

**Docket No. GMCB-007-24con**

**Certificate of Need Application  
Build new facility for SVMC's Regional Cancer  
Center**

**Southwestern Vermont Medical Center  
November, 2024**

Document prepared by:

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November 26, 2024

Donna Jerry, Health Care Administrator  
Green Mountain Care Board  
144 State Street  
Montpelier, Vermont 05602

RE: Docket No. GMCB-007-24con  
Certificate of Need application for project to build new facility for SVMC's regional cancer center

Southwestern Vermont Medical Center (SVMC) requests a Certificate of Need (CON) to build a new facility for its regional cancer center to increase local access to high-quality, high-value cancer care for Vermonters. The new center will better meet regional patient demand for cancer care, support current and future best-practice cancer treatments, improve the care experience, advance efficient operational flow to optimally utilize healthcare resources, and reduce the per capita total cost of care for Vermonters.

SVMC's regional cancer center was constructed in 1995. Although cancer care has transformed during the ensuing 30 years and demand for cancer care has steadily increased, SVMC's cancer center has not undergone upgrades and thereby the facility limits access and does not support modern team-based cancer care delivery. Modernizing SVMC's regional cancer center will cost \$21,000,000. Philanthropy and a congressionally directed grant have already provided nearly half of the funds for the project.

Obtaining CON approval by April 2025 would maintain the proposed project timeline and allow the treatment of patients in the new facility at the start of 2027. The sooner this project is approved and completed, the sooner more Vermonters will have local access to high quality cancer care that lowers the total cost of care.

The incidence of cancer in the Bennington Hospital Service Area (482.7/100,000) is statistically higher than any other region in Vermont and considerably higher than the U.S. average. The service area of SVMC is a national hot spot for cancer. Moreover, the incidence of cancer is projected to increase by more than 20% over the next decade. SVMC's regional cancer center is undersized for the current volume of patients treated. Building a new facility for SVMC's cancer center will increase local access to high quality, high value cancer care for Vermonters.

This project aligns with the Oliver Wyman ACT167 recommendation for SVMC to advance its accredited regional cancer center as a center of excellence in cancer care. SVMC cancer center already holds an important accreditation from the American College of Surgeons Commission on Cancer as testimony to the high quality of care delivered and the ability of the program to serve as a center of excellence in Vermont. The proposed new cancer center facility would

SVMC Build new cancer center  
October, 2024  
Page 2

allow SVMC's regional cancer program to become a center of excellence and thereby serve more Vermonters, keep care local, and reduce the per capita total cost of care.

This is an important project to increase access to high quality and affordable cancer care in Vermont.

Thank you,

A handwritten signature in black ink, appearing to read "James Trimarchi".

James Trimarchi, Director Planning

802 440 4051

[James.Trimarchi@svhealthcare.org](mailto:James.Trimarchi@svhealthcare.org)

**Verification Under Oath**

**STATE OF VERMONT  
GREEN MOUNTAIN CARE BOARD**

In re: Certificate of Need to )  
build new facility for SVMC's ) Docket No. GMCB-007-24con  
regional cancer center )  
)

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

Robert Laba, being duly sworn, states on oath as follows:

1. My name is Robert Laba. I am the Chief Financial Officer and Vice President of Finance of Southwestern Vermont Medical Center. I have reviewed the application for a certificate of need for the project to build a new facility for SVMC's regional cancer center.
2. Based on my personal knowledge and after diligent inquiry, I attest that the information contained in the application for a certificate of need for the project to build a new facility for SVMC's regional cancer center is true, accurate and complete, does not contain any untrue statement of a material fact, and does not omit to state a material fact.
3. My personal knowledge of the truth, accuracy and completeness of the information contained in the application for a certificate of need for the project to build a new facility for SVMC's regional cancer center is based upon either my actual knowledge of the subject information or upon information reasonably believed by me to be true and reliable and provided to me by the individuals identified below in paragraph 4. Each of these individuals has also certified that the information they have provided is true, accurate and complete, does not contain any untrue statement of a material fact and does not omit to state a material fact.
4. The following individuals have provided information or documents to me in connection with the answers to questions about the application for a certificate of need for the project to build a new facility for SVMC's regional cancer center and each individual has certified, based either upon his or her actual knowledge of the subject information or, where specifically identified in such certification, based on information reasonably believed by the individual to be reliable, that the information or documents provided are true, accurate and complete, do not contain any untrue statement of a material fact, and do not omit to state a material fact:

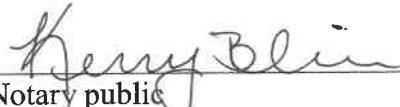
James Trimarchi, Director Planning

5. In the event that the information contained in the application for a certificate of need for the project to build a new facility for SVMC's regional cancer center becomes untrue,

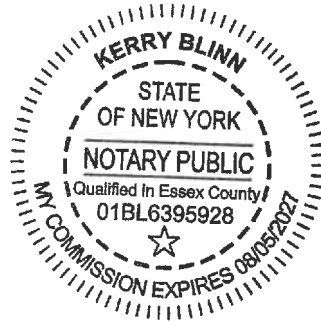
inaccurate or incomplete in any material respect, I acknowledge my obligation to notify the Green Mountain Care Board and to supplement the answers to questions about application for a certificate of need for the project to build a new facility for SVMC's regional cancer center as soon as I know, or reasonably should know, that the information or document has become untrue, inaccurate or incomplete in any material respect.

  
[signature]

On 11 / 26 / 2024, Robert Laba appeared before me and swore to the truth, accuracy and completeness of the foregoing.

  
Notary public  
My commission expires 08 / 05 / 20 27

SEAL



## **Certificate of Need Cover sheet and Application Form**

Name of Applicant: Southwestern Vermont Medical Center

Date of Application: November 21, 2024

Project Title: Build new facility for SVMC's Regional Cancer Center

Contact person: James Trimarchi, Director of Planning

Mailing Address:

Southwestern Vermont Medical Center  
100 Hospital Drive  
Bennington, VT 05201

Email: [james.trimarchi@svhealthcare.org](mailto:james.trimarchi@svhealthcare.org)

Phone number: 802 440 4051

Proposed Total Project Cost: \$21,000,000





## Project Description

Southwestern Vermont Medical Center (SVMC) requests a Certificate of Need (CON) to build a new facility for its regional cancer center to increase local access to high-quality, high-value cancer care for Vermonters. The new center will better meet regional patient demand for cancer care, support current and future best-practice cancer treatments, improve the care experience, advance efficient operational flow to optimally utilize healthcare resources, and reduce the total cost of care for Vermonters.

SVMC's regional cancer center was constructed in 1995. Although cancer care has transformed during the ensuing 30 years and demand for cancer care has steadily increased, SVMC's cancer center has not undergone upgrades and thereby the facility limits access and does not support modern team-based cancer care delivery. Modernizing SVMC's regional cancer center will cost \$21,000,000. Philanthropy and a congressionally directed grant have already provided nearly half of the funds for the project. Obtaining CON approval by April 2025 would maintain the proposed project timeline (appendix 1- project timeline) and allow the treatment of patients in the new facility at the start of 2027. The construction market is at a rare moment with contractors and tradespeople available and ready. The sooner this project is approved and completed, the sooner more Vermonters will have local access to high quality cancer care that lowers the total cost of care.

The incidence of cancer in the Bennington Hospital Service Area (482.7/100,000) is statistically higher than any other region in Vermont and considerably higher than the U.S. average. The service area of SVMC is a national hot spot for cancer<sup>1</sup>. Moreover, the incidence of cancer is projected to increase by more than 20% over the next decade. SVMC's regional cancer center is undersized for the current volume of patients treated. Building a new facility for SVMC's cancer center will increase local access to high quality, high value cancer care for Vermonters.

This project aligns with the Oliver Wyman ACT167 recommendation for SVMC to advance its accredited regional cancer center as a center of excellence in cancer care. SVMC cancer center already holds an important accreditation from the American College of Surgeons Commission on Cancer as testimony to the high quality of care delivered and the ability of the program to serve as a center of excellence in Vermont. The proposed new cancer center facility would allow SVMC's regional cancer program to become a center of excellence and thereby serve more Vermonters, keep care local, and reduce the per capita total cost of care.

SVMC requests approval to build a new facility for its regional cancer center for the following specific reasons;

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<sup>1</sup> The reasons underlying the abnormally high incidence of cancer in SVMC's service area are not well researched or documented. The higher incidence of melanoma, lung cancers, and prostate cancers are likely driven by separate multifactorial etiologies.

- The regional cancer center is treating more than 1,200 patients annually creating crowding within the facility and overwhelming capacity
- The limited number of exam rooms creates inefficiencies and bottlenecks flow as patients, providers, and staff jockey for available exam rooms
- The demand for chemotherapy infusion spaces frequently exceeds capacity resulting in care of patients in public spaces (with patient consent) or patients sharing rooms during infusion (not best practice due to cross infection risk and lack of patient privacy)
- The current facility provides inadequate privacy for maintenance of medication catheters or venous ports
- Inadequate consult space prevents management of at-home, oral medication treatments, an expanding therapeutic approach
- The layout of the current facility hampers care team collaboration and delivery of team-base care
- Inadequate space for provider documentation forces creative space utilization and care team interactions in inadequate spaces
- The location of the pharmacy, remote to the infusion spaces, prevents process improvement to achieve best-practice care standards
- The undersized pharmacy requires pharmacists to use substandard chemical mixing approaches
- Delivery of palliative care and hospice services is hampered by inadequate space for patient consults
- The limited number of exam rooms prohibits oncology specialists from across the Dartmouth Cancer Center from properly engaging patients
- Multiple patient entrances to the cancer center disrupts logical patient flow and limits security
- Lack of adequate and appropriate storage results in undue clutter and operational inefficiencies
- Site traffic flow is challenging for patients and convenient parking is limited

The modernized cancer center will address these issues and deliver a facility that will;

- Increase the number of exam rooms from 6 to 12
- Expand the number of infusion treatment spaces from 9 to 16
- Build infusion rooms with natural light to soothe patients during multi-hour treatments thereby decreasing the use of medications for the management of pain and nausea
- Establish a treatment space for patients requiring airborne infectious isolation
- Construct a right-sized pharmacy with appropriate hoods and air flow that is central to the infusion area
- Allow clinical trials of new cancer treatments to be conducted in partnership with the Dartmouth Cancer Center
- Provide direct line-of sight from the care team area into most infusion treatment spaces
- Provide a private space for catheter and venous port flushes
- Create space for at-home oral medication treatment management including space for patient education and treatment compliance monitoring
- Improve operation efficiency through appropriate adjacencies
- Provide space for oncology specialists from the Dartmouth Cancer Center

- Construct appropriate space for the palliative care team and mental health counselling
- Create dedicated space for support services such as social work and dietitian
- Provide adequate space for providers and care team documentation and collaboration
- Create adequate storage that is flexible to meet the ever-changing supply and medical device needs of cancer care
- Enhance patient privacy and the patient experience
- Create a single patient entrance to improve patient wayfinding and security
- Establish intuitive traffic flow with sufficient convenient parking, particularly for mobility challenged patients

One aspect of the new facility is worthy of separate identification – relocation of medical infusions from the hospital to the new cancer center. In an effort to maximize the impact of the new facility on operational efficiency, the new facility has been designed with 16 multi-use infusion spaces. The current cancer center has 9 infusion spaces for chemotherapy treatment of cancer and needs 11 infusion rooms. Meanwhile, medical infusions of intravenous antibiotics, monoclonal antibodies, and blood products as treatments for arthritis, asthma, Crohn’s disease and many other illnesses occur at 6 infusion spaces inconveniently on the second floor of the hospital. Significant operational efficiency, standardization of care, and an enhanced patient experience will be gained by relocating medical infusions to the new cancer center and collocating chemotherapy and medical infusions.

Many centers across the country collocate chemotherapy and medical infusions. Best practices, particularly for infectious disease management, support collocation of these services. The new cancer center facility integrates these best practices into the design to ensure operational efficiencies are gained, while advancing the patient experience, further elevating the quality of care, improving patient outcomes, and delivering high-value to patients and payers. The nurses providing chemotherapy are specifically certified in administration of medications through infusion, a competency that will ensure high-quality medical infusions in SVMC’s new cancer center.

Modeling (described in detail below) suggests that future cancer patient volume will require 11 infusion spaces for chemotherapy. By relocating medical infusion to the new cancer center the required number of medical infusion spaces can be reduced from 6 to 5. The resulting 16 infusion spaces will optimize operational efficiency.

	Current State	New Cancer Center
<b>Exam Rooms</b>	<b>6</b>	<b>12</b>
<b>Infusion spaces</b>		
Cancer Center	9	Increase from 9 to 11
Hospital	6	Move 5 from hospital to cancer center to gain operational efficiency
<b>Total infusion spaces</b>	<b>15</b>	<b>16</b>

SVMC explored renovation of the existing facility to accommodate the programming. However, the space is insufficient, the layout constrained and inefficient, and the cost prohibitive. SVMC will construct a new 17,900 square foot (sq ft) facility adjacent to and connected to the former facility (appendix 2- design schematics and site plan). A parking lot exists where the new facility will be constructed. The lost parking places have been previously anticipated and planned within the parking lot expansion project (non-CON project and currently underway) required to accommodate more patient volume as SVMC becomes a regional referral hospital within the Dartmouth Health network. The traffic flow around the new cancer center facility will be rerouted to improve patient wayfinding and automotive/pedestrian safety including creation of a dedicated patient drop-off and ample handicapped parking adjacent to the facility.

The new facility will be optimized for patient and staff flow and will be connected to the existing linear accelerator with appropriate upgrades to the radiation oncology support spaces. Building a new facility will limit disruption of oncology care during construction and allow repurposing of the former cancer center area for other high demand medical office practices (ex. expand dermatology to better meet community demand).

#### Description of Southwestern Vermont Medical Center

SVMC is a comprehensive, preeminent, health care system providing exceptional, convenient, and affordable care to the communities of Bennington and Windham Counties of Vermont, eastern Rensselaer and Washington Counties of New York, and northern Berkshire County in Massachusetts. SVMC includes medical inpatient capacity of 99 beds, emergency department, full service laboratory and imaging services, operating and endoscopy services, regional cancer center, primary care practices, and specialty care services.

SVMC is among the most lauded small rural health systems in the nation. It is the recipient of the American Hospital Association's 2020 Rural Hospital Leadership Award. In addition, SVMC ranked fourth nationwide for the value of care it provides by the Lown Institute Hospital Index in 2020 and is a five-time recipient of the American Nurses Credentialing Center's Magnet® recognition for nursing excellence. It has also received the highest marks possible from the Leapfrog Group.

SVMC delivers high value care and is the lowest cost hospital in the region as defined by the National Academy for State Health Policy July 2024 report summarized in the table below.

Hospital Name	Cost to patients or insurers for a generalized unit of care	Hospital expenses to deliver a generalized unit of care
ALBANY MEDICAL CENTER HOSPITAL	\$ 21,025	\$ 19,375
RUTLAND REGIONAL MEDICAL CENTER	\$ 16,302	\$ 14,415
BRATTLEBORO MEMORIAL HOSPITAL	\$ 13,391	\$ 13,643
BERKSHIRE MEDICAL CENTER	\$ 12,802	\$ 11,912
ST. PETERS HOSPITAL	\$ 12,443	\$ 10,418
SOUTHWESTERN VERMONT MEDICAL CENTER	\$ 10,061	\$ 9,478

SVMC provides exceptional care without discriminating on the basis of an individual's age, race, ethnicity, religion, culture, language, physical or mental disability, socioeconomic status, sex, sexual orientation, or gender identity or expression.

The history, mission and vision of SVMC can be found at <https://svhealthcare.org/about>. The organization chart for SVMC appears in appendix 3- Organizational Chart.

Southwestern Vermont Regional Cancer Center delivers cutting-edge, personalized oncology care by combining technology-driven diagnostic and treatment options with a compassionate patient-centered approach. The center is accredited by the American College of Surgeons Commission on Cancer, a distinction granted to only the top 25 percent of cancer centers nationwide. In addition, 100 percent of its physicians are board certified and the cancer center's nurses are oncology certified.

This project aligns with the Oliver Wyman ACT167 recommendation for SVMC to advance its accredited regional cancer center as a center of excellence in cancer care. SVMC cancer center already holds an important accreditation from the American College of Surgeons Commission on Cancer as testimony to the high quality of care delivered and the ability of the program to serve as a center of excellence in Vermont. The proposed new cancer center facility would allow SVMC's regional cancer program to become a center of excellence and thereby serve more Vermonters, keep care local, and reduce the per capita total cost of care.

Description of SVMC's service area and SVMC's cancer center as an economic engine

SVMC serves a population of 75,000 within Bennington County, Western Windham County, the Eastern NY counties of Rensselaer and Washington and Northern Berkshire County, MA. This community is older demographically than most regions in the northeast and is socioeconomically strained with nearly 20% living in poverty and 40% of adults with only a high school diploma or less. Both age and socioeconomics are risk factors for cancer and likely part

of the multifactorial etiologies underlying the abnormally high incidence of cancer in SVMC's service area.

Patients hailing from Vermont consistently account for 70-75% of SVMC's cancer center's patients and in fiscal year 2024 SVMC's cancer center treated patients from 42 Vermont zip codes. However, due to its specialized services, the SVMC cancer center served patients from 79 zip codes across 7 states in fiscal year 2024. The patients from out of state bring their healthcare dollars to Vermont stimulating the region's economy and offsetting the cost of care for Vermonters. The modernized center will continue to serve these broader communities as an expanded regional cancer center and center of excellence. Thereby this project serves as a long-term economic development project for southern Vermont.

#### Location of the proposed project on public transportation route

SVMC will modernize its regional cancer center on the main SVMC Bennington Campus. Vermonters are familiar with seeking care at this site which is served by public transportation that extends across southern Vermont and into Massachusetts.

#### Service to be rendered and added

No new clinical services will be added as a result of this project. In addition to chemotherapy, medication infusion, and radiation infusion therapy, the new center will better accommodate the following support services;

- Palliative care
- Dietitian and social worker
- Mental health services
- At-home oral medication treatment compliance monitoring

Cancer treatment requires coordination across a multidisciplinary team and the new center will provide adequate and appropriate space to deliver efficient care for patients.

SVMC's membership in the Dartmouth Health network of hospitals, codified in 2023, unlocks clinical trials of new cancer treatments for Vermonters. The new cancer center, particularly the design of the pharmacy, will support the delivery of the latest innovative cancer treatments. Few rural communities have access to the breadth of innovative cancer treatments that the new cancer center will afford residents of southern Vermont.

The new cancer center will collocate chemotherapy and medical infusion to gain significant operational efficiency, standardize care, and enhanced the patient experience. The nurses providing chemotherapy are specifically certified in administration of medications through infusion, a competency that will ensure high-quality medical infusions.

Detailed description of equipment to be purchased

No specialize medical equipment will be purchased as part of this project including no purchase of new imaging equipment. Minor equipment to support the relocated cancer center pharmacy (ex. fume hoods and medication storage refrigerators) will be purchased and installed as part of this project. The new pharmacy will comply with US pharmacopeia 797800 standards including ISO7 rooms and ISO5 hoods. The pharmacy will undergo certification inspection prior to use and regulatory biannual inspection afterwards.

The following infrastructure equipment will be purchased and installed to support the new facility;

- Air cooled chiller, 100 ton
- Air handler unit, 24,00 CFM
- Relocation of electrical transformer
- Electrical generator (400kw)
- Modern electrical switchgear

The costs of this equipment and their installation are included in the project cost.

A new linear accelerator is not part of this project. The new facility has been designed to connect to the existing radiation oncology space, including the existing linear accelerator vault.

Number of square feet of renovation/new construction

This project involves new construction of approximately 17,900 sq ft and renovation of 1,800 sq ft to connect the new building to the existing radiation oncology area and linear accelerator vault (appendix 2- design schematics and site plan). Site work is required to improve traffic flow around the new facility. No new parking is required as part of this project.



Total Project Cost

Total project cost is estimated to be \$21,000,000 comprised of several components;

**SVMC Cancer Center Modernization**

	Project Budget
<b>Construction Costs</b>	
New Construction	\$ 12,649,299
Renovation	802,814
Site Work	1,728,288
Fixed Equipment	-
Furnishings, Fixtures & Other Equip	1,000,000
<b>Facility Subtotal</b>	<b>16,180,401</b>
Architecturals/Engineering Fees	1,437,839
Design/Bidding Contingency	1,145,691
Construction Contingency	358,028
Construction Manager Fee	791,038
Administrative Expenses/Permits	487,004
Debt Financing Expense	600,000
<b>Admin and Contingency Subtotal</b>	<b>\$ 4,819,599</b>
<b>Total Project Cost</b>	<b><u>\$ 21,000,000</u></b>

Included within the new construction cost estimate are costs for several infrastructure elements that total \$\$1,575,000.

Air cooled chiller, 100 ton	\$185,000
Air handler unit, 24,00 CFM	865,000
Electrical generator	225,000
Relocation of electrical transformer	100,000
Modern electrical switchgear	<u>200,000</u>
TOTAL	\$1,575,000

Architectural and administrative fees, along with contingency costs are documented in the table above and account for \$4,800,000 dollars. These costs are required in today's volatile construction environment to ensure the project will be delivered on-time and under budget.

A portion of the cost of the project (see sources of funds below) will be financed through debt, the financing of which (\$600,000) is included in the total project costs (see table above).

Below are the project construction costs illustrated in CSI 16 format. A detailed project cost estimate appears in appendix 4- construction estimate. Construction related contingencies and project management fees are required due to the complexity and scale of this project, SVMC has engaged Skanska USA, Inc. to assist with coordinating contractors and managing subcontractor timelines. Skanska will ensure the project is delivered on-time and under budget. Skanska was engaged for SVMC's recent emergency department and main entrance project and resulted in SVMC saving over \$1 million in project costs (after deduction of Skaska's fees). SVMC anticipates Skanska will deliver comparable savings on the cancer center modernization project.

### SVMC Cancer Center Modernization Project Estimate

Division	Category	Cost
1	General	\$ 1,237,393
2	Interior Demo	\$ 42,676
2	Site work	\$ 1,728,288
3	Concrete	\$ 473,318
4	Masonry	\$ 651,158
5	Metals	\$ 933,602
6	Capentry Wood Plastic	\$ 43,244
7	Thermal Moisture	\$ 933,346
8	Door Windows	\$ 644,011
9	Finishes	\$ 1,060,420
10	Specialties	\$ 225,809
11	Equipment	\$ 28,191
12	Furnishings	\$ 58,730
12	Casework and Millwork	\$ 247,797
13	Special Construction	\$ -
21	Sprinkler	\$ 151,705
22	Plumbing	\$ 601,674
23	HVAC	\$ 2,546,189
26	Electrical	\$ 1,933,061
27	Communications	\$ 780,519
<b>Construction subtotal</b>		<b>\$ 14,321,133</b>
	Construction Contingency (2.5%)	358,028
	Design Estimate Contingency (8.0%)	1,145,691
	Construction Management fee	67,820
	Skanska Project Management	723,217
	Temporal escalation (Start Spring 2025) (6%)	859,268
<b>Construction Total</b>		<b>\$ 17,475,157</b>

Creating the new facility on an existing parking lot includes some site work, estimated at \$1,700,000. The site work will improve patient traffic flow and create parking adjacent to the facility that will be dedicated for cancer patients, particularly those with mobility challenges or for whom treatment temporarily compromises mobility.

Sources of funds for the project

SVMC has been blessed with robust philanthropic support towards the new cancer center further demonstrating community need for and commitment to the project. As of September 2024, \$7,600,000 has been raised towards the \$8,000,000 fundraising goal for the project.

In addition, a \$2,000,000 federal grant has been awarded and is immediately available. The Health Resources and Services Administration (HRSA) grant was obtained through congressionally directed spending obtained by Vermont’s federal delegation. The commitment by Vermont’s federal representatives and the federal government, further demonstrates wide-ranging support for this important project. Some of the HRSA grant funds will be used to advance the project during the CON review process including completing detailed design, compiling construction documents and bids, and obtaining other permits including the Act250 permit. The HRSA funds will allow the project to be construction ready such that the project can advance quickly once CON approval is obtained.

Source of funds	Cancer Center Project Budget
Equity contribution	\$ -
Fundraising*	8,000,000
Federal Grant	2,000,000
Debt financing	11,000,000
<b>Total Source of Funds</b>	<b>\$ 21,000,000</b>
Project Total Cost	\$ 21,000,000

\*Obtained \$7.6M as of September, 2024

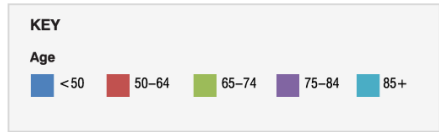
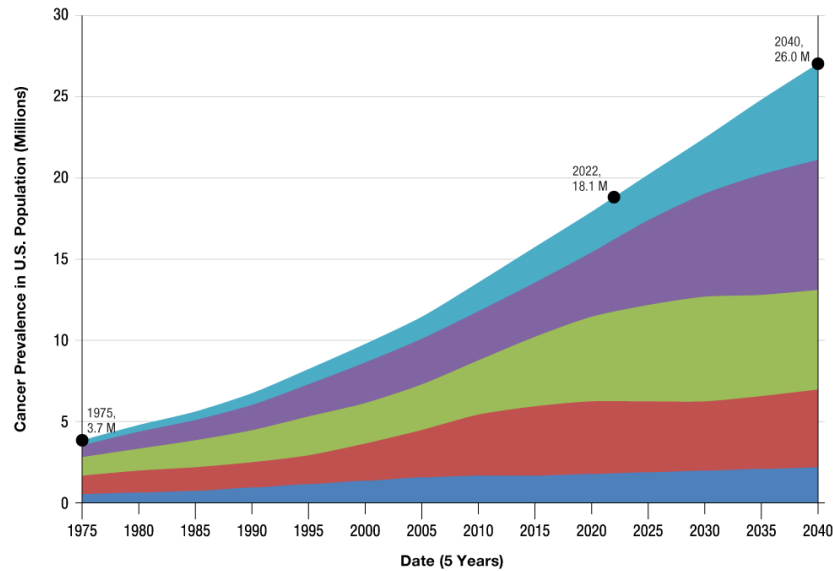
The remaining source of funds, \$11,000,000 will be debt obtained at a low interest rate through the obligate group of Dartmouth Health. Debt financing through Dartmouth Health allows access to funds at an interest rate below the growth rate of SVMC’s investment funds. Thereby securing debt rather than reducing SVMC’s investments is a fiscally prudent approach for this project.

This project was included in the narrative of 2024's fiscal budget submitted to the GMCB. However, the project's scope and scale was being refined during 2024 budget development and the project costs reported here reflect those adjustments.

Need for the project including data

The incidence of cancer in the Bennington Hospital Service Area (482.7/100,000) is statistically higher than any other region in Vermont and considerably higher than the U.S. average. The incidence of cancer is project to increase by more than 20% over the next decade.

**Cancer Prevalance and Projections in U.S. Population from 1975–2040**



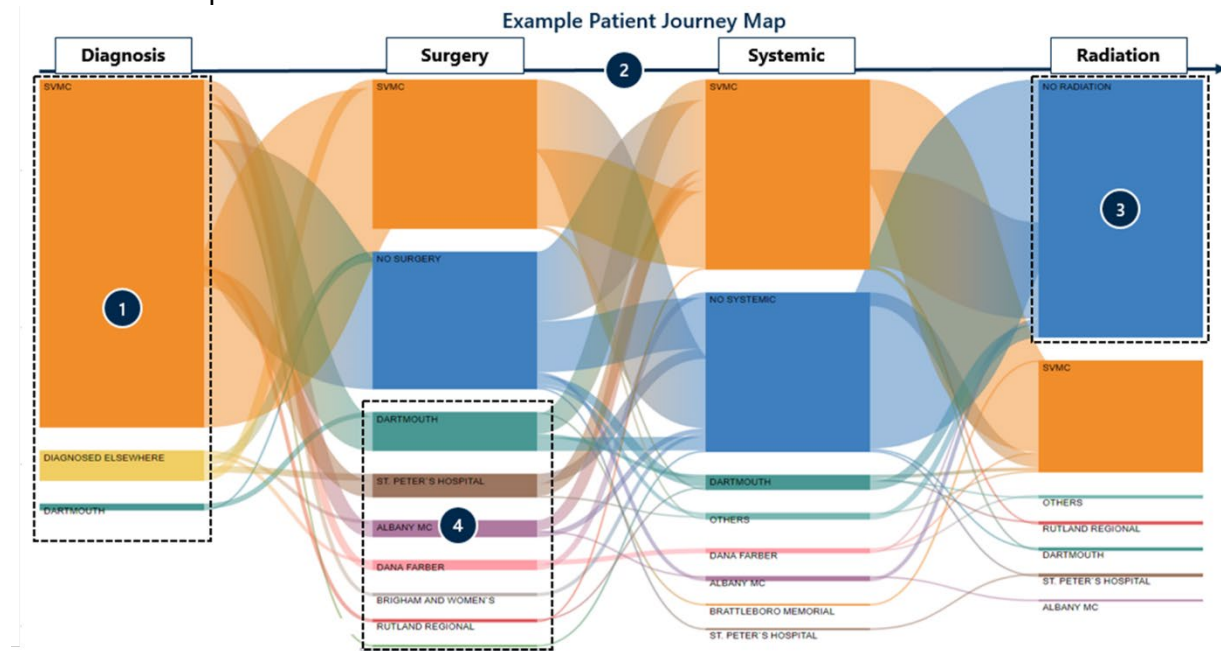
**REFERENCES:**  
Adapted from Bluethmann SM, Mariotto AB, Rowland JH. Anticipating the "Silver Tsunami": Prevalence Trajectories and Comorbidity Burden among Older Cancer Survivors in the United States. *Cancer Epidemiol Biomarkers Prev.* 2016 Jul;25(7):1029-36.  
Miller KD, Nogueira L, Devasia T, Mariotto AB, Yabroff KR, Jemal A, Kramer J and Siegel RL. *Cancer Treatment and Survivorship Statistics.* CA A Cancer J Clin. 2022.

Currently, SVMC's regional cancer center is undersized for the volume of patients treated. The cancer care team treats more than 1,200 patients annually creating crowding within SVMC's

facility and overwhelming capacity<sup>2</sup>. The restricted access to care created by SVMC's confined cancer center encourages some Vermonters to seek care beyond Vermont, at higher cost institutions. This project to construct a new cancer center in Bennington will keep cancer care in Vermont and closer to the home of these patients and reduce the per capita total cost of care.

Analysis of cancer care claims data by Chartis Healthcare Advisory Services, suggests that more than 50% of the cancer care delivered to residents of SVMC service area outmigrates beyond SVMC. Although some thoracic and neurological tumors requiring very specialized treatment should not be treated at SVMC's cancer center, SVMC's team is capable of effectively treating most breast, prostate, GYN, and GI tumors with best-practice care regimens. The current facility hampers local access for these patients and thereby encourages patients to outmigrate for care.

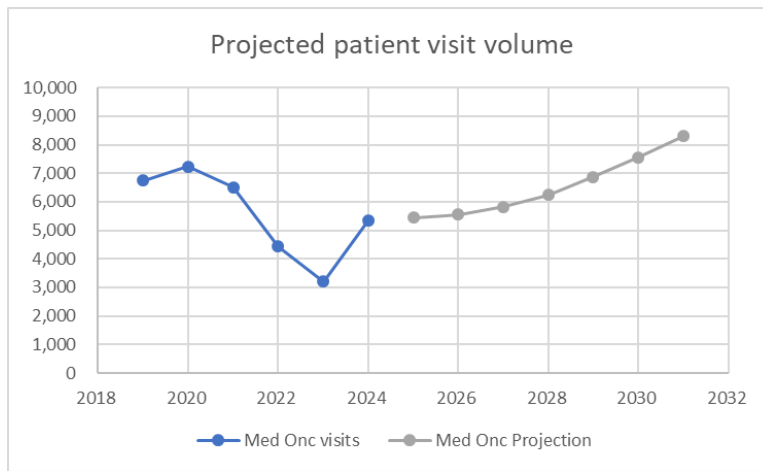
In addition to outmigration data, patient care journey maps (Sankey charts) built from tumor registry data, illustrate that patients being treated at SVMC seek care elsewhere at points within their treatment plan.



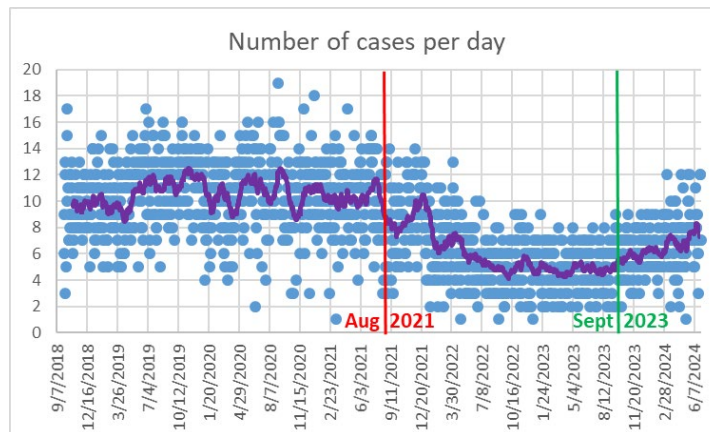
The new facility will increase local access to care and facilitate coordination of the complete patient care journey.

<sup>2</sup> During diagnosis and treatment each patient has multiple visits to the cancer center- in fiscal year 2024 each cancer patient has an average of 7 visits, with 235 patients having more than 10 visits each.

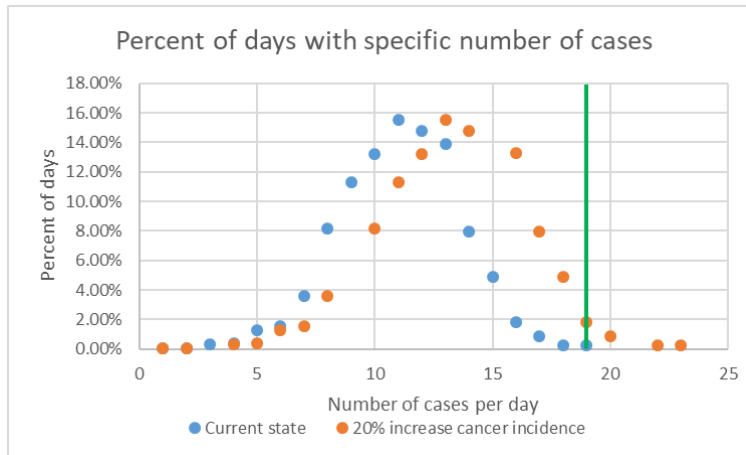
Over the last 6 years, patient visit volume at SVMC’s cancer center has fluctuated. In August 2021, there were changes in the clinical team and an oncologist left SVMC resulting in access restrictions that resulted in volumes declining. Recently SVMC successfully recruited an oncologist and fully expects volume to return to historic levels. Currently there is a backlog of almost 100 patients in need of oncology treatment. Post-construction of the new cancer center facility, SVMC anticipates cancer center patient volume will steadily increase in correlation with projections of increasing cancer rates.



To determine the appropriate number of infusion bays needed in the new facility, SVMC created a Monte Carlo simulation using queueing theory. Analysis indicates that 11 infusion bays are required to serve the projected cancer patient demand. The simulation uses a several quantitative inputs including the distribution of the number of infusions per day, the duration of infusion based upon a mix of treatment regimens, and the preparation and recovery time for infusion spaces.



Cancer incidence is increasing and SVMC's new cancer center should be built to treat future patient demand. Rahib et al projects a 15% increase in cancer incidence between 2020 and 2030, while Weir et al projects a 50% increase by 2050.<sup>3</sup> The findings of both of these studies are supported by and referenced by the United States Centers for Disease Control (CDC). As such, SVMC feels it prudent to construct the new cancer center anticipating a 20% increase in patient demand. Simulating the upshift in demand illustrates that the new facility should accommodate 18-19 infusion cases per day.



Further support for the anticipated increase in the number of infusion cases per day was identified in an analysis of patient outmigration conducted with the assistance of Dartmouth Hitchcock and The Chartis Group (consultants that specialize in outmigration analysis). The analysis indicated that a significant number of patients from SVMC's service area seek oncology care beyond Vermont, primarily due to access challenges at SVMC. Developing the new facility will address access to cancer care at SVMC and allow more patients to receive care closer to home and at a lower cost.

To predict the number of infusion spaces required to accommodate 19 infusions cases per day queueing theory was leveraged. Infusions fall broadly into six categories, each with a specific time requirement for use of the infusion space and frequency of occurrence.

<sup>3</sup> Rahib et al (2014) Projecting cancer incidence and death to 2030. *Cancer Res* 74(11); 2913-2921.  
Weir et al (2021) Cancer incidence projections in the United States between 2015 and 2050. *Prev Chronic Dis* 18; 210006.

Procedure	Total Time (minutes)	Percent of encounters
Infusion & Transfusion complex	264	0.8%
Infusion & Transfusion simple	233	0.2%
Infusion complex	122	55.6%
Infusion simple	74	41.0%
Transfusion complex	157	0.6%
Transfusion simple	152	1.7%

The simulation was optimized for a schedule of 8 am to 5 pm and included 15 minutes between cases for room cleaning. The model output indicated that 10 infusion rooms can handle 16 patients per day, while 11 rooms were required for 18 cases, and 12 rooms were capable of treating 21 cases per day. SVMC believes that the layout of the new facility will improve operational efficiency allowing 19 cases per day to be conducted in 11 infusion rooms. Thereby the right-sized design includes 11 infusion spaces for chemotherapy with a supportive number of exam rooms and clinical coordination areas. This design balances quantitative models with qualitative information about utilization, over-crowding, and operational flow.

As described previously, medical infusion will be relocated from the hospital to the new cancer center to gain operational efficiencies, advance the patient experience, and further elevate the quality of care delivered and patient outcomes. The new facility has been designed with 16 multi-use infusion spaces. By relocating medical infusion to the new cancer center the required number of medical infusion spaces can be reduced from 6 to 5. The resulting 16 infusion spaces will optimize operational efficiency.

	Current State	New Cancer Center
<b>Exam Rooms</b>	<b>6</b>	<b>12</b>
<b>Infusion spaces</b>		
Cancer Center	9	Increase from 9 to 11
Hospital	6	Move 5 from hospital to cancer center to gain operational efficiency
<b>Total infusion spaces</b>	<b>15</b>	<b>16</b>

Objectives to be achieved by the project

SVMC seeks to expand and modernize its cancer center to support current and future best-practice cancer care delivery, improve the care experience, and advance efficient operational flow. The project also seeks to improve campus traffic flow, patient wayfinding and patient and staff security. Lastly, completion of this project will provide high quality cancer care close to



home and thereby limit the need for Vermonters to travel beyond the state to obtain advanced personalized oncology treatment.

#### Impact on healthcare costs, access and quality

This project will decrease healthcare spending, improve access to care, and enhance quality and patient outcomes. The goal of the modernized regional cancer center is to treat more cancers locally. Currently the limited capacity of SVMC's cancer center results in some patients seeking care outside Vermont. In addition, SVMC's current facility hampers delivery of some new treatment regimens and thereby limits the types of cancers that can be treated at SVMC. The new facility will provide additional access to cancer care and expand the types of cancers that can be treated locally at SVMC. The location where healthcare spending occurs will shift from other institutions, mostly beyond Vermont, to SVMC. Maintaining care at SVMC will further enhance quality as it will ensure communication with other members of the care team, particularly the local primary care providers of cancer patients.

Although this project will shift healthcare spending to SVMC, rate increases will not be required for sustainability. Operational expense reductions have been identified to offset the additional net operating expenses created by the project (see the section below, financial impact of the project and appendix #5 GMCB financial tables).

In addition to improving access to care this project will improve the patient experience. The improved site plan will enhance traffic flow and provide convenient parking while the single entrance will improve patient wayfinding. The layout of the modernized cancer center considers the patient journey and thoughtfully creates sensible adjacencies. For example, phlebotomy, which is frequently required for monitoring progress throughout the course of cancer treatment, is conveniently located near the patient entrance. The infusion rooms, in which patients spend multiple consecutive hours, are oriented to a view of the mountains to reduce stress. Lastly, the new facility will be outfitted with video surveillance and lock-down capabilities to deter and mitigate threats thereby addressing patient and staff security.

This project will also enhance quality. For example, the current dislocation of the cancer center pharmacy and infusion spaces creates barriers to communication and oversight of medication delivery. Centralizing pharmacy within the infusion suite will ensure quality delivery of complex medication-based therapies, particularly innovative clinical trials available through Dartmouth's Cancer Center.

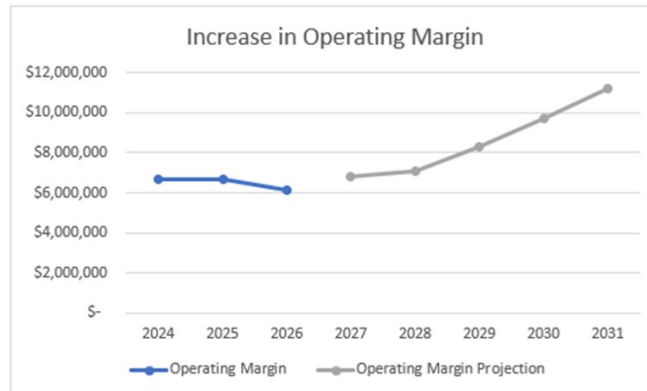
#### Financial impact of the project on SVMC

The standard financial tables from the Green Mountain Care Board for CON projects appear in appendix 5- GMCB financial tables. The increased patient and procedure volume afforded by the

new facility will provide an additional \$12 million in contribution over the first 5 years of the new facility and an additional \$4-5 million each year subsequently. A detailed financial pro forma of the cancer center appears in appendix 6- Financial pro forma. The table below summarizes the impact of increased patient access on service line revenue and expenses.

