



Vermont Legal Aid, Inc.
Office of the Health Care Advocate FY2023 Hospital Budget Guidance 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? **Yes, we have increased our financial assistance to 350% of Poverty Guidelines and now offer 3 levels 250%=100% financial assistance; 300%=75% and 350%=50%.**
 - ii. How has your handling of patient collections changed? **Our Patient Resource Advocate now places a final call for balances about to go to collections to offer Financial Assistance and/or a payment plan in addition to the calls made earlier in the process.**
 - iii. Please estimate the most recent quarter when you reviewed whether your free care policy documents (full policy, plain language summary, application, etc.) align. **In Quarter 2, 2/22/2022, the free care policy documents were reviewed and revised.**

b. Collecting on patient debt:

- i. If a patient is overcharged, please explain your ability to correct a bill once the collection process has begun. **If there is an error in the bill, we remove the bill from collections, make the correction, return the account to good standing and the statement dunning cycle starts over. The patient has 6 statement cycles to make a payment.**
- ii. Do you inform patients when patient balances owed are written off as bad debt? **No, however we do notify the patient on the final statement that the account will be going to collections if no payment is received within 30 days.**
- iii. How many patients had bills that you sent to a third party to collect the debt during the following timespans: (1) Q4 FY2020 and Q1-Q3 FY2021 and (2) Q4 FY2021 and Q1-Q3 FY2022?

Question 1.b.iii.	Total Patients		Total Patients
Q4 2020	375	Q4 2021	365
Q1 2021	267	Q1 2022	379
Q2 2021	296	Q2 2022	280
Q3 2021	202	Q3 2022	205
Totals	1140	Totals	1229

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

Question 1.b.iv.	Total Adjustments		Total Adjustments
Q4 2020	\$179,922.56	Q4 2021	\$222,351.41
Q1 2021	\$180,487.73	Q1 2022	\$299,302.90
Q2 2021	\$182,975.40	Q2 2022	\$124,042.92
Q3 2021	\$131,790.60	Q3 2022	\$75,039.31
Totals	\$675,176.29	Totals	\$720,736.54

- 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.

Self-Pay	Total Adjustments		Total Adjustments
Q4 2020	\$62,686.21	Q4 2021	\$81,556.79
Q1 2021	\$70,202.81	Q1 2022	\$125,887.30
Q2 2021	\$78,422.41	Q2 2022	\$47,913.70
Q3 2021	\$41,250.30	Q3 2022 (Projected)	\$85,119.26
Totals	\$252,561.73	Totals	\$340,477.05

Medicaid	Total Adjustments		Total Adjustments
Q4 2020	\$141.00	Q4 2021	\$757.65
Q1 2021	\$827.01	Q1 2022	\$12,777.67
Q2 2021	\$1,886.03	Q2 2022	\$2,328.30
Q3 2021	\$6.00	Q3 2022 (Projected)	\$5,287.87
Totals	\$2,860.04	Totals	\$21,151.49

Medicare	Total Adjustments		Total Adjustments
Q4 2020	\$32,703.37	Q4 2021	\$31,017.47
Q1 2021	\$22,359.63	Q1 2022	\$43,423.47
Q2 2021	\$36,818.55	Q2 2022	\$15,265.88
Q3 2021	\$13,629.45	Q3 2022 Projected)	\$29,902.27
Totals	\$105,511.00	Totals	\$119,609.09

Commercial	Total Adjustments		Total Adjustments
Q4 2020	\$84,391.98	Q4 2021	\$109,019.50
Q1 2021	\$87,098.28	Q1 2022	\$117,214.50
Q2 2021	\$65,848.41	Q2 2022	\$58,535.04
Q3 2021	\$76,904.80	Q3 2022 (Projected)	\$94,923.01
Totals	\$314,243.47	Totals	\$379,692.05

