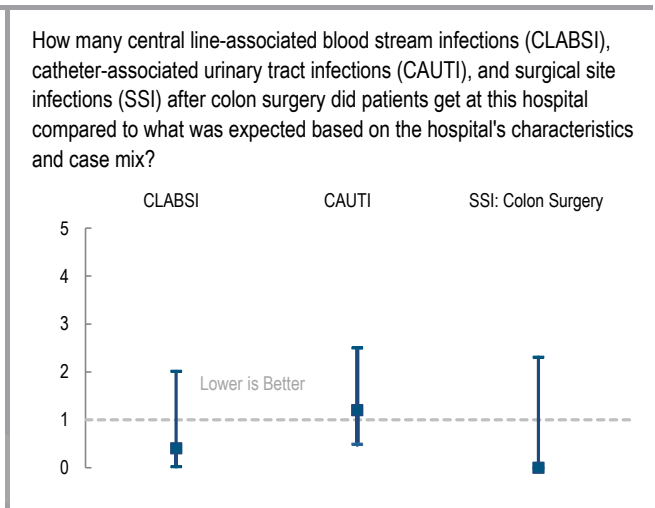
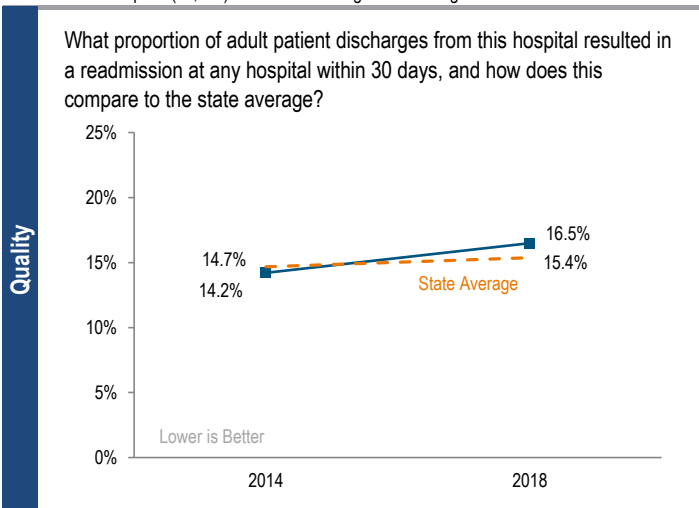
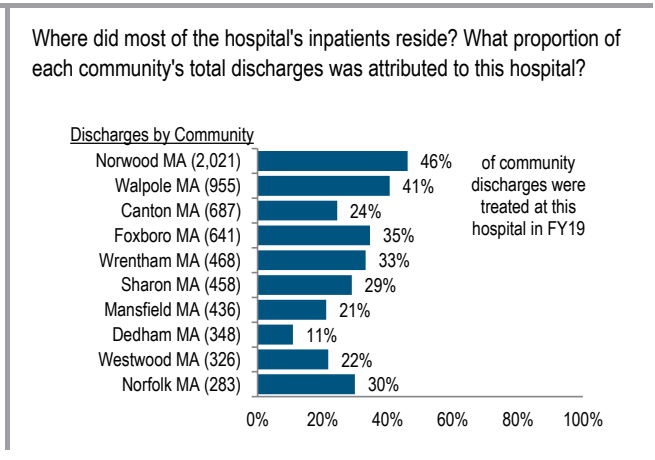
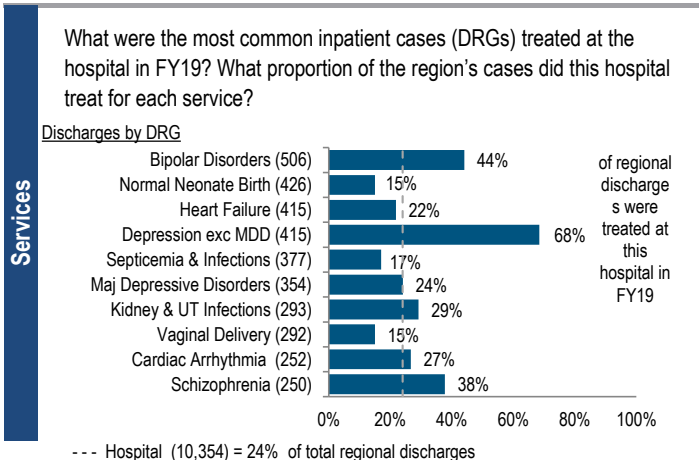


