

CENTER FOR HEALTH INFORMATION AND ANALYSIS

MASSACHUSETTS HOSPITAL PROFILES

DATA THROUGH
FISCAL YEAR 2017

DECEMBER 2018



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EXECUTIVE SUMMARY:

FY 2017 MASSACHUSETTS HOSPITAL PROFILES

Introduction

The FY 2017 Massachusetts Hospital Profiles provide descriptive and comparative information on acute and non-acute hospitals based on hospital characteristics, services, payer mix, utilization trends, cost trends, financial performance, and quality over a five year period.

The FY 2017 publication includes an individual profile for each acute hospital, a consolidated profile for each non-acute hospital cohort, and a comprehensive databook. Additionally, and new this year, is an [interactive dashboard](#) for all acute hospitals. The interactive dashboard allows users to select data views by individual hospital, hospital type, and hospital health system. This executive summary focuses on statewide findings. Aggregate and provider-specific results can be found in individual hospital profiles and the interactive dashboard on CHIA's website.*

* The Executive Summary includes thumbnails of the charts referenced throughout, which link to the full version of the chart in the interactive report for easier viewing.

Overview

In FY 2017, there were 62 acute care hospitals in Massachusetts.¹ Of these 62 hospitals, ten were for-profit hospitals, all of which were part of a multi-acute hospital system. There were 52 non-profit hospitals in Massachusetts, 36 of which are components of a larger multi-acute system, and 16 of which are components of an individual hospital system (see interactive chart A).

Hospitals are categorized into five types—Academic Medical Centers (AMCs), teaching hospitals, community hospitals, community-High Public Payer (HPP) hospitals, and specialty hospitals. For analytical purposes, AMCs, teaching hospitals, community hospitals, community-HPP hospitals are also considered cohorts of similar hospitals. Specialty hospitals are not considered a cohort, due to their unique patient populations and services. For FY 2017, there were six AMCs, seven teaching hospitals, 14 community hospitals, and 29 community-HPP hospitals, and six specialty hospitals.

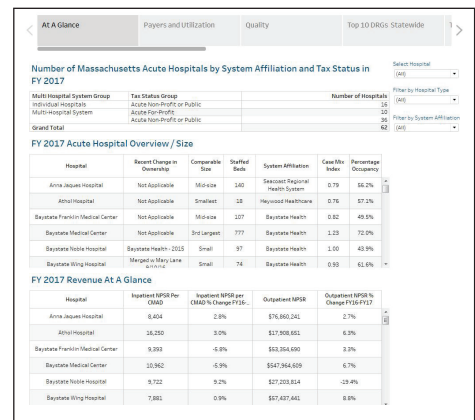
Hospital Utilization

Between FY 2013 and FY 2017, statewide hospital inpatient discharges increased by 0.3%. Teaching hospitals had the largest increase in inpatient discharges at a 4.0% increase. The community-HPP cohort is the only cohort that experienced a decrease in inpatient discharges, with a 2.3% decrease in discharges (see interactive chart B).

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. The most frequently occurring DRG in Massachusetts is normal neonate births which is consistent with previous years. The community-HPP hospital cohort treated the greatest share of the top ten discharges among hospital cohorts. CHIA also examined the distribution of discharges by grouping all DRGs into five severity quintiles. The first quintile represented the least severe discharges and the fifth quintile represented the most complex discharges. AMCs and teaching hospitals combined treated 38% of the least severe cases in 2017, while 60% of cases at this level of care were provided in community hospital settings (community and community-HPP hospitals). Conversely, AMCs and teaching hospitals provided care to 71% of the most severe cases, while 19% of these cases received care in community hospitals. Specialty hospitals provided care to 10% of the most severe cases.

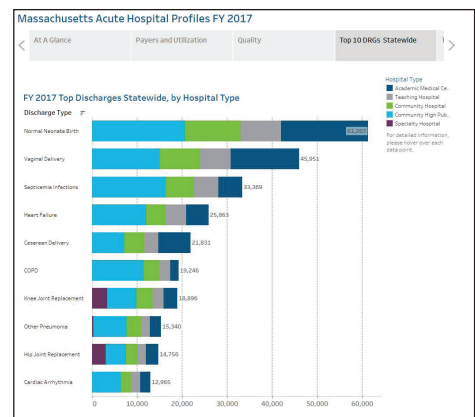
Statewide outpatient visits increased by 2.1% between FY 2013 and FY 2017. The AMC cohort experienced the greatest increase in outpatient visits at 4.7% during this time period. Teaching hospitals experienced a decrease of 2.2% in outpatient visits between FY 2013 and FY 2017. Teaching hospitals were the only cohort to experience a decrease in outpatient visits.

A At a Glance



Click images to see the detailed graphic and the full interactive report.

B Top 10 Discharges Statewide



Click images to see the detailed graphic and the full interactive report.

Hospital Commercial Price

Relative price is a calculated measure that compares different provider prices within a payer's network for a standard mix of insurance products to the average of all providers' prices in the network. Statewide relative price (S-RP) is a consolidated cross payer measure of commercial payer relative price levels. Based on this S-RP analysis, AMCs had the highest average commercial relative price at 1.17 (see [interactive chart C](#)). Conversely, the community-HPP cohort had the lowest average commercial relative price at 0.93. Community hospitals had the highest variation in S-RP within a cohort, although much of the variation was driven by high relative prices at a small number of geographically isolated hospitals.²

Hospital Financial Performance

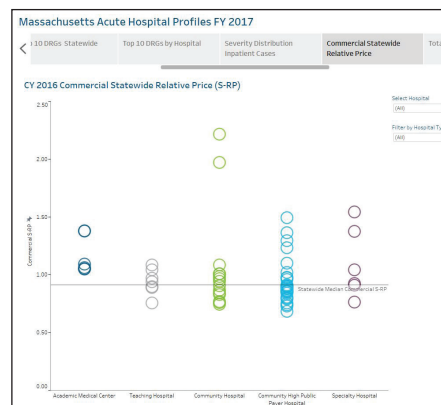
Total margin reflects the excess of total revenues over total expenses, including operating and non-operating activities, such as investment income, as a percentage of total revenue. The acute hospital statewide median total margin was 3.2%, an increase of 0.1 percentage points between 2016 and 2017 (see [interactive chart D](#)). In the same time period, the Academic Medical Center, community-HPP, and teaching hospital cohorts experienced a decrease in total margin, while the community hospital cohort remained the level. The teaching hospital cohort median total margin of 2.0% experienced the largest total margin decrease at 3.7 percentage points.

Operating margin reflects the excess of operating revenues over operating expenses.

The statewide acute hospital median operating margin of 1.6% represented a decrease of 1.2 percentage points from the prior year. All hospital cohorts saw a decrease in operating margin. The community hospital cohort saw the most significant decrease in median operating margin, by 2.1 percentage points.

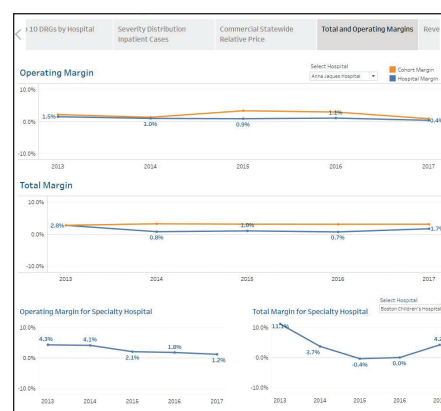
The financial performance of hospital health systems is important to understanding the greater context in which hospitals operate. For more information about the financial performance of hospital health systems, please see the FY 2017 Massachusetts Acute Hospital and Health System Financial Performance Report [here](#).

C Commercial Statewide Relative Price



Click images to see the detailed graphic and the full interactive report.

D Financial Data



Click images to see the detailed graphic and the full interactive report.

Endnotes

- 1 This reflects several key changes in the industry. In FY 2016, Baystate Mary Lane and Baystate Wing hospitals merged.
- 2 Data presented in this publication is representative of calendar year (CY) 2016 and only for the commercial insurance market. For more detailed information, please see the [2016 Relative Price](#) report.

For more information, please contact:



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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.

Hospitals are categorized in five types—Academic Medical Centers (AMCs), teaching hospitals, community hospitals, community-High Public Payer (HPP) hospitals, and specialty hospitals. For analytical purposes, AMCs, teaching hospitals, community hospitals, community-HPP hospitals are also considered cohorts. Specialty hospitals are not considered a cohort, due to their unique patient populations and services. For FY17, there were six AMCs, seven teaching hospitals, 14 community hospitals, and 29 community-HPP hospitals. There are six specialty hospitals.

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
Boston Medical Center
Brigham and Women's Hospital

Massachusetts General Hospital
Tufts Medical Center
UMass Memorial Medical Center

Teaching hospitals are hospitals that report at least 25 full-time equivalent medical school residents per 100 inpatient beds in accordance with the Medicare Payment Advisory Commission (MedPAC) and are not classified as AMCs.

Teaching Cohort [page A7](#)

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 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
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 (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 A28

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

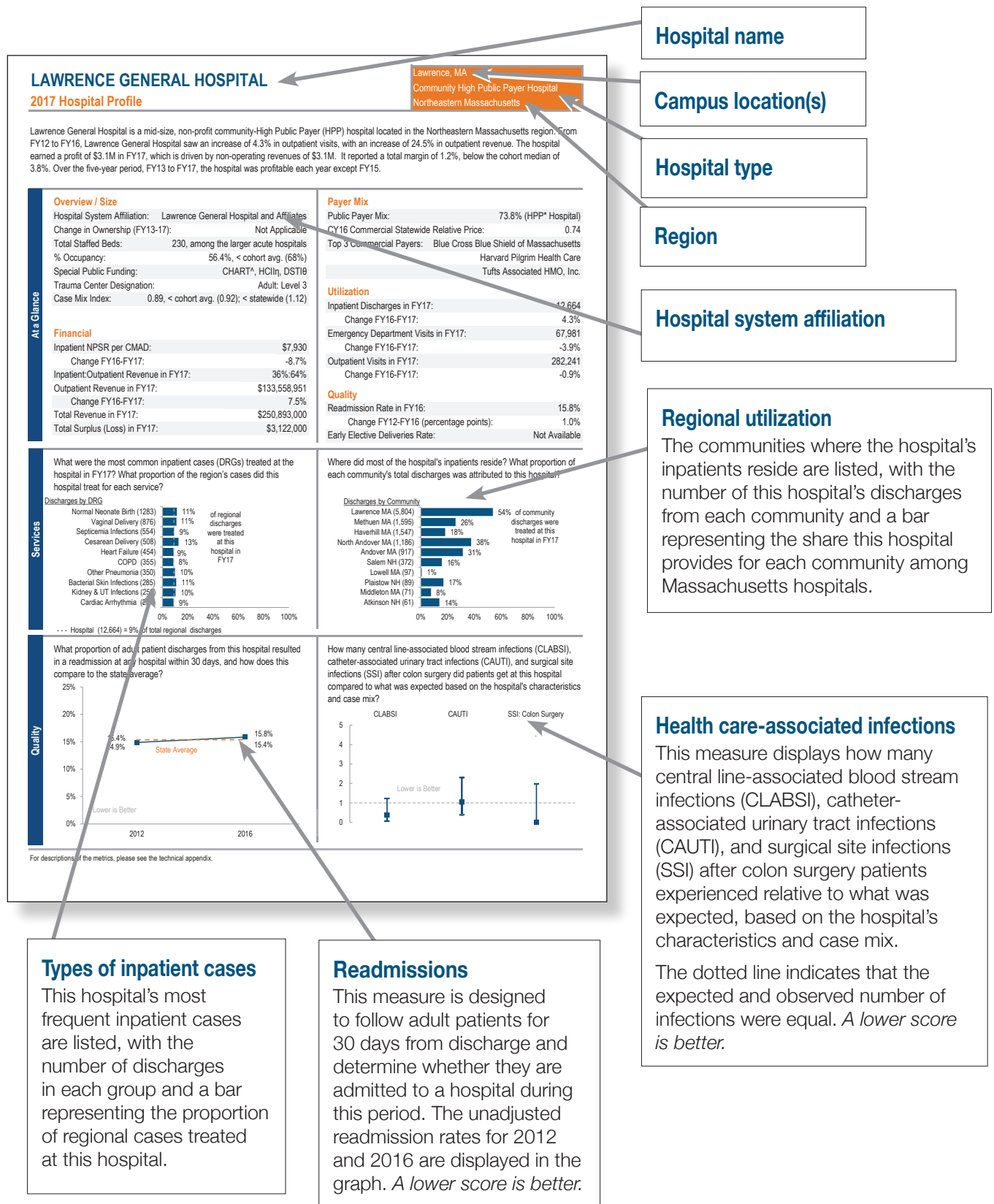
Specialty hospitals are not considered a cohort for comparison and analysis due to the unique patient populations they serve and/or the unique sets of services they provide. Specialty hospitals may be included in statewide analyses.

Specialty Hospitals page A57

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

HOW TO READ ACUTE HOSPITAL PROFILES – FISCAL YEAR 2017

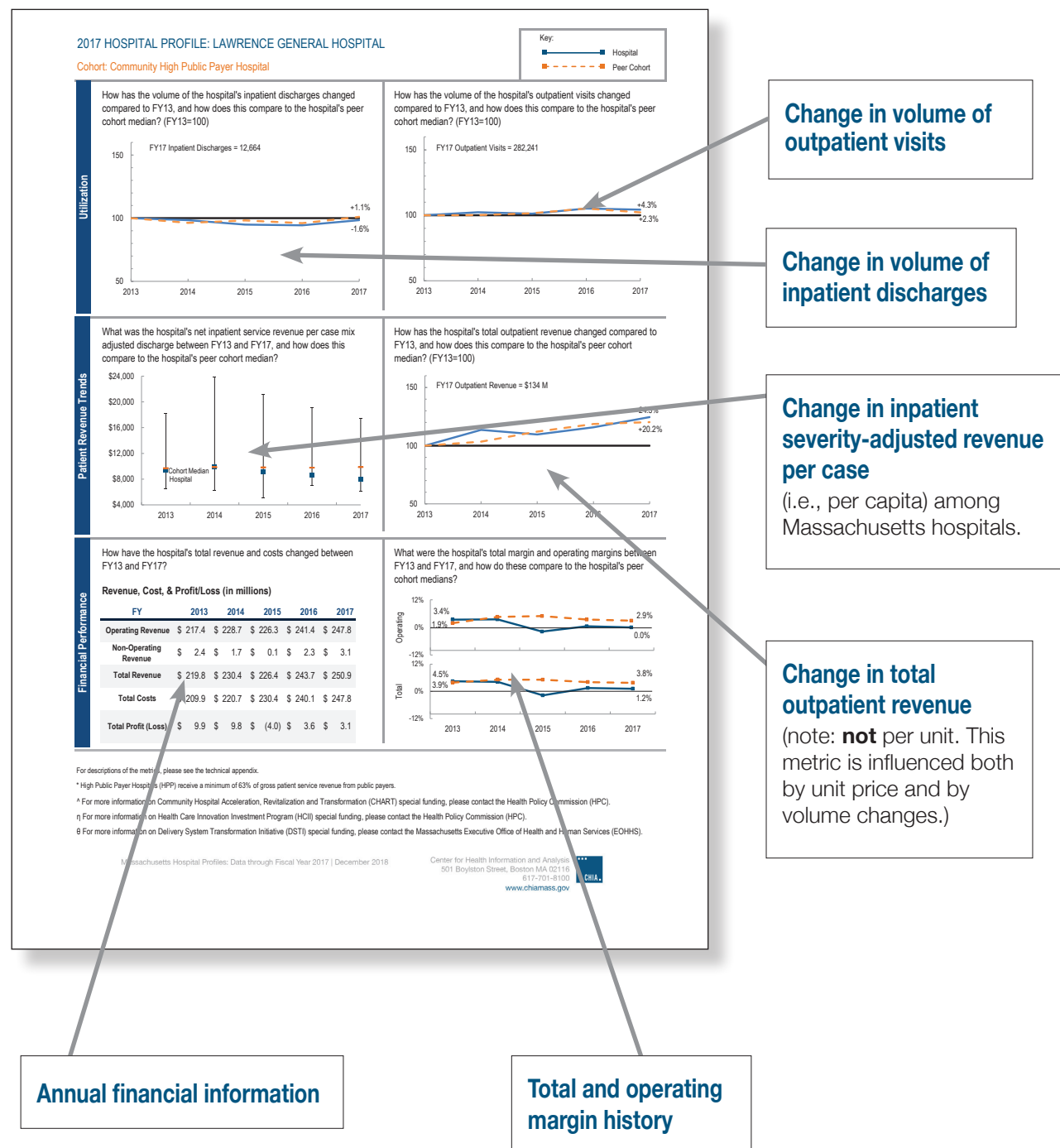
This sheet provides a brief introduction to the metrics on the acute hospital profiles. Definitions and notes on all metrics are available in the technical appendix.



HOW TO READ ACUTE HOSPITAL PROFILES – FISCAL YEAR 2017

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

2017 Hospital Profile

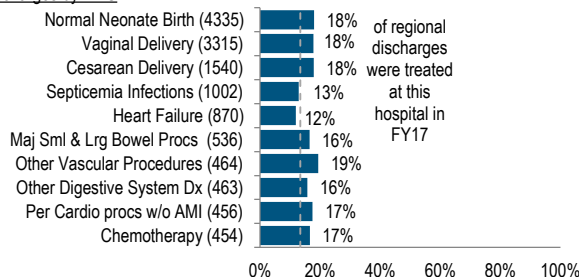
Boston, MA
Academic Medical Center
Metro Boston

Beth Israel Deaconess Medical Center 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. It is a Level 1 Trauma center. Beth Israel Deaconess Medical Center saw increases in both inpatient discharges and outpatient visits between FY13 and FY17. It earned a profit each year from FY13 to FY17, with a 4.3% total margin in FY17 compared to the AMC median total margin of 2.0%.

At a Glance	Overview / Size	
	Hospital System Affiliation:	CareGroup
	Change in Ownership (FY13-17):	Not Applicable
	Total Staffed Beds:	688, 5th largest acute hospital
	% Occupancy:	88.6%, > cohort avg. (86%)
	Special Public Funding:	Not Applicable
	Trauma Center Designation:	Adult: Level 1
	Case Mix Index:	1.39, < cohort avg. (1.50); > statewide (1.12)
	Financial	
	Inpatient NPSR per CMAD:	\$13,762
Services	Change FY16-FY17:	-1.0%
	Inpatient:Outpatient Revenue in FY17:	44%:56%
	Outpatient Revenue in FY17:	\$561,777,181
	Change FY16-FY17:	5.1%
	Total Revenue in FY17:	\$1,732,988,057
	Total Surplus (Loss) in FY17:	\$74,601,445
	Payer Mix	
	Public Payer Mix:	57.2% (Non-HPP* Hospital)
	CY16 Commercial Statewide Relative Price:	1.05
	Top 3 Commercial Payers:	Blue Cross Blue Shield of Massachusetts Harvard Pilgrim Health Care Tufts Associated HMO, Inc.
Quality	Utilization	
	Inpatient Discharges in FY17:	40,490
	Change FY16-FY17:	1.0%
	Emergency Department Visits in FY17:	69,433
	Change FY16-FY17:	1.5%
	Outpatient Visits in FY17:	687,962
	Change FY16-FY17:	0.3%
	Quality	
	Readmission Rate in FY16:	16.9%
	Change FY12-FY16 (percentage points):	-0.2
	Early Elective Deliveries Rate:	0.0%

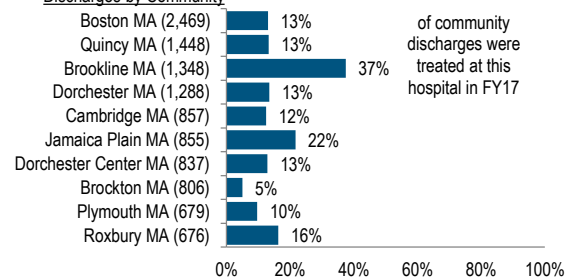
What were the most common inpatient cases (DRGs) treated at the hospital in FY17? What proportion of the region's cases did this hospital treat for each service?

Discharges by DRG

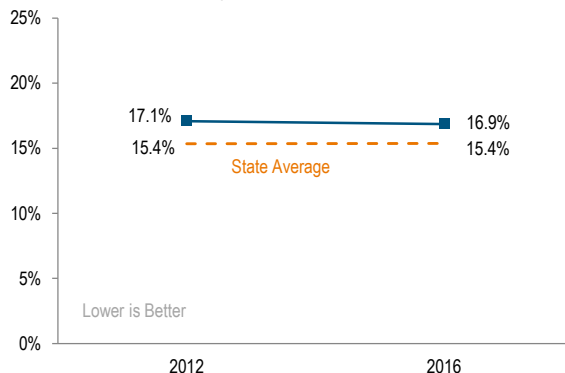


Where did most of the hospital's inpatients reside? What proportion of each community's total discharges was attributed to this hospital?

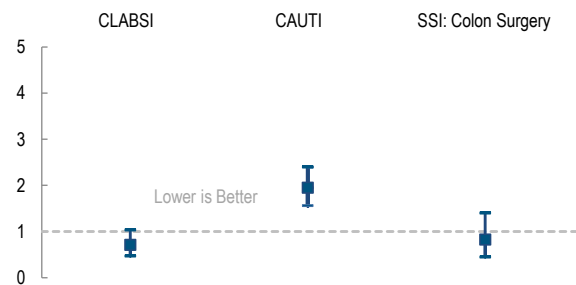
Discharges by Community



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.

2017 HOSPITAL PROFILE: BETH ISRAEL DEACONESS MEDICAL CENTER

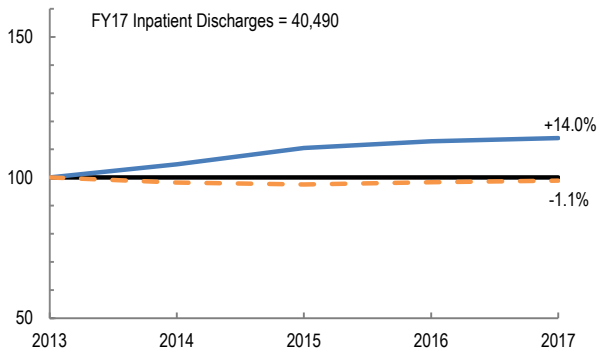
Cohort: Academic Medical Center

Key:

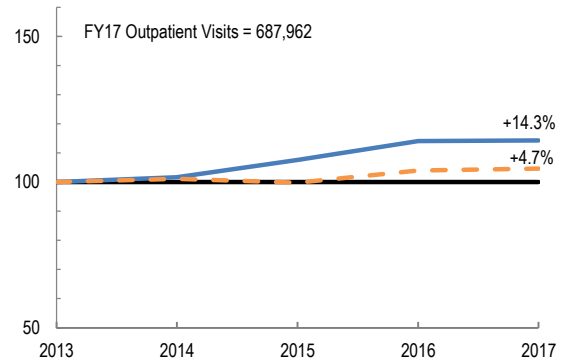


Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY13, and how does this compare to the hospital's peer cohort median? (FY13=100)

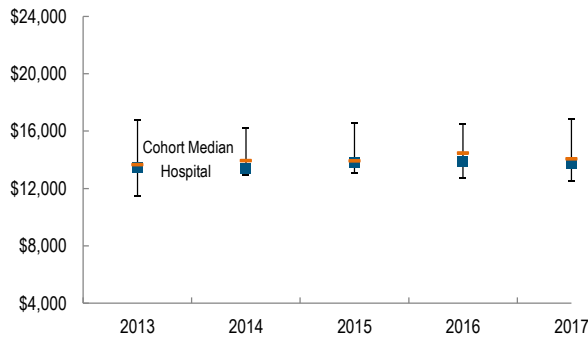


How has the volume of the hospital's outpatient visits changed compared to FY13, and how does this compare to the hospital's peer cohort median? (FY13=100)

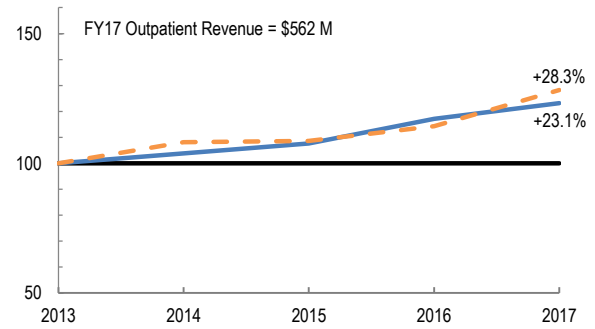


Patient Revenue Trends

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY13 and FY17, and how does this compare to the hospital's peer cohort median?



How has the hospital's total outpatient revenue changed compared to FY13, and how does this compare to the hospital's peer cohort median? (FY13=100)



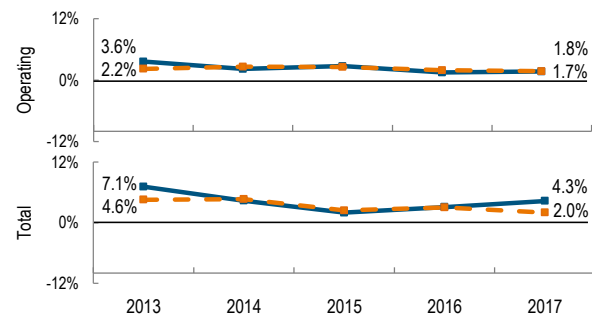
Financial Performance

How have the hospital's total revenue and costs changed between FY13 and FY17?

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

FY	2013	2014	2015	2016	2017
Operating Revenue	\$ 1,360	\$ 1,417	\$ 1,518	\$ 1,595	\$ 1,688
Non-Operating Revenue	\$ 49	\$ 32	\$ (11)	\$ 25	\$ 45
Total Revenue	\$ 1,410	\$ 1,449	\$ 1,507	\$ 1,620	\$ 1,733
Total Costs	\$ 1,309	\$ 1,385	\$ 1,477	\$ 1,571	\$ 1,658
Total Profit (Loss)	\$ 100.2	\$ 63.3	\$ 29.7	\$ 49.8	\$ 74.6

What were the hospital's total margin and operating margins between FY13 and FY17, 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

2017 Hospital Profile

Boston, MA
Academic Medical Center
Metro Boston

Boston Medical Center (BMC) is a large, non-profit academic medical center (AMC) located in the Metro Boston region. BMC provides medical teaching programs to 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 39% of all Sickle Cell Anemia Crisis cases in Metro Boston, though it accounted for only 8% of total regional discharges. In FY17, BMC reported a profit of \$28.6M after posting a loss of \$7.6M in FY16. BMC had positive operating margins in each year of the five-year period.

At a Glance

Overview / Size

Hospital System Affiliation:	Boston Medical Center Health System
Change in Ownership (FY13-17):	Not Applicable
Total Staffed Beds:	442, 7th largest acute hospital
% Occupancy:	80.2%, lowest in cohort avg. (86%)
Special Public Funding:	HCII ⁿ , DSTI ^o , ICB ^o
Trauma Center Designation:	Adult: Level 1, Pedi: Level 2
Case Mix Index:	1.24, < cohort avg. (1.50); > statewide (1.12)

Financial

Inpatient NPSR per CMAD:	\$14,350
Change FY16-FY17:	-4.6%
Inpatient:Outpatient Revenue in FY17:	33%:67%
Outpatient Revenue in FY17:	\$608,447,575
Change FY16-FY17:	9.4%
Total Revenue in FY17:	\$1,341,516,000
Total Surplus (Loss) in FY17:	\$28,617,000

Payer Mix

Public Payer Mix:	76.9% (HPP* Hospital)
CY16 Commercial Statewide Relative Price:	1.09
Top 3 Commercial Payers:	Blue Cross Blue Shield of Massachusetts Harvard Pilgrim Health Care BMC HealthNet Plan

Utilization

Inpatient Discharges in FY17:	25,715
Change FY16-FY17:	2.3%
Emergency Department Visits in FY17:	133,528
Change FY16-FY17:	1.0%
Outpatient Visits in FY17:	1,691,318
Change FY16-FY17:	2.9%

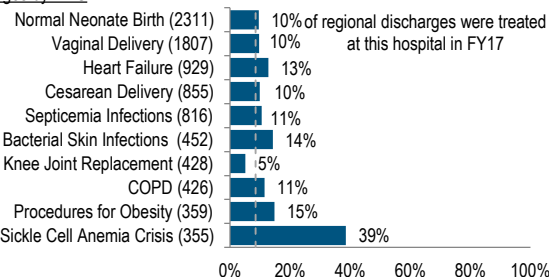
Quality

Readmission Rate in FY16:	16.7%
Change FY12-FY16 (percentage points):	-1.0
Early Elective Deliveries Rate:	1.7%

Services

What were the most common inpatient cases (DRGs) treated at the hospital in FY17? What proportion of the region's cases did this hospital treat for each service?

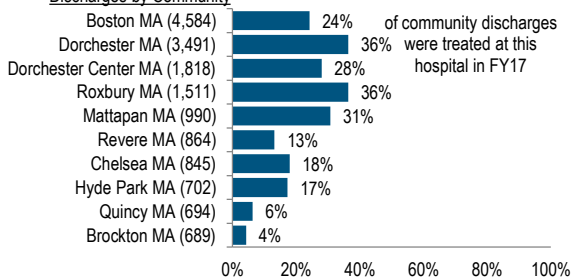
Discharges by DRG



--- Hospital (25,715) = 8% of total regional discharges

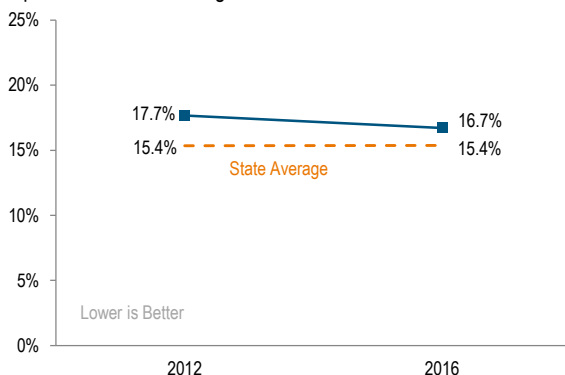
Where did most of the hospital's inpatients reside? What proportion of each community's total discharges was attributed to this hospital?

Discharges by Community

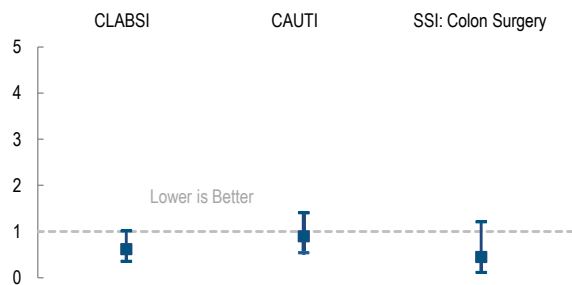


Quality

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.

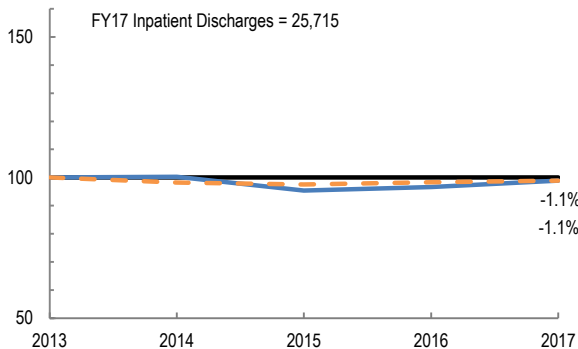
2017 HOSPITAL PROFILE: BOSTON MEDICAL CENTER

Cohort: Academic Medical Center

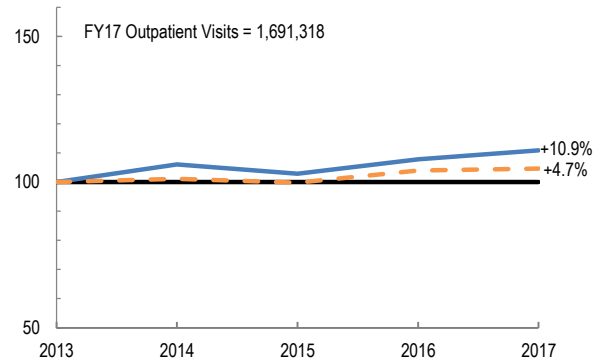
Key:



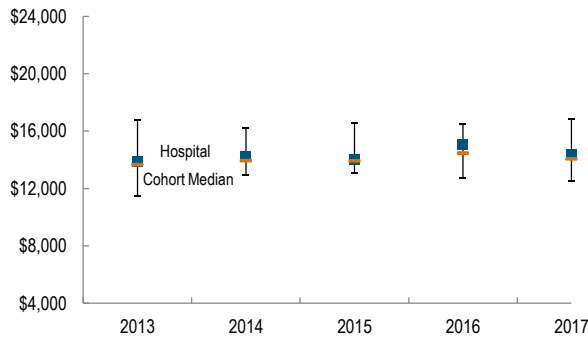
How has the volume of the hospital's inpatient discharges changed compared to FY13, and how does this compare to the hospital's peer cohort median? (FY13=100)



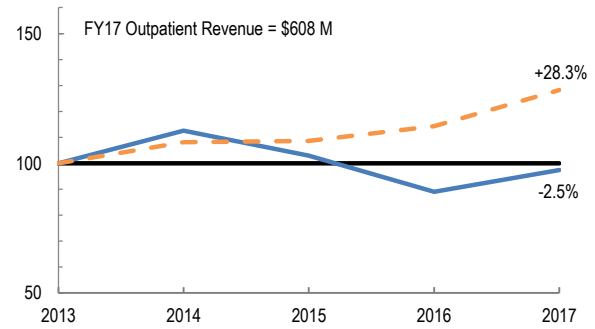
How has the volume of the hospital's outpatient visits changed compared to FY13, and how does this compare to the hospital's peer cohort median? (FY13=100)



What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY13 and FY17, and how does this compare to the hospital's peer cohort median?



How has the hospital's total outpatient revenue changed compared to FY13, and how does this compare to the hospital's peer cohort median? (FY13=100)

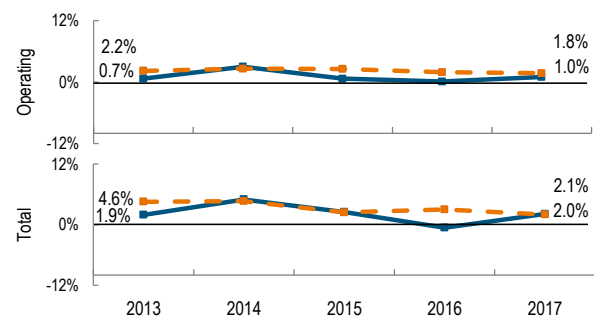


How have the hospital's total revenue and costs changed between FY13 and FY17?

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

FY	2013	2014	2015	2016	2017
Operating Revenue	\$ 1,016	\$ 1,087	\$ 1,137	\$ 1,243	\$ 1,326
Non-Operating Revenue	\$ 13	\$ 22	\$ 22	\$ (9)	\$ 16
Total Revenue	\$ 1,029	\$ 1,109	\$ 1,159	\$ 1,233	\$ 1,342
Total Costs	\$ 1,009	\$ 1,053	\$ 1,130	\$ 1,241	\$ 1,313
Total Profit (Loss)	\$ 20.0	\$ 55.5	\$ 29.3	\$ (7.6)	\$ 28.6

What were the hospital's total margin and operating margins between FY13 and FY17, 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.

η For more information on Health Care Innovation Investment Program (HCII) special funding, please contact the Health Policy Commission (HPC).

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

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

BRIGHAM AND WOMEN'S HOSPITAL

2017 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. It is the second largest hospital in Massachusetts and is designated as one of nine organ transplant centers in the state. It is a member of Partners HealthCare. Brigham and Women's Hospital was profitable in each year of the five-year period. It reported a total margin of 1.9%, close to its peer cohort median of 2.0%.

At a Glance

Overview / Size

Hospital System Affiliation:	Partners HealthCare System
Change in Ownership (FY13-17):	Not Applicable
Total Staffed Beds:	840, 2nd largest acute hospital
% Occupancy:	86.9%, > cohort avg. (86%)
Special Public Funding:	Not Applicable
Trauma Center Designation:	Adult: Level 1
Case Mix Index:	1.58, > cohort avg. (1.50); > statewide (1.12)

Financial

Inpatient NPSR per CMAD:	\$16,803
Change FY16-FY17:	2.1%
Inpatient:Outpatient Revenue in FY17:	58%:42%
Outpatient Revenue in FY17:	\$772,768,019
Change FY16-FY17:	17.3%
Total Revenue in FY17:	\$2,938,918,000
Total Surplus (Loss) in FY17:	\$55,854,000

Payer Mix

Public Payer Mix:	54.5% (Non-HPP* Hospital)
CY16 Commercial Statewide Relative Price:	1.38
Top 3 Commercial Payers:	Blue Cross Blue Shield of Massachusetts Harvard Pilgrim Health Care Tufts Associated HMO, Inc.

Utilization

Inpatient Discharges in FY17:	47,437
Change FY16-FY17:	0.9%
Emergency Department Visits in FY17:	60,377
Change FY16-FY17:	3.5%
Outpatient Visits in FY17:	633,183
Change FY16-FY17:	13.3%

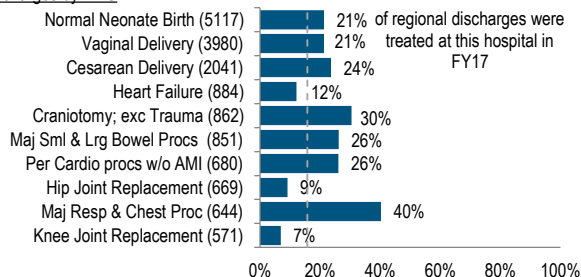
Quality

Readmission Rate in FY16:	16.4%
Change FY12-FY16 (percentage points):	-0.6
Early Elective Deliveries Rate:	4.8%

Services

What were the most common inpatient cases (DRGs) treated at the hospital in FY17? What proportion of the region's cases did this hospital treat for each service?

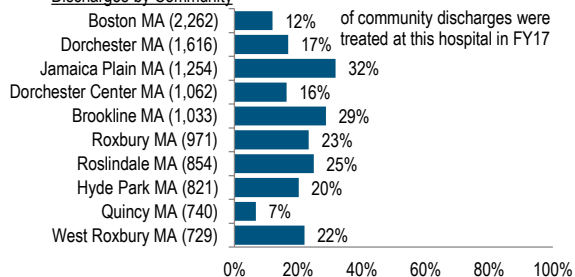
Discharges by DRG



--- Hospital (47,437) = 16% of total regional discharges

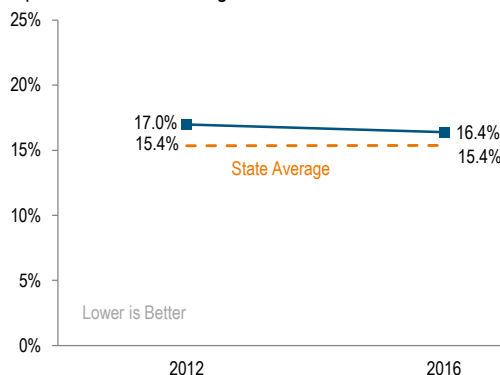
Where did most of the hospital's inpatients reside? What proportion of each community's total discharges was attributed to this hospital?

Discharges by Community

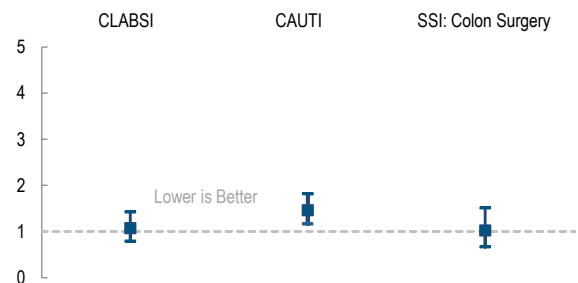


Quality

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.

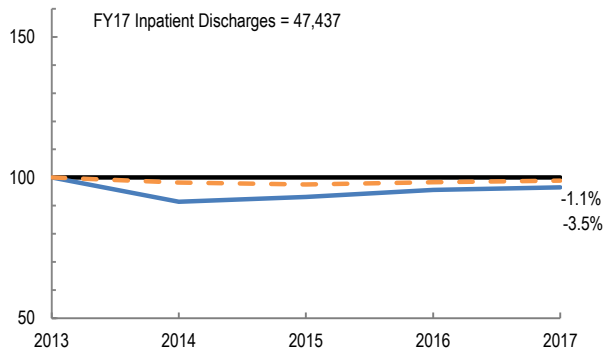
2017 HOSPITAL PROFILE: BRIGHAM AND WOMEN'S HOSPITAL

Cohort: Academic Medical Center

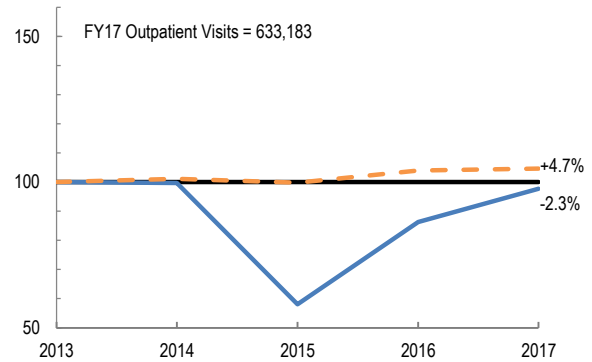
Key:



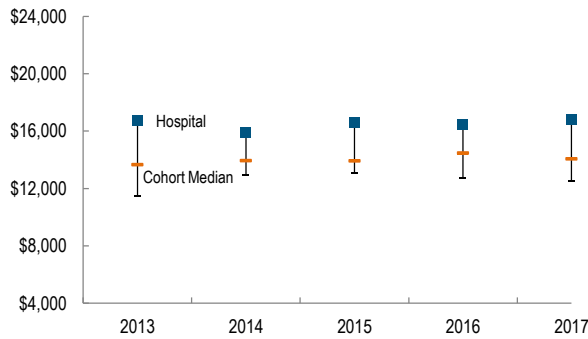
How has the volume of the hospital's inpatient discharges changed compared to FY13, and how does this compare to the hospital's peer cohort median? (FY13=100)



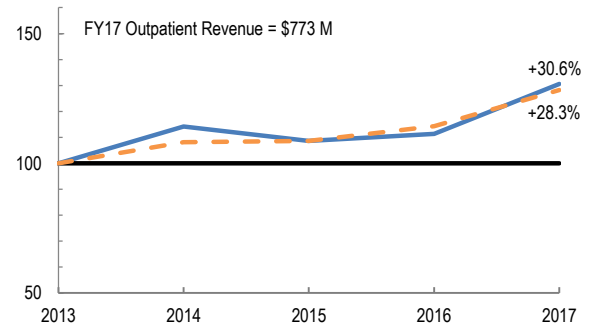
How has the volume of the hospital's outpatient visits changed compared to FY13, and how does this compare to the hospital's peer cohort median? (FY13=100)



What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY13 and FY17, and how does this compare to the hospital's peer cohort median?



How has the hospital's total outpatient revenue changed compared to FY13, and how does this compare to the hospital's peer cohort median? (FY13=100)

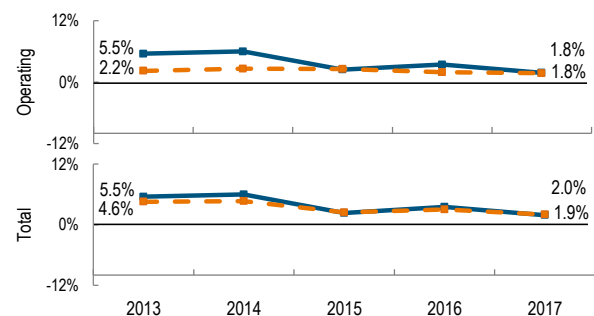


How have the hospital's total revenue and costs changed between FY13 and FY17?

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

FY	2013	2014	2015	2016	2017
Operating Revenue	\$ 2,517	\$ 2,538	\$ 2,606	\$ 2,730	\$ 2,936
Non-Operating Revenue	\$ (0)	\$ 0	\$ (3)	\$ 1	\$ 3
Total Revenue	\$ 2,516	\$ 2,538	\$ 2,603	\$ 2,731	\$ 2,939
Total Costs	\$ 2,377	\$ 2,386	\$ 2,542	\$ 2,637	\$ 2,883
Total Profit (Loss)	\$ 139.0	\$ 151.7	\$ 60.8	\$ 94.4	\$ 55.9

What were the hospital's total margin and operating margins between FY13 and FY17, and how do these compare to the hospital's peer cohort medians?



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

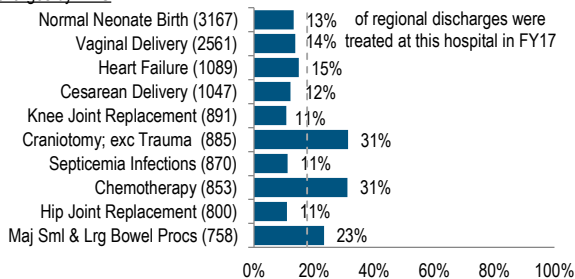
* High Public Payer Hospitals (HPP) receive a minimum of 63% of gross patient service revenue from public payers.

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 1,059 staffed beds; it is also the oldest hospital in Massachusetts. It provides medical teaching programs to Harvard Medical School and is a member of Partners HealthCare. MGH is one of nine organ transplant centers in Massachusetts. It earned a profit each year from FY13 to FY17, with a 5.7% total margin in FY17, higher than the 2.0% median total margin of its peer cohort.

At a Glance	Overview / Size	
	Hospital System Affiliation:	Partners HealthCare System
	Change in Ownership (FY13-17):	Not Applicable
	Total Staffed Beds:	1,059, largest acute hospital
	% Occupancy:	82.3%, < cohort avg. (86%)
	Special Public Funding:	Not Applicable
	Trauma Center Designation:	Adult: Level 1, Pedi: Level 1
	Case Mix Index:	1.66, > cohort avg. (1.50); > statewide (1.12)
	Financial	
	Inpatient NPSR per CMAD:	\$14,904
Services	Change FY16-FY17:	-7.2%
	Inpatient:Outpatient Revenue in FY17:	48%:52%
	Outpatient Revenue in FY17:	\$1,460,633,557
	Change FY16-FY17:	18.9%
	Total Revenue in FY17:	\$3,942,643,000
	Total Surplus (Loss) in FY17:	\$223,502,000
	Payer Mix	
	Public Payer Mix:	57.4% (Non-HPP* Hospital)
	CY16 Commercial Statewide Relative Price:	1.38
	Top 3 Commercial Payers:	Blue Cross Blue Shield of Massachusetts Harvard Pilgrim Health Care Tufts Associated HMO, Inc.
Quality	Utilization	
	Inpatient Discharges in FY17:	53,478
	Change FY16-FY17:	-0.2%
	Emergency Department Visits in FY17:	106,617
	Change FY16-FY17:	-1.9%
	Outpatient Visits in FY17:	902,415
	Change FY16-FY17:	-0.5%
	Quality	
	Readmission Rate in FY16:	15.1%
	Change FY12-FY16 (percentage points):	0.4
	Early Elective Deliveries Rate:	Not Available

What were the most common inpatient cases (DRGs) treated at the hospital in FY17? What proportion of the region's cases did this hospital treat for each service?

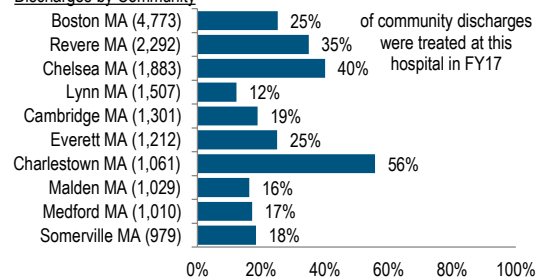
Discharges by DRG



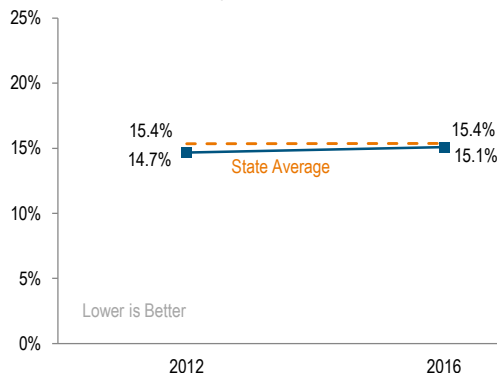
--- Hospital (53,478) = 18% of total regional discharges

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

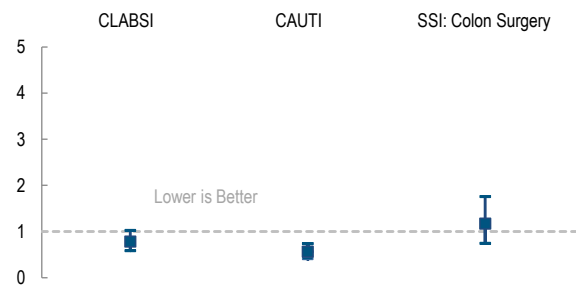
Discharges by Community



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?



2017 HOSPITAL PROFILE: MASSACHUSETTS GENERAL HOSPITAL

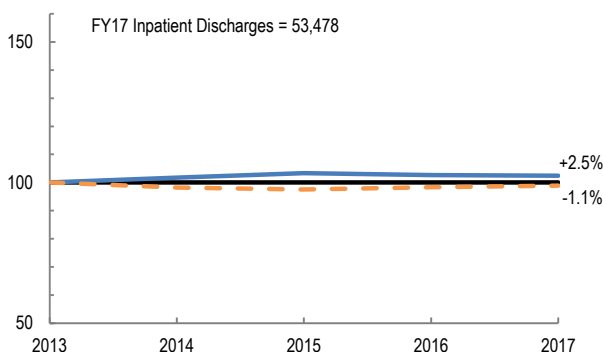
Cohort: Academic Medical Center

Key:

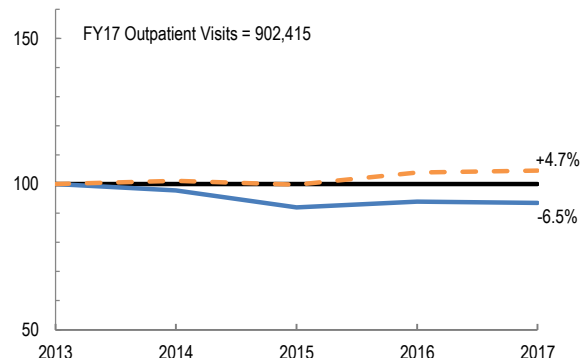


Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY13, and how does this compare to the hospital's peer cohort median? (FY13=100)

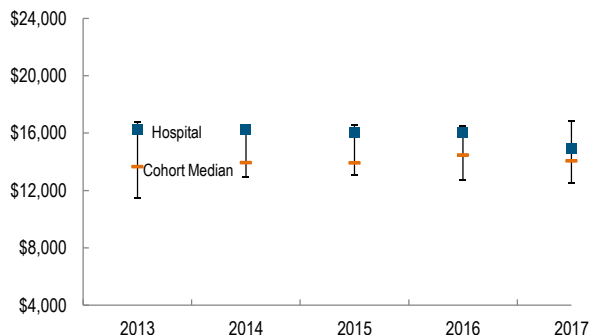


How has the volume of the hospital's outpatient visits changed compared to FY13, and how does this compare to the hospital's peer cohort median? (FY13=100)

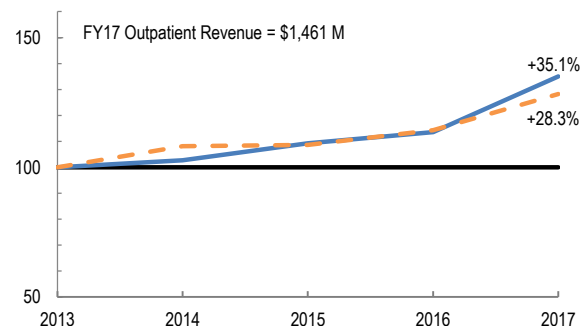


Patient Revenue Trends

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY13 and FY17, and how does this compare to the hospital's peer cohort median?



How has the hospital's total outpatient revenue changed compared to FY13, and how does this compare to the hospital's peer cohort median? (FY13=100)



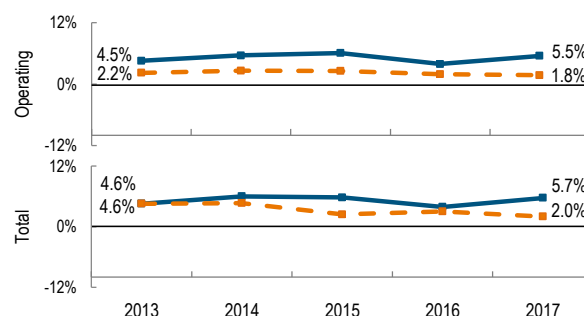
Financial Performance

How have the hospital's total revenue and costs changed between FY13 and FY17?

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

FY	2013	2014	2015	2016	2017
Operating Revenue	\$ 3,271	\$ 3,326	\$ 3,488	\$ 3,672	\$ 3,936
Non-Operating Revenue	\$ 1	\$ 13	\$ (10)	\$ (0)	\$ 7
Total Revenue	\$ 3,272	\$ 3,339	\$ 3,477	\$ 3,672	\$ 3,943
Total Costs	\$ 3,123	\$ 3,139	\$ 3,276	\$ 3,529	\$ 3,719
Total Profit (Loss)	\$ 149.2	\$ 200.1	\$ 201.1	\$ 142.8	\$ 223.5

What were the hospital's total margin and operating margins between FY13 and FY17, and how do these compare to the hospital's peer cohort medians?



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

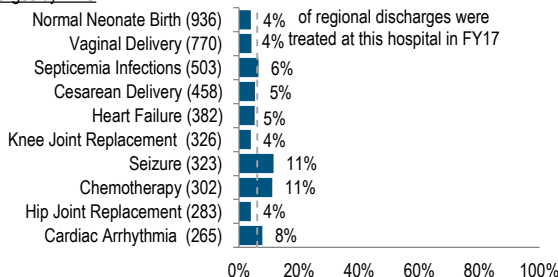
* High Public Payer Hospitals (HPP) receive a minimum of 63% of gross patient service revenue from public payers.

Tufts Medical Center is a large, non-profit academic medical center (AMC) located in the Metro Boston region. Tufts Medical Center provides medical teaching programs to 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. Outpatient revenue increased by 53.6% between FY13 and FY17, compared with the cohort median increase of 28.3%. Tufts Medical Center reported a loss in FY15 but reported profits in all other years.

At a Glance	Overview / Size	
	Hospital System Affiliation:	Wellforce
	Change in Ownership (FY13-17):	Wellforce - 2014
	Total Staffed Beds:	280, among the larger acute hospitals
	% Occupancy:	97.4%, highest in cohort avg. (86%)
	Special Public Funding:	ICB°
	Trauma Center Designation:	Adult: Level 1, Pedi: Level 1
	Case Mix Index:	1.77, > cohort avg. (1.50); > statewide (1.12)
	Financial	
	Inpatient NPSR per CMAD:	\$12,841
Services	Change FY16-FY17:	1.0%
	Inpatient:Outpatient Revenue in FY17:	46%:54%
	Outpatient Revenue in FY17:	\$304,708,805
	Change FY16-FY17:	10.9%
	Total Revenue in FY17:	\$785,374,000
	Total Surplus (Loss) in FY17:	\$12,282,000
	Payer Mix	
	Public Payer Mix:	61.9% (Non-HPP* Hospital)
	CY16 Commercial Statewide Relative Price:	1.05
	Top 3 Commercial Payers:	Blue Cross Blue Shield of Massachusetts Tufts Associated HMO, Inc. Harvard Pilgrim Health Care
Quality	Utilization	
	Inpatient Discharges in FY17:	18,243
	Change FY16-FY17:	1.6%
	Emergency Department Visits in FY17:	45,952
	Change FY16-FY17:	0.0%
	Outpatient Visits in FY17:	441,342
	Change FY16-FY17:	2.6%
	Quality	
	Readmission Rate in FY16:	17.0%
	Change FY12-FY16 (percentage points):	-0.5
	Early Elective Deliveries Rate:	8.3%

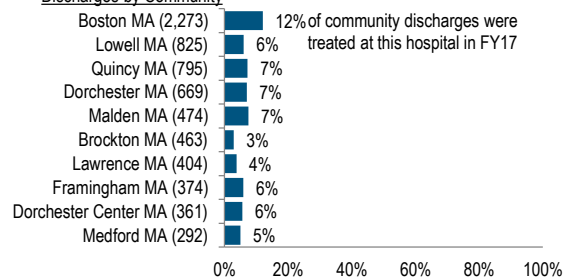
What were the most common inpatient cases (DRGs) treated at the hospital in FY17? What proportion of the region's cases did this hospital treat for each service?

Discharges by DRG

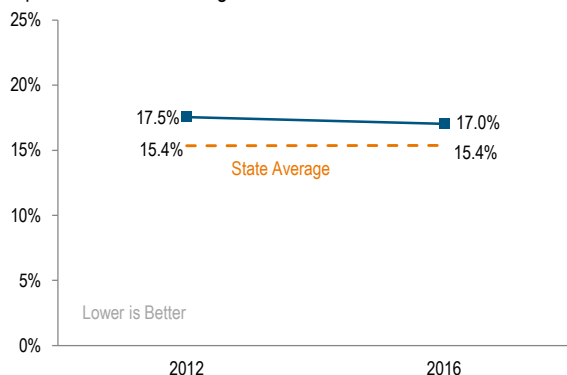


Where did most of the hospital's inpatients reside? What proportion of each community's total discharges was attributed to this hospital?

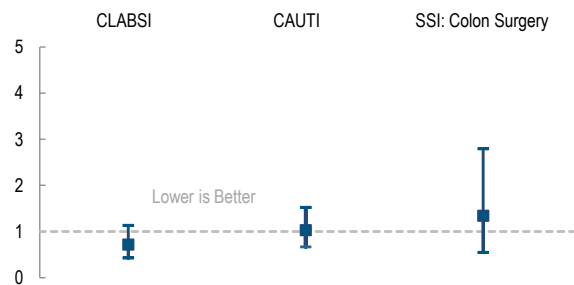
Discharges by Community



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?



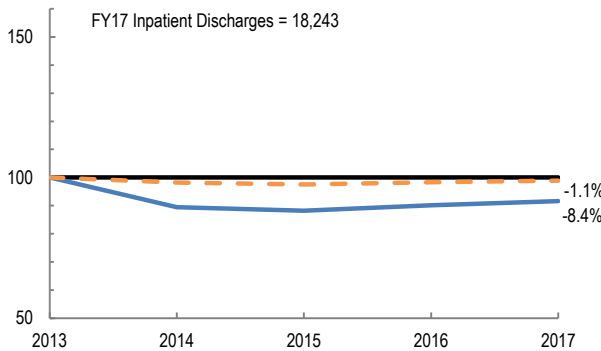
2017 HOSPITAL PROFILE: TUFTS MEDICAL CENTER

Cohort: Academic Medical Center

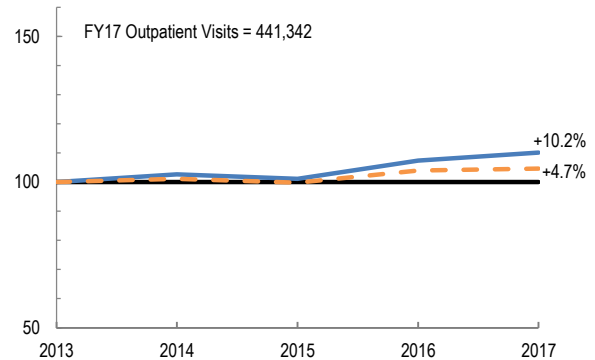
Key:



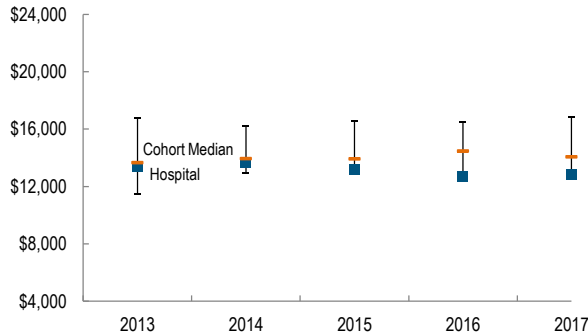
How has the volume of the hospital's inpatient discharges changed compared to FY13, and how does this compare to the hospital's peer cohort median? (FY13=100)



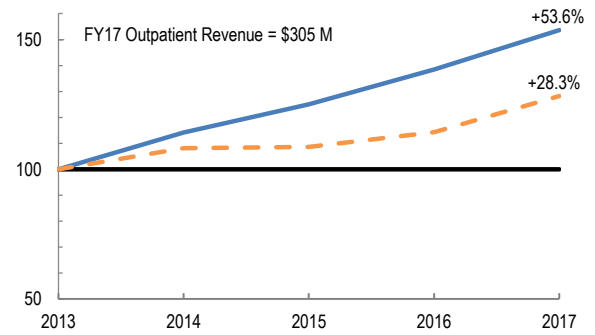
How has the volume of the hospital's outpatient visits changed compared to FY13, and how does this compare to the hospital's peer cohort median? (FY13=100)



What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY13 and FY17, and how does this compare to the hospital's peer cohort median?



How has the hospital's total outpatient revenue changed compared to FY13, and how does this compare to the hospital's peer cohort median? (FY13=100)

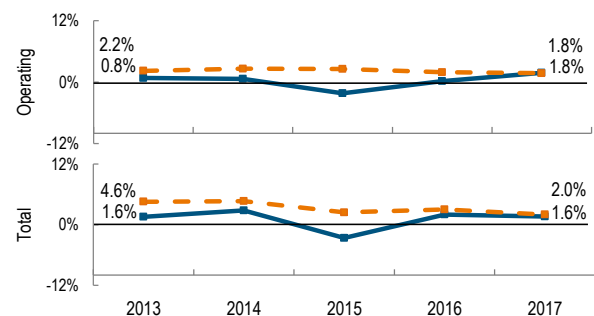


How have the hospital's total revenue and costs changed between FY13 and FY17?

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

FY	2013	2014	2015	2016	2017
Operating Revenue	\$ 655.9	\$ 685.1	\$ 689.3	\$ 740.3	\$ 787.2
Non-Operating Revenue	\$ 4.9	\$ 15.2	\$ (3.2)	\$ 13.1	\$ (1.9)
Total Revenue	\$ 660.7	\$ 700.3	\$ 686.1	\$ 753.4	\$ 785.4
Total Costs	\$ 650.5	\$ 680.6	\$ 704.3	\$ 738.6	\$ 773.1
Total Profit (Loss)	\$ 10.2	\$ 19.7	\$ (18.2)	\$ 14.8	\$ 12.3

What were the hospital's total margin and operating margins between FY13 and FY17, and how do these compare to the hospital's peer cohort medians?



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

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

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

UMASS MEMORIAL MEDICAL CENTER

2017 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 Medical Center 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 by 1.1% between FY13 and FY17, which is consistent with its peer cohort. UMass Memorial Medical Center earned a profit each year from FY13 to FY17, with a total margin of 1.3% in FY17, just under the peer cohort hospital median total margin of 2.0%.

At a Glance

Overview / Size

Hospital System Affiliation:	UMass Memorial Health Care
Change in Ownership (FY13-17):	Not Applicable
Total Staffed Beds:	723, 4th largest acute hospital
% Occupancy:	81.9%, < cohort avg. (86%)
Special Public Funding:	HCI ^{II} , ICB ^o
Trauma Center Designation:	Adult: Level 1, Pedi: Level 2
Case Mix Index:	1.37, < cohort avg. (1.50); > statewide (1.12)

Financial

Inpatient NPSR per CMAD:	\$12,473
Change FY16-FY17:	-6.9%
Inpatient:Outpatient Revenue in FY17:	44%:56%
Outpatient Revenue in FY17:	\$732,483,479
Change FY16-FY17:	9.5%
Total Revenue in FY17:	\$1,702,688,000
Total Surplus (Loss) in FY17:	\$21,871,000

Payer Mix

Public Payer Mix:	65.6% (HPP* Hospital)
CY16 Commercial Statewide Relative Price:	1.06
Top 3 Commercial Payers:	Blue Cross Blue Shield of Massachusetts Fallon Community Health Plan Harvard Pilgrim Health Care

Utilization

Inpatient Discharges in FY17:	41,505
Change FY16-FY17:	-1.2%
Emergency Department Visits in FY17:	134,564
Change FY16-FY17:	-1.1%
Outpatient Visits in FY17:	982,540
Change FY16-FY17:	-1.4%

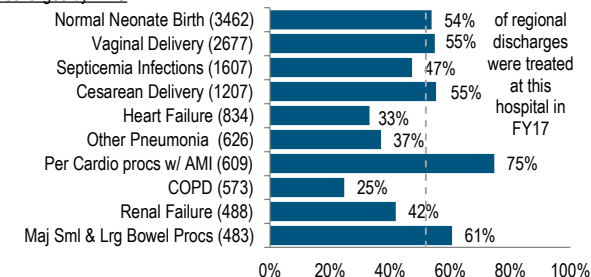
Quality

Readmission Rate in FY16:	18.6%
Change FY12-FY16 (percentage points):	1.9
Early Elective Deliveries Rate:	Not Available

Services

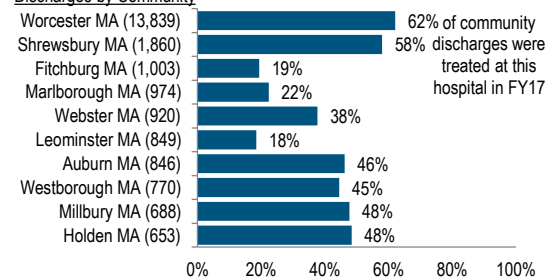
What were the most common inpatient cases (DRGs) treated at the hospital in FY17? What proportion of the region's cases did this hospital treat for each service?

Discharges by DRG



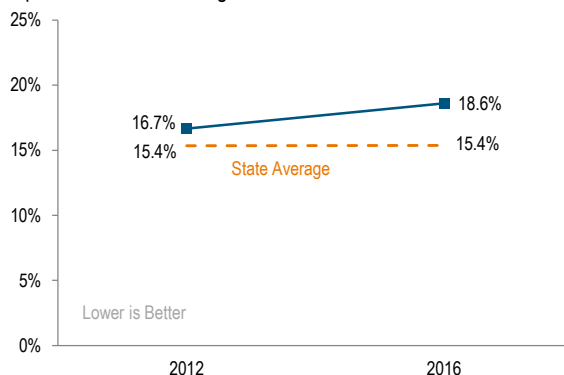
Where did most of the hospital's inpatients reside? What proportion of each community's total discharges was attributed to this hospital?

Discharges by Community

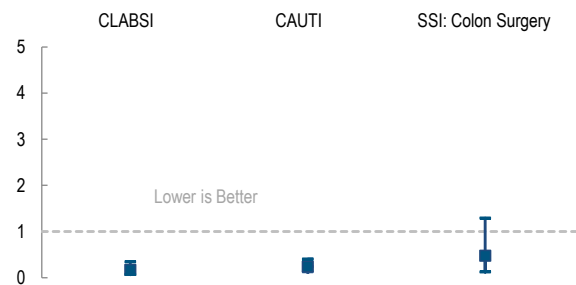


Quality

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.

2017 HOSPITAL PROFILE: UMASS MEMORIAL MEDICAL CENTER

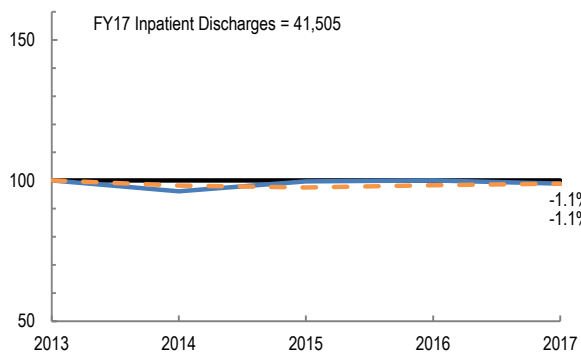
Cohort: Academic Medical Center

Key:

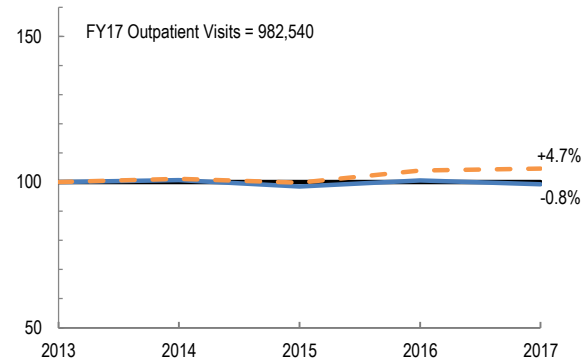


Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY13, and how does this compare to the hospital's peer cohort median? (FY13=100)

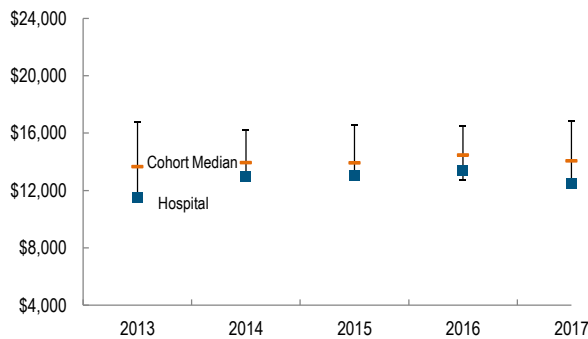


How has the volume of the hospital's outpatient visits changed compared to FY13, and how does this compare to the hospital's peer cohort median? (FY13=100)

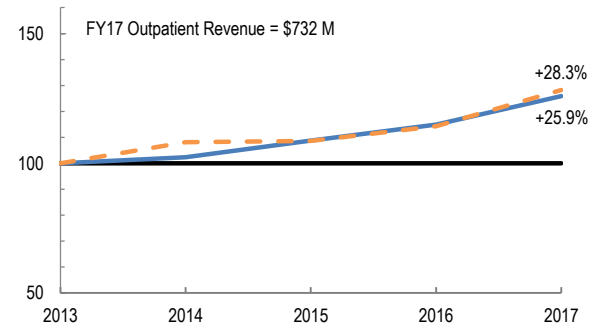


Patient Revenue Trends

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY13 and FY17, and how does this compare to the hospital's peer cohort median?



How has the hospital's total outpatient revenue changed compared to FY13, and how does this compare to the hospital's peer cohort median? (FY13=100)



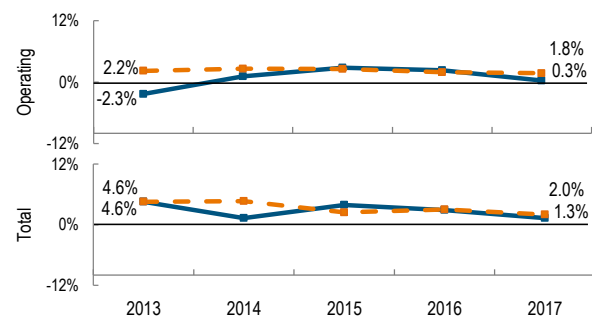
Financial Performance

How have the hospital's total revenue and costs changed between FY13 and FY17?

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

FY	2013	2014	2015	2016	2017
Operating Revenue	\$ 1,408	\$ 1,521	\$ 1,516	\$ 1,622	\$ 1,686
Non-Operating Revenue	\$ 104	\$ 3	\$ 17	\$ 11	\$ 16
Total Revenue	\$ 1,512	\$ 1,523	\$ 1,533	\$ 1,632	\$ 1,703
Total Costs	\$ 1,443	\$ 1,503	\$ 1,473	\$ 1,585	\$ 1,681
Total Profit (Loss)	\$ 68.9	\$ 19.8	\$ 60.1	\$ 47.6	\$ 21.9

What were the hospital's total margin and operating margins between FY13 and FY17, 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 Health Care Innovation Investment Program (HCII) special funding, please contact the Health Policy Commission (HPC).

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

BAYSTATE MEDICAL CENTER

2017 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 777 staffed beds. It is a member of Baystate Health and qualifies as High Public Payer (HPP). It is the only Level 1 Trauma Center in its region, the only Level 2 Pediatric Trauma Center in its region, and one of nine organ transplant centers in Massachusetts. Baystate Medical Center was profitable each year from FY13 to FY17. In FY17 it had a total margin of 8.6%, above the 2.0% median of its cohort hospitals.

At a Glance

Overview / Size

Hospital System Affiliation:	Baystate Health
Change in Ownership (FY13-17):	Not Applicable
Total Staffed Beds:	777, 3rd largest acute hospital
% Occupancy:	72.0%, < cohort avg. (81%)
Special Public Funding:	CHART ⁺ , HCII ⁺ , ICB ⁺
Trauma Center Designation:	Adult: Level 1, Pedi: Level 2
Case Mix Index:	1.23, > cohort avg. (1.11); > statewide (1.12)

Financial

Inpatient NPSR per CMAD:	\$10,962
Change FY16-FY17:	-5.9%
Inpatient:Outpatient Revenue in FY17:	44%:56%
Outpatient Revenue in FY17:	\$547,964,609
Change FY16-FY17:	6.7%
Total Revenue in FY17:	\$1,269,386,000
Total Surplus (Loss) in FY17:	\$108,997,000

Payer Mix

Public Payer Mix:	69.5% (HPP* Hospital)
CY16 Commercial Statewide Relative Price:	0.97
Top 3 Commercial Payers:	Blue Cross Blue Shield of Massachusetts Health New England, Inc. Cigna Health and Life Ins. Co. (EAST)

Utilization

Inpatient Discharges in FY17:	42,010
Change FY16-FY17:	2.1%
Emergency Department Visits in FY17:	153,158
Change FY16-FY17:	2.6%
Outpatient Visits in FY17:	436,700
Change FY16-FY17:	-2.1%

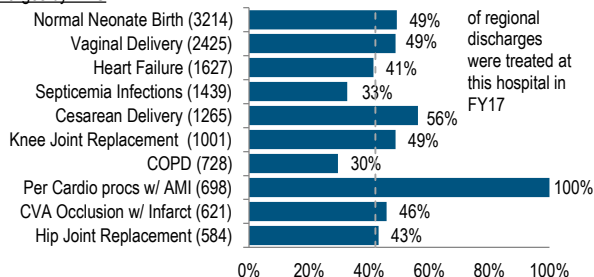
Quality

Readmission Rate in FY16:	15.8%
Change FY12-FY16 (percentage points):	0.6
Early Elective Deliveries Rate:	3.3%

Services

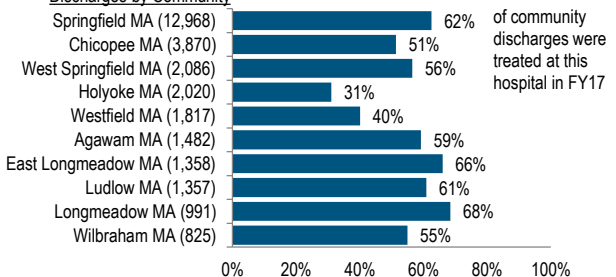
What were the most common inpatient cases (DRGs) treated at the hospital in FY17? What proportion of the region's cases did this hospital treat for each service?

Discharges by DRG



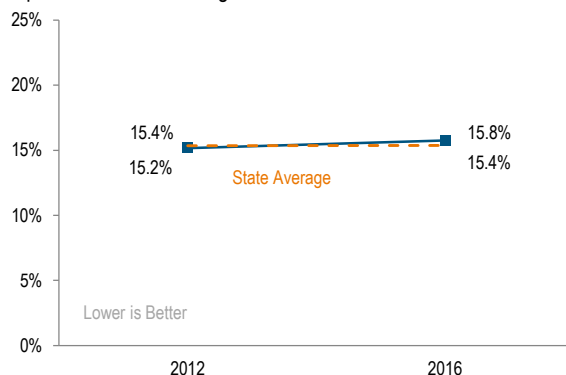
Where did most of the hospital's inpatients reside? What proportion of each community's total discharges was attributed to this hospital?

Discharges by Community

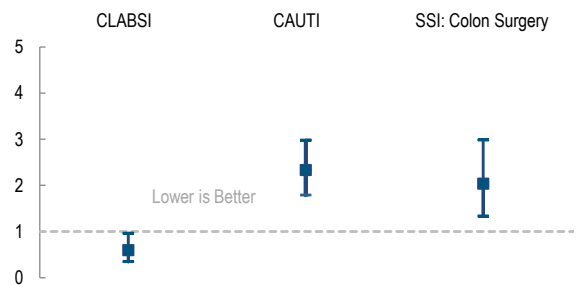


Quality

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.

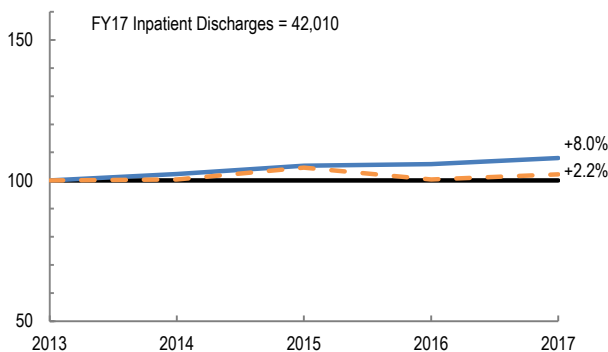
2017 HOSPITAL PROFILE: BAYSTATE MEDICAL CENTER

Cohort: Teaching Hospital

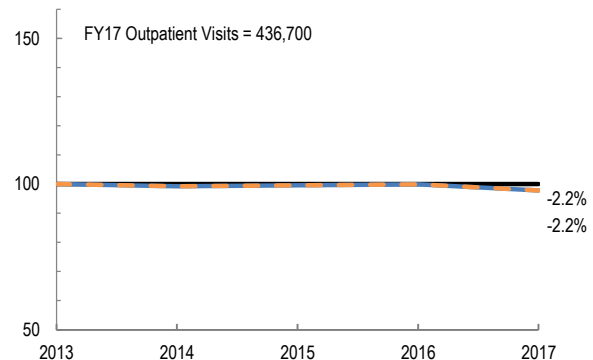
Key:



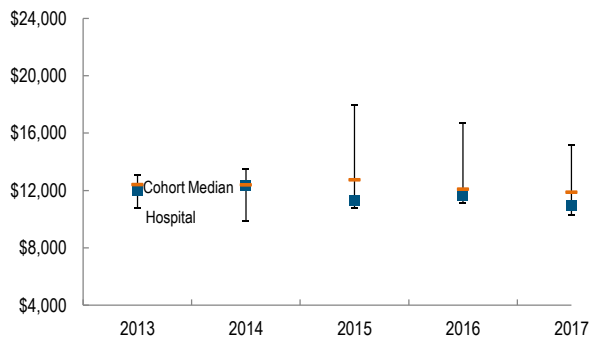
How has the volume of the hospital's inpatient discharges changed compared to FY13, and how does this compare to the hospital's peer cohort median? (FY13=100)



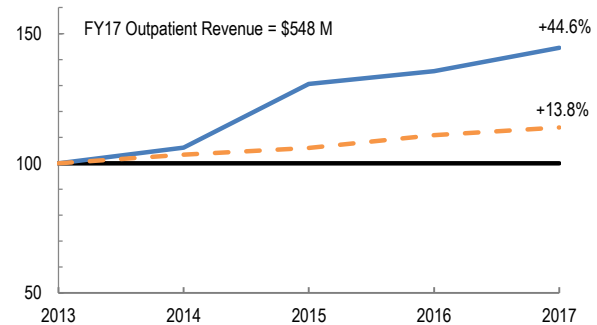
How has the volume of the hospital's outpatient visits changed compared to FY13, and how does this compare to the hospital's peer cohort median? (FY13=100)



What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY13 and FY17, and how does this compare to the hospital's peer cohort median?