	2024	2025	2026	2027	2028	2029	2030	2031
	Year -2	Year -1	Year 0	Year 1	Year 2	Year 3	Year 4	Year 5
<b><u>Volumes Procedures</u></b>								
Medication Oncology								
Provider visits	5339	5,446	5,555	5,832	6,241	6,865	7,551	8,306
Visits/Procedures	7973	8,132	8,295	8,710	9,320	10,252	11,277	12,404
Radiation Oncology	3293	3,359	3,378	3,426	3,495	3,595	3,697	3,803
Palliative Care visits	747	762	777	816	873	960	1,056	1,162
Medication Infusions	0	0	0	3,018	3,123	3,279	3,443	3,615
<b><u>Reimbursement</u></b>								
Gross Revenue	\$ 45,996,447	\$ 47,387,464	\$ 48,661,986	\$ 55,575,807	\$ 59,336,098	\$ 64,852,345	\$ 70,934,643	\$ 77,643,103
<b><u>Net Reimbursement</u></b>								
Medication Oncology	\$ 2,318,372	\$ 2,388,555	\$ 2,460,689	\$ 2,609,561	\$ 2,820,152	\$ 3,133,189	\$ 3,480,973	\$ 3,867,361
Pharmacy	11,247,747	11,587,429	11,937,369	12,659,580	13,681,208	15,199,823	16,887,003	18,761,460
Radiation Oncology	4,724,742	4,868,168	4,944,946	5,065,744	5,218,730	5,421,515	5,632,179	5,851,030
Palliative Care	61,025	62,868	64,767	68,685	74,228	82,468	91,621	101,791
Medication Infusion	-	-	-	1,557,652	1,628,283	1,726,710	1,831,197	1,941,899
<b>Total Net Reimbursement</b>	<b>\$ 18,351,886</b>	<b>\$ 18,907,020</b>	<b>\$ 19,407,772</b>	<b>\$ 21,961,223</b>	<b>\$ 23,422,602</b>	<b>\$ 25,563,704</b>	<b>\$ 27,922,974</b>	<b>\$ 30,523,541</b>
<b><u>Operating Expenses</u></b>								
Staff Salaries and wages	\$ 2,818,941	\$ 3,071,225	\$ 3,685,414	\$ 4,160,886	\$ 4,325,279	\$ 4,496,187	\$ 4,673,868	\$ 4,858,591
Staff Benefits	845,682	921,367	1,105,624	1,248,266	1,297,584	1,348,856	1,402,160	1,457,577
Supplies	143,928	146,806	149,564	169,005	179,763	196,167	214,154	233,877
Heat, Light, ect	119,925	122,324	124,770	131,008	140,179	154,197	169,617	186,578
Other	707,219	721,364	727,844	762,380	786,739	823,130	861,933	903,351
Provider tax	43,512	44,382	44,952	58,366	61,023	64,979	69,254	73,875
Pharmacy Drug Expense	3,036,892	3,128,606	3,223,090	3,434,856	3,711,283	4,122,175	4,578,625	5,085,685
Purchased Services	653,157	685,815	720,105	773,311	830,037	890,503	954,939	1,023,594
Software Services	163,225	171,386	179,955	188,953	198,401	208,321	218,737	229,673
Depreciation	-	-	-	376,859	753,717	753,717	753,717	753,717
Debt service	-	-	-	410,498	540,126	531,507	522,446	512,923
Dartmouth Hitchcock PSA and Locum	3,151,024	3,245,554	3,342,921	3,443,208	3,546,505	3,652,900	3,775,178	3,967,892
<b>Total Operating Expenses</b>	<b>\$ 11,683,504</b>	<b>\$ 12,258,828</b>	<b>\$ 13,304,240</b>	<b>\$ 15,157,597</b>	<b>\$ 16,370,636</b>	<b>\$ 17,242,638</b>	<b>\$ 18,194,629</b>	<b>\$ 19,287,333</b>
<b>Operating Gain (loss) from operations</b>	<b>\$ 6,668,382</b>	<b>\$ 6,648,192</b>	<b>\$ 6,103,532</b>	<b>\$ 6,803,626</b>	<b>\$ 7,051,966</b>	<b>\$ 8,321,066</b>	<b>\$ 9,728,346</b>	<b>\$ 11,236,208</b>

The financial projections indicate an increasing operating margin (graph below) primarily driven by increased patient access – the repatriation of patients currently out-migrating to other institutions for care and the increase in new patients commensurate with the projected elevation in cancer incidence. Note that expenses also scale with caring for more patients.



The increase in operating margin may appear to be a windfall of revenue for SVMC, it is not. First, the gain in revenue from delivering care to repatriated Vermonters is actually a saving for Vermonters who otherwise would seek care at higher cost institutions outside of Vermont. Second, the majority of the financial gain results from treating more patients from New York and Massachusetts. As such, the gains projected are a redistribution and reduction in Vermont's healthcare dollars that otherwise would be spent elsewhere.

The new cancer center facility will create career-stable, professional jobs. The new facility will allow the addition of more than 10 staff in positions with salaries above the region's average wage. Registered nurses, patient navigators, and reception staff are only a few of the employment classes that will be afforded opportunities in the new facility.

	2024	2025	2026	2027	2028	2029	2030	2031
	Year -2	Year -1	Year 0	Year 1	Year 2	Year 3	Year 4	Year 5
<b>FTEs</b>								
Staff								
Cancer Center Clinical	31.50	33.00	39.90	40.40	40.40	40.40	40.40	40.40
Medical Infusion	0.00	0.00	0.00	2.75	2.75	2.75	2.75	2.75
Support departments	0.00	0.00	0.00	1.25	1.25	1.25	1.25	1.25
<b>Total Staff</b>	<b>31.50</b>	<b>33.00</b>	<b>39.90</b>	<b>44.40</b>	<b>44.40</b>	<b>44.40</b>	<b>44.40</b>	<b>44.40</b>

Project beginning and completion date

SVMC is poised to begin the project upon approval from the GMCB. Appendix 1 illustrates the timeline for the project. Discussions with construction project management firms indicate that

the post-COVID contractor shortage is waning – contractors and tradespeople are available to engage with this project. Gaining swift approval for this project is essential to;

- Take advantage of the available contractor workforce, a rare moment
- Manage project costs and prevent any project cost escalation
- Because of this project's importance to Vermonters.

Towards swift project delivery SVMC is advancing through detailed design, development of construction documents, and other permitting while the CON application is being reviewed. SVMC understand that any spending prior to CON approval will accrue to the total project costs and should not have future budget implications if the project does not receive CON approval.

Ground breaking would occur in July 2025 and require 18 months of construction across several phases. First patients would be treated in the new facility in January 2027.

## **HRAP CON Standards and Statutory Criteria**

This project serves the public good, meets the required CON statutory criteria, and aligns with the Health Resource Allocation Plan as described below.

### **CON Statutory Criteria 1- the proposed project aligns with statewide health reform goals and principles because the project:**

#### **(A) takes into consideration health care payment and delivery system reform initiatives:**

Payment and delivery system reform initiatives dovetail in several ways with the proposed project to modernize SVMC's regional cancer center. Reform initiatives seek to:

- Increase access to care
- Improve care quality
- Enhance the patient experience
- Decrease the total cost of care.

The proposed project specifically improves these dimensions in salient ways. This project creates more exam rooms and infusion space thereby increasing access to care.

The project improves quality by building adequate space and appropriate adjacencies for the multidisciplinary team to participate in every patient's cancer treatment plan and deepen collaboration with palliative care specialists, social workers and dietitians. Similarly, relocating the pharmacy central to the infusion suite will ensure best-practice therapy preparation and delivery.

This project will increase the patient experience by addressing the current known challenges of the experience of SVMC's cancer patients including by improving wayfinding, privacy, and enhancing the soothing and healing environment. For example, the dedicated catheter and venous port maintenance area will offer needed privacy and be a stark departure from current use of a public space for this very sensitive service. The large windows in the infusion spaces will allow natural light and a view of the mountains, both known best-practices for soothing long arduous oncology treatments and reducing corollary use of nausea and pain medications.

Lastly the project will lower the total cost of care by repatriating patients that are seeking care at more costly sites of service outside Vermont.

SVMC's regional cancer center, in partnership with the Dartmouth's Cancer Center, delivers best-practice, cutting-edge cancer treatments. The new facility will reflect the high quality personalized care delivered by SVMC's cancer center team.

**(B) addresses current and future community needs in a manner that balances statewide needs, if applicable;**

The current and future demand for cancer care by the communities served by SVMC were carefully considered when developing the scope and scale of the proposed project. Most notably, the number and type of treatment spaces in the expanded cancer center was determined by careful modelling community demand (see page 20, Need for project). This project balances the local communities needs for convenient, high quality cancer care relative to the statewide need to reduce overall healthcare utilization, healthcare spending, and sensibly contain healthcare costs.

**(C) is consistent with appropriate allocation of health care resources including appropriate utilization of services as identified in the HRAP pursuant to section 9405 of this title.**

The project is consistent with the current Health Resource Allocation Plan as evidenced by alignment with specific CON standards in the Health Resource Allocation Plan described below.

**Triple Aims: Institute of Healthcare Improvement (IHI), Triple Aims: Explain how your project is:**

**(a) improving the individual experience of care;**

Due to facility constraints access to SVMC's cancer center is limited. However, the SVMC cancer center teams delivers an exceptional patient experience when patients can access care. Patient experience reports from Press Ganey, a national patient experience survey vendor, indicate that SVMC's cancer program is best in class with more than 95% of patients rating the service a 9 or 10 (out of a scale from 0-10, with 10 being best, data from the last 6 months). Similarly, more than 93% of patients were highly likely to recommend SVMC's cancer program to other patients. Meanwhile less than 80% of patients consider it easy to access SVMC's excellent cancer care. The primary barrier to care access is the facility. The facility's limited numbers of exam rooms and medication infusion spaces, as well as poor layout, crimp operational efficiency and limit the number of patients that can be cared for each day. The proposed project builds a new cancer center facility with double the number of exam rooms and more infusion spaces. Thereby this project directly addresses the primary issues limiting SVMC's ability to deliver an outstanding patient experience to all who need cancer care.

In addition to increasing access to care, the new facility will further enhance the patient experience:

- Large windows in each medication infusion space will decrease the need for adjunctive nausea and pain medications.
- The site plan associated with the new facility will improve traffic flow, parking, safety, and wayfinding.

The new facility will create a soothing environment for patients that supports healing.

**(b) improving the health of the population**

High quality cancer care saves lives. There is a large canon of peer reviewed studies demonstrating that cancer treatment regiments are effective and deliver high quality outcomes. In partnership with Dartmouth’s Cancer Center, SVMC’s team deploys research-backed, evidence-based cancer care. Each new cancer case is reviewed and scrutinized by a multidiscipline team of specialists from SVMC and Dartmouth to ensure the prescribed treatment incorporates the latest, best science. SVMC seeks to expand the regional cancer center facility to bring high quality cancer care to more Vermonters.

**(c) reducing the per capita costs of care for populations**

SVMC’s care is a good value to patients and Vermont (particularly Vermont Medicaid). SVMC provides high quality care at a low cost to patients relative to neighboring hospitals as demonstrated by the National Academy for State Health Policy (NASHP) data (release July 2024).

Hospital Name	Cost to patients or insurers for a generalized unit of care	Hospital expenses to deliver a generalized unit of care
ALBANY MEDICAL CENTER HOSPITAL	\$ 21,025	\$ 19,375
RUTLAND REGIONAL MEDICAL CENTER	\$ 16,302	\$ 14,415
BRATTLEBORO MEMORIAL HOSPITAL	\$ 13,391	\$ 13,643
BERKSHIRE MEDICAL CENTER	\$ 12,802	\$ 11,912
ST. PETERS HOSPITAL	\$ 12,443	\$ 10,418
SOUTHWESTERN VERMONT MEDICAL CENTER	\$ 10,061	\$ 9,478

Although this data is not specific to oncology care, the table above shows that, in general, SVMC charges patients and insurers less than other hospitals in the region (left column) and runs efficient operations (right column).

During development of SVMC's 2023 budget submission, the Green Mountain Care Board provided data showing the difference in the cost to deliver care between Vermont hospitals. The analysis used the state's all-payer claims database, VHCURES data, and Medicare cost reports. In general, SVMC's payments and costs were deemed reasonable and comparable to other Vermont institutions. Those data reflect SVMC's continued effort to deliver high-value care to reduce the per capita total cost of care.

The proposed expanded and modernized cancer center will increase access to high-value care provided by SVMC, thereby allowing more Vermonters to seek care locally rather than travel to more expensive hospitals out of state.

**CON Standard 1.4: If an applicant proposes services for which a higher volume of such service is positively correlated to better quality, the applicant shall show that it will be able to maintain appropriate volume for the service and that the addition of the service at the facility will not erode volume at any other Vermont facility in such a way that quality at that could be compromised.**

The SVMC regional cancer center will maintain sufficient volumes to ensure high quality care and positive patient outcomes. Peer reviewed literature indicates that only some complex cancer treatments involving complicated surgeries require higher volumes of care to maintain quality. Due to standardize protocols, the majority of cancer treatments deliver comparable outcomes even when delivered infrequently<sup>4</sup>. Bolstering this position is the observation that as cancer treatment protocols for most common cancers have become more standardized, death rates at most cancer centers across the nation have declined (51% decrease in deaths from lung cancer from 1990-2017 and 40% decrease in breast cancer deaths from 1989-2017). The overall quality of the care delivered at a specific cancer center has a larger impact on outcomes than does volumes or frequency of specific cancer treatments delivered.

Linkage to Dartmouth's Cancer Center further ensures the oncology treatments at SVMC meet the highest standards of quality. Through telemedicine connections, SVMC's oncology cases are presented at the Dartmouth tumor board, where treatment regimens are scrutinized and evidence-based practices ensured. The course of treatment for all patients undergoes review regardless of their cancer type, treatment complexity, or frequency of use of a specific treatment regimen at SVMC and these collaborative efforts ensure best-practice, high quality care.

SVMC's cancer center is accredited by the American College of Surgeons Commission on Cancer and has received several awards for quality including designation as a high quality regional center by the National Cancer Institute. These awards demonstrate SVMC's adherence

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<sup>4</sup> Vardy and Tannock (2004) Quality of Cancer Care. *Annals of Oncology* 15(7): 1001-1006.

Hilner et al. (2000) Hospital and physician volume or specialization and outcomes in cancer treatment: importance in quality of cancer care. *J Clin Oncol* 18(11): 2327-2340.



to strict quality standards. The accreditation also requires SVMC to conduct studies of quality and undergo performance improvement projects, many of which are aligned with the goals in Vermont's Cancer Plan. For example, the SVMC cancer center is engaged in an effort to increase the colorectal screening rate in the service area through a comprehensive improvement plan with multiple interventions that span scales. The expanded cancer center facility will further enhance SVMC's ability to deliver elements in Vermont's Cancer Plan to the communities it serves.

**CON Standard 1.6: Applicants seeking to develop a new healthcare project shall explain how the applicant will collect and monitor data relating to health care quality and outcomes related to the proposed new health care project. To the extent practicable, such data collection and monitoring shall be aligned with related data collection and monitoring efforts, whether within the applicant's organization, other organizations or the government.**

SVMC's regional cancer center reports diagnostic and treatment data to both the Vermont and national cancer registries and databases. This project will not alter data collection, monitoring, or reporting. SVMC cancer center leadership values reporting to registries and databases, because the resulting compilations allow effective comparison of SVMC's cancer treatment performance and cancer incidence with other like institutions and regions. This project will not decrease SVMC's committed to data collection and monitoring of cancer incidence and treatment efficacy specified by societies, organizations, and government agencies.

**CON Standard 1.7: Applicants seeking to develop a new healthcare project shall explain how such project is consistent with evidence-based practice. Such explanation may include a description of how practitioners will be made aware of evidence based practice guidelines and how such guidelines will be incorporated into ongoing decision making. (2005 State Health plan, page 48)**

The SVMC cancer center team makes every effort to ensure treatments adhere to the most up-to-date, best evidence-based medicine. Each cancer case is reviewed by a multidisciplinary team to ensure best-practice approaches to diagnosis and treatment. This team includes members from Dartmouth's Cancer Center which monitor changing evidence-based practices and facilitate rapid clinical adoption. The multidisciplinary discussion ensures dissemination and implementation of changing best practice. Consideration of practice changes are integrated into decision making about individualized care for patients. As evidence of SVMC's adherence to high-quality best practice care, the SVMC regional cancer center is the only community cancer center in Vermont accredited by the American College of Surgeons, Commission on Cancer.

**CON Standard 1.8: Applicants seeking to develop a new healthcare project shall demonstrate, as appropriate, that the applicant has a comprehensive evidence-based system for controlling infectious disease.**

SVMC is dedicated to limiting infection risk for all patients. The new cancer center design will adhere to all regulations, standards, and recommendations from the Facility Guidelines Institute and The Joint Commission. In addition, the design of the facility integrates best-practices for mitigating infection transfer between patients. For example, medication infusion rooms will be separated by hard walls rather than curtains because curtains are a known infectious disease transmission risk. The facility layout also includes a dedicated infusion space and bathroom for patients requiring infectious isolation.

SVMC's infection prevention team will scrutinize the detailed cancer center design to ensure it supports the best evidence-based practice for infection control. Moreover, this team will be active during construction to ensure that staff maintain infection prevention protocols and processes during the various construction phases, as the cancer center will continue to treat patients during construction.

Lastly, all SVMC staff are mandated as a requirement for employment to receive vaccinations including the annual flu vaccine. All staff are also required to complete annual training in infection prevention. These measures ensure knowledge and use of the latest practices for controlling the spread of infectious diseases.

**CON Standard 1.9: Applicants proposing construction projects shall show that costs and methods of the proposed construction are necessary and reasonable. Applicants shall show that the project is cost-effective and that reasonable energy conservation measures have been taken.**

The costs and methods of the proposed project are necessary and reasonable. Total project cost is estimated to be \$21,000,000 comprised of several components;

### SVMC Cancer Center Modernization

	Project Budget
<b>Construction Costs</b>	
New Construction	\$ 12,649,299
Renovation	802,814
Site Work	1,728,288
Fixed Equipment	-
Furnishings, Fixtures & Other Equip	1,000,000
<b>Facility Subtotal</b>	<b>16,180,401</b>
Architecturals/Engineering Fees	1,437,839
Design/Bidding Contingency	1,145,691
Construction Contingency	358,028
Construction Manager Fee	791,038
Administrative Expenses/Permits	487,004
Debt Financing Expense	600,000
<b>Admin and Contingency Subtotal</b>	<b>\$ 4,819,599</b>
<b>Total Project Cost</b>	<b><u>\$ 21,000,000</u></b>

These costs are reasonable and necessary for the scope, scale, complexity, and style of construction. SVMC’s architectural partner has extensive experience designing and building healthcare facilities and have validated these project cost estimates. In addition, SVMC has contracted with Skanska USA to further scrutinize the design and project costs to optimize constructability, limit project adjustments and cost overruns, and maximize subsequent operational efficiency.

Through SVMC’s partnership with Efficiency Vermont, all appropriate energy conservation initiatives have been integrated into the project (see letter of support from Efficiency Vermont in appendix 7).

**CON Standard 1.10: Applicants proposing new health care projects requiring construction shall show such projects are energy efficient. As appropriate, applicants shall show that Efficiency Vermont, or an organization with similar expertise, has been consulted on the proposal.**

Efficiency Vermont has been an active participant in the design of this project. Efficiency Vermont has assigned a designated energy consultant to review the project design and support energy efficiency initiatives. By partnering with Efficiency Vermont, SVMC is ensuring that every effort is being taken towards energy efficiency within the specifications of this project. A letter confirming engagement of Efficiency Vermont and their input appears in appendix 7.

**CON Standard 1.11: Applicants proposing new health care projects requiring new construction shall demonstrate that new construction is the more appropriate alternative when compared to renovation.**

SVMC proposes to build a new 17,900 sq ft cancer center. SVMC Cancer center is undersized and mismatched to the patient demand. The current cancer center is only 12,500 sq ft, while patient demand has informed a plan to build 17,900 sq ft, a 43% increase in space needed. The current space, even if renovated would be insufficient to meet patient needs.

SVMC explored the option of renovating the current cancer. In addition to the space being of insufficient scale, new construction was deemed more appropriate for the following reasons;

- The cancer center would need to continue to operate while the renovation occurred. Cancer patients typically are immunocompromised and executing a complex renovation amidst fragile patients would be very difficult. Much of the renovation work would need to be conducted during non-patient care hours and at night, with daily extensive cleanup of space to limit infectious risk.
- Any renovation of the cancer center would need to occur in phases, thereby extending the duration of the project and the disruption to patients.
- Cost estimates for renovation were considerably higher than new construction because of the projects phasing, longer project timeline, and measures required to keep patients safe during the renovation.

For this project, renovation is not possible and new construction is a more appropriate alternative.

Note that other sites on SVMC's Bennington campus were considered for renovation and relocation of the cancer center. No other sites were of sufficient size to accommodate a renovation that would meet current and future patient demand.

**CON Standard 1.12: New construction health care projects shall comply with the Guidelines for Design and Construction of Health Care Facilities as issued by the Facility Guidelines Institute (FGI), current edition. Cite Bulletin 001 for CON.**

This project complies with the standards of the 2018 Guidelines for Design and Construction of Health Care Facilities from the Facilities Guidelines Institute (FGI). Attestation of compliance with the guidelines across the entire project is provided in a letter and completed FGI checklist from SVMC's architectural partner (appendix 8- FGI letter and checklist).

**CON Standard 3.4: Applicants subject to budget review shall demonstrate that a proposed project has been included in hospital budget submissions or explain why inclusion was not feasible.**

For several years, the cancer center modernization project has been included in the narrative of SVMC's fiscal budget submitted to the GMCB. Recently the project's scope and cost have been updated. This CON application submission reflects the refined schematic design and project cost estimates.

**CON STANDARD 3.5: Magnetic resonance imaging (MRI) capacity shall not be increased until current capacity is in excess of valid state, regional and/or national benchmarks for medically necessary exams per year and sufficient additional need is demonstrated based on such benchmarks. An applicant proposing a project involving MRI shall provide information on current use, document the effectiveness of the internal program utilized by the applicant to prevent overuse, and verify that the applicant does not have financial incentives in place to encourage MRI utilization.**

This project does not include increasing Magnetic resonance imaging capacity.

**CON STANDARD 3.6: Computed tomographic (CT) scanning capacity shall not be increased until current capacity is in excess of valid state, regional and/or national benchmarks for medically necessary exams per year and sufficient additional need is demonstrated based on such benchmarks. An applicant proposing a project involving CT shall provide information on current use, document the effectiveness of the internal program utilized by the applicant to prevent overuse, and verify that the applicant does not have financial incentives in place to encourage CT utilization.**

This project will not expand CT services at SVMC. This project does not alter the linear accelerator used for radiation oncology treatment.

**CON STANDARD 3.7: Applicants proposing to replace diagnostic or therapeutic equipment shall demonstrate that existing equipment is fully depreciated, or the cost of the early replacement, including the cost of the remaining depreciation on existing equipment, is less costly than keeping the existing equipment.**

No major movable or fixed diagnostic or therapeutic equipment (x-ray, magnetic resonance imaging (MRI), computerized axial tomography (CAT or CT scanner), linear accelerator, etc.) is being purchased or installed as part of this project. Thereby no depreciation estimates of existing diagnostic or therapeutic equipment have been provided.

**CON Standard 3.12: Any applicant seeking to expand services for potentially terminally ill patients shall explain what efforts the applicant has taken or will undertake which support high quality, patient centered palliative and end of life care. Such efforts should include training and collaboration with other health care and hospice providers to facilitate high quality patient centered end of life care.**

A residence-trained palliative care physician is embedded within SVMC's regional cancer center. In 2018 a certified palliative care nurse was added to the care team. The oncology and palliative care providers work in close collaboration and function as a single care team, as evidenced by joint participation in multidisciplinary case conferences. Despite excellent collaboration amongst the clinical team, the palliative care team has limited space to meet with patients and family members. This project seeks to provide the palliative care team with a prominent space for consulting patients. The new facility will provide 2 dedicated consult spaces as well as collocate the palliative care team together with both radiation and medical oncology providers. Providing dedicated space for the palliative care team juxtaposed to other oncology providers will increase utilization and enhance efficacy of patient centered palliative care and end of life care.

**CON STANDARD 3.19: An applicant seeking to purchase a piece of diagnostic or therapeutic equipment shall include an analysis of whether other health care system costs may be reduced through more effective interventions through the use of the equipment. As appropriate, hospitals shall provide scientific evidence supporting the migration of such equipment and technology outside of tertiary care facilities.**

No specialized diagnostic or therapeutic equipment is being purchased as part of this project.

**CON STANDARD 3.20: Applications to purchase diagnostic or therapeutic equipment, or to expand facilities to accommodate major medical equipment purchases, shall address the appropriateness of such distribution as compared to population, the availability of appropriately trained personnel, an evaluation of patient need versus convenience, urgent versus non-urgent use, and appropriate protocol to reduce the risk of repetitive testing (both within the facility purchasing the equipment and within the health care system).**

No specialized diagnostic or therapeutic equipment is being purchased as part of this project. The project does create a docking site for the mobile Positron Emission Tomography (PET) trailer that will be relocated from SVMC's imaging department. Nearly all PET scans obtained at SVMC (99.5%) are conducted for cancer patient's treatment planning. It is sensible to relocate the PET scanner from the imaging department to the cancer center to improve patient wayfinding and the patient experience.

Currently, SVMC has one mobile imaging docking pad associated with its imaging department. A contracted mobile magnetic resonance imaging scanner (MRI) occupies the docking pad during weekdays. On Friday evening the trailer housing the MRI scanner moves to an underutilized section of campus parking and the trailer with the PET scanner is positioned on the pad in the imaging department. Patients requiring a PET scan are scheduled for every Saturday (only one day per week), and often have to wait almost a week for an important aspect of their cancer diagnosis and treatment planning.

The new PET scanner pad at the cancer center constructed as part of this project would eliminate the need to move the MRI trailer every week and build resiliency in case one docking station failed. PET scans would still be conducted on only one day per week, yet may shift to a more convenient weekday. The new PET scanner pad would allow the opportunity to accommodate scans on additional days as patient demand increases. However, SVMC does not anticipate increasing the volume of PET scans beyond that commensurate with the projected increase in cancer center patient volume.

Since the current PET scanner is used only one day per week, SVMC has contracted with a mobile PET scanner vendor. SVMC anticipates no increase in the number of days the PET scanner will be available (maintain docking and PET scanner use of 1 day per week), nor an escalation in the number of PET scans conducted as a result of relocating the PET scanner to the cancer center. The PET scans are necessary for identifying the precise location and extent tumors, an essential input to best-practice oncology treatment planning. In particular, radiation oncology treatments that zap tumors with radiation beams require precise determination of the tumor's location and extent to minimize radiation damage to adjacent healthy tissue. The PET scan images are essential to inform radiation oncology treatment.

SVMC conducts 400-450 PET scans annually.

	FY2021	FY2022	FY2023	FY2024	FY2025 Budget
PET Scans	402	408	401	446	452

The volume of PET scans is proportional to the volume of patients treated at SVMC regional cancer center. The volume of patients treated at SVMC’s regional cancer center is projected to increase slightly over the next 7 years during and after construction of the new facility because the new center will increase access allowing repatriation of patients currently seeking care at higher cost sites beyond Vermont. As such, the number of PET scans conducted at SVMC is anticipated to increase slightly. If SVMC’s cancer center successfully attracts more patients to receive care in Vermont than projected, and thereby the PET scan volume exceed the one-day capacity, then SVMC would consider adding an additional day of PET scanner availability through its contract with the vendor. Doing so would only occur if patient diagnoses mandate the need for significant additional PET scan capacity.

**CON STANDARD 3.23: In addition to proving need, applicants seeking to add or expand diagnostic or therapeutic equipment shall show that the equipment reduces costs and/or improves quality.**

The project does not involve adding or expanding diagnostic or therapeutic equipment.

**CON STANDARD 3.25: Any application for a linear accelerator unit shall demonstrate that the accelerator will perform an adequate number of treatments per year, by the second year of operation, based on analyses of state, regional, and national benchmarks, to achieve sufficient utilization and ensure the additional unit is needed and will perform safely, effectively, and efficiently. The minimum number of treatments is 6,000 treatments per year, but this number may be modified based on current science.**

The project does not include the purchase or installation of a linear accelerator. The linear accelerator that is currently in SVMC’s regional cancer center will not be moved or augmented as part of this project. The facility housing the current linear accelerator will not be modified as part of this project. The new cancer center facility has been designed to seamlessly connect to the facility housing the existing linear accelerator.

The new cancer center will enhance the experience for patient undergoing radiation therapy delivered by the linear accelerator. Currently some patients undergoing radiation therapy utilize an accessory entrance that prohibits standardized check-in and efficient operations. The new



facility will standardize patient flow, enhance operational efficiency, and improve the experience of patients undergoing radiation therapy delivered by the existing linear accelerator.

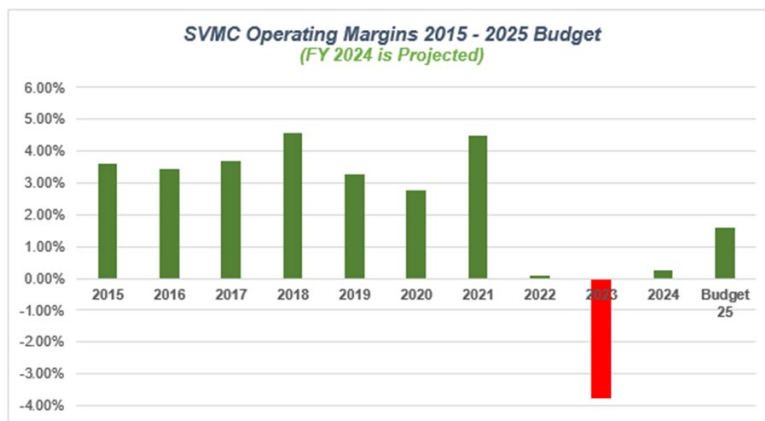
**CON STANDARD 3.26: Any application for radiation therapy service established outside of a tertiary center shall have formal linkages established for on-going utilization review and quality assessment in collaboration with a tertiary center.**

SVMC’s radiation therapy service has formal linkage and collaboration for on-going utilization review and quality assessment with the Dartmouth Cancer Center, a tertiary center. Every case of radiation therapy is reviewed at the Dartmouth Cancer Program tumor board where a multidisciplinary team from across the Dartmouth Cancer Care network scrutinizes the diagnosis and treatment plan to ensure appropriateness relative to best-practice evidence and guidelines. The integration of the SVMC Cancer Center clinical team with that of the Dartmouth Cancer Center ensures that radiation therapy is appropriately utilized and high quality, best-practice care is delivered to every patient.

**CON Statutory Criteria 2- the cost of the project is reasonable, because each of the following conditions is met:**

**(A) The applicant’s financial condition will sustain any financial burden likely to result from completion of the project;**

SVMC’s financial condition will sustain the financial burden of this project. SVMC has a long history of fiscal strength achieved through careful management of operations.



SVMC has budgeted, and fully expects to achieve an operating margin of above 1% in 2025.

Several financial dimensions make this project sustainable for SVMC:

- Philanthropic support and a grant provide nearly half of the \$21M required for the project
- SVMC will access debt for the project through Dartmouth Health's and thereby achieve a favorable interest rate
- The pro forma demonstrates that revenue from the projected increase in patient care volume will offset the project's ongoing expense (depreciation and debt service) (see appendix 6- Financial pro forma and explanation in the section Financial impact of the project on SVMC, on page 25).

This project is a necessary investment for SVMC (and Vermont) to achieve the Oliver Wyman, Act167 recommendation to advance SVMC's American College of Surgeons Commission on Cancer accredited regional cancer center as a center of excellence in cancer care.

**(B) The project will not result in an undue increase in the costs of medical care or an undue impact on the affordability of medical care for consumers. In making a finding under this subdivision, the commissioner shall consider and weigh relevant factors including;**

**(i) the financial implications of the project on hospitals and other clinical settings, including the impact on their services, expenditures, and charges;**

This project to build a new facility for SVMC's cancer center will reduce the cost of medical care for Vermonters. Currently, too many Vermonters seek cancer care beyond Vermont at higher cost institutions because access to care at SVMC's cancer center is cramped by an undersized facility. The new cancer center will open access allowing repatriation of care closer to home and to a lower cost institution. In addition, the increased access will allow more patients from New York and Massachusetts to seek care in Bennington, further off-setting the expense of care to Vermonters (see explanation in section Fiscal impact of the project on SVMC, page 25). This project will not result in an undue increase in the cost of medical care for Vermonters.

This project will not have negative financial implications for other hospitals. The cancer programs at Rutland Regional Medical Center and Brattleboro Memorial Hospital will not be negatively impacted by this project because this project is scoped to meet the current patient demand from southwestern Vermont that is current outmigrating due to access constraints.

This project will not have negative financial implications for other clinical settings. Several SVMC departments anticipate an increase in patient care volume as a result of this project due to reversing patient outmigration. For example, SVMC surgical and endoscopy service are likely to see a lift in patient volume as cancer diagnoses and treatments often require surgery and colonoscopies. SVMC will closely monitor collateral volume of other services and adjust service capacity to meet patient demand.

**(ii) whether the impact on services, expenditures, and charges is outweighed by the benefit of the project to the public;**

The project will not result in a corollary request to increase charges as the additional operational expenses will be off-set by additional patient revenue from the increased volume of patient care delivered (see appendix 6- Financial pro forma).

The public will benefit from this project by;

- better access to high quality cancer care
- improved care team coordination and patient outcomes
- applied best practices for medication management during infusion
- enhanced privacy and infectious disease control
- intuitive parking and enhanced wayfinding that improves the patient experience

These benefits will be achieved without increasing the cost of care to Vermonters. As Vermonters repatriate to receive cancer care at SVMC, they will save healthcare dollars and the per capita total cost of care will be decreased relative to if they had continued to seek care at higher cost institutions out of Vermont.

The expenditures associated with this project are outweighed by the benefit of the project to the public.

**(C) less expensive alternatives do not exist, would be unsatisfactory, or are not feasible or appropriate;**

Less expensive alternatives to building a new cancer center are not apparent or appropriate. The current cancer center was built in 1995 and is undersized given the regional demand for high quality cancer care. More importantly the center's layout is outmoded and does not support modern, team-based, cancer care delivery. For example, the distant location of the pharmacy relative to the infusion spaces prohibits best practice management of pharmaceutical delivery. Renovation of the existing space is not possible because the existing space is insufficient, it would be very difficult to execute the renovation while continuing to care for immunocompromised patients, and the cost of renovation was higher than the cost of new construction. The costs associated with each element of the new construction have been carefully scrutinized for value and SVMC believes this project represents a sensible solution to meet patient demand at a reasonable cost.

**(D) if applicable, the applicant has incorporated appropriate energy efficient measures.**

Efficiency Vermont has been an active participant in the design of this project. Efficiency Vermont has assigned a designated energy consultant to review the project design and support energy efficiency initiatives. By partnering with Efficiency Vermont, SVMC is ensuring that effort is being taken towards energy efficiency within the specifications of this project. A letter confirming engagement of Efficiency Vermont appears in appendix 7.

**CON Statutory Criteria 3- There is an identifiable, existing, or reasonably anticipated need for the proposed project that is appropriate for the applicant to provide;**

The incidence of cancer in the Bennington Hospital Service Area (482.7/100,000) is statistically higher than any other region in Vermont and considerably higher than the U.S. average. The service area of SVMC is a national hot spot for cancer. Moreover, the incidence of cancer is project to increase by more than 20% over the next decade. SVMC's regional cancer center is undersized for the current volume of patients treated. Building a new facility for SVMC's cancer center will increase local access to high quality, high value cancer care for Vermonters.

SVMC requests approval to build a new facility for its regional cancer center for the following specific reasons;

- The regional cancer center is treating more than 1,200 patients annually creating crowding within the facility and overwhelming capacity
- The limited number of exam rooms creates inefficiencies and bottlenecks flow as patients, providers, and staff jockey for available exam rooms
- The demand for chemotherapy infusion spaces frequently exceeds capacity resulting in care of patients in public spaces (with patient consent) or patients sharing rooms during infusion (not best practice due to cross infection risk and lack of patient privacy)
- The current facility provides inadequate privacy for maintenance of medication catheters or venous ports
- Inadequate consult space prevents management of at-home, oral medication treatments, an expanding therapeutic approach
- The layout of the current facility hampers care team collaboration and delivery of team-base care
- Inadequate space for provider documentation forces creative space utilization and care team interactions in inadequate spaces
- The location of the pharmacy, remote to the infusion spaces, prevents process improvement to achieve best-practice care standards
- The undersized pharmacy requires pharmacists to use substandard chemical mixing approaches
- Delivery of palliative care and hospice services is hampered by inadequate space for patient consults
- The limited number of exam rooms prohibits oncology specialists from across the Dartmouth Cancer Center from properly engaging patients
- Multiple patient entrances to the cancer center disrupts logical patient flow and limits security

- Lack of adequate and appropriate storage results in undue clutter and operational inefficiencies
- Site traffic flow is challenging for patients and convenient parking is limited

The rationale to modernize SVMC's regional cancer center extends beyond the salient reasons indicated above and reflects an opportunity expand the care delivery model, improve operational efficiency, enhance the patient experience, improve provider and care team collaboration, and facilitate modern cancer care delivery that improves patient outcomes.

In developing the plan for the regional cancer center, SVMC carefully considered information to "right-size" the center. It is critical to meet patient demand yet simultaneously not overbuild. Estimates of infusion spaces needed were derived from population and demographic estimates, cancer incidence rates, together with projections of utilization and space demands. The planned facility is flexible enough to accommodate growth in patient volume without overbuilding.

**CON Statutory Criteria 4- The project will improve the quality of healthcare in the state or provide greater access to healthcare for Vermont's residents, or both;**

This project will improve the quality of healthcare in Vermont and provide greater access to high quality cancer care. Access to cancer care in Bennington is hampered by the current cramped facility with limited number of exam rooms and treatment spaces. Moreover, the layout of the current facility fragments the care delivery and prevents appropriate privacy thereby compromising the patient experience. The modernized cancer center will provide more exam rooms and infusion spaces, improve care coordination and increase patient privacy. Many other features of this project will improve the quality of care proved by SVMC's regional cancer center, such that Vermonters will have increased access to high-quality, high-value care.

**CON Statutory Criteria 5- The project will not have an undue adverse impact on any other existing services provided by the applicant;**

Modernizing SVMC's cancer center will not have undue adverse impact on any other existing services provided by SVMC. Rather some existing services are likely to experience benefit. The current cancer center layout limits the number of patients that can be treated and thereby limits the ease of referrals from primary care and general surgery. The modernized cancer center will have more exam rooms thereby increasing efficiency of providers allowing more patients to be consulted and treated. Increasing access to local oncology care will lessen the burden of coordinating cancer care at a distant, out-of-state institution by primary care or general surgery services. Modernizing the cancer center will positively impact SVMC services beyond the cancer center.

**CON Statutory Criteria 6- REPEALED**

**CON Statutory Criteria 7- The applicant has adequately considered the availability of affordable, accessible transportation services to the facility, if applicable.**

The SVMC Cancer Center is less than one mile from downtown Bennington and served by public transportation. Patients in need are provided rides through the local Council on Aging while others are offered taxi vouchers and gas cards. SVMC coordinates transportation of patients from farther away in Vermont, New York, and Massachusetts through publically funded programs for the disabled and elderly. SVMC collaborates with regional transportation services for patients with Medicaid coverage. SVMC also seeks extramural funds from agencies and foundations to provide resources for transportation. SVMC oncology team works with each individual patient facing transportation challenges to develop a customized solution that meets their specific needs.

**CON Statutory Criteria 8- If the application is for the purchase or lease of new health care information technology, it conforms with the Health Information Technology Plan established under section 9351 of this title.**

No new information technology is being purchased as part of this project.

**CON Statutory Criteria 9- The applicant must show the project will support equal access to appropriate mental health care that meets the Institute of Medicine's triple aims. 18 V.S.A. § 9437(9). "The project will support equal access to appropriate mental health care that meets standards of quality, access, and affordability equivalent to other components of health care as part of an integrated, holistic system of care, as appropriate."**

Being diagnosed with cancer can be mentally and emotionally devastating meanwhile cancer treatment can be extensive, difficult, and strain one's resolve. SVMC seriously considers how best to support the mental health of every cancer patient. The mental health support is anchored by individual and family counselling by an embedded social worker with experience in the specific challenges associated with cancer and oncology care. To ensure accessibility, mental health services are provided in-person, telephonically, and by video conference. At each treatment visit the oncology care team assesses the patient's mental health and the need for additional supportive resources. As the COVID-19 pandemic wains cancer patient peer support groups have commenced. Lastly, SVMC avails patients of national mental health support resources specific for oncology patients through fliers and handouts.

FINANCIAL TABLES

The standard financial tables from the Green Mountain Care Board for CON projects appear in appendix 5 and illustrate the financial impact of the \$21M project on SVMC's operations.

