

compromised; (3) enhancing the patient and health care professional experience of care; (4) recruiting and retaining high quality health care professionals; and (5) achieving administrative simplification in health care financing and delivery.” 18 V.S.A. § 9372.

As the result of public discussions beginning in late 2012, the Board in February 2013 adopted a policy governing the hospital budget review process for fiscal years 2014-16, followed in May 2013 by separate written policies on enforcement, physician transfers, and community needs assessments.¹ These policies have been updated by the Board for FY17. The policies establish key parameters for how the hospitals should construct their FY17 budgets: First, the Board set an overall system NPR growth cap of 3.0% over the hospitals’ approved FY16 budget bases. A key indicator used to assess changes in hospital budgets because it closely tracks hospital expenditures, NPR includes payments received from patients, government, and insurers for patient care, but does not include hospital revenues from activities such as cafeterias, parking, and philanthropy. In its FY17 Hospital Budget Submission Reporting Requirements, issued on March 16, 2016, the Board advised the hospitals that the 3.0% growth target was “inclusive of any provider tax increases and any costs associated with unbudgeted capital investments for which the GMCB approves a Certificate of Need.”

Second, the Board established an additional NPR allowance for FY17 of up to 0.4% for “credible health reform proposals.” Hospitals bear the burden to convince the Board that expenditures listed as health reform are truly investments in a reformed delivery system. The Board offered the following categories as examples of reform initiatives that the Board may deem credible:

- a. Collaborations to create a “system of care”
- b. Investments in shifting expenditures away from acute care
- c. Investments in population health improvement
- d. Participation in approved payment reform pilots
- e. Enhanced primary care and Blueprint initiatives
- f. Shared decision making and “Choosing Wisely” programs

FY17 REVIEW PROCESS

The Board and its staff carefully reviewed and analyzed all FY17 budget information submitted by the hospitals including utilization information, prior period budget performance, financial and other performance indicators, staffing needs, capital expenditure needs, budgeted operating surplus, comments from the Health Care Advocate (HCA), and all public comments submitted to the Board. Where appropriate, the Board looked at how a hospital’s key indicators compare with its Vermont, regional, and national peers. In all cases, the Board considered each

¹ The policy documents are available as part of the FY17 Hospital Budget Submission Reporting Requirements, at <http://gmcboard.vermont.gov/sites/gmcb/files/files/hospital-budget/GMCB-Hosp%20Bud-Submission%20Rptng-Req-FY17-UPDATED-phys-language.pdf>.

hospital's unique circumstances, including its health care reform efforts and its work to address issues identified in its community health needs assessment (CHNA).²

The Board chose NPR as its key budget measure and target because it is a good proxy for the amount of “new money” each hospital intends to spend in a given year. As submitted, the hospitals' FY17 budgets requested a system-wide NPR increase—including amounts already in the system for physician transfers—of 5.0%, or approximately \$114.5 million over their FY16 budgets.

Although NPR is a useful measure of the extent to which hospital budgets impact overall health care costs, NPR growth, viewed in isolation, may not always accurately reflect the extent that new money is being added to the health care system. For example, if a hospital divests itself of a particular service line that will continue to exist and serve the community through a different entity, the hospital's budget indicates a decrease in NPR, even though the associated revenues are still a part of Vermont's health care system. Conversely, if a previously non-affiliated entity becomes part of a hospital, the hospital's NPR increases, even though there is no actual growth in the health care system at large. Both of these scenarios require the Board to make adjustments to the hospital's budget—in the first case, an addition to NPR, and in the second a subtraction—so that the resulting changes in NPR more accurately reflects the increased revenues in the health care system as a whole.³ Note that in making these adjustments, the Board is not altering the hospitals' budgets; rather, it is taking into account revenues already in the health care system which have moved from one entity to another. Making these adjustments allows the Board to better understand, and more accurately report to the public, the extent to which new money is being added to the health care system. And as we review each hospital's budget each year, we examine the extent to which this type of activity may prevent a hospital from meeting our NPR target.

In light of our discussion above, we find that the actual system-wide hospital NPR growth rate over FY16 is 3.9%. This increase, while higher than the 3.4% target set by the Board, includes the costs of new and expensive oncology drugs, Vermonters returning to be served in Vermont hospitals, increased medical utilization, expansion of emergency room services to meet demands for psychiatric care, and the expansion of needed primary care services.

In addition, the Board reviewed and established each hospital's proposed rate increase, which is the overall average amount by which a hospital must increase its prices to attain its NPR increase. The amounts paid for hospital services by each payer are not the same; commercial payers separately negotiate their contracts with the hospitals, resulting in variations in the actual prices paid for the same services among commercial payers. Medicaid and Medicare prices are

² Under the Affordable Care Act, tax-exempt hospitals are required to conduct a Community Health Needs Assessment (CHNA) every three years with input from public health experts and community members, and develop and adopt an implementation strategy.

