GUNNISON VALLEY HEALTH

Operation review

Period Ending October 31, 2015

COMBINED OVERVIEW:

The combined financials for the month of October shows an increase of $189,309 or 133.0% above budget and $79,071 or 19.3% below prior year. The combined net income for October is $331,610 compared to a budget of $142,301 and $410,681 in the prior year.

	MONTH TO DATE						
	Net Income	Budget	Var	% Var	P/Y	Var	% Var
GVH	$ 276,433	$ 151,814	$ 124,619	82.1%	$ 490,250	$ (213,817)	-43.6%
SCC	$ (1,286)	$ 13,290	$ (14,576)	-109.7%	$ (8,582)	$ 7,296	85.0%
Hospice	$ 33,834	$ (4,868)	$ 38,702	795.0%	$ (30,515)	$ 64,349	210.9%
Home Health	$ (14,679)	$ (21,212)	$ 6,533	30.8%	$ (43,774)	$ 29,095	66.5%
Assisting Living	$ 3,196	$ 3,277	$ (81)	-2.5%	$ (1,792)	$ 4,988	278.3%
Foundation	$ 34,112		$ 34,112	100.0%	$ 5,094	$ 29,018	569.7%
Grand Total	$ 331,610	$ 142,301	$ 189,309	133.0%	$ 410,681	$ (79,071)	-19.3%

	YEAR TO DATE						
	Net Income	Budget	Var	% Var	P/Y	Var	% Var
GVH	$ 4,494,102	$ 2,653,385	$ 1,840,717	69.4%	$ 6,120,857	$ (1,626,755)	-26.6%
SCC	$ 433,689	$ 698,446	$ (264,757)	-37.9%	$ 786,055	$ (352,366)	-44.8%
Hospice	$ (90,885)	$ (51,943)	$ (38,942)	-75.0%	$ (59,188)	$ (31,697)	-53.6%
Home Health	$ (171,182)	$ (212,723)	$ 41,541	19.5%	$ (269,802)	$ 98,620	36.6%
Assisting Living	$ 49,577	$ 26,133	$ 23,444	89.7%	$ 16,521	$ 33,056	200.1%
Foundation	$ 186,594		$ 186,594	100.0%	$ 118,750	$ 67,844	57.1%
Grand Total	$ 4,901,895	$ 3,113,298	$ 1,788,597	57.5%	$ 6,713,193	$ (1,811,298)	-27.0%

DEBT SERVICE COVERAGE RATIO - The Debt Service Coverage Ratio at the end of October is 5.31. The bond covenant requires GVH to keep a debt service ratio of 2.00 starting in March 2015.

CASH ON HAND - the Cash on hand is now 323 compared to the bond covenant requirement of 150 days. The cash on hand does not include the Foundation.

INPATIENT VOLUMES – Admissions in October were 3 or 7.0% above budget and 12 or 20.7% below prior year. Please refer to graph showing the admissions by physicians along with variances.

OUTPATIENT VOLUMES – Outpatient visits are 193 visits or 5.9% above budget and 259 or 8.1% above prior year. Emergency room visits were 23.0% above budget and 17.5% above prior year. (Please refer to the graph labeled ER visits)

Outpatient revenues were $55,688 or 1.6% below budget and $201,130 or 6.3% above prior year.

10/31/2015	CY	Bgt	Var.	% Var.	PY	Var.	% Var.
Outpatient Visits	3,475	3,282	193	5.9%	3,216	259	8.1%
Radiology	1,044	1,042	2	0.2%	1,047	(3)	-0.3%
Laboratory	1,079	954	125	13.1%	1,116	(37)	-3.3%
YTD	CY	Bgt	Var.	% Var.	PY	Var.	% Var.
Outpatient Visits	36,350	33,857	2,493	7.4%	33,416	2,934	8.8%
Radiology	11,345	10,058	1,287	12.8%	9,945	1,400	14.1%
Laboratory	11,059	11,357	(298)	-2.6%	10,862	197	1.8%

The orthopedic surgeries performed during the month of October showed 51 compared to 46 for the prior year. The variance in orthopedic surgeries showed a decrease of 5 or 9.3% compared to budget and an increase of 3 or 6.5% compared to prior year.

2015	Griggs	Schutt	Chamberland	Biem	Thompson	Moore	Clifton	Total
Surgeries as %	61%	2%	18%	0%	0%	2%	18%	100%
Surgeries	31	1	9	0	0	1	9	51

2014	Griggs	Schutt	Chamberland	Biem	Thompson	Moore	Clifton	Total
Surgeries as %	50%	9%	17%	17%	0%	7%	0%	100%
Surgeries	23	4	8	8	0	3	0	46

REVENUE/DEDUCTIONS:

Total patient revenue shows a decrease of $81,514 or 1.9% compared to budget for the month of October and a decrease of $171,215 or 3.9% compared to prior year. Deductions are 8.5% below budget and 4.9% below prior year. Net Operating Revenue shows an increase of $74,513 or 3.1% compared to budget and a decrease of $78,049 or 3.0% compared to prior year.

EXPENSES:

Contract Labor:

Ultrasound Tech is responsible for the contract labor.

Pro Fees:

The increase in Professional Fees is associated with Radiology.

Purchased services:

Facilities Maintenance – New Heating System

Total Operating Expenses:

Total Operating Expenses show a decrease of 2.0% compared to budget. Management continues to engage the Leadership Team to reduce and control supply, payroll, and purchasing expenses.

10/31/2015	CY	Bgt	Var.	% Var.	PY	Var.	% Var.
Volumes	49	54	-5	-9.3%	46	3	6.5%
Ortho Revenues	$ 186,573	$ 205,426	$ (18,853)	-9.2%	$ 265,513	$ (78,940)	-29.7%
Ortho Supplies	$ 69,424	$ 100,784	$ (31,360)	-31.1%	$ 85,046	$ (15,622)	-18.4%

YTD	CY	Bgt	Var.	% Var.	PY	Var.	% Var.
Volumes	511	535	-24	-4.5%	541	-30	-5.5%
Ortho Revenues	$ 2,045,158	$ 2,131,525	$ (86,367)	-4.1%	$ 2,107,434	$ (62,276)	-3.0%
Ortho Supplies	$ 772,775	$ 1,007,840	$ (235,065)	-23.3%	$ 872,052	$ (99,277)	-11.4%

NET INCOME:

Gunnison Valley Hospital's net income shows an increase of $124,619 over budget and a decrease of $213,250 compared to prior year.
Year-to-date net Income at October 31, 2015 is $1,840,717 over budget and $1,626,755 below prior year.

OTHER OPERATING REPORTS:

SENIOR CARE CENTER

Patient days in Senior Care were below budget by 10.6% and 9.4% below prior year. Net operating revenues show a decrease of approximately $55K or 16.8% and a decrease of approximately $36K or 11.8% over prior year. Expenses show a decrease of 12.8% compared to budget and a decrease of approximately of $46K or 13.6% compared to prior year.

	MONTH TO DATE							
	Unit	C/M	Bgt	Var	% Var	PY	Var	% Var
SCC	Days	1,109	1,240	(131)	-10.6%	1,224	(115)	-9.4%
H/H	Visits	272	456	(184)	-40.4%	384	(112)	-29.2%
A. Living	Days	460	434	26	6.0%	434	26	6.0%
Hospice	Days	9	62	(53)	-85.5%	65	(56)	-86.2%
Palliative	Days	62	310	(248)	-80.0%	216	(154)	-71.3%

	YEAR TO DATE							
	Unit	C/M	Bgt	Var	% Var	PY	Var	% Var
SCC	Days	10,913	12,160	(1,247)	-10.3%	12,725	(1,812)	-14.2%
H/H	Visits	3,243	4,560	(1,317)	-28.9%	3,887	(644)	-16.6%
A. Living	Days	4,499	4,242	257	6.1%	4,450	49	1.1%
Hospice	Days	692	608	84	13.8%	859	(167)	-19.4%
Palliative	Days	1,221	2,750	(1,529)	-55.6%	2,222	(1,001)	-45.0%

Other:

Bank Service Charges = $2,700
Vehicle Expense = $1,300

HOME MEDICAL SERVICES

Visits in home health were 40.4% below budget and 29.2% below prior year. Year-to-date the volumes are 1,317 visits or 28.9% below budget and 644 visits or 16.6% below prior year.

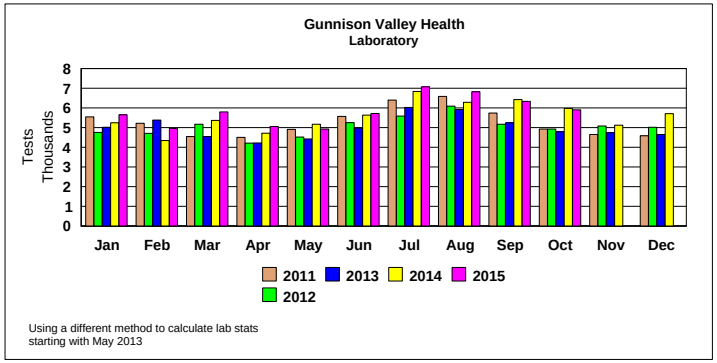
The net operating revenue shows an increase of 6.8% compared to budget and 61.7% increase compared to prior year. Total operating expenses are 6.5% below budget and 19.2% below prior year.
The net income for home health showed an improvement of $6,533 or 30.8% over budget as well as an improvement over prior year by $29,095 or 66.5%.

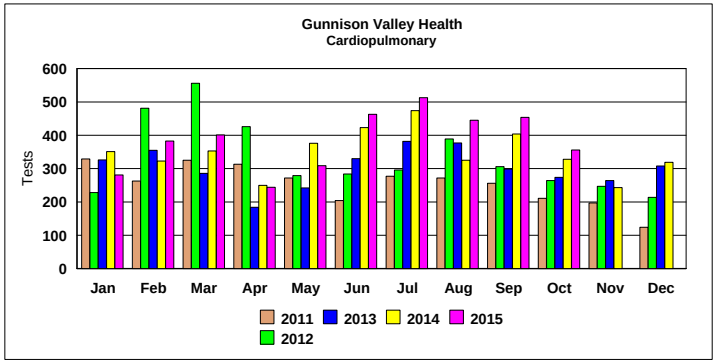
The Gunnison Consolidated Living Community's net income shows an increase of $30,578 compared to budget and a $105,729 gain compared to prior year for October.
Year-to-date the living community shows a loss of $238,712 compared to budget and $252,386 compared to prior year at October 31, 2015.

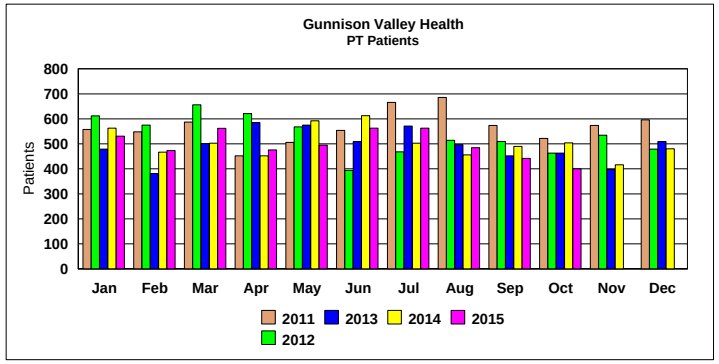
KEY STATISTICS

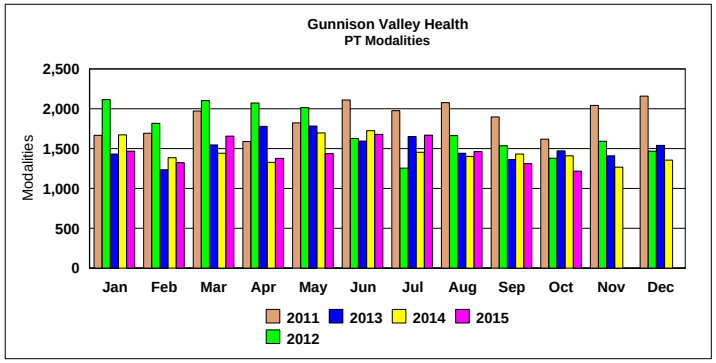
	Month-to-Date							Year-to-Date						
	Oct-15	Bgt	Var	% Var	Oct-14	Var	% Var	Oct-15	Bgt	Var	% Var	Oct-14	Var	% Var
Inpatient Days	108	107	1	0.9%	140	(32)	-22.9%	1,166	1,279	(113)	-8.8%	1,219	(53)	-4.3%
Average Daily Census	3.5	3.5	0.0	0.9%	4.5	(1.0)	-22.9%	3.8	4.2	(0.4)	-8.8%	4.0	(0.2)	-4.3%
Admissions	46	43	3	7.0%	58	(12)	-20.7%	474	502	(28)	-5.6%	488	(14)	-2.9%
Avg. Length of Stay	2.35	2.49	-0.14	-5.6%	2.41	(0.07)	-2.7%	2.46	2.55	(0.09)	-3.4%	2.47	(0.01)	-0.5%
Percent Occupancy	14.5%	14.4%	0.1%	0.9%	18.8%	-4.3%	-22.9%	16.0%	17.5%	(0)	-8.8%	15.9%	0.0%	0.2%
Births	15	9	6	66.7%	11	4	36.4%	108	116	(8)	-6.9%	116	(8)	-6.9%
Swing Bed Days	39	32	7	21.9%	56	(17)	-30.4%	392	458	(66)	-14.4%	512	(120)	-23.4%
Observation Patients	37	30	7	23.3%	30	7	23.3%	406	374	32	8.6%	373	33	8.8%
Lab Exams	5,903	5,838	65	1.1%	6,429	(526)	-8.2%	58,266	55,157	3,109	5.6%	56,483	1,783	3.2%
EMS Patients	48	55	(7)	-12.7%	76	(28)	-36.8%	495	592	(97)	-16.4%	595	(100)	-16.8%
ER Visits	545	443	102	23.0%	464	81	17.5%	5,599	5,034	565	11.2%	5,187	412	7.9%
Cardiopulmonary Exams	356	316	40	12.7%	328	28	8.5%	3,849	3,810	39	1.0%	3,607	242	6.7%
X-Ray Exams	498	443	55	12.4%	456	42	9.2%	4,986	4,504	482	10.7%	4,400	586	13.3%
Ultrasound Exams	94	112	(18)	-16.1%	118	(24)	-20.3%	1,305	1,141	164	14.4%	1,127	178	15.8%
Mammo Exams	198	239	(41)	-17.2%	216	(18)	-8.3%	1,717	1,756	(39)	-2.2%	1,736	(19)	-1.1%
CT Scan Exams	152	138	14	10.1%	142	10	7.0%	1,742	1,599	143	8.9%	1,581	161	10.2%
MRI Exams	102	110	(8)	-7.3%	115	(13)	-11.3%	1,076	1,059	17	1.6%	1,062	14	1.3%
Physical Therapy Patients	400	475	(75)	-15.8%	504	(104)	-20.6%	5,013	5,152	(139)	-2.7%	5,143	(130)	-2.5%
Physical Therapy Modalities	1,218	1,376	(158)	-11.5%	1,411	(193)	-13.7%	14,611	15,216	(605)	-4.0%	14,954	(343)	-2.3%
CB Clinic Patients	120	92	28	30.4%	105	15	14.3%	1,499	1,195	304	25.4%	1,120	379	33.8%
CB Clinic Modalities	452	328	124	37.8%	353	99	28.0%	5,443	4,253	1,190	28.0%	3,964	1,479	37.3%
Occup Therapy Patients	132	106	26	24.5%	110	22	20.0%	1,094	1,355	(261)	-19.3%	1,235	(141)	-11.4%
Occup Therapy Modalities	360	241	119	49.4%	245	115	46.9%	2,769	3,395	(626)	-18.4%	3,149	(380)	-12.1%
Anesthesia Stats	106	120	(14)	-11.7%	120	(14)	-11.7%	1,061	1,118	(57)	-5.1%	1,086	(25)	-2.3%
Surgery - Inpatient	20	14	6	42.9%	22	(2)	-9.1%	134	177	(43)	-24.3%	157	(23)	-14.6%
Surgery - Outpatient	68	65	3	4.6%	52	16	30.8%	632	638	(6)	-0.9%	673	(41)	-6.1%
Scopes	23	36	(13)	-36.1%	37	(14)	-37.8%	320	297	23	7.7%	294	26	8.8%
Surgeries - Total	111	115	(4)	-3.5%	111	-	0.0%	1,086	1,112	(26)	-2.3%	1,124	(38)	-3.4%
Outpatient visits	3,475	3,282	193	5.9%	3,216	259	8.1%	36,350	33,857	2,493	7.4%	33,416	2,934	8.8%

