Response to Request No. 1

Part II

Appendix T

RHC Executive Committee Presentation
January 20, 2021

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RHC Executive Committee Presentation

Scott G. Colby, UCVH
Sergio Zullich, ISHC

ISHC/UCVH Joint RHC Work Group Findings

- Section I: Overview of the Process
- Section II: RHC vs. FQHC – Federal Program Definitions
- Section III: Capabilities of FQHC vs. RHC
- Section IV: Financial Analysis
- Section V: Legal Structure Considerations
- Q&A

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Section I: Overview of the Process

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ISHC/UCVH Joint RHC Work Group Findings

Section I: Overview of the Process

- October 2, 2020: Joint meeting of the ISHC and UCVH Executive Committees

- October 29, 2020: MOU and Confidentiality Agreement between the parties were executed

- November 4, 2020: Joint meeting of the Executive Committees was held to map-out the process and establish the Joint Work Group

- November 16, 2020: Kick-off Meeting of the Joint Work Group

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ISHC/UCVH Joint RHC Work Group Findings

Section I: Overview of the Process

- Joint Work Group Members:

ISHC

Gail Fisher, Board Chair
Dave Thatcher, Treasurer
Mike Burtnick, Secretary
Suzanne Phinney, Vice Chair
Greg Culley, MD, President & CEO

Lori Morann, Practice Manager
Sergio Zullich, Pharmacy Director
Billie Paquette, Executive Assistant/H.R. Director

UCVH

Scott Colby, President & CEO
Celeste Pitts, CFO
Monique Hand, Practice Manager
Rob Gooch, Director of Pharmacy
Rona Glines, VP Physician Practices, Weeks Medical Center
Jonathan Pantenburg, Stroudwater Asc.

- November 16, 2020: Kick-off Meeting of the Joint Work Group
  - Co-Chairs: Scott Colby and Sergio Zullich
  - Minutes and agendas were maintained

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ISHC/UCVH Joint RHC Work Group Findings

Section I: Overview of the Process

•Additional Meetings:

December 2, 2020
December 16, 2020
December 30, 2020
January 13, 2021
January 20, 2021

- Subgroup Formation – Representation of both ISHC & UCVH on each:
  - Sliding Scale/Charity Care –Monique Hand, Chair
  - Care Coordination/ Outreach – Rona Glines, Chair
  - Behavioral Health – Rona Glines, Chair
  - Pharmacy/340B – Sergio Zullich, Chair

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Section II: RHC vs. FQHC – Federal Program Definitions

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ISHC/UCVH Joint RHC Work Group Findings

Section II: RHC vs. FQHC – Federal Program Definitions

Rural Health Clinics	Federally Qualified Health Centers
For-profit or nonprofit	Nonprofit or Public Facility
May be limited to a specific type of primary care practice (e.g., Family Medicine, Pediatrics, etc.)	Required to provide care for all age groups
Not required to have a board of directors	Required to have a board of directors – at least 51% must be patients of the health center
No minimum service requirements	Minimum service required – maternity & prenatal care, preventative care, behavioral health, dental health, emergency care, and pharmaceutical services
Not required to charge based on a sliding fee scale	Required to treat all residents in their service area with charges based on a sliding fee scale

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ISHC/UCVH Joint RHC Work Group Findings

Section II: RHC vs. FQHC – Federal Program Definitions

Rural Health Clinics	Federally Qualified Health Centers
Not required to provide a minimum of hours or emergency coverage	Required to be open 32.5 hours a week for FTCA coverage of licensed or certified healthcare providers Must provide emergency services after business hours either on-site or by arrangement with another healthcare provider
Required to conduct an annual program evaluation regarding quality improvement	Required to have ongoing quality assurance program
Must be located in a Health Professional Shortage Area (HPSA), Medically Underserved Area (MUA), or governor-designated and secretary-certified shortage area May retain RHC status if designation of service area changes	Must be located in an area that is underserved or experiencing a shortage of healthcare providers

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ISHC/UCVH Joint RHC Work Group Findings

Section II: RHC vs. FQHC – Federal Program Definitions

Rural Health Clinics	Federally Qualified Health Centers
RHCs must be located in non-urbanized areas	FQHCs may operate in both non-urbanized and urbanized areas
Required to submit an annual cost report; however, auditing of financial reports is not required	Required to submit an annual cost report and audited financial reports
RHCs can be owned and operated by hospitals or other entities	Under certain circumstances, may be owned and operated by public (county, governmental, etc.) entities
Eligible for the 340B program if the hospital that operates the RHC qualifies for the 340B program	Eligible for the 340B program

