#### **FY2022 Budget Reporting Requirements**

Appendices 1-7

**Budget Narrative:** Appendices 1-6 will be assessed in the context of the hospital's budget narrative. Variations or further explanations of the data should be addressed in the hospital's budget narrative.

**Modify:** Appendices marked "Modify" (tabs colored blue) may be altered to accommodate each hospital's individual needs. Please overwrite categories to best suit the hospital's needs.

**Do not Modify:** Appendices labeled "Do not Modify" (tabs colored yellow) should not be altered, except for cells designated for additional categories, labeled "Other". The purpose of restricted modification in certain appendices is to ensure systemwide tabulations.

Do not	t Modify	Appendix 1: Reconciliation Tables
Do not	t Modify	Appendix 2: Change in Charge
Modif	у	Appendix 3: Utilization
Do not	t Modify	Appendix 4: Inflation
Do not	t Modify	Appendix 5: Vaccine Clinics and Testing
Do not	t Modify	Appendix 6: Value-Based Care Participation
Do not	t Modify	Appendix 7: COVID-19 Advances, Relief Funds, and Other Grants
Do not	t Modify	Request Summary (automatically populated)

# Do not Modify, except for cells labeled "Other"

# **Reconciliation Tables**

# Budget-to-Budget

Table 1: NPR Variance - FY 2021 Approved Budget to FY 2022 Proposed Budget

<u>NPR</u>	<u>Total</u>	Total Medicare	Total Medicaid	Total Commercial	Total Self-Pay/Other	<u>DSH</u>
FY 2021 Approved Budget	\$ -					
Rate Effect	\$ -					
Disproportionate Share Payments (DSH)	\$ -					
Utilization (not factoring in change in charge request)	\$ -					
Fixed Prospective Payments	\$ -					
Provider Acquisitions/Transfers	\$ -					
Changes in Accounting	\$ -					
Reimbursement/Payer Mix	\$ -					
Bad Debt/Free Care	\$ -					
Other (specify)	\$ -					
Other (specify)	\$ -					
Other (specify)	\$ -					
FY 2022 Proposed Budget	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
\$ Change from FY 2021 Approved Budget	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
% Change from FY 2021 Approved Budget	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!

Impact of COVID-19 vaccination clinics and testing	\$ -
FY 2022 Proposed Budget without COVID-19 vaccination clinics and	
testing	\$ -

	\$ Change from FY 2021 Approved Budget to Adjusted FY 2022	\$	-
ſ	% Change from FY 2021 Approved Budget to Adjusted FY 2022	#DIV/	<b>'</b> 0!

# Table 2: FY 2021 Approved Expenses to FY 2022 Proposed Budget

<u>Expenses</u>	<u>Amount</u>	% over/under	
FY 21 Approved Budget			
New Positions		#DIV/0!	
Inflation Increases	-	#DIV/0!	fro
Salaries		#DIV/0!	
Fringe		#DIV/0!	
Travelers (nurses)		#DIV/0!	1
Locum tenans (MDs)		#DIV/0!	
Drugs		#DIV/0!	
Health Care Provider Tax		#DIV/0!	
Cost Savings		#DIV/0!	1
Other (specify)		#DIV/0!	
Other (specify)		#DIV/0!	
Other (specify)		#DIV/0!	1
Other (specify)		#DIV/0!	
Other (specify, add additional rows as necessary)		#DIV/0!	
FY 22 Proposed Budget	\$ -	#DIV/0!	

\$ Change from FY 2021 Approved Budget	\$ -	
% Change from FY 2021 Approved Budget	#DIV/0!	

Impact of COVID-19 vaccination clinics and testing	\$ -
FY 2022 Proposed Budget without COVID-19 vaccination clinics and	
testing	\$ -

\$ Change from FY 2021 Approved Budget to Adjusted FY 2022	\$ -
% Change from FY 2021 Approved Budget to Adjusted FY 2022	#DIV/0!

from Appendix 4. Inflation (price effect only)

# Do not Modify, except for cells labeled "Other" Reconciliation Tables Projection-to-Budget

Table 3: NPR Variance - FY 2021 Projection to FY 2022 Proposed Budget

Projection derived as of: (ex. May 2021 year-to-date)

	(cm may zozz	, ca. to date,				
<u>NPR</u>	<u>Total</u>	Total Medicare	Total Medicaid	Total Commercial	Total Self-Pay/Other	<u>DSH</u>
FY 2021 Projection	\$ -					
Rate Effect	\$ -					
Disproportionate Share Payments (DSH)	\$ -					
Utilization (not factoring in change in charge request)	\$ -					
Fixed Prospective Payments	\$ -					
Provider Acquisitions/Transfers	\$ -					
Changes in Accounting	\$ -					
Reimbursement/Payer Mix	\$ -					
Bad Debt/Free Care	\$ -					
Other (specify)	\$ -					
Other (specify)	\$ -					
Other (specify)	\$ -					
FY 2022 Proposed Budget	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
\$ Change from FY 2021 Projection	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
% Change from FY 2021 Projection	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!

