

**Green Mountain Care Board**  
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October 1, 2019

**DELIVERED ELECTRONICALLY**

Douglas DiVello  
Chief Executive Officer  
Grace Cottage Hospital  
PO Box 216  
Townshend, VT 05353

Dear Mr. DiVello:

Enclosed please find a Budget Order reflecting the Green Mountain Care Board's decision establishing your hospital's budget for fiscal year 2020. The Board and its staff analyzed your proposed budget and supplemental information provided during the review process and took numerous additional considerations into account in rendering its decision. That decision is described in the enclosed Order.

The hospital budget review process is a key tool in our efforts to constrain health care cost growth while improving the health of Vermonters. As part of this process, the Board considers hospital financial health and the importance of transitioning to a value-based system. We look forward to working with you and your staff to refine and improve the process for the next cycle and beyond. We appreciate the responsiveness and diligence that you and your staff have shown during the FY20 budget cycle.

As part of the Budget Order, your hospital is required to meet with Board leadership, either telephonically or in person, on a bi-monthly basis to discuss the hospital's operating performance and related matters.

If you have any questions regarding the Order or the implementation of its reporting requirements, please feel free to contact me or the Board's hospital budget staff. Again, thank you for your hard work and cooperation during this process.

Sincerely,

s/ Kevin Mullin  
Chair, Green Mountain Care Board

cc: Stephen Brown, CFO  
Mike DelTrecco, VAHHS  
Julia Shaw, HCA



STATE OF VERMONT  
GREEN MOUNTAIN CARE BOARD

**FY2020 HOSPITAL BUDGET DECISION AND ORDER**

In re: Grace Cottage Hospital ) Docket No. 19-006-H  
Fiscal Year 2020 )  
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**INTRODUCTION**

In July, the Green Mountain Care Board (GMCB or “the Board”) began reviewing the Fiscal Year 2020 (FY20) budgets of Vermont’s 14 general hospitals for compliance with policy guidelines and financial targets adopted by the Board in March. The financial targets include net patient revenue and fixed prospective payment (NPR/FPP) growth of not more than 3.5% over the approved FY19 budgets and, for hospitals with an FY19 budget-to-projection variance of -2.0% or greater, not more than five percentage points more than that variance. *See* GMCB, FY 2020 Hospital Budget Guidance and Reporting Requirements, 9 (Mar. 31, 2019) (FY20 Guidance).<sup>1</sup> After considering requested provider transfers and accounting adjustments,<sup>2</sup> the hospitals’ FY20 budget submissions reflect a systemwide average NPR/FPP growth request of 4.5%<sup>3</sup> over the approved, systemwide FY19 NPR/FPP and an overall estimated weighted average charge increase of 3.2%. Following public board meetings, presentations by hospitals and GMCB staff, and a special public comment period that closed on September 3, 2019, the Board approved a reduced systemwide NPR/FPP increase of 4.3% (a \$7.3 million reduction) and an estimated weighted average charge increase of 3.1%. GMCB, Fiscal Year 2020 Approved Vermont Hospital Budget Submissions, 3-5 (Sept. 19, 2019) (Approved Budgets). The Board felt an effective 4.3% NPR/FPP increase was warranted in light of the many challenges facing Vermont’s hospitals and the need to support Vermont’s ongoing transition to a value-based health care system focused on prevention, wellness, and health.

Grace Cottage Hospital (Grace Cottage) requested an 8.7% increase in NPR/FPP and a 3.2% overall average increase in charges. On September 9, 2019, following Grace Cottage’s hearing, GMCB staff presentations, and deliberations, the Board approved Grace Cottage’s FY20 budget with a reduced NPR/FPP increase of 3.5% and a 3.2% overall average increase in charges.

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<sup>1</sup> The hospitals’ FY20 budget materials, including their budget narratives and responses to questions, are available on the GMCB website at: <https://gmcboard.vermont.gov/content/2020-Budget>. Transcripts of the hospital budget hearings and deliberations are available upon request.

<sup>2</sup> In accordance with the FY20 Guidance, hospitals may request “adjustments” to their approved FY19 NPR/FPP or FY20 request, which, if approved, are not factored into their total NPR/FPP increase. These adjustments most frequently reflect provider transfers but may also appear in other accounting adjustments. *See* FY20 Guidance, 11.

