

FY24 Hospital Budget Guidance

Sarah Lindberg, Director of Health Systems Finance

March 22, 2023

Agenda



- Modeling expense factors
- Options for FY24

FY24 Budget Process



- As the GMCB looks to update and improve its regulatory oversight, staff recommended an approach for FY24, which is a bridge between past and future practices.
- Staff recommended using nationally-benchmarked expense growth from FY22 to FY24.
- The following slides will walk through how that approach might have played out in past budget cycles.

Modeling Proposed Changes



- The modeling provided has limitations, largely due to changes in how data have been submitted to the GMCB.
- Note that this does not account for adjustments, such as provider transfers.
- Also, there is bias as actual budgets will be influenced by approved budgets.

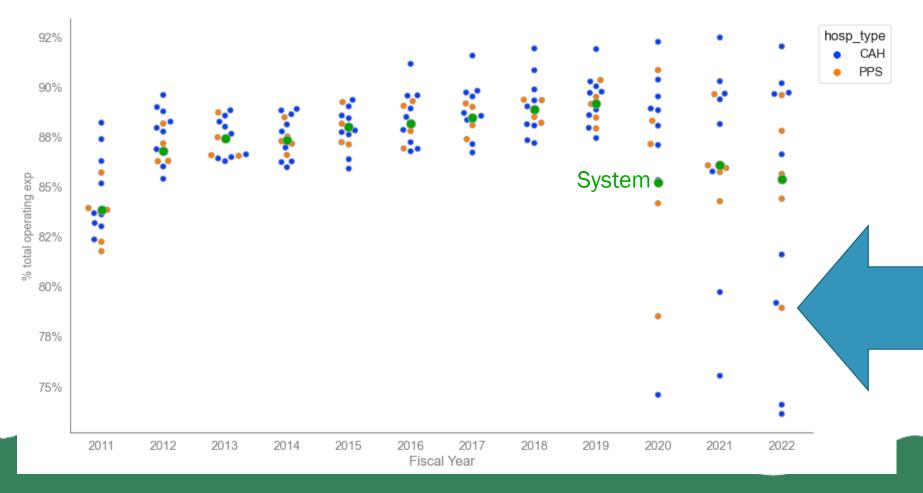
Expense Drivers



GREEN MOUNTAIN CARE BOARD

• The expenses associated with labor, pharmaceuticals, and supplies were over 80% of total operating expenses until FY2020.

• It was over 85% from FY12 to 19.



Some hospitals began breaking out the expenses for traveling nurses starting in FY2020. After accounting for those there are only a handful of cases below 80%: FY20 – Springfield (76%) FY21 – Springfield (79%) FY22 – Gifford (79%) Porter (79%)

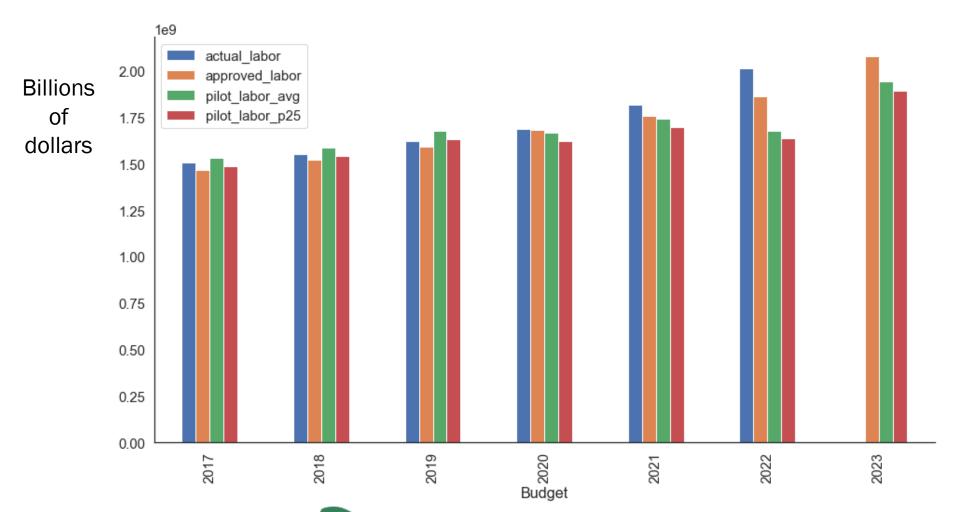
Different Modeling Approaches Tested



- Benchmarks are shown based on what would have been available for prior years budget decisions based on:
 - Average of 2-year changes
 - 25th percentile of 2-year changes
- Benchmark performance is compared with historical comparisons of actual and approved budgets.

