

VPCH

Pricing for Selected Services

This page provides gross charge information for the hospital's top outpatient visits. Because each patient receives treatment based on their individual needs, the gross charge to each patient will vary.

Actual 2013 Outpatient Gross Charges

Outpatient					
Description	Number of Visits	Hospital Avg. Gross Charge	System Average	System Lowest Average	System Highest Average
Adult Inpatient Hospitalization	26	\$217			
Services provided 7 days/week, 24 hours/day.					
A patient visit includes multiple group sessions and therapies per day for treatment of their condition.					

VPCH

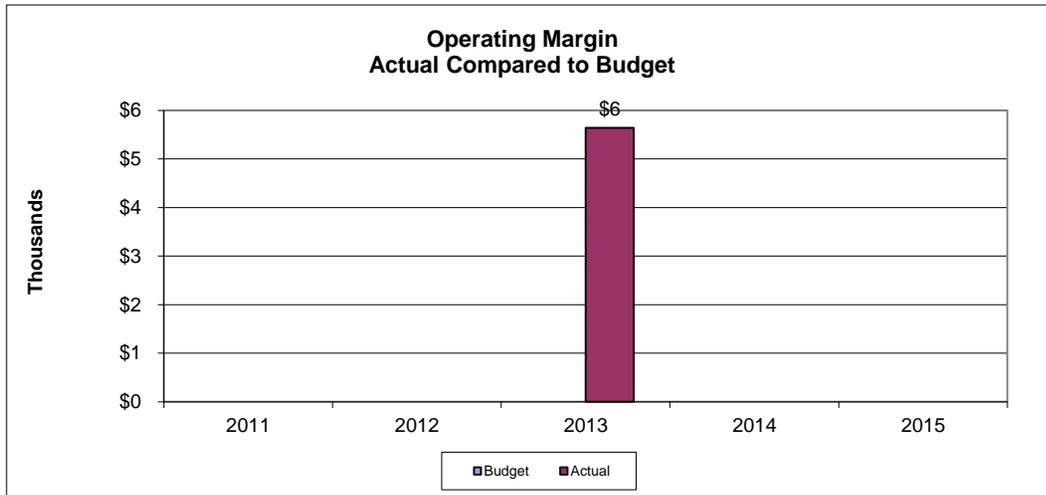
Budget and Financial Information

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

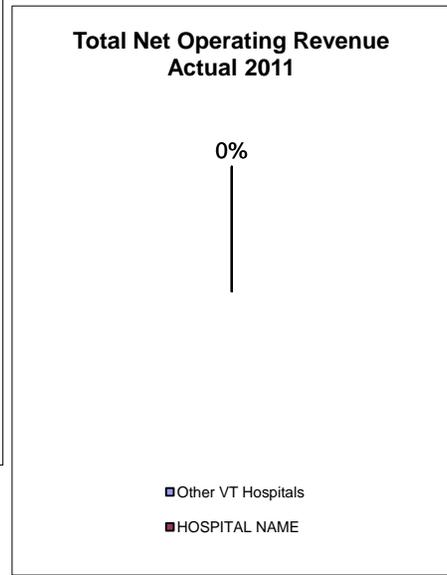
Income, Expenses & Margin		(all #'s in thousands; #'s in parentheses are negative)			
	<u>Definition</u>	<u>Actual</u> <u>2011</u>	<u>Actual</u> <u>2012</u>	<u>Actual</u> <u>2013</u>	<u>Budget</u> <u>2014</u>
Gross Patient Revenue	Total of all patients' bills.			\$5,641	\$11,656
Uncompensated Care	Total of all patient bills not paid by insurance or patients.			\$5,641	\$11,656
Contractual Allowances	Discounts or amounts of charges not paid by insurers, Medicare, and Medicaid.			\$0	\$0
Bad Debt				\$0	\$0
Other Operating Revenue	Money collected for non-medical services such as cafeteria services.			\$0	\$0
Total Net Operating Revenue	Actual money collected for services.			\$5,641	\$11,656
Salaries & Fringe	Wages and benefits for all hospital employees. Includes contracted physicians.			\$5,053	\$9,484
Other Operating Expense	Non-wage costs such as supplies, drugs, utilities, and insurance.			\$588	\$2,172
Depreciation / Amortization	Current costs of buildings, property, and equipment.				
Total Operating Expense	Total of the above three items.			\$5,641	\$11,656
Operating Margin	Revenues remaining after expenses are paid.			\$0	\$0
Non-Operating Revenue	Revenues earned from non-patient services such as investments and contributions.			\$0	\$0
Total Margin	The sum of Operating Margin and Non-Operating Revenue.			\$0	\$0

