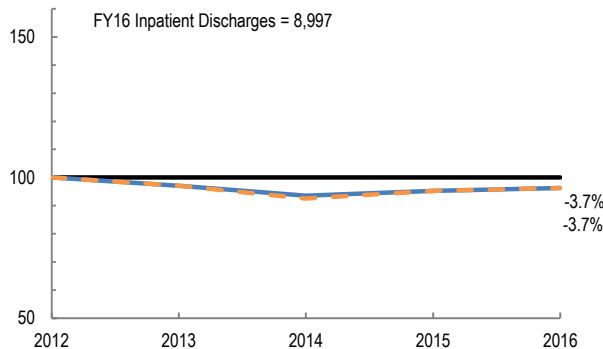
Cohort: Community Hospital

Key:

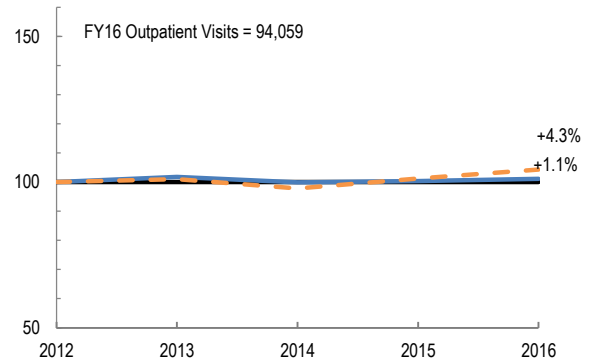


Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY12, and how does this compare to the hospital's peer cohort median? (FY12=100)

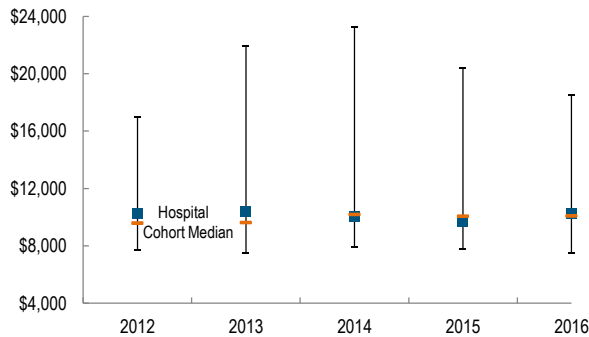


How has the volume of the hospital's outpatient visits changed compared to FY12, and how does this compare to the hospital's peer cohort median? (FY12=100)

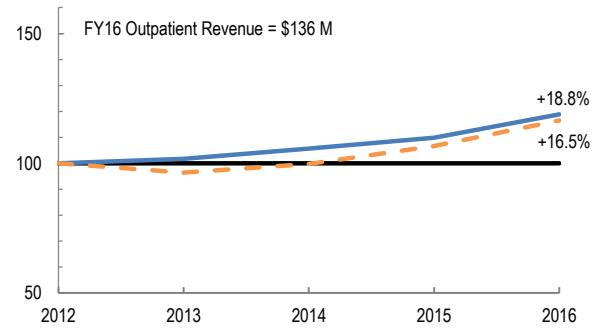


Patient Revenue Trends

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY12 and FY16, and how does this compare to the hospital's peer cohort median?



How has the hospital's total outpatient revenue changed compared to FY12, and how does this compare to the hospital's peer cohort median? (FY12=100)



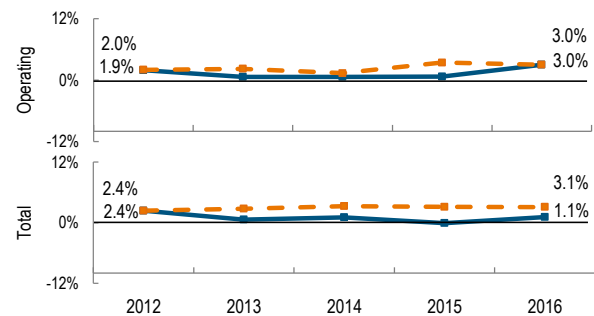
Financial Performance

How have the hospital's total revenue and costs changed between FY12 and FY16?

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

FY	2012	2013	2014	2015	2016
Operating Revenue	\$ 189	\$ 190	\$ 192	\$ 203	\$ 222
Non-Operating Revenue	\$ 1	\$ (0)	\$ 1	\$ (2)	\$ (4)
Total Revenue	\$ 190	\$ 190	\$ 193	\$ 202	\$ 218
Total Costs	\$ 185	\$ 188	\$ 191	\$ 202	\$ 216
Total Profit (Loss)	\$ 4.5	\$ 1.1	\$ 2.1	\$ (0.2)	\$ 2.4

What were the hospital's total margin and operating margins between FY12 and FY16, 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).

HEYWOOD MEMORIAL HOSPITAL

2016 Hospital Profile

Gardner, MA
Community Hospital
Central Massachusetts

Heywood Hospital is a mid-size, non-profit community 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 21% of Major Depression/ Other Unspecified Psychoses, 15% of all Schizophrenia cases and 26% of Adjustment Disorders & Neuroses except Depressive Diagnoses in Central Massachusetts. Heywood Hospital experienced an increase of 61.8% in outpatient visits from FY12 to FY16. In FY16 Heywood Hospital reported a profit for the fifth consecutive fiscal year and its total margin of 4.8% was higher the cohort median of 3.1%.

At a Glance

Overview / Size

Hospital System Affiliation:	Heywood Healthcare
Change in Ownership (FY12-16):	Heywood Healthcare - 2012
Total Staffed Beds:	106, mid-size acute hospital
% Occupancy:	56.7%, < cohort avg. (61%)
Special Public Funding:	CHART^
Trauma Center Designation:	Not Applicable
Case Mix Index:	0.79, < cohort avg. (0.84); < statewide (1.07)

Financial

Inpatient NPSR per CMAD:	\$7,445
Change FY15-FY16:	-5.7%
Inpatient:Outpatient Revenue in FY16:	19%:81%
Outpatient Revenue in FY16:	\$73,372,669
Change FY15-FY16:	8.9%
Total Revenue in FY16:	\$112,554,998
Total Surplus (Loss) in FY16:	\$5,374,621

Payer Mix

Public Payer Mix:	61.2% (Non-HPP* Hospital)
CY15 Commercial S-RP:	0.75
Top 3 Commercial Payers:	Blue Cross Blue Shield of MA Tufts Health Plan Harvard Pilgrim Health Care

Utilization

Inpatient Discharges in FY16:	4,663
Change FY15-FY16:	-6.6%
Emergency Department Visits in FY16:	28,000
Change FY15-FY16:	4.1%
Outpatient Visits in FY16:	117,392
Change FY15-FY16:	6.6%

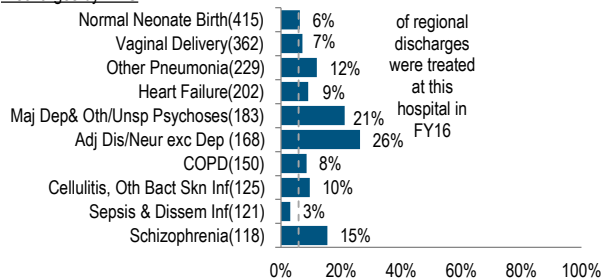
Quality

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

Services

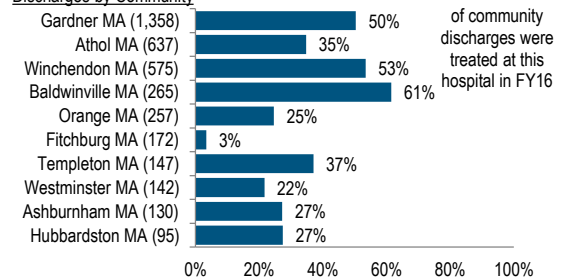
What were the most common inpatient cases (DRGs) treated at the hospital in FY16? What proportion of the region's cases did this hospital treat for each service?

Discharges by DRG



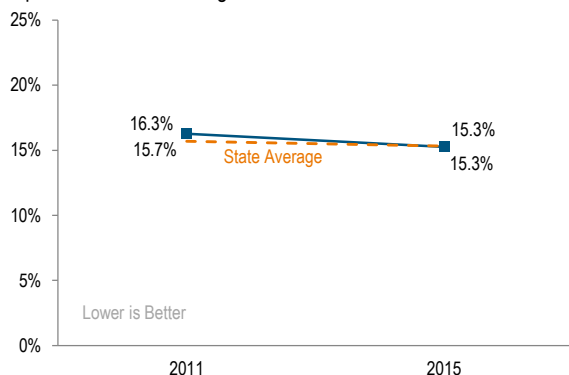
Where did most of the hospital's inpatients reside? What proportion of each community's total discharges was attributed to this hospital?

Discharges by Community

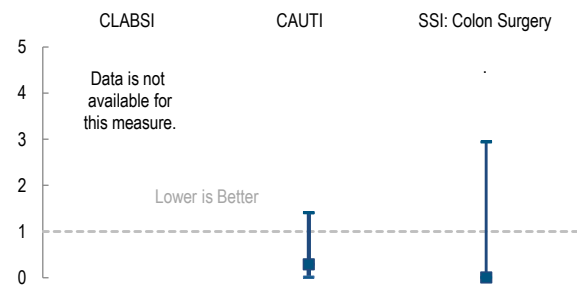


Quality

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.

2016 HOSPITAL PROFILE: HEYWOOD MEMORIAL HOSPITAL

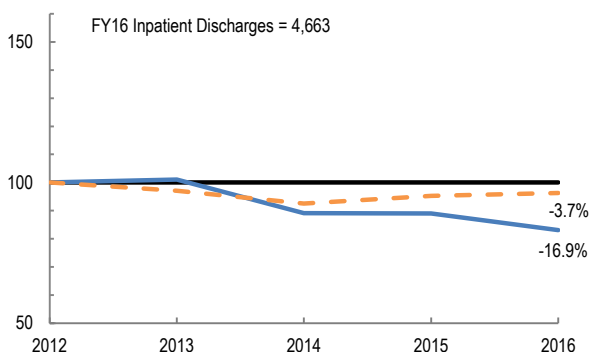
Cohort: Community Hospital

Key:

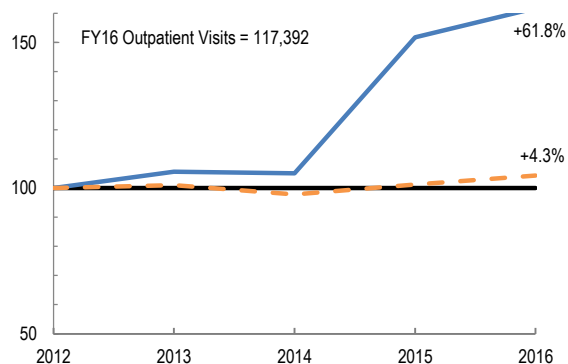
— Hospital
- - - Peer Cohort

Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY12, and how does this compare to the hospital's peer cohort median? (FY12=100)

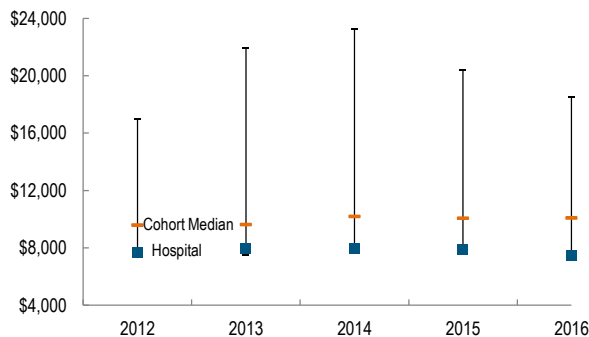


How has the volume of the hospital's outpatient visits changed compared to FY12, and how does this compare to the hospital's peer cohort median? (FY12=100)

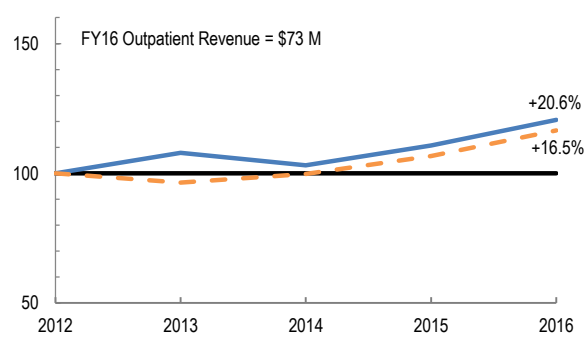


Patient Revenue Trends

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY12 and FY16, and how does this compare to the hospital's peer cohort median?



How has the hospital's total outpatient revenue changed compared to FY12, and how does this compare to the hospital's peer cohort median? (FY12=100)



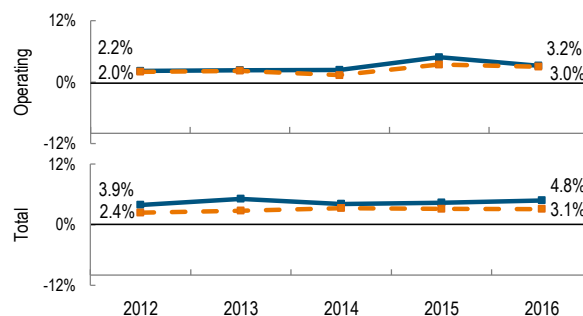
Financial Performance

How have the hospital's total revenue and costs changed between FY12 and FY16?

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

FY	2012	2013	2014	2015	2016
Operating Revenue	\$ 101	\$ 102	\$ 102	\$ 106	\$ 111
Non-Operating Revenue	\$ 2	\$ 3	\$ 2	\$ (1)	\$ 2
Total Revenue	\$ 103	\$ 105	\$ 104	\$ 106	\$ 113
Total Costs	\$ 99	\$ 100	\$ 100	\$ 101	\$ 107
Total Profit (Loss)	\$ 4.0	\$ 5.4	\$ 4.3	\$ 4.6	\$ 5.4

What were the hospital's total margin and operating margins between FY12 and FY16, 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).

MARTHA'S VINEYARD HOSPITAL

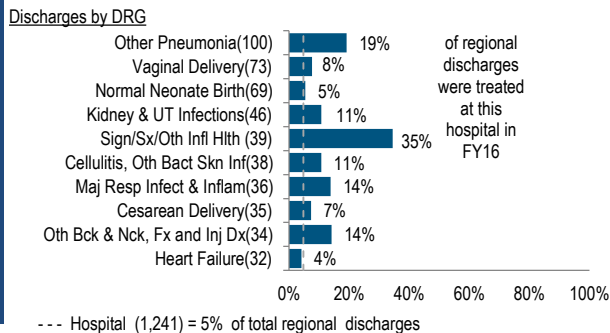
2016 Hospital Profile

Oak Bluffs, MA
Community Hospital
Cape and Islands

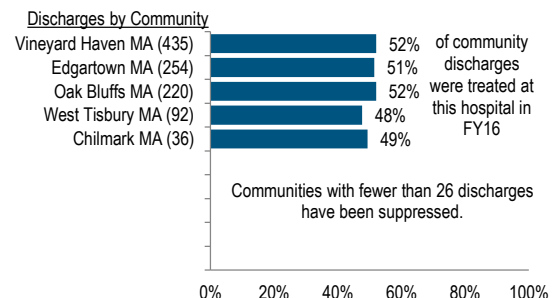
Martha's Vineyard Hospital is a small, non-profit community hospital located in the Cape and Islands region. It is a member of Partners HealthCare. Martha's Vineyard Hospital is designated by the Centers for Medicare & Medicaid Services (CMS) as one of three Critical Access Hospitals (CAH) in Massachusetts. Martha's Vineyard Hospital was profitable each year from FY12 to FY16, with a total margin of 4.6% in FY16, compared to a median total margin of 3.1% among peer cohort hospitals. In FY16, Martha's Vineyard Hospital had 2.2% more inpatient discharges than in FY12, compared with a median decrease of 3.7% in its peer cohort.

At a Glance	Overview / Size	
	Hospital System Affiliation:	Partners HealthCare
	Change in Ownership (FY12-16):	Not Applicable
	Total Staffed Beds:	31, among the smallest acute hospitals
	% Occupancy:	50.9%, < cohort avg. (61%)
	Special Public Funding:	Not Applicable
	Trauma Center Designation:	Not Applicable
	Case Mix Index:	0.69, < cohort avg. (0.84); < statewide (1.07)
	Financial	
	Inpatient NPSR per CMAD:	\$18,463
Services	Change FY15-FY16:	-9.4%
	Inpatient:Outpatient Revenue in FY16:	15%:85%
	Outpatient Revenue in FY16:	\$58,820,964
	Change FY15-FY16:	6.1%
	Total Revenue in FY16:	\$80,139,000
	Total Surplus (Loss) in FY16:	\$3,726,000
	Payer Mix	
	Public Payer Mix:	61.5% (Non-HPP* Hospital)
	CY15 Commercial S-RP:	1.93
	Top 3 Commercial Payers:	Blue Cross Blue Shield of MA Neighborhood Health Plan Harvard Pilgrim Health Care
Quality	Utilization	
	Inpatient Discharges in FY16:	1,241
	Change FY15-FY16:	-6.1%
	Emergency Department Visits in FY16:	15,315
	Change FY15-FY16:	3.8%
	Outpatient Visits in FY16:	58,775
	Change FY15-FY16:	-1.2%
	Quality	
	Readmission Rate in FY15:	18.2%
	Change FY11-FY15 (percentage points):	5.8%
	Early Elective Deliveries Rate (Jan 2015-Jun 2016):	Not Available

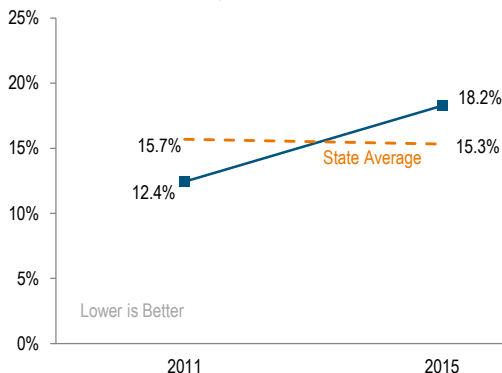
What were the most common inpatient cases (DRGs) treated at the hospital in FY16? What proportion of the region's cases did this hospital treat for each service?



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?

Data is not available for these measures.

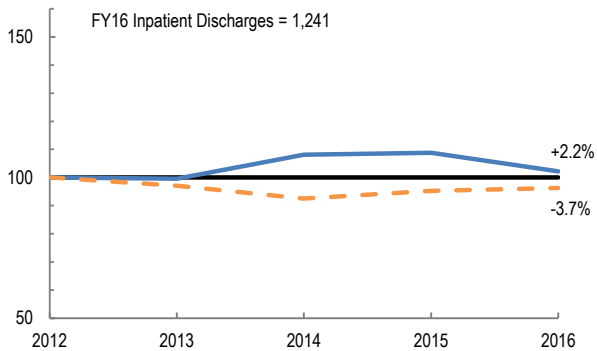
2016 HOSPITAL PROFILE: MARTHA'S VINEYARD HOSPITAL

Cohort: Community Hospital

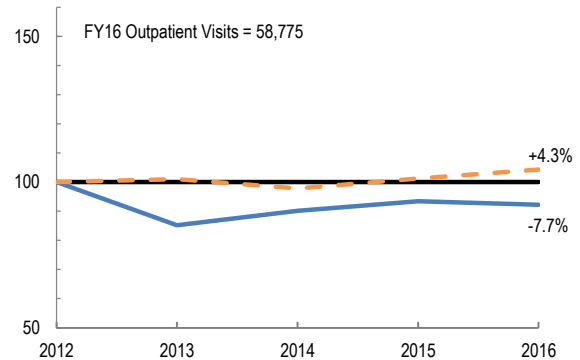
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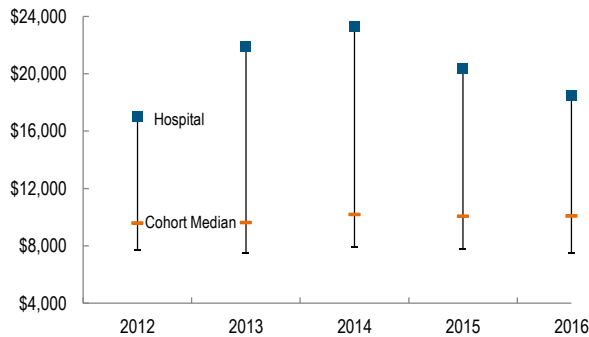
How has the volume of the hospital's inpatient discharges changed compared to FY12, and how does this compare to the hospital's peer cohort median? (FY12=100)



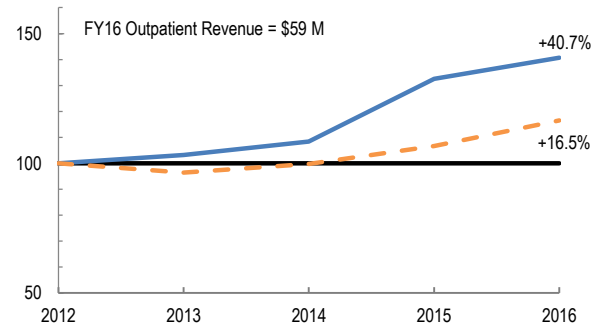
How has the volume of the hospital's outpatient visits changed compared to FY12, and how does this compare to the hospital's peer cohort median? (FY12=100)



What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY12 and FY16, and how does this compare to the hospital's peer cohort median?



How has the hospital's total outpatient revenue changed compared to FY12, and how does this compare to the hospital's peer cohort median? (FY12=100)

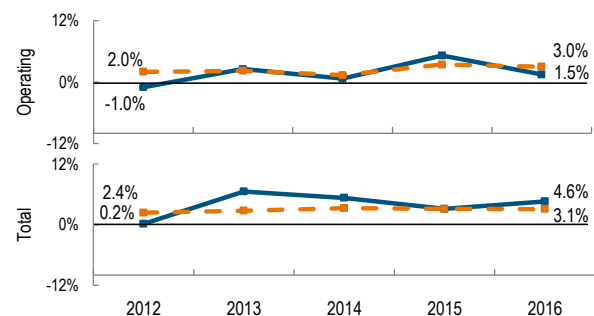


How have the hospital's total revenue and costs changed between FY12 and FY16?

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

FY	2012	2013	2014	2015	2016
Operating Revenue	\$ 59	\$ 62	\$ 69	\$ 76	\$ 78
Non-Operating Revenue	\$ 1	\$ 3	\$ 3	\$ (2)	\$ 3
Total Revenue	\$ 60	\$ 65	\$ 72	\$ 75	\$ 80
Total Costs	\$ 60	\$ 61	\$ 68	\$ 73	\$ 76
Total Profit (Loss)	\$ 0.1	\$ 4.3	\$ 3.8	\$ 2.4	\$ 3.7

What were the hospital's total margin and operating margins between FY12 and FY16, and how do these compare to the hospital's peer cohort medians?



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

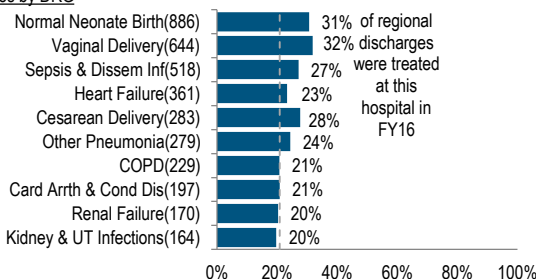
* High Public Payer Hospitals (HPP) receive a minimum of 63% of gross patient service revenue from public payers.

Milford Regional Medical Center is a mid-size, non-profit community hospital located in the Metro West region. Inpatient discharges decreased 0.3% at Milford Regional Hospital from FY12 to FY16, compared with a median decrease of 3.7% among its peer cohort hospitals. Outpatient visits decreased 29.1% at the hospital from FY12 to FY16, compared with a median increase of 4.3% at its peer cohort hospitals. Milford Regional Hospital earned a profit each year in the five-year period, with a total margin of 0.1% in FY16, compared to the 3.1% median of its peer cohort.

At a Glance	Overview / Size	
	Hospital System Affiliation:	Not Applicable
	Change in Ownership (FY12-16):	Not Applicable
	Total Staffed Beds:	160, mid-size acute hospital
	% Occupancy:	52.1%, < cohort avg. (61%)
	Special Public Funding:	CHART^
	Trauma Center Designation:	Not Applicable
	Case Mix Index:	0.87, > cohort avg. (0.84); < statewide (1.07)
	Financial	
	Inpatient NPSR per CMAD:	\$8,638
Services	Change FY15-FY16:	-3.0%
	Inpatient:Outpatient Revenue in FY16:	25%:75%
	Outpatient Revenue in FY16:	\$128,845,549
	Change FY15-FY16:	4.2%
	Total Revenue in FY16:	\$206,952,673
	Total Surplus (Loss) in FY16:	\$116,628
	Payer Mix	
	Public Payer Mix:	52.3% (Non-HPP* Hospital)
	CY15 Commercial S-RP:	0.84
	Top 3 Commercial Payers:	Blue Cross Blue Shield of MA Harvard Pilgrim Health Care Tufts Health Plan
Quality	Utilization	
	Inpatient Discharges in FY16:	8,886
	Change FY15-FY16:	2.2%
	Emergency Department Visits in FY16:	58,283
	Change FY15-FY16:	3.1%
	Outpatient Visits in FY16:	120,708
	Change FY15-FY16:	3.0%
	Quality	
	Readmission Rate in FY15:	15.1%
	Change FY11-FY15 (percentage points):	-1.8%
	Early Elective Deliveries Rate (Jan 2015-Jun 2016):	0.5%

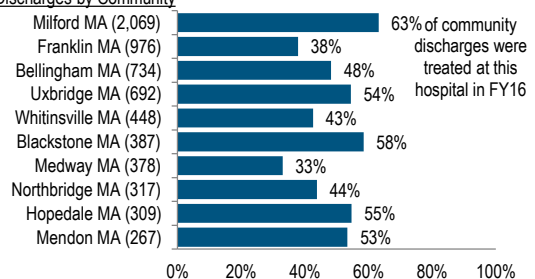
What were the most common inpatient cases (DRGs) treated at the hospital in FY16? What proportion of the region's cases did this hospital treat for each service?

Discharges by DRG

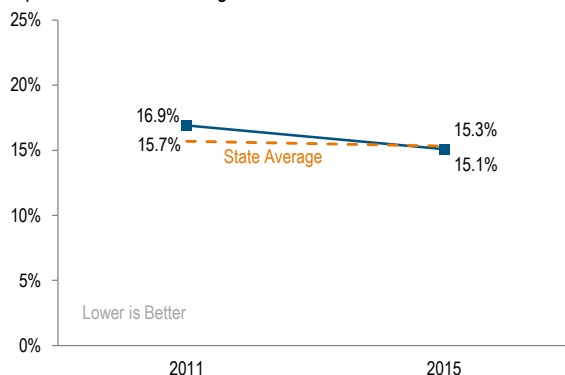


Where did most of the hospital's inpatients reside? What proportion of each community's total discharges was attributed to this hospital?

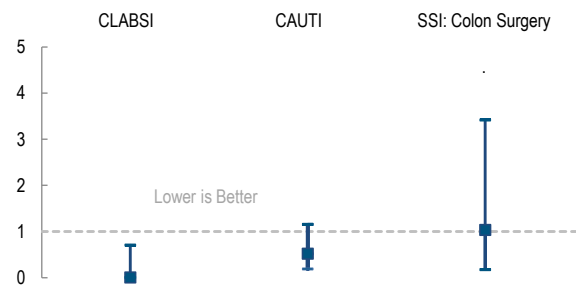
Discharges by Community



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?



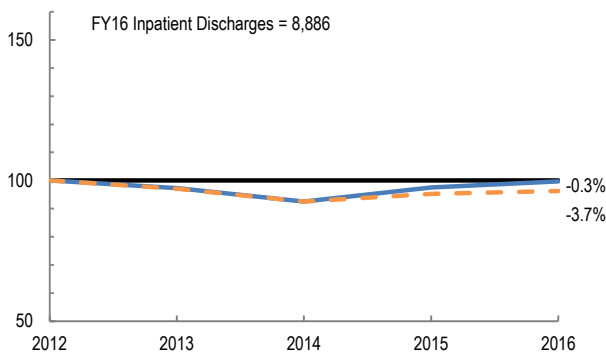
2016 HOSPITAL PROFILE: MILFORD REGIONAL MEDICAL CENTER

Cohort: Community Hospital

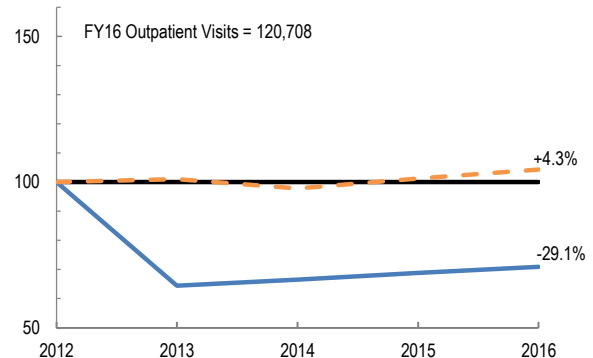
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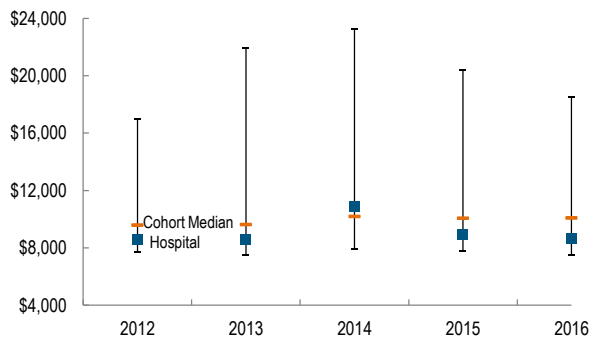
How has the volume of the hospital's inpatient discharges changed compared to FY12, and how does this compare to the hospital's peer cohort median? (FY12=100)



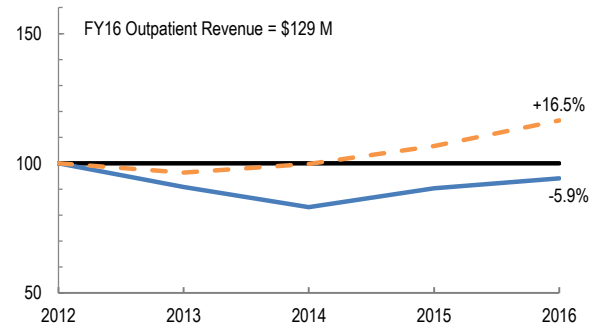
How has the volume of the hospital's outpatient visits changed compared to FY12, and how does this compare to the hospital's peer cohort median? (FY12=100)



What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY12 and FY16, and how does this compare to the hospital's peer cohort median?



How has the hospital's total outpatient revenue changed compared to FY12, and how does this compare to the hospital's peer cohort median? (FY12=100)

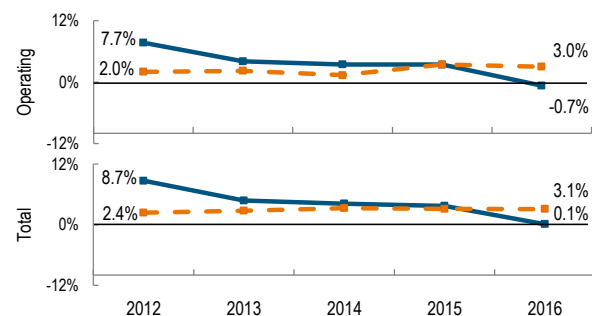


How have the hospital's total revenue and costs changed between FY12 and FY16?

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

FY	2012	2013	2014	2015	2016
Operating Revenue	\$ 196	\$ 183	\$ 188	\$ 199	\$ 205
Non-Operating Revenue	\$ 2	\$ 1	\$ 1	\$ 1	\$ 2
Total Revenue	\$ 198	\$ 185	\$ 189	\$ 199	\$ 207
Total Costs	\$ 181	\$ 176	\$ 181	\$ 192	\$ 207
Total Profit (Loss)	\$ 17.2	\$ 8.8	\$ 7.9	\$ 7.4	\$ 0.1

What were the hospital's total margin and operating margins between FY12 and FY16, 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).

NANTUCKET COTTAGE HOSPITAL

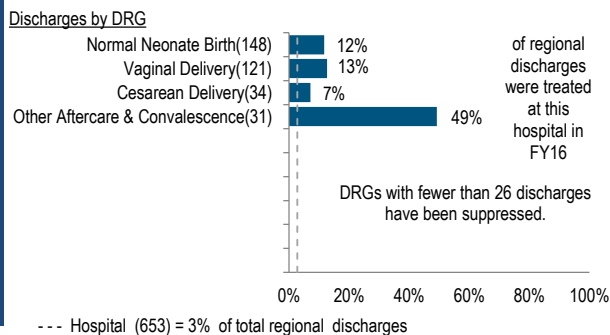
2016 Hospital Profile

Nantucket, MA
Community Hospital
Cape and Islands

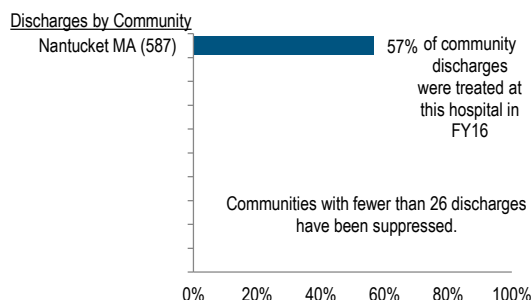
Nantucket Cottage Hospital is a non-profit community hospital located in the Cape and Islands region. Nantucket Cottage is the second smallest hospital in Massachusetts, with 23 staffed beds. It is a member of Partners HealthCare. Inpatient discharges increased 26.8% at the hospital between FY12 and FY16, compared with a 3.7% decrease in the median of its cohort; outpatient visits decreased 28.9% in the same period. Nantucket Cottage Hospital incurred a loss of \$2.3M in FY16 for the first time in five years. It reported a total margin of -4.8%, lower than the median of its peer cohort of 3.1%.

At a Glance	Overview / Size	
	Hospital System Affiliation:	Partners HealthCare
	Change in Ownership (FY12-16):	Not Applicable
	Total Staffed Beds:	23, among the smallest acute hospitals
	% Occupancy:	28.4%, < cohort avg. (61%)
	Special Public Funding:	Not Applicable
	Trauma Center Designation:	Not Applicable
	Case Mix Index:	0.59, < cohort avg. (0.84); < statewide (1.07)
	Financial	
	Inpatient NPSR per CMAD:	\$16,492
Services	Change FY15-FY16:	50.8%
	Inpatient:Outpatient Revenue in FY16:	13%:87%
	Outpatient Revenue in FY16:	\$36,616,987
	Change FY15-FY16:	13.9%
	Total Revenue in FY16:	\$47,798,000
	Total Surplus (Loss) in FY16:	(\$2,318,000)
	Payer Mix	
	Public Payer Mix:	53.5% (Non-HPP* Hospital)
	CY15 Commercial S-RP:	1.96
	Top 3 Commercial Payers:	Blue Cross Blue Shield of MA Neighborhood Health Plan Harvard Pilgrim Health Care
Quality	Utilization	
	Inpatient Discharges in FY16:	653
	Change FY15-FY16:	2.8%
	Emergency Department Visits in FY16:	10,579
	Change FY15-FY16:	1.6%
	Outpatient Visits in FY16:	19,083
	Change FY15-FY16:	2.2%
	Quality	
	Readmission Rate in FY15:	10.2%
	Change FY11-FY15 (percentage points):	-7.0%
	Early Elective Deliveries Rate (Jan 2015-Jun 2016):	Not Available

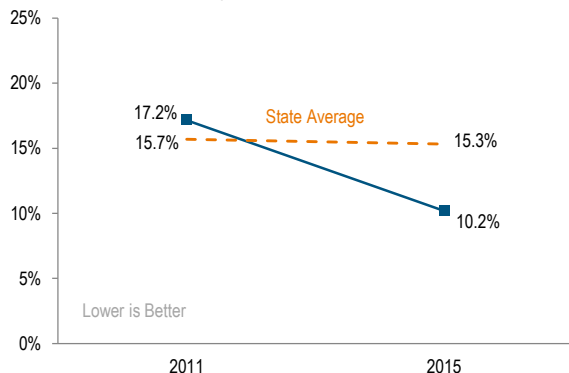
What were the most common inpatient cases (DRGs) treated at the hospital in FY16? What proportion of the region's cases did this hospital treat for each service?



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?

Data is not available for these measures.

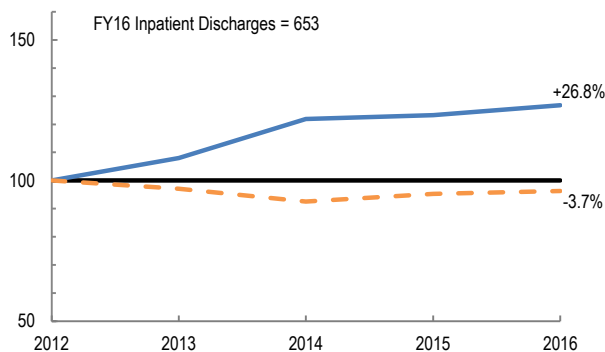
2016 HOSPITAL PROFILE: NANTUCKET COTTAGE HOSPITAL

Cohort: Community Hospital

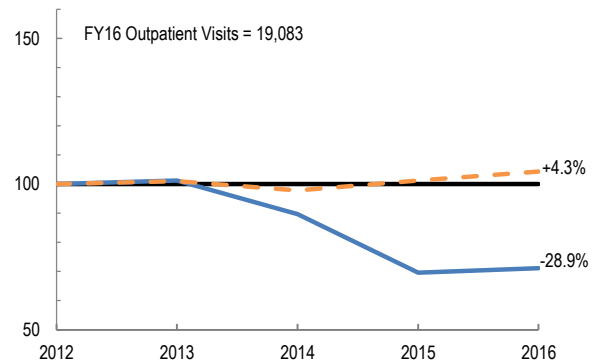
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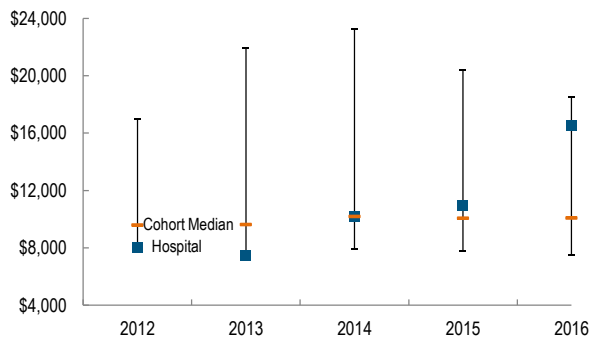
How has the volume of the hospital's inpatient discharges changed compared to FY12, and how does this compare to the hospital's peer cohort median? (FY12=100)



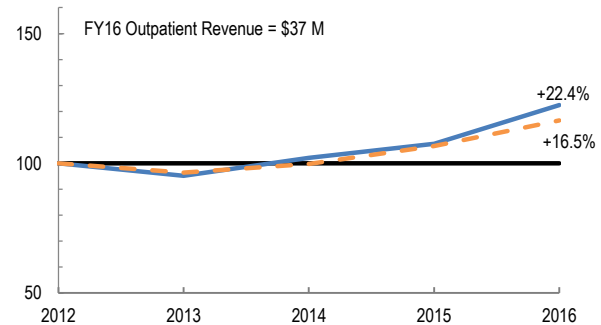
How has the volume of the hospital's outpatient visits changed compared to FY12, and how does this compare to the hospital's peer cohort median? (FY12=100)



What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY12 and FY16, and how does this compare to the hospital's peer cohort median?



How has the hospital's total outpatient revenue changed compared to FY12, and how does this compare to the hospital's peer cohort median? (FY12=100)

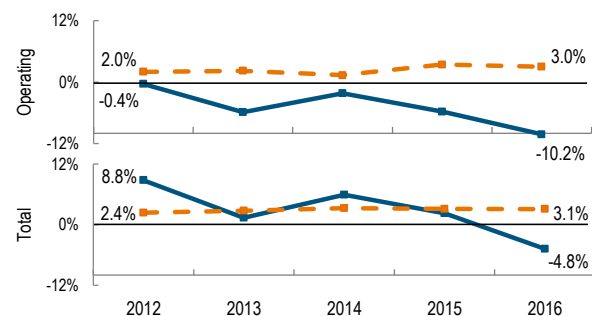


How have the hospital's total revenue and costs changed between FY12 and FY16?

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

FY	2012	2013	2014	2015	2016
Operating Revenue	\$ 33	\$ 32	\$ 37	\$ 41	\$ 45
Non-Operating Revenue	\$ 3	\$ 3	\$ 3	\$ 4	\$ 3
Total Revenue	\$ 37	\$ 35	\$ 40	\$ 44	\$ 48
Total Costs	\$ 33	\$ 35	\$ 37	\$ 43	\$ 50
Total Profit (Loss)	\$ 3.2	\$ 0.5	\$ 2.3	\$ 1.0	\$ (2.3)

What were the hospital's total margin and operating margins between FY12 and FY16, 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

2016 Hospital Profile

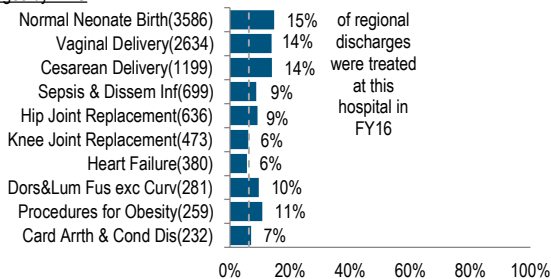
Newton, MA
Community Hospital
Metro Boston

Newton-Wellesley Hospital is a non-profit community hospital located in the Metro Boston region. It is a mid-size acute hospital and a member of Partners HealthCare. Outpatient visits increased 10.2% from FY12 to FY16, compared to the 4.3% median increase for its peer cohort. Newton-Wellesley incurred a loss of \$6.8M in FY16. It was profitable each year from FY12 to FY15. It had a total margin of -1.6% in FY16, compared to the 3.1% median total margin of its peer cohort. It receives the lowest percentage of business from public payers of any non-specialty acute hospital.

At a Glance	Overview / Size	
	Hospital System Affiliation:	Partners HealthCare
	Change in Ownership (FY12-16):	Not Applicable
	Total Staffed Beds:	230, mid-size acute hospital
	% Occupancy:	84.2%, > cohort avg. (61%)
	Special Public Funding:	Not Applicable
	Trauma Center Designation:	Not Applicable
	Case Mix Index:	0.78, < cohort avg. (0.84); < statewide (1.07)
	Financial	
	Inpatient NPSR per CMAD:	\$13,053
Services	Change FY15-FY16:	-0.6%
	Inpatient:Outpatient Revenue in FY16:	34%:66%
	Outpatient Revenue in FY16:	\$220,679,879
	Change FY15-FY16:	-1.0%
	Total Revenue in FY16:	\$432,494,000
	Total Surplus (Loss) in FY16:	(\$6,752,000)
	Payer Mix	
	Public Payer Mix:	42.0% (Non-HPP* Hospital)
	CY15 Commercial S-RP:	1.01
	Top 3 Commercial Payers:	Blue Cross Blue Shield of MA Harvard Pilgrim Health Care Tufts Health Plan
Quality	Utilization	
	Inpatient Discharges in FY16:	18,789
	Change FY15-FY16:	-6.7%
	Emergency Department Visits in FY16:	55,850
	Change FY15-FY16:	-1.5%
	Outpatient Visits in FY16:	145,868
	Change FY15-FY16:	-4.3%
	Quality	
	Readmission Rate in FY15:	12.5%
	Change FY11-FY15 (percentage points):	-1.6%
	Early Elective Deliveries Rate (Jan 2015-Jun 2016):	12.2%

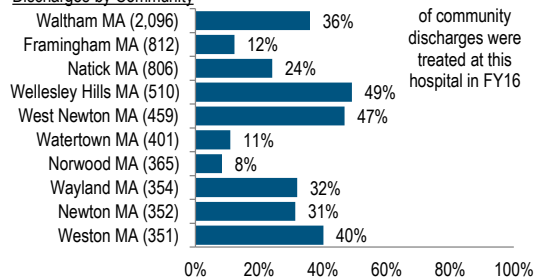
What were the most common inpatient cases (DRGs) treated at the hospital in FY16? What proportion of the region's cases did this hospital treat for each service?

Discharges by DRG

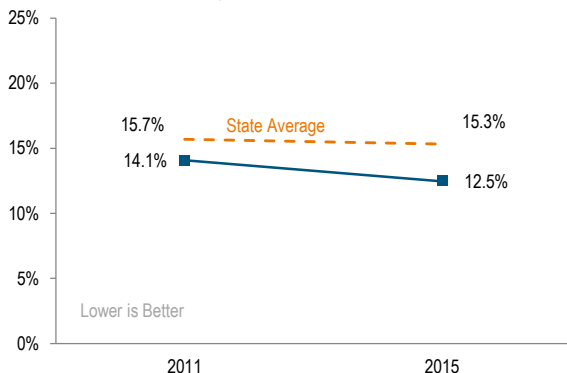


Where did most of the hospital's inpatients reside? What proportion of each community's total discharges was attributed to this hospital?

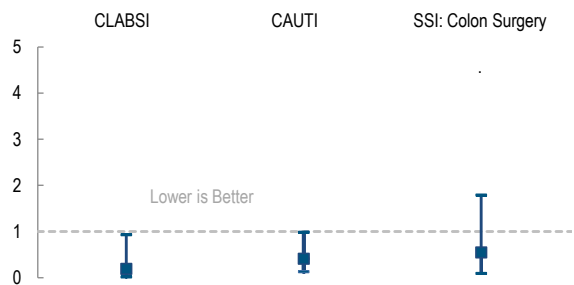
Discharges by Community



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.

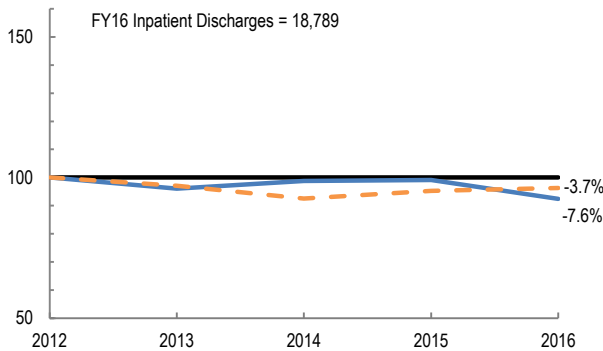
2016 HOSPITAL PROFILE: NEWTON-WELLESLEY HOSPITAL

Cohort: Community Hospital

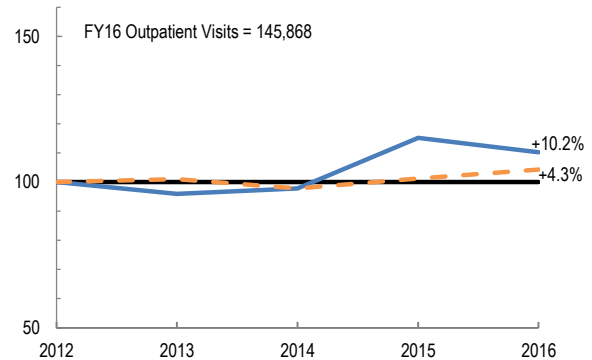
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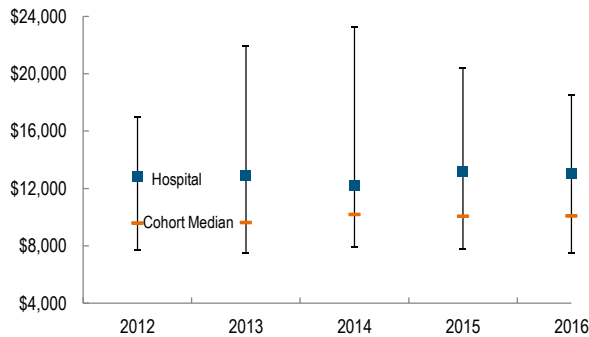
How has the volume of the hospital's inpatient discharges changed compared to FY12, and how does this compare to the hospital's peer cohort median? (FY12=100)



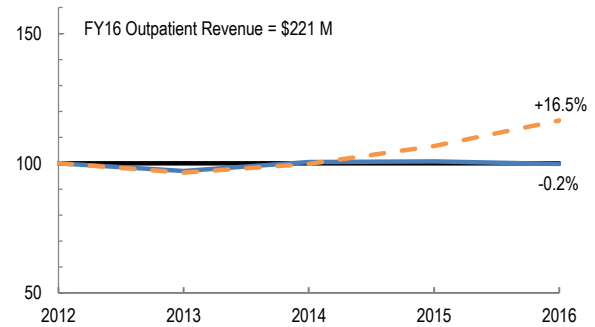
How has the volume of the hospital's outpatient visits changed compared to FY12, and how does this compare to the hospital's peer cohort median? (FY12=100)



What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY12 and FY16, and how does this compare to the hospital's peer cohort median?



How has the hospital's total outpatient revenue changed compared to FY12, and how does this compare to the hospital's peer cohort median? (FY12=100)

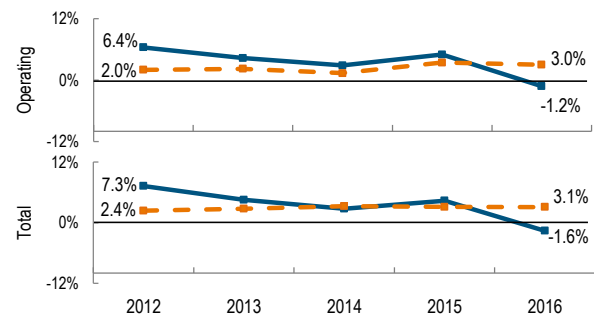


How have the hospital's total revenue and costs changed between FY12 and FY16?

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

FY	2012	2013	2014	2015	2016
Operating Revenue	\$ 426	\$ 416	\$ 427	\$ 444	\$ 434
Non-Operating Revenue	\$ 4	\$ 1	\$ (0)	\$ (3)	\$ (2)
Total Revenue	\$ 429	\$ 417	\$ 426	\$ 441	\$ 432
Total Costs	\$ 398	\$ 398	\$ 415	\$ 422	\$ 439
Total Profit (Loss)	\$ 31.2	\$ 18.8	\$ 11.8	\$ 19.2	\$ (6.8)

What were the hospital's total margin and operating margins between FY12 and FY16, and how do these compare to the hospital's peer cohort medians?



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

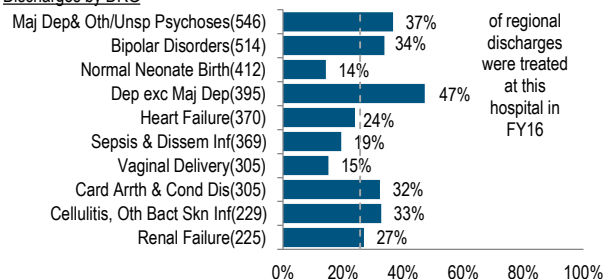
* High Public Payer Hospitals (HPP) receive a minimum of 63% of gross patient service revenue from public payers.

Steward Norwood Hospital is a mid-size, for-profit community hospital located in the Metro West region. Steward Norwood Hospital is a member of Steward Health Care. The hospital had an 18.0% decrease in inpatient discharges in FY16 compared to FY12, compared with a median decrease of 3.7% in its cohort. It had 4.3% more outpatient visits in FY16 than in FY12, matching the median increase among peer cohort hospitals. Steward Norwood Hospital was profitable for the fourth straight fiscal year in FY16, with a total margin of 11.3%. This is higher than its peer hospital cohort median of 3.1%.

At a Glance	Overview / Size	
	Hospital System Affiliation:	Steward Health Care System
	Change in Ownership (FY12-16):	Not Applicable
	Total Staffed Beds:	181, mid-size acute hospital
	% Occupancy:	81.8%, > cohort avg. (61%)
	Special Public Funding:	Not Applicable
	Trauma Center Designation:	Not Applicable
	Case Mix Index:	0.93, > cohort avg. (0.84); < statewide (1.07)
	Financial	
	Inpatient NPSR per CMAD:	\$10,024
Services	Change FY15-FY16:	3.2%
	Inpatient:Outpatient Revenue in FY16:	38%:62%
	Outpatient Revenue in FY16:	\$84,728,597
	Change FY15-FY16:	5.8%
	Total Revenue in FY16:	\$189,135,708
	Total Surplus (Loss) in FY16:	\$21,278,083
	Payer Mix	
	Public Payer Mix:	62.2% (Non-HPP* Hospital)
	CY15 Commercial S-RP:	0.90
	Top 3 Commercial Payers:	Blue Cross Blue Shield of MA Harvard Pilgrim Health Care Tufts Health Plan
Quality	Utilization	
	Inpatient Discharges in FY16:	10,848
	Change FY15-FY16:	-5.2%
	Emergency Department Visits in FY16:	42,569
	Change FY15-FY16:	1.0%
	Outpatient Visits in FY16:	60,836
	Change FY15-FY16:	-0.7%
	Quality	
	Readmission Rate in FY15:	14.5%
	Change FY11-FY15 (percentage points):	-1.6%
	Early Elective Deliveries Rate (Jan 2015-Jun 2016):	0.0%

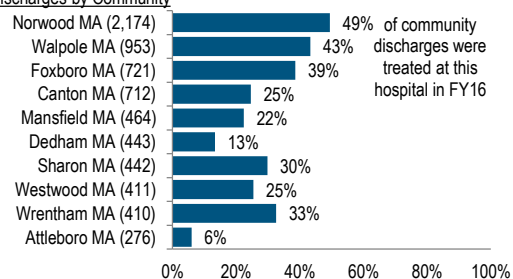
What were the most common inpatient cases (DRGs) treated at the hospital in FY16? What proportion of the region's cases did this hospital treat for each service?

Discharges by DRG

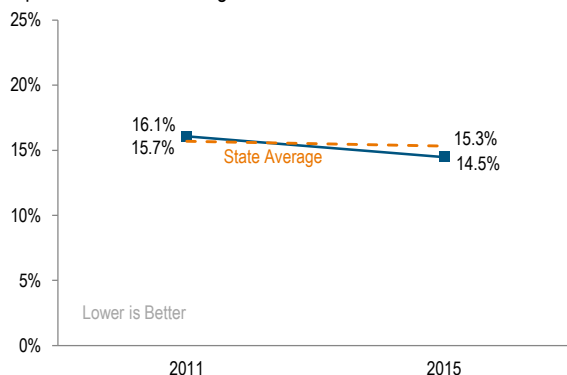


Where did most of the hospital's inpatients reside? What proportion of each community's total discharges was attributed to this hospital?

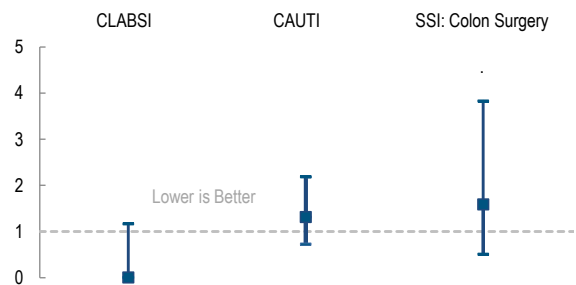
Discharges by Community



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?