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ISHC/UCVH Joint RHC Work Group Findings

Section II: RHC vs. FQHC – Federal Program Definitions

- Federal Changes to RHC Reimbursement:
  - Stimulus bill signed in December 2020 changed cost-based reimbursement for RHC's established after January 1, 2019
  - Moved <u>new</u> RHC's from cost-based to fixed rate per visit:
    - $100/visit April 2021
    - $190/visit in 2028
  - Capped growth in reimbursement for <u>existing</u> cost-based RHCs at the 2020 cost rate with MEI increases annually thereafter – slowing the growth in the rates
- These Changes are Accounted for in Stroudwater Analysis

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Section III: Capabilities of FQHC vs. RHC

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ISHC/UCVH Joint RHC Work Group Findings

Section III: Capabilities of FQHC vs. RHC

SUBGROUP: SLIDING SCALE/CHARITY CARE:

MONIQUE HAND, CHAIR

- **Members:**

  Monique Hand, UCVH, Chair — Lori Morann, ISHC
  Jodie Smith, UCVH — Jordan Phinney, ISHC

- **Comparison:**

	ISHC	UCVH
Fed. Poverty Level	<200%	<300%
Discount	Sliding Scale	Free care up to 300%
Documentation Req'd	No	Yes
Self-Pay Discount	No	Yes
Medicaid Expansion	Not required	Must apply

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ISHC/UCVH Joint RHC Work Group Findings

Section III: Capabilities of FQHC vs. RHC

SUBGROUP: SLIDING SCALE/CHARITY CARE: (continued)

- **Bottom Line:** The two programs are close, but not exact with ISHC having a slight advantage for patients given that application and documentation for assistance is not required.

This is offset by UCVH's program offering free care up to 300% of FPL and a self-pay discount of approximately 40%.

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ISHC/UCVH Joint RHC Work Group Findings

Section III: Capabilities of FQHC vs. RHC

SUBGROUP: CARE COORDINATION/OUTREACH:

RONA GLINES, CHAIR

- **Members:**

  Rona Glines, WMC, Chair
  Chantal Dostie, ISHC
  Greg Culley, MD, ISHC

- **Comparison:**

	ISHC	UCVH (WMC)
Staffing	6	10

Both ISHC and WMC's RHC's offered comprehensive patient support services including home visitation, assistance with securing housing, medications, chronic care management, transitional care management, etc.

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ISHC/UCVH Joint RHC Work Group Findings

Section III: Capabilities of FQHC vs. RHC

SUBGROUP: CARE COORDINATION/OUTREACH: (continued)

- **Bottom Line:** The two programs are very close, and while structured slightly differently, offer significant patient support.

The notable exception is the 340B pharmacy discount program for patients which will be discussed below.

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ISHC/UCVH Joint RHC Work Group Findings

Section III: Capabilities of FQHC vs. RHC

SUBGROUP: BEHAVIORAL HEALTH:

RONA GLINES, CHAIR

- **Members:**

  Rona Glines, WMC, Chair
  Nick Hunt, WMC
  Greg Culley, MD, ISHC
  Kathleen Killeen, ISHC

- **Comparison:**

	ISHC	UCVH (WMC)
Locations	3	6
Staffing	6	19
B-H Counseling	Yes	Yes
MAT	No	Yes

Both ISHC and WMC's RHC's offered comprehensive behavioral health programs to their patients.

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ISHC/UCVH Joint RHC Work Group Findings

Section III: Capabilities of FQHC vs. RHC

SUBGROUP: BEHAVIORAL HEALTH: (continued)

- **Bottom Line:** The two programs are very close and both offer significant BH service to their patient populations.

The notable exception is the 340B pharmacy discount program for patients which will be discussed below and WMC's offer of an MAT program (APRN, LADAC, etc.) which will be brought to Colebrook.

It's important to note that SUD was identified as a healthcare priority on our Community Health Needs Assessment

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ISHC/UCVH Joint RHC Work Group Findings

Section III: Capabilities of FQHC vs. RHC

SUBGROUP: 340B PHARMACY:

SERGIO ZULLICH, CHAIR

- **Members:**

Sergio Zullich, ISHC , Chair	Greg Culley, MD, ISHC
Scott Colby, UCVH	Celeste Pitts, UCVH
Jonathan Pantenburg, Stroudwater	Rob Gooch, UCVH

- **Comparison:**

	ISHC	UCVH (WMC)
340B	Yes	Yes
Savings to Patients	$745K annually	N/A

UCVH will have the ability to pass the same level of 340B savings on to patients; however, some of those savings may need to be retained by the RHC to make it financially viable.

