

Central Vermont Medical Center

Budget and Financial Information

This page provides information about the hospital's finances, workforce, and patient admissions and visits.

Income, Expenses & Margin	Definition	2013 Actual	2014 Actual	2015 Actual	2016 Budget
Gross Patient Care Revenue	Total of all patients' bills.	\$277,724,612	\$301,005,474	\$332,365,981	\$349,042,779
Uncompensated Care	Total of bad debt and free care.	(\$9,024,077)	(\$8,836,620)	(\$8,451,592)	(\$10,153,000)
Contractual Allowances	Discounts or amounts of charges not paid by insurers, Medicare, and Medicaid.	(\$114,731,448)	(\$130,815,094)	(\$149,923,730)	(\$164,893,493)
Other Operating Revenue	Money collected for non-medical services such as cafeteria services.	\$9,499,488	\$10,818,672	\$12,210,941	\$11,630,699
Total Net Operating Revenue	Actual money collected for services.	\$163,468,575	\$172,172,432	\$186,201,600	\$185,626,985
Salaries & Fringe	Wages and benefits for all hospital employees. Includes contracted physicians.	\$104,377,750	\$109,138,404	\$116,807,993	\$117,386,361
Depreciation Amortization	Current costs of buildings, property, and equipment.	\$9,306,316	\$9,380,706	\$9,770,912	\$9,926,476
Other Operating Expense	Non-wage costs such as supplies, drugs, utilities, insurance, etc.	\$48,970,939	\$48,778,862	\$54,296,523	\$53,018,702
Total Operating Expense	Total of the above three items.	\$162,655,005	\$167,297,972	\$180,875,428	\$180,331,539
Operating Margin	Revenues remaining after expenses are paid.	\$813,570	\$4,874,460	\$5,326,172	\$5,295,446
Non-Operating Revenue	Revenues earned from non-patient services such as investments and contributions.	\$1,521,330	\$3,747,329	\$1,206,103	\$1,850,334
Total Margin	The sum of Operating Margin and Non-Operating Revenue.	\$2,334,900	\$8,621,789	\$6,532,275	\$7,145,780

