Narrative Instructions

The budget narrative, a key component of the budget submission, provides the hospitals an opportunity to explain any changes in their budgets and highlight areas of interest for the GMCB. We ask hospitals **to answer each question succinctly, and to strictly follow the format below** by responding in sequence to each of the listed sections.

1. *Executive Summary*. Summarize the changes in the hospital budget submission. Include any information the GMCB should know about programmatic, staffing, and operational changes.

BMH's FY2020 Budget has incorporated volume growth experienced during the current year which has necessitated continued investment in both our employee base and capital equipment. A major challenge continues to be related to workforce development and, in particular, the utilization of contract temps/staff. We have implemented several strategies focused on this issue which are identified later in this report.

A major initiative has been to expand our OB/GYN service on the Springfield Hospital campus and provide pre and post-natal care to this community. Although the cost of this initiative has been solely absorbed by BMH it is hoped that GMCB and the State of Vermont will recognize this effort through this budget process as well as assisting in designation of our clinic as a Rural Health Clinic.

Although we received CON approval for a major Modernization Project in October, 2017 we have been delayed due to Act 250 permitting process. It is hoped that construction will commence by summer's end. At this point it is unclear as to the project's cost increases due to this delay.

In terms of physician recruitment, we are expecting our replacement Orthopedic Surgeon to commence practice in Fall 2019. Although we lost a General Surgeon, we were successful in a replacement starting in August, 2019. We continue to recruit for Primary Care Clinicians and OBGYN.

Programmatically, we have migrated our Cardiology physician service from a BMH employment model to a professional services arrangement with Dartmouth-Hitchcock/Cheshire Medical. This model is similar to our agreements for Emergency Department, Pathology and Radiology.

2. *Payment and Delivery Reform*. Describe how the hospital is preparing for and investing in value-based payment and delivery reform and implementation of the All-Payer Model for FY 2019 and over the next five years. Include answers to the following questions:

A. Has the hospital signed a contract with OneCare Vermont? If yes, use the table in Appendix V to indicate which payer programs the hospital is participating in during 2020, the budgeted monthly average number of lives to be attributed to the hospital for each program, and the budgeted monthly average amount of FPP. If no, explain (and skip B. and C., below).

BMH participates in OneCare's Medicare, Medicaid and BCBS exchange contracts. See Appendix V.

B. What is the maximum upside and downside risk the hospital has assumed?

i. How is the risk (up-and downside) accounted for in the financials? How will the hospital manage financial risk while maintaining access to high quality care and appropriate levels of utilization?

The reserve for risk is treated as a reduction of the Fixed Payment and set aside as a due to third party until the year is settled.

ii. How will the hospital track and ensure that provider financial incentives do not have a negative impact on patient care?

BMH will continue to monitor OneCare monthly reports at our ACO Steering Committee.

Clinical decisions are based on the care needs of the patient. Incentive program for the clinicians include both quality, patient experience and productivity measures.

C**.** What amount of Other Reform Payments does the hospital expect to receive from OneCare Vermont by the end of calendar year 2020 (*e.g.*, payments from OneCare's Value-Based Incentive Program based on quality performance)?

Budgeted Other OneCare Payments for FY2020	
Population Health Management	***242,346***
Primary Care Case Management	***111,000***
Complex Care Coordination	***52,200***
CHT - Rise VT	***30,000***
CHT Level 1 Care Coordination	***25,000***
CHT Medicare Portion of Blueprint Allocation	***109,749***
Value Based Incentive Fund	***TBD***

D. Are the hospital's employees attributed to OneCare, either through participation in a OneCare self-insured program or, if fully-insured, through the hospital's insurer? If not, why not?

BMH's self-funded health plan is part of the New England Alliance for Health benefit offerings which provides advantageous group pricing and stop loss coverage.

E. How is the hospital changing the allocation of resources in its budget to improve population health, under the All-Payer ACO Model and/or other initiatives?

