
FY2025 Budget Presentation *abbreviated*
Copley Hospital
Main Entrance
Emergency
COPLEY HOSPITAL
COPLEY
HEALTH SYSTEMS
Green Mountain Care Board

Our Mission: Exceptional quality care, close to home.

COMMUNITY	SERVICE EXCELLENCE	RESPECT & COMPASSION	LIFE-LONG LEARNING	LIFE-LONG NOT-FOR-PROFIT
Achieving our shared goal Of a health community	Excellent care and exceeding expectations	We respect every individual	Continuous learning and collaboration	We offer care and services regardless of ability to pay

Overview: Highlights

- Independent, Non-Profit Critical Access Hospital (1 of 8 in VT)
-  Service Area Population ~ 30,000 – 50,000 Patients *HSA definitions ?*
- 25 Bed Critical Access Hospital with 1,900 Admissions
- 13,901 Emergency Department Visits (budgeted 11,600)
- 499 Employee paychecks FY24 (411 FTE's – not Travelers)
- 182 Members on Medical Staff representing 22 Specialties
- $98 million Net Operating Revenue ($177 million gross charges)
- 162 Volunteers
- 789 Donors > 1,455 gifts

Overview of Services

- Surgical Services
  - General Surgery
  - OB/Gynecology
  - Orthopedics Center of Excellence
  - Urology
  - Podiatry
  - Cataracts
- Cardiology and Heart Health
- Anesthesiology
- Birthing Center
- OB/GYN: The Women's Center
- Oncology and Infusion
- Diabetes Management & Education, Nutrition Services
- Gastroenterology (General Surgery)
- Emergency Medicine
- Inpatient Hospitalist Program
- Laboratory Services
- Neurology
- Pain Management
- Pulmonology
- Radiology – Diagnostic Imaging
- Rehabilitation Services: Physical, Occupational, and Cardiac Rehabilitation Program
- Respiratory Services
- Sleep Medicine
- Chaplaincy Support

COPLEY HOSPITAL

Strategic Plan 2022-2024

Financial Sustainability

Exceptional Quality

Workforce & Culture

Keep Care Local

OliverWyman

VERMONT
GREEN MOUNTAIN CARE BOARD

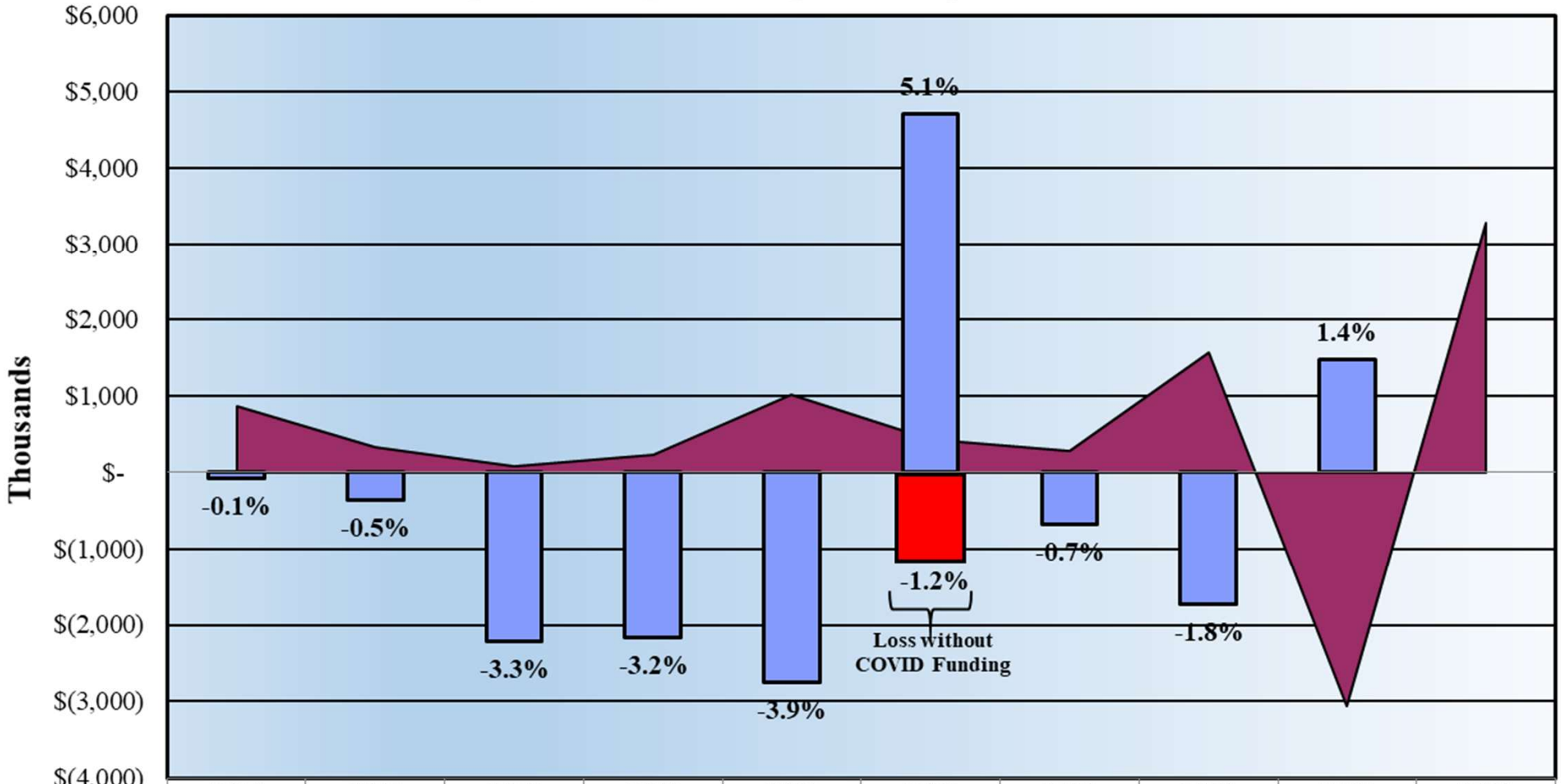
VERMONT
AGENCY OF
HUMAN SERVICES

Act 167 (2022) Community Engagement to Support hospital transformation

GMCB Board Presentation

08 July 2024

Copley Hospital Operating Gain (Loss)



	FY16	FY17	FY18	FY19	FY20	FY21	FY22	FY23	FY24	FY25
Budget	$872,266	$331,482	$76,493	$232,539	$1,019,064	$438,596	$291,615	$1,569,096	$(3,059,538)	$3,275,657
Actual	$(70,683)	$(353,625)	$(2,212,169)	$(2,161,243)	$(2,756,779)	$4,715,884	$(671,006)	$(1,726,541)	$1,477,071	

Approved/Requested Increase: 2004 – 2023 (19 years)

Copley's Problem

	2004 Submitted	2004 Revised Rate Increase	2005 Submitted	2005 Revised Rate Increase	2006 Submitted	2006 Revised Rate Increase	2007 Submitted	2007 Revised Rate Increase	2008 Submitted	2008 Revised Rate Increase
Brattleboro	4.7%	4.7%	6.6%	6.60%	8.70%	8.70%	5.10%	5.10%	6.80%	6.30%
Central Vermont	6.7%	6.7%	7.0%	5.50%	6.35%	6.35%	4.75%	4.30%	8.00%	8.00%
Copley	8.0%	8.0%	8.0%	8.00%	0.00%	0.00%	4.90%	4.90%	4.50%	4.50%
Fletcher Allen	8.0%	8.0%	10.0%	8.50%	8.00%	8.00%	8.00%	7.50%	6.50%	5.50%
Gifford	8.8%	8.8%	5.3%	5.32%	3.60%	3.60%	5.79%	4.80%	7.20%	6.37%
Grace Cottage	3.5%	3.5%	3.6%	3.60%	11.00%	11.00%	4.40%	4.40%	8.70%	8.70%
Mount Ascutney	10.7%	10.7%	6.5%	6.50%	5.30%	5.30%	6.50%	5.50%	5.30%	5.30%
North Country	9.3%	9.3%	7.1%	7.13%	4.77%	4.77%	5.61%	4.60%	7.00%	6.50%
Northeastern	8.0%	8.0%	0.0%	0.00%	8.50%	8.50%	6.50%	6.50%	7.00%	6.50%
Northwestern	2.6%	2.6%	2.9%	2.50%	4.48%	4.48%	7.00%	7.00%	14.00%	10.55%
Porter	7.0%	7.0%	6.5%	6.50%	5.00%	5.00%	6.00%	6.00%	9.20%	7.40%
Rutland	8.0%	8.0%	2.4%	2.00%	9.00%	8.00%	6.00%	5.25%	10.50%	8.50%
Southwestern	7.9%	4.9%	7.5%	6.00%	12.80%	11.15%	8.50%	7.00%	9.50%	7.05%
Springfield	8.8%	8.8%	4.8%	4.80%	8.00%	8.00%	4.10%	4.10%	4.30%	4.30%
System Average		7.80%	7.70%	6.80%	7.50%	7.33%	7.10%	6.54%	7.07%	6.31%
Median	8.00%	8.00%	6.50%	5.75%	7.18%	7.18%	5.90%	5.18%	7.10%	6.50%