Steward Norwood Hospital is a mid-size, for-profit community-High Public Payer (HPP) hospital located in the Metro West region. Steward Norwood Hospital is a member of Steward Health Care. Between FY15 and FY19, the volume of inpatient discharges at the hospital decreased by 9.5% compared to a median decrease of 2.7% at cohort hospitals. Outpatient visits increased 3.1% for the hospital between FY15 and FY19, compared to a median increase of 2.1% for its peer cohort. Steward Norwood Hospital reported a profit each year in this time period including its largest profit of \$25.0M and its largest total margin of 12.3% in FY19.

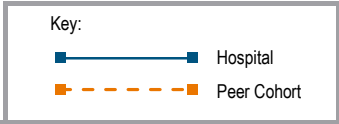
At a Glance	Overview / Size		Payer Mix	
	Hospital System Affiliation:	Steward Health Care	Public Payer Mix:	64.4% (HPP* Hospital)
	Hospital System Surplus (Deficit) in FY19:	Steward Failed to Submit	CY18 Commercial Statewide Relative Price:	0.91
	Change in Ownership (FY15-19):	Not Applicable	Top 3 Commercial Payers:	Blue Cross Blue Shield Harvard Pilgrim Tufts HMO
	Total Staffed Beds:	185, mid-size acute hospital	Utilization	
	% Occupancy:	81.2%, > cohort avg. (66%)	Inpatient Discharges in FY19:	10,354
	Special Public Funding:	CHRTF°	Change FY18-FY19:	-1.2%
	Trauma Center Designation:	Not Applicable	Emergency Department Visits in FY19:	39,444
	Change FY18-FY19:		Change FY18-FY19:	-2.5%
	Case Mix Index:	0.95, < cohort avg. (0.96); < statewide (1.16)	Outpatient Visits in FY19:	63,155
		Change FY18-FY19:	-4.9%	
Financial		Quality		
Inpatient NPSR per CMAD:	\$10,872	Readmission Rate in FY18:	16.5%	
Change FY18-FY19:	5.4%	Change FY14-FY18 (percentage points):	2.3	
Inpatient:Outpatient Revenue in FY19:	40%:60%	Early Elective Deliveries Rate:	0.0%	
Outpatient Revenue in FY19:	\$94,665,078			
Change FY18-FY19:	8.4%			
Total Revenue in FY19:	\$203,699,829			
Total Surplus (Deficit) in FY19:	\$24,973,658			



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

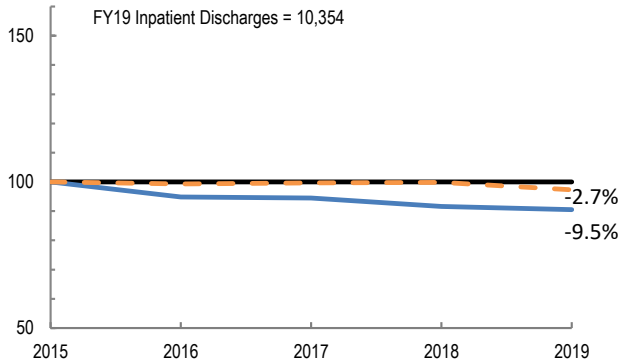
2019 HOSPITAL PROFILE: STEWARD NORWOOD HOSPITAL

Cohort: Community-High Public Payer Hospital

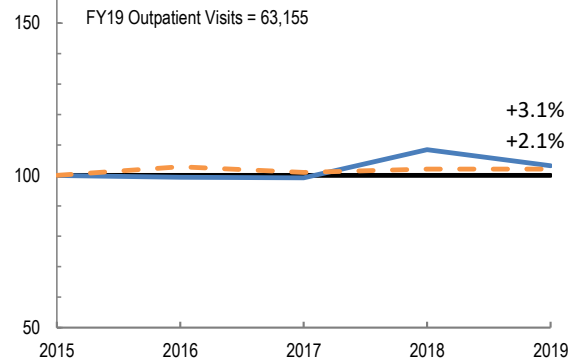


Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY15, and how does this compare to the hospital's peer cohort median? (FY15=100)

