



## Health Care Advocate FY2022 Hospital Budget Questions

### 1. Reimbursement Ratio Relative to Standardized Medicare Reimbursement<sup>1</sup>

Please complete the table below regarding actual reimbursement rate relative to Medicare reimbursement rate by payer category for FY2021 (Q1-Q3).

**This is not information that BMH calculates.**

	Ratio of Inpatient Reimbursement to Medicare Inpatient Reimbursement, Standardized by MS-DRG Relative Weights	Ratio of Outpatient Reimbursement to Medicare Outpatient Reimbursement, Standardized by APC Relative Weights
Medicare	1	1
Medicaid		
Commercial		

To the extent that your organization tracks the information by commercial payer, please complete the table below for FY 2021 (Q1-Q3).<sup>2</sup>

**This is not information that BMH tracks.**

	Ratio of Inpatient Reimbursement to Medicare Inpatient Reimbursement, Standardized by MS-DRG Relative Weights	Ratio of Outpatient Reimbursement to Medicare Outpatient Reimbursement, Standardized by APC Relative Weights
BCBSVT		
TVHP		
MVP		
Cigna		

<sup>1</sup> The HCA has agreed to consider minor adjustments to the data requests in this question. Any updates will be provided to the hospitals as soon as possible and no later than May 1, 2021.

<sup>2</sup> In light of CMS mandates requiring hospitals to publicly disclose prices by commercial payer, we do not expect that commercial payer contracts limit such disclosure.

2. **Hospital Financial Assistance and Bad Debt during COVID-19**

- a. In our questions posed during last year's hospital budget guidance, the HCA asked you to report changes related to financial assistance and collections as a result of Covid-19. *Please provide the following updates from the time of your response in 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. Starting April 1, 2020 we suspended sending anyone to collections. We have recently resumed this practice.**

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

**See above**

- b. Do you work with collection agencies? If yes:

- i. Do you sell patient debt to collection agencies? If you do not sell patient debt to collection agencies, please explain how you work collection agencies to collect patient debt.

**BMH does not sell patient debt to collection agencies. BMH contracts with collection agencies to reach out to patients to try and collect their debt.**

- ii. 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.**

- iii. How many patients had bills that you sent to collection agencies during the following timespans: (1) Q4 FY2019 and Q1-Q3 FY2020 and (2) Q4 FY2020 and Q1-Q3 FY2021?

**(1) 715**

**(2) 306**

- iv. What is the total dollar amount of bills sent to collection agencies during the following timespans: (1) Q4 FY2019 and Q1-Q3 FY2020 and (2) Q4 FY2020 and Q1-Q3 FY2021?

**(1) \$411,339**

**(2) \$240,154**

### 3. Medicaid Screening Processes

#### a. Emergency Medicaid

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

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

- ii. For Q1-Q3 of FY 2021, 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 2021, 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>3</sup>

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

**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 2021, please provide the number of newborns screened for Medicaid without an application and the number of those newborns who received Medicaid.

**BMH assisted with 12 families with Newborn Medicaid during this time period.**

4. 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*,

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<sup>3</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.

**Other than the standard optional questions of race and ethnicity and other than standard demographic information, BMH does not specifically track the items below.**

- a. patients whose primary language is not English,
- b. BIPOC patients,
- c. patients with no or intermittent broadband and/or cellular telephone service, and
- d. patients who are not U.S. citizens.

Thank you for the important work that you do every day for Vermonters. Please do not hesitate to reach out to the HCA at [hcapolicystaff@vtlegalaid.org](mailto:hcapolicystaff@vtlegalaid.org) if you have any questions or concerns regarding our information requests. We are happy to work with you to alleviate any confusion and to ensure that our requests do not create unreasonable burdens for the hospitals.