HEALTH SAFETY NET RATES FOR ACUTE HOSPITALS - FY2020

Effective **October 1, 2019**

		Schedule A				Schedule B	Schedule C	Schedule D	Schedule E
Payment Org ID	Hospital Name	Inpatient Primary or PAF[2]	Inpatient ER Bad Debt or PAF[2]	Inpatient Transfer	Psych Per Diem	Payment on Account Factor or Cost to Charge Ratio[1]	Outpatient Primary	Outpatient - ER Bad Debt	Inpatient Rehabilitation
				Per Day		Percentage	Per Visit	Per Visit	Per Day
1	Anna Jaques Hospital				$861.49	0.3507	$442.60	$ 449.77	
2	Athol Memorial Hospital	91.63%	91.63%			28.68%	$738.92	$ 420.01	
4	Baystate Medical Center				$807.15	0.3133	$328.05	$ 620.51	
5	Baystate Franklin Medical Center				$807.15	0.2553	$282.62	$ 391.45	
8	Fairview Hospital	100.88%	100.88%			41.93%	$331.40	$ 795.42	
22	Brigham and Women's Hospital					0.2080	$296.19	$ 688.93	
25	Signature Healthcare Brockton Hospital				$947.53	0.2339	$246.89	$ 632.89	
39	Cape Cod Hospital	53.33%	53.33%		$958.33	0.2728	$447.54	$ 646.21	
40	Falmouth Hospital					0.2411	$505.04	$ 550.62	
41	Steward Norwood Hospital				$947.53	0.2947	$555.16	$ 494.46	
42	Steward Carney Hospital				$947.53	0.4236	$628.86	$ 683.96	
46	Boston Children's Hospital	54.69%	54.69%			49.81%	$2,055.13	$ 739.39	
50	Cooley Dickinson Hospital				$807.15	0.2611	$310.98	$ 322.18	
51	Dana-Farber Cancer Institute	47.41%	47.41%			28.08%	$2,180.32	No ED	
53	Beth Israel Deaconess Hospital - Needham					0.3335	$630.91	$ 504.73	
57	Emerson Hospital				$861.49	0.2488	$529.03	$ 423.22	
59	Brigham and Women's Faulkner Hospital				$947.53	0.2393	$540.51	$ 557.40	
68	Harrington Memorial Hospital					0.2960	$306.96	$ 361.14	
71	HealthAlliance Hospital (UMass Memorial HealthAlliance-Clinton Hospital)				$895.39	0.1999	$282.78	$ 300.38	
73	Heywood Hospital				$895.39	0.3387	$343.01	$ 470.04	
75	Steward Holy Family Hospital				$861.49	0.3457	$644.33	$ 568.27	
77	Holyoke Medical Center				$807.15	0.3447	$273.79	$ 387.80	
79	Beth Israel Deaconess Hospital - Plymouth				$947.53	0.2997	$360.27	$ 264.53	
83	Lawrence General Hospital					0.3012	$233.20	$ 503.35	
85	Lowell General Hospital					0.2563	$398.45	$ 462.80	
88	Martha's Vineyard Hospital	94.70%	94.70%			47.76%	$628.56	$ 1,450.85	
89	Massachusetts Eye and Ear Infirmary					0.4665	$575.25	$ 593.57	
91	Massachusetts General Hospital				$947.53	0.1989	$369.19	$ 637.33	
97	Milford Regional Medical Center					0.2867	$284.90	$ 381.05	
98	Beth Israel Deaconess Hospital - Milton					0.3065	$540.50	$ 1,005.88	
99	Steward Morton Hospital				$820.66	0.3711	$518.72	$ 557.68	
100	Mount Auburn Hospital				$861.49	0.3303	$242.79	$ 716.41	
101	Nantucket Cottage Hospital					0.2372	$239.54	$ 362.46	
104	Tufts Medical Center				$947.53	0.2511	$502.82	$ 593.74	
105	Newton-Wellesley Hospital				$861.49	0.2143	$583.73	$ 532.18	
106	Baystate Noble Hospital					0.2846	$593.94	$ 369.05	$1,885.11
114	Steward Saint Anne's Hospital				$820.66	0.3058	$395.65	$ 379.18	
122	South Shore Hospital					0.3057	$914.82	$ 672.70	
126	Steward St. Elizabeth's Medical Center				$947.53	0.4026	$428.13	$ 712.16	
127	Saint Vincent Hospital				$895.39	0.2107	$537.16	$ 429.73	
129	Sturdy Memorial Hospital					0.3988	$429.20	$ 659.25	
133	Marlborough Hospital					0.1822	$461.11	$ 444.30	
138	Winchester Hospital					0.3030	$509.24	$ 556.88	
139	Baystate Wing Hospital				$807.15	0.3568	$524.88	$ 509.35	
345	North Shore Medical Center				$861.49	0.1995	$274.58	$ 512.97	
3107	Boston Medical Center					0.3086	$368.90	$ 687.46	
3108	Cambridge Health Alliance				$861.49	0.3724	$273.22	$ 673.08	
3110	MetroWest Medical Center				$861.49	0.2087	$319.60	$ 255.68	
3111	Hallmark Health				$861.49	0.2634	$432.14	$ 382.83	
3112	Northeast Hospital				$861.49	0.2467	$424.28	$ 429.72	
3113	Southcoast Hospitals Group					0.2937	$281.47	$ 452.38	$1,590.09
3115	UMass Memorial Medical Center				$895.39	0.2060	$482.18	$ 681.50	
6309	Berkshire Medical Center				$850.93	0.3316	$495.06	$ 664.50	$1,636.27
6546	Lahey Hospital and Medical Center					0.3212	$424.73	$ 723.11	
6547	Mercy Medical Center				$807.15	0.4687	$696.50	$ 553.75	$1,600.88

8701	Steward Good Samaritan Medical Center				$947.53	0.3507	$409.25	$ 534.50	
8702	Beth Israel Deaconess Medical Center				$947.53	0.3379	$548.90	$ 626.72	
11467	Steward Nashoba Valley Medical Center				$861.49	0.2364	$637.74	$ 498.19	

Notes:

1 Payment on Account factor is used for secondary claims and for primary claims < $20.
The Cost-to-Charge ratio is used for Critical Access Hospitals and PPS-exempt hospitals.

2 Only rates for PPS-exempt, Critical Access Hospitals , and Sole Community Hospitals are listed. All other hospitals are paid using Medicare DRG or psychiatric per diem rates that will vary by claim.
Hospitals with less than 20 discharges will be paid using a Payment on Account Factor; otherwise a hospital will be paid a per discharge rate as indicated.

3 In patient rates are subject to change due to Medicare updates.

Dental services are paid according to the fees established in 114.3 CMR 14.00: Dental Services.