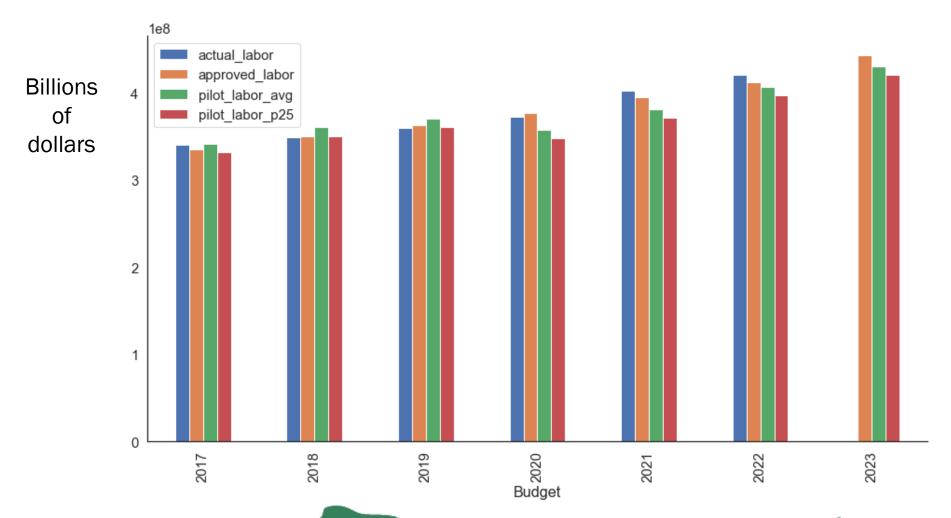
Labor: Model Comparison - System





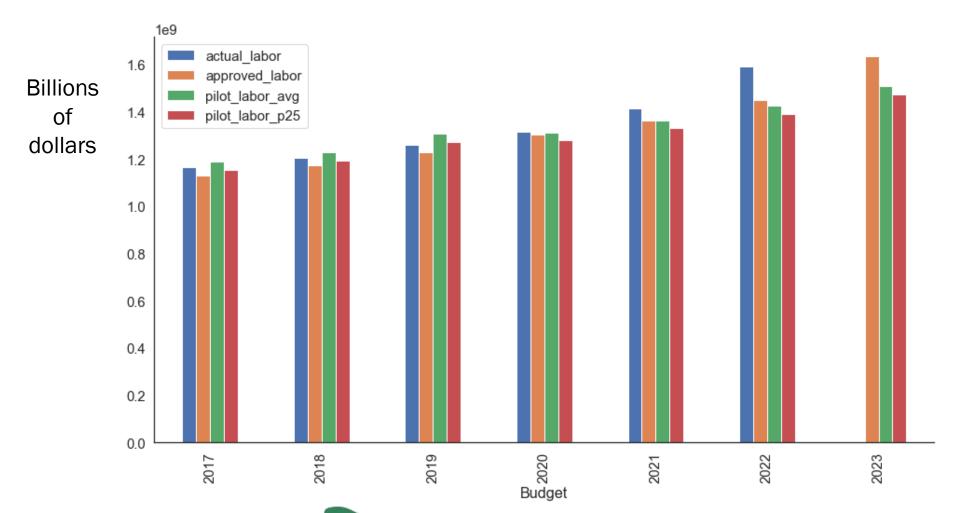
Labor : Model Comparison - CAH





Labor : Model Comparison - PPS





Labor: Budget Year Summary



Over 100% means actuals EXCEEDED model (i.e. budget less than actual)