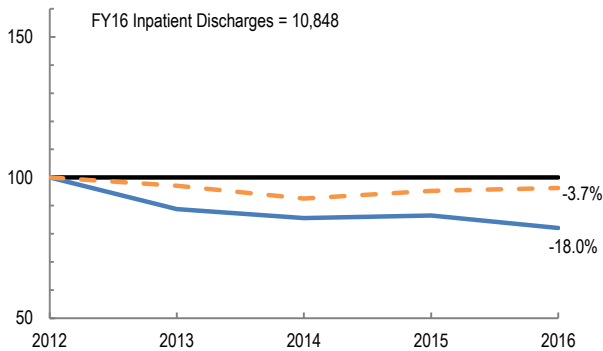
2016 HOSPITAL PROFILE: STEWARD NORWOOD HOSPITAL

Cohort: Community Hospital

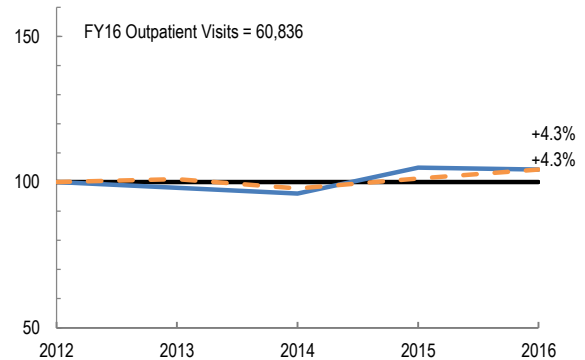
Key:



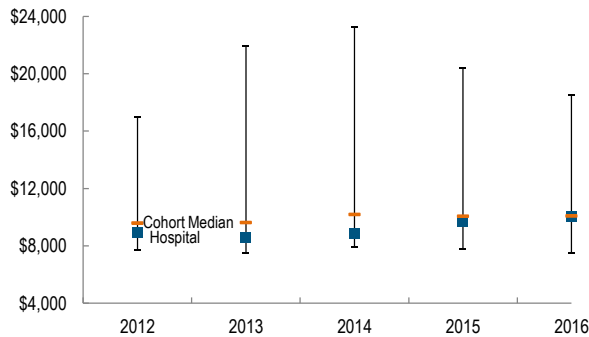
How has the volume of the hospital's inpatient discharges changed compared to FY12, and how does this compare to the hospital's peer cohort median? (FY12=100)



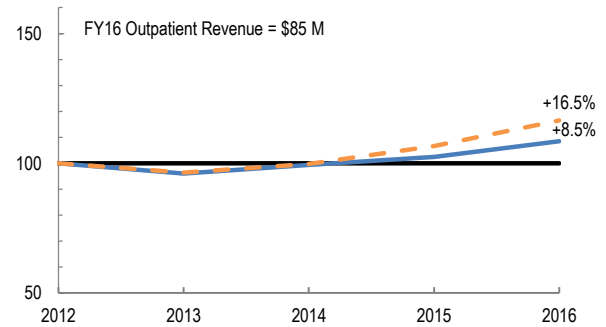
How has the volume of the hospital's outpatient visits changed compared to FY12, and how does this compare to the hospital's peer cohort median? (FY12=100)



What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY12 and FY16, and how does this compare to the hospital's peer cohort median?



How has the hospital's total outpatient revenue changed compared to FY12, and how does this compare to the hospital's peer cohort median? (FY12=100)

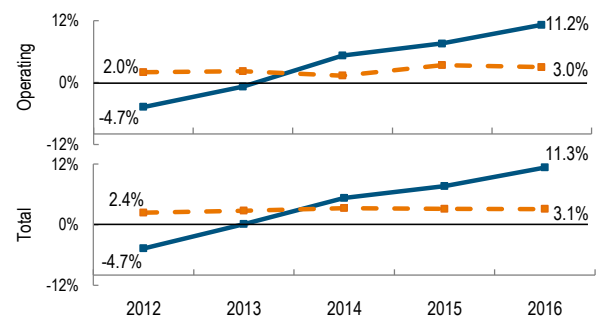


How have the hospital's total revenue and costs changed between FY12 and FY16?

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

FY	2012	2013	2014	2015	2016
Operating Revenue	\$ 181	\$ 169	\$ 174	\$ 181	\$ 189
Non-Operating Revenue	\$ 0	\$ 2	\$ 0	\$ 0	\$ 0
Total Revenue	\$ 181	\$ 170	\$ 174	\$ 181	\$ 189
Total Costs	\$ 189	\$ 170	\$ 165	\$ 168	\$ 168
Total Profit (Loss)	\$ (8.5)	\$ 0.2	\$ 9.2	\$ 13.8	\$ 21.3

What were the hospital's total margin and operating margins between FY12 and FY16, 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.

SOUTH SHORE HOSPITAL

2016 Hospital Profile

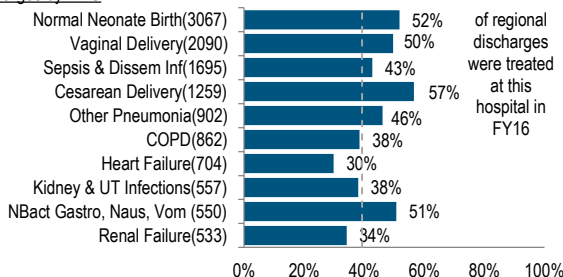
South Weymouth, MA
Community Hospital
Metro South

South Shore Hospital is a large, non-profit community hospital located in the Metro South region. Inpatient discharges at South Shore Hospital in FY16 were 12.1% higher than in FY12, compared with a 3.7% decrease in the cohort median. Outpatient visits increased 13.4% between FY12 and FY16 at the hospital, compared to a median increase of 4.3% in peer cohort hospitals. During the same period, outpatient revenue increased 25.0% at the hospital. South Shore Hospital was profitable from FY12 to FY16, with a total margin of 3.1% in FY16, matching the median of its cohort.

At a Glance	Overview / Size	
	Hospital System Affiliation:	Not Applicable
	Change in Ownership (FY12-16):	Not Applicable
	Total Staffed Beds:	432, 8th largest acute hospital
	% Occupancy:	74.3%, > cohort avg. (61%)
	Special Public Funding:	Not Applicable
	Trauma Center Designation:	Adult: Level 2
	Case Mix Index:	0.88, > cohort avg. (0.84); < statewide (1.07)
	Financial	
	Inpatient NPSR per CMAD:	\$11,082
Services	Change FY15-FY16:	3.2%
	Inpatient:Outpatient Revenue in FY16:	45%:55%
	Outpatient Revenue in FY16:	\$266,154,862
	Change FY15-FY16:	7.6%
	Total Revenue in FY16:	\$570,128,185
	Total Surplus (Loss) in FY16:	\$17,467,343
	Payer Mix	
	Public Payer Mix:	60.0% (Non-HPP* Hospital)
	CY15 Commercial S-RP:	1.11
	Top 3 Commercial Payers:	Blue Cross Blue Shield of MA Harvard Pilgrim Health Care Tufts Health Plan
Quality	Utilization	
	Inpatient Discharges in FY16:	28,652
	Change FY15-FY16:	5.1%
	Emergency Department Visits in FY16:	97,679
	Change FY15-FY16:	3.2%
	Outpatient Visits in FY16:	329,085
	Change FY15-FY16:	2.9%
	Quality	
	Readmission Rate in FY15:	15.8%
	Change FY11-FY15 (percentage points):	-0.3%
	Early Elective Deliveries Rate (Jan 2015-Jun 2016):	0.0%

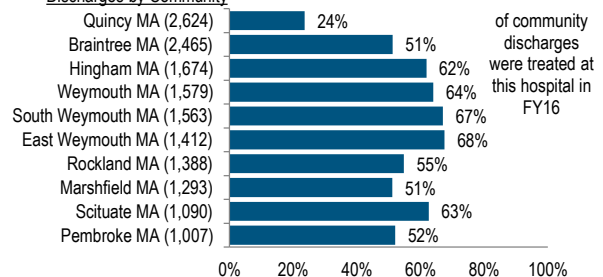
What were the most common inpatient cases (DRGs) treated at the hospital in FY16? What proportion of the region's cases did this hospital treat for each service?

Discharges by DRG

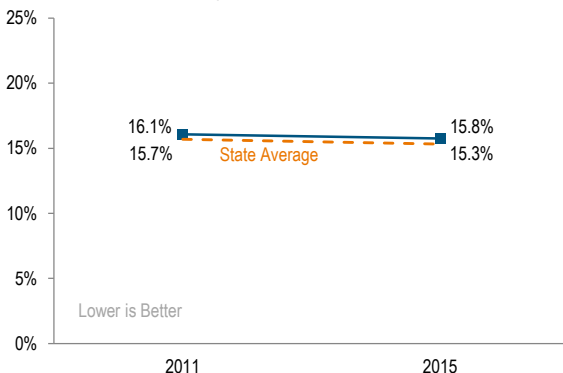


Where did most of the hospital's inpatients reside? What proportion of each community's total discharges was attributed to this hospital?

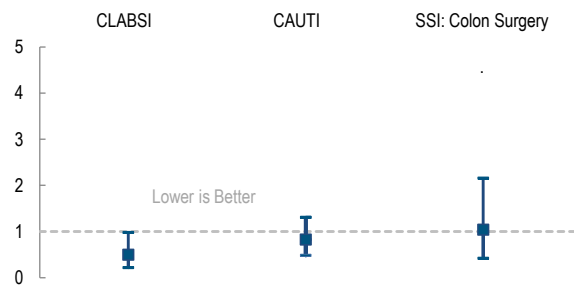
Discharges by Community



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.

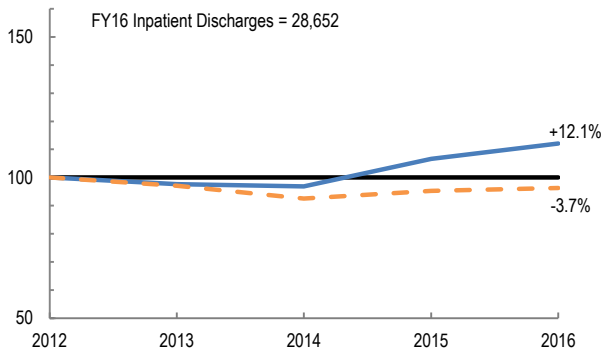
2016 HOSPITAL PROFILE: SOUTH SHORE HOSPITAL

Cohort: Community Hospital

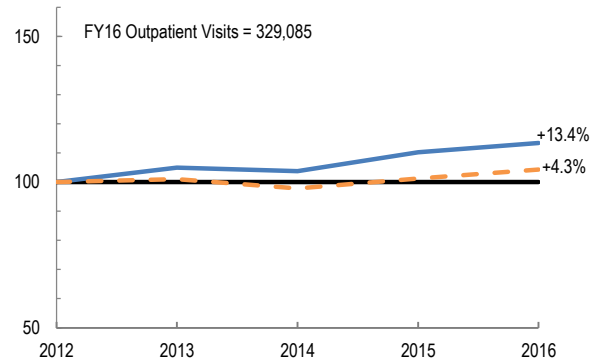
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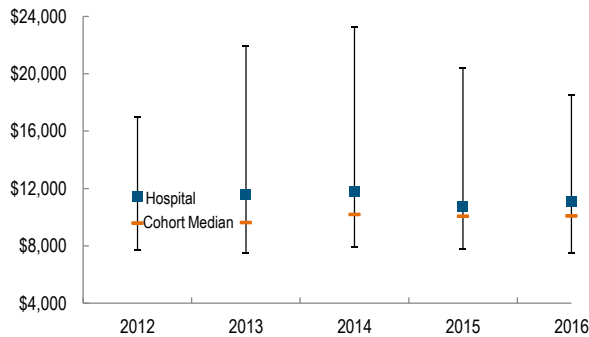
How has the volume of the hospital's inpatient discharges changed compared to FY12, and how does this compare to the hospital's peer cohort median? (FY12=100)



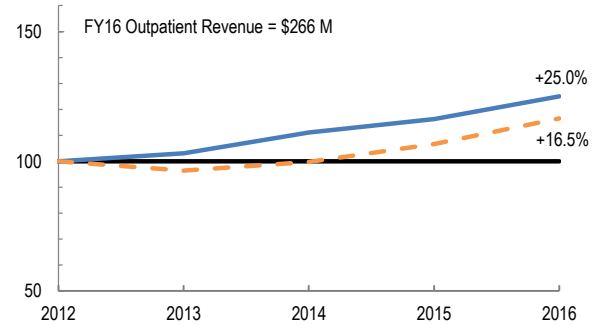
How has the volume of the hospital's outpatient visits changed compared to FY12, and how does this compare to the hospital's peer cohort median? (FY12=100)



What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY12 and FY16, and how does this compare to the hospital's peer cohort median?



How has the hospital's total outpatient revenue changed compared to FY12, and how does this compare to the hospital's peer cohort median? (FY12=100)

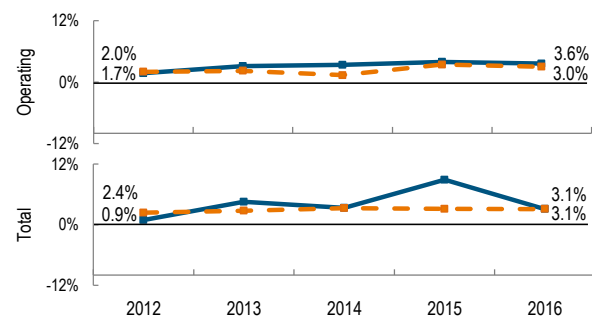


How have the hospital's total revenue and costs changed between FY12 and FY16?

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

FY	2012	2013	2014	2015	2016
Operating Revenue	\$ 459	\$ 472	\$ 495	\$ 536	\$ 573
Non-Operating Revenue	\$ (4)	\$ 7	\$ (0)	\$ 28	\$ (3)
Total Revenue	\$ 455	\$ 479	\$ 495	\$ 564	\$ 570
Total Costs	\$ 451	\$ 457	\$ 479	\$ 514	\$ 553
Total Profit (Loss)	\$ 4.2	\$ 21.7	\$ 16.4	\$ 50.0	\$ 17.5

What were the hospital's total margin and operating margins between FY12 and FY16, and how do these compare to the hospital's peer cohort medians?



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

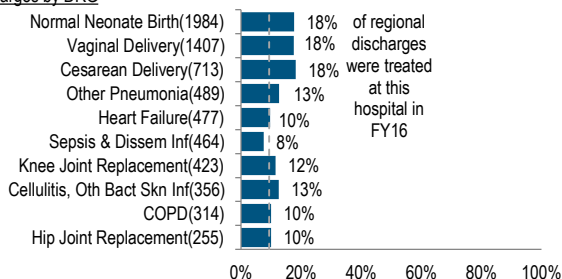
* High Public Payer Hospitals (HPP) receive a minimum of 63% of gross patient service revenue from public payers.

Winchester Hospital is a mid-size, non-profit community hospital located in the Northeastern Massachusetts region. It is a member of Lahey Health. Winchester Hospital had 9.2% fewer inpatient discharges in FY16 than in FY12, compared to a median decrease of 3.7% in its peer cohort. Outpatient visits at Winchester Hospital increased 10.8% over the period, compared with a median 4.3% increase among peer cohort hospitals. Winchester Hospital earned a profit each year from FY12 to FY16, with a 9.8% total margin in FY16, compared to the peer hospital median total margin of 3.1%.

At a Glance	Overview / Size	
	Hospital System Affiliation:	Lahey Health System
	Change in Ownership (FY12-16):	Lahey Health - 2014
	Total Staffed Beds:	229, mid-size acute hospital
	% Occupancy:	58.6%, < cohort avg. (61%)
	Special Public Funding:	CHART^
	Trauma Center Designation:	Not Applicable
	Case Mix Index:	0.78, < cohort avg. (0.84); < statewide (1.07)
	Financial	
	Inpatient NPSR per CMAD:	\$12,149
Services	Change FY15-FY16:	2.2%
	Inpatient:Outpatient Revenue in FY16:	29%:71%
	Outpatient Revenue in FY16:	\$146,311,063
	Change FY15-FY16:	-0.8%
	Total Revenue in FY16:	\$301,374,243
	Total Surplus (Loss) in FY16:	\$29,456,110
	Payer Mix	
	Public Payer Mix:	46.3% (Non-HPP* Hospital)
	CY15 Commercial S-RP:	0.89
	Top 3 Commercial Payers:	Blue Cross Blue Shield of MA Harvard Pilgrim Health Care Tufts Health Plan
Quality	Utilization	
	Inpatient Discharges in FY16:	13,009
	Change FY15-FY16:	2.0%
	Emergency Department Visits in FY16:	41,165
	Change FY15-FY16:	-2.5%
	Outpatient Visits in FY16:	236,751
	Change FY15-FY16:	-0.1%
	Quality	
	Readmission Rate in FY15:	13.1%
	Change FY11-FY15 (percentage points):	-1.8%
	Early Elective Deliveries Rate (Jan 2015-Jun 2016):	0.0%

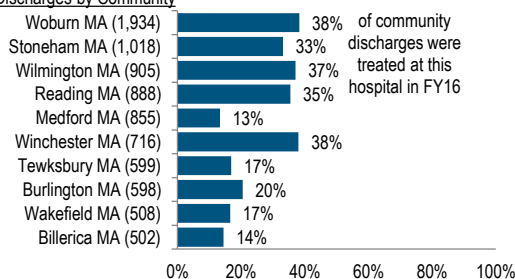
What were the most common inpatient cases (DRGs) treated at the hospital in FY16? What proportion of the region's cases did this hospital treat for each service?

Discharges by DRG

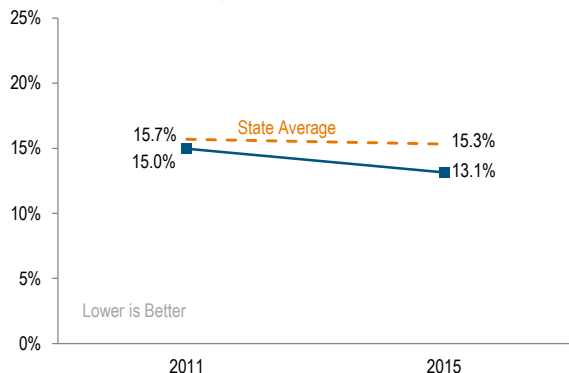


Where did most of the hospital's inpatients reside? What proportion of each community's total discharges was attributed to this hospital?

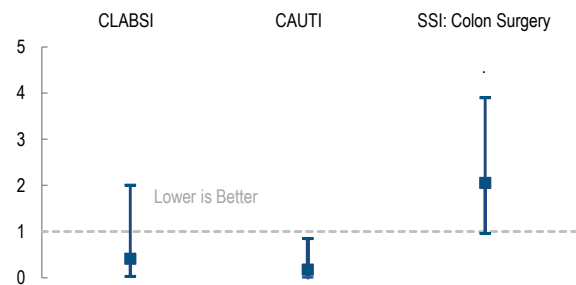
Discharges by Community



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?



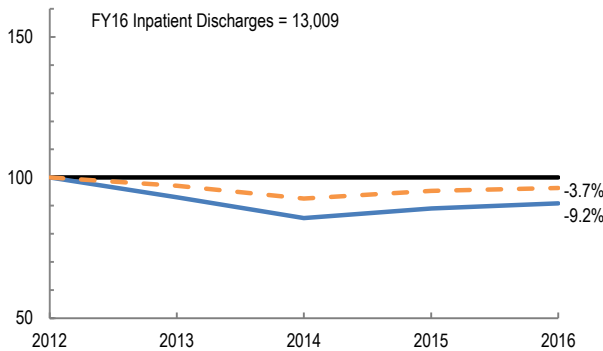
2016 HOSPITAL PROFILE: WINCHESTER HOSPITAL

Cohort: Community Hospital

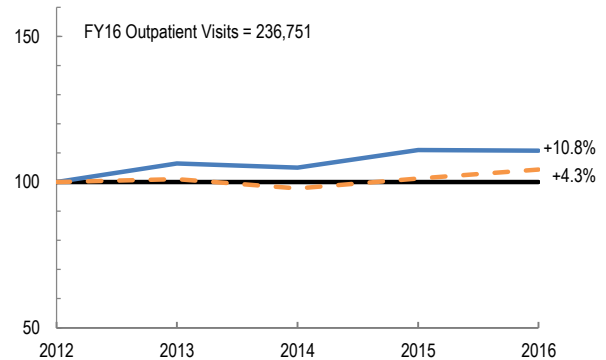
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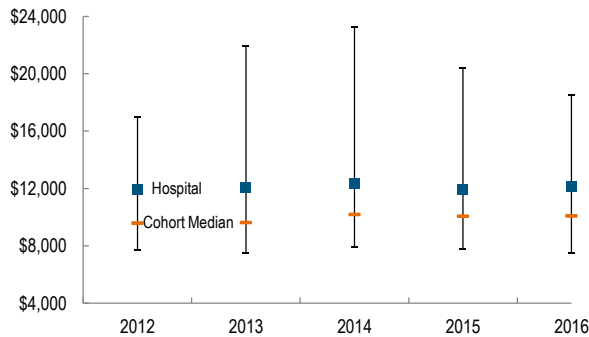
How has the volume of the hospital's inpatient discharges changed compared to FY12, and how does this compare to the hospital's peer cohort median? (FY12=100)



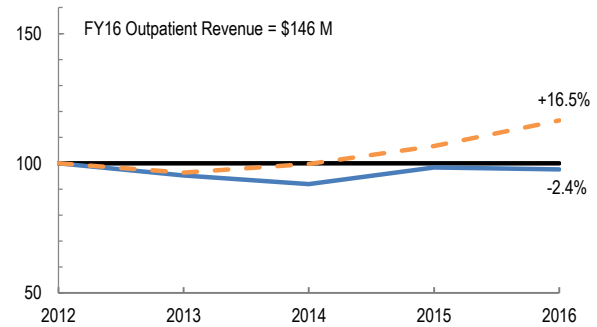
How has the volume of the hospital's outpatient visits changed compared to FY12, and how does this compare to the hospital's peer cohort median? (FY12=100)



What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY12 and FY16, and how does this compare to the hospital's peer cohort median?



How has the hospital's total outpatient revenue changed compared to FY12, and how does this compare to the hospital's peer cohort median? (FY12=100)

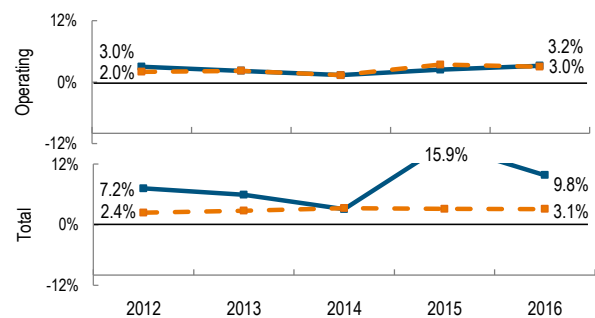


How have the hospital's total revenue and costs changed between FY12 and FY16?

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

FY	2012	2013	2014	2015	2016
Operating Revenue	\$ 282	\$ 273	\$ 267	\$ 274	\$ 281
Non-Operating Revenue	\$ 12	\$ 11	\$ 5	\$ 43	\$ 20
Total Revenue	\$ 294	\$ 283	\$ 272	\$ 317	\$ 301
Total Costs	\$ 273	\$ 266	\$ 263	\$ 266	\$ 272
Total Profit (Loss)	\$ 21.1	\$ 16.8	\$ 8.4	\$ 50.3	\$ 29.5

What were the hospital's total margin and operating margins between FY12 and FY16, and how do these compare to the hospital's peer cohort medians?



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

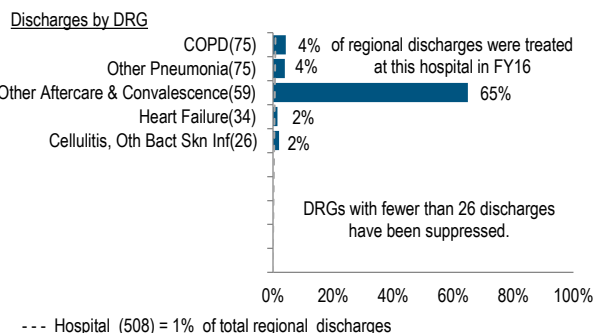
* High Public Payer Hospitals (HPP) receive a minimum of 63% of gross patient service revenue from public payers.

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

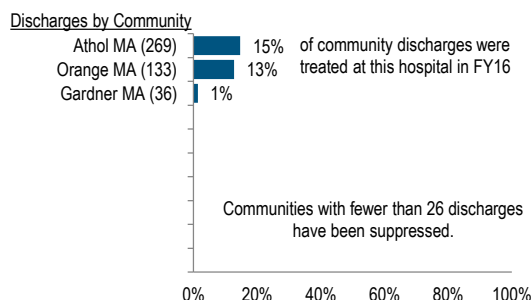
Athol Hospital is a non-profit community-High Public Payer (HPP) hospital located in the Central Massachusetts region. It is the smallest acute hospital in Massachusetts with 18 staffed beds. It is a member of Heywood Healthcare and is designated by the Centers for Medicare & Medicaid Services (CMS) as one of three Critical Access Hospitals (CAH) in Massachusetts. Athol Hospital reported a profit for FY16 of \$769,950 after losing \$402,216 in FY15. Athol Hospital's 3.2% total margin in FY16 compared with a median total margin of 4.1% in its peer cohort.

At a Glance	Overview / Size	
	Hospital System Affiliation:	Heywood Healthcare
	Change in Ownership (FY12-16):	Heywood Healthcare - 2012
	Total Staffed Beds:	18, the smallest acute hospital
	% Occupancy:	51.2%, < cohort avg. (65%)
	Special Public Funding:	CHART^
	Trauma Center Designation:	Not Applicable
	Case Mix Index:	0.74, < cohort avg. (0.90); < statewide (1.07)
	Financial	
	Inpatient NPSR per CMAD:	\$15,772
Services	Change FY15-FY16:	212.8%
	Inpatient:Outpatient Revenue in FY16:	11%:89%
	Outpatient Revenue in FY16:	\$16,852,211
	Change FY15-FY16:	-10.7%
	Total Revenue in FY16:	\$23,791,203
	Total Surplus (Loss) in FY16:	\$769,950
	Payer Mix	
	Public Payer Mix:	70.9% (HPP* Hospital)
	CY15 Commercial S-RP:	0.95
	Top 3 Commercial Payers:	Fallon Health Blue Cross Blue Shield of MA Tufts Health Plan
Quality	Utilization	
	Inpatient Discharges in FY16:	508
	Change FY15-FY16:	-15.8%
	Emergency Department Visits in FY16:	11,070
	Change FY15-FY16:	4.6%
	Outpatient Visits in FY16:	11,508
	Change FY15-FY16:	6.0%
	Quality	
	Readmission Rate in FY15:	15.3%
	Change FY11-FY15 (percentage points):	0.7%
	Early Elective Deliveries Rate (Jan 2015-Jun 2016):	Not Available

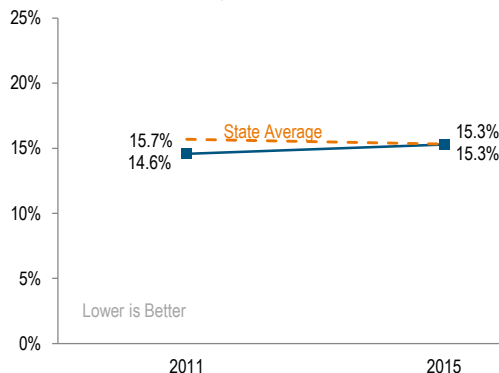
What were the most common inpatient cases (DRGs) treated at the hospital in FY16? What proportion of the region's cases did this hospital treat for each service?



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?

Data is not available for these measures

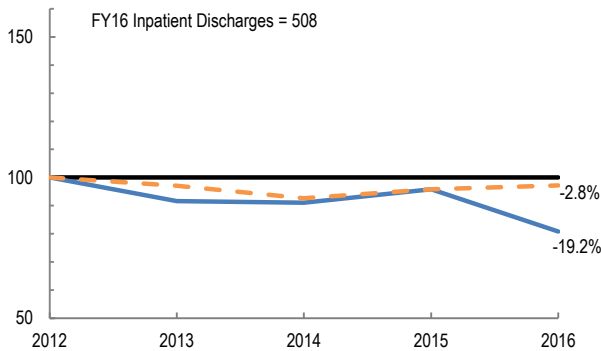
2016 HOSPITAL PROFILE: ATHOL HOSPITAL

Cohort: Community High Public Payer Hospital

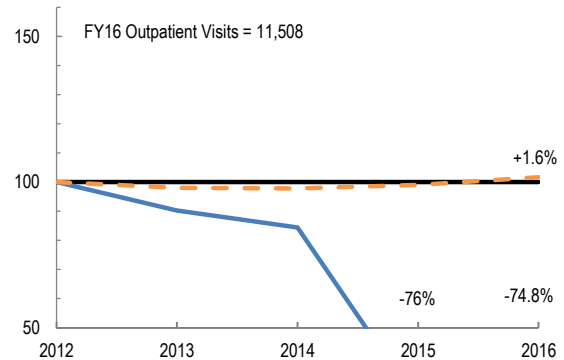
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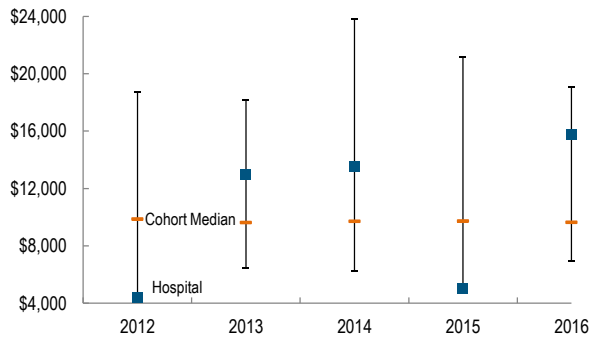
How has the volume of the hospital's inpatient discharges changed compared to FY12, and how does this compare to the hospital's peer cohort median? (FY12=100)



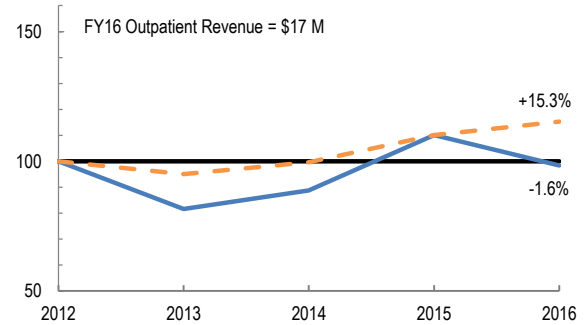
How has the volume of the hospital's outpatient visits changed compared to FY12, and how does this compare to the hospital's peer cohort median? (FY12=100)



What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY12 and FY16, and how does this compare to the hospital's peer cohort median?



How has the hospital's total outpatient revenue changed compared to FY12, and how does this compare to the hospital's peer cohort median? (FY12=100)

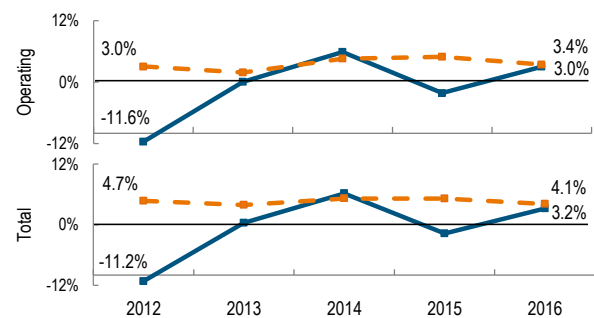


How have the hospital's total revenue and costs changed between FY12 and FY16?

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

FY	2012	2013	2014	2015	2016
Operating Revenue	\$ 20	\$ 19	\$ 23	\$ 23	\$ 24
Non-Operating Revenue	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
Total Revenue	\$ 20	\$ 20	\$ 23	\$ 23	\$ 24
Total Costs	\$ 22	\$ 19	\$ 21	\$ 23	\$ 23
Total Profit (Loss)	\$ (2.3)	\$ 0.1	\$ 1.4	\$ (0.4)	\$ 0.8

What were the hospital's total margin and operating margins between FY12 and FY16, 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).

BAYSTATE FRANKLIN MEDICAL CENTER

2016 Hospital Profile

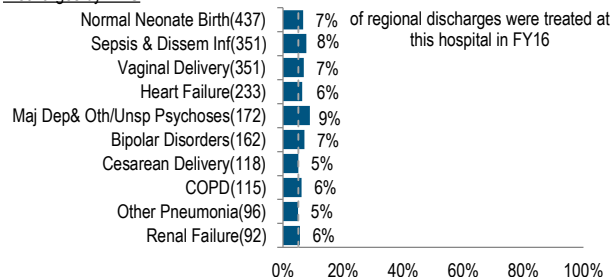
Greenfield, MA
Community High Public Payer Hospital
Western Massachusetts

Baystate Franklin Medical Center is a mid-size, non-profit community-High Public Payer (HPP) hospital located in the Western Massachusetts region. It is a member of Baystate Health. Between FY12 and FY16, the volume of inpatient discharges at the hospital increased 16.5% compared to a median decrease of 2.8% at cohort hospitals. Outpatient visits decreased 10.1% for the hospital between FY12 and FY16, compared to a median increase of 1.6% for its peer cohort. Baystate Franklin Medical Center earned a profit of \$2.2M in FY16, a decrease from \$10.6M in FY15.

At a Glance	Overview / Size	
	Hospital System Affiliation:	Baystate Health System
	Change in Ownership (FY12-16):	Not Applicable
	Total Staffed Beds:	107, mid-size acute hospital
	% Occupancy:	50.2%, < cohort avg. (65%)
	Special Public Funding:	CHART^
	Trauma Center Designation:	Not Applicable
	Case Mix Index:	0.83, < cohort avg. (0.90); < statewide (1.07)
	Financial	
	Inpatient NPSR per CMAD:	\$9,969
Services	Change FY15-FY16:	5.4%
	Inpatient:Outpatient Revenue in FY16:	29%:71%
	Outpatient Revenue in FY16:	\$51,630,784
	Change FY15-FY16:	-0.3%
	Total Revenue in FY16:	\$98,571,000
	Total Surplus (Loss) in FY16:	\$2,208,000
	Payer Mix	
	Public Payer Mix:	69.2% (HPP* Hospital)
	CY15 Commercial S-RP:	0.98
	Top 3 Commercial Payers:	Blue Cross Blue Shield of MA Health New England UniCare
Quality	Utilization	
	Inpatient Discharges in FY16:	5,089
	Change FY15-FY16:	0.0%
	Emergency Department Visits in FY16:	25,957
	Change FY15-FY16:	-0.4%
	Outpatient Visits in FY16:	48,467
	Change FY15-FY16:	6.4%
	Quality	
	Readmission Rate in FY15:	16.4%
	Change FY11-FY15 (percentage points):	1.6%
	Early Elective Deliveries Rate (Jan 2015-Jun 2016):	3.8%

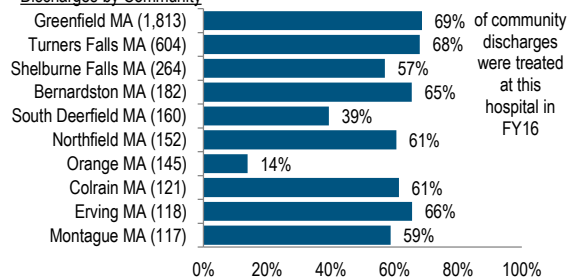
What were the most common inpatient cases (DRGs) treated at the hospital in FY16? What proportion of the region's cases did this hospital treat for each service?

Discharges by DRG

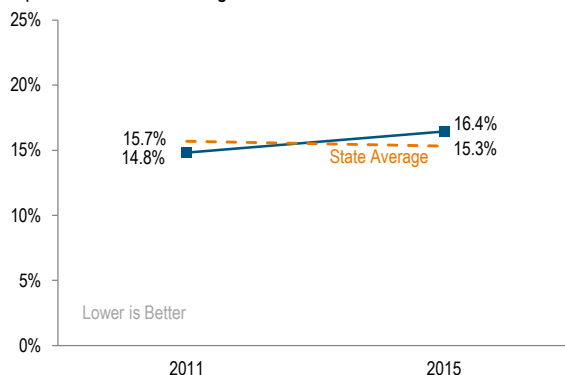


Where did most of the hospital's inpatients reside? What proportion of each community's total discharges was attributed to this hospital?

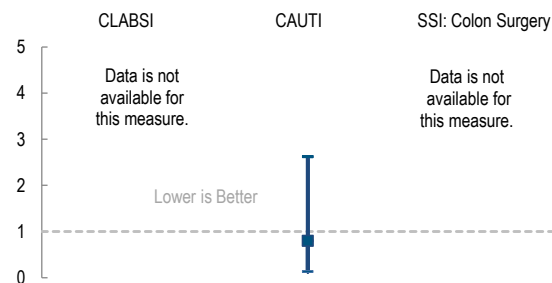
Discharges by Community



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.

2016 HOSPITAL PROFILE: BAYSTATE FRANKLIN MEDICAL CENTER

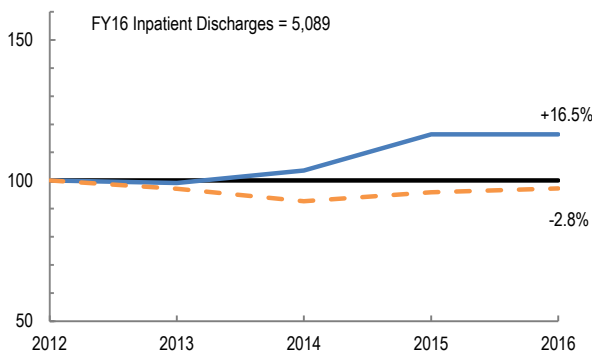
Cohort: Community High Public Payer Hospital

Key:

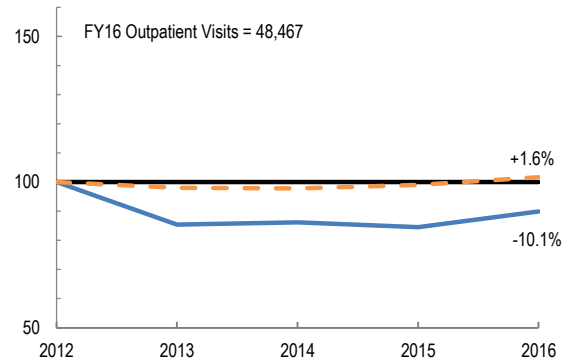
— Hospital
- - - Peer Cohort

Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY12, and how does this compare to the hospital's peer cohort median? (FY12=100)

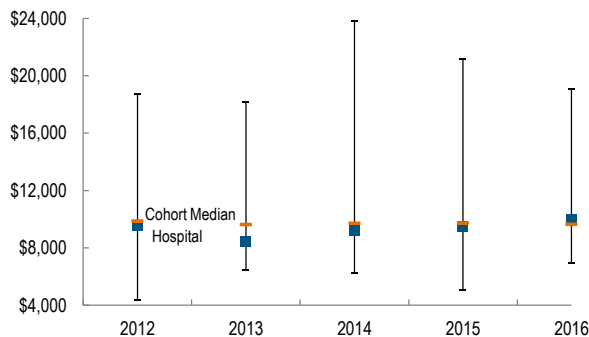


How has the volume of the hospital's outpatient visits changed compared to FY12, and how does this compare to the hospital's peer cohort median? (FY12=100)

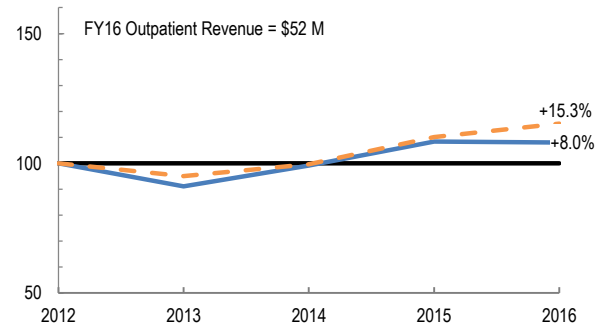


Patient Revenue Trends

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY12 and FY16, and how does this compare to the hospital's peer cohort median?



How has the hospital's total outpatient revenue changed compared to FY12, and how does this compare to the hospital's peer cohort median? (FY12=100)



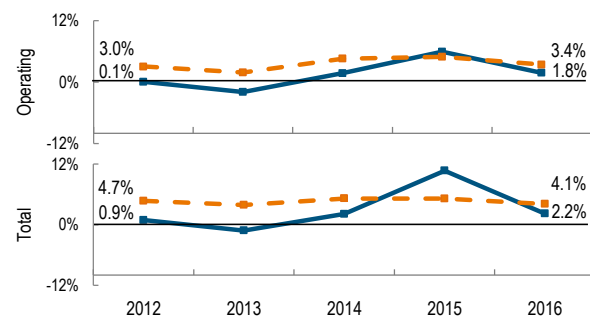
Financial Performance

How have the hospital's total revenue and costs changed between FY12 and FY16?

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

FY	2012	2013	2014	2015	2016
Operating Revenue	\$ 82	\$ 78	\$ 83	\$ 95	\$ 98
Non-Operating Revenue	\$ 1	\$ 1	\$ 0	\$ 5	\$ 0
Total Revenue	\$ 82	\$ 78	\$ 84	\$ 99	\$ 99
Total Costs	\$ 81	\$ 79	\$ 82	\$ 89	\$ 96
Total Profit (Loss)	\$ 0.8	\$ (0.9)	\$ 1.8	\$ 10.6	\$ 2.2

What were the hospital's total margin and operating margins between FY12 and FY16, 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).

BAYSTATE NOBLE HOSPITAL

2016 Hospital Profile

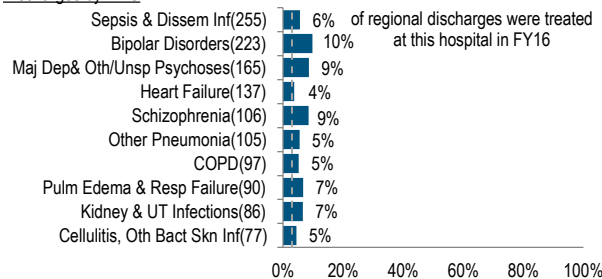
Westfield, MA
Community High Public Payer Hospital
Western Massachusetts

Baystate Noble Hospital is a non-profit 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 FY12 and FY16, inpatient discharges at the hospital decreased 14.1% and outpatient visits decreased 6.8%. Both of these measures were lower than the medians of its peer cohort, which were -2.8% for inpatient discharges and 1.6% for outpatient visits. FY16 was the fifth consecutive fiscal year that Baystate Noble Hospital was profitable, and it had a total margin of 5.3%, higher than the 4.1% median for its peer cohort.

At a Glance	Overview / Size	
	Hospital System Affiliation:	Baystate Health System
	Change in Ownership (FY12-16):	Baystate Health - 2015
	Total Staffed Beds:	97, among the smaller acute hospitals
	% Occupancy:	46.0%, < cohort avg. (65%)
	Special Public Funding:	CHART^
	Trauma Center Designation:	Not Applicable
	Case Mix Index:	0.96, > cohort avg. (0.90); < statewide (1.07)
	Financial	
	Inpatient NPSR per CMAD:	\$8,901
Services	Change FY15-FY16:	-5.0%
	Inpatient:Outpatient Revenue in FY16:	32%:68%
	Outpatient Revenue in FY16:	\$33,743,927
	Change FY15-FY16:	9.8%
	Total Revenue in FY16:	\$61,165,147
	Total Surplus (Loss) in FY16:	\$3,267,226
	Payer Mix	
	Public Payer Mix:	67.5% (HPP* Hospital)
	CY15 Commercial S-RP:	0.68
	Top 3 Commercial Payers:	Blue Cross Blue Shield of MA Health New England Cigna - East
Quality	Utilization	
	Inpatient Discharges in FY16:	3,028
	Change FY15-FY16:	-0.2%
	Emergency Department Visits in FY16:	28,268
	Change FY15-FY16:	-0.3%
	Outpatient Visits in FY16:	43,061
	Change FY15-FY16:	5.0%
	Quality	
	Readmission Rate in FY15:	13.4%
	Change FY11-FY15 (percentage points):	0.0%
	Early Elective Deliveries Rate (Jan 2015-Jun 2016):	Not Available

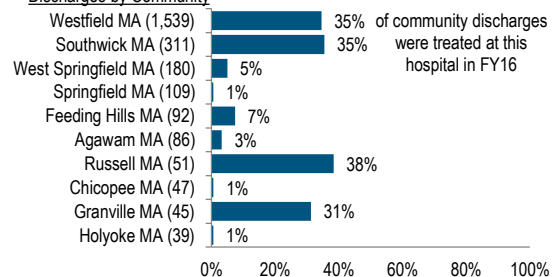
What were the most common inpatient cases (DRGs) treated at the hospital in FY16? What proportion of the region's cases did this hospital treat for each service?

Discharges by DRG

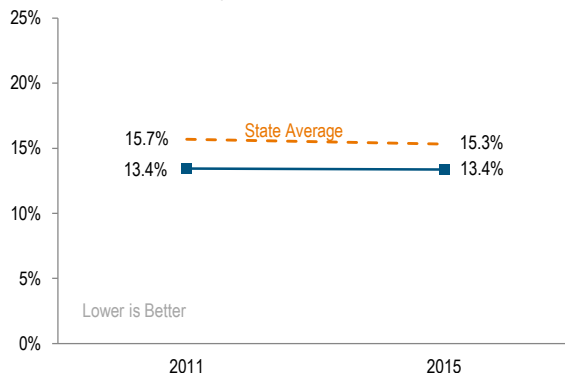


Where did most of the hospital's inpatients reside? What proportion of each community's total discharges was attributed to this hospital?

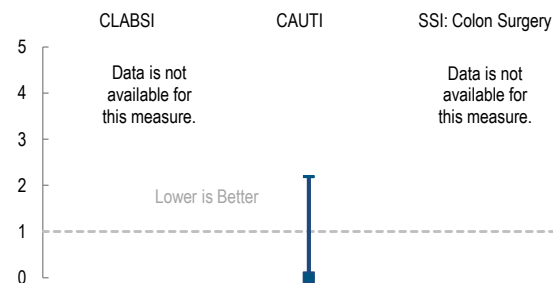
Discharges by Community



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.

2016 HOSPITAL PROFILE: BAYSTATE NOBLE HOSPITAL

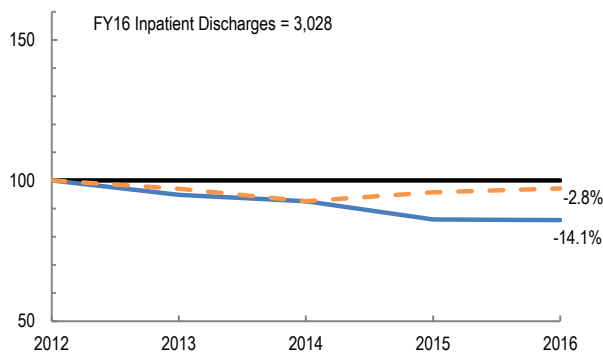
Cohort: Community High Public Payer Hospital

Key:

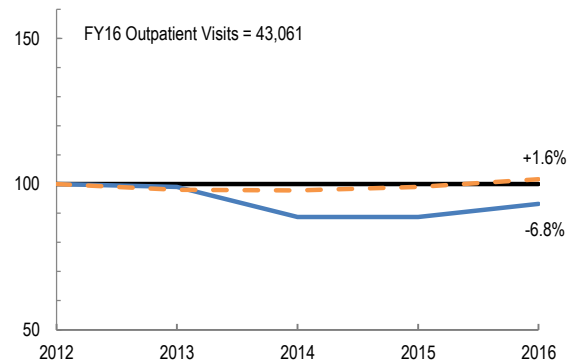


Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY12, and how does this compare to the hospital's peer cohort median? (FY12=100)

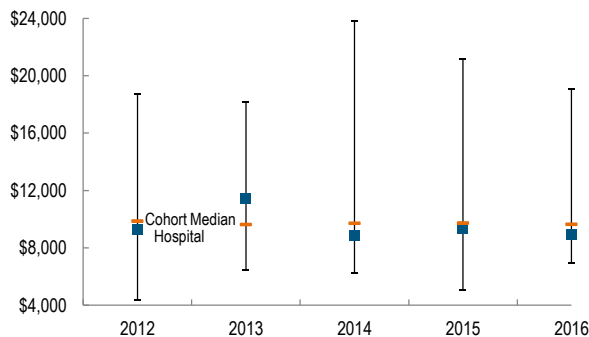


How has the volume of the hospital's outpatient visits changed compared to FY12, and how does this compare to the hospital's peer cohort median? (FY12=100)

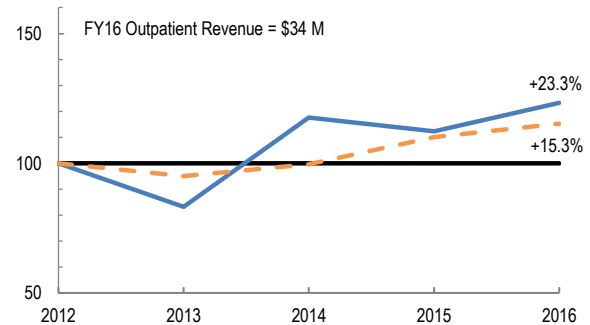


Patient Revenue Trends

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY12 and FY16, and how does this compare to the hospital's peer cohort median?



How has the hospital's total outpatient revenue changed compared to FY12, and how does this compare to the hospital's peer cohort median? (FY12=100)



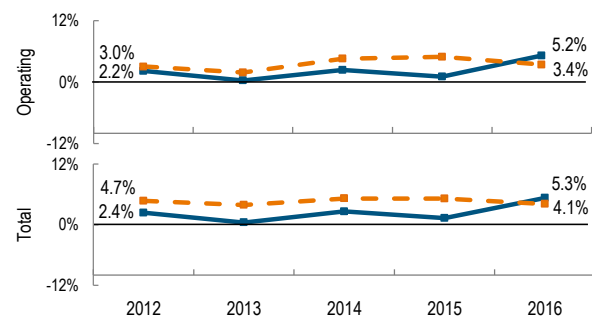
Financial Performance

How have the hospital's total revenue and costs changed between FY12 and FY16?

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

FY	2012	2013	2014	2015	2016
Operating Revenue	\$ 58	\$ 55	\$ 57	\$ 59	\$ 61
Non-Operating Revenue	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
Total Revenue	\$ 59	\$ 55	\$ 57	\$ 59	\$ 61
Total Costs	\$ 57	\$ 55	\$ 56	\$ 58	\$ 58
Total Profit (Loss)	\$ 1.4	\$ 0.2	\$ 1.5	\$ 0.8	\$ 3.3

What were the hospital's total margin and operating margins between FY12 and FY16, 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).

BAYSTATE WING HOSPITAL

2016 Hospital Profile

Palmer, MA

Community High Public Payer Hospital

Western Massachusetts

Baystate Wing Hospital is a non-profit 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 Mary Lane Hospital merged with Baystate Wing Hospital effective September 10, 2016. Baystate Wing Hospital was responsible for 3% of regional discharges but accounted for 38% of Organic Mental Health Disturbance discharges. Baystate Wing Hospital reported losses in FY15 and FY16 after it earned a profit each year from FY12 to FY14.

At a Glance

Overview / Size

Hospital System Affiliation:	Baystate Health System
Change in Ownership (FY12-16):	Merged w Mary Lane 9/10/16
Total Staffed Beds:	74, among the smaller acute hospitals
% Occupancy:	58.0%, < cohort avg. (65%)
Special Public Funding:	CHART^
Trauma Center Designation:	Not Applicable
Case Mix Index:	0.88, < cohort avg. (0.90); < statewide (1.07)

Financial

Inpatient NPSR per CMAD:	\$7,811
Change FY15-FY16:	-9.7%
Inpatient:Outpatient Revenue in FY16:	28%:72%
Outpatient Revenue in FY16:	\$52,790,258
Change FY15-FY16:	3.6%
Total Revenue in FY16:	\$76,369,000
Total Surplus (Loss) in FY16:	(\$6,191,000)

Payer Mix

Public Payer Mix:	70.3% (HPP* Hospital)
CY15 Commercial S-RP:	0.75
Top 3 Commercial Payers:	Blue Cross Blue Shield of MA Health New England Cigna - East

Utilization

Inpatient Discharges in FY16:	2,812
Change FY15-FY16:	-2.6%
Emergency Department Visits in FY16:	21,409
Change FY15-FY16:	-4.7%
Outpatient Visits in FY16:	151,961
Change FY15-FY16:	-7.3%

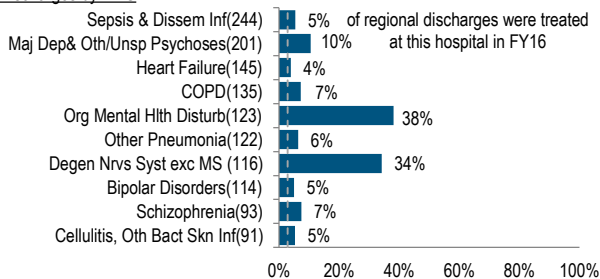
Quality

Readmission Rate in FY15:	14.8%
Change FY11-FY15 (percentage points):	-2.8%
Early Elective Deliveries Rate (Jan 2015-Jun 2016):	Not Available

Services

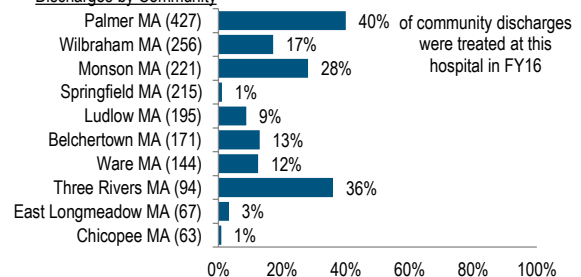
What were the most common inpatient cases (DRGs) treated at the hospital in FY16? What proportion of the region's cases did this hospital treat for each service?

Discharges by DRG



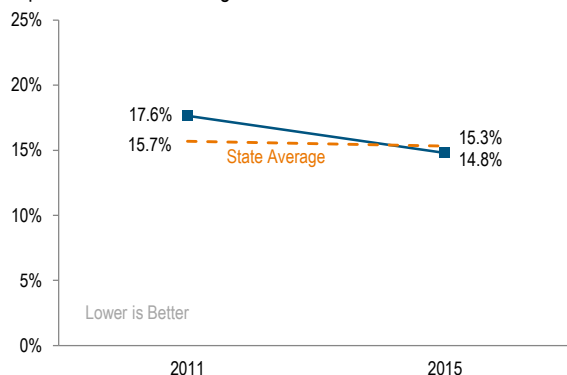
Where did most of the hospital's inpatients reside? What proportion of each community's total discharges was attributed to this hospital?

Discharges by Community

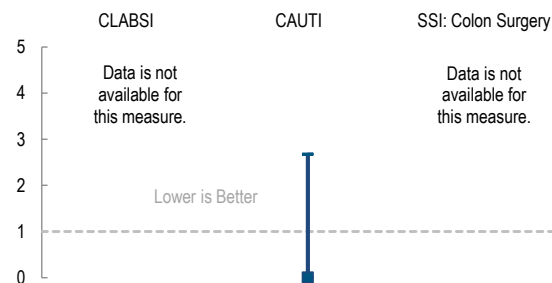


Quality

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.

