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**F Y 2 0 1 8**  
**MASSACHUSETTS**  
**HOSPITAL**  
**PROFILES**

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JANUARY 2020



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# MASSACHUSETTS HOSPITAL PROFILES

INDUSTRY OVERVIEW

DATA THROUGH  
FISCAL YEAR 2018

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JANUARY 2020



# FY 2018 Massachusetts Hospital Profiles

## Introduction

The FY 2018 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 2018 publication includes an individual profile for each acute hospital, a consolidated profile for each non-acute hospital cohort, and a comprehensive [databook](#). Additionally, this publication includes 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 hospital industry overview focuses on statewide findings. Aggregate and provider-specific results can be found in individual hospital profiles and the interactive dashboard on CHIA's website.

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## OVERVIEW

# Number of Massachusetts Hospitals by System Affiliation and Tax Status in FY 2018

In FY 2018, there were 98 hospitals in Massachusetts, including 61 acute care hospitals and 37 non-acute hospitals. The acute hospital total reflects the merger of HealthAlliance and Clinton Hospitals, which became HealthAlliance-Clinton Hospital in FY 2018. The non-acute total reflects the closing of Curahealth Boston and Curahealth North Shore and the opening of two behavioral health hospitals.

The majority of hospitals were part of hospital health systems that owned more than one hospital. Sixty-five of the 98 hospitals were affiliated with a multi-hospital system in FY 2018, representing 75% of acute care hospitals and 51% of non-acute care hospitals.

The remainder of this overview focuses exclusively on the acute hospitals. Please refer to the individual hospital profiles for more information on the non-acute hospitals.

Sixty-six percent of hospitals were part of multi-hospital systems and 32% were for-profit hospitals.

System Affiliation	Tax Status	Acute Hospitals	Non-Acute Hospitals	Number of Hospitals
Individual Hospitals	Non-Profit or Public	15	12	27
	For Profit	0	6	6
Multi-Hospital Systems	Non-Profit or Public	36	4	40
	For Profit	10	15	25
Statewide Total		61	37	98

Please [click here](#) to see full interactive graphics on CHIA's website.

## OVERVIEW

# FY 2018 Acute Hospital Types at a Glance

The Academic Medical Center (AMC) cohort had the highest median percent occupancy, average commercial relative price, and total revenue among the four cohorts. The AMC cohort includes six hospitals, making it the smallest of the cohorts.

The community-High Public Payer cohort, which includes the most hospitals (30), had the highest number of staffed beds, discharges, emergency department (ED) visits, and average public payer mix.

	AMCs	Teaching	Community	Community-HPP	Specialty
<b>Total Staffed Beds</b>	4,079	2,209	1,924	5,730	654
<b>Median Percent Occupancy</b>	86.2%	73.9%	61.9%	67.0%	*
<b>Total Discharges</b>	227,556	129,045	115,823	315,621	25,573
<b>Emergency Department Visits</b>	555,058	484,083	445,288	1,581,607	80,471
<b>Average Public Payer Mix</b>	62.4%	66.8%	54.5%	69.4%	*
<b>Average Commercial Statewide Relative Price</b>	1.180	0.948	1.072	0.932	*
<b>Total Revenue in FY 18 (in millions)</b>	\$13,159	\$4,326	\$2,825	\$7,505	\$4,061

\* There are six specialty hospitals whose medians and averages are not calculated or displayed on this table as they are not considered a cohort for analytic purposes.

Please [click here](#) to see full interactive graphics on CHIA's website.

Data Source: Hospital Cost Reports and Relative Price data

## UTILIZATION

### Change in Utilization, by Hospital Type

Statewide, hospitals reported a small decrease in inpatient discharges from the previous year, while emergency department visits increased slightly and outpatient visits remained stable.

Utilization changes varied by hospital type, with the teaching and community hospitals reporting an increase in discharges, ED visits, and outpatient visits, and the community-High Public Payer hospitals reporting decreases in each of the same metrics. The AMC and specialty hospitals had mixed results, with the AMCs reporting increases in discharges and ED visits, but a decrease in outpatient visits, and the specialty hospitals reporting a decrease in discharges and increases in ED visits and outpatient visits.

Hospital Type	Number of Hospitals	Total Discharges	Inpatient Discharges % Change FY 17-FY 18	Emergency Department Visits	Emergency Department Visits % Change FY 17-FY 18	Outpatient Visits	Outpatient Visits % Change FY 17-FY 18
Academic Medical Center	6	227,556	0.3%	555,058	0.8%	5,236,935	-1.9%
Teaching Hospital	7	129,045	0.2%	484,083	0.9%	2,436,045	0.1%
Community Hospital	12	115,823	2.0%	445,288	1.2%	1,238,205	6.1%
Community-High Public Payer	30	315,621	-1.4%	1,581,607	-0.8%	4,959,564	-0.5%
Specialty Hospital	6	25,573	-1.4%	80,471	0.1%	1,021,285	5.0%
<b>Total Statewide</b>	<b>61</b>	<b>813,618</b>	<b>-0.2%</b>	<b>3,146,507</b>	<b>0.1%</b>	<b>14,892,034</b>	<b>0.0%</b>

Please [click here](#) to see full interactive graphics on CHIA's website.

Data Source: Hospital Cost Reports

## UTILIZATION

Diagnosis Related Groups (DRGs) are used to classify the types of inpatient cases a hospital treats. Normal neonate birth remained the most common reason for inpatient admission and, combined with vaginal and Cesarean delivery DRGs, accounted for 18% of discharges statewide.

The other most commonly treated DRGs remained consistent with prior fiscal years.

## FY 2018 Top Discharges Statewide, by Diagnostic Group

Normal neonate birth remains the most common reason for inpatient admissions in FY 2018.

Rank	DRG	Description	Discharges	% Total Discharges
1	640	Normal neonate birth	60,761	9%
2	560	Vaginal delivery	45,348	6%
3	720	Septicemia & disseminated infections	35,371	4%
4	194	Heart failure	26,893	3%
5	540	Cesarean delivery	21,757	3%
6	302	Knee joint replacement	18,613	2%
7	139	Other pneumonia	17,851	2%
8	140	Chronic obstructive pulmonary disease	15,784	2%
9	301	Hip joint replacement	15,118	2%
10	201	Cardiac arrhythmia & conduction disorders	12,656	2%
		All Other	543,466	65%
		<b>Total Discharges</b>	<b>813,618</b>	<b>100%</b>

Please [click here](#) to see full interactive graphics on CHIA's website.

Data Source: Hospital Discharge Database

## UTILIZATION

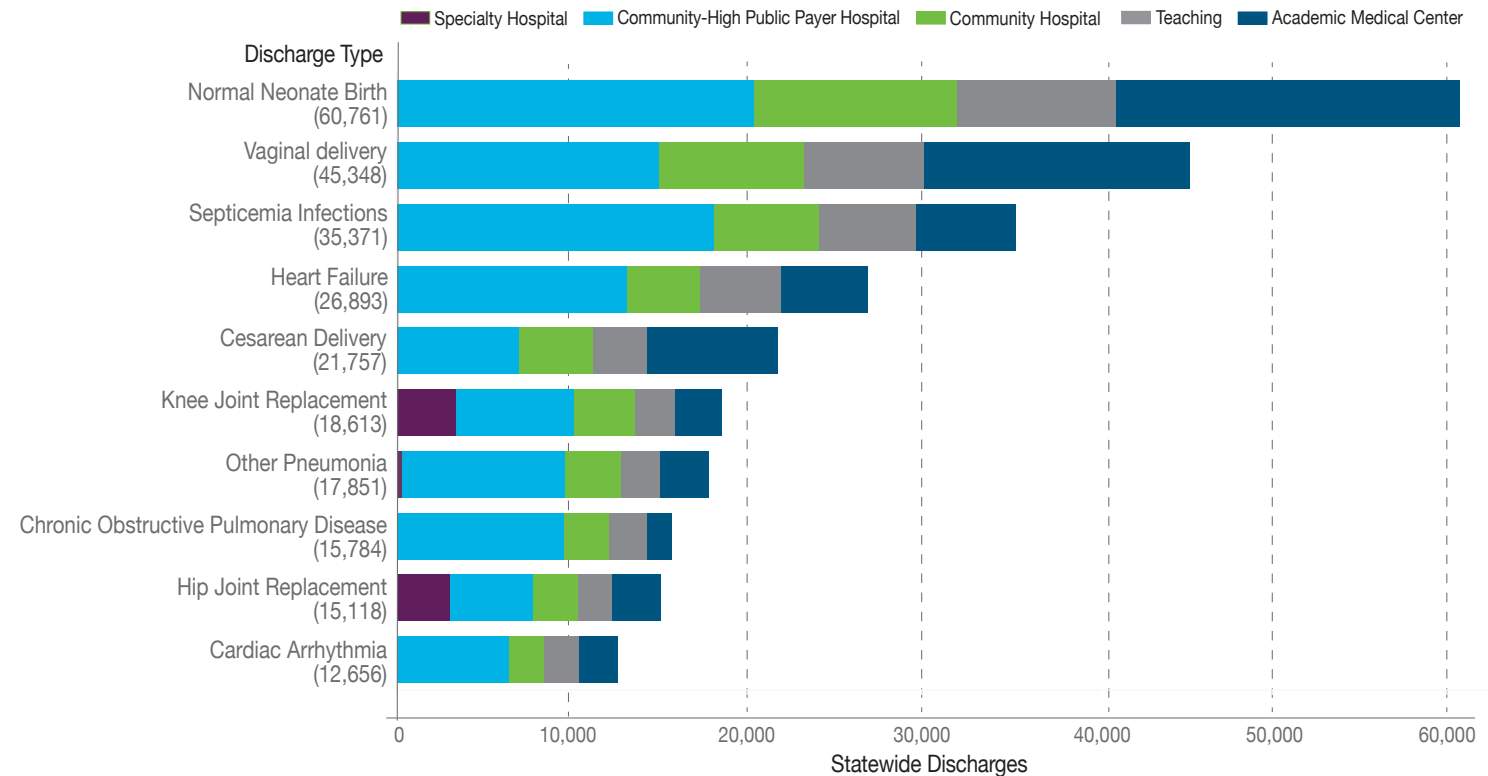
The community-HPP cohort, which has the most hospitals and highest number of total beds, had the most discharges for eight of the top 10 discharge types.

AMCs had the largest share (34%) of vaginal deliveries and Cesarean deliveries.

The specialty hospitals are significantly represented in two of the top 10 statewide discharge types, knee joint replacements, and hip joint replacements.

## FY 2018 Top Discharges Statewide, by Hospital Type

Community-HPP hospitals have the largest share of all but two of the top 10 discharges types.



Please [click here](#) to see full interactive graphics on CHIA's website.

Data Source: Hospital Discharge Database

## UTILIZATION

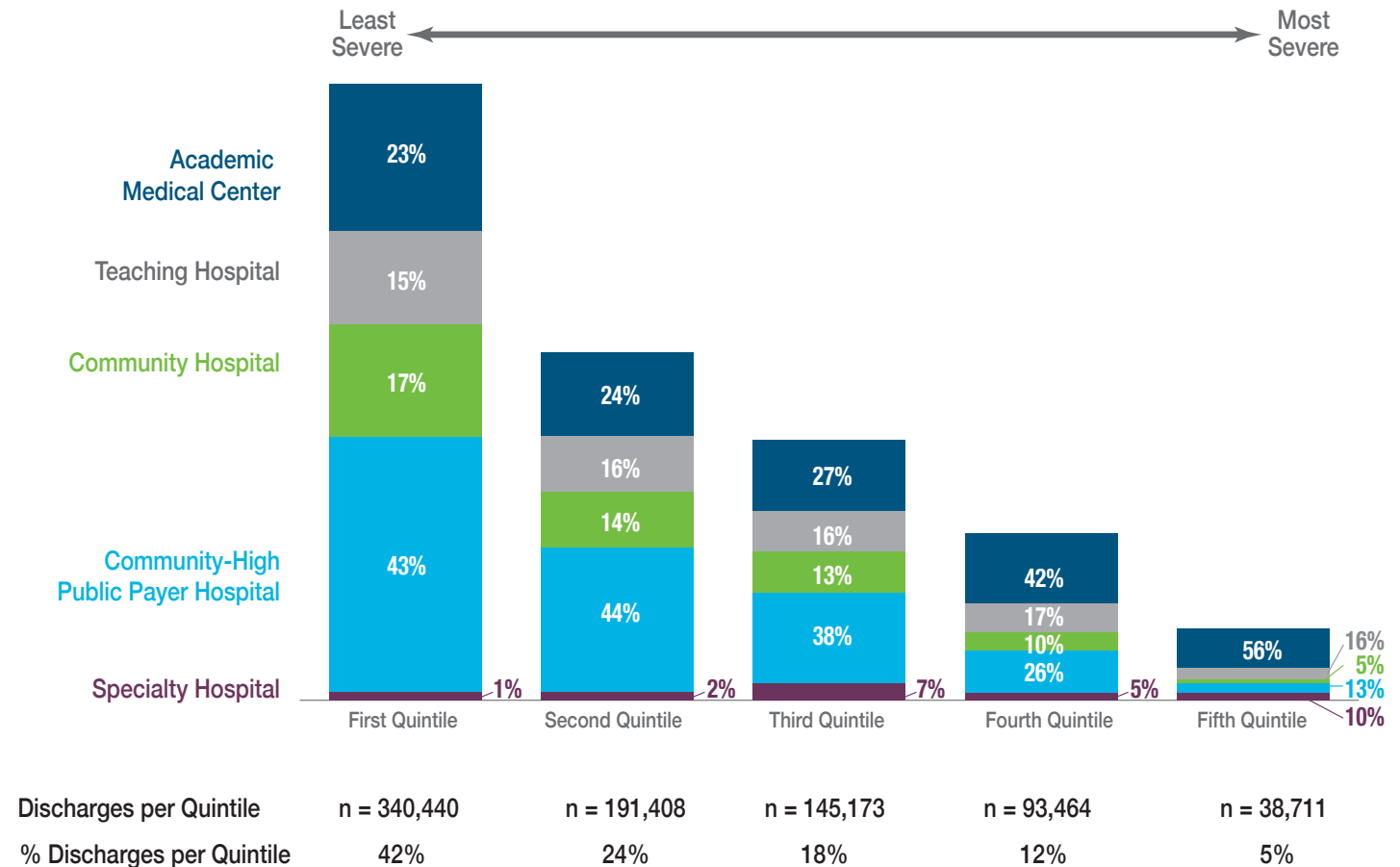
# FY 2018 Statewide Severity Distribution of Inpatient Cases, by Hospital Type

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

AMCs and teaching hospitals provided care to 72% of the most severe cases in FY 2018, while 18% of these cases were treated in community hospital settings (community and HPP hospitals). Specialty hospitals provided care to 10% of the most severe cases.

Conversely, AMCs and teaching hospitals treated 38% of the least severe cases, while 60% of this level of care was provided by community hospitals.

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



Please [click here](#) to see full interactive graphics on CHIA's website.

Data Source: Hospital Discharge Database

Note: Percentages may not add to 100% due to rounding.

## PAYER MIX

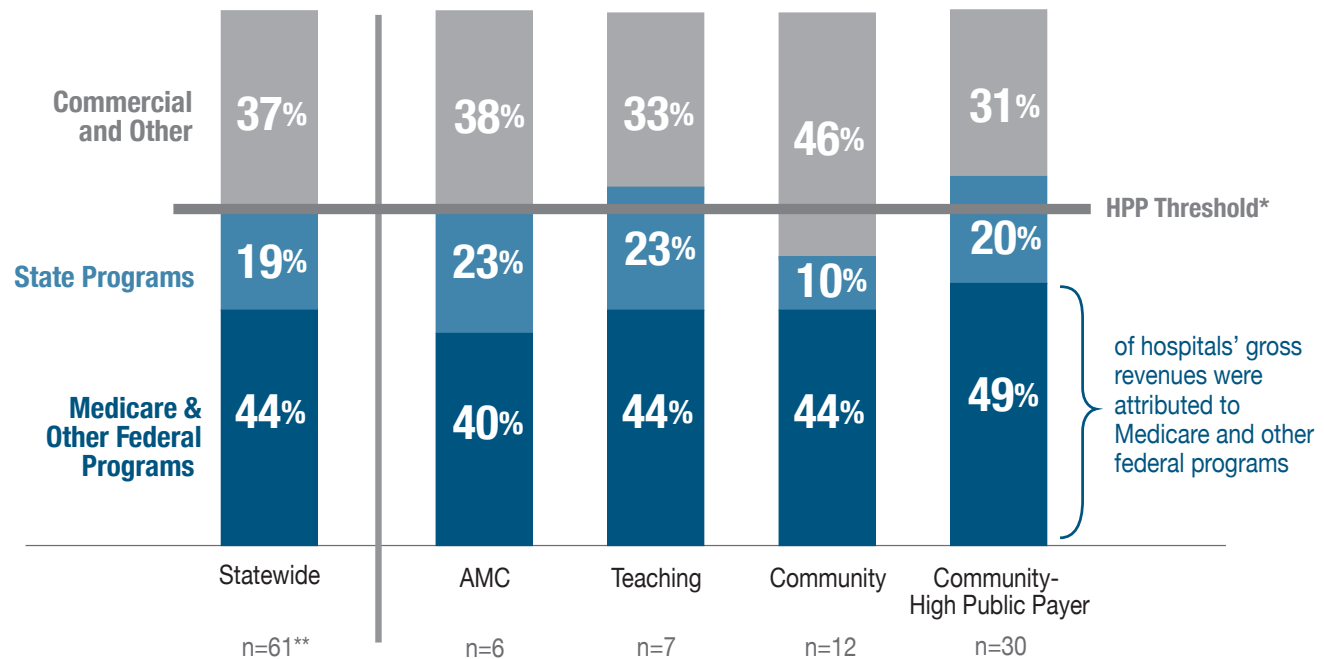
In FY 2018, 63% of statewide acute hospital gross revenue was attributed to public payers, including Medicare, Medicaid, and other programs.

Community hospitals had the lowest proportion of public payer revenue at 54%.

By definition, community-HPP hospitals are more dependent on public payers, which accounted for 69% of their gross revenue in FY 2018.

## FY 2018 Payer Mix

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



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

\*\* Statewide Total includes specialty hospitals.

Please [click here](#) to see full interactive graphics on CHIA's website.

Data Source: Hospital Cost Reports

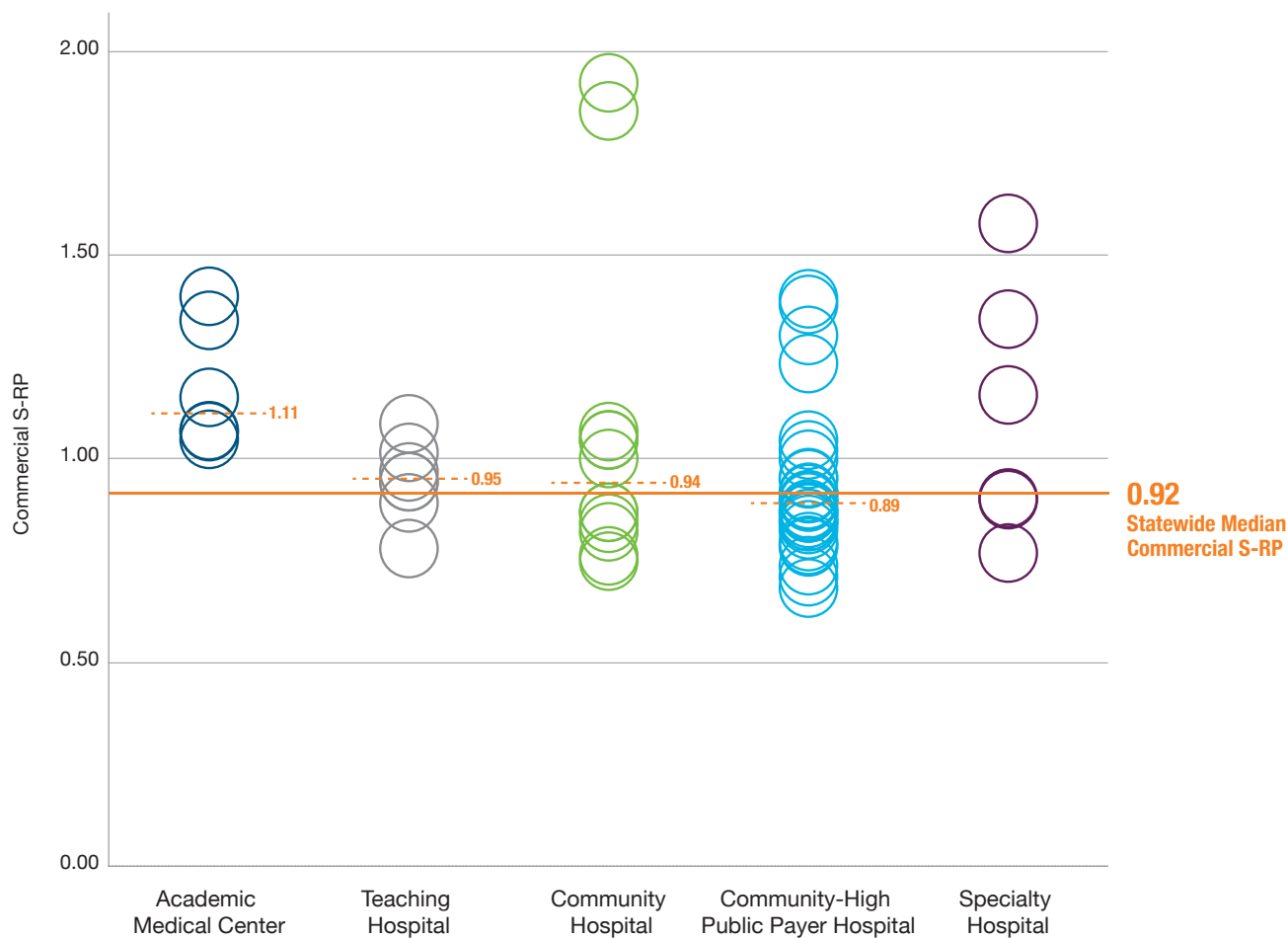
# RELATIVE PRICE

## CY 2017 Statewide Median Commercial Relative Price

Statewide commercial relative prices varied across hospital types.

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

Data presented here is for calendar year (CY) 2017 which is the latest data available, and is only for the commercial insurance market.



Please [click here](#) to see full interactive graphics on CHIA's website.

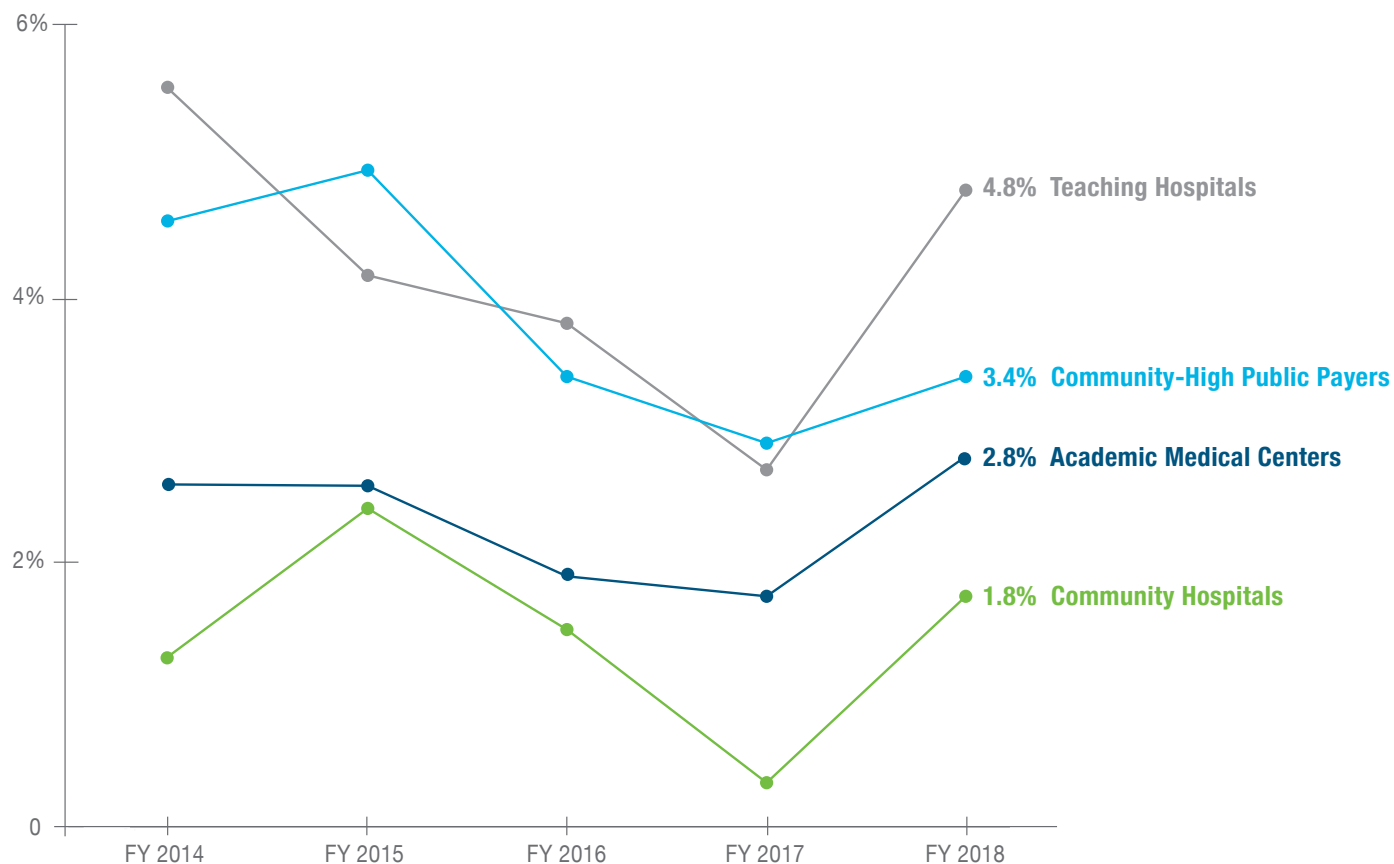
## FINANCIAL PERFORMANCE

### FY 2018 Median Operating Margin, by Cohort

In FY 2018, all four hospital cohorts saw increases in their median operating margin compared to the previous year.

Over the past five fiscal years (FY 2014-2018), the teaching and community-HPP cohorts saw an overall decrease in median operating margin, while the AMC and community hospital saw an increase.

The teaching hospital cohort had the highest operating margin in FY 2018 at 4.8%.



Please [click here](#) to see full interactive graphics on CHIA's website.

Data Source: Hospital Standardized Financial Statements

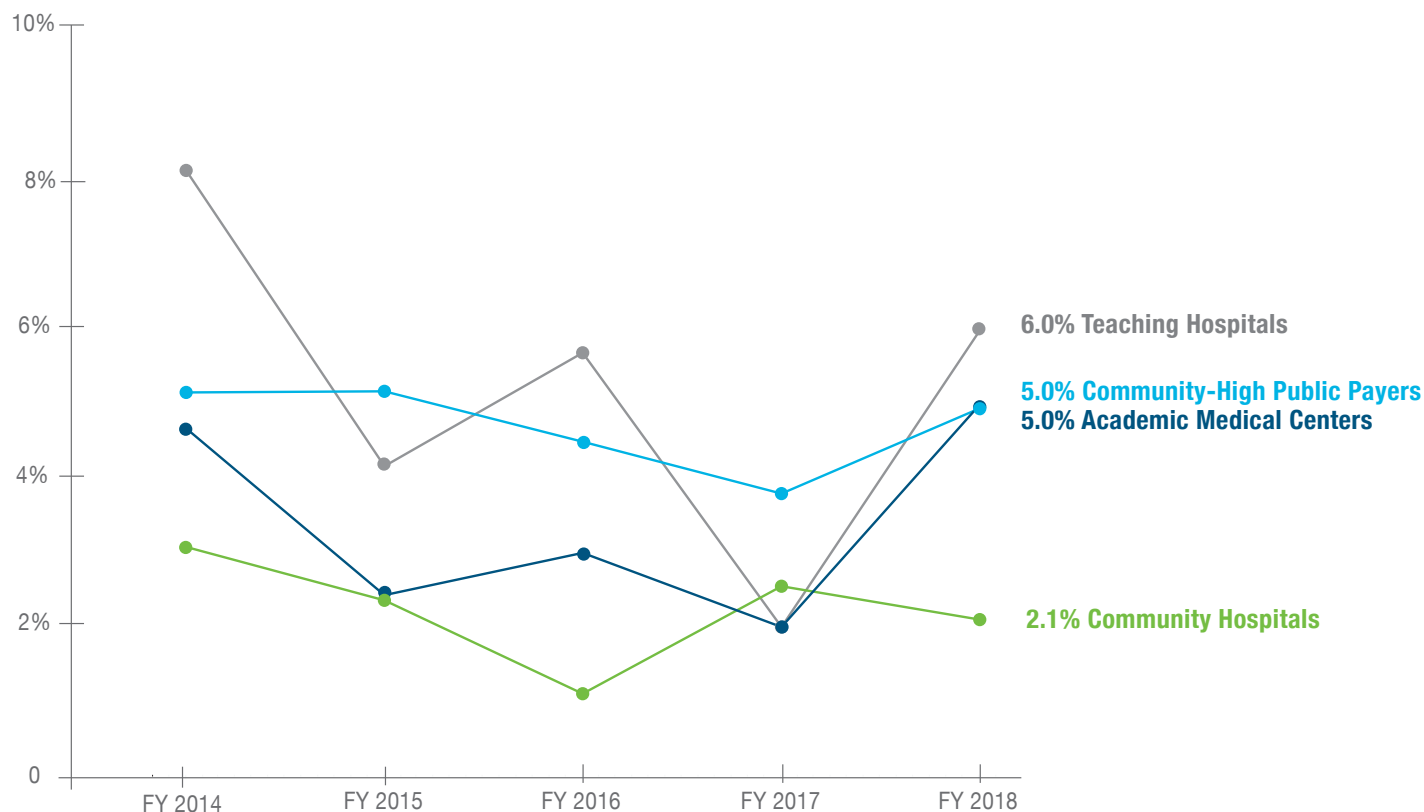
## FINANCIAL PERFORMANCE

### FY 2018 Median Total Margin, by Cohort

The AMC, teaching, and community-HPP cohorts saw an increase in median total margin from the previous year, while the community hospital cohort saw a slight decrease.

The teaching hospital cohort reported the greatest increase in median total margin between FY 2017 and 2018 of four percentage points.

The teaching hospital cohort had the highest median total margin in FY 2018 at 6.0%.



Please [click here](#) to see full interactive graphics on CHIA's website.

Data Source: Hospital Standardized Financial Statements

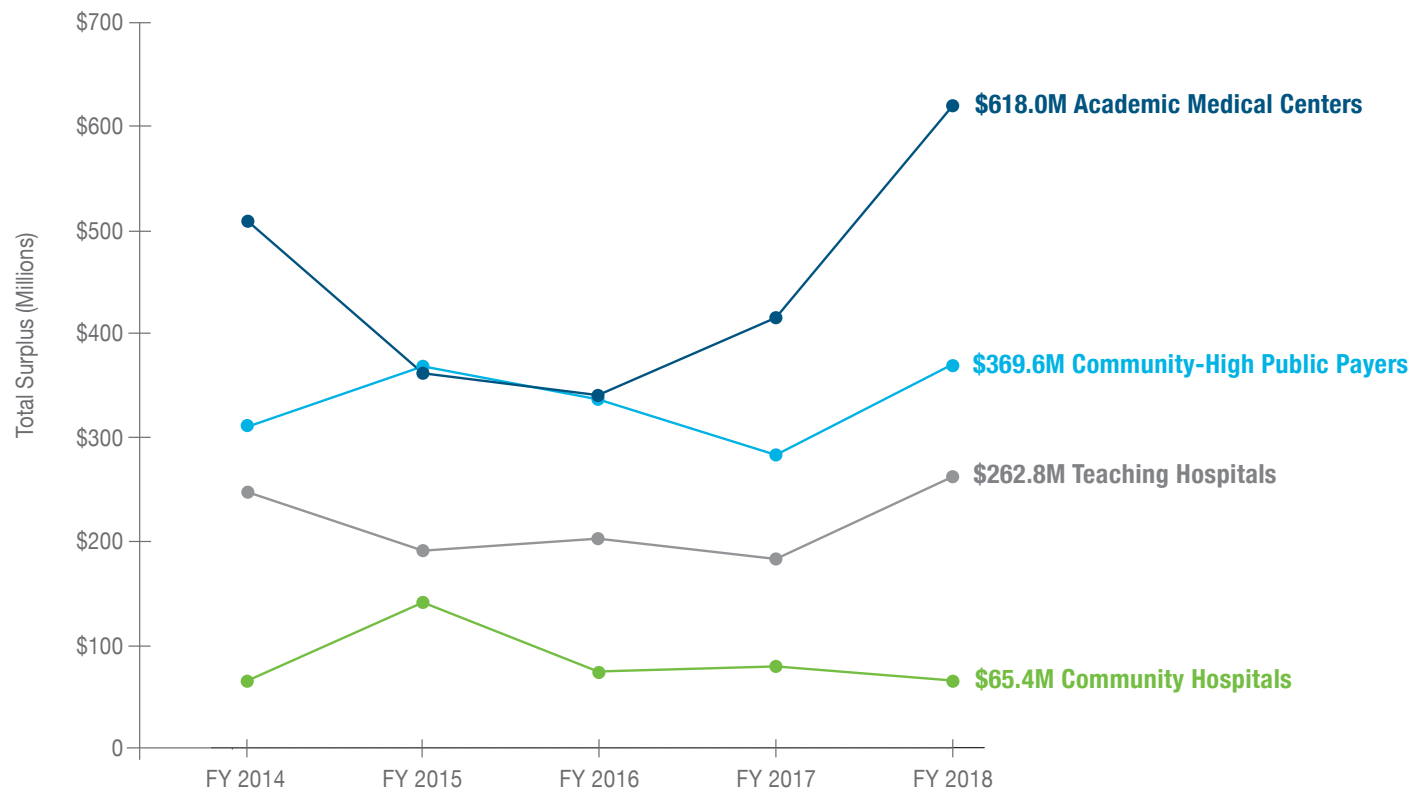
# FINANCIAL PERFORMANCE

## FY 2018 Surplus, by Cohort

In FY 2018, the AMC cohort (consisting of six hospitals) reported the largest surplus, a combined \$618 million. This is the largest surplus reported during the last five fiscal years (FY 2014 to 2018) by any hospital cohort.

Between FY 2014 and FY 2018, the AMC, teaching, and community-HPP cohorts all experienced increases in their combined surpluses. The community hospital cohort remained stable.

AMCs collectively had the largest surplus in absolute dollars every year from FY 2014 to FY 2018, with the exception of FY 2015.



Please [click here](#) to see full interactive graphics on CHIA's website.

Data Source: Hospital Standardized Financial Statements



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, and community-HPP hospitals are also considered cohorts. Specialty hospitals are not considered a cohort, due to their unique patient populations and services. For FY18, there were six AMCs, seven teaching hospitals, 12 community hospitals, and 30 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	Massachusetts General Hospital
Boston Medical Center	Tufts Medical Center
Brigham and Women's Hospital	UMass Memorial Medical Center

**Teaching hospitals** are hospitals that report at least 25 full-time equivalent medical school residents per 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	Saint Vincent Hospital
Cambridge Health Alliance	Steward Carney Hospital
Lahey Hospital & Medical Center	Steward St. Elizabeth's Medical Center
Mount Auburn Hospital	

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

## Community Hospital Cohort ..... page A14

Anna Jaques Hospital	Martha's Vineyard Hospital
Beth Israel Deaconess Hospital - Milton	Milford Regional Medical Center
Beth Israel Deaconess Hospital - Needham	Nantucket Cottage Hospital
Brigham and Women's Faulkner Hospital	Newton-Wellesley Hospital
Cooley Dickinson Hospital	South Shore Hospital
Emerson 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 A26

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

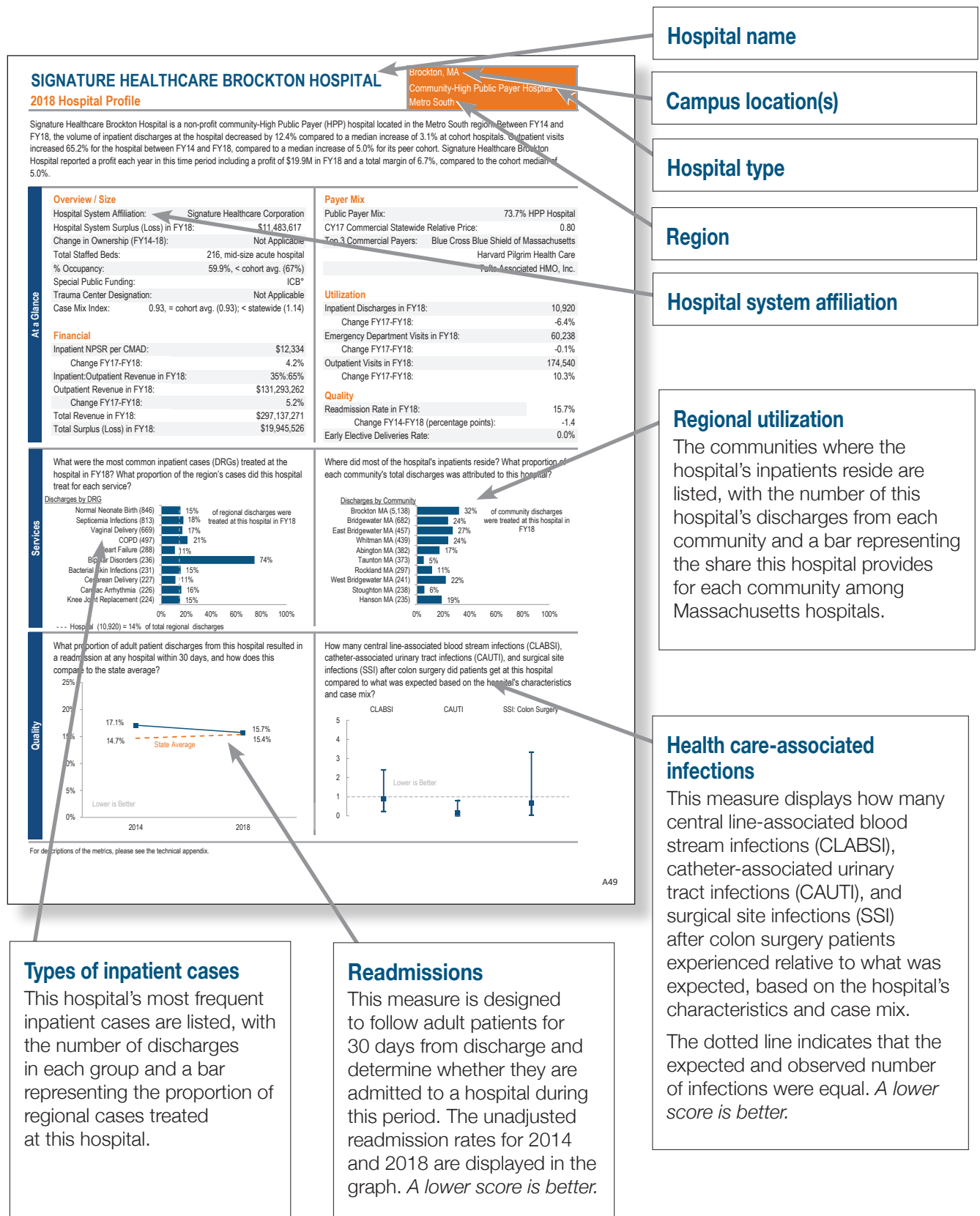
**Specialty hospitals** are not considered a cohort for comparison and analysis due to the unique patient populations they serve and/or the unique sets of services they provide. Specialty hospitals may be included in statewide analyses.

## Specialty Hospitals ..... page A56

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 2018

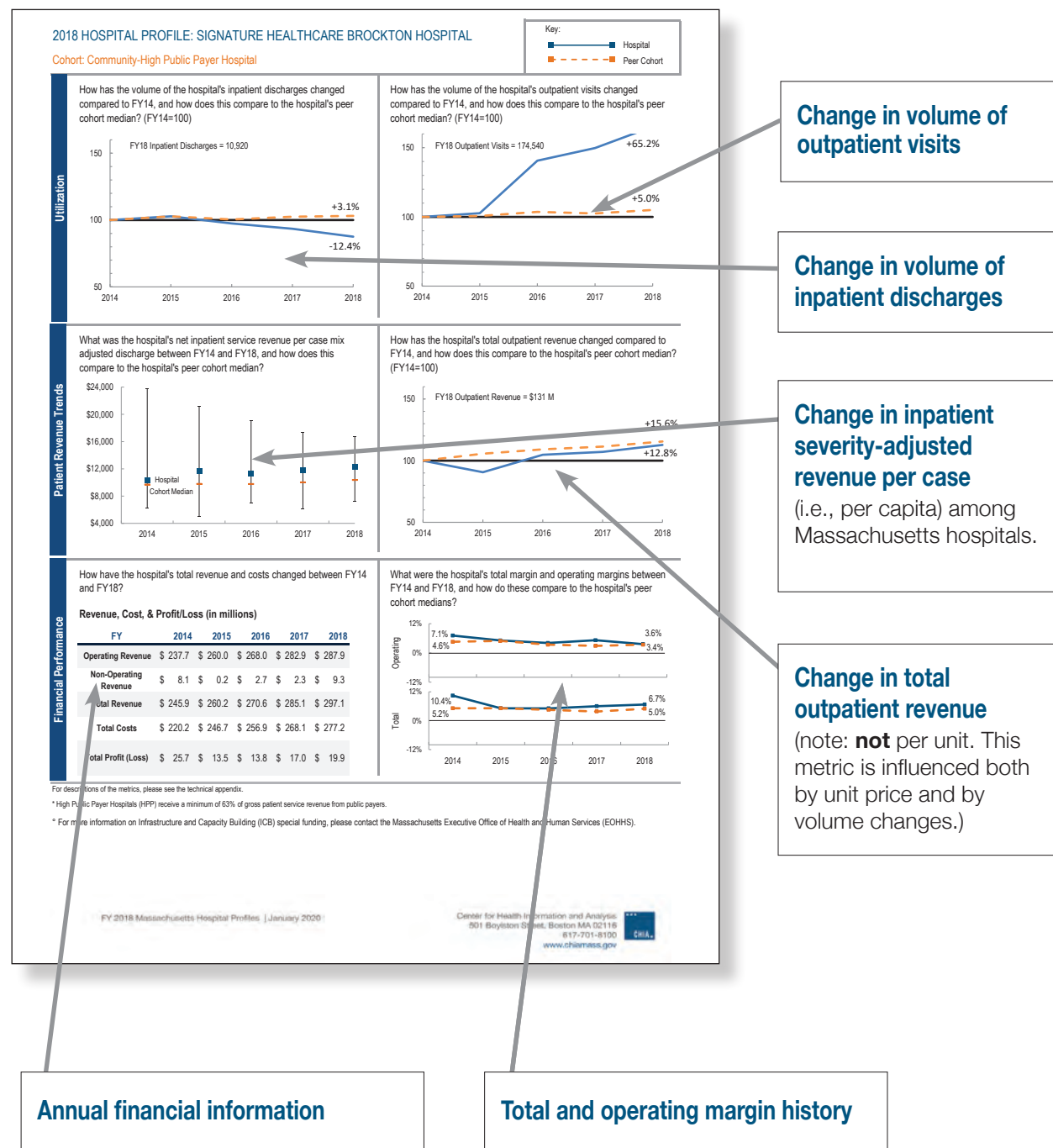
This sheet provides a brief introduction to the metrics on the acute hospital profiles. Definitions and notes on all metrics are available in the [technical appendix](#).



# HOW TO READ ACUTE HOSPITAL PROFILES – FISCAL YEAR 2018

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

## 2018 Hospital Profile

Boston, MA

Academic Medical Center

Metro Boston

Beth Israel Deaconess Medical Center (BIDMC) is a large, non-profit Academic Medical Center (AMC) located in the Metro Boston region. At 715 inpatient beds, it is the largest member of CareGroup. Between FY14 and FY18, the volume of inpatient discharges at the hospital increased by 8.7% compared to a median increase of 2.7% at AMCs. Outpatient visits increased 19.8% for the hospital between FY14 and FY18, compared to a median increase of 0.6% at AMCs. It earned a profit each year from FY14 to FY18, with a 5.6% total margin in FY18 compared to the AMC median total margin of 5.0%.

At a Glance	<b>Overview / Size</b>	
	Hospital System Affiliation:	CareGroup
	Hospital System Surplus (Loss) in FY18:	\$110,129,000
	Change in Ownership (FY14-18):	Not Applicable
	Total Staffed Beds:	715, 5th largest acute hospital
	% Occupancy:	89.6%, > cohort avg. (86%)
	Special Public Funding:	Not Applicable
	Trauma Center Designation:	Adult: Level 1
	Case Mix Index:	1.43, < cohort avg. (1.54); > statewide (1.14)
	<b>Financial</b>	
	Inpatient NPSR per CMAD:	\$13,878
	Change FY17-FY18:	0.8%
	Inpatient:Outpatient Revenue in FY18:	40%:60%
	Outpatient Revenue in FY18:	\$587,848,554
	Change FY17-FY18:	4.6%
	Total Revenue in FY18:	\$1,871,143,000
	Total Surplus (Loss) in FY18:	\$103,921,000
	<b>Payer Mix</b>	
	Public Payer Mix:	56.0% Non-HPP Hospital
	CY17 Commercial Statewide Relative Price:	1.05
	Top 3 Commercial Payers:	Blue Cross Blue Shield of Massachusetts Harvard Pilgrim Health Care Tufts Associated HMO, Inc.
	<b>Utilization</b>	
	Inpatient Discharges in FY18:	40,456
	Change FY17-FY18:	-0.1%
	Emergency Department Visits in FY18:	75,927
	Change FY17-FY18:	9.4%
	Outpatient Visits in FY18:	732,556
	Change FY17-FY18:	6.5%
	<b>Quality</b>	
	Readmission Rate in FY18:	16.9%
	Change FY14-FY18 (percentage points):	1.5
	Early Elective Deliveries Rate:	0.0%

Services	What were the most common inpatient cases (DRGs) treated at the hospital in FY18? What proportion of the region's cases did this hospital treat for each service?	
	<b>Discharges by DRG</b>	
	Normal Neonate Birth (4382)	18% of regional discharges were treated at this hospital in FY18
	Vaginal Delivery (3310)	18%
	Cesarean Delivery (1656)	19%
	Septicemia Infections (1049)	13%
	Heart Failure (949)	13%
	Chemotherapy (513)	17%
	Other Vascular Procs (486)	21%
	Maj Sml & Lrg Bowel Procs (484)	15%
	Where did most of the hospital's inpatients reside? What proportion of each community's total discharges was attributed to this hospital?	
	<b>Discharges by Community</b>	
	Boston MA (2,351)	13% of community discharges were treated at this hospital in FY18
	Quincy MA (1,538)	14%
	Brookline MA (1,364)	38%
	Dorchester MA (1,317)	14%
	Cambridge MA (865)	11%
	Brockton MA (826)	5%
	Plymouth MA (802)	10%
	Dorchester Center MA (793)	12%
	Jamaica Plain MA (728)	19%
	Roxbury MA (676)	17%

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?	
	<b>Readmission Rate</b>	
	2014	15.3%
	2018	16.9%
	State Average	15.4%
	Lower is Better	
	How many central line-associated blood stream infections (CLABSI), catheter-associated urinary tract infections (CAUTI), and surgical site infections (SSI) after colon surgery did patients get at this hospital compared to what was expected based on the hospital's characteristics and case mix?	
	CLABSI	1.0
	CAUTI	1.0
	SSI: Colon Surgery	1.0
	Lower is Better	

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

# 2018 HOSPITAL PROFILE: BETH ISRAEL DEACONESS MEDICAL CENTER

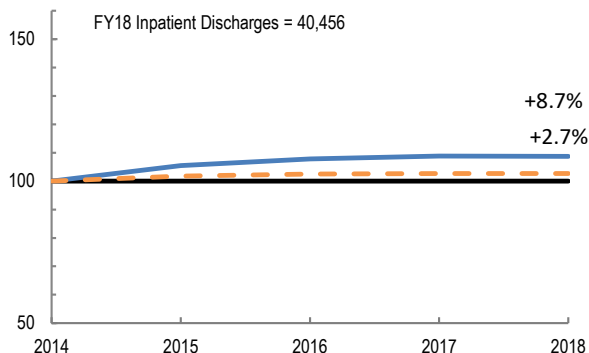
Cohort: Academic Medical Center

Key:

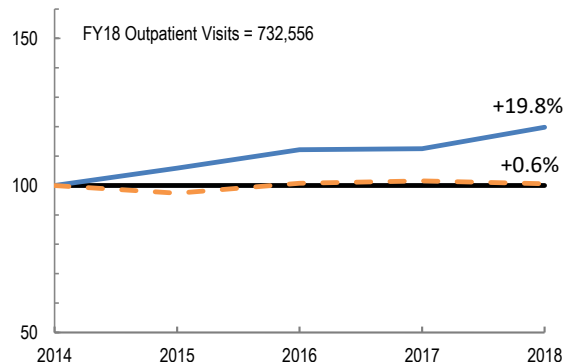


## Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY14, and how does this compare to the hospital's peer cohort median? (FY14=100)

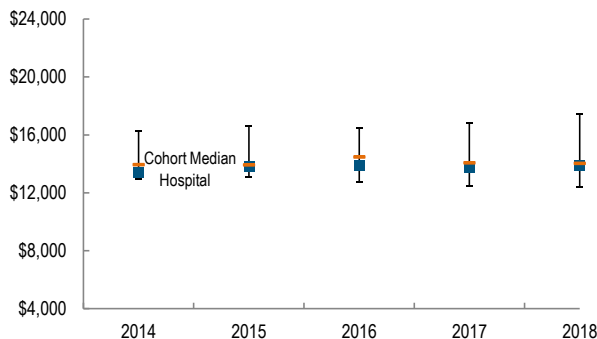


How has the volume of the hospital's outpatient visits changed compared to FY14, and how does this compare to the hospital's peer cohort median? (FY14=100)

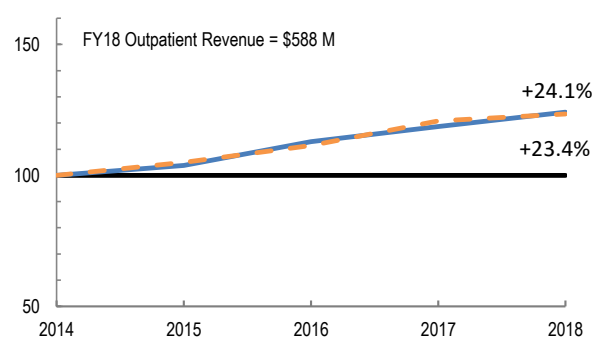


## Patient Revenue Trends

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY14 and FY18, and how does this compare to the hospital's peer cohort median?



How has the hospital's total outpatient revenue changed compared to FY14, and how does this compare to the hospital's peer cohort median? (FY14=100)



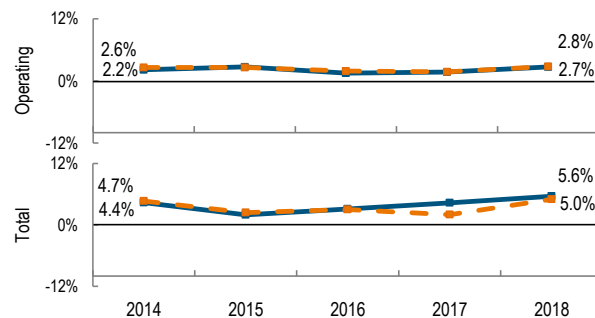
## Financial Performance

How have the hospital's total revenue and costs changed between FY14 and FY18?

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

FY	2014	2015	2016	2017	2018
<b>Operating Revenue</b>	\$ 1,417	\$ 1,518	\$ 1,595	\$ 1,688	\$ 1,819
<b>Non-Operating Revenue</b>	\$ 32	\$ (11)	\$ 25	\$ 45	\$ 53
<b>Total Revenue</b>	\$ 1,449	\$ 1,507	\$ 1,620	\$ 1,733	\$ 1,871
<b>Total Costs</b>	\$ 1,385	\$ 1,477	\$ 1,571	\$ 1,658	\$ 1,767
<b>Total Profit (Loss)</b>	\$ 63.3	\$ 29.7	\$ 49.8	\$ 74.6	\$ 103.9

What were the hospital's total margin and operating margins between FY14 and FY18, 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

## 2018 Hospital Profile

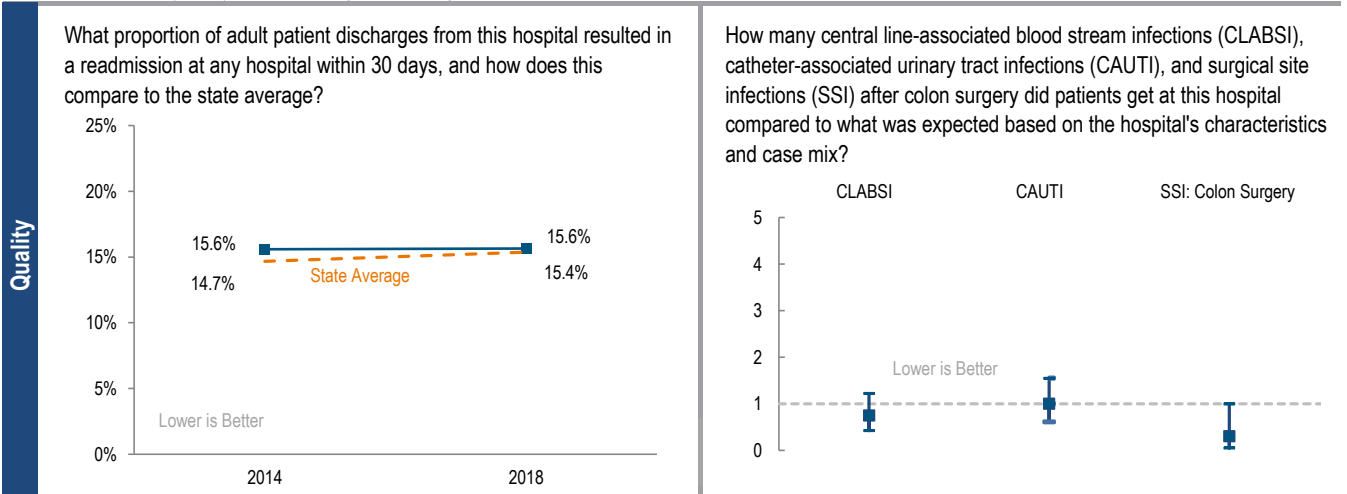
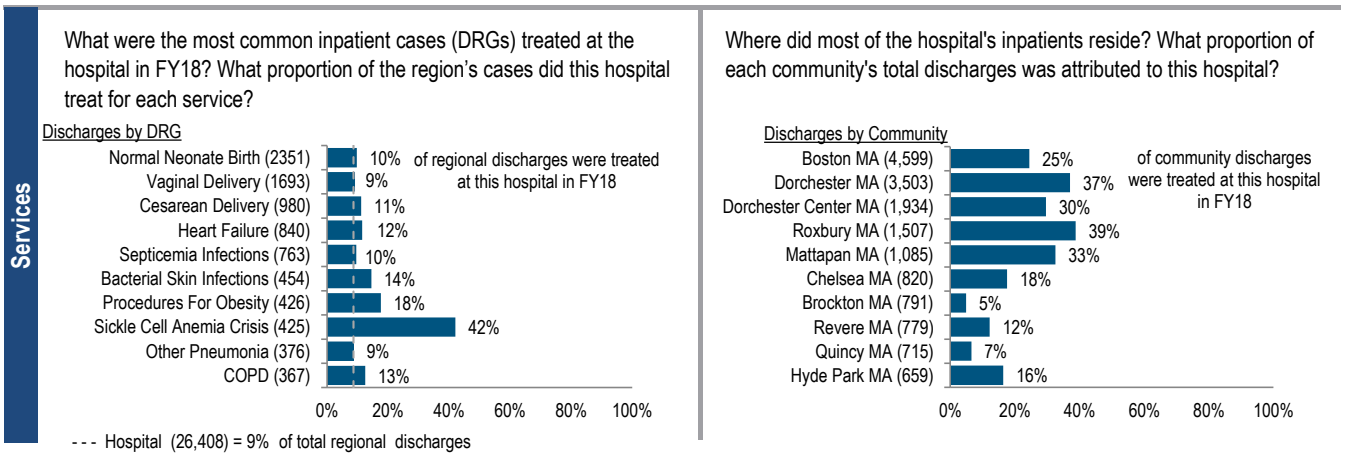
Boston, MA

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 is a teaching hospital of Boston University School of Medicine. It also qualifies as a High Public Payer (HPP) hospital. It is the state's seventh-largest hospital, and one of nine organ transplant centers in Massachusetts. In FY18, BMC reported a profit of \$49.4M and a total margin of 3.3% compared to its peer cohort median of 5.0%.

At a Glance	<b>Overview / Size</b>	
	Hospital System Affiliation:	Boston Medical Center Health System
	Hospital System Surplus (Loss) in FY18:	\$25,666,000
	Change in Ownership (FY14-18):	Not Applicable
	Total Staffed Beds:	441, 7th largest acute hospital
	% Occupancy:	78.7%, lowest in cohort avg. (86%)
	Special Public Funding:	HCIH <sup>n</sup>
	Trauma Center Designation:	Adult: Level 1, Pedi: Level 2
	Case Mix Index:	1.25, < cohort avg. (1.54); > statewide (1.14)
	<b>Financial</b>	
	Inpatient NPSR per CMAD:	\$13,749
	Change FY17-FY18:	-4.2%
	Inpatient:Outpatient Revenue in FY18:	28%:72%
	Outpatient Revenue in FY18:	\$781,570,362
	Change FY17-FY18:	28.5%
	Total Revenue in FY18:	\$1,492,616,000
	Total Surplus (Loss) in FY18:	\$49,421,000
	<b>Payer Mix</b>	
	Public Payer Mix:	75.6% HPP Hospital
	CY17 Commercial Statewide Relative Price:	1.15
	Top 3 Commercial Payers:	Blue Cross Blue Shield of Massachusetts Harvard Pilgrim Health Care AllWays Health Partners, Inc.
	<b>Utilization</b>	
	Inpatient Discharges in FY18:	26,408
	Change FY17-FY18:	2.7%
	Emergency Department Visits in FY18:	130,163
	Change FY17-FY18:	-2.5%
	Outpatient Visits in FY18:	1,581,337
	Change FY17-FY18:	-6.5%
	<b>Quality</b>	
	Readmission Rate in FY18:	15.6%
	Change FY14-FY18 (percentage points):	0.1
	Early Elective Deliveries Rate:	1.7%



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

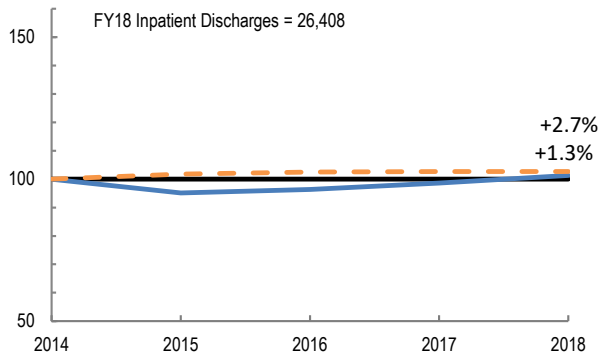
# 2018 HOSPITAL PROFILE: BOSTON MEDICAL CENTER

Cohort: Academic Medical Center

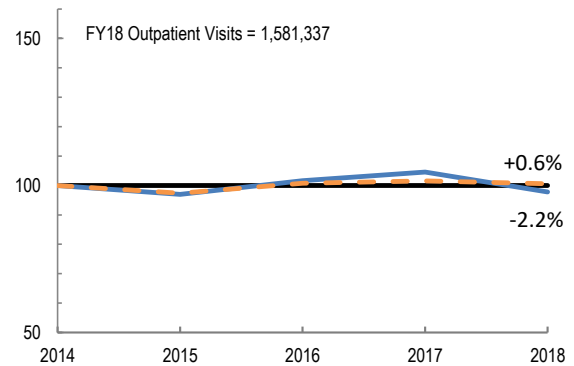
Key:  
—■ Hospital  
- - - ■ Peer Cohort

## Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY14, and how does this compare to the hospital's peer cohort median? (FY14=100)

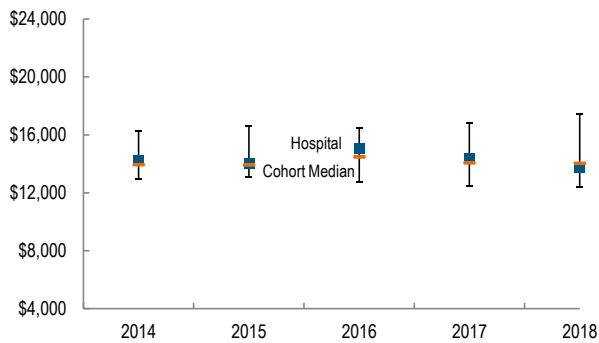


How has the volume of the hospital's outpatient visits changed compared to FY14, and how does this compare to the hospital's peer cohort median? (FY14=100)

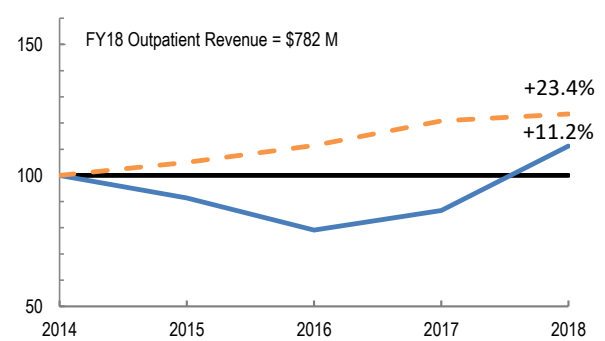


## Patient Revenue Trends

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY14 and FY18, and how does this compare to the hospital's peer cohort median?



How has the hospital's total outpatient revenue changed compared to FY14, and how does this compare to the hospital's peer cohort median? (FY14=100)



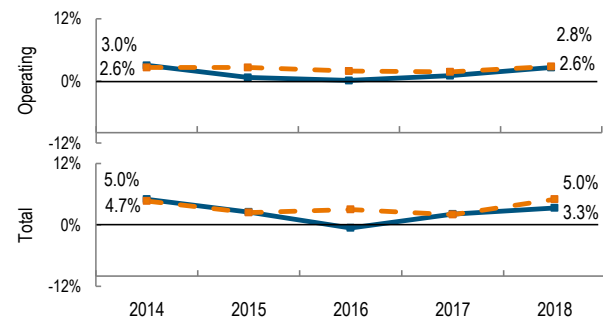
## Financial Performance

How have the hospital's total revenue and costs changed between FY14 and FY18?

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

FY	2014	2015	2016	2017	2018
<b>Operating Revenue</b>	\$ 1,087	\$ 1,137	\$ 1,243	\$ 1,326	\$ 1,481
<b>Non-Operating Revenue</b>	\$ 22	\$ 22	\$ (9)	\$ 16	\$ 11
<b>Total Revenue</b>	\$ 1,109	\$ 1,159	\$ 1,233	\$ 1,342	\$ 1,493
<b>Total Costs</b>	\$ 1,053	\$ 1,130	\$ 1,241	\$ 1,313	\$ 1,443
<b>Total Profit (Loss)</b>	\$ 55.5	\$ 29.3	\$ (7.6)	\$ 28.6	\$ 49.4

What were the hospital's total margin and operating margins between FY14 and FY18, 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).

# BRIGHAM AND WOMEN'S HOSPITAL

## 2018 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. At 849 staffed beds, it is the second-largest hospital in Massachusetts and one of nine organ transplant centers in the state. Between FY14 and FY18, the volume of inpatient discharges at the hospital increased by 5.5% compared to a median increase of 2.7% at AMCs. Outpatient visits increased 3.3% for the hospital between FY14 and FY18, compared to a median increase of 0.6% at AMCs. It earned a profit each year from FY14 to FY18, with a 5.6% total margin in FY18 compared to the AMC median total margin of 5.0%.

### At a Glance

#### Overview / Size

Hospital System Affiliation:	Partners HealthCare System
Hospital System Surplus (Loss) in FY18:	\$826,605,000
Change in Ownership (FY14-18):	Not Applicable
Total Staffed Beds:	849, 2nd largest acute hospital
% Occupancy:	88.1%, > cohort avg. (86%)
Special Public Funding:	Not Applicable
Trauma Center Designation:	Adult: Level 1
Case Mix Index:	1.61, > cohort avg. (1.54); > statewide (1.14)

#### Financial

Inpatient NPSR per CMAD:	\$17,409
Change FY17-FY18:	3.6%
Inpatient:Outpatient Revenue in FY18:	57%:43%
Outpatient Revenue in FY18:	\$829,450,454
Change FY17-FY18:	7.3%
Total Revenue in FY18:	\$3,095,566,000
Total Surplus (Loss) in FY18:	\$173,026,000

#### Payer Mix

Public Payer Mix:	55.7% Non-HPP Hospital
CY17 Commercial Statewide Relative Price:	1.34
Top 3 Commercial Payers:	Blue Cross Blue Shield of Massachusetts Harvard Pilgrim Health Care Tufts Associated HMO, Inc.

#### Utilization

Inpatient Discharges in FY18:	47,392
Change FY17-FY18:	-0.1%
Emergency Department Visits in FY18:	59,712
Change FY17-FY18:	-1.1%
Outpatient Visits in FY18:	667,129
Change FY17-FY18:	5.4%

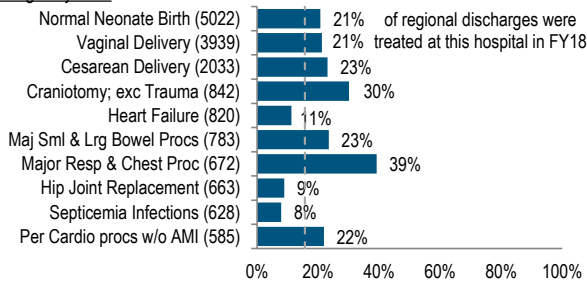
#### Quality

Readmission Rate in FY18:	16.2%
Change FY14-FY18 (percentage points):	0.8
Early Elective Deliveries Rate:	4.8%

### Services

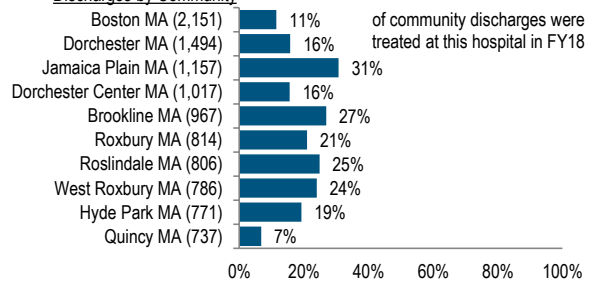
What were the most common inpatient cases (DRGs) treated at the hospital in FY18? What proportion of the region's cases did this hospital treat for each service?

#### Discharges by DRG



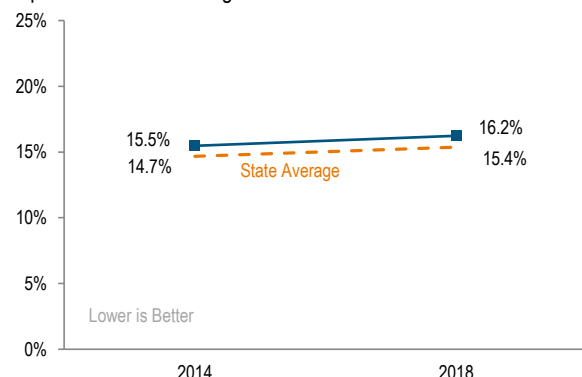
Where did most of the hospital's inpatients reside? What proportion of each community's total discharges was attributed to this hospital?

#### Discharges by Community

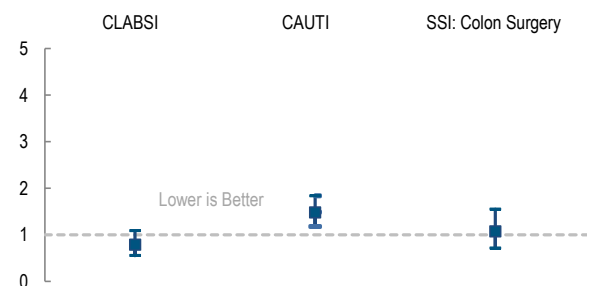


### Quality

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?



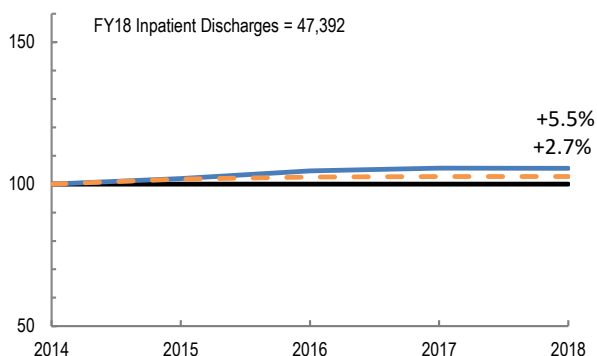
# 2018 HOSPITAL PROFILE: BRIGHAM AND WOMEN'S HOSPITAL

Cohort: Academic Medical Center

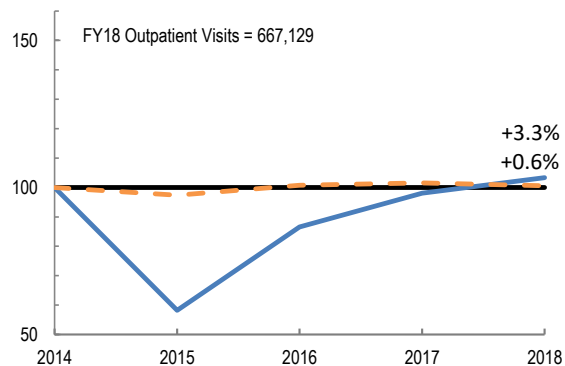
Key:  
—■ Hospital  
- - - ■ Peer Cohort

## Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY14, and how does this compare to the hospital's peer cohort median? (FY14=100)

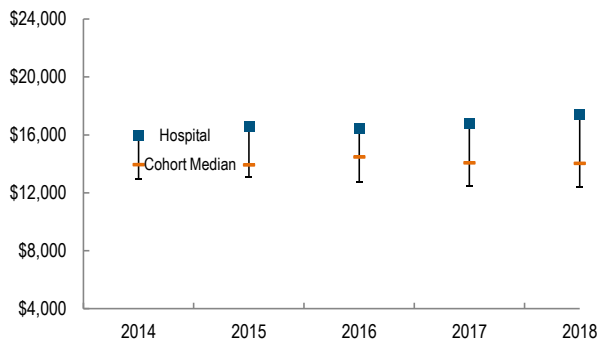


How has the volume of the hospital's outpatient visits changed compared to FY14, and how does this compare to the hospital's peer cohort median? (FY14=100)

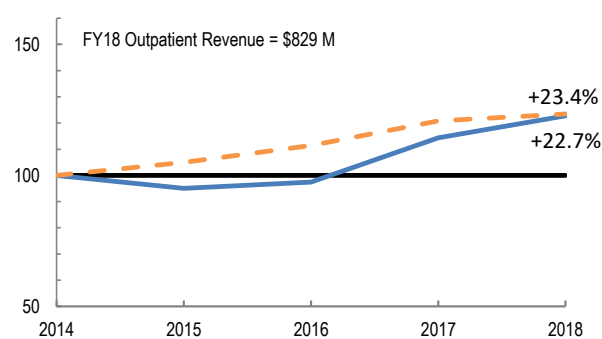


## Patient Revenue Trends

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY14 and FY18, and how does this compare to the hospital's peer cohort median?



How has the hospital's total outpatient revenue changed compared to FY14, and how does this compare to the hospital's peer cohort median? (FY14=100)



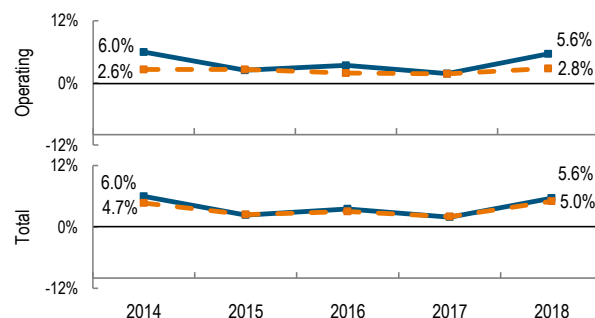
## Financial Performance

How have the hospital's total revenue and costs changed between FY14 and FY18?

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

FY	2014	2015	2016	2017	2018
<b>Operating Revenue</b>	\$ 2,538	\$ 2,606	\$ 2,730	\$ 2,936	\$ 3,096
<b>Non-Operating Revenue</b>	\$ 0	\$ (3)	\$ 1	\$ 3	\$ (1)
<b>Total Revenue</b>	\$ 2,538	\$ 2,603	\$ 2,731	\$ 2,939	\$ 3,096
<b>Total Costs</b>	\$ 2,386	\$ 2,542	\$ 2,637	\$ 2,883	\$ 2,923
<b>Total Profit (Loss)</b>	\$ 151.7	\$ 60.8	\$ 94.4	\$ 55.9	\$ 173.0

What were the hospital's total margin and operating margins between FY14 and FY18, and how do these compare to the hospital's peer cohort medians?

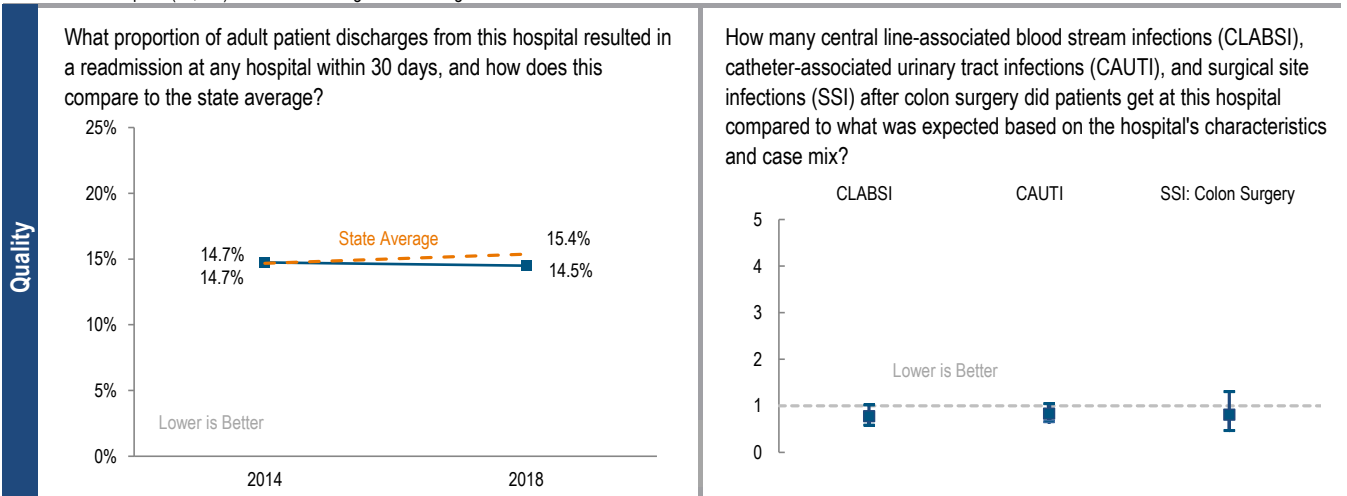
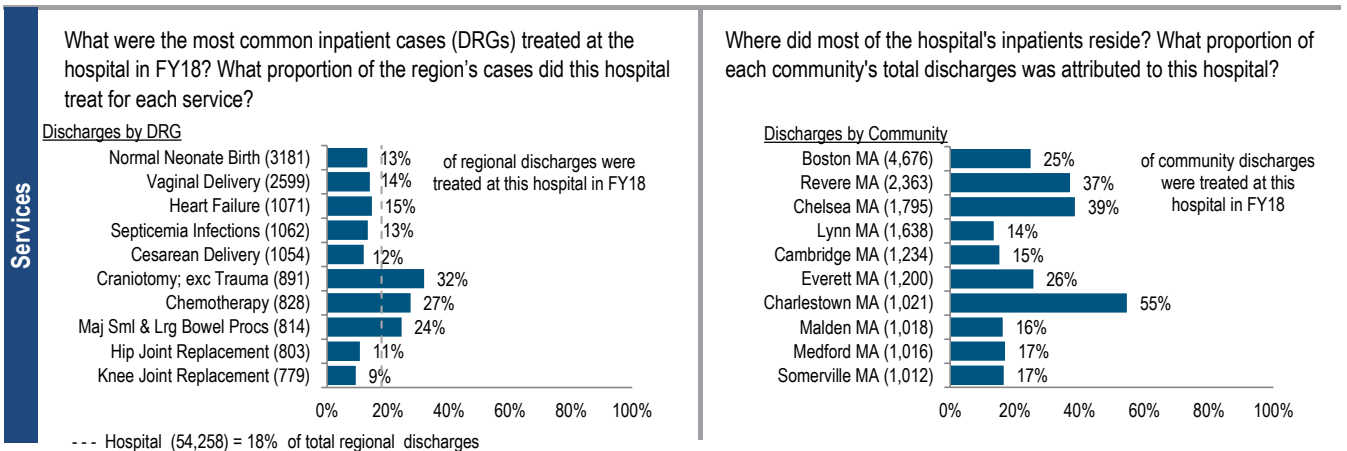


For descriptions of the metrics, please see the technical appendix.

\* 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 oldest and largest hospital in Massachusetts, with 1,059 staffed beds. MGH is a teaching hospital of Harvard Medical School, a member of Partners HealthCare, and one of nine organ transplant centers in Massachusetts. The hospital has reported a profit in each of the last 5 years including a \$250.6M profit in FY18 with a 6.2% total margin, higher than the 5.0% median total margin of its peer cohort.

At a Glance	<b>Overview / Size</b>	
	Hospital System Affiliation:	Partners HealthCare System
	Hospital System Surplus (Loss) in FY18:	\$826,605,000
	Change in Ownership (FY14-18):	Not Applicable
	Total Staffed Beds:	1,059, largest acute hospital
	% Occupancy:	84.3%, < cohort avg. (86%)
	Special Public Funding:	Not Applicable
	Trauma Center Designation:	Adult: Level 1, Pedi: Level 1
	Case Mix Index:	1.70, > cohort avg. (1.54); > statewide (1.14)
	<b>Financial</b>	
	Inpatient NPSR per CMAD:	\$16,159
	Change FY17-FY18:	8.4%
	Inpatient:Outpatient Revenue in FY18:	48%:52%
	Outpatient Revenue in FY18:	\$1,417,595,464
	Change FY17-FY18:	-2.9%
	Total Revenue in FY18:	\$4,071,223,000
	Total Surplus (Loss) in FY18:	\$250,628,000
	<b>Payer Mix</b>	
	Public Payer Mix:	58.3% Non-HPP Hospital
	CY17 Commercial Statewide Relative Price:	1.40
	Top 3 Commercial Payers:	Blue Cross Blue Shield of Massachusetts Harvard Pilgrim Health Care Tufts Associated HMO, Inc.
	<b>Utilization</b>	
	Inpatient Discharges in FY18:	54,258
	Change FY17-FY18:	1.5%
	Emergency Department Visits in FY18:	108,269
	Change FY17-FY18:	1.5%
	Outpatient Visits in FY18:	867,060
	Change FY17-FY18:	-3.9%
	<b>Quality</b>	
	Readmission Rate in FY18:	14.5%
	Change FY14-FY18 (percentage points):	-0.2
	Early Elective Deliveries Rate:	Not Available



# 2018 HOSPITAL PROFILE: MASSACHUSETTS GENERAL HOSPITAL

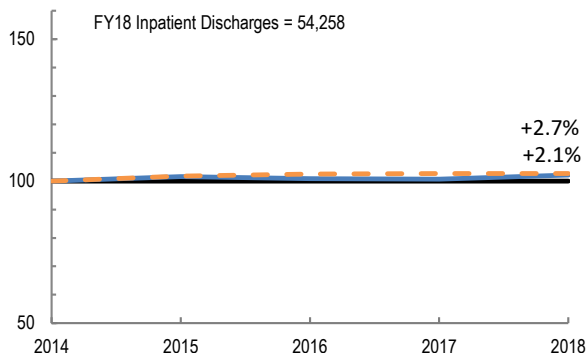
Cohort: Academic Medical Center

Key:

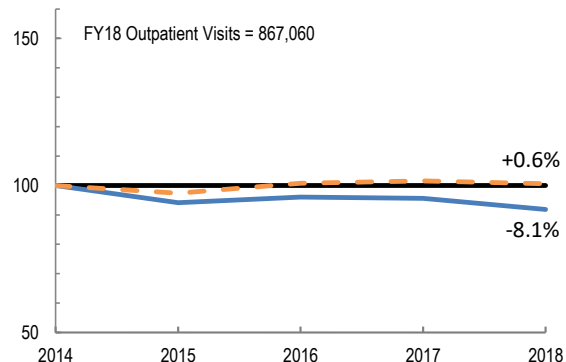
— Hospital  
- - - Peer Cohort

## Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY14, and how does this compare to the hospital's peer cohort median? (FY14=100)

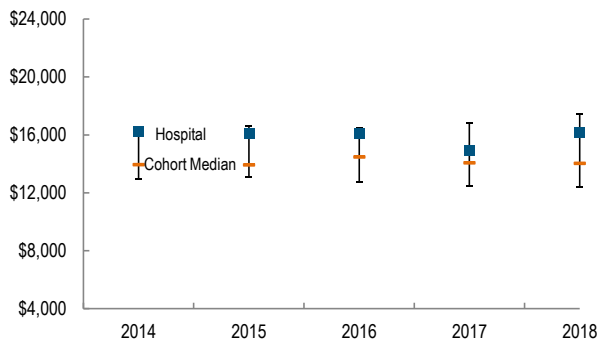


How has the volume of the hospital's outpatient visits changed compared to FY14, and how does this compare to the hospital's peer cohort median? (FY14=100)

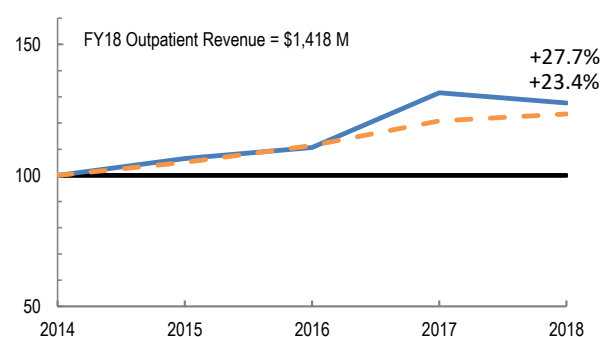


## Patient Revenue Trends

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY14 and FY18, and how does this compare to the hospital's peer cohort median?



How has the hospital's total outpatient revenue changed compared to FY14, and how does this compare to the hospital's peer cohort median? (FY14=100)



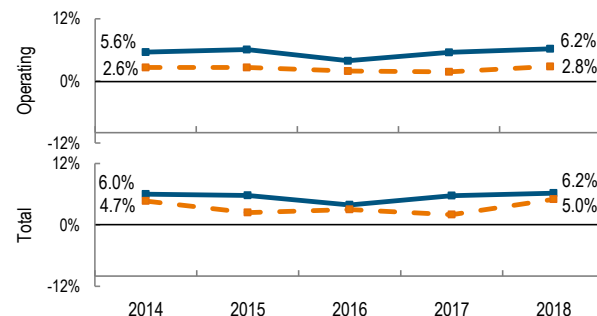
## Financial Performance

How have the hospital's total revenue and costs changed between FY14 and FY18?

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

FY	2014	2015	2016	2017	2018
<b>Operating Revenue</b>	\$ 3,326	\$ 3,488	\$ 3,672	\$ 3,936	\$ 4,073
<b>Non-Operating Revenue</b>	\$ 13	\$ (10)	\$ (0)	\$ 7	\$ (2)
<b>Total Revenue</b>	\$ 3,339	\$ 3,477	\$ 3,672	\$ 3,943	\$ 4,071
<b>Total Costs</b>	\$ 3,139	\$ 3,276	\$ 3,529	\$ 3,719	\$ 3,821
<b>Total Profit (Loss)</b>	\$ 200.1	\$ 201.1	\$ 142.8	\$ 223.5	\$ 250.6

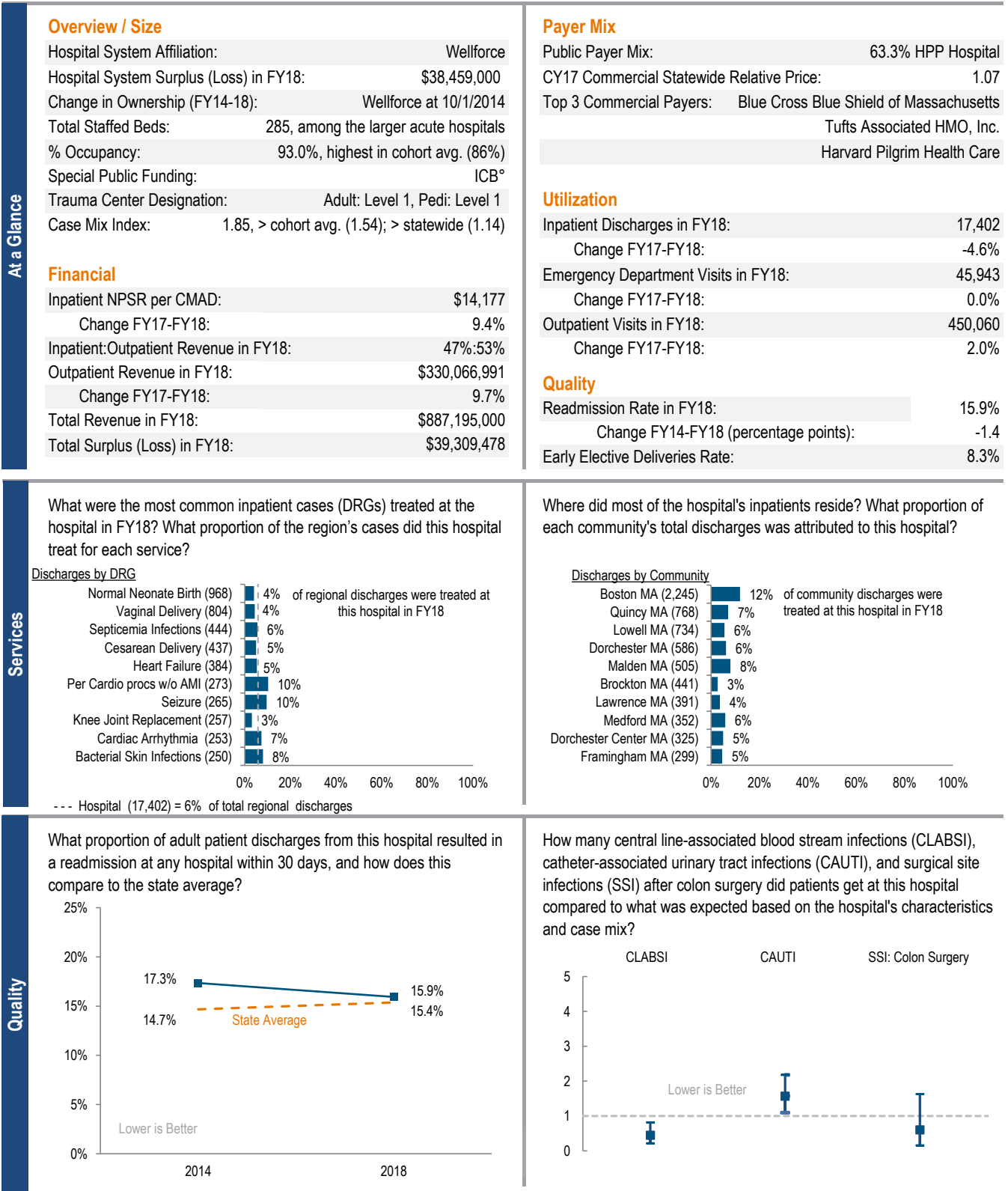
What were the hospital's total margin and operating margins between FY14 and FY18, and how do these compare to the hospital's peer cohort medians?



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

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

Tufts Medical Center is a large, non-profit academic medical center (AMC) located in the Metro Boston region. Tufts Medical Center is a teaching hospital of Tufts University School of Medicine and includes the Floating Hospital for Children, which is located within the Tufts Medical Center complex. Tufts Medical Center is one of nine organ transplant centers in Massachusetts and is a member of Wellforce. Outpatient visits increased by 9.4% between FY14 and FY18, compared with the cohort median increase of 0.6%. Tufts Medical Center reported a profit of \$39.3M in FY18 and a total margin of 4.4% compared to the median of 5.0% among AMCs.



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

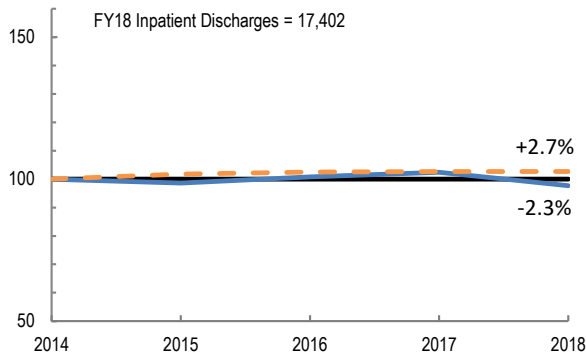
## 2018 HOSPITAL PROFILE: TUFTS MEDICAL CENTER

Cohort: Academic Medical Center

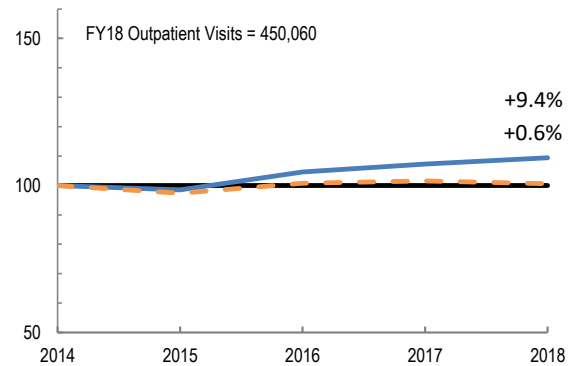
Key:  
—■ Hospital  
- - - ■ Peer Cohort

### Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY14, and how does this compare to the hospital's peer cohort median? (FY14=100)

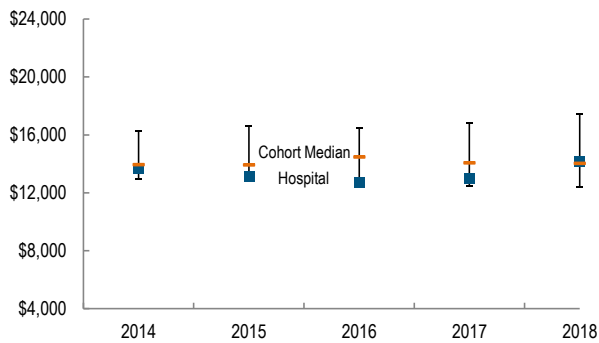


How has the volume of the hospital's outpatient visits changed compared to FY14, and how does this compare to the hospital's peer cohort median? (FY14=100)

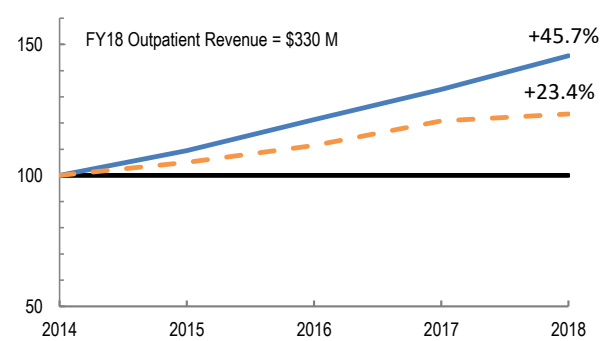


### Patient Revenue Trends

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY14 and FY18, and how does this compare to the hospital's peer cohort median?



How has the hospital's total outpatient revenue changed compared to FY14, and how does this compare to the hospital's peer cohort median? (FY14=100)



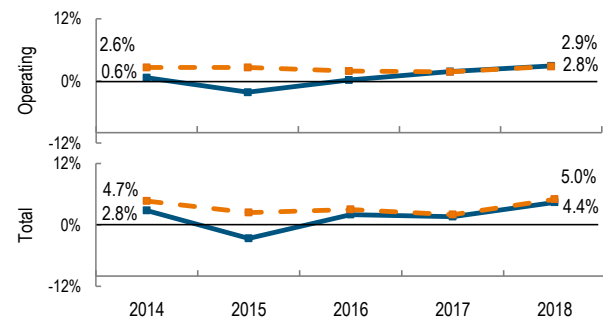
### Financial Performance

How have the hospital's total revenue and costs changed between FY14 and FY18?

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

FY	2014	2015	2016	2017	2018
<b>Operating Revenue</b>	\$ 685.1	\$ 689.3	\$ 740.3	\$ 787.2	\$ 874.0
<b>Non-Operating Revenue</b>	\$ 15.2	\$ (3.2)	\$ 13.1	\$ (1.9)	\$ 13.2
<b>Total Revenue</b>	\$ 700.3	\$ 686.1	\$ 753.4	\$ 785.4	\$ 887.2
<b>Total Costs</b>	\$ 680.6	\$ 704.3	\$ 738.6	\$ 773.1	\$ 847.9
<b>Total Profit (Loss)</b>	\$ 19.7	\$ (18.2)	\$ 14.8	\$ 12.3	\$ 39.3

What were the hospital's total margin and operating margins between FY14 and FY18, 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

## 2018 Hospital Profile

Worcester, MA  
Academic Medical Center  
Central Massachusetts

UMass Memorial Medical Center is a large, non-profit academic medical center (AMC) located in the Central Massachusetts region. UMass Memorial is a member of UMass Memorial Health Care, and one of nine organ transplant centers in Massachusetts. It also qualifies as a High Public Payer (HPP) hospital. Outpatient visits decreased by 5.8% between FY14 and FY18, compared with the cohort median increase of 0.6%. UMass Memorial earned a profit each year from FY14 to FY18, including a profit of \$1.7M in FY18 and a total margin of 0.1% compared to its peer cohort median of 5.0%.

### At a Glance

#### Overview / Size

Hospital System Affiliation:	UMass Memorial Health Care
Hospital System Surplus (Loss) in FY18:	(\$19,297,000)
Change in Ownership (FY14-18):	Not Applicable
Total Staffed Beds:	730, 4th largest acute hospital
% Occupancy:	80.7%, < cohort avg. (86%)
Special Public Funding:	HCI <sup>1</sup> , ICB <sup>2</sup>
Trauma Center Designation:	Adult: Level 1, Pedi: Level 1
Case Mix Index:	1.40, < cohort avg. (1.54); > statewide (1.14)

#### Financial

Inpatient NPSR per CMAD:	\$12,425
Change FY17-FY18:	-0.4%
Inpatient:Outpatient Revenue in FY18:	44%:56%
Outpatient Revenue in FY18:	\$720,309,560
Change FY17-FY18:	-1.7%
Total Revenue in FY18:	\$1,740,761,000
Total Surplus (Loss) in FY18:	\$1,692,000

#### Payer Mix

Public Payer Mix:	65.4% HPP Hospital
CY17 Commercial Statewide Relative Price:	1.07
Top 3 Commercial Payers:	Blue Cross Blue Shield of Massachusetts Fallon Community Health Plan Tufts Associated HMO, Inc.

#### Utilization

Inpatient Discharges in FY18:	41,640
Change FY17-FY18:	0.3%
Emergency Department Visits in FY18:	135,044
Change FY17-FY18:	0.4%
Outpatient Visits in FY18:	938,793
Change FY17-FY18:	-4.5%

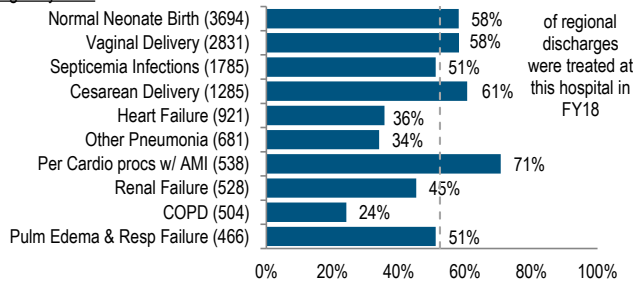
#### Quality

Readmission Rate in FY18:	15.6%
Change FY14-FY18 (percentage points):	-0.7
Early Elective Deliveries Rate:	1.3%

### Services

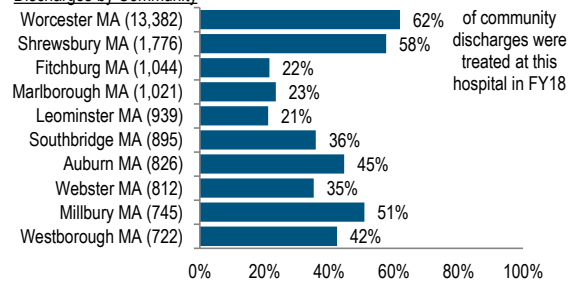
What were the most common inpatient cases (DRGs) treated at the hospital in FY18? What proportion of the region's cases did this hospital treat for each service?

