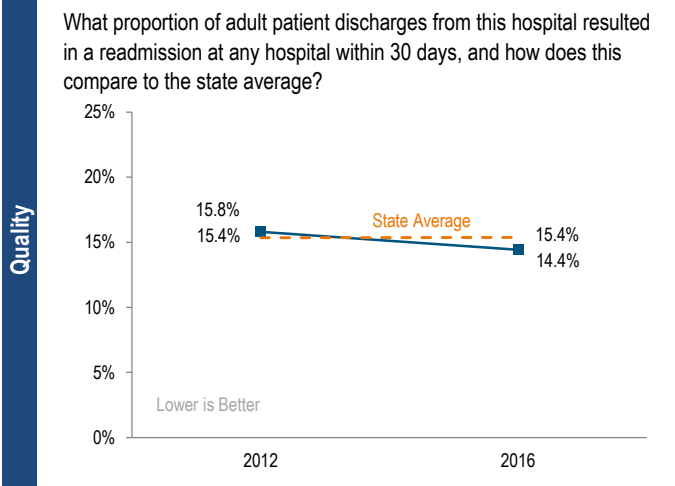
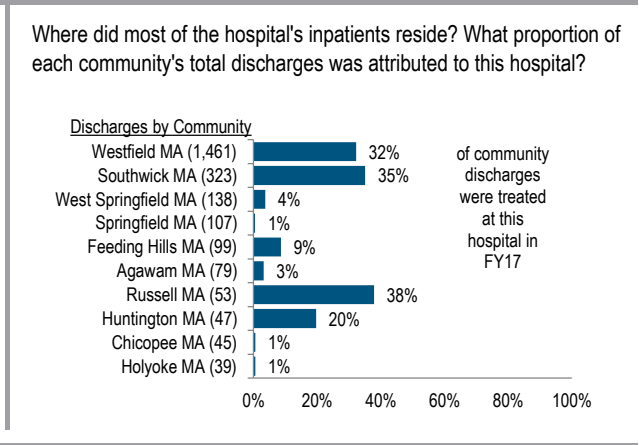
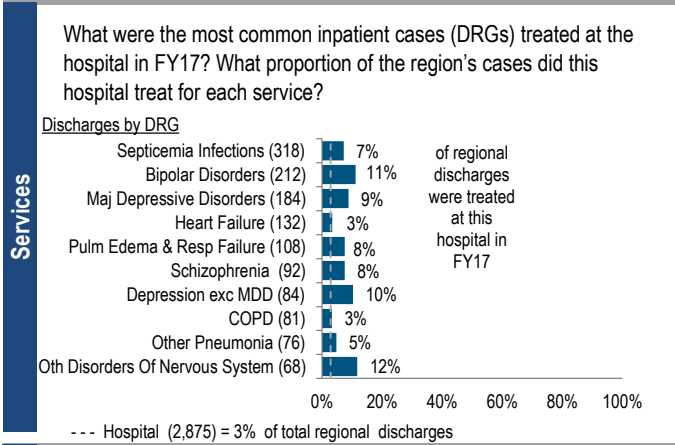


Baystate Noble Hospital is a non-profit community-High Public Payer (HPP) hospital located in the Western Massachusetts region. It is among the smaller acute hospitals in Massachusetts. It became affiliated with Baystate Health in 2015. Between FY13 and FY17, inpatient discharges at the hospital decreased 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.

| Overview / Size | | Payer Mix | |
|--------------------------------|--|---|--|
| Hospital System Affiliation: | Baystate Health | Public Payer Mix: | 67.5% (HPP* Hospital) |
| Change in Ownership (FY13-17): | Baystate Health - 2015 | CY16 Commercial Statewide Relative Price: | 0.68 |
| Total Staffed Beds: | 97, among the smaller acute hospitals | Top 3 Commercial Payers: | Blue Cross Blue Shield of Massachusetts Health New England, Inc. Cigna Health and Life Ins. Co. (EAST) |
| % Occupancy: | 43.9%, < cohort avg. (66%) | Utilization | |
| Special Public Funding: | CHART [^] , ICB [°] | Inpatient Discharges in FY17: | 2,875 |
| Trauma Center Designation: | Not Applicable | Change FY16-FY17: | -5.1% |
| Case Mix Index: | 1.00, > cohort avg. (0.92); < statewide (1.12) | 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 |



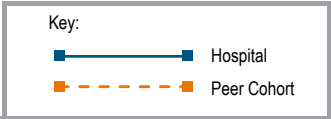
How many central line-associated blood stream infections (CLABSI), catheter-associated urinary tract infections (CAUTI), and surgical site infections (SSI) after colon surgery did patients get at this hospital compared to what was expected based on the hospital's characteristics and case mix?

