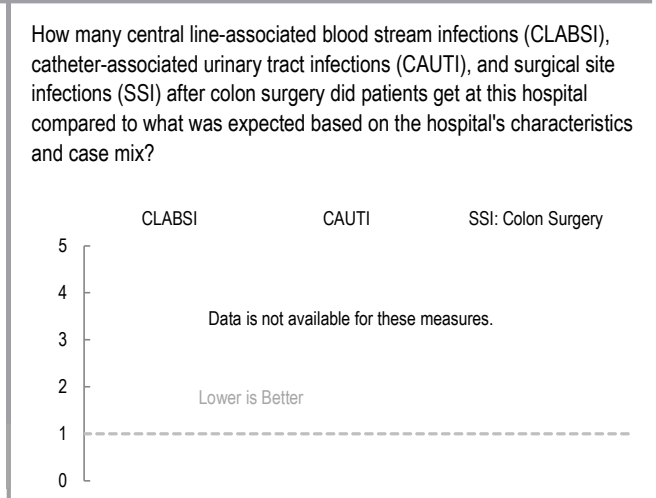
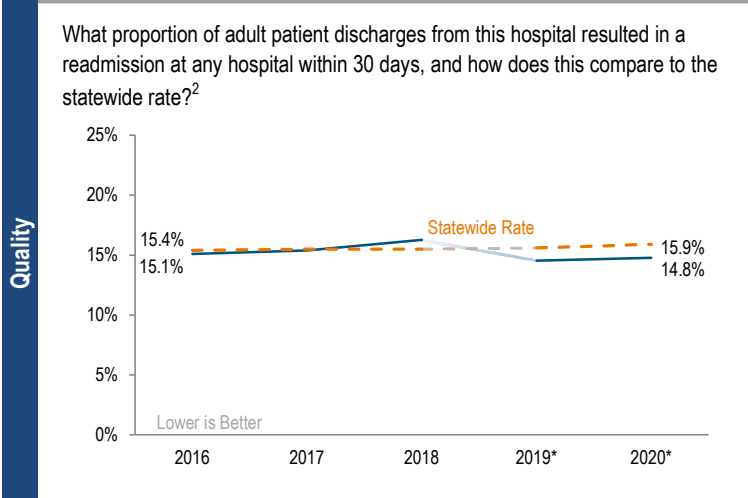
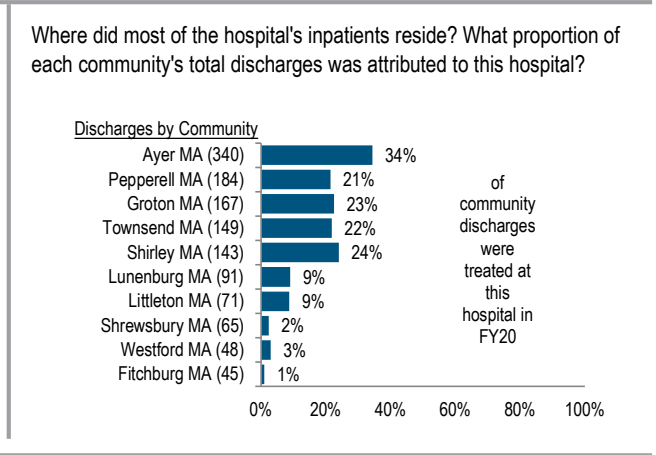
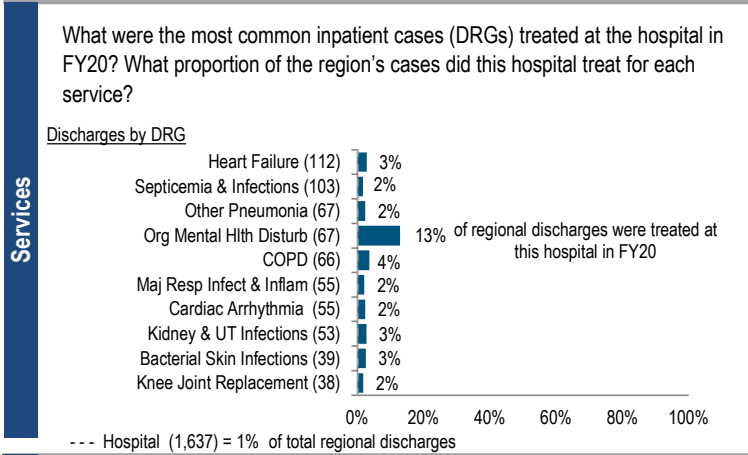
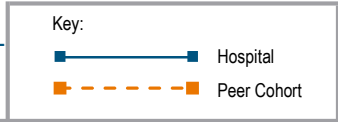


2020 Hospital Profile

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. Between FY16 and FY20, the volume of inpatient discharges at the hospital decreased by 14.6% compared to a median decrease of 7.6%. Outpatient visits decreased 34.2% for the hospital between FY16 and FY20, compared to a median decrease of 15.2%. The hospital reported a loss for the fourth year in the row in FY20, losing \$16M and reporting a total margin of -31.5%, compared to its peer cohort median of 4.0%.