Under 100% means actuals WERE LESS THAN model (i.e. budget more than actual)

	Proportion of Actual Labor Expenses																	
		FY17			FY18			FY19			FY20			FY21			FY22	
	GMCB N	latl Avg	Natl P25	GMCB N	latl Avg	Natl P25	GMCB	Natl Avg	Natl P25	GMCB I	Natl Avg	Natl P25	GMCB	Natl Avg I	Natl P25	GMCB N	latl Avg N	latl P25
SYSTEM	103%	98%	101%	102%	98%	101%	102%	97%	99%	100%	101%	104%	103%	104%	107%	108%	120%	123%
PPS Average	102%	97%	100%	102%	98%	100%	102%	97%	100%	101%	101%	104%	105%	102%	105%	106%	106%	109%
University of VT	104%	99%	101%	104%	99%	102%	103%	96%	98%	100%	100%	102%	102%	104%	107%	112%	115%	118%
Rutland	98%	93%	96%	102%	99%	102%	100%	99%	102%	102%	102%	105%	112%	105%	108%	109%	103%	106%
Central VT	105%	101%	104%	101%	95%	97%	101%	97%	100%	104%	99%	101%	106%	104%	106%	111%	116%	119%
Southwestern VT	98%	95%	98%	99%	97%	100%	102%	99%	102%	99%	103%	105%	105%	100%	102%	104%	96%	99%
Northwestern	104%	99%	102%	104%	99%	102%	103%	96%	99%	97%	103%	106%	98%	98%	101%	97%	100%	102%
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CAR Average	101%	100%	103%	100%	97%	100%	100%	97%	100%	99%	105%	108%	102%	106%	108%	101%	104%	106%
Northeastern VT		100%	103% 106%		97% 98%			97% 98%	100% 101%		105% 105%	108% 107%		106% 111%	108% 114%		104%	106% 110%
-	108%			102%		100%	97%			96%			101%			108%		
Northeastern VT	108% 100%	103%	106%	102% 99%	98%	100% 102%	97% 96%	98%	101%	96% 102%	105%	107%	101% 98%	111%	114%	108% 101%	108%	110%
Northeastern VT Brattleboro	108% 100% 104%	103% 95%	106% 98% 108%	102% 99% 102%	98% 99%	100% 102% 102%	97% 96% 102%	98% 96%	101% 99%	96% 102% 96%	105% 105%	107% 108%	101% 98% 99%	111% 106%	114% 109%	108% 101% 112%	108% 97%	110% 100%
Northeastern VT Brattleboro Porter	108% 100% 104%	103% 95% 104%	106% 98% 108%	102% 99% 102% 94%	98% 99% 99%	100% 102% 102% 92%	97% 96% 102% 94%	98% 96% 101%	101% 99% 104%	96% 102% 96% 100%	105% 105% 101%	107% 108% 104%	101% 98% 99% 105%	111% 106% 100% 110%	114% 109% 103%	108% 101% 112% 97%	108% 97% 114%	110% 100% 116%
Northeastern VT Brattleboro Porter North Country	108% 100% 104% 104%	103% 95% 104% 98%	106% 98% 108% 101%	102% 99% 102% 94% 99%	98% 99% 99% 90%	100% 102% 102% 92% 101%	97% 96% 102% 94% 99%	98% 96% 101% 92%	101% 99% 104% 95%	96% 102% 96% 100% 96%	105% 105% 101% 108%	107% 108% 104% 111%	101% 98% 99% 105% 101%	111% 106% 100% 110%	114% 109% 103% 112%	108% 101% 112% 97% 101%	108% 97% 114% 96%	110% 100% 116% 98%
Northeastern VT Brattleboro Porter North Country Copley	108% 100% 104% 104% 99%	103% 95% 104% 98% 99%	106% 98% 108% 101% 102%	102% 99% 102% 94% 99% 107%	98% 99% 99% 90% 98%	100% 102% 102% 92% 101% 105%	97% 96% 102% 94% 99% 104%	98% 96% 101% 92% 97%	101% 99% 104% 95% 100%	96% 102% 96% 100% 96% 101%	105% 105% 101% 108% 98%	107% 108% 104% 111% 100%	101% 98% 99% 105% 101% 103%	111% 106% 100% 110% 102% 99%	114% 109% 103% 112% 104%	108% 101% 112% 97% 101% 98%	108% 97% 114% 96% 104%	110% 100% 116% 98% 106%
Northeastern VT Brattleboro Porter North Country Copley Mt. Ascutney	108% 100% 104% 104% 99%	103% 95% 104% 98% 99% 96%	106% 98% 108% 101% 102% 99%	102% 99% 102% 94% 99% 107%	98% 99% 99% 90% 98% 102%	100% 102% 102% 92% 101% 105% 92%	97% 96% 102% 94% 99% 104% 108%	98% 96% 101% 92% 97% 101%	101% 99% 104% 95% 100% 104%	96% 102% 96% 100% 96% 101% 104%	105% 105% 101% 108% 98% 97%	107% 108% 104% 111% 100% 100%	101% 98% 99% 105% 101% 103% 109%	111% 106% 100% 110% 102% 99%	114% 109% 103% 112% 104% 101%	108% 101% 112% 97% 101% 98% 111%	108% 97% 114% 96% 104% 102%	110% 100% 116% 98% 106% 104%