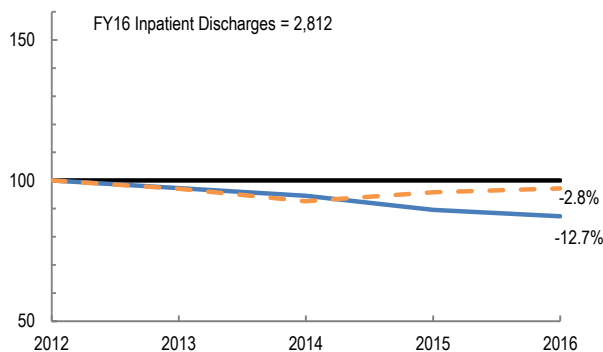
2016 HOSPITAL PROFILE: BAYSTATE WING HOSPITAL

Cohort: Community High Public Payer Hospital

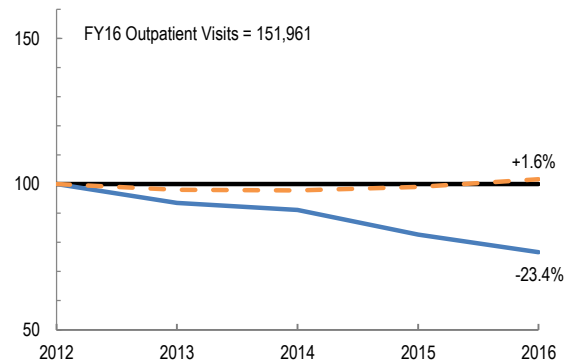
Key:



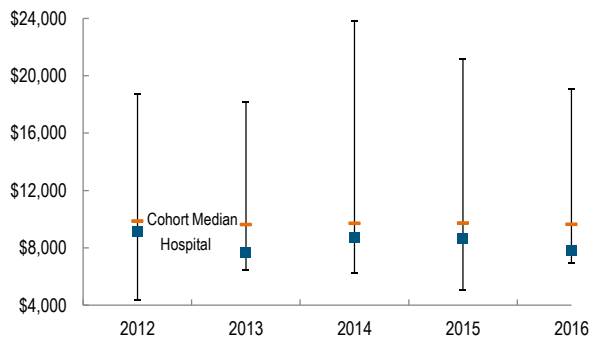
How has the volume of the hospital's inpatient discharges changed compared to FY12, and how does this compare to the hospital's peer cohort median? (FY12=100)



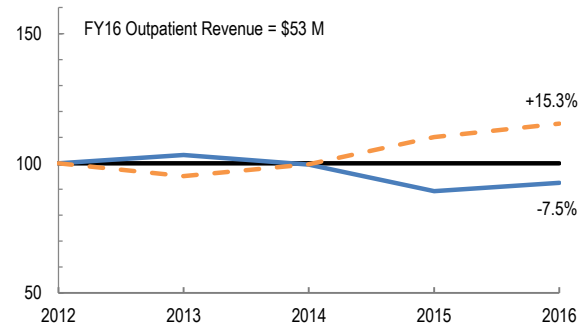
How has the volume of the hospital's outpatient visits changed compared to FY12, and how does this compare to the hospital's peer cohort median? (FY12=100)



What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY12 and FY16, and how does this compare to the hospital's peer cohort median?



How has the hospital's total outpatient revenue changed compared to FY12, and how does this compare to the hospital's peer cohort median? (FY12=100)

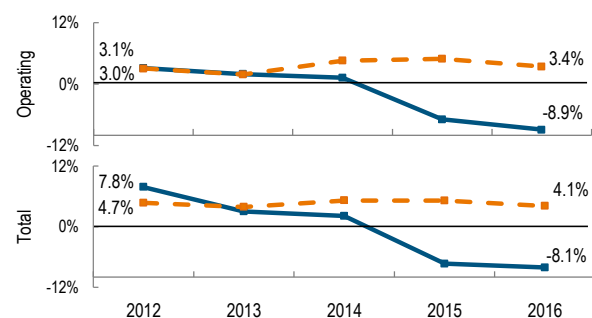


How have the hospital's total revenue and costs changed between FY12 and FY16?

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

FY	2012	2013	2014	2015	2016
Operating Revenue	\$ 92	\$ 92	\$ 87	\$ 75	\$ 76
Non-Operating Revenue	\$ 5	\$ 1	\$ 1	\$ (0)	\$ 1
Total Revenue	\$ 97	\$ 93	\$ 88	\$ 74	\$ 76
Total Costs	\$ 89	\$ 90	\$ 86	\$ 80	\$ 83
Total Profit (Loss)	\$ 7.6	\$ 2.8	\$ 1.9	\$ (5.4)	\$ (6.2)

What were the hospital's total margin and operating margins between FY12 and FY16, 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).

BERKSHIRE MEDICAL CENTER

2016 Hospital Profile

Pittsfield, MA
Community High Public Payer Hospital
Western Massachusetts

Berkshire Medical Center is a mid-size, non-profit community-High Public Payer (HPP) hospital located in the Western Massachusetts region. It is a Level 3 Trauma center and 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; as a result, there was a 29.2% increase in emergency room visits from FY12 to FY16. Between FY12 and FY16, there was a 22.7% increase in outpatient visits at Berkshire Medical Center. It earned a profit each year in the five-year period, with a total margin of 9.7% in FY16, above the cohort median of 4.1%.

At a Glance

Overview / Size

Hospital System Affiliation:	Berkshire Health Systems
Change in Ownership (FY12-16):	Not Applicable
Total Staffed Beds:	218, mid-size acute hospital
% Occupancy:	83.5%, > cohort avg. (65%)
Special Public Funding:	CHART^
Trauma Center Designation:	Adult: Level 3
Case Mix Index:	0.93, > cohort avg. (0.90); < statewide (1.07)

Financial

Inpatient NPSR per CMAD:	\$12,341
Change FY15-FY16:	-0.6%
Inpatient:Outpatient Revenue in FY16:	32%:68%
Outpatient Revenue in FY16:	\$268,949,392
Change FY15-FY16:	8.8%
Total Revenue in FY16:	\$486,781,054
Total Surplus (Loss) in FY16:	\$47,196,501

Payer Mix

Public Payer Mix:	69.9% (HPP* Hospital)
CY15 Commercial S-RP:	1.13
Top 3 Commercial Payers:	Blue Cross Blue Shield of MA Health New England Tufts Health Plan

Utilization

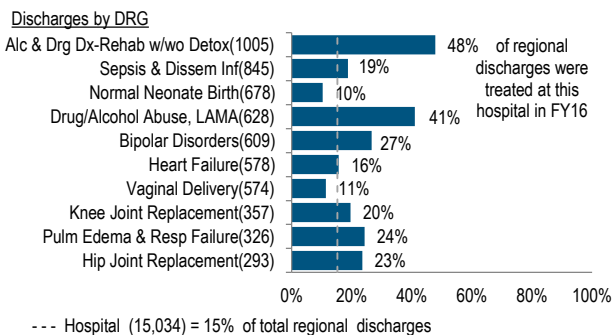
Inpatient Discharges in FY16:	15,034
Change FY15-FY16:	-0.7%
Emergency Department Visits in FY16:	61,227
Change FY15-FY16:	1.9%
Outpatient Visits in FY16:	279,858
Change FY15-FY16:	5.9%

Quality

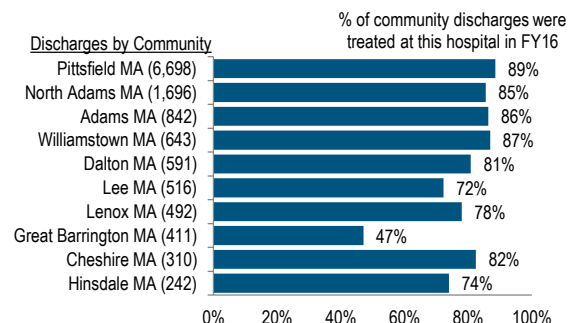
Readmission Rate in FY15:	16.9%
Change FY11-FY15 (percentage points):	0.8%
Early Elective Deliveries Rate (Jan 2015-Jun 2016):	0.0%

Services

What were the most common inpatient cases (DRGs) treated at the hospital in FY16? What proportion of the region's cases did this hospital treat for each service?

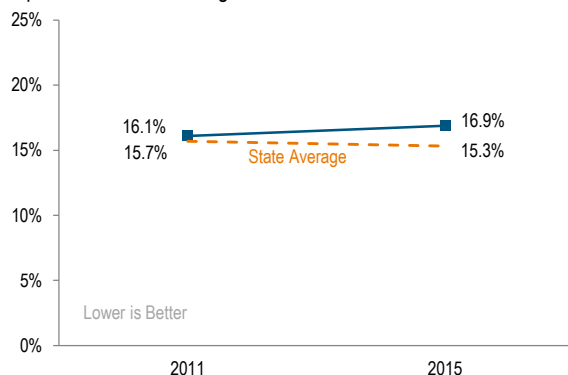


Where did most of the hospital's inpatients reside? What proportion of each community's total discharges was attributed to this hospital?

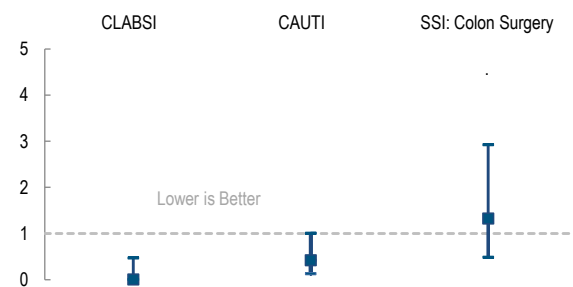


Quality

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.

2016 HOSPITAL PROFILE: BERKSHIRE MEDICAL CENTER

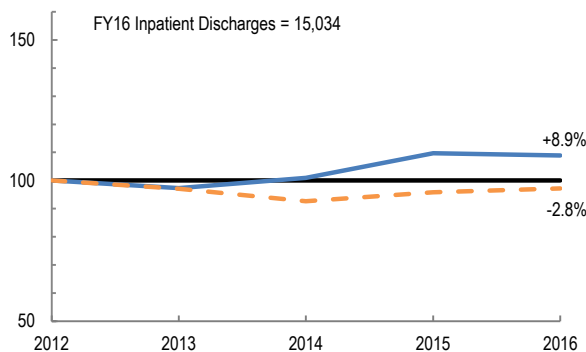
Cohort: Community High Public Payer Hospital

Key:

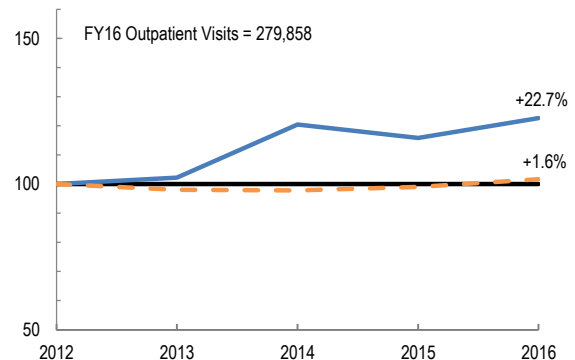


Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY12, and how does this compare to the hospital's peer cohort median? (FY12=100)

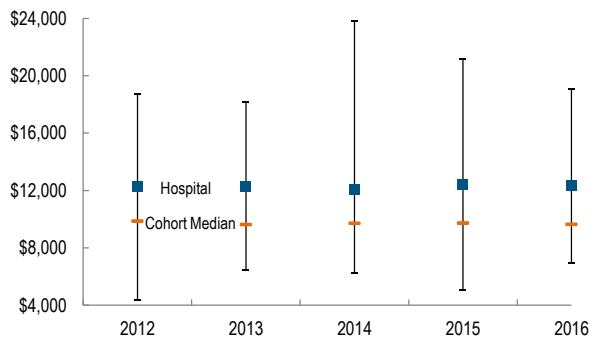


How has the volume of the hospital's outpatient visits changed compared to FY12, and how does this compare to the hospital's peer cohort median? (FY12=100)

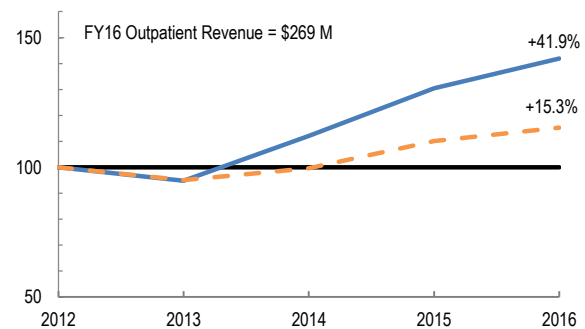


Patient Revenue Trends

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY12 and FY16, and how does this compare to the hospital's peer cohort median?



How has the hospital's total outpatient revenue changed compared to FY12, and how does this compare to the hospital's peer cohort median? (FY12=100)



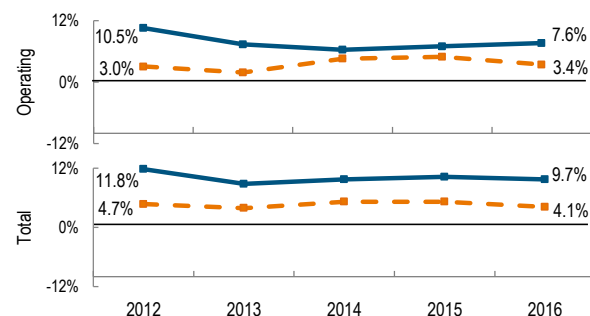
Financial Performance

How have the hospital's total revenue and costs changed between FY12 and FY16?

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

FY	2012	2013	2014	2015	2016
Operating Revenue	\$ 363	\$ 351	\$ 387	\$ 439	\$ 477
Non-Operating Revenue	\$ 5	\$ 5	\$ 14	\$ 15	\$ 10
Total Revenue	\$ 368	\$ 356	\$ 401	\$ 454	\$ 487
Total Costs	\$ 324	\$ 325	\$ 362	\$ 407	\$ 440
Total Profit (Loss)	\$ 43.4	\$ 31.3	\$ 38.8	\$ 46.4	\$ 47.2

What were the hospital's total margin and operating margins between FY12 and FY16, 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).

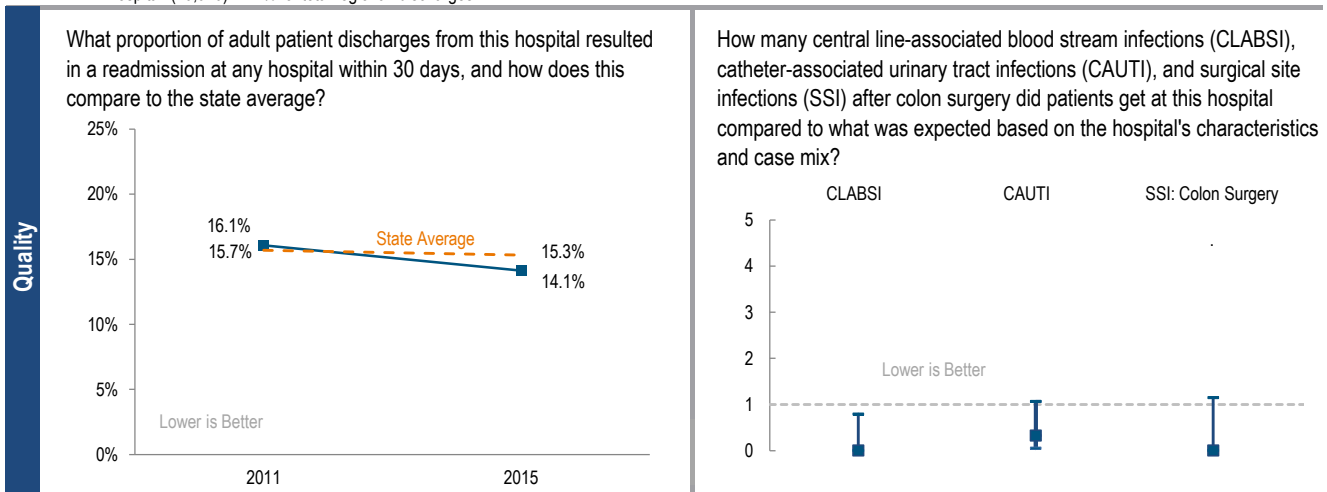
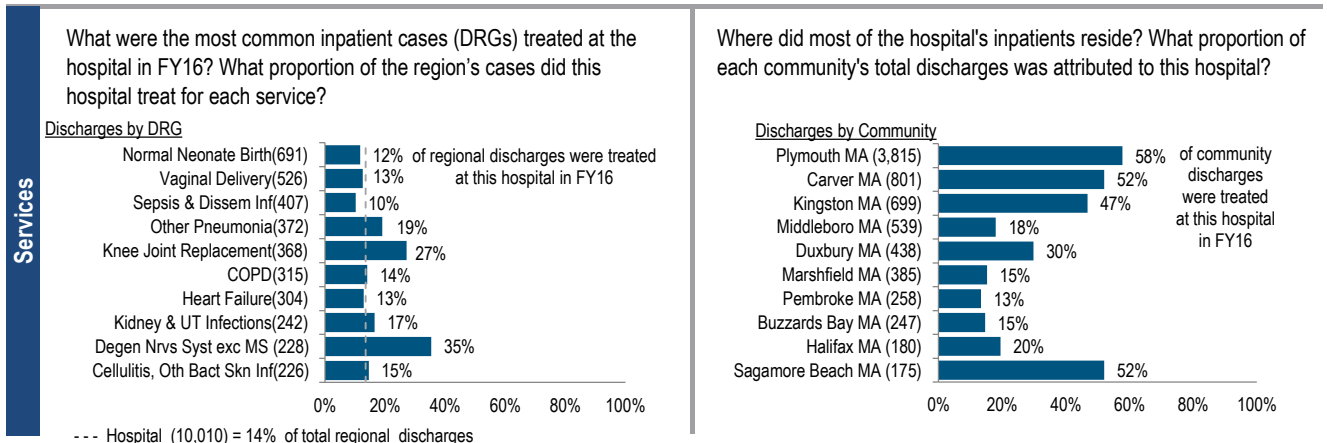
BETH ISRAEL DEACONESS HOSPITAL - PLYMOUTH

2016 Hospital Profile

Plymouth, MA
Community High Public Payer Hospital
Metro South

Beth Israel Deaconess Hospital – Plymouth (BID-Plymouth) is a mid-size, non-profit community-High Public Payer (HPP) hospital located in the Metro South region. It is a member of CareGroup. Between FY12 and FY16, inpatient discharges decreased 1.1% at the hospital. Outpatient visits at the hospital increased 18.8% from FY12 to FY16, compared to a median increase of 1.6% for its cohort. BID-Plymouth was profitable each year from FY12 to FY16. It reported a total margin of 1.5% in FY16, below the cohort median of 4.1%.

At a Glance	Overview / Size	
	Hospital System Affiliation:	CareGroup
	Change in Ownership (FY12-16):	CareGroup - 2014
	Total Staffed Beds:	169, mid-size acute hospital
	% Occupancy:	72.1%, > cohort avg. (65%)
	Special Public Funding:	CHART^
	Trauma Center Designation:	Not Applicable
	Case Mix Index:	0.96, > cohort avg. (0.90); < statewide (1.07)
	Financial	
	Inpatient NPSR per CMAD:	\$10,918
	Change FY15-FY16:	5.9%
	Inpatient:Outpatient Revenue in FY16:	32%:68%
	Outpatient Revenue in FY16:	\$123,546,003
	Change FY15-FY16:	1.4%
	Total Revenue in FY16:	\$239,511,566
	Total Surplus (Loss) in FY16:	\$3,630,234
	Payer Mix	
	Public Payer Mix:	65.3% (HPP* Hospital)
	CY15 Commercial S-RP:	0.86
	Top 3 Commercial Payers:	Blue Cross Blue Shield of MA Harvard Pilgrim Health Care Tufts Health Plan
	Utilization	
	Inpatient Discharges in FY16:	10,010
	Change FY15-FY16:	10.1%
	Emergency Department Visits in FY16:	45,514
	Change FY15-FY16:	-1.8%
	Outpatient Visits in FY16:	130,049
	Change FY15-FY16:	6.4%
	Quality	
	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.

2016 HOSPITAL PROFILE: BETH ISRAEL DEACONESS HOSPITAL - PLYMOUTH

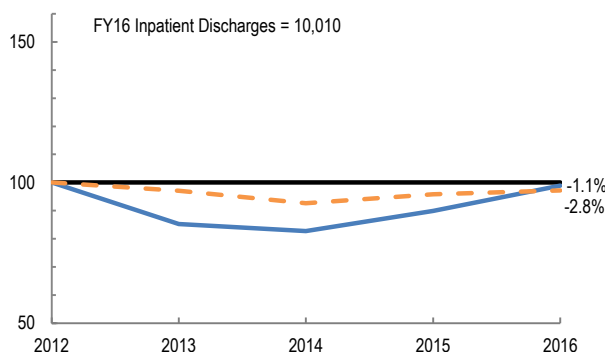
Cohort: Community High Public Payer Hospital

Key:

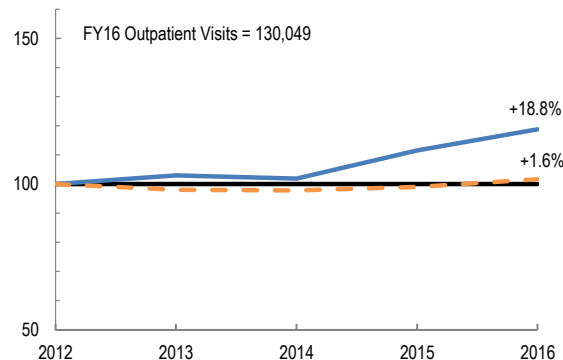
— Hospital
- - - Peer Cohort

Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY12, and how does this compare to the hospital's peer cohort median? (FY12=100)

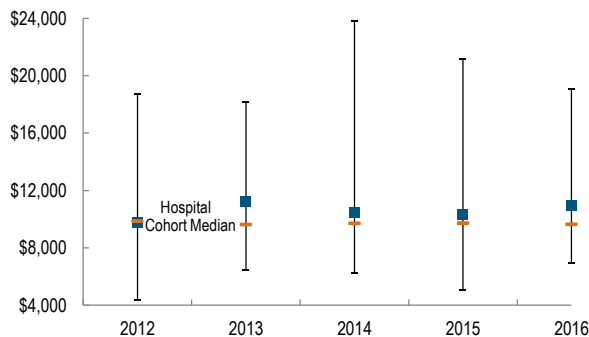


How has the volume of the hospital's outpatient visits changed compared to FY12, and how does this compare to the hospital's peer cohort median? (FY12=100)

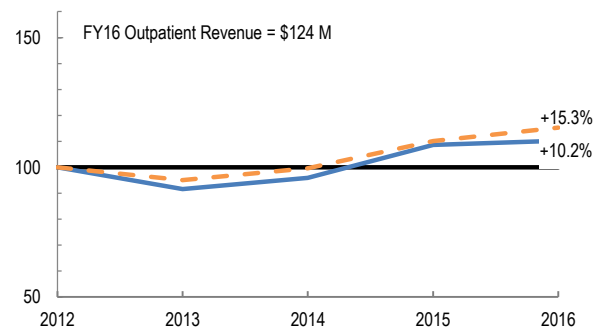


Patient Revenue Trends

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY12 and FY16, and how does this compare to the hospital's peer cohort median?



How has the hospital's total outpatient revenue changed compared to FY12, and how does this compare to the hospital's peer cohort median? (FY12=100)



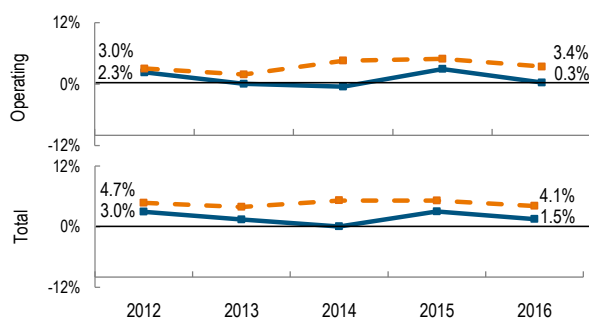
Financial Performance

How have the hospital's total revenue and costs changed between FY12 and FY16?

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

FY	2012	2013	2014	2015	2016
Operating Revenue	\$ 205	\$ 196	\$ 191	\$ 218	\$ 237
Non-Operating Revenue	\$ 1	\$ 3	\$ 1	\$ 0	\$ 3
Total Revenue	\$ 206	\$ 199	\$ 192	\$ 218	\$ 240
Total Costs	\$ 200	\$ 196	\$ 191	\$ 211	\$ 236
Total Profit (Loss)	\$ 6.1	\$ 2.8	\$ 0.1	\$ 6.6	\$ 3.6

What were the hospital's total margin and operating margins between FY12 and FY16, 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).

CAPE COD HOSPITAL

2016 Hospital Profile

Hyannis, MA

Community High Public Payer Hospital

Cape and Islands

Cape Cod Hospital is a non-profit 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 66% of all discharges in the region. Inpatient discharges at Cape Cod Hospital decreased by 6.2% from FY15 to FY16 while outpatient visits increased by 4.7% from FY15 to FY16. The hospital earned a profit each year from FY12 to FY16, with a total margin of 8.5% in FY16. Both its operating margin and total margin have been consistently higher than the cohort median over this five year time period.

At a Glance

Overview / Size

Hospital System Affiliation:	Cape Cod Healthcare
Change in Ownership (FY12-16):	Not Applicable
Total Staffed Beds:	269, among the larger acute hospitals
% Occupancy:	68.9%, > cohort avg. (65%)
Special Public Funding:	Not Applicable
Trauma Center Designation:	Not Applicable
Case Mix Index:	1.12, > cohort avg. (0.90); > statewide (1.07)

Financial

Inpatient NPSR per CMAD:	\$11,771
Change FY15-FY16:	1.9%
Inpatient:Outpatient Revenue in FY16:	34%:66%
Outpatient Revenue in FY16:	\$302,554,852
Change FY15-FY16:	9.7%
Total Revenue in FY16:	\$518,713,657
Total Surplus (Loss) in FY16:	\$44,167,623

Payer Mix

Public Payer Mix:	72.9% (HPP* Hospital)
CY15 Commercial S-RP:	1.31
Top 3 Commercial Payers:	Blue Cross Blue Shield of MA Harvard Pilgrim Health Care Tufts Health Plan

Utilization

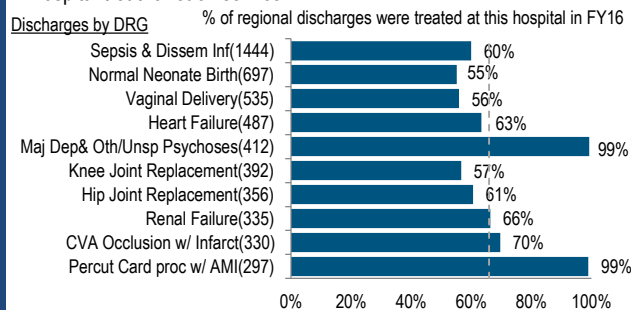
Inpatient Discharges in FY16:	15,757
Change FY15-FY16:	-6.2%
Emergency Department Visits in FY16:	84,425
Change FY15-FY16:	0.1%
Outpatient Visits in FY16:	153,897
Change FY15-FY16:	4.7%

Quality

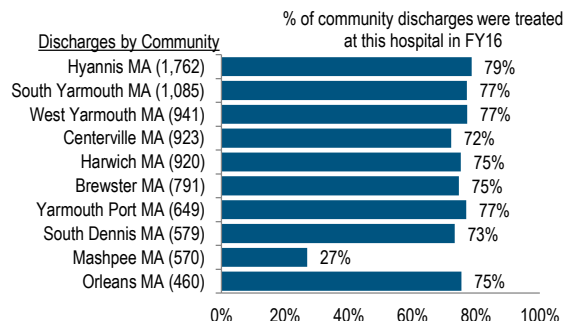
Readmission Rate in FY15:	12.9%
Change FY11-FY15 (percentage points):	-0.2%
Early Elective Deliveries Rate (Jan 2015-Jun 2016):	0.0%

Services

What were the most common inpatient cases (DRGs) treated at the hospital in FY16? What proportion of the region's cases did this hospital treat for each service?

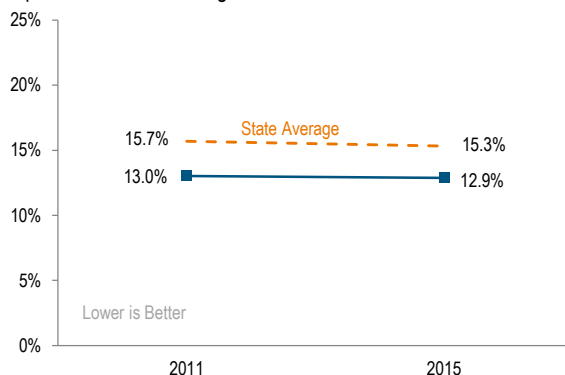


Where did most of the hospital's inpatients reside? What proportion of each community's total discharges was attributed to this hospital?

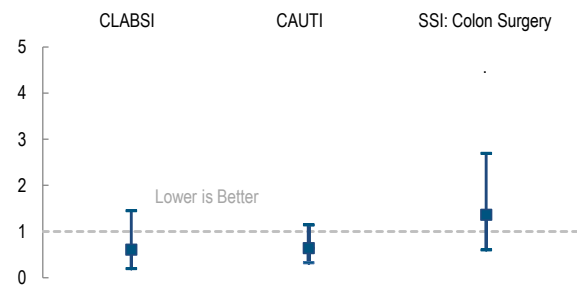


Quality

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.

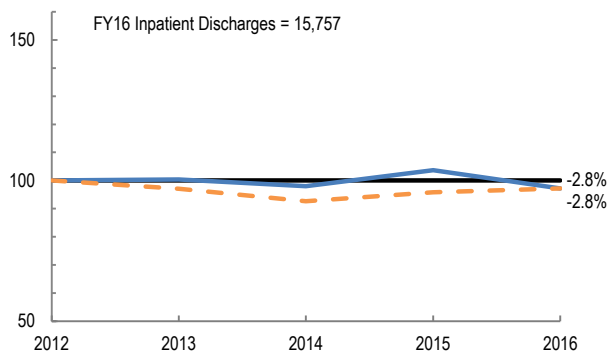
2016 HOSPITAL PROFILE: CAPE COD HOSPITAL

Cohort: Community High Public Payer Hospital

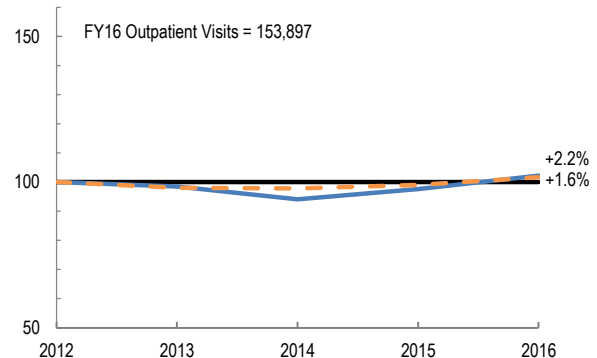
Key:

— Hospital
- - - Peer Cohort

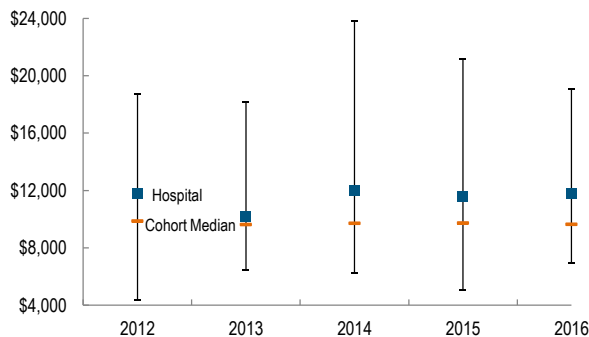
How has the volume of the hospital's inpatient discharges changed compared to FY12, and how does this compare to the hospital's peer cohort median? (FY12=100)



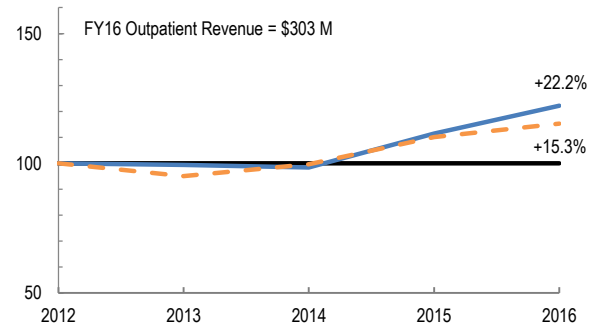
How has the volume of the hospital's outpatient visits changed compared to FY12, and how does this compare to the hospital's peer cohort median? (FY12=100)



What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY12 and FY16, and how does this compare to the hospital's peer cohort median?



How has the hospital's total outpatient revenue changed compared to FY12, and how does this compare to the hospital's peer cohort median? (FY12=100)

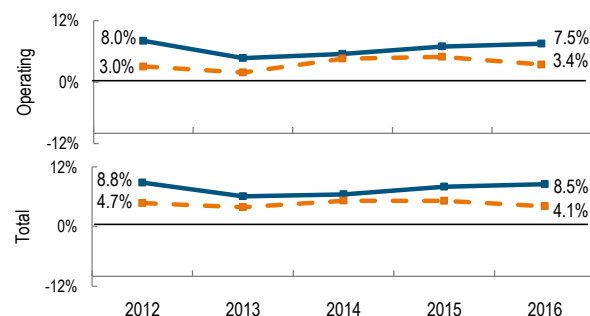


How have the hospital's total revenue and costs changed between FY12 and FY16?

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

FY	2012	2013	2014	2015	2016
Operating Revenue	\$ 444	\$ 416	\$ 449	\$ 474	\$ 513
Non-Operating Revenue	\$ 4	\$ 6	\$ 5	\$ 5	\$ 5
Total Revenue	\$ 447	\$ 422	\$ 454	\$ 479	\$ 519
Total Costs	\$ 408	\$ 397	\$ 424	\$ 441	\$ 475
Total Profit (Loss)	\$ 39.5	\$ 25.7	\$ 29.5	\$ 38.5	\$ 44.2

What were the hospital's total margin and operating margins between FY12 and FY16, 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

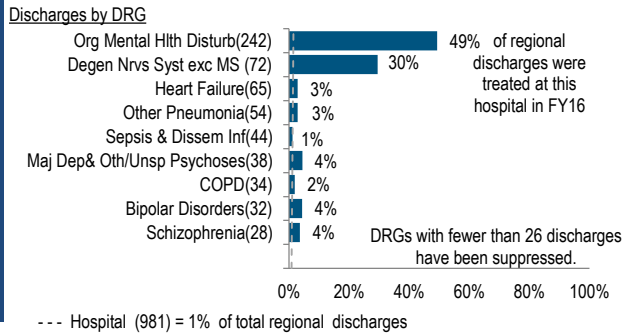
2016 Hospital Profile

Clinton, MA
Community High Public Payer Hospital
Central Massachusetts

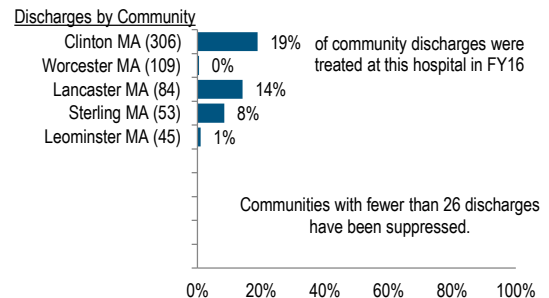
Clinton Hospital is a non-profit community-High Public Payer (HPP) hospital located in the Central Massachusetts region. It is a member of UMass Memorial Health Care. On October 1, 2017, it merged with Health Alliance Hospital to become Health Alliance-Clinton Hospital. Though it was only responsible for 1% of total regional discharges, it treated 49% of Organic Mental Health Disturbances cases and 30% of the Degenerative Nervous System excluding MS cases in FY16. It reported decreases in both inpatient discharges and outpatient visits from FY15 to FY16, after experiencing slight increases in FY15.

At a Glance	Overview / Size	
	Hospital System Affiliation:	UMass Memorial Health Care
	Change in Ownership (FY12-16):	Not Applicable
	Total Staffed Beds:	41, among the smaller acute hospitals
	% Occupancy:	57.4%, < cohort avg. (65%)
	Special Public Funding:	Not Applicable
	Trauma Center Designation:	Not Applicable
	Case Mix Index:	0.99, > cohort avg. (0.90); < statewide (1.07)
	Financial	
	Inpatient NPSR per CMAD:	\$9,644
Services	Change FY15-FY16:	-18.6%
	Inpatient:Outpatient Revenue in FY16:	28%:72%
	Outpatient Revenue in FY16:	\$15,209,924
	Change FY15-FY16:	20.3%
	Total Revenue in FY16:	\$27,038,000
	Total Surplus (Loss) in FY16:	(\$2,290,000)
	Payer Mix	
	Public Payer Mix:	69.4% (HPP* Hospital)
	CY15 Commercial S-RP:	0.94
	Top 3 Commercial Payers:	Blue Cross Blue Shield of MA Tufts Health Plan Fallon Health
Quality	Utilization	
	Inpatient Discharges in FY16:	981
	Change FY15-FY16:	-6.9%
	Emergency Department Visits in FY16:	14,226
	Change FY15-FY16:	2.3%
	Outpatient Visits in FY16:	17,477
	Change FY15-FY16:	-0.9%
	Quality	
	Readmission Rate in FY15:	18.0%
	Change FY11-FY15 (percentage points):	-1.5%
	Early Elective Deliveries Rate (Jan 2015-Jun 2016):	Not Available

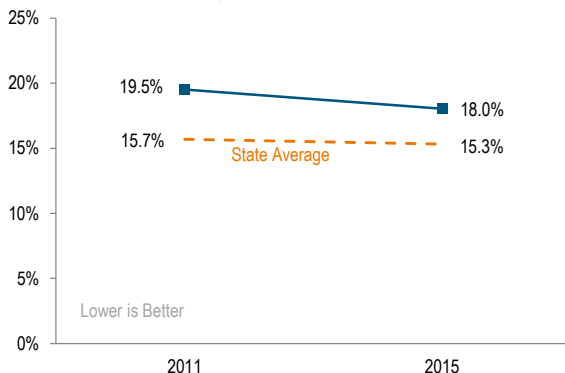
What were the most common inpatient cases (DRGs) treated at the hospital in FY16? What proportion of the region's cases did this hospital treat for each service?



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?

Data is not available for these measures.

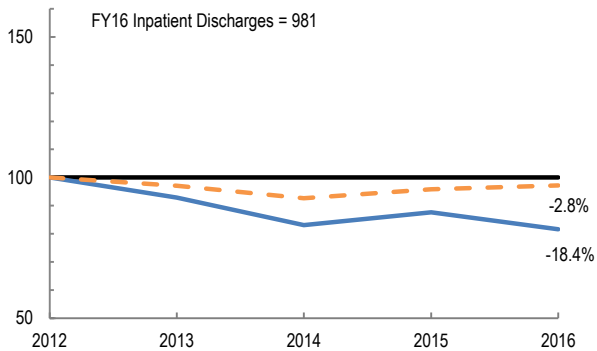
2016 HOSPITAL PROFILE: CLINTON HOSPITAL

Cohort: Community High Public Payer Hospital

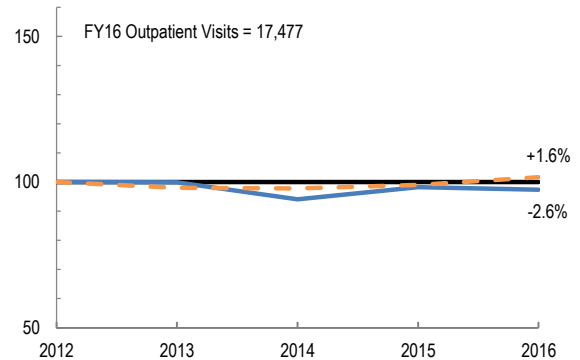
Key:



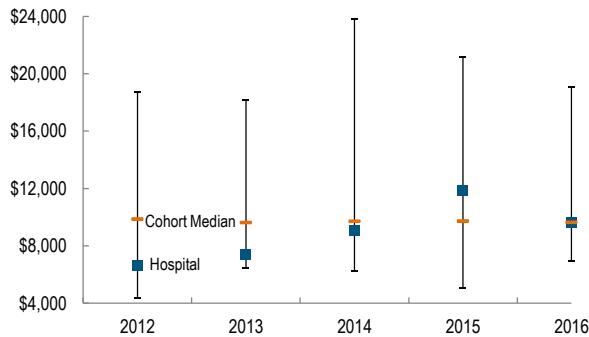
How has the volume of the hospital's inpatient discharges changed compared to FY12, and how does this compare to the hospital's peer cohort median? (FY12=100)



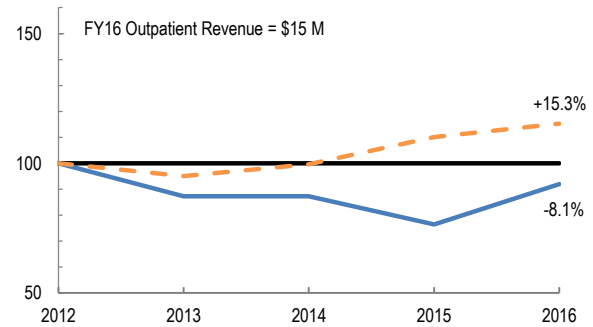
How has the volume of the hospital's outpatient visits changed compared to FY12, and how does this compare to the hospital's peer cohort median? (FY12=100)



What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY12 and FY16, and how does this compare to the hospital's peer cohort median?



How has the hospital's total outpatient revenue changed compared to FY12, and how does this compare to the hospital's peer cohort median? (FY12=100)

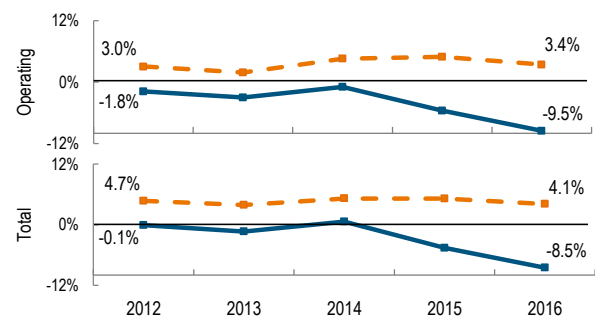


How have the hospital's total revenue and costs changed between FY12 and FY16?

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

FY	2012	2013	2014	2015	2016
Operating Revenue	\$ 25	\$ 24	\$ 26	\$ 26	\$ 27
Non-Operating Revenue	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
Total Revenue	\$ 26	\$ 24	\$ 27	\$ 27	\$ 27
Total Costs	\$ 26	\$ 24	\$ 27	\$ 28	\$ 29
Total Profit (Loss)	\$ (0.0)	\$ (0.3)	\$ 0.2	\$ (1.2)	\$ (2.3)

What were the hospital's total margin and operating margins between FY12 and FY16, and how do these compare to the hospital's peer cohort medians?



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

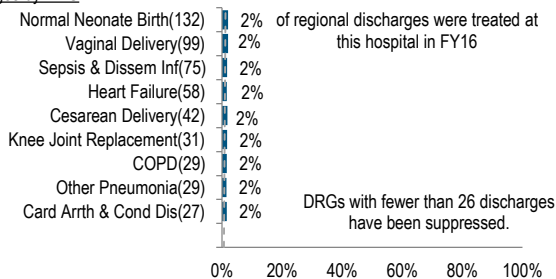
* High Public Payer Hospitals (HPP) receive a minimum of 63% of gross patient service revenue from public payers.

Fairview Hospital is a small, non-profit 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 FY12 to FY16, with a total margin of 6.3% in FY16, compared with a median total margin of 4.1% in its peer cohort. Over the five year period, Fairview Hospital's total margins and operating margins have consistently been higher than its peer cohort medians.

At a Glance	Overview / Size	
	Hospital System Affiliation:	Berkshire Health Systems
	Change in Ownership (FY12-16):	Not Applicable
	Total Staffed Beds:	28, among the smallest acute hospitals
	% Occupancy:	34.6%, lowest in cohort avg. (65%)
	Special Public Funding:	Not Applicable
	Trauma Center Designation:	Not Applicable
	Case Mix Index:	0.70, < cohort avg. (0.90); < statewide (1.07)
	Financial	
	Inpatient NPSR per CMAD:	\$19,084
Services	Change FY15-FY16:	-9.8%
	Inpatient:Outpatient Revenue in FY16:	19%:81%
	Outpatient Revenue in FY16:	\$35,227,579
	Change FY15-FY16:	0.4%
	Total Revenue in FY16:	\$50,881,422
	Total Surplus (Loss) in FY16:	\$3,216,881
	Payer Mix	
	Public Payer Mix:	66.4% (HPP* Hospital)
	CY15 Commercial S-RP:	1.32
	Top 3 Commercial Payers:	Blue Cross Blue Shield of MA Health New England Aetna Health
Quality	Utilization	
	Inpatient Discharges in FY16:	994
	Change FY15-FY16:	4.7%
	Emergency Department Visits in FY16:	11,116
	Change FY15-FY16:	-2.9%
	Outpatient Visits in FY16:	20,633
	Change FY15-FY16:	1.1%
	Quality	
	Readmission Rate in FY15:	12.5%
	Change FY11-FY15 (percentage points):	-2.3%
	Early Elective Deliveries Rate (Jan 2015-Jun 2016):	0.0%

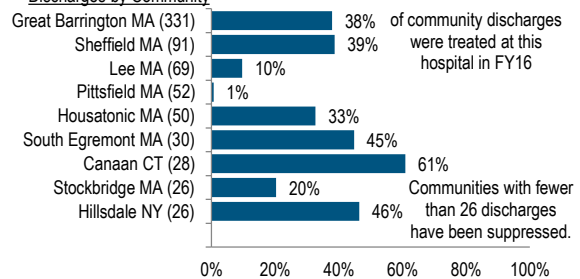
What were the most common inpatient cases (DRGs) treated at the hospital in FY16? What proportion of the region's cases did this hospital treat for each service?

Discharges by DRG

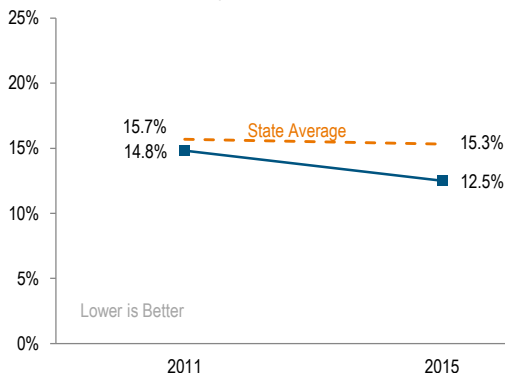


Where did most of the hospital's inpatients reside? What proportion of each community's total discharges was attributed to this hospital?

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.

2016 HOSPITAL PROFILE: FAIRVIEW HOSPITAL

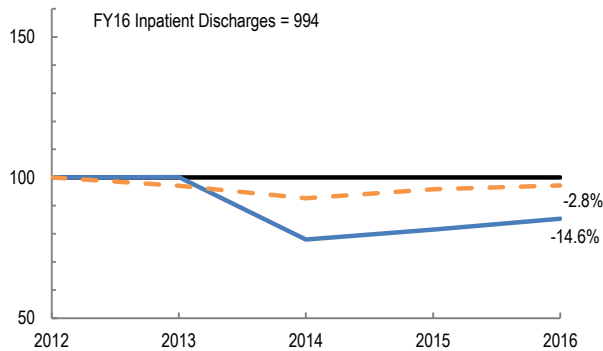
Cohort: Community High Public Payer Hospital

Key:

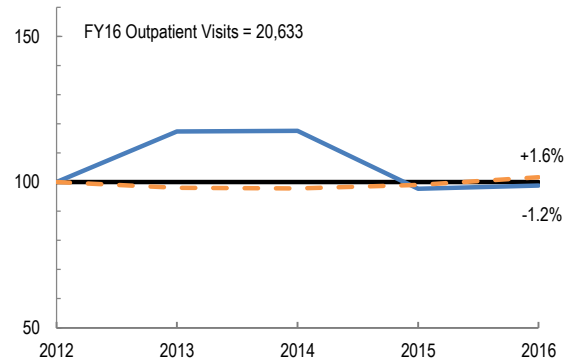


Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY12, and how does this compare to the hospital's peer cohort median? (FY12=100)

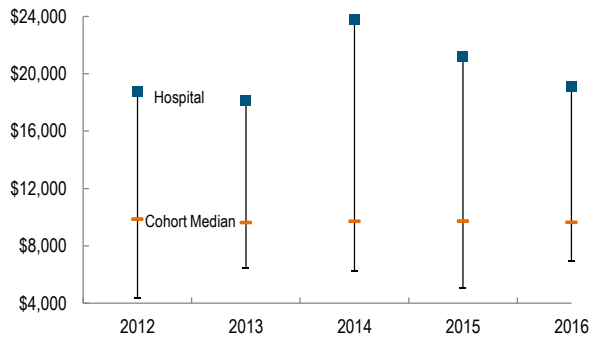


How has the volume of the hospital's outpatient visits changed compared to FY12, and how does this compare to the hospital's peer cohort median? (FY12=100)

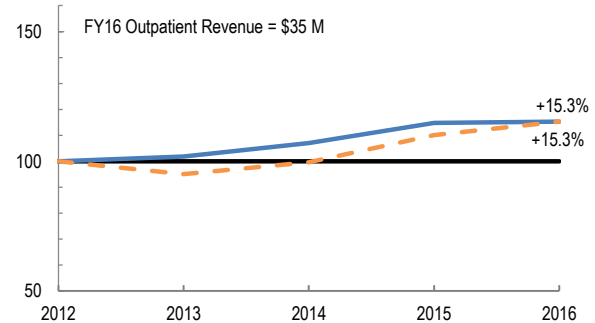


Patient Revenue Trends

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY12 and FY16, and how does this compare to the hospital's peer cohort median?



How has the hospital's total outpatient revenue changed compared to FY12, and how does this compare to the hospital's peer cohort median? (FY12=100)



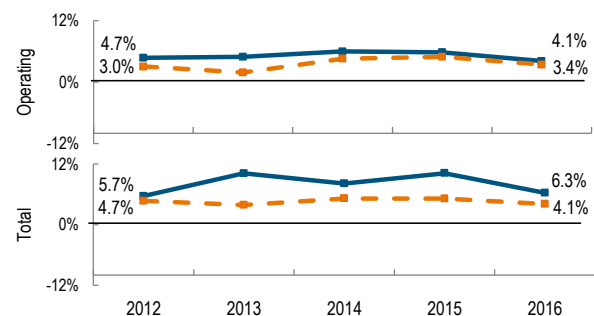
Financial Performance

How have the hospital's total revenue and costs changed between FY12 and FY16?

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

FY	2012	2013	2014	2015	2016
Operating Revenue	\$ 46	\$ 45	\$ 47	\$ 49	\$ 50
Non-Operating Revenue	\$ 0	\$ 2	\$ 1	\$ 2	\$ 1
Total Revenue	\$ 46	\$ 48	\$ 48	\$ 51	\$ 51
Total Costs	\$ 43	\$ 43	\$ 44	\$ 46	\$ 48
Total Profit (Loss)	\$ 2.6	\$ 4.8	\$ 3.9	\$ 5.2	\$ 3.2

What were the hospital's total margin and operating margins between FY12 and FY16, and how do these compare to the hospital's peer cohort medians?



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

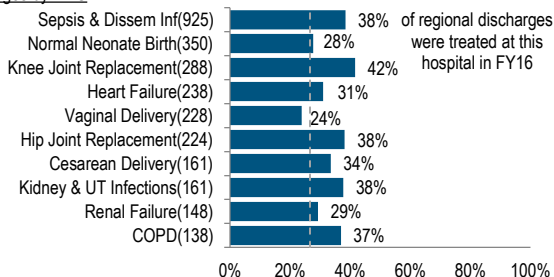
* High Public Payer Hospitals (HPP) receive a minimum of 63% of gross patient service revenue from public payers.

Falmouth Hospital is a mid-size, non-profit community-High Public Payer (HPP) hospital located in the Cape and Islands region. It is a member of Cape Cod Healthcare. Between FY12 and FY16, its inpatient discharges decreased 0.7%, compared with a median decrease of 2.8% among cohort hospitals. Outpatient visits decreased 1.1% in that same period, compared to a median increase of 1.6% for its peer cohort. Falmouth Hospital earned a profit each year from FY12 to FY16, and earned a 9.6% total margin in FY16, compared to a cohort median total margin of 4.1%. Falmouth Hospital's total margin and operating margin have been consistently higher than its peer cohort medians over this time period.

At a Glance	Overview / Size	
	Hospital System Affiliation:	Cape Cod Healthcare
	Change in Ownership (FY12-16):	Not Applicable
	Total Staffed Beds:	103, mid-size acute hospital
	% Occupancy:	65.7%, > cohort avg. (65%)
	Special Public Funding:	Not Applicable
	Trauma Center Designation:	Not Applicable
	Case Mix Index:	1.01, > cohort avg. (0.90); < statewide (1.07)
	Financial	
	Inpatient NPSR per CMAD:	\$9,187
Services	Change FY15-FY16:	-4.3%
	Inpatient:Outpatient Revenue in FY16:	32%:68%
	Outpatient Revenue in FY16:	\$100,846,441
	Change FY15-FY16:	5.5%
	Total Revenue in FY16:	\$166,434,952
	Total Surplus (Loss) in FY16:	\$16,053,207
	Payer Mix	
	Public Payer Mix:	70.8% (HPP* Hospital)
	CY15 Commercial S-RP:	1.52
	Top 3 Commercial Payers:	Blue Cross Blue Shield of MA Harvard Pilgrim Health Care Tufts Health Plan
Quality	Utilization	
	Inpatient Discharges in FY16:	6,358
	Change FY15-FY16:	0.7%
	Emergency Department Visits in FY16:	34,504
	Change FY15-FY16:	-0.9%
	Outpatient Visits in FY16:	48,690
	Change FY15-FY16:	1.8%
	Quality	
	Readmission Rate in FY15:	15.8%
	Change FY11-FY15 (percentage points):	-0.5%
	Early Elective Deliveries Rate (Jan 2015-Jun 2016):	3.2%

What were the most common inpatient cases (DRGs) treated at the hospital in FY16? What proportion of the region's cases did this hospital treat for each service?

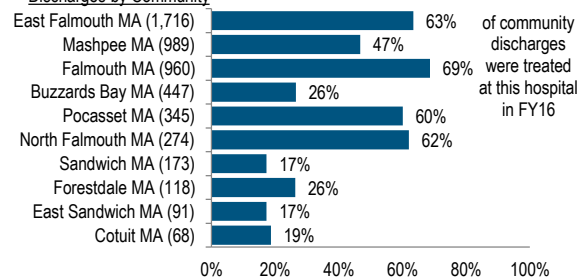
Discharges by DRG



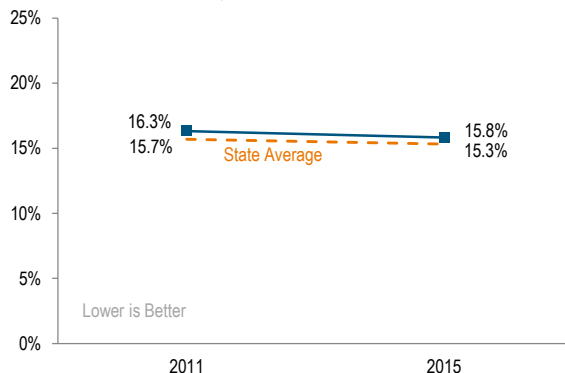
--- Hospital (6,358) = 26% of total regional discharges

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

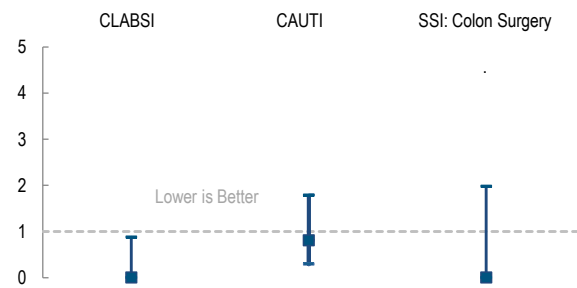
Discharges by Community



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?