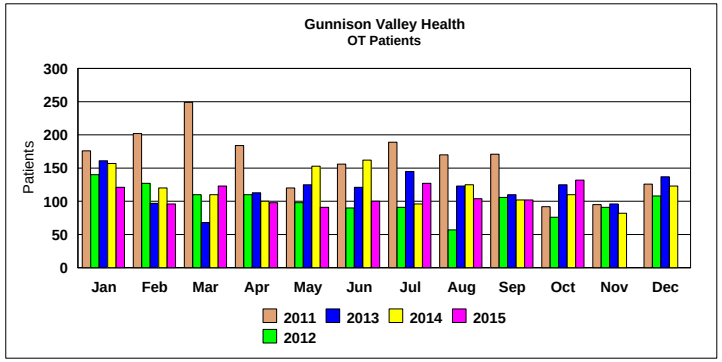
MISCELLANEOUS STATS

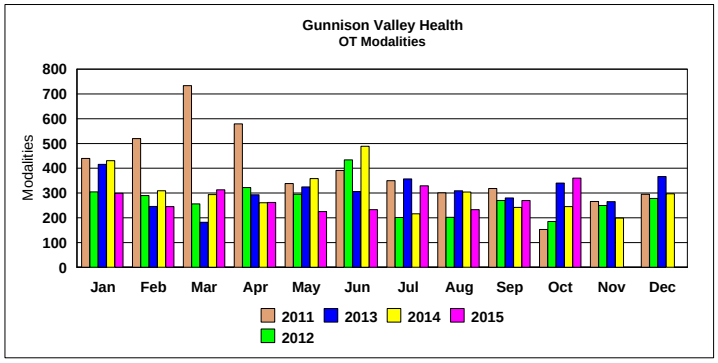


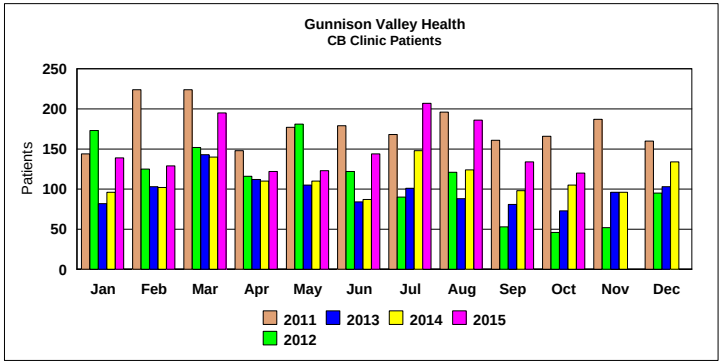


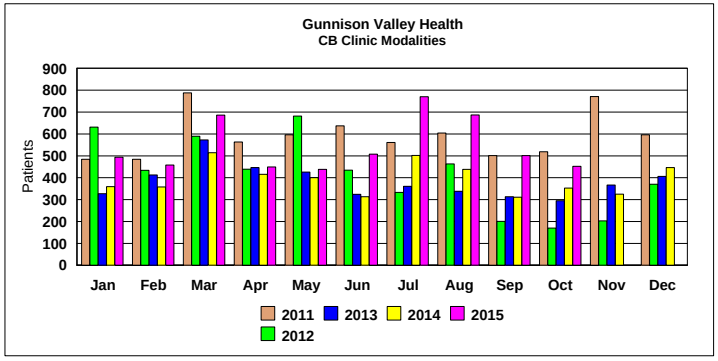




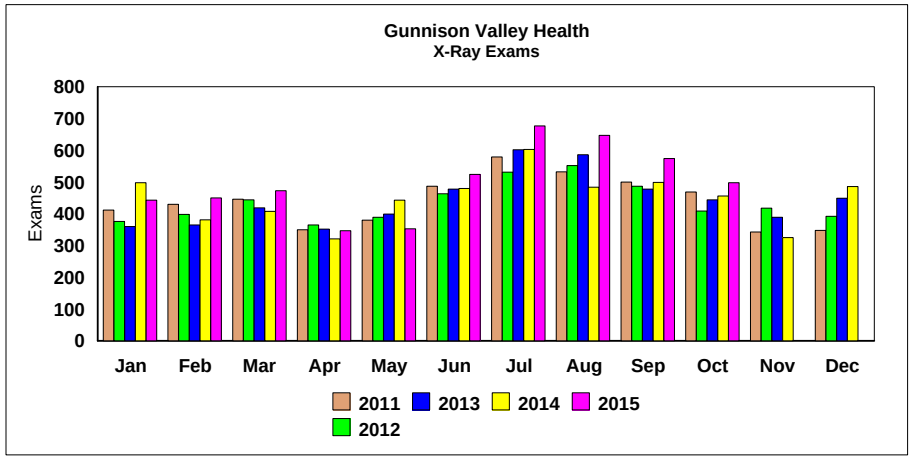


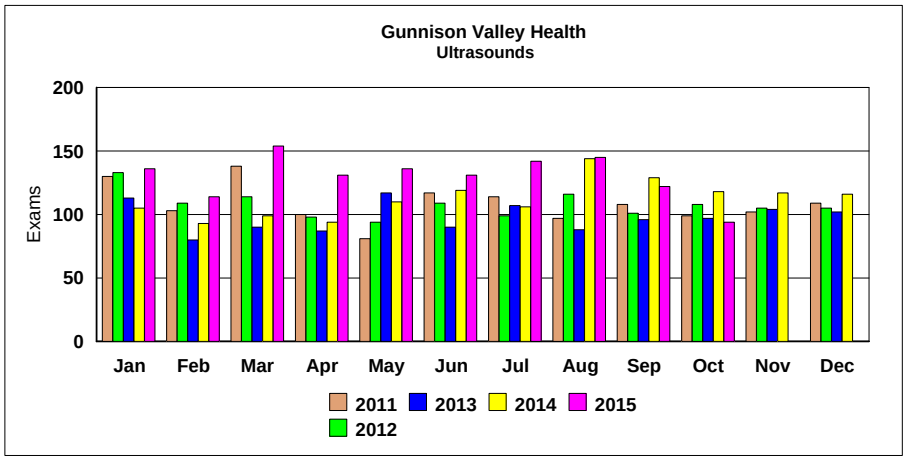


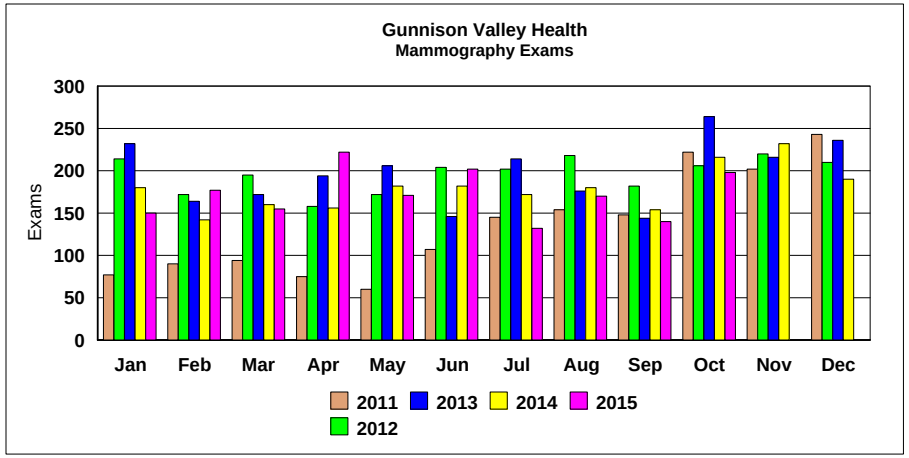


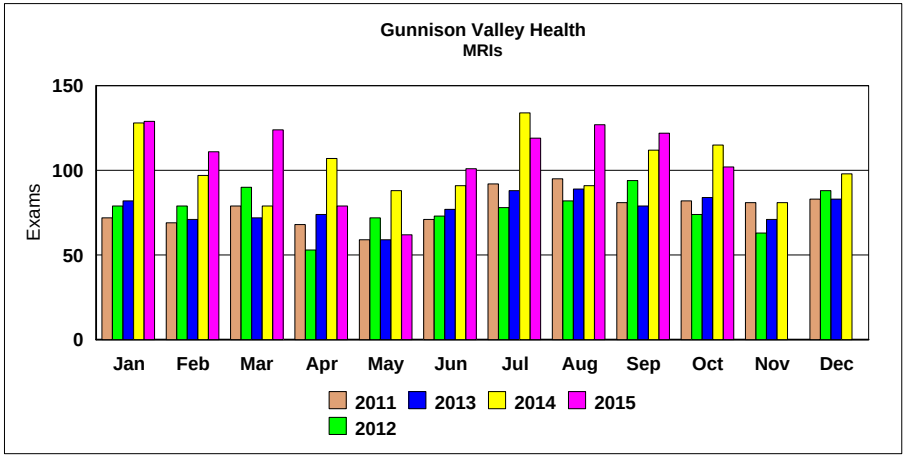


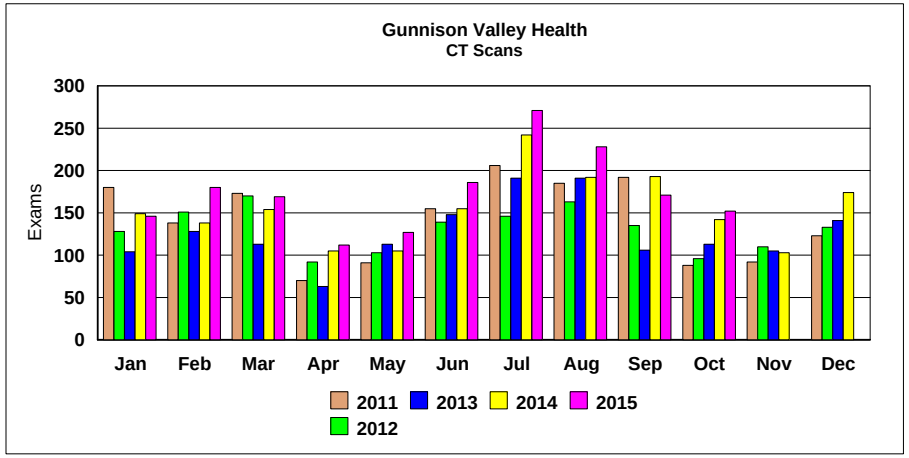
RADIOLOGY STATS

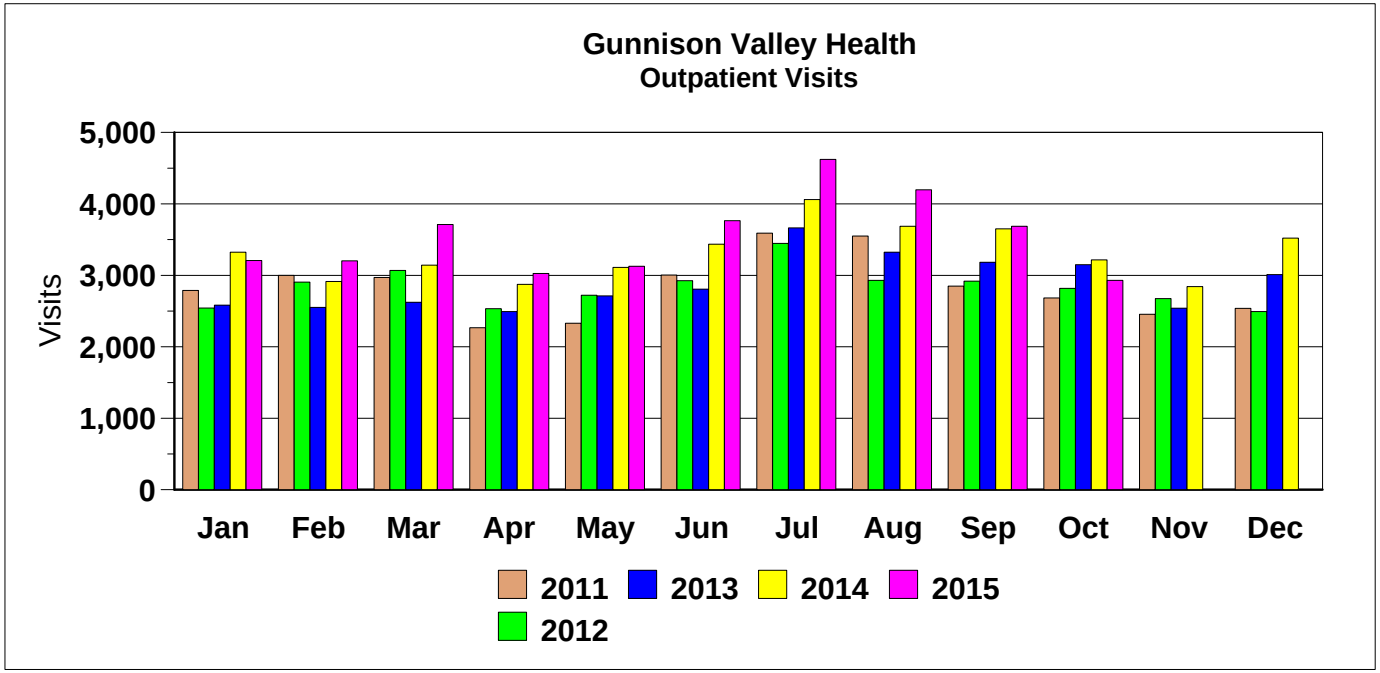


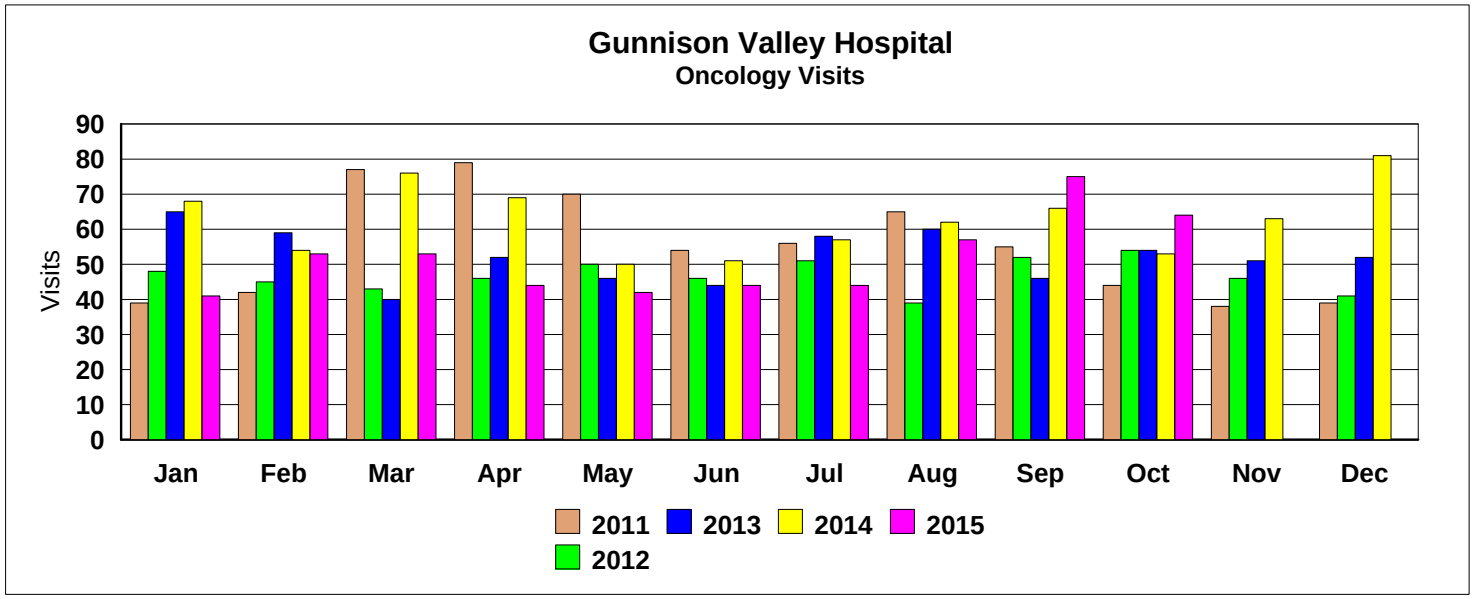









Gunnison Valley Health
Outpatient Visits
Visits
5,000
4,000
3,000
2,000
1,000
0
Jan
Feb
Mar
Apr
May
Jun
Jul
Aug
Sep
Oct
Nov
Dec
2011
2013
2014
2015
2012


Gunnison Valley Hospital
Oncology Visits
Visits
90
80
70
60
50
40
30
20
10
0
Jan
Feb
Mar
Apr
May
Jun
Jul
Aug
Sep
Oct
Nov
Dec
2011
2013
2014
2015
2012

GUNNISON VALLEY HEALTH
CONSOLIDATED FINANCIAL STATEMENTS
October 2015

INCOME STATEMENT	GVH	GVH Bgt	Var	GVH P/Y	Var	SCC	SCC Bgt	Var	SCC P/Y	Var	Hosp/PC	Hosp/PC Bgt	Var	Hosp/PC P/Y	Var	H.H	H. H. Bgt	Var	H. H. P/Y	Var
PATIENT REVENUE																				
Inpatient Services	643,015	708,443	-9.2%	1,013,166	-36.5%															
Outpatient Services	2,067,023	2,053,214	0.7%	2,088,197	-1.0%															
Emergency Room	696,252	570,118	22.1%	524,613	32.7%															
Observation	137,876	147,461	-6.5%	134,454	2.5%															
Swing Bed	137,792	98,190	40.3%	139,986	-1.6%															
Professional Fees	486,111	531,361	-8.5%	438,432	10.9%															
CB Mtn Clinic	(436)	140,360	-100.3%	-	100.0%															
Gunnison Valley Hospital	4,167,633	4,249,147	-1.9%	4,338,848	-3.9%															
Senior Care Center						277,006	339,438	-18.4%	297,764	-7.0%	1,248	13,873	-91.0%	9,584	-87.0%	33,604	46,206	-27.3%	26,534	26.6%
Foundation																				
TOTAL REVENUES	**4,167,633**	**4,249,147**	**-1.9%**	**4,338,848**	**-3.9%**	**277,006**	**339,438**	**-18.4%**	**297,764**	**-7.0%**	**1,248**	**13,873**	**-91.0%**	**9,584**	**-87.0%**	**33,604**	**46,206**	**-27.3%**	**26,534**	**26.6%**
REVENUE DEDUCTIONS																				
Bad Debt	35,897	151,695	-76.3%	131,679	-72.7%	-	2,324	-100.0%	-	0.0%										
Medicare/Medicaid	1,169,437	1,192,310	-1.9%	1,156,577	1.1%															
Contactual Adjustments	450,123	357,353	26.0%	391,472	15.0%	(13,703)	3,536	-487.5%	(17,384)	-21.2%	-	2,802	-100.0%	8,867	0.0%	(7,702)	7,541	202.1%	988	-879.6%
Charity Care	3,796	111,328	-96.6%	68,335	-94.4%															
Other	11,564	12,747	-9.3%	9,110	26.9%															
TOTAL REVENUE DEDUCTIONS	**1,670,817**	**1,825,433**	**-8.5%**	**1,757,173**	**-4.9%**	**(13,703)**	**5,860**	**333.8%**	**(17,384)**	**-21.2%**	**-**	**2,802**	**-100.0%**	**8,867**	**0.0%**	**(7,702)**	**7,541**	**202.1%**	**988**	**-879.6%**
OTHER OPERATING REVENUE	13,966	12,555	11.2%	7,156	95.2%	(16,737)	(4,467)	274.7%	(4,467)	-274.7%	-	-		-		-	-			
NET OPERATING REVENUE	**2,510,782**	**2,436,269**	**3.1%**	**2,588,831**	**-3.0%**	**273,972**	**329,111**	**-16.8%**	**310,681**	**-11.8%**	**1,248**	**11,071**	**-88.7%**	**717**	**74.1%**	**41,306**	**38,665**	**6.8%**	**25,546**	**61.7%**
OPERATING EXPENSE																				
Salaries	971,255	955,253	1.7%	846,194	14.8%	174,251	177,798	-2.0%	160,491	8.6%	8,213	11,737	-30.0%	10,759	-23.7%	49,022	47,268	3.7%	50,093	-2.1%
Contract Labor	13,513	6,000	125.2%	33,297	-59.4%	-	-	0.0%	-	0.0%										
Total Salaries	984,768	961,253	2.4%	879,491	12.0%	174,251	177,798	-2.0%	160,491	8.6%	8,213	11,737	-30.0%	10,759	-23.7%	49,022	47,268	3.7%	50,093	-2.1%
Benefits	184,618	188,594	-2.1%	107,201	72.2%	48,353	68,995	-29.9%	52,369	-7.7%										
Prof Fees	241,872	218,532	10.7%	219,233	10.3%															
Travel and Education	15,534	15,559	-0.2%	25,251	-38.5%	2	2,307	-99.9%	700	-99.7%	614	763	-19.5%	326	88.3%	1,694	2,962	-42.8%	2,271	-25.4%
Purchased Services	243,025	228,644	6.3%	218,738	11.1%	11,304	27,852	-59.4%	60,951	-81.5%	6,446	3,638	77.2%	18,596	-65.3%	4,490	8,889	-49.5%	15,648	-71.3%
Supplies	309,222	325,459	-5.0%	319,252	-3.1%	28,465	29,729	-4.3%	37,468	-24.0%	957	1,167	-18.0%	1,551	-38.3%	779	758	2.8%	1,308	-40.4%
Insurance	27,440	26,956	1.8%	12,194	125.0%	3,074	2,500	23.0%	2,224	38.2%										
Depreciation/Amortization	140,091	131,798	6.3%	118,057	18.7%	13,064	15,813	-17.4%	14,917	-12.4%										
Interest Expense	29,587	32,910	-10.1%	34,131	-13.3%	1,855	1,855	0.0%	2,060	-10.0%										
Other	68,365	161,350	-57.6%	203,639	-66.4%	10,819	6,905	56.7%	5,874	84.2%										
TOTAL OPERATING EXPENSE	**2,244,522**	**2,291,055**	**-2.0%**	**2,137,187**	**5.0%**	**291,187**	**333,754**	**-12.8%**	**337,054**	**-13.6%**	**16,230**	**17,305**	**-6.2%**	**31,232**	**-48.0%**	**55,985**	**59,877**	**-6.5%**	**69,320**	**-19.2%**
NET INCOME (LOSS) FROM OPERATIONS	**266,260**	**145,214**	**83.4%**	**451,644**	**-41.0%**	**(17,215)**	**(4,643)**	**-270.8%**	**(26,373)**	**34.7%**	**(14,982)**	**(6,234)**	**-140%**	**(30,515)**	**50.9%**	**(14,679)**	**(21,212)**	**30.8%**	**(43,774)**	**66.5%**
NON-OPERATING																				
Income - Tax Levy						3,733	3,970	-6.0%	3,423	9.1%										
Income - Interest	696	6,600	-89.5%	38,606	-98.2%	657	300	119.0%	309	112.6%										
Income - Other	-	-	0.0%	-	0.0%															
Restricted Donations/Grants	6,977	-	0.0%	-	0.0%						48,816	1,367	3471.0%							
Other Non Operating Expense/Revenue	2,500	-	0.0%	-	0.0%															
Loss on Disposal of Assets	-	-	0.0%	-	0.0%															
Allocation of Admin Costs	-	-	0.0%	-	0.0%	11,539	13,663	-15.5%	14,059	-17.9%										
TOTAL NON-OPERATING	10,173	6,600	54.1%	38,606	-73.6%	15,929	17,933	-11.2%	17,791	-10.5%	48,816	1,367	3471.0%			-	-			
INCREASE/(DECREASE) IN UNRESTRICTED FUND BALANCE	**276,433**	**151,814**	**82.1%**	**490,250**	**-43.6%**	**(1,286)**	**13,290**	**-109.7%**	**(8,582)**	**85.0%**	**33,834**	**(4,867)**	**795%**	**(30,515)**	**210.9%**	**(14,679)**	**(21,212)**	**30.8%**	**(43,774)**	**66.5%**
EBIDA	**446,111**	**316,522**	**40.9%**	**642,438**	**-30.6%**	**13,633**	**30,958**	**-56.0%**	**8,395**	**62.4%**										
TOTAL MARGIN	11.0%	6.2%		18.9%		-0.5%	4.0%		-2.8%		2711.1%	-44.0%		-4255.9%		-35.5%	-54.9%		-171.4%	
OPERATING MARGIN	10.6%	6.0%		17.4%		-6.3%	-1.4%		-8.5%		-1200.5%	-56.3%		-4255.9%		-35.5%	-54.9%		-171.4%	
EBIDA	17.8%	13.0%		24.8%		5.0%	9.4%		2.7%											

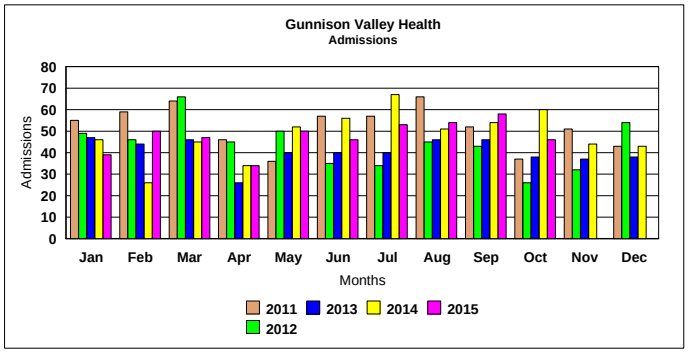
GUNNISON VALLEY HEALTH
CONSOLIDATED FINANCIAL STATEMENTS
October 2015

