

Green Mountain Care Board
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October 1, 2021

DELIVERED ELECTRONICALLY

Dean French, MD
Chief Executive Officer
Northwestern Medical Center
133 Fairfield Street
St. Albans, VT 05478-1013

Dear Dr. French:

Enclosed please find a Budget Order reflecting the Green Mountain Care Board's decision establishing your hospital's budget for fiscal year 2022. The Board and its staff analyzed your proposed budget, reviewed supplemental information, and took into account numerous additional considerations in rendering its decision during this process. 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, sustainability, 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 FY22 budget cycle, particularly in light of the ongoing COVID-19 pandemic.

As part of the Budget Order, your hospital shall participate in telephonic check-ins to be scheduled at the discretion of the Board Chair in consultation with Board staff based on your FY22 year-to-date operating performance and related matters. Also, as part of developing guidance for the FY23 hospital budget review process, your hospital and Board staff will work together to potentially identify and include measures in non-financial reporting to further several goals of the Vermont healthcare system, including developing strategies to reduce wait times and access to care issues, reducing potentially avoidable utilization, and continuing to participate in the Board's strategic sustainability planning process. Details of these requirements are scheduled to be discussed with stakeholders and will be communicated later.

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: Stephanie Breault, CFO
Mike DelTrecco, VAHHS
Kaili Kuiper, HCA



STATE OF VERMONT
GREEN MOUNTAIN CARE BOARD

FY2022 HOSPITAL BUDGET DECISION AND ORDER

In re: Northwestern Medical Center) Docket No. 21-010-H
Fiscal Year 2022)
_____)

INTRODUCTION

In July, the Green Mountain Care Board (GMCB or “the Board”) began reviewing the Fiscal Year 2022 (FY22) budgets of Vermont’s 14 general (community) hospitals for compliance with policy guidelines and financial targets adopted by the Board in March. The financial benchmarks include net patient revenue and fixed prospective payment (NPR/FPP) growth of not more than 3.5% over the approved FY21 budgets. See GMCB, FY 2022 Hospital Budget Guidance and Reporting Requirements, 5 (Mar. 31, 2021) (FY22 Guidance).¹ The Board permitted an allowance for NPR/FPP that exceeds the growth guidance for revenues (and expenses) related to COVID-19 vaccine clinics and testing. See *id.* The hospitals’ FY22 budget submissions reflect a systemwide average NPR/FPP growth request of 6.4%² over the approved, systemwide FY21 NPR/FPP. Preliminary Review of FY2022 Hospital Budget Submissions and Public Budget Hearing Exemptions, 16 (July 28, 2021) (FY22 Preliminary Review). Individual hospital NPR growth ranged from 3.0% to 13.4%. *Id.* Hospital budget submissions also reflected an overall estimated weighted average charge increase of 6.0%, with individual charge increases ranging from 2.2% to 8.3%. FY22 Preliminary Review, 12. Following public Board meetings, presentations by hospitals and GMCB staff, and a special public comment period that closed on September 1, 2021, the Board approved hospital budgets that are expected to result in a reduced systemwide NPR/FPP increase of 6.1% (6.0% after factoring in provider transfers and accounting adjustments) and an estimated weighted average charge increase of 5.2%. GMCB, Fiscal Year 2022 Approved Vermont Hospital Budget Submissions, 16, 18 (September 28, 2021) (Approved Budgets). The Board felt a 6.1% NPR/FPP increase was warranted in light of the many challenges facing Vermont’s hospitals, including the ongoing effects of the COVID-19, growing evidence of pent-up demand and higher acuity patients, pandemic and the increased costs associated with inflationary pressures and significant staffing challenges.

Northwestern Medical Center (NMC) requested a 3.5% increase in NPR/FPP, which excluding revenue from COVID-19 vaccine clinics and testing is equal to a 2.0% NPR/FPP

¹ The hospitals’ FY22 budget materials, including their budget narratives and responses to questions, are available on the GMCB website at: <https://gmcboard.vermont.gov/hospitalbudget/fy2022budget>. Transcripts of the hospital budget hearings and deliberations are available upon request.

