



**Adaptive User Guide**  
Hospital Budget Submission  
FY2025

*Effective: May 1, 2024*

*Version: 1.0*

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# Contents

- Introduction.....3
- Workday Adaptive Planning .....3
  - Updates: .....3
- System Overview.....4
  - Logging In .....4
  - Navigation .....4
  - Versions .....5
  - Levels .....5
  - Sheets.....6
- Entering your Budget .....9
  - Direct Adaptive Sheet Submissions.....10
    - Hospital & Physician Revenue by Department .....10
    - Staff / FTE by Department .....11
    - Payer Revenue .....12
    - Other Revenue .....13
    - Income Statement .....14
    - Balance Sheet.....14
    - Utilization .....15
    - Rate Decomposition .....16
    - Network Shared Services.....17
    - Capital Sheets.....18
  - Workbook Submissions .....19
    - Referral and Visit Lags .....20
    - Boarder and Transfer Issues.....21
    - Clinical Productivity .....21
    - Staff Turnover & Vacancies .....22
    - Rate Decomposition .....23
- Appendices .....24
  - Access Forms .....24
  - Troubleshooting Common Issues .....26

# Introduction

## Workday Adaptive Planning

The Green Mountain Care Board (GMCB) has deployed Workday Adaptive Planning (Adaptive) as its database to manage hospital budget data.

This user guide is split into two main sections. The first, this introductory section, provides an overview of key elements of the Adaptive system including access and structure. The second section provides more specific instructions for completing and submitting your hospital’s budget in the Adaptive system, including recommended approaches/best practices for doing so.

All system updates, sheets and forms referenced in this guide are anticipated to be available in Adaptive no later than May 17, 2024.

### Updates:

Any changes to this guide after its initial issuance (May 1, 2024) will be referenced in the table below.

Version	Effective	Changes
1.0	Wednesday, May 1, 2024	N/A

# System Overview

## Logging In

You will log into Adaptive using your provided credentials via:

<https://login.adaptiveinsights.com/app>

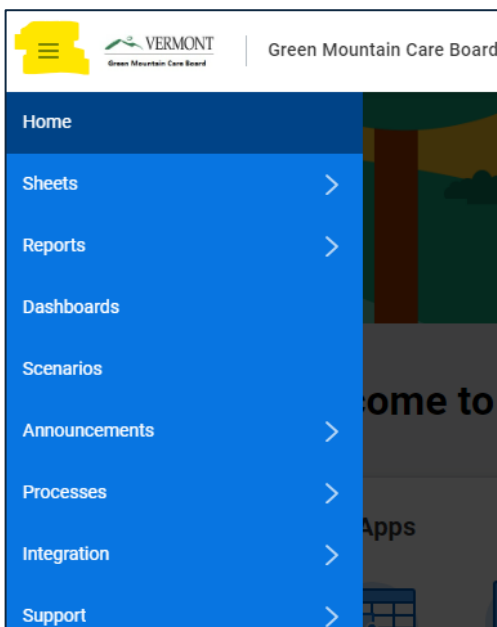
If you do not have login credentials or are locked out, please contact the Health System Finance team at:

[gmcg.healthsystemsfinances@vermont.gov](mailto:gmcg.healthsystemsfinances@vermont.gov)

Adaptive is a cloud-based system; all interactions can be done in-browser and do not require the installation of additional software. Adaptive is browser agnostic—GMCB staff have successfully used Chrome, Edge, Safari, and Firefox—but please let us know if you are encountering any difficulties logging in or bugs that appear to be due to your browser (tables not displaying correctly, for example).

## Navigation

The majority of the navigation in Adaptive is done using the dropdown menu (top-left of the highlighted screenshot below):