GMCB = GMCB Approved Budget (including mid-year adjustments); Natl Avg = Average 2-year growth rate in the Employer Cost Index (ECI); Natl P25 = 25th percentile of 2-year growth rates in ECI

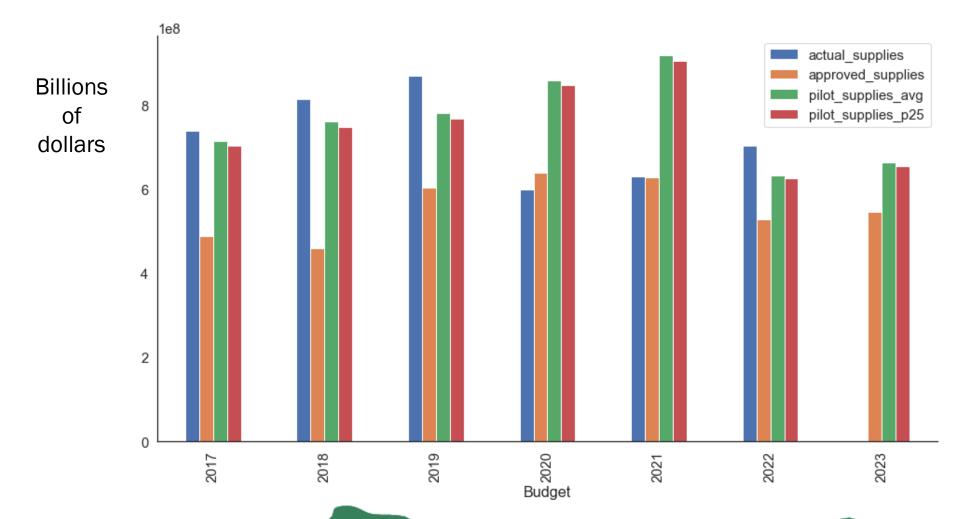
Supplies and Pharmaceuticals



- Hospitals did not start systematically reporting pharmaceutical expenses as a dedicated line item until FY20. To date, not all hospitals are doing so.
- Caution should be taken in generalizing these values, especially since FY20.

