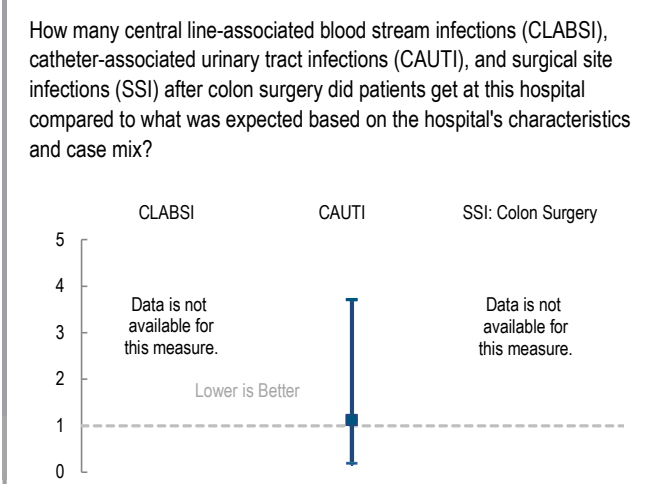
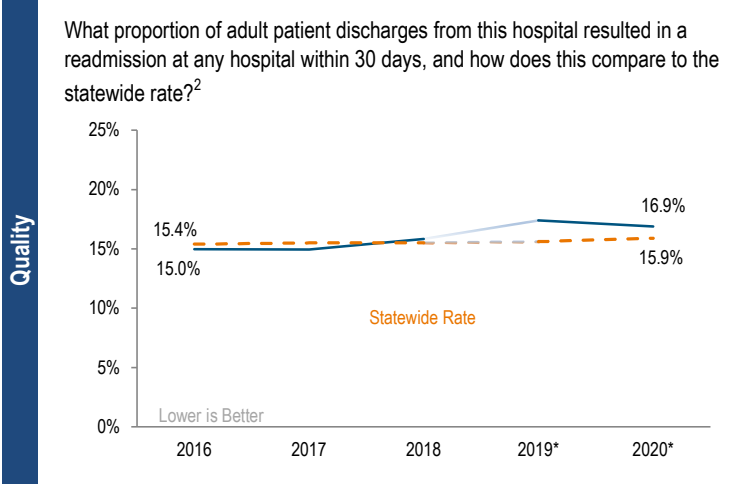
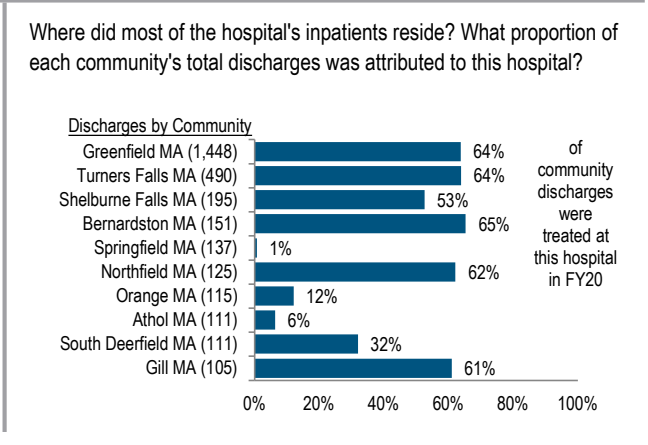
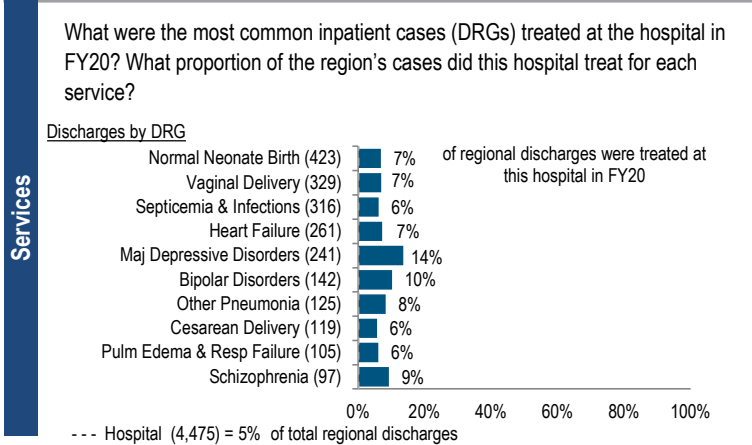


Baystate Franklin Medical Center is a mid-size, non-profit community-High Public Payer (HPP) hospital located in the Western Massachusetts region. It is a member of Baystate Health. Between FY16 and FY20, the volume of inpatient discharges at the hospital decreased by 12.1%, compared to a median decrease of 7.6% at cohort hospitals. Outpatient visits decreased 40.9% for the hospital between FY16 and FY20, compared to a median decrease of 15.2% for its peer cohort. Baystate Franklin Medical Center reported a total margin of -1.5% in FY20, below its cohort median of 4.0%.