Operating Indicators		<u>Actual</u> <u>2011</u>	<u>Actual</u> <u>2012</u>	<u>Actual</u> <u>2013</u>	<u>Budget</u> <u>2014</u>
	<u>Definition</u>				
Acute Admissions	Number of hospital patients who stay overnight.			26	81
Residential Admissions	Number of Child and Adolescent patients residing at the Retreat				
Acute Avg. Length of Stay	How long the average patient stays in the hospital (in days).			50.3	157
Residential Ave Length of Stay (Range)	How long the average patient stays in the Residential Program (in days).				
Outpatient Gross Revenue %	Percentage of billings for those receiving care in outpatient settings such as day surgery.				
Professional Office Visits	Patient visits for outpatient counseling				
Direct Care Staff	Rn's, MHW's, Social Workers, Psychologists, Activity Therapists, Teachers-Staff			62	144
Non-MD Employees	Number of full-time employees who are not doctors.			84	183
Physician Employees	Number of full-time hospital-employed doctors.			2	

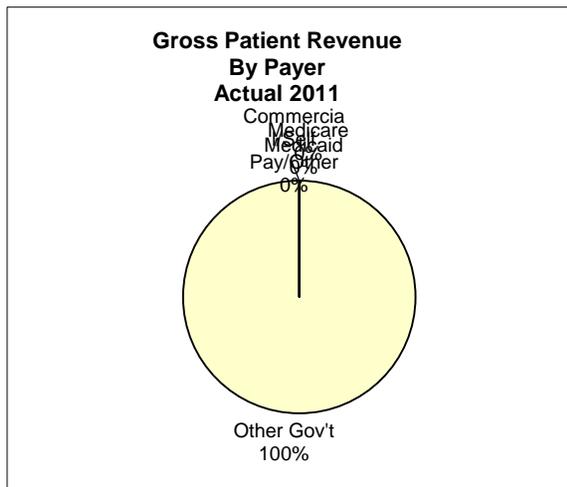
Budget and Financial Information



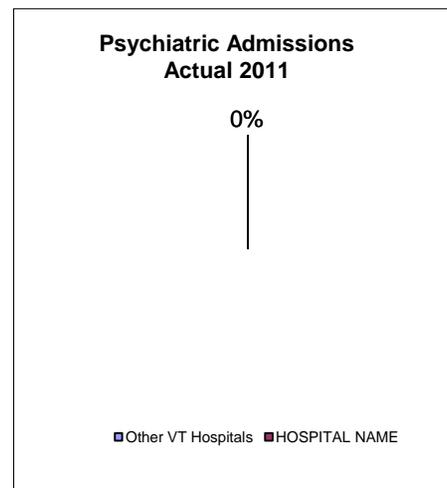
This graph shows the actual total amount the hospital earned as a surplus compared to what it planned to earn. 2014 does not have actual results yet.



This graph shows [hospital name]'s share of the total amount of revenues collected by Vermont hospitals in 2013.



This graph shows who was charged for hospital services by the different payer types (Medicare, Medicaid, other government, commercial insurers, self payers).

