

Notes from CFO Meetings/ Next Steps

1) Calendar:

Budget Submissions are due June 18, 2018 through July 1, 2018 in Adaptive. Narratives and oaths can be submitted by July 1, 2018. Budget hearings can be scheduled on August 21, 22, 23 or 28, 29, 30, or a combination of both. GMCB staff will have questions to the hospitals by July 30, 2018. We have discussed with the HCA timeframes, and they will follow with their questions shortly thereafter and try to not be repetitive. Hospital responses to staff questions would be expected by August 10th. Also, GMCB staff will try and release budget guidance by end of February.

2) Financial Dashboard:

- a. Staff will add "A" rated hospital bond ratings data points for the board to consider. We need to consider sourcing this data.
- b. Hospitals will add non-traditional debt, such as pension liabilities as these have cashflow limitations. This mirrors financial statement requirements change.
- c. Other metrics from the board such as expenses and efficiencies.

3) Presentations:

- a. Will be standardized and will include the following information:
 - i. Introduction/Overview
 - ii. Hospital Issues
 - iii. Areas of Risk/Opportunities
 - iv. Financial to include:
 1. Profit and Loss, Cash Flow, Balance Sheet
 2. Instate vs Out of State mix
 3. Expense drivers and cost containment efforts, 3-4 specific high-level categories
 4. Comments on GMCB Quality Data
 5. Community Needs Assessment information
 6. Progress on ACO and population health management investments (where appropriate)
 - v. Reform Investment outcomes
 - vi. Active CON Updates
 - vii. Long range financial outlook
 - viii. Review of historical compliance w/budget orders

4) Net Patient Revenue:

Will be split between traditional fee for service and ACO revenue. GMCB will take ACO revenue and confirm those amounts with the ACO. Those revenues will be processed

through the ACO budget process. Fee for service revenues will be governed by a NPR growth rate and hospitals will present in state and out of state revenue issues for board consideration. GMCB staff will also continue to report to the board prior year’s actual revenues for board consideration when setting the NPR rate by hospital. The Board should have a definition on health care reform investments.

NPR & Rate Growth with the Board on 2/14.

- 5) Narrative Instruction Changes:
 - a. Add financial bridge chart for both NPR/FPP and Expenses.
 - b. Separate Tables for Salaries for Medical Staff and Administrative Staff:

Salary Range	Total # of FTE Staff	Total Salaries	Other compensation	Total Compensation
\$0-\$199,999				
\$200,000 - \$299,999				
\$300,00 - \$499,999				
\$500,000 - \$999,999				
\$1,000,000 and above				