2016 HOSPITAL PROFILE: FALMOUTH HOSPITAL

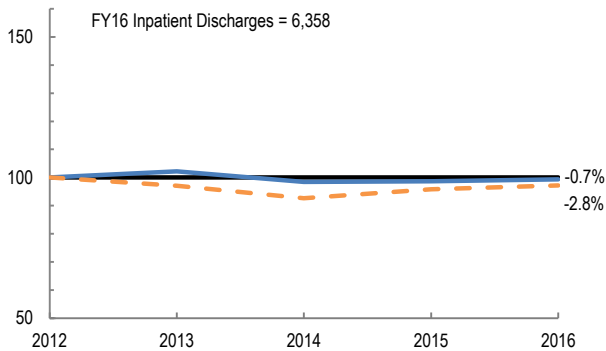
Cohort: Community High Public Payer Hospital

Key:

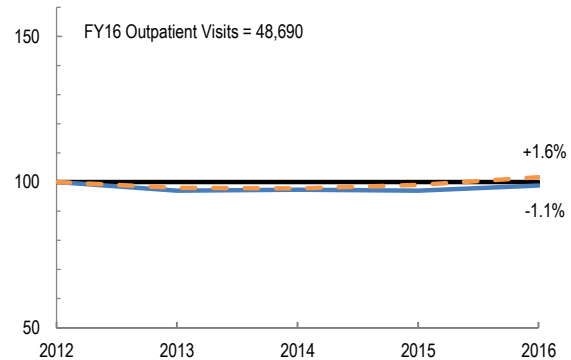


Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY12, and how does this compare to the hospital's peer cohort median? (FY12=100)

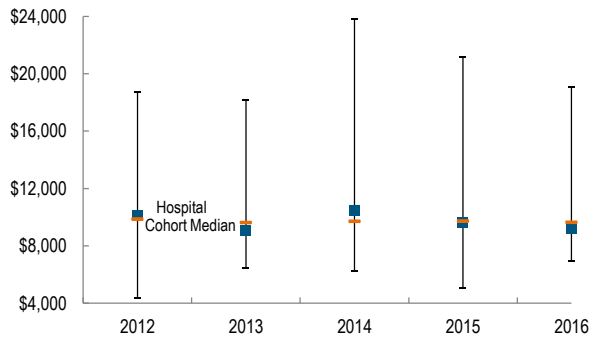


How has the volume of the hospital's outpatient visits changed compared to FY12, and how does this compare to the hospital's peer cohort median? (FY12=100)

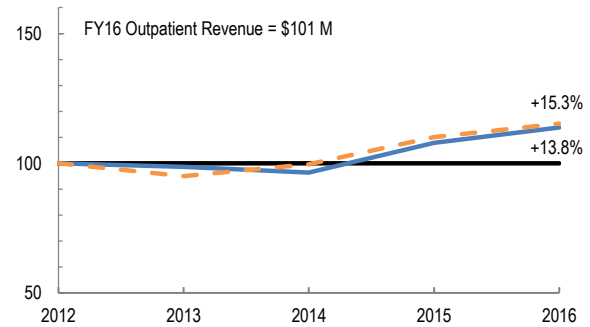


Patient Revenue Trends

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY12 and FY16, and how does this compare to the hospital's peer cohort median?



How has the hospital's total outpatient revenue changed compared to FY12, and how does this compare to the hospital's peer cohort median? (FY12=100)



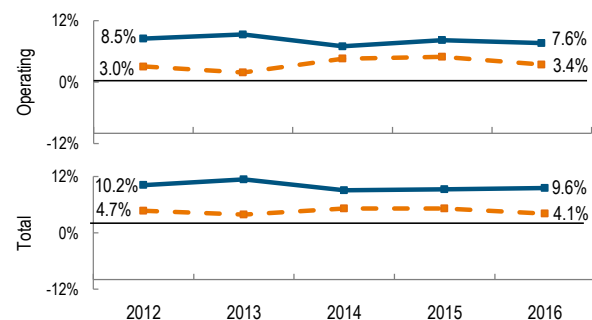
Financial Performance

How have the hospital's total revenue and costs changed between FY12 and FY16?

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

FY	2012	2013	2014	2015	2016
Operating Revenue	\$ 156	\$ 150	\$ 155	\$ 157	\$ 163
Non-Operating Revenue	\$ 3	\$ 3	\$ 3	\$ 2	\$ 3
Total Revenue	\$ 159	\$ 154	\$ 159	\$ 159	\$ 166
Total Costs	\$ 143	\$ 136	\$ 144	\$ 144	\$ 150
Total Profit (Loss)	\$ 16.2	\$ 17.6	\$ 14.4	\$ 14.8	\$ 16.1

What were the hospital's total margin and operating margins between FY12 and FY16, and how do these compare to the hospital's peer cohort medians?



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

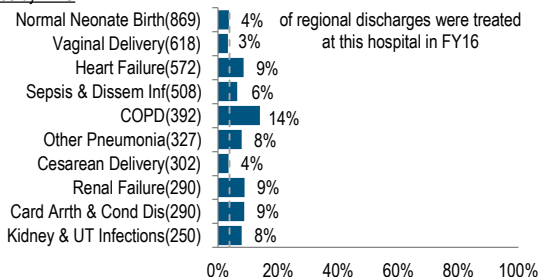
* High Public Payer Hospitals (HPP) receive a minimum of 63% of gross patient service revenue from public payers.

Hallmark Health System (HHS), which includes Lawrence Memorial Hospital and Melrose-Wakefield Hospital campuses, is a mid-size, non-profit community High Public Payer (HPP) hospital system located in the Metro Boston region. Between FY12 and FY16, inpatient discharges decreased 21.0% at HHS, compared to a median decrease of 2.8% among cohort hospitals. Hallmark Health reported a loss of \$1.9M in FY16, after reporting profits each year from FY12 to FY15. It had a total margin of -0.7%, lower than the median of 4.1% for its peer cohort.

At a Glance	Overview / Size	
	Hospital System Affiliation:	Wellforce
	Change in Ownership (FY12-16):	Wellforce - 2017
	Total Staffed Beds:	166, mid-size acute hospital
	% Occupancy:	89.7%, > cohort avg. (65%)
	Special Public Funding:	CHART^
	Trauma Center Designation:	Not Applicable
	Case Mix Index:	0.89, < cohort avg. (0.90); < statewide (1.07)
	Financial	
	Inpatient NPSR per CMAD:	\$9,547
Services	Change FY15-FY16:	-4.0%
	Inpatient:Outpatient Revenue in FY16:	27%:73%
	Outpatient Revenue in FY16:	\$143,203,433
	Change FY15-FY16:	-1.5%
	Total Revenue in FY16:	\$265,380,000
	Total Surplus (Loss) in FY16:	(\$1,878,000)
	Payer Mix	
	Public Payer Mix:	63.3% (HPP* Hospital)
	CY15 Commercial S-RP:	0.91
	Top 3 Commercial Payers:	Blue Cross Blue Shield of MA Harvard Pilgrim Health Care Tufts Health Plan
Quality	Utilization	
	Inpatient Discharges in FY16:	11,259
	Change FY15-FY16:	-4.1%
	Emergency Department Visits in FY16:	48,722
	Change FY15-FY16:	-4.4%
	Outpatient Visits in FY16:	535,497
	Change FY15-FY16:	-1.6%
	Quality	
	Readmission Rate in FY15:	16.4%
	Change FY11-FY15 (percentage points):	-2.6%
	Early Elective Deliveries Rate (Jan 2015-Jun 2016):	0.0%

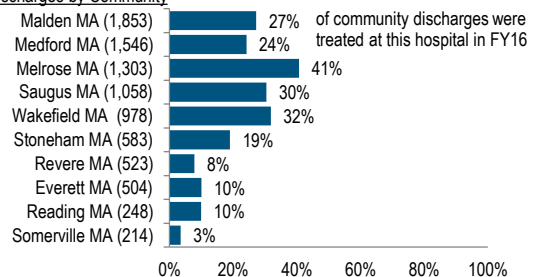
What were the most common inpatient cases (DRGs) treated at the hospital in FY16? What proportion of the region's cases did this hospital treat for each service?

Discharges by DRG

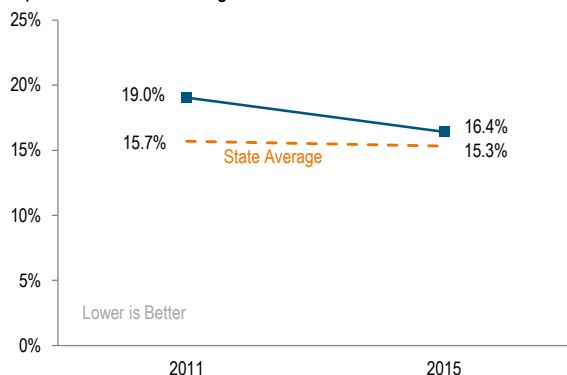


Where did most of the hospital's inpatients reside? What proportion of each community's total discharges was attributed to this hospital?

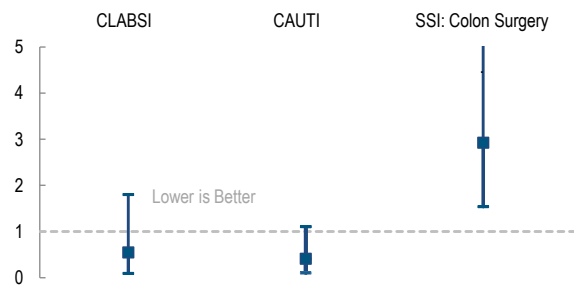
Discharges by Community



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?



2016 HOSPITAL PROFILE: HALLMARK HEALTH

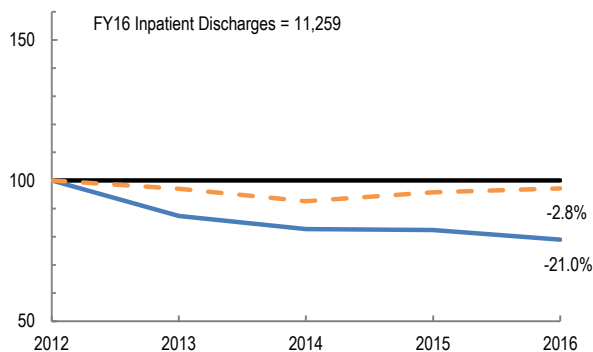
Cohort: Community High Public Payer Hospital

Key:

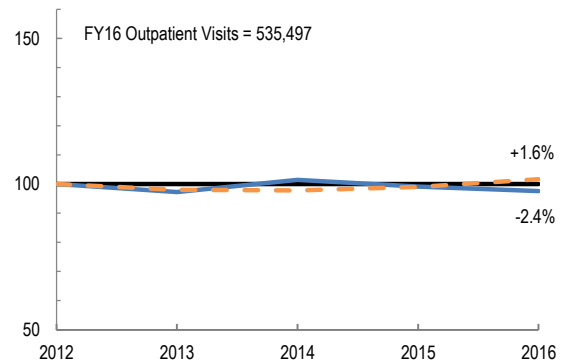


Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY12, and how does this compare to the hospital's peer cohort median? (FY12=100)

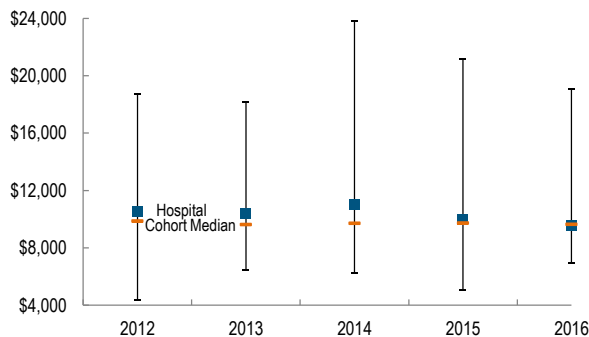


How has the volume of the hospital's outpatient visits changed compared to FY12, and how does this compare to the hospital's peer cohort median? (FY12=100)

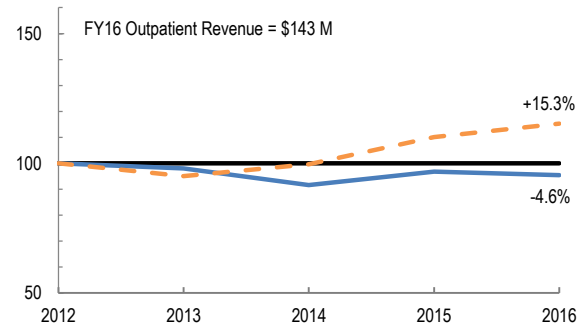


Patient Revenue Trends

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY12 and FY16, and how does this compare to the hospital's peer cohort median?



How has the hospital's total outpatient revenue changed compared to FY12, and how does this compare to the hospital's peer cohort median? (FY12=100)



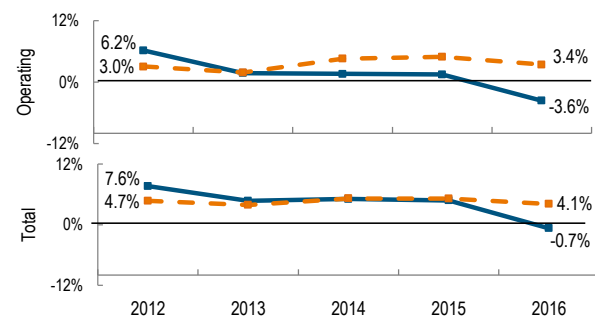
Financial Performance

How have the hospital's total revenue and costs changed between FY12 and FY16?

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

FY	2012	2013	2014	2015	2016
Operating Revenue	\$ 292	\$ 264	\$ 257	\$ 262	\$ 258
Non-Operating Revenue	\$ 4	\$ 8	\$ 9	\$ 9	\$ 8
Total Revenue	\$ 296	\$ 272	\$ 266	\$ 271	\$ 265
Total Costs	\$ 274	\$ 259	\$ 253	\$ 258	\$ 267
Total Profit (Loss)	\$ 22.6	\$ 12.8	\$ 13.5	\$ 13.0	\$ (1.9)

What were the hospital's total margin and operating margins between FY12 and FY16, 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).

HARRINGTON MEMORIAL HOSPITAL

2016 Hospital Profile

Southbridge, MA
Community High Public Payer Hospital
Central Massachusetts

Harrington Memorial Hospital is a mid-size, non-profit community-High Public Payer (HPP) hospital located in the Central Massachusetts region. Outpatient visits at Harrington increased 9.1% between FY12 and FY16, compared to its peer cohort median increase of 1.6%. At the same time, outpatient revenue increased 28.6% from FY12 to FY16 for Harrington, while its peer cohort median increased 15.3% over the same period. In FY16, Harrington reported a profit for the fourth consecutive fiscal year and the fourth in the past five fiscal years. Its total margin of 9.0% was higher than its peer cohort median of 4.1%.

At a Glance

Overview / Size

Hospital System Affiliation:	Not Applicable
Change in Ownership (FY12-16):	Not Applicable
Total Staffed Beds:	126, mid-size acute hospital
% Occupancy:	36.5%, < cohort avg. (65%)
Special Public Funding:	CHART^
Trauma Center Designation:	Not Applicable
Case Mix Index:	0.81, < cohort avg. (0.90); < statewide (1.07)

Financial

Inpatient NPSR per CMAD:	\$6,963
Change FY15-FY16:	-0.3%
Inpatient:Outpatient Revenue in FY16:	17%:83%
Outpatient Revenue in FY16:	\$101,288,615
Change FY15-FY16:	19.5%
Total Revenue in FY16:	\$138,041,567
Total Surplus (Loss) in FY16:	\$12,419,814

Payer Mix

Public Payer Mix:	65.3% (HPP* Hospital)
CY15 Commercial S-RP:	0.90
Top 3 Commercial Payers:	Blue Cross Blue Shield of MA Fallon Health Harvard Pilgrim Health Care

Utilization

Inpatient Discharges in FY16:	4,108
Change FY15-FY16:	-3.3%
Emergency Department Visits in FY16:	43,229
Change FY15-FY16:	0.3%
Outpatient Visits in FY16:	77,865
Change FY15-FY16:	-2.9%

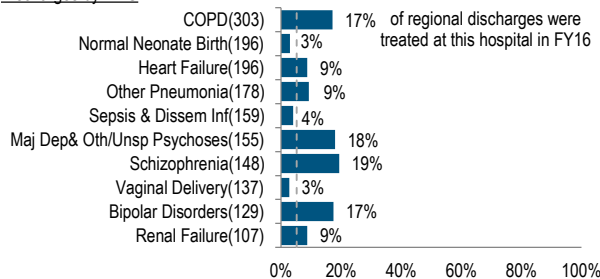
Quality

Readmission Rate in FY15:	13.7%
Change FY11-FY15 (percentage points):	-1.8%
Early Elective Deliveries Rate (Jan 2015-Jun 2016):	0.0%

Services

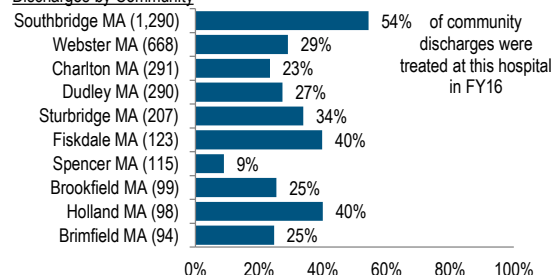
What were the most common inpatient cases (DRGs) treated at the hospital in FY16? What proportion of the region's cases did this hospital treat for each service?

Discharges by DRG



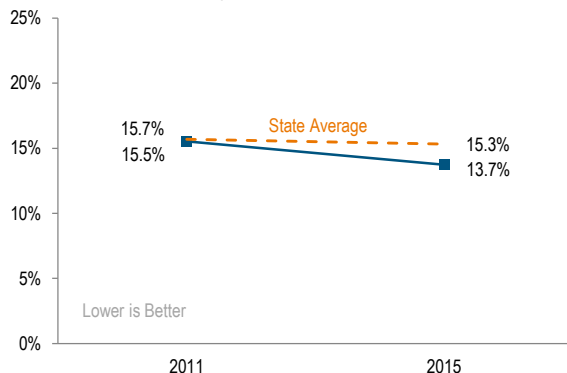
Where did most of the hospital's inpatients reside? What proportion of each community's total discharges was attributed to this hospital?

Discharges by Community

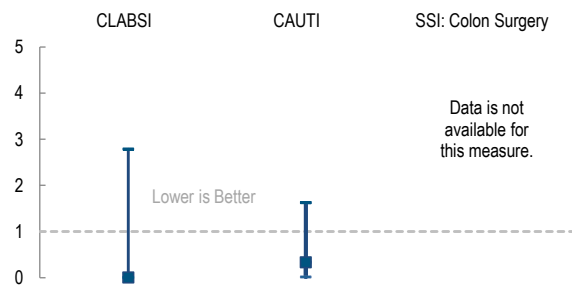


Quality

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.

2016 HOSPITAL PROFILE: HARRINGTON MEMORIAL HOSPITAL

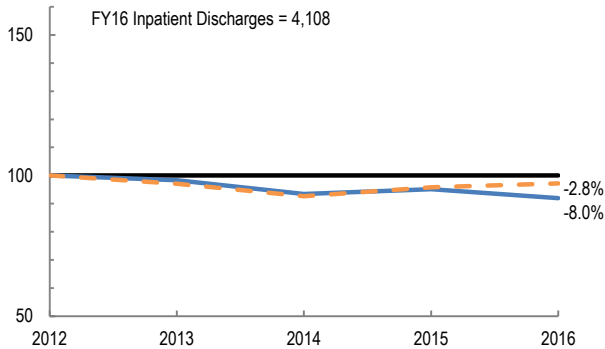
Cohort: Community High Public Payer Hospital

Key:

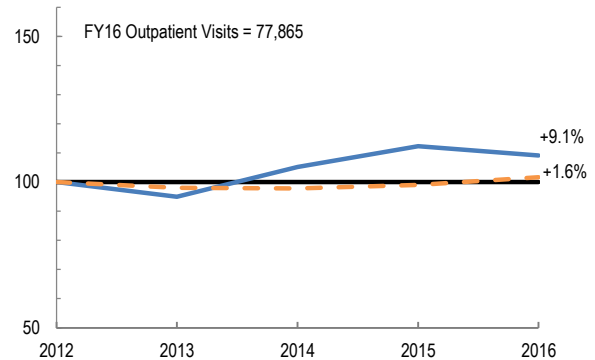


Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY12, and how does this compare to the hospital's peer cohort median? (FY12=100)

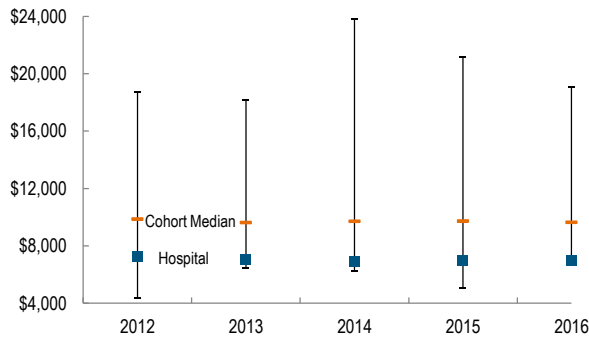


How has the volume of the hospital's outpatient visits changed compared to FY12, and how does this compare to the hospital's peer cohort median? (FY12=100)

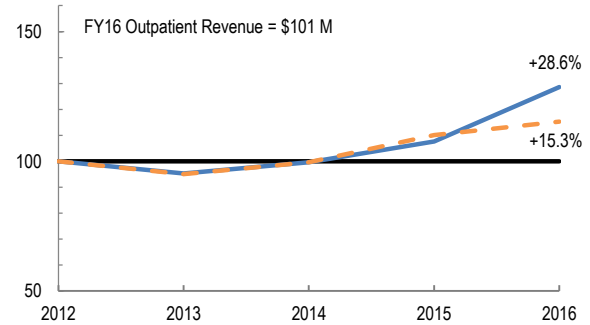


Patient Revenue Trends

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY12 and FY16, and how does this compare to the hospital's peer cohort median?



How has the hospital's total outpatient revenue changed compared to FY12, and how does this compare to the hospital's peer cohort median? (FY12=100)



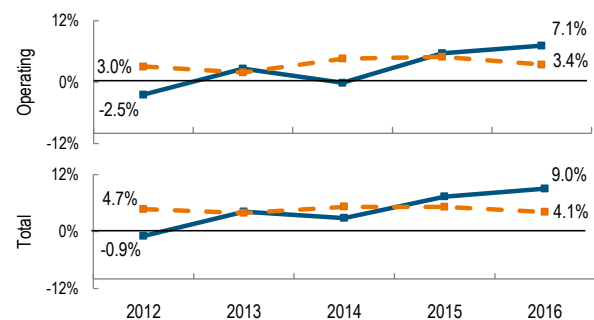
Financial Performance

How have the hospital's total revenue and costs changed between FY12 and FY16?

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

FY	2012	2013	2014	2015	2016
Operating Revenue	\$ 115	\$ 110	\$ 113	\$ 124	\$ 135
Non-Operating Revenue	\$ 2	\$ 2	\$ 3	\$ 2	\$ 3
Total Revenue	\$ 117	\$ 112	\$ 117	\$ 126	\$ 138
Total Costs	\$ 118	\$ 107	\$ 114	\$ 117	\$ 126
Total Profit (Loss)	\$ (1.1)	\$ 4.6	\$ 3.3	\$ 9.3	\$ 12.4

What were the hospital's total margin and operating margins between FY12 and FY16, 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).

HEALTHALLIANCE HOSPITAL

2016 Hospital Profile

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

HealthAlliance Hospital is a non-profit community-High Public Payer (HPP) hospital located in the Central Massachusetts region. It is a member of UMass Memorial Health Care. On October 1, 2017, Health Alliance Hospital merged with Clinton Hospital to form Health Alliance-Clinton Hospital. From FY12 to FY16, outpatient visits at HealthAlliance Hospital increased 20.0%, compared to its peer cohort median increase of 1.6%. Over the same period, outpatient revenue increased for HealthAlliance by 21.0%, compared to a median increase of 15.3% for its peer cohort. HealthAlliance earned a profit each year in the five-year period, with a 4.5% total margin in FY16, compared with a 4.1% cohort median total margin.

At a Glance

Overview / Size

Hospital System Affiliation:	UMass Memorial Health Care
Change in Ownership (FY12-16):	Not Applicable
Total Staffed Beds:	90, among the smaller acute hospitals
% Occupancy:	86.2%, > cohort avg. (65%)
Special Public Funding:	CHART^
Trauma Center Designation:	Not Applicable
Case Mix Index:	0.95, > cohort avg. (0.90); < statewide (1.07)

Financial

Inpatient NPSR per CMAD:	\$6,975
Change FY15-FY16:	-4.2%
Inpatient:Outpatient Revenue in FY16:	29%:71%
Outpatient Revenue in FY16:	\$104,131,770
Change FY15-FY16:	3.7%
Total Revenue in FY16:	\$182,975,980
Total Surplus (Loss) in FY16:	\$8,188,001

Payer Mix

Public Payer Mix:	68.9% (HPP* Hospital)
CY15 Commercial S-RP:	0.78
Top 3 Commercial Payers:	Blue Cross Blue Shield of MA Harvard Pilgrim Health Care Fallon Health

Utilization

Inpatient Discharges in FY16:	7,640
Change FY15-FY16:	2.8%
Emergency Department Visits in FY16:	77,224
Change FY15-FY16:	9.6%
Outpatient Visits in FY16:	125,666
Change FY15-FY16:	7.4%

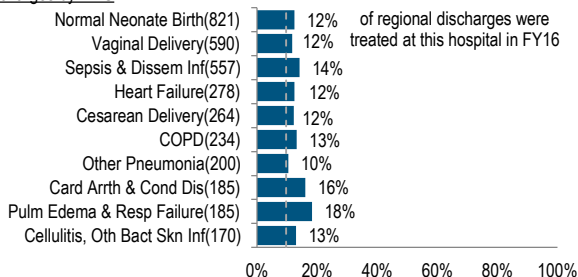
Quality

Readmission Rate in FY15:	15.6%
Change FY11-FY15 (percentage points):	0.1%
Early Elective Deliveries Rate (Jan 2015-Jun 2016):	Not Available

Services

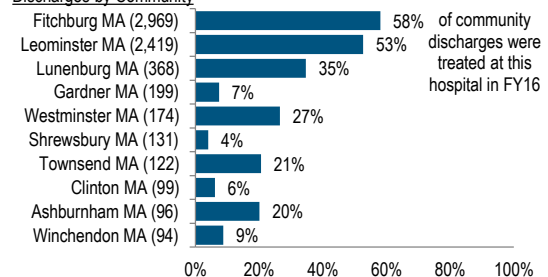
What were the most common inpatient cases (DRGs) treated at the hospital in FY16? What proportion of the region's cases did this hospital treat for each service?

Discharges by DRG



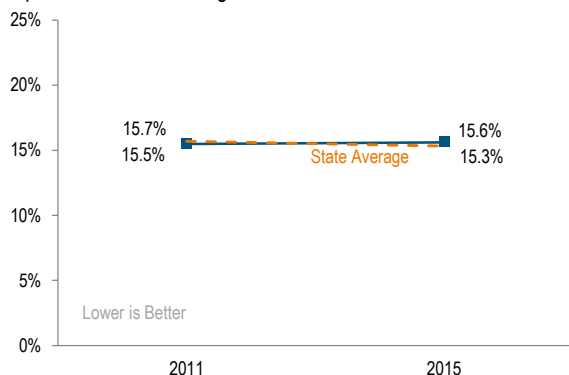
Where did most of the hospital's inpatients reside? What proportion of each community's total discharges was attributed to this hospital?

Discharges by Community

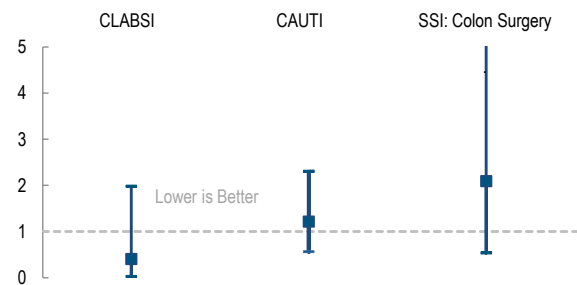


Quality

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.

2016 HOSPITAL PROFILE: HEALTHALLIANCE HOSPITAL

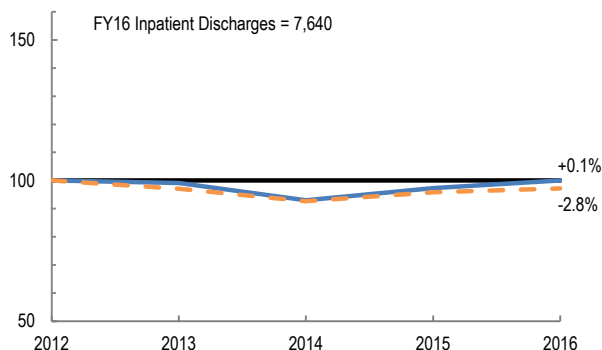
Cohort: Community High Public Payer Hospital

Key:

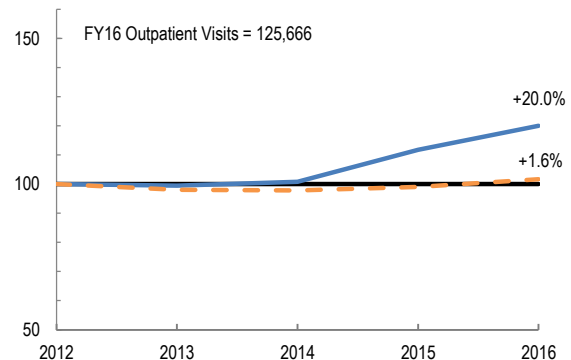


Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY12, and how does this compare to the hospital's peer cohort median? (FY12=100)

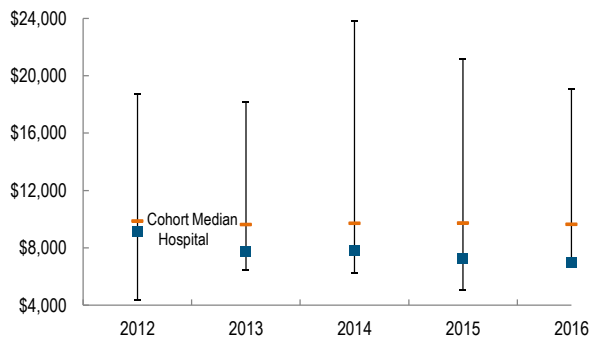


How has the volume of the hospital's outpatient visits changed compared to FY12, and how does this compare to the hospital's peer cohort median? (FY12=100)

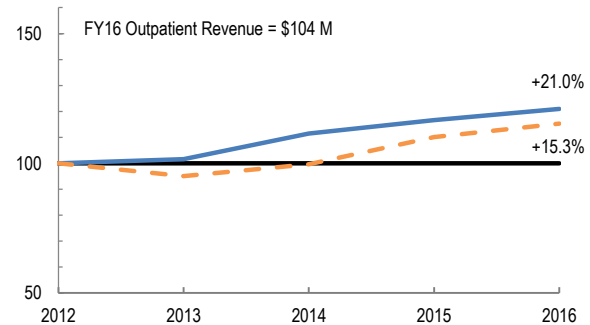


Patient Revenue Trends

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY12 and FY16, and how does this compare to the hospital's peer cohort median?



How has the hospital's total outpatient revenue changed compared to FY12, and how does this compare to the hospital's peer cohort median? (FY12=100)



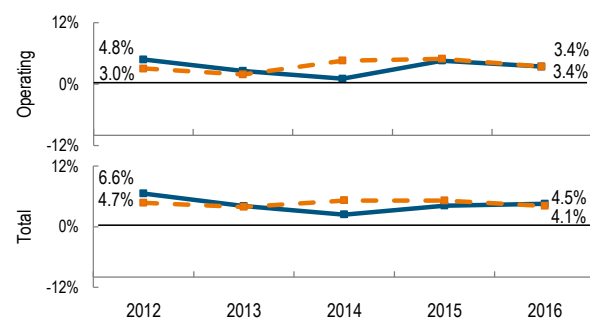
Financial Performance

How have the hospital's total revenue and costs changed between FY12 and FY16?

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

FY	2012	2013	2014	2015	2016
Operating Revenue	\$ 165	\$ 159	\$ 161	\$ 168	\$ 181
Non-Operating Revenue	\$ 3	\$ 2	\$ 2	\$ (1)	\$ 2
Total Revenue	\$ 168	\$ 162	\$ 164	\$ 167	\$ 183
Total Costs	\$ 157	\$ 155	\$ 160	\$ 160	\$ 175
Total Profit (Loss)	\$ 11.0	\$ 6.6	\$ 3.9	\$ 7.0	\$ 8.2

What were the hospital's total margin and operating margins between FY12 and FY16, 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).

HOLYOKE MEDICAL CENTER

2016 Hospital Profile

Holyoke, MA
Community High Public Payer Hospital
Western Massachusetts

Holyoke Medical Center is a mid-size, non-profit community-High Public Payer (HPP) hospital located in the Western Massachusetts region. Between FY12 and FY16, Holyoke Medical Center had a 3.7% increase in inpatient discharges, compared to a 2.8% median decrease for its peer cohort. Over this time period, its discharges have closely mirrored the peer cohort. Holyoke Medical Center has been profitable for each year in the five year period. In FY16, it had a total margin of 3.5%, lower than the cohort median of 4.1%. 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 (FY12-16):	Not Applicable
Total Staffed Beds:	107, mid-size acute hospital
% Occupancy:	65.8%, > cohort avg. (65%)
Special Public Funding:	CHART [^] , DSTI [^]
Trauma Center Designation:	Not Applicable
Case Mix Index:	0.85, < cohort avg. (0.90); < statewide (1.07)

Financial

Inpatient NPSR per CMAD:	\$8,570
Change FY15-FY16:	-4.4%
Inpatient:Outpatient Revenue in FY16:	25%:75%
Outpatient Revenue in FY16:	\$80,738,929
Change FY15-FY16:	16.1%
Total Revenue in FY16:	\$143,383,845
Total Surplus (Loss) in FY16:	\$5,018,290

Payer Mix

Public Payer Mix:	76.0% (HPP* Hospital)
CY15 Commercial S-RP:	0.72
Top 3 Commercial Payers:	Health New England Blue Cross Blue Shield of MA UniCare

Utilization

Inpatient Discharges in FY16:	6,381
Change FY15-FY16:	11.4%
Emergency Department Visits in FY16:	43,233
Change FY15-FY16:	4.3%
Outpatient Visits in FY16:	113,481
Change FY15-FY16:	18.8%

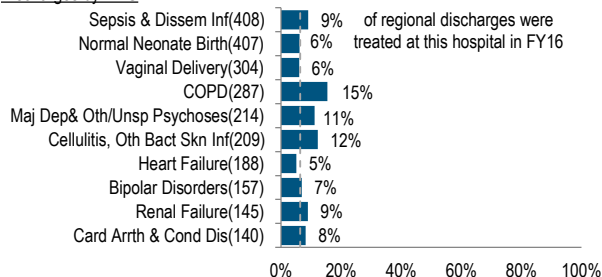
Quality

Readmission Rate in FY15:	16.5%
Change FY11-FY15 (percentage points):	-0.7%
Early Elective Deliveries Rate (Jan 2015-Jun 2016):	0.0%

Services

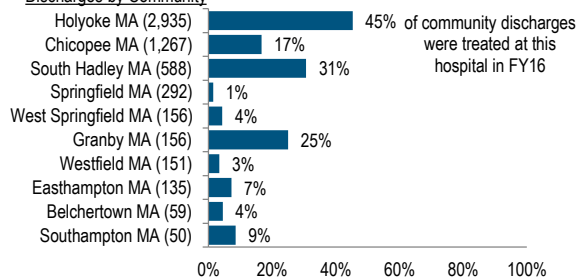
What were the most common inpatient cases (DRGs) treated at the hospital in FY16? What proportion of the region's cases did this hospital treat for each service?

Discharges by DRG



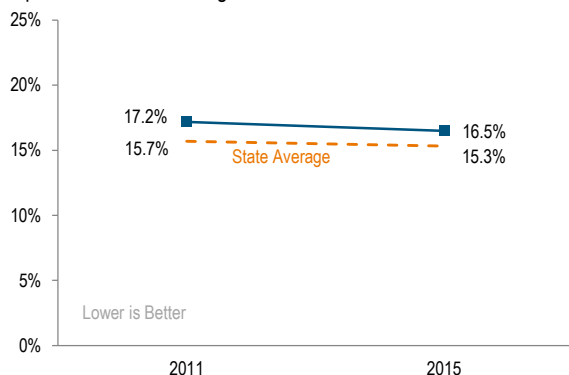
Where did most of the hospital's inpatients reside? What proportion of each community's total discharges was attributed to this hospital?

Discharges by Community

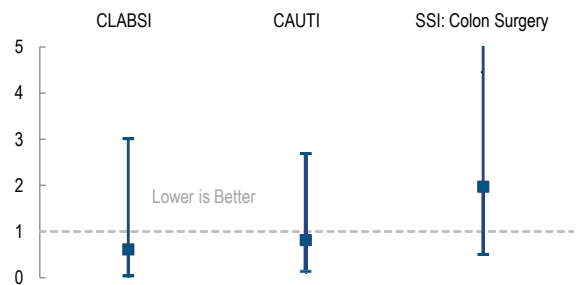


Quality

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.

2016 HOSPITAL PROFILE: HOLYOKE MEDICAL CENTER

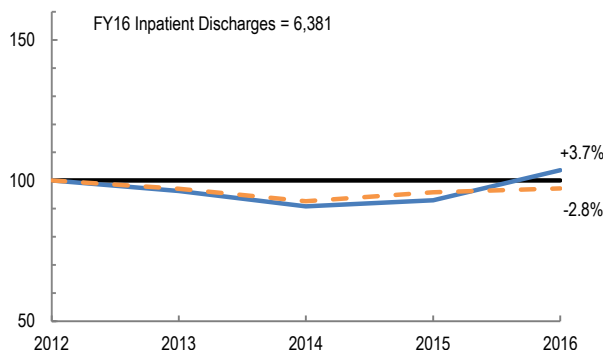
Cohort: Community High Public Payer Hospital

Key:

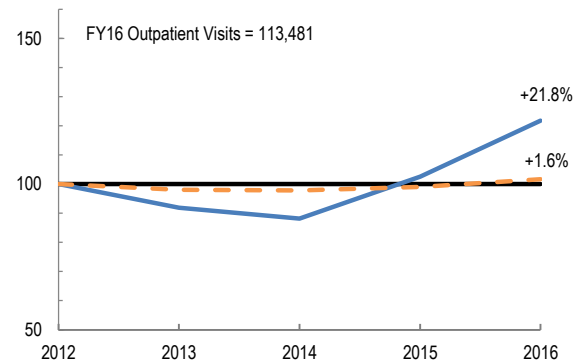


Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY12, and how does this compare to the hospital's peer cohort median? (FY12=100)

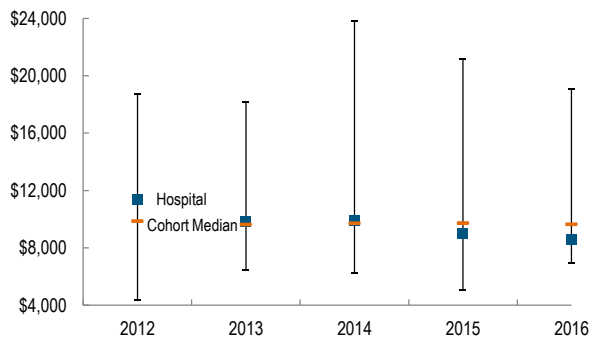


How has the volume of the hospital's outpatient visits changed compared to FY12, and how does this compare to the hospital's peer cohort median? (FY12=100)

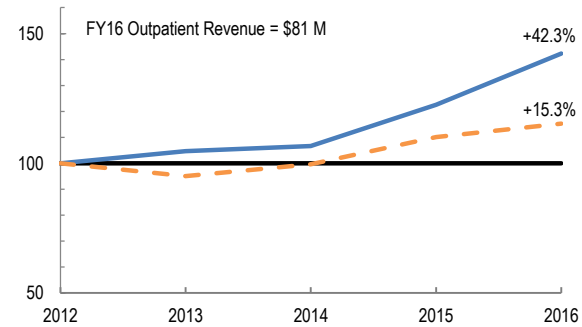


Patient Revenue Trends

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY12 and FY16, and how does this compare to the hospital's peer cohort median?



How has the hospital's total outpatient revenue changed compared to FY12, and how does this compare to the hospital's peer cohort median? (FY12=100)



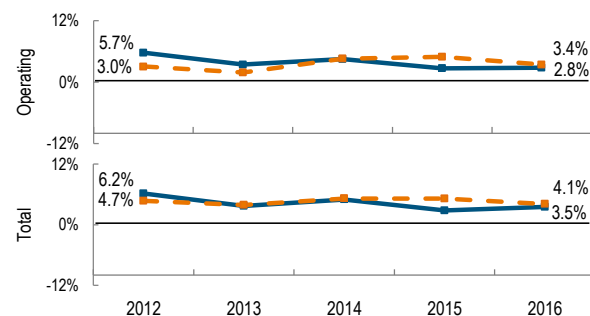
Financial Performance

How have the hospital's total revenue and costs changed between FY12 and FY16?

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

FY	2012	2013	2014	2015	2016
Operating Revenue	\$ 129	\$ 121	\$ 123	\$ 127	\$ 142
Non-Operating Revenue	\$ 1	\$ 0	\$ 1	\$ 0	\$ 1
Total Revenue	\$ 130	\$ 122	\$ 123	\$ 127	\$ 143
Total Costs	\$ 122	\$ 117	\$ 117	\$ 124	\$ 138
Total Profit (Loss)	\$ 8.0	\$ 4.5	\$ 6.2	\$ 3.6	\$ 5.0

What were the hospital's total margin and operating margins between FY12 and FY16, 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).

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

LAWRENCE GENERAL HOSPITAL

2016 Hospital Profile

Lawrence, MA
Community High Public Payer Hospital
Northeastern Massachusetts

Lawrence General Hospital is a mid-size, non-profit community-High Public Payer (HPP) hospital located in the Northeastern Massachusetts region. From FY12 to FY16, Lawrence General Hospital saw an increase of 5.5% in outpatient visits, with an increase of 19.0% in outpatient revenue. The hospital earned a profit of \$3.6M in FY16, with a total margin of 1.5%, rebounding from a loss of \$4.0M in FY2015. It was profitable each year from FY12 through FY14.

At a Glance

Overview / Size

Hospital System Affiliation:	Not Applicable
Change in Ownership (FY12-16):	Not Applicable
Total Staffed Beds:	230, mid-size acute hospital
% Occupancy:	53.2%, < cohort avg. (65%)
Special Public Funding:	CHART [^] , DSTI [†]
Trauma Center Designation:	Adult: Level 3
Case Mix Index:	0.86, < cohort avg. (0.90); < statewide (1.07)

Financial

Inpatient NPSR per CMAD:	\$8,686
Change FY15-FY16:	-4.9%
Inpatient:Outpatient Revenue in FY16:	35%:65%
Outpatient Revenue in FY16:	\$124,253,359
Change FY15-FY16:	5.7%
Total Revenue in FY16:	\$243,742,000
Total Surplus (Loss) in FY16:	\$3,619,000

Payer Mix

Public Payer Mix:	73.8% (HPP* Hospital)
CY15 Commercial S-RP:	0.75
Top 3 Commercial Payers:	Blue Cross Blue Shield of MA Harvard Pilgrim Health Care Tufts Health Plan

Utilization

Inpatient Discharges in FY16:	12,146
Change FY15-FY16:	-0.5%
Emergency Department Visits in FY16:	70,706
Change FY15-FY16:	0.3%
Outpatient Visits in FY16:	284,857
Change FY15-FY16:	3.9%

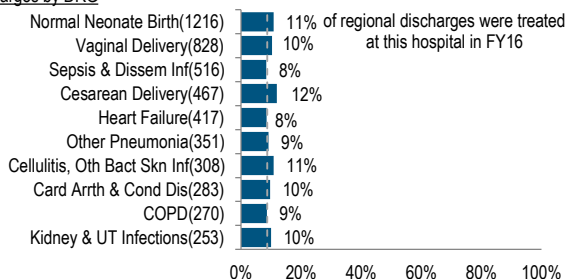
Quality

Readmission Rate in FY15:	15.8%
Change FY11-FY15 (percentage points):	1.3%
Early Elective Deliveries Rate (Jan 2015-Jun 2016):	0.0%

Services

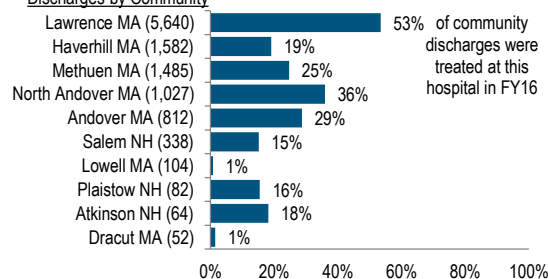
What were the most common inpatient cases (DRGs) treated at the hospital in FY16? What proportion of the region's cases did this hospital treat for each service?

Discharges by DRG



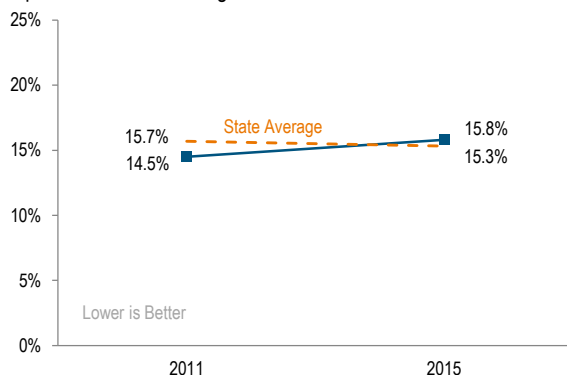
Where did most of the hospital's inpatients reside? What proportion of each community's total discharges was attributed to this hospital?

Discharges by Community

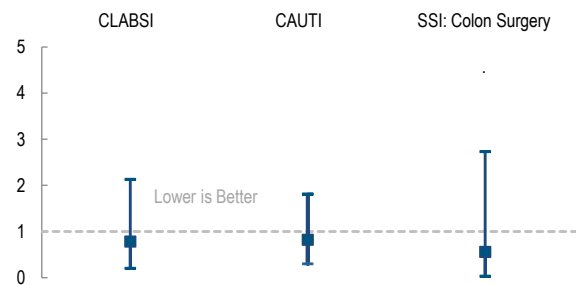


Quality

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.

2016 HOSPITAL PROFILE: LAWRENCE GENERAL HOSPITAL

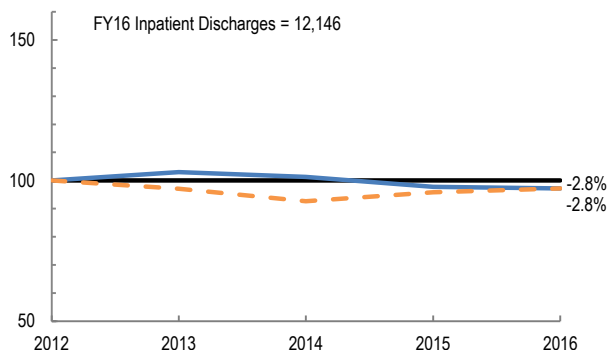
Cohort: Community High Public Payer Hospital

Key:

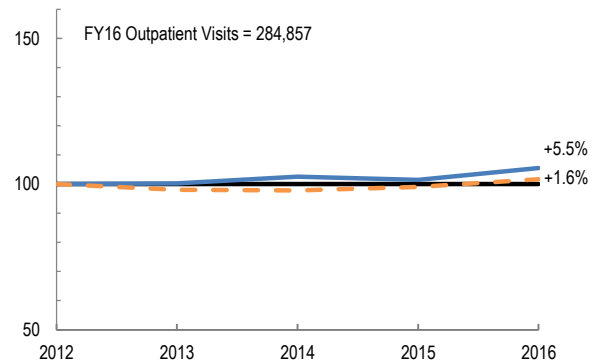


Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY12, and how does this compare to the hospital's peer cohort median? (FY12=100)

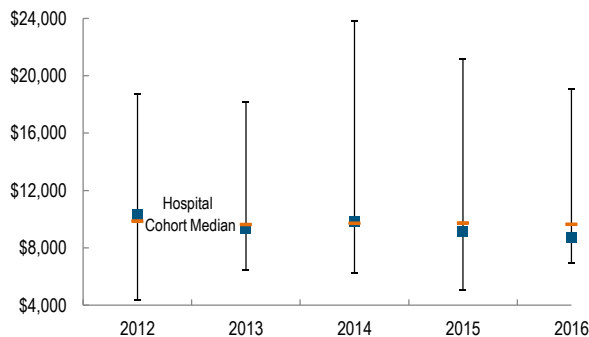


How has the volume of the hospital's outpatient visits changed compared to FY12, and how does this compare to the hospital's peer cohort median? (FY12=100)

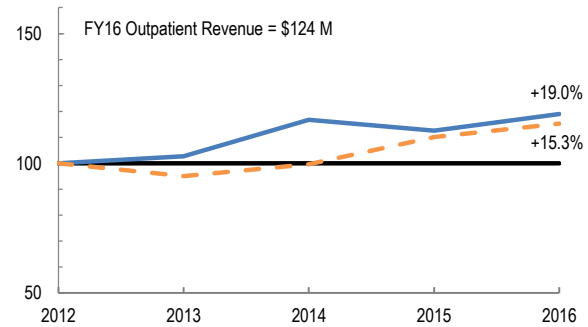


Patient Revenue Trends

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY12 and FY16, and how does this compare to the hospital's peer cohort median?



How has the hospital's total outpatient revenue changed compared to FY12, and how does this compare to the hospital's peer cohort median? (FY12=100)



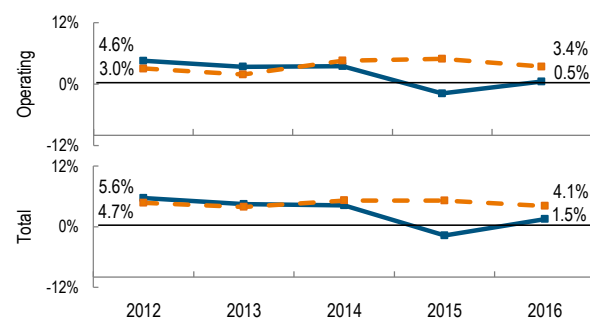
Financial Performance

How have the hospital's total revenue and costs changed between FY12 and FY16?

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

FY	2012	2013	2014	2015	2016
Operating Revenue	\$ 217	\$ 217	\$ 229	\$ 226	\$ 241
Non-Operating Revenue	\$ 2	\$ 2	\$ 2	\$ 0	\$ 2
Total Revenue	\$ 220	\$ 220	\$ 230	\$ 226	\$ 244
Total Costs	\$ 207	\$ 210	\$ 221	\$ 230	\$ 240
Total Profit (Loss)	\$ 12.4	\$ 9.9	\$ 9.8	\$ (4.0)	\$ 3.6

What were the hospital's total margin and operating margins between FY12 and FY16, 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).

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

LOWELL GENERAL HOSPITAL

2016 Hospital Profile

Lowell, MA

Community High Public Payer Hospital
Northeastern Massachusetts

Lowell General Hospital is a non-profit 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 FY16 data. Lowell General Hospital was profitable each year from FY12 to FY16, with a total margin of 2.3% in FY16, compared to a median total margin of 4.1% in its peer cohort.

At a Glance

Overview / Size

Hospital System Affiliation:	Wellforce
Change in Ownership (FY12-16):	Wellforce - 2014
Total Staffed Beds:	344, among the larger acute hospitals
% Occupancy:	68.1%, > cohort avg. (65%)
Special Public Funding:	CHART^
Trauma Center Designation:	Adult: Level 3
Case Mix Index:	0.86, < cohort avg. (0.90); < statewide (1.07)

Financial

Inpatient NPSR per CMAD:	\$9,480
Change FY15-FY16:	-2.0%
Inpatient:Outpatient Revenue in FY16:	34%:66%
Outpatient Revenue in FY16:	\$249,670,121
Change FY15-FY16:	6.3%
Total Revenue in FY16:	\$442,139,806
Total Surplus (Loss) in FY16:	\$10,378,655

Payer Mix

Public Payer Mix:	64.2% (HPP* Hospital)
CY15 Commercial S-RP:	0.82
Top 3 Commercial Payers:	Blue Cross Blue Shield of MA Harvard Pilgrim Health Care Tufts Health Plan

Utilization

Inpatient Discharges in FY16:	21,848
Change FY15-FY16:	-0.5%
Emergency Department Visits in FY16:	99,676
Change FY15-FY16:	-0.2%
Outpatient Visits in FY16:	193,985
Change FY15-FY16:	2.9%

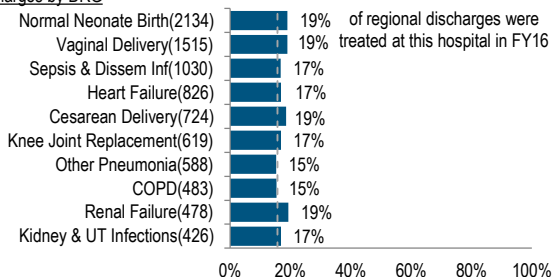
Quality

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 FY16? What proportion of the region's cases did this hospital treat for each service?

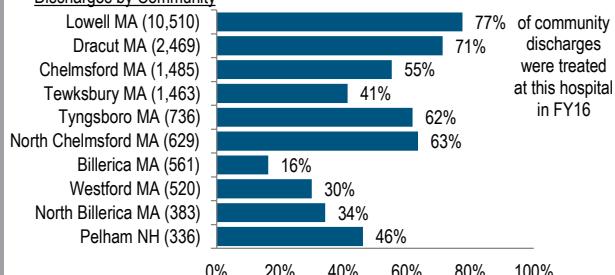
Discharges by DRG



--- Hospital (21,848) = 15% of total regional discharges

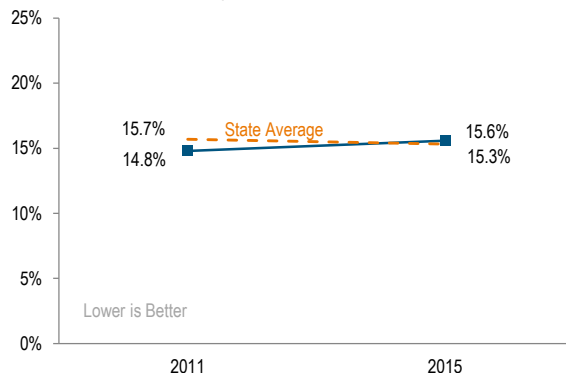
Where did most of the hospital's inpatients reside? What proportion of each community's total discharges was attributed to this hospital?

Discharges by Community

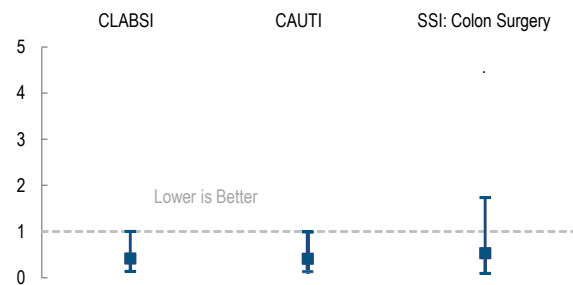


Quality

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.

