

**Green Mountain Care Board**  
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*Susan Barrett, JD, Executive Director*

October 1, 2019

**DELIVERED ELECTRONICALLY**

Michael Halstead  
Interim Chief Executive Officer  
Springfield Hospital  
PO Box 2003  
Springfield, VT 05156

Dear Mr. Halstead:

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 continue to meet with Board leadership, either telephonically or in person, on a monthly basis to discuss the hospital's operating performance, the impact of the bankruptcy filing on its FY20 budget, 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: Allan Scroggins, Interim CFO  
Mike DelTrecco, VAHHS  
Julia Shaw, HCA



STATE OF VERMONT  
GREEN MOUNTAIN CARE BOARD

**FY2020 HOSPITAL BUDGET DECISION AND ORDER**

In re: Springfield Hospital ) Docket No. 19-014-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.

Springfield Hospital (Springfield) requested a 19.2% decrease in NPR/FPP. Springfield’s FY19 budget-to-projection variance is -19.7%, therefore, Springfield’s FY20 NPR/FPP request represents a 0.6% increase over its FY19 projections. Additionally, Springfield requested a 0.0% increase to its charges. On September 4, 2019, following Springfield’s hearing, GMCB staff presentations, and deliberations, the Board approved Springfield’s FY20 budget as submitted.

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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.

Springfield filed its FY20 budget submission June 26, 2019. It requested a 19.2% decrease in its NPR/FPP and a 0.0% increase to its charges, which complied with the FY20 Guidance. Springfield FY20 Budget Submission, Staff Analysis, Income Statement, 3 (Springfield Submission); Deliberations I, 9, 11 & 24. Springfield's senior leadership presented the FY20 budget to the Board at a public hearing on August 28, 2019. *See* Springfield FY20 Budget Presentation (Springfield Presentation). On September 4, 2019, the Board approved a 19.2% decrease in NPR/FPP for FY20 and a 0.0% increase in charges.

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

### **FINDINGS**

1. Springfield is a critical access hospital affiliated with Springfield Medical Care Systems, Inc. (SMCS), a federally qualified health center (FQHC). Its primary location is in Springfield, Vermont. Springfield's FY20 submitted NPR/FPP increase accounted for approximately 1.8% of the total submitted NPR/FPP for all 14 regulated hospitals in the State. GMCB PowerPoint, Fiscal Year 2020 Vt. Hosp. Budget Submissions, Preliminary Review, 13 (July 31, 2019).
2. Springfield is experiencing financial crisis, first brought to the Board's attention during the first quarter of FY19. *See In re: Springfield Hospital, Fiscal Year 2019*, No. 18-014-H, Amendment to FY 2019 Hospital Budget Order, Findings (GMCB May 10, 2019); *see also*

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

Springfield Presentation, 2-3. On June 26, 2019, Springfield, and its parent company SMCS, filed for Chapter 11 Bankruptcy protection. Springfield Presentation, 2.

3. Springfield considers its current FY20 budget proposal to be “transitional” given the changes that might occur as part of the pending bankruptcy case. *See id.* at 3; *see also* Springfield Budget Hearing Tr., 150:01-150:10 (Hearing Tr.).
4. Springfield submitted its FY20 budget on June 26, 2019. The budget includes total NPR/FFP of \$48,889,189, 19.2% less than the hospital’s budgeted FY19 NPR/FFP and 0.6% more than its projected FY19 NPR/FFP. Springfield Submission, Staff Analysis, Income Statement, 3. Springfield did not request a charge increase for FY20. Deliberations I, 24. The Board approved a 5.0% increase for Springfield with its FY19 budget and approved an additional 5.0% increase for Springfield in April 2019 that commercial payers have not yet implemented. *See In re: Springfield*, Amendment to FY 2019 Hospital Budget Order (May 10, 2019). Springfield’s payer mix is weighted heavily toward government payers and the budget includes an overall change in charge request of 0.0%. *See* Springfield Submission, Staff Analysis, Income Statement, 3; *see also* Deliberations I, 24; Hearing Tr., 150:19-151:10.
5. Springfield’s FY20 budget includes total operating expenses of \$51,418,019, a decrease of 15.2% compared to budgeted FY19 and a decrease of 9.3% compared to projected FY19. Springfield Submission, Staff Analysis, Income Statement, 3.
6. Springfield’s FY20 requested budget allocates its NPR/FFP 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/FFP - Payers</b>	<b>Budget (\$)</b>	<b>Budget (\$)</b>	<b>FY20B</b>
<b>Commercial</b>	25,694,711	21,954,107	-14.6%
<b>Medicaid</b>	11,365,601	8,801,706	-22.6%
<b>Medicare</b>	22,366,872	17,233,247	-23.0%
<b>Disproportionate Share Payments</b>	1,058,694	900,130	-15.0%
<b>All Payers</b>	60,485,878	48,889,190	-19.2%