	2009 Submitted	2009 Revised Rate Increase	2010 Submitted	2010 Revised Rate Increase	2011 Submitted	2011 Revised Rate Increase	2012 Submitted	2012 Revised Rate Increase	2013 Submitted	2013 Revised Rate Increase
Brattleboro	7.90%	7.50%	8.80%	7.10%	6.30%	6.00%	7.40%	7.40%	7.50%	7.50%
Central Vermont	10.00%	9.60%	8.00%	6.80%	5.50%	5.20%	6.00%	6.00%	5.00%	5.00%
Copley	6.00%	6.00%	6.00%	6.00%	5.50%	5.50%	6.00%	6.00%	3.00%	3.00%
Fletcher Allen	10.00%	10.00%	6.50%	6.00%	6.00%	5.70%	5.90%	5.90%	9.40%	9.40%
Gifford	8.60%	7.90%	5.80%	5.80%	5.80%	5.80%	7.00%	7.00%	6.10%	6.10%
Grace Cottage	5.00%	5.00%	5.00%	5.00%	5.50%	5.50%	12.00%	10.60%	6.50%	6.50%
Mount Ascutney	10.90%	10.50%	6.10%	6.10%	6.50%	6.50%	3.50%	3.50%	7.00%	7.00%
North Country	7.00%	7.00%	4.00%	4.00%	4.70%	4.40%	5.10%	5.10%	4.60%	4.60%
Northeastern	10.00%	9.20%	6.00%	6.00%	4.80%	4.80%	7.50%	7.50%	7.50%	7.50%
Northwestern	11.40%	7.00%	6.50%	5.20%	3.70%	1.75%	6.27%	6.27%	0.00%	0.00%
Porter	11.20%	8.70%	7.00%	6.70%	6.50%	6.50%	10.30%	10.30%	5.00%	5.00%
Rutland	10.90%	9.60%	6.50%	5.50%	5.50%	5.50%	9.80%	9.80%	10.30%	10.30%
Southwestern	11.80%	10.70%	N/A	5.00%	6.00%	6.00%	5.50%	5.50%	9.90%	9.90%
Springfield	3.80%	3.80%	6.70%	6.10%	3.80%	3.80%	5.80%	5.80%	6.00%	6.00%
System Average	9.80%	9.50%	7.20%		5.72%	5.44%	6.50%	6.50%	8.10%	8.10%
Median	10.00%	8.30%	6.80%	6.00%	5.50%	5.50%	6.14%	6.14%	6.30%	6.30%

	2014 Submitted	2014 Revised Rate Increase	2015 Submitted	2015 Revised Rate Increase	2016 Submitted	2016 Revised Rate Increase	2017 Submitted	2017 Revised Rate Increase	2018 Submitted	2018 Revised Rate Increase
Brattleboro	6.20%	5.80%	2.7%	2.70%	-1.20%	-1.40%	3.50%	3.50%	8.90%	5.70%
Central Vermont	7.91%	6.90%	5.9%	5.90%	4.70%	4.70%	3.00%	2.45%	0.70%	0.70%
Copley	6.00%	6.00%	0.0%	0.00%	-3.00%	-4.00%	0.00%	-3.70%	0.00%	-3.40%
Fletcher Allen	4.49%	4.50%	0.0%	7.80%	6.00%	6.00%	3.00%	2.45%	0.70%	0.70%
Gifford	7.60%	7.60%	5.6%	5.60%	5.80%	5.80%	3.90%	3.90%	4.00%	4.00%
Grace Cottage	6.00%	6.00%	5.0%	5.00%	5.00%	5.00%	5.00%	5.00%	5.00%	5.00%
Mount Ascutney	5.00%	5.00%	3.2%	3.20%	5.70%	5.70%	4.90%	4.90%	4.90%	4.90%
North Country	8.00%	8.00%	8.3%	8.30%	4.80%	4.80%	3.50%	3.50%	5.00%	5.00%
Northeastern	5.80%	5.60%	5.0%	5.00%	5.20%	5.20%	3.80%	3.80%	4.30%	3.20%
Northwestern	4.64%	3.90%	6.4%	6.40%	-8.00%	-8.00%	2.90%	0.00%	6.00%	3.50%
Porter	6.00%	6.00%	5.0%	5.00%	5.30%	5.30%	3.70%	5.30%	3.00%	3.00%
Rutland	4.75%	4.75%	8.4%	8.40%	3.70%	3.70%	-5.10%	-5.10%	4.90%	4.90%
Southwestern	9.00%	7.17%	4.5%	4.50%	3.80%	3.80%	3.90%	3.36%	2.90%	2.90%
Springfield	6.00%	4.60%	5.5%	5.45%	2.80%	2.80%	0.00%	0.00%	6.50%	6.50%
System Average	5.50%	5.20%	6.8%	6.80%	4.40%	4.40%	2.20%	1.80%	2.30%	2.00%
Median	6.00%	5.90%	5.0%	5.23%	4.75%	4.75%	3.50%	3.43%	4.60%	3.75%

	2019 Submitted	2019 Revised Rate Increase	2020 Submitted	2020 Revised Rate Increase	2021 Submitted	2021 Revised Rate Increase	2022 Submitted	2022 Revised Rate Increase	2023 Submitted	2023 Revised Rate Increase
Brattleboro	4.90%	3.90%	3.40%	3.40%	4.92%	4.92%	5.10%	4.60%	14.90%	14.61%
Central Vermont	2.80%	2.30%	5.90%	3.00%	8.50%	7.00%	16.00%	8.70%	14.50%	12.50%
Copley	7.90%	4.50%	9.80%	9.80%	8.00%	6.00%	5.00%	4.00%	12.00%	12.00%
Fletcher Allen	4.00%	2.50%	3.50%	3.00%	8.00%	6.00%	16.10%	8.60%	19.90%	14.77%
Gifford	4.00%	4.00%	5.00%	5.00%	4.00%	4.00%	3.50%	3.50%	3.65%	3.65%
Grace Cottage	3.20%	3.20%	3.20%	3.20%	3.20%	3.20%	5.00%	5.00%	5.00%	5.00%
Mount Ascutney	2.90%	2.90%	3.20%	3.20%	4.60%	4.60%	2.20%	2.20%	4.70%	4.70%
North Country	3.60%	3.60%	4.25%	4.25%	3.60%	3.60%	4.90%	3.30%	12.50%	12.50%
Northeastern	4.00%	3.00%	3.50%	3.00%	3.90%	3.90%	3.00%	3.00%	10.80%	10.80%
Northwestern	2.00%	2.00%	5.90%	5.90%	21.10%	13.00%	3.00%	3.00%	9.00%	9.00%
Porter	2.80%	2.80%	2.60%	0.00%	5.75%	4.00%	5.90%	4.00%	11.50%	11.50%
Rutland	3.00%	2.60%	2.65%	2.65%	6.00%	6.00%	12.60%	3.60%	17.80%	17.40%
Southwestern	3.20%	3.00%	2.80%	2.80%	3.50%	3.50%	4.80%	4.80%	9.50%	9.50%
Springfield	10.00%	10.00%	0.00%	0.00%	4.00%	4.00%	8.30%	8.30%	10.00%	10.00%
System Average	3.90%	2.90%	3.20%	3.10%	3.20%	3.10%	6.81%	4.76%	11.13%	10.57%
Median	3.40%	3.00%	3.45%	3.10%	4.76%	4.30%	5.00%	4.00%	11.15%	11.15%

(Red circle) Reduced Rate Increase

(Black circle) Reduced Rate Increase to an already submitted negative increase or to a negative increase

- ➢ From 2004 – 2015 (12 years), the GMCB didn't adjust Copley's requested increase. Longest run of any Vermont hospital during that time period.
- ➢ From 2016 – 2023 (8 years), the GMCB has adjusted Copley's requested increase down 6 times, the most of any Vermont hospital during that time period.