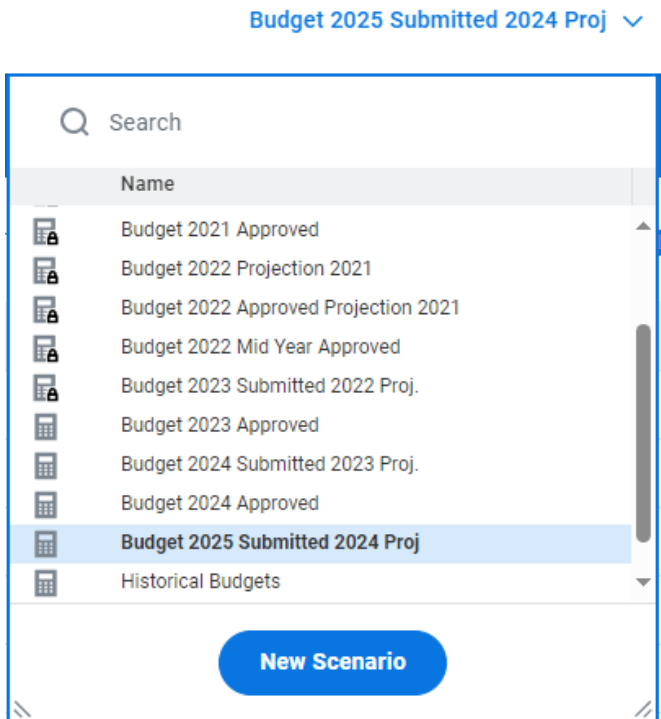


## Versions

Versions can generally be thought of as the *type* of submission.

In Adaptive, you will have individual versions for each type of budget your hospital submits. For example, you'll have distinct versions for the Submitted and Approved budgets for each fiscal year. In years where a midyear budget was approved, there will be a corresponding version. All actuals are included in a single 'Actuals' version.

For the FY25 budget, you will need to use the 'Budget 2025 Submitted, 2024 Proj.' version. This is the same naming convention as we've used in the past, indicating that the FY25 column should reflect your submitted budget, and the FY24 column should reflect your current projections.



## Levels

Levels in our instance of Adaptive refer to hospitals. Users will only have access to their specific hospital(s).

## Sheets

Sheets are where you will be inputting the majority of your submission and can be accessed using the previously discussed drop-down menu.

In Adaptive, you will encounter three types of sheets:

- Standard
- Cube
- Modelled

### Standard Sheets

These are the simplest sheets in Adaptive as they do not have additional dimensions. Examples of standard sheets include the *Income Statement*, *Balance Sheet*, and *Other Revenue* sheets.

From a standard sheet, selecting the Display Options in the toolbar (highlighted below), will allow you to select relevant time periods:



### Display Options

**Time**    Version comparison    Sparklines

Select calendar and time range to display

Calendar  
DefaultTimeHierarchy

Start: Start of Version    End: End of Version

	Month	Quarter	Year
<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> FY2020	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> FY2021	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/> ...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Suppress rows if all zeros or blank

Note: If you are having difficulty seeing an expected account, please ensure that the “Suppress rows if all zeros or blank” option is unchecked in the Display Options

## Cube Sheets

Cube sheets are similar to standard sheets but allow you to enter data using different dimensions. Examples of cube sheets include the *Payer Revenue*, *Hospital & Physician Revenue by Department* and *Staff/FTE by Department* sheets.

Dimensions might include things like payer type (Commercial, Medicare, etc.) or department, and require entries for each.

The dimensions of the cube sheet can be changed/accessed in a couple ways. One option is via drop-down, where you make your entries, change the dimension, and enter data again:

:: Payer **Commercial (inc. Self Pay Other pre 2014)** ▾

#	ACCOUNTS BY TIME
1	▾ Gross Revenue
2	▾ Hospital
3	Inpatient Care Revenue
4	Outpatient Care Revenue
5	Chronic/SNF PT Care Revenue
6	Swing Beds PT Care Revenue
7	Total

Alternately, using the Change Dimensions option in the toolbar can allow you to include the dimensions as rows, no longer requiring the use of a drop-down. For cube sheets, it's recommended that users adjust the dimensions as needed to make data entry easier.



### Change Dimensions

Columns and Rows

Columns

Time ▾

Rows

Payer ▾

Rows

L Accounts ▾

Rows

L (Select One) ▾

## Modelled Sheets

The only modelled sheets you will encounter in Adaptive are the capital sheets: *Non-CON Detail*, *CON Detail*, *CON Summary*.

These sheets differ from standard sheets in that they allow hospitals to create rows for unique accounts (in this case, projects). Modeled sheets also include columns where data is entered using a dropdown.