<sup>3</sup> 4.5% reflects the requested growth in NPR/FPP for the entire system, after provider transfers and other adjustments are factored in. Unless otherwise indicated, this Order will reference percent change in NPR/FPP growth inclusive of requested and/or approved accounting adjustments. During the FY20 budget review process, North Country Hospital and Central Vermont Medical Center submitted revised budgets, which affected systemwide calculations. 4.5% NPR/FPP growth incorporates and reflects those revised submissions.

## **LEGAL FRAMEWORK**

Hospital budget review is one of the Board's core regulatory responsibilities. 18 V.S.A. §§ 9375(b)(7), 9456. The Board must establish each hospital's budget no later than September 15 of each year and is required to issue written decisions reflecting each hospital's established budget by October 1. 18 V.S.A. § 9456(d)(1). In making these decisions, the Board is guided by its statutory charge "to promote the general good of the state by: (1) improving the health of the population; (2) reducing the per capita rate of growth in expenditures for health services in Vermont across all payers while ensuring that access to care and quality of care are not compromised; (3) enhancing the patient and health care professional experience of care; (4) recruiting and retaining high quality health care professionals; and (5) achieving administrative simplification in health care financing and delivery." 18 V.S.A. § 9372. The Board may adjust proposed budgets that fail to comply with the Board's established benchmarks. GMCB Rule 3.000, § 3.305. The Board may also adjust a hospital's established budget based on a showing of exceptional or unforeseen circumstance or based on the Board's independent review of a hospital's budget performance. 18 V.S.A. § 9456(f); GMCB Rule 3.000, § 3.401.

The Board first adopted guidelines for the hospital budget review process in 2013, and last updated them this past March. *See* FY20 Guidance, 9.<sup>4</sup> For FY20, the Board set an NPR/FPP growth target of not more than 3.5% over the approved FY19 budgets. *Id.* Additionally, the Board instructed hospitals with an FY19 budget-to-projection variance of -2.0% or greater to not submit an FY20 NPR/FPP increase that exceeds the variance by more than five percentage points, unless clearly justified. *See id.*

## **FY20 REVIEW PROCESS**

The Board and its staff have reviewed and analyzed FY20 budget information submitted by the hospitals, including detailed financial information, utilization data, population health goals, quality measure results, health service area total cost of care data, provision of mental health services, patient access data, budget-to-budget NPR/FPP growth rates, prior budget performance, and requested changes in charges. In addition, the Board considered comments from the Office of the Health Care Advocate (HCA) and from members of the public. The Board also considered each hospital's unique circumstances, including its health care reform efforts, capital and infrastructure needs, hospital-specific risks and opportunities, and applicable cost-reduction initiatives.

The hospitals requested a systemwide NPR/FPP increase of 4.5% over the systemwide FY19 budgeted NPR/FPP, after considering provider transfers and accounting adjustments. GMCB PowerPoint, Fiscal Year 2020 Vt. Hosp. Budget, Board Deliberations, 9 (Sept. 4, 2019) (Deliberations I). After considering presentations from and discussions with hospital leadership, analysis prepared by GMCB staff, and input from the HCA and the public, we establish an actual systemwide NPR/FPP growth rate for FY20 of 4.3% over the approved systemwide FY19 NPR/FPP.

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<sup>4</sup> The Board's FY20 Guidance is available at <https://gmcboard.vermont.gov/sites/gmcb/files/documents/FY2020%20Hospital%20Budget%20Guidance%20Final%20as%20of%202019-03-27%20updated%204%208%2019.pdf>.

In addition, the Board reviewed each hospital's proposed change in charges, which is the average amount by which a hospital requested to increase its charges.<sup>5</sup> Notably, the respective payers — Medicare, Medicaid, and commercial — do not reimburse each hospital the same amount for the same services. For example, commercial payers can negotiate reimbursements with each hospital separately, resulting in pricing variations, while Medicaid and Medicare prices are not typically negotiable and reimbursement is instead established through each payer's unique fee schedule and update factors. Taking into consideration all adjustments, we reduce the estimated system weighted overall average change in charges from the requested 3.2% to 3.1%. Approved Budgets, 5.

