

**Green Mountain Care Board**  
144 State Street  
Montpelier, VT 05602

[phone] 802-828-2177  
www.gmcbboard.vermont.gov

*Kevin Mullin, Chair*  
*Jessica Holmes, PhD*  
*Robin Lunge, JD, MHCDS*  
*Maureen Usifer*  
*Tom Pelham*  
*Susan Barrett, JD, Executive Director*

October 1, 2019

**DELIVERED ELECTRONICALLY**

Brian Nall  
President and Chief Executive Officer  
North Country Hospital  
Prouty Drive  
Newport, VT 05855

Dear Mr. Nall:

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 quarterly basis to discuss the hospital's operating performance and related matters. Also, your hospital is required to participate in sustainability planning. The purpose of this requirement is to promote hospital-specific planning for cost effective care at sustainable volumes. Details of this requirement are scheduled to be discussed with stakeholders and will be communicated at a later date.

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: Andre Bissonnette, CFO



Mike DelTrecco, VAHHS  
Julia Shaw, HCA



STATE OF VERMONT  
GREEN MOUNTAIN CARE BOARD

**FY2020 HOSPITAL BUDGET DECISION AND ORDER**

In re: North Country Hospital ) Docket No. 19-008-H  
Fiscal Year 2020 )  
\_\_\_\_\_ )

**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.

North Country Hospital (North Country) requested an effective 3.4% increase in NPR/FPP, including an accounting adjustment and an FY19 revenue correction, and a 4.25% average overall increase in charges. On September 9, 2019, following North Country’s budget hearing, GMCB staff presentations, and deliberations, the Board approved North Country’s revised budget as submitted.

---

<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.

---

<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.

North Country filed its original FY20 budget submission July 1, 2019, requesting a 1.8% increase in NPR/FPP and a 4.25% average overall increase in charges. Deliberations I, 3, 9, 11; North Country FY20 Budget Submission (North Country Submission), Staff Analysis, Income Statement, 3. On August 9, 2019, North Country resubmitted its FY20 budget, requesting an effective 3.4% increase in NPR/FPP, after identifying and requesting an FY19 accounting adjustment and an FY20 revenue correction adjustment.<sup>6</sup> See Deliberations I, 3, 9, 30. North Country's senior leadership presented the FY20 budget to the Board at a public hearing held August 21, 2019. See North Country FY20 Budget Presentation (Aug. 21, 2019) (North Country Presentation). On September 4, 2019, the Board recognized North Country's requested adjustments. On September 9, 2019, the Board approved an effective 3.4% increase in NPR/FPP for FY20 and a 4.25% average overall increase in charges.

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

### **FINDINGS**

1. North Country is a critical access hospital with its primary location in Newport, Vermont. North Country's FY20 submitted NPR/FPP accounted for approximately 3.0% of the total submitted NPR/FPP for all 14 regulated hospitals in the State. Deliberations I, 35; see also GMCB PowerPoint, Fiscal Year 2020 Vt. Hosp. Budget Submissions, Preliminary Review, 13 (July 31, 2019).

---

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

<sup>6</sup> In the August 9, 2019 resubmission, North Country included \$644,200 in FY20 capitation and incentive income and corrected \$638,225 in double counted FY19 swing-bed revenue. See Deliberations I, 31.

2. North Country originally submitted its FY20 budget on July 1, 2019, requesting a 1.8% increase in NPR/FPP over FY19 and a 4.25% average overall change in charges. North Country resubmitted its NPR/FPP request on August 9, 2019, including total NPR/FPP of \$83,623,249, an effective 3.4% NPR/FPP increase over FY19, an accounting adjustment for FY19, an FY20 revenue correction adjustment, and a 4.25% average overall increase in charges. Deliberations I, 30-31. The resubmitted NPR/FPP request is 2.8% over FY19 projections. *See Deliberations I, 30.* North Country’s proposed budget complies with the Board’s FY20 Guidance requirements. *See FY20 Guidance, 9.*
3. On September 4, 2019, the Board unanimously approved North Country’s requested FY19 adjustments for accounting and FY20 revenue correction. GMCB Meeting Minutes (Sept. 4, 2019).
4. North Country’s FY20 budget includes total operating expenses of \$88,638,485, an increase of approximately 2.3% over budgeted FY19 and 1.8% over projected FY19. North Country Submission, Staff Analysis, Income Statement, 3.
5. North Country’s FY20 requested budget allocates its projected 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>	39,351,347	39,819,888	<b>1.2%</b>
<b>Medicaid</b>	13,071,314	12,735,105	<b>-2.6%</b>
<b>Medicare</b>	27,583,253	30,161,537	<b>9.3%</b>
<b>Disproportionate Share Payments</b>	879,211	906,720	<b>3.1%</b>
<b>All Payers</b>	80,885,125	83,623,251	<b>3.4%</b>