- ***Hired 10 RN Care Coordinators to work within their outpatient Practices***
- ***BMH opened a satellite OB/GYN site in Springfield, VT to care for women in need of prenatal care.***
- ***Contracted with Brattleboro Retreat to employ a full time behavioral health therapist embedded within our Primary Care Practice***
- ***Made an investment of over $100,000 to partner with the United Way of Windham County to open Windham County Dental Center. BMH employs the Dentist and provides administrative support.***
- ***BMH operates a Post-Acute Care Department that provides 24/7 care to local nursing homes and assisted living facilities***
- ***BMH operates a robust Cardiac Rehab program dedicated to improving patients' health after a heart attack. In addition, BMH is allocating resources to work on a 'prehab' program, aimed at providing education and exercise to patients who are at risk of a heart attack.***
- ***BMH hired a Physician to provide in-house palliative care consults.***
- ***BMH operates a Suboxone Hub and Spoke program out of Putney Family Healthcare. BMH has invested in the training and waivering of three local Physicians to be able to deliver medications and therapy to patients most in need.***
- ***Hired a Behavioral Health Nurse Practitioner to work in our ED with our patients needing acute psychiatric care***
- ***Started a prescription free Naloxone Distribution program from our ED***
- ***Establishing a program for induction of MAT (Suboxone treatment) directly from our ED with referral to our Hub partner.***

3. *Reconciliation*. Provide a summary income statement that shows a reconciliation between FY 2019 approved budget and FY 2019 full-year projection, showing both positive and negative variances.

FY2019 Reconciliation	FY2019 Projected	FY2019 Budget	Variance from FY2019 Approved Budget	
Gross Patient Care Revenue	179,008,533	173,560,346	5,448,187	3.1%
Disproportionate Share Payments	601,569	604,168	(2,599)	-0.4%
Bad Debt	(3,691,054)	(3,911,671)	220,617	-5.6%
Free Care	(1,855,450)	(1,496,690)	(358,760)	24.0%
Deductions From Revenue	(100,874,228)	(94,839,665)	(6,034,563)	6.4%
Net Patient Care Revenue	73,189,369	73,916,488	(727,119)	-1.0%
Fixed Prospective Payments	10,154,673	10,031,219	123,454	1.2%
Total Npr & Fpp & Reserves & Other	83,344,042	83,947,707	(603,665)	-0.7%
Other Operating Revenue	3,865,449	3,221,145	644,304	20.0%
Total Operating Revenue	87,209,491	87,168,852	40,639	0.0%
Operating Expense				
Salaries Non Md	26,800,131	28,352,059	(1,551,928)	-5.5%
Fringe Benefits Non Md	7,220,026	7,520,256	(300,230)	-4.0%
Physician Fees Salaries Contracts & Fringes	18,388,534	19,457,901	(1,069,367)	-5.5%
Health Care Provider Tax	4,654,355	5,105,871	(451,516)	-8.8%
Depreciation Amortization	4,270,466	4,614,177	(343,711)	-7.4%
Interest - Long Term	139,915	210,141	(70,226)	-33.4%
Other Operating Expense	24,808,971	21,894,329	2,914,642	13.3%
Total Operating Expense	86,282,397	87,154,734	(872,337)	-1.0%
Net Operating Income (Loss)	927,094	14,118	912,976	6466.8%
Non-Operating Revenue	651,698	758,000	(106,302)	-14.0%
Excess (Deficit) Of Revenue Over Expense	1,578,792	772,118	806,674	104.5%
Operating Margin	1.1%	0.0%		
Total Margin	1.8%	0.9%		

Explain the variances.

