

THE
University of Vermont
MEDICAL CENTER

By Electronic Mail & U.S. Mail

June 15, 2023

Ms. Donna Jerry
Senior Health Policy Analyst
Green Mountain Care Board
144 State Street
Montpelier, VT 05602
Donna.Jerry@vermont.gov

**Re: Docket No. GMCB-004-23con, Development of Outpatient Surgery Center on Tilley Drive, Project Cost: \$129,640,703
Response to Q.002 – REDACTED**

Dear Ms. Jerry:

The University of Vermont Medical Center Inc. (“UVM Medical Center”) hereby responds to the Green Mountain Care Board’s (“Board”) Requests for Additional Information Q.002, dated March 15, 2023, regarding the above-referenced project.

In addition to responding to the Board’s specific Requests for Information, the UVM Medical Center is also submitting herewith a revised set of CON financial tables, which have been updated to take account of the relevant portions of UVM Health Network’s “Five Year Financial Framework” for the UVM Medical Center, which the UVM Medical Center provided in response to the Board’s Requests for Additional Information Q.001. Because those revised tables form the basis for several of UVM Medical Center’s responses to the Board’s questions, below, they warrant separate explanation at the outset.

You will recall that, prior to submitting its CON application for the Outpatient Surgery Center (“OSC” or “the project”) in February 2023, the UVM Medical Center informed Board staff that the UVM Health Network would be updating its financial framework in March 2023, and the refreshed financial framework would provide the Board with a more comprehensive, up-to-date, and interactive tool for determining the financial impacts of the project on the UVM Medical Center. Now that it has completed and submitted the financial framework, the UVM Medical Center has revised the OSC CON financial tables to incorporate the same assumptions used in the framework and to closely synchronize those tables with the framework. As described below, while the task of transposing the financial framework into the Board’s table format involved substantial effort and some modest compromises, we believe the revised tables will provide the

Board and all interested parties a more meaningful and actionable set of tools by which to assess the financial impact of the project.

For instance, by incorporating information and assumptions from the refreshed financial framework, the revised tables now include the following information, some of which the Board has requested, and some of which we are submitting in order to avoid any confusion that might result from comparing the original tables to the updated framework.

- The original CON tables utilized the UVM Medical Center’s FY23 budget as the “base” year for all projected future financial results. The revised tables use the UVM Medical Center’s projected FY23 actual results as the base year, which is a more up-to-date starting point.
- The original CON tables purposefully held most non-project-related factors constant in its future projections. This is consistent with the tables the UVM Medical Center submitted, and the Board accepted, for other large capital projects in the past (e.g., the Miller Building); it is also a useful way to highlight the impact that the project will have on the applicant’s finances, which can get lost in the “noise” of other changes in the finances of a large academic medical center. In contrast, the updated tables incorporate all of the same growth assumptions contained in the financial framework for the following important factors, among others:
 - Future patient volumes
 - Future year cost inflation
 - Future year capital spending
 - Future year debt issuances
 - Future year principal debt paydown
 - Future year depreciation on PPE
 - Future year investment returns and cash balances
 - Future year operating margins

As the UVM Medical Center highlighted when it provided its financial framework to the Board, the framework is a planning tool constructed at a higher level of generality than the project-specific financial modeling the Board requires as part of UVM Medical Center’s CON applications. In the vast majority of instances, we were nonetheless able to transpose the data produced by the financial framework to fit within the categories prescribed by the Board’s tables. In a few instances, however, we were unable to “fit” the categories of data on which we rely for planning purposes into the categories the tables prescribe. We have identified within the tables each instance in which that is the case, and we do not believe that any of them will prove material to the Board’s assessment of the project. More importantly, we believe that the benefit of synchronizing the updated tables with the financial framework is worth the modest tradeoffs that result from our inability to fully conform the two tools in a few, immaterial respects.

Finally, we believe that any foundational questions the Board may have regarding the financial tables, and how they intersect with the financial framework, may be best addressed through discussion, rather than written questions and answers. In prior, large CON proceedings, a

collaborative approach has proven useful, and we believe it would be helpful here as well. Under this approach, the UVM Medical Center finance team can meet with Board staff and consultants, along with any interested parties, to help narrow the issues prior to hearing. Please let us know if you would like to arrange such a meeting. Of course, the Board will have the opportunity to ask questions regarding the financial framework at the merits hearing on this matter.

1. Revise and resubmit all financial tables to include information for FY 2024 which was omitted from each spreadsheet submitted with the application.

Response: See the revised financial tables submitted herewith.

2. Complete and submit the Payer Revenue Report, Tables 6 A, B and C.

Response: See the revised financial tables submitted herewith.

Financial Projections

Based on the revised financial tables requested in question 1 above, please address the following:

3. UVMHC saw its operating income decline from \$74 million in FY 2016 to \$31 million in FY 2019 prior to the onset of the COVID 19 pandemic. Subsequently, UVMHC experienced operating losses in FY 2020 and FY 2022. Despite a \$22 million operating loss in FY 2022 and a large operating loss in the 1st quarter of FY 2023, UVMHC projects operating income to increase to \$39 million in FY 2023. UVMHC projects operating income to continue to rise from \$61 million in FY 2025 to \$105 million in FY 2029. Given historical financial trends, explain in detail why UVMHC believes it can achieve these operating profits given: 1) its current losses, 2) projected operating profits that exceed every historical year since FY 2016, and 3) no projected volume increases for any services other than operating room cases after FY 2023.

Response:

The organization's financial performance over time, and therefore its historical growth trend, is more accurately measured as a percentage of overall annual revenue, rather than in straight dollar amounts. When viewed in this manner (see below), the pre-FY18 margins of 5.9% for FY16 and 5.2% for FY17 *exceeded* the margins now projected for FY23 through FY26.

| | | | | | | | | | | |
|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|
| <u>FY16</u> | <u>FY17</u> | <u>FY18</u> | <u>FY19</u> | <u>FY20</u> | <u>FY21</u> | <u>FY22</u> | <u>FY23</u> | <u>FY24</u> | <u>FY25</u> | <u>FY26</u> |
| 5.9% | 5.2% | 3.4% | 2.2% | (0.3%) | 2.3% | (1.2%) | 2.8% | 3.8% | 3.9% | 4.0% |

The decline in margin after FY17 can be attributed to several factors. Starting in FY18, UVM Medical Center's commercial revenue rate increases, as approved by the Board, did not keep pace with cost inflation, leading to deterioration of UVM Medical Center's margin in both FY18 and FY19. Significant events over the following three years – the COVID-19 pandemic, a cyber attack, and the closing of the Fanny Allen ORs – contributed to further deterioration and negative margins for FY20 and FY22. FY21 results are artificially inflated because UVM Medical Center

received a significant amount of federal and state relief funds in FY21. In addition, the workforce shortage and utilization of contract labor that remains a concern to the present became acute in FY22, resulting in a significant increase in staffing expenses.

Notwithstanding a first quarter operating loss in FY23, the organization projects a positive margin by the end of the year based on its current financial performance and ongoing financial initiatives. Starting in January 2023, UVM Medical Center began to experience the positive impact of commercial rates, approved by the Board in September 2022, that more closely match cost inflation, along with strong volumes. We also continued to implement even tighter expense controls and other margin improvement initiatives. To achieve the projected operating margins from FY24 through FY26 (3.8% to 4.0%), we assume that 1) revenue rate approvals will continue to keep pace with cost inflation, 2) our dependence on contract labor will continue to decline as a result of an active recruitment initiative, 3) we will continue to experience population growth in the region we serve, and 4) we will maintain and expand upon our margin improvement initiatives.

As mentioned in the foreword to these responses, the refreshed financial framework, and therefore the revised financial tables, now incorporate the following high-level volume growth assumptions: (a) increased outpatient volumes of 1% in FY24 and FY25, and 2% in FY26 and FY27; (b) increased ancillary volumes of 1% for each of the years in the table; and (c) flat inpatient volumes because the UVM Medical Center is currently at capacity.

4. UVMHC released Q1 2023 results on February 23, 2023. UVMHC had a \$17 million operating loss for the quarter. The income statement in Table 3 has a budgeted profit of \$39 million for the year. Please provide a 2023 budget by month or quarter to confirm the reasonableness of the 2023 projection based on the first quarter loss.

Response:

Please see the below projections. The large margins in March and May are the result of the expected receipt of FEMA grants. The September margin reflects the receipt of our annual GME Intergovernmental Transfer Payment.

| 1st QTR | JAN | FEB | MAR | APR | MAY | JUN | JUL | AUG | SEP | FY22 Projected |
|---------|------|------|------|------|------|------|------|------|-------|----------------|
| (\$17M) | \$3M | \$2M | \$8M | \$4M | \$8M | \$5M | \$5M | \$5M | \$16M | \$39M |

5. UVMHC’s projections for positive operating margins are based on total revenue increasing 7.4% in FY 2023, 9.0% in FY 2025, 4.0% in FY 2026, and 3% thereafter. Explain in detail how these additional revenues will be generated given the utilization projections in Table 7, namely that volume is expected to be flat after FY 2023 for every service except OR cases. If these increases are the result of inflation, please provide detailed data supporting inflation assumptions.

Response:

As noted in the foreword to these responses, the original financial tables purposefully held non-project-related patient volumes constant, as UVM Medical Center has done, and the Board has accepted, in prior CON submissions. The refreshed financial framework has allowed us to update most of those tables, including Table 7C, to reflect (a) increased outpatient volumes of

1% in FY24 and FY25, and 2% in FY26 and FY27; (b) increased ancillary volumes of 1% for each of the years in the table; and (c) flat inpatient volumes because the UVM Medical Center is currently at capacity. Please note that, because the financial framework is constructed at a higher level of generality than Table 7C, we have applied these projected growth rates uniformly across the relevant sub-categories prescribed by that table. For the same reason, the financial framework cannot be accurately transposed into the “A+B=C” framework of Table 7, and we therefore have not updated Tables 7A and 7B to correspond to the financial framework. Of course, the pro-forma already contains detailed project-related volume projections. We do not, therefore, believe that the resulting lack of detail in the updated Table 7 is material to the Board’s consideration of the project and would be happy to further address this aspect of the tables in any discussions with the Board or staff, or at hearing on this matter.

In addition to the volume increases discussed above, we have included revenue increases to cover cost inflation; the following table shows the assumptions used to determine those increases.

| | FY2024 4 | FY2025 5 | FY2026 6 | FY2027 7 | Repeat FY2027 | | |
|--|--------------|--------------|--------------|--------------|---------------|--------------|--------------|
| | | | | | FY2028 8 | FY2029 9 | FY2030 10 |
| Cost Inflation Assumptions: | | | | | | | |
| Clinical Staff | 5.00% | 4.00% | 4.00% | 3.00% | 3.00% | 3.00% | 3.00% |
| Physicians Salaries | 2.50% | 2.50% | 2.50% | 2.50% | 2.50% | 2.50% | 2.50% |
| Residents | 15.00% | 4.00% | 4.00% | 3.00% | 3.00% | 3.00% | 3.00% |
| Other /Management | 3.50% | 3.00% | 3.00% | 3.00% | 3.00% | 3.00% | 3.00% |
| Other Support/Clinical | 10.00% | 5.00% | 5.00% | 3.00% | 3.00% | 3.00% | 3.00% |
| Travelers Labor | (10.00%) | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% |
| Medical Supplies | 5.00% | 5.00% | 5.00% | 5.00% | 5.00% | 5.00% | 5.00% |
| Drugs Supplies | 7.00% | 7.00% | 7.00% | 7.00% | 7.00% | 7.00% | 7.00% |
| Nutrition Supplies | 3.00% | 3.00% | 3.00% | 3.00% | 3.00% | 3.00% | 3.00% |
| Other Supplies | 3.00% | 3.00% | 3.00% | 3.00% | 3.00% | 3.00% | 3.00% |
| Lease and Rental | 3.00% | 3.00% | 3.00% | 3.00% | 3.00% | 3.00% | 3.00% |
| Insurance | 3.00% | 3.00% | 3.00% | 3.00% | 3.00% | 3.00% | 3.00% |
| Utilities | 3.00% | 3.00% | 3.00% | 3.00% | 3.00% | 3.00% | 3.00% |
| Maintenance and Repairs | 3.00% | 3.00% | 3.00% | 3.00% | 3.00% | 3.00% | 3.00% |
| All Other Expenses | 3.00% | 3.00% | 3.00% | 3.00% | 3.00% | 3.00% | 3.00% |
| Rate/Revenue Change to Cover Cost Inflation | 5.00% | 4.00% | 4.00% | 3.50% | 3.50% | 3.50% | 3.50% |

Together, the volume and rate increases described above support the revenue projections in the refreshed financial framework and updated tables.

6. On pages 33 and 34 of the application it states, “as the network continues to pay off its existing debt at a rate of approximately \$20M per year.” The projected balance sheet (Table 4) projects debt remaining flat at FY 2023 levels. Explain why the financial projections don’t match the statement in the application.

Response:

Because the original tables held most non-project-related factors constant, they did not reflect the projected payment of debt. The refreshed financial framework and revised tables show that the Network will continue to pay off its existing debt at a rate of approximately \$20M per year, as stated in the application.

7. The incremental operating pro-forma is presented on page 36 in the application. Another incremental operating pro-forma is included in UVMHC Outpatient Surgery Center Business Plan in the appendix (PDF page 72). The application pro-forma has nearly \$10 million more incremental margin than the business plan (\$40.3 million vs. \$31.8 million). Explain in detail why the two incremental operating pro-formas are different and specify which one is correct.

Response:

Adjustments were made to the original business plan pro forma as errors or updates were discovered in the process of creating the original set of CON tables after the original business plan was published. These adjustments fall into 2 categories:

- **OSC Volume Updates:** upon additional review, two errors related to OSC volumes were discovered. First, the original business plan pro forma understated the number of cases from the demand model that could be accommodated when the OSC opened in mid-FY25 by 207 cases. Note that this correction only applies to FY25 volume. Second, volumes that would move to the OSC from Fanny Allen or the Medical Center were incorrectly transferred from the model to the pro forma starting in FY26. The result of this error was an overstatement of approximately 100 cases per year from FY26-29.
- **Interest Expense Updates:** interest expense was updated to reflect interest-only payments for all 5 years in the FY25-29 timeline.

Additional changes made with the Incremental Project Pro Forma submitted with our Q002 response include the following:

- **Interest Expense Update:** adjustment to interest expense in FY25 to reflect capitalized interest.
- **Depreciation Expense Update:** minor adjustment for alignment with our 5-year Financial Framework.
- **Impact of assumptions re. increase in total net operating revenue and total costs** using the assumptions shown in our response to Q. 5, above. Note that assumptions for these increases result in a 5-year total margin % = 15% of net operating revenue, which is the same margin % as in the incremental pro forma prior to applying cost and revenue increase assumptions.