To add or delete a row, please use the highlighted buttons on the menu bar:



Like standard and cube sheets, Display Options will allow you to select the relevant time periods:

### Display Options

**Time**   Filter Rows   Hide Columns

Select calendar and time range to display

**Calendar**  
DefaultTimeHierarchy ▼

**Start**                      **End**  
Start of Version ▼              End of Version ▼

	Month	Quarter	Year
<input checked="" type="checkbox"/> All	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/> FY2020	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> FY2021	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



# Entering your Budget

You will be making two types of submissions in Adaptive. Direct submissions are those where data is entered into the database by hospital users via the previously described Adaptive Sheets. Workbook submissions are spreadsheets that have been uploaded to a folder in Adaptive but aren't directly linked to the database. Instructions for completing both are included in this section.

The Adaptive database maintains data at the month level. Because of this, if entering data in a fiscal year column, the system will prompt you to apply a break back method:

×

### Apply Breakback Method

Distribute the rollup value 10,000 to contributing cells

- Proportionally
- Proportionally using prior Year's values
- Evenly
- Weighted 4-4-5
- Weighted 4-5-4
- Weighted 5-4-4

---

OKCancel

In Adaptive sheets, you will only be able to enter data into white or blue cells (blue indicates that it is a rollup of some kind and will need a breakback applied). If a cell appears grey that you think shouldn't be, check that the time period and version is correct, then ensure that you are not trying to enter data in a rollup account.

When you have finished inputting data on an Adaptive sheet, always remember to click the save icon on the menu bar; Adaptive does not autosave entries as you go:



# Direct Adaptive Sheet Submissions

## Hospital & Physician Revenue by Department

▼ Revenue
Net Patient Service Revenue
FPP & Reserves

This sheet is for reporting net revenues by department.

For ease of data entry, GMCB staff recommends changing the sheet dimensions to show departments as a row. The alternative requires the use of a dropdown for each department.



### Change Dimensions

Columns and Rows

**Columns**

Time ▼

**Rows**

Department ▼

**Rows**

L Accounts ▼

**Rows**

L (Select One) ▼

## Staff / FTE by Department

▼ FTEs
▼ Clinical
Physicians (Clinical)
Non-MD (Clinical)
Total
▼ Non-Clinical
Physician (Non-Clinical)
Non-MD (Non-Clinical)
Total

This sheet is for reporting FTEs by department, broken out by clinical/non-clinical and physician/non-physician.

Similar to the *Hospital & Physician Revenue by Department* sheet, it's recommended that you set the dimensions to include Departments as rows for ease of data entry:



### Change Dimensions

Columns and Rows

**Columns**

Time ▼

**Rows**

Department ▼

**Rows**

L Accounts ▼

**Rows**

L (Select One) ▼

## Payer Revenue

This sheet is used for reporting revenues by payer, including gross revenues, adjustments, and fixed prospective payments. Payer dimensions are as follows:

### Commercial

- Commercial
- Commercial – Fixed Prospective Payments
- Workers Compensation
- Self-Pay
- Medicare Advantage

### Medicaid

- In-State
- In-State – Fixed Prospective Payments
- Out-of-State

### Medicare

- Medicare
- Medicare – Fixed Prospective Payments

ACCOUNTS BY TIME	
▼	Gross Revenue
▶	Hospital
▶	Physician
▼	Total Revenue
	Total Revenue
▼	Adjustments
▼	Contractual Allowances
▶	Allowances - Hospital
▶	Allowances - Physicians
	Total
	Disproportionate Share Payments
	Graduate Medical Education Payments-Hosp
	Graduate Medical Education Payments_Phys.
▼	Net Payer Revenue
	Net Payer Revenue
▼	Fixed Prospective Payment & Reserves
▼	Fixed Prospective Payments
▶	Fixed Prospective Payments-Hospital
▶	Fixed Prospective Payments-Physician
	Fixed Payments Adjustments & Reconciliations
	Total
▼	Reserves - Risk Portion
▶	Reserves - Hospital
▶	Reserves - Physician
	Reserves Risk Adjustments & Reconciliations
	Total
▶	Other Reform Payments
	Total
▶	Total Net Payer Revenue & Fixed Prospective Payment
▶	Financial Metrics

Note: For FY25, a Medicare Advantage option has been included under the Commercial payer dimension.

