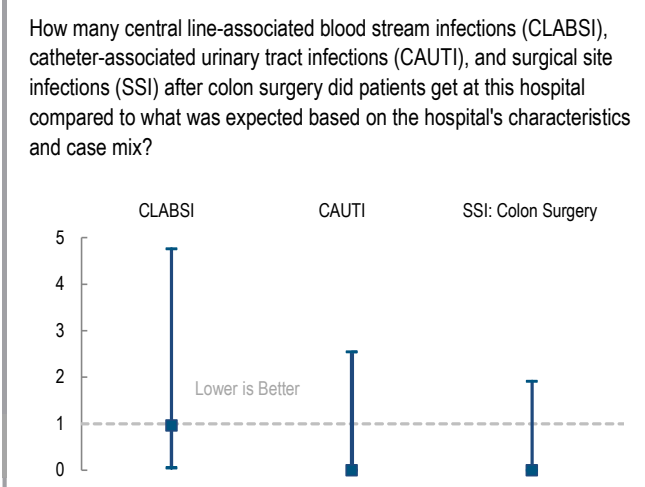
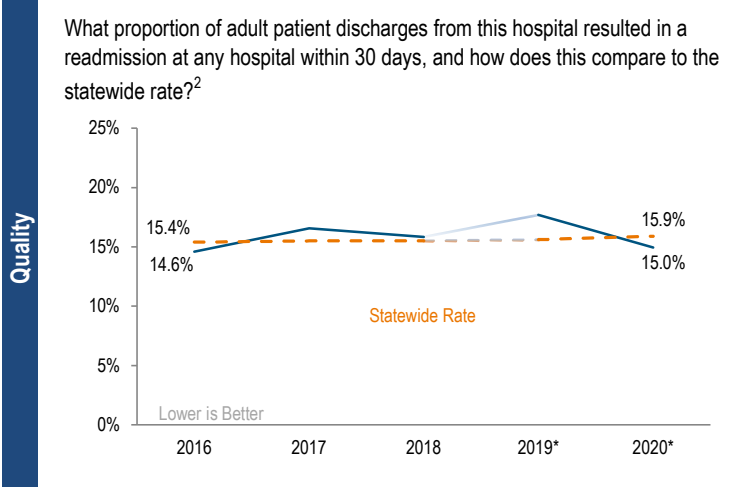
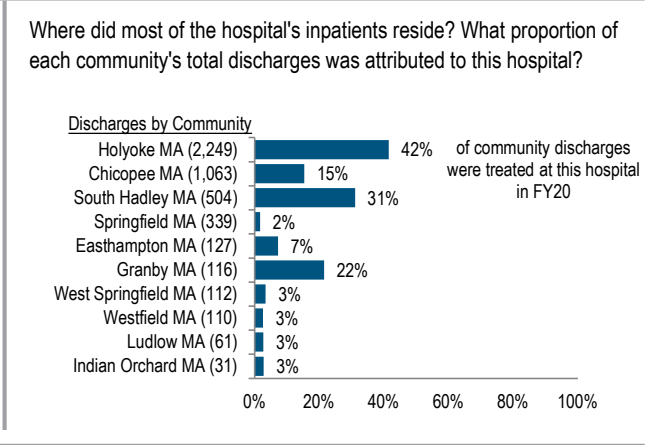
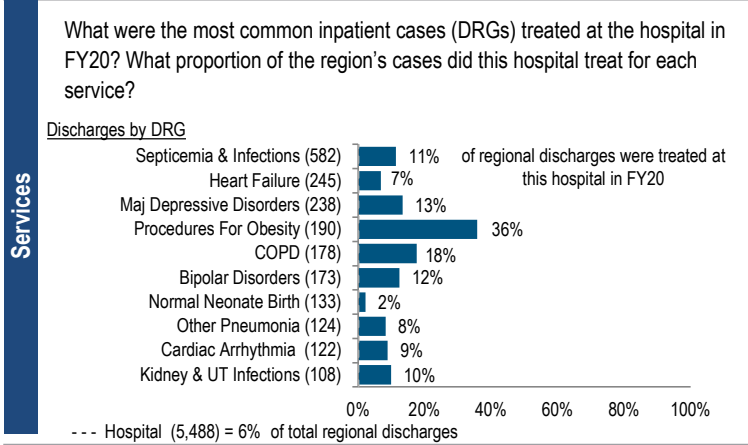