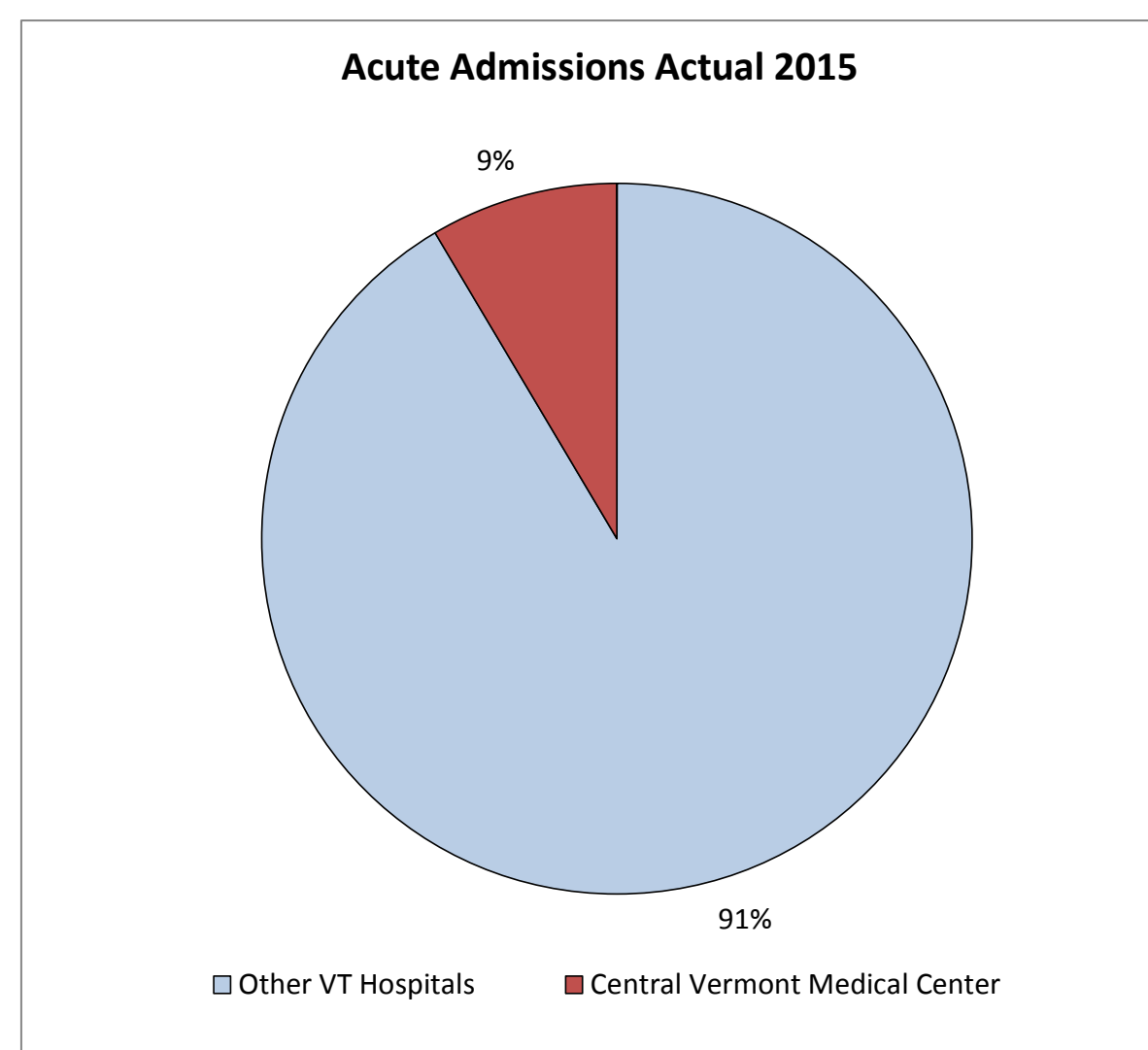
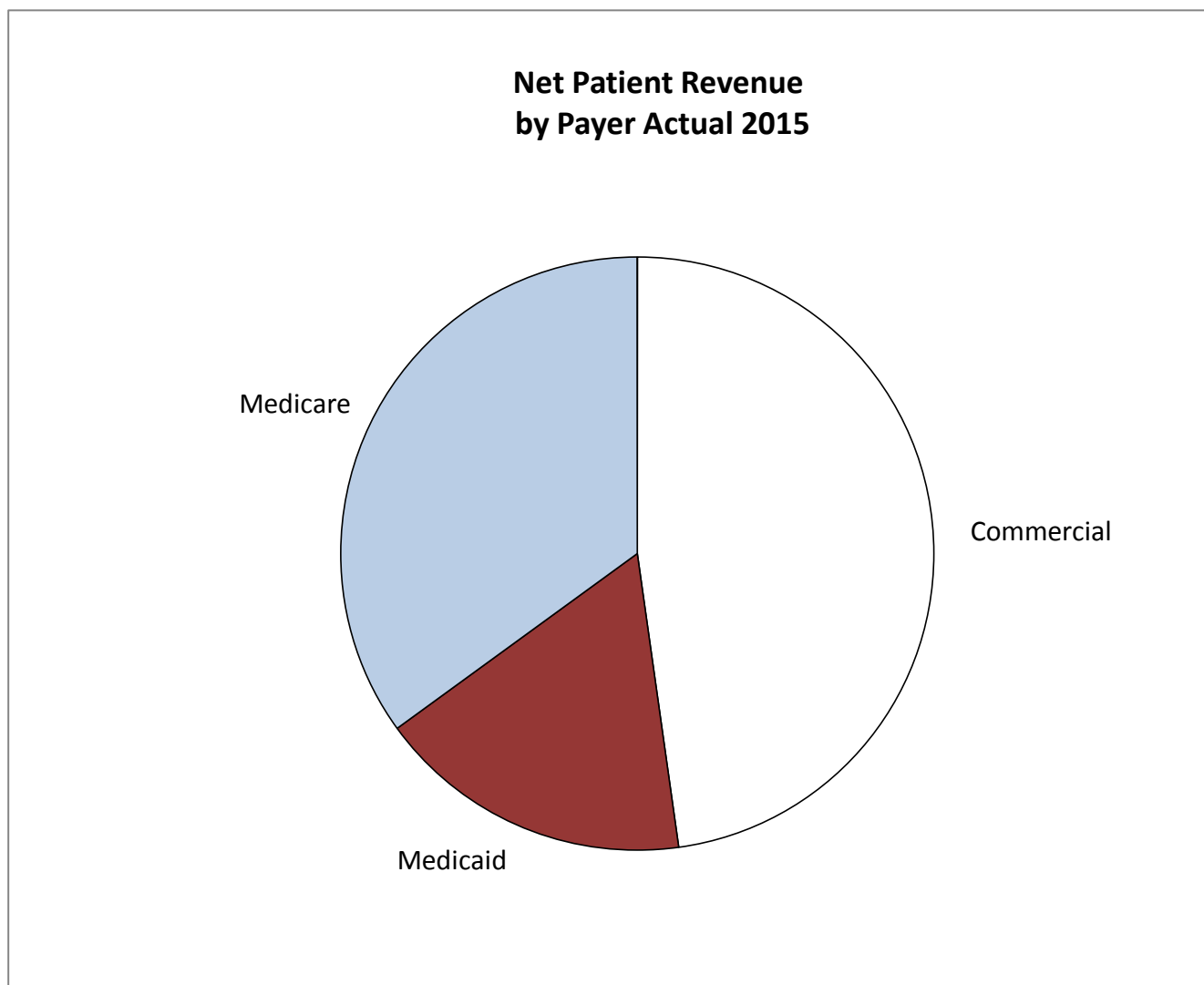
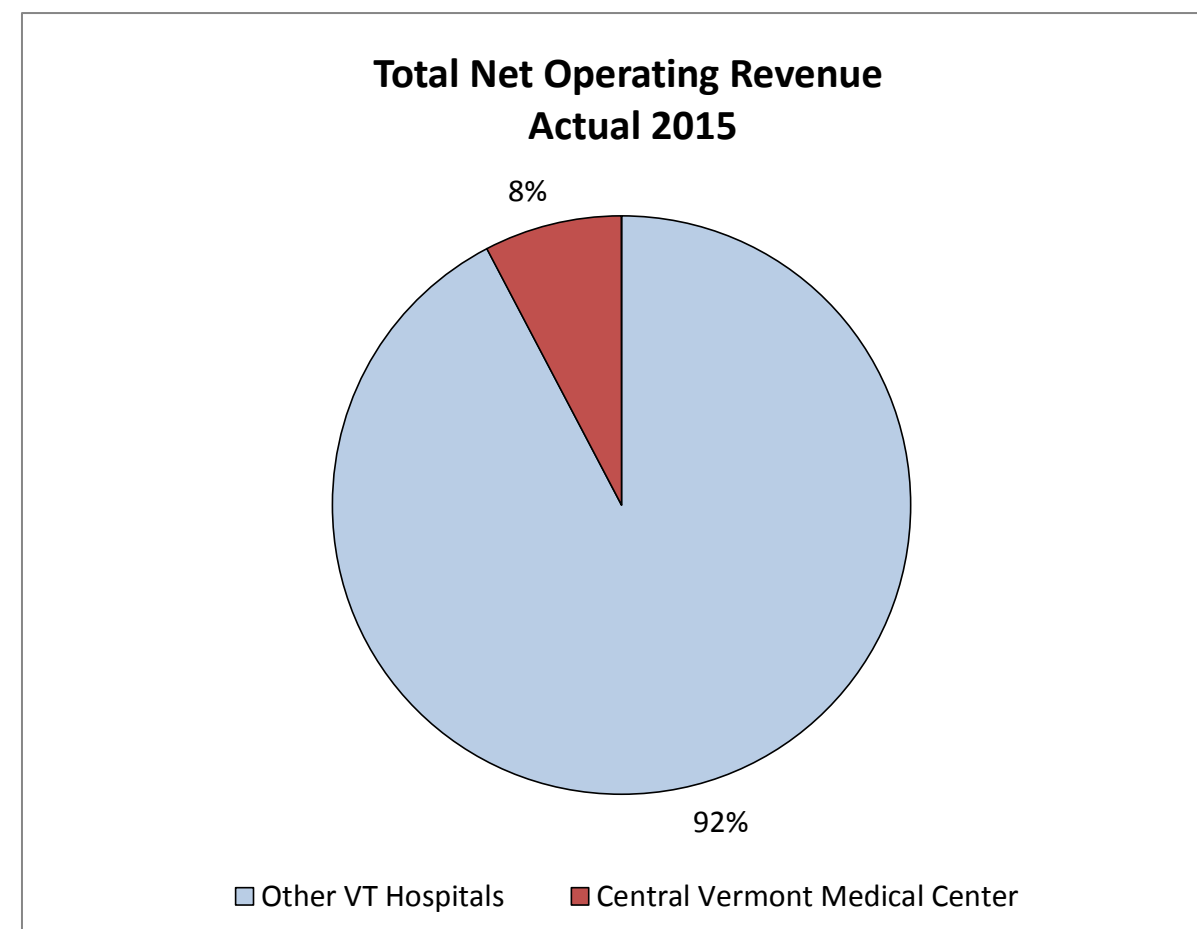
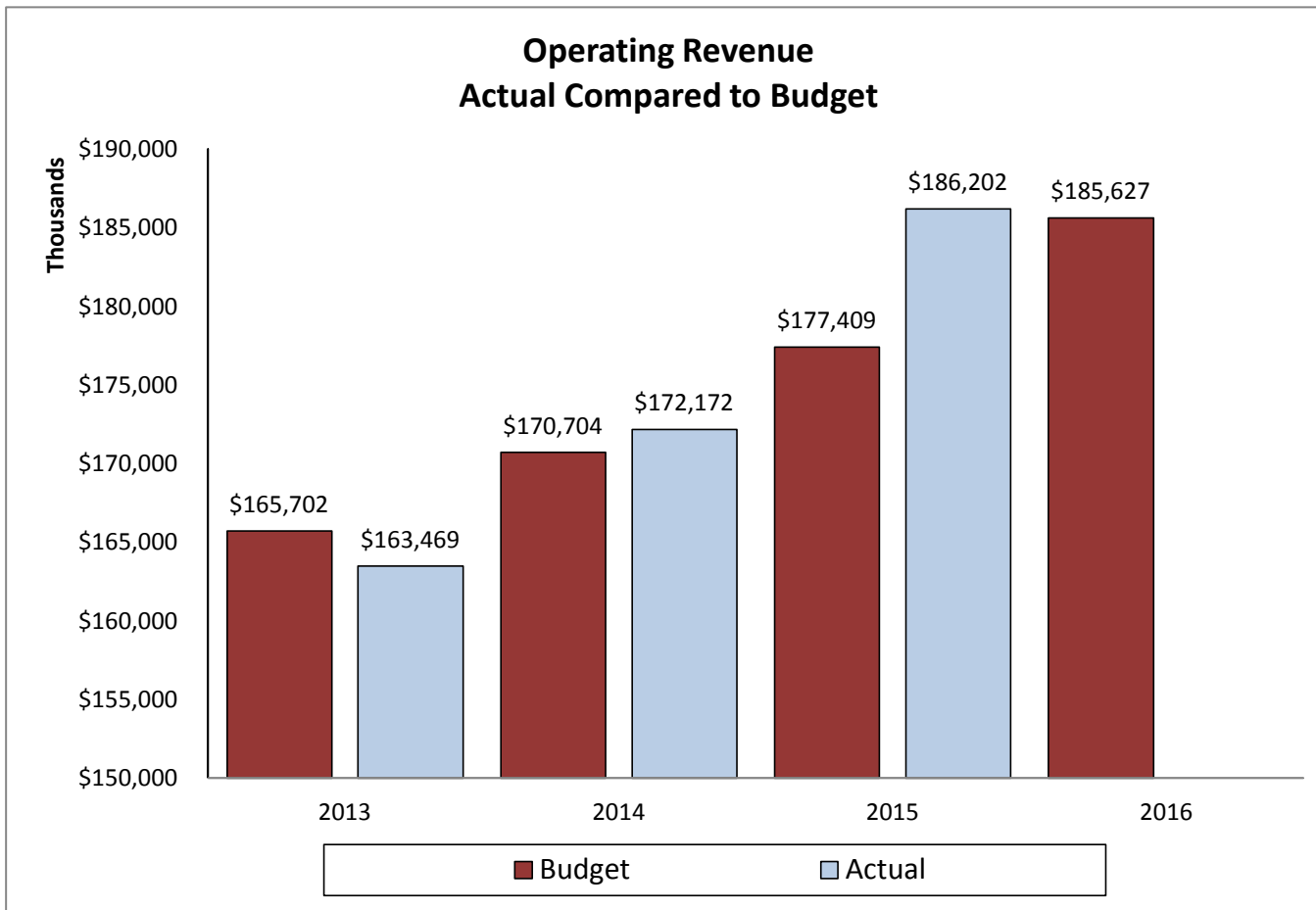
Operating Indicators	Definition	2013 Actual	2014 Actual	2015 Actual	2016 Budget
Acute Admissions	Number of hospital patients who stay overnight.	3,323	3,495	3,877	3,680
Average Length Of Stay	How long the average patient stays in the hospital (in days).	4.8	4.9	4.7	4.8
Emergency Room Visits	Patient visits to the emergency department.	28,390	26,119	24,784	23,500
Physician Office Visits	Patient visits to hospital-employed doctors. Does not include clinic visits.	155,331	180,895	192,997	219,587
Clinic Visits	Patient visits to clinics.	0	0	0	0
Outpatient Gross Revenue %	Percentage of billings for those receiving care in outpatient settings	72.4%	71.3%	70.9%	72.4%
Physician Gross Revenue % ²	Percentage of billings for those receiving physician care in outpatient settings	0.0%	0.0%	0.0%	0.0%
Direct Service Nurses	Nurses providing hands-on care. Does not include agency nurses.	378	378	403	400
Non-MD Employees ¹	Number of full-time employees who are not doctors.	1,054	1,050	1,135	1,151
Physician FTEs ¹	Number of full-time hospital-employed doctors.	74	76	81	86