Finally, as we move into Year 3 of the All-Payer ACO Model Agreement (APM Agreement), the Board, through a transparent public process, will continue to refine how it conducts its hospital budget, ACO budget and certification, health insurance rate review, and certificate of need review processes to better understand and align its regulatory work. We encourage the hospitals to continue their efforts to position their institutions, individual providers, and served populations as we move away from a fragmented, fee-for-service system to an integrated delivery system and value-based provider reimbursements. We also note that the FPPs hospitals receive from OneCare as part of the APM Agreement offer a regular and reliable source of income, which can be particularly important for Vermont's smaller, rural hospitals that continue to struggle with small operating margins and changing demographics and utilization trends.

Grace Cottage filed its FY20 budget submission July 1, 2019. It requested an 8.7% increase in NPR/FPP and a 3.2% increase to its charges. Deliberations I, 71. Grace Cottage's request for an 8.7% increase in NPR/FPP exceeds both the 3.5% cap established by the Board and the no more than 5.0% variance triggered by its FY19 budget-to-projection variance of -3.3%. Grace Cottage FY20 Budget Submission, Staff Analysis, Income Statement, 3 (Grace Cottage Submission); FY20 Guidance, 9; Deliberations I, 9, 11. Grace Cottage's senior leadership presented the FY20 budget to the Board at a public hearing held August 28, 2019. *See* Grace Cottage FY20 Budget Presentation (Grace Cottage Presentation). On September 9, 2019, the Board approved a reduced increase in NPR/FPP of 3.5% and a 3.2% change in charges.

Based on the above, the Board issues the following Findings, Conclusions, and Order:

### **FINDINGS**

1. Grace Cottage is a 19-bed critical access hospital with its primary location in Townshend, Vermont. Grace Cottage's FY20 submitted NPR/FPP request accounted for approximately 0.8% of the total submitted NPR/FPP requests for all 14 regulated hospitals in the State. *See* GMCB PowerPoint, Fiscal Year 2020 Vt. Hosp. Budget Submissions, Preliminary Review, 13 (July 31, 2019).
2. Grace Cottage is the smallest of Vermont's hospitals and does not offer surgeries or elective procedures. *See* Grace Cottage Presentation, 19. Grace Cottage has a full-service emergency

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<sup>5</sup> Changes to the actual charges vary by hospital and across service lines.

room, diagnostic and imaging services, inpatient and outpatient rehabilitative services, an onsite laboratory, and retail pharmacy. Additionally, Grace Cottage is a licensed rural health clinic staffed with numerous primary care practitioners and a community health program. Grace Cottage Budget Hearing Tr., 102:18-103:19 (Hearing Tr.).

3. Grace Cottage submitted its FY20 budget on July 1, 2019. The budget includes total NPR/FPP of \$20,966,669, 8.7% more than the hospital’s budgeted FY19 NPR/FPP and 12.3% more than its projected FY19 NPR/FPP. The budget also includes an overall change in charge of 3.2%. Grace Cottage Submission, Staff Analysis, Income Statement, 3; Deliberations I, 71.
4. Grace Cottage’s FY19 budget-to-projection variance is -3.3%. Deliberations I, 71. Grace Cottage’s FY20 NPR/FPP request exceeds the cap triggered by its FY19 budget-to-projection variance, which the Board established to ensure realistic budgeting. *See* FY20 Guidance, 9.
5. Grace Cottage’s FY20 budget includes total operating expenses of \$22,166,811, an increase of 9.0% over budgeted FY19 and 7.2% over projected FY19. Grace Cottage Submission, Staff Analysis, Income Statement, 3.
6. Grace Cottage’s FY20 requested budget allocates its NPR/FPP by payers, as set forth below.

<b>Fiscal Year 2020 Budget Analysis</b>	<b>FY2019</b>	<b>FY2020</b>	<b>% change FY19B-</b>
<b>NPR/FPP - Payers</b>	<b>Budget (\$)</b>	<b>Budget (\$)</b>	<b>FY20B</b>
<b>Commercial</b>	5,573,224	5,831,004	<b>4.6%</b>
<b>Medicaid</b>	1,491,266	1,680,994	<b>12.7%</b>
<b>Medicare</b>	12,228,091	13,454,671	<b>10.0%</b>
<b>Disproportionate Share Payments</b>	0	0	<b>0.0%</b>
<b>All Payers</b>	19,292,581	20,966,669	<b>8.7%</b>

*See* Grace Cottage, Staff Analysis, Net Payer Revenue Changes – Payers, 4. Grace Cottage’s FY20 NPR/FPP represents a reasonable allocation by payer as compared to Grace Cottage’s FY19 budget.