## Appendix 1- Timeline

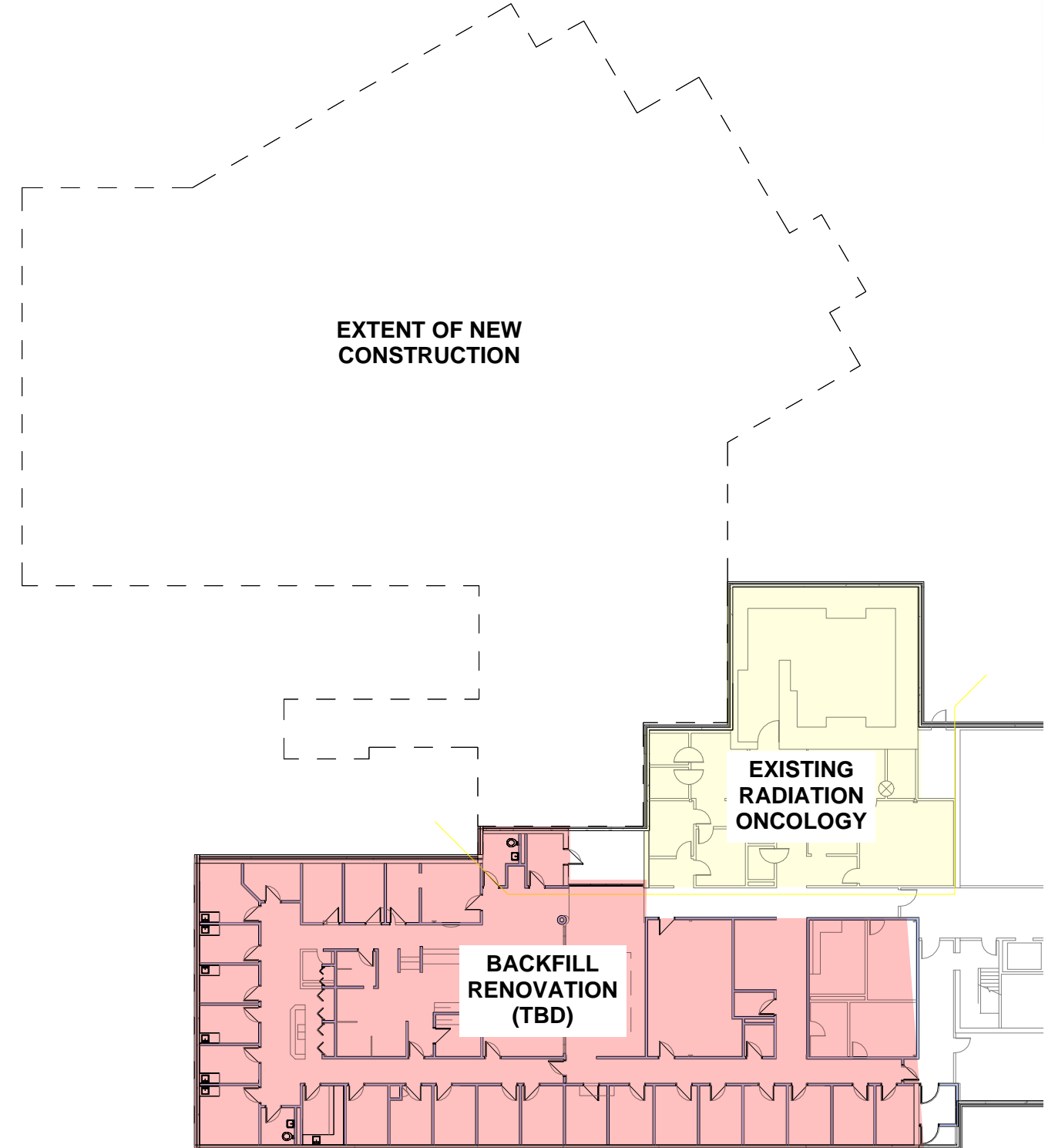
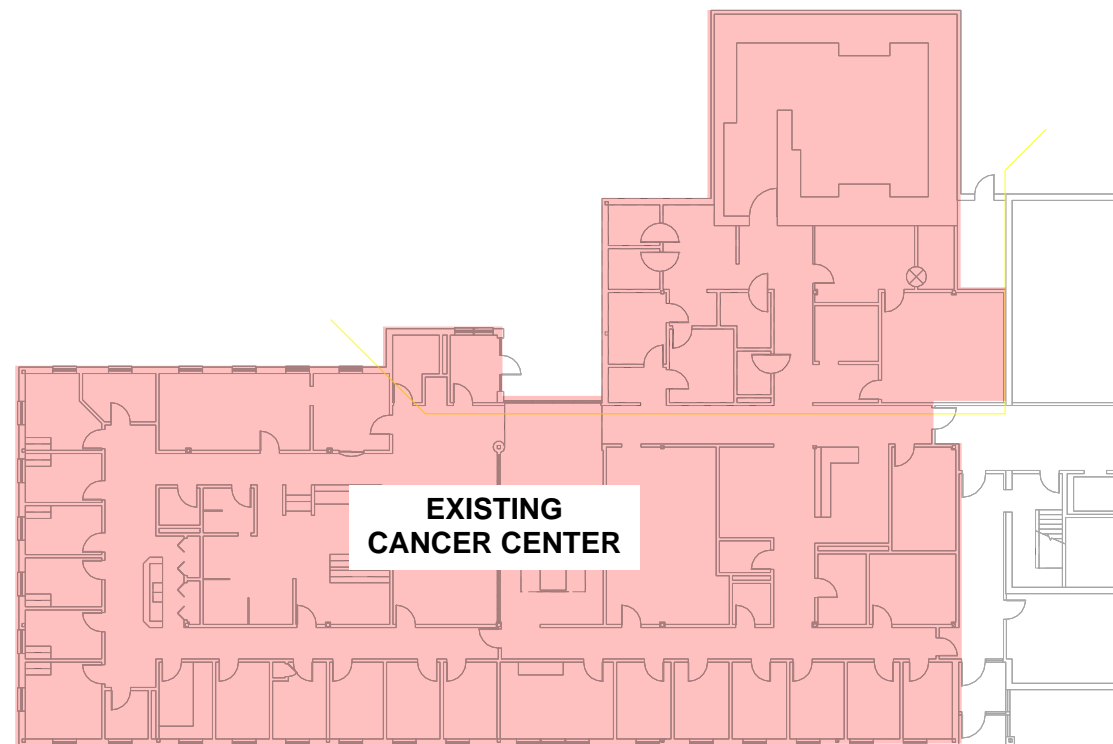
### SVMC Cancer Center Modernization Project Timeline

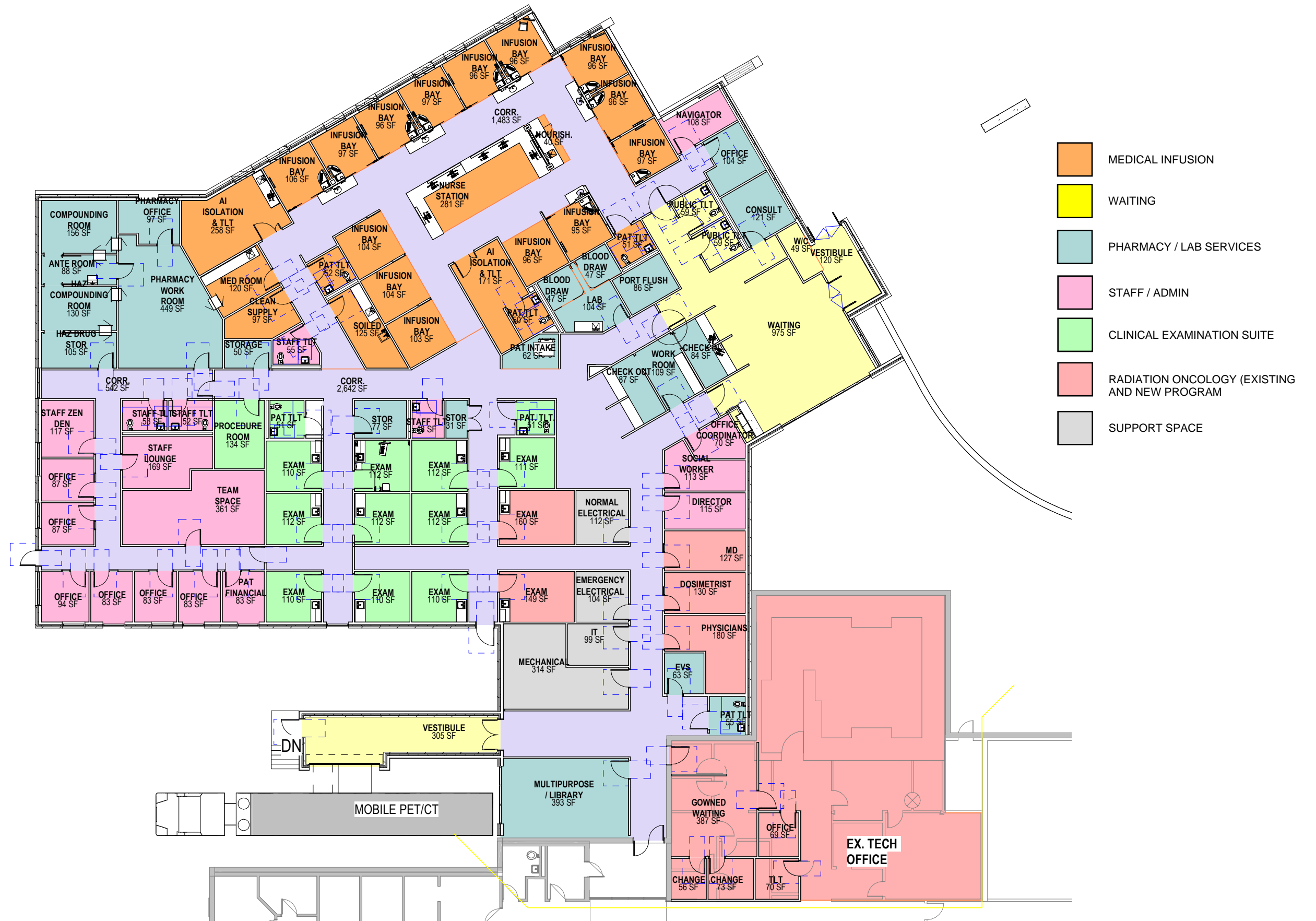
Activity	Duration	Completed
Obtain CON approval	6 months	Apr 25
Construction Manager selection	2 months	Jan 25
Complete detailed design	3 months	Apr 25
Develop construction documents	1 month	Jun 25
Begin preconstruction activities	2 months	Jun 25
Obtain other permits (Act250)	1 month	Jul 25
Start Construction	18 months of construction	Jul 25
Complete phase 1 construction	12 months	Jul 26
Complete phase 2 const and site work	5 months	Dec 26
End Construction/Project Complete		Jan 27

This timeline will deliver a facility that will give Vermonters local access high-quality, high-value cancer care. The timeline includes an 8 month permitting process, including a 6 month CON process. In an effort to advance this important project, during the 8 month permitting process, SVMC will leverage HRSA grant funds to complete detailed design, develop construction documents, and obtain contractor bids. The HRSA funds and these efforts will allow the project to be ‘construction-ready’ such that the project can advance quickly once CON approval and other permits are obtained. The 18 months of construction will be efficiently managed so that the project is delivered on-time with first patients being seen in January 2027. The sooner this project is approved and completed, the sooner more Vermonters will have local access to high quality cancer care that lowers the total cost of care.



Appendix 2





# Southwestern Vermont Medical Center

Cancer Center

OVERALL PLAN

SCALE: 1" = 20'-0"



10/02/2024

LAVALLEE BRENSINGER ARCHITECTS



# Southwestern Vermont Medical Center

Cancer Center

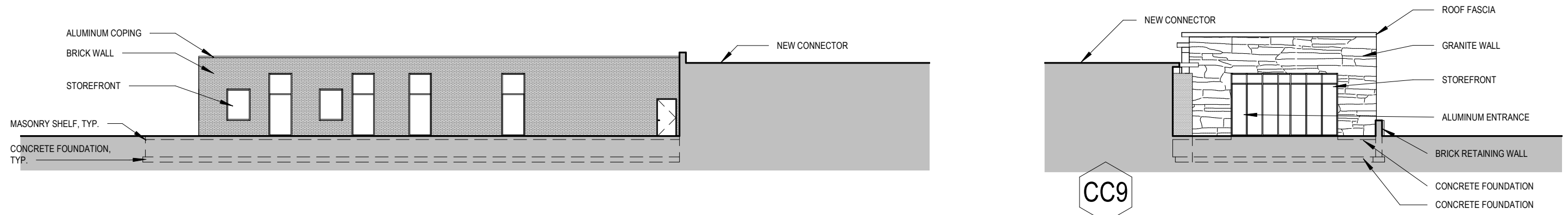
DIMENSION PLAN

SCALE: 1" = 20'-0"

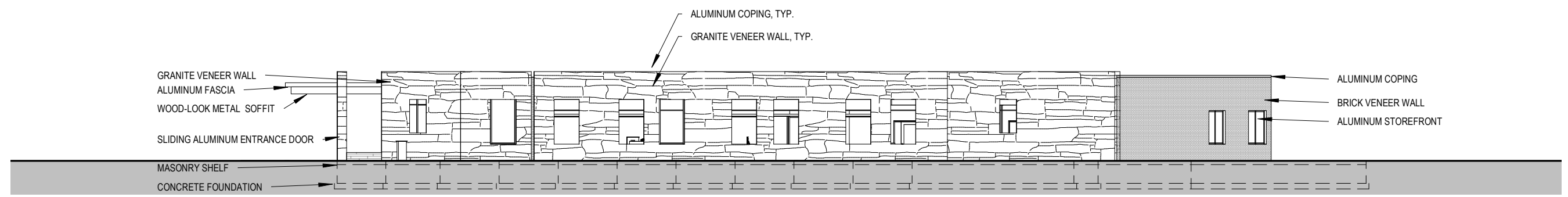
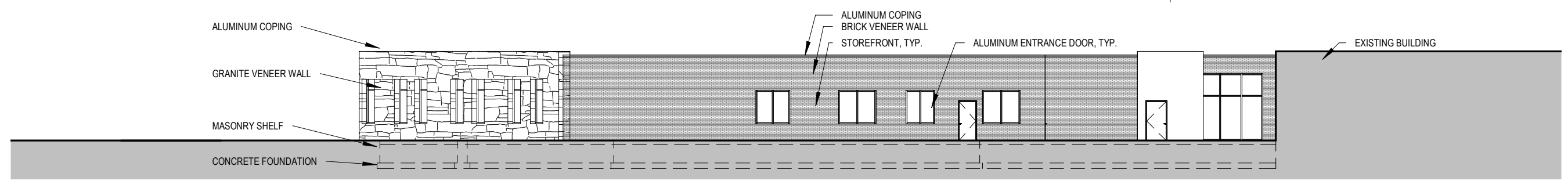
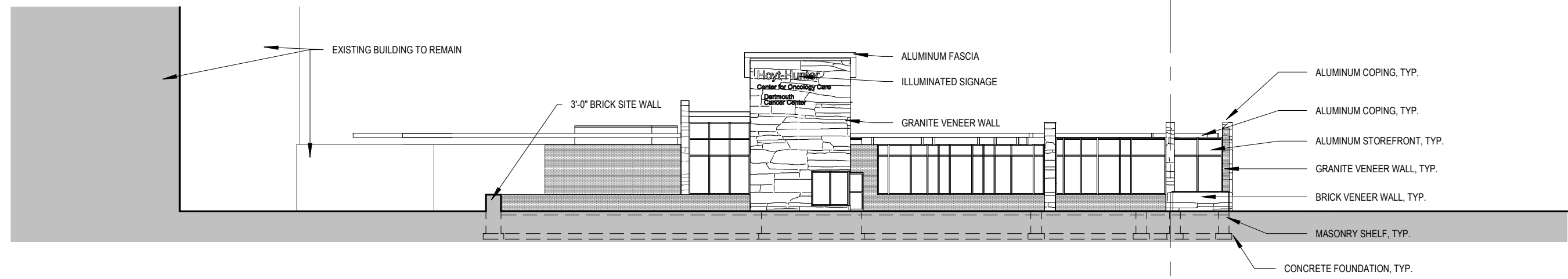


10/02/2024

LAVALLEE BRENSINGER ARCHITECTS



CC9



# Southwestern Vermont Medical Center

Cancer Center

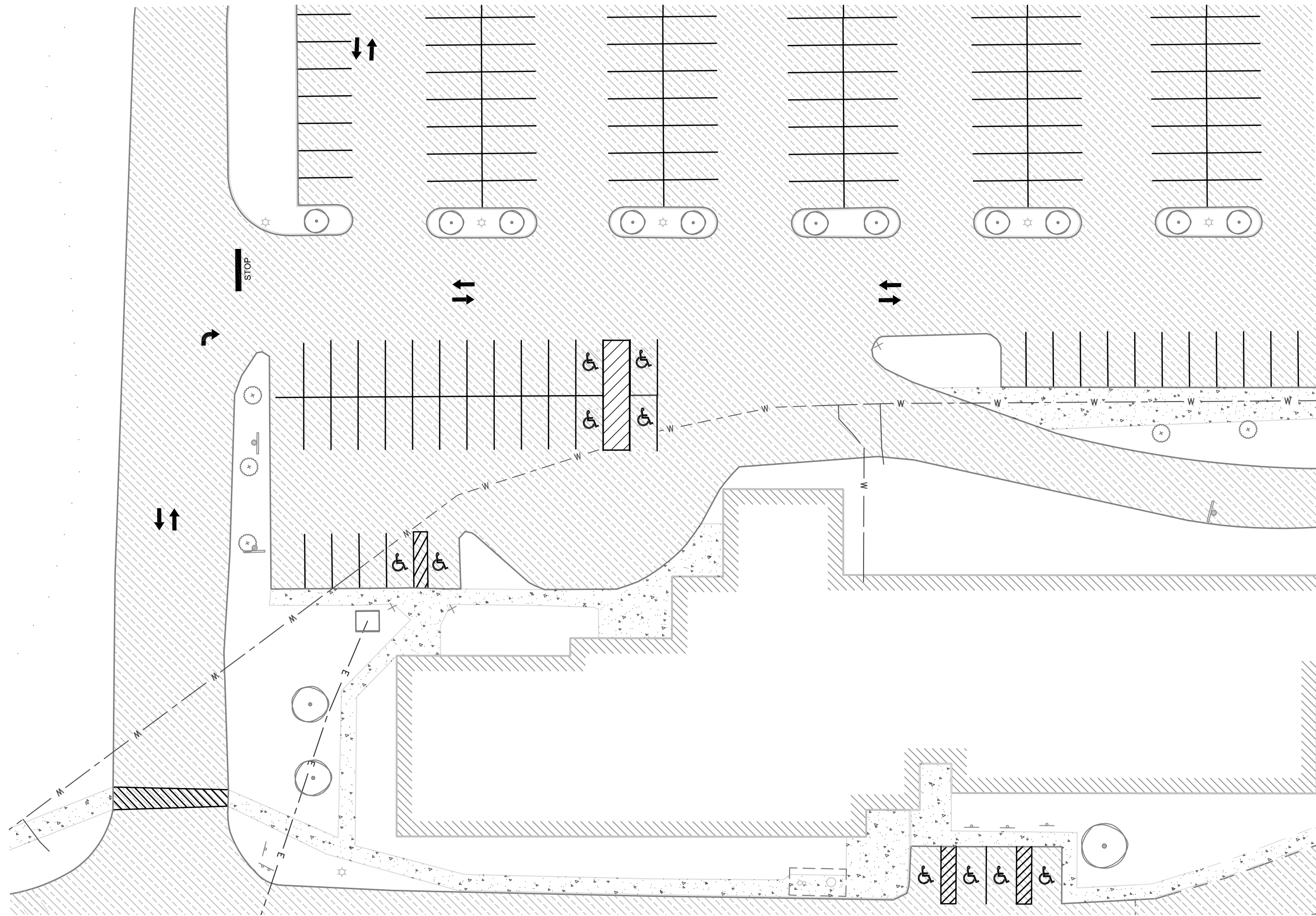
EXTERIOR ELEVATIONS

SCALE: 1" = 20'-0"



10/02/2024

LAVALLEE BRENSINGER ARCHITECTS



**Southwestern Vermont Medical Center**

Cancer Center

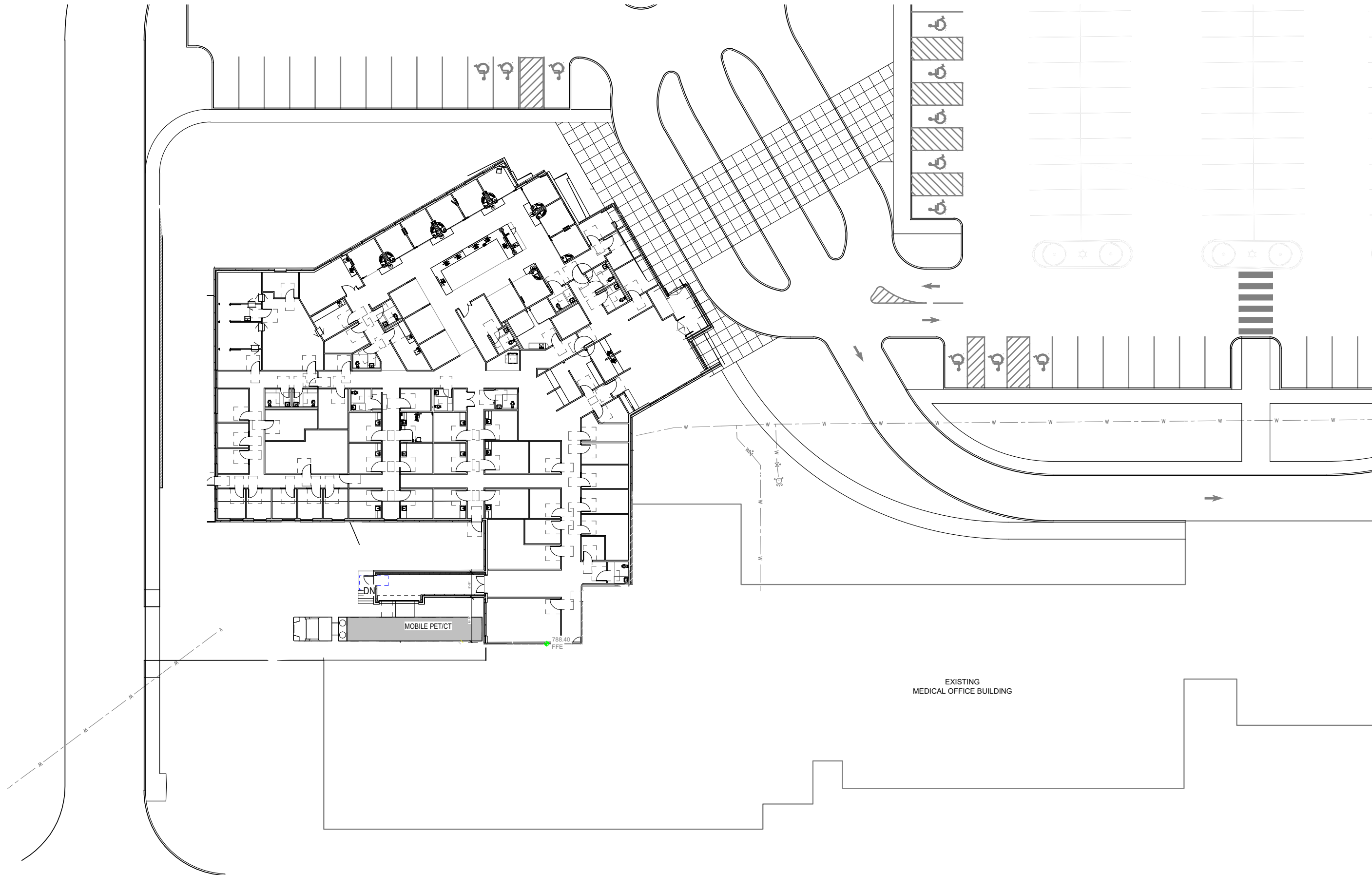
EXISTING SITE PLAN

SCALE: 1/32" = 1'-0"



10/02/2024

**LAVALLEE BRENSINGER ARCHITECTS**



# Southwestern Vermont Medical Center

Cancer Center

SITE PLAN

SCALE: 1/32" = 1'-0"

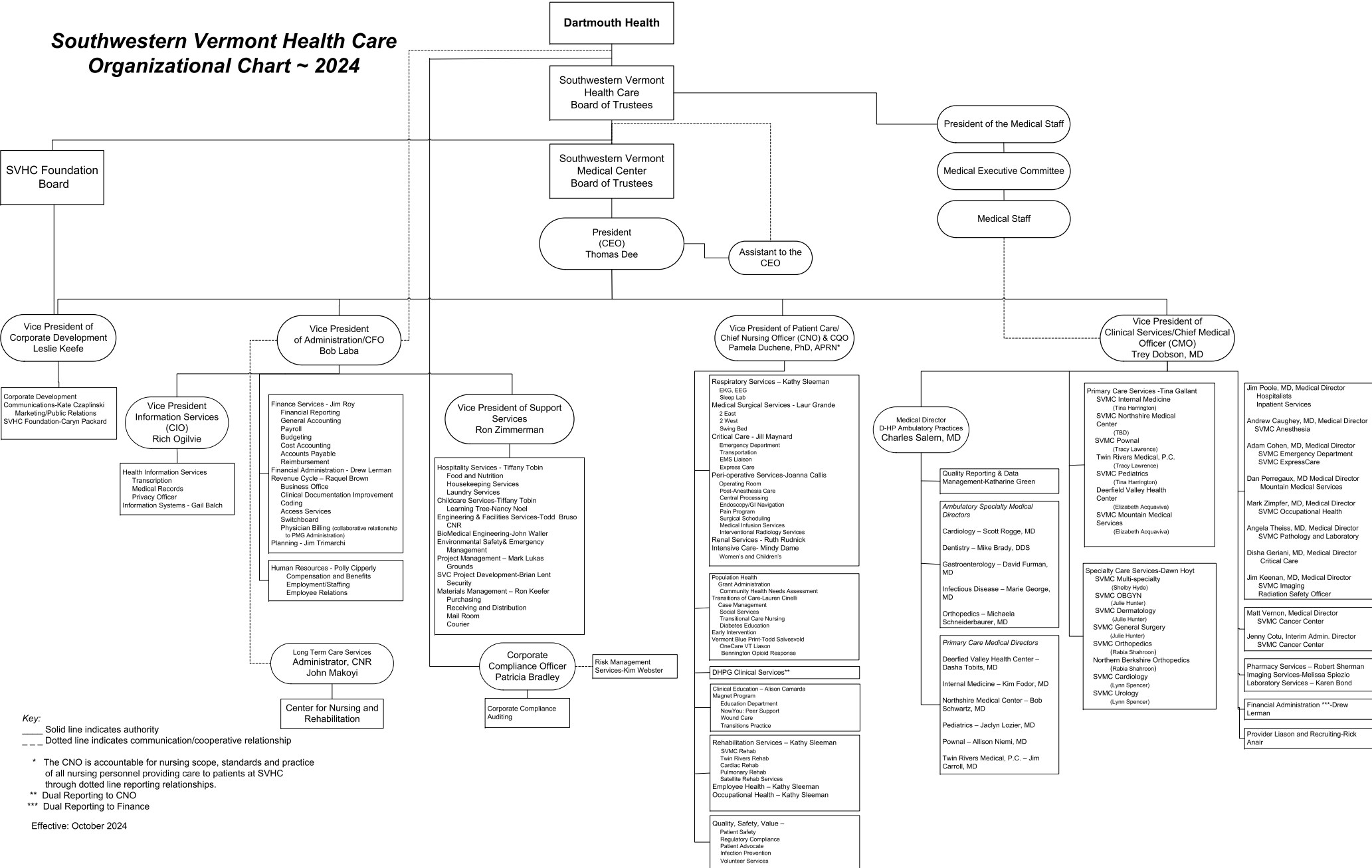


10/02/2024

LAVALLEE BRENSINGER ARCHITECTS

# Appendix 3

## Southwestern Vermont Health Care Organizational Chart ~ 2024



Key:  
 — Solid line indicates authority  
 - - - Dotted line indicates communication/cooperative relationship

\* The CNO is accountable for nursing scope, standards and practice of all nursing personnel providing care to patients at SVHC through dotted line reporting relationships.  
 \*\* Dual Reporting to CNO  
 \*\*\* Dual Reporting to Finance

Effective: October 2024



## SVMC CANCER CENTER ADDITION

SKANSKA  
SD ESTIMATE  
5/9/2024

**THE ATTACHED COST ESTIMATE IS BASED ON THE FOLLOWING DOCUMENTS:**

<u>Dated</u>		<u>Number of Sheets</u>	
NO DATE	SVMC Cancer Center C101 Proposed	1	
NO DATE	SVMC Cancer Center C101 Proposed 3	1	
NO DATE	SVMC Cancer Center Logistics (emailed 6/28/22)	1	
6/24/2022	Lavallee Brensinger SD Architectural Plans	11	
7/1/2022	MSK Engineers Geotechnical Engineering Report	40	
6/28/2022	ST&P Structural Schematic Design Narrative	6	
7/1/2022	Fitzemeyer & Tocci MEPFP Narrative	27	
NO DATE	C101 Early Ed Concept Grading 003 (emailed 7/5/22)	1	FOR ALTERNATE
NO DATE	SVMC Early Education Facility Concept Layout (emailed 7/5/22)	1	FOR ALTERNATE
9/20/2022	A1.1 SVMC Cancer Center First Floor Plan	1	REVISED LAYOUT
4/18/2024	Revised SD Floor Plan	1	REVISED LAYOUT

**ASSUMPTIONS AND EXCLUSIONS:**

- 1 Escalation is included at 6% assuming a Spring 2025 start.
- 2 Hazardous material testing and remediation is excluded.
- 3 Contaminated soils handling, removal and disposal is excluded.
- 4 Soils are assumed to be suitable for reuse on site.
- 5 An allowance for ledge removal is included.
- 6 Excavation to ledge and flowable fill below footings is excluded.
- 7 Minor floor preparation and moisture mitigation are included.
- 8 Loose furniture, Medical equipment and other FF&E are excluded.
- 9 Rework in the existing Cancer Center other than 1,000 SF Gowning Area layout change/renovation and Ex Tech Area flooring/painting is excluded.
- 10 Primary/medium voltage cable is excluded, conduit is included. Pad mounted transformer is excluded.
- 11 Relocation of the existing water line around the addition is included.
- 12 Portable oxygen units are assumed. Piped oxygen/Vac system is priced as an Add Alternate.
- 13 Electric fired boilers are included in the base estimate. Steam and condensate extension from the existing steam plant is excluded as an Add Alternate.

*PCM reserve the right to revise and/or amend this estimate accordingly should any new or additional information be made available to us.*

Project estimate prepared by:

Amanda Keene, Estimator

Preferred Construction Management Co., Inc.

[amanda@pcmcompany.com](mailto:amanda@pcmcompany.com)

(t) 973.853.6060, (c) 978.335.6447



## SVMC CANCER CENTER ADDITION

## SD ESTIMATE



ADDITION **17900** sf  
 RENOVATED **1800** sf

PROJ. NO: 27-005  
 REVISION: 6  
 EST DATE: 5/9/2024  
 GROSS SF: 19700

DESCRIPTION	QUANTITY	UNIT	UNIT COST	TOTAL COST
DIVISION 1 - GENERAL CONDITIONS	19,700	SF	\$ 71.23	\$ 1,403,150.00
DIVISION 2 - INTERIOR DEMOLITION	19,700	SF	\$ 2.36	\$ 46,475.00
DIVISION 2 - SITE WORK	19,700	SF	\$ 82.85	\$ 1,632,137.94
DIVISION 3 - BUILDING CONCRETE	19,700	SF	\$ 26.17	\$ 515,452.45
DIVISION 4 - MASONRY	19,700	SF	\$ 36.00	\$ 709,123.40
DIVISION 5 - STEEL	19,700	SF	\$ 51.61	\$ 1,016,710.00
DIVISION 6 - CARPENTRY	19,700	SF	\$ 2.39	\$ 47,094.00
DIVISION 7 - THERMAL MOISTURE PROTECTION	19,700	SF	\$ 51.60	\$ 1,016,431.65
DIVISION 8 - OPENINGS	19,700	SF	\$ 35.60	\$ 701,340.00
DIVISION 9 - FINISHES	19,700	SF	\$ 69.68	\$ 1,372,620.67
DIVISION 10 - SPECIALTIES	19,700	SF	\$ 12.48	\$ 245,910.50
DIVISION 11 - EQUIPMENT	19,700	SF	\$ 1.56	\$ 30,700.00
DIVISION 12 - FURNISHINGS	19,700	SF	\$ 3.25	\$ 63,958.60
DIVISION 12 - CASEWORK AND MILLWORK	19,700	SF	\$ 13.70	\$ 269,855.00
DIVISION 21 - SPRINKLER	19,700	SF	\$ 8.39	\$ 165,210.00
DIVISION 22 - PLUMBING	19,700	SF	\$ 24.65	\$ 485,700.00
DIVISION 23 - HVAC	19,700	SF	\$ 151.81	\$ 2,990,650.73
DIVISION 26 - ELECTRICAL	19,700	SF	\$ 101.78	\$ 2,005,139.92
<b>CONSTRUCTION SUBTOTAL</b>	<b>19,700</b>	<b>SF</b>	<b>\$ 747.09</b>	<b>\$ 14,717,660</b>
<b>CONSTRUCTION CONTINGENCY</b>	2.50	%		\$ 367,941
<b>CONSTRUCTION SUBTOTAL</b>	<b>19,700</b>	<b>SF</b>	<b>\$ 765.77</b>	<b>\$ 15,085,601</b>
<b>DESIGN / ESTIMATE CONTINGENCY</b>	8.00	%		\$ 1,206,848
<b>CONSTRUCTION SUBTOTAL</b>	<b>19,700</b>	<b>SF</b>	<b>\$ 827.03</b>	<b>\$ 16,292,449</b>
<b>OVERHEAD AND PROFIT</b>	3.00	%		\$ 488,773
<b>CONSTRUCTION SUBTOTAL</b>	<b>19,700</b>	<b>SF</b>	<b>\$ 851.84</b>	<b>\$ 16,781,223</b>
<b>BOND AND INSURANCE</b>	2.00	%		\$ 335,624
<b>CONSTRUCTION SUBTOTAL</b>	<b>19,700</b>	<b>SF</b>	<b>\$ 868.88</b>	<b>\$ 17,116,847</b>
<b>ESCALATION - ASSUME SPRING 2025 START</b>	6.00	%		\$ 1,027,011
<b>CONSTRUCTION GRAND TOTAL</b>	<b>19,700</b>	<b>SF</b>	<b>\$ 921.01</b>	<b>\$ 18,143,858</b>

ADD ALT 1 - WEST SITE WALL	130	LF	\$ 710.49	\$ 92,363.80
CONSTRUCTION CONTINGENCY	2.50	%		\$ 2,309
DESIGN / ESTIMATE CONTINGENCY	8.00	%		\$ 7,574
OVERHEAD AND PROFIT	3.00	%		\$ 3,067
BOND AND INSURANCE	2.00	%		\$ 2,106
ESCALATION - ASSUME SPRING 2025 START	6.00	%		\$ 6,445
<b>ADD ALT 1 - WEST SITE WALL</b>	<b>130</b>	<b>LF</b>	<b>\$ 875.89</b>	<b>\$ 113,866</b>

ADD ALT 2 - NOT USED				
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ADD ALT 3 - ADD MED AIR & MED VACUUM TO ALL BAYS	19,700	SF	\$ 5.98	\$ 117,810.00
CONSTRUCTION CONTINGENCY	2.50	%		\$ 2,945
DESIGN / ESTIMATE CONTINGENCY	8.00	%		\$ 9,660
OVERHEAD AND PROFIT	3.00	%		\$ 3,912
BOND AND INSURANCE	2.00	%		\$ 2,687
ESCALATION - ASSUME SPRING 2025 START	6.00	%		\$ 8,221
<b>ADD ALT 3 - ADD MED AIR &amp; MED VACUUM TO ALL BAYS</b>	<b>19,700</b>	<b>SF</b>	<b>\$ 7.37</b>	<b>\$ 145,236</b>

ADD ALT 4 - PIPED OXYGEN / VAC SYSTEMS ILO PORTABLE UNITS	19,700	SF	\$ 6.98	\$ 137,520.00
CONSTRUCTION CONTINGENCY	2.50	%		\$ 3,438
DESIGN / ESTIMATE CONTINGENCY	8.00	%		\$ 11,277
OVERHEAD AND PROFIT	3.00	%		\$ 4,567
BOND AND INSURANCE	2.00	%		\$ 3,136
ESCALATION - ASSUME SPRING 2025 START	6.00	%		\$ 9,596
<b>ADD ALT 4 - PIPED OXYGEN / VAC SYSTEMS ILO PORTABLE UNITS</b>	<b>19,700</b>	<b>SF</b>	<b>\$ 8.61</b>	<b>\$ 169,534</b>

ADD ALT 5 - STEAM ILO ELECTRIC FIRED BOILERS & DWH	19,700	SF	\$ 75.42	\$ 1,485,708.17
CONSTRUCTION CONTINGENCY	2.50	%		\$ 37,143
DESIGN / ESTIMATE CONTINGENCY	8.00	%		\$ 121,828
OVERHEAD AND PROFIT	3.00	%		\$ 49,340
BOND AND INSURANCE	2.00	%		\$ 33,880
ESCALATION - ASSUME SPRING 2025 START	6.00	%		\$ 103,674
<b>ADD ALT 5 - STEAM ILO ELECTRIC FIRED BOILERS &amp; DWH</b>	<b>19,700</b>	<b>SF</b>	<b>\$ 92.97</b>	<b>\$ 1,831,574</b>

ADD ALT 6 - ADD MECHANICAL SCREEN	19,700	SF	\$ 9.36	\$ 184,400.00
CONSTRUCTION CONTINGENCY	2.50	%		\$ 4,610
DESIGN / ESTIMATE CONTINGENCY	8.00	%		\$ 15,121
OVERHEAD AND PROFIT	3.00	%		\$ 6,124
BOND AND INSURANCE	2.00	%		\$ 4,205
ESCALATION - ASSUME SPRING 2025 START	6.00	%		\$ 12,868
<b>ADD ALT 6 - ADD MECHANICAL SCREEN</b>	<b>19,700</b>	<b>SF</b>	<b>\$ 11.54</b>	<b>\$ 227,327</b>

**SVMC CANCER CENTER ADDITION  
SD ESTIMATE**

DETAILED ITEM TAKEOFF

5/9/2024  
17900 SF NEW  
1800 SF RENO



DESCRIPTION	QUANTITY	UNIT	UNIT COST	TOTALS
<b>DIVISION 1 - GENERAL CONDITIONS</b>				
# OF MONTHS	16			
# OF WEEKS	70			
SUPERVISION - ASSUME 40 HRS / WK	2800	HRS	145.00	\$ 406,000.00
PROJECT MANAGER - ASSUME 40 HRS / WK	2800	HRS	145.00	\$ 406,000.00
PROJECT ENGINEER - ASSUME 40 HRS / WK	2800	HRS	115.00	\$ 322,000.00
OFFICE SUPPORT - 16 HRS / WK	1120	HRS	95.00	\$ 106,400.00
CLEAN UP FINAL	19700	SF	0.50	\$ 9,850.00
CONTAINERS - NOT INCL DEMO	16	EA	750.00	\$ 12,000.00
TEMP TRAILER	16	MOS	500.00	\$ 8,000.00
STORAGE TRAILER	16	MOS	450.00	\$ 7,200.00
TEMP PHONE	16	MOS	100.00	\$ 1,600.00
MONTHLY UPDATES	16	MOS	1,000.00	\$ 16,000.00
TEMP TOILET	16	MOS	200.00	\$ 3,200.00
BOTTLED WATER	16	MOS	50.00	\$ 800.00
PROJECT SIGN	1	EA	2,000.00	\$ 2,000.00
SAFETY SIGNAGE & FIRST AID	1	LS	2,500.00	\$ 2,500.00
TEMP FENCE	900	LF	18.00	\$ 16,200.00
ADD FOR MAN GATE	2	EA	400.00	\$ 800.00
ADD FOR VEHICLE GATE	1	EA	1,000.00	\$ 1,000.00
PHOTOS	16	MOS	100.00	\$ 1,600.00
TESTING	1	LS	5,000.00	\$ 5,000.00
TEMPORAY ENTRANCE AT EXISTING BUILDING	1	ALLW	75,000.00	\$ 75,000.00
<b>DIVISION 1 - GENERAL CONDITIONS TOTAL</b>				<b>\$ 1,403,150.00</b>
<b>DIVISION 2 - INTERIOR DEMOLITION</b>				
<b>SELECTIVE DEMO</b>				
DEMOLITION ASSOCIATED WITH CONNECTOR TO EXISTING BLDG	200	MHR	135.00	\$ 27,000.00
ACT & GRID	1800	SF	2.00	\$ 3,600.00
UNIDENTIFIED FLOORING	1800	SF	2.50	\$ 4,500.00
DOORS & FRAMES	8	EA	125.00	\$ 1,000.00
PARTITIONS - GYP	175	LF	35.00	\$ 6,125.00
MISC ITEMS	10	EA	125.00	\$ 1,250.00
CONTAINERS	4	EA	750.00	\$ 3,000.00
<b>DIVISION 2 - INTERIOR DEMOLITION</b>				<b>\$ 46,475.00</b>
<b>DIVISION 2 - SITE WORK</b>				

**SVMC CANCER CENTER ADDITION**  
**SD ESTIMATE**

DETAILED ITEM TAKEOFF

5/9/2024  
 17900 SF NEW  
 1800 SF RENO



DESCRIPTION	QUANTITY	UNIT	UNIT COST	TOTALS
<b>SITE DEMOLITION</b>				
SIDEWALK	3000	SF	4.00	\$ 12,000.00
ASPHALT PAVING	55000	SF	2.00	\$ 110,000.00
MISC SITE DEMOLITION	240	MHR	135.00	\$ 32,400.00
<b>EROSION AND SEDIMENT CONTROL</b>				
	1	ALLW	10,000.00	\$ 10,000.00
<b>EARTHWORK</b>				
LEDGE REMOVAL ALLOWANCE	300	CY	250.00	\$ 75,000.00
GRADE +/- 18"	100000	SF	1.50	\$ 150,000.00
TRENCH/BACKFILL FOOTINGS	760	LF	85.00	\$ 64,600.00
STONE UNDER SLAB	632	CY	65.00	\$ 41,082.41
<b>SITE IMPROVEMENTS</b>				
PAVERS	4080	SF	30.00	\$ 122,400.00
BASE UNDER PAVERS	151.1	CY	65.00	\$ 9,822.22
<b>SITE CONCRETE</b>				
SIDEWALK	6610	SF	10.00	\$ 66,100.00
GRANITE CURB	2360	LF	50.00	\$ 118,000.00
CONCRETE PADS FOR GENERATOR & TRANSFORMER	2	EA	3,000.00	\$ 6,000.00
<b>PAVEMENT, INCL STRIPING</b>				
PARKING - NEW	858	SY	42.00	\$ 36,040.67
PARKING - REPAVE AT EXISTING	1634	SY	42.00	\$ 68,623.33
ROAD PAVING	1745	SY	50.00	\$ 87,266.67
<b>SIGNAGE</b>				
DIRECTIONAL / PARKING SIGNAGE	5	EA	250.00	\$ 1,250.00
<b>SITE/RETAINING WALLS</b>				
TRENCH AND BACKFILL	65	LF	45.00	\$ 2,925.00
<b>CONCRETE FOOTING (ASSUME 2'x1')</b>				
FORM & POUR	65	LF	40.00	\$ 2,600.00
FORMWORK MATERIAL	130	SF	6.00	\$ 780.00
REBAR - ASSUME 100 LBS/CY	0.27	TN	4,000.00	\$ 1,083.33
CONCRETE	5.4	CY	165.00	\$ 893.75
<b>CONCRETE WALL (1' WIDE, 3' TALL)</b>				
FORM & POUR	65	LF	120.00	\$ 7,800.00
FORMWORK MATERIAL	390	SF	6.00	\$ 2,340.00
REBAR - ASSUME 100 LBS/CY	0.48	TN	4,000.00	\$ 1,925.93
CONCRETE	9.6	CY	165.00	\$ 1,588.89