2016 HOSPITAL PROFILE: LOWELL GENERAL HOSPITAL

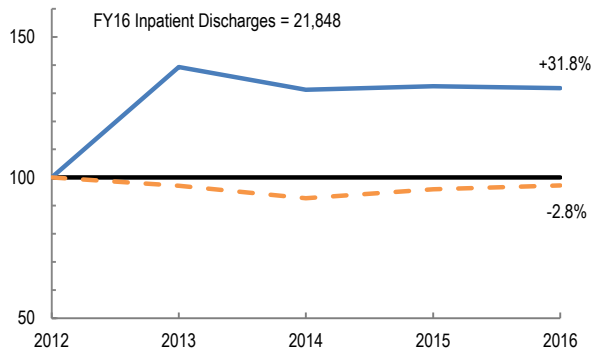
Cohort: Community High Public Payer Hospital

Key:

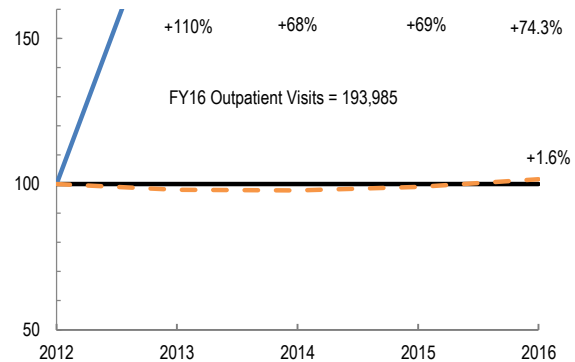


Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY12, and how does this compare to the hospital's peer cohort median? (FY12=100)

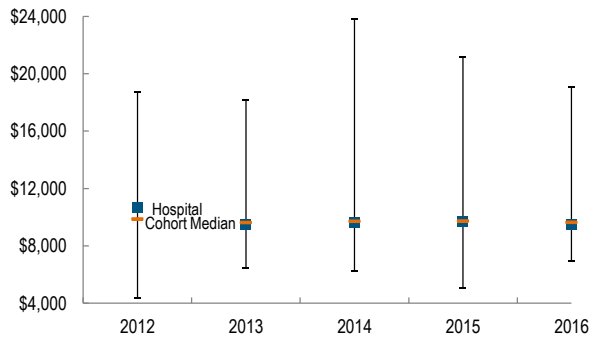


How has the volume of the hospital's outpatient visits changed compared to FY12, and how does this compare to the hospital's peer cohort median? (FY12=100)

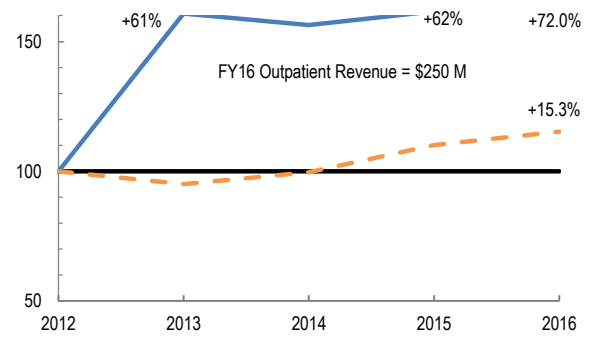


Patient Revenue Trends

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY12 and FY16, and how does this compare to the hospital's peer cohort median?



How has the hospital's total outpatient revenue changed compared to FY12, and how does this compare to the hospital's peer cohort median? (FY12=100)



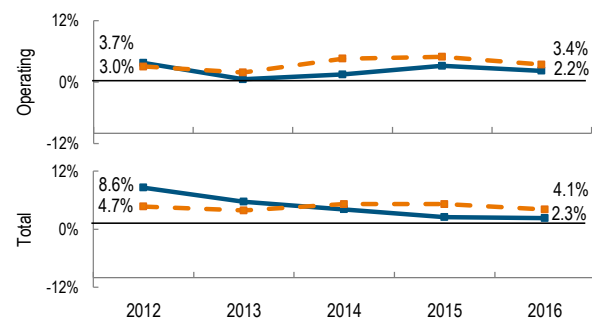
Financial Performance

How have the hospital's total revenue and costs changed between FY12 and FY16?

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

FY	2012	2013	2014	2015	2016
Operating Revenue	\$ 317	\$ 405	\$ 416	\$ 430	\$ 441
Non-Operating Revenue	\$ 16	\$ 22	\$ 11	\$ (3)	\$ 1
Total Revenue	\$ 333	\$ 427	\$ 427	\$ 427	\$ 442
Total Costs	\$ 304	\$ 402	\$ 409	\$ 417	\$ 432
Total Profit (Loss)	\$ 28.7	\$ 24.3	\$ 17.6	\$ 10.7	\$ 10.4

What were the hospital's total margin and operating margins between FY12 and FY16, 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.

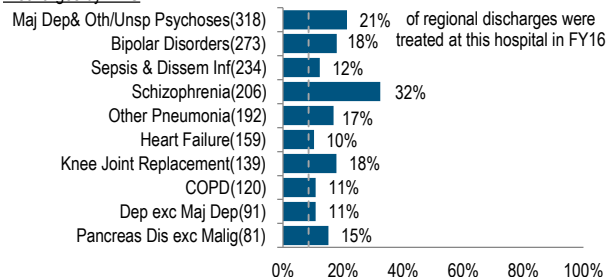
^ For more information on Community Hospital Acceleration, Revitalization and Transformation (CHART) special funding, please contact the Health Policy Commission (HPC).

Marlborough Hospital is a non-profit 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 FY12 to FY16, with a total margin of 10.0% in FY16, compared to a median total margin of 4.1% for peer hospitals. Though Marlborough Hospital accounts for just 8% of discharges in its region, it had 32% of all the discharges for Schizophrenia in the Metro West region.

At a Glance	Overview / Size	
	Hospital System Affiliation:	UMass Memorial Health Care
	Change in Ownership (FY12-16):	Not Applicable
	Total Staffed Beds:	79, among the smaller acute hospitals
	% Occupancy:	55.9%, < cohort avg. (65%)
	Special Public Funding:	CHART^
	Trauma Center Designation:	Not Applicable
	Case Mix Index:	0.90, = cohort avg. (0.90); < statewide (1.07)
	Financial	
	Inpatient NPSR per CMAD:	\$9,245
Services	Change FY15-FY16:	8.3%
	Inpatient:Outpatient Revenue in FY16:	27%:73%
	Outpatient Revenue in FY16:	\$45,464,091
	Change FY15-FY16:	8.7%
	Total Revenue in FY16:	\$88,871,000
	Total Surplus (Loss) in FY16:	\$8,918,000
	Payer Mix	
	Public Payer Mix:	64.0% (HPP* Hospital)
	CY15 Commercial S-RP:	0.85
	Top 3 Commercial Payers:	Blue Cross Blue Shield of MA Harvard Pilgrim Health Care Tufts Health Plan
Quality	Utilization	
	Inpatient Discharges in FY16:	3,612
	Change FY15-FY16:	-6.8%
	Emergency Department Visits in FY16:	26,360
	Change FY15-FY16:	2.2%
	Outpatient Visits in FY16:	81,782
	Change FY15-FY16:	3.0%
	Quality	
	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 FY16? What proportion of the region's cases did this hospital treat for each service?

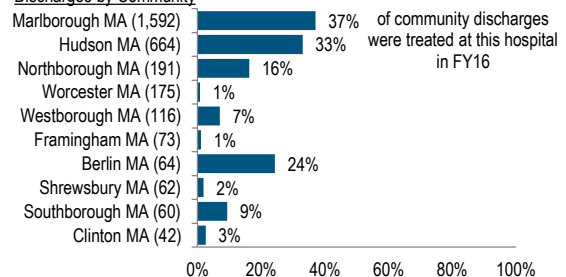
Discharges by DRG



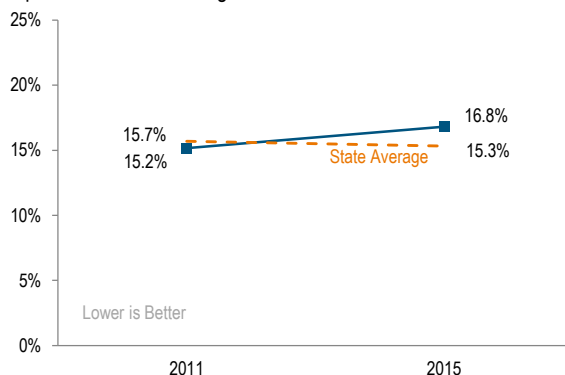
--- Hospital (3,612) = 8% of total regional discharges

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

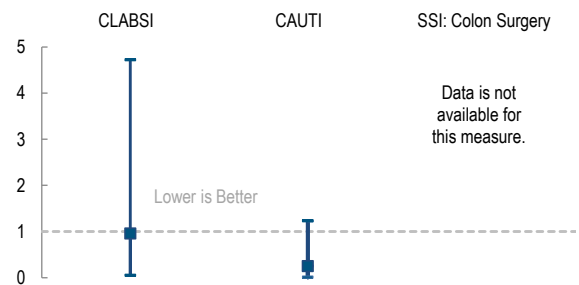
Discharges by Community



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?



2016 HOSPITAL PROFILE: MARLBOROUGH HOSPITAL

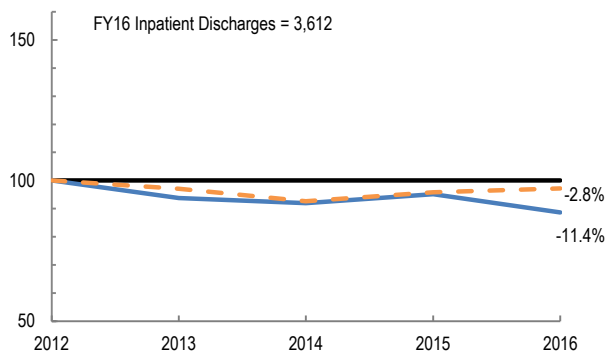
Cohort: Community High Public Payer Hospital

Key:

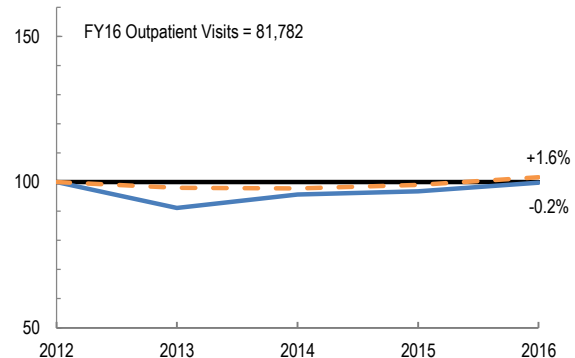


Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY12, and how does this compare to the hospital's peer cohort median? (FY12=100)

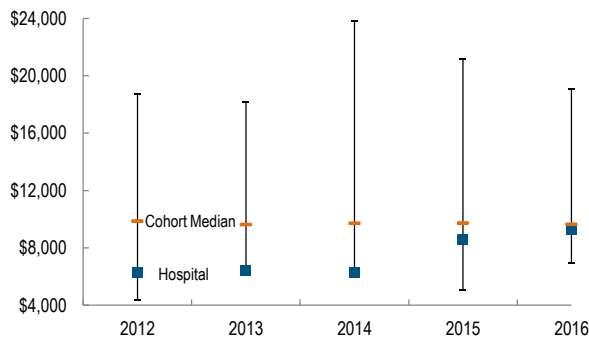


How has the volume of the hospital's outpatient visits changed compared to FY12, and how does this compare to the hospital's peer cohort median? (FY12=100)

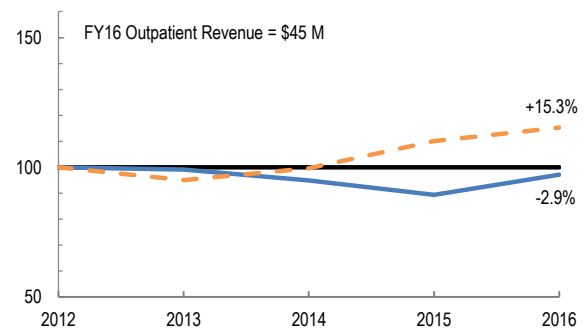


Patient Revenue Trends

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY12 and FY16, and how does this compare to the hospital's peer cohort median?



How has the hospital's total outpatient revenue changed compared to FY12, and how does this compare to the hospital's peer cohort median? (FY12=100)



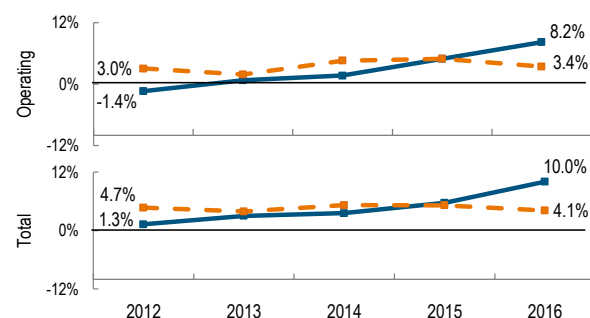
Financial Performance

How have the hospital's total revenue and costs changed between FY12 and FY16?

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

FY	2012	2013	2014	2015	2016
Operating Revenue	\$ 77	\$ 79	\$ 80	\$ 81	\$ 87
Non-Operating Revenue	\$ 2	\$ 2	\$ 2	\$ 1	\$ 2
Total Revenue	\$ 79	\$ 81	\$ 82	\$ 81	\$ 89
Total Costs	\$ 78	\$ 78	\$ 79	\$ 77	\$ 80
Total Profit (Loss)	\$ 1.0	\$ 2.4	\$ 2.9	\$ 4.6	\$ 8.9

What were the hospital's total margin and operating margins between FY12 and FY16, 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).

MERCY MEDICAL CENTER

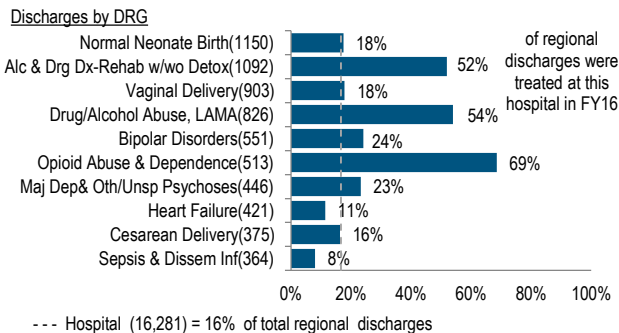
2016 Hospital Profile

Springfield, MA
Community High Public Payer Hospital
Western Massachusetts

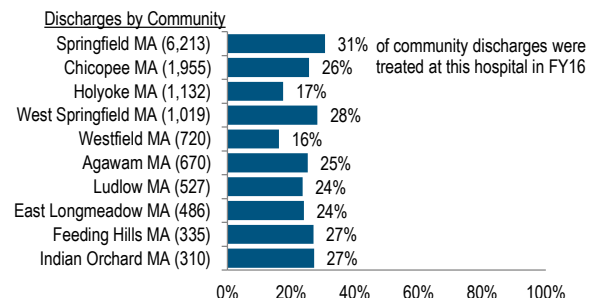
Mercy Medical Center is a large, non-profit community-High Public Payer (HPP) hospital located in the Western Massachusetts region. Mercy Medical Center had 3.0% more inpatient discharges in FY16 than in FY12, compared with a median decrease of 2.8% in its peer cohort. Outpatient visits increased at Mercy Medical Center by 26.4% in that same time period, compared with a median increase of 1.6% for its peer cohort. The hospital incurred a loss of \$4.8M in FY16 after earning a profit each year from FY12 to FY15. The hospital had a -1.8% total margin in FY16, compared to a median total margin of 4.1% among cohort hospitals.

At a Glance	Overview / Size	
	Hospital System Affiliation:	Not Applicable
	Change in Ownership (FY12-16):	Not Applicable
	Total Staffed Beds:	395, among the larger acute hospitals
	% Occupancy:	54.6%, < cohort avg. (65%)
	Special Public Funding:	CHART [^] , DSTI [†]
	Trauma Center Designation:	Not Applicable
	Case Mix Index:	0.86, < cohort avg. (0.90); < statewide (1.07)
	Financial	
	Inpatient NPSR per CMAD:	\$9,802
Services	Change FY15-FY16:	-8.4%
	Inpatient:Outpatient Revenue in FY16:	48%:52%
	Outpatient Revenue in FY16:	\$119,403,431
	Change FY15-FY16:	4.2%
	Total Revenue in FY16:	\$264,103,663
	Total Surplus (Loss) in FY16:	(\$4,808,094)
	Payer Mix	
	Public Payer Mix:	74.2% (HPP* Hospital)
	CY15 Commercial S-RP:	0.81
	Top 3 Commercial Payers:	Blue Cross Blue Shield of MA Health New England UniCare
Quality	Utilization	
	Inpatient Discharges in FY16:	16,281
	Change FY15-FY16:	3.1%
	Emergency Department Visits in FY16:	71,733
	Change FY15-FY16:	4.2%
	Outpatient Visits in FY16:	224,712
	Change FY15-FY16:	5.4%
	Quality	
	Readmission Rate in FY15:	15.3%
	Change FY11-FY15 (percentage points):	1.2%
	Early Elective Deliveries Rate (Jan 2015-Jun 2016):	0.0%

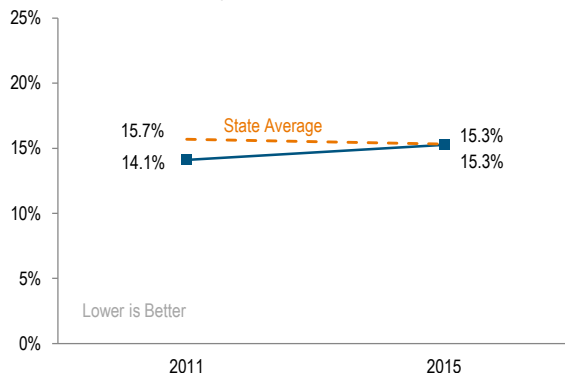
What were the most common inpatient cases (DRGs) treated at the hospital in FY16? What proportion of the region's cases did this hospital treat for each service?



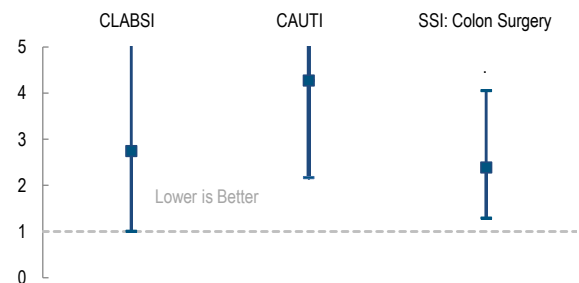
Where did most of the hospital's inpatients reside? What proportion of each community's total discharges was attributed to this hospital?



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.

2016 HOSPITAL PROFILE: MERCY MEDICAL CENTER

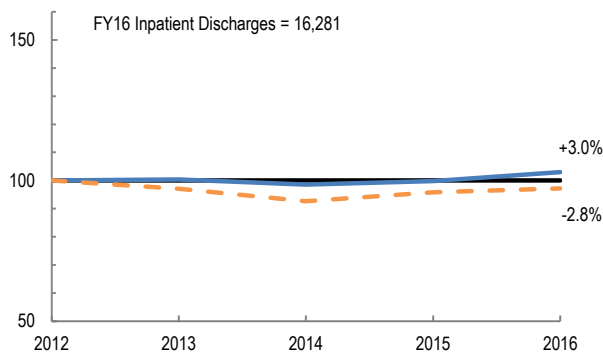
Cohort: Community High Public Payer Hospital

Key:

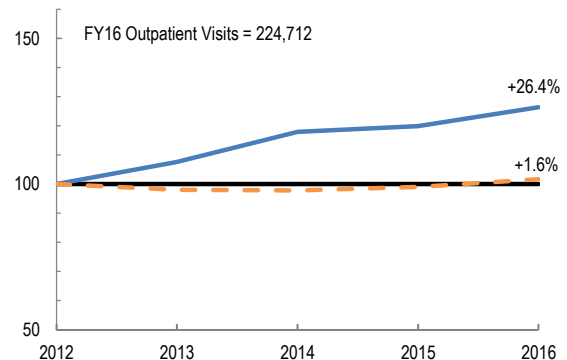


Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY12, and how does this compare to the hospital's peer cohort median? (FY12=100)

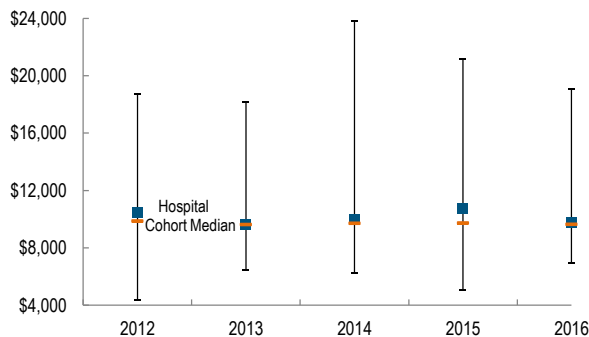


How has the volume of the hospital's outpatient visits changed compared to FY12, and how does this compare to the hospital's peer cohort median? (FY12=100)

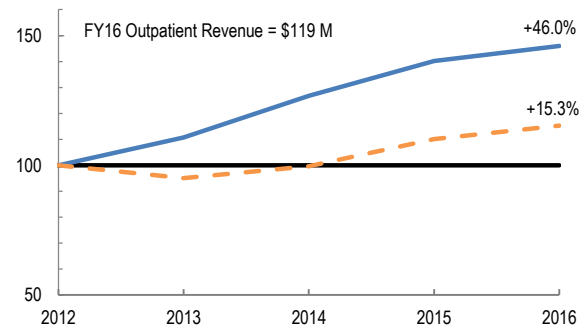


Patient Revenue Trends

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY12 and FY16, and how does this compare to the hospital's peer cohort median?



How has the hospital's total outpatient revenue changed compared to FY12, and how does this compare to the hospital's peer cohort median? (FY12=100)



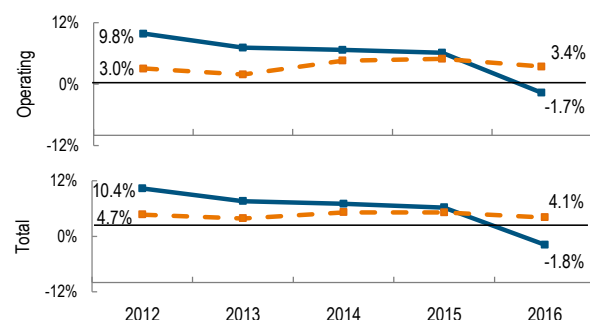
Financial Performance

How have the hospital's total revenue and costs changed between FY12 and FY16?

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

FY	2012	2013	2014	2015	2016
Operating Revenue	\$ 242	\$ 129	\$ 250	\$ 273	\$ 264
Non-Operating Revenue	\$ 1	\$ 1	\$ 1	\$ 0	\$ (0)
Total Revenue	\$ 244	\$ 130	\$ 251	\$ 273	\$ 264
Total Costs	\$ 219	\$ 120	\$ 234	\$ 256	\$ 269
Total Profit (Loss)	\$ 25.2	\$ 9.9	\$ 17.7	\$ 17.0	\$ (4.8)

What were the hospital's total margin and operating margins between FY12 and FY16, 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).

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

METROWEST MEDICAL CENTER

2016 Hospital Profile

Framingham & Natick, MA
Community High Public Payer Hospital
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 FY12 and FY16, MetroWest Medical Center's inpatient discharges decreased by 12.3%, compared with a median decrease of 2.8% among cohort hospitals. MetroWest earned a profit for the second year in a row in FY16 after operating at a loss each year from FY12 to FY14. It had a total margin of 0.3% in FY16, compared with a median total margin of 4.1% in its cohort.

At a Glance

Overview / Size

Hospital System Affiliation:	Tenet Healthcare
Change in Ownership (FY12-16):	Tenet - 2013
Total Staffed Beds:	337, among the larger acute hospitals
% Occupancy:	46.7%, < cohort avg. (65%)
Special Public Funding:	Not Applicable
Trauma Center Designation:	Not Applicable
Case Mix Index:	0.93, > cohort avg. (0.90); < statewide (1.07)

Financial

Inpatient NPSR per CMAD:	\$10,806
Change FY15-FY16:	11.2%
Inpatient:Outpatient Revenue in FY16:	34%:66%
Outpatient Revenue in FY16:	\$132,856,455
Change FY15-FY16:	2.5%
Total Revenue in FY16:	\$249,771,705
Total Surplus (Loss) in FY16:	\$785,866

Payer Mix

Public Payer Mix:	65.7% (HPP* Hospital)
CY15 Commercial S-RP:	0.86
Top 3 Commercial Payers:	Blue Cross Blue Shield of MA Harvard Pilgrim Health Care Tufts Health Plan

Utilization

Inpatient Discharges in FY16:	11,958
Change FY15-FY16:	-4.3%
Emergency Department Visits in FY16:	22,569
Change FY15-FY16:	-1.3%
Outpatient Visits in FY16:	438,729
Change FY15-FY16:	-1.4%

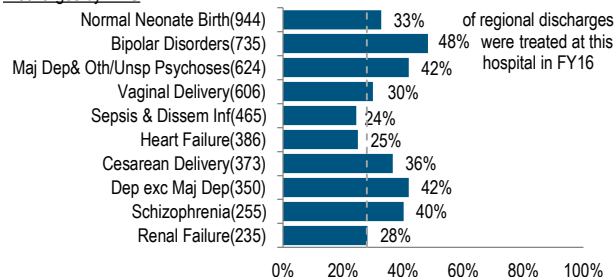
Quality

Readmission Rate in FY15:	15.8%
Change FY11-FY15 (percentage points):	-1.8%
Early Elective Deliveries Rate (Jan 2015-Jun 2016):	1.5%

Services

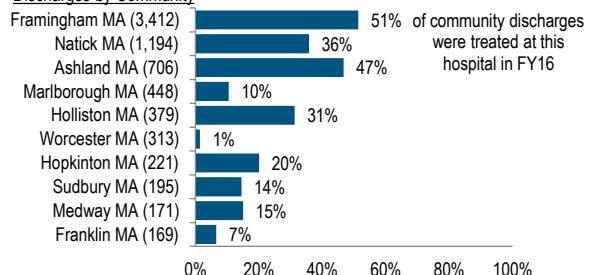
What were the most common inpatient cases (DRGs) treated at the hospital in FY16? What proportion of the region's cases did this hospital treat for each service?

Discharges by DRG



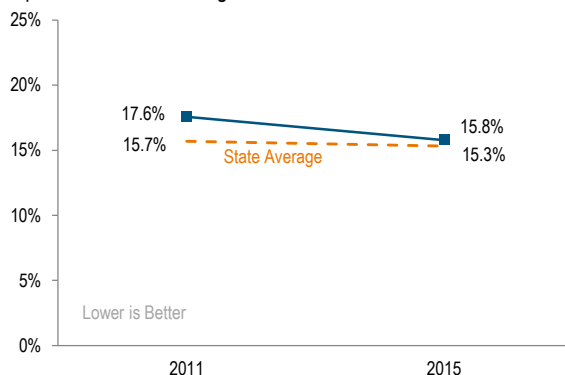
Where did most of the hospital's inpatients reside? What proportion of each community's total discharges was attributed to this hospital?

Discharges by Community

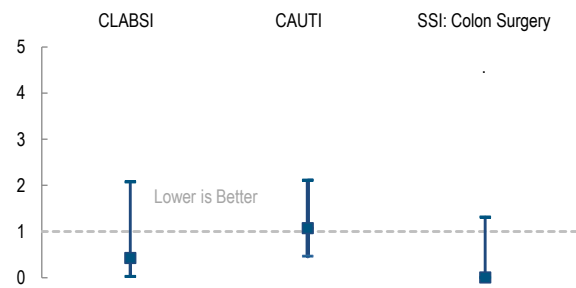


Quality

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.

2016 HOSPITAL PROFILE: METROWEST MEDICAL CENTER

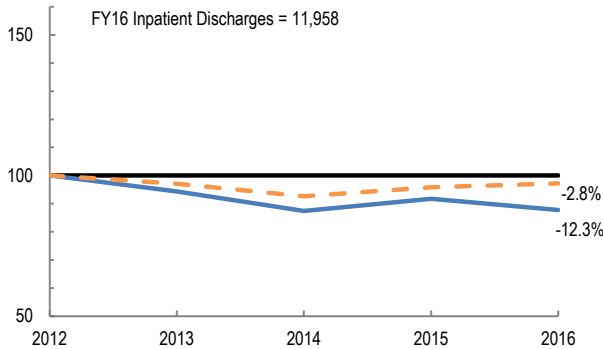
Cohort: Community High Public Payer Hospital

Key:

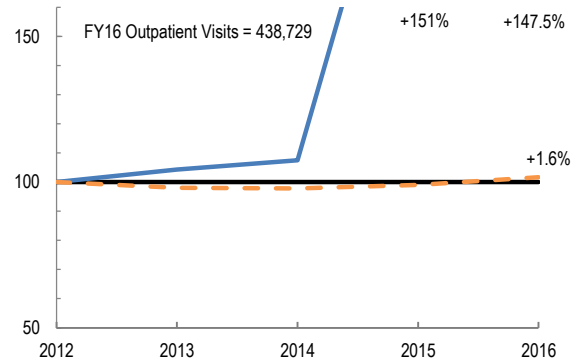


Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY12, and how does this compare to the hospital's peer cohort median? (FY12=100)

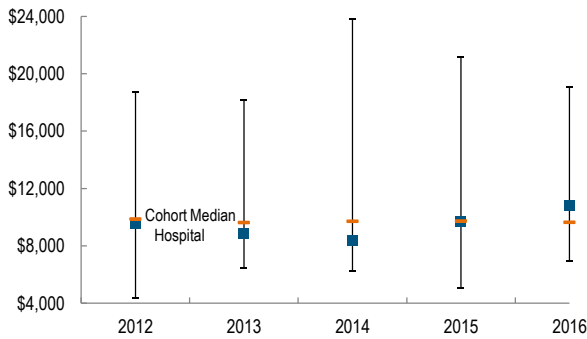


How has the volume of the hospital's outpatient visits changed compared to FY12, and how does this compare to the hospital's peer cohort median? (FY12=100)

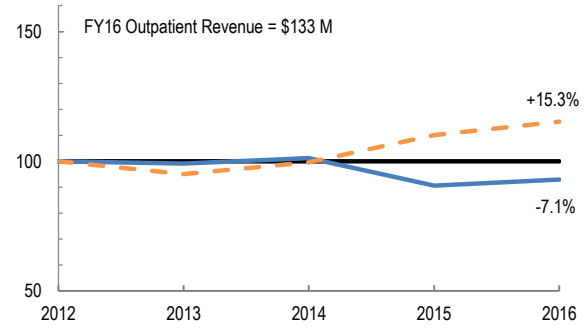


Patient Revenue Trends

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY12 and FY16, and how does this compare to the hospital's peer cohort median?



How has the hospital's total outpatient revenue changed compared to FY12, and how does this compare to the hospital's peer cohort median? (FY12=100)



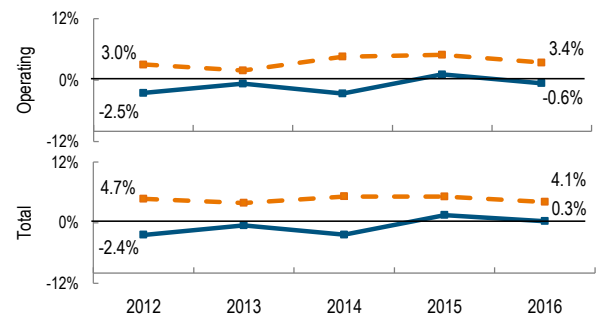
Financial Performance

How have the hospital's total revenue and costs changed between FY12 and FY16?

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

FY	2012	2013	2014	2015	2016
Operating Revenue	\$ 259	\$ 256	\$ 249	\$ 258	\$ 248
Non-Operating Revenue	\$ 0	\$ 0	\$ 1	\$ 1	\$ 2
Total Revenue	\$ 259	\$ 256	\$ 249	\$ 259	\$ 250
Total Costs	\$ 266	\$ 257	\$ 255	\$ 255	\$ 249
Total Profit (Loss)	\$ (6.3)	\$ (1.4)	\$ (6.0)	\$ 3.9	\$ 0.8

What were the hospital's total margin and operating margins between FY12 and FY16, and how do these compare to the hospital's peer cohort medians?



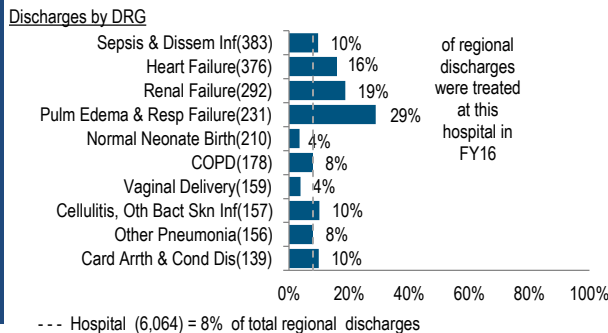
For descriptions of the metrics, please see the technical appendix.

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

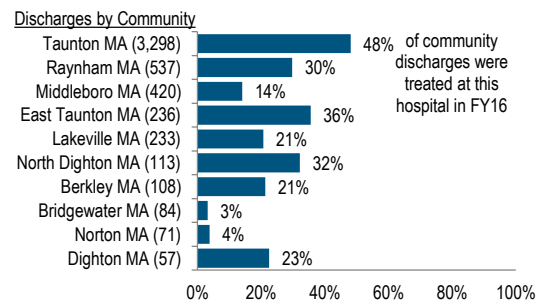
Morton Hospital is a small, for-profit community-High Public Payer Hospital (HPP) located in the Metro South region. Morton Hospital is a member of Steward Health Care. Inpatient discharges at Morton Hospital decreased by 19% from FY12 to FY16, compared to a median decrease of 2.8% in peer cohort hospitals during that time. Outpatient visits declined sharply by 37.3% between FY12 and FY16, compared to a median increase of 1.6% for its cohort. Morton Hospital earned a profit for the third year in a row in FY16. Its total margin was 1.1%, which is lower than the 4.1% median for its peer cohorts.

At a Glance	Overview / Size	
	Hospital System Affiliation:	Steward Health Care System
	Change in Ownership (FY12-16):	Not Applicable
	Total Staffed Beds:	99, among the smaller acute hospitals
	% Occupancy:	70.7%, > cohort avg. (65%)
	Special Public Funding:	Not Applicable
	Trauma Center Designation:	Not Applicable
	Case Mix Index:	1.00, > cohort avg. (0.90); < statewide (1.07)
	Financial	
	Inpatient NPSR per CMAD:	\$9,566
Services	Change FY15-FY16:	-7.4%
	Inpatient:Outpatient Revenue in FY16:	29%:71%
	Outpatient Revenue in FY16:	\$57,408,468
	Change FY15-FY16:	0.7%
	Total Revenue in FY16:	\$118,200,012
	Total Surplus (Loss) in FY16:	\$1,264,937
	Payer Mix	
	Public Payer Mix:	69.6% (HPP* Hospital)
	CY15 Commercial S-RP:	0.86
	Top 3 Commercial Payers:	Blue Cross Blue Shield of MA Harvard Pilgrim Health Care Tufts Health Plan
Quality	Utilization	
	Inpatient Discharges in FY16:	6,064
	Change FY15-FY16:	4.8%
	Emergency Department Visits in FY16:	51,284
	Change FY15-FY16:	-0.1%
	Outpatient Visits in FY16:	60,123
	Change FY15-FY16:	-0.9%
	Quality	
	Readmission Rate in FY15:	18.5%
	Change FY11-FY15 (percentage points):	-1.6%
	Early Elective Deliveries Rate (Jan 2015-Jun 2016):	0.0%

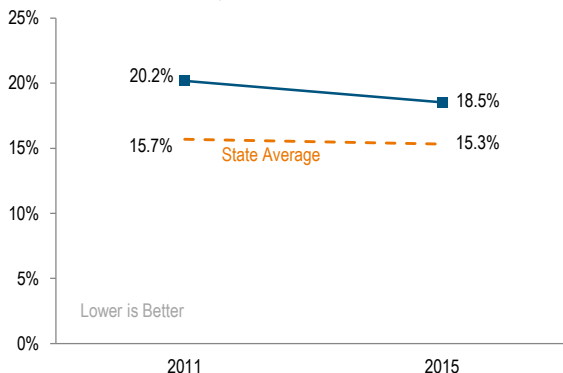
What were the most common inpatient cases (DRGs) treated at the hospital in FY16? What proportion of the region's cases did this hospital treat for each service?



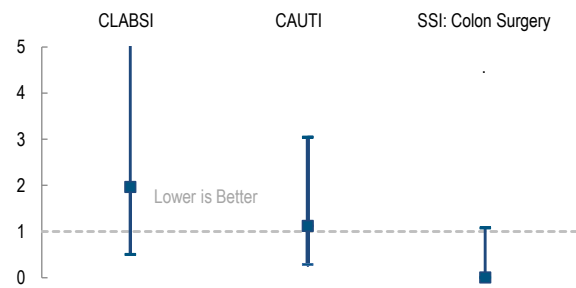
Where did most of the hospital's inpatients reside? What proportion of each community's total discharges was attributed to this hospital?



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?



2016 HOSPITAL PROFILE: MORTON HOSPITAL

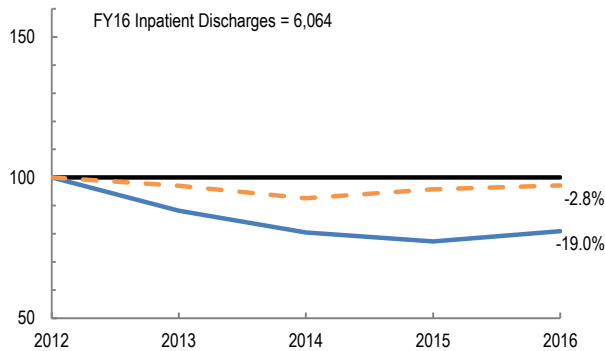
Cohort: Community High Public Payer Hospital

Key:

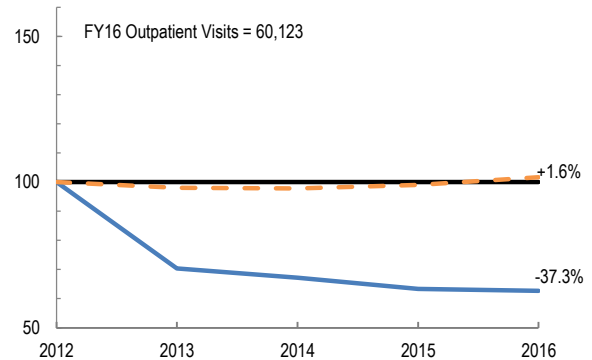


Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY12, and how does this compare to the hospital's peer cohort median? (FY12=100)

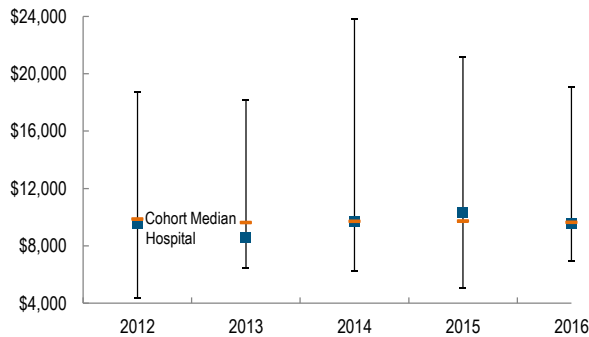


How has the volume of the hospital's outpatient visits changed compared to FY12, and how does this compare to the hospital's peer cohort median? (FY12=100)

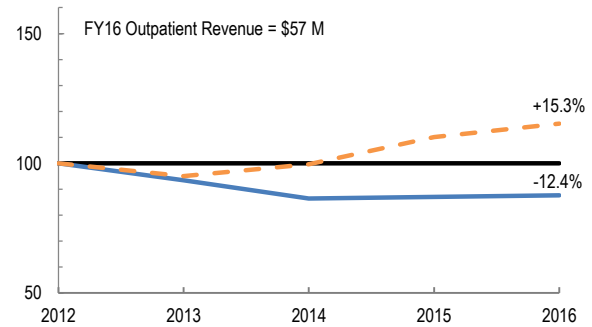


Patient Revenue Trends

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY12 and FY16, and how does this compare to the hospital's peer cohort median?



How has the hospital's total outpatient revenue changed compared to FY12, and how does this compare to the hospital's peer cohort median? (FY12=100)



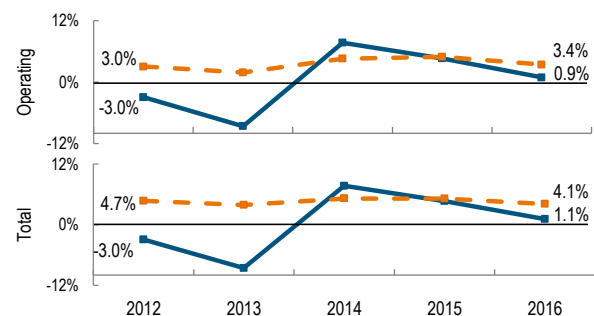
Financial Performance

How have the hospital's total revenue and costs changed between FY12 and FY16?

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

FY	2012	2013	2014	2015	2016
Operating Revenue	\$ 125	\$ 113	\$ 116	\$ 116	\$ 118
Non-Operating Revenue	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
Total Revenue	\$ 125	\$ 113	\$ 116	\$ 116	\$ 118
Total Costs	\$ 129	\$ 122	\$ 107	\$ 111	\$ 117
Total Profit (Loss)	\$ (3.7)	\$ (9.7)	\$ 8.9	\$ 5.4	\$ 1.3

What were the hospital's total margin and operating margins between FY12 and FY16, 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.

NASHOBA VALLEY MEDICAL CENTER

2016 Hospital Profile

Ayer, MA
Community High Public Payer Hospital
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 Steward Health Care. Nashoba Valley Medical Center accounted for only 1% of regional discharges in FY16, but it accounted for 23% of Organic Mental Health Disturbance discharges. Inpatient discharges at the hospital increased 5.2% from FY12 to FY16, compared to a median decrease of 2.8% among peer cohort hospitals. The hospital reported a profit for the fourth consecutive fiscal year in FY16, with a 2.5% total margin, less than the 4.1% median of its peer cohort.

At a Glance

Overview / Size

Hospital System Affiliation:	Steward Health Care System
Change in Ownership (FY12-16):	Not Applicable
Total Staffed Beds:	38, among the smaller acute hospitals
% Occupancy:	76.8%, > cohort avg. (65%)
Special Public Funding:	Not Applicable
Trauma Center Designation:	Not Applicable
Case Mix Index:	0.86, < cohort avg. (0.90); < statewide (1.07)

Financial

Inpatient NPSR per CMAD:	\$10,512
Change FY15-FY16:	5.5%
Inpatient:Outpatient Revenue in FY16:	25%:75%
Outpatient Revenue in FY16:	\$34,107,775
Change FY15-FY16:	0.5%
Total Revenue in FY16:	\$53,241,200
Total Surplus (Loss) in FY16:	\$1,341,379

Payer Mix

Public Payer Mix:	65.9% (HPP* Hospital)
CY15 Commercial S-RP:	0.99
Top 3 Commercial Payers:	Blue Cross Blue Shield of MA Tufts Health Plan Neighborhood Health Plan

Utilization

Inpatient Discharges in FY16:	1,916
Change FY15-FY16:	-4.1%
Emergency Department Visits in FY16:	15,461
Change FY15-FY16:	-1.5%
Outpatient Visits in FY16:	50,577
Change FY15-FY16:	5.5%

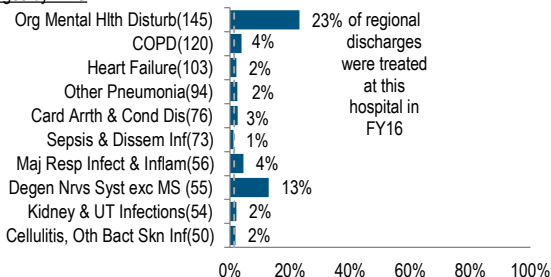
Quality

Readmission Rate in FY15:	17.2%
Change FY11-FY15 (percentage points):	1.3%
Early Elective Deliveries Rate (Jan 2015-Jun 2016):	Not Available

Services

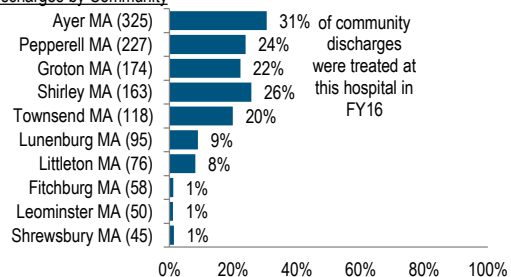
What were the most common inpatient cases (DRGs) treated at the hospital in FY16? What proportion of the region's cases did this hospital treat for each service?

Discharges by DRG



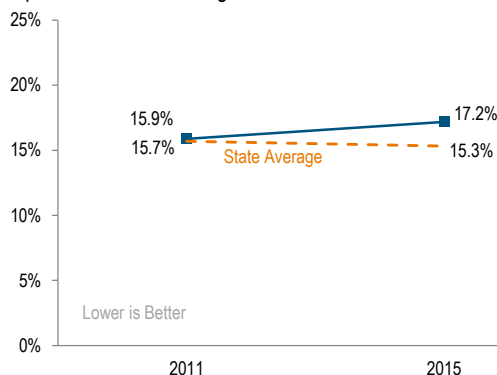
Where did most of the hospital's inpatients reside? What proportion of each community's total discharges was attributed to this hospital?

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 is not available for these measures.

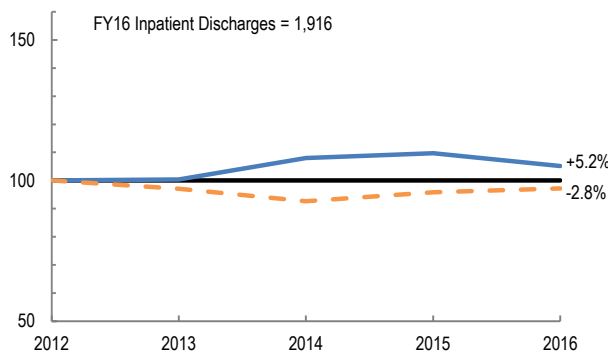
2016 HOSPITAL PROFILE: NASHOBA VALLEY MEDICAL CENTER

Cohort: Community High Public Payer Hospital

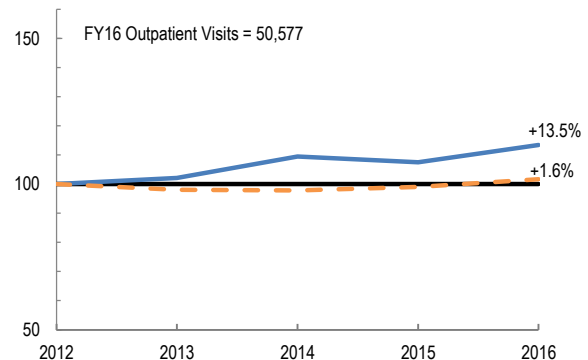
Key:



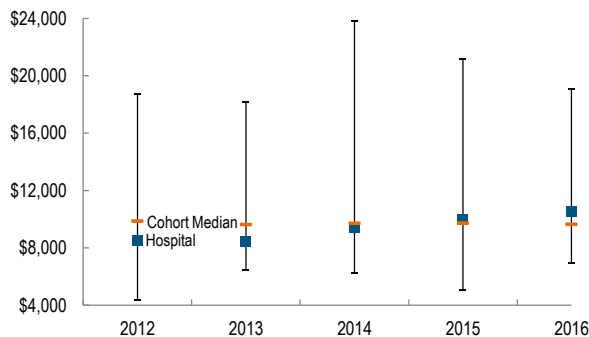
How has the volume of the hospital's inpatient discharges changed compared to FY12, and how does this compare to the hospital's peer cohort median? (FY12=100)



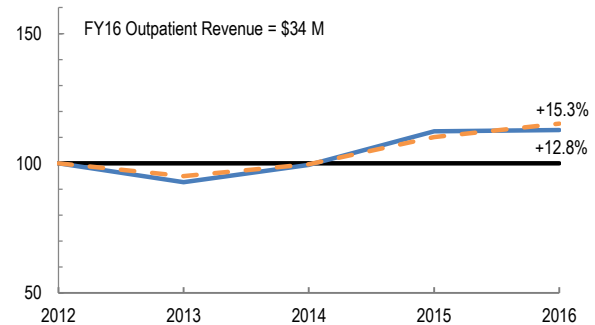
How has the volume of the hospital's outpatient visits changed compared to FY12, and how does this compare to the hospital's peer cohort median? (FY12=100)



What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY12 and FY16, and how does this compare to the hospital's peer cohort median?



How has the hospital's total outpatient revenue changed compared to FY12, and how does this compare to the hospital's peer cohort median? (FY12=100)

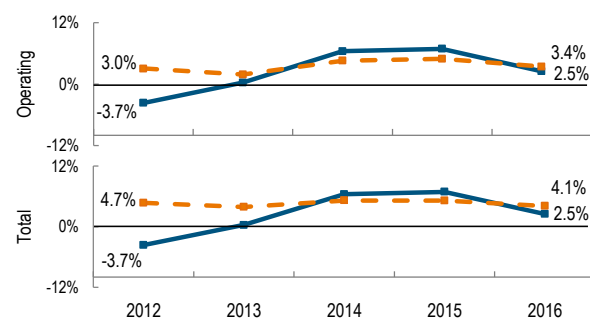


How have the hospital's total revenue and costs changed between FY12 and FY16?

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

FY	2012	2013	2014	2015	2016
Operating Revenue	\$ 44	\$ 40	\$ 49	\$ 52	\$ 53
Non-Operating Revenue	\$ 0	\$ 0	\$ 0	\$ 0	(0)
Total Revenue	\$ 44	\$ 40	\$ 49	\$ 52	\$ 53
Total Costs	\$ 46	\$ 40	\$ 46	\$ 48	\$ 52
Total Profit (Loss)	\$ (1.6)	\$ 0.1	\$ 3.2	\$ 3.6	\$ 1.3

What were the hospital's total margin and operating margins between FY12 and FY16, 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.

NORTH SHORE MEDICAL CENTER

2016 Hospital Profile

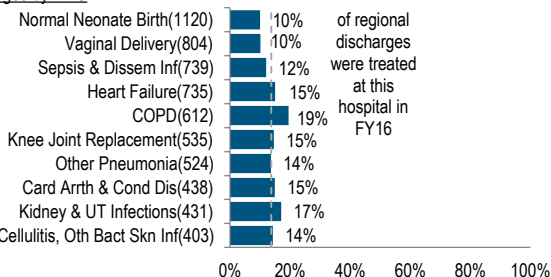
Salem & Lynn, MA
Community High Public Payer Hospital
Northeastern Massachusetts

North Shore Medical Center is a large, non-profit community-High Public Payer (HPP) hospital located in the Northeastern Massachusetts region. It is a member of Partners HealthCare. Inpatient discharges decreased 5.1% from FY12 to FY16, compared to a median decrease of 2.8% for its peer cohort. Similarly, outpatient visits decreased 7.9%, compared to a 1.6% median increase of its peer cohort. North Shore Medical Center experienced a loss in all five fiscal years included in this time period. In FY16, the hospital had a total margin of -11.4% and an operating margin of -11.6% and for the fourth consecutive fiscal year experienced a decline in both categories.

At a Glance	Overview / Size	
	Hospital System Affiliation:	Partners HealthCare
	Change in Ownership (FY12-16):	Not Applicable
	Total Staffed Beds:	431, 9th largest acute hospital
	% Occupancy:	59.8%, < cohort avg. (65%)
	Special Public Funding:	Not Applicable
	Trauma Center Designation:	Adult: Level 3
	Case Mix Index:	0.94, > cohort avg. (0.90); < statewide (1.07)
	Financial	
	Inpatient NPSR per CMAD:	\$12,077
Services	Change FY15-FY16:	-1.7%
	Inpatient:Outpatient Revenue in FY16:	39%:61%
	Outpatient Revenue in FY16:	\$189,850,493
	Change FY15-FY16:	0.7%
	Total Revenue in FY16:	\$419,887,000
	Total Surplus (Loss) in FY16:	(\$48,005,000)
	Payer Mix	
	Public Payer Mix:	71.7% (HPP* Hospital)
	CY15 Commercial S-RP:	1.00
	Top 3 Commercial Payers:	Blue Cross Blue Shield of MA Harvard Pilgrim Health Care Tufts Health Plan
Quality	Utilization	
	Inpatient Discharges in FY16:	19,071
	Change FY15-FY16:	0.0%
	Emergency Department Visits in FY16:	74,601
	Change FY15-FY16:	0.6%
	Outpatient Visits in FY16:	107,966
	Change FY15-FY16:	-1.3%
	Quality	
	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 FY16? What proportion of the region's cases did this hospital treat for each service?

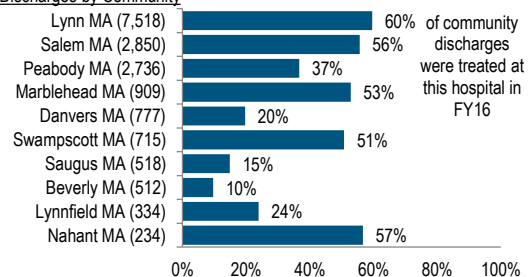
Discharges by DRG



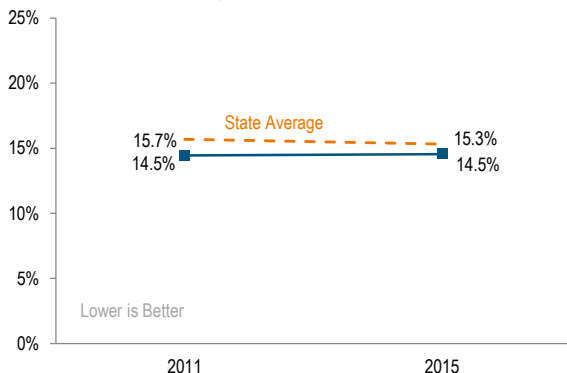
--- Hospital (19,071) = 13% of total regional discharges

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

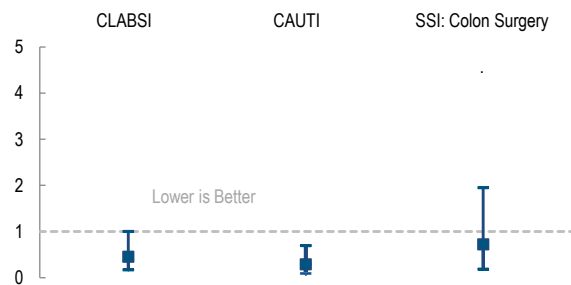
Discharges by Community



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.

2016 HOSPITAL PROFILE: NORTH SHORE MEDICAL CENTER

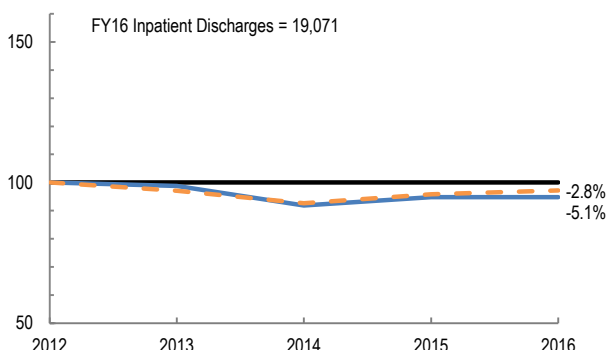
Cohort: Community High Public Payer Hospital

Key:

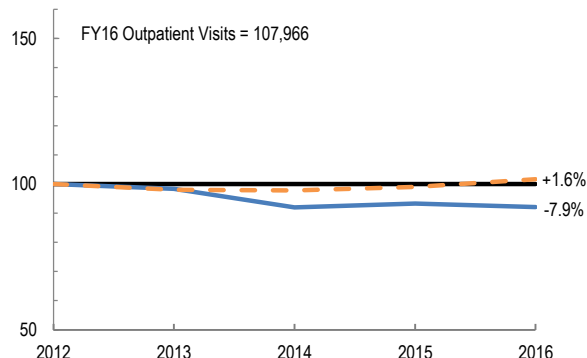
— Hospital
- - - Peer Cohort

Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY12, and how does this compare to the hospital's peer cohort median? (FY12=100)

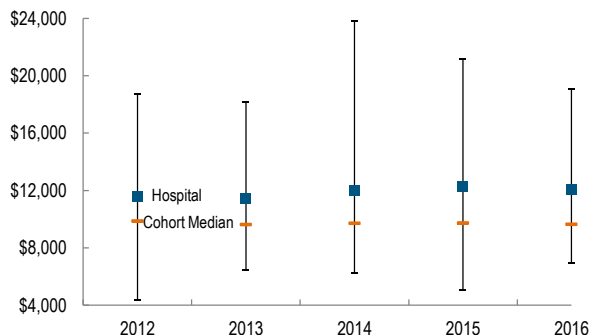


How has the volume of the hospital's outpatient visits changed compared to FY12, and how does this compare to the hospital's peer cohort median? (FY12=100)

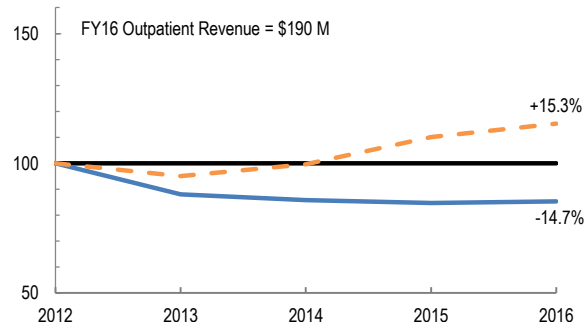


Patient Revenue Trends

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY12 and FY16, and how does this compare to the hospital's peer cohort median?