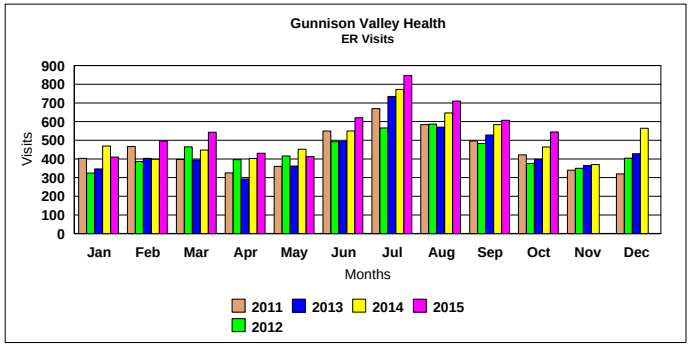
INCOME STATEMENT	A / L	A / L Bgt	Var	A / L P/Y	Var	GVHF	GVHF P/Y	Var	System 2015	System Bgt	Var	System P/Y	Var	System YTD 2015	Syst Bgt YTD 2015	Var	System YTD 2014	Var
PATIENT REVENUE																		
Inpatient Services									643,015	708,443	-9.2%	1,013,166	-36.5%	7,184,799	7,580,063	-5.2%	7,738,253	-7.2%
Outpatient Services									2,067,023	2,053,214	0.7%	2,088,197	-1.0%	20,740,830	18,159,971	14.2%	19,719,129	5.2%
Emergency Room									696,252	570,118	22.1%	524,613	32.7%	6,798,301	5,756,349	18.1%	6,482,138	4.9%
Observation									137,876	147,461	-6.5%	134,454	2.5%	1,888,071	1,552,157	21.6%	1,904,675	-0.9%
Swing Bed									137,792	98,190	40.3%	139,986	-1.6%	1,196,574	1,276,436	-6.3%	1,330,062	-10.0%
Professional Fees									486,111	531,361	-8.5%	438,432	10.9%	5,688,907	4,822,063	18.0%	4,058,586	40.2%
CB Mtn Clinic									(436)	140,360	-100.3%	-	#DIV/0!	636,475	1,214,752	-47.6%	-	#DIV/0!
Gunnison Valley Hospital									4,167,633	4,249,147	-1.9%	4,338,848	-3.9%	44,133,957	40,361,791	9.3%	41,232,843	7.0%
Senior Care Center	42,517	44,519	-4.5%	39,748	7.0%				354,375	444,036	-20.2%	373,630	-5.2%	3,640,894	4,354,484	-16.4%	4,230,950	-13.9%
Foundation						99,395	15,878	526.0%	99,395	-	0.0%	15,878	100.0%	256,728	-	100.0%	175,591	46.2%
TOTAL REVENUES	**42,517**	**44,519**	**-4.5%**	**39,748**	**7.0%**	**99,395**	**15,878**	**526.0%**	**4,621,403**	**4,693,183**	**-1.5%**	**4,728,356**	**-2.3%**	**48,031,579**	**44,716,275**	**7.4%**	**45,639,384**	**5.2%**
REVENUE DEDUCTIONS																		
Bad Debt									35,897	154,019	-76.7%	131,679	-72.7%	1,222,122	1,464,757	-16.6%	1,346,347	-9.2%
Medicare/Medicaid									1,169,437	1,192,310	-1.9%	1,156,577	1.1%	11,734,320	11,330,249	3.6%	10,164,539	15.4%
Contactual Adjustments	-	-	0.0%	-	0.0%				428,718	371,232	15.5%	383,943	11.7%	4,516,861	3,531,946	27.9%	3,640,801	24.1%
Charity Care									3,796	111,328	-96.6%	68,335	-94.4%	592,694	1,057,920	-44.0%	948,311	-37.5%
Other									11,564	12,747	-9.3%	9,110	26.9%	96,897	121,135	-20.0%	115,999	-16.5%
TOTAL REVENUE DEDUCTIONS	-	-	0.0%	-	0.0%	-	-	-	**1,649,412**	**1,841,636**	**-10.4%**	**1,749,644**	**-5.7%**	**18,162,894**	**17,506,007**	**3.8%**	**16,215,997**	**12.0%**
OTHER OPERATING REVENUE	-	-	0.0%	-	0.0%				(2,771)	8,088	-134.3%	2,689	-203.0%	245,597	105,725	132.3%	753,361	-67.4%
NET OPERATING REVENUE	**42,517**	**44,519**	**-4.5%**	**39,748**	**7.0%**	**99,395**	**15,878**	526.0%	**2,969,220**	**2,859,635**	**3.8%**	**2,981,401**	**-0.4%**	**30,114,282**	**27,315,993**	**10.2%**	**30,176,748**	**-0.2%**
OPERATING EXPENSE																		
Salaries	20,462	20,129	1.7%	19,018	7.6%	-	-	0.0%	1,223,203	1,212,185	0.9%	1,086,555	12.6%	11,590,987	10,965,619	5.7%	10,127,125	14.5%
Contract Labor									13,513	6,000	125.2%	33,297		344,967	108,000	219.4%	220,564	
Total Salaries	20,462	20,129	1.7%	19,018	7.6%				1,236,716	1,218,185	1.5%	1,119,852	10.4%	11,935,954	11,073,619	7.8%	10,347,689	15.3%
Benefits	-	-		-					232,971	257,589	-9.6%	159,570	46.0%	2,514,786	2,371,922	6.0%	2,007,272	25.3%
Prof Fees	-	-		-					241,872	218,532	10.7%	219,233	10.3%	2,269,159	1,941,588	16.9%	2,515,840	-9.8%
Travel and Education	56	-	100.0%	625	-91.0%	1,450	1,300	0.0%	19,350	21,591	-10.4%	30,473	-36.5%	163,385	207,214	-21.2%	170,764	-4.3%
Purchased Services	6,926	6,396	8.3%	6,719	3.1%	13,784	6,630	107.9%	285,975	275,419	3.8%	327,282	-12.6%	2,721,475	2,431,305	11.9%	2,668,402	2.0%
Supplies	338	1,054	-67.9%	1,119	-69.8%	22	-	100.0%	339,783	358,167	-5.1%	360,698	-5.8%	3,219,123	3,406,053	-5.5%	3,420,152	-5.9%
Insurance						-	-	0.0%	30,514	29,456	3.6%	14,418	111.6%	253,929	267,604	-5.1%	189,577	33.9%
Depreciation/Amortization						-	-	0.0%	153,155	147,611	3.8%	132,974	15.2%	1,480,103	1,344,312	10.1%	1,270,510	16.5%
Interest Expense						-	-	0.0%	31,442	34,765	-9.6%	36,191	-13.1%	326,721	321,226	1.7%	361,383	-9.6%
Other						1,262	1,275	-1.0%	80,446	168,255	-52.2%	210,788	-61.8%	1,191,891	1,523,860	-21.8%	1,277,485	-6.7%
TOTAL OPERATING EXPENSE	**27,782**	**27,579**	**0.7%**	**27,481**	**1.1%**	**16,518**	**9,205**	**79.4%**	**2,652,224**	**2,729,570**	**-2.8%**	**2,611,479**	**1.6%**	**26,076,526**	**24,888,703**	**4.8%**	**24,229,074**	**7.6%**
NET INCOME (LOSS) FROM OPERATIONS	**14,735**	**16,940**	**-13.0%**	**12,267**	**20.1%**	**82,877**	**6,673**	**1142.0%**	**316,996**	**130,065**	**-143.7%**	**369,922**	**14.3%**	**4,037,756**	**2,427,290**	**66.3%**	**5,947,674**	**32.1%**
NON-OPERATING																		
Income - Tax Levy									3,733	3,970	-6.0%	3,423	9.1%	628,975	609,941	3.1%	589,385	6.7%
Income - Interest						2,552	2,726	-6.4%	3,905	6,900	-43.4%	41,641	-90.6%	150,895	62,400	141.8%	91,885	64.2%
Income - Other									-	-	0.0%	-	#DIV/0!	-	-	#DIV/0!	50,194	-100.0%
Restricted Donations/Grants									55,793	1,367	3981.4%	-	#DIV/0!	113,746	13,669	732.1%	72,151	57.6%
Other Non Operating Expense/Revenue						(51,316)	(4,306)	1091.7%	(48,816)	-	0.0%	(4,306)	100.0%	(29,473)	-	#DIV/0!	(23,056)	27.8%
Loss on Disposal of Assets						-		0.0%	-	-		-		-			15,040	-100.0%
Allocation of Admin Costs	(11,539)	(13,663)	15.5%	(14,059)	17.9%	-	-											
TOTAL NON-OPERATING	**(11,539)**	**(13,663)**	**15.5%**	**(14,059)**	**17.9%**	**(48,764)**	**(1,580)**	**2986.3%**	**14,615**	**12,237**	**19.4%**	**40,758**	**-64.1%**	**864,143**	**686,010**	**26.0%**	**765,519**	**12.9%**
INCREASE/(DECREASE) IN UNRESTRICTED FUND BALANCE	**3,196**	**3,277**	**-2.5%**	**(1,792)**	**278.3%**	**34,113**	**5,093**	**569.8%**	**331,611**	**142,302**	**133.0%**	**410,680**	**-19.3%**	**4,901,899**	**3,113,300**	**57.5%**	**6,713,193**	**-27.0%**
EBIDA									**516,208**	**324,678**	**59.0%**	**579,845**	**-11.0%**	**6,708,723**	**4,778,838**	**40.4%**	**8,345,086**	**-19.6%**
TOTAL MARGIN	7.5%	7.4%		-4.5%		34.3%	32.1%	108.3%	11.2%	5.0%		13.8%		16.3%	11.4%		22.2%	
OPERATING MARGIN	34.7%	38.1%		30.9%		83.4%	42.0%	217.1%	10.7%	4.5%		12.4%		13.4%	8.9%		19.7%	
EBIDA									17.4%	11.4%		19.4%		22.3%	17.5%		27.7%	

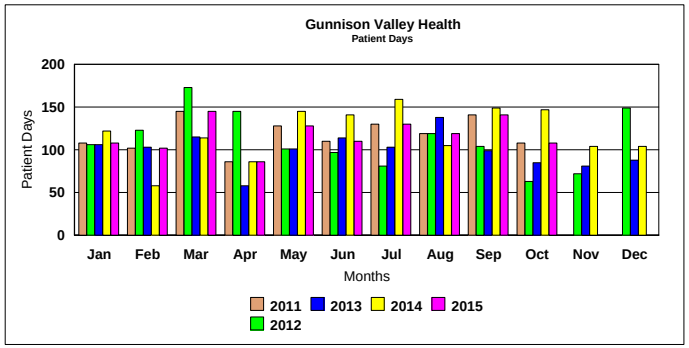
GUNNISON VALLEY HEALTH
CONSOLIDATED BALANCE SHEET
YTD October 2015

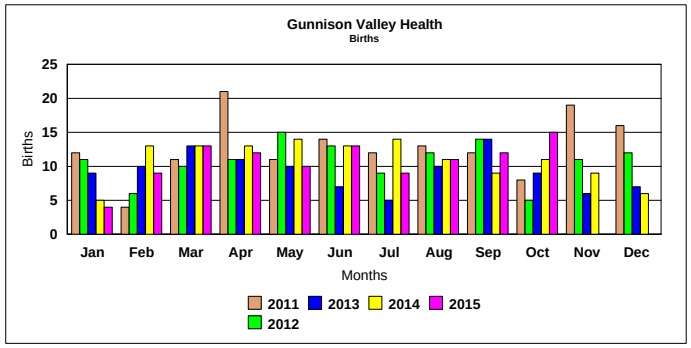
	GVH Hosp	GVH Hosp Dec '14	SCC	SCC Dec '14	Foundation	Foundation Dec '14	GVH 2015	GVH 2014
CURRENT ASSETS								
Operating Fund Cash	7,477,090	5,945,368	4,132,965	3,903,561	631,350	439,352	12,241,405	10,288,281
Unrestricted Fund Cash & Invest	14,835,156	11,969,921	-	-			14,835,156	11,969,921
Restricted Fund Cash & Invest	1,497,118	1,365,618	59,237	55,843	1,517,874	1,522,328	3,074,229	2,943,789
Accounts Receivable - Gross	11,063,958	9,025,748	419,469	392,351			11,483,427	9,418,099
Medicare Allowance	(2,602,966)	(1,003,958)	-	-			(2,602,966)	(1,003,958)
Medicaid Allowance	(1,221,119)	(648,361)	-	-			(1,221,119)	(648,361)
Other Contractual Allowances	(4,565,827)	(3,138,263)	(178,363)	(200,270)			(4,744,190)	(3,338,533)
Net Receivables	2,674,046	4,235,165	241,105	192,081			2,915,151	4,427,246
Inventories	885,600	894,759	20,094	20,098			905,694	914,857
Prepaid Expenses	404,624	235,348	62,207	64,728			466,832	300,076
TOTAL CURRENT ASSETS	27,773,634	24,646,179	4,515,608	4,236,311	2,149,224	1,961,680	34,438,467	30,844,170
FIXED ASSETS								
Land & Improvements	445,966	445,966	170,468	170,468	3,000	3,000	619,434	619,434
Buildings & Improvements	19,398,845	19,361,264	3,841,998	3,841,998	-	-	23,240,843	23,203,262
Equipment & Furniture	12,153,123	11,181,536	1,026,334	961,911	16,654	16,654	13,196,111	12,160,101
Intangible Assets	827,204	999,534	-		-		827,204	999,534
Accumulated Depreciation	(16,610,139)	(15,545,255)	(3,072,962)	(2,937,494)	(16,654)	(16,654)	(19,699,755)	(18,499,403)
TOTAL FIXED ASSETS	16,214,999	16,443,045	1,965,838	2,036,883	3,000	3,000	18,183,837	18,482,928
TOTAL ASSETS	**43,988,633**	**41,089,224**	**6,481,446**	**6,273,194**	**2,152,224**	**1,964,680**	**52,622,304**	**49,327,098**
SHORT TERM LIABILITY								
Accounts Payable	86,574	106,349	-	-			86,574	106,349
Accrued Expenses	184,945	170,591	215,032	133,397	-		399,977	303,988
Accrued Payroll	959,152	825,306	243,217	246,588			1,202,369	1,071,894
Estimated Amount Due Medicare	2,043,271	2,670,652	-	-			2,043,271	2,670,652
Current Maturities of long term debt	1,211,598	1,198,795	93,100	91,200			1,304,698	1,289,995
TOTAL SHORT TERM LIABILITY	4,485,540	4,971,693	551,349	471,185	-	-	5,036,889	5,442,878
LONG TERM LIABILITY	8,669,612	9,778,114	717,742	810,842			9,387,354	10,588,956
EQUITY								
Current year earnings	4,494,063	6,990,049	221,187	556,974	187,544	132,406	4,902,794	7,679,429
Fund Balance	26,339,418	19,349,368	4,991,168	4,434,193	1,964,680	1,832,274	33,295,266	25,615,835
Restricted Fund Balance							-	-
TOTAL EQUITY	30,833,481	26,339,417	5,212,355	4,991,167	2,152,224	1,964,680	38,198,060	33,295,264
TOTAL LIABILITY & EQUITY	**43,988,633**	**41,089,224**	**6,481,446**	**6,273,194**	**2,152,224**	**1,964,680**	**52,622,303**	**49,327,098**