- ***Gross Revenue is projected to be 3.1% over budget largely due to higher volume in Patient Days, Birthing Center, Imaging and Oncology.***
- ***Net Patient Service Revenue and Fixed Prospective Payment is projected to be 0.7% under budget.***
- ***Expenses are projected to be 1.0% under budget. Other Operating Expense includes the costs for Contract temps.***

4. *Budget-to-budget growth.*

i. Explain the budgeted FY 2020 NPR/FPP increase over the approved FY 2019 budget and over the FY 2019 full-year projection. If the GMCB rebased the hospital's budget for the purpose of calculating FY 2020, provide the budgeted increase in NPR/ FPP for FY 2020 measured from the hospital's rebased budget.

FY2020 Budget to Budget	FY2020 Budget	FY2019 Budget	Change from FY2019 Approved Budget	
Gross Patient Care Revenue	188,470,050	173,560,346	14,909,704	8.6%
Disproportionate Share Payments	530,861	604,168	(73,307)	-12.1%
Bad Debt	(4,114,807)	(3,911,671)	(203,136)	5.2%
Free Care	(2,722,896)	(1,496,690)	(1,226,206)	81.9%
Deductions From Revenue	(103,238,032)	(94,839,665)	(8,398,367)	8.9%
Net Patient Care Revenue	78,925,176	73,916,488	5,008,688	6.8%
Fixed Prospective Payments	11,001,740	10,031,219	970,521	9.7%
Total NPR & FPP & Reserves & Other	89,926,916	83,947,707	5,979,209	7.1%
Other Operating Revenue	3,688,633	3,221,145	467,488	14.5%
Total Operating Revenue	93,615,549	87,168,852	6,446,697	7.4%
Operating Expense				
Salaries Non Md	30,408,714	28,352,059	2,056,655	7.3%
Fringe Benefits Non Md	7,705,649	7,520,256	185,393	2.5%
Physician Fees Salaries Contracts & Fringes	20,244,533	19,457,901	786,632	4.0%
Health Care Provider Tax	5,000,643	5,105,871	(105,228)	-2.1%
Depreciation Amortization	4,315,904	4,614,177	(298,273)	-6.5%
Interest - Long Term	617,303	210,141	407,162	193.8%
Other Operating Expense	24,163,195	21,894,329	2,268,866	10.4%
Total Operating Expense	92,455,941	87,154,734	5,301,207	6.1%
Net Operating Income (Loss)	1,159,608	14,118	1,145,490	8113.7%
Non-Operating Revenue	761,000	758,000	3,000	0.4%
Excess (Deficit) Of Revenue Over Expense	1,920,608	772,118	1,148,490	148.7%
Operating Margin	1.2%	0.0%		
Total Margin	2.1%	0.9%		

- ***Total Net Revenue (NPR) and Fixed Prospective Payments (FPP) increase 7.1% from the FY2019 budget***
- ***Expenses are up 6.1% from the FY2019 Budget***

ii. Describe any significant changes made to the FY 2019 budget (including, but not limited to, changes in anticipated reimbursements, physician acquisitions and certificates of need) and how they affect the FY 2020 proposed budget.

	FY2020 Budget	FY2019 Budget	variance 2019 Budget		FY2019 Projected	variance from 2020 budget	
Discharges	2,005	1,851	154	8.3%	1,843	162	8.8%
Patient Days	5,633	5,475	158	2.9%	5,944	(311)	-5.2%
OR & Minor Procedure Cases	3,835	4,081	(246)	-6.0%	3,522	313	8.9%
Er Visits	13,019	13,335	(316)	-2.4%	12,478	541	4.3%
Births	320	268	52	19.4%	251	69	27.5%
Imaging							
Radiology images	25,888	24,119	1,769	7.3%	24,720	1,168	4.7%
Sonography images	6,243	4,711	1,532	32.5%	6,143	100	1.6%
Nuclear Medicine Scans	554	563	(9)	-1.6%	538	16	3.0%
CT Scans	6,480	6,031	449	7.4%	6,178	302	4.9%
MRI Scans	2,135	2,207	(72)	-3.3%	2,054	81	3.9%
	41,300	37,631	3,669	9.7%	39,633	1,667	4.2%
Oncology visits	6,960	5,356	1,604	29.9%	6,632	328	4.9%
Rehab Visits	45,295	40,074	5,221	13.0%	38,995	6,300	16.2%