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ISHC/UCVH Joint RHC Work Group Findings

Section III: Capabilities of FQHC vs. RHC

SUBGROUP: 340B PHARMACY: (continued)

- **Bottom Line:** The financial analysis section below will contain the recommendation on how close UCVH will be able to come to ISHC's retail pharmacy in passing 340B savings on to its RHC patients. This will be a business decision.

  UCVH's RHC will offer medication assistance (discounts or free RX) and/or voucher programs to supplement 340B savings

  Also, UCVH is exploring running 340B savings through its hospital-based pharmacy

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Section IV: FINANCIAL ANALYSIS

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ISHC/UCVH Joint RHC Work Group Findings

Section IV: Financial Analysis

- The following provides a general overview of certain operating indicators for ISHC based on filed FY19 data and interim FY20 data:
  - Patients and Patient Visits:

		Medicare	Medicaid	Private	Self-Pay	Total
Patients	Count	1,163	781	1,281	348	3,573
	Percentage	33%	22%	36%	10%	
Visits	Count	4,673	3,474	4,501	1,223	13,871
	Percentage	34%	25%	32%	9%	
Avg. / Patient		4.02	4.45	3.51	3.51	3.88

  - Total FTEs at ISHC

Providers	
Physicians (MD/DO)	2.65
APPs (PA/NP)	2.38
Clinical Social Workers	1.25
Other Mental Health Staff	1.00
Clinical Support Staff	
Nurses	5.13
Pharmacy	3.85
Case Managers / Outreach	6.59
Administration	
Quality Improvement	2.68
Management	6.28
Fiscal and Billing	4.53
IT Staff	2.73
Facility Support	3.00
Patient Support	7.73
Total:	49.80

  - Total Assets *(per Interim Financials 11.20)*

Cash:	$ 863,803
Prepaid	63,672
Inventory	117,754
PPE	
Land	$ 60,000
Buildings	2,034,011
Leasehold	285,704
Furniture	607,750
Acc. Depr.	(996,682)
Net PPE	$ 1,990,783

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ISHC/UCVH Joint RHC Work Group Findings

Section IV: Financial Analysis

- HRSA Grants:
  - Health Center Program (CFDA 93.224) $ 526,160
  - Grants for New and Expanded Services (CFDA 93.527) $1,417.543
  - Maternal and Child Health Services (CFDA 93.9994) $ 20,539
    - *If UCVH were to acquire ISHC, the three grants identified above would no longer be available*

- Long-Term Debt / Lease Commitments *(Estimated as of FY20 End)*
  - USDA Loan – Balance: $82K (Maturity: 12.23; monthly payment: $2,466 at 4.6% interest)
  - USDA Loan – Balance: $65K (Maturity: 12.23; monthly payment: $1,962 at 4.6% interest)
  - UCVH Loan – Balance: $172K (Maturity: 5.24; monthly payment: $4,167 starting 6.22)
  - Administrative space and parking lot: $7,674 / year (Maturity 4.30)

- CARES Act Funding
  - Provider Relief Funds - $287,286 (audit states funds appropriated for healthcare expenses)
  - Paycheck Protection Program - $494,900
  - Economic Injury Disaster Loan - $499,900 (30-year term @ 2.75% interest: Starts 4/21)
  - *It is unknown what portion of the funds received through the CARES Act shall be retained*

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ISHC/UCVH Joint RHC Work Group Findings

Section IV: Combined Entity

- As a stand-alone unit, the ISHC as an FQHC lost roughly $30K in 2019
  - The Medical practice had $6.1M in attributed revenue and $6.1M in fully allocated costs
- If UCVH owned and operated ISHC as a PB-RHC, the net position would have decreased due to:
  - Loss of 330 Grants
  - Different reimbursement methodology for PB-RHCs than FQHCs
- ISHC reported 6.76 FTEs among physicians and APPs with 13,871 visits which would not meet the RHC minimum productivity threshold

Provider Type	FTEs	Productivity Threshold	Minimum Productivity
Physicians	2.23	4,200	9,366
Physician Assistant	1.34	2,100	2,814
Nurse Practitioner	1.01	2,100	2,121
Clinical Social Worker	2.18	2,100	4,578
	6.76		18,879

Indian Stream Health Center
FY19 (1.1.19 - 12.31.19)

