COPLEY HOSPITAL, INC.
FY24 BUDGET NARRATIVE
TO THE GREEN MOUNTAIN CARE BOARD
July 10, 2023

This document serves to provide the Green Mountain Care Board (GMCB) with a narrative summary of Copley Hospital's (Copley) Fiscal Year 2024 budget. Our budget projections are based on historical data, current experience, changes in service delivery, and ongoing operational improvements. The Copley Board of Trustees approved this budget on June 26, 2023.

A. EXECUTIVE SUMMARY

FY 2023 continues to be a year of recovery for our community, and overall patient volumes have bounced back from the pandemic. Copley went into FY 2024 budgeting a slight increase in volume from projected and budgeted FY 2023. Expense challenges include staffing shortages as well as continued inflationary increases caused by the pandemic.

Copley is facing unprecedented workforce challenges for FY 2023. Over the past 2 years our overall staff vacancy rate has reached as high as 20%. We have seen our travelers' expense more than quadruple. To be competitive in this tight labor market we have had to make additional wage adjustments for all staff in addition to our regularly scheduled merit and market increases. We have also seen an increase in sign-on incentives and housing expenses for new employees.

On August 17, 2022, the Green Mountain Care Board issued a Certificate of Need (CON) to Copley Hospital to build a much-needed replacement facility for the Waterbury orthopedic practice. The CON includes the purchase of land and construction of a replacement medical office building (MOB) for the purposes of vacating the existing leased medical office, relocating orthopedic, orthopedic diagnostic imaging, rehabilitation, and podiatry to a new location on the west side of Route 100 in Waterbury. The project will be funded by three sources: USDA loan, USDA Emergency Rural Health Care Grant, and working capital.

Copley continues to face an aging infrastructure. Over the years we have made difficult decisions in prioritizing our needs with limited cash and a need to generate an operating margin in order to fund these improvements. The decrease in available funding has created a large capital backlog, increased risk and is creating challenges in prioritizing unanticipated capital needs.

The proposed budget assumes Copley continues participating in OneCare's 2024 Risk-Based ACO Programs for Medicaid and MVP. OneCare will supply Copley with a 2024 Participation Agreement this summer, along with a financial model to help support further decision making. A commitment to participate or not will be made this summer. Should we choose to participate in OneCare's risk-based programs, Copley will provide further information at that time.

Copley has budgeted an overall operating margin of 2.98% or $3,357,564 for FY 2024. Our audited 5-year average operating margin has been a loss of $619,116. If Copley had not received the needed COVID funding in FY 2021 it would have posted the last seven consecutive years with a loss. Currently Copley is projecting a $679,648 operating loss for FY 2023. Copley needs to achieve a reasonable operating margin for the next several years in order to

rebuild cash reserves necessary to weather unexpected downturns, take on risk in payment reform, invest in necessary equipment and infrastructure improvements, and provide financial stability for our employees and community.

On June 26th, 2023 Copley's Board approved the FY 2024 budget with an operating margin of 2.98%.

QUESTIONS:

A. NET REVENUE ADJUSTMENTS

Utilization is driven by physicians, services, and staff. Stable staffing, improvements to technology, enhanced services, and consistent management enable us to best meet the needs of our community. Copley's FY 2024 budgeted net patient revenue is increasing by 13.5% from FY 2023 projected, and 16.5% from FY 2023 budgeted.

In FY 2023 Copley submitted three Provider Practice Transfer/Acquisitions, an orthopedic provider, a surgeon and a cardiologist. These providers are crucial to our community. The increase in net revenue associated with these providers for FY 2023 is projected $8,680,032, and $10,598,444 for FY 2024 budgeted. Without this revenue our Budget FY 2024 net patient revenue would increase by 12.7% from FY 2023 projected, and 5.4% from FY 2023 budgeted.

B. YEAR-OVER-YEAR AND RECONCILIATION

	2023P	2023B	2024B
REVENUES			
Gross Patient Care Revenue	**$ 174,695,394**	**$ 169,893,373**	**$ 206,773,756**
Disproportionate Share Payments	$ 583,644	$ 482,000	$ 482,000
Bad Debt	(5,267,848)	(4,882,228)	(6,244,567)
Free Care	(1,470,770)	(1,720,368)	(1,860,964)
Deductions from Revenue	(76,390,210)	(72,716,323)	(93,244,473)
Net Patient Care Revenue (NPR	**$ 92,150,210**	**$ 91,056,454**	**$ 105,905,752**
Fixed Prospective Payments	$ 6,415,058	$ 4,976,779	$ 5,951,172
Total NPR & FPP	**$ 98,565,268**	**$ 96,033,233**	**$ 111,856,924**
Other	$ 1,354,148	$ 1,014,326	$ 669,073
Total Operating Revenue	**$ 99,919,416**	**$ 97,047,559**	**$ 112,525,997**
EXPENSES			
Salaries/Contracts/Benefits	$ 68,299,864	$ 62,297,969	$ 74,060,564
Health Care Provider Tax	5,531,760	5,516,574	5,913,916
Depreciation/Amortization	3,043,202	3,100,813	3,457,469
Interest - Short and Long Term	195,062	194,000	195,062
Other Operating Expenses	23,529,176	24,369,107	25,541,422
Operating Expense	**$ 100,599,064**	**$ 95,478,463**	**$ 109,168,433**
Net Operating Income	**$ (679,648)**	**$ 1,569,096**	**$ 3,357,564**
Non-Operating Revenue	$ 72,796	$ 302,184	$ 302,184
Excess (Deficit) of Rev over Exp	**$ (606,852)**	**$ 1,871,280**	**$ 3,659,748**

Copley's operating expense shows a 14.3% increase from the FY 2023 budget. Staffing has been one of our largest challenges since the pandemic began. To mitigate our reliance on temporary staff we have added FTEs and salary costs to support our recruitment and retention efforts. Copley has also seen dramatic shifts due to COVID-19 and other world events.

i. Labor Expenses:

COVID-19 tipped the seesaw for an already exasperated healthcare workforce, which led to a 500% increase in contract labor demand in fall 2021 compared to 2019. While demand has since decreased, it is still nearly triple pre-pandemic levels. Moving forward, Vaya Workforce, a leader in healthcare staffing services, projects contract labor demand to remain as high as 20% above the 2019 baseline.

With this forecast in mind, the two most pressing considerations for Copley continue to be quality and cost.

On the cost front, unprecedented demand for contract labor is straining already thin financial margins. Shifting our mindset to approach contract labor as a strategic advantage can bolster employee retention and promote a culture of flexibility, which can help us rethink traditional approaches to improving the bottom line. As a result, Copley is thinking differently to create a long-term contract labor strategy that balances reliance with efficiency — and ultimately avoids seesaw reactions.

- FTEs – Up 12 from FY2023 budget
    - Clinic – up 9
    - ED – up 5
    - Overhead Departments – down 2
- Traveler FTEs are budgeted at 27

ii. Utilizations:

Utilization due to Provider Transfers:

In FY 2023 Copley submitted three Provider Practice Transfer/Acquisitions, an orthopedic provider, a surgeon and a cardiologist. These providers are crucial to our community. The increase in net revenue associated with these providers for FY 2023 is projected $8,680,032, and $10,598,444 for FY 2024 budgeted. Without this revenue our Budget FY 2024 net patient revenue would increase by 12.7% from FY 2023 projected, and 5.4% from FY 2023 budgeted.

Utilization Compared to Prior Year:

- Inpatient services are expected to increase (1.3%) from projected FY 2023 levels
- Outpatient services are expected to increase by (3.2%) from projected FY 2023 levels
- Clinic visits are expected to increase (1.7%) from projected FY 2023 levels

Other Volume Statistics:

	Actual FY19	Actual FY20	Actual FY21	Actual FY22	Projected FY23	Budget FY24
Total Patient Days	5,138	5,014	5,632	5,925	5,791	6,164
Magnetic Resonance Image Procedures	1,090	1,093	1,508	1,731	1,924	2,280
Cat Scan Procedures	4,669	4,486	5,368	5,816	5,870	6,050
Radiology - Diagnostic Procedures	22,881	21,181	24,540	19,385	26,696	26,785
Emergency Room Visits	12,865	11,278	10,404	13,081	13,912	13,920
Operating Room Cases	2,138	2,049	2,352	2,280	2,454	2,727
Physician Visits			35,649	33,935	37,962	40,298

iii. Pharmaceutical Expenses:

Overall pharmaceuticals are going up 6.6%. Inflationary increases are determined by our GPO who uses Vizient. For our eligible hospital-based outpatient spaces and child site clinics, we use the replenishment model for our 340B purchases. This program works as an accumulation of each dose of eligible medication administration. Once we reach enough doses accumulated to reach a package size, we can purchase that package at the 340b pricing to replace our GPO purchased stock.

iv. Cost Inflation Metrics

- **Labor –** Copley annually participates in the Northern New England Compensation survey administered by Gallagher
- **Benefits –** Inflationary increases are supplied by The Richards Group
- **Supplies –** Inflationary increase are supplied by NEAH our GPO
- **Utilities –** Inflationary increase are supplied by our local vendors
- **Insurances** – Property increases are supplied by NFP; other increases are supplied by HUB

v. Price Changes

Over the years Copley has demonstrated that we offer the **Highest Quality**, recently demonstrated by achieving the CMS 5-star rating, with the **Lowest Cost of Care** in Vermont.