The table below shows the breakdown of the additional \$10.8M incremental margin over the 5-year timeframe.

| Summary: | Total Impact (\$) |
|--|----------------------|
| Original Business Plan Incremental Pro Forma: | |
| 5 Yr Total Project Operating Margin | \$ 31,832,792 |
| Updated CON Incremental Pro Forma: | |
| 5 Yr Total Project Operating Margin | \$ 42,632,971 |
| Difference | \$ 10,800,179 |
| Detailed Reconciliation | |
| 1. FY25: Additional 207 OP Cases at OSC | \$ 1,462,933 |
| Note: Includes increases to Net Revenue for OP cases, and increased costs associated for Healthcare Provider Tax and | |
| 2. Reimbursement Adjustment Revenue Line: Lower volumes for cases moving to OSC from FA/MC FY26-FY29 | \$ 271,321 |
| Note: includes small increase to Healthcare Provider Tax in alignment with small reduction in Reimbursement Adjustment | |
| 3. Minor Change to Total Depreciation Expense for Financial Framework Alignment | \$ (27,638) |
| 4. Updates to Interest Expense: | \$ (1,982,859) |
| Note: increase in interest expense in FY25 to better reflect accounting treatment for capitalized interest, with interest in FY26-FY29 reflecting interest-only payments | |
| Impact of Updates to Original Business Plan before Cost and Revenue Annual Growth Assumptions | \$ (276,243) |
| Impact of Assumptions re Revenue and Cost Growth <i>(see Question 5 for revenue increase and cost inflation assumptions)</i> | |
| A. 5-Yr Additional Revenue Impact of Assumptions for Annual Reimbursement Growth, net of additional provider tax | \$ 29,358,687 |
| B. Updated 5-Yr Total Cost Impact of Annual Cost Inflation Assumptions | \$ (18,282,266) |
| Total | \$ 11,076,421 |
| Difference from Original Business Plan to Updated CON Pro Forma | \$ 10,800,178 |

8. One page 37, the estimated fit-up cost of the additional 4 OR rooms is listed as a positive \$8,756,748. If this is a cost, explain the increase in cash flow. If this is an error and the cash flow for this cost should be negative, please correct the incremental cash flow calculations.

Response:

The future fit-up cost was erroneously entered into the cash flow statement as a positive cash flow and, in fact, should have been negative. The corrected cash flow statement is as follows:

| Incremental Cash Flow: Outpatient Surgery Center | | | | | | |
|---|------------------------|-----------------------|----------------------|----------------------|----------------------|----------------------|
| | FY25 (Half Year) | FY26 | FY27 | FY28 | FY29 | 5 Yr. Total |
| Margin from Operations | \$ 1,501,558 | \$ 5,993,173 | \$ 8,911,254 | \$ 10,516,806 | \$ 15,710,179 | \$ 42,632,971 |
| Depreciation | \$ 3,424,856 | \$ 6,849,711 | \$ 6,849,711 | \$ 6,849,711 | \$ 7,382,816 | \$ 31,356,806 |
| Cap Interest (non-cash, add back as in Total Project Cost) | \$ 6,345,897 | | | | | \$ 6,345,897 |
| Total Project Cost - this CON Application | \$ (129,640,703) | | | | | \$ (129,640,703) |
| Estimated fit-up cost of Additional 4 OR rooms - Future CON (TBD) | | | | | \$ (8,756,748) | \$ (8,756,748) |
| Debt Proceeds | \$ 100,000,000 | | | | | \$ 100,000,000 |
| Debt Principle payments (Interest only first 5 years) | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - |
| Annual Cash Flow | \$ (18,368,393) | \$ 12,842,885 | \$ 15,760,966 | \$ 17,366,518 | \$ 14,336,247 | \$ 41,938,222 |
| Project Aggregate Cash Flow @ End of Each Yr | \$ (18,368,393) | \$ (5,525,509) | \$ 10,235,457 | \$ 27,601,975 | \$ 41,938,222 | |
| 5 Yr NPV @ 3% | \$33,290,384 | | | | | |

Financial Projections-Assumptions

9. Provide detailed assumptions for Table 3A and the Balance Sheets A, B, and C.

Response:

The originally submitted Table 3A used non-discounted projected values adjusted for only cost and rate inflation. The inflationary factors used were projected based on preliminary financial modeling and broadly applied by fiscal year. A line-by-line projection analysis was not completed due to the lack of updated information at the time of submission and our concern with its inconsistency with the methods we use for financial planning and forecasting, which are applied at a more macro level. The refreshed financial framework and updated tables contain detailed assumptions for each line of revenue and expense included in Table 3.

Similarly, the balance sheet was adjusted only for cash and cash equivalents. We adjusted cash in tables 4 A, B & C annually by projected net income included in tables 3 A, B & C, respectively. The refreshed financial framework and updated tables contain detailed assumptions for each line of asset and liability included in Table 4.

10. Provide the average outpatient and inpatient reimbursement per case by service line.

Response:

[Redacted]

| | |
|------------|------------|
| [Redacted] | [Redacted] |
| [Redacted] | [Redacted] |
| [Redacted] | [Redacted] |
| [Redacted] | [Redacted] |
| [Redacted] | [Redacted] |
| [Redacted] | [Redacted] |
| [Redacted] | [Redacted] |
| [Redacted] | [Redacted] |
| [Redacted] | [Redacted] |
| [Redacted] | [Redacted] |
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| [Redacted] | [Redacted] |
| [Redacted] | [Redacted] |
| [Redacted] | [Redacted] |
| [Redacted] | [Redacted] |

[Redacted]

[Redacted]

11. Provide detailed information to support the outpatient reimbursement adjustment on page 36.

Response:

[Redacted]

- [Redacted]
- [Redacted]
- [Redacted]
- [Redacted]

12. Provide the salary for each position listed in the staffing and workforce tables on pages 24 and 25 of the application.

Response:

[Redacted]

¹ Intellimarker ASC, a product of VMG Health, provides financial benchmarking information on ambulatory surgery centers across the United States.



13. Provide the inflation assumption for each expense item by year for the incremental pro-forma on page 36 (or for the proforma that is correct based on your response to question 7 above).

Response:

| | FY2024 | FY2025 | FY2026 | FY2027 | Repeat FY2027 | | |
|--|--------------|--------------|--------------|--------------|---------------|--------------|--------------|
| | | | | | FY2028 | FY2029 | FY2030 |
| | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Cost Inflation Assumptions: | | | | | | | |
| Clinical Staff | 5.00% | 4.00% | 4.00% | 3.00% | 3.00% | 3.00% | 3.00% |
| Physicians Salaries | 2.50% | 2.50% | 2.50% | 2.50% | 2.50% | 2.50% | 2.50% |
| Residents | 15.00% | 4.00% | 4.00% | 3.00% | 3.00% | 3.00% | 3.00% |
| Other /Management | 3.50% | 3.00% | 3.00% | 3.00% | 3.00% | 3.00% | 3.00% |
| Other Support/Clinical | 10.00% | 5.00% | 5.00% | 3.00% | 3.00% | 3.00% | 3.00% |
| Travelers Labor | (10.00%) | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% |
| Medical Supplies | 5.00% | 5.00% | 5.00% | 5.00% | 5.00% | 5.00% | 5.00% |
| Drugs Supplies | 7.00% | 7.00% | 7.00% | 7.00% | 7.00% | 7.00% | 7.00% |
| Nutrition Supplies | 3.00% | 3.00% | 3.00% | 3.00% | 3.00% | 3.00% | 3.00% |
| Other Supplies | 3.00% | 3.00% | 3.00% | 3.00% | 3.00% | 3.00% | 3.00% |
| Lease and Rental | 3.00% | 3.00% | 3.00% | 3.00% | 3.00% | 3.00% | 3.00% |
| Insurance | 3.00% | 3.00% | 3.00% | 3.00% | 3.00% | 3.00% | 3.00% |
| Utilities | 3.00% | 3.00% | 3.00% | 3.00% | 3.00% | 3.00% | 3.00% |
| Maintenance and Repairs | 3.00% | 3.00% | 3.00% | 3.00% | 3.00% | 3.00% | 3.00% |
| All Other Expenses | 3.00% | 3.00% | 3.00% | 3.00% | 3.00% | 3.00% | 3.00% |
| Rate/Revenue Change to Cover Cost Inflation | 5.00% | 4.00% | 4.00% | 3.50% | 3.50% | 3.50% | 3.50% |

14. On page 36, there are incremental net patient revenues: professional that reach nearly \$10 million by 2029. The physician expense, which includes additional anesthesiology providers, only increases by up to \$2.8 million. Explain whether the professional fees are related only to anesthesiology. If not, explain why there is no additional compensation for surgeons if the surgeons are increasing volume by 4,341 cases (roughly 22 percent).

Response:

The professional fees shown in the Incremental Pro Forma include fees for both anesthesiology and surgeons. UVM Medical Center’s service line surgical leaders advise that the OSC project will enable UVM Medical Center to increase outpatient OR cases to meet forecasted demand through 2029 without adding surgeon FTEs because the OSC’s proposed design will optimize utilization of space, staff, and equipment to increase physicians’ productivity. See CON Application at I(B)(d), (f). Additional physician staffing costs related to the incremental inpatient cases are included in the IP Direct Cost line.

Utilization Projections

15. Utilization projections in Table 7 assume that every service will experience flat volume except operating room cases. Explain in detail why it is reasonable to project surgical case volume increases with no other expected volume increases.

Response: The original financial tables purposefully held non-project-related patient volumes constant, as we have in prior CON submissions. The refreshed financial framework has allowed us to update those tables, including Table 7, to reflect (a) increased outpatient volumes of 1% in FY24 and FY25, and 2% in FY26 and FY27; (b) increased ancillary volumes of 1% for each of the years in the table; and (c) flat inpatient volumes because the UVM Medical Center is currently at capacity. Please note that, because the financial framework is constructed at a higher level of generality than Table 7C, we have applied these projected growth rates uniformly across the relevant the sub-categories prescribed by that table. For the same reason, the financial framework cannot be accurately transposed into the “A+B=C” framework of Table 7, and we have therefore not updated Tables 7A and 7B to correspond to the financial framework. Of course, the pro-forma already contains detailed project-related volume projections. We do not, therefore, believe that the resulting lack of detail in the updated Table 7 is material to the Board’s consideration of the project and would be happy to include further explanation of this aspect of the tables in any discussions with the Board or staff, or at hearing on this matter.

With respect to project-related increases, no additional volumes for incremental non-operating room services are included in the financial pro forma for several reasons. First, our analysis indicates that we are already capturing the vast majority of diagnostic, laboratory, and post procedure follow-up and therapy volumes (“ancillary volume”) related to outpatient surgeries for patients who ultimately seek surgery services outside of UVM Medical Center due to our current limited surgical capacity.

Second, our forecasts for growth in diagnostic services are independent of where surgeries are performed, and based on Sg2’s forecasted growth rates by service for our region. For example, our recent 3T MRI CON application includes expected total growth in MR imaging. This additional volume is already reflected in our volume projections provided during our annual budget submission.

16. Provide case counts by service line for each project year 2022-2029. In addition, provide incremental case volume for all five project years (2025-2029) by service line.

Response:

Below see the case counts by service line for the OSC:

| | | | half year | | | | | |
|---------------------------|---|--|--------------|--------------|--------------|--------------|--------------|--|
| Service Line | FY19 baseline - OP all locations | | FY25 | FY26 | FY27 | FY28 | FY29 | |
| Cardiology | 1 | | - | - | - | - | - | |
| Cardiothoracic | 5 | | - | - | - | - | - | |
| Derm | 44 | | - | - | - | - | - | |
| ENT | 1,670 | | 597 | 1,155 | 1,193 | 1,193 | 1,366 | |
| General | 1,046 | | 194 | 375 | 387 | 387 | 443 | |
| Neurosurgery | 328 | | - | - | - | - | - | |
| OB/Gyn | 1,610 | | 332 | 643 | 664 | 664 | 761 | |
| Ophthalmology | 1,364 | | 839 | 1,624 | 1,677 | 1,677 | 1,921 | |
| Oral/Maxillofacial | 78 | | - | - | - | - | - | |
| <i>Ortho</i> | 3,470 | | 1,778 | 3,442 | 3,555 | 3,555 | 4,072 | |
| <i>Foot/Ankle</i> | 813 | | 436 | 844 | 872 | 872 | 999 | |
| <i>General</i> | 280 | | 158 | 306 | 316 | 316 | 362 | |
| <i>Joints</i> | | | 130 | 251 | 259 | 259 | 297 | |
| <i>Spine</i> | 214 | | - | - | - | - | - | |
| <i>Sports</i> | 698 | | 394 | 763 | 788 | 788 | 903 | |
| <i>Trauma</i> | 319 | | 45 | 87 | 90 | 90 | 103 | |
| <i>Upper Extremity</i> | 1,146 | | 615 | 1,190 | 1,229 | 1,229 | 1,408 | |
| Pediatrics | 306 | | - | - | - | - | - | |
| Plastics | 410 | | 119 | 229 | 237 | 237 | 271 | |
| Pulmonary | 133 | | - | - | - | - | - | |
| Surg/Onc | 408 | | 62 | 120 | 124 | 124 | 142 | |
| Transplant | 6 | | - | - | - | - | - | |
| Urology | 1,962 | | - | - | - | - | - | |
| Vascular | 495 | | 102 | 197 | 203 | 203 | 233 | |
| Total OSC OP Cases | 13,336 | | 4,020 | 7,784 | 8,039 | 8,039 | 9,208 | |

Incremental OSC Cases by Service Line are show in the table below:

| | half year | | | | |
|------------------------------------|--------------|--------------|--------------|--------------|--------------|
| Service Line | FY25 | FY26 | FY27 | FY28 | FY29 |
| Derm | - | - | - | - | - |
| ENT | 220 | 384 | 404 | 386 | 541 |
| General | 71 | 125 | 131 | 125 | 175 |
| OB/Gyn | 122 | 214 | 225 | 215 | 301 |
| Ophthalmology | 309 | 540 | 568 | 542 | 760 |
| Oral/Maxillofacial | - | - | - | - | - |
| Ortho | 655 | 1,144 | 1,203 | 1,149 | 1,612 |
| Foot/Ankle | 161 | 281 | 295 | 282 | 395 |
| General | 58 | 102 | 107 | 102 | 143 |
| Joints | 48 | 83 | 88 | 84 | 117 |
| Spine | - | - | - | - | - |
| Sports | 145 | 254 | 267 | 255 | 357 |
| Trauma | 17 | 29 | 30 | 29 | 41 |
| Upper Extremity | 227 | 395 | 416 | 397 | 557 |
| Pediatrics | - | - | - | - | - |
| Plastics | 44 | 76 | 80 | 77 | 107 |
| Pulmonary | - | - | - | - | - |
| Surg/Onc | 23 | 40 | 42 | 40 | 56 |
| Urology | - | - | - | - | - |
| Vascular | 37 | 65 | 69 | 66 | 92 |
| | | | | | |
| Total Incremental OSC Cases | 1,482 | 2,587 | 2,721 | 2,599 | 3,645 |

17. Volume projections utilizing UVMHC’s scenario 3 are 23,767 combined procedures in 2030 (see application pages 11 & 13). Operating room cases in financial Table 7 titled “Utilization Projections” exceed this volume in 2026 through 2029. Provide an explanation of this discrepancy and provide a reconciliation of the two tables.

Response:

There is a discrepancy between the Scenario 3 projection and the original CON Table 7C because the OR demand model forecasts future demand for surgeries performed *in general purpose OR spaces only*, and excludes volumes for certain special-purpose ORs and procedure rooms (labor & delivery, cardiology, and the hybrid OR; plus special purpose procedure spaces used for bronchoscopy, electroconvulsive therapy, endoscopy, and dental procedures) from its baseline. In contrast, the total number of Operating Room Cases in Table 7C includes these procedures.

18. On pages 10 and 11, UVMHC provides population projections for Chittenden County, but acknowledges that Burlington residents account for only 51 percent of its surgical cases. Provide information on how differential population growth rates for the counties and states in which their non-local patients reside (as shown on page 9) might affect the projected demand for surgeries.

Response: UVM Medical Center used population projections for Chittenden County in modeling three surgical case volume growth scenarios. See CON Application at 8-12. A slight majority (51.4%) of UVM Medical Center’s outpatient surgery patients in FY19 resided in the Burlington Health Service Area (“HSA”), which encompasses Chittenden and Grand Isle counties. Scenario 1 uses Claritas 2021 estimates. Scenarios 2 and 3 use Public Opinion Strategies (“POS”) 2021 estimates.

