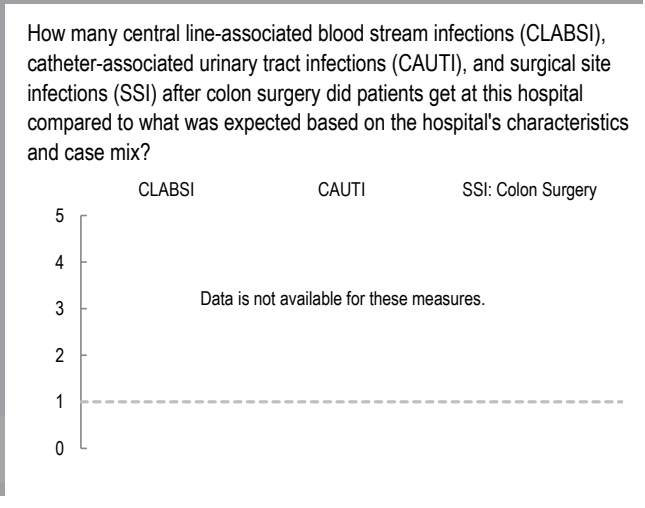
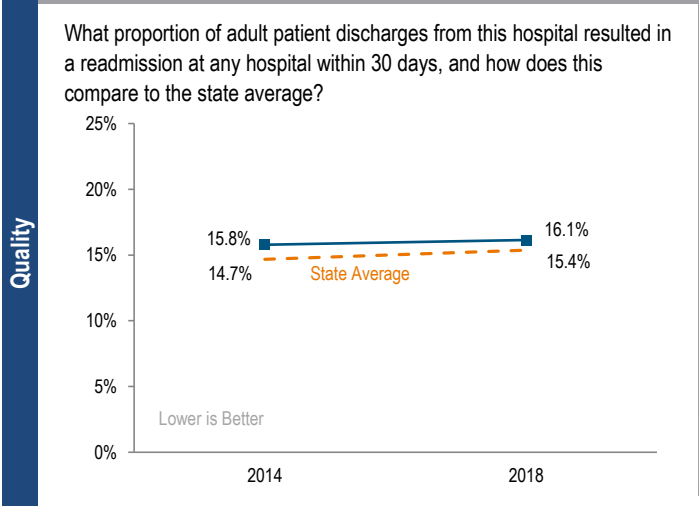
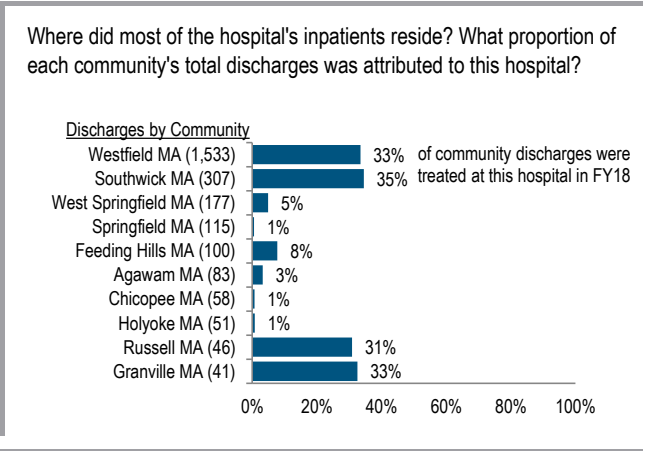
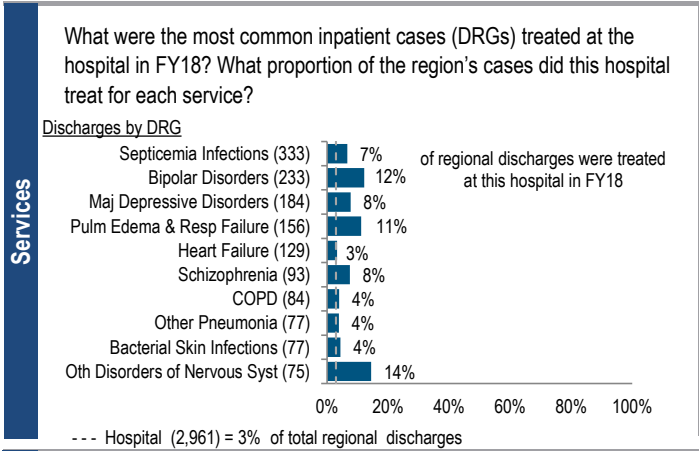


Baystate Noble Hospital is a non-profit community-High Public Payer (HPP) hospital located in the Western Massachusetts region. It is among the smaller acute hospitals in Massachusetts. It became affiliated with Baystate Health in 2015. Between FY14 and FY18, inpatient discharges at the hospital decreased 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%.