How has the hospital's total outpatient revenue changed compared to FY13, and how does this compare to the hospital's peer cohort median? (FY13=100)

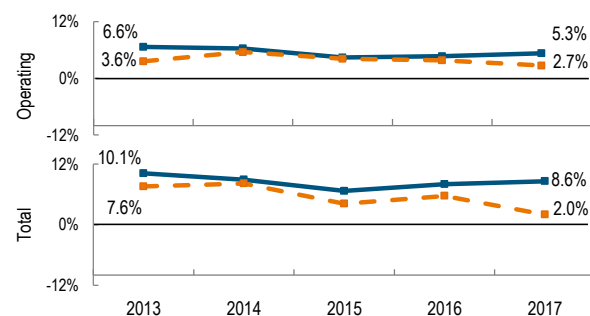


How have the hospital's total revenue and costs changed between FY13 and FY17?

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

FY	2013	2014	2015	2016	2017
Operating Revenue	\$ 996	\$ 1,053	\$ 1,127	\$ 1,178	\$ 1,227
Non-Operating Revenue	\$ 36	\$ 28	\$ 26	\$ 40	\$ 42
Total Revenue	\$ 1,032	\$ 1,081	\$ 1,153	\$ 1,218	\$ 1,269
Total Costs	\$ 927	\$ 984	\$ 1,076	\$ 1,121	\$ 1,160
Total Profit (Loss)	\$ 104.7	\$ 96.3	\$ 76.8	\$ 97.8	\$ 109.0

What were the hospital's total margin and operating margins between FY13 and FY17, 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.

η For more information on Health Care Innovation Investment Program (HCII) special funding, please contact the Health Policy Commission (HPC).

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

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

CAMBRIDGE HEALTH ALLIANCE

2017 Hospital Profile

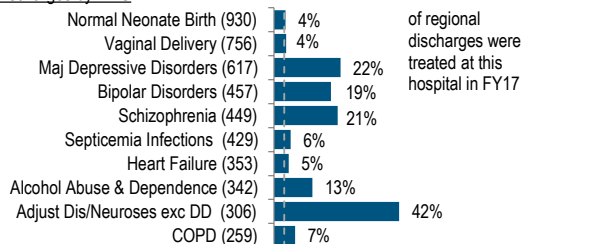
Cambridge, Somerville, & Everett, MA
Teaching Hospital
Metro Boston

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 19% of Bipolar Disorders, 21% of Schizophrenia cases, and 22% of Depression cases region-wide in FY17. It reported a profit of \$5.5M in FY17 after reporting a loss of \$18.8M in FY16.

At a Glance	Overview / Size	
	Hospital System Affiliation:	Cambridge Health Alliance
	Change in Ownership (FY13-17):	Not Applicable
	Total Staffed Beds:	229, mid-size acute hospital
	% Occupancy:	69.3%, < cohort avg. (81%)
	Special Public Funding:	DSTI [®] , ICB [®]
	Trauma Center Designation:	Not Applicable
	Case Mix Index:	0.86, < cohort avg. (1.11); < statewide (1.12)
	Financial	
	Inpatient NPSR per CMAD:	\$15,158
Services	Change FY16-FY17:	-9.2%
	Inpatient:Outpatient Revenue in FY17:	22%:78%
	Outpatient Revenue in FY17:	\$337,175,327
	Change FY16-FY17:	4.6%
	Total Revenue in FY17:	\$606,530,424
	Total Surplus (Loss) in FY17:	\$5,478,216
	Payer Mix	
	Public Payer Mix:	70.9% (HPP* Hospital)
	CY16 Commercial Statewide Relative Price:	0.75
	Top 3 Commercial Payers:	Blue Cross Blue Shield of Massachusetts Tufts Public Plans Tufts Associated HMO, Inc.
Quality	Utilization	
	Inpatient Discharges in FY17:	10,888
	Change FY16-FY17:	2.0%
	Emergency Department Visits in FY17:	92,487
	Change FY16-FY17:	-6.1%
	Outpatient Visits in FY17:	664,165
	Change FY16-FY17:	-7.4%
	Quality	
	Readmission Rate in FY16:	18.5%
	Change FY12-FY16 (percentage points):	-0.1
	Early Elective Deliveries Rate:	Not Available

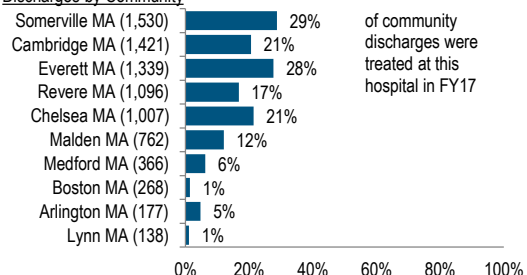
What were the most common inpatient cases (DRGs) treated at the hospital in FY17? What proportion of the region's cases did this hospital treat for each service?

Discharges by DRG

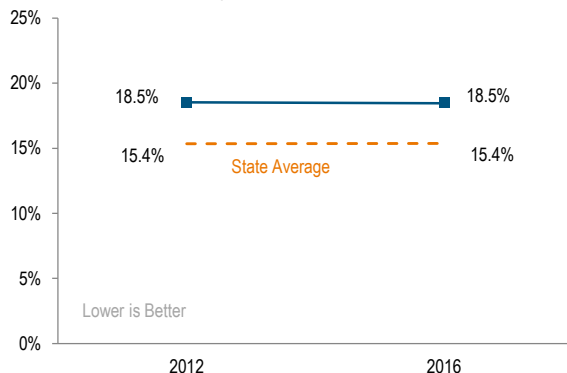


Where did most of the hospital's inpatients reside? What proportion of each community's total discharges was attributed to this hospital?

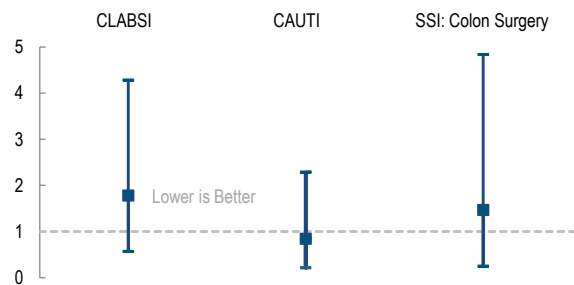
Discharges by Community



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.

2017 HOSPITAL PROFILE: CAMBRIDGE HEALTH ALLIANCE

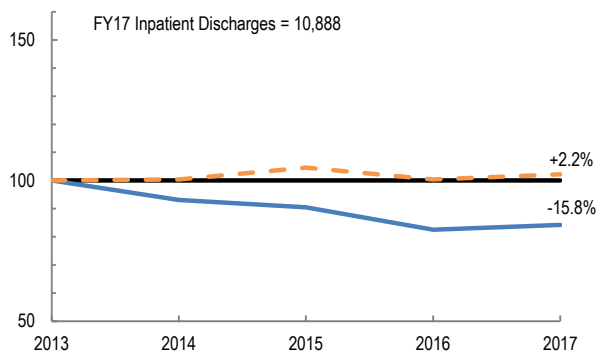
Cohort: Teaching Hospital

Key:

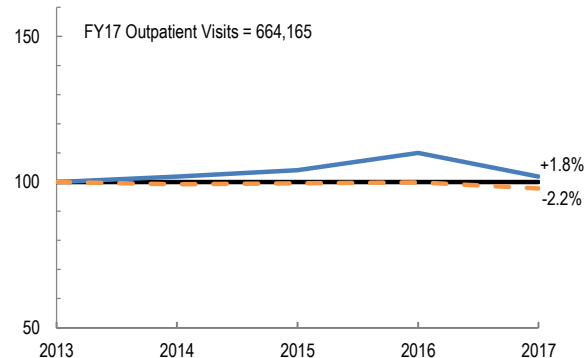


Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY13, and how does this compare to the hospital's peer cohort median? (FY13=100)

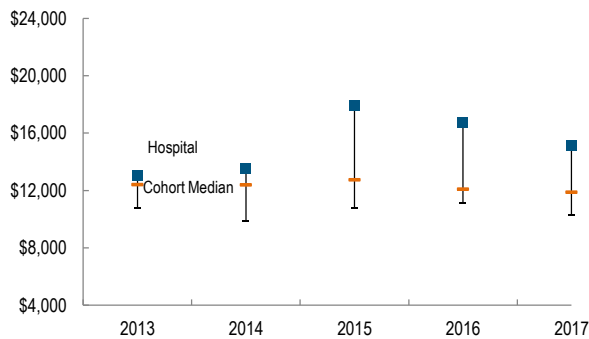


How has the volume of the hospital's outpatient visits changed compared to FY13, and how does this compare to the hospital's peer cohort median? (FY13=100)

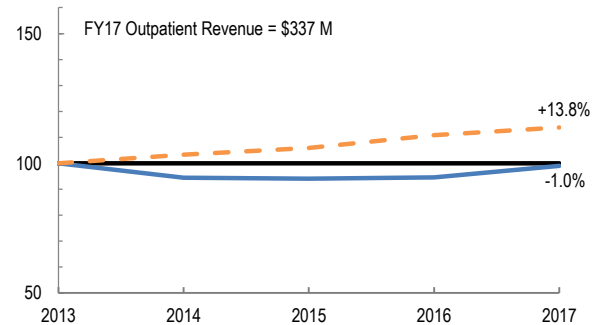


Patient Revenue Trends

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY13 and FY17, and how does this compare to the hospital's peer cohort median?



How has the hospital's total outpatient revenue changed compared to FY13, and how does this compare to the hospital's peer cohort median? (FY13=100)



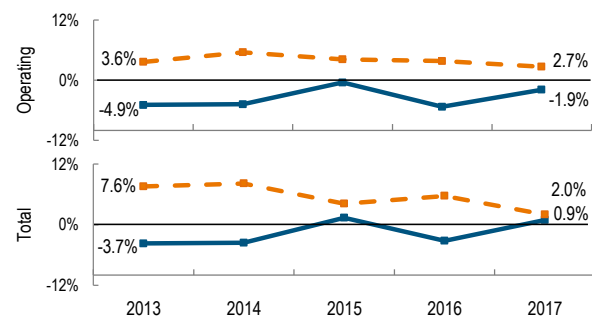
Financial Performance

How have the hospital's total revenue and costs changed between FY13 and FY17?

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

FY	2013	2014	2015	2016	2017
Operating Revenue	\$ 528.0	\$ 530.3	\$ 574.4	\$ 571.7	\$ 589.8
Non-Operating Revenue	\$ 6.5	\$ 6.5	\$ 10.7	\$ 12.2	\$ 16.7
Total Revenue	\$ 534.5	\$ 536.8	\$ 585.1	\$ 583.9	\$ 606.5
Total Costs	\$ 554.5	\$ 556.2	\$ 577.1	\$ 602.8	\$ 601.1
Total Profit (Loss)	\$ (20.0)	\$ (19.3)	\$ 7.9	\$ (18.8)	\$ 5.5

What were the hospital's total margin and operating margins between FY13 and FY17, 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 Services (EOHHS).

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

LAHEY HOSPITAL & MEDICAL CENTER

2017 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 12.6% in inpatient discharges from FY13 to FY17. In the same period, outpatient visits decreased by 15.7%, compared to the cohort median decrease of 2.2%. Lahey Hospital & Medical Center has been profitable each year from FY13 to FY17. In each of the five years, the total margin of the hospital has been at or near the median of its peer cohort hospitals.

At a Glance

Overview / Size

Hospital System Affiliation:	Lahey Health System
Change in Ownership (FY13-17):	Not Applicable
Total Staffed Beds:	345, among the larger acute hospitals
% Occupancy:	89.0%, > cohort avg. (81%)
Special Public Funding:	CHART ⁺ , ICB ⁺
Trauma Center Designation:	Adult: Level 2
Case Mix Index:	1.52, > cohort avg. (1.11); > statewide (1.12)

Financial

Inpatient NPSR per CMAD:	\$12,031
Change FY16-FY17:	0.3%
Inpatient:Outpatient Revenue in FY17:	33%:67%
Outpatient Revenue in FY17:	\$475,286,784
Change FY16-FY17:	2.7%
Total Revenue in FY17:	\$943,042,542
Total Surplus (Loss) in FY17:	\$18,846,421

Payer Mix

Public Payer Mix:	60.1% (Non-HPP* Hospital)
CY16 Commercial Statewide Relative Price:	1.04
Top 3 Commercial Payers:	Blue Cross Blue Shield of Massachusetts Harvard Pilgrim Health Care Tufts Associated HMO, Inc.

Utilization

Inpatient Discharges in FY17:	23,556
Change FY16-FY17:	-1.0%
Emergency Department Visits in FY17:	63,391
Change FY16-FY17:	3.2%
Outpatient Visits in FY17:	779,708
Change FY16-FY17:	-1.8%

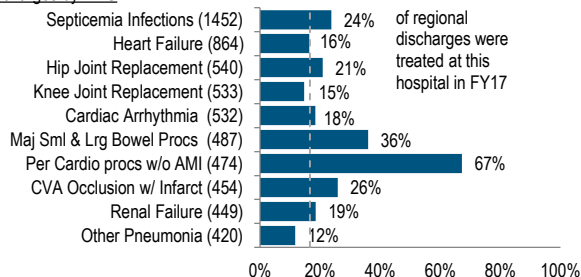
Quality

Readmission Rate in FY16:	15.8%
Change FY12-FY16 (percentage points):	0.6
Early Elective Deliveries Rate:	Not Available

Services

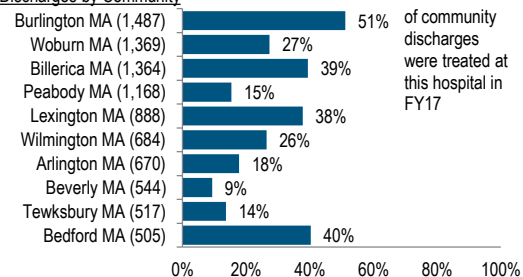
What were the most common inpatient cases (DRGs) treated at the hospital in FY17? What proportion of the region's cases did this hospital treat for each service?

Discharges by DRG



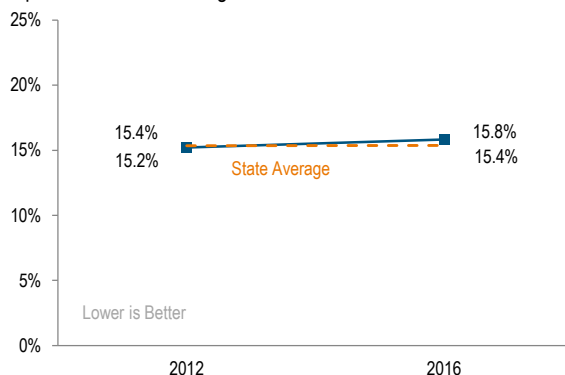
Where did most of the hospital's inpatients reside? What proportion of each community's total discharges was attributed to this hospital?

Discharges by Community

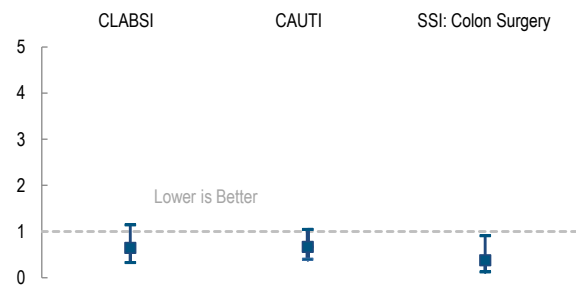


Quality

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.

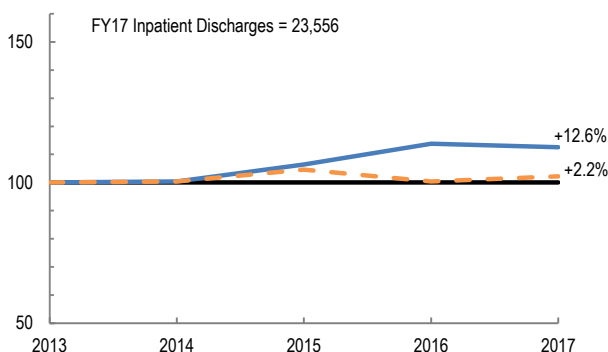
2017 HOSPITAL PROFILE: LAHEY HOSPITAL & MEDICAL CENTER

Cohort: Teaching Hospital

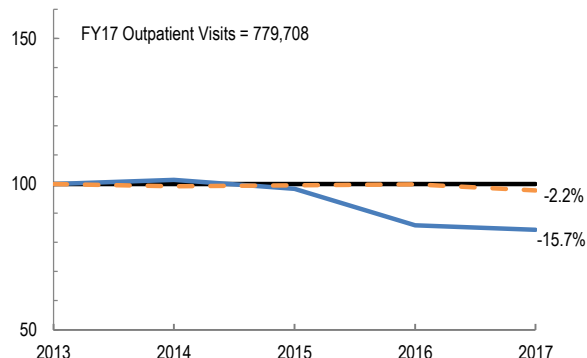
Key:



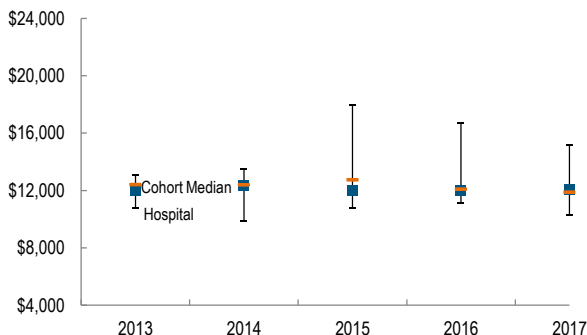
How has the volume of the hospital's inpatient discharges changed compared to FY13, and how does this compare to the hospital's peer cohort median? (FY13=100)



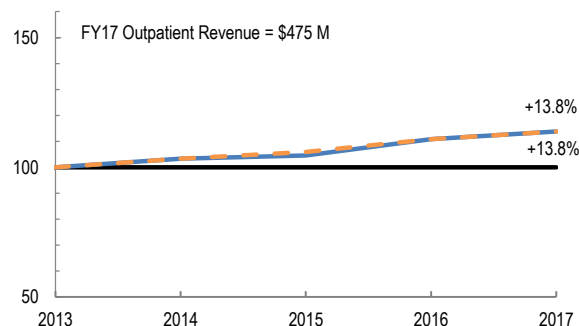
How has the volume of the hospital's outpatient visits changed compared to FY13, and how does this compare to the hospital's peer cohort median? (FY13=100)



What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY13 and FY17, and how does this compare to the hospital's peer cohort median?



How has the hospital's total outpatient revenue changed compared to FY13, and how does this compare to the hospital's peer cohort median? (FY13=100)

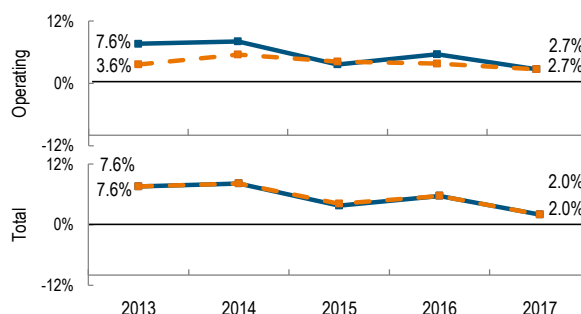


How have the hospital's total revenue and costs changed between FY13 and FY17?

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

FY	2013	2014	2015	2016	2017
Operating Revenue	\$ 794.3	\$ 821.4	\$ 836.9	\$ 923.6	\$ 949.2
Non-Operating Revenue	\$ (0.4)	\$ 1.0	\$ 0.8	\$ 0.9	\$ (6.2)
Total Revenue	\$ 793.9	\$ 822.3	\$ 837.6	\$ 924.4	\$ 943.0
Total Costs	\$ 733.8	\$ 755.2	\$ 806.2	\$ 872.1	\$ 924.2
Total Profit (Loss)	\$ 60.1	\$ 67.2	\$ 31.4	\$ 52.4	\$ 18.8

What were the hospital's total margin and operating margins between FY13 and FY17, 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).

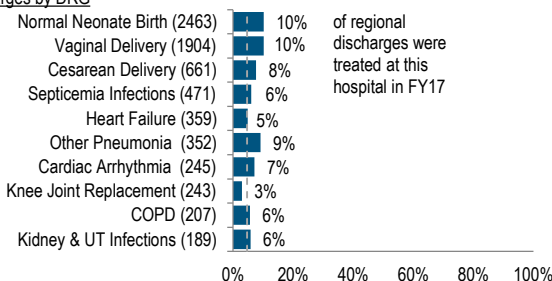
° For more information on Infrastructure and Capacity Building (ICB) special funding, please contact the Massachusetts Executive Office of Health and Human Services (EOHHS).

Mount Auburn Hospital is a mid-size, non-profit teaching hospital located in the Metro Boston region. It is a member of CareGroup. Between FY13 and FY17, outpatient visits decreased by 45.5% at Mount Auburn Hospital, compared to a median decrease of 2.2% in its peer cohort. Inpatient discharges increased by 8.3% between FY13 and FY17, as compared to the cohort's median increase of 2.2%. Mount Auburn Hospital was profitable each year from FY13 to FY17, and it earned a total margin of 1.2%, as compared to the median total margin of its peer cohort, 2.0%.

At a Glance	Overview / Size	
	Hospital System Affiliation:	CareGroup
	Change in Ownership (FY13-17):	Not Applicable
	Total Staffed Beds:	233, mid-size acute hospital
	% Occupancy:	68.6%, lowest in cohort avg. (81%)
	Special Public Funding:	ICB°
	Trauma Center Designation:	Not Applicable
	Case Mix Index:	0.87, < cohort avg. (1.11); < statewide (1.12)
	Financial	
	Inpatient NPSR per CMAD:	\$11,867
Services	Change FY16-FY17:	-1.8%
	Inpatient:Outpatient Revenue in FY17:	33%:67%
	Outpatient Revenue in FY17:	\$161,778,266
	Change FY16-FY17:	-5.1%
	Total Revenue in FY17:	\$333,918,000
	Total Surplus (Loss) in FY17:	\$3,897,000
	Payer Mix	
	Public Payer Mix:	51.8% (Non-HPP* Hospital)
	CY16 Commercial Statewide Relative Price:	0.94
	Top 3 Commercial Payers:	Blue Cross Blue Shield of Massachusetts Harvard Pilgrim Health Care Tufts Associated HMO, Inc.
Quality	Utilization	
	Inpatient Discharges in FY17:	14,420
	Change FY16-FY17:	3.8%
	Emergency Department Visits in FY17:	36,046
	Change FY16-FY17:	-0.5%
	Outpatient Visits in FY17:	97,684
	Change FY16-FY17:	-6.0%
	Quality	
	Readmission Rate in FY16:	13.4%
	Change FY12-FY16 (percentage points):	-0.2
	Early Elective Deliveries Rate:	0.0%

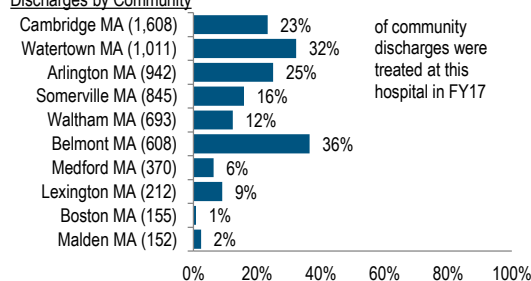
What were the most common inpatient cases (DRGs) treated at the hospital in FY17? What proportion of the region's cases did this hospital treat for each service?

Discharges by DRG

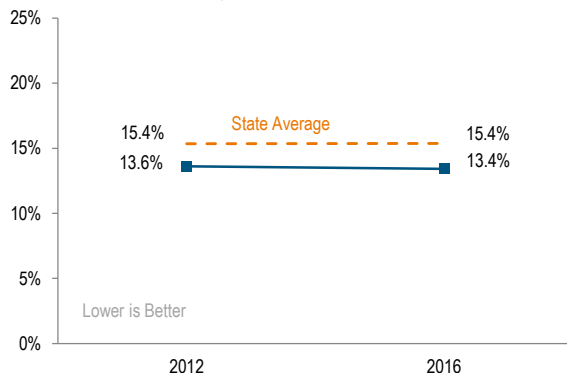


Where did most of the hospital's inpatients reside? What proportion of each community's total discharges was attributed to this hospital?

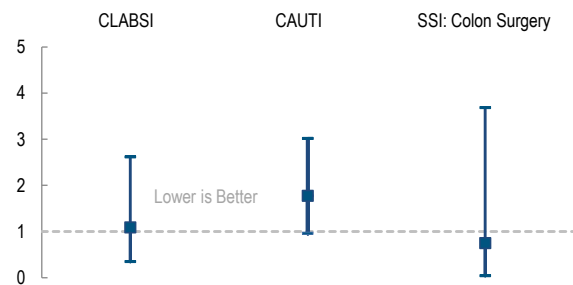
Discharges by Community



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?



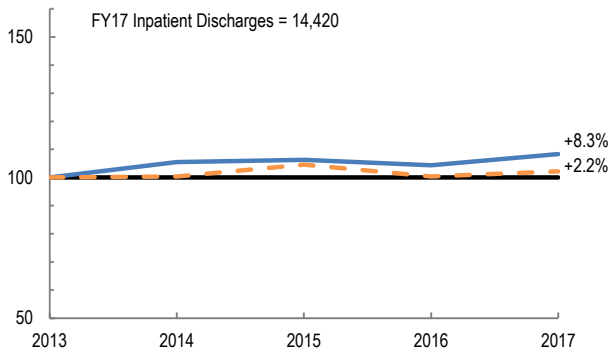
2017 HOSPITAL PROFILE: MOUNT AUBURN HOSPITAL

Cohort: Teaching Hospital

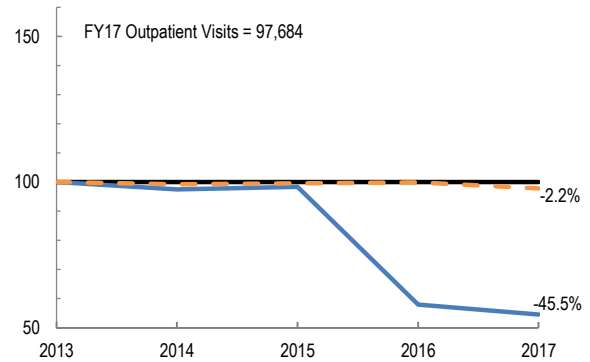
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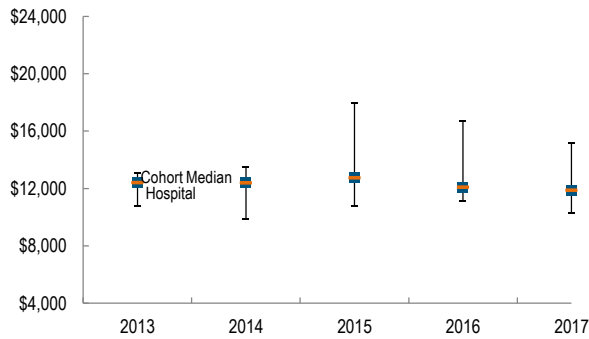
How has the volume of the hospital's inpatient discharges changed compared to FY13, and how does this compare to the hospital's peer cohort median? (FY13=100)



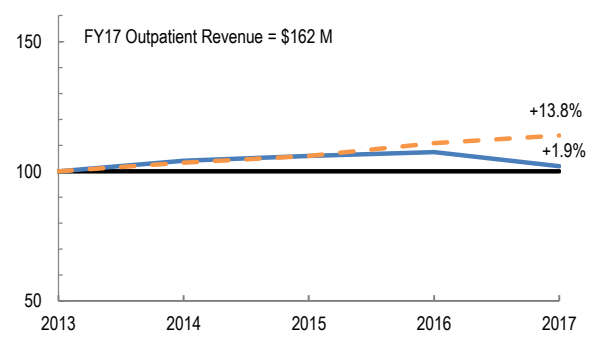
How has the volume of the hospital's outpatient visits changed compared to FY13, and how does this compare to the hospital's peer cohort median? (FY13=100)



What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY13 and FY17, and how does this compare to the hospital's peer cohort median?



How has the hospital's total outpatient revenue changed compared to FY13, and how does this compare to the hospital's peer cohort median? (FY13=100)

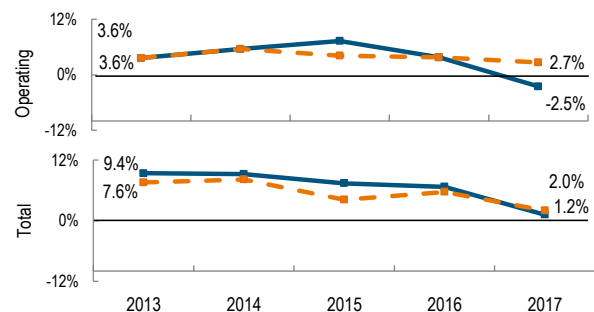


How have the hospital's total revenue and costs changed between FY13 and FY17?

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

FY	2013	2014	2015	2016	2017
Operating Revenue	\$ 305.1	\$ 319.9	\$ 333.6	\$ 343.3	\$ 321.7
Non-Operating Revenue	\$ 18.6	\$ 12.2	\$ 0.2	\$ 10.3	\$ 12.3
Total Revenue	\$ 323.7	\$ 332.1	\$ 333.8	\$ 353.5	\$ 333.9
Total Costs	\$ 293.3	\$ 301.4	\$ 309.1	\$ 329.8	\$ 330.0
Total Profit (Loss)	\$ 30.4	\$ 30.7	\$ 24.7	\$ 23.7	\$ 3.9

What were the hospital's total margin and operating margins between FY13 and FY17, and how do these compare to the hospital's peer cohort medians?



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

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

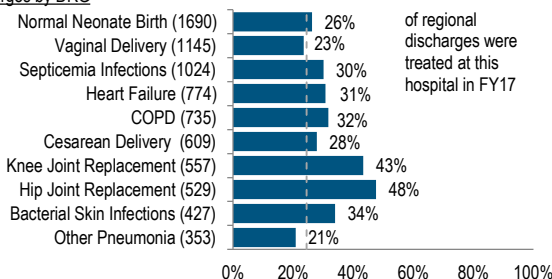
° For more information on Infrastructure and Capacity Building (ICB) special funding, please contact the Massachusetts Executive Office of Health and Human Services (EOHHS).

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 by 65.3% from FY13 to FY17. Saint Vincent Hospital was profitable each year in this time period, with a total margin of 11.3% in FY17, compared to the cohort median of 2.0%.

At a Glance	Overview / Size	
	Hospital System Affiliation:	Tenet Healthcare
	Change in Ownership (FY13-17):	Tenet - 2013
	Total Staffed Beds:	303, among the larger acute hospitals
	% Occupancy:	71.8%, < cohort avg. (81%)
	Special Public Funding:	ICB°
	Trauma Center Designation:	Not Applicable
	Case Mix Index:	1.03, < cohort avg. (1.11); < statewide (1.12)
	Financial	
	Inpatient NPSR per CMAD:	\$11,567
Services	Change FY16-FY17:	-8.9%
	Inpatient:Outpatient Revenue in FY17:	38%:62%
	Outpatient Revenue in FY17:	\$208,839,550
	Change FY16-FY17:	20.1%
	Total Revenue in FY17:	\$461,002,934
	Total Surplus (Loss) in FY17:	\$51,865,819
	Payer Mix	
	Public Payer Mix:	65.8% (HPP* Hospital)
	CY16 Commercial Statewide Relative Price:	0.90
	Top 3 Commercial Payers:	Blue Cross Blue Shield of Massachusetts Fallon Community Health Plan Harvard Pilgrim Health Care
Quality	Utilization	
	Inpatient Discharges in FY17:	19,508
	Change FY16-FY17:	0.6%
	Emergency Department Visits in FY17:	53,060
	Change FY16-FY17:	1.0%
	Outpatient Visits in FY17:	221,818
	Change FY16-FY17:	-0.3%
	Quality	
	Readmission Rate in FY16:	14.3%
	Change FY12-FY16 (percentage points):	-1.6
	Early Elective Deliveries Rate:	1.2%

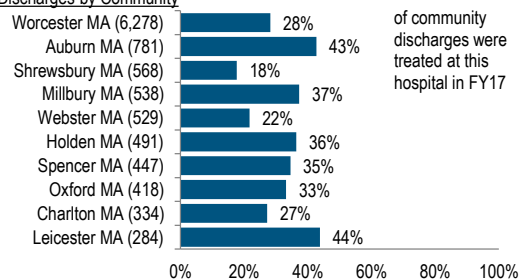
What were the most common inpatient cases (DRGs) treated at the hospital in FY17? What proportion of the region's cases did this hospital treat for each service?

Discharges by DRG

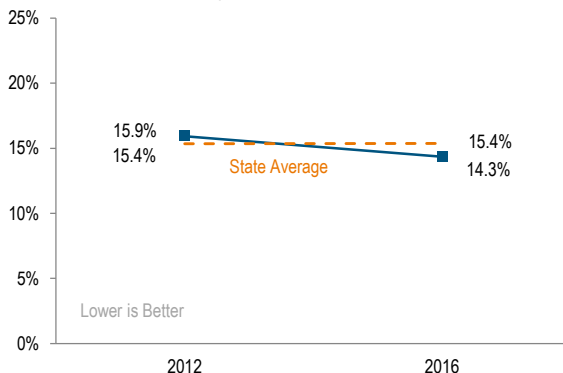


Where did most of the hospital's inpatients reside? What proportion of each community's total discharges was attributed to this hospital?

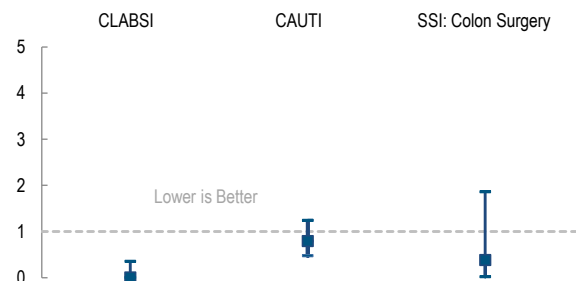
Discharges by Community



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?



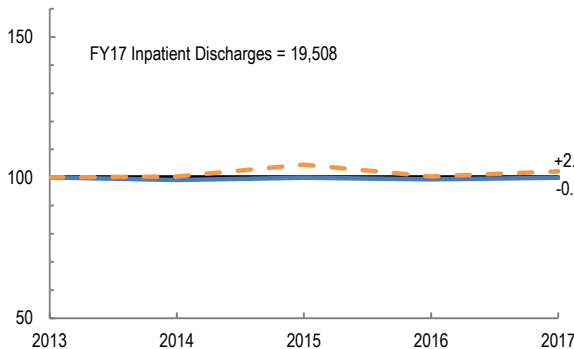
2017 HOSPITAL PROFILE: SAINT VINCENT HOSPITAL

Cohort: Teaching Hospital

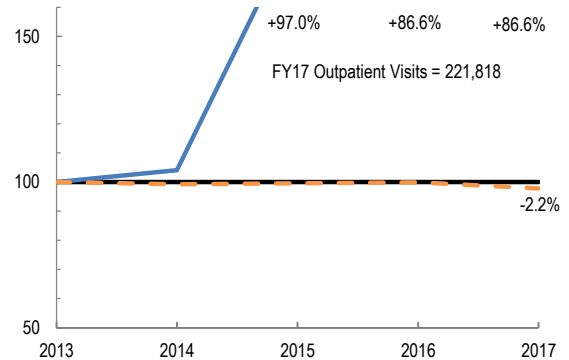
Key:



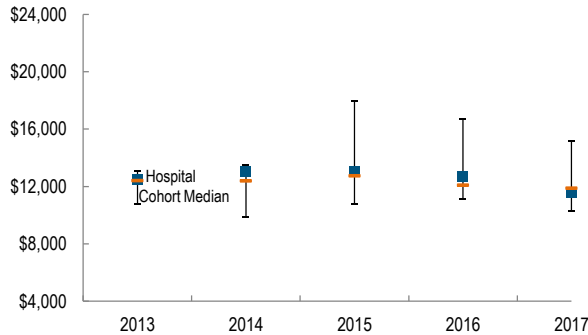
How has the volume of the hospital's inpatient discharges changed compared to FY13, and how does this compare to the hospital's peer cohort median? (FY13=100)



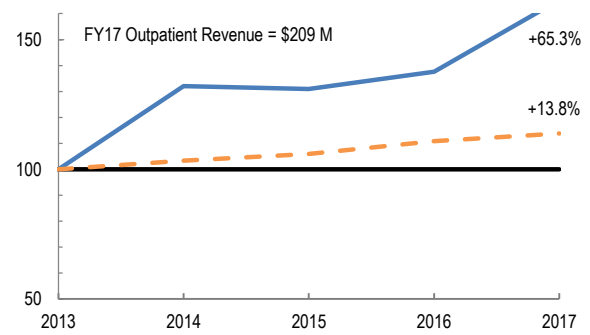
How has the volume of the hospital's outpatient visits changed compared to FY13, and how does this compare to the hospital's peer cohort median? (FY13=100)



What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY13 and FY17, and how does this compare to the hospital's peer cohort median?



How has the hospital's total outpatient revenue changed compared to FY13, and how does this compare to the hospital's peer cohort median? (FY13=100)

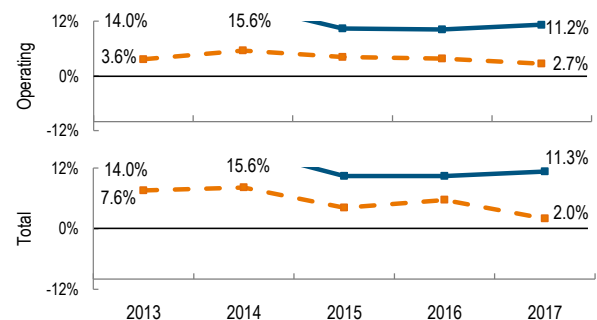


How have the hospital's total revenue and costs changed between FY13 and FY17?

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

FY	2013	2014	2015	2016	2017
Operating Revenue	\$ 358.9	\$ 418.2	\$ 431.3	\$ 458.1	\$ 460.9
Non-Operating Revenue	\$ 0.0	\$ 0.0	\$ 0.1	\$ 0.8	\$ 0.1
Total Revenue	\$ 358.9	\$ 418.2	\$ 431.4	\$ 458.9	\$ 461.0
Total Costs	\$ 308.5	\$ 353.0	\$ 386.5	\$ 411.3	\$ 409.1
Total Profit (Loss)	\$ 50.3	\$ 65.2	\$ 44.9	\$ 47.6	\$ 51.9

What were the hospital's total margin and operating margins between FY13 and FY17, and how do these compare to the hospital's peer cohort medians?



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

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

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

STEWARD CARNEY HOSPITAL

2017 Hospital Profile

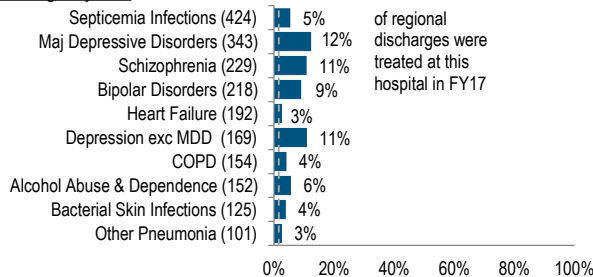
Dorchester, MA
Teaching Hospital
Metro Boston

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 a 7.9% increase in outpatient visits from FY13 to FY17, compared to a cohort median decrease of 2.2% for the same period. Steward Carney reported a loss in each fiscal year from FY13 to FY17, with a total margin of -20.0% in FY17, compared with a median total margin of 2.0% in its cohort. Its operating and total margin were below the cohort median in all five years.

At a Glance	Overview / Size	
	Hospital System Affiliation:	Steward Health Care
	Change in Ownership (FY13-17):	Not Applicable
	Total Staffed Beds:	83, among the smaller acute hospitals
	% Occupancy:	92.9%, highest in cohort avg. (81%)
	Special Public Funding:	DSTI [®] , ICB [®]
	Trauma Center Designation:	Not Applicable
	Case Mix Index:	0.98, < cohort avg. (1.11); < statewide (1.12)
	Financial	
	Inpatient NPSR per CMAD:	\$10,257
Services	Change FY16-FY17:	-7.4%
	Inpatient:Outpatient Revenue in FY17:	31%:69%
	Outpatient Revenue in FY17:	\$57,781,311
	Change FY16-FY17:	-1.4%
	Total Revenue in FY17:	\$119,834,329
	Total Surplus (Loss) in FY17:	(\$23,991,261)
	Payer Mix	
	Public Payer Mix:	74.8% (HPP* Hospital)
	CY16 Commercial Statewide Relative Price:	0.89
	Top 3 Commercial Payers:	Blue Cross Blue Shield of Massachusetts Tufts Associated HMO, Inc. Harvard Pilgrim Health Care
Quality	Utilization	
	Inpatient Discharges in FY17:	5,009
	Change FY16-FY17:	2.4%
	Emergency Department Visits in FY17:	52,652
	Change FY16-FY17:	0.9%
	Outpatient Visits in FY17:	101,508
	Change FY16-FY17:	-5.1%
	Quality	
	Readmission Rate in FY16:	17.8%
	Change FY12-FY16 (percentage points):	-0.8
	Early Elective Deliveries Rate:	Not Available

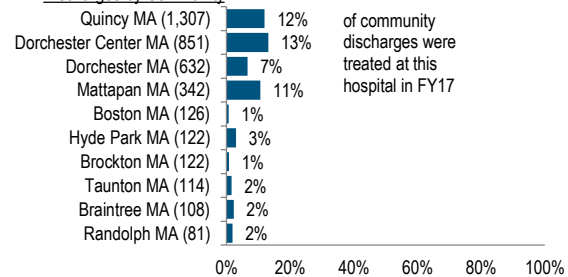
What were the most common inpatient cases (DRGs) treated at the hospital in FY17? What proportion of the region's cases did this hospital treat for each service?

Discharges by DRG

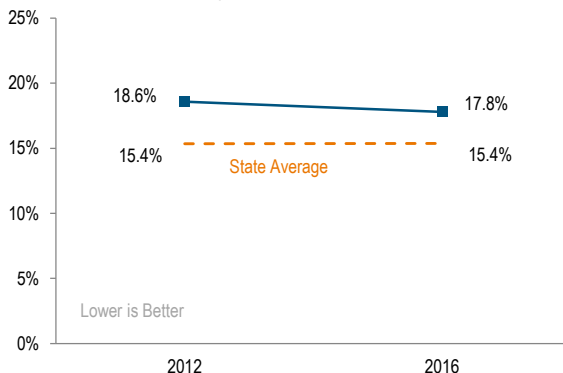


Where did most of the hospital's inpatients reside? What proportion of each community's total discharges was attributed to this hospital?

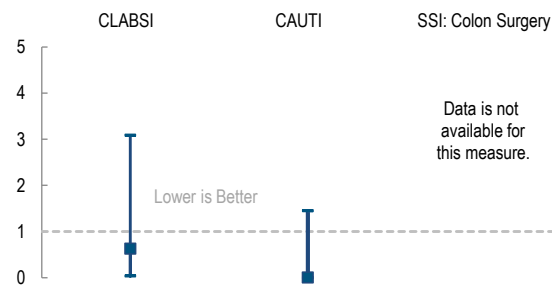
Discharges by Community



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.

2017 HOSPITAL PROFILE: STEWARD CARNEY HOSPITAL

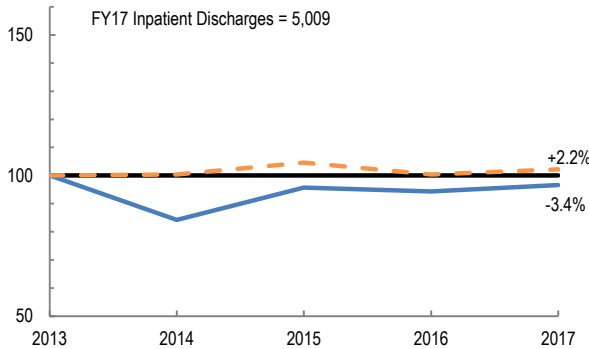
Cohort: Teaching Hospital

Key:

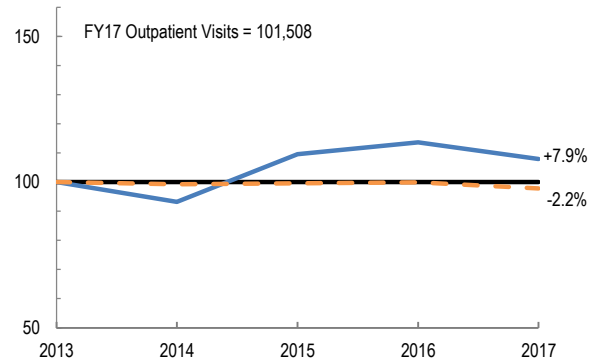


Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY13, and how does this compare to the hospital's peer cohort median? (FY13=100)

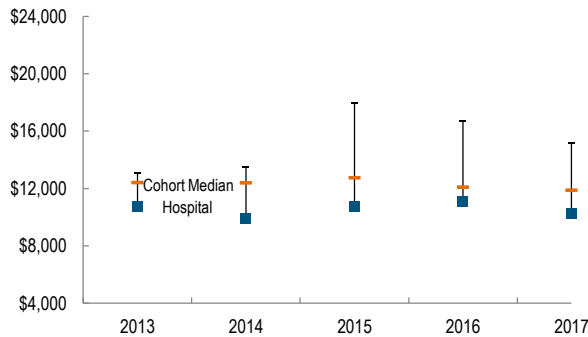


How has the volume of the hospital's outpatient visits changed compared to FY13, and how does this compare to the hospital's peer cohort median? (FY13=100)

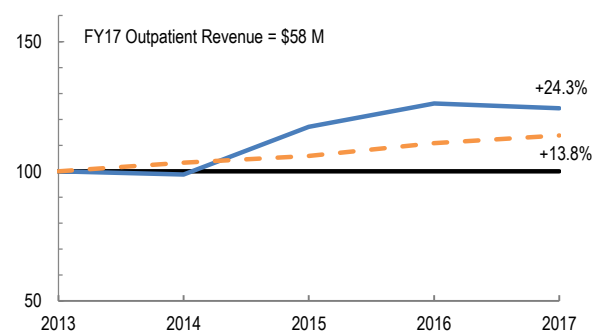


Patient Revenue Trends

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY13 and FY17, and how does this compare to the hospital's peer cohort median?



How has the hospital's total outpatient revenue changed compared to FY13, and how does this compare to the hospital's peer cohort median? (FY13=100)



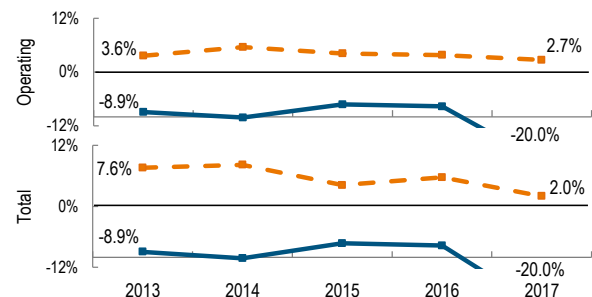
Financial Performance

How have the hospital's total revenue and costs changed between FY13 and FY17?

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

FY	2013	2014	2015	2016	2017
Operating Revenue	\$ 100.6	\$ 91.3	\$ 114.6	\$ 123.4	\$ 119.8
Non-Operating Revenue	\$ 0.0	\$ (0.0)	\$ 0.0	\$ 0.0	\$ 0.0
Total Revenue	\$ 100.7	\$ 91.3	\$ 114.6	\$ 123.4	\$ 119.8
Total Costs	\$ 109.6	\$ 100.7	\$ 122.9	\$ 132.9	\$ 143.8
Total Profit (Loss)	\$ (9.0)	\$ (9.3)	\$ (8.3)	\$ (9.5)	\$ (24.0)

What were the hospital's total margin and operating margins between FY13 and FY17, 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 Services (EOHHS).

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

STEWARD ST. ELIZABETH'S MEDICAL CENTER

2017 Hospital Profile

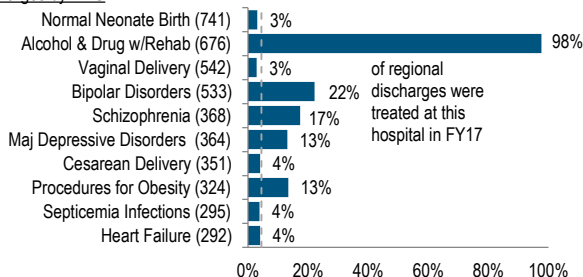
Brighton, MA
Teaching Hospital
Metro Boston

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. The hospital was responsible for 4% of regional discharges, but 98% of the region's alcohol and drug rehabilitation discharges. Outpatient visits decreased by 17.9% from FY13 to FY17, compared to the cohort median, which decreased by 2.2%. Steward Saint Elizabeth's reported earning a profit in all five years. In FY17, its 5.0% total margin was higher than the 2.0% median of its peer cohort.

At a Glance	Overview / Size	
	Hospital System Affiliation:	Steward Health Care
	Change in Ownership (FY13-17):	Not Applicable
	Total Staffed Beds:	197, mid-size acute hospital
	% Occupancy:	101.9%, > cohort avg. (81%)
	Special Public Funding:	ICB°
	Trauma Center Designation:	Not Applicable
	Case Mix Index:	1.30, > cohort avg. (1.11); > statewide (1.12)
	Financial	
	Inpatient NPSR per CMAD:	\$13,519
Services	Change FY16-FY17:	0.3%
	Inpatient:Outpatient Revenue in FY17:	56%:44%
	Outpatient Revenue in FY17:	\$112,958,377
	Change FY16-FY17:	0.4%
	Total Revenue in FY17:	\$359,815,758
	Total Surplus (Loss) in FY17:	\$18,022,959
	Payer Mix	
	Public Payer Mix:	65.8% (HPP* Hospital)
	CY16 Commercial Statewide Relative Price:	1.08
	Top 3 Commercial Payers:	Blue Cross Blue Shield of Massachusetts Tufts Associated HMO, Inc. Harvard Pilgrim Health Care
Quality	Utilization	
	Inpatient Discharges in FY17:	13,349
	Change FY16-FY17:	1.8%
	Emergency Department Visits in FY17:	28,873
	Change FY16-FY17:	-2.3%
	Outpatient Visits in FY17:	131,604
	Change FY16-FY17:	1.9%
	Quality	
	Readmission Rate in FY16:	16.1%
	Change FY12-FY16 (percentage points):	-0.7
	Early Elective Deliveries Rate:	3.2%

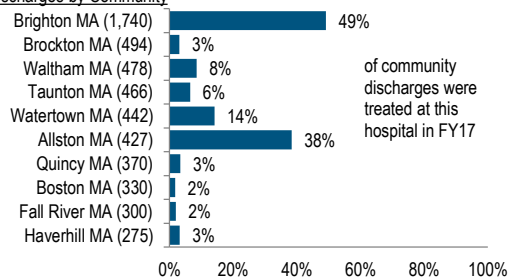
What were the most common inpatient cases (DRGs) treated at the hospital in FY17? What proportion of the region's cases did this hospital treat for each service?

Discharges by DRG

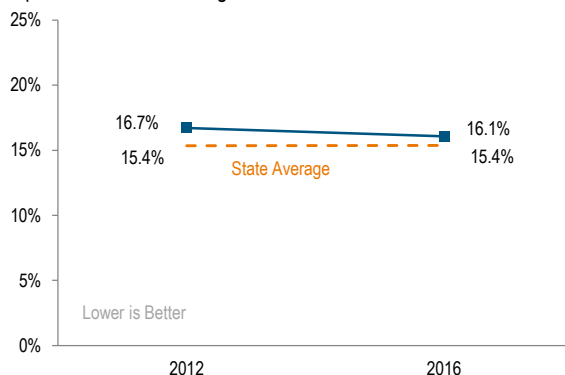


Where did most of the hospital's inpatients reside? What proportion of each community's total discharges was attributed to this hospital?

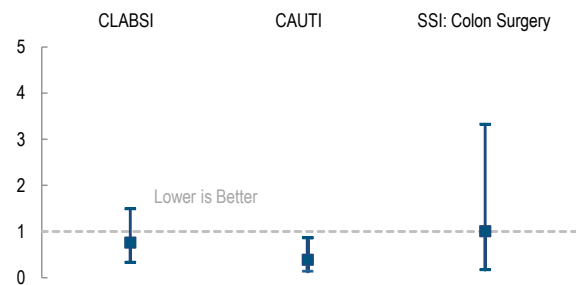
Discharges by Community



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.

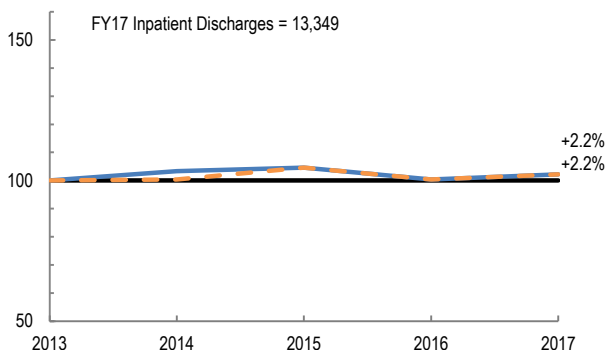
2017 HOSPITAL PROFILE: STEWARD ST. ELIZABETH'S MEDICAL CENTER

Cohort: Teaching Hospital

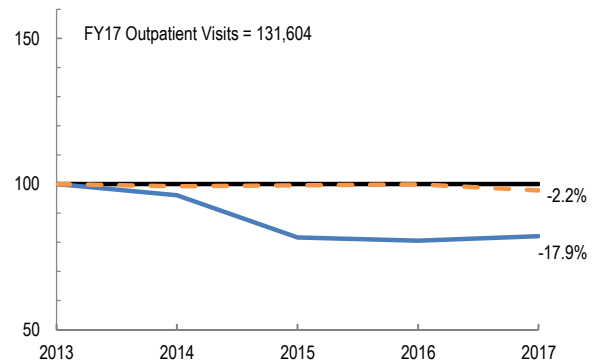
Key:



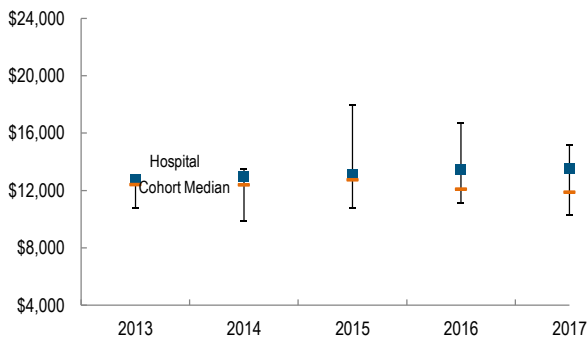
How has the volume of the hospital's inpatient discharges changed compared to FY13, and how does this compare to the hospital's peer cohort median? (FY13=100)



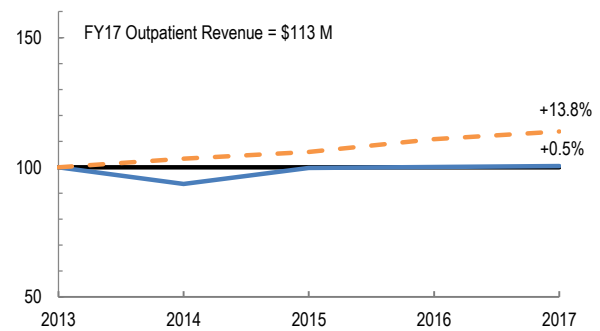
How has the volume of the hospital's outpatient visits changed compared to FY13, and how does this compare to the hospital's peer cohort median? (FY13=100)



What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY13 and FY17, and how does this compare to the hospital's peer cohort median?



How has the hospital's total outpatient revenue changed compared to FY13, and how does this compare to the hospital's peer cohort median? (FY13=100)

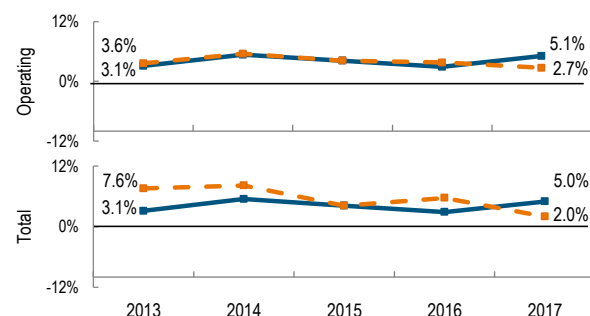


How have the hospital's total revenue and costs changed between FY13 and FY17?

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

FY	2013	2014	2015	2016	2017
Operating Revenue	\$ 312.7	\$ 312.0	\$ 326.3	\$ 334.3	\$ 360.2
Non-Operating Revenue	\$ 0.0	\$ 0.4	\$ 0.1	\$ 0.0	\$ (0.4)
Total Revenue	\$ 312.7	\$ 312.3	\$ 326.4	\$ 334.3	\$ 359.8
Total Costs	\$ 303.0	\$ 295.3	\$ 312.7	\$ 324.7	\$ 341.8
Total Profit (Loss)	\$ 9.8	\$ 17.1	\$ 13.6	\$ 9.7	\$ 18.0

What were the hospital's total margin and operating margins between FY13 and FY17, and how do these compare to the hospital's peer cohort medians?



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

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

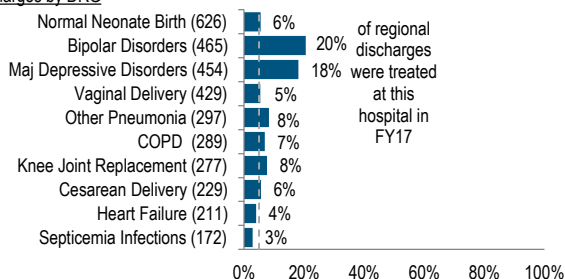
° For more information on Infrastructure and Capacity Building (ICB) special funding, please contact the Massachusetts Executive Office of Health and Human Services (EOHHS).

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 FY13 to FY17, inpatient discharges decreased by 6.7% at the hospital, compared to a median increase of 0.5% in its peer cohort. Outpatient visits increased by 24.1% between FY13 and FY17, compared to a median 3.5% increase in its peer cohort. Anna Jaques was profitable each of the five years between FY13 and FY17, with a 1.7% total margin in FY17, below the cohort median of 3.1%.

At a Glance	Overview / Size	
	Hospital System Affiliation:	Seacoast Regional Health System
	Change in Ownership (FY13-17):	Not Applicable
	Total Staffed Beds:	140, mid-size acute hospital
	% Occupancy:	56.2%, < cohort avg. (65%)
	Special Public Funding:	CHART ⁺ , ICB ⁺
	Trauma Center Designation:	Adult: Level 3
	Case Mix Index:	0.79, < cohort avg. (0.85); < statewide (1.12)
	Financial	
	Inpatient NPSR per CMAD:	\$8,404
Services	Change FY16-FY17:	2.8%
	Inpatient:Outpatient Revenue in FY17:	28%:72%
	Outpatient Revenue in FY17:	\$76,860,241
	Change FY16-FY17:	2.7%
	Total Revenue in FY17:	\$130,835,523
	Total Surplus (Loss) in FY17:	\$2,171,957
	Payer Mix	
	Public Payer Mix:	58.5% (Non-HPP* Hospital)
	CY16 Commercial Statewide Relative Price:	0.74
	Top 3 Commercial Payers:	Blue Cross Blue Shield of Massachusetts Harvard Pilgrim Health Care Tufts Associated HMO, Inc.
Quality	Utilization	
	Inpatient Discharges in FY17:	7,123
	Change FY16-FY17:	1.0%
	Emergency Department Visits in FY17:	29,586
	Change FY16-FY17:	-3.2%
	Outpatient Visits in FY17:	68,664
	Change FY16-FY17:	0.0%
	Quality	
	Readmission Rate in FY16:	14.5%
	Change FY12-FY16 (percentage points):	-2.8
	Early Elective Deliveries Rate:	3.8%

What were the most common inpatient cases (DRGs) treated at the hospital in FY17? What proportion of the region's cases did this hospital treat for each service?

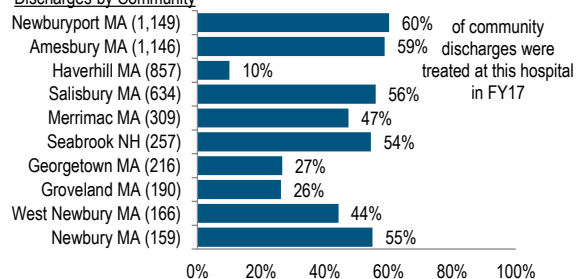
Discharges by DRG



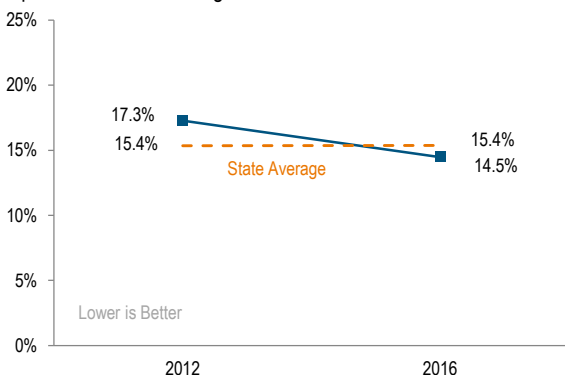
--- Hospital (7,123) = 5% of total regional discharges

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

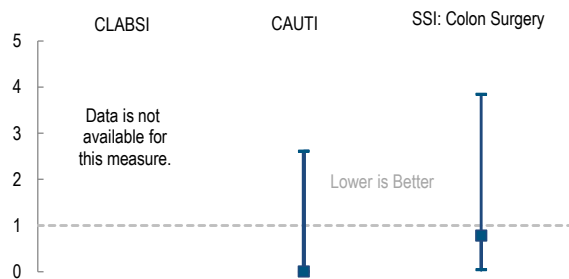
Discharges by Community



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?



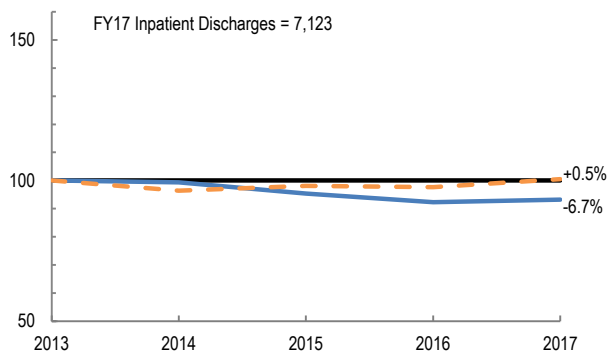
2017 HOSPITAL PROFILE: ANNA JAKUES HOSPITAL

Cohort: Community Hospital

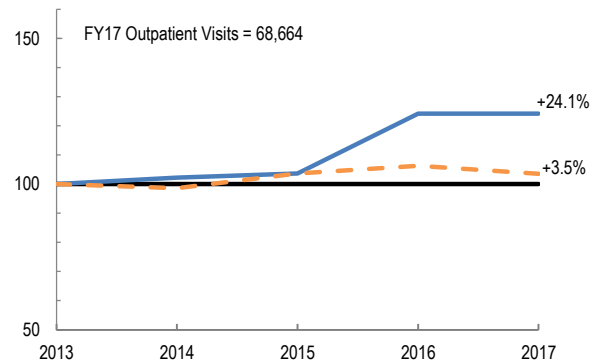
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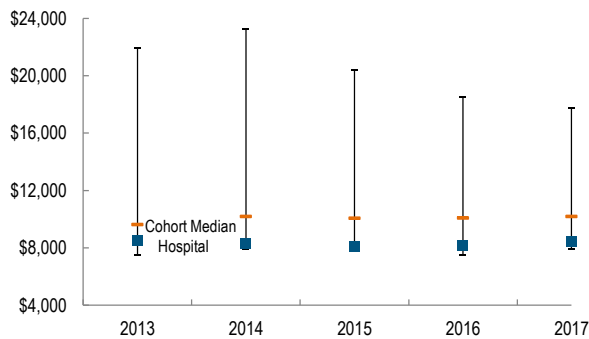
How has the volume of the hospital's inpatient discharges changed compared to FY13, and how does this compare to the hospital's peer cohort median? (FY13=100)



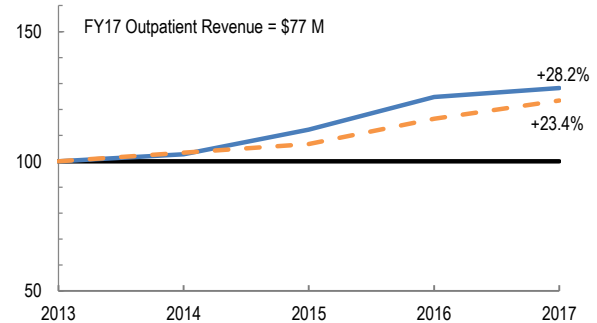
How has the volume of the hospital's outpatient visits changed compared to FY13, and how does this compare to the hospital's peer cohort median? (FY13=100)



What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY13 and FY17, and how does this compare to the hospital's peer cohort median?



How has the hospital's total outpatient revenue changed compared to FY13, and how does this compare to the hospital's peer cohort median? (FY13=100)

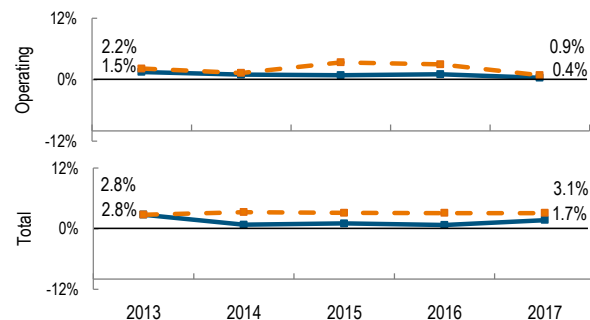


How have the hospital's total revenue and costs changed between FY13 and FY17?

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

FY	2013	2014	2015	2016	2017
Operating Revenue	\$ 112.5	\$ 113.1	\$ 115.9	\$ 124.3	\$ 129.1
Non-Operating Revenue	\$ 1.4	\$ (0.3)	\$ 0.2	\$ (0.5)	\$ 1.7
Total Revenue	\$ 113.9	\$ 112.8	\$ 116.1	\$ 123.8	\$ 130.8
Total Costs	\$ 110.7	\$ 111.9	\$ 114.9	\$ 123.0	\$ 128.7
Total Profit (Loss)	\$ 3.2	\$ 0.9	\$ 1.2	\$ 0.8	\$ 2.2

What were the hospital's total margin and operating margins between FY13 and FY17, 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).

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

BETH ISRAEL DEACONESS HOSPITAL - MILTON

2017 Hospital Profile

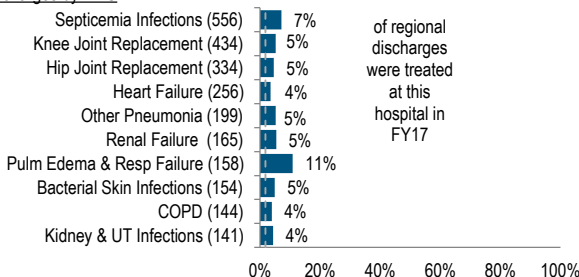
Milton, MA
Community Hospital
Metro Boston

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 is a member of CareGroup. Between FY13 and FY17, there was a 6.9% increase in outpatient visits at the hospital, compared to a median increase of 3.5% in its peer cohort. It earned a profit each year in the five-year period, with a total margin of 11.9% in FY17, above its peer cohort median of 3.1%.

At a Glance	Overview / Size	
	Hospital System Affiliation:	CareGroup
	Change in Ownership (FY13-17):	Not Applicable
	Total Staffed Beds:	69, among the smaller acute hospitals
	% Occupancy:	84.8%, > cohort avg. (65%)
	Special Public Funding:	CHART ⁺ , ICB ⁺
	Trauma Center Designation:	Not Applicable
	Case Mix Index:	1.05, > cohort avg. (0.85); < statewide (1.12)
	Financial	
	Inpatient NPSR per CMAD:	\$9,982
Services	Change FY16-FY17:	-1.0%
	Inpatient:Outpatient Revenue in FY17:	36%:64%
	Outpatient Revenue in FY17:	\$49,027,536
	Change FY16-FY17:	4.2%
	Total Revenue in FY17:	\$119,684,620
	Total Surplus (Loss) in FY17:	\$14,218,816
	Payer Mix	
	Public Payer Mix:	57.7% (Non-HPP* Hospital)
	CY16 Commercial Statewide Relative Price:	0.76
	Top 3 Commercial Payers:	Blue Cross Blue Shield of Massachusetts Harvard Pilgrim Health Care Tufts Associated HMO, Inc.
Quality	Utilization	
	Inpatient Discharges in FY17:	5,398
	Change FY16-FY17:	7.1%
	Emergency Department Visits in FY17:	26,573
	Change FY16-FY17:	-2.8%
	Outpatient Visits in FY17:	38,100
	Change FY16-FY17:	-1.9%
	Quality	
	Readmission Rate in FY16:	14.4%
	Change FY12-FY16 (percentage points):	-0.9
	Early Elective Deliveries Rate:	Not Available

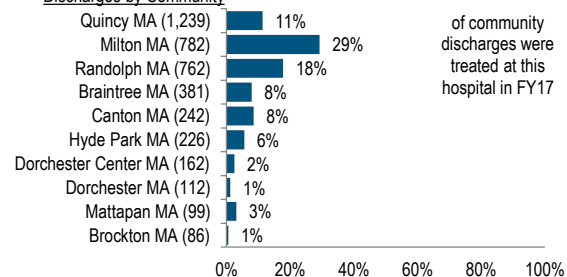
What were the most common inpatient cases (DRGs) treated at the hospital in FY17? What proportion of the region's cases did this hospital treat for each service?

Discharges by DRG

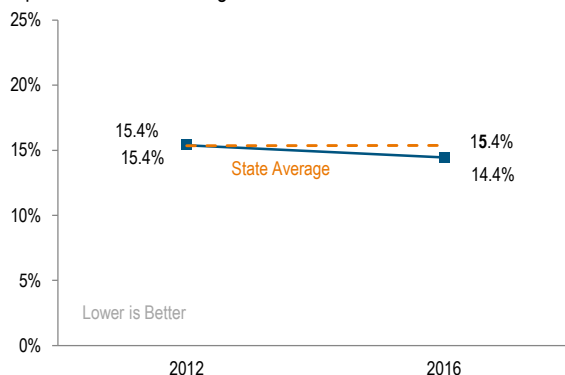


Where did most of the hospital's inpatients reside? What proportion of each community's total discharges was attributed to this hospital?

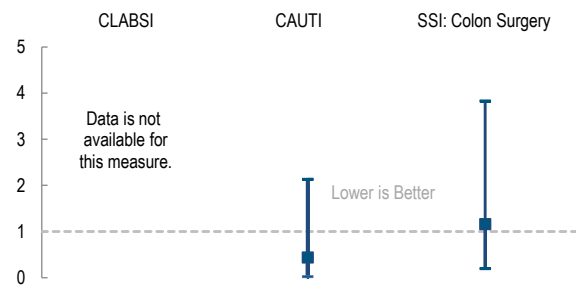
Discharges by Community



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.

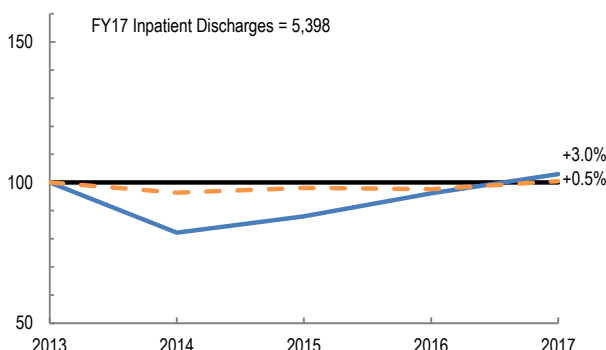
2017 HOSPITAL PROFILE: BETH ISRAEL DEACONESS HOSPITAL - MILTON

Cohort: Community Hospital

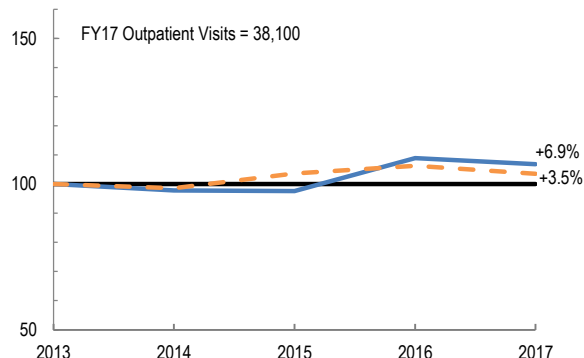
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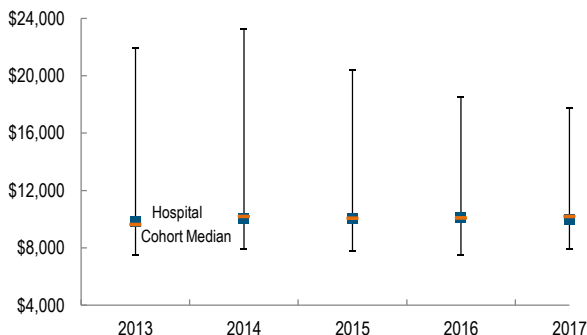
How has the volume of the hospital's inpatient discharges changed compared to FY13, and how does this compare to the hospital's peer cohort median? (FY13=100)



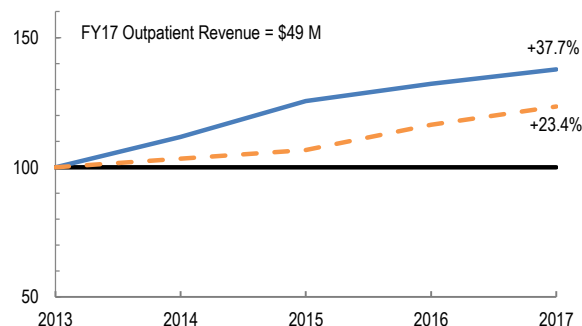
How has the volume of the hospital's outpatient visits changed compared to FY13, and how does this compare to the hospital's peer cohort median? (FY13=100)



What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY13 and FY17, and how does this compare to the hospital's peer cohort median?



How has the hospital's total outpatient revenue changed compared to FY13, and how does this compare to the hospital's peer cohort median? (FY13=100)

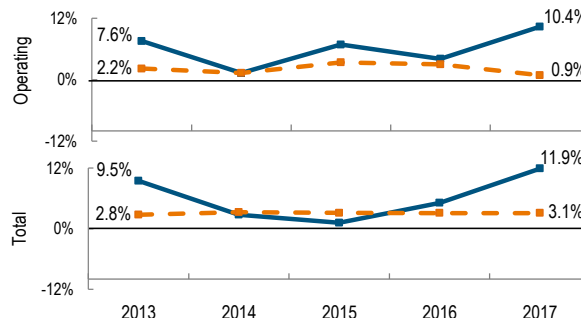


How have the hospital's total revenue and costs changed between FY13 and FY17?

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

FY	2013	2014	2015	2016	2017
Operating Revenue	\$ 84.1	\$ 83.1	\$ 96.3	\$ 105.5	\$ 117.9
Non-Operating Revenue	\$ 1.6	\$ 1.3	\$ (5.2)	\$ 1.1	\$ 1.8
Total Revenue	\$ 85.7	\$ 84.4	\$ 91.1	\$ 106.5	\$ 119.7
Total Costs	\$ 77.6	\$ 82.0	\$ 90.0	\$ 101.1	\$ 105.5
Total Profit (Loss)	\$ 8.1	\$ 2.4	\$ 1.1	\$ 5.4	\$ 14.2

What were the hospital's total margin and operating margins between FY13 and FY17, 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).

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

BETH ISRAEL DEACONESS HOSPITAL - NEEDHAM

2017 Hospital Profile

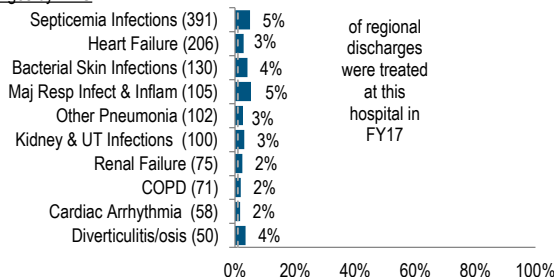
Needham, MA
Community Hospital
Metro Boston

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. Between FY13 and FY17, the volume of inpatient discharges increased by 32.7% compared with a median increase of 0.5% for cohort hospitals. Outpatient visits increased by 28.3% compared with a 3.5% median increase for cohort hospitals. BID-Needham reported a profit of \$2.2M in FY17 after posting a loss of \$441k in FY16. It had a 2.5% total margin in FY17, lower than the cohort median of 3.1%.

At a Glance	Overview / Size	
	Hospital System Affiliation:	CareGroup
	Change in Ownership (FY13-17):	Not Applicable
	Total Staffed Beds:	41, among the smaller acute hospitals
	% Occupancy:	66.2%, > cohort avg. (65%)
	Special Public Funding:	ICB°
	Trauma Center Designation:	Not Applicable
	Case Mix Index:	0.98, > cohort avg. (0.85); < statewide (1.12)
	Financial	
	Inpatient NPSR per CMAD:	\$9,058
Services	Change FY16-FY17:	-0.5%
	Inpatient:Outpatient Revenue in FY17:	19%:81%
	Outpatient Revenue in FY17:	\$61,216,834
	Change FY16-FY17:	3.4%
	Total Revenue in FY17:	\$87,656,228
	Total Surplus (Loss) in FY17:	\$2,186,962
	Payer Mix	
	Public Payer Mix:	51.1% (Non-HPP* Hospital)
	CY16 Commercial Statewide Relative Price:	0.98
	Top 3 Commercial Payers:	Blue Cross Blue Shield of Massachusetts Harvard Pilgrim Health Care Tufts Associated HMO, Inc.
Quality	Utilization	
	Inpatient Discharges in FY17:	2,685
	Change FY16-FY17:	10.9%
	Emergency Department Visits in FY17:	16,405
	Change FY16-FY17:	2.3%
	Outpatient Visits in FY17:	54,079
	Change FY16-FY17:	7.6%
	Quality	
	Readmission Rate in FY16:	13.3%
	Change FY12-FY16 (percentage points):	0.2
	Early Elective Deliveries Rate:	Not Available

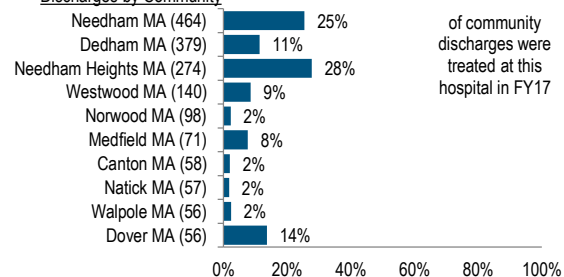
What were the most common inpatient cases (DRGs) treated at the hospital in FY17? What proportion of the region's cases did this hospital treat for each service?