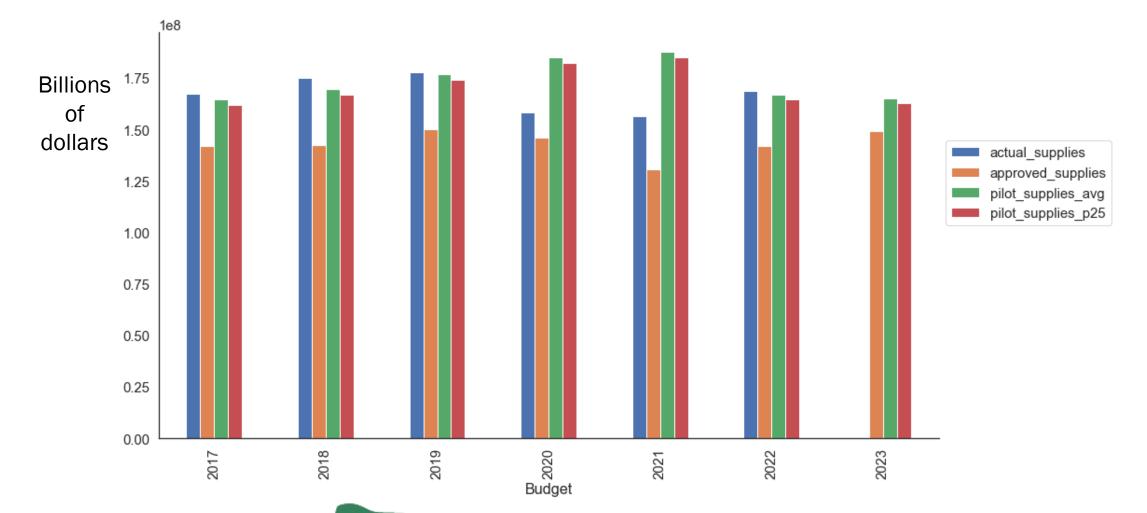
Supplies : Model Comparison - System





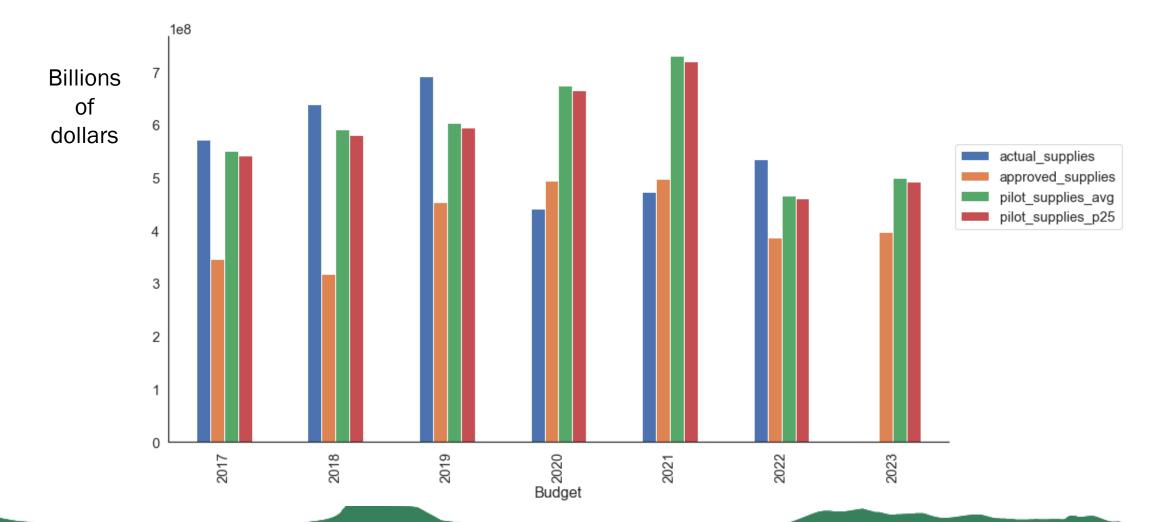
Supplies : Model Comparison - CAH





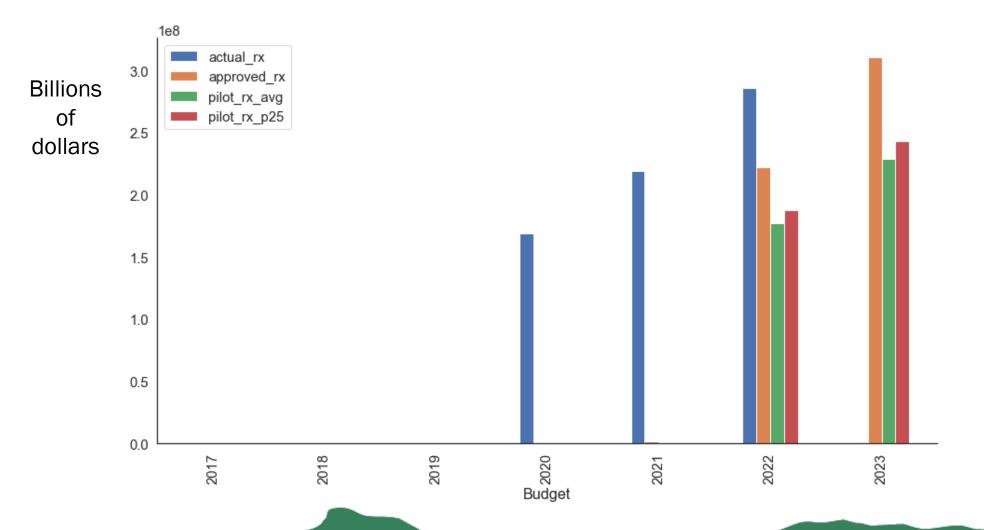