#### Discharges by DRG



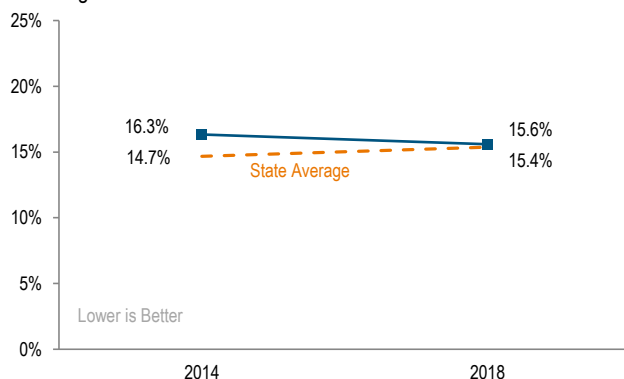
Where did most of the hospital's inpatients reside? What proportion of each community's total discharges was attributed to this hospital?

#### Discharges by Community

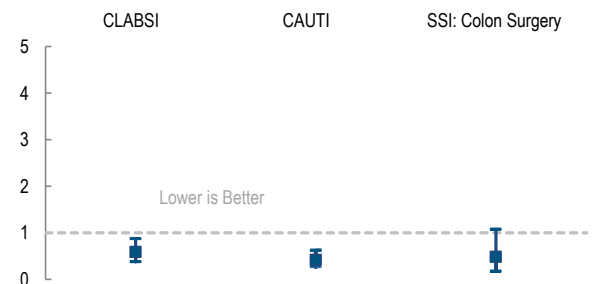


### Quality

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?



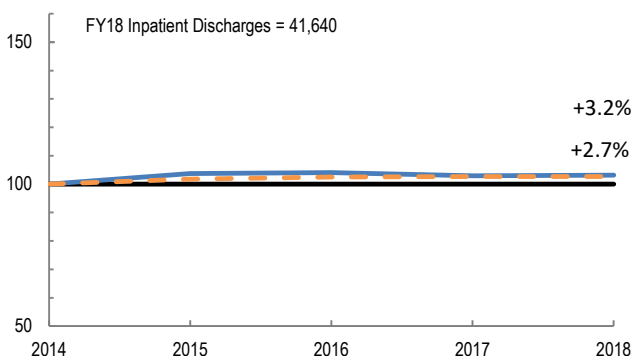
# 2018 HOSPITAL PROFILE: UMASS MEMORIAL MEDICAL CENTER

Cohort: Academic Medical Center

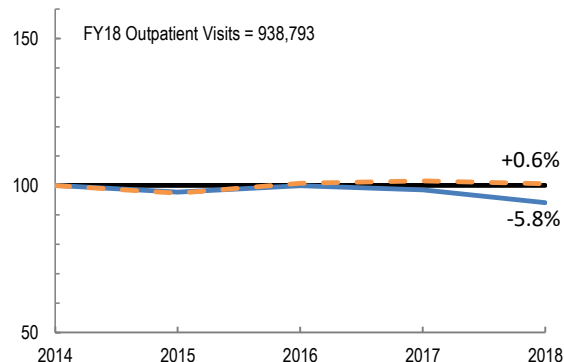
Key:  
—■— Hospital  
- - - ■ - - - Peer Cohort

## Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY14, and how does this compare to the hospital's peer cohort median? (FY14=100)

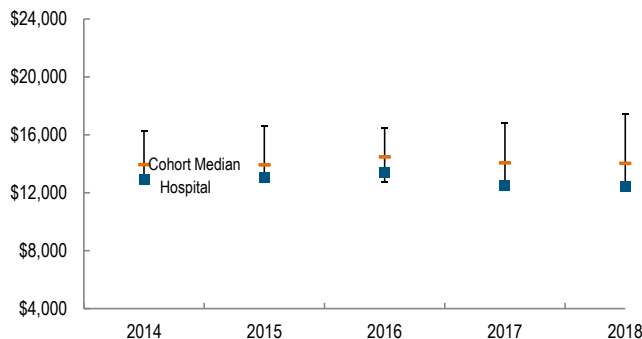


How has the volume of the hospital's outpatient visits changed compared to FY14, and how does this compare to the hospital's peer cohort median? (FY14=100)

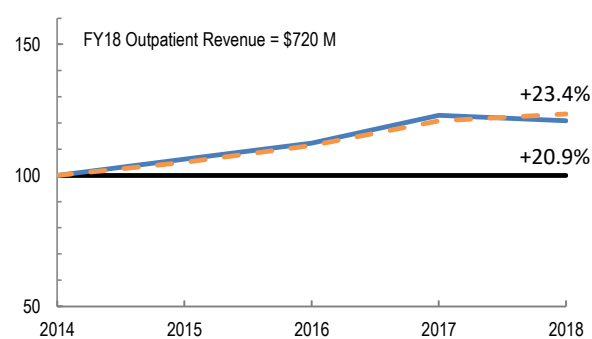


## Patient Revenue Trends

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY14 and FY18, and how does this compare to the hospital's peer cohort median?



How has the hospital's total outpatient revenue changed compared to FY14, and how does this compare to the hospital's peer cohort median? (FY14=100)



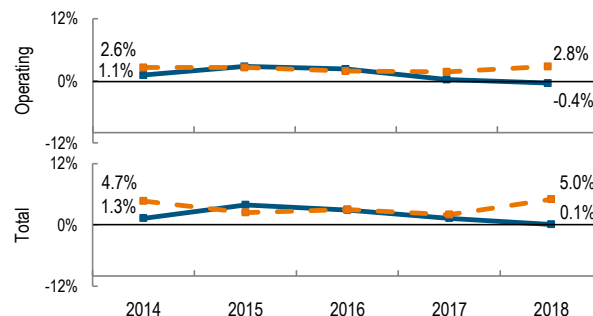
## Financial Performance

How have the hospital's total revenue and costs changed between FY14 and FY18?

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

FY	2014	2015	2016	2017	2018
<b>Operating Revenue</b>	\$ 1,520.7	\$ 1,516.2	\$ 1,621.5	\$ 1,686.4	\$ 1,731.3
<b>Non-Operating Revenue</b>	\$ 2.5	\$ 17.1	\$ 10.7	\$ 16.3	\$ 9.5
<b>Total Revenue</b>	\$ 1,523.2	\$ 1,533.2	\$ 1,632.2	\$ 1,702.7	\$ 1,740.8
<b>Total Costs</b>	\$ 1,503.4	\$ 1,473.1	\$ 1,584.6	\$ 1,680.8	\$ 1,739.1
<b>Total Profit (Loss)</b>	\$ 19.8	\$ 60.1	\$ 47.6	\$ 21.9	\$ 1.7

What were the hospital's total margin and operating margins between FY14 and FY18, 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).

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

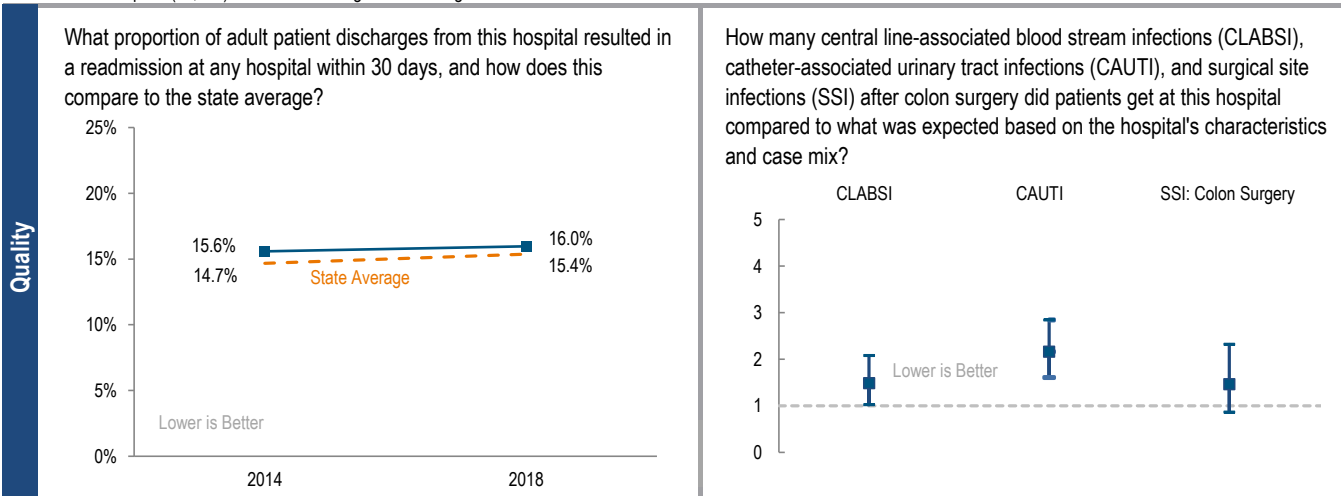
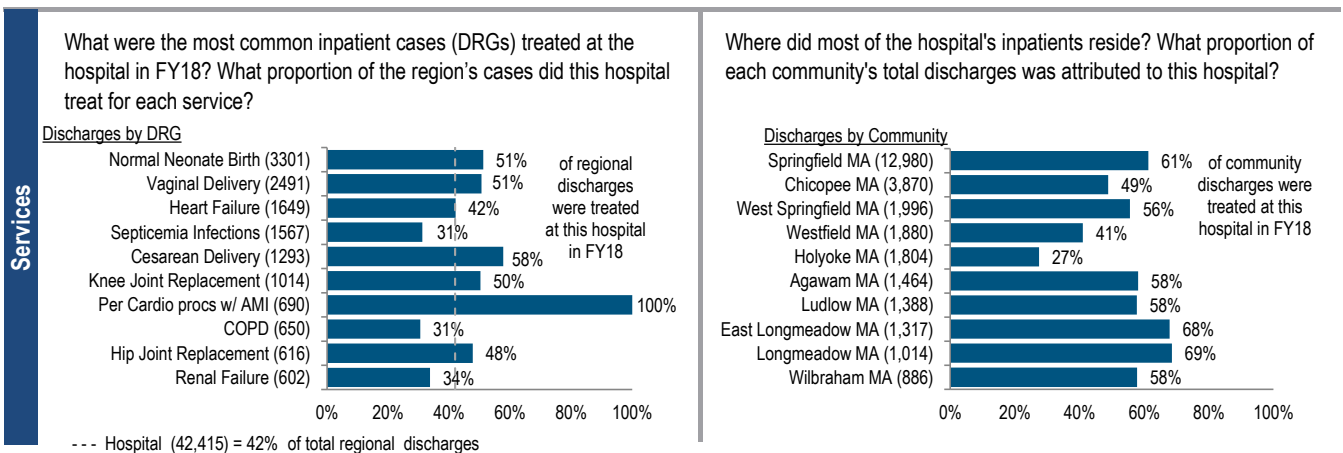
# BAYSTATE MEDICAL CENTER

## 2018 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 781 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 FY14 to FY18. In FY18 it had a total margin of 7.6%, above the 6.0% median of its cohort hospitals.

At a Glance	<b>Overview / Size</b>	
	Hospital System Affiliation:	Baystate Health
	Hospital System Surplus (Loss) in FY18:	\$68,132,000
	Change in Ownership (FY14-18):	Not Applicable
	Total Staffed Beds:	781, 3rd largest acute hospital
	% Occupancy:	73.9%, < cohort avg. (79%)
	Special Public Funding:	HCI <sup>1</sup> , ICB <sup>2</sup>
	Trauma Center Designation:	Adult: Level 1, Pedi: Level 2
	Case Mix Index:	1.25, > cohort avg. (1.12); > statewide (1.14)
	<b>Financial</b>	
	Inpatient NPSR per CMAD:	\$11,004
	Change FY17-FY18:	0.4%
	Inpatient:Outpatient Revenue in FY18:	43%:57%
	Outpatient Revenue in FY18:	\$562,945,032
	Change FY17-FY18:	2.7%
	Total Revenue in FY18:	\$1,309,472,000
	Total Surplus (Loss) in FY18:	\$99,804,000
	<b>Payer Mix</b>	
	Public Payer Mix:	70.8% HPP Hospital
	CY17 Commercial Statewide Relative Price:	1.02
	Top 3 Commercial Payers:	Blue Cross Blue Shield of Massachusetts Health New England, Inc. UniCare Life and Health Insurance Co.
	<b>Utilization</b>	
	Inpatient Discharges in FY18:	42,415
	Change FY17-FY18:	1.0%
	Emergency Department Visits in FY18:	159,193
	Change FY17-FY18:	3.9%
	Outpatient Visits in FY18:	434,209
	Change FY17-FY18:	-0.6%
	<b>Quality</b>	
	Readmission Rate in FY18:	16.0%
	Change FY14-FY18 (percentage points):	0.4
	Early Elective Deliveries Rate:	3.3%



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

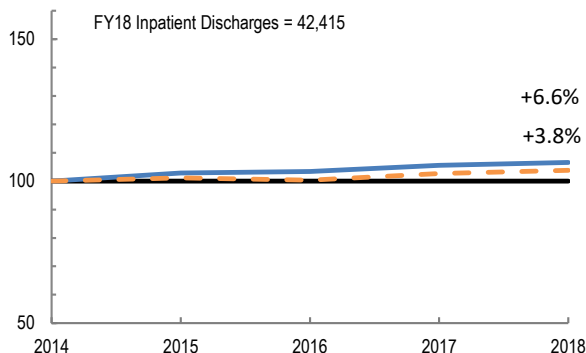
# 2018 HOSPITAL PROFILE: BAYSTATE MEDICAL CENTER

Cohort: Teaching Hospital

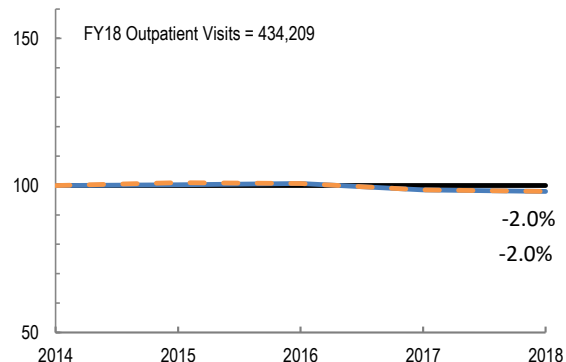
Key:  
—■ Hospital  
- - - ■ Peer Cohort

## Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY14, and how does this compare to the hospital's peer cohort median? (FY14=100)

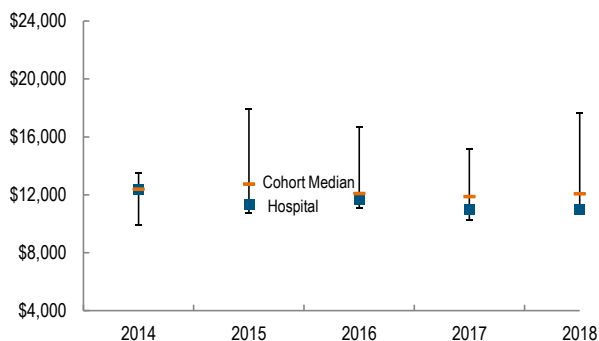


How has the volume of the hospital's outpatient visits changed compared to FY14, and how does this compare to the hospital's peer cohort median? (FY14=100)

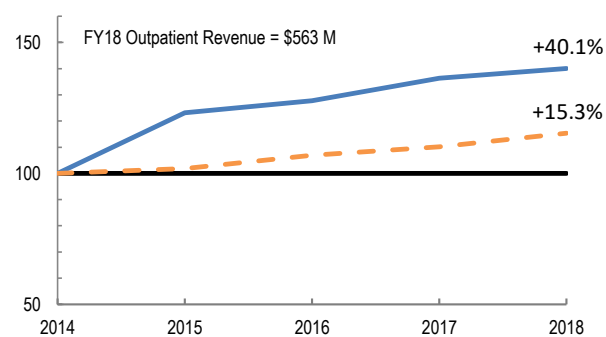


## Patient Revenue Trends

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY14 and FY18, and how does this compare to the hospital's peer cohort median?



How has the hospital's total outpatient revenue changed compared to FY14, and how does this compare to the hospital's peer cohort median? (FY14=100)



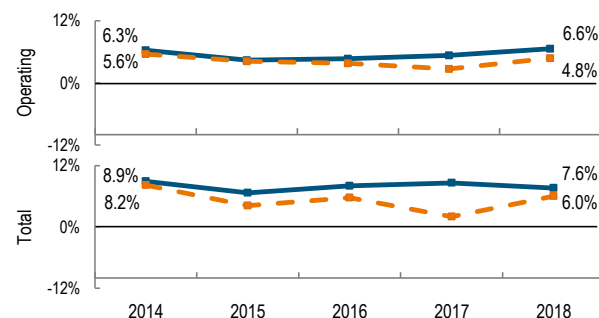
## Financial Performance

How have the hospital's total revenue and costs changed between FY14 and FY18?

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

FY	2014	2015	2016	2017	2018
<b>Operating Revenue</b>	\$ 1,053	\$ 1,127	\$ 1,178	\$ 1,227	\$ 1,296
<b>Non-Operating Revenue</b>	\$ 28	\$ 26	\$ 40	\$ 42	\$ 13
<b>Total Revenue</b>	\$ 1,081	\$ 1,153	\$ 1,218	\$ 1,269	\$ 1,309
<b>Total Costs</b>	\$ 984	\$ 1,076	\$ 1,121	\$ 1,160	\$ 1,210
<b>Total Profit (Loss)</b>	\$ 96.3	\$ 76.8	\$ 97.8	\$ 109.0	\$ 99.8

What were the hospital's total margin and operating margins between FY14 and FY18, 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).

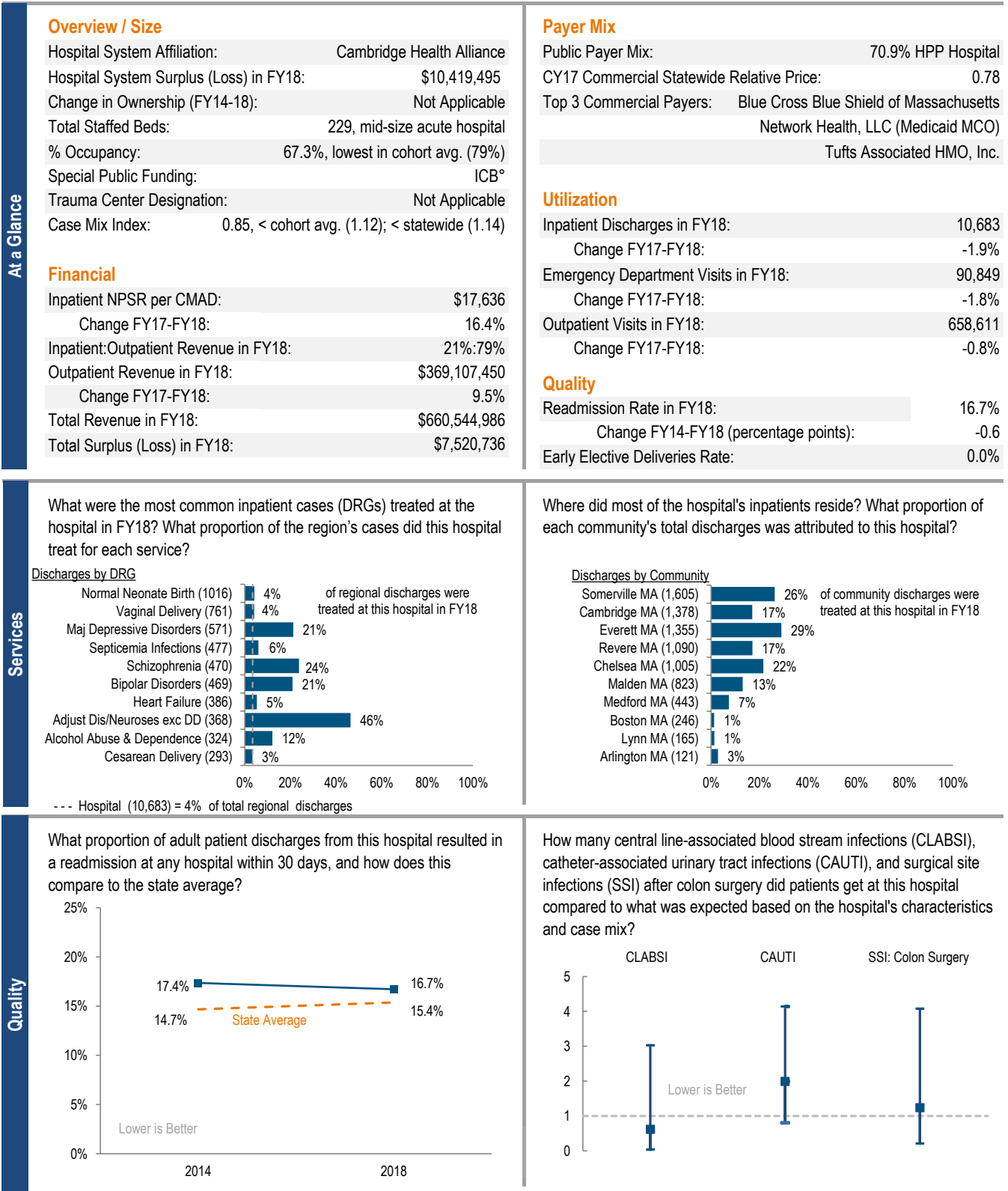
η For more information on Health Care Innovation Investment Program (HCII) special funding, please contact the Health Policy Commission (HPC).

# CAMBRIDGE HEALTH ALLIANCE

## 2018 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. Between FY14 and FY18, the volume of inpatient discharges at the hospital decreased by 11.3% compared to a median increase of 3.8% at cohort hospitals. Outpatient visits decreased by 0.9% for the hospital between FY14 and FY18, compared to a median decrease of 2.0% for its peer cohort. It reported a profit of \$7.5M in FY18 with a total margin of 1.1%.



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

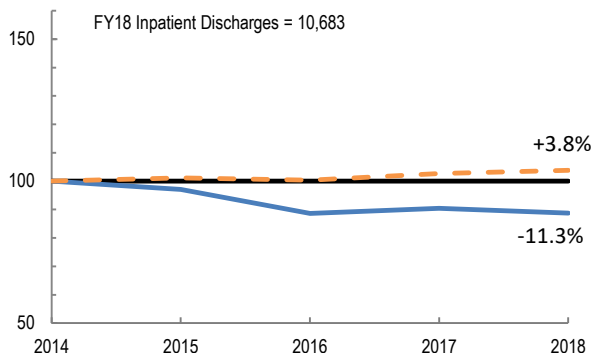
## 2018 HOSPITAL PROFILE: CAMBRIDGE HEALTH ALLIANCE

Cohort: Teaching Hospital

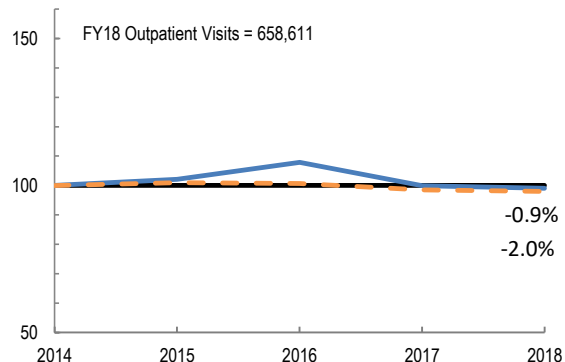
Key:  
—■ Hospital  
- - - ■ Peer Cohort

### Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY14, and how does this compare to the hospital's peer cohort median? (FY14=100)

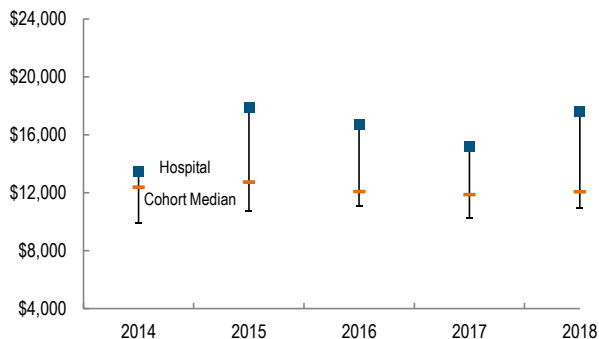


How has the volume of the hospital's outpatient visits changed compared to FY14, and how does this compare to the hospital's peer cohort median? (FY14=100)

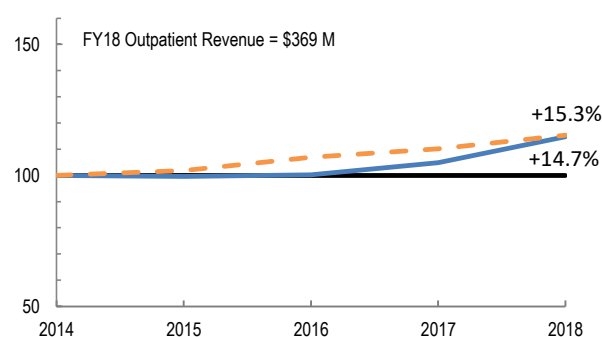


### Patient Revenue Trends

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY14 and FY18, and how does this compare to the hospital's peer cohort median?



How has the hospital's total outpatient revenue changed compared to FY14, and how does this compare to the hospital's peer cohort median? (FY14=100)



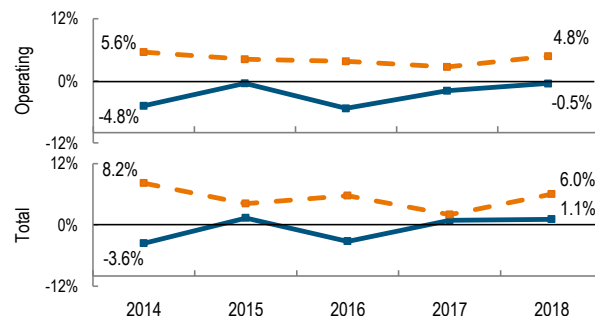
### Financial Performance

How have the hospital's total revenue and costs changed between FY14 and FY18?

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

FY	2014	2015	2016	2017	2018
<b>Operating Revenue</b>	\$ 530.3	\$ 574.4	\$ 571.7	\$ 589.8	\$ 649.6
<b>Non-Operating Revenue</b>	\$ 6.5	\$ 10.7	\$ 12.2	\$ 16.7	\$ 10.9
<b>Total Revenue</b>	\$ 536.8	\$ 585.1	\$ 583.9	\$ 606.5	\$ 660.5
<b>Total Costs</b>	\$ 556.2	\$ 577.1	\$ 602.8	\$ 601.1	\$ 653.0
<b>Total Profit (Loss)</b>	\$ (19.3)	\$ 7.9	\$ (18.8)	\$ 5.5	\$ 7.5

What were the hospital's total margin and operating margins between FY14 and FY18, 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).

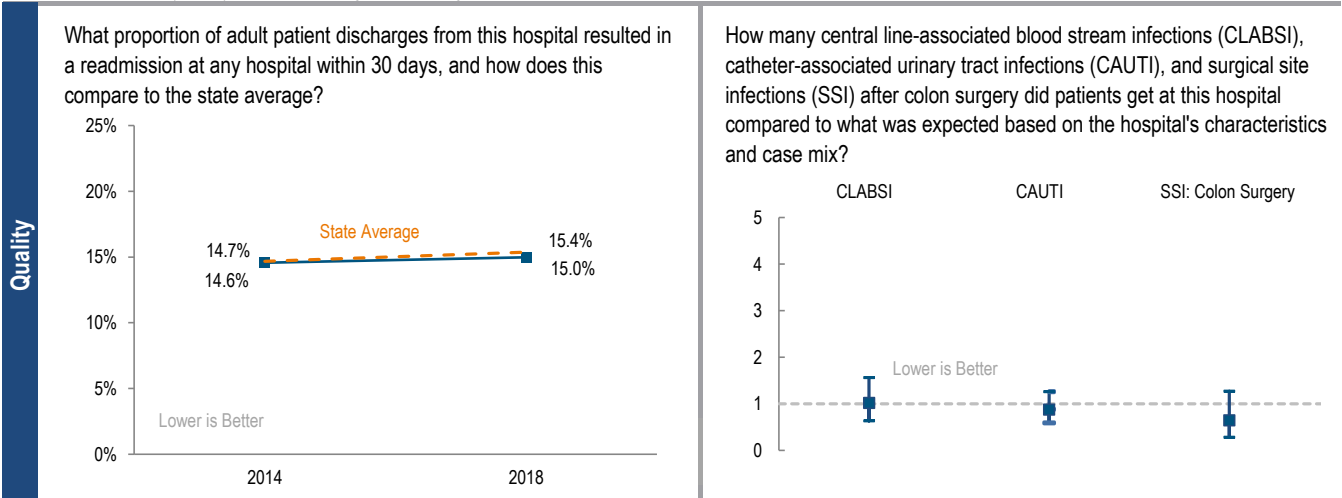
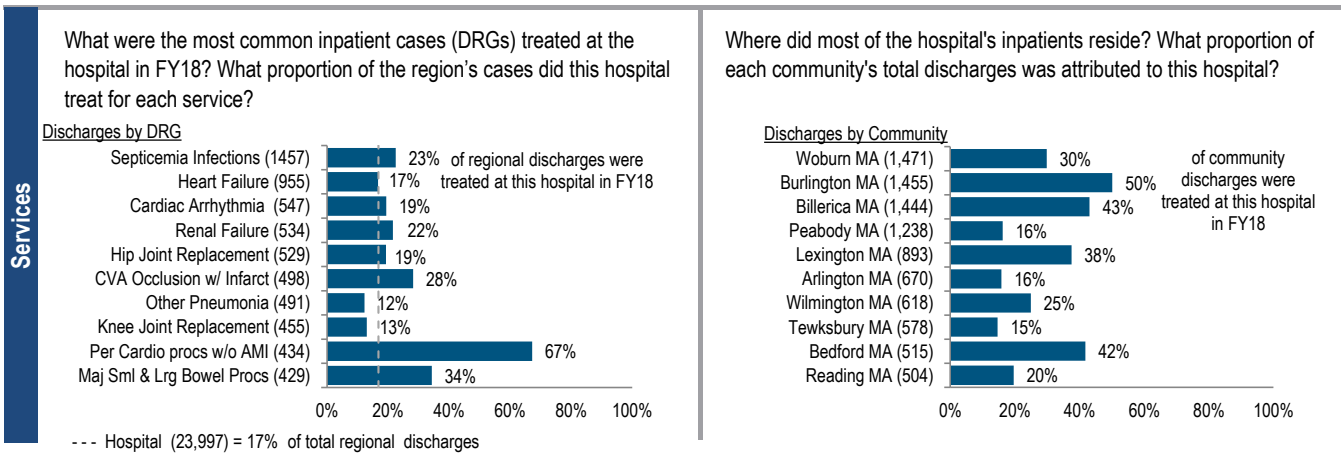
# LAHEY HOSPITAL & MEDICAL CENTER

## 2018 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 the State. Between FY14 and FY18, the volume of inpatient discharges at the hospital increased by 14.2% compared to a median increase of 3.8% at cohort hospitals. Outpatient visits decreased 13.1% for the hospital between FY14 and FY18, compared to a median decrease of 2.0% for its peer cohort. Lahey Hospital & Medical Center has been profitable each year from FY14 to FY18, with a total margin at or near the median of its peer cohort hospitals.

At a Glance	<b>Overview / Size</b>	
	Hospital System Affiliation:	Lahey Health System
	Hospital System Surplus (Loss) in FY18:	(\$13,194,627)
	Change in Ownership (FY14-18):	Not Applicable
	Total Staffed Beds:	345, among the larger acute hospitals
	% Occupancy:	90.0%, > cohort avg. (79%)
	Special Public Funding:	CHART <sup>+</sup> , ICB <sup>+</sup>
	Trauma Center Designation:	Adult: Level 2
	Case Mix Index:	1.54, > cohort avg. (1.12); > statewide (1.14)
	<b>Financial</b>	
	Inpatient NPSR per CMAD:	\$12,061
	Change FY17-FY18:	0.2%
	Inpatient:Outpatient Revenue in FY18:	32%:68%
	Outpatient Revenue in FY18:	\$519,612,748
	Change FY17-FY18:	9.3%
	Total Revenue in FY18:	\$1,011,758,198
	Total Surplus (Loss) in FY18:	\$66,375,812
	<b>Payer Mix</b>	
	Public Payer Mix:	60.5% Non-HPP Hospital
	CY17 Commercial Statewide Relative Price:	0.97
	Top 3 Commercial Payers:	Blue Cross Blue Shield of Massachusetts Harvard Pilgrim Health Care Tufts Associated HMO, Inc.
	<b>Utilization</b>	
	Inpatient Discharges in FY18:	23,997
	Change FY17-FY18:	1.9%
	Emergency Department Visits in FY18:	65,961
	Change FY17-FY18:	4.1%
	Outpatient Visits in FY18:	815,684
	Change FY17-FY18:	4.6%
	<b>Quality</b>	
	Readmission Rate in FY18:	15.0%
	Change FY14-FY18 (percentage points):	0.4
	Early Elective Deliveries Rate:	Not Available



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

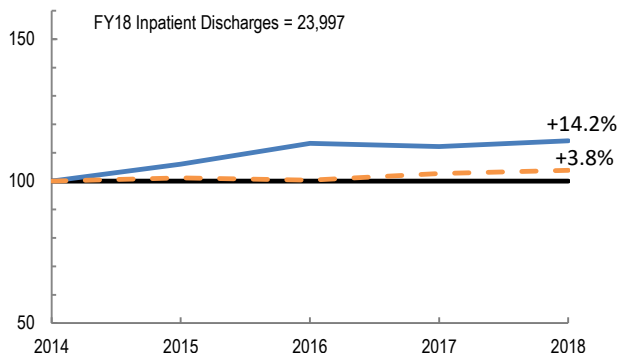
# 2018 HOSPITAL PROFILE: LAHEY HOSPITAL & MEDICAL CENTER

Cohort: Teaching Hospital

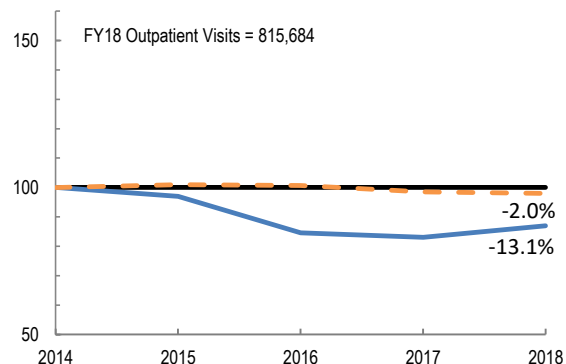
Key:  
—■ Hospital  
- - - ■ Peer Cohort

## Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY14, and how does this compare to the hospital's peer cohort median? (FY14=100)

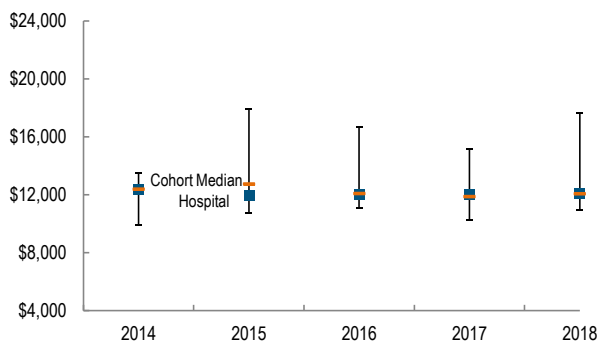


How has the volume of the hospital's outpatient visits changed compared to FY14, and how does this compare to the hospital's peer cohort median? (FY14=100)

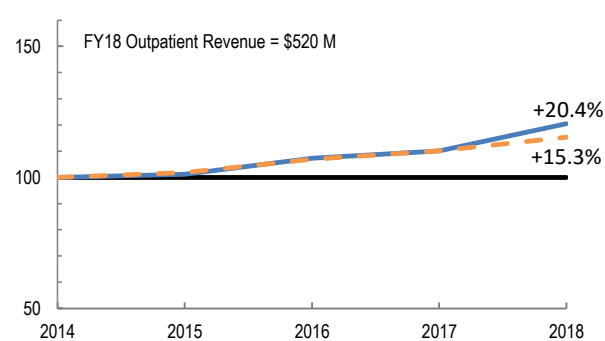


## Patient Revenue Trends

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY14 and FY18, and how does this compare to the hospital's peer cohort median?



How has the hospital's total outpatient revenue changed compared to FY14, and how does this compare to the hospital's peer cohort median? (FY14=100)



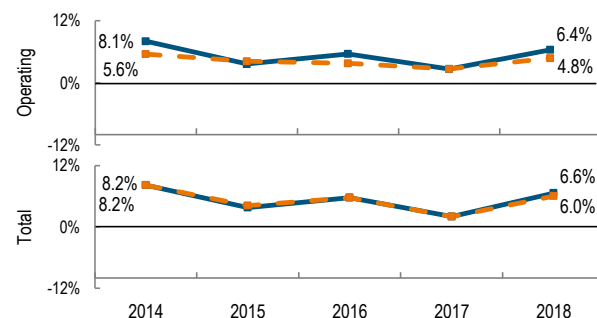
## Financial Performance

How have the hospital's total revenue and costs changed between FY14 and FY18?

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

FY	2014	2015	2016	2017	2018
<b>Operating Revenue</b>	\$ 821.4	\$ 836.9	\$ 923.6	\$ 949.2	\$ 1,010
<b>Non-Operating Revenue</b>	\$ 1.0	\$ 0.8	\$ 0.9	\$ (6.2)	\$ 1.3
<b>Total Revenue</b>	\$ 822.3	\$ 837.6	\$ 924.4	\$ 943.0	\$ 1,012
<b>Total Costs</b>	\$ 755.2	\$ 806.2	\$ 872.1	\$ 924.2	\$ 945.4
<b>Total Profit (Loss)</b>	\$ 67.2	\$ 31.4	\$ 52.4	\$ 18.8	\$ 66.4

What were the hospital's total margin and operating margins between FY14 and FY18, and how do these compare to the hospital's peer cohort medians?



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

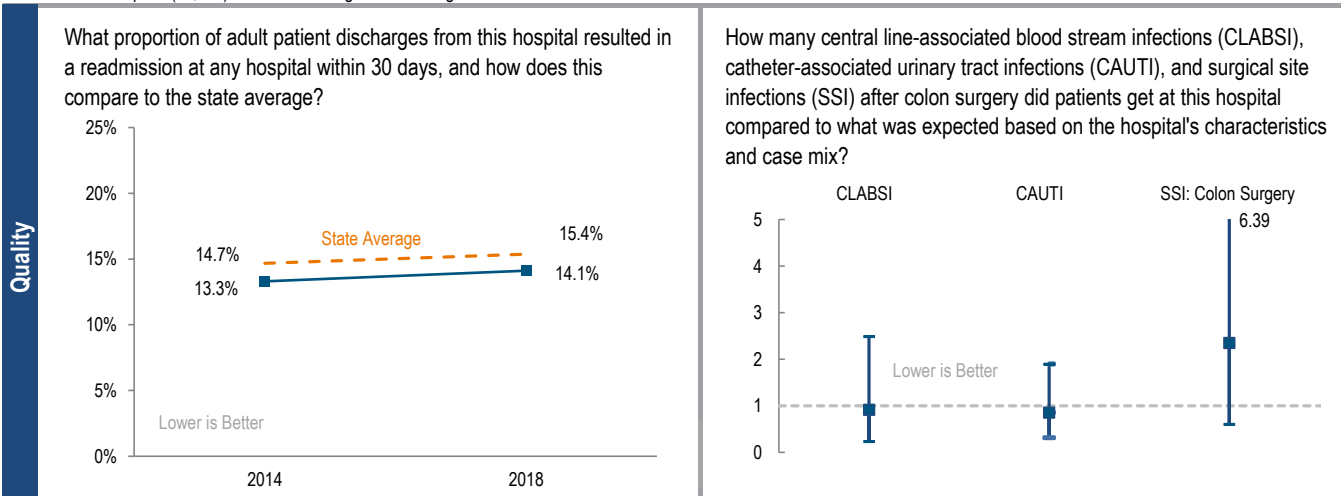
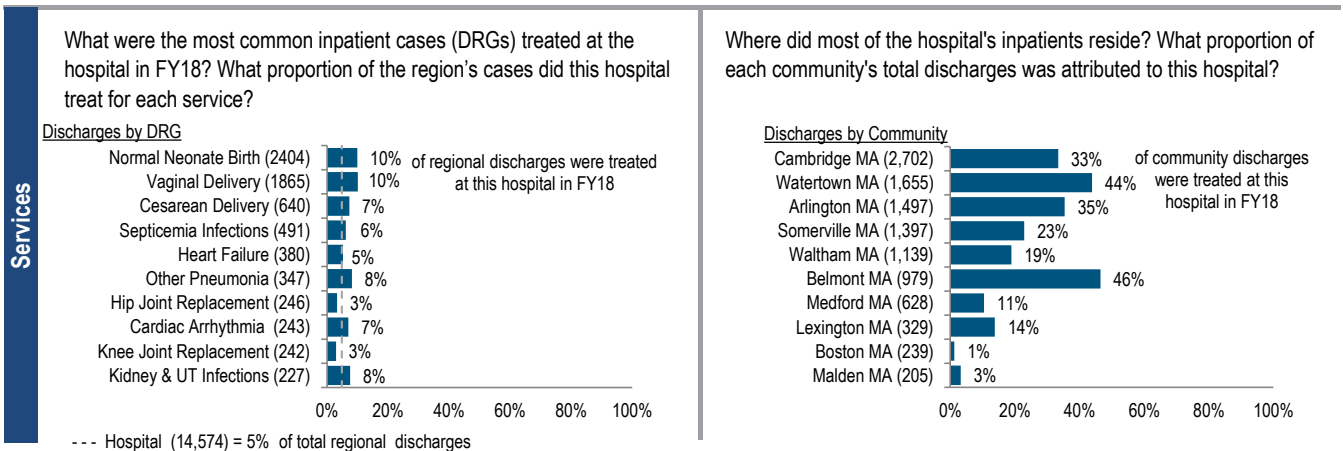
\* High Public Payer Hospitals (HPP) receive a minimum of 63% of gross patient service revenue from public payers.

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

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

Mount Auburn Hospital is a large, non-profit teaching hospital located in the Metro Boston region. It is a member of CareGroup. Between FY14 and FY18, the volume of inpatient discharges at the hospital increased by 3.8%, consistent with the median increase for its peer cohort. Outpatient visits decreased 44.5% for the hospital between FY14 and FY18, compared to a median decrease of 2.0% for its peer cohort. The hospital has reported a profit in each of the last five years and in FY18 reported a total margin of 6.0%, consistent with the median of its peer cohort.

At a Glance	<b>Overview / Size</b>	
	Hospital System Affiliation:	CareGroup
	Hospital System Surplus (Loss) in FY18:	\$110,129,000
	Change in Ownership (FY14-18):	Not Applicable
	Total Staffed Beds:	243, among the larger acute hospitals
	% Occupancy:	70.8%, < cohort avg. (79%)
	Special Public Funding:	ICB*
	Trauma Center Designation:	Not Applicable
	Case Mix Index:	0.89, < cohort avg. (1.12); < statewide (1.14)
	<b>Financial</b>	
	Inpatient NPSR per CMAD:	\$12,124
	Change FY17-FY18:	2.2%
	Inpatient:Outpatient Revenue in FY18:	34%:66%
	Outpatient Revenue in FY18:	\$163,902,397
	Change FY17-FY18:	1.3%
	Total Revenue in FY18:	\$347,467,000
	Total Surplus (Loss) in FY18:	\$20,996,000
	<b>Payer Mix</b>	
	Public Payer Mix:	52.7% Non-HPP Hospital
	CY17 Commercial Statewide Relative Price:	0.95
	Top 3 Commercial Payers:	Blue Cross Blue Shield of Massachusetts Tufts Associated HMO, Inc. Harvard Pilgrim Health Care
	<b>Utilization</b>	
	Inpatient Discharges in FY18:	14,574
	Change FY17-FY18:	1.1%
	Emergency Department Visits in FY18:	34,623
	Change FY17-FY18:	-3.9%
	Outpatient Visits in FY18:	96,887
	Change FY17-FY18:	-0.8%
	<b>Quality</b>	
	Readmission Rate in FY18:	14.1%
	Change FY14-FY18 (percentage points):	0.8
	Early Elective Deliveries Rate:	0.0%

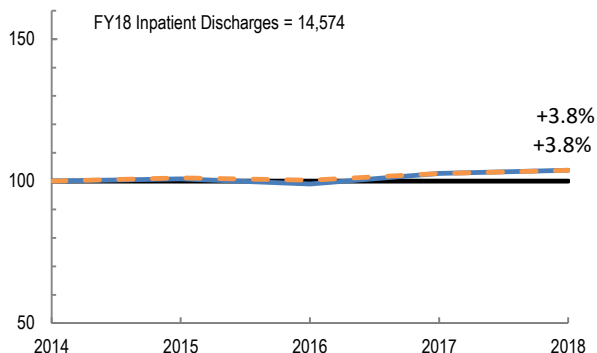


## 2018 HOSPITAL PROFILE: MOUNT AUBURN HOSPITAL

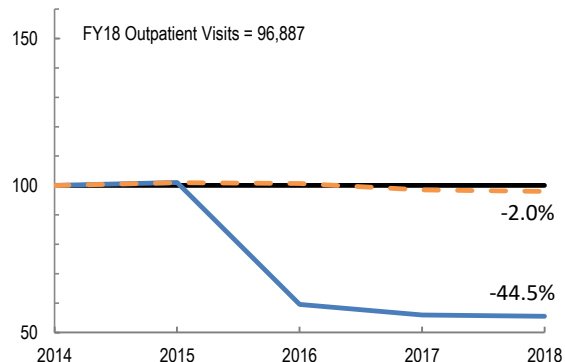
Cohort: Teaching Hospital

Key:  
 Hospital  
 Peer Cohort

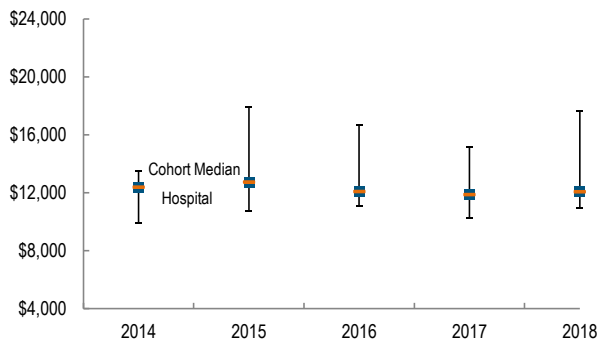
How has the volume of the hospital's inpatient discharges changed compared to FY14, and how does this compare to the hospital's peer cohort median? (FY14=100)



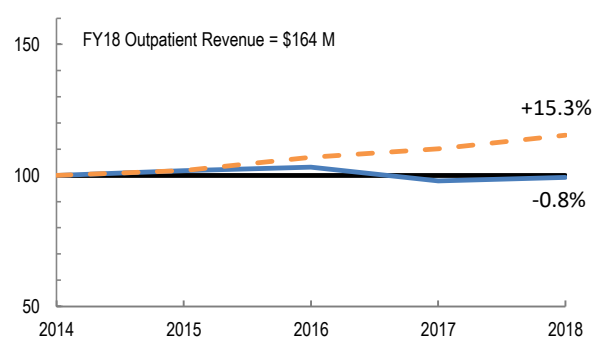
How has the volume of the hospital's outpatient visits changed compared to FY14, and how does this compare to the hospital's peer cohort median? (FY14=100)



What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY14 and FY18, and how does this compare to the hospital's peer cohort median?



How has the hospital's total outpatient revenue changed compared to FY14, and how does this compare to the hospital's peer cohort median? (FY14=100)

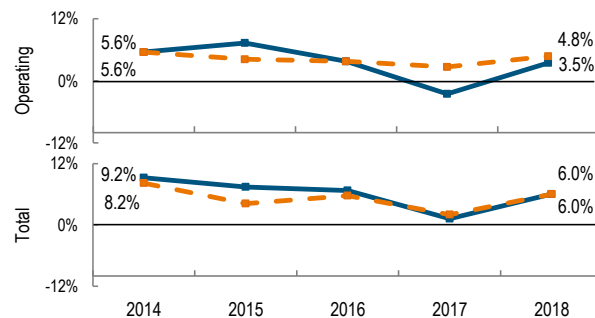


How have the hospital's total revenue and costs changed between FY14 and FY18?

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

FY	2014	2015	2016	2017	2018
Operating Revenue	\$ 319.9	\$ 333.6	\$ 343.3	\$ 321.7	\$ 338.7
Non-Operating Revenue	\$ 12.2	\$ 0.2	\$ 10.3	\$ 12.3	\$ 8.7
Total Revenue	\$ 332.1	\$ 333.8	\$ 353.5	\$ 333.9	\$ 347.5
Total Costs	\$ 301.4	\$ 309.1	\$ 329.8	\$ 330.0	\$ 326.5
Total Profit (Loss)	\$ 30.7	\$ 24.7	\$ 23.7	\$ 3.9	\$ 21.0

What were the hospital's total margin and operating margins between FY14 and FY18, 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. Along with MetroWest Medical Center, Saint Vincent Hospital was bought by Tenet Healthcare Corporation in 2013. Between FY14 and FY18, the volume of inpatient discharges at the hospital decreased by 0.9% compared to a median increase of 3.8% at cohort hospitals. Outpatient visits increased 72.6% for the hospital between FY14 and FY18, compared to a median decrease of 2.0% for its peer cohort. Saint Vincent Hospital reported a profit each year in this time period including a profit of \$72.2M in FY18 and a total margin of 14.6%, compared to the cohort median of 6.0%.

### At a Glance

#### Overview / Size

Hospital System Affiliation:	Tenet Healthcare
Hospital System Surplus (Loss) in FY18:	\$111,000,000
Change in Ownership (FY14-18):	Not Applicable
Total Staffed Beds:	303, among the larger acute hospitals
% Occupancy:	69.4%, < cohort avg. (79%)
Special Public Funding:	ICB*
Trauma Center Designation:	Not Applicable
Case Mix Index:	1.03, < cohort avg. (1.12); < statewide (1.14)

#### Financial

Inpatient NPSR per CMAD:	\$11,081
Change FY17-FY18:	-4.2%
Inpatient:Outpatient Revenue in FY18:	39%:61%
Outpatient Revenue in FY18:	\$229,729,021
Change FY17-FY18:	10.0%
Total Revenue in FY18:	\$495,763,298
Total Surplus (Loss) in FY18:	\$72,180,428

#### Payer Mix

Public Payer Mix:	67.5% HPP Hospital
CY17 Commercial Statewide Relative Price:	0.95
Top 3 Commercial Payers:	Blue Cross Blue Shield of Massachusetts Fallon Community Health Plan Harvard Pilgrim Health Care

#### Utilization

Inpatient Discharges in FY18:	19,159
Change FY17-FY18:	-1.8%
Emergency Department Visits in FY18:	52,764
Change FY17-FY18:	-0.6%
Outpatient Visits in FY18:	213,394
Change FY17-FY18:	-3.8%

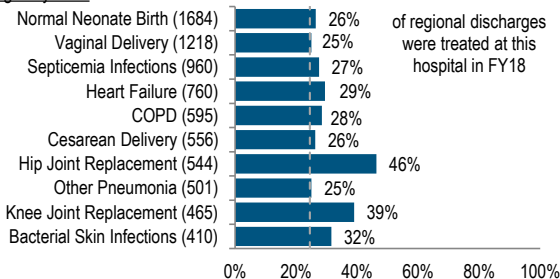
#### Quality

Readmission Rate in FY18:	14.4%
Change FY14-FY18 (percentage points):	-0.9
Early Elective Deliveries Rate:	1.2%

### Services

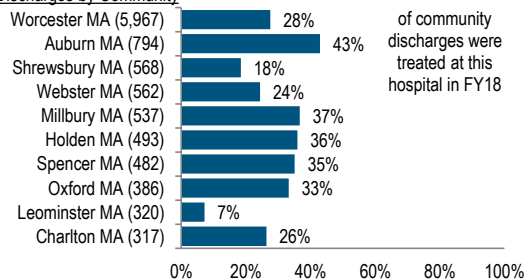
What were the most common inpatient cases (DRGs) treated at the hospital in FY18? What proportion of the region's cases did this hospital treat for each service?

#### Discharges by DRG



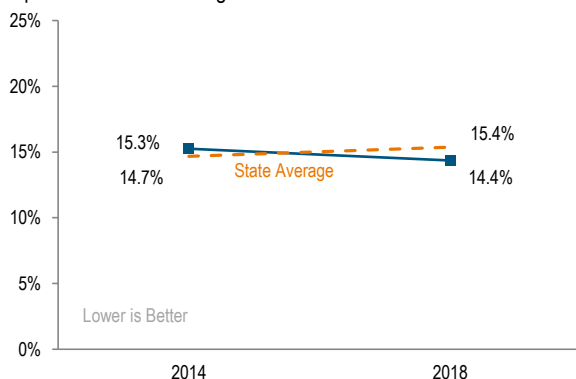
Where did most of the hospital's inpatients reside? What proportion of each community's total discharges was attributed to this hospital?

#### Discharges by Community

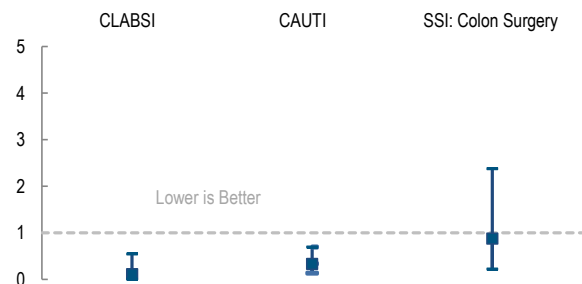


### Quality

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?



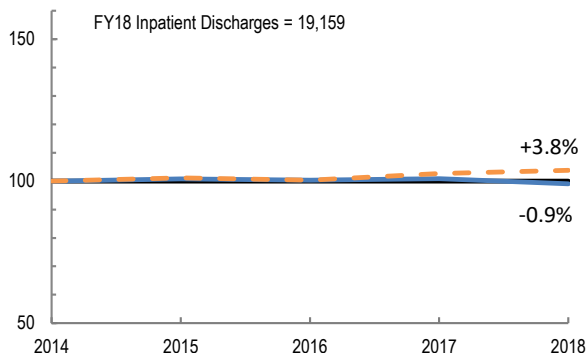
## 2018 HOSPITAL PROFILE: SAINT VINCENT HOSPITAL

Cohort: Teaching Hospital

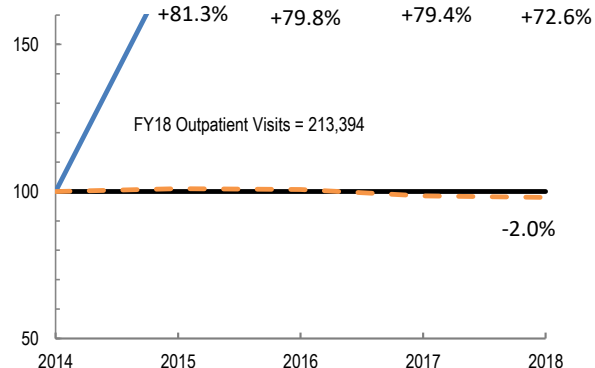
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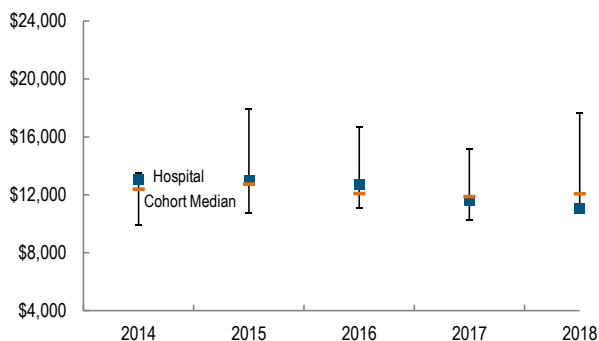
How has the volume of the hospital's inpatient discharges changed compared to FY14, and how does this compare to the hospital's peer cohort median? (FY14=100)



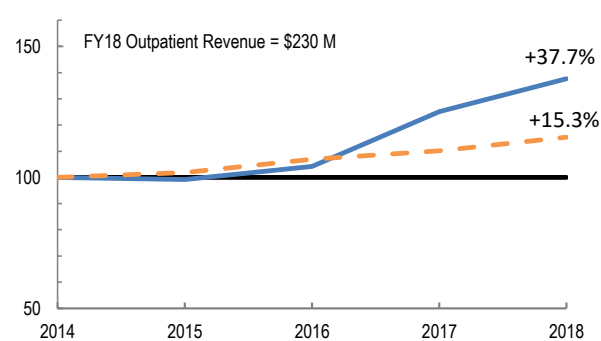
How has the volume of the hospital's outpatient visits changed compared to FY14, and how does this compare to the hospital's peer cohort median? (FY14=100)



What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY14 and FY18, and how does this compare to the hospital's peer cohort median?



How has the hospital's total outpatient revenue changed compared to FY14, and how does this compare to the hospital's peer cohort median? (FY14=100)

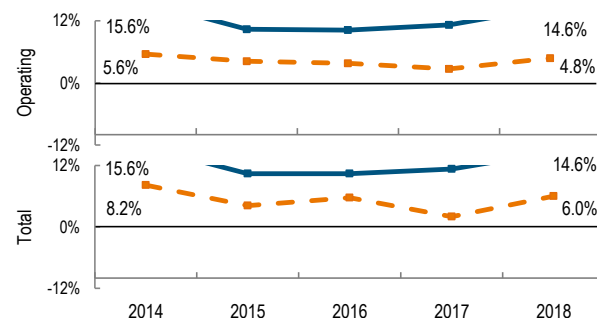


How have the hospital's total revenue and costs changed between FY14 and FY18?

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

FY	2014	2015	2016	2017	2018
<b>Operating Revenue</b>	\$ 418.2	\$ 431.3	\$ 458.1	\$ 460.9	\$ 496.1
<b>Non-Operating Revenue</b>	\$ 0.0	\$ 0.1	\$ 0.8	\$ 0.1	\$ (0.4)
<b>Total Revenue</b>	\$ 418.2	\$ 431.4	\$ 458.9	\$ 461.0	\$ 495.8
<b>Total Costs</b>	\$ 353.0	\$ 386.5	\$ 411.3	\$ 409.1	\$ 423.6
<b>Total Profit (Loss)</b>	\$ 65.2	\$ 44.9	\$ 47.6	\$ 51.9	\$ 72.2

What were the hospital's total margin and operating margins between FY14 and FY18, 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

## 2018 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.

Outpatient visits increased by 6.6% for the hospital between FY14 and FY18, compared to a median decrease of 2.0% for its peer cohort. Steward Carney reported a loss in each of the last five years, including a loss of \$23.3M in FY18 and a total margin of -19.7%, compared with a median total margin of 6.0% in its cohort. Its operating and total margin were below the cohort median in each year during this period.

At a Glance	<b>Overview / Size</b>	
	Hospital System Affiliation:	Steward Health Care
	Hospital System Surplus (Loss) in FY18:	(\$271,104,000)
	Change in Ownership (FY14-18):	Not Applicable
	Total Staffed Beds:	83, among the smaller acute hospitals
	% Occupancy:	91.8%, highest in cohort avg. (79%)
	Special Public Funding:	ICB*
	Trauma Center Designation:	Not Applicable
	Case Mix Index:	0.99, < cohort avg. (1.12); < statewide (1.14)
	<b>Financial</b>	
	Inpatient NPSR per CMAD:	\$10,954
	Change FY17-FY18:	6.8%
	Inpatient:Outpatient Revenue in FY18:	32%:68%
	Outpatient Revenue in FY18:	\$52,915,911
	Change FY17-FY18:	-8.4%
	Total Revenue in FY18:	\$118,616,146
	Total Surplus (Loss) in FY18:	(\$23,311,320)
	<b>Payer Mix</b>	
	Public Payer Mix:	77.3% HPP Hospital
	CY17 Commercial Statewide Relative Price:	0.89
	Top 3 Commercial Payers:	Blue Cross Blue Shield of Massachusetts Harvard Pilgrim Health Care Tufts Associated HMO, Inc.
	<b>Utilization</b>	
	Inpatient Discharges in FY18:	4,751
	Change FY17-FY18:	-5.2%
	Emergency Department Visits in FY18:	52,803
	Change FY17-FY18:	0.3%
	Outpatient Visits in FY18:	93,474
	Change FY17-FY18:	-7.9%
	<b>Quality</b>	
	Readmission Rate in FY18:	16.9%
	Change FY14-FY18 (percentage points):	-1.4
	Early Elective Deliveries Rate:	Not Available

Services	What were the most common inpatient cases (DRGs) treated at the hospital in FY18? What proportion of the region's cases did this hospital treat for each service?	
	<b>Discharges by DRG</b>	
	Septicemia Infections (357)	4% of regional discharges were treated at this hospital in FY18
	Maj Depressive Disorders (284)	11%
	Depression exc MDD (253)	17%
	Schizophrenia (203)	10%
	Heart Failure (202)	3%
	Bipolar Disorders (166)	7%
	Bacterial Skin Infections (134)	4%
	Alcohol Abuse & Dependence (117)	4%
	Pulm Edema & Resp Failure (109)	7%
	Renal Failure (103)	3%
	--- Hospital (4,751) = 2% of total regional discharges	
	Where did most of the hospital's inpatients reside? What proportion of each community's total discharges was attributed to this hospital?	
	<b>Discharges by Community</b>	
	Quincy MA (1,239)	11% of community discharges were treated at this hospital in FY18
	Dorchester Center MA (907)	14%
	Dorchester MA (561)	6%
	Mattapan MA (326)	10%
	Brockton MA (134)	1%
	Hyde Park MA (133)	3%
	Boston MA (131)	1%
	Taunton MA (93)	1%
	Milton MA (88)	3%
	Braintree MA (86)	2%

Quality	What proportion of adult patient discharges from this hospital resulted in a readmission at any hospital within 30 days, and how does this compare to the state average?	
	<b>Readmission Rate</b>	
	2014	18.3%
	2018	16.9%
	State Average	15.4%
	2014	14.7%
	Lower is Better	
	How many central line-associated blood stream infections (CLABSI), catheter-associated urinary tract infections (CAUTI), and surgical site infections (SSI) after colon surgery did patients get at this hospital compared to what was expected based on the hospital's characteristics and case mix?	
	CLABSI	CAUTI
	SSI: Colon Surgery	
	Data is not available for this measure.	
	Lower is Better	

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

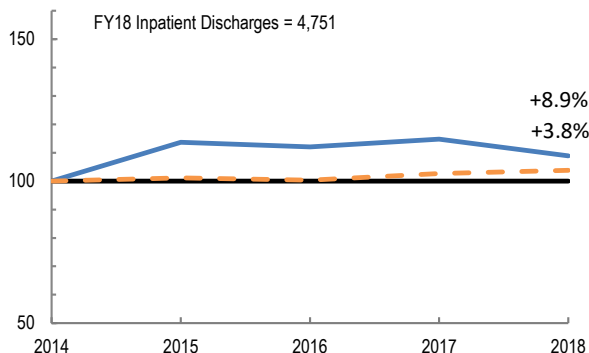
## 2018 HOSPITAL PROFILE: STEWARD CARNEY HOSPITAL

Cohort: Teaching Hospital

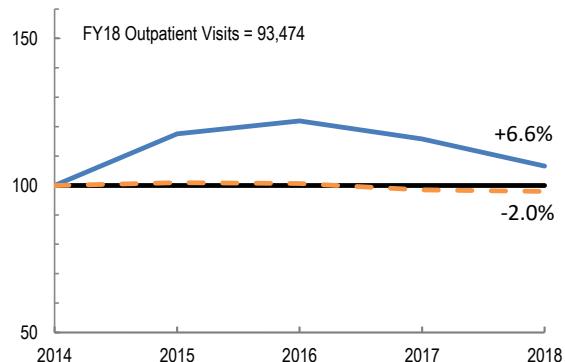
Key:  
—■ Hospital  
- - - ■ Peer Cohort

### Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY14, and how does this compare to the hospital's peer cohort median? (FY14=100)

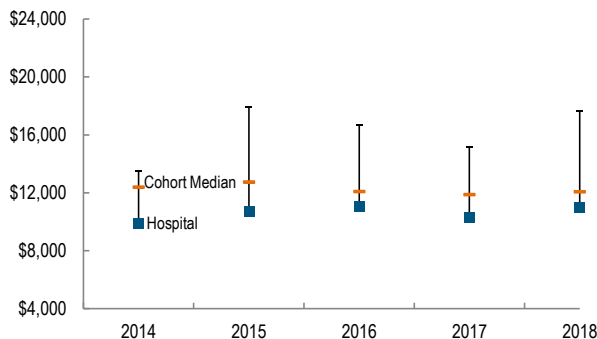


How has the volume of the hospital's outpatient visits changed compared to FY14, and how does this compare to the hospital's peer cohort median? (FY14=100)

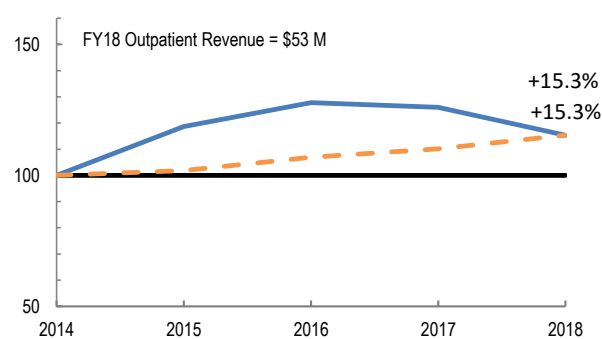


### Patient Revenue Trends

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY14 and FY18, and how does this compare to the hospital's peer cohort median?



How has the hospital's total outpatient revenue changed compared to FY14, and how does this compare to the hospital's peer cohort median? (FY14=100)



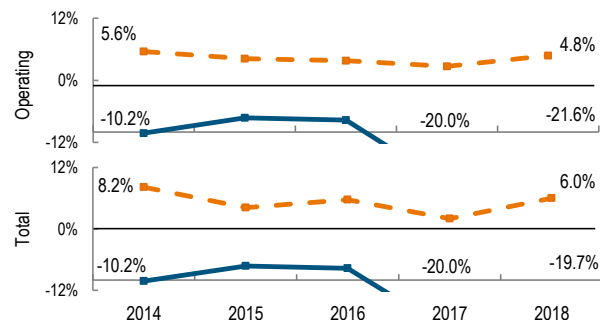
### Financial Performance

How have the hospital's total revenue and costs changed between FY14 and FY18?

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

FY	2014	2015	2016	2017	2018
<b>Operating Revenue</b>	\$ 91.3	\$ 114.6	\$ 123.4	\$ 119.8	\$ 116.3
<b>Non-Operating Revenue</b>	\$ (0.0)	\$ 0.0	\$ 0.0	\$ 0.0	\$ 2.3
<b>Total Revenue</b>	\$ 91.3	\$ 114.6	\$ 123.4	\$ 119.8	\$ 118.6
<b>Total Costs</b>	\$ 100.7	\$ 122.9	\$ 132.9	\$ 143.8	\$ 141.9
<b>Total Profit (Loss)</b>	\$ (9.3)	\$ (8.3)	\$ (9.5)	\$ (24.0)	\$ (23.3)

What were the hospital's total margin and operating margins between FY14 and FY18, 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).

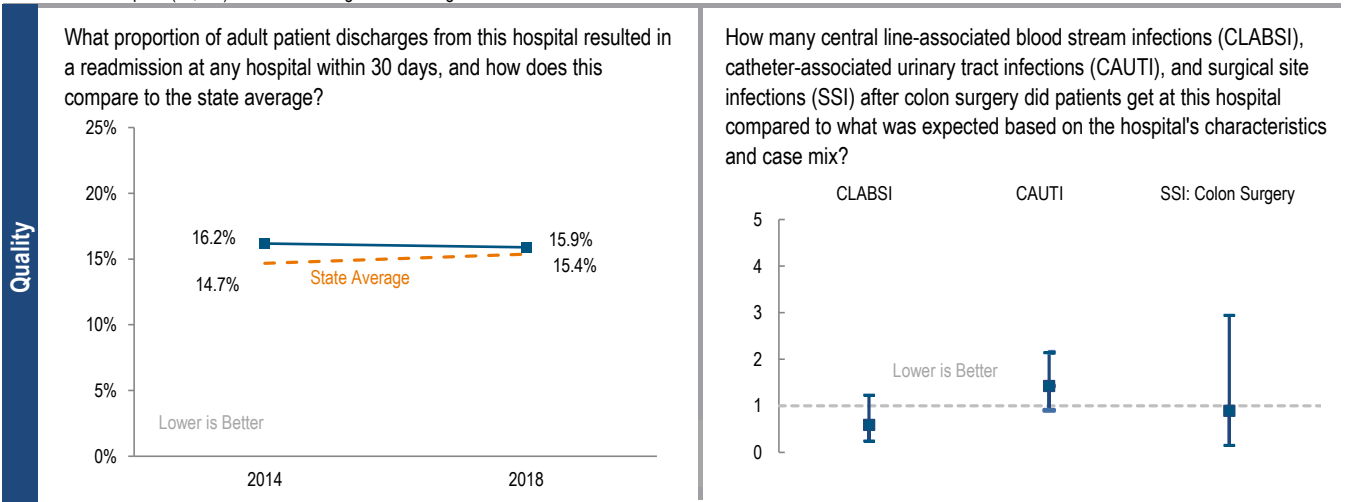
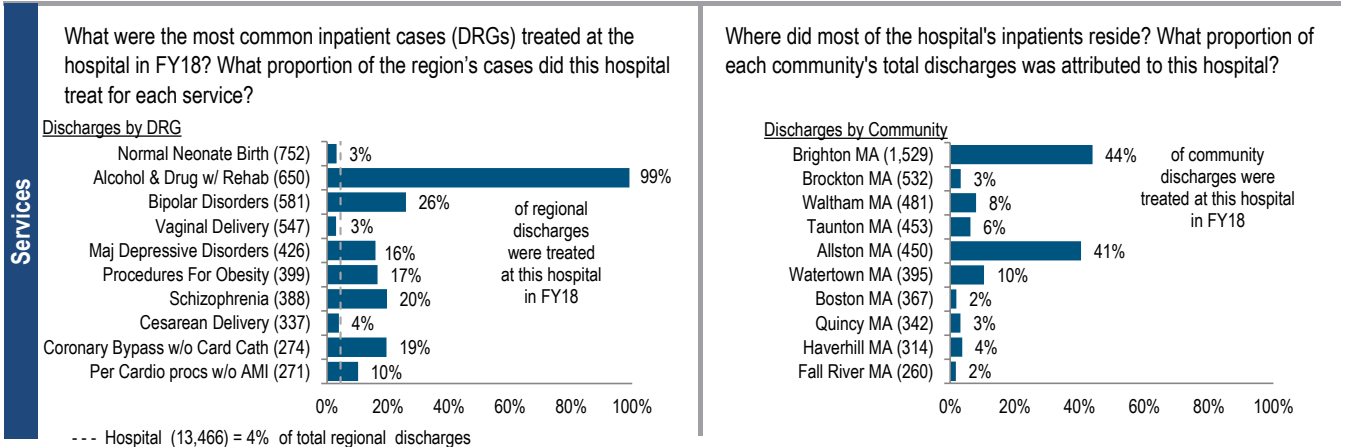
# STEWARD ST. ELIZABETH'S MEDICAL CENTER

## 2018 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. Outpatient visits decreased 19.6% for the hospital between FY14 and FY18, compared to a median decrease of 2.0% for its peer cohort. Steward Saint Elizabeth's Medical Center reported a profit each year in this time period including a profit of \$19.2M in FY18 and a total margin of 5.0% compared to its peer cohort median of 6.0%.

At a Glance	<b>Overview / Size</b>	
	Hospital System Affiliation:	Steward Health Care
	Hospital System Surplus (Loss) in FY18:	(\$271,104,000)
	Change in Ownership (FY14-18):	Not Applicable
	Total Staffed Beds:	225, mid-size acute hospital
	% Occupancy:	91.0%, > cohort avg. (79%)
	Special Public Funding:	ICB*
	Trauma Center Designation:	Not Applicable
	Case Mix Index:	1.32, > cohort avg. (1.12); > statewide (1.14)
	<b>Financial</b>	
	Inpatient NPSR per CMAD:	\$14,080
	Change FY17-FY18:	4.1%
	Inpatient:Outpatient Revenue in FY18:	58%:42%
	Outpatient Revenue in FY18:	\$117,225,507
	Change FY17-FY18:	3.8%
	Total Revenue in FY18:	\$381,958,277
	Total Surplus (Loss) in FY18:	\$19,195,143
	<b>Payer Mix</b>	
	Public Payer Mix:	68.1% HPP Hospital
	CY17 Commercial Statewide Relative Price:	1.09
	Top 3 Commercial Payers:	Blue Cross Blue Shield of Massachusetts Tufts Associated HMO, Inc. Harvard Pilgrim Health Care
	<b>Utilization</b>	
	Inpatient Discharges in FY18:	13,466
	Change FY17-FY18:	0.9%
	Emergency Department Visits in FY18:	27,890
	Change FY17-FY18:	-3.4%
	Outpatient Visits in FY18:	123,786
	Change FY17-FY18:	-5.9%
	<b>Quality</b>	
	Readmission Rate in FY18:	15.9%
	Change FY14-FY18 (percentage points):	-0.3
	Early Elective Deliveries Rate:	3.2%



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

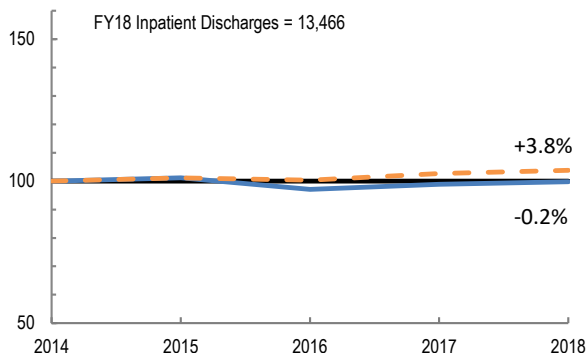
# 2018 HOSPITAL PROFILE: STEWARD ST. ELIZABETH'S MEDICAL CENTER

Cohort: Teaching Hospital

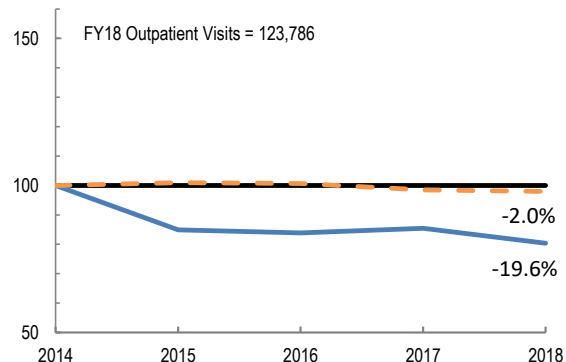
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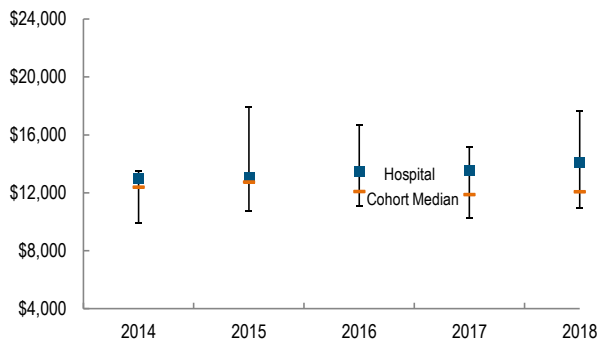
How has the volume of the hospital's inpatient discharges changed compared to FY14, and how does this compare to the hospital's peer cohort median? (FY14=100)



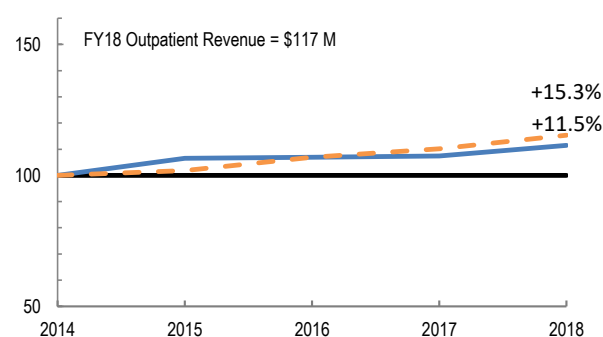
How has the volume of the hospital's outpatient visits changed compared to FY14, and how does this compare to the hospital's peer cohort median? (FY14=100)



What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY14 and FY18, and how does this compare to the hospital's peer cohort median?



How has the hospital's total outpatient revenue changed compared to FY14, and how does this compare to the hospital's peer cohort median? (FY14=100)

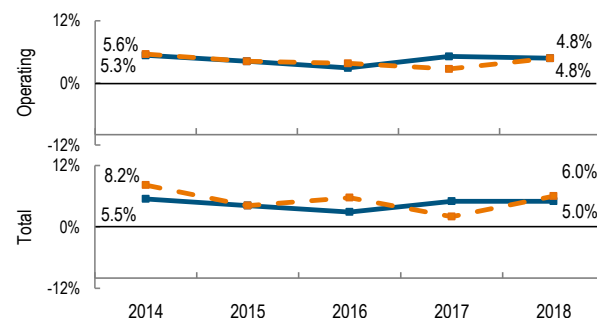


How have the hospital's total revenue and costs changed between FY14 and FY18?

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

FY	2014	2015	2016	2017	2018
<b>Operating Revenue</b>	\$ 312.0	\$ 326.3	\$ 334.3	\$ 360.2	\$ 381.0
<b>Non-Operating Revenue</b>	\$ 0.4	\$ 0.1	\$ 0.0	\$ (0.4)	\$ 1.0
<b>Total Revenue</b>	\$ 312.3	\$ 326.4	\$ 334.3	\$ 359.8	\$ 382.0
<b>Total Costs</b>	\$ 295.3	\$ 312.7	\$ 324.7	\$ 341.8	\$ 362.8
<b>Total Profit (Loss)</b>	\$ 17.1	\$ 13.6	\$ 9.7	\$ 18.0	\$ 19.2

What were the hospital's total margin and operating margins between FY14 and FY18, and how do these compare to the hospital's peer cohort medians?



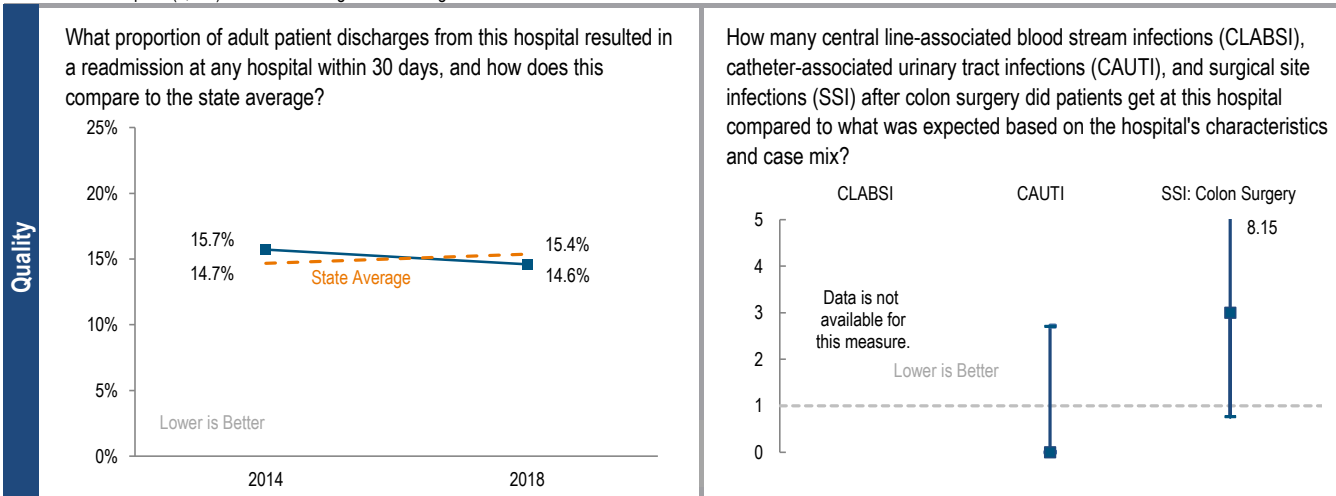
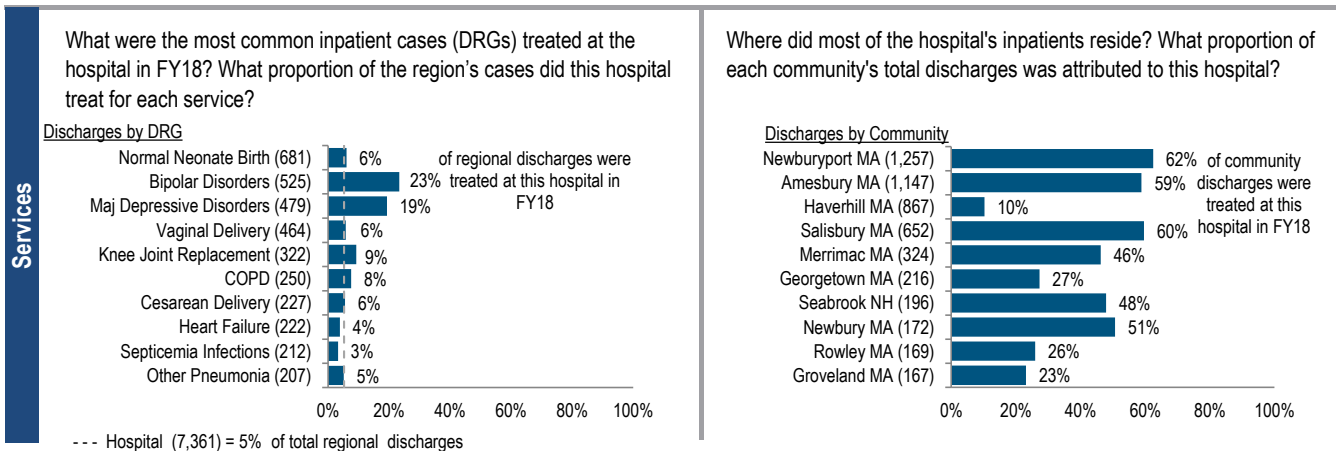
For descriptions of the metrics, please see the technical appendix.

\* 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 FY14 to FY18, inpatient discharges decreased 3.0% at the hospital, compared to a median increase of 10.7% in its peer cohort. Outpatient visits increased by 22.0% between FY14 and FY18, compared to a median 5.8% increase in its peer cohort. Anna Jaques was profitable each of the five years between FY14 and FY18, with a 1.3% total margin in FY18, below the cohort median of 2.1%.

At a Glance	<b>Overview / Size</b>	
	Hospital System Affiliation:	Seacoast Regional Health System
	Hospital System Surplus (Loss) in FY18:	\$677,630
	Change in Ownership (FY14-18):	Not Applicable
	Total Staffed Beds:	140, mid-size acute hospital
	% Occupancy:	59.5%, < cohort avg. (63%)
	Special Public Funding:	ICB*
	Trauma Center Designation:	Adult: Level 3
	Case Mix Index:	0.78, < cohort avg. (0.87); < statewide (1.14)
	<b>Financial</b>	
	Inpatient NPSR per CMAD:	\$8,316
	Change FY17-FY18:	-1.1%
	Inpatient:Outpatient Revenue in FY18:	27%:73%
	Outpatient Revenue in FY18:	\$80,882,522
	Change FY17-FY18:	5.2%
	Total Revenue in FY18:	\$134,149,783
	Total Surplus (Loss) in FY18:	\$1,758,543
	<b>Payer Mix</b>	
	Public Payer Mix:	59.1% Non-HPP Hospital
	CY17 Commercial Statewide Relative Price:	0.75
	Top 3 Commercial Payers:	Blue Cross Blue Shield of Massachusetts Tufts Associated HMO, Inc. Harvard Pilgrim Health Care
	<b>Utilization</b>	
	Inpatient Discharges in FY18:	7,361
	Change FY17-FY18:	3.3%
	Emergency Department Visits in FY18:	27,991
	Change FY17-FY18:	-5.4%
	Outpatient Visits in FY18:	68,991
	Change FY17-FY18:	0.5%
	<b>Quality</b>	
	Readmission Rate in FY18:	14.6%
	Change FY14-FY18 (percentage points):	-1.1
	Early Elective Deliveries Rate:	3.8%



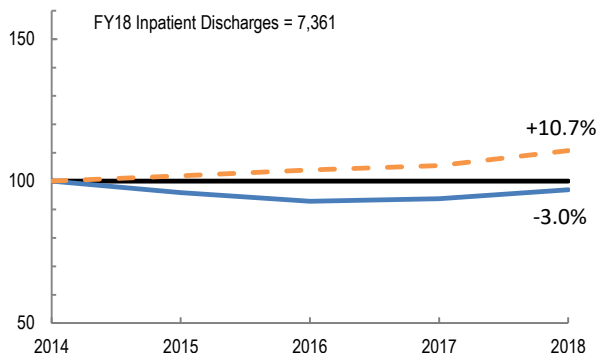
## 2018 HOSPITAL PROFILE: ANNA JAKUES HOSPITAL

Cohort: Community Hospital

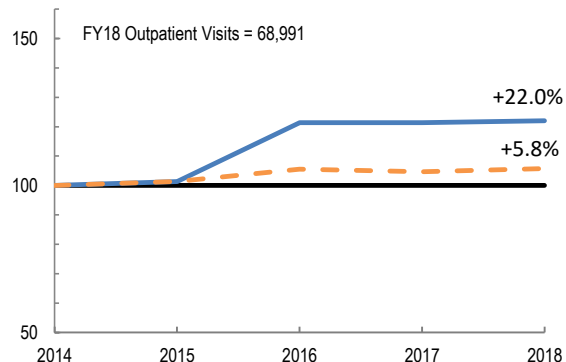
Key:  
—■ Hospital  
- - - ■ Peer Cohort

### Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY14, and how does this compare to the hospital's peer cohort median? (FY14=100)

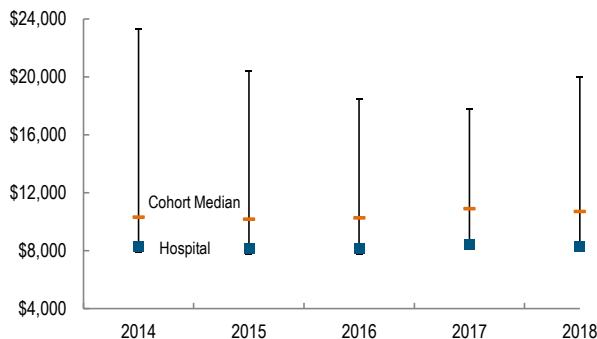


How has the volume of the hospital's outpatient visits changed compared to FY14, and how does this compare to the hospital's peer cohort median? (FY14=100)

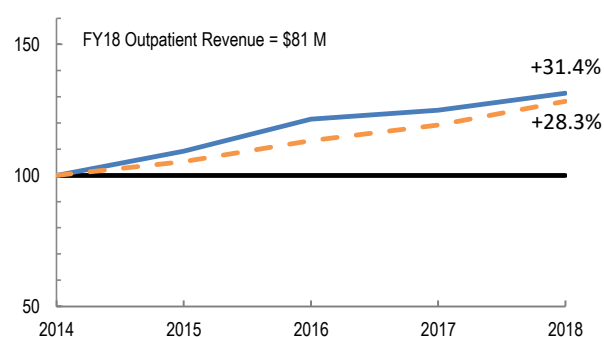


### Patient Revenue Trends

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY14 and FY18, and how does this compare to the hospital's peer cohort median?



How has the hospital's total outpatient revenue changed compared to FY14, and how does this compare to the hospital's peer cohort median? (FY14=100)



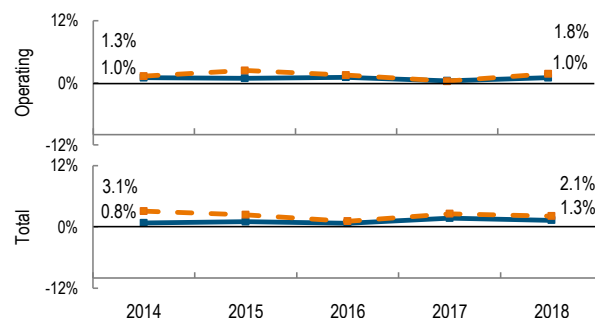
### Financial Performance

How have the hospital's total revenue and costs changed between FY14 and FY18?

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

FY	2014	2015	2016	2017	2018
<b>Operating Revenue</b>	\$ 113.1	\$ 115.9	\$ 124.3	\$ 129.1	\$ 133.8
<b>Non-Operating Revenue</b>	\$ (0.3)	\$ 0.2	\$ (0.5)	\$ 1.7	\$ 0.4
<b>Total Revenue</b>	\$ 112.8	\$ 116.1	\$ 123.8	\$ 130.8	\$ 134.1
<b>Total Costs</b>	\$ 111.9	\$ 114.9	\$ 123.0	\$ 128.7	\$ 132.4
<b>Total Profit (Loss)</b>	\$ 0.9	\$ 1.2	\$ 0.8	\$ 2.2	\$ 1.8

What were the hospital's total margin and operating margins between FY14 and FY18, 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).

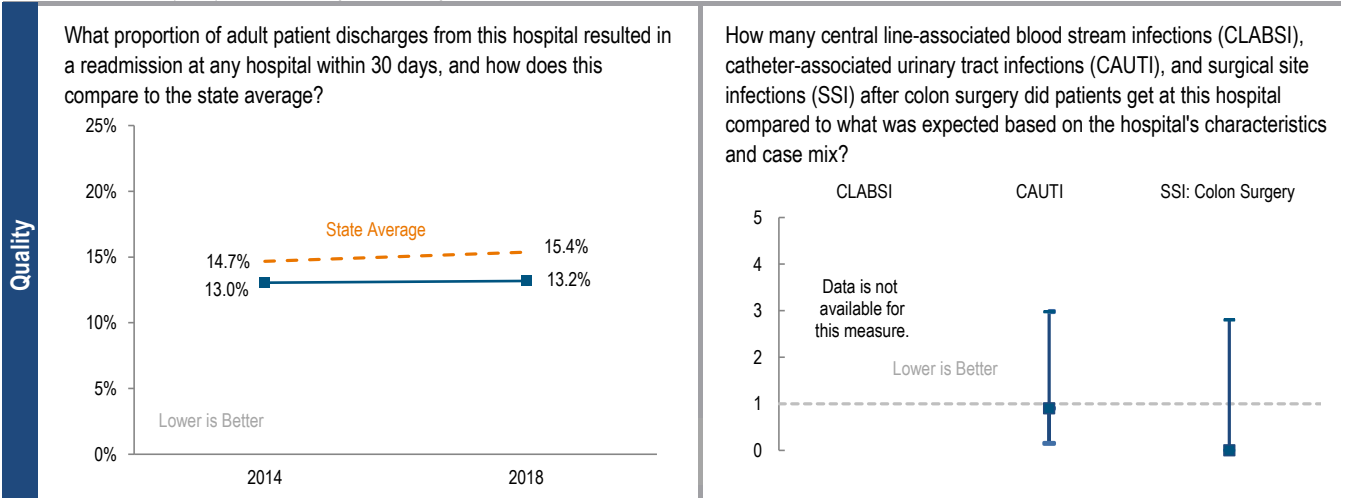
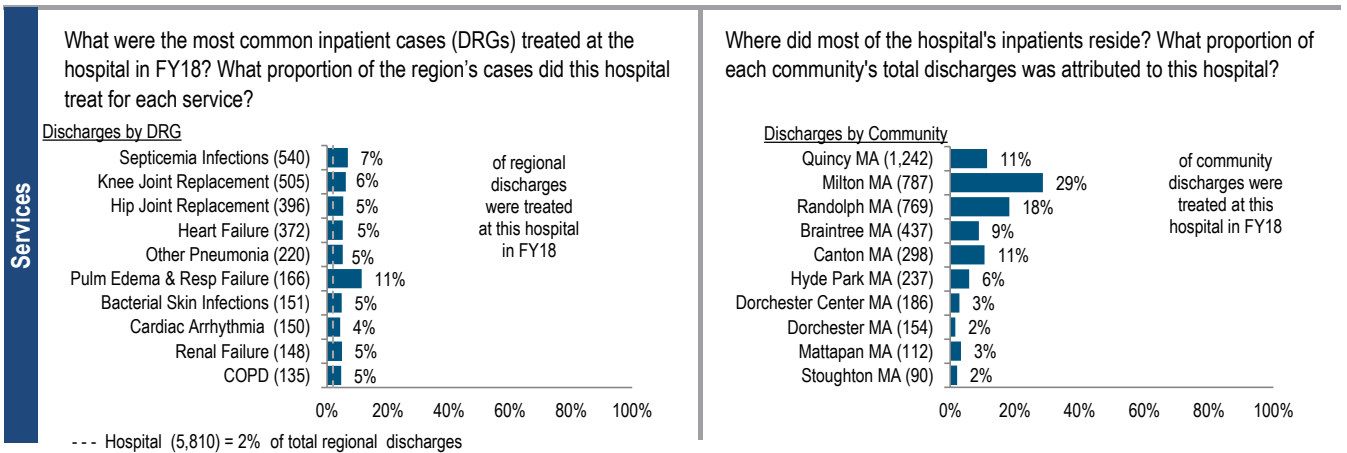
# BETH ISRAEL DEACONESS HOSPITAL - MILTON

## 2018 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. At 72 inpatient beds, it is among the smaller acute hospitals in Massachusetts. Between FY14 and FY18, the volume of inpatient discharges at the hospital increased by 34.8% compared to a median increase of 10.7% at cohort hospitals. Outpatient visits increased 13.9% for the hospital between FY14 and FY18, compared to a median increase of 5.8% for its peer cohort. The hospital has reported a profit in each of the last five years. In FY18 it had a total margin of 4.7%, above the 2.1% median of its cohort hospitals.

At a Glance	<b>Overview / Size</b>	
	Hospital System Affiliation:	CareGroup
	Hospital System Surplus (Loss) in FY18:	\$110,129,000
	Change in Ownership (FY14-18):	Not Applicable
	Total Staffed Beds:	72, among the smaller acute hospitals
	% Occupancy:	82.0%, > cohort avg. (63%)
	Special Public Funding:	ICB*
	Trauma Center Designation:	Not Applicable
	Case Mix Index:	1.04, > cohort avg. (0.87); < statewide (1.14)
	<b>Financial</b>	
	Inpatient NPSR per CMAD:	\$10,091
	Change FY17-FY18:	1.1%
	Inpatient:Outpatient Revenue in FY18:	39%:61%
	Outpatient Revenue in FY18:	\$53,278,361
	Change FY17-FY18:	8.7%
	Total Revenue in FY18:	\$123,283,000
	Total Surplus (Loss) in FY18:	\$5,848,000
	<b>Payer Mix</b>	
	Public Payer Mix:	57.6% Non-HPP Hospital
	CY17 Commercial Statewide Relative Price:	0.76
	Top 3 Commercial Payers:	Blue Cross Blue Shield of Massachusetts Harvard Pilgrim Health Care Tufts Associated HMO, Inc.
	<b>Utilization</b>	
	Inpatient Discharges in FY18:	5,810
	Change FY17-FY18:	7.6%
	Emergency Department Visits in FY18:	26,089
	Change FY17-FY18:	-1.8%
	Outpatient Visits in FY18:	39,754
	Change FY17-FY18:	4.3%
	<b>Quality</b>	
	Readmission Rate in FY18:	13.2%
	Change FY14-FY18 (percentage points):	0.1
	Early Elective Deliveries Rate:	Not Available



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

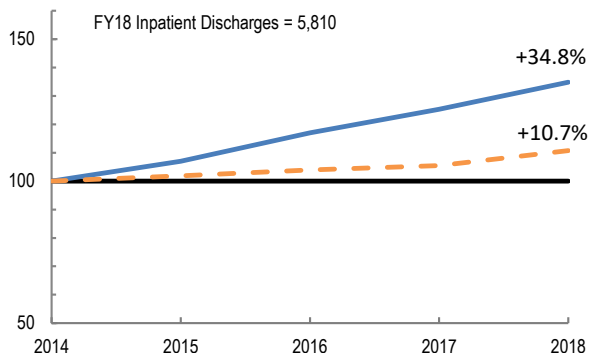
# 2018 HOSPITAL PROFILE: BETH ISRAEL DEACONESS HOSPITAL - MILTON

Cohort: Community Hospital

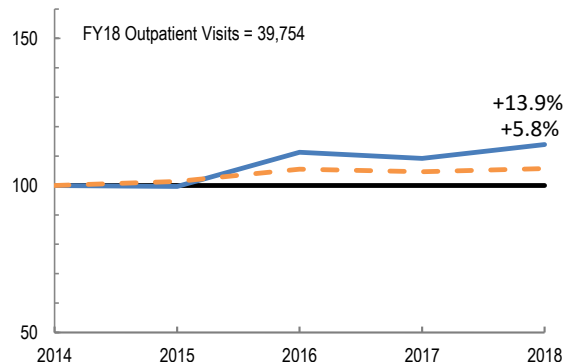
Key:  
—■ Hospital  
- - - ■ Peer Cohort

## Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY14, and how does this compare to the hospital's peer cohort median? (FY14=100)

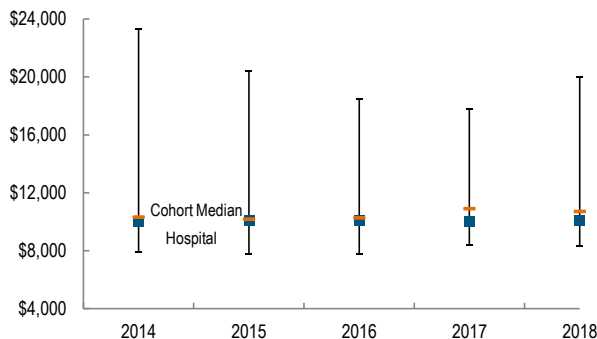


How has the volume of the hospital's outpatient visits changed compared to FY14, and how does this compare to the hospital's peer cohort median? (FY14=100)

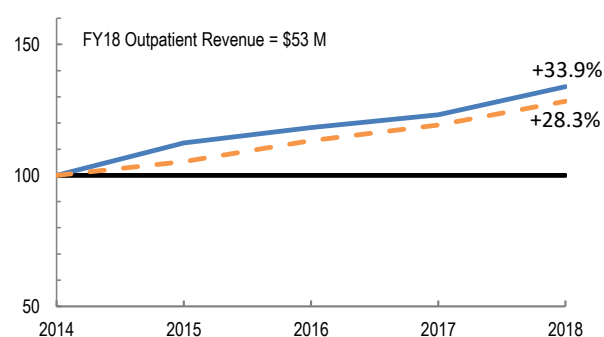


## Patient Revenue Trends

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY14 and FY18, and how does this compare to the hospital's peer cohort median?