Discharges by DRG

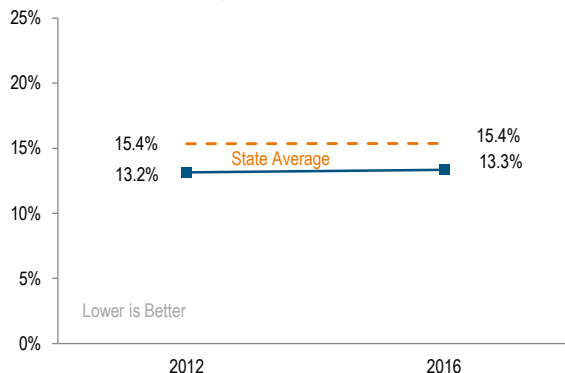


Where did most of the hospital's inpatients reside? What proportion of each community's total discharges was attributed to this hospital?

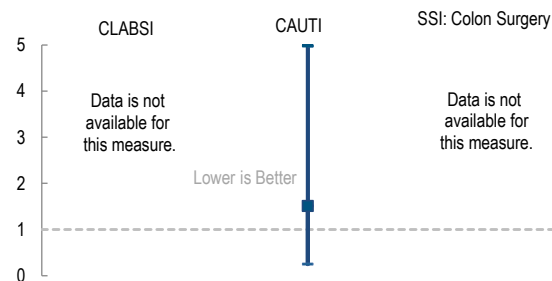
Discharges by Community



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.

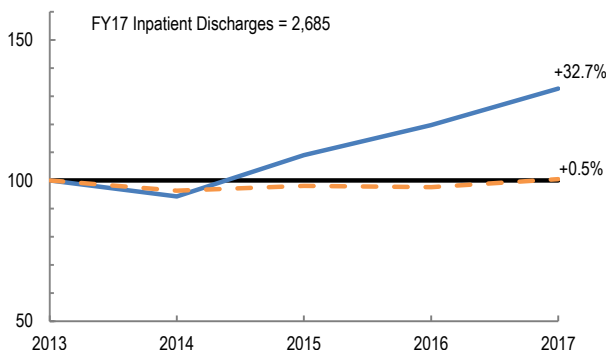
2017 HOSPITAL PROFILE: BETH ISRAEL DEACONESS HOSPITAL - NEEDHAM

Cohort: Community Hospital

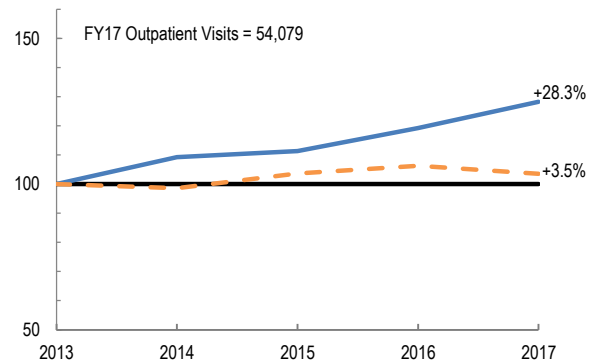
Key:



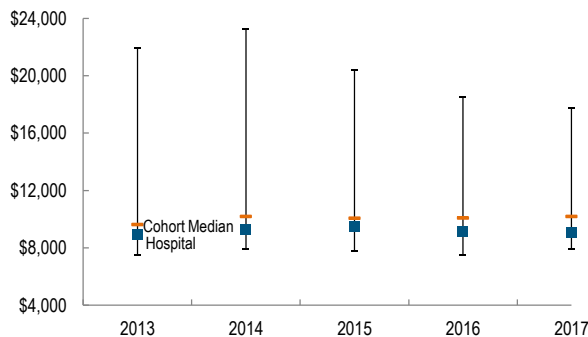
How has the volume of the hospital's inpatient discharges changed compared to FY13, and how does this compare to the hospital's peer cohort median? (FY13=100)



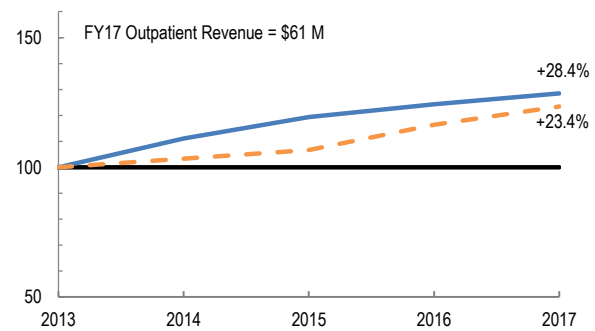
How has the volume of the hospital's outpatient visits changed compared to FY13, and how does this compare to the hospital's peer cohort median? (FY13=100)



What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY13 and FY17, and how does this compare to the hospital's peer cohort median?



How has the hospital's total outpatient revenue changed compared to FY13, and how does this compare to the hospital's peer cohort median? (FY13=100)

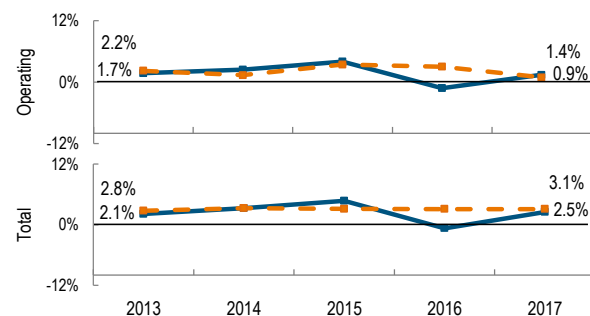


How have the hospital's total revenue and costs changed between FY13 and FY17?

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

FY	2013	2014	2015	2016	2017
Operating Revenue	\$ 64.0	\$ 70.0	\$ 77.6	\$ 82.5	\$ 86.7
Non-Operating Revenue	\$ 0.2	\$ 0.6	\$ 0.6	\$ 0.6	\$ 1.0
Total Revenue	\$ 64.2	\$ 70.6	\$ 78.2	\$ 83.1	\$ 87.7
Total Costs	\$ 62.9	\$ 68.3	\$ 74.5	\$ 83.5	\$ 85.5
Total Profit (Loss)	\$ 1.4	\$ 2.3	\$ 3.7	\$ (0.4)	\$ 2.2

What were the hospital's total margin and operating margins between FY13 and FY17, and how do these compare to the hospital's peer cohort medians?



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

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BRIGHAM AND WOMEN'S FAULKNER HOSPITAL

2017 Hospital Profile

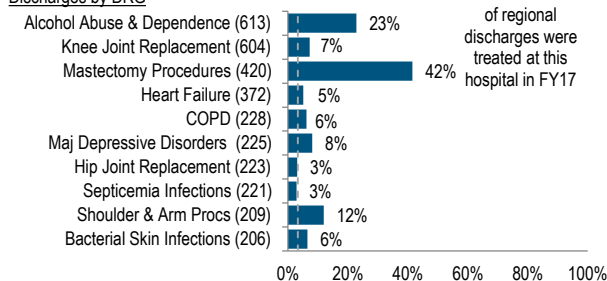
Boston, MA
Community Hospital
Metro Boston

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 FY17, it treated 23% of Alcohol Abuse and Dependence cases and 42% of Mastectomy Procedures in Metro Boston. Inpatient discharges at the hospital increased by 39% between FY13 and FY17, while there was a median increase of 0.5% in its peer cohort during that period. The hospital reported a profit for the fourth consecutive year. In FY17, both its operating and total margins were 6.2%, above its corresponding peer cohort medians of 0.9% operating and 3.1% total.

At a Glance	Overview / Size	
	Hospital System Affiliation:	Partners HealthCare System
	Change in Ownership (FY13-17):	Not Applicable
	Total Staffed Beds:	162, mid-size acute hospital
	% Occupancy:	65.5%, = cohort avg. (65%)
	Special Public Funding:	ICB°
	Trauma Center Designation:	Not Applicable
	Case Mix Index:	0.95, > cohort avg. (0.85); < statewide (1.12)
	Financial	
	Inpatient NPSR per CMAD:	\$12,770
Services	Change FY16-FY17:	-2.1%
	Inpatient:Outpatient Revenue in FY17:	38%:62%
	Outpatient Revenue in FY17:	\$145,068,815
	Change FY16-FY17:	11.8%
	Total Revenue in FY17:	\$275,321,000
	Total Surplus (Loss) in FY17:	\$17,148,000
	Payer Mix	
	Public Payer Mix:	58.1% (Non-HPP* Hospital)
	CY16 Commercial Statewide Relative Price:	1.01
	Top 3 Commercial Payers:	Blue Cross Blue Shield of Massachusetts Harvard Pilgrim Health Care Tufts Associated HMO, Inc.
Quality	Utilization	
	Inpatient Discharges in FY17:	10,024
	Change FY16-FY17:	8.1%
	Emergency Department Visits in FY17:	28,213
	Change FY16-FY17:	2.4%
	Outpatient Visits in FY17:	33,169
	Change FY16-FY17:	3.8%
	Quality	
	Readmission Rate in FY16:	14.1%
	Change FY12-FY16 (percentage points):	-0.8
	Early Elective Deliveries Rate:	Not Available

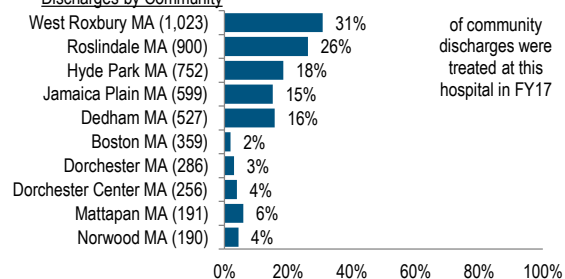
What were the most common inpatient cases (DRGs) treated at the hospital in FY17? What proportion of the region's cases did this hospital treat for each service?

Discharges by DRG

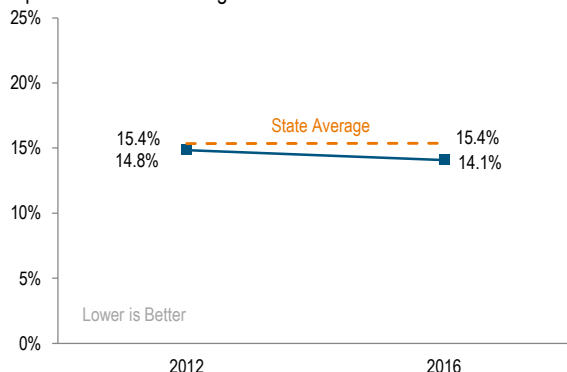


Where did most of the hospital's inpatients reside? What proportion of each community's total discharges was attributed to this hospital?

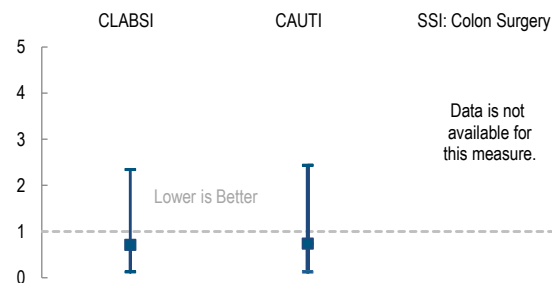
Discharges by Community



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.

2017 HOSPITAL PROFILE: BRIGHAM AND WOMEN'S FAULKNER HOSPITAL

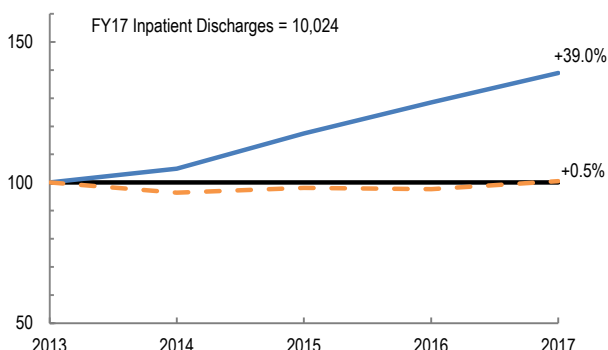
Cohort: Community Hospital

Key:

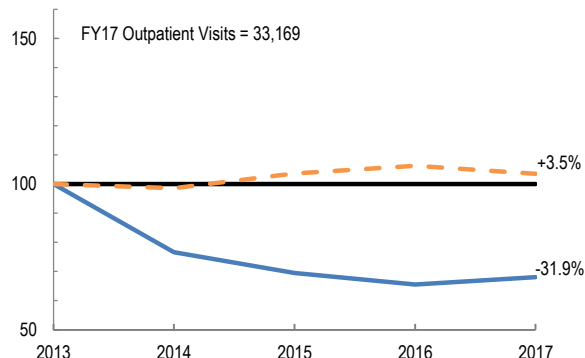
— Hospital
- - - Peer Cohort

Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY13, and how does this compare to the hospital's peer cohort median? (FY13=100)

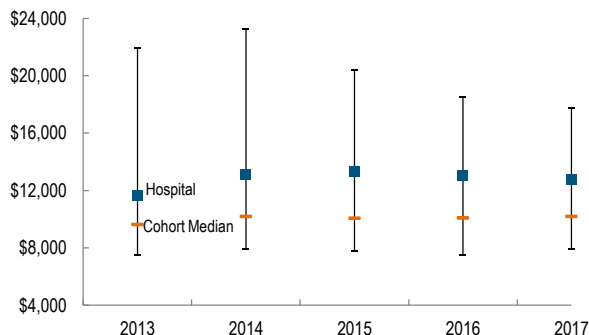


How has the volume of the hospital's outpatient visits changed compared to FY13, and how does this compare to the hospital's peer cohort median? (FY13=100)

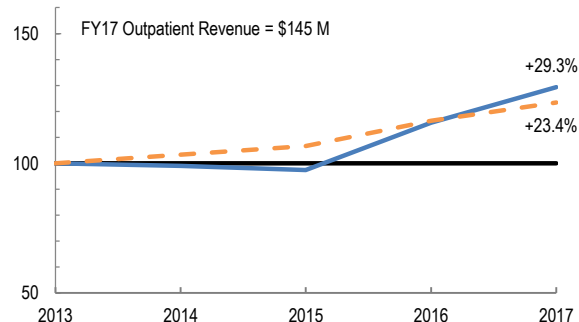


Patient Revenue Trends

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY13 and FY17, and how does this compare to the hospital's peer cohort median?



How has the hospital's total outpatient revenue changed compared to FY13, and how does this compare to the hospital's peer cohort median? (FY13=100)



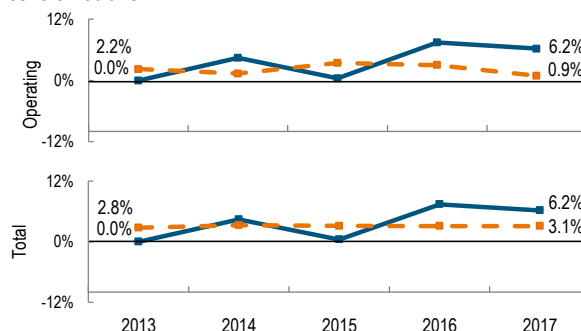
Financial Performance

How have the hospital's total revenue and costs changed between FY13 and FY17?

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

FY	2013	2014	2015	2016	2017
Operating Revenue	\$ 192.6	\$ 208.0	\$ 219.0	\$ 254.9	\$ 275.3
Non-Operating Revenue	\$ 0.0	\$ (0.0)	\$ 0.1	\$ (0.1)	\$ 0.1
Total Revenue	\$ 192.6	\$ 208.0	\$ 219.1	\$ 254.7	\$ 275.3
Total Costs	\$ 192.6	\$ 198.8	\$ 218.2	\$ 235.9	\$ 258.2
Total Profit (Loss)	\$ (0.0)	\$ 9.2	\$ 1.0	\$ 18.8	\$ 17.1

What were the hospital's total margin and operating margins between FY13 and FY17, and how do these compare to the hospital's peer cohort medians?



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

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

COOLEY DICKINSON HOSPITAL

2017 Hospital Profile

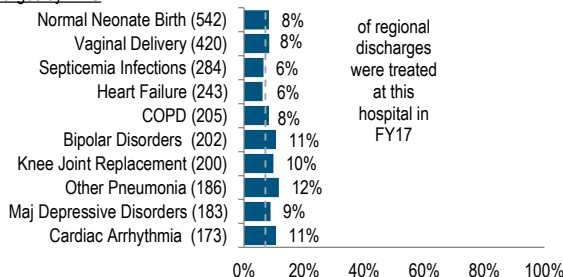
Northampton, MA
Community Hospital
Western Massachusetts

Cooley Dickinson Hospital is a community hospital located in the Western Massachusetts region. It is among the smaller acute hospitals in Massachusetts and a member of Partners HealthCare. Between FY13 and FY17, inpatient discharges at the hospital have decreased by 13.8%, compared with a median increase of 0.5% among cohort hospitals. In the same period, outpatient visits increased by 1.4%, compared to a 3.5% median increase in its cohort. Cooley Dickinson has posted profits in each of the last three consecutive years and four years out of the five-year period.

At a Glance	Overview / Size	
	Hospital System Affiliation:	Partners HealthCare System
	Change in Ownership (FY13-17):	Partners - 2013
	Total Staffed Beds:	91, among the smaller acute hospitals
	% Occupancy:	90.8%, > cohort avg. (65%)
	Special Public Funding:	ICB°
	Trauma Center Designation:	Not Applicable
	Case Mix Index:	0.87, > cohort avg. (0.85); < statewide (1.12)
	Financial	
	Inpatient NPSR per CMAD:	\$9,443
Services	Change FY16-FY17:	-5.4%
	Inpatient:Outpatient Revenue in FY17:	32%:68%
	Outpatient Revenue in FY17:	\$120,002,798
	Change FY16-FY17:	8.7%
	Total Revenue in FY17:	\$187,256,000
	Total Surplus (Loss) in FY17:	\$4,866,000
	Payer Mix	
	Public Payer Mix:	60.6% (Non-HPP* Hospital)
	CY16 Commercial Statewide Relative Price:	1.01
	Top 3 Commercial Payers:	Blue Cross Blue Shield of Massachusetts Health New England, Inc. Harvard Pilgrim Health Care
Quality	Utilization	
	Inpatient Discharges in FY17:	7,017
	Change FY16-FY17:	-2.0%
	Emergency Department Visits in FY17:	33,127
	Change FY16-FY17:	-1.6%
	Outpatient Visits in FY17:	54,175
	Change FY16-FY17:	4.0%
	Quality	
	Readmission Rate in FY16:	12.7%
	Change FY12-FY16 (percentage points):	-1.2
	Early Elective Deliveries Rate:	0.0%

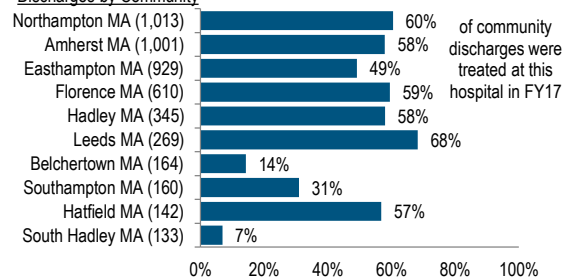
What were the most common inpatient cases (DRGs) treated at the hospital in FY17? What proportion of the region's cases did this hospital treat for each service?

Discharges by DRG

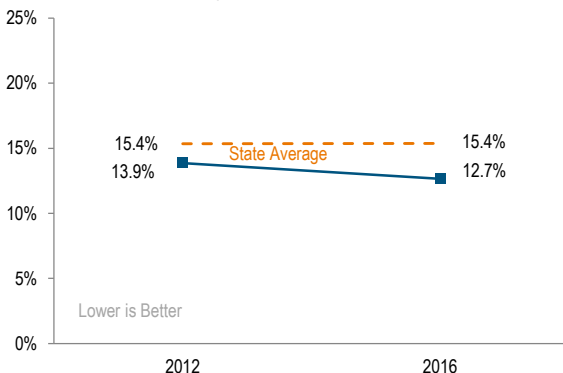


Where did most of the hospital's inpatients reside? What proportion of each community's total discharges was attributed to this hospital?

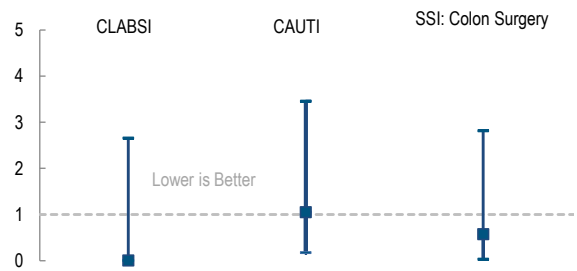
Discharges by Community



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.

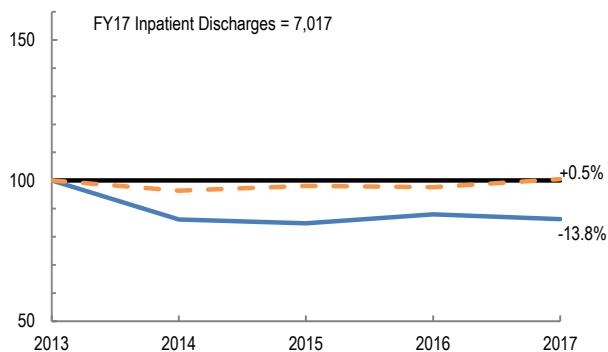
2017 HOSPITAL PROFILE: COOLEY DICKINSON HOSPITAL

Cohort: Community Hospital

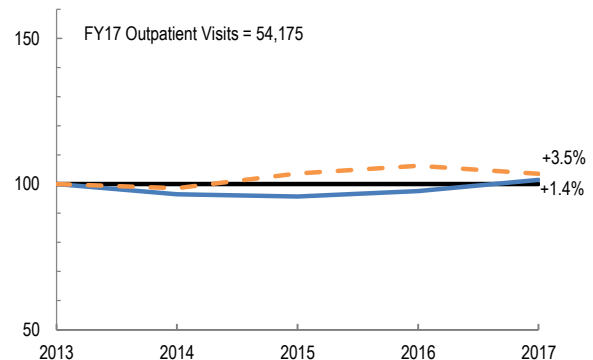
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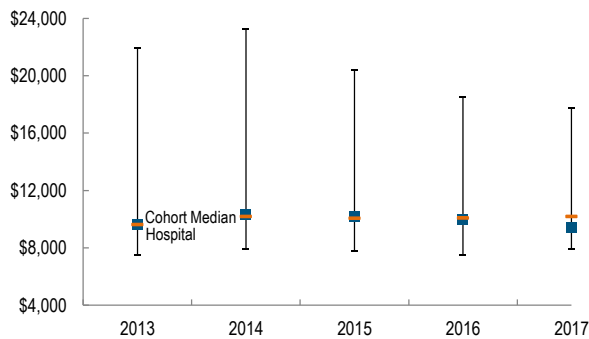
How has the volume of the hospital's inpatient discharges changed compared to FY13, and how does this compare to the hospital's peer cohort median? (FY13=100)



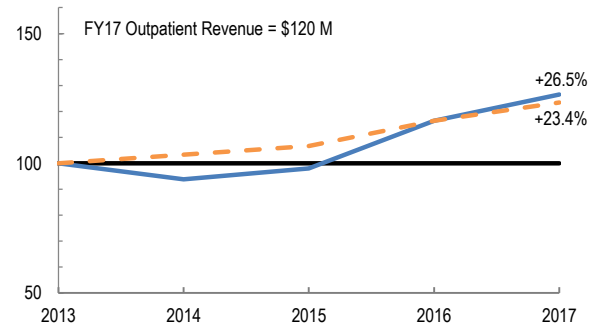
How has the volume of the hospital's outpatient visits changed compared to FY13, and how does this compare to the hospital's peer cohort median? (FY13=100)



What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY13 and FY17, and how does this compare to the hospital's peer cohort median?



How has the hospital's total outpatient revenue changed compared to FY13, and how does this compare to the hospital's peer cohort median? (FY13=100)

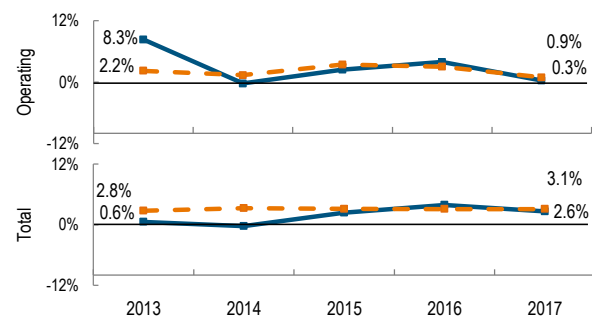


How have the hospital's total revenue and costs changed between FY13 and FY17?

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

FY	2013	2014	2015	2016	2017
Operating Revenue	\$ 161.4	\$ 153.4	\$ 157.5	\$ 178.1	\$ 183.0
Non-Operating Revenue	\$ (11.6)	\$ 0.0	\$ (0.1)	\$ 0.1	\$ 4.2
Total Revenue	\$ 149.8	\$ 153.4	\$ 157.4	\$ 178.1	\$ 187.3
Total Costs	\$ 149.0	\$ 153.8	\$ 153.7	\$ 171.2	\$ 182.4
Total Profit (Loss)	\$ 0.8	\$ (0.4)	\$ 3.7	\$ 7.0	\$ 4.9

What were the hospital's total margin and operating margins between FY13 and FY17, and how do these compare to the hospital's peer cohort medians?



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

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

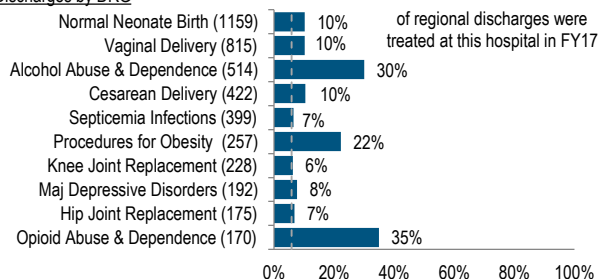
* For more information on Infrastructure and Capacity Building (ICB) special funding, please contact the Massachusetts Executive Office of Health and Human Services (EOHHS).

Emerson Hospital is a mid-size, non-profit community hospital located in the Northeastern Massachusetts region. From FY13 to FY17, outpatient visits at the hospital decreased by 2.7% while outpatient revenue increased by 26.2% in that same period. Though it was only responsible for 6% of total regional discharges in FY17, it treated 35% of all regional Opioid Abuse cases and 30% of all Alcohol Abuse & Dependence cases. Emerson Hospital reported a profit of \$3.6M in FY17, an increase from their \$2.4M profit in FY16. Emerson Hospital also reported profits in four years out of the five-year period of FY13 to FY17.

At a Glance	Overview / Size	
	Hospital System Affiliation:	Emerson Health System Inc. and Subsid.
	Change in Ownership (FY13-17):	Not Applicable
	Total Staffed Beds:	199, mid-size acute hospital
	% Occupancy:	53.1%, < cohort avg. (65%)
	Special Public Funding:	CHART ⁺ , ICB ⁺
	Trauma Center Designation:	Not Applicable
	Case Mix Index:	0.84, < cohort avg. (0.85); < statewide (1.12)
	Financial	
	Inpatient NPSR per CMAD:	\$10,348
Services	Change FY16-FY17:	0.8%
	Inpatient:Outpatient Revenue in FY17:	25%:75%
	Outpatient Revenue in FY17:	\$147,326,700
	Change FY16-FY17:	8.0%
	Total Revenue in FY17:	\$242,362,728
	Total Surplus (Loss) in FY17:	\$3,576,583
	Payer Mix	
	Public Payer Mix:	43.5% (Non-HPP* Hospital)
	CY16 Commercial Statewide Relative Price:	0.82
	Top 3 Commercial Payers:	Blue Cross Blue Shield of Massachusetts Harvard Pilgrim Health Care Tufts Associated HMO, Inc.
Quality	Utilization	
	Inpatient Discharges in FY17:	8,809
	Change FY16-FY17:	-2.1%
	Emergency Department Visits in FY17:	32,024
	Change FY16-FY17:	-1.0%
	Outpatient Visits in FY17:	92,062
	Change FY16-FY17:	-2.1%
	Quality	
	Readmission Rate in FY16:	12.3%
	Change FY12-FY16 (percentage points):	0.0
	Early Elective Deliveries Rate:	1.9%

What were the most common inpatient cases (DRGs) treated at the hospital in FY17? What proportion of the region's cases did this hospital treat for each service?

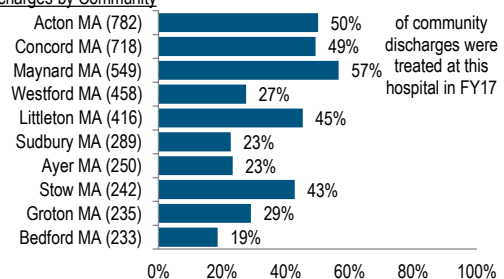
Discharges by DRG



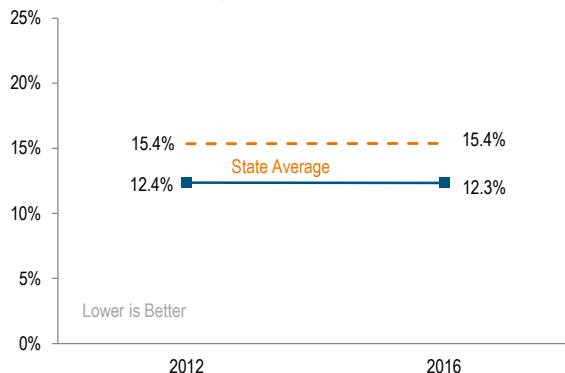
--- Hospital (8,809) = 6% of total regional discharges

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

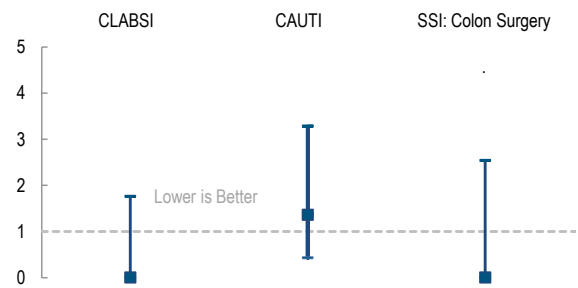
Discharges by Community



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?



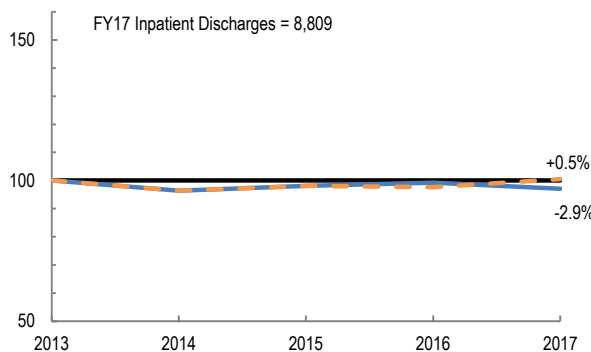
2017 HOSPITAL PROFILE: EMERSON HOSPITAL

Cohort: Community Hospital

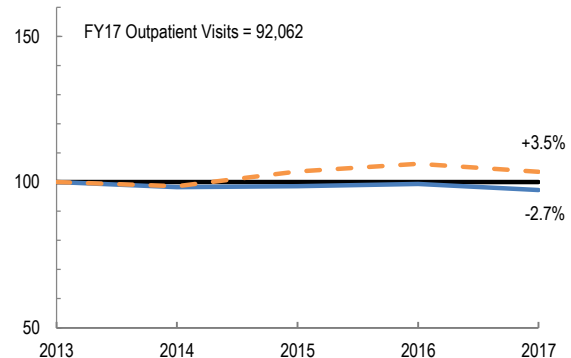
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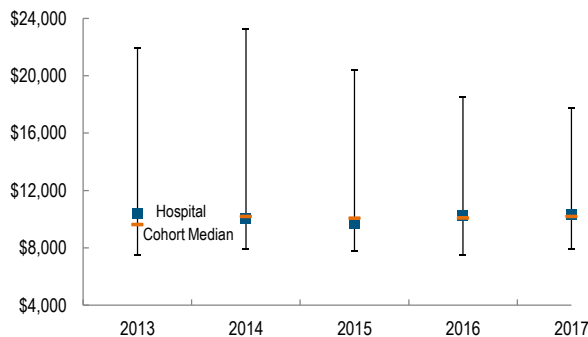
How has the volume of the hospital's inpatient discharges changed compared to FY13, and how does this compare to the hospital's peer cohort median? (FY13=100)



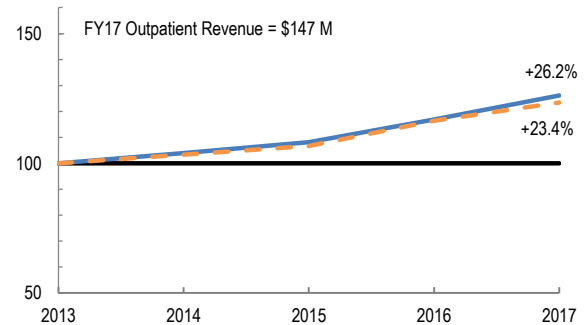
How has the volume of the hospital's outpatient visits changed compared to FY13, and how does this compare to the hospital's peer cohort median? (FY13=100)



What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY13 and FY17, and how does this compare to the hospital's peer cohort median?



How has the hospital's total outpatient revenue changed compared to FY13, and how does this compare to the hospital's peer cohort median? (FY13=100)

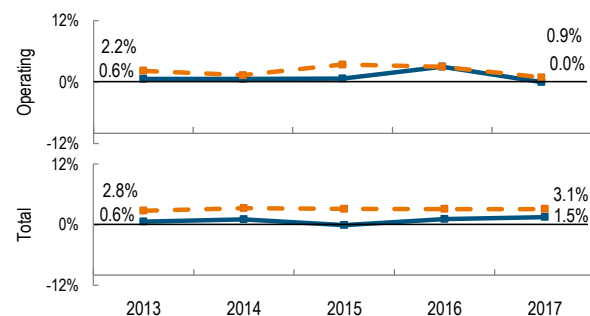


How have the hospital's total revenue and costs changed between FY13 and FY17?

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

FY	2013	2014	2015	2016	2017
Operating Revenue	\$ 189.7	\$ 192.4	\$ 203.4	\$ 222.2	\$ 238.8
Non-Operating Revenue	\$ (0.0)	\$ 0.9	\$ (1.6)	\$ (4.2)	\$ 3.5
Total Revenue	\$ 189.6	\$ 193.3	\$ 201.8	\$ 218.0	\$ 242.4
Total Costs	\$ 188.5	\$ 191.2	\$ 202.0	\$ 215.7	\$ 238.8
Total Profit (Loss)	\$ 1.1	\$ 2.1	\$ (0.2)	\$ 2.4	\$ 3.6

What were the hospital's total margin and operating margins between FY13 and FY17, 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).

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

HEYWOOD MEMORIAL HOSPITAL

2017 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 42% of Organic Mental Health Disturbances cases, 26% of Adjustment Disorders & Neuroses except Depressive Diagnoses and 20% of Bipolar Disorder cases in Central Massachusetts. Inpatient discharges decreased by 18.6% from FY13 to FY17, compared to its cohort median which increased by 0.5% over the same time period. Heywood Hospital reported a profit in each year of the five-year period. Its operating and total margins have consistently been higher than its peer cohort medians.

At a Glance

Overview / Size

Hospital System Affiliation:	Heywood Healthcare
Change in Ownership (FY13-17):	Not Applicable
Total Staffed Beds:	106, mid-size acute hospital
% Occupancy:	57.5%, < cohort avg. (65%)
Special Public Funding:	CHART [^] , HCII [^] , ICB [°]
Trauma Center Designation:	Not Applicable
Case Mix Index:	0.82, < cohort avg. (0.85); < statewide (1.12)

Financial

Inpatient NPSR per CMAD:	\$7,902
Change FY16-FY17:	6.1%
Inpatient:Outpatient Revenue in FY17:	20%:80%
Outpatient Revenue in FY17:	\$74,650,860
Change FY16-FY17:	1.7%
Total Revenue in FY17:	\$117,191,789
Total Surplus (Loss) in FY17:	\$4,207,427

Payer Mix

Public Payer Mix:	61.2% (Non-HPP* Hospital)
CY16 Commercial Statewide Relative Price:	0.76
Top 3 Commercial Payers:	Blue Cross Blue Shield of Massachusetts Tufts Associated HMO, Inc. Harvard Pilgrim Health Care

Utilization

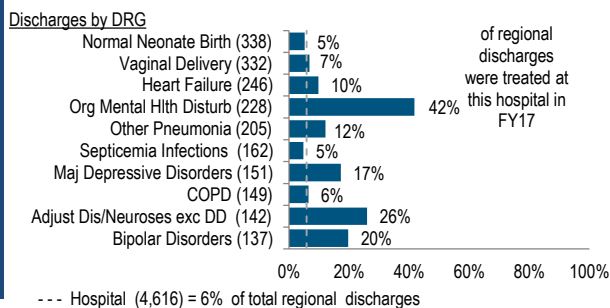
Inpatient Discharges in FY17:	4,616
Change FY16-FY17:	-1.0%
Emergency Department Visits in FY17:	26,798
Change FY16-FY17:	-4.3%
Outpatient Visits in FY17:	81,578
Change FY16-FY17:	-2.7%

Quality

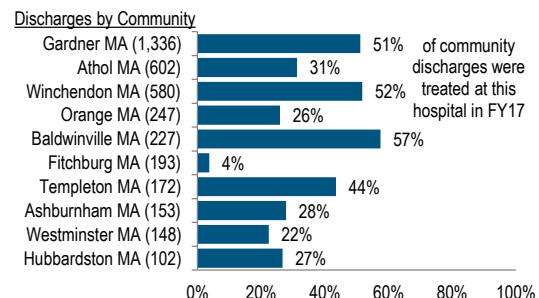
Readmission Rate in FY16:	14.9%
Change FY12-FY16 (percentage points):	-0.1
Early Elective Deliveries Rate:	1.3%

Services

What were the most common inpatient cases (DRGs) treated at the hospital in FY17? What proportion of the region's cases did this hospital treat for each service?

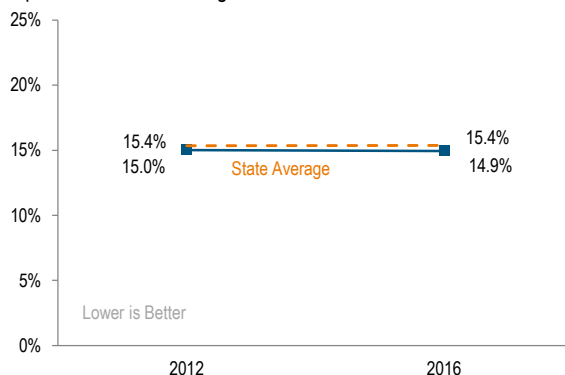


Where did most of the hospital's inpatients reside? What proportion of each community's total discharges was attributed to this hospital?

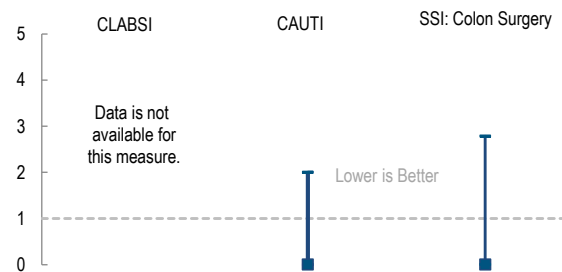


Quality

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.

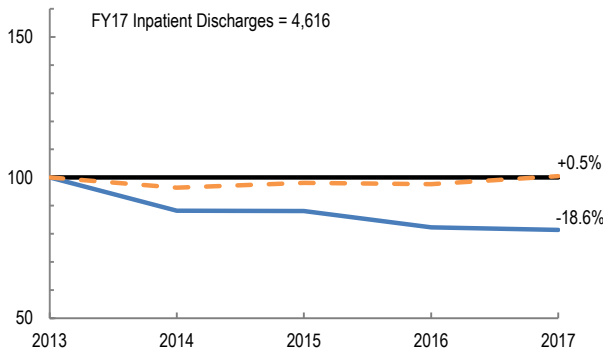
2017 HOSPITAL PROFILE: HEYWOOD MEMORIAL HOSPITAL

Cohort: Community Hospital

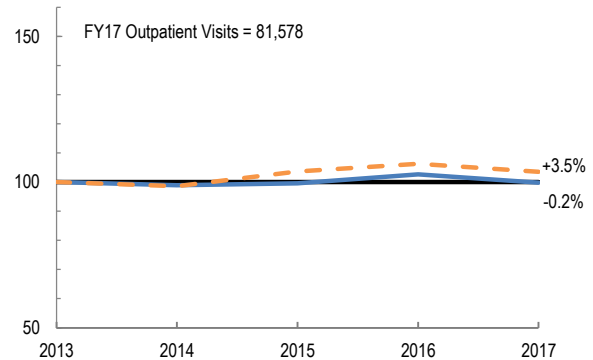
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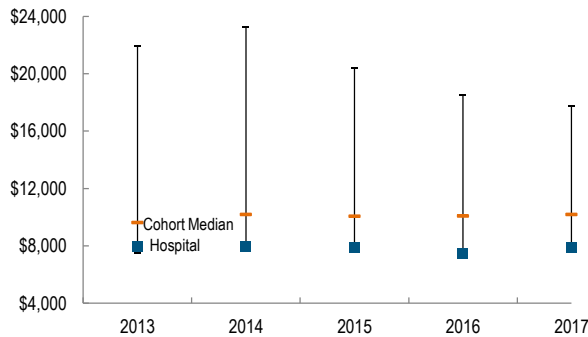
How has the volume of the hospital's inpatient discharges changed compared to FY13, and how does this compare to the hospital's peer cohort median? (FY13=100)



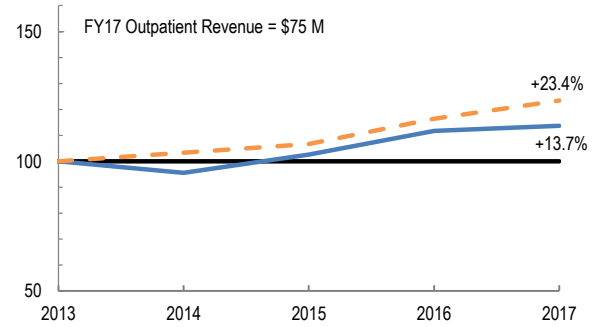
How has the volume of the hospital's outpatient visits changed compared to FY13, and how does this compare to the hospital's peer cohort median? (FY13=100)



What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY13 and FY17, and how does this compare to the hospital's peer cohort median?



How has the hospital's total outpatient revenue changed compared to FY13, and how does this compare to the hospital's peer cohort median? (FY13=100)

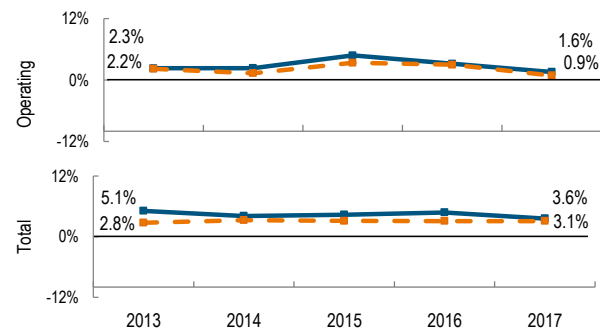


How have the hospital's total revenue and costs changed between FY13 and FY17?

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

FY	2013	2014	2015	2016	2017
Operating Revenue	\$ 102.1	\$ 102.3	\$ 106.3	\$ 110.7	\$ 114.8
Non-Operating Revenue	\$ 2.9	\$ 1.8	\$ (0.5)	\$ 1.8	\$ 2.3
Total Revenue	\$ 105.0	\$ 104.1	\$ 105.8	\$ 112.6	\$ 117.2
Total Costs	\$ 99.6	\$ 99.8	\$ 101.2	\$ 107.2	\$ 113.0
Total Profit (Loss)	\$ 5.4	\$ 4.3	\$ 4.6	\$ 5.4	\$ 4.2

What were the hospital's total margin and operating margins between FY13 and FY17, 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.

η For more information on Health Care Innovation Investment Program (HCII) special funding, please contact the Health Policy Commission (HPC).

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

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

MARTHA'S VINEYARD HOSPITAL

2017 Hospital Profile

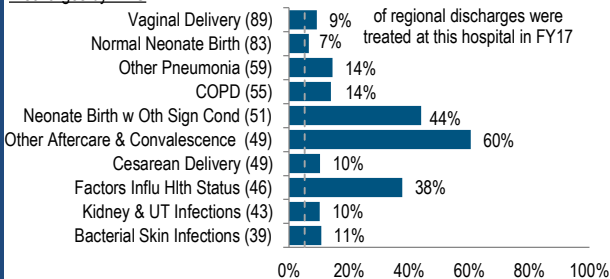
Oak Bluffs, MA
Community Hospital
Cape and Islands

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. It was profitable each year from FY13 to FY17, with a total margin of 7.0% in FY17, compared to a median total margin of 3.1% among peer cohort hospitals. In FY17, Martha's Vineyard Hospital had 15.8% more inpatient discharges than in FY13, compared with a median increase of 0.5% in its peer cohort.

At a Glance	Overview / Size	
	Hospital System Affiliation:	Partners HealthCare System
	Change in Ownership (FY13-17):	Not Applicable
	Total Staffed Beds:	31, among the smallest acute hospitals
	% Occupancy:	47.5%, < cohort avg. (65%)
	Special Public Funding:	Not Applicable
	Trauma Center Designation:	Not Applicable
	Case Mix Index:	0.72, < cohort avg. (0.85); < statewide (1.12)
	Financial	
	Inpatient NPSR per CMAD:	\$17,764
Services	Change FY16-FY17:	-3.8%
	Inpatient:Outpatient Revenue in FY17:	16%:84%
	Outpatient Revenue in FY17:	\$61,865,558
	Change FY16-FY17:	5.2%
	Total Revenue in FY17:	\$90,239,000
	Total Surplus (Loss) in FY17:	\$6,345,000
	Payer Mix	
	Public Payer Mix:	61.5% (Non-HPP* Hospital)
	CY16 Commercial Statewide Relative Price:	2.22
	Top 3 Commercial Payers:	Blue Cross Blue Shield of Massachusetts Neighborhood Health Plan Harvard Pilgrim Health Care
Quality	Utilization	
	Inpatient Discharges in FY17:	1,400
	Change FY16-FY17:	12.8%
	Emergency Department Visits in FY17:	14,775
	Change FY16-FY17:	-3.5%
	Outpatient Visits in FY17:	59,951
	Change FY16-FY17:	2.0%
	Quality	
	Readmission Rate in FY16:	20.4%
	Change FY12-FY16 (percentage points):	3.8
	Early Elective Deliveries Rate:	Not Available

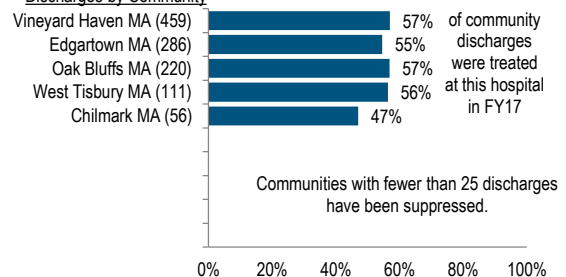
What were the most common inpatient cases (DRGs) treated at the hospital in FY17? What proportion of the region's cases did this hospital treat for each service?

Discharges by DRG

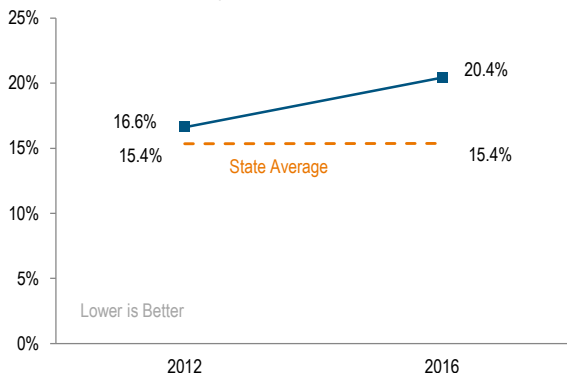


Where did most of the hospital's inpatients reside? What proportion of each community's total discharges was attributed to this hospital?

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.

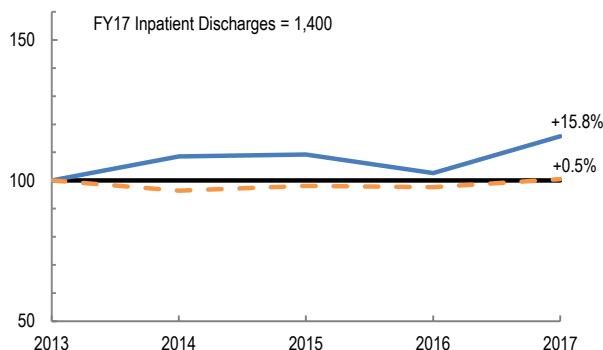
2017 HOSPITAL PROFILE: MARTHA'S VINEYARD HOSPITAL

Cohort: Community Hospital

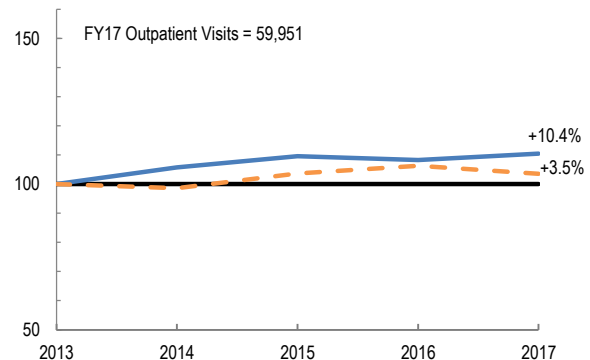
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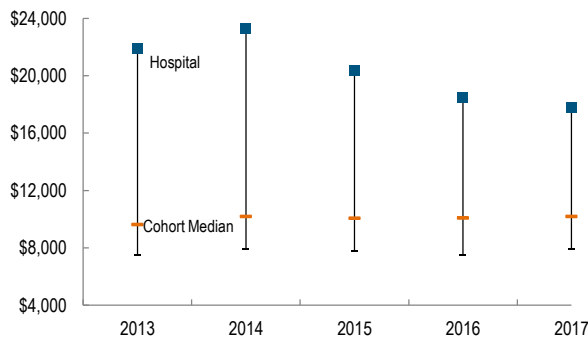
How has the volume of the hospital's inpatient discharges changed compared to FY13, and how does this compare to the hospital's peer cohort median? (FY13=100)



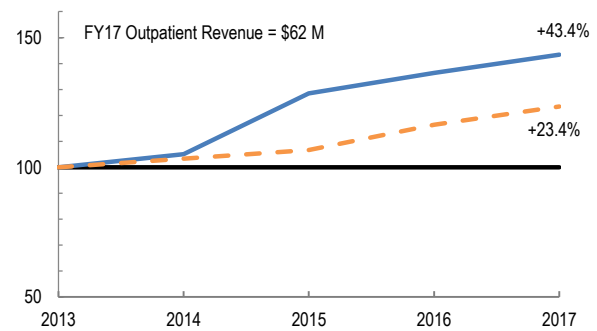
How has the volume of the hospital's outpatient visits changed compared to FY13, and how does this compare to the hospital's peer cohort median? (FY13=100)



What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY13 and FY17, and how does this compare to the hospital's peer cohort median?



How has the hospital's total outpatient revenue changed compared to FY13, and how does this compare to the hospital's peer cohort median? (FY13=100)

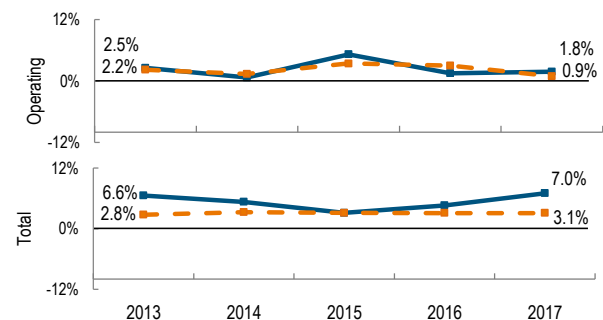


How have the hospital's total revenue and costs changed between FY13 and FY17?

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

FY	2013	2014	2015	2016	2017
Operating Revenue	\$ 62.4	\$ 68.9	\$ 76.5	\$ 77.6	\$ 85.6
Non-Operating Revenue	\$ 2.6	\$ 3.3	\$ (1.5)	\$ 2.5	\$ 4.7
Total Revenue	\$ 65.0	\$ 72.2	\$ 75.0	\$ 80.1	\$ 90.2
Total Costs	\$ 60.8	\$ 68.4	\$ 72.6	\$ 76.4	\$ 83.9
Total Profit (Loss)	\$ 4.3	\$ 3.8	\$ 2.4	\$ 3.7	\$ 6.3

What were the hospital's total margin and operating margins between FY13 and FY17, 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

2017 Hospital Profile

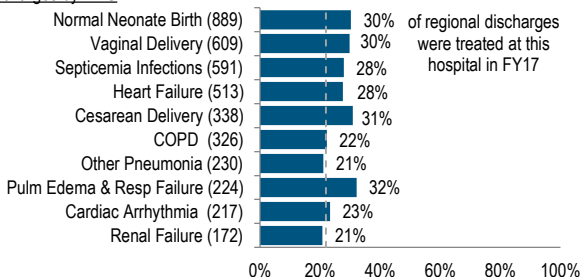
Milford, MA
Community Hospital
Metro West

Milford Regional Medical Center is a mid-size, non-profit community hospital located in the Metro West region. Inpatient discharges increased by 8.8% at Milford Regional Hospital from FY13 to FY17, compared with a median increase of 0.5% among its peer cohort hospitals. Outpatient visits increased by 11.7% at the hospital from FY13 to FY17, compared with a median increase of 3.5% at its peer cohort hospitals. Milford Regional Hospital earned a profit each year in the five-year period, with a total margin of 4.7% in FY17, compared to the 3.1% median of its peer cohort.

At a Glance	Overview / Size	
	Hospital System Affiliation:	Milford Regional Medical Ctr, Inc. & Affil.
	Change in Ownership (FY13-17):	Not Applicable
	Total Staffed Beds:	160, mid-size acute hospital
	% Occupancy:	55.5%, < cohort avg. (65%)
	Special Public Funding:	CHART^
	Trauma Center Designation:	Not Applicable
	Case Mix Index:	0.87, > cohort avg. (0.85); < statewide (1.12)
	Financial	
	Inpatient NPSR per CMAD:	\$8,658
Services	Change FY16-FY17:	0.2%
	Inpatient:Outpatient Revenue in FY17:	26%:74%
	Outpatient Revenue in FY17:	\$133,131,247
	Change FY16-FY17:	3.3%
	Total Revenue in FY17:	\$216,107,863
	Total Surplus (Loss) in FY17:	\$10,222,640
	Payer Mix	
	Public Payer Mix:	52.3% (Non-HPP* Hospital)
	CY16 Commercial Statewide Relative Price:	0.84
	Top 3 Commercial Payers:	Blue Cross Blue Shield of Massachusetts Harvard Pilgrim Health Care Tufts Associated HMO, Inc.
Quality	Utilization	
	Inpatient Discharges in FY17:	9,433
	Change FY16-FY17:	6.2%
	Emergency Department Visits in FY17:	57,971
	Change FY16-FY17:	-0.5%
	Outpatient Visits in FY17:	122,494
	Change FY16-FY17:	1.3%
	Quality	
	Readmission Rate in FY16:	14.9%
	Change FY12-FY16 (percentage points):	-2.0
	Early Elective Deliveries Rate:	0.0%

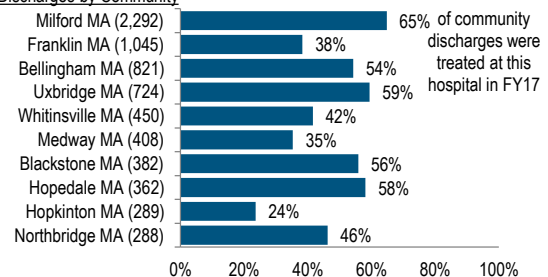
What were the most common inpatient cases (DRGs) treated at the hospital in FY17? What proportion of the region's cases did this hospital treat for each service?

Discharges by DRG

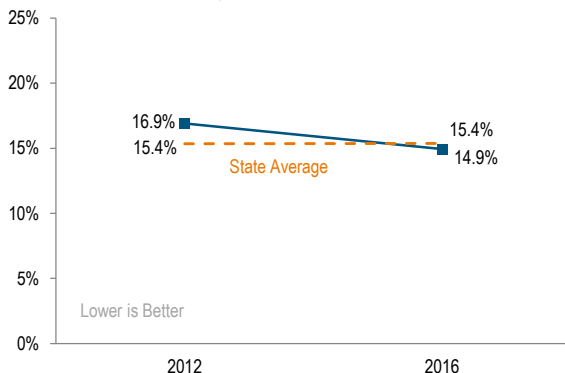


Where did most of the hospital's inpatients reside? What proportion of each community's total discharges was attributed to this hospital?

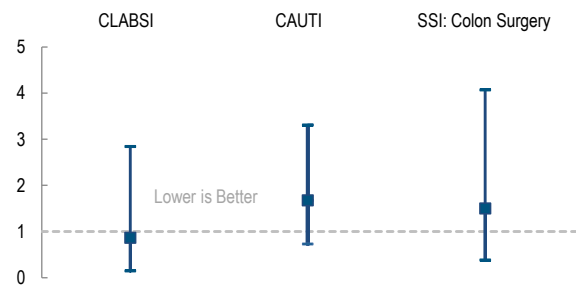
Discharges by Community



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.

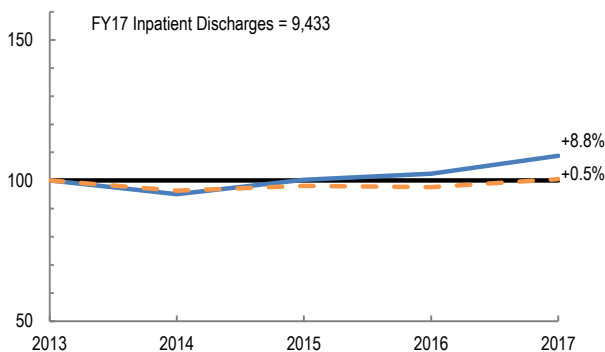
2017 HOSPITAL PROFILE: MILFORD REGIONAL MEDICAL CENTER

Cohort: Community Hospital

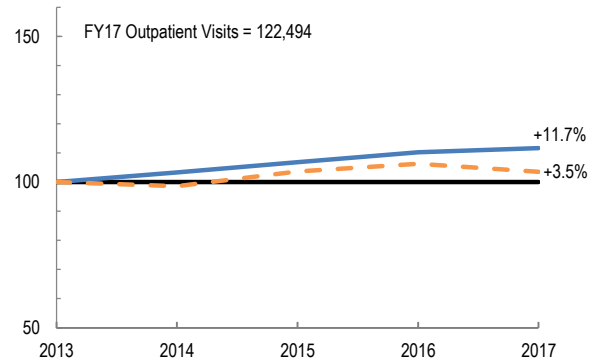
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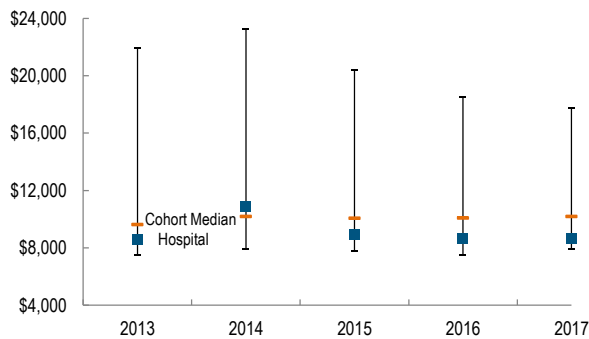
How has the volume of the hospital's inpatient discharges changed compared to FY13, and how does this compare to the hospital's peer cohort median? (FY13=100)



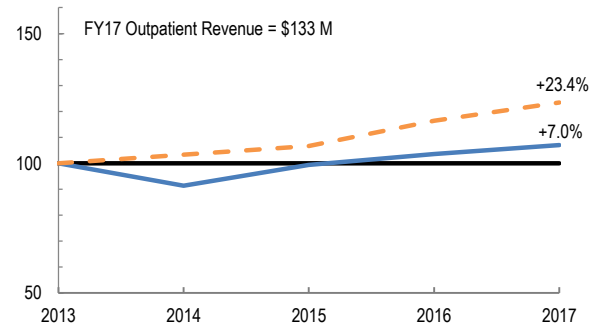
How has the volume of the hospital's outpatient visits changed compared to FY13, and how does this compare to the hospital's peer cohort median? (FY13=100)



What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY13 and FY17, and how does this compare to the hospital's peer cohort median?



How has the hospital's total outpatient revenue changed compared to FY13, and how does this compare to the hospital's peer cohort median? (FY13=100)

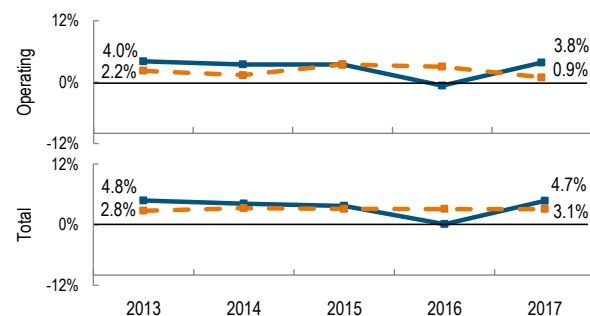


How have the hospital's total revenue and costs changed between FY13 and FY17?

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

FY	2013	2014	2015	2016	2017
Operating Revenue	\$ 183.2	\$ 187.5	\$ 198.6	\$ 205.3	\$ 214.0
Non-Operating Revenue	\$ 1.3	\$ 1.4	\$ 0.6	\$ 1.7	\$ 2.1
Total Revenue	\$ 184.5	\$ 188.9	\$ 199.2	\$ 207.0	\$ 216.1
Total Costs	\$ 175.7	\$ 181.0	\$ 191.8	\$ 206.8	\$ 205.9
Total Profit (Loss)	\$ 8.8	\$ 7.9	\$ 7.4	\$ 0.1	\$ 10.2

What were the hospital's total margin and operating margins between FY13 and FY17, 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

2017 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 by 17.8% at the hospital between FY13 and FY17, compared with a 0.5% increase in the median of its cohort; outpatient visits decreased by 33.9% in the same period. Nantucket Cottage Hospital incurred a loss of \$9.0M in FY17. The hospital was profitable from FY13 to FY15. It reported a total margin of -19.7%, lower than the median of its peer cohort of 3.1%.

At a Glance

Overview / Size

Hospital System Affiliation:	Partners HealthCare System
Change in Ownership (FY13-17):	Not Applicable
Total Staffed Beds:	23, among the smallest acute hospitals
% Occupancy:	29.0%, lowest in cohort avg. (65%)
Special Public Funding:	Not Applicable
Trauma Center Designation:	Not Applicable
Case Mix Index:	0.63, < cohort avg. (0.85); < statewide (1.12)

Financial

Inpatient NPSR per CMAD:	\$17,566
Change FY16-FY17:	6.5%
Inpatient:Outpatient Revenue in FY17:	14%:86%
Outpatient Revenue in FY17:	\$32,639,118
Change FY16-FY17:	-10.9%
Total Revenue in FY17:	\$45,888,000
Total Surplus (Loss) in FY17:	(\$9,035,000)

Payer Mix

Public Payer Mix:	53.5% (Non-HPP* Hospital)
CY16 Commercial Statewide Relative Price:	1.97
Top 3 Commercial Payers:	Blue Cross Blue Shield of Massachusetts Neighborhood Health Plan Harvard Pilgrim Health Care

Utilization

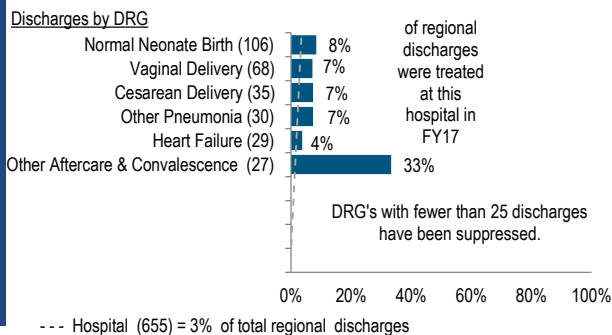
Inpatient Discharges in FY17:	655
Change FY16-FY17:	0.3%
Emergency Department Visits in FY17:	10,465
Change FY16-FY17:	-1.1%
Outpatient Visits in FY17:	17,970
Change FY16-FY17:	-5.8%

Quality

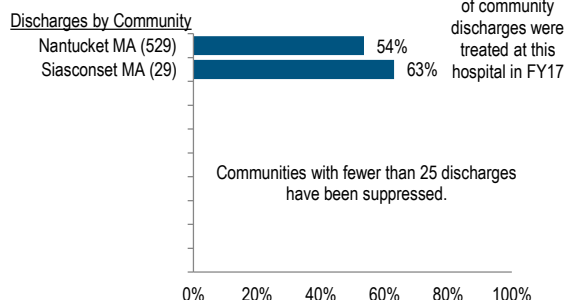
Readmission Rate in FY16:	11.0%
Change FY12-FY16 (percentage points):	-2.8
Early Elective Deliveries Rate:	Not Available

Services

What were the most common inpatient cases (DRGs) treated at the hospital in FY17? What proportion of the region's cases did this hospital treat for each service?

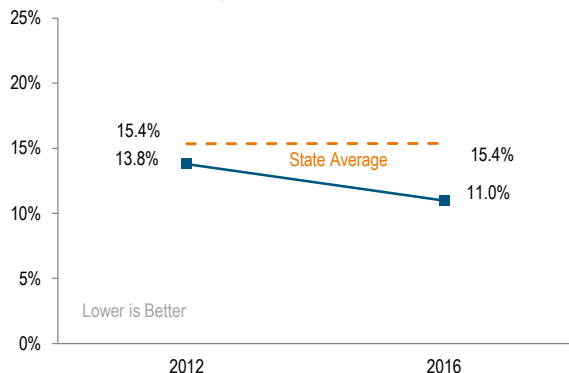


Where did most of the hospital's inpatients reside? What proportion of each community's total discharges was attributed to this hospital?



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?

Data is not available for these measures.

2017 HOSPITAL PROFILE: NANTUCKET COTTAGE HOSPITAL

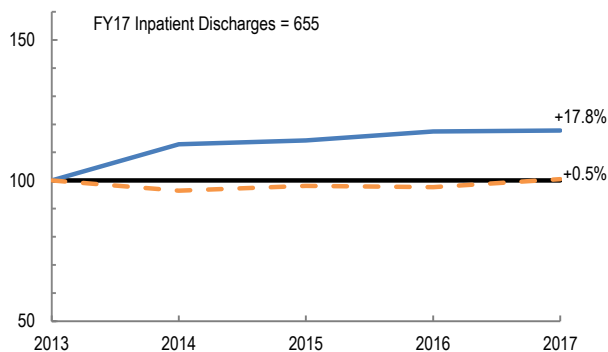
Cohort: Community Hospital

Key:

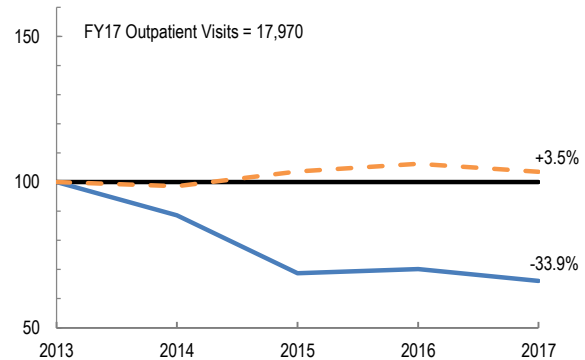


Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY13, and how does this compare to the hospital's peer cohort median? (FY13=100)

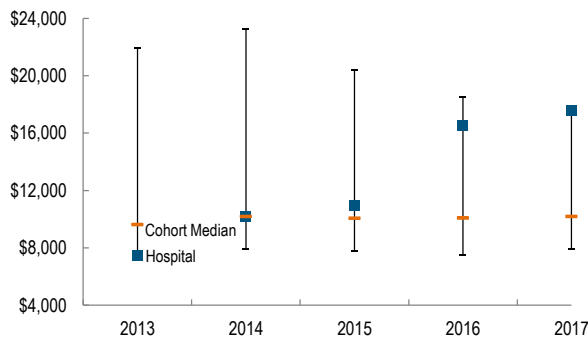


How has the volume of the hospital's outpatient visits changed compared to FY13, and how does this compare to the hospital's peer cohort median? (FY13=100)

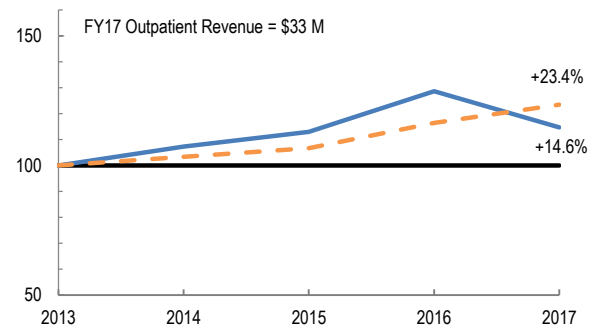


Patient Revenue Trends

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY13 and FY17, and how does this compare to the hospital's peer cohort median?



How has the hospital's total outpatient revenue changed compared to FY13, and how does this compare to the hospital's peer cohort median? (FY13=100)



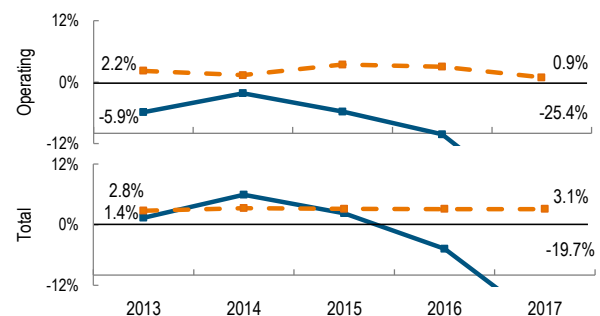
Financial Performance

How have the hospital's total revenue and costs changed between FY13 and FY17?

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

FY	2013	2014	2015	2016	2017
Operating Revenue	\$ 32.5	\$ 36.6	\$ 40.8	\$ 45.2	\$ 43.3
Non-Operating Revenue	\$ 2.5	\$ 3.2	\$ 3.6	\$ 2.6	\$ 2.6
Total Revenue	\$ 35.0	\$ 39.8	\$ 44.4	\$ 47.8	\$ 45.9
Total Costs	\$ 34.5	\$ 37.4	\$ 43.4	\$ 50.1	\$ 54.9
Total Profit (Loss)	\$ 0.5	\$ 2.3	\$ 1.0	\$ (2.3)	\$ (9.0)

What were the hospital's total margin and operating margins between FY13 and FY17, and how do these compare to the hospital's peer cohort medians?



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

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

Newton-Wellesley Hospital is a 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 decreased by 15.8% from FY13 to FY17, compared to the 3.5% median increase of its peer cohort. Newton-Wellesley incurred a loss in FY16 but reported a positive total margin of 0.4% in FY17, below the cohort median total margin of 3.1%. 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 System
Change in Ownership (FY13-17):	Not Applicable
Total Staffed Beds:	206, mid-size acute hospital
% Occupancy:	96.1%, highest in cohort avg. (65%)
Special Public Funding:	ICB°
Trauma Center Designation:	Not Applicable
Case Mix Index:	0.82, < cohort avg. (0.85); < statewide (1.12)

Financial

Inpatient NPSR per CMAD:	\$13,220
Change FY16-FY17:	1.3%
Inpatient:Outpatient Revenue in FY17:	35%:65%
Outpatient Revenue in FY17:	\$225,253,182
Change FY16-FY17:	2.1%
Total Revenue in FY17:	\$455,793,000
Total Surplus (Loss) in FY17:	\$1,766,000

Payer Mix

Public Payer Mix:	42.0% (Non-HPP* Hospital)
CY16 Commercial Statewide Relative Price:	0.97
Top 3 Commercial Payers:	Blue Cross Blue Shield of Massachusetts Harvard Pilgrim Health Care Tufts Associated HMO, Inc.

Utilization

Inpatient Discharges in FY17:	19,141
Change FY16-FY17:	1.9%
Emergency Department Visits in FY17:	55,189
Change FY16-FY17:	-1.2%
Outpatient Visits in FY17:	107,035
Change FY16-FY17:	-26.6%

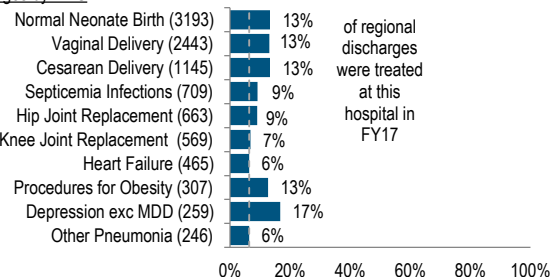
Quality

Readmission Rate in FY16:	12.0%
Change FY12-FY16 (percentage points):	-1.1
Early Elective Deliveries Rate:	1.6%

Services

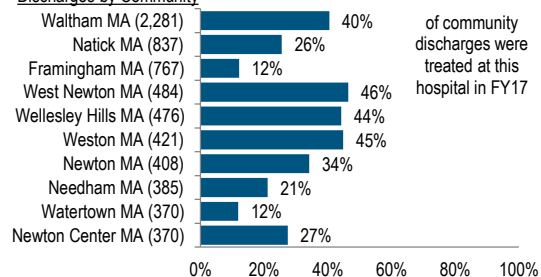
What were the most common inpatient cases (DRGs) treated at the hospital in FY17? What proportion of the region's cases did this hospital treat for each service?

Discharges by DRG



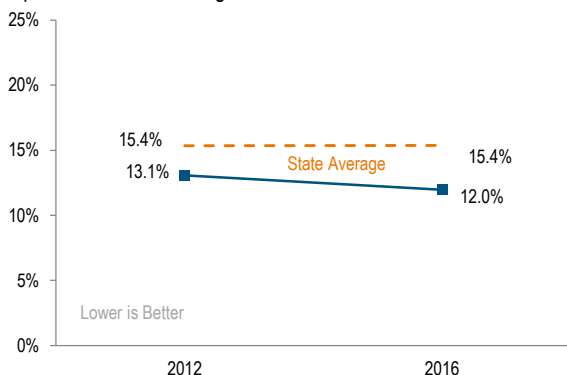
Where did most of the hospital's inpatients reside? What proportion of each community's total discharges was attributed to this hospital?

Discharges by Community

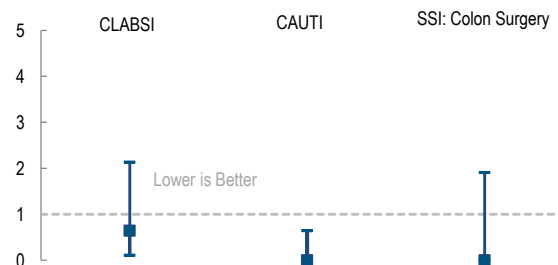


Quality

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?



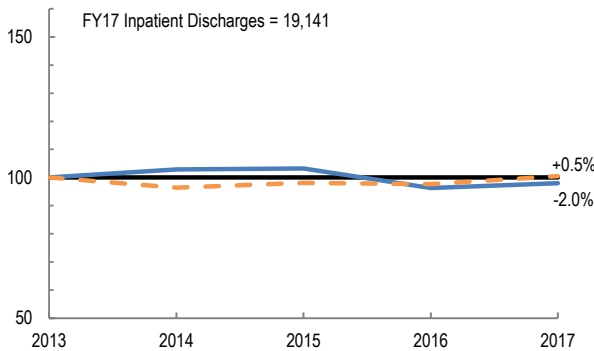
2017 HOSPITAL PROFILE: NEWTON-WELLESLEY HOSPITAL

Cohort: Community Hospital

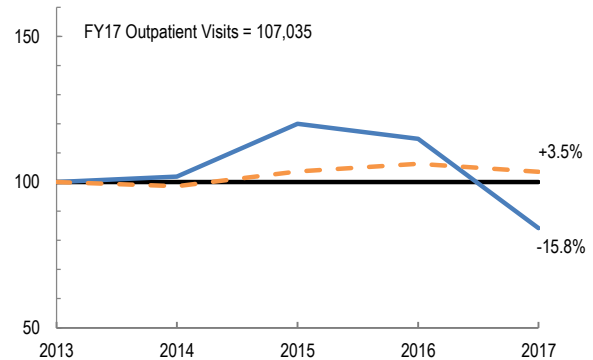
Key:



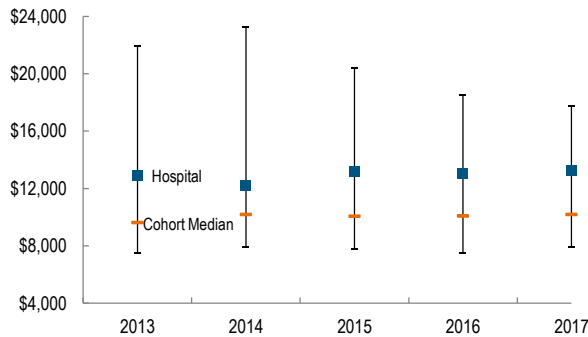
How has the volume of the hospital's inpatient discharges changed compared to FY13, and how does this compare to the hospital's peer cohort median? (FY13=100)



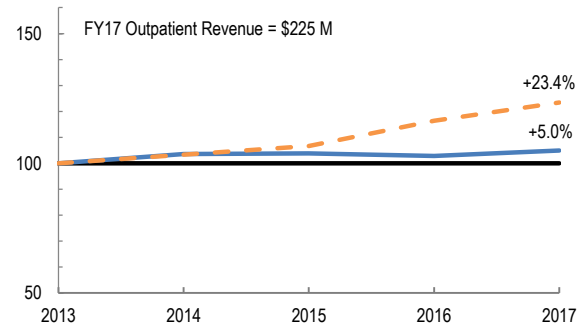
How has the volume of the hospital's outpatient visits changed compared to FY13, and how does this compare to the hospital's peer cohort median? (FY13=100)



What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY13 and FY17, and how does this compare to the hospital's peer cohort median?



How has the hospital's total outpatient revenue changed compared to FY13, and how does this compare to the hospital's peer cohort median? (FY13=100)

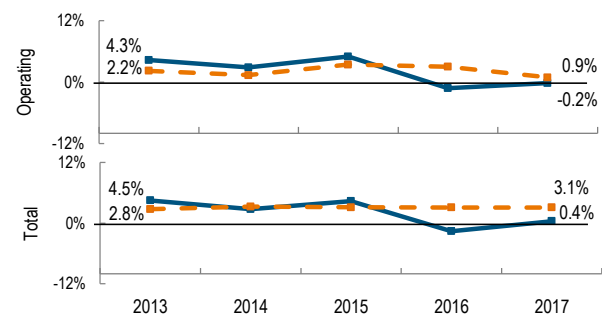


How have the hospital's total revenue and costs changed between FY13 and FY17?