**SVMC CANCER CENTER ADDITION  
SD ESTIMATE**

DETAILED ITEM TAKEOFF

5/9/2024  
17900 SF NEW  
1800 SF RENO



DESCRIPTION	QUANTITY	UNIT	UNIT COST	TOTALS
<b>WATER DISTRIBUTION</b>				
DUCTILE IRON, MECH JOINT				
6" - FIRE & DOMESTIC	35	LF	160.00	\$ 5,600.00
12" - RELOCATE	600	LF	240.00	\$ 144,000.00
TRENCH AND BACKFILL	635	LF	45.00	\$ 28,575.00
STONE BED	94	CY	65.00	\$ 6,114.81
GATE VALVE AND BOX	2	EA	2,500.00	\$ 5,000.00
WET TAP	4	EA	4,500.00	\$ 18,000.00
<b>SANITARY SEWER</b>				
PIPING; PVC; SDR 35				
6" MAIN	50	LF	30.00	\$ 1,500.00
TRENCH AND BACKFILL (UP TO 4' DEEP)	50	LF	45.00	\$ 2,250.00
STONE BED	7	CY	65.00	\$ 481.48
CONNECT TO EXISTING PIPE / STRUCTURE	1	EA	1,500.00	\$ 1,500.00
<b>STORM SYSTEM</b>				
PVC				
4" FOUNDATION DRAIN	760	LF	12.50	\$ 9,500.00
10" STORM MAIN	100	LF	40.00	\$ 4,000.00
TRENCH AND BACKFILL	100	LF	45.00	\$ 4,500.00
STONE BED	127	CY	65.00	\$ 8,281.48
CONNECT TO EXISTING PIPE / STRUCTURE	1	EA	1,500.00	\$ 1,500.00
STORMWATER TREATMENT ALLOWANCE	1	ALLW	75,000.00	\$ 75,000.00
<b>STEAM &amp; CONDENSATE TRENCH</b>				
EXCLUDED - ELECTRIC AS BASE, STEAM AS ALTERNATE				
<b>UNDERGROUND ELECT / COMMUNICATIONS / SITE LIGHTING</b>				
TRENCH AND BACKFILL	1550	LF	25.00	\$ 38,750.00
DUCTBANK CONCRETE FILL	17	CY	300.00	\$ 5,000.00
<b>EXISTING UTILITY PROTECTION/RELOCATION ALLOWANCE</b>	1	ALLW	75,000.00	\$ 75,000.00
<b>LANDSCAPING</b>				
SPREAD TOPSOIL	1382	CY	10.00	\$ 13,824.07
IMPORT TOPSOIL	1382	CY	60.00	\$ 82,944.44
SEEDING / FERTILIZING	4147	SY	2.00	\$ 8,294.44
PLANTING ALLOWANCE	1	ALLW	10,000.00	\$ 10,000.00
HEALING GARDEN ALLOWANCE	1	ALLW	50,000.00	\$ 50,000.00

**SVMC CANCER CENTER ADDITION  
SD ESTIMATE**

DETAILED ITEM TAKEOFF

5/9/2024  
17900 SF NEW  
1800 SF RENO



DESCRIPTION	QUANTITY	UNIT	UNIT COST	TOTALS
<b>DIVISION 2 - SITE WORK</b>				<b>\$ 1,632,137.94</b>
<b>DIVISION 3 - BUILDING CONCRETE</b>				
<b>RIGID INSULATION AT FOUNDATION</b>	3040	SF	3.50	\$ 10,640.00
<b>RIGID INSULATION UNDER SLAB ON GRADE</b>	3040	SF	3.50	\$ 10,640.00
<b>FOOTINGS, SPREAD @ COLUMNS 3'x3'x1'4"</b>				
FORM & POUR	60	EA	270.00	\$ 16,200.00
FORMWORK MATERIAL	960	SF	6.00	\$ 5,760.00
REBAR	0.97	TN	4,000.00	\$ 3,893.18
CONCRETE	26.7	CY	165.00	\$ 4,400.00
<b>FOOTINGS, CONTINUOUS 2'3"x1'</b>				
FORM & POUR	760	LF	45.00	\$ 34,200.00
FORMWORK MATERIAL	1520	SF	6.00	\$ 9,120.00
REBAR	0.95	TN	4,000.00	\$ 3,804.86
CONCRETE	63.3	CY	165.00	\$ 10,450.00
<b>FOUNDATION WALLS, 4' HIGH, 15" THICK</b>				
FORM & POUR	760	LF	135.00	\$ 102,600.00
FORMWORK MATERIAL	6080	SF	6.00	\$ 36,480.00
REBAR	4.86	TN	4,000.00	\$ 19,458.43
CONCRETE	140.7	CY	165.00	\$ 23,222.22
8" BRICK SHELF	760	LF	10.00	\$ 7,600.00
<b>SLAB ON GRADE</b> 4"	17065	SF	9.75	\$ 166,383.75
<b>ROOFTOP PAD FOR MECH EQUIPMENT</b>	2550	SF	12.00	\$ 30,600.00
<b>DOWEL AND EPOXY INTO EXISITING</b>	100	EA	200.00	\$ 20,000.00
<b>DIVISION 3 - BUILDING CONCRETE</b>				<b>\$ 515,452.45</b>
<b>DIVISION 4 - MASONRY</b>				
<b>MASONRY VENEER</b>				
LIMESTONE VENEER	4634	SF	105.00	\$ 486,561.60
BRICK VENEER - BLDG	3606	SF	55.00	\$ 198,316.80
<i>revised plan exterior wall 624 LF vs original 650 LF - reducing all exterior finishes by 4 %</i>				
BRICK VENEER - SITE WALLS 3' TALL	390	SF	48.00	\$ 18,720.00
STONE COPING - SITE WALLS 1'4" WIDE	65	LF	85.00	\$ 5,525.00

**SVMC CANCER CENTER ADDITION  
SD ESTIMATE**

DETAILED ITEM TAKEOFF

5/9/2024  
17900 SF NEW  
1800 SF RENO



DESCRIPTION	QUANTITY	UNIT	UNIT COST	TOTALS
<b>DIVISION 4 - MASONRY</b>				<b>\$ 709,123.40</b>
<b>DIVISION 5 - STEEL</b>				
<b>METAL DECK</b>				
3" BLDG ROOF - FLAT	16470	SF	6.00	\$ 98,820.00
3" BLDG ROOF - SLOPED	595	SF	6.00	\$ 3,570.00
3" ENTRANCE CANOPY ROOF	540	SF	6.00	\$ 3,240.00
<b>STRUCTURAL STEEL</b>				
ADDITION - FRAMING & COLUMNS - 13.5LBS/SF	120.83	TN	6,000.00	\$ 724,950.00
ENTRANCE CANOPY - FRAMING - 12LBS/SF - GALV	3.24	TN	7,000.00	\$ 22,680.00
ROOF DUNNAGE - FRAMING - GALV	10	TN	7,000.00	\$ 70,000.00
<b>MISC AND ORNAMENTAL</b>				
MISC METALS ALLOWANCE	19700	SF	1.00	\$ 19,700.00
ROOF LADDER	1	EA	5,000.00	\$ 5,000.00
ROOF DUNNAGE - GRATING, RAILINGS, STAIRS (ASSUMED AT AREA OF CONCRETE PAD ON A1.3)	2550	SF	25.00	\$ 63,750.00
METAL EXTERIOR STAIRS (MOBILE PET/CT VESTIBULE)	1	EA	5,000.00	\$ 5,000.00
<b>DIVISION 5 - STEEL</b>				<b>\$ 1,016,710.00</b>
<b>DIVISION 6 - CARPENTRY</b>				
<b>BLOCKING</b>				
ROOF	811	LF	14.00	\$ 11,354.00
INTERIOR	1604	LF	10.00	\$ 16,040.00
<b>MISC ROUGH CARPENTRY</b>				
	19700	SF	1.00	\$ 19,700.00
<b>DIVISION 6 - CARPENTRY</b>				<b>\$ 47,094.00</b>
<b>DIVISION 7 - THERMAL MOISTURE PROTECTION</b>				
<b>THERMAL MOISTURE PROTECTION</b>				
FOUNDATION WATERPROOFING	3040	SF	7.50	\$ 22,800.00
VAPOR BARRIER UNDER SOG - 15MIL	17065	SF	1.25	\$ 21,331.25
AIR & MOISTURE BARRIER SYSTEM - EXT WALLS	8240	SF	5.00	\$ 41,198.40
<b>ROOFING</b>				
<b>MEMBRANE ROOFING</b>				
TPO W/ TAPERED INSULATION	17065	SF	32.00	\$ 546,080.00
TPO - CANOPY	540	SF	26.00	\$ 14,040.00
MEMBRANE AT BACK OF PARAPET	614	SF	26.00	\$ 15,964.00

**SVMC CANCER CENTER ADDITION  
SD ESTIMATE**

DETAILED ITEM TAKEOFF

5/9/2024  
17900 SF NEW  
1800 SF RENO



DESCRIPTION	QUANTITY	UNIT	UNIT COST	TOTALS
PERIMETER CONDITION	811	LF	30.00	\$ 24,330.00
<b>FASCIA &amp; COPING</b>				
ALUMINUM FASCIA, 14"	293	LF	20.00	\$ 5,860.00
COPING - TALL PARAPET 2' WIDE	114	LF	28.00	\$ 3,192.00
COPING - TALL PARAPET 2' WIDE (MASONRY BOTH SIDES)	182	LF	28.00	\$ 5,096.00
COPING - SHORT PARAPET 1'4" WIDE	272	LF	28.00	\$ 7,616.00
COPING (NO PARAPET)	248	LF	18.00	\$ 4,464.00
<b>SOFFITS</b>				
WOOD LOOK METAL SOFFIT AT CANOPY	540	SF	55.00	\$ 29,700.00
SOFFIT AT UNDERSIDE OF ROOF OVERHANG	167	SF	55.00	\$ 9,185.00
ROOF HATCH	1	EA	3,500.00	\$ 3,500.00
ROOF DRAIN: SUPPLY, SET, FLASH	5	EA	600.00	\$ 3,000.00
EXPANSION JOINT	100	LF	250.00	\$ 25,000.00
TIE-IN TO EXISTING BLDG	100	LF	150.00	\$ 15,000.00
<b>INSULATION</b>				
RIGID INSULATION & Z-FURRING	1490	SF	6.00	\$ 8,940.00
<b>METAL PANELS</b>				
METAL PANELS AT MOBILE PET/CT VESTIBULE EXTERIOR	1490	SF	85.00	\$ 126,650.00
<b>JOINT SEALANTS &amp; CAULKING</b>	19700	SF	1.50	\$ 29,550.00
<b>EXPANSION JOINT COVER ASSEMBLIES</b>				
<b>SUPPLY</b>				
WALLS	62	LF	125.00	\$ 7,750.00
CEILINGS	100	LF	125.00	\$ 12,500.00
FLOORS	100	LF	160.00	\$ 16,000.00
INSTALL AT 2 LF/HR	262	LF	67.50	\$ 17,685.00
<b>DIVISION 7 - THERMAL MOISTURE PROTECTION</b>				<b>\$ 1,016,431.65</b>
<b>DIVISION 8 - OPENINGS</b>				
<b>EXTERIOR STOREFRONT</b>	2360	SF	125.00	\$ 294,960.00
<i>revised plan exterior wall 624 LF vs original 650 LF - reducing all exterior finishes by 4 %</i>				
<b>EXTERIOR ALUMINUM &amp; GLASS DOORS</b>				
<b>EXTERIOR</b>				
ALUMINUM, SINGLE	2	EA	5,000.00	\$ 10,000.00
HARDWARE	2	LEAF	1,500.00	\$ 3,000.00
SLIDING ENTRY DOOR; AUTOMATIC -- INCLUDES HAREWARE				



**SVMC CANCER CENTER ADDITION**  
**SD ESTIMATE**

DETAILED ITEM TAKEOFF

5/9/2024  
 17900 SF NEW  
 1800 SF RENO



DESCRIPTION	QUANTITY	UNIT	UNIT COST	TOTALS
DOUBLE SLIDER; 2 FIXED LEAF	2	EA	22,000.00	\$ 44,000.00
<b>INTERIOR GLAZING</b>				
SLIDING ENTRY DOOR; AUTOMATIC -- <i>INCLUDES HAREWARE</i>				
DOUBLE SLIDER; 2 FIXED LEAF	2	EA	1,800.00	\$ 3,600.00
GLASS AT CHECK IN/OUT DESKS	100	SF	85.00	\$ 8,500.00
SLIDING PHARMACY DOORS; MANUAL	3	EA	6,000.00	\$ 18,000.00
GLAZING AT SIDELITES (1'6"x7')	121.5	SF	40.00	\$ 4,860.00
WINDOWS AT INFUSION BAYS (3'x7')	147	SF	80.00	\$ 11,760.00
ADDITIONAL INTERIOR GLAZING ALLOWANCE	1	ALLW	15,000.00	\$ 15,000.00
<b>HM / WOOD DOORS / FRAMES</b>				
HOLLOW METAL FRAMES				
SINGLE HM	76	EA	500.00	\$ 38,000.00
DOUBLE HM	4	EA	575.00	\$ 2,300.00
SIDELITE HM	9	EA	525.00	\$ 4,725.00
INTERIOR WOOD DOORS				
SINGLE (3' WIDE)	36	LVS	650.00	\$ 23,400.00
SINGLE (3'6" WIDE)	29	LVS	750.00	\$ 21,750.00
DOUBLE (4'4" WIDE)	2	LVS	675.00	\$ 1,350.00
DOUBLE (5' WIDE)	2	LVS	700.00	\$ 1,400.00
DOUBLE (6' WIDE)	2	LVS	700.00	\$ 1,400.00
INTERIOR WOOD/GLASS DOORS				
SINGLE (3' WIDE)	10	LVS	800.00	\$ 8,000.00
DOUBLE (6' WIDE)	2	LVS	800.00	\$ 1,600.00
HM / STEEL DOORS - EXTERIOR	1	EA	550.00	\$ 550.00
<b>HARDWARE MATERIAL</b>				
HOSPITAL HARDWARE SETS	81	EA	1,200.00	\$ 97,200.00
<b>DOORS / FRAMING / HARDWARE LABOR</b>				
INSTALL DOORS	84	LVS	290.00	\$ 24,360.00
INSTALL SINGLE FRAMES	85	EA	290.00	\$ 24,650.00
INSTALL DOUBLE FRAMES	4	EA	435.00	\$ 1,740.00
HARDWARE INSTALLATION	81	EA	435.00	\$ 35,235.00
<b>DIVISION 8 - OPENINGS</b>				<b>\$ 701,340.00</b>
<b>DIVISION 9 - FINISHES</b>				
<b>EXTERIOR WALL</b>				
EXTERIOR WALL - 6" MS, EXTERIOR SHEATHING, INT	12089	SF	22.00	\$ 265,965.92

**SVMC CANCER CENTER ADDITION**  
**SD ESTIMATE**

DETAILED ITEM TAKEOFF

5/9/2024  
 17900 SF NEW  
 1800 SF RENO



DESCRIPTION	QUANTITY	UNIT	UNIT COST	TOTALS
GWB, BATT INSULATION				
<i>revised plan exterior wall 624 LF vs original 650 LF - reducing all exterior finishes by 4 %</i>				
<b>INTERIOR PARTITIONS</b>				
TYPICAL INTERIOR PARTITIONS	31188	SF	14.00	\$ 436,632.00
TYPICAL INTERIOR PARTITIONS - 1 SIDED	830	SF	10.25	\$ 8,507.50
PLUMBING PARTITION - 1 SIDED	2756	SF	15.00	\$ 41,340.00
FURRED AT EXISTING EXTERIOR WALL	1659	SF	10.25	\$ 17,004.75
MISC CUTTING & PATCHING - RENO/CONNECTION	40	MHR	170.00	\$ 6,800.00
<b>GYP SOFFITS AND CEILINGS</b>				
GWB CEILINGS	1618	SF	10.00	\$ 16,180.00
GWB SOFFITS	500	LF	35.00	\$ 17,500.00
GWB SOFFITS - WALL CABINETS	31	LF	35.00	\$ 1,085.00
GWB SOFFITS - ABOVE NURSE DESKS & CHECK IN	69	LF	35.00	\$ 2,415.00
<b>ACCOUSTIC CEILING</b>				
ACT - 2x2	8466	SF	7.50	\$ 63,495.00
ACT - HEALTHZONE (EXAM/SUPPORT/LAB/INFUSION)	5988	SF	11.00	\$ 65,868.00
<b>SPECIALTY / METAL WORKS CEILINGS - WAITING</b>				
	973	SF	35.00	\$ 34,055.00
<b>FLOOR PREPARATION</b>				
MOISTURE MITIGATION AT ADDITION	17900	SF	3.00	\$ 53,700.00
FLOOR PREP AT ADDITION	17900	SF	1.50	\$ 26,850.00
FLOOR PREP AT RENOVATION	1800	SF	4.50	\$ 8,100.00
<b>TILE</b>				
CERAMIC FLOOR TILE - WAITING	973	SF	24.00	\$ 23,352.00
CERAMIC TILE BASE - WAITING	213	LF	24.00	\$ 5,112.00
<b>SEALED CONCRETE</b>				
	633	SF	3.50	\$ 2,215.50
<b>CARPET AND RESILIENT</b>				
CARPET TILE	6525	SF	6.50	\$ 42,412.50
SHEET VINYL	8123	SF	12.00	\$ 97,476.00
ADD FOR INTEGRAL SHEET VINYL BASE	2383	LF	9.00	\$ 21,447.00
VINYL BASE	2916	LF	4.50	\$ 13,122.00
SHEET VINYL - MATCH EXISTING RENO	312	SF	14.00	\$ 4,368.00
NEW FLOORING AT EX TECH OFFICE AREA	646	SF	6.50	\$ 4,199.00

**SVMC CANCER CENTER ADDITION**  
**SD ESTIMATE**

DETAILED ITEM TAKEOFF

5/9/2024  
 17900 SF NEW  
 1800 SF RENO



DESCRIPTION	QUANTITY	UNIT	UNIT COST	TOTALS
INCLUDE VINYL BASE	198	LF	4.50	\$ 891.00
PATCH/TRANSITION AT RENO	1	LS	2,500.00	\$ 2,500.00
<b>PAINT</b>				
WALLS	57952	SF	1.25	\$ 72,440.00
CEILINGS AND SOFFITS	2487	SF	2.50	\$ 6,217.50
DOOR FRAMES	89	EA	100.00	\$ 8,900.00
METAL DOORS	1	EA	150.00	\$ 150.00
MISC PAINT PATCH - RENO	16	MHR	145.00	\$ 2,320.00
<b>DIVISION 9 - FINISHES</b>				<b>\$ 1,372,620.67</b>
<b>DIVISION 10 - SPECIALTIES</b>				
<b>CUBICAL TRACK ONLY - CURTAIN BY OWNER</b>	244	LF	75.00	\$ 18,300.00
<b>TOILET AND BATH ACCESSORIES, MATERIAL</b>				
<i>TOILET PAPER DISPENSER - FURNISHED BY OWNER</i>	14	EA		
<i>PAPER TOWEL DISPENSER - FUNISHED BY OWNER</i>	32	EA		
MIRROR, SMALL	14	EA	115.00	\$ 1,610.00
GRAB BARS	28	EA	130.00	\$ 3,640.00
SOAP DISPENSER	32	EA	35.00	\$ 1,120.00
SS TOWEL HOOK	14	EA	25.00	\$ 350.00
MOP SHELF	1	EA	175.00	\$ 175.00
DIAPER CHANGING STATION	2	EA	375.00	\$ 750.00
<b>TOILET ACCESSORIES, INSTALL</b>	68.5	HRS	135.00	\$ 9,247.50
<b>FIRE EXTINGUISHER &amp; CABINET</b>				
	6	EA	550.00	\$ 3,300.00
<b>PASS THRU WINDOW AT PHARMACY</b>				
	5	EA	3,500.00	\$ 17,500.00
<b>SIGNAGE</b>				
INTERIOR SMALL	91	EA	155.00	\$ 14,105.00
EXTERIOR LARGE	1	ALLW	10,000.00	\$ 10,000.00
<b>WALL PROTECTION</b>				
CORNER GUARDS	100	EA	150.00	\$ 15,000.00
BUMPER RAIL / CRASH RAIL / HANDRAIL ALLOWANCE	1201	LF	65.00	\$ 78,065.00
RIGID SHEET PROTECTION - TOILETS (2 WALLS to 4')	824	SF	10.00	\$ 8,240.00
ALTRO WHITEROCK - ANTE RM/COMPOUNDING 9'	1656	SF	18.00	\$ 29,808.00
ADDITIONAL WALL PROTECTION ALLOWANCE	19700	SF	1.00	\$ 19,700.00

**SVMC CANCER CENTER ADDITION**  
**SD ESTIMATE**

DETAILED ITEM TAKEOFF

5/9/2024  
 17900 SF NEW  
 1800 SF RENO



DESCRIPTION	QUANTITY	UNIT	UNIT COST	TOTALS
MISC SPECIALTIES ALLOWANCE	1	ALLW	15,000.00	\$ 15,000.00
<b>DIVISION 10 - SPECIALTIES</b>				<b>\$ 245,910.50</b>
<b>DIVISION 11 - EQUIPMENT</b>				
INSTALL OWNER FURNISHED EQUIPMENT	160	HRS	145.00	\$ 23,200.00
FIREPLACE ALLOWANCE	1	ALLW	7,500.00	\$ 7,500.00
<b>DIVISION 11 - EQUIPMENT</b>				<b>\$ 30,700.00</b>
<b>DIVISION 12 - FURNISHINGS</b>				
FLOOR MAT / WALK OFF MAT	479	SF	35.00	\$ 16,765.00
<b>WINDOW TREATMENT</b>				
BLINDS / SHADES	2360	SF	20.00	\$ 47,193.60
<b>DIVISION 12 - FURNISHINGS</b>				<b>\$ 63,958.60</b>
<b>DIVISION 12 - CASEWORK AND MILLWORK</b>				
<b>CABINERY</b>				
WALL CABINETS	31	LF	335.00	\$ 10,385.00
BASE CABINETS	94	LF	365.00	\$ 34,310.00
BASE CABINETS - LAB	6	LF	565.00	\$ 3,390.00
CHECK IN/OUT DESKS	25	LF	750.00	\$ 18,750.00
NURSE STATIONS	44	LF	800.00	\$ 35,200.00
SOLID SURFACE COUNTER - BASE CABINETS	94	LF	250.00	\$ 23,500.00
SOLID SURFACE COUNTER W/SUPPORTS - WORK STATION	9	LF	275.00	\$ 2,475.00
EPOXY COUNTERTOP - LAB	6	LF	300.00	\$ 1,800.00
GRANITE HEARTH AT FIREPLACE	7	LF	250.00	\$ 1,750.00
SOLID SURFACE SILLS	163	LF	80.00	\$ 13,040.00
<b>MILLWORK ALLOWANCES</b>				
INFUSION BAY MILLWORK	1	ALLW	50,000.00	\$ 50,000.00
BASE CABINETS	37	LF	365.00	\$ 13,505.00
SOLID SURFACE COUNTER	37	LF	250.00	\$ 9,250.00
LOUNGE MILLWORK	1	ALLW	10,000.00	\$ 10,000.00
PHARMACY MILLWORK	1	ALLW	10,000.00	\$ 10,000.00
LIBRARY MILLWORK	1	ALLW	10,000.00	\$ 10,000.00
MISC CASEWORK	19700	SF	1.00	\$ 19,700.00
CHAIR RAIL AT WAITING & GOWNED WAITING	70	LF	40.00	\$ 2,800.00
<b>DIVISION 12 - CASEWORK AND MILLWORK</b>				<b>\$ 269,855.00</b>

**SVMC CANCER CENTER ADDITION  
SD ESTIMATE**

DETAILED ITEM TAKEOFF

5/9/2024  
17900 SF NEW  
1800 SF RENO



DESCRIPTION	QUANTITY	UNIT	UNIT COST	TOTALS
<b>DIVISION 21 - SPRINKLER</b>				
<b>NEW WET SPRINKLER SYSTEM</b>	17900	SF	8.50	\$ 152,150.00
<i>INCLUDING MAINS, BRANCH PIPING AND HEADS</i>				
<b>REWORK EXISTING SPRINKLER SYSTEM</b>	1000	SF	5.50	\$ 5,500.00
<i>INCLUDING MAINS, BRANCH PIPING AND HEADS</i>				
<i>ONLY IN AREAS WITH PARTITION CHANGES</i>				
<b>DRY SYSTEM AT CANOPY</b>	540	SF	14.00	\$ 7,560.00
<b>DIVISION 21 - SPRINKLER</b>				<b>\$ 165,210.00</b>
<b>DIVISION 22 - PLUMBING</b>				
<b>FIXTURES, INCLUDES ROUGH-IN, PIPING</b>				
WATER CLOSET	14	EA	7,000.00	\$ 98,000.00
LAVATORY	14	EA	6,500.00	\$ 91,000.00
SINKS	24	EA	7,000.00	\$ 168,000.00
ELECTRIC WATER COOLER	2	EA	6,000.00	\$ 12,000.00
EMERGENCY SHOWER	1	EA	8,500.00	\$ 8,500.00
EMERGENCY EYEWASH	1	EA	4,800.00	\$ 4,800.00
JANITOR SINK	1	EA	5,000.00	\$ 5,000.00
FLOOR DRAIN	14	EA	3,000.00	\$ 42,000.00
ROOF DRAIN	5	EA	3,400.00	\$ 17,000.00
<b>EQUIPMENT</b>				
PUMP	1	EA	3,500.00	\$ 3,500.00
ELECTRIC DOMESTIC WATER HEATER	2	EA	17,950.00	\$ 35,900.00
<b>MEDICAL GAS</b>				
EXCLUDED - PORTABLE UNITS ASSUMED BY OWNER				
<b>CENTRALIZED OXYGEN</b>				
EXCLUDED - PORTABLE UNITS ASSUMED BY OWNER				
<b>DIVISION 22 - PLUMBING</b>				<b>\$ 485,700.00</b>
<b>DIVISION 23 - HVAC</b>				
<b>AIR DISTRIBUTION</b>				
DUCTWORK - ASSUME 1.25 LBS/SF	22375	LBS	20.00	\$ 447,500.00
ASSUME ADDITIONAL .35 LBS/SF AT RENO	630	LBS	20.00	\$ 12,600.00
INSULATION	17254	SF	5.25	\$ 90,582.19
DIFFUSERS / REGISTERS; INCL DAMPERS / FLEX	131	EA	265.00	\$ 34,803.33

**SVMC CANCER CENTER ADDITION**  
**SD ESTIMATE**

DETAILED ITEM TAKEOFF

5/9/2024  
 17900 SF NEW  
 1800 SF RENO



DESCRIPTION	QUANTITY	UNIT	UNIT COST	TOTALS
CONNECTION TO EXISTING	1	LS	2,500.00	\$ 2,500.00
<b>STEAM &amp; CONDENSATE PIPING &amp; INSUL. - EXCLUDED</b>				
ELECTRIC AS BASE, STEAM AS ALTERNATE				
<b>HYDRONIC PIPING &amp; INSULATION</b>				
AT ADDITION	17900	SF	12.50	\$ 223,750.00
AT RENOVATION	1800	SF	12.50	\$ 22,500.00
<b>EQUIPMENT</b>				
ELECTRIC BOILERS - 720 MBH	2	EA	48,000.00	\$ 96,000.00
ADDITIONAL HYDRONIC PIPING	1	LS	30,000.00	\$ 30,000.00
AIR COOLED CHILLER, 100 TON	1	EA	185,000.00	\$ 185,000.00
CHILLED WATER PUMPS, BASE MOUNTED 260 GPM	2	EA	28,000.00	\$ 56,000.00
HOT WATER PUMPS, IN-LINE 100GPM	2	EA	12,500.00	\$ 25,000.00
ROOFTOP AHU - 24,000 CFM	1	EA	864,000.00	\$ 864,000.00
EXHAUST FANS	2	EA	6,000.00	\$ 12,000.00
EXHAUST FANS (ISOLATION)	1	EA	9,500.00	\$ 9,500.00
SPECIAL EXHAUST FANS (PHARMACY)	2	EA	15,000.00	\$ 30,000.00
VAV BOXES	43	EA	2,200.00	\$ 94,600.00
MINI-SPLIT UNITS AT TEL/DATA	1	EA	12,500.00	\$ 12,500.00
CABINET UNIT HEATERS	4	EA	3,500.00	\$ 14,000.00
RIGGING	1	LS	35,000.00	\$ 35,000.00
MISC EQUIPMENT NOT INDICATED	1	ALLW	25,000.00	\$ 25,000.00
<b>TEST AND BALANCE</b>				
	3.00%			\$ 69,685.07
<b>CONTROLS</b>				
	25.00%			\$ 598,130.15
<b>DIVISION 23 - HVAC</b>				<b>\$ 2,990,650.73</b>
<b>DIVISION 26 - ELECTRICAL</b>				
<b>SITE ELECTRIC</b>				
PRIMARY POWER (CONDUIT ONLY)	200	LF	75.00	\$ 15,000.00
TRANSFORMER - 750kVA - BY OTHERS	1	EA		
SECONDARY POWER FROM TRANSFORMER	50	LF	380.00	\$ 19,000.00
SECONDARY POWER FROM GENERATOR	100	LF	140.00	\$ 14,000.00
<b>SITE LIGHTING</b>				
WIRE & CONDUIT, 1"	1200	LF	18.00	\$ 21,600.00
POLE & FIXTURE	5	EA	3,500.00	\$ 17,500.00
ADD FOR CONCRETE BASE	5	EA	600.00	\$ 3,000.00

**SVMC CANCER CENTER ADDITION**  
**SD ESTIMATE**

DETAILED ITEM TAKEOFF

5/9/2024  
 17900 SF NEW  
 1800 SF RENO



DESCRIPTION	QUANTITY	UNIT	UNIT COST	TOTALS
<b>LIGHT FIXTURES</b>				
FIXTURES - ASSUME 1 EA / 45 SF	438	EA	250.00	\$ 109,500.00
OUTDOOR DOWNLIGHT	10	EA	220.00	\$ 2,200.00
OUTDOOR WALL MOUNTED	20	EA	350.00	\$ 7,000.00
LABOR TO INSTALL FIXTURES (ALLOW 1.5HRS/EA)	468	EA	232.50	\$ 108,810.00
ALLOWANCE FOR SPECIALTY LIGHTING	1	ALLW	25,000.00	\$ 25,000.00
<b>LIGHTING CONTROL &amp; DEVICES</b>				
SWITCHES / OCC SENSORS / RECEPTACLES	895	EA	200.00	\$ 179,000.00
<b>WIRE &amp; CONDUIT, FOR LIGHTS &amp; DEVICES</b>				
CONDUIT - ALLOW 3/4" EMT	16356	LF	13.98	\$ 228,656.88
#12	490.68	CLF	78.00	\$ 38,273.04
<b>HVAC LINE VOLTAGE</b>				
	1	LS	55,000.00	\$ 55,000.00
<b>GENERATOR &amp; TRANSFER SWITCH - 400kW</b>				
	1	EA	225,000.00	\$ 225,000.00
TRANSFER SWITCHES	3	EA	22,500.00	\$ 67,500.00
<b>POWER AND DISTRIBUTION</b>				
SWITCHBOARD - 2000 AMP	1	EA	115,000.00	\$ 115,000.00
PANELS				
225 AMP	4	EA	5,000.00	\$ 20,000.00
100 AMP	6	EA	4,000.00	\$ 24,000.00
BRANCH FEEDERS AND SUBFEEDERS ALLOWANCE	1	ALLW	75,000.00	\$ 75,000.00
800 AMP FEEDER FROM NEW SWBD TO EXISTING	250	LF	225.00	\$ 56,250.00
FEEDER TO MOBILE IMAGING DOCK	100	LF	150.00	\$ 15,000.00
ELECTRIC BOILER ADDITIONAL REQUIREMENTS				
NORMAL POWER LOAD REQTS	1	LS	85,000.00	\$ 85,000.00
EMERGENCY POWER LOAD REQTS	1	LS	75,000.00	\$ 75,000.00
<b>GROUNDING</b>				
	19700	SF	1.00	\$ 19,700.00
<b>WHITE NOISE SYSTEM</b>				
	19700	SF	0.75	\$ 14,775.00
<b>FIRE ALARM - NEW SYSTEM TIED INTO CAMPUS</b>				
	19700	SF	4.50	\$ 88,650.00
<b>NURSE CALL - INFRASTRUCTURE ONLY</b>				
	19700	SF	1.00	\$ 19,700.00
<b>SECURITY &amp; ACCESS CONTROL</b>				
	19700	SF	4.00	\$ 78,800.00

**SVMC CANCER CENTER ADDITION  
SD ESTIMATE**

DETAILED ITEM TAKEOFF

5/9/2024  
17900 SF NEW  
1800 SF RENO



DESCRIPTION	QUANTITY	UNIT	UNIT COST	TOTALS
<b>TELE/DATA</b>	19700	SF	6.00	\$ 118,200.00
<b>AUDIO / VISUAL</b>	19700	SF	3.25	\$ 64,025.00
<b>DIVISION 26 - ELECTRICAL</b>				<b>\$ 2,005,139.92</b>

**ALTERNATES**

<b>ADD ALT 1 - WEST SITE WALL</b>				
<b>ADD</b>				
<b>SITE/RETAINING WALLS</b>				
TRENCH AND BACKFILL	130	LF	45.00	\$ 5,850.00
CONCRETE FOOTING (ASSUME 2'x1')				
FORM & POUR	130	LF	40.00	\$ 5,200.00
FORMWORK MATERIAL	260	SF	6.00	\$ 1,560.00
REBAR - ASSUME 100 LBS/CY	0.54	TN	4,000.00	\$ 2,166.67
CONCRETE	10.8	CY	165.00	\$ 1,787.50
CONCRETE WALL (1' WIDE, 3' TALL)				
FORM & POUR	130	LF	120.00	\$ 15,600.00
FORMWORK MATERIAL	780	SF	6.00	\$ 4,680.00
REBAR - ASSUME 100 LBS/CY	0.96	TN	4,000.00	\$ 3,851.85
CONCRETE	19.3	CY	165.00	\$ 3,177.78
<b>MASONRY</b>				
BRICK VENEER - SITE/RETAINING WALLS 3' TALL	780	SF	48.00	\$ 37,440.00
STONE COPING - SITE/RETAINING WALLS 1'4" WIDE	130	LF	85.00	\$ 11,050.00

**ADD ALT 1 - WEST SITE WALL \$ 92,363.80**

**ADD ALT 2 - NOT USED**

**ADD ALT 3 - ADD MED AIR & MED VACUUM TO ALL BAYS**

<b>ADD</b>				
<b>MEDICAL GAS</b>				
MED GAS OUTLETS - (1)MA, (1)MV AT BAYS INCLUDING BRANCH PIPING	14	EA	4,800.00	\$ 67,200.00
AIR COMPRESSOR & STORAGE TANK	1	EA	32,000.00	\$ 32,000.00
ZONE VALVE BOXES	2	EA	2,805.00	\$ 5,610.00
AREA ALARM PANEL	2	EA	4,000.00	\$ 8,000.00
MED GAS RECERTIFICATION	1	LS	5,000.00	\$ 5,000.00



**SVMC CANCER CENTER ADDITION**  
**SD ESTIMATE**

DETAILED ITEM TAKEOFF

5/9/2024  
 17900 SF NEW  
 1800 SF RENO



DESCRIPTION	QUANTITY	UNIT	UNIT COST	TOTALS
<b>ADD ALT 3 - ADD MED AIR &amp; MED VACUUM TO ALL BAYS</b>				<b>\$ 117,810.00</b>
<b>ADD ALT 4 - PIPED OXYGEN / VAC SYSTEMS ILO PORTABLE UNITS</b>				
<b>ADD</b>				
<b>MEDICAL GAS</b>				
MED GAS OUTLETS - (1)O AT BAYS, INCLUDING BRANCH PIPING	14	EA	2,400.00	\$ 33,600.00
MED GAS OUTLETS - (1)O, (1)MA, (1)MV AT PROCEDURE, INCLUDING BRANCH PIPING	1	EA	7,200.00	\$ 7,200.00
VACUUM PUMP	1	EA	22,500.00	\$ 22,500.00
ZONE VALVE BOXES	4	EA	2,805.00	\$ 11,220.00
AREA ALARM PANEL	2	EA	4,000.00	\$ 8,000.00
MED GAS RECERTIFICATION	1	LS	5,000.00	\$ 5,000.00
<b>CENTRALIZED OXYGEN</b>				
EXTENSION OF EXISTING BULK OXYGEN LINE 3/4" TO ADDITION	1000	LF	50.00	\$ 50,000.00
<b>ADD ALT 4 - PIPED OXYGEN / VAC SYSTEMS ILO PORTABLE UNITS</b>				<b>\$ 137,520.00</b>
<b>ADD ALT 5 - STEAM ILO ELECTRIC FIRED BOILERS &amp; DWH</b>				
<b>ADD</b>				
<b>STEAM &amp; CONDENSATE TRENCH</b>				
CONDENSATE - 3" PERMA-PIPE	1200	LF	350.75	\$ 420,900.00
STEAM - 8" PERMA-PIPE	1200	LF	523.25	\$ 627,900.00
EXCAVATE FOR PIPE	2222	CY	22.00	\$ 48,888.89
BACKFILL AT PIPE	1531	CY	26.00	\$ 39,807.62
EXPORT EXCESS FILL	691	CY	60.00	\$ 41,469.60
STONE BED	604	CY	65.00	\$ 39,292.07
SAWCUT ASPHALT PAVEMENT	18000	SF	3.25	\$ 58,500.00
PATCH ASPHALT PAVEMENT	2000	SY	125.00	\$ 250,000.00
TIE-IN TO EXISTING SYSTEM	1	ALLW	25,000.00	\$ 25,000.00
TEMPORARY PROTECTION / SHORING	1	ALLW	75,000.00	\$ 75,000.00
<b>PLUMBING</b>				
STEAM FIRED DOMESTIC WATER HEATER	2	EA	15,000.00	\$ 30,000.00
<b>HVAC</b>				
STEAM & CONDENSATE PIPING & INSUL. ALLOWANCE	19700	SF	5.50	\$ 108,350.00
STEAM TO HOT WATER HEAT EXCHANGERS	2	EA	18,000.00	\$ 36,000.00
DUPLEX CONDENSATE PUMP	1	EA	6,500.00	\$ 6,500.00

**SVMC CANCER CENTER ADDITION  
SD ESTIMATE**

DETAILED ITEM TAKEOFF

5/9/2024  
17900 SF NEW  
1800 SF RENO



DESCRIPTION	QUANTITY	UNIT	UNIT COST	TOTALS
<b>DEDUCT</b>				
<b>PLUMBING</b>				
ELECTRIC DOMESTIC WATER HEATER	-2	EA	17,950.00	\$ (35,900.00)
<b>HVAC</b>				
ELECTRIC BOILERS - 720 MBH	-2	EA	48,000.00	\$ (96,000.00)
ADDITIONAL HYDRONIC PIPING	-1	LS	30,000.00	\$ (30,000.00)
<b>ELECTRICAL</b>				
ADDITIONAL NORMAL POWER LOAD REQTS	-1	LS	85,000.00	\$ (85,000.00)
ADDITIONAL EMERGENCY POWER LOAD REQTS	-1	LS	75,000.00	\$ (75,000.00)
<b>ADD ALT 5 - STEAM ILO ELECTRIC FIRED BOILERS &amp; DWH</b>				<b>\$ 1,485,708.17</b>
<b>ADD ALT 6 - ADD MECHANICAL SCREEN</b>				
<b>ADD</b>				
<b>STEEL</b>				
ROOF SCREEN - FRAMING - GALV	10	TN	7,000.00	\$ 70,000.00
<b>THERMAL &amp; MOISTURE PROTECTION</b>				
MECHANICAL ENCLOSURE / ROOFTOP SCREEN	208	LF	550.00	\$ 114,400.00
ASSUMED PERIMETER OF ROOF CONCRETE SLAB				
<b>ADD ALT 6 - ADD MECHANICAL SCREEN</b>				<b>\$ 184,400.00</b>

NOTE: When completing this table make entries in the shaded fields only.

**Southwestern VT Medical Center**  
**Project**  
 TABLE 1  
 PROJECT COSTS

<b>Construction Costs</b>	
1. New Construction	\$ 12,649,299
2. Renovation	\$802,814
3. Site Work	1,728,288
4. Fixed Equipment	-
5. Design/Bidding Contingency	\$1,145,691
6. Construction Contingency	\$358,028
7. Construction Manager Fee	791,038
8. Other (please specify)	-
Subtotal	\$ 17,475,158
<b>Related Project Costs</b>	
1. Major Moveable Equipment	\$ -
2. Furnishings, Fixtures & Other Equip.	\$1,000,000
3. Architectural/Engineering Fees	\$1,437,839
4. Land Acquisition	-
5. Purchase of Buildings	-
6. Administrative Expenses & Permits	\$487,003
7. Debt Financing Expenses (see below)	600,000
8. Debt Service Reserve Fund	-
9. Working Capital	-
10. Other (please specify)	-
Subtotal	\$ 3,524,842
<b>Total Project Costs</b>	<b>\$ 21,000,000</b>

<b>Debt Financing Expenses</b>	
1. Capital Interest	\$ 600,000
2. Bond Discount or Placement Fee	-
3. Misc. Financing Fees & Exp. (issuance costs)	-
4. Other	-
Subtotal	\$ 600,000
<b>Less Interest Earnings on Funds</b>	
1. Debt Service Reserve Funds	\$ -
2. Capitalized Interest Account	-
3. Construction Fund	-
4. Other	-
Subtotal	\$ -
<b>Total Debt Financing Expenses</b>	<b>\$ 600,000</b>
feeds to line 7 above	



NOTE: When completing this table make entries in the shaded fields only.

