

Impact of FY25 Budget Requests & Summary of Staff Recommendations

SEPTEMBER 4, 2024

Agenda

1. Today
 1. Review Public Comment
 2. Impact of Budget Requests & Staff Recommendations
2. Friday 9/6 & Monday 9/9
 1. Review Hospital Budget Requests & Deliberations
 1. Day 1: SVMC, Copley, RRMCC, Grace, Gifford, NC, Mt. Ascutney
 2. Day 2: NMC, Brattleboro, NVRH, Springfield, UVMMC, CVMC, Porter

Summary of Public Comment



- Vermonters are paying attention to healthcare
 - 171 public comments received
 - These include public comments received through GMCB's hospital budget review and health insurance rate review processes.
 - We also received comments from our Act 167 Community Engagement meetings, which highlighted concerns about healthcare affordability and the need for system change.
- Vermonters worry about:
 - Rising costs and healthcare unaffordability
 - Access to local services and tertiary care
 - Overall tenability of the status quo, effectiveness of current cost control levers
- Some Hospital employees/providers support hospital budgets

Downstream, Vermonters are worried about cost



- "Vermonters are tapped out. Being a single dad of 3, I can't afford this"
- "Vermont has made it nearly impossible for small business to do business here... Now the cost of business is too high to stay here."
- "Deductibles are so high on affordable plans I'd rather pay out of pocket when needed... patients delay care which ultimately RAISES health care costs.... We're bleeding healthcare providers out of the system because it is untenable..."

Downstream, Vermonters are worried about cost



- “What individual gets anything close to a 19% raise each year? How is an individual expected to pay for this increase in health insurance? I currently have a \$9000 deductible and yet pay \$740 per month, half of what I pay for rent. For that amount I receive only the most basic preventative care and a slight discount on bills I pay out of pocket. Where do these increases stop? I expect BCBS will get an increase regardless of what the public says. I expect I will be paying more for a higher deductible and less care.”

Downstream, Vermonters are worried about cost



- “My nonprofit organization provides coverage under both of these plans to support the health and well-being of 43 employees and their families. The cost of health insurance has continued to place a strain on the organization’s budget which has led to underinsured families and staff turnover. Increasing the cost of health insurance through the marketplace will put additional strain on children and families served by the organization who often have limited income and tight budgets.”
- “Health care costs are already out of control. Taxes will be going up, now health care- but my salary doesn't seem to have the same raises! People will have to choose between taking care of their health, living in a decent house or eating! Enough already!”

Downstream, Vermonters are worried about cost



- “As a small nonprofit employer committed to providing fair wages and benefits to our employees, we continue to be challenged by double digit increases in health insurance rates. Over the past 5 years we have switched plans and insurers several times, moved to high deductible plans with Health Savings Accounts, and have had to increase employee contributions. This makes it more complicated as well as more expensive for both our staff and for us as an employer. Continuing increases are simply not sustainable for our institutional budgets, for our staff, or for our ability to continue to operate with staff here in Vermont”



Downstream, Vermonters are worried about cost



- “I am an owner of a small business here in Burlington for over 20 years. We offer our employees 100% health care coverage and \$100 per pay period to their HSA. We are so discouraged by the rate increases for health care here in Vermont. We have seen it consistently go up for decades by 10-12% a year. Now our premium has gone up 25%! and reporting that it will go up another 20% in 2025 - then who knows how much after. Vermont has made it nearly impossible for small business to do business here. Besides the high rate of taxes - health care costs are some of the highest in the country. As a family plan we still have a deductible of \$8500. This is insane. We can not afford to offer this benefit to our employees and give them the salary they need to live here. I want to know what we can do about this. It is already hard to attract talent to move here because of the cost of living. Now the cost of business is too high to stay here.”



Public Comment in support of hospitals



- “UVMHC is an integral part of the healthcare that is provided here in Vermont. Many resident physicians, after completing their training at UVM, chose to stay in this area to continue to practice medicine. UVMHC as an academic medical center is integral to providing a great portion of subspecialty care that would otherwise not be available to Vermonters. An academic medical center such as UVMHC is at the forefront of healthcare innovation and research which are both necessary for the advancement of the field of medicine. If it were not for UVMHC, many Vermonters would be forced to seek specialty care beyond state lines.”

Public Comment in support of hospitals



- “I use health services in both the Rutland and Springfield areas. In 2019, one week before I my second child was due, Springfield hospital closed their birthing center, where I had planned to be. Not only was this a dramatic change, but it was made without sufficient time. I was shifted to Dartmouth where I did not know any of the physicians or practices. It was incredibly stressful. Since then services in our communities have continued to decrease, with our Ludlow walk-in clinic closing their weekend hours (When they are most needed). We are losing services that keep people out of the ER.”

IMPACT OF FY25 BUDGET REQUESTS & SUMMARY OF STAFF RECOMMENDATIONS

Green Mountain Care Board approves double-digit increase in health insurance premiums for third year in row



As of 2020, in Vermont, our
health care spending was
19% of our state GDP.