Quality:

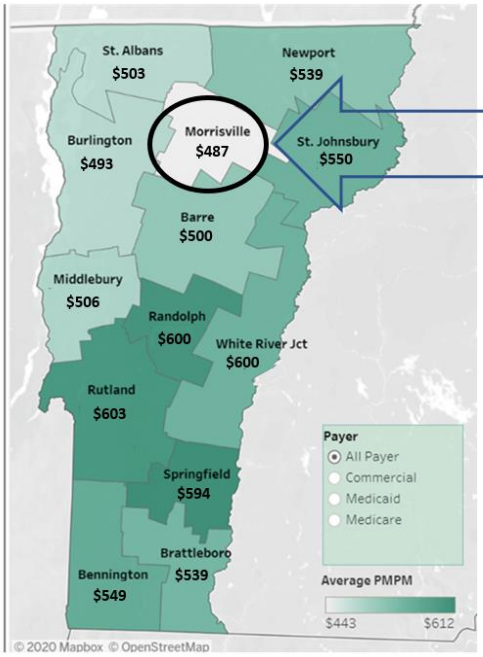
CMS Overall Hospital Quality Star Ratings 2023

- CMS evaluated 3,291 US hospital for the 2023 Star Ratings
- 429 were judged to have earned 5 stars, highest rating
- Only 2 VT hospitals earned 5 stars

HCAHPS Rating 2023 1 – 10 scale

- 77% of patients rated 9 – 10 for overall satisfaction (National rating = 71%)
- 84% would recommend the hospital to family of friends (Nation rating = 69%)

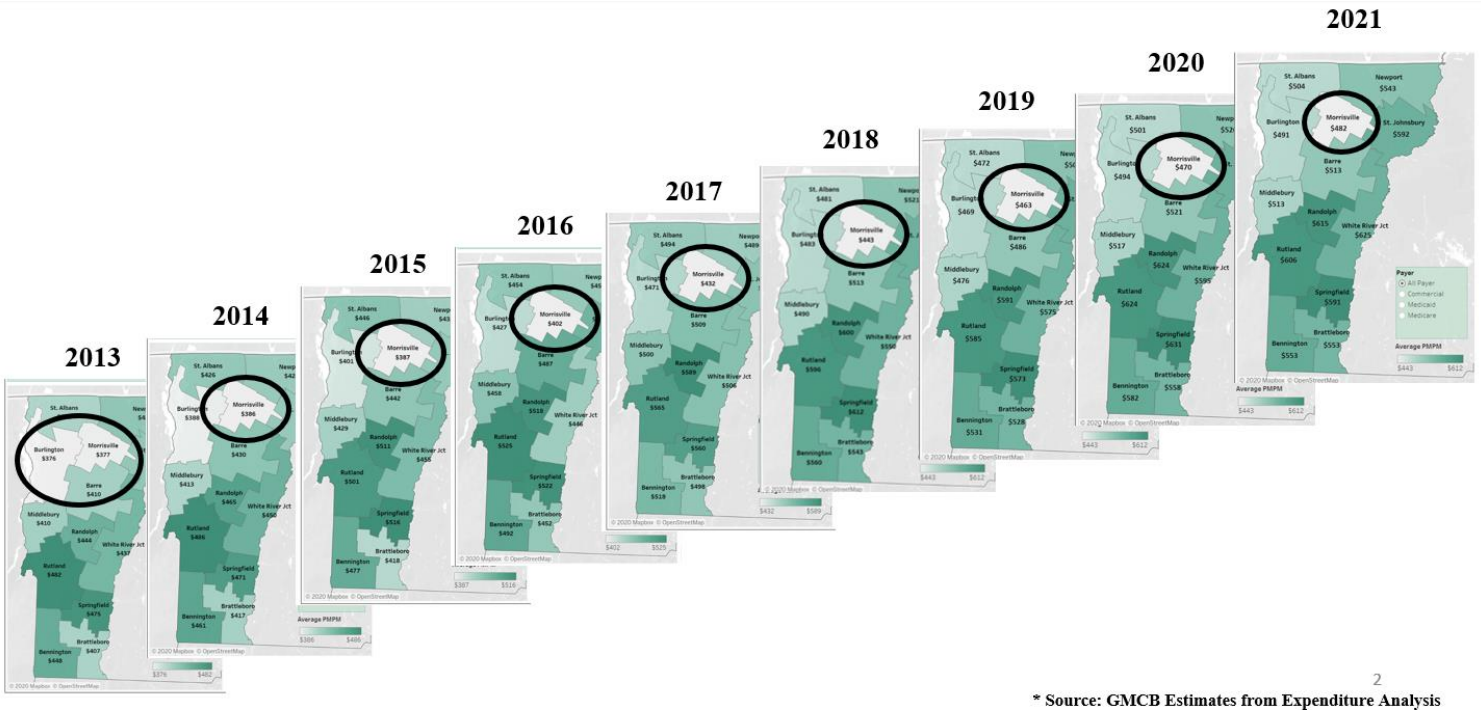
Cost of Care:



Lowest Cost of Care for 2022*

***Note: 2022 is from 10/21 – 03/22**
Source: GMCB Estimates from Expenditure Analysis

The Lowest Cost of Care for 2013 – 2021:



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*** Source: GMCB Estimates from Expenditure Analysis**

Prices by Category:

FY 2022 Pricing Comparison for Laboratory Services:

CPT	CPT Description	Copley Price	Quest* Price	Other VT Hospital Comparisons				
				VT Avg	A	B	C	D
80053	COMPREHEN METABOLIC PANEL	$ 88	$ 88	$ 130	$ 119	$ 180	$ 198	$ 102
80061	LIPID PANEL	$ 81	$ 155	$ 121	$ 108	$ 185	$ 110	$ 85
84443	ASSAY THYROID STIM HORMONE	$ 97	$ 130	$ 175	$ 187	$ 273	$ 237	$ 110
85025	COMPLETE CBC W/AUTO DIFF WBC	$ 45	$ 46	$ 87	$ 55	$ 137	$ 117	$ 42
80178	ASSAY OF LITHIUM	$ 44	$ 63		$ 94	$ 133	$ 297	$ 49
80048	BASIC METABOLIC PANEL	$ 66	$ 70	$ 100	$ 78	$ 121	$ 120	$ 86
87088	CULTURE URINE	$ 25	$ 36	$ 75		$ 71	$ 195	$ 64
85652	SEDIMENTATION RATE	$ 11	$ 37		$ 52	$ 50		$ 35
85027	HEMOGRAM & PLATELET W/O DIFF	$ 43	$ 34	$ 70	$ 51	$ 113	$ 83	$ 40
87070	CULTURE BACTERIAL	$ 41	$ 75	$ 131	$ 186	$ 150	$ 123	$ 62

Notes:

1. *Quest Pricing updated as of 08/01/22, pricing verified through Quest automated phone system, as well as Quest customer support.
3. Copley Pricing updated as of 10/01/21
4. Other VT Hospital Comparison as of 10/01/21

FY 2021 Inpatient Room and Bed:

CPT	Description	Copley	Vermont Hospitals												
			VT Avg	A	B	C	D	E	F	G	H	I	J	K	L	M
	Semi Private Medical Surgical Room & Bed Rate ★	$ 1,300	$2,163	$1,964	$1,770	$2,158			$2,738	$2,866		$1,526	$2,629	$1,453		$2,360

FY 2022 Emergency Room Levels of Care:

99281	EMERGENCY VISIT LEVEL 1	$ 253	$ 321	$ 223	$ 264	$ 322	$ 626	$ 400	$ 212	$ 184	$ 339	$ 223	$ 351	$ 386
99282	EMERGENCY VISIT LEVEL 2	$ 366	$ 447	$ 393	$ 408	$ 359	$ 868	$ 400	$ 364	$ 235	$ 502	$ 278	$ 393	$ 719
99283	EMERGENCY VISIT LEVEL 3	$ 606	$ 737	$ 584	$ 754	$ 532	$1,613	$ 716	$ 550	$ 393	$ 592	$ 594	$ 733	$1,041
99284	EMERGENCY VISIT LEVEL 4	$ 921	$1,122	$1,011	$1,158	$ 850	$1,973	$1,076	$ 979	$ 813	$1,025	$ 931	$ 885	$1,638
99285	EMERGENCY VISIT LEVEL 5	$ 1,331	$1,566	$1,307	$1,620	$1,364	$2,629	$1,076	$1,575	$1,228	$1,536	$1,020	$ 915	$2,951

FY 2022 Diagnostic Imaging:

73030	X-RAY EXAM OF SHOULDER ★	$ 279	$ 544	$ 504	$ 360	$ 538	$ 816	$ 698	$ 567	$ 400	$ 346	$ 654	$ 450	$ 655
73630	X-RAY EXAM OF FOOT ★	$ 279	$ 494	$ 466	$ 360	$ 602	$ 609	$ 494	$ 561	$ 400	$ 325	$ 489	$ 519	$ 606
77067	SCR MAMMO BI INCL CAD	$ 466	$ 587	$ 659		$ 671	$ 510	$1,022	$ 218	$ 629	$ 485	$ 600	$ 458	$ 621
74177	CT ABD & PELV W/CONTRAST	$ 1,486	$3,899	$4,364	$4,381	$4,367	$4,636	$1,100	$3,445	$3,102	$3,673	$3,674	$3,964	$6,188
73610	X-RAY EXAM OF ANKLE ★	$ 263	$ 511	$ 470	$ 360	$ 620	$ 888	$ 494	$ 593	$ 400	$ 346	$ 489	$ 344	$ 615
70450	CT HEAD/BRAIN W/O DYE	$ 977	$1,753	$1,741	$2,002	$2,237	$1,846	$ 533	$1,755	$1,642	$1,601	$1,937	$ 930	$3,059
73110	X-RAY EXAM OF WRIST ★	$ 264	$ 554	$ 504	$ 336	$ 716	$1,003	$ 561	$ 471	$ 400	$ 413	$ 570	$ 501	$ 622
73562	X-RAY EXAM OF KNEE 3	$ 367	$ 575	$ 504	$ 465	$ 787	$1,013	$ 773	$ 573	$ 446	$ 281	$ 467	$ 364	$ 652
73560	X-RAY EXAM OF KNEE 1 OR 2 ★	$ 190	$ 466	$ 471	$ 320	$ 618	$ 835	$ 658	$ 328	$ 400	$ 249	$ 416	$ 296	$ 539
73130	X-RAY EXAM OF HAND ★	$ 210	$ 520	$ 504	$ 360	$ 679	$ 860	$ 580	$ 429	$ 350	$ 454	$ 467	$ 442	$ 596
74176	CT ABD & PELVIS W/O CONTRAST ★	$ 1,224	$3,334	$3,381	$3,598	$3,453	$2,928	$1,490	$3,445	$2,746	$3,525	$3,053	$3,897	$5,153
73721	MRI JNT OF LWR EXTRE W/O DYE ★	$ 1,732	$3,585	$2,995		$5,156	$3,035	$3,319	$4,476	$2,981	$2,962	$3,165		$4,173

In this 80/20 study – Copley is below the average in 18 out of 18 charges.

Unfortunately, even with this impressive track record, Copley has not been allowed to raise rates like other Vermont hospitals. This restriction has resulted in the lowest average rate increase in the last 15 years and the

last 10 years. This inability to raise rates, coupled with all the other issues plaguing healthcare over the years, has resulted in substandard operating margins, and depleted days cash on hand.

5 / 10 / 15 Year Averages:

	5 Yr (2018-2022)		10 Yr (2013-2022)		15 Yr (2008-2022)		2023	
	Ave submit	Thru 2022 Average Approved	Ave submit	Thru 2022 Average Approved	Ave submit	Thru 2022 Average Approved	Submitted	Approved
Brattleboro	5.44%	**4.50%**	4.59%	**4.06%**	5.54%	**4.99%**	14.90%	**14.61%**
Central Vermont	6.78%	**4.34%**	6.04%	**4.67%**	6.53%	**5.48%**	14.50%	**12.50%**
Copley	6.14%	**4.18%**	3.67%	**2.22%**	4.31%	**3.35%**	12.00%	**12.00%**
UVM	6.46%	**4.16%**	5.52%	**5.10%**	6.01%	**5.60%**	19.90%	**14.77%**
Gifford	4.10%	**4.10%**	4.95%	**4.95%**	5.59%	**5.49%**	3.65%	**3.65%**
Grace Cottage	3.92%	**3.92%**	4.71%	**4.71%**	5.55%	**5.46%**	5.00%	**5.00%**
Mount Ascutney	3.56%	**3.56%**	4.36%	**4.36%**	5.06%	**5.03%**	4.70%	**4.70%**
North Country	4.27%	**3.95%**	5.06%	**4.90%**	5.22%	**5.06%**	12.50%	**12.50%**
Northeastern	3.74%	**3.22%**	4.60%	**4.32%**	5.42%	**5.15%**	10.80%	**10.80%**
Northwestern	7.60%	**5.48%**	4.39%	**2.97%**	5.72%	**4.03%**	9.00%	**9.00%**
Porter	4.01%	**2.76%**	4.51%	**4.04%**	5.95%	**5.33%**	11.50%	**11.50%**
Rutland	5.83%	**3.95%**	5.12%	**4.18%**	6.29%	**5.38%**	17.80%	**17.40%**
Southwestern	3.44%	**3.40%**	4.83%	**4.57%**	5.79%	**5.33%**	9.50%	**9.50%**
Springfield	5.76%	**5.76%**	4.91%	**4.77%**	4.90%	**4.76%**	10.00%	**10.00%**
System Average	5.08%	**4.09%**	4.80%	**4.27%**	5.56%	**5.03%**	11.13%	**10.57%**
Median	4.86%	**4.03%**	4.77%	**4.47%**	5.57%	**5.24%**	11.15%	**11.15%**

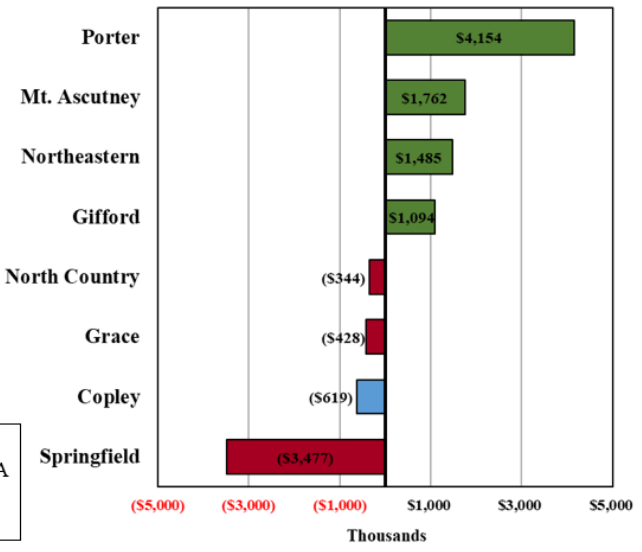
Lowest Increase **Highest Increase**

Operating Margins vs Rate Increase:

CAH 5 Year Operating Margins

	FY 2018	FY 2019	FY 2020	FY 2021	FY 2022	5 Year Avg
★ Copley	($2,222,433)	($2,161,242)	($2,756,792)	$4,715,884	($670,999)	($619,116)
Requested Rate Increases	0.0%	7.9%	9.8%	8.0%	5.0%	6.1%
Approved Rate Increases	-3.4%	4.5%	9.8%	6.0%	4.0%	4.2%

CAH 5 Year Average Operating Margins (2018 – 2022):



The GMCB has a statutory obligation to ensure that hospital budgets "promote efficient and economic operation of the hospital" and "reflect budget performances for prior years". 18 VSA 9456 (3) & (4). In its 2020 hospital budget review, the Board ordered 6 of the 14 hospitals to complete sustainability plans to address concerns about consistent operating losses.

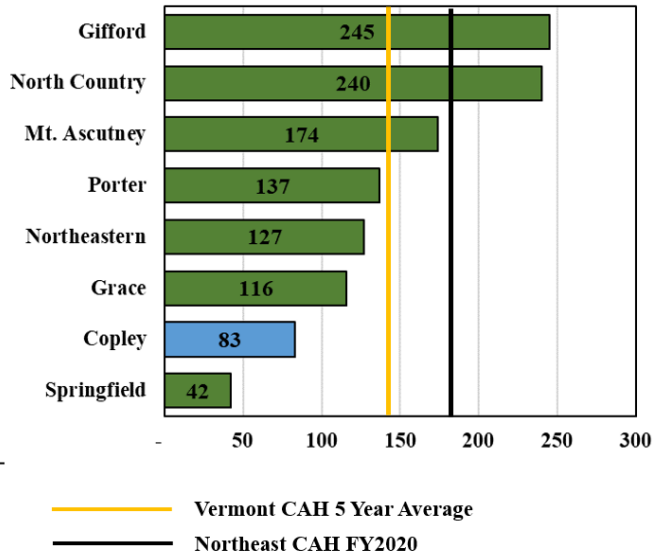
Depleted Days Cash on Hand:

CAH 5 Year Days Cash on Hand (without COVID-19 Advance Payments)

	FY 2018	FY 2019	FY 2020	FY 2021	FY 2022	5 Year Average
Copley	64	62	130	93	66	83
Gifford	224	237	270	289	204	245
Grace	92	93	142	157	98	116
Mt. Ascutney	132	144	168	215	208	174
North Country	213	221	270	285	213	240
Northeastern	120	107	147	154	106	127
Porter	128	129	141	165	120	137
Springfield	47	17	38	38	70	42

Notes:
- Removed COVID-19 Advance Payments

CAH 5 Year Average Days Cash on Hand (2018 – 2022):



Budget FY 2024 Days Cash on Hand is 60.