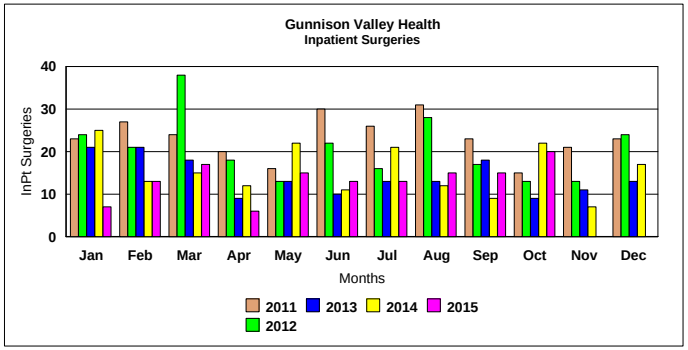
GUNNISON VALLEY HEALTH VOLUMES

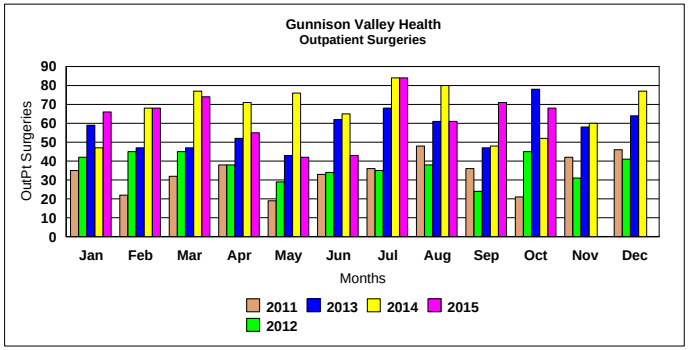


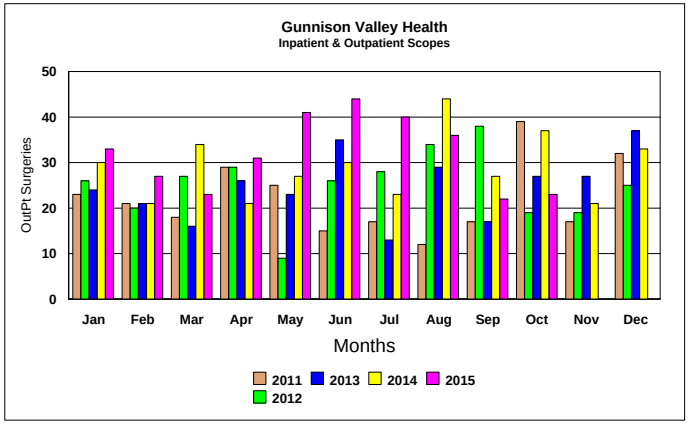


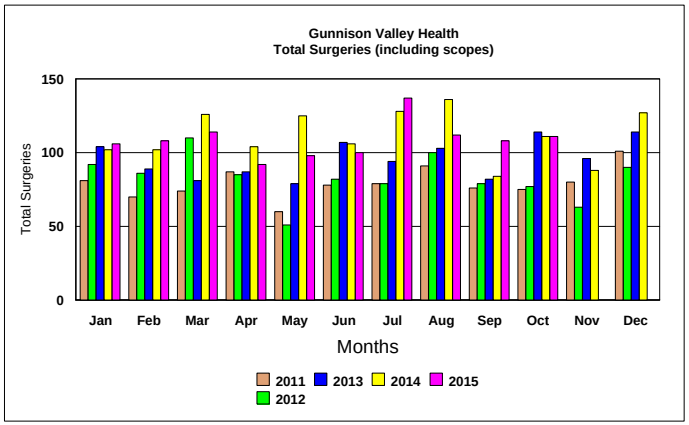




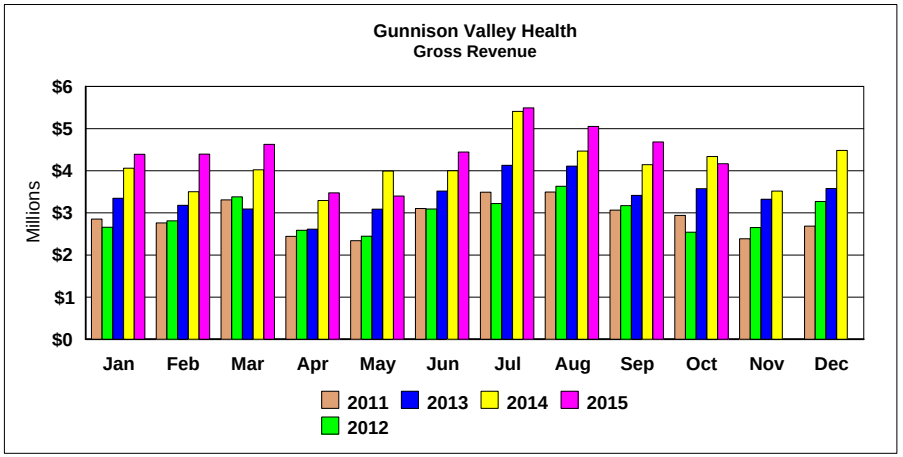


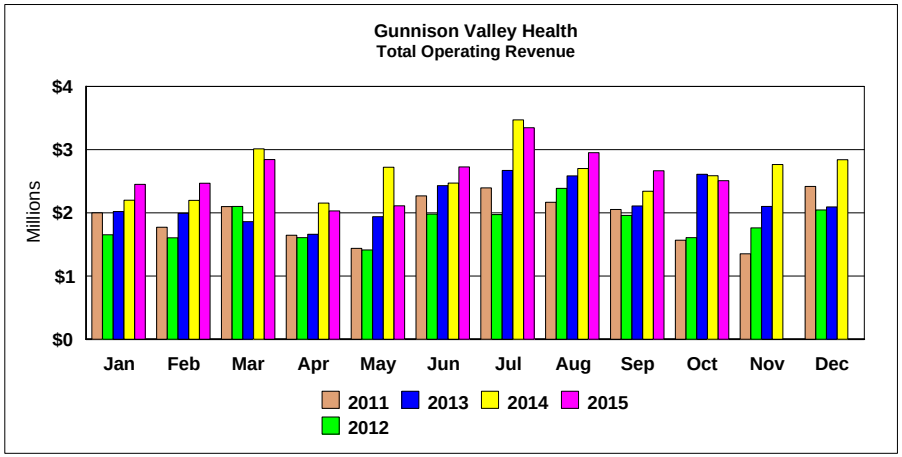


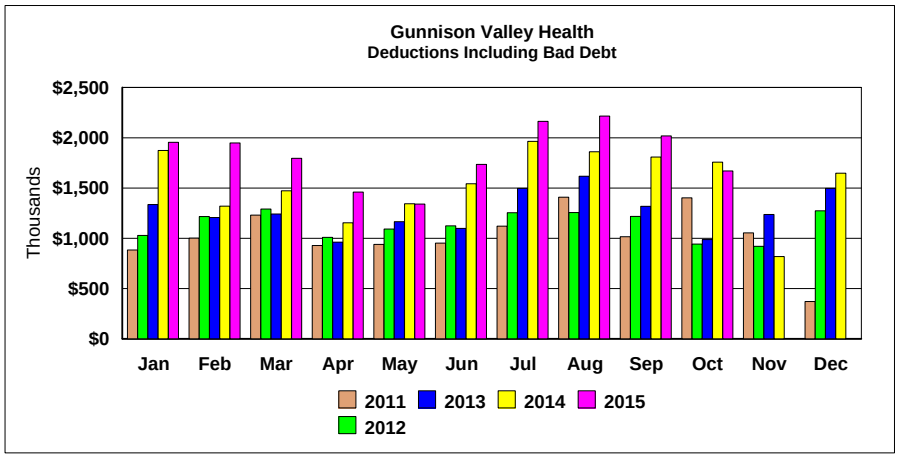


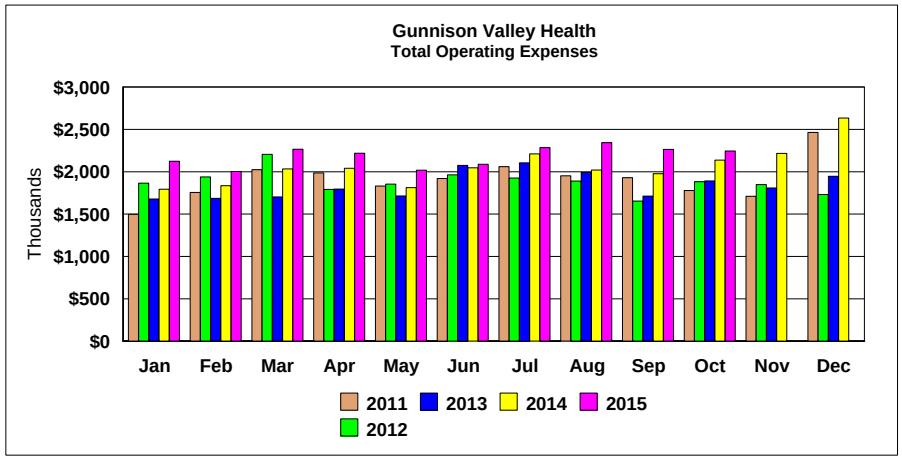


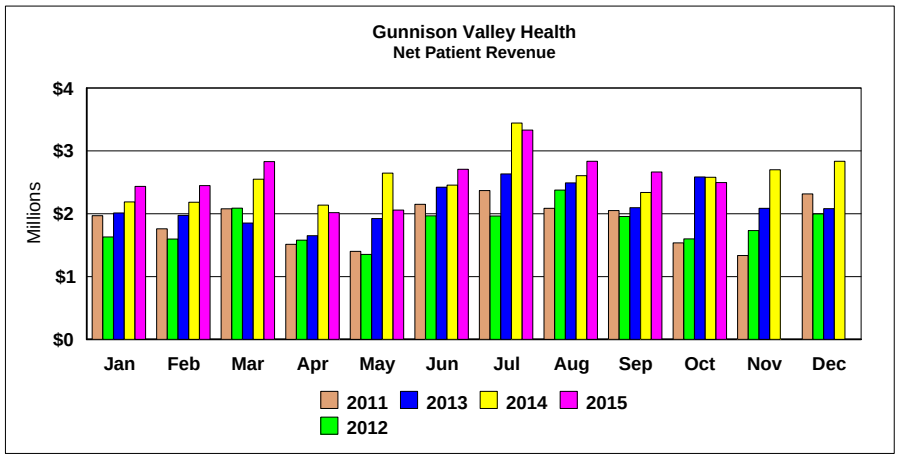
REVENUES & EXPENSES

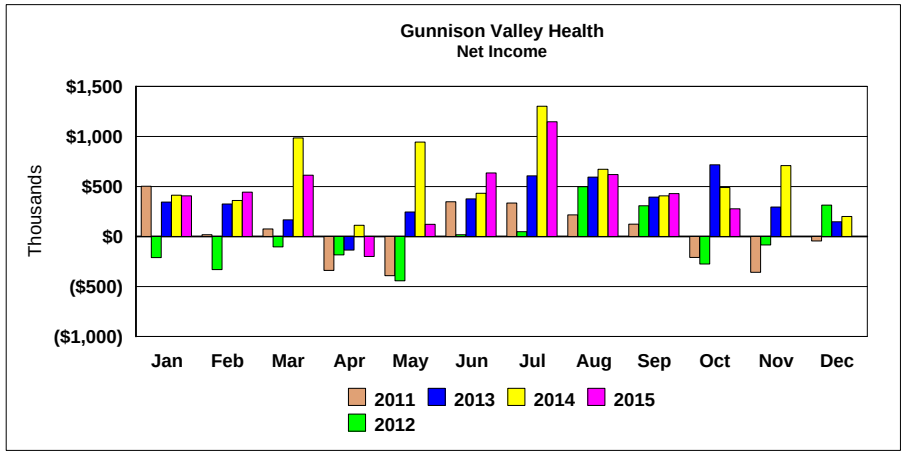




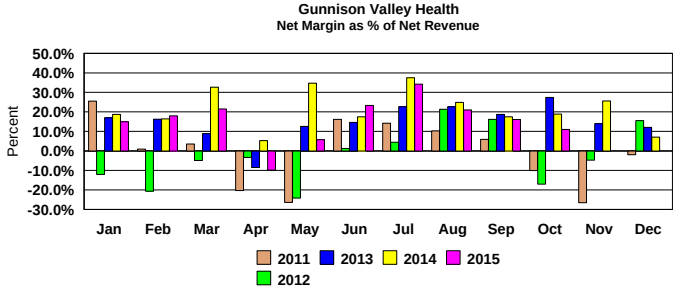




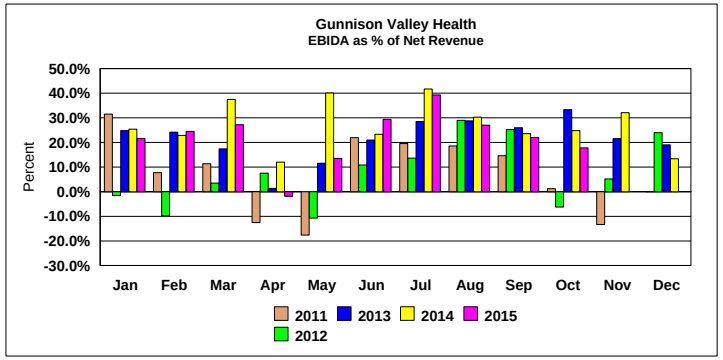


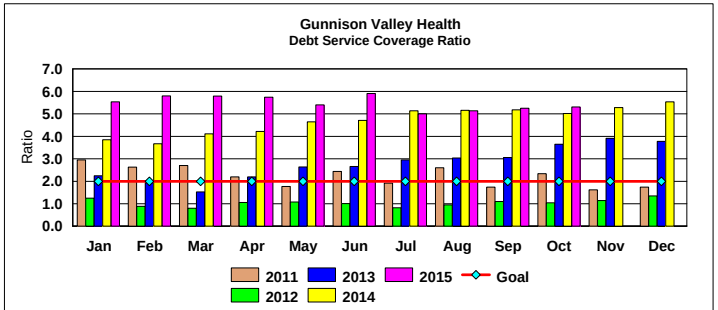


RATIOs

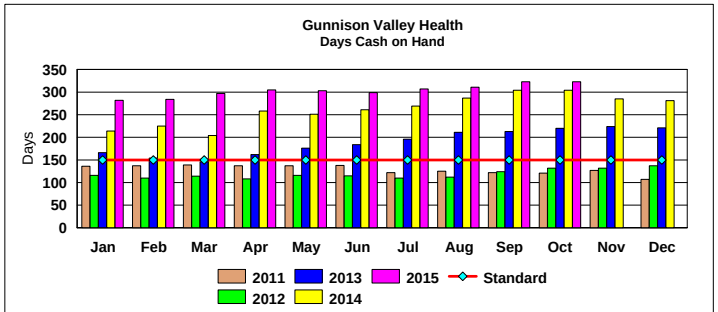


Net margin is down in November 2014 due to the posting of the $1,034K in purchased services.
The dollars were for the purchase of the Mountain clinic in Crested Butte

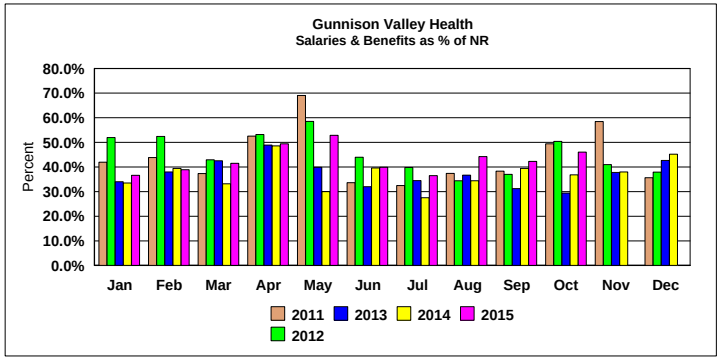


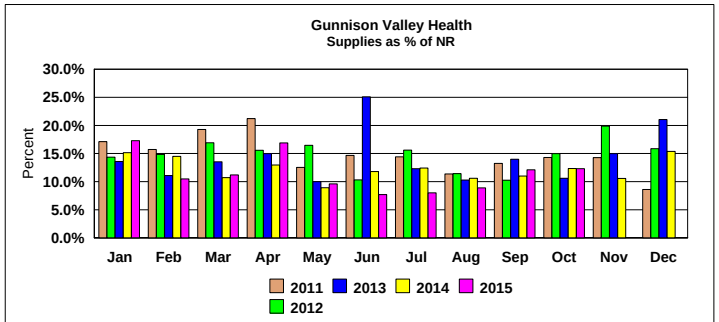


Debt Service Ratio must be maintained above 1.25 per Wells Fargo covenant
Starting January 2014 Debt Service Ratio increased to 1.50 per CoBiz

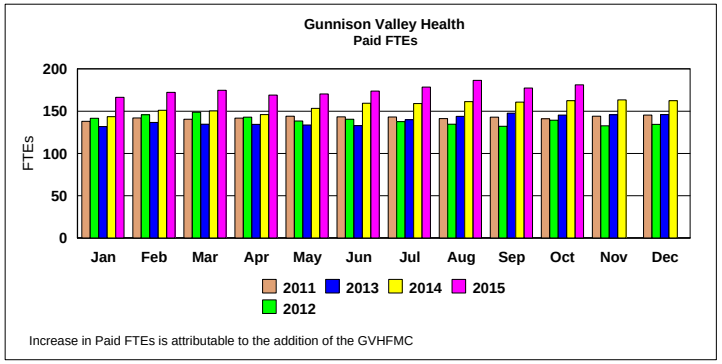


Days Cash on hand must be maintained above 90 days
Starting January 2014, Days Cash on Hand increased to 150 per CoBiz

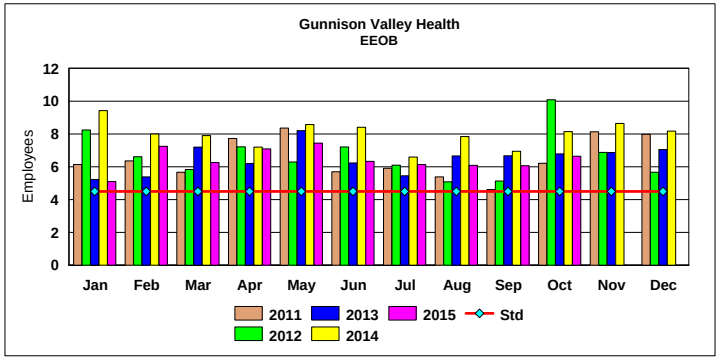




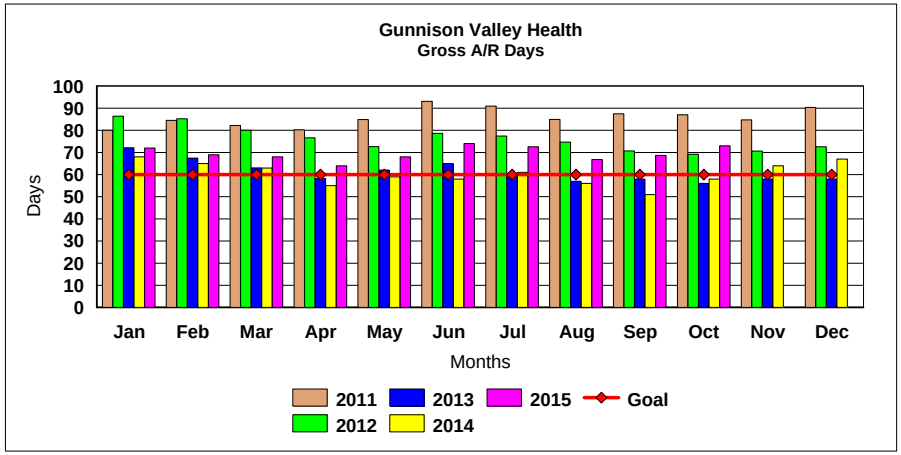
June 2013 - $327,238.28 inventory adjustment in OR

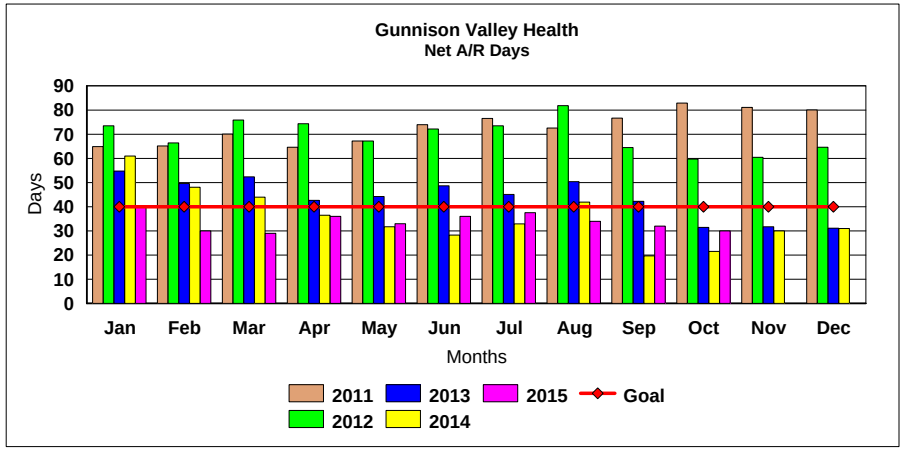


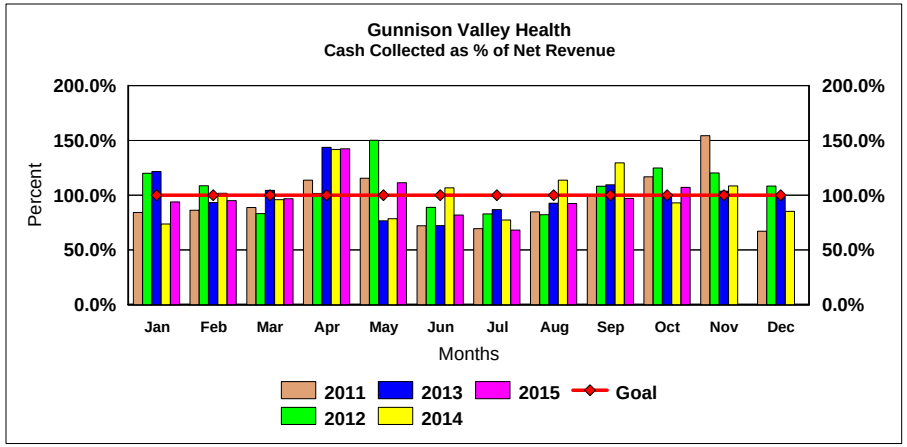
Increase in Paid FTEs is attributable to the addition of the GVHFMC