Cumulative Average Change to QHP Rates



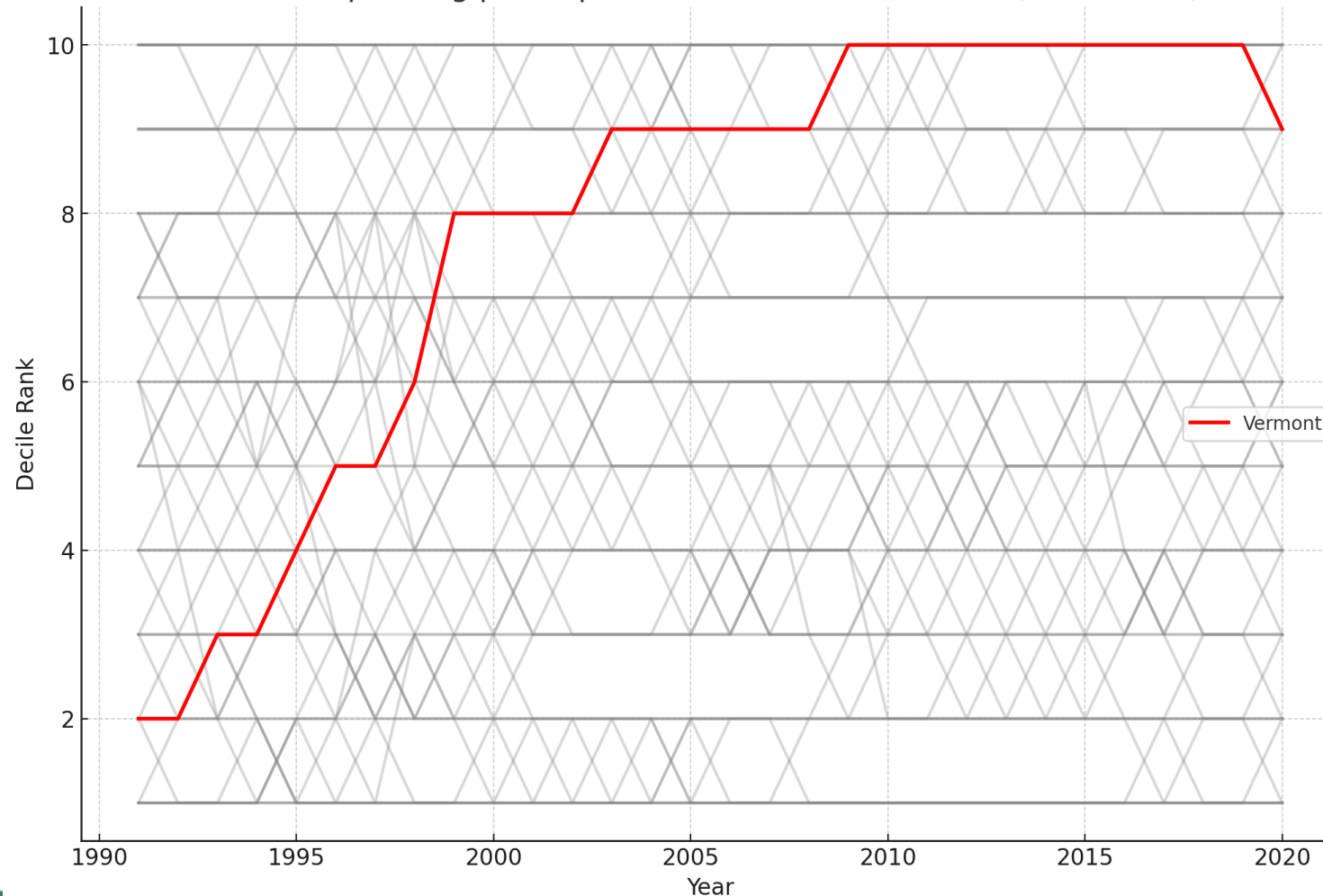
Cumulative Average Change to Rate (2018 base year)								
	MVP - I		MVP - SG		BCBS - I		BCBS - SG	
2019	6.6%				5.8%			
2020	17.4%				18.9%			
2021	20.5%				23.9%			
2022	35.8%		21.5%		29.7%		15.6%	
2023	61.9%		60.6%		44.5%		29.1%	
2024	80.4%		60.2%		64.6%		46.2%	
2025	<i>See Table Below for Requested vs. Approved</i>							

Small Group - Average Annual Increase Over 2024 Rates			
Insurer	Initial Request	Final Request	GMCB Approved
BCBSVT	19.1%	24.0%	22.8%
MVP	9.3%	11.5%	11.1%
Individual - Average Annual Increase Over 2024 Rates			
BCBSVT	16.3%	21.0%	19.8%
MVP	11.7%	14.9%	14.2%

QHP = Qualified Health Plan
 I = Individual
 SG = Small Group

State Health Spending per Capita Decile Ranks Over Time

Health Spending per Capita Decile Ranks Over Time (1991-2020)



Vermont was among the states with the lowest per capita health care spending in the 1990s, and since 2010 is consistently among the highest. 2020 was an exceptional dip in spending per capita. Given recent growth rates, Vermont likely remains in the top decile. These data are from the [NHE](#) and are updated every five years.