Approved/Requested Increase:

FY 2015	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021	FY 2022	FY 2023	FY 2024
Requested Rate Increase									
0.0%	-3.0%	0.0%	0.0%	7.9%	9.8%	8.0%	5.0%	12.0%	15.0%
Approved Rate Increase									
0.0%	-4.0%	-3.7%	-3.4%	4.5%	9.8%	6.0%	4.0%	12.0%	8% (15%)

State's Problem

Rate Request: Price Comparisons (cont.)

FY 2021 Inpatient Room and Bed:

CPT	Description	Copley	Vermont Hospitals											
			VT Avg	A	B	C	D	E	F	G	H	I	J	K	L	M
	Semi Private Medical Surgical Room & Bed Rate ★	$ 1,300	$2,163	$1,964	$1,770	$2,158			$2,738	$2,866		$1,526	$2,629	$1,453		$2,360

FY 2022 Emergency Room Levels of Care:

99281	EMERGENCY VISIT LEVEL 1	$ 253	$ 321	$ 223	$ 264	$ 322	$ 626	$ 400	$ 212	$ 184	$ 339	$ 223	$ 351	$ 386
99282	EMERGENCY VISIT LEVEL 2	$ 366	$ 447	$ 393	$ 408	$ 359	$ 868	$ 400	$ 364	$ 235	$ 502	$ 278	$ 393	$ 719
99283	EMERGENCY VISIT LEVEL 3	$ 606	$ 737	$ 584	$ 754	$ 532	$1,613	$ 716	$ 550	$ 393	$ 592	$ 594	$ 733	$1,041
99284	EMERGENCY VISIT LEVEL 4	$ 921	$1,122	$1,011	$1,158	$ 850	$1,973	$1,076	$ 979	$ 813	$1,025	$ 931	$ 885	$1,638
99285	EMERGENCY VISIT LEVEL 5	$ 1,331	$1,566	$1,307	$1,620	$1,364	$2,629	$1,076	$1,575	$1,228	$1,536	$1,020	$ 915	$2,951

FY 2022 Diagnostic Imaging:

73030	X-RAY EXAM OF SHOULDER ★	$ 279	$ 544	$ 504	$ 360	$ 538	$ 816	$ 698	$ 567	$ 400	$ 346	$ 654	$ 450	$ 655
73630	X-RAY EXAM OF FOOT ★	$ 279	$ 494	$ 466	$ 360	$ 602	$ 609	$ 494	$ 561	$ 400	$ 325	$ 489	$ 519	$ 606
77067	SCR MAMMO BI INCL CAD	$ 466	$ 587	$ 659		$ 671	$ 510	$1,022	$ 218	$ 629	$ 485	$ 600	$ 458	$ 621
74177	CT ABD & PELV W/CONTRAST	$ 1,486	$3,899	$4,364	$4,381	$4,367	$4,636	$1,100	$3,445	$3,102	$3,673	$3,674	$3,964	$6,188
73610	X-RAY EXAM OF ANKLE ★	$ 263	$ 511	$ 470	$ 360	$ 620	$ 888	$ 494	$ 593	$ 400	$ 346	$ 489	$ 344	$ 615
70450	CT HEAD/BRAIN W/O DYE	$ 977	$1,753	$1,741	$2,002	$2,237	$1,846	$ 533	$1,755	$1,642	$1,601	$1,937	$ 930	$3,059
73110	X-RAY EXAM OF WRIST ★	$ 264	$ 554	$ 504	$ 336	$ 716	$1,003	$ 561	$ 471	$ 400	$ 413	$ 570	$ 501	$ 622
73562	X-RAY EXAM OF KNEE 3	$ 367	$ 575	$ 504	$ 465	$ 787	$1,013	$ 773	$ 573	$ 446	$ 281	$ 467	$ 364	$ 652
73560	X-RAY EXAM OF KNEE 1 OR 2 ★	$ 190	$ 466	$ 471	$ 320	$ 618	$ 835	$ 658	$ 328	$ 400	$ 249	$ 416	$ 296	$ 539
73130	X-RAY EXAM OF HAND ★	$ 210	$ 520	$ 504	$ 360	$ 679	$ 860	$ 580	$ 429	$ 350	$ 454	$ 467	$ 442	$ 596
74176	CT ABD & PELVIS W/O CONTRAST ★	$ 1,224	$3,334	$3,381	$3,598	$3,453	$2,928	$1,490	$3,445	$2,746	$3,525	$3,053	$3,897	$5,153
73721	MRI JNT OF LWR EXTRE W/O DYE ★	$ 1,732	$3,585	$2,995		$5,156	$3,035	$3,319	$4,476	$2,981	$2,962	$3,165		$4,173

In this 80/20 study – Copley is below the <u>average</u> in 18 out of 18 charges.

Rate Increase (Gross Charges):