Data is not available for these measures.

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

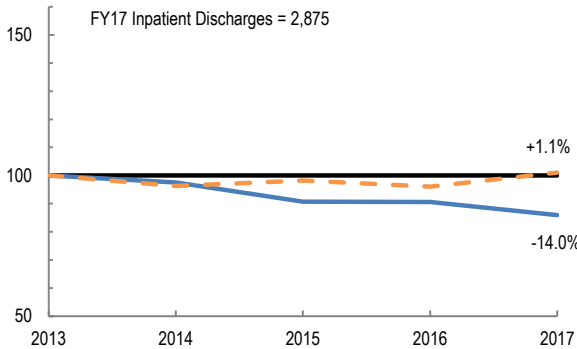
2017 HOSPITAL PROFILE: BAYSTATE NOBLE HOSPITAL

Cohort: Community High Public Payer Hospital

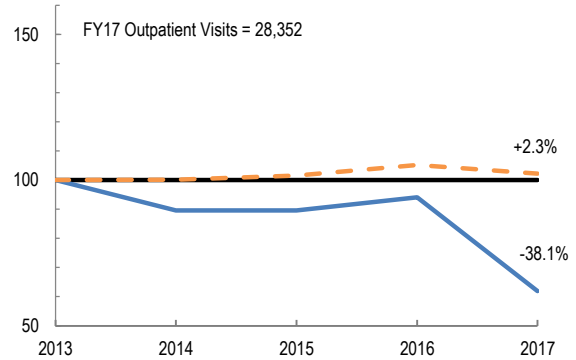


Utilization

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)

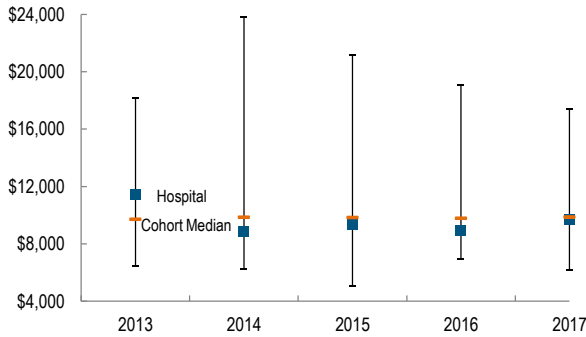


How has the volume of the hospital's outpatient visits changed compared to FY13, and how does this compare to the hospital's peer cohort median? (FY13=100)

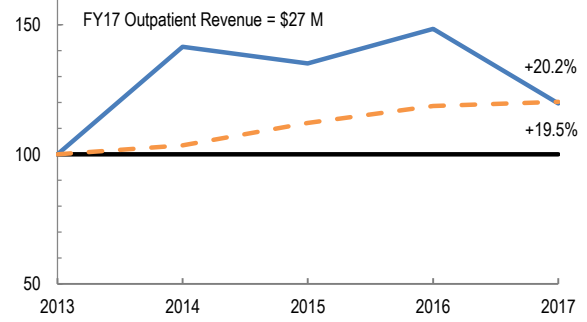


Patient Revenue Trends

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)



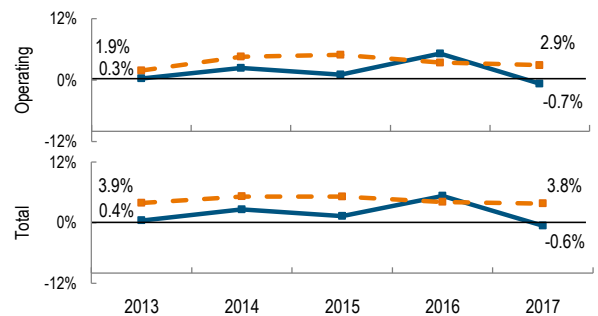
Financial Performance

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 | \$ 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).