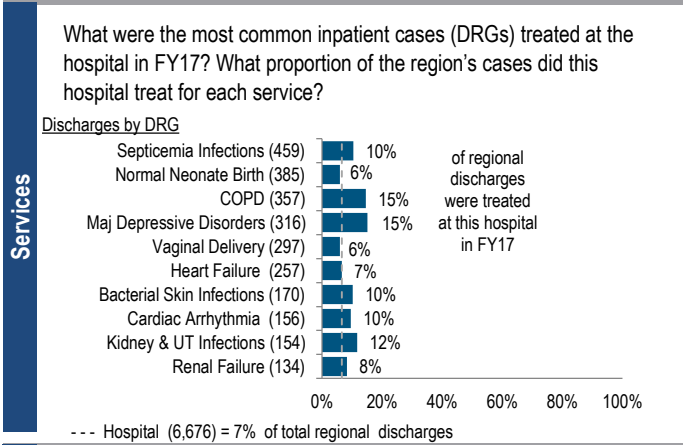


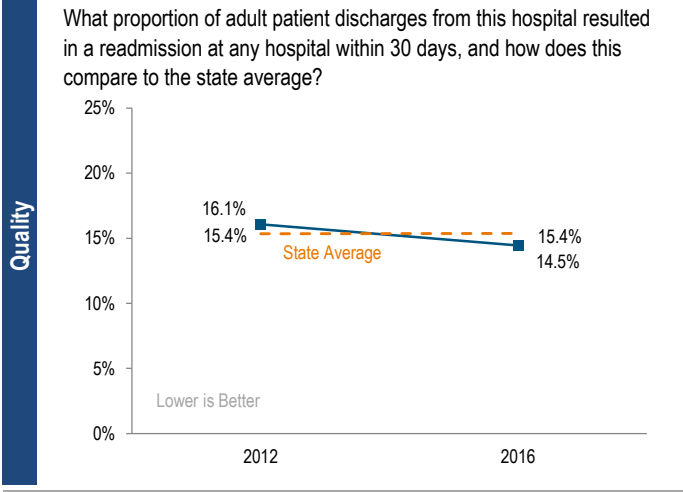
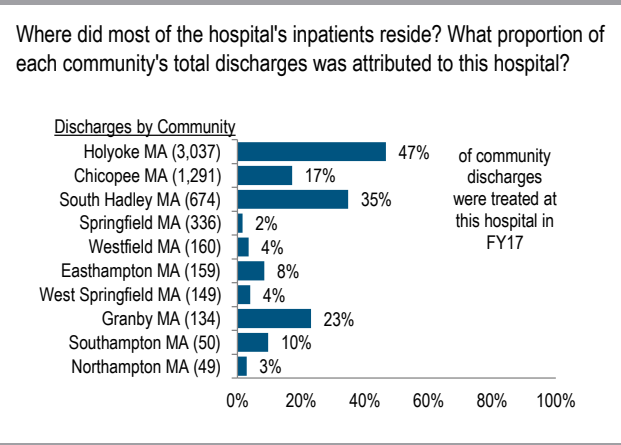
Holyoke Medical Center is a mid-size, non-profit community-High Public Payer (HPP) hospital located in the Western Massachusetts region. Between FY13 and FY17, Holyoke Medical Center inpatient discharges increased by 12.6%, compared to a 1.1% median increase for its peer cohort hospitals. Over this time 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.

Overview / Size		Payer Mix	
Hospital System Affiliation:	Valley Health System	Public Payer Mix:	76.0% (HPP* Hospital)
Change in Ownership (FY13-17):	Not Applicable	CY16 Commercial Statewide Relative Price:	0.73
Total Staffed Beds:	107, mid-size acute hospital	Top 3 Commercial Payers:	Health New England, Inc. Blue Cross Blue Shield of Massachusetts Tufts Public Plans
% Occupancy:	72.7%, > cohort avg. (66%)	Utilization	
Special Public Funding:	CHART [^] , DSTI ^o , ICB ^o	Inpatient Discharges in FY17:	6,676
Trauma Center Designation:	Not Applicable	Change FY16-FY17:	4.6%
Case Mix Index:	0.87, < cohort avg. (0.92); < statewide (1.12)	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%