How has the hospital's total outpatient revenue changed compared to FY14, and how does this compare to the hospital's peer cohort median? (FY14=100)



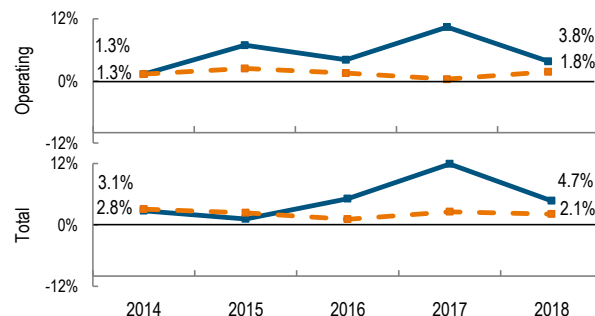
## Financial Performance

How have the hospital's total revenue and costs changed between FY14 and FY18?

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

FY	2014	2015	2016	2017	2018
<b>Operating Revenue</b>	\$ 83.1	\$ 96.3	\$ 105.5	\$ 117.9	\$ 122.1
<b>Non-Operating Revenue</b>	\$ 1.3	\$ (5.2)	\$ 1.1	\$ 1.8	\$ 1.2
<b>Total Revenue</b>	\$ 84.4	\$ 91.1	\$ 106.5	\$ 119.7	\$ 123.3
<b>Total Costs</b>	\$ 82.0	\$ 90.0	\$ 101.1	\$ 105.5	\$ 117.4
<b>Total Profit (Loss)</b>	\$ 2.4	\$ 1.1	\$ 5.4	\$ 14.2	\$ 5.8

What were the hospital's total margin and operating margins between FY14 and FY18, 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.

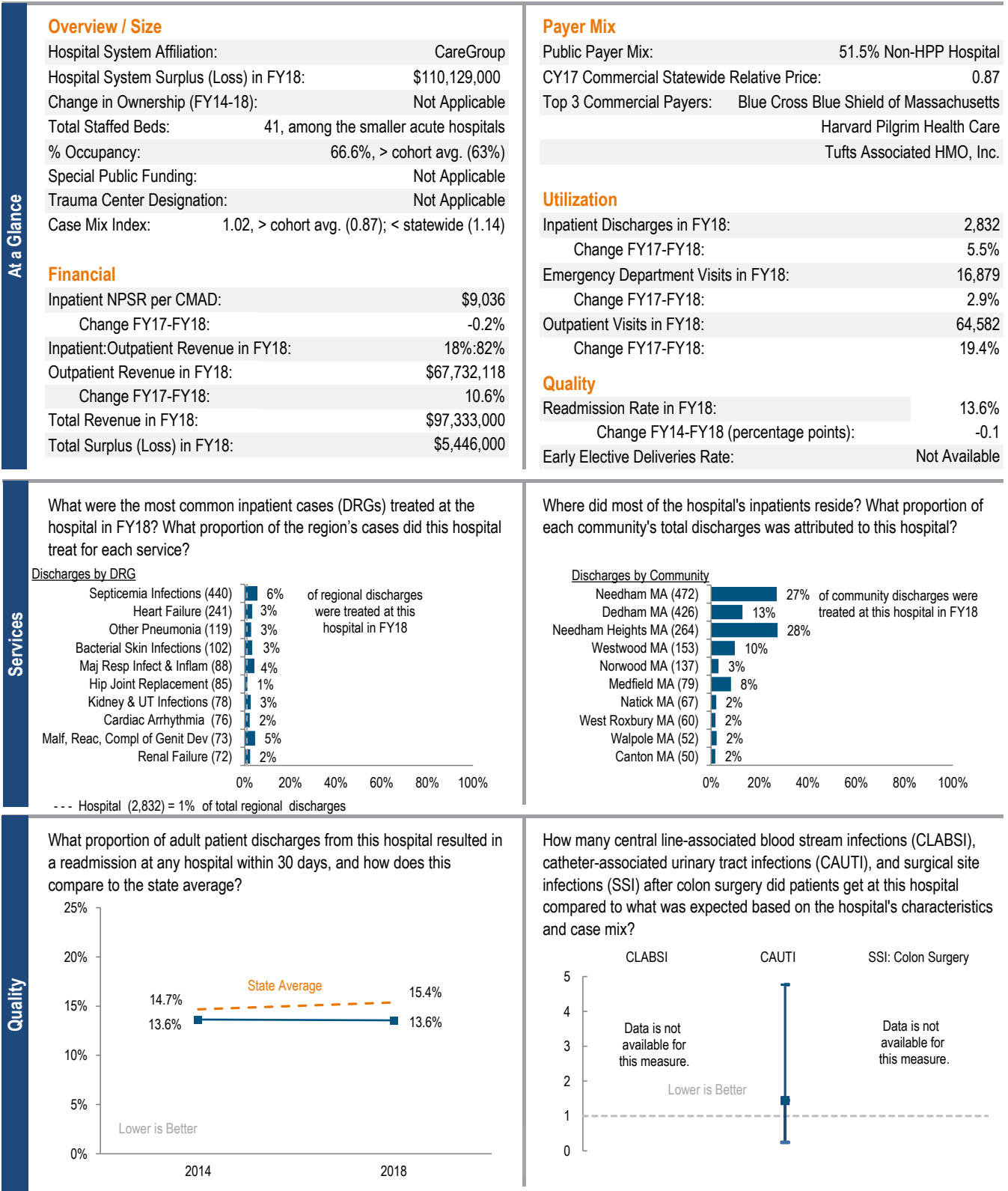
° For more information on Infrastructure and Capacity Building (ICB) special funding, please contact the Massachusetts Executive Office of Health and Human Services (EOHHS).

# BETH ISRAEL DEACONESS HOSPITAL - NEEDHAM

## 2018 Hospital Profile

Needham, MA  
Community Hospital  
Metro Boston

Beth Israel Deaconess Hospital – Needham (BID-Needham) is a non-profit community hospital located in the Metro Boston region. At 41 inpatient beds, it is among the smaller acute hospitals in Massachusetts. Between FY14 and FY18, the volume of inpatient discharges at the hospital increased by 48.3% compared to a median increase of 10.7% at cohort hospitals. Outpatient visits increased 40.3% for the hospital between FY14 and FY18, compared to a median increase of 5.8% for its peer cohort. The hospital has reported a profit in four years of the five-year period. In FY18 it had a total margin of 5.6%, above the 2.1% median of its cohort hospitals.



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

# 2018 HOSPITAL PROFILE: BETH ISRAEL DEACONESS HOSPITAL - NEEDHAM

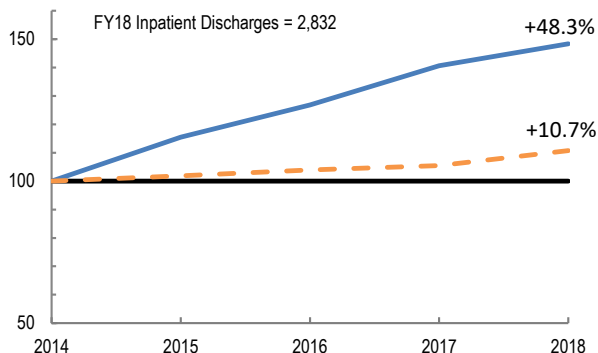
Cohort: Community Hospital

Key:

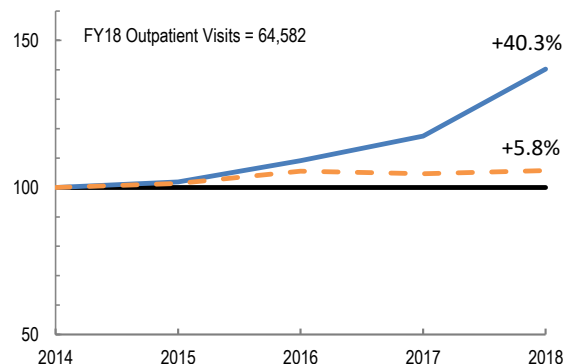


## Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY14, and how does this compare to the hospital's peer cohort median? (FY14=100)

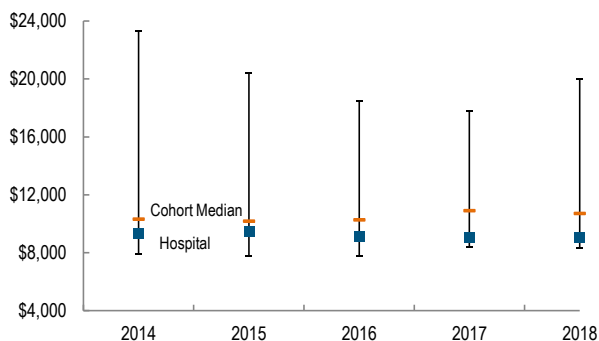


How has the volume of the hospital's outpatient visits changed compared to FY14, and how does this compare to the hospital's peer cohort median? (FY14=100)

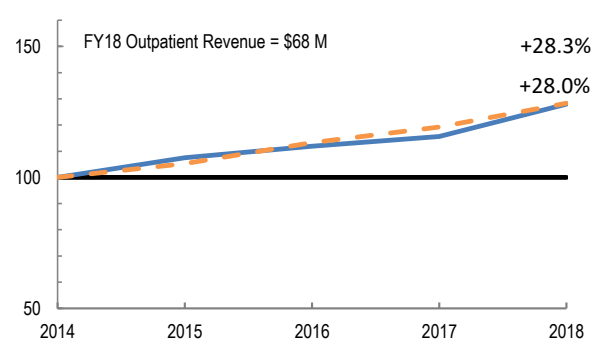


## Patient Revenue Trends

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY14 and FY18, and how does this compare to the hospital's peer cohort median?



How has the hospital's total outpatient revenue changed compared to FY14, and how does this compare to the hospital's peer cohort median? (FY14=100)



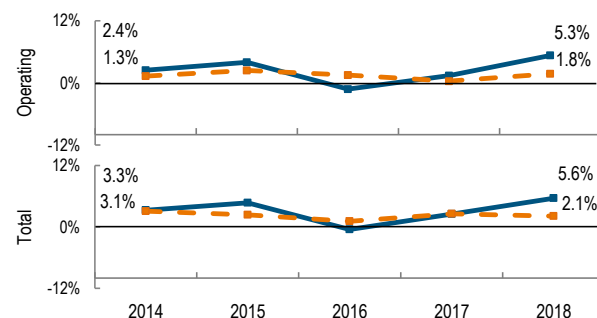
## Financial Performance

How have the hospital's total revenue and costs changed between FY14 and FY18?

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

FY	2014	2015	2016	2017	2018
<b>Operating Revenue</b>	\$ 70.0	\$ 77.6	\$ 82.5	\$ 86.7	\$ 97.1
<b>Non-Operating Revenue</b>	\$ 0.6	\$ 0.6	\$ 0.6	\$ 1.0	\$ 0.3
<b>Total Revenue</b>	\$ 70.6	\$ 78.2	\$ 83.1	\$ 87.7	\$ 97.3
<b>Total Costs</b>	\$ 68.3	\$ 74.5	\$ 83.5	\$ 85.5	\$ 91.9
<b>Total Profit (Loss)</b>	\$ 2.3	\$ 3.7	\$ (0.4)	\$ 2.2	\$ 5.4

What were the hospital's total margin and operating margins between FY14 and FY18, and how do these compare to the hospital's peer cohort medians?



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

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

# BRIGHAM AND WOMEN'S FAULKNER HOSPITAL

## 2018 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. Between FY14 and FY18, the volume of inpatient discharges at the hospital increased by 32.4% compared to a median increase of 10.7% at cohort hospitals. Outpatient visits decreased 12.6% for the hospital between FY14 and FY18, compared to a median increase of 5.8% for its peer cohort. The hospital has reported a profit in each of the last five years. In FY18 it had a total margin of 10.9%, above the 2.1% median of its cohort hospitals.

### At a Glance

#### Overview / Size

Hospital System Affiliation:	Partners HealthCare System
Hospital System Surplus (Loss) in FY18:	\$826,605,000
Change in Ownership (FY14-18):	Not Applicable
Total Staffed Beds:	171, mid-size acute hospital
% Occupancy:	65.1%, > cohort avg. (63%)
Special Public Funding:	ICB*
Trauma Center Designation:	Not Applicable
Case Mix Index:	0.97, > cohort avg. (0.87); < statewide (1.14)

#### Financial

Inpatient NPSR per CMAD:	\$13,069
Change FY17-FY18:	2.3%
Inpatient:Outpatient Revenue in FY18:	39%:61%
Outpatient Revenue in FY18:	\$143,574,397
Change FY17-FY18:	-1.0%
Total Revenue in FY18:	\$278,461,000
Total Surplus (Loss) in FY18:	\$30,228,000

#### Payer Mix

Public Payer Mix:	59.8% Non-HPP Hospital
CY17 Commercial Statewide Relative Price:	1.05
Top 3 Commercial Payers:	Blue Cross Blue Shield of Massachusetts Harvard Pilgrim Health Care Tufts Associated HMO, Inc.

#### Utilization

Inpatient Discharges in FY18:	10,018
Change FY17-FY18:	-0.1%
Emergency Department Visits in FY18:	28,267
Change FY17-FY18:	0.2%
Outpatient Visits in FY18:	32,634
Change FY17-FY18:	-1.6%

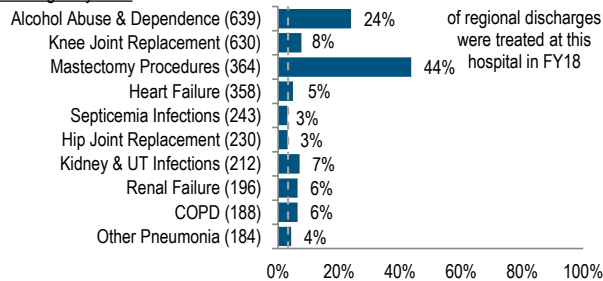
#### Quality

Readmission Rate in FY18:	15.5%
Change FY14-FY18 (percentage points):	1.4
Early Elective Deliveries Rate:	Not Available

### Services

What were the most common inpatient cases (DRGs) treated at the hospital in FY18? What proportion of the region's cases did this hospital treat for each service?

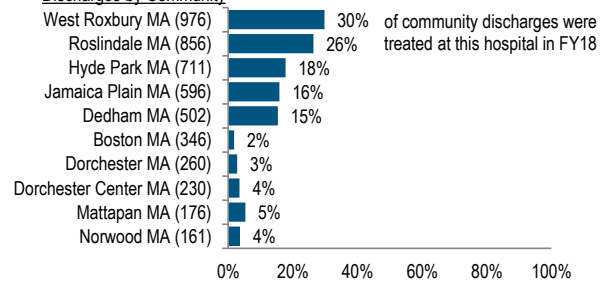
#### Discharges by DRG



--- Hospital (10,018) = 3% of total regional discharges

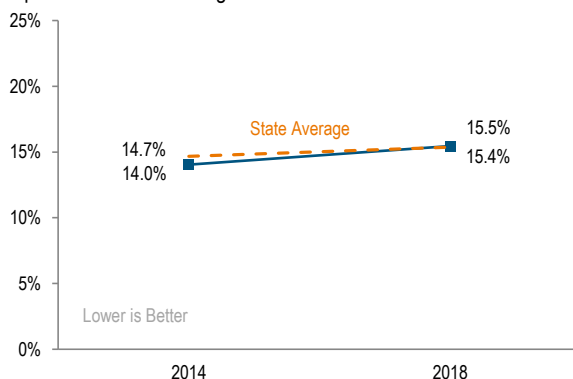
Where did most of the hospital's inpatients reside? What proportion of each community's total discharges was attributed to this hospital?

#### Discharges by Community

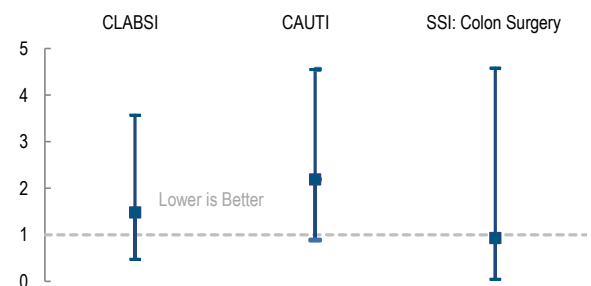


### Quality

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?



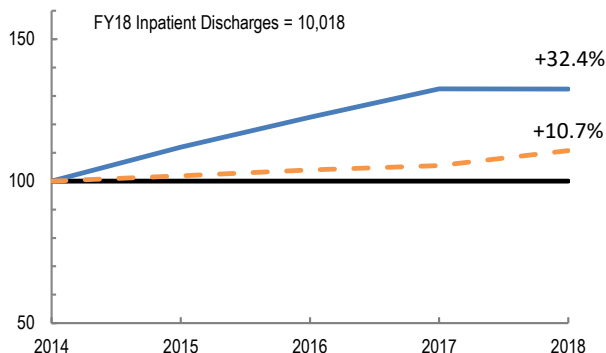
# 2018 HOSPITAL PROFILE: BRIGHAM AND WOMEN'S FAULKNER HOSPITAL

Cohort: Community Hospital

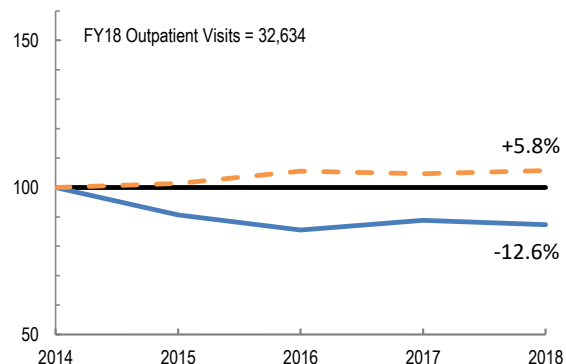
Key:



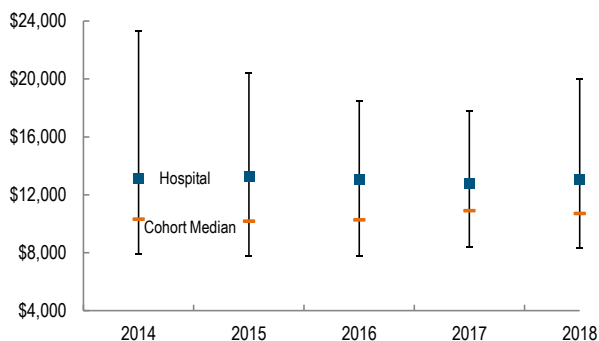
How has the volume of the hospital's inpatient discharges changed compared to FY14, and how does this compare to the hospital's peer cohort median? (FY14=100)



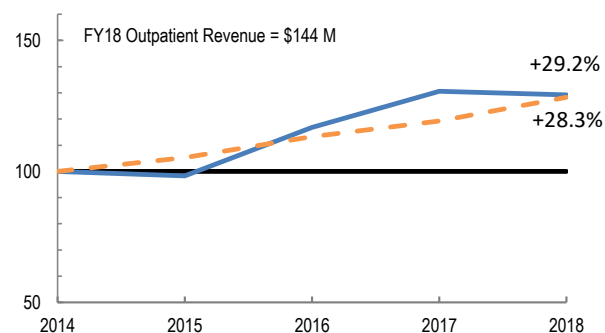
How has the volume of the hospital's outpatient visits changed compared to FY14, and how does this compare to the hospital's peer cohort median? (FY14=100)



What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY14 and FY18, and how does this compare to the hospital's peer cohort median?



How has the hospital's total outpatient revenue changed compared to FY14, and how does this compare to the hospital's peer cohort median? (FY14=100)

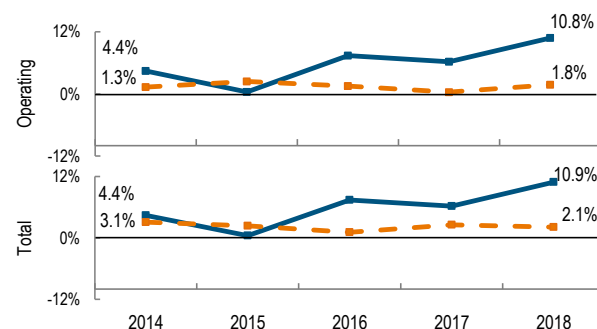


How have the hospital's total revenue and costs changed between FY14 and FY18?

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

FY	2014	2015	2016	2017	2018
<b>Operating Revenue</b>	\$ 208.0	\$ 219.0	\$ 254.9	\$ 275.3	\$ 278.3
<b>Non-Operating Revenue</b>	\$ (0.0)	\$ 0.1	\$ (0.1)	\$ 0.1	\$ 0.2
<b>Total Revenue</b>	\$ 208.0	\$ 219.1	\$ 254.7	\$ 275.3	\$ 278.5
<b>Total Costs</b>	\$ 198.8	\$ 218.2	\$ 235.9	\$ 258.2	\$ 248.2
<b>Total Profit (Loss)</b>	\$ 9.2	\$ 1.0	\$ 18.8	\$ 17.1	\$ 30.2

What were the hospital's total margin and operating margins between FY14 and FY18, 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).

# COOLEY DICKINSON HOSPITAL

## 2018 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 FY14 and FY18, inpatient discharges at the hospital have increased by 1.0%, compared with a median increase of 10.7% among cohort hospitals. In the same period, outpatient visits increased by 3.8%, compared to a 5.8% median increase in its cohort. After reporting a profit in each of the three prior years, Cooley Dickinson Hospital reported a loss of \$0.6M in FY18 and a total margin of -0.3%, compared to a median total margin of 2.1% in its cohort.

### At a Glance

#### Overview / Size

Hospital System Affiliation:	Partners HealthCare System
Hospital System Surplus (Loss) in FY18:	\$826,605,000
Change in Ownership (FY14-18):	Not Applicable
Total Staffed Beds:	93, among the smaller acute hospitals
% Occupancy:	92.8%, highest in cohort avg. (63%)
Special Public Funding:	ICB*
Trauma Center Designation:	Not Applicable
Case Mix Index:	0.89, > cohort avg. (0.87); < statewide (1.14)

#### Financial

Inpatient NPSR per CMAD:	\$10,570
Change FY17-FY18:	11.9%
Inpatient:Outpatient Revenue in FY18:	32%:68%
Outpatient Revenue in FY18:	\$114,399,469
Change FY17-FY18:	-4.7%
Total Revenue in FY18:	\$187,249,000
Total Surplus (Loss) in FY18:	(\$643,000)

#### Payer Mix

Public Payer Mix:	62.3% Non-HPP Hospital
CY17 Commercial Statewide Relative Price:	1.07
Top 3 Commercial Payers:	Blue Cross Blue Shield of Massachusetts Health New England, Inc. UniCare Life and Health Insurance Co.

#### Utilization

Inpatient Discharges in FY18:	7,081
Change FY17-FY18:	0.9%
Emergency Department Visits in FY18:	33,418
Change FY17-FY18:	0.9%
Outpatient Visits in FY18:	53,496
Change FY17-FY18:	-1.3%

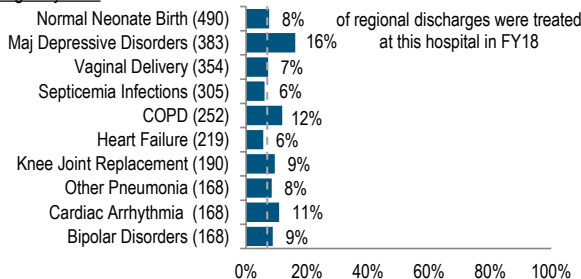
#### Quality

Readmission Rate in FY18:	14.0%
Change FY14-FY18 (percentage points):	1.1
Early Elective Deliveries Rate:	0.0%

### Services

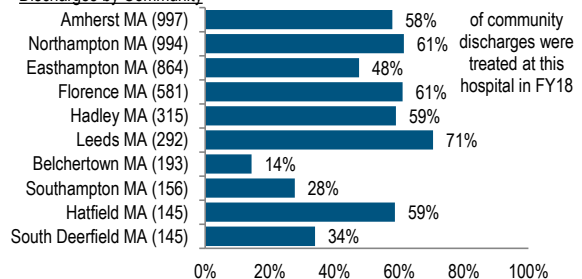
What were the most common inpatient cases (DRGs) treated at the hospital in FY18? What proportion of the region's cases did this hospital treat for each service?

#### Discharges by DRG



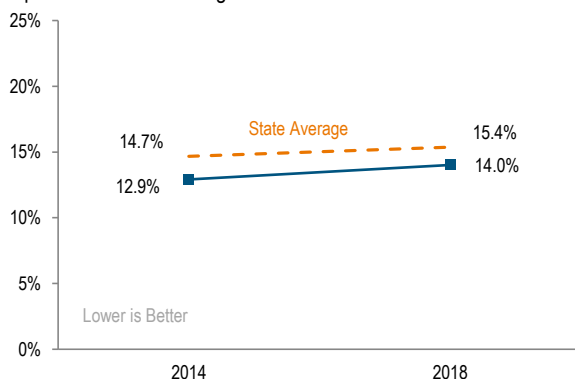
Where did most of the hospital's inpatients reside? What proportion of each community's total discharges was attributed to this hospital?

#### Discharges by Community

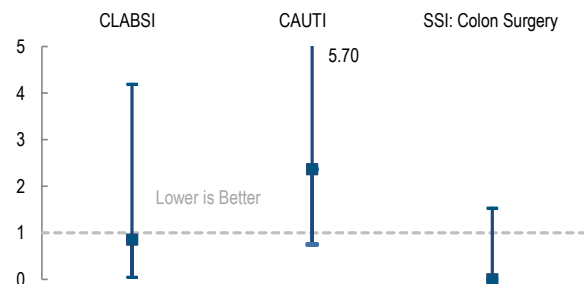


### Quality

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?



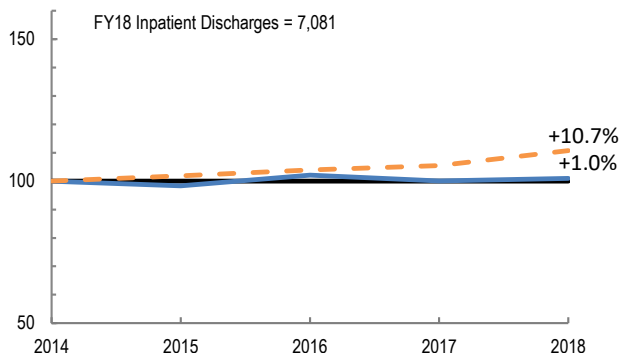
# 2018 HOSPITAL PROFILE: COOLEY DICKINSON HOSPITAL

Cohort: Community Hospital

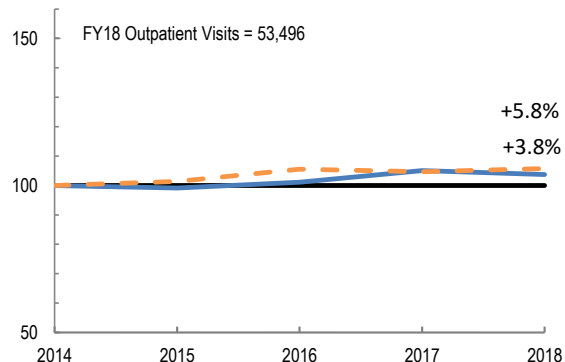
Key:  
—■ Hospital  
- - - ■ Peer Cohort

## Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY14, and how does this compare to the hospital's peer cohort median? (FY14=100)

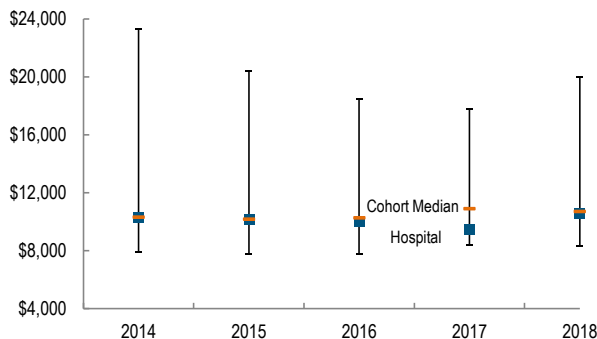


How has the volume of the hospital's outpatient visits changed compared to FY14, and how does this compare to the hospital's peer cohort median? (FY14=100)

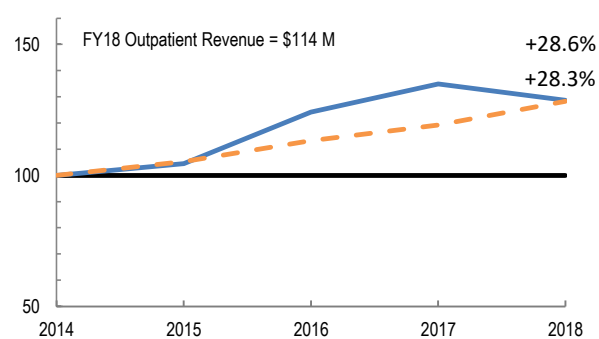


## Patient Revenue Trends

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY14 and FY18, and how does this compare to the hospital's peer cohort median?



How has the hospital's total outpatient revenue changed compared to FY14, and how does this compare to the hospital's peer cohort median? (FY14=100)



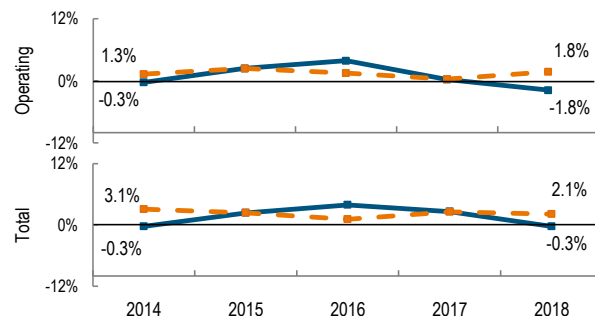
## Financial Performance

How have the hospital's total revenue and costs changed between FY14 and FY18?

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

FY	2014	2015	2016	2017	2018
<b>Operating Revenue</b>	\$ 153.4	\$ 157.5	\$ 178.1	\$ 183.0	\$ 184.5
<b>Non-Operating Revenue</b>	\$ 0.0	\$ (0.1)	\$ 0.1	\$ 4.2	\$ 2.8
<b>Total Revenue</b>	\$ 153.4	\$ 157.4	\$ 178.1	\$ 187.3	\$ 187.2
<b>Total Costs</b>	\$ 153.8	\$ 153.7	\$ 171.2	\$ 182.4	\$ 187.9
<b>Total Profit (Loss)</b>	\$ (0.4)	\$ 3.7	\$ 7.0	\$ 4.9	\$ (0.6)

What were the hospital's total margin and operating margins between FY14 and FY18, and how do these compare to the hospital's peer cohort medians?



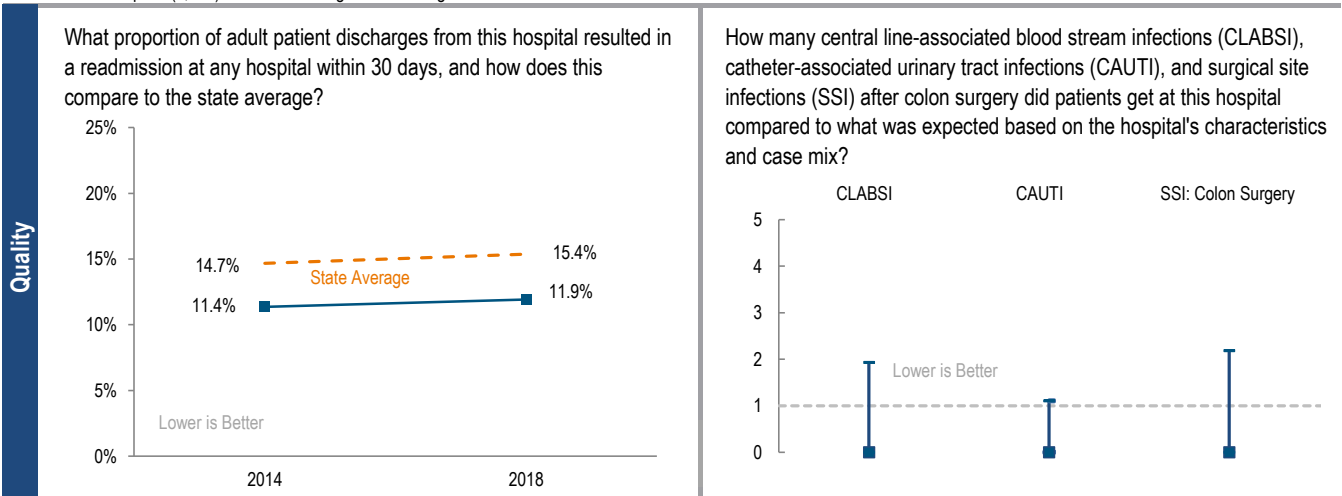
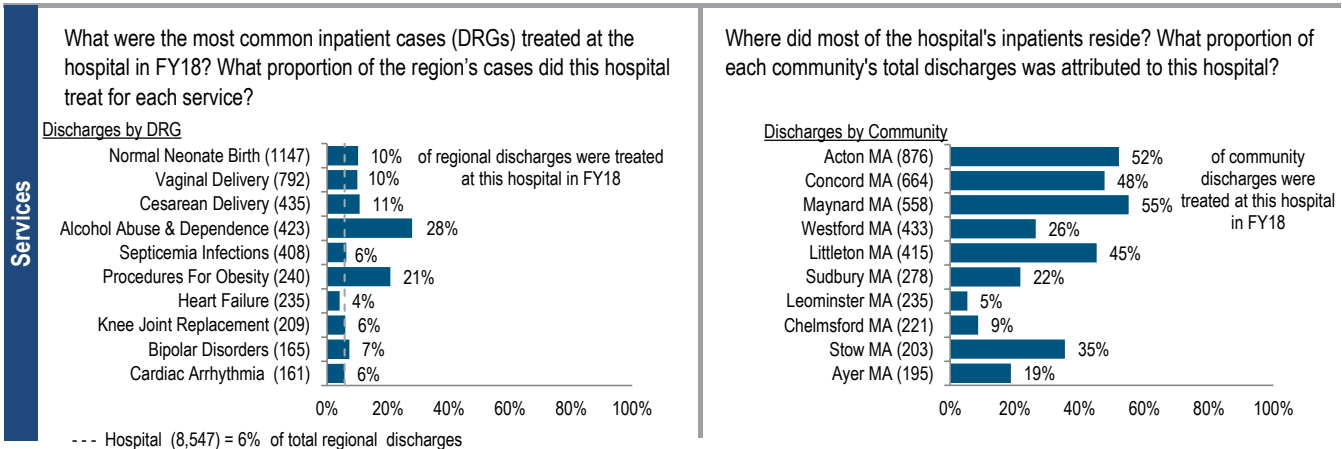
For descriptions of the metrics, please see the technical appendix.

\* 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. Between FY14 and FY18, the volume of inpatient discharges at the hospital decreased by 2.2% compared to a median increase of 10.7% at cohort hospitals. Outpatient visits decreased by 1.4% for the hospital between FY14 and FY18, compared to a median increase of 5.8% for its peer cohort. Emerson Hospital reported a profit of \$6.2M in FY18 and a total margin of 2.5% compared to the median of 2.1% among peer cohort hospitals.

At a Glance	<b>Overview / Size</b>	
	Hospital System Affiliation:	Emerson Health System Inc. and Subsid.
	Hospital System Surplus (Loss) in FY18:	\$6,254,076
	Change in Ownership (FY14-18):	Not Applicable
	Total Staffed Beds:	199, mid-size acute hospital
	% Occupancy:	52.8%, < cohort avg. (63%)
	Special Public Funding:	ICB*
	Trauma Center Designation:	Not Applicable
	Case Mix Index:	0.86, < cohort avg. (0.87); < statewide (1.14)
	<b>Financial</b>	
	Inpatient NPSR per CMAD:	\$10,415
	Change FY17-FY18:	0.6%
	Inpatient:Outpatient Revenue in FY18:	23%:77%
	Outpatient Revenue in FY18:	\$163,879,842
	Change FY17-FY18:	11.2%
	Total Revenue in FY18:	\$253,423,565
	Total Surplus (Loss) in FY18:	\$6,232,544
	<b>Payer Mix</b>	
	Public Payer Mix:	47.1% Non-HPP Hospital
	CY17 Commercial Statewide Relative Price:	0.87
	Top 3 Commercial Payers:	Blue Cross Blue Shield of Massachusetts Tufts Associated HMO, Inc. Harvard Pilgrim Health Care
	<b>Utilization</b>	
	Inpatient Discharges in FY18:	8,547
	Change FY17-FY18:	-3.0%
	Emergency Department Visits in FY18:	31,820
	Change FY17-FY18:	-0.6%
	Outpatient Visits in FY18:	91,653
	Change FY17-FY18:	-0.4%
	<b>Quality</b>	
	Readmission Rate in FY18:	11.9%
	Change FY14-FY18 (percentage points):	0.6
	Early Elective Deliveries Rate:	1.9%



## 2018 HOSPITAL PROFILE: EMERSON HOSPITAL

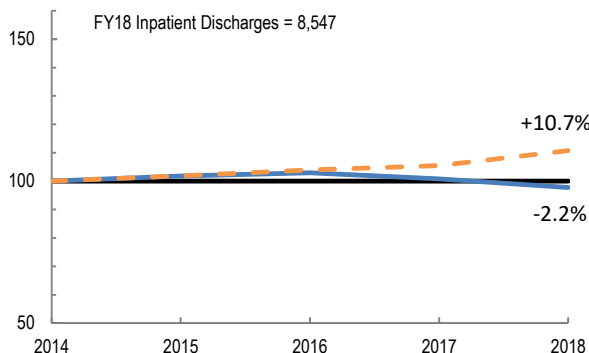
Cohort: Community Hospital

Key:

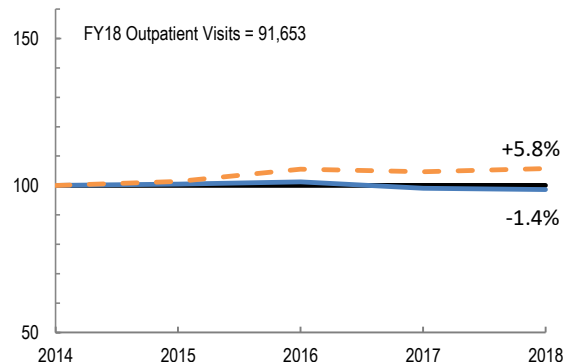
— Hospital  
- - - Peer Cohort

### Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY14, and how does this compare to the hospital's peer cohort median? (FY14=100)

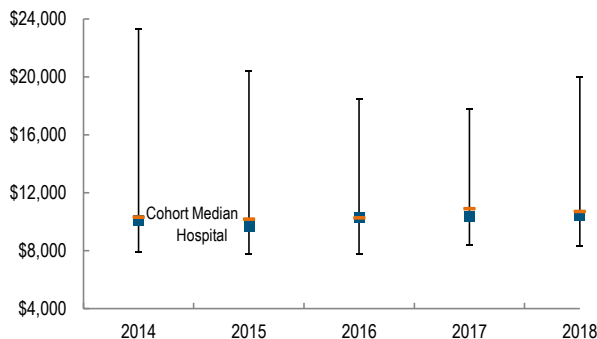


How has the volume of the hospital's outpatient visits changed compared to FY14, and how does this compare to the hospital's peer cohort median? (FY14=100)

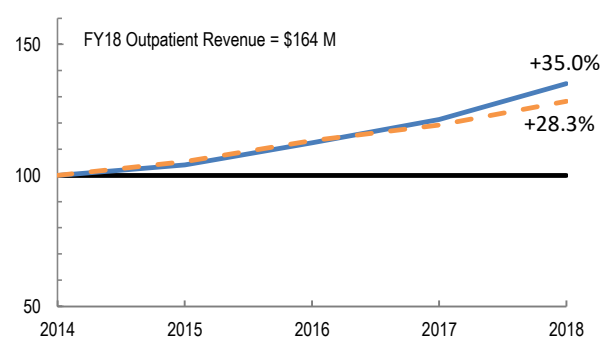


### Patient Revenue Trends

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY14 and FY18, and how does this compare to the hospital's peer cohort median?



How has the hospital's total outpatient revenue changed compared to FY14, and how does this compare to the hospital's peer cohort median? (FY14=100)



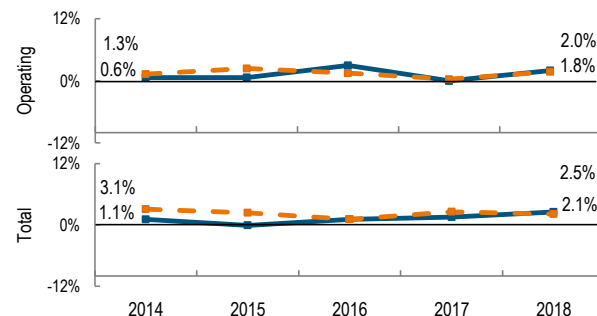
### Financial Performance

How have the hospital's total revenue and costs changed between FY14 and FY18?

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

FY	2014	2015	2016	2017	2018
<b>Operating Revenue</b>	\$ 192.4	\$ 203.4	\$ 222.2	\$ 238.8	\$ 252.3
<b>Non-Operating Revenue</b>	\$ 0.9	\$ (1.6)	\$ (4.2)	\$ 3.5	\$ 1.1
<b>Total Revenue</b>	\$ 193.3	\$ 201.8	\$ 218.0	\$ 242.4	\$ 253.4
<b>Total Costs</b>	\$ 191.2	\$ 202.0	\$ 215.7	\$ 238.8	\$ 247.2
<b>Total Profit (Loss)</b>	\$ 2.1	\$ (0.2)	\$ 2.4	\$ 3.6	\$ 6.2

What were the hospital's total margin and operating margins between FY14 and FY18, and how do these compare to the hospital's peer cohort medians?

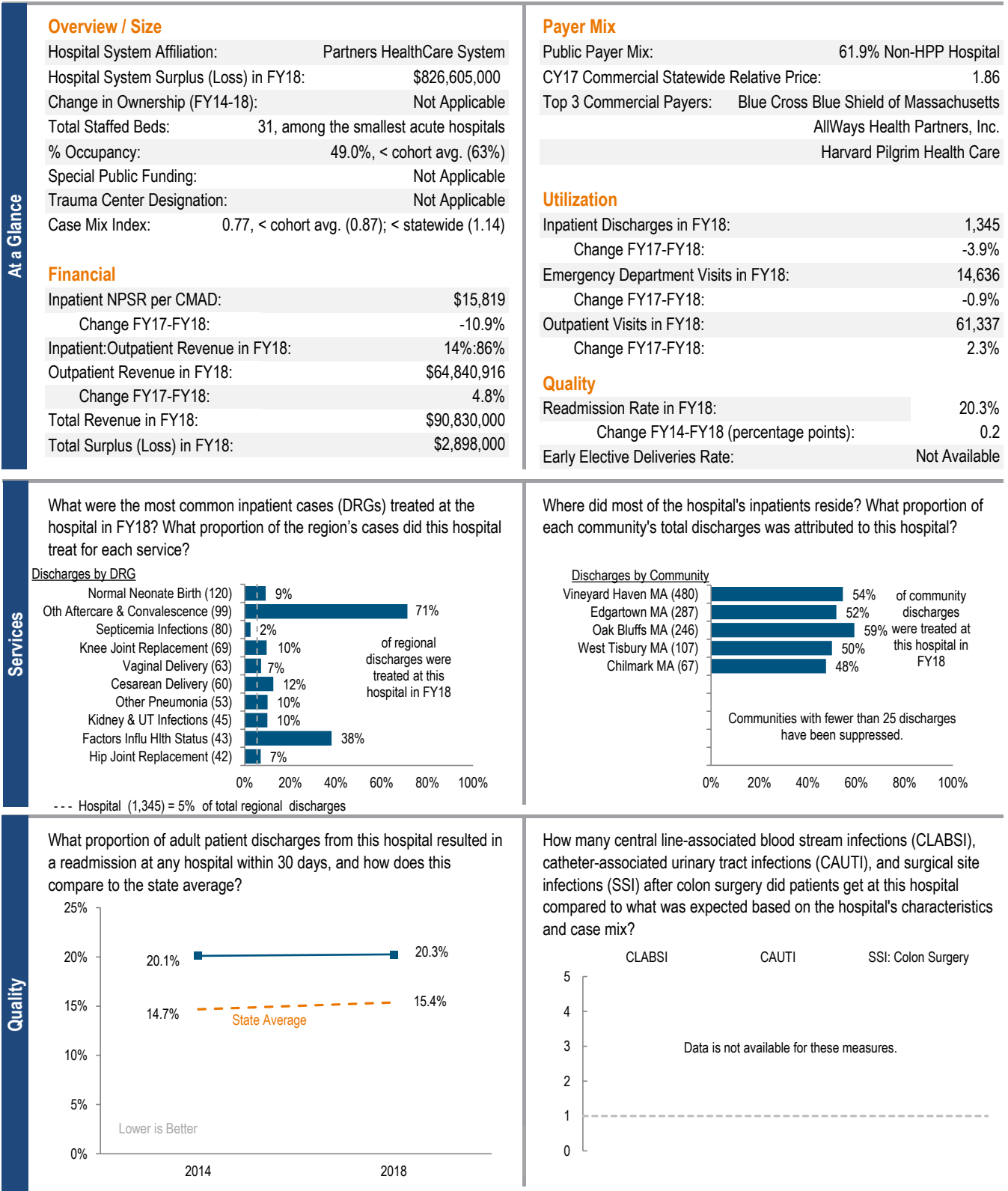


For descriptions of the metrics, please see the technical appendix.

\* 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).

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 FY14 to FY18, with a total margin of 3.2% in FY18, compared to a median total margin of 2.1% among peer cohort hospitals.



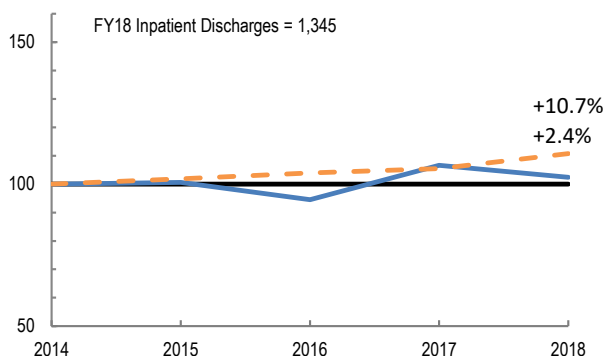
# 2018 HOSPITAL PROFILE: MARTHA'S VINEYARD HOSPITAL

Cohort: Community Hospital

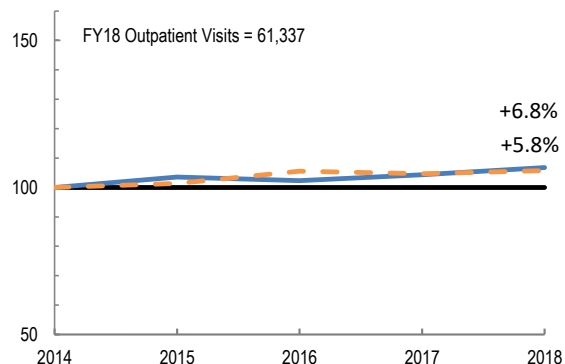
Key:  
—■— Hospital  
- - - ■ - - - Peer Cohort

## Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY14, and how does this compare to the hospital's peer cohort median? (FY14=100)

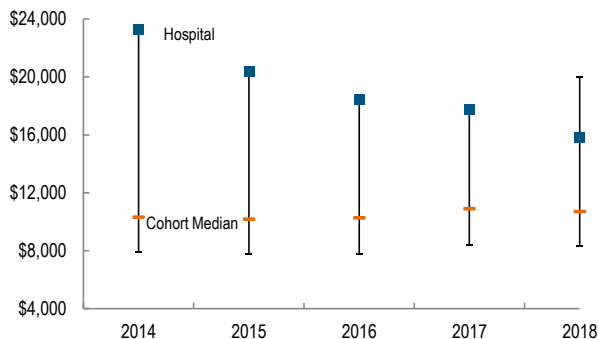


How has the volume of the hospital's outpatient visits changed compared to FY14, and how does this compare to the hospital's peer cohort median? (FY14=100)

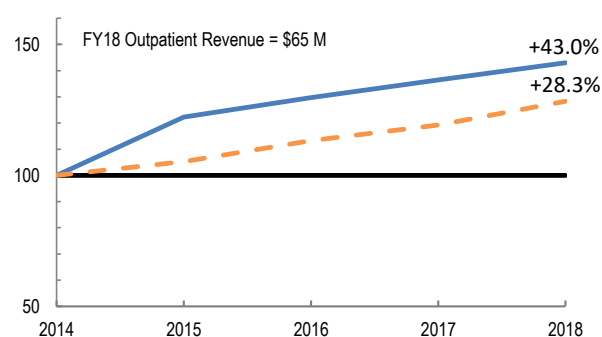


## Patient Revenue Trends

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY14 and FY18, and how does this compare to the hospital's peer cohort median?



How has the hospital's total outpatient revenue changed compared to FY14, and how does this compare to the hospital's peer cohort median? (FY14=100)



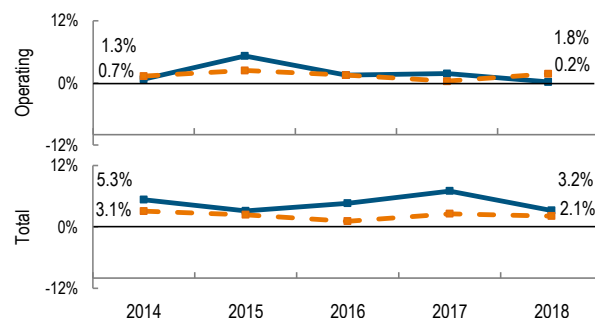
## Financial Performance

How have the hospital's total revenue and costs changed between FY14 and FY18?

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

FY	2014	2015	2016	2017	2018
Operating Revenue	\$ 68.9	\$ 76.5	\$ 77.6	\$ 85.6	\$ 88.1
Non-Operating Revenue	\$ 3.3	\$ (1.5)	\$ 2.5	\$ 4.7	\$ 2.7
Total Revenue	\$ 72.2	\$ 75.0	\$ 80.1	\$ 90.2	\$ 90.8
Total Costs	\$ 68.4	\$ 72.6	\$ 76.4	\$ 83.9	\$ 87.9
Total Profit (Loss)	\$ 3.8	\$ 2.4	\$ 3.7	\$ 6.3	\$ 2.9

What were the hospital's total margin and operating margins between FY14 and FY18, and how do these compare to the hospital's peer cohort medians?

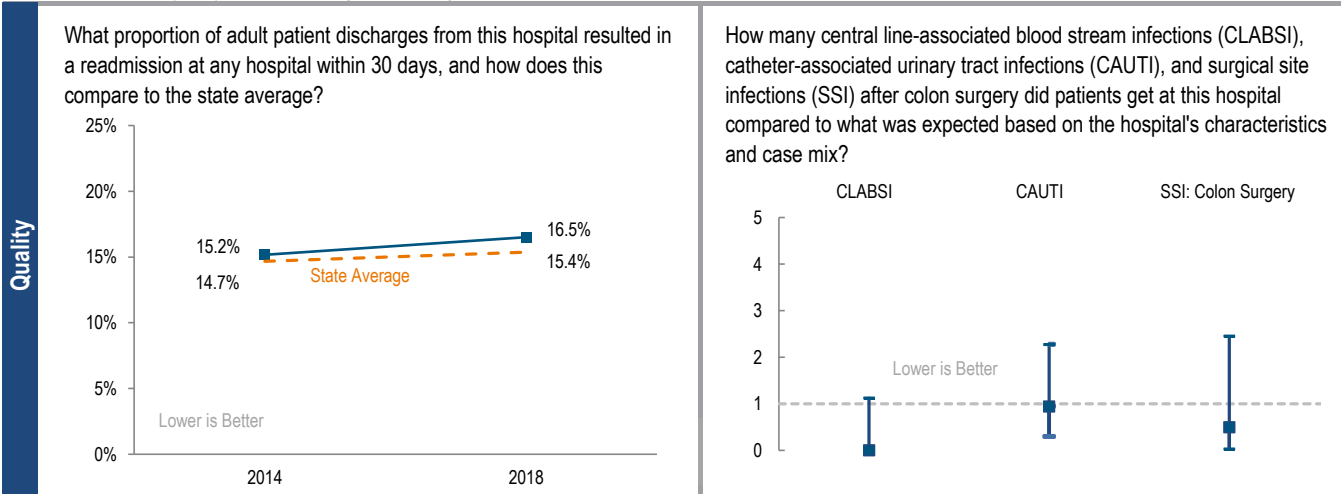
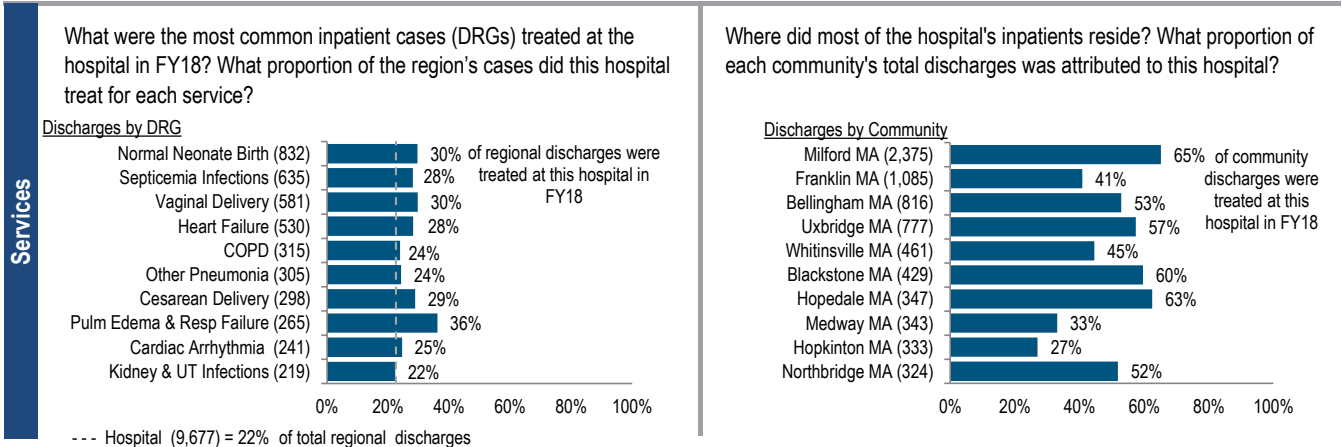


For descriptions of the metrics, please see the technical appendix.

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

Milford Regional Medical Center is a mid-size, non-profit community hospital located in the Metro West region. Between FY14 and FY18, the volume of inpatient discharges at the hospital increased by 17.3% compared to a median increase of 10.7% at cohort hospitals. Outpatient visits increased 14.6% for the hospital between FY14 and FY18, compared to a median increase of 5.8% for its peer cohort. In FY18 Milford Regional Medical Center reported a profit of \$8.5M and a total margin of 3.9% compared to a median total margin of 2.1% at peer cohort hospitals.

At a Glance	<b>Overview / Size</b>	
	Hospital System Affiliation:	Milford Regional Medical Ctr, Inc. & Affil.
	Hospital System Surplus (Loss) in FY18:	(\$389,643)
	Change in Ownership (FY14-18):	Not Applicable
	Total Staffed Beds:	160, mid-size acute hospital
	% Occupancy:	57.4%, < cohort avg. (63%)
	Special Public Funding:	Not Applicable
	Trauma Center Designation:	Not Applicable
	Case Mix Index:	0.90, > cohort avg. (0.87); < statewide (1.14)
	<b>Financial</b>	
	Inpatient NPSR per CMAD:	\$8,608
	Change FY17-FY18:	-0.6%
	Inpatient:Outpatient Revenue in FY18:	27%:73%
	Outpatient Revenue in FY18:	\$134,696,760
	Change FY17-FY18:	1.2%
	Total Revenue in FY18:	\$221,387,764
	Total Surplus (Loss) in FY18:	\$8,541,125
	<b>Payer Mix</b>	
	Public Payer Mix:	53.5% Non-HPP Hospital
	CY17 Commercial Statewide Relative Price:	0.82
	Top 3 Commercial Payers:	Blue Cross Blue Shield of Massachusetts Harvard Pilgrim Health Care Tufts Associated HMO, Inc.
	<b>Utilization</b>	
	Inpatient Discharges in FY18:	9,677
	Change FY17-FY18:	2.6%
	Emergency Department Visits in FY18:	59,396
	Change FY17-FY18:	2.5%
	Outpatient Visits in FY18:	129,800
	Change FY17-FY18:	6.0%
	<b>Quality</b>	
	Readmission Rate in FY18:	16.5%
	Change FY14-FY18 (percentage points):	1.3
	Early Elective Deliveries Rate:	0.0%



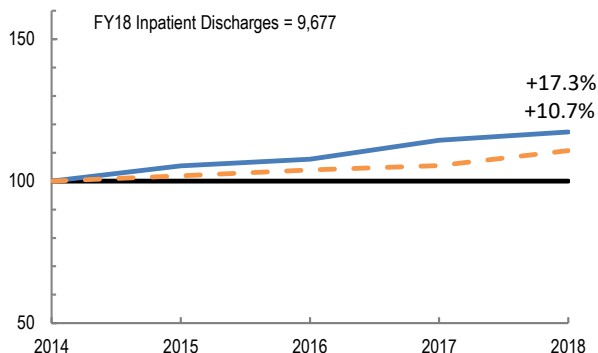
# 2018 HOSPITAL PROFILE: MILFORD REGIONAL MEDICAL CENTER

Cohort: Community Hospital

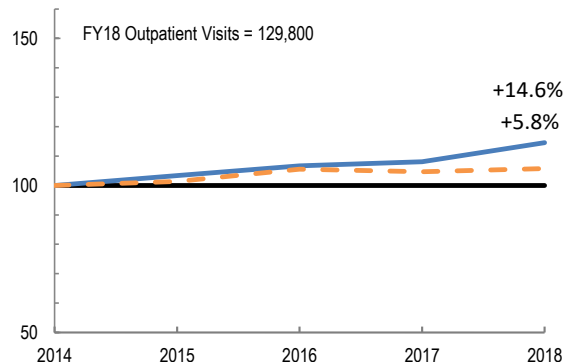
Key:  
—■ Hospital  
- - - ■ Peer Cohort

## Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY14, and how does this compare to the hospital's peer cohort median? (FY14=100)

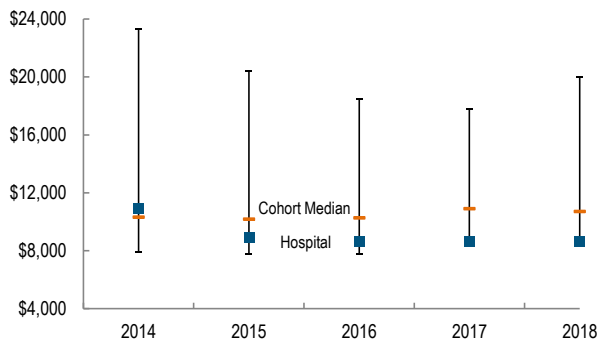


How has the volume of the hospital's outpatient visits changed compared to FY14, and how does this compare to the hospital's peer cohort median? (FY14=100)

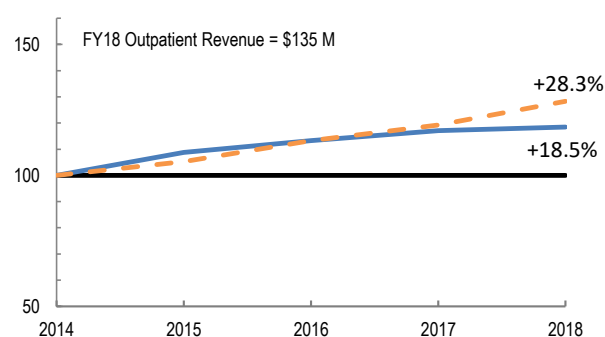


## Patient Revenue Trends

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY14 and FY18, and how does this compare to the hospital's peer cohort median?



How has the hospital's total outpatient revenue changed compared to FY14, and how does this compare to the hospital's peer cohort median? (FY14=100)



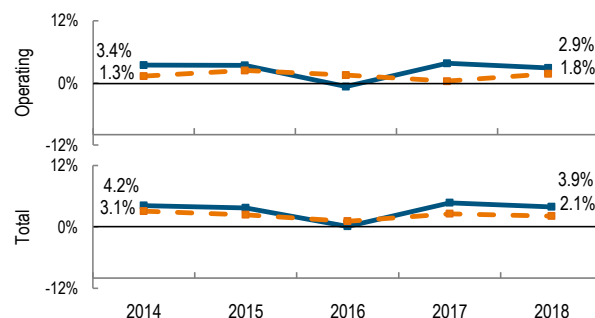
## Financial Performance

How have the hospital's total revenue and costs changed between FY14 and FY18?

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

FY	2014	2015	2016	2017	2018
<b>Operating Revenue</b>	\$ 187.5	\$ 198.6	\$ 205.3	\$ 214.0	\$ 219.3
<b>Non-Operating Revenue</b>	\$ 1.4	\$ 0.6	\$ 1.7	\$ 2.1	\$ 2.1
<b>Total Revenue</b>	\$ 188.9	\$ 199.2	\$ 207.0	\$ 216.1	\$ 221.4
<b>Total Costs</b>	\$ 181.0	\$ 191.8	\$ 206.8	\$ 205.9	\$ 212.8
<b>Total Profit (Loss)</b>	\$ 7.9	\$ 7.4	\$ 0.1	\$ 10.2	\$ 8.5

What were the hospital's total margin and operating margins between FY14 and FY18, 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.

# NANTUCKET COTTAGE HOSPITAL

## 2018 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. Between FY14 and FY18, the volume of inpatient discharges at the hospital increased by 14.6% compared to a median increase of 10.7% at cohort hospitals. Outpatient visits decreased 23.8% for the hospital between FY14 and FY18, compared to a median increase of 5.8% for its peer cohort. Nantucket Cottage Hospital reported a loss of \$5.8M in FY18 and a total margin of -10.8%, lower than the median of its peer cohort of 2.1%.

### At a Glance

#### Overview / Size

Hospital System Affiliation:	Partners HealthCare System
Hospital System Surplus (Loss) in FY18:	\$826,605,000
Change in Ownership (FY14-18):	Not Applicable
Total Staffed Beds:	23, among the smallest acute hospitals
% Occupancy:	29.6%, lowest in cohort avg. (63%)
Special Public Funding:	Not Applicable
Trauma Center Designation:	Not Applicable
Case Mix Index:	0.64, < cohort avg. (0.87); < statewide (1.14)

#### Financial

Inpatient NPSR per CMAD:	\$19,986
Change FY17-FY18:	13.8%
Inpatient:Outpatient Revenue in FY18:	15%:85%
Outpatient Revenue in FY18:	\$37,639,796
Change FY17-FY18:	15.3%
Total Revenue in FY18:	\$53,603,000
Total Surplus (Loss) in FY18:	(\$5,773,000)

#### Payer Mix

Public Payer Mix:	51.6% Non-HPP Hospital
CY17 Commercial Statewide Relative Price:	1.92
Top 3 Commercial Payers:	Blue Cross Blue Shield of Massachusetts AllWays Health Partners, Inc. Harvard Pilgrim Health Care

#### Utilization

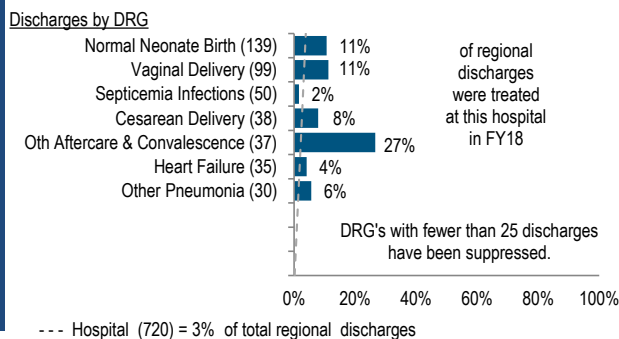
Inpatient Discharges in FY18:	720
Change FY17-FY18:	9.9%
Emergency Department Visits in FY18:	10,051
Change FY17-FY18:	-4.0%
Outpatient Visits in FY18:	18,367
Change FY17-FY18:	2.2%

#### Quality

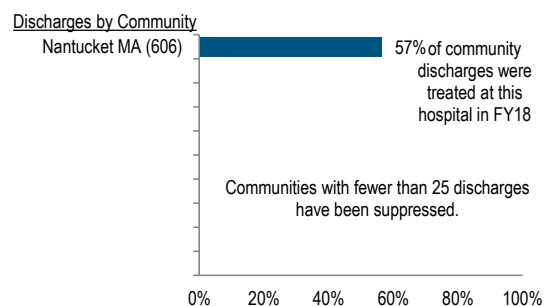
Readmission Rate in FY18:	17.6%
Change FY14-FY18 (percentage points):	5.1
Early Elective Deliveries Rate:	Not Available

### Services

What were the most common inpatient cases (DRGs) treated at the hospital in FY18? What proportion of the region's cases did this hospital treat for each service?

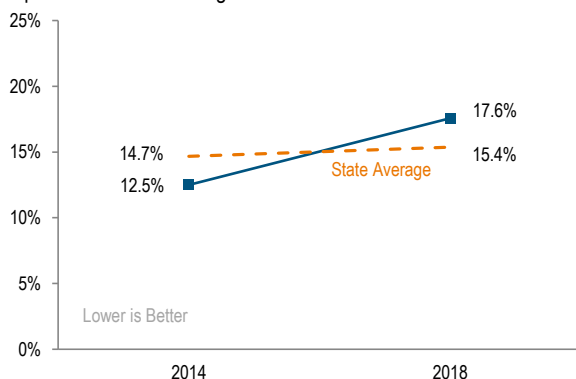


Where did most of the hospital's inpatients reside? What proportion of each community's total discharges was attributed to this hospital?

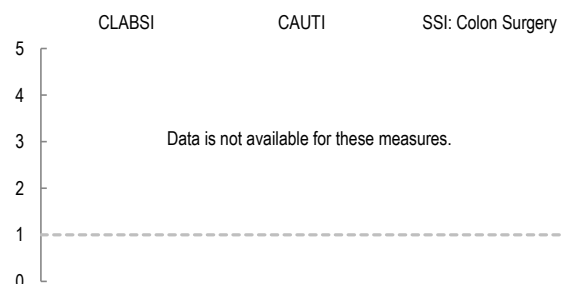


### Quality

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?



# 2018 HOSPITAL PROFILE: NANTUCKET COTTAGE HOSPITAL

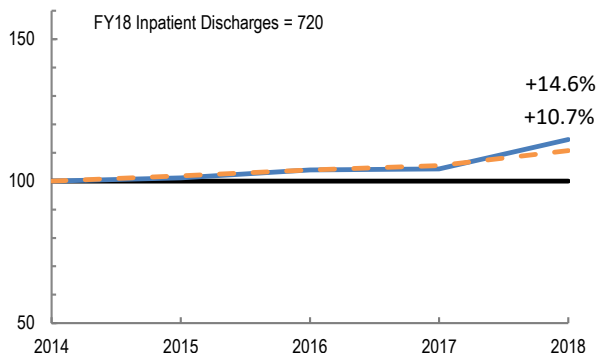
Cohort: Community Hospital

Key:

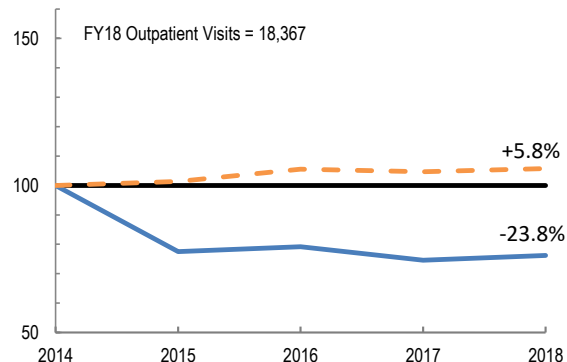
— Hospital  
- - - Peer Cohort

## Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY14, and how does this compare to the hospital's peer cohort median? (FY14=100)

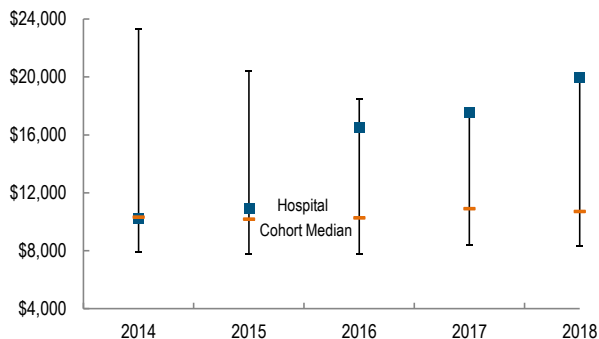


How has the volume of the hospital's outpatient visits changed compared to FY14, and how does this compare to the hospital's peer cohort median? (FY14=100)

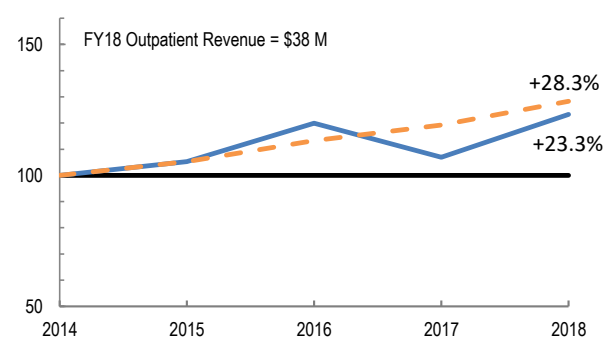


## Patient Revenue Trends

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY14 and FY18, and how does this compare to the hospital's peer cohort median?



How has the hospital's total outpatient revenue changed compared to FY14, and how does this compare to the hospital's peer cohort median? (FY14=100)



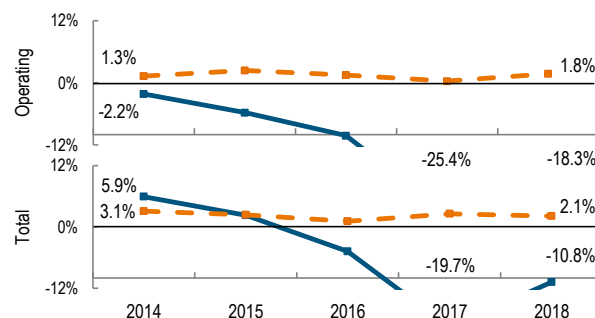
## Financial Performance

How have the hospital's total revenue and costs changed between FY14 and FY18?

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

FY	2014	2015	2016	2017	2018
Operating Revenue	\$ 36.6	\$ 40.8	\$ 45.2	\$ 43.3	\$ 49.6
Non-Operating Revenue	\$ 3.2	\$ 3.6	\$ 2.6	\$ 2.6	\$ 4.0
Total Revenue	\$ 39.8	\$ 44.4	\$ 47.8	\$ 45.9	\$ 53.6
Total Costs	\$ 37.4	\$ 43.4	\$ 50.1	\$ 54.9	\$ 59.4
Total Profit (Loss)	\$ 2.3	\$ 1.0	\$ (2.3)	\$ (9.0)	\$ (5.8)

What were the hospital's total margin and operating margins between FY14 and FY18, and how do these compare to the hospital's peer cohort medians?

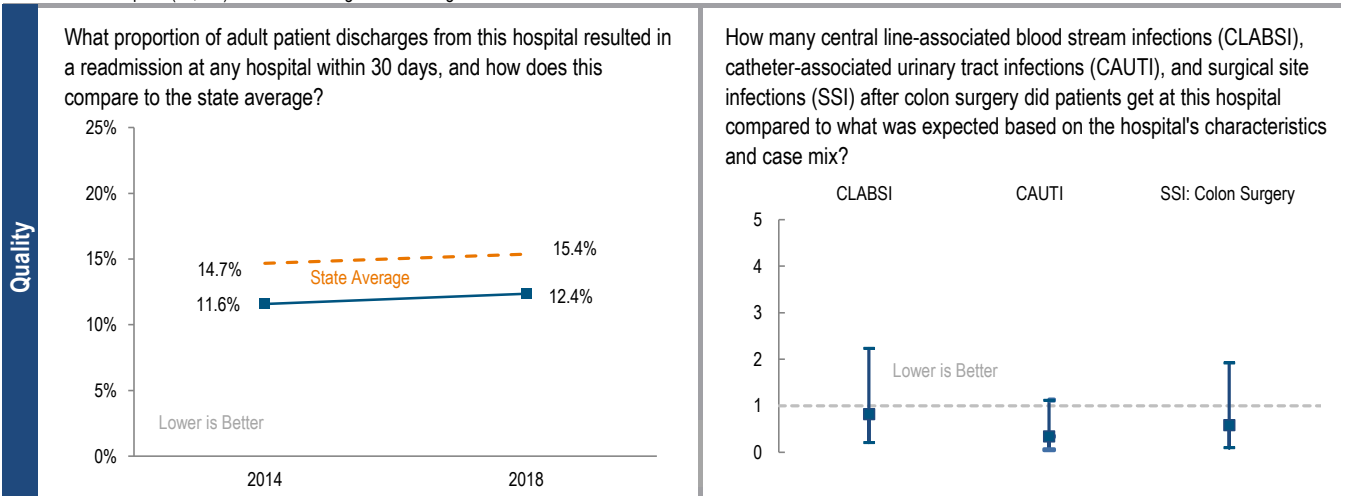
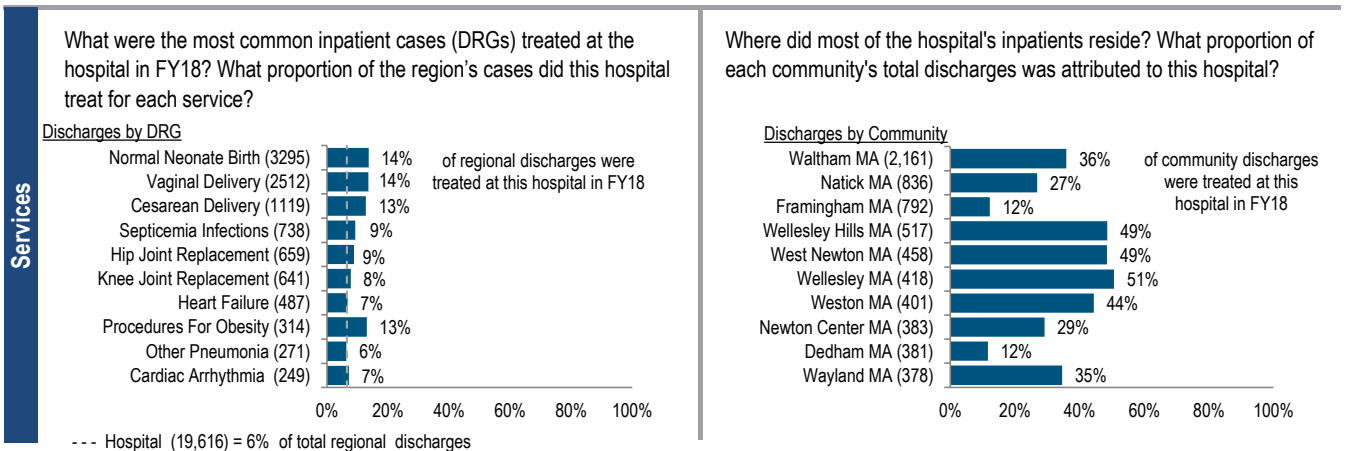


For descriptions of the metrics, please see the technical appendix.

\* 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 large acute hospital and a member of Partners HealthCare. Between FY14 and FY18, the volume of inpatient discharges at the hospital decreased by 2.4% compared to a median increase of 10.7% at cohort hospitals. Outpatient visits decreased 14.7% for the hospital between FY14 and FY18, compared to a median increase of 5.8% for its peer cohort. Newton-Wellesley reported a profit of \$1.0M in FY18 and a total margin of 0.2%, lower than the median of its peer cohort of 2.1%.

At a Glance	<b>Overview / Size</b>	
	Hospital System Affiliation:	Partners HealthCare System
	Hospital System Surplus (Loss) in FY18:	\$826,605,000
	Change in Ownership (FY14-18):	Not Applicable
	Total Staffed Beds:	358, among the larger acute hospitals
	% Occupancy:	57.0%, < cohort avg. (63%)
	Special Public Funding:	ICB*
	Trauma Center Designation:	Not Applicable
	Case Mix Index:	0.85, < cohort avg. (0.87); < statewide (1.14)
	<b>Financial</b>	
	Inpatient NPSR per CMAD:	\$13,042
	Change FY17-FY18:	-1.3%
	Inpatient:Outpatient Revenue in FY18:	35%:65%
	Outpatient Revenue in FY18:	\$249,221,381
	Change FY17-FY18:	10.6%
	Total Revenue in FY18:	\$492,482,000
	Total Surplus (Loss) in FY18:	\$1,033,000
	<b>Payer Mix</b>	
	Public Payer Mix:	45.0% Non-HPP Hospital
	CY17 Commercial Statewide Relative Price:	1.00
	Top 3 Commercial Payers:	Blue Cross Blue Shield of Massachusetts Harvard Pilgrim Health Care Tufts Associated HMO, Inc.
	<b>Utilization</b>	
	Inpatient Discharges in FY18:	19,616
	Change FY17-FY18:	2.5%
	Emergency Department Visits in FY18:	53,782
	Change FY17-FY18:	-2.5%
	Outpatient Visits in FY18:	110,395
	Change FY17-FY18:	3.1%
	<b>Quality</b>	
	Readmission Rate in FY18:	12.4%
	Change FY14-FY18 (percentage points):	0.8
	Early Elective Deliveries Rate:	1.6%



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

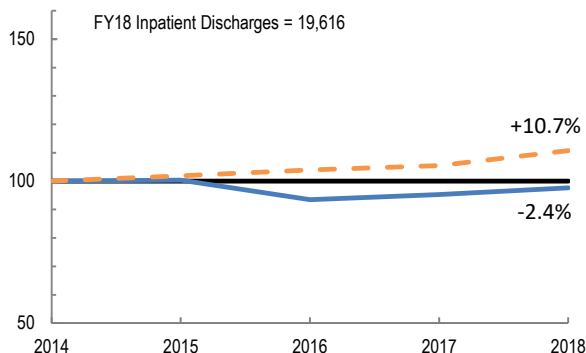
## 2018 HOSPITAL PROFILE: NEWTON-WELLESLEY HOSPITAL

Cohort: Community Hospital

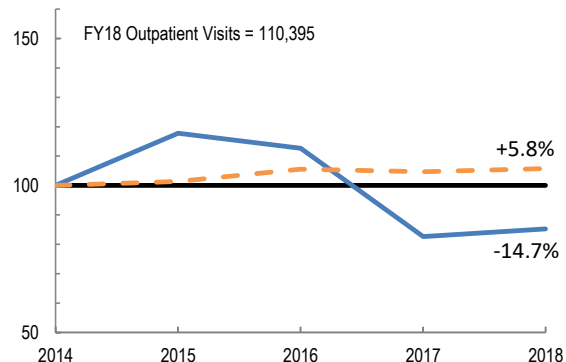
Key:

— Hospital  
- - - Peer Cohort

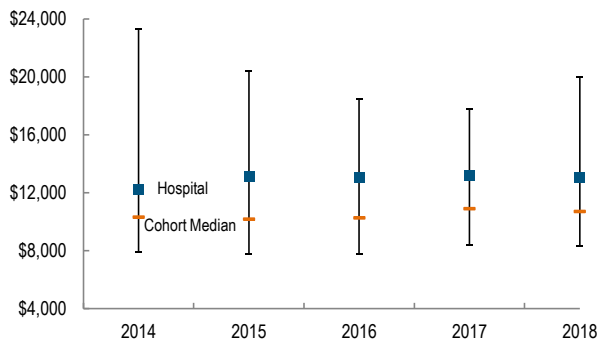
How has the volume of the hospital's inpatient discharges changed compared to FY14, and how does this compare to the hospital's peer cohort median? (FY14=100)



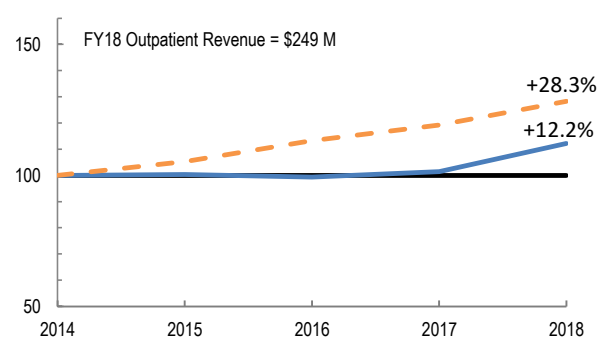
How has the volume of the hospital's outpatient visits changed compared to FY14, and how does this compare to the hospital's peer cohort median? (FY14=100)



What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY14 and FY18, and how does this compare to the hospital's peer cohort median?



How has the hospital's total outpatient revenue changed compared to FY14, and how does this compare to the hospital's peer cohort median? (FY14=100)

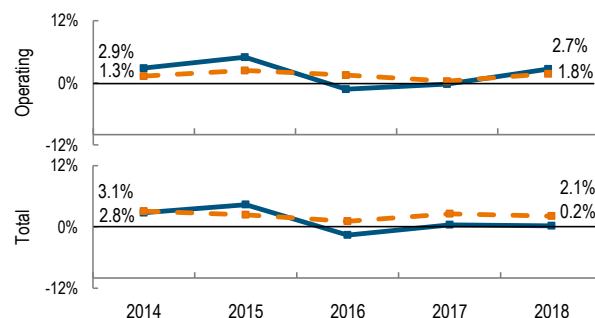


How have the hospital's total revenue and costs changed between FY14 and FY18?

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

FY	2014	2015	2016	2017	2018
<b>Operating Revenue</b>	\$ 426.9	\$ 444.0	\$ 434.1	\$ 453.0	\$ 504.7
<b>Non-Operating Revenue</b>	\$ (0.4)	\$ (2.8)	\$ (1.6)	\$ 2.8	\$ (12.3)
<b>Total Revenue</b>	\$ 426.5	\$ 441.2	\$ 432.5	\$ 455.8	\$ 492.5
<b>Total Costs</b>	\$ 414.7	\$ 422.1	\$ 439.2	\$ 454.0	\$ 491.4
<b>Total Profit (Loss)</b>	\$ 11.8	\$ 19.2	\$ (6.8)	\$ 1.8	\$ 1.0

What were the hospital's total margin and operating margins between FY14 and FY18, and how do these compare to the hospital's peer cohort medians?



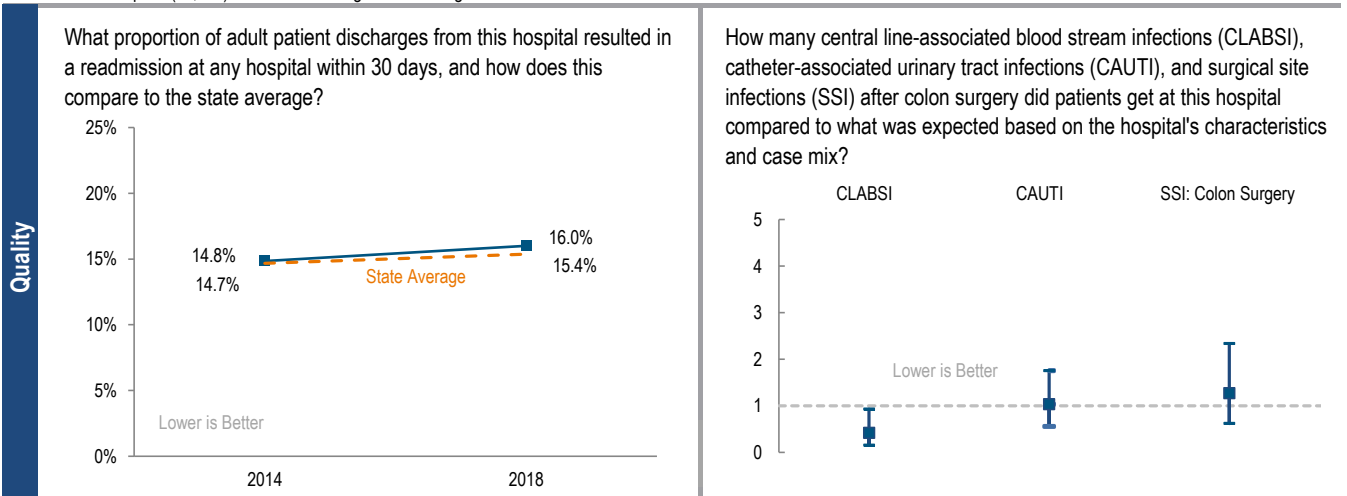
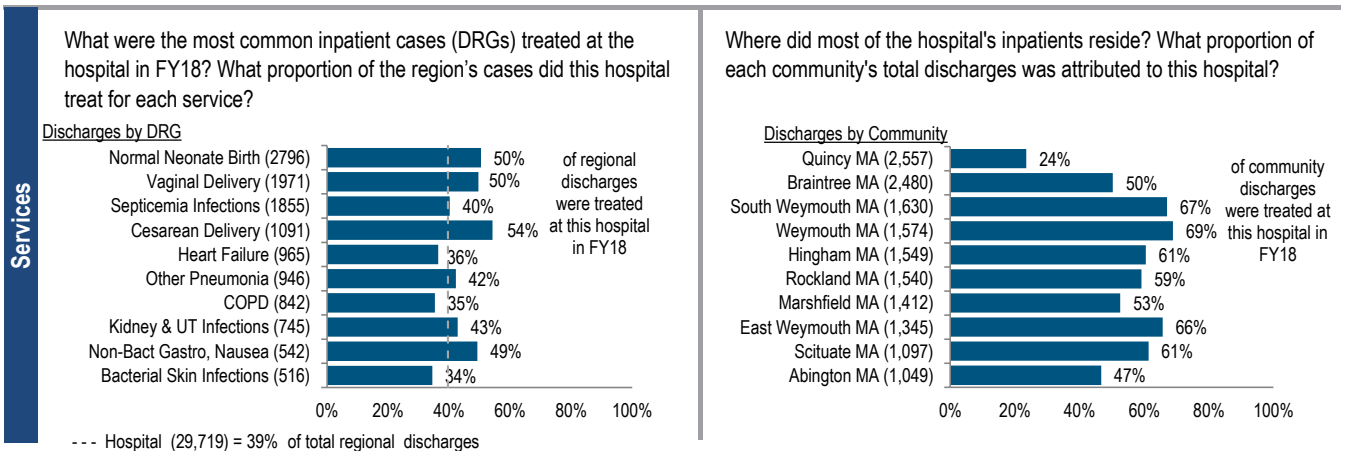
For descriptions of the metrics, please see the technical appendix.

\* 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 is a large, non-profit community hospital located in the Metro South region. Between FY14 and FY18, the volume of inpatient discharges at the hospital increased by 20.1% compared to a median increase of 10.7% at cohort hospitals. Outpatient visits increased by 4.7% for the hospital between FY14 and FY18, compared to a median increase of 5.8% for its peer cohort. South Shore Hospital reported a profit each year in this time period including a profit of \$10.7M in FY18 and a total margin of 1.7%, compared to the cohort median of 2.1%.

At a Glance	<b>Overview / Size</b>	
	Hospital System Affiliation:	South Shore Health System
	Hospital System Surplus (Loss) in FY18:	(\$2,394,265)
	Change in Ownership (FY14-18):	Not Applicable
	Total Staffed Beds:	434, 8th largest acute hospital
	% Occupancy:	78.6%, > cohort avg. (63%)
	Special Public Funding:	Not Applicable
	Trauma Center Designation:	Adult: Level 2
	Case Mix Index:	0.91, > cohort avg. (0.87); < statewide (1.14)
	<b>Financial</b>	
	Inpatient NPSR per CMAD:	\$11,019
	Change FY17-FY18:	-3.7%
	Inpatient:Outpatient Revenue in FY18:	44%:56%
	Outpatient Revenue in FY18:	\$278,190,840
	Change FY17-FY18:	5.2%
	Total Revenue in FY18:	\$616,817,820
	Total Surplus (Loss) in FY18:	\$10,708,839
	<b>Payer Mix</b>	
	Public Payer Mix:	59.6% Non-HPP Hospital
	CY17 Commercial Statewide Relative Price:	1.05
	Top 3 Commercial Payers:	Blue Cross Blue Shield of Massachusetts Harvard Pilgrim Health Care Tufts Associated HMO, Inc.
	<b>Utilization</b>	
	Inpatient Discharges in FY18:	29,719
	Change FY17-FY18:	1.5%
	Emergency Department Visits in FY18:	97,630
	Change FY17-FY18:	1.8%
	Outpatient Visits in FY18:	315,480
	Change FY17-FY18:	-2.0%
	<b>Quality</b>	
	Readmission Rate in FY18:	16.0%
	Change FY14-FY18 (percentage points):	1.2
	Early Elective Deliveries Rate:	1.0%



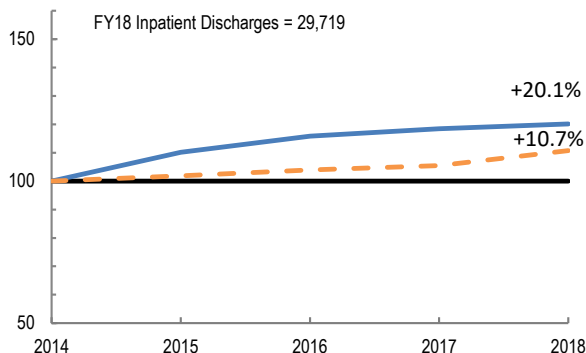
## 2018 HOSPITAL PROFILE: SOUTH SHORE HOSPITAL

Cohort: Community Hospital

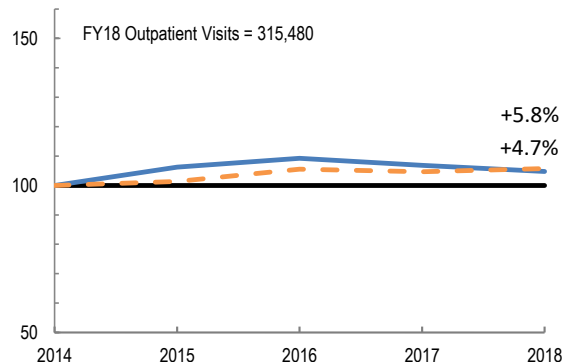
Key:  
 Hospital  
 Peer Cohort

### Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY14, and how does this compare to the hospital's peer cohort median? (FY14=100)

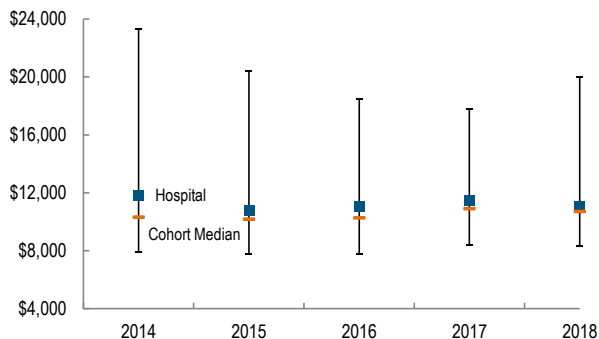


How has the volume of the hospital's outpatient visits changed compared to FY14, and how does this compare to the hospital's peer cohort median? (FY14=100)

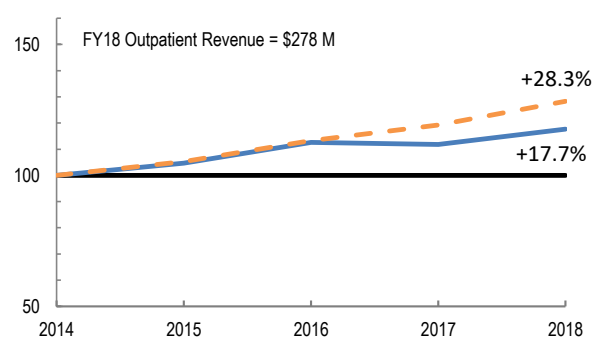


### Patient Revenue Trends

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY14 and FY18, and how does this compare to the hospital's peer cohort median?



How has the hospital's total outpatient revenue changed compared to FY14, and how does this compare to the hospital's peer cohort median? (FY14=100)



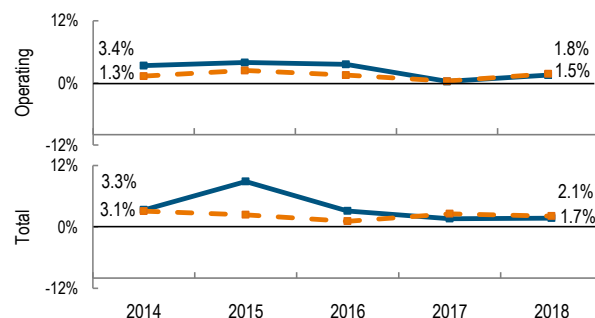
### Financial Performance

How have the hospital's total revenue and costs changed between FY14 and FY18?

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

FY	2014	2015	2016	2017	2018
Operating Revenue	\$ 495.1	\$ 536.1	\$ 573.3	\$ 594.3	\$ 615.3
Non-Operating Revenue	\$ (0.2)	\$ 27.8	\$ (3.2)	\$ 7.8	\$ 1.5
Total Revenue	\$ 494.9	\$ 563.8	\$ 570.1	\$ 602.1	\$ 616.8
Total Costs	\$ 478.5	\$ 513.8	\$ 552.7	\$ 592.4	\$ 606.1
Total Profit (Loss)	\$ 16.4	\$ 50.0	\$ 17.5	\$ 9.6	\$ 10.7

What were the hospital's total margin and operating margins between FY14 and FY18, and how do these compare to the hospital's peer cohort medians?

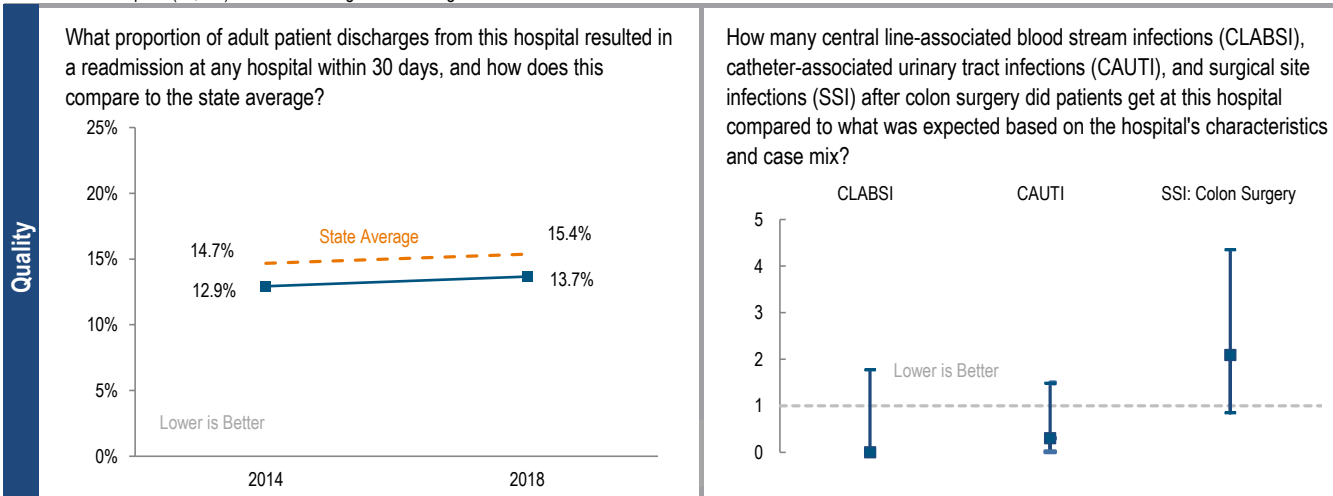
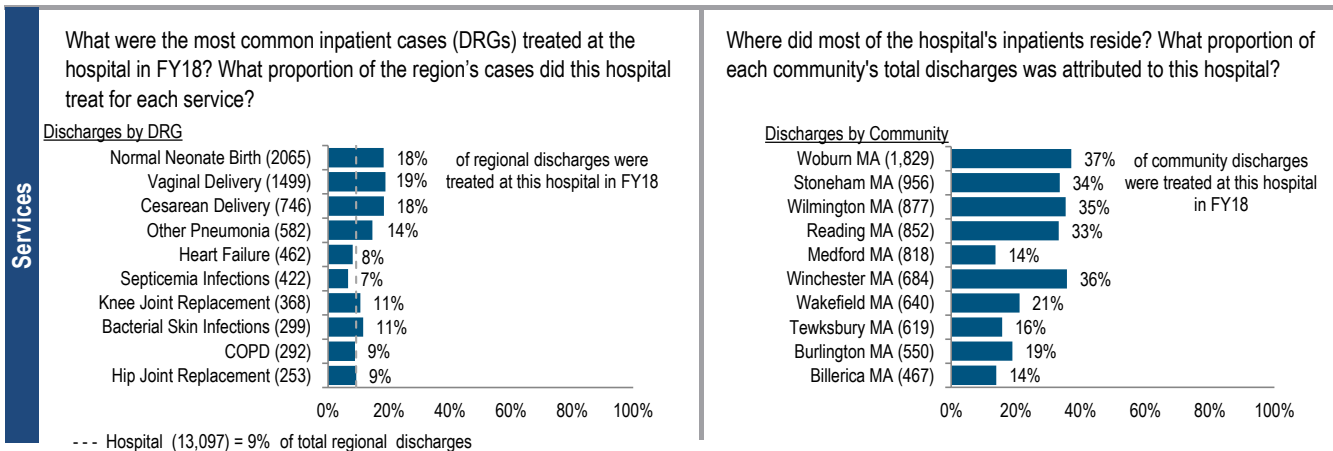


For descriptions of the metrics, please see the technical appendix.