² In accordance with the FY22 Guidance, hospitals may request “adjustments” to their approved FY21 NPR/FPP or FY22 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 FY22 Guidance, 6. After adjusting FY22 NPR/FPP budgets to remove COVID-19 vaccine clinics and testing revenue, the systemwide average NPR/FPP growth request for FY22 from approved FY21 approved budgets was 6.0%. See FY22 Preliminary Review, 16.

increase over approved FY21 budget, and a 3.0% overall average increase in charges. On July 28, 2021, following GMCB staff presentations, the Board found that NMC's FY22 budget submission met the criteria for exemption from public hearings established by the Board under its emergency COVID-19 authority, as further described below, and the Board voted to exempt NMC from the requirement of a public budget hearing and to approve its budget as submitted. On September 1, 2021, the Board voted and confirmed that NMC's FY22 budget was approved as submitted, subject to the standard budget order conditions.

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 annually no later than September 15 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 its 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. Additionally, the Board must execute its duty of annually establishing each hospital's budget in a way that advances the principles of healthcare reform set forth in 18 V.S.A. § 9371. *See* 18 V.S.A. § 9375(a). The Board may adjust proposed budgets that fail to comply with the Board's established benchmarks and other guidance. GMCB Rule 3.000, § 3.305. The Board may also adjust a hospital's established budget 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.

Hospitals bear the burden of persuasion in justifying their proposed budgets. GMCB Rule 3.000, § 3.306(a). During its review, the Board must consider numerous factors, including hospitals' utilization information and assumptions, community and state health care needs, the cost shift, hospitals' payer mix and performance under past budgets, public comments, and any other information the Board deems relevant. *See* 18 V.S.A. § 9456(b); GMCB Rule 3.000, § 3.306(b). Each approved budget must, among other requirements, be consistent with state and community health care needs, reflect the hospital's performance for prior years, take into consideration national, regional, or in-state peer group norms, according to indicators, ratios, and statistics established by the Board, and promote the hospital's efficient and economic operations. *See* 18 V.S.A. § 9456(c).

The Board annually adopts guidance by March 31 that establishes benchmarks for hospitals to use in developing and preparing their upcoming fiscal year's budgets. GMCB Rule 3.000, § 3.202. The Board issued guidance for FY22 budgets on March 31, 2021, after public meetings with Vermont hospitals, the Vermont Association of Hospitals and Health Systems, and

other interested parties. *See* FY22 Guidance, 3, 4.³ For FY22, the Board set an NPR/FPP growth guidance of not more than 3.5% over the approved FY21 budgets. FY22 Guidance, 5.

To “prioritize and maximize direct patient care, safeguard the stability of health care providers, and allow for orderly regulatory processes that are responsive to the evolving needs related to the COVID-19 pandemic,” the Board was given authority to waive or permit variances from State laws, guidance, and standards with respect to several of its regulatory responsibilities, including hospital budget review. This Board authority expires six months following the termination of the state of emergency related to COVID-19. 2020, No. 91, § 5. The state of emergency related to COVID-19 ended on June 15, 2021. *See* State of Vermont, Executive Order No. 06-21 (June 15, 2021).

Pursuant to its authority under Act 91, the GMCB exempted any hospital that met specific criteria from a public hearing regarding its FY22 budget. *See* FY22 Guidance, 6-7. The criteria that a hospital was required to meet included an FY22 NPR/FPP rate increase at or under 3.5% from its FY21 approved budget (excluding NPR/FPP from COVID-19 testing and vaccine clinics), a change in charge request at or under 3.5% from its FY21 budget, continued involvement in value-based care reform, and a budget submission that complied with FY22 Budget Guidance, had schedules that reconciled, and was deemed reasonable. *See id.*