## Other Revenue

This sheet is used to report both Other Operating Revenue and Non-Operating Revenue. Entries in this sheet will carry over to the relevant lines in the *Income Statement* and should not need to be re-entered. Accounts are listed below, but please refer to the Uniform Reporting Manual for additional detail:

ACCOUNTS	
▼	Other Operating Revenue
	Community Foundation Revenue
	Grant Income
	Cafeteria & Parking
	Employee Sales Pharmacy
	Employee Sales Med Surg Supplies
	Sale of Services to Other Organizations
	Physician Office and Other Rentals
	Meaningful Use
	340B Retail Pharmacy Programs
	COVID-19 Stimulus and Other Grant Funding
	Miscellaneous/Contract Income
	Premium Revenue and Payer Incentives
	Specialty Pharmacy
	Outpatient Pharmacy Revenue
	Reference Lab Revenue
	Institutional Services Revenue
	Reimbursed Expenses
	Other
	Total
▼	Non-Operating Revenue
	General Contributions
	Transfers from (to) Related Organizations
	Income from Investments
	Gain (Loss) from Sale of Investments
	Income from Funded Depreciation
	Income from Other Board Designated Funds
	Net Income (Loss) on Rentals
	All Other
	Total

## Income Statement

This sheet serves as your official income statement.

The figures reported in your income statement should tie to what was reported in the *Payer Revenue* and *Hospital & Physician Revenue by Department* sheets. Accounts from the *Other Revenue* sheet will directly populate the Other Operating Revenue and Non-Operating Revenue accounts, but all other entries should be made directly in the *Income Statement* sheet.

## Balance Sheet

This sheet serves as your official balance sheet.

The only formula-based account on the balance sheet is 'YTD Change in Net Assets' which is driven by entries made in the *Income Statement* sheet (excess revenue over expenditures). All other entries should be made here. A 'check' account is provided at the bottom of the sheet and should equal 0 when balanced.

## Utilization

This sheet is used to report utilization data at the inpatient (acute, chronic/rehab, SNF, nursery, and swing), outpatient, and ancillary levels.

▼ Utilization
▼ Inpatient
▼ Acute
Acute Beds (Staffed)
Acute Occupancy % (Staffed Beds)
Acute Admissions
Acute Patient Days
Acute Average Length Of Stay
▼ Chronic/Rehab
Chronic Rehab Beds (Staffed)
Chronic Rehab Admissions
Chronic Rehab Patient Days
Chronic Rehab Average Length Of Stay
▼ SNF/ECF
SNF/ECF Beds (Staffed)
SNF/ECF Admissions
SNF/ECF Patient Days
SNF/ECF Average Length Of Stay
▼ Nursery
Nursery Beds (Staffed)
Nursery Admissions
Nursery Patient Days
Nursery Average Length Of Stay
▼ Swing Beds
Swing Beds (Staffed)
Swing Admissions
Swing Patient Days
Swing Average Length Of Stay
▼ Total
Total Beds (Staffed)
Total Admissions
Total Patient Days
Total Average Length Of Stay
▼ Outpatient
All Outpatient Visits
Operating Room Procedure
Observation Units
Physician Office Visits
Operating Room Cases
Provider Work RVU
▼ Ancillary
All Operating Room Procedure
All Operating Room Cases
Emergency Room Visits

## Rate Decomposition

***NOT DIRECTLY ENTERED FOR FY25, SEE WORKBOOK SUBMISSION SECTION***

This sheet is new for the FY25 budget process and collects Net Patient Revenue due to rate (i.e. charges less discounts) vs. Net Patient Revenue due to non-rate changes (i.e. utilization, payer mix, case mix, etc.). For FY25, this data will be submitted in a provided Excel worksheet then imported into a pre-built Adaptive account structure by GMCB staff. It is expected that in future budgets, hospitals will directly input this data into Adaptive which is why it was included in this section. However, as this is the first year of collecting this data, an Excel workbook was chosen to minimize confusion.



## Network Shared Services

Submissions for network-level shared services (administration, revenue cycle, HR operations, etc.) are required to include a breakdown of net cost (total expense and associated other revenue), FTEs (management and other), and salaries (management and other).

Hospitals without network shared services are not required to submit this sheet.