- ***Discharges are up 8.3% from the FY2019 budget and 8.8% from the FY2019 Projection.***

- ***Surgeries and minor procedures are down 6.0% from the FY2019 Budget but are projected to increase 8.9% from the FY2019 Projection. We have lost some surgeries due to vacancies in our Medical Staff. We lost a surgeon and have only recently replaced an orthopedic surgeon we lost last year. We hope to have a full complement for FY2020.***

- ***The situation in Springfield has also added a boost in volume. Our births are up 19% from the fy2019 Budget due to influx from Springfield.***

- ***Imaging is up an average of 9.7% from the FY2019 budget and 4.2% from the FY2019 Projection.***

- ***Oncology volume is up 29.9% from the FY2019 budget and 4.9% from the FY2019 Projection.***

- ***Rehab visits (PT, OT, ST and Cardiac Rehab) are up 13% from the FY2019 Budget and 16.2% from the FY2019 Projection.***

iii. Describe any cost saving initiatives proposed in FY 2020 and their effect on the budget.

- ***Evaluate NEAH sponsored worker comp program ($50K)***
- ***Increase participation in NEAH group purchasing contracts ($150K)***
- ***Reduce use of contract labor ($500K)***
    - ***Nurse Residency Program***
    - ***LNA program***
    - ***ER Techs***
- ***Reduce use of outside reference labs ($100K)***
    - ***Acquisition of additional in-house testing equipment***
    - ***New pricing from outside reference lab.***

iv. Explain changes in NPR/FPP expected for each payer source:

a. Medicare revenue assumptions: Identify and describe 1) any significant changes to prior year Medicare reimbursement adjustments (*e.g.* settlement adjustments, reclassifications) and their effect on revenues; 2) any major changes that occurred during FY 2019 that were not included in the FY 2019 budget, and 3) any anticipated revenues related to meaningful use and 340B funds in FY 2020.

Medicare	Budget 2020	% of gross	Budget 2019	% of gross	Change from Fy2019 Budget	
Revenue	85,916,593	100.0%	78,962,464	100.0%	6,954,129	8.8%
Deduction	(66,168,665)	-77.0%	(54,717,659)	-69.3%	(11,451,006)	20.9%
Fixed Prospective Payments	8,409,916	9.8%	7,162,774	9.1%	1,247,142	17.4%
Net PSR & FPP	28,157,844	32.8%	31,407,579	39.8%	(3,249,735)	-10.3%

Medicare reimbursement is budgeted based on the inpatient PPS proposed rule for FY2020 and current reimbursement of outpatient and physician offices.
The overall Medicare net as a percent of gross is projected to decreases to 32.8% compared to 39.8% budgeted for FY2019. The decline is due to the growing exposure to services provided under the Fixed Prospective Payments (FPP). We have budgeted a full year of Fixed Prospective Payments related to the OneCareVT contract based on the first 5 months of CY2019.

Medicare Dependent Hospital (MDH) and Low Volume Provider (LVP) provisions are included in the Budget for FY2020. We have not budgeted any meaningful use funds in FY2020.

We have not had material reimbursement adjustments from Medicare.

b. Medicaid revenue assumptions: Budget for NPR/FPP expected from rate changes, utilization, and/or changes in services.

Medicaid	Budget 2020	% of gross	Budget 2019	% of gross	Change from Fy2019 Budget	
Revenue	32,278,893	100.0%	32,031,649	100.0%	247,244	0.8%
Deduction	(23,088,698)	-71.5%	(24,192,570)	-75.5%	1,103,872	-4.6%
DSH	530,861	1.6%	604,168	1.9%	(73,307)	-12.1%
Fixed Prospective Payments	2,591,823	8.0%	2,868,445	9.0%	(276,622)	-9.6%
Net PSR & FPP	12,312,879	38.1%	11,311,692	35.3%	1,001,187	8.9%

Medicaid reimbursement rates have been budgeted on our current reimbursement rates.