7. Grace Cottage is not a participating provider in any of OneCare Vermont’s (OneCare) programs for the 2019 calendar year and does not plan to participate in the 2020 calendar year. Grace Cottage Narrative, Appendix V, 1. However, Grace Cottage continues to engage with OneCare regarding a future participation agreement. Hearing Tr., 118:5-12, 119:6-14. Grace Cottage continues to believe in and support OneCare’s mission and the goals of the All-Payer Model and hopes to participate in some manner in the future. *Id.* at 137:06-12.
8. For FY20, Grace Cottage has budgeted an operating margin of \$264,982, or approximately -1.2%, and a total margin of 2.1%. Grace Cottage Submission, Staff Analysis, Income Statement, 3. Grace Cottage projects a -6.1% operating margin and a total margin of -1.1 in FY19. *Id.* Grace Cottage concluded FY18 with an operating margin of -2.9% and a total margin of 3.7%. *Id.* Historically, Grace Cottage has generated community support, which has

helped offset some or all of its operating losses. *Id.* (booking more than \$1.3 million in non-operating revenue in FY18 and projecting almost \$1 million in FY19); *see also* Deliberations I, 73.

9. Grace Cottage attributes its negative NPR/FPP projection variance for FY19 to staffing delays associated with its physician practices. Hearing Tr. 126:24-127:2. It also noted a 10% decrease in projected emergency department utilization. *Id.* at 127:03-04. Grace Cottage noted that it had fully staffed physician practices as of the second quarter of FY19. *Id.* at 127:10-129:06. However, Grace Cottage did not see significant increases in utilization-related NPR/FPP after the practices were fully staffed to make-up the shortfall in NPR/FPP in 2019. *Id.*; *see also* Deliberations I, 72.
10. Grace Cottage's budget anticipates 91.07 days cash on hand<sup>6</sup> at the end of FY20. Grace Cottage Submission, Staff Analysis, Balance Sheet, 7. It expects to conclude FY19 with 94.13 days cash on hand. *Id.*
11. Grace Cottage's narrative, testimony, and other filed budget information comply with the Board's FY20 hospital budget requirements.
12. Approving Grace Cottage's budget as outlined below will promote the efficient and economic operation of the hospital and is consistent with the current Health Resource Allocation Plan (HRAP).

### **CONCLUSIONS**

Our review of FY20 budgets coincides with a period of increased financial stress within Vermont's hospital system. In recent years, hospitals have described how a variety of factors are impacting their bottom lines, including health care workforce shortages, rising employee health care costs, shifts in health care utilization, challenges with government reimbursements, changing patient demographics, and difficulties transitioning their electronic health record systems. As each hospital is unique, each is being affected by these factors differently. However, as we have described previously, it is fair to say that, as a result of these and other factors, the smaller rural hospitals in the state are facing financial challenges. *See* GMCB, Report on Financial Health of Vermont's Critical Access Hospitals, 9 (Jan. 2019) (CAH Report). In addition to these more traditional pressures on revenues and expenses, many hospitals are assuming financial burdens associated with a transition to a more accountable health care system — a transition we fully support. We also recognize that, on a systemwide basis, hospitals have funded approximately half of the health care reform investments that have been made under the All-Payer Model. In our review this year, we have sought to consider each hospital's unique circumstances, which, in some cases, justify NPR/FPP increases above the targets in our FY20 Guidance. We have also required several hospitals to develop a sustainability plan. The self-reflection that this work will require may be difficult, but it is important, and we look forward to hearing from hospitals in the coming months on their progress.

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<sup>6</sup> The systemwide average is 166 days cash on hand.

Grace Cottage requested an 8.7% increase in NPR/FPP over its FY19 approved budget, which is a 12.3% increase over its FY19 projections. This request does not comply with the financial caps we established in our FY20 Guidance. Findings, ¶ 4. Grace Cottage based its requested increase in NPR/FPP on anticipated increases in utilization from its fully staffed physician practices. However, Grace Cottage's trends in the later part of FY19, after its physician practices were fully staffed, do not support such a large increase. We are concerned about NPR/FPP forecasts that are not supported by utilization and result in corresponding expenses budgeted to meet their NPR/FPP forecasts. When hospitals fall short of NPR/FPP targets and are unable to adjust expenses in a timely manner, lower and, at times, negative operating margins are often the result. *See* Findings, ¶ 9. For these reasons, we approve a reduced NPR/FPP increase of 3.5% over the FY19 budget (a 6.8% increase over FY19 projections) and expect the hospital to make appropriate reductions in operating expenses based on this more realistic increase in NPR/FPP.