Note: ¹ Mid-Level Providers and Residents are now included in Non-MD Employees, prior to 2013 Actual they were included in Physician FTEs

² Physician Gross Revenue % reporting change started in 2013, if a hospital does not report separately, revenues are included in Outpatient Gross Revenue %

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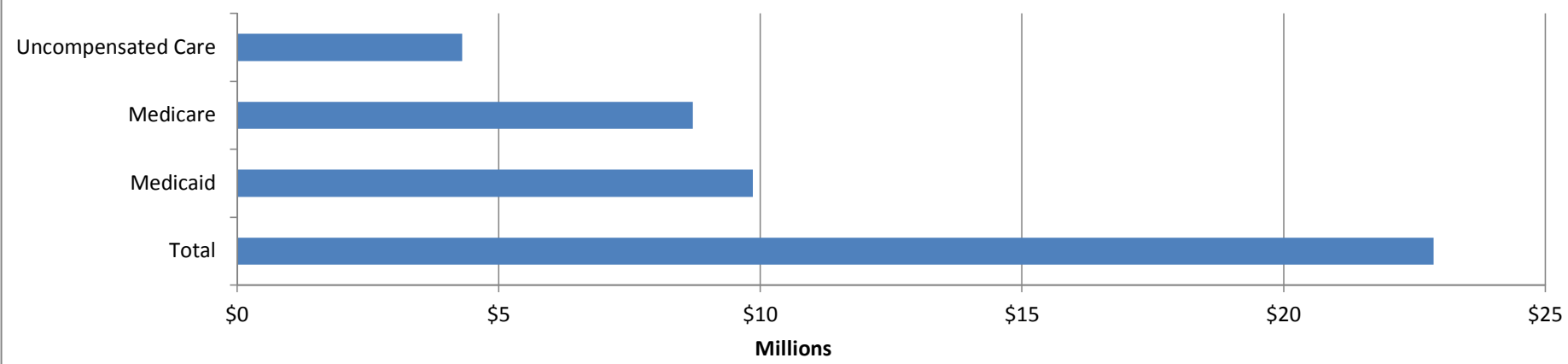
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Cost Shift

A hospital incurs costs to provide services to their patients. All patients, regardless of their ability to pay, are billed the same price for the same service. Sometimes the payment received by the hospital is less than cost for the services provided. This includes payments from uninsured, Medicare, and Medicaid patients. When the payment doesn't cover the cost to provide those services, this unreimbursed cost is passed on to other payers; this is the "cost shift".