Charge Request:
Copley is requesting a weighted rate increase of 15%.

Copley calculated the rate increase based on an understanding of expected volumes, necessary services, and patient needs for the area, and then determined the costs to provide these services.

Copley utilizes these rates as a basis for discussion with our commercial payers. The rates are used to provide both parties with validity and a sense of fairness, given the oversight from both the Copley Board of Trustees and the Green Mountain Care Board.

Copley's overall rate increase is applied to all payers.

Medicare:
Critical Access Hospital (CAH) payments are based on costs and the share of those costs allocated to Medicare patients. Copley receives cost-based reimbursement for inpatient and outpatient services provided to Medicare patients. The cost of treating Medicare patients is estimated using cost accounting data from Medicare cost reports.

Copley has realized the rate increase in its NPR for Medicare due to the relationship in the increase of cost as compared to the increase in charges.

Medicaid:
Copley is not budgeting any additional reimbursement due to the rate increase for Medicaid.

Commercial:
Increases in gross charges will increase net patient service revenue but not on a dollar-for-dollar basis. The commercial insurance impact varies depending on the individual payer contracts.

Copley has requested a rate increase of 15%, and each 1% is worth $816,543 which results in a total request of $12,248,144 related to rate.

vi. Financial Indicators

We have included the requested financial indicators throughout this narrative within the sections to which they relate, except for Debt Service Coverage Ratio which is 4.0 for FY 2023 projection and 10.6 for FY 2024 Budget.

vii. Known Price Changes for Medicare & Medicaid

Please see v. "Price Changes"

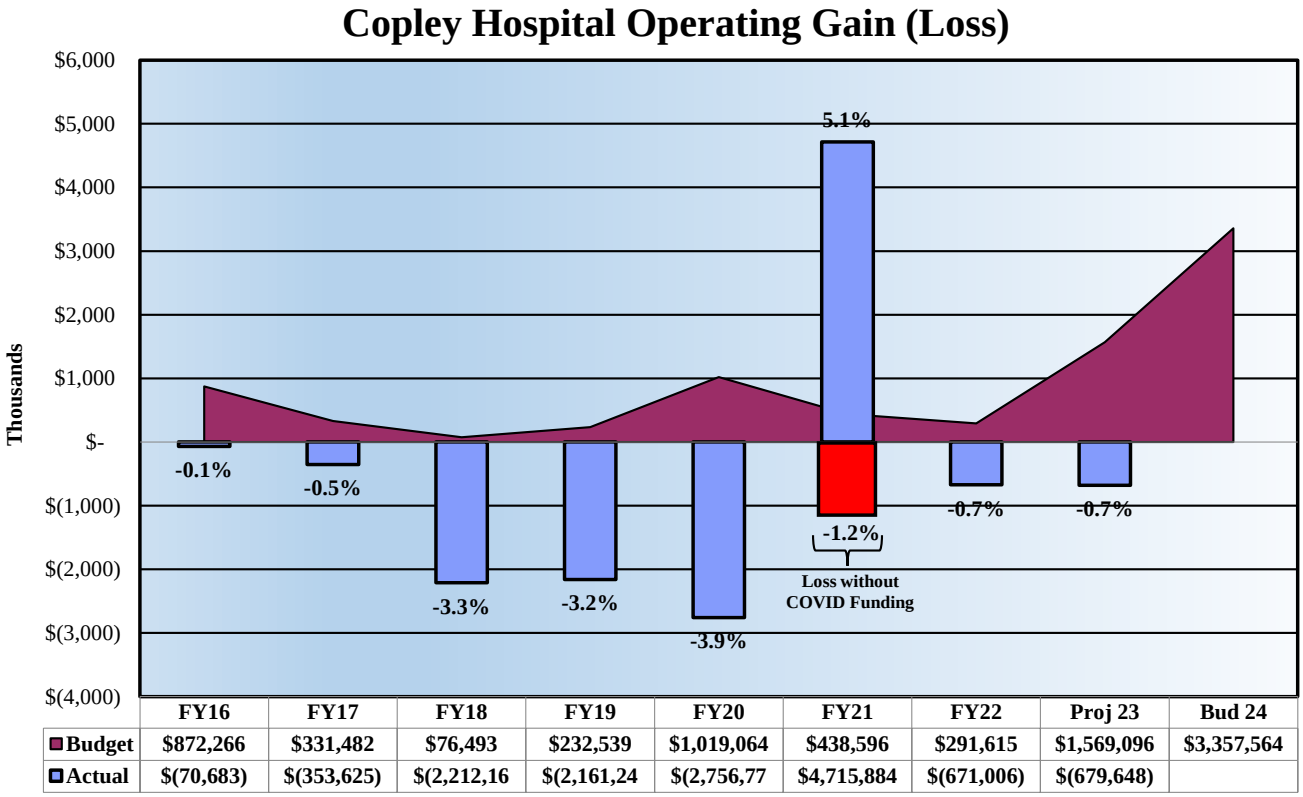
viii. Uncompensated Care

Affordable Care is being budgeted at 0.9% of gross patient revenue (GPR). Copley's Affordable Care is an application-driven process based on income, family size, and extenuating circumstances. We endeavor to be "payer of last resort" relative to settlements, accidents, and other similar matters.

Bad Debt, as a percentage of GPR, is budgeted at 3.0%. Copley helps to ensure that patients receive the financial assistance they need, including setting up affordable payment plans.

Operating Margin and Total Margin:

Copley has budgeted an overall operating margin of 2.98% or $3,357,564 for FY 2024. Our audited 5-year average operating margin has been a loss of $619,116. If Copley had not received the needed COVID funding in FY 2021 it would have posted the last seven consecutive years with a loss. Currently Copley is projecting a $679,648 operating loss for FY 2023. Copley needs to achieve a reasonable operating margin for the next several years in order to rebuild cash reserves necessary to weather unexpected downturns, take on risk in payment reform, invest in necessary equipment and infrastructure improvements, and provide financial stability for our employees and community.



	FY16	FY17	FY18	FY19	FY20	FY21	FY22	Proj 23	Bud 24
Budget	$872,266	$331,482	$76,493	$232,539	$1,019,064	$438,596	$291,615	$1,569,096	$3,357,564
Actual	$(70,683)	$(353,625)	$(2,212,16	$(2,161,24	$(2,756,77	$4,715,884	$(671,006)	$(679,648)	

C. RISKS AND OPPORTUNITIES

As a small Critical Access Hospital, we have a systemic risk that the loss of one or more key providers could bring about a devastating impact on financial performance. This also holds true for our nurses, support staff, technologists, billers, and even leadership team (to name a few). We are always looking to manage those scenarios by ensuring we have options such as cross-training programs, incentives, shared assignments, part-time staff, per diems, etc.

The risk of sustainability, considering our financial performance, has been a concern over these past years given our operating losses. We are assertively managing these issues, many of which are rooted in a need for improved operations, standardization, and increased accuracy in data collection and indicators. We are making significant progress such as a reinstallation of our existing IT system (CPSI) at the end of 2021 as part of these efforts. We have dropped our 2019 plans to purchase a new and much more expensive Cerner Millennium software program and instead recommitted to our existing vendor, potentially providing a roadmap for other hospitals that are CPSI clients to garner more return on their current relationship.

Opportunity in our organization is ongoing, we continuously try to improve our clinical quality, patient experience, and coordination of care within our service areas. People do still leave our community and seek care at St. Elsewhere, which humbles and inspires us to work even harder to regain their trust and respect.

We produced a reasonable Master Facility Plan in 2021 with input from our staff and community. We continue to use this strategic road map to put us in a position to provide needed services to our community for years to come.

Lastly, we see opportunity in continuing the coordinated efforts initiated to address the COVID-19 emergency. We convened six organizations, representing the largest health care provider teams in this area, which supported each other through the unfolding crisis. The Executive Directors from the following providers signed on to this Team, entitled CRT-MV (Coronavirus Reposes Team: Morrisville):

1. Copley Hospital (CAH)
2. Lamoille Health Partners (FQHC)
3. Tamarack Health Care (large PCP Practice)
4. Lamoille County Mental Health Services (the local designated mental health agency)
5. Lamoille County Home Health and Hospice
6. The Manor (SNF)

We expect these relationships to continue as we address the need for mutual aid and support, and coordinate services in the midst of ongoing efforts at Health Care Reform in the State.

Copley is currently participating in OneCare's 2022 Risk-Based ACO Program for our Medicaid, MVP and Blue Cross & Blue Shield of Vermont populations.