SHARED SERVICES, ACCOUNTS BY TIME	FY2024	FY2025
▼ Shared Services		
▼ Employee Health		
▼ Net Cost		
Total Expense		
Other Revenue		
Total		
▼ FTEs		
Management		
All Other		
Total		
▼ Salaries		
Management		
All Other		
Total		
▼ Finance Administration		
▼ Net Cost		
Total Expense		
Other Revenue		
Total		
▼ FTEs		
Management		
All Other		
Total		
▼ Salaries		
Management		
All Other		
Total		

## Capital Sheets

### CON Detail

On this sheet, please include all projects requiring a Certificate of Need. You can add/delete projects by using the highlighted buttons on the menu bar:



After adding a row for a new project, please input column data as follows:

Column Name	Input Needed
Level	Choose the Hospital from the drop-down menu
Asset Description	Enter a free text description of the Asset
Asset Categories	Choose from drop-down menu: Land & Land Improvements, Buildings & Building Improvements, Fixed Equipment, or Major Movable Equipment
Purchase Categories	Choose from drop-down menu: New, Replacement, or Upgrade
Timespan	Enter amounts along the timespan

### Non-CON Detail

On this sheet, you should include Non-CON capital projects that are individually greater than \$500,000. Non-CON projects are entered in the same way as in the *CON Detail* sheet described above.

### Capital Summary

This sheet summarizes your entries from the *CON Detail* and *Non-CON Detail* sheets, but also requires some additional inputs:

Here you should also report the *aggregated* amounts for capital projects which are individually less than \$500,000:

ACCOUNTS	FY2026
Capital	
▼ Non-Certificate of Need Capital Plans (Less than \$500K)	
Buildings & Building Improvements (Non-CON <\$500K)	1,982,500
Fixed Equipment (Non-CON <\$500K)	1,500,000
Major Movable Equipment (Non-CON <\$500K)	44,395,527
Total	47,878,027

## Workbook Submissions

For materials submitted via spreadsheet, a single Excel workbook is provided. This workbook can be downloaded through Adaptive (Reports/Shared/FY2025 Budget-Submitted/Workbook):

[Shared](#) / [FY2025 Budget-Submitted](#) / [Workbook](#)

### Name

 [FY25 Workbook Submissions.xlsx](#)

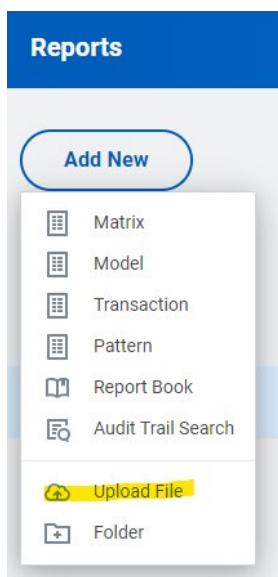
After it is completed, please upload it back into the system (Reports/Shared/FY2025 Budget-Submitted /Hospital Uploads/Workbook):

[Shared](#) / [FY2025 Budget-Submitted](#) / [Hospital Uploads](#) / [Workbook](#)

### Name

 [\[Hospital Name\] FY25 Workbook Submissions.xlsx](#)

From the Reports page, use the 'Add New' then 'Upload File' buttons to upload this document:



## Referral and Visit Lags

There are four tables to complete in the *Referral and Visit Lags* worksheet.

Each hospital must submit data on referral and visit lags for all referrals or appointments requested from May 1, 2024 - May 14, 2024. Please report these lags for each hospital-owned primary care practice, each hospital-owned specialty care practice, and the same imaging procedures as the hospital reported in FY24. If the five most frequent imaging procedures have changed, please add the new imaging procedures as well.

Where cells read [custom entries], Hospitals may add/edit line items, but no other changes should be made to the tables.

Table One: Referral Lags for Hospital-Owned Services Please input referral lags for all hospital-owned services.		
Type of Service	Total number of patients	The percentage of appointments scheduled within three business days of referral
All Primary Care		
All Addiction Services		
All Allergy Care		
All Cardiology		
All Dermatology		
All Ear, Nose, and Throat		
All Endocrinology		
All Gastroenterology		
All General Surgery		
All Infectious Diseases		
All Neurology		
All OB/GYN		
All Oncology / Hematology		
All Ophthalmology		
All Orthopedics		
All Pain Medicine		
All Podiatry		
All Psychiatry		
All Pulmonology		
All Radiology		
All Rheumatology		
All Sleep Medicine		
All Urology		
[CUSTOM ENTRIES]		

**Referral lags:** the percentage of appointments scheduled within 3 business days of referral (that is, the percentage of all referrals where the clinic or hospital has completed scheduling an appointment within 3 business days of receiving the referral, regardless of the date on which the appointment will take place).

