

Schedule A

Notice of Provider Practice Transfer/Acquisition

Please submit information 30 days prior to the effective date of the transfer/acquisition.

Hospital Name: Gifford Medical Center
Provider Practice Name: Gifford OB/GYN & Midwifery
Provider Practice Location (prior to acquisition): 44 S. Main Street, Randolph VT
Effective Date of transfer/acquisition: October 1, 2023

Please briefly describe the need for this transfer/acquisition, including whether the hospital-based service:
 GMC has chosen to integrate its OB/GYN services, which were initially established within Gifford's FQHC, into its hospital-based services. In order to streamline operations and alleviate the complexities associated with maintaining separate hospital-based and professional services, this transition was necessary. This would not equate to any additional expenditures to the healthcare system.

For transfers/acquisitions with an effective date between:
October 1 - May 1: Please complete both Section One and Section Two.
May 2 - September 30: Please complete Section One only and include as part of your annual budget submission. Please remember to include information about this transfer/acquisition in the hospital's budget narrative.

SECTION ONE: Acquired Practice Budget

Complete Section One for any transfer/acquisition, regardless of effective date.

| | A | B | C |
|--|------------------------|-----------------------------------|---|
| | Prior Year Fiscal Year | Current Fiscal Year Projection | Next fiscal Year Impact (annualized) |
| Gross Patient Care Revenue | \$ 2,613,636 | \$ 2,729,040 | \$ 2,813,500 |
| Deductions from Revenue | \$ (1,359,091) | \$ (1,419,101) | \$ (1,462,779) |
| Net Patient Revenue - Physician | \$ 1,254,545 | \$ 1,309,939 | \$ 1,350,721 |
| | | | |
| Provider Salaries | \$ 485,019 | \$ 620,542 | \$ 846,515 |
| Provider Fringe Benefits | \$ 130,955 | \$ 167,546 | \$ 228,559 |
| Staff Wages & Benefits (Non MD) | \$ 431,366 | \$ 440,169 | \$ 448,973 |
| Malpractice | \$ 35,231 | \$ 30,957 | \$ 35,000 |
| Depreciation/Amortization | \$ 2,320 | \$ 1,744 | \$ 1,703 |
| Rent | \$ 136,063 | \$ 132,913 | \$ - |
| Billing Service | \$ - | \$ - | \$ - |
| Medical/Surgical Supplies | \$ 133,000 | \$ 130,400 | \$ 134,312 |
| Other Costs | \$ 1,224,011 | \$ 1,263,460 | \$ 1,281,048 |
| Total Operating Expense | \$ 2,577,965 | \$ 2,787,732 | \$ 2,976,110 |
| | | | |
| Net Operating Income/Loss | \$ (1,323,420) | \$ (1,477,793) | \$ (1,625,389) |
| | | | |
| Relative Value - Units of Service | 5,013 | 7,184 | 13,379 |
| Total Provider FTEs Acquired/Transferred | 5.00 | 5.00 | 5.00 |
| Total Non- Provider FTEs Acquired/Transferred | 5.70 | 5.70 | 5.70 |

A: The operations of the practice for the previous fiscal year (if available)

B: The operations of the practice for the projected fiscal year

C: The operations of the practice for the upcoming fiscal year

SECTION TWO: Hospital Budget

Only for off-cycle transfers/acquisitions with effective dates between October 1 and May 1.

| | Prior Year Fiscal Year Actual | Current Fiscal Year Approved Budget | Partial Current Year Projections (from Section One) | Current Year Budget Including Change | % Change from Approved Budget |
|--|----------------------------------|--|---|---|-------------------------------------|
| NPR and FPP | | | | | #DIV/0! |
| Other Operating Revenue | | | | \$0 | #DIV/0! |
| Total Operating Revenue | | \$ - | | \$0 | #DIV/0! |
| Total Operating Expenses | | | | | #DIV/0! |
| Net Operating Income (Loss) | | | \$0 | \$0 | \$0 |
| | | | | | |
| Non-Operating Revenue | | | \$ - | \$ - | 0.0% |
| Excess (Deficit) of Revenue or Expense | | \$ - | \$ - | \$ - | 0.0% |

Schedule A

Notice of Provider Practice Transfer/Acquisition

Please submit information 30 days prior to the effective date of the transfer/acquisition.

