



Choosing Health

NORTHEASTERN VERMONT
REGIONAL HOSPITAL

May 10, 2023

ELECTRONIC DELIVERY

Donna Jerry
Senior Health Policy Analyst
Green Mountain Care Board
144 State Street
Montpelier, VT 05602
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Re: Docket No. GMCB-005-23con, Renovation/Construction/Expansion of Emergency Department and Laboratory, Project Cost: \$14,464,831

Dear Ms. Jerry,

Please consider the following Northeastern Vermont Regional Hospital's ("NVRH") response to request for comment on questions found in document 2023.04.21_Q001 for NVRH ED.pdf provided on April 21, 2023. Responses are found on the following 16 pages inclusive of the Verification under Oath included.

Please feel free to contact either Shawn P. Tester or Jackie Zaun with any further questions regarding the NVRH West Wing / Emergency Department Project.

Sincerely,

Shawn P. Tester
Chief Executive Officer

Jackie Zaun
Project Manager, West Wing / ED Project

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*Enclosures: Attachment 1 – Table 6
Attachment 2 – Table 8
Verification Under Oath*

Financial

- 1. Explain in detail the impact of the project on Days' Cash on Hand including the current (specify date) Days' Cash on Hand and the impact of the project on projected Days' Cash on Hand in 2024, 2025, 2026 and 2027, if any.**

The project will not impact NVRH's Days' Cash on Hand. As of March 31, 2023, NVRH had 98 Days' Cash on Hand. NVRH's total cash contribution to the project will be \$3,324,600. Of that amount, \$2,700,000 will be provided by the community's philanthropic support. The balance, \$624,600, will come from NVRH Operating Cash accounts. However, as of March 31, 2023, NVRH has already spent \$624,600 on project costs and will not use any more cash for the project. Therefore, going forward the project will have no impact on Days' Cash on Hand.

- 2. Provide a more detailed explanation of the methodology used for projecting charge increases.**

The methodology used to project annual charge increases followed these steps:

- (1) Project annual expense increases based on estimated inflationary growth.
- (2) Estimate the NPR growth related to projected volume increases and for changes to Medicaid FPP.
- (3) Estimate increased Medicare reimbursement based on projected expense growth. As a Critical Access Hospital, who receive cost-based reimbursement, NVRH's Medicare NPR growth equals approximately 35% of annual cost increases.
- (4) Estimate Other Operating Revenue increases or decreases.
- (5) The required NPR growth to be derived from charge increases is equal to expense growth (1) less the additional revenue generated in steps (2) through (4) above.
- (6) Estimate the NPR growth generated per 1% rate increase.
- (7) The required charge increase equals (5) / (6).

Below is an example of how the above methodology was used to determine the 6% charge increase projected for FY 2026.

NVRH		
Charge Increase Methodology		
FY 2026 Charge Increase		
Expenses		
FY 2026 Expenses	141,634,100	
FY 2025 Expenses	134,065,400	
(1) Expense Increase		7,568,700
Revenue		
(2) Revenue Increase from .5% Volume Growth		
FY 2025 NPR	130223700	
.5% Volume Growth	0.5%	708,417
Medicaid FPP Increase		500,000
(3) Medicare NPR Increase		
Expense Increase	7,568,700	
Medicare Share Cost Increase	35%	
Medicare NPR Increase		2,682,347
(4) Other Operating Revenue Increase		
FY 2026 OOR	6,216,100	
FY 2025 OOR	6,099,100	
OOOR Increase		117,000
(5) Expense Increase Less Revenue Increases		3,560,936
(6) NPR Growth Per 1% Charge Increase		591,824
(7) Required Charge Increase		6%

3. Identify the components included in the \$600,000 in “Other Operating Expense Savings” and the dollar amount associated with each.

The specific components of the \$600,000 Other Operating Expense Savings included in the FY 2027 income statement have not yet been identified. During fiscal year 2022 NVRH developed a two-year Financial Sustainability Program (FSP.) The goal of the FSP was to improve the operating margin by \$3.5 million or approximately \$1.7 million per year. NVRH met the FY23 goal and is on our plan to meet the FY24 goal. The successful FSP program involved the entire organization. Every department leader developed and implemented an improvement plan for their area(s) of responsibility. That same process will be used to achieve the \$600,000 savings included in the FY 2027 income statement.

4. Complete and resubmit the Payer Revenue Report, Tables B and C to include FY 2026.

Tables 6 B and C, the Payer Revenue Report, have been updated to include FY 2026 and resubmitted. Please note that Tables 6A, 6B, and 6C were also revised for FY 2024 through FY2027 per Bob Hersey’s email to CON staff on May 3. Please see Attachment 1.

5. Provide a hard copy of Tables A, B and C (Income Statement) and Tables 4 A, B and C (Balance Sheet).

A hard copy of Tables A, B, and C and Tables 4 A, B, and C have been mailed to the address provided.

6. Explain in detail whether the additional rate increase of .25% to .5% that may be required to fund the higher operating costs due to the project, in addition to the standard annual rate increase NVRH may request (noted on page 30 of the application), is reflected in the financial tables submitted with the application and the reasons for inclusion or exclusion of both the standard annual rate increase and the additional .25% to .5% rate increase.

An additional rate increase of .5% is reflected in the financial tables submitted with the application. In projecting FY27 revenue, we anticipate each 1% rate increase will yield over \$600,000 of net patient revenue (NPR.)

Specifically, Table 3B shows \$300,000 of additional (NPR) to help offset the increased operating expenses associated with the project. As noted elsewhere in this response, NVRH will also reduce other operating expenses to partially offset the higher costs associated with the project.

NVRH will make every effort to find cost savings to fully offset cost increases associated with the project. Our cost reduction plan will achieve approximately 70% of the required \$900,000 savings. However, we anticipate the .5% additional increase will be needed to offset the rest of the project-related cost increases.

Utilization

7. Explain in detail NVRH's contingency plan if the \$2,700,000 fundraising goal for the project is not met.

NVRH will not need a contingency plan. As of April 30, 2023, the \$2,700,000 fundraising goal has already been met.

8. NVRH is currently developing a four-bed mental health support area adjacent to the ED which was not subject to CON review. With the addition of this support area which contains four (4) beds to be completed and operational by fall 2023, explain in detail the impact, if any, on the need to increase the number of exam rooms in the ED from nine (9) to 13.