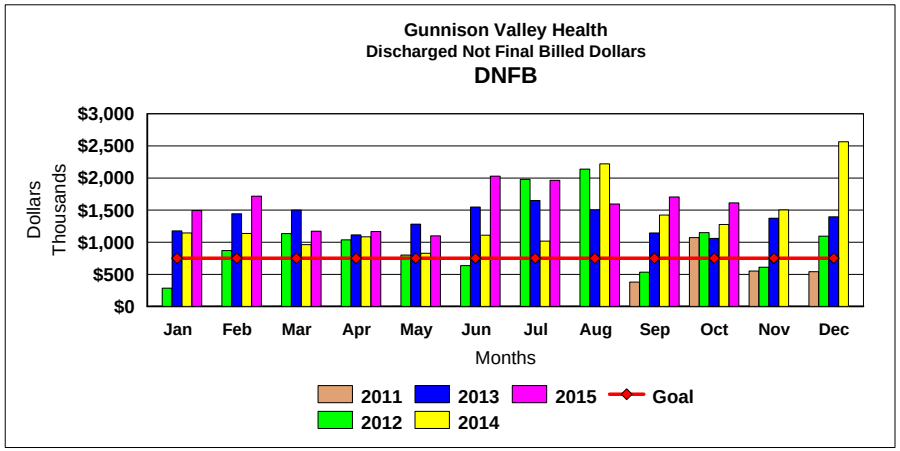


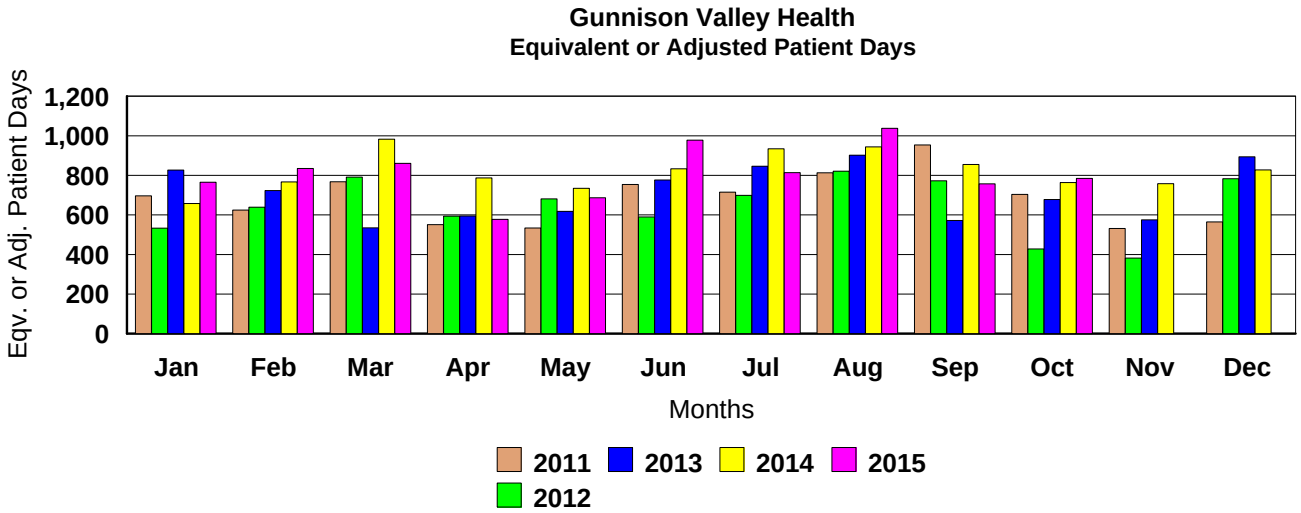
BUSINESS OFFICE RATIOS



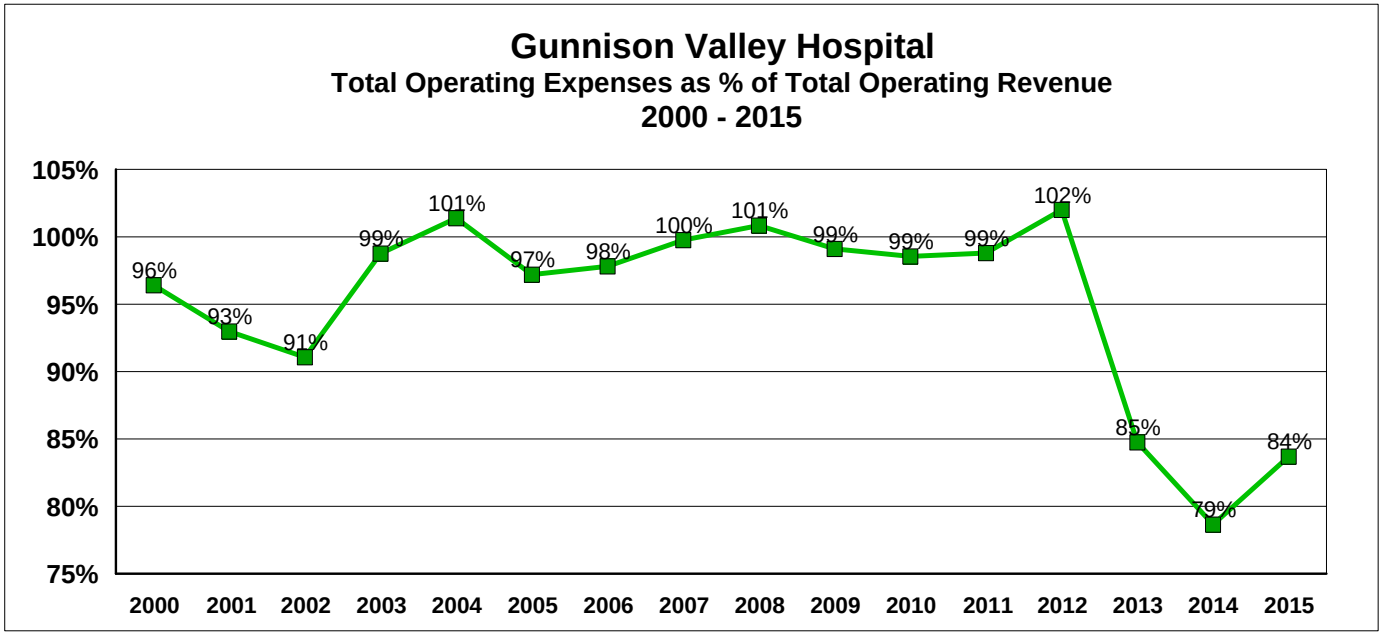


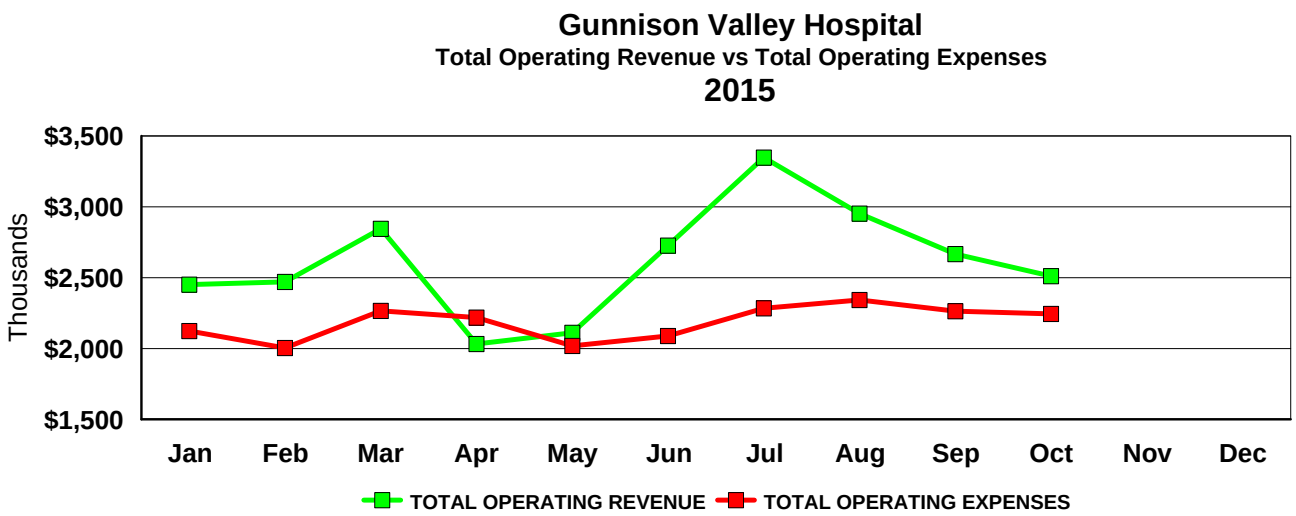




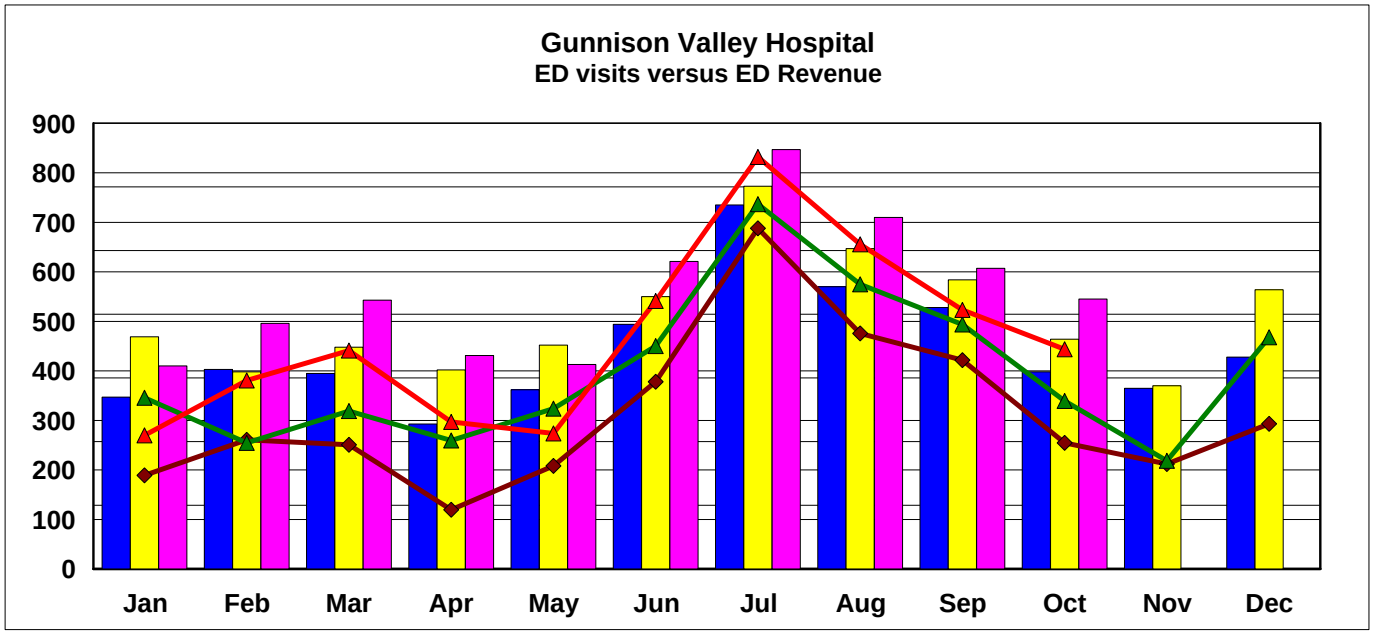


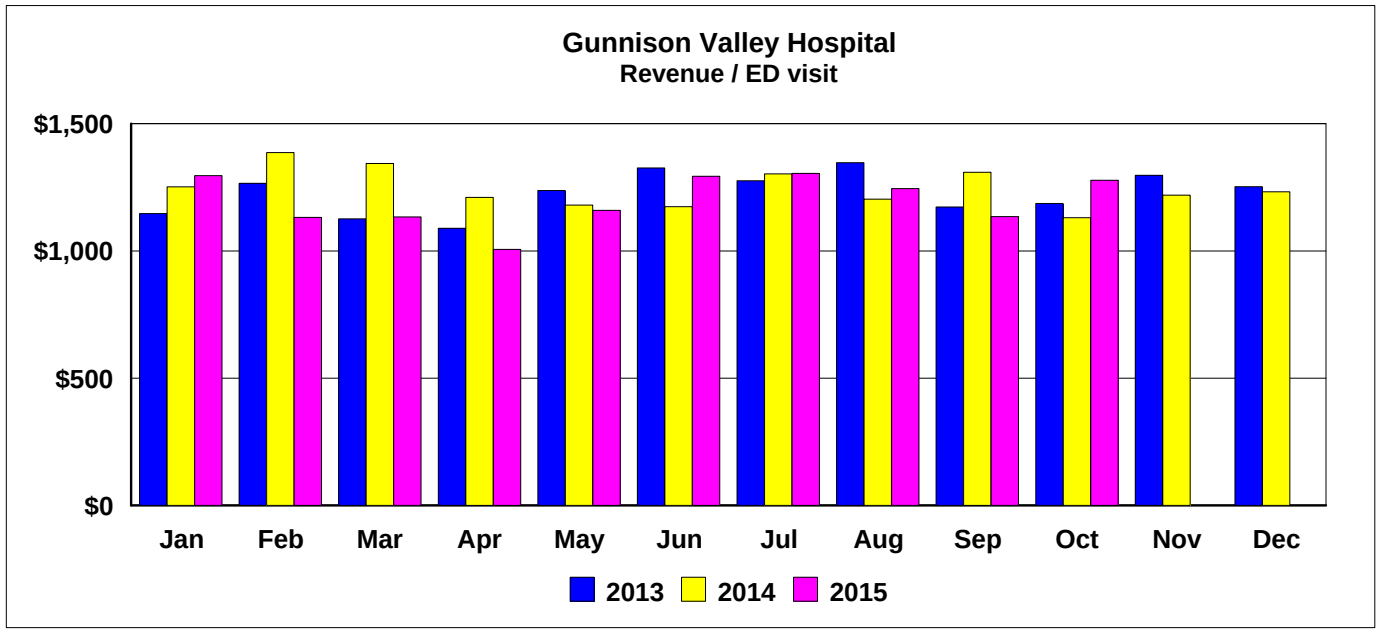
Equivalent or adjusted patient days translates the outpatient volumes into a inpatient equivalent.
Calculation of equivalent patient days is based on total gross revenue & inpatient revenue.


Gunnison Valley Hospital
Total Operating Expenses as % of Total Operating Revenue
2000 - 2015
105%
100%
95%
90%
85%
80%
75%
96%
93%
91%
99%
101%
97%
98%
100%
101%
99%
99%
99%
102%
85%
79%
84%
2000
2001
2002
2003
2004
2005
2006
2007
2008
2009
2010
2011
2012
2013
2014
2015



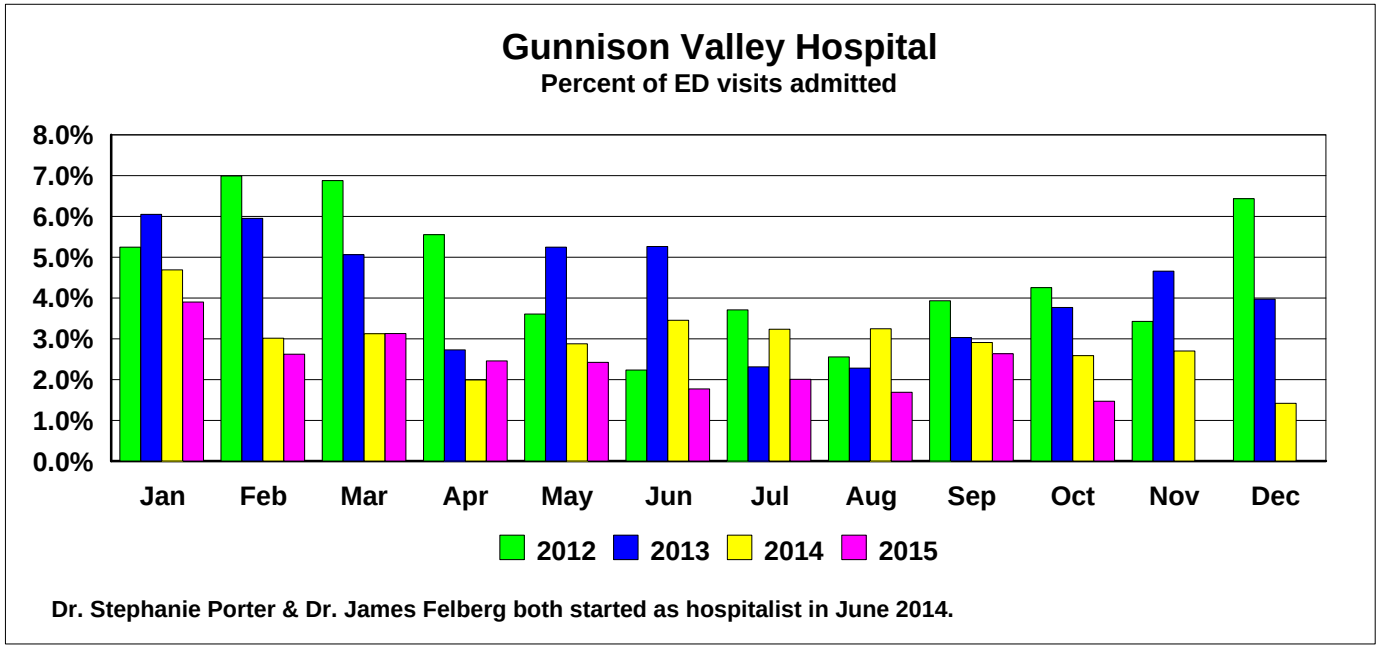
GVH book approximately $554K in meaningfull use dollars in March 2014
GVH booked $1,074K for the purchasae of the Mountain Clinic


Gunnison Valley Hospital
ED visits versus ED Revenue
900
800
700
600
500
400
300
200
100
0
Jan
Feb
Mar
Apr
May
Jun
Jul
Aug
Sep
Oct
Nov
Dec

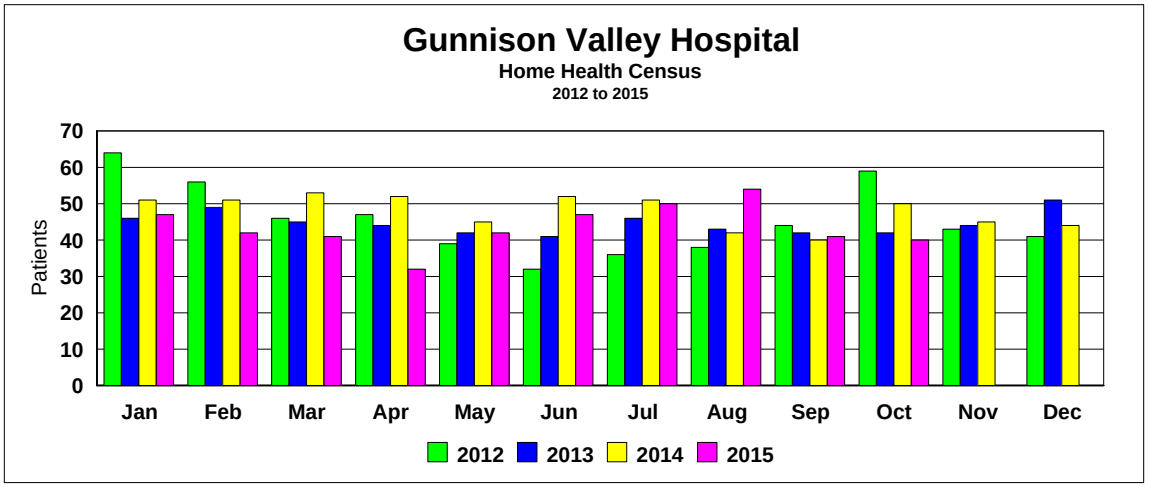

Gunnison Valley Hospital
Revenue / ED visit
$1,500
$1,000
$500
$0
Jan
Feb
Mar
Apr
May
Jun
Jul
Aug
Sep
Oct
Nov
Dec
2013
2014
2015

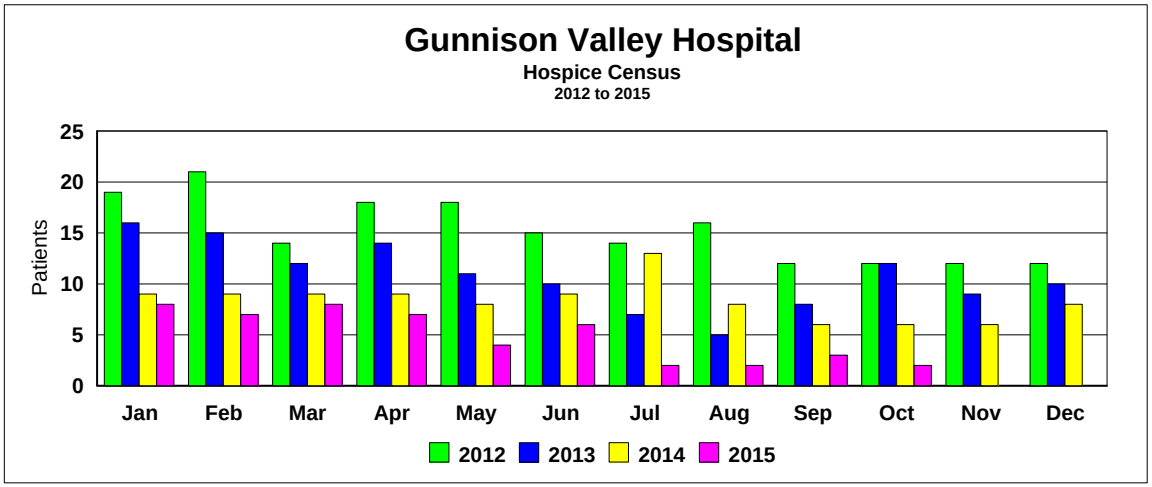
Gunnison Valley Hospital

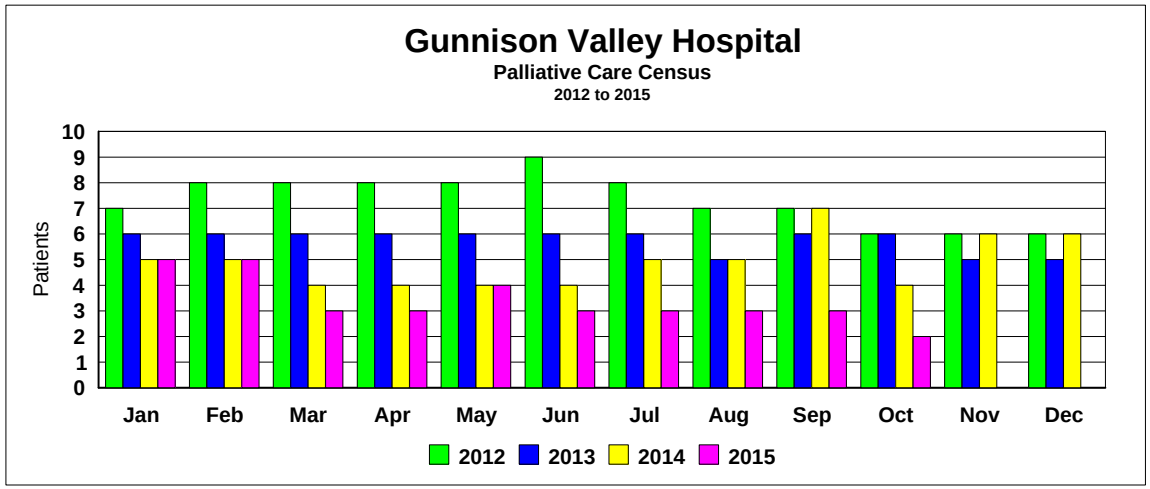
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
ED Visits													
2012	324	386	465	396	416	492	566	587	483	376	350	404	**5,245**
2013	347	403	395	293	362	494	735	570	528	398	365	428	**5,318**
2014	469	398	448	402	452	**550**	**773**	**647**	**584**	**464**	**370**	**564**	**6,121**
2015	**410**	**496**	**543**	**407**	**413**	**621**	**847**	**710**	**607**	**545**			**5,599**
Admits													
2012	17	27	32	22	15	11	21	15	19	16	12	26	**233**
2013	21	24	20	8	19	26	17	13	16	15	17	17	**213**
2014	22	12	14	8	13	**19**	**25**	**21**	**17**	**12**	**10**	**8**	**181**
2015	**16**	**13**	**17**	**10**	**10**	**11**	**17**	**12**	**16**	**8**			**130**
% admit													
2012	5.2%	7.0%	6.9%	5.6%	3.6%	2.2%	3.7%	2.6%	3.9%	4.3%	3.4%	6.4%	**4.4%**
2013	6.1%	6.0%	5.1%	2.7%	5.2%	5.3%	2.3%	2.3%	3.0%	3.8%	4.7%	4.0%	**4.0%**
2014	4.7%	3.0%	3.1%	2.0%	2.9%	**3.5%**	**3.2%**	**3.2%**	**2.9%**	**2.6%**	**2.7%**	**1.4%**	**3.0%**
2015	**3.9%**	**2.6%**	**3.1%**	**2.5%**	**2.4%**	**1.8%**	**2.0%**	**1.7%**	**2.6%**	**1.5%**			**2.3%**



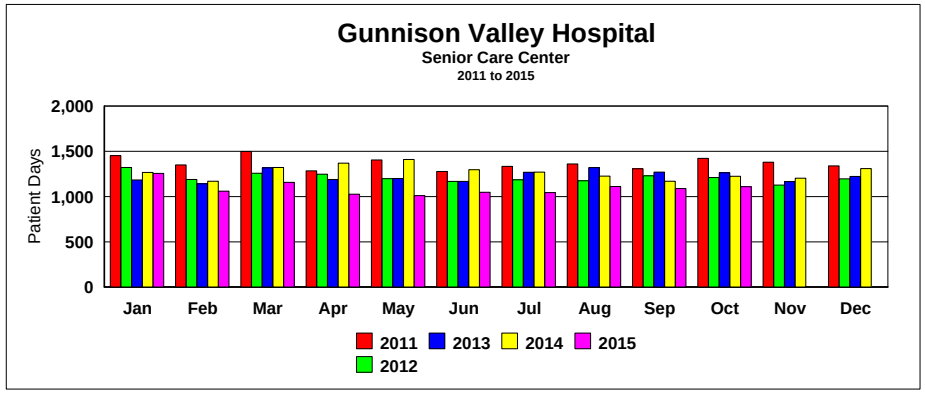
Dr. Stephanie Porter & Dr. James Felberg both started as hospitalist in June 2014.

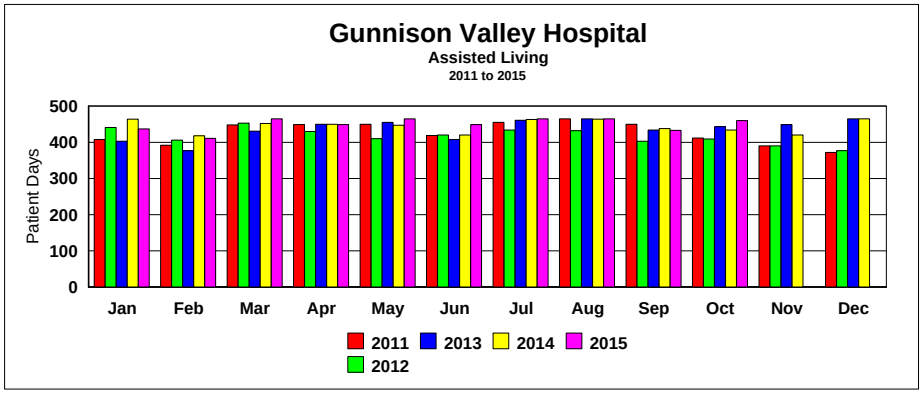

Gunnison Valley Hospital
Home Health Census
2012 to 2015
Patients
70
60
50
40
30
20
10
0
Jan
Feb
Mar
Apr
May
Jun
Jul
Aug
Sep
Oct
Nov
Dec
2012
2013
2014
2015

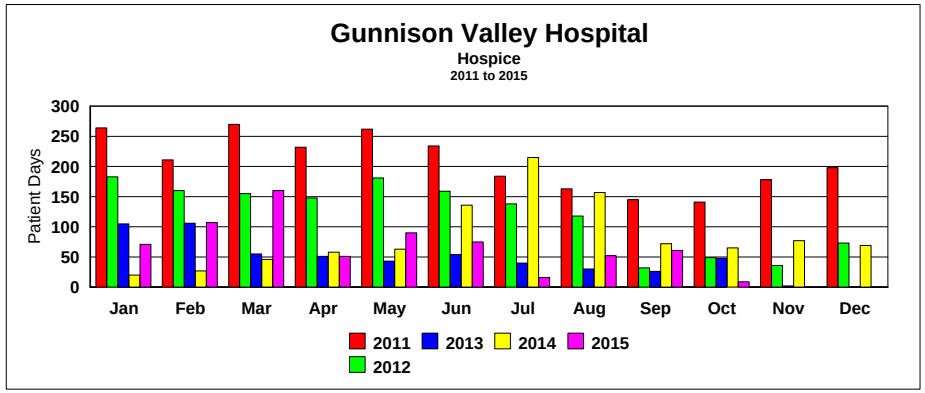

Gunnison Valley Hospital
Hospice Census
2012 to 2015
Patients
25
20
15
10
5
0
Jan
Feb
Mar
Apr
May
Jun
Jul
Aug
Sep
Oct
Nov
Dec
2012
2013
2014
2015

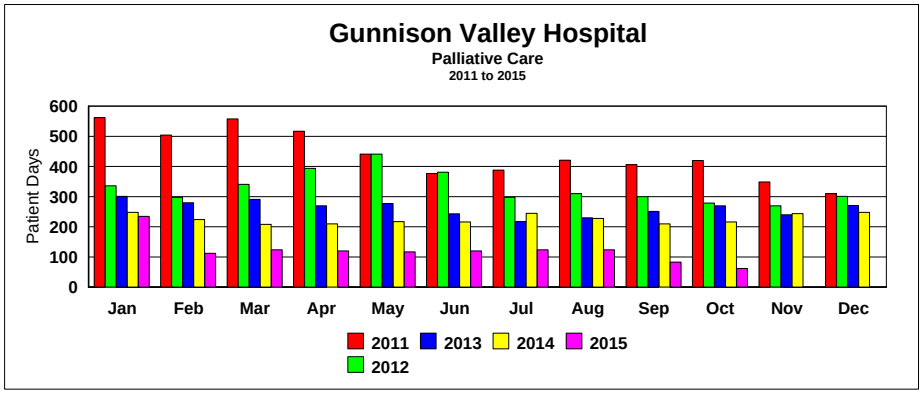

Gunnison Valley Hospital
Palliative Care Census
2012 to 2015
Patients
10
9
8
7
6
5
4
3
2
1
0
Jan
Feb
Mar
Apr
May
Jun
Jul
Aug
Sep
Oct
Nov
Dec
2012
2013
2014
2015