**Southwestern VT Medical Center  
Project**

TABLE 2

DEBT FINANCING ARRANGEMENT, SOURCES & USES OF FUNDS

<b>Sources of Funds</b>		
1. Financing Instrument	Bond	
a. Interest Rate	5.0%	
b. Loan Period	Jun 2025	To: May 2055
c. Amount Financed		\$ 11,000,000
2. Equity Contribution		-
3. Other Sources		
a. Working Capital		-
b. Fundraising		8,000,000
c. Grants		2,000,000
d. Other		-
<b>Total Required Funds</b>		<b>\$ 21,000,000</b>

<b>Uses of Funds</b>		
<u>Project Costs (feeds from Table 1)</u>		
1. New Construction		\$ 12,649,299
2. Renovation		802,814
3. Site Work		1,728,288
4. Fixed Equipment		-
5. Design/Bidding Contingency		1,145,691
6. Construction Contingency		358,028
7. Construction Manager Fee		791,038
8. Major Moveable Equipment		-
9. Furnishings, Fixtures & Other Equip.		1,000,000
10. Architectural/Engineering Fees		1,437,839
11. Land Acquisition		-
12. Purchase of Buildings		-
13. Administrative Expenses & Permits		487,003
14. Debt Financing Expenses		600,000
15. Debt Service Reserve Fund		-
16. Working Capital		-
17. Other (please specify)		-
<b>Total Uses of Funds</b>		<b>\$ 21,000,000</b>

Total sources should equal total uses of funds.

**SOUTHWESTERN VT MEDICAL CENTER**

Project												
INCOME STATEMENT												
Table 3A												
WITHOUT PROJECT						Proposed Years Must change from Current Budget						
	FY2022		FY2023		FY2024		Proposed Yr 1		Proposed Yr 2		Proposed Yr 3	
	Actual	Actual/Projection	% change	Proj.	% change	FY2027	% change	FY2028	% change	FY2029	% change	
<b>REVENUES</b>												
INPATIENT CARE REVENUE	86,438,636		85,532,763	-5.5%	94,288,473	10.2%	111,350,195	18.1%	117,474,456	5.5%	123,935,551	5.5%
OUTPATIENT CARE REVENUE	288,474,812		312,593,537	1.2%	353,391,070	13.1%	411,222,573	16.4%	433,839,815	5.5%	457,701,004	5.5%
OUTPATIENT CARE REVENUE - PHYSICIAN	58,741,376		61,656,226	11.0%	62,280,995	1.0%	74,539,922	19.7%	76,030,721	2.0%	77,551,335	2.0%
CHRONIC/SNF PT CARE REVENUE	-		-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
SWING BEDS PT CARE REVENUE	-		-	#DIV/0!	-	#DIV/0!	1,898,193	#DIV/0!	2,002,594	5.5%	2,112,737	5.5%
<b>GROSS PATIENT CARE REVENUE</b>	<b>433,654,824</b>		<b>459,782,526</b>	<b>1.0%</b>	<b>509,960,538</b>	<b>10.9%</b>	<b>599,010,884</b>	<b>17.5%</b>	<b>629,347,586</b>	<b>5.1%</b>	<b>661,300,627</b>	<b>5.1%</b>
DISPROPORTIONATE SHARE PAYMENTS	1,766,096		861,771	10.4%	816,735	-5.2%	1,051,721	28.8%	1,051,721	0.0%	1,051,721	0.0%
TOTAL BAD DEBT FREE CARE	(6,945,867)		(8,241,744)	-18.8%	(10,697,639)	29.8%	(12,088,543)	13.0%	(12,586,952)	4.1%	(13,226,013)	5.1%
DEDUCTIONS FROM REVENUE	(273,590,999)		(296,813,890)	0.9%	(325,495,437)	9.7%	(345,655,687)	6.2%	(365,021,600)	5.6%	(383,554,364)	5.1%
<b>NET PATIENT CARE REVENUE</b>	<b>154,884,054</b>		<b>155,588,663</b>	<b>2.6%</b>	<b>174,584,197</b>	<b>12.2%</b>	<b>242,318,375</b>	<b>38.8%</b>	<b>252,790,755</b>	<b>4.3%</b>	<b>265,571,972</b>	<b>5.1%</b>
TOTAL FIXED PROSPECTIVE PAYMENTS AND RESERVES	31,845,094		29,113,085	-21.8%	28,671,755	-1.5%	-	-100.0%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
<b>NET PATIENT CARE REV &amp; FIXED PAYMENTS &amp; RESERVES</b>	<b>186,729,148</b>		<b>184,701,748</b>	<b>-2.2%</b>	<b>203,255,952</b>	<b>10.0%</b>	<b>242,318,375</b>	<b>19.2%</b>	<b>252,790,755</b>	<b>4.3%</b>	<b>265,571,972</b>	<b>5.1%</b>
OTHER OPERATING REVENUE	8,708,465		12,035,405	47.7%	13,058,456	8.5%	10,191,106	-22.0%	10,191,106	0.0%	10,191,106	0.0%
<b>TOTAL OPERATING REVENUE</b>	<b>195,437,613</b>		<b>196,737,153</b>	<b>-0.1%</b>	<b>216,314,408</b>	<b>10.0%</b>	<b>252,509,481</b>	<b>16.7%</b>	<b>262,981,861</b>	<b>4.1%</b>	<b>275,763,078</b>	<b>4.9%</b>
<b>OPERATING EXPENSE</b>												
SALARIES NON MD	59,320,960		62,187,883	-0.1%	65,033,882	4.6%	78,248,452	20.3%	82,943,359	6.0%	87,919,960	6.0%
FRINGE BENEFITS NON MD	15,797,832		17,955,258	5.5%	19,922,156	11.0%	22,531,797	13.1%	23,658,387	5.0%	24,841,306	5.0%
PHYSICIAN FEES & SALARIES	35,260,736		37,424,756	6.3%	39,389,694	5.3%	42,194,292	7.1%	44,304,006	5.0%	46,519,206	5.0%
FRINGE BENEFITS MD	-		-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
HEALTH CARE PROVIDER TAX	10,868,481		11,190,225	0.6%	11,297,934	1.0%	14,054,466	24.4%	15,167,445	7.9%	15,934,318	5.1%
TOTAL DEPRECIATION AMORTIZATION	6,241,552		5,983,457	-5.9%	6,516,464	8.9%	9,606,775	47.4%	10,087,114	5.0%	10,591,469	5.0%
INTEREST - LONG/SHORT TERM	767,602		1,518,145	153.3%	1,979,716	30.4%	1,743,195	-11.9%	1,830,354	5.0%	1,921,872	5.0%
TOTAL OTHER OPERATING EXPENSE	67,519,882		67,889,130	6.8%	69,798,995	2.8%	75,980,785	8.9%	79,779,824	5.0%	83,768,816	5.0%
<b>TOTAL OPERATING EXPENSE</b>	<b>195,777,045</b>		<b>204,148,854</b>	<b>4.1%</b>	<b>213,938,841</b>	<b>4.8%</b>	<b>244,359,761</b>	<b>14.2%</b>	<b>257,770,490</b>	<b>5.5%</b>	<b>271,496,949</b>	<b>5.3%</b>
NET OPERATING INCOME (LOSS)	(339,432)		(7,411,702)	-919.4%	2,375,567	-132.1%	8,149,720	243.1%	5,211,372	-36.1%	4,266,130	-18.1%
NON-OPERATING REVENUE	-		-	#DIV/0!	-	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
<b>EXCESS (DEFICIT) OF REVENUE OVER EXPENSE</b>	<b>(339,432)</b>		<b>(7,411,702)</b>	<b>-919.4%</b>	<b>2,375,567</b>	<b>-132.1%</b>	<b>8,149,720</b>	<b>243.1%</b>	<b>5,211,372</b>	<b>-36.1%</b>	<b>4,266,130</b>	<b>-18.1%</b>
Operating Margin %	-0.2%		-3.8%		1.1%		3.2%		2.0%		1.5%	
Bad Debt & Free Care%	1.6%		1.8%		2.1%		2.0%		2.0%		2.0%	
Compensation Ratio	56.4%		57.6%		58.1%		58.5%		58.5%		58.7%	
Capital Cost % of Total Expenses	3.6%		3.7%		4.0%		4.6%		4.6%		4.6%	

**SOUTHWESTERN VT MEDICAL CENTER**

<b>PROJECT NAME</b>											
<b>INCOME STATEMENT</b>											
<i>Table 3B</i>											
	FY2022	PROJECT ONLY FY2023		FY2024		Proposed Yr 1		Proposed Yr 2		Proposed Yr 3	
	Actual	Actual/Projection	% change	Proj.	% change	FY2027	% change	FY2028	% change	FY2029	% change
<b>REVENUES</b>											
INPATIENT CARE REVENUE			#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!
OUTPATIENT CARE REVENUE			#DIV/0!		#DIV/0!	6,575,558	#DIV/0!	9,897,236	50.5%	14,816,388	49.7%
OUTPATIENT CARE REVENUE - PHYSICIAN			#DIV/0!		#DIV/0!	338,262	#DIV/0!	776,876	129.7%	1,373,971	76.9%
CHRONIC/SNF PT CARE REVENUE			#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!
SWING BEDS PT CARE REVENUE			#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!
<b>GROSS PATIENT CARE REVENUE</b>	-	-	#DIV/0!	-	#DIV/0!	6,913,821	#DIV/0!	10,674,111	54.4%	16,190,358	51.7%
DISPROPORTIONATE SHARE PAYMENTS			#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!
BAD DEBT FREE CARE			#DIV/0!		#DIV/0!	(207,415)	#DIV/0!	(320,223)	54.4%	(485,711)	51.7%
DEDUCTIONS FROM REVENUE			#DIV/0!		#DIV/0!	(4,152,955)	#DIV/0!	(6,339,058)	52.6%	(9,548,715)	50.6%
			#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!
<b>NET PATIENT CARE REVENUE</b>	-	-	#DIV/0!	-	#DIV/0!	2,553,451	#DIV/0!	4,014,830	57.2%	6,155,932	53.3%
FIXED PROSPECTIVE PAYMENTS AND RESERVES			#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!
<b>NET PATIENT CARE REV &amp; FIXED PAYMENTS &amp; RESERVES</b>			#DIV/0!		#DIV/0!	2,553,451	#DIV/0!	4,014,830	57.2%	6,155,932	53.3%
OTHER OPERATING REVENUE			#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!
<b>TOTAL OPERATING REVENUE</b>	-	-	#DIV/0!	-	#DIV/0!	2,553,451	#DIV/0!	4,014,830	57.2%	6,155,932	53.3%
<b>OPERATING EXPENSE</b>											
SALARIES NON MD			#DIV/0!		#DIV/0!	475,472	#DIV/0!	639,865	34.6%	810,772	26.7%
FRINGE BENEFITS NON MD			#DIV/0!		#DIV/0!	142,641	#DIV/0!	191,959	34.6%	243,232	26.7%
FRINGE BENEFITS MD			#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!
PHYSICIAN FEES & SALARIES			#DIV/0!		#DIV/0!	100,288	#DIV/0!	203,584	103.0%	309,979	52.3%
HEALTH CARE PROVIDER TAX			#DIV/0!		#DIV/0!	13,414	#DIV/0!	16,071	19.8%	20,027	24.6%
DEPRECIATION AMORTIZATION			#DIV/0!		#DIV/0!	376,859	#DIV/0!	753,717	100.0%	753,717	0.0%
INTEREST - LONG/SHORT TERM			#DIV/0!		#DIV/0!	410,498	#DIV/0!	540,126	31.6%	531,507	-1.6%
OTHER OPERATING EXPENSE			#DIV/0!		#DIV/0!	334,186	#DIV/0!	721,074	115.8%	1,269,165	76.0%
<b>TOTAL OPERATING EXPENSE</b>	-	-	#DIV/0!	-	#DIV/0!	1,853,358	#DIV/0!	3,066,396	65.5%	3,938,399	28.4%
<b>NET OPERATING INCOME (LOSS)</b>	-	-	#DIV/0!	-	#DIV/0!	700,093	#DIV/0!	948,434	35.5%	2,217,533	133.8%
NON-OPERATING REVENUE			#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!
<b>EXCESS (DEFICIT) OF REVENUE OVER EXPENSE</b>	-	-	#DIV/0!	-	#DIV/0!	700,093	#DIV/0!	948,434	35.5%	2,217,533	133.8%

**SOUTHWESTERN VT MEDICAL CENTER**

<b>Project</b>											
Note: This table requires no "fill-in" as it is populated automatically											
<b>INCOME STATEMENT</b>											
<b>Table 3C</b>											
	FY2022	WITH PROJECT FY2023		FY2024	Proposed Yr 1		Proposed Years Must change from Current Budget		Proposed Yr 3		
	Actual	Actual/Projection	% change	Proj.	% change	FY2027	% change	FY2028	% change	FY2029	% change
<b>REVENUES</b>											
INPATIENT CARE REVENUE	86,438,636	85,532,763	-5.5%	94,288,473	10.2%	111,350,195	18.1%	117,474,456	5.5%	123,935,551	5.5%
OUTPATIENT CARE REVENUE	288,474,812	312,593,537	1.2%	353,391,070	13.1%	417,798,131	18.2%	443,737,050	6.2%	472,517,392	6.5%
OUTPATIENT CARE REVENUE - PHYSICIAN	58,741,376	61,656,226	11.0%	62,280,995	1.0%	74,878,185	20.2%	76,807,596	2.6%	78,925,306	2.8%
CHRONIC/SNF PT CARE REVENUE	-	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
SWING BEDS PT CARE REVENUE	-	-	#DIV/0!	-	#DIV/0!	1,898,193	#DIV/0!	2,002,594	5.5%	2,112,737	5.5%
<b>GROSS PATIENT CARE REVENUE</b>	<b>433,654,824</b>	<b>459,782,526</b>	<b>1.0%</b>	<b>509,960,538</b>	<b>10.9%</b>	<b>605,924,705</b>	<b>18.8%</b>	<b>640,021,697</b>	<b>5.6%</b>	<b>677,490,986</b>	<b>5.9%</b>
DISPROPORTIONATE SHARE PAYMENTS	1,766,096	861,771	10.4%	816,735	-5.2%	1,051,721	28.8%	1,051,721	0.0%	1,051,721	0.0%
BAD DEBT FREE CARE	(6,945,867)	(8,241,744)	-18.8%	(10,697,639)	29.8%	(12,295,958)	14.9%	(12,907,175)	5.0%	(13,711,724)	6.2%
DEDUCTIONS FROM REVENUE	(273,590,999)	(296,813,890)	0.9%	(325,495,437)	9.7%	(349,808,642)	7.5%	(371,360,658)	6.2%	(393,103,079)	5.9%
	-	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
<b>NET PATIENT CARE REVENUE</b>	<b>154,884,054</b>	<b>155,588,663</b>	<b>2.6%</b>	<b>174,584,197</b>	<b>12.2%</b>	<b>244,871,825</b>	<b>40.3%</b>	<b>256,805,586</b>	<b>4.9%</b>	<b>271,727,905</b>	<b>5.8%</b>
FIXED PROSPECTIVE PAYMENTS AND RESERVES	31,845,094	29,113,085	-21.8%	28,671,755	-1.5%	-	-100.0%	-	#DIV/0!	-	#DIV/0!
<b>NET PATIENT CARE REV &amp; FIXED PAYMENTS &amp; RESERVES</b>	<b>186,729,148</b>	<b>184,701,748</b>	<b>-2.2%</b>	<b>203,255,952</b>	<b>10.0%</b>	<b>244,871,825</b>	<b>20.5%</b>	<b>256,805,586</b>	<b>4.9%</b>	<b>271,727,905</b>	<b>5.8%</b>
OTHER OPERATING REVENUE	8,708,465	12,035,405	47.7%	13,058,456	8.5%	10,191,106	-22.0%	10,191,106	0.0%	10,191,106	0.0%
<b>TOTAL OPERATING REVENUE</b>	<b>195,437,613</b>	<b>196,737,153</b>	<b>-0.1%</b>	<b>216,314,408</b>	<b>10.0%</b>	<b>255,062,931</b>	<b>17.9%</b>	<b>266,996,692</b>	<b>4.7%</b>	<b>281,919,011</b>	<b>5.6%</b>
<b>OPERATING EXPENSE</b>											
SALARIES NON MD	59,320,960	62,187,883	-0.1%	65,033,882	4.6%	78,723,924	21.1%	83,583,224	6.2%	88,730,732	6.2%
FRINGE BENEFITS NON MD	15,797,832	17,955,258	5.5%	19,922,156	11.0%	22,674,438	13.8%	23,850,346	5.2%	25,084,538	5.2%
FRINGE BENEFITS MD	35,260,736	37,424,756	6.3%	39,389,694	5.3%	42,194,292	7.1%	44,304,006	5.0%	46,519,206	5.0%
PHYSICIAN FEES & SALARIES	-	-	#DIV/0!	-	#DIV/0!	100,288	#DIV/0!	203,584	103.0%	309,979	52.3%
HEALTH CARE PROVIDER TAX	10,868,481	11,190,225	0.6%	11,297,934	1.0%	14,067,880	24.5%	15,183,516	7.9%	15,954,345	5.1%
DEPRECIATION AMORTIZATION	6,241,552	5,983,457	-5.9%	6,516,464	8.9%	9,983,634	53.2%	10,840,831	8.6%	11,345,186	4.7%
INTEREST - LONG/SHORT TERM	767,602	1,518,145	153.3%	1,979,716	30.4%	2,153,693	8.8%	2,370,480	10.1%	2,453,379	3.5%
OTHER OPERATING EXPENSE	67,519,882	67,889,130	6.8%	69,798,995	2.8%	76,314,971	9.3%	80,500,898	5.5%	85,037,981	5.6%
<b>TOTAL OPERATING EXPENSE</b>	<b>195,777,045</b>	<b>204,148,854</b>	<b>4.1%</b>	<b>213,938,841</b>	<b>4.8%</b>	<b>246,213,119</b>	<b>15.1%</b>	<b>260,836,886</b>	<b>5.9%</b>	<b>275,435,348</b>	<b>5.6%</b>
NET OPERATING INCOME (LOSS)	(339,432)	(7,411,702)	-919.4%	2,375,567	-132.1%	8,849,813	272.5%	6,159,806	-30.4%	6,483,663	5.3%
NON-OPERATING REVENUE	-	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
<b>EXCESS (DEFICIT) OF REVENUE OVER EXPENSE</b>	<b>(339,432)</b>	<b>(7,411,702)</b>	<b>-919.4%</b>	<b>2,375,567</b>	<b>-132.1%</b>	<b>8,849,813</b>	<b>272.5%</b>	<b>6,159,806</b>	<b>-30.4%</b>	<b>6,483,663</b>	<b>5.3%</b>

Operating Margin %	-0.2%	-3.8%	1.1%	3.5%	2.3%	2.3%
Bad Debt & Free Care%	1.6%	1.8%	2.1%	2.0%	2.0%	2.0%
Compensation Ratio	56.4%	57.6%	58.1%	58.4%	58.3%	58.3%
Capital Cost % of Total Expenses	3.6%	3.7%	4.0%	4.9%	5.1%	5.0%

Accounts	FY2022 Actuals	FY2023 Budget 2023 Approved	Actuals	FY2024 Budget 2025 Submitted 2024 Proj.
Gross Revenue				
Hospital				
Inpatient Care Revenue	86,438,636	90,519,047		85,532,763
Outpatient Care Revenue	288,474,812	309,009,378		312,593,537
Chronic/SNF PT Care Revenue	0	0		0
Swing Beds PT Care Revenue	0	0		0
Total Hospital	374,913,448	399,528,425		398,126,300
Physician				
Outpatient Care Revenue - Physician	58,741,376	55,545,562		61,656,226
Total Physician	58,741,376	55,545,562		61,656,226
Net Revenue Deductions				
Disproportionate Share Payments	1,766,096	780,264		861,771
Bad Debt Free Care				
Total Bad Debt Free Care	-6,945,867	-10,150,000		-8,241,744
Deductions from Revenue	-273,590,999	-294,061,400		-296,813,890
Graduate Medical Education	0	0		0
Total Net Revenue Deductions	-278,770,770	-303,431,136		-304,193,863
Net Patient Care Revenue	154,884,054	151,642,851		155,588,663
Fixed Prospective Payments and Reserves				
Total Fixed Prospective Payments and Reserves	31,845,094	37,229,358		29,113,085
Net Patient Care Rev & Fixed Payments & Reserv	186,729,148	188,872,209		184,701,748
Other Operating Revenue				
Community Foundation Revenue	0	0		0
Grant Income	2,575,943	1,843,964		3,040,787
Cafeteria & Parking	251,647	282,370		68,229
Employee Sales Pharmacy	0	32,500		31,912
Employee Sales Med Surg Supplies	0	0		0
Sale of Services to Other Organizations	0	0		0
Physician Office and Other Rentals	0	10,400		10,200
Meaningful Use	0	0		0
340B Retail Pharmacy Programs	2,389,544	3,100,000		5,133,841
COVID-19 Stimulus and Other Grant Funding	0	0		0
Miscellaneous/Contract Income	0	0		0
Premium Revenue and Payer Incentives	0	0		0
Specialty Pharmacy	0	0		0
Outpatient Pharmacy Revenue	0	0		0
Reference Lab Revenue	0	0		0
Institutional Services Revenue	0	0		0
Reimbursed Expenses	0	0		0
Other	3,491,331	2,880,223		3,750,436
Total Other Operating Revenue	8,708,465	8,149,457		12,035,405
Total Operating Revenue	195,437,613	197,021,666		196,737,153
Operating Expense				
Salaries Non MD	59,320,960	62,269,494		62,187,883
Fringe Benefits Non MD	15,797,832	17,019,291		17,955,258
Physician Fees & Salaries	35,260,736	35,196,870		37,424,756
Fringe Benefits MD	0	0		0
Health Care Provider Tax	10,868,481	11,123,170		11,190,225
Depreciation Amortization				
Total Depreciation Amortization	6,241,552	6,356,989		5,983,457
Interest - Short Term	0	0		0
Interest - Long Term	767,602	599,354		1,518,145
Other Operating Expense				
Total Other Operating Expense	67,519,882	63,551,970		67,889,130
Bad Debt (pre 2012)	0	0		0
Total Operating Expense	195,777,045	196,117,138		204,148,854



Net Operating Income (Loss)	-339,432	904,528	-7,411,702	2,375,567
Non-Operating Revenue				
Total Non-Operating Revenue	8,005,419	679,981	6,001,964	7,011,209
Excess (Deficit) of Revenue Over Expense	7,665,986	1,584,509	-1,409,738	9,386,776
Inpatient	0	90,519,047	85,532,763	94,288,473
Outpatient	433,654,824	364,554,940	312,593,537	353,391,070
Physician	0	0	61,656,226	62,280,995
Chronic Rehab	0	0	0	0
SNF/ECF	0	0	0	0
Swing Beds	0	0	0	0

**SOUTHWESTERN VT MEDICAL CENTER**

<b>PROJECT NAME</b>													
<b>Balance Sheet</b>													
<b>WITHOUT PROJECT</b>													
<b>Proposed Years Must change from Current Budget</b>													
	<b>FY2022</b>	<b>FY2023</b>	<b>%</b>	<b>FY2023</b>	<b>%</b>	<b>FY2024</b>	<b>%</b>	<b>FY2027</b>		<b>FY2028</b>		<b>FY2029</b>	
	<b>Actual</b>	<b>Budget</b>	<b>change</b>	<b>Actuals</b>	<b>change</b>	<b>Projected</b>	<b>change</b>	<b>Proposed Year 1</b>	<b>change</b>	<b>Proposed Year 2</b>	<b>change</b>	<b>Proposed Year 3</b>	<b>% change</b>
<b>ASSETS</b>													
<b>CURRENT ASSETS</b>													
CASH & INVESTMENTS	10,785,155	10,020,348	-7.1%	8,896,871	-11.2%	3,446,380	-61.3%	4,446,380	29.0%	4,891,018	10.0%	5,380,120	10.0%
PATIENT ACCOUNTS RECEIVABLE, GROSS	49,023,469	45,585,468	-7.0%	53,796,764	18.0%	63,775,050	18.5%	60,586,298	-5.0%	63,176,199	4.3%	65,398,185	3.5%
LESS: ALLOWANCE FOR UNCOLLECTIBLE ACCTS	(34,449,268)	(30,143,917)	-12.5%	(36,125,754)	19.8%	(44,642,535)	23.6%	(42,410,408)	-5.0%	(44,573,339)	5.1%	(46,846,579)	5.1%
DUE FROM THIRD PARTIES	-	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
ACO RISK RESERVE/SETTLEMENT RECEIVABLE	-	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
OTHER CURRENT ASSETS	7,755,405	8,736,335	12.6%	9,790,297	12.1%	10,749,688	9.8%	11,072,179	3.0%	11,404,344	3.0%	11,746,474	3.0%
<b>TOTAL CURRENT ASSETS</b>	<b>33,114,761</b>	<b>34,198,234</b>	<b>3.3%</b>	<b>36,358,178</b>	<b>6.3%</b>	<b>33,328,583</b>	<b>-8.3%</b>	<b>33,694,448</b>	<b>1.1%</b>	<b>34,898,222</b>	<b>3.6%</b>	<b>35,678,200</b>	<b>2.2%</b>
<b>BOARD DESIGNATED ASSETS</b>													
TOTAL FUNDED DEPRECIATION	8,696,183	9,879,506	13.6%	17,609,329	78.2%	9,550,000	-45.8%	9,550,000	0.0%	10,123,000	6.0%	10,730,380	6.0%
ESCROWED BOND FUNDS	18,036,139	-	-100.0%	2,151,036	#DIV/0!	-	-100.0%	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
TOTAL OTHER	99,527	-	-100.0%	99,564	#DIV/0!	11,937,834	11890.1%	14,218,151	19.1%	15,071,240	6.0%	15,975,515	6.0%
<b>TOTAL BOARD DESIGNATED ASSETS</b>	<b>26,831,849</b>	<b>9,879,506</b>	<b>-63.2%</b>	<b>19,859,929</b>	<b>101.0%</b>	<b>21,487,834</b>	<b>8.2%</b>	<b>23,768,151</b>	<b>10.6%</b>	<b>25,194,240</b>	<b>6.0%</b>	<b>26,705,895</b>	<b>6.0%</b>
<b>PROPERTY, PLANT, AND EQUIPMENT</b>													
LAND, BUILDINGS & IMPROVEMENTS	54,689,660	56,623,818	3.5%	16,794,257	-70.3%	50,349,254	199.8%	59,349,254	17.9%	62,349,254	5.1%	65,349,254	4.8%
CONSTRUCTION IN PROGRESS	14,678,849	21,385,849	45.7%	26,794,457	25.3%	2,543,000	-90.5%	-	-100.0%	0	#DIV/0!	0	#DIV/0!
MAJOR MOVABLE EQUIPMENT	71,799,104	79,246,919	10.4%	10,211,428	-87.1%	11,804,000	15.6%	20,804,000	76.2%	23,804,000	14.4%	26,804,000	12.6%
FIXED EQUIPMENT	30,197,994	31,856,136	5.5%	8,236,800	-74.1%	9,176,000	11.4%	12,176,000	32.7%	13,176,000	8.2%	14,176,000	7.6%
<b>TOTAL PROPERTY, PLANT AND EQUIPMENT</b>	<b>171,365,607</b>	<b>189,112,722</b>	<b>10.4%</b>	<b>62,036,942</b>	<b>-67.2%</b>	<b>73,872,254</b>	<b>19.1%</b>	<b>92,329,254</b>	<b>25.0%</b>	<b>99,329,254</b>	<b>7.6%</b>	<b>106,329,254</b>	<b>7.0%</b>
<b>LESS: ACCUMULATED DEPRECIATION</b>													
LAND, BUILDINGS & IMPROVEMENTS	(36,580,559)	(37,507,866)	2.5%	262,553	-100.7%	(1,672,945)	-737.2%	(7,072,945)	322.8%	(8,872,945)	25.4%	(10,672,945)	20.3%
EQUIPMENT - FIXED	(23,653,326)	(24,614,235)	4.1%	(198,931)	-99.2%	(1,181,051)	493.7%	(4,481,051)	279.4%	(5,581,051)	24.5%	(6,681,051)	19.7%
EQUIPMENT - MAJOR MOVEABLE	(62,901,356)	(68,222,730)	8.5%	6,430	-100.0%	(3,089,626)	#####	(12,989,626)	320.4%	(16,289,626)	25.4%	(19,589,626)	20.3%
<b>TOTAL ACCUMULATED DEPRECIATION</b>	<b>(123,135,242)</b>	<b>(130,344,831)</b>	<b>5.9%</b>	<b>70,052</b>	<b>-100.1%</b>	<b>(5,943,622)</b>	<b>-8584.5%</b>	<b>(24,543,622)</b>	<b>312.9%</b>	<b>(30,743,622)</b>	<b>25.3%</b>	<b>(36,943,622)</b>	<b>20.2%</b>
<b>TOTAL PROPERTY, PLANT AND EQUIPMENT, NET</b>	<b>48,230,366</b>	<b>58,767,891</b>	<b>21.8%</b>	<b>62,106,994</b>	<b>5.7%</b>	<b>67,928,632</b>	<b>9.4%</b>	<b>67,785,632</b>	<b>-0.2%</b>	<b>68,585,632</b>	<b>1.2%</b>	<b>69,385,632</b>	<b>1.2%</b>
OTHER LONG-TERM ASSETS	16,000,945	16,697,418	4.4%	7,317,273	-56.2%	9,108,435	24.5%	10,931,834	20.0%	10,931,834	0.0%	10,931,834	0.0%
<b>TOTAL ASSETS</b>	<b>124,177,921</b>	<b>119,543,049</b>	<b>-3.7%</b>	<b>125,642,374</b>	<b>5.1%</b>	<b>131,853,484</b>	<b>4.9%</b>	<b>136,180,065</b>	<b>3.3%</b>	<b>139,609,928</b>	<b>2.5%</b>	<b>142,701,560</b>	<b>2.2%</b>
<b>LIABILITIES AND FUND BALANCE</b>													
<b>CURRENT LIABILITIES</b>													
ACCOUNTS PAYABLE	12,703,595	6,640,510	-47.7%	11,374,537	71.3%	11,070,585	-2.7%	11,403,821	0.3%	12,249,821	7.4%	12,792,177	4.4%
CURRENT LIABILITIES COVID-19	-	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
SALARIES, WAGES AND PAYROLL TAXES PAYABLE	4,213,297	6,519,763	54.7%	2,292,897	-64.8%	3,267,540	42.5%	7,010,949	205.8%	7,431,606	6.0%	7,877,502	6.0%
TOTAL ESTIMATED THIRD-PARTY SETTLEMENTS	1,537,638	6,500,000	322.7%	1,375,654	-78.8%	1,300,000	-5.5%	1,300,000	-5.5%	1,300,000	0.0%	1,600,000	23.1%
OTHER CURRENT LIABILITIES	12,384,573	15,748,394	27.2%	18,201,245	15.6%	31,980,243	75.7%	22,255,004	22.3%	22,255,004	0.0%	22,555,004	1.3%
CURRENT PORTION OF LONG-TERM DEBT	13,901,907	2,950,000	-78.8%	16,717,320	466.7%	3,023,000	-81.9%	3,048,167	-81.8%	3,062,750	0.5%	3,073,167	0.3%
<b>TOTAL CURRENT LIABILITIES</b>	<b>44,741,010</b>	<b>38,358,667</b>	<b>-14.3%</b>	<b>49,961,653</b>	<b>30.2%</b>	<b>50,641,368</b>	<b>1.4%</b>	<b>45,017,941</b>	<b>-9.9%</b>	<b>46,299,181</b>	<b>2.8%</b>	<b>47,897,850</b>	<b>3.5%</b>
<b>LONG-TERM DEBT</b>													
LONG TERM LIABILITIES COVID-19	-	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
BONDS & MORTGAGES PAYABLE	27,809,790	25,168,000	-9.5%	24,932,803	-0.9%	21,909,000	-12.1%	16,059,083	-35.6%	12,996,333	-19.1%	9,923,167	-23.6%
CAPITAL LEASE OBLIGATIONS	3,229,412	2,793,000	-13.5%	3,402,857	21.8%	2,669,000	-21.6%	3,183,000	-6.5%	3,183,000	0.0%	3,483,000	9.4%
OTHER LONG-TERM DEBT	-	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
<b>TOTAL LONG-TERM DEBT</b>	<b>31,039,202</b>	<b>27,961,000</b>	<b>-9.9%</b>	<b>28,335,660</b>	<b>1.3%</b>	<b>24,578,000</b>	<b>-13.3%</b>	<b>19,242,083</b>	<b>-32.1%</b>	<b>16,179,333</b>	<b>-15.9%</b>	<b>13,406,167</b>	<b>-17.1%</b>
OTHER NONCURRENT LIABILITIES	2,401,399	3,255,258	35.6%	2,758,490	-15.3%	2,660,769	-3.5%	2,596,974	-5.9%	2,596,974	0.0%	2,596,974	0.0%
<b>TOTAL LIABILITIES</b>	<b>78,181,611</b>	<b>69,574,925</b>	<b>-11.0%</b>	<b>81,055,803</b>	<b>16.5%</b>	<b>77,880,137</b>	<b>-3.9%</b>	<b>66,856,998</b>	<b>-17.5%</b>	<b>65,075,488</b>	<b>-2.7%</b>	<b>63,900,991</b>	<b>-1.8%</b>
TOTAL FUND BALANCE	45,996,885	49,968,124	8.6%	44,586,572	-10.8%	53,973,347	21.1%	69,323,067	55.5%	74,534,439	7.5%	78,800,569	5.7%
<b>TOTAL LIABILITIES AND FUND BALANCE</b>	<b>124,178,496</b>	<b>119,543,049</b>	<b>-3.7%</b>	<b>125,642,375</b>	<b>5.1%</b>	<b>131,853,484</b>	<b>4.9%</b>	<b>136,180,065</b>	<b>8.4%</b>	<b>139,609,928</b>	<b>2.5%</b>	<b>142,701,560</b>	<b>2.2%</b>

## SOUTHWESTERN VT MEDICAL CENTER

PROJECT NAME													
Balance Sheet													
PROJECT ONLY													
Proposed Years Must change from Current Budget													
	FY2022	FY2023	FY2023		FY2024		FY2027		FY2028		FY2029		
	Actual	Budget	% change	Actuals	% change	Projected	% change	Proposed Year 1	% change	Proposed Year 2	% change	Proposed Year 3	% change
<b>ASSETS</b>													
<b>CURRENT ASSETS</b>													
CASH & INVESTMENTS			#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	804,468	#DIV/0!	2,305,502	186.6%	5,015,107	117.5%
PATIENT ACCOUNTS RECEIVABLE, GROSS			#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	765,269	#DIV/0!	1,203,245	57.2%	1,544,933	28.4%
LESS: ALLOWANCE FOR UNCOLLECTIBLE ACCTS			#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	(535,459)	#DIV/0!	(841,910)	57.2%	(1,190,899)	41.5%
DUE FROM THIRD PARTIES			#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!
ACO RISK RESERVE/SETTLEMENT RECEIVABLE			#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!
OTHER CURRENT ASSETS			#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!
<b>TOTAL CURRENT ASSETS</b>	-	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	1,034,279	#DIV/0!	2,666,837	157.8%	5,369,141	101.3%
<b>BOARD DESIGNATED ASSETS</b>													
FUNDED DEPRECIATION			#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!
ESCROWED BOND FUNDS			#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!
OTHER			#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!
<b>TOTAL BOARD DESIGNATED ASSETS</b>	-	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
<b>PROPERTY, PLANT, AND EQUIPMENT</b>													
LAND, BUILDINGS & IMPROVEMENTS			#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	19,086,041	#DIV/0!	19,086,041	0.0%	19,086,041	0.0%
CONSTRUCTION IN PROGRESS			#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!
MAJOR MOVABLE EQUIPMENT			#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	1,063,959	#DIV/0!	1,063,959	0.0%	1,063,959	0.0%
FIXED EQUIPMENT			#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	850,000	#DIV/0!	850,000	0.0%	850,000	0.0%
<b>TOTAL PROPERTY, PLANT AND EQUIPMENT</b>	-	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	21,000,000	#DIV/0!	21,000,000	0.0%	21,000,000	0.0%
<b>LESS: ACCUMULATED DEPRECIATION</b>													
LAND, BUILDINGS & IMPROVEMENTS			#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	(190,861)	#DIV/0!	(572,582)	200.0%	(954,303)	66.7%
EQUIPMENT - FIXED			#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	(44,332)	#DIV/0!	(132,995)	200.0%	(221,658)	66.7%
EQUIPMENT - MAJOR MOVEABLE			#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	(141,667)	#DIV/0!	(425,000)	200.0%	(708,333)	66.7%
<b>TOTAL ACCUMULATED DEPRECIATION</b>	-	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	(376,859)	#DIV/0!	(1,130,576)	200.0%	(1,884,293)	66.7%
<b>TOTAL PROPERTY, PLANT AND EQUIPMENT, NET</b>	-	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	20,623,142	#DIV/0!	19,869,425	-3.7%	19,115,708	-3.8%
<b>OTHER LONG-TERM ASSETS</b>													
			#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!
<b>TOTAL ASSETS</b>	-	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	21,657,421	#DIV/0!	22,536,262	4.1%	24,484,849	8.6%
<b>LIABILITIES AND FUND BALANCE</b>													
<b>CURRENT LIABILITIES</b>													
ACCOUNTS PAYABLE			#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	78,595	#DIV/0!	177,476	125.8%	85,623	-51.8%
CURRENT LIABILITIES COVID-19			#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!
SALARIES, WAGES AND PAYROLL TAXES PAYABLE			#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!
ESTIMATED THIRD-PARTY SETTLEMENTS			#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!
OTHER CURRENT LIABILITIES			#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!
CURRENT PORTION OF LONG-TERM DEBT			#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	168,474	#DIV/0!	177,093	5.1%	186,154	5.1%
<b>TOTAL CURRENT LIABILITIES</b>	-	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	247,069	#DIV/0!	354,569	43.5%	271,777	-23.4%
<b>LONG-TERM DEBT</b>													
LONG TERM LIABILITIES COVID-19			#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!
BONDS & MORTGAGES PAYABLE			#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	10,710,259	#DIV/0!	10,533,166	-1.7%	10,347,012	-1.8%
CAPITAL LEASE OBLIGATIONS			#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!
OTHER LONG-TERM DEBT			#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!
<b>TOTAL LONG-TERM DEBT</b>	-	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	10,710,259	#DIV/0!	10,533,166	-1.7%	10,347,012	-1.8%
<b>OTHER NONCURRENT LIABILITIES</b>													
			#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!
<b>TOTAL LIABILITIES</b>	-	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	10,957,328	#DIV/0!	10,887,735	-0.6%	10,618,789	-2.5%
<b>FUND BALANCE</b>													
			#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	10,700,093	#DIV/0!	11,648,527	8.9%	13,866,060	19.0%
<b>TOTAL LIABILITIES AND FUND BALANCE</b>	-	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	21,657,421	#DIV/0!	22,536,262	4.1%	24,484,849	8.6%