	FQHC
Operating Revenue	
Gross Patient Revenue	$ 3,144,881
Less: Allowances and Discounts	(1,155,115)
Less: Bad Debt	(30,785)
Net Patient Revenue	$ 1,958,981
Pharmacy Revenue	1,425,971
Total Operating Revenue:	$ 3,384,952
Operating Expenses	
Salaries	$ 3,271,630
Benefits	722,565
Other	2,092,327
Total Operating Expenses:	$ 6,086,522
Operating Income:	$ (2,701,570)
Other Income (Expense)	
FQHC Grants	$ 2,675,733
Advertising	(13,657)
Rental Income	9,150
Total Other Income (Expense)	$ 2,671,226
NET INCOME	$ (30,344)
Medical Visits	11,388
Behaviroral Visits	2,483
Total Visits	13,871
Cost per Visit	
Direct Expenses *(less Pharmacy)*	$ 193.77
Fully Allocated Cost *(less Pharmacy)*	$ 380.99

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ISHC/UCVH Joint RHC Work Group Findings

Section IV: Medical Practice

- As a stand-alone unit, the Medical practice as an FQHC lost roughly $505K in 2019
  - The Medical practice had $3.8M in attributed revenue and $4.3M in fully allocated costs
- If UCVH owned and operated ISHC as a PB-RHC, the net position would have decreased due to:
  - Loss of 330 Grants
  - Different reimbursement methodology for PB-RHCs than FQHCs
- The Medical practice reported 4.58 FTEs among physicians and APPs with 11,388 visits which would not meet the RHC minimum productivity threshold

Provider Type	FTEs	Productivity Threshold	Minimum Productivity
Physicians	2.23	4,200	9,366
Physician Assistant	1.34	2,100	2,814
Nurse Practitioner	1.01	2,100	2,121
	4.58		14,301

Indian Stream Health Center - Medical Only
FY19 (1.1.19 - 12.31.19)

	FQHC
Operating Revenue	
Gross Patient Revenue	$ 2,581,927
Less: Allowances and Discounts	(948,342)
Less: Bad Debt	(25,274)
Net Patient Revenue	$ 1,608,311
Total Operating Revenue:	$ 1,608,311
Operating Expenses	
Salaries	$ 1,572,750
Benefits	455,998
Other	168,013
Total Operating Expenses:	$ 2,196,761
Operating Income:	$ (588,450)
Other Income (Expense)	
FQHC Grants	$ 2,196,759
Rental Income	9,150
Advertising	(11,212)
Overhead Allocation	(2,111,399)
Total Other Income (Expense)	$ 83,298
NET INCOME	$ (505,152)
Medical Visits	11,388
Cost per Visit	
Direct Expenses	$ 192.90
Fully Allocated Cost	$ 379.29

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ISHC/UCVH Joint RHC Work Group Findings

Section IV: Behavioral Practice

- As a stand-alone unit, the Behavioral practice as an FQHC lost roughly $136K in 2019
  - The Medical practice had $829K in attributed revenue and $965K in fully allocated costs
- If UCVH owned and operated ISHC as a PB-RHC, the net position would have decreased due to:
  - Loss of 330 Grants
  - Different reimbursement methodology for PB-RHCs than FQHCs
- The Medical practice reported 2.18 FTEs among physicians and APPs with 2,483 visits which would not meet the RHC minimum productivity threshold

Provider Type	FTEs	Productivity Threshold	Minimum Productivity
Physicians	-	4,200	-
Clinical Social Worker	2.18	2,100	4,578
	2.18		4,578

Indian Stream Health Center - Behavioral Only
FY19 (1.1.19 - 12.31.19)

		FQHC
Operating Revenue		
Gross Patient Revenue	$	562,954
Less: Allowances and Discounts		(206,773)
Less: Bad Debt		(5,511)
Net Patient Revenue	$	350,670
Total Operating Revenue:	$	350,670
Operating Expenses		
Salaries	$	321,457
Benefits		94,684
Other		74,842
Total Operating Expenses:	$	490,983
Operating Income:	$	(140,313)
Other Income (Expense)		
FQHC Grants	$	478,974
Rental Income		-
Advertising		(2,445)
Overhead Allocation		(471,904)
Total Other Income (Expense)	$	4,625
NET INCOME	$	(135,688)
Medical Visits		2,483
Cost per Visit		
Direct Expenses	$	197.74
Fully Allocated Cost	$	388.78

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ISHC/UCVH Joint RHC Work Group Findings

Section IV: Retail Pharmacy

- As a stand-alone unit, the Retail Pharmacy had a Net Income of $610K; however, the Net Income did not include an overhead allocation or other pharmacy expenses allocated to Medical practice per the Medicare Cost Report
  - If the Retail Pharmacy included an overhead allocation comparable to the practices and the other pharmacy costs, Net Income would have been reduced by $524K
    - Overhead Allocation: $281K
    - Other Pharmacy cost: $243K