Hospitals are a Major Component of Health Care Spending

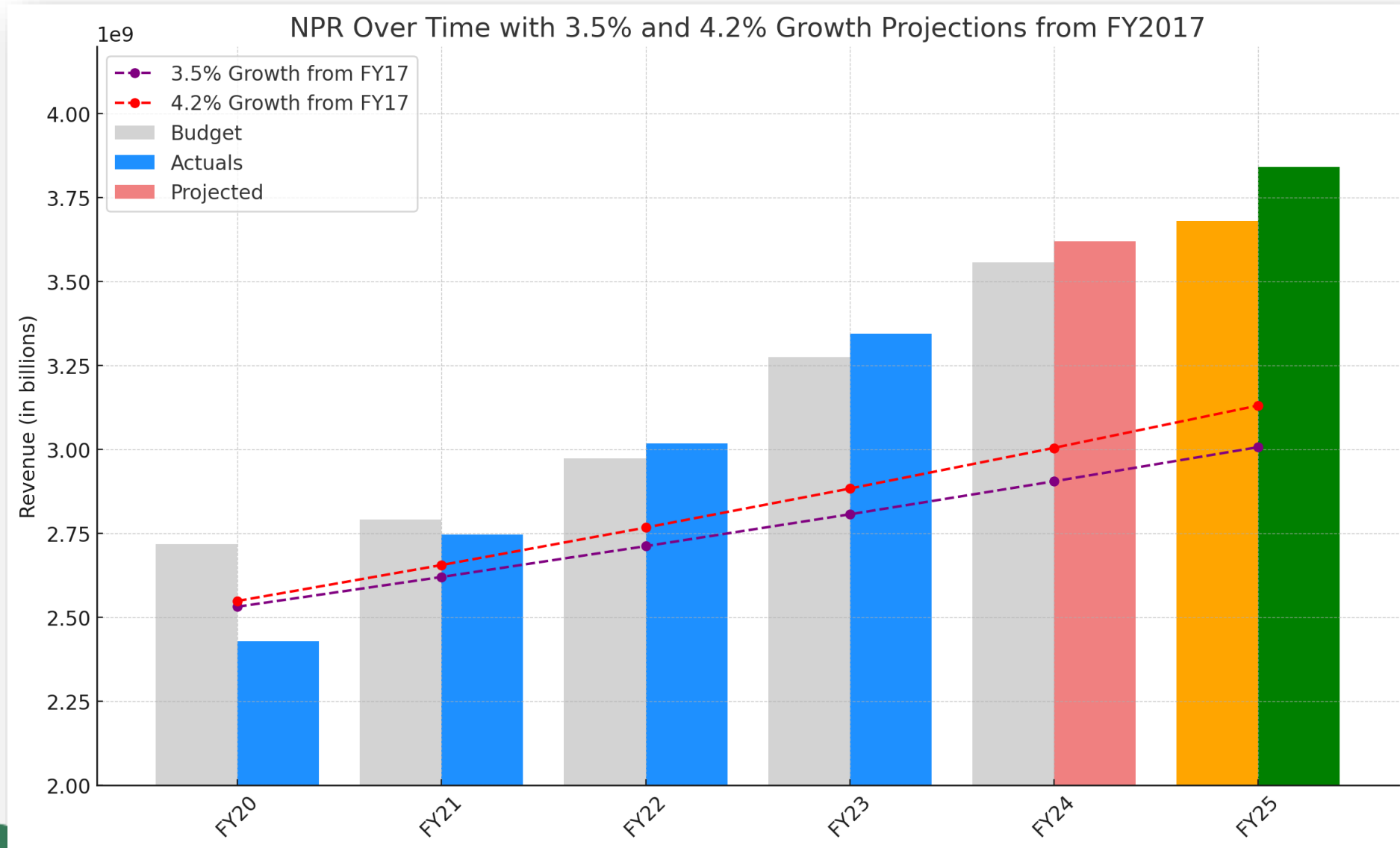


In 2020 (a low utilization year due to the pandemic), hospital spending was **35%** of Vermont resident's total health care spending.

In 2020, among Vermont providers, Vermont hospitals received **47%** of the health care revenue spent within the state.

Note: the Vermont expenditure analysis is being updated and is expected to be released for FY2021 & FY2022 this fall.

Net Patient Revenue Growth



Hospitals' (Primary) Levers in a Fee-for-Service World...

$$\text{Price} \times \text{Volume} - \text{Expense} = \text{Margin}$$

Δ Affordability

*There are other ways that hospitals can earn a higher margin outside of delivering patient care including investment income, grants and other program revenue, write-offs etc.