CPT	Description	Copley	Vermont Hospitals												
			VT Avg	A	B	*C	D	E	F	G	H	I	J	K	L	M
Estimated FY 2024 Semi Private Rooms																
	Semi Private Medical Surgical Room & Bed Rate	$ 1,700	$ 2,463	$2,749	$2,450		$2,366	$2,087	$3,377	$2,866		$1,807	$3,115	$2,052	$1,850	$3,140
Estimated FY 2024 Emergency Room Levels of Care																
99281	EMERGENCY VISIT LEVEL 1	$ 323	$ 354	$ 350	$ 283		$ 288	$ 363	$ 678	$ 490	$ 251	$ 152	$ 405	$ 253	$ 358	$ 402
99282	EMERGENCY VISIT LEVEL 2	$ 510	$ 530	$ 613	$ 498		$ 445	$ 406	$1,066	$ 490	$ 431	$ 262	$ 599	$ 316	$ 400	$ 858
99283	EMERGENCY VISIT LEVEL 3	$ 804	$ 877	$1,049	$ 740		$ 824	$ 601	$1,968	$ 876	$ 651	$ 460	$ 707	$ 674	$ 747	$1,296
99284	EMERGENCY VISIT LEVEL 4	$ 1,179	$ 1,223	$1,748	$1,281		$1,265	$ 960	$1,167	$1,316	$1,159	$ 717	$1,224	$ 944	$ 902	$2,039
99285	EMERGENCY VISIT LEVEL 5	$ 1,608	$ 1,818	$2,623	$1,656		$1,769	$1,540	$3,110	$1,316	$1,865	$1,030	$1,834	$1,158	$ 932	$3,188
Estimated FY 2024 Laboratory Services:																
80053	COMPREHEN METABOLIC PANEL	$ 119	$ 145	$ 134	$ 135		$ 185	$ 208	$ 235	$ 221	$ 66	$ 182	$ 56	$ 135	$ 95	$ 119
80061	LIPID PANEL	$ 109	$ 133	$ 185	$ 117		$ 155	$ 196	$ 131	$ 227	$ 58	$ 137	$ 71	$ 135	$ 113	$ 99
84443	ASSAY THYROID STIM HORMONE	$ 129	$ 196	$ 209	$ 213		$ 212	$ 288	$ 282	$ 335	$ 97	$ 190	$ 103	$ 245	$ 116	$ 125
85025	COMPLETE CBC W/AUTO DIFF WBC	$ 63	$ 101	$ 98	$ 65		$ 123	$ 145	$ 140	$ 168	$ 79	$ 97	$ 45	$ 128	$ 110	$ 51
80048	METABOLIC PANEL TOTAL CA	$ 89	$ 116	$ 107	$ 89		$ 162	$ 177	$ 142	$ 179	$ 66	$ 120	$ 51	$ 105	$ 114	$ 101
87088	URINE BACTERIA CULTURE	$ 36	$ 83	$ 48	$ 88			$ 79	$ 232	$ 88	$ 28	$ 75	$ 39		$ 91	$ 109
85027	COMPLETE CBC AUTOMATED	$ 59	$ 79		$ 58		$ 87	$ 118	$ 99	$ 139	$ 46	$ 68	$ 42	$ 73	$ 105	$ 48
87070	CULTURE OTHR SPECIMN AEROBIC	$ 56	$ 168	$ 107	$ 211		$ 144	$ 182	$ 460	$ 185	$ 58	$ 127	$ 232	$ 203	$ 106	$ 110
Estimated FY 2024 Diagnostic Imaging:																
73030	X-RAY EXAM OF SHOULDER	$ 448	$ 722	$ 510	$ 574		$ 393	$ 607	$1,941	$ 855	$ 671	$ 455	$ 517	$ 813	$ 754	$ 854
73630	X-RAY EXAM OF FOOT	$ 448	$ 648	$ 510	$ 530		$ 393	$ 679	$1,449	$ 687	$ 546	$ 438	$ 435	$ 608	$ 870	$ 827
77067	SCR MAMMO BI INCL CAD	$ 736	$ 704	$ 530	$ 749			$ 757	$ 606	$1,250	$ 441	$ 651	$ 579	$ 746	$ 620	$ 777
73610	X-RAY EXAM OF ANKLE	$ 448	$ 688	$ 510	$ 535		$ 393	$ 700	$2,111	$ 726	$ 585	$ 446	$ 464	$ 608	$ 573	$ 839
70450	CT HEAD/BRAIN W/O DYE	$ 1,539	$ 2,080	$1,667	$1,979		$2,404	$2,412	$2,194	$ 533	$2,078	$1,810	$2,103	$2,408	$2,025	$3,892
73110	X-RAY EXAM OF WRIST	$ 448	$ 656	$ 510	$ 574		$ 367	$ 808	$1,193	$ 687	$ 557	$ 439	$ 552	$ 709	$ 837	$ 849
73562	X-RAY EXAM OF KNEE 3	$ 580	$ 763	$ 510	$ 574		$ 508	$ 776	$2,407	$ 701	$ 916	$ 490	$ 375	$ 581	$ 613	$ 889
73560	X-RAY EXAM OF KNEE 1 OR 2	$ 448	$ 646	$ 510	$ 535		$ 349	$ 620	$1,986	$ 649	$ 779	$ 439	$ 334	$ 518	$ 501	$ 735
73130	X-RAY EXAM OF HAND	$ 448	$ 685	$ 510	$ 574		$ 393	$ 690	$2,044	$ 710	$ 507	$ 393	$ 607	$ 581	$ 635	$ 813
74176	CT ABD & PELVIS W/O CONTRAST	$ 1,899	$ 3,773	$3,390	$3,844		$3,929	$4,939	$3,480	$1,056	$4,078	$3,008	$4,630	$3,795	$4,547	$6,458
73721	MRI JNT OF LWR EXTRE W/O DYE	$ 2,729	$ 3,778	$3,272	$3,405			$4,902	$3,591	$3,616	$5,299	$3,353	$3,785	$3,934	$2,235	$5,220

Copley Price is Lower Copley Price is Higher

★ Indicates Copley's price for this service is the lowest to all Vermont Hospitals

Rate Increase (Gross Charges):

Vermont Hospital 2024 Rate & 2021 Rate Study
Used Act 53 procedures as basis for study

	2021 *Rank	Copley increase needed to get to hosp rates	2024 *Rank	Copley increase needed to get to hosp rates
Hospital I	9	22%	12	-4%
Copley	12	0%	11	0%
Hospital L	11	19%	10	6%
Hospital H	10	22%	9	12%
Hospital K	8	28%	8	17%
Hospital B	7	31%	7	22%
Hospital J	5	38%	6	25%
Hospital D	6	36%	5	28%
Hospital E	4	51%	4	29%
Hospital G	3	68%	3	41%
Hospital M	2	92%	2	76%
Hospital F	1	124%	1	111%
**Hospital C	N/A	N/A	N/A	N/A
***Hospital A	N/A	N/A	N/A	N/A
VT Average		**44%**		**31%**

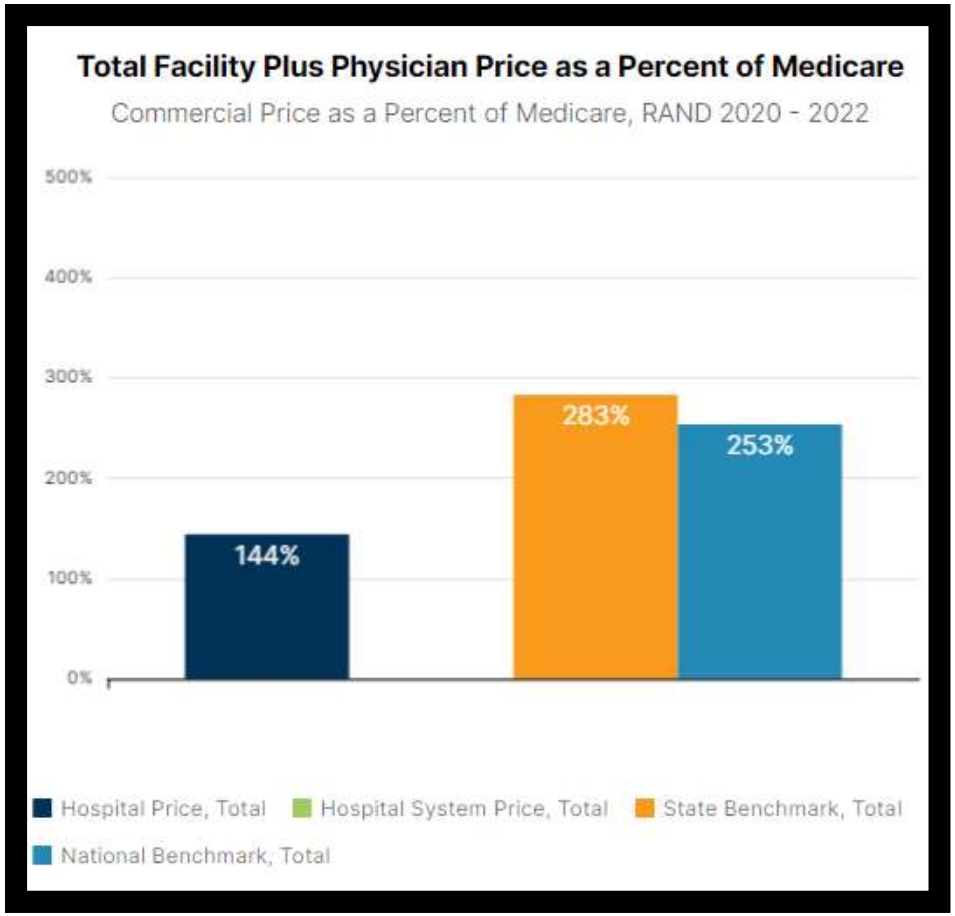
*Rank - 1 = highest 12 = Lowest
**Note1: Data not available
***Note2: Data available only in JSON format

For example:

1. In 2021, we were the lowest in gross charges for the 12 hospital data points available. To move up one position, we would need a 19% rate increase. To get to the most expensive, we would need a 124% increase.
2. In 2024, we were the second lowest in gross charges for the 13 hospital data points available. To move up one position, we would need a 6% rate increase. To get to the most expensive, we would need a 111% increase.