Indian Stream Health Center - Retail Pharmacy Only FY19 (1.1.19 - 12.31.19)	
Operating Revenue	
Pharmacy Revenue	$ 1,425,971
Total Operating Revenue:	$ 1,425,971
Operating Expenses	
Salaries	$ 258,137
Benefits	57,012
Other	500,326
Total Operating Expenses:	$ 815,475
Operating Income:	$ 610,496
Other Income (Expense)	
Overhead Allocation	$ -
Total Other Income (Expense)	$ -
NET INCOME	$ 610,496

- If UCVH owned and operated the Retail Pharmacy, the pharmacy would be included as a Non-Reimbursable Cost Center for Medicare Cost Report purposes
- Pharmacy revenue (which includes retail and 340B revenue) appears to cover direct costs and the patient discounts
  - However, revenue would not be adequate to support operations if UCVH maintained the same expense structure seen at Indian Stream

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ISHC/UCVH Joint RHC Work Group Findings

Section IV: Financial Analysis: Summary & Conclusions

- FTEs:

	ISHC	UCVH/NCH RHC
Providers (Med & BH)	6.76	5.0
Support (includes Pharmacy)	43.04	15.0
Total:	49.80	20.0

NOTE: NCH administrative and managerial support will handle "back-office functions" with on-site care management, B.H., pharmacy and site management

- Cost/Visit:

ISHC	UCVH/NCH RHC
$381	<$180*

- Medicare All-inclusive Rate:

ISHC	UCVH/NCH RHC
$174	$175 - $180

- Pharmacy Discount: Pro forma development based on current NCH/UCVH RHC cost& productivity structure and overhead allocation points to a favorable patient subsidy from retail pharmacy operations – exact "match" of current ISHC discounts/subsidy at the pharmacy level is yet to be determined

  * Cost/visit under the RHC is being modeled. This may be high.

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Section V: LEGAL STRUCTURE CONSIDERATIONS

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ISHC/UCVH Joint RHC Work Group Findings

Section V: Legal Structure Considerations

- UCVH Legal Counsel Determination of Three Options Proposed:
  - **Asset Purchase:** UCVH Purchases Assets of ISHC – not the business practice – and ISHC closes
  - **Management Agreement:** UCVH Enters into a Management Agreement with ISHC during the wind-down phase
  - **Ownership Control Change:** UCVH assumes ownership control of the ISHC 501 (c)(3) corporation while ISHC simultaneously relinquishes its FQHC status

- NH AG Approval:
  - NH RSA 7:19-b would trigger review by the NH AG's Charitable Trust Unit under an Asset Purchase or Ownership Control Change
  - Management Agreement is not feasible since UCVH will be establishing a competing RHC simultaneous to this transaction

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ISHC/UCVH Joint RHC Work Group Findings

Section V: Legal Structure Considerations

- NH RSA 7:19-b:
  - Triggered when there is a change in control or asset transfer exceeding 25% of assets
  - Healthcare Charitable Trust: Charitable trust established which provides healthcare services – ISHC and UCVH meet this definition
  - Reasonable Public Notice: Notice to AG 180 days prior to transaction date;
    - AG then has this 180 day period to review (timeframe may be extended due to the Public Health Emergency)
    - Within the first 90 days, AG may request additional information including public comment
    - AG may also require public hearings

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ISHC/UCVH Joint RHC Work Group Findings

Section V: Legal Structure Considerations

- NH AG Strategy:
  - UCVH President & CEO and ISHC Board Chair to meet with Tom Donovan of the NH AG Charitable Trust Unit
  - Discuss options and timeline: Stressing that a decision to proceed with a transaction involving ISHC and UCVH has not been made – discussions only
  - Determine if there is a pathway forward with an abbreviated timeline: REASON: To minimize disruption and anxiety for patients in the Colebrook/Canaan, VT region

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ISHC/UCVH Joint RHC Work Group Findings

Section V: Legal Structure Considerations

- ISHC/UCVH Process with/without Consideration of AG Involvement:
  - Step 1: Board Decision: Both Boards need to decide if they want to proceed with converting ISHC to an RHC owned/operated by Weeks Medical Center d/b/a UCVH
  - Step 2: Legal Representation for each would guide the parties through the execution of a Merger & Acquisition Agreement, Letter of Intent and NH AG approval process

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QUESTIONS/COMMENTS

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