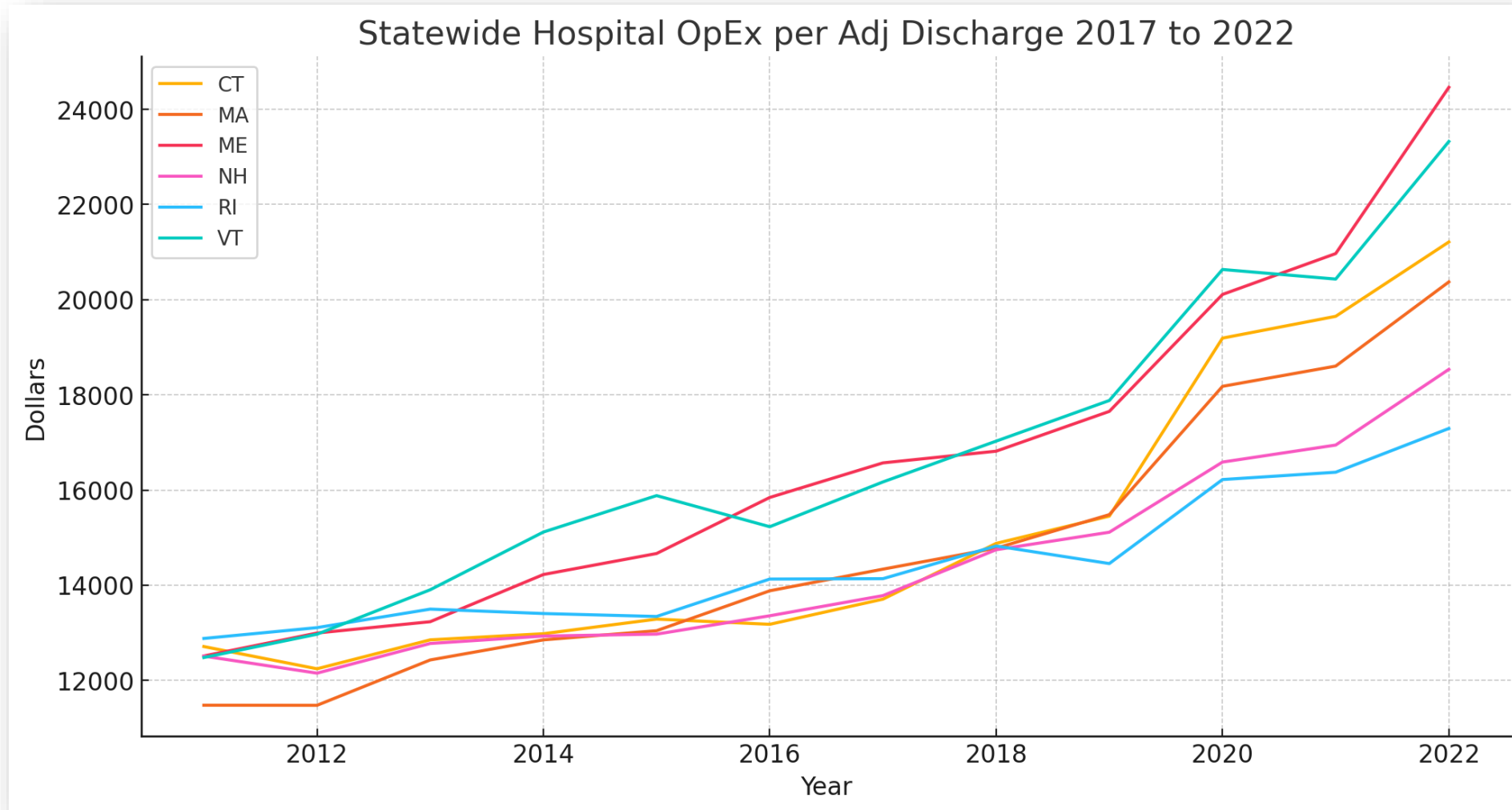
Vermont Hospital Prices



Hospital	IP Standardized Price	IP Standardized Price Decile	OP Standardized Price	OP Standardized Price Decile
Brattleboro	\$19,264	3	\$456.48	8
Copley	\$16,127	2	\$314.51	6
CVMC	\$19,902	4	\$419.26	7
Gifford	\$22,530	5	\$544.04	9
Grace Cottage			\$547.50	9
Mt. Ascutney	\$42,223	10	\$543.10	9
North Country	\$26,877	8	\$605.88	10
Northeastern VT	\$25,134	7	\$522.44	8
Northwestern	\$16,572	2	\$307.97	5
Porter	\$21,403	4	\$423.38	7
Rutland	\$24,645	6	\$399.37	6
Southwestern VT	\$23,165	6	\$438.21	8
Springfield	\$14,290	1	\$374.38	6
UVM	\$31,753	9	\$556.73	10

BOARD

Vermont vs. New England States: OpEx Growth per Adj Discharge



← Vermont

Most recent available data from NASHP are from 2022.