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

7. Springfield is a participating provider in OneCare Vermont’s Medicaid, Medicare, and Blue Cross Blue Shield of Vermont programs for the 2019 calendar year and plans to participate in only the Medicaid and Blue Cross Blue Shield of Vermont programs again for the 2020 calendar year. Springfield Presentation, 12.
8. For FY20, Springfield has budgeted an operating margin of -\$985,156, or approximately -2.0%, and a total margin of -2.0%. Springfield Submission, Staff Analysis, Income

Statement, 3. Springfield projects a -12.8% operating margin and a total margin of -36.2% in FY19. *Id.*

9. Springfield's budget anticipates 3.72 days cash on hand at the end of FY20.<sup>6</sup> Springfield Submission, Staff Analysis, Balance Sheet, 7. It expects to conclude FY19 with 3.01 days cash on hand. *Id.*
10. Springfield's narrative, testimony, and other filed budget information comply with the Board's FY20 hospital budget requirements.
11. Approving Springfield'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), particularly in light of its ongoing Chapter 11 restructuring.

### 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.

Springfield has faced major financial challenges in the past year. In response, Springfield's leaders have implemented operational changes to reduce the hospital's expenses and stabilize its financial situation, including the closure of the hospital's birthing center. *See* Findings, ¶¶ 2, 3. Additionally, the hospital has sought to restructure its debt by filing for bankruptcy. *Id.* We recognize that these efforts, while necessary, involve very difficult decisions for the hospital, its employees, and the community it serves.

We approve Springfield's request to decrease its budgeted FY19 NPR/FPP by 19.2%. The request does not exceed the 3.5% cap that we established in our FY20 Guidance. FY20 Guidance, 9. Furthermore, we conclude that the decrease from budget is realistic in light of the

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<sup>6</sup> The systemwide average days cash on hand for FY20 is 166.

changes that the hospital has undertaken in the past year to keep its doors open. Finally, we note that Springfield's budgeted FY20 NPR/FPP represents a modest and reasonable increase of 0.6% over its FY19 projections. Findings, ¶ 4.

We also support Springfield's choice to not request a charge increase at this time given that the hospital is still working to implement the charge increases the Board approved in April 2019 and other market considerations described by the hospital's CEO during the budget hearing. Findings, ¶ 4; *see* Hearing Tr., 184:09-184:20.

While we remain concerned about Springfield's future and will continue to monitor its financial health closely, we recognize that Springfield's future organizational sustainability is largely under the jurisdiction of the U.S. Bankruptcy Court and the restructuring plans that result from Springfield's Chapter 11 filing. Accordingly, we recognize that Springfield's FY20 budget is transitional and may be revised as the bankruptcy case moves forward. As part of Springfield's monthly check-ins with Board leadership, we expect to receive updated information regarding the bankruptcy's impact on Springfield's approved FY20 budget.

### **ORDER**

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

- A. Springfield's FY20 NPR/FPP budget is approved at a 19.2% decrease compared to its FY19 budget, or \$48,899,189.
- B. Springfield's overall average charge increase is approved at not more than 0.0% over current approved levels.
- C. Beginning on or before November 20, 2019, and every month thereafter, Springfield 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. Springfield 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, Springfield shall file with the Board, in a form and manner prescribed by GMCB staff, such information as the Board determines necessary to review Springfield's FY19 actual operating results.
- F. Springfield 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. Springfield shall timely file all forms and information required for provider acquisitions and/or transfers as determined by GMCB staff, if applicable.
- H. Springfield shall meet with Board leadership, telephonically or in person, on a monthly basis to discuss Springfield’s operating performance, the impact of the bankruptcy filing on its FY20 budget, 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.
- 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 CARE BOARD OF VERMONT
s/ Jessica Holmes	)	
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).*