Rate Increase (Gross Charges):

Copley Hospital



Sage Transparency's Data

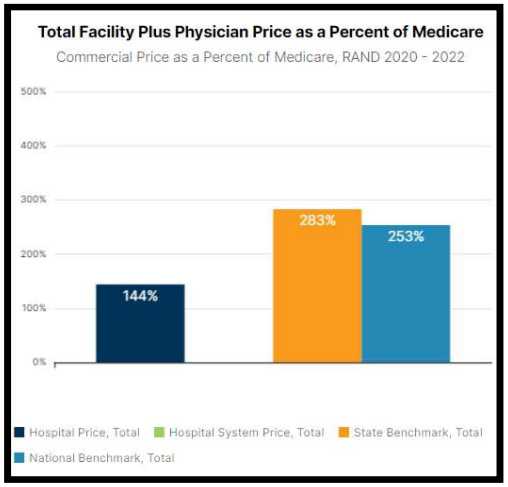
Sage Transparency utilizes both public and proprietary data to compare hospital prices and quality

- Employer Price Transparency Studies conducted by RAND

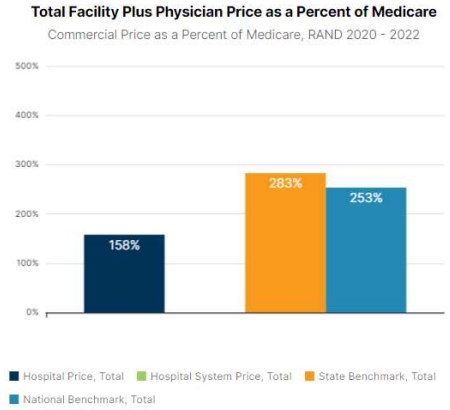
A key metric in Sage Transparency's reports is the price of health care as a percentage of the Medicare reimbursement rate. The Medicare rate is the amount of money Medicare pays providers for specific services. If a hospital's overall prices are 2.5 times what that same hospital would charge Medicare for the same services, Sage Transparency would express that hospital's price as 250% of Medicare. We call this the relative price.

Rate Increase (Gross Charges):

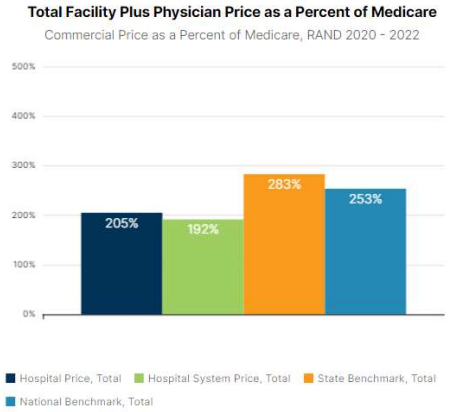
COPLEY HOSPITAL



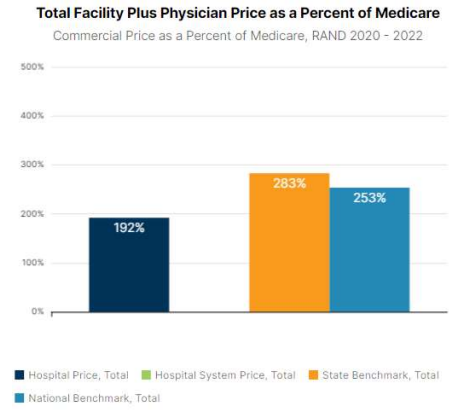
Springfield



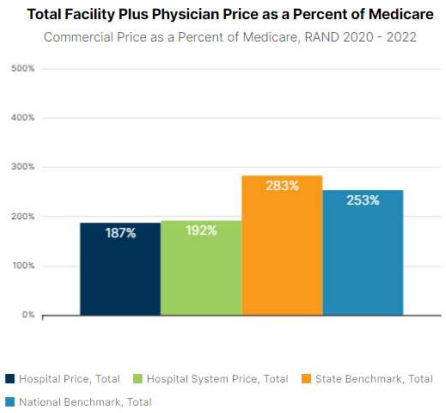
Mt. Ascutney



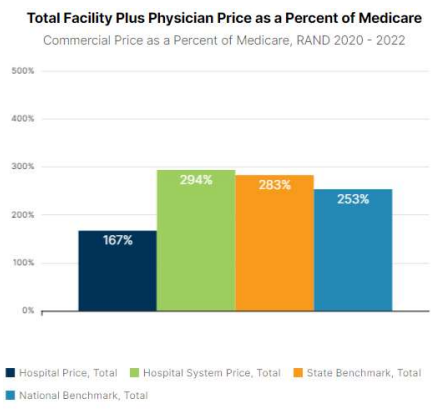
Gifford



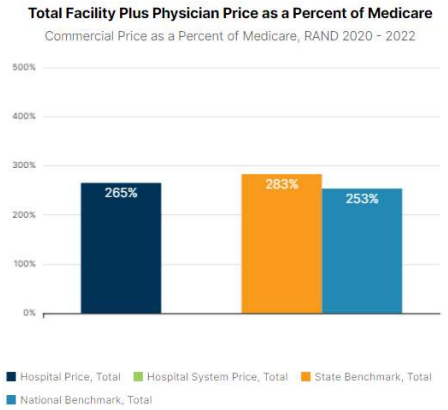
Northeastern



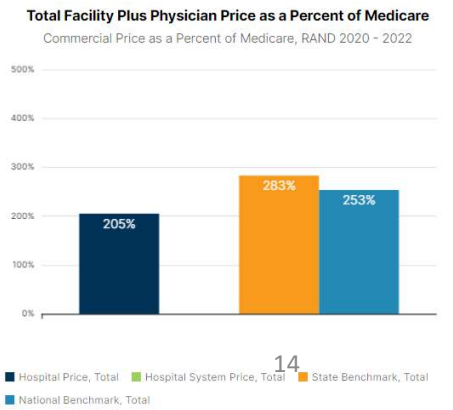
Porter



North County

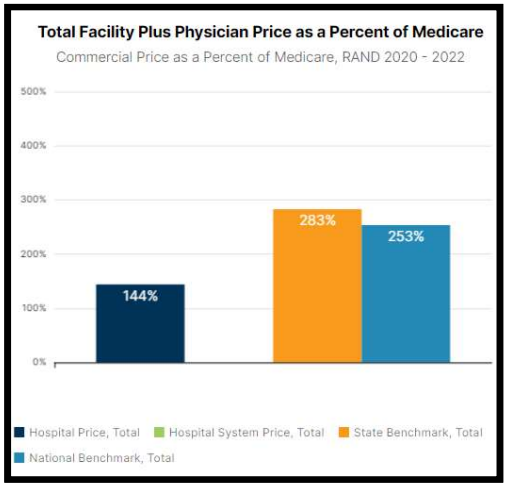


Grace

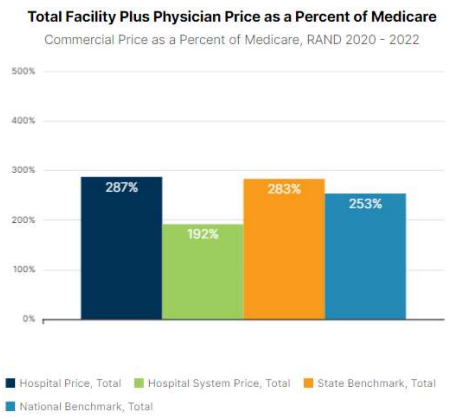


Rate Increase (Gross Charges):