Copley is not planning to participate in the Medicare value-based program. The Medicare value-based program is based on how spending changes (based on claims data), regardless of whether and how much costs change for the hospital and whether the hospital's revenues are adequate to support those costs. Since many costs are fixed for small hospitals, these costs are fixed in the short run for all hospitals, slight changes in the number of services delivered will generally change the hospital's revenues more than its costs. Tying the hospital's payments solely to whether payers spend more or less does not ensure that the revenues will match the hospital's costs. The primary reasons we are not participating in the Medicare option are the high Medicare program risk, and the fact that CAHs receive cost-based reimbursement for inpatient and outpatient services provided to Medicare patients, which has helped to insulate Copley during these high inflationary times.

Value-Based Care Initiatives:
Copley Hospital continues to focus on value-based initiatives that involve expanding and improving on collaborative strategies with our community primary care practitioners to improve beneficiaries' outcomes. We have implemented the below strategies:

- Worked with Vermont Information Technology Leaders to ensure that primary care practitioners (PCPs) receive necessary documentation after a shared patient has been discharged from our inpatient unit.
- Facilitate the exchange of data between PCPs and our emergency department (ED) when shared patients are seen for a visit.
- Completed standardized training on necessary data elements to ensure exchange of data between Copley Hospital and our community partners was successful. Continue to monitor for improvement around data elements entered at registration.
    - October 2021 46% of ED visits did not have PCP documented at registration
    - March 2022 38% of ED visits did not have PCP documented at registration
    - June 2022 26% of ED visits did not have PCP documented at registration
- Coordinate care for beneficiaries after ED visits. Copley sends a list of patients to each care coordinator at our community PCP offices so that they can provide follow-up telephone calls to check on the patient after an ED visit and to ensure they have scheduled a primary care visit.
- Collaborated with community partners to embed a shared staff member within the ED to focus on providing shared beneficiaries with timely and more direct referrals to community organizations to meet the beneficiaries' needs.
- Collaborated with community partners to embed a shared staff member part-time in The Women's Center to increase social determinant of health screening and referrals.
- Embedded risk-assessment screening tools into our electronic health record documentation to expand our ability to more quickly identify at risk populations for intervention.
- Provide discharge planning for all inpatients, observation patients, and certain ED patients which includes multiple staff from outside organizations to enhance ability to provide needed resources after discharge.

ACO Payments and Settlements:
Copley Hospital does not receive fixed payments, and the Value-Based Incentive Fund (VBIF) payment of $18,000 is not enough funding to make much of a dent in the cost of working to advance value-based care at the hospital. What has changed is the willingness and interest of the PCPs to collaborate and share services or assist in funding staff who assist them to receive a PMPM fixed payment as well as receive increased care coordination payments.

For the Rise Vermont and VBIF funds, Copley is looking into using this funding to support staff to participate and attend community collaboration meetings around Zero Suicide, Health Equity, Women's Health Initiative, Suicide Screening, workforce recruitment, and Nursing Leadership.

Population Health Priorities:
Specific population health priorities emerging for Copley Hospital involve behavioral and mental health patients wait times and "boarding" in the emergency department while waiting on transfer and placement for patients. Copley Hospital is taking part in the Vermont Program for Quality in Health Care "Vermont Emergency Department Suicide Prevention Quality Improvement Initiative" project.

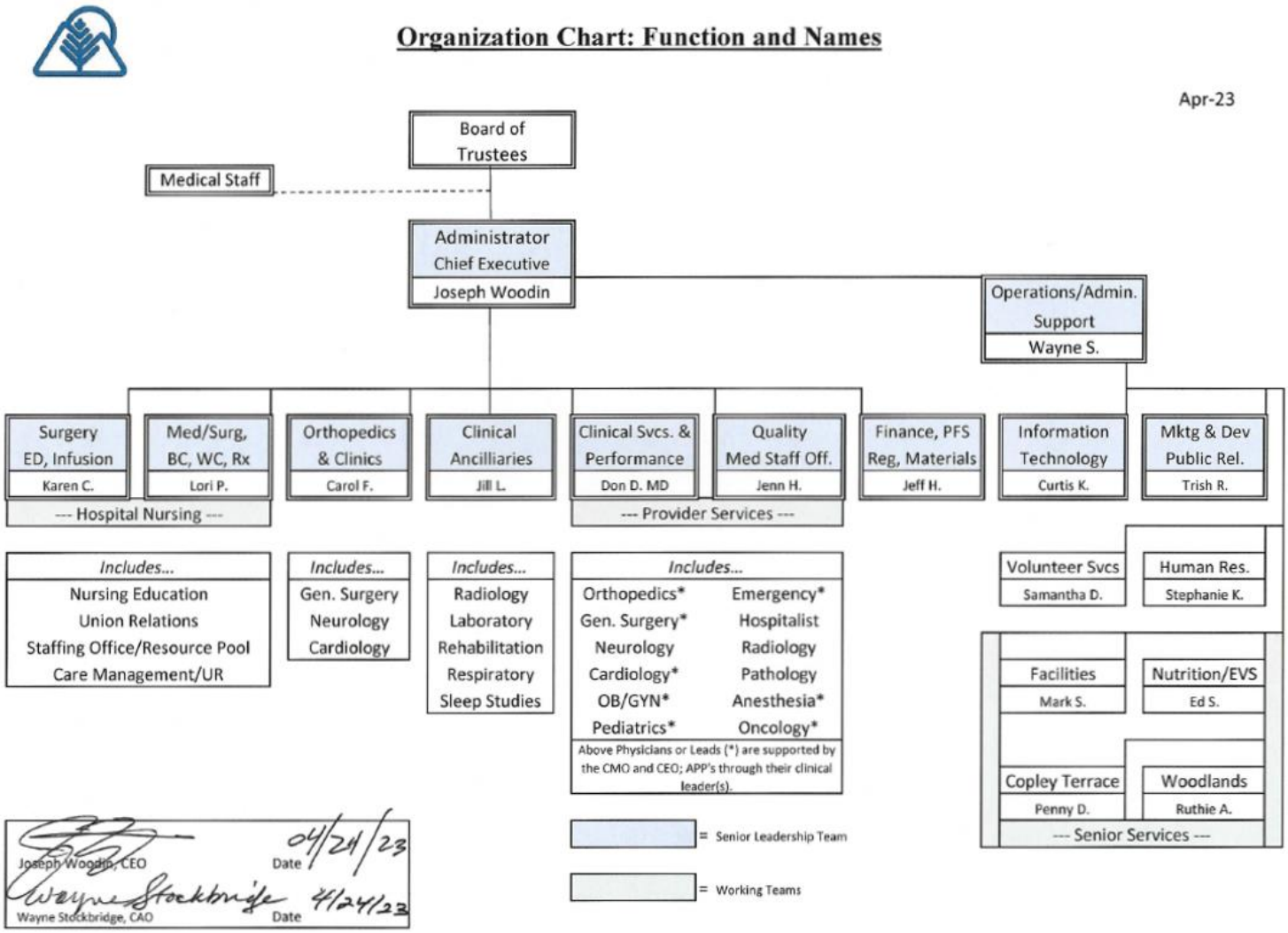
Copley Hospital is also involved in a quality initiative to increase rapid treatment access for patients with Alcohol Use Disorder (AUD). We are working on a standardized clinical patient pathway in collaboration with community partners. Our goals include improving and increasing referrals and tracking to show improvements in patient outcomes by ensuring treatment and follow-up occurs within 3 days of an ED visit.

To convey to providers the impacts of the care delivered, the hospital uses wide quality initiative data that is shared with all staff, community partners and our Board of Trustees. Our CMO Dr. Dupuis and Chief of Surgery Dr. Macy both participate on the state-wide committee working to develop meaningful quality metrics.

Success is measured and tracked for each initiative. Success in meeting our metric goals is demonstrated with data. Some examples are:

- Alcohol Use Disorder Initiative: Development of process for identification of patients with AUD diagnosis, implementation of tracking system to demonstrate increase in number of patients who receive follow-up and treatment within three days of an ED visit.
- Suicide Prevention Initiative: number of ED staff trained in Counseling on Access to Lethal Means. Increase in number of patients appropriately screened using the standardized screening tool. Completion of Mock Survey to identify areas for improvement. Completion of suggested improvements identified at Mock Survey.

