



## Health Care Advocate FY2023 Hospital Budget Questions

### 1. Hospital Financial Assistance and Bad Debt during COVID-19

a. *Please provide the following updates since last year's hospital budget process:*

- i. How have you changed your official or unofficial patient financial assistance policies and/or procedures?

**BMH has not changed its official patient financial assistance policies or procedures.**

- ii. How has your handling of patient collections changed?

**See above**

- iii. Please estimate the most recent quarter when you reviewed whether your free care policy documents (full policy, plain language summary, application, etc.) align.

b. Collecting on Patient debt:

- i. If a patient is overcharged, please explain your ability to correct a bill once the collection agency is involved.

**BMH has the ability to call back any debt that is sent to a collection agency to rectify any issue.**

- ii. Do you inform patients when patient balances owed are written off as bad debt?  
(1) Q4 FY2020 and Q1-Q3 FY2021 and (2) Q4 FY2021 and Q1-Q3 FY2022?

**(1) No**

**(2) No until Q3 2022 then yes**

What is the total dollar amount of bills sent to collection agencies during the following timespans: (1) Q4 FY2020 and Q1-Q3 FY2021 and (2) Q4 FY2021 and Q1-Q3 FY2022?

(1) 1 – zero due to Covid

(2) 2 – zero until Q3 2022 which is 350,000 beginning month of March through end of Q3.

c. Please provide the FY2021 actual and FY2022 projected bad debt by whether the patient who accrued the debt was insured or uninsured. Please split the insured category by whether the patient's primary insurance is Medicaid, Medicare, or a commercial plan.

**We do not currently have this data broken down to this level**

## 2. Medicaid Screening Processes

### a. Emergency Medicaid

i. If your organization has written policies regarding screening for emergency Medicaid under HBEE Rule 1702(d),<sup>1</sup> please provide them.

**BMH does not have written policies regarding screening for emergency Medicaid.**

ii. For Q1-Q3 of FY 2022, please provide the number of facility patients screened for emergency Medicaid and the number of facility patients who received emergency Medicaid.

**BMH does not track emergency Medicaid requests.**

iii. For Q1-Q3 of FY 2022, please provide the number of labor and delivery patients screened for Medicaid and the number of labor and delivery patients who were covered by emergency Medicaid.

**BMH does not track these numbers.**

iv. If your organization has outreach materials on the application process and eligibility criteria Emergency Medicaid, please provide them. Please explain how your patients can access these materials and list the languages that the materials have been translated into.

**BMH does not have outreach materials for Emergency Medicaid.**

### b. Deemed Newborns<sup>1</sup>

i. If your organization has written policies regarding screening newborns for Medicaid, please provide them.

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<sup>1</sup> Deemed newborns are children who were born to Medicaid recipient. In accordance with 42 C.F.R. § 435.117 and HBEE 9.03 (b) (2) (i), these individuals are automatically enrolled in Medicaid without an additional application.

**BMH does not have written policies for screening newborns for Medicaid. The workflow is that our Navigator is notified and meets with the parents of the newborn to assist them with enrollment.**

ii. For Q1-Q3 of FY 2022, please provide the number of newborns screened for Medicaid without an application and the number of those newborns who received Medicaid.

c. Since the passage of “H. 430/Act No. 48 An act relating to eligibility for Dr. Dynasaur-like coverage for all income-eligible children and pregnant individuals regardless of immigration status,”<sup>3</sup> what steps have you taken to prepare for the implementation? Do you have outreach materials, and if so, what languages are they translated into? If you have such materials, please provide them.

We have not reached out for coverage related to income-eligible and pregnant individuals; however, we do offer financial assistance to new mothers as inpatients and through our Financial Assistance outreach.

We have all of our services listed in our patient-facing documents with most common foreign languages and in alignment for our refugee populations (Afghanistan and Ukrainian). We offer interpretation services for any languages not listed in our most common language listings.

### **3. Health Equity**

**a. Please provide examples of any policies, procedures, and initiatives that your hospital has undertaken, or plans to undertake, to address systemic racism within your institution and community.**

**b. If you have a funded DEI / Racial Equity position or DEI committee at the hospital, what are their primary roles and responsibilities? How is this position empowered and supported within the hospital? If you do not have this type of position, are you planning to create one? What obstacles are preventing you from creating this type of position?**

We have a full-time leader for justice, equity diversity and inclusion in our budget. We have a steering committee to lead the journey.

**c. Please describe the process for how your hospital handles patient complaints related to discrimination.**

The process for handling complaints related to discrimination is facilitated by BMH’s Director of Patient and Family Experience. The Director will first meet with the patient/family and document the details of the complaint. Information about the complaint is then shared with members of the BMH Senior Leadership Team along with the Hospital’s Director of Diversity, Equity and Inclusion and the Director of Risk/Compliance Officer. The Director of Patient Family Experience leads the

investigation and includes appropriate leaders in the review. Outside agencies are notified and/or consulted as appropriate.

**d. How much funding in your current and future budgets has been allocated to DEI and/or racial equity focused projects, trainings, or collaborations?**

Roughly \$200,000

**e. What percentage of staff and administrative leadership have received training in language access needs, implicit bias, and cultural competency? Does this vary significantly by job category?**

This is an annual requirement for all employees.

**f. Are patient satisfaction surveys given in languages other than English? In what languages is the survey available? Is race/ethnicity data collected as a part of these surveys?**

**BMH Patient satisfaction surveys are currently available in English and Spanish. Our survey vendor presently has the capability to add the following languages: Russian, Vietnamese, Chinese, Portuguese, Hmong, Mandarin, Haitian-Creole, Khmer, Arabic, Marshallese, French, Cantonese, German, Polish, and Urdu.**

**g. Please discuss any analyses or tracking your hospital conducts or is considering conducting regarding access to care, care efficacy, or satisfaction among vulnerable populations including, *but not limited to,***

**BMH's new CEO has prioritized issues related to disparities in care related to vulnerable populations. Plans are underway to improve our tracking and analysis of data as outlined below. These processes will assist in identifying disparities in care and planning initiatives for quality improvement. In addition to BMH's quality Department, our Director of Community Initiatives will be involved in the analysis and planning related to remedying disparities in care.**

**i. patients whose primary language is not English,**

Our Electronic Health Record, allows us to track data related to patients whose primary language is not English. We analyze this data on a quarterly basis as it relates to outpatients.

**ii. BIPOC patients,**

Through our HER and patient satisfaction surveys, BMH tracks demographic information as well as data related to vulnerable populations, including BIPOC patients. We report and analyze HER demographic information on a quarterly basis as it relates to outpatients. All patient demographic information from BIPOC patients is from our satisfaction surveys is also reported and analyzed on an ad hoc basis.

**iii. patients with no or intermittent broadband and/or cellular telephone service, and  
We are not currently able to capture this information.**

**iv. patients who are not U.S. citizens.**  
We are not currently able to capture this information.

**h. Discuss how you utilize health disparities data to inform hospital policies and procedures .**

#### **4. Contingency Planning**

**a. Please provide a high-level contingency plan detailing how your hospital would amend its business strategy if the Board reduced or denied your charge request.**

This would depend on the magnitude of the reduction in request.