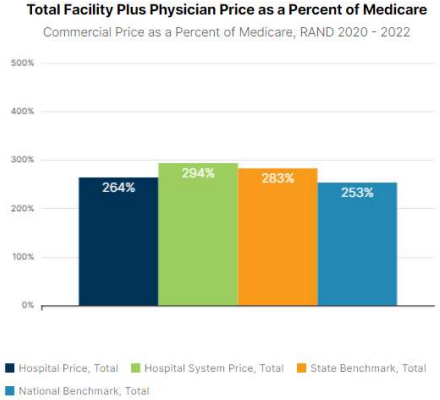
COPLEY HOSPITAL



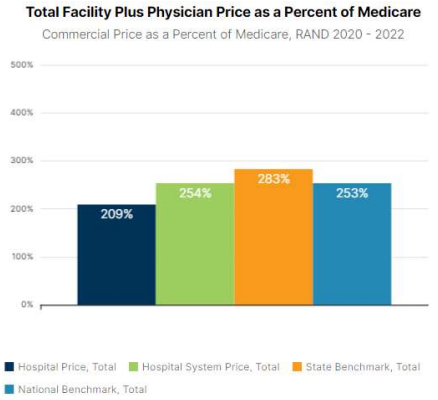
Brattleboro



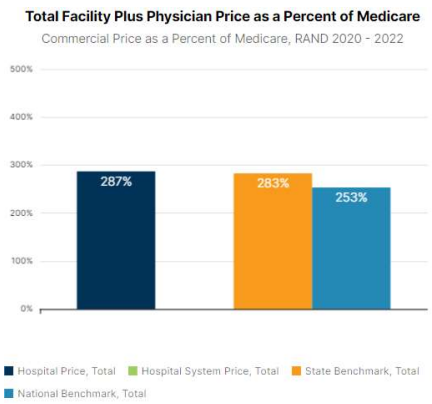
Central Vermont



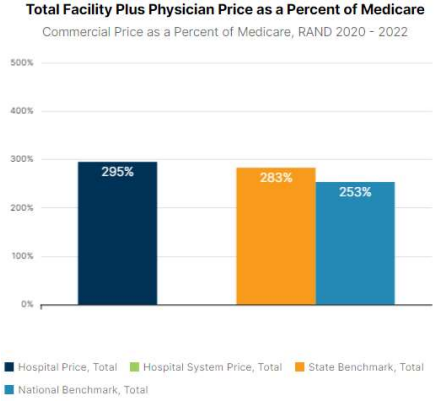
Northwestern



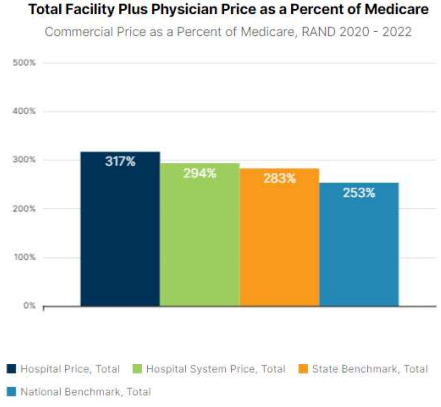
Rutland



Southwestern



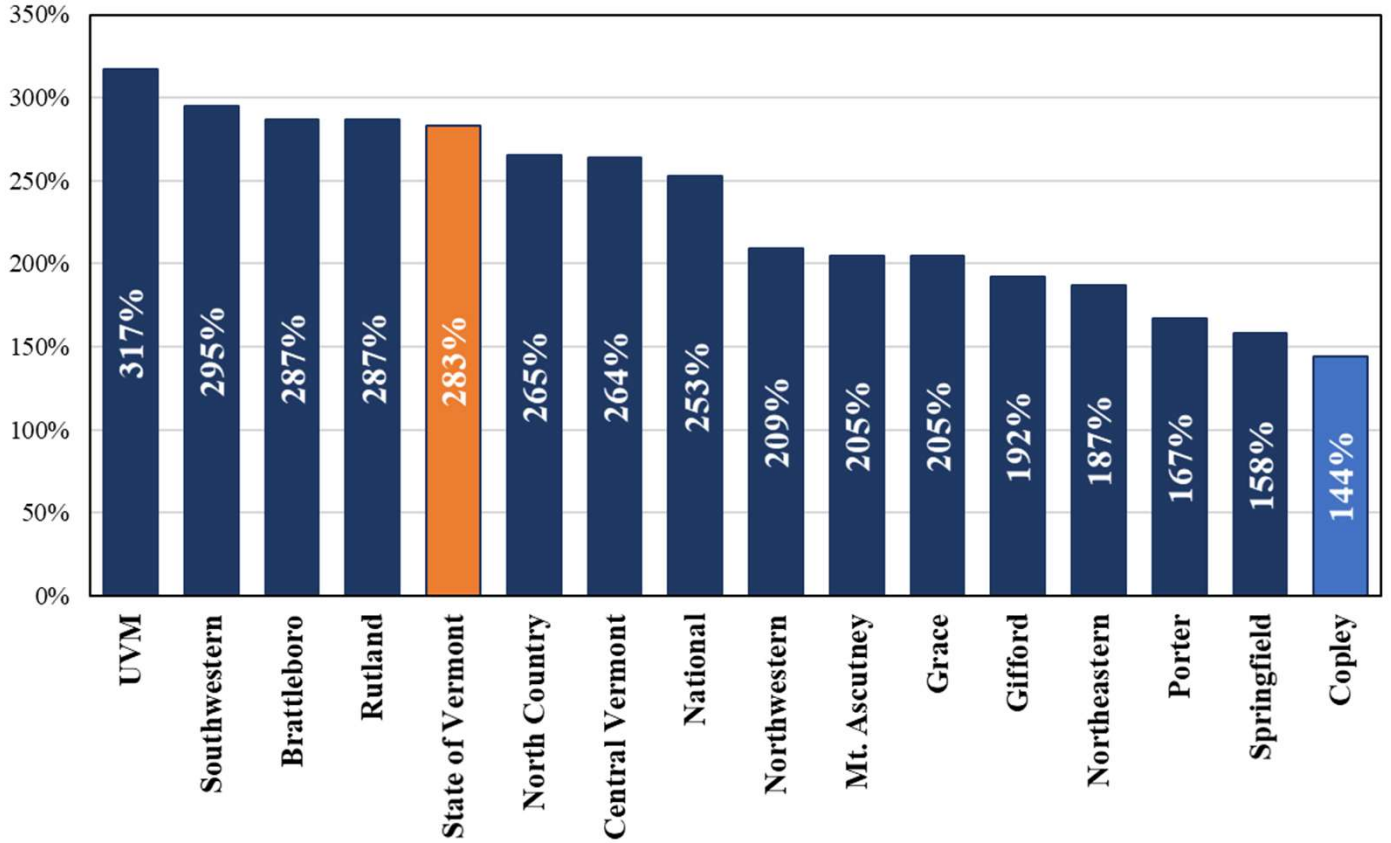
UVM



Rate Increase (Gross Charges):

Total Facility Plus Physician Price as a Percent of Medicare

Commercial Price as a Percent of Medicare, RAND 2020 - 2022



Rate Increase (Net Reimbursement):

BC/BS Reimbursement Rates

CPT	Description	Copley	Vermont Hospitals												
			VT Avg	*A	B	*C	D	E	F	G	H	I	J	K	L	M
Estimated FY 2024 Emergency Room Levels of Care																
99281	EMERGENCY VISIT LEVEL 1	$ 144	$ 255	$ 315	$ 266		$ 143	$ 323	$ 323		$ 196	$ 77	$ 373	$ 264	$ 272	$ 365
99282	EMERGENCY VISIT LEVEL 2	$ 258	$ 389	$ 552	$ 468		$ 270	$ 361	$ 361		$ 337	$ 100	$ 551	$ 329	$ 304	$ 780
99283	EMERGENCY VISIT LEVEL 3	$ 376	$ 635	$ 944	$ 697		$ 522	$ 535	$ 535		$ 508	$ 314	$ 650	$ 702	$ 663	$1,178
99284	EMERGENCY VISIT LEVEL 4	$ 690	$1,002	$1,574	$1,206		$ 828	$ 854	$ 854		$ 904	$ 473	$1,126	$ 982	$ 686	$1,854
99285	EMERGENCY VISIT LEVEL 5	$ 1,041	$1,468	$2,361	$1,558		$1,178	$1,371	$1,371		$1,454	$ 787	$1,687	$1,204	$ 708	$2,899
Estimated FY 2024 Laboratory Services:																
80053	COMPREHEN METABOLIC PANEL	$ 101	$ 125	$ 121	$ 153		$ 179	$ 185	$ 196		$ 54	$ 146	$ 52	$ 128	$ 72	$ 108
80061	LIPID PANEL	$ 76	$ 110	$ 122	$ 123		$ 294	$ 174	$ 109		$ 54	$ 125	$ 65	$ 80	$ 13	$ 90
84443	ASSAY THYROID STIM HORMONE	$ 117	$ 178	$ 188	$ 176		$ 401	$ 257	$ 235		$ 82	$ 152	$ 95	$ 233	$ 88	$ 116
85025	COMPLETE CBC W/AUTO DIFF WBC	$ 55	$ 82	$ 89	$ 67		$ 82	$ 129	$ 117		$ 65	$ 85	$ 42	$ 122	$ 84	$ 47
80048	METABOLIC PANEL TOTAL CA	$ 53	$ 109	$ 96	$ 91		$ 307	$ 158	$ 119		$ 54	$ 109	$ 47	$ 100	$ 87	$ 92
87088	URINE BACTERIA CULTURE	$ 27	$ 66		$ 80			$ 70	$ 194		$ 23	$ 66	$ 36		$ 35	$ 68
85027	COMPLETE CBC AUTOMATED	$ 44	$ 63		$ 58		$ 82	$ 105	$ 83		$ 38	$ 54	$ 38	$ 69	$ 80	$ 44
87070	CULTURE OTHR SPECIMN AEROBIC ★	$ 60	$ 122	$ 96	$ 118		$ 139	$ 162	$ 123		$ 109	$ 111	$ 213	$ 193	$ 71	$ 66
Estimated FY 2024 Diagnostic Imaging:																
73030	X-RAY EXAM OF SHOULDER ★	$ 359	$ 538	$ 459	$ 491		$ 418	$ 540	$ 810		$ 547	$ 371	$ 427	$ 773	$ 573	$ 745
73630	X-RAY EXAM OF FOOT	$ 359	$ 499	$ 459	$ 454		$ 418	$ 604	$ 605		$ 476	$ 350	$ 400	$ 577	$ 661	$ 692
77067	SCR MAMMO BI INCL CAD	$ 598	$ 551	$ 477	$ 656			$ 674	$ 503		$ 360	$ 503	$ 533	$ 708	$ 471	$ 706
73610	X-RAY EXAM OF ANKLE ★	$ 338	$ 508	$ 459	$ 458		$ 421	$ 623	$ 882		$ 477	$ 357	$ 426	$ 577	$ 435	$ 700
73110	X-RAY EXAM OF WRIST ★	$ 343	$ 556	$ 459	$ 491		$ 393	$ 719	$ 996		$ 454	$ 351	$ 508	$ 673	$ 636	$ 708
73562	X-RAY EXAM OF KNEE 3	$ 471	$ 562	$ 459	$ 491		$ 530	$ 630	$1,005		$ 746	$ 392	$ 345	$ 551	$ 466	$ 744
73560	X-RAY EXAM OF KNEE 1 OR 2 ★	$ 244	$ 471	$ 459	$ 458		$ 380	$ 552	$ 829		$ 635	$ 351	$ 307	$ 492	$ 381	$ 612
73130	X-RAY EXAM OF HAND ★	$ 270	$ 504	$ 459	$ 491		$ 421	$ 614	$ 853		$ 414	$ 306	$ 558	$ 551	$ 483	$ 677
74176	CT ABD & PELVIS W/O CONTRAST ★	$ 1,571	$3,504	$3,075	$3,294		$4,161	$4,396	$2,906		$3,324	$2,403	$4,260	$3,605	$3,456	$5,871
73721	MRI JNT OF LWR EXTRE W/O DYE	$ 2,222	$3,247	$2,945	$2,917			$4,363	$2,999		$4,319	$2,678	$3,482	$3,737	$1,699	$4,745