D. ORGANIZATION CHART



E. WAIT TIMES

Visit Lag & Third Available Appointment:

Visit Lag

	2 Weeks	1 Month	3 Months	6 Months
Cardiology	100%	0%	0%	0%
General Surgery	80%	20%	0%	0%
Infusion	50%	50%	0%	0%
Mansfield Orthopedics	70%	18%	10%	2%
Neurology	0%	75%	25%	0%
The Womens' Center	100%	0%	0%	0%

Third Available Appointment

Diagnostic Imaging:

X-Ray	Same Day
Ultrasound	Next Day
Nuclear Medicine	Next Day
MRI	1 week
Mammography	Next Day
Fluoroscopy	3 Days
CT	2 weeks
Bone Density	20 Days

CURRENT STATE:

Measurement

- Third Next Available appointment by calendar days for New Encounters (new patients, new problems) as well as follow-up appointments
- MGMA 2021 Practice Operations data set (represents 2020 data)
- Internal Benchmarking with provider over time and within specialty
- "Secret Shopper's" report released this year

Electronic Medical Records

- eClinicalWorks
- CPSI
- SQL Reporting helps pull data together systematically where the EMRs fall short

Improving wait times

- Standard work for intake/referral coordinators to schedule, assess, and prioritize patient appointments
- Coordinate care with referring source, when possible
- Pre-visit workups conducted, when possible
- Incorporate acute and emergency department visits into schedule to increase availability of urgent appointment requests
- Additional opportunity to further triage referrals, when needed
- Prioritize local PCP referrals to ensure availability of appointments for people within our community
- Reduce second opinion visits
- Reduce cancellations and/or no shows

- Categorize patients that could be scheduled early, last minute, etc. to fill cancellation
- Use patient communications for appointment reminders and any potential conflict with schedules
- Leverage use of telephone encounters, when possible
- Increase schedule hours or adjust appointment durations, when possible

PROCESS:

Scheduling

- Appointments available by PCP referral, emergency department follow-up or self-referral
- Triage process is conducted by specialty. Review starts with scheduler/registrar and shifts through clinical support and even to the provider (MD or APP), as necessary.
- Referral arrive via phone call or fax and are electronically managed in each EMR
  - NCQA guidelines are considered best practice for closed-loop referrals
  - Referral is not considered "complete" until the appointment has been scheduled, the patient seen, and the note returned to the ordering provider (PCP and Referring)

RECOMMENDATIONS:

Metrics - Adequate review of wait times should also include:

- FTE Mix of Practice (providers and support staff)
- Provider panel size
- Appointment types (new, acute, etc.)
- E&M Levels (99202 or 99212 visits with a longer wait time may be more appropriate than a 99205 or 99215)
- Recruiting and retention of healthcare workers
- Patient experience and expectations of wait times

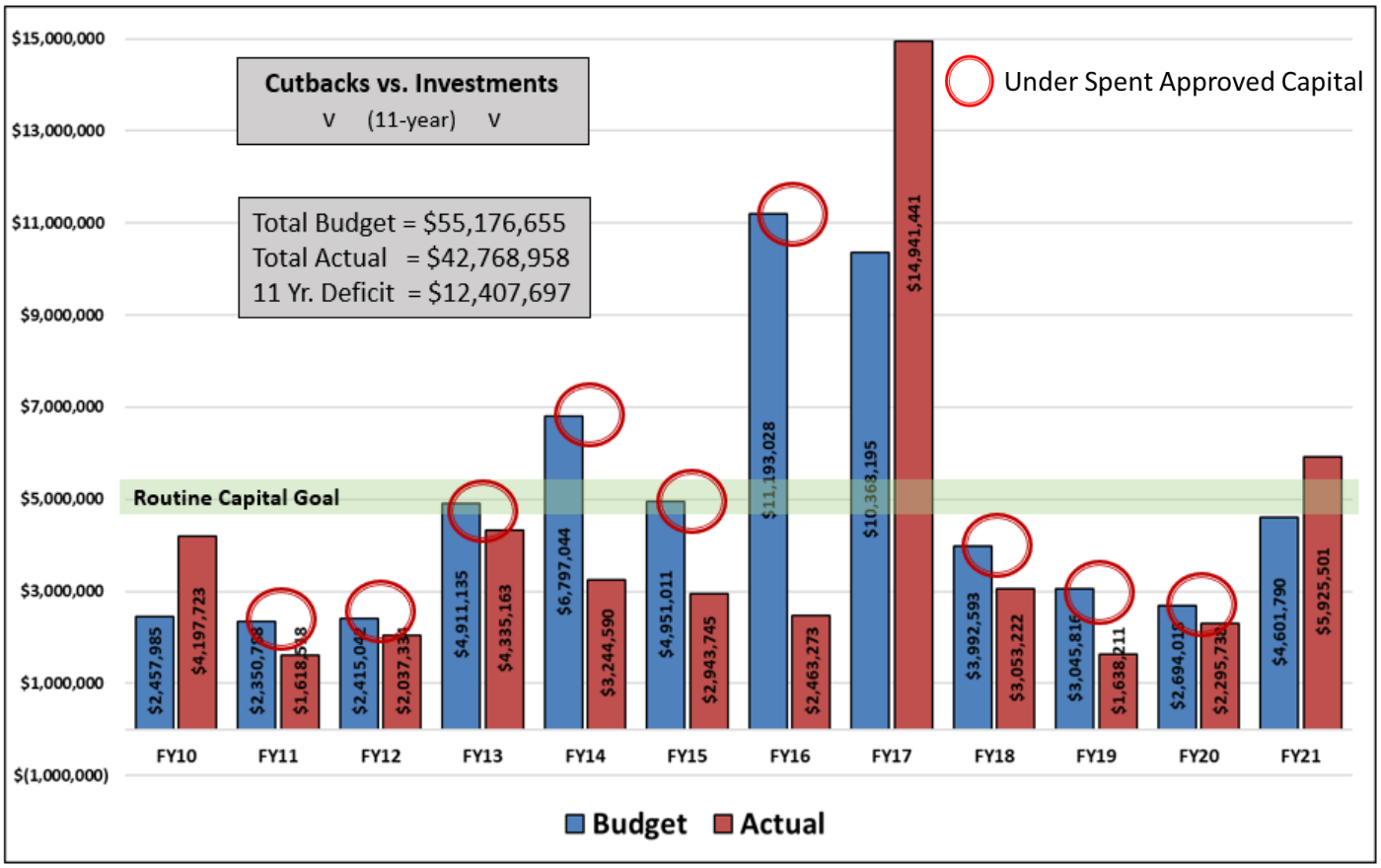
State Regulation

- More flexibility with budgeting process so that we can hire additional FTEs
- Ease of obtaining licenses, malpractice and enrollment for hiring.
- The goal of most medical practices is to see and serve more patients. Regulation and enforcement does not provide greater schedule availability, more providers and/or more compliant patients do.

F. CAPITAL INVESTMENT CYCLE

Copley faces an aging infrastructure. Many of the buildings, which were built decades ago, are now in need of major renovations in order to ensure optimal operation of key functions. Over the years, Copley has made difficult decisions in prioritizing its needs with limited cash. We need to generate an operating margin in order to fund these improvements to provide a safe and comfortable patient environment, high quality care, and seamless coordination of care among providers. The decrease in available funding has created a large capital backlog, increased risk and is creating challenges in prioritizing unanticipated capital needs.

Actual versus Budgeted Capital FY 10 - FY 22

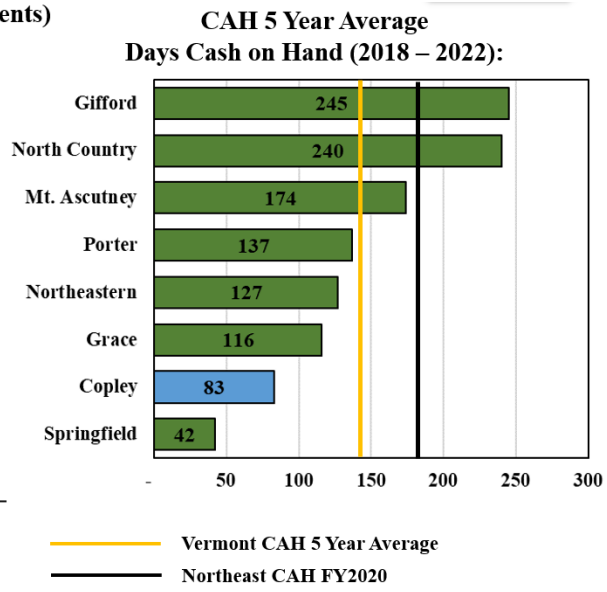


CAH 5 Year Days Cash on Hand (without COVID-19 Advance Payments)

	FY 2018	FY 2019	FY 2020	FY 2021	FY 2022	5 Year Average
Copley	64	62	130	93	66	83
Gifford	224	237	270	289	204	245
Grace	92	93	142	157	98	116
Mt. Ascutney	132	144	168	215	208	174
North Country	213	221	270	285	213	240
Northeastern	120	107	147	154	106	127
Porter	128	129	141	165	120	137
Springfield	47	17	38	38	70	42

Notes:
- Removed COVID-19 Advance Payments

CAH 5 Year Average Days Cash on Hand (2018 – 2022):



Budget FY 2024 Days Cash on Hand is 60.

Capital spending for budget FY 2024 is proposed at a total of $10.9 million, made up of Non-CON projects totaling $5,009,124 and a CON project of $5,903,747.