The projections for Chittenden County are a reasonable proxy for population growth in the hospital’s overall service area for surgeries. This is demonstrated by a comparison of the population projections for Chittenden County used in each of Scenarios 1- 3 to a corresponding composite projection for the Burlington HSA together with the other areas in which UVM Medical Center’s FY19 outpatient surgery patients resided (as shown on page 9 of the CON Application). The composite projections are the average of the population growth estimates for each area from which UVM Medical Center draws patients (as shown on page 9 of the CON Application) weighted for each area’s share of UVM Medical Center’s total patients.

Scenario 1 – Claritas Estimates

As shown in the below Table 1, the composite growth rates calculated from Claritas’ 2021 estimates are lower than the Claritas 2021 estimates for Chittenden County that UVM Medical Center used in its Scenario 1 for both the overall population (2.9% for Chittenden County vs. 1.95% composite), and the age 65+ cohort (35% for Chittenden County vs. 31.5% composite).

Table 1

| County | Patient Origin Share | Overall Pop Growth to 2030* (2021 Claritas est) | Weighted Share of Growth | 65+ Growth to 2030* | Weighted Share of Growth 65+ |
|---------------|----------------------|---|--------------------------|---------------------|------------------------------|
| Chittenden VT | 51% | 2.9% | 1.48% | 35% | 17.85% |
| Grand Isle VT | | 5.0% | 0.00% | 32% | |
| Franklin VT | 9% | 2.2% | 0.20% | 26% | 2.34% |
| Washington VT | 8% | -0.9% | -0.07% | 22% | 1.76% |
| Clinton NY | 8% | -1.80% | -0.14% | 24% | 1.92% |
| Addison VT | 6% | -0.6% | -0.04% | 22% | 1.32% |
| Other | 18% | | 0.52% | | 6.30% |
| | | Composite Growth Rate | 1.95% | | 31.49% |

As shown in the below Table 2, however, UVM Medical Center has also calculated composite growth rates using Claritas population forecasts that became available in Fall 2022. The composite growth rates calculated from Claritas’ 2022 estimates are also lower than the Claritas 2021 estimates for Chittenden County that UVM Medical Center used in its Scenario 1 for the age 65+ cohort (35% for Chittenden County vs. 31.7% composite), but higher for the overall population (2.9% for Chittenden County vs. 3.5% composite). This suggests that use of the Claritas 2021 estimates for Chittenden County in Scenario 1 may have slightly underestimated regional population growth, and Scenario 1 surgical case volume growth estimates are conservative to that extent.

Table 2

| County | Overall Pop 10 yr* Growth Claritas Fall 2022 | 65+ Pop 10 yr* Growth Claritas Fall 2022 |
|------------------------------|--|--|
| Chittenden VT | 4.6% | 35% |
| Franklin VT | 4.0% | 32% |
| Washington VT | 1.4% | 25% |
| Clinton NY | -2.56% | 21% |
| Addison VT | 1.0% | 23% |
| Composite Growth Rate | 3.5% | 31.7% |

Scenarios 2 and 3 – Public Opinion Strategies (“POS”) Estimates

As shown in the below Table 3, the composite growth rates calculated from POS’ 2021 estimates are closely proximate to the POS 2021 estimates for Chittenden County that UVM Medical Center used in its Scenarios 2 and 3 for both the overall population (6% for Chittenden County vs. 5.8% composite), and the age 65+ cohort (62% for Chittenden Country vs. 61.8% composite).

Table 3

| County | Patient Origin Share | Overall Pop Growth to 2030 POS Forecast | Weighted Share of Growth | POS 65+ Growth to 2030 | Weighted Share of Growth 65+ |
|---------------|------------------------------|--|--------------------------|------------------------|------------------------------|
| Chittenden VT | 51% | 6.0% | 3.06% | 62% | 31.62% |
| Grand Isle VT | | 52.0% | | 141% | |
| Franklin VT | 9% | 13.0% | 1.17% | 81% | 7.29% |
| Washington VT | 8% | 7.0% | 0.56% | 56% | 4.48% |
| Clinton NY | 8% | N/A | -0.03% | N/A | 5.12% |
| Addison VT | 6% | -0.4% | -0.02% | 64% | 3.84% |
| Other | 18% | | 1.08% | | 10.08% |
| | Composite Growth Rate | | 5.81% | | 62.43% |

Overall, UVM Medical Center’s use of POS population growth estimates for Chittenden County rather than a composite growth rate had no material impact on volume growth projections in its demand model Scenarios 2 and 3, and its use of Claritas 2021 population growth estimates for Chittenden County in Scenario 1 may have produced slightly understated volume growth projections.

19. On page 10 and 11, UVM Medical Center assumes the 65+ population in Chittenden County will increase by 62 percent over 10 years, based on Public Opinion Strategies forecasts. However, the Public Opinion Strategies 65+ population growth rate is significantly higher than the census data’s 65+ forecast for the Burlington HSA over the same period (36 percent), as well as the state’s projections (31-39 percent). Explain in detail how Public Opinion Strategies derived its population growth rate estimates for the 65+ population.

Response:

As stated on page 10 of the CON Application, Public Opinion Strategies (“POS”) forecast that the 65+ population of Chittenden County will grow by 62% from 23,807 in 2019 to 38,521 in 2030. POS took the 2019 population figure from United States Census Bureau data, which is currently available here: [DP05: ACS DEMOGRAPHIC AND ... - Census Bureau Table](#); and it took the 2030 population estimate from a State of Vermont report, Vermont Population Projections – 2010-2030 (August, 2013), which is currently available here: [vt-population-projections-2010-2030.pdf \(vermont.gov\)](#).

20. On page 9, UVMMC assumes its market share of outpatient surgeries will remain constant from 2023 to 2030. Provide a detailed explanation supporting this assumption.

Response:

UVM Medical Center’s demand model projects volumes using UVM Medical Center’s FY 2019 volumes as a baseline. UVM Medical Center is focused on improving access and reducing wait time for services, including surgical services, for its current patients. It is not seeking to attract additional patients from other hospitals’ catchment areas and has no plans or need to do so. As a result, for planning purposes, UVM Medical Center conservatively assumes that UVM Medical Center’s market share will remain constant because each other provider of outpatient surgery that serves patients in Vermont and northern New York will maintain its current market share by growing capacity as necessary to accommodate their share of increased demand. If other providers cannot accommodate increased demand in their respective catchment areas, UVM Medical Center’s market share may grow, but any assumption that this will occur is speculative.

21. On page 9, UVMMC states that its inpatient and outpatient surgical caseloads remained stable from 2015 to 2019. However, the overall population of Chittenden County increased by 4.4 percent and the 65+ population increased by 13 percent during this time period. Provide a detailed explanation of why population increases in 2015-2019 did not translate into increased outpatient surgical caseloads during the same period.

Response:

UVM Medical Center’s volumes remained essentially flat during this period because its OR capacity for both inpatient and outpatient surgeries was at or near its maximum. UVM Medical Center does not have reliable data concerning wait times for surgeries from 2015 to 2019.

22. On page 9, UVMMC states that while its inpatient and outpatient caseloads remained stable from 2015 to 2019, wait times for outpatient surgeries increased. Provide a detailed explanation for the reason why wait times during this period increased if demand remained constant.

Response:

Volumes remained stable, but demand grew. See response to Question 21, above.

23. On page 12, UVMMC assumes the following rates of use for its surgical rooms when projecting demand: rooms are open 250 days per year, 10 hours per day, and 60 minutes

per hour, and they are filled 75 percent of the time. Provide data documenting these assumptions, as well as average length of surgery.

Response:

UVM Medical Center’s assumptions with respect to hours of operation and percent utilization are as recommended by its consultant Halsa Advisors. Please see Halsa Advisors’ letter regarding the utilization assumption attached as Exhibit 1. The average length of surgery data is provided in response to Question 24, below.

24. In a table format, provide separately the average outpatient and inpatient case times for each service line along with the average OR turnover time for 2016-2019.

Response:

Average case lengths are shown below by service line and location for calendar years 2016-2019. An asterisk (*) denotes less than 10 surgeries were performed.

| Service Line | 2016 | | | | | | 2017 | | | | | | 2018 | | | | | | 2019 | | | | | |
|--------------------|------------------------|------------------------|------------------------------|------------------------|------------------------|------------------------------|------------------------|------------------------|------------------------------|------------------------|------------------------|------------------------------|------------------------|------------------------|------------------------------|------------------------|------------------------|------------------------------|------------------------|------------------------|------------------------------|------------------------|------------------------|------------------------------|
| | Inpatient | | | Outpatient | | | Inpatient | | | Outpatient | | | Inpatient | | | Outpatient | | | Inpatient | | | Outpatient | | |
| | FAH Avg Min/Case | MPU Avg Min/Case | UVM/MC/OR Avg Min/Case | FAH Avg Min/Case | MPU Avg Min/Case | UVM/MC/OR Avg Min/Case | FAH Avg Min/Case | MPU Avg Min/Case | UVM/MC/OR Avg Min/Case | FAH Avg Min/Case | MPU Avg Min/Case | UVM/MC/OR Avg Min/Case | FAH Avg Min/Case | MPU Avg Min/Case | UVM/MC/OR Avg Min/Case | FAH Avg Min/Case | MPU Avg Min/Case | UVM/MC/OR Avg Min/Case | FAH Avg Min/Case | MPU Avg Min/Case | UVM/MC/OR Avg Min/Case | FAH Avg Min/Case | MPU Avg Min/Case | UVM/MC/OR Avg Min/Case |
| Cardiology | | | 157 | | | | | | 136 | | | | | | * | | | * | | | * | | | * |
| Cardiothoracic | | | 275 | | | 105 | | | 289 | | | * | | | 297 | | | * | | | 275 | | | * |
| Dermatology | | | | | | | | | | | | * | | | * | | | 116 | | | * | | | * |
| ENT | | 174 | 179 | * | 55 | 131 | | * | 179 | * | 53 | 124 | | 160 | 172 | * | 59 | 123 | | 214 | 195 | * | 60 | 127 |
| GeneralSurgery | | * | 150 | 86 | 114 | 96 | | * | 147 | 59 | 111 | 100 | | * | 150 | 54 | 87 | 101 | | * | 148 | 62 | 96 | 99 |
| Neurosurgery | | | 221 | | * | 155 | | | 224 | | | 145 | | | 222 | | | 149 | | * | 240 | | * | 159 |
| OB/GYN | | * | 178 | 61 | 74 | 122 | | * | 188 | 56 | 63 | 128 | | * | 188 | 55 | 66 | 134 | | * | 207 | 54 | 69 | 139 |
| Ophthalmology | * | * | 167 | 47 | 103 | 144 | * | * | 168 | 54 | 110 | 125 | * | * | 150 | 54 | 114 | 128 | * | * | 209 | 54 | 99 | 115 |
| Oral/Maxillofacial | | 251 | 137 | * | 167 | 133 | | * | 117 | * | 135 | 193 | | * | 150 | * | 149 | 176 | | * | 105 | 88 | 109 | 139 |
| Orthopedics | * | * | 194 | 88 | 96 | 138 | * | * | 190 | 85 | 91 | 145 | * | * | 181 | 87 | 138 | * | * | * | 179 | 86 | * | 124 |
| Other | | 41 | 153 | | * | 153 | | * | 153 | | * | 132 | | * | 132 | * | * | 85 | | * | 134 | 90 | * | 85 |
| Pediatrics | | 145 | 145 | * | 88 | 80 | | * | 138 | 89 | * | 82 | | * | 132 | * | 80 | 85 | | * | 134 | 90 | * | 85 |
| Plastics | | 171 | 171 | * | 183 | 162 | | * | 169 | 179 | 195 | 177 | | * | 206 | * | 212 | 183 | | 254 | 218 | 83 | 185 | 181 |
| Pulmonary | | 140 | 140 | 107 | 108 | 103 | | 93 | 93 | 94 | 108 | 121 | | * | 121 | 91 | 101 | * | | * | 123 | | 102 | 106 |
| SurgOnc | | 109 | 262 | | 114 | 125 | | * | 213 | * | 122 | 127 | | * | 225 | 59 | 143 | 142 | | * | 220 | 59 | 122 | 141 |
| Transplant | | 364 | 364 | | 134 | 134 | | | 333 | | * | * | | | 341 | | * | * | | | 319 | | * | * |
| Urology | | 158 | 177 | 57 | 85 | 98 | | 153 | 172 | 58 | 87 | 99 | | 148 | 140 | 55 | 91 | 112 | | 162 | 144 | 54 | 95 | 117 |
| Vascular | | 198 | 87 | * | 112 | 112 | | * | 196 | 87 | * | 112 | | * | 190 | 89 | 117 | * | | * | 198 | 98 | 112 | 112 |
| Grand Total | * | 159 | 194 | 80 | 82 | 119 | * | 141 | 193 | 79 | 83 | 122 | * | 157 | 187 | 78 | 85 | 125 | * | 176 | 190 | 77 | 84 | 126 |

* Avg min/case not shown where cases<10 but these case times are included in the total avg min/case for that location.

Average turnover times by service line for calendar years 2016-2019 are shown in the below table.² Please note that average turnover times were calculated using the metric provided by UVM Medical Center’s Wise OR system, which calculates average turnover times for back-to-back cases done by the same “group.” A “group” may be a UVM Medical Center speciality, or an outside practice. As shown at the bottom of the below table, the frequency of this scenario varies by site of service. For example, in 2019, it happened 30% of the time at the Main Campus and 66% of the time at Fanny Allen.

² Turnover times that are more than one standard deviation from the mean are shown in red.

| Avg Turn Times by Service Line | Main ORs | | | | MPU 1 & 2 | | | | FAH | | | | |
|--------------------------------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----|
| | 2016 | 2017 | 2018 | 2019 | 2016 | 2017 | 2018 | 2019 | 2016 | 2017 | 2018 | 2019 | |
| Service Line | | | | | | | | | | | | | |
| Cardiology | 51 | * | | | | | | | | | | | |
| Cardiothoracic | 48 | 50 | 51 | 52 | | | | | | | | | |
| Dermatology | | | * | 40 | | | 37 | 48 | | | | | |
| ENT | 35 | 34 | 36 | 35 | 19 | 21 | 22 | 22 | * | | | | |
| General Surgery | 38 | 39 | 39 | 38 | 36 | 39 | 35 | 37 | 25 | 27 | 24 | 20 | |
| Neurosurgery | 43 | 45 | 46 | 46 | | | | | | | | | |
| OB/GYN | 39 | 42 | 42 | 41 | 31 | 38 | 35 | 32 | 28 | 28 | 26 | 24 | |
| Ophthalmology | * | * | * | 37 | 40 | 39 | 39 | 36 | 20 | 22 | 24 | 23 | |
| Oral/Maxillofacial | * | * | * | * | 43 | 40 | 49 | 39 | | | | * | |
| Orthopedics | 42 | 44 | 43 | 42 | 49 | 37 | | | 27 | 27 | 28 | 26 | |
| Pediatrics | 37 | 37 | 37 | 37 | 25 | 39 | 38 | 26 | * | * | | 30 | |
| Plastics | 42 | 43 | 42 | 41 | 44 | 41 | 50 | 47 | * | * | * | * | |
| Pulmonary | * | * | | | 42 | 42 | 38 | 36 | | | | | |
| SurgOnc | 36 | 35 | 37 | 35 | 34 | 34 | 39 | 34 | | | | | |
| Transplant | * | * | * | * | | | | | | | | | |
| Urology | 38 | 39 | 41 | 40 | 32 | 34 | 36 | 34 | 16 | 20 | 20 | 22 | |
| Vascular | 42 | 41 | 41 | 42 | 34 | 31 | | | 24 | 22 | 24 | 24 | |
| All Service Lines | 39 | 40 | 41 | 40 | 27 | 28 | 29 | 28 | 26 | 26 | 27 | 26 | |
| Avg Turn Times - All Cases | 39 | 40 | 40 | 40 | 26 | 28 | 28 | 29 | 25 | 26 | 27 | 26 | |
| Std Deviation | 8.8 | 8 | 7.7 | 5.5 | 7.4 | 11.3 | 8.1 | 7 | 8.9 | 5.6 | 5.7 | 4.1 | 3.8 |
| Low | 30.2 | 32 | 32.3 | 34.5 | 18.6 | 16.7 | 19.9 | 22 | 19.4 | 20.3 | 22.9 | 22.2 | |
| High | 47.8 | 48 | 47.7 | 45.5 | 33.4 | 39.3 | 36.1 | 36 | 30.6 | 31.7 | 31.1 | 29.8 | |

| | Main ORs | | | | MPU 1 & 2 | | | | FAH | | | |
|--|----------|--------|--------|--------|-----------|-------|-------|-------|-------|-------|-------|-------|
| | 2016 | 2017 | 2018 | 2019 | 2016 | 2017 | 2018 | 2019 | 2016 | 2017 | 2018 | 2019 |
| Total Case Volumes | 12,604 | 12,974 | 12,677 | 13,124 | 2,986 | 2,616 | 2,758 | 2,418 | 4,620 | 4,794 | 4,791 | 4,109 |
| Case Volumes 'n' for Turn Time Avg by SL | 4,888 | 4,983 | 4,635 | 3,972 | 1,282 | 1,136 | 1,312 | 1,179 | 3,015 | 3,084 | 3,031 | 2,722 |
| % Total Cases | 39% | 38% | 37% | 30% | 43% | 43% | 48% | 49% | 65% | 64% | 63% | 66% |

* note 2019 % likely low as SL avg only calculated on Wise OR data and did not include 11/9-12/31 Epic OR data

Finally, please note that UVM Medical Center did not use the above-stated average turnover times in determining the number of ORs needed based on FY2030 projected OR case volumes, as described on page 13 of the CON Application. Rather, UVM Medical Center used benchmark turnover times recommended by its consultant Halsa Advisors, which are stated in the below table.