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

FY	2013	2014	2015	2016	2017
Operating Revenue	\$ 415.7	\$ 426.9	\$ 444.0	\$ 434.1	\$ 453.0
Non-Operating Revenue	\$ 1.0	\$ (0.4)	\$ (2.8)	\$ (1.6)	\$ 2.8
Total Revenue	\$ 416.7	\$ 426.5	\$ 441.2	\$ 432.5	\$ 455.8
Total Costs	\$ 397.9	\$ 414.7	\$ 422.1	\$ 439.2	\$ 454.0
Total Profit (Loss)	\$ 18.8	\$ 11.8	\$ 19.2	\$ (6.8)	\$ 1.8

What were the hospital's total margin and operating margins between FY13 and FY17, and how do these compare to the hospital's peer cohort medians?



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

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

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

STEWARD NORWOOD HOSPITAL

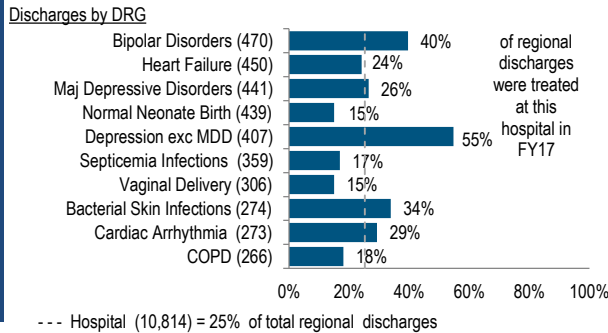
2017 Hospital Profile

Norwood, MA
Community Hospital
Metro West

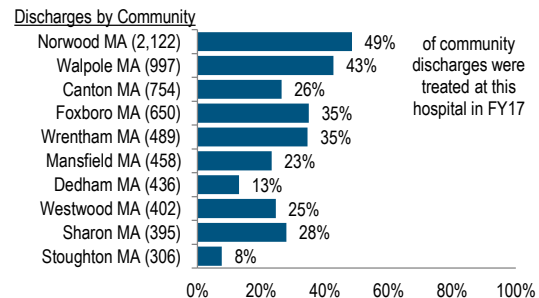
Steward Norwood Hospital is a mid-size, for-profit community hospital located in the Metro West region. Steward Norwood Hospital is a member of Steward Health Care. The hospital had a 7.9% decrease in inpatient discharges in FY17 compared to FY13, compared with a median increase of 0.5% in its cohort. It had 6.1% more outpatient visits in FY17 than in FY13, as compared to the median increase of 3.5% of its peer cohort. Steward Norwood Hospital was profitable for the fifth straight fiscal year in FY17, with a total margin of 5.1%. This is higher than its peer hospital cohort median of 3.1%.

At a Glance	Overview / Size	
	Hospital System Affiliation:	Steward Health Care
	Change in Ownership (FY13-17):	Not Applicable
	Total Staffed Beds:	192, mid-size acute hospital
	% Occupancy:	75.7%, > cohort avg. (65%)
	Special Public Funding:	ICB°
	Trauma Center Designation:	Not Applicable
	Case Mix Index:	0.92, > cohort avg. (0.85); < statewide (1.12)
	Financial	
	Inpatient NPSR per CMAD:	\$10,020
Services	Change FY16-FY17:	0.0%
	Inpatient:Outpatient Revenue in FY17:	37%:63%
	Outpatient Revenue in FY17:	\$85,707,382
	Change FY16-FY17:	1.2%
	Total Revenue in FY17:	\$189,870,837
	Total Surplus (Loss) in FY17:	\$9,611,520
	Payer Mix	
	Public Payer Mix:	62.2% (Non-HPP* Hospital)
	CY16 Commercial Statewide Relative Price:	0.90
	Top 3 Commercial Payers:	Blue Cross Blue Shield of Massachusetts Harvard Pilgrim Health Care Tufts Associated HMO, Inc.
Quality	Utilization	
	Inpatient Discharges in FY17:	10,814
	Change FY16-FY17:	-0.3%
	Emergency Department Visits in FY17:	41,750
	Change FY16-FY17:	-1.9%
	Outpatient Visits in FY17:	60,748
	Change FY16-FY17:	-0.1%
	Quality	
	Readmission Rate in FY16:	16.1%
	Change FY12-FY16 (percentage points):	1.4
	Early Elective Deliveries Rate:	0.0%

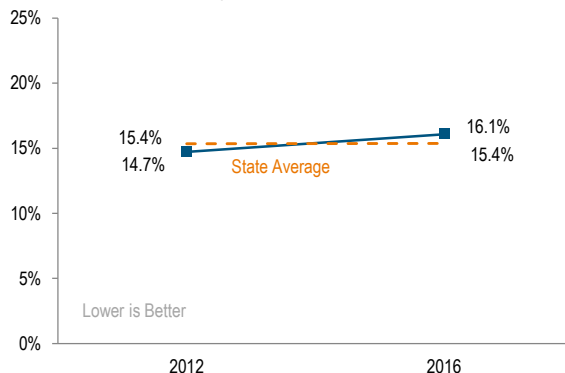
What were the most common inpatient cases (DRGs) treated at the hospital in FY17? What proportion of the region's cases did this hospital treat for each service?



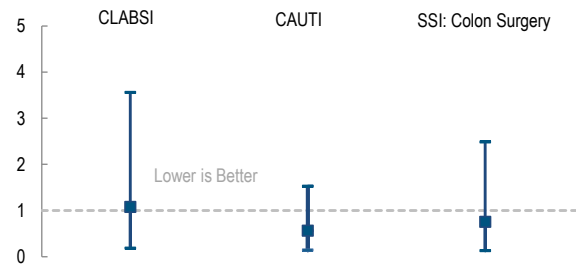
Where did most of the hospital's inpatients reside? What proportion of each community's total discharges was attributed to this hospital?



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.

2017 HOSPITAL PROFILE: STEWARD NORWOOD HOSPITAL

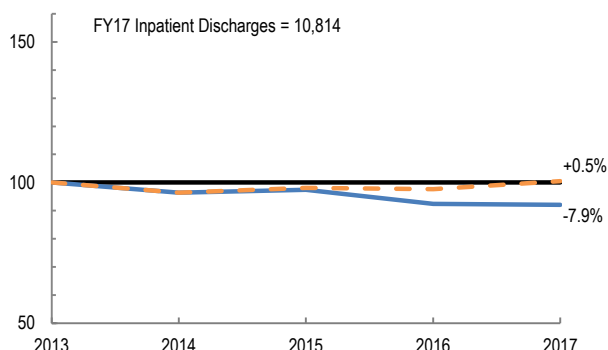
Cohort: Community Hospital

Key:

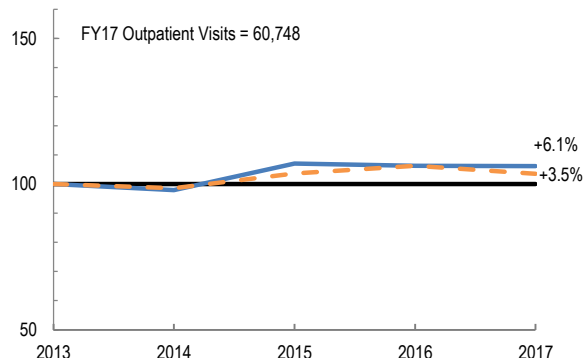


Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY13, and how does this compare to the hospital's peer cohort median? (FY13=100)

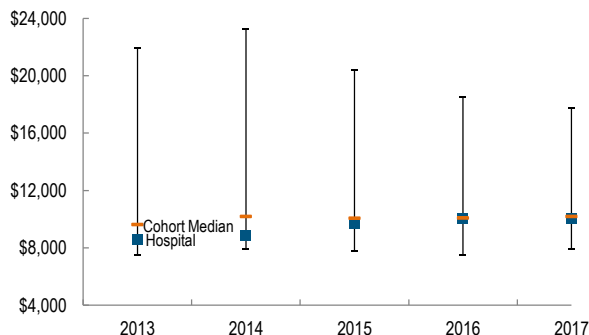


How has the volume of the hospital's outpatient visits changed compared to FY13, and how does this compare to the hospital's peer cohort median? (FY13=100)

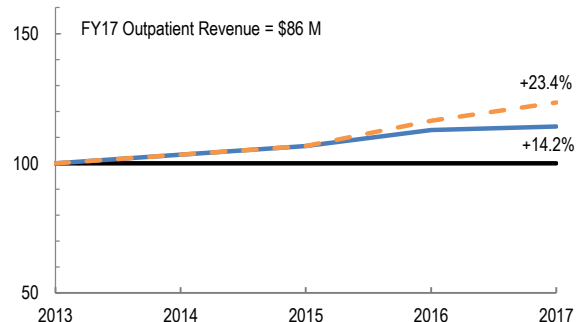


Patient Revenue Trends

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY13 and FY17, and how does this compare to the hospital's peer cohort median?



How has the hospital's total outpatient revenue changed compared to FY13, and how does this compare to the hospital's peer cohort median? (FY13=100)



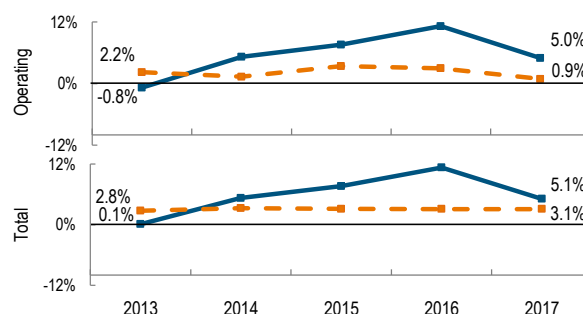
Financial Performance

How have the hospital's total revenue and costs changed between FY13 and FY17?

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

FY	2013	2014	2015	2016	2017
Operating Revenue	\$ 168.7	\$ 173.8	\$ 181.4	\$ 189.0	\$ 189.8
Non-Operating Revenue	\$ 1.6	\$ 0.1	\$ 0.1	\$ 0.1	\$ 0.1
Total Revenue	\$ 170.3	\$ 173.9	\$ 181.4	\$ 189.1	\$ 189.9
Total Costs	\$ 170.1	\$ 164.7	\$ 167.6	\$ 167.9	\$ 180.3
Total Profit (Loss)	\$ 0.2	\$ 9.2	\$ 13.8	\$ 21.3	\$ 9.6

What were the hospital's total margin and operating margins between FY13 and FY17, and how do these compare to the hospital's peer cohort medians?



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

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

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

SOUTH SHORE HOSPITAL

2017 Hospital Profile

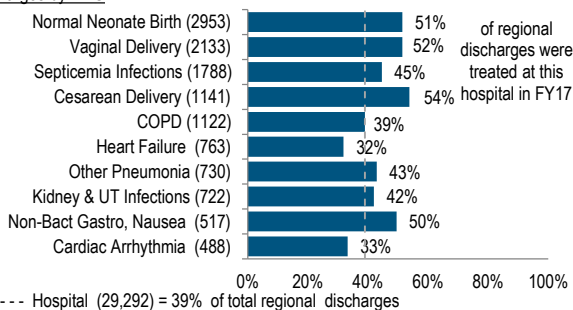
South Weymouth, MA
Community Hospital
Metro South

South Shore Hospital is a large, non-profit community hospital located in the Metro South region. Inpatient discharges at South Shore Hospital in FY17 were 17.4% higher than in FY13, compared with a 0.5% increase in the cohort median. Outpatient visits increased by 5.6% between FY13 and FY17 at the hospital, compared to a median increase of 3.5% in peer cohort hospitals. South Shore Hospital was responsible for 39% of the region's discharges but was responsible for over half of the region's birth related discharges. South Shore Hospital was profitable from FY13 to FY17, with a total margin of 1.6% in FY17, lower than the median total margin of 3.1% for its peer cohort.

At a Glance	Overview / Size	
	Hospital System Affiliation:	South Shore Health System
	Change in Ownership (FY13-17):	Not Applicable
	Total Staffed Beds:	432, 8th largest acute hospital
	% Occupancy:	78.6%, > cohort avg. (65%)
	Special Public Funding:	Not Applicable
	Trauma Center Designation:	Adult: Level 2
	Case Mix Index:	0.89, > cohort avg. (0.85); < statewide (1.12)
	Financial	
	Inpatient NPSR per CMAD:	\$11,443
Services	Change FY16-FY17:	3.3%
	Inpatient:Outpatient Revenue in FY17:	45%:55%
	Outpatient Revenue in FY17:	\$264,415,806
	Change FY16-FY17:	-0.7%
	Total Revenue in FY17:	\$602,060,820
	Total Surplus (Loss) in FY17:	\$9,628,143
	Payer Mix	
	Public Payer Mix:	60.0% (Non-HPP* Hospital)
	CY16 Commercial Statewide Relative Price:	1.08
	Top 3 Commercial Payers:	Blue Cross Blue Shield of Massachusetts Harvard Pilgrim Health Care Tufts Associated HMO, Inc.
Quality	Utilization	
	Inpatient Discharges in FY17:	29,292
	Change FY16-FY17:	2.2%
	Emergency Department Visits in FY17:	95,898
	Change FY16-FY17:	-1.8%
	Outpatient Visits in FY17:	321,763
	Change FY16-FY17:	-2.2%
	Quality	
	Readmission Rate in FY16:	16.2%
	Change FY12-FY16 (percentage points):	0.5
	Early Elective Deliveries Rate:	1.0%

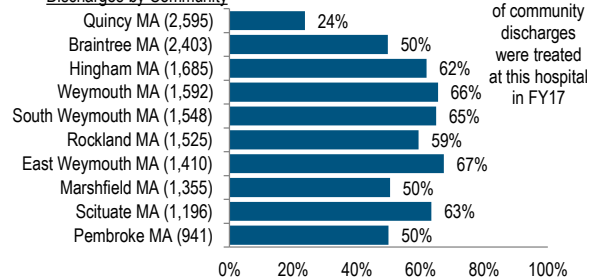
What were the most common inpatient cases (DRGs) treated at the hospital in FY17? What proportion of the region's cases did this hospital treat for each service?

Discharges by DRG

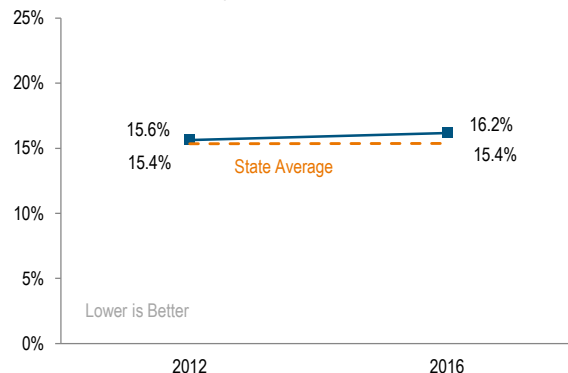


Where did most of the hospital's inpatients reside? What proportion of each community's total discharges was attributed to this hospital?

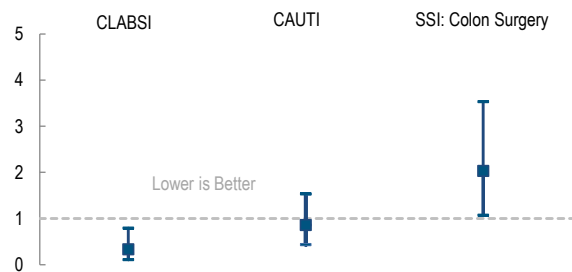
Discharges by Community



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.

2017 HOSPITAL PROFILE: SOUTH SHORE HOSPITAL

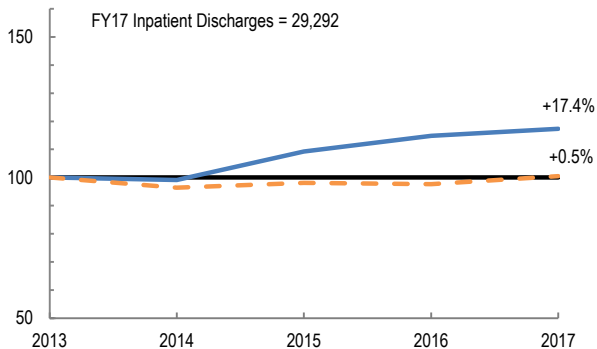
Cohort: Community Hospital

Key:

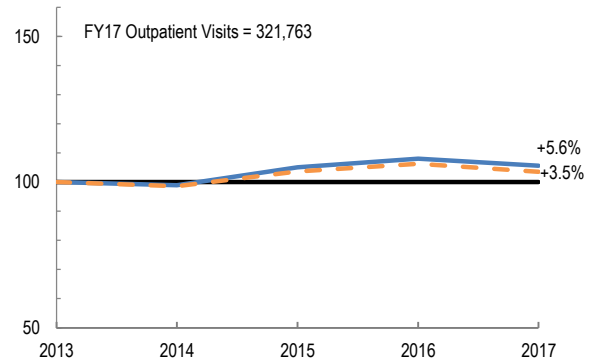


Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY13, and how does this compare to the hospital's peer cohort median? (FY13=100)

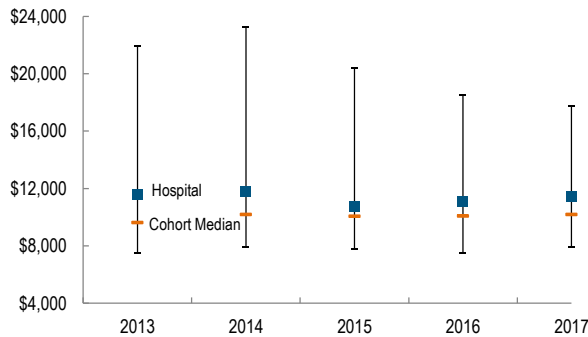


How has the volume of the hospital's outpatient visits changed compared to FY13, and how does this compare to the hospital's peer cohort median? (FY13=100)

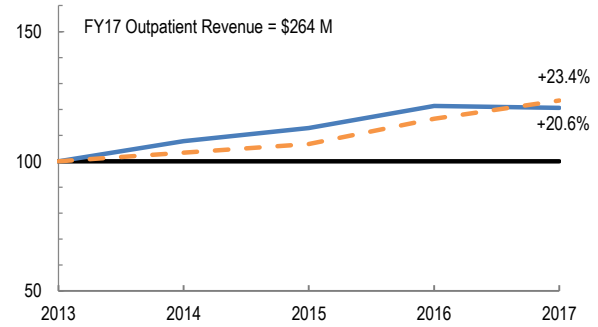


Patient Revenue Trends

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY13 and FY17, and how does this compare to the hospital's peer cohort median?



How has the hospital's total outpatient revenue changed compared to FY13, and how does this compare to the hospital's peer cohort median? (FY13=100)



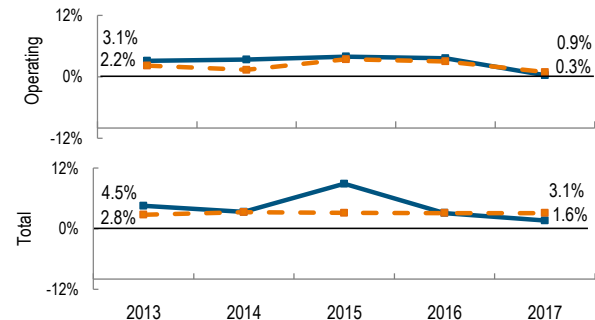
Financial Performance

How have the hospital's total revenue and costs changed between FY13 and FY17?

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

FY	2013	2014	2015	2016	2017
Operating Revenue	\$ 472.4	\$ 495.1	\$ 536.1	\$ 573.3	\$ 594.3
Non-Operating Revenue	\$ 6.8	\$ (0.2)	\$ 27.8	\$ (3.2)	\$ 7.8
Total Revenue	\$ 479.2	\$ 494.9	\$ 563.8	\$ 570.1	\$ 602.1
Total Costs	\$ 457.5	\$ 478.5	\$ 513.8	\$ 552.7	\$ 592.4
Total Profit (Loss)	\$ 21.7	\$ 16.4	\$ 50.0	\$ 17.5	\$ 9.6

What were the hospital's total margin and operating margins between FY13 and FY17, and how do these compare to the hospital's peer cohort medians?



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

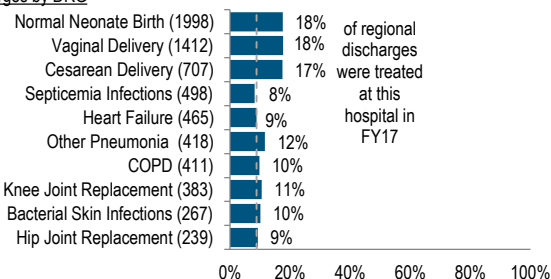
* High Public Payer Hospitals (HPP) receive a minimum of 63% of gross patient service revenue from public payers.

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 inpatient discharges decreased by -5.7% between FY13 and FY17, as compared with the cohort median increase of 0.5%. Outpatient visits at Winchester Hospital decreased by 13.0% over the period, compared with a median 3.5% increase among peer cohort hospitals. Winchester Hospital earned a profit each year from FY13 to FY17, with a 5.4% total margin in FY17, 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 (FY13-17):	Lahey Health - 2014
	Total Staffed Beds:	229, mid-size acute hospital
	% Occupancy:	57.6%, < cohort avg. (65%)
	Special Public Funding:	CHART ⁺ , ICB ⁺
	Trauma Center Designation:	Not Applicable
	Case Mix Index:	0.79, < cohort avg. (0.85); < statewide (1.12)
	Financial	
	Inpatient NPSR per CMAD:	\$12,029
Services	Change FY16-FY17:	-1.0%
	Inpatient:Outpatient Revenue in FY17:	28%:72%
	Outpatient Revenue in FY17:	\$141,296,266
	Change FY16-FY17:	-3.4%
	Total Revenue in FY17:	\$293,858,948
	Total Surplus (Loss) in FY17:	\$15,993,804
	Payer Mix	
	Public Payer Mix:	46.3% (Non-HPP* Hospital)
	CY16 Commercial Statewide Relative Price:	0.87
	Top 3 Commercial Payers:	Blue Cross Blue Shield of Massachusetts Harvard Pilgrim Health Care Tufts Associated HMO, Inc.
Quality	Utilization	
	Inpatient Discharges in FY17:	12,571
	Change FY16-FY17:	-3.4%
	Emergency Department Visits in FY17:	39,637
	Change FY16-FY17:	-3.7%
	Outpatient Visits in FY17:	197,770
	Change FY16-FY17:	-16.5%
	Quality	
	Readmission Rate in FY16:	13.1%
	Change FY12-FY16 (percentage points):	-0.5
	Early Elective Deliveries Rate:	0.0%

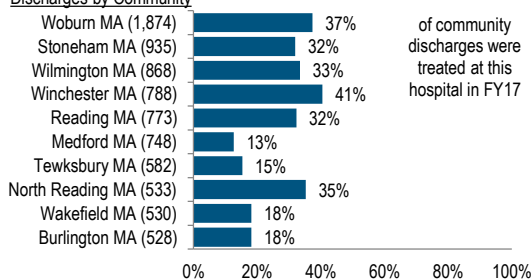
What were the most common inpatient cases (DRGs) treated at the hospital in FY17? What proportion of the region's cases did this hospital treat for each service?

Discharges by DRG

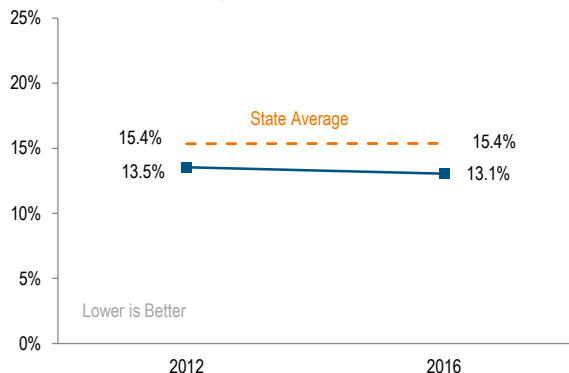


Where did most of the hospital's inpatients reside? What proportion of each community's total discharges was attributed to this hospital?

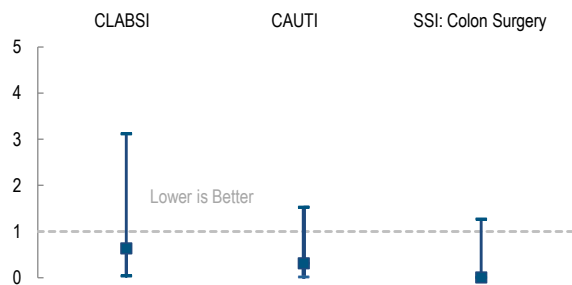
Discharges by Community



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?



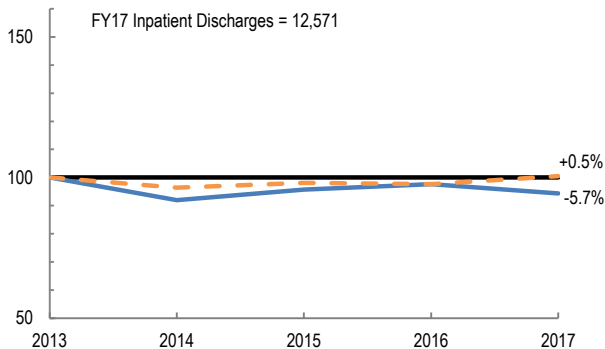
2017 HOSPITAL PROFILE: WINCHESTER HOSPITAL

Cohort: Community Hospital

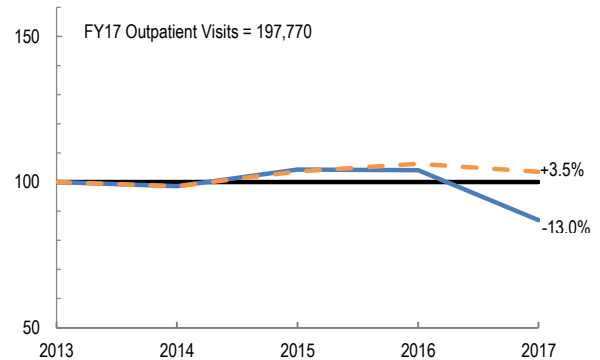
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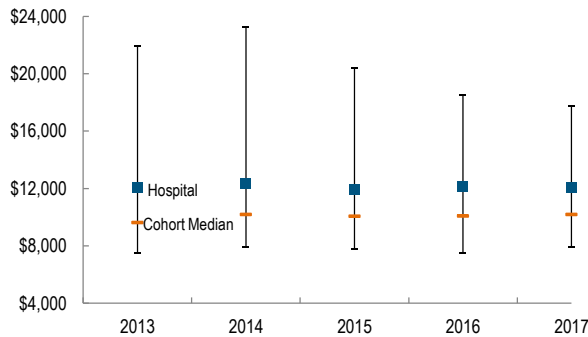
How has the volume of the hospital's inpatient discharges changed compared to FY13, and how does this compare to the hospital's peer cohort median? (FY13=100)



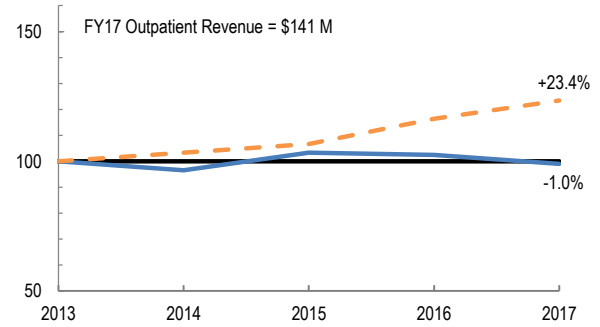
How has the volume of the hospital's outpatient visits changed compared to FY13, and how does this compare to the hospital's peer cohort median? (FY13=100)



What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY13 and FY17, and how does this compare to the hospital's peer cohort median?



How has the hospital's total outpatient revenue changed compared to FY13, and how does this compare to the hospital's peer cohort median? (FY13=100)

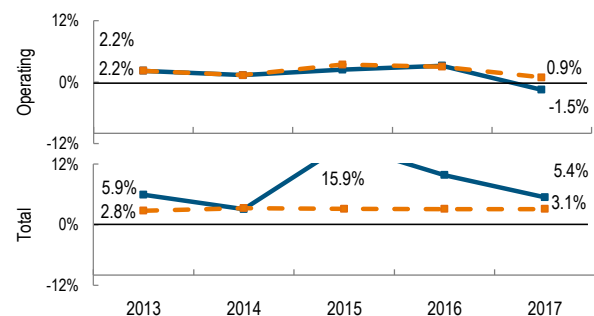


How have the hospital's total revenue and costs changed between FY13 and FY17?

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

FY	2013	2014	2015	2016	2017
Operating Revenue	\$ 272.7	\$ 266.8	\$ 273.9	\$ 281.5	\$ 273.5
Non-Operating Revenue	\$ 10.5	\$ 4.7	\$ 42.7	\$ 19.9	\$ 20.3
Total Revenue	\$ 283.2	\$ 271.5	\$ 316.6	\$ 301.4	\$ 293.9
Total Costs	\$ 266.4	\$ 263.1	\$ 266.3	\$ 271.9	\$ 277.9
Total Profit (Loss)	\$ 16.8	\$ 8.4	\$ 50.3	\$ 29.5	\$ 16.0

What were the hospital's total margin and operating margins between FY13 and FY17, 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).

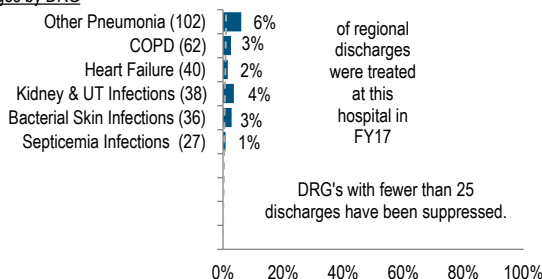
° For more information on Infrastructure and Capacity Building (ICB) special funding, please contact the Massachusetts Executive Office of Health and Human Services (EOHHS).

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 total margin of 7.1% in FY17, above the cohort median of 3.8%.

At a Glance	Overview / Size	
	Hospital System Affiliation:	Heywood Healthcare
	Change in Ownership (FY13-17):	Not Applicable
	Total Staffed Beds:	18, the smallest acute hospital
	% Occupancy:	57.1%, < cohort avg. (66%)
	Special Public Funding:	CHART ⁺ , ICB ⁺
	Trauma Center Designation:	Not Applicable
	Case Mix Index:	0.76, < cohort avg. (0.92); < statewide (1.12)
	Financial	
	Inpatient NPSR per CMAD:	\$16,250
Services	Change FY16-FY17:	3.0%
	Inpatient:Outpatient Revenue in FY17:	13%:87%
	Outpatient Revenue in FY17:	\$17,908,651
	Change FY16-FY17:	6.3%
	Total Revenue in FY17:	\$27,028,827
	Total Surplus (Loss) in FY17:	\$1,923,862
	Payer Mix	
	Public Payer Mix:	70.9% (HPP* Hospital)
	CY16 Commercial Statewide Relative Price:	0.91
	Top 3 Commercial Payers:	Fallon Community Health Plan Blue Cross Blue Shield of Massachusetts Tufts Associated HMO, Inc.
Quality	Utilization	
	Inpatient Discharges in FY17:	656
	Change FY16-FY17:	29.1%
	Emergency Department Visits in FY17:	10,821
	Change FY16-FY17:	-2.2%
	Outpatient Visits in FY17:	12,907
	Change FY16-FY17:	0.6%
	Quality	
	Readmission Rate in FY16:	13.5%
	Change FY12-FY16 (percentage points):	0.4
	Early Elective Deliveries Rate:	Not Available

What were the most common inpatient cases (DRGs) treated at the hospital in FY17? What proportion of the region's cases did this hospital treat for each service?

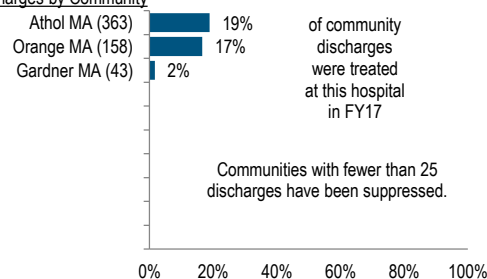
Discharges by DRG



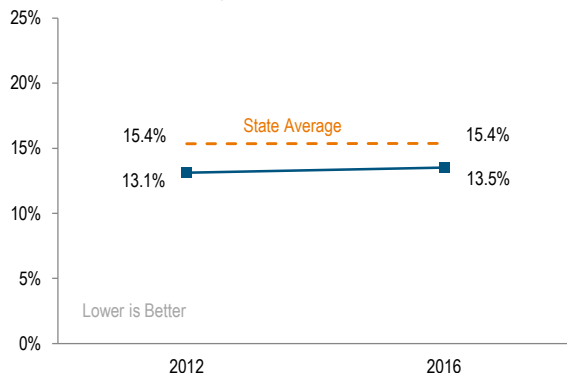
--- Hospital (656) = 1% of total regional discharges

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?

Data is not available for these measures.

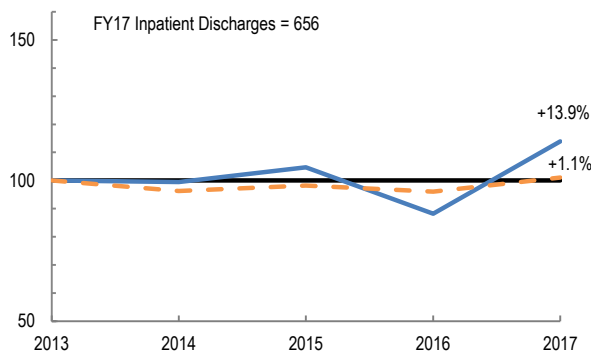
2017 HOSPITAL PROFILE: ATHOL HOSPITAL

Cohort: Community High Public Payer Hospital

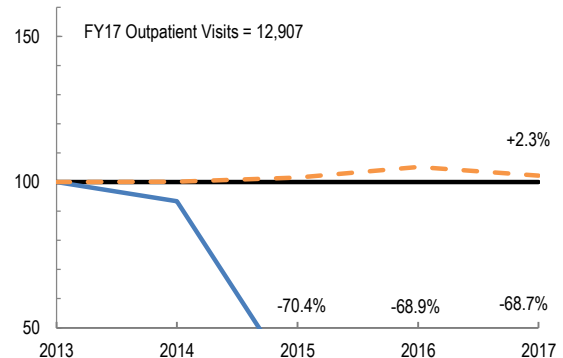
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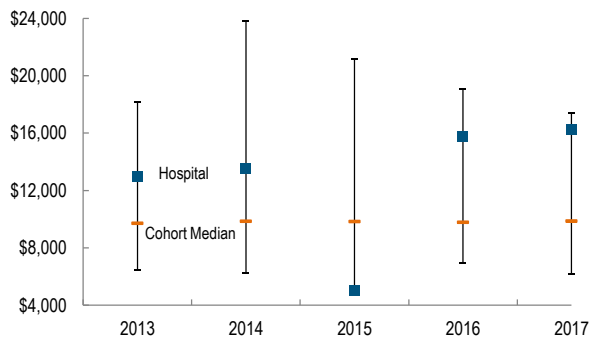
How has the volume of the hospital's inpatient discharges changed compared to FY13, and how does this compare to the hospital's peer cohort median? (FY13=100)



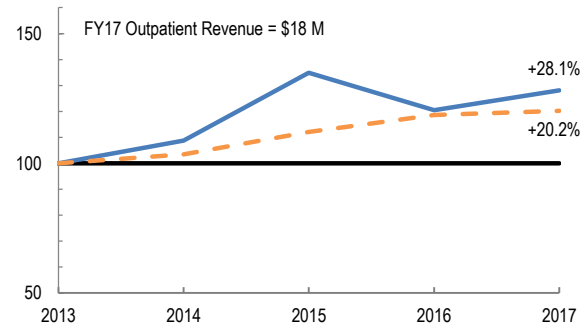
How has the volume of the hospital's outpatient visits changed compared to FY13, and how does this compare to the hospital's peer cohort median? (FY13=100)



What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY13 and FY17, and how does this compare to the hospital's peer cohort median?



How has the hospital's total outpatient revenue changed compared to FY13, and how does this compare to the hospital's peer cohort median? (FY13=100)

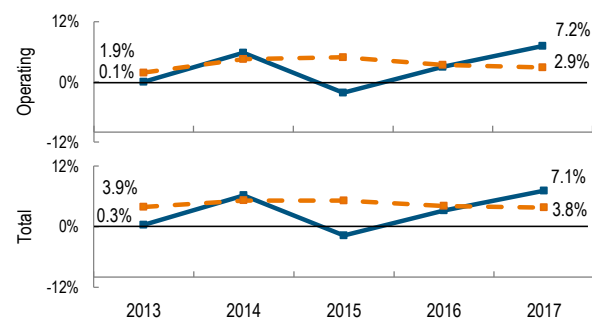


How have the hospital's total revenue and costs changed between FY13 and FY17?

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

FY	2013	2014	2015	2016	2017
Operating Revenue	\$ 19.5	\$ 22.8	\$ 22.9	\$ 23.7	\$ 27.1
Non-Operating Revenue	\$ 0.1	\$ 0.1	\$ 0.1	\$ 0.1	(0.0)
Total Revenue	\$ 19.5	\$ 22.8	\$ 23.0	\$ 23.8	\$ 27.0
Total Costs	\$ 19.5	\$ 21.4	\$ 23.4	\$ 23.0	\$ 25.1
Total Profit (Loss)	\$ 0.1	\$ 1.4	\$ (0.4)	\$ 0.8	\$ 1.9

What were the hospital's total margin and operating margins between FY13 and FY17, 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).

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

BAYSTATE FRANKLIN MEDICAL CENTER

2017 Hospital Profile

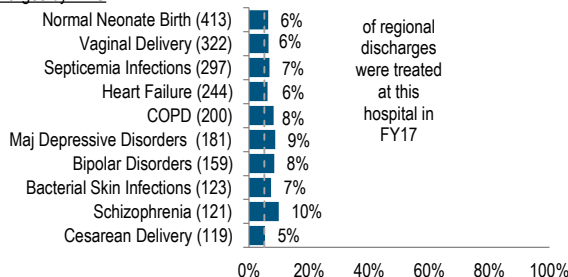
Greenfield, MA
Community High Public Payer Hospital
Western Massachusetts

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 FY13 and FY17, the volume of inpatient discharges at the hospital increased by 19.2% compared to a median increase of 1.1% at cohort hospitals. Outpatient visits decreased by 31.8% for the hospital between FY13 and FY17, compared to a median increase of 2.3% for its peer cohort. Baystate Franklin Medical Center a loss in FY17 after three consecutive years of reporting a profit.

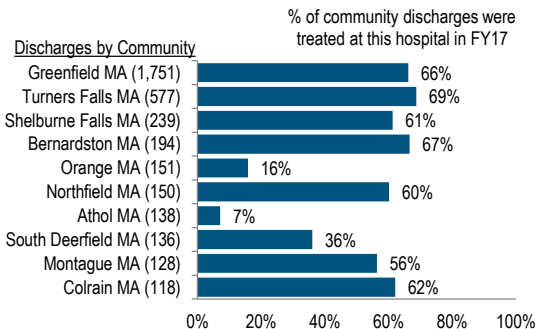
At a Glance	Overview / Size	
	Hospital System Affiliation:	Baystate Health
	Change in Ownership (FY13-17):	Not Applicable
	Total Staffed Beds:	107, mid-size acute hospital
	% Occupancy:	49.5%, < cohort avg. (66%)
	Special Public Funding:	CHART ⁺ , ICB ⁺
	Trauma Center Designation:	Not Applicable
	Case Mix Index:	0.82, < cohort avg. (0.92); < statewide (1.12)
	Financial	
	Inpatient NPSR per CMAD:	\$9,393
Services	Change FY16-FY17:	-5.8%
	Inpatient:Outpatient Revenue in FY17:	29%:71%
	Outpatient Revenue in FY17:	\$53,354,690
	Change FY16-FY17:	3.3%
	Total Revenue in FY17:	\$99,597,000
	Total Surplus (Loss) in FY17:	(\$209,000)
	Payer Mix	
	Public Payer Mix:	69.2% (HPP* Hospital)
	CY16 Commercial Statewide Relative Price:	0.97
	Top 3 Commercial Payers:	Blue Cross Blue Shield of Massachusetts Health New England, Inc. Harvard Pilgrim Health Care
Quality	Utilization	
	Inpatient Discharges in FY17:	5,163
	Change FY16-FY17:	1.5%
	Emergency Department Visits in FY17:	24,407
	Change FY16-FY17:	-6.0%
	Outpatient Visits in FY17:	31,390
	Change FY16-FY17:	-35.2%
	Quality	
	Readmission Rate in FY16:	14.9%
	Change FY12-FY16 (percentage points):	0.0
	Early Elective Deliveries Rate:	0.0%

What were the most common inpatient cases (DRGs) treated at the hospital in FY17? What proportion of the region's cases did this hospital treat for each service?

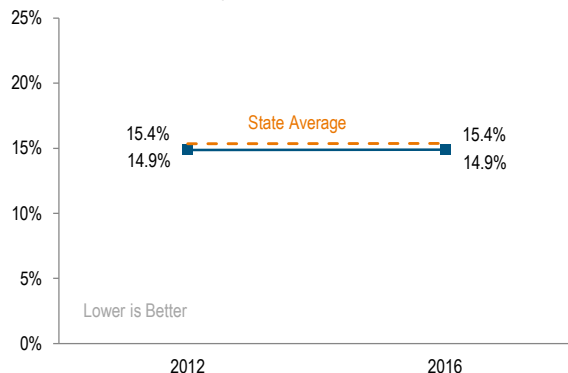
Discharges by DRG



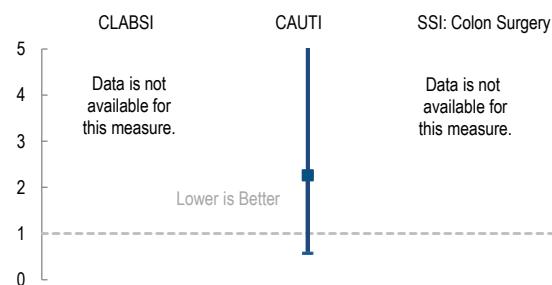
Where did most of the hospital's inpatients reside? What proportion of each community's total discharges was attributed to this hospital?



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.

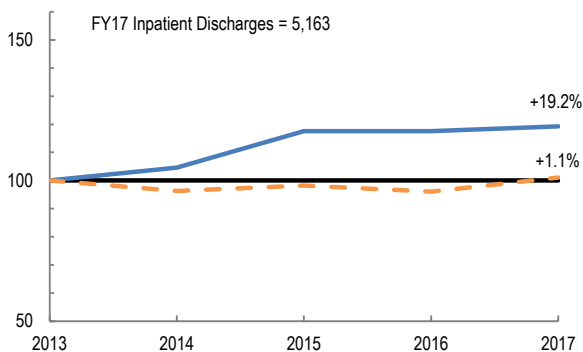
2017 HOSPITAL PROFILE: BAYSTATE FRANKLIN MEDICAL CENTER

Cohort: Community High Public Payer Hospital

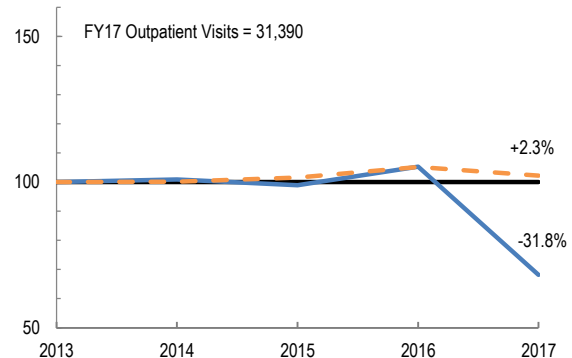
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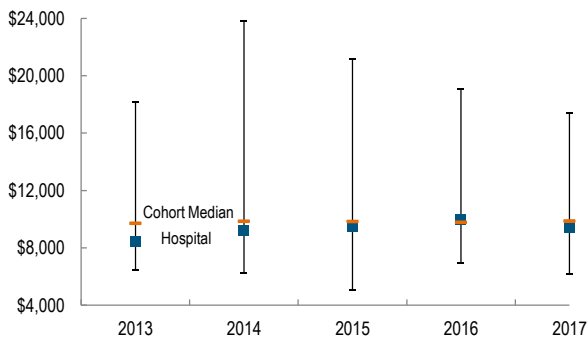
How has the volume of the hospital's inpatient discharges changed compared to FY13, and how does this compare to the hospital's peer cohort median? (FY13=100)



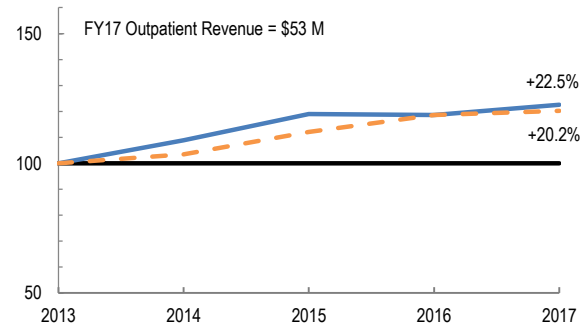
How has the volume of the hospital's outpatient visits changed compared to FY13, and how does this compare to the hospital's peer cohort median? (FY13=100)



What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY13 and FY17, and how does this compare to the hospital's peer cohort median?



How has the hospital's total outpatient revenue changed compared to FY13, and how does this compare to the hospital's peer cohort median? (FY13=100)

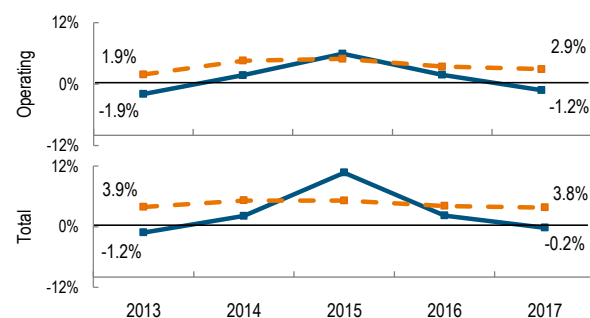


How have the hospital's total revenue and costs changed between FY13 and FY17?

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

FY	2013	2014	2015	2016	2017
Operating Revenue	\$ 77.6	\$ 83.5	\$ 94.5	\$ 98.2	\$ 98.6
Non-Operating Revenue	\$ 0.6	\$ 0.3	\$ 4.7	\$ 0.4	\$ 1.0
Total Revenue	\$ 78.2	\$ 83.8	\$ 99.3	\$ 98.6	\$ 99.6
Total Costs	\$ 79.1	\$ 82.0	\$ 88.6	\$ 96.4	\$ 99.8
Total Profit (Loss)	\$ (0.9)	\$ 1.8	\$ 10.6	\$ 2.2	\$ (0.2)

What were the hospital's total margin and operating margins between FY13 and FY17, 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).

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

BAYSTATE NOBLE HOSPITAL

2017 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 FY13 and FY17, inpatient discharges at the hospital decreased by 14.0% and outpatient visits decreased by 38.1%. Both of these measures were lower than the median increase for its peer cohort, which was 1.1% for inpatient discharges and 2.3% for outpatient visits. Baystate Noble reported a loss in FY17 after four years of reporting a profit.

At a Glance

Overview / Size

Hospital System Affiliation:	Baystate Health
Change in Ownership (FY13-17):	Baystate Health - 2015
Total Staffed Beds:	97, among the smaller acute hospitals
% Occupancy:	43.9%, < cohort avg. (66%)
Special Public Funding:	CHART ^a , ICB ^b
Trauma Center Designation:	Not Applicable
Case Mix Index:	1.00, > cohort avg. (0.92); < statewide (1.12)

Financial

Inpatient NPSR per CMAD:	\$9,722
Change FY16-FY17:	9.2%
Inpatient:Outpatient Revenue in FY17:	35%:65%
Outpatient Revenue in FY17:	\$27,203,814
Change FY16-FY17:	-19.4%
Total Revenue in FY17:	\$56,659,555
Total Surplus (Loss) in FY17:	(\$332,050)

Payer Mix

Public Payer Mix:	67.5% (HPP* Hospital)
CY16 Commercial Statewide Relative Price:	0.68
Top 3 Commercial Payers:	Blue Cross Blue Shield of Massachusetts Health New England, Inc. Cigna Health and Life Ins. Co. (EAST)

Utilization

Inpatient Discharges in FY17:	2,875
Change FY16-FY17:	-5.1%
Emergency Department Visits in FY17:	27,592
Change FY16-FY17:	-2.4%
Outpatient Visits in FY17:	28,352
Change FY16-FY17:	-34.2%

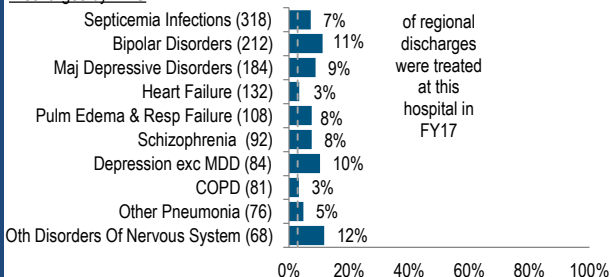
Quality

Readmission Rate in FY16:	14.4%
Change FY12-FY16 (percentage points):	-1.4
Early Elective Deliveries Rate:	Not Available

Services

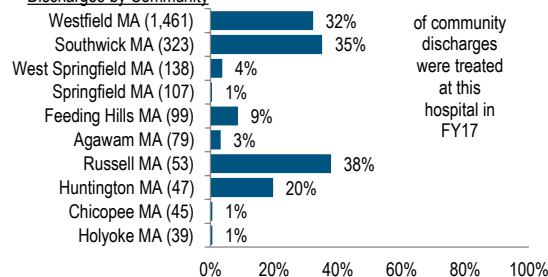
What were the most common inpatient cases (DRGs) treated at the hospital in FY17? What proportion of the region's cases did this hospital treat for each service?

Discharges by DRG



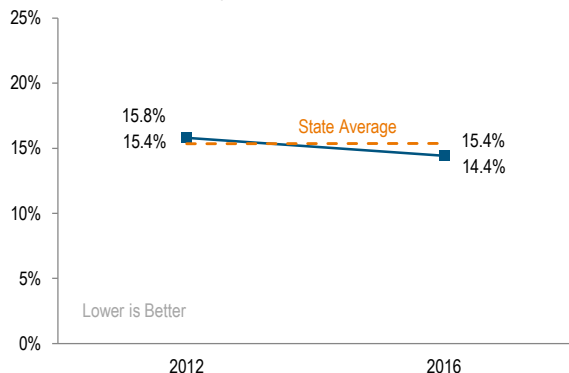
Where did most of the hospital's inpatients reside? What proportion of each community's total discharges was attributed to this hospital?

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.

2017 HOSPITAL PROFILE: BAYSTATE NOBLE HOSPITAL

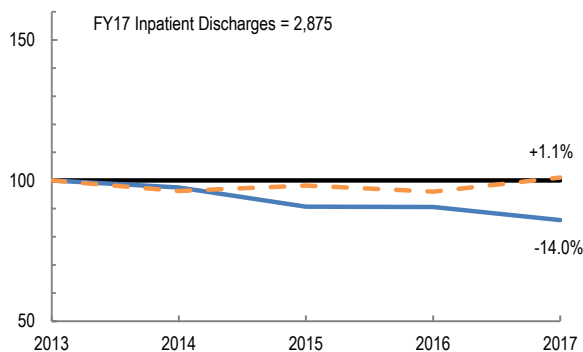
Cohort: Community High Public Payer Hospital

Key:

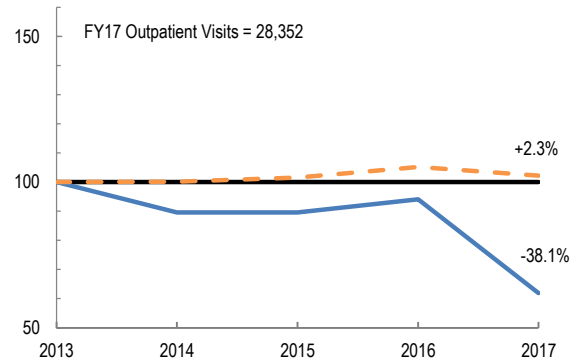


Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY13, and how does this compare to the hospital's peer cohort median? (FY13=100)

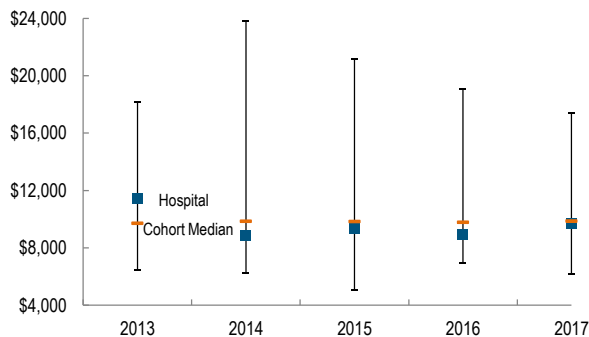


How has the volume of the hospital's outpatient visits changed compared to FY13, and how does this compare to the hospital's peer cohort median? (FY13=100)

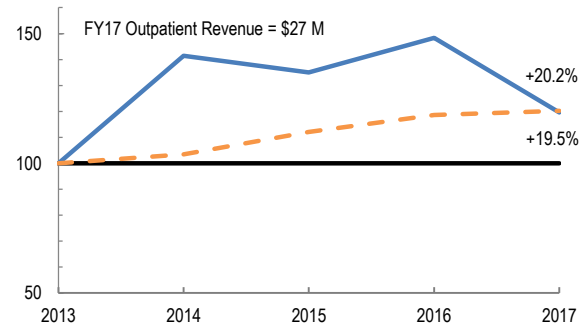


Patient Revenue Trends

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY13 and FY17, and how does this compare to the hospital's peer cohort median?



How has the hospital's total outpatient revenue changed compared to FY13, and how does this compare to the hospital's peer cohort median? (FY13=100)



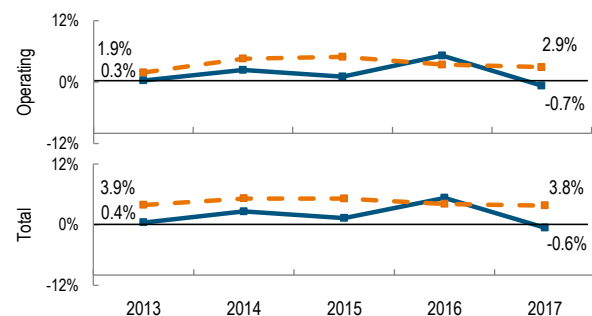
Financial Performance

How have the hospital's total revenue and costs changed between FY13 and FY17?

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

FY	2013	2014	2015	2016	2017
Operating Revenue	\$ 54.8	\$ 57.3	\$ 58.8	\$ 61.1	\$ 56.6
Non-Operating Revenue	\$ 0.1	\$ 0.1	\$ 0.1	\$ 0.1	\$ 0.1
Total Revenue	\$ 54.9	\$ 57.4	\$ 58.9	\$ 61.2	\$ 56.7
Total Costs	\$ 54.6	\$ 55.9	\$ 58.1	\$ 57.9	\$ 57.0
Total Profit (Loss)	\$ 0.2	\$ 1.5	\$ 0.8	\$ 3.3	\$ (0.3)

What were the hospital's total margin and operating margins between FY13 and FY17, 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).

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

BAYSTATE WING HOSPITAL

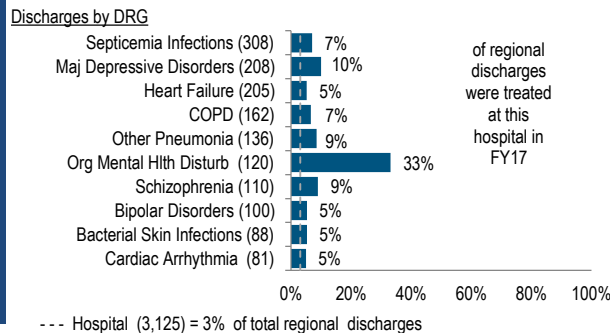
2017 Hospital Profile

Palmer & Ware, MA
Community High Public Payer Hospital
Western Massachusetts

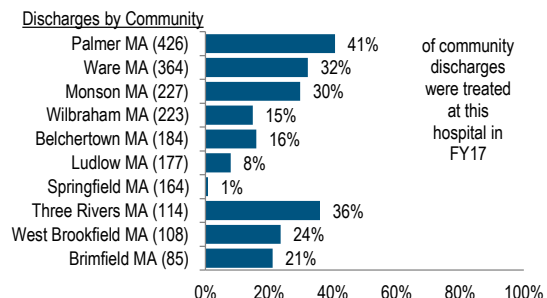
Baystate Wing Hospital is a non-profit community-High Public Payer (HPP) hospital located in the Western Massachusetts region. It is among the smaller acute hospitals in Massachusetts. Baystate Wing Hospital joined Baystate Health effective September 1, 2014. Baystate Mary Lane Hospital merged with Baystate Wing Hospital effective September 10, 2016. Baystate Wing Hospital was responsible for 3% of regional discharges but accounted for 33% of the regions Organic Mental Health Disturbance discharges. Baystate Wing Hospital reported a profit in FY13 and FY14 but reported losses in FY15-FY17.

At a Glance	Overview / Size	
	Hospital System Affiliation:	Baystate Health
	Change in Ownership (FY13-17):	Merged w Mary Lane 9/10/16
	Total Staffed Beds:	74, among the smaller acute hospitals
	% Occupancy:	61.6%, < cohort avg. (66%)
	Special Public Funding:	CHART ⁺ , ICB ⁺
	Trauma Center Designation:	Not Applicable
	Case Mix Index:	0.93, > cohort avg. (0.92); < statewide (1.12)
	Financial	
	Inpatient NPSR per CMAD:	\$7,881
Services	Change FY16-FY17:	0.9%
	Inpatient:Outpatient Revenue in FY17:	25%:75%
	Outpatient Revenue in FY17:	\$57,437,441
	Change FY16-FY17:	8.8%
	Total Revenue in FY17:	\$87,645,000
	Total Surplus (Loss) in FY17:	(\$9,057,000)
	Payer Mix	
	Public Payer Mix:	70.3% (HPP* Hospital)
	CY16 Commercial Statewide Relative Price:	0.75
	Top 3 Commercial Payers:	Blue Cross Blue Shield of Massachusetts Health New England, Inc. UniCare Life and Health Insurance Co.
Quality	Utilization	
	Inpatient Discharges in FY17:	3,125
	Change FY16-FY17:	11.1%
	Emergency Department Visits in FY17:	31,571
	Change FY16-FY17:	47.5%
	Outpatient Visits in FY17:	134,604
	Change FY16-FY17:	-11.4%
	Quality	
	Readmission Rate in FY16:	14.8%
	Change FY12-FY16 (percentage points):	-1.9
	Early Elective Deliveries Rate:	Not Available

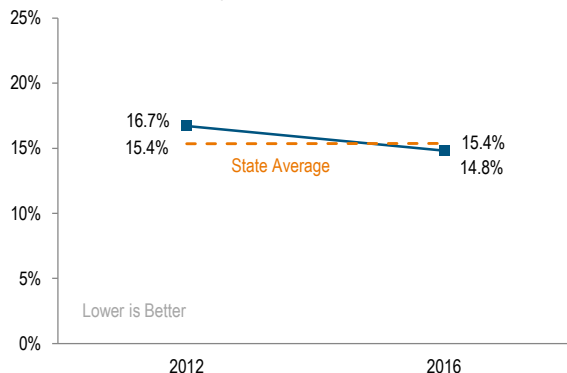
What were the most common inpatient cases (DRGs) treated at the hospital in FY17? What proportion of the region's cases did this hospital treat for each service?



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.

2017 HOSPITAL PROFILE: BAYSTATE WING HOSPITAL

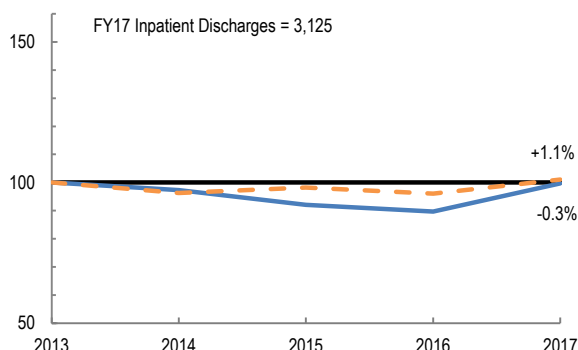
Cohort: Community High Public Payer Hospital

Key:

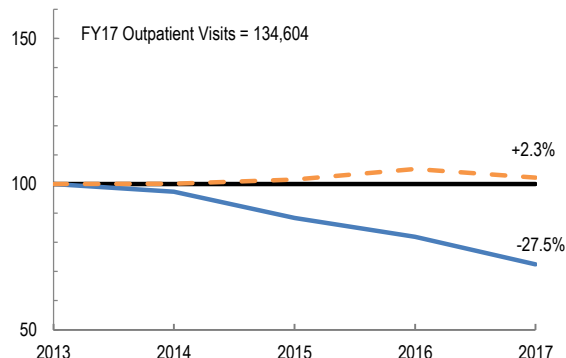


Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY13, and how does this compare to the hospital's peer cohort median? (FY13=100)

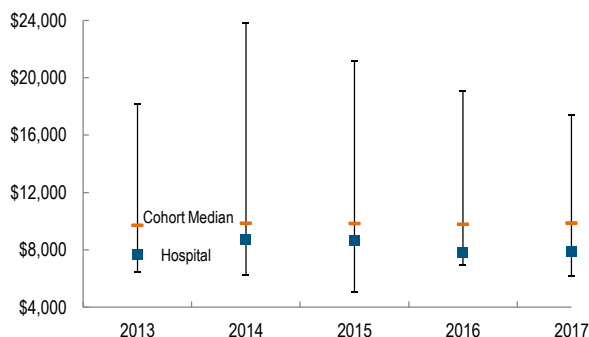


How has the volume of the hospital's outpatient visits changed compared to FY13, and how does this compare to the hospital's peer cohort median? (FY13=100)

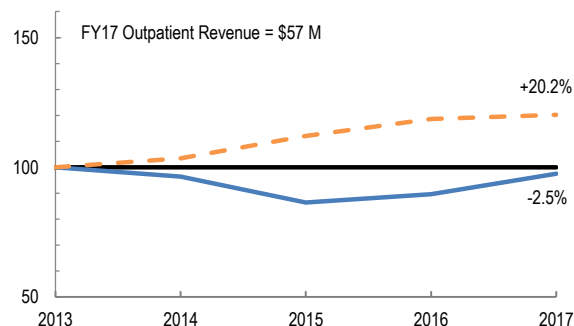


Patient Revenue Trends

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY13 and FY17, and how does this compare to the hospital's peer cohort median?



How has the hospital's total outpatient revenue changed compared to FY13, and how does this compare to the hospital's peer cohort median? (FY13=100)



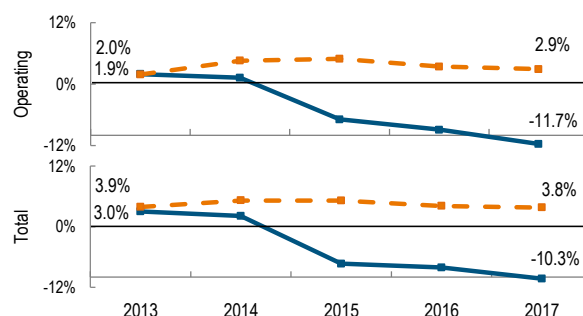
Financial Performance

How have the hospital's total revenue and costs changed between FY13 and FY17?

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

FY	2013	2014	2015	2016	2017
Operating Revenue	\$ 92.2	\$ 87.4	\$ 74.6	\$ 75.7	\$ 86.4
Non-Operating Revenue	\$ 1.0	\$ 0.8	\$ (0.3)	\$ 0.6	\$ 1.2
Total Revenue	\$ 93.2	\$ 88.1	\$ 74.2	\$ 76.4	\$ 87.6
Total Costs	\$ 90.4	\$ 86.3	\$ 79.7	\$ 82.6	\$ 96.7
Total Profit (Loss)	\$ 2.8	\$ 1.9	\$ (5.4)	\$ (6.2)	\$ (9.1)

What were the hospital's total margin and operating margins between FY13 and FY17, 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).

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

BERKSHIRE MEDICAL CENTER

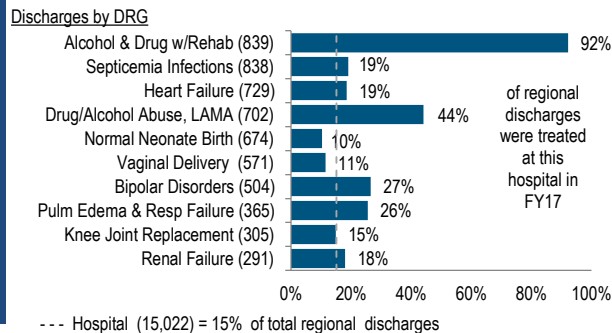
2017 Hospital Profile

Pittsfield, MA
Community High Public Payer Hospital
Western Massachusetts

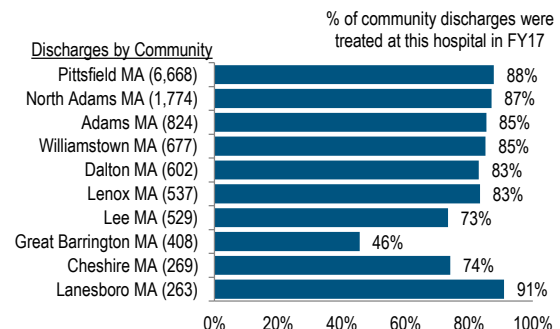
Berkshire Medical Center is a mid-size, non-profit community-High Public Payer (HPP) hospital located in the Western Massachusetts region. It is a Level 3 Trauma center and a member of Berkshire Health Systems. Berkshire Medical Center was responsible for 15% of the region's discharges, but it was responsible for 92% of all regional Alcohol and Drug Dependence in the region. It earned a profit each year in the five-year period. In FY17 it had a total margin of 7.3%, above the 3.8% median of its cohort hospitals.

At a Glance	Overview / Size	
	Hospital System Affiliation:	Berkshire Health Systems
	Change in Ownership (FY13-17):	Not Applicable
	Total Staffed Beds:	208, mid-size acute hospital
	% Occupancy:	90.0%, highest in cohort avg. (66%)
	Special Public Funding:	CHART^
	Trauma Center Designation:	Adult: Level 3
	Case Mix Index:	0.96, > cohort avg. (0.92); < statewide (1.12)
	Financial	
	Inpatient NPSR per CMAD:	\$11,529
Services	Change FY16-FY17:	-6.6%
	Inpatient:Outpatient Revenue in FY17:	32%:68%
	Outpatient Revenue in FY17:	\$275,681,445
	Change FY16-FY17:	2.5%
	Total Revenue in FY17:	\$495,277,725
	Total Surplus (Loss) in FY17:	\$36,280,512
	Payer Mix	
	Public Payer Mix:	69.9% (HPP* Hospital)
	CY16 Commercial Statewide Relative Price:	1.23
	Top 3 Commercial Payers:	Blue Cross Blue Shield of Massachusetts Health New England, Inc. Harvard Pilgrim Health Care
Quality	Utilization	
	Inpatient Discharges in FY17:	15,022
	Change FY16-FY17:	-0.1%
	Emergency Department Visits in FY17:	56,058
	Change FY16-FY17:	-8.4%
	Outpatient Visits in FY17:	286,342
	Change FY16-FY17:	2.3%
	Quality	
	Readmission Rate in FY16:	16.5%
	Change FY12-FY16 (percentage points):	-0.4
	Early Elective Deliveries Rate:	0.0%

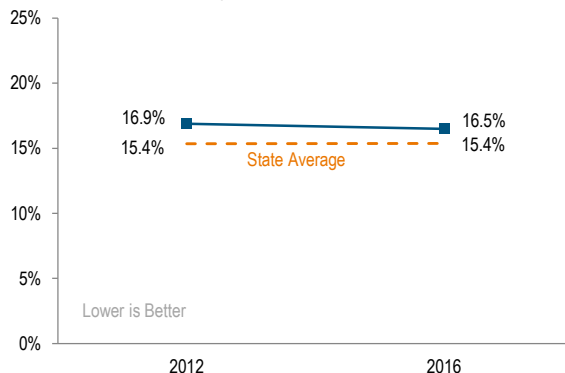
What were the most common inpatient cases (DRGs) treated at the hospital in FY17? What proportion of the region's cases did this hospital treat for each service?



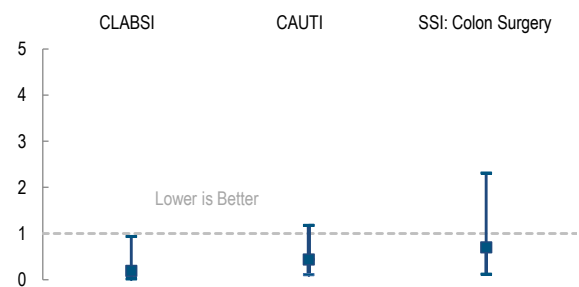
Where did most of the hospital's inpatients reside? What proportion of each community's total discharges was attributed to this hospital?



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.

2017 HOSPITAL PROFILE: BERKSHIRE MEDICAL CENTER

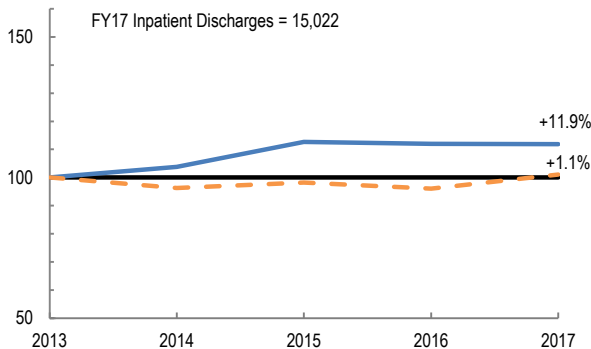
Cohort: Community High Public Payer Hospital

Key:

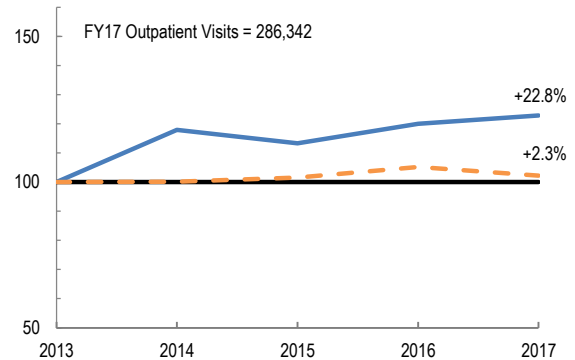


Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY13, and how does this compare to the hospital's peer cohort median? (FY13=100)

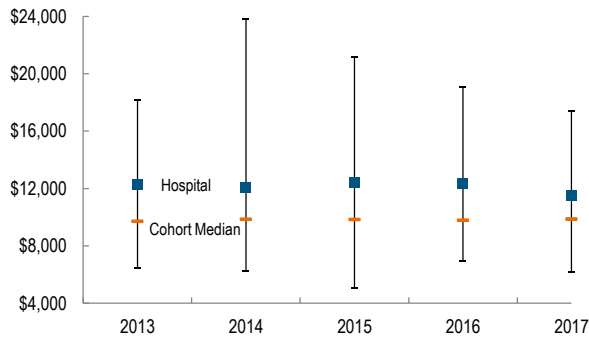


How has the volume of the hospital's outpatient visits changed compared to FY13, and how does this compare to the hospital's peer cohort median? (FY13=100)

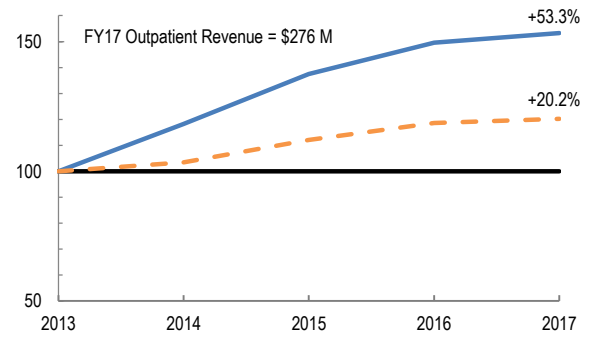


Patient Revenue Trends

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY13 and FY17, and how does this compare to the hospital's peer cohort median?



How has the hospital's total outpatient revenue changed compared to FY13, and how does this compare to the hospital's peer cohort median? (FY13=100)



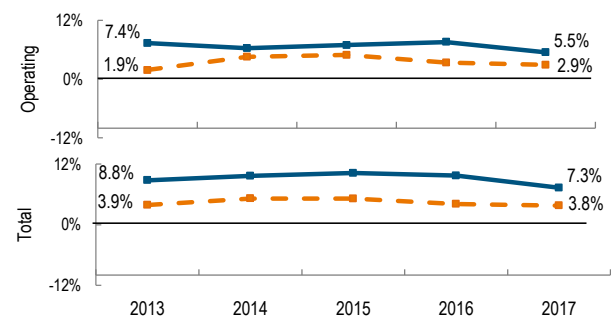
Financial Performance

How have the hospital's total revenue and costs changed between FY13 and FY17?

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

FY	2013	2014	2015	2016	2017
Operating Revenue	\$ 350.7	\$ 387.2	\$ 438.8	\$ 476.6	\$ 486.0
Non-Operating Revenue	\$ 5.1	\$ 13.5	\$ 14.8	\$ 10.2	\$ 9.3
Total Revenue	\$ 355.8	\$ 400.7	\$ 453.6	\$ 486.8	\$ 495.3
Total Costs	\$ 324.5	\$ 361.9	\$ 407.2	\$ 439.6	\$ 459.0
Total Profit (Loss)	\$ 31.3	\$ 38.8	\$ 46.4	\$ 47.2	\$ 36.3

What were the hospital's total margin and operating margins between FY13 and FY17, 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

2017 Hospital Profile

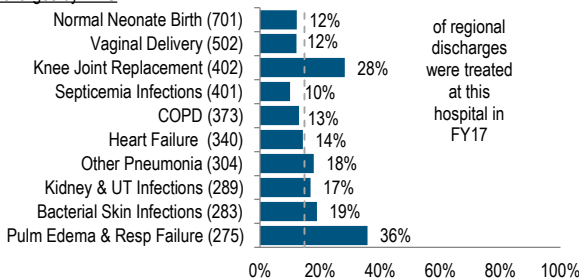
Plymouth, MA
Community High Public Payer Hospital
Metro South

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 FY13 and FY17, inpatient discharges increased by 29.0% compared to a 1.1% median increase for its peer cohort. Over this time period, its outpatient visits increased by 19.0% compared to a median increase of 2.3% for its peer cohort. BID-Plymouth was profitable each year from FY13 to FY17. It reported a profit of \$16.2M in FY17 and its total margin in FY17 was 6.1%, above the cohort median of 3.8%.

At a Glance	Overview / Size	
	Hospital System Affiliation:	CareGroup
	Change in Ownership (FY13-17):	CareGroup - 2014
	Total Staffed Beds:	177, mid-size acute hospital
	% Occupancy:	74.3%, > cohort avg. (66%)
	Special Public Funding:	CHART^
	Trauma Center Designation:	Not Applicable
	Case Mix Index:	0.99, > cohort avg. (0.92); < statewide (1.12)
	Financial	
	Inpatient NPSR per CMAD:	\$10,684
Services	Change FY16-FY17:	-2.1%
	Inpatient:Outpatient Revenue in FY17:	33%:67%
	Outpatient Revenue in FY17:	\$133,853,162
	Change FY16-FY17:	8.3%
	Total Revenue in FY17:	\$264,601,151
	Total Surplus (Loss) in FY17:	\$16,151,618
	Payer Mix	
	Public Payer Mix:	65.3% (HPP* Hospital)
	CY16 Commercial Statewide Relative Price:	0.87
	Top 3 Commercial Payers:	Blue Cross Blue Shield of Massachusetts Harvard Pilgrim Health Care Tufts Associated HMO, Inc.
Quality	Utilization	
	Inpatient Discharges in FY17:	11,131
	Change FY16-FY17:	11.2%
	Emergency Department Visits in FY17:	46,026
	Change FY16-FY17:	1.1%
	Outpatient Visits in FY17:	134,230
	Change FY16-FY17:	3.2%
	Quality	
	Readmission Rate in FY16:	14.7%
	Change FY12-FY16 (percentage points):	0.7
	Early Elective Deliveries Rate:	0.0%

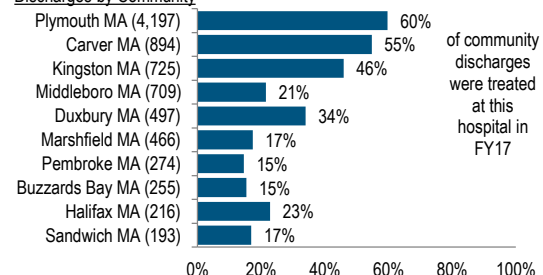
What were the most common inpatient cases (DRGs) treated at the hospital in FY17? What proportion of the region's cases did this hospital treat for each service?

Discharges by DRG

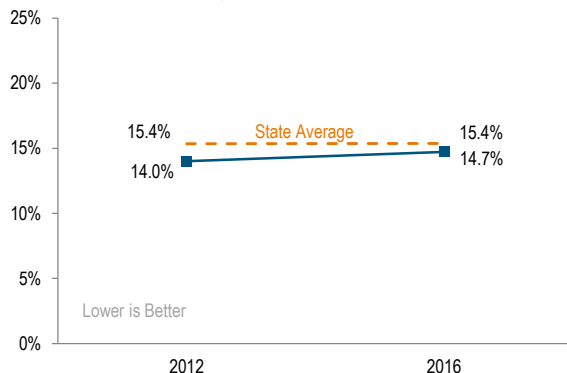


Where did most of the hospital's inpatients reside? What proportion of each community's total discharges was attributed to this hospital?

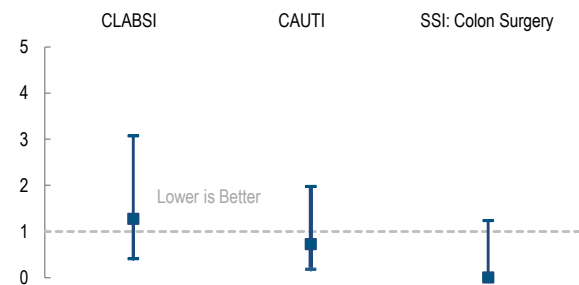
Discharges by Community



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.