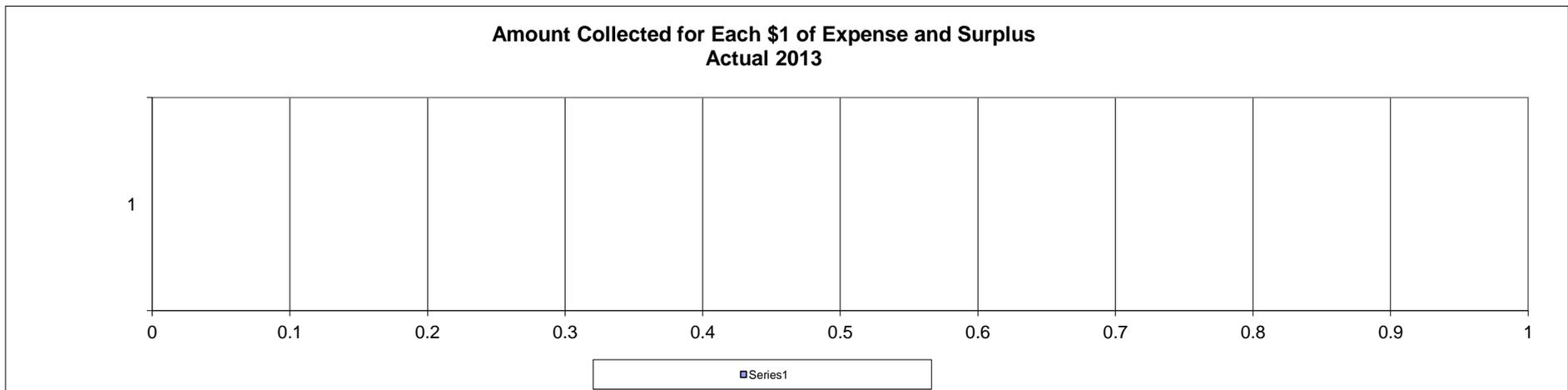
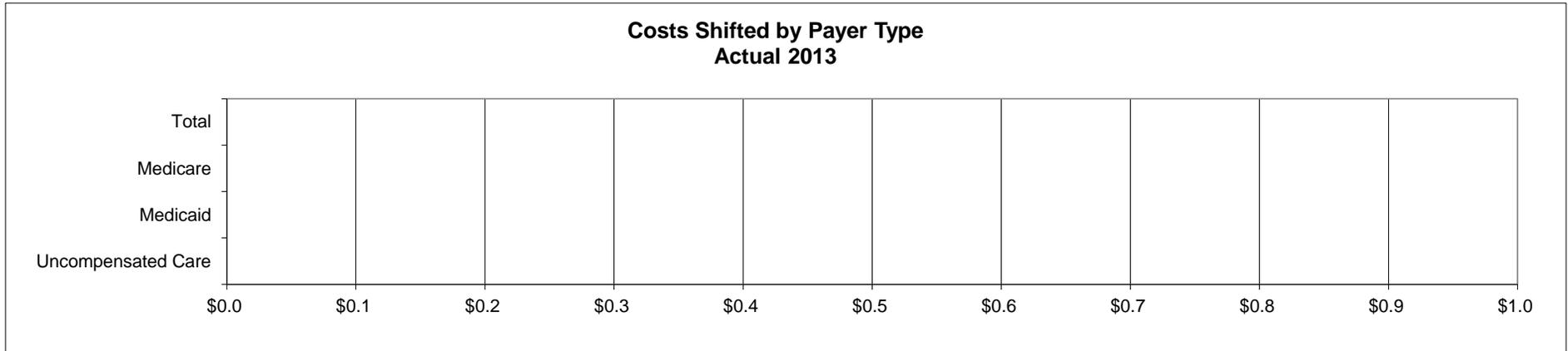


This graph shows [hospital name]'s share of psychiatric acute admissions in Vermont in 2013.

VPCH

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.



VPCH

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. Benchmarks provided here are for typical acute care community hospitals. [HOSPITAL NAME] does not provide the full scope of services of a typical acute care community hospital so comparisons to the benchmarks may not be appropriate.