Surgery Model Assumptions

| Main OR IP Assumptions | |
|------------------------|---------|
| Room Turnover | 37 |
| Hours per Day | 10 |
| Days per Year | 250 |
| Utilization | 75% |
| Minutes/Rm/Yr | 112,500 |

| Main OR OP Assumptions | |
|------------------------|---------|
| Room Turnover | 37 |
| Hours per Day | 10 |
| Days per Year | 250 |
| Utilization | 75% |
| Minutes/Rm/Yr | 112,500 |

| Fanny Allen OR Assumptions | |
|----------------------------|---------|
| Room Turnover | 25 |
| Hours per Day | 10 |
| Days per Year | 250 |
| Utilization | 75% |
| Minutes/Rm/Yr | 112,500 |

| WP Proc Room Assumptions | |
|--------------------------|---------|
| Room Turnover | 25 |
| Hours per Day | 10 |
| Days per Year | 250 |
| Utilization | 75% |
| Minutes/Rm/Yr | 112,500 |

25. In a table format, provide the number of surgical cases performed separately in inpatient and outpatient settings at UVM Medical Center by year from 2016 to 2019. Provide the assumed rate of transfer from inpatient to outpatient settings between 2022 and 2030, and any supporting documentation that supports this assumption.

Response:

Surgical cases performed inpatient and outpatient at UVM Medical Center in FY2016 – FY2019 are shown in the table below. Please note that outpatient volumes in 2019 were impacted by the closure of Fanny Allen ORs from December 2 to December 31, 2019, in response to the discovery of air quality issues and to ensure patient and staff safety.

| Service Line | 2016 | | 2017 | | 2018 | | 2019 | |
|--------------------|--------------|---------------|--------------|---------------|--------------|---------------|--------------|---------------|
| | Inpatient | Outpatient | Inpatient | Outpatient | Inpatient | Outpatient | Inpatient | Outpatient |
| Cardiology | 53 | | 15 | | 1 | 2 | 3 | 5 |
| Cardiothoracic | 671 | 7 | 636 | 7 | 505 | 5 | 541 | 6 |
| Dermatology | | | | | 2 | 28 | 1 | 37 |
| ENT | 161 | 1,682 | 133 | 1,660 | 164 | 1,739 | 187 | 1,610 |
| GeneralSurgery | 1,278 | 1,116 | 1,316 | 1,152 | 1,351 | 1,053 | 1,372 | 1,014 |
| Neurosurgery | 471 | 309 | 549 | 295 | 553 | 278 | 633 | 314 |
| OB/GYN | 211 | 1,643 | 191 | 1,591 | 189 | 1,547 | 178 | 1,478 |
| Ophthalmology | 28 | 1,054 | 19 | 1,045 | 9 | 1,177 | 22 | 1,247 |
| Oral/Maxillofacial | 42 | 83 | 28 | 72 | 26 | 56 | 25 | 59 |
| Orthopedics | 1,873 | 3,615 | 1,707 | 3,790 | 1,859 | 3,773 | 1,785 | 3,406 |
| Other | 2 | 8 | 1 | 4 | 2 | 5 | 4 | 11 |
| Pediatrics | 157 | 335 | 154 | 328 | 144 | 338 | 118 | 267 |
| Plastics | 145 | 423 | 194 | 533 | 136 | 367 | 177 | 422 |
| Pulmonary | 29 | 119 | 31 | 118 | 28 | 149 | 24 | 125 |
| SurgOnc | 22 | 446 | 23 | 496 | 35 | 520 | 37 | 539 |
| Transplant | 88 | 6 | 100 | 6 | 82 | 3 | 75 | 5 |
| Urology | 499 | 1,456 | 517 | 1,486 | 433 | 1,615 | 388 | 1,647 |
| Vascular | 427 | 409 | 436 | 433 | 421 | 460 | 508 | 479 |
| Grand Total | 6,157 | 12,711 | 6,050 | 13,016 | 5,940 | 13,115 | 6,078 | 12,671 |

As described on pages 10-11 of the CON Application, UVM Medical Center modeled growth in surgical demand based on three different sets of assumptions (Scenarios 1-3). Scenarios 1 and Scenario 3 were generated using a Sg2 forecast application called the Impact of Change® model, which predicts changes in utilization based on six “impact factors.” Scenario 2 is an age-adjusted utilization projection based solely on population growth estimates.

An assumed rate of transfer from the inpatient to the outpatient site of service by line of service is not an input to the Impact of Change® model. Rather, the model may predict a rate of transfer at the individual major procedure level following from other assumptions the model incorporates with respect to variables such as changes in health care policy, insurance coverage, and technology. Please see Sg2’s explanation its Impact of Change® model attached as Exhibit 2.

UVM Medical Center did adjust the model in consultation with Sg2 and UVM Medical Center's orthopedics leadership to specify a local variance in site of service for joint replacements at UVM Medical Center: specifically, an anticipated increase in the percentage of joint replacement surgeries performed in an outpatient setting from 0% presently to 35% in 2025, and to 55% by 2030.

26. On page 9, UVMMC states that it provides approximately 19,000 inpatient and outpatient surgical cases in operating rooms annually. Explain in detail how UVMMC defined an individual: a) inpatient surgical case; and b) outpatient surgical case.

Response:

An individual surgical case is defined as an individual visit to an operating room during which one or more surgical procedures are performed. A surgical case is classified as an inpatient case if the patient was admitted to the hospital as an inpatient. A surgical case is classified as an outpatient case if the patient was classified as an outpatient.

27. Provide a list of the CPT procedure codes that map into each one of the 17 service lines shown on page 16.

Response:

We have included as Exhibit 3, attached, a list of CPT codes for each of the service lines listed on page 16 of the application (note that there are no CPT codes listed for cardiology, as no cases are indicated for transfer to the OSC). The list is based on historical outpatient surgeries performed at the UVM Medical Center and therefore indicative, but not determinative, of the types of outpatient surgeries UVM Medical Center may perform at the OSC once the project is completed. Procedures that will be performed at the OSC may vary from those listed based on factors such as patient demand and the movement of more types of surgeries to an outpatient setting.

Thank you for your attention to UVM Medical Center's application. Please let us know if you have any further questions or need additional information.

Sincerely,



Eric Miller
Sr. Vice President and General Counsel
The University of Vermont Health Network Inc.



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October 15, 2021

Ms. Eve Hoar
Network Vice President, Strategic and Business Planning
UVM Health Network
462 Shelburne Road; suite 202
Burlington, VT 05401

VIA EMAIL

Dear Ms. Hoar:

Halsa Advisors has planned and programmed ORs for scores of clients in both ambulatory and inpatient settings across the United States. While many of our benchmark throughput standards have evolved over the decades we have been doing this work, one that has remained remarkably consistent has been the OR utilization target of 75 percent.

Hospital and surgical center experience forms the basis of the recommendation. Hospitals with utilization rates anywhere in the 70s report generally smooth operations, ability to meet the expectations of staff and surgeons to provide a safe, effective, productive working environment, and the ability to recover from an extended case or an unexpected emergency or trauma case.

We recommend the UVMHC utilize the industry standard 75 percent utilization factor in planning for a new outpatient surgery center.

If you have any questions please do not hesitate to contact me directly at 651-645-7604, or by email at SWalters@HalsaAdvisors.com.

Best regards,

A handwritten signature in black ink that reads "Scott M. Walters".

Scott M. Walters

Sg2 Impact of Change® (IoC) Forecast Methodology

Sg2's forecasting methodology focuses on the complexity of the transformation happening in today's health system. A model that systematically incorporates the impact of key developments ensures that health care leaders don't miss the big shifts—the trends that are going to create new left and right turns in the demand for future services.

Baseline Data:

The national baseline includes inpatient national baseline utilization data from the Healthcare Cost and Utilization Project (HCUP) Nationwide Inpatient Sample (NIS). Outpatient estimates are derived from commercial and Managed Medicaid claims from Sg2's proprietary All-Payer Claims Database and CMS Medicare data to create use rates that are combined with payer-specific population estimates to estimate total utilization (Volumes) at a regional or county level, which are then distributed to the ZIP code level using the population-based insurance coverage estimates.

Data Grouping Methodology:

The disease-based forecast begins at the service line level, a key clinical area of care. Sg2's proprietary model aggregates patient diagnosis codes (formed primarily from ICD-9 codes) into more than 200 clinically meaningful categories of diagnoses called CARE Families. CARE Families are then split into distinct CARE Groups based on the procedures used to diagnose and treat the disease or condition. The example below shows just some of the CARE Families specific to orthopedics, with a further breakdown of select CARE Groups particular to the osteoarthritis CARE Family.

Sg2's forecast is applied at the CARE Group level of detail (disease + procedure combination) for >22,000 unique groupings.

| Service Line | CARE Family (Disease) | CARE Group (Disease + Procedure) |
|--------------|---|---|
| Orthopedics | Musculoskeletal Injury - Lower Leg/Foot/Ankle | Musculoskeletal Injury - Lower Leg/Foot/Ankle - Advanced Imaging - MRI |
| Orthopedics | Osteoarthritis | Osteoarthritis - Rehab: Physical/Occupational Therapy |
| Orthopedics | Musculoskeletal Injury - Shoulder/Elbow/Upper Arm | Musculoskeletal Injury - Shoulder/Elbow/Upper Arm |
| Orthopedics | Nonspecific Musculoskeletal Pain | Nonspecific Musculoskeletal Pain - Procedures - Major: Primary Knee Replacement |
| Orthopedics | Musculoskeletal Injury - Knee | Musculoskeletal Injury - Knee - Visits - Urgent |

Impact Factor Details:

Data projections available at single-year intervals across a 10-year horizon enable the informed decision making required in both the short-term and long-term.

Sg2's experts regularly monitor developments across six key impact factors, annually synthesizing their findings to predict how utilization will change within and/or shift between care settings. The Sg2 impact factors are applied for each CARE Group at the national level. The below chart describes each national impact factor:

Population
Estimates the impact of population growth using Claritas demographic data

Policy
Measures impact of health care policy initiatives and insurance coverage shifts

Epidemiology
Quantifies expected changes in disease incidence and prevalence rates

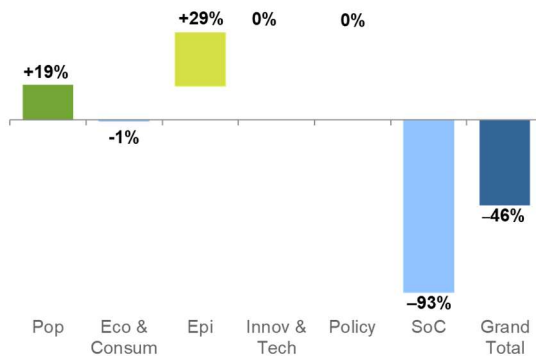
Innovation & Technology
Examines new technology and clinical innovation that impact site of care, resource use and health management

Economy & Consumerism
Accounts for micro- and macroeconomic factors and impact of price sensitivity

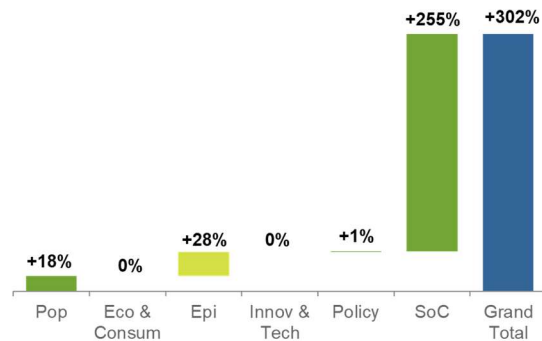
Systems of CARE
Accounts for the impact of care coordination and provider integration across various care sites

The chart below walks through an example of how the Sg2 forecast is applied at the CARE Group level for each of the six impact factors nationally for Osteoarthritis – Primary Knee Replacement, showing forecasts for both inpatient and outpatient care settings.

Adult Osteoarthritis – Primary Knee Replacement Inpatient Impact Factors, Impact of Change® 2021



Adult Osteoarthritis – Primary Knee Replacement Outpatient Impact Factors, Impact of Change® 2021



Note Analysis excludes 0–17 age group. **Sources** Impact of Change®, 2021; HCUP National Inpatient Sample (NIS). Healthcare Cost and Utilization Project (HCUP) 2018. Agency for Healthcare Research and Quality, Rockville, MD; Proprietary Sg2 All-Payer Claims Data Set, 2018; The following 2018 CMS Limited Data Sets (LDS): Carrier, Denominator, Home Health Agency, Hospice, Outpatient, Skilled Nursing Facility; Claritas Pop-Facts®, 2021; Sg2 Analysis, 2022.

Localized Forecast:

Sg2’s national demand projections offer insight into the trends and forces set to impact health care across the country. But in the dynamic field that is health care, leaders know that local is everything. To answer the targeted questions that affect organizations at a market and institutional level requires a deeper data dive using localized rates. Sg2 uses inpatient state data, local outpatient estimates and ZIP code–level Claritas demographic forecast data to create a local baseline.