Non-CON Projects:

Building & Building Services:

- Building Renovations: $1,880,800
- Infrastructure Improvements: $400,000
- Other: $150,000

Major Movable:

- Ancillary: $1,183,978
- Surgical: $674,930
- IT: $292,006
- Nursing: $219,115
- Operations: $116,295
- Pharmacy: $92,000

Projects Over $100k:

Stryker Integration System: $548,420

Notes: All in one system of equipment and software that is used in all laparoscopic and arthroscopic procedures.

Replace X-ray Room: $522,635

Notes: 10 years old retrofitted digital radiology room, has problems sending images, machine at end of life

Deployment of PACS: $200,000

Notes: Current PACS vendor has abruptly discontinued product and support

Analyzer, Clinical Chemistry: $200,000

Notes: Replacing 2 analyzers that are no longer supported.

Philips Monitor Upgrade: $150,000

Notes: New monitors that can be centrally monitored at the nursing station.

MRI Breast Coil: $100,000

Notes: New equipment to promote women's health to allow us to diagnosis and treat patients whose mammograms indicate one or more cancer red flags. A campaign has been initiated to raise $300,000 to purchase the necessary equipment.

CON Project:

Cost – $5,903,747
Project: The CON includes the purchase of land and construction of a replacement medical office building (MOB) for the purposes of vacating the existing leased medical office, relocating orthopedic, orthopedic diagnostic imaging, rehabilitation, and podiatry.

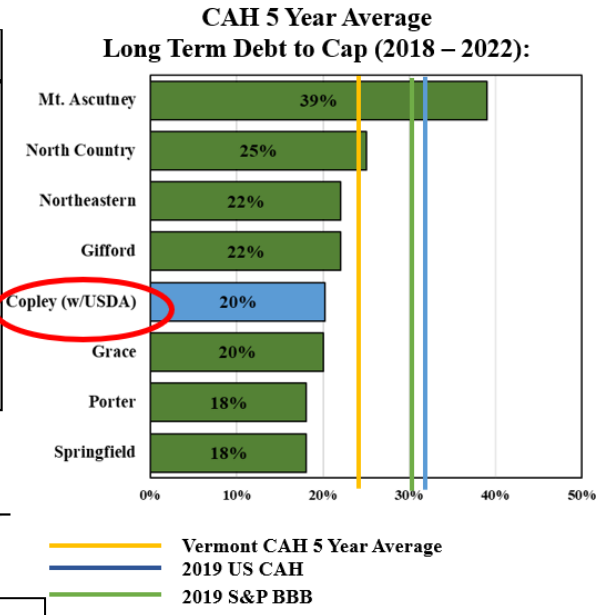
Funding Sources:

Non-CON Projects - Copley Operations & Capital Leases
CON Project - USDA Loan/USDA Grant/Copley Operations

CAH 5 Year Long Term Debt to Capitalization

	FY 2018	FY 2019	FY 2020	FY 2021	FY 2022	5 Year Average
Copley (w/USDA)	18.7%	18.5%	22.7%	15.6%	25.5%	20.2%
Gifford	23.5%	22.9%	25.4%	17.8%	20.5%	22.0%
Grace	14.4%	13.0%	N/A	31.3%	N/A	19.6%
Mt. Ascutney	28.4%	30.0%	39.8%	40.4%	57.1%	39.2%
North Country	25.0%	24.4%	30.4%	23.6%	23.4%	25.3%
Northeastern	21.0%	19.7%	31.2%	19.8%	19.7%	22.3%
Porter	21.5%	20.3%	17.5%	14.0%	16.7%	18.0%
Springfield	7.4%	-13.9%	-4.1%	61.2%	39.5%	18.0%

Notes:
- 2020 Copley PPP loan removed from calculation
- 2020 Grace NA due to inability to remove PPP loan
- 2017–21 Re-calculated Springfield ratio's based on audited financials



Budget FY 2024 Long Term Debt to Capitalization is 32.4%

G. CYBERSECURITY EXPENDATURES

Securing the digital infrastructure of a healthcare organization is crucial to protect patient data, ensure the continuity of healthcare services, and prevent cyber threats. Copley Hospital's strategy, practices and approaches for cyber security is multifaceted and includes technology, processes, policies, and employee awareness.

Note: Item numbers come from a master spreadsheet, and represent expenses.

Conduct regular risk assessments: Identify and assess potential vulnerabilities and risks within the hospital's IT systems, networks, and connected medical devices. Regular risk assessments help in prioritizing security measures and allocating resources effectively.

Item	Description	FY24 Cyber Total
10	Penetration and vulnerability testing	12,000
11	Annual security risk assessment including cyber	13,700

Implement strong access controls: Ensure that only authorized personnel have access to sensitive patient data and critical systems. Use strong authentication mechanisms such as multi-factor authentication (MFA) to enhance access security. Regularly review and update access privileges as staff roles change.

Item	Description	FY24 Cyber Total
2	Multifactor authentication services	10,368
13	Privileged user and service account management	13,900
18	Firewall appliances and update service	7,776
19	Upgrades for firewall appliances	30,000

Encrypt and protect sensitive data: Encrypt data at rest and in transit to protect it from unauthorized access. Use strong encryption algorithms and enforce encryption for all sensitive information, both within the hospital's internal network and when transmitting data externally. Backup data using multiple methods, on premise and cloud services and include "air gap" ransomware data protection.

Item	Description	FY24 Cyber Total
5	Email threat protection and PHI encryption	21,573
14	Data backup appliance repository providing advanced ransomware recovery	11,526
15	Backup software agent required for data backup appliance	4,395
21	VM hosting for cyber related systems	2,783

Maintain up-to-date software and systems: Consistently apply security patches and updates to operating systems, software applications, and medical devices. Outdated software can be vulnerable to known exploits, so staying current is crucial to prevent cyber-attacks.

Item	Description	FY24 Cyber Total
7	Tools for managing hardware inventory and OS patching	3,000
8	Replace or upgrade workstation hardware, install new OS	30,250
9	Upgrade server OS and application licenses	22,200
21	VM hosting for cyber related systems	2,783

Implement Cloud Computing, Software as a Service (SaaS): Cloud service providers invest heavily in security infrastructure employing robust security measures, regularly update their security systems and apply patches to address emerging threats and vulnerabilities. Cloud computing offers reliable and resilient infrastructure, often with built-in disaster recovery capabilities ensuring redundancy and minimizing the risk of data loss due to hardware failures, natural disasters, or cyberattacks.

Item	Description	FY24 Cyber Total
3	Cloud hosted email, office applications, cloud storage	23,080
4	Long term backup of office cloud data and email. Allows independent recovery.	12,072
16	Additional premium for Cloud Hosting service of EHR	80,000
17	PACS cloud hosted services	106,865

Implement network segmentation: Segmenting the hospital network into separate zones can limit the lateral movement of attackers. Critical systems and sensitive data should be isolated and protected behind additional layers of security.

Item	Description	FY24 Cyber Total
22	Network upgrade with improved cyber and business continuity features	105,214
23	Network switch OS and dashboard, enables micro segmentation, etc.	10,106

Deploy intrusion detection and prevention systems (IDPS): IDPS tools monitor network traffic and detect potential security breaches or malicious activities. They can provide real-time alerts and help mitigate threats before they cause significant damage.

Item	Description	FY24 Cyber Total
6	Managed threat detection and response, phish testing and education, end-point protection	93,624

Train and educate staff: Conduct regular cybersecurity training sessions to educate hospital staff about potential threats, phishing attacks, social engineering, and best practices for data security. Employees should understand their roles and responsibilities in maintaining a secure environment.

Item	Description	FY24 Cyber Total
6	Managed threat detection and response, phish testing and education, end-point protection	93,624

Establish an incident response plan: Prepare a detailed incident response plan to address potential security incidents promptly. This plan should outline roles and responsibilities, communication procedures, steps to contain and mitigate the incident, and the recovery process.

Item	Description	FY24 Cyber Total
6	Managed threat detection and response, phish testing and education, end-point protection	93,624

Engage in continuous monitoring and testing: Implement a robust monitoring system to detect and respond to security incidents in real time. Perform regular vulnerability assessments, penetration testing, and security audits to identify weaknesses and take proactive measures to address them.

Item	Description	FY24 Cyber Total
6	Managed threat detection and response, phish testing and education, end-point protection	93,624
10	Penetration and vulnerability testing	12,000
11	Annual security risk assessment including cyber	13,700

Cyber and Security labor: Provide labor resources appropriate to the organization to implement, monitor and manage the security program.

Item	Description	FY24 Cyber Total
1	Cyber security ~1.5 FTEs for program management	120,000

Cyber Security Insurance: Copley needs cyber insurance for the following reasons:

Data Breaches: Cyber insurance can provide financial protection in the event of a breach, covering costs such as legal expenses, forensic investigations, notification to affected individuals, credit monitoring services, and potential liabilities arising from the breach.

Ransomware Attacks: Cyber insurance can help cover the costs associated with ransomware attacks, including ransom payments, system restoration, loss of business income, and reputational damage.

Business Interruption: Cyber insurance can provide coverage for a cyber security event that may result in business interruption losses, including extra expenses incurred to maintain operations, income loss due to reduced patient volume, and additional costs associated with restoring systems and services.