Patient rooms located in the adjacent support area are specifically designed to support those in mental health crises. With this, these rooms do not have a full panel of medical gases, in-room sinks, or meet the Facility Guidelines Institute (FGI) size requirements for medical exam rooms. While we do anticipate our patients who have been boarding in our current, insufficient ED rooms transitioning into the new space, we are confident we have "right-sized" our exam room total at 13. Since January 1, 2023, with the exception of one day, we have had greater demand

than our current exam room total. As seen below in Figure 1. Patient volume averages by the hour in 2023 are exceeding our bed count on average from 10 am to 8 pm daily.

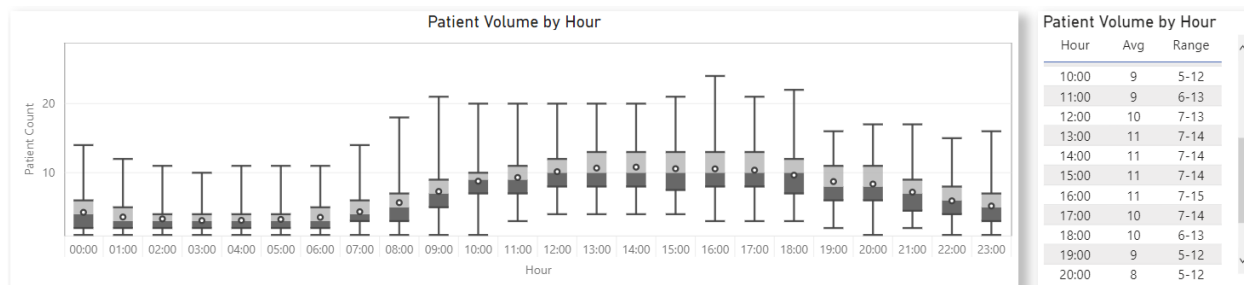


Figure 1. 5/2023 EHR Meditech via NVRH Power BI, Emergency Department, Patient Volume, Distribution

We have calculated the number of maximum concurrent patients over the past six (6) months, located in the ED that excluding Mental Health (MH) patients. These are our findings;

- 94% of the time there were at least 9 non-MH concurrent patients in the ED. So, 94% of the time, at some point during the day, all 9 exam rooms were full of non-MH patients.
- 84% of the time, there were at least 10 non-MH concurrent patients in the ED. So 84% of the time, at some point during the day, 1 patient was either in the ED “corridor bed” or one of the auxiliary “ED” treatment areas.
- 76% of the time, there were at least 11 non-MH concurrent patients in the ED. So 76% of the time, at some point during the day, 2 patients were either in the ED “corridor bed” or one of the auxiliary “ED” treatment areas.
- 65% of the time, there were at least 12 non-MH concurrent patients in the ED. So 65% of the time, at some point during the day, 3 patients were either in the ED “corridor bed” or one of the auxiliary “ED” treatment areas.
- 55% of the time, there were at least 13 non-MH concurrent patients in the ED. So 55% of the time, at some point during the day, 4 patients were either in the ED “corridor bed” or one of the auxiliary “ED” treatment areas.

The data continues to show up to 21 concurrent non-MH patients during this six (6) month period.

9. **On page 16 of the application, NVRH states that avoidable ED visits, as a percentage of total ED visits, has declined from 14.5% in 2020 to 9.3% in FY 2022. In a table format, please provide for each year 2020-2023 the actual number of ED visits, the actual number of avoidable ED visits, and reasons for avoidable visits.**

Please find the confirmed percentages and requested figures below in Figure 2 below. Included are the top four (4) avoidable ED visit primary diagnoses reflected by the International Classification of Diseases, Tenth Revision (ICD-10) nomenclature. The top four (4) are the most common diagnosis for the total patient volume per year.

Fiscal Year	ED Visits	Avoidable ED Visits	Avoidable ED %	Top Four (4) Visit Reasons
FY 2020	11,561	1,662	14.4%	Acute upper respiratory infection, unspecified (J06.9) Low back pain (M54.5) Streptococcal pharyngitis (J02.0) Headache (R51)
FY 2021	11,237	1,060	9.4%	Low back pain (M54.5) Cough (R05) Acute upper respiratory infection, unspecified (J06.9) Rash and other nonspecific eruption (R21)
FY 2022	12,679	1,188	9.4%	Acute upper respiratory infection, unspecified (J06.9) Acute pharyngitis, unspecified (J02.9) Anxiety disorder, unspecified (F41.9) Acute bronchitis, unspecified (J20.9)
FY 2023	8,014	823	10.3% YTD	Acute upper respiratory infection, unspecified (J06.9) Acute pharyngitis, unspecified (J02.9) Anxiety disorder, unspecified (F41.9) Unspecified asthma with (acute) exacerbation (J45.901)

Figure 2. 5/2023 EHR Meditech via NVRH Power BI, Emergency Department, Avoidable ED visits

10. Provide a summary of the type(s) of cases you are seeing in the ED and the average number of patient hours each type of case typically requires.

Please refer to Figure 3 below, which reflects NVRH Emergency Department visit discharge diagnosis top 100 results, by frequency. This information is extracted from our Meditech EHR from January 2021 to May 2023. The below table is not all inclusive. The remaining data file can be made available at your request. Many of these diagnoses are related to Head, Neck, Chest, or Abdominal discomfort of various magnitudes. Their associated patient hours are also noted.

