

Financial Profile							
Hospital: Vermont Hospital (S&P Benchmarks & Medians)		Financial Performance - Stand-Alone Hospitals					
Category:	Notes:	Extremely Strong	Very Strong	Strong	Adequate	Vulnerable	Highly Vulnerable
		1	2	3	4	5	6
Total Operating Revenue (Millions \$)		>1,050	630-1,050	420-630	210-420	130-210	<130
EBIDA Margin (%)		>18	14.0-18.0	12.0-14.0	10.5-12.0	9.0-10.5	<9.0
Operating Margin (%)		>6.0	4.0-6.0	2.5-4.0	1.0-2.5	0-1.0	<0
Total (Excess) Margin (%)		>9.5	7.5-9.5	5.0-7.5	2.5-5.0	1.0-2.5	<1.0
Debt Service Coverage Ratio (:1)		>6.5	4.5-6.5	3.5-4.5	2.5-3.5	1.8-2.5	<1.8
		Liquidity and Financial Flexibility - Stand-Alone Hospitals					
Category:	Notes:	Extremely Strong	Very Strong	Strong	Adequate	Vulnerable	Highly Vulnerable
		1	2	3	4	5	6
Avg. Age of Plant (years)		<8.5	8.5-10	10-11	11-12	12-14	>14
Unrestricted Reserves/Long Term Debt (%)	New Ask	>225	175-225	120-175	85-120	60-85	<60
Cap. Ex./Depr. Exp. (%)		>175	140-175	120-140	100-120	80-100	<80
DCOH		>275	205-275	160-205	110-160	80-110	<80
		Debt - Stand-Alone Hospitals					
Category:	Notes:	Extremely Strong	Very Strong	Strong	Adequate	Vulnerable	Highly Vulnerable
		1	2	3	4	5	6
LTD/Capitalization (%)		<25	25-35	35-42	42-50	50-60	>60
Debt Burden (%)	New Ask	<2.2	2.2-2.9	2.9-3.7	3.7-4.8	4.8-5.8	>5.8
Defined Benefit Pension Funding Status (%)	New Ask	>100	85-100	75-85	65-75	55-65	<55
Medians:	Notes:	Industry Median -Small Stand -Alone Hospitals					
A/R Days		47.2-51.5					
Salaries & Benefits/NPR (%)	New Ask	53.6-59.7					
Unrestricted Reserves (Millions \$)	New Ask	24.2-98.3					
Other Benchmarks and Medians:		Source:	Benchmark:				
Private Price Ratio	MCR	VT Hosp. Median					
Charge Markup	MCR	VT Hosp. Median					
Investment Income	Hosp. Budgets	VT Hosp. Median					
Payer Mix (Including Bad Debt & Free Care)	Hosp. Budgets	VT Hosp. Median					
Administrative Salary/NPR	MCR; 990	VT Hosp. Median					
Occupancy rate	MCR	VT Hosp. Median					
30-day same cause readmission rate[1]	VHCURES	VT Hosp. Median					
All-cause readmission rate	Hospital Compare-Medicare	Hospital Compare-Medicare					
FTE per adjusted occupied bed	Hosp. Budgets	VT Hosp. Median					
Current ratio: to 1	Hosp. Budgets	VT Hosp. Median					
Days in gross accounts receivable	Hosp. Budgets	VT Hosp. Median					
Long Term Debt (\$)	Hosp. Budgets	VT Hosp. Median					
Equity Financing	Hosp. Budgets	VT Hosp. Median					

VT Hosp

FY 2018	FY 2019
49.9	51.5
-3.77%	5.94%
-10.75%	-0.80%
-6.17%	4.84%
-1.34	2.07

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FY 2018
FY 2019
No Change FY 2018 to FY 2019

VT Hosp.

FY 2018	FY 2019
17.36	18.74
N/A	<60
55.7%	70.1%
223.93	236.80

VT Hosp.

FY 2018	FY 2019
23.50%	22.88%
N/A	N/A
N/A	N/A

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FY 2018	FY 2019
33.2	42.8
N/A	N/A
N/A	N/A

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Sustainability Planning - AHA Defined Essential Service Line Assessment

Hospital Name:	(select)
Type of Hospital :	(select)

[illegible]

Sustainability Planning
Other Service Line Assessment

Hospital Name: (select)
Type of Hospital : (select)

	If the service is delivered by the hospital please complete these columns											
			Average Private Price Ratio (Non-Medicare / Medicaid Revenue per D/C / Medicare Revenue per D/C)	Average Charge Markup (Total Charge / Total Medicare Allowable Cost)* 100								
Service Line - Other Services	Contribution Margin (+/- or N/A)	Total Margin (+/- or N/A)			Average Medicaid to Medicare Reimbursement Ratio	Payer Mix Concentration	% contribution to NPR	Distance to Next Closest Provider	Growth Potential (Strong, Neutral, Weak, N/A)	Supports an Essential service(s)? If so, how?	Will be maintained in a Value-Based Environment (Yes, No, N/A)	CMS Designation Required Service Line (Y/N)
Example: Service X	+	+	3.8	237	75	40% Comm ; 35% MCR; 25% MCD	5%	50 miles	Weak	Complements and Enhances Primary Care	Yes	Yes
Anesthesiology												
Allergy and Immunology												
Audiology												
Bariatric/Weight Control Services												
Burn Care												
Cardiac Catheterization (Diagnostic)												
Cardiac Catheterization (Interventional)												
Cardiac Intensive Care												
Cardiology Services												
Chemotherapy/Infusion												
Chiropractic												
Complementary and Alternative Medicine Services (please indicate types of services with additional rows)												
Computer Assisted Orthopedic Surgery (CAOS)												
Dermatology Inpatient												
Dermatology Outpatient												
Ear, Nose and Throat												
Endocrinology Inpatient												
Endocrinology Outpatient												
Endoscopic Services (please indicate types of services with additional rows)												
Fertility Clinic												
Gastroenterology												
General Medical Surgery - Adult												
General Medical Surgery - Pediatric												
Genetic Testing/Counseling												
Geriatric Services												
Hematology												
HIV-AIDS Services												
Infectious Disease												
Intensive Care Unit												
Labor and Delivery/Birthing center												
Level I Trauma Treatment												
Linguistic/Translation Services												
Skilled Nursing Facility/Nursing Home (hospital owned)												
Neonatal Intensive Care Unit												
Nephrology												
Neurological Services												
Neurosurgery												
Oncology Services												
Open Heart Surgery												
Ophthalmology Inpatient												
Ophthalmology Outpatient												
Optical Colonoscopy												
Orthopedic Services												
Orthopedic Surgery												
Outpatient Surgery- Adult												
Outpatient Surgery- Pediatric												
Pain Management Program												
Pathology												
Pediatric Intensive Care												
Podiatry												
Pulmonology Inpatient												
Radiology Outpatient												
Renal Dialysis Inpatient												
Renal Dialysis Outpatient												
Respiratory Outpatient												
Rheumatology												
Sleep Center												
Spine												
Telehealth (please indicate types of services with additional rows)												
Telemonitoring												
Thoracic Surgery												
Transplant Services												
Urology												
Vascular Surgery												
Wound Care Program												

Sustainability Planning

Capacity Utilization / Volume

Hospital Name: (select)
Type of Hospital : (select)

--- CAPACITY ---

	Monthly		
	Min	Max	Average
Staffed Bed Occupancy Rate			
ED visits/day			
Number of Births (if birthing center present)			

--- VOLUME ---

Please list any surgical procedure and its volume if the procedure is done fewer than **25 times/year** per physician and/or fewer than **50 times/year** by the Hospital

[illegible]