Days Cash on Hand



Hospital	FY22 Budget	FY22 Actuals	FY23 Budget	FY23 Actual	FY24 Budget	FY24 Projected	FY25 Budget
BMH	160.1	131.7	128.5	108.4	119.2	112.1	99.7
Copley	40.6	65.8	88.1	42.5	39.6	57.9	69.4
CVMC	113.3	68.7	80.9	78.5	61.3	72.6	69.4
Gifford	297.9	203.5	304.2	146.4	205.1	101.1	108.9
GCH	145.4	99.1	108.9	87.9	101.5	85	87.9
MAHHC	186.9	207.5	212	220	213.6	224.5	229
NCH	270.4	212.6	221.3	186.9	195.3	199.8	212.1
NVRH	143	105.7	104.9	98.2	69.5	97.4	86.2
NMC	321.9	251.9	255	223.9	243.6	241.5	240.4
Porter	147.6	120	169.9	98.2	128.8	111.7	93.2
Rutland	255	181.9	205.8	188.7	197.2	202.6	203.6
SVMC	42.9	37.5	38.3	48.8	60.7	43.7	43.9
Springfield	20.3	70.4	42.3	71	45.6	50.1	55.7
UVM	186.6	112.5	128.9	115.4	109.7	117.7	119.7

Background

- The GMCB must establish a budget for each hospital by September 15, with a written decision by October 1. 18 V.S.A. § 9456(d)(1).
- When establishing a budget, the GMCB must rely on its statutory charge and the state's regulatory objectives.
- Hospitals bear the burden of persuasion in justifying their budgets as submitted. GMCB Rule 3.000, § 3.306(a).
- If a hospital does not meet its burden, the GMCB must adjust the budget such that it aligns with the state's regulatory objectives.

Annual Benchmarks



- The Board may establish a process to define, on an annual basis, criteria for hospitals to meet, such as utilization and inflation benchmarks. 18 V.S.A. § 9456(e).
- The Board establishes benchmarks for hospital use in developing and preparing budgets. GMCB Rule 3.000, § 3.202(a).
 - GMCB meets with VAHHS & HCA to obtain input.
 - Benchmarks provided to hospitals by March 31.
- Benchmarks help the Board consider whether budget adjustment is necessary. GMCB Rule 3.000, § 3.202(b).

Benchmark: Net Patient Revenue

(1) *Net Patient Service Revenue Growth (NPR) Growth*: Growth in net patient revenues for hospital services is benchmarked at the system-level at an amount of **3.5%** over the FY24 system-wide approved budget, in line with the total cost of care (TCOC) growth target in the Vermont All Payer Model. For the purposes of this benchmark, the growth rate is allocated across hospitals at an equivalent rate, though the Board recognizes that it may be appropriate for some hospital budgets to be above or below this system-wide target. For budgets that request NPR growth exceeding this benchmark, hospitals must provide justification, including credible and sufficient supporting evidence that the excessive growth reflects an improvement in access or quality of care (e.g., increased access as justified by lower projected wait times and a means to achieve them, population growth as justified by demographic trends and projected increases in new patient volumes, etc.). In evaluating proposed budgets, though this target is relative to current year budget, staff will also consider hospital prior year actuals, and projected current year performance relative to the respective NPR growth budgeted for those years. For any hospitals with material differences between budget and actual or projected NPR FY23 or FY24, the GMCB expects the hospital to address that variation as part of its justification for budgeted FY25 NPR.

Benchmark: Commercial Growth



(2) *Commercial Rate Growth:* Commercial rate growth by payer shall be no more than the PCE price index plus 1% as of January 2024, over FY24 approved budget, which amounts to **3.4%** for FY25. The GMCB anticipates establishing a cap on any commercial rate increases for each hospital, which will also apply as a cap on the increase that the hospital may receive from any individual commercial payer. Any GMCB approved rate increase is a cap subject to negotiation between a hospital and commercial insurers and is not an amount set or guaranteed by the GMCB. Hospitals proposing budgets that exceed this growth rate will be required to justify this request with sufficient and credible evidence of hospital efficiency and maximized productivity of resources (e.g. average work RVUs per clinical FTE by department, both the level and the associated percentile of national benchmarks, or similar; measures of hospital cost and efficiency used by leadership to assess operational efficiency, both the level and the associated percentile of national benchmarks, or similar; etc.).

Benchmark: Operating Margin



Hospital financial sustainability may help Vermonters maintain access to essential services. While there are many indicators that are important for evaluating financial health, a key metric for private entities is operating margin, as it expresses the ongoing ability of an organization to cover its operating costs with its expected revenues from operations. Hospitals proposing budgets with margins at or less than 0% will be required to explain key drivers of their sustainability challenges, and justify with sufficient and credible evidence of hospital efficiency and maximized productivity of resources (e.g. average work RVUs per clinical FTE by department, both the level and the associated percentile of national benchmarks, or similar; measures of hospital cost and efficiency used by leadership to assess operational efficiency, both the level and the associated percentile of national benchmarks, or similar; etc.)..

- (1) *Operating Margin*: a hospital's operating margin shall be greater than zero. The Board recognizes that achieving a positive operating margin requires generating sufficient revenue, managing expenses and expense growth, and performing efficiently.