Copley Price is Lower Copley Price is Higher

★ Indicates Copley's reimbursement for this service is the lowest to all Vermont Hospitals

Rate Increase (Net Reimbursement):

Cigna Reimbursement Rates

CPT	Description	Copley	Vermont Hospitals												
			VT Avg	*A	B	*C	D	E	F	G	H	I	J	K	L	M
Estimated FY 2024 Emergency Room Levels of Care																
99281	EMERGENCY VISIT LEVEL 1	$ 307	$ 277	$ 333	$ 271		$ 140	$ 338	$ 273		$ 206	$ 153	$ 389	$ 269	$ 265	$ 387
99282	EMERGENCY VISIT LEVEL 2	$ 485	$ 439	$ 583	$ 476		$ 264	$ 378	$ 497		$ 354	$ 196	$ 575	$ 336	$ 296	$ 825
99283	EMERGENCY VISIT LEVEL 3	$ 764	$ 718	$ 996	$ 708		$ 511	$ 559	$ 935		$ 534	$ 328	$ 679	$ 716	$ 644	$1,246
99284	EMERGENCY VISIT LEVEL 4	$ 1,120	$ 1,099	$1,661	$1,226		$ 811	$ 893	$1,040		$ 950	$ 678	$1,175	$1,002	$ 667	$1,961
99285	EMERGENCY VISIT LEVEL 5	$ 1,528	$ 1,578	$2,492	$1,584		$1,153	$1,432	$1,454		$1,529	$1,025	$1,761	$1,230	$ 689	$3,066
Estimated FY 2024 Laboratory Services:																
80053	COMPREHEN METABOLIC PANEL	$ 113	$ 126	$ 128	$ 130		$ 176	$ 193	$ 210		$ 54	$ 147	$ 54	$ 131	$ 70	$ 108
80061	LIPID PANEL	$ 104	$ 120	$ 129	$ 118		$ 288	$ 182	$ 117		$ 54	$ 104	$ 68	$ 81	$ 100	$ 90
84443	ASSAY THYROID STIM HORMONE	$ 123	$ 185	$ 198	$ 204		$ 392	$ 269	$ 250		$ 82	$ 162	$ 99	$ 237	$ 86	$ 116
85025	COMPLETE CBC W/AUTO DIFF WBC	$ 60	$ 82	$ 93	$ 62		$ 81	$ 135	$ 125		$ 65	$ 71	$ 43	$ 124	$ 81	$ 47
80048	METABOLIC PANEL TOTAL CA		$ 104	$ 101	$ 85		$ 301	$ 165	$ 127		$ 54	$ 82	$ 49	$ 102	$ 84	$ 92
87088	URINE BACTERIA CULTURE	$ 34	$ 68		$ 84			$ 73	$ 208		$ 23	$ 55	$ 37		$ 34	$ 68
85027	COMPLETE CBC AUTOMATED	$ 56	$ 67		$ 56		$ 81	$ 110	$ 89		$ 38	$ 71	$ 40	$ 71	$ 78	$ 44
87070	CULTURE OTHR SPECIMN AEROBIC ★	$ 53	$ 129	$ 101	$ 202		$ 136	$ 169	$ 131		$ 109	$ 93	$ 223	$ 197	$ 69	$ 66
Estimated FY 2024 Diagnostic Imaging:																
73030	X-RAY EXAM OF SHOULDER	$ 359	$ 554	$ 485	$ 549		$ 409	$ 565	$ 869		$ 550	$ 334	$ 445	$ 789	$ 557	$ 668
73630	X-RAY EXAM OF FOOT	$ 359	$ 515	$ 485	$ 507		$ 409	$ 631	$ 648		$ 480	$ 334	$ 418	$ 589	$ 643	$ 606
77067	SCR MAMMO BI INCL CAD	$ 598	$ 594	$ 504	$ 717			$ 704	$ 543		$ 362	$ 525	$ 556	$ 723	$ 458	$ 747
73610	X-RAY EXAM OF ANKLE	$ 338	$ 528	$ 485	$ 511		$ 412	$ 651	$ 945		$ 480	$ 334	$ 445	$ 589	$ 423	$ 638
73110	X-RAY EXAM OF WRIST	$ 343	$ 578	$ 485	$ 549		$ 385	$ 751	$1,067		$ 457	$ 334	$ 530	$ 687	$ 619	$ 645
73562	X-RAY EXAM OF KNEE 3	$ 471	$ 582	$ 485	$ 549		$ 519	$ 658	$1,077		$ 751	$ 373	$ 360	$ 563	$ 453	$ 651
73560	X-RAY EXAM OF KNEE 1 OR 2 ★	$ 244	$ 499	$ 485	$ 512		$ 372	$ 577	$ 889		$ 638	$ 334	$ 321	$ 502	$ 370	$ 558
73130	X-RAY EXAM OF HAND ★	$ 270	$ 537	$ 485	$ 549		$ 412	$ 642	$ 991		$ 416	$ 292	$ 583	$ 563	$ 469	$ 618
74176	CT ABD & PELVIS W/O CONTRAST ★	$ 1,571	$ 3,654	$3,246	$3,677		$4,076	$4,593	$3,115		$3,344	$2,292	$4,445	$3,681	$3,360	$6,211
73721	MRI JNT OF LWR EXTRE W/O DYE	$ 2,222	$ 3,363	$3,109	$3,257			$4,559	$3,214		$4,346	$2,488	$3,634	$3,816	$1,652	$4,327

Copley Price is Lower Copley Price is Higher

★ Indicates Copley's reimbursement for this service is the lowest to all Vermont Hospitals

Rate Increase (Net Reimbursement):