How has the hospital's total outpatient revenue changed compared to FY12, and how does this compare to the hospital's peer cohort median? (FY12=100)



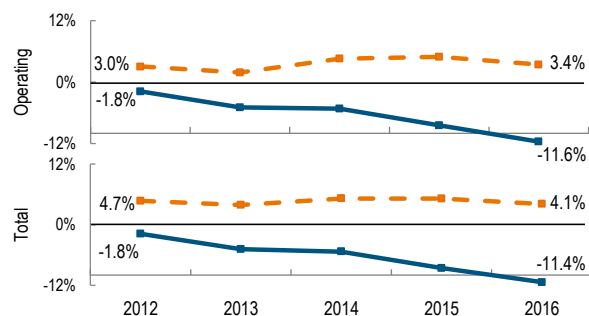
Financial Performance

How have the hospital's total revenue and costs changed between FY12 and FY16?

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

FY	2012	2013	2014	2015	2016
Operating Revenue	\$ 447	\$ 417	\$ 417	\$ 419	\$ 419
Non-Operating Revenue	\$ 0	\$ 0	\$ (1)	\$ (1)	\$ 1
Total Revenue	\$ 447	\$ 417	\$ 416	\$ 419	\$ 420
Total Costs	\$ 455	\$ 437	\$ 438	\$ 455	\$ 468
Total Profit (Loss)	\$ (8.0)	\$ (20.3)	\$ (22.2)	\$ (36.0)	\$ (48.0)

What were the hospital's total margin and operating margins between FY12 and FY16, 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

2016 Hospital Profile

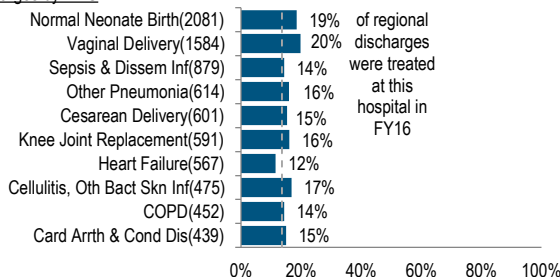
Beverly & Gloucester, MA
Community High Public Payer Hospital
Northeastern Massachusetts

Northeast Hospital, which includes Addison Gilbert Hospital and Beverly Hospital campuses, is a non-profit community-High Public Payer (HPP) hospital located in the Northeastern Massachusetts region. It is among the larger acute hospitals in Massachusetts and has been a member of Lahey Health since 2012. Inpatient discharges at the hospital increased 3.7% from FY12 to FY16, compared to a median decrease of 2.8% among peer cohort hospitals. Northeast Hospital earned a profit each year from FY12 to FY16, with a total margin of 7.2% in FY16. This was higher than the 4.1% median for its peer cohort.

At a Glance	Overview / Size	
	Hospital System Affiliation:	Lahey Health System
	Change in Ownership (FY12-16):	Lahey Health - 2012
	Total Staffed Beds:	404, among the larger acute hospitals
	% Occupancy:	64.7%, = cohort avg. (65%)
	Special Public Funding:	CHART^
	Trauma Center Designation:	Adult: Level 3
	Case Mix Index:	0.82, < cohort avg. (0.90); < statewide (1.07)
	Financial	
	Inpatient NPSR per CMAD:	\$10,587
Services	Change FY15-FY16:	1.8%
	Inpatient:Outpatient Revenue in FY16:	37%:63%
	Outpatient Revenue in FY16:	\$148,161,556
	Change FY15-FY16:	-7.9%
	Total Revenue in FY16:	\$358,859,302
	Total Surplus (Loss) in FY16:	\$25,902,080
	Payer Mix	
	Public Payer Mix:	64.6% (HPP* Hospital)
	CY15 Commercial S-RP:	0.87
	Top 3 Commercial Payers:	Blue Cross Blue Shield of MA Harvard Pilgrim Health Care Tufts Health Plan
Quality	Utilization	
	Inpatient Discharges in FY16:	21,880
	Change FY15-FY16:	0.4%
	Emergency Department Visits in FY16:	62,472
	Change FY15-FY16:	-2.7%
	Outpatient Visits in FY16:	154,659
	Change FY15-FY16:	-8.7%
	Quality	
	Readmission Rate in FY15:	17.3%
	Change FY11-FY15 (percentage points):	-0.1%
	Early Elective Deliveries Rate (Jan 2015-Jun 2016):	0.0%

What were the most common inpatient cases (DRGs) treated at the hospital in FY16? What proportion of the region's cases did this hospital treat for each service?

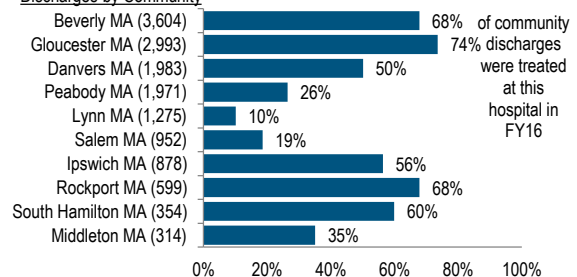
Discharges by DRG



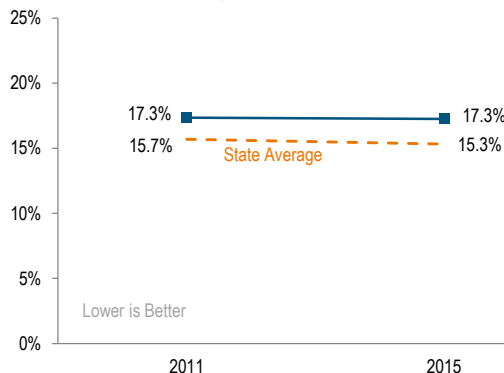
--- Hospital (21,880) = 15% of total regional discharges

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

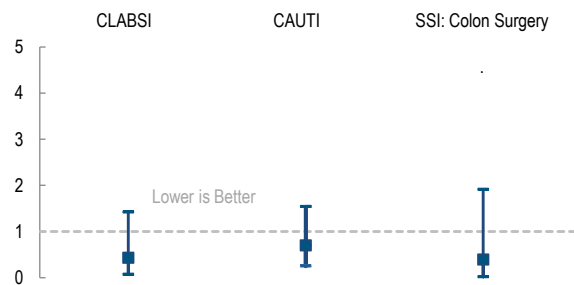
Discharges by Community



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?



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.

2016 HOSPITAL PROFILE: NORTHEAST HOSPITAL

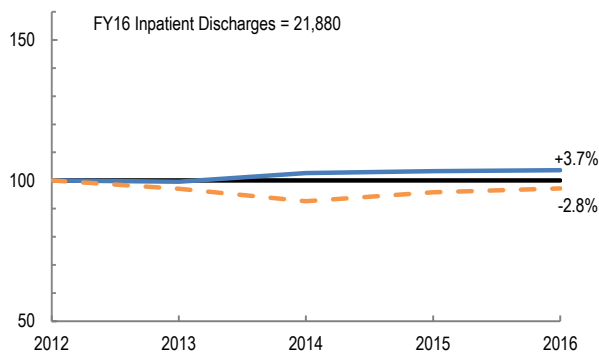
Cohort: Community High Public Payer Hospital

Key:

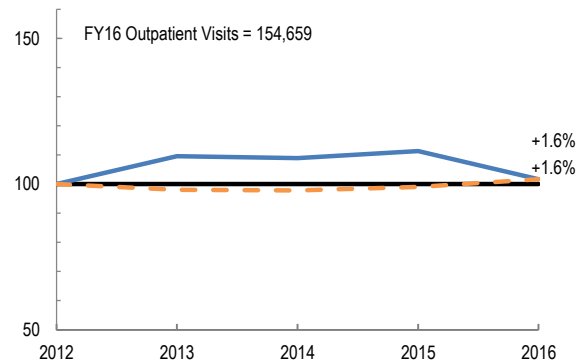


Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY12, and how does this compare to the hospital's peer cohort median? (FY12=100)

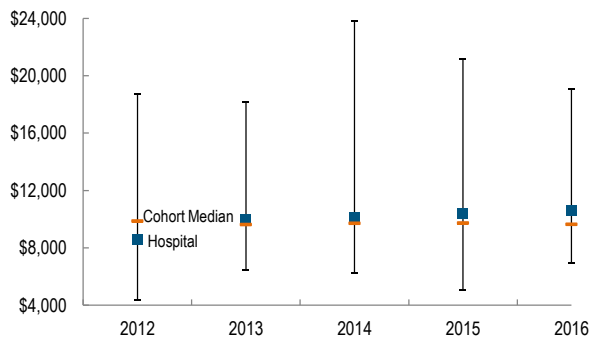


How has the volume of the hospital's outpatient visits changed compared to FY12, and how does this compare to the hospital's peer cohort median? (FY12=100)

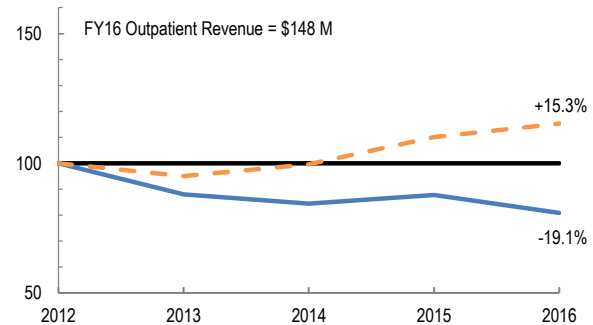


Patient Revenue Trends

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY12 and FY16, and how does this compare to the hospital's peer cohort median?



How has the hospital's total outpatient revenue changed compared to FY12, and how does this compare to the hospital's peer cohort median? (FY12=100)



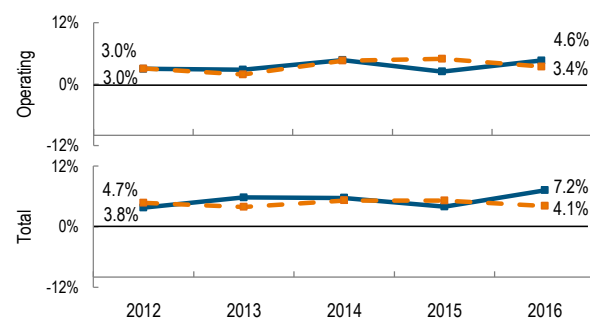
Financial Performance

How have the hospital's total revenue and costs changed between FY12 and FY16?

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

FY	2012	2013	2014	2015	2016
Operating Revenue	\$ 330	\$ 321	\$ 333	\$ 346	\$ 349
Non-Operating Revenue	\$ 3	\$ 10	\$ 3	\$ 5	\$ 9
Total Revenue	\$ 333	\$ 331	\$ 337	\$ 352	\$ 359
Total Costs	\$ 320	\$ 312	\$ 317	\$ 338	\$ 333
Total Profit (Loss)	\$ 12.6	\$ 19.1	\$ 19.2	\$ 13.9	\$ 25.9

What were the hospital's total margin and operating margins between FY12 and FY16, 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).

SIGNATURE HEALTHCARE BROCKTON HOSPITAL

2016 Hospital Profile

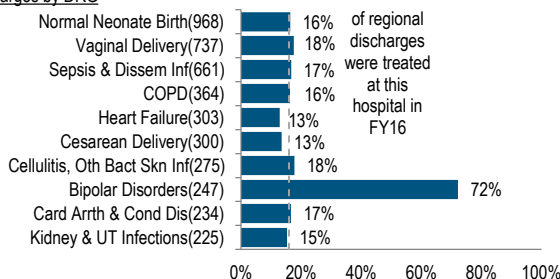
Brockton, MA
Community High Public Payer Hospital
Metro South

Signature Healthcare Brockton Hospital is a non-profit community-High Public Payer (HPP) hospital located in the Metro South region. It is among the larger acute hospitals in Massachusetts. The hospital experienced an 11.9% decrease in inpatient discharges from FY12 to FY16, compared to the median decrease of 2.8% among peer cohort hospitals. Over the same time period, outpatient visits at the hospital increased 46.4%, while there was a median increase of 1.6% for the peer cohort. Signature Healthcare Brockton Hospital was profitable each year from FY12 to FY16, with a total margin of 5.1% in FY16, slightly higher than the median total margin of 4.1% for its peer cohort.

At a Glance	Overview / Size	
	Hospital System Affiliation:	Not Applicable
	Change in Ownership (FY12-16):	Not Applicable
	Total Staffed Beds:	245, among the larger acute hospitals
	% Occupancy:	60.9%, < cohort avg. (65%)
	Special Public Funding:	CHART [^] , DSTI [†]
	Trauma Center Designation:	Not Applicable
	Case Mix Index:	0.88, < cohort avg. (0.90); < statewide (1.07)
	Financial	
	Inpatient NPSR per CMAD:	\$11,307
Services	Change FY15-FY16:	-3.5%
	Inpatient:Outpatient Revenue in FY16:	37%:63%
	Outpatient Revenue in FY16:	\$121,957,649
	Change FY15-FY16:	15.6%
	Total Revenue in FY16:	\$270,626,889
	Total Surplus (Loss) in FY16:	\$13,759,562
	Payer Mix	
	Public Payer Mix:	71.9% (HPP* Hospital)
	CY15 Commercial S-RP:	0.79
	Top 3 Commercial Payers:	Blue Cross Blue Shield of MA Harvard Pilgrim Health Care Tufts Health Plan
Quality	Utilization	
	Inpatient Discharges in FY16:	12,153
	Change FY15-FY16:	-5.2%
	Emergency Department Visits in FY16:	63,670
	Change FY15-FY16:	1.5%
	Outpatient Visits in FY16:	148,552
	Change FY15-FY16:	37.0%
	Quality	
	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 FY16? What proportion of the region's cases did this hospital treat for each service?

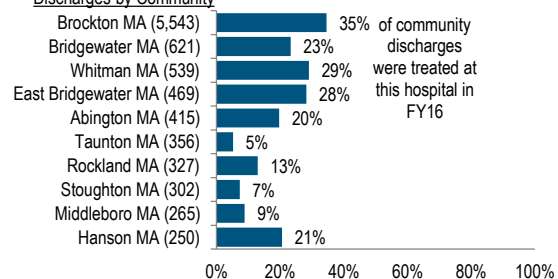
Discharges by DRG



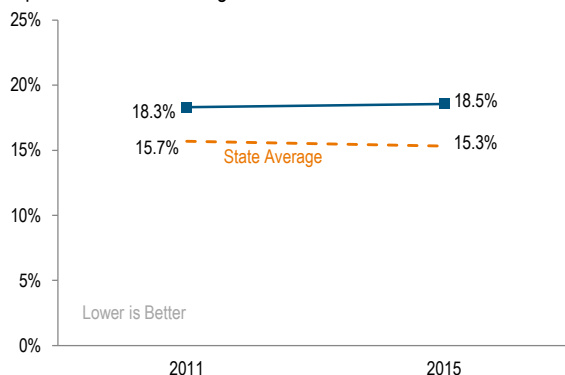
--- Hospital (12,153) = 16% of total regional discharges

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

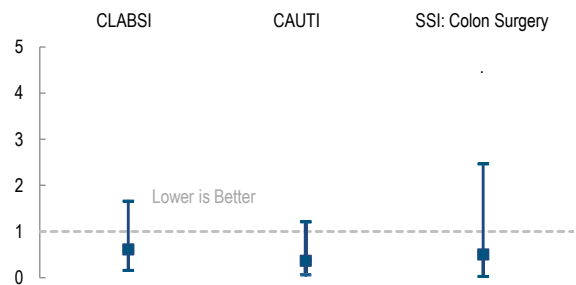
Discharges by Community



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.

2016 HOSPITAL PROFILE: SIGNATURE HEALTHCARE BROCKTON HOSPITAL

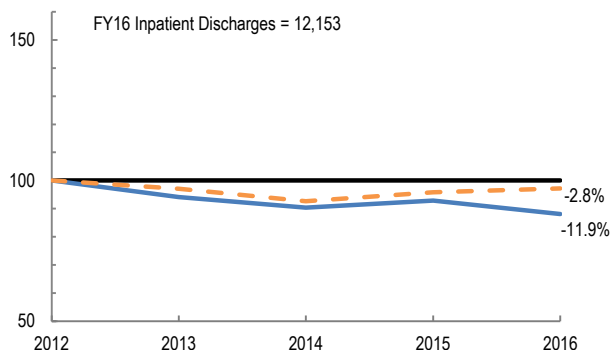
Cohort: Community High Public Payer Hospital

Key:

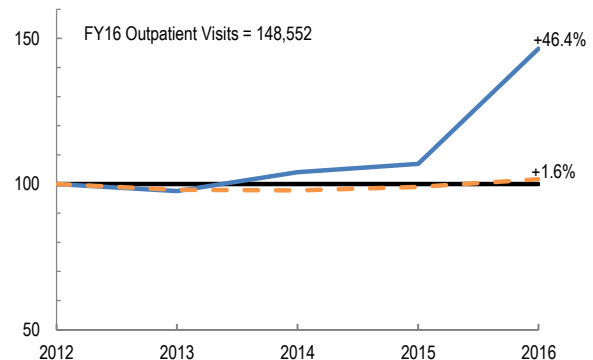


Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY12, and how does this compare to the hospital's peer cohort median? (FY12=100)

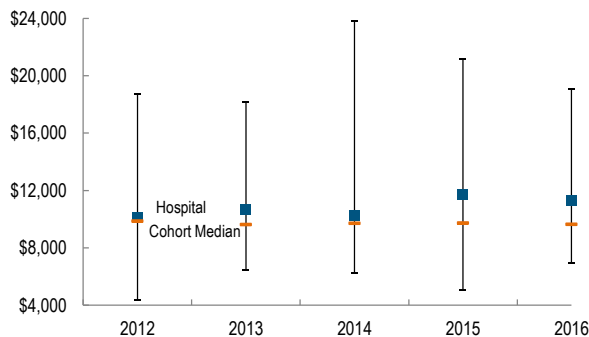


How has the volume of the hospital's outpatient visits changed compared to FY12, and how does this compare to the hospital's peer cohort median? (FY12=100)

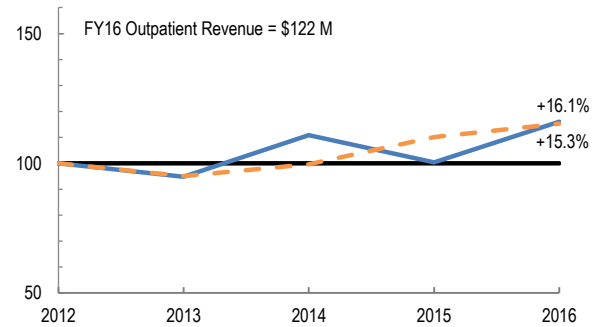


Patient Revenue Trends

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY12 and FY16, and how does this compare to the hospital's peer cohort median?



How has the hospital's total outpatient revenue changed compared to FY12, and how does this compare to the hospital's peer cohort median? (FY12=100)



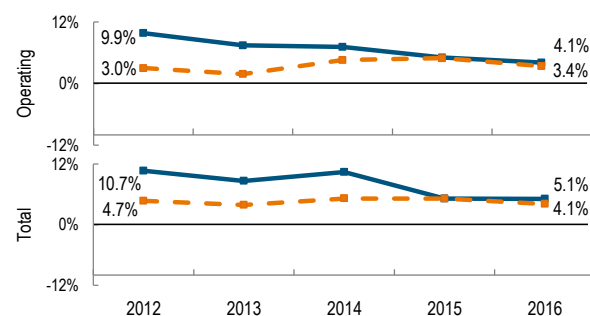
Financial Performance

How have the hospital's total revenue and costs changed between FY12 and FY16?

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

FY	2012	2013	2014	2015	2016
Operating Revenue	\$ 238	\$ 224	\$ 238	\$ 260	\$ 268
Non-Operating Revenue	\$ 2	\$ 3	\$ 8	\$ 0	\$ 3
Total Revenue	\$ 240	\$ 227	\$ 246	\$ 260	\$ 271
Total Costs	\$ 214	\$ 207	\$ 220	\$ 247	\$ 257
Total Profit (Loss)	\$ 25.6	\$ 19.6	\$ 25.7	\$ 13.5	\$ 13.8

What were the hospital's total margin and operating margins between FY12 and FY16, 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).

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

SOUTHCOAST HOSPITAL GROUP

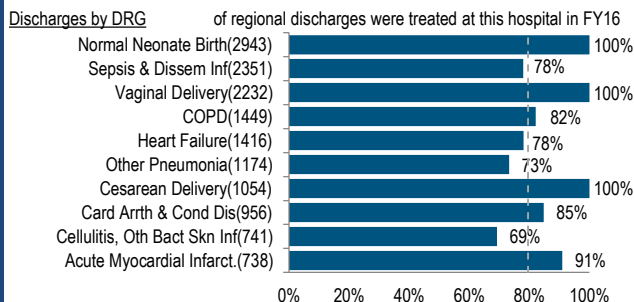
2016 Hospital Profile

Fall River, New Bedford, & Wareham, MA
Community High Public Payer Hospital
Southcoast

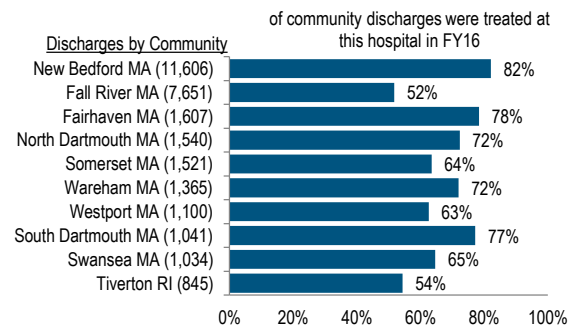
Southcoast Hospitals Group is a large, non-profit community-High Public Payer (HPP) hospital group located in the Southcoast region. Southcoast Hospitals Group has three campuses across Southeastern Massachusetts: Charlton Memorial Hospital, St. Luke's Hospital, and Tobey Hospital. Southcoast Hospitals Group formed an affiliation with Boston Children's Hospital starting in 2012. Inpatient discharges decreased by 10.5% from FY12 to FY16, compared to a median decrease of 2.8% among its peer cohort. Southcoast Hospitals Group was profitable each year from FY12 to FY16, with a total margin of 8.8% in FY16.

At a Glance	Overview / Size	
	Hospital System Affiliation:	Not Applicable
	Change in Ownership (FY12-16):	Not Applicable
	Total Staffed Beds:	485, 6th largest acute hospital
	% Occupancy:	89.3%, > cohort avg. (65%)
	Special Public Funding:	CHART^
	Trauma Center Designation:	Not Applicable
	Case Mix Index:	1.00, > cohort avg. (0.90); < statewide (1.07)
	Financial	
	Inpatient NPSR per CMAD:	\$9,771
Services	Change FY15-FY16:	-5.9%
	Inpatient:Outpatient Revenue in FY16:	42%:58%
	Outpatient Revenue in FY16:	\$384,317,780
	Change FY15-FY16:	6.4%
	Total Revenue in FY16:	\$829,579,914
	Total Surplus (Loss) in FY16:	\$73,208,654
	Payer Mix	
	Public Payer Mix:	74.0% (HPP* Hospital)
	CY15 Commercial S-RP:	0.91
	Top 3 Commercial Payers:	Blue Cross Blue Shield of MA Harvard Pilgrim Health Care Tufts Health Plan
Quality	Utilization	
	Inpatient Discharges in FY16:	37,828
	Change FY15-FY16:	-3.3%
	Emergency Department Visits in FY16:	165,086
	Change FY15-FY16:	3.4%
	Outpatient Visits in FY16:	903,378
	Change FY15-FY16:	2.8%
	Quality	
	Readmission Rate in FY15:	17.2%
	Change FY11-FY15 (percentage points):	-0.6%
	Early Elective Deliveries Rate (Jan 2015-Jun 2016):	Not Available

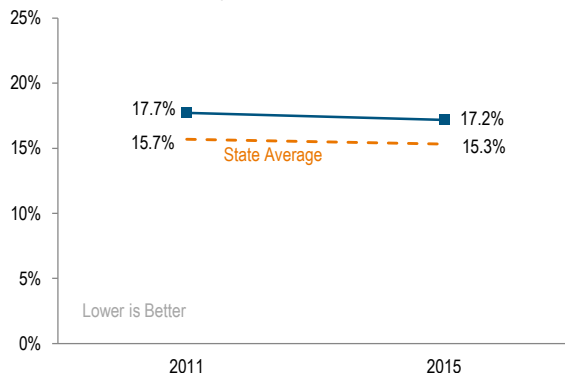
What were the most common inpatient cases (DRGs) treated at the hospital in FY16? What proportion of the region's cases did this hospital treat for each service?



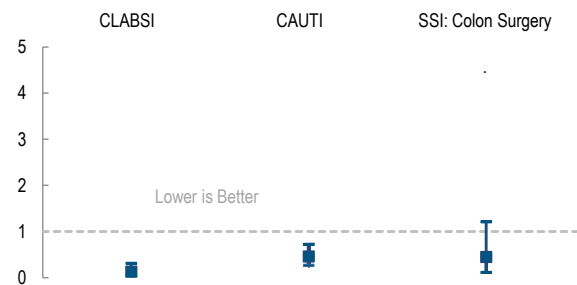
Where did most of the hospital's inpatients reside? What proportion of each community's total discharges was attributed to this hospital?



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.

2016 HOSPITAL PROFILE: SOUTHCOAST HOSPITAL GROUP

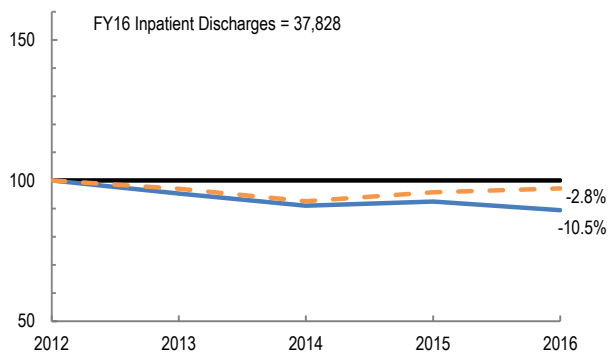
Cohort: Community High Public Payer Hospital

Key:

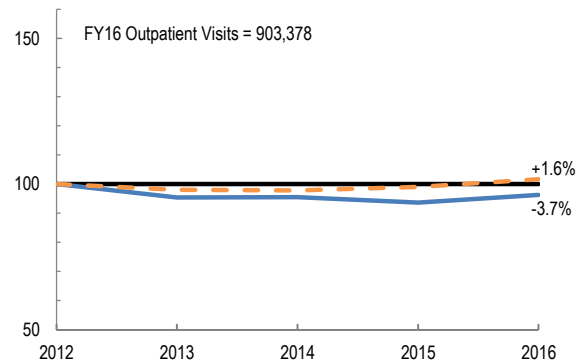


Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY12, and how does this compare to the hospital's peer cohort median? (FY12=100)

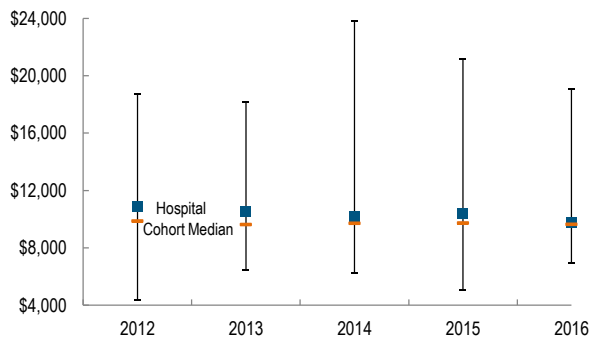


How has the volume of the hospital's outpatient visits changed compared to FY12, and how does this compare to the hospital's peer cohort median? (FY12=100)

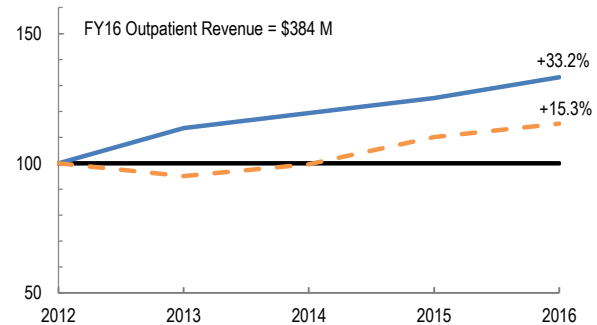


Patient Revenue Trends

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY12 and FY16, and how does this compare to the hospital's peer cohort median?



How has the hospital's total outpatient revenue changed compared to FY12, and how does this compare to the hospital's peer cohort median? (FY12=100)



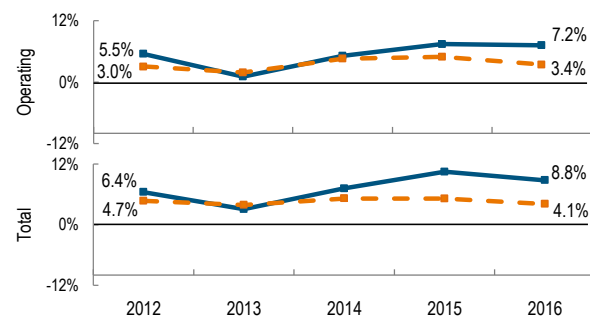
Financial Performance

How have the hospital's total revenue and costs changed between FY12 and FY16?

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

FY	2012	2013	2014	2015	2016
Operating Revenue	\$ 703	\$ 712	\$ 730	\$ 807	\$ 816
Non-Operating Revenue	\$ 7	\$ 14	\$ 15	\$ 25	\$ 14
Total Revenue	\$ 710	\$ 726	\$ 746	\$ 833	\$ 830
Total Costs	\$ 664	\$ 704	\$ 692	\$ 746	\$ 756
Total Profit (Loss)	\$ 45.7	\$ 22.4	\$ 53.6	\$ 87.2	\$ 73.2

What were the hospital's total margin and operating margins between FY12 and FY16, 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).

STEWARD GOOD SAMARITAN MEDICAL CENTER

2016 Hospital Profile

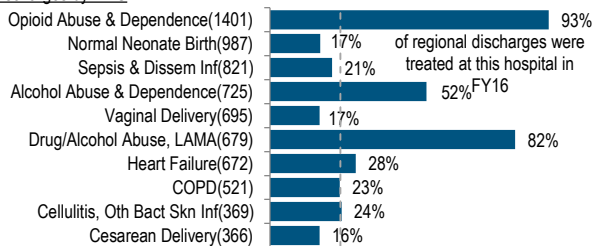
Brockton, MA
Community High Public Payer Hospital
Metro South

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. Steward Good Samaritan had a 0.3% increase in inpatient discharges from FY12 to FY16, compared with a median decrease of 2.8% among peer cohort hospitals. Steward Good Samaritan reported a profit in FY16 for the fourth consecutive fiscal year. Its total margin of 11.2% was higher than the 4.1% median of its peer cohort, and it was also the highest margin the hospital had in the five year period.

At a Glance	Overview / Size	
	Hospital System Affiliation:	Steward Health Care System
	Change in Ownership (FY12-16):	Not Applicable
	Total Staffed Beds:	224, mid-size acute hospital
	% Occupancy:	88.9%, > cohort avg. (65%)
	Special Public Funding:	Not Applicable
	Trauma Center Designation:	Adult: Level 3
	Case Mix Index:	0.86, < cohort avg. (0.90); < statewide (1.07)
	Financial	
	Inpatient NPSR per CMAD:	\$9,962
Services	Change FY15-FY16:	1.7%
	Inpatient:Outpatient Revenue in FY16:	41%:59%
	Outpatient Revenue in FY16:	\$121,216,755
	Change FY15-FY16:	5.2%
	Total Revenue in FY16:	\$273,886,795
	Total Surplus (Loss) in FY16:	\$30,753,281
	Payer Mix	
	Public Payer Mix:	67.6% (HPP* Hospital)
	CY15 Commercial S-RP:	0.91
	Top 3 Commercial Payers:	Blue Cross Blue Shield of MA Harvard Pilgrim Health Care Tufts Health Plan
Quality	Utilization	
	Inpatient Discharges in FY16:	16,951
	Change FY15-FY16:	-1.9%
	Emergency Department Visits in FY16:	64,362
	Change FY15-FY16:	4.4%
	Outpatient Visits in FY16:	76,753
	Change FY15-FY16:	6.1%
	Quality	
	Readmission Rate in FY15:	16.9%
	Change FY11-FY15 (percentage points):	-0.2%
	Early Elective Deliveries Rate (Jan 2015-Jun 2016):	0.0%

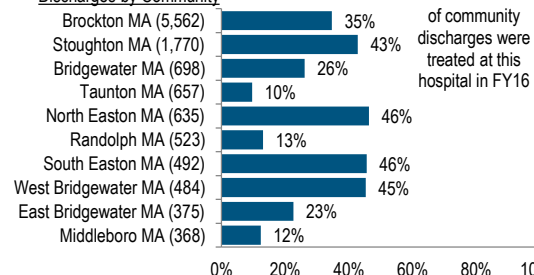
What were the most common inpatient cases (DRGs) treated at the hospital in FY16? What proportion of the region's cases did this hospital treat for each service?

Discharges by DRG

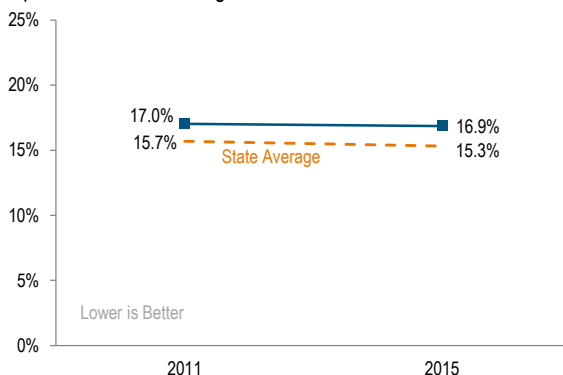


Where did most of the hospital's inpatients reside? What proportion of each community's total discharges was attributed to this hospital?

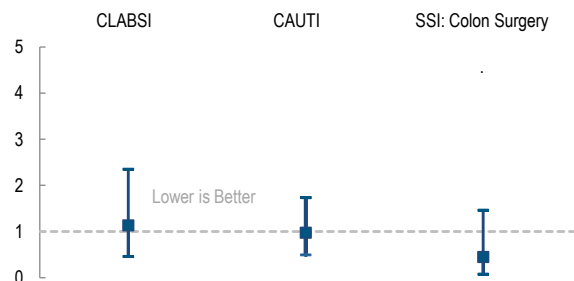
Discharges by Community



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.

2016 HOSPITAL PROFILE: STEWARD GOOD SAMARITAN MEDICAL CENTER

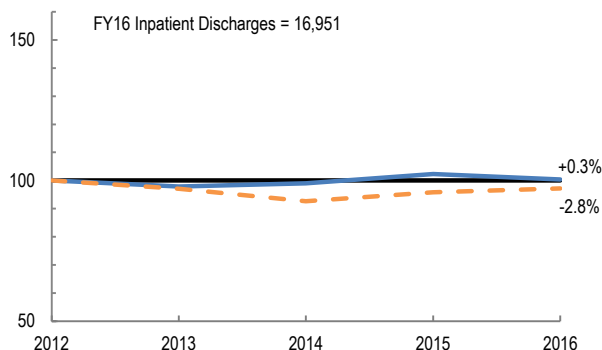
Cohort: Community High Public Payer Hospital

Key:

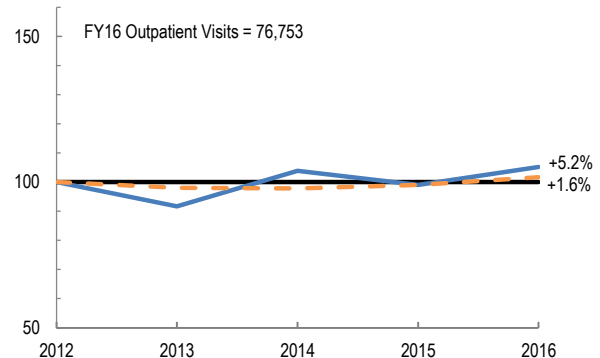
— Hospital
- - - Peer Cohort

Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY12, and how does this compare to the hospital's peer cohort median? (FY12=100)

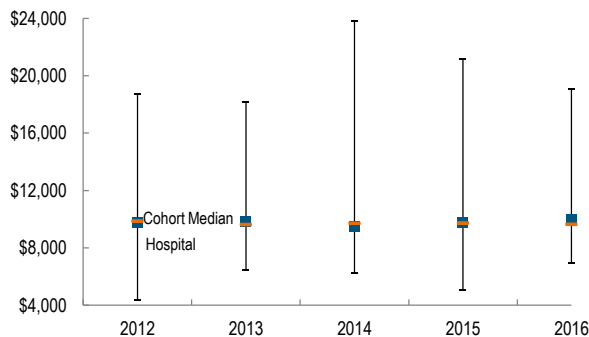


How has the volume of the hospital's outpatient visits changed compared to FY12, and how does this compare to the hospital's peer cohort median? (FY12=100)

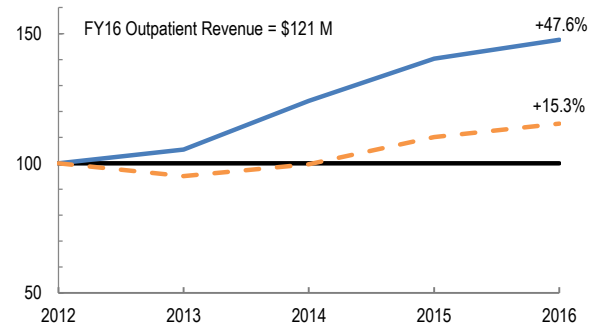


Patient Revenue Trends

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY12 and FY16, and how does this compare to the hospital's peer cohort median?



How has the hospital's total outpatient revenue changed compared to FY12, and how does this compare to the hospital's peer cohort median? (FY12=100)



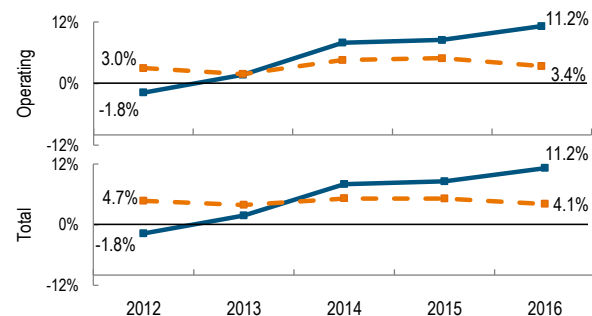
Financial Performance

How have the hospital's total revenue and costs changed between FY12 and FY16?

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

FY	2012	2013	2014	2015	2016
Operating Revenue	\$ 225	\$ 234	\$ 247	\$ 261	\$ 274
Non-Operating Revenue	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
Total Revenue	\$ 225	\$ 234	\$ 247	\$ 261	\$ 274
Total Costs	\$ 229	\$ 230	\$ 227	\$ 238	\$ 243
Total Profit (Loss)	\$ (4.0)	\$ 4.2	\$ 19.8	\$ 22.4	\$ 30.8

What were the hospital's total margin and operating margins between FY12 and FY16, 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 HOLY FAMILY HOSPITAL

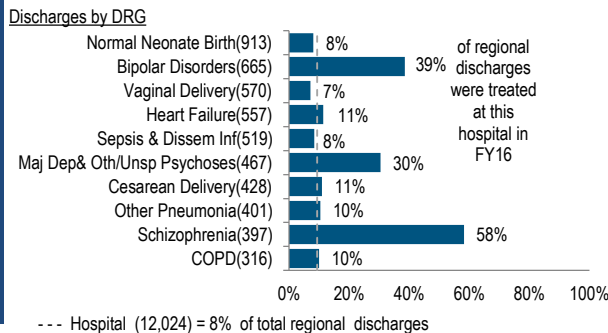
2016 Hospital Profile

Methuen, MA
Community High Public Payer Hospital
Northeastern Massachusetts

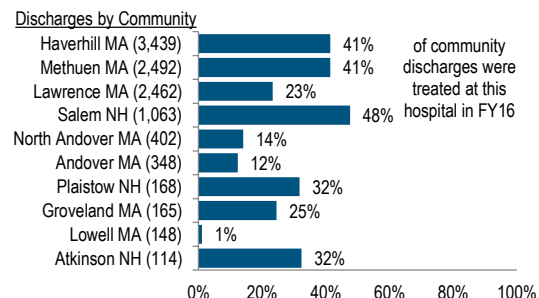
Steward Holy Family Hospital is a mid-size, for-profit community-High Public Payer (HPP) hospital located in the Northeastern Massachusetts region. Merrimack Hospital, another Steward Health Care System hospital, merged with Holy Family Hospital in FY14. Though Steward Holy Family Hospital accounted for only 8% of discharges in its region in FY16, it accounted for 30% of discharges for Major Depression & Other Unspecified Psychosis, 39% of discharges for Bipolar Disorders and 58% of discharges for Schizophrenia. Steward Holy Family reported a profit for the fourth consecutive fiscal year in FY16, and its total margin of 4.1% matched the median of its peer cohort.

At a Glance	Overview / Size	
	Hospital System Affiliation:	Steward Health Care System
	Change in Ownership (FY12-16):	Not Applicable
	Total Staffed Beds:	178, mid-size acute hospital
	% Occupancy:	94.4%, highest in cohort avg. (65%)
	Special Public Funding:	Not Applicable
	Trauma Center Designation:	Not Applicable
	Case Mix Index:	0.91, > cohort avg. (0.90); < statewide (1.07)
	Financial	
	Inpatient NPSR per CMAD:	\$10,937
Services	Change FY15-FY16:	8.1%
	Inpatient:Outpatient Revenue in FY16:	39%:61%
	Outpatient Revenue in FY16:	\$107,450,099
	Change FY15-FY16:	-0.6%
	Total Revenue in FY16:	\$232,850,995
	Total Surplus (Loss) in FY16:	\$9,620,235
	Payer Mix	
	Public Payer Mix:	68.3% (HPP* Hospital)
	CY15 Commercial S-RP:	0.86
	Top 3 Commercial Payers:	Blue Cross Blue Shield of MA Tufts Health Plan Harvard Pilgrim Health Care
Quality	Utilization	
	Inpatient Discharges in FY16:	12,024
	Change FY15-FY16:	-10.7%
	Emergency Department Visits in FY16:	73,632
	Change FY15-FY16:	-0.3%
	Outpatient Visits in FY16:	129,483
	Change FY15-FY16:	1.5%
	Quality	
	Readmission Rate in FY15:	15.6%
	Change FY11-FY15 (percentage points):	0.4%
	Early Elective Deliveries Rate (Jan 2015-Jun 2016):	13.5%

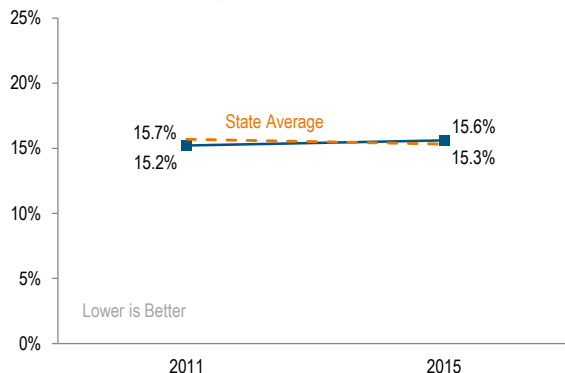
What were the most common inpatient cases (DRGs) treated at the hospital in FY16? What proportion of the region's cases did this hospital treat for each service?



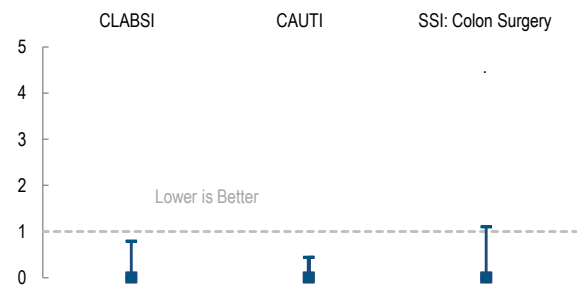
Where did most of the hospital's inpatients reside? What proportion of each community's total discharges was attributed to this hospital?



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.

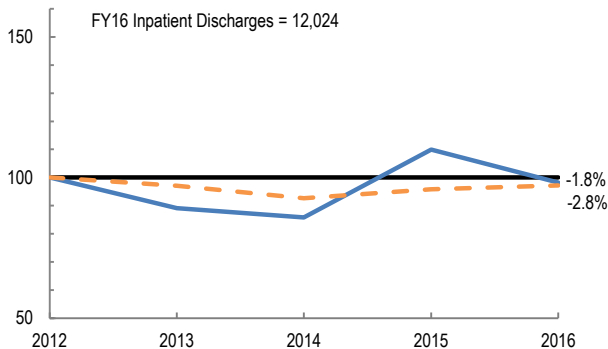
2016 HOSPITAL PROFILE: STEWARD HOLY FAMILY HOSPITAL

Cohort: Community High Public Payer Hospital

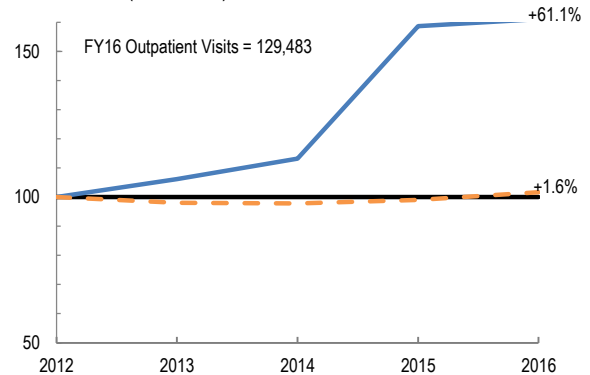
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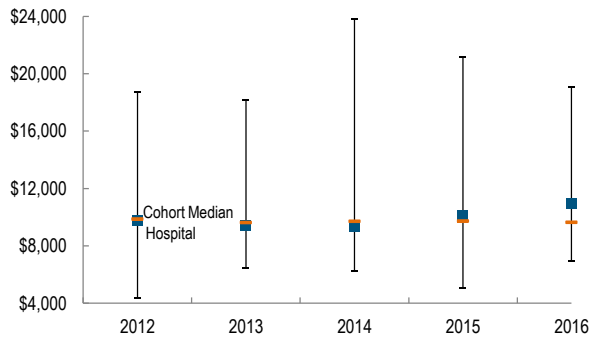
How has the volume of the hospital's inpatient discharges changed compared to FY12, and how does this compare to the hospital's peer cohort median? (FY12=100)



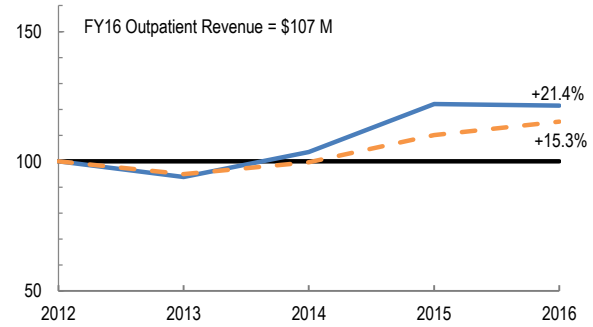
How has the volume of the hospital's outpatient visits changed compared to FY12, and how does this compare to the hospital's peer cohort median? (FY12=100)



What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY12 and FY16, and how does this compare to the hospital's peer cohort median?



How has the hospital's total outpatient revenue changed compared to FY12, and how does this compare to the hospital's peer cohort median? (FY12=100)

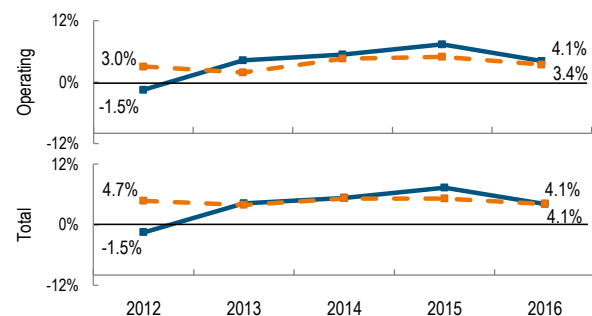


How have the hospital's total revenue and costs changed between FY12 and FY16?

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

FY	2012	2013	2014	2015	2016
Operating Revenue	\$ 188	\$ 182	\$ 202	\$ 235	\$ 233
Non-Operating Revenue	\$ 0	\$ (0)	\$ (0)	\$ 0	\$ 0
Total Revenue	\$ 188	\$ 182	\$ 202	\$ 235	\$ 233
Total Costs	\$ 191	\$ 174	\$ 191	\$ 218	\$ 223
Total Profit (Loss)	\$ (2.9)	\$ 7.7	\$ 10.7	\$ 17.2	\$ 9.6

What were the hospital's total margin and operating margins between FY12 and FY16, 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 SAINT ANNE'S HOSPITAL

2016 Hospital Profile

Fall River, MA

Community High Public Payer Hospital

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 Steward Health Care. Inpatient Discharges at Steward Saint Anne's increased by 32.9% from FY12 to FY16, compared to a median decrease of 2.8% for its peer cohort. Steward Saint Anne's has been profitable in each fiscal year from FY12 to FY16 and had a total margin of 11.1% in FY16, higher than the 4.1% median of its peer cohort. The total margin for the hospital was higher than its peer cohort median in each of the last 5 fiscal years.

At a Glance

Overview / Size

Hospital System Affiliation:	Steward Health Care System
Change in Ownership (FY12-16):	Not Applicable
Total Staffed Beds:	160, mid-size acute hospital
% Occupancy:	82.1%, > cohort avg. (65%)
Special Public Funding:	Not Applicable
Trauma Center Designation:	Not Applicable
Case Mix Index:	1.04, > cohort avg. (0.90); < statewide (1.07)

Financial

Inpatient NPSR per CMAD:	\$9,769
Change FY15-FY16:	-0.7%
Inpatient:Outpatient Revenue in FY16:	25%:75%
Outpatient Revenue in FY16:	\$161,167,556
Change FY15-FY16:	2.2%
Total Revenue in FY16:	\$264,717,904
Total Surplus (Loss) in FY16:	\$29,437,377

Payer Mix

Public Payer Mix:	68.0% (HPP* Hospital)
CY15 Commercial S-RP:	0.93
Top 3 Commercial Payers:	Blue Cross Blue Shield of MA Harvard Pilgrim Health Care Tufts Health Plan

Utilization

Inpatient Discharges in FY16:	9,736
Change FY15-FY16:	5.5%
Emergency Department Visits in FY16:	49,315
Change FY15-FY16:	0.3%
Outpatient Visits in FY16:	215,932
Change FY15-FY16:	0.1%

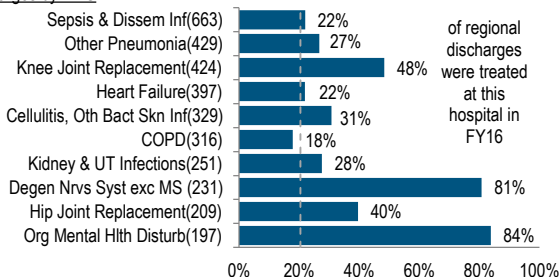
Quality

Readmission Rate in FY15:	18.0%
Change FY11-FY15 (percentage points):	-2.0%
Early Elective Deliveries Rate (Jan 2015-Jun 2016):	Not Available

Services

What were the most common inpatient cases (DRGs) treated at the hospital in FY16? What proportion of the region's cases did this hospital treat for each service?

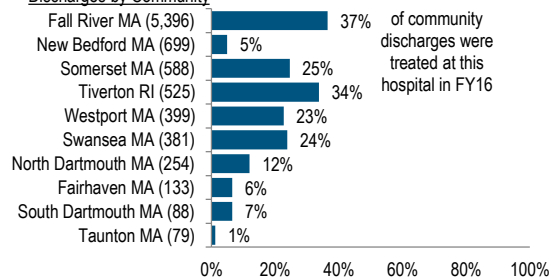
Discharges by DRG



--- Hospital (9,736) = 20% of total regional discharges

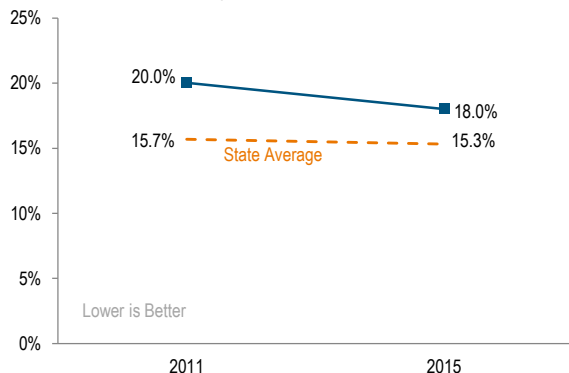
Where did most of the hospital's inpatients reside? What proportion of each community's total discharges was attributed to this hospital?

Discharges by Community

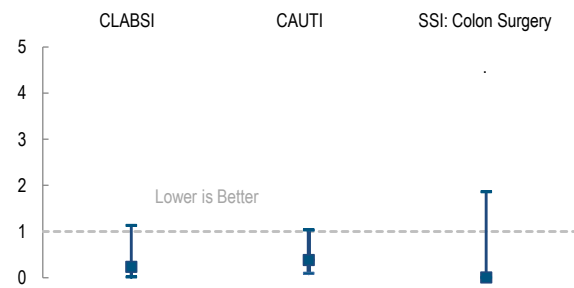


Quality

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.

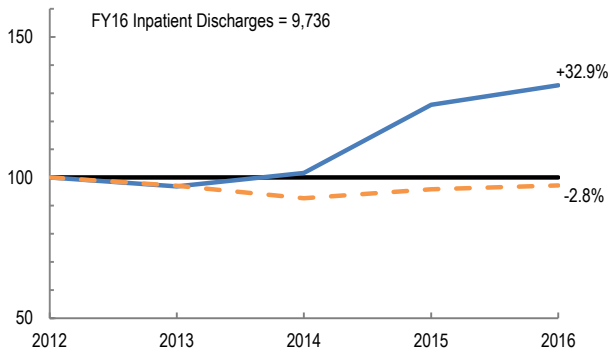
2016 HOSPITAL PROFILE: STEWARD SAINT ANNE'S HOSPITAL

Cohort: Community High Public Payer Hospital

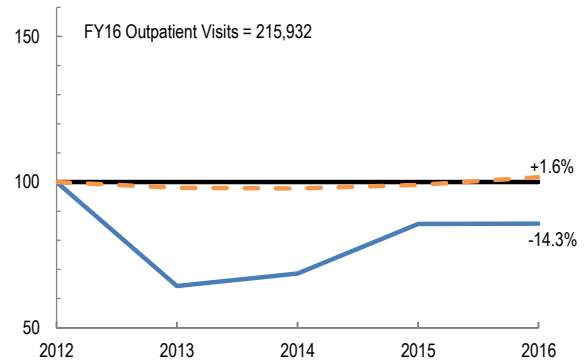
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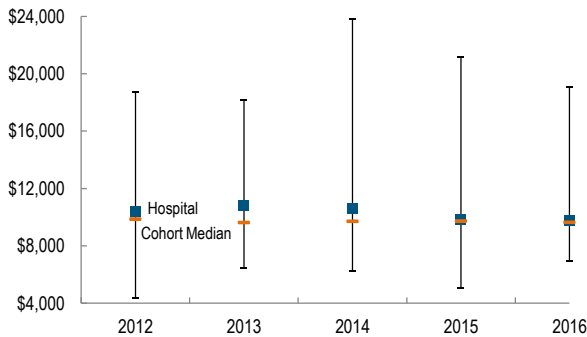
How has the volume of the hospital's inpatient discharges changed compared to FY12, and how does this compare to the hospital's peer cohort median? (FY12=100)



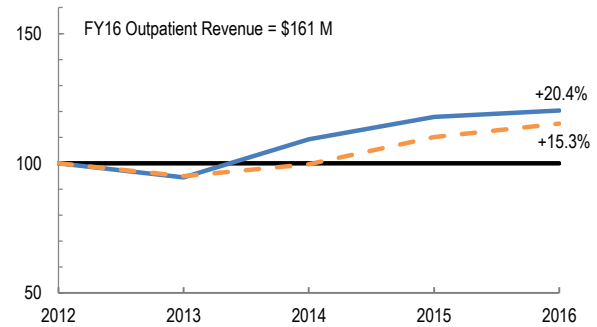
How has the volume of the hospital's outpatient visits changed compared to FY12, and how does this compare to the hospital's peer cohort median? (FY12=100)



What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY12 and FY16, and how does this compare to the hospital's peer cohort median?