<b>At a Glance</b>	<b>Overview / Size</b>		<b>Payer Mix</b>	
	Hospital System Affiliation:	Baystate Health	Public Payer Mix:	68.6% HPP Hospital
	Hospital System Surplus (Loss) in FY18:	\$68,132,000	CY17 Commercial Statewide Relative Price:	0.68
	Change in Ownership (FY14-18):	Baystate Health - 2015	Top 3 Commercial Payers:	Blue Cross Blue Shield of Massachusetts Health New England, Inc. Network Health, LLC (Medicaid MCO)
	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)		
	<b>Financial</b>		<b>Utilization</b>	
Inpatient NPSR per CMAD:	\$9,627	Inpatient Discharges in FY18:	2,961	
Change FY17-FY18:	-1.0%	Change FY17-FY18:	3.0%	
Inpatient:Outpatient Revenue in FY18:	34%:66%	Emergency Department Visits in FY18:	29,456	
Outpatient Revenue in FY18:	\$27,946,416	Change FY17-FY18:	6.8%	
Change FY17-FY18:	2.7%	Outpatient Visits in FY18:	58,522	
Total Revenue in FY18:	\$58,357,000	Change FY17-FY18:	106.4%	
Total Surplus (Loss) in FY18:	\$1,156,000	<b>Quality</b>		
		Readmission Rate in FY18:	16.1%	
		Change FY14-FY18 (percentage points):	0.4	
		Early Elective Deliveries Rate:	Not Available	



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

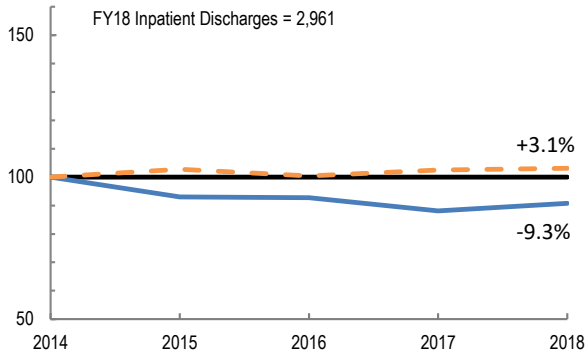
# 2018 HOSPITAL PROFILE: BAYSTATE NOBLE HOSPITAL

Cohort: Community-High Public Payer Hospital

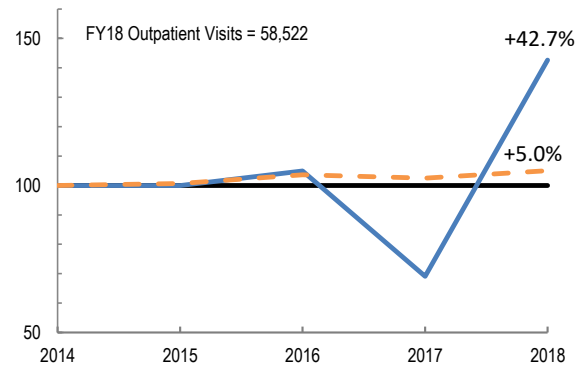


Utilization

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)

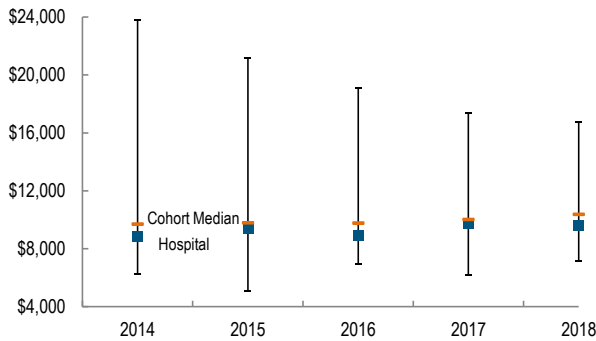


How has the volume of the hospital's outpatient visits changed compared to FY14, and how does this compare to the hospital's peer cohort median? (FY14=100)

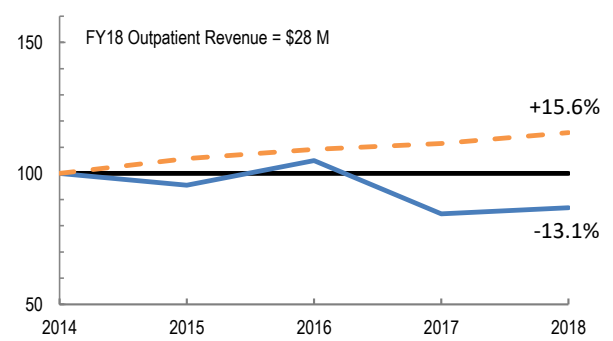


Patient Revenue Trends

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)



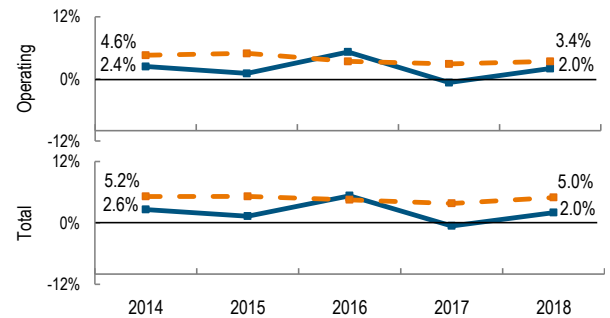
Financial Performance

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>	\$ 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).