

Health Care Advocate Hospital Budget Pre-Hearing Questions FY 2021

Health Care Provider Stabilization Grant Program

Please provide the amount you requested from Vermont's \$275 million Health Care Provider Stabilization Grant Program. How did you decide on the amount you applied for (or, if applicable, your choice not to apply)?

Central Vermont Medical Center

CVMC submitted for telehealth expenses of \$42,892, plus the all-inclusive population based payments (AIPBP) reconciliation of \$3,898,140, for a total of \$3,941,032.

The AIPBP reconciliation is for the projected payback to OneCare Vermont related to CVMC's participation in the Medicare ACO program for the difference between the Fixed Prospective Payments CVMC received from March 1, 2020 to June 15, 2020 versus the Fee for Service revenue generated during that same time period.

Porter Hospital

Porter submitted for the all-inclusive population based payments (AIPBP) reconciliation of \$777,904.

The AIPBP reconciliation is for the projected payback to OneCare Vermont related to Porter's participation in the Medicare ACO program for the difference between the Fixed Prospective Payments Porter received from March 1, 2020 to June 15, 2020 versus the Fee for Service revenue generated during that same time period.

University of Vermont Medical Center

UVM Medical Center has applied for the 25% cost share not covered by FEMA for qualified COVID-19 expenses of \$3,176,825, plus 100% of the COVID-19 response related telehealth costs not covered by FEMA, which is \$556,358.

UVM Medical Center has not requested reimbursement for any lost revenue, but has requested reimbursement for the projected payback to OneCare Vermont related to UVM Medical Center's participation in the Medicare ACO program for the difference between the Fixed Prospective Payments we received from March 1, 2020 to June 15, 2020 versus the Fee for Service revenue generated during that same time period of \$9,265,831.

The total for the three requests equals \$12,999,014.

Commercial Utilization Assumptions

Do your commercial utilization assumptions for the BCBSVT and MVP Qualified Health Plan populations align with those in the respective submitted 2021 Vermont Health Connect rate filings? If no, please describe how they differ and explain the reason(s) for any differences.

University of Vermont Medical Center

UVM Medical Center does not report individual payer plans on the g/l, which is used to report monthly financial statements and is the basis used to build the budget. The g/l is based at the aggregate payer level. There are many factors to consider when comparing hospitals' medical and pharmaceutical trends to those in the commercial rate filing process, which complicate such a comparison. Some of these factors include: differences in fiscal years; movements of populations between hospital service areas; aging population and the impact on Vermont's only Academic Medical Center; and the rate filing process having a two year look back due to delayed claims settlement process. In our UVM Health Network FY 2021 budget presentation, we attempt to balance this and make some comparison for commercial payers combined.