Northeastern Vermont Regional Hospital Emergency Department Visit Discharge Diagnosis January 2021 – May 2023			
DxCode	DxName	Count	AvgPtHrs
U07.1	COVID-19	779	3.58
N39.0	Urinary tract infection, site not specified	575	3.43
R07.89	Other chest pain	544	4.13
R11.2	Nausea with vomiting, unspecified	492	3.29
J06.9	Acute upper respiratory infection, unspecified	461	1.93
R07.9	Chest pain, unspecified	402	4.11
J18.9	Pneumonia, unspecified organism	364	3.97
Z53.21	Procedure and treatment not carried out due to patient leaving prior to being seen by health care provider	325	1.35
R10.9	Unspecified abdominal pain	290	3.11
R42	Dizziness and giddiness	277	4.14
R55	Syncope and collapse	244	4.01
R51.9	Headache, unspecified	243	3.6
F32.A	Depression, unspecified	209	17.14
K04.7	Periapical abscess without sinus	206	1.29
S09.8XX	Other specified injuries of head, initial encounter	203	2.97
J10.1	Influenza due to other identified influenza virus with other respiratory manifestations	200	2.63
M54.50	Low back pain, unspecified	192	2.6
K52.9	Noninfective gastroenteritis and colitis, unspecified	186	3.92
R00.2	Palpitations	176	3.61
J02.9	Acute pharyngitis, unspecified	175	1.64
E86.0	Dehydration	171	4.11
R10.31	Right lower quadrant pain	169	3.17
J44.1	Chronic obstructive pulmonary disease with (acute)	160	4.27
F41.9	Anxiety disorder, unspecified	159	3.35
N13.2	Hydronephrosis with renal and ureteral calculous obstruction	155	3.46
R10.13	Epigastric pain	154	3.54
R50.9	Fever, unspecified	150	3
S01.01XA	Laceration without foreign body of scalp, initial encounter	145	2.26
R21	Rash and other nonspecific skin eruption	145	1.58
F32.9	Major depressive disorder, single episode, unspecified	138	17.79
K08.89	Other specified disorders of teeth and supporting structures	136	0.97
I21.4	Non-ST elevation (NSTEMI) myocardial infarction	135	6.4
R06.02	Shortness of breath	135	3.72
R68.84	Jaw pain	133	1.21
R19.7	Diarrhea, unspecified	132	3.39
A41.9	Sepsis, unspecified organism	132	5.66
L03.115	Cellulitis of right lower limb	126	2.96
J20.9	Acute bronchitis, unspecified	125	2.68
S06.0X0A	Concussion without loss of consciousness, initial encounter	121	2.32
L03.116	Cellulitis of left lower limb	116	2.61
J45.901	Unspecified asthma with (acute) exacerbation	115	3.08
R10.11	Right upper quadrant pain	114	3.16
R05.1	Acute cough	114	2.17
G89.11	Acute pain due to trauma	113	2.7
E87.6	Hypokalemia	108	4.5
S01.81XA	Laceration without foreign body of other part of head, initial	107	2.36
K59.00	Constipation, unspecified	106	3.57
B34.9	Viral infection, unspecified	105	2.3
R04.0	Epistaxis	100	2.24

Figure 3 – 5/2023 EHR Meditech via NVRH Data Analytics Director

- Based on Table 7, “Utilization Projections”, NVRH projects ED utilization to increase by between 1% and 0.5% annually through 2027. Explain in detail the

reasons for the projected growth and the impact on these projections of NVRH's stated success in recruiting the appropriate number of PCP providers to meet community needs, the educational PCP campaign, and the opening of two Express Care Walk-In Clinics.

Several factors explain the projected ED utilization increases from fiscal 2024 through fiscal 2027. These factors include:

- The increasing number of patients becoming more comfortable going back to hospital ED post-COVID.
- An aging population with after-hours acute episodes of chronic conditions.
- The increasing number of tourists returning to the Northeast Kingdom to avail themselves of outdoor recreational activities some of which result in the need for ED care.

NVRH's successes in recruiting PCPs, with the education PCP campaign and the Express Care Walk-In Clinics have significantly reduced the number of avoidable ED visits. Without the success of those initiatives, ED utilization would increase by more than the .6% average utilization increase projected for the FY24-FY27 period.

- 12. On page 25 of the application, NVRH states, "Additionally, the volumes seen by the two Express Care locations have remained relative to ED volumes, rather than pulling volumes away from the ED." Explain this statement in more detail and the reasons for this being the case.**

Emergency Department volumes have trended with the same visit volume patterns as the Express Care locations. About the diagram on page 26, of the application submission, as an example: data for August 2021-December 2021 patient visits in the Emergency Department, and Total encounters (both location combined location volumes), decline at roughly the same rate. If Emergency Department volumes had decreased, at the same point there was an increase in Express Care visit volumes, we would have concern that Express Care locations were simply pulling volumes from the Emergency Department, rather than serving an additional need. The data showing similar volume patterns hints patients are receiving care at the "right" location.

- 13. Identify the locations for Northern Express Care at Corner Medical and Northern Express Care (St. Johnsbury), the days and hours of operation for each, and the annual visit volumes for each location for years for 2020, 2021, and 2022.**

Please see Figure 4 below referencing visit volume and operating hours. Of note, Northern Express Care St. Johnsbury is owned and operated by Northern Counties Health Care (NCHC). Both locations are modeled as a walk-in primary care service. On-site imaging is not available with limited point-of-care laboratory services. There is no fiscal benefit to NVRH from the St. Johnsbury Express Care location. Of note, NCHC fiscal year operates From April 1 to March 31. The St. Johnsbury Express Care location began service in November of 2020.

	Northern Express Care St. Johnsbury 1 Eastern Avenue St. Johnsbury, VT 05819	Northern Express Care Lyndonville 195 Industrial Parkway Lyndonville, VT 05851
	Monday – Friday 0900-1930	Monday – Friday 0900-1930
Annual Visit Volume	Saturday 0900 - 1500	Saturday 0900 - 1400
Fiscal Year – 2020		815
Fiscal Year – 2021	1,023	2,201
Fiscal Year – 2022	5,187	3,118
Fiscal Year – 2023 YTD	5,495*	2,461

Figure 4. 5/2023 EHR Meditech via NVRH Power BI, Medical Practices, Visits, Location Express Care Corner Medical and Northern Counties Healthcare Operations Director. * Reported through March 2023

Staffing

14. **On page 13 of the application the increase in staffing is stated to be 1.5 FTE Environmental Support Services technicians and 1.5 FTE ED nurses, or a total of 3.0 new FTEs. However, Table 8B, “Staffing Report”, reflects 2.5 additional FTEs due to the project. Confirm which FTE increase is correct, confirm the dollar amount associated with the correct additional FTEs, and confirm that this dollar amount is reflected in the financial tables submitted with the application.**

The correct number of new FTEs due to the project is 3.0 FTEs. Table 8B has been revised to include the correct number of new FTEs. The dollar amount associated with the new FTEs is \$190,000, of which \$158,300 is for salaries and \$31,700 is for fringe benefits. Please see Attachment 2.