\* 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. Between FY14 and FY18, the volume of inpatient discharges at the hospital increased by 6.8% compared to a median increase of 10.7% at cohort hospitals. Outpatient visits increased 12.2% for the hospital between FY14 and FY18, compared to a median increase of 5.8% for its peer cohort. Winchester Hospital reported a loss of \$0.9M in FY18 and a total margin of -0.3% compared to its peer cohort median total margin of 2.1%.

At a Glance	<b>Overview / Size</b>	
	Hospital System Affiliation:	Lahey Health System
	Hospital System Surplus (Loss) in FY18:	(\$13,194,627)
	Change in Ownership (FY14-18):	Lahey Health - 2014
	Total Staffed Beds:	202, mid-size acute hospital
	% Occupancy:	64.3%, > cohort avg. (63%)
	Special Public Funding:	CHART <sup>+</sup> , ICB <sup>+</sup>
	Trauma Center Designation:	Not Applicable
	Case Mix Index:	0.79, < cohort avg. (0.87); < statewide (1.14)
	<b>Financial</b>	
	Inpatient NPSR per CMAD:	\$10,829
	Change FY17-FY18:	-10.0%
	Inpatient:Outpatient Revenue in FY18:	29%:71%
	Outpatient Revenue in FY18:	\$144,300,391
	Change FY17-FY18:	2.1%
	Total Revenue in FY18:	\$275,830,556
	Total Surplus (Loss) in FY18:	(\$909,788)
	<b>Payer Mix</b>	
	Public Payer Mix:	44.7% Non-HPP Hospital
	CY17 Commercial Statewide Relative Price:	0.84
	Top 3 Commercial Payers:	Blue Cross Blue Shield of Massachusetts Harvard Pilgrim Health Care Tufts Associated HMO, Inc.
	<b>Utilization</b>	
	Inpatient Discharges in FY18:	13,097
	Change FY17-FY18:	4.2%
	Emergency Department Visits in FY18:	45,329
	Change FY17-FY18:	14.4%
	Outpatient Visits in FY18:	251,716
	Change FY17-FY18:	27.3%
	<b>Quality</b>	
	Readmission Rate in FY18:	13.7%
	Change FY14-FY18 (percentage points):	0.7
	Early Elective Deliveries Rate:	0.0%



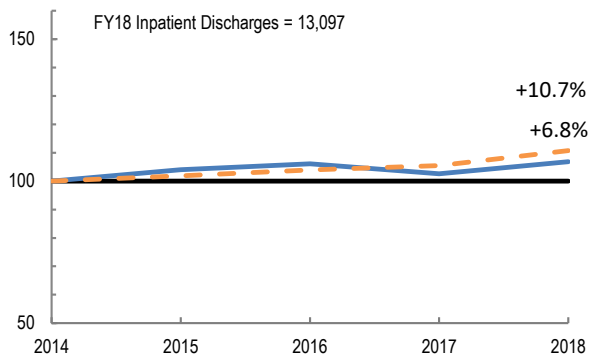
## 2018 HOSPITAL PROFILE: WINCHESTER HOSPITAL

Cohort: Community Hospital

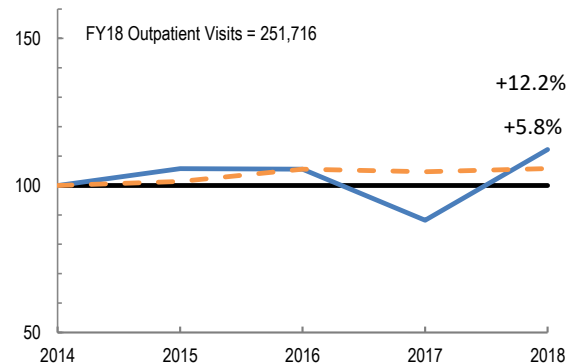
Key:  
—■— Hospital  
- - - ■ - - - Peer Cohort

### Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY14, and how does this compare to the hospital's peer cohort median? (FY14=100)

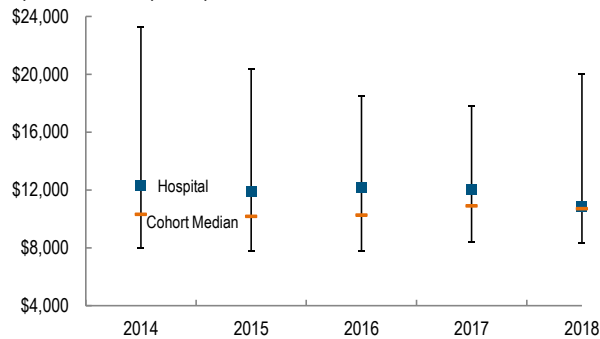


How has the volume of the hospital's outpatient visits changed compared to FY14, and how does this compare to the hospital's peer cohort median? (FY14=100)

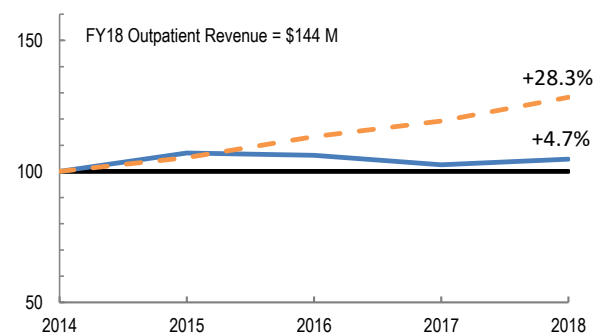


### Patient Revenue Trends

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY14 and FY18, and how does this compare to the hospital's peer cohort median?



How has the hospital's total outpatient revenue changed compared to FY14, and how does this compare to the hospital's peer cohort median? (FY14=100)



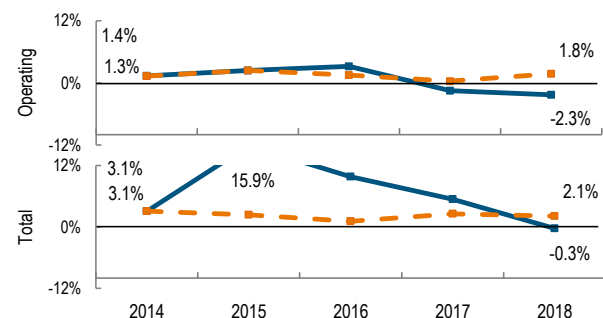
### Financial Performance

How have the hospital's total revenue and costs changed between FY14 and FY18?

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

FY	2014	2015	2016	2017	2018
<b>Operating Revenue</b>	\$ 266.8	\$ 273.9	\$ 281.5	\$ 273.5	\$ 270.3
<b>Non-Operating Revenue</b>	\$ 4.7	\$ 42.7	\$ 19.9	\$ 20.3	\$ 5.5
<b>Total Revenue</b>	\$ 271.5	\$ 316.6	\$ 301.4	\$ 293.9	\$ 275.8
<b>Total Costs</b>	\$ 263.1	\$ 266.3	\$ 271.9	\$ 277.9	\$ 276.7
<b>Total Profit (Loss)</b>	\$ 8.4	\$ 50.3	\$ 29.5	\$ 16.0	\$ (0.9)

What were the hospital's total margin and operating margins between FY14 and FY18, and how do these compare to the hospital's peer cohort medians?



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

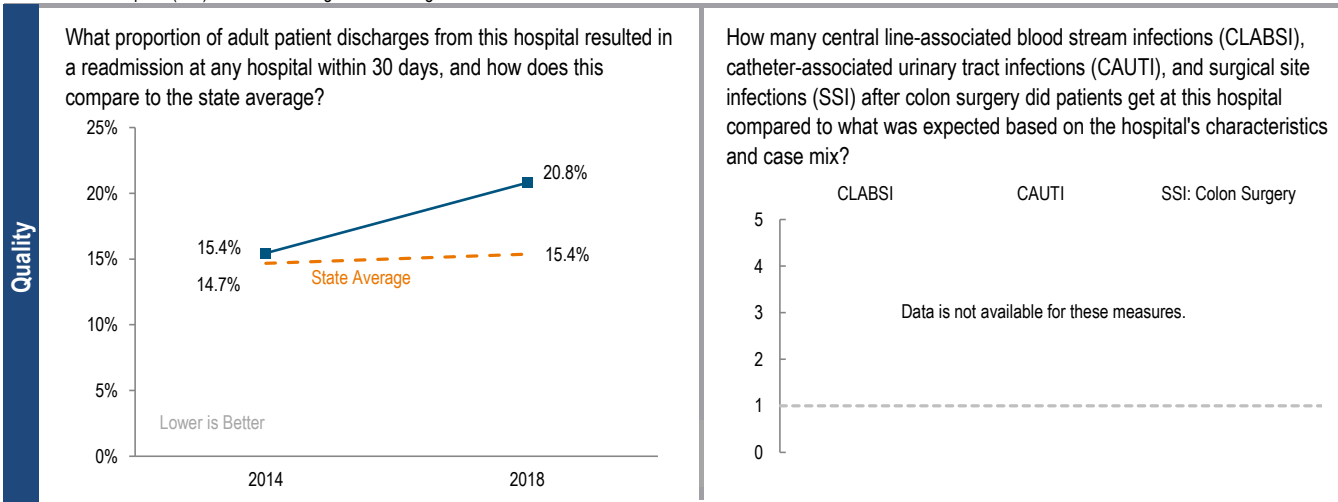
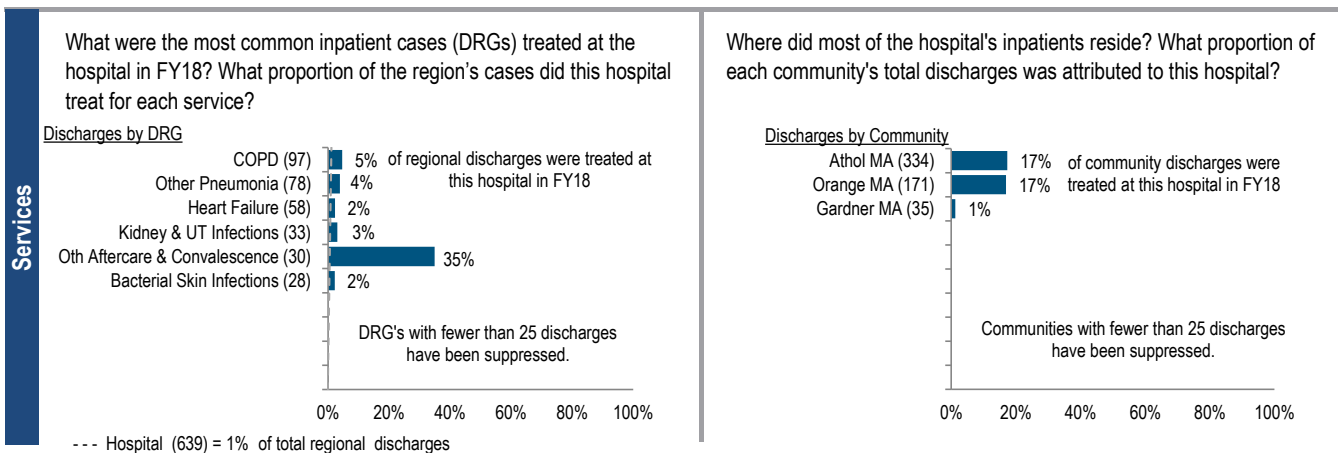
\* High Public Payer Hospitals (HPP) receive a minimum of 63% of gross patient service revenue from public payers.

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

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

Athol Hospital is a non-profit community-High Public Payer (HPP) hospital located in the Central Massachusetts region. It is the smallest acute hospital in Massachusetts, with 21 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 4.5% in FY18, below the cohort median of 5.0%.

At a Glance	<b>Overview / Size</b>	
	Hospital System Affiliation:	Heywood Healthcare
	Hospital System Surplus (Loss) in FY18:	(\$1,532,091)
	Change in Ownership (FY14-18):	Not Applicable
	Total Staffed Beds:	21, the smallest acute hospital
	% Occupancy:	48.6%, < cohort avg. (67%)
	Special Public Funding:	ICB*
	Trauma Center Designation:	Not Applicable
	Case Mix Index:	0.73, < cohort avg. (0.93); < statewide (1.14)
	<b>Financial</b>	
	Inpatient NPSR per CMAD:	\$10,796
	Change FY17-FY18:	-33.6%
	Inpatient:Outpatient Revenue in FY18:	12%:88%
	Outpatient Revenue in FY18:	\$21,284,977
	Change FY17-FY18:	18.9%
	Total Revenue in FY18:	\$27,043,726
	Total Surplus (Loss) in FY18:	\$1,223,341
	<b>Payer Mix</b>	
	Public Payer Mix:	72.5% HPP Hospital
	CY17 Commercial Statewide Relative Price:	0.90
	Top 3 Commercial Payers:	Blue Cross Blue Shield of Massachusetts Fallon Community Health Plan Network Health, LLC (Medicaid MCO)
	<b>Utilization</b>	
	Inpatient Discharges in FY18:	639
	Change FY17-FY18:	-2.6%
	Emergency Department Visits in FY18:	11,261
	Change FY17-FY18:	4.1%
	Outpatient Visits in FY18:	14,606
	Change FY17-FY18:	13.2%
	<b>Quality</b>	
	Readmission Rate in FY18:	20.8%
	Change FY14-FY18 (percentage points):	5.4
	Early Elective Deliveries Rate:	Not Available



## 2018 HOSPITAL PROFILE: ATHOL HOSPITAL

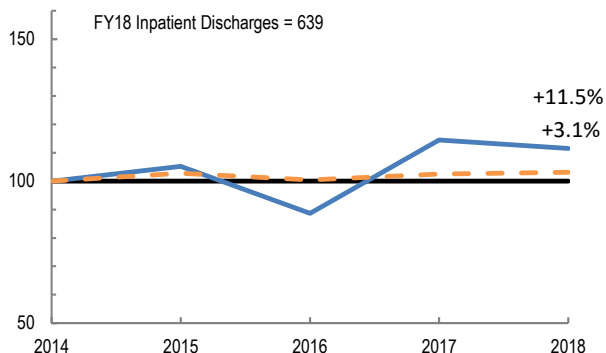
Cohort: Community-High Public Payer Hospital

Key:

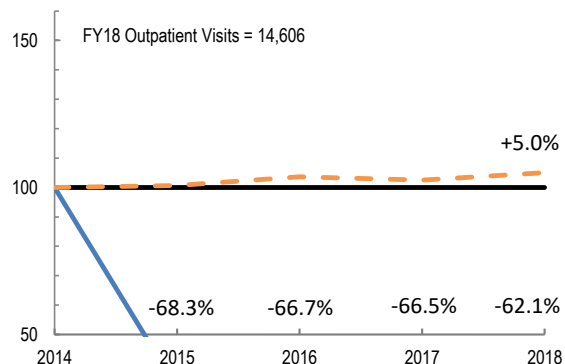


### Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY14, and how does this compare to the hospital's peer cohort median? (FY14=100)

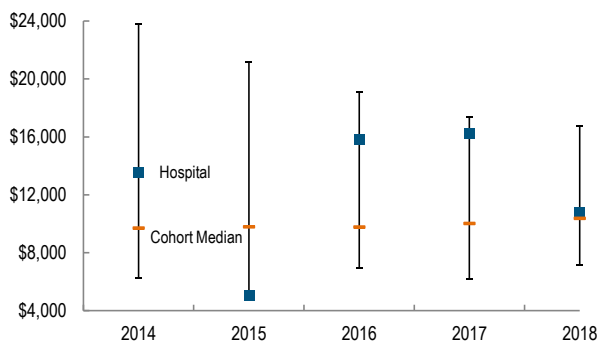


How has the volume of the hospital's outpatient visits changed compared to FY14, and how does this compare to the hospital's peer cohort median? (FY14=100)

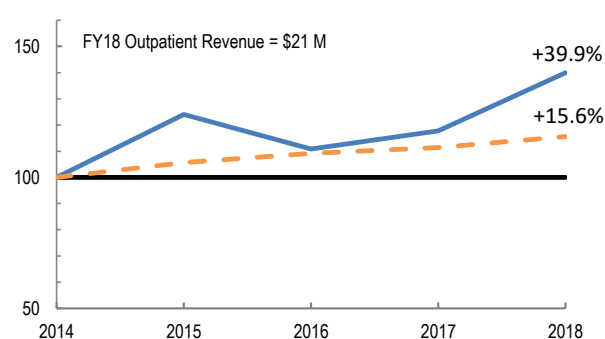


### Patient Revenue Trends

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY14 and FY18, and how does this compare to the hospital's peer cohort median?



How has the hospital's total outpatient revenue changed compared to FY14, and how does this compare to the hospital's peer cohort median? (FY14=100)



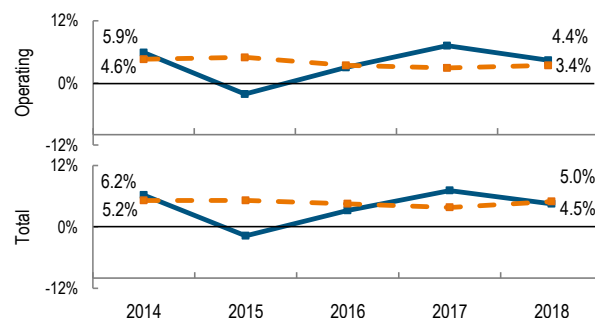
### Financial Performance

How have the hospital's total revenue and costs changed between FY14 and FY18?

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

FY	2014	2015	2016	2017	2018
<b>Operating Revenue</b>	\$ 22.8	\$ 22.9	\$ 23.7	\$ 27.1	\$ 27.0
<b>Non-Operating Revenue</b>	\$ 0.1	\$ 0.1	\$ 0.1	\$ (0.0)	\$ 0.0
<b>Total Revenue</b>	\$ 22.8	\$ 23.0	\$ 23.8	\$ 27.0	\$ 27.0
<b>Total Costs</b>	\$ 21.4	\$ 23.4	\$ 23.0	\$ 25.1	\$ 25.8
<b>Total Profit (Loss)</b>	\$ 1.4	\$ (0.4)	\$ 0.8	\$ 1.9	\$ 1.2

What were the hospital's total margin and operating margins between FY14 and FY18, 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).

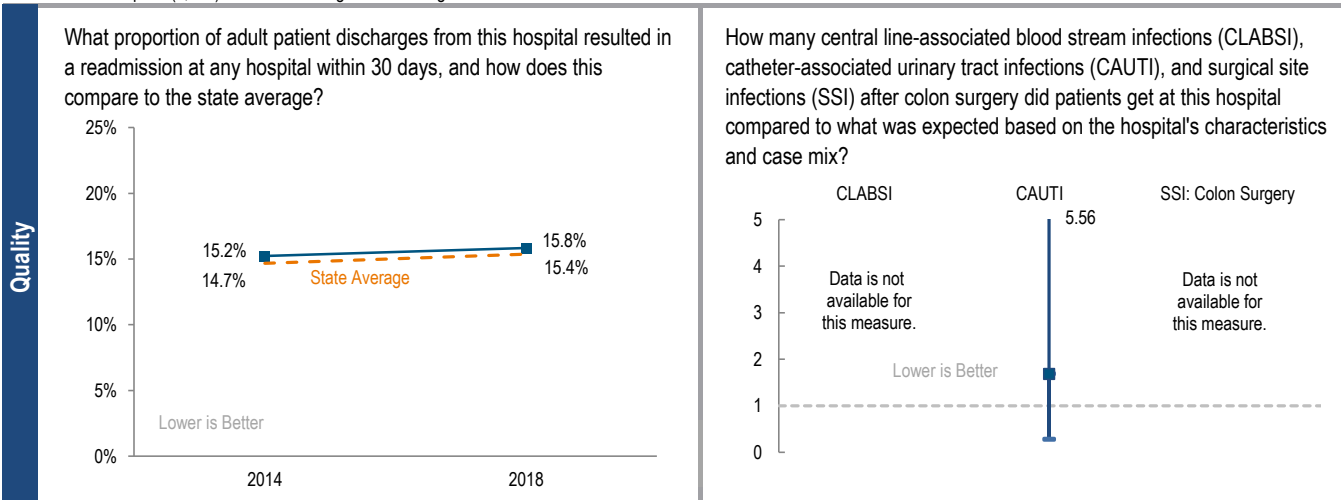
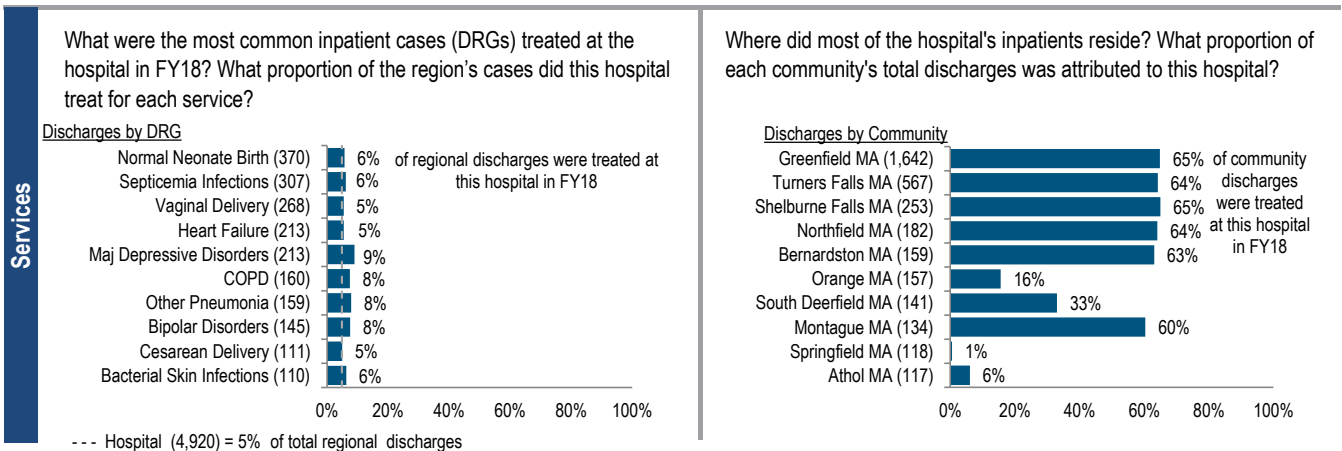
# BAYSTATE FRANKLIN MEDICAL CENTER

## 2018 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 FY14 and FY18, the volume of inpatient discharges at the hospital increased by 8.7% compared to a median increase of 3.1% at cohort hospitals. Outpatient visits decreased 28.9% for the hospital between FY14 and FY18, compared to a median increase of 5.0% for its peer cohort. Baystate Franklin Medical Center reported a profit in FY18 after reporting a loss in FY17.

At a Glance	<b>Overview / Size</b>	
	Hospital System Affiliation:	Baystate Health
	Hospital System Surplus (Loss) in FY18:	\$68,132,000
	Change in Ownership (FY14-18):	Not Applicable
	Total Staffed Beds:	107, mid-size acute hospital
	% Occupancy:	48.1%, < cohort avg. (67%)
	Special Public Funding:	CHART <sup>^</sup> , ICB <sup>°</sup>
	Trauma Center Designation:	Not Applicable
	Case Mix Index:	0.84, < cohort avg. (0.93); < statewide (1.14)
	<b>Financial</b>	
	Inpatient NPSR per CMAD:	\$9,135
	Change FY17-FY18:	-2.7%
	Inpatient:Outpatient Revenue in FY18:	27%:73%
	Outpatient Revenue in FY18:	\$56,111,816
	Change FY17-FY18:	5.2%
	Total Revenue in FY18:	\$102,857,000
	Total Surplus (Loss) in FY18:	\$605,000
	<b>Payer Mix</b>	
	Public Payer Mix:	69.4% HPP Hospital
	CY17 Commercial Statewide Relative Price:	1.05
	Top 3 Commercial Payers:	Blue Cross Blue Shield of Massachusetts Health New England, Inc. UniCare Life and Health Insurance Co.
	<b>Utilization</b>	
	Inpatient Discharges in FY18:	4,920
	Change FY17-FY18:	-4.7%
	Emergency Department Visits in FY18:	25,496
	Change FY17-FY18:	4.5%
	Outpatient Visits in FY18:	33,046
	Change FY17-FY18:	5.3%
	<b>Quality</b>	
	Readmission Rate in FY18:	15.8%
	Change FY14-FY18 (percentage points):	0.6
	Early Elective Deliveries Rate:	0.0%



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

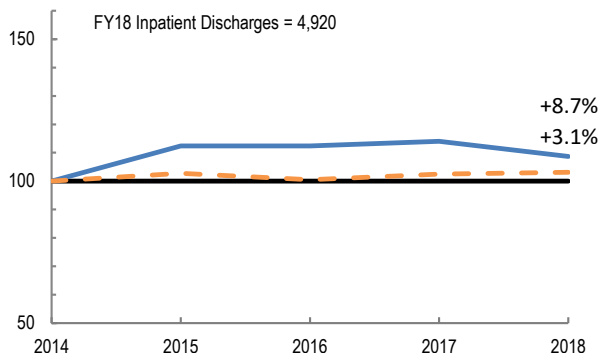
# 2018 HOSPITAL PROFILE: BAYSTATE FRANKLIN MEDICAL CENTER

Cohort: Community-High Public Payer Hospital

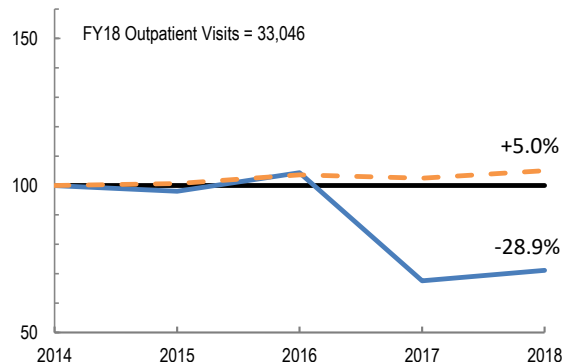
Key:  
—■— Hospital  
- - - ■ - - - Peer Cohort

## Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY14, and how does this compare to the hospital's peer cohort median? (FY14=100)

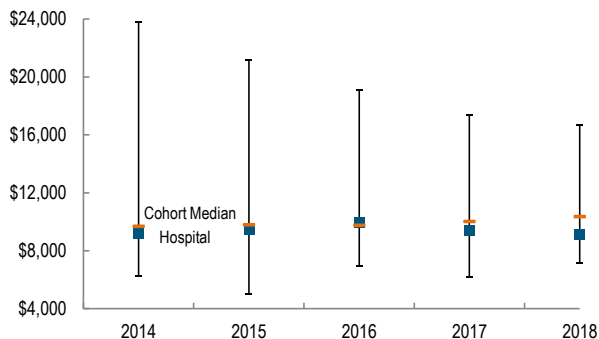


How has the volume of the hospital's outpatient visits changed compared to FY14, and how does this compare to the hospital's peer cohort median? (FY14=100)

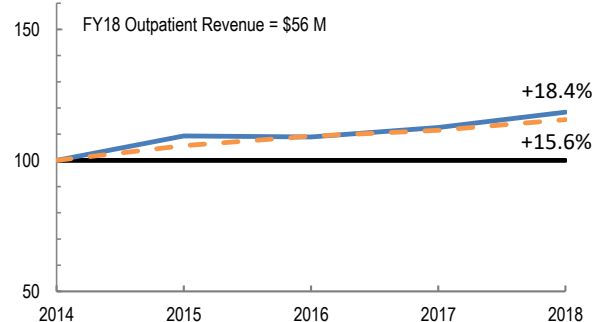


## Patient Revenue Trends

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY14 and FY18, and how does this compare to the hospital's peer cohort median?



How has the hospital's total outpatient revenue changed compared to FY14, and how does this compare to the hospital's peer cohort median? (FY14=100)



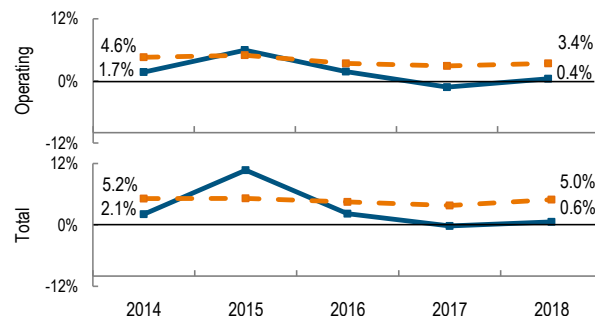
## Financial Performance

How have the hospital's total revenue and costs changed between FY14 and FY18?

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

FY	2014	2015	2016	2017	2018
<b>Operating Revenue</b>	\$ 83.5	\$ 94.5	\$ 98.2	\$ 98.6	\$ 102.7
<b>Non-Operating Revenue</b>	\$ 0.3	\$ 4.7	\$ 0.4	\$ 1.0	\$ 0.2
<b>Total Revenue</b>	\$ 83.8	\$ 99.3	\$ 98.6	\$ 99.6	\$ 102.9
<b>Total Costs</b>	\$ 82.0	\$ 88.6	\$ 96.4	\$ 99.8	\$ 102.3
<b>Total Profit (Loss)</b>	\$ 1.8	\$ 10.6	\$ 2.2	\$ (0.2)	\$ 0.6

What were the hospital's total margin and operating margins between FY14 and FY18, 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).

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

# BAYSTATE NOBLE HOSPITAL

## 2018 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 FY14 and FY18, inpatient discharges at the hospital decreased 9.3% compared to a median increase of 3.1% at cohort hospitals, while outpatient visits increased 42.7% compared to a median increase of 5.0% at cohort hospitals. Baystate Noble reported a profit of \$1.2M in FY18 after reporting a loss in FY17. IN FY18 Baystate Noble reported a total margin of 2.0% compared to its peer cohort median of 5.0%.

### At a Glance

#### Overview / Size

Hospital System Affiliation:	Baystate Health
Hospital System Surplus (Loss) in FY18:	\$68,132,000
Change in Ownership (FY14-18):	Baystate Health - 2015
Total Staffed Beds:	97, among the smaller acute hospitals
% Occupancy:	44.0%, < cohort avg. (67%)
Special Public Funding:	CHART <sup>^</sup> , ICB <sup>°</sup>
Trauma Center Designation:	Not Applicable
Case Mix Index:	0.96, > cohort avg. (0.93); < statewide (1.14)

#### Financial

Inpatient NPSR per CMAD:	\$9,627
Change FY17-FY18:	-1.0%
Inpatient:Outpatient Revenue in FY18:	34%:66%
Outpatient Revenue in FY18:	\$27,946,416
Change FY17-FY18:	2.7%
Total Revenue in FY18:	\$58,357,000
Total Surplus (Loss) in FY18:	\$1,156,000

#### Payer Mix

Public Payer Mix:	68.6% HPP Hospital
CY17 Commercial Statewide Relative Price:	0.68
Top 3 Commercial Payers:	Blue Cross Blue Shield of Massachusetts Health New England, Inc. Network Health, LLC (Medicaid MCO)

#### Utilization

Inpatient Discharges in FY18:	2,961
Change FY17-FY18:	3.0%
Emergency Department Visits in FY18:	29,456
Change FY17-FY18:	6.8%
Outpatient Visits in FY18:	58,522
Change FY17-FY18:	106.4%

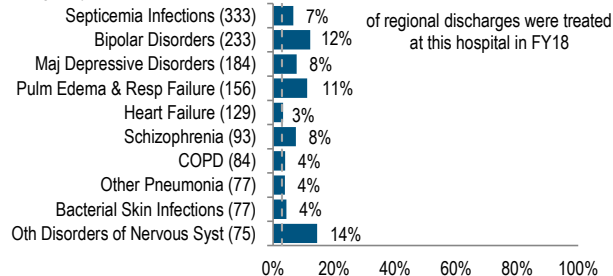
#### Quality

Readmission Rate in FY18:	16.1%
Change FY14-FY18 (percentage points):	0.4
Early Elective Deliveries Rate:	Not Available

### Services

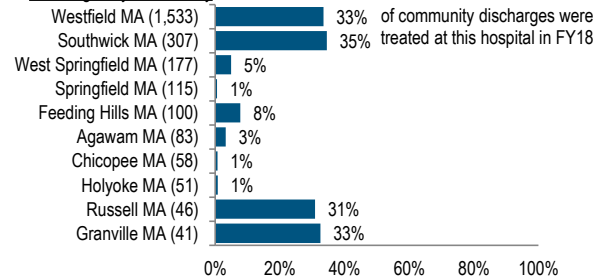
What were the most common inpatient cases (DRGs) treated at the hospital in FY18? What proportion of the region's cases did this hospital treat for each service?

#### Discharges by DRG



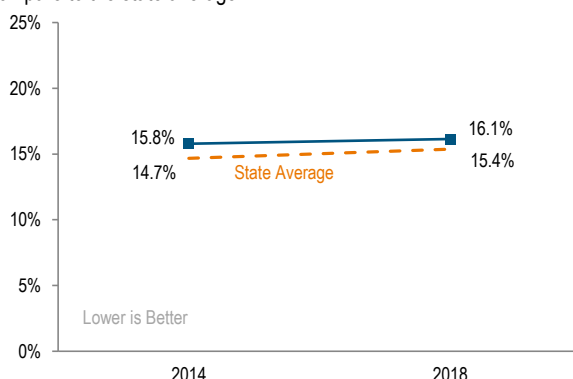
Where did most of the hospital's inpatients reside? What proportion of each community's total discharges was attributed to this hospital?

#### Discharges by Community

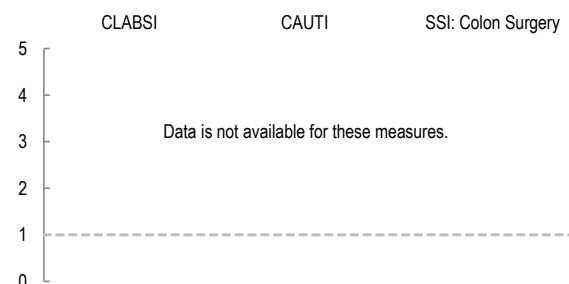


### Quality

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.

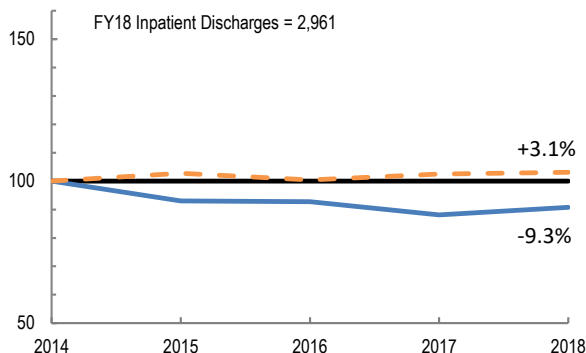
## 2018 HOSPITAL PROFILE: BAYSTATE NOBLE HOSPITAL

Cohort: Community-High Public Payer Hospital

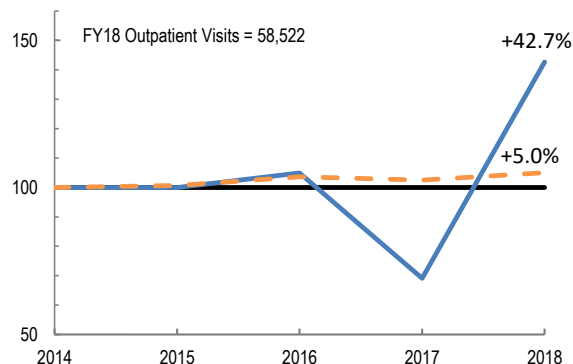
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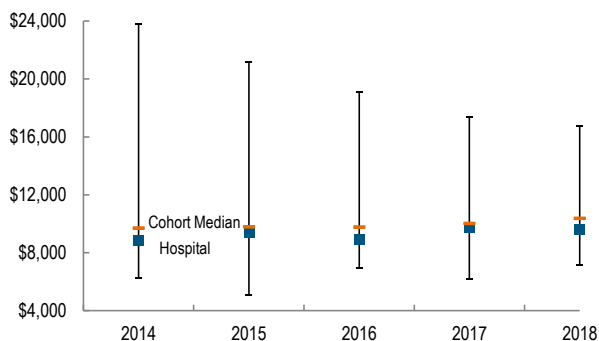
How has the volume of the hospital's inpatient discharges changed compared to FY14, and how does this compare to the hospital's peer cohort median? (FY14=100)



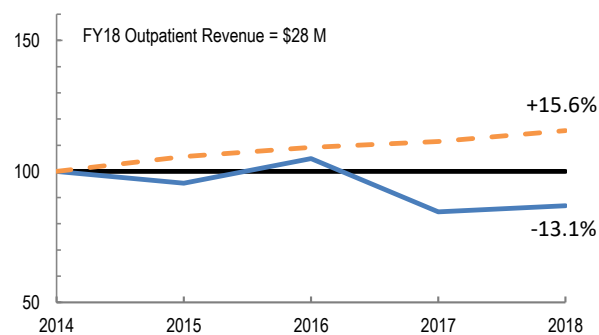
How has the volume of the hospital's outpatient visits changed compared to FY14, and how does this compare to the hospital's peer cohort median? (FY14=100)



What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY14 and FY18, and how does this compare to the hospital's peer cohort median?



How has the hospital's total outpatient revenue changed compared to FY14, and how does this compare to the hospital's peer cohort median? (FY14=100)

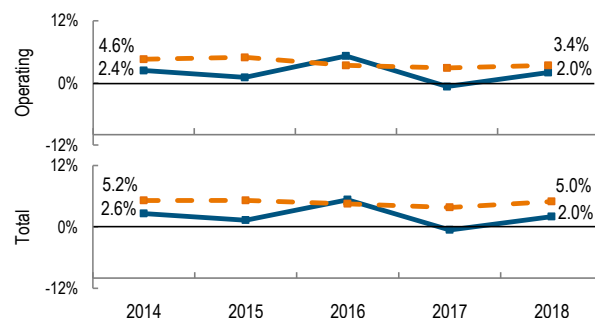


How have the hospital's total revenue and costs changed between FY14 and FY18?

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

FY	2014	2015	2016	2017	2018
<b>Operating Revenue</b>	\$ 57.3	\$ 58.8	\$ 61.1	\$ 56.6	\$ 58.4
<b>Non-Operating Revenue</b>	\$ 0.1	\$ 0.1	\$ 0.1	\$ 0.1	\$ 0.0
<b>Total Revenue</b>	\$ 57.4	\$ 58.9	\$ 61.2	\$ 56.7	\$ 58.4
<b>Total Costs</b>	\$ 55.9	\$ 58.1	\$ 57.9	\$ 57.0	\$ 57.2
<b>Total Profit (Loss)</b>	\$ 1.5	\$ 0.8	\$ 3.3	\$ (0.3)	\$ 1.2

What were the hospital's total margin and operating margins between FY14 and FY18, 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).

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

# BAYSTATE WING HOSPITAL

## 2018 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. Baystate Mary Lane Hospital merged with Baystate Wing Hospital effective September 10, 2016. Between FY14 and FY18, the volume of inpatient discharges at the hospital increased by 8.2% compared to a median increase of 3.1% at cohort hospitals. Outpatient visits decreased 26.3% for the hospital between FY14 and FY18, compared to a median increase of 5.0% for its peer cohort. Baystate Wing Hospital reported a loss in each of the last four years, including a loss of \$4.4M in FY18 and a total margin of -5.1% compared to its peer cohort median of 5.0%.

At a Glance	<b>Overview / Size</b>	
	Hospital System Affiliation:	Baystate Health
	Hospital System Surplus (Loss) in FY18:	\$68,132,000
	Change in Ownership (FY14-18):	Includes Mary Lane 9/10/16
	Total Staffed Beds:	74, among the smaller acute hospitals
	% Occupancy:	66.2%, < cohort avg. (67%)
	Special Public Funding:	CHART <sup>+</sup> , ICB <sup>+</sup>
	Trauma Center Designation:	Not Applicable
	Case Mix Index:	0.99, > cohort avg. (0.93); < statewide (1.14)
	<b>Financial</b>	
	Inpatient NPSR per CMAD:	\$9,310
	Change FY17-FY18:	18.1%
	Inpatient:Outpatient Revenue in FY18:	28%:72%
	Outpatient Revenue in FY18:	\$49,899,230
	Change FY17-FY18:	-13.1%
	Total Revenue in FY18:	\$86,053,000
	Total Surplus (Loss) in FY18:	(\$4,399,000)
	<b>Payer Mix</b>	
	Public Payer Mix:	68.7% HPP Hospital
	CY17 Commercial Statewide Relative Price:	0.84
	Top 3 Commercial Payers:	Blue Cross Blue Shield of Massachusetts Health New England, Inc. UniCare Life and Health Insurance Co.
	<b>Utilization</b>	
	Inpatient Discharges in FY18:	3,298
	Change FY17-FY18:	5.5%
	Emergency Department Visits in FY18:	29,486
	Change FY17-FY18:	-6.6%
	Outpatient Visits in FY18:	133,350
	Change FY17-FY18:	-0.9%
	<b>Quality</b>	
	Readmission Rate in FY18:	14.2%
	Change FY14-FY18 (percentage points):	-1.1
	Early Elective Deliveries Rate:	Not Available

Services	What were the most common inpatient cases (DRGs) treated at the hospital in FY18? What proportion of the region's cases did this hospital treat for each service?	
	<b>Discharges by DRG</b>	
	Septicemia Infections (425)	8% of regional discharges
	Maj Depressive Disorders (245)	10% were treated at this hospital in FY18
	Heart Failure (197)	5%
	Org Mental Hlth Disturb (165)	49%
	Bipolar Disorders (160)	8%
	Other Pneumonia (126)	6%
	Cardiac Arrhythmia (108)	7%
	Schizophrenia (99)	8%
	Where did most of the hospital's inpatients reside? What proportion of each community's total discharges was attributed to this hospital?	
	<b>Discharges by Community</b>	
	Palmer MA (416)	40% of community discharges
	Ware MA (411)	35% were treated at this hospital in FY18
	Belchertown MA (263)	20%
	Monson MA (240)	33%
	Springfield MA (209)	1%
	Ludlow MA (204)	8%
	Wilbraham MA (198)	13%
	Three Rivers MA (128)	36%
	West Brookfield MA (127)	24%
	Warren MA (74)	24%

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>2014: 15.3% (Hospital), 14.7% (State Average) 2018: 15.4% (Hospital), 14.2% (State Average)</p> <p>Lower is Better</p>	
	How many central line-associated blood stream infections (CLABSI), catheter-associated urinary tract infections (CAUTI), and surgical site infections (SSI) after colon surgery did patients get at this hospital compared to what was expected based on the hospital's characteristics and case mix?	
	<p>CLABSI CAUTI SSI: Colon Surgery</p> <p>Data is not available for these measures.</p>	

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

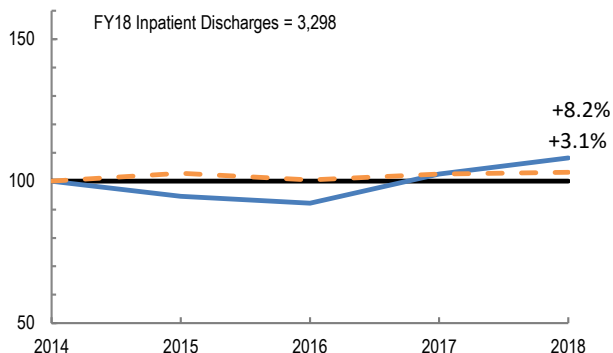
## 2018 HOSPITAL PROFILE: BAYSTATE WING HOSPITAL

Cohort: Community-High Public Payer Hospital

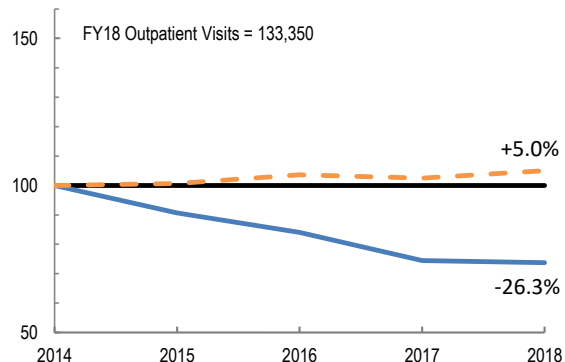
Key:  
—■ Hospital  
- - - ■ Peer Cohort

### Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY14, and how does this compare to the hospital's peer cohort median? (FY14=100)

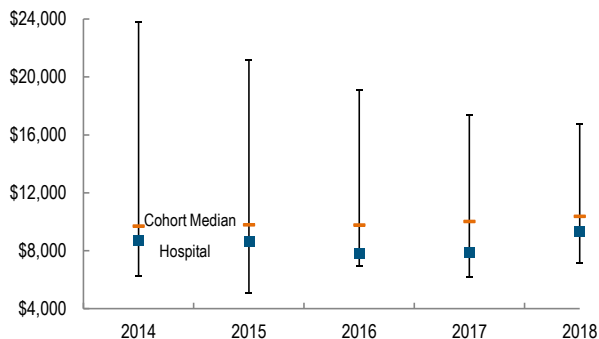


How has the volume of the hospital's outpatient visits changed compared to FY14, and how does this compare to the hospital's peer cohort median? (FY14=100)

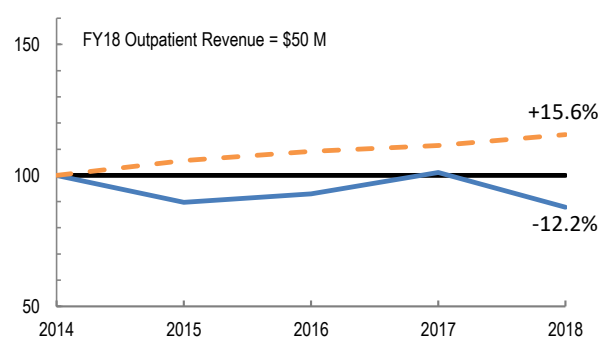


### Patient Revenue Trends

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY14 and FY18, and how does this compare to the hospital's peer cohort median?



How has the hospital's total outpatient revenue changed compared to FY14, and how does this compare to the hospital's peer cohort median? (FY14=100)



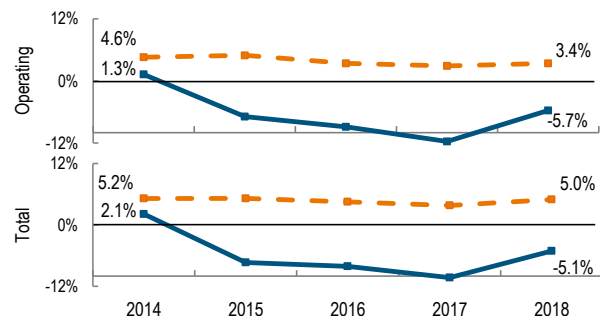
### Financial Performance

How have the hospital's total revenue and costs changed between FY14 and FY18?

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

FY	2014	2015	2016	2017	2018
<b>Operating Revenue</b>	\$ 87.4	\$ 74.6	\$ 75.7	\$ 86.4	\$ 85.6
<b>Non-Operating Revenue</b>	\$ 0.8	\$ (0.3)	\$ 0.6	\$ 1.2	\$ 0.5
<b>Total Revenue</b>	\$ 88.1	\$ 74.2	\$ 76.4	\$ 87.6	\$ 86.1
<b>Total Costs</b>	\$ 86.3	\$ 79.7	\$ 82.6	\$ 96.7	\$ 90.5
<b>Total Profit (Loss)</b>	\$ 1.9	\$ (5.4)	\$ (6.2)	\$ (9.1)	\$ (4.4)

What were the hospital's total margin and operating margins between FY14 and FY18, 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).

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

# BERKSHIRE MEDICAL CENTER

## 2018 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. Between FY14 and FY18, the volume of inpatient discharges at the hospital increased by 9.8% compared to a median increase of 3.1% at cohort hospitals. Outpatient visits increased 11.7% for the hospital between FY14 and FY18, compared to a median increase of 5.0% for its peer cohort. The hospital has reported a profit in each of the last five years. In FY18 it had a total margin of 9.4%, above the 5.0% median of its cohort hospitals.

### At a Glance

#### Overview / Size

Hospital System Affiliation:	Berkshire Health Systems
Hospital System Surplus (Loss) in FY18:	\$30,367,084
Change in Ownership (FY14-18):	Not Applicable
Total Staffed Beds:	214, mid-size acute hospital
% Occupancy:	92.2%, highest in cohort avg. (67%)
Special Public Funding:	HCIH <sup>1</sup>
Trauma Center Designation:	Adult: Level 3
Case Mix Index:	0.97, > cohort avg. (0.93); < statewide (1.14)

#### Financial

Inpatient NPSR per CMAD:	\$11,702
Change FY17-FY18:	1.5%
Inpatient:Outpatient Revenue in FY18:	32%:68%
Outpatient Revenue in FY18:	\$285,247,777
Change FY17-FY18:	3.5%
Total Revenue in FY18:	\$528,183,871
Total Surplus (Loss) in FY18:	\$49,429,429

#### Payer Mix

Public Payer Mix:	72.1% HPP Hospital
CY17 Commercial Statewide Relative Price:	1.24
Top 3 Commercial Payers:	Blue Cross Blue Shield of Massachusetts Health New England, Inc. Network Health, LLC (Medicaid MCO)

#### Utilization

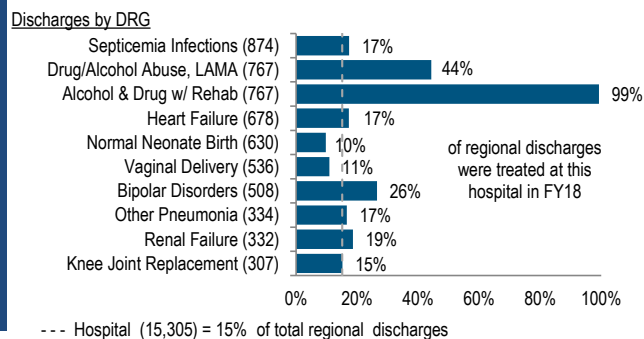
Inpatient Discharges in FY18:	15,305
Change FY17-FY18:	1.9%
Emergency Department Visits in FY18:	55,972
Change FY17-FY18:	-0.2%
Outpatient Visits in FY18:	306,908
Change FY17-FY18:	7.2%

#### Quality

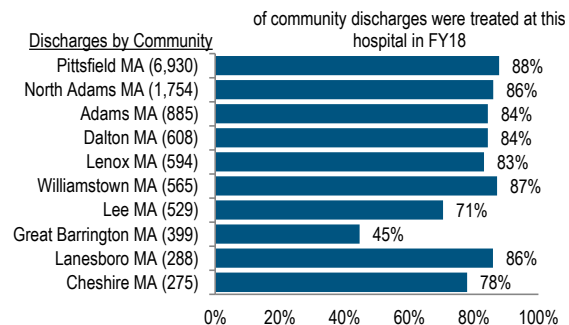
Readmission Rate in FY18:	16.3%
Change FY14-FY18 (percentage points):	0.9
Early Elective Deliveries Rate:	0.0%

### Services

What were the most common inpatient cases (DRGs) treated at the hospital in FY18? What proportion of the region's cases did this hospital treat for each service?

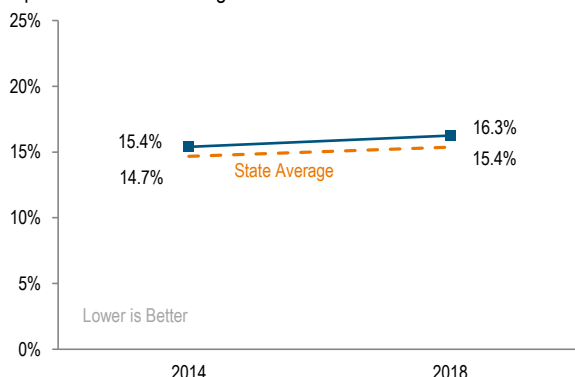


Where did most of the hospital's inpatients reside? What proportion of each community's total discharges was attributed to this hospital?

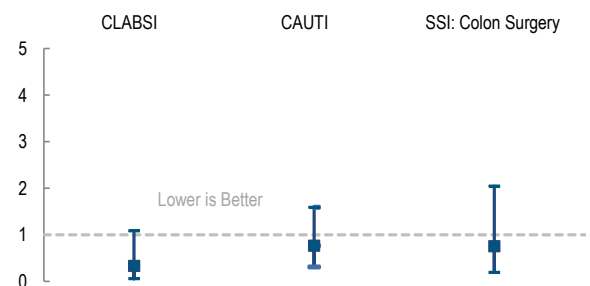


### Quality

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.

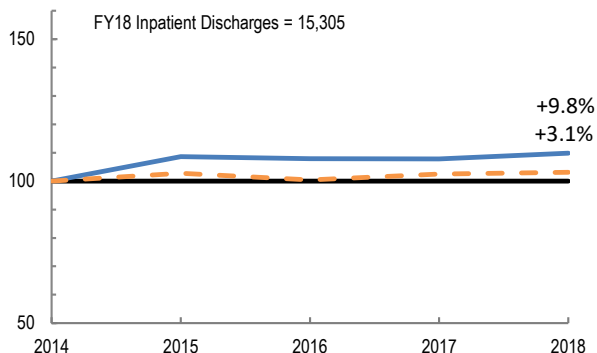
# 2018 HOSPITAL PROFILE: BERKSHIRE MEDICAL CENTER

Cohort: Community-High Public Payer Hospital

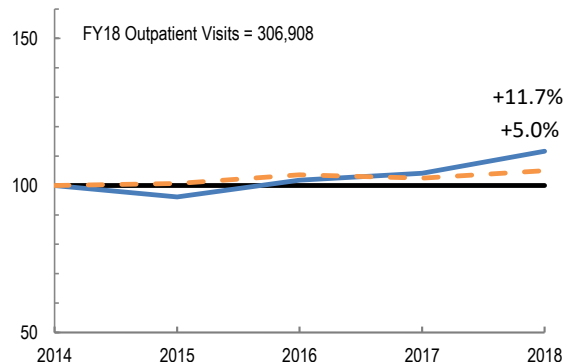
Key:  
—■— Hospital  
- - - ■ - - - Peer Cohort

## Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY14, and how does this compare to the hospital's peer cohort median? (FY14=100)

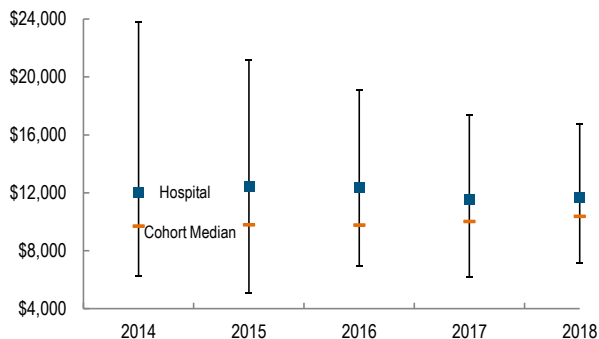


How has the volume of the hospital's outpatient visits changed compared to FY14, and how does this compare to the hospital's peer cohort median? (FY14=100)

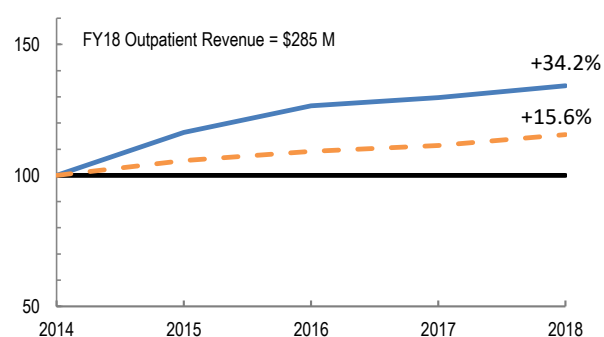


## Patient Revenue Trends

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY14 and FY18, and how does this compare to the hospital's peer cohort median?



How has the hospital's total outpatient revenue changed compared to FY14, and how does this compare to the hospital's peer cohort median? (FY14=100)



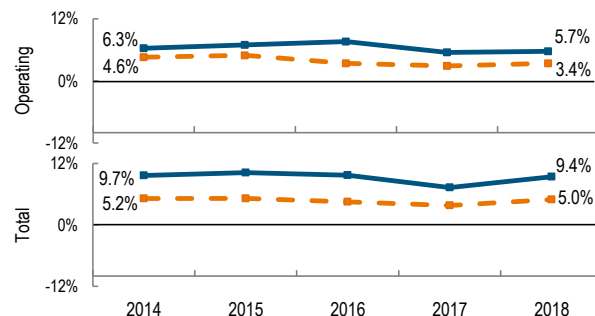
## Financial Performance

How have the hospital's total revenue and costs changed between FY14 and FY18?

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

FY	2014	2015	2016	2017	2018
<b>Operating Revenue</b>	\$ 387.2	\$ 438.8	\$ 476.6	\$ 486.0	\$ 509.1
<b>Non-Operating Revenue</b>	\$ 13.5	\$ 14.8	\$ 10.2	\$ 9.3	\$ 19.1
<b>Total Revenue</b>	\$ 400.7	\$ 453.6	\$ 486.8	\$ 495.3	\$ 528.2
<b>Total Costs</b>	\$ 361.9	\$ 407.2	\$ 439.6	\$ 459.0	\$ 478.8
<b>Total Profit (Loss)</b>	\$ 38.8	\$ 46.4	\$ 47.2	\$ 36.3	\$ 49.4

What were the hospital's total margin and operating margins between FY14 and FY18, 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).

# BETH ISRAEL DEACONESS HOSPITAL - PLYMOUTH

## 2018 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 FY14 and FY18, the volume of inpatient discharges at the hospital increased by 40.2% compared to a median increase of 3.1% at cohort hospitals. Outpatient visits increased by 18.9% for the hospital between FY14 and FY18, compared to a median increase of 5.0% for its peer cohort. The hospital has reported a profit in each of the last five years. In FY18 it had a total margin of 5.1%, above the 5.0% median of its cohort hospitals.

At a Glance	<b>Overview / Size</b>	
	Hospital System Affiliation:	CareGroup
	Hospital System Surplus (Loss) in FY18:	\$110,129,000
	Change in Ownership (FY14-18):	CareGroup-2014
	Total Staffed Beds:	183, mid-size acute hospital
	% Occupancy:	75.0%, > cohort avg. (67%)
	Special Public Funding:	ICB*
	Trauma Center Designation:	Not Applicable
	Case Mix Index:	1.00, > cohort avg. (0.93); < statewide (1.14)
	<b>Financial</b>	
	Inpatient NPSR per CMAD:	\$10,556
	Change FY17-FY18:	-1.2%
	Inpatient:Outpatient Revenue in FY18:	33%:67%
	Outpatient Revenue in FY18:	\$142,037,154
	Change FY17-FY18:	6.1%
	Total Revenue in FY18:	\$277,512,000
	Total Surplus (Loss) in FY18:	\$14,219,000
	<b>Payer Mix</b>	
	Public Payer Mix:	68.6% HPP Hospital
	CY17 Commercial Statewide Relative Price:	0.87
	Top 3 Commercial Payers:	Blue Cross Blue Shield of Massachusetts Harvard Pilgrim Health Care Tufts Associated HMO, Inc.
	<b>Utilization</b>	
	Inpatient Discharges in FY18:	11,751
	Change FY17-FY18:	5.6%
	Emergency Department Visits in FY18:	46,952
	Change FY17-FY18:	2.0%
	Outpatient Visits in FY18:	132,673
	Change FY17-FY18:	-1.2%
	<b>Quality</b>	
	Readmission Rate in FY18:	15.3%
	Change FY14-FY18 (percentage points):	1.7
	Early Elective Deliveries Rate:	0.0%

Services	What were the most common inpatient cases (DRGs) treated at the hospital in FY18? What proportion of the region's cases did this hospital treat for each service?	
	<b>Discharges by DRG</b>	
	Normal Neonate Birth (755)	14% of regional discharges were treated at this hospital in FY18
	Septicemia Infections (654)	14%
	Vaginal Delivery (521)	13%
	Knee Joint Replacement (465)	31%
	Other Pneumonia (377)	17%
	Heart Failure (377)	14%
	COPD (302)	13%
	Kidney & UT Infections (298)	17%
	Hip Joint Replacement (280)	27%
	Cesarean Delivery (279)	14%
	--- Hospital (11,751) = 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?	
	<b>Discharges by Community</b>	
	Plymouth MA (4,688)	60% of community discharges were treated at this hospital in FY18
	Carver MA (905)	56%
	Kingston MA (837)	52%
	Middleboro MA (627)	21%
	Duxbury MA (560)	36%
	Marshfield MA (403)	15%
	Pembroke MA (278)	14%
	Buzzards Bay MA (250)	14%
	Halifax MA (223)	22%
	Sandwich MA (186)	18%

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?

Readmission Rates (2014-2018):

Year	Hospital Rate	State Average
2014	13.6%	14.7%
2018	15.3%	15.4%

Lower is Better

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

Infection Rates (Expected vs. Actual):

Infection Type	Expected Rate (Dashed Line)	Actual Rate (Dot)
CLABSI	1.0	~0.5
CAUTI	1.0	~0.5
SSI: Colon Surgery	1.0	~0.8

Lower is Better

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

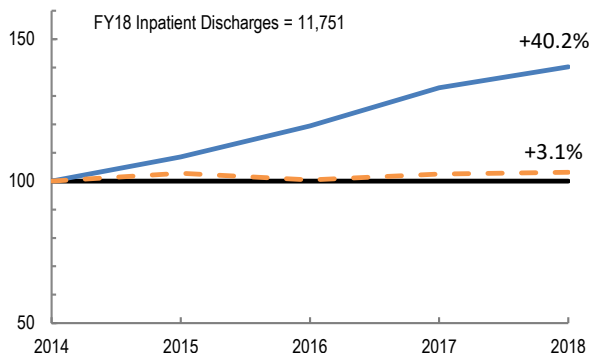
# 2018 HOSPITAL PROFILE: BETH ISRAEL DEACONESS HOSPITAL - PLYMOUTH

Cohort: Community-High Public Payer Hospital

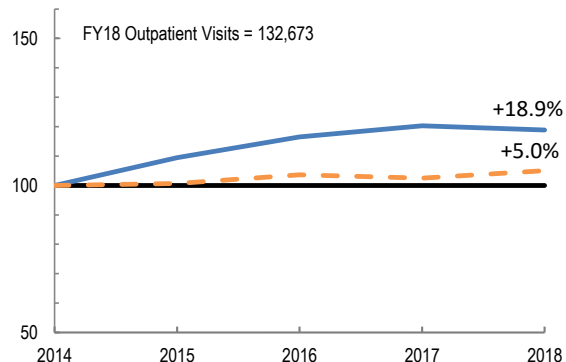
Key:  
—■— Hospital  
- - - ■ - - - Peer Cohort

## Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY14, and how does this compare to the hospital's peer cohort median? (FY14=100)

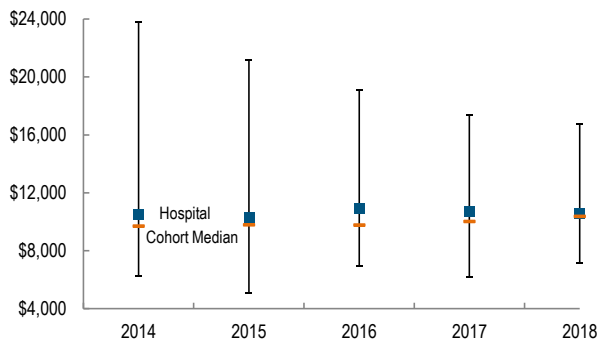


How has the volume of the hospital's outpatient visits changed compared to FY14, and how does this compare to the hospital's peer cohort median? (FY14=100)

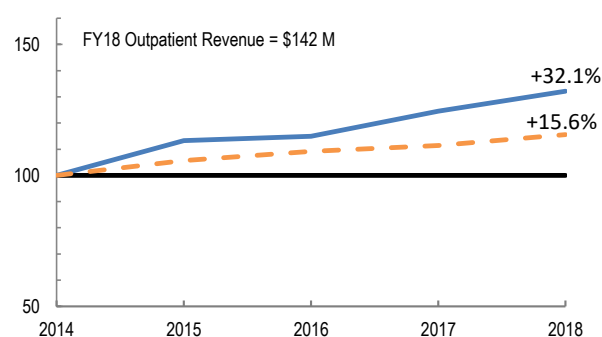


## Patient Revenue Trends

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY14 and FY18, and how does this compare to the hospital's peer cohort median?



How has the hospital's total outpatient revenue changed compared to FY14, and how does this compare to the hospital's peer cohort median? (FY14=100)



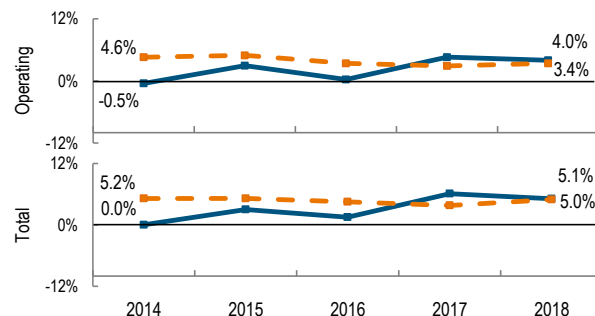
## Financial Performance

How have the hospital's total revenue and costs changed between FY14 and FY18?

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

FY	2014	2015	2016	2017	2018
<b>Operating Revenue</b>	\$ 190.5	\$ 217.5	\$ 236.6	\$ 260.7	\$ 274.3
<b>Non-Operating Revenue</b>	\$ 1.0	\$ 0.2	\$ 2.9	\$ 3.9	\$ 3.2
<b>Total Revenue</b>	\$ 191.6	\$ 217.7	\$ 239.5	\$ 264.6	\$ 277.5
<b>Total Costs</b>	\$ 191.5	\$ 211.1	\$ 235.9	\$ 248.4	\$ 263.3
<b>Total Profit (Loss)</b>	\$ 0.1	\$ 6.6	\$ 3.6	\$ 16.2	\$ 14.2

What were the hospital's total margin and operating margins between FY14 and FY18, 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).

# CAPE COD HOSPITAL

## 2018 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. Between FY14 and FY18, inpatient discharges at the hospital have increased by 7.1%, compared with a median increase of 3.1% among cohort hospitals. In the same period, outpatient visits increased by 5.9%, compared to a 5.0% median increase in its cohort. Cape Cod Hospital reported a profit of \$48.1M in FY18 and a total margin of 8.3% compared to the median of 5.0% at its cohort hospitals.

### At a Glance

#### Overview / Size

Hospital System Affiliation:	Cape Cod Healthcare
Hospital System Surplus (Loss) in FY18:	\$71,013,771
Change in Ownership (FY14-18):	Not Applicable
Total Staffed Beds:	269, among the larger acute hospitals
% Occupancy:	74.7%, > cohort avg. (67%)
Special Public Funding:	Not Applicable
Trauma Center Designation:	Not Applicable
Case Mix Index:	1.18, > cohort avg. (0.93); > statewide (1.14)

#### Financial

Inpatient NPSR per CMAD:	\$12,822
Change FY17-FY18:	-6.9%
Inpatient:Outpatient Revenue in FY18:	36%:64%
Outpatient Revenue in FY18:	\$303,803,600
Change FY17-FY18:	9.8%
Total Revenue in FY18:	\$579,168,473
Total Surplus (Loss) in FY18:	\$48,090,820

#### Payer Mix

Public Payer Mix:	74.2% HPP Hospital
CY17 Commercial Statewide Relative Price:	1.30
Top 3 Commercial Payers:	Blue Cross Blue Shield of Massachusetts Tufts Associated HMO, Inc. Harvard Pilgrim Health Care

#### Utilization

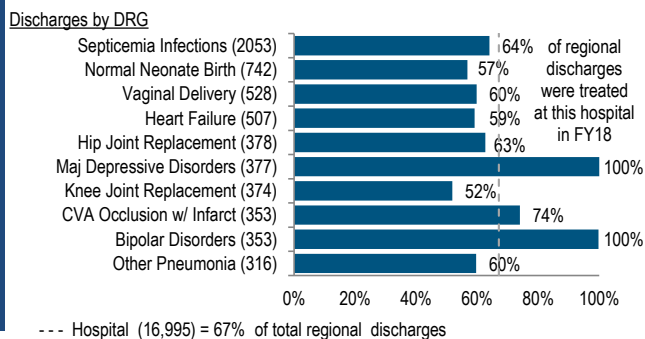
Inpatient Discharges in FY18:	16,995
Change FY17-FY18:	3.3%
Emergency Department Visits in FY18:	79,588
Change FY17-FY18:	-0.3%
Outpatient Visits in FY18:	149,973
Change FY17-FY18:	0.0%

#### Quality

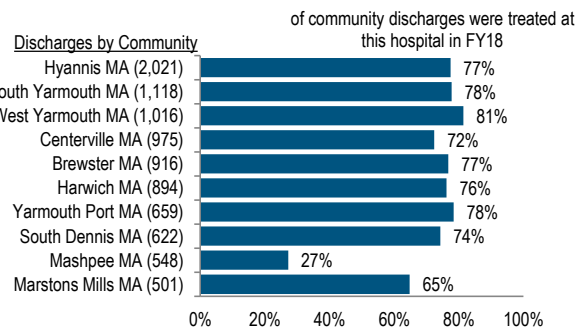
Readmission Rate in FY18:	12.5%
Change FY14-FY18 (percentage points):	0.5
Early Elective Deliveries Rate:	4.2%

### Services

What were the most common inpatient cases (DRGs) treated at the hospital in FY18? What proportion of the region's cases did this hospital treat for each service?

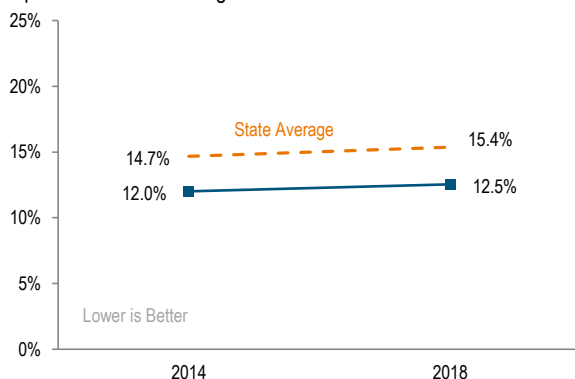


Where did most of the hospital's inpatients reside? What proportion of each community's total discharges was attributed to this hospital?

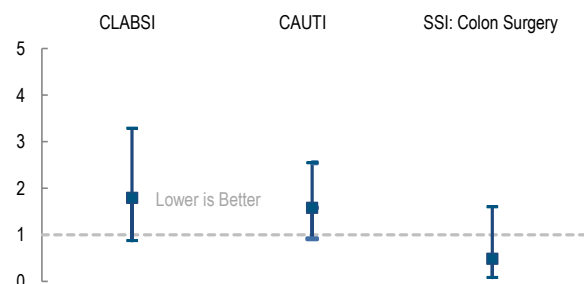


### Quality

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?



## 2018 HOSPITAL PROFILE: CAPE COD HOSPITAL

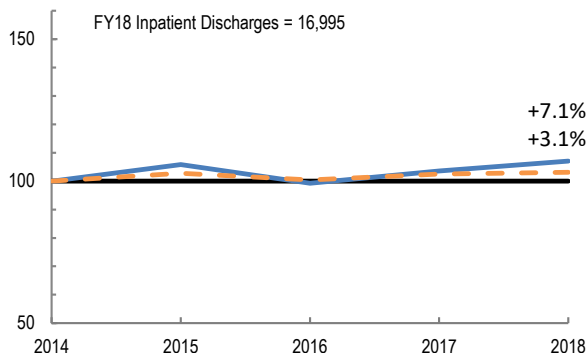
Cohort: Community-High Public Payer Hospital

Key:

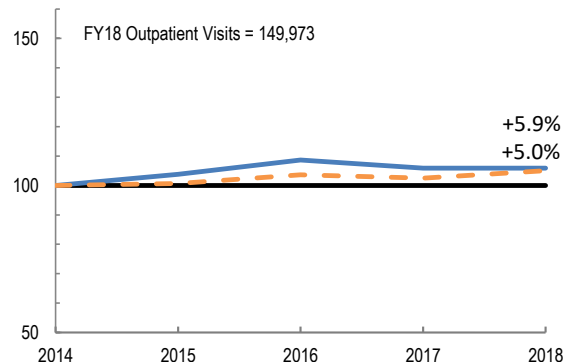


### Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY14, and how does this compare to the hospital's peer cohort median? (FY14=100)

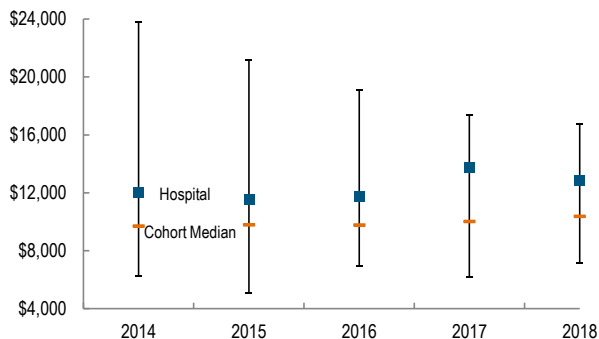


How has the volume of the hospital's outpatient visits changed compared to FY14, and how does this compare to the hospital's peer cohort median? (FY14=100)

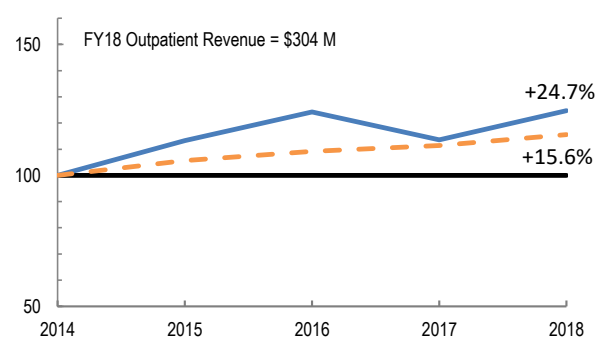


### Patient Revenue Trends

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY14 and FY18, and how does this compare to the hospital's peer cohort median?



How has the hospital's total outpatient revenue changed compared to FY14, and how does this compare to the hospital's peer cohort median? (FY14=100)



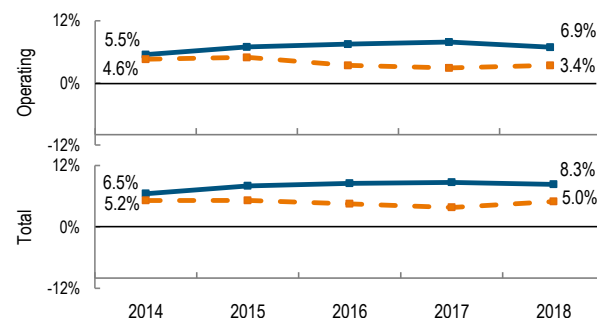
### Financial Performance

How have the hospital's total revenue and costs changed between FY14 and FY18?

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

FY	2014	2015	2016	2017	2018
<b>Operating Revenue</b>	\$ 449.1	\$ 473.9	\$ 513.5	\$ 541.8	\$ 570.8
<b>Non-Operating Revenue</b>	\$ 4.6	\$ 5.2	\$ 5.2	\$ 4.3	\$ 8.4
<b>Total Revenue</b>	\$ 453.7	\$ 479.1	\$ 518.7	\$ 546.1	\$ 579.2
<b>Total Costs</b>	\$ 424.2	\$ 440.7	\$ 474.5	\$ 498.7	\$ 531.1
<b>Total Profit (Loss)</b>	\$ 29.5	\$ 38.5	\$ 44.2	\$ 47.4	\$ 48.1

What were the hospital's total margin and operating margins between FY14 and FY18, and how do these compare to the hospital's peer cohort medians?

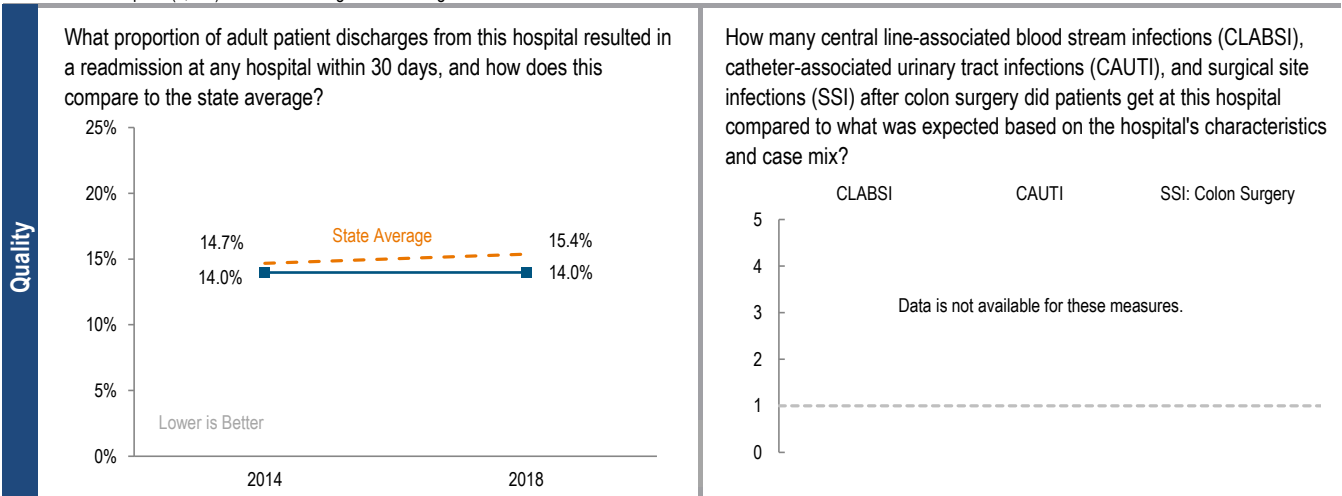
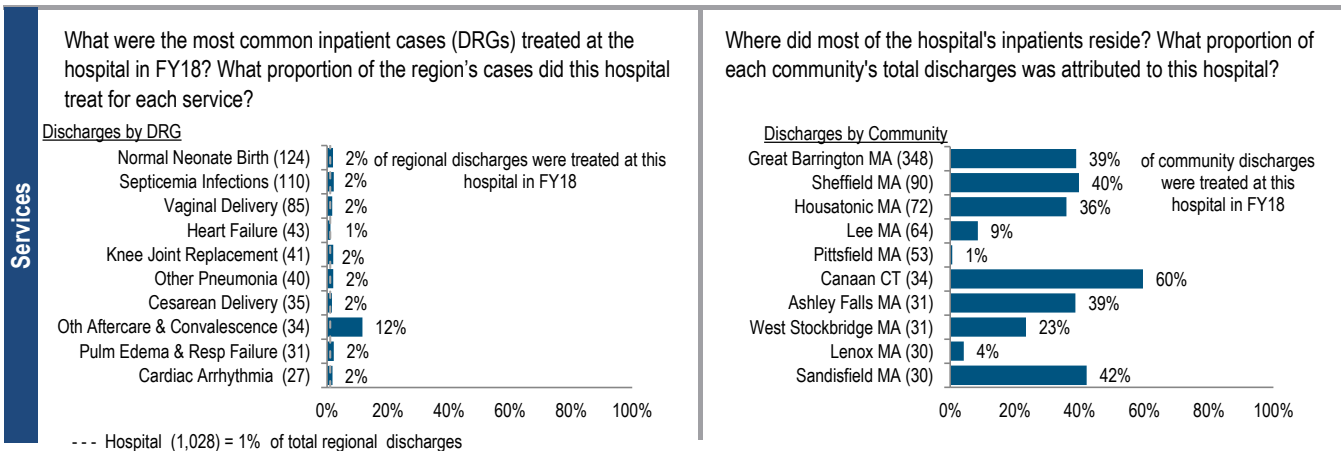


For descriptions of the metrics, please see the technical appendix.

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

Fairview Hospital is a small, non-profit community-High Public Payer (HPP) hospital located in the Western Massachusetts region. It is a member of Berkshire Health Systems. Fairview Hospital is designated by the Centers for Medicare & Medicaid Services (CMS) as one of three Critical Access Hospitals (CAH) in Massachusetts. It earned a profit each year from FY14 to FY18, with a total margin of 6.4% in FY18, compared with a median total margin of 5.0% in its peer cohort. In each of the last five years, Fairview hospital has reported a total margin greater than the median of its peer cohort hospitals.

At a Glance	<b>Overview / Size</b>	
	Hospital System Affiliation:	Berkshire Health Systems
	Hospital System Surplus (Loss) in FY18:	\$30,367,084
	Change in Ownership (FY14-18):	Not Applicable
	Total Staffed Beds:	28, among the smallest acute hospitals
	% Occupancy:	34.5%, lowest in cohort avg. (67%)
	Special Public Funding:	Not Applicable
	Trauma Center Designation:	Not Applicable
	Case Mix Index:	0.77, < cohort avg. (0.93); < statewide (1.14)
	<b>Financial</b>	
	Inpatient NPSR per CMAD:	\$16,709
	Change FY17-FY18:	-3.8%
	Inpatient:Outpatient Revenue in FY18:	18%:82%
	Outpatient Revenue in FY18:	\$39,477,275
	Change FY17-FY18:	8.3%
	Total Revenue in FY18:	\$56,216,469
	Total Surplus (Loss) in FY18:	\$3,611,800
	<b>Payer Mix</b>	
	Public Payer Mix:	66.3% HPP Hospital
	CY17 Commercial Statewide Relative Price:	1.38
	Top 3 Commercial Payers:	Blue Cross Blue Shield of Massachusetts Health New England, Inc. Network Health, LLC (Medicaid MCO)
	<b>Utilization</b>	
	Inpatient Discharges in FY18:	1,028
	Change FY17-FY18:	5.7%
	Emergency Department Visits in FY18:	11,275
	Change FY17-FY18:	1.6%
	Outpatient Visits in FY18:	21,370
	Change FY17-FY18:	3.7%
	<b>Quality</b>	
	Readmission Rate in FY18:	14.0%
	Change FY14-FY18 (percentage points):	0.0
	Early Elective Deliveries Rate:	0.0%



## 2018 HOSPITAL PROFILE: FAIRVIEW HOSPITAL

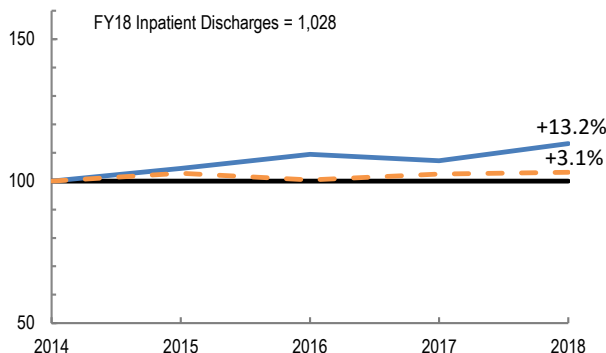
Cohort: Community-High Public Payer Hospital

Key:

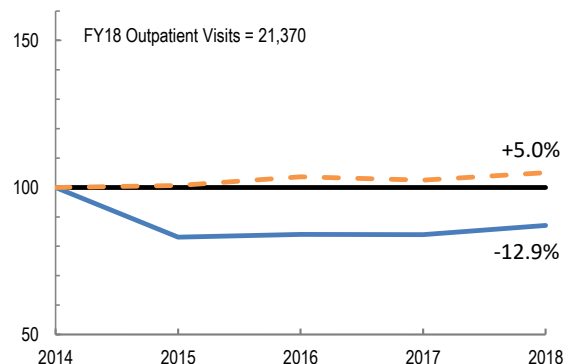


### Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY14, and how does this compare to the hospital's peer cohort median? (FY14=100)

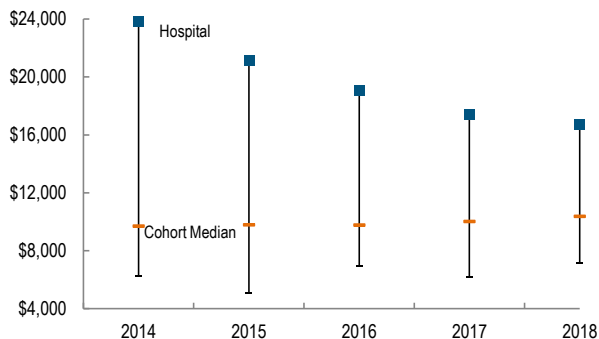


How has the volume of the hospital's outpatient visits changed compared to FY14, and how does this compare to the hospital's peer cohort median? (FY14=100)

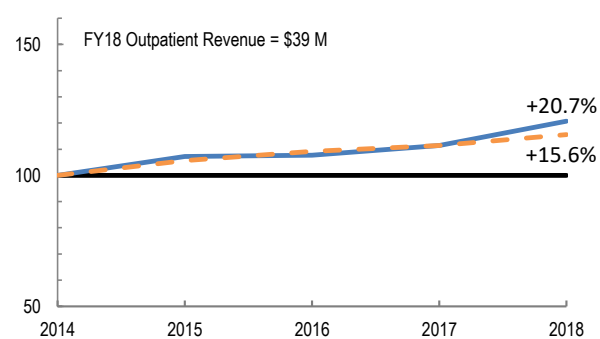


### Patient Revenue Trends

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY14 and FY18, and how does this compare to the hospital's peer cohort median?



How has the hospital's total outpatient revenue changed compared to FY14, and how does this compare to the hospital's peer cohort median? (FY14=100)



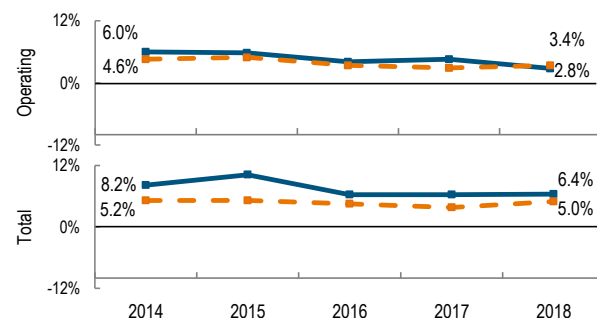
### Financial Performance

How have the hospital's total revenue and costs changed between FY14 and FY18?

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

FY	2014	2015	2016	2017	2018
<b>Operating Revenue</b>	\$ 47.0	\$ 48.8	\$ 49.7	\$ 50.2	\$ 54.2
<b>Non-Operating Revenue</b>	\$ 1.0	\$ 2.2	\$ 1.1	\$ 0.9	\$ 2.0
<b>Total Revenue</b>	\$ 48.1	\$ 51.0	\$ 50.9	\$ 51.1	\$ 56.2
<b>Total Costs</b>	\$ 44.2	\$ 45.8	\$ 47.7	\$ 47.9	\$ 52.6
<b>Total Profit (Loss)</b>	\$ 3.9	\$ 5.2	\$ 3.2	\$ 3.2	\$ 3.6

What were the hospital's total margin and operating margins between FY14 and FY18, and how do these compare to the hospital's peer cohort medians?

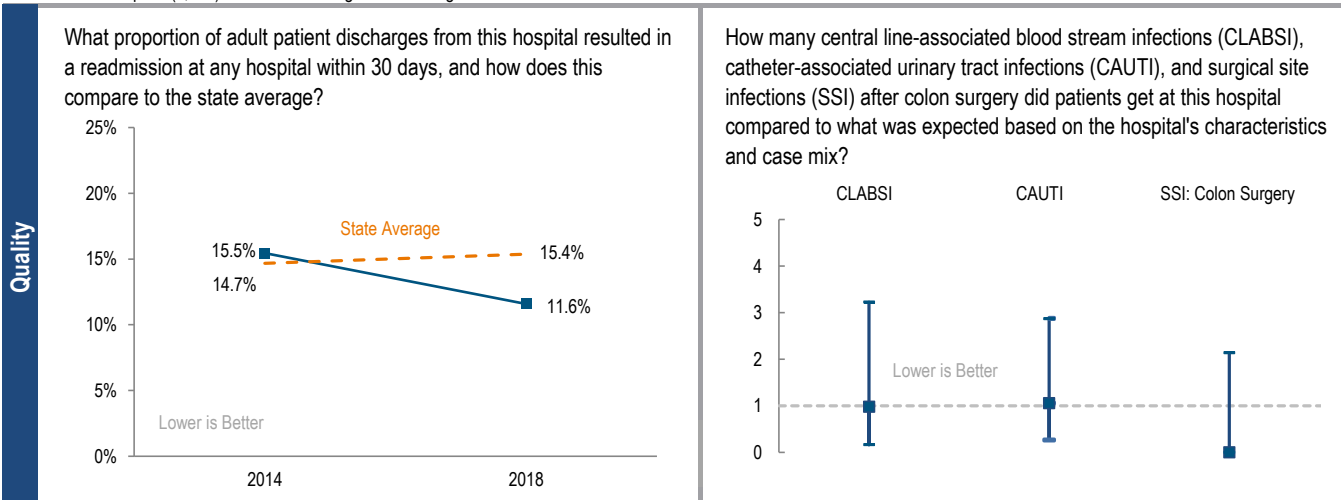
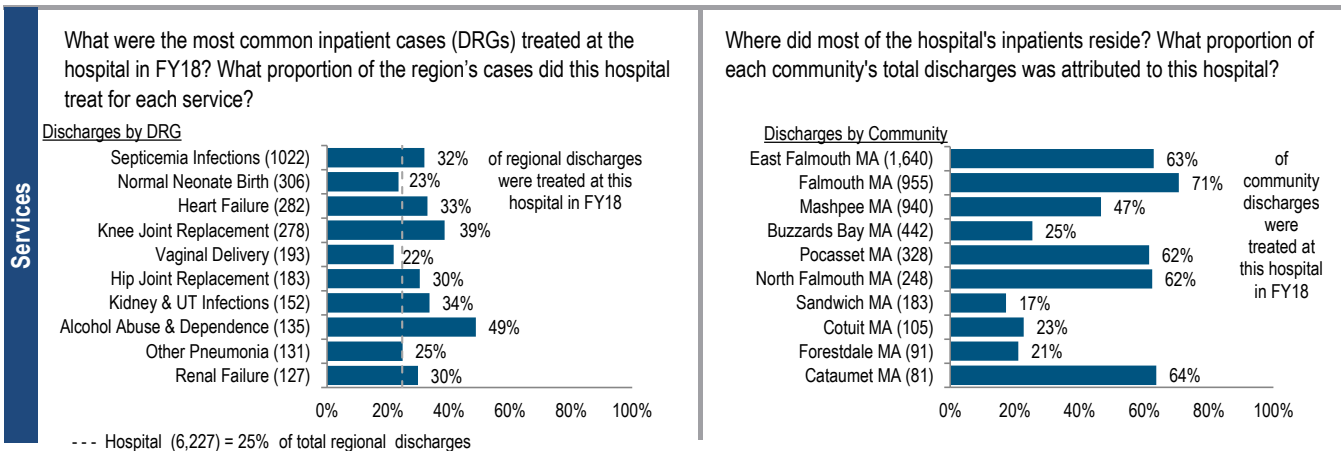


For descriptions of the metrics, please see the technical appendix.

\* 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 FY14 and FY18, its inpatient discharges decreased 1.1% and outpatient visits increased 4.6%. Falmouth Hospital earned a profit each year from FY14 to FY18, and reported a 6.6% total margin in FY18, compared to a cohort median total margin of 5.0%. Falmouth Hospital's total margin has been higher than its peer cohort median in each of the last five years.

At a Glance	<b>Overview / Size</b>	
	Hospital System Affiliation:	Cape Cod Healthcare
	Hospital System Surplus (Loss) in FY18:	\$71,013,771
	Change in Ownership (FY14-18):	Not Applicable
	Total Staffed Beds:	103, mid-size acute hospital
	% Occupancy:	62.6%, < cohort avg. (67%)
	Special Public Funding:	Not Applicable
	Trauma Center Designation:	Not Applicable
	Case Mix Index:	1.00, > cohort avg. (0.93); < statewide (1.14)
	<b>Financial</b>	
	Inpatient NPSR per CMAD:	\$11,250
	Change FY17-FY18:	0.0%
	Inpatient:Outpatient Revenue in FY18:	31%:69%
	Outpatient Revenue in FY18:	\$91,144,897
	Change FY17-FY18:	7.0%
	Total Revenue in FY18:	\$169,183,382
	Total Surplus (Loss) in FY18:	\$11,118,148
	<b>Payer Mix</b>	
	Public Payer Mix:	71.7% HPP Hospital
	CY17 Commercial Statewide Relative Price:	1.39
	Top 3 Commercial Payers:	Blue Cross Blue Shield of Massachusetts Tufts Associated HMO, Inc. Harvard Pilgrim Health Care
	<b>Utilization</b>	
	Inpatient Discharges in FY18:	6,227
	Change FY17-FY18:	2.7%
	Emergency Department Visits in FY18:	32,497
	Change FY17-FY18:	1.2%
	Outpatient Visits in FY18:	50,156
	Change FY17-FY18:	13.7%
	<b>Quality</b>	
	Readmission Rate in FY18:	11.6%
	Change FY14-FY18 (percentage points):	-3.9
	Early Elective Deliveries Rate:	0.0%



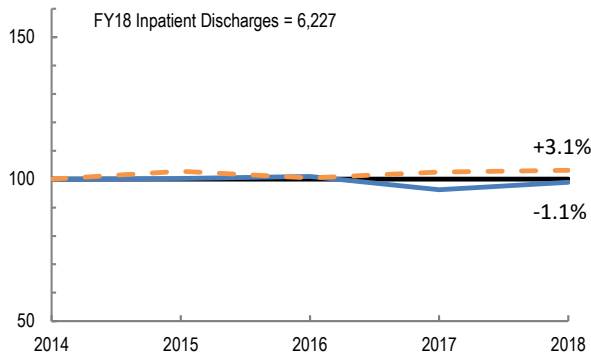
## 2018 HOSPITAL PROFILE: FALMOUTH HOSPITAL

Cohort: Community-High Public Payer Hospital

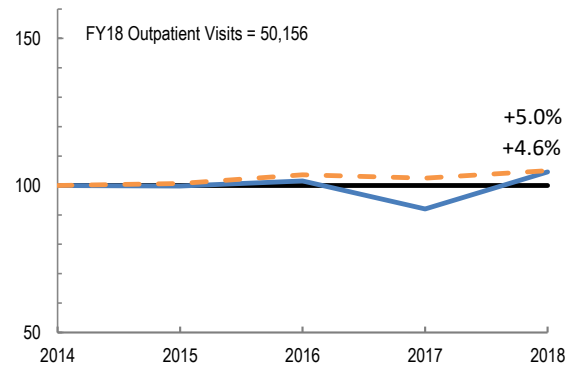
Key:  
■ Hospital  
■ Peer Cohort

### Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY14, and how does this compare to the hospital's peer cohort median? (FY14=100)

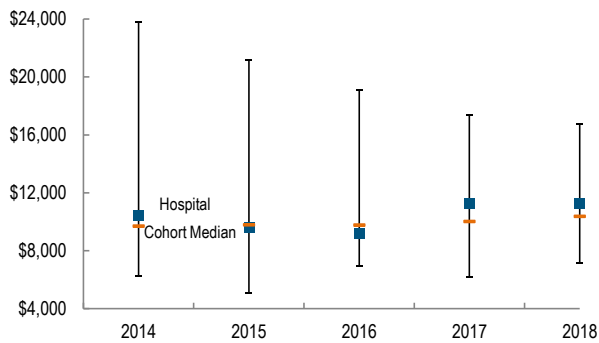


How has the volume of the hospital's outpatient visits changed compared to FY14, and how does this compare to the hospital's peer cohort median? (FY14=100)

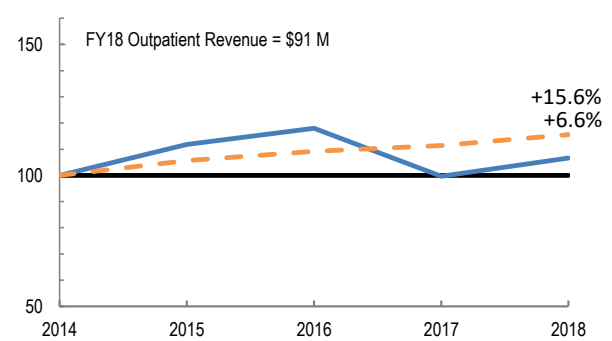


### Patient Revenue Trends

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY14 and FY18, and how does this compare to the hospital's peer cohort median?