**Visit lags:** the percentage of new patient appointments scheduled for the patient to be seen within 14 days, 30 days, 90 days, and 180 days of their scheduling date. (The scheduling date is the date the hospital or practice schedules the appointment, not the date the referral was received.) This metric only concerns appointments for new patients. Please include all holidays and weekends in your calculation.

## Boarder and Transfer Issues

There are two tables to complete in the *Boarder and Transfer Issues* worksheet.

Each hospital must submit the estimated number of discharges, patient days, associated expenditures and reimbursements for FY22 (Actuals), FY23 (Actuals), FY24 (Projected) and FY25 (Budget) due to boarding issues (stays beyond what is clinically indicated due to difficulties discharging/transferring patients).

Each hospital must also report on episodes, expenditures and reimbursements for patients with a LOS greater than 24 hours.

Where cells read **[custom entries]**, Hospitals may add/edit line items, but no other changes should be made to the tables.

Table Five: Patient Boarding				
Please estimate total number of discharges, patient days, associated expenditures and reimbursements for FY22 (Actuals), FY23 (Actuals), FY24 (Projected) and FY25 (Budget): Provision of care due to the inability to discharge patients home due to lack of services or transfer patients to post-acute or other more appropriate care settings. Examples might include hospital stays beyond what is clinically indicated due to difficulties discharging/transferring after patients are deemed safe and appropriate for discharge/transfer or stays for which patients received care that would not generally be provided in a hospital setting (i.e. admissions for social reasons).				
Year	Total Number of Discharges	Total Number of Patient Days	Associated Expenditures	Associated Reimbursements
FY2022 (Actuals)				
FY2023 (Actuals)				
FY2024 (Projected)				
FY2025 (Budget)				

Table Five: Patient Boarding (LOS)				
Assuming the majority of patients who stay in emergency departments for greater than 24 hours without an admitted disposition are patients boarding for a mental health evaluation, please define the LOS in patient hours for patients who have a LOS greater 24 hours without an admitted disposition and the total number of episodes this represents. Please estimate the associated expenditures and reimbursements associated with these encounters.				
Year	LOS in patient hours for patients who have a LOS greater 24 hours (without an admitted disposition)	Total Number of Episodes	Associated Expenditures	Associated Reimbursements
[CUSTOM ENTRY]				

## Clinical Productivity

There is on table to complete in the *Clinical Productivity* worksheet.

Where cells read **[custom entries]**, Hospitals may add/edit line items, but no other changes should be made to the tables.

Table Six: Clinical Productivity					
Please report average work RVUs per clinical physician FTE by department – both the level and the associated percentile of national benchmarks, or similar, for the most recent year available. Report the number of clinical and budgeted FTEs (if different) that are included in the denominator.					
Department	work RVUS / Clinical FTEs	Associated Percentile of National Benchmark	Number of Clinical Physician FTEs	Number of Budgeted Physician FTEs (if different)	Year of Data
[CUSTOM ENTRIES]					

## Staff Turnover & Vacancies

There is one table to complete in the *Staff Turnover & Vacancies* worksheet.

Hospitals are required to report the following:

- The total number of FTE physicians, FTE mid-level providers, and FTE nurses employed by the hospital as of May 31, 2024. Please note that positions do not include travelers.
- The total number of FTE physicians, FTE mid-level providers, and FTE nurses who terminated their employment between June 1, 2023, and May 31, 2024. Please note that FTE positions do not include travelers.
- The total number of vacancies for FTE physicians, FTE mid-level providers, and FTE nurses that exist at the hospital as of May 31, 2024 (that are included in the approved budget). Please note that FTE positions do not include travelers.