NORTHEASTERN VT REGIONAL HOSPITAL

Attachment 1

NVRH ED WEST WING PROJECT

PAYER REVENUE REPORT

WITHOUT PROJECT

Proposed Years Must change from Current Budget (*)

	2021 Actual	2022 Budget	% change	2022 % change	2023 Projection	% change	2024 Proposed Year 1	% change	2025 Proposed Year 2	% change	2026 Proposed Year 3	% change	2027 Proposed Year 4	% change	
Commercial															
Hospital	53,626,166	67,692,100	26.2%	59,390,252	-12.3%	67,066,883	12.9%	74,351,665	10.9%	79,954,080	7.5%	85,175,069	6.5%	91,593,016	7.5%
Physician	9,437,210	9,911,160	5.0%	8,471,708	-14.5%	11,032,293	30.2%	11,363,244	3.0%	11,817,769	4.0%	12,231,405	3.5%	12,659,485	3.5%
Total Revenue	63,063,376	77,603,260	23.1%	67,861,960	-12.6%	78,099,176	15.1%	85,714,909	9.8%	91,771,849	7.1%	97,406,474	6.1%	104,252,501	7.0%
Allowances - Hospital	-417,348	-1,374,200	229.3%	-203,798	-85.2%	-20,762,761	10087.9%	(21,046,508)	1.4%	(21,592,751)	2.6%	(23,135,651)	7.1%	(25,599,436)	10.6%
Allowances - Physicians	-1,481,384	-2,961,300	99.9%	-1,473,279	-50.2%	-1,330,796	-9.7%	(1,370,718)	3.0%	(1,232,026)	-10.1%	(1,081,628)	-12.2%	(925,964)	-14.4%
Free Care	-1,639,819	-2,843,100	73.4%	-1,868,741	-34.3%	-1,308,928	-30.0%	(1,451,100)	10.9%	(1,560,400)	7.5%	(1,677,935)	7.5%	(1,804,427)	7.5%
Bad Debt	-3,384,099	-2,879,100	-14.9%	-3,550,839	23.3%	-4,251,067	19.7%	(4,712,900)	10.9%	(5,068,000)	7.5%	(5,383,265)	6.2%	(5,788,877)	7.5%
Net Payer Revenue	42,111,443	45,217,660	7.4%	51,049,941	12.9%	50,445,624	-1.2%	57,133,683	13.3%	62,318,672	9.1%	66,127,995	6.1%	70,133,797	6.1%
Fixed Prospective Payment & Reserves	0	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
Total Net Payer Revenue & Fixed Prospective Payment	42,111,443	45,217,660	7.4%	51,049,941	12.9%	50,445,624	-1.2%	57,133,683	13.3%	62,318,672	9.1%	66,127,995	6.1%	70,133,797	6.1%
Reimbursement Rate - Commercial	67%	58%		75%	65%	67%	68%	68%	68%	68%	68%	68%	67%	67%	
Payer Mix - Commercial	46%	46%		48%	45%	47%	48%	48%	48%	48%	48%	48%	48%	48%	
Medicaid															
Hospital	35,615,237	35,309,700	-0.9%	38,354,048	8.6%	41,029,283	7.0%	45,485,871	10.9%	48,913,241	7.5%	52,107,269	6.5%	56,033,555	7.5%
Physician	4,423,631	5,238,640	18.4%	4,216,778	-19.5%	6,248,536	43.4%	6,229,983	3.0%	6,479,179	4.0%	6,705,958	3.5%	6,940,656	3.5%
Total Revenue	40,038,868	40,548,340	1.3%	42,570,826	5.0%	47,077,819	10.6%	51,715,854	9.9%	55,392,420	7.1%	58,813,227	6.2%	62,974,211	7.1%
Allowances - Hospital	-28,068,241	-30,785,177	9.7%	-32,931,813	7.0%	-38,381,353	16.5%	(42,882,910)	11.7%	(46,417,908)	8.2%	(49,601,937)	6.9%	(53,568,224)	8.0%
Allowances - Physicians	-1,765,461	-2,415,177	36.8%	-1,893,559	-21.6%	-1,029,984	-45.6%	(1,060,882)	3.0%	(1,103,317)	4.0%	(1,141,934)	3.5%	(1,181,900)	3.5%
Free Care	0	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
Bad Debt	0	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
Graduate Medical Education Payments-Phys.	0	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
Graduate Medical Education Payments-Hosp	0	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
Net Payer Revenue	10,205,166	7,347,986	-28.0%	7,745,454	5.4%	7,666,482	-1.0%	7,772,062	1.4%	7,871,195	1.3%	8,069,356	2.5%	8,224,087	1.9%
Fixed Prospective Payment & Reserves	0	8,539,654	#DIV/0!	0	-100.0%	8,780,527	#DIV/0!	9,200,000	4.8%	9,500,000	3.3%	10,000,000	5.0%	10,500,000	5.0%
Total Net Payer Revenue & Fixed Prospective Payment	10,205,166	15,887,640	55.7%	7,745,454	-51.2%	16,447,009	112.3%	16,972,062	3.2%	17,371,195	2.4%	18,069,356	4.0%	18,724,087	3.6%
Reimbursement Rate - Medicaid	25%	39%		18%	35%	33%	31%	31%	31%	31%	31%	31%	30%	30%	
Payer Mix - Medicaid	11%	16%		7%	15%	14%	13%	13%	13%	13%	13%	13%	13%	13%	