Supplies : Model Comparison - PPS





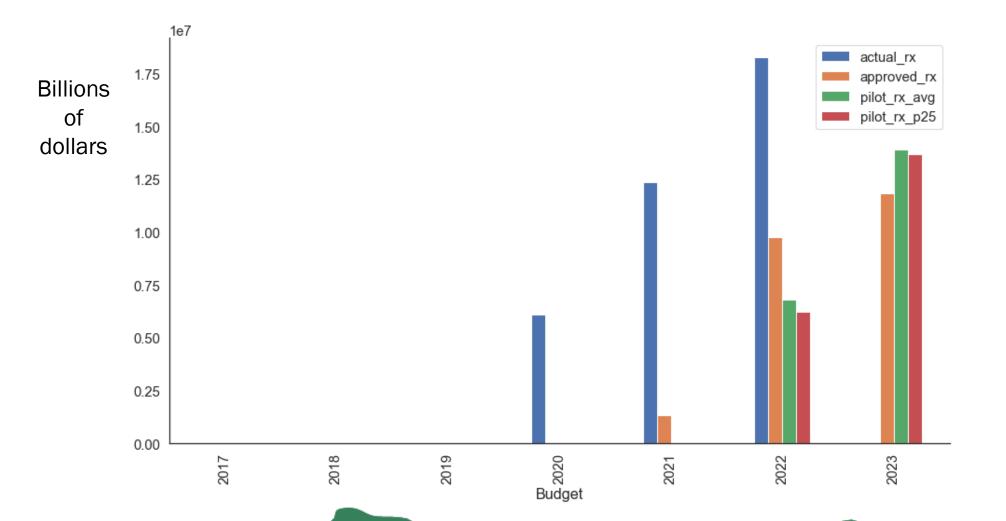
Pharmaceutical Cost: Model Comparison - System





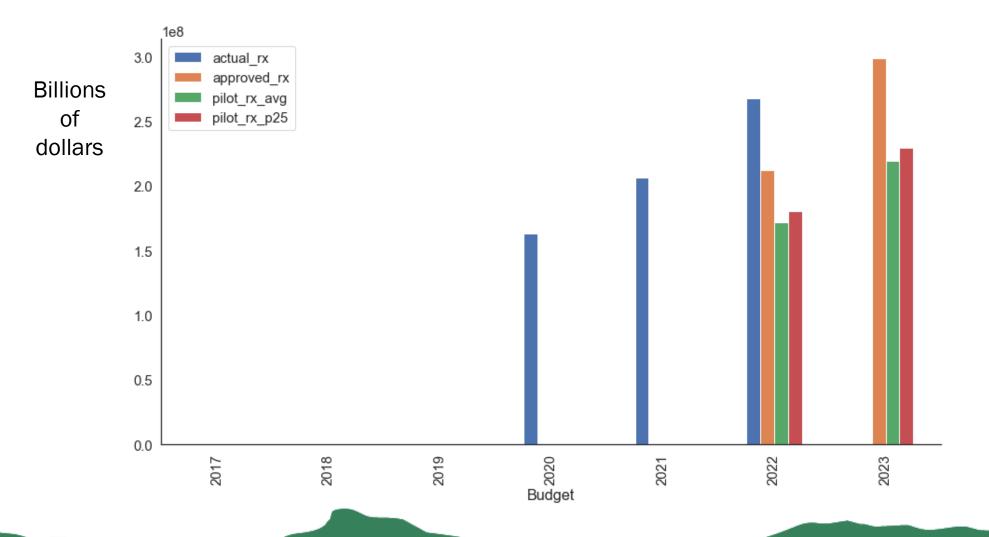
Pharmaceutical Cost: Model Comparison - CAH