FY22 REVIEW PROCESS

Hospitals submitted their FY22 budgets to the GMCB on or about July 1, 2021, and hospitals that were not exempt from public hearings presented their budgets at public GMCB meetings between August 17, 2021 and August 27, 2021. The Board and its staff reviewed and analyzed FY22 budget information submitted and presented by the hospitals, including detailed financial information, utilization data, inflation costs, population health goals, value-based care participation, patient access data and wait times, budget-to-budget NPR/FPP growth rates, trended NPR/FPP growth rates forward from FY19 as a pre-pandemic base year, 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 6.4% over the systemwide FY21 budgeted NPR/FPP. GMCB PowerPoint, FY 2022 Vermont Hospital Budgets, Board Deliberations, 11 (Sept. 1, 2021) (Deliberations I). After adjusting budgets to remove NPR/FPP related to COVID-19 vaccines and testing, the systemwide requested NPR/FPP increase was 6.0%. *Id.* After considering presentations from and discussions with hospital leadership, analysis prepared by GMCB staff, and input from the HCA and the public, the Board established hospital budgets that allow for a systemwide NPR/FPP growth rate for FY22 of 6.1% over the approved systemwide FY21 NPR/FPP. Approved Budgets, 16.

³ The Board’s FY22 Guidance is available at <https://gmcbboard.vermont.gov/sites/gmcb/files/documents/FY22%20Hospital%20Budget%20Guidance-%20Final%203%2030%202021.pdf>.

In addition, the Board reviewed each hospital's proposed change in charge, which is the average amount by which a hospital increases its charges.⁴ 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. Medicaid reimbursements have not increased, and generally hospitals have not expected any increase in Medicaid reimbursement in FY22 budgets, despite increased costs associated with inflation. The larger rate increases that hospitals requested for FY22 are driven by that cost shift, as hospitals need higher commercial charges to cover inflation not reimbursed by public payers. Taking into consideration all adjustments, the Board reduced the estimated system weighted overall average change in charge from the requested 6.0% to 5.2%. Approved Budgets, 18.

Vermont community hospitals continue to transition to a value-based health care system focused on prevention, wellness, and health. Hospitals' expected fixed prospective payments as a percentage of NPR/FPP for FY22 range from 0% to 24%. Preliminary Review, 21. Out of close to \$3 billion NPR/FPP for all Vermont community hospitals in FY22, \$409 million, or 14%, is expected to be in the form of fixed prospective payments for FY22. *Id.* For FY21, hospitals also project 14% of NPR/FPP to be in the form of fixed prospective payments.

The Board considered each hospital's submitted budget in the context of certain financial metrics that measure the hospital's performance against state, regional, and national peer groups. Financial metrics include operating margins, total margins, days cash on hand, days receivable, days payable, long-term debt to capitalization ratios, debt service coverage ratios, and average age of plant. See Deliberations I, 22-29. The financial metrics are compiled from data from Fitch Ratings Solutions, Inc. and Flex Monitoring.⁵

NMC filed its FY22 budget submission on July 1, 2021. It requested a 3.5% increase in its NPR/FPP from its FY21 approved budget, which represents an effective 2.0% increase from its approved FY21 budget after excluding revenue from COVID-19 testing and vaccine clinics in accordance with GMCB guidance. NMC's FY22 budget included a 3.0% average overall increase in charges. NMC FY22 Budget Submission, Narrative, 1 (NMC Submission); GMCB Preliminary Review, 46, 49. NMC's FY22 budget met the conditions established by the Board to be exempt from the requirement of a public budget hearing, and consequently the hospital did not present its FY22 budget to the Board at a public hearing. On July 28, 2021 and September 1, 2021, the Board approved NMC's FY22 budget as submitted, with an effective 2.0% increase in NPR/FPP for FY22, giving effect to the allowable exclusions for COVID-19 testing and vaccine clinics, and a 3.0% increase in average overall charges.