Medicare															
Hospital	85,420,051	76,939,300	-9.9%	97,184,212	26.3%	104,256,191	7.3%	115,580,464	10.9%	124,289,479	7.5%	132,405,562	6.5%	141,782,330	7.1%
Physician	5,869,993	8,291,700	41.3%	7,808,565	-5.9%	11,329,700	45.1%	11,669,573	3.0%	12,136,351	4.0%	12,561,137	3.5%	13,000,758	3.5%
Total Revenue	91,289,944	85,231,000	-6.6%	104,990,777	23.2%	115,585,891	10.1%	127,250,037	10.1%	136,425,830	7.2%	144,966,699	6.3%	154,783,088	6.8%
Allowances - Hospital	-59,881,528	-48,787,212	-18.5%	-68,578,620	40.6%	-68,974,519	0.6%	(78,102,382)	13.2%	(84,377,840)	8.0%	(89,523,811)	6.1%	(96,022,563)	7.3%
Allowances - Physicians	-851,135	-1,106,700	30.0%	-1,033,077	-6.7%	-1,961,678	89.9%	(2,001,700)	2.0%	(2,275,257)	13.7%	(2,548,439)	12.0%	(2,831,109)	11.1%
Free Care	0	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
Bad Debt	0	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
Net Payer Revenue	30,557,281	35,337,088	15.6%	35,379,080	0.1%	44,649,694	26.2%	47,145,955	5.6%	49,772,733	5.6%	52,894,449	6.3%	55,929,416	5.7%
Fixed Prospective Payment & Reserves	0	0	#DIV/0!	0	#DIV/0!	-165,300	#DIV/0!	(165,300)	0.0%	(165,300)	0.0%	(165,300)	0.0%	(165,300)	0.0%
Total Net Payer Revenue & Fixed Prospective Payment	30,557,281	35,337,088	15.6%	35,379,080	0.1%	44,484,394	25.7%	46,980,655	5.6%	49,607,433	5.6%	52,729,149	6.3%	55,764,116	5.8%
Reimbursement Rate - Medicare	33%	41%		34%	38%	37%	36%	36%	36%	36%	36%	36%	36%	36%	
Payer Mix - Medicare	33%	36%		33%	40%	39%	38%	38%	38%	38%	38%	38%	38%	38%	
Disproportionate Share Payments	919,704	926,400	0.7%	1,964,712	112.1%	926,400	-52.8%	926,400	0.0%	926,400	0.0%	926,400.0		926,400	0.0%
Total Payer Revenue															
Hospital	174,661,454	179,941,100	3.0%	194,928,512	8.3%	212,352,357	8.9%	235,418,000	10.9%	253,156,800	7.5%	269,687,900	6.5%	289,408,901	7.3%
Physician	19,730,734	23,441,500	18.8%	20,495,051	-12.6%	28,410,529	38.6%	29,262,800	3.0%	30,433,299	4.0%	31,498,500	3.5%	32,600,899	3.5%
Total Revenue	194,392,188	203,382,600	4.6%	215,423,563	5.9%	240,762,886	11.8%	264,680,800	9.9%	283,590,099	7.1%	301,186,400	6.2%	322,009,800	6.9%
Allowances - Hospital	-102,396,400	-103,274,489	0.9%	-111,429,593	7.9%	-128,118,633	15.0%	(142,031,800)	10.9%	(152,388,499)	7.3%	(162,261,399)	6.5%	(175,190,223)	8.0%
Allowances - Physicians	-4,097,980	-6,483,177	58.2%	-4,399,915	-32.1%	-4,322,458	-1.8%	(4,433,300)	2.6%	(4,610,600)	4.0%	(4,772,001)	3.5%	(4,938,973)	3.5%
Free Care	-1,639,819	-2,843,100	73.4%	-1,868,741	-34.3%	(1,308,928)	-30.0%	(1,451,100)	10.9%	(1,560,400)	7.5%	(1,677,935)	7.5%	(1,804,427)	7.5%
Bad Debt	-3,384,099	-2,879,100	-14.9%	-3,550,839	23.3%	(4,251,067)	19.7%	(4,712,900)	10.9%	(5,068,000)	7.5%	(5,383,265)	6.2%	(5,788,877)	7.5%
Disproportionate Share Payments	919,704	926,400	0.7%	1,964,712	112.1%	926,400	-52.8%	926,400	0.0%	926,400	0.0%	926,400	0.0%	926,400	0.0%
Graduate Medical Education Payments - Phys.	0	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	(165,300)	#DIV/0!	(165,300)	#DIV/0!	(165,300)	#DIV/0!	(165,300)	0.0%
Graduate Medical Education Payments-Hosp	0	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
Net Payer Revenue	83,793,594	88,829,134	6.0%	96,139,187	8.2%	103,688,200	7.9%	112,812,800	8.8%	120,723,700	7.0%	127,852,900	5.9%	135,048,400	5.6%
Fixed Prospective Payment & Reserves	7,614,353	8,539,654		9,529,370		8,780,527		9,200,000	4.8%	9,500,000		10,000,000		10,500,000	
Total Net Payer Revenue & Fixed Prospective Payment	91,407,947	97,368,788		105,668,557		112,468,727		122,012,800		130,223,700		137,852,900		145,548,400	
Reimbursement Rate - All Payers	47%	48%		49%	47%	46%	46%	46%	46%	46%	46%	46%	45%	45%	