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

6. North Country’s average approved change in charges from FY15 to FY19 is 5.0%, which is the highest of Vermont’s 14 hospitals. Deliberations I, 11-12.
7. North Country 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. The portion of income that North Country receives as FPPs increased from FY18 to FY19 and is expected to remain stable in FY20, as set forth in the table below. Deliberations I, 35.

% FPP/NPR & FPP		
FY18 Act.	FY19 Proj.	FY20 Budget
5.7%	6.9%	6.8%

8. North Country continues to invest in population health initiatives, its efforts to recruit and maintain its health care workforce, and capital projects. North Country Presentation, 9.
9. North Country has engaged with 3D Health to consult on long-term strategic planning and develop a service line “road map” and a physician development plan to assess cost allocation and sustainability. North Country Budget Hearing Tr., 87:07-90:11.
10. For FY20, North Country has budgeted an operating margin of \$1,461,937, or 1.6%, and a total margin of 3.1%. North Country Budget Submission, Staff Analysis, Income Statement, 3. North Country projects a 1.6% operating margin and a 2.8% total margin in FY19. *Id.* North Country is recovering from operating losses in FY17 and FY18. *Id.*, Deliberations I, 33.
11. North Country’s budget anticipates 201.75 days cash on hand<sup>7</sup> in FY20. North Country Submission, Staff Analysis, Balance Sheet, 6. North Country expects to close FY19 with 190.86 days cash on hand. *Id.*
12. North Country’s narrative, testimony, and other filed budget information comply with the Board’s FY20 hospital budget requirements.
13. Approving North Country’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

---

<sup>7</sup> The systemwide average is 166 days cash on hand.

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.

We approve North Country's request for an effective 3.4% increase in its FY20 NPR/FPP compared to its FY19 budget. North Country's NPR/FPP request complies with FY20 Guidance requirements. Findings, ¶ 2. North Country's requested 3.4% NPR/FPP increase will also support the hospital's efforts to address workforce challenges, invest in population health initiatives, and provide access to health care services in a rural Vermont region. Findings, ¶ 8. We support North Country's long-term strategic planning efforts, including its work to develop a service line "road map" and a physician development plan to better understand cost allocation and long-term sustainability. Findings, ¶ 9.

Additionally, we approve North Country's request for a 4.25% overall average increase in charges. North Country's five-year average of approved charges is the highest in the system and that trend is cause for concern, though its 4.25% request is below its five-year average. Findings, ¶ 6. However, we conclude that its payer mix and historic operating losses adequately justify its request. Findings, ¶¶ 5, 10. We note that 4.25% is a not-to-exceed cap on the hospital's overall charge increase and not a guaranteed reimbursement increase from any particular payer.

We also note North Country's regulatory submissions have historically been late and inaccurate, resulting in delayed systemwide analyses and avoidable administrative efforts. We expect that North Country will address this problem in the coming months.

### **ORDER**

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

- A. North Country's FY20 NPR/FPP budget is approved at an effective growth rate of 3.4% over its FY19 budget, after approved accounting and revenue adjustments, or \$83,623,249.
- B. North Country's overall average charge increase is approved at no more than 4.25% over current approved levels.
- C. Beginning on or before November 20, 2019, and every month thereafter, North Country 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. North Country 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, North Country shall file with the Board, in a form and manner prescribed by GMCB staff, such information as the Board determines necessary to review North Country's FY19 actual operating results.
- F. North Country 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. North Country shall timely file all forms and information required for provider acquisitions and/or transfers as determined by GMCB staff, if applicable.
- H. North Country shall meet with Board leadership on a quarterly basis, either telephonically or in person, to discuss North Country's operating performance and related matters.
- I. North Country shall work with GMCB staff to prepare and submit a sustainability plan, with format and content to be determined by GMCB staff in consultation with North Country representatives.
- J. 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.
- K. All materials required above shall be provided electronically, unless doing so is not practicable.

///

///

///

///

///

///

///

///

///

L. 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).*