FY25 HBR Guidance:

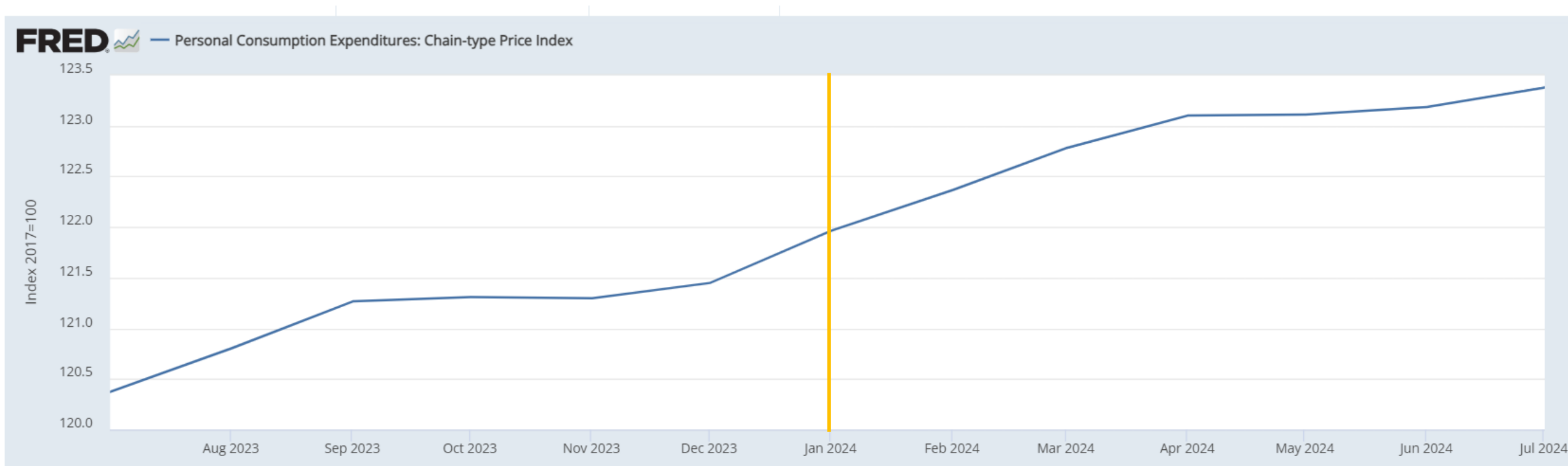
Section I Benchmarks



1. **Net Patient Revenue** is capped at no more than **3.5%** above prior year budget, in line with the Vermont All Payer Model Agreement.
2. **Commercial rate growth** overall and for each payer shall be no more than the **PCE Price Index +1%** (January 2024 release), over FY24 approved budget, which amounts to **3.4%** for FY25.
3. **Operating margin** shall be greater than **0%**.

Hospitals exceeding these benchmarks are required to justify with evidence.

Note: Inflation has slowed greatly since March when guidance was established...



FY25 Hospital Budget Requests



Hospital	NPR %	vs. G \$	vs. G %	% of System >G	Comm FY25R %	vs. G \$	vs. G %	% of System >G
Brattleboro Memorial Hospital	2.5%	(1,133,685)	1.0%	-1%	4.7%	1,264,018	1.3%	3%
Central Vermont Medical Center	11.9%	23,044,956	-8.4%	14%	5.5%	2,502,257	2.1%	6%
Copley Hospital	11.8%	8,731,555	-8.3%	5%	10.5%	4,019,123	7.1%	10%
Grace Cottage Hospital	12.0%	2,353,402	-8.5%	1%	2.5%	(114,122)	-0.9%	0%
Gifford Medical Center	8.2%	3,016,726	-4.7%	2%	6.8%	1,136,372	3.4%	3%
Mt. Ascutney Hospital & Health Ctr	3.2%	(208,474)	0.3%	0%	2.2%	(322,114)	-1.2%	-1%
North Country Hospital	1.6%	(1,932,627)	1.9%	-1%	4.7%	545,330	1.3%	1%
Northeastern VT Regional Hospital	3.9%	489,978	-0.4%	0%	4.5%	597,526	1.1%	1%
Northwestern Medical Center	6.8%	4,128,531	-3.3%	3%	6.4%	2,269,537	3.0%	6%
Porter Medical Center	4.2%	917,996	-0.7%	1%	2.5%	(426,317)	-0.9%	-1%
Rutland Regional Medical Center	6.1%	8,435,738	-2.6%	5%	2.8%	(986,871)	-0.6%	-2%
Springfield Hospital	13.0%	5,755,713	-9.5%	4%	2.2%	(334,180)	-1.2%	-1%
Southwestern VT Medical Center	3.5%	1	0.0%	0%	3.5%	171,492	0.1%	0%
The University of Vermont Medical Center	9.3%	106,338,328	-5.8%	66%	6.8%	30,937,369	3.4%	75%
Total	8.0%	159,938,136	-4.5%	100%	5.7%	41,259,419	2.3%	100%

FY25 Budget requests collectively reflect a **\$1.3 Billion** or **48%** increase over pre-pandemic levels...