How has the hospital's total outpatient revenue changed compared to FY14, and how does this compare to the hospital's peer cohort median? (FY14=100)



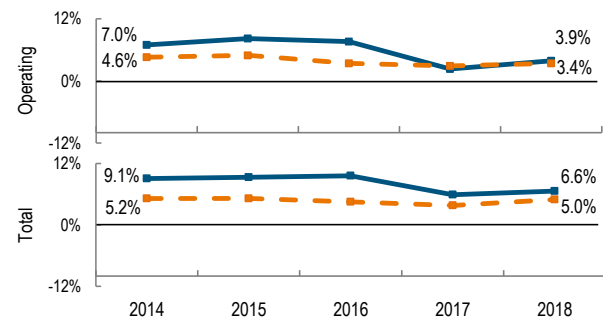
### Financial Performance

How have the hospital's total revenue and costs changed between FY14 and FY18?

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

FY	2014	2015	2016	2017	2018
<b>Operating Revenue</b>	\$ 155.2	\$ 157.3	\$ 163.0	\$ 158.2	\$ 164.6
<b>Non-Operating Revenue</b>	\$ 3.4	\$ 1.8	\$ 3.5	\$ 5.9	\$ 4.6
<b>Total Revenue</b>	\$ 158.6	\$ 159.1	\$ 166.4	\$ 164.1	\$ 169.2
<b>Total Costs</b>	\$ 144.2	\$ 144.2	\$ 150.4	\$ 154.5	\$ 158.1
<b>Total Profit (Loss)</b>	\$ 14.4	\$ 14.8	\$ 16.1	\$ 9.6	\$ 11.1

What were the hospital's total margin and operating margins between FY14 and FY18, 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

## 2018 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. Between FY14 and FY18, the volume of inpatient discharges at the hospital increased by 6.8% compared to a median increase of 3.1% at cohort hospitals. Outpatient visits increased by 8.5% for the hospital between FY14 and FY18, compared to a median increase of 5.0% for its peer cohort. Harrington reported a profit in each year of the five-year period. In FY18, its total margin of 8.2% was higher than its peer cohort median of 5.0%.

### At a Glance

#### Overview / Size

Hospital System Affiliation:	Harrington Healthcare System, Inc.
Hospital System Surplus (Loss) in FY18:	\$23,394
Change in Ownership (FY14-18):	Not Applicable
Total Staffed Beds:	119, mid-size acute hospital
% Occupancy:	46.2%, < cohort avg. (67%)
Special Public Funding:	ICB*
Trauma Center Designation:	Not Applicable
Case Mix Index:	0.88, < cohort avg. (0.93); < statewide (1.14)

#### Financial

Inpatient NPSR per CMAD:	\$7,443
Change FY17-FY18:	-0.8%
Inpatient:Outpatient Revenue in FY18:	18%:82%
Outpatient Revenue in FY18:	\$104,352,814
Change FY17-FY18:	5.4%
Total Revenue in FY18:	\$147,562,009
Total Surplus (Loss) in FY18:	\$12,128,435

#### Payer Mix

Public Payer Mix:	66.8% HPP Hospital
CY17 Commercial Statewide Relative Price:	0.90
Top 3 Commercial Payers:	Blue Cross Blue Shield of Massachusetts Fallon Community Health Plan Tufts Associated HMO, Inc.

#### Utilization

Inpatient Discharges in FY18:	4,457
Change FY17-FY18:	-4.2%
Emergency Department Visits in FY18:	41,914
Change FY17-FY18:	-5.2%
Outpatient Visits in FY18:	81,481
Change FY17-FY18:	0.9%

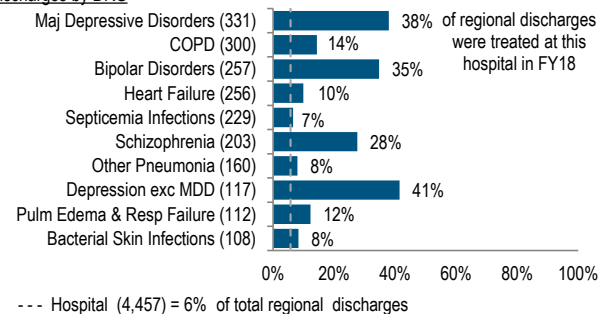
#### Quality

Readmission Rate in FY18:	14.3%
Change FY14-FY18 (percentage points):	1.1
Early Elective Deliveries Rate:	Not Available

### Services

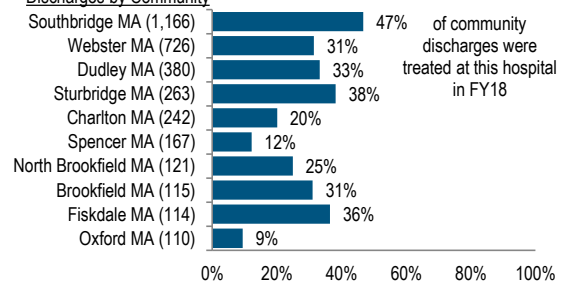
What were the most common inpatient cases (DRGs) treated at the hospital in FY18? What proportion of the region's cases did this hospital treat for each service?

#### Discharges by DRG



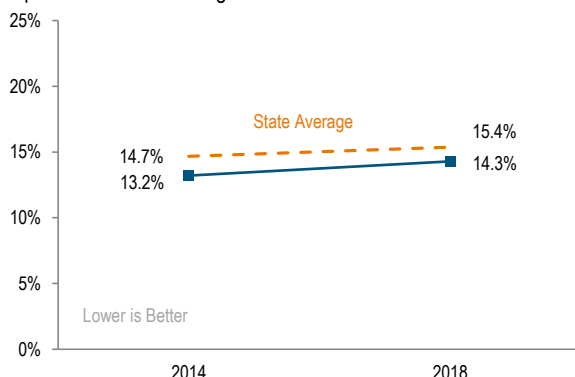
Where did most of the hospital's inpatients reside? What proportion of each community's total discharges was attributed to this hospital?

#### Discharges by Community

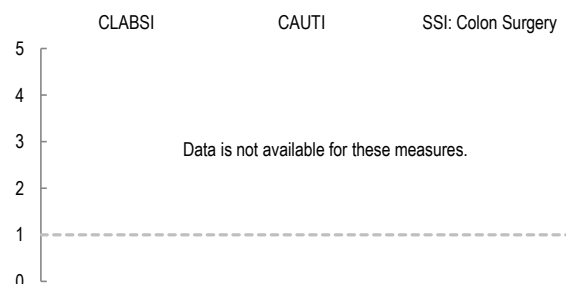


### Quality

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?



## 2018 HOSPITAL PROFILE: HARRINGTON MEMORIAL HOSPITAL

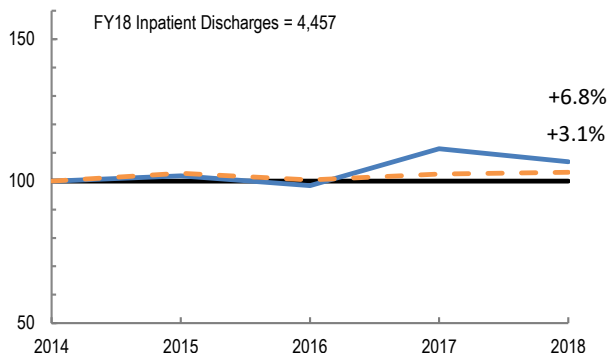
Cohort: Community-High Public Payer Hospital

Key:

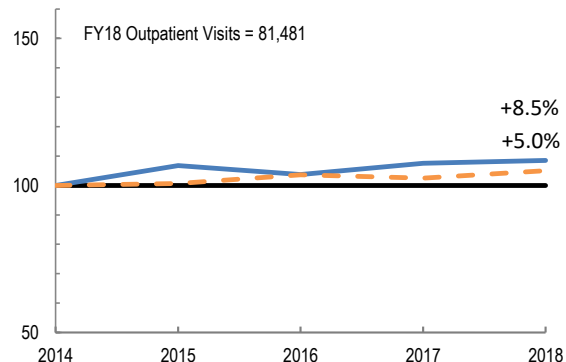
— Hospital  
- - - Peer Cohort

### Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY14, and how does this compare to the hospital's peer cohort median? (FY14=100)

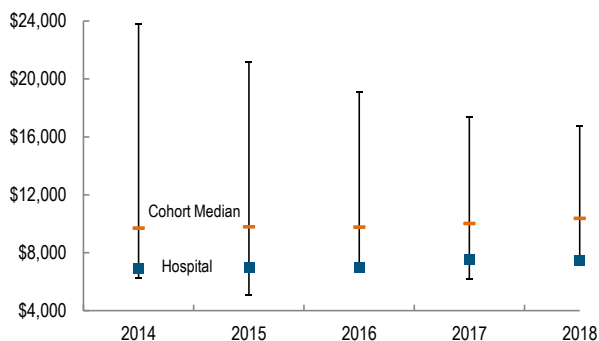


How has the volume of the hospital's outpatient visits changed compared to FY14, and how does this compare to the hospital's peer cohort median? (FY14=100)

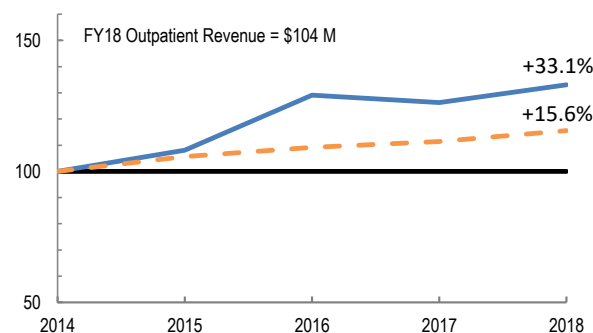


### Patient Revenue Trends

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY14 and FY18, and how does this compare to the hospital's peer cohort median?



How has the hospital's total outpatient revenue changed compared to FY14, and how does this compare to the hospital's peer cohort median? (FY14=100)



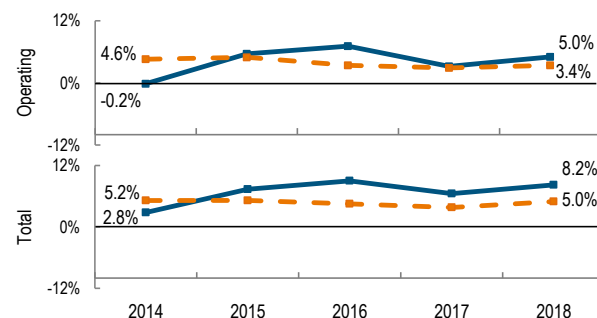
### Financial Performance

How have the hospital's total revenue and costs changed between FY14 and FY18?

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

FY	2014	2015	2016	2017	2018
<b>Operating Revenue</b>	\$ 113.4	\$ 124.0	\$ 135.5	\$ 137.9	\$ 142.8
<b>Non-Operating Revenue</b>	\$ 3.5	\$ 2.1	\$ 2.6	\$ 4.7	\$ 4.7
<b>Total Revenue</b>	\$ 116.9	\$ 126.1	\$ 138.0	\$ 142.7	\$ 147.6
<b>Total Costs</b>	\$ 113.6	\$ 116.9	\$ 125.6	\$ 133.4	\$ 135.4
<b>Total Profit (Loss)</b>	\$ 3.3	\$ 9.3	\$ 12.4	\$ 9.3	\$ 12.1

What were the hospital's total margin and operating margins between FY14 and FY18, 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).

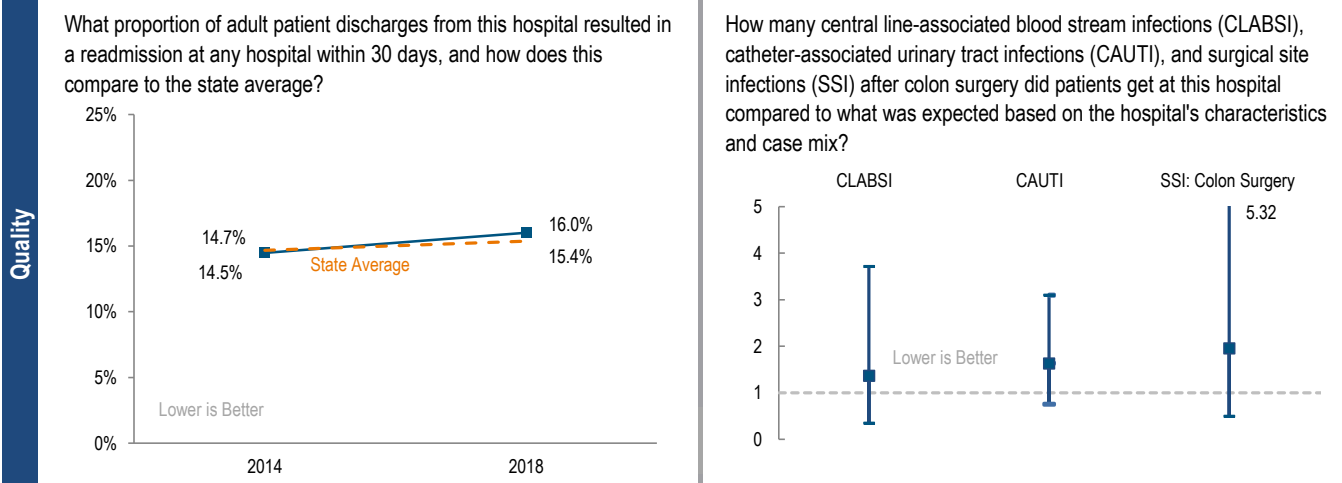
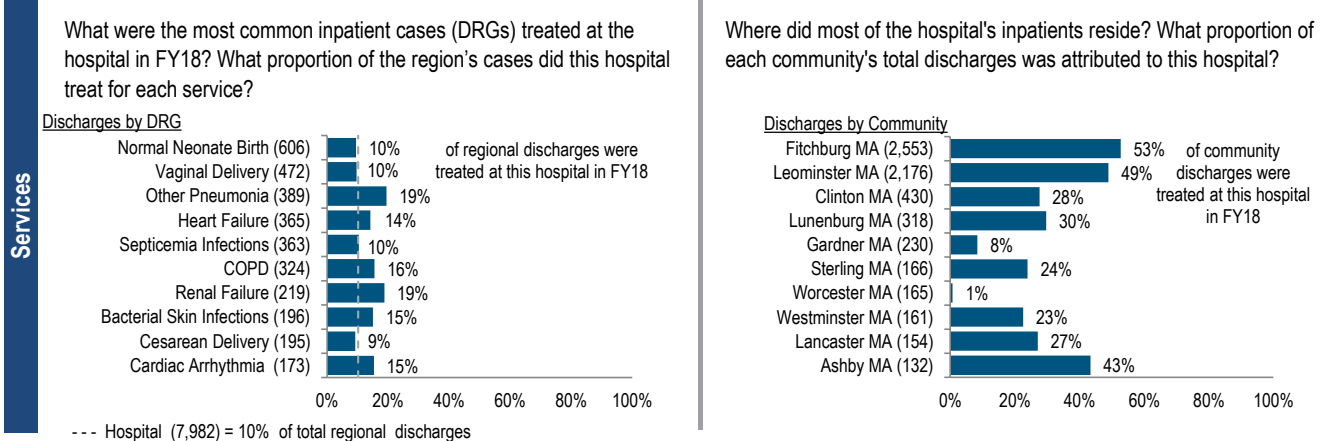
# HEALTHALLIANCE-CLINTON HOSPITAL

## 2018 Hospital Profile

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

HealthAlliance-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, HealthAlliance Hospital merged with Clinton Hospital to form HealthAlliance-Clinton Hospital. From FY14 to FY18, outpatient visits at HealthAlliance-Clinton Hospital increased by 14.3%, compared to its peer cohort median increase of 5.0%. Over the same period, outpatient revenue decreased for HealthAlliance-Clinton by 0.7%, compared to a median increase of 15.6% for its peer cohort. After reporting a profit in each year from FY14 through FY17, HealthAlliance-Clinton Hospital reported a loss of \$13.7M in FY18.

At a Glance	<b>Overview / Size</b>	
	Hospital System Affiliation:	UMass Memorial Health Care
	Hospital System Surplus (Loss) in FY18:	(\$19,297,000)
	Change in Ownership (FY14-18):	Includes Clinton 10/1/17
	Total Staffed Beds:	144, mid-size acute hospital
	% Occupancy:	69.7%, > cohort avg. (67%)
	Special Public Funding:	CHART <sup>+</sup> , ICB <sup>+</sup>
	Trauma Center Designation:	Not Applicable
	Case Mix Index:	0.98, > cohort avg. (0.93); < statewide (1.14)
	<b>Financial</b>	
	Inpatient NPSR per CMAD:	\$9,310
	Change FY17-FY18:	50.9%
	Inpatient:Outpatient Revenue in FY18:	31%:69%
	Outpatient Revenue in FY18:	\$95,310,789
	Change FY17-FY18:	-18.0%
	Total Revenue in FY18:	\$203,452,000
	Total Surplus (Loss) in FY18:	(\$13,656,000)
	<b>Payer Mix</b>	
	Public Payer Mix:	70.0% HPP Hospital
	CY17 Commercial Statewide Relative Price:	0.83
	Top 3 Commercial Payers:	Blue Cross Blue Shield of Massachusetts Network Health, LLC (Medicaid MCO) Tufts Associated HMO, Inc.
	<b>Utilization</b>	
	Inpatient Discharges in FY18:	7,982
	Change FY17-FY18:	3.0%
	Emergency Department Visits in FY18:	90,633
	Change FY17-FY18:	15.1%
	Outpatient Visits in FY18:	120,621
	Change FY17-FY18:	-6.6%
	<b>Quality</b>	
	Readmission Rate in FY18:	16.0%
	Change FY14-FY18 (percentage points):	1.5
	Early Elective Deliveries Rate:	4.5%



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

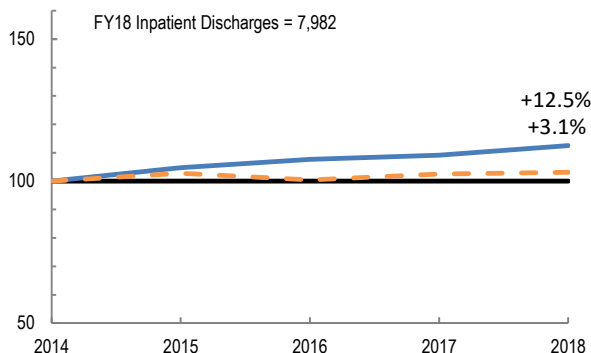
## 2018 HOSPITAL PROFILE: HEALTHALLIANCE-CLINTON HOSPITAL

Cohort: Community-High Public Payer Hospital

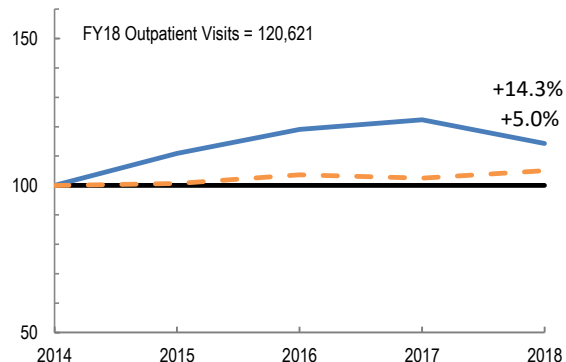
Key:  
—■ Hospital  
- - - ■ Peer Cohort

### Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY14, and how does this compare to the hospital's peer cohort median? (FY14=100)

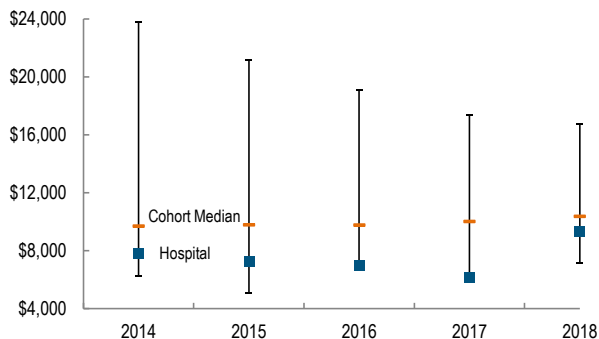


How has the volume of the hospital's outpatient visits changed compared to FY14, and how does this compare to the hospital's peer cohort median? (FY14=100)

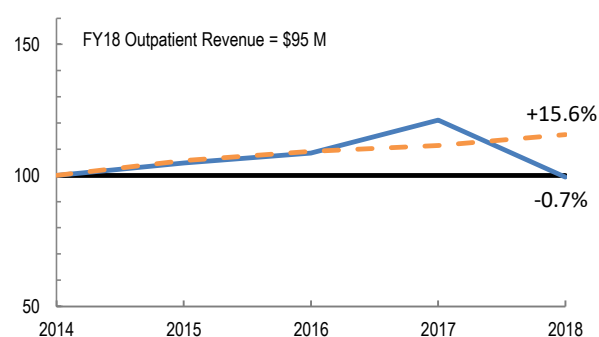


### Patient Revenue Trends

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY14 and FY18, and how does this compare to the hospital's peer cohort median?



How has the hospital's total outpatient revenue changed compared to FY14, and how does this compare to the hospital's peer cohort median? (FY14=100)



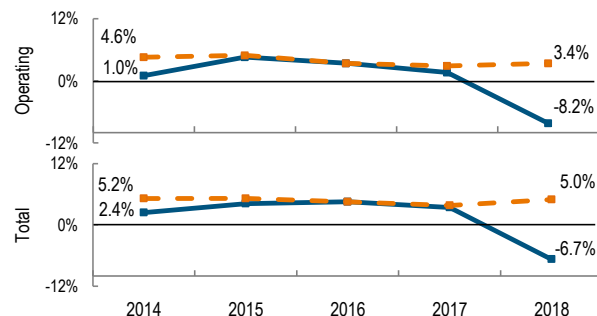
### Financial Performance

How have the hospital's total revenue and costs changed between FY14 and FY18?

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

FY	2014	2015	2016	2017	2018
<b>Operating Revenue</b>	\$ 161.3	\$ 168.0	\$ 181.0	\$ 188.4	\$ 200.5
<b>Non-Operating Revenue</b>	\$ 2.2	\$ (0.7)	\$ 2.0	\$ 3.5	\$ 3.0
<b>Total Revenue</b>	\$ 163.5	\$ 167.3	\$ 183.0	\$ 191.9	\$ 203.5
<b>Total Costs</b>	\$ 159.6	\$ 160.4	\$ 174.8	\$ 185.3	\$ 217.1
<b>Total Profit (Loss)</b>	\$ 3.9	\$ 7.0	\$ 8.2	\$ 6.6	\$ (13.7)

What were the hospital's total margin and operating margins between FY14 and FY18, 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).

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

# HEYWOOD MEMORIAL HOSPITAL

## 2018 Hospital Profile

Gardner, MA

Community-High Public Payer Hospital

Central Massachusetts

Heywood Hospital is a mid-size, non-profit community-High Public Payer (HPP) hospital located in the Central Massachusetts region. It is a member of Heywood Healthcare. Between FY14 and FY18, the volume of inpatient discharges at the hospital decreased by 0.7% compared to a median increase of 3.1% at cohort hospitals. Outpatient visits decreased by 1.6% for the hospital between FY14 and FY18, compared to a median increase of 5.0% for its peer cohort. Heywood Hospital reported a profit in each year of the five-year period. In FY18 its total margin of 2.3% was lower than its peer cohort median of 5.0%.

### At a Glance

#### Overview / Size

Hospital System Affiliation:	Heywood Healthcare
Hospital System Surplus (Loss) in FY18:	(\$1,532,091)
Change in Ownership (FY14-18):	Not Applicable
Total Staffed Beds:	101, mid-size acute hospital
% Occupancy:	64.2%, < cohort avg. (67%)
Special Public Funding:	HCI <sup>1</sup> , ICB <sup>2</sup>
Trauma Center Designation:	Not Applicable
Case Mix Index:	0.83, < cohort avg. (0.93); < statewide (1.14)

#### Financial

Inpatient NPSR per CMAD:	\$8,554
Change FY17-FY18:	8.3%
Inpatient:Outpatient Revenue in FY18:	22%:78%
Outpatient Revenue in FY18:	\$78,681,810
Change FY17-FY18:	5.4%
Total Revenue in FY18:	\$125,420,295
Total Surplus (Loss) in FY18:	\$2,930,051

#### Payer Mix

Public Payer Mix:	66.1% HPP Hospital
CY17 Commercial Statewide Relative Price:	0.71
Top 3 Commercial Payers:	Blue Cross Blue Shield of Massachusetts Tufts Associated HMO, Inc. Network Health, LLC (Medicaid MCO)

#### Utilization

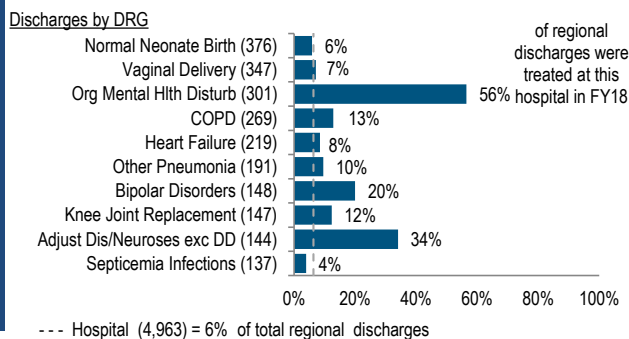
Inpatient Discharges in FY18:	4,963
Change FY17-FY18:	7.5%
Emergency Department Visits in FY18:	28,282
Change FY17-FY18:	5.5%
Outpatient Visits in FY18:	79,570
Change FY17-FY18:	-2.5%

#### Quality

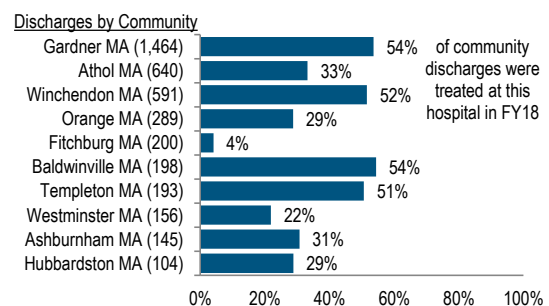
Readmission Rate in FY18:	13.6%
Change FY14-FY18 (percentage points):	-1.1
Early Elective Deliveries Rate:	1.3%

### Services

What were the most common inpatient cases (DRGs) treated at the hospital in FY18? What proportion of the region's cases did this hospital treat for each service?

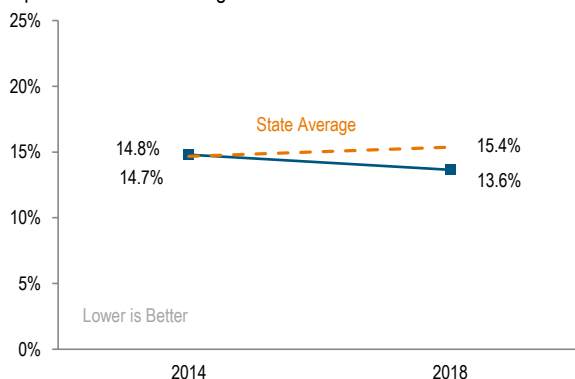


Where did most of the hospital's inpatients reside? What proportion of each community's total discharges was attributed to this hospital?

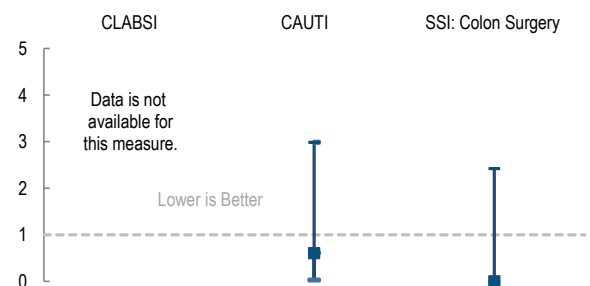


### Quality

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?



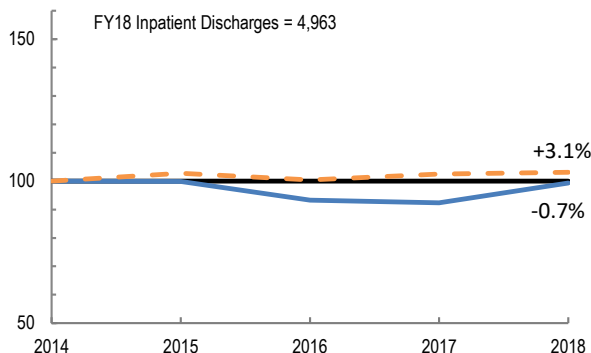
# 2018 HOSPITAL PROFILE: HEYWOOD MEMORIAL HOSPITAL

Cohort: Community-High Public Payer Hospital

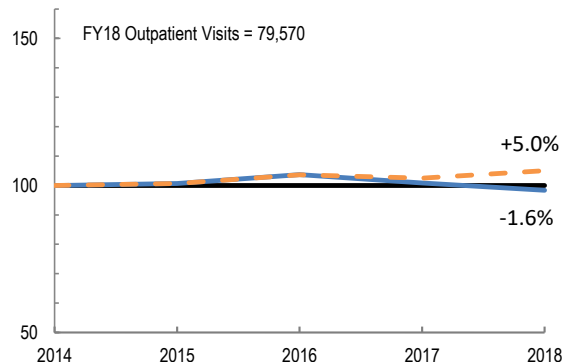
Key:  
—■ Hospital  
- - - ■ Peer Cohort

## Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY14, and how does this compare to the hospital's peer cohort median? (FY14=100)

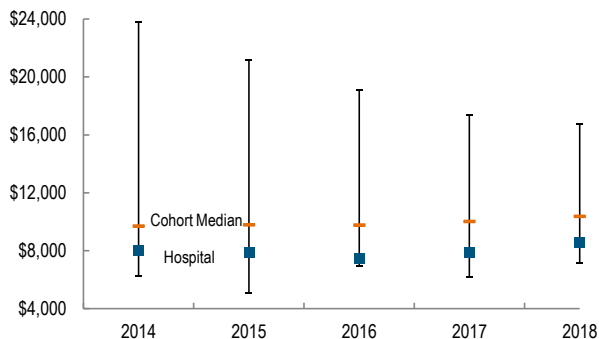


How has the volume of the hospital's outpatient visits changed compared to FY14, and how does this compare to the hospital's peer cohort median? (FY14=100)

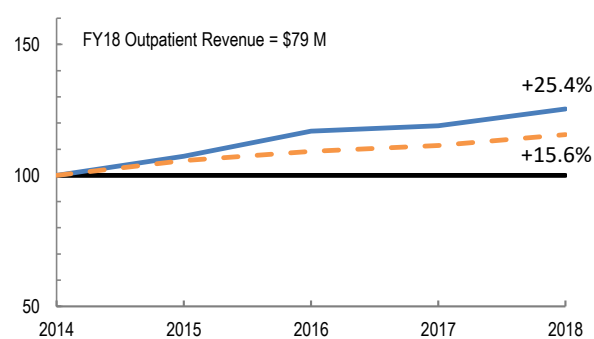


## Patient Revenue Trends

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY14 and FY18, and how does this compare to the hospital's peer cohort median?



How has the hospital's total outpatient revenue changed compared to FY14, and how does this compare to the hospital's peer cohort median? (FY14=100)



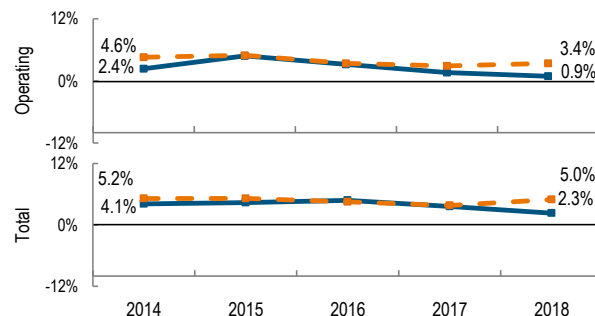
## Financial Performance

How have the hospital's total revenue and costs changed between FY14 and FY18?

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

FY	2014	2015	2016	2017	2018
Operating Revenue	\$ 102.3	\$ 106.3	\$ 110.7	\$ 114.8	\$ 123.7
Non-Operating Revenue	\$ 1.8	\$ (0.5)	\$ 1.8	\$ 2.3	\$ 1.8
Total Revenue	\$ 104.1	\$ 105.8	\$ 112.6	\$ 117.2	\$ 125.4
Total Costs	\$ 99.8	\$ 101.2	\$ 107.2	\$ 113.0	\$ 122.5
Total Profit (Loss)	\$ 4.3	\$ 4.6	\$ 5.4	\$ 4.2	\$ 2.9

What were the hospital's total margin and operating margins between FY14 and FY18, 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).

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

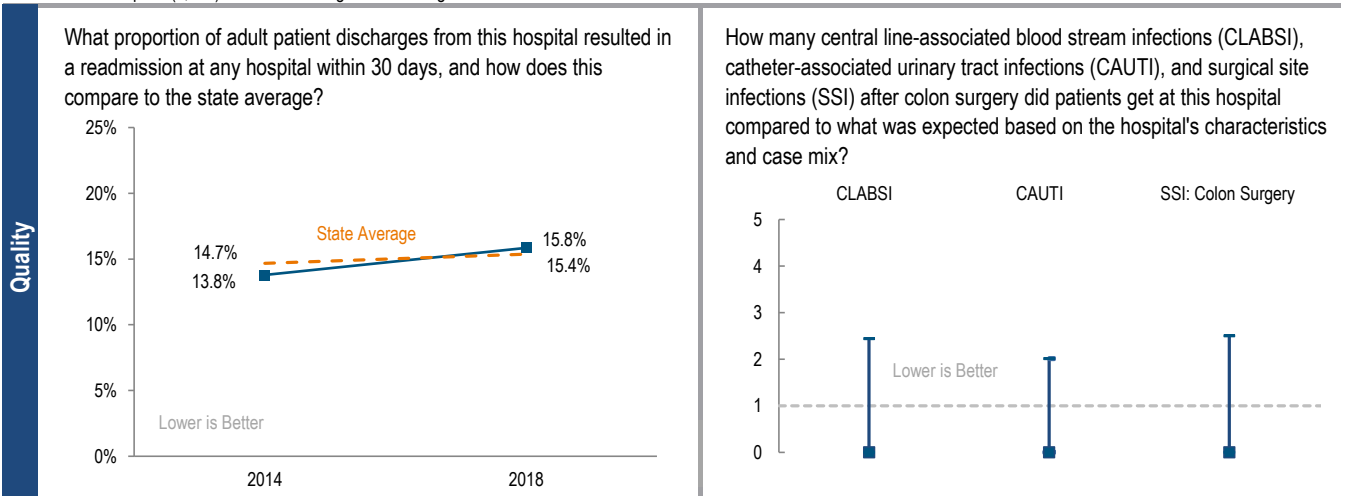
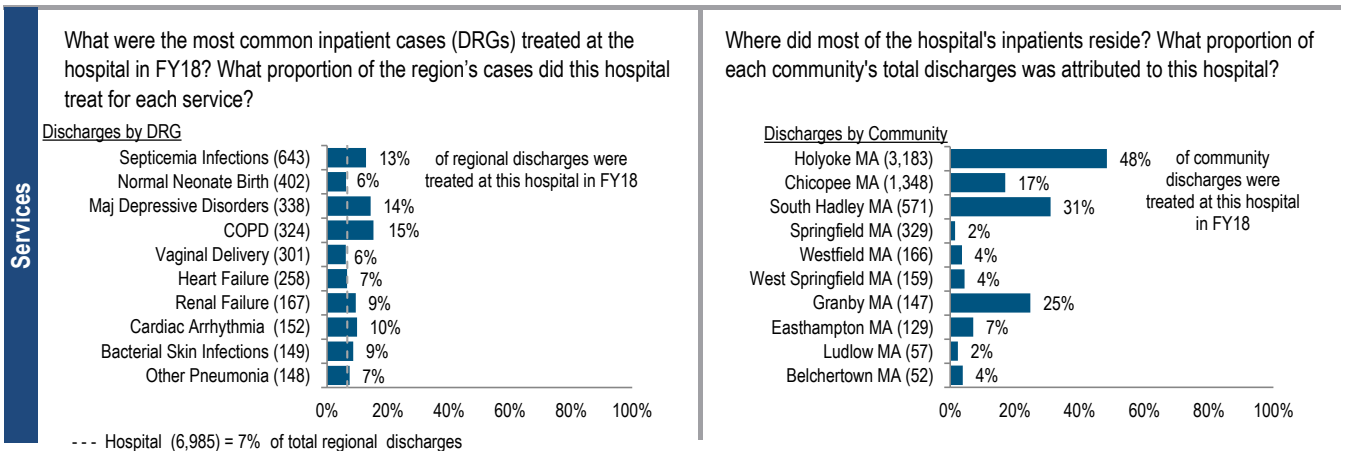
# HOLYOKE MEDICAL CENTER

## 2018 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 FY14 and FY18, the volume of inpatient discharges at the hospital increased by 24.9% compared to a median increase of 3.1% at cohort hospitals. Outpatient visits increased 65.0% for the hospital between FY14 and FY18, compared to a median increase of 5.0% for its peer cohort. Holyoke Medical Center reported a profit in each year of the five-year period. In FY18 its total margin of 3.2% was lower than its peer cohort median of 5.0%.

At a Glance	<b>Overview / Size</b>	
	Hospital System Affiliation:	Valley Health System
	Hospital System Surplus (Loss) in FY18:	\$1,878,105
	Change in Ownership (FY14-18):	Not Applicable
	Total Staffed Beds:	107, mid-size acute hospital
	% Occupancy:	73.9%, > cohort avg. (67%)
	Special Public Funding:	CHART <sup>+</sup> , ICB <sup>+</sup>
	Trauma Center Designation:	Not Applicable
	Case Mix Index:	0.92, < cohort avg. (0.93); < statewide (1.14)
	<b>Financial</b>	
	Inpatient NPSR per CMAD:	\$8,550
	Change FY17-FY18:	14.2%
	Inpatient:Outpatient Revenue in FY18:	25%:75%
	Outpatient Revenue in FY18:	\$90,447,161
	Change FY17-FY18:	-3.2%
	Total Revenue in FY18:	\$167,615,948
	Total Surplus (Loss) in FY18:	\$5,440,052
	<b>Payer Mix</b>	
	Public Payer Mix:	77.2% HPP Hospital
	CY17 Commercial Statewide Relative Price:	Not Available
	Top 3 Commercial Payers:	Blue Cross Blue Shield of Massachusetts Health New England, Inc. Network Health, LLC (Medicaid MCO)
	<b>Utilization</b>	
	Inpatient Discharges in FY18:	6,985
	Change FY17-FY18:	4.6%
	Emergency Department Visits in FY18:	50,332
	Change FY17-FY18:	13.3%
	Outpatient Visits in FY18:	135,557
	Change FY17-FY18:	9.5%
	<b>Quality</b>	
	Readmission Rate in FY18:	15.8%
	Change FY14-FY18 (percentage points):	2.1
	Early Elective Deliveries Rate:	0.0%



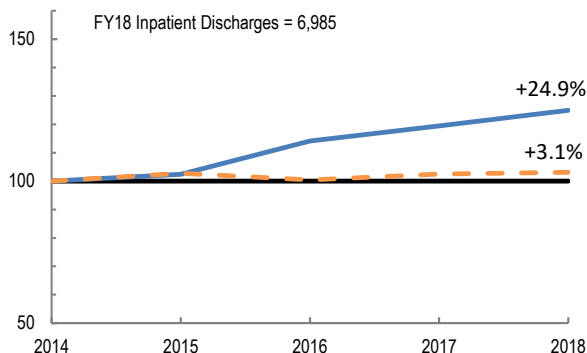
For descriptions of the metrics, please see the technical appendix.

## 2018 HOSPITAL PROFILE: HOLYOKE MEDICAL CENTER

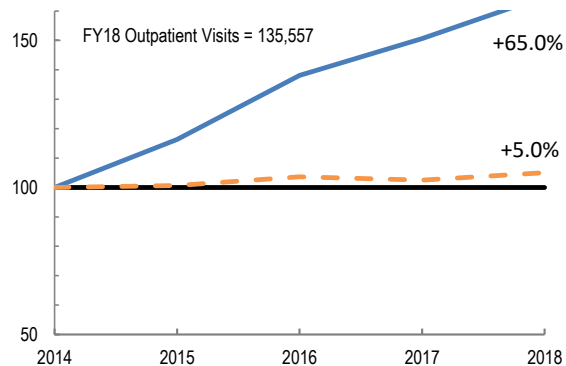
Cohort: Community-High Public Payer Hospital

### Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY14, and how does this compare to the hospital's peer cohort median? (FY14=100)

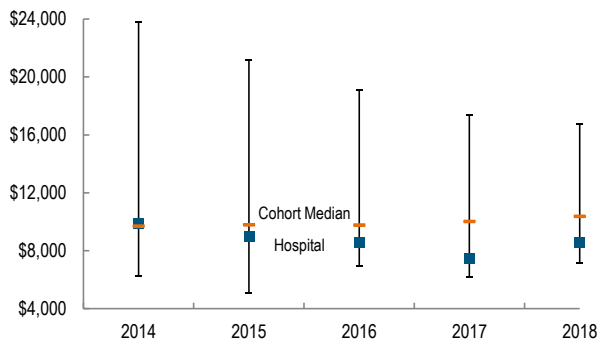


How has the volume of the hospital's outpatient visits changed compared to FY14, and how does this compare to the hospital's peer cohort median? (FY14=100)

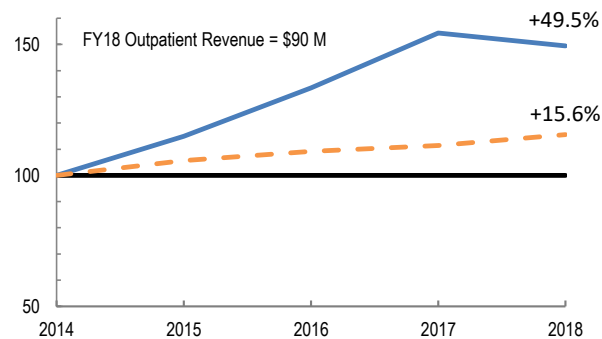


### Patient Revenue Trends

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY14 and FY18, and how does this compare to the hospital's peer cohort median?



How has the hospital's total outpatient revenue changed compared to FY14, and how does this compare to the hospital's peer cohort median? (FY14=100)



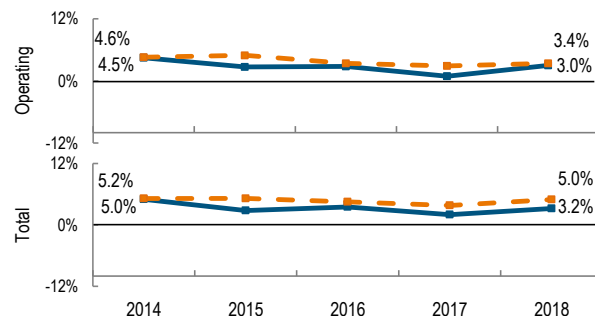
### Financial Performance

How have the hospital's total revenue and costs changed between FY14 and FY18?

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

FY	2014	2015	2016	2017	2018
<b>Operating Revenue</b>	\$ 122.8	\$ 127.1	\$ 142.4	\$ 153.2	\$ 167.2
<b>Non-Operating Revenue</b>	\$ 0.7	\$ 0.1	\$ 1.0	\$ 1.6	\$ 0.4
<b>Total Revenue</b>	\$ 123.5	\$ 127.2	\$ 143.4	\$ 154.8	\$ 167.6
<b>Total Costs</b>	\$ 117.3	\$ 123.6	\$ 138.4	\$ 151.8	\$ 162.2
<b>Total Profit (Loss)</b>	\$ 6.2	\$ 3.6	\$ 5.0	\$ 3.0	\$ 5.4

What were the hospital's total margin and operating margins between FY14 and FY18, 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).

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

# LAWRENCE GENERAL HOSPITAL

## 2018 Hospital Profile

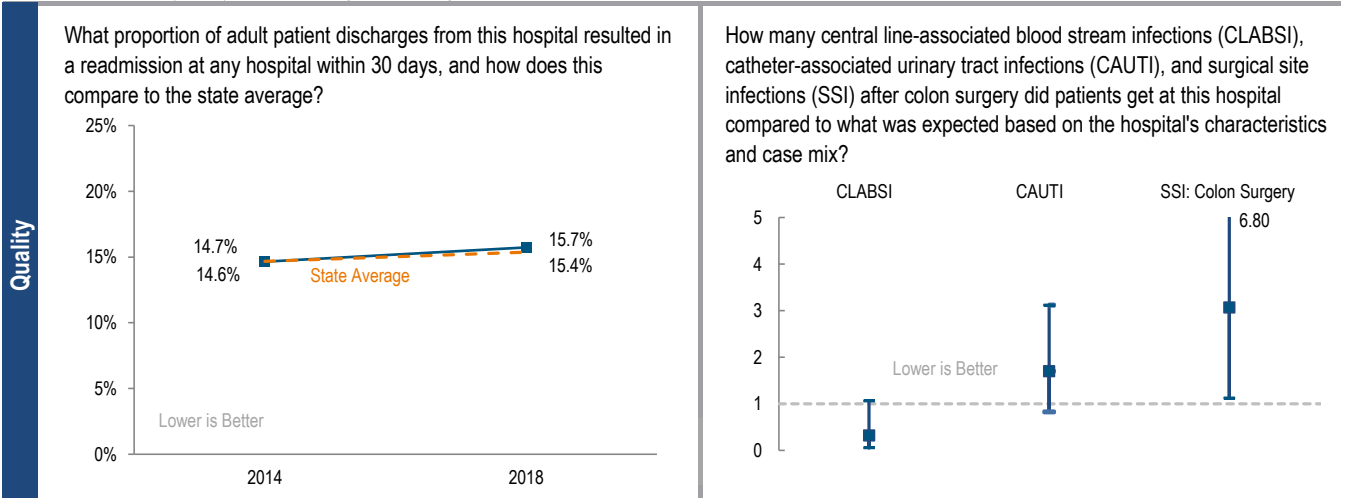
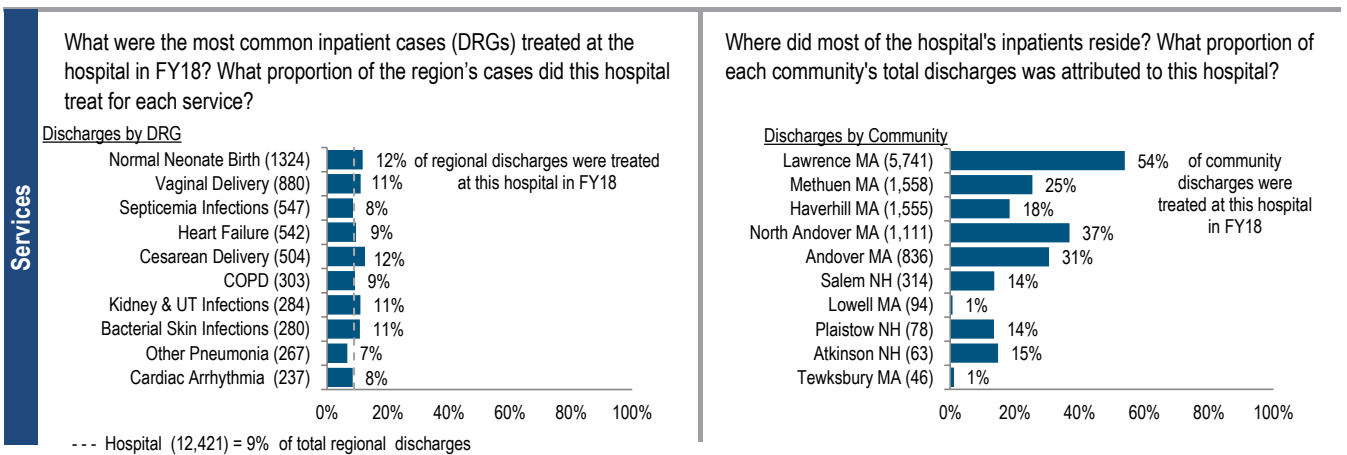
Lawrence, MA

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. Between FY14 and FY18, the volume of inpatient discharges at the hospital decreased by 1.9% compared to a median increase of 3.1% at cohort hospitals. Outpatient visits decreased by 2.7% for the hospital between FY14 and FY18, compared to a median increase of 5.0% for its peer cohort. After reporting a profit in FY16 and FY17, the hospital reported a loss of \$0.2M in FY18. Its total margin was -0.1% as compared to the median total margin of 5.0% at peer cohort hospitals.

At a Glance	<b>Overview / Size</b>	
	Hospital System Affiliation:	Lawrence General Hospital and Affiliates
	Hospital System Surplus (Loss) in FY18:	(\$4,836,000)
	Change in Ownership (FY14-18):	Not Applicable
	Total Staffed Beds:	227, mid-size acute hospital
	% Occupancy:	57.7%, < cohort avg. (67%)
	Special Public Funding:	HCI <sup>1</sup> , ICB <sup>2</sup>
	Trauma Center Designation:	Adult: Level 3
	Case Mix Index:	0.91, < cohort avg. (0.93); < statewide (1.14)
	<b>Financial</b>	
	Inpatient NPSR per CMAD:	\$10,690
	Change FY17-FY18:	34.8%
	Inpatient:Outpatient Revenue in FY18:	37%:63%
	Outpatient Revenue in FY18:	\$114,724,680
	Change FY17-FY18:	-14.1%
	Total Revenue in FY18:	\$252,374,000
	Total Surplus (Loss) in FY18:	(\$159,000)
	<b>Payer Mix</b>	
	Public Payer Mix:	72.1% HPP Hospital
	CY17 Commercial Statewide Relative Price:	0.74
	Top 3 Commercial Payers:	Blue Cross Blue Shield of Massachusetts Harvard Pilgrim Health Care Tufts Associated HMO, Inc.
	<b>Utilization</b>	
	Inpatient Discharges in FY18:	12,421
	Change FY17-FY18:	-1.9%
	Emergency Department Visits in FY18:	49,543
	Change FY17-FY18:	-27.1%
	Outpatient Visits in FY18:	269,577
	Change FY17-FY18:	-4.5%
	<b>Quality</b>	
	Readmission Rate in FY18:	15.7%
	Change FY14-FY18 (percentage points):	1.1
	Early Elective Deliveries Rate:	0.0%



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

## 2018 HOSPITAL PROFILE: LAWRENCE GENERAL HOSPITAL

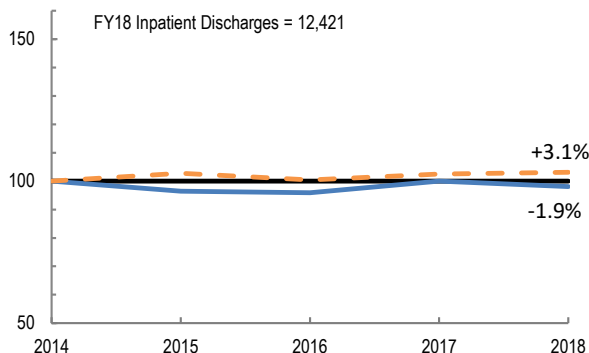
Cohort: Community-High Public Payer Hospital

Key:

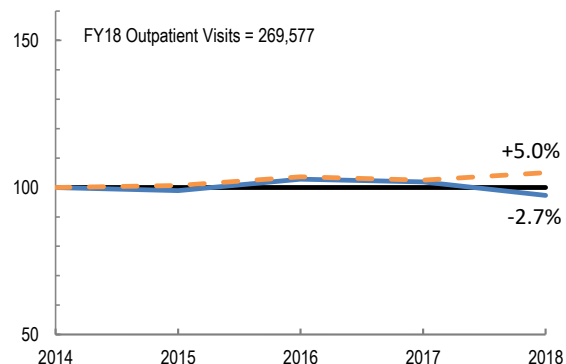


### Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY14, and how does this compare to the hospital's peer cohort median? (FY14=100)

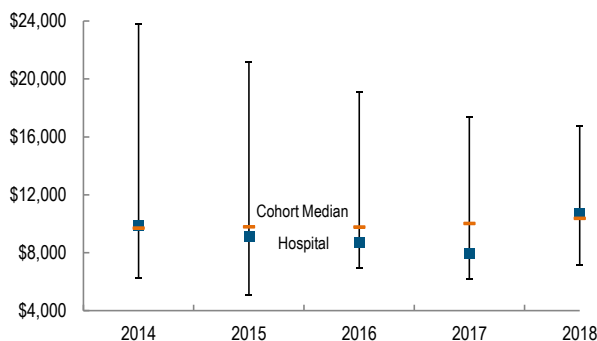


How has the volume of the hospital's outpatient visits changed compared to FY14, and how does this compare to the hospital's peer cohort median? (FY14=100)

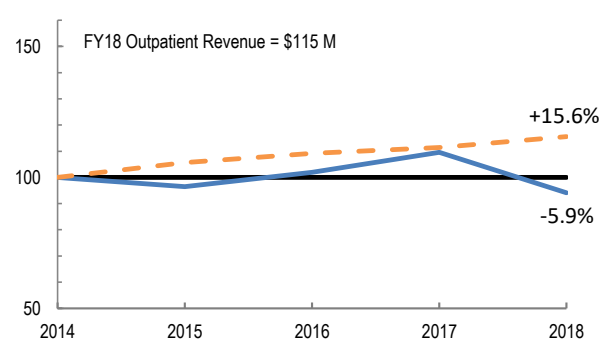


### Patient Revenue Trends

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY14 and FY18, and how does this compare to the hospital's peer cohort median?



How has the hospital's total outpatient revenue changed compared to FY14, and how does this compare to the hospital's peer cohort median? (FY14=100)



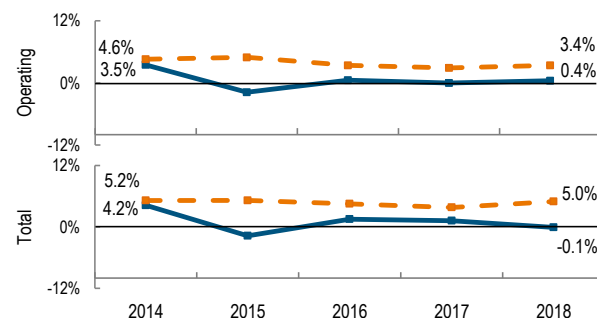
### Financial Performance

How have the hospital's total revenue and costs changed between FY14 and FY18?

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

FY	2014	2015	2016	2017	2018
<b>Operating Revenue</b>	\$ 228.7	\$ 226.3	\$ 241.4	\$ 247.8	\$ 253.6
<b>Non-Operating Revenue</b>	\$ 1.7	\$ 0.1	\$ 2.3	\$ 3.1	\$ (1.3)
<b>Total Revenue</b>	\$ 230.4	\$ 226.4	\$ 243.7	\$ 250.9	\$ 252.4
<b>Total Costs</b>	\$ 220.7	\$ 230.4	\$ 240.1	\$ 247.8	\$ 252.5
<b>Total Profit (Loss)</b>	\$ 9.8	\$ (4.0)	\$ 3.6	\$ 3.1	\$ (0.2)

What were the hospital's total margin and operating margins between FY14 and FY18, 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).

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

# LOWELL GENERAL HOSPITAL

## 2018 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. Between FY14 and FY18, the volume of inpatient discharges at the hospital decreased by 0.8% compared to a median increase of 3.1% at cohort hospitals. Outpatient visits increased by 6.1% for the hospital between FY14 and FY18, compared to a median increase of 5.0% for its peer cohort. Lowell General reported a profit in each year of the five-year period. Its total margin was 4.8% as compared to the median total margin of 5.0% at peer cohort hospitals.

### At a Glance

#### Overview / Size

Hospital System Affiliation:	Wellforce
Hospital System Surplus (Loss) in FY18:	\$38,459,000
Change in Ownership (FY14-18):	Wellforce - 2014
Total Staffed Beds:	355, among the larger acute hospitals
% Occupancy:	67.8%, > cohort avg. (67%)
Special Public Funding:	CHART <sup>A</sup> , HCII <sup>B</sup> , ICB <sup>C</sup>
Trauma Center Designation:	Adult: Level 3
Case Mix Index:	0.92, < cohort avg. (0.93); < statewide (1.14)

#### Financial

Inpatient NPSR per CMAD:	\$11,435
Change FY17-FY18:	-0.6%
Inpatient:Outpatient Revenue in FY18:	34%:66%
Outpatient Revenue in FY18:	\$226,241,077
Change FY17-FY18:	5.3%
Total Revenue in FY18:	\$480,315,000
Total Surplus (Loss) in FY18:	\$23,178,000

#### Payer Mix

Public Payer Mix:	65.7% HPP Hospital
CY17 Commercial Statewide Relative Price:	0.79
Top 3 Commercial Payers:	Blue Cross Blue Shield of Massachusetts Tufts Associated HMO, Inc. Harvard Pilgrim Health Care

#### Utilization

Inpatient Discharges in FY18:	21,586
Change FY17-FY18:	-2.5%
Emergency Department Visits in FY18:	99,225
Change FY17-FY18:	0.7%
Outpatient Visits in FY18:	198,693
Change FY17-FY18:	-0.8%

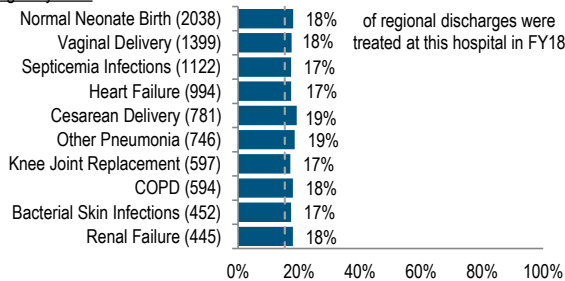
#### Quality

Readmission Rate in FY18:	15.6%
Change FY14-FY18 (percentage points):	0.6
Early Elective Deliveries Rate:	0.2%

### Services

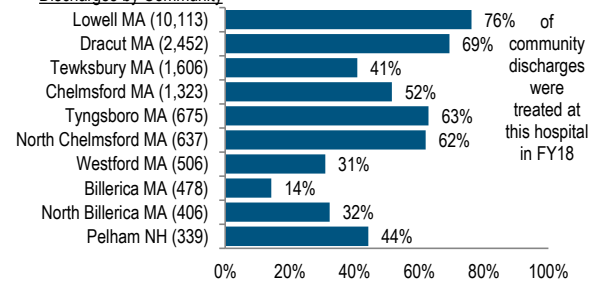
What were the most common inpatient cases (DRGs) treated at the hospital in FY18? What proportion of the region's cases did this hospital treat for each service?

#### Discharges by DRG



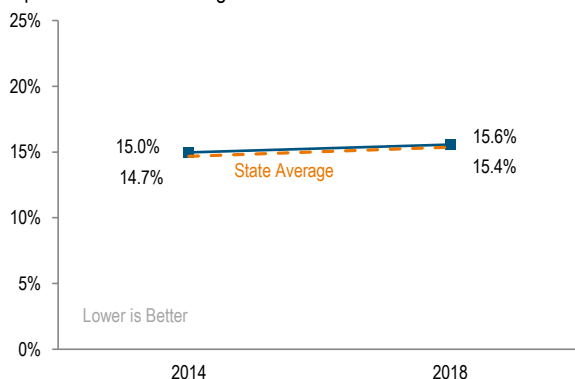
Where did most of the hospital's inpatients reside? What proportion of each community's total discharges was attributed to this hospital?

#### Discharges by Community

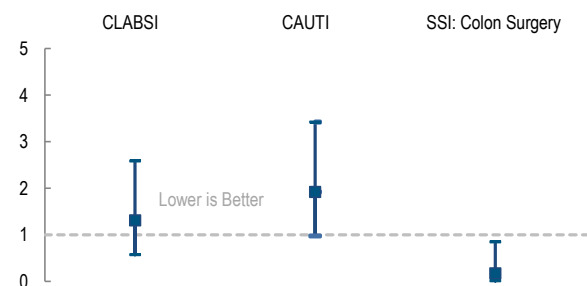


### Quality

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.

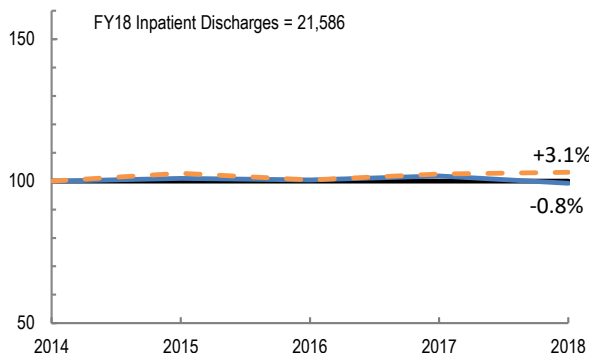
## 2018 HOSPITAL PROFILE: LOWELL GENERAL HOSPITAL

Cohort: Community-High Public Payer Hospital

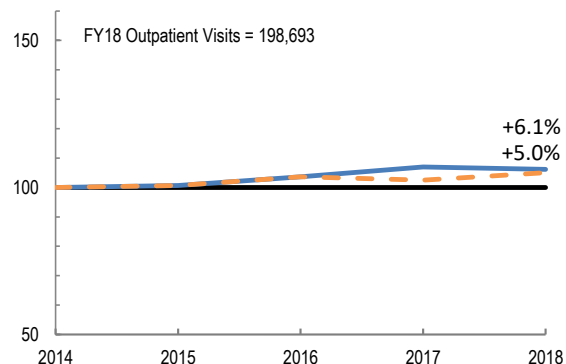
Key:  
—■— Hospital  
- - - ■ - - - Peer Cohort

### Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY14, and how does this compare to the hospital's peer cohort median? (FY14=100)

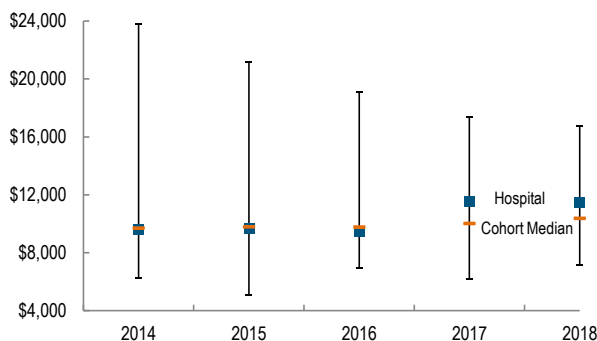


How has the volume of the hospital's outpatient visits changed compared to FY14, and how does this compare to the hospital's peer cohort median? (FY14=100)

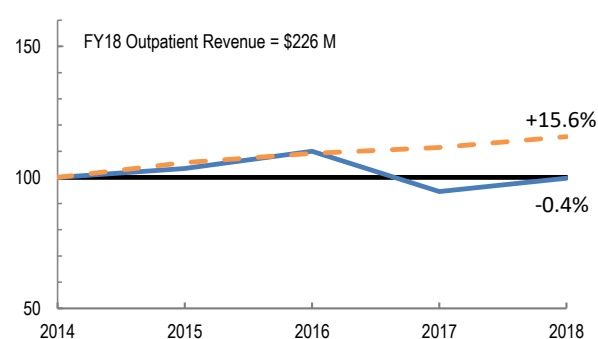


### Patient Revenue Trends

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY14 and FY18, and how does this compare to the hospital's peer cohort median?



How has the hospital's total outpatient revenue changed compared to FY14, and how does this compare to the hospital's peer cohort median? (FY14=100)



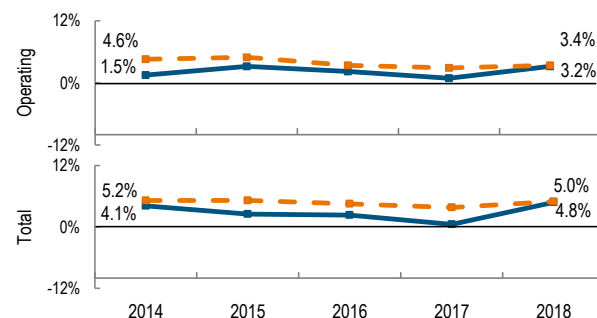
### Financial Performance

How have the hospital's total revenue and costs changed between FY14 and FY18?

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

FY	2014	2015	2016	2017	2018
Operating Revenue	\$ 415.6	\$ 430.2	\$ 441.4	\$ 451.8	\$ 472.6
Non-Operating Revenue	\$ 11.2	\$ (2.9)	\$ 0.8	\$ (1.8)	\$ 7.7
Total Revenue	\$ 426.8	\$ 427.4	\$ 442.1	\$ 449.9	\$ 480.3
Total Costs	\$ 409.2	\$ 416.7	\$ 431.8	\$ 447.6	\$ 457.1
Total Profit (Loss)	\$ 17.6	\$ 10.7	\$ 10.4	\$ 2.3	\$ 23.2

What were the hospital's total margin and operating margins between FY14 and FY18, 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).

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

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

Marlborough Hospital is a non-profit community-High Public Payer (HPP) hospital located in the Metro West region. It is among the smaller acute hospitals in Massachusetts and a member of UMass Memorial Health Care. Between FY14 and FY18, the volume of inpatient discharges at the hospital increased by 2.7% compared to a median increase of 3.1% at cohort hospitals. Outpatient visits decreased 25.8% for the hospital between FY14 and FY18, compared to a median increase of 5.0% for its peer cohort. Marlborough hospital reported a loss of \$0.1M in FY18 and a total margin of -0.2% as compared to the median total margin of 5.0% at peer cohort hospitals.

### At a Glance

#### Overview / Size

Hospital System Affiliation:	UMass Memorial Health Care
Hospital System Surplus (Loss) in FY18:	(\$19,297,000)
Change in Ownership (FY14-18):	Not Applicable
Total Staffed Beds:	79, among the smaller acute hospitals
% Occupancy:	60.3%, < cohort avg. (67%)
Special Public Funding:	ICB*
Trauma Center Designation:	Not Applicable
Case Mix Index:	0.95, > cohort avg. (0.93); < statewide (1.14)

#### Financial

Inpatient NPSR per CMAD:	\$7,174
Change FY17-FY18:	9.7%
Inpatient:Outpatient Revenue in FY18:	29%:71%
Outpatient Revenue in FY18:	\$44,175,648
Change FY17-FY18:	-14.1%
Total Revenue in FY18:	\$84,472,000
Total Surplus (Loss) in FY18:	(\$131,000)

#### Payer Mix

Public Payer Mix:	63.6% HPP Hospital
CY17 Commercial Statewide Relative Price:	0.88
Top 3 Commercial Payers:	Blue Cross Blue Shield of Massachusetts Tufts Associated HMO, Inc. Network Health, LLC (Medicaid MCO)

#### Utilization

Inpatient Discharges in FY18:	3,850
Change FY17-FY18:	-5.9%
Emergency Department Visits in FY18:	27,086
Change FY17-FY18:	3.3%
Outpatient Visits in FY18:	29,095
Change FY17-FY18:	-3.6%

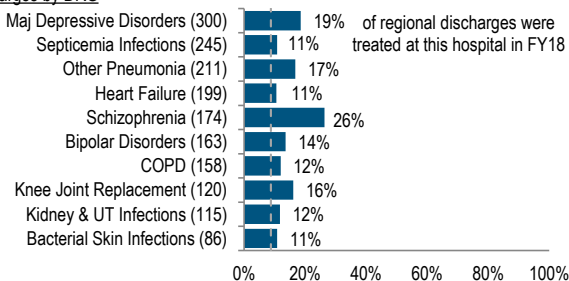
#### Quality

Readmission Rate in FY18:	17.1%
Change FY14-FY18 (percentage points):	1.4
Early Elective Deliveries Rate:	Not Available

### Services

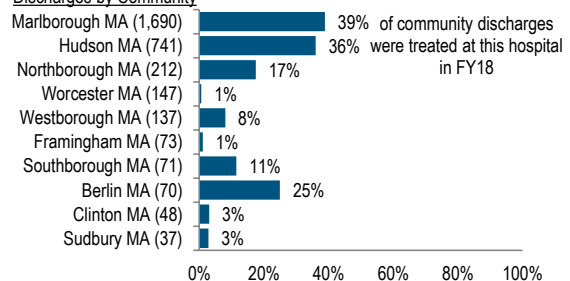
What were the most common inpatient cases (DRGs) treated at the hospital in FY18? What proportion of the region's cases did this hospital treat for each service?

#### Discharges by DRG



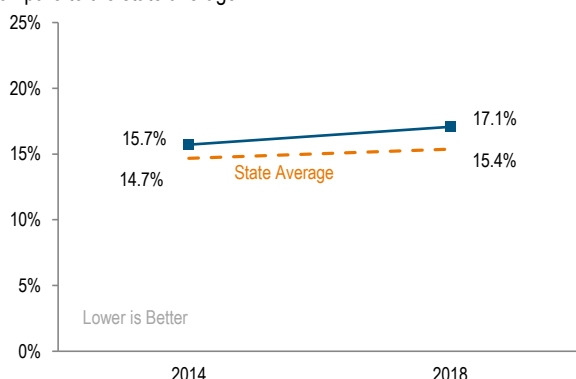
Where did most of the hospital's inpatients reside? What proportion of each community's total discharges was attributed to this hospital?

#### Discharges by Community

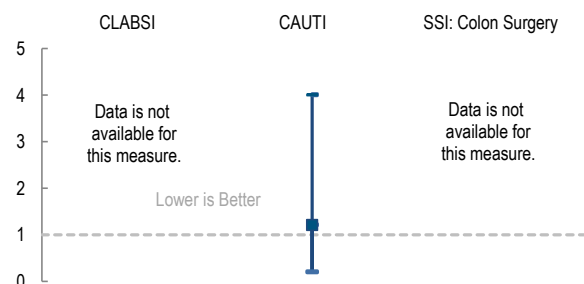


### Quality

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?



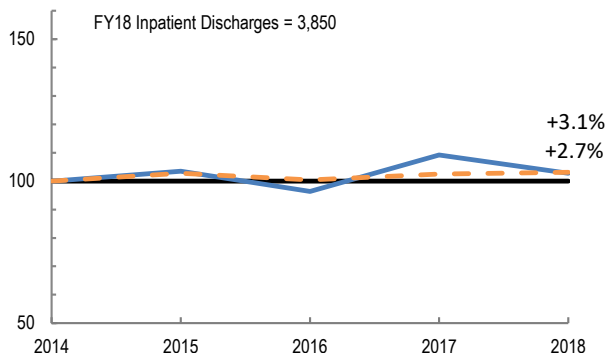
## 2018 HOSPITAL PROFILE: MARLBOROUGH HOSPITAL

Cohort: Community-High Public Payer Hospital

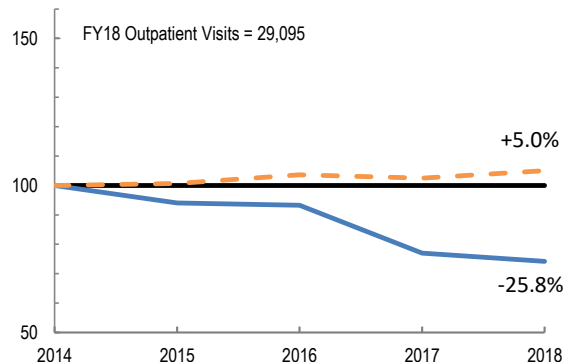
Key:  
—■ Hospital  
- - - ■ Peer Cohort

### Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY14, and how does this compare to the hospital's peer cohort median? (FY14=100)

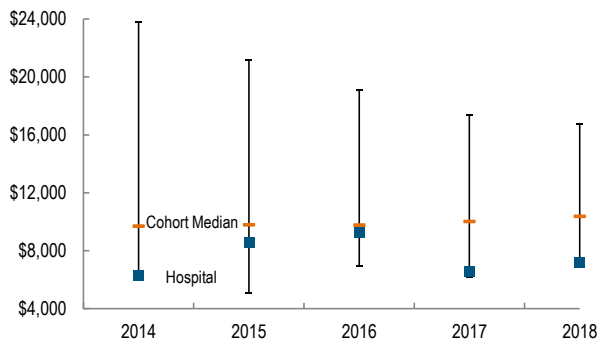


How has the volume of the hospital's outpatient visits changed compared to FY14, and how does this compare to the hospital's peer cohort median? (FY14=100)

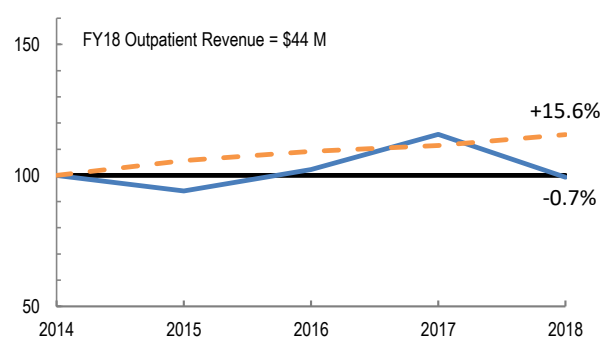


### Patient Revenue Trends

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY14 and FY18, and how does this compare to the hospital's peer cohort median?



How has the hospital's total outpatient revenue changed compared to FY14, and how does this compare to the hospital's peer cohort median? (FY14=100)



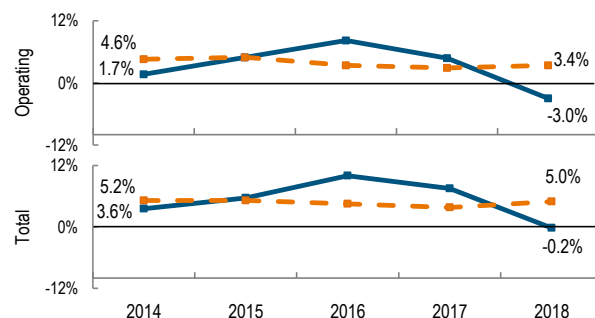
### Financial Performance

How have the hospital's total revenue and costs changed between FY14 and FY18?

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

FY	2014	2015	2016	2017	2018
<b>Operating Revenue</b>	\$ 80.5	\$ 80.7	\$ 87.2	\$ 87.1	\$ 82.1
<b>Non-Operating Revenue</b>	\$ 1.6	\$ 0.6	\$ 1.6	\$ 2.4	\$ 2.4
<b>Total Revenue</b>	\$ 82.0	\$ 81.3	\$ 88.9	\$ 89.4	\$ 84.5
<b>Total Costs</b>	\$ 79.1	\$ 76.7	\$ 80.0	\$ 82.8	\$ 84.6
<b>Total Profit (Loss)</b>	\$ 2.9	\$ 4.6	\$ 8.9	\$ 6.7	\$ (0.1)

What were the hospital's total margin and operating margins between FY14 and FY18, and how do these compare to the hospital's peer cohort medians?



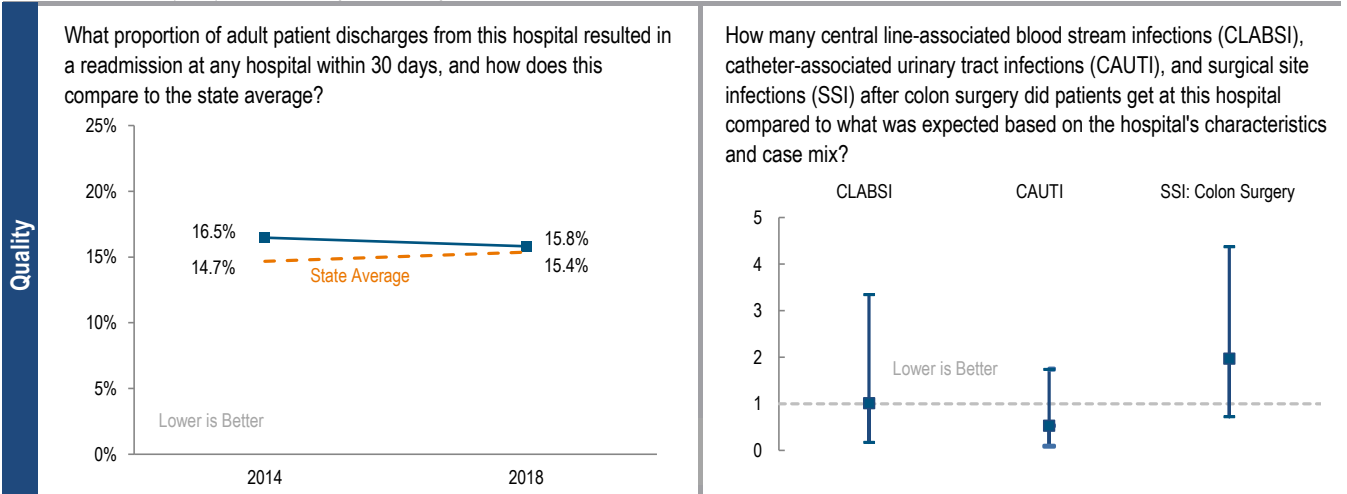
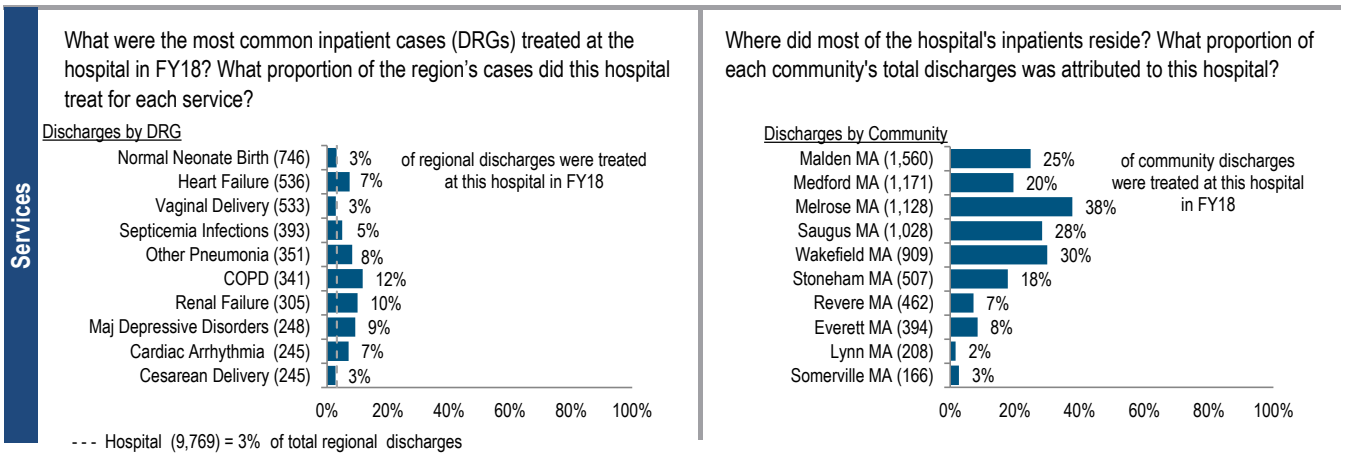
For descriptions of the metrics, please see the technical appendix.

\* 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).

MelroseWakefield Hospital, which includes Lawrence Memorial Hospital and Melrose-Wakefield Hospital campuses, is a mid-size, non-profit community High Public Payer (HPP) hospital located in the Metro Boston region. Between FY14 and FY18, the volume of inpatient discharges at the hospital decreased by 17.2% compared to a median increase of 3.1% at cohort hospitals. Outpatient visits decreased 19.1% for the hospital between FY14 and FY18, compared to a median increase of 5.0% for its peer cohort. MelroseWakefield Healthcare reported a profit of \$20.1M in FY18 and a total margin of 7.9%.

At a Glance	<b>Overview / Size</b>	
	Hospital System Affiliation:	Wellforce
	Hospital System Surplus (Loss) in FY18:	\$38,459,000
	Change in Ownership (FY14-18):	Wellforce - 2017
	Total Staffed Beds:	162, mid-size acute hospital
	% Occupancy:	88.6%, > cohort avg. (67%)
	Special Public Funding:	CHART <sup>+</sup> , ICB <sup>+</sup>
	Trauma Center Designation:	Not Applicable
	Case Mix Index:	0.91, < cohort avg. (0.93); < statewide (1.14)
	<b>Financial</b>	
	Inpatient NPSR per CMAD:	\$11,379
	Change FY17-FY18:	17.0%
	Inpatient:Outpatient Revenue in FY18:	30%:70%
	Outpatient Revenue in FY18:	\$126,893,905
	Change FY17-FY18:	-12.0%
	Total Revenue in FY18:	\$253,632,000
	Total Surplus (Loss) in FY18:	\$20,094,000
	<b>Payer Mix</b>	
	Public Payer Mix:	63.2% HPP Hospital
	CY17 Commercial Statewide Relative Price:	0.92
	Top 3 Commercial Payers:	Blue Cross Blue Shield of Massachusetts Tufts Associated HMO, Inc. Harvard Pilgrim Health Care
	<b>Utilization</b>	
	Inpatient Discharges in FY18:	9,769
	Change FY17-FY18:	-11.1%
	Emergency Department Visits in FY18:	44,279
	Change FY17-FY18:	-5.4%
	Outpatient Visits in FY18:	450,465
	Change FY17-FY18:	-11.6%
	<b>Quality</b>	
	Readmission Rate in FY18:	15.8%
	Change FY14-FY18 (percentage points):	-0.7
	Early Elective Deliveries Rate:	0.0%



## 2018 HOSPITAL PROFILE: MELROSEWAKEFIELD HOSPITAL

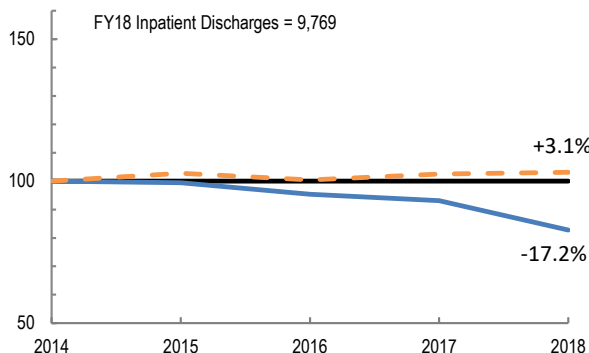
Cohort: Community-High Public Payer Hospital

Key:

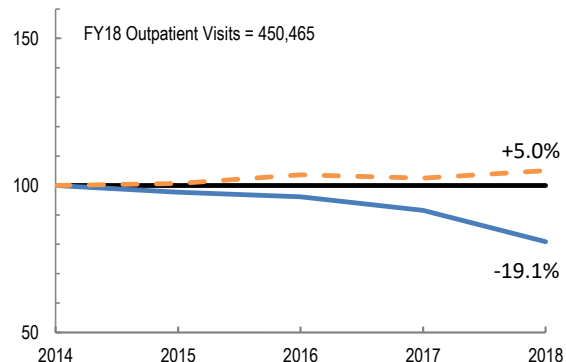


### Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY14, and how does this compare to the hospital's peer cohort median? (FY14=100)

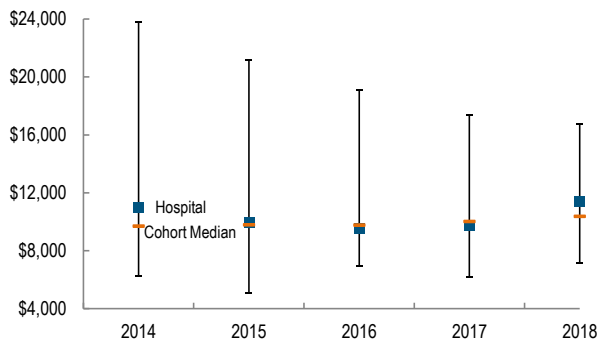


How has the volume of the hospital's outpatient visits changed compared to FY14, and how does this compare to the hospital's peer cohort median? (FY14=100)

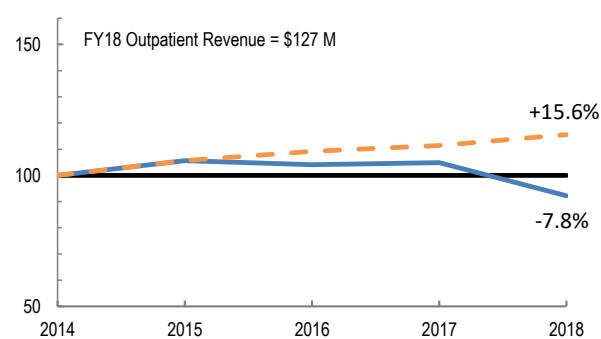


### Patient Revenue Trends

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY14 and FY18, and how does this compare to the hospital's peer cohort median?



How has the hospital's total outpatient revenue changed compared to FY14, and how does this compare to the hospital's peer cohort median? (FY14=100)



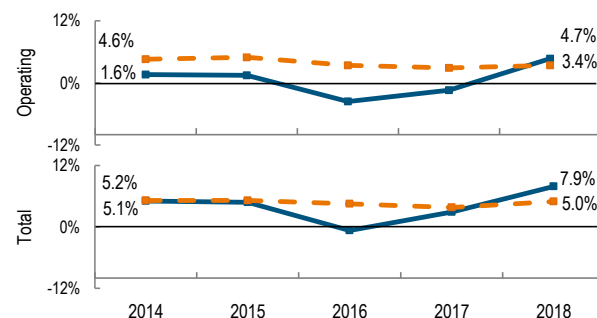
### Financial Performance

How have the hospital's total revenue and costs changed between FY14 and FY18?

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

FY	2014	2015	2016	2017	2018
<b>Operating Revenue</b>	\$ 257.0	\$ 262.4	\$ 257.7	\$ 261.2	\$ 245.4
<b>Non-Operating Revenue</b>	\$ 9.2	\$ 9.0	\$ 7.7	\$ 11.6	\$ 8.2
<b>Total Revenue</b>	\$ 266.3	\$ 271.4	\$ 265.4	\$ 272.8	\$ 253.6
<b>Total Costs</b>	\$ 252.8	\$ 258.4	\$ 267.3	\$ 265.0	\$ 233.5
<b>Total Profit (Loss)</b>	\$ 13.5	\$ 13.0	\$ (1.9)	\$ 7.9	\$ 20.1

What were the hospital's total margin and operating margins between FY14 and FY18, and how do these compare to the hospital's peer cohort medians?



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

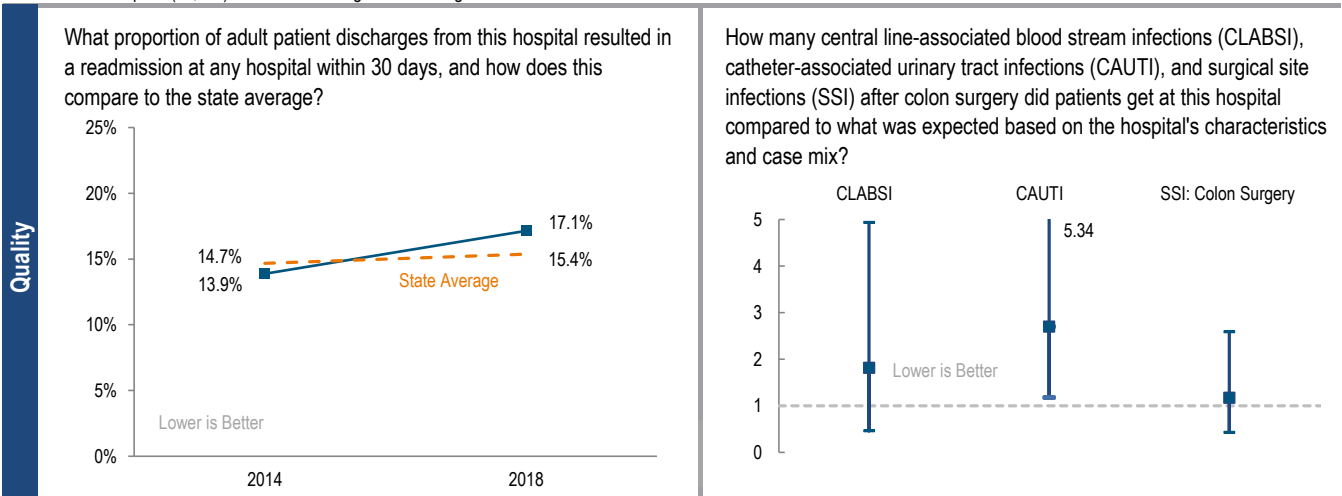
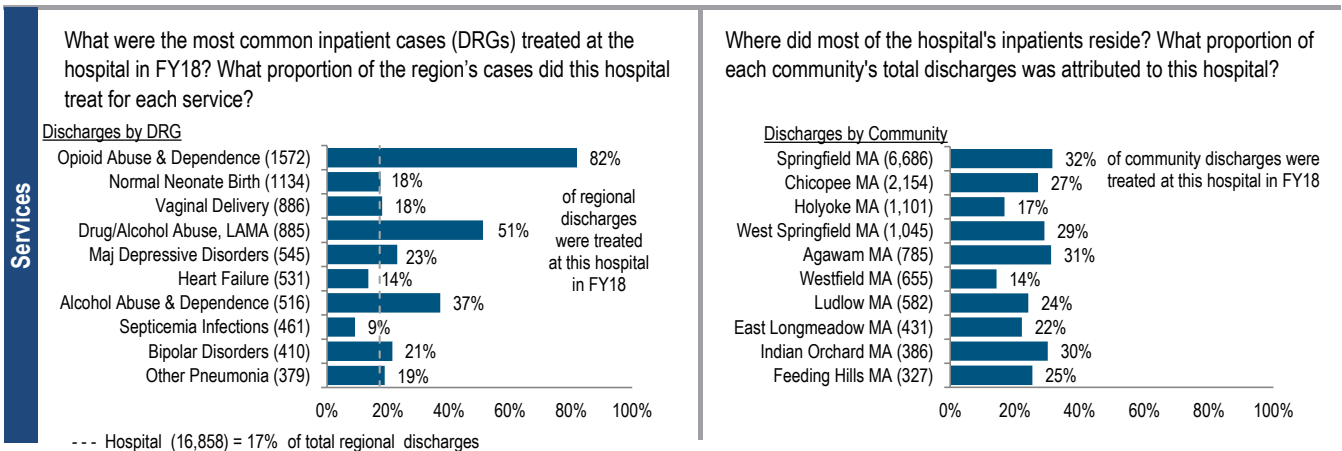
\* High Public Payer Hospitals (HPP) receive a minimum of 63% of gross patient service revenue from public payers.

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

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

Mercy Medical Center is a large, non-profit community-High Public Payer (HPP) hospital located in the Western Massachusetts region. Between FY14 and FY18, the volume of inpatient discharges at the hospital increased by 8.1% compared to a median increase of 3.1% at cohort hospitals. Outpatient visits increased by 8.3% for the hospital between FY14 and FY18, compared to a median increase of 5.0% for its peer cohort. After reporting a profit of \$11.3M in FY17, the hospital reported a loss of \$12.6M in FY18 and a total margin of -4.2% compared to a median total margin of 5.0% at peer cohort hospitals.

At a Glance	<b>Overview / Size</b>	
	Hospital System Affiliation:	Trinity Health
	Hospital System Surplus (Loss) in FY18:	\$901,511,000
	Change in Ownership (FY14-18):	Not Applicable
	Total Staffed Beds:	395, among the larger acute hospitals
	% Occupancy:	53.5%, < cohort avg. (67%)
	Special Public Funding:	ICB*
	Trauma Center Designation:	Not Applicable
	Case Mix Index:	0.90, < cohort avg. (0.93); < statewide (1.14)
	<b>Financial</b>	
	Inpatient NPSR per CMAD:	\$9,733
	Change FY17-FY18:	-6.2%
	Inpatient:Outpatient Revenue in FY18:	46%:54%
	Outpatient Revenue in FY18:	\$135,134,957
	Change FY17-FY18:	1.0%
	Total Revenue in FY18:	\$300,190,327
	Total Surplus (Loss) in FY18:	(\$12,567,414)
	<b>Payer Mix</b>	
	Public Payer Mix:	77.2% HPP Hospital
	CY17 Commercial Statewide Relative Price:	0.79
	Top 3 Commercial Payers:	Blue Cross Blue Shield of Massachusetts Health New England, Inc. UniCare Life and Health Insurance Co.
	<b>Utilization</b>	
	Inpatient Discharges in FY18:	16,858
	Change FY17-FY18:	2.0%
	Emergency Department Visits in FY18:	69,328
	Change FY17-FY18:	-2.0%
	Outpatient Visits in FY18:	227,035
	Change FY17-FY18:	-1.4%
	<b>Quality</b>	
	Readmission Rate in FY18:	17.1%
	Change FY14-FY18 (percentage points):	3.3
	Early Elective Deliveries Rate:	Not Available



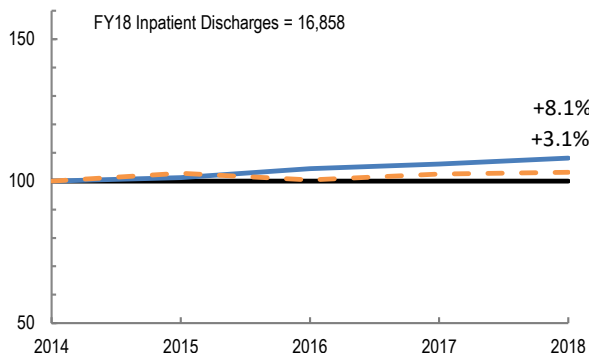
# 2018 HOSPITAL PROFILE: MERCY MEDICAL CENTER

Cohort: Community-High Public Payer Hospital

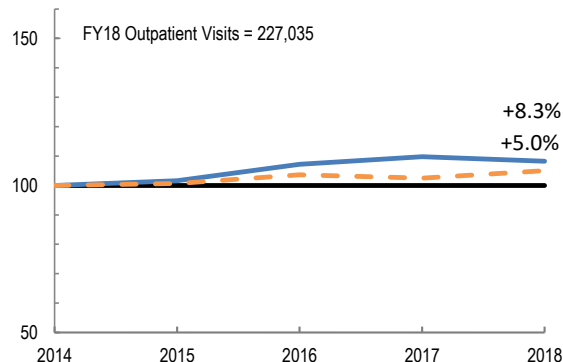
Key:  
—■— Hospital  
- - - ■ - - - Peer Cohort

## Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY14, and how does this compare to the hospital's peer cohort median? (FY14=100)

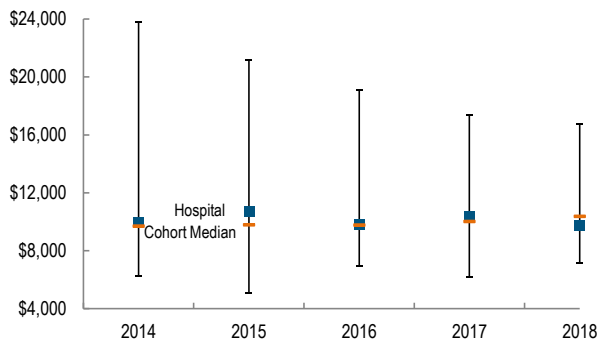


How has the volume of the hospital's outpatient visits changed compared to FY14, and how does this compare to the hospital's peer cohort median? (FY14=100)

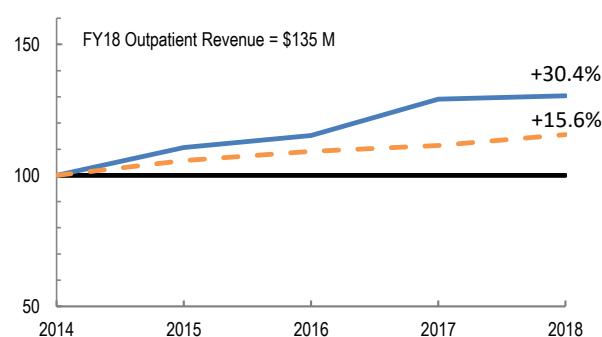


## Patient Revenue Trends

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY14 and FY18, and how does this compare to the hospital's peer cohort median?



How has the hospital's total outpatient revenue changed compared to FY14, and how does this compare to the hospital's peer cohort median? (FY14=100)



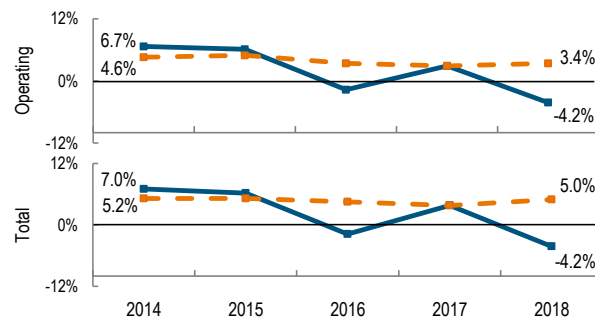
## Financial Performance

How have the hospital's total revenue and costs changed between FY14 and FY18?

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

FY	2014	2015	2016	2017	2018
<b>Operating Revenue</b>	\$ 250.4	\$ 272.8	\$ 264.4	\$ 295.1	\$ 300.1
<b>Non-Operating Revenue</b>	\$ 0.9	\$ 0.3	\$ (0.3)	\$ 2.7	\$ 0.1
<b>Total Revenue</b>	\$ 251.3	\$ 273.1	\$ 264.1	\$ 297.8	\$ 300.2
<b>Total Costs</b>	\$ 233.6	\$ 256.0	\$ 268.9	\$ 286.5	\$ 312.8
<b>Total Profit (Loss)</b>	\$ 17.7	\$ 17.0	\$ (4.8)	\$ 11.3	\$ (12.6)

What were the hospital's total margin and operating margins between FY14 and FY18, 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).