2017 HOSPITAL PROFILE: BETH ISRAEL DEACONESS HOSPITAL - PLYMOUTH

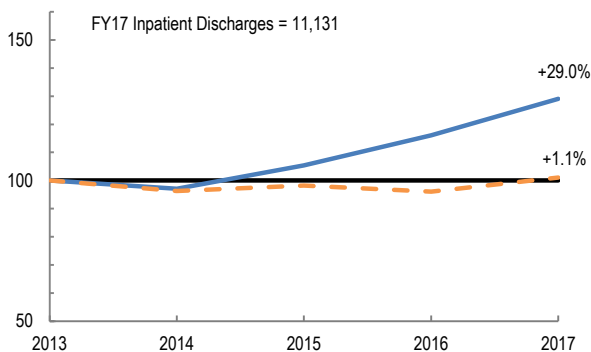
Cohort: Community High Public Payer Hospital

Key:

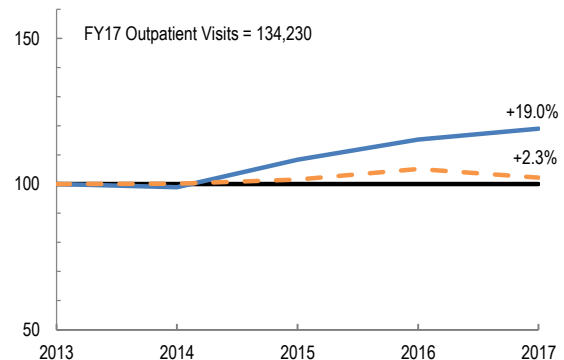


Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY13, and how does this compare to the hospital's peer cohort median? (FY13=100)

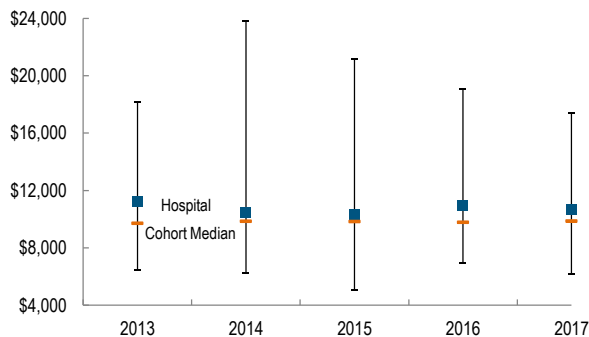


How has the volume of the hospital's outpatient visits changed compared to FY13, and how does this compare to the hospital's peer cohort median? (FY13=100)

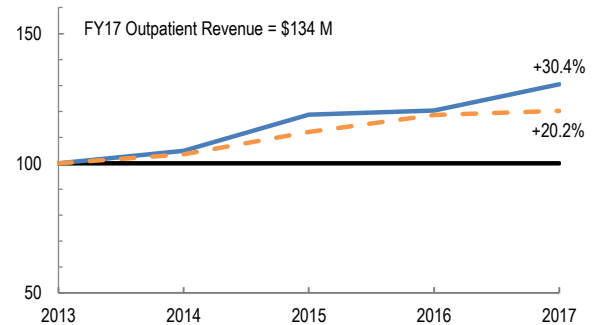


Patient Revenue Trends

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY13 and FY17, and how does this compare to the hospital's peer cohort median?



How has the hospital's total outpatient revenue changed compared to FY13, and how does this compare to the hospital's peer cohort median? (FY13=100)



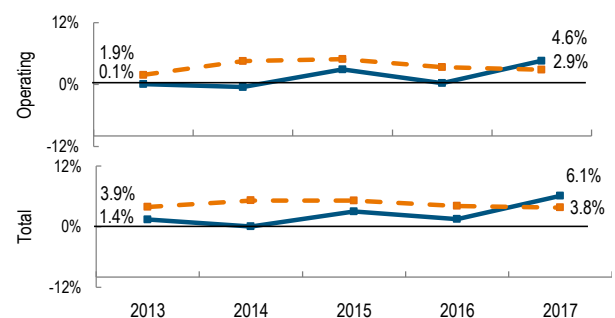
Financial Performance

How have the hospital's total revenue and costs changed between FY13 and FY17?

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

FY	2013	2014	2015	2016	2017
Operating Revenue	\$ 195.9	\$ 190.5	\$ 217.5	\$ 236.6	\$ 260.7
Non-Operating Revenue	\$ 2.7	\$ 1.0	\$ 0.2	\$ 2.9	\$ 3.9
Total Revenue	\$ 198.6	\$ 191.6	\$ 217.7	\$ 239.5	\$ 264.6
Total Costs	\$ 195.8	\$ 191.5	\$ 211.1	\$ 235.9	\$ 248.4
Total Profit (Loss)	\$ 2.8	\$ 0.1	\$ 6.6	\$ 3.6	\$ 16.2

What were the hospital's total margin and operating margins between FY13 and FY17, 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

2017 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 67% of all discharges in the region. From FY13 to FY17, inpatient discharges at Cape Cod Hospital increased by 1.1%, equivalent to its cohort median. Outpatient visits increased by 1.1%, lower than the cohort median of 2.3%. The Hospital earned a profit each year from FY13 to FY17. It had a total margin of 8.7% in FY17, above the 3.8% median of its cohort hospitals.

At a Glance

Overview / Size

Hospital System Affiliation:	Cape Cod Healthcare
Change in Ownership (FY13-17):	Not Applicable
Total Staffed Beds:	269, among the larger acute hospitals
% Occupancy:	71.0%, > cohort avg. (66%)
Special Public Funding:	Not Applicable
Trauma Center Designation:	Not Applicable
Case Mix Index:	1.14, > cohort avg. (0.92); > statewide (1.12)

Financial

Inpatient NPSR per CMAD:	\$12,037
Change FY16-FY17:	2.3%
Inpatient:Outpatient Revenue in FY17:	34%:66%
Outpatient Revenue in FY17:	\$314,344,615
Change FY16-FY17:	3.9%
Total Revenue in FY17:	\$546,087,613
Total Surplus (Loss) in FY17:	\$47,372,601

Payer Mix

Public Payer Mix:	72.9% (HPP* Hospital)
CY16 Commercial Statewide Relative Price:	1.29
Top 3 Commercial Payers:	Blue Cross Blue Shield of Massachusetts Harvard Pilgrim Health Care Tufts Associated HMO, Inc.

Utilization

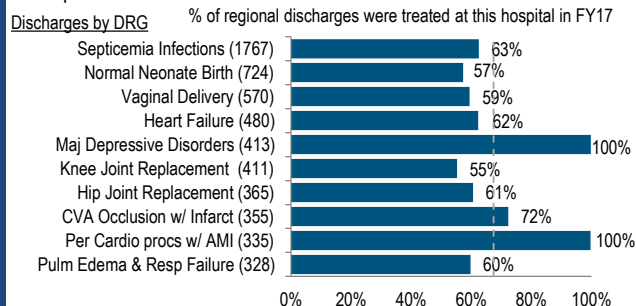
Inpatient Discharges in FY17:	16,448
Change FY16-FY17:	4.4%
Emergency Department Visits in FY17:	79,797
Change FY16-FY17:	-5.5%
Outpatient Visits in FY17:	150,008
Change FY16-FY17:	-2.5%

Quality

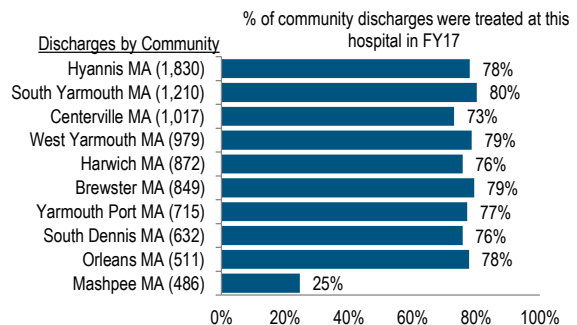
Readmission Rate in FY16:	11.6%
Change FY12-FY16 (percentage points):	-0.8
Early Elective Deliveries Rate:	4.2%

Services

What were the most common inpatient cases (DRGs) treated at the hospital in FY17? What proportion of the region's cases did this hospital treat for each service?

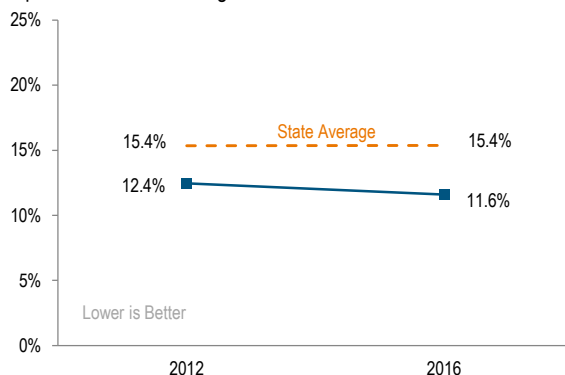


Where did most of the hospital's inpatients reside? What proportion of each community's total discharges was attributed to this hospital?

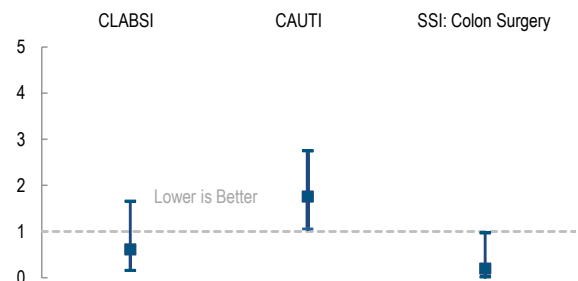


Quality

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.

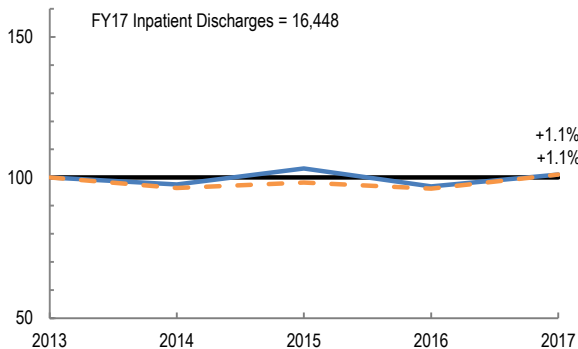
2017 HOSPITAL PROFILE: CAPE COD HOSPITAL

Cohort: Community High Public Payer Hospital

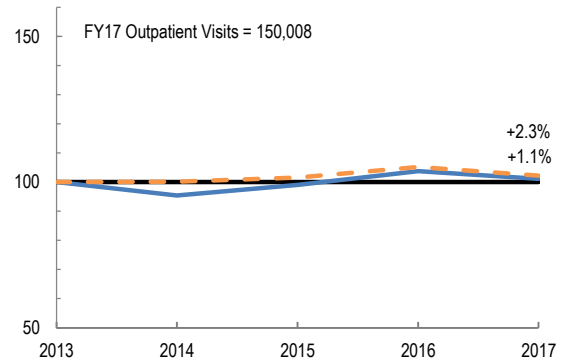
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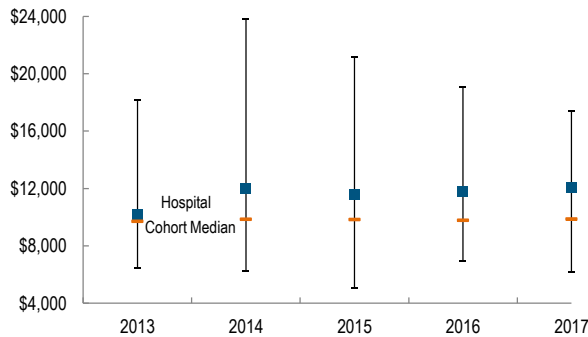
How has the volume of the hospital's inpatient discharges changed compared to FY13, and how does this compare to the hospital's peer cohort median? (FY13=100)



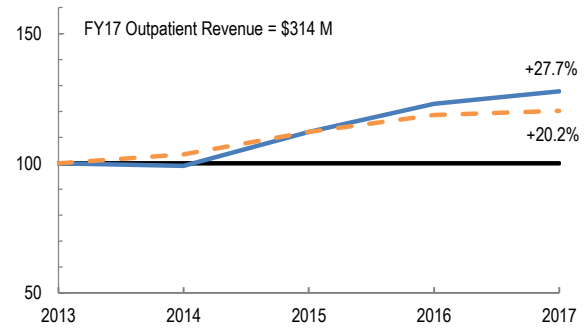
How has the volume of the hospital's outpatient visits changed compared to FY13, and how does this compare to the hospital's peer cohort median? (FY13=100)



What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY13 and FY17, and how does this compare to the hospital's peer cohort median?



How has the hospital's total outpatient revenue changed compared to FY13, and how does this compare to the hospital's peer cohort median? (FY13=100)

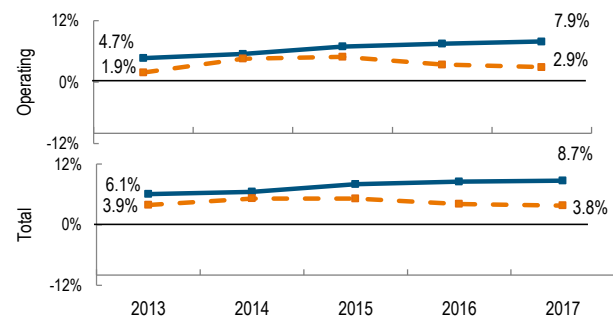


How have the hospital's total revenue and costs changed between FY13 and FY17?

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

FY	2013	2014	2015	2016	2017
Operating Revenue	\$ 416.5	\$ 449.1	\$ 473.9	\$ 513.5	\$ 541.8
Non-Operating Revenue	\$ 6.0	\$ 4.6	\$ 5.2	\$ 5.2	\$ 4.3
Total Revenue	\$ 422.5	\$ 453.7	\$ 479.1	\$ 518.7	\$ 546.1
Total Costs	\$ 396.8	\$ 424.2	\$ 440.7	\$ 474.5	\$ 498.7
Total Profit (Loss)	\$ 25.7	\$ 29.5	\$ 38.5	\$ 44.2	\$ 47.4

What were the hospital's total margin and operating margins between FY13 and FY17, 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 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 37% of Organic Mental Health Disturbances cases and 31% of the Degenerative Nervous System excluding MS cases in FY17. It reported a total margin of -17.1%, below the cohort median of 3.8%.

At a Glance

Overview / Size

Hospital System Affiliation:	UMass Memorial Health Care
Change in Ownership (FY13-17):	Merged w HealthAlliance 10/1/17
Total Staffed Beds:	41, among the smaller acute hospitals
% Occupancy:	57.1%, < cohort avg. (66%)
Special Public Funding:	ICB°
Trauma Center Designation:	Not Applicable
Case Mix Index:	0.97, > cohort avg. (0.92); < statewide (1.12)

Financial

Inpatient NPSR per CMAD:	\$7,316
Change FY16-FY17:	-24.1%
Inpatient:Outpatient Revenue in FY17:	29%:71%
Outpatient Revenue in FY17:	\$16,111,507
Change FY16-FY17:	5.9%
Total Revenue in FY17:	\$25,628,000
Total Surplus (Loss) in FY17:	(\$4,373,000)

Payer Mix

Public Payer Mix:	69.4% (HPP* Hospital)
CY16 Commercial Statewide Relative Price:	0.89
Top 3 Commercial Payers:	Blue Cross Blue Shield of Massachusetts Fallon Community Health Plan Tufts Associated HMO, Inc.

Utilization

Inpatient Discharges in FY17:	963
Change FY16-FY17:	-1.8%
Emergency Department Visits in FY17:	14,119
Change FY16-FY17:	-0.8%
Outpatient Visits in FY17:	18,541
Change FY16-FY17:	6.1%

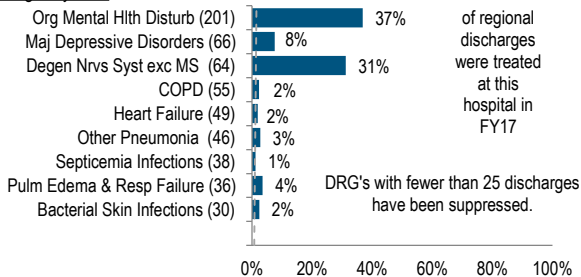
Quality

Readmission Rate in FY16:	17.9%
Change FY12-FY16 (percentage points):	0.2
Early Elective Deliveries Rate:	Not Available

Services

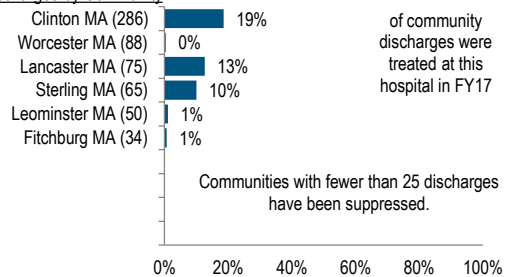
What were the most common inpatient cases (DRGs) treated at the hospital in FY17? What proportion of the region's cases did this hospital treat for each service?

Discharges by DRG



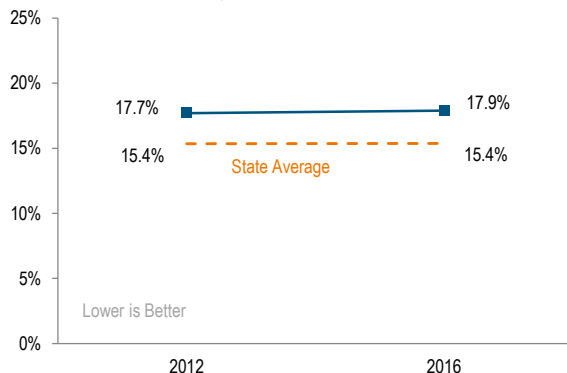
Where did most of the hospital's inpatients reside? What proportion of each community's total discharges was attributed to this hospital?

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.

2017 HOSPITAL PROFILE: CLINTON HOSPITAL

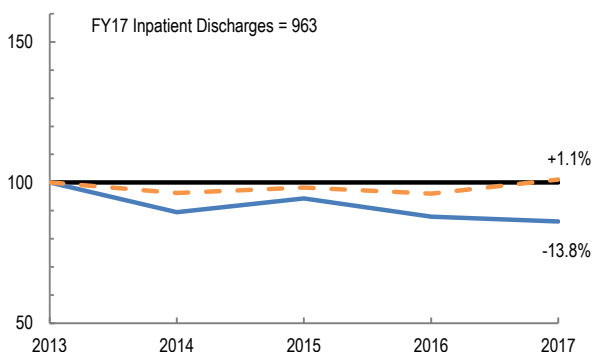
Cohort: Community High Public Payer Hospital

Key:

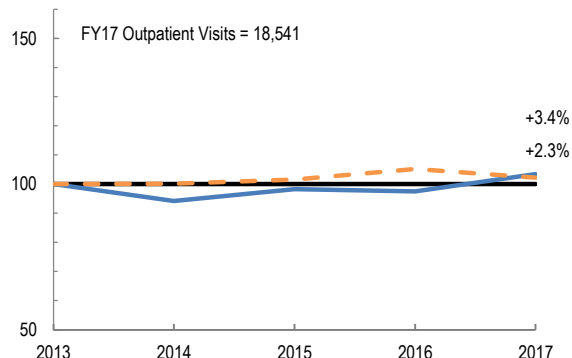
— Hospital
- - - Peer Cohort

Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY13, and how does this compare to the hospital's peer cohort median? (FY13=100)

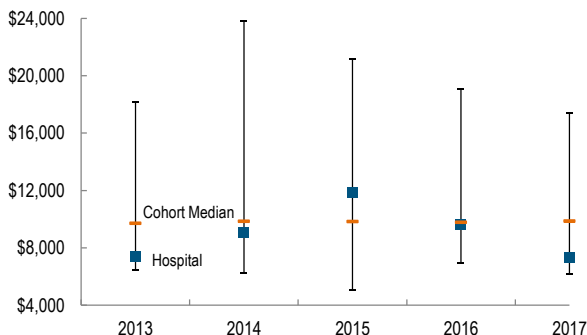


How has the volume of the hospital's outpatient visits changed compared to FY13, and how does this compare to the hospital's peer cohort median? (FY13=100)

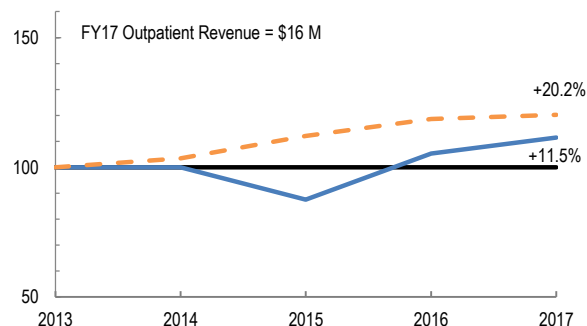


Patient Revenue Trends

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY13 and FY17, and how does this compare to the hospital's peer cohort median?



How has the hospital's total outpatient revenue changed compared to FY13, and how does this compare to the hospital's peer cohort median? (FY13=100)



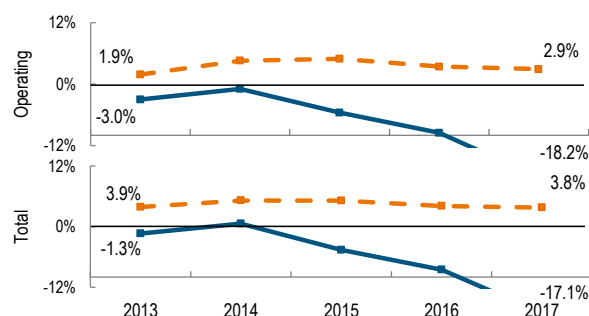
Financial Performance

How have the hospital's total revenue and costs changed between FY13 and FY17?

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

FY	2013	2014	2015	2016	2017
Operating Revenue	\$ 23.7	\$ 26.5	\$ 26.4	\$ 26.7	\$ 25.3
Non-Operating Revenue	\$ 0.4	\$ 0.4	\$ 0.3	\$ 0.3	\$ 0.3
Total Revenue	\$ 24.1	\$ 26.9	\$ 26.7	\$ 27.0	\$ 25.6
Total Costs	\$ 24.4	\$ 26.8	\$ 27.9	\$ 29.3	\$ 30.0
Total Profit (Loss)	\$ (0.3)	\$ 0.2	\$ (1.2)	\$ (2.3)	\$ (4.4)

What were the hospital's total margin and operating margins between FY13 and FY17, and how do these compare to the hospital's peer cohort medians?



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

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

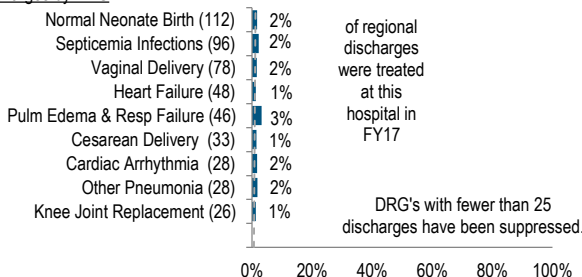
° For more information on Infrastructure and Capacity Building (ICB) special funding, please contact the Massachusetts Executive Office of Health and Human Services (EOHHS).

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 FY13 to FY17, with a total margin of 6.3% in FY17, compared with a median total margin of 3.8% 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 (FY13-17):	Not Applicable
	Total Staffed Beds:	28, among the smallest acute hospitals
	% Occupancy:	29.8%, lowest in cohort avg. (66%)
	Special Public Funding:	Not Applicable
	Trauma Center Designation:	Not Applicable
	Case Mix Index:	0.74, < cohort avg. (0.92); < statewide (1.12)
	Financial	
	Inpatient NPSR per CMAD:	\$17,373
Services	Change FY16-FY17:	-9.0%
	Inpatient:Outpatient Revenue in FY17:	18%:82%
	Outpatient Revenue in FY17:	\$36,456,684
	Change FY16-FY17:	3.5%
	Total Revenue in FY17:	\$51,095,615
	Total Surplus (Loss) in FY17:	\$3,216,239
	Payer Mix	
	Public Payer Mix:	66.4% (HPP* Hospital)
	CY16 Commercial Statewide Relative Price:	1.49
	Top 3 Commercial Payers:	Blue Cross Blue Shield of Massachusetts Health New England, Inc. Harvard Pilgrim Health Care
Quality	Utilization	
	Inpatient Discharges in FY17:	973
	Change FY16-FY17:	-2.1%
	Emergency Department Visits in FY17:	11,098
	Change FY16-FY17:	-0.2%
	Outpatient Visits in FY17:	20,603
	Change FY16-FY17:	-0.1%
	Quality	
	Readmission Rate in FY16:	15.6%
	Change FY12-FY16 (percentage points):	1.1
	Early Elective Deliveries Rate:	0.0%

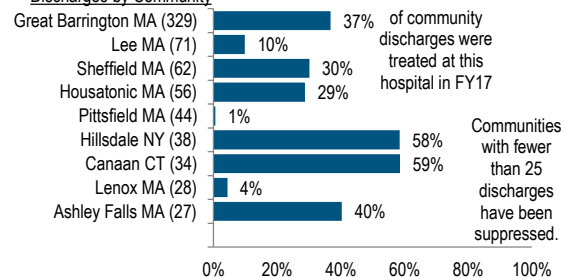
What were the most common inpatient cases (DRGs) treated at the hospital in FY17? What proportion of the region's cases did this hospital treat for each service?

Discharges by DRG

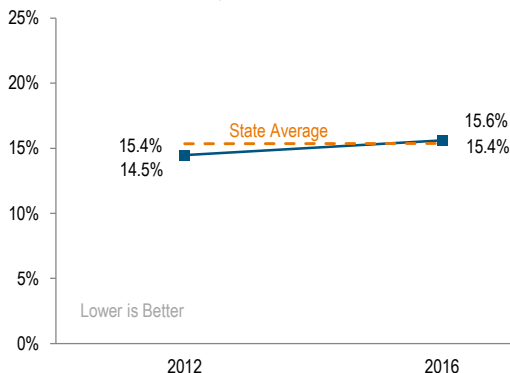


Where did most of the hospital's inpatients reside? What proportion of each community's total discharges was attributed to this hospital?

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.

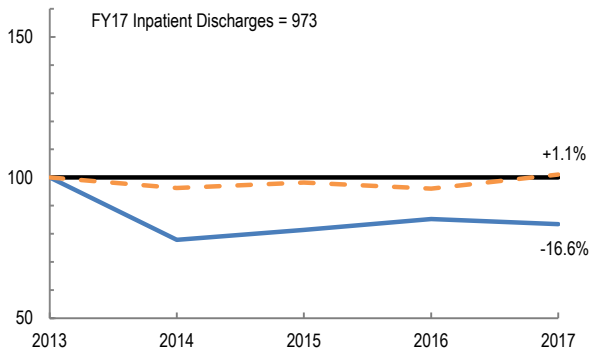
2017 HOSPITAL PROFILE: FAIRVIEW HOSPITAL

Cohort: Community High Public Payer Hospital

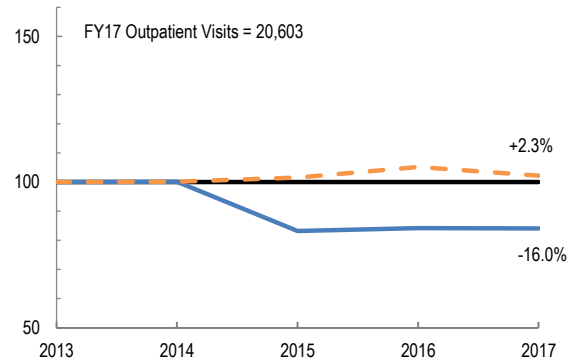
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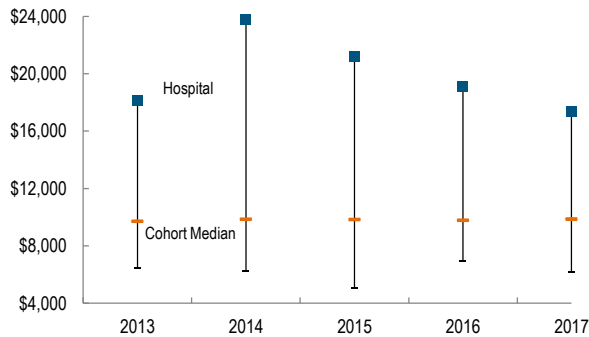
How has the volume of the hospital's inpatient discharges changed compared to FY13, and how does this compare to the hospital's peer cohort median? (FY13=100)



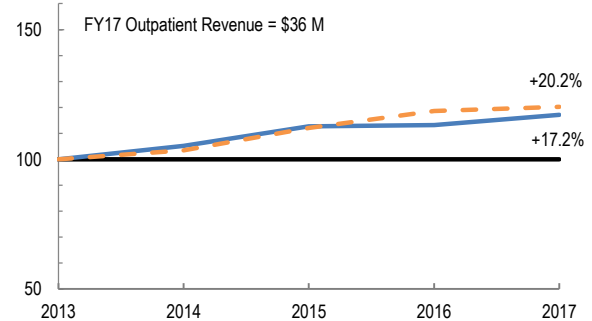
How has the volume of the hospital's outpatient visits changed compared to FY13, and how does this compare to the hospital's peer cohort median? (FY13=100)



What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY13 and FY17, and how does this compare to the hospital's peer cohort median?



How has the hospital's total outpatient revenue changed compared to FY13, and how does this compare to the hospital's peer cohort median? (FY13=100)

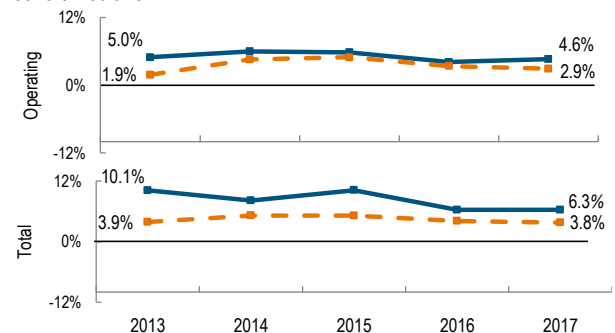


How have the hospital's total revenue and costs changed between FY13 and FY17?

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

FY	2013	2014	2015	2016	2017
Operating Revenue	\$ 45.3	\$ 47.0	\$ 48.8	\$ 49.7	\$ 50.2
Non-Operating Revenue	\$ 2.5	\$ 1.0	\$ 2.2	\$ 1.1	\$ 0.9
Total Revenue	\$ 47.7	\$ 48.1	\$ 51.0	\$ 50.9	\$ 51.1
Total Costs	\$ 42.9	\$ 44.2	\$ 45.8	\$ 47.7	\$ 47.9
Total Profit (Loss)	\$ 4.8	\$ 3.9	\$ 5.2	\$ 3.2	\$ 3.2

What were the hospital's total margin and operating margins between FY13 and FY17, and how do these compare to the hospital's peer cohort medians?



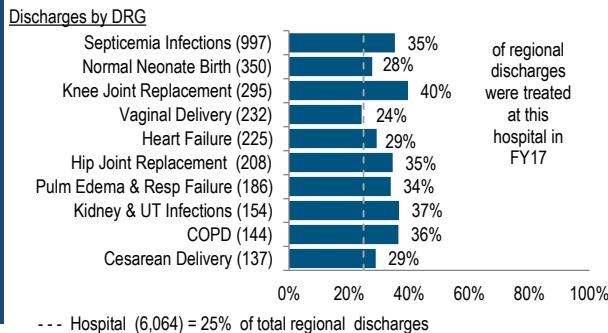
For descriptions of the metrics, please see the technical appendix.

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

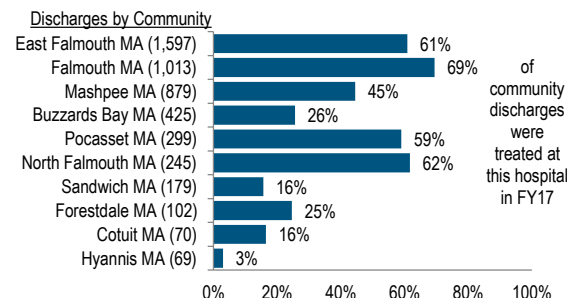
Falmouth Hospital is a mid-size, non-profit community-High Public Payer (HPP) hospital located in the Cape and Islands region. It is a member of Cape Cod Healthcare. Between FY13 and FY17, its inpatient discharges decreased by 7.3% and outpatient visits decreased by 7.7%. Falmouth Hospital earned a profit each year from FY13 to FY17, and earned a 5.9% total margin in FY17, compared to a cohort median total margin of 3.8%. Falmouth Hospital's total margin has been consistently higher than its peer cohort median over this time period.

At a Glance	Overview / Size	
	Hospital System Affiliation:	Cape Cod Healthcare
	Change in Ownership (FY13-17):	Not Applicable
	Total Staffed Beds:	103, mid-size acute hospital
	% Occupancy:	62.0%, < cohort avg. (66%)
	Special Public Funding:	Not Applicable
	Trauma Center Designation:	Not Applicable
	Case Mix Index:	1.00, > cohort avg. (0.92); < statewide (1.12)
	Financial	
	Inpatient NPSR per CMAD:	\$9,280
Services	Change FY16-FY17:	1.0%
	Inpatient:Outpatient Revenue in FY17:	32%:68%
	Outpatient Revenue in FY17:	\$98,961,511
	Change FY16-FY17:	-1.9%
	Total Revenue in FY17:	\$164,112,313
	Total Surplus (Loss) in FY17:	\$9,639,591
	Payer Mix	
	Public Payer Mix:	70.8% (HPP* Hospital)
	CY16 Commercial Statewide Relative Price:	1.36
	Top 3 Commercial Payers:	Blue Cross Blue Shield of Massachusetts Harvard Pilgrim Health Care Tufts Associated HMO, Inc.
Quality	Utilization	
	Inpatient Discharges in FY17:	6,064
	Change FY16-FY17:	-4.6%
	Emergency Department Visits in FY17:	32,125
	Change FY16-FY17:	-6.9%
	Outpatient Visits in FY17:	44,116
	Change FY16-FY17:	-9.4%
	Quality	
	Readmission Rate in FY16:	14.5%
	Change FY12-FY16 (percentage points):	0.0
	Early Elective Deliveries Rate:	0.0%

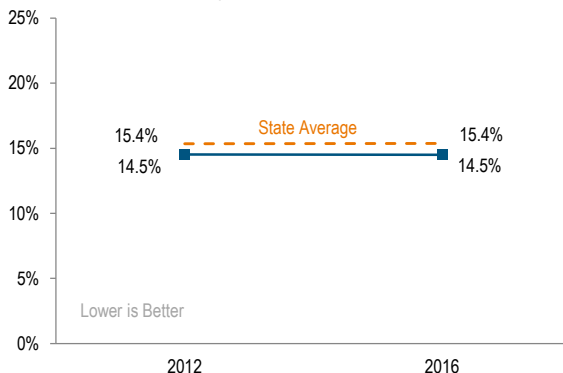
What were the most common inpatient cases (DRGs) treated at the hospital in FY17? What proportion of the region's cases did this hospital treat for each service?



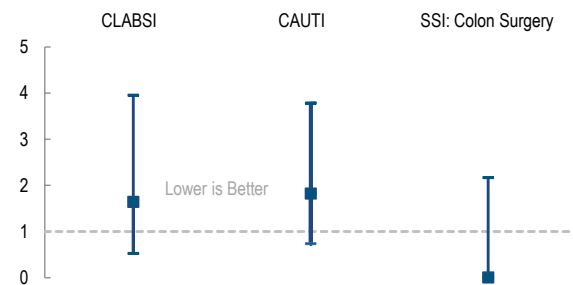
Where did most of the hospital's inpatients reside? What proportion of each community's total discharges was attributed to this hospital?



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?



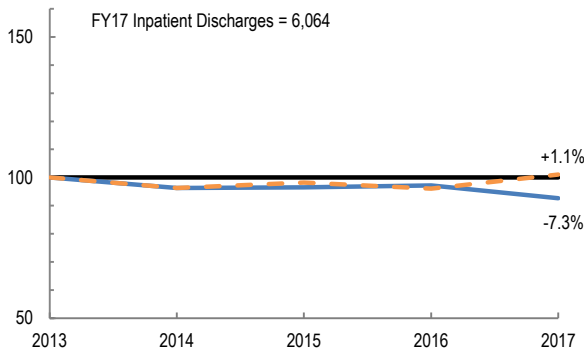
2017 HOSPITAL PROFILE: FALMOUTH HOSPITAL

Cohort: Community High Public Payer Hospital

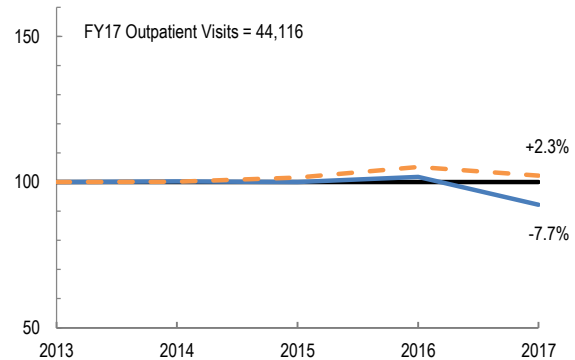
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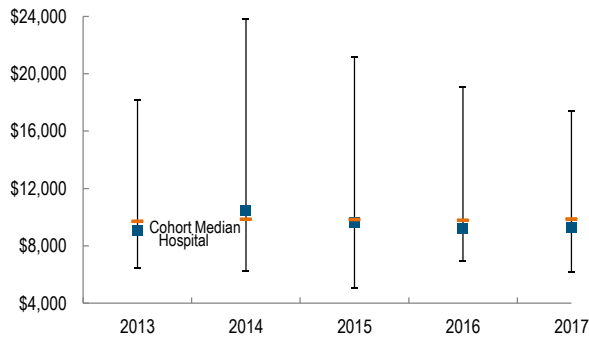
How has the volume of the hospital's inpatient discharges changed compared to FY13, and how does this compare to the hospital's peer cohort median? (FY13=100)



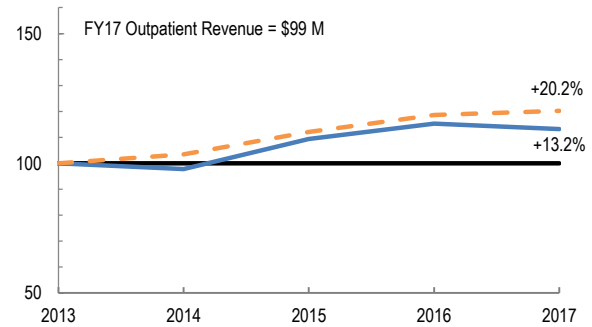
How has the volume of the hospital's outpatient visits changed compared to FY13, and how does this compare to the hospital's peer cohort median? (FY13=100)



What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY13 and FY17, and how does this compare to the hospital's peer cohort median?



How has the hospital's total outpatient revenue changed compared to FY13, and how does this compare to the hospital's peer cohort median? (FY13=100)

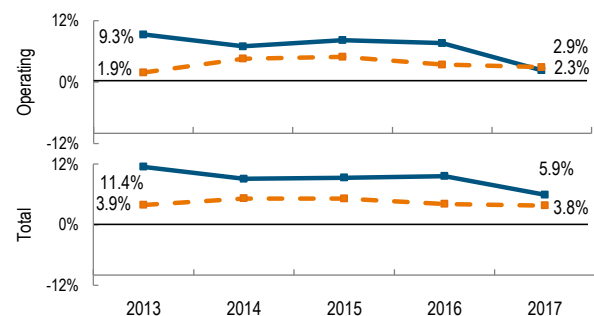


How have the hospital's total revenue and costs changed between FY13 and FY17?

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

FY	2013	2014	2015	2016	2017
Operating Revenue	\$ 150.4	\$ 155.2	\$ 157.3	\$ 163.0	\$ 158.2
Non-Operating Revenue	\$ 3.3	\$ 3.4	\$ 1.8	\$ 3.5	\$ 5.9
Total Revenue	\$ 153.7	\$ 158.6	\$ 159.1	\$ 166.4	\$ 164.1
Total Costs	\$ 136.1	\$ 144.2	\$ 144.2	\$ 150.4	\$ 154.5
Total Profit (Loss)	\$ 17.6	\$ 14.4	\$ 14.8	\$ 16.1	\$ 9.6

What were the hospital's total margin and operating margins between FY13 and FY17, and how do these compare to the hospital's peer cohort medians?



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

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

HARRINGTON MEMORIAL HOSPITAL

2017 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 19.1% between FY13 and FY17, compared to its peer cohort median increase of 2.3%. Though it was only responsible for 6% of the discharges in its region, it treated 27% of Bipolar Disorders, 23% of Schizophrenia cases, and 22% of Depression cases region-wide in FY17. Harrington reported a profit in each year of the five-year period. In FY17, its total margin of 6.5% was higher than its peer cohort median of 3.8%.

At a Glance

Overview / Size

Hospital System Affiliation:	Harrington Healthcare System, Inc.
Change in Ownership (FY13-17):	Not Applicable
Total Staffed Beds:	142, mid-size acute hospital
% Occupancy:	39.2%, < cohort avg. (66%)
Special Public Funding:	CHART ⁺ , ICB ⁺
Trauma Center Designation:	Not Applicable
Case Mix Index:	0.81, < cohort avg. (0.92); < statewide (1.12)

Financial

Inpatient NPSR per CMAD:	\$7,503
Change FY16-FY17:	7.8%
Inpatient:Outpatient Revenue in FY17:	19%:81%
Outpatient Revenue in FY17:	\$99,047,970
Change FY16-FY17:	-2.2%
Total Revenue in FY17:	\$142,682,074
Total Surplus (Loss) in FY17:	\$9,297,652

Payer Mix

Public Payer Mix:	65.3% (HPP* Hospital)
CY16 Commercial Statewide Relative Price:	0.90
Top 3 Commercial Payers:	Blue Cross Blue Shield of Massachusetts Fallon Community Health Plan Harvard Pilgrim Health Care

Utilization

Inpatient Discharges in FY17:	4,650
Change FY16-FY17:	13.2%
Emergency Department Visits in FY17:	44,233
Change FY16-FY17:	2.3%
Outpatient Visits in FY17:	80,728
Change FY16-FY17:	3.7%

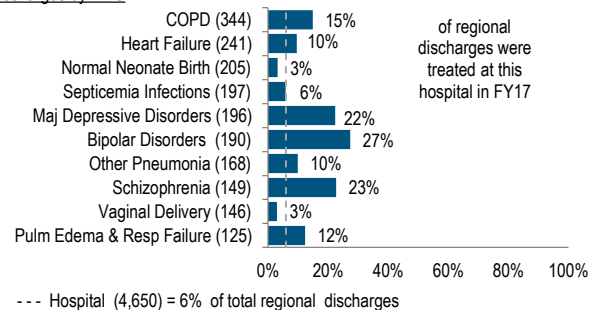
Quality

Readmission Rate in FY16:	15.9%
Change FY12-FY16 (percentage points):	1.2
Early Elective Deliveries Rate:	Not Available

Services

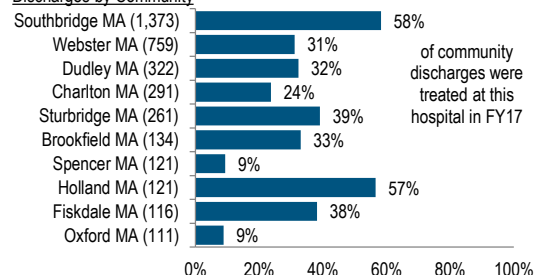
What were the most common inpatient cases (DRGs) treated at the hospital in FY17? What proportion of the region's cases did this hospital treat for each service?

Discharges by DRG



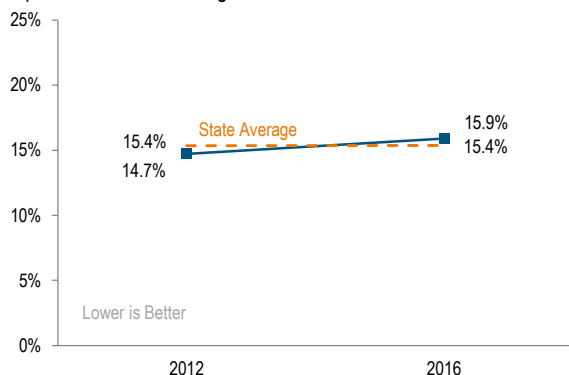
Where did most of the hospital's inpatients reside? What proportion of each community's total discharges was attributed to this hospital?

Discharges by Community

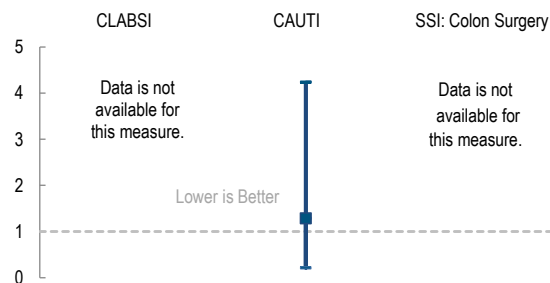


Quality

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.

2017 HOSPITAL PROFILE: HARRINGTON MEMORIAL HOSPITAL

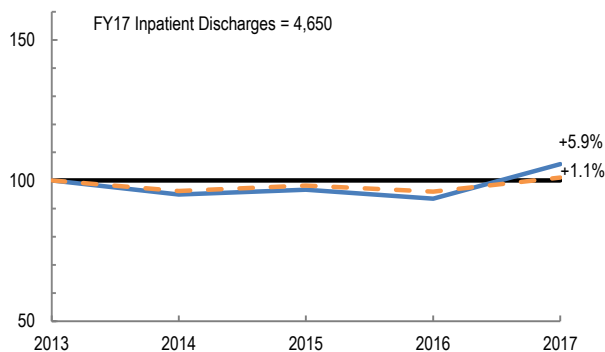
Cohort: Community High Public Payer Hospital

Key:

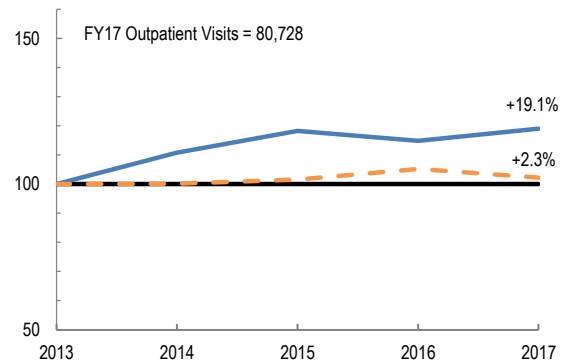


Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY13, and how does this compare to the hospital's peer cohort median? (FY13=100)

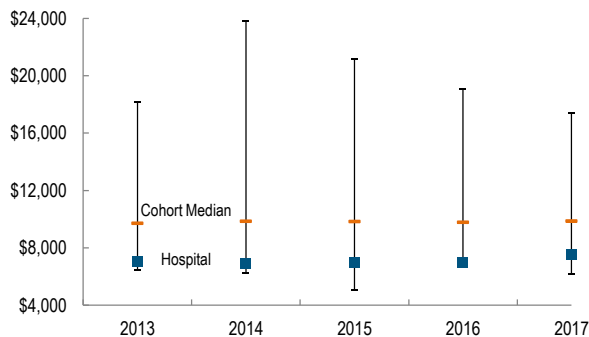


How has the volume of the hospital's outpatient visits changed compared to FY13, and how does this compare to the hospital's peer cohort median? (FY13=100)

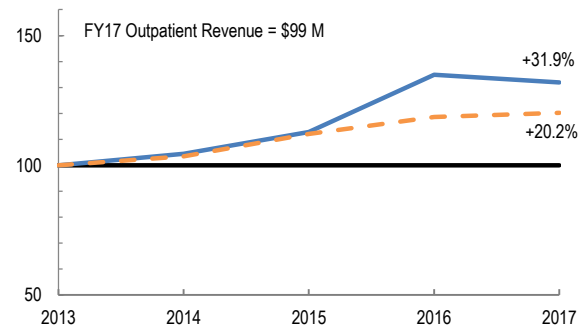


Patient Revenue Trends

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY13 and FY17, and how does this compare to the hospital's peer cohort median?



How has the hospital's total outpatient revenue changed compared to FY13, and how does this compare to the hospital's peer cohort median? (FY13=100)



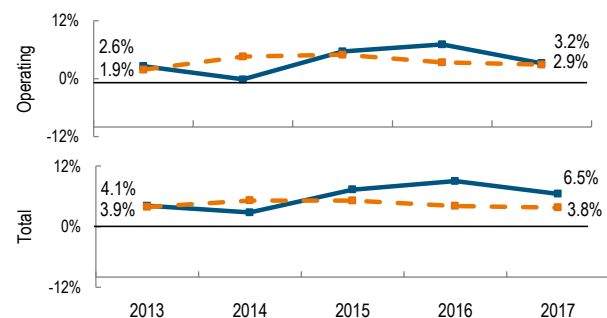
Financial Performance

How have the hospital's total revenue and costs changed between FY13 and FY17?

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

FY	2013	2014	2015	2016	2017
Operating Revenue	\$ 110.3	\$ 113.4	\$ 124.0	\$ 135.5	\$ 137.9
Non-Operating Revenue	\$ 1.7	\$ 3.5	\$ 2.1	\$ 2.6	\$ 4.7
Total Revenue	\$ 112.0	\$ 116.9	\$ 126.1	\$ 138.0	\$ 142.7
Total Costs	\$ 107.4	\$ 113.6	\$ 116.9	\$ 125.6	\$ 133.4
Total Profit (Loss)	\$ 4.6	\$ 3.3	\$ 9.3	\$ 12.4	\$ 9.3

What were the hospital's total margin and operating margins between FY13 and FY17, 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).

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

HEALTHALLIANCE HOSPITAL

2017 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 FY13 to FY17, outpatient visits at HealthAlliance Hospital increased by 24.0%, compared to its peer cohort median increase of 2.3%. Over the same period, outpatient revenue increased for HealthAlliance by 32.9%, compared to a median increase of 20.2% for its peer cohort. HealthAlliance earned a profit in each of the past five years.

At a Glance

Overview / Size

Hospital System Affiliation:	UMass Memorial Health Care
Change in Ownership (FY13-17):	Merged w Clinton Hospital 10/1/17
Total Staffed Beds:	93, among the smaller acute hospitals
% Occupancy:	85.4%, > cohort avg. (66%)
Special Public Funding:	CHART ⁺ , ICB ⁺
Trauma Center Designation:	Not Applicable
Case Mix Index:	0.93, > cohort avg. (0.92); < statewide (1.12)

Financial

Inpatient NPSR per CMAD:	\$6,169
Change FY16-FY17:	-11.6%
Inpatient:Outpatient Revenue in FY17:	28%:72%
Outpatient Revenue in FY17:	\$116,197,183
Change FY16-FY17:	11.6%
Total Revenue in FY17:	\$191,874,625
Total Surplus (Loss) in FY17:	\$6,609,706

Payer Mix

Public Payer Mix:	68.9% (HPP* Hospital)
CY16 Commercial Statewide Relative Price:	0.80
Top 3 Commercial Payers:	Blue Cross Blue Shield of Massachusetts Harvard Pilgrim Health Care Tufts Associated HMO, Inc.

Utilization

Inpatient Discharges in FY17:	7,746
Change FY16-FY17:	1.4%
Emergency Department Visits in FY17:	78,764
Change FY16-FY17:	2.0%
Outpatient Visits in FY17:	129,132
Change FY16-FY17:	2.8%

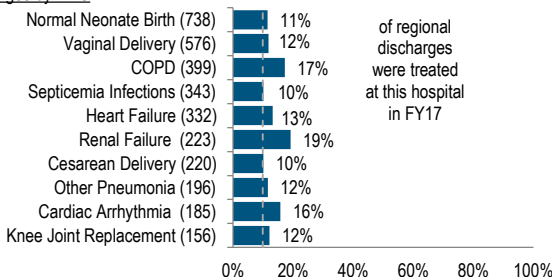
Quality

Readmission Rate in FY16:	15.2%
Change FY12-FY16 (percentage points):	-1.1
Early Elective Deliveries Rate:	Not Available

Services

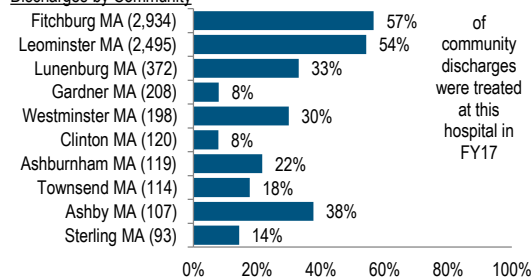
What were the most common inpatient cases (DRGs) treated at the hospital in FY17? What proportion of the region's cases did this hospital treat for each service?

Discharges by DRG



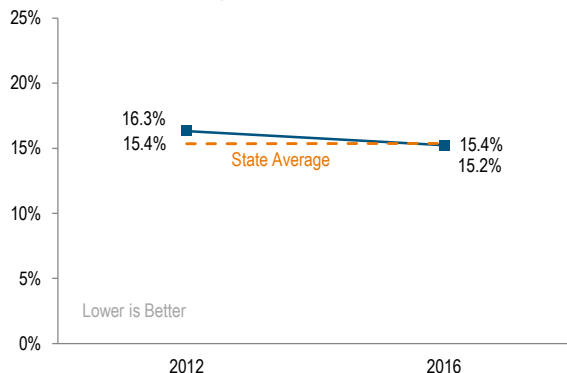
Where did most of the hospital's inpatients reside? What proportion of each community's total discharges was attributed to this hospital?

Discharges by Community

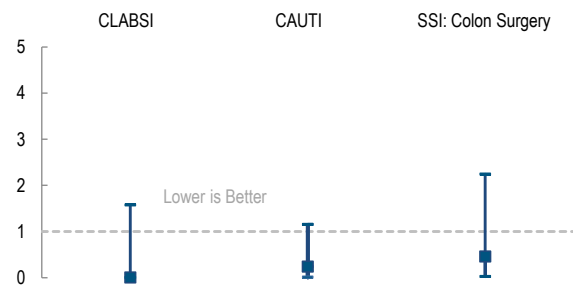


Quality

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.

2017 HOSPITAL PROFILE: HEALTHALLIANCE HOSPITAL

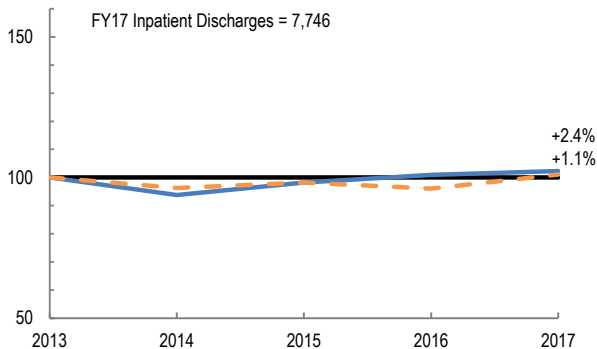
Cohort: Community High Public Payer Hospital

Key:

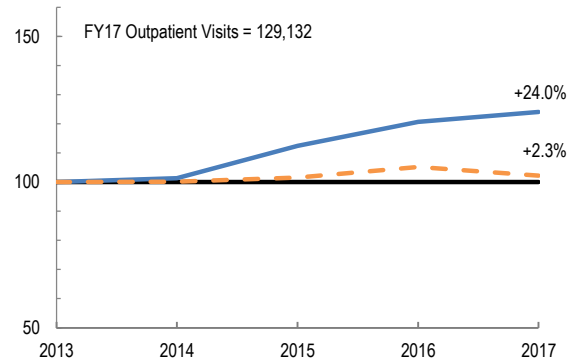


Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY13, and how does this compare to the hospital's peer cohort median? (FY13=100)

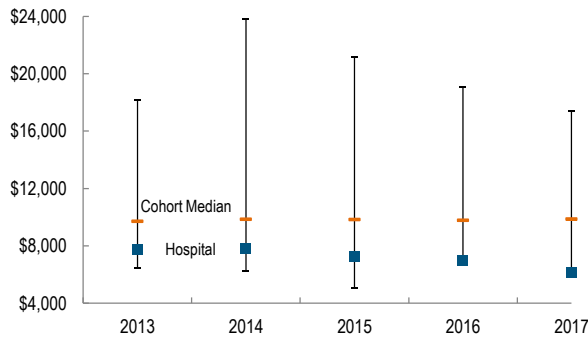


How has the volume of the hospital's outpatient visits changed compared to FY13, and how does this compare to the hospital's peer cohort median? (FY13=100)

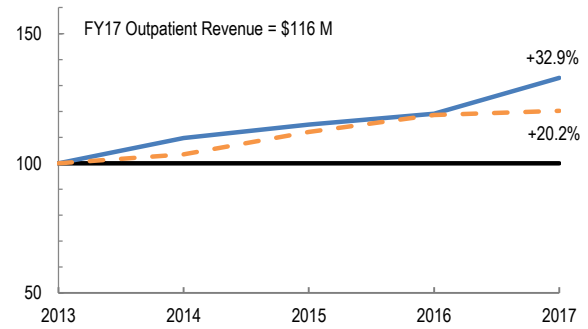


Patient Revenue Trends

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY13 and FY17, and how does this compare to the hospital's peer cohort median?



How has the hospital's total outpatient revenue changed compared to FY13, and how does this compare to the hospital's peer cohort median? (FY13=100)



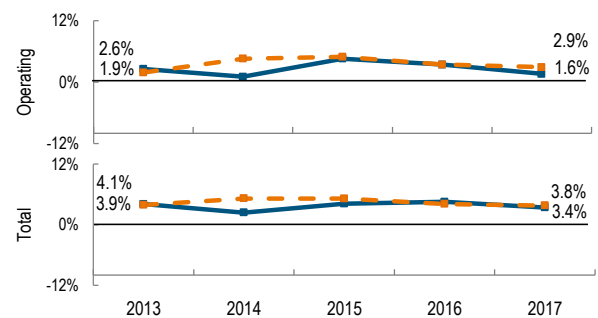
Financial Performance

How have the hospital's total revenue and costs changed between FY13 and FY17?

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

FY	2013	2014	2015	2016	2017
Operating Revenue	\$ 159.2	\$ 161.3	\$ 168.0	\$ 181.0	\$ 188.4
Non-Operating Revenue	\$ 2.4	\$ 2.2	\$ (0.7)	\$ 2.0	\$ 3.5
Total Revenue	\$ 161.6	\$ 163.5	\$ 167.3	\$ 183.0	\$ 191.9
Total Costs	\$ 155.0	\$ 159.6	\$ 160.4	\$ 174.8	\$ 185.3
Total Profit (Loss)	\$ 6.6	\$ 3.9	\$ 7.0	\$ 8.2	\$ 6.6

What were the hospital's total margin and operating margins between FY13 and FY17, 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).

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

HOLYOKE MEDICAL CENTER

2017 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 FY13 and FY17, Holyoke Medical Center inpatient discharges increased by 12.6%, compared to a 1.1% median increase for its peer cohort hospitals. Over this time period, its outpatient visits increased by 44.5% compared to a 2.3% median increase for its peer cohort. Over this same time period, its outpatient revenue increased by 57.2% compared to a 20.2% median increase for its peer cohort. Holyoke Medical Center has been profitable for each year in the five-year period.

At a Glance

Overview / Size

Hospital System Affiliation:	Valley Health System
Change in Ownership (FY13-17):	Not Applicable
Total Staffed Beds:	107, mid-size acute hospital
% Occupancy:	72.7%, > cohort avg. (66%)
Special Public Funding:	CHART [^] , DSTI [®] , ICB [°]
Trauma Center Designation:	Not Applicable
Case Mix Index:	0.87, < cohort avg. (0.92); < statewide (1.12)

Financial

Inpatient NPSR per CMAD:	\$7,488
Change FY16-FY17:	-12.6%
Inpatient:Outpatient Revenue in FY17:	26%:74%
Outpatient Revenue in FY17:	\$93,415,653
Change FY16-FY17:	15.7%
Total Revenue in FY17:	\$154,844,903
Total Surplus (Loss) in FY17:	\$3,024,660

Payer Mix

Public Payer Mix:	76.0% (HPP* Hospital)
CY16 Commercial Statewide Relative Price:	0.73
Top 3 Commercial Payers:	Health New England, Inc. Blue Cross Blue Shield of Massachusetts Tufts Public Plans

Utilization

Inpatient Discharges in FY17:	6,676
Change FY16-FY17:	4.6%
Emergency Department Visits in FY17:	44,406
Change FY16-FY17:	2.7%
Outpatient Visits in FY17:	123,788
Change FY16-FY17:	9.1%

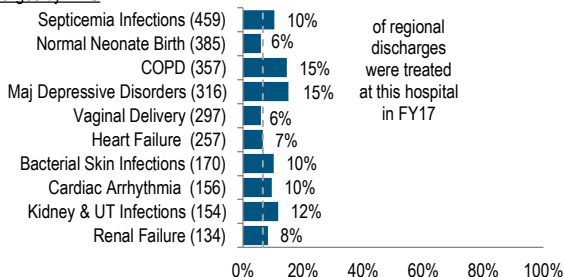
Quality

Readmission Rate in FY16:	14.5%
Change FY12-FY16 (percentage points):	-1.6
Early Elective Deliveries Rate:	0.0%

Services

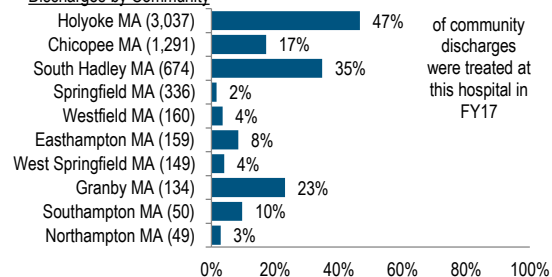
What were the most common inpatient cases (DRGs) treated at the hospital in FY17? What proportion of the region's cases did this hospital treat for each service?

Discharges by DRG



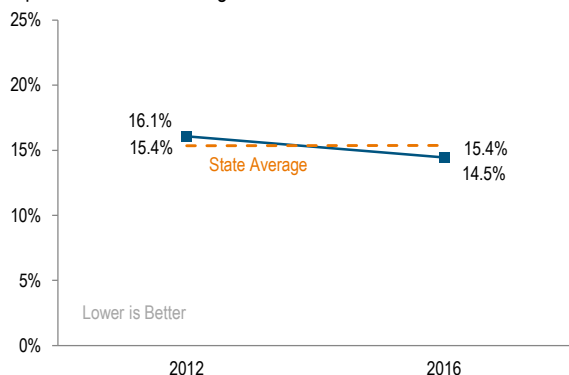
Where did most of the hospital's inpatients reside? What proportion of each community's total discharges was attributed to this hospital?

Discharges by Community

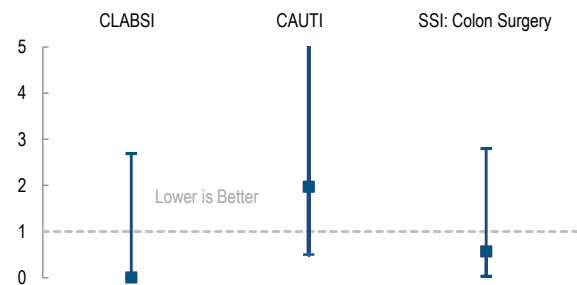


Quality

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.

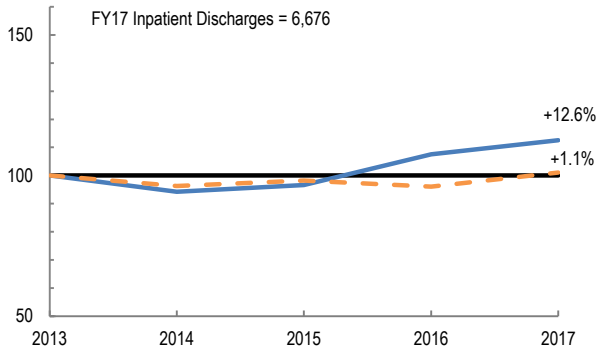
2017 HOSPITAL PROFILE: HOLYOKE MEDICAL CENTER

Cohort: Community High Public Payer Hospital

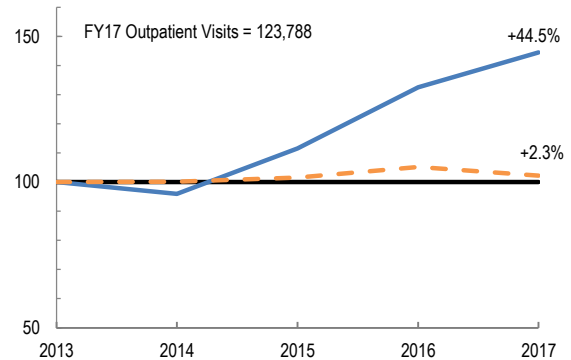
Key:



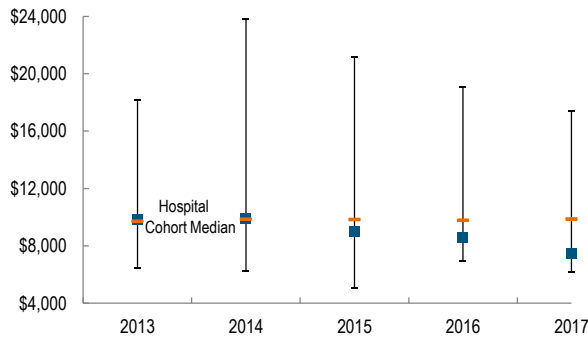
How has the volume of the hospital's inpatient discharges changed compared to FY13, and how does this compare to the hospital's peer cohort median? (FY13=100)



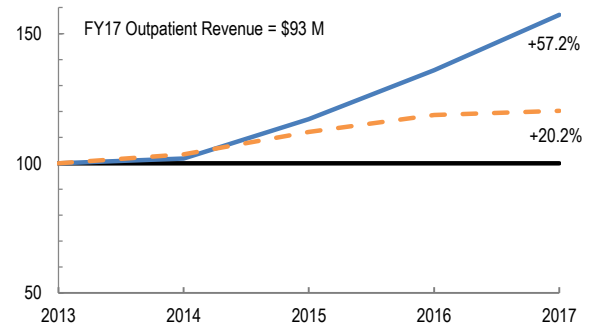
How has the volume of the hospital's outpatient visits changed compared to FY13, and how does this compare to the hospital's peer cohort median? (FY13=100)



What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY13 and FY17, and how does this compare to the hospital's peer cohort median?



How has the hospital's total outpatient revenue changed compared to FY13, and how does this compare to the hospital's peer cohort median? (FY13=100)

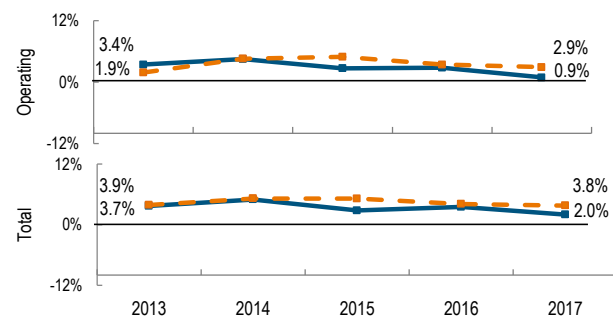


How have the hospital's total revenue and costs changed between FY13 and FY17?

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

FY	2013	2014	2015	2016	2017
Operating Revenue	\$ 121.2	\$ 122.8	\$ 127.1	\$ 142.4	\$ 153.2
Non-Operating Revenue	\$ 0.4	\$ 0.7	\$ 0.1	\$ 1.0	\$ 1.6
Total Revenue	\$ 121.6	\$ 123.5	\$ 127.2	\$ 143.4	\$ 154.8
Total Costs	\$ 117.1	\$ 117.3	\$ 123.6	\$ 138.4	\$ 151.8
Total Profit (Loss)	\$ 4.5	\$ 6.2	\$ 3.6	\$ 5.0	\$ 3.0

What were the hospital's total margin and operating margins between FY13 and FY17, 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 Services (EOHHS).

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

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

LAWRENCE GENERAL HOSPITAL

2017 Hospital Profile

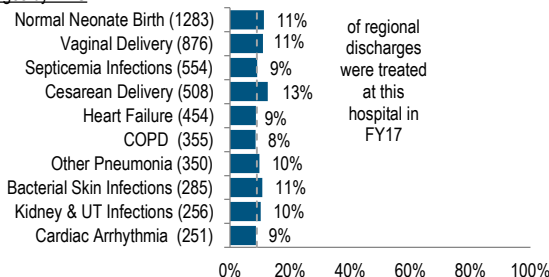
Lawrence, MA
Community High Public Payer Hospital
Northeastern Massachusetts

Lawrence General Hospital is a mid-size, non-profit community-High Public Payer (HPP) hospital located in the Northeastern Massachusetts region. From FY13 to FY17, Lawrence General Hospital saw an increase of 4.3% in outpatient visits, with an increase of 24.5% in outpatient revenue. The hospital earned a profit of \$3.1M in FY17, which is driven by non-operating revenues of \$3.1M. It reported a total margin of 1.2%, below the cohort median of 3.8%. Over the five-year period, FY13 to FY17, the hospital was profitable each year except FY15.

At a Glance	Overview / Size	
	Hospital System Affiliation:	Lawrence General Hospital and Affiliates
	Change in Ownership (FY13-17):	Not Applicable
	Total Staffed Beds:	230, mid-size acute hospital
	% Occupancy:	56.4%, < cohort avg. (66%)
	Special Public Funding:	CHART ^A , HCII ^B , DSTI ^C , ICB ^D
	Trauma Center Designation:	Adult: Level 3
	Case Mix Index:	0.89, < cohort avg. (0.92); < statewide (1.12)
	Financial	
	Inpatient NPSR per CMAD:	\$7,930
Services	Change FY16-FY17:	-8.7%
	Inpatient:Outpatient Revenue in FY17:	36%:64%
	Outpatient Revenue in FY17:	\$133,558,951
	Change FY16-FY17:	7.5%
	Total Revenue in FY17:	\$250,893,000
	Total Surplus (Loss) in FY17:	\$3,122,000
	Payer Mix	
	Public Payer Mix:	73.8% (HPP* Hospital)
	CY16 Commercial Statewide Relative Price:	0.74
	Top 3 Commercial Payers:	Blue Cross Blue Shield of Massachusetts Harvard Pilgrim Health Care Tufts Associated HMO, Inc.
Quality	Utilization	
	Inpatient Discharges in FY17:	12,664
	Change FY16-FY17:	4.3%
	Emergency Department Visits in FY17:	67,981
	Change FY16-FY17:	-3.9%
	Outpatient Visits in FY17:	282,241
	Change FY16-FY17:	-0.9%
	Quality	
	Readmission Rate in FY16:	15.8%
	Change FY12-FY16 (percentage points):	1.0
	Early Elective Deliveries Rate:	Not Available

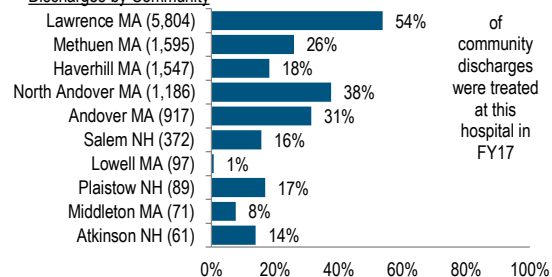
What were the most common inpatient cases (DRGs) treated at the hospital in FY17? What proportion of the region's cases did this hospital treat for each service?

Discharges by DRG

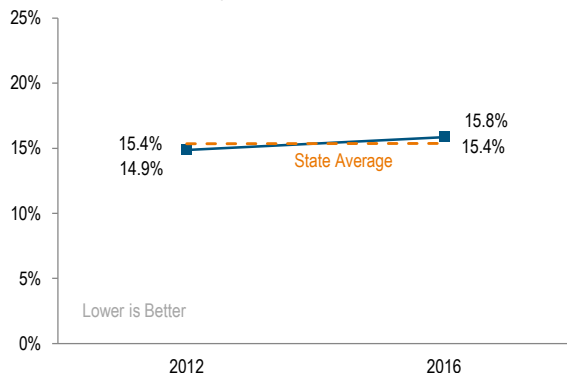


Where did most of the hospital's inpatients reside? What proportion of each community's total discharges was attributed to this hospital?

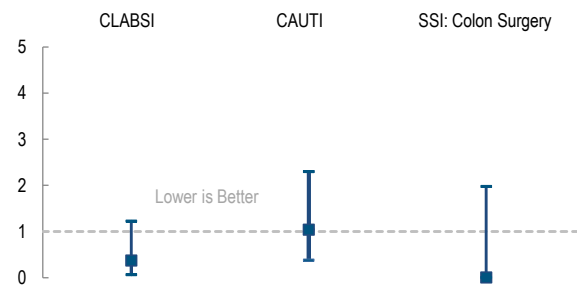
Discharges by Community



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.

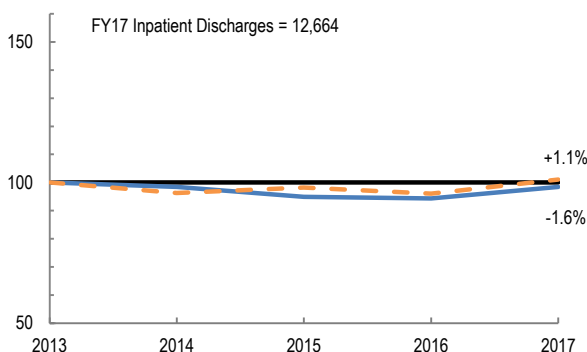
2017 HOSPITAL PROFILE: LAWRENCE GENERAL HOSPITAL

Cohort: Community High Public Payer Hospital

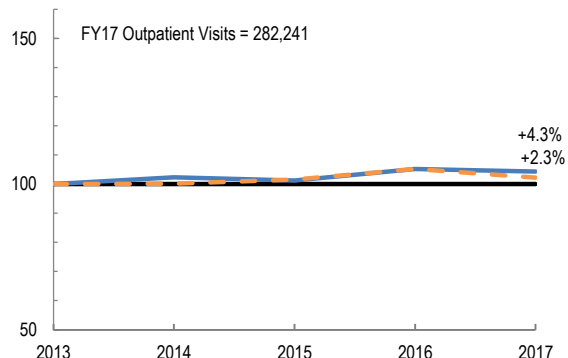
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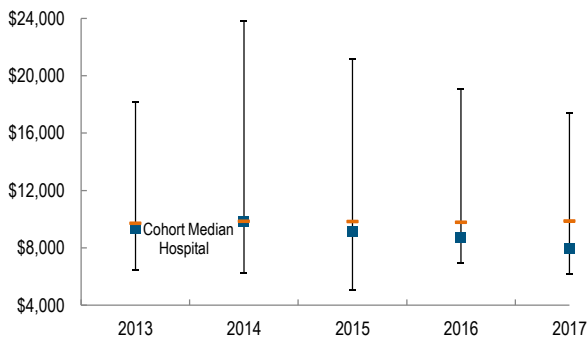
How has the volume of the hospital's inpatient discharges changed compared to FY13, and how does this compare to the hospital's peer cohort median? (FY13=100)



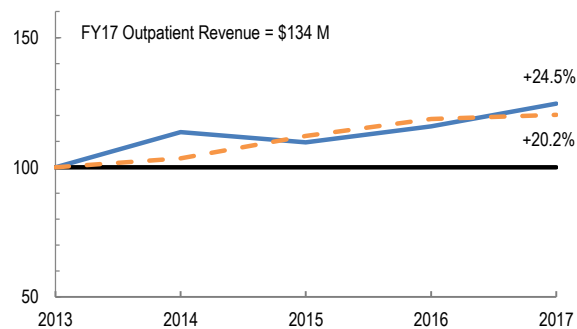
How has the volume of the hospital's outpatient visits changed compared to FY13, and how does this compare to the hospital's peer cohort median? (FY13=100)



What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY13 and FY17, and how does this compare to the hospital's peer cohort median?



How has the hospital's total outpatient revenue changed compared to FY13, and how does this compare to the hospital's peer cohort median? (FY13=100)

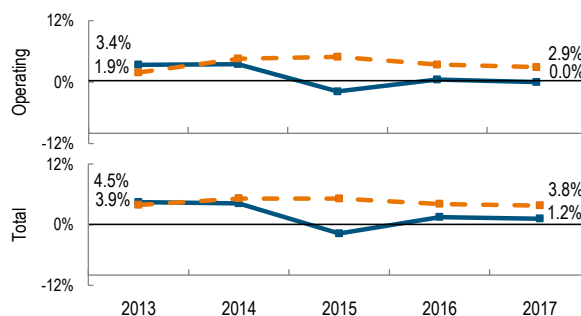


How have the hospital's total revenue and costs changed between FY13 and FY17?

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

FY	2013	2014	2015	2016	2017
Operating Revenue	\$ 217.4	\$ 228.7	\$ 226.3	\$ 241.4	\$ 247.8
Non-Operating Revenue	\$ 2.4	\$ 1.7	\$ 0.1	\$ 2.3	\$ 3.1
Total Revenue	\$ 219.8	\$ 230.4	\$ 226.4	\$ 243.7	\$ 250.9
Total Costs	\$ 209.9	\$ 220.7	\$ 230.4	\$ 240.1	\$ 247.8
Total Profit (Loss)	\$ 9.9	\$ 9.8	\$ (4.0)	\$ 3.6	\$ 3.1

What were the hospital's total margin and operating margins between FY13 and FY17, 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.

η For more information on Health Care Innovation Investment Program (HCII) special funding, please contact the Health Policy Commission (HPC).

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

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

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

LOWELL GENERAL HOSPITAL

2017 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. Lowell General Hospital is a member of Wellforce. In each year, FY13 to FY17, Lowell General Hospital has been profitable. In FY13 the hospital's total margin exceeded the median total margin of in its peer cohort hospitals. In the other years, FY14 to FY17, the hospital's total margin was below the median total margin of its peer cohort.

At a Glance

Overview / Size

Hospital System Affiliation:	Wellforce
Change in Ownership (FY13-17):	Wellforce - 2014
Total Staffed Beds:	344, among the larger acute hospitals
% Occupancy:	71.2%, > cohort avg. (66%)
Special Public Funding:	CHART [^] , HCII [^] , ICB [^]
Trauma Center Designation:	Adult: Level 3
Case Mix Index:	0.87, < cohort avg. (0.92); < statewide (1.12)

Financial

Inpatient NPSR per CMAD:	\$11,506
Change FY16-FY17:	21.4%
Inpatient:Outpatient Revenue in FY17:	34%:66%
Outpatient Revenue in FY17:	\$214,773,052
Change FY16-FY17:	-14.0%
Total Revenue in FY17:	\$449,928,000
Total Surplus (Loss) in FY17:	\$2,312,000

Payer Mix

Public Payer Mix:	64.2% (HPP* Hospital)
CY16 Commercial Statewide Relative Price:	0.85
Top 3 Commercial Payers:	Blue Cross Blue Shield of Massachusetts Harvard Pilgrim Health Care Tufts Associated HMO, Inc.

Utilization

Inpatient Discharges in FY17:	22,145
Change FY16-FY17:	1.4%
Emergency Department Visits in FY17:	98,546
Change FY16-FY17:	-1.1%
Outpatient Visits in FY17:	200,277
Change FY16-FY17:	3.2%

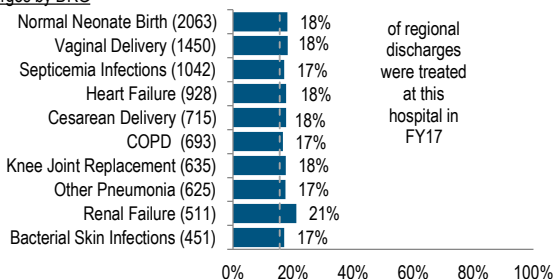
Quality

Readmission Rate in FY16:	15.2%
Change FY12-FY16 (percentage points):	-0.1
Early Elective Deliveries Rate:	0.2%

Services

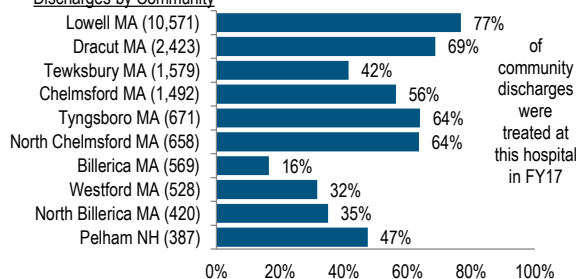
What were the most common inpatient cases (DRGs) treated at the hospital in FY17? What proportion of the region's cases did this hospital treat for each service?