Additionally, we approve Grace Cottage's request for a 3.2% increase to its overall charges in FY20. We find Grace Cottage's requested increase is reasonable and is projected to contribute to a modest increase in commercial revenues in FY20. *See* Findings, ¶ 5. We note that 5.0% is a not-to-exceed cap on the hospital's overall charge increase and not a guaranteed reimbursement increase from any particular payer.

We do not require a sustainability plan from Grace Cottage because the hospital is somewhat uniquely situated; the services it provides focus on primary care, community health, and emergency services, and it does not offer surgeries or elective procedures. Findings, ¶ 2. Nevertheless, we encourage the hospital to consider how it can achieve sustainability through balanced operating budgets, without relying on community donations.

### **ORDER**

Based on the above findings and conclusions and the authority granted by Chapter 221, Subchapter 7 of Title 18, Grace Cottage's budget is approved for FY20 subject to the following terms and conditions:

- A. Grace Cottage's FY20 NPR/FPP budget is approved at a growth rate of 3.5% over its FY19 budget, or \$19,967,821.
- B. Grace Cottage's overall average charge increase is approved at not more than 3.2% over current approved levels.
- C. Beginning on or before November 20, 2019, and every month thereafter, Grace Cottage shall file with the Board the actual year-to-date FY20 operating results for the prior month. The report shall be in a form and manner as prescribed by GMCB staff.
- D. Grace Cottage shall advise the Board of any material changes to its FY20 budgeted revenues and expenses, or to the assumptions used in determining its budget, including:
  - a. changes in Medicaid, Medicare, or commercial reimbursement;

- b. additions or reductions in programs or services to patients; and
  - c. any other event that could materially change the approved NPR/FPP budget.
- E. On or before January 31, 2020, Grace Cottage shall file with the Board, in a form and manner prescribed by GMCB staff, such information as the Board determines necessary to review the hospital's FY19 actual operating results.
- F. Grace Cottage shall file with the Board one copy of its FY19 audited financial statements and associated management letter(s), as well as the parent organization's audited consolidated financial statements, if applicable, 15 days after the hospital receives the document(s), or by January 31, 2020, whichever is earlier.
- G. Grace Cottage shall timely file all forms and information required for provider acquisitions and/or transfers as determined by GMCB staff, if applicable.
- H. Grace Cottage shall meet with Board leadership, telephonically or in person, on a bi-monthly basis to discuss Grace Cottage's operating performance and related matters.
- I. After notice and an opportunity to be heard, the Board may amend the provisions contained herein, and issue an Amended Order, consistent with its authority as set forth in 18 V.S.A. Chapter 220, Subchapter 1, 18 V.S.A. Chapter 221, Subchapter 7, and GMCB Rule 3.000.
- J. All materials required above shall be provided electronically, unless doing so is not practicable.

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K. The findings and orders contained in this decision do not constrain the Board's decisions in future hospital budget reviews, future certificate of need reviews, or any other future regulatory or policy decisions.

**So ordered.**

Dated: October 1, 2019  
Montpelier, Vermont

<u>s/ Kevin Mullin, Chair</u>	)	
	)	GREEN MOUNTAIN
<u>s/ Jessica Holmes</u>	)	CARE BOARD
	)	OF VERMONT
<u>s/ Robin Lunge</u>	)	
	)	
<u>s/ Tom Pelham</u>	)	
	)	
<u>s/ Maureen Usifer</u>	)	

Filed: October 1, 2019

Attest: s/ Jean Stetter  
Green Mountain Care Board  
Administrative Services Director

*NOTICE TO READERS: This document is subject to revision of technical errors. Readers are requested to notify the Board (by email, telephone, or in writing) of any apparent errors, so that any necessary corrections may be made. (Email address: [Lori.Perry@vermont.gov](mailto:Lori.Perry@vermont.gov)).*