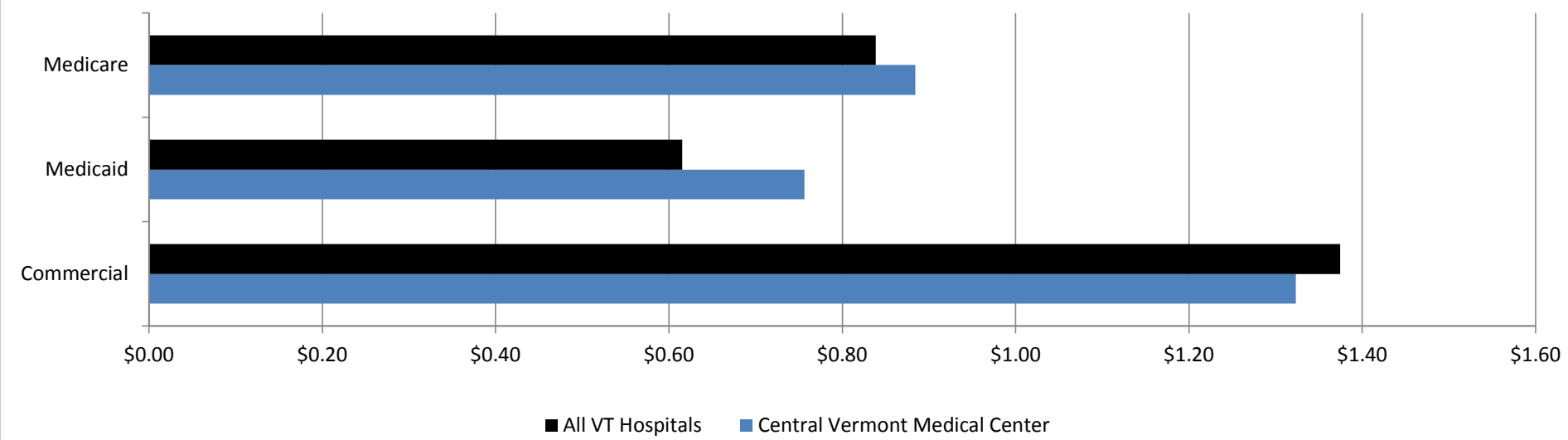
The ability to cost shift helps the hospital maintain its financial health.

**Costs Shifted by Payer Type
Actual 2015**



This graph shows the costs shifted by Medicare, Medicaid, and Uncompensated Care (bad debt, free care) to other payers. The bottom line shows the total cost shift, which is the sum of the costs shifted to others who pay.

**Amount Collected for each \$1 of Expense and Surplus
Actual 2015**



This graph shows amount of money collected for each dollar of expense and surplus. If a payer (Commercial, Medicare, or Medicaid) is above \$1.00, then it pays more on average than the costs of its patients. If a payer is below \$1.00, then it pays less on average than the costs of its patients.

Central Vermont Medical Center

Financial Health Benchmarks & Indicators

This page provides information about the hospital's financial health. It includes information on the hospital's ability to pay its bills and how much it costs to run the hospital.

		National Benchmarks ¹ 2013				Hospital Data				Vermont Medians
Cash & Revenue Indicators	Definition	All Teaching	100-199 Beds	Other Non- Profit	Northeast CAH	2013 Actual	2014 Actual	2015 Actual	2016 Budget	2016 Budget
Days Cash on Hand	The number of days of cash available to run the hospital.	39.5	24.2	57.7	84.8	106.3	119.8	109.7	129.4	135.1
Current Ratio ²	Ability to pay short-term bills.	1.8	1.9	1.9	2.4	3.4	3.1	2.9	3.7	2.8
Outpatient Gross Revenue %	Percentage of billings for those receiving care in less than 24 hours.	44.4%	50.4%	57.1%	75.9%	72.4%	71.3%	70.9%	72.4%	74.3%
Physician Gross Revenue %	Percentage of billings for those receiving physician care in less than 24 hours.	N/A	N/A	N/A	N/A	0.0%	0.0%	0.0%	0.0%	N/A
Total Margin %	A measure of total surplus as a % of net patient revenue.	5.3%	4.2%	4.0%	2.5%	1.4%	4.9%	3.5%	3.8%	3.0%
Productivity & Cost Indicators		National Benchmarks are not available				2013 Actual	2014 Actual	2015 Actual	2016 Budget	2016 Budget
Return On Assets	One measure of how a hospital is doing financially.	4.8%	3.4%	3.1%	1.7%	1.6%	5.5%	4.3%	4.1%	2.8%
FTEs per 100 Adj Discharges	A measure of employee efficiency.	N/A	N/A	N/A	N/A	6.9	7.0	7.0	7.0	6.0
Overhead Expense w/ fringe, as a % of Total Operating Exp	Another measure of efficiency.	N/A	N/A	N/A	N/A	20.6%	20.0%	20.3%	20.1%	27.0%
Salary & Benefits per FTE - Non-MD	Total average cost for a full time employee who is not a doctor.	N/A	N/A	N/A	N/A	\$77,646	\$81,270	\$80,366	\$79,327	\$77,348
Cost per Adjusted Admission	An industry recognized per unit cost measure.	7645	8045	7557	N/A	\$10,679	\$11,085	\$11,217	\$10,894	\$10,217

¹INGENIX/OPTIMUM 2015 ed., 2013 data

² The calculation of current ratio includes funded depreciation, which is not included in the national benchmarks shown.