Discharges by DRG



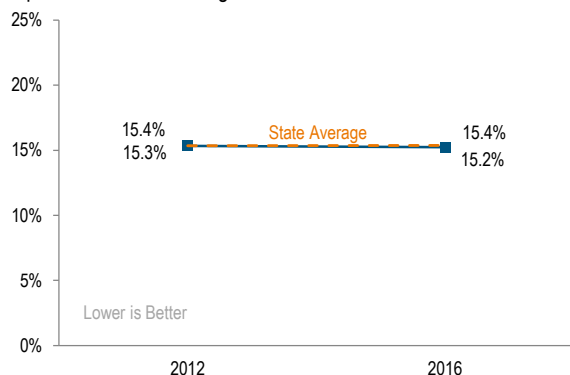
Where did most of the hospital's inpatients reside? What proportion of each community's total discharges was attributed to this hospital?

Discharges by Community

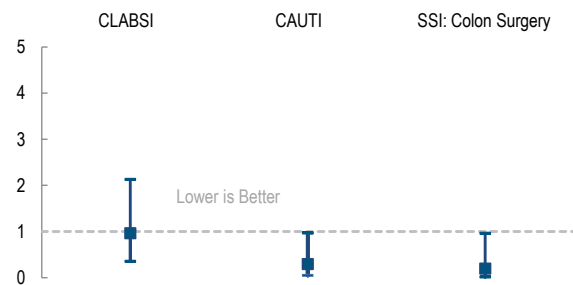


Quality

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.

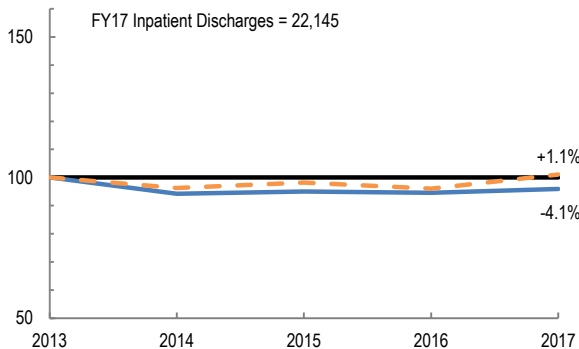
2017 HOSPITAL PROFILE: LOWELL GENERAL HOSPITAL

Cohort: Community High Public Payer Hospital

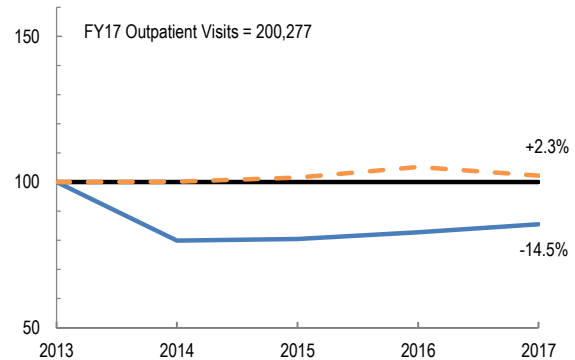
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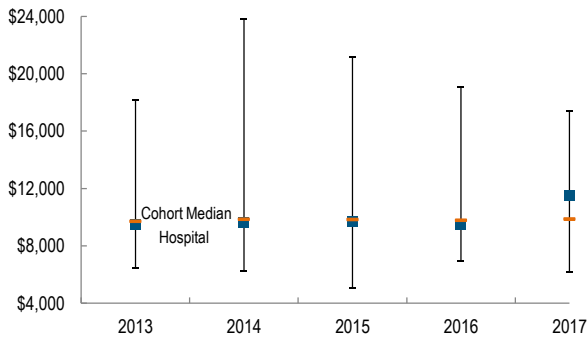
How has the volume of the hospital's inpatient discharges changed compared to FY13, and how does this compare to the hospital's peer cohort median? (FY13=100)



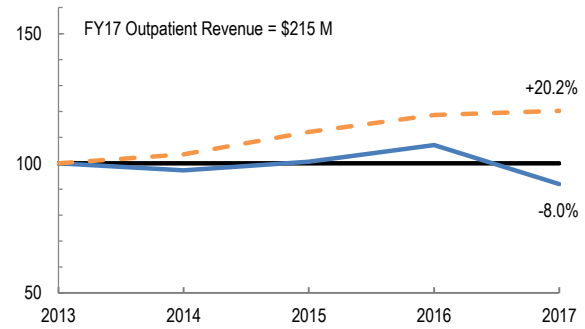
How has the volume of the hospital's outpatient visits changed compared to FY13, and how does this compare to the hospital's peer cohort median? (FY13=100)



What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY13 and FY17, and how does this compare to the hospital's peer cohort median?



How has the hospital's total outpatient revenue changed compared to FY13, and how does this compare to the hospital's peer cohort median? (FY13=100)

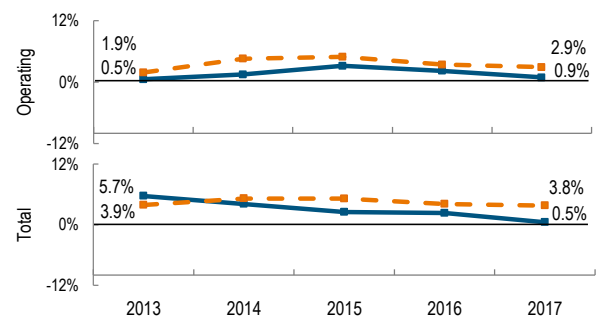


How have the hospital's total revenue and costs changed between FY13 and FY17?

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

FY	2013	2014	2015	2016	2017
Operating Revenue	\$ 404.6	\$ 415.6	\$ 430.2	\$ 441.4	\$ 451.8
Non-Operating Revenue	\$ 22.0	\$ 11.2	\$ (2.9)	\$ 0.8	\$ (1.8)
Total Revenue	\$ 426.6	\$ 426.8	\$ 427.4	\$ 442.1	\$ 449.9
Total Costs	\$ 402.3	\$ 409.2	\$ 416.7	\$ 431.8	\$ 447.6
Total Profit (Loss)	\$ 24.3	\$ 17.6	\$ 10.7	\$ 10.4	\$ 2.3

What were the hospital's total margin and operating margins between FY13 and FY17, 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.

η For more information on Health Care Innovation Investment Program (HCII) special funding, please contact the Health Policy Commission (HPC).

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

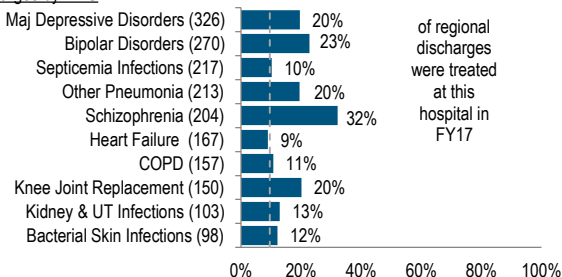
° For more information on Infrastructure and Capacity Building (ICB) special funding, please contact the Massachusetts Executive Office of Health and Human Services (EOHHS).

Marlborough Hospital is a 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 FY13 to FY17, with a total margin of 7.5% in FY17, compared to a median total margin of 3.8% for peer hospitals. Though Marlborough Hospital accounts for just 9% of discharges in its region, it accounts for 32% of all the discharges for Schizophrenia in the region. The hospital experienced a 7.0% increase in inpatient discharges between FY13 and FY17.

At a Glance	Overview / Size	
	Hospital System Affiliation:	UMass Memorial Health Care
	Change in Ownership (FY13-17):	Not Applicable
	Total Staffed Beds:	79, among the smaller acute hospitals
	% Occupancy:	59.5%, < cohort avg. (66%)
	Special Public Funding:	CHART ^a , ICB ^b
	Trauma Center Designation:	Not Applicable
	Case Mix Index:	0.90, < cohort avg. (0.92); < statewide (1.12)
	Financial	
	Inpatient NPSR per CMAD:	\$6,541
Services	Change FY16-FY17:	-29.2%
	Inpatient:Outpatient Revenue in FY17:	30%:70%
	Outpatient Revenue in FY17:	\$51,442,751
	Change FY16-FY17:	13.2%
	Total Revenue in FY17:	\$89,429,000
	Total Surplus (Loss) in FY17:	\$6,676,000
	Payer Mix	
	Public Payer Mix:	64.0% (HPP* Hospital)
	CY16 Commercial Statewide Relative Price:	0.88
	Top 3 Commercial Payers:	Blue Cross Blue Shield of Massachusetts Harvard Pilgrim Health Care Tufts Associated HMO, Inc.
Quality	Utilization	
	Inpatient Discharges in FY17:	4,093
	Change FY16-FY17:	13.3%
	Emergency Department Visits in FY17:	26,219
	Change FY16-FY17:	-0.5%
	Outpatient Visits in FY17:	74,249
	Change FY16-FY17:	-9.2%
	Quality	
	Readmission Rate in FY16:	17.2%
	Change FY12-FY16 (percentage points):	1.4
	Early Elective Deliveries Rate:	Not Available

What were the most common inpatient cases (DRGs) treated at the hospital in FY17? What proportion of the region's cases did this hospital treat for each service?

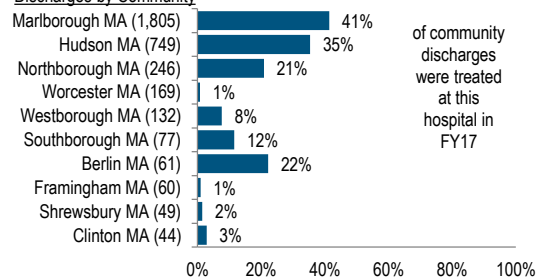
Discharges by DRG



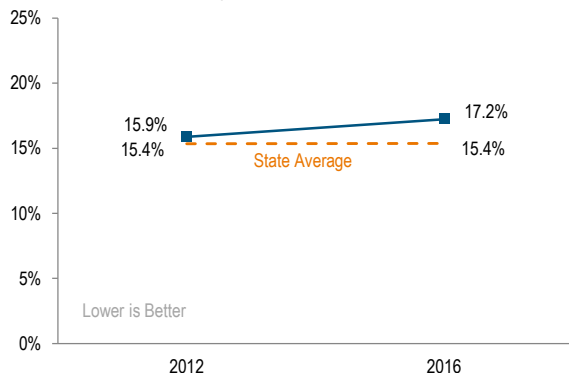
--- Hospital (4,093) = 9% of total regional discharges

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

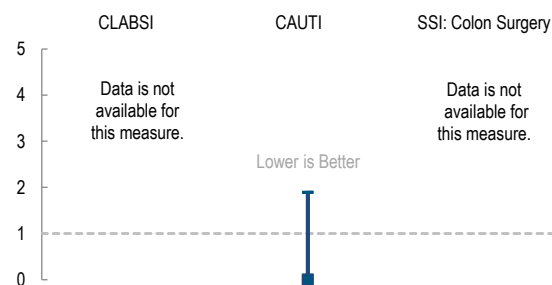
Discharges by Community



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



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



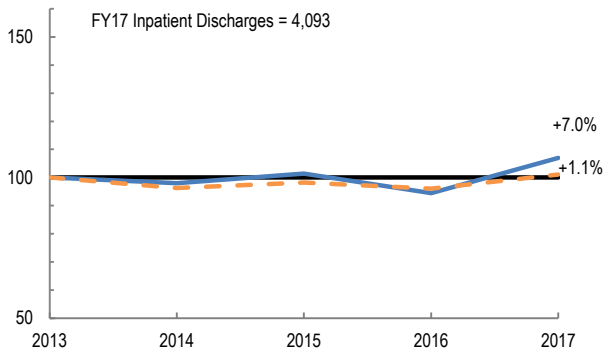
2017 HOSPITAL PROFILE: MARLBOROUGH HOSPITAL

Cohort: Community High Public Payer Hospital

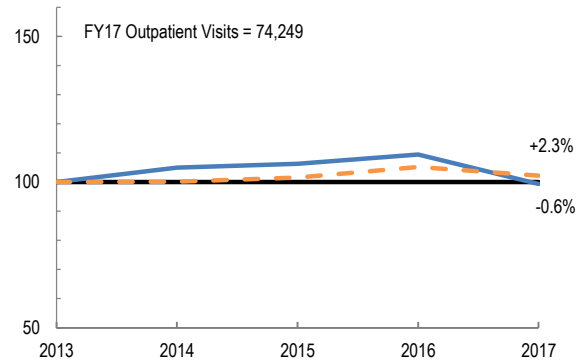
Key:



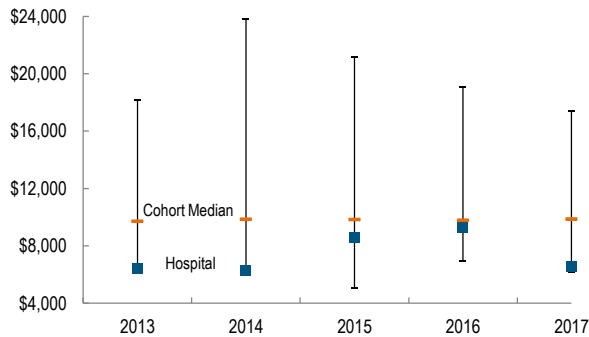
How has the volume of the hospital's inpatient discharges changed compared to FY13, and how does this compare to the hospital's peer cohort median? (FY13=100)



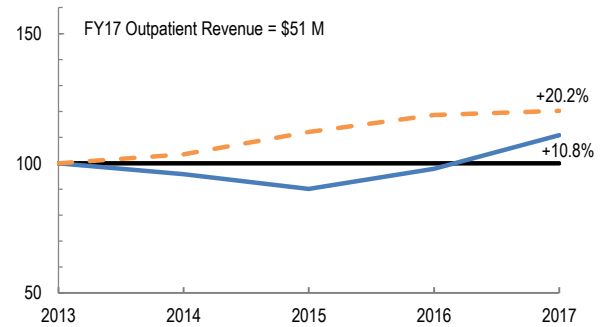
How has the volume of the hospital's outpatient visits changed compared to FY13, and how does this compare to the hospital's peer cohort median? (FY13=100)



What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY13 and FY17, and how does this compare to the hospital's peer cohort median?



How has the hospital's total outpatient revenue changed compared to FY13, and how does this compare to the hospital's peer cohort median? (FY13=100)

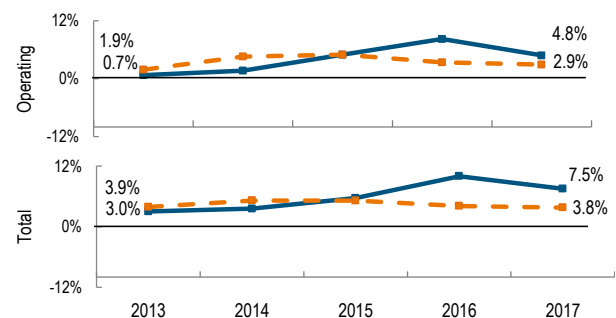


How have the hospital's total revenue and costs changed between FY13 and FY17?

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

FY	2013	2014	2015	2016	2017
Operating Revenue	\$ 78.9	\$ 80.5	\$ 80.7	\$ 87.2	\$ 87.1
Non-Operating Revenue	\$ 1.8	\$ 1.6	\$ 0.6	\$ 1.6	\$ 2.4
Total Revenue	\$ 80.7	\$ 82.0	\$ 81.3	\$ 88.9	\$ 89.4
Total Costs	\$ 78.3	\$ 79.1	\$ 76.7	\$ 80.0	\$ 82.8
Total Profit (Loss)	\$ 2.4	\$ 2.9	\$ 4.6	\$ 8.9	\$ 6.7

What were the hospital's total margin and operating margins between FY13 and FY17, 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).

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

MELROSEWAKEFIELD HOSPITAL

2017 Hospital Profile

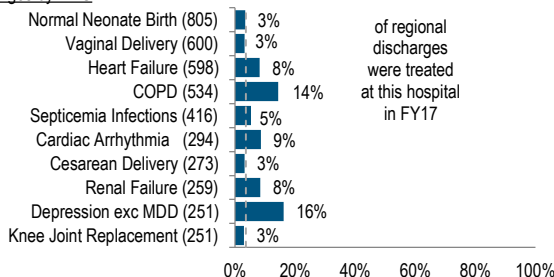
Medford & Melrose, MA
Community High Public Payer Hospital
Metro Boston

MelroseWakefield Healthcare System, 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 FY13 and FY17, their inpatient discharges decreased by 11.8%, compared to a median increase of 1.1% among their peer cohort hospitals. MelroseWakefield Healthcare reported a profit of \$7.9M in FY17, after posting a loss of \$1.9M in FY16. It had reported profits in each of the three prior years from FY13 to FY15. MelroseWakefield Healthcare changed its name from Hallmark Health System in May of 2018.

At a Glance	Overview / Size	
	Hospital System Affiliation:	Wellforce
	Change in Ownership (FY13-17):	Wellforce - 2017
	Total Staffed Beds:	166, mid-size acute hospital
	% Occupancy:	90.8%, > cohort avg. (66%)
	Special Public Funding:	CHART ⁺ , ICB ⁺
	Trauma Center Designation:	Not Applicable
	Case Mix Index:	0.91, < cohort avg. (0.92); < statewide (1.12)
	Financial	
	Inpatient NPSR per CMAD:	\$9,725
Services	Change FY16-FY17:	1.9%
	Inpatient:Outpatient Revenue in FY17:	28%:72%
	Outpatient Revenue in FY17:	\$144,261,248
	Change FY16-FY17:	0.7%
	Total Revenue in FY17:	\$272,842,000
	Total Surplus (Loss) in FY17:	\$7,864,000
	Payer Mix	
	Public Payer Mix:	63.3% (HPP* Hospital)
	CY16 Commercial Statewide Relative Price:	0.90
	Top 3 Commercial Payers:	Blue Cross Blue Shield of Massachusetts Harvard Pilgrim Health Care Tufts Associated HMO, Inc.
Quality	Utilization	
	Inpatient Discharges in FY17:	10,992
	Change FY16-FY17:	-2.4%
	Emergency Department Visits in FY17:	46,823
	Change FY16-FY17:	-3.9%
	Outpatient Visits in FY17:	509,586
	Change FY16-FY17:	-4.8%
	Quality	
	Readmission Rate in FY16:	17.6%
	Change FY12-FY16 (percentage points):	0.1
	Early Elective Deliveries Rate:	0.0%

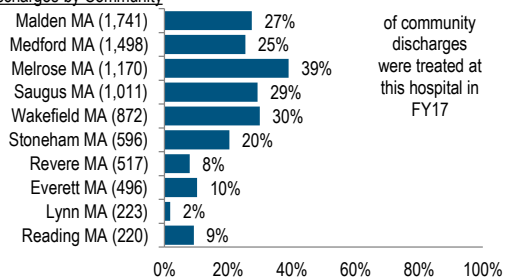
What were the most common inpatient cases (DRGs) treated at the hospital in FY17? What proportion of the region's cases did this hospital treat for each service?

Discharges by DRG

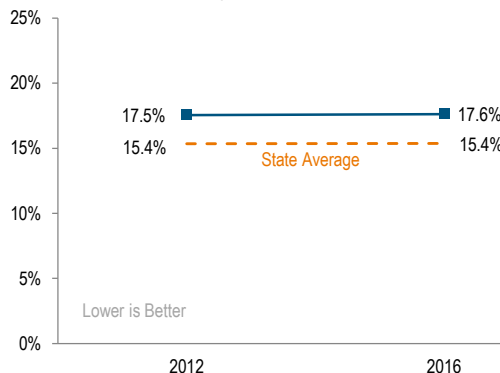


Where did most of the hospital's inpatients reside? What proportion of each community's total discharges was attributed to this hospital?

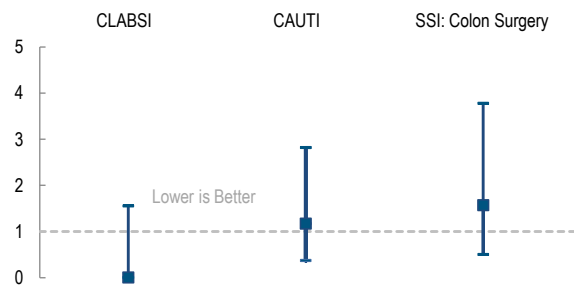
Discharges by Community



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.

2017 HOSPITAL PROFILE: MELROSEWAKEFIELD HOSPITAL

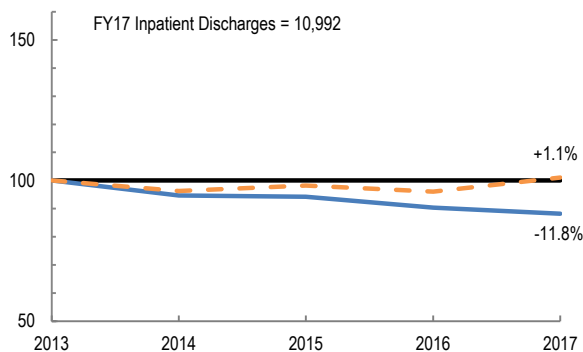
Cohort: Community High Public Payer Hospital

Key:

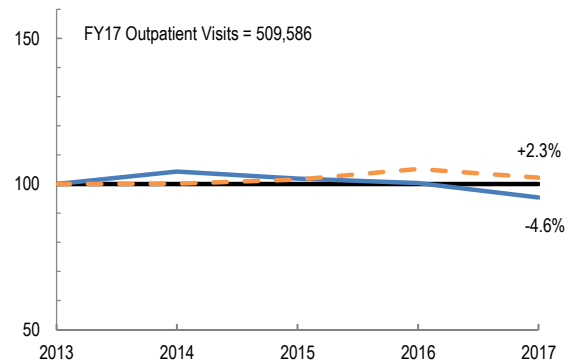


Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY13, and how does this compare to the hospital's peer cohort median? (FY13=100)

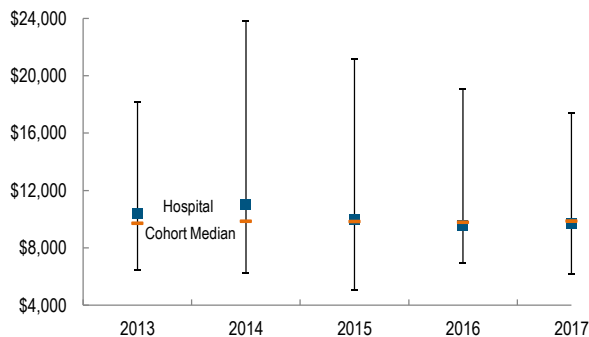


How has the volume of the hospital's outpatient visits changed compared to FY13, and how does this compare to the hospital's peer cohort median? (FY13=100)

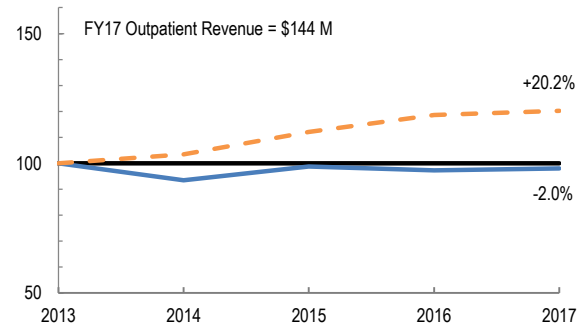


Patient Revenue Trends

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY13 and FY17, and how does this compare to the hospital's peer cohort median?



How has the hospital's total outpatient revenue changed compared to FY13, and how does this compare to the hospital's peer cohort median? (FY13=100)



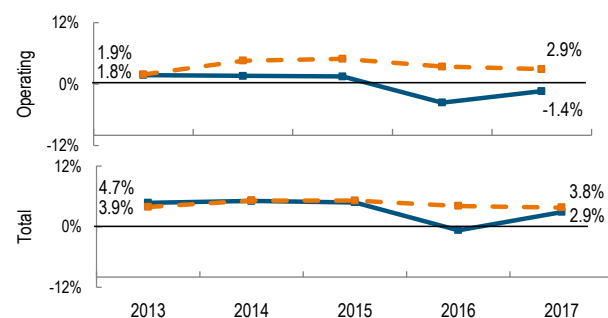
Financial Performance

How have the hospital's total revenue and costs changed between FY13 and FY17?

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

FY	2013	2014	2015	2016	2017
Operating Revenue	\$ 263.6	\$ 257.0	\$ 262.4	\$ 257.7	\$ 261.2
Non-Operating Revenue	\$ 8.0	\$ 9.2	\$ 9.0	\$ 7.7	\$ 11.6
Total Revenue	\$ 271.6	\$ 266.3	\$ 271.4	\$ 265.4	\$ 272.8
Total Costs	\$ 258.8	\$ 252.8	\$ 258.4	\$ 267.3	\$ 265.0
Total Profit (Loss)	\$ 12.8	\$ 13.5	\$ 13.0	\$ (1.9)	\$ 7.9

What were the hospital's total margin and operating margins between FY13 and FY17, and how do these compare to the hospital's peer cohort medians?



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

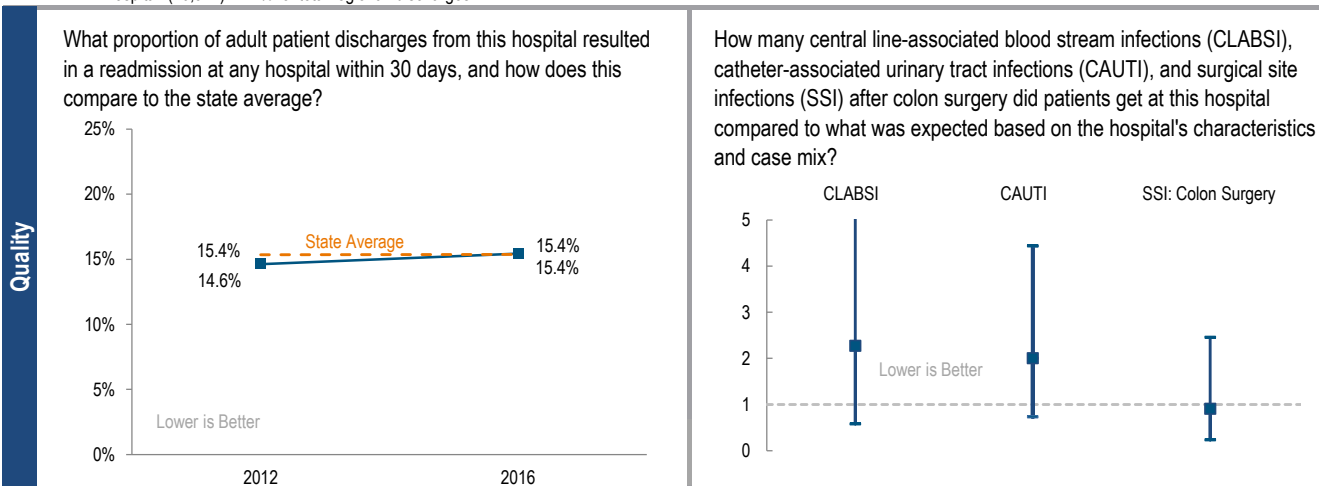
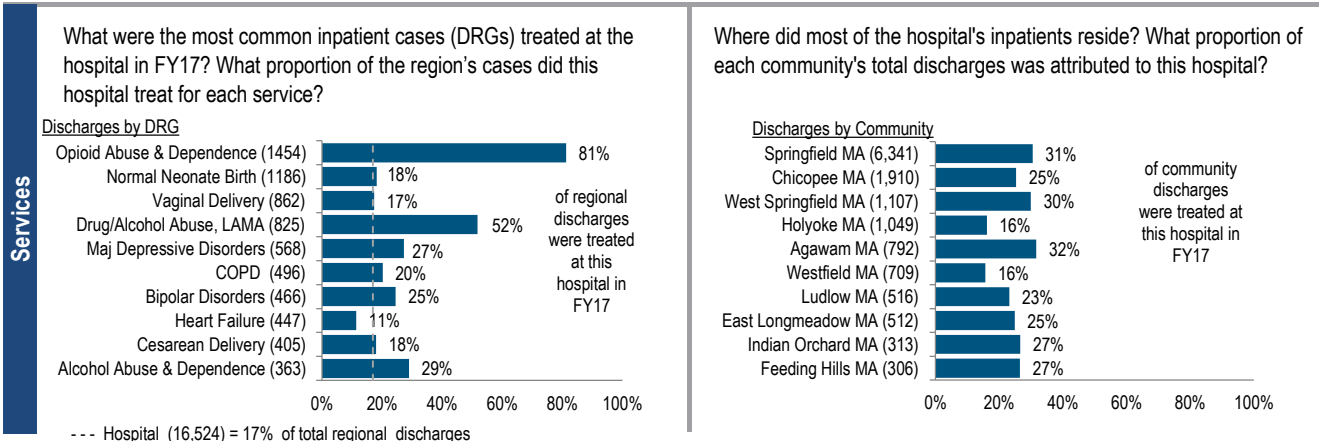
* High Public Payer Hospitals (HPP) receive a minimum of 63% of gross patient service revenue from public payers.

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

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

Mercy Medical Center is a large, non-profit community-High Public Payer (HPP) hospital located in the Western Massachusetts region. Mercy Medical Center was responsible for only 17% of regional discharges but was responsible for 81% of the region's Opioid Abuse and Dependence discharges, as well as 52% of Drug/Alcohol abuse discharges. The hospital incurred a profit in FY17 after reporting a loss in FY16. The hospital had a 3.8% total margin in FY17, equivalent to the median total margin of its peer cohort.

At a Glance	Overview / Size	
	Hospital System Affiliation:	Trinity Health
	Change in Ownership (FY13-17):	Not Applicable
	Total Staffed Beds:	395, among the larger acute hospitals
	% Occupancy:	53.5%, < cohort avg. (66%)
	Special Public Funding:	CHART ⁺ , DSTI ⁰ , ICB ⁰
	Trauma Center Designation:	Not Applicable
	Case Mix Index:	0.89, < cohort avg. (0.92); < statewide (1.12)
	Financial	
	Inpatient NPSR per CMAD:	\$10,379
	Change FY16-FY17:	5.9%
	Inpatient:Outpatient Revenue in FY17:	45%:55%
	Outpatient Revenue in FY17:	\$133,815,302
	Change FY16-FY17:	12.1%
	Total Revenue in FY17:	\$297,808,175
	Total Surplus (Loss) in FY17:	\$11,272,308
	Payer Mix	
	Public Payer Mix:	74.2% (HPP* Hospital)
	CY16 Commercial Statewide Relative Price:	0.80
	Top 3 Commercial Payers:	Blue Cross Blue Shield of Massachusetts Health New England, Inc. UniCare Life and Health Insurance Co.
	Utilization	
	Inpatient Discharges in FY17:	16,524
	Change FY16-FY17:	1.5%
	Emergency Department Visits in FY17:	70,715
	Change FY16-FY17:	-1.4%
	Outpatient Visits in FY17:	230,185
	Change FY16-FY17:	2.4%
	Quality	
	Readmission Rate in FY16:	15.4%
	Change FY12-FY16 (percentage points):	0.8
	Early Elective Deliveries Rate:	Not Available



2017 HOSPITAL PROFILE: MERCY MEDICAL CENTER

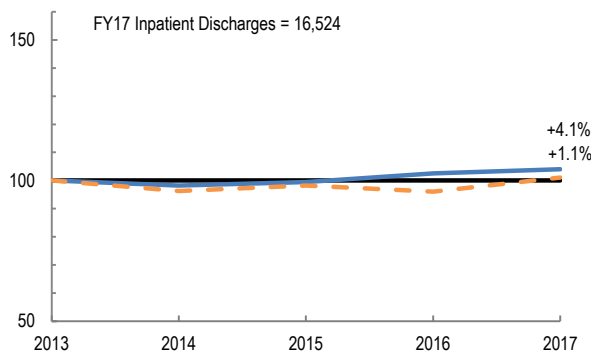
Cohort: Community High Public Payer Hospital

Key:

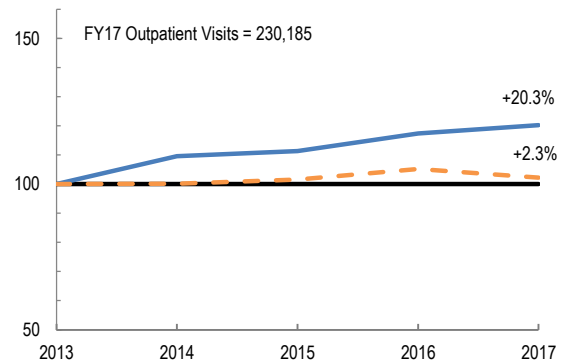


Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY13, and how does this compare to the hospital's peer cohort median? (FY13=100)

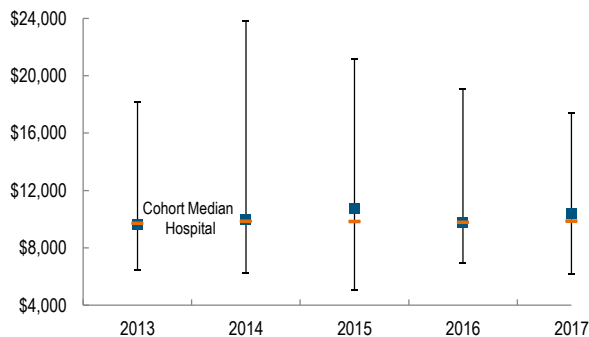


How has the volume of the hospital's outpatient visits changed compared to FY13, and how does this compare to the hospital's peer cohort median? (FY13=100)

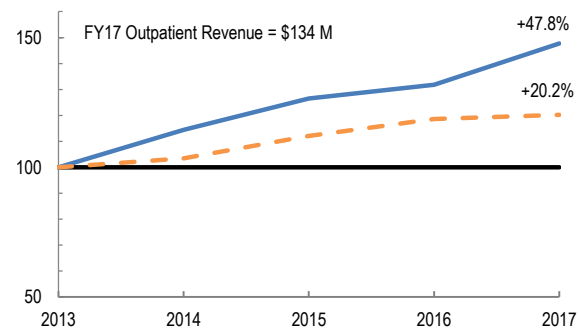


Patient Revenue Trends

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY13 and FY17, and how does this compare to the hospital's peer cohort median?



How has the hospital's total outpatient revenue changed compared to FY13, and how does this compare to the hospital's peer cohort median? (FY13=100)



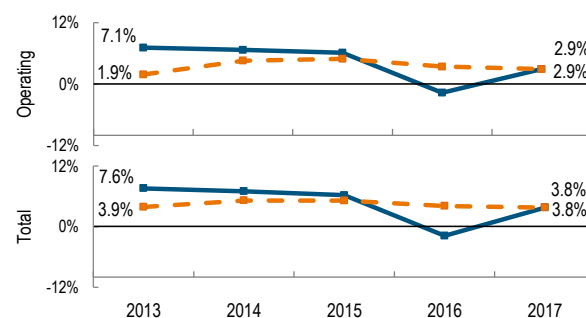
Financial Performance

How have the hospital's total revenue and costs changed between FY13 and FY17?

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

FY	2013	2014	2015	2016	2017
Operating Revenue	\$ 129.2	\$ 250.4	\$ 272.8	\$ 264.4	\$ 295.1
Non-Operating Revenue	\$ 0.8	\$ 0.9	\$ 0.3	\$ (0.3)	\$ 2.7
Total Revenue	\$ 130.0	\$ 251.3	\$ 273.1	\$ 264.1	\$ 297.8
Total Costs	\$ 120.1	\$ 233.6	\$ 256.0	\$ 268.9	\$ 286.5
Total Profit (Loss)	\$ 9.9	\$ 17.7	\$ 17.0	\$ (4.8)	\$ 11.3

What were the hospital's total margin and operating margins between FY13 and FY17, 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.

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

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

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

METROWEST MEDICAL CENTER

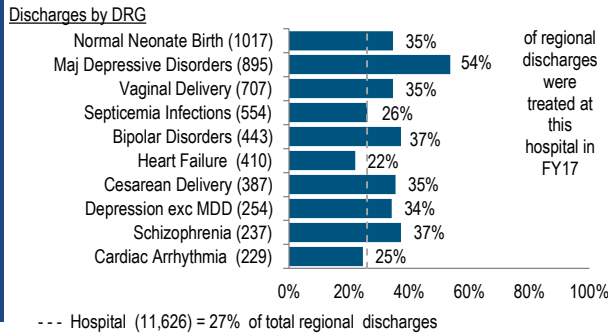
2017 Hospital Profile

Framingham & Natick, MA
Community High Public Payer Hospital
Metro West

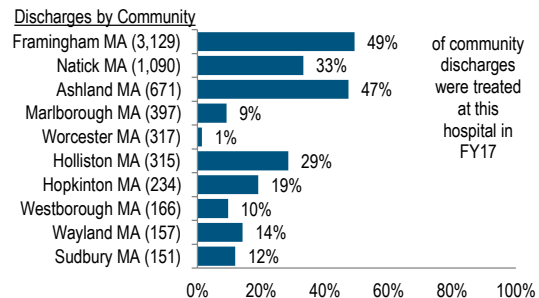
MetroWest Medical Center is a for-profit community-High Public Payer (HPP) hospital located in the Metro West region. It is among the larger acute hospitals in Massachusetts and it is a member of Tenet Healthcare. Between FY13 and FY17, MetroWest Medical Center's inpatient discharges decreased by 9.5%, compared with a median increase of 1.1% among cohort hospitals. MetroWest reported a loss in FY17, with a total margin of -1.3%, compared to the cohort median total margin of 3.8%. MetroWest reported a profit in FY15 and FY16.

At a Glance	Overview / Size	
	Hospital System Affiliation:	Tenet Healthcare
	Change in Ownership (FY13-17):	Tenet - 2013
	Total Staffed Beds:	343, among the larger acute hospitals
	% Occupancy:	46.1%, < cohort avg. (66%)
	Special Public Funding:	ICB°
	Trauma Center Designation:	Not Applicable
	Case Mix Index:	0.95, > cohort avg. (0.92); < statewide (1.12)
	Financial	
	Inpatient NPSR per CMAD:	\$10,672
Services	Change FY16-FY17:	-1.2%
	Inpatient:Outpatient Revenue in FY17:	34%:66%
	Outpatient Revenue in FY17:	\$133,378,821
	Change FY16-FY17:	0.4%
	Total Revenue in FY17:	\$241,660,380
	Total Surplus (Loss) in FY17:	(\$3,030,650)
	Payer Mix	
	Public Payer Mix:	65.7% (HPP* Hospital)
	CY16 Commercial Statewide Relative Price:	0.85
	Top 3 Commercial Payers:	Blue Cross Blue Shield of Massachusetts Harvard Pilgrim Health Care Tufts Associated HMO, Inc.
Quality	Utilization	
	Inpatient Discharges in FY17:	11,626
	Change FY16-FY17:	-2.8%
	Emergency Department Visits in FY17:	52,633
	Change FY16-FY17:	133.2%
	Outpatient Visits in FY17:	421,672
	Change FY16-FY17:	-3.9%
	Quality	
	Readmission Rate in FY16:	17.1%
	Change FY12-FY16 (percentage points):	0.6
	Early Elective Deliveries Rate:	Not Available

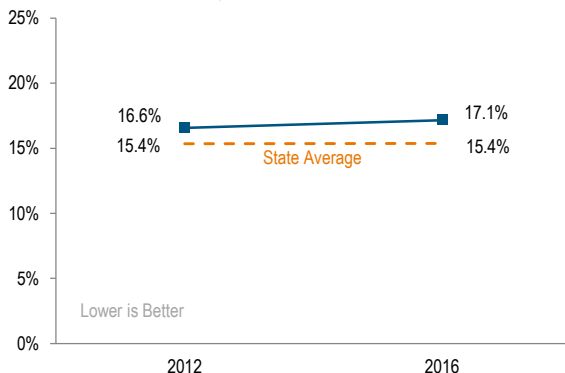
What were the most common inpatient cases (DRGs) treated at the hospital in FY17? What proportion of the region's cases did this hospital treat for each service?



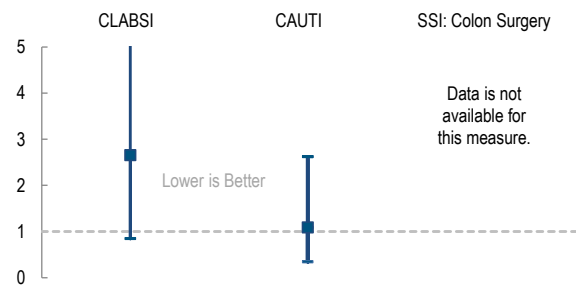
Where did most of the hospital's inpatients reside? What proportion of each community's total discharges was attributed to this hospital?



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.

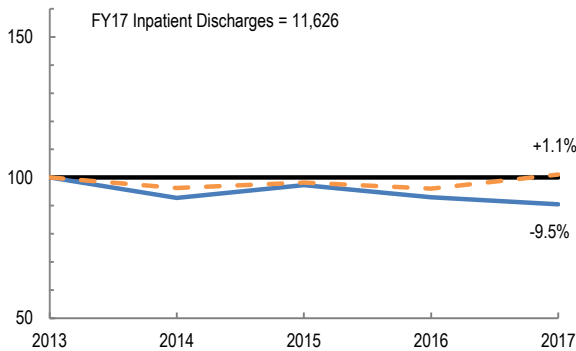
2017 HOSPITAL PROFILE: METROWEST MEDICAL CENTER

Cohort: Community High Public Payer Hospital

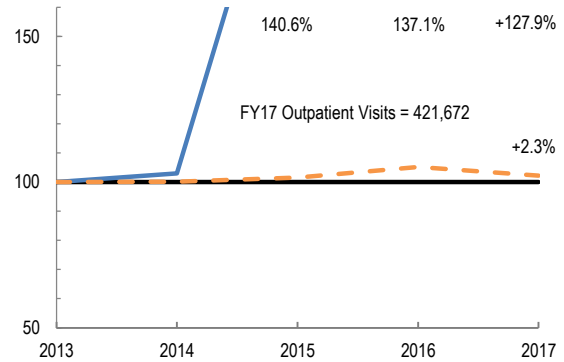
Key:



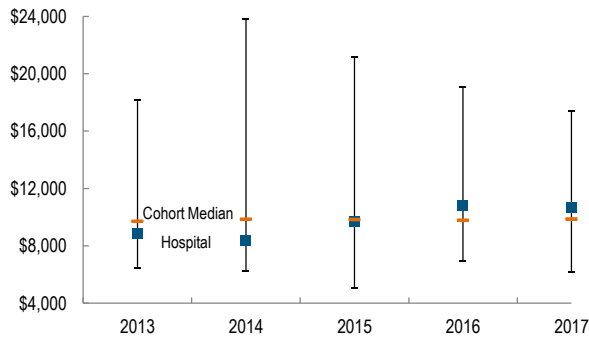
How has the volume of the hospital's inpatient discharges changed compared to FY13, and how does this compare to the hospital's peer cohort median? (FY13=100)



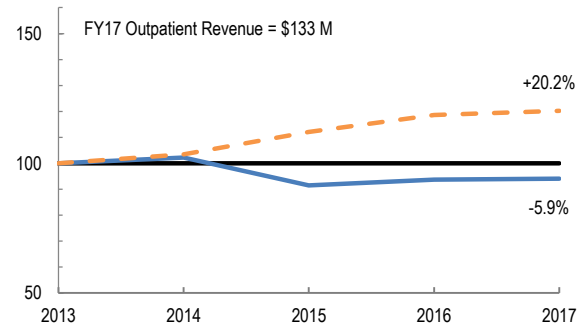
How has the volume of the hospital's outpatient visits changed compared to FY13, and how does this compare to the hospital's peer cohort median? (FY13=100)



What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY13 and FY17, and how does this compare to the hospital's peer cohort median?



How has the hospital's total outpatient revenue changed compared to FY13, and how does this compare to the hospital's peer cohort median? (FY13=100)

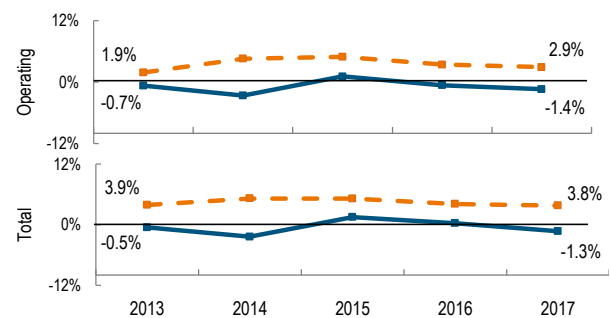


How have the hospital's total revenue and costs changed between FY13 and FY17?

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

FY	2013	2014	2015	2016	2017
Operating Revenue	\$ 255.6	\$ 248.8	\$ 258.2	\$ 247.6	\$ 241.3
Non-Operating Revenue	\$ 0.4	\$ 0.6	\$ 1.0	\$ 2.2	\$ 0.4
Total Revenue	\$ 256.0	\$ 249.4	\$ 259.2	\$ 249.8	\$ 241.7
Total Costs	\$ 257.4	\$ 255.4	\$ 255.4	\$ 249.0	\$ 244.7
Total Profit (Loss)	\$ (1.4)	\$ (6.0)	\$ 3.9	\$ 0.8	\$ (3.0)

What were the hospital's total margin and operating margins between FY13 and FY17, and how do these compare to the hospital's peer cohort medians?



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

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

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

MORTON HOSPITAL, A STEWARD FAMILY HOSPITAL

2017 Hospital Profile

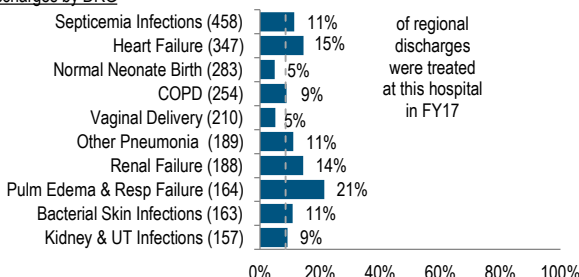
Taunton, MA
Community High Public Payer Hospital
Metro South

Morton Hospital is a mid-size, for-profit community-High Public Payer Hospital (HPP) located in the Metro South region. Morton Hospital is a member of Steward Health Care. Inpatient discharges at Morton Hospital decreased by 5.2% from FY13 to FY17, compared to a median increase of 1.1% in peer cohort hospitals during that time. Outpatient visits declined by 12.5% between FY13 and FY17, compared to a median increase of 2.3% for its cohort. Morton Hospital reported a loss in FY17, after reporting a profit for three consecutive years.

At a Glance	Overview / Size	
	Hospital System Affiliation:	Steward Health Care
	Change in Ownership (FY13-17):	Not Applicable
	Total Staffed Beds:	123, mid-size acute hospital
	% Occupancy:	62.4%, < cohort avg. (66%)
	Special Public Funding:	ICB°
	Trauma Center Designation:	Not Applicable
	Case Mix Index:	0.97, > cohort avg. (0.92); < statewide (1.12)
	Financial	
	Inpatient NPSR per CMAD:	\$10,075
Services	Change FY16-FY17:	5.3%
	Inpatient:Outpatient Revenue in FY17:	34%:66%
	Outpatient Revenue in FY17:	\$54,504,245
	Change FY16-FY17:	-5.1%
	Total Revenue in FY17:	\$119,442,898
	Total Surplus (Loss) in FY17:	(\$3,422,803)
	Payer Mix	
	Public Payer Mix:	69.6% (HPP* Hospital)
	CY16 Commercial Statewide Relative Price:	0.84
	Top 3 Commercial Payers:	Blue Cross Blue Shield of Massachusetts Harvard Pilgrim Health Care Tufts Associated HMO, Inc.
Quality	Utilization	
	Inpatient Discharges in FY17:	6,266
	Change FY16-FY17:	3.3%
	Emergency Department Visits in FY17:	50,511
	Change FY16-FY17:	-1.5%
	Outpatient Visits in FY17:	59,097
	Change FY16-FY17:	-1.7%
	Quality	
	Readmission Rate in FY16:	18.5%
	Change FY12-FY16 (percentage points):	-0.8
	Early Elective Deliveries Rate:	0.0%

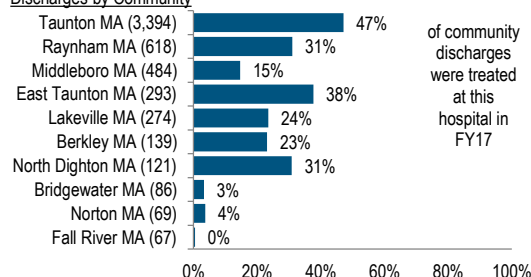
What were the most common inpatient cases (DRGs) treated at the hospital in FY17? What proportion of the region's cases did this hospital treat for each service?

Discharges by DRG

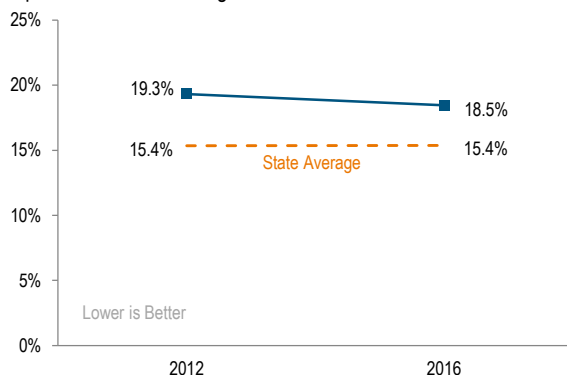


Where did most of the hospital's inpatients reside? What proportion of each community's total discharges was attributed to this hospital?

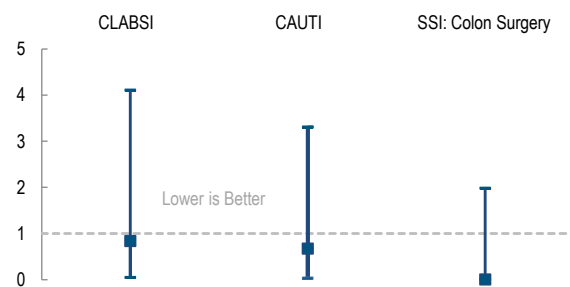
Discharges by Community



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.

2017 HOSPITAL PROFILE: MORTON HOSPITAL, A STEWARD FAMILY HOSPITAL

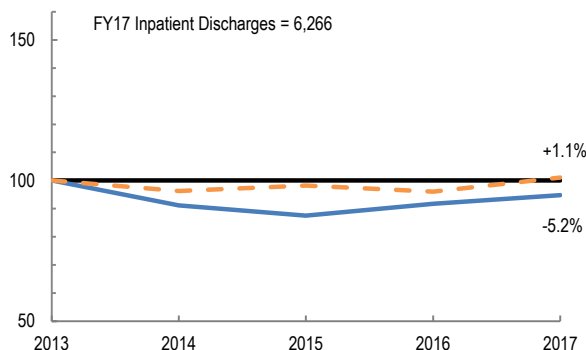
Cohort: Community High Public Payer Hospital

Key:

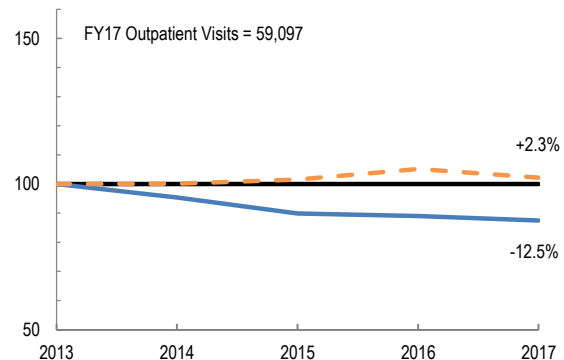
— Hospital
- - - Peer Cohort

Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY13, and how does this compare to the hospital's peer cohort median? (FY13=100)

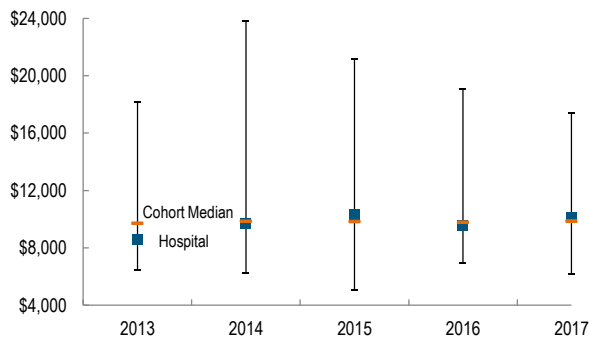


How has the volume of the hospital's outpatient visits changed compared to FY13, and how does this compare to the hospital's peer cohort median? (FY13=100)

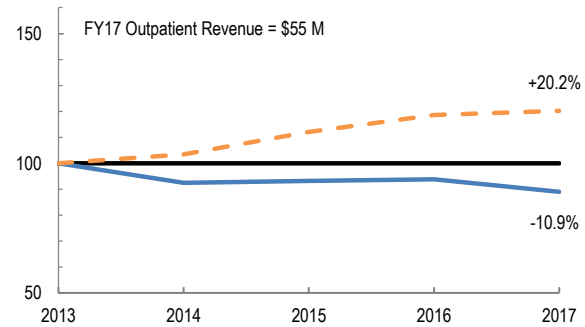


Patient Revenue Trends

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY13 and FY17, and how does this compare to the hospital's peer cohort median?



How has the hospital's total outpatient revenue changed compared to FY13, and how does this compare to the hospital's peer cohort median? (FY13=100)



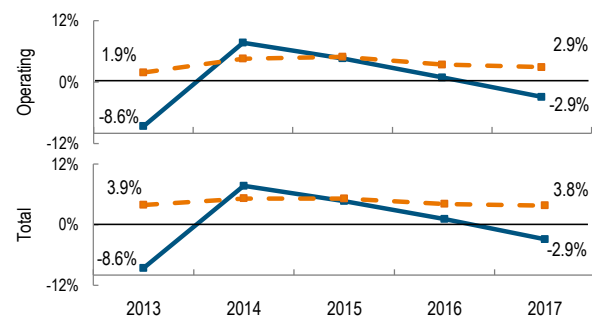
Financial Performance

How have the hospital's total revenue and costs changed between FY13 and FY17?

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

FY	2013	2014	2015	2016	2017
Operating Revenue	\$ 112.7	\$ 116.2	\$ 116.1	\$ 118.0	\$ 119.4
Non-Operating Revenue	\$ 0.0	\$ 0.0	\$ 0.0	\$ 0.2	\$ 0.0
Total Revenue	\$ 112.7	\$ 116.2	\$ 116.1	\$ 118.2	\$ 119.4
Total Costs	\$ 122.4	\$ 107.3	\$ 110.7	\$ 116.9	\$ 122.9
Total Profit (Loss)	\$ (9.7)	\$ 8.9	\$ 5.4	\$ 1.3	\$ (3.4)

What were the hospital's total margin and operating margins between FY13 and FY17, and how do these compare to the hospital's peer cohort medians?



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

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

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

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. Inpatient discharges at the hospital increased by 7.1% from FY13 to FY17, compared to a median increase of 1.1% among peer cohort hospitals. Outpatient visits increased by 20.6%, compared to the median increase of 2.3% for the peer cohort. The hospital reported a loss in FY17, after reporting a profit for four consecutive years.

At a Glance

Overview / Size

Hospital System Affiliation:	Steward Health Care
Change in Ownership (FY13-17):	Not Applicable
Total Staffed Beds:	38, among the smaller acute hospitals
% Occupancy:	87.7%, > cohort avg. (66%)
Special Public Funding:	ICB°
Trauma Center Designation:	Not Applicable
Case Mix Index:	0.88, < cohort avg. (0.92); < statewide (1.12)

Financial

Inpatient NPSR per CMAD:	\$11,185
Change FY16-FY17:	6.4%
Inpatient:Outpatient Revenue in FY17:	27%:73%
Outpatient Revenue in FY17:	\$32,831,354
Change FY16-FY17:	-3.7%
Total Revenue in FY17:	\$54,724,470
Total Surplus (Loss) in FY17:	(\$3,618,094)

Payer Mix

Public Payer Mix:	65.9% (HPP* Hospital)
CY16 Commercial Statewide Relative Price:	0.96
Top 3 Commercial Payers:	Blue Cross Blue Shield of Massachusetts Tufts Associated HMO, Inc. Harvard Pilgrim Health Care

Utilization

Inpatient Discharges in FY17:	1,958
Change FY16-FY17:	2.2%
Emergency Department Visits in FY17:	14,755
Change FY16-FY17:	-4.6%
Outpatient Visits in FY17:	54,870
Change FY16-FY17:	8.5%

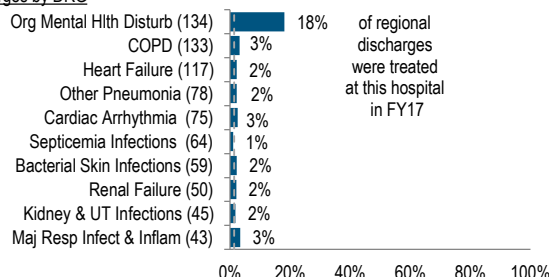
Quality

Readmission Rate in FY16:	15.4%
Change FY12-FY16 (percentage points):	0.8
Early Elective Deliveries Rate:	Not Available

Services

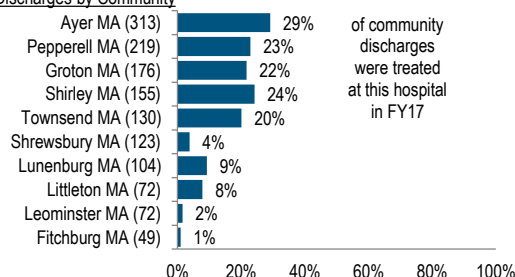
What were the most common inpatient cases (DRGs) treated at the hospital in FY17? What proportion of the region's cases did this hospital treat for each service?

Discharges by DRG



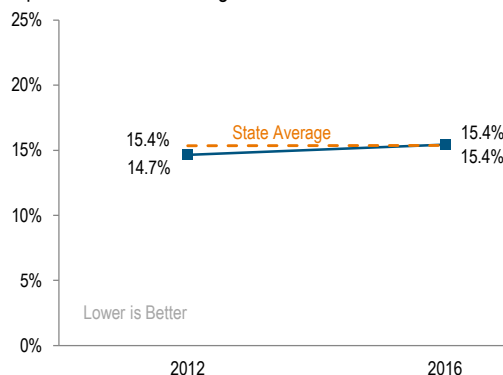
Where did most of the hospital's inpatients reside? What proportion of each community's total discharges was attributed to this hospital?

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?

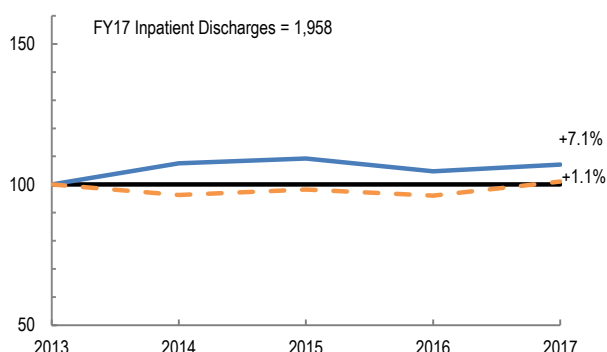
Data is not available for these measures.

Key:

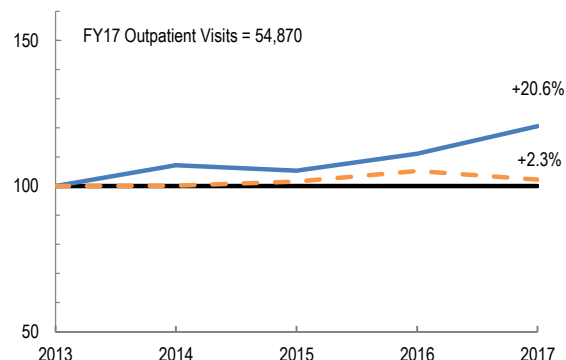
— Hospital
- - - Peer Cohort

Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY13, and how does this compare to the hospital's peer cohort median? (FY13=100)

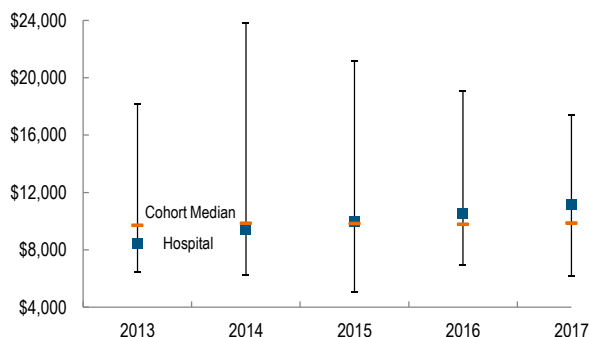


How has the volume of the hospital's outpatient visits changed compared to FY13, and how does this compare to the hospital's peer cohort median? (FY13=100)

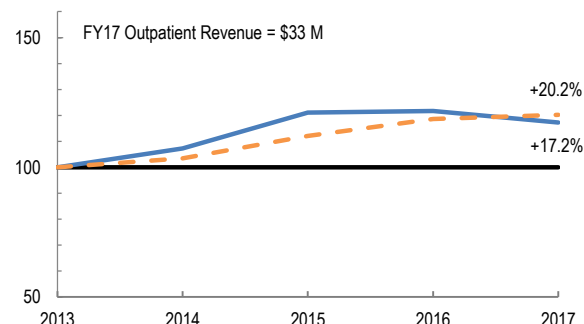


Patient Revenue Trends

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY13 and FY17, and how does this compare to the hospital's peer cohort median?



How has the hospital's total outpatient revenue changed compared to FY13, and how does this compare to the hospital's peer cohort median? (FY13=100)



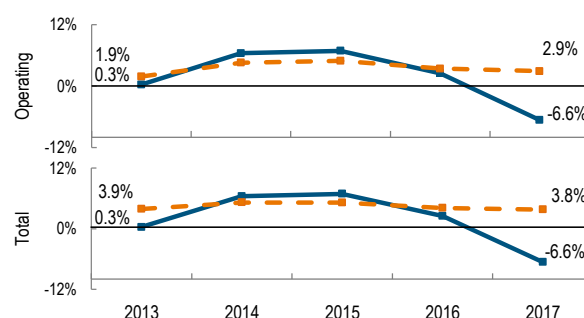
Financial Performance

How have the hospital's total revenue and costs changed between FY13 and FY17?

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

FY	2013	2014	2015	2016	2017
Operating Revenue	\$ 39.9	\$ 49.3	\$ 51.9	\$ 53.2	\$ 54.7
Non-Operating Revenue	\$ 0.0	\$ 0.0	\$ 0.0	\$ (0.0)	\$ 0.0
Total Revenue	\$ 39.9	\$ 49.3	\$ 51.9	\$ 53.2	\$ 54.7
Total Costs	\$ 39.8	\$ 46.1	\$ 48.3	\$ 51.9	\$ 58.3
Total Profit (Loss)	\$ 0.1	\$ 3.2	\$ 3.6	\$ 1.3	\$ (3.6)

What were the hospital's total margin and operating margins between FY13 and FY17, 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.

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NORTH SHORE MEDICAL CENTER

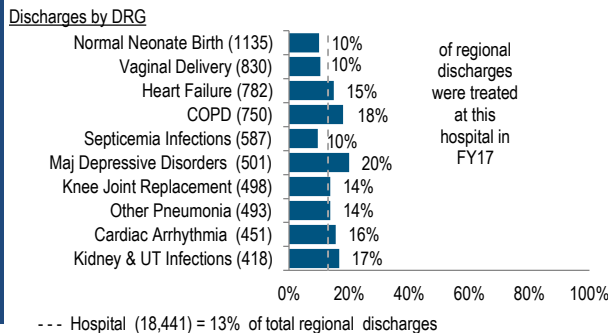
2017 Hospital Profile

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

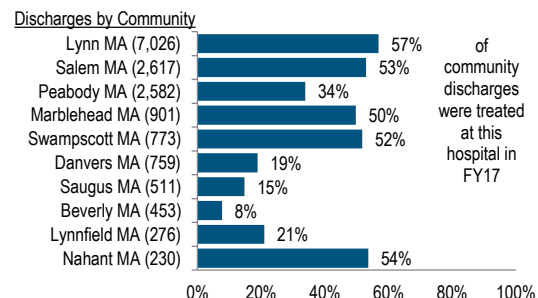
North Shore Medical Center is a large, non-profit community-High Public Payer (HPP) hospital located in the Northeastern Massachusetts region. It is a member of Partners HealthCare. Inpatient discharges decreased by 7.1% from FY13 to FY17, compared to a median increase of 1.1% for its peer cohort. Similarly, outpatient visits decreased by 11.4%, compared to a 2.3% median increase of its peer cohort. North Shore Medical Center experienced a loss in all five fiscal years included in this time period. In FY17, the hospital had a total margin of -13.9% and an operating margin of -14.0%.

At a Glance	Overview / Size	
	Hospital System Affiliation:	Partners HealthCare System
	Change in Ownership (FY13-17):	Not Applicable
	Total Staffed Beds:	426, 9th largest acute hospital
	% Occupancy:	58.7%, < cohort avg. (66%)
	Special Public Funding:	ICB°
	Trauma Center Designation:	Adult: Level 3
	Case Mix Index:	0.93, > cohort avg. (0.92); < statewide (1.12)
	Financial	
	Inpatient NPSR per CMAD:	\$12,326
Services	Change FY16-FY17:	2.1%
	Inpatient:Outpatient Revenue in FY17:	38%:62%
	Outpatient Revenue in FY17:	\$194,224,501
	Change FY16-FY17:	2.3%
	Total Revenue in FY17:	\$413,924,000
	Total Surplus (Loss) in FY17:	(\$57,726,000)
	Payer Mix	
	Public Payer Mix:	71.7% (HPP* Hospital)
	CY16 Commercial Statewide Relative Price:	0.97
	Top 3 Commercial Payers:	Blue Cross Blue Shield of Massachusetts Harvard Pilgrim Health Care Tufts Associated HMO, Inc.
Quality	Utilization	
	Inpatient Discharges in FY17:	18,441
	Change FY16-FY17:	-3.3%
	Emergency Department Visits in FY17:	68,929
	Change FY16-FY17:	-7.6%
	Outpatient Visits in FY17:	102,232
	Change FY16-FY17:	-5.3%
	Quality	
	Readmission Rate in FY16:	16.0%
	Change FY12-FY16 (percentage points):	1.5
	Early Elective Deliveries Rate:	Not Available

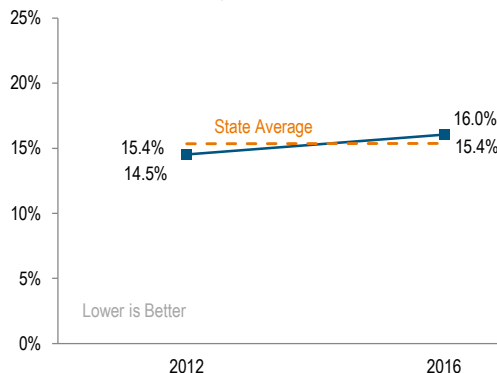
What were the most common inpatient cases (DRGs) treated at the hospital in FY17? What proportion of the region's cases did this hospital treat for each service?



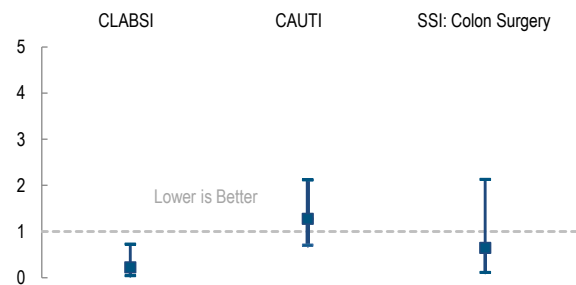
Where did most of the hospital's inpatients reside? What proportion of each community's total discharges was attributed to this hospital?



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.

2017 HOSPITAL PROFILE: NORTH SHORE MEDICAL CENTER

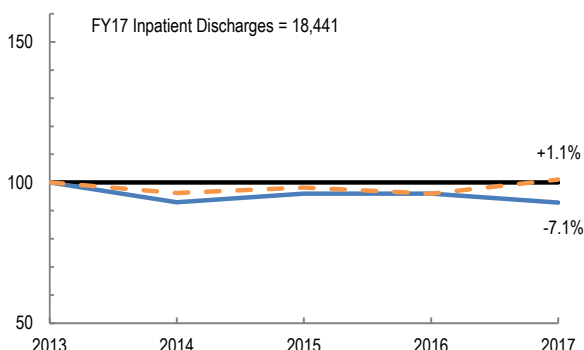
Cohort: Community High Public Payer Hospital

Key:

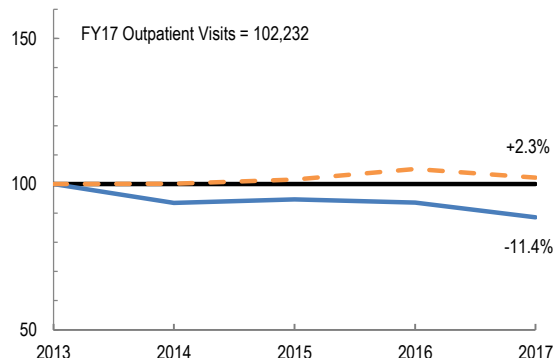


Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY13, and how does this compare to the hospital's peer cohort median? (FY13=100)

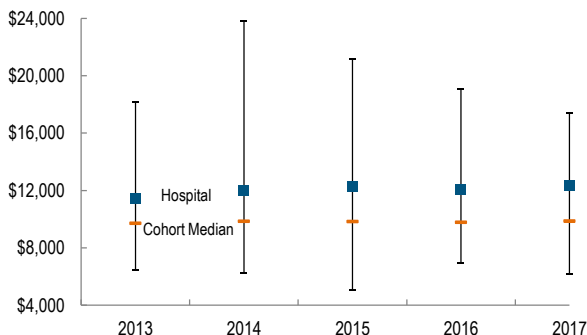


How has the volume of the hospital's outpatient visits changed compared to FY13, and how does this compare to the hospital's peer cohort median? (FY13=100)

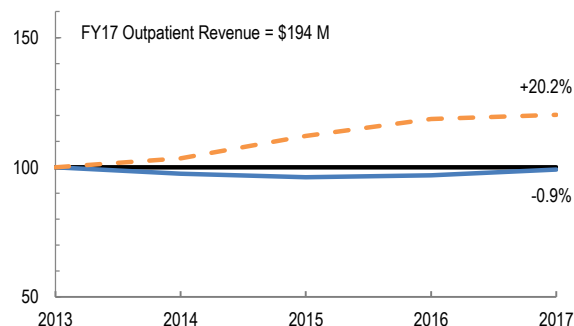


Patient Revenue Trends

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY13 and FY17, and how does this compare to the hospital's peer cohort median?



How has the hospital's total outpatient revenue changed compared to FY13, and how does this compare to the hospital's peer cohort median? (FY13=100)



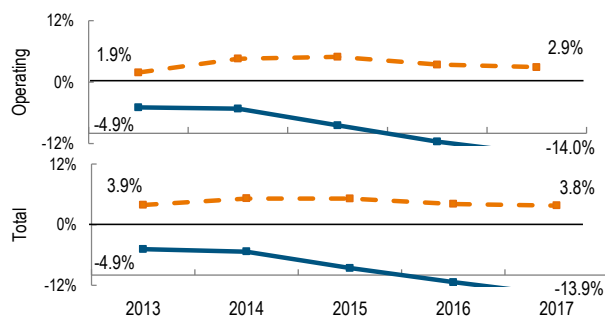
Financial Performance

How have the hospital's total revenue and costs changed between FY13 and FY17?

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

FY	2013	2014	2015	2016	2017
Operating Revenue	\$ 416.6	\$ 416.7	\$ 419.4	\$ 419.2	\$ 413.7
Non-Operating Revenue	\$ 0.3	\$ (0.7)	\$ (0.7)	\$ 0.7	\$ 0.2
Total Revenue	\$ 416.9	\$ 416.0	\$ 418.7	\$ 419.9	\$ 413.9
Total Costs	\$ 437.2	\$ 438.2	\$ 454.6	\$ 467.9	\$ 471.7
Total Profit (Loss)	\$ (20.3)	\$ (22.2)	\$ (36.0)	\$ (48.0)	\$ (57.7)

What were the hospital's total margin and operating margins between FY13 and FY17, and how do these compare to the hospital's peer cohort medians?



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

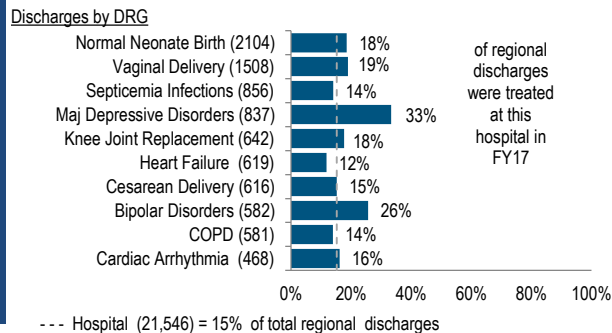
* High Public Payer Hospitals (HPP) receive a minimum of 63% of gross patient service revenue from public payers.

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

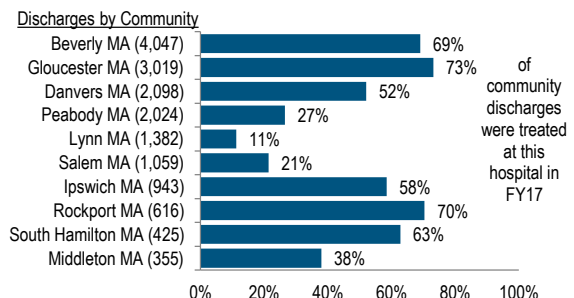
Northeast Hospital, which includes Addison Gilbert Hospital and Beverly Hospital campuses, is a non-profit community-High Public Payer (HPP) hospital located in the Northeastern Massachusetts region. It is among the larger acute hospitals in Massachusetts and is a member of Lahey Health. Northeast Hospital accounts for 15% of the region's discharges but it accounts for 33% of the region's Depression discharges and 26% of the regions Bipolar Disorder discharges. Northeast Hospital earned a profit each year from FY13 to FY17, with a total margin of 9.0% in FY17. This was higher than the 3.8% median for its peer cohort.

At a Glance	Overview / Size	
	Hospital System Affiliation:	Lahey Health System
	Change in Ownership (FY13-17):	Not Applicable
	Total Staffed Beds:	347, among the larger acute hospitals
	% Occupancy:	80.2%, > cohort avg. (66%)
	Special Public Funding:	CHART [^] , HCII [^] , ICB [^]
	Trauma Center Designation:	Adult: Level 3
	Case Mix Index:	0.87, < cohort avg. (0.92); < statewide (1.12)
	Financial	
	Inpatient NPSR per CMAD:	\$10,028
Services	Change FY16-FY17:	-5.3%
	Inpatient:Outpatient Revenue in FY17:	37%:63%
	Outpatient Revenue in FY17:	\$151,775,245
	Change FY16-FY17:	2.4%
	Total Revenue in FY17:	\$368,695,804
	Total Surplus (Loss) in FY17:	\$33,083,543
	Payer Mix	
	Public Payer Mix:	64.6% (HPP* Hospital)
	CY16 Commercial Statewide Relative Price:	0.85
	Top 3 Commercial Payers:	Blue Cross Blue Shield of Massachusetts Harvard Pilgrim Health Care Tufts Associated HMO, Inc.
Quality	Utilization	
	Inpatient Discharges in FY17:	21,546
	Change FY16-FY17:	-1.5%
	Emergency Department Visits in FY17:	61,935
	Change FY16-FY17:	-0.9%
	Outpatient Visits in FY17:	169,877
	Change FY16-FY17:	9.8%
	Quality	
	Readmission Rate in FY16:	17.3%
	Change FY12-FY16 (percentage points):	1.1
	Early Elective Deliveries Rate:	0.0%

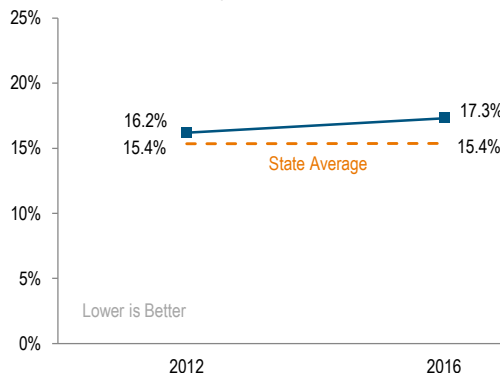
What were the most common inpatient cases (DRGs) treated at the hospital in FY17? What proportion of the region's cases did this hospital treat for each service?



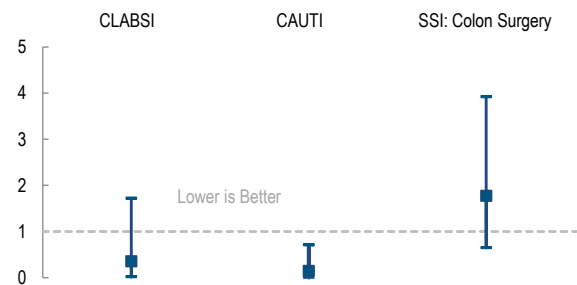
Where did most of the hospital's inpatients reside? What proportion of each community's total discharges was attributed to this hospital?



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?



2017 HOSPITAL PROFILE: NORTHEAST HOSPITAL

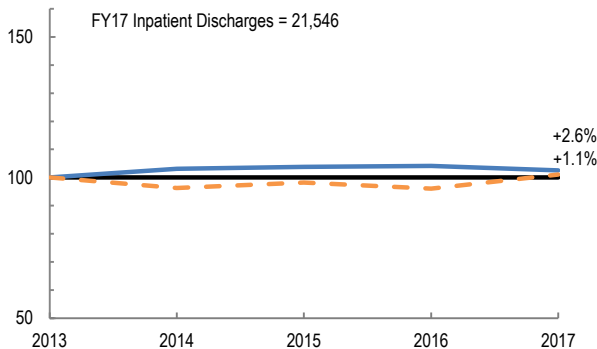
Cohort: Community High Public Payer Hospital

Key:

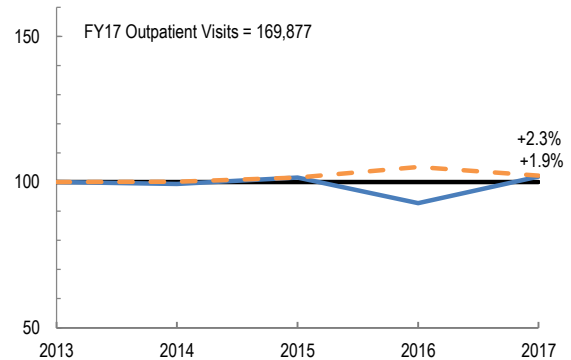


Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY13, and how does this compare to the hospital's peer cohort median? (FY13=100)

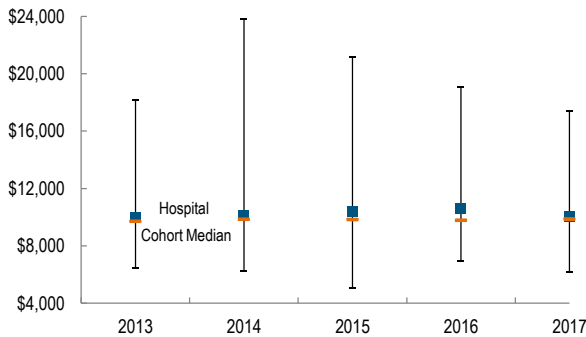


How has the volume of the hospital's outpatient visits changed compared to FY13, and how does this compare to the hospital's peer cohort median? (FY13=100)

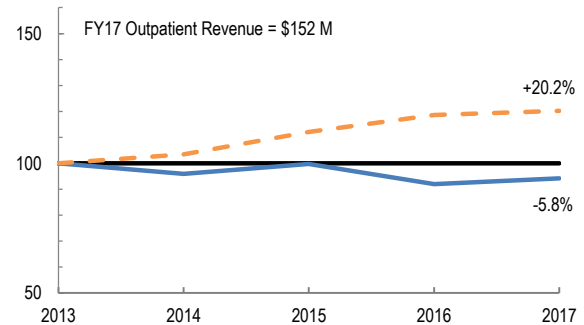


Patient Revenue Trends

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY13 and FY17, and how does this compare to the hospital's peer cohort median?



