

Newton-Wellesley Hospital is a non-profit community hospital located in the Metro Boston region. It is a large acute hospital and a member of Mass General Brigham. Between FY16 and FY20, the volume of inpatient discharges at the hospital increased by 2.0% compared to a median decrease of 3.2% at cohort hospitals. Outpatient visits decreased 32.9% for the hospital between FY16 and FY20, compared to a median decrease of 6.8% for its peer cohort. Newton-Wellesley reported a loss of \$25.6M in FY20 and a total margin of -4.7%, lower than the median of its peer cohort of 1.4%.

Overview / Size

Hospital System Affiliation:	Mass General Brigham
Hospital System Surplus (Deficit) in FY20:	\$263,515,000
Change in Ownership (FY16-20):	Not Applicable
Total Staffed Beds:	341, among the larger acute hospitals
% Occupancy:	56.9%, < cohort avg. (58%)
Trauma Center Designation:	Not Applicable
Case Mix Index:	0.89, < cohort avg. (0.89); < statewide (1.16)

Financial

Inpatient NPSR per CMAD:	\$12,133
Change FY19-FY20:	-7.6%
Inpatient Outpatient Revenue in FY20:	33%:67%
Outpatient Revenue in FY20:	\$272,054,136
Change FY19-FY20:	-3.5%
Total Revenue in FY20:	\$539,735,000
COVID Funding Included in Total Revenue:	\$37,278,000
Total Surplus (Deficit) in FY20:	-\$25,629,000

Payer Mix

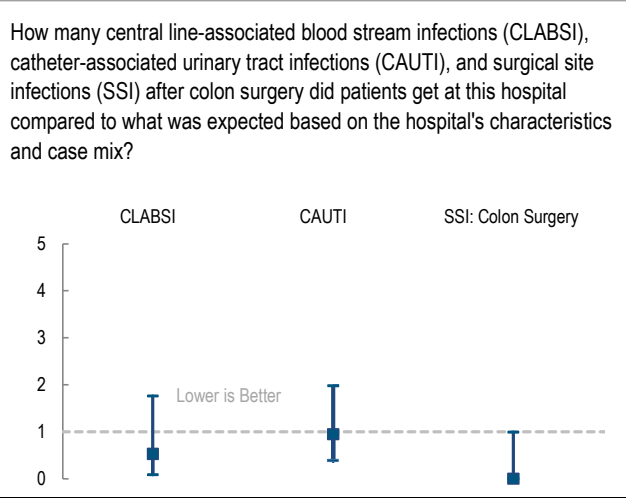
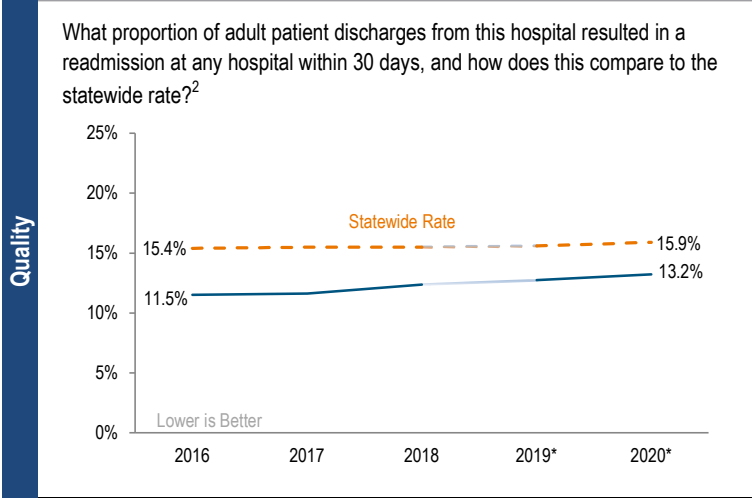
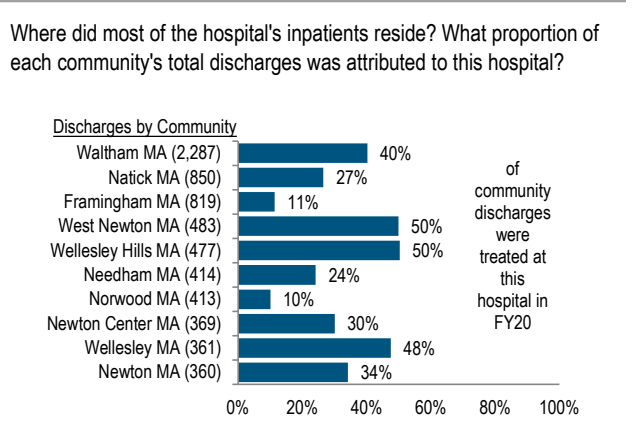
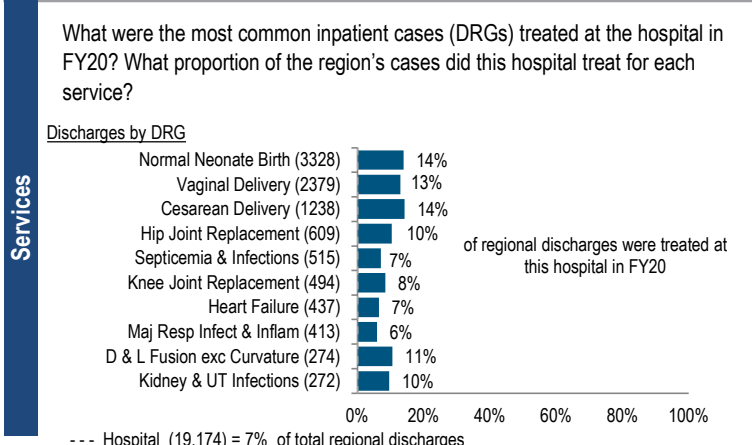
Public Payer Mix ¹ :	44.3% non-HPP Hospital
CY19 Commercial Statewide Relative Price:	0.958
Top 3 Commercial Payers:	Blue Cross Blue Shield Harvard Pilgrim Tufts HMO