**SOUTHWESTERN VT MEDICAL CENTER**

<b>PROJECT NAME</b>													
<b>Note: This table requires no "fill-in" as it is populated automatically</b> <b>Balance Sheet</b> <b>WITH PROJECT</b>													
	<b>FY2022</b>	<b>FY2023</b>		<b>FY2023</b>		<b>FY2024</b>		<b>Proposed Years Must change from Current Budget</b>					
	<b>Actual</b>	<b>Budget</b>	<b>% change</b>	<b>Actuals</b>	<b>% change</b>	<b>Projected</b>	<b>% change</b>	<b>FY2027</b>	<b>% change</b>	<b>FY2028</b>	<b>% change</b>	<b>FY2029</b>	<b>% change</b>
								<b>Proposed Year 1</b>		<b>Proposed Year 2</b>		<b>Proposed Year 3</b>	
<b>ASSETS</b>													
<b>CURRENT ASSETS</b>													
CASH & INVESTMENTS	10,785,155	10,020,348	-7.1%	8,896,871	-11.2%	3,446,380	-61.3%	5,250,848	52.4%	7,196,520	37.1%	10,395,227	44.4%
PATIENT ACCOUNTS RECEIVABLE, GROSS	49,023,469	45,585,468	-7.0%	53,796,764	18.0%	63,775,050	18.5%	61,351,567	-3.8%	64,379,443	4.9%	66,943,118	4.0%
LESS: ALLOWANCE FOR UNCOLLECTIBLE ACCTS	(34,449,268)	(30,143,917)	-12.5%	(36,125,754)	19.8%	(44,642,535)	23.6%	(42,945,867)	-3.8%	(45,415,249)	5.7%	(48,037,478)	5.8%
DUE FROM THIRD PARTIES	-	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
ACO RISK RESERVE/SETTLEMENT RECEIVABLE	-	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
OTHER CURRENT ASSETS	7,755,405	8,736,335	12.6%	9,790,297	12.1%	10,749,688	9.8%	11,072,179	3.0%	11,404,344	3.0%	11,746,474	3.0%
<b>TOTAL CURRENT ASSETS</b>	<b>33,114,761</b>	<b>34,198,234</b>	<b>3.3%</b>	<b>36,358,178</b>	<b>6.3%</b>	<b>33,328,583</b>	<b>-8.3%</b>	<b>34,728,727</b>	<b>4.2%</b>	<b>37,565,059</b>	<b>8.2%</b>	<b>41,047,341</b>	<b>9.3%</b>
<b>BOARD DESIGNATED ASSETS</b>													
FUNDED DEPRECIATION	8,696,183	9,879,506	13.6%	17,609,329	78.2%	9,550,000	-45.8%	9,550,000	0.0%	10,123,000	6.0%	10,730,380	6.0%
ESCROWED BOND FUNDS	18,036,139	-	-100.0%	2,151,036	#DIV/0!	-	-100.0%	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
OTHER	99,527	-	-100.0%	99,564	#DIV/0!	11,937,834	11890.1%	14,218,151	19.1%	15,071,240	6.0%	15,975,515	6.0%
<b>TOTAL BOARD DESIGNATED ASSETS</b>	<b>26,831,849</b>	<b>9,879,506</b>	<b>-63.2%</b>	<b>19,859,929</b>	<b>101.0%</b>	<b>21,487,834</b>	<b>8.2%</b>	<b>23,768,151</b>	<b>10.6%</b>	<b>25,194,240</b>	<b>6.0%</b>	<b>26,705,895</b>	<b>6.0%</b>
<b>PROPERTY, PLANT, AND EQUIPMENT</b>													
LAND, BUILDINGS & IMPROVEMENTS	54,689,660	56,623,818	3.5%	16,794,257	-70.3%	50,349,254	199.8%	78,435,295	55.8%	81,435,295	3.8%	84,435,295	3.7%
CONSTRUCTION IN PROGRESS	14,678,849	21,385,849	45.7%	26,794,457	25.3%	2,543,000	-90.5%	-	-100.0%	-	#DIV/0!	-	#DIV/0!
MAJOR MOVABLE EQUIPMENT	71,799,104	79,246,919	10.4%	10,211,428	-87.1%	11,804,000	15.6%	21,867,959	85.3%	24,867,959	13.7%	27,867,959	12.1%
FIXED EQUIPMENT	30,197,994	31,856,136	5.5%	8,236,800	-74.1%	9,176,000	11.4%	13,026,000	42.0%	14,026,000	7.7%	15,026,000	7.1%
<b>TOTAL PROPERTY, PLANT AND EQUIPMENT</b>	<b>171,365,607</b>	<b>189,112,722</b>	<b>10.4%</b>	<b>62,036,942</b>	<b>-67.2%</b>	<b>73,872,254</b>	<b>19.1%</b>	<b>113,329,254</b>	<b>53.4%</b>	<b>120,329,254</b>	<b>6.2%</b>	<b>127,329,254</b>	<b>5.8%</b>
<b>LESS: ACCUMULATED DEPRECIATION</b>													
LAND, BUILDINGS & IMPROVEMENTS	(36,580,559)	(37,507,866)	2.5%	262,553	-100.7%	(1,672,945)	-737.2%	(7,263,806)	334.2%	(9,445,527)	30.0%	(11,627,248)	23.1%
EQUIPMENT - FIXED	(23,653,326)	(24,614,235)	4.1%	(198,931)	-99.2%	(1,181,051)	493.7%	(4,525,383)	283.2%	(5,714,046)	26.3%	(6,902,709)	20.8%
EQUIPMENT - MAJOR MOVEABLE	(62,901,356)	(68,222,730)	8.5%	6,430	-100.0%	(3,089,626)	#####	(13,131,293)	325.0%	(16,714,626)	27.3%	(20,297,959)	21.4%
<b>TOTAL ACCUMULATED DEPRECIATION</b>	<b>(123,135,242)</b>	<b>(130,344,831)</b>	<b>5.9%</b>	<b>70,052</b>	<b>-100.1%</b>	<b>(5,943,622)</b>	<b>-8584.5%</b>	<b>(24,920,481)</b>	<b>319.3%</b>	<b>(31,874,198)</b>	<b>27.9%</b>	<b>(38,827,915)</b>	<b>21.8%</b>
<b>TOTAL PROPERTY, PLANT AND EQUIPMENT, NET</b>	<b>48,230,366</b>	<b>58,767,891</b>	<b>21.8%</b>	<b>62,106,994</b>	<b>5.7%</b>	<b>67,928,632</b>	<b>9.4%</b>	<b>88,408,774</b>	<b>30.1%</b>	<b>88,455,057</b>	<b>0.1%</b>	<b>88,501,340</b>	<b>0.1%</b>
OTHER LONG-TERM ASSETS	16,000,945	16,697,418	4.4%	7,317,273	-56.2%	9,108,435	24.5%	10,931,834	20.0%	10,931,834	0.0%	10,931,834	0.0%
<b>TOTAL ASSETS</b>	<b>124,177,921</b>	<b>119,543,049</b>	<b>-3.7%</b>	<b>125,642,374</b>	<b>5.1%</b>	<b>131,853,484</b>	<b>4.9%</b>	<b>157,837,486</b>	<b>19.7%</b>	<b>162,146,190</b>	<b>2.7%</b>	<b>167,186,409</b>	<b>3.1%</b>
<b>LIABILITIES AND FUND BALANCE</b>													
<b>CURRENT LIABILITIES</b>													
ACCOUNTS PAYABLE	12,703,595	6,640,510	-47.7%	11,374,537	71.3%	11,070,585	-2.7%	11,482,416	0.9%	12,427,297	8.2%	12,877,800	3.6%
CURRENT LIABILITIES COVID-19	-	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
SALARIES, WAGES AND PAYROLL TAXES PAYABLE	4,213,297	6,519,763	54.7%	2,292,897	-64.8%	3,267,540	42.5%	7,010,949	205.8%	7,431,606	6.0%	7,877,502	6.0%
ESTIMATED THIRD-PARTY SETTLEMENTS	1,537,638	6,500,000	322.7%	1,375,654	-78.8%	1,300,000	-5.5%	1,300,000	-5.5%	1,300,000	0.0%	1,600,000	23.1%
OTHER CURRENT LIABILITIES	12,384,573	15,748,394	27.2%	18,201,245	15.6%	31,980,243	75.7%	22,255,004	22.3%	22,255,004	0.0%	22,555,004	1.3%
CURRENT PORTION OF LONG-TERM DEBT	13,901,907	2,950,000	-78.8%	16,717,320	466.7%	3,023,000	-81.9%	3,216,641	-80.8%	3,239,843	0.7%	3,259,321	0.6%
<b>TOTAL CURRENT LIABILITIES</b>	<b>44,741,010</b>	<b>38,358,667</b>	<b>-14.3%</b>	<b>49,961,653</b>	<b>30.2%</b>	<b>50,641,368</b>	<b>1.4%</b>	<b>45,265,009</b>	<b>-9.4%</b>	<b>46,653,750</b>	<b>3.1%</b>	<b>48,169,627</b>	<b>3.2%</b>
<b>LONG-TERM DEBT</b>													
LONG TERM LIABILITIES COVID-19	-	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
BONDS & MORTGAGES PAYABLE	27,809,790	25,168,000	-9.5%	24,932,803	-0.9%	21,909,000	-12.1%	26,769,342	7.4%	23,529,499	-12.1%	20,270,179	-13.9%
CAPITAL LEASE OBLIGATIONS	3,229,412	2,793,000	-13.5%	3,402,857	21.8%	2,669,000	-21.6%	3,183,000	-6.5%	3,183,000	0.0%	3,483,000	9.4%
OTHER LONG-TERM DEBT	-	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
<b>TOTAL LONG-TERM DEBT</b>	<b>31,039,202</b>	<b>27,961,000</b>	<b>-9.9%</b>	<b>28,335,660</b>	<b>1.3%</b>	<b>24,578,000</b>	<b>-13.3%</b>	<b>29,952,342</b>	<b>5.7%</b>	<b>26,712,499</b>	<b>-10.8%</b>	<b>23,753,179</b>	<b>-11.1%</b>
OTHER NONCURRENT LIABILITIES	2,401,399	3,255,258	35.6%	2,758,490	-15.3%	2,660,769	-3.5%	2,596,974	-5.9%	2,596,974	0.0%	2,596,974	0.0%
<b>TOTAL LIABILITIES</b>	<b>78,181,611</b>	<b>69,574,925</b>	<b>-11.0%</b>	<b>81,055,803</b>	<b>16.5%</b>	<b>77,880,137</b>	<b>-3.9%</b>	<b>77,814,326</b>	<b>-4.0%</b>	<b>75,963,223</b>	<b>-2.4%</b>	<b>74,519,780</b>	<b>-1.9%</b>
FUND BALANCE	45,996,885	49,968,124	8.6%	44,586,572	-10.8%	53,973,347	21.1%	80,023,160	79.5%	86,182,966	7.7%	92,666,629	7.5%
<b>TOTAL LIABILITIES AND FUND BALANCE</b>	<b>124,178,496</b>	<b>119,543,049</b>	<b>-3.7%</b>	<b>125,642,375</b>	<b>5.1%</b>	<b>131,853,484</b>	<b>4.9%</b>	<b>157,837,486</b>	<b>25.6%</b>	<b>162,146,190</b>	<b>2.7%</b>	<b>167,186,409</b>	<b>3.1%</b>

Accounts	FY2022 Actuals	FY2023 Budget 2023 Approved	Actuals	FY2024 Budget 2025 Submitted 2024 Proj.
[Assets] Assets				
[Current_Assets] Current Assets				
[Cash_Investments] Cash & Investments	10,785,155	10,020,348	8,896,871	3,446,380
[Patient_Accts_Rec_Gross] Patient Accounts R	49,023,469	45,585,468	53,796,764	63,775,050
[Less_Allowance_For_Uncollectible_Accts] Les	-34,449,268	-30,143,917	-36,125,754	-44,642,535
[Due_From_Third_Parties] Due From Third Part	0	0	0	0
[Risk_Reserve_Receivable] ACO Risk Reserve/	0	0	0	0
[Other_Current_Assets] Other Current Assets	7,755,405	8,736,335	9,790,297	10,749,688
[Current_Assets] Total Current Assets	33,114,761	34,198,234	36,358,178	33,328,583
[Fixed_Assets] Fixed Assets	0	0	0	0
[Board_Designated_Assets] Board Designated Assets				
[Funded_Depr] Funded Depreciation				
[Funded_Depr] Total Funded Depreciation	8,696,183	9,879,506	17,609,329	9,550,000
[Escrowed_Bond_Funds] Escrowed Bond Fund:	18,036,139	0	2,151,036	0
[Other] Other				
[Other] Total Other	99,527	0	99,564	11,937,834
[Board_Designated_Assets] Total Board Designa	26,831,849	9,879,506	19,859,929	21,487,834
[LongTerm_Assets] Long Term Assets				
[Net_Property_Plant_And_Equip] Net, Property, Plant And Equipment				
[Gross_Property_Plant_And_Equip] Gross, Property, Plant And Equipment				
[Land_Buildings_Improvements] Land, Buildir	54,689,660	56,623,818	16,794,257	50,349,254
[Construction_In_Progress] Construction In P	14,678,849	21,385,849	26,794,457	2,543,000
[Major_Movable_Equip] Major Movable Equip	71,799,104	79,246,919	10,211,428	11,804,000
[Fixed_Equip] Fixed Equipment	30,197,994	31,856,136	8,236,800	9,176,000
[Gross_Property_Plant_And_Equip] Total Gros	171,365,607	189,112,722	62,036,942	73,872,254
[Accumulated_Depr] Accumulated Depreciation				
[Depr_Land_Buildings_Improvements] Land,	-36,580,559	-37,507,866	262,553	-1,672,945
[Equip_Fixed] Equipment - Fixed	-23,653,326	-24,614,235	-198,931	-1,181,051
[Equip_Major_Moveable] Equipment - Major I	-62,901,356	-68,222,730	6,430	-3,089,626
[Accumulated_Depr] Total Accumulated Depre	-123,135,242	-130,344,831	70,052	-5,943,622
[Net_Property_Plant_And_Equip] Total Net, Pro	48,230,366	58,767,891	62,106,994	67,928,632
[LongTerm_Assets] Total Long Term Assets	48,230,366	58,767,891	62,106,994	67,928,632
[Other_LT_Assets] Other Long-Term Assets	16,000,945	16,697,418	7,317,273	9,108,435
[Assets] Total Assets	124,177,921	119,543,049	125,642,374	131,853,484
[Liabilities_Equities] Liabilities and Equities				
[Liabilities] Liabilities				
[Current_Liabilities] Current Liabilities				
[Accts_Payable] Accounts Payable	12,703,595	6,640,510	11,374,537	11,070,585
[Current_Liab_COVID] Current Liabilities COV	0	0	0	0
[Salaries_Wages_Payroll_Taxes_Payable] Sal	4,213,297	6,519,763	2,292,897	3,267,540
[Est_3rd_Party_Settlements] Estimated Third-Party Settlements				
[Est_3rd_Party_Settlements] Total Estimated T	1,537,638	6,500,000	1,375,654	1,300,000
[Other_Current_Liabilities] Other Current Liabil	12,384,573	15,748,394	18,201,245	31,980,243
[Current_Portion_Of_LT_Debt] Current Portion	13,901,907	2,950,000	16,717,320	3,023,000
[Current_Liabilities] Total Current Liabilities	44,741,010	38,358,667	49,961,653	50,641,368
[LongTerm_Liabilities] Long Term Liabilities				
[Long_Liab_COVID] Long Term Liabilities COV	0	0	0	0
[LT_Debt] Long-Term Debt				
[Bonds_Mortgages_Payable] Bonds & Mortga	27,809,790	25,168,000	24,932,803	21,909,000
[Capital_Lease_Obligations] Capital Lease O	3,229,412	2,793,000	3,402,857	2,669,000
[Other_LT_Debt] Other Long-Term Debt	0	0	0	0
[LT_Debt] Total Long-Term Debt	31,039,202	27,961,000	28,335,660	24,578,000
[LongTerm_Liabilities] Total Long Term Liabilitie	31,039,202	27,961,000	28,335,660	24,578,000
[Other_Noncurrent_Liabilities] Other Noncurrent	2,401,399	3,255,258	2,758,490	2,660,769
[Liabilities] Total Liabilities	78,181,611	69,574,925	81,055,803	77,880,137
[Fund_Balance] Fund Balance				
[Fund_Balance] Total Fund Balance	45,996,885	49,968,124	44,586,572	53,973,347
[Liabilities_Equities] Total Liabilities and Equities	124,178,496	119,543,049	125,642,375	131,853,484

**SOUTHWESTERN VT MEDICAL CENTER**

<b>PROJECT NAME</b>													
<b>PAYER REVENUE REPORT</b>													
<b>WITHOUT PROJECT</b>													
<b>Proposed Years Must change from Current Budget</b>													
	<b>FY2022</b>	<b>FY2023</b>	<b>FY2023</b>	<b>FY2023</b>	<b>FY2024</b>		<b>FY2027</b>	<b>FY2028</b>	<b>FY2029</b>				
	<b>Actual</b>	<b>Budget</b>	<b>% change</b>	<b>Actual</b>	<b>% change</b>	<b>Projected</b>	<b>% change</b>	<b>Proposed Year 1</b>	<b>% change</b>	<b>Proposed Year 2</b>	<b>% change</b>	<b>Proposed Year 3</b>	<b>% change</b>
<b>Commercial</b>													
Hospital	118,701,308	128,410,129	8.2%	120,544,074	-6.1%	151,766,806	25.9%	164,128,982	8.1%	159,854,287	-2.6%	154,744,347	-3.2%
Physician	20,877,645	20,319,805	-2.7%	21,792,185	7.2%	5,440,607	-75.0%	5,990,109	10.1%	5,664,128	-5.4%	3,967,804	-29.9%
<b>Total Revenue</b>	<b>139,578,953</b>	<b>148,729,934</b>	<b>6.6%</b>	<b>142,336,259</b>	<b>-4.3%</b>	<b>157,207,413</b>	<b>10.4%</b>	<b>170,119,091</b>	<b>8.2%</b>	<b>165,518,415</b>	<b>-2.7%</b>	<b>158,712,150</b>	<b>-4.1%</b>
Allowances - Hospital	-30,613,583	-34,684,753	13.3%	-26,964,092	-22.3%	-39,126,144	45.1%	(36,723,349)	-6.1%	(41,192,210)	12.2%	(43,073,124)	4.6%
Allowances - Physicians	-10,920,779	-8,585,341	-21.4%	-10,905,580	27.0%	0	-100.0%	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
Free Care	-1,774,483	-2,500,000	40.9%	-2,073,062	-17.1%	-2,500,000	20.6%	(3,217,620)	28.7%	(3,455,933)	7.4%	(3,970,470)	14.9%
Bad Debt	-5,171,384	-7,650,000	47.9%	-6,168,682	-19.4%	-8,197,639	32.9%	(8,870,923)	8.2%	(9,131,019)	2.9%	(9,255,544)	1.4%
<b>Net Payer Revenue</b>	<b>91,098,724</b>	<b>95,309,840</b>	<b>4.6%</b>	<b>96,224,843</b>	<b>1.0%</b>	<b>107,383,630</b>	<b>11.6%</b>	<b>121,307,199</b>	<b>13.0%</b>	<b>111,739,253</b>	<b>-7.9%</b>	<b>102,413,013</b>	<b>-8.3%</b>
Fixed Prospective Payment & Reserves	100,464	4,500,000	4379.2%	0	-100.0%	0	-100.0%	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
<b>Total Net Payer Revenue &amp; Fixed Prospective Payment</b>	<b>91,199,188</b>	<b>99,809,840</b>	<b>9.4%</b>	<b>96,224,843</b>	<b>-3.8%</b>	<b>107,383,630</b>	<b>11.6%</b>	<b>121,307,199</b>	<b>13.0%</b>	<b>111,739,253</b>	<b>-7.9%</b>	<b>102,413,013</b>	<b>-8.3%</b>
Reimbursement Rate - Commercial	65%	67%		144%		68%		0.713072225		0.675086531		0.64527519	
Payer Mix - Commercial	49%	53%		#DIV/0!		53%		50%		44%		39%	
<b>Medicaid</b>													
Hospital	63,108,294	65,409,622	3.6%	69,477,658	6.2%	74,937,914	7.9%	88,054,600	17.5%	92,514,095	5.1%	97,211,192	5.1%
Physician	11,765,463	10,888,108	-7.5%	12,019,491	10.4%	9,664,629	-19.6%	11,381,207	17.8%	11,328,257	-0.5%	11,242,111	-0.8%
<b>Total Revenue</b>	<b>74,873,757</b>	<b>76,297,730</b>	<b>1.9%</b>	<b>81,497,149</b>	<b>6.8%</b>	<b>84,602,543</b>	<b>3.8%</b>	<b>99,435,807</b>	<b>17.5%</b>	<b>103,842,352</b>	<b>4.4%</b>	<b>108,453,303</b>	<b>4.4%</b>
Allowances - Hospital	-52,943,146	-58,494,892	10.5%	-61,812,653	5.7%	-73,320,810	18.6%	(77,176,061)	5.3%	(80,596,155)	4.4%	(84,174,896)	4.4%
Allowances - Physicians	-9,354,165	-8,894,451	-4.9%	-9,549,613	7.4%	0	-100.0%	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
Free Care	0	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
Bad Debt	0	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
Graduate Medical Education Payments-Phys	0	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
Graduate Medical Education Payments-Hosp	0	0	#DIV/0!	0	#DIV/0!	816,735	#DIV/0!	-	-100.0%	-	#DIV/0!	-	#DIV/0!
<b>Net Payer Revenue</b>	<b>12,576,446</b>	<b>8,908,387</b>	<b>-29.2%</b>	<b>10,134,883</b>	<b>13.8%</b>	<b>12,098,468</b>	<b>19.4%</b>	<b>22,259,746</b>	<b>84.0%</b>	<b>23,246,197</b>	<b>4.4%</b>	<b>24,278,407</b>	<b>4.4%</b>
Fixed Prospective Payment & Reserves	0	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
<b>Total Net Payer Revenue &amp; Fixed Prospective Payment</b>	<b>21,775,275</b>	<b>18,340,484</b>	<b>-15.8%</b>	<b>20,416,758</b>	<b>11.3%</b>	<b>21,609,776</b>	<b>5.8%</b>	<b>22,259,746</b>	<b>3.0%</b>	<b>23,246,197</b>	<b>4.4%</b>	<b>24,278,407</b>	<b>4.4%</b>
Reimbursement Rate - Medicaid	29%	24%		25%		26%		0		0.223860465		0.223860465	
Payer Mix - Medicaid	12%	10%		11%		11%		9%		9%		9%	
<b>Medicare</b>													
Hospital	193,103,846	205,708,674	6.5%	208,104,568	1.2%	220,974,823	6.2%	272,287,380	23.2%	300,948,483	10.5%	331,793,753	10.2%
Physician	26,098,268	24,337,649	-6.7%	27,844,550	14.4%	47,175,759	69.4%	57,168,606	21.2%	59,038,336	3.3%	62,341,421	5.6%
<b>Total Revenue</b>	<b>219,202,114</b>	<b>230,046,323</b>	<b>4.9%</b>	<b>235,949,118</b>	<b>2.6%</b>	<b>268,150,582</b>	<b>13.6%</b>	<b>329,455,986</b>	<b>22.9%</b>	<b>359,986,819</b>	<b>9.3%</b>	<b>394,135,174</b>	<b>9.5%</b>
Allowances - Hospital	-155,911,110	-168,805,011	8.3%	-173,756,324	2.9%	-213,048,483	22.6%	(231,756,277)	8.8%	(243,233,235)	5.0%	(256,306,343)	5.4%
Allowances - Physicians	-13,848,216	-14,596,952	5.4%	-13,825,628	-5.3%	0	-100.0%	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
Free Care	0	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
Bad Debt	0	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
<b>Net Payer Revenue</b>	<b>49,442,788</b>	<b>46,644,360</b>	<b>-5.7%</b>	<b>48,367,166</b>	<b>3.7%</b>	<b>55,102,099</b>	<b>13.9%</b>	<b>97,699,709</b>	<b>77.3%</b>	<b>116,753,585</b>	<b>19.5%</b>	<b>137,828,831</b>	<b>18.1%</b>
Fixed Prospective Payment & Reserves	22,545,800	23,297,261	3.3%	18,831,210	-19.2%	0	-100.0%	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
<b>Total Net Payer Revenue &amp; Fixed Prospective Payment</b>	<b>71,988,588</b>	<b>69,941,621</b>	<b>-2.8%</b>	<b>67,198,376</b>	<b>-3.9%</b>	<b>55,102,099</b>	<b>-18.0%</b>	<b>-</b>	<b>-100.0%</b>	<b>-</b>	<b>#DIV/0!</b>	<b>-</b>	<b>#DIV/0!</b>
Reimbursement Rate - Medicare	33%	30%		28%		21%		0		0		0	
Payer Mix - Medicare	39%	37%		36%		27%		40%		46%		52%	
<b>Disproportionate Share Payments</b>	<b>1,766,096</b>	<b>780,264</b>	<b>-55.8%</b>	<b>861,771</b>	<b>10.4%</b>	<b>0</b>	<b>-100.0%</b>	<b>1,051,721</b>	<b>#DIV/0!</b>	<b>1,051,721</b>	<b>0.0%</b>	<b>1,051,721</b>	<b>0.0%</b>
<b>Total Payer Revenue</b>													
Hospital	374,913,448	399,528,425	6.6%	398,126,300	-0.4%	447,679,543	12.4%	524,470,962	17.2%	553,316,865	5.5%	583,749,292	5.5%
Physician	58,741,376	55,545,562	-5.4%	61,656,226	11.0%	76,030,995	1.0%	74,539,922	19.7%	76,030,721	2.0%	77,551,335	2.0%
<b>Total Revenue</b>	<b>433,654,824</b>	<b>455,073,987</b>	<b>4.9%</b>	<b>459,782,526</b>	<b>1.0%</b>	<b>509,960,538</b>	<b>10.9%</b>	<b>599,010,884</b>	<b>17.5%</b>	<b>629,347,586</b>	<b>5.1%</b>	<b>661,300,627</b>	<b>5.1%</b>
Allowances - Hospital	-239,467,839	-261,984,656	9.4%	-262,533,069	0.2%	-325,495,437	24.0%	(345,655,687)	6.2%	(365,021,600)	5.6%	(383,554,363)	5.1%
Allowances - Physicians	-34,123,160	-32,076,744	-6.0%	-34,280,821	6.9%	0	-100.0%	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
Free Care	-1,774,483	-2,500,000	40.9%	-2,073,062	-17.1%	-2,500,000	20.6%	(3,217,620)	28.7%	(3,455,933)	7.4%	(3,970,470)	14.9%
Bad Debt	-5,171,384	-7,650,000	47.9%	-6,168,682	-19.4%	-8,197,639	32.9%	(8,870,923)	8.2%	(9,131,019)	2.9%	(9,255,544)	1.4%
Disproportionate Share Payments	1,766,096	780,264	-55.8%	861,771	10.4%	0	-100.0%	1,051,721	#DIV/0!	1,051,721	0.0%	1,051,721	0.0%
Graduate Medical Education Payments_Phys	0	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
Graduate Medical Education Payments-Hosp	0	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
<b>Net Payer Revenue</b>	<b>154,884,054</b>	<b>151,642,851</b>	<b>-2.1%</b>	<b>155,588,663</b>	<b>2.6%</b>	<b>174,584,197</b>	<b>12.2%</b>	<b>242,318,375</b>	<b>38.8%</b>	<b>252,790,755</b>	<b>4.3%</b>	<b>265,571,972</b>	<b>5.1%</b>
Fixed Prospective Payment & Reserves	31,845,094	37,229,358		28,671,755		28,671,755		-		-		-	
<b>Total Net Payer Revenue &amp; Fixed Prospective Payment</b>	<b>186,729,148</b>	<b>188,872,209</b>		<b>184,701,748</b>		<b>203,255,952</b>		<b>-</b>		<b>0</b>		<b>0</b>	
Reimbursement Rate - All Payers	43%	42%		40%		40%		-		0		0	

**SOUTHWESTERN VT MEDICAL CENTER**

**PROJECT NAME**

**PAYER REVENUE REPORT**

**PROJECT ONLY**

**Proposed Years Must change from Current Budget**

	FY2022	FY2023	% change	FY2023	% change	FY2024	% change	FY2027		FY2028		FY2029	
	Actual	Budget		Actual		Projected		Proposed Year 1	% change	Proposed Year 2	% change	Proposed Year 3	% change
<b>Commercial</b>													
Hospital			#DIV/0!		#DIV/0!		#DIV/0!	1,237,892	#DIV/0!	1,863,219	50.5%	2,789,282	49.7%
Physician			#DIV/0!		#DIV/0!		#DIV/0!	97,874	#DIV/0!	224,783	129.7%	397,548	76.9%
Total Revenue			#DIV/0!		#DIV/0!		#DIV/0!	1,335,765	#DIV/0!	2,088,003	56.3%	3,186,830	52.6%
Allowances - Hospital			#DIV/0!		#DIV/0!		#DIV/0!	(177,326)	#DIV/0!	(238,782)	34.7%	(324,560)	35.9%
Allowances - Physicians			#DIV/0!		#DIV/0!		#DIV/0!	(56,434)	#DIV/0!	(129,611)	129.7%	(229,228)	76.9%
Free Care							#DIV/0!	(69,138)	#DIV/0!	(106,741)		(161,904)	
Bad Debt							#DIV/0!	(138,276)	#DIV/0!	(213,482)		(323,807)	
Net Payer Revenue			#DIV/0!		#DIV/0!		#DIV/0!	894,591	#DIV/0!	1,399,386	56.4%	2,147,331	53.4%
Fixed Prospective Payment & Reserves													
Total Net Payer Revenue & Fixed Prospective Payment													
Reimbursement Rate - Commercial	#DIV/0!	#DIV/0!		#DIV/0!		#DIV/0!		0		0		0	
Payer Mix - Commercial	#DIV/0!	#DIV/0!		#DIV/0!		#DIV/0!							
<b>Medicaid</b>													
Hospital			#DIV/0!		#DIV/0!		#DIV/0!	901,006	#DIV/0!	1,356,153	50.5%	2,030,193	49.7%
Physician			#DIV/0!		#DIV/0!		#DIV/0!	28,410	#DIV/0!	65,248	129.7%	115,396	76.9%
Total Revenue			#DIV/0!		#DIV/0!		#DIV/0!	929,415	#DIV/0!	1,421,401	52.9%	2,145,589	50.9%
Allowances - Hospital			#DIV/0!		#DIV/0!		#DIV/0!	(643,288)	#DIV/0!	(941,245)	46.3%	(1,371,341)	45.7%
Allowances - Physicians			#DIV/0!		#DIV/0!		#DIV/0!	(24,078)	#DIV/0!	(55,299)	129.7%	(97,800)	76.9%
Free Care							#DIV/0!		#DIV/0!				
Bad Debt							#DIV/0!		#DIV/0!				
Graduate Medical Education Payments-Phys.			#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!
Graduate Medical Education Payments-Hosp			#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!
Net Payer Revenue			#DIV/0!		#DIV/0!		#DIV/0!	262,050	#DIV/0!	424,858	62.1%	676,447	59.2%
Fixed Prospective Payment & Reserves													
Total Net Payer Revenue & Fixed Prospective Payment													
Reimbursement Rate - Medicaid	#DIV/0!	#DIV/0!		#DIV/0!		#DIV/0!		0		0		0	
Payer Mix - Medicaid	#DIV/0!	#DIV/0!		#DIV/0!		#DIV/0!							
<b>Medicare</b>													
Hospital			#DIV/0!		#DIV/0!		#DIV/0!	4,436,661	#DIV/0!	6,677,863	50.5%	9,996,913	49.7%
Physician			#DIV/0!		#DIV/0!		#DIV/0!	211,979	#DIV/0!	486,845	129.7%	861,027	76.9%
Total Revenue			#DIV/0!		#DIV/0!		#DIV/0!	4,648,639	#DIV/0!	7,164,708	54.1%	10,857,940	51.5%
Allowances - Hospital			#DIV/0!		#DIV/0!		#DIV/0!	(3,088,724)	#DIV/0!	(4,599,525)	48.9%	(6,884,998)	49.7%
Allowances - Physicians			#DIV/0!		#DIV/0!		#DIV/0!	(163,104)	#DIV/0!	(374,597)	129.7%	(640,788)	71.1%
Free Care							#DIV/0!		#DIV/0!				
Bad Debt							#DIV/0!		#DIV/0!				
Net Payer Revenue			#DIV/0!		#DIV/0!		#DIV/0!	1,396,811	#DIV/0!	2,190,586	56.8%	3,332,153	52.1%
Fixed Prospective Payment & Reserves													
Total Net Payer Revenue & Fixed Prospective Payment													
Reimbursement Rate - Medicare	#DIV/0!	#DIV/0!		#DIV/0!		#DIV/0!		0		0		0	
Payer Mix - Medicare	#DIV/0!	#DIV/0!		#DIV/0!		#DIV/0!							
<b>Disproportionate Share Payments</b>													
			#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!
<b>Total Payer Revenue</b>													
Hospital			#DIV/0!		#DIV/0!		#DIV/0!	6,575,558	#DIV/0!	9,897,236	50.5%	14,816,388	49.7%
Physician			#DIV/0!		#DIV/0!		#DIV/0!	338,262	#DIV/0!	776,876	129.7%	1,373,971	76.9%
Total Revenue			#DIV/0!		#DIV/0!		#DIV/0!	6,913,820	#DIV/0!	10,674,112	54.4%	16,190,359	51.7%
Allowances - Hospital			#DIV/0!		#DIV/0!		#DIV/0!	(3,909,338)	#DIV/0!	(5,779,552)	47.8%	(8,580,900)	48.5%
Allowances - Physicians			#DIV/0!		#DIV/0!		#DIV/0!	(243,617)	#DIV/0!	(559,507)	129.7%	(967,817)	73.0%
Free Care			#DIV/0!		#DIV/0!		#DIV/0!	(69,138)	#DIV/0!	(106,741)	54.4%	(161,904)	51.7%
Bad Debt			#DIV/0!		#DIV/0!		#DIV/0!	(138,276)	#DIV/0!	(213,482)	54.4%	(323,807)	51.7%
Disproportionate Share Payments			#DIV/0!		#DIV/0!		#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
Graduate Medical Education Payments-Phys.			#DIV/0!		#DIV/0!		#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
Graduate Medical Education Payments-Hosp			#DIV/0!		#DIV/0!		#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
Net Payer Revenue			#DIV/0!		#DIV/0!		#DIV/0!	2,553,452	#DIV/0!	4,014,830	57.2%	6,155,932	53.3%
Fixed Prospective Payment & Reserves													
Total Net Payer Revenue & Fixed Prospective Payment													
Reimbursement Rate - All Payers	#DIV/0!	#DIV/0!		#DIV/0!		#DIV/0!		0		0		0	

**SOUTHWESTERN VT MEDICAL CENTER**

**PROJECT NAME**

Note: This table requires no "fill-in" as it is populated automatically  
**PAYER REVENUE REPORT**

**WITH PROJECT**

Proposed Years Must change from Current Budget

	FY2022 Actual	FY2023 Budget	% change	FY2023 Actual	% change	FY2024 Projected	% change	FY2027 Proposed Year 1	% change	FY2028 Proposed Year 2	% change	FY2029 Proposed Year 3	% change
<b>Commercial</b>													
Hospital	118,701,308	128,410,129	8.2%	120,544,074	-6.1%	151,766,806	25.9%	165,366,874	9.0%	161,717,506	-2.2%	157,533,629	-2.6%
Physician	20,877,645	20,319,805	-2.7%	21,792,185	7.2%	5,440,607	-75.0%	6,087,982	11.9%	5,888,911	-3.3%	4,365,352	-25.9%
Total Revenue	139,578,953	148,729,934	6.6%	142,336,259	-4.3%	157,207,413	10.4%	171,454,856	9.1%	167,606,418	-2.2%	161,898,981	-3.4%
Allowances - Hospital	-30,613,583	-34,684,753	13.3%	-26,964,092	-22.3%	-39,126,144	45.1%	-36,900,675	-5.7%	-41,430,992	12.3%	-43,397,684	4.7%
Allowances - Physicians	-10,920,779	-8,585,341	-21.4%	-10,905,580	27.0%	0	-100.0%	-56,434	#DIV/0!	-129,611	129.7%	-229,228	76.9%
Free Care	-1,774,483	-2,500,000	40.9%	-2,073,062	-17.1%	-2,500,000	20.6%	-3,286,758	31.5%	-3,562,674	8.4%	-4,132,373	16.0%
Bad Debt	-5,171,384	-7,650,000	47.9%	-6,168,682	-19.4%	-8,197,639	32.9%	-9,009,199	9.9%	-9,344,502	3.7%	-9,579,351	2.5%
Net Payer Revenue	91,098,724	95,309,840	4.6%	96,224,843	1.0%	107,383,630	11.6%	122,201,790	13.8%	113,138,639	-7.4%	104,560,344	-7.6%
Fixed Prospective Payment & Reserves	100,464	4,500,000	4379.2%	0	-100.0%	0	-100.0%	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!
Total Net Payer Revenue & Fixed Prospective Payment	91,199,188	99,809,840	9.4%	96,224,843	-3.6%	107,383,630	11.6%	121,307,199	13.0%	111,739,253	-7.9%	102,413,013	0
Reimbursement Rate - Commercial	65%	67%		68%		68%		71%		67%		63%	
Payer Mix - Commercial	49%	53%		52%		53%		#DIV/0!		#DIV/0!		#DIV/0!	
<b>Medicaid</b>													
Hospital	63,108,294	65,409,622	3.6%	69,477,658	6.2%	74,937,914	7.9%	88,955,606	18.7%	93,870,249	5.5%	99,241,385	5.7%
Physician	11,765,463	10,888,108	-7.5%	12,019,491	10.4%	9,664,629	-19.6%	11,409,617	18.1%	11,393,504	-0.1%	11,357,507	-0.3%
Total Revenue	74,873,757	76,297,730	1.9%	81,497,149	6.8%	84,602,543	3.8%	100,365,222	18.6%	105,263,753	4.9%	110,598,892	5.1%
Allowances - Hospital	-52,943,146	-58,494,892	10.5%	-61,812,653	5.7%	-73,320,810	18.6%	-77,819,349	6.1%	-81,537,399	4.8%	-85,546,237	4.9%
Allowances - Physicians	-9,354,165	-8,894,451	-4.9%	-9,549,613	7.4%	0	-100.0%	-24,078	#DIV/0!	-55,299	129.7%	-97,800	76.9%
Free Care	0	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!
Bad Debt	0	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!
Graduate Medical Education Payments-Phys.	0	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!
Graduate Medical Education Payments-Hosp	0	0	#DIV/0!	0	#DIV/0!	816,735		0	-100.0%	0	#DIV/0!	0	#DIV/0!
Net Payer Revenue	12,576,446	8,908,387	-29.2%	10,134,883	13.8%	12,098,468	19.4%	22,521,796	86.2%	23,671,055	5.1%	24,954,854	5.4%
Fixed Prospective Payment & Reserves	0	0		0		0		0		0		0	
Total Net Payer Revenue & Fixed Prospective Payment	21,775,275	18,340,484		20,416,758		21,609,776		22,259,746		23,246,197		24,278,407	
Reimbursement Rate - Medicaid	29%	24%		25%		26%		22%		22%		22%	
Payer Mix - Medicaid	12%	10%		11%		11%		#DIV/0!		#DIV/0!		#DIV/0!	
<b>Medicare</b>													
Hospital	193,103,846	205,708,674	6.5%	208,104,568	1.2%	220,974,823	6.2%	276,724,041	25.2%	307,626,346	11.2%	341,790,667	11.1%
Physician	26,098,268	24,337,649	-6.7%	27,844,550	14.4%	47,175,759	69.4%	57,380,585	21.6%	59,525,181	3.7%	63,202,447	6.2%
Total Revenue	219,202,114	230,046,323	4.9%	235,949,118	2.6%	268,150,582	13.6%	334,104,625	24.6%	367,151,527	9.9%	404,993,114	10.3%
Allowances - Hospital	-155,911,110	-168,805,011	8.3%	-173,756,324	2.9%	-213,048,483	22.6%	-234,845,001	10.2%	-247,832,760	5.5%	-263,191,341	6.2%
Allowances - Physicians	-13,848,216	-14,596,952	5.4%	-13,825,628	-5.3%	0	-100.0%	-163,104	#DIV/0!	-374,597	129.7%	-640,788	71.1%
Free Care	0	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!
Bad Debt	0	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!
Net Payer Revenue	49,442,788	46,644,360	-5.7%	48,367,166	3.7%	55,102,099	13.9%	99,096,520	79.8%	118,944,171	20.0%	141,160,985	18.7%
Fixed Prospective Payment & Reserves	22,545,800	23,297,261		18,831,210		0		0		0		0	
Total Net Payer Revenue & Fixed Prospective Payment	71,988,588	69,941,621		67,198,376		55,102,099		99,096,520		118,944,171		141,160,985	
Reimbursement Rate - Medicare	33%	30%		28%		21%		0%		0%		0%	
Payer Mix - Medicare	39%	37%		36%		27%		#DIV/0!		#DIV/0!		#DIV/0!	
<b>Disproportionate Share Payments</b>	1,766,096	780,264	-55.8%	861,771	10.4%	0	-100.0%	1,051,721	#DIV/0!	1,051,721	0.0%	1,051,721	0.0%
<b>Total Payer Revenue</b>													
Hospital	374,913,448	399,528,425	6.6%	398,126,300	-0.4%	447,679,543	12.4%	531,046,520	18.6%	563,214,101	6.1%	598,565,680	6.3%
Physician	58,741,376	55,545,562	-5.4%	61,656,226	11.0%	62,280,995	1.0%	74,878,184	20.2%	76,807,597	2.6%	78,925,306	2.8%
Total Revenue	433,654,824	455,073,987	4.9%	459,782,526	1.0%	509,960,538	10.9%	605,924,704	18.8%	640,021,698	5.6%	677,490,986	5.9%
Allowances - Hospital	-239,467,839	-261,984,656	9.4%	-262,533,069	0.2%	-325,495,437	24.0%	-349,565,025	7.4%	-370,801,151	6.1%	-392,135,262	5.8%
Allowances - Physicians	-34,123,160	-32,076,744	-6.0%	-34,280,821	6.9%	0	-100.0%	-243,617	#DIV/0!	-559,507	129.7%	-967,817	73.0%
Free Care	-1,774,483	-2,500,000	40.9%	-2,073,062	-17.1%	-2,500,000	20.6%	-3,286,758	31.5%	-3,562,674	8.4%	-4,132,373	16.0%
Bad Debt	-5,171,384	-7,650,000	47.9%	-6,168,682	-19.4%	-8,197,639	32.9%	-9,009,199	9.9%	-9,344,502	3.7%	-9,579,351	2.5%
Disproportionate Share Payments	1,766,096	780,264	-55.8%	861,771	10.4%	0	-100.0%	1,051,721	#DIV/0!	1,051,721	0.0%	1,051,721	0.0%
Graduate Medical Education Payments-Phys.	0	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!
Graduate Medical Education Payments-Hosp	0	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!
Net Payer Revenue	154,884,054	151,642,851	-2.1%	155,588,663	2.6%	174,584,197	12.2%	244,871,826	40.3%	256,805,586	4.9%	271,727,904	5.8%
Fixed Prospective Payment & Reserves	31,845,094	37,229,358		28,671,755		28,671,755		0		0		0	
Total Net Payer Revenue & Fixed Prospective Payment	186,729,148	188,872,209		184,701,748		203,255,952		244,871,826		256,805,586		271,727,904	
Reimbursement Rate - All Payers	36%	33%		34%		34%		40%		40%		40%	