2. Medicaid Screening Processes

a. Emergency Medicaid

- i. If your organization has written policies regarding screening for emergency Medicaid under HBEE Rule 1702(d),¹ please provide them. **N/A. Our facility does not have any written policies.**
- 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. **None.**
- iii. For Q1-Q3 of FY 2022, please provide the number of labor and delivery patients screened for emergency Medicaid and the number of labor and delivery patients who were covered by emergency Medicaid. **None, we do not provider labor and delivery services.**
- iv. If your organization has outreach materials on the application process and eligibility criteria for Emergency Medicaid, please provide them. Please explain how your patients can access these materials and list the languages into which the materials have been translated. **N/A.**

b. Deemed Newborns²

- i. If your organization has written policies regarding screening newborns for Medicaid in line with HBEE rule 9.03(b), please provide them. **N/A.**
 - 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. **N/A.**
- 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,”³ what steps have you taken to prepare for the implementation? **We do not provide maternal health.** If a patient is uninsured, they are referred to a financial counselor despite of immigration status. Do you have outreach materials, and if so, what languages are they translated into? **We do not have outreach materials.** If you have such materials, please provide them.

¹ [“Health Benefits Eligibility and Enrollment Rules.”](#) *State of Vermont.* 2021

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. **Grace Cottage has revised our policies and procedures to align with standards provided with the Human Rights Campaign (HRC). Grace Cottage participated fully with HRC's Health Equality Index (HEI), earning a 95, a score matched only by one other hospital (White River Junction VA) in VT and NH.**
- 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 created an Equity Committee in 2019. In addition to a volunteer chair and members, there is a coordinator whose role is paid as part of duties as staff educator. The staff educator duties include organizing Equity Committee meeting, recording of minutes, organizing Equity education, tabulating education hours, assists in public education, updates the intranet and internet regarding Equity issues.**
- c. Please describe the process for how your hospital handles patient complaints related to discrimination. **These are forwarded to the Quality Department for investigation. All patient complaints are filed through our occurrence reporting system. They are assigned to the Director of the department for follow up and are not closed until they are investigated and resolved. All patient complaints are discussed in the Quality Committee and recorded in minutes that are sent to the Board of Directors.**
- d. How much funding in your current and future budgets has been allocated to DEI and/or racial equity focused projects, trainings, or collaborations? **FY23 budget includes \$4,000 for training and \$2,000 for activities. No specific amount was budgeted for FY22, however educational sessions and awareness activities occurred throughout the year.**
- 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? **100% of Administrative Leadership staff and approximately 50% of clinical staff has completed education in these areas.**
- f. Are patient satisfaction surveys given in languages other than English? **Our patient satisfaction surveys are not available in languages other than English. In what languages is the survey available? Our patient satisfaction surveys are available in English. Is race/ethnicity data collected as a part of these surveys? Yes, it is captured on Press Ganey Surveys.**

- 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*,
- i. patients whose primary language is not English. We routinely capture language data but not real targeted analysis, except where needed for specific projects.
 - ii. BIPOC patients. We routinely capture BIPOC data but not real targeted analysis, except where needed for specific projects.
 - iii. patients with no or intermittent broadband and/or cellular telephone service. We do not capture broadband/telephone service data.
 - iv. patients who are not U.S. citizens. We do not specifically ask about citizenship.
- h. Discuss how you utilize health disparities data to inform hospital policies and procedures. All patients receiving care at Grace Cottage are treated the same and are afforded the same talented providers and have access to the highest level of care. There are no formal health disparities data collection processes in place at Grace Cottage.

We have formed an Equity Committee at Grace Cottage which, through its hard work, allowed us to receive organizational status as a 2022 LGBTQ+ Healthcare Equality Top Performer with a score of 95. Top Performer status is awarded to healthcare facilities that attained a score of at least 80 (and met minimum requirements in each of the 4 criteria) in the Healthcare Equality Index (HEI) 2022, administered by the Human Rights Campaign Foundation (HRC).

Grace Cottage has also embarked on a formal age-friendly initiative for geriatric patients. This project focuses on identifying age-related patient goals and developing care plans that address the specific outcomes identified by each patient as being the most important.

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. Grace Cottage has requested a minimal increase in its commercial charge schedule. We have not formally considered the possibility that our request will be denied, however, that alternative would result in us having to analyze the net impact of that denial and whether other actions would be required (such as reducing services that are non-revenue generating).

³ Deemed newborns are children who were born to a 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. [“Act No. 48 – As Enacted.”](#) 2021.