Utilization

Inpatient Discharges in FY20:	19,174
Change FY19-FY20:	-1.7%
Emergency Department Visits in FY20:	41,660
Change FY19-FY20:	-12.6%
Outpatient Visits in FY20:	97,859
Change FY19-FY20:	-12.3%

Quality

Readmission Rate in FY20:	13.2%
Change FY19-FY20 (percentage points):	0.5
Early Elective Deliveries Rate:	4.0%



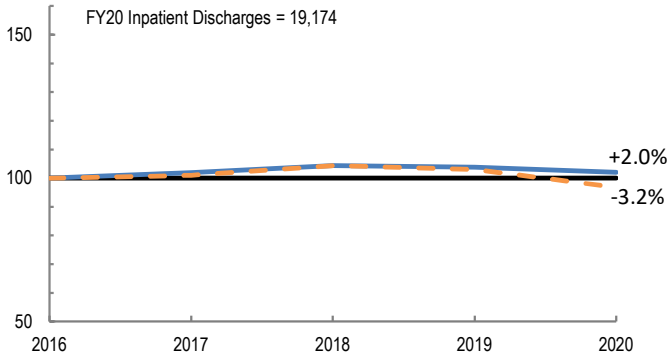
2020 HOSPITAL PROFILE: NEWTON-WELLESLEY HOSPITAL

Cohort: Community Hospital

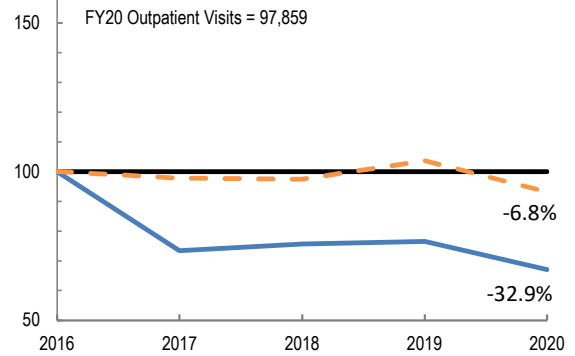


Utilization

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)

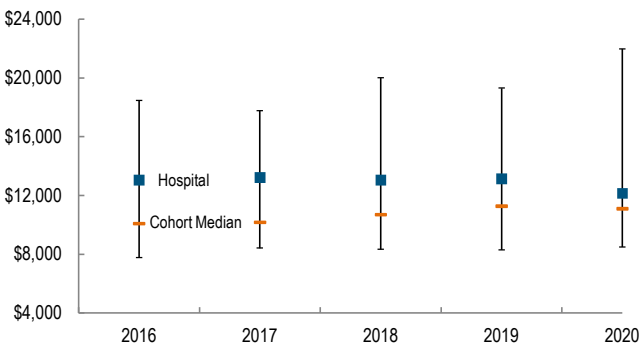


How has the volume of the hospital's outpatient visits changed compared to FY16, and how does this compare to the hospital's peer cohort median? (FY16=100)

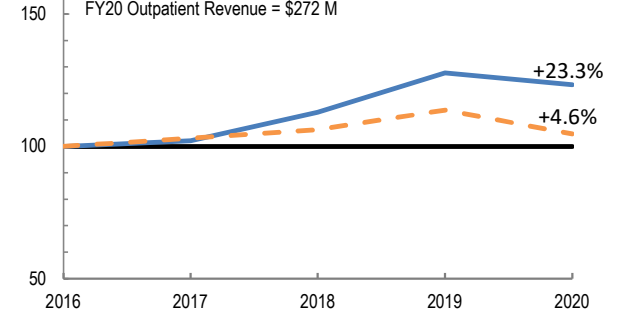


Patient Revenue Trends

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)



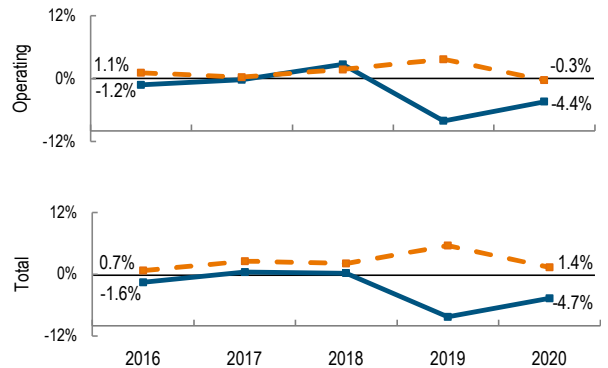
Financial Performance

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	\$ 434.1	\$ 453.0	\$ 504.7	\$ 531.1	\$ 541.8
COVID Funding Included in Operating Revenue					\$ 37.3
Non-Operating Revenue⁴	\$ (1.6)	\$ 2.8	\$ (12.3)	\$ (1.2)	\$ (2.1)
Total Revenue	\$ 432.5	\$ 455.8	\$ 492.5	\$ 529.9	\$ 539.7
Total Costs	\$ 439.2	\$ 454.0	\$ 491.4	\$ 573.9	\$ 565.4
Total Profit (Loss)	\$ (6.8)	\$ 1.8	\$ 1.0	\$ (44.0)	\$ (25.6)

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