

## Referral and Visit Lags

**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	7	71.43%
All Dermatology		
All Ear, Nose, and Throat	6	33.33%
All Endocrinology		
All Gastroenterology		
All General Surgery	65	44.62%
All Infectious Diseases		
All Neurology	7	100.00%
All OB/GYN		
All Oncology / Hematology		
All Ophthalmology		
All Orthopedics	18	55.56%
All Pain Medicine		
All Podiatry		
All Psychiatry	12	41.67%
All Pulmonology		
All Radiology		
All Rheumatology		
All Sleep Medicine	11	81.82%
All Urology		
[CUSTOM ENTRIES]		

**Table Two: Referral Lags for Imaging Procedures**

Please input referral lags for the top five most frequent imaging procedures.

Imaging Procedure	Total number of patients	The percentage of appointments scheduled within three business days of referral
CT abd/pelvis with contrast	67	100.00%
CT head w/wo contrast	63	100.00%
CT CTA head/neck	18	100.00%
CT CTA chest	17	100.00%
CT cest/abd/pelvis with contrast	17	100.00%
[MORE CUSTOM ENTRIES ]		

**Table Three: Visit Lags for Hospital-Owned Services**

Please input visit lags for all hospital-owned services. **Please remember to include weekends and holidays in your calculation.**

Type of Service	Total number of new patients	Percentage of new patients scheduled to be seen within 14 days	Percentage of new patients scheduled to be seen within 30 days	Percentage of new patients scheduled to be seen within 90 days	Percentage of new patients scheduled to be seen within 180 days
All Primary Care	56	39.29%	76.79%	100.00%	100.00%
All Addiction Services					
All Allergy Care					
All Cardiology	30	26.67%	40.00%	96.67%	100.00%
All Dermatology					
All Ear, Nose, and Throat	0				
All Endocrinology					
All Gastroenterology					
All General Surgery	20	80.00%	80.00%	100.00%	100.00%
All Infectious Diseases					
All Neurology					
All OB/GYN	17	58.82%	88.24%	100.00%	100.00%
All Oncology / Hematology					
All Ophthalmology					
All Orthopedics	19	78.95%	100.00%	100.00%	100.00%
All Pain Medicine					
All Podiatry					
All Psychiatry	8	12.50%	12.50%	25.00%	87.50%
All Pulmonology	0				
All Radiology					

All Rheumatology					
All Sleep Medicine					
All Urology	28	17.86%	42.86%	92.86%	100.00%
[CUSTOM ENTRIES]					

Table Four: Visit Lags for Imaging Procedures						
Please input visit lags for the top five most frequent imaging procedures. Please remember to include weekends and holidays in your calculation.						
Imaging Procedures	Total number of new patients	Percentage of new patients scheduled to be seen within 14 days		Percentage of new patients scheduled to be seen within 30 days	Percentage of new patients scheduled to be seen within 90 days	Percentage of new patients scheduled to be seen within 180 days
		CT abd/pelvis with contrast	67		100.00%	
CT head w/wo contrast	63		100.00%			
CT CTA head/neck	18		100.00%			
CT CTA chest	17		100.00%			
CT cest/abd/pelvis with contrast	17		100.00%			
[MORE CUSTOM ENTRIES ]						

## Boarding and Transfer Issues

Note: These questions were lifted from budget narratives of previous years. If you are unable to answer the questions in full, please provide GMCB with a written explanation of your limitations and answer the question to the best of your ability.

**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)	177	2,655	1,874,430	0
FY2023 (Actuals)	163	2,038	1,442,550	0
FY2024 (Projected)	132	871	475,675	0
FY2025 (Budget)	132	871	475,675	0

Medicare does not pay for swing /ICF/Intermediate care  
note : expenditures reflect only direct costs

**Table Six: 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
2023	678	26	173,568	see below

total L.O.S including original 24 hours

note : expenditures reflect only direct costs

Medicaid is the only payer who reimburses for extended stays / \$200/per day

## Clinical Productivity

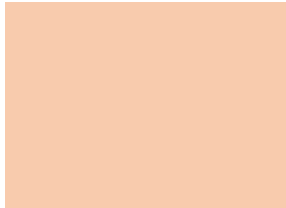
Note: If you are unable to answer the question in full, please provide GMCB with a written explanation of your limitations and answer the question to the best of your ability.

**Table Seven: 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 Physician FTEs	Associated Percentile of National Benchmark	Benchmark Source Details	Number of Clinical Physician FTEs	Number of Budgeted Clinical Physician FTEs (if different)	Year of Data
[CUSTOM ENTRIES]						

N/A



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## Staff Turnover

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Note: If you are unable to answer the question in full, please provide GMCB with a written explanation of your limitations and answer the question to the best of your ability.

Table Eight: Staff Turnover and Vacancies			
	Employed as of May 31, 2024	Terminated employment between June 1, 2023 and May 31, 2024	Vacancies as of May 31, 2024
FTE physicians	40	7	3
FTE mid-level providers	19	3	1
FTE nurses	98	28	6