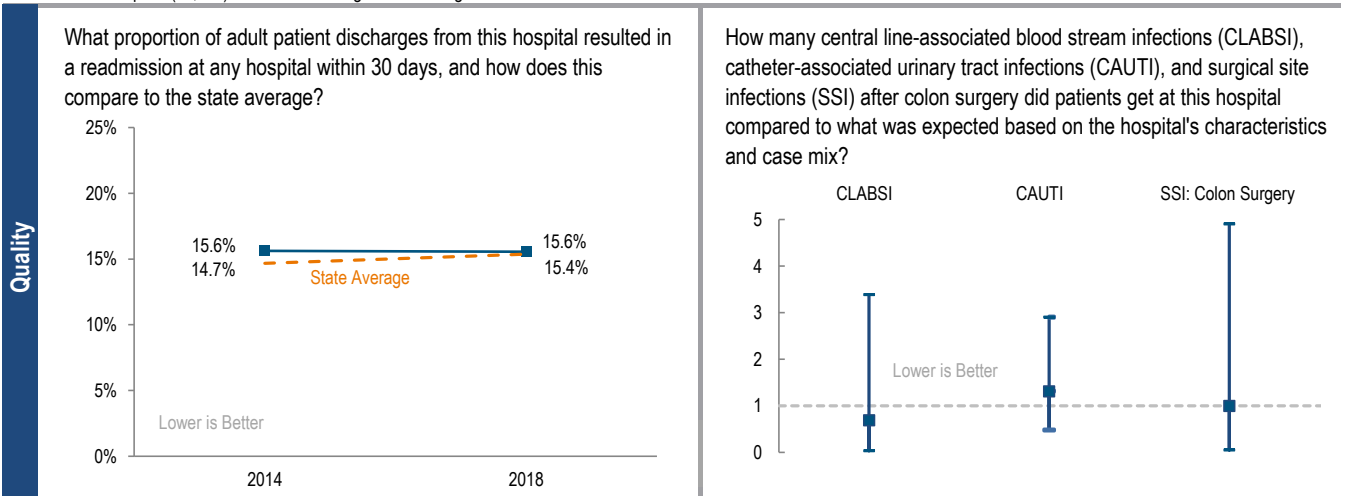
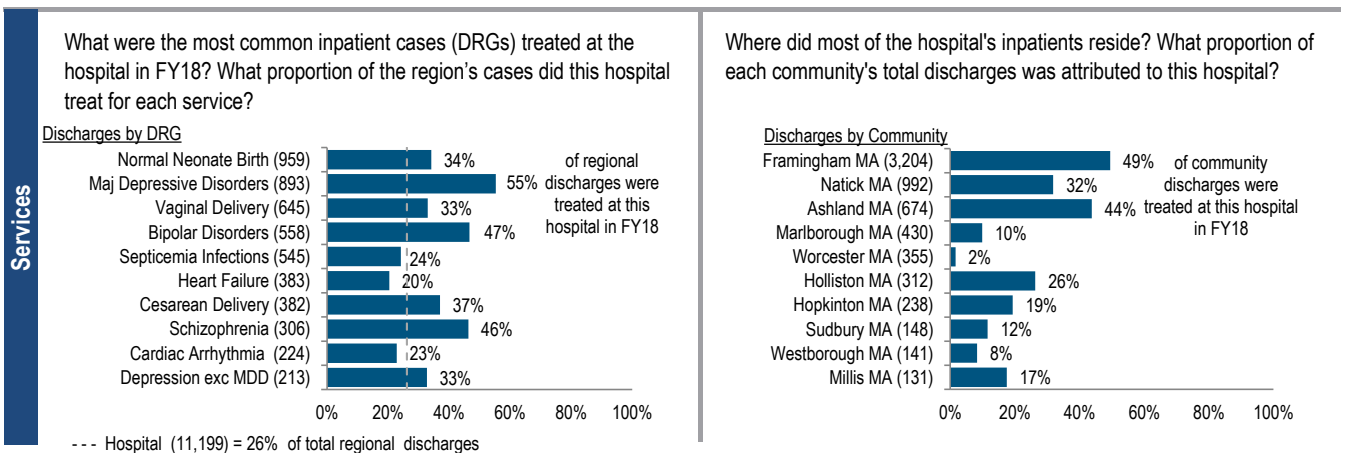
# METROWEST MEDICAL CENTER

## 2018 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 FY14 and FY18, the volume of inpatient discharges at the hospital decreased by 6.0% compared to a median increase of 3.1% at cohort hospitals. Outpatient visits increased 120.0% for the hospital between FY14 and FY18, compared to a median increase of 5.0% for its peer cohort. After reporting a loss of \$3.0M in FY17, the hospital reported a profit of \$4.8M in FY18 and a total margin of 1.9% compared to a median total margin of 5.0% at peer cohort hospitals.

At a Glance	<b>Overview / Size</b>	
	Hospital System Affiliation:	Tenet Healthcare
	Hospital System Surplus (Loss) in FY18:	\$111,000,000
	Change in Ownership (FY14-18):	Not Applicable
	Total Staffed Beds:	340, among the larger acute hospitals
	% Occupancy:	43.9%, < cohort avg. (67%)
	Special Public Funding:	ICB*
	Trauma Center Designation:	Not Applicable
	Case Mix Index:	0.98, > cohort avg. (0.93); < statewide (1.14)
	<b>Financial</b>	
	Inpatient NPSR per CMAD:	\$10,115
	Change FY17-FY18:	-5.2%
	Inpatient:Outpatient Revenue in FY18:	33%:67%
	Outpatient Revenue in FY18:	\$128,558,290
	Change FY17-FY18:	-3.6%
	Total Revenue in FY18:	\$254,378,229
	Total Surplus (Loss) in FY18:	\$4,806,704
	<b>Payer Mix</b>	
	Public Payer Mix:	66.0% HPP Hospital
	CY17 Commercial Statewide Relative Price:	0.90
	Top 3 Commercial Payers:	Blue Cross Blue Shield of Massachusetts Harvard Pilgrim Health Care Tufts Associated HMO, Inc.
	<b>Utilization</b>	
	Inpatient Discharges in FY18:	11,199
	Change FY17-FY18:	-3.7%
	Emergency Department Visits in FY18:	52,768
	Change FY17-FY18:	0.3%
	Outpatient Visits in FY18:	419,254
	Change FY17-FY18:	-0.6%
	<b>Quality</b>	
	Readmission Rate in FY18:	15.6%
	Change FY14-FY18 (percentage points):	-0.1
	Early Elective Deliveries Rate:	Not Available



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

## 2018 HOSPITAL PROFILE: METROWEST MEDICAL CENTER

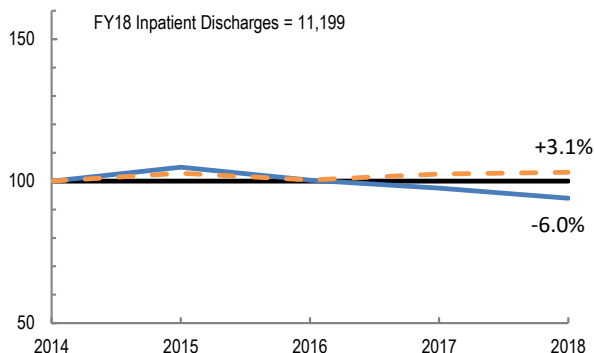
Cohort: Community-High Public Payer Hospital

Key:

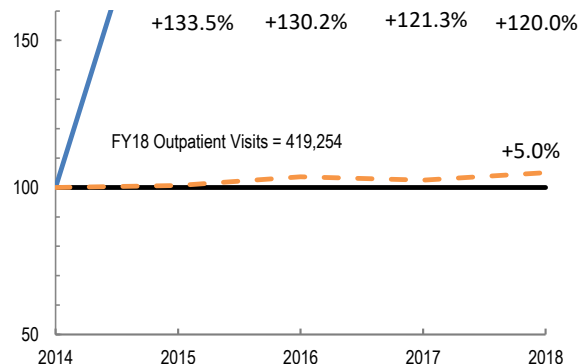


### Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY14, and how does this compare to the hospital's peer cohort median? (FY14=100)

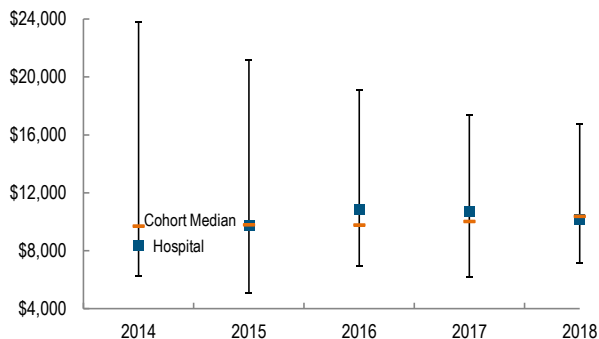


How has the volume of the hospital's outpatient visits changed compared to FY14, and how does this compare to the hospital's peer cohort median? (FY14=100)

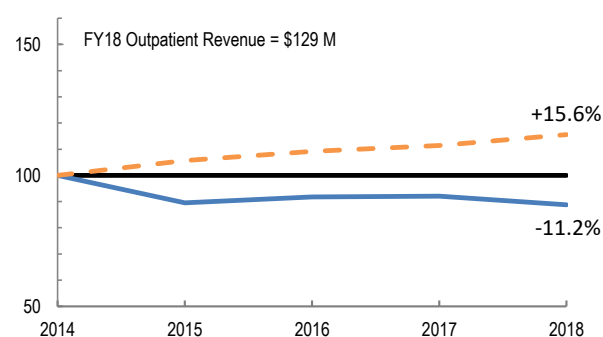


### Patient Revenue Trends

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY14 and FY18, and how does this compare to the hospital's peer cohort median?



How has the hospital's total outpatient revenue changed compared to FY14, and how does this compare to the hospital's peer cohort median? (FY14=100)



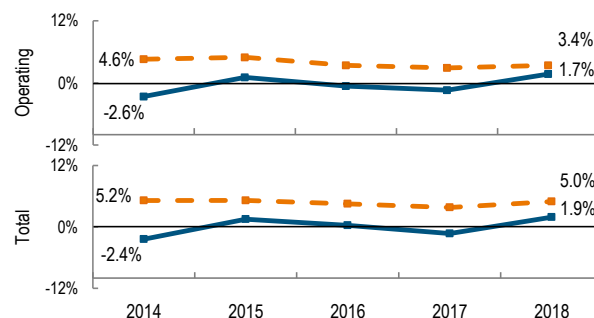
### Financial Performance

How have the hospital's total revenue and costs changed between FY14 and FY18?

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

FY	2014	2015	2016	2017	2018
Operating Revenue	\$ 248.8	\$ 258.2	\$ 247.6	\$ 241.3	\$ 253.9
Non-Operating Revenue	\$ 0.6	\$ 1.0	\$ 2.2	\$ 0.4	\$ 0.5
Total Revenue	\$ 249.4	\$ 259.2	\$ 249.8	\$ 241.7	\$ 254.4
Total Costs	\$ 255.4	\$ 255.4	\$ 249.0	\$ 244.7	\$ 249.6
Total Profit (Loss)	\$ (6.0)	\$ 3.9	\$ 0.8	\$ (3.0)	\$ 4.8

What were the hospital's total margin and operating margins between FY14 and FY18, 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

## 2018 Hospital Profile

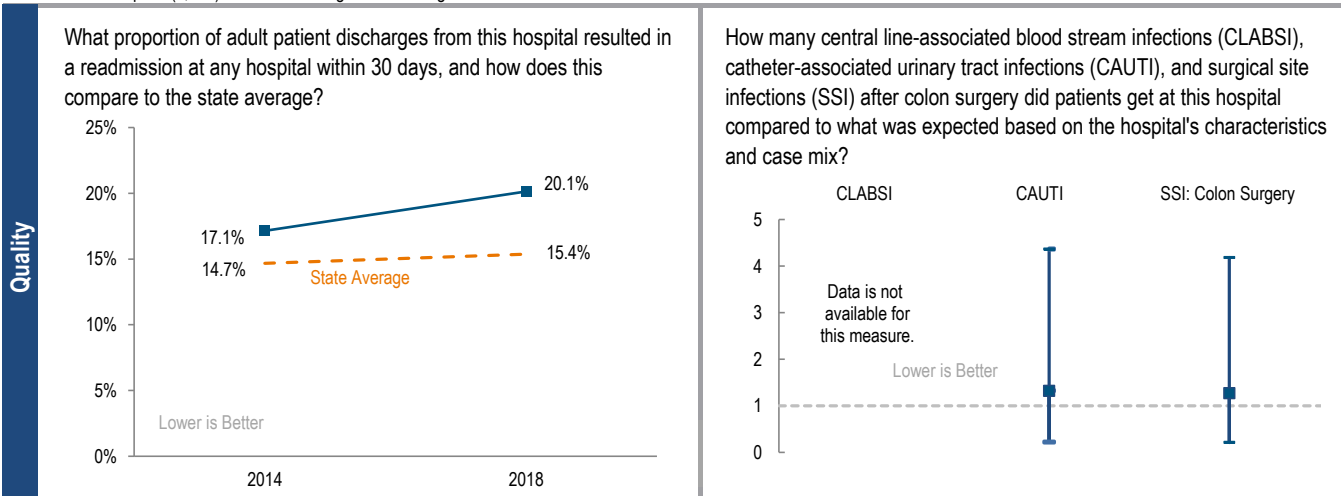
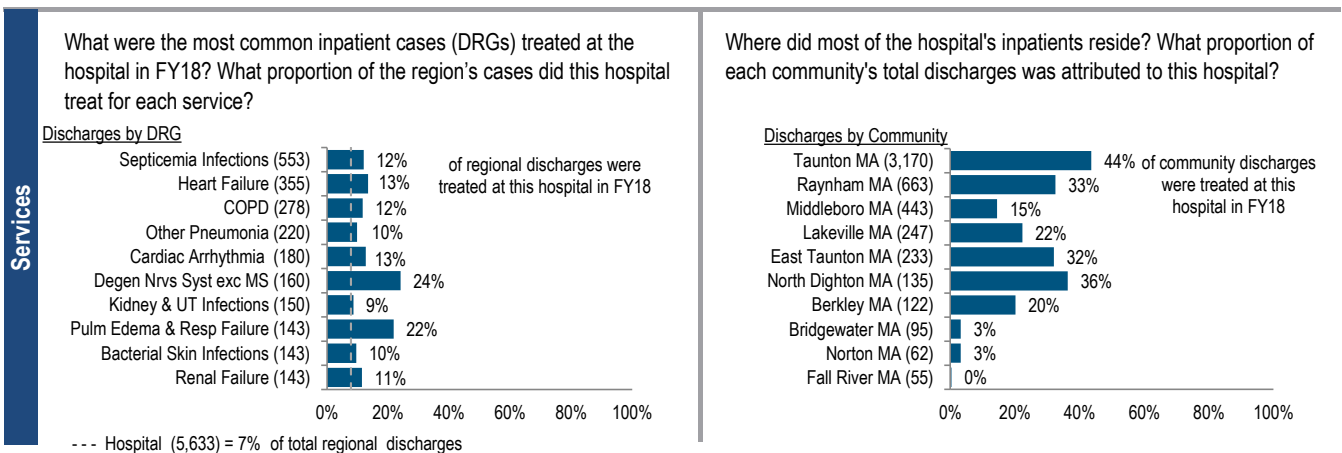
Taunton, MA

Community-High Public Payer Hospital

Metro South

Morton Hospital, A Steward Family Hospital is a smaller, for-profit community-High Public Payer Hospital (HPP) located in the Metro South region. Morton Hospital is a member of Steward Health Care. Between FY14 and FY18, the volume of inpatient discharges at the hospital decreased by 6.5% compared to a median increase of 3.1% at cohort hospitals. Outpatient visits decreased 10.8% for the hospital between FY14 and FY18, compared to a median increase of 5.0% for its peer cohort. Morton Hospital reported a loss for the second year in the row in FY18, losing \$8.6M and reporting a total margin of -7.2%, compared to its peer cohort median of 5.0%.

At a Glance	<b>Overview / Size</b>	
	Hospital System Affiliation:	Steward Health Care
	Hospital System Surplus (Loss) in FY18:	(\$271,104,000)
	Change in Ownership (FY14-18):	Not Applicable
	Total Staffed Beds:	93, among the smaller acute hospitals
	% Occupancy:	80.0%, > cohort avg. (67%)
	Special Public Funding:	ICB*
	Trauma Center Designation:	Not Applicable
	Case Mix Index:	1.03, > cohort avg. (0.93); < statewide (1.14)
	<b>Financial</b>	
	Inpatient NPSR per CMAD:	\$10,136
	Change FY17-FY18:	0.6%
	Inpatient:Outpatient Revenue in FY18:	39%:61%
	Outpatient Revenue in FY18:	\$56,293,011
	Change FY17-FY18:	3.3%
	Total Revenue in FY18:	\$119,370,052
	Total Surplus (Loss) in FY18:	(\$8,566,906)
	<b>Payer Mix</b>	
	Public Payer Mix:	72.7% HPP Hospital
	CY17 Commercial Statewide Relative Price:	0.85
	Top 3 Commercial Payers:	Blue Cross Blue Shield of Massachusetts Harvard Pilgrim Health Care Tufts Associated HMO, Inc.
	<b>Utilization</b>	
	Inpatient Discharges in FY18:	5,633
	Change FY17-FY18:	-10.1%
	Emergency Department Visits in FY18:	47,995
	Change FY17-FY18:	-5.0%
	Outpatient Visits in FY18:	57,481
	Change FY17-FY18:	-2.7%
	<b>Quality</b>	
	Readmission Rate in FY18:	20.1%
	Change FY14-FY18 (percentage points):	3.0
	Early Elective Deliveries Rate:	0.0%



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

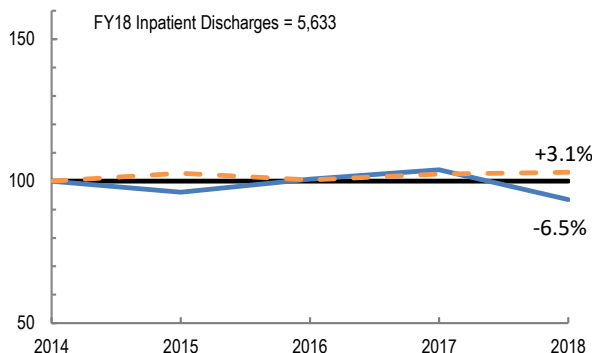
# 2018 HOSPITAL PROFILE: MORTON HOSPITAL, A STEWARD FAMILY HOSPITAL

Cohort: Community-High Public Payer Hospital

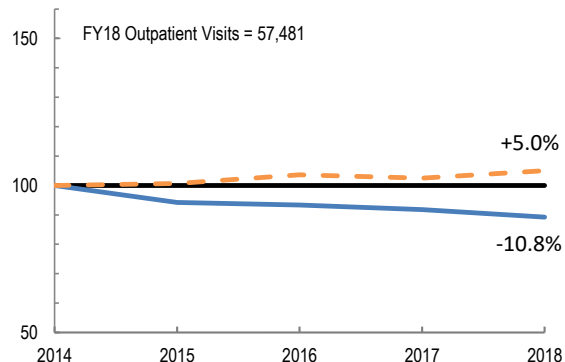
Key:  
■ Hospital  
■ Peer Cohort

## Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY14, and how does this compare to the hospital's peer cohort median? (FY14=100)

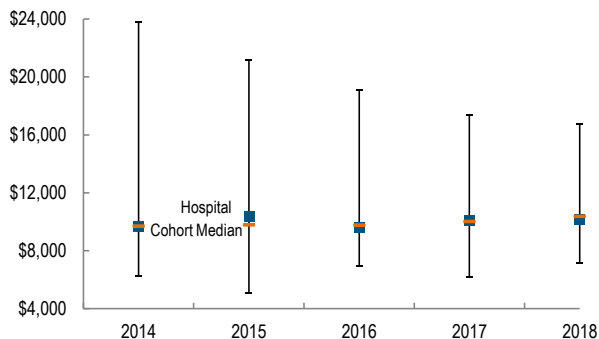


How has the volume of the hospital's outpatient visits changed compared to FY14, and how does this compare to the hospital's peer cohort median? (FY14=100)

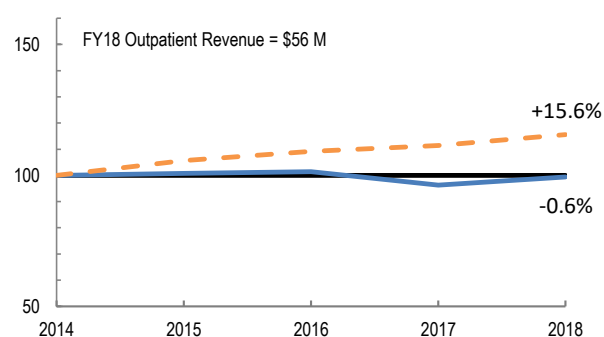


## Patient Revenue Trends

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY14 and FY18, and how does this compare to the hospital's peer cohort median?



How has the hospital's total outpatient revenue changed compared to FY14, and how does this compare to the hospital's peer cohort median? (FY14=100)



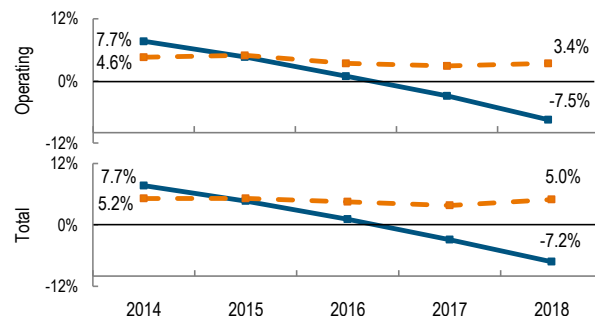
## Financial Performance

How have the hospital's total revenue and costs changed between FY14 and FY18?

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

FY	2014	2015	2016	2017	2018
Operating Revenue	\$ 116.2	\$ 116.1	\$ 118.0	\$ 119.4	\$ 119.0
Non-Operating Revenue	\$ 0.0	\$ 0.0	\$ 0.2	\$ 0.0	\$ 0.3
Total Revenue	\$ 116.2	\$ 116.1	\$ 118.2	\$ 119.4	\$ 119.4
Total Costs	\$ 107.3	\$ 110.7	\$ 116.9	\$ 122.9	\$ 127.9
Total Profit (Loss)	\$ 8.9	\$ 5.4	\$ 1.3	\$ (3.4)	\$ (8.6)

What were the hospital's total margin and operating margins between FY14 and FY18, 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, A Steward Family Hospital 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. The hospital reported a loss for the second year in the row in FY18, losing \$1.1M and reporting a total margin of -1.9%, compared to its peer cohort median of 5.0%.

At a Glance	<b>Overview / Size</b>	
	Hospital System Affiliation:	Steward Health Care
	Hospital System Surplus (Loss) in FY18:	(\$271,104,000)
	Change in Ownership (FY14-18):	Not Applicable
	Total Staffed Beds:	40, among the smaller acute hospitals
	% Occupancy:	84.9%, > cohort avg. (67%)
	Special Public Funding:	ICB*
	Trauma Center Designation:	Not Applicable
	Case Mix Index:	0.89, < cohort avg. (0.93); < statewide (1.14)
	<b>Financial</b>	
	Inpatient NPSR per CMAD:	\$11,162
	Change FY17-FY18:	-0.2%
	Inpatient:Outpatient Revenue in FY18:	27%:73%
	Outpatient Revenue in FY18:	\$35,507,564
	Change FY17-FY18:	8.2%
	Total Revenue in FY18:	\$58,582,411
	Total Surplus (Loss) in FY18:	(\$1,094,569)
	<b>Payer Mix</b>	
	Public Payer Mix:	66.4% HPP Hospital
	CY17 Commercial Statewide Relative Price:	0.95
	Top 3 Commercial Payers:	Blue Cross Blue Shield of Massachusetts Tufts Associated HMO, Inc. Harvard Pilgrim Health Care
	<b>Utilization</b>	
	Inpatient Discharges in FY18:	2,012
	Change FY17-FY18:	2.8%
	Emergency Department Visits in FY18:	14,517
	Change FY17-FY18:	-1.6%
	Outpatient Visits in FY18:	51,662
	Change FY17-FY18:	-5.8%
	<b>Quality</b>	
	Readmission Rate in FY18:	16.3%
	Change FY14-FY18 (percentage points):	0.9
	Early Elective Deliveries Rate:	Not Available

Services	What were the most common inpatient cases (DRGs) treated at the hospital in FY18? What proportion of the region's cases did this hospital treat for each service?	
	<b>Discharges by DRG</b>	
	Org Mental Hlth Disturb (176)	25% of regional discharges were treated at this hospital in FY18
	COPD (138)	4%
	Heart Failure (110)	2%
	Other Pneumonia (93)	2%
	Cardiac Arrhythmia (74)	3%
	Kidney & UT Infections (71)	3%
	Maj Resp Infect & Inflamm (68)	5%
	Hip Joint Replacement (57)	2%
	Where did most of the hospital's inpatients reside? What proportion of each community's total discharges was attributed to this hospital?	
	<b>Discharges by Community</b>	
	Ayer MA (369)	36% of community discharges were treated at this hospital in FY18
	Pepperell MA (199)	21%
	Groton MA (194)	25%
	Shirley MA (166)	23%
	Townsend MA (156)	22%
	Shrewsbury MA (110)	4%
	Littleton MA (105)	11%
	Lunenburg MA (95)	9%
	Leominster MA (62)	1%
	Westford MA (60)	4%

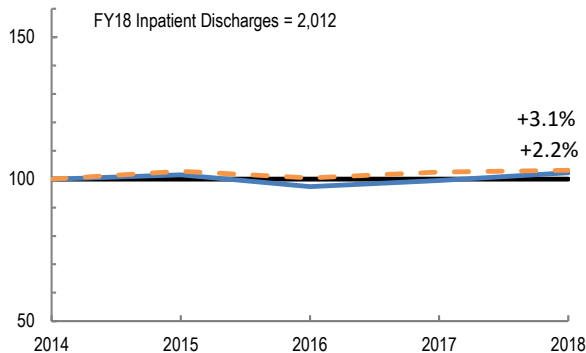
Quality	What proportion of adult patient discharges from this hospital resulted in a readmission at any hospital within 30 days, and how does this compare to the state average?	
	<p>2014: 15.4% (Hospital), 14.7% (State Average) 2018: 16.3% (Hospital), 15.4% (State Average)</p> <p>Lower is Better</p>	
	How many central line-associated blood stream infections (CLABSI), catheter-associated urinary tract infections (CAUTI), and surgical site infections (SSI) after colon surgery did patients get at this hospital compared to what was expected based on the hospital's characteristics and case mix?	
	CLABSI	CAUTI
	SSI: Colon Surgery	
	Data is not available for these measures.	

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

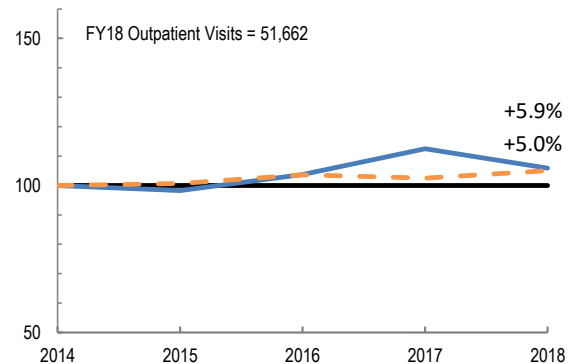


## Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY14, and how does this compare to the hospital's peer cohort median? (FY14=100)

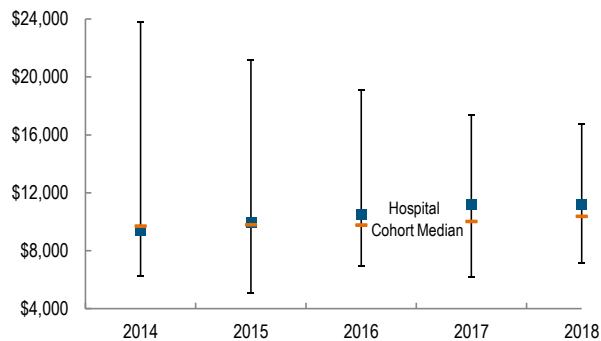


How has the volume of the hospital's outpatient visits changed compared to FY14, and how does this compare to the hospital's peer cohort median? (FY14=100)

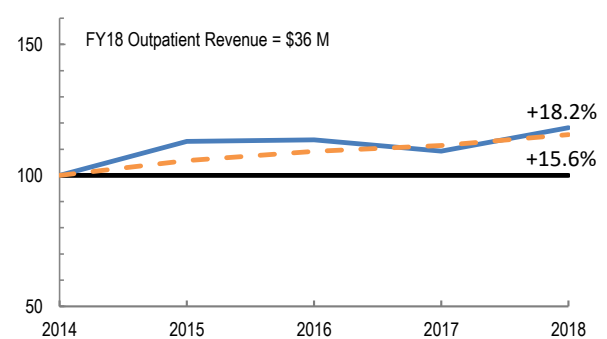


## Patient Revenue Trends

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY14 and FY18, and how does this compare to the hospital's peer cohort median?



How has the hospital's total outpatient revenue changed compared to FY14, and how does this compare to the hospital's peer cohort median? (FY14=100)



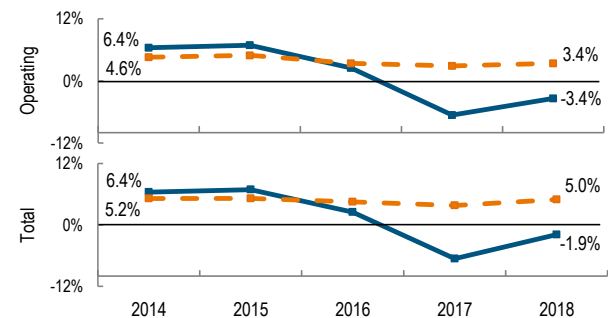
## Financial Performance

How have the hospital's total revenue and costs changed between FY14 and FY18?

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

FY	2014	2015	2016	2017	2018
<b>Operating Revenue</b>	\$ 49.3	\$ 51.9	\$ 53.2	\$ 54.7	\$ 57.7
<b>Non-Operating Revenue</b>	\$ 0.0	\$ 0.0	\$ (0.0)	\$ 0.0	\$ 0.9
<b>Total Revenue</b>	\$ 49.3	\$ 51.9	\$ 53.2	\$ 54.7	\$ 58.6
<b>Total Costs</b>	\$ 46.1	\$ 48.3	\$ 51.9	\$ 58.3	\$ 59.7
<b>Total Profit (Loss)</b>	\$ 3.2	\$ 3.6	\$ 1.3	\$ (3.6)	\$ (1.1)

What were the hospital's total margin and operating margins between FY14 and FY18, 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).

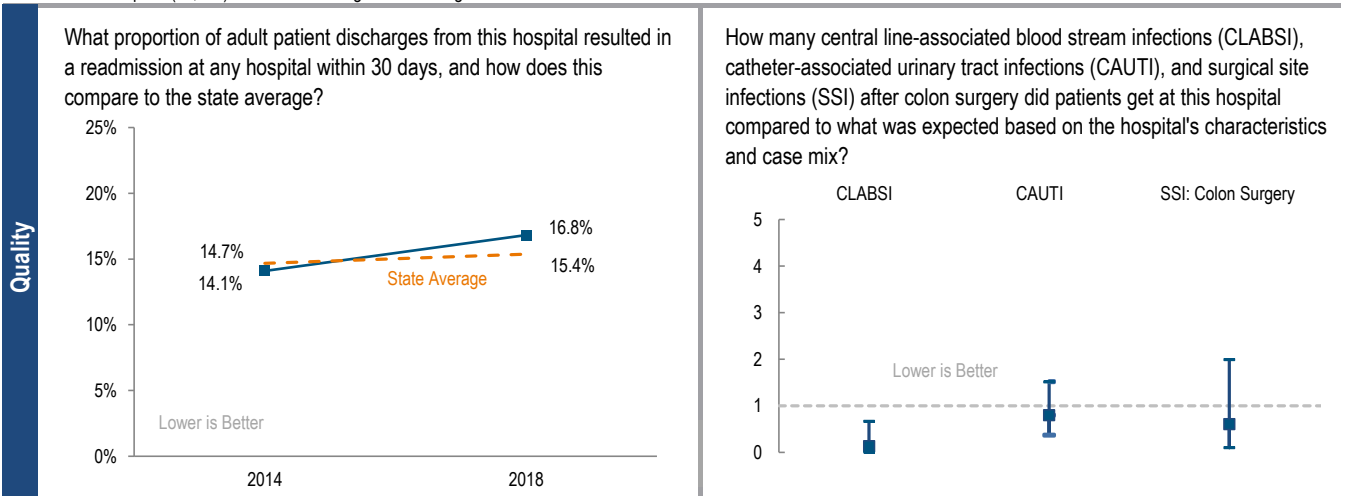
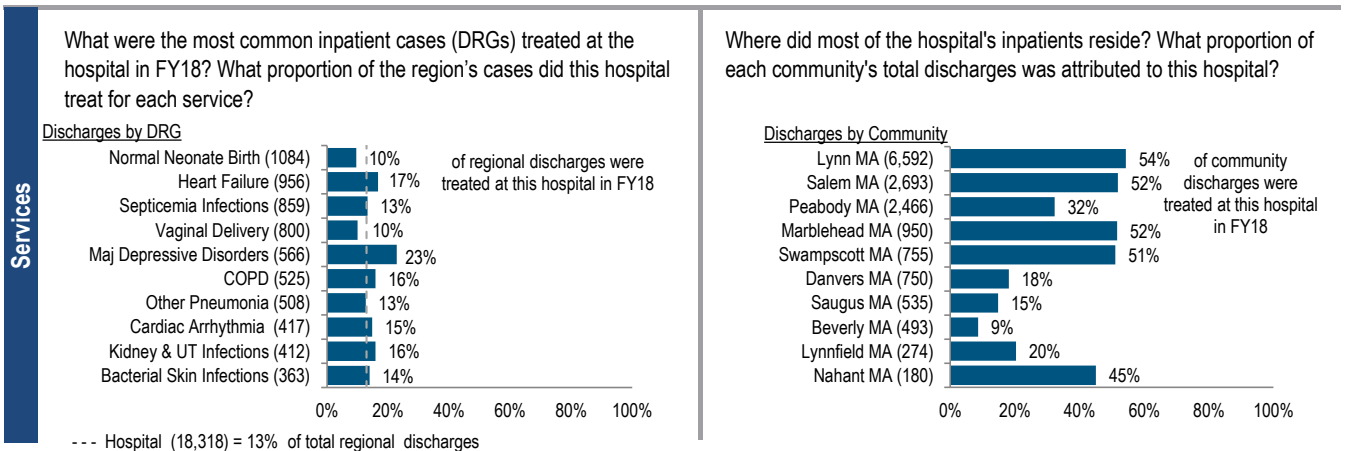
# NORTH SHORE MEDICAL CENTER

## 2018 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. Between FY14 and FY18, the volume of inpatient discharges at the hospital decreased by 0.8% compared to a median increase of 3.1% at cohort hospitals. Outpatient visits decreased by 1.1% for the hospital between FY14 and FY18, compared to a median increase of 5.0% for its peer cohort. North Shore Medical Center experienced a loss in each year included in this time period (FY14 - FY18). In FY18, the hospital had a total margin of -7.6% compared to the median of its peer cohort of 5.0%.

At a Glance	<b>Overview / Size</b>	
	Hospital System Affiliation:	Partners HealthCare System
	Hospital System Surplus (Loss) in FY18:	\$826,605,000
	Change in Ownership (FY14-18):	Not Applicable
	Total Staffed Beds:	403, 10th largest acute hospital
	% Occupancy:	61.3%, < cohort avg. (67%)
	Special Public Funding:	ICB*
	Trauma Center Designation:	Adult: Level 3
	Case Mix Index:	0.99, > cohort avg. (0.93); < statewide (1.14)
	<b>Financial</b>	
	Inpatient NPSR per CMAD:	\$11,509
	Change FY17-FY18:	-6.6%
	Inpatient:Outpatient Revenue in FY18:	37%:63%
	Outpatient Revenue in FY18:	\$204,415,644
	Change FY17-FY18:	5.2%
	Total Revenue in FY18:	\$423,124,000
	Total Surplus (Loss) in FY18:	(\$32,167,000)
	<b>Payer Mix</b>	
	Public Payer Mix:	70.6% HPP Hospital
	CY17 Commercial Statewide Relative Price:	1.00
	Top 3 Commercial Payers:	Blue Cross Blue Shield of Massachusetts Harvard Pilgrim Health Care Tufts Associated HMO, Inc.
	<b>Utilization</b>	
	Inpatient Discharges in FY18:	18,318
	Change FY17-FY18:	-0.7%
	Emergency Department Visits in FY18:	70,952
	Change FY17-FY18:	2.9%
	Outpatient Visits in FY18:	106,756
	Change FY17-FY18:	4.4%
	<b>Quality</b>	
	Readmission Rate in FY18:	16.8%
	Change FY14-FY18 (percentage points):	2.7
	Early Elective Deliveries Rate:	Not Available



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

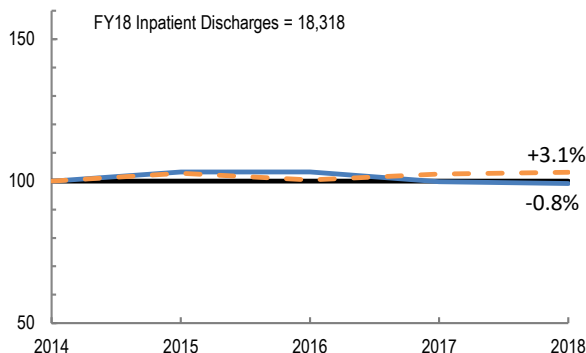
# 2018 HOSPITAL PROFILE: NORTH SHORE MEDICAL CENTER

Cohort: Community-High Public Payer Hospital

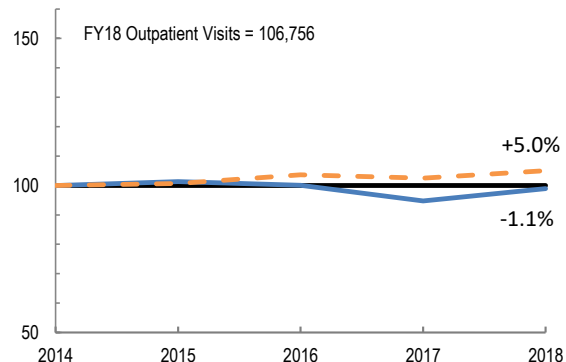
Key:



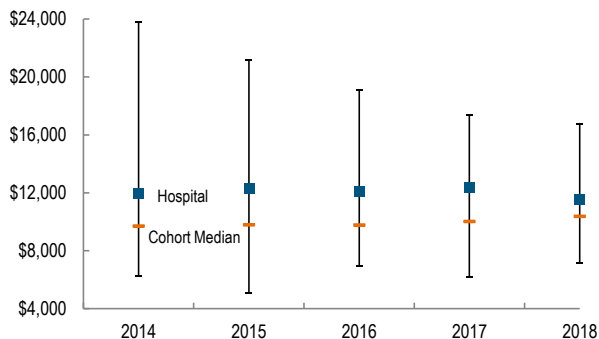
How has the volume of the hospital's inpatient discharges changed compared to FY14, and how does this compare to the hospital's peer cohort median? (FY14=100)



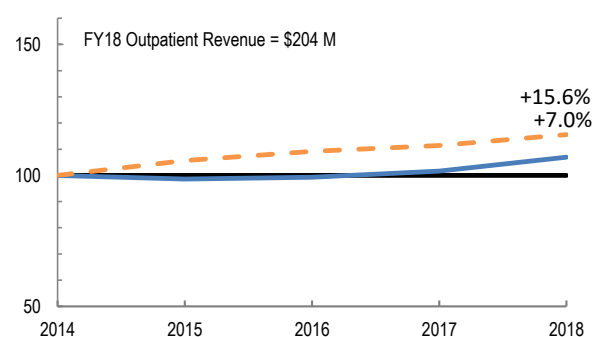
How has the volume of the hospital's outpatient visits changed compared to FY14, and how does this compare to the hospital's peer cohort median? (FY14=100)



What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY14 and FY18, and how does this compare to the hospital's peer cohort median?



How has the hospital's total outpatient revenue changed compared to FY14, and how does this compare to the hospital's peer cohort median? (FY14=100)

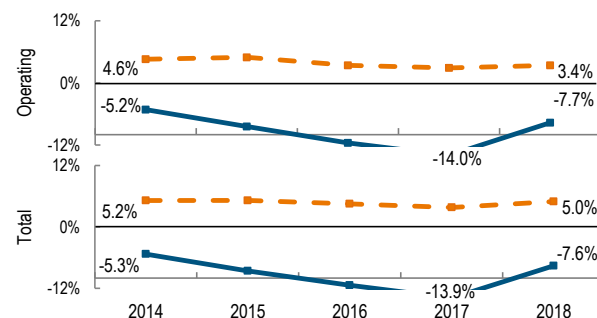


How have the hospital's total revenue and costs changed between FY14 and FY18?

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

FY	2014	2015	2016	2017	2018
Operating Revenue	\$ 416.7	\$ 419.4	\$ 419.2	\$ 413.7	\$ 422.8
Non-Operating Revenue	\$ (0.7)	\$ (0.7)	\$ 0.7	\$ 0.2	\$ 0.4
Total Revenue	\$ 416.0	\$ 418.7	\$ 419.9	\$ 413.9	\$ 423.1
Total Costs	\$ 438.2	\$ 454.6	\$ 467.9	\$ 471.7	\$ 455.3
Total Profit (Loss)	\$ (22.2)	\$ (36.0)	\$ (48.0)	\$ (57.7)	\$ (32.2)

What were the hospital's total margin and operating margins between FY14 and FY18, and how do these compare to the hospital's peer cohort medians?

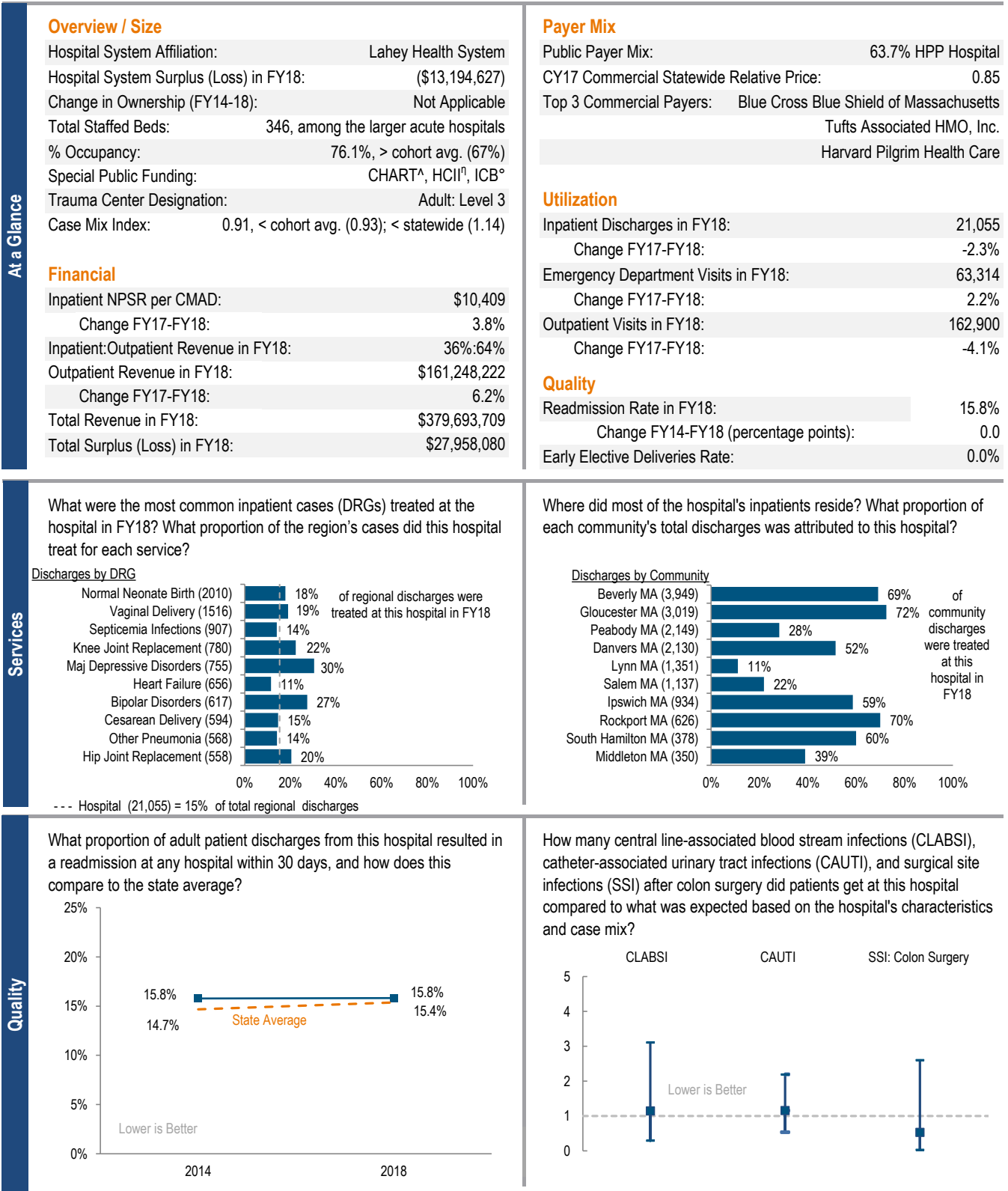


For descriptions of the metrics, please see the technical appendix.

\* 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 reported a profit in each of the last five years, including a profit of \$28.0M in FY18 and a total margin of 7.4%, higher than the 5.0% median for its peer cohort.



## 2018 HOSPITAL PROFILE: NORTHEAST HOSPITAL

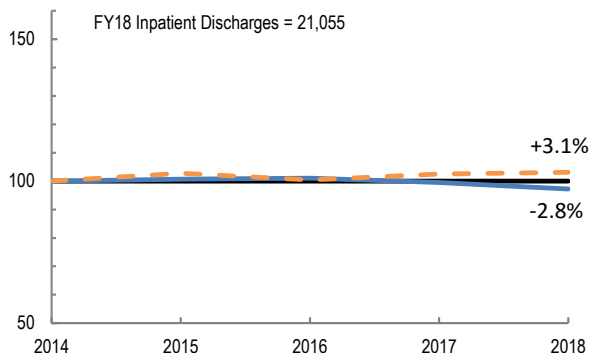
Cohort: Community-High Public Payer Hospital

Key:

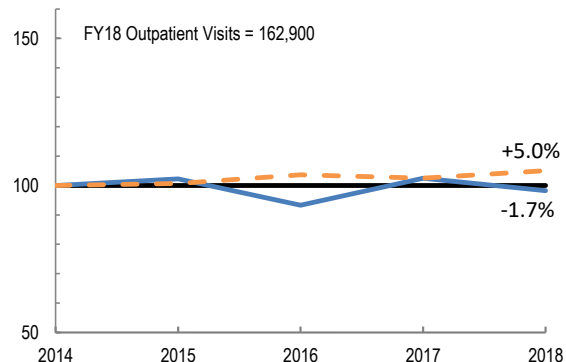


### Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY14, and how does this compare to the hospital's peer cohort median? (FY14=100)

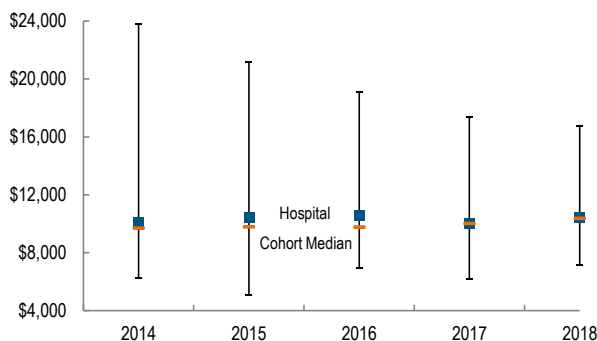


How has the volume of the hospital's outpatient visits changed compared to FY14, and how does this compare to the hospital's peer cohort median? (FY14=100)

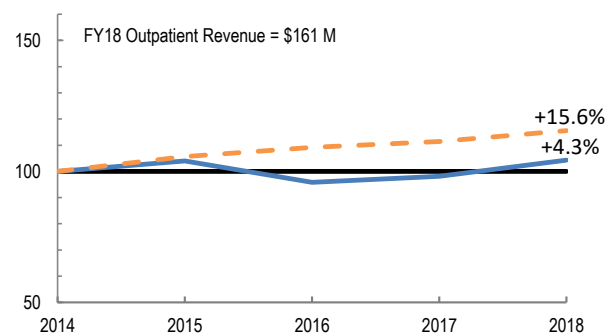


### Patient Revenue Trends

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY14 and FY18, and how does this compare to the hospital's peer cohort median?



How has the hospital's total outpatient revenue changed compared to FY14, and how does this compare to the hospital's peer cohort median? (FY14=100)



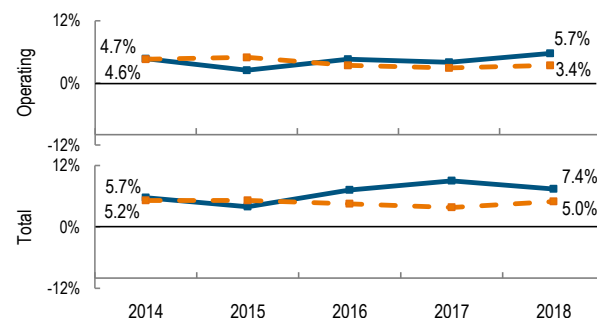
### Financial Performance

How have the hospital's total revenue and costs changed between FY14 and FY18?

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

FY	2014	2015	2016	2017	2018
<b>Operating Revenue</b>	\$ 333.0	\$ 346.3	\$ 349.5	\$ 350.2	\$ 373.4
<b>Non-Operating Revenue</b>	\$ 3.5	\$ 5.2	\$ 9.4	\$ 18.5	\$ 6.3
<b>Total Revenue</b>	\$ 336.5	\$ 351.5	\$ 358.9	\$ 368.7	\$ 379.7
<b>Total Costs</b>	\$ 317.3	\$ 337.6	\$ 333.0	\$ 335.6	\$ 351.7
<b>Total Profit (Loss)</b>	\$ 19.2	\$ 13.9	\$ 25.9	\$ 33.1	\$ 28.0

What were the hospital's total margin and operating margins between FY14 and FY18, 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).

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

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

# SIGNATURE HEALTHCARE BROCKTON HOSPITAL

## 2018 Hospital Profile

Brockton, MA

Community-High Public Payer Hospital

Metro South

Signature Healthcare Brockton Hospital is a non-profit community-High Public Payer (HPP) hospital located in the Metro South region. Between FY14 and FY18, the volume of inpatient discharges at the hospital decreased by 12.4% compared to a median increase of 3.1% at cohort hospitals. Outpatient visits increased 65.2% for the hospital between FY14 and FY18, compared to a median increase of 5.0% for its peer cohort. Signature Healthcare Brockton Hospital reported a profit each year in this time period including a profit of \$19.9M in FY18 and a total margin of 6.7%, compared to the cohort median of 5.0%.

### At a Glance

#### Overview / Size

Hospital System Affiliation:	Signature Healthcare Corporation
Hospital System Surplus (Loss) in FY18:	\$11,483,617
Change in Ownership (FY14-18):	Not Applicable
Total Staffed Beds:	216, mid-size acute hospital
% Occupancy:	59.9%, < cohort avg. (67%)
Special Public Funding:	ICB*
Trauma Center Designation:	Not Applicable
Case Mix Index:	0.93, = cohort avg. (0.93); < statewide (1.14)

#### Financial

Inpatient NPSR per CMAD:	\$12,334
Change FY17-FY18:	4.2%
Inpatient:Outpatient Revenue in FY18:	35%:65%
Outpatient Revenue in FY18:	\$131,293,262
Change FY17-FY18:	5.2%
Total Revenue in FY18:	\$297,137,271
Total Surplus (Loss) in FY18:	\$19,945,526

#### Payer Mix

Public Payer Mix:	73.7% HPP Hospital
CY17 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 FY18:	10,920
Change FY17-FY18:	-6.4%
Emergency Department Visits in FY18:	60,238
Change FY17-FY18:	-0.1%
Outpatient Visits in FY18:	174,540
Change FY17-FY18:	10.3%

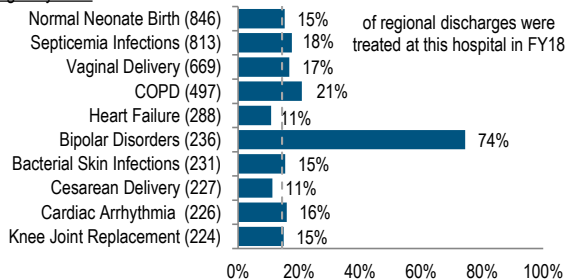
#### Quality

Readmission Rate in FY18:	15.7%
Change FY14-FY18 (percentage points):	-1.4
Early Elective Deliveries Rate:	0.0%

### Services

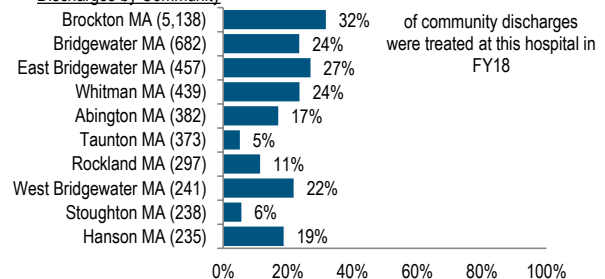
What were the most common inpatient cases (DRGs) treated at the hospital in FY18? What proportion of the region's cases did this hospital treat for each service?

#### Discharges by DRG



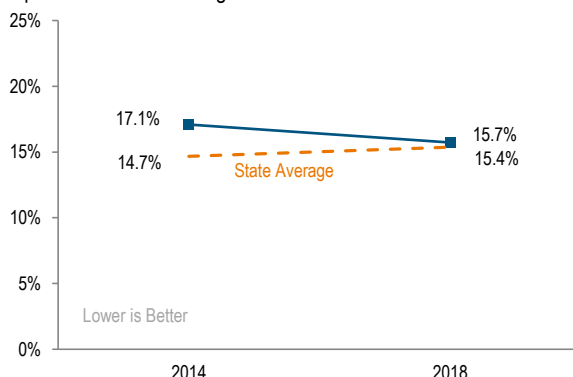
Where did most of the hospital's inpatients reside? What proportion of each community's total discharges was attributed to this hospital?

#### Discharges by Community

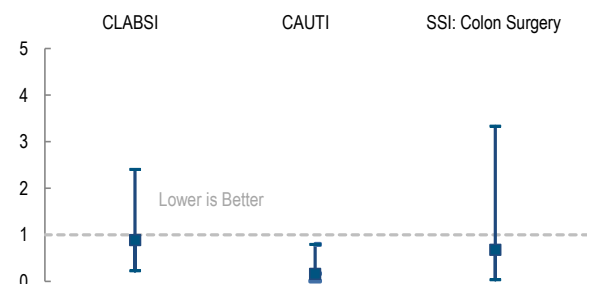


### Quality

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.

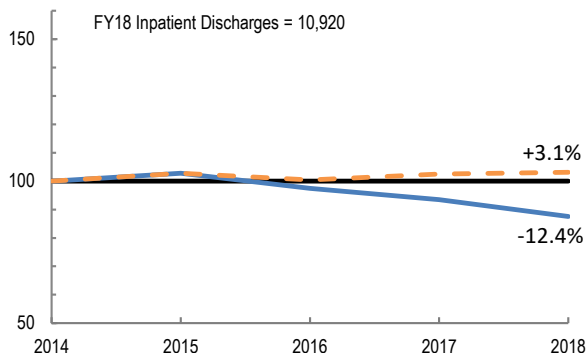
## 2018 HOSPITAL PROFILE: SIGNATURE HEALTHCARE BROCKTON HOSPITAL

Cohort: Community-High Public Payer Hospital

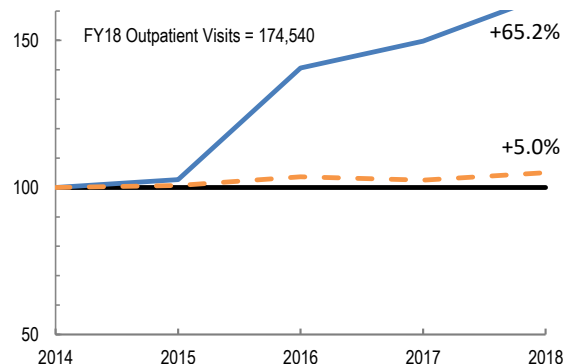
Key:  
—■ Hospital  
- - - ■ Peer Cohort

### Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY14, and how does this compare to the hospital's peer cohort median? (FY14=100)

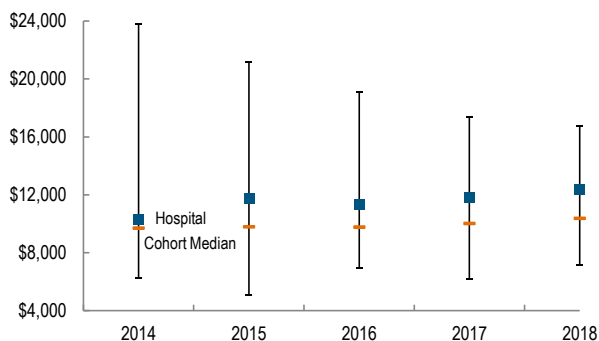


How has the volume of the hospital's outpatient visits changed compared to FY14, and how does this compare to the hospital's peer cohort median? (FY14=100)

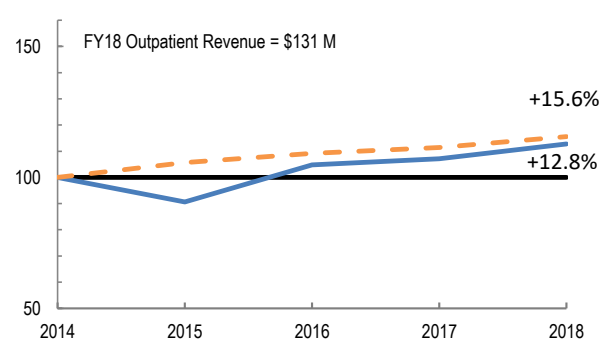


### Patient Revenue Trends

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY14 and FY18, and how does this compare to the hospital's peer cohort median?



How has the hospital's total outpatient revenue changed compared to FY14, and how does this compare to the hospital's peer cohort median? (FY14=100)



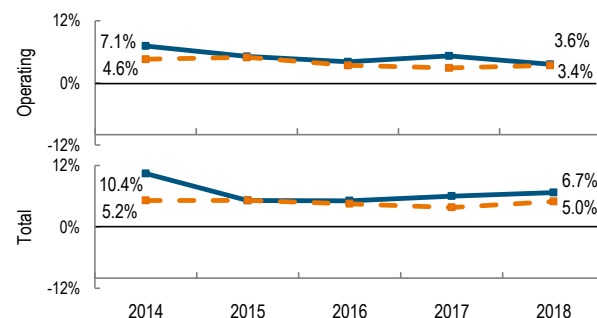
### Financial Performance

How have the hospital's total revenue and costs changed between FY14 and FY18?

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

FY	2014	2015	2016	2017	2018
<b>Operating Revenue</b>	\$ 237.7	\$ 260.0	\$ 268.0	\$ 282.9	\$ 287.9
<b>Non-Operating Revenue</b>	\$ 8.1	\$ 0.2	\$ 2.7	\$ 2.3	\$ 9.3
<b>Total Revenue</b>	\$ 245.9	\$ 260.2	\$ 270.6	\$ 285.1	\$ 297.1
<b>Total Costs</b>	\$ 220.2	\$ 246.7	\$ 256.9	\$ 268.1	\$ 277.2
<b>Total Profit (Loss)</b>	\$ 25.7	\$ 13.5	\$ 13.8	\$ 17.0	\$ 19.9

What were the hospital's total margin and operating margins between FY14 and FY18, 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).

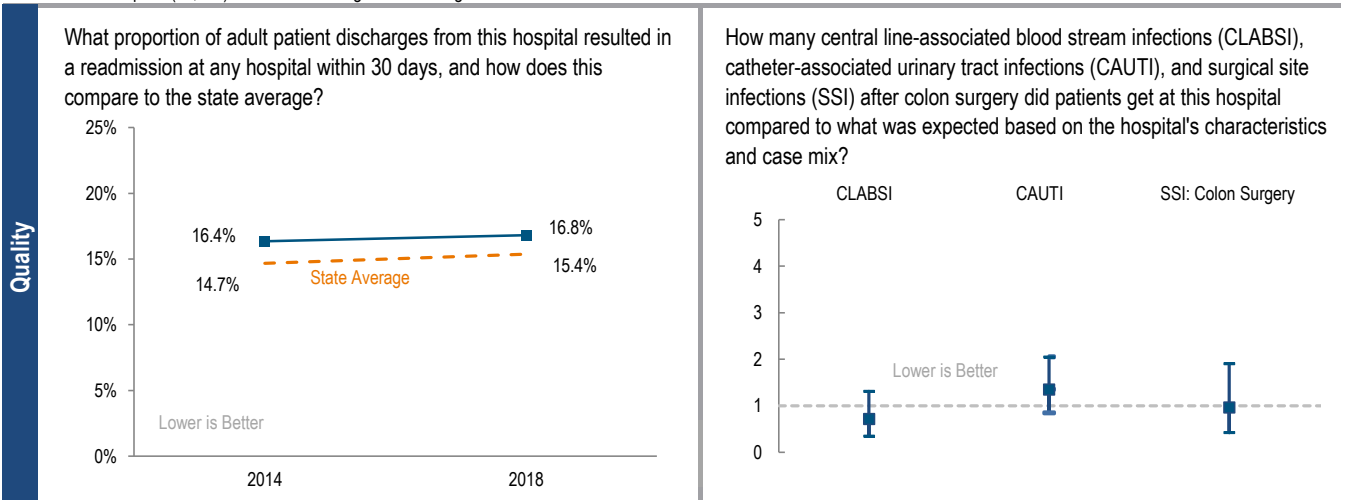
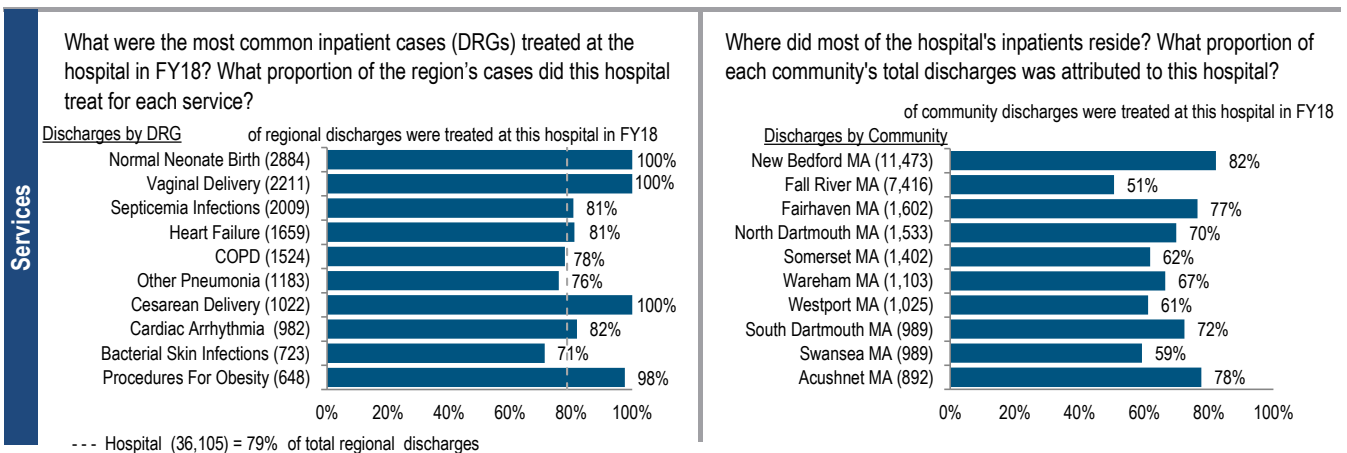
# SOUTHCOST HOSPITAL GROUP

## 2018 Hospital Profile

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

Southcoast Hospital 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. Between FY14 and FY18, the volume of inpatient discharges at the hospital decreased by 6.2% compared to a median increase of 3.1% at cohort hospitals. Outpatient visits increased by 3.0% for the hospital between FY14 and FY18, compared to a median increase of 5.0% for its peer cohort. Southcoast Hospital Group reported a profit each year in this time period including a profit of \$71.8M in FY18 and a total margin of 8.4%.

At a Glance	<b>Overview / Size</b>	
	Hospital System Affiliation:	Southcoast Health System
	Hospital System Surplus (Loss) in FY18:	\$28,579,192
	Change in Ownership (FY14-18):	Not Applicable
	Total Staffed Beds:	536, 6th largest acute hospital
	% Occupancy:	79.6%, > cohort avg. (67%)
	Special Public Funding:	CHART <sup>A</sup>
	Trauma Center Designation:	Not Applicable
	Case Mix Index:	1.04, > cohort avg. (0.93); < statewide (1.14)
	<b>Financial</b>	
	Inpatient NPSR per CMAD:	\$9,293
	Change FY17-FY18:	1.2%
	Inpatient:Outpatient Revenue in FY18:	39%:61%
	Outpatient Revenue in FY18:	\$422,810,441
	Change FY17-FY18:	7.3%
	Total Revenue in FY18:	\$849,211,983
	Total Surplus (Loss) in FY18:	\$71,755,273
	<b>Payer Mix</b>	
	Public Payer Mix:	75.4% HPP Hospital
	CY17 Commercial Statewide Relative Price:	0.87
	Top 3 Commercial Payers:	Blue Cross Blue Shield of Massachusetts Harvard Pilgrim Health Care Tufts Associated HMO, Inc.
	<b>Utilization</b>	
	Inpatient Discharges in FY18:	36,105
	Change FY17-FY18:	-4.4%
	Emergency Department Visits in FY18:	166,161
	Change FY17-FY18:	0.4%
	Outpatient Visits in FY18:	923,116
	Change FY17-FY18:	0.9%
	<b>Quality</b>	
	Readmission Rate in FY18:	16.8%
	Change FY14-FY18 (percentage points):	0.5
	Early Elective Deliveries Rate:	Not Available



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

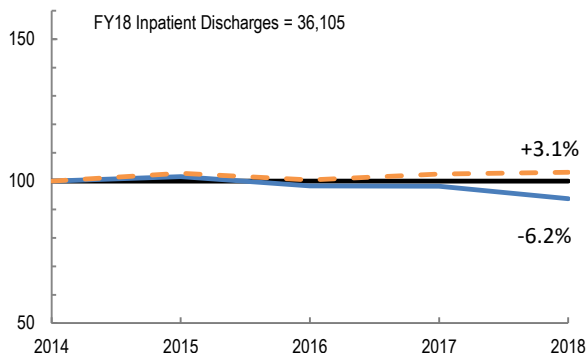
# 2018 HOSPITAL PROFILE: SOUTHCOAST HOSPITAL GROUP

Cohort: Community-High Public Payer Hospital

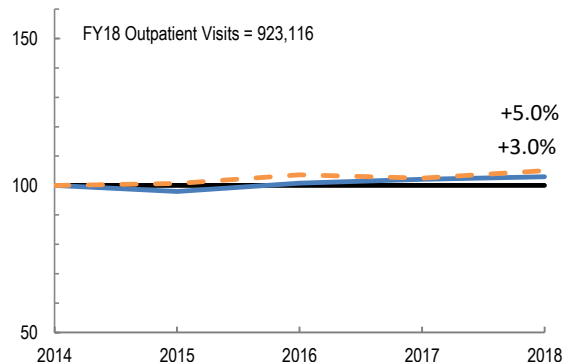
Key:  
—■— Hospital  
- - - ■ - - - Peer Cohort

## Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY14, and how does this compare to the hospital's peer cohort median? (FY14=100)

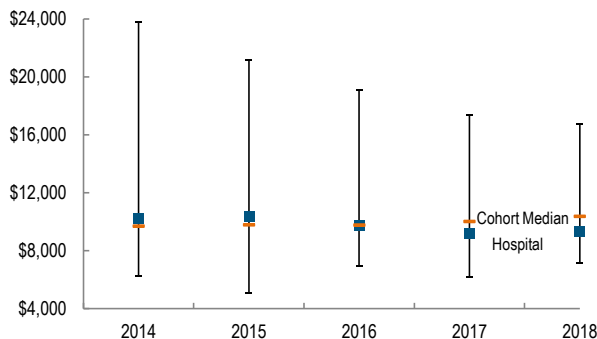


How has the volume of the hospital's outpatient visits changed compared to FY14, and how does this compare to the hospital's peer cohort median? (FY14=100)

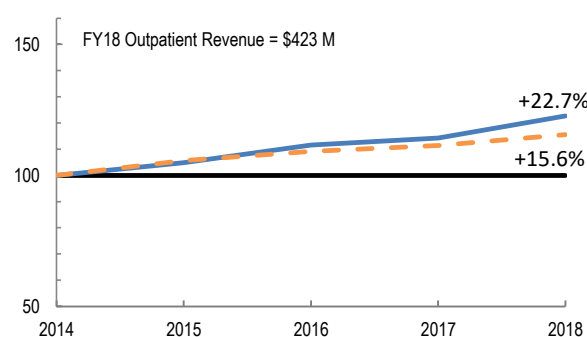


## Patient Revenue Trends

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY14 and FY18, and how does this compare to the hospital's peer cohort median?



How has the hospital's total outpatient revenue changed compared to FY14, and how does this compare to the hospital's peer cohort median? (FY14=100)



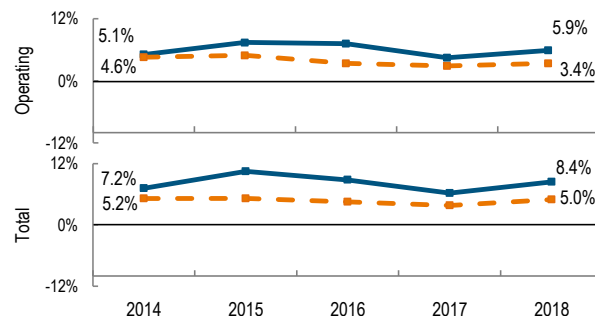
## Financial Performance

How have the hospital's total revenue and costs changed between FY14 and FY18?

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

FY	2014	2015	2016	2017	2018
<b>Operating Revenue</b>	\$ 730.2	\$ 807.5	\$ 815.8	\$ 810.2	\$ 827.9
<b>Non-Operating Revenue</b>	\$ 15.4	\$ 25.4	\$ 13.8	\$ 13.9	\$ 21.3
<b>Total Revenue</b>	\$ 745.7	\$ 832.8	\$ 829.6	\$ 824.1	\$ 849.2
<b>Total Costs</b>	\$ 692.1	\$ 745.7	\$ 756.4	\$ 772.7	\$ 777.5
<b>Total Profit (Loss)</b>	\$ 53.6	\$ 87.2	\$ 73.2	\$ 51.4	\$ 71.8

What were the hospital's total margin and operating margins between FY14 and FY18, and how do these compare to the hospital's peer cohort medians?



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

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

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

# STEWARD GOOD SAMARITAN MEDICAL CENTER

## 2018 Hospital Profile

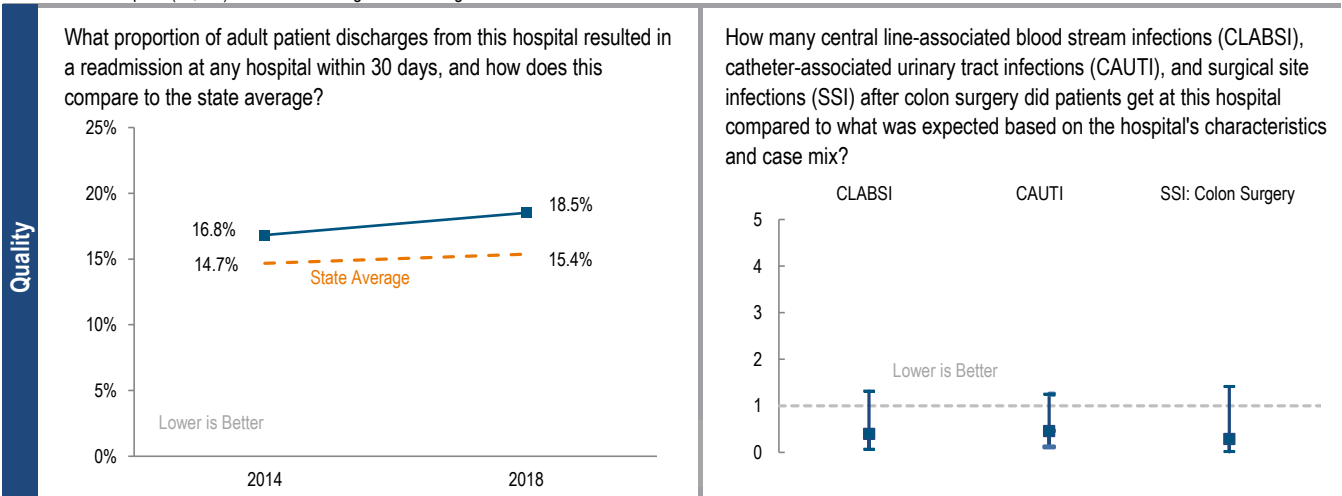
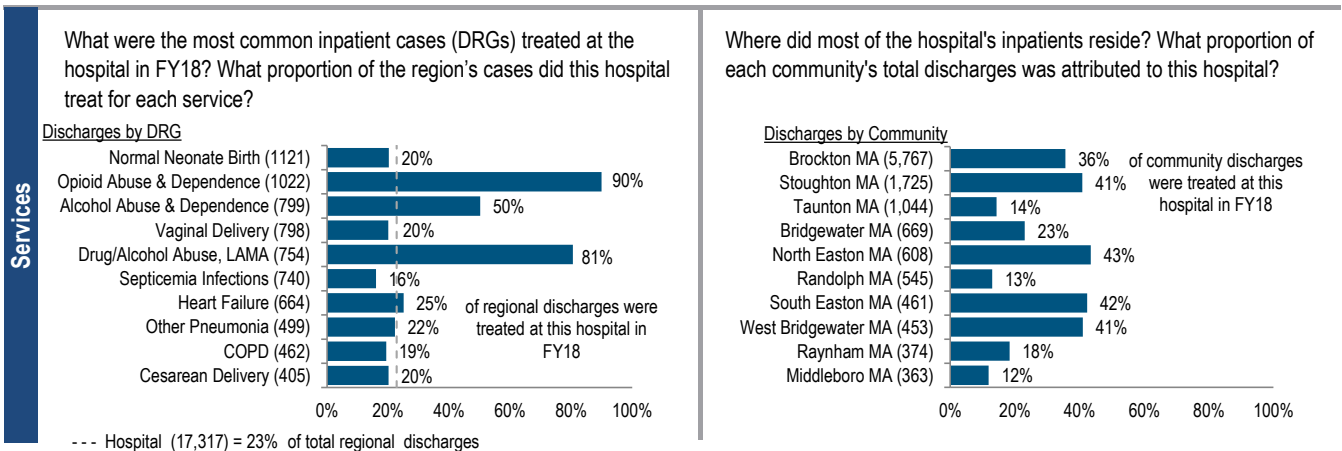
Brockton, MA

Community-High Public Payer Hospital

Metro South

Steward Good Samaritan Medical Center is a large, for-profit community-High Public Payer (HPP) hospital located in the Metro South region. It is a member of Steward Health Care. Outpatient visits increased by 3.4% for the hospital between FY14 and FY18, compared to a median increase of 5.0% for its peer cohort. Outpatient revenue increased 23.0% for the hospital between FY14 and FY18, compared to a median increase of 15.6% for its peer cohort. Steward Good Samaritan reported a profit in each of the five years in this period, including its largest profit at \$38.1M and its largest total margin of 12.7% in FY18.

At a Glance	<b>Overview / Size</b>	
	Hospital System Affiliation:	Steward Health Care
	Hospital System Surplus (Loss) in FY18:	(\$271,104,000)
	Change in Ownership (FY14-18):	Not Applicable
	Total Staffed Beds:	249, among the larger acute hospitals
	% Occupancy:	84.2%, > cohort avg. (67%)
	Special Public Funding:	ICB*
	Trauma Center Designation:	Adult: Level 3
	Case Mix Index:	0.90, < cohort avg. (0.93); < statewide (1.14)
	<b>Financial</b>	
	Inpatient NPSR per CMAD:	\$10,539
	Change FY17-FY18:	3.6%
	Inpatient:Outpatient Revenue in FY18:	47%:53%
	Outpatient Revenue in FY18:	\$125,303,667
	Change FY17-FY18:	5.6%
	Total Revenue in FY18:	\$299,344,336
	Total Surplus (Loss) in FY18:	\$38,134,085
	<b>Payer Mix</b>	
	Public Payer Mix:	70.4% HPP Hospital
	CY17 Commercial Statewide Relative Price:	0.92
	Top 3 Commercial Payers:	Blue Cross Blue Shield of Massachusetts Harvard Pilgrim Health Care Tufts Associated HMO, Inc.
	<b>Utilization</b>	
	Inpatient Discharges in FY18:	17,317
	Change FY17-FY18:	4.5%
	Emergency Department Visits in FY18:	65,879
	Change FY17-FY18:	2.4%
	Outpatient Visits in FY18:	78,389
	Change FY17-FY18:	2.4%
	<b>Quality</b>	
	Readmission Rate in FY18:	18.5%
	Change FY14-FY18 (percentage points):	1.7
	Early Elective Deliveries Rate:	0.0%



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

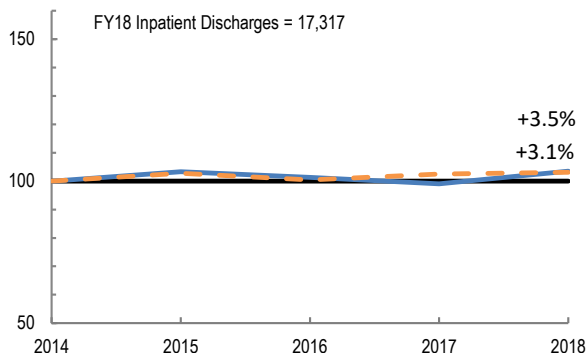
# 2018 HOSPITAL PROFILE: STEWARD GOOD SAMARITAN MEDICAL CENTER

Cohort: Community-High Public Payer Hospital

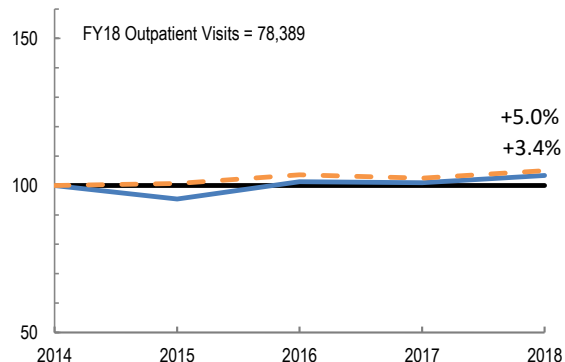
Key:  
—■ Hospital  
- - - ■ Peer Cohort

## Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY14, and how does this compare to the hospital's peer cohort median? (FY14=100)

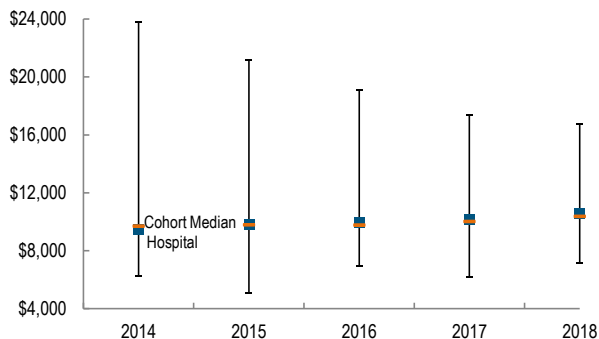


How has the volume of the hospital's outpatient visits changed compared to FY14, and how does this compare to the hospital's peer cohort median? (FY14=100)

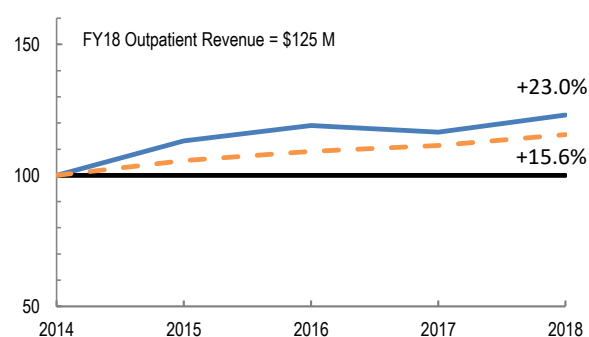


## Patient Revenue Trends

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY14 and FY18, and how does this compare to the hospital's peer cohort median?



How has the hospital's total outpatient revenue changed compared to FY14, and how does this compare to the hospital's peer cohort median? (FY14=100)



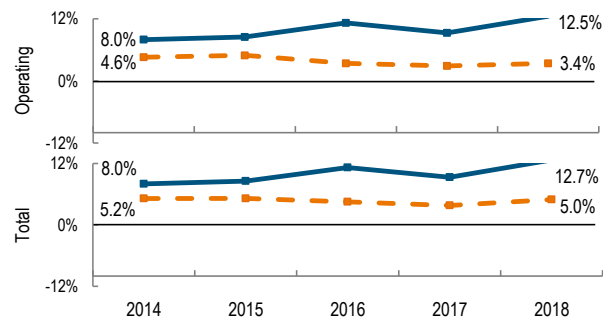
## Financial Performance

How have the hospital's total revenue and costs changed between FY14 and FY18?

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

FY	2014	2015	2016	2017	2018
<b>Operating Revenue</b>	\$ 246.9	\$ 260.6	\$ 273.7	\$ 276.4	\$ 298.7
<b>Non-Operating Revenue</b>	\$ 0.1	\$ 0.2	\$ 0.2	\$ 0.2	\$ 0.6
<b>Total Revenue</b>	\$ 247.0	\$ 260.8	\$ 273.9	\$ 276.6	\$ 299.3
<b>Total Costs</b>	\$ 227.2	\$ 238.4	\$ 243.1	\$ 250.8	\$ 261.2
<b>Total Profit (Loss)</b>	\$ 19.8	\$ 22.4	\$ 30.8	\$ 25.8	\$ 38.1

What were the hospital's total margin and operating margins between FY14 and FY18, 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

## 2018 Hospital Profile

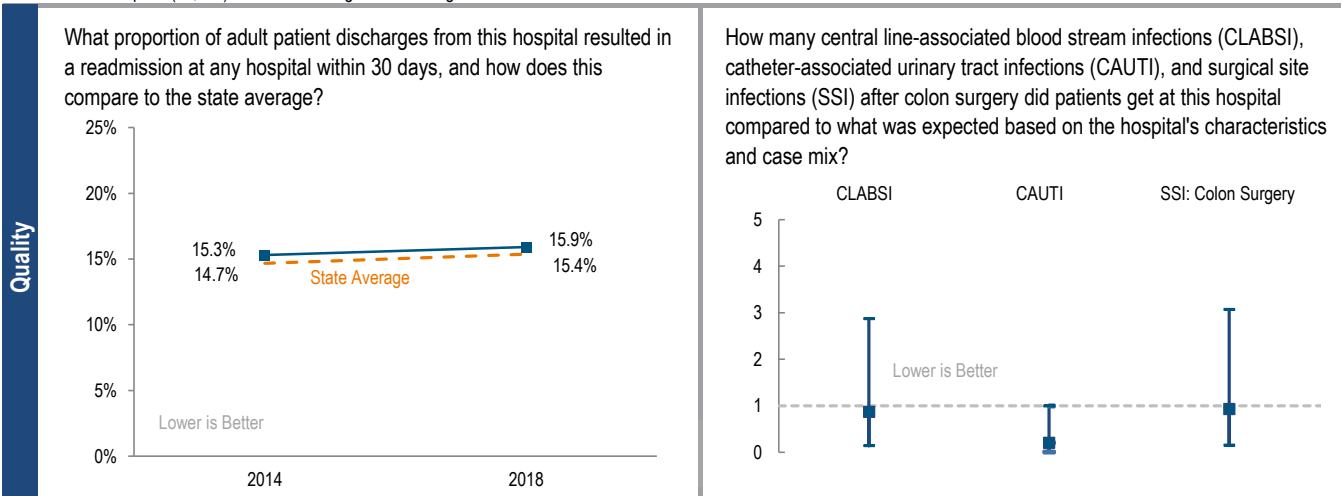
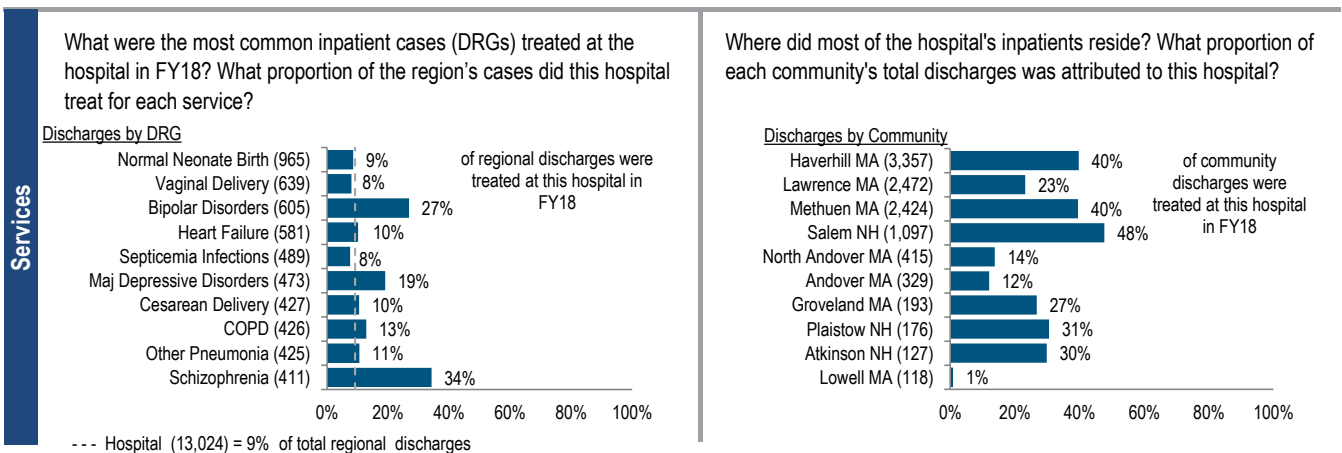
Methuen, MA

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. Between FY14 and FY18, the volume of inpatient discharges at the hospital increased by 24.0% compared to a median increase of 3.1% at cohort hospitals. Steward Holy Family Hospital reported a profit each year in this time period including a profit of \$16.3M in FY18.

At a Glance	<b>Overview / Size</b>	
	Hospital System Affiliation:	Steward Health Care
	Hospital System Surplus (Loss) in FY18:	(\$271,104,000)
	Change in Ownership (FY14-18):	Merged with Merrimack - 2014
	Total Staffed Beds:	194, mid-size acute hospital
	% Occupancy:	91.9%, > cohort avg. (67%)
	Special Public Funding:	ICB*
	Trauma Center Designation:	Not Applicable
	Case Mix Index:	0.91, < cohort avg. (0.93); < statewide (1.14)
	<b>Financial</b>	
	Inpatient NPSR per CMAD:	\$10,555
	Change FY17-FY18:	7.0%
	Inpatient:Outpatient Revenue in FY18:	42%:58%
	Outpatient Revenue in FY18:	\$117,465,976
	Change FY17-FY18:	6.8%
	Total Revenue in FY18:	\$250,251,355
	Total Surplus (Loss) in FY18:	\$16,340,683
	<b>Payer Mix</b>	
	Public Payer Mix:	69.9% HPP Hospital
	CY17 Commercial Statewide Relative Price:	0.87
	Top 3 Commercial Payers:	Blue Cross Blue Shield of Massachusetts Tufts Associated HMO, Inc. Harvard Pilgrim Health Care
	<b>Utilization</b>	
	Inpatient Discharges in FY18:	13,024
	Change FY17-FY18:	-3.0%
	Emergency Department Visits in FY18:	77,279
	Change FY17-FY18:	2.5%
	Outpatient Visits in FY18:	129,698
	Change FY17-FY18:	-0.2%
	<b>Quality</b>	
	Readmission Rate in FY18:	15.9%
	Change FY14-FY18 (percentage points):	0.6
	Early Elective Deliveries Rate:	2.2%



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

## 2018 HOSPITAL PROFILE: STEWARD HOLY FAMILY HOSPITAL

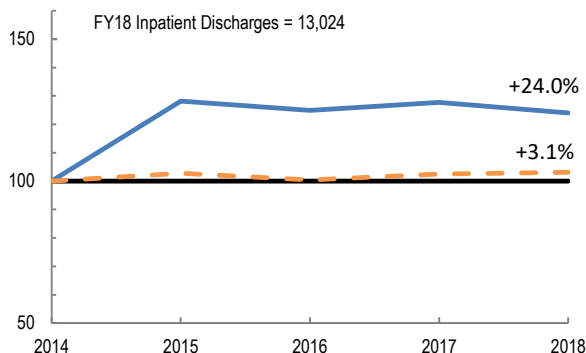
Cohort: Community-High Public Payer Hospital

Key:

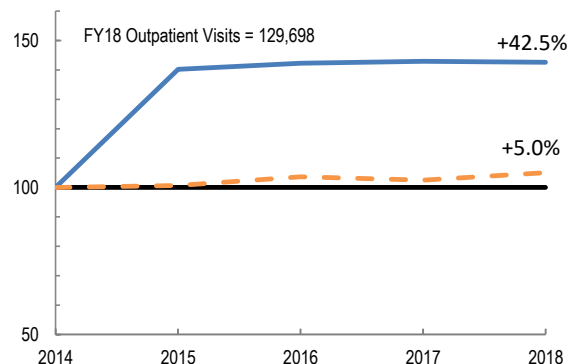


### Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY14, and how does this compare to the hospital's peer cohort median? (FY14=100)

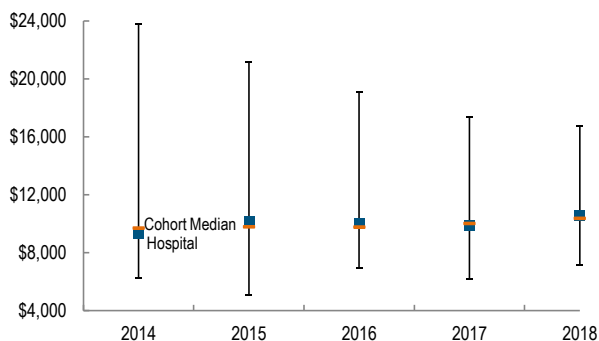


How has the volume of the hospital's outpatient visits changed compared to FY14, and how does this compare to the hospital's peer cohort median? (FY14=100)

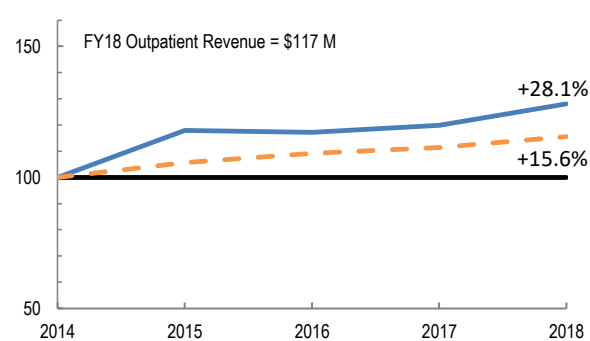


### Patient Revenue Trends

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY14 and FY18, and how does this compare to the hospital's peer cohort median?



How has the hospital's total outpatient revenue changed compared to FY14, and how does this compare to the hospital's peer cohort median? (FY14=100)



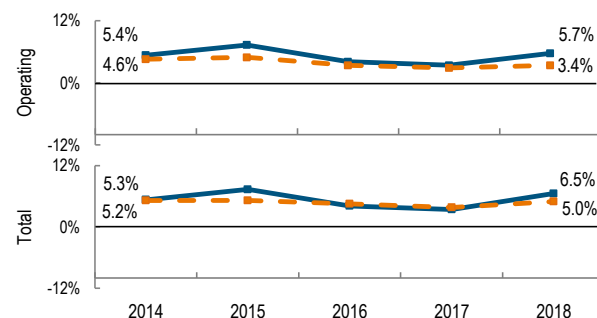
### Financial Performance

How have the hospital's total revenue and costs changed between FY14 and FY18?

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

FY	2014	2015	2016	2017	2018
<b>Operating Revenue</b>	\$ 202.0	\$ 234.9	\$ 232.8	\$ 236.7	\$ 248.2
<b>Non-Operating Revenue</b>	\$ (0.1)	\$ 0.0	\$ 0.0	\$ 0.0	\$ 2.1
<b>Total Revenue</b>	\$ 201.9	\$ 234.9	\$ 232.9	\$ 236.7	\$ 250.3
<b>Total Costs</b>	\$ 191.2	\$ 217.7	\$ 223.2	\$ 228.7	\$ 233.9
<b>Total Profit (Loss)</b>	\$ 10.7	\$ 17.2	\$ 9.6	\$ 8.0	\$ 16.3

What were the hospital's total margin and operating margins between FY14 and FY18, 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

## 2018 Hospital Profile

Norwood, MA

Community-High Public Payer Hospital

Metro West

Steward Norwood Hospital is a mid-size, for-profit community-High Public Payer (HPP) hospital located in the Metro West region. Steward Norwood Hospital is a member of Steward Health Care. Between FY14 and FY18, the volume of inpatient discharges at the hospital decreased by 7.4% compared to a median increase of 3.1% at cohort hospitals. Outpatient visits increased 18.4% for the hospital between FY14 and FY18, compared to a median increase of 5.0% for its peer cohort. Steward Norwood Hospital reported a profit each year in this time period including a profit of \$11.2M in FY18 and a total margin of 5.7%.

### At a Glance

#### Overview / Size

Hospital System Affiliation:	Steward Health Care
Hospital System Surplus (Loss) in FY18:	(\$271,104,000)
Change in Ownership (FY14-18):	Not Applicable
Total Staffed Beds:	192, mid-size acute hospital
% Occupancy:	78.0%, > cohort avg. (67%)
Special Public Funding:	ICB*
Trauma Center Designation:	Not Applicable
Case Mix Index:	0.94, > cohort avg. (0.93); < statewide (1.14)

#### Financial

Inpatient NPSR per CMAD:	\$10,315
Change FY17-FY18:	2.9%
Inpatient:Outpatient Revenue in FY18:	40%:60%
Outpatient Revenue in FY18:	\$87,305,164
Change FY17-FY18:	1.9%
Total Revenue in FY18:	\$194,653,908
Total Surplus (Loss) in FY18:	\$11,185,551

#### Payer Mix

Public Payer Mix:	64.4% HPP Hospital
CY17 Commercial Statewide Relative Price:	0.92
Top 3 Commercial Payers:	Blue Cross Blue Shield of Massachusetts Harvard Pilgrim Health Care Tufts Associated HMO, Inc.

#### Utilization

Inpatient Discharges in FY18:	10,481
Change FY17-FY18:	-3.1%
Emergency Department Visits in FY18:	40,446
Change FY17-FY18:	-3.1%
Outpatient Visits in FY18:	66,408
Change FY17-FY18:	9.3%

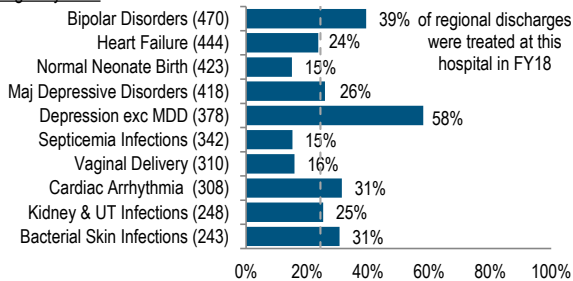
#### Quality

Readmission Rate in FY18:	16.5%
Change FY14-FY18 (percentage points):	2.3
Early Elective Deliveries Rate:	0.0%

### Services

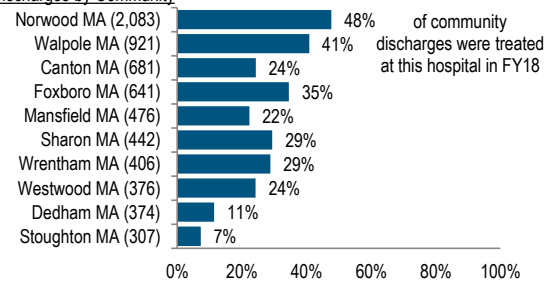
What were the most common inpatient cases (DRGs) treated at the hospital in FY18? What proportion of the region's cases did this hospital treat for each service?

#### Discharges by DRG



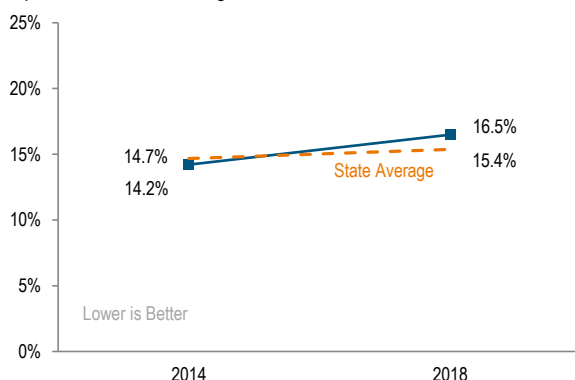
Where did most of the hospital's inpatients reside? What proportion of each community's total discharges was attributed to this hospital?