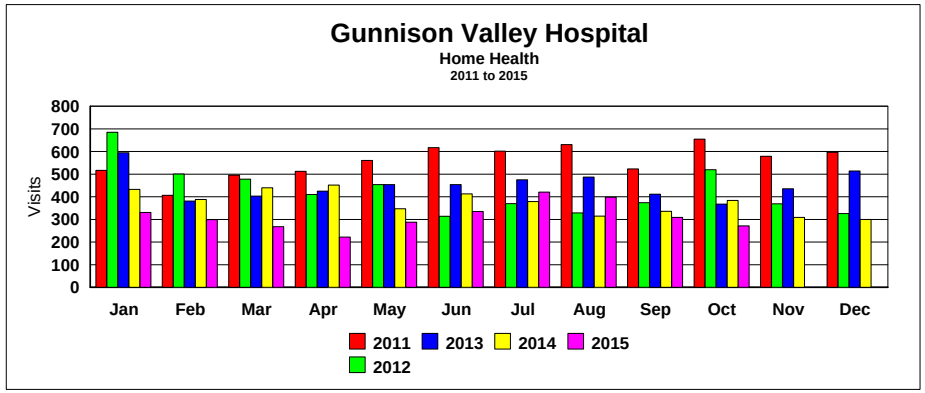
GUNNISON VALLEY LIVING COMMUNITY
VOLUMES by ENTITY



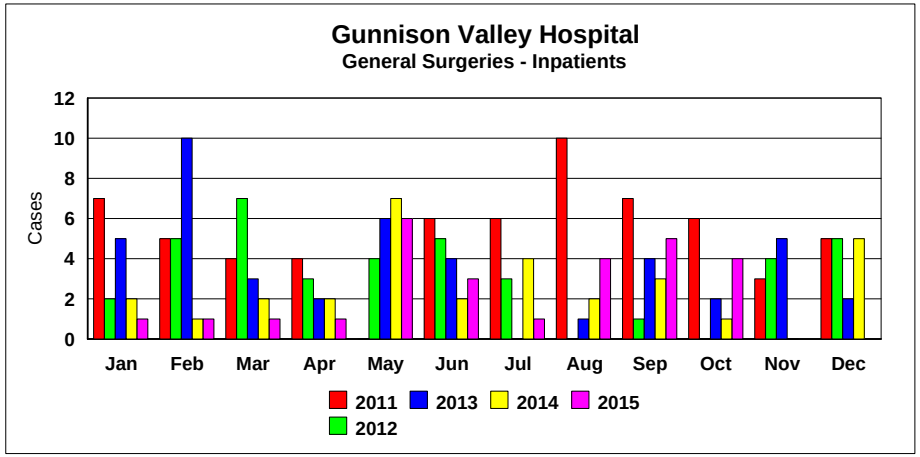


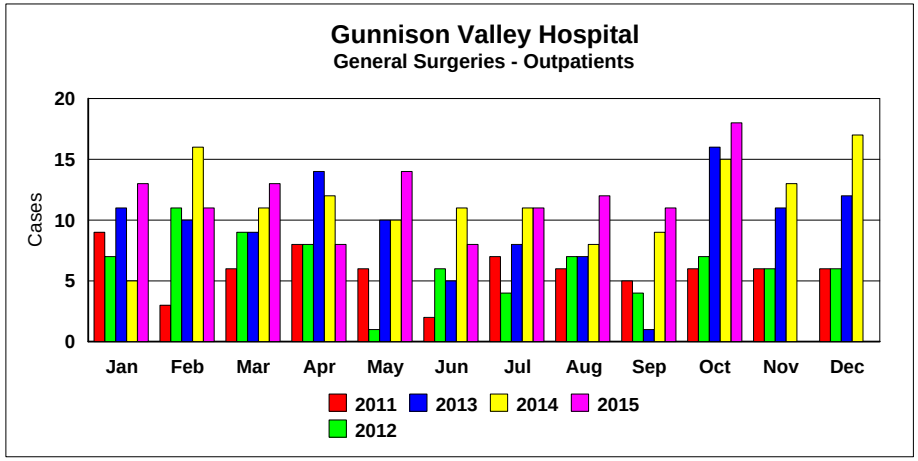


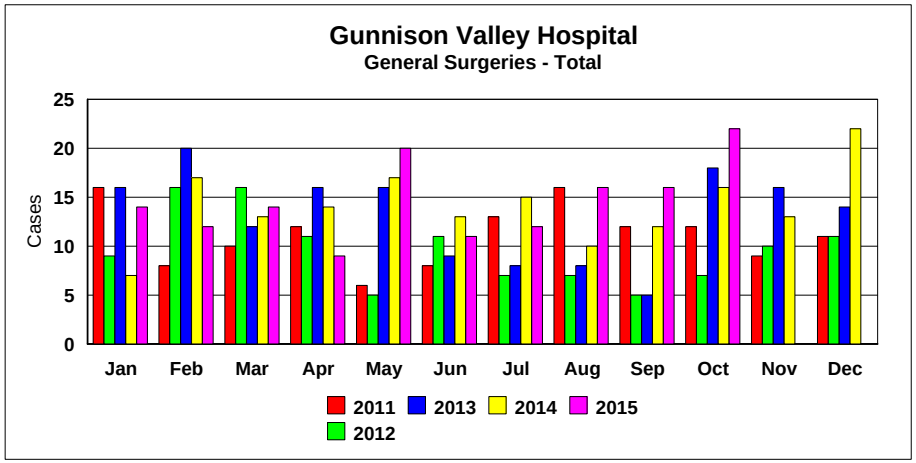




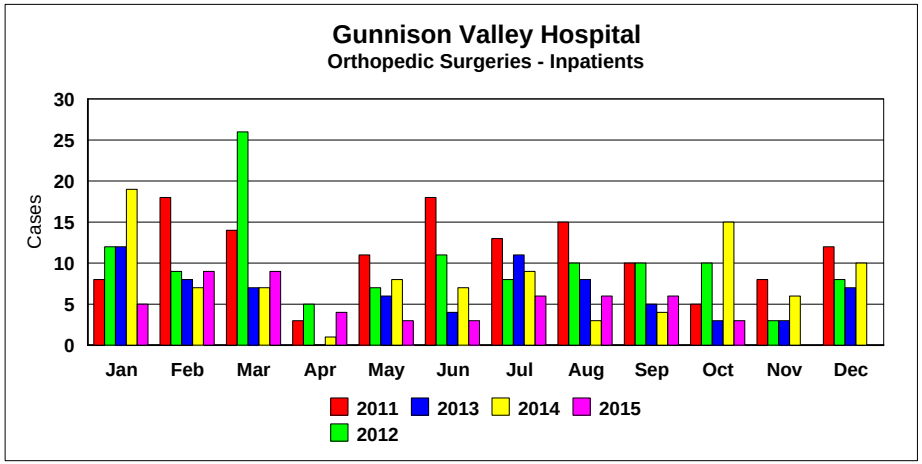
GENERAL SURGERIES

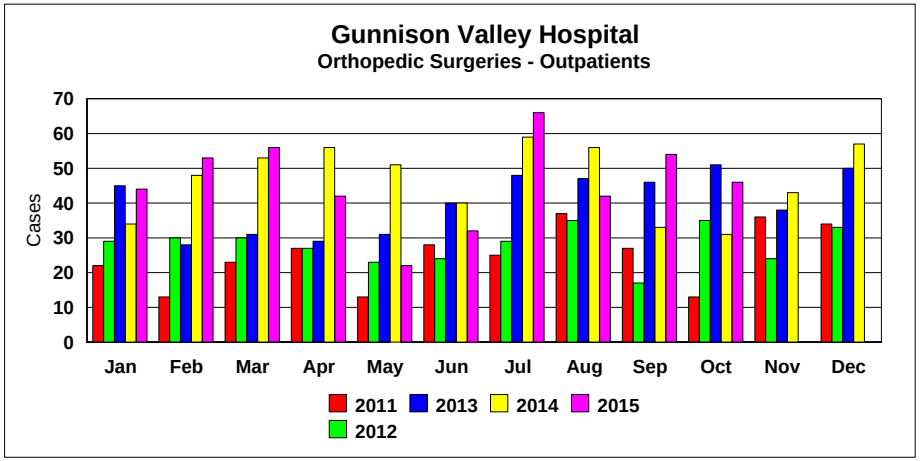


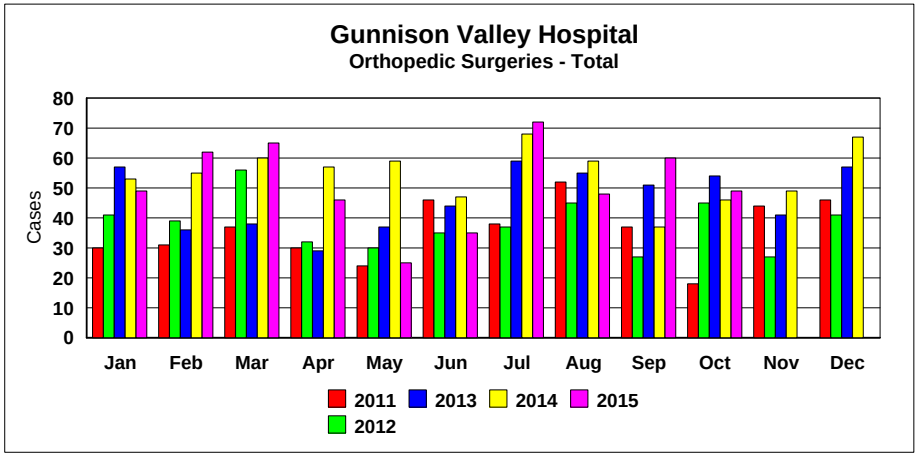




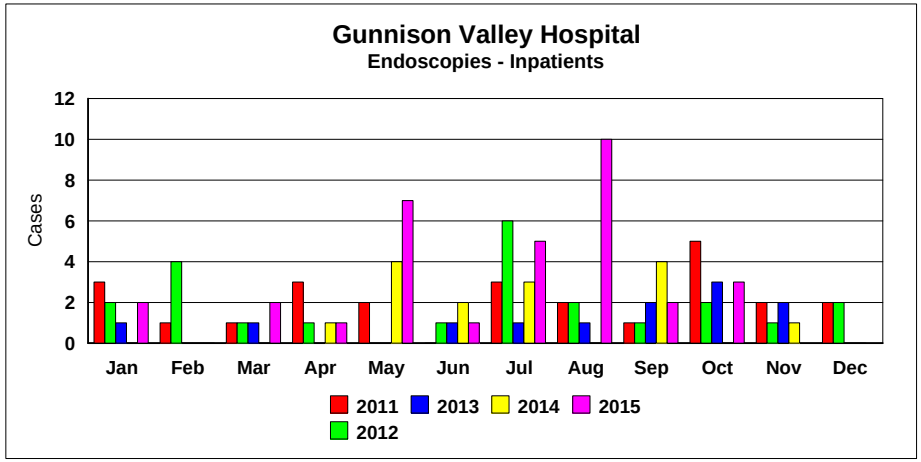
ORTHOPEDIC SURGERIES

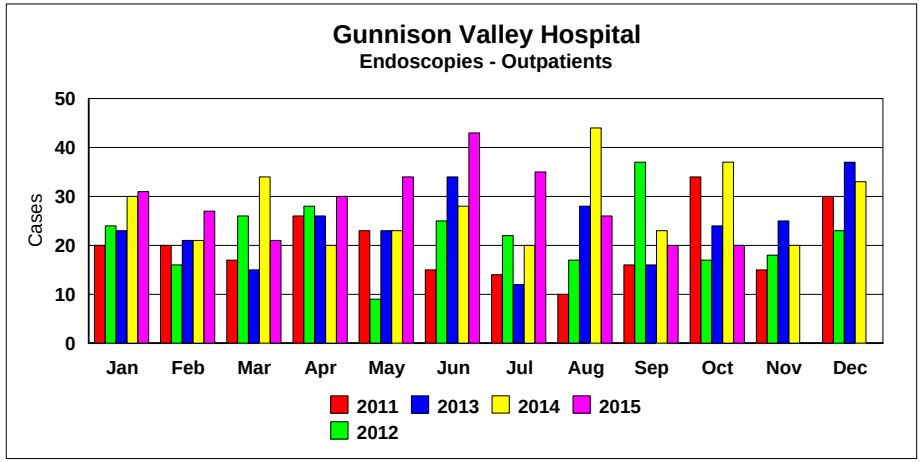


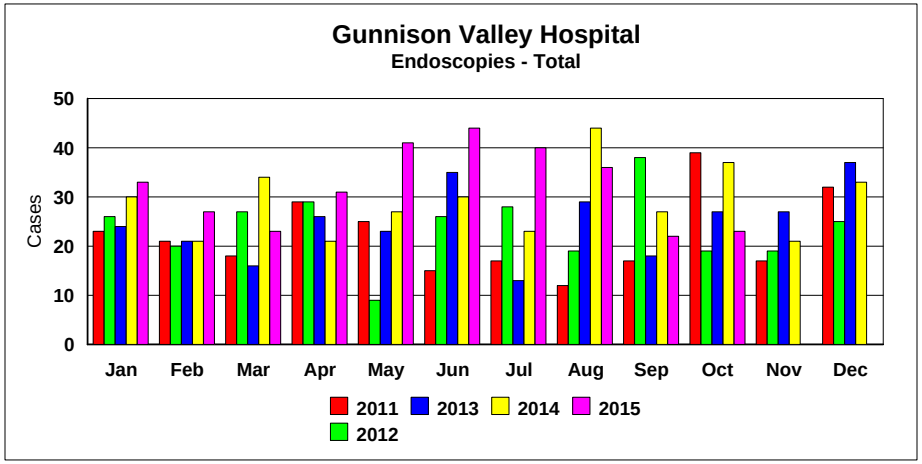




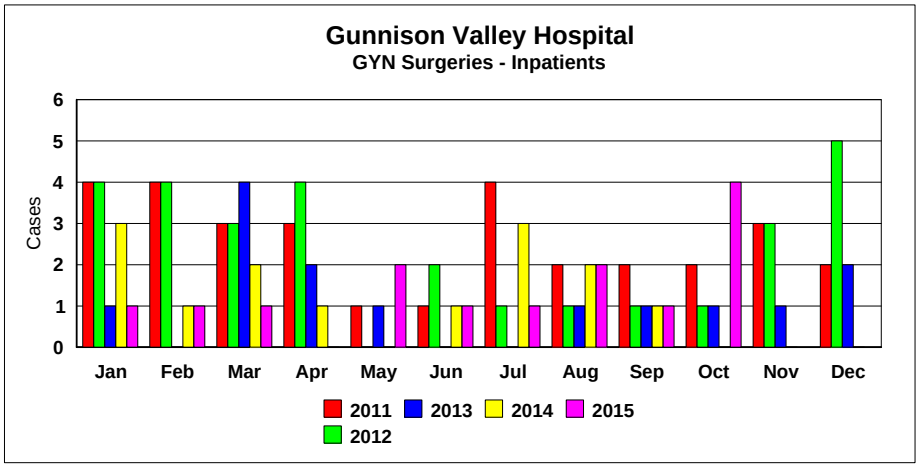
ENDOSCOPIES

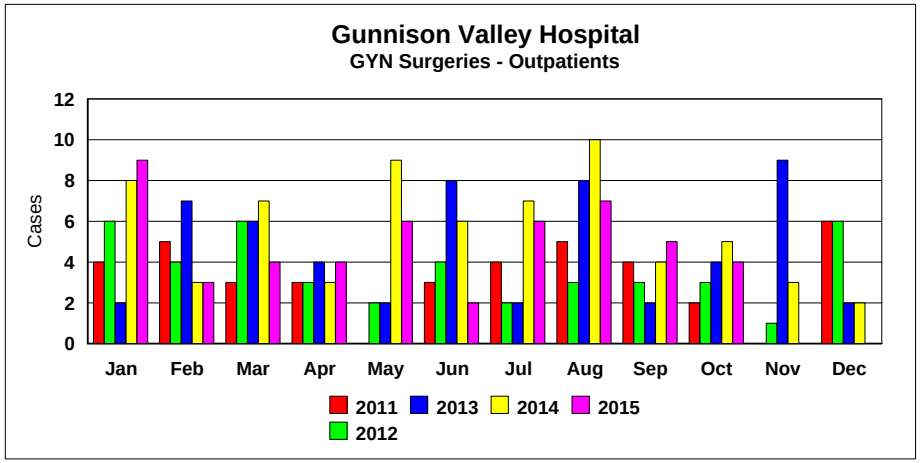


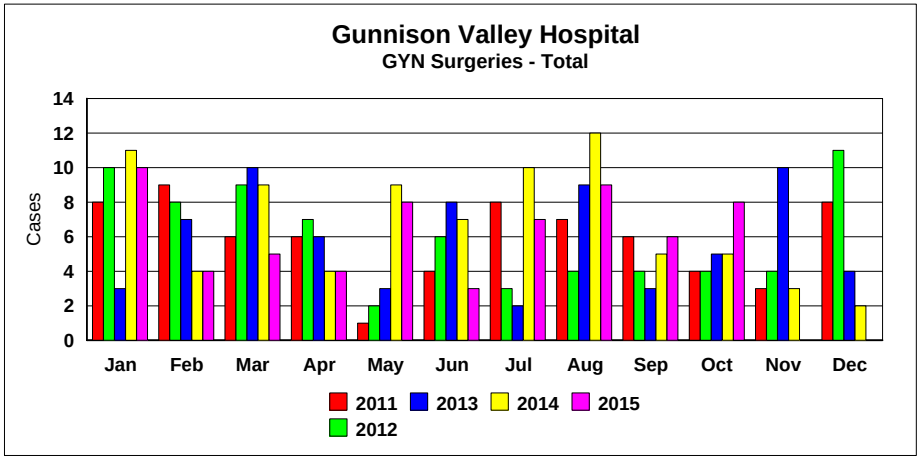




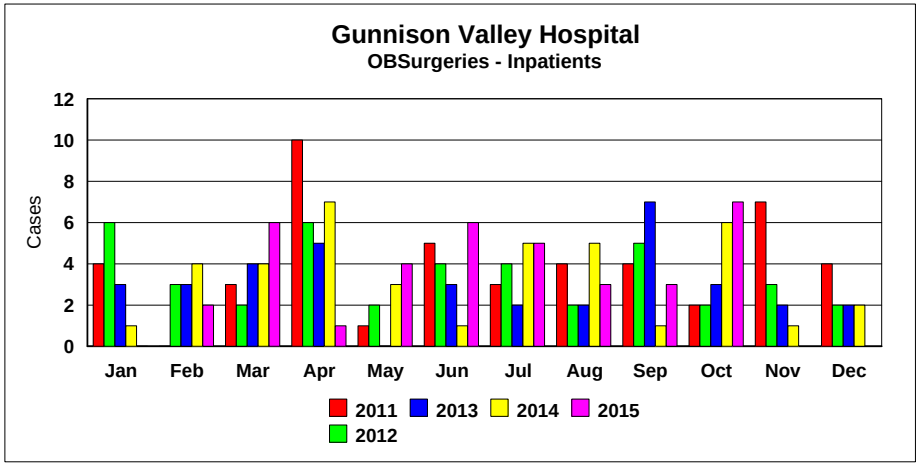
GYN SURGERIES

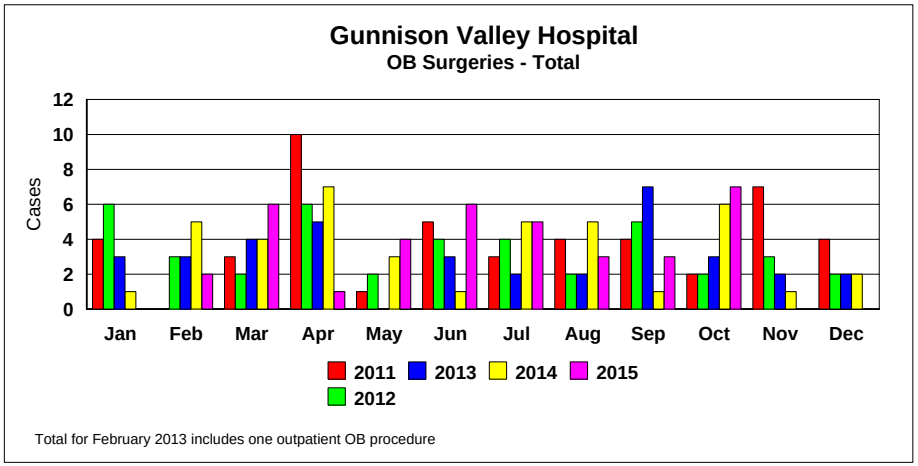






OB SURGERIES





GUNNISON VALLEY HEALTH

BUDGET 2016

ASSUMPTIONS

BUDGET PROCESS:

The Gunnison Valley Hospital 2016 operational and Capital budgets were developed with the assistance of each manager who was directly involved in formulating their respective 2016 data.

Operational Budget:

The first pass included the department managers who were involved in developing and justifying expenses in each category of their budget.

The Chief Financial Officer and accounting met individually with each department manager to review their respective data.

Calendar year 2015 actual expenses were utilized as a baseline comparison in an attempt to calculate any possible increases and/or decreases in any particular expense category. The managers were asked to bring backup documentation and/or justification for additional expenses not currently experienced.

The second pass was made including the department managers along with their respective senior manager. All requests from the first pass were reviewed for appropriateness and reasonableness.

Capital Budget:

Gunnison Valley Hospital developed a three (3) year capital budget plan.

Department managers along with senior management reviewed all aspects of the capital requests for the entire system. Department managers completed Capital Equipment Request (CER Forms), which include a cost benefit analysis for each piece of equipment. They also met with their respective vendors and were assisted by Material Management to acquire best prices possible through the GPO. The senior managers met with their respective department managers to develop an action plan to see what equipment was needed during calendar year 2016, calendar year 2017, and calendar year 2018.