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

⁴ Changes to the actual charges vary by hospital and across service lines.

⁵ The Flex Monitoring Team is a consortium of researchers from the Universities of Minnesota, North Carolina-Chapel Hill, and Southern Maine, funded by the Federal Office of Rural Health Policy to evaluate the impact of the Medicare Rural Hospital Flexibility Grant Program (the Flex Program).

FINDINGS

COVID-19 Pandemic

1. COVID-19 (SARS-CoV-2) and its variants have significantly impacted hospital operations and budgets in Vermont, from the first reported case in March, 2020, through the current hospital budget review process. Vermont's Governor declared a state of emergency on March 13, 2020, which lasted through June 15, 2021, to address the ongoing threat from COVID-19. See State of Vermont, Executive Order 01-20 (March 13, 2020).
2. Vaccines to treat COVID-19 were authorized for emergency use by the U.S. Food and Drug Administration in December 2020 and were rolled out to states, including Vermont, which then started distribution of the vaccine on an age-based basis from late 2020 through 2021. Vermont leads the nation in vaccination rates, with approximately 77% of the eligible population fully vaccinated as of September 2, 2021.⁶ Despite its high vaccination rates, Vermont and its hospitals face continued challenges from COVID-19 and its emergent variants.
3. COVID-19 significantly affected hospital operations and finances in FY21. Systemwide, hospitals budgeted \$2.79 billion in FY21 NPR/FPP but projected \$2.69 billion for FY21 NPR/FPP at the time of submitting their FY22 budgets. Deliberation I, 7. The challenges hospitals faced creating FY21 budgets because of uncertainty and fluctuations resulting from the pandemic affected hospitals' budgeting process for FY22 also. See Deliberation I, 5.
4. Federal and state governments provided financial assistance to health care providers during the pandemic. Vermont hospitals received approximately \$191 million in COVID-19 related funding in FY20, and project approximately \$107 million in COVID-19-related funding for FY21 on a statewide basis. Deliberations I, 14. For FY22, only one hospital included any COVID-19 funding in its budget, in a total amount of \$200,000. *Id.*

NMC Budget Submission

5. NMC is a prospective payment system hospital with its primary location in Saint Albans, Vermont. NMC's FY22 submitted NPR/FPP accounted for approximately 3.9% of the total submitted NPR/FPP for all 14 regulated hospitals in the State. See GMCB PowerPoint, Preliminary Review of FY2022 Hospital Budget Submissions and Public Budget Hearing Exemptions, 14 (July 28, 2021).
6. NMC submitted its FY22 budget on July 1, 2021. NMC requested a 3.5% increase in its NPR/FPP from its FY21 approved budget, or a total of \$115,925,533, which represents an effective 2.0% increase from its approved FY21 budget, or a total of \$114,243,990, after excluding revenue from COVID-19 testing and vaccine clinics in accordance with GMCB guidance. See NMC Submission, Narrative, 1; GMCB Preliminary Review, 49. Therefore,

⁶ See Vermont Department of Health, COVID-19 Vaccine Dashboard, available at: <https://www.healthvermont.gov/covid-19/vaccine/covid-19-vaccine-dashboard>.

NMC's FY22 budget has an NPR/FPP rate request at or under growth guidance of 3.5% from FY21 budget (not including NPR/FPP related to COVID-19 vaccines and testing). GMCB Preliminary Review, 46, 49.

7. NMC's FY22 budget included a 3.0% average overall increase in charges. *See* NMC Submission, Narrative, 1; GMCB Preliminary Review, 49. Therefore, NMC's FY22 budget included a charge increase request at or under 3.5% from FY21 budget. GMCB Preliminary Review, 46, 49.
8. NMC's proposed FY22 budget includes the following allocation of NPR/FPP by payers:

Payer Mix		2019 A	2020 A	2021 B	2021 PROJ	2022 B
Gross Revenue	Payer Mix%					
	Medicare	35%	34%	34%	32%	33%
	Medicaid	21%	21%	22%	21%	20%
	Commercial	44%	45%	44%	47%	47%
NPR/FPP	Payer Mix%					
	Medicare	34%	33%	28%	27%	29%
	Medicaid	16%	17%	18%	12%	13%
	Commercial	49%	49%	54%	59%	57%
	DSH	1%	1%	1%	1%	1%

See NMC FY22 Budget, Staff Analysis, Payer Mix, 8.