Pharmaceutical Cost: Model Comparison - PPS





Labor + Supplies + Rx: Budget Year Summary



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SYSTEM	115%	100%	102%	119%	101%	103%	113%	101%	104%	106%	97%	99%	112%	100%	1 02 %	115%	121%	123%
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Northwestern	103%	98%	101%	104%	99%	102%	104%	99%	101%	100%	102%	104%	99%	100%	102%	97%	101%	103%
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Northeastern VT	108%	104%	107%	104%	100%	103%	105%	104%	107%	100%	105%	107%	105%	101%	104%	112%	108%	110%
Brattleboro	102%	97%	100%	100%	101%	103%	101%	96%	99%	101%	102%	105%	102%	104%	106%	106%	101%	104%
Porter	129%	101%	103%	127%	97%	100%	119%	101%	104%	112%	101%	103%	112%	88%	90%	110%	96%	99%
North Country	99%	98%	100%	99%	93%	95%	99%	98%	101%	96%	103%	105%	103%	103%	105%	99%	99%	101%
Copley	102%	102%	105%	102%	101%	103%	99%	99%	102%	102%	102%	104%	115%	114%	117%	113%	114%	117%
Mt. Ascutney	132%	97%	100%	143%	102%	105%	132%	101%	104%	126%	96%	98%	135%	103%	105%	133%	109%	112%
Springfield	98%	98%	101%	105%	100%	102%	97%	92%	94%	86%	76%	77%	89%	83%	85%	85%	101%	103%
Gifford	98%	106%	109%	94%	100%	102%	95%	91%	93%	104%	99%	101%	122%	107%	109%	109%	112%	115%
Grace Cottage	95%	98%	100%	98%	96%	98%	103%	98%	101%	100%	103%	106%	104%	104%	106%	108%	106%	109%

FY24 NPR Benchmark



- Feedback suggests that in this bridge year, it may be advantageous to stick with a benchmark associated with growth in Net Patient Service Revenue + Fixed Prospective Payments + Reserves (NPR, for short).
- The FY23 Guidance included a 2-year benchmark of growth not more than 8.6% for FY22 to FY24

FY22 Budget versus Actuals



- FY22 budgets by and large underestimated the significant increase in utilization. While actual NPR tended to be higher than budgets, actual expenses outpaced budgets by even more.
- The upshot is that during the FY23 budget process the GMCB voted to use projected values in considering FY24 budgets.
- Using actuals would be consistent with the intent of this decision.