The medical staff was also afforded the opportunity to make capital equipment requests. Managers were encouraged to meet with the physicians to seek their respective input throughout the capital budget. This process allowed for a more comprehensive approach to the capital budget.

Priority levels were assigned with an estimated month in which the equipment is scheduled to be ordered.

Every manager inputted their respective data along with backup into the new Insight budget system. After several passes with the executive team the final capital budget for 2016 is $3,739,925.

Please refer to the table below to see breakdown of dollars.

2016 Capital Budget	*Dollars*
Senior Care Center	**$ 577,945**
Home Health	**$ 9,000**
Gunnison Valley Hospital	**$ 3,129,480**
Total for System	**$ 3,716,425**
Contingencies	
Contingency Capital (GVH)	**$ 350,000**
Contingency Capital (SCC)	**$ 20,000**
Orthopedic Strategic Plan	**$ 500,000**
Orthopedic Strategic Project Construction	**$ 1,200,000**
Total Contingencies for System	**$ 2,070,000**
Gunnison Valley Hospital Capital	**$ 1,601,815**
Bio-Medical in House - Capital outlay	**$ 44,610**
Operating Equipment Request	**$ 1,646,425**

Note: Some pieces of equipment were passed on to the Foundation in an effort to acquire grants and /or funds via fund raisers.

VOLUMES:

Volumes are estimated and calculated on historical data from the past three prior years and projections for the current year. Market data and industry trends were also used in making volumes estimates.

Several items were adjusted for the 2016 budget:

Admissions – GVH started the Hospitalist program in June 2014 along with the addition of a second general surgeon in September 2014. The replacement of one of the Hospitalist during the year shifted things around. Although GVH has two employed Surgeons on board and two Hospitalist, it was decided that caution would be used to formulate volumes for budget 2016. Therefore management felt that a slight increase in admissions was warranted in the 2016 budget.

Patient days – Assuming the average length of stay continues to stay static; the increase in patient days would increase by 1.1% or approximately 15 days in 2016.

Lab Exams – Laboratory volumes from the addition of the hospitalists and the general surgeon to the GVH staff may add during the 2016 budget; however management decided to leave volumes flat.

Radiology Exams – GVH is working on upgrading the current 16 slices CT to a 64+ slices CT. This upgrade would help improve diagnostics and possibly decrease outflow of procures to Montrose and /or Grand Junction, therefore an increase of 4.7% was deemed reasonable for the 2016 budget. The addition of stereotactic equipment is anticipated to bring addition mammograms. GVH has another Orthopedic surgeon on staff that will possibly induce an increase in MRIs of approximately 3.5%.

E/D Visits – the ED visits have shown a large increase in 2014 over the prior years. The following year has shown to be static. Management felt that no increase was warranted in 2016.

Out-pt Surgeries –Management will continue to recruit another Ophthalmologist, however no additional cases have been budgeted in 2016. Orthopedic surgeries are anticipated to add 1 to 2 cases per month. Dr. S. Timothy and Dr. Bishop are both general surgeons employed by GVH.

GVHFMC – The Family Practice Clinic was plagued with several unforeseen dilemmas during 2015 which cause volumes to deteriorate. Management is recruiting new medical staff to attempt to increase and make the Family Clinic a vital entity that will support itself going forward.

GVHMC – The Mountain Clinic was opened in November 2014 prior to the ski season. It was decided to stay opened until the first week of September to see if there was a patient need. The clinic was not opened in the summer when under the previous owner. Actual volumes generated during the past twelve months were utilized to calculate the 2016 budget volumes. It is thought that a 20% increase is possible with appropriate marketing.

REVENUES:

During Calendar Year 2014, the Federal and State legislations mandated that each healthcare facility post their respective price structure for all to see and compare to other entities. In April 2014, Gunnison Valley Hospital engaged Eide Bailly, LLC., a CPA and Business Advisor Company in an effort to compare and help GVH in re-aligning its current prices. During a lengthy process of several months, GVH reviewed all CPT codes utilized and adjusted its prices to the 50th percentile compared to other Colorado Critical Access and PPS hospitals. Not all items in the charge master were adjusted and the total adjustment came up to approximately a 4.5% increase in charges.

In 2015 GVH again engaged a third party entity to help identify possible areas of concerns where changes need to occur with charges. The company involved is called PARA Healthcare Financial Services. GVH has implemented a 3.0% increase across the board on November 16, 2015 which will result in an estimated net revenue increase of $997K.

CONTRACTUALS/DEDUCTIONS:

Contractual and/or deductions are based on the same payer mix that GVH has faced in prior years. It is anticipated that revenues will be distributed in the same pattern that has been experienced currently during calendar year 2015.

SALARIES:

Salaries include a 3.0% increase for employees in the 2016 budget, however actual increases may be less. The percent increase is based on the Colorado summary percentage increases in pay projected for 2016.

Contract labor will continue being shown on a separate line in salary in 2016.

Below is an explanation for FTEs that GVH is planning to add going forward:

1. ***Patient Financial Services - 3.0 FTE***
   GVH will add 3.0 FTEs including one Utilization Review RN, one E/D admission representative and one general admission representative. This will allow for better customer service, reduction in patient billing errors and denials.

2. ***Biomedical Engineer – 1.0 FTE***
   GVH currently utilizes an external entity to perform bio-medical repairs and preventive maintenance. GVH is committed to bring bio-medical in-house to establish better services and substantial cost saving.

3. ***Pediatric Rehab – 0.6 FTE***
   Due to a new service line.

4. **Oncology – 0.6 FTE:**
   Adding a Registered Nurse.

BENEFITS:

Below is a breakdown of the current 2015 plan costs. Gunnison Valley Hospital's current plan depicts a 57% - 43% split between the employee and employer. The 60 – 40 split is currently being attained throughout the industry as a norm.

2015 Year-to-Date Total Plan Costs vs. Budget (Medical/Rx)					
Average Employee Enrollment YTD				161	
Number of Months in Plan YTD				6	
	2015 Plan Costs			2015 Budget	
Category	Total $	PEPM*		Total $	PEPM
Administration Fees	$29,836	$31			
Stop Loss (Spec/Agg)	$285,099	$296			
Net Medical Claims (after ISL reimbursements)	$557,676	$579			
Rx Claims	$51,742	$54			
Total	**$924,354**	**$959**		**$1,233,706**	**$1,280**
Employee Payroll Deductions	**$394,614**	**$409**	**43%**		
Employer Net Cost	**$529,740**	**$550**	**57%**		

Total Plan Costs as a Percentage of Budget	**75%**
Surplus (Deficit) to Budget	**$309,352**

* PEPM = Per Employee Per Month

As seen in the table below, the plan cost since 2009 has shown some decreases. GVH has not introduced any changes in the plan design except in 2014 to accommodate Obamacare updated rules and offered a high deductible plan. GVH decided to improve the Health Plan for the employees in an effort to be in line with Obamacare and the Cadillac tax which is to be implemented in 2016.
The chart below shows financials for 2015 through June. The current year budget is what we (Lockton) anticipated in plan spending through June and budgeted for, actual costs were $353,692 less through June than anticipated, resulting in an estimated surplus, if the plan continued to run as it was at that point in time. The cumulative surplus demonstrates if year over year the plan set aside the funds budgeted but not used, how much the plan would hold in surplus (1.5M). While we know the plan does not actually keep these dollars in reserve, we use this to review how the plan has run over time, and track your “good” and “bad” years.

As for changes made to the health plan for 2016, GVH shifted the employee monthly cost for all employees (FT & PT) and dependents from 40% (family) and 25% EE only on the PPO to 15% cost share for all levels of coverage. The HDHP shifted from 32% (family) and 15% cost share to 10% for all coverage levels. Total estimated costs for the shift in premium cost share is approximately $600,000 (not including any shifts in enrollment levels, plans or numbers). GVH also increased the back-end discount offered to employees and their families, at an estimated cost of $46,000. Finally, due to ACA mandates, the HDHP family out-of-pocket max has been lowered from $8,000 to $6,550, at an estimated cost of $8,000.

Year Over Year Comparison							
	2009	2010	2011	2012	2013	2014	2015-YTD
Medical Claims PEPM	$567	$665	$586	$620	$771	$578	$652
Rx Claims PEPM	$53	$68	$75	$95	$92	$86	$62
Administration Fees	$26	$26	$27	$28	$29	$31	$31
Stop Loss Premium PEPM (Spec/Agg)	$162	$179	$201	$216	$221	$277	$297
Average Employees Enrolled	142	142	141	138	126	145	159
Total Members	237	238	227	225	206	271	301
Member:Employee Ratio	1.67	1.66	1.64	1.62	1.63	1.87	1.89
Budget	$1,538,990	$1,581,870	$1,835,711	$1,814,176	$1,680,057	$2,189,297	$1,848,047
Actual Plan Costs	$1,377,411	$1,610,829	$1,478,347	$1,591,564	$1,679,095	$1,689,111	$1,494,354
Surplus/Deficit (Current Year)	$161,579	-$28,959	$357,364	$222,612	$962	$500,187	$353,692
Surplus/ Deficit (Cumulative)	$161,579	$132,620	$489,984	$712,596	$713,558	$1,213,744	$1,567,437
Significant Plan Design Changes	No	No	No	No	No	Yes	No
Individual Stop-Loss Deductible	$35,000	$35,000	$40,000	$50,000	$60,000	$60,000	$60,000
Individual Stop-Loss Aggregating Deductible	$25,000	$25,000	$25,000	$25,000	$25,000	$25,000	$25,000
Domestic Utilization	59%	56%	45%	32%	40%	57%	40%
Network Discount[1]	26%	24%	27%	26%	25%	32%	31%

[1] Overall discount received - WHA reciprocal discount and Cofinity

GVH continues to show improvement and cost saving in the program. It is anticipated that 2015 will show a static cost, however due to several changes made in the health plan it was decided to include $605,059 in additional costs which was split between GVH & SCC 80% /20% in the 2016 budget.
(The split was based on the numbers of participants in the program.)
An additional $62,500 was included in the budget to accommodate for the increase in employee discount anticipated during the year.

PRO FEES:

$150K was added from January to May for a locum tenens at the GVHFM to cover a physician position until the permanent provider takes over.

EDUCATION:

GVH reinstated an education program and invested a significant dollar amount in the 2015 and again in the 2016 budget. The additional dollars will allow for the nursing staff OB training program and the ICD-10 training to name a couple. Additional education dollars were also contributed to the physician education pool.

PURCHASE SERVICES:

Purchase services show an increase over prior year due to anticipated cost increases. The increases are attributable to the following:

CONTRACTS:

Insights Financial & Budget software	$ 36,900
PARA	$ 22,000
Community Outreach (Scorpion & Monsoon)	$ 46,600
General Surgery Support	$ 39,000
Total	**$144,500**

OUTSIDE SERVICES:

MIS – CTN	$ 13,000
Oncology –Delta	$ 28,000
H/R (Avatar, Leadership training, HRIS)	$ 31,000
GVHFMC- Athena	$ 21,000
CQI – AMP Software	$ 18,000
Total	**$111,000**

SUPPLIES:

It was decided to have a 4% overall increase in supplies with an 8.15% in Pharmacy.

These projections represent industry inflationary performance. Actual pricing through several Group Purchasing Organizations (GPO) contracts and programs are expected to impact the upcoming contract bids. Most contracted products should reflect lower inflationary impact than the general industry projections.

The percentages express the best estimate possible from all input elements. The actual inflationary increases will be subject to social, economic and political pressures, which are impossible to accurately predict.

Large GPOs collaborate with acute and non-acute care providers to create and deliver unique solutions through performance improvement resources, guidance and ongoing support.

With better product standardization and utilization, new financial tools beyond contracting and alliances that help lower costs, raise revenue and champion quality.

INSURANCE:

Insurance is based on current actual expenses. Insurance shows an increase for GVH compared to prior year, which is primarily attributed to an allocation process change within the health system.

DEPRECIATION

The depreciation expenses are calculated based on current fixed assets plus the additional capital assets that have been approved for budget 2016. Depending on when the new assets are anticipated for purchase dictates the amount of dollars that are assigned to a particular asset.

Each new asset has been assigned a priority (number 1 to 4). The American Hospital Association (AHA) depreciation scheduled is utilized to calculate the number of years is needed to capitalize each item. *(Refer to the capital list)*

INTEREST EXPENSE

Interest expense is based on amortization schedules for the two bond issues and the Radiology leases.

OTHER

GVH has $1,700,000 of the special projects dollars in capital and the remaining $570,000 are in other.

SPECIAL PROJECTS

GVH is working on several projects that may influence revenues and expenses in the future. Dollars have been included in the 2016 budget; the projects include but are not limited to the following:

Chapel / Reflection Room:

Gunnison Valley Health currently does not have any type of reflection room. Staff has recommended a room to serve as Chapel. **$ 15,000**

Behavioral health program:

Gunnison Valley Hospital completed a comfort room which supports the emergency department to address patients in a crisis situation.
The second phase of the program intends to provide outpatient support and physician offices. The budget includes a staff member and a software system for patient evaluation.
The foundation is writing grants to support the second phase of this program. The hospital is considering funding the program until grant money can be secured. **$ 125,000**

Lean six Sigma:

The health system discontinued use of a lean six Sigma consulting firm.
As an alternative, the budget includes funding for a black belt specialist in lean six Sigma, who would be employed and lead this program. **$ 130,000**

Orthopedic strategic plan for excellence:

The majority of the $2,000,000 million funding represents the potential purchase of a site to provide a series of services to include urgent care, sports and spine/pain management, sports physical therapy, podiatry, integrative medicine, and urgent care.

Several pieces are included in the above dollars.

• Acquisition of property	**$ 500,000**
• Build out is an estimate	**$ 1,200,000**
• Contracting and marketing	**$ 300,000**
Total	**$2,000,000**
Grand *Total*	***$2,270,000***

Consumers seek value from the health care they receive. Being aware of the many factors most traditionally cited as contributors to price variation may help you better understand which of them might affect the cost of care at a given hospital. Below are factors that influence price variation at health care facilities.

COST VARIATIONS

Why do prices vary between hospitals for the same procedure or service?
There are many variables that impact hospital prices. These include:

Patient severity:
Patients, who are sicker, have multiple medical conditions or chronic illness generally require additional services, resulting in higher hospital charges.

Payer mix:
Each hospital has a unique mix of payers. Government programs such as Medicare and Medicaid generally pay hospitals at rates less than the costs of providing care. Hospitals cannot remain financially viable if payments are consistently below costs. Hospitals provide services to all patients that access the emergency department regardless of their ability to pay. Some patients seek treatment at the hospital emergency department when they are unable to locate any other provider who accepts their insurance or if they lack insurance. Hospitals generally have charity care policies that provide assistance to patients in need that meet the requirements established by the hospital. However, hospitals that have a higher percentage of such patients ultimately must attempt to recover a greater percentage of their operational costs by shifting their unreimbursed costs to private insurers.

Insurers:
Insurance companies negotiate discounts with hospitals on behalf of the patients they represent. There are 541 insurance plans offered in Colorado from 18 carriers. Each insurance company negotiates different rates with hospitals. Even for identical medical procedures, hospitals get paid different amounts by insurers.

New technology:
Hospitals with new technology may have higher charges than those with older equipment. The replacement cost for new equipment is typically higher than the original cost of the old equipment.

Labor costs:
Salary and benefit costs vary by community and are generally higher in urban areas. Shortages of nurses and other professional staff may increase hospital costs.

Range and complexity of services provided:
Hospitals differ in the range of services provided. Some provide a full range required for diagnosis and treatment, including very specialized services. Other hospitals may stabilize patients and then transfer them to another facility for specialized care. Hospitals provide services to ensure access to health care in their community even when they lose money on those services. Such losses force hospitals to shift costs to private insurers. Services vary by community, but some examples include burn centers, trauma care, obstetrics, high-risk nurseries, poison control centers, medical education, services for the poor, organ transplants and other programs.

Why is there a difference between what hospitals charge and the payments they receive?
Federal regulations require a hospital to charge all its patients the same amount (with limited exceptions) for the same service. **The amount collected by the hospital is almost always less than the amount billed for because:**

- Government programs, such as Medicare and Medicaid, typically pay hospitals much less than the billed charge. These payments are determined by government agencies and hospitals do not have any ability to negotiate these rates.
- Hospitals typically have policies that allow low-income persons to receive reduced-charge or free care.

Why do payments vary between hospitals for the same procedure or service?
While the APCD ***does not*** include Medicare data, it is helpful to understand that even government payers often pay different amounts for the same service. Medicare payments to hospitals vary depending on the Medicare payment policy based on the unique characteristics of the hospital.

Wage index:
For both inpatient and outpatient, the national payment amount is adjusted by an area wage index to reflect regional variation in hospital salary and benefit rates. Generally hospitals located in urban areas tend to have a higher wage index.

Graduate medical education:
Hospitals that have residency programs to train individuals after completion of medical school receive additional payments from Medicare. These payments provide a partial offset to the hospital costs for training these future physicians (salaries and benefits for residents, faculty teaching stipends, administrative cost to operate the residency programs). Hospital residents provide services to *all* patients, not just Medicare patients. These payments are crucial for ensuring that patients in the future have an adequate supply of physicians to meet their medical needs.

Indirect medical education:
Medicare provides payments to teaching hospitals to reimburse the additional indirect costs of patient care associated with operating an approved teaching program. These costs include tests utilized to diagnose and treat patients.

Disproportionate share payments:
Hospitals that treat a large number of low-income patients receive additional Medicare and Medicaid payments to offset some of the losses incurred in treating these patients. Low-income patients tend to be sicker and more costly to treat than other patients with the same diagnosis. Higher costs also result from the need for additional staffing and services, such as translators and social workers, to care for low-income patients.

Critical access hospitals (CAHs):
Hospitals with fewer than 25 beds may be classified as critical access by Medicare. These hospitals are reimbursed at 101 percent of cost allowable by Medicare, which is lower than the full cost of providing care. This Medicare payment method recognizes the unique challenges CAH facilities face in providing health care services in rural areas. This special designation helps ensure access to health care for all patients in rural areas.

NOTE: Hospitals have an important role to play in efforts to reduce inappropriate variation; however, hospitals cannot address it alone. Solutions will require meaningful partnerships with physicians and other providers, policymakers, payers and community stakeholders.

UNCOMPENSATED CARE

Colorado hospitals have a long tradition of providing medical care to patients regardless of their ability to pay. Through a combination of community benefit policies, charity care, bad debt and underfunded care—resulting from Medicare, Medicaid and other government program payment shortfalls—Colorado hospitals provided more than $1.8 billion in uncompensated and undercompensated care in 2013.

While Colorado hospitals are committed to absorbing as many costs as possible for patients unable to pay for health care services they receive, it's important for patients, policy makers and other constituencies to understand the impact of uncompensated and under-compensated health care across our state.

Uncompensated Care:
This represents the total cost of hospital care provided for which no payment was received from the patient or an insurer. Uncompensated care is the sum of bad debt and charity care at cost, both described in more detail below.

Charity Care :
Charity Care is the dollar value of free care provided by hospitals to patients who are unable to pay their medical bills. It represents expenses for which hospitals never expected to be reimbursed. A patient's ability to pay is determined by a hospital's charity care or financial assistance policy, which typically considers factors such as individual and family income, assets, employment status or availability of alternate funding sources. Charity care determinations are typically made prior to admission; however, it may also be granted later to allow for emergencies or a lack of information about the patient's financial status at the time of admission.

Bad Debt:
Bad Debt is incurred when a hospital cannot obtain reimbursement for care provided because a patient is either unable or unwilling to pay their bills. Unlike charity care, bad debt involves situations where the patient did not request or qualify for financial assistance. For uninsured patients, the amount of bad debt can include all or any portion of the unpaid bill. For insured patients, the unpaid portions of the bill that are the patient's responsibility—such as co-pays and deductibles—are counted as bad debt.

Undercompensated care:
(or underfunded care) is associated with governmental programs such as Medicare and Medicaid. These programs have historically paid well below the cost of providing care.

Consequences of uncompensated and undercompensated care
The costs generated by uncompensated and undercompensated care must be paid by someone. The costs must either be absorbed by hospitals—which ultimately results in a decrease in health care services and access to care—or shifted to private insurers. This practice is referred to as "cost shifting," and it is one of the driving forces of escalating health care costs.

The cost shift affects **ALL** Coloradans, not just those without insurance coverage. When hospitals raise their rates to cover unpaid costs, private insurers inevitably follow suit and pass the cost on to employers in the form of higher insurance premiums. Businesses must then decide whether to reduce employee benefits or ask employees to pay a greater share of insurance premiums.

The provider fee's effect on uncompensated and undercompensated care
The **Colorado hospital provider fee** helped reduce Medicaid uncompensated and undercompensated care by $395 million in 2013. The provider fee is an assessment on hospitals by the State of Colorado. The resulting revenue is used to draw a dollar-for-dollar federal match that is used to cover the uninsured by expanding eligibility for Medicaid and Child Health Plan Plus (CHP+) and increase Medicaid reimbursements, without placing any burden on Colorado taxpayers. Unfortunately, these improvements have been more than offset by reductions in Medicare payments. In 2013, Colorado hospitals received $579 million less for providing care for Medicare patients.

Colorado hospitals provided more than $1.8 billion in uncompensated and undercompensated care in 2013. Uncompensated care (a combination of charity care and bad debt) represent approximately $250 million of the total, while Medicare and Medicaid underpayments accounted for approximately $1.55 billion.

As of 2013, Colorado hospitals receive $0.66 in government payments for every $1.00 spent providing services to Medicare patients, $0.80 for every $1.00 spent providing care to Medicaid patients and $1.51 for every dollar spent providing care to patients with private insurance coverage.

COLORADO HOSPITAL PROVIDER FEE

The Colorado hospital provider fee has improved access to health care for tens of thousands of Colorado's most vulnerable citizens without drawing any money from Colorado's General Fund. To date, the hospital-paid tax has enabled 305,650 previously uninsured Coloradans to receive health care coverage.

As of September 2014, the provider fee has funded the following Medicaid expansions:

- 72,902 parents at 60 to 133 percent of the federal poverty level (FPL)
- 18,849 children and pregnant women enrolled in CHP+ at 205 to 250 percent FPL
- 2,925 people with disabilities through a Medicaid buy-in program
- 210,970 adults without dependent children

How does it work?