NORTHEASTERN VT REGIONAL HOSPITAL

NVRH ED_ WEST WING PROJECT															
PAYER REVENUE REPORT															
PROJECT ONLY															
Proposed Years Must change from Current Budget															
	2021 Actual	2022 Budget	% change	2022	% change	2023 Projection	% change	2024 Proposed Year 1	% change	2025 Proposed Year 2	% change	2026 Proposed Year 3	% change	2027 Proposed Year 4	% change
Commercial															
Hospital		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	
Physician		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	
Total Revenue		#DIV/0!		#DIV/0!		#DIV/0!		-	#DIV/0!	-	#DIV/0!		-	#DIV/0!	
Allowances - Hospital		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	
Allowances - Physicians		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	
Free Care		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	
Bad Debt		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	
Net Payer Revenue		#DIV/0!		#DIV/0!		#DIV/0!		-	#DIV/0!	-	#DIV/0!		-	#DIV/0!	
Fixed Prospective Payment & Reserves															
Total Net Payer Revenue & Fixed Prospective Payment															
Reimbursement Rate - Commercial	#DIV/0!	#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!				#DIV/0!	
Payer Mix - Commercial	#DIV/0!	#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!				0%	
Medicaid															
Hospital		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	
Physician		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	
Total Revenue		#DIV/0!		#DIV/0!		#DIV/0!		-	#DIV/0!	-	#DIV/0!		-	#DIV/0!	
Allowances - Hospital		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	
Allowances - Physicians		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	
Free Care		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	
Bad Debt		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	
Graduate Medical Education Payments-Phys.		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	
Graduate Medical Education Payments-Hosp		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	
Net Payer Revenue		#DIV/0!		#DIV/0!		#DIV/0!		-	#DIV/0!	-	#DIV/0!		-	#DIV/0!	
Fixed Prospective Payment & Reserves															
Total Net Payer Revenue & Fixed Prospective Payment															
Reimbursement Rate - Medicaid	#DIV/0!	#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!				#DIV/0!	
Payer Mix - Medicaid	#DIV/0!	#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!				0%	
Medicare															
Hospital		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!				600,000	#DIV/0!
Physician		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!				#DIV/0!	
Total Revenue		#DIV/0!		#DIV/0!		#DIV/0!		-	#DIV/0!	-	#DIV/0!		-	600,000	#DIV/0!
Allowances - Hospital		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!				#DIV/0!	
Allowances - Physicians		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!				(300,000)	#DIV/0!
Free Care		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	
Bad Debt		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	
Net Payer Revenue		#DIV/0!		#DIV/0!		#DIV/0!		-	#DIV/0!	-	#DIV/0!		-	300,000	#DIV/0!
Fixed Prospective Payment & Reserves															
Total Net Payer Revenue & Fixed Prospective Payment														300,000	
Reimbursement Rate - Medicare	#DIV/0!	#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!				0.5	
Payer Mix - Medicare	#DIV/0!	#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!				100%	
Disproportionate Share Payments			#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!				#DIV/0!
Total Payer Revenue															
Hospital		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!				300,000	#DIV/0!
Physician		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!				#DIV/0!	
Total Revenue		#DIV/0!		#DIV/0!		#DIV/0!		-	#DIV/0!	-	#DIV/0!		-	300,000	#DIV/0!
Allowances - Hospital		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	
Allowances - Physicians		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	
Free Care		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	
Bad Debt		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	
Disproportionate Share Payments		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	
Graduate Medical Education Payments-Phys.		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	
Graduate Medical Education Payments-Hosp		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	
Net Payer Revenue		#DIV/0!		#DIV/0!		#DIV/0!		-	#DIV/0!	-	#DIV/0!		-	300,000	#DIV/0!
Fixed Prospective Payment & Reserves															
Total Net Payer Revenue & Fixed Prospective Payment														300,000	
Reimbursement Rate - All Payers	#DIV/0!	#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!				1	