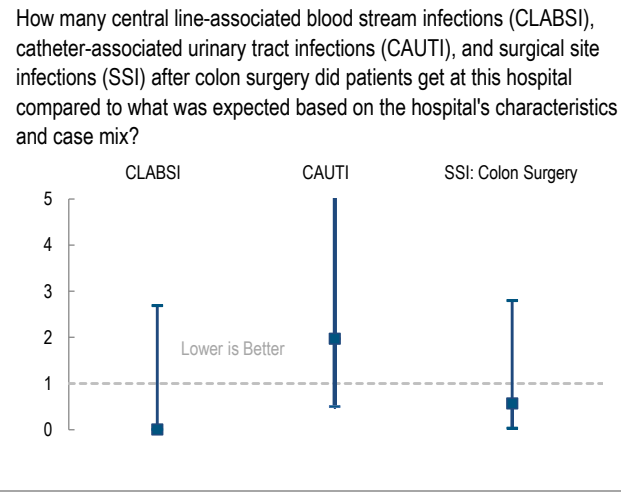
At a Glance



Services



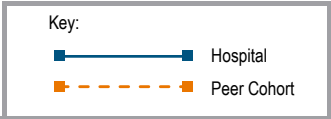
Quality



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

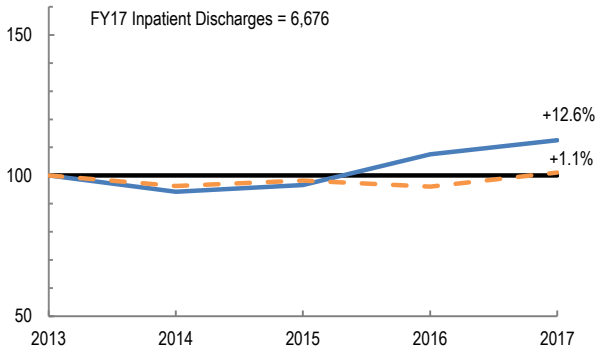
2017 HOSPITAL PROFILE: HOLYOKE MEDICAL CENTER

Cohort: Community High Public Payer Hospital

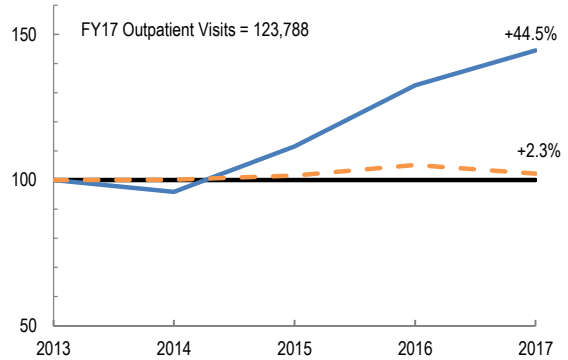


Utilization

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)

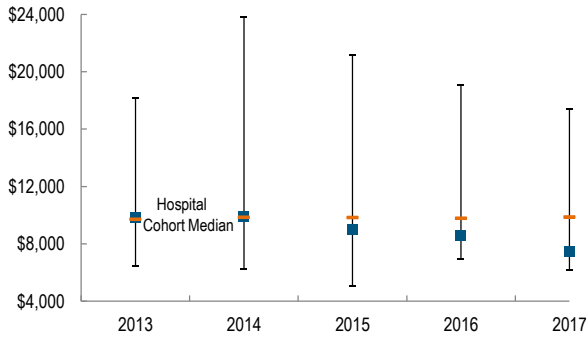


How has the volume of the hospital's outpatient visits changed compared to FY13, and how does this compare to the hospital's peer cohort median? (FY13=100)

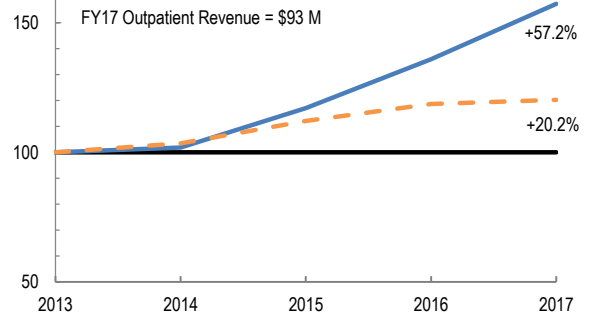


Patient Revenue Trends

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)



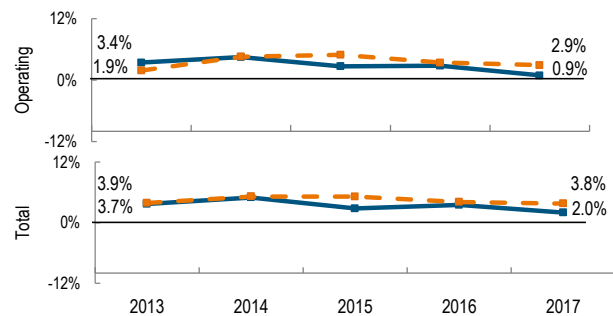
Financial Performance

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	\$ 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.

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).