

Green Mountain Care Board
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October 1, 2019

DELIVERED ELECTRONICALLY

Shawn Tester
Chief Executive Officer
Northeastern Vermont Regional Hospital
PO Box 905
St. Johnsbury, VT 05819

Dear Mr. Tester:

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, on a quarterly basis your hospital is required to file with the Board a report regarding the hospital's cost savings initiatives.

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: Bob Hersey, CFO
Mike DelTrecco, VAHHS
Julia Shaw, HCA



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, 9.⁴ 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.

⁴ 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.⁵ 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.

NVRH filed its FY20 budget submission July 2, 2019 and requested a 7.2% increase in NPR/FPP and a 3.5% increase in overall average charges. NVRH FY20 Budget Submission, Narrative, 1 (NVRH Submission); Deliberations I, 9, 11. NVRH's requested 7.2% NPR/FPP increase did not comply with the FY20 Guidance because it exceeded the Board's maximum NPR/FPP growth target of 3.5%. *See* FY20 Guidance, 9. NVRH's senior leadership presented the FY20 budget to the Board at a public hearing held August 23, 2019. *See* NVRH FY20 Budget Presentation (Aug. 23, 2019) (NVRH Presentation). On September 11, 2019, the Board approved NVRH's budget with a reduced FY20 NPR/FPP of 7.0 % and a reduced change in charge increase of 3.0%.

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

FINDINGS

1. NVRH is a critical access hospital with its primary location in St. Johnsbury, Vermont. NVRH's FY20 submitted NPR/FPP accounted for approximately 3.2% of the total submitted NPR/FPP 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. NVRH submitted its FY20 budget on July 2, 2019, seeking a 7.2% growth in NPR/FPP, a total NPR/FPP of \$87,440,494, and a requested overall average charge increase of 3.5%. *See* NVRH Submission, Narrative, 1; Deliberations I, 61. NVRH's requested 7.2% NPR/FPP

⁵ Changes to the actual charges vary by hospital and across service lines.

increase did not comply with the 3.5% NPR/FPP cap set forth in the FY20 Guidance. NVRH expects to end FY19 with an NPR/FPP 3.6% over budget. NVRH Submission, Staff Analysis, Income Statement, 3. NVRH’s growth in NPR/FPP from its FY19 projections to FY20 budget is 3.5%. *Id.*

3. NVRH’s FY20 budget includes total operating expenses of \$90,308,894, an increase of approximately 7.9% over budgeted FY19 and 3.4% over projected FY19. NVRH Submission, Staff Analysis, Income Statement, 3.
4. NVRH’s FY20 requested budget allocates its NPR/FPP by payers, as set forth below.

Fiscal Year 2020 Budget Analysis	FY2019	FY2020	% change FY19B-
NPR/FPP - Payers	Budget (\$)	Budget (\$)	FY20B
Commercial	36,871,061	38,782,400	5.2%
Medicaid	11,988,392	12,054,459	0.6%
Medicare	31,756,252	35,615,890	12.2%
Disproportionate Share Payments	953,000	987,745	3.6%
All Payers	81,568,705	87,440,494	7.2%

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

5. NVRH is a participating provider in OneCare Vermont’s Medicaid program for the 2019 calendar year and plans to participate in that program again for the 2020 calendar year. Narrative, Appendix V, 1; Deliberations I, 65. The portion of income that NVRH receives as FPPs has increased from FY19 to FY20, as set forth in the table below. Deliberations I, 65.

% FPP/NPR & FPP		
FY18 Act.	FY19 Proj.	FY20 Budget
0.0%	3.9%	5.2%

6. NVRH has experienced high emergency department (ED) utilization trends in recent years. NVRH Budget Hearing Tr., 11:05-12:06 (Hearing Tr.). NVRH started several initiatives to reduce its “avoidable” ED visits, including increased staffing in its primary care clinics and convenient evening practice hours for patients to seek treatment from a primary care provider rather than the ED. *Id.*
7. NVRH’s overall utilization increases are generally due to successful provider recruitment, patients from outside of Vermont, and the community’s increased confidence in the hospital. Deliberations I, 61.

8. For FY20, NVRH has budgeted an operating margin of \$1,800,000, or approximately 2.0%, and a total margin of 2.0%. NVRH Submission, Staff Analysis, Income Statement, 3. NVRH projects a 1.8% operating margin and total margin in FY19. *Id.*
9. NVRH's budget anticipates 107.51 days cash on hand⁶ at the conclusion of FY20. NVRH Submission, Staff Analysis, Balance Sheet, 6. NVRH expects to have 108.07 days cash on hand at the end of FY19. *Id.*
10. NVRH's narrative, testimony, and other filed budget information comply with the Board's FY20 hospital budget requirements.
11. Approving NVRH'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.

NVRH requested a 7.2% increase in NPR/FPP over its FY19 approved budget and a 3.5% change in charge. This request does not comply with the NPR/FPP 3.5% growth limit established in our FY20 Guidance Findings, ¶ 2. NVRH has experienced utilization increases from successful physician recruitment in several key departments, the community's regained confidence in the hospital, and an increase in out-of-state patients. Findings, ¶ 7. However, we are concerned about NVRH's avoidable ED visits, as it is one of the only hospitals in Vermont that is projecting increases in ED utilization. We expect to see results from NVRH's initiatives intended to reduce avoidable ED utilization and improve overall population health and will look for evidence of that success in NVRH's FY21 budget submission.

⁶ The systemwide average is 166 days cash on hand.

We therefore approve a reduced NPR/FPP increase of 7.2% to 7.0% over the FY19 budget, down from the requested 7.2%, and a reduced overall average increase in charges of 3.0%,⁷ down from the requested 3.5%. We note that 3.0% is a not-to-exceed cap on the hospital's overall average charges and not a guaranteed reimbursement increase from any particular payer.

ORDER

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

- A. NVRH's FY20 NPR/FPP budget is approved at a 7.0% growth rate over its FY19 budget or \$87,253,844.
- B. NVRH's overall average charge increase is approved at not more than 3.0% over current approved levels.
- C. Beginning on or before November 20, 2019, and every month thereafter, NVRH 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. NVRH 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, NVRH shall file with the Board, in a form and manner prescribed by GMCB staff, such information as the Board determines necessary to review NVRH FY19 actual operating results.
- F. NVRH 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. NVRH shall timely file all forms and information required for provider acquisitions and/or transfers as determined by GMCB staff, if applicable.
- H. On a quarterly basis, NVRH shall file with the Board a report regarding the hospital's cost savings initiatives.

⁷ The 0.5% reduction in overall average charge increase reduces NVRH's total NPR/FPP increase from 7.2% to 7.0%.

- 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.
- 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

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

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).