NORTHEASTERN VT REGIONAL HOSPITAL

NVRH ED WEST WING PROJECT															
Note: This table requires no "fill-in" as it is populated automatically															
PAYER REVENUE REPORT															
WITH PROJECT															
Proposed Years Must change from Current Budget															
	2021 Actual	2022 Budget	% change	2022	% change	2023 Projection	% change	2024 Proposed Year 1	% change	2025 Proposed Year 2	% change	2026 Proposed Year 3	% change	2027 Proposed Year 4	% change
Commercial															
Hospital	53,626,166	67,692,100	26.2%	59,390,252	-12.3%	67,066,883	12.9%	74,351,665	10.9%	79,954,080	7.5%	85,175,069	6.5%	91,593,016	7.5%
Physician	9,437,210	9,911,160	5.0%	8,471,708	-14.5%	11,032,293	30.2%	11,363,244	3.0%	11,817,769	4.0%	12,231,405	3.5%	12,659,485	3.5%
Total Revenue	63,063,376	77,603,260	23.1%	67,861,960	-12.6%	78,099,176	15.1%	85,714,909	9.8%	91,771,849	7.1%	97,406,474	6.1%	104,252,501	7.0%
Allowances - Hospital	-417,348	-1,374,200	229.3%	-203,798	-85.2%	-20,762,761	10087.9%	-21,046,508	1.4%	-21,592,751	2.6%	-23,135,651	7.1%	-25,599,436	10.6%
Allowances - Physicians	-1,481,384	-2,961,300	99.9%	-1,473,279	-50.2%	-1,330,796	-9.7%	-1,370,718	3.0%	-1,232,026	-10.1%	-1,081,628	-12.2%	-925,964	-14.4%
Free Care	-1,639,819	-2,843,100	73.4%	-1,868,741	-34.3%	-1,308,928	-30.0%	-1,451,100	10.9%	-1,560,400	7.5%	-1,677,935	7.5%	-1,804,427	7.5%
Bad Debt	-3,384,099	-2,879,100	-14.9%	-3,550,839	23.3%	-4,251,067	19.7%	-4,712,900	10.9%	-5,068,000	7.5%	-5,383,265	6.2%	-5,788,877	7.5%
Net Payer Revenue	42,111,443	45,217,660	7.4%	51,049,941	12.9%	50,445,624	-1.2%	57,133,683	13.3%	62,318,672	9.1%	66,127,995	6.1%	70,133,797	6.1%
Fixed Prospective Payment & Reserves	0	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!
Total Net Payer Revenue & Fixed Prospective Payment	42,111,443	45,217,660	7.4%	51,049,941	12.9%	50,445,624	-1.2%	57,133,683	13.3%	62,318,672	9.1%	66,127,995	6.1%	70,133,797	6.1%
Reimbursement Rate - Commercial	67%	58%		75%		65%		67%		68%		68%		67%	
Payer Mix - Commercial	46%	46%		48%		45%		47%		48%		48%		48%	
Medicaid															
Hospital	35,615,237	35,309,700	-0.9%	38,354,048	8.6%	41,029,283	7.0%	45,485,871	10.9%	48,913,241	7.5%	52,107,269	6.5%	56,033,555	7.5%
Physician	4,423,631	5,238,640	18.4%	4,216,778	-19.5%	6,048,536	43.4%	6,229,983	3.0%	6,479,179	4.0%	6,705,958	3.5%	6,940,656	3.5%
Total Revenue	40,038,868	40,548,340	1.3%	42,570,826	5.0%	47,077,819	10.6%	51,715,854	9.9%	55,392,420	7.1%	58,813,227	6.2%	62,974,211	7.1%
Allowances - Hospital	-28,068,241	-30,785,177	9.7%	-32,931,813	7.0%	-38,381,353	16.5%	-42,882,910	11.7%	-46,417,908	8.2%	-49,601,937	6.9%	-53,568,224	8.0%
Allowances - Physicians	-1,765,461	-2,415,177	36.8%	-1,893,559	-21.6%	-1,029,984	-45.6%	-1,060,882	3.0%	-1,103,317	4.0%	-1,141,934	3.5%	-1,181,900	3.5%
Free Care	0	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!
Bad Debt	0	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!
Graduate Medical Education Payments-Phys.	0	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!
Graduate Medical Education Payments-Hosp	0	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!
Net Payer Revenue	10,205,166	7,347,986	-28.0%	7,745,454	5.4%	7,666,482	-1.0%	7,772,062	1.4%	7,871,195	1.3%	8,069,356	2.5%	8,224,087	4.5%
Fixed Prospective Payment & Reserves	0	8,539,654		0		8,780,527		9,200,000		9,500,000		10,000,000		10,500,000	5.0%
Total Net Payer Revenue & Fixed Prospective Payment	10,205,166	15,887,640		7,745,454		16,447,009		16,972,062		17,371,195		18,069,356		18,724,087	3.6%
Reimbursement Rate - Medicaid	25%	39%		33%		35%		33%		31%		31%		30%	-3.2%
Payer Mix - Medicaid	11%	16%		7%		15%		14%		13%		13%		13%	
Medicare															
Hospital	85,420,051	76,939,300	-9.9%	97,184,212	26.3%	104,256,191	7.3%	115,580,464	10.9%	124,289,479	7.5%	132,405,562	6.5%	142,382,330	
Physician	5,869,893	8,291,700	41.3%	7,806,565	-5.9%	11,329,700	45.1%	11,669,573	3.0%	12,136,351	4.0%	12,561,137	3.5%	13,000,758	3.5%
Total Revenue	91,289,944	85,231,000	-6.6%	104,990,777	23.2%	115,585,891	10.1%	127,250,037	10.1%	136,425,830	7.2%	144,966,699	6.3%	155,383,088	7.2%
Allowances - Hospital	-59,881,528	-48,787,212	-18.5%	-68,578,620	40.6%	-68,974,519	0.6%	-78,102,382	13.2%	-84,377,840	8.0%	-89,523,811	6.1%	-96,322,563	#DIV/0!
Allowances - Physicians	-851,135	-1,106,700	30.0%	-1,033,077	-6.7%	-1,961,678	89.9%	-2,001,700	2.0%	-2,275,257	13.7%	-2,548,439	12.0%	-2,831,109	11.1%
Free Care	0	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!
Bad Debt	0	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!
Net Payer Revenue	30,557,281	35,337,088	15.6%	35,379,080	0.1%	44,649,694	26.2%	47,145,955	5.6%	49,772,733	5.6%	52,894,449	6.3%	56,229,416	13.0%
Fixed Prospective Payment & Reserves	0	0		0		-165,300		-165,300		-165,300		-165,300		-165,300	0.0%
Total Net Payer Revenue & Fixed Prospective Payment	30,557,281	35,337,088		35,379,080		44,484,394		46,980,655		49,607,433		52,729,149		56,064,116	13.0%
Reimbursement Rate - Medicare	33%	41%		34%		38%		37%		36%		36%		36%	-0.8%
Payer Mix - Medicare	33%	36%		33%		40%		39%		38%		38%		38%	
Disproportionate Share Payments															
	919,704	926,400	0.7%	1,964,712	112.1%	926,400	-52.8%	926,400	0.0%	926,400	0.0%	926,400	0.0%	926,400	#DIV/0!
Total Payer Revenue															
Hospital	174,661,454	179,941,100	3.0%	194,928,512	8.3%	212,352,357	8.9%	235,418,000	10.9%	253,156,800	7.5%	269,687,900	6.5%	289,708,901	
Physician	19,730,734	23,441,500	18.8%	20,495,051	-12.6%	28,410,529	38.6%	29,262,800	3.0%	30,433,299	4.0%	31,498,500	3.5%	32,600,899	3.5%
Total Revenue	194,392,188	203,382,600	4.6%	215,423,563	5.9%	240,762,886	11.8%	264,680,800	9.9%	283,590,099	7.1%	301,186,400	6.2%	322,309,800	7.0%
Allowances - Hospital	-102,396,400	-103,274,489	0.9%	-111,429,593	7.9%	-128,118,633	15.0%	-142,031,800	10.9%	-152,388,499	7.3%	-162,261,399	6.5%	-175,190,223	#DIV/0!
Allowances - Physicians	-4,097,980	-6,483,177	58.2%	-4,399,915	-32.1%	-4,322,458	-1.8%	-4,433,300	2.6%	-4,610,600	4.0%	-4,772,021	3.5%	-4,938,973	3.5%
Free Care	-1,639,819	-2,843,100	73.4%	-1,868,741	-34.3%	-1,308,928	-30.0%	-1,451,100	10.9%	-1,560,400	7.5%	-1,677,935	7.5%	-1,804,427	7.5%
Bad Debt	-3,384,099	-2,879,100	-14.9%	-3,550,839	23.3%	-4,251,067	19.7%	-4,712,900	10.9%	-5,068,000	7.5%	-5,383,265	6.2%	-5,788,877	7.5%
Disproportionate Share Payments	919,704	926,400	0.7%	1,964,712	112.1%	926,400	-52.8%	926,400	0.0%	926,400	0.0%	926,400	0.0%	926,400	0.0%
Graduate Medical Education Payments-Phys.	0	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	-165,300	#DIV/0!	-165,300	0.0%	-165,300	0.0%	-165,300	0.0%
Graduate Medical Education Payments-Hosp	0	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!
Net Payer Revenue	83,793,594	88,829,134	6.0%	96,139,187	8.2%	103,688,200	7.9%	112,812,800	8.8%	120,723,700	7.0%	127,852,900	5.9%	135,348,400	5.9%
Fixed Prospective Payment & Reserves	7,614,353	8,539,654		9,529,370		8,780,527		9,200,000		9,500,000		10,000,000		10,500,000	5.0%
Total Net Payer Revenue & Fixed Prospective Payment	91,407,947	97,368,788		105,668,557		112,468,727		122,012,800		130,223,700		137,852,900		145,848,400	
Reimbursement Rate - All Payers	43%	44%		45%		43%		43%		43%		42%		42%	

NORTHEASTERN VT REGIONAL HOSPITAL

NVRH ED_ WEST WING PROJECT

Attachment 2

STAFFING REPORT - TABLE 8

WITHOUT PROJECT

Proposed Years Must change from Current Budget (*)