\$ Change from FY 2021 Projection to Adjusted FY 2022	\$ -
% Change from FY 2021 Projection to Adjusted FY 2022	#DIV/0!

# Table 4: FY 2021 Projected Expenses to FY 2022 Proposed Budget

<u>Expenses</u>	<u>Amount</u>	% over/under
FY 2021 Projection		
New Positions		#DIV/0!
Inflation Increases		#DIV/0!
Salaries		#DIV/0!
Fringe		#DIV/0!
Travelers (nurses)		#DIV/0!
Locum tenans (MDs)		#DIV/0!
Drugs		#DIV/0!
Health Care Provider Tax		#DIV/0!
Cost Savings		#DIV/0!
Other (specify)		#DIV/0!
Other (specify, add additional rows as necessary)		#DIV/0!
FY 2022 Proposed Budget	\$ -	#DIV/0!

\$ Change from FY 2021 Projection	\$ -
% Change from FY 2021 Projection	#DIV/0!
\$ Change from FY 2021 Projection to Adjusted FY 2022	\$ -
% Change from FY 2021 Projection to Adjusted FY 2022	#DIV/0!

# Do not Modify, except for cells labeled "Other" Charge and NPR Detail

The following tables demonstrate the hospital's charges by payer from your requested charge master increase.

Table 1: Please provide the requested charge master increase by area of service					
without of utilization and acuity.					
Charge Master Increase	Sche	dule (Charge Incre	ase)		
	FY	22 Budget Total	FY 22 Budget Total		
	(	Charge Master	Charge Master		
Area of Service		Increase (\$)	Increase (%)		
Hospital Inpatient (Incl. SNF & Rehab)	\$	-	0%		
Hospital Outpatient	\$	-	0%		
Professional Services	\$	-	0%		
Other (specify)	\$	-	0%		
Overall Increase in Gross Revenues					
Across All Categories	\$	-	0%		

Table 2: Please indicate gross revenue by payer from your requested charge master increase. This analysis should only take into consideration the charge master increase (Table

			Gross Revenue (\$)	Analysis by Payer		
Area of Service	FY21 Budget Gross Revenue	Budget-to-Budget Variance (%)	FY 22 Budget Gross Revenue	Gross Revenue by	Gross Revenue by Self-Pay/Other	
				In State	Other	
Hospital Inpatient (Incl. SNF & Rehab)	\$ -	#DIV/0!	\$ -	\$ -	\$ -	\$ -
Hospital Outpatient	\$ -	#DIV/0!	\$ -	\$ -	\$ -	\$ -
Professional Services	\$ -	#DIV/0!	\$ -	\$ -	\$ -	\$ -
Other (specify)	\$ -		\$ -			
Total Gross Revenues Across All						
Categories	\$ -	0.0%	\$ -	\$ -	\$ -	\$ -

tie to income statement tie to income statement

NPR (\$) Analysis by Payer							
Areas of Service	FY21 Budget NPR	Budget-to-Budget Variance (\$)	FY22 Budget NPR	NPR by Com	NPR by Self- Pay/Other		
				In State	Other		
Hospital Inpatient (Incl. SNF & Rehab)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Hospital Outpatient	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Professional Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Other (specify)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Total NPR Across All Categories			\$ -	\$ -	\$ -	\$ -	

FPP (\$) Analysis by Payer								
				FPP by Commercial				
		Budget-to-Budget	FY22 Total Budget	Payer (in state				
Areas of Service	FY21 Budget FPP	Variance (\$)	FPP	only)*	FPP by Medicaid	FPP by Medicare		
Hospital Inpatient (Incl. SNF & Rehab)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		
Hospital Outpatient	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		
Professional Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		
Reserves	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		
Other Reform Payments	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		
Total FPP Across All Categories	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		

### Modify

#### Utilization

The Utilization table is a subset of the Appendix 1. Reconciliation "Utilization" category and is meant to capture the utilization component in NPR outlined in Appendix 2. Charge and NPR Detail. The purpose of the Utilization table is to identify major categories of services that are changing. Using Gross Revenues as a measure of estimated growth, identify the major categories of services that are changing.