FY2022

FY2023

FY2024

**Green Mountain Care Board**

	Actuals	Budget 2023 Approved	Actuals	Budget 2025 Submitted 2024 Proj.
<b>Payer</b>				
Payer (Uncategorized)				
Accounts				
Hospital	0	0	0	0
Physician	0	0	0	0
<b>Total Revenue</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Allowances - Hospital</b>				
Free Care	0	0	0	0
Allowances	0	0	0	0
Discounts	0	0	0	0
Bad Debt	0	0	0	0
<b>Total Allowances - Hospital</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Allowances - Physicians</b>				
Free Care	0	0	0	0
Allowances	0	0	0	0
Discounts	0	0	0	0
Bad Debt	0	0	0	0
<b>Total Allowances - Physicians</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
Disproportionate Share Payments	1,766,096	780,264	861,771	0
Graduate Medical Education Payments_Phys.	0	0	0	0
Graduate Medical Education Payments-Hosp	0	0	0	0
<b>Net Payer Revenue</b>	<b>1,766,096</b>	<b>780,264</b>	<b>861,771</b>	<b>0</b>
<b>Fixed Prospective Payments and Reserves</b>				
Fixed Prospective Payments	31,845,094	37,229,358	29,113,085	28,671,755
Reserves	0	0	0	0
Other Reform Payments	0	0	0	0
<b>Total Fixed Prospective Payments and Reserves</b>	<b>31,845,094</b>	<b>37,229,358</b>	<b>29,113,085</b>	<b>28,671,755</b>
<b>Total Net Payer Revenue &amp; Fixed Prospective Payment</b>	<b>1,766,096</b>	<b>780,264</b>	<b>861,771</b>	<b>0</b>
<b>Commercial (Rollup)</b>				
<b>Total Commercial (Rollup)</b>				
Hospital	118,701,308	128,410,129	120,544,074	151,766,806
Physician	20,877,645	20,319,805	21,792,185	5,440,607
<b>Total Revenue</b>	<b>139,578,953</b>	<b>148,729,934</b>	<b>142,336,259</b>	<b>157,207,413</b>
<b>Allowances - Hospital</b>				
Free Care	-1,774,483	-2,500,000	-2,073,062	-2,500,000
Allowances	0	0	0	-39,126,144
Discounts	-30,613,583	-34,684,753	-26,964,092	0
Bad Debt	-4,285,220	-7,650,000	-6,168,682	-8,197,639
<b>Total Allowances - Hospital</b>	<b>-36,673,286</b>	<b>-44,834,753</b>	<b>-35,205,836</b>	<b>-49,823,783</b>
<b>Allowances - Physicians</b>				
Free Care	0	0	0	0
Allowances	-10,920,779	-8,585,341	-10,905,580	0
Discounts	0	0	0	0
Bad Debt	-886,164	0	0	0
<b>Total Allowances - Physicians</b>	<b>-11,806,943</b>	<b>-8,585,341</b>	<b>-10,905,580</b>	<b>0</b>
Disproportionate Share Payments	0	0	0	0
Graduate Medical Education Payments_Phys.	0	0	0	0
Graduate Medical Education Payments-Hosp	0	0	0	0
<b>Net Payer Revenue</b>	<b>91,098,724</b>	<b>95,309,840</b>	<b>96,224,843</b>	<b>107,383,630</b>
<b>Fixed Prospective Payments and Reserves</b>				
Fixed Prospective Payments	0	0	0	0
Reserves	0	0	0	0
Other Reform Payments	0	0	0	0
<b>Total Fixed Prospective Payments and Reserves</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Total Net Payer Revenue &amp; Fixed Prospective Payment</b>	<b>91,199,188</b>	<b>99,809,840</b>	<b>96,224,843</b>	<b>107,383,630</b>
<b>Medicaid (Rollup)</b>				
<b>Total Medicaid (Rollup)</b>				
Hospital	63,108,294	65,409,622	69,477,658	74,937,914
Physician	11,765,463	10,888,108	12,019,491	9,664,629
<b>Total Revenue</b>	<b>74,873,757</b>	<b>76,297,730</b>	<b>81,497,149</b>	<b>84,602,543</b>
<b>Allowances - Hospital</b>				
Free Care	0	0	0	0
Allowances	-52,943,146	-58,494,892	-61,812,653	-73,320,810
Discounts	0	0	0	0
Bad Debt	0	0	0	0

	Total Allowances - Hospital	-52,943,146	-58,494,892	-61,812,653	-73,320,810
	Allowances - Physicians				
	Free Care	0	0	0	0
	Allowances	-9,354,165	-8,894,451	-9,549,613	0
	Discounts	0	0	0	0
	Bad Debt	0	0	0	0
	Total Allowances - Physicians	-9,354,165	-8,894,451	-9,549,613	0
	Disproportionate Share Payments	0	0	0	816,735
	Graduate Medical Education Payments_Phys.	0	0	0	0
	Graduate Medical Education Payments-Hosp	0	0	0	0
	Net Payer Revenue	12,576,446	8,908,387	10,134,883	12,098,468
	Fixed Prospective Payments and Reserves				
	Fixed Prospective Payments	0	0	0	0
	Reserves	0	0	0	0
	Other Reform Payments	0	0	0	0
	Total Fixed Prospective Payments and Reserves	0	0	0	0
	Total Net Payer Revenue & Fixed Prospective Payment	21,775,275	18,340,484	20,416,758	21,609,776
Medicare (Rollup)					
Total Medicare (Rollup)	Hospital	193,103,846	205,708,674	208,104,568	220,974,823
	Physician	26,098,268	24,337,649	27,844,550	47,175,759
	Total Revenue	219,202,114	230,046,323	235,949,118	268,150,582
	Allowances - Hospital				
	Free Care	0	0	0	0
	Allowances	-155,911,110	-168,805,011	-173,756,324	-213,048,483
	Discounts	0	0	0	0
	Bad Debt	0	0	0	0
	Total Allowances - Hospital	-155,911,110	-168,805,011	-173,756,324	-213,048,483
	Allowances - Physicians				
	Free Care	0	0	0	0
	Allowances	-13,848,216	-14,596,952	-13,825,628	0
	Discounts	0	0	0	0
	Bad Debt	0	0	0	0
	Total Allowances - Physicians	-13,848,216	-14,596,952	-13,825,628	0
	Disproportionate Share Payments	0	0	0	0
	Graduate Medical Education Payments_Phys.	0	0	0	0
	Graduate Medical Education Payments-Hosp	0	0	0	0
	Net Payer Revenue	49,442,788	46,644,360	48,367,166	55,102,099
	Fixed Prospective Payments and Reserves				
	Fixed Prospective Payments	0	0	0	0
	Reserves	0	0	0	0
	Other Reform Payments	0	0	0	0
	Total Fixed Prospective Payments and Reserves	0	0	0	0
	Total Net Payer Revenue & Fixed Prospective Payment	71,988,588	69,941,621	67,198,376	74,262,547
Unallocated					
	Hospital	0	0	0	0
	Physician	0	0	0	0
	Total Revenue	0	0	0	0
	Allowances - Hospital				
	Free Care	0	0	0	0
	Allowances	0	0	0	0
	Discounts	0	0	0	0
	Bad Debt	0	0	0	0
	Total Allowances - Hospital	0	0	0	0
	Allowances - Physicians				
	Free Care	0	0	0	0
	Allowances	0	0	0	0
	Discounts	0	0	0	0
	Bad Debt	0	0	0	0
	Total Allowances - Physicians	0	0	0	0
	Disproportionate Share Payments	0	0	0	0
	Graduate Medical Education Payments_Phys.	0	0	0	0
	Graduate Medical Education Payments-Hosp	0	0	0	0
	Net Payer Revenue	0	0	0	0
	Fixed Prospective Payments and Reserves				
	Fixed Prospective Payments	0	0	0	0
	Reserves	0	0	0	0
	Other Reform Payments	0	0	0	0
	Total Fixed Prospective Payments and Reserves	0	0	0	0
	Total Net Payer Revenue & Fixed Prospective Payment	0	0	0	0

Free Care	Hospital	0	0	0	0	
	Physician	0	0	0	0	
	Total Revenue	0	0	0	0	
	Allowances - Hospital					
	Free Care	0	0	0	0	
	Allowances	0	0	0	0	
	Discounts	0	0	0	0	
	Bad Debt	0	0	0	0	
	Total Allowances - Hospital	0	0	0	0	
	Allowances - Physicians					
	Free Care	0	0	0	0	
	Allowances	0	0	0	0	
	Discounts	0	0	0	0	
	Bad Debt	0	0	0	0	
	Total Allowances - Physicians	0	0	0	0	
	Disproportionate Share Payments	0	0	0	0	
	Graduate Medical Education Payments_Phys.	0	0	0	0	
	Graduate Medical Education Payments-Hosp	0	0	0	0	
	Net Payer Revenue	0	0	0	0	
	Fixed Prospective Payments and Reserves					
	Fixed Prospective Payments	0	0	0	0	
	Reserves	0	0	0	0	
	Other Reform Payments	0	0	0	0	
	Total Fixed Prospective Payments and Reserves	0	0	0	0	
	Total Net Payer Revenue & Fixed Prospective Payment	0	0	0	0	
	Bad Debt	Hospital	0	0	0	0
		Physician	0	0	0	0
Total Revenue		0	0	0	0	
Allowances - Hospital						
Free Care		0	0	0	0	
Allowances		0	0	0	0	
Discounts		0	0	0	0	
Bad Debt		0	0	0	0	
Total Allowances - Hospital		0	0	0	0	
Allowances - Physicians						
Free Care		0	0	0	0	
Allowances		0	0	0	0	
Discounts		0	0	0	0	
Bad Debt		0	0	0	0	
Total Allowances - Physicians		0	0	0	0	
Disproportionate Share Payments		0	0	0	0	
Graduate Medical Education Payments_Phys.		0	0	0	0	
Graduate Medical Education Payments-Hosp		0	0	0	0	
Net Payer Revenue		0	0	0	0	
Fixed Prospective Payments and Reserves						
Fixed Prospective Payments		0	0	0	0	
Reserves		0	0	0	0	
Other Reform Payments		0	0	0	0	
Total Fixed Prospective Payments and Reserves		0	0	0	0	
Total Net Payer Revenue & Fixed Prospective Payment		0	0	0	0	
Total Payer (Rollup)		Hospital	374,913,448	399,528,425	398,126,300	447,679,543
		Physician	58,741,376	55,545,562	61,656,226	62,280,995
	Total Revenue	433,654,824	455,073,987	459,782,526	509,960,538	
	Allowances - Hospital					
	Free Care	-1,774,483	-2,500,000	-2,073,062	-2,500,000	
	Allowances	-208,854,256	-227,299,903	-235,568,977	-325,495,437	
	Discounts	-30,613,583	-34,684,753	-26,964,092	0	
	Bad Debt	-4,285,220	-7,650,000	-6,168,682	-8,197,639	
	Total Allowances - Hospital	-245,527,542	-272,134,656	-270,774,813	-336,193,076	
	Allowances - Physicians					
	Free Care	0	0	0	0	
	Allowances	-34,123,160	-32,076,744	-34,280,821	0	
	Discounts	0	0	0	0	
	Bad Debt	-886,164	0	0	0	
	Total Allowances - Physicians	-35,009,324	-32,076,744	-34,280,821	0	
	Disproportionate Share Payments	1,766,096	780,264	861,771	816,735	
	Graduate Medical Education Payments_Phys.	0	0	0	0	
	Graduate Medical Education Payments-Hosp	0	0	0	0	

Net Payer Revenue	154,884,054	151,642,851	155,588,663	174,584,197
Fixed Prospective Payments and Reserves				
Fixed Prospective Payments	31,845,094	37,229,358	29,113,085	28,671,755
Reserves	0	0	0	0
Other Reform Payments	0	0	0	0
Total Fixed Prospective Payments and Reserves	31,845,094	37,229,358	29,113,085	28,671,755
Total Net Payer Revenue & Fixed Prospective Payment	186,729,147	188,872,209	184,701,748	203,255,953
Accounts				
Net Patient Care Rev & Fixed Payments & Reserves	186,729,148	188,872,209	184,701,748	203,255,952

# Southwestern VT Medical Center

## PROJECT NAME

### UTILIZATION PROJECTIONS--TABLE 7

	WITHOUT PROJECT								Proposed Years Must change from Current Budget					
	FY2022	FY2023		FY2023		FY2024		Proposed Yr 1		Proposed Yr 2		Proposed Yr 3		
	Actual	Budget	% change		% change	Budget	% change	FY2027	% change	FY2028	% change	FY2029	% change	
<b>Inpatient Utilization</b>														
Acute Beds (Staffed)	70	80	14.3%	60	-25.0%	60	0.0%	60	0.0%	60	0.0%	60	0.0%	
Acute Admissions	3,148	3,167	0.6%	2,823	-10.9%	2,998	6.2%	2,970	-0.9%	2,940	-1.0%	2,911	-1.0%	
Acute Patient Days	13,275	11,301	-14.9%	11,805	4.5%	11,781	-0.2%	14,256	21.0%	12,830	-10.0%	11,547	-10.0%	
Acute Average Length Of Stay	4.23	3.57	-15.6%	4.19	17.3%	3.93	-6.1%	4.8	22.1%	4.4	-9.1%	4.0	-9.1%	
<b>Outpatient</b>														
All Outpatient Visits	354,449	405,794	14.5%	305,402	-24.7%	312,127	2.2%	358,608	14.9%	394,469	10.0%	433,916	10.0%	
Physician Office Visits	144,284	132,306	-8.3%	146,481	10.7%	148,668	1.5%	164,585	10.7%	182,689	11.0%	202,785	11.0%	
<b>Ancillary</b>														
All Operating Room Procedure	3,003	3,010	0.2%	3,142	4.4%	3,180	1.2%	3,543	11.4%	3,720	5.0%	3,906	5.0%	
All Operating Room Cases	-	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	
Emergency Room Visits	22,641	25,695	13.5%	23,406	-8.9%	23,412	0.0%	27,671	18.2%	24,904	-10.0%	22,414	-10.0%	
Cat Scan Procedures	14,730	14,499	-1.6%	15,163	4.6%	-	-100.0%	15,513	#DIV/0!	15,513	0.0%	15,513	0.0%	
Magnetic Resonance Image Exams	4,174	4,065	-2.6%	4,541	11.7%	-	-100.0%	4,660	#DIV/0!	4,660	0.0%	4,660	0.0%	
Nuclear Medicine Procedures	970	979	0.9%	897	-8.4%	-	-100.0%	1,204	#DIV/0!	1,204	0.0%	1,204	0.0%	
Radiology - Diagnostic Procedures	33,773	44,912	33.0%	47,440	5.6%	-	-100.0%	69,262	#DIV/0!	69,262	0.0%	69,262	0.0%	
Laboratory Tests	432,647	360,038	-16.8%	374,910	4.1%	-	-100.0%	433,980	#DIV/0!	477,378	10.0%	525,116	10.0%	
			#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	
			#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	
<b>Adjusted Statistics</b>														
Adjusted Admissions	-	15,922	#DIV/0!	-	-100.0%	-	#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	
Adjusted Days	-	56,814	#DIV/0!	-	-100.0%	-	#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	

# Southwestern VT Medical Center

PROJECT NAME

## UTILIZATION PROJECTIONS--TABLE 7

### PROJECT ONLY

Proposed Years Must change from Current Budget

	FY2022	FY2023	FY2023		FY2024	Proposed Yr 1		Proposed Yr 2		Proposed Yr 3		
	Actual	Budget	% change	% change	Budget	% change	FY2027	% change	FY2028	% change	FY2029	% change
<b>Inpatient Utilization</b>												
Acute Beds (Staffed)			#DIV/0!	#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!
Acute Admissions			#DIV/0!	#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!
Acute Patient Days			#DIV/0!	#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!
Acute Average Length Of Stay			#DIV/0!	#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!
<b>Outpatient</b>												
All Outpatient Visits			#DIV/0!	#DIV/0!		#DIV/0!	3,432	#DIV/0!	4,148	20.9%	5,236	26.2%
Physician Office Visits			#DIV/0!	#DIV/0!		#DIV/0!	365	#DIV/0!	899	146.3%	1,710	90.2%
<b>Ancillary</b>												
All Operating Room Procedure			#DIV/0!	#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!
All Operating Room Cases			#DIV/0!	#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!
Emergency Room Visits			#DIV/0!	#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!
Cat Scan Procedures			#DIV/0!	#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!
Magnetic Resonance Image Exams			#DIV/0!	#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!
Nuclear Medicine Procedures			#DIV/0!	#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!
Radiology - Diagnostic Procedures			#DIV/0!	#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!
Laboratory Tests			#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!		#DIV/0!		#DIV/0!
<b>Adjusted Statistics</b>												
Adjusted Admissions			#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!

## Southwestern VT Medical Center

### PROJECT NAME

#### UTILIZATION PROJECTIONS--TABLE 7

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

WITH PROJECT

Proposed Years Must change from Current Budget

	FY2022 Actual	FY2023 Budget	% change	FY2023	% change	FY2024 Budget	% change	Proposed Yr 1 FY2027	% change	Proposed Yr 2 FY2028	% change	Proposed Yr 3 FY2029	% change
<b>Inpatient Utilization</b>													
Acute Beds (Staffed)	70	80	14.3%	60	-25.0%	60	0.0%	60	0.0%	60	0.0%	60	0.0%
Acute Admissions	3,148	3,167	0.6%	2,823	-10.9%	2,998	6.2%	2,970	-0.9%	2,940	-1.0%	2,911	-1.0%
Acute Patient Days	13,275	11,301	-14.9%	11,805	4.5%	11,781	-0.2%	14,256	21.0%	12,830	-10.0%	11,547	-10.0%
Acute Average Length Of Stay	4	4	-15.6%	4	17.3%	4	-6.1%	5	22.1%	4	-9.1%	4	-9.1%
<b>Outpatient</b>													
All Outpatient Visits	354,449	405,794	14.5%	305,402	-24.7%	312,127	2.2%	362,040	16.0%	398,617	10.1%	439,152	10.2%
Physician Office Visits	144,284	132,306	-8.3%	146,481	10.7%	148,668	1.5%	164,950	11.0%	183,588	11.3%	204,495	11.4%
<b>Ancillary</b>													
All Operating Room Procedure	3,003	3,010	0.2%	3,142	4.4%	3,180	1.2%	3,543	11.4%	3,720	5.0%	3,906	5.0%
All Operating Room Cases	-	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
Emergency Room Visits	22,641	25,695	13.5%	23,406	-8.9%	23,412	0.0%	27,671	18.2%	24,904	-10.0%	22,414	-10.0%
Cat Scan Procedures	14,730	14,499	-1.6%	15,163	4.6%	-	-100.0%	15,513	#DIV/0!	15,513	0.0%	15,513	0.0%
Magnetic Resonance Image Exams	4,174	4,065	-2.6%	4,541	11.7%	-	-100.0%	4,660	#DIV/0!	4,660	0.0%	4,660	0.0%
Nuclear Medicine Procedures	970	979	0.9%	897	-8.4%	-	-100.0%	1,204	#DIV/0!	1,204	0.0%	1,204	0.0%
Radiology - Diagnostic Procedures	33,773	44,912	33.0%	47,440	5.6%	-	-100.0%	69,262	#DIV/0!	69,262	0.0%	69,262	0.0%
Laboratory Tests	432,647	360,038	-16.8%	374,910	4.1%	-	-100.0%	433,980	#DIV/0!	477,378	10.0%	525,116	10.0%
	-	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
	-	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
<b>Adjusted Statistics</b>													
Adjusted Admissions	-	15,922	#DIV/0!	-	-100.0%	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
Adjusted Days	-	56,814	#DIV/0!	-	-100.0%	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!

	FY2022 Actuals	FY2023 Budget 2023 Approved	Actuals	FY2024 Budget 2025 Submitted 2024 Proj.
Accounts				
Utilization				
Inpatient				
Acute				
[Util_Acute_Beds] Acute Beds (Staffed)	70	80	60	60
[Util_Acute_OccupancyPct] Acute Occupancy % (Staffed Beds)	51.9%	38.7%	53.9%	53.8%
[Util_Acute_Admissions] Acute Admissions	3,148	3,167	2,823	2,998
[Util_Acute_Days] Acute Patient Days	13,275	11,301	11,805	11,781
[Util_Acute_AvgStay] Acute Average Length Of Stay	4.23	3.57	4.19	3.93
Chronic/Rehab				
[Util_ChronicRehab_Beds] Chronic Rehab Beds (Staffed)	0	0	0	0
[Util_ChronicRehab_Admissions] Chronic Rehab Admissions	0	0	0	0
[Util_ChronicRehab_Days] Chronic Rehab Patient Days	0	0	0	0
[Util_ChronicRehab_AvgStay] Chronic Rehab Average Length Of Stay	0.00	0.00	0.00	0.00
SNF/ECF				
[Util_SNFECF_Beds] SNF/ECF Beds (Staffed)	0	0	0	0
[Util_SNFECF_Admissions] SNF/ECF Admissions	0	0	0	0
[Util_SNFECF_Days] SNF/ECF Patient Days	0	0	0	0
[Util_SNFECF_AvgStay] SNF/ECF Average Length Of Stay	0.00	0.00	0.00	0.00
Nursery				
[Util_Nursery_Beds] Nursery Beds (Staffed)	7	6	7	7
[Util_Nursery_Admissions] Nursery Admissions	408	393	363	360
[Util_Nursery_Days] Nursery Patient Days	0	865	801	854
[Util_Nursery_AvgStay] Nursery Average Length Of Stay	0.00	2.20	2.20	2.37
Swing Beds				
[Util_SwingBeds_Beds] Swing Beds (Staffed)	0	0	0	0
[Util_SwingBeds_Admissions] Swing Admissions	0	0	0	0
[Util_SwingBeds_Days] Swing Patient Days	0	0	0	0
[Util_SwingBeds_AvgStay] Swing Average Length Of Stay	0.00	0.00	0.00	0.00
Total				
[Util_Total_Beds] Total Beds (Staffed)	77	86	67	67
[Util_Total_Admissions] Total Admissions	<u>3,556</u>	3,560	<u>3,186</u>	3,358
[Util_Total_Days] Total Patient Days	13,275	12,166	12,606	12,635
[Util_Total_AvgStay] Total Average Length Of Stay	3.75	3.42	3.97	3.76
Outpatient				
[Util_Outpatient_OutpatientVisits] All Outpatient Visits	354,449	405,794	305,402	312,127
[Util_Outpatient_OPRoomProcedure] Operating Room Procedure	2,441	2,450	2,513	2,573
[Util_Outpatient_ObservationUnits] Observation Units	571	513	601	595
[Util_Outpatient_PhysOfficeVisits] Physician Office Visits	144,284	132,306	146,481	148,668
[Util_Outpatient_OPRoomCases] Operating Room Cases	0	0	0	0
[Util_Outpatient_RVU] Provider Work RVU	0	0	0	0
Ancillary				
[Util_Ancillary_OpRoomProcedure] All Operating Room Procedure	3,003	3,010	3,142	3,180
[Util_Ancillary_OpRoomCases] All Operating Room Cases	0	0	0	0
[Util_Ancillary_ERVisits] Emergency Room Visits	22,641	25,695	23,406	23,412
Adjusted Statistics-monthly only				
[Util_AdjStat_AdjAdmissions_monthly] Adjusted Admissions-monthly only	0	15,922	0	0
[Util_AdjStat_AdjDays_monthly] Adjusted Days-monthly only	0	56,814	0	0
Department				
Accounts				
Cat Scan				
[UnitofMeasure.Procedures] Procedures	14,730	14,499	15,163	0
[UnitofMeasure.Tests] Tests	0	0	0	0
[UnitofMeasure.Treatments] Treatments	0	0	0	0
[UnitofMeasure.Visits] Visits	0	0	0	0
[UnitofMeasure.Exams] Exams	0	0	0	0
Magnetic Resonance Image				
[UnitofMeasure.Procedures] Procedures	0	0	0	0
[UnitofMeasure.Tests] Tests	0	0	0	0
[UnitofMeasure.Treatments] Treatments	0	0	0	0
[UnitofMeasure.Visits] Visits	0	0	0	0
[UnitofMeasure.Exams] Exams	4,174	4,065	4,541	0
Nuclear Medicine				
[UnitofMeasure.Procedures] Procedures	970	979	897	0
[UnitofMeasure.Tests] Tests	0	0	0	0
[UnitofMeasure.Treatments] Treatments	0	0	0	0
[UnitofMeasure.Visits] Visits	0	0	0	0
[UnitofMeasure.Exams] Exams	0	0	0	0
Radiology - Diagnostic				
[UnitofMeasure.Procedures] Procedures	<u>33,773</u>	44,912	<u>47,440</u>	0
[UnitofMeasure.Tests] Tests	0	0	0	0
[UnitofMeasure.Treatments] Treatments	0	0	0	0



	[UnitofMeasure.Visits] Visits	0	0	0	0
	[UnitofMeasure.Exams] Exams	0	0	0	0
Laboratory	[UnitofMeasure.Procedures] Procedures	0	0	0	0
	[UnitofMeasure.Tests] Tests	432,647	360,038	374,910	0
	[UnitofMeasure.Treatments] Treatments	0	0	0	0
	[UnitofMeasure.Visits] Visits	0	0	0	0
	[UnitofMeasure.Exams] Exams	0	0	0	0

**SOUTHWESTERN VT MEDICAL CENTER**

*PROJECT NAME*

**STAFFING REPORT - TABLE 8**

*WITHOUT PROJECT*

*Proposed Years Must change from Current Budget*

	FY2022	FY2023	% change	FY2023	% change	FY2024	% change	Proposed	% change	Proposed	% change	Proposed	% change
	Actual	Budget		Actual		Projection		Year 1		Year 2		Year 3	
								FY2027		FY2028		FY2029	
<b>PHYSICIAN FTEs</b>	<b>99.9</b>	<b>97.3</b>	-2.6%	<b>98.7</b>	1.4%	<b>101.7</b>	3.0%	<b>100.0</b>	-1.7%	<b>100.0</b>	0.0%	<b>100.0</b>	0.0%
<b>TRAVELERS</b>	-	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!
<b>Residents &amp; Fellows</b>	-	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!
<b>MLPs</b>	-	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!
<b>Non-MD FTEs</b>	820.2	813.8	-0.8%	822.0	1.0%	824.3	0.3%	812.0	-1.5%	820.0	1.0%	820.0	0.0%
<b>TOTAL NON-MD FTEs</b>	<b>820.2</b>	<b>813.8</b>	-0.8%	<b>822.0</b>	1.0%	<b>824.3</b>	0.3%	<b>812.0</b>	-1.5%	<b>820.0</b>	1.0%	<b>820.0</b>	0.0%

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

**STAFFING REPORT - TABLE 8**

*PROJECT ONLY*

*Proposed Years Must change from Current Budget*

	FY2022	FY2023	% change	FY2023	% change	FY2024	% change	Proposed	% change	Proposed	% change	Proposed	% change
	Actual	Budget		Actual		Projection		Year 1		Year 2		Year 3	
								FY2027		FY2028		FY2029	
<b>PHYSICIAN FTEs</b>			#DIV/0!		#DIV/0!		#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
<b>TRAVELERS</b>			#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!
<b>Residents &amp; Fellows</b>			#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!
<b>MLPs</b>			#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!
<b>Non-MD FTEs</b>			#DIV/0!		#DIV/0!		#DIV/0!	4.5	#DIV/0!	4.5	0.0%	4.5	0.0%
<b>TOTAL NON-MD FTEs</b>	-	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	<b>4.5</b>	#DIV/0!	<b>4.5</b>	0.0%	<b>4.5</b>	0.0%

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

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

**STAFFING REPORT - TABLE 8**

*WITH PROJECT*

*Proposed Years Must change from Current Budget*

	FY2022	FY2023	% change	FY2023	% change	FY2024	% change	Proposed	% change	Proposed	% change	Proposed	% change
	Actual	Budget		Actual		Projection		Year 1		Year 2		Year 3	
								FY2027		FY2028		FY2029	
<b>PHYSICIAN FTEs</b>	<b>99.9</b>	<b>97.3</b>	-2.6%	<b>98.7</b>	1.4%	<b>101.7</b>	3.0%	<b>100.0</b>	-1.7%	<b>100.0</b>	0.0%	<b>100.0</b>	0.0%
<b>TRAVELERS</b>	-	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
<b>Residents &amp; Fellows</b>	-	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
<b>MLPs</b>	-	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!	-	#DIV/0!
<b>Non-MD FTEs</b>	820.2	813.8	-0.8%	822.0	1.0%	824.3	0.3%	816.5	-0.9%	824.5	1.0%	824.5	0.0%
<b>TOTAL NON-MD FTEs</b>	<b>820.2</b>	<b>813.8</b>	-0.8%	<b>822.0</b>	1.0%	<b>824.3</b>	0.3%	<b>816.5</b>	-0.9%	<b>824.5</b>	1.0%	<b>824.5</b>	0.0%

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

			FY2022	FY2023		FY2024
			Actuals	Budget 2023 Approved	Actuals	Budget 2024 Approved
Department	Accounts	FTE Class				
General Services (Rollup)						
Total General Services (Rollup)	[StaffFTE.FT_Equiv] FT Equivalents ( Physician FTEs		5.4		4.1	4.1
Inpatient Routine Services (Rollup)						
Total Inpatient Routine Services (Rollup)	[StaffFTE.FT_Equiv] FT Equivalents ( Physician FTEs		10.6		10.5	11.1
Outpatient Routine Services (Rollup)						
Total Outpatient Routine Services (Rollup)	[StaffFTE.FT_Equiv] FT Equivalents ( Physician FTEs		66.7		65.0	66.2
Ancillary Services (Rollup)						
Total Ancillary Services (Rollup)	[StaffFTE.FT_Equiv] FT Equivalents ( Physician FTEs		17.2		17.7	17.3
Other Services	[StaffFTE.FT_Equiv] FT Equivalents ( Physician FTEs		0.0		0.0	0.0
Physician Office Practice Services (Rollup)						
Total Physician Office Practice Services (Rollup)	[StaffFTE.FT_Equiv] FT Equivalents ( Physician FTEs		0.0		0.0	0.0
Department (Uncategorized)	[StaffFTE.FT_Equiv] FT Equivalents ( Physician FTEs		0.0		0.0	0.0
Department (Rollup)						
Total Department (Rollup)	[StaffFTE.FT_Equiv] FT Equivalents ( Physician FTEs		99.9		97.3	98.7
Department	Accounts	FTE Class				
General Services (Rollup)						
Total General Services (Rollup)	[StaffFTE.FT_Equiv] FT Equivalents ( Travelers		0.0		0.0	0.0
Inpatient Routine Services (Rollup)						
Total Inpatient Routine Services (Rollup)	[StaffFTE.FT_Equiv] FT Equivalents ( Travelers		0.0		0.0	0.0
Outpatient Routine Services (Rollup)						
Total Outpatient Routine Services (Rollup)	[StaffFTE.FT_Equiv] FT Equivalents ( Travelers		0.0		0.0	0.0
Ancillary Services (Rollup)						
Total Ancillary Services (Rollup)	[StaffFTE.FT_Equiv] FT Equivalents ( Travelers		0.0		0.0	0.0
Other Services	[StaffFTE.FT_Equiv] FT Equivalents ( Travelers		0.0		0.0	0.0
Physician Office Practice Services (Rollup)						
Total Physician Office Practice Services (Rollup)	[StaffFTE.FT_Equiv] FT Equivalents ( Travelers		0.0		0.0	0.0
Department (Uncategorized)	[StaffFTE.FT_Equiv] FT Equivalents ( Travelers		0.0		0.0	0.0
Department (Rollup)						
Total Department (Rollup)	[StaffFTE.FT_Equiv] FT Equivalents ( Travelers		0.0		0.0	0.0
Department	Accounts	FTE Class				
General Services (Rollup)						
Total General Services (Rollup)	[StaffFTE.FT_Equiv] FT Equivalents ( Residents & Fellows		0.0		0.0	0.0
Inpatient Routine Services (Rollup)						
Total Inpatient Routine Services (Rollup)	[StaffFTE.FT_Equiv] FT Equivalents ( Residents & Fellows		0.0		0.0	0.0
Outpatient Routine Services (Rollup)						
Total Outpatient Routine Services (Rollup)	[StaffFTE.FT_Equiv] FT Equivalents ( Residents & Fellows		0.0		0.0	0.0
Ancillary Services (Rollup)						
Total Ancillary Services (Rollup)	[StaffFTE.FT_Equiv] FT Equivalents ( Residents & Fellows		0.0		0.0	0.0
Other Services	[StaffFTE.FT_Equiv] FT Equivalents ( Residents & Fellows		0.0		0.0	0.0
Physician Office Practice Services (Rollup)						
Total Physician Office Practice Services (Rollup)	[StaffFTE.FT_Equiv] FT Equivalents ( Residents & Fellows		0.0		0.0	0.0
Department (Uncategorized)	[StaffFTE.FT_Equiv] FT Equivalents ( Residents & Fellows		0.0		0.0	0.0
Department (Rollup)						
Total Department (Rollup)	[StaffFTE.FT_Equiv] FT Equivalents ( Residents & Fellows		0.0		0.0	0.0
Department	Accounts	FTE Class				
General Services (Rollup)						
Total General Services (Rollup)	[StaffFTE.FT_Equiv] FT Equivalents ( MLPs		0.0		0.0	0.0
Inpatient Routine Services (Rollup)						
Total Inpatient Routine Services (Rollup)	[StaffFTE.FT_Equiv] FT Equivalents ( MLPs		0.0		0.0	0.0
Outpatient Routine Services (Rollup)						
Total Outpatient Routine Services (Rollup)	[StaffFTE.FT_Equiv] FT Equivalents ( MLPs		0.0		0.0	0.0
Ancillary Services (Rollup)						
Total Ancillary Services (Rollup)	[StaffFTE.FT_Equiv] FT Equivalents ( MLPs		0.0		0.0	0.0
Other Services	[StaffFTE.FT_Equiv] FT Equivalents ( MLPs		0.0		0.0	0.0
Physician Office Practice Services (Rollup)						

Total Physician Office Practice Services (Rollup)	[StaffFTE.FT_Equiv] FT Equivalents ( MLPs	0.0	0.0	0.0	0.0
Department (Uncategorized)	[StaffFTE.FT_Equiv] FT Equivalents ( MLPs	0.0	0.0	0.0	0.0
Department (Rollup)					
Total Department (Rollup)	[StaffFTE.FT_Equiv] FT Equivalents ( MLPs	0.0	0.0	0.0	0.0
Department	Accounts FTE Class				
General Services (Rollup)					
Total General Services (Rollup)	[StaffFTE.FT_Equiv] FT Equivalents ( Non-MD FTEs (Rollup)	340.7	350.2	337.6	0.0
Inpatient Routine Services (Rollup)					
Total Inpatient Routine Services (Rollup)	[StaffFTE.FT_Equiv] FT Equivalents ( Non-MD FTEs (Rollup)	103.0	96.9	101.1	0.0
Outpatient Routine Services (Rollup)					
Total Outpatient Routine Services (Rollup)	[StaffFTE.FT_Equiv] FT Equivalents ( Non-MD FTEs (Rollup)	144.4	150.0	148.5	0.0
Ancillary Services (Rollup)					
Total Ancillary Services (Rollup)	[StaffFTE.FT_Equiv] FT Equivalents ( Non-MD FTEs (Rollup)	232.1	216.7	234.8	0.0
Other Services	[StaffFTE.FT_Equiv] FT Equivalents ( Non-MD FTEs (Rollup)	0.0	0.0	0.0	0.0
Physician Office Practice Services (Rollup)					
Total Physician Office Practice Services (Rollup)	[StaffFTE.FT_Equiv] FT Equivalents ( Non-MD FTEs (Rollup)	0.0	0.0	0.0	0.0
Department (Uncategorized)	[StaffFTE.FT_Equiv] FT Equivalents ( Non-MD FTEs (Rollup)	0.0	0.0	0.0	0.0
Department (Rollup)					
Total Department (Rollup)	[StaffFTE.FT_Equiv] FT Equivalents ( Non-MD FTEs (Rollup)	820.2	813.8	822.0	0.0
	Accounts				
	Staff Wages				
	[NonMD_Wages] Non-MD Wages				
	[General_Services_Wage	0	0	0	0
	[Inpatient_Routine_Wage	0	0	0	0
	[Outpatient_Routine_Wa	0	0	0	0
	[Ancillary_Wages] Total /	0	0	0	0
	[Other_Wages] Total Oth	0	0	0	0
	[Physician_Office_Practic	0	0	0	0
	[NonMD_Wages] Total No	0	0	0	0
	[Non_MD_per_FTE] Non-MD \$ Per FTE				
	[General_Services_Per_I	0	0	0	0
	[Inpatient_Routine_Per_f	0	0	0	0
	[Outpatient_Routine_Per	0	0	0	0
	[Ancillary_Per_FTE] Tota	0	0	0	0
	[Other_Per_FTE] Total O	0	0	0	0
	[Physician_Office_Servic	0	0	0	0
	[Non_MD_per_FTE] Total	0	0	0	0
	[NONMD_SalaryPerFTE] T	0	0	0	0

# Appendix 6

## Southwestern Vermont Medical Center Cancer Center Pro Forma- Summary

	2024	2025	2026	2027	2028	2029	2030	2031
	<u>Year -2</u>	<u>Year -1</u>	<u>Year 0</u>	<u>Year 1</u>	<u>Year 2</u>	<u>Year 3</u>	<u>Year 4</u>	<u>Year 5</u>
<b><u>Volumes Procedures</u></b>								
Medication Oncology								
Provider visits	5339	5,446	5,555	5,832	6,241	6,865	7,551	8,306
Visits/Procedures	7973	8,132	8,295	8,710	9,320	10,252	11,277	12,404
Radiation Oncology	3293	3,359	3,378	3,426	3,495	3,595	3,697	3,803
Palliative Care visits	747	762	777	816	873	960	1,056	1,162
Medication Infusions	0	0	0	3,018	3,123	3,279	3,443	3,615
<b><u>Reimbursement</u></b>								
Gross Revenue	\$ 45,996,447	\$ 47,387,464	\$ 48,661,986	\$ 55,575,807	\$ 59,336,098	\$ 64,852,345	\$ 70,934,643	\$ 77,643,103
<b><u>Net Reimbursement</u></b>								
Medication Oncology	\$ 2,318,372	\$ 2,388,555	\$ 2,460,689	\$ 2,609,561	\$ 2,820,152	\$ 3,133,189	\$ 3,480,973	\$ 3,867,361
Pharmacy	11,247,747	11,587,429	11,937,369	12,659,580	13,681,208	15,199,823	16,887,003	18,761,460
Radiation Oncology	4,724,742	4,868,168	4,944,946	5,065,744	5,218,730	5,421,515	5,632,179	5,851,030
Palliative Care	61,025	62,868	64,767	68,685	74,228	82,468	91,621	101,791
Medication Infusion	-	-	-	1,557,652	1,628,283	1,726,710	1,831,197	1,941,899
<b>Total Net Reimbursement</b>	<b>\$ 18,351,886</b>	<b>\$ 18,907,020</b>	<b>\$ 19,407,772</b>	<b>\$ 21,961,223</b>	<b>\$ 23,422,602</b>	<b>\$ 25,563,704</b>	<b>\$ 27,922,974</b>	<b>\$ 30,523,541</b>
<b><u>Operating Expenses</u></b>								
Staff Salaries and wages	\$ 2,818,941	\$ 3,071,225	\$ 3,685,414	\$ 4,160,886	\$ 4,325,279	\$ 4,496,187	\$ 4,673,868	\$ 4,858,591
Staff Benefits	845,682	921,367	1,105,624	1,248,266	1,297,584	1,348,856	1,402,160	1,457,577
Supplies	143,928	146,806	149,564	169,005	179,763	196,167	214,154	233,877
Heat, Light, ect	119,925	122,324	124,770	131,008	140,179	154,197	169,617	186,578
Other	707,219	721,364	727,844	762,380	786,739	823,130	861,933	903,351
Provider tax	43,512	44,382	44,952	58,366	61,023	64,979	69,254	73,875
Pharmacy Drug Expense	3,036,892	3,128,606	3,223,090	3,434,856	3,711,283	4,122,175	4,578,625	5,085,685
Purchased Services	653,157	685,815	720,105	773,311	830,037	890,503	954,939	1,023,594
Software Services	163,225	171,386	179,955	188,953	198,401	208,321	218,737	229,673
Depreciation	-	-	-	376,859	753,717	753,717	753,717	753,717
Debt service	-	-	-	410,498	540,126	531,507	522,446	512,923
Dartmouth Hitchcock PSA and Locum	3,151,024	3,245,554	3,342,921	3,443,208	3,546,505	3,652,900	3,775,178	3,967,892
<b>Total Operating Expenses</b>	<b>\$ 11,683,504</b>	<b>\$ 12,258,828</b>	<b>\$ 13,304,240</b>	<b>\$ 15,157,597</b>	<b>\$ 16,370,636</b>	<b>\$ 17,242,638</b>	<b>\$ 18,194,629</b>	<b>\$ 19,287,333</b>
<b>Operating Gain (loss) from operations</b>	<b>\$ 6,668,382</b>	<b>\$ 6,648,192</b>	<b>\$ 6,103,532</b>	<b>\$ 6,803,626</b>	<b>\$ 7,051,966</b>	<b>\$ 8,321,066</b>	<b>\$ 9,728,346</b>	<b>\$ 11,236,208</b>

**Southwestern Vermont Medical Center  
Cardiac CT Scanner Pro Forma- Revenue**

	2024	2025	2026	2027	2028	2029	2030	2031
	<u>Year -2</u>	<u>Year -1</u>	<u>Year 0</u>	<u>Year 1</u>	<u>Year 2</u>	<u>Year 3</u>	<u>Year 4</u>	<u>Year 5</u>
<b><u>Volumes Procedures</u></b>								
Medication Oncology								
Provider visits	5,339	5,446	5,555	5,832	6,241	6,865	7,551	8,306
Visits/Procedures	7,973	8,132	8,295	8,710	9,320	10,252	11,277	12,404
Radiation Oncology	3,293	3,359	3,378	3,426	3,495	3,595	3,697	3,803
Palliative Care visits	747	762	777	816	873	960	1,056	1,162
Medication Infusion visits								
<b><u>Reimbursement</u></b>								
Gross Revenue	\$ 45,996,447	\$ 47,387,464	\$ 48,661,986	\$ 55,575,807	\$ 59,336,098	\$ 64,852,345	\$ 70,934,643	\$ 77,643,103
<b><u>Net Reimbursement</u></b>								
Medication Oncology	\$ 2,318,372	\$ 2,388,555	\$ 2,460,689	\$ 2,609,561	\$ 2,820,152	\$ 3,133,189	\$ 3,480,973	\$ 3,867,361
Pharmacy	11,247,747	11,587,429	11,937,369	12,659,580	13,681,208	15,199,823	16,887,003	18,761,460
Radiation Oncology	4,724,742	4,868,168	4,944,946	5,065,744	5,218,730	5,421,515	5,632,179	5,851,030
Palliative Care	61,025	62,868	64,767	68,685	74,228	82,468	91,621	101,791
Medication Infusion	-	-	-	1,557,652	1,628,283	1,726,710	1,831,197	1,941,899
<b>Total Net Reimbursement</b>	<b>\$ 18,351,886</b>	<b>\$ 18,907,020</b>	<b>\$ 19,407,772</b>	<b>\$ 21,961,223</b>	<b>\$ 23,422,602</b>	<b>\$ 25,563,704</b>	<b>\$ 27,922,974</b>	<b>\$ 30,523,541</b>