³ See Green Mountain Care Board Hospital Budget Policy: Physician Transfer/Acquisitions (Eff. May 2, 2013; Rev. Jan. 8, 2015), available at <http://gmcboard.vermont.gov/sites/gmcb/files/files/hospital-budget/GMCB-Hosp%20Bud-Submission%20Rptng-Req-FY17-UPDATED-phys-language.pdf>

not typically negotiable and reimbursement is instead established through each payer's unique fee schedules and update factors. Rates can vary based on changes in the distribution of Medicaid's disproportionate share (DSH) hospital payments and changes in bad debt and free care. We again emphasize that the rate increase discussed in this decision is the *average* overall rate increase, while actual changes in the rates charged by the Hospital will vary across service lines and goods and services provided by the Hospital. In our review this year, we identified adjustments that reduced the overall system weighted average rate increase from the submitted 2.2% to the approved 1.8%, the lowest annual aggregate rate increase on record in Vermont.

In addition to the issues discussed above, this year's process brought into focus the need to work with the providers, payers, and all interested Vermonters to better understand how each hospital's rates are developed and how they impact, and are affected by, commercial health insurance rates. We look forward to working collaboratively to better align our hospital budget and rate review processes and enable the Board to use each process more effectively to advance the goals of Act 48.

We further take note of the hospitals' continued efforts to position their institutions, individual providers, and served populations for forthcoming payment and delivery system reforms. Their testimony this year reflected each hospital's understanding of, and commitment to, the need to move away from a fragmented, fee-for-service based system in favor of an integrated delivery system and value-based provider payment. Their testimony also made clear the challenges and uncertainties they face as a group and as individual institutions as the State continues moving towards reform goals. Again, we look forward to working with the hospitals, providers, payers, and Vermonters on this important work.

Finally, once we complete our FY17 budget orders, the Board will begin to establish guidance for the hospitals to use in developing their budgets going forward. Our FYs 2014 through 2017 policies provide a solid foundation from which to build and learn. Working with the hospitals, we will continue to refine our approach to future budget reviews through a transparent, public process in which we expect a broad cross-section of stakeholders and citizens will participate.

With those general principles in mind, the Board's specific Findings and Order, supported by information provided by the Hospital and analyzed by the Board and its staff follow.⁴

FINDINGS

1. The Hospital submitted its FY17 budget on July 1, 2016, seeking an overall NPR increase of \$8,766,643, 6.1% more than the NPR approved by the Board in the FY16 budget. The major increases in the Hospital's expenses are related to salary, fringe benefits and the effect of increasing drug costs on operating expenses.
2. The Hospital requests a rate increase of 3.9%.

⁴ The Hospital's 2017 budget materials, including its budget narrative and responses to questions, are available on the Board's website, at: <http://gmcboard.vermont.gov/hospitalbudgets>. Transcripts of the hospital budget hearing are available upon request.

3. After reviewing the Hospital's submission, the Board posed written questions and the Hospital provided written responses. The Hospital also participated in a public hearing before the Board on August 24, 2016, where it presented information and answered questions from the Board and the HCA concerning its budget.
4. After discussing all of the proposed hospital budgets at a number of public meetings, the Board established each hospital's FY17 budget in September 2016.
5. SVMC's FY17 budget includes estimated Medicare revenues that are based upon pending rules from the Centers for Medicare & Medicaid Services (CMS).
6. The Hospital's FY17 budget includes reasonable Medicaid NPR estimates.
7. SVMC's estimated reimbursement from commercial and self pays is reasonable.
8. SVMC's budgeted FY17 disproportionate share (DSH) and provider tax amounts are consistent with estimates from the Department of Vermont Health Access (DVHA).
9. SVMC's budgeted FY17 bad debt and free care levels reflect recent trends and activity and are based on reasonable assumptions.
10. SVMC's FY17 budget includes \$1,720,462 for physician acquisitions.
11. SVMC's FY17 budget identifies \$576,102 for health care reform investments.
12. SVMC has requested a rebase of its FY17 budget.
13. SVMC has budgeted an operating surplus of 3.0% for FY17.
14. SVMC has been actively reaching out to its community to collaborate in addressing its regional health care needs, as identified in its Community Health Needs Assessment (CHNA).
15. Approving SVMC's budget as modified by the Board will promote the efficient and economic operation of the Hospital, and is consistent with the current Health Resource Allocation Plan (HRAP).
16. The Hospital's narrative, testimony, and other filed budget information meet the Board's requirements for submission of the Hospital's FY17 budget.

