

Health Care Advocate Hospital Budget Guidance Questions FY2020:

1. Please provide by payer (Medicare, Medicaid, BCBSVT, TVHP, MVP, and Cigna):
 - a. Your budgeted net patient revenue (NPR) and proposed NPR change from FY2019.
 - b. The formula(s) you used to calculate your budgeted NPR, the definition of each variable in the formula(s), and the budgeted value of each variable for FY2020.
 - c. The average ratio of the payer's reimbursement rate to Medicare's reimbursement rate.

Refer to Reimbursement section of response to GMCB question 4.

2. Please delineate the hospital's financial performance and patient distribution by capitated business, fee for service business, and any other payment methodologies. (If you only have one type of business please state which type.)
 - a. Please indicate which entities the hospital has capitated or other alternative payment agreements with (e.g., insurer(s), ACO).

Refer to response to GMCB Question 2.

3. Please describe any initiatives that you have implemented to address the inadequate access to mental health treatment experienced by Vermonters.

Please see GMCB Question 2E

- a. What other avenues are you pursuing to address this crisis in a sustainable way?

Please see GMCB Question 2E

4. Please provide data on substance use treatment at your hospital, including:

a. The number of patients currently enrolled in medication-assisted treatment at your hospital,

Currently there are approximately 136 patients receiving MAT who are on Medicaid as reported by the Blueprint. BMH has a contractual relationship with the Brattleboro Retreat for Hub and Spoke Services.

b. The number of MAT providers employed by your hospital, and

In FY19 BMH employed five MAT providers. We recently hired an additional MAT provider who will start in FY2020.

c. Other avenues that you are pursuing to address this crisis in a sustainable way.

BMH hired a Behavioral Health Nurse Practitioner for the ED to work with our patients needing acute psychiatric care. BMH began a prescription-free Naloxone Distribution program from our ED. BMH is establishing a program for induction of MAT (Suboxone treatment) directly from our ED with referral to our Hub partner. BMH created an Opioid Use Task Force which is comprised of X-Waivered Providers working with the Medical Group to support appropriate opiate prescribing and set an ambitious goal of having no patients taking greater than 180MME per day by 2020, and none greater than 90MME by 2021. We plan to open another spoke program in Brattleboro in FY20.

5. Please provide the number of patient bed days attributable to patients awaiting placement in an appropriate Skilled Nursing Facility bed, and average bed days per patient, for:

a. FY2018, and

b. FY2019 to date.

<i>Year</i>	<i>Total Number of patients</i>	<i>Bed days waiting SNF placement</i>	<i>Lack of bed due to behavioral concerns</i>	<i>Lack of bed due to substance abuse</i>	<i>Lack of bed due to equipment/nursing needs at SNF</i>
<i>2018</i>	<i>14</i>	<i>87</i>	<i>6</i>	<i>59</i>	<i>0</i>
<i>2019 to date</i>	<i>8</i>	<i>150</i>	<i>34</i>	<i>12</i>	<i>15</i>

6. Please provide the hospital's per unit profit margin on each 340B drug dispensed and the number of units of each drug dispensed.

This information is not available. Furthermore, information with this granularity would be subject to too many assumptions to be reliable. Overall the 340B program is estimated to have a \$3.2M impact on our operating margin in 2020. Our drug costs are lower by an estimated \$1.5M when we can buy drugs at 340b cost. Other operating revenue from the contracted retail pharmacies are expected to represent \$1.7M in FY2020.

7. Please describe any changes to the hospital's shared-decision making programs. a. For any new initiatives, please describe the initiative(s), which departments participate, how you chose which departments participate, and how you plan to identify cost savings and quality improvement.

BMH has not chosen to purchase any of the Shared Decision Making Programs, but continues to work with clinicians on this concept, particularly with the issue of opiate use. BMH has several new initiatives in this arena:

BMH created an Opioid Use Task Force comprised of X-Waivered Providers to support appropriate opiate prescribing by our Medical Staff. We have set an ambitious goal of having no patients taking greater than 180MME per day by 2020, and none greater than 90MME by 2021. This Task Force encourages provider and patient engagement with shared decision making on this issue, and provides consultations and resources for this work.

BMH is beginning to prescribe MAT therapy from our Emergency Department. This treatment requires patient involvement in decision making to be initiated. These treatment starts will be tracked by the Emergency Department and adjustments made to our practice as the program progresses with quarterly evaluation by the team.

BMH has begun providing free naloxone without prescription directly from our Emergency Department. This lifesaving treatment is given on request to those who feel they may need it for themselves, their family or friends. This treatment is offered on a completely voluntary basis, although we request a public health survey form be filled out, it is not a requirement for receipt of the medication. The question of efficacy is overseen by the ED Director, the Director of Pharmacy and the CMO.