MVP Reimbursement Rates

CPT	Description	Copley	Vermont Hospitals												
			VT Avg	*A	B	*C	D	E	F	G	H	I	J	K	L	M
Estimated FY 2024 Emergency Room Levels of Care																
99281	EMERGENCY VISIT LEVEL 1	$ 252	$ 263	$ 315	$ 261		$ 110	$ 330	$ 271		$ 201	$ 167	$ 405	$ 264	$ 276	$ 300
99282	EMERGENCY VISIT LEVEL 2	$ 398	$ 410	$ 552	$ 459		$ 209	$ 369	$ 494		$ 345	$ 214	$ 599	$ 329	$ 308	$ 640
99283	EMERGENCY VISIT LEVEL 3	$ 627	$ 674	$ 944	$ 683		$ 404	$ 547	$ 930		$ 524	$ 358	$ 707	$ 702	$ 671	$ 997
99284	EMERGENCY VISIT LEVEL 4	$ 920	$ 1,033	$1,574	$1,181		$ 641	$ 874	$1,034		$ 927	$ 739	$1,224	$ 982	$ 695	$1,606
99285	EMERGENCY VISIT LEVEL 5	$ 1,254	$ 1,471	$2,361	$1,526		$ 911	$1,401	$1,446		$1,492	$1,117	$1,834	$1,204	$ 718	$2,383
Estimated FY 2024 Laboratory Services:																
80053	COMPREHEN METABOLIC PANEL	$ 93	$ 121	$ 121	$ 125		$ 139	$ 189	$ 209		$ 53	$ 160	$ 56	$ 128	$ 73	$ 108
80061	LIPID PANEL	$ 85	$ 113	$ 122	$ 114		$ 227	$ 178	$ 117		$ 53	$ 113	$ 71	$ 80	$ 104	$ 90
84443	ASSAY THYROID STIM HORMONE	$ 101	$ 177	$ 188	$ 196		$ 310	$ 263	$ 273		$ 80	$ 177	$ 103	$ 233	$ 89	$ 116
85025	COMPLETE CBC W/AUTO DIFF WBC	$ 49	$ 80	$ 89	$ 60		$ 64	$ 132	$ 124		$ 63	$ 77	$ 45	$ 122	$ 85	$ 47
80048	METABOLIC PANEL TOTAL CA	$ 69	$ 104	$ 96	$ 82		$ 238	$ 161	$ 127		$ 53	$ 90	$ 51	$ 100	$ 88	$ 92
87088	URINE BACTERIA CULTURE	$ 28	$ 68		$ 81			$ 72	$ 206		$ 22	$ 60	$ 39		$ 35	$ 68
85027	COMPLETE CBC AUTOMATED	$ 46	$ 64		$ 54		$ 64	$ 107	$ 88		$ 37	$ 77	$ 42	$ 69	$ 81	$ 44
87070	CULTURE OTHR SPECIMN AEROBIC ★	$ 44	$ 126	$ 96	$ 194		$ 107	$ 166	$ 131		$ 107	$ 101	$ 232	$ 193	$ 72	$ 66
Estimated FY 2024 Diagnostic Imaging:																
73030	X-RAY EXAM OF SHOULDER	$ 349	$ 530	$ 459	$ 529		$ 323	$ 552	$ 864		$ 537	$ 364	$ 464	$ 773	$ 581	$ 570
73630	X-RAY EXAM OF FOOT	$ 349	$ 492	$ 459	$ 489		$ 323	$ 618	$ 645		$ 468	$ 364	$ 435	$ 577	$ 670	$ 512
77067	SCR MAMMO BI INCL CAD	$ 574	$ 582	$ 477	$ 691			$ 689	$ 540		$ 353	$ 572	$ 579	$ 708	$ 477	$ 743
73610	X-RAY EXAM OF ANKLE	$ 349	$ 502	$ 459	$ 493		$ 326	$ 637	$ 940		$ 468	$ 364	$ 464	$ 577	$ 441	$ 501
73110	X-RAY EXAM OF WRIST	$ 349	$ 560	$ 459	$ 529		$ 304	$ 735	$1,157		$ 446	$ 364	$ 552	$ 673	$ 644	$ 512
73562	X-RAY EXAM OF KNEE 3	$ 452	$ 561	$ 459	$ 529		$ 410	$ 644	$1,071		$ 733	$ 406	$ 375	$ 551	$ 472	$ 627
73560	X-RAY EXAM OF KNEE 1 OR 2	$ 349	$ 477	$ 459	$ 493		$ 294	$ 564	$ 884		$ 623	$ 364	$ 334	$ 492	$ 386	$ 481
73130	X-RAY EXAM OF HAND	$ 349	$ 512	$ 459	$ 529		$ 326	$ 628	$ 960		$ 406	$ 318	$ 607	$ 551	$ 489	$ 522
74176	CT ABD & PELVIS W/O CONTRAST ★	$ 1,481	$ 3,364	$3,075	$3,544		$3,218	$4,494	$3,097		$3,263	$2,498	$4,630	$3,605	$3,501	$3,967
73721	MRI JNT OF LWR EXTRE W/O DYE	$ 2,129	$ 2,950	$2,945	$3,139			$4,461	$3,196		$4,240	$2,712	$3,785	n/a	$1,721	$4,122

Copley Price is Lower Copley Price is Higher

★ Indicates Copley's reimbursement for this service is the lowest to all Vermont Hospitals

Rate Increase (Net Reimbursement):

Examples where Copley's reimbursement is extremely low as compared to another Vermont hospital include:

CPT4	Description	Payer	Average	Max Reimb	Copley	Max % above	Avg % above
87088	URINE BACTERIA CULTURE	BC	$ 66	$ 194	$ 27	619%	144%
99283	EMERGENCY VISIT LEVEL 3	BC	$ 635	$ 1,178	$ 376	213%	69%
74176	CT ABD & PELVIS W/O CONTRAST	Cigna	$ 3,654	$ 6,211	$ 1,571	295%	133%
87070	CULTURE OTHR SPECIMN AEROBIC	MVP	$ 126	$ 232	$ 44	427%	186%

Rate Increase (Net Reimbursement):

Example of Copley's Reimbursement Shortfall:

Using 99283 ED Level 3:

Payer = Blue Cross Blue Shield
Copley Hospital = $376
"M" Hospital = $1,178

"M" Hospital Estimated Volume = 3,777 visits (for BCBS ED Level 3 visits only)
Copley Hospital Net Revenue = $1,419,984
"M" Hospital Net Revenue = $4,448,781

Overall Increase Due to Difference in Reimbursement = $3,028,796

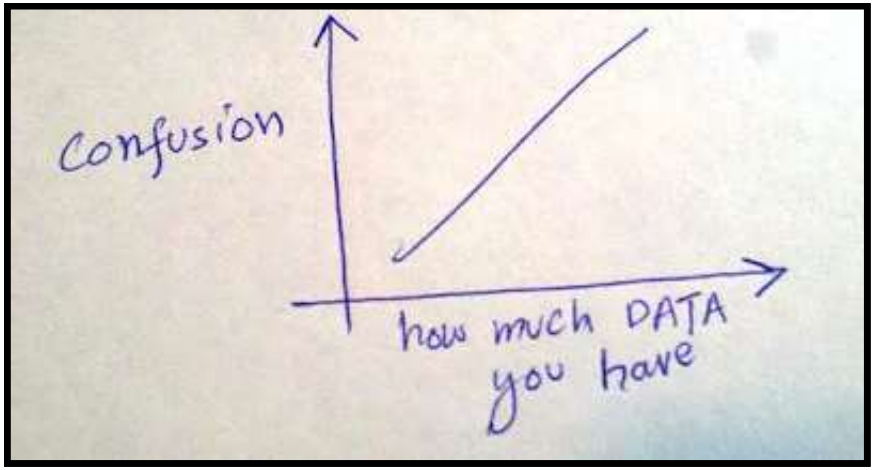
Reports & Studies…

Cognitive overload

The brain can process a certain amount of information presented in different methods. The brain processes the information you gather each day from reading a newspaper, following directions on a map and having a conversation with a friend. When there is too much information to process, you may feel **cognitive overload**.

GOAL: Similar/Same Charges for same services.

1. For PPS Hospitals (first)
2. For CAH Hospitals (next)
3. Commercial Reimbursement…?




FY2025 Budget Presentation
Copley Hospital
Main Entrance
Emergency
COPLEY HOSPITAL
COPLEY
HEALTH SYSTEMS
Green Mountain Care Board