In addition to the national impact factor forecasts, Sg2 incorporates local market knowledge through a process called Hyperlocalization. The Hyperlocalization process accounts for variation at the market level. We work with members to understand market dynamics for specific market conditions to apply at the local level. The “Market Factors” allow Sg2 to better model volume trends that are known to vary significantly from one market to another. Below are the Market Factors and an example of how Hyperlocalization

settings for the UVMHC Hospital Referral Region are applied to the IoC forecast at a local level to create a better localized forecast in the Adult Osteoarthritis - Primary Knee Replacement:

| Market Factors | What it Does | Impact to UVMHC IoC Forecast |
|--|---|---|
| Payer Coverage | Accounts for differences in coverage due to expected policy changes. It allows us to adjust our forecast based on a state's policy agenda (eg, Medicaid expansion), baseline uninsured rate and fiscal health of the state. | Payer Coverage modification better modeled that unemployment is low due to COVID-19 and Medicaid enrollment is increasing. As a result, University of Vermont Health Network markets will experience an increase in Evaluation and Management visits, health maintenance services and elective procedures. |
| Shift to Value | Models market timing and degree of inpatient decline as organizations move away from fee-for-service to risk-based payment models. | |
| Consumerism | Models the impact of COVID-19 and price sensitivity on utilization by local market. | Consumerism modification better captures short-term outpatient volume changes due to consumer and provider reticence, the lockdown and social distancing because of the COVID-19 pandemic. In addition, this market factor projects long-term consumer price sensitivity in terms of delaying, deferring and diverting care to lower cost settings. |
| Total Joint Replacement (TJR) Outpatient Shift | Considers the differences in timing of outpatient shift for primary knee, hip, and shoulder replacement by adjusting the inpatient and outpatient growth projections for these three procedures. | TJR OP Shift modification better forecasts the timing of the shift from inpatient to outpatient for Total Joint Replacements based on the UVMHC market's current proportion of outpatient TJR volumes. The higher the current proportion of volumes occurring outpatient, the faster the shift will occur. |

In addition to Hyperlocalization, UVMHC manually adjusted the population Impact Factor to better reflect local population trends based on the 2020 census and updated demographic forecasts that are not yet updated in UVMHC's Sg2 Analytics market demographics dataset or reflected in IoC forecasts. Their approach to manual adjustment was reviewed with Sg2 prior to use in demand modeling for projects including the OP Surgery Center.

Sg2 is committed to helping organizations navigate their questions and challenges with a robust forecast that guides decision making from service line development to physician recruiting to facility design. The Impact of Change forecast provides a detailed look at how key impact factors—from payment reform to population health management—will affect demand for both inpatient and outpatient services over the next decade.

Notes: For the use of UVM Health Network. Created April 2022. ASC = ambulatory surgery center; CARE = Clinical Alignment and Resource Effectiveness; OPSS = Outpatient Prospective Payment System. Sources: CMS. CY 2022 Medicare Hospital Outpatient Prospective Payment System and Ambulatory Surgical Center Payment System Proposed Rule (CMS-1753-P) [news release]. July 19, 2021; US

Department of Health and Human Services. Medicare program: Hospital outpatient prospective payment and ambulatory surgical center payment systems and quality reporting programs; price transparency of hospital standard charges; Radiation Oncology Model; request for information on rural emergency hospitals [public inspection document]. *Federal Register*. Accessed July 2021; CMS. Physician and other supplier data CY 2018. Last modified July 21, 2021; CMS. Physician/supplier procedure summary. Last modified July 21, 2021; Impact of Change®, 2021; HCUP National Inpatient Sample (NIS). Healthcare Cost and Utilization Project (HCUP) 2018. Agency for Healthcare Research and Quality, Rockville, MD; Proprietary Sg2 All-Payer Claims Data Set, 2018; 2018 CMS Limited Data Sets (LDS); Claritas Pop-Facts®, 2021; Sg2 Analysis, 2021.

Question 27 Response: Outpatient CPTs by Service Line

| Dermatology | ENT | Gen Surgery | Neurosurgery | OB-GYN | Ophthalmology | Orthopedics | Plastics | Surg Onc | Urology | Vascular | Other, Including: Cardiothoracic, Oral/ Maxillofacialfacial, Pediatrics, Pulmonary, Transplant |
|-------------|---------|-------------|--------------|---------|---------------|-------------|----------|----------|---------|----------|--|
| C_11102 | C_11441 | C_10021 | C_21181 | C_11443 | C_11442 | C_11012 | C_11042 | C_10005 | C_50080 | C_11042 | Cardiothoracic |
| C_11403 | C_15120 | C_10060 | C_22554 | C_11604 | C_11446 | C_11043 | C_11440 | C_11400 | C_50081 | C_11044 | C_10180 |
| C_11603 | C_15770 | C_10061 | C_61885 | C_11642 | C_15260 | C_11420 | C_11643 | C_11600 | C_50543 | C_21615 | C_11044 |
| C_11900 | C_20912 | C_10120 | C_61886 | C_11982 | C_15822 | C_11730 | C_11644 | C_11602 | C_50544 | C_28810 | C_20670 |
| C_13101 | C_21025 | C_10121 | C_62230 | C_12032 | C_15823 | C_11750 | C_11646 | C_11623 | C_50948 | C_28820 | C_20680 |
| C_13131 | C_21030 | C_10140 | C_62362 | C_12034 | C_15850 | C_11760 | C_11970 | C_11626 | C_51040 | C_28825 | |
| C_14040 | C_21044 | C_11401 | C_63003 | C_36590 | C_21390 | C_12020 | C_11971 | C_15240 | C_51050 | C_35011 | Oral/Maxillofacial |
| C_14060 | C_21235 | C_11402 | C_63005 | C_38571 | C_30930 | C_13120 | C_13132 | C_15777 | C_51102 | C_36012 | C_21040 |
| C_14301 | C_21315 | C_11404 | C_63016 | C_49320 | C_31231 | C_13121 | C_13151 | C_15860 | C_51703 | C_36200 | C_21141 |
| C_15830 | C_21320 | C_11406 | C_63020 | C_49321 | C_31239 | C_13160 | C_14001 | C_19020 | C_51705 | C_36245 | C_21142 |
| C_17110 | C_21356 | C_11421 | C_63045 | C_49322 | C_31254 | C_15852 | C_15002 | C_19083 | C_51720 | C_36246 | C_21196 |
| C_19303 | C_21453 | C_11422 | C_63655 | C_51700 | C_37609 | C_20103 | C_15630 | C_19112 | C_51728 | C_36247 | C_21210 |
| C_19318 | C_21461 | C_11423 | C_63662 | C_56440 | C_64712 | C_20225 | C_15820 | C_19357 | C_51990 | C_36475 | C_41899 |
| C_21013 | C_21462 | C_11424 | C_63664 | C_56501 | C_65093 | C_20240 | C_15828 | C_19380 | C_52000 | C_36482 | C_07140 |
| C_25071 | C_21465 | C_11606 | C_63685 | C_56515 | C_65105 | C_20245 | C_15832 | C_20206 | C_52005 | C_36590 | C_07220 |
| C_25280 | C_30115 | C_11770 | C_63688 | C_56620 | C_65135 | C_20525 | C_15836 | C_21501 | C_52010 | C_36818 | C_07240 |
| C_26111 | C_30130 | C_11771 | C_63744 | C_56700 | C_65285 | C_20526 | C_15838 | C_22904 | C_52204 | C_36819 | C_07230 |
| C_26113 | C_30140 | C_11772 | C_64861 | C_56821 | C_65400 | C_20550 | C_15839 | C_24077 | C_52214 | C_36820 | |
| C_26540 | C_30310 | C_12031 | | C_57061 | C_65426 | C_20600 | C_15847 | C_24079 | C_52224 | C_36821 | Pediatrics |
| C_26615 | C_30410 | C_15100 | | C_57240 | C_65436 | C_20605 | C_15877 | C_25073 | C_52234 | C_36830 | C_11104 |
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| | C_30580 | C_21930 | | C_57522 | C_65820 | C_20902 | C_19301 | | C_52301 | C_37215 | C_54520 |
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| | C_30802 | C_21933 | | C_58100 | C_65865 | C_20931 | C_19307 | | C_52315 | C_37221 | C_55040 |
| | C_30901 | C_22901 | | C_58262 | C_65920 | C_21925 | C_19316 | | C_52317 | C_37224 | C_55060 |
| | C_31237 | C_22902 | | C_58300 | C_66170 | C_22551 | C_19325 | | C_52318 | C_37225 | |
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| | C_31259 | C_25075 | | C_58562 | C_66825 | C_23120 | C_21011 | | C_52353 | C_37700 | C_31625 |
| | C_31267 | C_27043 | | C_58563 | C_66840 | C_23140 | C_21014 | | C_52354 | C_37765 | C_31627 |
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| | C_31536 | C_43281 | | C_59160 | C_66984 | C_23430 | C_38745 | | C_53230 | C_76937 | C_31641 |
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Question 27 Response: Outpatient CPTs by Service Line

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|-------------|---------|-------------|--------------|--------|---------------|-------------|----------|----------|---------|----------|---|
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| | C_41113 | C_46030 | | | C_67312 | C_24201 | | | C_54401 | | |
| | C_41120 | C_46040 | | | C_67314 | C_24341 | | | C_54405 | | |
| | C_41512 | C_46045 | | | C_67346 | C_24342 | | | C_54410 | | |
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| | C_42450 | C_46275 | | | C_67904 | C_24575 | | | C_55550 | | |
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| | C_42808 | C_46320 | | | C_67921 | C_24640 | | | C_55875 | | |
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| | C_42821 | C_46615 | | | C_68100 | C_24685 | | | | | |
| | C_42825 | C_46900 | | | C_68110 | C_25000 | | | | | |
| | C_42826 | C_46910 | | | C_68115 | C_25040 | | | | | |
| | C_42830 | C_46922 | | | C_68510 | C_25065 | | | | | |
| | C_42831 | C_46924 | | | C_68700 | C_25066 | | | | | |
| | C_42836 | C_46947 | | | C_68720 | C_25109 | | | | | |
| | C_42870 | C_47001 | | | C_68750 | C_25111 | | | | | |
| | C_42962 | C_47562 | | | C_68811 | C_25112 | | | | | |
| | C_43030 | C_47563 | | | C_68815 | C_25115 | | | | | |
| | C_43130 | C_49505 | | | C_0191T | C_25116 | | | | | |
| | C_43180 | C_49507 | | | | C_25118 | | | | | |
| | C_43192 | C_49520 | | | | C_25145 | | | | | |
| | C_43196 | C_49525 | | | | C_25210 | | | | | |
| | C_43201 | C_49550 | | | | C_25215 | | | | | |
| | C_43212 | C_49553 | | | | C_25240 | | | | | |
| | C_43213 | C_49560 | | | | C_25260 | | | | | |
| | C_43220 | C_49561 | | | | C_25270 | | | | | |
| | C_43226 | C_49565 | | | | C_25275 | | | | | |

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|-------------|---------|-------------|--------------|--------|---------------|-------------|----------|----------|---------|----------|---|
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| | C_43450 | C_49568 | | | | C_25301 | | | | | |
| | C_60252 | C_49570 | | | | C_25310 | | | | | |
| | C_60260 | C_49572 | | | | C_25320 | | | | | |
| | C_60271 | C_49585 | | | | C_25332 | | | | | |
| | C_60280 | C_49587 | | | | C_25337 | | | | | |
| | C_60281 | C_49650 | | | | C_25390 | | | | | |
| | C_60500 | C_49651 | | | | C_25400 | | | | | |
| | C_60502 | C_49652 | | | | C_25405 | | | | | |
| | C_61782 | C_49654 | | | | C_25415 | | | | | |
| | C_64568 | C_49656 | | | | C_25440 | | | | | |
| | C_64788 | C_49657 | | | | C_25447 | | | | | |
| | C_67414 | C_57250 | | | | C_25515 | | | | | |
| | C_69140 | C_64561 | | | | C_25525 | | | | | |
| | C_69145 | C_64581 | | | | C_25575 | | | | | |
| | C_69205 | C_64585 | | | | C_25600 | | | | | |
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| | C_69424 | C_64595 | | | | C_25608 | | | | | |
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Question 27 Response: Outpatient CPTs by Service Line

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|-------------|-----|-------------|--------------|--------|---------------|-------------|----------|----------|---------|----------|--|
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| | | | | | | C_26776 | | | | | |
| | | | | | | C_26785 | | | | | |
| | | | | | | C_26850 | | | | | |
| | | | | | | C_26852 | | | | | |
| | | | | | | C_26860 | | | | | |
| | | | | | | C_26910 | | | | | |
| | | | | | | C_26951 | | | | | |
| | | | | | | C_26952 | | | | | |
| | | | | | | C_27001 | | | | | |
| | | | | | | C_27066 | | | | | |
| | | | | | | C_27130 | | | | | |
| | | | | | | C_27324 | | | | | |
| | | | | | | C_27328 | | | | | |
| | | | | | | C_27331 | | | | | |
| | | | | | | C_27339 | | | | | |
| | | | | | | C_27347 | | | | | |
| | | | | | | C_27350 | | | | | |
| | | | | | | C_27355 | | | | | |
| | | | | | | C_27360 | | | | | |
| | | | | | | C_27364 | | | | | |
| | | | | | | C_27380 | | | | | |
| | | | | | | C_27385 | | | | | |
| | | | | | | C_27403 | | | | | |
| | | | | | | C_27405 | | | | | |
| | | | | | | C_27415 | | | | | |

Question 27 Response: Outpatient CPTs by Service Line

| Dermatology | ENT | Gen Surgery | Neurosurgery | OB-GYN | Ophthalmology | Orthopedics | Plastics | Surg Onc | Urology | Vascular | Other, Including: Cardiothoracic, Oral/ Maxillofacialfacial, Pediatrics, Pulmonary, Transplant |
|-------------|-----|-------------|--------------|--------|---------------|-------------|----------|----------|---------|----------|--|
| | | | | | | C_27418 | | | | | |
| | | | | | | C_27427 | | | | | |
| | | | | | | C_27446 | | | | | |
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| | | | | | | C_27524 | | | | | |
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| | | | | | | C_27681 | | | | | |
| | | | | | | C_27685 | | | | | |
| | | | | | | C_27687 | | | | | |
| | | | | | | C_27690 | | | | | |
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| | | | | | | C_27696 | | | | | |
| | | | | | | C_27698 | | | | | |
| | | | | | | C_27705 | | | | | |
| | | | | | | C_27720 | | | | | |
| | | | | | | C_27726 | | | | | |
| | | | | | | C_27758 | | | | | |
| | | | | | | C_27759 | | | | | |
| | | | | | | C_27766 | | | | | |
| | | | | | | C_27792 | | | | | |
| | | | | | | C_27810 | | | | | |

Question 27 Response: Outpatient CPTs by Service Line

| Dermatology | ENT | Gen Surgery | Neurosurgery | OB-GYN | Ophthalmology | Orthopedics | Plastics | Surg Onc | Urology | Vascular | Other, Including: Cardiothoracic, Oral/ Maxillofacialfacial, Pediatrics, Pulmonary, Transplant |
|-------------|-----|-------------|--------------|--------|---------------|-------------|----------|----------|---------|----------|--|
| | | | | | | C_27814 | | | | | |
| | | | | | | C_27822 | | | | | |
| | | | | | | C_27823 | | | | | |
| | | | | | | C_27827 | | | | | |
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| | | | | | | C_27870 | | | | | |
| | | | | | | C_28008 | | | | | |
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| | | | | | | C_28126 | | | | | |
| | | | | | | C_28140 | | | | | |
| | | | | | | C_28160 | | | | | |
| | | | | | | C_28190 | | | | | |
| | | | | | | C_28225 | | | | | |
| | | | | | | C_28238 | | | | | |
| | | | | | | C_28262 | | | | | |
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| | | | | | | C_28300 | | | | | |