Holyoke Medical Center is a mid-size, non-profit community-High Public Payer (HPP) hospital located in the Western Massachusetts region. Between FY16 and FY20, the volume of inpatient discharges at the hospital decreased by 14.0% compared to a median decrease of 7.6% at cohort hospitals. Outpatient visits increased 25.1% for the hospital between FY16 and FY20, compared to a median decrease of 15.2% for its peer cohort. Holyoke Medical Center has reported a profit in each year of the past five years. In FY20 its total margin of 9.5% was greater than its peer cohort median of 4.0%.

At a Glance	Overview / Size		Payer Mix	
	Hospital System Affiliation:	Valley Health System	Public Payer Mix ¹ :	76.7% HPP Hospital
	Hospital System Surplus (Deficit) in FY20:	\$17,611,138	CY19 Commercial Statewide Relative Price:	0.727
	Change in Ownership (FY16-20):	Not Applicable	Top 3 Commercial Payers:	Blue Cross Blue Shield Health New England Boston Medical Center HealthNet Plan
	Total Staffed Beds:	107, mid-size acute hospital		
	% Occupancy:	62.6%, < cohort avg. (63%)		
	Trauma Center Designation:	Not Applicable		
	Case Mix Index:	1.00, > cohort avg. (1.00); < statewide (1.16)		
	Financial		Utilization	
	Inpatient NPSR per CMAD:	\$10,272	Inpatient Discharges in FY20:	5,488
Change FY19-FY20:	16.4%	Change FY19-FY20:	-17.5%	
Inpatient Outpatient Revenue in FY20:	25%:75%	Emergency Department Visits in FY20:	43,532	
Outpatient Revenue in FY20:	\$81,937,617	Change FY19-FY20:	-12.5%	
Change FY19-FY20:	-20.1%	Outpatient Visits in FY20:	141,965	
Total Revenue in FY20:	\$191,555,520	Change FY19-FY20:	-6.5%	
COVID Funding Included in Total Revenue:	\$23,500,334	Quality		
Total Surplus (Deficit) in FY20:	\$18,253,131	Readmission Rate in FY20:	15.0%	
		Change FY19-FY20 (percentage points):	-2.7	
		Early Elective Deliveries Rate:	3.8%	



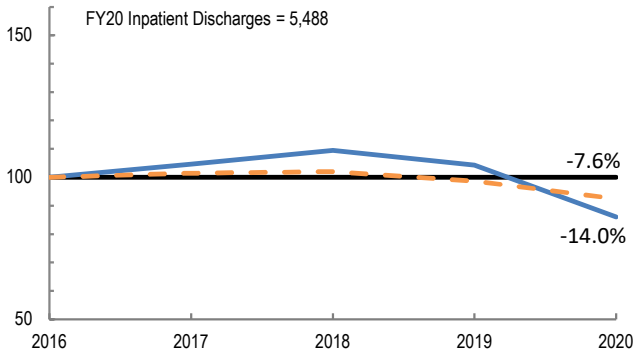
2020 HOSPITAL PROFILE: HOLYOKE MEDICAL CENTER

Cohort: Community-High Public Payer Hospital

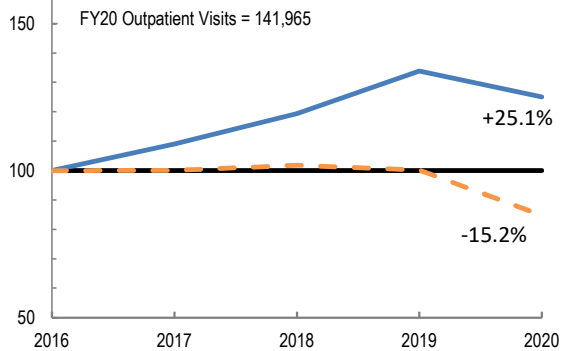


Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY16, and how does this compare to the hospital's peer cohort median? (FY16=100)