	FY25R vs. FY19A	FY22B vs. FY19A	FY25R vs. FY22B
Cumulative Growth (\$)	\$1,253 Million	\$429 Million	\$824 Million
Cumulative Growth (%)	48%	17%	27%
CAGR	6.8%	5.20%	8.40%
Average	8.1%	5.50%	8.40%

Clinical Productivity



Ten hospitals submitted rates of clinical productivity based on RVUs using a variety of data sources with varying degrees of detail.

68.4% of reported clinical FTEs are performing **below the 50th percentile** of their respective benchmark.

70.8% of reported departments are performing **below the 50th percentile** of their respective benchmark.

Staff Recommendations: Commercial NPR Growth due to Price



Hospital	Comm FY25R \$	Comm FY25R %	Comm Rec %	Comm Rec vs Requested	Comm Rec vs Guidance
Brattleboro Memorial Hospital	4,569,910	4.7%	3.4%	(1,264,018)	-
Central Vermont Medical Center	6,472,076	5.5%	3.4%	(2,502,257)	-
Copley Hospital	5,934,360	10.5%	6.4%	(2,329,207)	1,689,915
Grace Cottage Hospital	317,007	2.5%	2.5%	-	(114,122)
Gifford Medical Center	2,272,744	6.8%	3.4%	(1,136,372)	-
Mt. Ascutney Hospital & Health Ctr	628,032	2.2%	2.2%	-	(322,114)
North Country Hospital	2,010,695	4.7%	3.4%	(545,330)	-
Northeastern VT Regional Hospital	2,461,610	4.5%	3.4%	(597,526)	-
Northwestern Medical Center	4,861,865	6.4%	3.4%	(2,269,537)	-
Porter Medical Center	1,216,662	2.5%	2.5%	-	(426,317)
Rutland Regional Medical Center	4,796,805	2.8%	2.8%	-	(986,871)
Springfield Hospital	582,803	2.2%	2.2%	-	(334,180)
Southwestern VT Medical Center	4,070,672	3.5%	3.4%	(171,492)	-
The University of Vermont Medical Center	61,949,827	6.8%	3.4%	(30,937,369)	-
Total	102,145,068	5.7%	3.4%	(41,753,108)	(493,689)

Staff Recommendations: FY2023 Enforcement



Hospital	FY23B	FY23A	FY23 B vs. A	Subject to Enforcement	Enforcement Rec	Comm Impact %
Brattleboro Memorial Hospital	105,484,860	106,185,271	1%	-	-	0.0%
Central Vermont Medical Center	269,231,389	252,125,510	-6%	-	-	0.0%
Copley Hospital	96,033,233	96,200,700	0%	-	-	0.0%
Grace Cottage Hospital	25,375,255	24,857,527	-2%	-	-	0.0%
Gifford Medical Center	58,010,676	54,811,925	-6%	-	-	0.0%
Mt. Ascutney Hospital & Health Ctr	65,869,470	65,352,824	-1%	-	-	0.0%
North Country Hospital	98,854,148	95,226,076	-4%	-	-	0.0%
Northeastern VT Regional Hospital	110,058,000	112,163,926	2%	2,105,926		0.0%
Northwestern Medical Center	121,093,673	117,534,401	-3%	-	-	0.0%
Porter Medical Center	104,464,068	115,464,374	11%	11,000,307	5,500,153	-11.4%
Rutland Regional Medical Center	313,970,338	325,035,199	4%	12,419,857	6,209,928	-3.7%
Springfield Hospital	58,778,639	55,407,788	-6%	-	-	0.0%
Southwestern VT Medical Center	188,872,209	184,701,748	-2%	-	-	0.0%
The University of Vermont Medical Center	1,658,725,627	1,739,015,783	5%	80,290,156	80,290,156	-8.8%
Total	3,274,821,586	3,344,083,053	2%	105,816,246	92,000,238	-5.1%

Recent History of Commercial Rate Approvals



	2018	2019	2020	2021	2022	2023	2024
Brattleboro Memorial Hospital	5.7%	3.9%	3.4%	4.9%	4.6%	10.2%	1.50%
Central Vermont Medical Center	0.7%	2.3%	5.9%	7.0%	8.7%	12.5%	5%
Copley Hospital	-3.4%	4.5%	9.8%	6.0%	4.0%	12.0%	15%
Gifford Medical Center	4.0%	4.0%	5.0%	4.0%	3.5%	3.70%	3.60%
Grace Cottage Hospital	5.0%	3.2%	3.2%	3.2%	5.0%	5.0%	4.00%
Mt. Ascutney Hospital & Health Ctr	4.9%	2.9%	3.2%	4.6%	2.2%	4.7%	5.10%
North Country Hospital	5.0%	3.6%	4.2%	3.6%	3.3%	12.24%	4.00%
Northeastern VT Regional Hospital	3.2%	3.0%	3.0%	3.9%	3.0%	10.8%	8%
Northwestern Medical Center	3.5%	2.0%	5.9%	13.0%	3.0%	9.0%	6.00%
Porter Medical Center	3.0%	2.8%	2.6%	4.0%	4.0%	11.5%	3.1%
Rutland Regional Medical Center	4.9%	2.6%	2.7%	6.0%	3.6%	17.4%	5.62%
Southwestern VT Medical Center	2.9%	3.0%	2.8%	3.5%	4.8%	9.5%	6.60%
Springfield Hospital	6.5%	10.0%	0.0%	4.0%	8.3%	10.0%	6.00%
The University of Vermont Medical Center	0.7%	2.5%	3.5%	6.0%	8.6%	14.77%	3.1%
Red is commercial effective rate, black change in charge							