BMH also started in FY19, a Medical Group Quality Committee, focused on quality health outcomes. This is a composed of Physicians who review quality scores and identify areas requiring clinical quality improvement. The measures are determined based on federal, local and ACO level initiatives.

8. Please provide copies of your financial assistance policy, application, and plain language summary (noting any changes from your last submission).

See uploaded financial assistance policy, application, and plain language summary. There have been no changes since last year

- a. Please provide detailed information about the ways in which these three items can be obtained by patients, including links if they are available online.
Individuals may initiate financial assistant application process by contacting the BMH community resource liaison by one of the following methods

- *By telephone – (802)251-8814 (fax) (802) 251-8465*
- *In person: Stop at the front desk of the hospital or any one of the medical group practices and inquire with the receptionist regarding applying for financial assistance. A list of addresses for the hospital and medical practices are attached to this policy.*
- *By mail: Please send a request to apply for Financial Assistance to the Community Resource Liaison at the following address:*
 - Community Resource Liaison*
 - Brattleboro Memorial Hospital*
 - 17 Belmont Avenue*
 - Brattleboro, Vermont 05301*
- *Online – www.bmhvt.org*

- b. Please provide the following data by year, 2014 to 2019 (to date):
- i. Number of people who were screened for financial assistance eligibility,
 - ii. Number of people who applied for financial assistance,
 - iii. Number of people who were granted financial assistance by level of financial assistance received,
 - iv. Number of people who were denied financial assistance by reason for denial.

v. Percentage of your patient population who received financial assistance.

	FY2014	FY2015	FY2016	FY2017	FY2018	FY2019 to date
<i>Applied</i>	359	209	271	274	337	245
<i>Granted 100%</i>	305	162	204	233	262	190
<i>Granted sliding scale</i>	41	32	63	37	67	53
<i>Denied</i>	13	15	4	4	8	2
<u>Reason for Denial:</u>						
<i>Over Income</i>	10	9	4	3	6	2
<i>Too many assets</i>	1	0	0	1	1	0
<i>Will not apply for Medi</i>	0	2	0	0	0	0
<i>Incomplete application</i>	2	0	0	0	1	0
<i>Other</i>	0	4	0	0	0	0
	13	15	4	4	8	2

c. Please provide the statistics and analyses you relied on to determine the qualification criteria, including any geographic restrictions, and the amount of assistance provided under your current financial assistance program. For example, analysis of financial need in the community and analysis of how much people can afford to pay.

See uploaded financial assistance policy, application, and plain language summary. There have been no changes since last year.

9. For the hospital's inpatient services, please provide your total discharges, case mix adjusted discharges, all payer case mix index, and average cost per case mix adjusted discharge for 2014 (actual) through the present (2019 budget and projected) and 2020 (budget).

	<i>FY2020</i>	<i>FY2019</i>	<i>FY2018</i>	<i>FY2017</i>	<i>FY2016</i>	<i>FY2015</i>	<i>FY2014</i>
	<i>Budget</i>	<i>Projected</i>	<i>Actual</i>	<i>Actual</i>	<i>Actual</i>	<i>Actual</i>	<i>Actual</i>
<i>Total Discharges</i>	<i>2,005</i>	<i>1,843</i>	<i>2,017</i>	<i>1,969</i>	<i>1,930</i>	<i>1,920</i>	<i>1,884</i>
<i>Case mix</i>	<i>1.28</i>	<i>1.23</i>	<i>1.22</i>	<i>1.15</i>	<i>1.23</i>	<i>1.14</i>	<i>1.14</i>
<i>case mix adjusted discharges</i>	<i>2,566</i>	<i>2,264</i>	<i>2,460</i>	<i>2,264</i>	<i>2,366</i>	<i>2,189</i>	<i>2,148</i>
<i>avg cost per case mix adjusted discharg</i>	<i>8,673</i>	<i>8,329</i>	<i>7,680</i>	<i>7,550</i>	<i>6,350</i>	<i>6,500</i>	<i>6,571</i>

10. Last year the Board's hospital budget orders instructed hospitals to negotiate with insurers rather than seeing the Board's approval as a specific set rate. Please describe how you implemented this directive.

- **We have contracted with Helms and Company out of Concord NH, to assist in contract negotiations. They are widely known in New England for this service, are very knowledgeable of all Insurance companies in this region that offer Health Care Coverage. We have not had a new contract come up for negotiations yet this year, but will have one in the last calendar quarter of 2019.**

a. What average commercial rate increase did you implement for FY2019?

- **The average commercial rate increase budgeted for FY2019 was 3.9%**

b. What commercial rate increase did you get from each commercial payer (BCBSVT, TVHP, MVP, Cigna)?

- **Per our contracts with each vendor, we are restricted from making the financial elements in the contract public. If we do, we are in violation of our contract and could lead to cancellation of the agreement.**