How has the hospital's total outpatient revenue changed compared to FY13, and how does this compare to the hospital's peer cohort median? (FY13=100)



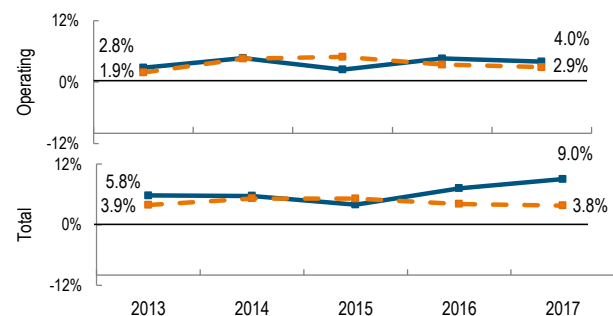
Financial Performance

How have the hospital's total revenue and costs changed between FY13 and FY17?

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

FY	2013	2014	2015	2016	2017
Operating Revenue	\$ 321.1	\$ 333.0	\$ 346.3	\$ 349.5	\$ 350.2
Non-Operating Revenue	\$ 9.8	\$ 3.5	\$ 5.2	\$ 9.4	\$ 18.5
Total Revenue	\$ 330.8	\$ 336.5	\$ 351.5	\$ 358.9	\$ 368.7
Total Costs	\$ 311.7	\$ 317.3	\$ 337.6	\$ 333.0	\$ 335.6
Total Profit (Loss)	\$ 19.1	\$ 19.2	\$ 13.9	\$ 25.9	\$ 33.1

What were the hospital's total margin and operating margins between FY13 and FY17, 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.

η For more information on Health Care Innovation Investment Program (HCII) special funding, please contact the Health Policy Commission (HPC).

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

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

SIGNATURE HEALTHCARE BROCKTON HOSPITAL

2017 Hospital Profile

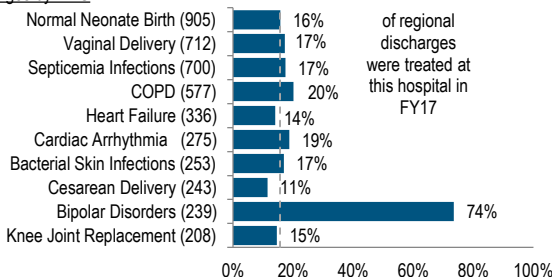
Brockton, MA
Community High Public Payer Hospital
Metro South

Signature Healthcare Brockton Hospital is a mid-size, non-profit community-High Public Payer (HPP) hospital located in the Metro South region. The hospital experienced a 10.2% decrease in inpatient discharges from FY13 to FY17, compared to the median increase of 1.1% among peer cohort hospitals. Over the same time period, outpatient visits at the hospital increased by 59.8%, compared to an increase of 2.3% for the peer cohort. Signature Healthcare Brockton Hospital was profitable each year from FY13 to FY17, with a total margin of 6.0% in FY17, higher than the median total margin of 3.8% for its peer cohort.

At a Glance	Overview / Size	
	Hospital System Affiliation:	Signature Healthcare Corporation
	Change in Ownership (FY13-17):	Not Applicable
	Total Staffed Beds:	228, mid-size acute hospital
	% Occupancy:	62.1%, < cohort avg. (66%)
	Special Public Funding:	CHART [^] , DSTI [®] , ICB [°]
	Trauma Center Designation:	Not Applicable
	Case Mix Index:	0.92, = cohort avg. (0.92); < statewide (1.12)
	Financial	
	Inpatient NPSR per CMAD:	\$11,835
Services	Change FY16-FY17:	4.7%
	Inpatient:Outpatient Revenue in FY17:	35%:65%
	Outpatient Revenue in FY17:	\$124,757,199
	Change FY16-FY17:	2.3%
	Total Revenue in FY17:	\$285,143,102
	Total Surplus (Loss) in FY17:	\$16,993,841
	Payer Mix	
	Public Payer Mix:	71.9% (HPP* Hospital)
	CY16 Commercial Statewide Relative Price:	0.79
	Top 3 Commercial Payers:	Blue Cross Blue Shield of Massachusetts Harvard Pilgrim Health Care Tufts Associated HMO, Inc.
Quality	Utilization	
	Inpatient Discharges in FY17:	11,663
	Change FY16-FY17:	-4.0%
	Emergency Department Visits in FY17:	60,277
	Change FY16-FY17:	-5.3%
	Outpatient Visits in FY17:	158,195
	Change FY16-FY17:	6.5%
	Quality	
	Readmission Rate in FY16:	19.3%
	Change FY12-FY16 (percentage points):	0.1
	Early Elective Deliveries Rate:	0.0%

What were the most common inpatient cases (DRGs) treated at the hospital in FY17? What proportion of the region's cases did this hospital treat for each service?

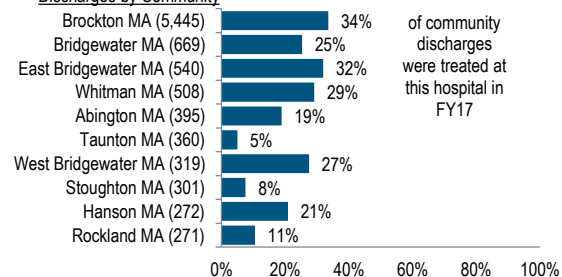
Discharges by DRG



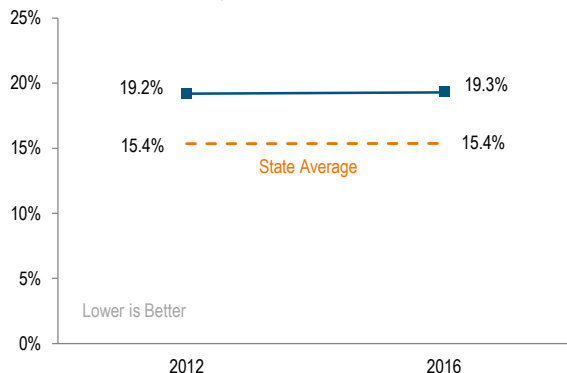
--- Hospital (11,663) = 16% of total regional discharges

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

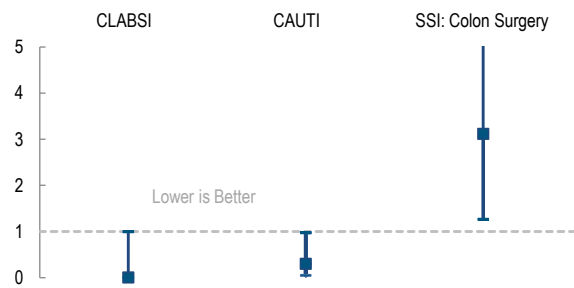
Discharges by Community



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.

2017 HOSPITAL PROFILE: SIGNATURE HEALTHCARE BROCKTON HOSPITAL

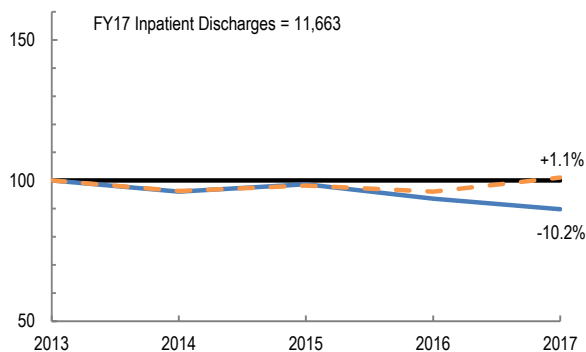
Cohort: Community High Public Payer Hospital

Key:

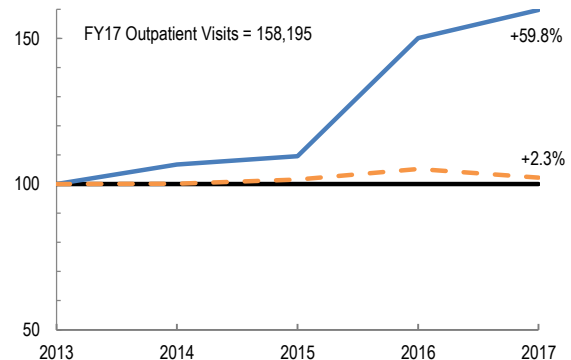


Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY13, and how does this compare to the hospital's peer cohort median? (FY13=100)

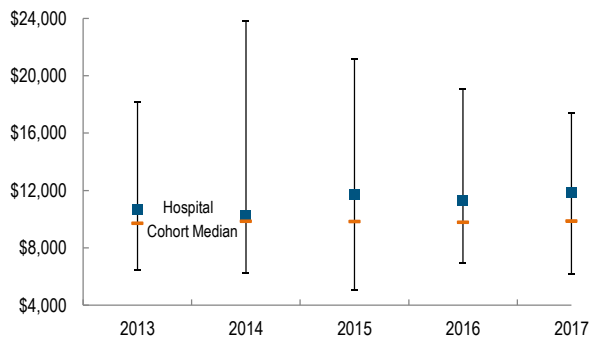


How has the volume of the hospital's outpatient visits changed compared to FY13, and how does this compare to the hospital's peer cohort median? (FY13=100)

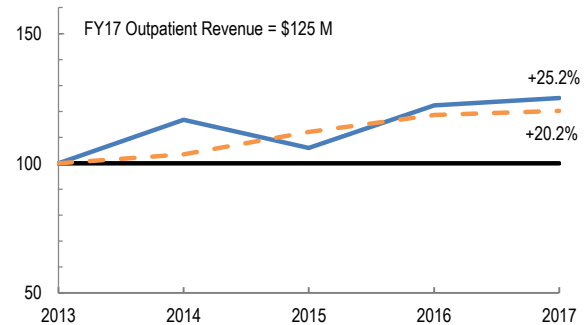


Patient Revenue Trends

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY13 and FY17, and how does this compare to the hospital's peer cohort median?



How has the hospital's total outpatient revenue changed compared to FY13, and how does this compare to the hospital's peer cohort median? (FY13=100)



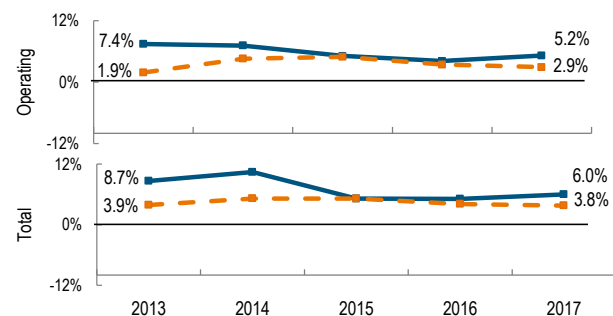
Financial Performance

How have the hospital's total revenue and costs changed between FY13 and FY17?

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

FY	2013	2014	2015	2016	2017
Operating Revenue	\$ 223.8	\$ 237.7	\$ 260.0	\$ 268.0	\$ 282.9
Non-Operating Revenue	\$ 2.7	\$ 8.1	\$ 0.2	\$ 2.7	\$ 2.3
Total Revenue	\$ 226.6	\$ 245.9	\$ 260.2	\$ 270.6	\$ 285.1
Total Costs	\$ 207.0	\$ 220.2	\$ 246.7	\$ 256.9	\$ 268.1
Total Profit (Loss)	\$ 19.6	\$ 25.7	\$ 13.5	\$ 13.8	\$ 17.0

What were the hospital's total margin and operating margins between FY13 and FY17, 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 Services (EOHHS).

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

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

SOUTHCOAST HOSPITAL GROUP

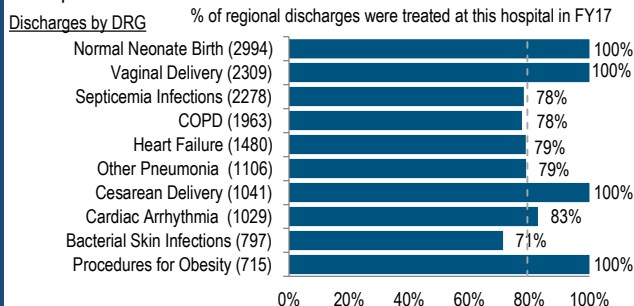
2017 Hospital Profile

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. It has three campuses across Southeastern Massachusetts: Charlton Memorial Hospital, St. Luke's Hospital, and Tobey Hospital. Southcoast Hospitals Group is responsible for 79% of the region's discharges and is responsible for all birth related discharges in the region, as well as all obesity-related procedures. Southcoast Hospitals Group was profitable each year from FY13 to FY17, with a total margin of 6.2% in FY17, above the cohort median of 3.8%.

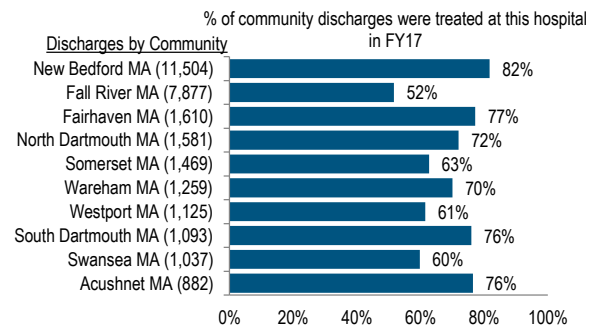
At a Glance	Overview / Size	
	Hospital System Affiliation:	Southcoast Health System
	Change in Ownership (FY13-17):	Not Applicable
	Total Staffed Beds:	516, 6th largest acute hospital
	% Occupancy:	85.3%, > cohort avg. (66%)
	Special Public Funding:	CHART ⁺ , ICB ⁺
	Trauma Center Designation:	Not Applicable
	Case Mix Index:	1.01, > cohort avg. (0.92); < statewide (1.12)
	Financial	
	Inpatient NPSR per CMAD:	\$9,186
Services	Change FY16-FY17:	-6.0%
	Inpatient:Outpatient Revenue in FY17:	41%:59%
	Outpatient Revenue in FY17:	\$393,898,144
	Change FY16-FY17:	2.5%
	Total Revenue in FY17:	\$824,116,153
	Total Surplus (Loss) in FY17:	\$51,367,022
	Payer Mix	
	Public Payer Mix:	74.0% (HPP* Hospital)
	CY16 Commercial Statewide Relative Price:	0.88
	Top 3 Commercial Payers:	Blue Cross Blue Shield of Massachusetts Harvard Pilgrim Health Care Tufts Associated HMO, Inc.
Quality	Utilization	
	Inpatient Discharges in FY17:	37,780
	Change FY16-FY17:	-0.1%
	Emergency Department Visits in FY17:	165,559
	Change FY16-FY17:	0.3%
	Outpatient Visits in FY17:	915,181
	Change FY16-FY17:	1.3%
	Quality	
	Readmission Rate in FY16:	17.7%
	Change FY12-FY16 (percentage points):	0.9
	Early Elective Deliveries Rate:	Not Available

What were the most common inpatient cases (DRGs) treated at the hospital in FY17? What proportion of the region's cases did this hospital treat for each service?

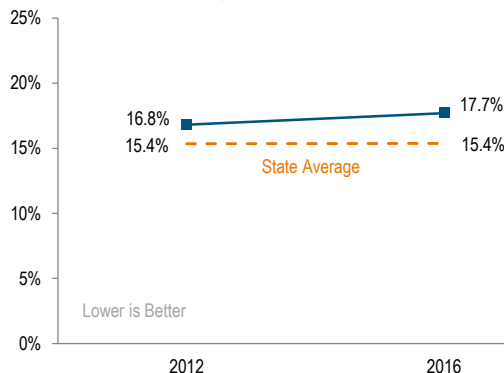


--- Hospital (37,780) = 79% of total regional discharges

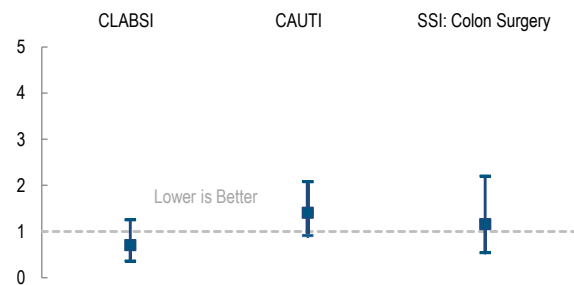
Where did most of the hospital's inpatients reside? What proportion of each community's total discharges was attributed to this hospital?



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.

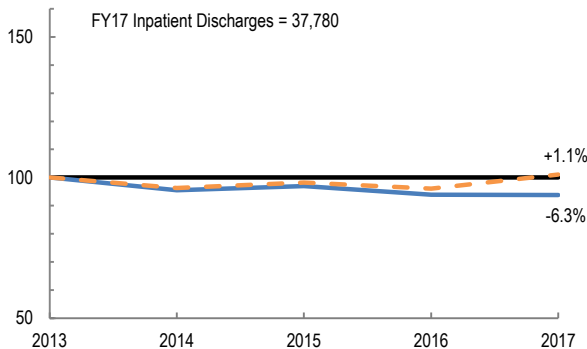
2017 HOSPITAL PROFILE: SOUTHCOST HOSPITAL GROUP

Cohort: Community High Public Payer Hospital

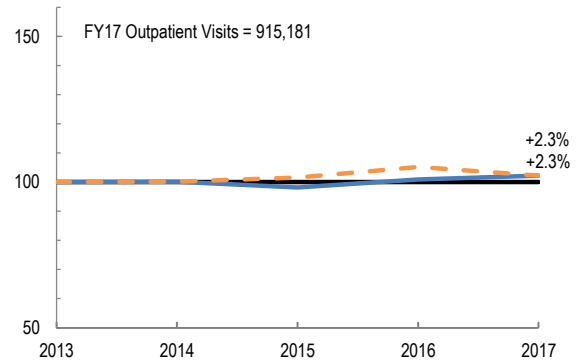
Key:



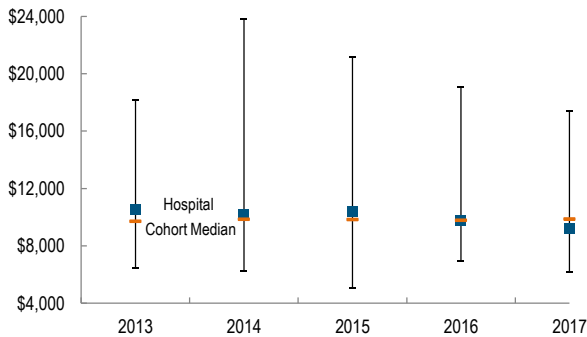
How has the volume of the hospital's inpatient discharges changed compared to FY13, and how does this compare to the hospital's peer cohort median? (FY13=100)



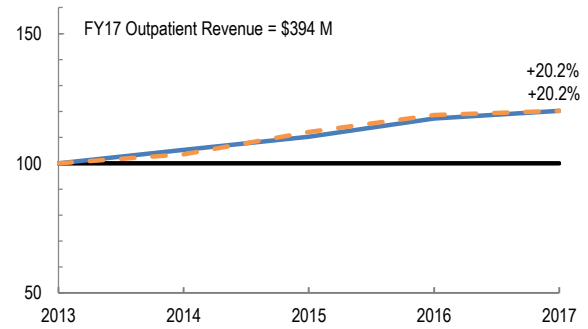
How has the volume of the hospital's outpatient visits changed compared to FY13, and how does this compare to the hospital's peer cohort median? (FY13=100)



What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY13 and FY17, and how does this compare to the hospital's peer cohort median?



How has the hospital's total outpatient revenue changed compared to FY13, and how does this compare to the hospital's peer cohort median? (FY13=100)

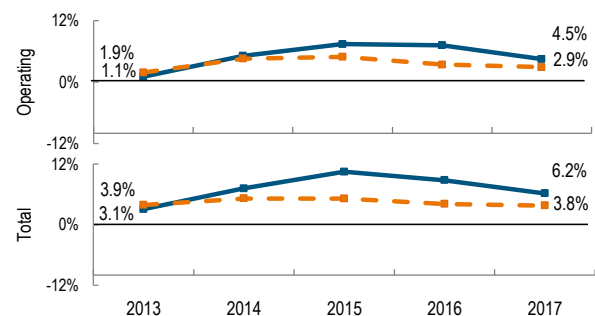


How have the hospital's total revenue and costs changed between FY13 and FY17?

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

FY	2013	2014	2015	2016	2017
Operating Revenue	\$ 711.9	\$ 730.2	\$ 807.5	\$ 815.8	\$ 810.2
Non-Operating Revenue	\$ 14.5	\$ 15.4	\$ 25.4	\$ 13.8	\$ 13.9
Total Revenue	\$ 726.3	\$ 745.7	\$ 832.8	\$ 829.6	\$ 824.1
Total Costs	\$ 704.0	\$ 692.1	\$ 745.7	\$ 756.4	\$ 772.7
Total Profit (Loss)	\$ 22.4	\$ 53.6	\$ 87.2	\$ 73.2	\$ 51.4

What were the hospital's total margin and operating margins between FY13 and FY17, 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).

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

STEWARD GOOD SAMARITAN MEDICAL CENTER

2017 Hospital Profile

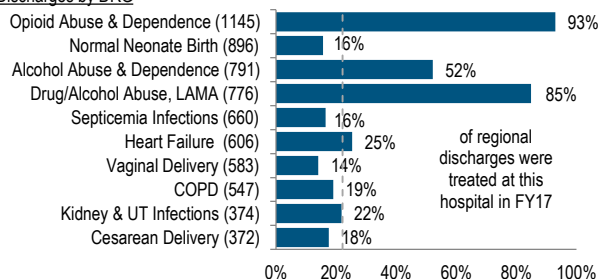
Brockton, MA
Community High Public Payer Hospital
Metro South

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 was responsible for 22% of the region's discharges, but it was responsible for 93% of the region's opioid abuse and dependence discharges and 85% of the region's Drug and Alcohol Abuse related discharges. Steward Good Samaritan reported a profit in FY17 for the fifth consecutive fiscal year. Its total margin of 9.3% was higher than the 3.8% median of its peer cohort.

At a Glance	Overview / Size	
	Hospital System Affiliation:	Steward Health Care
	Change in Ownership (FY13-17):	Not Applicable
	Total Staffed Beds:	224, mid-size acute hospital
	% Occupancy:	90.0%, > cohort avg. (66%)
	Special Public Funding:	ICB°
	Trauma Center Designation:	Adult: Level 3
	Case Mix Index:	0.89, < cohort avg. (0.92); < statewide (1.12)
	Financial	
	Inpatient NPSR per CMAD:	\$10,171
Services	Change FY16-FY17:	2.1%
	Inpatient:Outpatient Revenue in FY17:	43%:57%
	Outpatient Revenue in FY17:	\$118,625,276
	Change FY16-FY17:	-2.1%
	Total Revenue in FY17:	\$276,585,029
	Total Surplus (Loss) in FY17:	\$25,822,367
	Payer Mix	
	Public Payer Mix:	67.6% (HPP* Hospital)
	CY16 Commercial Statewide Relative Price:	0.90
	Top 3 Commercial Payers:	Blue Cross Blue Shield of Massachusetts Harvard Pilgrim Health Care Tufts Associated HMO, Inc.
Quality	Utilization	
	Inpatient Discharges in FY17:	16,571
	Change FY16-FY17:	-2.2%
	Emergency Department Visits in FY17:	64,335
	Change FY16-FY17:	0.0%
	Outpatient Visits in FY17:	76,549
	Change FY16-FY17:	-0.3%
	Quality	
	Readmission Rate in FY16:	18.1%
	Change FY12-FY16 (percentage points):	2.0
	Early Elective Deliveries Rate:	0.0%

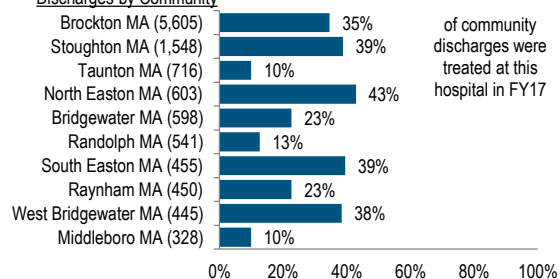
What were the most common inpatient cases (DRGs) treated at the hospital in FY17? What proportion of the region's cases did this hospital treat for each service?

Discharges by DRG

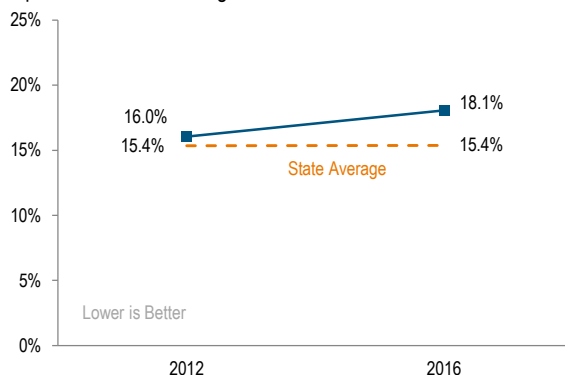


Where did most of the hospital's inpatients reside? What proportion of each community's total discharges was attributed to this hospital?

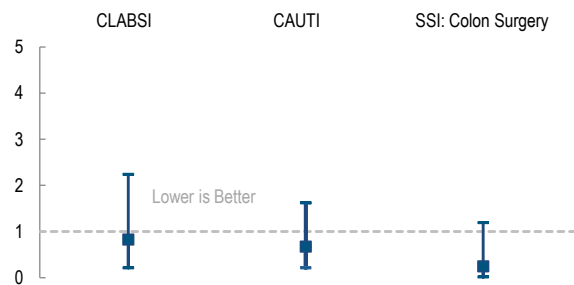
Discharges by Community



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.

2017 HOSPITAL PROFILE: STEWARD GOOD SAMARITAN MEDICAL CENTER

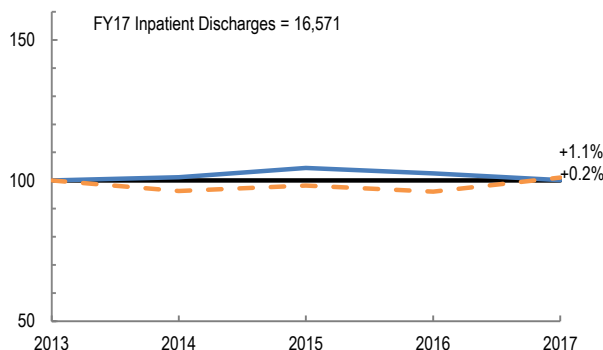
Cohort: Community High Public Payer Hospital

Key:

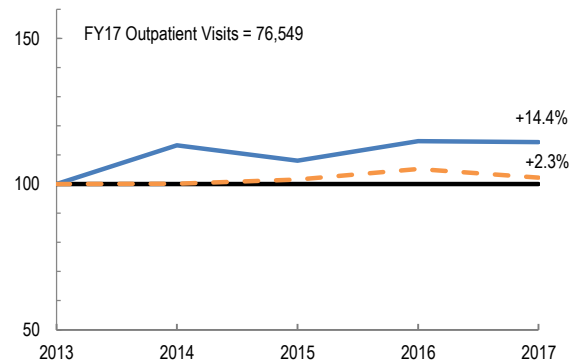


Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY13, and how does this compare to the hospital's peer cohort median? (FY13=100)

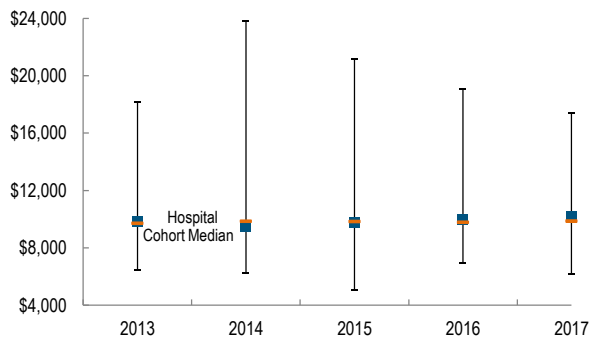


How has the volume of the hospital's outpatient visits changed compared to FY13, and how does this compare to the hospital's peer cohort median? (FY13=100)

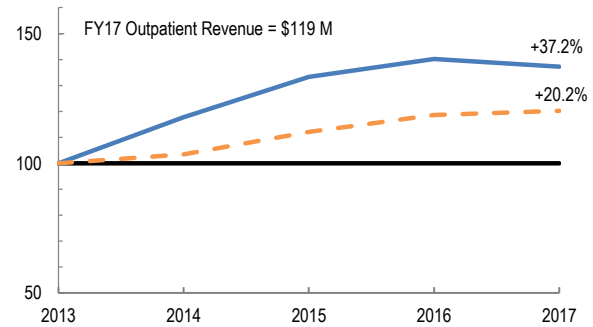


Patient Revenue Trends

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY13 and FY17, and how does this compare to the hospital's peer cohort median?



How has the hospital's total outpatient revenue changed compared to FY13, and how does this compare to the hospital's peer cohort median? (FY13=100)



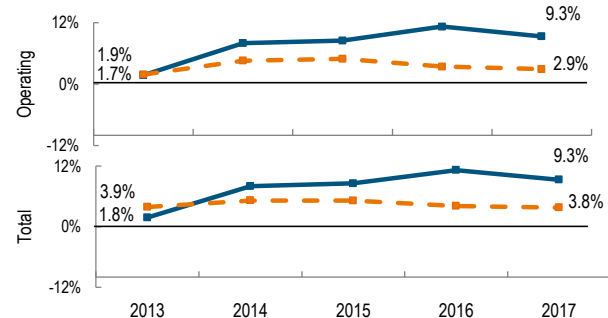
Financial Performance

How have the hospital's total revenue and costs changed between FY13 and FY17?

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

FY	2013	2014	2015	2016	2017
Operating Revenue	\$ 234.2	\$ 246.9	\$ 260.6	\$ 273.7	\$ 276.4
Non-Operating Revenue	\$ 0.2	\$ 0.1	\$ 0.2	\$ 0.2	\$ 0.2
Total Revenue	\$ 234.4	\$ 247.0	\$ 260.8	\$ 273.9	\$ 276.6
Total Costs	\$ 230.2	\$ 227.2	\$ 238.4	\$ 243.1	\$ 250.8
Total Profit (Loss)	\$ 4.2	\$ 19.8	\$ 22.4	\$ 30.8	\$ 25.8

What were the hospital's total margin and operating margins between FY13 and FY17, and how do these compare to the hospital's peer cohort medians?



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

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

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

STEWARD HOLY FAMILY HOSPITAL

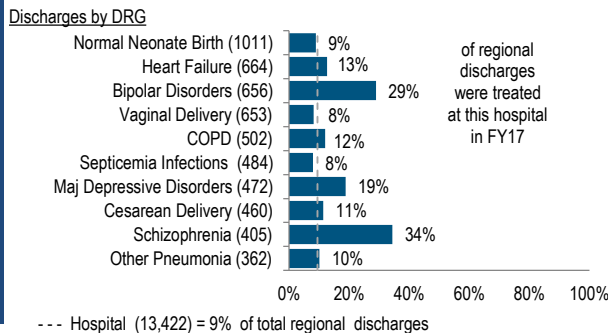
2017 Hospital Profile

Methuen, MA
Community High Public Payer Hospital
Northeastern Massachusetts

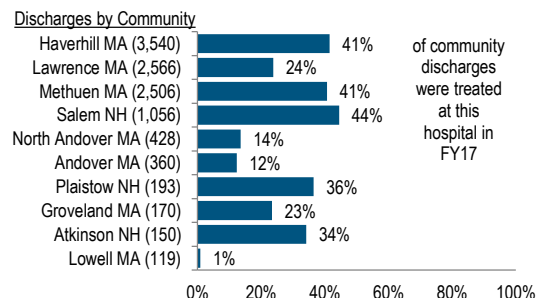
Steward Holy Family Hospital is a mid-size, for-profit community-High Public Payer (HPP) hospital located in the Northeastern Massachusetts region. Merrimack Hospital, another Steward Health Care System hospital, merged with Holy Family Hospital in FY14. Though Steward Holy Family Hospital accounted for only 9% of discharges in its region in FY17, it accounted for 34% of discharges for Schizophrenia and 29% of discharges for Bipolar Disorder in the region. Steward Holy Family reported a profit for the fifth consecutive fiscal year in FY17, and its total margin of 3.4% was slightly lower than the cohort median of 3.8%.

At a Glance	Overview / Size	
	Hospital System Affiliation:	Steward Health Care
	Change in Ownership (FY13-17):	Merged with Merrimack - 2014
	Total Staffed Beds:	188, mid-size acute hospital
	% Occupancy:	92.8%, > cohort avg. (66%)
	Special Public Funding:	ICB°
	Trauma Center Designation:	Not Applicable
	Case Mix Index:	0.91, < cohort avg. (0.92); < statewide (1.12)
	Financial	
	Inpatient NPSR per CMAD:	\$9,861
Services	Change FY16-FY17:	-1.6%
	Inpatient:Outpatient Revenue in FY17:	40%:60%
	Outpatient Revenue in FY17:	\$109,941,434
	Change FY16-FY17:	2.3%
	Total Revenue in FY17:	\$236,687,837
	Total Surplus (Loss) in FY17:	\$7,950,612
	Payer Mix	
	Public Payer Mix:	68.3% (HPP* Hospital)
	CY16 Commercial Statewide Relative Price:	0.86
	Top 3 Commercial Payers:	Blue Cross Blue Shield of Massachusetts Tufts Associated HMO, Inc. Harvard Pilgrim Health Care
Quality	Utilization	
	Inpatient Discharges in FY17:	13,422
	Change FY16-FY17:	2.3%
	Emergency Department Visits in FY17:	75,386
	Change FY16-FY17:	2.4%
	Outpatient Visits in FY17:	130,005
	Change FY16-FY17:	0.4%
	Quality	
	Readmission Rate in FY16:	14.5%
	Change FY12-FY16 (percentage points):	-0.2
	Early Elective Deliveries Rate:	2.2%

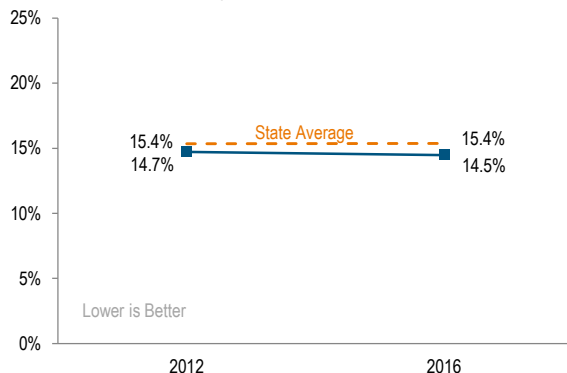
What were the most common inpatient cases (DRGs) treated at the hospital in FY17? What proportion of the region's cases did this hospital treat for each service?



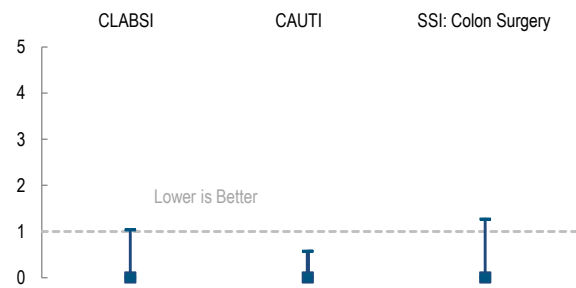
Where did most of the hospital's inpatients reside? What proportion of each community's total discharges was attributed to this hospital?



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.

2017 HOSPITAL PROFILE: STEWARD HOLY FAMILY HOSPITAL

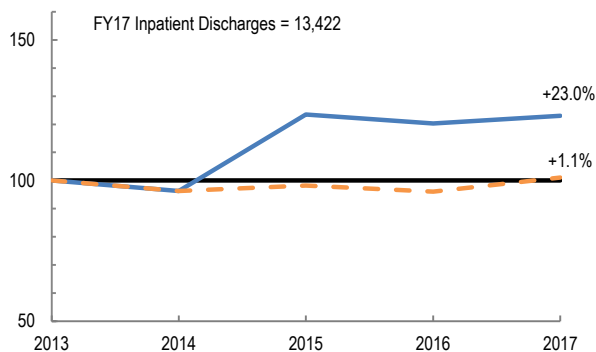
Cohort: Community High Public Payer Hospital

Key:

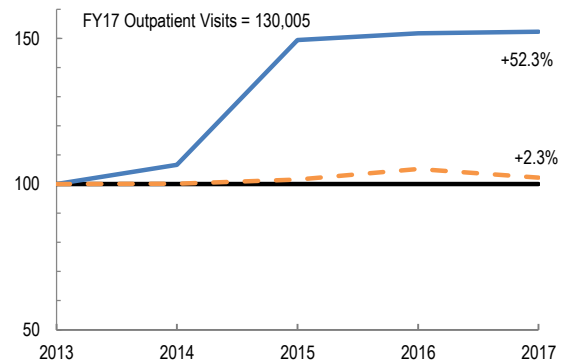


Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY13, and how does this compare to the hospital's peer cohort median? (FY13=100)

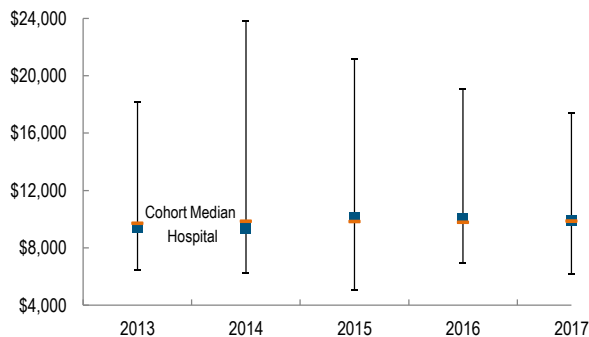


How has the volume of the hospital's outpatient visits changed compared to FY13, and how does this compare to the hospital's peer cohort median? (FY13=100)

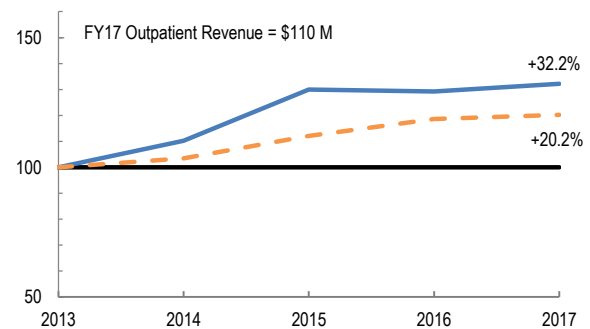


Patient Revenue Trends

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY13 and FY17, and how does this compare to the hospital's peer cohort median?



How has the hospital's total outpatient revenue changed compared to FY13, and how does this compare to the hospital's peer cohort median? (FY13=100)



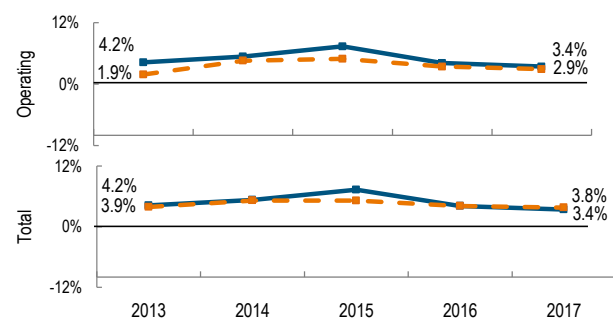
Financial Performance

How have the hospital's total revenue and costs changed between FY13 and FY17?

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

FY	2013	2014	2015	2016	2017
Operating Revenue	\$ 181.9	\$ 202.0	\$ 234.9	\$ 232.8	\$ 236.7
Non-Operating Revenue	\$ (0.0)	\$ (0.1)	\$ 0.0	\$ 0.0	\$ 0.0
Total Revenue	\$ 181.9	\$ 201.9	\$ 234.9	\$ 232.9	\$ 236.7
Total Costs	\$ 174.2	\$ 191.2	\$ 217.7	\$ 223.2	\$ 228.7
Total Profit (Loss)	\$ 7.7	\$ 10.7	\$ 17.2	\$ 9.6	\$ 8.0

What were the hospital's total margin and operating margins between FY13 and FY17, and how do these compare to the hospital's peer cohort medians?



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

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

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

STEWARD SAINT ANNE'S HOSPITAL

2017 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 40.5% from FY13 to FY17, compared to a median increase of 1.1% for its peer cohort. Steward Saint Anne's has been profitable in each fiscal year from FY13 to FY17 and had a total margin of 12.6% in FY17, higher than the 3.8% median of its peer cohort. The total margin for the hospital has been higher than its peer cohort median in each of the last 5 fiscal years.

At a Glance

Overview / Size

Hospital System Affiliation:	Steward Health Care
Change in Ownership (FY13-17):	Not Applicable
Total Staffed Beds:	160, mid-size acute hospital
% Occupancy:	82.5%, > cohort avg. (66%)
Special Public Funding:	ICB°
Trauma Center Designation:	Not Applicable
Case Mix Index:	1.06, > cohort avg. (0.92); < statewide (1.12)

Financial

Inpatient NPSR per CMAD:	\$9,416
Change FY16-FY17:	-3.6%
Inpatient:Outpatient Revenue in FY17:	25%:75%
Outpatient Revenue in FY17:	\$159,857,222
Change FY16-FY17:	-0.8%
Total Revenue in FY17:	\$264,358,256
Total Surplus (Loss) in FY17:	\$33,199,148

Payer Mix

Public Payer Mix:	68.0% (HPP* Hospital)
CY16 Commercial Statewide Relative Price:	1.02
Top 3 Commercial Payers:	Blue Cross Blue Shield of Massachusetts Harvard Pilgrim Health Care Tufts Associated HMO, Inc.

Utilization

Inpatient Discharges in FY17:	9,975
Change FY16-FY17:	2.5%
Emergency Department Visits in FY17:	51,654
Change FY16-FY17:	4.7%
Outpatient Visits in FY17:	191,976
Change FY16-FY17:	-11.1%

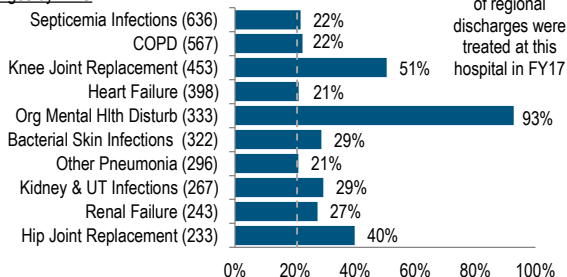
Quality

Readmission Rate in FY16:	20.1%
Change FY12-FY16 (percentage points):	1.0
Early Elective Deliveries Rate:	Not Available

Services

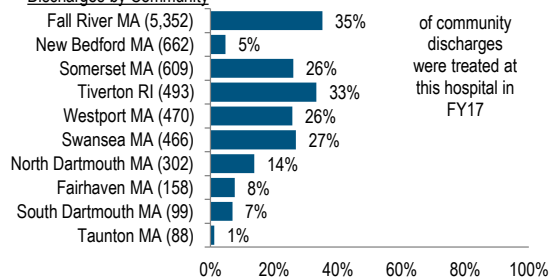
What were the most common inpatient cases (DRGs) treated at the hospital in FY17? What proportion of the region's cases did this hospital treat for each service?

Discharges by DRG



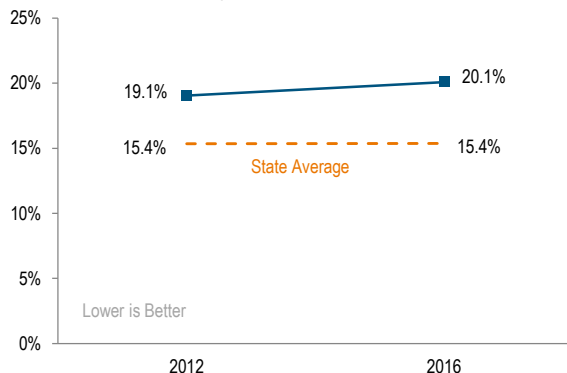
Where did most of the hospital's inpatients reside? What proportion of each community's total discharges was attributed to this hospital?

Discharges by Community

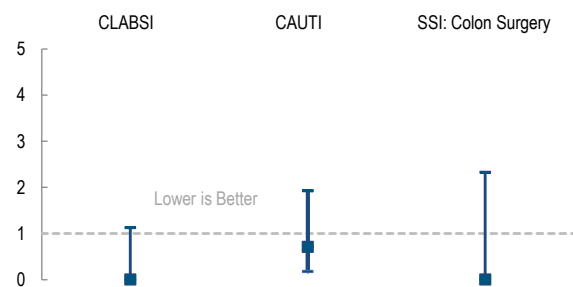


Quality

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.

2017 HOSPITAL PROFILE: STEWARD SAINT ANNE'S HOSPITAL

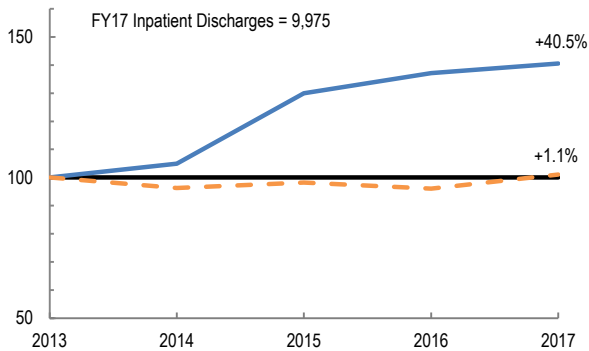
Cohort: Community High Public Payer Hospital

Key:

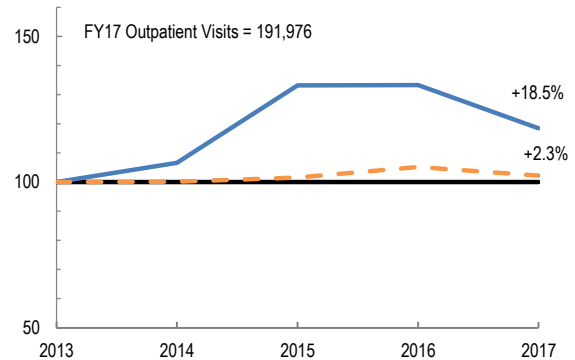


Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY13, and how does this compare to the hospital's peer cohort median? (FY13=100)

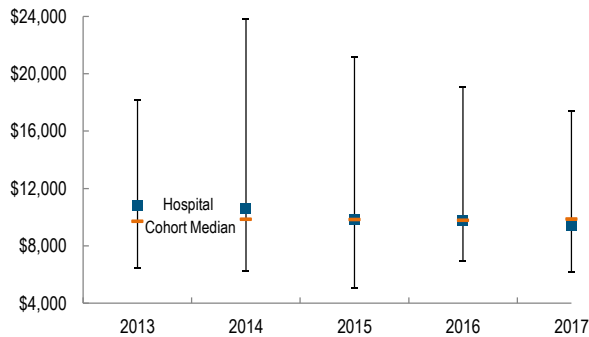


How has the volume of the hospital's outpatient visits changed compared to FY13, and how does this compare to the hospital's peer cohort median? (FY13=100)

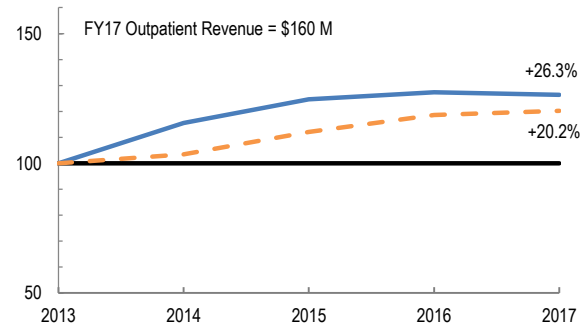


Patient Revenue Trends

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY13 and FY17, and how does this compare to the hospital's peer cohort median?



How has the hospital's total outpatient revenue changed compared to FY13, and how does this compare to the hospital's peer cohort median? (FY13=100)



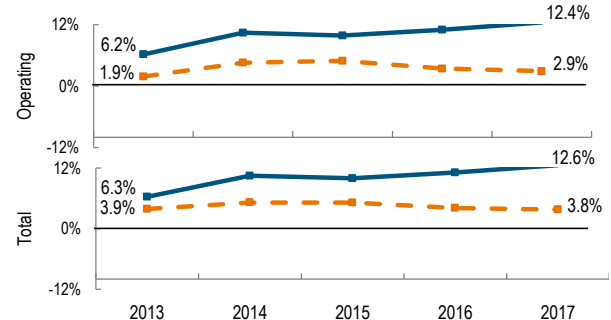
Financial Performance

How have the hospital's total revenue and costs changed between FY13 and FY17?

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

FY	2013	2014	2015	2016	2017
Operating Revenue	\$ 207.5	\$ 234.2	\$ 253.0	\$ 264.5	\$ 264.0
Non-Operating Revenue	\$ 0.3	\$ 0.1	\$ 0.3	\$ 0.2	\$ 0.3
Total Revenue	\$ 207.8	\$ 234.3	\$ 253.2	\$ 264.7	\$ 264.4
Total Costs	\$ 194.7	\$ 209.8	\$ 228.0	\$ 235.3	\$ 231.2
Total Profit (Loss)	\$ 13.2	\$ 24.6	\$ 25.3	\$ 29.4	\$ 33.2

What were the hospital's total margin and operating margins between FY13 and FY17, and how do these compare to the hospital's peer cohort medians?



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

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

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

STURDY MEMORIAL HOSPITAL

2017 Hospital Profile

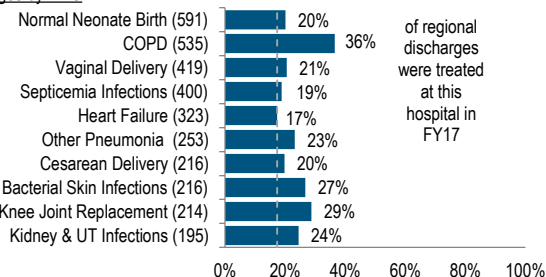
Attleboro, MA
Community High Public Payer Hospital
Metro West

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 by 11.4% between FY13 and FY17, while the peer cohort had a median increase of 1.1%. Outpatient visits decreased by 1.8% at the hospital over the FY13 to FY17 period, compared with a cohort median increase of 2.3%. Sturdy was profitable every year from FY13 to FY17 and had a total margin of 9.9% in FY17, higher than the 3.8% median of its cohort.

At a Glance	Overview / Size	
	Hospital System Affiliation:	Sturdy Memorial Foundation
	Change in Ownership (FY13-17):	Not Applicable
	Total Staffed Beds:	153, mid-size acute hospital
	% Occupancy:	55.5%, < cohort avg. (66%)
	Special Public Funding:	ICB°
	Trauma Center Designation:	Not Applicable
	Case Mix Index:	0.83, < cohort avg. (0.92); < statewide (1.12)
	Financial	
	Inpatient NPSR per CMAD:	\$8,763
Services	Change FY16-FY17:	-3.8%
	Inpatient:Outpatient Revenue in FY17:	29%:71%
	Outpatient Revenue in FY17:	\$118,777,965
	Change FY16-FY17:	4.9%
	Total Revenue in FY17:	\$188,893,977
	Total Surplus (Loss) in FY17:	\$18,609,957
	Payer Mix	
	Public Payer Mix:	64.2% (HPP* Hospital)
	CY16 Commercial Statewide Relative Price:	1.10
	Top 3 Commercial Payers:	Blue Cross Blue Shield of Massachusetts Tufts Associated HMO, Inc. Harvard Pilgrim Health Care
Quality	Utilization	
	Inpatient Discharges in FY17:	7,454
	Change FY16-FY17:	1.7%
	Emergency Department Visits in FY17:	48,056
	Change FY16-FY17:	-3.4%
	Outpatient Visits in FY17:	113,247
	Change FY16-FY17:	0.6%
	Quality	
	Readmission Rate in FY16:	16.3%
	Change FY12-FY16 (percentage points):	3.4
	Early Elective Deliveries Rate:	0.0%

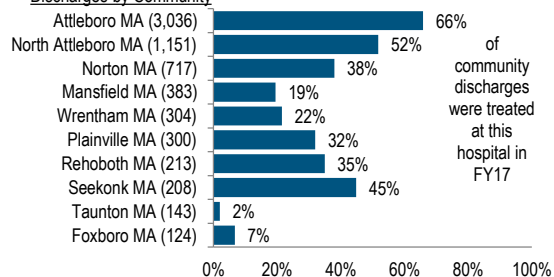
What were the most common inpatient cases (DRGs) treated at the hospital in FY17? What proportion of the region's cases did this hospital treat for each service?

Discharges by DRG

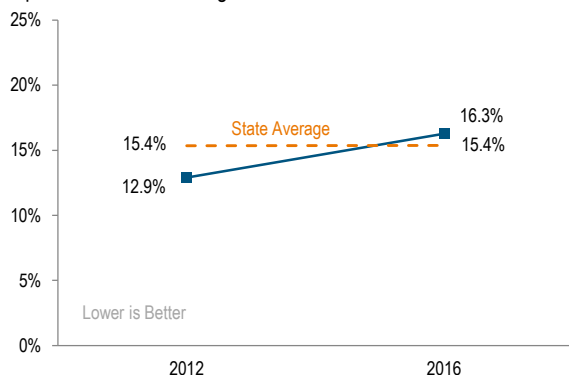


Where did most of the hospital's inpatients reside? What proportion of each community's total discharges was attributed to this hospital?

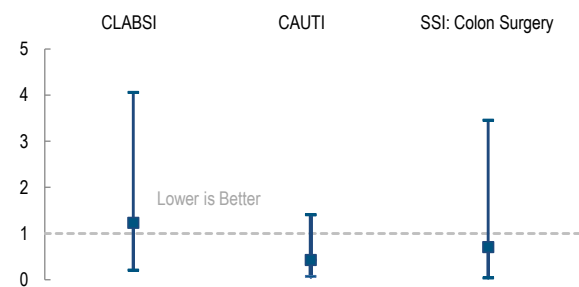
Discharges by Community



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.

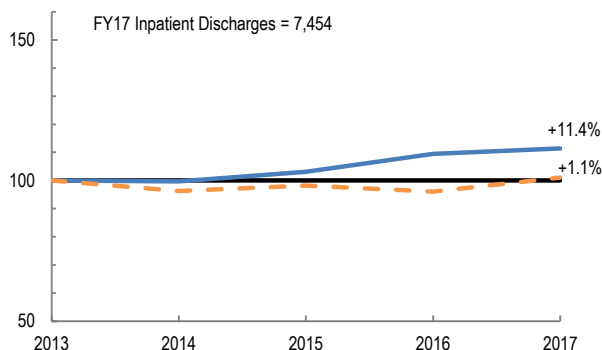
2017 HOSPITAL PROFILE: STURDY MEMORIAL HOSPITAL

Cohort: Community High Public Payer Hospital

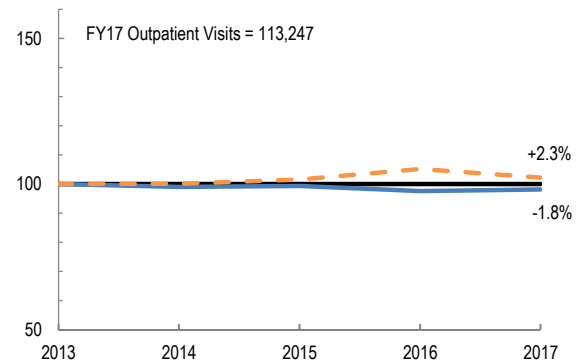
Key:



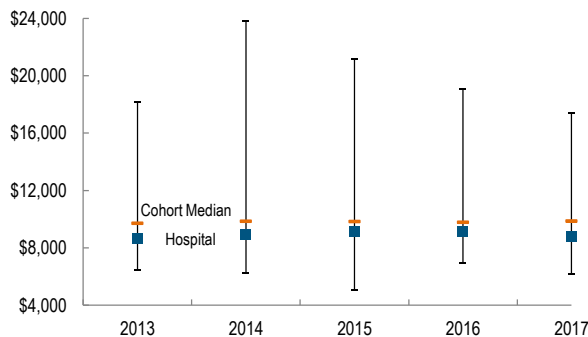
How has the volume of the hospital's inpatient discharges changed compared to FY13, and how does this compare to the hospital's peer cohort median? (FY13=100)



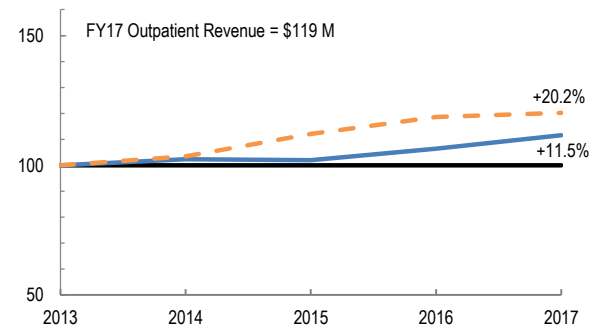
How has the volume of the hospital's outpatient visits changed compared to FY13, and how does this compare to the hospital's peer cohort median? (FY13=100)



What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY13 and FY17, and how does this compare to the hospital's peer cohort median?



How has the hospital's total outpatient revenue changed compared to FY13, and how does this compare to the hospital's peer cohort median? (FY13=100)

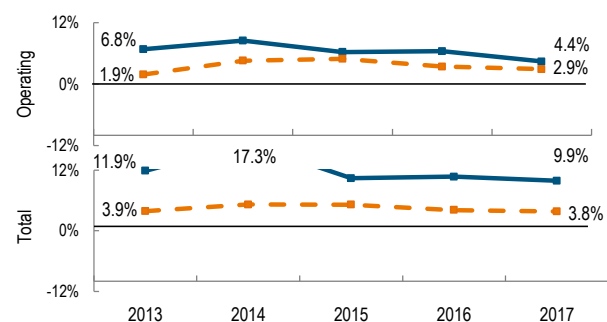


How have the hospital's total revenue and costs changed between FY13 and FY17?

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

FY	2013	2014	2015	2016	2017
Operating Revenue	\$ 161.7	\$ 164.9	\$ 165.5	\$ 170.8	\$ 178.6
Non-Operating Revenue	\$ 8.6	\$ 15.9	\$ 7.1	\$ 7.7	\$ 10.3
Total Revenue	\$ 170.3	\$ 180.8	\$ 172.6	\$ 178.5	\$ 188.9
Total Costs	\$ 150.1	\$ 149.6	\$ 154.7	\$ 159.5	\$ 170.3
Total Profit (Loss)	\$ 20.2	\$ 31.2	\$ 17.9	\$ 19.1	\$ 18.6

What were the hospital's total margin and operating margins between FY13 and FY17, and how do these compare to the hospital's peer cohort medians?



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

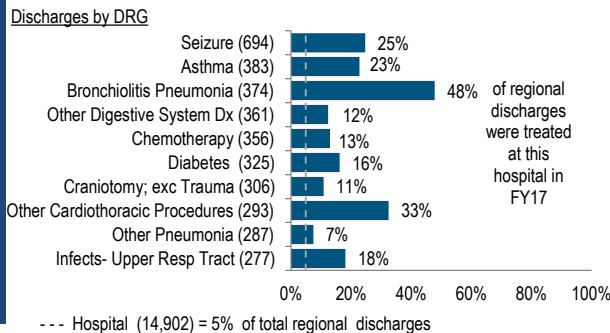
* High Public Payer Hospitals (HPP) receive a minimum of 63% of gross patient service revenue from public payers.

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

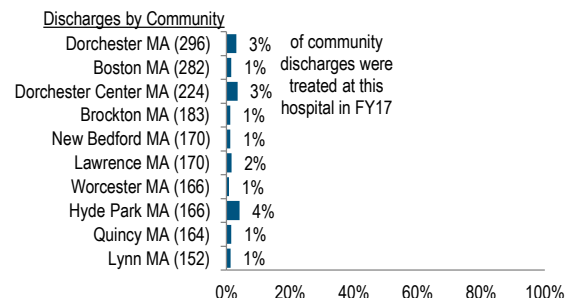
Boston Children's Hospital is a large, non-profit specialty hospital dedicated to pediatric health care. It is located in the Metro Boston region. Boston Children's is a teaching hospital for Harvard Medical School and has research partnerships with numerous institutions in Massachusetts and elsewhere. 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 posted a profit of \$72.8M in FY17 after reporting losses of \$0.3M in FY16 and \$5.5M in FY15. Despite those earlier losses, Boston Children's reported positive operating margins in each year during the five-year period.

At a Glance	Overview / Size	
	Hospital System Affiliation:	Boston Children's Hospital and Subsid.
	Change in Ownership (FY13-17):	Not Applicable
	Total Staffed Beds:	415, 10th largest acute hospital
	% Occupancy:	77.3%
	Special Public Funding:	Not Applicable
	Trauma Center Designation:	Pedi: Level 1
	Case Mix Index:	1.98> statewide (1.12)
	Financial	
	Inpatient NPSR per CMAD:	\$23,304
Services	Change FY16-FY17:	5.9%
	Inpatient:Outpatient Revenue in FY17:	52%:48%
	Outpatient Revenue in FY17:	\$546,931,814
	Change FY16-FY17:	11.7%
	Total Revenue in FY17:	\$1,717,953,000
	Total Surplus (Loss) in FY17:	\$72,784,000
	Payer Mix	
	Public Payer Mix:	34.7% (Non-HPP* Hospital)
	CY16 Commercial Statewide Relative Price:	1.54
	Top 3 Commercial Payers:	Blue Cross Blue Shield of Massachusetts Harvard Pilgrim Health Care Aetna Health Inc. (PA) - Aetna Life Ins. Co.
Quality	Utilization	
	Inpatient Discharges in FY17:	14,902
	Change FY16-FY17:	-2.3%
	Emergency Department Visits in FY17:	60,425
	Change FY16-FY17:	0.1%
	Outpatient Visits in FY17:	249,923
	Change FY16-FY17:	0.3%
	Quality	
	Readmission Rate in FY16:	Not Available
	Change FY12-FY16 (percentage points):	
	Early Elective Deliveries Rate:	Not Available

What were the most common inpatient cases (DRGs) treated at the hospital in FY17? 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?

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.

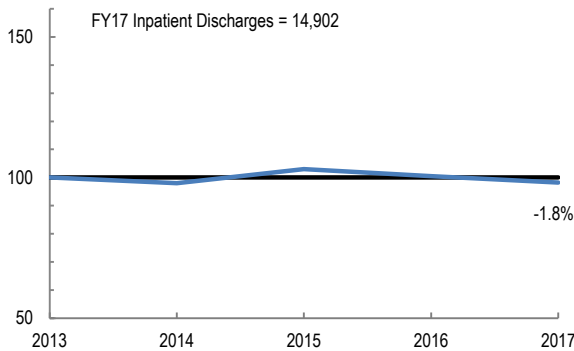
2017 HOSPITAL PROFILE: BOSTON CHILDREN'S HOSPITAL

Cohort: Specialty Hospital

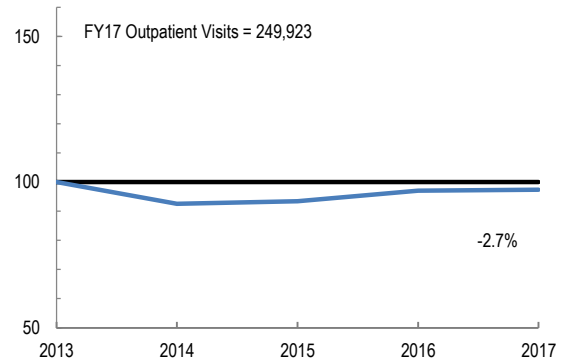
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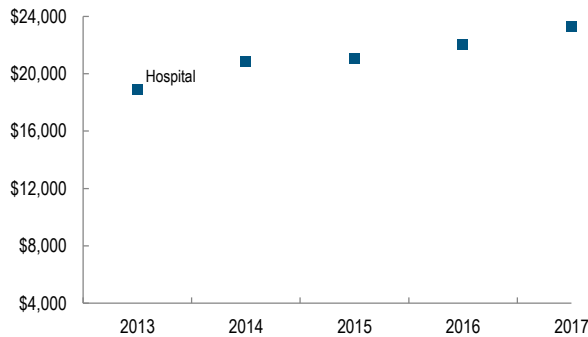
How has the volume of the hospital's inpatient discharges changed compared to FY13, and how does this compare to the hospital's peer cohort median? (FY13=100)



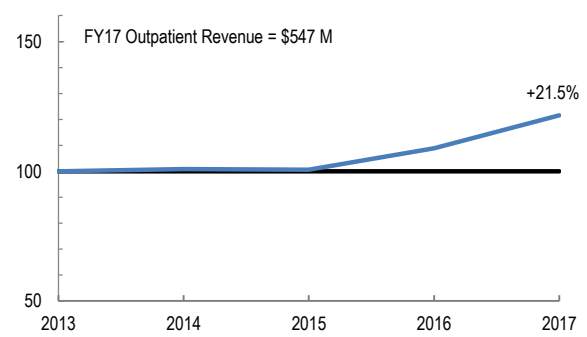
How has the volume of the hospital's outpatient visits changed compared to FY13, and how does this compare to the hospital's peer cohort median? (FY13=100)



What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY13 and FY17, and how does this compare to the hospital's peer cohort median?



How has the hospital's total outpatient revenue changed compared to FY13, and how does this compare to the hospital's peer cohort median? (FY13=100)

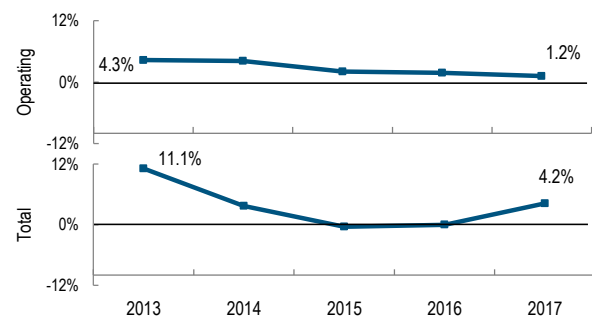


How have the hospital's total revenue and costs changed between FY13 and FY17?

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

FY	2013	2014	2015	2016	2017
Operating Revenue	\$ 1,322	\$ 1,387	\$ 1,412	\$ 1,533	\$ 1,665
Non-Operating Revenue	\$ 96.5	\$ (5.9)	\$ (34.1)	\$ (27.3)	\$ 53.0
Total Revenue	\$ 1,418	\$ 1,381	\$ 1,378	\$ 1,506	\$ 1,718
Total Costs	\$ 1,260	\$ 1,330	\$ 1,383	\$ 1,506	\$ 1,645
Total Profit (Loss)	\$ 157.7	\$ 51.2	\$ (5.5)	\$ (0.3)	\$ 72.8

What were the hospital's total margin and operating margins between FY13 and FY17, 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 nonprofit 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 49 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 1,043 inpatient discharges compared to 286,582 outpatient visits in FY17. Dana-Farber has posted profits in each year of the five-year period.

At a Glance	Overview / Size Hospital System Affiliation: Dana-Farber Cancer Institute and Subsid. Change in Ownership (FY13-17): Not Applicable Total Staffed Beds: 30 % Occupancy: 93.2% Special Public Funding: Not Applicable Trauma Center Designation: Not Applicable Case Mix Index: 4.04> statewide (1.12)	Payer Mix Public Payer Mix: 45.9% (Non-HPP* Hospital) CY16 Commercial Statewide Relative Price: 1.37 Top 3 Commercial Payers: Blue Cross Blue Shield of Massachusetts Harvard Pilgrim Health Care Tufts Associated HMO, Inc.
	Financial Inpatient NPSR per CMAD: \$11,342 Change FY16-FY17: -18.3% Inpatient:Outpatient Revenue in FY17: 5%:95% Outpatient Revenue in FY17: \$836,977,392 Change FY16-FY17: 7.0% Total Revenue in FY17: \$1,570,742,696 Total Surplus (Loss) in FY17: \$29,886,837	Utilization Inpatient Discharges in FY17: 1,043 Change FY16-FY17: -17.9% Emergency Department Visits in FY17: 0 Change FY16-FY17: Outpatient Visits in FY17: 286,582 Change FY16-FY17: 6.4%
Services	What were the most common inpatient cases (DRGs) treated at the hospital in FY17? What proportion of the region's cases did this hospital treat for each service? <p>This graph has been suppressed, as the hospital provides the vast majority of its services on an outpatient basis. In FY17, this hospital reported 148,671 infusion treatments and over 286,000 outpatient visits.</p> <p>--- Hospital (1,043) = 0% of total regional discharges</p>	Quality Readmission Rate in FY16: Not Applicable Change FY12-FY16 (percentage points): Early Elective Deliveries Rate: Not Applicable
	Where did most of the hospital's inpatients reside? What proportion of each community's total discharges was attributed to this hospital? <p>This graph has been suppressed, as no community accounted for more than 2% of the hospital's total discharges.</p>	
Quality	What proportion of adult patient discharges from this hospital resulted in a readmission at any hospital within 30 days, and how does this compare to the state average? <p>This measure is not applicable to the patient population treated at this specialty hospital</p>	How many central line-associated blood stream infections (CLABSI), catheter-associated urinary tract infections (CAUTI), and surgical site infections (SSI) after colon surgery did patients get at this hospital compared to what was expected based on the hospital's characteristics and case mix? <p>Data is not available for these measures.</p>

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

2017 HOSPITAL PROFILE: DANA-FARBER CANCER INSTITUTE

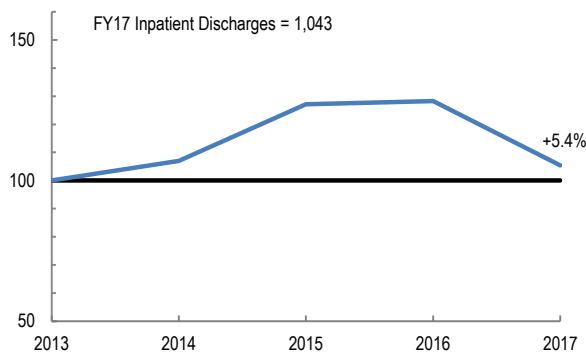
Cohort: Specialty Hospital

Key:

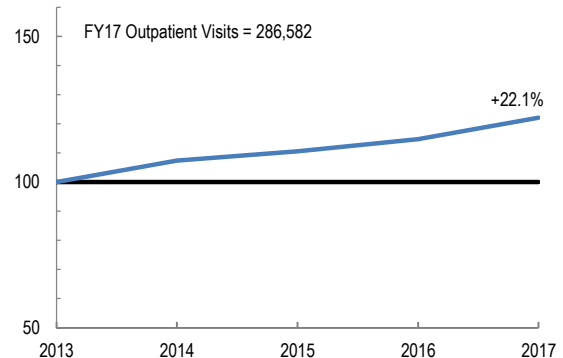


Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY13, and how does this compare to the hospital's peer cohort median? (FY13=100)

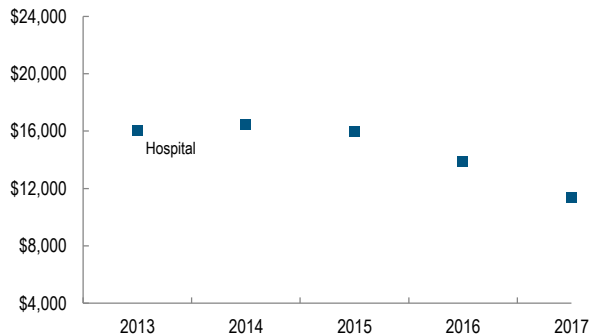


How has the volume of the hospital's outpatient visits changed compared to FY13, and how does this compare to the hospital's peer cohort median? (FY13=100)

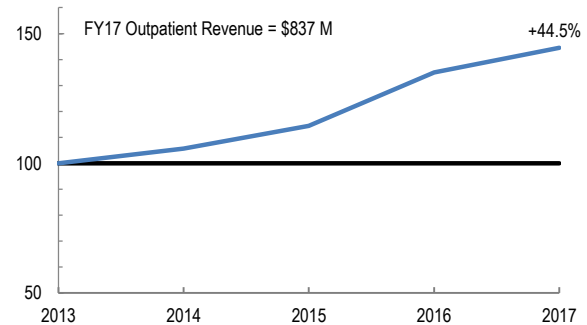


Patient Revenue Trends

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY13 and FY17, and how does this compare to the hospital's peer cohort median?



How has the hospital's total outpatient revenue changed compared to FY13, and how does this compare to the hospital's peer cohort median? (FY13=100)



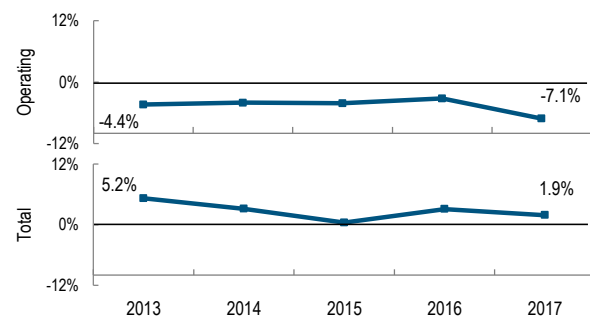
Financial Performance

How have the hospital's total revenue and costs changed between FY13 and FY17?

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

FY	2013	2014	2015	2016	2017
Operating Revenue	\$ 974.6	\$ 1,019	\$ 1,117	\$ 1,293	\$ 1,429
Non-Operating Revenue	\$ 103.6	\$ 78.7	\$ 53.2	\$ 88.1	\$ 141.4
Total Revenue	\$ 1,078	\$ 1,098	\$ 1,171	\$ 1,382	\$ 1,571
Total Costs	\$ 1,022	\$ 1,064	\$ 1,166	\$ 1,338	\$ 1,541
Total Profit (Loss)	\$ 56.2	\$ 34.6	\$ 4.7	\$ 43.3	\$ 29.9

What were the hospital's total margin and operating margins between FY13 and FY17, 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

2017 Hospital Profile

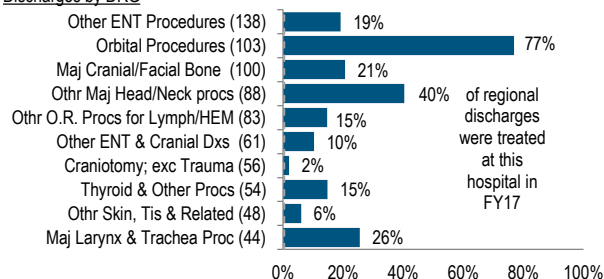
Boston, MA
Specialty Hospital
Metro Boston

Massachusetts Eye and Ear Infirmary is a small, 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 reported negative operating margins for all five years and a positive total margin in 2015. It reported a loss of \$1.1 million in FY17, with a total margin of -0.4%.

At a Glance	Overview / Size	
	Hospital System Affiliation:	Foundation of the MEEI
	Change in Ownership (FY13-17):	Not Applicable
	Total Staffed Beds:	41
	% Occupancy:	32.8%
	Special Public Funding:	ICB°
	Trauma Center Designation:	Not Applicable
	Case Mix Index:	1.28> statewide (1.12)
	Financial	
	Inpatient NPSR per CMAD:	\$12,321
Services	Change FY16-FY17:	11.6%
	Inpatient:Outpatient Revenue in FY17:	9%:91%
	Outpatient Revenue in FY17:	\$177,208,367
	Change FY16-FY17:	7.8%
	Total Revenue in FY17:	\$279,067,536
	Total Surplus (Loss) in FY17:	(\$1,063,715)
	Payer Mix	
	Public Payer Mix:	45.5% (Non-HPP* Hospital)
	CY16 Commercial Statewide Relative Price:	0.76
	Top 3 Commercial Payers:	Blue Cross Blue Shield of Massachusetts Harvard Pilgrim Health Care Tufts Associated HMO, Inc.
Quality	Utilization	
	Inpatient Discharges in FY17:	1,292
	Change FY16-FY17:	14.4%
	Emergency Department Visits in FY17:	20,003
	Change FY16-FY17:	-13.4%
	Outpatient Visits in FY17:	302,021
	Change FY16-FY17:	-1.1%
	Quality	
	Readmission Rate in FY16:	10.0%
	Change FY12-FY16 (percentage points):	-0.6
	Early Elective Deliveries Rate:	Not Applicable

What were the most common inpatient cases (DRGs) treated at the hospital in FY17? What proportion of the region's cases did this hospital treat for each service?

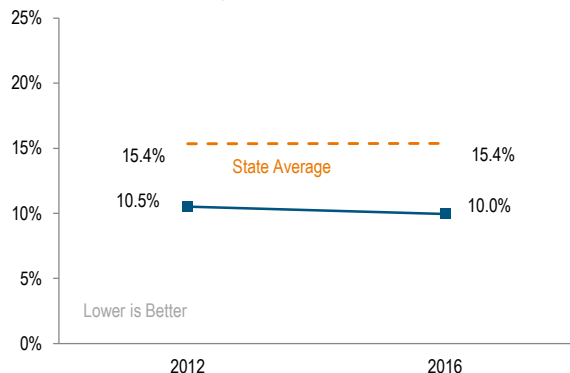
Discharges by DRG



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

This graph has been suppressed as no single community accounted for more than 1% of the hospital's total discharges, however the hospital reports its patients are primarily from Massachusetts, but also across New England, the U.S. and in some cases, the world.

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



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

Data is not available for these measures.