	2021 Actual	2022 Budget	% change	2022 Actual	% change	2023 Budget	% change	Proposed Year 1 2024	% change	Proposed Year 2 2025	% change	Proposed Year 3 2026	% change	Proposed Year 4 2027	% change
PHYSICIAN FTEs	30.9	32.3	4.5%	33.2	2.8%	34.0	2.4%	34.0	0.0%	34.0	0.0%	34.0	0.0%	34.0	0.0%
TRAVELERS	-	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	18.0	#DIV/0!	13.0	-27.8%	11.0	-15.4%	9.0	-30.8%
Residents & Fellows	-	-	#DIV/0!	0.8	#DIV/0!	-	-100.0%		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!
MLPs	33.7	37.4	11.0%	36.9	-1.3%	35.2	-4.6%	35.2	0.0%	35.2	0.0%	35.2	0.0%	35.2	0.0%
Non-MD FTEs	439.6	450.3	2.4%	445.7	-1.0%	449.3	0.8%	449.3	0.0%	454.0	1.0%	456.0	0.4%	458.0	0.9%
TOTAL NON-MD FTEs	473.3	487.7	3.0%	483.4	-0.9%	484.5	0.2%	484.5	0.0%	489.2	1.0%	491.2	0.4%	493.2	0.8%

Note: Mid-Level Providers and Residents are now included in Non-MD Employees, prior to 2013 Actual they were included in Physician FTEs

STAFFING REPORT - TABLE 8

PROJECT ONLY

Proposed Years Must change from Current Budget

	2021 Actual	2022 Budget	% change	2022 Actual	% change	2023 Budget	% change	Proposed Year 1 2024	% change	Proposed Year 2 2025	% change	Proposed Year 3 2026	% change	Proposed Year 3 2027	% change
PHYSICIAN FTEs	-	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!
TRAVELERS	-	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
Residents & Fellows	-	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!
MLPs	-	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!
Non-MD FTEs	-	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	3.0	#DIV/0!
TOTAL NON-MD FTEs	-	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	3.0	#DIV/0!

Note: Mid-Level Providers and Residents are now included in Non-MD Employees, prior to 2013 Actual they were included in Physician FTEs

Note: This table requires no "fill-in" as it is populated automatically

STAFFING REPORT - TABLE 8

WITH PROJECT

Proposed Years Must change from Current Budget

	2021 Actual	2022 Budget	% change	2022 Actual	% change	2023 Budget	% change	Proposed Year 1 2024	% change	Proposed Year 2 2025	% change	Proposed Year 3 2026	% change	Proposed Year 3 2027	% change
PHYSICIAN FTEs	30.9	32.3	4.5%	33.2	2.8%	34.0	2.4%	34.0	0.0%	34.0	0.0%	34.0	0.0%	34.0	0.0%
TRAVELERS	-	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	18.0	#DIV/0!	13.0	-27.8%	11.0	-15.4%	9.0	-30.8%
Residents & Fellows	-	-	#DIV/0!	0.8	#DIV/0!	-	-100.0%	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
MLPs	33.7	37.4	11.0%	36.9	-1.3%	35.2	-4.6%	35.2	0.0%	35.2	0.0%	35.2	0.0%	35.2	0.0%
Non-MD FTEs	439.6	450.3	2.4%	445.7	-1.0%	449.3	0.8%	449.3	0.0%	454.0	1.0%	456.0	0.4%	461.0	1.5%
TOTAL NON-MD FTEs	473.3	487.7	3.0%	483.4	-0.9%	484.5	0.2%	484.5	0.0%	489.2	1.0%	491.2	0.4%	496.2	1.4%

Note: Mid-Level Providers and Residents are now included in Non-MD Employees, prior to 2013 Actual they were included in Physician FTEs

Verification Under Oath

**STATE OF VERMONT
GREEN MOUNTAIN CARE BOARD**

In re: Submission of Certificate of Need)
Application to Expand and)
Modernize NVRH's Emergency and)
Laboratory Departments)

Docket No. _GMCB-005-23con__

Verification Under Oath to file with Certificate of Need Application, correspondence and additional information subsequent to filing an Application.

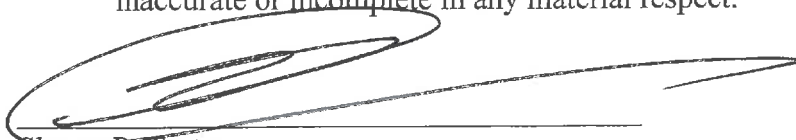
[Officer or other deponent], being duly sworn, states on oath as follows:

1. My name is Shawn P. Tester. I am the Chief Executive Officer of Northeastern Vermont Regional Hospital. I have reviewed the certificate of need application to modernize and expand NVRH's emergency and laboratory departments.
2. Based on my personal knowledge and after diligent inquiry, I attest that the information contained in the certificate of need application to modernize and expand NVRH's emergency and laboratory departments is true, accurate and complete, does not contain any untrue statement of a material fact, and does not omit to state a material fact.
3. My personal knowledge of the truth, accuracy and completeness of the information contained in the certificate of need application to modernize and expand NVRH's emergency and laboratory departments is based upon either my actual knowledge of the subject information or upon information reasonably believed by me to be true and reliable and provided to me by the individuals identified below in paragraph 4. Each of these individuals has also certified that the information they have provided is true, accurate and complete, does not contain any untrue statement of a material fact and does not omit to state a material fact.
4. The following individuals have provided information or documents to me in connection with the certificate of need application to modernize and expand NVRH's emergency and laboratory departments and each individual has certified, based either upon his or her actual knowledge of the subject information or, where specifically identified in such certification, based on information reasonably believed by the individual to be reliable, that the information or documents provided are true, accurate and complete, do not contain any untrue statement of a material fact, and do not omit to state a material fact:


Jacquelyn Zaun, Project Manager
Robert Hersey, Finance Project Manager
Andre Bissonnette, Chief Financial Officer

5. In the event that the information contained in the certificate of need application to modernize and expand NVRH's emergency and laboratory departments becomes untrue,

inaccurate or incomplete in any material respect, I acknowledge my obligation to notify the Green Mountain Care Board and to supplement the certificate of need application to modernize and expand NVRH's emergency and laboratory departments as soon as I know, or reasonably should know, that the information or document has become untrue, inaccurate or incomplete in any material respect.


Shawn P. Tester

On 10 May 23, Shawn P. Tester appeared before me and swore to the truth, accuracy and completeness of the foregoing.


Notary public
My commission expires 1/31/2025
[seal]
Darcie A. Miles Davis