How has the hospital's total outpatient revenue changed compared to FY12, and how does this compare to the hospital's peer cohort median? (FY12=100)

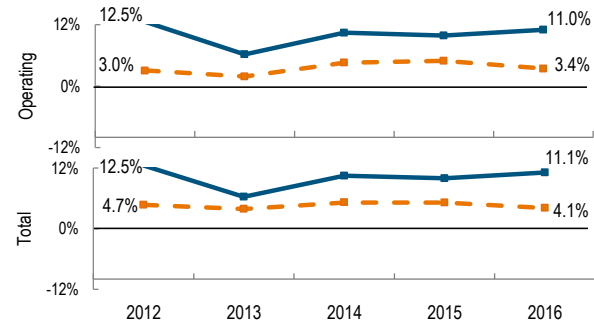


How have the hospital's total revenue and costs changed between FY12 and FY16?

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

FY	2012	2013	2014	2015	2016
Operating Revenue	\$ 202	\$ 208	\$ 234	\$ 253	\$ 265
Non-Operating Revenue	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
Total Revenue	\$ 202	\$ 208	\$ 234	\$ 253	\$ 265
Total Costs	\$ 177	\$ 195	\$ 210	\$ 228	\$ 235
Total Profit (Loss)	\$ 25.4	\$ 13.2	\$ 24.6	\$ 25.3	\$ 29.4

What were the hospital's total margin and operating margins between FY12 and FY16, 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.

STURDY MEMORIAL HOSPITAL

2016 Hospital Profile

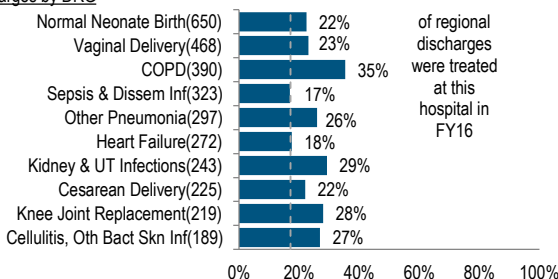
Attleboro, MA
Community High Public Payer Hospital
Metro West

Sturdy Memorial Hospital is a mid-size, non-profit community-High Public Payer (HPP) hospital located in the Metro West region. Inpatient discharges at Sturdy increased 8.4% between FY12 and FY16, while the peer cohort had a median decrease of 2.8%. Outpatient visits decreased 3.5% at the hospital over the FY12 to FY16 period, compared with a cohort median increase of 1.6%. Sturdy was profitable every year from FY12 to FY16 and had a total margin of 10.7% in FY16, higher than the 4.1% median of its cohort.

At a Glance	Overview / Size	
	Hospital System Affiliation:	Not Applicable
	Change in Ownership (FY12-16):	Not Applicable
	Total Staffed Beds:	149, mid-size acute hospital
	% Occupancy:	53.7%, < cohort avg. (65%)
	Special Public Funding:	Not Applicable
	Trauma Center Designation:	Not Applicable
	Case Mix Index:	0.81, < cohort avg. (0.90); < statewide (1.07)
	Financial	
	Inpatient NPSR per CMAD:	\$9,106
Services	Change FY15-FY16:	0.0%
	Inpatient:Outpatient Revenue in FY16:	29%:71%
	Outpatient Revenue in FY16:	\$113,258,309
	Change FY15-FY16:	4.2%
	Total Revenue in FY16:	\$178,546,702
	Total Surplus (Loss) in FY16:	\$19,084,227
	Payer Mix	
	Public Payer Mix:	64.2% (HPP* Hospital)
	CY15 Commercial S-RP:	1.05
	Top 3 Commercial Payers:	Blue Cross Blue Shield of MA Harvard Pilgrim Health Care Tufts Health Plan
Quality	Utilization	
	Inpatient Discharges in FY16:	7,331
	Change FY15-FY16:	6.2%
	Emergency Department Visits in FY16:	49,726
	Change FY15-FY16:	-3.9%
	Outpatient Visits in FY16:	112,579
	Change FY15-FY16:	-1.7%
	Quality	
	Readmission Rate in FY15:	14.8%
	Change FY11-FY15 (percentage points):	1.1%
	Early Elective Deliveries Rate (Jan 2015-Jun 2016):	9.1%

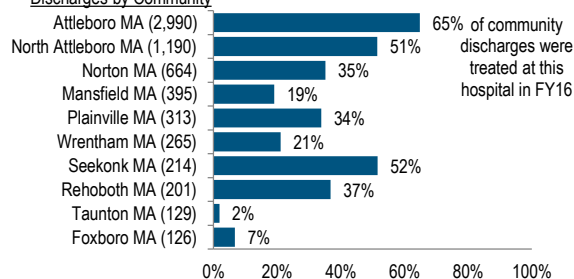
What were the most common inpatient cases (DRGs) treated at the hospital in FY16? What proportion of the region's cases did this hospital treat for each service?

Discharges by DRG

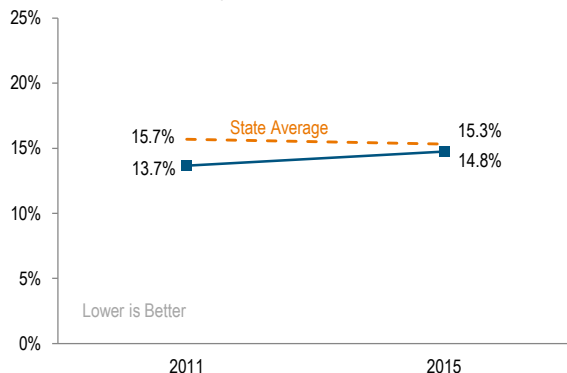


Where did most of the hospital's inpatients reside? What proportion of each community's total discharges was attributed to this hospital?

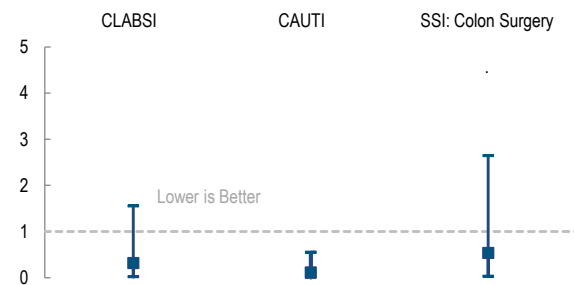
Discharges by Community



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.

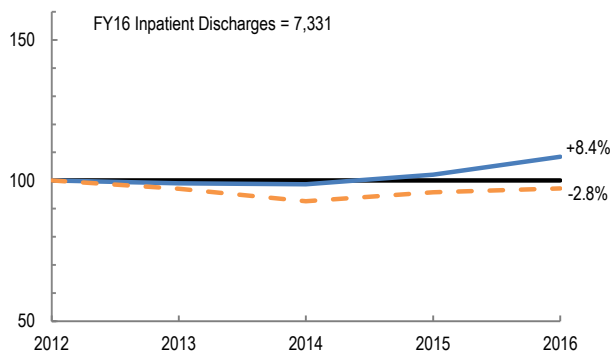
2016 HOSPITAL PROFILE: STURDY MEMORIAL HOSPITAL

Cohort: Community High Public Payer Hospital

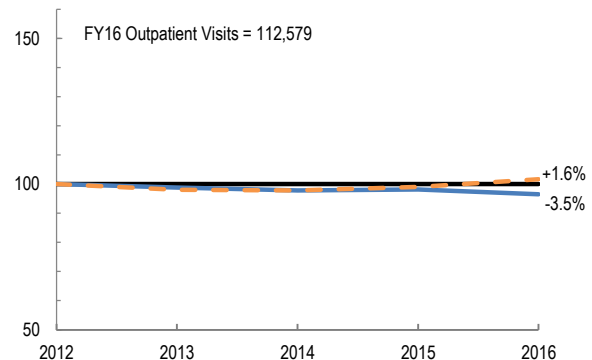
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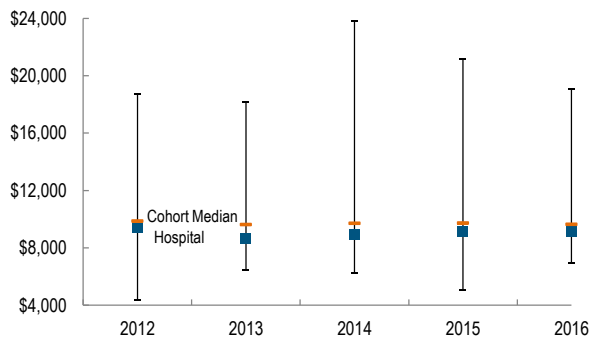
How has the volume of the hospital's inpatient discharges changed compared to FY12, and how does this compare to the hospital's peer cohort median? (FY12=100)



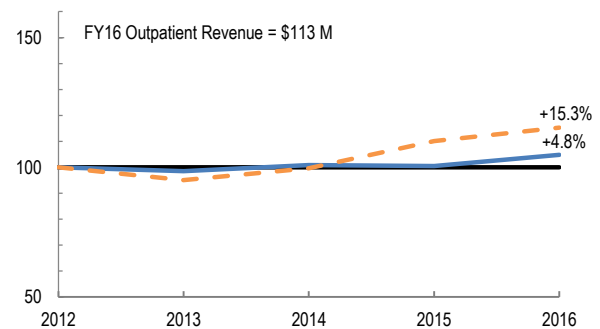
How has the volume of the hospital's outpatient visits changed compared to FY12, and how does this compare to the hospital's peer cohort median? (FY12=100)



What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY12 and FY16, and how does this compare to the hospital's peer cohort median?



How has the hospital's total outpatient revenue changed compared to FY12, and how does this compare to the hospital's peer cohort median? (FY12=100)

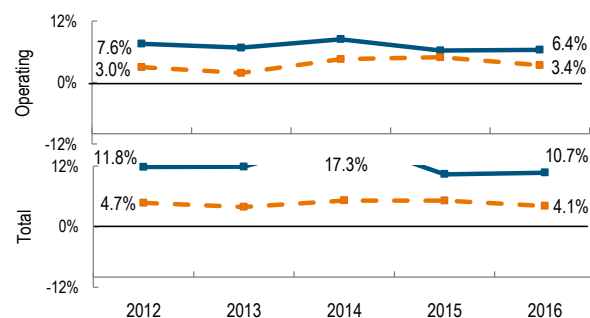


How have the hospital's total revenue and costs changed between FY12 and FY16?

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

FY	2012	2013	2014	2015	2016
Operating Revenue	\$ 166	\$ 162	\$ 165	\$ 165	\$ 171
Non-Operating Revenue	\$ 7	\$ 9	\$ 16	\$ 7	\$ 8
Total Revenue	\$ 174	\$ 170	\$ 181	\$ 173	\$ 179
Total Costs	\$ 153	\$ 150	\$ 150	\$ 155	\$ 159
Total Profit (Loss)	\$ 20.5	\$ 20.2	\$ 31.2	\$ 17.9	\$ 19.1

What were the hospital's total margin and operating margins between FY12 and FY16, and how do these compare to the hospital's peer cohort medians?



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

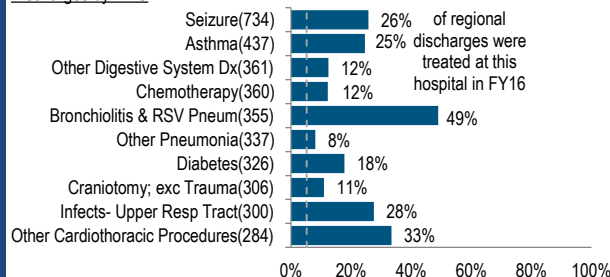
* High Public Payer Hospitals (HPP) receive a minimum of 63% of gross patient service revenue from public payers.

Boston Children's Hospital is a large, non-profit 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 patients in FY16 were under 18 years of age. It reported losses of \$0.3M in FY16 and \$5.5M in FY15, after earning a profit each year from FY12 to FY14. Despite the losses, it still reported a positive operating margin of 1.8% in FY16.

At a Glance	Overview / Size	
	Hospital System Affiliation:	Not Applicable
	Change in Ownership (FY12-16):	Not Applicable
	Total Staffed Beds:	415, 10th largest acute hospital
	% Occupancy:	77.9%
	Special Public Funding:	Not Applicable
	Trauma Center Designation:	Pedi: Level 1
	Case Mix Index:	1.93, < cohort avg. (2.03); > statewide (1.07)
	Financial	
	Inpatient NPSR per CMAD:	\$22,011
Services	Change FY15-FY16:	4.6%
	Inpatient:Outpatient Revenue in FY16:	54%:46%
	Outpatient Revenue in FY16:	\$489,793,902
	Change FY15-FY16:	8.2%
	Total Revenue in FY16:	\$1,505,984,000
	Total Surplus (Loss) in FY16:	(\$330,000)
	Payer Mix	
	Public Payer Mix:	34.7% (Non-HPP* Hospital)
	CY15 Commercial S-RP:	1.51
	Top 3 Commercial Payers:	Blue Cross Blue Shield of MA Harvard Pilgrim Health Care Aetna Health
Quality	Utilization	
	Inpatient Discharges in FY16:	15,255
	Change FY15-FY16:	-2.4%
	Emergency Department Visits in FY16:	60,337
	Change FY15-FY16:	1.9%
	Outpatient Visits in FY16:	249,131
	Change FY15-FY16:	3.8%
	Quality	
	Readmission Rate in FY15:	Not Applicable
	Change FY11-FY15 (percentage points):	
	Early Elective Deliveries Rate (Jan 2015-Jun 2016):	Not Applicable

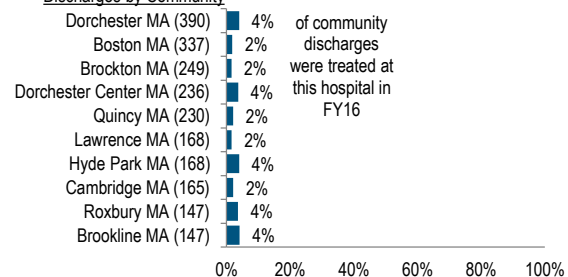
What were the most common inpatient cases (DRGs) treated at the hospital in FY16? What proportion of the region's cases did this hospital treat for each service?

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?

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.

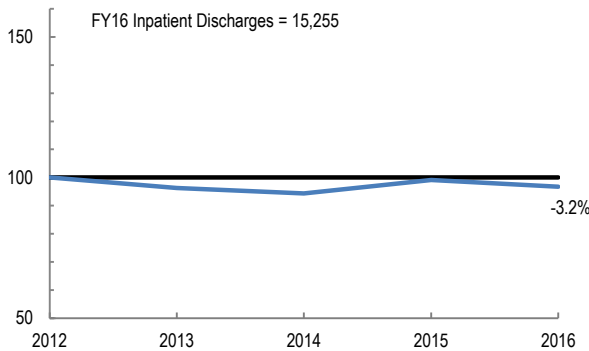
2016 HOSPITAL PROFILE: BOSTON CHILDREN'S HOSPITAL

Cohort: Specialty Hospital

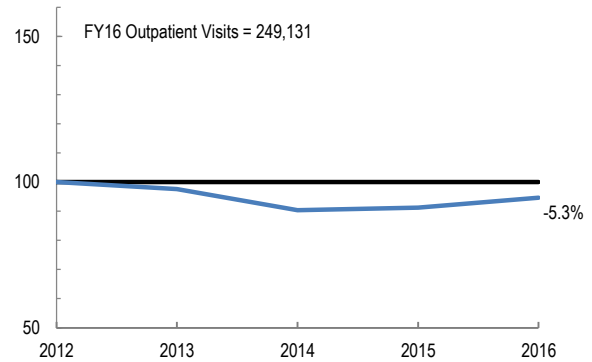
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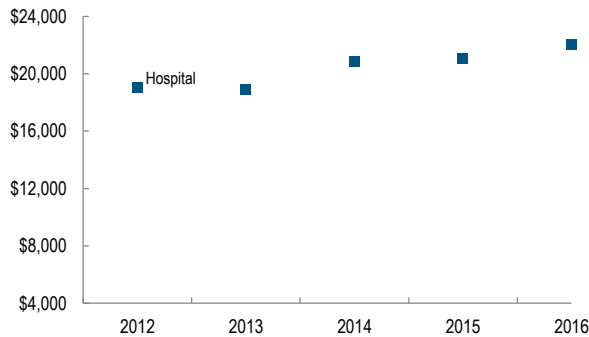
How has the volume of the hospital's inpatient discharges changed compared to FY12, and how does this compare to the hospital's peer cohort median? (FY12=100)



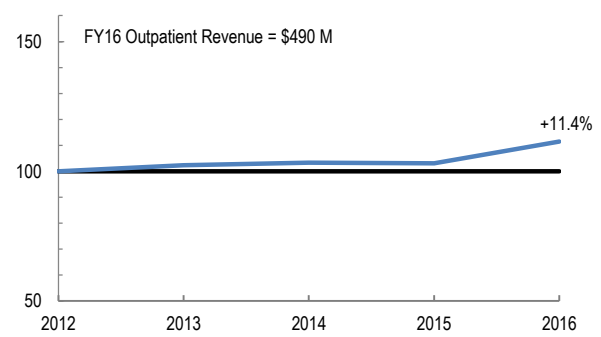
How has the volume of the hospital's outpatient visits changed compared to FY12, and how does this compare to the hospital's peer cohort median? (FY12=100)



What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY12 and FY16, and how does this compare to the hospital's peer cohort median?



How has the hospital's total outpatient revenue changed compared to FY12, and how does this compare to the hospital's peer cohort median? (FY12=100)

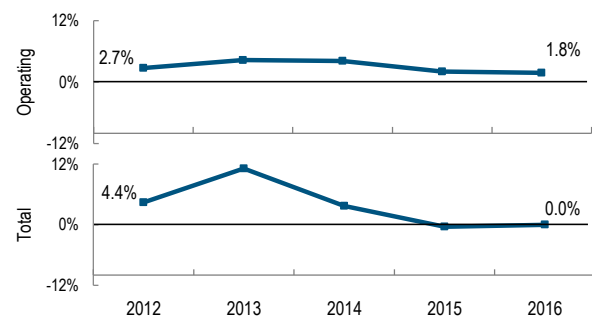


How have the hospital's total revenue and costs changed between FY12 and FY16?

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

FY	2012	2013	2014	2015	2016
Operating Revenue	\$ 1,296	\$ 1,322	\$ 1,387	\$ 1,412	\$ 1,533
Non-Operating Revenue	\$ 22	\$ 97	\$ (6)	\$ (34)	\$ (27)
Total Revenue	\$ 1,318	\$ 1,418	\$ 1,381	\$ 1,378	\$ 1,506
Total Costs	\$ 1,259	\$ 1,260	\$ 1,330	\$ 1,383	\$ 1,506
Total Profit (Loss)	\$ 58.4	\$ 157.7	\$ 51.2	\$ (5.5)	\$ (0.3)

What were the hospital's total margin and operating margins between FY12 and FY16, 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.

Dana-Farber Cancer Institute is a non-profit specialty hospital dedicated to pediatric and adult cancer treatment and research, located in the Metro Boston region. It is a teaching affiliate of Harvard Medical School. It is one of 48 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 1,270 inpatient discharges compared to 269,325 outpatient visits in FY16.

At a Glance

Overview / Size

Hospital System Affiliation:	Not Applicable
Change in Ownership (FY12-16):	Not Applicable
Total Staffed Beds:	30
% Occupancy:	90.3%
Special Public Funding:	Not Applicable
Trauma Center Designation:	Not Applicable
Case Mix Index:	2.13, > cohort avg. (2.03); > statewide (1.07)

Financial

Inpatient NPSR per CMAD:	\$13,888
Change FY15-FY16:	-13.1%
Inpatient:Outpatient Revenue in FY16:	4%:96%
Outpatient Revenue in FY16:	\$782,389,421
Change FY15-FY16:	18.1%
Total Revenue in FY16:	\$1,381,541,054
Total Surplus (Loss) in FY16:	\$43,326,978

Services

What were the most common inpatient cases (DRGs) treated at the hospital in FY16? 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 FY16, this hospital reported 143,069 infusion treatments and over 269,000 outpatient visits.

--- Hospital (1,270) = 0% 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?

This measure is not applicable to the patient population treated at this specialty hospital.

Payer Mix

Public Payer Mix:	45.9% (Non-HPP* Hospital)
CY15 Commercial S-RP:	1.50
Top 3 Commercial Payers:	Blue Cross Blue Shield of MA Harvard Pilgrim Health Care Aetna Health

Utilization

Inpatient Discharges in FY16:	1,270
Change FY15-FY16:	1.0%
Emergency Department Visits in FY16:	0
Change FY15-FY16:	
Outpatient Visits in FY16:	269,325
Change FY15-FY16:	3.8%

Quality

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

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.

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.

2016 HOSPITAL PROFILE: DANA-FARBER CANCER INSTITUTE

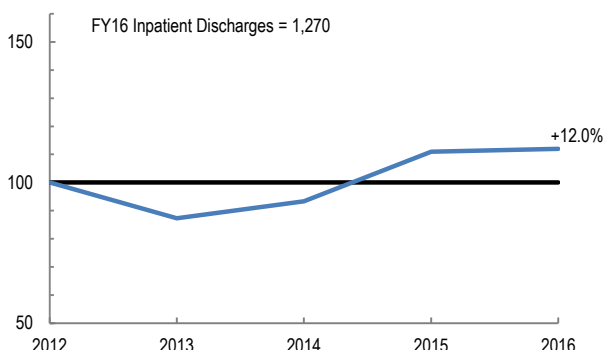
Cohort: Specialty Hospital

Key:

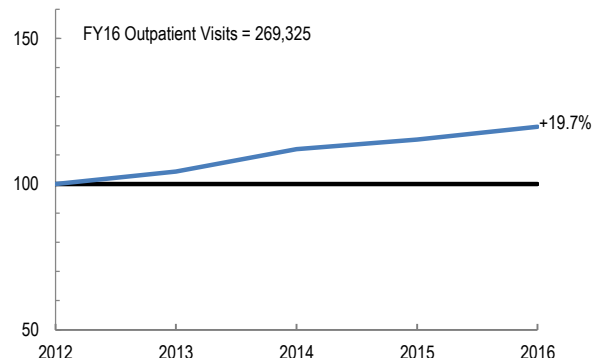


Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY12, and how does this compare to the hospital's peer cohort median? (FY12=100)

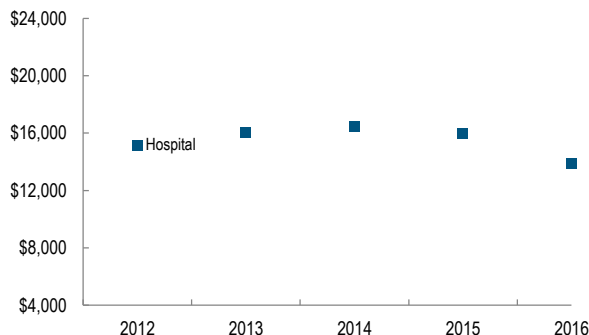


How has the volume of the hospital's outpatient visits changed compared to FY12, and how does this compare to the hospital's peer cohort median? (FY12=100)

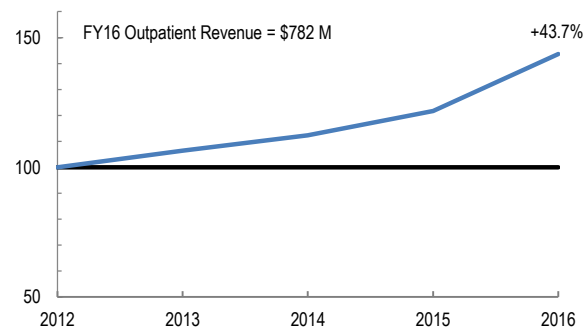


Patient Revenue Trends

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY12 and FY16, and how does this compare to the hospital's peer cohort median?



How has the hospital's total outpatient revenue changed compared to FY12, and how does this compare to the hospital's peer cohort median? (FY12=100)



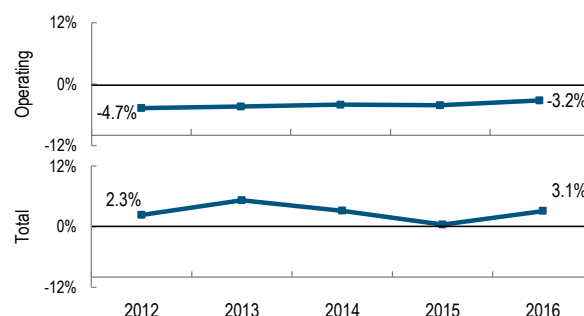
Financial Performance

How have the hospital's total revenue and costs changed between FY12 and FY16?

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

FY	2012	2013	2014	2015	2016
Operating Revenue	\$ 938	\$ 975	\$ 1,019	\$ 1,117	\$ 1,293
Non-Operating Revenue	\$ 71	\$ 104	\$ 79	\$ 53	\$ 88
Total Revenue	\$ 1,008	\$ 1,078	\$ 1,098	\$ 1,171	\$ 1,382
Total Costs	\$ 985	\$ 1,022	\$ 1,064	\$ 1,166	\$ 1,338
Total Profit (Loss)	\$ 23.4	\$ 56.2	\$ 34.6	\$ 4.7	\$ 43.3

What were the hospital's total margin and operating margins between FY12 and FY16, 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 EYE AND EAR INFIRMARY

2016 Hospital Profile

Boston, MA
Specialty Hospital
Metro Boston

Massachusetts Eye and Ear Infirmary is a non-profit 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 newborn to the elderly. Mass Eye and Ear is a teaching hospital of Harvard Medical School. It had a negative operating margin each year from FY12 to FY16, but a positive total margin each year except FY14 and FY16 in the five-year period. Massachusetts Eye and Ear Infirmary incurred a loss of \$3.1M in FY16.

At a Glance

Overview / Size

Hospital System Affiliation:	Not Applicable
Change in Ownership (FY12-16):	Not Applicable
Total Staffed Beds:	41
% Occupancy:	30.9%
Special Public Funding:	Not Applicable
Trauma Center Designation:	Not Applicable
Case Mix Index:	1.34, < cohort avg. (2.03); > statewide (1.07)

Financial

Inpatient NPSR per CMAD:	\$11,037
Change FY15-FY16:	4.3%
Inpatient:Outpatient Revenue in FY16:	9%:91%
Outpatient Revenue in FY16:	\$164,333,413
Change FY15-FY16:	11.8%
Total Revenue in FY16:	\$259,056,986
Total Surplus (Loss) in FY16:	(\$3,103,392)

Payer Mix

Public Payer Mix:	45.5% (Non-HPP* Hospital)
CY15 Commercial S-RP:	0.83
Top 3 Commercial Payers:	Blue Cross Blue Shield of MA Harvard Pilgrim Health Care Tufts Health Plan

Utilization

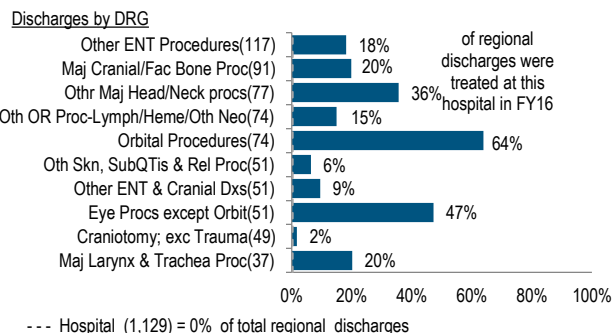
Inpatient Discharges in FY16:	1,129
Change FY15-FY16:	-10.5%
Emergency Department Visits in FY16:	23,091
Change FY15-FY16:	30.4%
Outpatient Visits in FY16:	305,375
Change FY15-FY16:	12.4%

Quality

Readmission Rate in FY15:	9.0%
Change FY11-FY15 (percentage points):	0.5%
Early Elective Deliveries Rate (Jan 2015-Jun 2016):	Not Applicable

Services

What were the most common inpatient cases (DRGs) treated at the hospital in FY16? What proportion of the region's cases did this hospital treat for each service?

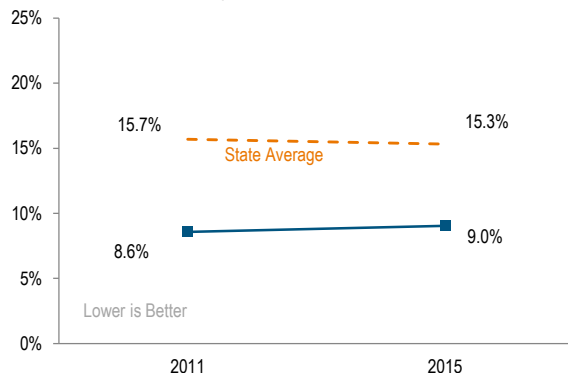


Where did most of the hospital's inpatients reside? What proportion of each community's total discharges was attributed to this hospital?

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.

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 is not available for these measures.

2016 HOSPITAL PROFILE: MASSACHUSETTS EYE AND EAR INFIRMARY

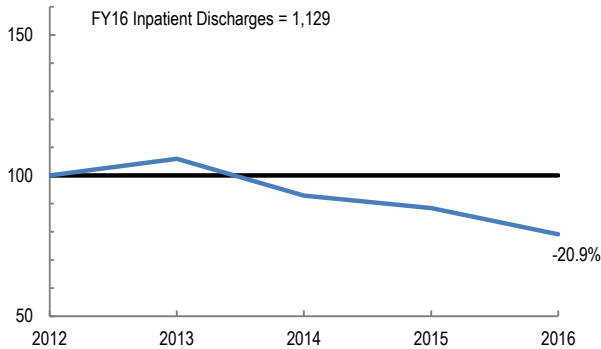
Cohort: Specialty Hospital

Key:

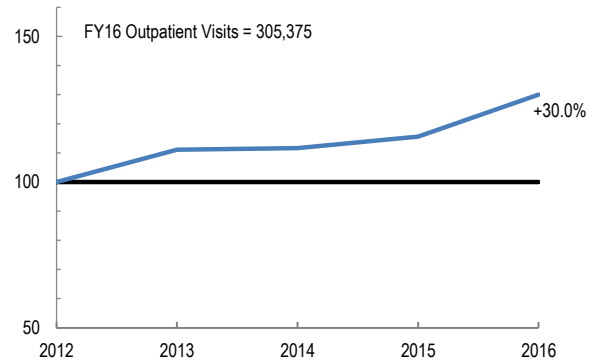


Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY12, and how does this compare to the hospital's peer cohort median? (FY12=100)

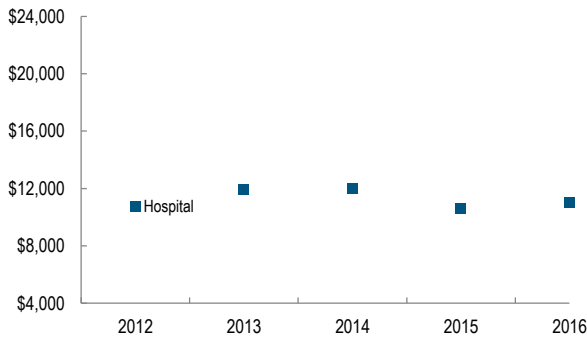


How has the volume of the hospital's outpatient visits changed compared to FY12, and how does this compare to the hospital's peer cohort median? (FY12=100)

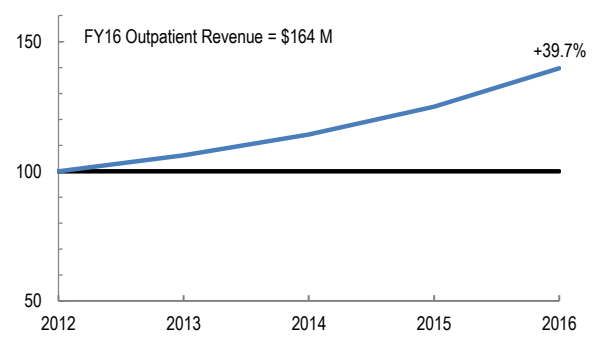


Patient Revenue Trends

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY12 and FY16, and how does this compare to the hospital's peer cohort median?



How has the hospital's total outpatient revenue changed compared to FY12, and how does this compare to the hospital's peer cohort median? (FY12=100)



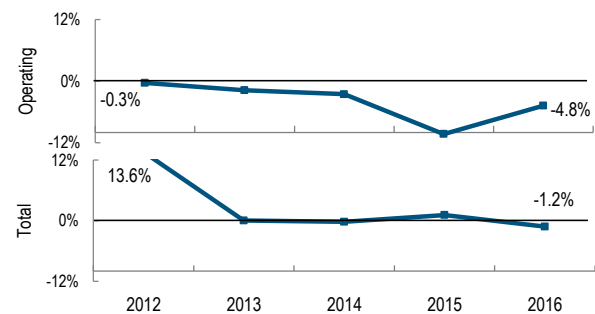
Financial Performance

How have the hospital's total revenue and costs changed between FY12 and FY16?

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

FY	2012	2013	2014	2015	2016
Operating Revenue	\$ 202	\$ 219	\$ 223	\$ 228	\$ 250
Non-Operating Revenue	\$ 33	\$ 4	\$ 5	\$ 30	\$ 9
Total Revenue	\$ 234	\$ 224	\$ 229	\$ 257	\$ 259
Total Costs	\$ 202	\$ 224	\$ 229	\$ 254	\$ 262
Total Profit (Loss)	\$ 31.8	\$ 0.1	\$ (0.5)	\$ 2.9	\$ (3.1)

What were the hospital's total margin and operating margins between FY12 and FY16, 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.

NEW ENGLAND BAPTIST HOSPITAL

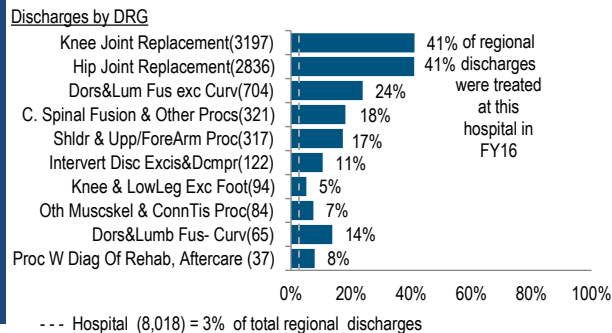
2016 Hospital Profile

Boston, MA
Specialty Hospital
Metro Boston

New England Baptist Hospital is a non-profit 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 41% of both hip and knee joint replacements. It is a mid-size acute hospital 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 FY12 to FY16, with a total margin of 2.6% in FY16.

At a Glance	Overview / Size	
	Hospital System Affiliation:	CareGroup
	Change in Ownership (FY12-16):	Not Applicable
	Total Staffed Beds:	100, mid-size acute hospital
	% Occupancy:	62.5%
	Special Public Funding:	Not Applicable
	Trauma Center Designation:	Not Applicable
	Case Mix Index:	1.39, < cohort avg. (2.03); > statewide (1.07)
	Financial	
	Inpatient NPSR per CMAD:	\$14,611
Services	Change FY15-FY16:	-0.2%
	Inpatient:Outpatient Revenue in FY16:	60%:40%
	Outpatient Revenue in FY16:	\$62,522,134
	Change FY15-FY16:	3.0%
	Total Revenue in FY16:	\$242,359,796
	Total Surplus (Loss) in FY16:	\$6,241,417
	Payer Mix	
	Public Payer Mix:	44.2% (Non-HPP* Hospital)
	CY15 Commercial S-RP:	0.93
	Top 3 Commercial Payers:	Blue Cross Blue Shield of MA Harvard Pilgrim Health Care Tufts Health Plan
Quality	Utilization	
	Inpatient Discharges in FY16:	8,018
	Change FY15-FY16:	-2.0%
	Emergency Department Visits in FY16:	00
	Change FY15-FY16:	
	Outpatient Visits in FY16:	112,452
	Change FY15-FY16:	-9.7%
	Quality	
	Readmission Rate in FY15:	3.0%
	Change FY11-FY15 (percentage points):	-1.5%
	Early Elective Deliveries Rate (Jan 2015-Jun 2016):	Not Applicable

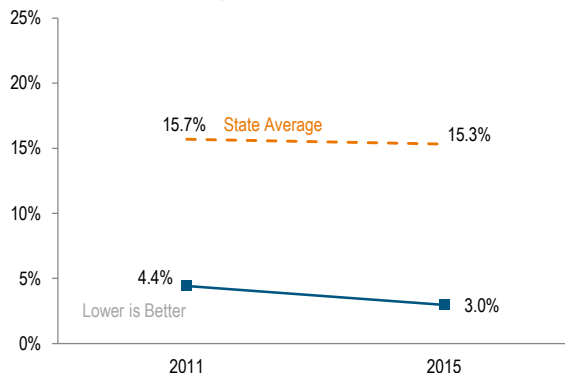
What were the most common inpatient cases (DRGs) treated at the hospital in FY16? What proportion of the region's cases did this hospital treat for each service?



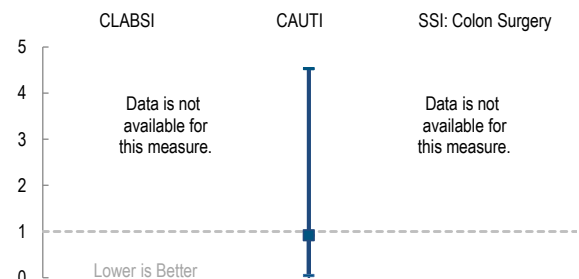
Where did most of the hospital's inpatients reside? What proportion of each community's total discharges was attributed to this hospital?

This graph has been suppressed as no single community accounted for more than 2% of the hospital's total discharges, however the hospital reports its patients are primarily from Eastern Massachusetts, including Boston, Quincy, Plymouth, Cambridge, Waltham, Worcester, Brookline, Braintree, West Roxbury, and Medford.

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.

2016 HOSPITAL PROFILE: NEW ENGLAND BAPTIST HOSPITAL

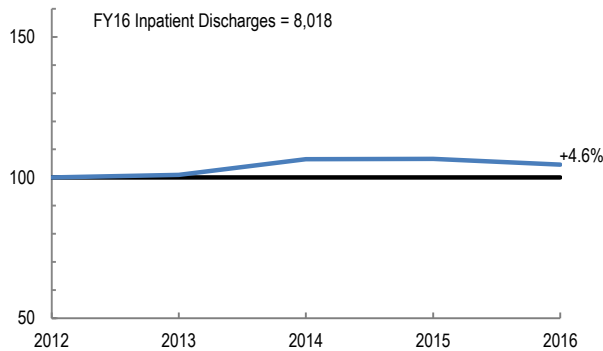
Cohort: Specialty Hospital

Key:

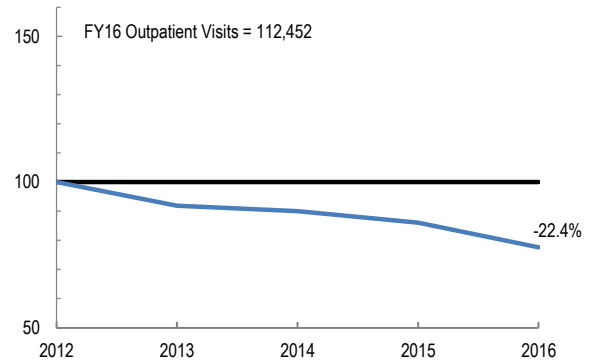


Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY12, and how does this compare to the hospital's peer cohort median? (FY12=100)

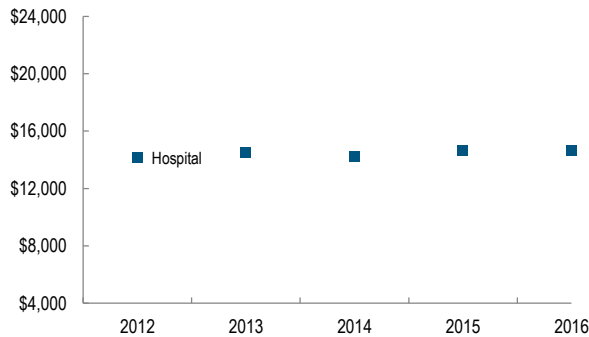


How has the volume of the hospital's outpatient visits changed compared to FY12, and how does this compare to the hospital's peer cohort median? (FY12=100)

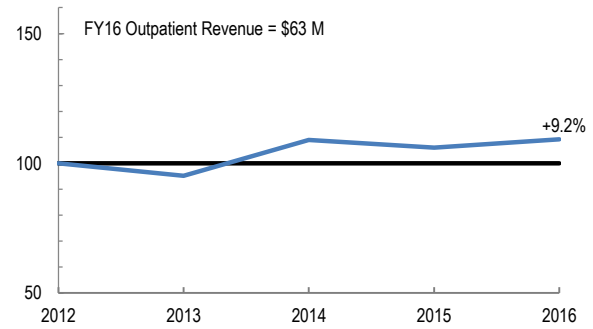


Patient Revenue Trends

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY12 and FY16, and how does this compare to the hospital's peer cohort median?



How has the hospital's total outpatient revenue changed compared to FY12, and how does this compare to the hospital's peer cohort median? (FY12=100)



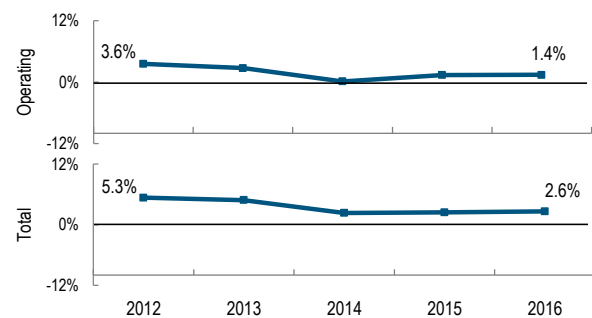
Financial Performance

How have the hospital's total revenue and costs changed between FY12 and FY16?

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

FY	2012	2013	2014	2015	2016
Operating Revenue	\$ 215	\$ 220	\$ 234	\$ 242	\$ 240
Non-Operating Revenue	\$ 4	\$ 5	\$ 5	\$ 3	\$ 3
Total Revenue	\$ 219	\$ 225	\$ 239	\$ 245	\$ 242
Total Costs	\$ 207	\$ 214	\$ 234	\$ 239	\$ 236
Total Profit (Loss)	\$ 11.7	\$ 10.9	\$ 5.5	\$ 5.9	\$ 6.2

What were the hospital's total margin and operating margins between FY12 and FY16, 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

2016 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, reconstructive and plastic surgery needs, and cleft lip and palate. It is the only exclusively pediatric, verified burn center in New England. Fifty percent of its revenue comes from inpatient services, and the hospital reported 223 inpatient discharges in FY16, 28% more 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 a 40-bed pediatric specialty acute care hospital dedicated to providing inpatient and outpatient specialty care for orthopedic and developmental conditions including scoliosis, clubfoot, cerebral palsy, spina bifida, cleft lip and palate, rheumatology, and others. Following a strategic plan developed in 2015, the hospital has reinvested in its core service line of pediatric orthopedics and initiated new services in 2016 including post-acute fracture care management, sports health and medicine, and urology. Thirty-two percent of its revenue comes from inpatient services, and it had 91 discharges in FY16, a 6% increase from FY15.

Shriners Hospitals for Children - Boston
Boston, MA

At a Glance		Payer Mix	
TOTAL STAFFED BEDS: 30		What was the hospital's overall payer mix (gross charges) and how does this hospital compare to the average acute hospital's payer mix?	
% OCCUPANCY: 23.88			
INPATIENT DISCHARGES in FY16: 223			
PUBLIC PAYER MIX: 26.8%			
TOTAL REVENUE in FY16: \$5,220,897			
TAX STATUS: Non-profit		Shriners Boston	
INPATIENT:OUTPATIENT REVENUE in FY16: 50%:50%		Average Acute Hospital	
INPATIENT NPSR PER CMAD: \$1,789		Commercial & Other	
CHANGE in OWNERSHIP (FY12-FY16): N/A		State Programs	
		Medicare and Other Federal Programs	

Percentage calculations may not sum to 100% due to rounding.

	FY13	FY14	FY15	FY16
Average Length of Stay	6.9	8.2	12.2	11.8
Inpatient Discharges	456	332	174	223
Outpatient Visits	5362	5362	4492	6608
Net Inpatient Revenue per Case Mix Adjusted Discharge	\$ 2,907	\$ 2,734	\$ 2,044	\$ 1,789
Outpatient Revenue (millions)	\$0.5	\$1.8	\$1.4	\$1.1
Operating Margin		-420%	-699%	-694%
Total Margin		-401%	-673%	-694%

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

FY	Total Revenue	Operating Revenue	Non-Operating Revenue	Costs	Total Profit/Loss
2013	Data is not displayed due to differences in reporting methods between years.				
2014	\$8.0	\$6.5	\$1.5	\$39.9	-\$32.0
2015	\$5.1	\$3.7	\$1.3	\$39.2	-\$34.1
2016	\$5.2	\$5.2	\$0.0	\$41.5	-\$36.2

Shriners Hospitals for Children - Springfield
Springfield, MA

At a Glance	Payer Mix																	
TOTAL STAFFED BEDS: 40	<p>What was the hospital's overall payer mix (gross charges) and how does this hospital compare to the average acute hospital's payer mix?</p> <table><tr><th>Shriners Springfield</th><th></th><th>Average Acute Hospital</th></tr><tr><td>Commercial & Other</td><td>47%</td><td>38%</td></tr><tr><td>State Programs</td><td></td><td>19%</td></tr><tr><td>Medicare and Other Federal Programs</td><td>53%</td><td>43%</td></tr><tr><td></td><td>0%</td><td></td></tr></table>			Shriners Springfield		Average Acute Hospital	Commercial & Other	47%	38%	State Programs		19%	Medicare and Other Federal Programs	53%	43%		0%	
Shriners Springfield					Average Acute Hospital													
Commercial & Other				47%	38%													
State Programs					19%													
Medicare and Other Federal Programs				53%	43%													
	0%																	
% OCCUPANCY: 2.79																		
INPATIENT DISCHARGES in FY16: 91																		
PUBLIC PAYER MIX: 53.0%																		
TOTAL REVENUE in FY16: \$8,818,836																		
TAX STATUS: Non-profit																		
INPATIENT:OUTPATIENT REVENUE in FY15:32%:68%																		
INPATIENT NPSR PER CMAD: \$9,315																		
CHANGE in OWNERSHIP (FY12-FY16): N/A																		

Percentage calculations may not sum to 100% due to rounding.

	FY13	FY14	FY15	FY16
Average Length of Stay	5.1	4.1	5.7	4.5
Inpatient Discharges	152	126	86	91
Outpatient Visits	12413	6568	9980	13765
Net Inpatient Revenue per Case Mix Adjusted Discharge	\$ 8,272	\$ 6,303	\$ 12,850	\$ 9,315
Outpatient Revenue (millions)	\$2.0	\$3.0	\$3.2	\$4.7
Operating Margin		-223%	-163%	-111%
Total Margin		-198%	-141%	-111%

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

FY	Total Revenue	Operating Revenue	Non-Operating Revenue	Costs	Total Profit/Loss
2013	Data is not displayed due to differences in reporting methods between years.				
2014	\$6.5	\$4.9	\$1.6	\$19.4	-\$12.9
2015	\$7.2	\$5.6	\$1.5	\$17.3	-\$10.1
2016	\$8.8	\$8.8	\$0.0	\$18.6	-\$9.8

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 B1](#)

Arbour Hospital	McLean Hospital
Arbour-Fuller Hospital	Southcoast Behavioral Hospital
Arbour-HRI Hospital	Walden Behavioral Care
Bournewood Hospital	Westwood Lodge
High Point 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 B2](#)

Braintree Rehabilitation Hospital	New England Rehabilitation Hospital
HealthSouth Fairlawn Rehabilitation Hospital	Spaulding Rehabilitation Hospital Boston
HealthSouth Rehabilitation Hospital of Western Massachusetts	Spaulding Rehabilitation Hospital of Cape Cod
New Bedford 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 B3](#)

Kindred Hospital Boston	New England Sinai Hospital
Kindred Hospital Boston North Shore	Spaulding Hospital Cambridge
Kindred Hospital Northeast Stoughton	Vibra Hospital of Western Massachusetts

Specialty Non-Acute Hospital [page C4](#)

AdCare Hospital of Worcester	Hebrew Rehabilitation Hospital
Franciscan Hospital for Children	

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 2016

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.

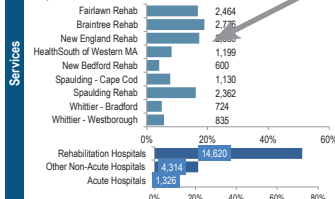
REHABILITATION HOSPITALS

2016 Hospital Profile

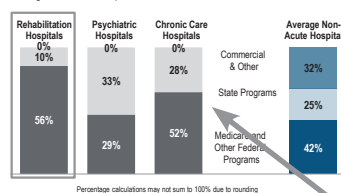
Rehabilitation hospitals provide intensive, post-acute rehabilitation services, such as physical, occupational, and speech therapy services. For Medicare payment purposes, hospitals are classified as rehabilitation hospitals if they provide more than 60% of their inpatient services to patients with one or more of 13 diagnoses listed in the federal regulations. The nine rehabilitation hospitals treated 72% of chronic and rehabilitation cases in FY16, while other non-acute hospitals treated 21% and acute hospitals treated 7%. All but one of the rehabilitation hospitals were profitable in FY16, consistent with the year prior. Inpatient days decreased 6% between FY11 and FY16 at rehabilitation hospitals.

Hospitals in Cohort:	
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	
Spaulding Rehabilitation Hospital Cape Cod	
Total Beds:	
990 (26.6% of total non-acute hospitals)	
Median % Occupancy:	
77.8% < total non-acute hospitals (79.1%)	
Total Inpatient Days:	
232,226 (23.1% of total non-acute hospitals)	
Total Inpatient Discharges:	
14,620 (26.0% of total non-acute hospitals)	
Average Public Payer Mix:	
65.9%, < total non-acute hospitals (67.6%)	
Total Gross Revenue in FY16:	
\$819 million (34.9% of total non-acute hospitals)	
Inpatient:Outpatient Revenue in FY16:	
82%:18% (total non-acute hospitals = 84%:16%)	

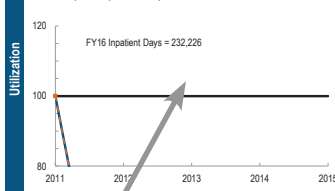
What proportion of total statewide discharges was attributed to each of the cohort's hospitals in FY16? Overall, what proportions of total discharges were attributed to acute hospitals and non-acute hospitals?



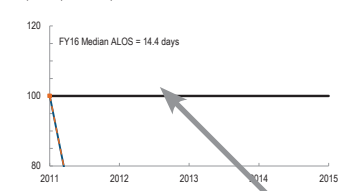
What was this cohort's average payer mix (gross charges) in FY16, and how does this compare to that of other non-acute hospital cohorts and the average non-acute hospital?



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 (solid line), Statewide (dashed line)

C2

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 FY16 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 2016

Utilization, cost, revenue, and financial data from FY 12 to FY 16 is presented for each hospital in the given non-acute hospital cohort in the tables below.



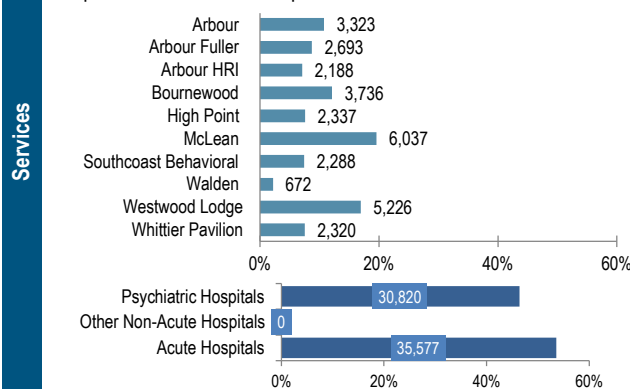
PSYCHIATRIC HOSPITALS

2016 Hospital Profile

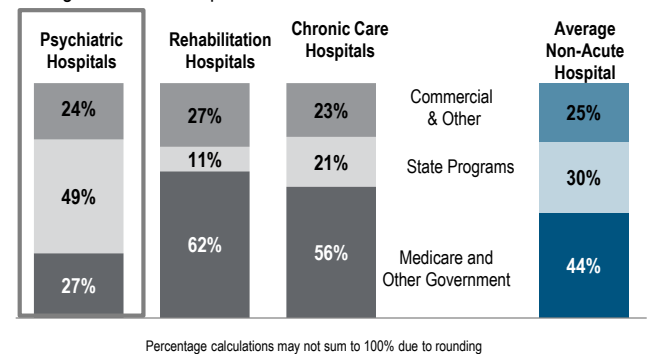
Psychiatric hospitals are licensed by the Department of Mental Health (DMH) for psychiatric services, and by the Department of Public Health (DPH) for substance abuse services. Psychiatric hospitals offer mental health services, substance abuse disorder treatments, and inpatient, outpatient, and partial hospitalization. There were 10 Psychiatric hospitals in FY16 compared to 9 in FY15. In FY16, High Point Hospital and Southcoast Behavioral Hospital opened and Baldpate Hospital closed. Psychiatric hospitals treated roughly 46% of psychiatric discharges in FY16, while acute hospitals treated nearly 54% of the psychiatric discharges. Eight of the 10 psychiatric hospitals earned a profit in FY16. With TaraVista Behavioral Health opening in the Fall of 2016, there are now 11 psychiatric hospitals.

At a Glance	Hospitals in Cohort:	
	Arbour Hospital	McLean Hospital
	Arbour-Fuller Hospital	Southcoast Behavioral Hospital
	Arbour-HRI Hospital	Walden Behavioral Care
	Bournewood Hospital	Westwood Lodge
	High Point Hospital	Whittier Pavilion
	Total Beds:	
	1,132 (28.5% of total non-acute hospitals)	Average Public Payer Mix:
	Median % Occupancy:	76.1%, > total non-acute hospitals (75.0%)
	84.2%, > total non-acute hospitals (77.5%)	Total Gross Patient Service Revenue:
	Total Inpatient Days:	\$703 million (25.9% of total non-acute hospitals)
	325,345 (30.8% of total non-acute hospitals)	Inpatient:Outpatient Gross Patient Service Revenue:
	Total Inpatient Discharges:	83%:17% (total non-acute hospitals = 85%:15%)
	30,820 (52.8% of total non-acute hospitals)	

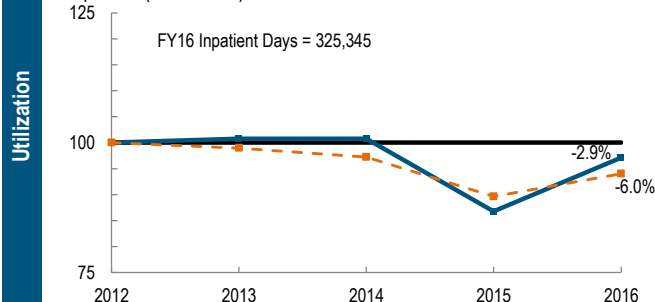
What proportion of total non-acute hospitals psychiatric discharges was attributed to each of the cohort's hospitals in FY16? Overall, what proportions of total psychiatric discharges were attributed to acute hospitals and non-acute hospitals?