9. NMC's FY22 budget includes total operating expenses of \$119,163,778, a decrease of approximately 0.2% from budgeted FY21 and, after adjusting for impacts of COVID-19 vaccine clinics and testing, 0.9% less than projected FY21. *See* NMC Submission, Narrative, 3-5; NMC FY22 Budget, Staff Analysis, Income Statement, 4.
10. For FY22, NMC has budgeted an operating margin of \$2,452,048, or approximately 2.0% and a total margin of 3.2%. *See* Preliminary Review, 31, 32, 34, 50; NMC FY22 Budget, Staff Analysis, Income Statement, 4.
11. NMC participates as a provider in value-based payer programs through OneCare under the All-Payer Model. In FY22, NMC plans to participate in Medicaid, Medicare, and commercial insurer programs. NMC Submission, Narrative, 7; Deliberations I, 30. NMC budgets that 19% of its FY22 patient services income will be paid in FPPs. Preliminary Review, 21. This is greater than the average of 12% for all Vermont community hospitals and the systemwide total of 13.8% of NPR/FPP paid as FPP. *Id.* For FY21, NMC budgeted approximately \$20.4 million of its \$112 million NPR/FPP, or 18.2%, to be paid in FPPs. *See* NMC Submission, Staff Analysis, Income Statement, 3. Therefore, NMC's FY22 budget includes continued involvement in value-based care reform (not limited to ACO participation). *See* Preliminary Review, 46.
12. NMC's FY22 budget assumptions are deemed reasonable. *See* Preliminary Review, 46; Deliberations I, 32.
13. NMC's FY22 budget submission schedules reconcile. *See* Preliminary Review, 46; Deliberations I, 32.

14. NMC's budget anticipates 321.9 days cash⁷ on hand in FY22. *See* Preliminary Review, 38.
15. NMC's narrative, presentation, and other filed budget information comply with the Board's FY22 hospital budget requirements. *See* Preliminary Review, 46; Deliberations I, 32. Therefore, NMC's FY22 budget content complies with guidance. *Id.*
16. Approving NMC'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) and ongoing community needs in NMC's Health Service Area.

CONCLUSIONS

Our review of FY22 budgets comes during a challenging period for Vermont hospitals, which are struggling to manage the ongoing COVID-19 pandemic, care for a growing number of patients who deferred during the pandemic and are now arriving at the hospital sicker, address significant staffing challenges, and cover the costs associated with inflation. The COVID-19 pandemic has placed significant strain on hospital operations, hospital finances, and the health care workforce. The pandemic has also created uncertain and highly variable hospital utilization, making it difficult for hospitals to budget accurately.

Hospitals also face significant challenges providing adequate staffing to handle demand. Staffing challenges are not new for hospitals,⁸ nor are the challenges limited to the State of Vermont, but staffing shortages have been exacerbated by the strain and other effects of the pandemic. Staffing shortages are playing out across the system in the form of higher costs for full-time providers, travelers, and other staff, employee burnout, and long patient wait times for certain services.

The cost-shift continues to be a serious concern facing Vermont community hospitals. Hospitals have generally budgeted no increase or only small increases for Medicaid reimbursements for FY22, which will not cover the cost of inflation, leaving hospitals to increase commercial rates more to cover that unreimbursed cost for public payers.