Regulatory Compliance: Healthcare organizations, including hospitals, are subject to various data protection and privacy regulations, such as the Health Insurance Portability and Accountability Act (HIPAA) in the United States. Non-compliance with these regulations can result in fines, penalties, and legal actions. Cyber insurance can help cover the costs associated with regulatory investigations, fines, and legal defense expenses.

Legal Liabilities: In the event of a data breach or other cyber incident, hospitals may face lawsuits from affected individuals, regulatory bodies, or other third parties. Cyber insurance can provide coverage for legal defense costs, settlements, and damages awarded in such cases.

Item	Description	FY24 Cyber Total
20	Cybersecurity Insurance	61,251

Summary
Cyber security is an ongoing process that requires constant vigilance and adaptation requiring regular review and updating security measures to keep pace with evolving threats and technologies.

Copley Hospital's commitment to protecting against cyber security events totals $795,682 for FY2024.

H. ED HOLDS AND ACUTE BORDERS

Copley's most significant source of unreimbursed care comes from boarding patients in our Emergency Department (ED). Boarding refers to the situation where patients who require admission to the hospital or transfer to another facility are held in the ED until an inpatient bed becomes available or the other facility can accommodate them.

The process of boarding patients in the ED directly impacts reimbursement. The reimbursement rates are typically determined based on the type and intensity of the services provided, as well as the length of stay in the hospital. Reimbursement rates vary depending on the type of care provided. In general, ED visits are reimbursed at a lower rate compared to inpatient admissions. When patients are boarding in the ED, they are technically still considered "outpatients" even though they may require inpatient-level care. This results in lower reimbursement rates compared to patients that were admitted to an inpatient bed. The length of time patients spend in the ED affects reimbursement rates. Medicare, for example, has specific guidelines for determining when an ED visit transitions to an inpatient admission. If patients remain in the ED for an extended period due to boarding, hospitals may receive lower reimbursement rates because the patients are not officially considered inpatients. Boarding patients in the ED strains resources, including staff, equipment, and space. Additional resources may be required to provide the necessary care for patients who are waiting for an inpatient bed and these additional costs may not be fully covered by reimbursement rates. While boarding patients in the ED does impact reimbursement rates, it is just one aspect of our complex reimbursement system.

In an attempt to mitigate these issues, we have implemented strategies to improve patient flow and reduce boarding times. These strategies involve improving discharge processes, enhancing coordination with other healthcare facilities, and optimizing patient triage and transfer protocols.

Our estimated annual cost associated with providing unreimbursed care related to boarding in the ED was approximately $297,700 in FY21 and $748,400 in FY22, and we expect FY23 to be approximately $316,300 and we have budgeted approximately $363,800 for FY24. These values were derived by determining the amount of time each patient spent beyond 12 hours in the ED, this time was then rounded to the number of days and multiplied by the inpatient room rate. In FY21 we had 23 boarding episodes representing 292 patient days, FY22 had 134 episodes and 610 patient days, we budgeted the FY24 amounts at our expected FY23 amounts of 123 episodes and 251 patient days. Of these the number of episodes related to mental health are: 34 in FY21, 41 in FY22 and 55 is expected in FY23 and FY24.

In June 2022 Vermont Medicaid started to temporarily reimburse hospitals for extended ED stays in which a Medicaid member meet clinical criteria for inpatient psychiatric level of care and there are no beds available for placement. Hospitals needed to submit a prior authorization request to the Department of Vermont Health Access when a member meeting these criteria exceeds a 24-hour stay in the ED. The program would pay a per diem rate of $200 for services rendered after the initial 24 hours in the ED. Unfortunately, Copley never participated due to the program administrative burdens were too costly and didn't justify the additional revenue.

I. 340b PROGRAM

Copley does not utilize a contract pharmacy for our 340B program. The reason is because we do not have primary care providers employed and our eligible providers who do write outpatient prescriptions simply do not generate enough volume to offset the cost of adding a retail pharmacy partner.

I. FACILITY FEES

A patient that receives care in our Emergency Department (ED) will be billed an evaluation and management (E/M) code that does not differentiate between new or established patients. There are five levels of emergency department services represented by CPT codes 99281 – 99285. In addition, if the patient requires critical care service that if not given would likely result in sudden, clinically significant or life-threatening deterioration in the patient's condition. Those patients would be billed critical care CPT codes 99291 and 99292.

The ED codes require the level of Medical Decision Making (MDM) to be met and documented for the level of service selected.

In fiscal year 2022 Copley billed $10,987,169 in ED facility fees.

K. PATIENT FINANCIAL ASSISTANCE

i. Are patients given a financial assistance plan or policy with the first attempt to collect a debt?

Copley Hospital will pursue every opportunity to inform its patients of the existence of the Financial Assistance Program and encourage patients/guarantors to submit application for assistance if paying a Copley Hospital bill may create an undue financial hardship. This includes advising patients of the Financial Assistance Program in the following ways:

- Signage and/or brochures will be located in registration areas, written in plain language.
- Copley Hospital's website will include a page related to the Financial Assistance Program, written in plain language, and an electronic copy of the policy and application.
- Patients presenting without insurance will be informed of the Financial Assistance Program and provided with a copy of the application form during the registration and/or admissions process.
- Each billing statement sent to the patient/guarantor will advise the guarantor of the Financial Assistance Program, contact information for financial counseling, and contain a short form that can be submitted to initiate the application process.
- Patient Account Representatives will advise patients/guarantors of the Financial Assistance Program during normal collections activities should a patient/guarantor indicate that they cannot afford their medical bills or cannot afford payment arrangement terms in accordance with the Payment Arrangements Policy.

ii. If a contract with a third party exists to collect payments from patients, please provide this contract and disclose the amount paid for such collection efforts and the revenue generated therefrom.

Copley uses EManagement Associates (EMA) for our cash acceleration system which has been tailored to meet Copley's specific needs.

iii. At what point of non-collection does the hospital write off the money owed as bad debt?

Once an account has progressed through the two levels of cycle statements, a final notice is sent. If satisfactory payment arrangements are not made within 30 days of the final notice (120 days total since the mailing of the first statement), the account progresses to bad debt status.

iv. What happens if a debt is collected outside of the allowed payment window? Does it show up as revision of the FY in which the services were provided or does it show up in some revenue line in the FY it was collected?

It shows up in the FY it is collected.

v. What, if any, effort does the hospital undertake to evaluate whether a patient can pay money owed to the hospital?

Please see i.

vi. What, if any, effort does the hospital undertake to proactively evaluate whether a patient, prospective, current, or past, is eligible for the hospital's free care program?

If the patient has no insurance or a balance after the insurance pays, our Financial Assistance counselor will reach out to the patient to offer free care and help with filling out the paperwork.

vii. Please provide the quantitative and/or qualitative evidence the hospital used to determine the appropriate Federal Poverty Limit ranges used for free care eligibility.

The amount of financial assistance granted to eligible patients is determined on a sliding scale based on the household income. Free care is granted to eligible patients whose household income is at or below 300% of the Federal Poverty Level Guidelines (FPLG). Discounted care is granted to eligible patients whose household income is between 300% and 400% of the FPLG.

L. ADMINISTRATIVE COSTS

i. Administrative Costs:

ADMINISTRATION	HR	PT ACCOUNTING
CODING	IT	QM
FINANCE	PATIENT ACCESS	VOLUNTEER SVS
HIM	PLANNING	

Budget 2024 Total Administrative Expenses

Category		Wages		Non Wages		Total
Administrative	$	6,499,424	$	6,195,757	$	12,695,182
Provider Tax	$	-	$	5,913,916	$	5,913,916
Depreciation	$	-	$	3,457,469	$	3,457,469
Total	**$**	**6,499,424**	**$**	**15,567,142**	**$**	**22,066,567**

ii. Please provide the number of FTEs by type by average and median salary and total compensation (i.e. total cost of FTE to the organization) by clinical (physicians, PAs, NPs, nurses, etc.) and non-clinical (C-suite, managerial, other).

Budget 2024 FTE's

Category	Staff	Provider	Management	Total
Clinical	254.21	47.36	13.05	**314.62**
Operational	54.98	-	3.00	**57.98**
Administrative	67.10	1.00	9.40	**77.50**
Total	**376.29**	**48.36**	**25.45**	**450.10**

Budget 2024 Wages

Category	Staff	Provider	Management	Total
Clinical	$ 27,373,204	$ 16,841,647	$ 1,577,660	**$ 45,792,511**
Operational	$ 3,411,704	$ -	$ 307,445	**$ 3,719,149**
Administrative	$ 4,368,855	$ 162,437	$ 1,968,132	**$ 6,499,424**
Total	**$ 35,153,763**	**$ 17,004,084**	**$ 3,853,237**	**$ 56,011,084**

If there are any questions or comments please do not hesitate to contact Jeff Hebert, Chief Financial Officer at 802.888.8663 or JHebert@chsi.org