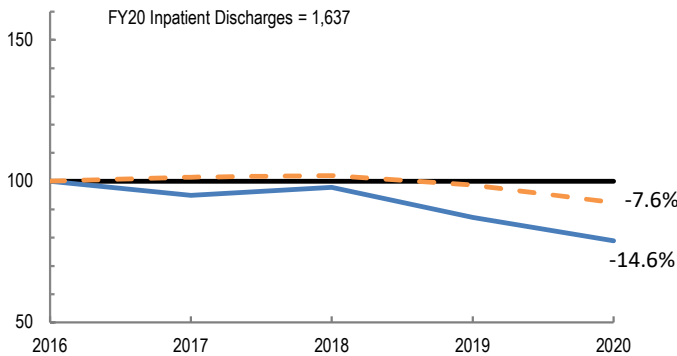
At a Glance	Overview / Size		Payer Mix	
	Hospital System Affiliation:	Steward Health Care System	Public Payer Mix ¹ :	66.1% HPP Hospital
	Hospital System Surplus (Deficit) in FY20:	(\$407,593,000)	CY19 Commercial Statewide Relative Price:	0.897
	Change in Ownership (FY16-20):	Not Applicable	Top 3 Commercial Payers:	Blue Cross Blue Shield Tufts HMO Harvard Pilgrim
	Total Staffed Beds:	39, among the smaller acute hospitals		
	% Occupancy:	73.7%, > cohort avg. (63%)		
	Trauma Center Designation:	Not Applicable		
	Case Mix Index:	0.97, < cohort avg. (1.00); < statewide (1.16)		
	Financial		Utilization	
	Inpatient NPSR per CMAD:	\$12,193	Inpatient Discharges in FY20:	1,637
Change FY19-FY20:	7.5%	Change FY19-FY20:	-12.5%	
Inpatient Outpatient Revenue in FY20:	26%:74%	Emergency Department Visits in FY20:	11,013	
Outpatient Revenue in FY20:	\$28,245,570	Change FY19-FY20:	-22.9%	
Change FY19-FY20:	-24.6%	Outpatient Visits in FY20:	33,273	
Total Revenue in FY20:	\$50,917,475	Change FY19-FY20:	-32.0%	
COVID Funding Included in Total Revenue:	\$1,218,100	Quality		
Total Surplus (Deficit) in FY20:	-\$16,024,073	Readmission Rate in FY20:	14.8%	
		Change FY19-FY20 (percentage points):	0.2	
		Early Elective Deliveries Rate:	Not Applicable	



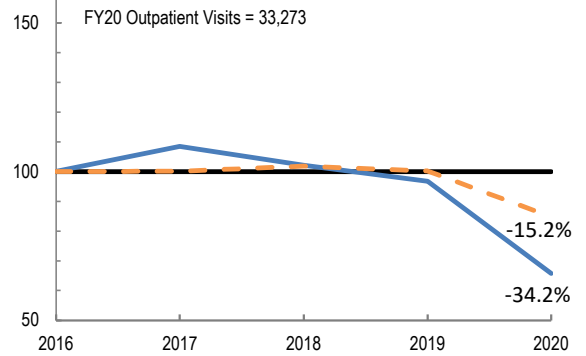


Utilization

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)

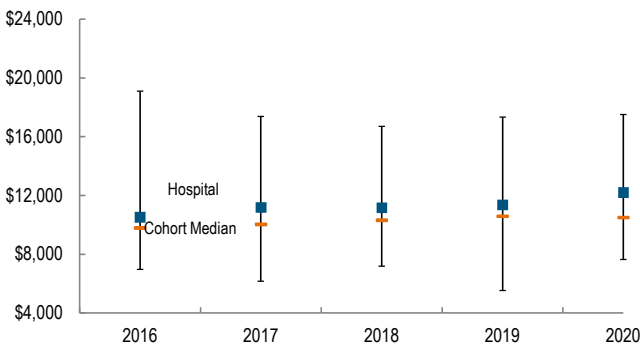


How has the volume of the hospital's outpatient visits changed compared to FY16, and how does this compare to the hospital's peer cohort median? (FY16=100)

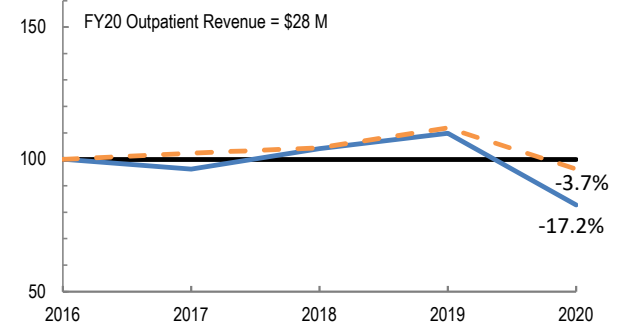


Patient Revenue Trends

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)



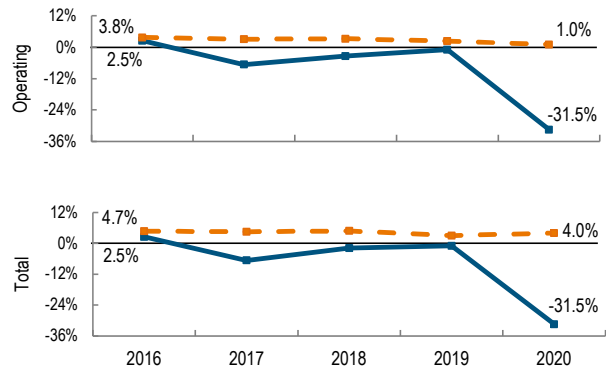
Financial Performance

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	\$ 53.2	\$ 54.7	\$ 57.7	\$ 58.1	\$ 50.9
COVID Funding Included in Operating Revenue					\$ 1.2
Non-Operating Revenue⁴	\$ (0.0)	\$ 0.0	\$ 0.9	\$ 0.0	\$ 0.0
Total Revenue	\$ 53.2	\$ 54.7	\$ 58.6	\$ 58.1	\$ 50.9
Total Costs	\$ 51.9	\$ 58.3	\$ 59.7	\$ 58.7	\$ 66.9
Total Profit (Loss)	\$ 1.3	\$ (3.6)	\$ (1.1)	\$ (0.6)	\$ (16.0)

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