HEALTH SAFETY NET RATES FOR ACUTE HOSPITALS - FY2026

Effective **October 1, 2025**

		Schedule A				Schedule B	Schedule C	Schedule D
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 / ER Bad Debt	Outpatient Primary + Add-on
				Per Day		Percentage	Per Visit	Per Visit
1	Anna Jaques Hospital					0.33	$ 497.22	$ 621.52
2	Athol Memorial Hospital	0.93	0.93			0.35	$ 551.15	$ 688.94
5	Baystate Franklin Medical Center					0.26	$ 616.85	$ 771.06
4	Baystate Medical Center					0.31	$ 523.63	$ 654.54
106	Baystate Noble Hospital					0.25	$ 640.92	$ 801.16
139	Baystate Wing Hospital					0.28	$ 621.03	$ 776.29
6309	Berkshire Medical Center					0.31	$ 560.67	$ 700.84
98	Beth Israel Deaconess Hospital - Milton					0.34	$ 636.67	$ 795.84
53	Beth Israel Deaconess Hospital - Needham					0.33	$ 649.42	$ 811.78
79	Beth Israel Deaconess Hospital - Plymouth					0.31	$ 427.83	$ 534.79
8702	Beth Israel Deaconess Medical Center					0.31	$ 853.31	$ 853.31
46	Boston Children's Hospital	0.52	0.52			0.47	$ 1,792.26	$ 1,792.26
3107	Boston Medical Center					0.34	$ 410.04	$ 512.54
12877	Boston Medical Center - Brighton (St. Elizabeths)					0.34	$ 380.05	$ 475.07
12876	Boston Medical Center- South (Good Samaritan)					0.31	$ 315.89	$ 394.86
59	Brigham and Women's Faulkner Hospital					0.26	$ 866.17	$ 1,082.72
22	Brigham and Women's Hospital					0.18	$ 457.33	$ 457.33
12875	Brown University Health Morton Hospital					0.33	$ 521.15	$ 651.43
12878	Brown University Health St. Anne's Hospital					0.27	$ 401.05	$ 501.31
3108	Cambridge Health Alliance					0.31	$ 294.41	$ 368.01
39	Cape Cod Hospital	0.46	0.46	$2,250.36	$1,023.62	0.28	$ 707.73	$ 884.67
50	Cooley Dickinson Hospital					0.24	$ 335.45	$ 419.31
51	Dana-Farber Cancer Institute	0.32	0.32			0.27	No ER	$ 3,564.72
57	Emerson Hospital					0.26	$ 319.92	$ 399.90
8	Fairview Hospital	1.07	1.07			0.41	$ 461.90	$ 577.38
40	Falmouth Hospital					0.23	$ 605.16	$ 756.45
68	Harrington Memorial Hospital					0.19	$ 414.64	$ 518.30
71	HealthAlliance UMass Memorial - Clinton Hospital)					0.16	$ 266.81	$ 333.51
73	Heywood Hospital					0.32	$ 665.33	$ 831.66
12879	Holy Family Hospital Lawrence					0.33	$ 532.42	$ 665.52
77	Holyoke Medical Center					0.29	$ 284.25	$ 355.31
6546	Lahey Hospital and Medical Center					0.30	$ 530.79	$ 663.49
83	Lawrence General Hospital					0.29	$ 247.10	$ 308.87
85	Lowell General Hospital					0.28	$ 401.64	$ 502.05
133	Marlborough Hospital					0.17	$ 382.94	$ 478.68
88	Martha's Vineyard Hospital	1.13	1.13			0.43	$ 649.76	$ 812.20
89	Massachusetts Eye and Ear Infirmary					0.43	$ 578.97	$ 578.97
91	Massachusetts General Hospital					0.20	714..29	$ 714.29
3111	Melrose Wakefield Healthcare					0.27	$ 602.45	$ 753.07
6547	Mercy Medical Center					0.34	$ 704.46	$ 880.57
3110	MetroWest Medical Center					0.11	$ 440.85	$ 551.06
97	Milford Regional Medical Center					0.35	$ 389.91	$ 487.39
100	Mount Auburn Hospital					0.34	$ 306.84	$ 306.84
101	Nantucket Cottage Hospital					0.23	$ 401.43	$ 501.78
103	New England Baptist Hospital					0.44	$ 1,569.23	$ 1,961.54
105	Newton-Wellesley Hospital					0.24	$ 875.00	$ 1,093.75
12883	North Adams Regional	1.07	1.07			0.41	$ 461.90	$ 577.38
345	North Shore Medical Center					0.23	$ 405.80	$ 507.25
3112	Northeast Hospital					0.23	$ 441.63	$ 552.04
127	Saint Vincent Hospital					0.14	$ 706.83	$ 883.54
25	Signature Healthcare Brockton Hospital					0.23	$ 150.52	$ 188.15
122	South Shore Hospital					0.33	$ 667.94	$ 834.93
3113	Southcoast Hospitals Group					0.26	$ 345.53	$ 431.91
129	Sturdy Memorial Hospital					0.36	$ 595.68	$ 744.60

104	Tufts Medical Center					0.27	$ 591.49	$ 739.36
3115	UMass Memorial Medical Center					0.18	$ 654.15	$ 817.69
138	Winchester Hospital					0.30	$ 638.52	$ 798.15

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.