The provider fee is assessed on hospitals by the State of Colorado. The resulting revenue is then used to draw a dollar-for-dollar federal match that is used to cover the uninsured by expanding eligibility for Medicaid and CHP+. The provider fee also increases the amount that providers are reimbursed for treating patients enrolled in Medicaid or the Colorado Indigent Care Program (CICP).

Who benefits?

The provider fee is a win-win-win because it provides medically underserved Coloradans with access to high-quality health care; reduces the amount of **uncompensated care for hospitals;** and does not draw upon state funds.

- **Uninsured Coloradans:**

  As many as 100,000 uninsured Coloradans will be able to access critically important preventive, primary and acute care services through Medicaid and CHP+ expansions.

- **Hospitals:**

  The provider fee increases hospital reimbursement rates and reduces the amount of uncompensated care by providing coverage for more previously uninsured patients. Medicaid payments to hospitals still fall short of the cost of providing them ($0.80 on the dollar in 2013, as opposed to $0.61 in 2008 prior to the enactment of the provider fee); however, the increased reimbursements have been instrumental in decreasing operational losses for hospitals.

- **All Coloradans:**

  Hospitals are forced to make up for shortfalls created by low reimbursement rates and treating uninsured patients by requiring higher payments from commercially insured patients, which in turn forces consumers to pay higher health insurance premiums. The provider fee helps reduce this "cost shift."

- **The Colorado state budget:**

  The provider fee does not use any of the state's tax revenue in its General Fund. While Medicaid enrollment has increased in Colorado over the past few years, this is due to a challenging economy and not a change in Medicaid eligibility. Additionally, from inception of the provider fee in July 2009 through September 2013, Colorado hospitals provided more than $170 million in General Fund relief via the provider fee.

Colorado hospitals provided more than $1.8 billion in uncompensated and undercompensated care in 2013. The Colorado hospital provider fee helped reduce levels of Medicaid and undercompensated care reimbursement by $395 million in 2013, but these improvements have been more than offset by more than $579 million in reductions to Medicare payments in 2013. Colorado hospitals are committed to increasing coverage and access to health care without increasing the burden on the state or its taxpayers.
Below are seven major trends, facts and questions facing Colorado hospitals and health systems over the next three to five years. The seven sections of the report are:

- Integrated Care is the New Normal.
- New Competitors are Narrowing Service Line Margins.
- It's All About Maintaining Loyalty.
- Technology Promises New Solutions … at a Price.
- Regional Capacity is the Next Frontier.
- Risk is Here to Stay. Get in the Game.
- Are Hospitals in the Hot Seat?

Gunnison Valley Hospital
BUDGET 2016
Key Statistics

Description	2011 Actual	2012 Actual	2013 Actual	2014 Actual	2015 YTD	2015 Projected	2016 Wrk Bud	Var	% Var
Inpatient Days	1,475	1,333	1,203	1,431	1,166	1,417	1,432	15	1.1%
Average Daily Census	4.0	3.65	3.30	3.92	3.84	3.88	3.92	0	1.1%
Admissions	703	525	488	575	474	569	580	11	1.9%
Avg. Length of Stay	2.10	2.54	2.47	2.49	2.46	2.49	2.47	0	-0.9%
Percent Occupancy	16.8%	15.2%	13.7%	16.3%	15.98%	16.2%	16.3%	0	1.1%
Births	153	129	112	131	108	116	122	6	5.2%
Swing Bed Days	251	346	535	560	392	505	525	20	4.0%
Observation Patients	631	458	361	450	406	481	481	0	0.0%
Lab Exams	63,220	60,537	59,955	66,869	58,266	69,270	69,269	-1	0.0%
EMS Patients	681	715	689	723	495	667	667	0	0.0%
ER Visits	5,335	5,245	5,318	6,121	5,599	6,429	6,429	0	0.0%
Oncology Visits	658	563	627	750	517	641	659	18	2.8%
Respiratory Therapy Exams	3,071	3,936	2,428	2,853	2,662	3,030	3,029	-1	0.0%
Cardiology Exams	1,512	1,013	1,199	1,316	1,187	1,303	1,302	-1	-0.1%
X-Ray Exams	5,276	5,147	5,342	5,211	4,986	5,680	5,679	-1	0.0%
Ultrasound Exams	1,295	1,284	1,200	1,360	1,305	1,569	1,568	-1	-0.1%
Mammo Exams	1,617	2,392	2,422	2,159	1,717	2,171	2,221	50	2.3%
CT Scan Exams	1,740	1,611	1,589	1,858	1,742	2,031	2,126	95	4.7%
MRI Exams	932	927	947	1,221	1,076	1,258	1,302	44	3.5%
Physical Therapy Patients	6,823	6,395	5,920	6,039	5,013	6,023	6,022	-1	0.0%
Physical Therapy Modalities	22,636	20,654	18,256	17,579	14,611	17,505	17,504	-1	0.0%
CB Clinic Patients	2,134	1,326	1,171	1,350	1,499	1,678	1,678	0	0.0%
CB Clinic Modalities	7,104	4,961	4,589	4,735	5,443	5,925	5,925	0	0.0%
Occup Therapy Patients	1,930	1,204	1,421	1,440	1,094	1,277	1,276	-1	-0.1%
Occup Therapy Modalities	4,685	3,288	3,686	3,635	2,769	3,122	3,121	-1	0.0%
Pediatric Therapy Patients					66	410	410	0	0.0%
Pediatric Therapy Modalities					134	832	832	0	0.0%
Surgery - Inpatient	279	247	168	181	134	154	159	5	3.2%
Surgery - Outpatient	408	447	697	810	632	730	740	10	1.4%
Scopes	265	300	296	348	320	393	393	0	0.0%
Total Surgeries	952	994	1,161	1,339	1,086	1,277	1,292	15.0	1.2%
GVHFM Visits	-	-	4,019	8,163	7,278	9,391	11,226	1,835	19.5%
GVHMC Visits				325	1,563	1,542	1,860	318	20.6%

Budget Income Statement
GUNNISON VALLEY HEALTH

GUNNISON VALLEY HEALTH	Act2014	PROJ15R12	PROJSEPAC	WRKBUD16	Var (WRKBUD16 - PROJSEPAC)	Var%
Net Income	7,679,185	6,144,258	5,945,286	4,529,326	-1,415,960	-23.82%
Operating Revenue/Expenses	7,679,185	6,144,258	5,945,286	4,529,326	-1,415,960	-23.82%
Operating Revenue and Expenses	6,745,137	5,232,407	4,928,059	3,446,585	-1,481,474	-30.06%
Net Service Revenue	36,907,713	36,255,603	36,860,849	38,280,317	1,419,468	3.85%
Net Patient Revenue	35,708,677	35,827,936	36,175,172	37,975,150	1,799,978	4.98%
Gross Revenue from Patient Services	54,276,965	55,725,677	56,778,705	58,891,427	2,112,722	3.72%
Contractual Allowances	18,568,288	19,897,741	20,603,533	20,916,277	-312,744	-1.52%
Other Operating Revenue	1,199,036	427,667	685,677	305,167	-380,510	-55.49%
Other Operating Revenue	1,199,036	427,667	685,677	305,167	-380,510	-55.49%
Total Operating Expense	30,162,576	31,023,196	31,932,790	34,833,732	-2,900,942	-9.08%
Total Operating Expense	30,162,576	31,023,196	31,932,790	34,833,732	-2,900,942	-9.08%
Salaries, Wages & Benefits	15,532,581	16,510,056	17,390,052	18,629,053	-1,239,001	-7.12%
Physician Fees	2,998,469	2,861,045	2,729,145	3,076,596	-347,451	-12.73%
Travel and Education	173,746	179,625	179,368	345,032	-165,664	-92.36%
Purchase Services	3,130,434	3,228,183	3,272,775	3,521,257	-248,482	-7.59%
Supplies	4,228,421	4,180,701	4,053,755	4,479,882	-426,127	-10.51%
Rent/Lease	72,072	78,119	75,334	79,520	-4,186	-5.56%
Insurance	242,365	255,400	290,629	312,798	-22,169	-7.63%
Depreciation/Amortization	1,595,348	1,718,002	1,784,759	1,963,534	-178,775	-10.02%
Interest	429,230	407,811	399,316	388,236	11,080	2.77%
Other	1,759,910	1,604,254	1,757,657	2,037,824	-280,167	-15.94%
Non Operating Revenue/Expenses	934,048	911,851	1,017,227	1,082,741	65,514	6.44%
Non Operating Revenue/Expenses	934,048	911,851	1,017,227	1,082,741	65,514	6.44%
Total Non Operating	934,048	911,851	1,017,227	1,082,741	65,514	6.44%
Investment Income	55,332	76,314	154,201	76,314	-77,887	-50.51%
Donations	269,984	237,894	206,019	336,634	130,615	63.40%
Other Non Operating Revenue	12,575	18,905	21,567	0	-21,567	-100.00%
Property Tax Revenue	596,157	578,738	635,440	669,793	34,353	5.41%
EBIDA	9,703,763	8,270,071	8,129,361	6,881,096	-1,248,265	-18.14%
TOTAL MARGIN	20.81%	16.95%	16.13%	11.83%		-36.32%

Budget Income Statement
GUNNISON VALLEY HOSPITAL

GUNNISON VALLEY HOSPITAL	Act2014	PROJ15R12	PROJSEPAC	WRKBUD16	Var (WRKBUD16 - PROJSEPAC)	Var%
Fund Balance	6,989,927	5,762,295	5,576,961	4,167,460	-1,409,501	-25.27 %
⊟ Fund Balance	6,989,927	5,762,295	5,576,961	4,167,460	-1,409,501	-25.27 %
⊟ Net Income(Loss) From Operations	6,680,724	5,433,537	5,200,253	3,758,867	-1,441,386	-27.72 %
⊟ Net Operating Revenue	31,488,305	31,360,413	31,810,638	33,327,378	1,516,740	4.77 %
⊟ Net Operating Revenue	30,675,917	31,014,184	31,458,600	33,068,754	1,610,154	5.12 %
⊞ Gross Revenue from Patient Services	49,235,748	51,099,489	52,308,092	54,172,595	1,864,503	3.56 %
⊞ Contractual Allowances	18,559,831	20,085,305	20,849,492	21,103,841	-254,349	-1.22 %
⊟ Other Operating Revenue	812,388	346,229	352,038	258,624	-93,414	-26.54 %
⊞ Other Operating Revenue	812,388	346,229	352,038	258,624	-93,414	-26.54 %
⊟ Total Operating Expense	24,807,581	25,926,876	26,610,385	29,568,511	-2,958,126	-11.12 %
⊟ Total Operating Expense	24,807,581	25,926,876	26,610,385	29,568,511	-2,958,126	-11.12 %
⊞ Salaries, Wages & Benefits	11,757,306	12,743,133	13,563,159	14,747,688	-1,184,529	-8.73 %
⊞ Physician Fees	2,998,469	2,861,045	2,729,145	3,076,596	-347,451	-12.73 %
⊞ Travel and Education	109,651	115,245	119,759	269,889	-150,130	-125.36 %
⊞ Purchase Services	2,636,683	2,751,752	2,793,753	3,037,774	-244,021	-8.73 %
⊞ Supplies	3,832,219	3,782,148	3,659,377	4,059,316	-399,939	-10.93 %
⊞ Insurance	207,766	227,979	262,141	285,377	-23,236	-8.86 %
⊞ Depreciation/Amortization	1,417,121	1,543,058	1,617,590	1,771,635	-154,045	-9.52 %
⊞ Interest	403,298	383,079	375,202	367,229	7,973	2.12 %
⊞ Other	1,445,068	1,519,437	1,490,259	1,953,007	-462,748	-31.05 %
⊟ Non Operating Revenue/Expenses	309,203	328,758	376,708	408,593	31,885	8.46 %
⊟ Non Operating Rev./Exp.	309,203	328,758	376,708	408,593	31,885	8.46 %
⊟ Total Non Operating	309,203	328,758	376,708	408,593	31,885	8.46 %
⊞ Investment Income	51,740	72,215	149,347	72,215	-77,132	-51.65 %
⊞ Donations	244,888	237,638	205,794	336,378	130,584	63.45 %
⊞ Other Non Operating Revenue	12,575	18,905	21,567	0	-21,567	-100.00 %

Budget Income Statement
SENIOR CARE CENTER

SENIOR CARE CENTER	Act2014	PROJ15R12	PROJSEPAC	WRKBUD16	Var (WRKBUD16 - PROJSEPAC)	Var%
Fund Balance	556,857	293,857	198,779	273,760	74,981	37.72 %
Fund Balance	556,857	293,857	198,779	273,760	74,981	37.72 %
Net Income(Loss) From Operations	-67,988	-289,236	-441,740	-400,388	41,352	9.36 %
Net Operating Revenue	5,036,351	4,767,425	4,666,140	4,825,174	159,034	3.41 %
Net Operating Revenue	5,032,760	4,813,752	4,716,572	4,906,396	189,824	4.02 %
Gross Revenue from Patient Services	5,041,217	4,626,188	4,470,613	4,718,832	248,219	5.55 %
Contractual Allowances	8,457	-187,564	-245,959	-187,564	-58,395	-23.74 %
Other Operating Revenue	3,591	-46,327	-50,432	-81,222	-30,790	-61.05 %
Other Operating Revenue	3,591	-46,327	-50,432	-81,222	-30,790	-61.05 %
Total Operating Expense	5,104,339	5,056,661	5,107,880	5,225,562	-117,682	-2.30 %
Total Operating Expense	5,104,339	5,056,661	5,107,880	5,225,562	-117,682	-2.30 %
Salaries, Wages & Benefits	3,775,275	3,766,923	3,826,893	3,881,365	-54,472	-1.42 %
Travel and Education	64,095	64,380	58,237	75,143	-16,906	-29.03 %
Purchase Services	491,552	464,428	462,674	471,480	-8,806	-1.90 %
Supplies	392,713	397,810	392,695	419,823	-27,128	-6.91 %
Rent/Lease	72,072	78,119	75,334	79,520	-4,186	-5.56 %
Insurance	34,599	27,421	28,488	27,421	1,067	3.75 %
Depreciation/Amortization	178,227	174,944	167,169	191,899	-24,730	-14.79 %
Interest	25,932	24,732	24,114	21,007	3,107	12.88 %
Other	69,874	57,904	72,276	57,904	14,372	19.88 %
Non Operating Revenue/Expenses	624,845	583,093	640,519	674,148	33,629	5.25 %
Non Operating Rev./Exp.	624,845	583,093	640,519	674,148	33,629	5.25 %
Total Non Operating	624,845	583,093	640,519	674,148	33,629	5.25 %
Investment Income	3,592	4,099	4,854	4,099	-755	-15.55 %
Donations	25,096	256	225	256	31	13.78 %
Property Tax Revenue	596,157	578,738	635,440	669,793	34,353	5.41 %

Capital Approval Summary

All; All Responsibilities; Approved Only; Type = MISC; Orig. Fy Req. = CapBud16; Account = 11551000

Department: 1001 MEDICAL SURGICAL

Description	Type	Budget Cost
Patient Care Beds	MISC	90,000
Bedside Cabinets (night stands)	MISC	4,800
Wall mounted vital signs machine	MISC	7,383
Subtotal for Department: 1001 MEDICAL SURGICAL		$102,183

Department: 1017 RESPIRATORY THERAPY

Description	Type	Budget Cost
Ambulatory BP Monitor	MISC	2,575
Subtotal for Department: 1017 RESPIRATORY THERAPY		$2,575

Department: 1021 OPERATING ROOM

Description	Type	Budget Cost
Tissue Freezer	MISC	10,000
Tourniquet machines	MISC	21,000
Fracture Table Accessory for OR tables	MISC	29,100
Rigid esophagoscope	MISC	24,000
Gamma probe	MISC	25,000
CPSI OR Module	MISC	49,000
Shoulder positioner for Arthroscopy & clavicle fractures	MISC	22,000
Subtotal for Department: 1021 OPERATING ROOM		$180,100

Department: 1022 RECOVERY ROOM

Description	Type	Budget Cost
Nihon Kohden PACU patient monitor	MISC	9,400
Subtotal for Department: 1022 RECOVERY ROOM		$9,400

Department: 1023 EMERGENCY ROOM

Description	Type	Budget Cost
ER Gynecological Stretcher	MISC	7,244
Subtotal for Department: 1023 EMERGENCY ROOM		$7,244

Department: 1025 LABOR DELIVERY

Description	Type	Budget Cost
Labor and Delivery Beds (Copy) (Copy)	MISC	35,000
Panda Bedded Warmer	MISC	44,853
Subtotal for Department: 1025 LABOR DELIVERY		$79,853

Department: 1031 BIOMEDICAL ENGINEERING

Description	Type	Budget Cost
BioMed Start Up Capital	MISC	44,610
Subtotal for Department: 1031 BIOMEDICAL ENGINEERING		$44,610

Department: 1032 MATERIALS MANAGEMENT

Description	Type	Budget Cost
MM/AP Streamline	MISC	18,500
OB MS Store room project	MISC	8,000
DODGE LIFT GATE	MISC	3,700
Supply Chain A & B redesign	MISC	7,200
Imaging shelving project	MISC	1,985
Subtotal for Department: 1032 MATERIALS MANAGEMENT		$39,385

Department: 1039 ULTRASOUND

Description	Type	Budget Cost
Trophon EPR high level disinfection system	MISC	10,466
Subtotal for Department: 1039 ULTRASOUND		$10,466

Department: 1041 LABORATORY

Description	Type	Budget Cost
COAGULATION ANALZYER	MISC	46,570
Blood Gas Analyzer	MISC	9,275
Blood Culture Analyzer	MISC	15,000
Subtotal for Department: 1041 LABORATORY		$70,845

Department: 1044 RADIOLOGY

Description	Type	Budget Cost
Digital Portable X-ray Unit	MISC	145,000
Long leg cassette and software	MISC	15,000
Subtotal for Department: 1044 RADIOLOGY		$160,000

Department: 1047 PHARMACY

Description	Type	Budget Cost
aseptic compounding glove box	MISC	22,362
Subtotal for Department: 1047 PHARMACY		$22,362

Department: 1049 PHYSICAL THERAPY

Description	Type	Budget Cost
Game ready replacement	MISC	4,196

Department: 1049 PHYSICAL THERAPY

Description	Type	Budget Cost
New Upper Body Ergometer (UBE)	MISC	4,608
Subtotal for Department: 1049 PHYSICAL THERAPY		$8,804

Department: 1054 AMBULANCE/EMS

Description	Type	Budget Cost
2016 Dodge Ambulance	MISC	88,000
Orthopedic Scoop Stretchers	MISC	5,850
Vehicle Repeaters	MISC	4,353
Subtotal for Department: 1054 AMBULANCE/EMS		$98,203

Department: 1056 DIETARY

Description	Type	Budget Cost
Salad Bar	MISC	15,000
Subtotal for Department: 1056 DIETARY		$15,000

Department: 1060 MRI

Description	Type	Budget Cost
MRI safe transport gurney	MISC	5,000
Wrist coil	MISC	30,000
Subtotal for Department: 1060 MRI		$35,000

Department: 1069 CB PHYSICAL THERAPY

Description	Type	Budget Cost
new traction table	MISC	10,000
Subtotal for Department: 1069 CB PHYSICAL THERAPY		$10,000

Department: 1102 GVH MOUNTAIN CLINIC

Description	Type	Budget Cost
Monitor/Defibrillator Lifepack 15	MISC	29,000
Vital Signs Rolling Cart	MISC	2,500
Patient Monitors	MISC	32,000
Remodel phase 2	MISC	15,000
Subtotal for Department: 1102 GVH MOUNTAIN CLINIC		$78,500

Department: 1161 PLANT MAINTENANCE

Description	Type	Budget Cost
Vacuum pumps	MISC	10,500
New carpeting in Finance and HIM Departments	MISC	12,000

Capital Approval Summary

All; All Responsibilities; Approved Only; Type = MISC; Orig. Fy Req. = CapBud16; Account = 11551000

Department: 1161 PLANT MAINTENANCE

Description	Type	Budget Cost
System Controller for Rehab HVAC Unit	MISC	15,000
Fujitsu HVAC system for Nancy's office	MISC	2,500
Troubleshoot & repair the Building Management System in the 2000 Addition	MISC	5,200
Honeywell Building Integrator	MISC	4,250
Subtotal for Department: 1161 PLANT MAINTENANCE		$49,450

Department: 1190 HOUSEKEEPING

Description	Type	Budget Cost
High Speed Floor Burnisher	MISC	5,500
Subtotal for Department: 1190 HOUSEKEEPING		$5,500

Department: 1212 PATIENT FINANCIAL SERVICES

Description	Type	Budget Cost
Emdeon Registration QA Software Module	MISC	15,000
Subtotal for Department: 1212 PATIENT FINANCIAL SERVICES		$15,000

Department: 1231 MIS

Description	Type	Budget Cost
PACS server	MISC	35,000
Subtotal for Department: 1231 MIS		$35,000

Department: 1310 ADMINISTRATION

Description	Type	Budget Cost
Contingency Capital	MISC	350,000
Orthopedic Strategic Project Land	MISC	500,000
Orthopedic Strategic Project Construction	MISC	1,200,000
Subtotal for Department: 1310 ADMINISTRATION		$2,050,000

Department: 3029 HOME HEALTH

Description	Type	Budget Cost
Software/hardware purchase	MISC	9,000
Subtotal for Department: 3029 HOME HEALTH		$9,000

Department: 3161 PLANT MAINTENANCE

Description	Type	Budget Cost
Mitel Business Phone System	MISC	23,091
Sealing / Patching / Restriping of all parking areas	MISC	24,300
Mattress Replacements	MISC	10,554
Subtotal for Department: 3161 PLANT MAINTENANCE		$57,945

Capital Approval Summary

All; All Responsibilities; Approved Only; Type = MISC; Orig. Fy Req. = CapBud16; Account = 11551000

11/23/2015 3:45 PM

Department: 3310 ADMINISTRATION

Description		Type	Budget Cost
Contingency Capital		MISC	20,000
SCC Project Construction Costs		MISC	500,000
Subtotal for Department:	3310 ADMINISTRATION		$520,000
Grand Total:			$3,716,425