Disproportionate Share Payments (DSH) are budgeted at the level calculated by DVHA for fiscal year 2020 – a 12.1% decrease.

The Medicaid net as a percent of gross is being budgeted to decrease to 38.1%, compared to the 35.3% budgeted for FY2019. This is based on the average reimbursement we are currently receiving. We have budgeted a full year of Fixed Prospective Payments related to the OneCareVT contract based on the first 5 month of CY2019.

We have not had material reimbursement adjustments from Medicaid.

c. Commercial/self-pay/other revenue assumptions: Commercial insurance revenue estimates should include the latest assumptions available to the hospital and any other factors that may explain the change in NPR/FPP.

					Change from Fy2019 Budget	
Commercial & Other	Budget 2020	% of gross	Budget 2019	% of gross		
Revenue	70,274,577	100.0%	62,566,232	100.0%	7,708,345	12.3%
Deduction	(13,980,669)	-19.9%	(15,929,436)	-25.5%	1,948,767	-12.2%
Bad Debt & Free Care	(6,837,703)	-9.7%	(5,408,361)	-8.6%	(1,429,342)	26.4%
Fixed Prospective Payments	0	0.0%	0	0.0%	0	na
Net PSR & FPP	49,456,205	57.6%	41,228,435	52.2%	8,227,770	20.0%

Reimbursement rates for Commercial and all other payers have been budgeted on our current reimbursement rates.

The net to gross rate for Commercial and all other payers is being budgeted at 57.6% compared to 52.2% budgeted for FY2019.

Blue Cross does not pay us a fixed prospective payment. OneCare reduces our other fixed payments for the Blue Cross reinsurance and population health management fees paid to providers outside our walls.

v. Complete Appendix VI, Table 1. If the hospital categorizes revenue differently than as indicated in the table, provide such categories, including labels and amounts, in the "Other" rows.

B. Expenses:

i. Explain changes in budgeted FY 2020 expenses over the approved FY 2019 budget net expenditure increase and the FY 2019 full-year projection. If the GMCB rebased the hospital's budget for the purpose of calculating FY 2020, provide the budgeted changes in expenses for FY 2020 measured from the hospital's rebased budget.

Overall operating expenses are budgeted to increase $5,301,207 (6.1%).

FTE's are projected to increase as follows:

		Added during FY2019	Proposed FY2020 additions	Total Added from FY2019 Budget
Patient Care Services				
Med Surg Floors	Nurse Residency Program	1.8		1.8
Med Surg Floors	LNA	4.2		4.2
Birthing Center	Perinatal Supervisor	1.0		1.0
OR	Or Supervisor	0.2		0.2
Nursing Admin	Clinical Nurse Administrat	0.4		0.4
ED	ED Tech	2.1		2.1
Nursing Admin	Emergency Preparedness	0.2		0.2
Comprehensive Care Clini	Comprehensive Care NP	0.2		0.2
Oncology	Oncology PSR	0.3		0.3
Pharmacy	340B Coordinator		1.0	1.0
Songraphy	Echo Tech		0.5	0.5
		10.4	1.5	11.9
Physician Services				
Brattleboro Ob\Gyn		4.2		4.2
Urology		1.9		1.9
Occupational Therapy			0.3	0.3
Physical Therapy			1.0	1.0
		6.1	1.3	7.4
Other Areas				
Hospitalist		0.2		0.2
Care Manager		0.1		0.1
Information Services		2.4		2.4
Materials Management		1.0		1.0
Housekeeping		2.0		2.0
		5.7	0.0	5.7
		22.15	2.8	24.95

- ***We are currently involved in labor negotiations.***

- ***The Cost of drugs is projected to grow $600K from the Fy2019 budget and decline 4.7% from the fy2019 Projection. This is largely due to the higher volume in the Oncology program.***

- ***Employed Cardiologists have been migrated from employed positions to a contracted service in collaboration with Dartmouth-Hitchcock/Cheshire Medical.***

ii. Describe any significant changes made to the FY 2019 budget (including, but not limited to, changes in costs of labor, supplies, utilization, capital projects) and how they affect the FY 2020 proposed budget. Provide assumptions about inflation and major program increases.