**Southwestern Vermont Medical Center  
Cancer Center- Medical Oncology Revenue Detail**

		2024	2025	2026	2027	2028	2029	2030	2031
	Annualized 2024	Year -2	Year -1	Year 0	Year 1	Year 2	Year 3	Year 4	Year 5
<b>Revenue</b>									
Revenue per unit									
<b>Medical Oncology</b>									
<b>Provider visits</b>									
GROSS REVENUE	178.15	\$ 951,059	\$ 979,873	\$ 1,009,465	\$ 1,070,538	\$ 1,156,930	\$ 1,285,349	\$ 1,428,023	\$ 1,586,534
CONTRACTUAL ADJUSTMENTS	(72.29)	(385,903)	(397,594)	(409,602)	(434,382)	(469,437)	(521,545)	(579,436)	(643,754)
FREE CARE	(0.26)	(1,372)	(1,413)	(1,456)	(1,544)	(1,669)	(1,854)	(2,060)	(2,288)
NET PATIENT REVENUE	105.61	\$ 563,785	\$ 580,865	\$ 598,408	\$ 634,611	\$ 685,824	\$ 761,951	\$ 846,527	\$ 940,492
LESS: PROVISION FOR BAD DEBTS	(0.36)	(1,936)	(1,994)	(2,055)	(2,179)	(2,355)	(2,616)	(2,907)	(3,229)
NET PATIENT REVENUE AFTER PROVISION	105.24	\$ 561,849	\$ 578,871	\$ 596,353	\$ 632,432	\$ 683,470	\$ 759,335	\$ 843,621	\$ 937,263
FIXED PROSPECTIVE REVENUE	1.20	6,414	6,608	6,807	7,219	7,802	8,668	9,630	10,699
OTHER REVENUE	2.12	11,330	11,674	12,026	12,754	13,783	15,313	17,012	18,901
<b>NET OPERATING REVENUE</b>	<b>108.57</b>	<b>\$ 579,593</b>	<b>\$ 597,153</b>	<b>\$ 615,187</b>	<b>\$ 652,405</b>	<b>\$ 705,054</b>	<b>\$ 783,315</b>	<b>\$ 870,263</b>	<b>\$ 966,863</b>
<b>Visits/Procedures</b>									
GROSS REVENUE	357.88	2,853,178	2,939,528	3,028,302	3,211,514	3,470,683	3,855,929	4,283,937	4,759,454
CONTRACTUAL ADJUSTMENTS	(145.21)	(1,157,708)	(1,192,746)	(1,228,767)	(1,303,107)	(1,408,268)	(1,564,586)	(1,738,255)	(1,931,201)
FREE CARE	(0.52)	(4,115)	(4,240)	(4,368)	(4,632)	(5,006)	(5,562)	(6,179)	(6,865)
NET PATIENT REVENUE	212.15	1,691,354	1,742,542	1,795,167	1,903,775	2,057,409	2,285,782	2,539,504	2,821,389
LESS: PROVISION FOR BAD DEBTS	(0.73)	(5,807)	(5,983)	(6,164)	(6,537)	(7,064)	(7,848)	(8,719)	(9,687)
NET PATIENT REVENUE AFTER PROVISION	211.42	1,685,547	1,736,559	1,789,004	1,897,238	2,050,345	2,277,934	2,530,784	2,811,701
FIXED PROSPECTIVE REVENUE	2.41	19,241	19,823	20,422	21,657	23,405	26,003	28,889	32,096
OTHER REVENUE	4.26	33,991	35,019	36,077	38,260	41,347	45,937	51,036	56,701
<b>NET OPERATING REVENUE</b>	<b>218.10</b>	<b>\$ 1,738,779</b>	<b>\$ 1,791,402</b>	<b>\$ 1,845,502</b>	<b>\$ 1,957,155</b>	<b>\$ 2,115,098</b>	<b>\$ 2,349,874</b>	<b>\$ 2,610,710</b>	<b>\$ 2,900,498</b>
<b>Total Med Onc Revenue</b>									
GROSS REVENUE		3,804,237	3,919,401	4,037,767	4,282,052	4,627,613	5,141,279	5,711,960	6,345,988
CONTRACTUAL ADJUSTMENTS		(1,543,611)	(1,590,340)	(1,638,368)	(1,737,490)	(1,877,705)	(2,086,130)	(2,317,691)	(2,574,954)
FREE CARE		(5,487)	(5,653)	(5,824)	(6,176)	(6,675)	(7,415)	(8,239)	(9,153)
NET PATIENT REVENUE		2,255,139	2,323,408	2,393,575	2,538,386	2,743,234	3,047,733	3,386,031	3,761,881
LESS: PROVISION FOR BAD DEBTS		(7,743)	(7,977)	(8,218)	(8,716)	(9,419)	(10,464)	(11,626)	(12,916)
NET PATIENT REVENUE AFTER PROVISION		2,247,396	2,315,430	2,385,356	2,529,671	2,733,815	3,037,268	3,374,405	3,748,964
FIXED PROSPECTIVE REVENUE		25,655	26,431	27,229	28,877	31,207	34,671	38,520	42,795
OTHER REVENUE		45,321	46,693	48,103	51,013	55,130	61,250	68,048	75,602
<b>NET Med Onc OPERATING REVENUE</b>		<b>\$ 2,318,372</b>	<b>\$ 2,388,555</b>	<b>\$ 2,460,689</b>	<b>\$ 2,609,561</b>	<b>\$ 2,820,152</b>	<b>\$ 3,133,189</b>	<b>\$ 3,480,973</b>	<b>\$ 3,867,361</b>

**Southwestern Vermont Medical Center  
Cancer Center- Radiation Oncology Revenue Detail**

		2024	2025	2026	2027	2028	2029	2030	2031
<i>Annualized 2024</i>		<u>Year -1</u>	<u>Year -1</u>	<u>Year 0</u>	<u>Year 1</u>	<u>Year 2</u>	<u>Year 3</u>	<u>Year 4</u>	<u>Year 5</u>
<u>Revenue</u>	Revenue per unit								
Radiation Oncology									
<b>Provider visits</b>									
GROSS REVENUE	3,198.86	\$ 10,532,252	\$ 10,851,973	\$ 11,023,124	\$ 11,292,404	\$ 11,633,434	\$ 12,085,476	\$ 12,555,083	\$ 13,042,938
CONTRACTUAL ADJUSTMENTS	(1,758.96)	(5,791,388)	(5,967,193)	(6,061,305)	(6,209,374)	(6,396,897)	(6,645,462)	(6,903,685)	(7,171,943)
FREE CARE	(0.91)	(3,002)	(3,093)	(3,141)	(3,218)	(3,315)	(3,444)	(3,578)	(3,717)
NET PATIENT REVENUE		4,737,863	4,881,687	4,958,678	5,079,812	5,233,222	5,436,570	5,647,820	5,867,278
LESS: PROVISION FOR BAD DEBTS	(29.90)	(98,462)	(101,450)	(103,050)	(105,568)	(108,756)	(112,982)	(117,372)	(121,933)
NET PATIENT REVENUE AFTER PROVISION		4,639,401	4,780,237	4,855,628	4,974,244	5,124,466	5,323,588	5,530,448	5,745,345
FIXED PROSPECTIVE REVENUE	2.81	9,240	9,520	9,671	9,907	10,206	10,603	11,015	11,443
OTHER REVENUE	23.11	76,101	78,411	79,648	81,593	84,058	87,324	90,717	94,242
<b>NET Radiation Onc OPERATING REVENUE</b>		<b>\$ 4,724,742</b>	<b>\$ 4,868,168</b>	<b>\$ 4,944,946</b>	<b>\$ 5,065,744</b>	<b>\$ 5,218,730</b>	<b>\$ 5,421,515</b>	<b>\$ 5,632,179</b>	<b>\$ 5,851,030</b>



**Southwestern Vermont Medical Center  
Cancer Center- Palliative Care Revenue Detail**

		2024	2025	2026	2027	2028	2029	2030	2031
<i>Annualized 2024</i>		<u>Year -2</u>	<u>Year -1</u>	<u>Year 0</u>	<u>Year 1</u>	<u>Year 2</u>	<u>Year 3</u>	<u>Year 4</u>	<u>Year 5</u>
<u>Revenue</u>	Revenue per unit								
Palliative Care									
<b>Provider visits</b>									
GROSS REVENUE	165.00	\$ 123,200	\$ 126,921	\$ 130,754	\$ 138,664	\$ 149,854	\$ 166,488	\$ 184,968	\$ 205,500
CONTRACTUAL ADJUSTMENTS	(107.78)	(80,472)	(82,902)	(85,406)	(90,573)	(97,882)	(108,747)	(120,818)	(134,229)
FREE CARE	(1.92)	(1,433)	(1,477)	(1,521)	(1,613)	(1,743)	(1,937)	(2,152)	(2,391)
NET PATIENT REVENUE	56.62	41,295	42,542	43,827	46,478	50,229	55,804	61,998	68,880
LESS: PROVISION FOR BAD DEBTS	(1.43)	(1,068)	(1,100)	(1,133)	(1,202)	(1,299)	(1,443)	(1,603)	(1,781)
NET PATIENT REVENUE AFTER PROVISION	53.88	40,227	41,442	42,693	45,276	48,930	54,361	60,395	67,099
FIXED PROSPECTIVE REVENUE	3.02	2,256	2,324	2,394	2,539	2,744	3,049	3,387	3,763
OTHER REVENUE	24.83	18,543	19,103	19,680	20,870	22,554	25,058	27,839	30,930
<b>NET Palliative Care OPERATING REVENUE</b>	<b>81.73</b>	<b>\$ 61,025</b>	<b>\$ 62,868</b>	<b>\$ 64,767</b>	<b>\$ 68,685</b>	<b>\$ 74,228</b>	<b>\$ 82,468</b>	<b>\$ 91,621</b>	<b>\$ 101,791</b>

**Southwestern Vermont Medical Center  
Cancer Center- Pharmacy Revenue Detail**

		2024	2025	2026	2027	2028	2029	2030	2031
	<i>Annualized 2024</i>	<u>Year -2</u>	<u>Year -1</u>	<u>Year 0</u>	<u>Year 1</u>	<u>Year 2</u>	<u>Year 3</u>	<u>Year 4</u>	<u>Year 5</u>
<u>Revenue</u>	Revenue per unit								
<b>Pharmacy Revenue</b>									
GROSS REVENUE	3,955.44	\$ 31,536,759	\$ 32,489,169	\$ 33,470,342	\$ 35,495,297	\$ 38,359,768	\$ 42,617,702	\$ 47,348,267	\$ 52,603,924
CONTRACTUAL ADJUSTMENTS FREE CARE		-	-	-	-	-	-	-	-
NET PATIENT REVENUE LESS: PROVISION FOR BAD DEBTS	1,410.73	11,247,747	11,587,429	11,937,369	12,659,580	13,681,208	15,199,823	16,887,003	18,761,460
NET PATIENT REVENUE AFTER PROVISION		<u>11,247,747</u>	<u>11,587,429</u>	<u>11,937,369</u>	<u>12,659,580</u>	<u>13,681,208</u>	<u>15,199,823</u>	<u>16,887,003</u>	<u>18,761,460</u>
<b>NET Pharmacy OPERATING REVENUE</b>	1,410.73	<b>\$ 11,247,747</b>	<b>\$ 11,587,429</b>	<b>\$ 11,937,369</b>	<b>\$ 12,659,580</b>	<b>\$ 13,681,208</b>	<b>\$ 15,199,823</b>	<b>\$ 16,887,003</b>	<b>\$ 18,761,460</b>
<b>Pharmacy Expense</b>									
Pharmacy Expense (XX% of Revenue)		3,036,892	3,128,606	3,223,090	3,434,856	3,711,283	4,122,175	4,578,625	5,085,685
<b>Pharmacy Net Revenue</b>		<b><u>8,210,855</u></b>	<b><u>8,458,823</u></b>	<b><u>8,714,280</u></b>	<b><u>9,224,724</u></b>	<b><u>9,969,926</u></b>	<b><u>11,077,647</u></b>	<b><u>12,308,377</u></b>	<b><u>13,675,775</u></b>

**Southwestern Vermont Medical Center**  
**Cancer Center- Medical Infusion (additional volume moved to Cancer Center)**

	2024	2025	2026	2027	2028	2029	2030	2031
	<u>Year -2</u>	<u>Year -1</u>	<u>Year 0</u>	<u>Year 1</u>	<u>Year 2</u>	<u>Year 3</u>	<u>Year 4</u>	<u>Year 5</u>
<b><u>Revenue</u></b>								
Medical Infusion								
<b>Provider visits</b>								
GROSS REVENUE	\$ -	\$ -	\$ -	\$ 4,367,390	\$ 4,565,428	\$ 4,841,400	\$ 5,134,364	\$ 5,444,753
CONTRACTUAL ADJUSTMENTS	-	-	-	-	-	-	-	-
FREE CARE	-	-	-	-	-	-	-	-
NET PATIENT REVENUE	-	-	-	1,557,652	1,628,283	1,726,710	1,831,197	1,941,899
LESS: PROVISION FOR BAD DEBTS	-	-	-	-	-	-	-	-
NET PATIENT REVENUE AFTER PROVISION	-	-	-	1,557,652	1,628,283	1,726,710	1,831,197	1,941,899
FIXED PROSPECTIVE REVENUE	-	-	-	-	-	-	-	-
OTHER REVENUE	-	-	-	-	-	-	-	-
<b>NET Medical Infusion OPERATING REVENUE</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 1,557,652</b>	<b>\$ 1,628,283</b>	<b>\$ 1,726,710</b>	<b>\$ 1,831,197</b>	<b>\$ 1,941,899</b>

**Southwestern Vermont Medical Center  
Cancer Center Pro Forma- Workforce**

	2024	2025	2026	2027	2028	2029	2030	2031
	<u>Year -2</u>	<u>Year -1</u>	<u>Year 0</u>	<u>Year 1</u>	<u>Year 2</u>	<u>Year 3</u>	<u>Year 4</u>	<u>Year 5</u>
<b><u>FTEs</u></b>								
<b>Providers</b>								
Med Onc Providers	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00
Palliative Care Providers	0.80	0.80	0.80	0.80	0.80	0.80	0.80	0.80
Rad Onc Providers	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
Medical Infusion Providers	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
<b>Total Providers</b>	<b>5.80</b>	<b>5.80</b>	<b>5.80</b>	<b>5.80</b>	<b>5.80</b>	<b>5.80</b>	<b>5.80</b>	<b>5.80</b>
<b>Staff</b>								
Cancer Center Clinical	31.50	33.00	39.90	40.40	40.40	40.40	40.40	40.40
Medical Infusion	0.00	0.00	0.00	2.75	2.75	2.75	2.75	2.75
Support departments	0.00	0.00	0.00	1.25	1.25	1.25	1.25	1.25
<b>Total Staff</b>	<b>31.50</b>	<b>33.00</b>	<b>39.90</b>	<b>44.40</b>	<b>44.40</b>	<b>44.40</b>	<b>44.40</b>	<b>44.40</b>
<b><u>Compensation</u></b>								
Providers	\$3,151,024	\$3,245,554	\$3,342,921	\$3,443,208	\$3,546,505	\$3,652,900	\$3,775,178	\$3,967,892
Staff Salaries and Wages	\$2,818,941	\$3,071,225	\$3,685,414	\$4,160,886	\$4,325,279	\$4,496,187	\$4,673,868	\$4,858,591
Staff Benefits	\$845,682	\$921,367	\$1,105,624	\$1,248,266	\$1,297,584	\$1,348,856	\$1,402,160	\$1,457,577
Staff Compensation	\$3,664,623	\$3,992,592	\$4,791,039	\$5,409,152	\$5,622,863	\$5,845,043	\$6,076,028	\$6,316,168
<b>Total Workforce</b>	<b>\$6,815,647</b>	<b>\$7,238,146</b>	<b>\$8,133,960</b>	<b>\$8,852,360</b>	<b>\$9,169,368</b>	<b>\$9,497,943</b>	<b>\$9,851,206</b>	<b>\$10,284,059</b>

**Southwestern Vermont Medical Center  
Cancer Center Pro Forma- Providers Expenses**

	2024	2025	2026	2027	2028	2029	2030	2031
	Year -2	Year -1	Year 0	Year 1	Year 2	Year 3	Year 4	Year 5
<b><u>Expense</u></b>								
Scale Factor		3.0%						
<b>Providers</b>								
Med Onc								
Dartmouth PSA	\$ 756,914	\$ 779,621	\$ 803,010	\$ 827,100	\$ 851,913	\$ 877,470	\$ 903,794	\$ 930,908
Locum	\$ 1,474,250	\$ 1,518,477	\$ 1,564,031	\$ 1,610,952	\$ 1,659,281	\$ 1,709,059	\$ 1,760,331	\$ 1,813,141
Additional RVU-based Comp and Benefits	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 12,691	\$ 92,530
New Provider Comp	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Palliative Care								
Dartmouth PSA	\$ 298,364	\$ 307,315	\$ 316,534	\$ 326,030	\$ 335,811	\$ 345,886	\$ 356,262	\$ 366,950
Locum	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Rad Onc								
Dartmouth PSA	\$ 538,058	\$ 554,199	\$ 570,825	\$ 587,950	\$ 605,588	\$ 623,756	\$ 642,469	\$ 661,743
Locum	\$ 83,439	\$ 85,942	\$ 88,520	\$ 91,176	\$ 93,911	\$ 96,729	\$ 99,631	\$ 102,619
Medical Infusion								
Dartmouth PSA	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Locum	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
<b>Total Provider Expense</b>	<b>3,151,024</b>	<b>3,245,554</b>	<b>3,342,921</b>	<b>3,443,208</b>	<b>3,546,505</b>	<b>3,652,900</b>	<b>3,775,178</b>	<b>3,967,892</b>

**Southwestern Vermont Medical Center  
Cancer Center Pro Forma- Staff Compensation**

	2024	2025	2026	2027	2028	2029	2030	2031
	Year -2	Year -1	Year 0	Year 1	Year 2	Year 3	Year 4	Year 5
<b>FTEs</b>								
<b>Staff</b>								
Director	169,998.40	176,798.34	183,870.27	191,225.08	198,874.08	206,829.05	215,102.21	223,706.30
Clinical Nurse Manager	138,008.00	143,528.32	149,269.45	155,240.23	161,449.84	167,907.83	174,624.15	181,609.11
General Support								
RN 1 Triag/Practice	104,000.00	108,160.00	112,486.40	116,985.86	121,665.29	126,531.90	131,593.18	136,856.91
RN 2 Triag/Practice	104,000.00	108,160.00	112,486.40	116,985.86	121,665.29	126,531.90	131,593.18	136,856.91
RN 3 Triag/Practice	0.00	0.00	56,243.20	116,985.86	121,665.29	126,531.90	131,593.18	136,856.91
RN 1 Infusion	53,664.00	55,810.56	96,738.30	100,607.84	104,632.15	108,817.44	113,170.13	117,696.94
RN 2 Infusion	80,496.00	83,715.84	96,738.30	100,607.84	104,632.15	108,817.44	113,170.13	117,696.94
RN 3 Infusion	89,440.00	93,017.60	96,738.30	100,607.84	104,632.15	108,817.44	113,170.13	117,696.94
RN 4 Infusion	89,440.00	93,017.60	96,738.30	100,607.84	104,632.15	108,817.44	113,170.13	117,696.94
RN 1 Infusion/split	80,496.00	83,715.84	96,738.30	100,607.84	104,632.15	108,817.44	113,170.13	117,696.94
RN 1 Clinic	89,440.00	93,017.60	96,738.30	100,607.84	104,632.15	108,817.44	113,170.13	117,696.94
RN 2 Clinic	0.00	0.00	96,738.30	100,607.84	104,632.15	108,817.44	113,170.13	117,696.94
RN 1 Navigator	87,360.00	90,854.40	94,488.58	98,268.12	102,198.84	106,286.80	110,538.27	114,959.80
RN 2 Navigator	87,360.00	90,854.40	94,488.58	98,268.12	102,198.84	106,286.80	110,538.27	114,959.80
RN Clinical Trials (research)	0.00	97,344.00	101,237.76	105,287.27	109,498.76	113,878.71	118,433.86	123,171.21
LNA 1	43,680.00	45,427.20	47,244.29	49,134.06	51,099.42	53,143.40	55,269.13	57,479.90
LNA 2	0.00	0.00	47,244.29	49,134.06	51,099.42	53,143.40	55,269.13	57,479.90
MA/LPN 1	44,928.00	46,725.12	60,742.66	63,172.36	65,699.26	68,327.23	71,060.32	73,902.73
MA/LPN 2	50,544.00	52,565.76	60,742.66	63,172.36	65,699.26	68,327.23	71,060.32	73,902.73
MA/LPN 3	56,160.00	58,406.40	60,742.66	63,172.36	65,699.26	68,327.23	71,060.32	73,902.73
Lab Tech 1	64,480.00	67,059.20	69,741.57	72,531.23	75,432.48	78,449.78	81,587.77	84,851.28
Lab Tech 2	0.00	0.00	69,741.57	72,531.23	75,432.48	78,449.78	81,587.77	84,851.28
Financial Navigator 1	45,760.00	47,590.40	49,494.02	51,473.78	53,532.73	55,674.04	57,901.00	60,217.04
Financial Navigator 2	0.00	0.00	49,494.02	51,473.78	53,532.73	55,674.04	57,901.00	60,217.04
Patient Coord 1	45,760.00	47,590.40	49,494.02	51,473.78	53,532.73	55,674.04	57,901.00	60,217.04
Patient Coord 2	45,760.00	47,590.40	49,494.02	51,473.78	53,532.73	55,674.04	57,901.00	60,217.04
Patient Coord 3	0.00	0.00	49,494.02	51,473.78	53,532.73	55,674.04	57,901.00	60,217.04
Patient Coord 1 / Admin Coord	45,760.00	47,590.40	49,494.02	51,473.78	53,532.73	55,674.04	57,901.00	60,217.04
Social Work	40,560.00	84,364.80	87,739.39	91,248.97	94,898.93	98,694.88	102,642.68	106,748.39
Tumor Registrar	85,280.00	88,691.20	92,238.85	95,928.40	99,765.54	103,756.16	107,906.41	112,222.66
Palliative Care								
RN 1	25,584.00	26,607.36	27,671.65	28,778.52	29,929.66	31,126.85	32,371.92	33,666.80
Med Onc specialized staff								
Pharmacist	145,080.00	150,883.20	156,918.53	163,195.27	169,723.08	176,512.00	183,572.48	190,915.38
Pharmacist	145,080.00	150,883.20	156,918.53	163,195.27	169,723.08	176,512.00	183,572.48	190,915.38
Pharm Tech	56,160.00	58,406.40	60,742.66	63,172.36	65,699.26	68,327.23	71,060.32	73,902.73
Pharm Tech	56,160.00	58,406.40	60,742.66	63,172.36	65,699.26	68,327.23	71,060.32	73,902.73
Rad Onc specialized staff								
Dosimetrist	148,096.00	154,019.84	160,180.63	166,587.86	173,251.37	180,181.43	187,388.69	194,884.23
Physicist	143,520.00	149,260.80	155,231.23	161,440.48	167,898.10	174,614.02	181,598.59	188,862.53
RN 1	42,640.00	44,345.60	46,119.42	47,964.20	49,882.77	51,878.08	53,953.20	56,111.33
RN 2	42,640.00	44,345.60	46,119.42	47,964.20	49,882.77	51,878.08	53,953.20	56,111.33
Rad Therapist Lead	91,520.00	95,180.80	98,988.03	102,947.55	107,065.46	111,348.07	115,802.00	120,434.08
Rad Therapist	90,043.20	93,644.93	97,390.73	101,286.35	105,337.81	109,551.32	113,933.37	118,490.71
Rad Therapist	90,043.20	93,644.93	97,390.73	101,286.35	105,337.81	109,551.32	113,933.37	118,490.71
	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Staff Salaries and Wages	2,818,941	3,071,225	3,685,414	3,891,324	4,046,977	4,208,856	4,377,210	4,552,299
Benefits (30%)	845,682	921,367	1,105,624	1,167,397	1,214,093	1,262,657	1,313,163	1,365,690
Total Compensation	3,664,623	3,992,592	4,791,039	5,058,721	5,261,070	5,471,513	5,690,373	5,917,989

**Southwestern Vermont Medical Center  
Cancer Center Pro Forma- Other Support Staff Compensation**

	2024	2025	2026	2027	2028	2029	2030	2031
	<u>Year -2</u>	<u>Year -1</u>	<u>Year 0</u>	<u>Year 1</u>	<u>Year 2</u>	<u>Year 3</u>	<u>Year 4</u>	<u>Year 5</u>
<b><u>FTEs</u></b>	0.00	0.00	0.00	1.25	1.25	1.25	1.25	1.25
<b>Support Staff</b>								
Housekeeping	-	-	-	42,817	44,529	46,311	48,163	50,090
IT support	-	-	-	22,520	23,421	24,357	25,332	26,345
Dietary	-	-	-	-	-	-	-	-
Staff Salaries and Wages	<u>0</u>	<u>0</u>	<u>0</u>	<u>65,337</u>	<u>67,950</u>	<u>70,668</u>	<u>73,495</u>	<u>76,435</u>
Benefits (30%)	<u>0</u>	<u>0</u>	<u>0</u>	<u>19,601</u>	<u>20,385</u>	<u>21,200</u>	<u>22,048</u>	<u>22,930</u>
Total Compensation	<u><u>0</u></u>	<u><u>0</u></u>	<u><u>0</u></u>	<u><u>84,938</u></u>	<u><u>88,335</u></u>	<u><u>91,868</u></u>	<u><u>95,543</u></u>	<u><u>99,365</u></u>

**Southwestern Vermont Medical Center  
Cancare Center Pro Forma- Other Expenses**

		2024	2025	2026	2027	2028	2029	2030	2031
<b>Baseline Rates</b>		<u>Year -2</u>	<u>Year -1</u>	<u>Year 0</u>	<u>Year 1</u>	<u>Year 2</u>	<u>Year 3</u>	<u>Year 4</u>	<u>Year 5</u>
<b><u>Other Expenses</u></b>	Scale Factor	number of cases							
Supplies		\$ 143,928	\$ 146,806	\$ 149,564	\$ 169,005	\$ 179,763	\$ 196,167	\$ 214,154	\$ 233,877
Heat, Light, ect		\$ 119,925	\$ 122,324	\$ 124,770	\$ 131,008	\$ 140,179	\$ 154,197	\$ 169,617	\$ 186,578
Other		\$ 707,219	\$ 721,364	\$ 727,844	\$ 762,380	\$ 786,739	\$ 823,130	\$ 861,933	\$ 903,351
Provider tax		\$ 43,512	\$ 44,382	\$ 44,952	\$ 58,366	\$ 61,023	\$ 64,979	\$ 69,254	\$ 73,875
	Scale Factor	5.0%							
Purchased Services	\$ 622,054	\$ 653,157	\$ 685,815	\$ 720,105	\$ 773,311	\$ 830,037	\$ 890,503	\$ 954,939	\$ 1,023,594
Software Services	\$ 155,452	\$ 163,225	\$ 171,386	\$ 179,955	\$ 188,953	\$ 198,401	\$ 208,321	\$ 218,737	\$ 229,673
<b>Total other expenses</b>		<u>\$ 1,830,965</u>	<u>\$ 1,892,076</u>	<u>\$ 1,947,190</u>	<u>\$ 2,083,024</u>	<u>\$ 2,196,142</u>	<u>\$ 2,337,296</u>	<u>\$ 2,488,633</u>	<u>\$ 2,650,949</u>



**Southwestern Vermont Medical Center  
Cardiac CT Scanner Pro Forma- Capital**

**Capital Expenditure**

	Estimated Initial Cost*	Useful Life in Years	Estimated Annual Depreciation
Construction	\$ 17,274,945	50	\$345,499
Infrastructure	\$ 1,811,096	50	\$36,222
Furniture and fixtures	\$ 1,063,959	12	\$88,663
IT systems	\$ 850,000	3	\$283,333
	21,000,000		
TOTAL			\$753,717
First Year (1/2)***			\$376,859

\*See CON Table 1 file for derivation

\*\*\*Depreciation policy is to claim 1/2 depreciation expense in the year of construction or acquisition



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Memo

To: Ron Zimmerman

From: David Adams

Date: October 10, 2024

Re: SVMC/Cancer Center **Project**

This memo confirms that Efficiency Vermont is working closely with Ron Zimmerman and Southwestern Vermont Medical Center on the development and implementation of the Cancer Center project at their Bennington campus.

As part of the project team, Efficiency Vermont has assigned a designated energy consultant, who will provide support services as part of the design process, including:

- Technical assistance & recommendations on energy efficiency opportunities
- Cost/benefit analysis of options
- Collaborate with Architects/Contractors
- Provide "Objective Expertise"
- Financial incentives & assistance

The collaborative goal of these efforts is to achieve the highest levels of efficiency that are appropriate for a project of this nature, and in the process, reduce energy costs, strengthen the economy, and protect our environment.

If you have any questions, don't hesitate to contact me directly.

Thanks,

A handwritten signature in black ink, appearing to read "David Adams", with a long horizontal line extending to the right.

David C. Adams, BEP

Efficiency Vermont

P: (802) 540-7628

C: (802) 318-7561

LAVALLEE | BRENSINGER ARCHITECTS

October 03, 2024

RE: Southwestern Vermont Health Care Cancer Center adherence to Federal Guidelines Institute

This correspondence is to verify that Lavallee Brensinger is designing the proposed Cancer Center at Southwestern Vermont Medical Center in accordance with the Guidelines for Design and Construction of Health Care Facilities as issued by the Facilities Guidelines Institute (FGI), 2022 Edition.

Sincerely,

A handwritten signature in blue ink, appearing to read "Joe Lonergan".

Joe Lonergan, AIA, ACHA, NCARB

Principal

Lavallee Brensinger Architects

Southwestern Vermont Medical Center			
Chapter 2.6: Specific Requirements for Infusion Centers			
2.6: Specific Requirements for Infusion Centers		How this project addresses the requirement	Notes
		X = Conforms   Existing = Existing space   N/A = Not Applicable	
<b>2.6-1 General</b>			
*2.6-1.1 This chapter shall apply to outpatient facilities where infusion services are provided.			
<b>A2.6-1.1 Infusion services</b>		X	
a. Infusion services may include antibiotics/antivirals, anticoagulation therapies, antiemetics, antihemophilic factors, colony-stimulating factors, enteral nutrition, total parenteral nutrition, hydration, inotropic therapies, pain management, and chemotherapy.		X	
b. Other cancer treatment services may be combined with an infusion center in a cancer treatment facility.		X	
2.6-1.2 The infusion center shall meet the standards in this chapter and the standards in Part 1 of these <i>Guidelines</i> .		X	
2.6-1.3 Requirements in Chapter 2.1, Common Elements for Outpatient Facilities, shall apply to infusion centers as cross-referenced in this chapter.		X	
<b>2.6-2 Accommodations for Care of Individuals of Size</b>		X	
See Section 2.1-2 (Accommodations for Care of Individuals of Size) for requirements.			
<b>2.6-3 Patient Care and Diagnostic Areas</b>		X	
<b>*2.6-3.1 Infusion Area</b>		X	
An infusion area that meets the requirements in this section shall be provided.		X	
<b>A2.6-3.1 Considerations for pediatric patients.</b> Where pediatric patients are treated in the infusion area, a play area should be provided. Areas for infusion of pediatric and adult patients should be segregated.		X	
<b>2.6-3.1.1 General</b>			
2.6-3.1.1.1 The infusion area shall be permitted to be an open-plan area.		X	
2.6-3.1.1.2 The infusion area shall be separate from administrative and waiting areas.		X	
<b>2.6-3.1.2 Infusion Patient Care Stations</b>		X	
2.6-3.1.2.1 General. Individual patient care stations shall be permitted to be any combination of bays, cubicles, and single-patient rooms.		X	
<b>*2.6-3.1.2.2 Space requirements</b>			
<b>A2.6-3.1.2.2 Space requirements</b>		X	
a. <i>Infusion area.</i> The size of the infusion area—and the ration of open patient care stations and private bays/cubicles/rooms—should depend on the patient acuity mix and planned use of the facility. Bays and cubicles should be considered private, but provision of at least one single-patient room is recommended.		X	
b. <i>Space for visitors.</i> Because flexibility for family/friends to accompany patients to infusions is important, patient care stations—whether bays, cubicles, or rooms—should be sized to allow space for visitors.		X	
(1) Where bays are used, space that allows for the following minimum clearances shall be provided:		X	
(a) 5 feet (1.52 meters) between patient gurneys or lounge chairs		X	
(b) 3 feet (91.44 centimeters) between the sides of patient gurneys or lounge chairs and any fixed object		X	
(c) 2 feet (60.96 centimeters) at the foot of patient gurneys or lounge chairs in the fully reclined position		X	
(2) Where cubicles are used, space that allows for the following minimum clearances shall be provided:		X	
(a) 3 feet (91.44 centimeters) between the sides of patient gurneys or lounge chairs and any fixed object		X	
(b) 2 feet (60.96 centimeters) at the foot of patient gurneys or lounge chairs in the fully reclined position		X	
(3) Where single-patient rooms are used, space shall be provided that allows for 3 feet (91.44 centimeters) at the sides and foot of patient gurneys or lounge chairs in the fully reclined position.		X	
<b>*2.6-3.1.2.3 Patient privacy</b>			
<b>A2.6-3.1.2.3 Acoustic Privacy.</b> Acoustic patient privacy should be considered for patients in infusion areas. This can be achieved by using an exam room for patient communication.		X	
(1) Each patient care station shall have provisions for visual privacy.		X	
(2) Portable provisions for visual privacy shall be permitted to meet this requirement in an open-plan infusion area.		X	
<b>2.6-3.1.3 – 2.6-3.1.4 Reserved</b>			
<b>2.6-3.1.5 Handwashing Station</b>		X	
A handwashing station shall be provided in accordance with Section 2.1-3.8.7 (Handwashing Station), including the requirements for locating handwashing stations that serve multiple patient care stations.		X	
<b>2.6-3.1.6 Patient Toilet Room</b>		X	
2.6-3.1.6.1 At least one patient toilet room with handwashing station shall be immediately accessible to the infusion area.		X	
*2.6-3.1.6.2 Additional toilet rooms shall be provided at the ratio of one patient toilet for every eight patient care stations and for each major fraction thereof.		X	
<b>A2.6-3.1.6.2 Number of patient toilet rooms.</b> Due to the fluids being administered in an infusion center, a higher ratio of patient toilet rooms may be needed.		X	
<b>2.6-3.2 Exam Room</b>		X	
Where an exam room is provided in the infusion center, it shall meet the requirements in Section 2.1-3.2.2.2 (Single-patient exam/observation room).		X	
<b>2.6-3.3 Reserved</b>		X	
<b>2.6-3.4 Special Patient Care Rooms</b>		X	

<b>2.6-3.4.1 Airborne Infection Isolation (AII) Room</b>		X	
2.6-3.4.1.1 The need for and number of required AII rooms shall be determined by an infection control risk assessment (ICRA).		X	
2.6-3.4.1.2 Where required, All room(s) shall comply with the requirements in Section 2.1-3.3.2 (All Room).		X	
<b>2.6-3.5 Nuclear Imaging</b>		N/A	
Where nuclear imaging services are provided, see Section 2.1-3.5.7 (Nuclear/Molecular Imaging Services) for requirements.			
<b>2.6-3.6 Radiation Therapy</b>		EXISTING	
Where radiation therapy services are provided, see Section 2.1-3.6 (Radiation Therapy) for requirements.			
<b>2.6-3.7 Reserved</b>			
<b>2.6-3.8 Support Areas for the Infusion Center</b>		X	
<b>2.6-3.8.1 General</b>		X	
Sharing of these support areas with other clinical services in the same facility shall be permitted.			
<b>2.6-3.8.2 Nurse Station</b>		X	
2.6-3.8.2.1 A nurse station(s) that meets the requirements in Section 2.1-3.8.2 (Nurse Station) shall be located in the infusion area.		X	
*2.6-3.8.2.2 The nurse station(s) shall be designed to provide for monitoring of all patient care stations.		X	
A2.6-3.8.2.2 Monitoring could be through direct visual observation or the use of technology such as closed-circuit television.		X	
<b>2.6-3.8.3 – 2.6-3.8.7 Reserved</b>		X	
<b>2.6-3.8.8 Medication Safety Zone</b>		X	
See Section 2.1-3.8.8 (Medication Safety Zones) for requirements.			
<b>2.6-3.8.9 Nourishment Area</b>		X	
2.6-3.8.9.1 A nourishment area or room shall be provided in accordance with Section 2.1-3.8.9 (Nourishment Area or Room).		X	
2.6-3.8.9.2 Provisions for drinking water shall be provided.		X	
<b>2.6-3.8.10 Reserved</b>			
<b>2.6-3.8.11 Clean Workroom or Clean Supply Room</b>		X	
A clean workroom or clean supply room shall be provided in accordance with Section 2.1-3.8.11 (Clean Workroom or Clean Supply Room).		X	
<b>2.6-3.8.12 Soiled Workroom or Soiled Holding Room</b>		X	
A soiled workroom or soiled holding room shall be provided in accordance with Section 2.1-3.8.12 (Soiled Workroom or Soiled Holding Room).		X	
<b>2.6-3.8.13 Equipment and Supply Storage</b>		X	
<b>2.6-3.8.13.1 Clean linen storage</b>		X	
(1) Designated space shall be provided for clean linen storage.		X	
(2) Clean linen storage shall be permitted to be an alcove with a cart or space between patient care stations.		X	
<b>2.6-3.8.13.2 Reserved</b>		X	
2.6-3.8.13.3 Wheelchair storage. Space for storage of wheelchairs shall be provided in accordance with Section 2.1-6.2.6 (Wheelchair Storage and Parking Space).		X	
2.6-3.8.13.4 Emergency equipment storage. Space for storage of emergency equipment shall be provided in accordance with Section 2.1-3.8.13.4 (Emergency equipment storage).		X	
<b>2.6-3.9 Support Areas for Staff</b>		X	
Staff support areas shall be provided in accordance with Section 2.1-3.9 (Support Areas for Staff) as amended in this section.		X	
<b>2.6-3.9.1 Staff Lounge</b>		X	
2.6-3.9.1.1 The staff lounge shall be readily accessible to the infusion area.		X	
2.6-3.9.1.2 The staff lounge shall be permitted to serve more than one clinical service area.		X	
<b>2.6-3.9.2 Staff Toilet Room</b>		X	
A staff toilet room with handwashing station shall be readily accessible to the infusion area.		X	
<b>2.6-3.10 Support Areas for Patients</b>		X	
Where storage for patient belongings is provided for infusion patients, it shall be located in the infusion area.		X	
<b>2.6-4 Patient Support Facilities</b>		X	
<b>2.6-4.1 Laboratory Services</b>		X	
Where laboratory services are provided in the infusion center, see Section 2.1-4.1 (Laboratory Services) for requirements.		X	
<b>2.6-4.2 Pharmacy Services</b>		X	
Where pharmacy services are provided in the infusion center, see Section 2.1-4.2 (Pharmacy Services) for requirements based on the scope of services provided.		X	
<b>2.6-5 Building Support Facilities</b>		X	
<b>2.6-5.1 Reserved</b>		X	
<b>2.6-5.2 Waste Management</b>		X	
See Section 2.1-5.2 (Waste Management) for requirements.		X	
<b>2.6-5.3 Environmental Services Room</b>		X	
An environmental services room shall be provided in accordance with Section 2.1-5.3.1 (Environmental Services Room).		X	
<b>2.6-6 Public and Administrative Areas</b>		X	
<b>2.6-6.1 Reserved</b>			
<b>2.6-6.2 Public Areas</b>		X	
Public areas shall be provided that meet the requirements in Section 2.1-6.2 and the requirement in this section.		X	
<b>2.6-6.2.1 – 2.6-6.2.2 Reserved</b>		X	

*2.6-6.2.3 Waiting Area or Room		X	
A waiting area or room that meets the requirements of Section 2.1-6.2.3 (Waiting Area or Room) shall be readily accessible to the infusion area.		X	
		X	
<b>A2.6-6.2.3 Waiting area.</b> Special consideration should be given to the need to isolate immunosuppressed patients from other patients, visitors, or family members. Provision of a small waiting area or room near a private exit may be needed to prepare patients, following treatment, to leave the care area without being transported through the general waiting area or room.		X	
<b>2.6-6.3 Administrative Areas</b>		X	
<b>2.6-6.3.1 – 2.6-6.3.2 Reserved</b>		X	
<b>2.6-6.3.3 Office Space</b>		X	
See Section 2.1-6.3.3 (General or Individual Office Space) for requirements.		X	
<b>2.6-6.3.4 Reserved</b>			
<b>2.6-6.3.5 Medical Records</b>		X	
See Section 2.1-6.3.5 (Medical Records) for requirements.		X	
<b>2.6-7 Design and Construction Requirements</b>		X	
<b>2.6-7.1 Reserved</b>		X	
<b>2.6-7.2 Architectural Details, Surfaces, and Furnishings</b>		X	
<b>2.6-7.2.1 Reserved</b>			
<b>2.6-7.2.2 Architectural Details</b>		X	
2.6-7.2.2.1 Corridor width. The minimum corridor width provided shall be in accordance with Section 2.1-7.2.2.1 (Corridor width).		X	
<b>2.6-7.2.3 Surfaces</b>		X	
See Section 2.1-7.2.3 (Surfaces) for requirements.		X	
<b>*2.6-8 Building Systems</b>		X	
See Section 2.1-8 (Building Systems) for requirements.		X	
<b>A2.6-8 Heated potable water distribution systems.</b> While immunocompromised patients who may be at risk for <i>Legionella</i> or other opportunistic waterborne pathogens are not typically seen in outpatient facilities, patients in infusion centers may be immunocompromised; therefore, heated potable water distribution systems in these facilities should be designed to minimize the risk of <i>Legionella</i> and other opportunistic waterborne pathogens		X	