#### Discharges by Community

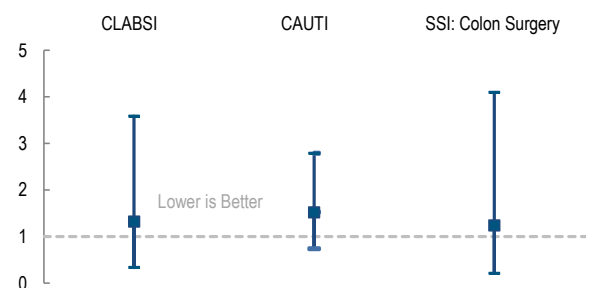


### Quality

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.

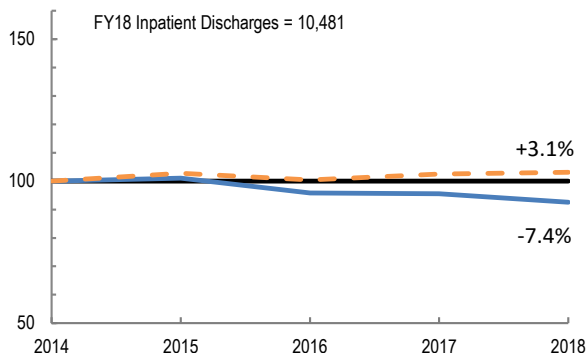
## 2018 HOSPITAL PROFILE: STEWARD NORWOOD HOSPITAL

Cohort: Community-High Public Payer Hospital

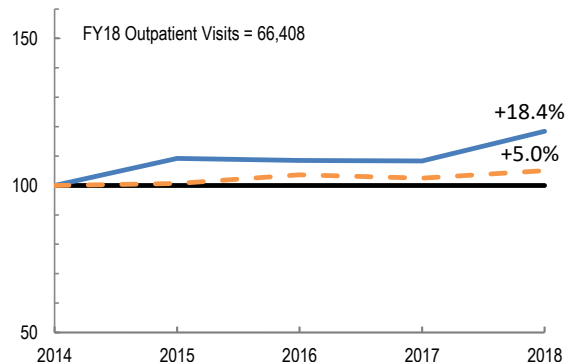
Key:  
—■ Hospital  
- - - ■ Peer Cohort

### Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY14, and how does this compare to the hospital's peer cohort median? (FY14=100)

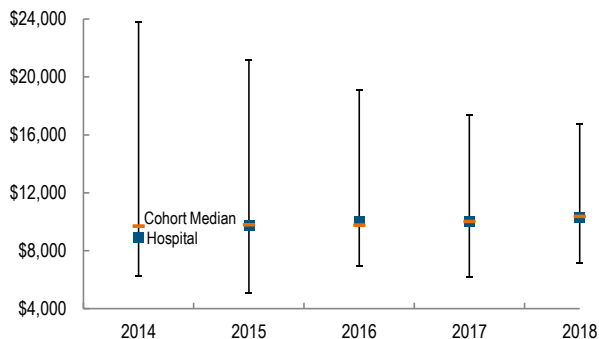


How has the volume of the hospital's outpatient visits changed compared to FY14, and how does this compare to the hospital's peer cohort median? (FY14=100)

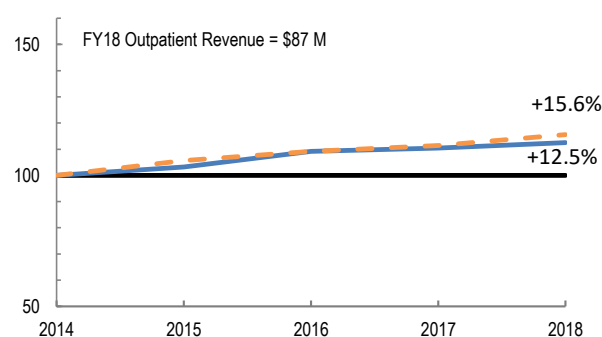


### Patient Revenue Trends

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY14 and FY18, and how does this compare to the hospital's peer cohort median?



How has the hospital's total outpatient revenue changed compared to FY14, and how does this compare to the hospital's peer cohort median? (FY14=100)



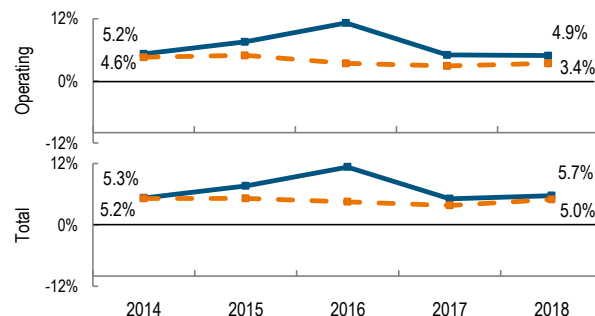
### Financial Performance

How have the hospital's total revenue and costs changed between FY14 and FY18?

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

FY	2014	2015	2016	2017	2018
<b>Operating Revenue</b>	\$ 173.8	\$ 181.4	\$ 189.0	\$ 189.8	\$ 192.9
<b>Non-Operating Revenue</b>	\$ 0.1	\$ 0.1	\$ 0.1	\$ 0.1	\$ 1.7
<b>Total Revenue</b>	\$ 173.9	\$ 181.4	\$ 189.1	\$ 189.9	\$ 194.7
<b>Total Costs</b>	\$ 164.7	\$ 167.6	\$ 167.9	\$ 180.3	\$ 183.5
<b>Total Profit (Loss)</b>	\$ 9.2	\$ 13.8	\$ 21.3	\$ 9.6	\$ 11.2

What were the hospital's total margin and operating margins between FY14 and FY18, 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

## 2018 Hospital Profile

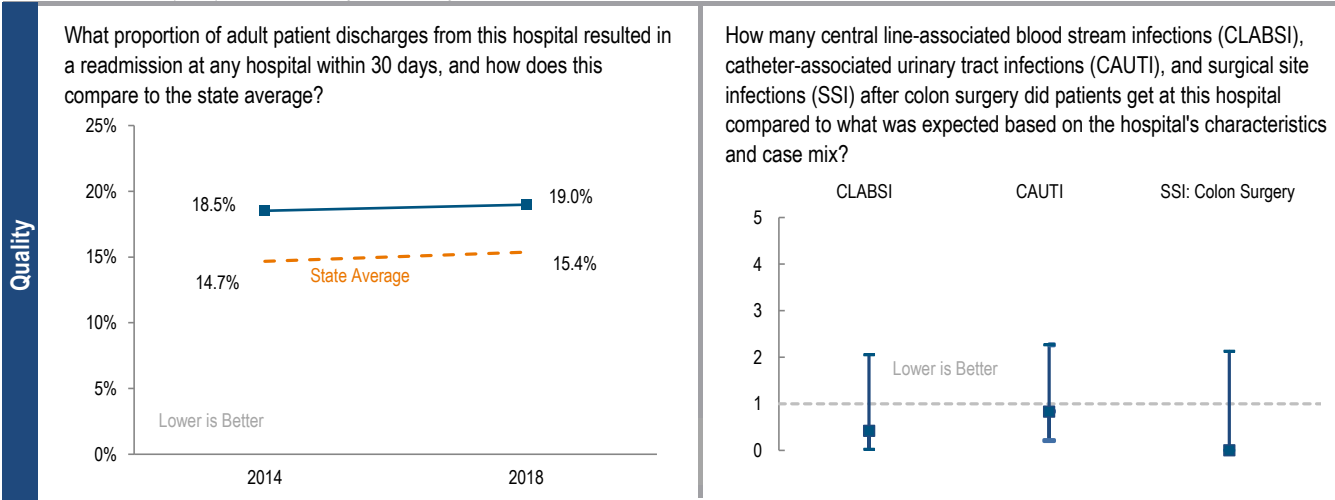
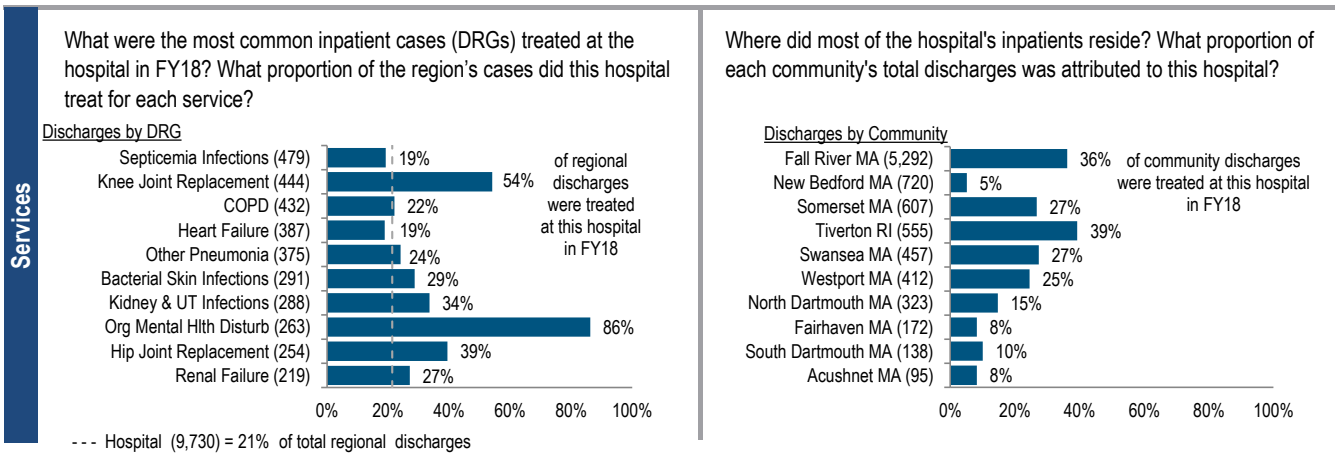
Fall River, MA

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. Between FY14 and FY18, the volume of inpatient discharges at the hospital increased by 30.6% compared to a median increase of 3.1% at cohort hospitals. Outpatient visits increased by 5.5% for the hospital between FY14 and FY18, compared to a median increase of 5.0% for its peer cohort. Steward Saint Anne's Hospital reported a profit each year in this time period including a profit of \$35.6M in FY18 and a total margin of 12.9% compared to its peer cohort median total margin of 5.0%.

At a Glance	<b>Overview / Size</b>	
	Hospital System Affiliation:	Steward Health Care
	Hospital System Surplus (Loss) in FY18:	(\$271,104,000)
	Change in Ownership (FY14-18):	Not Applicable
	Total Staffed Beds:	183, mid-size acute hospital
	% Occupancy:	72.2%, > cohort avg. (67%)
	Special Public Funding:	ICB*
	Trauma Center Designation:	Not Applicable
	Case Mix Index:	1.04, > cohort avg. (0.93); < statewide (1.14)
	<b>Financial</b>	
	Inpatient NPSR per CMAD:	\$10,063
	Change FY17-FY18:	6.9%
	Inpatient:Outpatient Revenue in FY18:	29%:71%
	Outpatient Revenue in FY18:	\$168,304,382
	Change FY17-FY18:	5.3%
	Total Revenue in FY18:	\$276,918,438
	Total Surplus (Loss) in FY18:	\$35,633,102
	<b>Payer Mix</b>	
	Public Payer Mix:	70.3% HPP Hospital
	CY17 Commercial Statewide Relative Price:	0.96
	Top 3 Commercial Payers:	Blue Cross Blue Shield of Massachusetts Harvard Pilgrim Health Care Tufts Associated HMO, Inc.
	<b>Utilization</b>	
	Inpatient Discharges in FY18:	9,730
	Change FY17-FY18:	-2.5%
	Emergency Department Visits in FY18:	49,025
	Change FY17-FY18:	-5.1%
	Outpatient Visits in FY18:	182,217
	Change FY17-FY18:	-5.1%
	<b>Quality</b>	
	Readmission Rate in FY18:	19.0%
	Change FY14-FY18 (percentage points):	0.5
	Early Elective Deliveries Rate:	Not Available



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

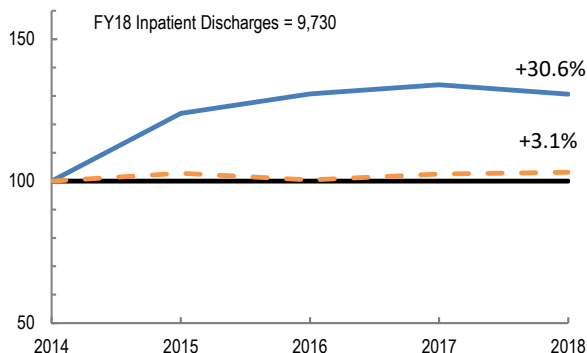
# 2018 HOSPITAL PROFILE: STEWARD SAINT ANNE'S HOSPITAL

Cohort: Community-High Public Payer Hospital

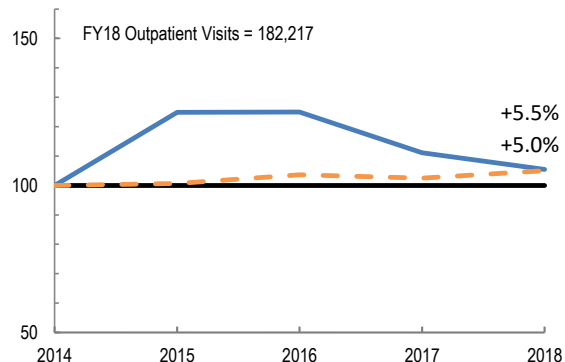
Key:  
—■ Hospital  
- - - ■ Peer Cohort

## Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY14, and how does this compare to the hospital's peer cohort median? (FY14=100)

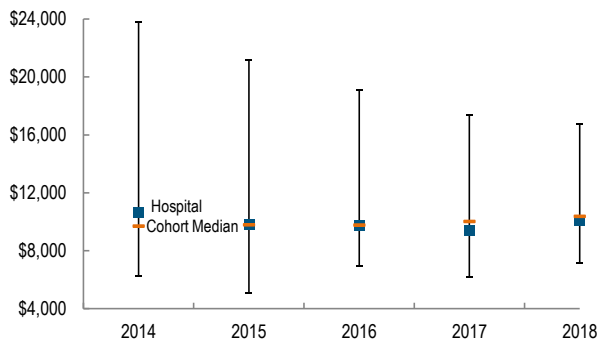


How has the volume of the hospital's outpatient visits changed compared to FY14, and how does this compare to the hospital's peer cohort median? (FY14=100)

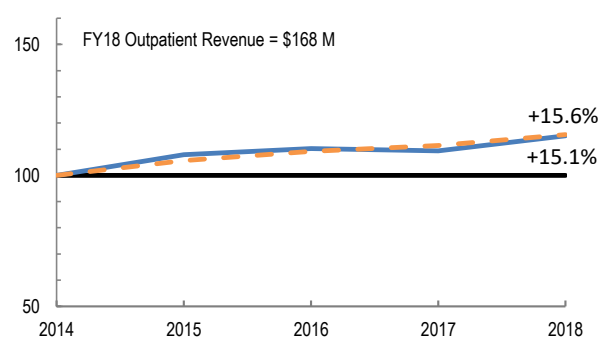


## Patient Revenue Trends

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY14 and FY18, and how does this compare to the hospital's peer cohort median?



How has the hospital's total outpatient revenue changed compared to FY14, and how does this compare to the hospital's peer cohort median? (FY14=100)



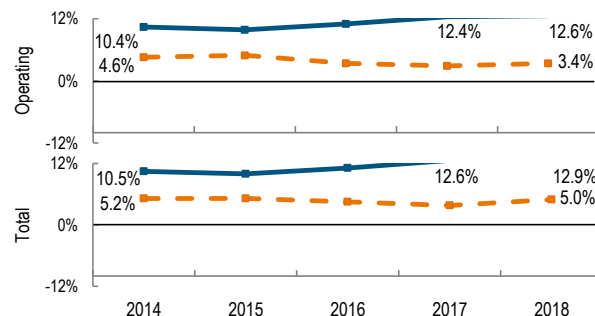
## Financial Performance

How have the hospital's total revenue and costs changed between FY14 and FY18?

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

FY	2014	2015	2016	2017	2018
<b>Operating Revenue</b>	\$ 234.2	\$ 253.0	\$ 264.5	\$ 264.0	\$ 276.2
<b>Non-Operating Revenue</b>	\$ 0.1	\$ 0.3	\$ 0.2	\$ 0.3	\$ 0.7
<b>Total Revenue</b>	\$ 234.3	\$ 253.2	\$ 264.7	\$ 264.4	\$ 276.9
<b>Total Costs</b>	\$ 209.8	\$ 228.0	\$ 235.3	\$ 231.2	\$ 241.3
<b>Total Profit (Loss)</b>	\$ 24.6	\$ 25.3	\$ 29.4	\$ 33.2	\$ 35.6

What were the hospital's total margin and operating margins between FY14 and FY18, 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

## 2018 Hospital Profile

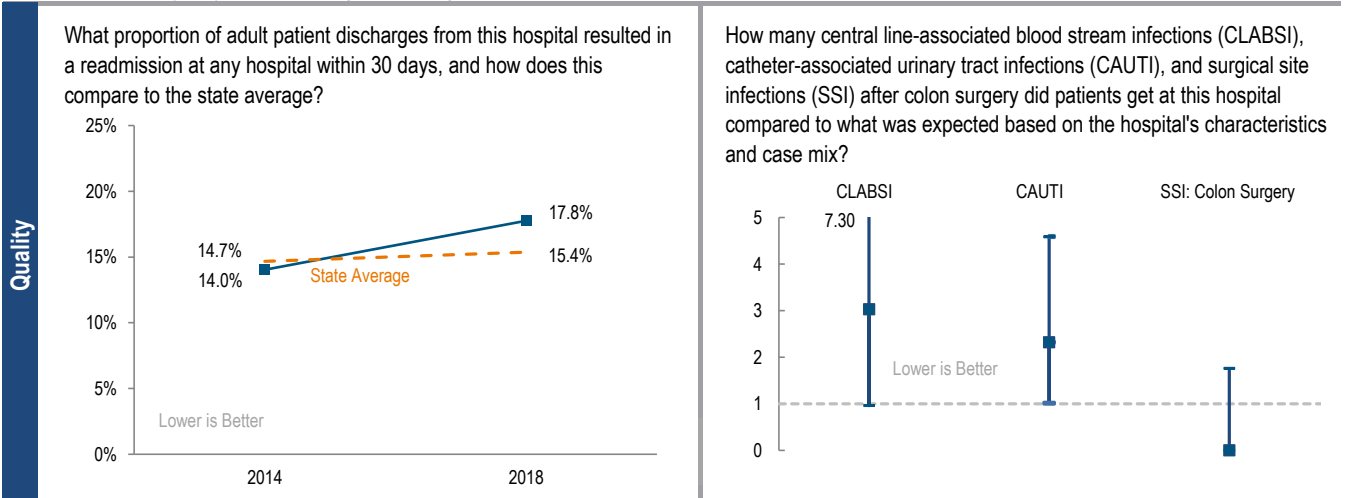
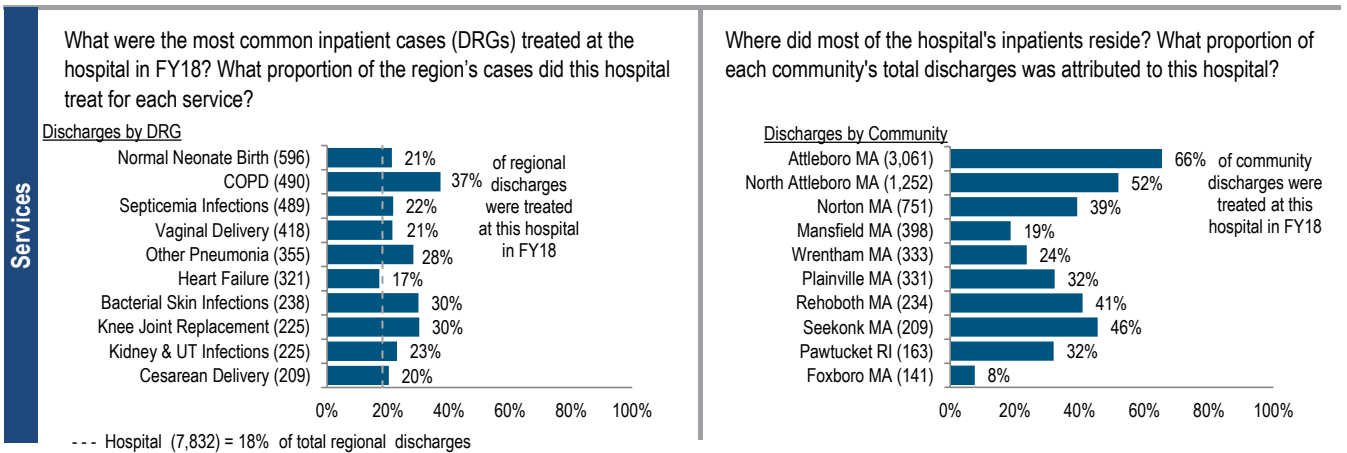
Attleboro, MA

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. Between FY14 and FY18, the volume of inpatient discharges at the hospital increased by 17.4% compared to a median increase of 3.1% at cohort hospitals. Outpatient visits increased by 0.2% for the hospital between FY14 and FY18, compared to a median increase of 5.0% for its peer cohort. Sturdy Memorial Hospital reported a profit each year in this time period including a profit of \$23.3M in FY18 and a total margin of 11.5% compared to its peer cohort median total margin of 5.0%.

At a Glance	<b>Overview / Size</b>	
	Hospital System Affiliation:	Sturdy Memorial Foundation
	Hospital System Surplus (Loss) in FY18:	\$18,224,876
	Change in Ownership (FY14-18):	Not Applicable
	Total Staffed Beds:	153, mid-size acute hospital
	% Occupancy:	59.1%, < cohort avg. (67%)
	Special Public Funding:	Not Applicable
	Trauma Center Designation:	Not Applicable
	Case Mix Index:	0.83, < cohort avg. (0.93); < statewide (1.14)
	<b>Financial</b>	
	Inpatient NPSR per CMAD:	\$9,124
	Change FY17-FY18:	4.1%
	Inpatient:Outpatient Revenue in FY18:	29%:71%
	Outpatient Revenue in FY18:	\$126,483,247
	Change FY17-FY18:	6.5%
	Total Revenue in FY18:	\$202,392,767
	Total Surplus (Loss) in FY18:	\$23,316,996
	<b>Payer Mix</b>	
	Public Payer Mix:	64.9% HPP Hospital
	CY17 Commercial Statewide Relative Price:	1.02
	Top 3 Commercial Payers:	Blue Cross Blue Shield of Massachusetts Tufts Associated HMO, Inc. Harvard Pilgrim Health Care
	<b>Utilization</b>	
	Inpatient Discharges in FY18:	7,832
	Change FY17-FY18:	5.1%
	Emergency Department Visits in FY18:	50,428
	Change FY17-FY18:	4.9%
	Outpatient Visits in FY18:	114,445
	Change FY17-FY18:	1.1%
	<b>Quality</b>	
	Readmission Rate in FY18:	17.8%
	Change FY14-FY18 (percentage points):	3.7
	Early Elective Deliveries Rate:	0.0%



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

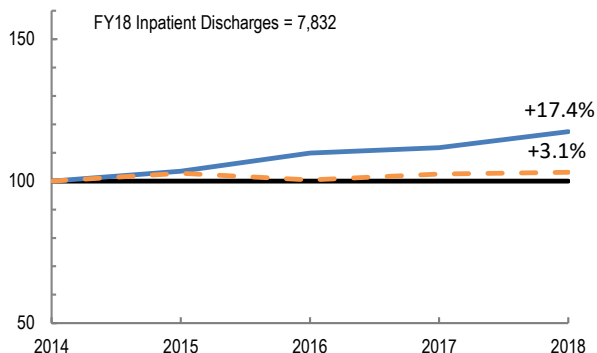
# 2018 HOSPITAL PROFILE: STURDY MEMORIAL HOSPITAL

Cohort: Community-High Public Payer Hospital

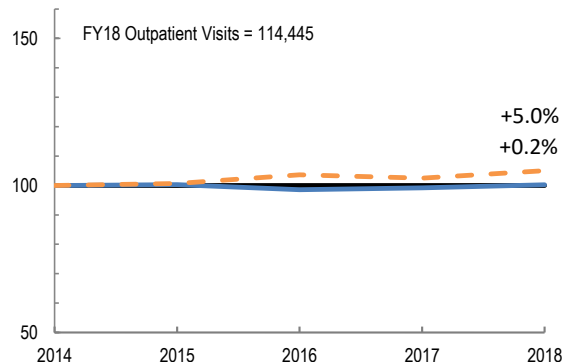
Key:  
■ Hospital  
■ Peer Cohort

## Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY14, and how does this compare to the hospital's peer cohort median? (FY14=100)

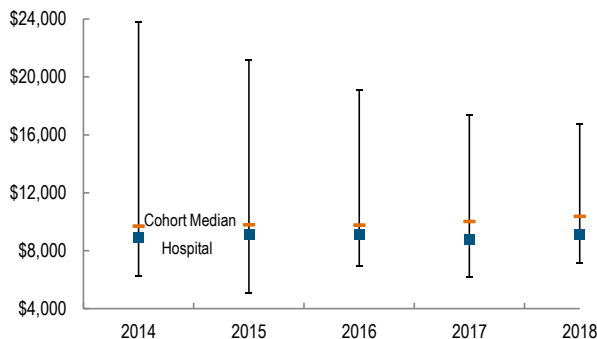


How has the volume of the hospital's outpatient visits changed compared to FY14, and how does this compare to the hospital's peer cohort median? (FY14=100)

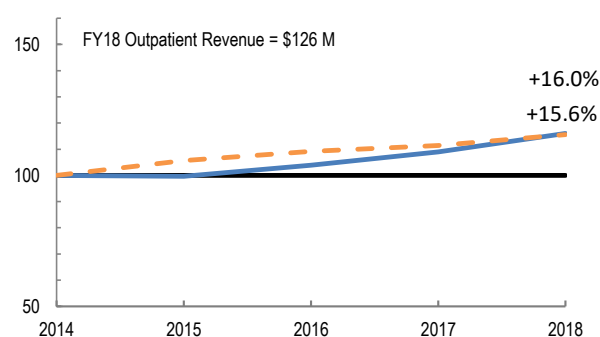


## Patient Revenue Trends

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY14 and FY18, and how does this compare to the hospital's peer cohort median?



How has the hospital's total outpatient revenue changed compared to FY14, and how does this compare to the hospital's peer cohort median? (FY14=100)



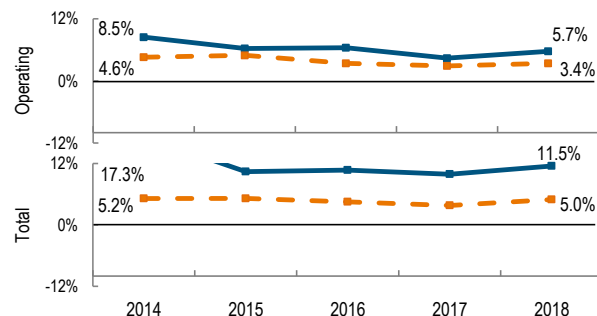
## Financial Performance

How have the hospital's total revenue and costs changed between FY14 and FY18?

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

FY	2014	2015	2016	2017	2018
Operating Revenue	\$ 164.9	\$ 165.5	\$ 170.8	\$ 178.6	\$ 190.7
Non-Operating Revenue	\$ 15.9	\$ 7.1	\$ 7.7	\$ 10.3	\$ 11.7
Total Revenue	\$ 180.8	\$ 172.6	\$ 178.5	\$ 188.9	\$ 202.4
Total Costs	\$ 149.6	\$ 154.7	\$ 159.5	\$ 170.3	\$ 179.1
Total Profit (Loss)	\$ 31.2	\$ 17.9	\$ 19.1	\$ 18.6	\$ 23.3

What were the hospital's total margin and operating margins between FY14 and FY18, and how do these compare to the hospital's peer cohort medians?



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

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

# BOSTON CHILDREN'S HOSPITAL

## 2018 Hospital Profile

Boston, MA  
Specialty Hospital  
Metro Boston

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. After reporting losses in each FY15 and FY16, the hospital has reported a profit in each of the last two years, including a \$122.9M profit in FY18. In FY18 it reported a 6.7% total margin.

At a Glance

Overview / Size

Hospital System Affiliation:	Boston Children's Hospital and Subsid.
Hospital System Surplus (Loss) in FY18:	\$499,974,000
Change in Ownership (FY14-18):	Not Applicable
Total Staffed Beds:	415, 9th largest acute hospital
% Occupancy:	79.4%
Special Public Funding:	Not Applicable
Trauma Center Designation:	Pedi: Level 1
Case Mix Index:	2.09 > statewide (1.14)

Financial

Inpatient NPSR per CMAD:	\$23,960
Change FY17-FY18:	2.8%
Inpatient:Outpatient Revenue in FY18:	51%:49%
Outpatient Revenue in FY18:	\$585,895,509
Change FY17-FY18:	7.1%
Total Revenue in FY18:	\$1,835,285,000
Total Surplus (Loss) in FY18:	\$122,866,000

Payer Mix

Public Payer Mix:	35.7% Non-HPP Hospital
CY17 Commercial Statewide Relative Price:	1.58
Top 3 Commercial Payers:	Blue Cross Blue Shield of Massachusetts Tufts Associated HMO, Inc. Harvard Pilgrim Health Care

Utilization

Inpatient Discharges in FY18:	14,223
Change FY17-FY18:	-4.6%
Emergency Department Visits in FY18:	60,076
Change FY17-FY18:	-0.6%
Outpatient Visits in FY18:	256,469
Change FY17-FY18:	2.6%

Quality

Readmission Rate in FY18:	Not Available
Change FY14-FY18 (percentage points):	
Early Elective Deliveries Rate:	Not Available

Services

What were the most common inpatient cases (DRGs) treated at the hospital in FY18? What proportion of the region's cases did this hospital treat for each service?

Discharges by DRG

DRG	Count	Proportion of Regional Discharges
Seizure (603)	603	22%
Chemotherapy (486)	486	16%
Bronchiolitis & RSV Pneumonia (349)	349	36%
Craniotomy; exc Trauma (321)	321	11%
Other Pneumonia (307)	307	7%
Cystic Fibrosis - Pulmonary Dis (306)	306	52%
Other Digestive System Dx (301)	301	11%
Diabetes (299)	299	15%
Maj HEM/IG Dx exc SC (298)	298	23%
Oth Cardiothoracic Procs (294)	294	31%

--- Hospital (14,223) = 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

Community	Count	Proportion of Community Discharges
Dorchester MA (334)	334	4%
Boston MA (247)	247	1%
Brockton MA (211)	211	1%
Worcester MA (190)	190	1%
New Bedford MA (170)	170	1%
Dorchester Center MA (166)	166	3%
Quincy MA (164)	164	2%
Lynn MA (142)	142	1%
Hyde Park MA (137)	137	3%
Cambridge MA (130)	130	2%

Quality

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

Data for this measure is not available for the patient population at this specialty hospital.

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

Metric	Expected Rate (Lower is Better)	Hospital Rate
CLABSI	1.0	~1.0
CAUTI	1.0	~1.0
SSI: Colon Surgery	1.0	6.0

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

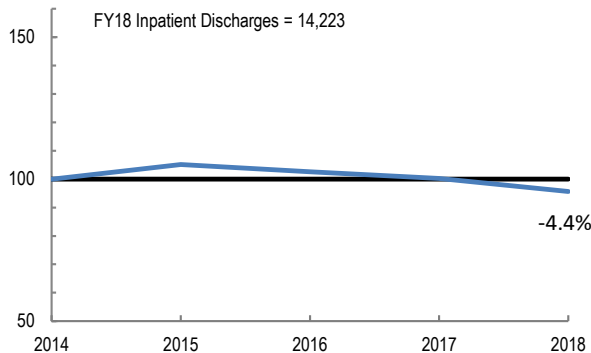
# 2018 HOSPITAL PROFILE: BOSTON CHILDREN'S HOSPITAL

Cohort: Specialty Hospital

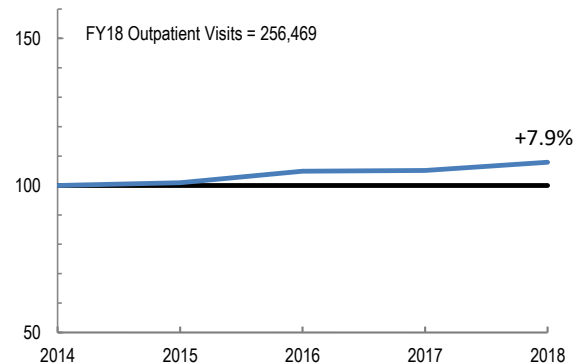
Key:  
■ Hospital  
- - - Peer Cohort

## Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY14, and how does this compare to the hospital's peer cohort median? (FY14=100)

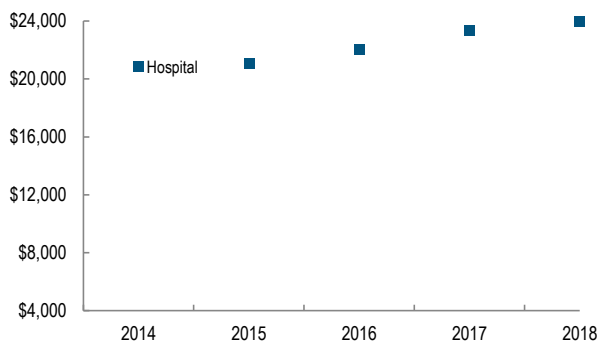


How has the volume of the hospital's outpatient visits changed compared to FY14, and how does this compare to the hospital's peer cohort median? (FY14=100)

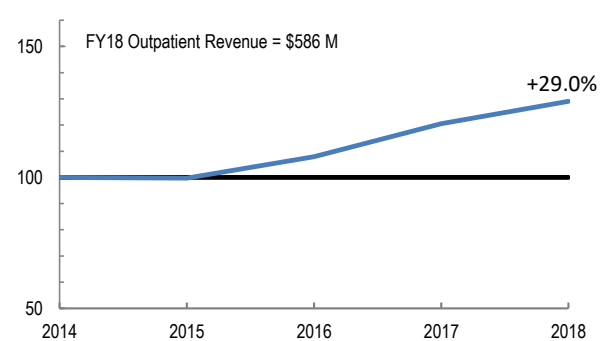


## Patient Revenue Trends

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY14 and FY18, and how does this compare to the hospital's peer cohort median?



How has the hospital's total outpatient revenue changed compared to FY14, and how does this compare to the hospital's peer cohort median? (FY14=100)



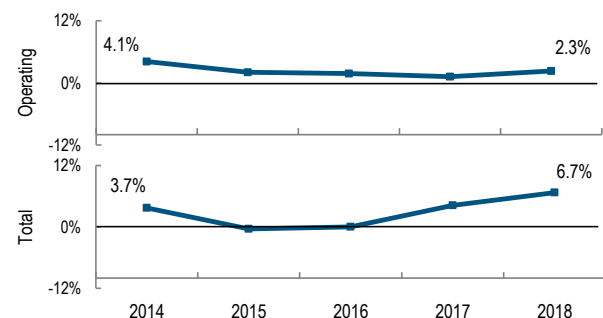
## Financial Performance

How have the hospital's total revenue and costs changed between FY14 and FY18?

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

FY	2014	2015	2016	2017	2018
<b>Operating Revenue</b>	\$ 1,387	\$ 1,412	\$ 1,533	\$ 1,665	\$ 1,754
<b>Non-Operating Revenue</b>	\$ (6)	\$ (34)	\$ (27)	\$ 53	\$ 81
<b>Total Revenue</b>	\$ 1,381	\$ 1,378	\$ 1,506	\$ 1,718	\$ 1,835
<b>Total Costs</b>	\$ 1,330	\$ 1,383	\$ 1,506	\$ 1,645	\$ 1,712
<b>Total Profit (Loss)</b>	\$ 51.2	\$ (5.5)	\$ (0.3)	\$ 72.8	\$ 122.9

What were the hospital's total margin and operating margins between FY14 and FY18, 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 1,304 inpatient discharges compared to 286,608 outpatient visits in FY18. Dana-Farber has posted profits in each year of the five-year period, including a 6.3% total margin in FY18.

At a Glance	<b>Overview / Size</b>		<b>Payer Mix</b>	
	Hospital System Affiliation: Dana-Farber Cancer Institute and Subsid.		Public Payer Mix: 50.5% Non-HPP Hospital	
	Hospital System Surplus (Loss) in FY18: \$106,732,714		CY17 Commercial Statewide Relative Price: 1.34	
	Change in Ownership (FY14-18): Not Applicable		Top 3 Commercial Payers: Blue Cross Blue Shield of Massachusetts	
	Total Staffed Beds: 30, among the smallest acute hospitals		Harvard Pilgrim Health Care	
	% Occupancy: 95.1%		Tufts Associated HMO, Inc.	
	Special Public Funding: Not Applicable			
	Trauma Center Designation: Not Applicable			
	Case Mix Index: 3.28 > statewide (1.14)			
	<b>Financial</b>		<b>Utilization</b>	
Inpatient NPSR per CMAD: \$11,394		Inpatient Discharges in FY18: 1,304		
Change FY17-FY18: 0.5%		Change FY17-FY18: 25.0%		
Inpatient:Outpatient Revenue in FY18: 4%:96%		Emergency Department Visits in FY18: 0		
Outpatient Revenue in FY18: \$993,959,059		Change FY17-FY18:		
Change FY17-FY18: 18.8%		Outpatient Visits in FY18: 286,608		
Total Revenue in FY18: \$1,798,495,622		Change FY17-FY18: 0.0%		
Total Surplus (Loss) in FY18: \$113,111,736		<b>Quality</b>		
		Readmission Rate in FY18: Not Available		
		Change FY14-FY18 (percentage points):		
		Early Elective Deliveries Rate: Not Available		
Services	What were the most common inpatient cases (DRGs) treated at the hospital in FY18? What proportion of the region's cases did this hospital treat for each service?		Where did most of the hospital's inpatients reside? What proportion of each community's total discharges was attributed to this hospital?	
	This graph has been suppressed, as the hospital provides the vast majority of its services on an outpatient basis. In FY18, this hospital reported 160,655 infusion treatments and over 286,500 outpatient visits.		This graph has been suppressed, as no community accounted for more than 1% of the hospital's total discharges.	
Quality	What proportion of adult patient discharges from this hospital resulted in a readmission at any hospital within 30 days, and how does this compare to the state average?		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?	
	This measure is not applicable to the patient population treated at this specialty hospital.		Data is not available for these measures.	

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

# 2018 HOSPITAL PROFILE: DANA-FARBER CANCER INSTITUTE

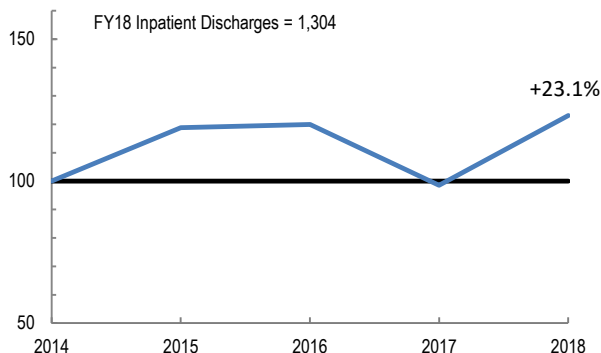
Cohort: Specialty Hospital

Key:

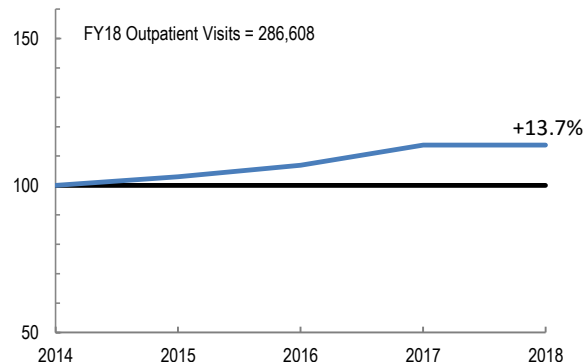


## Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY14, and how does this compare to the hospital's peer cohort median? (FY14=100)

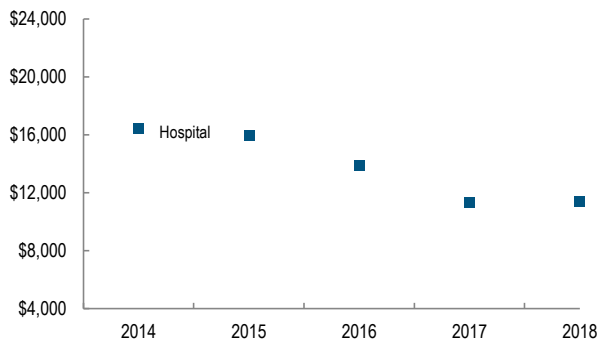


How has the volume of the hospital's outpatient visits changed compared to FY14, and how does this compare to the hospital's peer cohort median? (FY14=100)

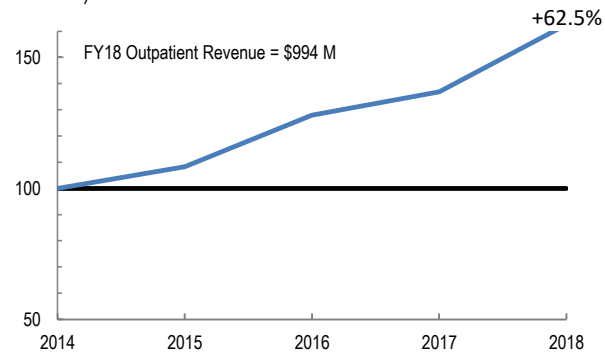


## Patient Revenue Trends

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY14 and FY18, and how does this compare to the hospital's peer cohort median?



How has the hospital's total outpatient revenue changed compared to FY14, and how does this compare to the hospital's peer cohort median? (FY14=100)



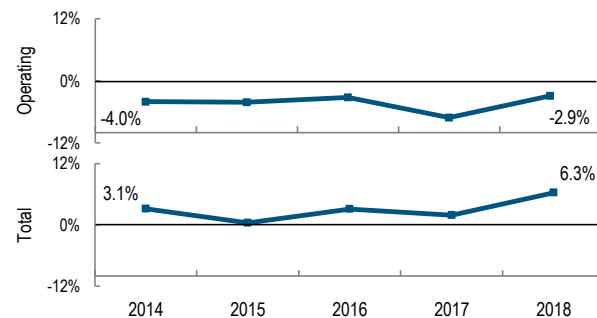
## Financial Performance

How have the hospital's total revenue and costs changed between FY14 and FY18?

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

FY	2014	2015	2016	2017	2018
Operating Revenue	\$ 1,019	\$ 1,117	\$ 1,293	\$ 1,429	\$ 1,634
Non-Operating Revenue	\$ 79	\$ 53	\$ 88	\$ 141	\$ 165
Total Revenue	\$ 1,098	\$ 1,171	\$ 1,382	\$ 1,571	\$ 1,798
Total Costs	\$ 1,064	\$ 1,166	\$ 1,338	\$ 1,541	\$ 1,685
Total Profit (Loss)	\$ 34.6	\$ 4.7	\$ 43.3	\$ 29.9	\$ 113.1

What were the hospital's total margin and operating margins between FY14 and FY18, 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

## 2018 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. It provides 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. After reporting losses in FY16 and FY17, the hospital reported a \$15.9M profit in FY18 and a 9.9% total margin.

At a Glance	<b>Overview / Size</b>	
	Hospital System Affiliation:	Partners HealthCare System
	Hospital System Surplus (Loss) in FY18:	\$826,605,000
	Change in Ownership (FY14-18):	Joined Partners Effective 4/1/18
	Total Staffed Beds:	41, among the smaller acute hospitals
	% Occupancy:	31.3%
	Special Public Funding:	ICB*
	Trauma Center Designation:	Not Applicable
	Case Mix Index:	1.37 > statewide (1.14)
	<b>Financial</b>	
	Inpatient NPSR per CMAD:	\$12,384
	Change FY17-FY18:	0.5%
	Inpatient:Outpatient Revenue in FY18:	9%:91%
	Outpatient Revenue in FY18:	\$196,980,139
	Change FY17-FY18:	11.2%
	Total Revenue in FY18:	\$307,428,383
	Total Surplus (Loss) in FY18:	\$21,159,302
	<b>Payer Mix</b>	
	Public Payer Mix:	47.0% Non-HPP Hospital
	CY17 Commercial Statewide Relative Price:	0.77
	Top 3 Commercial Payers:	Blue Cross Blue Shield of Massachusetts Harvard Pilgrim Health Care Tufts Associated HMO, Inc.
	<b>Utilization</b>	
	Inpatient Discharges in FY18:	1,187
	Change FY17-FY18:	-8.1%
	Emergency Department Visits in FY18:	20,395
	Change FY17-FY18:	2.0%
	Outpatient Visits in FY18:	343,577
	Change FY17-FY18:	13.8%
	<b>Quality</b>	
	Readmission Rate in FY18:	9.3%
	Change FY14-FY18 (percentage points):	2.9
	Early Elective Deliveries Rate:	Not Available

Services	What were the most common inpatient cases (DRGs) treated at the hospital in FY18? What proportion of the region's cases did this hospital treat for each service?	
	Discharges by DRG	
	Other ENT Procedures (116)	17%
	Other Maj Head/Neck Procs (115)	53%
	Orbital Procs (98)	74%
	Maj Cranial/Facial Bone (92)	19%
	Othr O.R. Procs for Lymph/HEM (71)	12%
	Oth Skin, Tis & Rel Procs (59)	8%
	Craniotomy; exc Trauma (54)	2%
	Other ENT & Cranial Dxs (47)	8%
	Eye Procs except Orbit (46)	42%
	Other Nervous Syst Procs (42)	9%
	--- Hospital (1,187) = 0% of total regional discharges	
	of regional discharges were treated at this hospital in FY18	
	This graph has been suppressed as no single community accounted for more than 1% of the hospital's total discharges. The hospital reports its patients are primarily from Massachusetts, but also across New England, the U.S. and in some cases the world.	
	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?	
	<p>2014: 6.3% 2018: 9.3% State Average: 15.4%</p> <p>Lower is Better</p>	
	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?	
	CLABSI	CAUTI
	SSI: Colon Surgery	
	Data is not available for these measures.	

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

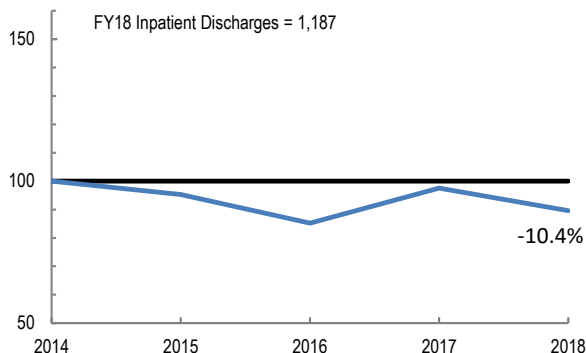
# 2018 HOSPITAL PROFILE: MASSACHUSETTS EYE AND EAR INFIRMARY

Cohort: Specialty Hospital

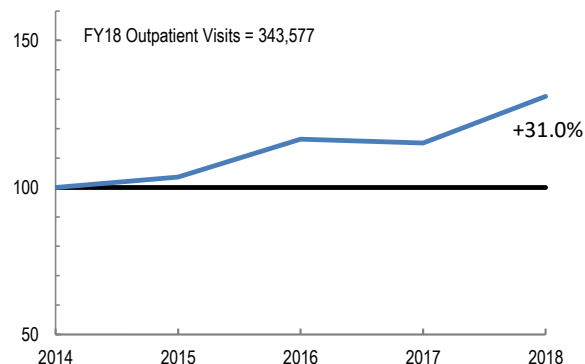
Key:  
—■ Hospital  
- - - ■ Peer Cohort

## Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY14, and how does this compare to the hospital's peer cohort median? (FY14=100)

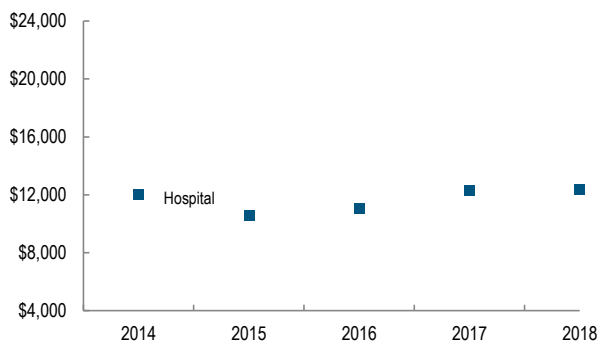


How has the volume of the hospital's outpatient visits changed compared to FY14, and how does this compare to the hospital's peer cohort median? (FY14=100)

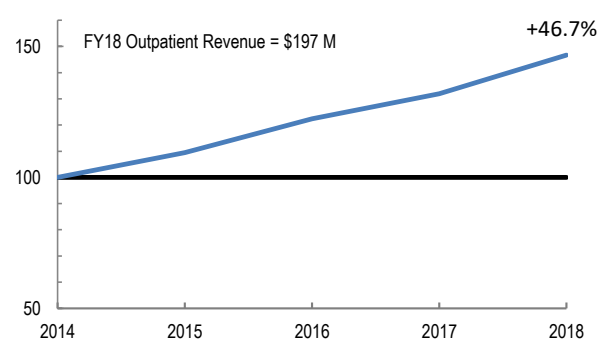


## Patient Revenue Trends

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY14 and FY18, and how does this compare to the hospital's peer cohort median?



How has the hospital's total outpatient revenue changed compared to FY14, and how does this compare to the hospital's peer cohort median? (FY14=100)



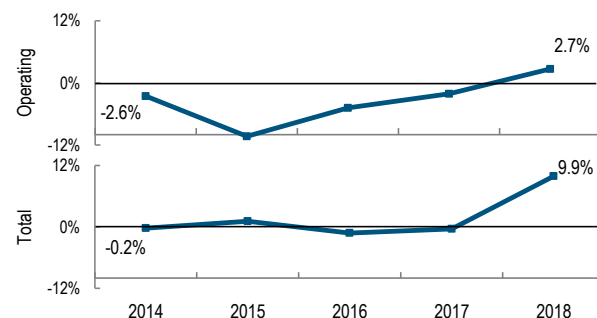
## Financial Performance

How have the hospital's total revenue and costs changed between FY14 and FY18?

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

FY	2014	2015	2016	2017	2018**
Operating Revenue	\$ 223.4	\$ 227.8	\$ 249.8	\$ 274.2	\$ 149.2
Non-Operating Revenue	\$ 5.3	\$ 29.5	\$ 9.2	\$ 4.9	\$ 11.5
Total Revenue	\$ 228.7	\$ 257.3	\$ 259.1	\$ 279.1	\$ 160.7
Total Costs	\$ 229.2	\$ 254.3	\$ 262.2	\$ 280.1	\$ 144.9
Total Profit (Loss)	\$ (0.5)	\$ 2.9	\$ (3.1)	\$ (1.1)	\$ 15.9

What were the hospital's total margin and operating margins between FY14 and FY18, and how do these compare to the hospital's peer cohort medians?



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

\*\*FY2018 This is based on audited financial statements which includes only April 1, 2018 through September 30, 2018 when MEEI joined the Partners HealthCare System.

\* 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

## 2018 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 a member of CareGroup. New England Baptist Hospital is a teaching affiliate of Tufts University School of Medicine and conducts teaching programs in collaboration with the Harvard School of Public Health and the Harvard School of Medicine. New England Baptist earned a profit each year from FY14 to FY18, with a total margin of 3.6% in FY18.

At a Glance	<b>Overview / Size</b>	
	Hospital System Affiliation:	CareGroup
	Hospital System Surplus (Loss) in FY18:	\$110,129,000
	Change in Ownership (FY14-18):	Not Applicable
	Total Staffed Beds:	98, among the smaller acute hospitals
	% Occupancy:	58.1%
	Special Public Funding:	Not Applicable
	Trauma Center Designation:	Not Applicable
	Case Mix Index:	1.39 > statewide (1.14)
	<b>Financial</b>	
	Inpatient NPSR per CMAD:	\$14,487
	Change FY17-FY18:	-0.7%
	Inpatient:Outpatient Revenue in FY18:	63%:37%
	Outpatient Revenue in FY18:	\$53,073,012
	Change FY17-FY18:	-3.2%
	Total Revenue in FY18:	\$246,085,000
	Total Surplus (Loss) in FY18:	\$8,876,000
	<b>Payer Mix</b>	
	Public Payer Mix:	48.6% Non-HPP Hospital
	CY17 Commercial Statewide Relative Price:	0.91
	Top 3 Commercial Payers:	Blue Cross Blue Shield of Massachusetts Harvard Pilgrim Health Care Tufts Associated HMO, Inc.
	<b>Utilization</b>	
	Inpatient Discharges in FY18:	8,563
	Change FY17-FY18:	2.4%
	Emergency Department Visits in FY18:	0
	Change FY17-FY18:	
	Outpatient Visits in FY18:	111,454
	Change FY17-FY18:	0.1%
	<b>Quality</b>	
	Readmission Rate in FY18:	1.6%
	Change FY14-FY18 (percentage points):	-0.7
	Early Elective Deliveries Rate:	Not Available

Services	What were the most common inpatient cases (DRGs) treated at the hospital in FY18? What proportion of the region's cases did this hospital treat for each service?	
	<b>Discharges by DRG</b>	
	Knee Joint Replacement (3452)	42% of regional discharges
	Hip Joint Replacement (3067)	41% were treated at this hospital in FY18
	D & L Fusion exc Curvature (690)	24%
	Shoulder & Arm Procs (432)	24%
	C. Spinal Fusion & Other Procs (295)	17%
	Intervertebral Disc Excis (118)	11%
	Oth Muscl Sys & Tis Proc (112)	10%
	Knee & Lower Excpt Foot (99)	6%
	Where did most of the hospital's inpatients reside? What proportion of each community's total discharges was attributed to this hospital?	
	<b>Discharges by Community</b>	
	Boston MA (174)	1% of community discharges were treated at this hospital in FY18
	Cambridge MA (129)	2%
	Quincy MA (128)	1%
	Worcester MA (110)	1%
	Plymouth MA (90)	1%
	Medford MA (89)	1%
	Framingham MA (86)	1%
	Waltham MA (85)	1%
	Norwood MA (82)	2%
	Arlington MA (76)	2%

Quality	What proportion of adult patient discharges from this hospital resulted in a readmission at any hospital within 30 days, and how does this compare to the state average?	
	<p>--- Hospital (8,563) = 3% of total regional discharges</p>	
	How many central line-associated blood stream infections (CLABSI), catheter-associated urinary tract infections (CAUTI), and surgical site infections (SSI) after colon surgery did patients get at this hospital compared to what was expected based on the hospital's characteristics and case mix?	
	Data is not available for these measures.	

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

# 2018 HOSPITAL PROFILE: NEW ENGLAND BAPTIST HOSPITAL

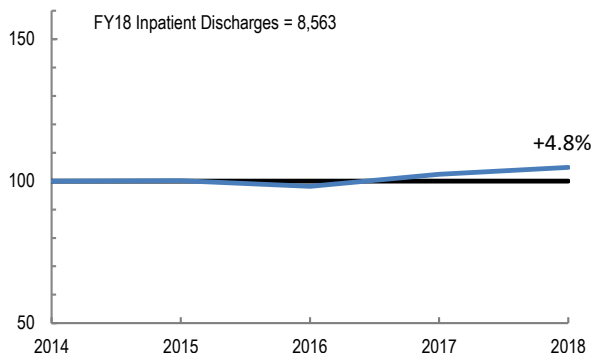
Cohort: Specialty Hospital

Key:

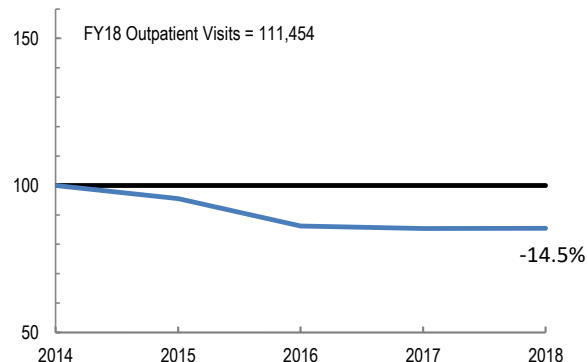
— Hospital  
- - - Peer Cohort

## Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY14, and how does this compare to the hospital's peer cohort median? (FY14=100)

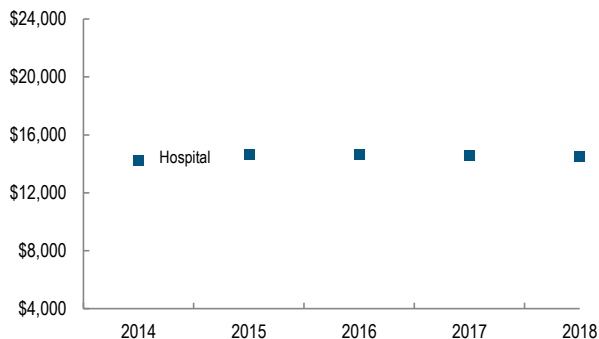


How has the volume of the hospital's outpatient visits changed compared to FY14, and how does this compare to the hospital's peer cohort median? (FY14=100)

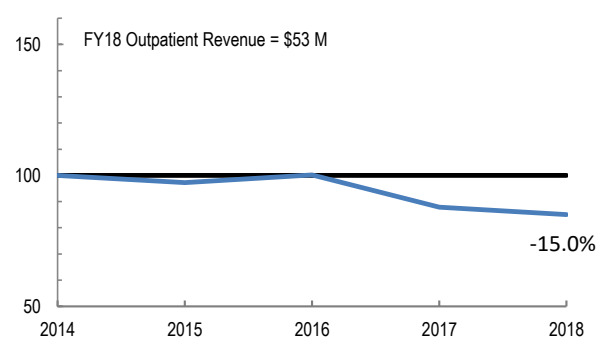


## Patient Revenue Trends

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY14 and FY18, and how does this compare to the hospital's peer cohort median?



How has the hospital's total outpatient revenue changed compared to FY14, and how does this compare to the hospital's peer cohort median? (FY14=100)



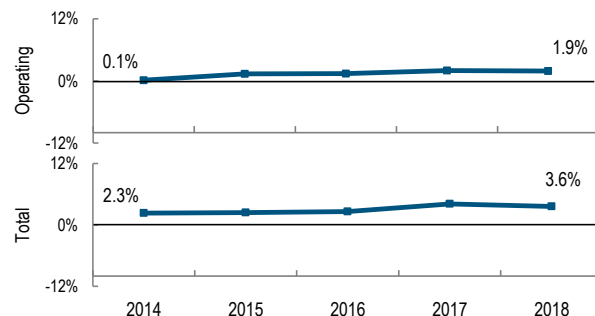
## Financial Performance

How have the hospital's total revenue and costs changed between FY14 and FY18?

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

FY	2014	2015	2016	2017	2018
<b>Operating Revenue</b>	\$ 234.0	\$ 242.1	\$ 239.6	\$ 239.0	\$ 241.9
<b>Non-Operating Revenue</b>	\$ 5.2	\$ 2.5	\$ 2.7	\$ 5.2	\$ 4.2
<b>Total Revenue</b>	\$ 239.2	\$ 244.6	\$ 242.4	\$ 244.2	\$ 246.1
<b>Total Costs</b>	\$ 233.7	\$ 238.7	\$ 236.1	\$ 234.1	\$ 237.2
<b>Total Profit (Loss)</b>	\$ 5.5	\$ 5.9	\$ 6.2	\$ 10.1	\$ 8.9

What were the hospital's total margin and operating margins between FY14 and FY18, 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

### 2018 Hospital Profile

**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. The hospital reported 154 inpatient discharges in FY18, 29% 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 40-bed pediatric specialty acute care hospital dedicated to providing inpatient and outpatient specialty care for orthopedic and developmental conditions including scoliosis, clubfoot, cerebral palsy, spina bifida, cleft lip and palate, rheumatology, and others. Following a strategic plan developed in 2015, the hospital has reinvested in its core service line of pediatric orthopedics and initiated new services including post-acute fracture care management, sports health and medicine, and urology. The hospital reported 142 inpatient discharges in FY18, a 6% increase from FY17.

**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> <table><tr><th>Shriners Boston</th><th>Average Acute Hospital</th></tr><tr><td>70%</td><td>35%</td></tr><tr><td>30%</td><td>19%</td></tr><tr><td>1%</td><td>46%</td></tr></table> <p>Percentage calculations may not sum to 100% due to rounding.</p>		Shriners Boston	Average Acute Hospital	70%	35%	30%	19%	1%	46%
Shriners Boston	Average Acute Hospital										
70%	35%										
30%	19%										
1%	46%										
% OCCUPANCY:	15.82%										
INPATIENT DISCHARGES in FY18:	154										
PUBLIC PAYER MIX:	30.3%										
CASE MIX INDEX:	3.71										
TAX STATUS:	Non-profit										
INPATIENT:OUTPATIENT REVENUE in FY18:	39%:61%										
INPATIENT COST PER CMAD:	\$32,680										
CHANGE in OWNERSHIP (FY14-FY18):	N/A										

Percentage calculations may not sum to 100% due to rounding.

	FY15	FY16	FY17	FY18
Average Length of Stay	12.2	11.8	13.5	11.3
Inpatient Discharges	174	223	198	154
Outpatient Visits	4,492	6,608	6,383	6,157

Revenue, Cost, & Profit/Loss (in millions)					
FY	Total Revenue	Operating Revenue	Non-Operating Revenue	Costs	Total Profit/Loss
2015	\$5.1	\$3.7	\$1.3	\$39.2	
2016	\$5.2	\$5.2	\$0.0	\$41.5	See Note
2017	\$2.5	\$2.5	\$0.0	\$43.7	
2018	\$8.4	\$8.4	\$0.0	\$40.1	

**Shriners Hospitals for Children - Springfield**  
Springfield, MA

At a Glance		Payer Mix									
TOTAL STAFFED BEDS:	40	<p>What was the hospital's overall payer mix (gross charges) and how does this hospital compare to the average acute hospital's payer mix?</p> <table><tr><th>Shriners Springfield</th><th>Average Acute Hospital</th></tr><tr><td>54%</td><td>35%</td></tr><tr><td>46%</td><td>19%</td></tr><tr><td>1%</td><td>46%</td></tr></table>		Shriners Springfield	Average Acute Hospital	54%	35%	46%	19%	1%	46%
Shriners Springfield	Average Acute Hospital										
54%	35%										
46%	19%										
1%	46%										
% OCCUPANCY:	5.02%										
INPATIENT DISCHARGES in FY18:	142										
PUBLIC PAYER MIX:	46.5%										
CASE MIX INDEX:	2.11										
TAX STATUS:	Non-profit										
INPATIENT:OUTPATIENT REV. in FY18	30%:70%										
INPATIENT COST PER CMAD:	\$41,018										
CHANGE in OWNERSHIP (FY14-FY18):	N/A										

Percentage calculations may not sum to 100% due to rounding.

Percentage calculations may not sum to 100% due to rounding.

	FY15	FY16	FY17	FY18
Average Length of Stay	5.7	4.5	4.4	5.2
Inpatient Discharges	86	91	134	142
Outpatient Visits	9,980	13,765	16,593	17,020

Revenue, Cost, & Profit/Loss (in millions)					
FY	Total Revenue	Operating Revenue	Non-Operating Revenue	Costs	Total Profit/Loss
2015	\$7.2	\$5.6	\$1.5	\$17.3	
2016	\$8.8	\$8.8	\$0.0	\$18.6	See Note
2017	\$13.5	\$13.5	\$0.0	\$22.8	
2018	\$12.2	\$12.2	\$0.0	\$24.1	

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.

## Acute Specialty Hospitals - Shriners Hospitals for Children

### 2018 Hospital Profile

**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.

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**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> <table><tr><th>Shriners Boston</th><th>Average Acute Hospital</th></tr><tr><td>70%</td><td>35%</td></tr><tr><td>30%</td><td>19%</td></tr><tr><td>1%</td><td>46%</td></tr></table> <p>Percentage calculations may not sum to 100% due to rounding.</p>		Shriners Boston	Average Acute Hospital	70%	35%	30%	19%	1%	46%
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2016	\$5.2	\$5.2	\$0.0	\$41.5	See Note
2017	\$2.5	\$2.5	\$0.0	\$43.7	
2018	\$8.4	\$8.4	\$0.0	\$40.1	

**Shriners Hospitals for Children - Springfield**  
Springfield, MA

At a Glance		Payer Mix									
TOTAL STAFFED BEDS:	40	<p>What was the hospital's overall payer mix (gross charges) and how does this hospital compare to the average acute hospital's payer mix?</p> <table><tr><th>Shriners Springfield</th><th>Average Acute Hospital</th></tr><tr><td>54%</td><td>35%</td></tr><tr><td>46%</td><td>19%</td></tr><tr><td>1%</td><td>46%</td></tr></table>		Shriners Springfield	Average Acute Hospital	54%	35%	46%	19%	1%	46%
Shriners Springfield	Average Acute Hospital										
54%	35%										
46%	19%										
1%	46%										
% OCCUPANCY:	5.02%										
INPATIENT DISCHARGES in FY18:	142										
PUBLIC PAYER MIX:	46.5%										
CASE MIX INDEX:	2.11										
TAX STATUS:	Non-profit										
INPATIENT:OUTPATIENT REV. in FY18	30%:70%										
INPATIENT COST PER CMAD:	\$41,018										
CHANGE in OWNERSHIP (FY14-FY18):	N/A										

Percentage calculations may not sum to 100% due to rounding.

Percentage calculations may not sum to 100% due to rounding.

	FY15	FY16	FY17	FY18
Average Length of Stay	5.7	4.5	4.4	5.2
Inpatient Discharges	86	91	134	142
Outpatient Visits	9,980	13,765	16,593	17,020

Revenue, Cost, & Profit/Loss (in millions)					
FY	Total Revenue	Operating Revenue	Non-Operating Revenue	Costs	Total Profit/Loss
2015	\$7.2	\$5.6	\$1.5	\$17.3	
2016	\$8.8	\$8.8	\$0.0	\$18.6	See Note
2017	\$13.5	\$13.5	\$0.0	\$22.8	
2018	\$12.2	\$12.2	\$0.0	\$24.1	

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	Westborough Behavioral HeathCare Hospital
High Point Hospital	Westwood Lodge
McLean Hospital	Whittier Pavilion

**Rehabilitation hospitals** provide intensive post-acute rehabilitation services, such as physical, occupational, and speech therapy services. For Medicare payment purposes, the federal government classifies hospitals as rehabilitation hospitals if they provide more than 60% of their inpatient services to patients with one or more of 13 diagnoses listed in federal regulations.

## Rehabilitation Hospital Cohort ..... page B2

Braintree Rehabilitation Hospital	Spaulding Rehabilitation Hospital Boston
Healthsouth Fairlawn Rehabilitation Hospital	Spaulding Rehabilitation Hospital of Cape Cod
HealthSouth Rehabilitation Hospital of Western Massachusetts	Whittier Rehabilitation Hospital Bradford
New Bedford Rehabilitation Hospital	Whittier Rehabilitation Hospital Westborough
New England Rehabilitation Hospital	

**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	

Department of Health ..... page B5 and B6

Department of Mental Health Hospitals

Cape Cod and Islands Community Mental Health Center  
Corrigan Mental Health Center  
Solomon Carter Fuller Mental Health Center  
Taunton State Hospital  
Worcester State Hospital

Department of Public Health Hospitals

Lemuel Shattuck Hospital  
Pappas Rehabilitation Hospital for Children  
Tewksbury Hospital  
Western Massachusetts Hospital

For detailed descriptions of the data sources and metrics used in the non-acute hospital profiles, please see the [technical appendix](#).

# HOW TO READ NON-ACUTE HOSPITAL COHORT PROFILES – FISCAL YEAR 2018

This sheet provides a brief introduction to the metrics on the non-acute hospital cohort-level profiles. Definitions and notes on all metrics are available in the [technical appendix](#).

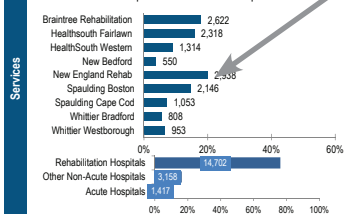
## REHABILITATION HOSPITALS

### 2018 Hospital Profile

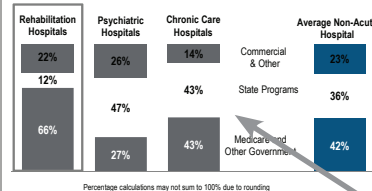
Rehabilitation Hospitals provide intensive, post-acute rehabilitation services, such as physical, occupational, and speech therapy services. For Medicare payment purposes, hospitals are classified as Rehabilitation Hospitals if they provide more than 60% of their inpatient services to patients with one or more of 13 diagnoses listed in the federal regulations. The nine Rehabilitation Hospitals were responsible for 77% of chronic and rehabilitation cases in FY18, while other non-acute hospitals accounted for 16% and acute hospitals accounted for 7% of rehabilitation discharges. Six of the nine Rehabilitation Hospitals were profitable in FY18. Inpatient days decreased 0.5% between FY14 and FY18 at Rehabilitation Hospitals.

At a Glance	<b>Hospitals in Cohort:</b> Braintree Rehabilitation Hospital HealthSouth Fairlawn Rehabilitation Hospital HealthSouth Rehabilitation Hospital of Western Massachusetts New Bedford Rehabilitation Hospital New England Rehabilitation Hospital Spaulding Rehabilitation Hospital Boston Spaulding Rehabilitation Hospital Cape Cod Whittier Rehab Hospital Bradford Whittier Rehab Hospital Westborough
	<b>Total Beds:</b> 990 (24.7% of total non-acute hospitals)
	<b>Average Public Payer Mix:</b> 78.0%, > total non-acute hospitals (77.2%)
	<b>Median % Occupancy:</b> 67.9%, < total non-acute hospitals (77.2%)
	<b>Total Gross Patient Service Revenue:</b> \$939 million (33.6% of total non-acute hospitals)
	<b>Inpatient:Outpatient Gross Patient Service Revenue:</b> 82%:18% (total non-acute hospitals = 87%:13%)
	<b>Total Inpatient Days:</b> 233,880 (22.6% of total non-acute hospitals)
	<b>Total Inpatient Discharges:</b> 14,702 (23.4% of total non-acute hospitals)

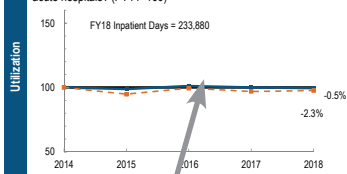
What proportion of total non-acute hospitals chronic/rehab discharges was attributed to each of the cohort's hospitals in FY18? Overall, what proportions of total chronic/rehab discharges were attributed to acute hospitals and non-acute hospitals?



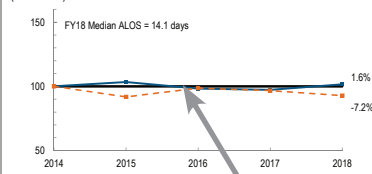
What was this cohort's average payer mix (gross revenues) in FY18, and how does this compare to that of other non-acute hospital cohorts and the average non-acute hospital?



How has the volume of this cohort's inpatient days changed compared to FY14, and how does this compare to that of other non-acute hospitals? (FY14=100)



How has the cohort's median average length of stay (ALOS) changed compared to FY14, and how does this compare to that of other non-acute hospitals? (FY14=100)



For descriptions of the metrics, please see 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 FY18 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

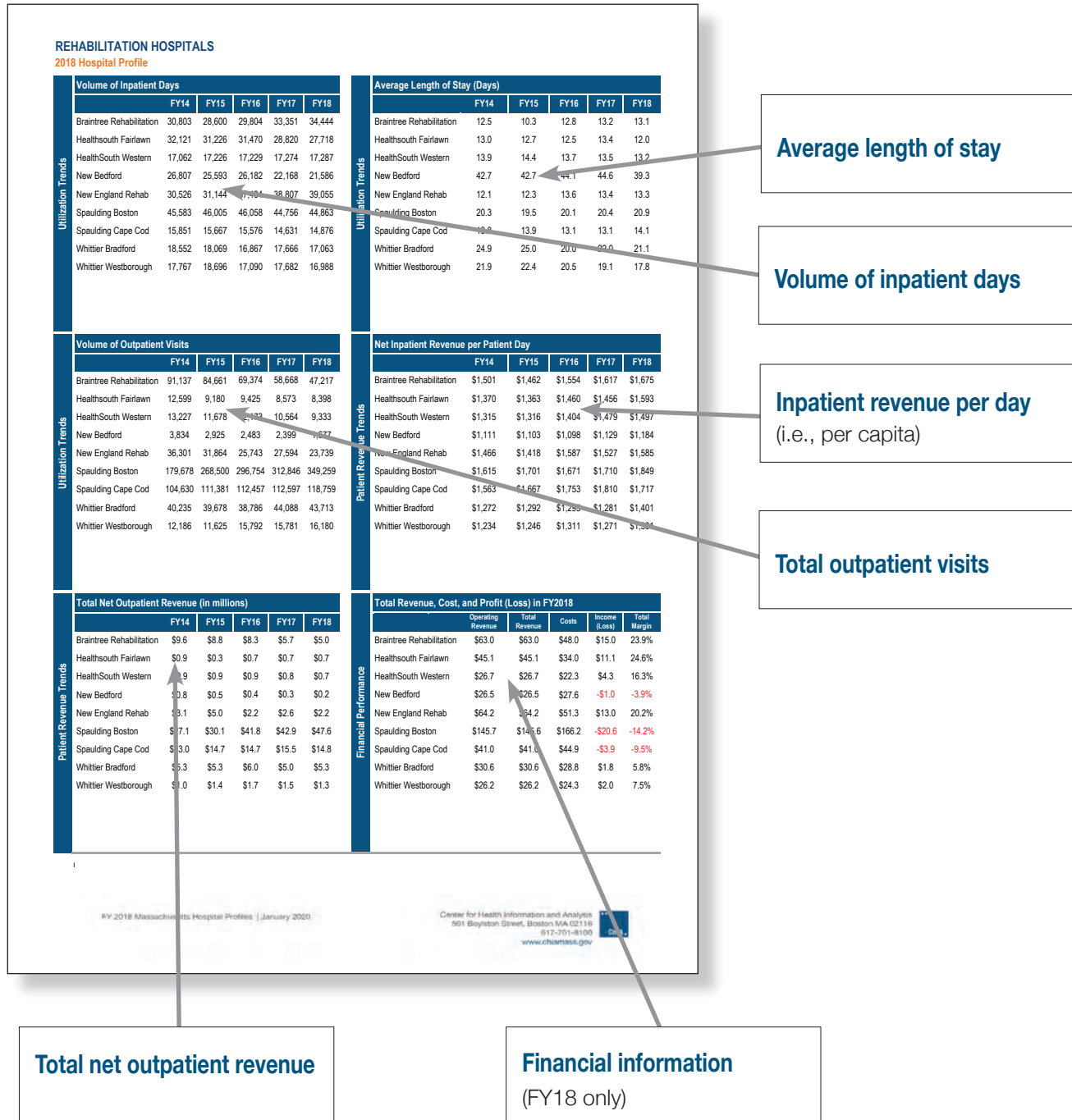
The cohort's average share of business from federal, state, and commercial payers is outlined. The average payer mix for all non-acute hospitals and for each of the other non-acute hospital cohorts is shown for comparison.

### 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 2018

Utilization, cost, revenue, and financial data from FY14 to FY18 is presented for each hospital in the given non-acute hospital cohort in the tables below.



# PSYCHIATRIC HOSPITALS

## 2018 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 both inpatient and outpatient services. With the addition of Westborough Behavioral Healthcare Hospital opening in FY18, there were now 12 Psychiatric Hospitals in Massachusetts. Inpatient days increased 19.8% at Psychiatric Hospitals between FY14 and FY18. 54% of psychiatric patient discharges in FY18 were from Psychiatric Hospitals, while 46% of psychiatric discharges were from acute hospitals. Seven of the twelve Psychiatric Hospitals earned a profit in FY18.

### 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	Westborough Behavioral Healthcare Hospital
High Point Hospital	Westwood Lodge
McLean Hospital	Whittier Pavilion

#### Total Beds:

1,277 (31.9% of total non-acute hospitals)

#### Median % Occupancy:

89.5%, > total non-acute hospitals (77.2%)

#### Total Inpatient Days:

375,319 (36.2% of total non-acute hospitals)

#### Total Inpatient Discharges:

36,910 (58.8% of total non-acute hospitals)

#### Average Public Payer Mix:

73.9%, < total non-acute hospitals (77.2%)

#### Total Gross Patient Service Revenue:

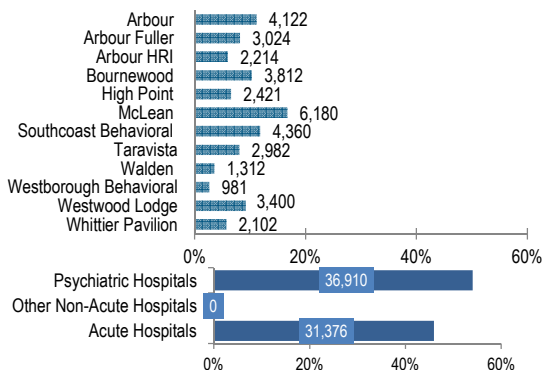
\$813 million (29.1% of total non-acute hospitals)

#### Inpatient:Outpatient Gross Patient Service Revenue:

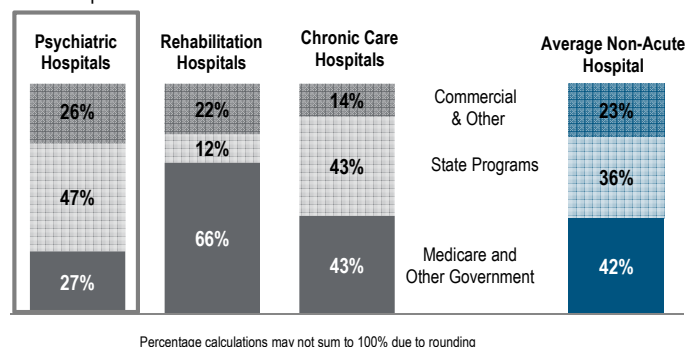
88%:12% (total non-acute hospitals = 87%:13%)

### Services

What proportion of total non-acute hospitals psychiatric discharges was attributed to each of the cohort's hospitals in FY18? Overall, what proportions of total psychiatric discharges were attributed to acute hospitals and non-acute hospitals?

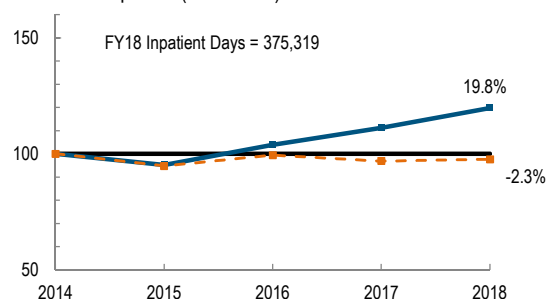


What was this cohort's average payer mix (gross revenues) in FY18, and how does this compare to that of other non-acute hospital cohorts and the average non-acute hospital?

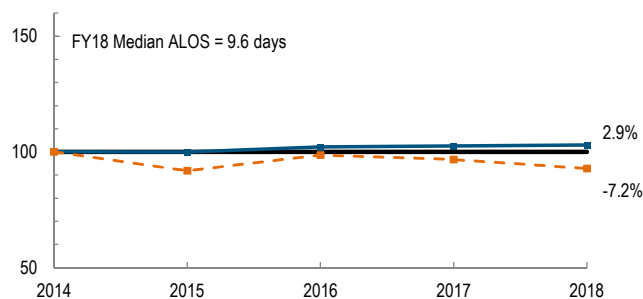


### Utilization

How has the volume of this cohort's inpatient days changed compared to FY14, and how does this compare to that of other non-acute hospitals? (FY14=100)



How has the cohort's median average length of stay (ALOS) changed compared to FY14, and how does this compare to that of other non-acute hospitals? (FY14=100)



For descriptions of the metrics, please see Technical Appendix.

Key:

— Cohort

--- Total Non-Acute

# PSYCHIATRIC HOSPITALS

## 2018 Hospital Profile

Utilization Trends	Volume of Inpatient Days					
		FY14	FY15	FY16	FY17	FY18
	Arbour	44,074	42,121	39,681	45,926	46,648
	Arbour Fuller	32,176	31,014	32,239	33,846	35,683
	Arbour HRI	18,672	19,280	20,898	21,303	21,720
	Bournewood	30,903	31,495	31,819	31,613	31,242
	High Point	Opened in FY16		13,760	21,234	21,429
	McLean	58,070	59,988	65,845	69,022	71,044
	Southcoast Behavioral	Opened in FY16		23,139	33,010	40,156
	Taravista	Opened in FY17			8,568	27,540
Utilization Trends	Walden	16,479	16,554	16,564	16,390	16,378
	Westborough Behavioral	Opened in FY18				8,637
	Westwood Lodge	79,849	71,348	61,064	48,581	34,593
	Whittier Pavilion	19,525	18,806	20,336	18,959	20,249
	Volume of Outpatient Visits					
		FY14	FY15	FY16	FY17	FY18
	Arbour	38,436	40,470	38,934	40,979	45,908
	Arbour Fuller	16,071	18,410	22,071	24,955	27,127
	Arbour HRI	13,912	13,493	20,956	22,325	18,240
	Bournewood	22,876	27,593	29,322	30,301	30,915
Patient Revenue Trends	High Point	Opened in FY16		*	1,885	3,434
	McLean	107,244	115,719	107,208	105,599	97,282
	Southcoast Behavioral	Opened in FY16		*	*	*
	Taravista	Opened in FY17			*	*
	Walden	*	*	*	*	*
	Westborough Behavioral	Opened in FY18				1,762
	Westwood Lodge	104,929	79,679	86,275	68,120	9,824
	Whittier Pavilion	2,287	5,338	7,687	7,886	7,367
	Total Net Outpatient Revenue (in millions)					
		FY14	FY15	FY16	FY17	FY18
Patient Revenue Trends	Arbour	\$7.4	\$6.4	\$5.2	\$5.7	\$6.5
	Arbour Fuller	\$4.3	\$4.8	\$5.0	\$5.6	\$6.0
	Arbour HRI	\$5.2	\$5.0	\$4.8	\$5.3	\$5.4
	Bournewood	\$3.1	\$4.3	\$2.7	\$2.8	\$2.8
	High Point	Opened in FY16		*	\$0.1	\$0.2
	McLean	\$40.5	\$45.4	\$50.0	\$48.5	\$44.2
	Southcoast Behavioral	Opened in FY16		*	*	*
	Taravista	Opened in FY17			*	*
	Walden	*	*	*	*	*
	Westborough Behavioral	Opened in FY18				\$0.5
Financial Performance	Westwood Lodge	\$7.7	\$7.7	\$7.4	\$5.9	\$1.9
	Whittier Pavilion	\$0.3	\$0.6	\$1.1	\$1.1	\$1.0

\* Did not report any outpatient data

Utilization Trends	Average Length of Stay (Days)					
		FY14	FY15	FY16	FY17	FY18
	Arbour	12.2	11.8	11.9	12.2	11.3
	Arbour Fuller	11.0	11.9	12.0	12.6	11.8
	Arbour HRI	9.4	9.4	9.6	9.5	9.8
	Bournewood	8.3	8.3	8.5	8.8	8.2
	High Point	Opened in FY16		5.9	9.6	8.9
	McLean	10.1	10.4	10.9	10.9	11.5
	Southcoast Behavioral	Opened in FY16		10.1	10.6	9.2
	Taravista	Opened in FY17			7.8	9.2
Patient Revenue Trends	Walden	10.1	10.8	24.7	22.4	12.5
	Westborough Behavioral	Opened in FY18				8.8
	Westwood Lodge	10.8	11.3	11.7	11.9	10.2
	Whittier Pavilion	10.2	10.1	8.8	8.4	9.6
	Net Inpatient Revenue per Patient Day					
		FY14	FY15	FY16	FY17	FY18
	Arbour	\$723	\$728	\$782	\$730	\$744
	Arbour Fuller	\$650	\$644	\$651	\$688	\$779
	Arbour HRI	\$738	\$743	\$819	\$722	\$817
	Bournewood	\$757	\$753	\$817	\$829	\$858
	High Point	Opened in FY16		\$815	\$605	\$658
	McLean	\$1,156	\$1,184	\$1,238	\$1,260	\$1,257
	Southcoast Behavioral	Opened in FY16		\$770	\$817	\$835
	Taravista	Opened in FY17			\$973	\$778
	Walden	\$1,087	\$1,119	\$873	\$872	\$894
Financial Performance	Westborough Behavioral	Opened in FY18				\$795
	Westwood Lodge	\$742	\$747	\$784	\$745	\$780
	Whittier Pavilion	\$905	\$834	\$920	\$940	\$929
	Total Revenue, Cost, and Profit (Loss) in FY2018					
		Operating Revenue	Total Revenue	Costs	Income (Loss)	Total Margin
	Arbour	\$41.2	\$41.2	\$40.9	\$0.3	0.8%
	Arbour Fuller	\$34.1	\$34.1	\$28.6	\$5.6	16.3%
	Arbour HRI	\$23.2	\$23.2	\$20.8	\$2.4	10.4%
	Bournewood	\$29.7	\$29.7	\$28.0	\$1.8	6.0%
	High Point	\$14.3	\$14.3	\$15.6	<b>-\$1.2</b>	<b>-8.5%</b>
	McLean	\$238.6	\$239.8	\$234.8	\$4.9	2.1%
	Southcoast Behavioral	\$33.8	\$33.8	\$28.1	\$5.7	16.9%
	Taravista	\$21.6	\$21.6	\$30.8	<b>-\$9.2</b>	<b>-42.5%</b>
	Walden	\$35.2	\$35.2	\$37.1	<b>-\$1.9</b>	<b>-5.3%</b>
Financial Performance	Westborough Behavioral	\$7.2	\$7.2	\$17.1	<b>-\$9.9</b>	<b>-138.6%</b>
	Westwood Lodge	\$29.0	\$29.0	\$31.5	<b>-\$2.5</b>	<b>-8.6%</b>
	Whittier Pavilion	\$22.5	\$22.5	\$22.3	\$0.1	0.6%

# REHABILITATION HOSPITALS

## 2018 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 were responsible for 77% of chronic and rehabilitation cases in FY18, while other non-acute hospitals accounted for 16% and acute hospitals accounted for 7% of rehabilitation discharges. Six of the nine Rehabilitation Hospitals were profitable in FY18. Inpatient days decreased 0.5% between FY14 and FY18 at Rehabilitation Hospitals.

### At a Glance

#### Hospitals in Cohort:

Braintree Rehabilitation Hospital	Spaulding Rehabilitation Hospital Boston
HealthSouth Fairlawn Rehabilitation Hospital	Spaulding Rehabilitation Hospital Cape Cod
HealthSouth Rehabilitation Hospital of Western Massachusetts	Whittier Rehab Hospital Bradford
New Bedford Rehabilitation Hospital	Whittier Rehab Hospital Westborough
New England Rehabilitation Hospital	

#### Total Beds:

990 (24.7% of total non-acute hospitals)

#### Median % Occupancy:

67.9%, < total non-acute hospitals (77.2%)

#### Total Inpatient Days:

233,880 (22.6% of total non-acute hospitals)

#### Total Inpatient Discharges:

14,702 (23.4% of total non-acute hospitals)

#### Average Public Payer Mix:

78.0%, > total non-acute hospitals (77.2%)

#### Total Gross Patient Service Revenue:

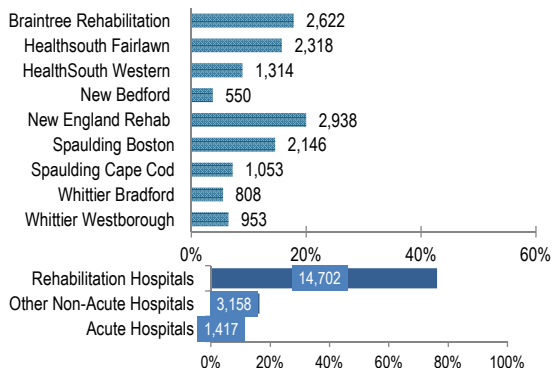
\$939 million (33.6% of total non-acute hospitals)

#### Inpatient:Outpatient Gross Patient Service Revenue:

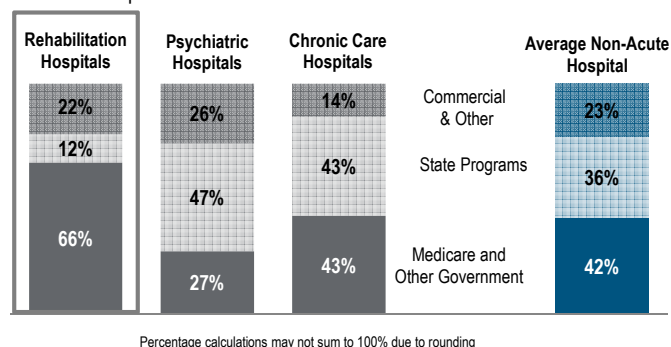
82:18% (total non-acute hospitals = 87:13%)

### Services

What proportion of total non-acute hospitals chronic/rehab discharges was attributed to each of the cohort's hospitals in FY18? Overall, what proportions of total chronic/rehab discharges were attributed to acute hospitals and non-acute hospitals?

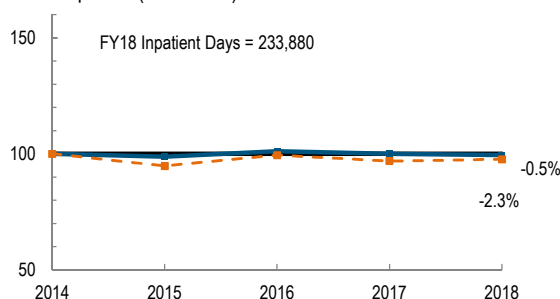


What was this cohort's average payer mix (gross revenues) in FY18, and how does this compare to that of other non-acute hospital cohorts and the average non-acute hospital?

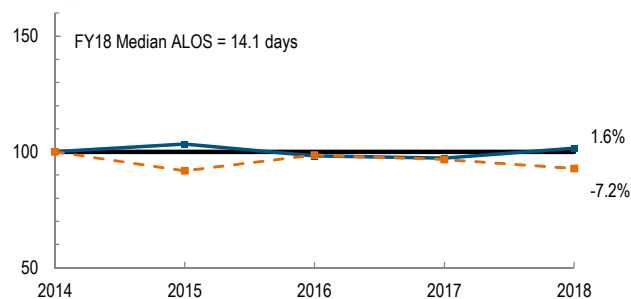


### Utilization

How has the volume of this cohort's inpatient days changed compared to FY14, and how does this compare to that of other non-acute hospitals? (FY14=100)



How has the cohort's median average length of stay (ALOS) changed compared to FY14, and how does this compare to that of other non-acute hospitals? (FY14=100)



For descriptions of the metrics, please see Technical Appendix.

Key:

— Cohort

--- Total Non-Acute

# REHABILITATION HOSPITALS

## 2018 Hospital Profile

Utilization Trends	Volume of Inpatient Days					
		FY14	FY15	FY16	FY17	FY18
	Braintree Rehabilitation	30,803	28,600	29,804	33,351	34,444
	Healthsouth Fairlawn	32,121	31,226	31,470	28,820	27,718
	HealthSouth Western	17,062	17,226	17,229	17,274	17,287
	New Bedford	26,807	25,593	26,182	22,168	21,586
	New England Rehab	30,526	31,144	37,434	38,807	39,055
	Spaulding Boston	45,583	46,005	46,058	44,756	44,863
	Spaulding Cape Cod	15,851	15,667	15,576	14,631	14,876
	Whittier Bradford	18,552	18,069	16,867	17,666	17,063
	Whittier Westborough	17,767	18,696	17,090	17,682	16,988
Utilization Trends	Volume of Outpatient Visits					
		FY14	FY15	FY16	FY17	FY18
	Braintree Rehabilitation	91,137	84,661	69,374	58,668	47,217
	Healthsouth Fairlawn	12,599	9,180	9,425	8,573	8,398
	HealthSouth Western	13,227	11,678	12,173	10,564	9,333
	New Bedford	3,834	2,925	2,483	2,399	1,677
	New England Rehab	36,301	31,864	25,743	27,594	23,739
	Spaulding Boston	179,678	268,500	296,754	312,846	349,259
	Spaulding Cape Cod	104,630	111,381	112,457	112,597	118,759
	Whittier Bradford	40,235	39,678	38,786	44,088	43,713
	Whittier Westborough	12,186	11,625	15,792	15,781	16,180
Patient Revenue Trends	Total Net Outpatient Revenue (in millions)					
		FY14	FY15	FY16	FY17	FY18
	Braintree Rehabilitation	\$9.6	\$8.8	\$8.3	\$5.7	\$5.0
	Healthsouth Fairlawn	\$0.9	\$0.3	\$0.7	\$0.7	\$0.7
	HealthSouth Western	\$0.9	\$0.9	\$0.9	\$0.8	\$0.7
	New Bedford	\$0.8	\$0.5	\$0.4	\$0.3	\$0.2
	New England Rehab	\$3.1	\$5.0	\$2.2	\$2.6	\$2.2
	Spaulding Boston	\$27.1	\$30.1	\$41.8	\$42.9	\$47.6
	Spaulding Cape Cod	\$13.0	\$14.7	\$14.7	\$15.5	\$14.8
	Whittier Bradford	\$5.3	\$5.3	\$6.0	\$5.0	\$5.3
	Whittier Westborough	\$1.0	\$1.4	\$1.7	\$1.5	\$1.3

Utilization Trends	Average Length of Stay (Days)					
		FY14	FY15	FY16	FY17	FY18
	Braintree Rehabilitation	12.5	10.3	12.8	13.2	13.1
	Healthsouth Fairlawn	13.0	12.7	12.5	13.4	12.0
	HealthSouth Western	13.9	14.4	13.7	13.5	13.2
	New Bedford	42.7	42.7	44.1	44.6	39.3
	New England Rehab	12.1	12.3	13.6	13.4	13.3
	Spaulding Boston	20.3	19.5	20.1	20.4	20.9
	Spaulding Cape Cod	13.8	13.9	13.1	13.1	14.1
	Whittier Bradford	24.9	25.0	20.0	22.0	21.1
	Whittier Westborough	21.9	22.4	20.5	19.1	17.8
Patient Revenue Trends	Net Inpatient Revenue per Patient Day					
		FY14	FY15	FY16	FY17	FY18
	Braintree Rehabilitation	\$1,501	\$1,462	\$1,554	\$1,617	\$1,675
	Healthsouth Fairlawn	\$1,370	\$1,363	\$1,460	\$1,456	\$1,593
	HealthSouth Western	\$1,315	\$1,316	\$1,404	\$1,479	\$1,497
	New Bedford	\$1,111	\$1,103	\$1,098	\$1,129	\$1,184
	New England Rehab	\$1,466	\$1,418	\$1,587	\$1,527	\$1,585
	Spaulding Boston	\$1,615	\$1,701	\$1,671	\$1,710	\$1,849
	Spaulding Cape Cod	\$1,563	\$1,667	\$1,753	\$1,810	\$1,717
	Whittier Bradford	\$1,272	\$1,292	\$1,295	\$1,281	\$1,401
	Whittier Westborough	\$1,234	\$1,246	\$1,311	\$1,271	\$1,391
Financial Performance	Total Revenue, Cost, and Profit (Loss) in FY2018					
		Operating Revenue	Total Revenue	Costs	Income (Loss)	Total Margin
	Braintree Rehabilitation	\$63.0	\$63.0	\$48.0	\$15.0	23.9%
	Healthsouth Fairlawn	\$45.1	\$45.1	\$34.0	\$11.1	24.6%
	HealthSouth Western	\$26.7	\$26.7	\$22.3	\$4.3	16.3%
	New Bedford	\$26.5	\$26.5	\$27.6	-\$1.0	-3.9%
	New England Rehab	\$64.2	\$64.2	\$51.3	\$13.0	20.2%
	Spaulding Boston	\$145.7	\$145.6	\$166.2	-\$20.6	-14.2%
	Spaulding Cape Cod	\$41.0	\$41.0	\$44.9	-\$3.9	-9.5%
	Whittier Bradford	\$30.6	\$30.6	\$28.8	\$1.8	5.8%
	Whittier Westborough	\$26.2	\$26.2	\$24.3	\$2.0	7.5%

# CHRONIC CARE HOSPITALS

## 2018 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 Care Hospitals as Long-Term Care Hospitals, using the same 25-day threshold. In FY18 there were four Chronic Care Hospitals operating in Massachusetts. Those facilities were responsible for 16% of all chronic and rehabilitation cases in FY18, while other non-acute hospitals accounted for 77% and acute hospitals accounted for 7% of chronic care discharges. All four Chronic Care Hospitals reported a loss in FY18. Inpatient days at Chronic Care Hospitals decreased 37.5% between FY14 and FY18.