2017 HOSPITAL PROFILE: MASSACHUSETTS EYE AND EAR INFIRMARY

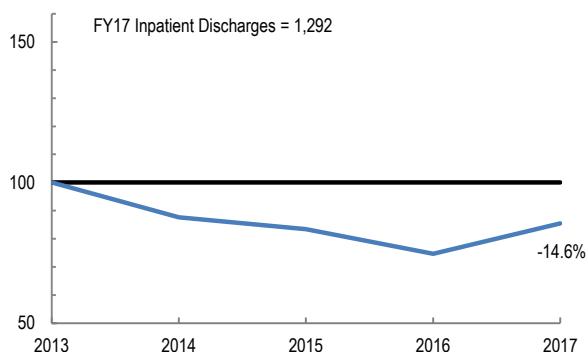
Cohort: Specialty Hospital

Key:

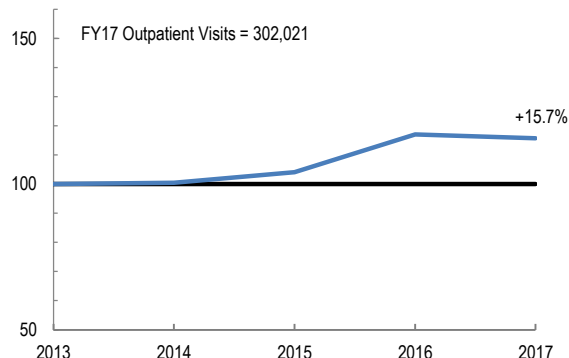


Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY13, and how does this compare to the hospital's peer cohort median? (FY13=100)

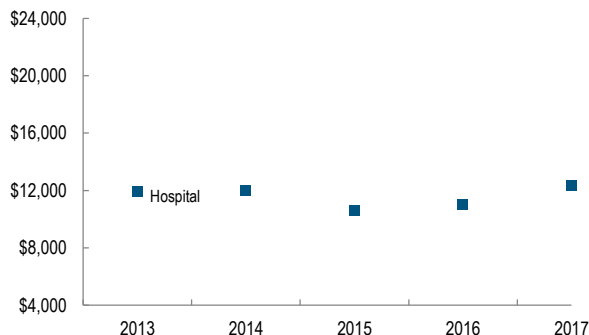


How has the volume of the hospital's outpatient visits changed compared to FY13, and how does this compare to the hospital's peer cohort median? (FY13=100)

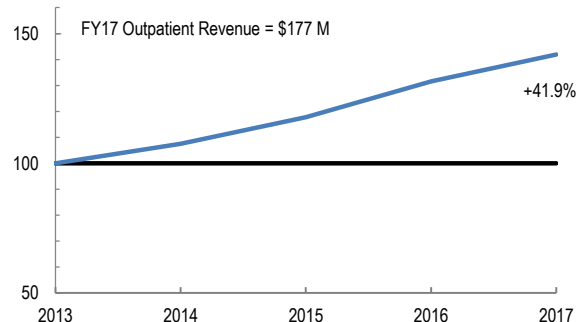


Patient Revenue Trends

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY13 and FY17, and how does this compare to the hospital's peer cohort median?



How has the hospital's total outpatient revenue changed compared to FY13, and how does this compare to the hospital's peer cohort median? (FY13=100)



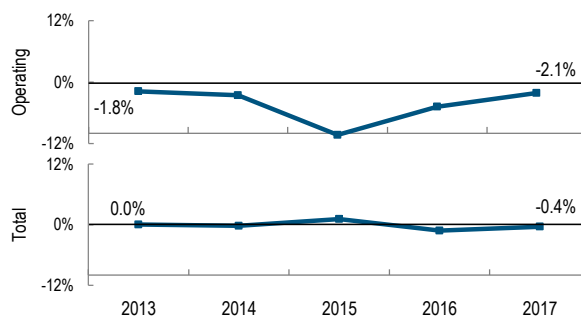
Financial Performance

How have the hospital's total revenue and costs changed between FY13 and FY17?

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

FY	2013	2014	2015	2016	2017
Operating Revenue	\$ 219.5	\$ 223.4	\$ 227.8	\$ 249.8	\$ 274.2
Non-Operating Revenue	\$ 4.1	\$ 5.3	\$ 29.5	\$ 9.2	\$ 4.9
Total Revenue	\$ 223.6	\$ 228.7	\$ 257.3	\$ 259.1	\$ 279.1
Total Costs	\$ 223.5	\$ 229.2	\$ 254.3	\$ 262.2	\$ 280.1
Total Profit (Loss)	\$ 0.1	\$ (0.5)	\$ 2.9	\$ (3.1)	\$ (1.1)

What were the hospital's total margin and operating margins between FY13 and FY17, and how do these compare to the hospital's peer cohort medians?



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

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

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

NEW ENGLAND BAPTIST HOSPITAL

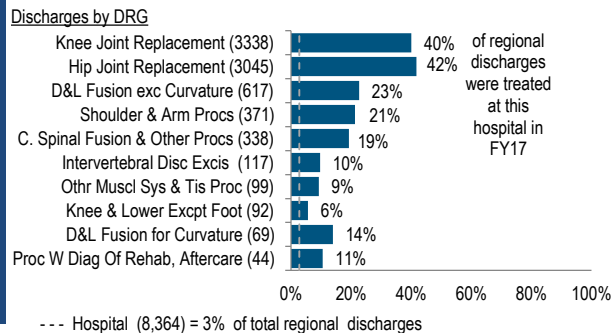
2017 Hospital Profile

Boston, MA
Specialty Hospital
Metro Boston

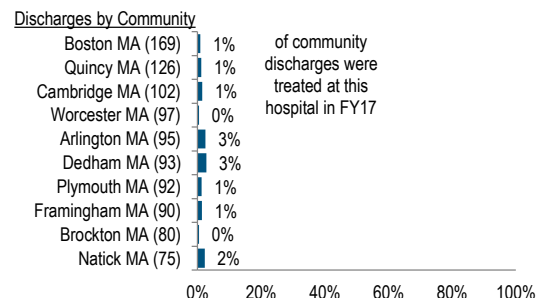
New England Baptist Hospital is a non-profit specialty hospital located in the Metro Boston region. New England Baptist focuses exclusively on orthopedic and musculoskeletal conditions. It is responsible for only 3% of the inpatient discharges in its region but accounts for 42% of the region's hip joint replacement and 40% of the region's knee joint replacements. It is a small 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 had a total margin of 4.1% in FY17.

At a Glance	Overview / Size	
	Hospital System Affiliation:	CareGroup
	Change in Ownership (FY13-17):	Not Applicable
	Total Staffed Beds:	98, among the smaller acute hospitals
	% Occupancy:	61.9%
	Special Public Funding:	Not Applicable
	Trauma Center Designation:	Not Applicable
	Case Mix Index:	1.38> statewide (1.12)
	Financial	
	Inpatient NPSR per CMAD:	\$14,583
Services	Change FY16-FY17:	-0.2%
	Inpatient:Outpatient Revenue in FY17:	61%:39%
	Outpatient Revenue in FY17:	\$54,814,524
	Change FY16-FY17:	-12.3%
	Total Revenue in FY17:	\$244,175,301
	Total Surplus (Loss) in FY17:	\$10,066,729
	Payer Mix	
	Public Payer Mix:	44.2% (Non-HPP* Hospital)
	CY16 Commercial Statewide Relative Price:	0.91
	Top 3 Commercial Payers:	Blue Cross Blue Shield of Massachusetts Harvard Pilgrim Health Care Tufts Associated HMO, Inc.
Quality	Utilization	
	Inpatient Discharges in FY17:	8,364
	Change FY16-FY17:	4.3%
	Emergency Department Visits in FY17:	0
	Change FY16-FY17:	
	Outpatient Visits in FY17:	111,315
	Change FY16-FY17:	-1.0%
	Quality	
	Readmission Rate in FY16:	2.5%
	Change FY12-FY16 (percentage points):	-1.1
	Early Elective Deliveries Rate:	Not Applicable

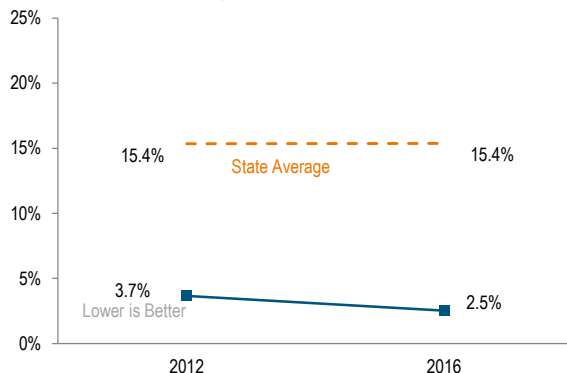
What were the most common inpatient cases (DRGs) treated at the hospital in FY17? What proportion of the region's cases did this hospital treat for each service?



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.

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

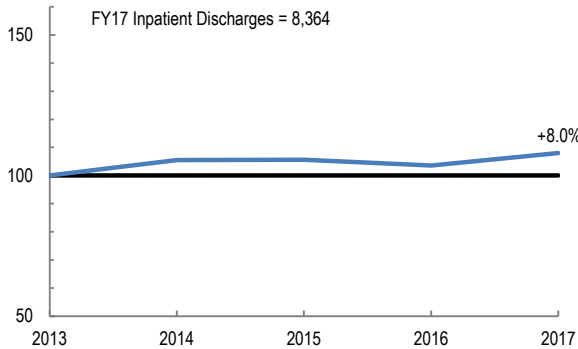
2017 HOSPITAL PROFILE: NEW ENGLAND BAPTIST HOSPITAL

Cohort: Specialty Hospital

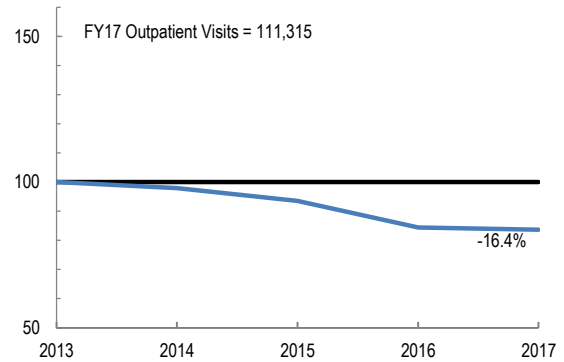
Key:



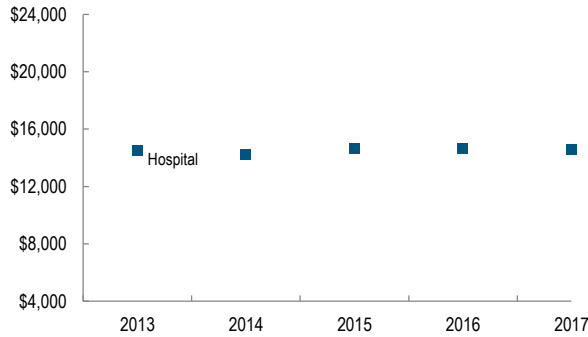
How has the volume of the hospital's inpatient discharges changed compared to FY13, and how does this compare to the hospital's peer cohort median? (FY13=100)



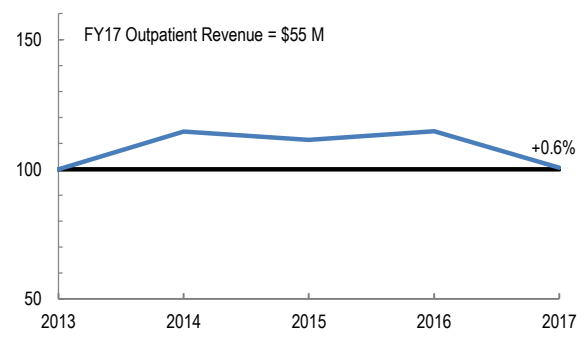
How has the volume of the hospital's outpatient visits changed compared to FY13, and how does this compare to the hospital's peer cohort median? (FY13=100)



What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY13 and FY17, and how does this compare to the hospital's peer cohort median?



How has the hospital's total outpatient revenue changed compared to FY13, and how does this compare to the hospital's peer cohort median? (FY13=100)

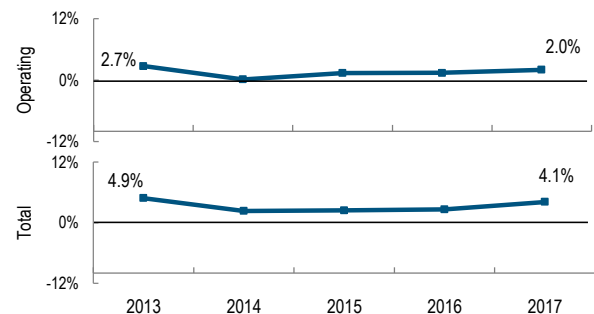


How have the hospital's total revenue and costs changed between FY13 and FY17?

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

FY	2013	2014	2015	2016	2017
Operating Revenue	\$ 220.3	\$ 234.0	\$ 242.1	\$ 239.6	\$ 239.0
Non-Operating Revenue	\$ 4.8	\$ 5.2	\$ 2.5	\$ 2.7	\$ 5.2
Total Revenue	\$ 225.1	\$ 239.2	\$ 244.6	\$ 242.4	\$ 244.2
Total Costs	\$ 214.2	\$ 233.7	\$ 238.7	\$ 236.1	\$ 234.1
Total Profit (Loss)	\$ 10.9	\$ 5.5	\$ 5.9	\$ 6.2	\$ 10.1

What were the hospital's total margin and operating margins between FY13 and FY17, 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

2017 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.

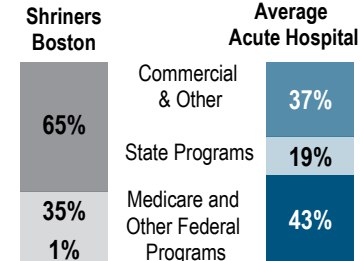
Shriners Hospital for Children - Boston is a 30-bed pediatric specialty hospital, research, and teaching center located in Boston. It treats children with severe burn injuries, complex skin conditions, reconstructive and plastic surgery needs, and cleft lip and palate. It is the only exclusively pediatric, verified burn center in New England. Sixty-one percent of its revenue comes from inpatient services, and the hospital reported 198 inpatient discharges in FY17, 11% less 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 30-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 including post-acute fracture care management, sports health and medicine, and urology. Thirty-seven percent of its revenue comes from inpatient services, and it had 134 discharges in FY17, a 47% increase from FY16.

A61

Shriners Hospitals for Children - Boston

Boston, MA

At a Glance		Payer Mix
TOTAL STAFFED BEDS:	30	<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> 
% OCCUPANCY:	24.38%	
INPATIENT DISCHARGES in FY17:	198	
PUBLIC PAYER MIX:	35.3%	
CASE MIX INDEX:	3.20	
TAX STATUS:	Non-profit	
INPATIENT:OUTPATIENT REVENUE in FY17:	61%:39%	
INPATIENT COST PER CMAD:	\$39,030	
CHANGE in OWNERSHIP (FY13-FY17):	N/A	

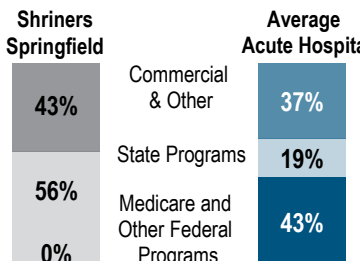
Percentage calculations may not sum to 100% due to rounding.

	FY14	FY15	FY16	FY17
Average Length of Stay	8.2	12.2	11.8	13.5
Inpatient Discharges	332	174	223	198
Outpatient Visits	5,362	4,492	6,608	6,383

Revenue, Cost, & Profit/Loss (in millions)					
FY	Total Revenue	Operating Revenue	Non-Operating Revenue	Costs	Total Profit/Loss
2014	\$8.0	\$6.5	\$1.5	\$39.9	
2015	\$5.1	\$3.7	\$1.3	\$39.2	See Note
2016	\$5.2	\$5.2	\$0.0	\$41.5	
2017	\$2.5	\$2.5	\$0.0	\$43.7	

Shriners Hospitals for Children - Springfield

Springfield, MA

At a Glance		Payer Mix
TOTAL STAFFED BEDS:	30	<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> 
% OCCUPANCY:	5.38%	
INPATIENT DISCHARGES in FY17:	134	
PUBLIC PAYER MIX:	56.6%	
CASE MIX INDEX:	2.30	
TAX STATUS:	Non-profit	
INPATIENT:OUTPATIENT REV. in FY17	37%:63%	
INPATIENT COST PER CMAD:	\$35,223	
CHANGE in OWNERSHIP (FY13-FY17):	N/A	

Percentage calculations may not sum to 100% due to rounding.

	FY14	FY15	FY16	FY17
Average Length of Stay	4.1	5.7	4.5	4.4
Inpatient Discharges	126	86	91	134
Outpatient Visits	6,568	9,980	13,765	16,593

Revenue, Cost, & Profit/Loss (in millions)					
FY	Total Revenue	Operating Revenue	Non-Operating Revenue	Costs	Total Profit/Loss
2014	\$6.5	\$4.9	\$1.6	\$19.4	
2015	\$7.2	\$5.6	\$1.5	\$17.3	See Note
2016	\$8.8	\$8.8	\$0.0	\$18.6	
2017	\$13.5	\$13.5	\$0.0	\$22.8	

Note: Shriners Hospital Boston (SHB) and Shriners Hospital Springfield (SHS) are part of the national Shriners Hospitals for Children system (SHC) and are reliant upon support from the SHC endowment to cover the costs associated with fulfilling their mission to provide care to patients regardless of their ability to pay. This support is provided through transfers from the SHC's endowment to the hospitals, as these transfers are not considered revenue for the purpose of calculating profitability margin, SHB's and SHS's profitability margins are not comparable to other acute hospitals.

INTRODUCTION TO NON-ACUTE HOSPITAL 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 considered a 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	Southcoast Behavioral Hospital
Arbour-Fuller Hospital	Taravista Behavioral Health
Arbour-HRI Hospital	Walden Behavioral Care
Bournewood Hospital	Westwood Lodge
High Point Hospital	Whittier Pavilion
McLean Hospital	

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

Curahealth Stoughton	Spaulding Hospital Cambridge
New England Sinai Hospital	Vibra Hospital of Western Massachusetts

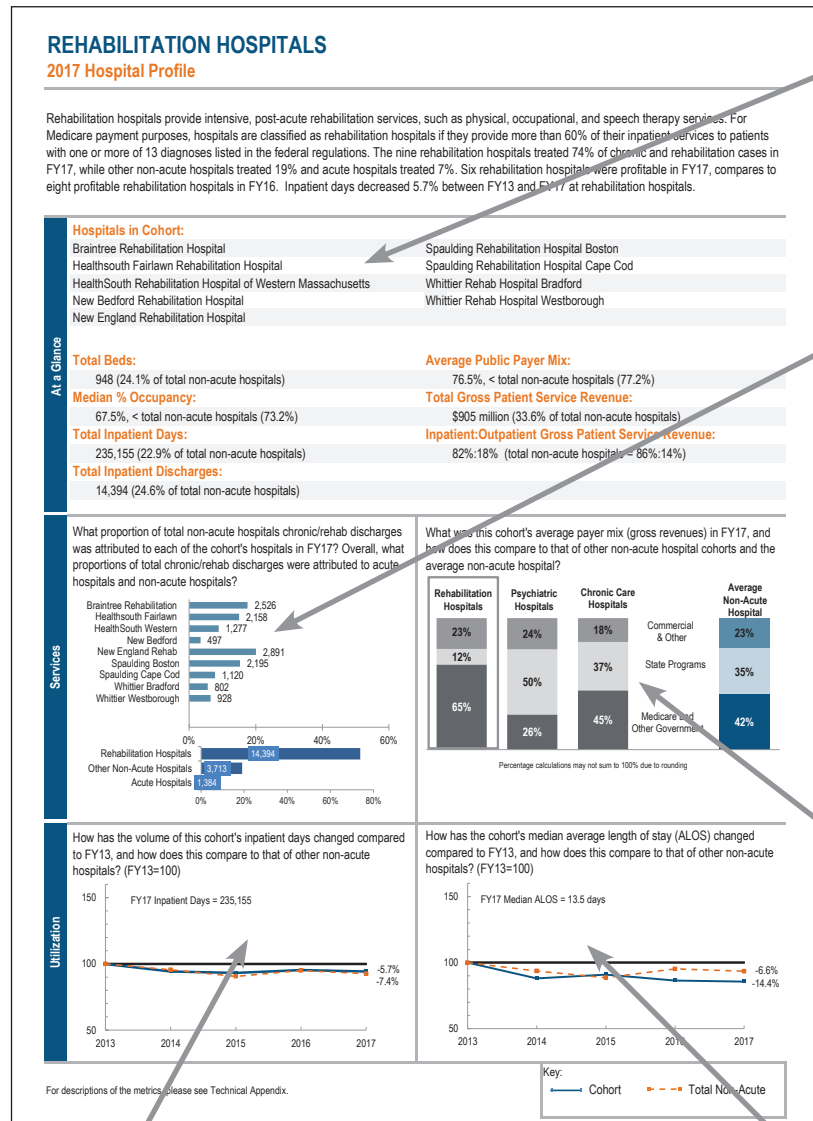
Specialty Non-Acute Hospital page B4

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 2017

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.



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 FY17 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 2017

Utilization, cost, revenue, and financial data from FY13 to FY17 is presented for each hospital in the given non-acute hospital cohort in the tables below.

REHABILITATION HOSPITALS												
2017 Hospital Profile												
Utilization Trends	Volume of Inpatient Days						Average Length of Stay (Days)					
		FY13	FY14	FY15	FY16	FY17		FY13	FY14	FY15	FY16	FY17
	Braintree Rehabilitation	36,528	30,803	28,600	29,804	33,351	Braintree Rehabilitation	15.8	12.5	10.3	12.8	13.2
	HealthSouth Fairlawn	33,059	32,121	31,226	31,470	28,820	HealthSouth Fairlawn	13.3	13.0	12.7	12.5	13.4
	HealthSouth Western	16,910	17,062	17,226	17,229	17,274	HealthSouth Western	13.6	13.9	14.1	13.7	13.5
	New Bedford	27,788	26,807	25,593	26,182	22,168	New Bedford	43.4	42.7	42.7	44.1	44.6
Utilization Trends	New England Rehab	35,580	30,526	31,144	37,434	38,807	New England Rehab	14.3	12.1	12.3	13.6	13.4
	Spaulding Boston	49,155	45,583	46,005	46,058	44,756	Spaulding Boston	21.7	20.2	19.5	20.1	20.4
	Spaulding Cape Cod	14,974	15,851	15,667	15,576	14,631	Spaulding Cape Cod	13.6	13.8	13.9	13.1	13.1
	Whittier Bradford	17,579	18,552	18,069	16,867	17,666	Whittier Bradford	24.0	24.9	25.0	20.0	22.0
	Whittier Westborough	17,824	17,767	18,696	17,090	17,682	Whittier Westborough	22.6	21.9	22.4	20.5	19.1
	Utilization Trends	Volume of Outpatient Visits						Net Inpatient Revenue per Patient Day				
		FY13	FY14	FY15	FY16	FY17		FY13	FY14	FY15	FY16	FY17
Braintree Rehabilitation		108,775	91,137	84,661	69,374	58,668	Braintree Rehabilitation	\$1,304	\$1,501	\$1,462	\$1,554	\$1,617
HealthSouth Fairlawn		10,809	12,121	9,180	9,425	8,573	HealthSouth Fairlawn	\$1,359	\$1,370	\$1,363	\$1,460	\$1,456
HealthSouth Western		13,756	13,227	11,678	12,173	10,554	HealthSouth Western	\$1,355	\$1,315	\$1,316	\$1,404	\$1,479
New Bedford		4,079	3,834	2,925	2,483	2,399	New Bedford	\$1,065	\$1,111	\$1,103	\$1,098	\$1,129
Utilization Trends	New England Rehab	38,043	36,301	31,864	25,743	27,594	New England Rehab	\$1,290	\$1,466	\$1,418	\$1,587	\$1,527
	Spaulding Boston	158,985	179,678	268,499	296,754	312,846	Spaulding Boston	\$1,545	\$1,655	\$1,629	\$1,724	\$1,763
	Spaulding Cape Cod	93,204	104,604	111,381	112,457	112,597	Spaulding Cape Cod	\$1,580	\$1,563	\$1,667	\$1,753	\$1,816
	Whittier Bradford	37,520	40,235	39,678	38,786	44,088	Whittier Bradford	\$1,230	\$1,272	\$1,292	\$1,295	\$1,281
	Whittier Westborough	11,493	12,186	11,625	15,792	15,781	Whittier Westborough	\$1,214	\$1,234	\$1,246	\$1,311	\$1,271
	Patient Revenue Trends	Total Net Outpatient Revenue (in millions)						Total Revenue, Cost, and Profit (Loss) in FY2017				
		FY13	FY14	FY15	FY16	FY17		Operating Revenue	Total Revenue	Costs	Income (Loss)	Total Margin
Braintree Rehabilitation		\$10.5	\$9.6	\$8.8	\$8.3	\$5.7	Braintree Rehabilitation	\$60.0	\$60.0	\$47.6	\$12.4	20.6%
HealthSouth Fairlawn		\$0.7	\$0.9	\$0.3	\$0.7	\$0.7	HealthSouth Fairlawn	\$12.8	\$42.8	\$34.2	\$8.6	20.0%
HealthSouth Western		\$0.9	\$0.9	\$0.9	\$0.9	\$0.8	HealthSouth Western	\$21.4	\$26.4	\$22.2	\$4.2	16.0%
New Bedford		\$1.0	\$0.8	\$0.5	\$0.4	\$0.3	New Bedford	\$25.1	\$25.6	\$27.0	-\$1.4	-5.6%
Patient Revenue Trends	New England Rehab	\$3.0	\$3.1	\$5.0	\$2.2	\$2.6	New England Rehab	\$61.9	\$61.9	\$48.1	\$13.8	22.3%
	Spaulding Boston	\$22.6	\$25.2	\$28.8	\$39.3	\$40.5	Spaulding Boston	\$133.4	\$133.6	\$156.0	-\$22.3	-16.7%
	Spaulding Cape Cod	\$11.6	\$13.0	\$14.7	\$14.7	\$15.5	Spaulding Cape Cod	\$42.5	\$12.5	\$43.8	-\$1.3	-3.1%
	Whittier Bradford	\$4.1	\$5.3	\$5.3	\$6.0	\$5.0	Whittier Bradford	\$29.1	\$29.1	\$27.5	\$1.5	5.3%
	Whittier Westborough	\$1.2	\$1.0	\$1.4	\$1.7	\$1.5	Whittier Westborough	\$25.1	\$25.1	\$22.5	\$2.7	10.7%

Average length of stay

Volume of inpatient days

Inpatient revenue per day
(i.e., per capita)

Total outpatient visits

Total net outpatient revenue

Financial information
(FY17 only)

Massachusetts Hospital Profiles: Data through Fiscal Year 2017 | December 2018

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CHIA

Average length of stay

Volume of inpatient days

Inpatient revenue per day
(i.e., per capita)

Total outpatient visits

Total net outpatient revenue

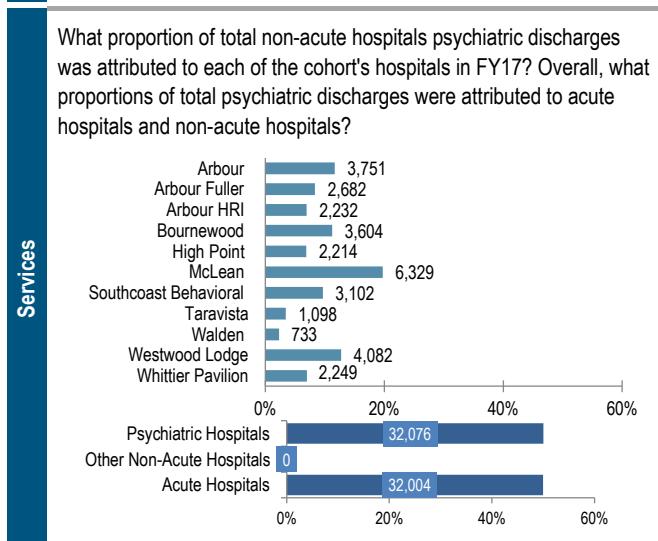
Financial information
(FY17 only)

PSYCHIATRIC HOSPITALS

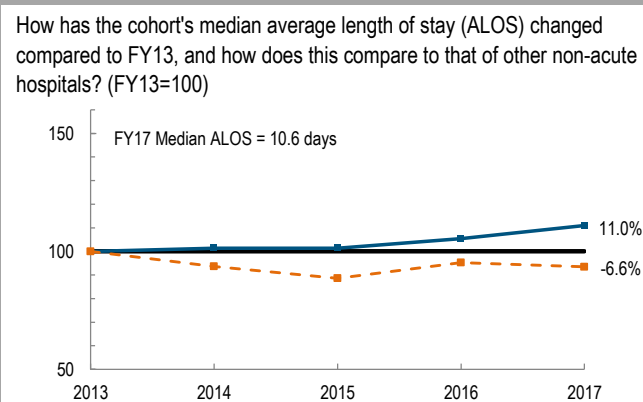
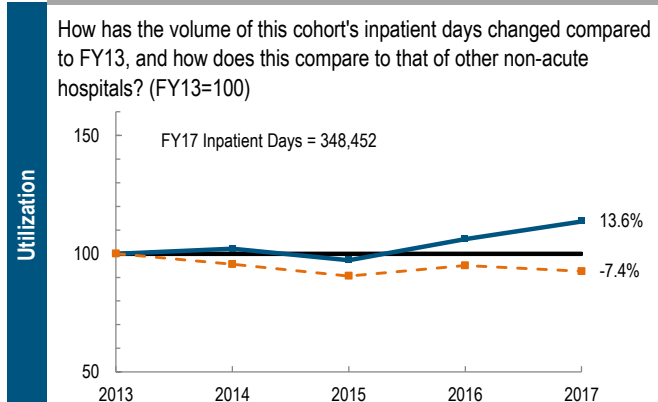
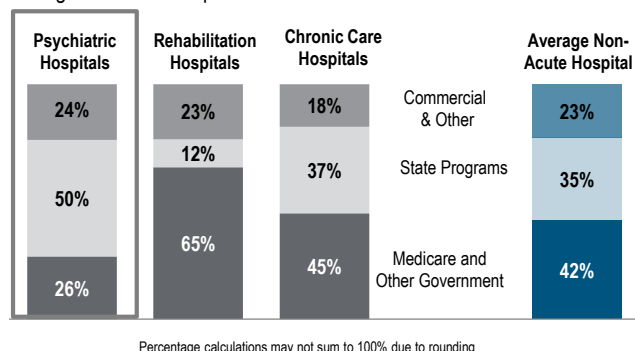
2017 Hospital Profile

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, sometimes outpatient, and partial hospitalization services. With the opening of Taravista Behavioral Health, there were now 11 Psychiatric hospitals in FY17 compared to 10 in FY16. Three new psychiatric hospitals opened in recent years. A fourth new psychiatric hospital, Westborough Behavioral Healthcare opened in the Fall of 2017 with initial data reporting in FY18. Psychiatric hospitals treated 50% of psychiatric discharges in FY17, while acute hospitals treated the remaining 50% of the psychiatric discharges. Six psychiatric hospitals earned a profit in FY17.

At a Glance	Hospitals in Cohort:	
	Arbour Hospital	Southcoast Behavioral Hospital
	Arbour-Fuller Hospital	Taravista Behavioral Health
	Arbour-HRI Hospital	Walden Behavioral Care
	Bournewood Hospital	Westwood Lodge
	High Point Hospital	Whittier Pavilion
	McLean Hospital	
	Total Beds:	
	1,250 (31.8% of total non-acute hospitals)	
	Average Public Payer Mix:	
	76.2%, < total non-acute hospitals (77.2%)	
	Median % Occupancy:	
	86.7%, > total non-acute hospitals (73.2%)	
	Total Gross Patient Service Revenue:	
	\$789 million (29.3% of total non-acute hospitals)	
	Total Inpatient Days:	
	348,452 (33.9% of total non-acute hospitals)	
	Inpatient:Outpatient Gross Patient Service Revenue:	
	87%:13% (total non-acute hospitals = 86%:14%)	
	Total Inpatient Discharges:	
	32,076 (54.9% of total non-acute hospitals)	



What was this cohort's average payer mix (gross revenues) in FY17, 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.

Key:
 Cohort
 Total Non-Acute

PSYCHIATRIC HOSPITALS

2017 Hospital Profile

Utilization Trends	Volume of Inpatient Days					
		FY13	FY14	FY15	FY16	FY17
	Arbour	44,642	44,074	42,121	39,681	45,926
	Arbour Fuller	32,149	32,176	31,014	32,239	33,846
	Arbour HRI	21,591	18,672	19,280	20,898	21,303
	Bournewood	27,880	30,903	31,495	31,819	31,613
	High Point	Opened in FY16			13,760	21,234
	McLean	56,910	58,070	59,988	65,845	69,022
	Southcoast Behavioral	Opened in FY16			23,139	33,010
	Taravista	Opened in FY17			8,568	
	Walden	15,505	16,479	16,554	16,564	16,390
	Westwood Lodge	80,757	79,849	71,348	61,064	48,581
Whittier Pavilion	18,792	19,525	18,806	20,336	18,959	
Utilization Trends	Average Length of Stay (Days)					
		FY13	FY14	FY15	FY16	FY17
	Arbour	11.1	12.2	11.8	11.9	12.2
	Arbour Fuller	11.0	11.0	11.9	12.0	12.6
	Arbour HRI	9.6	9.4	9.4	9.6	9.5
	Bournewood	8.1	8.3	8.3	8.5	8.8
	High Point	Opened in FY16			5.9	9.6
	McLean	9.5	10.1	10.4	10.9	10.9
	Southcoast Behavioral	Opened in FY16			10.1	10.6
	Taravista	Opened in FY17			7.8	
	Walden	11.0	10.1	10.8	24.7	22.4
	Westwood Lodge	11.4	10.8	11.3	11.7	11.9
Whittier Pavilion	10.4	10.2	10.1	8.8	8.4	
Utilization Trends	Volume of Outpatient Visits					
		FY13	FY14	FY15	FY16	FY17
	Arbour	37,093	38,436	40,470	38,934	40,979
	Arbour Fuller	17,405	16,071	18,410	22,071	24,955
	Arbour HRI	14,251	13,912	13,493	20,956	22,325
	Bournewood	25,771	22,876	27,593	29,322	30,301
	High Point	Opened in FY16			0	1,885
	McLean	104,813	107,244	115,719	107,208	105,599
	Southcoast Behavioral	Opened in FY16			*	*
	Taravista	Opened in FY17			*	
	Walden	*	*	*	*	*
	Westwood Lodge	120,269	104,929	79,679	86,275	68,120
Whittier Pavilion	102	2,287	5,338	7,687	7,886	
Patient Revenue Trends	Net Inpatient Revenue per Patient Day					
		FY13	FY14	FY15	FY16	FY17
	Arbour	\$698	\$723	\$728	\$782	\$730
	Arbour Fuller	\$627	\$650	\$644	\$651	\$688
	Arbour HRI	\$727	\$738	\$743	\$819	\$722
	Bournewood	\$776	\$757	\$753	\$817	\$829
	High Point	Opened in FY16			\$815	\$605
	McLean	\$1,111	\$1,156	\$1,184	\$1,238	\$1,260
	Southcoast Behavioral	Opened in FY16			\$770	\$817
	Taravista	Opened in FY17			\$973	
	Walden	\$1,070	\$1,087	\$1,119	\$873	\$872
	Westwood Lodge	\$717	\$742	\$747	\$784	\$745
Whittier Pavilion	\$825	\$905	\$834	\$920	\$940	
Patient Revenue Trends	Total Net Outpatient Revenue (in millions)					
		FY13	FY14	FY15	FY16	FY17
	Arbour	\$7.3	\$7.4	\$6.4	\$5.2	\$5.7
	Arbour Fuller	\$4.4	\$4.3	\$4.8	\$5.0	\$5.6
	Arbour HRI	\$5.2	\$5.2	\$5.0	\$4.8	\$5.3
	Bournewood	\$2.5	\$3.1	\$4.3	\$2.7	\$2.8
	High Point	Opened in FY16			\$0.0	\$0.1
	McLean	\$40.7	\$40.5	\$45.4	\$50.0	\$48.5
	Southcoast Behavioral	Opened in FY16			*	*
	Taravista	Opened in FY17			*	
	Walden	*	*	*	*	*
	Westwood Lodge	\$7.4	\$7.7	\$7.7	\$7.4	\$5.9
Whittier Pavilion	\$0.0	\$0.3	\$0.6	\$1.1	\$1.1	
Financial Performance	Total Revenue, Cost, and Profit (Loss) in FY2017					
		Operating Revenue	Total Revenue	Costs	Income (Loss)	Total Margin
	Arbour	\$39.3	\$39.3	\$37.5	\$1.8	4.6%
	Arbour Fuller	\$29.2	\$29.2	\$27.2	\$2.0	6.7%
	Arbour HRI	\$20.7	\$20.7	\$20.1	\$0.6	3.0%
	Bournewood	\$30.0	\$30.1	\$31.8	-\$1.8	-5.9%
	High Point	\$13.0	\$13.0	\$14.4	-\$1.4	-10.6%
	McLean	\$229.4	\$234.2	\$226.0	\$8.2	3.5%
	Southcoast Behavioral	\$26.8	\$26.8	\$26.2	\$0.6	2.1%
	Taravista	\$8.4	\$8.4	\$16.7	-\$8.3	-99.3%
	Walden	Data not available				
	Westwood Lodge	\$42.2	\$42.2	\$51.0	-\$8.8	-20.9%
Whittier Pavilion	\$29.9	\$29.9	\$20.8	\$9.1	30.5%	

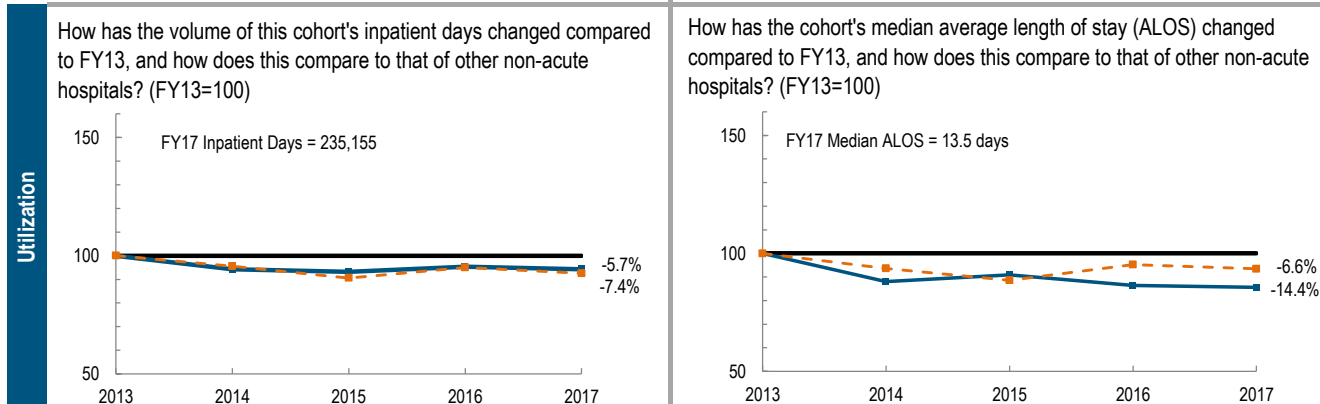
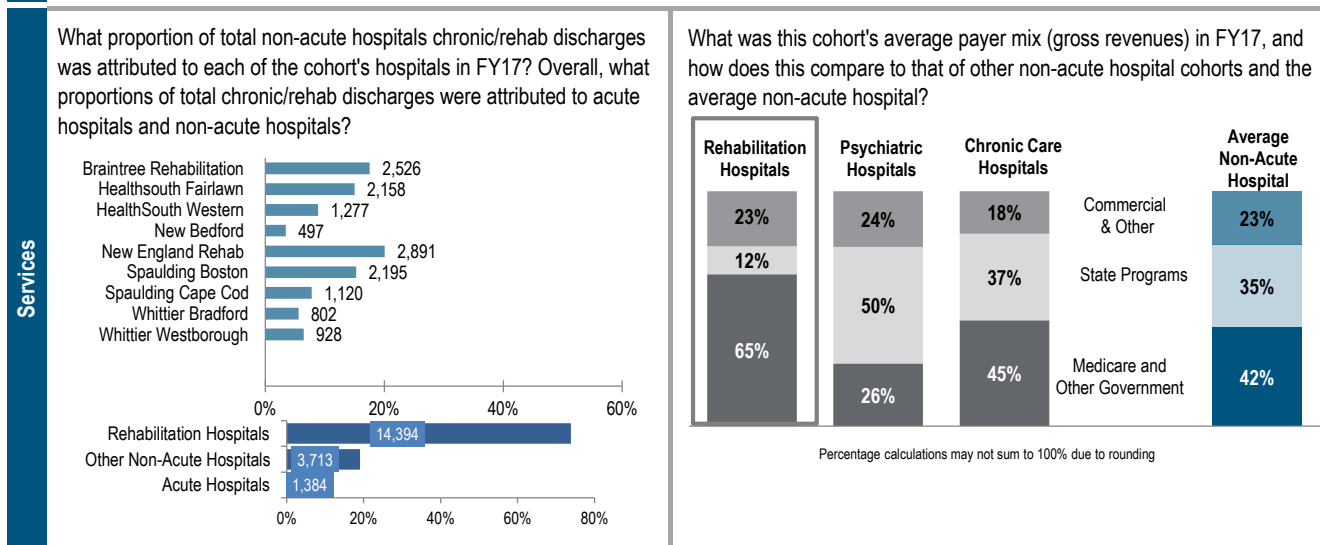
* Did not report outpatient data

REHABILITATION HOSPITALS

2017 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 74% of chronic and rehabilitation cases in FY17, while other non-acute hospitals treated 19% and acute hospitals treated 7%. Six rehabilitation hospitals were profitable in FY17, compares to eight profitable rehabilitation hospitals in FY16. Inpatient days decreased 5.7% between FY13 and FY17 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:	
	948 (24.1% of total non-acute hospitals)	
	Average Public Payer Mix:	
	76.5%, < total non-acute hospitals (77.2%)	
Services	Median % Occupancy:	
	67.5%, < total non-acute hospitals (73.2%)	
	Total Gross Patient Service Revenue:	
	\$905 million (33.6% of total non-acute hospitals)	
	Total Inpatient Days:	
	235,155 (22.9% of total non-acute hospitals)	
	Inpatient:Outpatient Gross Patient Service Revenue:	
	82%:18% (total non-acute hospitals = 86%:14%)	
	Total Inpatient Discharges:	
	14,394 (24.6% of total non-acute hospitals)	



For descriptions of the metrics, please see Technical Appendix.

Key:
 — Cohort — Total Non-Acute

REHABILITATION HOSPITALS

2017 Hospital Profile

Utilization Trends	Volume of Inpatient Days					
		FY13	FY14	FY15	FY16	FY17
	Braintree Rehabilitation	36,528	30,803	28,600	29,804	33,351
	Healthsouth Fairlawn	33,059	32,121	31,226	31,470	28,820
	HealthSouth Western	16,910	17,062	17,226	17,229	17,274
	New Bedford	27,788	26,807	25,593	26,182	22,168
	New England Rehab	35,580	30,526	31,144	37,434	38,807
	Spaulding Boston	49,155	45,583	46,005	46,058	44,756
	Spaulding Cape Cod	14,974	15,851	15,667	15,576	14,631
	Whittier Bradford	17,579	18,552	18,069	16,867	17,666
	Whittier Westborough	17,824	17,767	18,696	17,090	17,682

Utilization Trends	Volume of Outpatient Visits					
		FY13	FY14	FY15	FY16	FY17
	Braintree Rehabilitation	108,775	91,137	84,661	69,374	58,668
	Healthsouth Fairlawn	10,809	12,599	9,180	9,425	8,573
	HealthSouth Western	13,756	13,227	11,678	12,173	10,564
	New Bedford	4,079	3,834	2,925	2,483	2,399
	New England Rehab	38,043	36,301	31,864	25,743	27,594
	Spaulding Boston	158,985	179,678	268,499	296,754	312,846
	Spaulding Cape Cod	93,204	104,604	111,381	112,457	112,597
	Whittier Bradford	37,520	40,235	39,678	38,786	44,088
	Whittier Westborough	11,493	12,186	11,625	15,792	15,781

Patient Revenue Trends	Total Net Outpatient Revenue (in millions)					
		FY13	FY14	FY15	FY16	FY17
	Braintree Rehabilitation	\$10.5	\$9.6	\$8.8	\$8.3	\$5.7
	Healthsouth Fairlawn	\$0.7	\$0.9	\$0.3	\$0.7	\$0.7
	HealthSouth Western	\$0.9	\$0.9	\$0.9	\$0.9	\$0.8
	New Bedford	\$1.0	\$0.8	\$0.5	\$0.4	\$0.3
	New England Rehab	\$3.0	\$3.1	\$5.0	\$2.2	\$2.6
	Spaulding Boston	\$22.6	\$25.2	\$28.8	\$39.3	\$40.5
	Spaulding Cape Cod	\$11.6	\$13.0	\$14.7	\$14.7	\$15.5
	Whittier Bradford	\$4.1	\$5.3	\$5.3	\$6.0	\$5.0
	Whittier Westborough	\$1.2	\$1.0	\$1.4	\$1.7	\$1.5

Utilization Trends	Average Length of Stay (Days)					
		FY13	FY14	FY15	FY16	FY17
	Braintree Rehabilitation	15.8	12.5	10.3	12.8	13.2
	Healthsouth Fairlawn	13.3	13.0	12.7	12.5	13.4
	HealthSouth Western	13.6	13.9	14.4	13.7	13.5
	New Bedford	43.4	42.7	42.7	44.1	44.6
	New England Rehab	14.3	12.1	12.3	13.6	13.4
	Spaulding Boston	21.7	20.3	19.5	20.1	20.4
	Spaulding Cape Cod	13.6	13.8	13.9	13.1	13.1
	Whittier Bradford	24.0	24.9	25.0	20.0	22.0
	Whittier Westborough	22.6	21.9	22.4	20.5	19.1

Patient Revenue Trends	Net Inpatient Revenue per Patient Day					
		FY13	FY14	FY15	FY16	FY17
	Braintree Rehabilitation	\$1,304	\$1,501	\$1,462	\$1,554	\$1,617
	Healthsouth Fairlawn	\$1,359	\$1,370	\$1,363	\$1,460	\$1,456
	HealthSouth Western	\$1,355	\$1,315	\$1,316	\$1,404	\$1,479
	New Bedford	\$1,065	\$1,111	\$1,103	\$1,098	\$1,129
	New England Rehab	\$1,290	\$1,466	\$1,418	\$1,587	\$1,527
	Spaulding Boston	\$1,545	\$1,655	\$1,729	\$1,724	\$1,763
	Spaulding Cape Cod	\$1,580	\$1,563	\$1,667	\$1,753	\$1,810
	Whittier Bradford	\$1,230	\$1,272	\$1,292	\$1,295	\$1,281
	Whittier Westborough	\$1,214	\$1,234	\$1,246	\$1,311	\$1,271

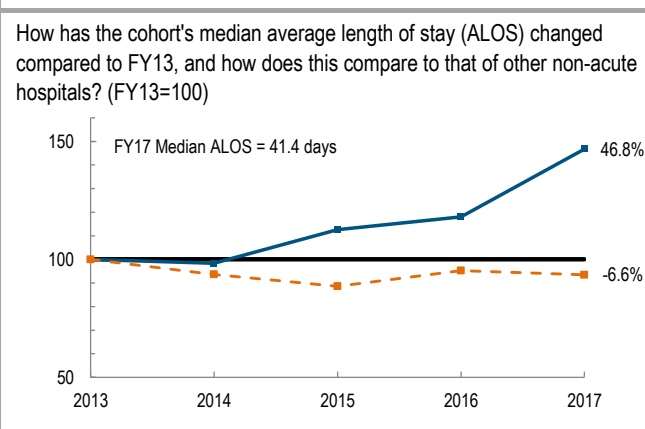
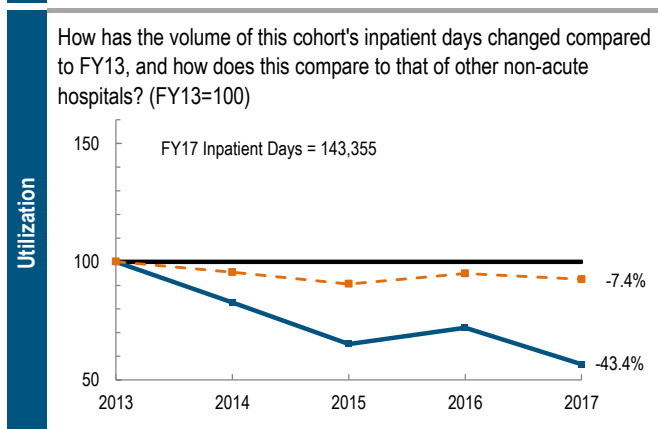
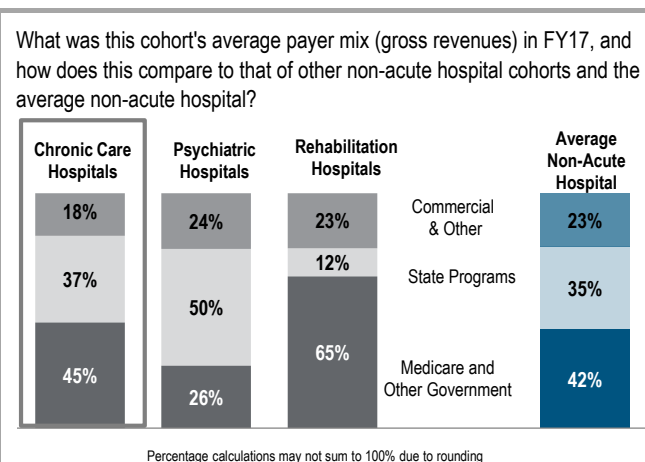
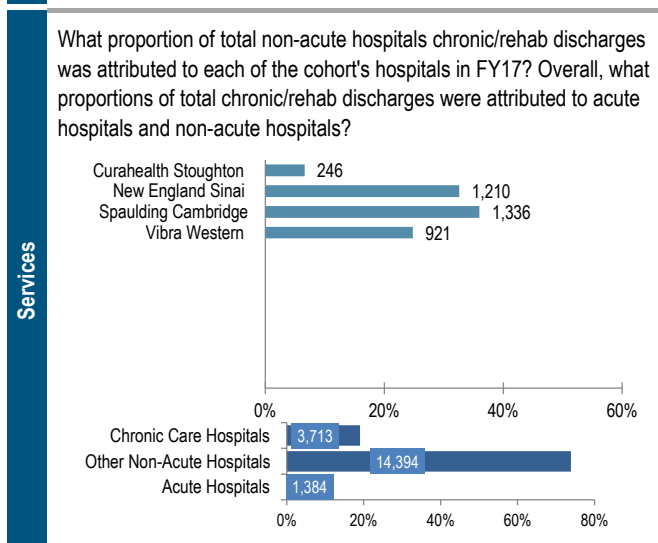
Financial Performance	Total Revenue, Cost, and Profit (Loss) in FY2017					
		Operating Revenue	Total Revenue	Costs	Income (Loss)	Total Margin
	Braintree Rehabilitation	\$60.0	\$60.0	\$47.6	\$12.4	20.6%
	Healthsouth Fairlawn	\$42.8	\$42.8	\$34.2	\$8.6	20.0%
	HealthSouth Western	\$26.4	\$26.4	\$22.2	\$4.2	16.0%
	New Bedford	\$25.6	\$25.6	\$27.0	-\$1.4	-5.6%
	New England Rehab	\$61.9	\$61.9	\$48.1	\$13.8	22.3%
	Spaulding Boston	\$133.4	\$133.6	\$156.0	-\$22.3	-16.7%
	Spaulding Cape Cod	\$42.5	\$42.5	\$43.8	-\$1.3	-3.1%
	Whittier Bradford	\$29.1	\$29.1	\$27.5	\$1.5	5.3%
	Whittier Westborough	\$25.1	\$25.1	\$22.5	\$2.7	10.7%

CHRONIC CARE HOSPITALS

2017 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 FY17, the number of Chronic Care hospitals in Massachusetts decreased from 6 to 4 due with the closures of Curahealth Boston and Curahealth North Shore. Chronic care hospitals treated 19% of all chronic and rehabilitation cases in FY17, while other non-acute hospitals treated 74% and acute hospitals treated 7%. Two of the four chronic care hospitals earned a profit in FY17. Inpatient days at chronic care hospitals decreased 43.4% between FY13 and FY17.

At a Glance	Hospitals in Cohort:	
	Curahealth Stoughton	
	New England Sinai Hospital	
	Spaulding Hospital Cambridge	
	Vibra Hospital of Western Massachusetts	
	Total Beds:	796 (20.2% of total non-acute hospitals)
	Median % Occupancy:	56.9%, < total non-acute hospitals (73.2%)
	Total Inpatient Days:	143,355 (13.9% of total non-acute hospitals)
	Total Inpatient Discharges:	3,713 (6.4% of total non-acute hospitals)
	Average Public Payer Mix:	81.9%, > total non-acute hospitals (77.2%)
	Total Gross Patient Service Revenue:	\$680 million (25.2% of total non-acute hospitals)
	Inpatient:Outpatient Gross Patient Service Revenue:	99%:1% (total non-acute hospitals = 86%:14%)



For descriptions of the metrics, please see Technical Appendix.



CHRONIC CARE HOSPITALS

2017 Hospital Profile

Utilization Trends	Volume of Inpatient Days					
		FY13	FY14	FY15	FY16	FY17
	Curahealth Stoughton	34,555	33,984	31,721	28,761	21,261
	New England Sinai	44,873	35,467	33,984	31,287	32,695
	Spaulding Cambridge	49,507	47,169	46,951	43,987	42,475
	Vibra Western	54,367	55,175	52,426	49,729	46,924
Utilization Trends	Average Length of Stay (Days)					
		FY13	FY14	FY15	FY16	FY17
	Curahealth Stoughton	54.7	46.2	49.9	64.8	86.4
	New England Sinai	38.3	34.9	33.5	34.3	27.0
	Spaulding Cambridge	28.2	27.7	30.0	32.3	31.8
	Vibra Western	48.6	52.9	47.5	48.8	51.0
Utilization Trends	Volume of Outpatient Visits					
		FY13	FY14	FY15	FY16	FY17
	Curahealth Stoughton	*	*	*	*	*
	New England Sinai	32,520	29,013	18,620	21,316	13,388
	Spaulding Cambridge	*	*	*	*	*
	Vibra Western	*	*	*	*	*
Patient Revenue Trends	Net Inpatient Revenue per Patient Day					
		FY13	FY14	FY15	FY16	FY17
	Curahealth Stoughton	\$1,012	\$1,062	\$1,067	\$1,062	\$963
	New England Sinai	\$1,224	\$1,155	\$1,185	\$1,192	\$1,380
	Spaulding Cambridge	\$1,350	\$1,390	\$1,446	\$1,414	\$1,448
	Vibra Western	\$916	\$971	\$969	\$976	\$952
Patient Revenue Trends	Total Net Outpatient Revenue (in millions)					
		FY13	FY14	FY15	FY16	FY17
	Curahealth Stoughton	*	*	*	*	*
	New England Sinai	\$2.2	\$1.9	\$0.9	\$1.3	\$1.0
	Spaulding Cambridge	*	*	*	*	*
	Vibra Western	*	*	*	*	*
Financial Performance	Total Revenue, Cost, and Profit (Loss) in FY2017					
		Operating Revenue	Total Revenue	Costs	Income (Loss)	Total Margin
	Curahealth Stoughton	\$21.3	\$21.3	\$20.1	\$1.2	5.5%
	New England Sinai	\$47.8	\$47.8	\$45.6	\$2.2	4.6%
	Spaulding Cambridge	\$68.7	\$68.7	\$77.7	-\$9.0	-13.0%
	Vibra Western	\$45.4	\$45.4	\$49.7	-\$4.3	-9.5%
* Did not report outpatient data						

Non-Acute Specialty Hospitals

2017 Hospital Profile

AdCare Hospital of Worcester is a for-profit specialty hospital located in Worcester. It is a private non-acute care hospital that exclusively focuses on substance abuse. It provides detox and inpatient services, as well as outpatient services. Between FY13 and FY17, inpatient days at AdCare increased by 4% and outpatient visits increased by 6%. AdCare had positive total margin during this five year period. The total margin increased by 28% between FY13 and FY17, earning a 16.1% total margin in FY17.

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 FY13 and FY17, inpatient days increased 10%, and outpatient visits decreased 34%. In the five year period, the hospital reported a profit in FY13, FY14 and FY16 with a loss reported in FY15 and FY17.

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. Outpatient visits increased 64% at the hospital from FY13 to FY17. The hospital reported a loss from FY13 through FY16, FY17 is the first profitable year with a total margin of 1.6%.

AdCare Hospital of Worcester

Worcester, MA

At a Glance		Payer Mix													
Total Staffed beds:	114	<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> <table><tr><th>AdCare</th><th></th><th>Average Non-Acute Hospital</th></tr><tr><td>18%</td><td>Commercial & Other</td><td>23%</td></tr><tr><td>36%</td><td>State Programs</td><td>35%</td></tr><tr><td>46%</td><td>Medicare and Other Government</td><td>42%</td></tr></table>		AdCare		Average Non-Acute Hospital	18%	Commercial & Other	23%	36%	State Programs	35%	46%	Medicare and Other Government	42%
AdCare				Average Non-Acute Hospital											
18%	Commercial & Other			23%											
36%	State Programs			35%											
46%	Medicare and Other Government			42%											
% Occupancy:	92.0%														
Inpatient Discharges:	6,045														
Public Payer Mix:	81.6%														
Total Net Revenue:	\$42,294,116														
Tax Status:	for-profit														
Inpatient:Outpatient Gross Revenue:	69%:31%														
Change in Ownership (FY12-FY16)	N/A														

Percentage calculations may not sum to 100% due to rounding.

	FY13	FY14	FY15	FY16	FY17
Average Length of Stay	5.9	6.0	6.2	6.5	6.3
Inpatient Days	36,992	37,474	37,999	38,522	38,293
Outpatient Visits	108,451	116,378	116,054	126,116	114,801
Net Inpatient Revenue Per Day	\$705	\$741	\$755	\$763	\$876
Net Outpatient Revenue (millions)	\$10.2	\$10.9	\$11.1	\$9.3	\$8.8
Operating Margin	12.6%	12.8%	15.4%	9.7%	16.1%
Total Margin	12.6%	12.8%	15.5%	9.7%	16.1%

Revenue, Cost, & Profit/Loss (in millions)					
FY	Total Revenue	Operating Revenue	Non-Operating Revenue	Costs	Total Profit/Loss
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
2017	\$42	\$42	\$0	\$36	\$6.8

For descriptions of the metrics, please see Technical Appendix

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> <p>Franciscan 35% Commercial & Other 23% State Programs 35% Medicare and Other Government 42% Franciscan 62% Medicare and Other Government 3%</p>
% Occupancy: 57.2%	
Inpatient Discharges: 804	
Public Payer Mix: 64.7%	
Total Net Revenue: \$48,591,213	
Tax Status: non-profit	
Inpatient:Outpatient Gross Revenue: 64%:36%	<p>Average Non-Acute Hospital</p>
Change in Ownership (FY12-FY16) N/A	

Percentage calculations may not sum to 100% due to rounding.

	FY13	FY14	FY15	FY16	FY17
Average Length of Stay	26.4	28.0	26.2	27.4	29.1
Inpatient Days	21,235	21,604	21,418	22,555	23,363
Outpatient Visits	54,920	56,018	55,897	41,834	36,085
Net Inpatient Revenue Per Day	\$1,480	\$1,591	\$1,400	\$1,441	\$1,415
Net Outpatient Revenue (millions)	\$13.0	\$13.2	\$20.0	\$16.0	\$15.5
Operating Margin	1.3%	4.6%	-0.7%	2.2%	-0.8%
Total Margin	1.3%	4.6%	-0.7%	2.2%	-0.8%

Revenue, Cost, & Profit/Loss (in millions)					
FY	Total Revenue	Operating Revenue	Non-Operating Revenue	Costs	Total Profit/Loss
2013	\$56	\$56	\$0	\$55	\$0.7
2014	\$61	\$61	\$0	\$58	\$2.8
2015	\$59	\$59	\$0	\$59	-\$0.4
2016	\$58	\$58	\$0	\$57	\$1.3
2017	\$59	\$59	\$0	\$60	-\$0.5

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> <p>Hebrew 17% Commercial & Other 23% State Programs 35% Medicare and Other Government 42% Hebrew 54% Medicare and Other Government 29%</p>
% Occupancy: 91.6%	
Inpatient Discharges: 1,387	
Public Payer Mix: 82.6%	
Total Net Revenue: \$112,500,410	
Tax Status: non-profit	
Inpatient:Outpatient Gross Revenue: 96%:4%	<p>Average Non-Acute Hospital</p>
Change in Ownership (FY12-FY16) N/A	

Percentage calculations may not sum to 100% due to rounding.

	FY13	FY14	FY15	FY16	FY17
Average Length of Stay	170.8	171.5	178.5	184.9	172.9
Inpatient Days	243,670	244,093	251,108	249,016	239,822
Outpatient Visits	47,298	50,859	69,299	75,037	77,702
Net Inpatient Revenue Per Day	\$438	\$447	\$451	\$453	\$454
Net Outpatient Revenue (millions)	\$2.3	\$2.7	\$3.3	\$3.6	\$3.7
Operating Margin	-9.1%	-7.9%	-7.4%	-9.7%	1.1%
Total Margin	-8.7%	-7.5%	-7.1%	-9.6%	1.6%

Revenue, Cost, & Profit/Loss (in millions)					
FY	Total Revenue	Operating Revenue	Non-Operating Revenue	Costs	Total Profit/Loss
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
2017	\$119	\$118	\$1	\$117	\$1.9



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F Y 2017
MASSACHUSETTS
HOSPITAL
PROFILES

TECHNICAL APPENDIX

DECEMBER 2018



FY17 Massachusetts Hospital Profiles

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FY17 Massachusetts Hospital Profiles

Introduction

Acute and non-acute hospitals included in *Massachusetts Hospital Profiles - Data through Fiscal Year 2017* 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) 2013 to FY2017. Descriptive acute and non-acute hospital information is from FY2017.

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 FY2017 HDD data as of July 2018 for the service metrics, which includes discharges between October 1, 2016 and September 30, 2017 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 FY2013-FY2017.

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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 2017:

Multi-Acute Hospital System	Acute Hospital Member
Baystate Health	Baystate Franklin Medical Center 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, A Steward Family Hospital Nashoba Valley Medical Center, A Steward Family Hospital 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

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	HealthAlliance Hospital Marlborough Hospital UMass Memorial Medical Center
Wellforce	Lowell General Hospital MelroseWakefield 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 Massachusetts Eye and Ear Infirmary Massachusetts General Hospital MelroseWakefield 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, A Steward Family Hospital North Shore Medical Center

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).

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	Northeast Hospital Steward Holy Family Hospital Winchester Hospital
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 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, A Steward Family Hospital Signature Healthcare Brockton Hospital South Shore Hospital Steward Good Samaritan Medical Center
Southcoast	Steward Saint Anne's Hospital Southcoast Hospitals Group

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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.

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Hospital Types

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.

We are using the FY2016 Cohort Designations to match the FY2017 Annual Acute Hospital and Health System Financial Performance Report that was released August 1, 2018. 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 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

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	South Shore Hospital Steward Norwood Hospital Winchester Hospital
Community- High Public Payer	Athol Hospital Baystate Franklin Medical Center Baystate Noble Hospital Baystate Wing Hospital Berkshire Medical Center Beth Israel Deaconess Hospital – Plymouth Cape Cod Hospital Clinton Hospital Fairview Hospital Falmouth Hospital Harrington Memorial Hospital HealthAlliance Hospital Holyoke Medical Center Lawrence General Hospital Lowell General Hospital Marlborough Hospital MelroseWakefield Hospital Mercy Medical Center MetroWest Medical Center Morton Hospital, A Steward Family Hospital Nashoba Valley Medical Center, A Steward Family Hospital 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

FY17 Massachusetts 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 2017.

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), Community Hospitals Acceleration, Revitalization and Transformation (CHART), or Health Care Innovation Investment (HCII) 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 FY17. 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.

⁴ American Trauma Society, Trauma Center Levels Explained. Available at: <http://www.amtrauma.org/?page=TraumaLevels> (last accessed October 6th, 2017).

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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.

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 2017.

Total surplus (loss) is the hospital's reported profit/loss in FY 2017.

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. We are using the FY2016 GPSR to match the FY2016 Cohort Designations included in the FY2017 Annual Acute Hospital and Health System Financial Performance Report that was released August 1, 2018.

Calendar Year (CY) 2016 Commercial Statewide 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,

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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.

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 2016-2017. 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.

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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 2017 HDD data as of July 2018 and the 3M™ APR-DRG 30 All Patient Refined Groupers
- **Hospital Calculation:** Each discharge was grouped and ranked by DRG code. The subject hospital's 10 most frequently occurring DRGs were identified and those DRGs were then summed for all hospitals in the region in order to calculate the percent of regional discharges that were treated at the subject hospital. The total number of the subject hospital's discharges was compared to the sum of all hospital discharges in the region to determine the overall proportion of regional discharges.

For more information on DRGs, please see Exhibit B of this Appendix.

Most common communities from where the hospital's inpatient discharges originated, and the total percent of all discharges (from Massachusetts hospitals) from that community that went to that hospital.

- **Data Source:** FY 2017 HDD data as of July 2018 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 FY17 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

FY17 Massachusetts Hospital Profiles

an inpatient acute hospital, compared to the expected number of infections based on the hospital's characteristics and case mix.

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:** 2017
 - **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 2016
- **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.

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- **Patient Population:** All payers, age 18+, excluding obstetric, primary psychiatric, cancer, and rehabilitation discharges.

Acute Hospital Profiles: Utilization Trends

Change in volume of inpatient discharges measures discharges for inpatient admissions.

- **Data Source:**
403 Cost Report for FY 2013 and FY 2014: Schedule 5a, Row 25, Column 2

FY 2015, FY 2016 and FY 2017 Massachusetts Hospital Cost Report: Tab 5, Line 47, Column 1
- **Hospital index calculation:** Displays the percent change in the number of inpatient discharges for each year, using FY 2013 as the base year. FY 2014: $(FY\ 2014 - FY\ 2013) / FY\ 2013$, FY 2015: $(FY\ 2015 - FY\ 2013) / FY\ 2013$, FY 2016: $(FY\ 2016 - FY\ 2013) / FY\ 2013$, FY 2017: $(FY\ 2017 - FY\ 2013) / FY\ 2013$.
- **Cohort calculation:** Represents the percent change of total discharges across all hospitals in the cohort for each year. For example: Cohort for FY 2014 = $(\text{Sum of discharges at cohort hospitals in FY 2014} - \text{Sum of discharges at cohort hospitals in FY 2013}) / \text{Sum of discharges at cohort hospitals in FY 2013}$

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 2013 and FY 2014: Schedule 5a, Row 39, Column 2

FY 2015, FY 2016 and FY 2017 Massachusetts Hospital Cost Report: Tab 5, Line 301, Column 1
- **Hospital index calculation:** Calculate the percent change between each year, using FY13 as the base year. FY 2014: $(FY\ 2014 - FY\ 2013) / FY\ 2013$, FY 2015: $(FY\ 2015 - FY\ 2013) / FY\ 2013$, FY 2016: $(FY\ 2016 - FY\ 2013) / FY\ 2013$, FY 2017: $(FY\ 2017 - FY\ 2013) / FY\ 2013$.
- **Cohort calculation:** Represents the median of the percent change across all hospitals in the cohort for each year. For example: Cohort for FY 2014 = 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.

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- **Hospital calculation:** The hospital's inpatient net revenue per CMAD was calculated by dividing NPSR by the total CMAD for each year.
- **Cohort calculation:** The range of all revenue/CMAD values for cohort hospitals are represented by the vertical black line. The cohort value denotes the median revenue per CMAD for all cohort hospitals.

Variation in inpatient discharge counts:

Hospitals may report different numbers of discharges on the Hospital Cost Report and the HDD. Hospitals have explained that this is due to:

- *Timing* – while HDD is accurate when submitted (75 days after the close of a quarter), a case may be reclassified as outpatient, usually due to a change in payer designation. Payers may have different clinical criteria for defining an inpatient and outpatient stay.
- *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 2013 and FY 2014: Schedule 5a, Rows 78.01 (net outpatient revenue) + 78.02 (outpatient premium revenue), Column 2

FY 2015, FY 2016 and FY 2017 Massachusetts Hospital Cost Report: Tab 5, Line 209, Column 1
- **Hospital index calculation:** Displays the percent change between each year, using FY13 as the base year. FY 2014: $(FY\ 2014 - FY\ 2013) / FY\ 2013$, FY 2015: $(FY\ 2015 - FY\ 2013) / FY\ 2013$, FY 2016: $(FY\ 2016 - FY\ 2013) / FY\ 2013$, FY 2017: $(FY\ 2017 - FY\ 2013) / FY\ 2013$.
- **Cohort calculation:** Represents the median of the percent change across all hospitals in the cohort for each year. For example: Cohort for FY14= 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 2013 through 2017.

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- **Data Sources:** Financial Statements: The line numbers for each data point are as follows: Total Unrestricted Revenue (row 65), Operating Revenue (row 57.2), Non-Operating Revenue (row 64.1), Total Expenses (row 73), and Profit / Loss (row 74).

Total Margin measures the subject hospital's overall financial performance compared to the median total margin of the hospitals in its peer cohort.

- **Data Source:** Financial Statements: Excess of Revenue, Gains, & Other Support (row 74) divided by Total Unrestricted Revenue (row 65)
- **Cohort Calculation:** Calculated median for the cohort group.

Operating Margin measures the subject hospital's financial performance of its primary, patient care activities compared to the median operating margin of the hospitals in its peer cohort.

- **Data Source:** Financial Statements: Operating Revenue (row 57.2) minus Total Expenses (row 73) divided by Total Unrestricted Revenue (row 65)
- **Cohort Calculation:** Calculated median for the cohort group.

Note: Hospitals may have been assigned to different cohorts in previous years due to payer mix in that given year or other factors. To remain consistent in comparisons between cohorts across multiple years, 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) as of July 2018.
- **Data Period:** FY 2017
- **Cohort Calculation:** Every discharge in the state has a Diagnosis Related Group (DRG) code associated with it. Severity quintiles were determined by ranking all possible DRG outputs by case-weight. The cohort calculation shows the percentage of a cohort's aggregate discharges that falls into each quintile. These proportions were then compared with the proportions of aggregated discharges by severity quintile for all hospitals assigned to other cohorts.

In cases where metrics were similar to the acute hospital profile metrics, data was aggregated to determine cohort measures. For example:

⁵ Note that specialty hospitals are not assigned to any cohort due to their unique service mix and/or populations served.

FY17 Massachusetts Hospital Profiles

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 hospital.

FY17 Massachusetts Hospital 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.

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
Encompass	Braintree Rehabilitation Hospital HealthSouth Rehabilitation of Western MA Fairlawn Rehabilitation Hospital New England Rehabilitation Hospital
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:

⁶ State-owned non-acute hospitals are not included in this publication.

FY17 Massachusetts Hospital Profiles

Psychiatric hospitals are licensed by the DMH for psychiatric services, and by DPH for substance abuse services.

Rehabilitation hospitals provide intensive post-acute rehabilitation services, such as physical, occupational, and speech therapy services. For Medicare payment purposes, the federal 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 Bournemouth Hospital High Point Hospital [^] McLean Hospital Southcoast Behavioral Hospital [^] Taravista Health Center [^] 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	Curahealth Stoughton 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

[^] High Point and Southcoast Behavioral Health are new providers for 2016. Taravista is a new provider opened in 2017.
 Note: Curahealth Boston and Curahealth North Shore were closed in 2017.

⁷ Code of Federal Regulations: 42 CFR 412.29(b)(2)

FY17 Massachusetts Hospital Profiles

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 2013 and FY 2014 403 Cost Report and Tab 3 of the FY 2015, FY 2016 and FY 2017 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.

FY17 Massachusetts Hospital Profiles

Non-Acute Hospital Profiles: Services

Types of inpatient services are defined by Discharges.

- **Data Sources:**
403 Cost Report for FY 2013 and FY 2014: Schedule 3, Column 12, Rows 1 through 21.

FY 2015, FY 2016 and FY 2017 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.

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 2013 and FY 2014: Schedule 5a, Row 44, Columns 3 -14.

FY 2015, FY 2016 and FY 2017 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 2013 and FY 2014: Schedule 3, Column 6, Row 22

FY 2015, FY2016 and FY 2017 Massachusetts Hospital Cost Report: Tab 3, Column 4, Line 500

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- **Hospital Index calculation:** Calculated percent change in Inpatient Days for each year, using FY 2013 as the base year. FY 2014: $(FY\ 2014 - FY\ 2013) / FY\ 2013$, FY 2015: $(FY\ 2015 - FY\ 2013) / FY\ 2013$, FY 2016: $(FY\ 2016 - FY\ 2013) / FY\ 2013$, FY 2017: $(FY\ 2017 - FY\ 2013) / FY\ 2013$.
- **Cohort calculation:** Represents the median of the percent change across all hospitals in the cohort for each year. For example Cohort for FY14 = 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 2013 and FY 2014: Schedule 3, Column 13, Row 22.

FY 2015, FY 2016 and FY 2017 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 2013 as the base year. FY 2014: $(FY\ 2014 - FY\ 2013) / FY\ 2013$, FY 2015: $(FY\ 2015 - FY\ 2013) / FY\ 2013$, FY 2016: $(FY\ 2016 - FY\ 2013) / FY\ 2013$, FY 2017: $(FY\ 2017 - FY\ 2013) / FY\ 2013$.
- This is plotted against the growth in median ALOS among all non-acute hospitals, including specialties, relative to FY 2013.

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 2013 and FY 2014: Schedule 3, Column 6, Row 22.

FY 2015, FY 2016 and FY 2017 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 2013 and FY 2014: Schedule 3, Column 13, Row 22

FY 2015, FY 2016 and FY 2017 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 2013 and FY 2014: Schedule 5a, Column 2, Row 39

Massachusetts Hospital Cost Report for FY 2015, FY 2016 and FY 2017: Tab 5, Column 1, Line 301

FY17 Massachusetts Hospital Profiles

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 2013 and FY 2014: 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.

Massachusetts Hospital Cost Report for FY 2015, FY 2016 and FY 2017: 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 FY 2013 and FY 2014: Schedule 5a, Column 2, Rows 78.01 (net outpatient revenue) and 78.02 (outpatient premium revenue)

FY 2015, FY 2016 and FY 2017 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 2013 and FY 2014: Schedule 23 / FY 2015, FY2016 and FY 2017 Hospital Cost Report, Tab 11.

For FY 2015, FY 2016 and FY 2017, 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 2013 and FY 2014: Schedule 23, Column 2, Row 173

Massachusetts Hospital Cost report for FY 2015, FY 2016 and FY 2017: 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.

FY17 Massachusetts Hospital Profiles

Patient Origins

The Massachusetts Patient Origins map lets users identify the areas from which hospitals and hospital systems draw their patients by illustrating the distribution of hospital inpatient discharges in 2017 by patient zip code, for each acute care hospital and 11 hospital systems in Massachusetts. Using the Hospital Inpatient Discharge Database (HIDD) Case Mix data, areas in dark blue represent ZIP codes with a high number of discharges, while light blue or gray areas represent ZIP codes with low numbers of discharges for each hospital or hospital system. Hospitals are shown as orange circles. Please note that discharge densities are relative and hospital-specific; therefore it is not possible to directly compare the size and intensity of shaded areas across hospitals or hospital systems.

Notes about Patient Origins Map Data

Only Massachusetts ZIP codes are included in the map.

ZIP codes with fewer than 26 total discharges are not displayed to preserve data confidentiality.

Relative density scales are hospital-specific, and vary across hospitals and hospital systems (i.e., “high” and “low” densities may represent different discharge counts for different hospitals). Therefore, while it is possible to display multiple hospitals and/or systems at a time on the map, densities are not comparable and it is recommended that users select only one hospital or system at a time.

Shaded areas are positioned according to calculated center points (centroids) for each 5-digit ZIP Code. Points do not represent specific street addresses.

Dana-Farber Cancer Institute, Massachusetts Eye and Ear Infirmary, Shriners Hospitals for Children – Boston, and Shriners Hospitals for Children - Springfield are not depicted because all patient origin ZIP codes fell below the 26-discharge threshold.

Hospital system affiliations are based on arrangements as of September 2016.

Patient Origins Map Data Source

Hospital discharge data comes from the Hospital Inpatient Discharge Database (HIDD), Fiscal Year (FY) 2017. HDD data are submitted quarterly by acute hospitals. The HDD contains patient-level data—including zip code of residence—for all acute inpatient discharges. FY 2017 data includes information on discharges occurring between October 1, 2016 and September 30, 2017. Patient origin was determined by each patient’s reported zip code of residence. Discharges were totaled for each zip code in Massachusetts.

For additional information about acute care hospitals in Massachusetts, please see CHIA’s Acute Hospital Profiles. For information about patient discharges by ZIP code, please refer to the FY17 Patient Origins Databook.

Appendix A: 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

Boston Medical Center

The supplement payments from federal and state support are included in NPSR in the calculation of Inpatient Net Patient Service Revenue (NPSR) per Case Mix Adjusted Discharge (CMAD).

Cambridge Health Alliance

The supplement payments from federal and state support are included in NPSR in the calculation of Inpatient Net Patient Service Revenue (NPSR) per Case Mix Adjusted Discharge (CMAD).

Clinton Hospital merged with HealthAlliance Hospital effective October 1, 2017 to become HealthAlliance-Clinton Hospital.

Dana-Farber Cancer Institute had a substantial increase in the case mix index from 2.13 in FY2016 to 4.04 in FY2017. This increase was the result of the hospital performing more bone marrow transplants in FY2017.

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 FY2013, both Financial Statement and 403 Cost Report data submitted by Lowell General Hospital include 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. Hallmark Health joined Wellforce in FY2017.

Massachusetts Eye and Ear Infirmary joined Partners Healthcare effective April 1, 2018.

MelroseWakefield Hospital was formally Hallmark Health.

FY17 Massachusetts Hospital Profiles

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.

MetroWest Medical Center started included ancillary visits in outpatient visits in FY2015. Ancillary visits are consistently included in outpatient visits in the following years.

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.

Steward Health Care's hospitals did not provide their audited financial statements, therefore the financial data is as reported or filed.

Shriners Hospitals for Children (both Boston and Springfield locations) began submitting data to CHIA in FY11.

South Shore Hospital reported revenue and total margin data for FY2015 that includes approximately \$29 million in a non-operating, nonrecurring sale of investments transaction.

Winchester Hospital became a member of Lahey Health in July 2014.

Appendix B: Non-acute Hospitals

Spaulding Hospital Cambridge: As of FY 2013, Spaulding Hospital Cambridge no longer provides Outpatient services.

Bournewood Hospital is a sub-chapter S corporation.

Curhealth Hospitals, All the non-acute and acute Kindred Hospitals in Massachusetts were bought by Curahealth Hospitals in Fall of 2016. Curahealth Boston and North Shore subsequently closed after approximately a year into new ownership. Curahealth Stoughton remains open.

Radius Specialty Hospital closed its Roxbury and Quincy rehabilitation facilities in October 2014.

Westwood Pembroke Hospital, Westwood Hospital was closed by the Department of Mental Health on 8/25/2017, the Pembroke Hospital site remains open.

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 and subsequently closed.

Appendix C: Diagnosis Related Groups

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

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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
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 Sickle 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	751

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	Psychoses	
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
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

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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
Tendon, Muscle, Soft Tis	Tendon, Muscle & Other Soft Tissue Procedures	317
Thyroid & Other Procs	Thyroid, Parathyroid & Thyroglossal Procedures	404
Vaginal Delivery	Vaginal Delivery	560

Appendix D: 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.

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.

The Health Care Innovation Investment (HCII) program is a unique opportunity for Massachusetts providers, health plans, and their partners to implement innovative models that deliver better health and better care at a lower cost. Chapter 224 of the Acts of 2012, the state's landmark cost containment law, established this competitive investment program to support health care innovation and transformation.



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