Please refer to section 4 ii

iii. Describe any cost saving initiatives proposed in FY 2020 and their effect on the budget.

Please refer to section 4 iii.

iv. Complete Appendix VI, Table 2. If the hospital categorizes expenses differently than as indicated in the tables, provide such categories, including labels and amounts, in the "Other" rows.

5. *Bad Debt.*

A. Provide the amount of bad debt carried by the hospital at the close of FY 2017 and FY 2018, using the table in Appendix VII.

See uploaded Appendex VII.

B. If the hospital contracts with a collection agency, provide the name of the agency.

Bolder Healthcare Solutions. Adding a new firm (Marcam Associates) in the last quarter of 2019.

C. In your opinion, explain whether the agency adheres to "patient friendly billing" guidelines. *See* http://www.hfma.org/Content.aspx

Bolder and Marcam follow these guidelines.

6. *Operating Margin and Total Margin.* Explain the hospital's Operating Margin and Total Margin in the FY 2020 proposed budget, including budgeted FY 2020 Operating Margin and Total Margin changes over the approved FY 2019 budget and the FY 2019 full-year projection.

	FY2020 Budget	FY2019 Projected	FY2018 Actual	FY2017 Actual	FY2016 Actual	5 Year cumulative Margin
Net Operating Revenue	93,615,549	87,209,491	81,780,823	78,865,699	75,827,884	417,299,446
Operating Gain	1,159,608	927,094	(1,924,959)	(2,437,206)	(600,632)	(2,876,095)
Operating Margin	1.2%	1.1%	-2.4%	-3.1%	-0.8%	-0.7%
Total Gain	1,920,608	1,578,792	893,285	763,387	1,795,377	6,951,449
Total Margin	2.1%	1.8%	1.1%	1.0%	2.4%	1.7%

The operating margin is budgeted to remain at a very low level (1.2%) in FY2020. Over a longer period of time, our objective is to average operating margin of at least 3%. At this point we have dropped to a negative operating margin of 0.7% for the five year period. This level of return does not represent a sustainable margin for a capital intensive operation such as a community hospital. More than anything else, inadequate reimbursement from Medicare and Medicaid is driving both the cost shift and this low margin.

7. *Charge Request.*

A. Provide the hospital's budgeted overall charge increase or decrease and describe how the increase or decrease was calculated by payer type, including the calculation of the impact of the change in charge on gross revenue and net patient revenue. Explain how the charge was derived and what assumptions were used in determining the increase or decrease. Complete the table in Appendix VIII.

The proposed rate increase for FY2020 of 3.4% will increase gross revenues by $6.2M. The rate increase is budgeted to be the same across all payors.

See uploaded Appendix VIII.

B. For each payer, if the NPR/FPP budget-to-budget increase or decrease is different than the overall change in charge—for example, if the requested commercial "ask" differs from the change in overall charge—explain why they differ.

The rate increase and the commercial ask are the same.

C. In April/May, the GMCB will provide a Charge Schedule for reporting the change in charges for each major line of business and the gross and net revenues expected from each payer as a result of the change in charges.

See uploaded Appendix VI Bridges table 1.

D. In April/May, the GMCB will provide each hospital with a hospital-specific Cost Shift Analysis. Explain how the hospital addressed the cost shift in FY 2018, especially given the hospital's payer mix.

BMH is a Medicare Dependent Hospital (MDH) and consequently one of the state's most reimbursement challenged hospitals. To reduce the impact of the cost shift we continually focus on expense management in all areas – labor utilization, materials management, capital allocation.