Hospital Name: Gifford Medical Center
Provider Practice Name: Gifford Specialty - Neurology
Provider Practice Location (prior to acquisition): 44 S. Main Street, Randolph VT
Effective Date of transfer/acquisition: October 1, 2023

Please briefly describe the need for this transfer/acquisition, including whether the hospital-based service:
 GMC has chosen to integrate its Neurology services, which were initially established within Gifford's FQHC, into its hospital-based services. In order to streamline operations and alleviate the complexities associated with maintaining separate hospital-based and professional services, this transition was necessary. This would not equate to any additional expenditures to the healthcare system.

For transfers/acquisitions with an effective date between:
October 1 - May 1: Please complete both Section One and Section Two.
May 2 - September 30: Please complete Section One only and include as part of your annual budget submission. Please remember to include information about this transfer/acquisition in the hospital's budget narrative.

SECTION ONE: Acquired Practice Budget

Complete Section One for any transfer/acquisition, regardless of effective date.

| | A | | B | | C | |
|--|------------------------|------------------|--------------------------------|------------------|--------------------------------------|------------------|
| | Prior Year Fiscal Year | | Current Fiscal Year Projection | | Next fiscal Year Impact (annualized) | |
| Gross Patient Care Revenue | \$ | 359,633 | \$ | 374,618 | \$ | 480,279 |
| Deductions from Revenue | \$ | (187,009) | \$ | (194,801) | \$ | (249,745) |
| Net Patient Revenue - Physician | \$ | 172,624 | \$ | 179,816 | \$ | 230,534 |
| | | | | | | |
| Provider Salaries | \$ | 164,800 | \$ | 164,800 | \$ | 168,096 |
| Provider Fringe Benefits | \$ | 44,496 | \$ | 44,496 | \$ | 45,386 |
| Staff Wages & Benefits (Non MD) | \$ | 90,338 | \$ | 92,182 | \$ | 94,026 |
| Malpractice | \$ | 2,567 | \$ | 2,255 | \$ | 2,323 |
| Depreciation/Amortization | \$ | - | \$ | - | \$ | - |
| Rent | \$ | - | \$ | - | \$ | - |
| Billing Service | \$ | - | \$ | - | \$ | - |
| Medical/Surgical Supplies | \$ | 17,608 | \$ | 18,341 | \$ | 23,514 |
| Other Costs | \$ | 125,942 | \$ | 129,091 | \$ | 131,672 |
| Total Operating Expense | \$ | 445,750 | \$ | 451,165 | \$ | 465,017 |
| | | | | | | |
| Net Operating Income/Loss | \$ | (273,126) | \$ | (271,348) | \$ | (234,483) |
| | | | | | | |
| Relative Value - Units of Service | | 2,867 | | 2,979 | | 3,623 |
| Total Provider FTEs Acquired/Transferred | | 1.00 | | 1.00 | | 1.00 |
| Total Non- Provider FTEs Acquired/Transferred | | 1.10 | | 1.10 | | 1.10 |

A: The operations of the practice for the previous fiscal year (if available)

B: The operations of the practice for the projected fiscal year

C: The operations of the practice for the upcoming fiscal year

SECTION TWO: Hospital Budget

Only for off-cycle transfers/acquisitions with effective dates between October 1 and May 1.

| | Prior Year Fiscal Year | Current Fiscal Year | Partial Current Year | Current Year | % Change from |
|---|------------------------|---------------------|----------------------|--------------|---------------|
| | Actual | Approved Budget | Projections | Budget | Approved |
| | | | (from Section One) | Including | Budget |
| | | | | Change | Change |
| NPR and FPP | | | | | #DIV/0! |
| Other Operating Revenue | | | | \$0 | #DIV/0! |
| Total Operating Revenue | | \$ - | | \$0 | #DIV/0! |
| Total Operating Expenses | | | | \$0 | #DIV/0! |
| Net Operating Income (Loss) | | | | \$0 | |
| | | | | | |
| Non-Operating Revenue | | | \$ - | \$ - | 0.0% |
| Excess (Deficit) of Revenue or Expense | | | \$ - | \$ - | 0.0% |