Question 27 Response: Outpatient CPTs by Service Line

| Dermatology | ENT | Gen Surgery | Neurosurgery | OB-GYN | Ophthalmology | Orthopedics | Plastics | Surg Onc | Urology | Vascular | Other, Including: Cardiothoracic, Oral/ Maxillofacialfacial, Pediatrics, Pulmonary, Transplant |
|-------------|-----|-------------|--------------|--------|---------------|-------------|----------|----------|---------|----------|--|
| | | | | | | C_28306 | | | | | |
| | | | | | | C_28308 | | | | | |
| | | | | | | C_28309 | | | | | |
| | | | | | | C_28313 | | | | | |
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| | | | | | | C_28415 | | | | | |
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| | | | | | | C_28485 | | | | | |
| | | | | | | C_28615 | | | | | |
| | | | | | | C_28635 | | | | | |
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| | | | | | | C_28750 | | | | | |
| | | | | | | C_28755 | | | | | |
| | | | | | | C_28810 | | | | | |
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| | | | | | | C_29035 | | | | | |
| | | | | | | C_29425 | | | | | |
| | | | | | | C_29700 | | | | | |
| | | | | | | C_29710 | | | | | |
| | | | | | | C_29806 | | | | | |
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| | | | | | | C_29846 | | | | | |
| | | | | | | C_29848 | | | | | |
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| | | | | | | C_29851 | | | | | |
| | | | | | | C_29867 | | | | | |
| | | | | | | C_29868 | | | | | |
| | | | | | | C_29870 | | | | | |
| | | | | | | C_29873 | | | | | |
| | | | | | | C_29874 | | | | | |
| | | | | | | C_29875 | | | | | |
| | | | | | | C_29876 | | | | | |
| | | | | | | C_29877 | | | | | |

Question 27 Response: Outpatient CPTs by Service Line

| Dermatology | ENT | Gen Surgery | Neurosurgery | OB-GYN | Ophthalmology | Orthopedics | Plastics | Surg Onc | Urology | Vascular | Other, Including: Cardiothoracic, Oral/ Maxillofacialfacial, Pediatrics, Pulmonary, Transplant |
|-------------|-----|-------------|--------------|--------|---------------|-------------|----------|----------|---------|----------|--|
| | | | | | | C_29879 | | | | | |
| | | | | | | C_29880 | | | | | |
| | | | | | | C_29881 | | | | | |
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| | | | | | | C_38222 | | | | | |
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| | | | | | | C_63056 | | | | | |
| | | | | | | C_64616 | | | | | |
| | | | | | | C_64640 | | | | | |
| | | | | | | C_64642 | | | | | |
| | | | | | | C_64702 | | | | | |
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| | | | | | | C_64782 | | | | | |
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| | | | | | | C_64790 | | | | | |
| | | | | | | C_64831 | | | | | |
| | | | | | | C_69990 | | | | | |

**University of Vermont Medical Center
Outpatient Surgery Center**

TABLE 1
PROJECT COSTS

| Construction Costs | |
|--|-----------------------|
| 1. New Construction | \$ 71,708,913 |
| 2. Renovation | \$ - |
| 3. Site Work | \$ - |
| 4. Fixed Equipment | \$ 4,658,925 |
| 5. Design/Bidding Contingency | \$ - |
| 6. Construction Contingency | \$ 14,635,886 |
| 7. Construction Manager Fee | \$ - |
| 8. Other (please specify) | \$ - |
| Subtotal | \$ 91,003,724 |
| Related Project Costs | |
| 1. Major Moveable Equipment | \$ - |
| 2. Furnishings, Fixtures & Other Equip. | \$ 19,058,288 |
| 3. Architectural/Engineering Fees | \$ 4,540,051 |
| 4. Land Acquisition | \$ 5,150,158 |
| 5. Purchase of Buildings | \$ - |
| 6. Administrative Expenses & Permits | \$ 3,542,586 |
| 7. Debt Financing Expenses (see below) | \$ - |
| 8. Debt Service Reserve Fund | \$ - |
| 9. Working Capital | \$ - |
| 10. Other (capitalized interest, non-cash) | \$ 6,345,897 |
| Subtotal | \$ 38,636,980 |
| Total Project Costs | \$ 129,640,703 |

| Debt Financing Expenses | |
|---|-------------|
| 1. Capital Interest | \$ - |
| 2. Bond Discount or Placement Fee | \$ - |
| 3. Misc. Financing Fees & Exp. (issuance costs) | \$ - |
| 4. Other | \$ - |
| Subtotal | \$ - |
| Less Interest Earnings on Funds | |
| 1. Debt Service Reserve Funds | \$ - |
| 2. Capitalized Interest Account | \$ - |
| 3. Construction Fund | \$ - |
| 4. Other | \$ - |
| Subtotal | \$ - |
| Total Debt Financing Expenses | \$ - |
| feeds to line 7 above | |

captured in item 10 above



**University of Vermont Medical Center
Outpatient Surgery Center**

TABLE 2
DEBT FINANCING ARRANGEMENT, SOURCES & USES OF FUNDS

| Sources of Funds | | |
|-----------------------------|-------------------------------|-----------------------|
| 1. Financing Instrument | Bond | |
| a. Interest Rate | 5.0% (estimated) | |
| b. Loan Period | Oct 2025 To: Sep 2049 | |
| c. Amount Financed | (net proceeds from financing) | \$ 100,000,000 |
| 2. Equity Contribution | | 29,640,703 |
| 3. Other Sources | | |
| a. Working Capital | | - |
| b. Fundraising | | - |
| c. Grants | | - |
| d. Other | | - |
| Total Required Funds | | \$ 129,640,703 |

| Uses of Funds | | |
|--|--|-----------------------|
| <u>Project Costs (feeds from Table 1)</u> | | |
| 1. New Construction | | \$ 71,708,913 |
| 2. Renovation | | - |
| 3. Site Work | | - |
| 4. Fixed Equipment | | 4,658,925 |
| 5. Design/Bidding Contingency | | - |
| 6. Construction Contingency | | 14,635,886 |
| 7. Construction Manager Fee | | - |
| 8. Major Moveable Equipment | | - |
| 9. Furnishings, Fixtures & Other Equip. | | 19,058,288 |
| 10. Architectural/Engineering Fees | | 4,540,051 |
| 11. Land Acquisition | | 5,150,158 |
| 12. Purchase of Buildings | | - |
| 13. Administrative Expenses & Permits | | 3,542,586 |
| 14. Debt Financing Expenses | | - |
| 15. Debt Service Reserve Fund | | - |
| 16. Working Capital | | - |
| 17. Other (capitalized interest, non-cash) | | 6,345,897 |
| Total Uses of Funds | | \$ 129,640,703 |

Total sources should equal total uses of funds.

| INCREMENTAL Pro-Forma: Outpatient Surgery Center | | | | | | |
|--|------------------------|------------------------|------------------------|------------------------|-------------------------|-------------------------|
| | FY25 (Half Year) | FY26 | FY27 | FY28 | FY29 | 5 Yr. Total |
| Incremental Volume | | | | | | |
| Total Volume ¹ | 1,689 | 3,071 | 3,275 | 3,224 | 4,341 | 15,600 |
| OP Surgical Volume @ OSC | 1,482 | 2,587 | 2,721 | 2,599 | 3,645 | 13,034 |
| IP Surgical Volume @ Main Campus | 206 | 484 | 554 | 625 | 696 | 2,566 |
| Incremental Revenue | | | | | | |
| OP: Total Gross Patient Revenue + FPP ² | \$ 31,641,303 | \$ 67,502,611 | \$ 79,499,997 | \$ 75,935,538 | \$ 106,520,168 | \$ 361,099,617 |
| Gross Patient Revenue: Facility | \$ 24,441,447 | \$ 52,142,653 | \$ 61,410,080 | \$ 58,656,700 | \$ 82,281,916 | \$ 278,932,795 |
| Gross Patient Revenue: Professional | \$ 7,199,856 | \$ 15,359,958 | \$ 18,089,917 | \$ 17,278,838 | \$ 24,238,253 | \$ 82,166,822 |
| IP: Total Gross Patient Revenue + FPP ² | \$ 30,129,000 | \$ 57,586,289 | \$ 62,110,180 | \$ 70,043,801 | \$ 77,977,421 | \$ 297,846,691 |
| Gross Patient Revenue: Facility | \$ 29,122,298 | \$ 55,662,155 | \$ 60,034,889 | \$ 67,703,423 | \$ 75,371,957 | \$ 287,894,721 |
| Gross Patient Revenue: Professional | \$ 1,006,702 | \$ 1,924,134 | \$ 2,075,291 | \$ 2,340,378 | \$ 2,605,464 | \$ 9,951,969 |
| Deductions from Gross Revenue | \$ (34,568,441) | \$ (70,029,229) | \$ (79,469,419) | \$ (78,269,010) | \$ (100,680,610) | \$ (363,016,709) |
| Contractual Discounts | \$ (33,557,228) | \$ (67,981,869) | \$ (77,147,173) | \$ (75,981,842) | \$ (97,738,533) | \$ (352,406,646) |
| Bad Debt | \$ (643,961) | \$ (1,303,799) | \$ (1,478,851) | \$ (1,456,513) | \$ (1,873,571) | \$ (6,756,694) |
| Provision for Charity | \$ (367,253) | \$ (743,562) | \$ (843,395) | \$ (830,655) | \$ (1,068,505) | \$ (3,853,369) |
| OP: Net Reimb. adjustment on current vol. shifted to OSC ³ | \$ (1,636,303) | \$ (3,338,044) | \$ (3,512,510) | \$ (3,692,210) | \$ (3,877,301) | \$ (16,056,368) |
| Total Operating Revenue | \$ 25,565,559 | \$ 51,721,627 | \$ 58,628,248 | \$ 64,018,118 | \$ 79,939,679 | \$ 279,873,231 |
| Incremental Expenses | | | | | | |
| Salaries/Wages and Other ⁴ | \$ 4,992,114 | \$ 9,959,665 | \$ 10,251,726 | \$ 10,552,381 | \$ 14,259,707 | \$ 50,015,594 |
| Physicians | \$ 672,475 | \$ 1,345,750 | \$ 1,379,394 | \$ 1,413,878 | \$ 2,762,152 | \$ 7,573,648 |
| Staff Direct | \$ 3,741,691 | \$ 7,461,412 | \$ 7,685,255 | \$ 7,915,812 | \$ 10,142,835 | \$ 36,947,005 |
| Staff Indirect | \$ 577,948 | \$ 1,152,503 | \$ 1,187,078 | \$ 1,222,691 | \$ 1,354,720 | \$ 5,494,941 |
| Health Care Provider Tax ⁵ | \$ 1,533,954 | \$ 3,103,000 | \$ 3,517,093 | \$ 3,841,087 | \$ 4,796,381 | \$ 16,791,515 |
| Provider Tax | \$ 1,533,954 | \$ 3,103,000 | \$ 3,517,093 | \$ 3,841,087 | \$ 4,796,381 | \$ 16,791,515 |
| Med/Surg/Pharmaceutical Supplies ⁶ | \$ 1,919,327 | \$ 3,382,994 | \$ 3,725,474 | \$ 3,771,162 | \$ 5,260,721 | \$ 18,059,678 |
| Medical & Surgical Supplies | \$ 1,670,227 | \$ 2,942,173 | \$ 3,232,755 | \$ 3,263,193 | \$ 4,552,104 | \$ 15,660,451 |
| Pharmaceuticals | \$ 249,100 | \$ 440,821 | \$ 492,719 | \$ 507,969 | \$ 708,618 | \$ 2,399,227 |
| Other Dept. Operating Expense ⁷ | \$ 1,463,494 | \$ 672,394 | \$ 692,566 | \$ 713,343 | \$ 1,090,165 | \$ 4,631,963 |
| Miscellaneous Other Expense | \$ 309,157 | \$ 618,838 | \$ 637,403 | \$ 656,525 | \$ 841,235 | \$ 3,063,158 |
| Maintenance | \$ 13,575 | \$ 53,556 | \$ 55,163 | \$ 56,817 | \$ 88,687 | \$ 267,798 |
| Start-up Costs | \$ 1,140,762 | \$ - | \$ - | \$ - | \$ 160,244 | \$ 1,301,006 |
| Other non-Dept. Operating Expense ⁸ | \$ - | \$ 333,281 | \$ 465,821 | \$ 484,465 | \$ 1,064,915 | \$ 2,348,482 |
| Miscellaneous non-Dept. Other Expense | \$ - | \$ 333,281 | \$ 465,821 | \$ 484,465 | \$ 1,064,915 | \$ 2,348,482 |
| IP Direct Cost ⁹ | \$ 7,076,153 | \$ 16,427,407 | \$ 19,214,602 | \$ 22,289,163 | \$ 25,374,794 | \$ 90,382,119 |
| IP direct cost | \$ 7,076,153 | \$ 16,427,407 | \$ 19,214,602 | \$ 22,289,163 | \$ 25,374,794 | \$ 90,382,119 |
| Total Depreciation and Interest ¹⁰ | \$ 7,078,959 | \$ 11,849,711 | \$ 11,849,711 | \$ 11,849,711 | \$ 12,382,816 | \$ 55,010,909 |
| Depreciation and Amortization | \$ 3,424,856 | \$ 6,849,711 | \$ 6,849,711 | \$ 6,849,711 | \$ 7,382,816 | \$ 31,356,806 |
| Interest Expense ¹¹ | \$ 3,654,103 | \$ 5,000,000 | \$ 5,000,000 | \$ 5,000,000 | \$ 5,000,000 | \$ 23,654,103 |
| Total Expenses | \$ 24,064,001 | \$ 45,728,453 | \$ 49,716,994 | \$ 53,501,312 | \$ 64,229,500 | \$ 237,240,260 |
| Incremental Operating Margin | \$ 1,501,558 | \$ 5,993,173 | \$ 8,911,254 | \$ 10,516,806 | \$ 15,710,179 | \$ 42,632,971 |
| EBIDA OPERATING MARGIN ¹² | \$ 8,580,516 | \$ 17,842,885 | \$ 20,760,966 | \$ 22,366,518 | \$ 28,092,995 | \$ 97,643,880 |

Notes:

General Assumptions:

- > All values include cost inflation and revenue inflation to be consistent with assumptions used in the development of our Future Financial Framework.
- > Volume estimates are based on OR and surgical volume demand analysis.
- > FY25 reflects the April 2025 expected start to operations.
- > Estimated cost and revenue not included for additional imaging or other ancillary services.
- > There were no estimates built into this pro-forma for revenue opportunities or expense savings for vacated space at the FA campus created by this move.

Specific Assumptions:

- Volume based on OR cases. Incremental OP and IP cases due to this project.
- Gross revenue based on OSC avg net reimbursement per case for OP case mix, and average IP net reimbursement per case for IP case mix, then grossed up using historic revenue deduction figures.
- Reduced reimbursement from HOPD rates for current OP cases moving to the new OSC and reimbursed at OSC reimbursement rate per case.
- Salaries for incremental providers and staff based on FY22 averages. 20% of physician salary added as benefits. 33.1% of staff salary added as benefits, then adjusted for cost inflation.
- Calculated at 6% of Total NPR + FPP.
- Cost based on FY22 avg. supply cost per case and applied to incremental OP OSC volume then adjusted for cost inflation.
- Incremental costs based on operating budget for the new OSC plus one time operating start-up cost incurred from FY21-FY25.
- Incremental non-salary expenses assigned to the future OSC cost center. Based on cost accounting analysis.
- Incremental IP direct costs for incremental IP cases.
- Capital depreciation for project and Interest expense on a loan to fund this project. Includes additional depreciation for \$8.8M fit-up costs for shelled spaces starting in FY29.
- \$5M represents 12 months of interest. \$100M debt issuance expected in October FY25 - Interest only payments for first 5 years. This expense is netted down by capitalized interest of \$1,345,897 in FY25.
- Earnings before interest, depreciation and amortization.