A major initiative in this area is to participate in all three risk based contracts through OneCare, Medicare, Medicaid and Commercial.

8. *FY 2018 variances*. For those hospitals that received a letter regarding their FY 2018 budget-to-actual variance, specifically address the issues and requirements outlined in the letter.

Not Applicable

9. *Capital budget investments*. Describe the major investments, including projects subject to certificate of need review that have been budgeted for FY 2020 and their effect on the FY 2020 operating budget. In addition, describe investments in routine repairs and replacements.

Description	FY2020
Hx Repository	300,000
Upgrade Phone System PBX Server Software	200,000
PC Replacements	184,000
SAN Upgrade	180,000
Baxter Spectrum Infusion Pump wireless capability	110,500
GE Hawkeye SPECT/CT workstation Upgrade	61,832
Electronic Locks Software Change	50,000
Steam Dryers Project	47,000
Chilled Water Line Replacement	41,520
Stryker Stretchers	24,369
LIAT PCR Influenza analyzer recommended by DHMC	24,000
CT lung software/program	23,114
Trash & Cardboard Compactor	22,600
Additional Locks - Parent = 10,000	20,000
All other capital under $20k each	332,012
Capital plan totals	1,620,947

Information Services has major capital investment planned for this year. Data security and accessibility, along with the ability to extract and use clinical quality and financial data all are requiring significant investments. There are 2.6 FTE of staff, and over $900,000 of anticipated Capital Spending planned to continue to ensure secure, accurate and useful information for our patients and our community.

BMH has an approved CON for Modernization Project. We expect to complete the new Boiler portion of the project in late summer. The rest of the project is awaiting its Act 250 approval. Completion of that portion of the project will be in FY2022. The financing of the CON Project includes $12.3M of new tax exempt debt. It is assumed that this will close near the end of FY2019 and a full year of interest will be paid in FY2020.

10. *Technical concerns*. Explain any technical concerns or reporting issues the GMCB should examine for possible changes in the future.

None at this time.

Salary Information

1. Submit a full copy of the hospital's most recent Form 990 (for Actual 2017 or 2018), including the most current version of Schedule H (most likely filed in 2018) that has been submitted to the Internal Revenue Service as part of the hospital organization's Form 990 reporting obligations under Section 501(c)(3) of the Internal Revenue Code. Provide a single copy of these documents.
    - **FY2017 is the last filed 990. File has been uploaded**

2. Complete the Table in Appendix IX. If staff in hospital-owned provider practices are included on a separate Form 990, include salaries for those positions in the table.
    - **Appendix IX has been uploaded for 2018 Wages.**

3. Submit the hospital's policy or policies on executive, provider, and non-medical staff compensation.
    - **See uploaded Recruitment & Retention Policy and Wage and Salary Administration Policies.**
4. Identify Outside consultants relied on for benchmarking;
    - **NEAH, MGMA, VAHHS, Gallagher Consulting, SMIG, Yaffe and Company**

5. Peer groups to which the hospital benchmarks;
    - **VAHHS, NEAH**

6. Compensation targets in terms of percentiles for each staff category; and
    - **Median Market Range**

7. The hospital's actual compensation level, compared to target, for each employee group (*e.g.* executive, provider, non-medical staff)
    - **Most job classifications tracked on a regular basis except when recruitment needs require ad-hoc evaluation.**

Organizational Structure

Provide the hospital's organizational chart including parent companies, subsidiaries, affiliated entities, etc. Describe all entities related financially to the hospital, the purpose of each entity, and the financial relationships between the entities (e.g., parent organization, subsidiary organization, membership organization, etc.). Identify any entities that the hospital or its parent organization owns in part or in full, identify any entities that own the hospital in part or in full, and indicate whether any members of the hospital's senior management team are paid by hospital-related entities other than the hospital. Identify and describe areas of financial risk associated with these organizational relationships.