### At a Glance

#### Hospitals in Cohort:

Curahealth Stoughton  
New England Sinai Hospital  
Spaulding Hospital Cambridge  
Vibra Hospital of Western Massachusetts

#### Total Beds:

799 (19.9% of total non-acute hospitals)

#### Median % Occupancy:

55.6%, < total non-acute hospitals (77.2%)

#### Total Inpatient Days:

131,122 (12.7% of total non-acute hospitals)

#### Total Inpatient Discharges:

3,158 (5.0% of total non-acute hospitals)

#### Average Public Payer Mix:

85.7%, > total non-acute hospitals (77.2%)

#### Total Gross Patient Service Revenue:

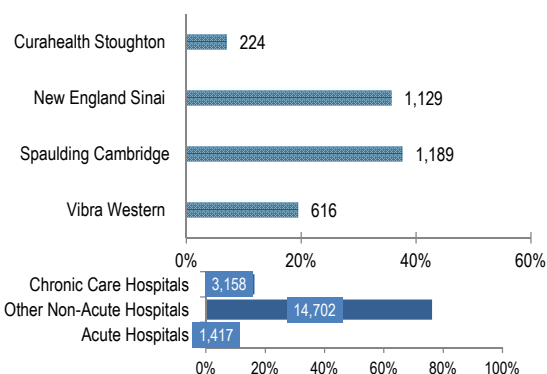
\$714 million (25.6% of total non-acute hospitals)

#### Inpatient:Outpatient Gross Patient Service Revenue:

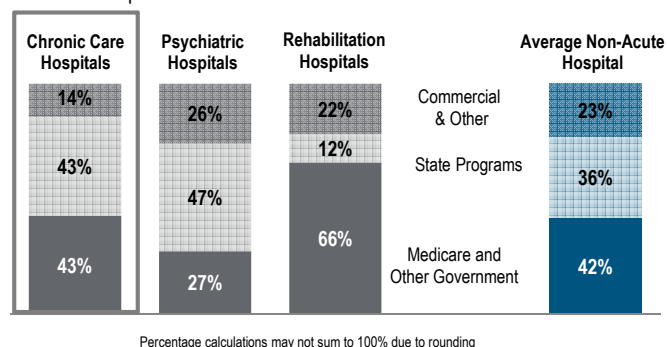
99%:1% (total non-acute hospitals = 87%:13%)

### Services

What proportion of total non-acute hospitals chronic/rehab discharges was attributed to each of the cohort's hospitals in FY18? Overall, what proportions of total chronic/rehab discharges were attributed to acute hospitals and non-acute hospitals?

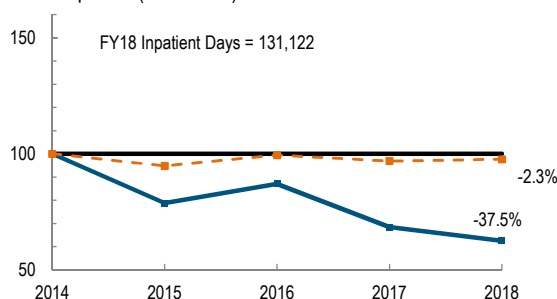


What was this cohort's average payer mix (gross revenues) in FY18, and how does this compare to that of other non-acute hospital cohorts and the average non-acute hospital?

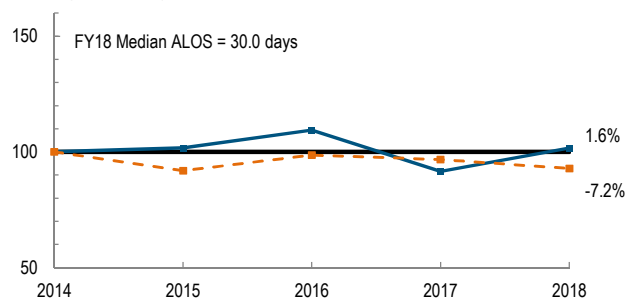


### Utilization

How has the volume of this cohort's inpatient days changed compared to FY14, and how does this compare to that of other non-acute hospitals? (FY14=100)



How has the cohort's median average length of stay (ALOS) changed compared to FY14, and how does this compare to that of other non-acute hospitals? (FY14=100)



For descriptions of the metrics, please see Technical Appendix.

Key:

Cohort

--- Total Non-Acute

# CHRONIC CARE HOSPITALS

## 2018 Hospital Profile

Utilization Trends	Volume of Inpatient Days					
	FY14	FY15	FY16	FY17	FY18	
	Curahealth Stoughton	33,984	31,721	28,761	21,261	19,604
	New England Sinai	35,467	33,984	31,287	32,695	33,824
	Spaulding Cambridge	47,169	46,951	43,987	42,475	42,776
	Vibra Western	55,175	52,426	49,729	46,924	34,918

Utilization Trends	Volume of Outpatient Visits					
	FY14	FY15	FY16	FY17	FY18	
	Curahealth Stoughton	*	*	*	*	*
	New England Sinai	29,013	18,620	21,316	13,388	14,734
	Spaulding Cambridge	*	*	*	*	*
	Vibra Western	*	*	*	*	*

Patient Revenue Trends	Total Net Outpatient Revenue (in millions)					
	FY14	FY15	FY16	FY17	FY18	
	Curahealth Stoughton	*	*	*	*	*
	New England Sinai	\$1.9	\$0.9	\$1.3	\$1.0	\$0.6
	Spaulding Cambridge	*	*	*	*	*
	Vibra Western	*	*	*	*	*

Utilization Trends	Average Length of Stay (Days)					
	FY14	FY15	FY16	FY17	FY18	
	Curahealth Stoughton	46.2	49.9	64.8	86.4	87.5
	New England Sinai	34.9	33.5	34.3	27.0	30.0
	Spaulding Cambridge	27.7	30.0	32.3	31.8	36.0
	Vibra Western	52.9	47.5	48.8	51.0	56.7

Patient Revenue Trends	Net Inpatient Revenue per Patient Day					
	FY14	FY15	FY16	FY17	FY18	
	Curahealth Stoughton	\$1,065	\$1,067	\$1,062	\$963	\$1,333
	New England Sinai	\$1,155	\$1,185	\$1,192	\$1,380	\$1,374
	Spaulding Cambridge	\$1,390	\$1,446	\$1,414	\$1,448	\$1,605
	Vibra Western	\$971	\$969	\$976	\$952	\$772

Financial Performance	Total Revenue, Cost, and Profit (Loss) in FY2018					
	Operating Revenue	Total Revenue	Costs	Income (Loss)	Total Margin	
	Curahealth Stoughton	\$26.8	\$26.8	\$27.2	-\$0.4	-1.7%
	New England Sinai	\$49.1	\$45.7	\$50.5	-\$4.8	-10.6%
	Spaulding Cambridge	\$76.2	\$76.2	\$79.4	-\$3.3	-4.3%
	Vibra Western	\$31.9	\$32.0	\$36.0	-\$4.1	-12.7%

\* Did not report any outpatient data

# NON-ACUTE SPECIALTY HOSPITALS

## 2018 Hospital Profile

**AdCare Hospital of Worcester** is a for-profit specialty hospital located in Worcester. It is the only private non-acute care hospital that exclusively focuses on substance abuse. It provides detox and inpatient services, as well as outpatient services. From FY14 to FY18, inpatient days at AdCare increased by 1.5% and Outpatient visits decreased by 3.9%. During each year in this five year period, AdCare reported positive margins, including a total margin of 8.2% in FY18.

### AdCare Hospital of Worcester

Worcester, MA

At a Glance		Payer Mix	
<b>Total Staffed beds:</b>	114	What was the hospital's overall payer mix (gross revenues) and how does this hospital compare to the average non-acute hospital's payer mix?	
<b>% Occupancy:</b>	91.4%		
<b>Inpatient Discharges:</b>	5,972		
<b>Public Payer Mix:</b>	83.1%		
<b>Total Net Revenue:</b>	\$40,013,824		
<b>Tax Status:</b>	for-profit		
<b>Inpatient:Outpatient Gross Revenue:</b>	69%:31%		
<b>Change in Ownership (FY14-FY18)</b>	N/A		
		AdCare	Average Non-Acute Hospital
		17% Commercial & Other	23%
		34% State Programs	36%
		49% Medicare and Other Government	42%

Percentage calculations may not sum to 100% due to rounding.

	FY14	FY15	FY16	FY17	FY18
<b>Average Length of Stay</b>	6.0	6.2	6.5	6.3	6.4
<b>Inpatient Days</b>	37,474	37,999	38,522	38,293	38,030
<b>Outpatient Visits</b>	116,378	116,054	126,116	114,801	111,835
<b>Net Inpatient Revenue Per Day</b>	\$741	\$755	\$763	\$876	\$818
<b>Net Outpatient Revenue (millions)</b>	\$10.9	\$11.1	\$9.3	\$8.8	\$8.9
<b>Operating Margin</b>	12.8%	15.4%	9.7%	16.1%	8.2%
<b>Total Margin</b>	12.8%	15.5%	9.7%	16.1%	8.2%

Revenue, Cost, & Profit/Loss (in millions)					
FY	Total Revenue	Operating Revenue	Non-Operating Revenue	Costs	Total Profit/Loss
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
2018	\$40	\$40	\$0	\$37	\$3.3

**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 FY14 and FY18, inpatient days increased 9.3%, and outpatient visits decreased 37.8%. Franciscan Hospital for Children reported a loss in FY18 with a total margin of -0.5%.

### Franciscan Hospital for Children

Brighton, MA

At a Glance		Payer Mix	
<b>Total Staffed beds:</b>	112	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?	
<b>% Occupancy:</b>	57.8%		
<b>Inpatient Discharges:</b>	769		
<b>Public Payer Mix:</b>	64.7%		
<b>Total Net Revenue:</b>	\$51,486,829		
<b>Tax Status:</b>	non-profit		
<b>Inpatient:Outpatient Gross Revenue:</b>	67%:33%		
<b>Change in Ownership (FY14-FY18)</b>	N/A		
		Franciscan	Average Non-Acute Hospital
		35% Commercial & Other	23%
		63% State Programs	36%
		1% Medicare and Other Government	42%

Percentage calculations may not sum to 100% due to rounding.

	FY14	FY15	FY16	FY17	FY18
<b>Average Length of Stay</b>	28.0	26.2	27.4	29.1	30.7
<b>Inpatient Days</b>	21,604	21,418	22,555	23,363	23,623
<b>Outpatient Visits</b>	56,018	55,897	41,834	36,085	34,820
<b>Net Inpatient Revenue Per Day</b>	\$1,591	\$1,400	\$1,441	\$1,415	\$1,509
<b>Net Outpatient Revenue (millions)</b>	\$13.2	\$20.0	\$16.0	\$15.5	\$15.8
<b>Operating Margin</b>	3.9%	-0.3%	3.1%	0.0%	-0.5%
<b>Total Margin</b>	4.6%	-0.3%	4.3%	-2.0%	-0.5%

Revenue, Cost, & Profit/Loss (in millions)					
FY	Total Revenue	Operating Revenue	Non-Operating Revenue	Costs	Total Profit/Loss
2014	\$60	\$60	\$0	\$58	\$2.8
2015	\$59	\$59	\$0	\$59	-\$0.2
2016	\$59	\$58	\$1	\$57	\$2.5
2017	\$58	\$59	-\$1	\$59	-\$1.2
2018	\$62	\$62	\$0	\$63	-\$0.3

For descriptions of the metrics, please see Technical Appendix

## NON-ACUTE SPECIALTY HOSPITALS

### 2018 Hospital Profile

**Hebrew Rehabilitation Hospital** is a non-profit specialty hospital located in Boston. It specializes in providing hospital and community health care services to geriatric patients. It provides long-term acute, rehabilitative, outpatient, adult day health, and home health care services. It is also the healthcare facility for Hebrew SeniorLife provider organization, a provider of elder care. Between FY14 and FY18, inpatient days decreased 3.9%, and outpatient visits increased 41.2%. During each year in this five year period, Hebrew Rehabilitation has reported a loss, including a -4.0% total margin in FY18.

#### Hebrew Rehabilitation Hospital

Boston, MA

At a Glance		Payer Mix									
Total Staffed beds:	717	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?		Average Length of Stay							
% Occupancy:	89.6%			FY14							
Inpatient Discharges:	1,248			FY15							
Public Payer Mix:	82.9%			FY16							
Total Net Revenue:	\$118,756,750			FY17							
Tax Status:	non-profit			FY18							
Inpatient:Outpatient Gross Revenue:	96%:4%			Inpatient Days							
Change in Ownership (FY14-FY18)	N/A			Outpatient Visits							
				Net Inpatient Revenue Per Day							
				Net Outpatient Revenue (millions)							
				Operating Margin							
				Total Margin							

Percentage calculations may not sum to 100% due to rounding

Revenue, Cost, & Profit/Loss (in millions)					
FY	Total Revenue	Operating Revenue	Non-Operating Revenue	Costs	Total Profit/Loss
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	\$127	-\$8.8
2018	\$122	\$121	\$1	\$127	-\$4.9

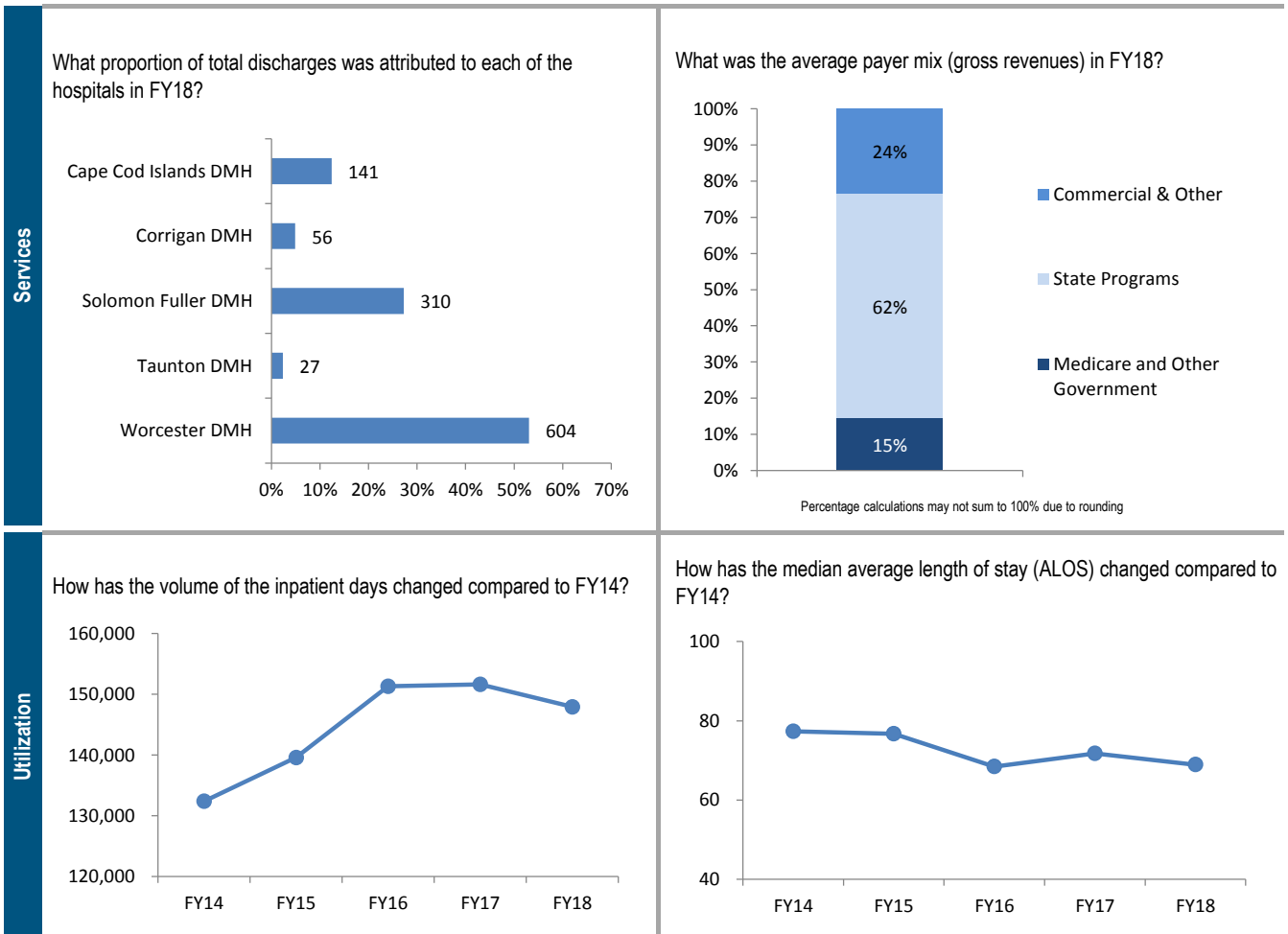
For descriptions of the metrics, please see Technical Appendix

# DEPARTMENT OF MENTAL HEALTH HOSPITALS

## 2018 Hospital Profile

The Department of Mental Health (DMH) operates five hospitals that provide psychiatric and mental health care for those with otherwise limited access to facilities providing such care. The department operates Cape Cod & Islands Mental Health Center, Corrigan Mental Health Center, Solomon Carter Fuller Mental Health Center, Taunton State Hospital, and Worcester State Hospital. Cape Cod & Islands provides inpatient and outpatient psychiatric care. Corrigan offers inpatient and outpatient treatment, crisis counseling, and emergency psychiatric services. Solomon Fuller provides emergency and crisis care for adult and youth patients. Taunton Hospital offers a youth residential program, addiction and substance abuse program, and psychiatric services. Worcester State offers a mental health center for adult and youth patients.

At a Glance	<b>Hospitals in Cohort:</b>	
	Cape Cod & Islands Community Mental Health Center	
	Corrigan Mental Health Center	
	Solomon Carter Fuller Mental Health Center	
	Taunton State Hospital	
	Worcester State Hospital	
	<b>Total Staffed Beds:</b>	<b>Total Outpatient Visits</b>
	427	6,744
	<b>Median % Occupancy:</b>	<b>Median Average Length of Stay in Days</b>
	95.8%	68.9
Services	<b>Total Inpatient Days:</b>	<b>Average Public Payer Mix:</b>
	147,919	76.4%
	<b>Total Inpatient Discharges:</b>	<b>Total Gross Patient Service Revenue:</b>
	1,138	\$180 million



For descriptions of the metrics, please see Technical Appendix.

Key:  
— Cohort

# DEPARTMENT OF MENTAL HEALTH HOSPITALS

## 2018 Hospital Profile

Utilization Trends	Volume of Inpatient Days					
		FY14	FY15	FY16	FY17	FY18
	Cape Cod Islands DMH	5,782	5,781	5,754	5,773	5,786
	Corrigan DMH	5,727	5,640	5,636	5,255	3,860
	Solomon Fuller DMH	21,417	21,317	21,223	21,453	20,989
	Taunton DMH	15,707	16,304	17,182	17,126	16,065
	Worcester DMH	83,757	90,550	101,522	102,018	101,219

Utilization Trends	Volume of Outpatient Visits					
		FY14	FY15	FY16	FY17	FY18
	Cape Cod Islands DMH	5,473	5,364	4,874	4,956	3,041
	Corrigan DMH	10,616	9,963	9,288	7,710	3,703
	Solomon Fuller DMH	0	0	0	0	0
	Taunton DMH	0	0	0	0	0
	Worcester DMH	0	0	0	0	0

Utilization Trends	Total Staffed Beds					
		FY14	FY15	FY16	FY17	FY18
	Cape Cod Islands DMH	16	16	16	16	16
	Corrigan DMH	16	16	16	16	16
	Solomon Fuller DMH	60	60	60	60	60
	Taunton DMH	45	45	45	45	45
	Worcester DMH	238	260	290	290	290

Utilization Trends	Average Length of Stay (Days)					
		FY14	FY15	FY16	FY17	FY18
	Cape Cod Islands DMH	35.0	30.8	36.0	34.6	41.0
	Corrigan DMH	33.9	31.3	31.0	41.4	68.9
	Solomon Fuller DMH	77.3	76.7	68.5	71.8	67.7
	Taunton DMH	374.0	388.2	419.1	519.0	595.0
	Worcester DMH	164.6	160.0	156.7	173.5	167.6

Utilization Trends	Percentage of Occupancy					
		FY14	FY15	FY16	FY17	FY18
	Cape Cod Islands DMH	99.0	99.0	98.3	98.9	99.1
	Corrigan DMH	98.1	96.6	96.2	90.0	66.1
	Solomon Fuller DMH	97.8	97.3	96.6	98.0	95.8
	Taunton DMH	95.6	99.3	104.3	104.3	97.8
	Worcester DMH	96.4	95.4	95.7	96.4	95.6

Patient Revenue Trends	Total Net Patient Service Revenue (Thousands)					
		FY14	FY15	FY16	FY17	FY18
	Cape Cod Islands DMH	\$6,058	\$6,832	\$6,136	\$7,249	\$6,368
	Corrigan DMH	\$5,931	\$7,286	\$7,111	\$7,314	\$5,724
	Solomon Fuller DMH	\$4,939	\$5,035	\$5,272	\$5,107	\$12,856
	Taunton DMH	\$2,250	\$2,409	\$2,549	\$2,626	\$11,944
	Worcester DMH	\$22,961	\$28,382	\$27,232	\$25,837	\$68,319

# DEPARTMENT OF PUBLIC HEALTH HOSPITALS

## 2018 Hospital Profile

The Department of Public Health (DPH) operates four multi-specialty hospitals that provide acute and chronic care to those for whom community facilities are not available or access to health care is restricted. The department operates Lemuel Shattuck Hospital, Pappas Rehabilitation Hospital for Children, Tewksbury Hospital, and Western Mass Hospital. Lemuel Shattuck provides acute, subacute, and ambulatory care. Tewksbury Hospital provides both medical and psychiatric services to challenging adult patients with chronic conditions. The Pappas Rehabilitation Hospital for Children serves children with birth defects and severe physical disabilities, many of whom reside there. Western Massachusetts Hospital is a long term medical and specialty care hospital.

### Hospitals in Cohort:

Lemuel Shattuck Hospital  
Pappas Rehabilitation Hospital for Children  
Tewksbury Hospital  
Western Massachusetts Hospital

### At a Glance

#### Total Staffed Beds:

967

#### Total Outpatient Visits

15,939

#### Median % Occupancy:

75.8%

#### Median Average Length of Stay in Days

273.5

#### Total Inpatient Days:

250,351

#### Average Public Payer Mix:

85.1%

#### Total Inpatient Discharges:

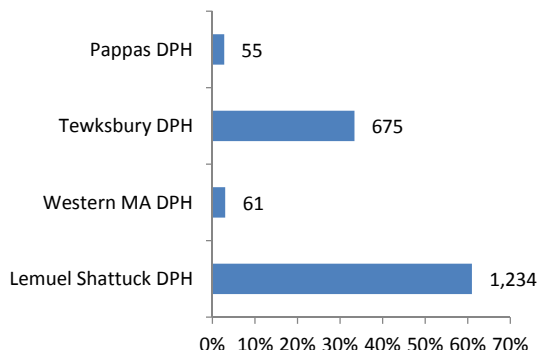
2,025

#### Total Gross Patient Service Revenue:

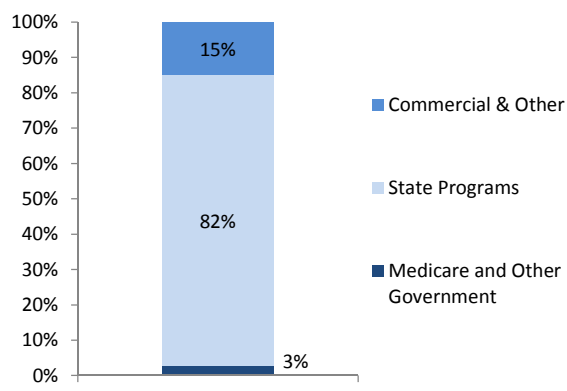
\$299 million

### Services

What proportion of total discharges was attributed to each of the hospitals in FY18?

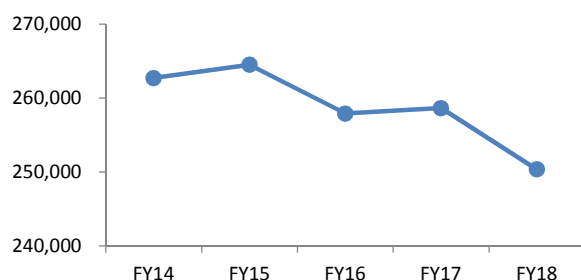


What was the average payer mix (gross revenues) in FY18?

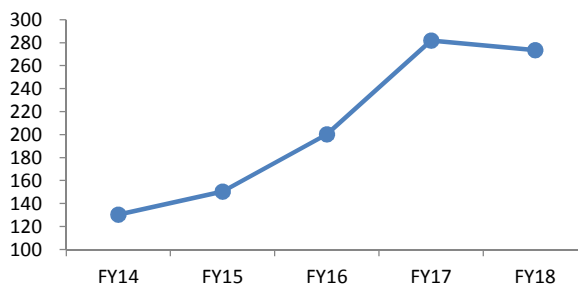


### Utilization

How has the volume of the inpatient days changed compared to FY14?



How has the median average length of stay (ALOS) changed compared to FY14?



For descriptions of the metrics, please see Technical Appendix.

Key:

— Cohort

# DEPARTMENT OF PUBLIC HEALTH HOSPITALS

## 2018 Hospital Profile

Utilization Trends	Volume of Inpatient Days					
		FY14	FY15	FY16	FY17	FY18
	Lemuel Shattuck DPH	83,739	82,530	82,271	83,115	79,567
	Pappas DPH	20,745	21,122	21,849	21,336	19,953
	Tewksbury DPH	131,494	129,527	125,147	126,256	124,386
	Western MA DPH	26,734	31,329	28,642	27,942	26,445

Utilization Trends	Volume of Outpatient Visits					
		FY14	FY15	FY16	FY17	FY18
	Lemuel Shattuck DPH	23,300	19,023	21,512	22,726	15,939
	Pappas DPH	875	889	1,016	0	0
	Tewksbury DPH	0	0	0	0	0
	Western MA DPH	0	0	0	0	0

Utilization Trends	Total Staffed Beds					
		FY14	FY15	FY16	FY17	FY18
	Lemuel Shattuck DPH	260	260	260	260	260
	Pappas DPH	84	84	84	84	80
	Tewksbury DPH	540	540	540	540	540
	Western MA DPH	80	91	92	81	87

Utilization Trends	Average Length of Stay (Days)					
		FY14	FY15	FY16	FY17	FY18
	Lemuel Shattuck DPH	53.7	51.8	60.5	70.4	64.5
	Pappas DPH	100.2	139.0	227.6	395.1	362.8
	Tewksbury DPH	160.2	161.5	172.6	180.9	184.3
	Western MA DPH	621.7	474.7	376.9	382.8	433.5

Utilization Trends	Percentage of Occupancy					
		FY14	FY15	FY16	FY17	FY18
	Lemuel Shattuck DPH	88.2	87.0	86.5	87.6	83.8
	Pappas DPH	67.7	68.9	71.1	69.6	68.3
	Tewksbury DPH	66.7	65.7	63.3	64.1	63.1
	Western MA DPH	91.6	94.3	85.1	94.5	83.3

Patient Revenue Trends	Total Net Patient Service Revenue (Thousands)					
		FY14	FY15	FY16	FY17	FY18
	Lemuel Shattuck DPH	\$57,591	\$57,452	\$67,688	\$69,328	\$72,776
	Pappas DPH	\$21,863	\$22,043	\$24,290	\$23,841	\$23,797
	Tewksbury DPH	\$75,740	\$74,389	\$76,960	\$79,595	\$85,081
	Western MA DPH	\$20,585	\$25,059	\$24,537	\$24,429	\$24,880

CENTER FOR HEALTH INFORMATION AND ANALYSIS

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**F Y 2 0 1 8**  
**MASSACHUSETTS**  
**HOSPITAL**  
**PROFILES**

TECHNICAL APPENDIX

JANUARY 2020

Publication Number 20-30-CHIA-02



# FY18 Massachusetts Acute Care Hospitals (January 2020)

## TECHNICAL APPENDIX

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## Introduction

Acute and non-acute hospitals included in *Massachusetts Hospital Profiles - Data through Fiscal Year 2018* 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) 2014 to FY2018. Descriptive acute and non-acute hospital information is from FY2018.

### **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 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 FY2018 HDD data as of August 2019 for the service metrics, which includes discharges between October 1, 2017 and September 30, 2018 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 FY2014-FY2018.

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 2018:

MULTI-ACUTE HOSPITAL SYSTEM	ACUTE HOSPITAL MEMBER
<b>Baystate Health</b>	Baystate Franklin Medical Center Baystate Medical Center Baystate Noble Baystate Wing Hospital
<b>Berkshire Health Systems</b>	Berkshire Medical Center Fairview Hospital
<b>Cape Cod Healthcare</b>	Cape Cod Hospital Falmouth Hospital
<b>CareGroup</b>	Beth Israel Deaconess Hospital – Milton Beth Israel Deaconess Hospital – Needham Beth Israel Deaconess Hospital – Plymouth Beth Israel Deaconess Medical Center Mount Auburn Hospital New England Baptist Hospital
<b>Heywood Healthcare</b>	Athol Hospital Heywood Hospital
<b>Lahey Health System</b>	Lahey Hospital & Medical Center Northeast Hospital Winchester Hospital
<b>Partners HealthCare System</b>	Brigham and Women's Hospital Brigham and Women's Faulkner Hospital Cooley Dickinson Hospital Martha's Vineyard Hospital Massachusetts Eye and Ear Infirmary Massachusetts General Hospital Nantucket Cottage Hospital Newton-Wellesley Hospital North Shore Medical Center

<b>MULTI-ACUTE HOSPITAL SYSTEM</b>	<b>ACUTE HOSPITAL MEMBER</b>
<b>Shriners Hospitals for Children<sup>^</sup></b>	Shriners Hospitals for Children – Boston Shriners Hospitals for Children – Springfield
<b>Steward Health Care System</b>	Morton Hospital, 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
<b>UMass Memorial Health Care</b>	HealthAlliance-Clinton Hospital Marlborough Hospital UMass Memorial Medical Center
<b>Wellforce</b>	Lowell General Hospital MelroseWakefield Hospital Tufts Medical Center
<b>Tenet Healthcare<sup>^</sup></b>	MetroWest Medical Center Saint Vincent Hospital

<sup>^</sup>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. The HPC regions were rolled up into larger regions for this publication to facilitate better comparison within each geographic area. The acute hospitals and the regions to which they were assigned are:

<b>MASSACHUSETTS REGION</b>	<b>ACUTE HOSPITAL ASSIGNED TO REGION</b>
<b>Metro Boston</b>	Beth Israel Deaconess Hospital – Milton Beth Israel Deaconess Hospital – Needham Beth Israel Deaconess Medical Center Boston Children's Hospital Boston Medical Center Brigham and Women's Faulkner Hospital Brigham and Women's Hospital Cambridge Health Alliance Dana-Farber Cancer Institute Massachusetts Eye and Ear Infirmary Massachusetts General Hospital

MASSACHUSETTS REGION	ACUTE HOSPITAL ASSIGNED TO REGION
	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
<b>Northeastern Massachusetts</b>	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 Northeast Hospital Steward Holy Family Hospital Winchester Hospital
<b>Central Massachusetts</b>	Athol Hospital Harrington Memorial Hospital HealthAlliance-Clinton Hospital Heywood Hospital Saint Vincent Hospital UMass Memorial Medical Center
<b>Cape and Islands</b>	Cape Cod Hospital Falmouth Hospital Martha's Vineyard Hospital Nantucket Cottage Hospital
<b>Metro West</b>	Marlborough Hospital MetroWest Medical Center Milford Regional Medical Center Steward Norwood Hospital Sturdy Memorial Hospital
<b>Western Massachusetts</b>	Baystate Franklin Medical Center Baystate Medical Center Baystate Noble Hospital Baystate Wing Hospital Berkshire Medical Center Cooley Dickinson Hospital Fairview Hospital Holyoke Medical Center

MASSACHUSETTS REGION	ACUTE HOSPITAL ASSIGNED TO REGION
	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

<sup>1</sup> For descriptions of the regions, see <http://www.mass.gov/anf/docs/hpc/2013-cost-trends-report-technical-appendix-b3-regions-of-massachusetts.pdf> (last accessed March 7, 2017).

## Special Designations

Certain acute hospitals in Massachusetts have a special status among public payers due to their rural or relatively isolated locations:

**Critical Access Hospital** is a state designation given to hospitals that have no more than 25 acute beds, are located in a rural area, and are more than a 35-mile drive from the nearest hospital or more than a 15-mile drive in areas with mountainous terrains or secondary roads.<sup>1</sup> Critical Access Hospitals receive cost-based payments from Medicare and MassHealth.

**Sole Community Hospital** is a Medicare designation given to hospitals that are located in rural areas or are located in areas where it is difficult to access another hospital quickly. These hospitals are eligible to receive higher inpatient payments from Medicare than other hospitals.

<sup>1</sup> In addition, Critical Access Hospitals include hospitals that were, prior to January 1, 2006, designated by the State as a "necessary provider" of health care services to residents in the area. There are additional requirements to be designated as a Critical Access Hospital, including length of stay requirements, staffing requirements, and other provisions. See Code of Federal Regulations: 42 CFR 485.601-647.

## 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 FY2018 Cohort Designations. Below is a list of acute hospital cohorts and the hospitals assigned to each, based on FY18 data (with the exception of Teaching which is based on FY2017 to be consistent with the Massachusetts Acute Hospital and Health System Financial Performance: FY 2018 Published in September 2019):

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

COHORT DESIGNATION	ACUTE HOSPITAL
	Martha's Vineyard Hospital Milford Regional Medical Center Nantucket Cottage Hospital Newton-Wellesley Hospital South Shore 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 Fairview Hospital Falmouth Hospital Harrington Memorial Hospital HealthAlliance-Clinton Hospital Heywood 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 Steward Norwood 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

## At a Glance

**Hospital system affiliation** notes with which multi-acute hospital system, if any, the hospital is affiliated.

**Hospital system surplus (loss)** is the hospital system's profit/loss in FY 2018.

**Change in ownership** notes change in ownership during the period of the analysis.

**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 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 FY18. For more information please see the Special Public Funding notes contained in Appendix D.

**Trauma Center designation** is determined by the Massachusetts Department of Public Health and the American College of Surgeons, with Level 1 being the highest designation given to tertiary care facilities. Facilities can be designated as Adult and/or Pediatric Trauma Centers.<sup>2</sup> While there are five levels of trauma center designations recognized nationally, Massachusetts hospitals only fall under Levels 1, 2, and 3 for Adult and/or Levels 1 and 2 for Pediatric.

**Level 1 Trauma Center** is a comprehensive regional resource that is a tertiary care facility central to the trauma system. A Level 1 Trauma Center is capable of providing total care for every aspect of injury, from prevention through rehabilitation.

**Level 2 Trauma Center** is able to initiate definitive care for all injured patients, and provide 24- hour immediate coverage by general surgeons, as well as coverage by the specialties of orthopedic surgery, neurosurgery, anesthesiology, emergency medicine, radiology and critical care.

**Level 3 Trauma Center** has demonstrated an ability to provide prompt assessment, resuscitation, surgery, intensive care and stabilization of injured patients and emergency operations, including the ability to provide 24-hour immediate coverage by emergency medicine physicians and prompt availability of general surgeons and anesthesiologists.

**Case mix index (CMI)** is a relative value assigned to the hospital's mix of inpatients to determine the overall acuity of the hospital's patients and is compared with the CMI of peer hospitals and the statewide average CMI. CHIA calculated each hospital's CMI by applying the 3M™ All Patient Refined (APR) grouper, version 30 with Massachusetts-specific baseline cost weights to each hospital's HDD data. Hospitals validate their HDD data submissions annually with CHIA.

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<sup>2</sup> American Trauma Society, Trauma Center Levels Explained. Available at: <http://www.amtrauma.org/?page=TraumaLevels> (last accessed October 6, 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 2018.

**Total surplus (loss)** is the hospital's reported profit/loss in FY 2018.

**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 FY2018 GPSR.

**Calendar Year (CY) 2017 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/r/pubs/19/relative-price-methodology-paper.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.

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**Outpatient visits** are the total outpatient visits reported by the hospital. Note that outpatient visits may not be uniformly reported across hospitals. Where substantial increases / decreases were observed, hospitals were notified and afforded the opportunity to update the information provided. In most cases, hospitals provided explanations but did not revise their data.

**Outpatient visits** growth rate for each hospital measures the percent change in total outpatient visits to a hospital.

**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-six 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 2018. Participation in the Leapfrog survey is voluntary; where a hospital does not complete the survey or report on certain items in the survey, the measure is also not included in the profiles.

## Acute Hospital Profiles: Services

**Most common inpatient diagnosis related groups (DRGs)** and the percentage of those DRGs treated at that hospital for the region.

- **Data Sources:** FY 2018 HDD data as of August 2019 and the 3M™ APR-DRG 30 All Patient Refined Grouper
- **Hospital Calculation:** Each discharge was grouped and ranked by DRG code. The subject hospital's 10 most frequently occurring DRGs were identified and those DRGs were then summed for all hospitals in the region in order to calculate the percent of regional discharges that were treated at the subject hospital. The total number of the subject hospital's discharges was compared to the sum of all hospital discharges in the region to determine the overall proportion of regional discharges.

For more information on DRGs, please see Appendix C.

**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 2018 HDD data as of August 2019 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 FY18 discharge data from the HDD. Patient origin was determined by the reported zip code for each patient's residence. In larger cities, communities may include multiple zip codes. These zip codes were rolled up to reflect postal code neighborhoods based on the United States Postal Service Database. For more information on the zip codes included within each region, please see the databook.

For example, Boston zip codes were rolled up to the following designations: Boston (Downtown) includes: Back Bay, Beacon Hill, Downtown Boston, the Financial District, East Boston, Fenway/Kenmore, South Boston and South End. The remaining Boston communities with multiple zip codes were rolled up to these designations: Allston, Brighton, Charlestown, Dorchester, Dorchester Center, Hyde Park, Jamaica Plain, Mattapan, Mission Hill, Roslindale, Roxbury, and West Roxbury.

### **Acute Hospital Profiles: Quality Measures**

To compile provider quality performance information, CHIA relied on the following primary data sources: CHIA's Hospital Discharge Database (HDD), the Centers for Medicare and Medicaid Services (CMS) Hospital Compare database, and The Leapfrog Group. Metrics are based on varied data periods due to differences in reporting time frames across the data sources. For each metric, the associated reporting time period is listed.

**Health Care-Associated Infections** of three different types are reported:

1. **Central Line-Associated Blood Stream Infections (CLABSI):** This measure captures the observed rate of health care-associated central line-associated bloodstream infections among patients in an inpatient acute hospital, compared to the expected number of infections based on the hospital's characteristics and case mix.
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:** 2017-2018
- **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 2018

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- **Hospital Calculation:** The raw readmission rate reflects the number of unplanned readmissions within 30 days divided by the total number of eligible discharges during the designated time period.
  - **Cohort Calculation:** Not applicable
  - **State Comparative:** The method yields a statewide readmission rate across all the Commonwealth's acute-care hospitals for the designated time period.
  - **Patient Population:** All payers, age 18+, excluding obstetric, primary psychiatric, cancer, and rehabilitation discharges.

## Acute Hospital Profiles: Utilization Trends

**Change in volume of inpatient discharges** measures discharges for inpatient admissions.

- **Data Sources:**  
FY 2014, 403 Cost Report, Schedule 5a, Row 25, Column 2  
  
FY 2015 and subsequent years, 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 2014 as the base year. FY 2015:  $(FY\ 2015 - FY\ 2014) / FY\ 2014$ , FY 2016:  $(FY\ 2016 - FY\ 2014) / FY\ 2014$ , FY 2017:  $(FY\ 2017 - FY\ 2014) / FY\ 2014$ , FY 2018:  $(FY\ 2018 - FY\ 2014) / FY\ 2014$ .
- **Cohort calculation:** Represents the percent change of total discharges across all hospitals in the cohort for each year. For example: Cohort for FY 2015 =  $(\text{Sum of discharges at cohort hospitals in FY 2015} - \text{Sum of discharges at cohort hospitals in FY 2014}) / \text{Sum of discharges at cohort hospitals in FY 2014}$ .

**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 Sources:**  
FY 2014, 403 Cost Report, Schedule 5a, Row 39, Column 2  
  
FY 2015 and subsequent years, Massachusetts Hospital Cost Report: Tab 5, Line 301, Column 1
- **Hospital index calculation:** Calculate the percent change between each year, using FY14 as the base year. FY 2015:  $(FY\ 2015 - FY\ 2014) / FY\ 2014$ , FY 2016:  $(FY\ 2016 - FY\ 2014) / FY\ 2014$ , FY 2017:  $(FY\ 2017 - FY\ 2014) / FY\ 2014$ , FY 2018:  $(FY\ 2018 - FY\ 2014) / FY\ 2014$ .
- **Cohort calculation:** Represents the median of the percent change across all hospitals in the cohort for each year. For example: Cohort for FY 2015 = 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 Sources:** NPSR and discharges were sourced from the Massachusetts Hospital Cost Report; Case Mix Index (CMI) is sourced from HDD.
- **Hospital calculation:** The hospital's inpatient net revenue per CMAD was calculated by dividing NPSR by the total CMAD for each year.
- **Cohort calculation:** The range of all revenue/CMAD values for cohort hospitals are represented by the vertical black line. The cohort value denotes the median revenue per CMAD for all cohort hospitals.

### Variation in inpatient discharge counts:

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 Sources:**  
FY 2014, 403 Cost Report, Schedule 5a, Rows 78.01 (net outpatient revenue) + 78.02 (outpatient premium revenue), Column 2  
  
FY 2015 and subsequent years, Massachusetts Hospital Cost Report: Tab 5, Line 209, Column 1
- **Hospital index calculation:** Displays the percent change between each year, using FY14 as the base year. FY 2015:  $(FY\ 2015 - FY\ 2014) / FY\ 2014$ , FY 2016:  $(FY\ 2016 - FY\ 2014) / FY\ 2014$ , FY 2017:  $(FY\ 2017 - FY\ 2014) / FY\ 2014$ , FY 2018:  $(FY\ 2018 - FY\ 2014) / FY\ 2014$ .
- **Cohort calculation:** Represents the median of the percent change across all hospitals in the cohort for each year. For example: Cohort for FY15= 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 2014 through 2018.

- **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 Sources:** 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 Sources:** 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 2018 cohort designations for all years examined. The number of hospitals included in a given cohort may vary from year to year due to hospital closures.

The acute hospital cohort profile measures the acute hospital cohorts as composites of the individual hospitals assigned to each cohort. In general, metrics were determined by aggregating the values of all hospitals assigned to the cohort. For comparison purposes, the individual cohorts are compared to one another and all hospitals statewide, including specialties.<sup>3</sup> The analytic metrics are largely the same as the metrics used for the individual hospital profiles, except as noted below. Please see the descriptions and calculation methods described in the Acute Hospital Metric Description section for more information.

**Inpatient Severity Distribution** measures the percentage of a cohort's discharges that falls into each statewide severity quintile. This metric provides a way to compare the severity levels of the cohort's patients to those of other acute hospitals in Massachusetts.

- **Data Source:** Hospital Discharge Database (HDD) as of August 2019.
- **Data Period:** FY 2018

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<sup>3</sup> Note that specialty hospitals are not assigned to any cohort due to their unique service mix and/or populations served.

- **Cohort Calculation:** Every discharge in the state has a Diagnosis Related Group (DRG) code associated with it. Severity quintiles were determined by ranking all possible DRG outputs by case-weight. The cohort calculation shows the percentage of a cohort's aggregate discharges that falls into each quintile. These proportions were then compared with the proportions of aggregated discharges by severity quintile for all hospitals assigned to other cohorts.

*In cases where metrics were similar to the acute hospital profile metrics, data was aggregated to determine cohort measures. For example:*

**The most common inpatient DRGs** for each subject cohort were determined by categorizing all of the hospitals' discharges by cohort using the All Patient Refined Grouper (3M™ APR-DRG 30), which were then summed and ranked. Each of the subject cohort's ten most frequently occurring DRGs were then divided by the statewide count per DRG to obtain the percent of discharges to the statewide total.

*The cohort comparison metric for **payer mix** is different from comparisons among acute hospitals:*

**Payer mix** was calculated differently from other measures due to the fact that the underlying charges that comprise GPSR differ across hospitals. For this measure, the cohort payer mix was first calculated for each hospital assigned to the cohort in the manner described in the Acute Hospital Profiles section of this Appendix. The mean of the individual cohort hospital's experience was determined and is displayed here. The same method was used to determine the trend in outpatient visits for comparison to all other cohort hospital. Non-acute hospitals in Massachusetts are typically identified as psychiatric, rehabilitation, chronic care facilities and state owned non-acute hospitals including department of mental health / public health hospitals.

## 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
Universal 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 Health Care System	McLean Hospital Spaulding Rehabilitation Hospital Boston Spaulding Rehabilitation Hospital Cape Cod Spaulding Hospital Cambridge
Signature HealthCare	Westborough Behavioral Healthcare Hospital
Vibra HealthCare	Vibra Hospital of Western MA New Bedford Rehabilitation Hospital
Steward Health Care System	New England Sinai Hospital
Whittier Health System	Whittier Pavilion Whittier Rehabilitation Hospital Bradford Whittier Rehabilitation Hospital Westborough

## **Non-Acute Hospital Cohorts**

Non-acute hospitals were assigned to peer cohorts based upon MassHealth regulatory designations, defined by the criteria below<sup>4</sup>:

**Psychiatric hospitals** are licensed by the DMH for psychiatric services, and by DPH for substance abuse services.

**Rehabilitation hospitals** provide intensive post-acute rehabilitation services, such as physical, occupational, and speech therapy services. For Medicare payment purposes, the federal government classifies hospitals as rehabilitation hospitals if they provide more than 60% of their inpatient services to patients with one or more of 13 diagnoses listed in federal regulations.<sup>5</sup>

**Chronic care hospitals** are hospitals with an average length of stay greater than 25 days. These hospitals typically provide longer-term care, such as ventilator-dependent care. Medicare classifies chronic hospitals as Long-Term Care Hospitals, using the same 25-day threshold.

Non-acute specialty hospitals were not included in any cohort comparison analysis due the unique patient populations they serve and/or the unique sets of services they provide. Non-acute hospitals that were considered specialty hospitals include:

- AdCare Hospital of Worcester - provides substance abuse services
- Franciscan Hospital for Children - provides specialized children's services
- Hebrew Rehabilitation Hospital - specializes in providing longer term care than other chronic hospitals

**Department of Mental Health Hospitals** are state owned non-acute hospital provides psychiatric and mental health care for those with otherwise limited access to facilities providing such care.

**Department of Public Health Hospitals** are multi-specialty hospitals that provides acute and chronic care to those for whom community facilities are not available or access to health care is restricted.

Below is a list of non-acute hospital cohorts and the hospitals assigned to each:

<b>COHORT DESIGNATION</b>	<b>NON-ACUTE HOSPITAL</b>
<b>Psychiatric Hospitals</b>	Arbour Hospital
	Arbour-Fuller Memorial
	Arbour-HRI Hospital
	Bournewood Hospital
	High Point Hospital
	McLean Hospital
	Southcoast Behavioral Hospital
	Taravista Health Center
	Walden Behavioral Care

<sup>4</sup> State-owned non-acute hospitals are included in this publication started with the 2018 report.

<sup>5</sup> Code of Federal Regulations: 42 CFR 412.29(b)(2)

<sup>^</sup> Westborough Behavioral Healthcare Hospital is a new provider in 2018

COHORT DESIGNATION	NON-ACUTE HOSPITAL
	Westborough Behavioral Healthcare Hospital <sup>A</sup> 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 Boston Spaulding Rehabilitation Hospital Cape Cod 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
Department of Mental Health Hospitals	Cape Cod & Islands Community Mental Health Center Corrigan Mental Health Center Solomon Carter Fuller Mental Health Center Taunton State Hospital Worcester State Hospital
Department of Public Health Hospitals	Lemuel Shattuck Hospital Pappas Rehabilitation Hospital for Children Tewksbury Hospital Western Massachusetts Hospital

**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.

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**Total inpatient discharge** information was sourced from Schedule 3 of the FY 2014 403 Cost Report and Tab 3 of the FY 2015 and subsequent years Massachusetts Hospital Cost Report.

**Public payer mix** was determined based upon the hospital's reported GPSR. See Payer Mix metric description for more information.

**Total revenue** was sourced from the hospital's Hospital Cost Report.

**Inpatient – outpatient revenue** is derived from the amount of GPSR reported for inpatient and outpatient services in the hospital's Hospital Cost Report.

## Non-Acute Hospital Profiles: Services

**Types of inpatient services** are defined by Discharges.

- **Data Sources:**  
FY 2014, 403 Cost Report, Schedule 3, Column 12, Rows 1 through 21.  
  
FY 2015 and subsequent years, 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 Sources:**  
FY 2014, 403 Cost Report, Schedule 5a, Row 44, Columns 3 through 14.  
  
FY 2015 and subsequent years, 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:**  
FY 2014, 403 Cost Report, Schedule 3, Column 6, Row 22.  
  
FY 2015 and subsequent years, Massachusetts Hospital Cost Report: Tab 3, Column 4, Line 500

- **Hospital Index calculation:** Calculated percent change in Inpatient Days for each year, using FY 2014 as the base year. FY 2015:  $(FY\ 2015 - FY\ 2014) / FY\ 2014$ , FY 2016:  $(FY\ 2016 - FY\ 2014) / FY\ 2014$ , FY 2017:  $(FY\ 2017 - FY\ 2014) / FY\ 2014$ , FY 2018:  $(FY\ 2018 - FY\ 2014) / FY\ 2014$ .
- **Cohort calculation:** Represents the median of the percent change across all hospitals in the cohort for each year. For example Cohort for FY15 = 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:**  
FY 2014, 403 Cost Report, Schedule 3, Column 13, Row 22.  
  
FY 2015 and subsequent years, 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 2014 as the base year. FY 2015:  $(FY\ 2015 - FY\ 2014) / FY\ 2014$ , FY 2016:  $(FY\ 2016 - FY\ 2014) / FY\ 2014$ , FY 2017:  $(FY\ 2017 - FY\ 2014) / FY\ 2014$ , FY 2018:  $(FY\ 2018 - FY\ 2014) / FY\ 2014$ .
- This is plotted against the growth in median ALOS among all non-acute hospitals, including specialties, relative to FY 2014.

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## 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:**

FY 2014, 403 Cost Report, Schedule 3, Column 6, Row 22.

FY 2015 and subsequent years, 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:**

FY 2014, 403 Cost Report, Schedule 3, Column 13, Row 22.

FY 2015 and subsequent years, Massachusetts Hospital Cost Report: Tab 3, Column 8, Line 500

**Volume of Outpatient Visits** measures the total outpatient visits to a hospital.

- **Data Sources:**

FY 2014, 403 Cost Report, Schedule 5a, Column 2, Row 39.

FY 2015 and subsequent years, Massachusetts Hospital Cost Report: Tab 5, Column 1, Line 301

## Non-Acute Hospital Profiles: Patient Revenue Trends

**Inpatient Revenue per Day** is the hospital's net inpatient service revenue (NPSR) divided by its total inpatient days.

- **Data Sources:**

FY 2014, 403 Cost Report: NPSR was sourced from Schedule 5a, Column 2, Rows 65.01 (net inpatient revenue) and 65.02 (inpatient premium revenue). Inpatient days were sourced from Schedule 3, Column 6, Row 22 of the 403 Cost Report.

FY 2015 and subsequent years: Massachusetts Hospital Cost Report: NPSR including premium revenue was sourced from Tab 5, Column 1, Line 208. Inpatient days were sourced from Tab 5, Column 1, Line 300.

**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 Sources:**

FY 2014, 403 Cost Report, Schedule 5a, Column 2, Rows 78.01 (net outpatient revenue) and 78.02 (outpatient premium revenue)

FY 2015 and subsequent years, Massachusetts Hospital Cost Report: Tab 5, Line 209 (outpatient NPSR including premium revenue)

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## 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:**

FY 2014, 403 Cost Report, Schedule 23B, Column 2, Total Unrestricted Revenue (Row 65), Operating Revenue (Rows 55 + 56 + 57+ 60 + 64, Total Expenses Row 73, Total Profit or Loss Row 74

FY 2015 and subsequent years, Massachusetts Hospital Cost Report, Tab 11, Column 1, Total Unrestricted Revenue (Row 65), Total Expenses (Row 73), and Profit / Loss: (Row 74).

**Total Margin** measures the subject hospital's overall financial performance.

- **Data Sources:**

FY 2014, 403 Cost Report, Schedule 23E, Row 173

FY 2015 and subsequent years, Massachusetts Hospital Cost Report, Tab 11, Column 1, Line 74 (Excess of Revenue, Gains& other support Over Expenses) divided by Tab 11, Column 1, Line 65 (Total Unrestricted Revenue, Gains and Other Supports)

**Note:** Some for-profit hospitals are organized as S corporations. For-profit entities that are organized as S corporations, in accordance with Internal Revenue Code, do not pay federal income tax on their taxable income. Instead, the shareholders are liable for individual federal income taxes on their portion of the hospital's taxable income. Therefore, these hospitals may have income that appears higher than hospitals organized as a C corporation, which are taxed separately from their owners.

## 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 2018 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 2018.

### Patient Origins Map Data Source

Hospital discharge data comes from the Hospital Inpatient Discharge Database (HIDD), Fiscal Year (FY) 2018. 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 2018 data includes information on discharges occurring between October 1, 2017 and September 30, 2018. 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 FY18 Patient Origins Databook.

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## 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.

**Beth Israel Lahey Health** formed in March, 2019 including the following Hospitals: **Addison Gilbert Hospital** (Northeast), **Anna Jaques Hospital**, **BayRidge Hospital** (Northeast), **Beth Israel Deaconess Hospital – Milton**, **Beth Israel Hospital – Needham**, **Beth Israel Hospital – Plymouth**, **Beth Israel Deaconess Medical Center**, **Beverly Hospital** (Northeast), **Lahey Hospital & Medical Center**, **Lahey Medical Center**, **Peabody**, **Mount Auburn Hospital**, **New England Baptist Hospital**, and **Winchester Hospital**. This will be reflected in future reports.

**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 Net Patient Service Revenue (NPSR) in the calculation of Inpatient Net Patient Service Revenue per Case Mix Adjusted Discharge (CMAD).

### **Boston Medical Center**

The FY2018 cost report includes the physician charges. Physician charges were not included in the Gross Patient Service Revenue (GPSR), Net Patient Service Revenue (NPSR), expenses or statistics of the cost reports in the prior years.

### **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). CHIA recalculated NPSR for the years FY2014 through FY2018 to include the supplemental payments from federal and state support.

**Clinton Hospital** merged with HealthAlliance Hospital effective October 1, 2017 to become HealthAlliance-Clinton Hospital.

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**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. The case mix index in FY2018 was 3.28.

**Massachusetts Eye and Ear Infirmary** joined Partners Healthcare effective April 1, 2018.

**MelroseWakefield Hospital** was formally Hallmark Health.

**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.

**Wellforce** - 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.

**Winchester Hospital** became a member of Lahey Health in July 2014.

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## Appendix B: Non-Acute Hospitals

**Spaulding Hospital Cambridge:** As of 2013, Spaulding Hospital Cambridge no longer provides Outpatient services.

**Bournewood Hospital** is a sub-chapter S corporation.

**Curahealth Hospitals,** All the Kindred Hospitals in Massachusetts were bought by Curahealth Hospitals in the Fall of 2016. Curahealth Boston and North Shore subsequently closed after approximately a year into new ownership. Curahealth Stoughton remains open.

**High Point Hospital** is a new psychiatric hospital opened in 2016.

**Radius Specialty Hospital** closed its Roxbury and Quincy rehabilitation facilities in October 2014

**Southcoast Behavioral Hospital** is a new psychiatric hospital opened in 2016.

**Taravista Health Center** is a new psychiatric hospital opened in 2017.

**Westborough Behavioral Healthcare Hospital** is a new psychiatric hospital opened in 2017.

**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
<b>3rd Degree Brn w Skn Grft</b>	Extensive 3rd Degree Burns w Skin Graft	841
<b>Acute Leukemia</b>	Acute Leukemia	690
<b>Acute Myocardial Infarct.</b>	Acute Myocardial Infarction	190
<b>Adjust Dis/Neuroses exc DD</b>	Adjustment Disorders & Neuroses Except Depressive Diagnoses	755
<b>Alcohol &amp; Drug w/ Rehab</b>	Alcohol & Drug Dependence w Rehab Or Rehab/Detox Therapy	772
<b>Alcohol Abuse &amp; Dependence</b>	Alcohol Abuse & Dependence	775
<b>Angina Pectoris</b>	Angina Pectoris & Coronary Atherosclerosis	198
<b>Appendectomy</b>	Appendectomy	225
<b>Asthma</b>	Asthma	141
<b>Bacterial Skin Infections</b>	Cellulitis & Other Bacterial Skin Infections	383
<b>Bipolar Disorders</b>	Bipolar Disorders	753
<b>Bone Marrow Transplant</b>	Bone Marrow Transplant	3
<b>Bronchiolitis &amp; RSV Pneumonia</b>	Bronchiolitis & RSV Pneumonia	138
<b>Burns w/ or w/o Skin Grft</b>	Partial Thickness Burns w Or w/o Skin Graft	844
<b>C. Spinal Fusion &amp; Other Procs</b>	Cervical Spinal Fusion & Other Back/Neck Proc Exc Disc Excis/Decomp	321
<b>Card Cath - Heart Disease</b>	Cardiac Catheterization For Ischemic Heart Disease	192
<b>Cardiac Arrhythmia</b>	Cardiac Arrhythmia & Conduction Disorders	201
<b>Cardiac Valve w/o Cath</b>	Cardiac Valve Procedures w/o Cardiac Catheterization	163
<b>CC W Circ Disord Exc IHD</b>	Cardiac Catheterization W Circ Disord Exc Ischemic Heart Disease	191
<b>Cesarean Delivery</b>	Cesarean Delivery	540
<b>Chemotherapy</b>	Chemotherapy	693

ABBREVIATED DESCRIPTION	DESCRIPTION	APR DRG V.30
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 SC	Major Hematologic/Immunologic Diag Exc Sick Cell Crisis & Coagul	660
Maj Larynx & Trachea Proc	Major Larynx & Trachea Procedures	90

ABBREVIATED DESCRIPTION	DESCRIPTION	APR DRG V.30
<b>Maj Male Pelvic Procs</b>	Major Male Pelvic Procedures	480
<b>Maj Resp &amp; Chest Proc</b>	Major Respiratory & Chest Procedures	120
<b>Maj Resp Infect &amp; Inflam</b>	Major Respiratory Infections & Inflammations	137
<b>Maj Sml &amp; Lrg Bowel Procs</b>	Major Small & Large Bowel Procedures	221
<b>Maj. Depressive Disorders</b>	Major Depressive Disorders & Other/Unspecified Psychoses	751
<b>Malignancy- Hept/Pancreas</b>	Malignancy Of Hepatobiliary System & Pancreas	281
<b>Mastectomy Procedures</b>	Mastectomy Procedures	362
<b>Normal Neonate Birth</b>	Neonate Birthwt>2499G, Normal Newborn or Neonate w Other Problem	640
<b>Non-Bact Gastro, Nausea</b>	Non-Bacterial Gastroenteritis, Nausea & Vomiting	249
<b>O.R. Proc for Tx Comp</b>	O.R. Procedure For Other Complications Of Treatment	791
<b>Opioid Abuse &amp; Dependence</b>	Opioid Abuse & Dependence	773
<b>Org Mental Hlth Disturb</b>	Organic Mental Health Disturbances	757
<b>Other Anemia and Blood Dis</b>	Other Anemia & Disorders of Blood & Blood-Forming Organs	663
<b>Other Antepartum Dx</b>	Other Antepartum Diagnoses	566
<b>Other Digestive System Dx</b>	Other Digestive System Diagnoses	254
<b>Other ENT &amp; Cranial Dx</b>	Other Ear, Nose, Mouth, Throat & Cranial/Facial Diagnoses	115
<b>Other ENT Procedures</b>	Other Ear, Nose, Mouth & Throat Procedures	98
<b>Other Nervous Syst Procs</b>	Other Nervous System & Related Procedures	26
<b>Other Pneumonia</b>	Other Pneumonia	139
<b>Other Resp &amp; Chest Procs</b>	Other Respiratory & Chest Procedures	121
<b>Othr Back &amp; Neck Disorder</b>	Other Back & Neck Disorders, Fractures & Injuries	347
<b>Othr Maj Head/Neck procs</b>	Other Major Head & Neck Procedures	91
<b>Othr Muscl Sys &amp; Tis Proc</b>	Other Musculoskeletal System & Connective Tissue Procedures	320
<b>Othr Muscl Sys &amp; Tis Dx</b>	Other Musculoskeletal System & Connective Tissue Diagnoses	351
<b>Othr O.R. Procs for Lymph/HEM</b>	Other O.R. Procedures For Lymphatic/Hematopoietic/Other Neoplasms	681
<b>Othr Skin &amp; Breast Dis</b>	Other Skin, Subcutaneous Tissue & Breast Disorders	385
<b>Othr Skin, Tis &amp; Rel Procs</b>	Other Skin, Subcutaneous Tissue & Related Procedures	364

ABBREVIATED DESCRIPTION	DESCRIPTION	APR DRG V.30
Pancreas Dis exc Malig	Disorders Of Pancreas Except Malignancy	282
Per Cardio procs w/ AMI	Percutaneous Cardiovascular Procedures w AMI	174
Per Cardio procs w/o AMI	Percutaneous Cardiovascular Procedures w/o AMI	175
Post-Op, Oth Device Infect	Post-Operative, Post-Traumatic, Other Device Infections	721
Procedures for Obesity	Procedures For Obesity	403
Proc W Diag Of Rehab, Aftercare	Procedure W Diag of Rehab, Aftercare or Other Contact W Health Service	850
Pulm Edema & Resp Failure	Pulmonary Edema & Respiratory Failure	133
Rehabilitation	Rehabilitation	860
Renal Failure	Renal Failure	460
Respiratory Malignancy	Respiratory Malignancy	136
Schizophrenia	Schizophrenia	750
Seizure	Seizure	53
Septicemia Infections	Septicemia & Disseminated Infections	720
Shoulder & Arm Procs	Shoulder, Upper Arm & Forearm Procedures	315
Sickle Cell Anemia Crisis	Sickle Cell Anemia Crisis	662
Skin Graft for Skin Dx's	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

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## 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.

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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TECHNICAL APPENDIX

JANUARY 2020

Publication Number 20-30-CHIA-02



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# FY18 Massachusetts Acute Care Hospitals (January 2020)

## TECHNICAL APPENDIX

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## Introduction

Acute and non-acute hospitals included in *Massachusetts Hospital Profiles - Data through Fiscal Year 2018* 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) 2014 to FY2018. Descriptive acute and non-acute hospital information is from FY2018.

### **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 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 FY2018 HDD data as of August 2019 for the service metrics, which includes discharges between October 1, 2017 and September 30, 2018 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 FY2014-FY2018.

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 2018:

MULTI-ACUTE HOSPITAL SYSTEM	ACUTE HOSPITAL MEMBER
<b>Baystate Health</b>	Baystate Franklin Medical Center Baystate Medical Center Baystate Noble Baystate Wing Hospital
<b>Berkshire Health Systems</b>	Berkshire Medical Center Fairview Hospital
<b>Cape Cod Healthcare</b>	Cape Cod Hospital Falmouth Hospital
<b>CareGroup</b>	Beth Israel Deaconess Hospital – Milton Beth Israel Deaconess Hospital – Needham Beth Israel Deaconess Hospital – Plymouth Beth Israel Deaconess Medical Center Mount Auburn Hospital New England Baptist Hospital
<b>Heywood Healthcare</b>	Athol Hospital Heywood Hospital
<b>Lahey Health System</b>	Lahey Hospital & Medical Center Northeast Hospital Winchester Hospital
<b>Partners HealthCare System</b>	Brigham and Women's Hospital Brigham and Women's Faulkner Hospital Cooley Dickinson Hospital Martha's Vineyard Hospital Massachusetts Eye and Ear Infirmary Massachusetts General Hospital Nantucket Cottage Hospital Newton-Wellesley Hospital North Shore Medical Center
<b>Shriners Hospitals for Children<sup>^</sup></b>	Shriners Hospitals for Children – Boston

<b>MULTI-ACUTE HOSPITAL SYSTEM</b>	<b>ACUTE HOSPITAL MEMBER</b>
	Shriners Hospitals for Children – Springfield
<b>Steward Health Care System</b>	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
<b>UMass Memorial Health Care</b>	HealthAlliance-Clinton Hospital Marlborough Hospital UMass Memorial Medical Center
<b>Wellforce</b>	Lowell General Hospital MelroseWakefield Hospital Tufts Medical Center
<b>Tenet Healthcare<sup>^</sup></b>	MetroWest Medical Center Saint Vincent Hospital

<sup>^</sup>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. The HPC regions were rolled up into larger regions for this publication to facilitate better comparison within each geographic area. The acute hospitals and the regions to which they were assigned are:

<b>MASSACHUSETTS REGION</b>	<b>ACUTE HOSPITAL ASSIGNED TO REGION</b>
<b>Metro Boston</b>	Beth Israel Deaconess Hospital – Milton Beth Israel Deaconess Hospital – Needham Beth Israel Deaconess Medical Center Boston Children's Hospital Boston Medical Center Brigham and Women's Faulkner Hospital Brigham and Women's Hospital Cambridge Health Alliance Dana-Farber Cancer Institute Massachusetts Eye and Ear Infirmary Massachusetts General Hospital MelroseWakefield Hospital Mount Auburn Hospital

MASSACHUSETTS REGION	ACUTE HOSPITAL ASSIGNED TO REGION
	New England Baptist Hospital Newton-Wellesley Hospital Shriners Hospitals for Children – Boston Steward Carney Hospital Steward St. Elizabeth's Medical Center Tufts Medical Center
<b>Northeastern Massachusetts</b>	Anna Jaques Hospital Emerson Hospital Lahey Hospital & Medical Center Lawrence General Hospital Lowell General Hospital Nashoba Valley Medical Center, A Steward Family Hospital North Shore Medical Center Northeast Hospital Steward Holy Family Hospital Winchester Hospital
<b>Central Massachusetts</b>	Athol Hospital Harrington Memorial Hospital HealthAlliance-Clinton Hospital Heywood Hospital Saint Vincent Hospital UMass Memorial Medical Center
<b>Cape and Islands</b>	Cape Cod Hospital Falmouth Hospital Martha's Vineyard Hospital Nantucket Cottage Hospital
<b>Metro West</b>	Marlborough Hospital MetroWest Medical Center Milford Regional Medical Center Steward Norwood Hospital Sturdy Memorial Hospital
<b>Western Massachusetts</b>	Baystate Franklin Medical Center Baystate Medical Center Baystate Noble Hospital Baystate Wing Hospital Berkshire Medical Center Cooley Dickinson Hospital Fairview Hospital Holyoke Medical Center Mercy Medical Center Shriners Hospitals for Children – Springfield
<b>Metro South</b>	Beth Israel Deaconess Hospital – Plymouth

MASSACHUSETTS REGION	ACUTE HOSPITAL ASSIGNED TO REGION
	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

<sup>1</sup> For descriptions of the regions, see <http://www.mass.gov/anf/docs/hpc/2013-cost-trends-report-technical-appendix-b3-regions-of-massachusetts.pdf> (last accessed March 7, 2017).

## Special Designations

Certain acute hospitals in Massachusetts have a special status among public payers due to their rural or relatively isolated locations:

**Critical Access Hospital** is a state designation given to hospitals that have no more than 25 acute beds, are located in a rural area, and are more than a 35-mile drive from the nearest hospital or more than a 15-mile drive in areas with mountainous terrains or secondary roads.<sup>1</sup> Critical Access Hospitals receive cost-based payments from Medicare and MassHealth.

**Sole Community Hospital** is a Medicare designation given to hospitals that are located in rural areas or are located in areas where it is difficult to access another hospital quickly. These hospitals are eligible to receive higher inpatient payments from Medicare than other hospitals.

<sup>1</sup> In addition, Critical Access Hospitals include hospitals that were, prior to January 1, 2006, designated by the State as a "necessary provider" of health care services to residents in the area. There are additional requirements to be designated as a Critical Access Hospital, including length of stay requirements, staffing requirements, and other provisions. See Code of Federal Regulations: 42 CFR 485.601-647.

## 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 FY2018 Cohort Designations. Below is a list of acute hospital cohorts and the hospitals assigned to each, based on FY18 data (with the exception of Teaching which is based on FY2017 to be consistent with the Massachusetts Acute Hospital and Health System Financial Performance: FY 2018 Published in September 2019):

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
	Martha's Vineyard Hospital

COHORT DESIGNATION	ACUTE HOSPITAL
	Milford Regional Medical Center Nantucket Cottage Hospital Newton-Wellesley Hospital South Shore 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 Fairview Hospital Falmouth Hospital Harrington Memorial Hospital HealthAlliance-Clinton Hospital Heywood 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 Steward Norwood 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

## At a Glance

**Hospital system affiliation** notes with which multi-acute hospital system, if any, the hospital is affiliated.

**Hospital system surplus (loss)** is the hospital system's profit/loss in FY 2018.

**Change in ownership** notes change in ownership during the period of the analysis.

**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 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 FY18. For more information please see the Special Public Funding notes contained in Appendix D.

**Trauma Center designation** is determined by the Massachusetts Department of Public Health and the American College of Surgeons, with Level 1 being the highest designation given to tertiary care facilities. Facilities can be designated as Adult and/or Pediatric Trauma Centers.<sup>2</sup> While there are five levels of trauma center designations recognized nationally, Massachusetts hospitals only fall under Levels 1, 2, and 3 for Adult and/or Levels 1 and 2 for Pediatric.

**Level 1 Trauma Center** is a comprehensive regional resource that is a tertiary care facility central to the trauma system. A Level 1 Trauma Center is capable of providing total care for every aspect of injury, from prevention through rehabilitation.

**Level 2 Trauma Center** is able to initiate definitive care for all injured patients, and provide 24- hour immediate coverage by general surgeons, as well as coverage by the specialties of orthopedic surgery, neurosurgery, anesthesiology, emergency medicine, radiology and critical care.

**Level 3 Trauma Center** has demonstrated an ability to provide prompt assessment, resuscitation, surgery, intensive care and stabilization of injured patients and emergency operations, including the ability to provide 24-hour immediate coverage by emergency medicine physicians and prompt availability of general surgeons and anesthesiologists.

**Case mix index (CMI)** is a relative value assigned to the hospital's mix of inpatients to determine the overall acuity of the hospital's patients and is compared with the CMI of peer hospitals and the statewide average CMI. CHIA calculated each hospital's CMI by applying the 3M™ All Patient Refined (APR) grouper, version 30 with Massachusetts-specific baseline cost weights to each hospital's HDD data. Hospitals validate their HDD data submissions annually with CHIA.

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<sup>2</sup> American Trauma Society, Trauma Center Levels Explained. Available at: <http://www.amtrauma.org/?page=TraumaLevels> (last accessed October 6, 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 2018.

**Total surplus (loss)** is the hospital's reported profit/loss in FY 2018.

**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 FY2018 GPSR.

**Calendar Year (CY) 2017 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/r/pubs/19/relative-price-methodology-paper.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.

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**Outpatient visits** are the total outpatient visits reported by the hospital. Note that outpatient visits may not be uniformly reported across hospitals. Where substantial increases / decreases were observed, hospitals were notified and afforded the opportunity to update the information provided. In most cases, hospitals provided explanations but did not revise their data.

**Outpatient visits** growth rate for each hospital measures the percent change in total outpatient visits to a hospital.

**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-six 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 2018. 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 Sources:** FY 2018 HDD data as of August 2019 and the 3M™ APR-DRG 30 All Patient Refined Grouper
- **Hospital Calculation:** Each discharge was grouped and ranked by DRG code. The subject hospital's 10 most frequently occurring DRGs were identified and those DRGs were then summed for all hospitals in the region in order to calculate the percent of regional discharges that were treated at the subject hospital. The total number of the subject hospital's discharges was compared to the sum of all hospital discharges in the region to determine the overall proportion of regional discharges.

For more information on DRGs, please see Appendix C.

**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 2018 HDD data as of August 2019 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 FY18 discharge data from the HDD. Patient origin was determined by the reported zip code for each patient's residence. In larger cities, communities may include multiple zip codes. These zip codes were rolled up to reflect postal code neighborhoods based on the United States Postal Service Database. For more information on the zip codes included within each region, please see the databook.

For example, Boston zip codes were rolled up to the following designations: Boston (Downtown) includes: Back Bay, Beacon Hill, Downtown Boston, the Financial District, East Boston, Fenway/Kenmore, South Boston and South End. The remaining Boston communities with multiple zip codes were rolled up to these designations: Allston, Brighton, Charlestown, Dorchester, Dorchester Center, Hyde Park, Jamaica Plain, Mattapan, Mission Hill, Roslindale, Roxbury, and West Roxbury.

### **Acute Hospital Profiles: Quality Measures**

To compile provider quality performance information, CHIA relied on the following primary data sources: CHIA's Hospital Discharge Database (HDD), the Centers for Medicare and Medicaid Services (CMS) Hospital Compare database, and The Leapfrog Group. Metrics are based on varied data periods due to differences in reporting time frames across the data sources. For each metric, the associated reporting time period is listed.

**Health Care-Associated Infections** of three different types are reported:

1. Central Line-Associated Blood Stream Infections (CLABSI): This measure captures the observed rate of health care-associated central line-associated bloodstream infections among patients in an inpatient acute hospital, compared to the expected number of infections based on the hospital's characteristics and case mix.
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:** 2017-2018
- **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 2018
- **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.

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- **Cohort Calculation:** Not applicable
  - **State Comparative:** The method yields a statewide readmission rate across all the Commonwealth's acute-care hospitals for the designated time period.
  - **Patient Population:** All payers, age 18+, excluding obstetric, primary psychiatric, cancer, and rehabilitation discharges.

## Acute Hospital Profiles: Utilization Trends

**Change in volume of inpatient discharges** measures discharges for inpatient admissions.

- **Data Sources:**  
FY 2014, 403 Cost Report, Schedule 5a, Row 25, Column 2  
  
FY 2015 and subsequent years, 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 2014 as the base year. FY 2015:  $(FY\ 2015 - FY\ 2014) / FY\ 2014$ , FY 2016:  $(FY\ 2016 - FY\ 2014) / FY\ 2014$ , FY 2017:  $(FY\ 2017 - FY\ 2014) / FY\ 2014$ , FY 2018:  $(FY\ 2018 - FY\ 2014) / FY\ 2014$ .
- **Cohort calculation:** Represents the percent change of total discharges across all hospitals in the cohort for each year. For example: Cohort for FY 2015 =  $(\text{Sum of discharges at cohort hospitals in FY 2015} - \text{Sum of discharges at cohort hospitals in FY 2014}) / \text{Sum of discharges at cohort hospitals in FY 2014}$ .

**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 Sources:**  
FY 2014, 403 Cost Report, Schedule 5a, Row 39, Column 2  
  
FY 2015 and subsequent years, Massachusetts Hospital Cost Report: Tab 5, Line 301, Column 1
- **Hospital index calculation:** Calculate the percent change between each year, using FY14 as the base year. FY 2015:  $(FY\ 2015 - FY\ 2014) / FY\ 2014$ , FY 2016:  $(FY\ 2016 - FY\ 2014) / FY\ 2014$ , FY 2017:  $(FY\ 2017 - FY\ 2014) / FY\ 2014$ , FY 2018:  $(FY\ 2018 - FY\ 2014) / FY\ 2014$ .
- **Cohort calculation:** Represents the median of the percent change across all hospitals in the cohort for each year. For example: Cohort for FY 2015 = 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 Sources:** NPSR and discharges were sourced from the Massachusetts Hospital Cost Report; Case Mix Index (CMI) is sourced from HDD.
- **Hospital calculation:** The hospital's inpatient net revenue per CMAD was calculated by dividing NPSR by the total CMAD for each year.
- **Cohort calculation:** The range of all revenue/CMAD values for cohort hospitals are represented by the vertical black line. The cohort value denotes the median revenue per CMAD for all cohort hospitals.

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### 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 Sources:**
  - FY 2014, 403 Cost Report, Schedule 5a, Rows 78.01 (net outpatient revenue) + 78.02 (outpatient premium revenue), Column 2
  - FY 2015 and subsequent years, Massachusetts Hospital Cost Report: Tab 5, Line 209, Column 1
- **Hospital index calculation:** Displays the percent change between each year, using FY14 as the base year. FY 2015:  $(FY\ 2015 - FY\ 2014) / FY\ 2014$ , FY 2016:  $(FY\ 2016 - FY\ 2014) / FY\ 2014$ , FY 2017:  $(FY\ 2017 - FY\ 2014) / FY\ 2014$ , FY 2018:  $(FY\ 2018 - FY\ 2014) / FY\ 2014$ .
- **Cohort calculation:** Represents the median of the percent change across all hospitals in the cohort for each year. For example: Cohort for FY15= 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 2014 through 2018.

- **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 Sources:** 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 Sources:** 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 2018 cohort designations for all years examined. The number of hospitals included in a given cohort may vary from year to year due to hospital closures.

The acute hospital cohort profile measures the acute hospital cohorts as composites of the individual hospitals assigned to each cohort. In general, metrics were determined by aggregating the values of all hospitals assigned to the cohort. For comparison purposes, the individual cohorts are compared to one another and all hospitals statewide, including specialties.<sup>3</sup> The analytic metrics are largely the same as the metrics used for the individual hospital profiles, except as noted below. Please see the descriptions and calculation methods described in the Acute Hospital Metric Description section for more information.

**Inpatient Severity Distribution** measures the percentage of a cohort's discharges that falls into each statewide severity quintile. This metric provides a way to compare the severity levels of the cohort's patients to those of other acute hospitals in Massachusetts.

- **Data Source:** Hospital Discharge Database (HDD) as of August 2019.
- **Data Period:** FY 2018
- **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

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<sup>3</sup> Note that specialty hospitals are not assigned to any cohort due to their unique service mix and/or populations served.

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calculation shows the percentage of a cohort's aggregate discharges that falls into each quintile. These proportions were then compared with the proportions of aggregated discharges by severity quintile for all hospitals assigned to other cohorts.

*In cases where metrics were similar to the acute hospital profile metrics, data was aggregated to determine cohort measures. For example:*

**The most common inpatient DRGs** for each subject cohort were determined by categorizing all of the hospitals' discharges by cohort using the All Patient Refined Grouper (3M™ APR-DRG 30), which were then summed and ranked. Each of the subject cohort's ten most frequently occurring DRGs were then divided by the statewide count per DRG to obtain the percent of discharges to the statewide total.

*The cohort comparison metric for **payer mix** is different from comparisons among acute hospitals:*

**Payer mix** was calculated differently from other measures due to the fact that the underlying charges that comprise GPSR differ across hospitals. For this measure, the cohort payer mix was first calculated for each hospital assigned to the cohort in the manner described in the Acute Hospital Profiles section of this Appendix. The mean of the individual cohort hospital's experience was determined and is displayed here. The same method was used to determine the trend in outpatient visits for comparison to all other cohort hospital. Non-acute hospitals in Massachusetts are typically identified as psychiatric, rehabilitation, chronic care facilities and state owned non-acute hospitals including department of mental health / public health hospitals.

## 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
Universal 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 Health Care System	McLean Hospital Spaulding Rehabilitation Hospital Boston Spaulding Rehabilitation Hospital Cape Cod Spaulding Hospital Cambridge
Signature HealthCare	Westborough Behavioral Healthcare Hospital
Vibra HealthCare	Vibra Hospital of Western MA New Bedford Rehabilitation Hospital
Steward Health Care System	New England Sinai Hospital
Whittier Health System	Whittier Pavilion Whittier Rehabilitation Hospital Bradford Whittier Rehabilitation Hospital Westborough

### Non-Acute Hospital Cohorts

Non-acute hospitals were assigned to peer cohorts based upon MassHealth regulatory designations, defined by the criteria below<sup>4</sup>:

**Psychiatric hospitals** are licensed by the DMH for psychiatric services, and by DPH for substance abuse services.

**Rehabilitation hospitals** provide intensive post-acute rehabilitation services, such as physical, occupational, and speech therapy services. For Medicare payment purposes, the federal government classifies hospitals as rehabilitation hospitals if they provide more than 60% of their inpatient services to patients with one or more of 13 diagnoses listed in federal regulations.<sup>5</sup>

**Chronic care hospitals** are hospitals with an average length of stay greater than 25 days. These hospitals typically provide longer-term care, such as ventilator-dependent care. Medicare classifies chronic hospitals as Long-Term Care Hospitals, using the same 25-day threshold.

Non-acute specialty hospitals were not included in any cohort comparison analysis due the unique patient populations they serve and/or the unique sets of services they provide. Non-acute hospitals that were considered specialty hospitals include:

- AdCare Hospital of Worcester - provides substance abuse services
- Franciscan Hospital for Children - provides specialized children's services
- Hebrew Rehabilitation Hospital - specializes in providing longer term care than other chronic hospitals

**Department of Mental Health Hospitals** are state owned non-acute hospital provides psychiatric and mental health care for those with otherwise limited access to facilities providing such care.

**Department of Public Health Hospitals** are multi-specialty hospitals that provides acute and chronic care to those for whom community facilities are not available or access to health care is restricted.

Below is a list of non-acute hospital cohorts and the hospitals assigned to each:

COHORT DESIGNATION	NON-ACUTE HOSPITAL
Psychiatric Hospitals	Arbour Hospital Arbour-Fuller Memorial Arbour-HRI Hospital Bournewood Hospital High Point Hospital McLean Hospital Southcoast Behavioral Hospital Taravista Health Center Walden Behavioral Care Westborough Behavioral Healthcare Hospital <sup>^</sup> Westwood Pembroke Hospital

<sup>4</sup> State-owned non-acute hospitals are included in this publication started with the 2018 report.

<sup>5</sup> Code of Federal Regulations: 42 CFR 412.29(b)(2)

<sup>^</sup> Westborough Behavioral Healthcare Hospital is a new provider in 2018

COHORT DESIGNATION	NON-ACUTE 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 Boston Spaulding Rehabilitation Hospital Cape Cod 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
Department of Mental Health Hospitals	Cape Cod & Islands Community Mental Health Center Corrigan Mental Health Center Solomon Carter Fuller Mental Health Center Taunton State Hospital Worcester State Hospital
Department of Public Health Hospitals	Lemuel Shattuck Hospital Pappas Rehabilitation Hospital for Children Tewksbury Hospital Western Massachusetts Hospital

**Total staffed beds** are the average number of beds during the fiscal year that were in service and staffed for patient use. Beds ordinarily occupied for less than 24 hours are usually not included.

**Percent occupancy rate** is the median percent of staffed inpatient beds occupied during the reporting period. Percentage of occupancy is calculated as follows: Inpatient Days divided by Weighted Average Staffed Beds times 365 (or the number of days in the reporting period).

**Total inpatient days** include all days of care for all patients admitted to each unit. Measure includes the day of admission but not the day of discharge or death. If both admission and discharge or death occur on the same day, the day is considered a day of admission and is counted as one patient day.

**Total inpatient discharge** information was sourced from Schedule 3 of the FY 2014 403 Cost Report and Tab 3 of the FY 2015 and subsequent years Massachusetts Hospital Cost Report.

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**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.

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## Non-Acute Hospital Profiles: Services

**Types of inpatient services** are defined by Discharges.

- **Data Sources:**  
FY 2014, 403 Cost Report, Schedule 3, Column 12, Rows 1 through 21.  
  
FY 2015 and subsequent years, 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 Sources:**  
FY 2014, 403 Cost Report, Schedule 5a, Row 44, Columns 3 through 14.  
  
FY 2015 and subsequent years, 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:**  
FY 2014, 403 Cost Report, Schedule 3, Column 6, Row 22.  
  
FY 2015 and subsequent years, 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 2014 as the base year. FY 2015:  $(FY\ 2015 - FY\ 2014) / FY\ 2014$ , FY 2016:  $(FY\ 2016 - FY\ 2014) / FY\ 2014$ , FY 2017:  $(FY\ 2017 - FY\ 2014) / FY\ 2014$ , FY 2018:  $(FY\ 2018 - FY\ 2014) / FY\ 2014$ .
  - **Cohort calculation:** Represents the median of the percent change across all hospitals in the cohort for each year. For example Cohort for FY15 = 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:**
  - FY 2014, 403 Cost Report, Schedule 3, Column 13, Row 22.
  - FY 2015 and subsequent years, 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 2014 as the base year. FY 2015:  $(FY\ 2015 - FY\ 2014) / FY\ 2014$ , FY 2016:  $(FY\ 2016 - FY\ 2014) / FY\ 2014$ , FY 2017:  $(FY\ 2017 - FY\ 2014) / FY\ 2014$ , FY 2018:  $(FY\ 2018 - FY\ 2014) / FY\ 2014$ .
- This is plotted against the growth in median ALOS among all non-acute hospitals, including specialties, relative to FY 2014.

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## 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:**

FY 2014, 403 Cost Report, Schedule 3, Column 6, Row 22.

FY 2015 and subsequent years, 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:**

FY 2014, 403 Cost Report, Schedule 3, Column 13, Row 22.

FY 2015 and subsequent years, Massachusetts Hospital Cost Report: Tab 3, Column 8, Line 500

**Volume of Outpatient Visits** measures the total outpatient visits to a hospital.

- **Data Sources:**

FY 2014, 403 Cost Report, Schedule 5a, Column 2, Row 39.

FY 2015 and subsequent years, Massachusetts Hospital Cost Report: Tab 5, Column 1, Line 301

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## 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 Sources:**

FY 2014, 403 Cost Report: NPSR was sourced from Schedule 5a, Column 2, Rows 65.01 (net inpatient revenue) and 65.02 (inpatient premium revenue). Inpatient days were sourced from Schedule 3, Column 6, Row 22 of the 403 Cost Report.

FY 2015 and subsequent years: Massachusetts Hospital Cost Report: NPSR including premium revenue was sourced from Tab 5, Column 1, Line 208. Inpatient days were sourced from Tab 5, Column 1, Line 300.

**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 Sources:**

FY 2014, 403 Cost Report, Schedule 5a, Column 2, Rows 78.01 (net outpatient revenue) and 78.02 (outpatient premium revenue)

FY 2015 and subsequent years, Massachusetts Hospital Cost Report: Tab 5, Line 209 (outpatient NPSR including premium revenue)

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## 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:**

FY 2014, 403 Cost Report, Schedule 23B, Column 2, Total Unrestricted Revenue (Row 65), Operating Revenue (Rows 55 + 56 + 57+ 60 + 64, Total Expenses Row 73, Total Profit or Loss Row 74

FY 2015 and subsequent years, Massachusetts Hospital Cost Report, Tab 11, Column 1, Total Unrestricted Revenue (Row 65), Total Expenses (Row 73), and Profit / Loss: (Row 74).

**Total Margin** measures the subject hospital's overall financial performance.

- **Data Sources:**

FY 2014, 403 Cost Report, Schedule 23E, Row 173

FY 2015 and subsequent years, Massachusetts Hospital Cost Report, Tab 11, Column 1, Line 74 (Excess of Revenue, Gains& other support Over Expenses) divided by Tab 11, Column 1, Line 65 (Total Unrestricted Revenue, Gains and Other Supports)

**Note:** Some for-profit hospitals are organized as S corporations. For-profit entities that are organized as S corporations, in accordance with Internal Revenue Code, do not pay federal income tax on their taxable income. Instead, the shareholders are liable for individual federal income taxes on their portion of the hospital's taxable income. Therefore, these hospitals may have income that appears higher than hospitals organized as a C corporation, which are taxed separately from their owners.

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## 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 2018 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 2018.

### Patient Origins Map Data Source

Hospital discharge data comes from the Hospital Inpatient Discharge Database (HIDD), Fiscal Year (FY) 2018. 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 2018 data includes information on discharges occurring between October 1, 2017 and September 30, 2018. 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 FY18 Patient Origins Databook.

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## 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.

**Beth Israel Lahey Health** formed in March, 2019 including the following Hospitals: **Addison Gilbert Hospital** (Northeast), **Anna Jaques Hospital**, **BayRidge Hospital** (Northeast), **Beth Israel Deaconess Hospital – Milton**, **Beth Israel Hospital – Needham**, **Beth Israel Hospital – Plymouth**, **Beth Israel Deaconess Medical Center**, **Beverly Hospital** (Northeast), **Lahey Hospital & Medical Center**, **Lahey Medical Center**, **Peabody**, **Mount Auburn Hospital**, **New England Baptist Hospital**, and **Winchester Hospital**. This will be reflected in future reports.

**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 Net Patient Service Revenue (NPSR) in the calculation of Inpatient Net Patient Service Revenue per Case Mix Adjusted Discharge (CMAD).

### **Boston Medical Center**

The FY2018 cost report includes the physician charges. Physician charges were not included in the Gross Patient Service Revenue (GPSR), Net Patient Service Revenue (NPSR), expenses or statistics of the cost reports in the prior years.

### **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). CHIA recalculated NPSR for the years FY2014 through FY2018 to include the supplemental payments from federal and state support.

**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. The case mix index in FY2018 was 3.28.

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**Massachusetts Eye and Ear Infirmary** joined Partners Healthcare effective April 1, 2018.

**MelroseWakefield Hospital** was formally Hallmark Health.

**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, therefor 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.

**Wellforce** - 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.

**Winchester Hospital** became a member of Lahey Health in July 2014.

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## Appendix B: Non-Acute Hospitals

**Spaulding Hospital Cambridge:** As of 2013, Spaulding Hospital Cambridge no longer provides Outpatient services.

**Bournewood Hospital** is a sub-chapter S corporation.

**Curahealth Hospitals,** All the Kindred Hospitals in Massachusetts were bought by Curahealth Hospitals in the Fall of 2016. Curahealth Boston and North Shore subsequently closed after approximately a year into new ownership. Curahealth Stoughton remains open.

**High Point Hospital** is a new psychiatric hospital opened in 2016.

**Radius Specialty Hospital** closed its Roxbury and Quincy rehabilitation facilities in October 2014

**Southcoast Behavioral Hospital** is a new psychiatric hospital opened in 2016.

**Taravista Health Center** is a new psychiatric hospital opened in 2017.

**Westborough Behavioral Healthcare Hospital** is a new psychiatric hospital opened in 2017.

**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
<b>3rd Degree Brn w Skn Grft</b>	Extensive 3rd Degree Burns w Skin Graft	841
<b>Acute Leukemia</b>	Acute Leukemia	690
<b>Acute Myocardial Infarct.</b>	Acute Myocardial Infarction	190
<b>Adjust Dis/Neuroses exc DD</b>	Adjustment Disorders & Neuroses Except Depressive Diagnoses	755
<b>Alcohol &amp; Drug w/ Rehab</b>	Alcohol & Drug Dependence w Rehab Or Rehab/Detox Therapy	772
<b>Alcohol Abuse &amp; Dependence</b>	Alcohol Abuse & Dependence	775
<b>Angina Pectoris</b>	Angina Pectoris & Coronary Atherosclerosis	198
<b>Appendectomy</b>	Appendectomy	225
<b>Asthma</b>	Asthma	141
<b>Bacterial Skin Infections</b>	Cellulitis & Other Bacterial Skin Infections	383
<b>Bipolar Disorders</b>	Bipolar Disorders	753
<b>Bone Marrow Transplant</b>	Bone Marrow Transplant	3
<b>Bronchiolitis &amp; RSV Pneumonia</b>	Bronchiolitis & RSV Pneumonia	138
<b>Burns w/ or w/o Skin Grft</b>	Partial Thickness Burns w Or w/o Skin Graft	844
<b>C. Spinal Fusion &amp; Other Procs</b>	Cervical Spinal Fusion & Other Back/Neck Proc Exc Disc Excis/Decomp	321
<b>Card Cath - Heart Disease</b>	Cardiac Catheterization For Ischemic Heart Disease	192
<b>Cardiac Arrhythmia</b>	Cardiac Arrhythmia & Conduction Disorders	201
<b>Cardiac Valve w/o Cath</b>	Cardiac Valve Procedures w/o Cardiac Catheterization	163
<b>CC W Circ Disord Exc IHD</b>	Cardiac Catheterization W Circ Disord Exc Ischemic Heart Disease	191
<b>Cesarean Delivery</b>	Cesarean Delivery	540
<b>Chemotherapy</b>	Chemotherapy	693

ABBREVIATED DESCRIPTION	DESCRIPTION	APR DRG V.30
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 SC	Major Hematologic/Immunologic Diag Exc Sick Cell Crisis & Coagul	660
Maj Larynx & Trachea Proc	Major Larynx & Trachea Procedures	90
Maj Male Pelvic Procs	Major Male Pelvic Procedures	480

ABBREVIATED DESCRIPTION	DESCRIPTION	APR DRG V.30
<b>Maj Resp &amp; Chest Proc</b>	Major Respiratory & Chest Procedures	120
<b>Maj Resp Infect &amp; Inflam</b>	Major Respiratory Infections & Inflammations	137
<b>Maj Sml &amp; Lrg Bowel Procs</b>	Major Small & Large Bowel Procedures	221
<b>Maj. Depressive Disorders</b>	Major Depressive Disorders & Other/Unspecified Psychoses	751
<b>Malignancy- Hept/Pancreas</b>	Malignancy Of Hepatobiliary System & Pancreas	281
<b>Mastectomy Procedures</b>	Mastectomy Procedures	362
<b>Normal Neonate Birth</b>	Neonate Birthwt>2499G, Normal Newborn or Neonate w Other Problem	640
<b>Non-Bact Gastro, Nausea</b>	Non-Bacterial Gastroenteritis, Nausea & Vomiting	249
<b>O.R. Proc for Tx Comp</b>	O.R. Procedure For Other Complications Of Treatment	791
<b>Opioid Abuse &amp; Dependence</b>	Opioid Abuse & Dependence	773
<b>Org Mental Hlth Disturb</b>	Organic Mental Health Disturbances	757
<b>Other Anemia and Blood Dis</b>	Other Anemia & Disorders of Blood & Blood-Forming Organs	663
<b>Other Antepartum Dx's</b>	Other Antepartum Diagnoses	566
<b>Other Digestive System Dx</b>	Other Digestive System Diagnoses	254
<b>Other ENT &amp; Cranial Dx's</b>	Other Ear, Nose, Mouth, Throat & Cranial/Facial Diagnoses	115
<b>Other ENT Procedures</b>	Other Ear, Nose, Mouth & Throat Procedures	98
<b>Other Nervous Syst Procs</b>	Other Nervous System & Related Procedures	26
<b>Other Pneumonia</b>	Other Pneumonia	139
<b>Other Resp &amp; Chest Procs</b>	Other Respiratory & Chest Procedures	121
<b>Othr Back &amp; Neck Disorder</b>	Other Back & Neck Disorders, Fractures & Injuries	347
<b>Othr Maj Head/Neck procs</b>	Other Major Head & Neck Procedures	91
<b>Othr Muscl Sys &amp; Tis Proc</b>	Other Musculoskeletal System & Connective Tissue Procedures	320
<b>Othr Muscl Sys &amp; Tis Dx</b>	Other Musculoskeletal System & Connective Tissue Diagnoses	351
<b>Othr O.R. Procs for Lymph/HEM</b>	Other O.R. Procedures For Lymphatic/Hematopoietic/Other Neoplasms	681
<b>Othr Skin &amp; Breast Dis</b>	Other Skin, Subcutaneous Tissue & Breast Disorders	385
<b>Othr Skin, Tis &amp; Rel Procs</b>	Other Skin, Subcutaneous Tissue & Related Procedures	364
<b>Pancreas Dis exc Malig</b>	Disorders Of Pancreas Except Malignancy	282
<b>Per Cardio procs w/ AMI</b>	Percutaneous Cardiovascular Procedures w AMI	174

<b>ABBREVIATED DESCRIPTION</b>	<b>DESCRIPTION</b>	<b>APR DRG V.30</b>
<b>Per Cardio procs w/o AMI</b>	Percutaneous Cardiovascular Procedures w/o AMI	175
<b>Post-Op, Oth Device Infect</b>	Post-Operative, Post-Traumatic, Other Device Infections	721
<b>Procedures for Obesity</b>	Procedures For Obesity	403
<b>Proc W Diag Of Rehab, Aftercare</b>	Procedure W Diag of Rehab, Aftercare or Other Contact W Health Service	850
<b>Pulm Edema &amp; Resp Failure</b>	Pulmonary Edema & Respiratory Failure	133
<b>Rehabilitation</b>	Rehabilitation	860
<b>Renal Failure</b>	Renal Failure	460
<b>Respiratory Malignancy</b>	Respiratory Malignancy	136
<b>Schizophrenia</b>	Schizophrenia	750
<b>Seizure</b>	Seizure	53
<b>Septicemia Infections</b>	Septicemia & Disseminated Infections	720
<b>Shoulder &amp; Arm Procs</b>	Shoulder, Upper Arm & Forearm Procedures	315
<b>Sickle Cell Anemia Crisis</b>	Sickle Cell Anemia Crisis	662
<b>Skin Graft for Skin Dx's</b>	Skin Graft For Skin & Subcutaneous Tissue Diagnoses	361
<b>Syncope &amp; Collapse</b>	Syncope & Collapse	204
<b>Tendon, Muscle, Soft Tis</b>	Tendon, Muscle & Other Soft Tissue Procedures	317
<b>Thyroid &amp; Other Procs</b>	Thyroid, Parathyroid & Thyroglossal Procedures	404
<b>Vaginal Delivery</b>	Vaginal Delivery	560

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## 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.

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.



For more information, please contact:

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