Incremental Cash Flow: Outpatient Surgery Center

| | FY25 (Half Year) | FY26 | FY27 | FY28 | FY29 | 5 Yr. Total |
|---|------------------------|-----------------------|----------------------|----------------------|----------------------|----------------------|
| Margin from Operations | \$ 1,501,558 | \$ 5,993,173 | \$ 8,911,254 | \$ 10,516,806 | \$ 15,710,179 | \$ 42,632,971 |
| Depreciation | \$ 3,424,856 | \$ 6,849,711 | \$ 6,849,711 | \$ 6,849,711 | \$ 7,382,816 | \$ 31,356,806 |
| Cap Interest (non-cash, add back as in Total Project Cost) | \$ 6,345,897 | | | | | \$ 6,345,897 |
| Total Project Cost - this CON Application | \$ (129,640,703) | | | | | \$ (129,640,703) |
| Estimated fit-up cost of Additional 4 OR rooms - Future CON (TBD) | | | | | \$ (8,756,748) | \$ (8,756,748) |
| Debt Proceeds | \$ 100,000,000 | | | | | \$ 100,000,000 |
| Debt Principle payments (intest only first 5 years) | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - |
| Annual Cash Flow | \$ (18,368,393) | \$ 12,842,885 | \$ 15,760,966 | \$ 17,366,518 | \$ 14,336,247 | \$ 41,938,222 |
| Project Aggregate Cash Flow @ End of Each Yr | \$ (18,368,393) | \$ (5,525,509) | \$ 10,235,457 | \$ 27,601,975 | \$ 41,938,222 | |
| 5 Yr NPV @ 5% | | \$33,290,384 | | | | |

THE UNIVERSITY OF VERMONT MEDICAL CENTER

Outpatient Surgery Center

INCOME STATEMENT
Table 3A

WITHOUT PROJECT

| | 2021 | | 2022 | | 2023 | | 2023 | | 2024 | | 2025 | | 2026 | | 2027 | | |
|---|----------------------|----------------------|---------------|----------------------|----------------|----------------------|----------------|----------------------|---------------|----------------------|----------------|----------------------|---------------|----------------------|--------------|----------------------|-------------|
| | Actual | Budget | % change | Actual | % change | Budget | % change | Projected | % change | Projected | % change | Project Yr 1 | % change | Project Yr 2 | % change | Project Yr 3 | % change |
| REVENUES | | | | | | | | | | | | | | | | | |
| INPAT ENT CARE REVENUE | 1,040,515,780 | 1,140,061,944 | 9.6% | 1,181,255,119 | 3.6% | 1,275,210,726 | 8.0% | 1,298,943,000 | 1.9% | 1,363,890,150 | 5.0% | 1,388,316,755 | 1.8% | 1,417,597,295 | 2.1% | 1,464,704,827 | 3.3% |
| OUTPAT ENT CARE REVENUE | 1,423,273,080 | 1,616,166,040 | 13.6% | 1,692,993,784 | 4.8% | 1,871,814,603 | 10.6% | 2,674,835,000 | 42.9% | 2,836,664,090 | 6.1% | 2,949,626,961 | 4.0% | 3,087,349,740 | 4.7% | 3,241,366,076 | 5.0% |
| OUTPAT ENT CARE REVENUE - PHYSICIAN | 601,148,188 | 703,860,927 | 17.1% | 687,368,255 | -2.3% | 803,021,428 | 16.8% | | -100.0% | | #DIV/0! | | #DIV/0! | | #DIV/0! | | #DIV/0! |
| CHRONIC/SNF PT CARE REVENUE | 18,811,357 | 35,107,205 | 86.6% | 21,736,148 | -38.1% | 23,733,230 | 9.2% | | -100.0% | | #DIV/0! | | #DIV/0! | | #DIV/0! | | #DIV/0! |
| SW NG BEDS PT CARE REVENUE | - | - | #DIV/0! | - | #DIV/0! | - | #DIV/0! | | #DIV/0! | | #DIV/0! | | #DIV/0! | | #DIV/0! | | #DIV/0! |
| GROSS PAT ENT CARE REVENUE | 3,083,748,404 | 3,495,196,116 | 13.3% | 3,583,353,306 | 2.5% | 3,973,779,987 | 10.9% | 3,973,778,000 | 0.0% | 4,200,554,240 | 5.7% | 4,337,943,715 | 3.3% | 4,504,947,035 | 3.8% | 4,706,070,903 | 4.5% |
| DISPROPORTIONATE SHARE PAYMENTS | 11,231,758 | 11,214,283 | -0.2% | 20,245,439 | 80.5% | 23,019,801 | 13.7% | | -100.0% | | #DIV/0! | | #DIV/0! | | #DIV/0! | | #DIV/0! |
| BAD DEBT FREE CARE | (38,614,931) | (62,334,502) | 61.4% | (54,738,345) | -12.2% | (69,681,406) | 27.3% | (69,680,437) | 0.0% | (73,666,785) | 5.7% | (76,129,857) | 3.3% | (79,098,607) | 3.9% | (82,632,330) | 4.5% |
| DEDUCTIONS FROM REVENUE | (1,922,786,867) | (2,120,449,812) | 10.3% | (2,239,810,380) | 5.6% | (2,477,198,404) | 10.6% | (2,245,368,750) | -9.4% | (2,373,547,811) | 5.7% | (2,451,681,611) | 3.3% | (2,546,502,518) | 3.9% | (2,660,308,142) | 4.5% |
| NET PATIENT CARE REVENUE | 1,133,578,363 | 1,323,626,086 | 16.8% | 1,309,050,019 | -1.1% | 1,449,919,978 | 10.8% | 1,658,728,814 | 14.4% | 1,753,339,645 | 5.7% | 1,810,132,247 | 3.2% | 1,879,345,910 | 3.8% | 1,963,130,431 | 4.5% |
| FIXED PROSPECTIVE PAYMENTS AND RESERVES | 174,137,869 | 184,880,390 | 6.2% | 188,414,129 | 1.9% | 188,414,129 | 0.0% | | -100.0% | | #DIV/0! | | #DIV/0! | | #DIV/0! | | #DIV/0! |
| NET PATIENT CARE REV & FIXED PAYMENTS & RESERVES | 1,307,716,232 | 1,508,506,476 | 15.4% | 1,497,464,148 | -0.7% | 1,638,334,107 | 9.4% | 1,658,728,814 | 1.2% | 1,753,339,645 | 5.7% | 1,810,132,247 | 3.2% | 1,879,345,910 | 3.8% | 1,963,130,431 | 4.5% |
| OTHER OPERATING REVENUE | 301,030,443 | 213,583,061 | -29.0% | 328,165,497 | 53.6% | 302,189,353 | -7.9% | 332,687,280 | 10.1% | 377,446,644 | 13.5% | 390,264,510 | 3.4% | 403,595,090 | 3.4% | 415,725,918 | 3.0% |
| TOTAL OPERATING REVENUE | 1,608,746,674 | 1,722,089,536 | 7.0% | 1,825,629,645 | 6.0% | 1,940,523,460 | 6.3% | 1,991,416,094 | 2.6% | 2,130,786,289 | 7.0% | 2,200,396,757 | 3.3% | 2,282,941,000 | 3.8% | 2,378,856,349 | 4.2% |
| OPERATING EXPENSE | | | | | | | | | | | | | | | | | |
| SALAR ES NON MD | 547,014,092 | 551,773,862 | 0.9% | 670,507,139 | 21.5% | 669,997,312 | -0.1% | 915,813,848 | 36.7% | 958,911,820 | 4.7% | 982,657,629 | 2.5% | 1,015,566,548 | 3.3% | 1,046,925,614 | 3.1% |
| FR NGE BENEFITS NON MD | 129,678,297 | 151,555,836 | 16.9% | 138,497,328 | -8.6% | 156,970,328 | 13.3% | 194,798,808 | 24.1% | 211,369,591 | 8.5% | 221,441,832 | 4.8% | 231,161,327 | 4.4% | 239,545,796 | 3.6% |
| PHYSICIAN FEES & SALAR ES | 195,160,314 | 205,922,158 | 5.5% | 211,002,920 | 2.5% | 229,986,745 | 9.0% | | -100.0% | | #DIV/0! | | #DIV/0! | | #DIV/0! | | #DIV/0! |
| FR NGE BENEFITS MD | 38,634,427 | 40,418,719 | 4.6% | 39,661,884 | -1.9% | 42,457,604 | 7.0% | | -100.0% | | #DIV/0! | | #DIV/0! | | #DIV/0! | | #DIV/0! |
| HEALTH CARE PROV DER TAX | 76,060,716 | 85,942,735 | 13.0% | 85,420,044 | -0.6% | 96,127,311 | 12.5% | 96,127,000 | 0.0% | 101,804,000 | 5.9% | 105,282,000 | 3.4% | 109,364,000 | 3.9% | 114,392,000 | 4.6% |
| DEPRECIATION AMORTIZATION | 62,290,231 | 70,212,839 | 12.7% | 68,233,037 | -2.8% | 66,201,582 | -3.0% | 64,774,107 | -2.2% | 71,953,605 | 11.1% | 71,710,800 | -0.3% | 69,516,881 | -3.1% | 72,786,510 | 4.7% |
| INTEREST - LONG/SHORT TERM | 15,972,409 | 16,569,123 | 3.7% | 16,144,190 | -2.6% | 16,282,548 | 0.9% | 16,283,000 | 0.0% | 19,904,113 | 22.2% | 19,503,920 | -2.0% | 17,633,895 | -9.6% | 17,110,478 | -3.0% |
| OTHER OPERAT NG EXPENSE | 507,413,632 | 540,356,407 | 6.5% | 618,889,279 | 14.5% | 643,589,944 | 4.0% | 647,889,987.16 | 0.7% | 685,638,803.42 | 5.8% | 714,273,479 | 4.2% | 751,609,647 | 5.2% | 791,487,172.80 | 5.3% |
| BAD DEBT | - | - | #DIV/0! | - | #DIV/0! | - | #DIV/0! | | #DIV/0! | | #DIV/0! | | #DIV/0! | | #DIV/0! | | #DIV/0! |
| TOTAL OPERATING EXPENSE | 1,572,224,117 | 1,662,751,679 | 5.8% | 1,848,355,820 | 11.2% | 1,921,613,374 | 4.0% | 1,935,686,751 | 0.7% | 2,049,581,931 | 5.9% | 2,114,869,661 | 3.2% | 2,194,852,298 | 3.8% | 2,282,247,571 | 4.0% |
| NET OPERAT NG INCOME (LOSS) | 36,522,557 | 59,337,858 | 62.5% | (22,726,174) | -138.3% | 18,910,086 | -183.2% | 55,729,343 | 194.7% | 81,204,358 | 45.7% | 85,527,096 | 5.3% | 88,088,702 | 3.0% | 96,608,778 | 9.7% |
| NON-OPERAT NG REVENUE | 83,240,192 | 20,981,262 | -74.8% | (154,168,560) | -834.8% | 16,896,055 | -111.0% | 16,896,000 | 0.0% | 24,764,558 | 46.6% | 28,052,718 | 13.3% | 32,002,638 | 14.1% | 35,093,978 | 9.7% |
| EXCESS (DEFICIT) OF REVENUE OVER EXPENSE | 119,762,749 | 80,319,120 | -32.9% | (176,894,734) | -320.2% | 35,806,141 | -120.2% | 72,625,343 | 102.8% | 105,968,915 | -159.9% | 113,579,814 | 217.2% | 120,091,340 | 65.4% | 131,702,756 | 9.7% |

| | | | | | | | | | |
|----------------------------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| Operating Margin % | 2.3% | 3.4% | -1.2% | 1.0% | 2.8% | 3.8% | 3.9% | 3.9% | 4.1% |
| Bad Debt & Free Care% | 1.3% | 1.8% | 1.5% | 1.8% | 1.8% | 1.8% | 1.8% | 1.8% | 1.8% |
| Compensation Ratio | 57.9% | 57.1% | 57.3% | 57.2% | 57.4% | 57.1% | 56.9% | 56.8% | 56.4% |
| Capital Cost % of Total Expenses | 5.0% | 5.2% | 4.6% | 4.3% | 4.2% | 4.5% | 4.3% | 4.0% | 3.9% |

THE UNIVERSITY OF VERMONT MEDICAL CENTER

Outpatient Surgery Center

INCOME STATEMENT

Table 3B

| | 2021 | 2022 | PROJECT ONLY 2022 | | 2023 | | Projected | | Projected | | Project Yr 1 | | Project Yr 2 | | Project Yr 3 | | |
|---|--------|--------|-------------------|--------|----------|--------|-----------|------|-----------|-----------|--------------|--------------|--------------|--------------|--------------|--------------|----------|
| | Actual | Budget | % change | Actual | % change | Budget | % change | 2023 | % change | 2024 | % change | 2025 | % change | 2026 | % change | 2027 | % change |
| REVENUES | | | | | | | | | | | | | | | | | |
| INPAT ENT CARE REVENUE | | | #DIV/0! | | #DIV/0! | | #DIV/0! | - | #DIV/0! | - | #DIV/0! | 30,129,000 | #DIV/0! | 57,586,289 | 91.1% | 62,110,180 | 7.9% |
| OUTPAT ENT CARE REVENUE | | | #DIV/0! | | #DIV/0! | | #DIV/0! | - | #DIV/0! | - | #DIV/0! | 30,005,000 | #DIV/0! | 64,164,567 | 113.8% | 75,987,487 | 18.4% |
| OUTPAT ENT CARE REVENUE - PHYSICIAN | | | #DIV/0! | | #DIV/0! | | #DIV/0! | - | #DIV/0! | - | #DIV/0! | - | #DIV/0! | - | #DIV/0! | - | #DIV/0! |
| CHRONIC/SNFT CARE REVENUE | | | #DIV/0! | | #DIV/0! | | #DIV/0! | - | #DIV/0! | - | #DIV/0! | - | #DIV/0! | - | #DIV/0! | - | #DIV/0! |
| SW NG BEDS PT CARE REVENUE | | | #DIV/0! | | #DIV/0! | | #DIV/0! | - | #DIV/0! | - | #DIV/0! | - | #DIV/0! | - | #DIV/0! | - | #DIV/0! |
| GROSS PAT ENT CARE REVENUE | - | - | #DIV/0! | - | #DIV/0! | - | #DIV/0! | - | #DIV/0! | - | #DIV/0! | 60,134,000 | #DIV/0! | 121,750,856 | 102.5% | 138,097,667 | 13.4% |
| DISPROPORTIONATE SHARE PAYMENTS | | | #DIV/0! | | #DIV/0! | | #DIV/0! | - | #DIV/0! | - | #DIV/0! | - | #DIV/0! | - | #DIV/0! | - | #DIV/0! |
| BAD DEBT FREE CARE | | | #DIV/0! | | #DIV/0! | | #DIV/0! | | #DIV/0! | | #DIV/0! | (1,011,214) | #DIV/0! | (2,047,360) | 102.5% | (2,322,246) | 13.4% |
| DEDUCTIONS FROM REVENUE | | | #DIV/0! | | #DIV/0! | | #DIV/0! | | #DIV/0! | | #DIV/0! | (33,557,228) | #DIV/0! | (67,981,869) | 102.6% | (77,147,173) | 13.5% |
| NET PATIENT CARE REVENUE | - | - | #DIV/0! | - | #DIV/0! | - | #DIV/0! | - | #DIV/0! | - | #DIV/0! | 25,565,559 | #DIV/0! | 51,721,627 | 102.3% | 58,628,248 | 13.4% |
| FIXED PROSPECTIVE PAYMENTS AND RESERVES | | | #DIV/0! | | #DIV/0! | | #DIV/0! | - | #DIV/0! | - | #DIV/0! | - | #DIV/0! | - | #DIV/0! | - | #DIV/0! |
| NET PATIENT CARE REV & FIXED PAYMENTS & RESERVES | | | #DIV/0! | | #DIV/0! | | #DIV/0! | | #DIV/0! | | #DIV/0! | 25,565,559 | #DIV/0! | 51,721,627 | 102.3% | 58,628,248 | 13.4% |
| OTHER OPERATING REVENUE | | | #DIV/0! | | #DIV/0! | | #DIV/0! | 0 | #DIV/0! | | #DIV/0! | 0 | #DIV/0! | 0 | #DIV/0! | 0 | #DIV/0! |
| TOTAL OPERATING REVENUE | - | - | #DIV/0! | - | #DIV/0! | - | #DIV/0! | - | #DIV/0! | - | #DIV/0! | 25,565,559 | #DIV/0! | 51,721,627 | 102.3% | 58,628,248 | 13.4% |
| OPERATING EXPENSE | | | | | | | | | | | | | | | | | |
| SALAR ES NON MD | | | #DIV/0! | | #DIV/0! | | #DIV/0! | | #DIV/0! | | #DIV/0! | 3,743,501 | #DIV/0! | 7,468,813 | 99.5% | 7,686,982 | 2.9% |
| FR NGE BENEFITS NON MD | | | #DIV/0! | | #DIV/0! | | #DIV/0! | - | #DIV/0! | - | #DIV/0! | 1,248,499 | #DIV/0! | 2,491,495 | 99.6% | 2,564,520 | 2.9% |
| FR NGE BENEFITS MD | | | #DIV/0! | | #DIV/0! | | #DIV/0! | | #DIV/0! | | #DIV/0! | - | #DIV/0! | - | #DIV/0! | - | #DIV/0! |
| PHYSICIAN FEES & SALAR ES | | | #DIV/0! | | #DIV/0! | | #DIV/0! | | #DIV/0! | | #DIV/0! | | #DIV/0! | | #DIV/0! | | #DIV/0! |
| HEALTH CARE PROV DER TAX | | | #DIV/0! | | #DIV/0! | | #DIV/0! | | #DIV/0! | | #DIV/0! | 1,463,000 | #DIV/0! | 3,103,000 | 112.1% | 3,517,000 | 13.3% |
| DEPRECIATION AMORTIZATION | | | #DIV/0! | | #DIV/0! | | #DIV/0! | | #DIV/0! | | #DIV/0! | 3,424,856 | #DIV/0! | 6,849,711 | 100.0% | 6,849,711 | 0.0% |
| INTEREST - LONG/SHORT TERM | | | #DIV/0! | | #DIV/0! | | #DIV/0! | | #DIV/0! | | #DIV/0! | 3,654,103 | #DIV/0! | 5,000,000 | 36.8% | 5,000,000 | 0.0% |
| OTHER OPERAT NG EXPENSE | | | #DIV/0! | | #DIV/0! | | #DIV/0! | | #DIV/0! | | #DIV/0! | 10,529,000 | #DIV/0! | 20,815,000 | 97.7% | 24,099,000 | 15.8% |
| TOTAL OPERATING EXPENSE | - | - | #DIV/0! | - | #DIV/0! | - | #DIV/0! | - | #DIV/0! | - | #DIV/0! | 24,062,959 | #DIV/0! | 45,728,020 | 90.0% | 49,717,214 | 8.7% |
| NET OPERAT NG INCOME (LOSS) | - | - | #DIV/0! | - | #DIV/0! | - | #DIV/0! | - | #DIV/0! | - | #DIV/0! | 1,502,600 | #DIV/0! | 5,993,607 | 298.9% | 8,911,034 | 48.7% |
| NON-OPERAT NG REVENUE | | | #DIV/0! | | #DIV/0! | | #DIV/0! | | #DIV/0! | 1,334,100 | #DIV/0! | 866,520 | -35.0% | (660,960) | -176.3% | (84,800) | -87.2% |
| EXCESS (DEFICIT) OF REVENUE OVER EXPENSE | - | - | #DIV/0! | - | #DIV/0! | - | #DIV/0! | - | #DIV/0! | 1,334,100 | #DIV/0! | 2,369,120 | 77.6% | 5,332,647 | 125.1% | 8,826,234 | 65.5% |