At a Glance	Overview / Size		Payer Mix	
	Hospital System Affiliation:	Baystate Health	Public Payer Mix ¹ :	71.6% HPP Hospital
	Hospital System Surplus (Deficit) in FY20:	\$44,236,000	CY19 Commercial Statewide Relative Price:	1.002
	Change in Ownership (FY16-20):	Not Applicable	Top 3 Commercial Payers:	Blue Cross Blue Shield Health New England UniCare
	Total Staffed Beds:	107, mid-size acute hospital		
	% Occupancy:	43.7%, < cohort avg. (63%)		
	Trauma Center Designation:	Not Applicable		
	Case Mix Index:	0.83, < cohort avg. (1.00); < statewide (1.16)		
	Financial		Utilization	
	Inpatient NPSR per CMAD:	\$9,339	Inpatient Discharges in FY20:	4,475
Change FY19-FY20:	-0.5%	Change FY19-FY20:	-10.1%	
Inpatient Outpatient Revenue in FY20:	25%:75%	Emergency Department Visits in FY20:	21,321	
Outpatient Revenue in FY20:	\$51,215,908	Change FY19-FY20:	-14.0%	
Change FY19-FY20:	-13.9%	Outpatient Visits in FY20:	28,653	
Total Revenue in FY20:	\$102,504,000	Change FY19-FY20:	-11.6%	
COVID Funding Included in Total Revenue:	\$8,802,000			
Total Surplus (Deficit) in FY20:	-\$1,529,000	Quality		
		Readmission Rate in FY20:	16.9%	
		Change FY19-FY20 (percentage points):	-0.5	
		Early Elective Deliveries Rate:	12.5%	



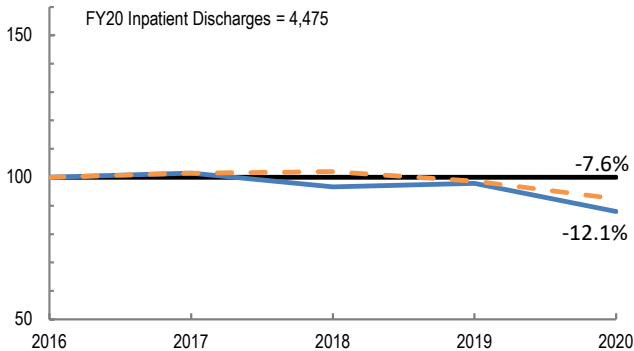
2020 HOSPITAL PROFILE: BAYSTATE FRANKLIN MEDICAL CENTER

Cohort: Community-High Public Payer Hospital

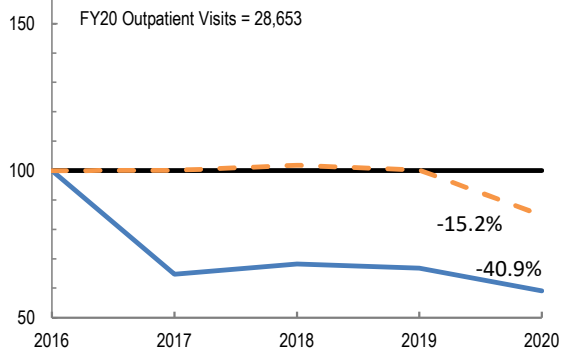


Utilization

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)

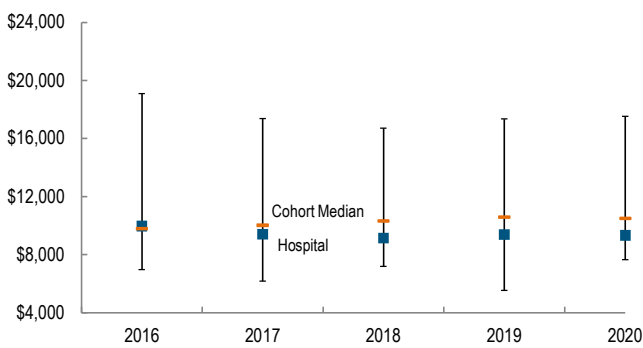


How has the volume of the hospital's outpatient visits changed compared to FY16, and how does this compare to the hospital's peer cohort median? (FY16=100)

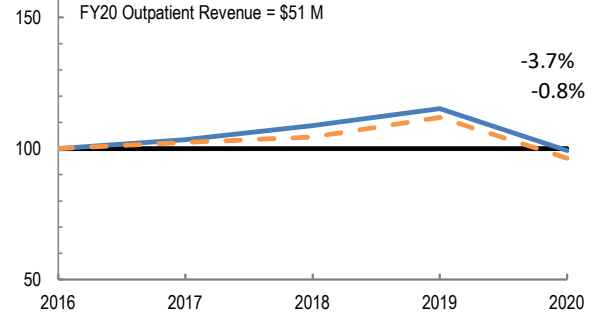


Patient Revenue Trends

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)



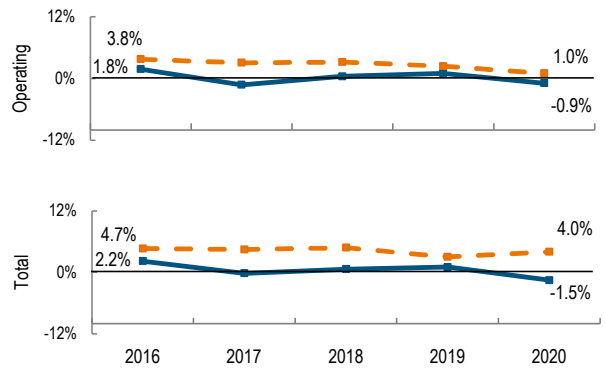
Financial Performance

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	\$ 98.2	\$ 98.6	\$ 102.7	\$ 106.7	\$ 103.2
COVID Funding Included in Operating Revenue					\$ 8.8
Non-Operating Revenue⁴	\$ 0.4	\$ 1.0	\$ 0.2	\$ (0.0)	\$ (0.7)
Total Revenue	\$ 98.6	\$ 99.6	\$ 102.9	\$ 106.6	\$ 102.5
Total Costs	\$ 96.4	\$ 99.8	\$ 102.3	\$ 105.6	\$ 104.0
Total Profit (Loss)	\$ 2.2	\$ (0.2)	\$ 0.6	\$ 1.0	\$ (1.5)

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