NMC's FY22 budget meets the conditions for exemption from public budget hearings established by the GMCB. NMC's FY22 NPR/FPP request was at or under growth guidance of 3.5% from FY21 budget (not including NPR/FPP related to COVID-19 vaccines and testing). *See* Findings, ¶6. NMC's FY22 budget charge increase request was at or under 3.5% from FY21 budget. *See* Findings, ¶7. NMC's FY22 budget included continued involvement in value-based care reform (not limited to ACO participation). *See* Findings, ¶11. NMC's FY22 budget assumptions are deemed reasonable. *See* Findings, ¶12. NMC's FY22 budget submission schedules reconcile. *See* Findings, ¶13. Lastly, NMC's FY22 budget content complies with guidance. *See* Findings, ¶15. As NMC's FY22 budget met the criteria for exemption from public hearings, the GMCB approves NMC's FY22 budget as submitted with a total NPR/FPP increase from approved FY21 budget of 3.5% (without exclusions for COVID-19 vaccine clinics and testing) and a change in charge increase from approved FY21 budget of 3.0%.

⁷ The systemwide average for FY22 budgets is approximately 176 days cash on hand.

⁸ *See*, e.g., GMCB Board Meeting January 30, 2019 on Health Care Workforce.

ORDER

Based on our findings and conclusions and the authority granted by Chapter 221, Subchapter 7 of Title 18, NMC's budget for FY22 is approved as submitted, subject to the following terms and conditions:

- A. NMC's FY22 NPR/FPP budget is approved as submitted at a growth rate of 3.5% from its FY21 approved budget, or a total of \$115,925,533, which represents an effective 2.0% increase from its approved FY21 budget, or a total of \$114,243,990, after excluding revenue from COVID-19 testing and vaccine clinics in accordance with GMCB guidance.
- B. NMC's overall average charge increase is approved at not more than 3.0% over current approved levels.
- C. Beginning on or before November 20, 2021, and every month thereafter, NMC shall file with the Board the actual year-to-date FY22 operating results as of the end of the prior month. The report shall be in a form and manner as prescribed by GMCB staff.
- D. NMC shall participate in telephonic check-ins to be scheduled at the discretion of the Board Chair in consultation with Board staff based on the hospital's FY22 year-to-date operating performance
- E. NMC shall advise the Board of any material changes to its FY22 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.
- F. On or before January 31, 2022, NMC shall file with the Board, in a form and manner prescribed by GMCB staff, such information as the Board determines necessary to review the hospital's FY21 actual operating results.
- G. NMC shall file with the Board one copy of its FY21 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 its statements, or by January 31, 2022, whichever is earlier.
- H. NMC shall participate in the Board's strategic sustainability planning process.
- I. NMC shall review the data and information in Mathematica's report Potentially Avoidable Hospital Utilization at Rural Hospitals⁹ regarding potentially avoidable utilization in their

⁹ See Mathematica, Potentially Avoidable Hospital Utilization at Rural Hospitals (August 11, 2021), available at: <https://gmcboard.vermont.gov/sites/gmcb/files/documents/PotentiallyAvoidableHospitalUtilizationatRuralHospitals>

ED and inpatient settings, and hospitals will work with Board staff to potentially include these measures in non-financial reporting as part of the FY23 hospital budget review process, with the goal of developing strategies to reduce potentially avoidable utilization.

- J. NMC shall timely file all forms and information required for provider acquisitions and/or transfers as determined by GMCB staff, if applicable.
- K. NMC shall file all requested data and other information in a timely and accurate manner.
- L. After notice and an opportunity to be heard, the GMCB 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.
- M. All materials required above shall be provided electronically, unless doing so is not practicable.
- N. 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, 2021
Montpelier, Vermont

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

Filed: October 1, 2021

Attest: s/ Jean Stetter
Green Mountain Care Board
Administrative Services Director

[Mathematica BoardPres 20210811.pdf](https://rural-health.vrdc.mathematica-stg.net/landing); see also Mathematica, Rural Health PAU Dashboard, available at: <https://rural-health.vrdc.mathematica-stg.net/landing>.

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).