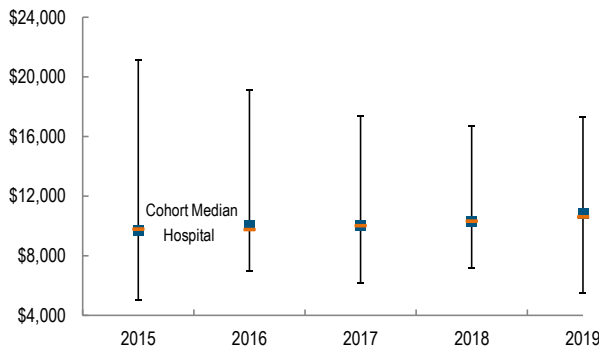


How has the volume of the hospital's outpatient visits changed compared to FY15, and how does this compare to the hospital's peer cohort median? (FY15=100)

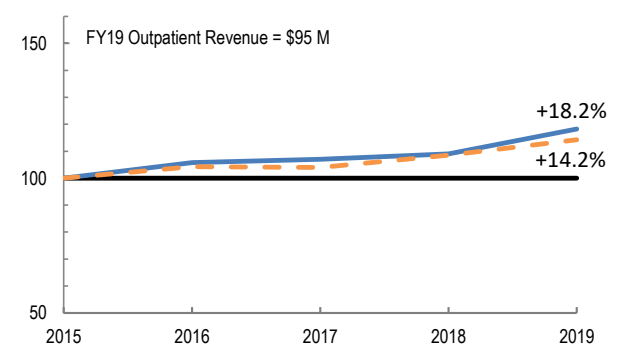


Patient Revenue Trends

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY15 and FY19, and how does this compare to the hospital's peer cohort median?



How has the hospital's net outpatient revenue changed compared to FY15, and how does this compare to the hospital's peer cohort median? (FY15=100)



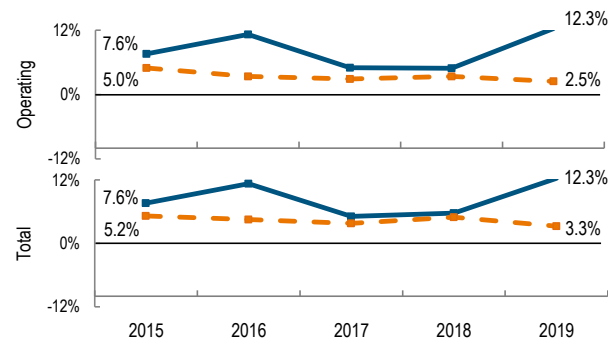
Financial Performance

How have the hospital's total revenue and costs changed between FY15 and FY19#?

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

FY	2015	2016	2017	2018	2019
Operating Revenue	\$ 181.4	\$ 189.0	\$ 189.8	\$ 192.9	\$ 203.7
Non-Operating Revenue	\$ 0.1	\$ 0.1	\$ 0.1	\$ 1.7	\$ 0.0
Total Revenue	\$ 181.4	\$ 189.1	\$ 189.9	\$ 194.7	\$ 203.7
Total Costs	\$ 167.6	\$ 167.9	\$ 180.3	\$ 183.5	\$ 178.7
Total Profit (Loss)	\$ 13.8	\$ 21.3	\$ 9.6	\$ 11.2	\$ 25.0

What were the hospital's total margin and operating margins between FY15 and FY19#, and how do these compare to the hospital's peer cohort medians?



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

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

θ For more information on Community Hospital Reinvestment Trust Fund (CHRTF) special funding, please contact the Massachusetts Executive Office of Health and Human Services (EOHHS).

The fiscal year 2019 financial performance data shown is sourced from standardized financial statement data submitted by Steward Health Care in September 2020. This data has not been verified by CHIA because audited financial statements and consolidating schedules were not provided by the hospital as required by regulation.