

**All Vermont Acute Care Community Hospitals**

**Table 7 - Cost Shift - Actual 2019 and Budget 2020**

<b>Fiscal Year 2020 Budget</b>					
<b>Provider</b>	<b>Commercial</b>	<b>Medicare (Rollup)</b>	<b>Medicaid</b>	<b>Bad Debt</b>	<b>Free Care</b>
Brattleboro Memorial Hospital	\$ 21,643,195	(\$8,652,706)	(\$10,058,980)	\$ (1,657,146)	\$ (1,274,363)
Central Vermont Hospital	\$ 38,587,853	(\$16,133,989)	(\$17,817,179)	\$ (2,377,838)	\$ (2,258,848)
Copley Hospital	\$ 12,299,304	(\$4,188,003)	(\$6,536,545)	\$ (1,162,535)	\$ (412,222)
Gifford Medical Center	\$ 10,586,396	(\$3,000,776)	(\$6,204,279)	\$ (1,186,134)	\$ (195,207)
Grace Cottage Hospital	\$ 231,535	\$1,866,757	(\$1,711,645)	\$ (254,910)	\$ (131,737)
Mount Ascutney Hospital	\$ 3,915,042	\$422,296	(\$2,878,558)	\$ (940,724)	\$ (518,056)
North Country Hospital	\$ 14,178,991	(\$2,152,181)	(\$9,423,566)	\$ (1,881,326)	\$ (721,918)
Northeastern VT Regional Hospital	\$ 12,580,257	(\$531,720)	(\$8,844,493)	\$ (1,691,168)	\$ (1,512,876)
Northwestern Medical Center	\$ 13,911,856	(\$1,398,575)	(\$8,217,300)	\$ (3,709,852)	\$ (586,130)
Porter Medical Center	\$ 13,854,700	(\$3,734,028)	(\$7,188,647)	\$ (2,206,789)	\$ (725,237)
Rutland Regional Medical Center	\$ 65,812,514	(\$29,905,195)	(\$28,746,530)	\$ (4,354,602)	\$ (2,806,187)
Southwestern Vermont Medical Center	\$ 39,544,801	(\$17,722,772)	(\$17,971,840)	\$ (2,892,282)	\$ (957,907)
Springfield Hospital	\$ 7,061,671	(\$1,898,374)	(\$2,703,803)	\$ (2,004,457)	\$ (455,037)
The University of Vermont Medical Center	\$ 304,855,241	(\$160,134,664)	(\$123,715,590)	\$ (12,959,475)	\$ (8,045,513)
<b>SYSTEM</b>	<b>\$ 559,063,357</b>	<b>(\$247,163,929)</b>	<b>(\$252,018,954)</b>	<b>\$ (39,279,236)</b>	<b>\$ (20,601,238)</b>

This table shows the amount of underpayments (compared to cost) by Medicare, Medicaid, and Uncompensated Care (free care and bad debt expenses). The left column shows the total of these underpayments and is the amount that is shifted to other payers. This total is the cost shift.

<b>Fiscal Year 2019 Actual</b>					
<b>Provider</b>	<b>Commercial</b>	<b>Medicare (Rollup)</b>	<b>Medicaid</b>	<b>Bad Debt</b>	<b>Free Care</b>
Brattleboro Memorial Hospital	\$ 19,464,702	(\$8,210,875)	(\$8,789,469)	\$ (1,522,266)	\$ (942,093)
Central Vermont Hospital	\$ 33,053,556	(\$11,253,542)	(\$16,846,917)	\$ (2,843,064)	\$ (2,110,032)
Copley Hospital	\$ 11,716,658	(\$4,547,813)	(\$5,636,430)	\$ (1,065,678)	\$ (466,737)
Gifford Medical Center	\$ 10,607,434	(\$2,409,779)	(\$6,945,346)	\$ (1,082,740)	\$ (169,569)
Grace Cottage Hospital	\$ 109,167	\$2,081,146	(\$1,699,300)	\$ (356,823)	\$ (134,190)
Mount Ascutney Hospital	\$ 3,651,075	\$2,534,760	(\$4,785,064)	\$ (1,012,232)	\$ (388,539)
North Country Hospital	\$ 15,768,523	(\$4,309,393)	(\$9,332,434)	\$ (1,500,981)	\$ (625,715)
Northeastern VT Regional Hospital	\$ 11,928,299	(\$1,025,043)	(\$7,931,810)	\$ (1,557,726)	\$ (1,413,720)
Northwestern Medical Center	\$ 12,070,421	\$1,135,767	(\$9,210,767)	\$ (3,484,985)	\$ (510,435)
Porter Medical Center	\$ 11,509,296	(\$473,818)	(\$8,117,828)	\$ (2,207,209)	\$ (710,441)
Rutland Regional Medical Center	\$ 61,412,700	(\$25,426,816)	(\$29,632,213)	\$ (3,397,244)	\$ (2,956,427)
Southwestern Vermont Medical Center	\$ 34,105,537	(\$14,413,894)	(\$16,005,000)	\$ (2,771,269)	\$ (915,375)
Springfield Hospital	\$ 10,071,726	(\$3,091,049)	(\$4,061,169)	\$ (2,286,194)	\$ (633,314)
The University of Vermont Medical Center	\$ 298,882,966	(\$162,737,104)	(\$113,959,233)	\$ (14,517,802)	\$ (7,668,827)
<b>SYSTEM</b>	<b>\$ 534,352,059</b>	<b>(\$232,147,455)</b>	<b>(\$242,952,979)</b>	<b>\$ (39,606,212)</b>	<b>\$ (19,645,413)</b>

A hospital incurs costs to provide services to their patients. All patients, regardless of their ability to pay, are billed the same amount for the same service. Sometimes the payment received by the hospital is less than cost for the services provided. This includes payments from uninsured, Medicare, and Medicaid patients. When the payment doesn't cover the cost to provide those services, this unreimbursed cost is passed on to other payers; this is the "cost shift". The ability to cost shift helps the hospital recover funds it would not otherwise receive in order to maintain its financial health.