<b>Table Seven: Staff Turnover and Vacancies</b>			
	Employed as of May 31, 2024	Terminated employment between June 1, 2023 and May 31, 2024	Vacancies as of May 31, 2024
FTE physicians			
FTE mid-level providers			
FTE nurses			

## Rate Decomposition

This sheet is new for the FY25 budget process and collects Net Patient Revenue due to rate (i.e. charges less discounts) vs. Net Patient Revenue due to non-rate changes (i.e. utilization, payer mix, case mix, etc.). For FY25, this data will be submitted in a provided Excel worksheet then imported into a pre-built Adaptive account structure by GMCB staff. It is expected that in future budgets, hospitals will directly input this data into Adaptive which is why it was included in this section. However, as this is the first year of collecting this data, an Excel workbook was chosen to minimize confusion.

The example below illustrates how this data will be provided, with hospitals entering figures in the tan cells, and the grey cells being formula-driven. This is to be provided at the inpatient, outpatient, professional services, and ‘all other’ levels, and is expected to tie to figures provided in the *Payer Revenue* and *Income Statement* sheets

GMCB staff anticipates that the commercial breakdown by major payer will be treated as confidential.

[HOSPITAL NAME]										
Expand for Definitions										
CONFIDENTIAL - FOR BOARD REVIEW										
Hospital Provided										
	(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)
	NPR FY24	NPR FY25	NPR YOY	W	NPR FY25 (@FY24 constants)	NPR FY25 (due to rate)	FY25 Rate	FY25 Rate (WA)	FY25 Effective Rate	FY25 Effective Rate (WA)
<b>Inpatient</b>										
Medicaid			\$ -			\$ -				
Medicare - Traditional			\$ -			\$ -				
Medicare - Advantage			\$ -			\$ -				
Commercial	\$ -	\$ -	\$ -		\$ -	\$ -				
Major Payer #1			\$ -			\$ -				
Major Payer #2			\$ -			\$ -				
Major Payer #3			\$ -			\$ -				
Major Payer #4			\$ -			\$ -				
All other Commercial			\$ -			\$ -				
Other			\$ -			\$ -				
Overall Inpatient	\$ -	\$ -	\$ -		\$ -	\$ -		0.0%		0.0%
<b>Outpatient</b>										
Medicaid			\$ -			\$ -				
Medicare - Traditional			\$ -			\$ -				
Medicare - Advantage			\$ -			\$ -				
Commercial	\$ -	\$ -	\$ -		\$ -	\$ -				
Major Payer #1			\$ -			\$ -				
Major Payer #2			\$ -			\$ -				
Major Payer #3			\$ -			\$ -				
Major Payer #4			\$ -			\$ -				
All other Commercial			\$ -			\$ -				
Other			\$ -			\$ -				
Overall Outpatient	\$ -	\$ -	\$ -		\$ -	\$ -		0.0%		0.0%

## Appendices

### Access Forms

Please find a printable User Access Request Form on the following page:





# USER ACCESS REQUEST FORM

Please submit the following form to request or change access to the Adaptive Insights Hospital Budget Tool

## Budget Tool User Access Request Form

PART A: User Information ( to be completed by Requester and approved by Manager)			
Type of Request:	New User: <input type="checkbox"/>	Access Change: <input type="checkbox"/>	Remove Access: <input type="checkbox"/>
Request Date:	Required Date *:	Priority:	HIGH
Name:	Organization		
Job Title:	Email:		
Street Address:	City, State		
Telephone	Zip Code		
Domain	Role		
Appointed Authority Name:		Appointed Authority Sign Off: (Indicates Approval)	<input type="checkbox"/>
<b>Comments:</b>			
PART B : Approval (to be completed by GMCB)			
GMCB Staff Name:		GMCB Approval	<input type="checkbox"/>
GMCB Sign Off By:		Date:	
Comments:			
PART C : Implementation (to be completed by GMCB)			
Implemented By:		Date:	
User Name	@state2.vt.us	Password	
Account Set up <input type="checkbox"/>	Log in Checked <input type="checkbox"/>	Org Level Sheet check <input type="checkbox"/>	Org Level Report check <input type="checkbox"/>
Comments:			

Facilities are allowed two-three users. Requesters should complete their portion of the form and contact [Flora.Pagan@vermont.gov](mailto:Flora.Pagan@vermont.gov) to submit the change.

**Authorized Authority:** By approving this form you also agree to notify the Green Mountain Care Board if access should be removed for this requester if he or she discontinues employment with the organization.

## Troubleshooting Common Issues

As GMCB staff receives questions from users, we will include common responses in this section.