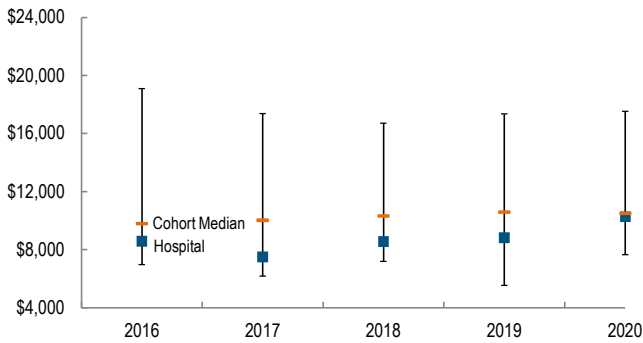


How has the volume of the hospital's outpatient visits changed compared to FY16, and how does this compare to the hospital's peer cohort median? (FY16=100)

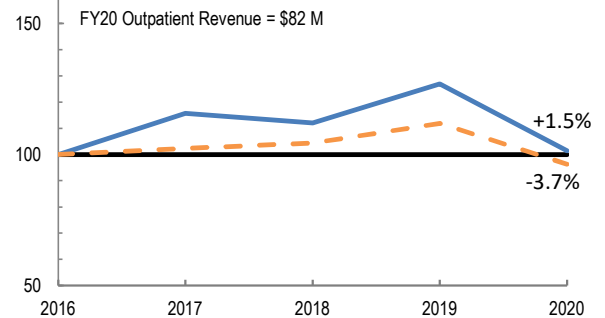


Patient Revenue Trends

What was the hospital's net inpatient service revenue³ per case mix adjusted discharge between FY16 and FY20, and how does this compare to the hospital's peer cohort median?



How has the hospital's net outpatient revenue³ changed compared to FY16, and how does this compare to the hospital's peer cohort median? (FY16=100)



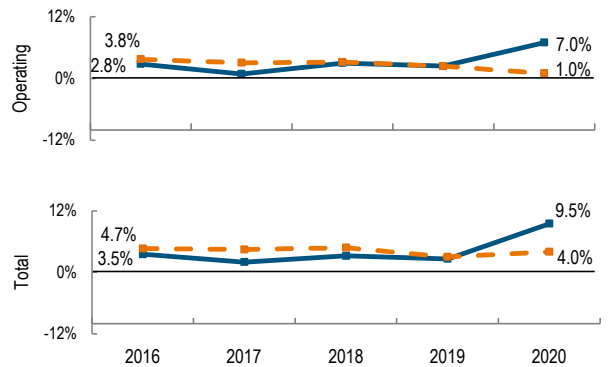
Financial Performance

How have the hospital's total revenue and costs changed between FY16 and FY20? (COVID funding affects FY20 only)

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

FY	2016	2017	2018	2019	2020
Operating Revenue	\$ 142.4	\$ 153.2	\$ 167.2	\$ 178.5	\$ 186.7
COVID Funding Included in Operating Revenue					\$ 23.5
Non-Operating Revenue⁴	\$ 1.0	\$ 1.6	\$ 0.4	\$ 0.4	\$ 4.8
Total Revenue	\$ 143.4	\$ 154.8	\$ 167.6	\$ 178.9	\$ 191.6
Total Costs	\$ 138.4	\$ 151.8	\$ 162.2	\$ 174.2	\$ 173.3
Total Profit (Loss)	\$ 5.0	\$ 3.0	\$ 5.4	\$ 4.7	\$ 18.3

What were the hospital's total margin and operating margins between FY16 and FY20, and how do these compare to the hospital's peer cohort medians? (Note: FY20 margins include COVID funding)



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

¹ High Public Payer Hospitals (HPP) reported a minimum of 63% of gross patient service revenue from public payers.

² For 2019 and 2020 readmission rates, a new methodology was used. These rates may not be comparable to earlier years. For more information, please see: <https://www.chiamass.gov/assets/docs/r/pubs/2022/Readmissions-Technical-Appendix-2011-2020.pdf>

³ Effective FY 2020 supplemental revenue is not included in net patient service revenue for all hospitals. Prior to FY 2020, reporting of supplemental revenue varied by hospital.

⁴ There was an accounting change adopted by most hospitals beginning in FY 2020 in which unrealized gains and losses on investments are now recognized as non-operating income