The business plan modeled net patient revenues, to populate rows 71-84 the same relationships of net patient revenue was utilized for each row base on without project relationships.

THE UNIVERSITY OF VERMONT MEDICAL CENTER

Outpatient Surgery Center

PAYER REVENUE REPORT

WITHOUT PROJECT

Ref
Row

Table with columns for years (2021, 2022, 2023, 2024, 2025, 2026, 2027) and categories (Commercial, Medicaid, Medicare, Disproportionate Share Payments, Total Payer Revenue). Includes sub-rows for Hospital, Physician, and various revenue components.

The University of Vermont Medical Center

Outpatient Surgery Center

UTILIZATION PROJECTIONS--TABLE 7C

| | 3 | 4 | 5 | 6 | 7 | 8 | Projected | | Projected | | Project Yr 1 | | Project Yr 2 | | Project Yr 3 | | |
|---|-----------|-----------|----------|-----------|----------|-----------|-----------|-----------|-----------|-----------|--------------|-----------|--------------|-----------|--------------|-----------|----------|
| | 2021 | 2022 | | 2022 | | 2023 | | 2023 | | 2024 | | 2025 | | 2026 | | 2027 | |
| | Actual | Budget | % change | Actual | % change | Budget | % change | | % change | | % change | | % change | | % change | | % change |
| Inpatient Utilization | | | | | | | | | | | | | | | | | |
| Acute Beds (Staffed) | 450 | 450 | 0.0% | 450 | 0.0% | 450 | 0.0% | 450 | 0.0% | 450 | 0.0% | 450 | 0.0% | 450 | 0.0% | 450 | 0.0% |
| Acute Admissions | 19,886 | 21,231 | 6.8% | 19,918 | -6.2% | 21,124 | 6.1% | 21,124 | 0.0% | 21,124 | 0.0% | 21,124 | 0.0% | 21,124 | 0.0% | 21,124 | 0.0% |
| Acute Patient Days | 124,822 | 124,288 | -0.4% | 135,054 | 8.7% | 126,641 | -6.2% | 126,641 | 0.0% | 126,641 | 0.0% | 126,641 | 0.0% | 126,641 | 0.0% | 126,641 | 0.0% |
| Acute Average Length Of Stay | 6.30 | 5.85 | -7.0% | 6.79 | 16.0% | 6.00 | -11.7% | 6.00 | 0.0% | 6.00 | 0.0% | 6.00 | 0.0% | 6.00 | 0.0% | 6.00 | 0.0% |
| Volume Conversation Factor from the Financial Framework to Table 7 Structure | | | | | | | | | | | | | | | | | |
| Outpatient | | | | | | | | | | 1% | | 1% | | 2% | | 2% | |
| All Outpatient Visits | - | - | #DIV/0! | - | #DIV/0! | 644,455 | #DIV/0! | 644,455 | 0.0% | 650,899 | 1.0% | 657,408 | 1.0% | 670,556 | 2.0% | 683,968 | 2.0% |
| Physician Office Visits | 602,974 | 647,412 | 7.4% | 651,123 | 0.6% | 684,609 | 5.1% | 684,609 | 0.0% | 691,455 | 1.0% | 698,369 | 1.0% | 705,353 | 1.0% | 712,406 | 1.0% |
| Ancillary | | | | | | | | | | | | | | | | | |
| All Operating Room (hours) | 42,704 | 47,413 | 11.0% | 41,302 | -12.9% | 46,469 | 12.5% | 46,469 | 0.0% | 46,933 | 1.0% | 47,403 | 1.0% | 48,351 | 2.0% | 49,318 | 2.0% |
| All Operating Room Cases | 18,962 | 20,300 | 7.1% | 19,043 | -6.2% | 20,800 | 9.2% | 20,800 | 0.0% | 21,008 | 1.0% | 21,218 | 1.0% | 21,642 | 2.0% | 22,075 | 2.0% |
| Emergency Room Visits | 56,119 | 57,000 | 1.6% | 63,809 | 11.9% | 62,527 | -2.0% | 62,527 | 0.0% | 63,152 | 1.0% | 63,784 | 1.0% | 65,059 | 2.0% | 66,360 | 2.0% |
| Cat Scan Procedures | 56,038 | 58,869 | 5.1% | 62,658 | 6.4% | 61,681 | -1.6% | 61,681 | 0.0% | 62,298 | 1.0% | 62,921 | 1.0% | 64,179 | 2.0% | 65,463 | 2.0% |
| Magnetic Resonance Image Exams | 17,813 | 21,174 | 18.9% | 21,252 | 0.4% | 22,213 | 4.5% | 22,213 | 0.0% | 22,435 | 1.0% | 22,659 | 1.0% | 23,113 | 2.0% | 23,575 | 2.0% |
| Nuclear Medicine Procedures | 6,412 | 7,043 | 9.8% | 6,849 | -2.8% | 7,180 | 4.8% | 7,180 | 0.0% | 7,252 | 1.0% | 7,324 | 1.0% | 7,471 | 2.0% | 7,620 | 2.0% |
| Radiology - Diagnostic Procedures | 157,795 | 182,671 | 15.8% | 179,781 | -1.6% | 178,834 | -0.5% | 178,834 | 0.0% | 180,622 | 1.0% | 182,429 | 1.0% | 186,077 | 2.0% | 189,799 | 2.0% |
| Laboratory Tests | 2,539,159 | 2,448,931 | -3.6% | 2,697,060 | 10.1% | 2,424,803 | -10.1% | 2,424,803 | 0.0% | 2,449,051 | 1.0% | 2,473,541 | 1.0% | 2,523,012 | 2.0% | 2,573,472 | 2.0% |
| | | | #DIV/0! | | #DIV/0! | | #DIV/0! | | #DIV/0! | | #DIV/0! | | #DIV/0! | | #DIV/0! | | #DIV/0! |
| | | | #DIV/0! | | #DIV/0! | | #DIV/0! | | #DIV/0! | | #DIV/0! | | #DIV/0! | | #DIV/0! | | #DIV/0! |
| Adjusted Statistics | | | | | | | | | | | | | | | | | |
| Adjusted Admissions | - | - | #DIV/0! | - | #DIV/0! | - | #DIV/0! | - | #DIV/0! | - | #DIV/0! | - | #DIV/0! | - | #DIV/0! | - | #DIV/0! |
| Adjusted Days | - | - | #DIV/0! | - | #DIV/0! | - | #DIV/0! | - | #DIV/0! | - | #DIV/0! | - | #DIV/0! | - | #DIV/0! | - | #DIV/0! |

THE UNIVERSITY OF VERMONT MEDICAL CENTER

Outpatient Surgery Center

STAFFING REPORT - TABLE 8

WITHOUT PROJECT

| | 2021 | 2022 | % change | 2022 | % change | 2023 | % change | Projected | % change | Projected | % change | Project Yr 1 | % change | Project Yr 2 | % change |
|--------------------------------|----------------|----------------|----------|----------------|----------|----------------|----------|-----------|----------|----------------|----------|----------------|----------|----------------|----------|
| | Actual | Budget | | Budget | | Budget | | 2023 | | 2024 | | 2025 | | 2026 | |
| PHYSICIAN FTEs | 628.2 | 648.3 | 3.2% | 634.5 | -2.1% | 677.5 | 6.8% | | -100.0% | | #DIV/0! | | #DIV/0! | | #DIV/0! |
| TRAVELERS | 203.6 | 80.0 | -60.7% | 392.9 | 391.1% | 228.0 | -42.0% | | -100.0% | | #DIV/0! | | #DIV/0! | | #DIV/0! |
| Residents & Fellows | 356.9 | 369.2 | 3.4% | 360.8 | -2.3% | 364.8 | 1.1% | | -100.0% | | #DIV/0! | | #DIV/0! | | #DIV/0! |
| MLPs | 236.7 | 260.1 | 9.9% | 242.1 | -6.9% | 292.2 | 20.7% | | -100.0% | | #DIV/0! | | #DIV/0! | | #DIV/0! |
| Non-MD FTEs | 5,994.9 | 6,303.8 | 5.2% | 6,031.8 | -4.3% | 6,410.3 | 6.3% | | -100.0% | | #DIV/0! | | #DIV/0! | | #DIV/0! |
| TOTAL NON-MD FTEs | 6,588.5 | 6,933.1 | 5.2% | 6,634.6 | -4.3% | 7,067.3 | 6.5% | - | -100.0% | - | #DIV/0! | - | #DIV/0! | - | #DIV/0! |
| Total FTEs | 7,420.2 | 7,661.4 | 3.2% | 7,662.0 | 0.0% | 7,972.7 | 4.1% | - | -100.0% | 8,000.0 | #DIV/0! | 7,987.7 | -0.2% | 7,992.1 | 0.1% |

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STAFFING REPORT - TABLE 8

PROJECT ONLY

| | 2021 Actual | 2022 Budget | % change | 2022 Budget | % change | 2023 Budget | % change | Projected 2023 | % change | Projected 2024 | % change | Project Yr 1 2025 | % change | Project Yr 2 2026 | % change |
|--------------------------------|----------------|----------------|----------|----------------|----------|----------------|----------|-------------------|----------|-------------------|----------|----------------------|----------|----------------------|----------|
| PHYSICIAN FTEs | | | #DIV/0! | | #DIV/0! | | #DIV/0! | - | #DIV/0! | | #DIV/0! | 2.6 | #DIV/0! | 5.2 | 100.0% |
| 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! | 36.3 | #DIV/0! | 72.5 | 100.0% |
| TOTAL NON-MD FTEs | - | - | #DIV/0! | - | #DIV/0! | - | #DIV/0! | - | #DIV/0! | - | #DIV/0! | 36.3 | #DIV/0! | 72.5 | 100.0% |
| Total FTEs | - | - | #DIV/0! | - | #DIV/0! | - | #DIV/0! | - | #DIV/0! | - | #DIV/0! | 38.9 | #DIV/0! | 77.7 | 100.0% |

THE UNIVERSITY OF VERMONT MEDICAL CENTER

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

STAFFING REPORT - TABLE 8

WITH PROJECT

| | 2021 Actual | 2022 Budget | % change | 2022 Budget | % change | 2023 Budget | % change | Projected 2023 | % change | Projected 2024 | % change | Project Yr 1 2025 | % change | Project Yr 2 2026 | % change |
|--------------------------------|----------------|----------------|----------|----------------|----------|----------------|----------|-------------------|----------|-------------------|----------|----------------------|----------|----------------------|----------|
| PHYSICIAN FTEs | 628.2 | 648.3 | 3.2% | 634.5 | -2.1% | 677.5 | 6.8% | | -100.0% | #DIV/0! | | #DIV/0! | | #DIV/0! | |
| TRAVELERS | 203.6 | 80.0 | -60.7% | 392.9 | 391.1% | 228.0 | -42.0% | | -100.0% | #DIV/0! | | #DIV/0! | | #DIV/0! | |
| Residents & Fellows | 356.9 | 369.2 | 3.4% | 360.8 | -2.3% | 364.8 | 1.1% | | -100.0% | #DIV/0! | | #DIV/0! | | #DIV/0! | |
| MLPs | 236.7 | 260.1 | 9.9% | 242.1 | -6.9% | 292.2 | 20.7% | | -100.0% | #DIV/0! | | #DIV/0! | | #DIV/0! | |
| Non-MD FTEs | 5,994.9 | 6,303.8 | 5.2% | 6,031.8 | -4.3% | 6,410.3 | 6.3% | | -100.0% | #DIV/0! | | #DIV/0! | | #DIV/0! | |
| TOTAL NON-MD FTEs | 6,588.5 | 6,933.1 | 5.2% | 6,634.6 | -4.3% | 7,067.3 | 6.5% | - | -100.0% | - | #DIV/0! | - | #DIV/0! | - | #DIV/0! |
| Total FTEs | 7,420.2 | 7,661.4 | 3.2% | 7,662.0 | 0.0% | 7,972.7 | 4.1% | - | -100.0% | 8,000.0 | #DIV/0! | 8,026.6 | 0.3% | 8,069.8 | 0.5% |