Based on the above, the Board establishes a final FY17 NPR budget of \$152,362,260, a 5.8% NPR increase over budget FY16. This budget incorporates adjustments for physician acquisitions and new oncology costs. Additionally, the budget is modified for increased utilization (*see* Finding 12), but the increase in NPR is tempered to account for related variable costs.

ORDER

Based on our findings and the authority granted by 18 V.S.A. Chapter 221, Subchapter 7, the Hospital's budget is approved for FY17, as adjusted herein and subject to the following terms and conditions:

- A. The Hospital's overall approved rate is established at 3.4% over current approved levels.
- B. The Hospital shall not increase the rates charged during FY17 above 3.4%, except after the Board's review and approval in accordance with the Board's instructions in the *Hospital Budget Reporting Requirements* available at:
<http://gmcboard.vermont.gov/sites/gmcb/files/files/hospital-budget/GMCB-Hosp%20Bud-Submission%20Rptng-Req-FY17-UPDATED-phys-language.pdf>
- C. The Hospital's FY17 budget as modified by the Board, and as outlined in Table 1.

Table 1: FY 2017 Budget

	Submitted	Adjustments	Approved
Net Patient Care Revenue	\$152,792,211	(\$429,951)	\$152,362,260
Other Operating Revenue	\$2,811,549		\$2,811,549
Total Net Revenue	\$155,603,760	(\$429,951)	\$155,173,809
Expenses	\$150,974,771	(\$429,951)	\$150,544,820
Operating Surplus	\$4,628,989	\$0	\$4,628,989
Non-Operating Surplus	\$605,000		\$605,000
Total Surplus	\$5,233,989	\$0	\$5,233,989

The Hospital shall contact the Board, via its staff, to adjust expense levels and/or to reconcile any minor discrepancies due to differing calculations or changed assumptions.

- D. Beginning on or before November 20, 2016, and every month thereafter, the Hospital shall file with the Board the actual year-to-date FY17 operating results for the prior month. In addition, the filing shall include information showing the rate of return realized on each investment(s) in health care reform that the Board approved as part of the Hospital's FY17 budget. The report shall be in a form and manner as prescribed by the Board.
- E. The Hospital shall advise the Board of any material changes to the FY17 revenues and expenses or the assumptions used in determining its budget, including:
 - a. changes in Medicaid, Commercial, or Medicare reimbursement;
 - b. additions or reductions in programs or services to patients; or
 - c. any other event that could materially change the approved NPR budget.

- F. On or before January 31, 2017, the Hospital shall file with the Board, in a form and manner prescribed by the Board, such information as the Board determines necessary to review the Hospital's FY16 actual operating results, in order to determine whether the Hospital budget meets the Board's budget performance review policy.
- G. The Hospital shall report the annual budget in the manner and form as prescribed by the Board, to provide consistent and standard analysis of the annual budget submission.
- H. The Hospital shall file with the Board on or before January 31, 2017, one copy of its FY16 audited financial report and associated management letter(s).
- I. The hospital shall timely file all forms as required for physician transfers. *See Physician Transfer Policy* found in the *FY 2017 Hospital Budget Reporting Requirements*, available at <http://gmcbboard.vermont.gov/sites/gmcb/files/files/hospital-budget/GMcb-Hosp%20Bud-Submission%20Rptng-Req-FY17-UPDATED-phys-language.pdf>
- J. After notice and an opportunity to be heard, the Board may make such further orders as are necessary to carry out the purposes of this Order, and to carry out the purposes of the Hospital Budget Review law, 18 V.S.A. Chapter 221, Subchapter 7.
- K. All materials required above shall be provided in electronic form, unless doing so is not practicable.
- L. The findings and orders contained in this decision do not constrain the Board's decisions in future hospital budget reviews, future certificate of need reviews, or any other future regulatory or policy decisions.

So ordered.

Dated: October 5, 2016
Montpelier, Vermont

s/ Alfred Gobeille)
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s/ Cornelius Hogan)
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s/ Jessica Holmes)
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s/ Betty Rambur)
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s/ Allan Ramsay)

GREEN MOUNTAIN
CARE BOARD
OF VERMONT

Filed: October 5, 2016

Attest: s/ Janet Richard
Green Mountain Care Board
Administrative Services Coordinator

NOTICE TO READERS: This document is subject to revision of technical errors. Readers are requested to notify the Board (by e-mail, telephone, or in writing) of any apparent errors, so that any necessary corrections may be made. (E-mail address: Janet.Richard@vermont.gov).