		National Benchmarks					Hospital Data				Vermont
		2011 ¹			2011 ²						
		Major Teaching	New England	RNF ³ 25-99 Beds	RNF ³ 100-249 Beds	S & P ³ A- Rated		Actual 2011	Actual 2012	Actual 2013	Budget 2014	Budget 2014 Median
<u>Cash & Revenue Indicators</u>		<u>Definition</u>									
Days Cash on Hand	The number of days of cash available to run the hospital.								N/A	N/A	
Current Ratio ⁴	Ability to pay short-term bills.								N/A	N/A	
Outpatient Gross Revenue %	Percentage of billings for those receiving care in less than 24 hours.								0.0%	0.0%	
Total Margin as % of Net Revenues	Percent of money left over after expenses are paid.								0.0%	0.0%	
<u>Productivity & Cost Indicators</u>											
Return on Assets	One measure of how a hospital is doing financially.								N/A	N/A	
FTEs per 100 Adjusted Inpatient and Residential Discharges	A measure of employee efficiency.								N/A	N/A	
Overhead Expense w/ Fringe, as % of Total Operating Expense	Another measure of efficiency.								N/A	N/A	
Salary & Benefits per FTE, Non-MD	Total average cost for a full time employee who is not a doctor.								\$60,155	\$51,825	
Cost per Adjusted Admission (Inpatient and Residential)	The average hospital cost for a patient.								\$216,962	\$143,458	

FTEs per adjusted occupied bed measures the cost effectiveness of the organization related to the total labor costs required to provide services to patients on a daily basis.

HOSPITAL NAME'S cost per adjusted admission is higher than a general hospital due to the longer lengths of stay of the patients that are treated. For an acute inpatient psychiatric admission the length of stay is 10 days, which is double the length of stay of most general hospital patients. Psychiatric residential lengths of stay can be 100 days or more.

² 2009 stand-alone hospital medians from Standard and Poor's, the bond rating agency. The bond rating is one indicator of how likely it is that a hospital would be able to borrow money.

³ Rural Not-For-Profit. The grouping includes rural not-for-profit hospitals in the U.S. having a number of beds between the number shown.

⁴ The calculation of current ratio includes funded depreciation, which is not included in the national benchmarks shown.

VPCH

Hospital Capital Investments

This page provides information about the hospital's capital spending plans for the next four years. Capital spending is money spent on purchases and improvements to the hospital including buildings, property, and equipment.

Capital Indicators	<u>Definition</u>	National Benchmarks					Hospital Data				Vermont
		2011 ¹		2011 ²		Actual 2011	Actual 2012	Actual 2013	Budget 2014	Budget 2014 Median	
		Major Teaching	New England	RNFP ³ 25-99 Beds	RNFP ³ 100-249 Beds						S & P ³ A- Rated
Age of Plant	The average age (in years) of buildings and equipment.							N/A			
Age of Plant - Building	The average age (in years) of buildings.							N/A			
Age of Plant - Equipment	The average age (in years) of equipment.							N/A			
Net Property, Plant & Equipment per Staffed Bed	On average, the amount of buildings, property, and equipment for each hospital bed.							N/A			
Long Term Debt to Total Assets	The hospital's borrowing compared to what it owns.							N/A			
Capital Acquisitions as % of Net Patient Revenue	A measure of spending on buildings, property, and equipment.							N/A			
						Hospital Data					
						Actual	Budget	Plan	Plan		
						2011	2012	2013	2014		
(all #'s in thousands)											
Building & Property Capital Expenditures	Money spent to buy hospital buildings and property.	.....								
Equipment Capital Expenditures	Money spent to buy hospital equipment.	.....								
<u>Possible Certificate of Need (CON) Projects</u>	Projects the hospital needs a permit from the state to build or acquire.										
None		.....				\$0	\$0	\$0	\$0	
Total Capital Expenditures	Total money spent on buildings, property, equipment, and possible CONs.	.....				\$0	\$0	\$0	\$0	

Capital expenditures in a psychiatric hospital relate primarily to the physical plant and equipment expenditures relate more to the patients' physical surroundings. Investment in expensive technological diagnostic equipment for general medical services does not occur in a psychiatric facility as it would in a general medical hospital.

HOSPITAL NAME's capital planning has a much shorter time horizon and is based on cash availability for a given year after the current year operating needs have been determined.

¹ 2009 benchmarks are 50th percentile data from "The Sourcebook: The Comparative Performance of U.S. Hospitals", published by Solucient, LLC, and are all national groupings except for New England.

² 2009 stand-alone hospital medians from Standard and Poor's, the bond rating agency. The bond rating is one indicator of how likely it is that a hospital would be able to borrow money.

³ Rural Not-For-Profit. The grouping includes rural not-for-profit hospitals in the U.S. having a number of beds between the number shown.