Staff Recommendations: Commercial NRP Growth due to Price + FY2023 Enforcement



Hospital	Comm Rec %	Enforce	Comm Rec % + Enforce	Comm Rec vs Requested	Comm Rec vs Guidance
Brattleboro Memorial Hospital	3.4%	0.0%	3.4%	(1,264,018)	-
Central Vermont Medical Center	3.4%	0.0%	3.4%	(2,502,257)	-
Copley Hospital	6.4%	0.0%	6.4%	(2,329,207)	1,689,915
Grace Cottage Hospital	2.5%	0.0%	2.5%	-	(114,122)
Gifford Medical Center	3.4%	0.0%	3.4%	(1,136,372)	-
Mt. Ascutney Hospital & Health Ctr	2.2%	0.0%	2.2%	-	(322,114)
North Country Hospital	3.4%	0.0%	3.4%	(545,330)	-
Northeastern VT Regional Hospital	3.4%	0.0%	3.4%	(597,526)	-
Northwestern Medical Center	3.4%	0.0%	3.4%	(2,269,537)	-
Porter Medical Center	2.5%	-11.4%	-8.9%	(5,500,153)	(5,926,470)
Rutland Regional Medical Center	2.8%	-3.7%	-0.8%	(6,209,928)	(7,196,800)
Springfield Hospital	2.2%	0.0%	2.2%	-	(334,180)
Southwestern VT Medical Center	3.4%	0.0%	3.4%	(171,492)	-
The University of Vermont Medical Center	3.4%	-8.8%	-5.4%	(111,227,525)	(80,290,156)
Total			-1.8%	(133,753,345)	(92,493,927)

Staff Recommendations: Net Patient Revenue



Hospital	NPR Rec %	NPR Rec \$	NPR Rec vs. Requested	NPR Rec vs. Guidance	NPR Rec vs. Projected
Brattleboro Memorial Hospital	2.5%	113,921,241	0.0%	-1.0%	3.6%
Central Vermont Medical Center	6.0%	291,502,431	-5.9%	2.5%	0.0%
Copley Hospital	6.0%	111,766,213	-5.8%	2.5%	2.4%
Grace Cottage Hospital	6.0%	29,222,187	-6.0%	2.5%	1.6%
Gifford Medical Center	3.5%	66,729,745	-4.7%	0.0%	8.3%
Mt. Ascutney Hospital & Health Ctr	3.2%	72,586,543	0.0%	-0.3%	4.9%
North Country Hospital	1.6%	105,626,419	0.0%	-1.9%	2.6%
Northeastern VT Regional Hospital	3.5%	124,534,490	-0.4%	0.0%	3.6%
Northwestern Medical Center	6.0%	133,751,492	-0.8%	2.5%	5.2%
Porter Medical Center	3.5%	129,411,330	-0.7%	0.0%	7.6%
Rutland Regional Medical Center	5.0%	345,262,783	-1.1%	1.5%	2.5%
Springfield Hospital	6.0%	64,463,428	-7.0%	2.5%	2.8%
Southwestern VT Medical Center	3.5%	210,580,796	0.0%	0.0%	3.6%
The University of Vermont Medical Center	3.5%	1,897,836,464	-5.8%	0.0%	1.2%
Total	4.0%	3,697,195,564	-4.0%	0.5%	2.2%

MOTION LANGUAGE

FY25 Hospital Budget Requests

Suggested Motion Language

Approve Budget with Modifications (modify language as needed):

Move to approve [Hospital]'s budget with modifications as follows:

1. With FY25 NPR approved at a growth rate of not more than [X]% over its FY24 approved budget (reduced from [X]%) and a commensurate reduction in operating expenses;
2. With FY25 commercial negotiated rate growth capped at [X]% over the FY24 approved commercial rate cap (reduced from [X]%), with no commercial rate increase for any payer exceeding that amount; and
3. Subject to all other standard budget conditions as approved by this Board.

Suggested Motion Language

Approve Budget as Submitted (modify language as needed):

Move to approve [Hospital]’s budget as submitted:

1. With FY25 NPR approved at a growth rate of not more than [X]% over its FY24 approved budget;
2. With FY25 commercial negotiated rate growth capped at [X]% over the FY24 approved commercial rate cap, with no commercial rate increase for any payer exceeding that amount; and
3. Subject to all other standard budget conditions as approved by this Board.