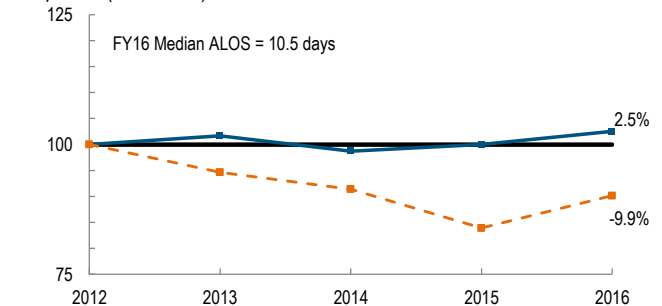
What was this cohort's average payer mix (gross revenues) in FY16, and how does this compare to that of other non-acute hospital cohorts and the average non-acute hospital?



How has the volume of this cohort's inpatient days changed compared to FY12, and how does this compare to that of other non-acute hospitals? (FY12=100)



How has the cohort's median average length of stay (ALOS) changed compared to FY12, and how does this compare to that of other non-acute hospitals? (FY12=100)



For descriptions of the metrics, please see Technical Appendix.

PSYCHIATRIC HOSPITALS

2016 Hospital Profile

Utilization Trends	Volume of Inpatient Days						
		FY12	FY13	FY14	FY15	FY16	
	Arbour	40,719	44,642	44,074	42,121	39,681	
	Arbour Fuller	30,180	32,149	32,176	31,014	32,239	
	Arbour HRI	23,176	21,591	18,672	19,280	20,898	
	Bournewood	27,924	27,880	30,903	31,495	31,819	
	High Point	New hospital-first year data FY16					13,760
	McLean	57,988	56,910	58,070	59,988	65,845	
	Southcoast Behavioral	New hospital-first year data FY16					23,139
	Walden	15,377	15,505	16,479	16,554	16,564	
Westwood Lodge	79,407	80,757	79,849	71,348	61,064		
Whittier Pavilion	18,216	18,792	19,525	18,806	20,336		

Utilization Trends	Volume of Outpatient Visits						
		FY12	FY13	FY14	FY15	FY16	
	Arbour	26,953	37,093	38,436	40,470	38,934	
	Arbour Fuller	16,520	17,405	16,071	18,410	22,071	
	Arbour HRI	15,060	14,251	13,912	13,493	20,956	
	Bournewood	25,238	25,771	22,876	27,593	29,322	
	High Point	New hospital-first year data FY16					0
	McLean	103,306	104,813	107,244	115,719	107,208	
	Southcoast Behavioral	New hospital-first year data FY16					0
	Walden	12,406	13,398	16,820	18,853	22,777	
Westwood Lodge	15,792	14,219	14,832	20,436	32,426		
Whittier Pavilion	0	102	2,287	5,338	7,687		

Utilization Trends	Total Net Outpatient Revenue (in millions)						
		FY12	FY13	FY14	FY15	FY16	
	Arbour	\$5.6	\$7.3	\$7.4	\$6.4	\$5.2	
	Arbour Fuller	\$4.0	\$4.4	\$4.3	\$4.8	\$5.0	
	Arbour HRI	\$5.2	\$5.2	\$5.2	\$5.0	\$4.8	
	Bournewood	\$2.3	\$2.5	\$3.1	\$4.3	\$2.7	
	High Point	New hospital-first year data FY16					\$0.0
	McLean	\$43.1	\$40.7	\$40.5	\$45.4	\$50.0	
	Southcoast Behavioral	New hospital-first year data FY16					\$0.0
	Walden	\$3.1	\$3.6	\$6.1	\$6.1	\$14.7	
Westwood Lodge	\$7.4	\$7.4	\$7.7	\$7.7	\$7.4		
Whittier Pavilion	\$0.0	\$0.0	\$0.3	\$0.6	\$0.5		

Utilization Trends	Average Length of Stay (Days)						
		FY12	FY13	FY14	FY15	FY16	
	Arbour	10.5	11.1	12.2	11.8	11.9	
	Arbour Fuller	10.5	11.0	11.0	11.9	12.0	
	Arbour HRI	10.3	9.6	9.4	9.4	9.6	
	Bournewood	7.6	8.1	8.3	8.3	8.5	
	High Point	New hospital-first year data FY16					5.9
	McLean	9.6	9.5	10.1	10.4	10.9	
	Southcoast Behavioral	New hospital-first year data FY16					10.1
	Walden	9.7	11.0	10.1	10.8	24.7	
Westwood Lodge	11.2	11.4	10.8	11.3	11.7		
Whittier Pavilion	10.7	10.4	10.2	10.1	8.8		

Patient Revenue Trends	Net Inpatient Revenue per patient Day					
		FY12	FY13	FY14	FY15	FY16
	Arbour	\$711	\$698	\$723	\$728	\$782
	Arbour Fuller	\$608	\$627	\$650	\$644	\$651
	Arbour HRI	\$710	\$727	\$738	\$743	\$819
	Bournewood	\$747	\$776	\$757	\$753	\$817
	High Point	New hospital-first year data FY16				\$815
	McLean	\$1,052	\$1,111	\$1,156	\$1,184	\$1,238
	Southcoast Behavioral	New hospital-first year data FY16				\$770
	Walden	\$1,003	\$1,070	\$1,087	\$1,119	\$873
Westwood Lodge	\$697	\$717	\$742	\$747	\$784	
Whittier Pavilion	\$1,042	\$825	\$905	\$834	\$833	

Financial Performance	Total Revenue, Cost, and Profit (Loss) in FY2016					
		Operating Revenue	Total Revenue	Costs	Income (Loss)	Total Margin
	Arbour	\$36.5	\$36.5	\$33.2	\$3.4	9.2%
	Arbour Fuller	\$26.0	\$26.0	\$24.7	\$1.3	5.1%
	Arbour HRI	\$21.9	\$21.9	\$17.8	\$4.1	18.8%
	Bournewood	\$29.7	\$29.8	\$26.8	\$3.0	10.0%
	High Point	\$11.2	\$11.2	\$12.2	-\$1.0	-8.7%
	McLean	\$218.1	\$248.8	\$212.3	\$36.5	14.7%
	Southcoast Behavioral	\$17.9	\$17.9	\$20.6	-\$2.8	-15.6%
	Walden	\$29.3	\$29.3	\$28.8	\$0.5	1.6%

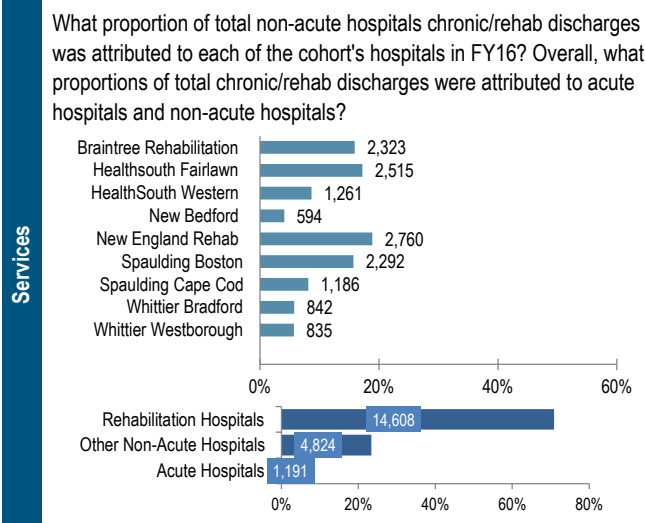
For descriptions of the metrics, please see Technical Appendix.

REHABILITATION HOSPITALS

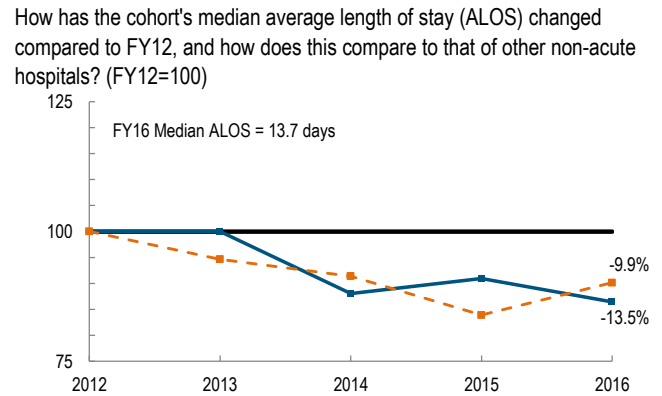
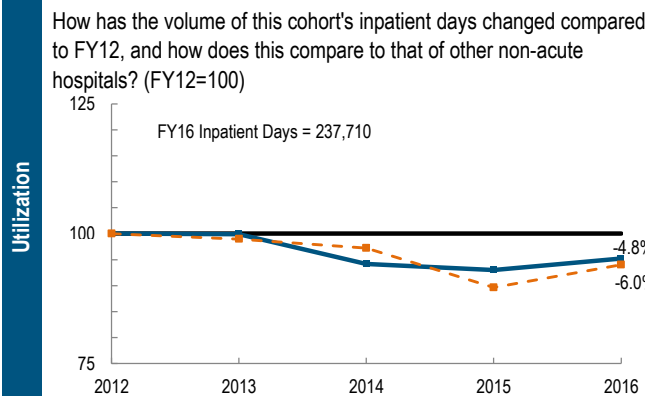
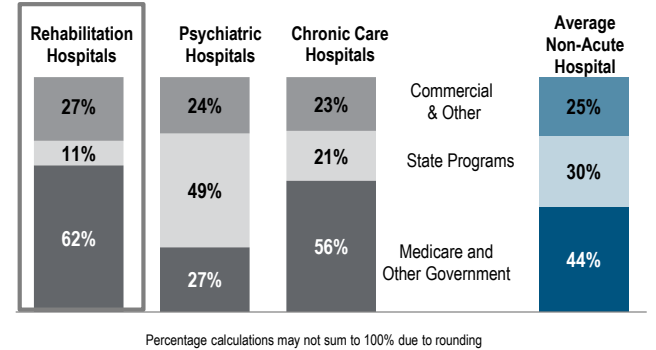
2016 Hospital Profile

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 71% of chronic and rehabilitation cases in FY16, while other non-acute hospitals treated 23% and acute hospitals treated 6%. All but one rehabilitation hospitals were profitable in FY16, consistent with FY15. Inpatient days decreased 5% between FY12 and FY16 at rehabilitation hospitals.

At a Glance	Hospitals in Cohort:	
	Braintree Rehabilitation Hospital	Spaulding Rehabilitation Hospital Boston
	Healthsouth Fairlawn Rehabilitation Hospital	Spaulding Rehabilitation Hospital Cape Cod
	HealthSouth Rehabilitation Hospital of Western Massachusetts	Whittier Rehab Hospital Bradford
	New Bedford Rehabilitation Hospital	Whittier Rehab Hospital Westborough
	New England Rehabilitation Hospital	
	Total Beds:	
	990 (24.9% of total non-acute hospitals)	72.9%, < total non-acute hospitals (75.0%)
	Median % Occupancy:	
	76.8%, < total non-acute hospitals (77.5%)	Total Gross Patient Service Revenue:
	Total Inpatient Days:	
	237,710 (22.5% of total non-acute hospitals)	Inpatient:Outpatient Gross Patient Service Revenue:
		82%:18% (total non-acute hospitals = 85%:15%)
	Total Inpatient Discharges:	
	14,608 (25.0% of total non-acute hospitals)	



What was this cohort's average payer mix (gross revenues) in FY16, and how does this compare to that of other non-acute hospital cohorts and the average non-acute hospital?



For descriptions of the metrics, please see Technical Appendix.

REHABILITATION HOSPITALS

2016 Hospital Profile

Utilization Trends	Volume of Inpatient Days					
		FY12	FY13	FY14	FY15	FY16
	Braintree Rehabilitation	35,405	36,528	30,803	28,600	29,804
	Healthsouth Fairlawn	32,086	33,059	32,121	31,226	31,470
	HealthSouth Western	17,026	16,910	17,062	17,226	17,229
	New Bedford	27,635	27,788	26,807	25,593	26,182
	New England Rehab	35,815	35,580	30,526	31,144	37,434
	Spaulding Boston	52,208	49,155	45,583	46,005	46,058
	Spaulding Cape Cod	14,361	14,974	15,851	15,667	15,576
	Whittier Bradford	17,460	17,579	18,552	18,069	16,867
	Whittier Westborough	17,700	17,824	17,767	18,696	17,090

Utilization Trends	Volume of Outpatient Visits					
		FY12	FY13	FY14	FY15	FY16
	Braintree Rehabilitation	112,983	108,775	91,137	84,661	69,374
	Healthsouth Fairlawn	10,632	10,809	12,599	9,180	9,425
	HealthSouth Western	13,924	13,756	13,227	11,678	12,173
	New Bedford	4,592	4,079	3,834	2,925	2,483
	New England Rehab	39,003	38,043	36,301	31,864	25,743
	Spaulding Boston	156,417	158,985	179,678	268,499	296,754
	Spaulding Cape Cod	7,851	7,852	9,575	10,459	13,564
	Whittier Bradford	38,763	37,520	40,235	39,678	38,786
	Whittier Westborough	11,780	11,493	12,186	11,625	15,792

Utilization Trends	Total Net Outpatient Revenue (in millions)					
		FY12	FY13	FY14	FY15	FY16
	Braintree Rehabilitation	\$10.8	\$10.5	\$9.6	\$8.8	\$8.3
	Healthsouth Fairlawn	\$0.5	\$0.7	\$0.9	\$0.3	\$0.7
	HealthSouth Western	\$1.1	\$0.9	\$0.9	\$0.9	\$0.9
	New Bedford	\$1.1	\$1.0	\$0.8	\$0.5	\$0.4
	New England Rehab	\$3.0	\$3.0	\$3.1	\$5.0	\$2.2
	Spaulding Boston	\$22.2	\$22.6	\$25.2	\$28.8	\$39.3
	Spaulding Cape Cod	\$11.1	\$11.6	\$13.0	\$14.7	\$14.7
	Whittier Bradford	\$4.4	\$4.1	\$5.3	\$5.3	\$6.0
	Whittier Westborough	\$0.9	\$1.2	\$1.0	\$1.4	\$1.7

Utilization Trends	Average Length of Stay (Days)					
		FY12	FY13	FY14	FY15	FY16
	Braintree Rehabilitation	15.8	15.8	12.5	10.3	12.8
	Healthsouth Fairlawn	13.6	13.3	13.0	12.7	12.5
	HealthSouth Western	13.3	13.6	13.9	14.4	13.7
	New Bedford	48.0	43.4	42.7	42.7	44.1
	New England Rehab	15.1	14.3	12.1	12.3	13.6
	Spaulding Boston	21.9	21.7	20.3	19.5	20.1
	Spaulding Cape Cod	12.6	13.6	13.8	13.9	13.1
	Whittier Bradford	23.9	24.0	24.9	25.0	20.0
	Whittier Westborough	21.6	22.6	21.9	22.4	20.5

Patient Revenue Trends	Net Inpatient Revenue per patient Day					
		FY12	FY13	FY14	FY15	FY16
	Braintree Rehabilitation	\$1,246	\$1,304	\$1,501	\$1,462	\$1,554
	Healthsouth Fairlawn	\$1,299	\$1,359	\$1,370	\$1,363	\$1,460
	HealthSouth Western	\$1,311	\$1,355	\$1,315	\$1,316	\$1,404
	New Bedford	\$1,007	\$1,065	\$1,111	\$1,103	\$1,098
	New England Rehab	\$1,276	\$1,290	\$1,466	\$1,418	\$1,587
	Spaulding Boston	\$1,482	\$1,545	\$1,655	\$1,729	\$1,724
	Spaulding Cape Cod	\$1,497	\$1,580	\$1,563	\$1,667	\$1,753
	Whittier Bradford	\$1,230	\$1,230	\$1,272	\$1,292	\$1,295
	Whittier Westborough	\$1,221	\$1,214	\$1,234	\$1,246	\$1,311

Financial Performance	Total Revenue, Cost, and Profit (Loss) in FY2016					
		Operating Revenue	Total Revenue	Costs	Income (Loss)	Total Margin
	Braintree Rehabilitation	\$54.8	\$54.8	\$43.4	\$11.4	20.8%
	Healthsouth Fairlawn	\$46.8	\$46.8	\$36.2	\$10.5	22.5%
	HealthSouth Western	\$25.1	\$25.1	\$21.7	\$3.4	13.6%
	New Bedford	\$29.2	\$29.2	\$29.0	\$0.2	0.7%
	New England Rehab	\$61.7	\$61.7	\$45.2	\$16.5	26.8%
	Spaulding Boston	\$134.1	\$134.1	\$151.1	-\$17.0	-12.7%
	Spaulding Cape Cod	\$42.5	\$42.5	\$40.9	\$1.6	3.8%
	Whittier Bradford	\$28.7	\$28.7	\$27.9	\$0.8	2.8%
	Whittier Westborough	\$24.7	\$24.7	\$22.7	\$2.1	8.4%

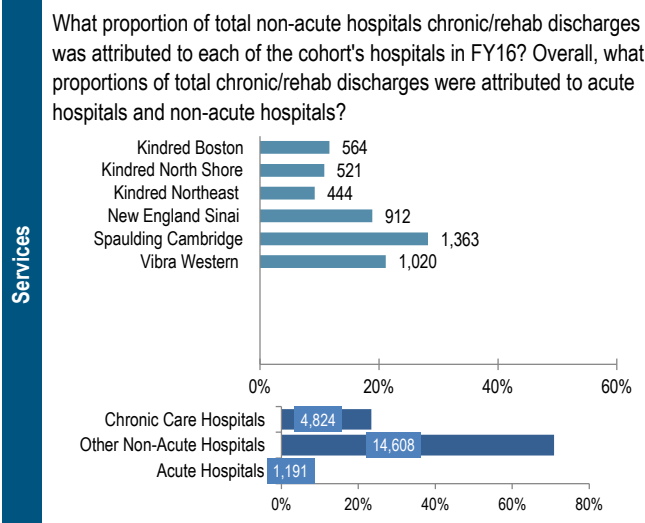
For descriptions of the metrics, please see Technical Appendix.

CHRONIC CARE HOSPITALS

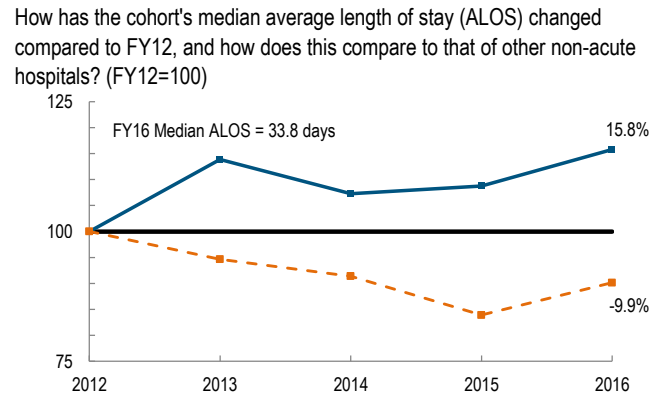
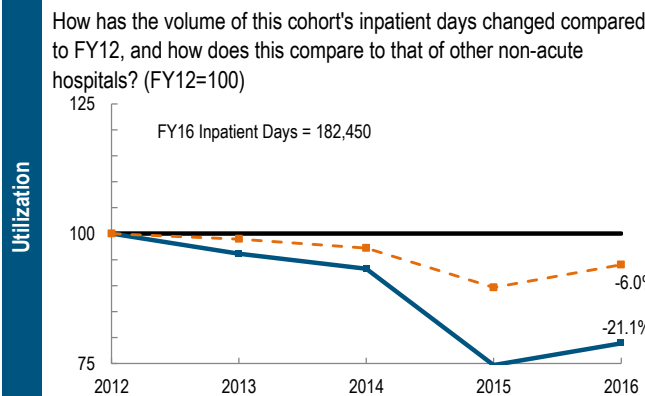
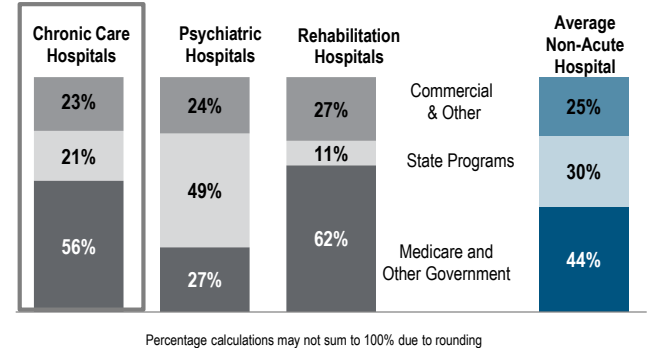
2016 Hospital Profile

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. In FY16, Kindred Boston and Kindred North Shore changed their license from acute to non-acute hospitals, increasing the number of Chronic care hospitals in Massachusetts from 4 to 6. Chronic care hospitals treated 23% of all chronic and rehabilitation cases in FY16, while other non-acute hospitals treated 71% and acute hospitals treated 6%. Only one out of the six chronic care hospital earned a profit in FY16. Inpatient days at chronic care hospitals decreased 21% between FY12 and FY16. The three Kindred Hospitals were sold to Curahealth at the beginning of FY17.

At a Glance	Hospitals in Cohort:	
	Kindred Hospital Boston	New England Sinai Hospital
	Kindred Hospital- Boston North Shore	Spaulding Hospital Cambridge
	Kindred Hospital Northeast Stoughton	Vibra Hospital of Western Massachusetts
	Total Beds:	Average Public Payer Mix:
	905 (22.8% of total non-acute hospitals)	77.1%, > total non-acute hospitals (75.0%)
	Median % Occupancy:	Total Gross Patient Service Revenue:
	65.8%, < total non-acute hospitals (77.5%)	\$800 million (29.5% of total non-acute hospitals)
	Total Inpatient Days:	Inpatient:Outpatient Gross Patient Service Revenue:
	182,450 (17.3% of total non-acute hospitals)	99%:1% (total non-acute hospitals = 85%:15%)
	Total Inpatient Discharges:	
	4,824 (8.3% of total non-acute hospitals)	



What was this cohort's average payer mix (gross revenues) in FY16, and how does this compare to that of other non-acute hospital cohorts and the average non-acute hospital?



For descriptions of the metrics, please see Technical Appendix.

CHRONIC CARE HOSPITALS

2016 Hospital Profile

Utilization Trends	Volume of Inpatient Days					
		FY12	FY13	FY14	FY15	FY16
	Kindred Boston	Became Non-Acute Hospital in FY16				15,166
	Kindred North Shore	Became Non-Acute Hospital in FY16				13,520
	Kindred Northeast	37,474	34,555	33,984	31,721	28,761
	New England Sinai	43,589	44,873	35,467	33,984	31,287
	Spaulding Cambridge	49,917	49,507	47,169	46,951	43,987
	Vibra Western	55,614	54,367	55,175	52,426	49,729

Utilization Trends	Volume of Outpatient Visits					
		FY12	FY13	FY14	FY15	FY16
	Kindred Boston	This hospital does not provide outpatient				
	Kindred North Shore	This hospital does not provide outpatient				
	Kindred Northeast	This hospital does not provide outpatient				
	New England Sinai	42,767	32,520	29,013	18,620	21,316
	Spaulding Cambridge	249	323	282	282	282
	Vibra Western	This hospital does not provide outpatient				

Utilization Trends	Total Net Outpatient Revenue (in millions)					
		FY12	FY13	FY14	FY15	FY16
	Kindred Boston	\$0.0	\$0.0	\$0.0	\$0.0	\$0.0
	Kindred North Shore	\$0.0	\$0.0	\$0.0	\$0.0	\$0.0
	Kindred Northeast	\$0.0	\$0.0	\$0.0	\$0.0	\$0.0
	New England Sinai	\$3.8	\$2.2	\$1.9	\$0.9	\$1.3
	Spaulding Cambridge	\$0.0	\$0.0	\$0.0	\$0.0	-\$0.0
	Vibra Western	\$0.0	\$0.0	\$0.0	\$0.0	\$0.0

Utilization Trends	Average Length of Stay (Days)					
		FY12	FY13	FY14	FY15	FY16
	Kindred Boston	Became Non-Acute Hospital in FY16				26.9
	Kindred North Shore	Became Non-Acute Hospital in FY16				26.0
	Kindred Northeast	43.9	54.7	46.2	49.9	64.8
	New England Sinai	31.9	38.3	34.9	33.5	35.3
	Spaulding Cambridge	26.5	28.2	27.7	30.0	32.3
	Vibra Western	48.0	48.6	52.9	47.5	48.8

Patient Revenue Trends	Net Inpatient Revenue per patient Day					
		FY12	FY13	FY14	FY15	FY16
	Kindred Boston	Became Non-Acute Hospital in FY16				\$1,510
	Kindred North Shore	Became Non-Acute Hospital in FY16				\$1,518
	Kindred Northeast	\$1,101	\$1,012	\$1,062	\$1,067	\$1,062
	New England Sinai	\$1,251	\$1,224	\$1,155	\$1,185	\$1,192
	Spaulding Cambridge	\$1,284	\$1,350	\$1,390	\$1,446	\$1,414
	Vibra Western	\$963	\$916	\$971	\$969	\$976

Financial Performance	Total Revenue, Cost, and Profit (Loss) in FY2016					
		Operating Revenue	Total Revenue	Costs	Income (Loss)	Total Margin
	Kindred Boston	\$23.0	\$23.0	\$24.7	-\$1.8	-7.7%
	Kindred North Shore	\$20.6	\$20.6	\$24.1	-\$3.6	-17.3%
	Kindred Northeast	\$31.2	\$31.2	\$29.3	\$2.0	6.3%
	New England Sinai	\$39.8	\$39.3	\$47.4	-\$8.1	-20.6%
	Spaulding Cambridge	\$68.6	\$68.6	\$73.6	-\$5.0	-7.4%
	Vibra Western	\$50.3	\$50.3	\$50.7	-\$0.4	-0.9%

For descriptions of the metrics, please see Technical Appendix.

Non-Acute Specialty Hospitals

2016 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 exclusively focuses on substance abuse. It provides detox and inpatient services, as well as outpatient services. From FY12 to FY16, inpatient days at AdCare increased by 2.5% and Outpatient visits increased by 21.4%. During this five year period, AdCare had positive operating and total margins. The margins increased 49.2% and 47% respectively, earning a 9.7% total margin in FY16.

Franciscan Hospital for Children is a non-profit specialty hospital located in Brighton. It focuses on providing pediatric chronic care and rehabilitation services. It offers inpatient, residential, educational, surgical, outpatient, and home care programs for children with special health care needs. Between FY12 and FY16, inpatient days increased 8.4%, and outpatient visits decreased 20.6%. In the five year period, the hospital reported a profit only in FY13 and FY14 and with a Total Margin of -8.1% in FY16.

Hebrew Rehabilitation Hospital is a non-profit specialty hospital located in Boston. It 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 61.2% at the hospital from FY12 to FY16. The hospital reported a loss from FY12 through FY16, with a total margin of -9.6 % and an operating margin of -9.7% in FY16.

AdCare Hospital of Worcester

Worcester, MA

At a Glance		Payer Mix														
Total Staffed beds:	114	What was the hospital's overall payer mix (gross revenues) and how does this hospital compare to the average non-acute hospital's payer mix?														
% Occupancy:	92.3%															
Inpatient Discharges:	5,946															
Public Payer Mix:	79.5%															
Total Net Revenue:	\$38,732,314															
Tax Status:	For profit															
Inpatient:Outpatient Gross Revenue:	67%:33%															
Change in Ownership (FY12-FY16)	N/A															
		<table><tr><th>AdCare</th><th></th><th>Average Non-Acute Hospital</th></tr><tr><td>21%</td><td>Commercial & Other</td><td>25%</td></tr><tr><td>34%</td><td>State Programs</td><td>30%</td></tr><tr><td>45%</td><td>Medicare and Other Government</td><td>44%</td></tr></table>	AdCare		Average Non-Acute Hospital	21%	Commercial & Other	25%	34%	State Programs	30%	45%	Medicare and Other Government	44%		
AdCare		Average Non-Acute Hospital														
21%	Commercial & Other	25%														
34%	State Programs	30%														
45%	Medicare and Other Government	44%														

Percentage calculations may not sum to 100% due to rounding.

	FY12	FY13	FY14	FY15	FY16
Average Length of Stay	6.1	5.9	6.0	6.2	6.5
Inpatient Days	37,588	36,992	37,474	37,999	38,522
Outpatient Visits	103,879	108,451	116,378	116,054	126,116
Net Inpatient Revenue Per Day	\$708	\$705	\$741	\$755	\$763
Net Outpatient Revenue (millions)	\$9.0	\$10.2	\$10.9	\$11.1	\$9.3
Operating Margin	6.5%	12.6%	12.8%	15.4%	9.7%
Total Margin	6.6%	12.6%	12.8%	15.5%	9.7%

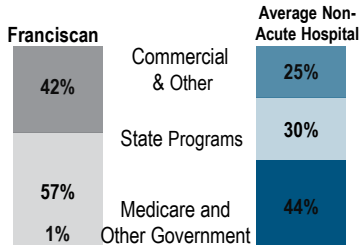
Revenue, Cost, & Profit/Loss (in millions)					
FY	Total Revenue	Operating Revenue	Non-Operating Revenue	Costs	Total Profit/Loss
2012	\$36	\$36	\$0	\$34	\$2.4
2013	\$38	\$38	\$0	\$33	\$4.8
2014	\$40	\$40	\$0	\$35	\$5.1
2015	\$41	\$41	\$0	\$35	\$6.4
2016	\$39	\$39	\$0	\$35	\$3.8

Non-Acute Specialty Hospitals

2016 Hospital Profile

Franciscan Hospital for Children

Brighton, MA

At a Glance		Payer Mix	
Total Staffed beds:	112	<p>What was the hospital's overall payer mix (gross revenues) and how does this hospital compare to the average non-acute hospital's payer mix?</p> 	
% Occupancy:	55.0%		
Inpatient Discharges:	824		
Public Payer Mix:	58.1%		
Total Net Revenue:	\$48,546,241		
Tax Status:	Non-profit		
Inpatient:Outpatient Gross Revenue:	61%:39%		
Change in Ownership (FY12-FY16)	N/A		

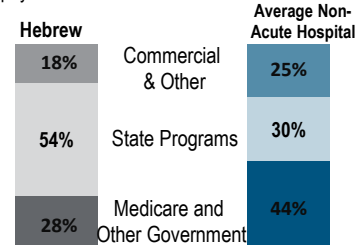
Percentage calculations may not sum to 100% due to rounding.

	FY12	FY13	FY14	FY15	FY16
Average Length of Stay	27.3	26.4	28.0	26.2	27.4
Inpatient Days	20,802	21,235	21,604	21,418	22,555
Outpatient Visits	52,668	54,920	56,018	55,897	41,834
Net Inpatient Revenue Per Day	\$1,237	\$1,480	\$1,591	\$1,400	\$1,441
Net Outpatient Revenue (millions)	\$15.6	\$13.0	\$13.2	\$20.0	\$16.0
Operating Margin	-0.8%	1.3%	4.6%	-14.6%	-8.1%
Total Margin	-0.8%	1.3%	4.6%	-14.6%	-8.1%

Revenue, Cost, & Profit/Loss (in millions)					
FY	Total Revenue	Operating Revenue	Non-Operating Revenue	Costs	Total Profit/Loss
2012	\$52	\$52	\$0	\$53	-\$0.4
2013	\$56	\$56	\$0	\$55	\$0.7
2014	\$61	\$61	\$0	\$58	\$2.8
2015	\$51	\$51	\$0	\$59	-\$7.5
2016	\$52	\$52	\$0	\$57	-\$4.3

Hebrew Rehabilitation Hospital

Boston, MA

At a Glance		Payer Mix	
Total Staffed beds:	717	<p>What was the hospital's overall payer mix (gross revenues) and how does this hospital compare to the average non-acute hospital's payer mix?</p> 	
% Occupancy:	94.9%		
Inpatient Discharges:	1,347		
Public Payer Mix:	81.9%		
Total Net Revenue:	\$116,345,210		
Tax Status:	Non-profit		
Inpatient:Outpatient Gross Revenue:	96%:4%		
Change in Ownership (FY12-FY16)	N/A		

Percentage calculations may not sum to 100% due to rounding.

	FY12	FY13	FY14	FY15	FY16
Average Length of Stay	172.5	170.8	171.5	178.5	184.9
Inpatient Days	248,385	243,670	244,093	251,108	249,016
Outpatient Visits	46,552	47,298	50,859	69,299	75,037
Net Inpatient Revenue Per Day	\$422	\$438	\$447	\$451	\$453
Net Outpatient Revenue (millions)	\$3.6	\$2.3	\$2.7	\$3.3	\$3.6
Operating Margin	-9.1%	-9.1%	-7.9%	-7.4%	-9.7%
Total Margin	-8.7%	-8.7%	-7.5%	-7.1%	-9.6%

Revenue, Cost, & Profit/Loss (in millions)					
FY	Total Revenue	Operating Revenue	Non-Operating Revenue	Costs	Total Profit/Loss
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
2016	\$120	\$120	\$0	\$131	-\$11.5

CENTER FOR HEALTH INFORMATION AND ANALYSIS

MASSACHUSETTS HOSPITAL PROFILES

TECHNICAL APPENDIX

DATA THROUGH
FISCAL YEAR 2016

JANUARY 2018



Acute Hospitals

Acute and non-acute hospitals included in *Massachusetts Hospital Profiles - Data through Fiscal Year 2016* 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) 2012 to FY2016. Descriptive acute and non-acute hospital information is from FY2016.

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 FY2016 HDD data for the service metrics, which includes discharges between October 1, 2015 and September 30, 2016 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 FY2012-FY2016.

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 2016:

Multi-Acute Hospital System	Acute Hospital Member
Baystate Health	Baystate Franklin Medical Center Baystate Mary Lane Hospital Baystate Medical Center Baystate Noble Baystate Wing Hospital
Berkshire Health Systems	Berkshire Medical Center Fairview Hospital
Cape Cod Healthcare	Cape Cod Hospital Falmouth Hospital
CareGroup	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
Heywood Healthcare	Athol Hospital Heywood Hospital
Lahey Health System	Lahey Hospital & Medical Center Northeast Hospital Winchester Hospital
Partners HealthCare System	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
Shriners Hospitals for Children[^]	Shriners Hospitals for Children – Boston Shriners Hospitals for Children – Springfield
Steward Health Care System	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
UMass Memorial Health Care	Clinton Hospital HealthAlliance Hospital

Acute Hospitals

	Marlborough Hospital UMass Memorial Medical Center
Wellforce	Lowell General Hospital Tufts Medical Center
Tenet Healthcare[^]	MetroWest Medical Center Saint Vincent Hospital

[^]Tenet Healthcare Corporation and Shriners Hospitals for Children are multi-state health systems with a large presence outside of Massachusetts. Both own two acute hospitals in Massachusetts (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.¹ 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:

Massachusetts Region	Acute Hospital Assigned to Region
Metro Boston	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 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
Northeastern Massachusetts	Anna Jaques Hospital Emerson Hospital Lahey Hospital & Medical Center Lawrence General Hospital Lowell General Hospital Nashoba Valley Medical Center North Shore Medical Center Northeast Hospital Steward Holy Family Hospital Winchester Hospital

¹ 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

Central Massachusetts	Athol Hospital Clinton Hospital Harrington Memorial Hospital HealthAlliance Hospital Heywood Hospital Saint Vincent Hospital UMass Memorial Medical Center
Cape and Islands	Cape Cod Hospital Falmouth Hospital Martha's Vineyard Hospital Nantucket Cottage Hospital
Metro West	Marlborough Hospital MetroWest Medical Center Milford Regional Medical Center Steward Norwood Hospital Sturdy Memorial Hospital
Western Massachusetts	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
Metro South	Beth Israel Deaconess Hospital – Plymouth Morton Hospital Signature Healthcare Brockton Hospital South Shore Hospital Steward Good Samaritan Medical Center
Southcoast	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.² 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.³

² 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.

³ Code of Federal Regulation: 42 CFR 412.92.

Acute Hospital Profiles: At a Glance

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 FY16 data:

Cohort Designation	Acute Hospital
AMC	Beth Israel Deaconess Medical Center Boston Medical Center Brigham and Women's Hospital Massachusetts General Hospital Tufts Medical Center UMass Memorial Medical Center
Teaching	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
Community	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 Heywood Hospital Martha's Vineyard Hospital Milford Regional Medical Center Nantucket Cottage Hospital Newton-Wellesley Hospital South Shore Hospital Steward Norwood Hospital Winchester Hospital
Community- High Public Payer	Athol Hospital

Acute Hospital Profiles: At a Glance

	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 Hallmark Health^ Harrington Memorial Hospital HealthAlliance 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 Northeast Hospital Signature Healthcare Brockton Hospital Southcoast Hospitals Group Steward Good Samaritan Medical Center Steward Holy Family Hospital Sturdy Memorial Hospital Steward Saint Anne's Hospital
Specialty	Boston Children's Hospital Dana-Farber Cancer Institute Massachusetts Eye and Ear Infirmary New England Baptist Hospital Shriners Hospitals for Children – Boston Shriners Hospitals for Children – Springfield

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 FY 2016.

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 FY16. Please note, no ICB funds were distributed in FY 16. 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.⁴ 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.

⁴ American Trauma Society, Trauma Center Levels Explained. Available at: <http://www.amtrauma.org/?page=TraumaLevels> (last accessed October 6th, 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 FY 2016.

Total surplus (loss) is the hospital's reported profit/loss in FY 2016.

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. 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.

Outpatient visits growth rate for each hospital measures the percent change in total outpatient visits to a hospital.

Acute Hospital Profiles: At a Glance

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 2015-2016. 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:** FY 2016 HDD data and the 3M™ APR-DRG 30 All Patient Refined Grouper
- **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:** FY 2016 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 FY16 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:**
403 Cost Report for FY 2014 AND EARLIER YEARS: Schedule 3, Row 22, Column 12

FY 2015 and FY 2016 Massachusetts 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 FY 2012 as the base year. FY 2013: $(FY\ 2013 - FY\ 2012) / FY\ 2012$, FY 2014: $(FY\ 2014 - FY\ 2012) / FY\ 2012$, FY 2015: $(FY\ 2015 - FY\ 2012) / FY\ 2012$, FY 2016: $(FY\ 2016 - FY\ 2012) / FY\ 2012$.
- **Cohort calculation:** Represents the percent change of total discharges across all hospitals in the cohort for each year. For example: Cohort for FY 2013 = $(\text{Sum of discharges at cohort hospitals in FY 2013} - \text{Sum of discharges at cohort hospitals in FY 2012}) / \text{Sum of discharges at cohort hospitals in FY 2012}$

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:**
403 Cost Report for FY 2014 AND EARLIER YEARS: Schedule 5a, Row 39, Column 2

FY 2015 and FY 2016 Massachusetts Hospital Cost Report: Tab 5, Line 301, Column 1
- **Hospital index calculation:** Calculate the percent change between each year, using FY12 as the base year. FY 2013: $(FY\ 2013 - FY\ 2012) / FY\ 2012$, FY 2014: $(FY\ 2014 - FY\ 2012) / FY\ 2012$, FY 2015: $(FY\ 2015 - FY\ 2012) / FY\ 2012$, FY 2016: $(FY\ 2016 - FY\ 2012) / FY\ 2012$.
- **Cohort calculation:** Represents the median of the percent change across all hospitals in the cohort for each year. For example: Cohort for FY 2012 = 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 Massachusetts 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:

Acute Hospital Cohort Profile: Metric Descriptions

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.
- *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:**
403 Cost Report FY 2014 AND EARLIER YEARS: Schedule 5a, Rows 78.01 (net outpatient revenue) + 78.02 (outpatient premium revenue), Column 2

FY 2015 and FY 2016 Massachusetts Hospital Cost Report: Tab 5, Line 209, Column 1
- **Hospital index calculation:** Displays the percent change between each year, using FY12 as the base year. FY 2013: (FY 2013- FY 2012)/FY 2012, FY 2014: (FY 2014-FY 2012)/FY 2012, FY 2015: (FY 2015-FY 2012)/FY 2012, FY 2016: (FY 2016-FY 2012)/FY 2012.
- **Cohort calculation:** Represents the median of the percent change across all hospitals in the cohort for each year. For example: Cohort for FY12= 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 2012 through 2016.

- **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.

Acute Hospital Cohort Profile: Metric Descriptions

- **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, hospitals were retroactively assigned to their FY 2016 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.⁵ 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:** FY 2016
- **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. Analysis includes 96 unclassified discharges in the lowest quintile.

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.

⁵ 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
United Health Service	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-Boston Kindred Hospital-Boston North Shore Kindred Hospital Northeast
Partners HealthCare System	McLean Hospital Spaulding Rehabilitation Hospital of Cape Cod 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 below⁶:

Psychiatric hospitals are licensed by the DMH for psychiatric services, and by DPH for substance abuse services.

⁶ State-owned non-acute hospitals are not included in this publication.

Non-Acute Hospitals

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.⁷

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
Psychiatric Hospitals	Arbour Hospital Arbour-Fuller Memorial Arbour-HRI Hospital Bournewood Hospital High Point Hospital^ McLean Hospital Southcoast Behavioral Hospital^ Walden Behavioral Care Westwood Pembroke Hospital Whittier Pavilion
Rehabilitation Hospitals	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
Chronic Care Hospitals	Kindred Hospital-Boston^ Kindred Hospital-Boston North Shore^ Kindred Hospital Northeast New England Sinai Hospital Spaulding Hospital Cambridge Vibra Hospital of Western MA
Specialty Non-Acute Hospitals	AdCare Hospital of Worcester Franciscan Hospital for Children Hebrew Rehabilitation Hospital

^ Indicates that the cohort was different in FY 15. High Point and Southcoast Behavioral Health are new providers for 2016. Kindred-Boston and Kindred-Boston North Shore were considered acute hospitals in FY 2015

⁷ 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 FY 2014 AND EARLIER YEARS 403 Cost Report and Tab 3 of the FY 2015 and FY 2016 Massachusetts 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:**
403 Cost Report for FY 2014 AND EARLIER YEARS: Schedule 3, Column 12, Rows 1 through 21.

FY 2015 and FY 2016 Massachusetts 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:**
403 Cost Report for FY 2014 and earlier years: Schedule 5a, Row 44, Columns 3 -14.

FY 2015 and FY 2016 Massachusetts 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:**
403 Cost Report for FY 2014 AND EARLIER YEARS: Schedule 3, Column 6, Row 22

FY 2015 and FY 2016 Massachusetts Hospital Cost Report: Tab 3, Column 4, Line 500
- **Hospital Index calculation:** Calculated percent change in Inpatient Days for each year, using FY 2012 as the base year. FY 2013: (FY 2013- FY 2012)/FY 2012, FY 2014: (FY 2014-FY 2012)/FY 2012, FY 2015: (FY 2015-FY 2012)/FY 2012, FY 2016: (FY 2016-FY 2012)/FY 2012.

Non-Acute Hospitals

- **Cohort calculation:** Represents the median of the percent change across all hospitals in the cohort for each year. For example Cohort for FY12 = 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.

- **Data Sources:**
403 Cost Report for FY 2014 and earlier years: Schedule 3, Column 13, Row 22.

FY 2015 and FY 2016 Massachusetts Hospital Cost Report: Tab 3, Column 8, Line 500
- **Cohort calculation:** The growth in median ALOS for each cohort is calculated relative to FY 2012 as the base year. FY 2013: (FY 2013- FY 2012)/FY 2012, FY 2014: (FY 2014-FY 2012)/FY 2012, FY 2015: (FY 2015-FY 2012)/FY 2012, FY 2016: (FY 2016-FY 2012)/FY 2012.
- This is plotted against the growth in median ALOS among all non-acute hospitals, including specialties, relative to FY 2012.

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:**
403 Cost Report for FY 2014 AND EARLIER YEARS: Schedule 3, Column 6, Row 22.

FY 2015 and FY 2016 Massachusetts Hospital Cost Report: Tab 3, Column 4, Line 500

Average Length of Stay (ALOS) measures the average duration of an inpatient admission.

- **Data Sources:**
403 Cost Report for FY 2014 AND EARLIER YEARS: Schedule 3, Column 13, Row 22

FY 2015 and FY 2016 Massachusetts Hospital Cost Report: Tab 3, Column 8, Line 500

Volume of Outpatient Visits measures the total outpatient visits to a hospital.

- **Data Source:**
403 Cost Report for FY 2014 AND EARLIER YEARS: Schedule 5a, Column 2, Row 39

Massachusetts Hospital Cost Report for FY 2015 and FY 2016: 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:** 403 Cost Report for FY 2014 AND EARLIER YEARS: 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.

Non-Acute Hospitals

Massachusetts Hospital Cost Report for FY 2015 and FY 2016: 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:**

403 Cost Report for FY14 AND EARLIER YEARS: Schedule 5a, Column 2, Rows 78.01 (net outpatient revenue) and 78.02 (outpatient premium revenue)

FY 2015 and FY 2016 Massachusetts Hospital Cost Report: Tab 5, Line 209 (outpatient NPSR including premium revenue)

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:**

403 Cost Report FY 2014 AND EARLIER YEARS: Schedule 23 / Hospital Cost Report, Tab 11.

For FY 2015 and FY 2016, 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 Massachusetts Hospital Cost report), Total Expenses (row 73), and Profit / Loss: (row 74).

Total Margin measures the subject hospital's overall financial performance.

- **Data Source:**

403 Cost Report FY 2014 AND EARLIER YEARS: Schedule 23, Column 2, Row 173

Massachusetts Hospital Cost report for FY 2015 and FY 2016: 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

Baystate Mary Lane hospital merged with Baystate Wing hospital in FY 2016.

Beth Israel Deaconess Hospital- Plymouth (formerly Jordan Hospital) affiliated with Beth Israel Deaconess Medical Center effective January 1, 2014.

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

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 FY13, 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.

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.

Shriners Hospitals for Children (both Boston and Springfield locations) began submitting data to CHIA in FY11.

Technical Appendix:

Exhibit A. Hospital-Specific Information & Subsequent Events

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.

Winchester Hospital became a member of Lahey Health in July 2014.

Non-acute Hospitals

Spaulding Hospital Cambridge: As of FY 2013, Spaulding Hospital Cambridge no longer provides outpatient services. Outpatient visits are reported in FY 2012 through FY 2016, and insignificant amounts of Net Outpatient Revenue were reported in FY 2012. No Net Outpatient Revenue was reported for FY 2013 through FY 2016 due to deductions from Gross Revenue.

Bournewood Hospital is a sub-chapter S corporation.

All the Kindred Hospitals in Massachusetts were bought by Curahealth Hospitals. They are now called Curahealth Northeast Hospital, Curahealth Boston and Curahealth Boston Northshore. Kindred Hospital Boston and Kindred Hospital Boston North Shore are now Non-Acute Hospitals as of FY 2016.

Radius Specialty Hospital closed its Roxbury and Quincy rehabilitation facilities in October 2014.

Westwood Pembroke Hospital was closed by the Department of Mental Health on 8/25/2017

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
3rd Degree Brn w Skn Grft	Extensive 3rd Degree Burns w Skin Graft	841
Acute Leukemia	Acute Leukemia	690
Acute Myocardial Infarct.	Acute Myocardial Infarction	190
Adjust Dis/Neuroses exc DD	Adjustment Disorders & Neuroses Except Depressive Diagnoses	755
Alcohol & Drug w/ Rehab	Alcohol & Drug Dependence w Rehab Or Rehab/Detox Therapy	772
Alcohol Abuse & Dependence	Alcohol Abuse & Dependence	775
Angina Pectoris	Angina Pectoris & Coronary Atherosclerosis	198
Appendectomy	Appendectomy	225
Asthma	Asthma	141
Bacterial Skin Infections	Cellulitis & Other Bacterial Skin Infections	383
Bipolar Disorders	Bipolar Disorders	753
Bone Marrow Transplant	Bone Marrow Transplant	3
Bronchiolitis Pneumonia	Bronchiolitis & RSV Pneumonia	138
Burns w/ or w/o Skin Grft	Partial Thickness Burns w Or w/o Skin Graft	844
C. Spinal Fusion & Other Procs	Cervical Spinal Fusion & Other Back/Neck Proc Exc Disc Excis/Decomp	321
Card Cath - Heart Disease	Cardiac Catheterization For Ischemic Heart Disease	192
Cardiac Arrhythmia	Cardiac Arrhythmia & Conduction Disorders	201
Cardiac Valve w/o Cath	Cardiac Valve Procedures w/o Cardiac Catheterization	163
CC W Circ Disord Exc IHD	Cardiac Catheterization W Circ Disord Exc Ischemic Heart Disease	191
Cesarean Delivery	Cesarean Delivery	540
Chemotherapy	Chemotherapy	693
Chest Pain	Chest Pain	203
Cleft Lip & Palate Repair	Cleft Lip & Palate Repair	95
COPD	Chronic Obstructive Pulmonary Disease	140
Craniotomy; exc Trauma	Craniotomy Except For Trauma	21
CVA Occlusion w/ Infarct	CVA & Precerebral Occlusion W Infarct	45
D&L Fusion exc Curvature	Dorsal & Lumbar Fusion Proc Except For Curvature Of Back	304

Technical Appendix:

Exhibit B. Diagnosis Related Groups (DRGs)

D&L Fusion for Curvature	Dorsal & Lumbar Fusion Proc For Curvature Of Back	303
Degen Nrvs Syst exc MS	Degenerative Nervous System Disorders Exc Mult Sclerosis	42
Depression exc MDD	Depression Except Major Depressive Disorder	754
Digestive Malignancy	Digestive Malignancy	240
Diverticulitis/osis	Diverticulitis & Diverticulosis	244
Drug/Alcohol Abuse, LAMA	Drug & Alcohol Abuse Or Dependence, Left Against Medical Advice	770
Eye Procs except Orbit	Eye Procedures Except Orbit	73
Factors Infl Hlth Status	Signs, Symptoms & Other Factors Influencing Health Status	861
Foot & Toe Procedures	Foot & Toe Procedures	314
Full Burns w/ Skin Graft	Full Thickness Burns w Skin Graft	842
Hand & Wrist Procedures	Hand & Wrist Procedures	316
Heart Failure	Heart Failure	194
Hip & Femur; Non-Trauma	Hip & Femur Procedures For Non-Trauma Except Joint Replacement	309
Hip Joint Replacement	Hip Joint Replacement	301
Infects- Upper Resp Tract	Infections Of Upper Respiratory Tract	113
Intervertebral Disc Excis	Intervertebral Disc Excision & Decompression	310
Intestinal Obstruction	Intestinal Obstruction	247
Kidney & UT Infections	Kidney & Urinary Tract Infections	463
Knee & Lower Excpt Foot	Knee & Lower Leg Procedures Except Foot	313
Knee Joint Replacement	Knee Joint Replacement	302
Lymphoma & Non-Acute Leuk	Lymphoma, Myeloma & Non-Acute Leukemia	691
Maj Cranial/Facial Bone	Major Cranial/Facial Bone Procedures	89
Maj HEM/IG Dx exc SCD	Major Hematologic/Immunologic Diag Exc Sick Cell Crisis & Coagul	660
Maj Larynx & Trachea Proc	Major Larynx & Trachea Procedures	90
Maj Male Pelvic Procs	Major Male Pelvic Procedures	480
Maj Resp & Chest Proc	Major Respiratory & Chest Procedures	120
Maj Resp Infect & Inflam	Major Respiratory Infections & Inflammations	137
Maj Sml & Lrg Bowel Procs	Major Small & Large Bowel Procedures	221
Maj. Depressive Disorders	Major Depressive Disorders & Other/Unspecified Psychoses	751
Malignancy- Hept/Pancreas	Malignancy Of Hepatobiliary System & Pancreas	281
Mastectomy Procedures	Mastectomy Procedures	362
Normal neonate birth	Neonate Birthwt>2499G, Normal Newborn or Neonate w Other Problem	640
Non-Bact Gastro, Nausea	Non-Bacterial Gastroenteritis, Nausea & Vomiting	249
O.R. Proc for Tx Comp	O.R. Procedure For Other Complications Of Treatment	791

Technical Appendix:

Exhibit B. Diagnosis Related Groups (DRGs)

Opioid Abuse & Dependence	Opioid Abuse & Dependence	773
Org Mental Hlth Disturb	Organic Mental Health Disturbances	757
Other Anemia and Blood Dis	Blood Other Anemia & Disorders of Blood & Blood-Forming Organs	663
Other Antepartum Dxs	Other Antepartum Diagnoses	566
Other Digestive System Dx	Other Digestive System Diagnoses	254
Other ENT & Cranial Dxs	Other Ear, Nose, Mouth, Throat & Cranial/Facial Diagnoses	115
Other ENT Procedures	Other Ear, Nose, Mouth & Throat Procedures	98
Other Nervous Syst Procs	Other Nervous System & Related Procedures	26
Other Pneumonia	Other Pneumonia	139
Other Resp & Chest Procs	Other Respiratory & Chest Procedures	121
Othr Back & Neck Disorder	Other Back & Neck Disorders, Fractures & Injuries	347
Othr Maj Head/Neck procs	Other Major Head & Neck Procedures	91
Othr Muscl Sys & Tis Proc	Other Musculoskeletal System & Connective Tissue Procedures	320
Othr Muscle-skel Syst Dx	Other Musculoskeletal System & Connective Tissue Diagnoses	351
Othr O.R. Procs for Lymph/HEM	Other O.R. Procedures For Lymphatic/Hematopoietic/Other Neoplasms	681
Othr Skin & Breast Dis	Other Skin, Subcutaneous Tissue & Breast Disorders	385
Othr Skin, Tis & Related	Other Skin, Subcutaneous Tissue & Related Procedures	364
Pancreas Dis exc Malig	Disorders Of Pancreas Except Malignancy	282
Per Cardio procs w/ AMI	Percutaneous Cardiovascular Procedures w AMI	174
Per Cardio procs w/o AMI	Percutaneous Cardiovascular Procedures w/o AMI	175
Post-Op, Oth Device Infect	Post-Operative, Post-Traumatic, Other Device Infections	721
Procedures for Obesity	Procedures For Obesity	403
Proc W Diag Of Rehab, Aftercare	Procedure W Diag of Rehab, Aftercare or Other Contact W Health Service	850
Pulm Edema & Resp Failure	Pulmonary Edema & Respiratory Failure	133
Rehabilitation	Rehabilitation	860
Renal Failure	Renal Failure	460
Respiratory Malignancy	Respiratory Malignancy	136
Schizophrenia	Schizophrenia	750
Seizure	Seizure	53
Septicemia Infections	Septicemia & Disseminated Infections	720
Shoulder & Arm Procs	Shoulder, Upper Arm & Forearm Procedures	315
Sickle Cell Anemia Crisis	Sickle Cell Anemia Crisis	662
Skin Graft for Skin Dxs	Skin Graft For Skin & Subcutaneous Tissue Diagnoses	361
Syncope & Collapse	Syncope & Collapse	204

Technical Appendix:
Exhibit B. Diagnosis Related Groups (DRGs)

Tendon, Muscle, Soft Tis	Tendon, Muscle & Other Soft Tissue Procedures	317
Thyroid & Other Procs	Thyroid, Parathyroid & Thyroglossal Procedures	404
Vaginal Delivery	Vaginal Delivery	560

Technical Appendix:

Exhibit C. Special Public Funding

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. There were no ICB payments distributed in FY2016.

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. For more information and amounts, see the Health Policy Commission website.

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.



For more information, please contact:

CENTER FOR HEALTH INFORMATION AND ANALYSIS

501 Boylston Street
Boston, MA 02116

(617) 701-8100

www.chiamass.gov
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