FY24 NPR Limits



	FY22 Actual	FY24 NPR Limit	FY23 Budget	FY23 to FY24
System	\$3,017,186,107	\$3,276,664,112	\$3,273,466,590	0.1%
PPS TOTAL	\$2,341,127,007	\$2,542,463,930	\$2,550,538,240	-0.3%
University of VT	\$1,497,464,148	\$1,626,246,065	\$1,658,725,627	-2.0%
Rutland	\$305,366,707	\$331,628,244	\$312,615,342	6.1%
Central VT	\$240,386,620	\$261,059,869	\$269,231,389	-3.0%
Southwestern	\$186,729,148	\$202,787,855	\$188,872,209	7.4%
Northwestern*	\$111,180,384	\$120,741,897	\$121,093,673	-0.3%
CAH TOTAL	\$675,126,751	\$733,187,652	\$722,928,349	1.4%
Northeastern VT*	\$106,102,056	\$115,226,833	\$110,058,000	4.7%
Brattleboro*	\$92,303,203	\$100,241,278	\$105,484,860	-5.0%
Porter	\$98,711,768	\$107,200,980	\$104,464,068	2.6%
North Country	\$85,710,463	\$93,081,563	\$98,854,148	-5.8%
Copley*	\$93,650,087	\$101,703,994	\$96,033,233	5.9%
Mt. Ascutney	\$62,582,387	\$67,964,472	\$65,869,470	3.2%
Springfield	\$53,066,802	\$57,630,547	\$58,778,639	-2.0%
Gifford*	\$59,880,936	\$65,030,696	\$58,010,676	12.1%
Grace Cottage	\$23,119,049	\$25,107,287	\$25,375,255	-1.1%

* Adjusted for provider transfer/acquisition and accounting changes.

Assessing Commercial Price Changes



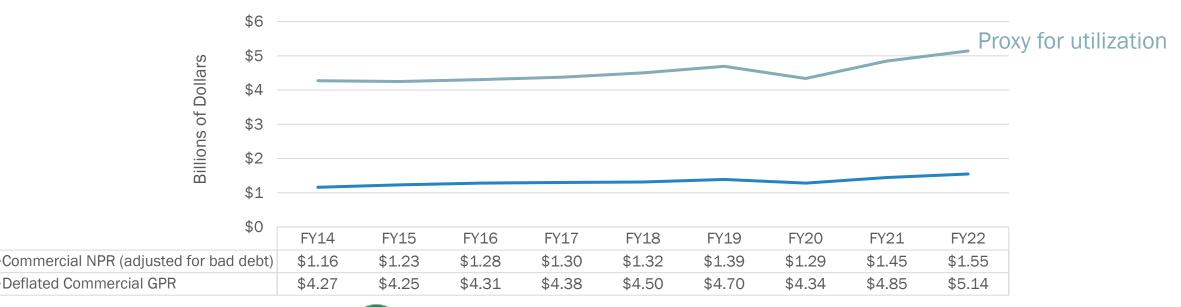
- Note that unlike other factors, this is not directly based on expenses. However, it may be a material assumption in proposed budgets.
 - What is important to the Board in its review of commercial rate assumptions?
- Some potential options include:
 - Review relative to deflated commercial gross patient revenue increases.
 - Review relative to historically-approved budgets.

Changes in Commercial Revenue



After "deflating" gross patient revenue for commercial payers (commercial GDP) based on approved change in charges, deflated commercial GDP grew 20% from FY14 to FY22 (range -28% to 31%, median 16%).

The change in net patient revenue for commercial payers after adjusting for bad debt for the same period was 33% (range -17 to 98%, median 31%). Note that this *includes* price changes and represents average annual growth of 3.7% (systemwide). The estimated average price change would be 1.4%.



Historical Decisions



- From FY13 to FY23, the average 2-year change in charge approved by the GMCB was 4.00% (ranging from -3.70% to 11.55%).
- From FY19 to FY23, it was 4.18% (ranging from -1.33% to 11.55%).
- Since FY2017, the UVMHN hospitals have also submitted a commercial effective rate:
 - Average approval since FY17 was 5.30% (0.72% to 14.77%)
 - Average approval since FY19 was 6.44% (2.30% to 14.77%)

Outstanding Decision Point for Next Time



- How will Board incorporate evolving knowledge about governmental payer price changes in the budget review?
 - Adjust all budgets?
 - Adjust budgets over benchmark?
 - Only account for those known prior to budget submissions?
- Will the Board consider proposed and final rules differently?

Coming Very Soon!



- Full draft of guidance (by end of week)
- Financial benchmark options
- Deeper dive on ratio between free care and bad debt
- Reminder: Guidance must be adopted by March 31st