Category of Service	Total increase in Gross Revenues (%)	Total increase in Gross Revenues (\$)
FY 2021 Approved Budget		
FY 2022 Proposed Budget	0%	\$0

# Do not Modify, except for cells labeled "Other"

#### Inflation

Identify key categories of operating expense inflation and provide the estimated inflation factor. This is not an assessment of overall growth of the category (i.e.-does not need to tie to the P&L). It should focus on price effects only (not utilization growth or new hires). Please follow the prompted categories below. Use the 'Other' lines to capture line items not listed that cover 5% or more of the budget, and then one as a "catch all" category so the entire operating expense budget is covered (i.e. Category % of Operating Expense Budget is 100%). Please explain inflation assumptions in the comment column.

Expense Category		Es	timated Inflation		Comment
	% Increase	\$ Increase	Category % of Operating Expense Budget	Weighted Average (Column C * Column E)	
Example: Wages/Compensation- Medical Staff	2%	\$ 500,000.00	60%	1.2%	This is inflation price effect only, does not account for new hires (volume).
Wages/Compensation - Medical Staff				0.0%	
Wages/Compensation - Non-Medical Staff				0.0%	
Drugs				0.0%	
Medical Supplies				0.0%	
Non-Medical Supplies				0.0%	
Other (Please Specify)				0.0%	
Other (Please Specify)				0.0%	
Other (Please Specify)				0.0%	
Total	%	\$ -	%	%	

\*should be 100%

Not intended for systemwide look or comparative analysis

# Where is your hospital reporting Vaccine/Testing Revenues and Expenses?

# Fiscal Year 2022 Budget Analysis

INCOME STATEMENT	2021 Projection Vaccine/Testing Income Statement Supplement	2022 Budget Vaccine/Testing Income Statement Supplement
Revenues		
Net Patient Care Revenue Fixed Prospective Payments, Reserves & Other		
Total NPR & FPP	\$0	\$0
COVID-19 Stimulus and Other Grant Funding Other		
Other Operating Revenue	\$0	\$0
Total Operating Revenue	\$0	\$0
Operating Expense		
Net Operating Income	\$0	\$0
Non Operating Revenue		
Excess (Deficit) of Rev over Exp	\$0	\$0
Income Statement Metrics		
Operating Margin %		#DIV/0!
Total Margin %	#DIV/0!	#DIV/0!

#### **Do not Modify**

#### **Value-Based Care Participation**

Complete the following table if the hospital is participating in one or more of value-based care programs. If the hospital is not participating in value-based care programs, please indicate in the narrative.

Value-Based Care Program	Participating in Program in Calendar Year (CY) 2022? (Yes/No)	Attributed Lives	•	Budgeted Maximum Upside/Downside Risk for CY 2022
Medicaid				
Medicare				
Commercial (not Self-Insured)				
Self-Insured				
TOTAL				

# Do not Modify, except cells labeled "Other"

# COVID-19 Advances, Relief Funds, and Other Grants

Please denote the advances, relief funds, and other grants received by the hospital or planned to be received for COVID-19 as of the budget submission under the "Description" column. In addition, please note the amounts recognized in revenues or planned to be recognized in revenues, and/or recorded as a liability or planned to be recorded as a liability as of September 30, 2021 and September 30, 2022.

Description	Amounts Received	Amounts Received	Recognized in Revenues	Recorded as a liability	Amounts Received	Recognized in Revenues	Recorded as a liability	Amounts Received	Recognized in Revenues	Recorded as a liability
Description	<b>Grand Total</b>		As of Sept. 30, 2020			As of Sept. 30, 2021			As of Sept. 30, 2022	
CARES Act Funding	\$ -									
Medicare Advance - Repayment	\$ -									
VT Blue Cross Advance	\$ -									
VT Healthcare Stabilization Grant	\$ -									
VT Medicaid Retainer Funding	\$ -									
VT Hazard Pay Grant	\$ -									
VT Unemployment Credit - CARES Act	\$ -									
CARES Workforce Retention Credit	\$ -									
PPP Funds	\$ -									
Other (add rows as necessary)	\$ -									
Other (add rows as necessary)	\$ -									
Totals	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

#### **EDIT Summary of Budget Request**

Do not Modify- Do not Populate

This worksheet is formula driven and will automatically populate with data provided in "1. Reconciliation"

FY 2022 NPR/FPP	0
% Increase over FY 2021 Approved Budget	#DIV/0!
% Increase over FY 2021 Projection	#DIV/0!

#### **Components of Request**

NPR/FPP Rate Impact	#REF!
Utilization (not factored into change in charge request)	#REF!
Provider Acquisitions/Transfers	#REF!
Changes in Accounting	#REF!
Reimbursement/Payer Mix	#REF!
Total NPR/FPP change	#REF!