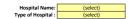
		Financial Pro	file							
Hospital, Vormont Hospita	(SPD Banchmarks & Madians)	Financial Performance - Stand-Alone Hospitals							Hosp	
Hospital: Vermont Hospital (S&P Benchmarks & Medians)		Extremely Strong	rong Very Strong	Strong	Adequate	Vulnerable	Highly Vulnerable			
Category:	Notes:	1	2	3	4	5	6	FY 2018	FY 2019	
Total Operating Revenue (Millions \$)		>1,050	630-1,050	420-630	210-420	130-210	<130	49.9	51.5	FY 2018
BIDA Margin (%)		>18	14.0-18.0	12.0-14.0	10.5-12.0	9.0-10.5	<9.0	-3.77%	5.94%	FY 2019
Operating Margin (%)		>6.0	4.0-6.0	2.5-4.0	1.0-2.5	0-1.0	<0	-10.75%	-0.80%	No Change FY 2018 to FY 20
otal (Excess) Margin (%)		>9.5	7.5-9.5	5.0-7.5	2.5-5.0	1.0-2.5	<1.0	-6.17%	4.84%	
ebt Service Coverage Ratio (:1)		>6.5	4.5-6.5	3.5-4.5	2.5-3.5	1.8-2.5	<1.8	-1.34	2.07	
				iquidity and Einancial Elev	kibility - Stand-Alone Hospi	tale		VT	Hosp.	
		Extremely Strong	Very Strong	Strong	Adequate	Vulnerable	Highly Vulnerable	VI	1030.	
Category:	Notes:	1	2	3	4	5	6	FY 2018	FY 2019	
vg. Age of Plant (years)		<8.5	8.5-10	10-11	11-12	12-14	>14	17.36	18.74	
Inrestricted Reserves/Long Term Debt (%)	New Ask	>225	175-225	120-175	85-120	60-85	<60	N/A	N/A	
Cap. Ex./Depr. Exp. (%)		>175	140-175	120-140	100-120	80-100	<80	55.7%	70.1%	
осон		>275	205-275	160-205	110-160	80-110	<80	223.93	236.80	
				Dobt - Stand	-Alone Hospitals			VT	Hosp.	
		Extremely Strong	Very Strong	Strong	Adequate	Vulnerable	Highly Vulnerable	•.		
Category:	Notes:	1	2	3	4	5	6	FY 2018	FY 2019	
TD/Capitalization (%)		<25	25-35	35-42	42-50	50-60	>60	23.50%	22.88%	
Debt Burden (%)	New Ask	<2.2	2.2-2.9	2.9-3.7	3.7-4.8	4.8-5.8	>5.8	N/A	N/A	
Defined Benefit Pension Funding Status (%)	New Ask	>100	85-100	75-85	65-75	55-65	<55	N/A	N/A	
Medians:	Notes:				all Stand -Alone Hospitals				Hosp.	
A/R Days				47.	2-51.5			33.2	42.8	
Salaries & Benefits/NPR (%)	New Ask				6-59.7			N/A	N/A	
Unrestricted Reserves (Millions \$)	New Ask			24	2-98.3			N/A	N/A	

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

## Sustainability Planning - AHA Defined Essential Service Line Assessment



			If the service is delivered by the hospital please complete these columns							
					Average Private Price					
					Ratio (Non-Medicare /	Average Charge Markup				
	Is Essential Service unmet,	Please list the entities that	Contribution	Total	Medicaid Revenue per D/C	(Total Charge / Total	Average Medicaid to			<b>CMS</b> Designation
	partially met, fully met in	deliver this service in the	Margin	Margin	/ Medicare Revenue per	Medicare Allowable	Medicare	Payer Mix	% contribution	<b>Required Service</b>
Service Line - Essential Services	your community?	community.	(+, -, N/A)	(+, -, N/A)	D/C)	Cost)*100	<b>Reimbursement Ratio</b>	Concentration	to NPR	Line (Y/N)
Example: Service X		Hospital, DA, Independents, FQHC	+	+	3.8	237	75	40% Comm.; 35% MCR; 25% MCD	5%	Yes
Primary Care										
Pediatrics										
Palliative Care										
Rehabilitation - Cardiac										
Rehabilitation - Occupational Therapy										
Rehabilitation - Physical Therapy										
Rehabilitation - Speech Therapy										
Nutritional Services										
Gynecology										
Obstetrics/Prenatal Care/Midwifery										
Lifestyle Medicine										
Dental Services										
Home Care										
Psychiatric Services-Inpatient										
Psychiatric Services-Outpatient										
Behavioral Health										
Substance Use Disorder Inpatient Treatment										
Substance Use Disorder Outpatient Treatment										
Social Work Services										
Express/Urgent Care Center										
Emergency and Observation ED Services										
Diagnostic-Laborarory Services										
Diagnotic-Imaging Services										
Transportation-Ambulance Services										
Transportation-Patient transport to provider appointments										
Robust Referral System/Transport Agreements										

## Sustainability Planning Other Service Line Assessment

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

					lê kh a	section is delivered b						
			Average		If the	service is delivered b	iy ine nospital pleas	se complete these colum	mis			
Service Line - Other Services	Contribution Margin (+/- or N/A)	Total Margin (+/- or N/A)	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	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												∤
Complementary and Alternative Medicine Services (please indicate types of services with additional rows)				1								
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												
Gasteroenterology												
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 1 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												<b>├</b> ────┤
Ophthalmology Inpatient												├────┤
Ophthalmology Outpatient Optical Colonoscopy												├────┦
Orthopedic Services												
Orthopedic Surgery												
Outpatient Surgery- Adult												
Outpatient Surgery- Pediatric												<b>↓</b>
Pain Management Program												<u>                                     </u>
Pathology Pediatric Intensive Care												<u>├</u> ────┦
Podiatry												
Pulmonology Inpatient												
Radiology Outpatient												
Renal Dialysis Inpatient												
Renal Dialysis Outpatient												
Respiratory Outpatient												├─────┤
Rheumatology Sleep Center												<u>├</u> ────┤
Spine												
Telehealth (please indicate types of services with									1			
additional rows)												
Telemonitoring												
Thoracic Surgery												ļ
Transplant Services												<u>├────</u> │
Urology Vascular Surgery												<u>├</u> ────┤
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

Department	Procedure Name	CPT Code	Location (in/outpatient)	Number of Providers	Total Hospital Volume