



Gifford Medical Center

44 South Main Street, P.O. 2000 • Randolph, Vermont 05060
802-728-7000 • fax 802-728-4245 • giffordhealthcare.org

To: Michael Fisher, Chief Health Care Advocate, Vermont Legal Aid, Office of the
Healthcare Advocate

From: Daniel Bennett, Chief Executive Officer
Jennifer Bertrand, Chief Financial Officer

Date: July 1, 2022

Subject: Gifford Medical Center Responses to HCA Questions, Fiscal Year 2023

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

a. Update:

- i. We have not made changes to our patient financial assistance policy with regard to concessions during the pandemic.
- ii. Our handling of patient collections has not changed as Gifford has always been sensitive to the patient's needs when it comes to lack of employment, whether temporary or permanent and a loss of income. We did however, put more accounts on a 30 day hold while patients worked through financial challenges. We also worked with patients through payment plans, deferring of current payment plans and offering of our Financial Aid application.
- iii. Our free care policy documents are reviewed annually in the first quarter of the calendar year to ensure our poverty level guidelines were updated appropriately.

b. Collecting on patient debt:

- i. Prior to accounts being sent to collections, we would have already been able to address any disputes or needed corrections to the patient's bill. In the rare event, that an account somehow is sent to collections needing an adjustment, that can be addressed and rectified at any time.
- ii. In compliance with 501r guidelines, all patients are informed of when their account is being sent to collections. When accounts are returned from collections, patients are not notified; however, they will no longer receive notices regarding that debt due to the fact it has been dissolved.
- iii. Number of patients with bills sent to collections:
Quarter 4 FY 2020 – 1,092; Quarter 1-Quarter 3 FY 2021 – 2,832;
Quarter 4 FY 2021 – 1,102; Quarter 1-Quarter 3 FY 2022 – 3,139.
- iv. Value of bills sent to collections:
Quarter 4 FY 2020 – \$767,138; Quarter 1-Quarter 3 FY 2021 – \$1,855,981;
Quarter 4 FY 2021 – \$724,725; Quarter 1-Quarter 3 FY 2022 – \$2,133,538.

c. Bad Debt:

Currently, at this time we are unable to provide this information. With our new EMR implementation we could identify the accounts that are sent and returned from collections.

2. Medicaid Screening Process

a. Emergency Medicaid:

- i. We do not have a policy at this time and it would be a rare occurrence where this would take place. However, patients who are without insurance are screened and referred to our Health Connection Counselor for assistance, inclusive of Medicaid and financial assistance.
- ii. There have not been any patients screened or have received emergency Medicaid for the first three quarters of the 2022 fiscal year.
- iii. All patients are screened for insurance. Those who are not currently insured will be referred to our Health Connection Counselor for assistance and all insurance options will be explored.
- iv. We do not have materials at this time; however, if the need arose our Health Connection Counselor would assist the patient with the enrollment.

b. Deemed Newborns:

- i. While there is not a written policy at this time, it is our practice to screen all newborns of Medicaid moms and assist or refer them to report the birth of their baby. We also try to ensure all mothers are provided information regarding Dr. Dinosaur.
- ii. GMC's Health Connection counselor tracks the births of Medicaid mothers and assists with or confirms the enrollment of the newborn in the Medicaid program. Year to date 17 of the 49 births have been assisted through this process.

- c.** We have already participated in a grant that provided coverage for all income eligible children and pregnant individuals regardless of immigration status. This has allowed us to establish processes to identify these patients and put them in contact with our Health Connections Counselor to assist them through the process. Our Health Connections Counselor is prepared to assist with both emergency Medicaid applications and IHIP as needed.

3. Health Equity

- a. Gifford has established an "inclusivity" group to ensure our organization is welcoming and safe for all community members. This group's workplan includes a number of initiatives it will pursue in the coming year, including inclusive bathroom signage, interpreting services, gender pronoun training, preferred name training, providing access to mental health first aid training, de-escalation training, and including information in publicly accessible clinician biographies identifying clinicians who provide gender affirming care.
- b. Gifford does not have a DEI position. We do provide opportunities for providers and staff members to participate in our inclusivity group. We do not currently have plans to

establish a stand-alone position at this point given financial constraints, but are utilizing resources available to us through our trade associations to support our activities.

- c. Gifford encourages patients and families to share compliments or suggestions for improvement. This helps us to address concerns with any of our services so we can improve the quality of care we give our patients. It is the responsibility of all staff to be alert to patient concerns and to take immediate action to recognize and resolve those concerns.

Patients are informed of the complaint process and procedure on admission and through postings in patient care areas. Employees or Medical Staff members who receive a complaint from a patient or visitor have the responsibility to resolve or attempt to resolve the issue in a timely manner. If the staff member is unable to independently resolve the issue, they will involve their supervisor/manager. If the supervisor/manager do not have the resources or answers that the complainant needs, the department manager will contact the Patient Relations department.

The Patient Relations staff will document and manage the complaint while collaborating with the department to best address and resolve the issue. The complaint is logged in Gifford's event reporting system. The team will collaborate in developing systems/processes to assure patient satisfaction and complainants are informed (verbally or in writing) of the response to their concern. A record of the complaint/concern and any follow-up action will be maintained.

Presentation of concerns by a patient or family member will not compromise future access to care for the individual or individuals involved. All concerns are treated as confidential information.

- d. Gifford's DEI-related expenses consist of staff time spent on these initiatives. We have not tracked the time employees have spent specifically on DEI initiatives. However, participation in our inclusivity group would count as a qualified activity towards our provider citizenship incentive for the current fiscal year and forward.
- e. We have not specifically tracked the amount of training employees have received in these areas.
- f. Gifford contracts with a vendor that uses a mailed survey, which is in English. HCAHPS surveys include questions on grade level, race, ethnicity, and language spoken at home.
- g. Gifford Medical Center works closely with our parent organization, Gifford Health Care (GHC) – a HRSA designated federally qualified health center, on a number of initiatives regarding access to care for vulnerable populations. Many of the HCA questions contained within this question are required elements of our HRSA FQHC regulations.
 - i. GHC maintains a policy to ensure access for persons with Limited English Proficiency (LEP). This includes identifying LEP persons through our registration process, offering and obtaining interpretation services, offering written translation of documents, and monitoring of language needs. We report data on persons with a preferred language other than English and number of patients

requiring translator services through GHC's Patient Centered Medical Home reporting.

- ii. Our FQHC Uniform Data Set (UDS) requires us to gather race and ethnicity demographic information and to report select clinical measures based on race and ethnicity. We report this information annually. We also have incorporated race and ethnicity data to comply with various governmental COVID-19 reporting requirements.
 - iii. We currently have no organized method to collect patient broadband or cellular service.
 - iv. While we do not track U.S. citizenship specifically, we track two related questions through a standardized social determinants of health tool called PRAPARE, which was developed by the National Association of Community Health Centers (NACHC) and other partners. The two questions are: "Are you a refugee?" and "What country are you from?". GHC utilizes a PRAPARE template within its electronic health record to document responses in structured data fields to enable reporting.
- h.** Gifford utilizes data included, but not limited to, languages spoken by patients, status as migrant workers, food security, in addition to those noted in the prior section. These data inform our procedures to provide access to potential needs for the populations we serve and relationships with local food shelves, interpretation services, among other services.

4. Contingency Planning

- a.** If Gifford's charge request was reduced or denied by the Board, Gifford would review all possible avenues to address the reduction and develop a contingency plan. What both COVID and being a small rural hospital has engrained in us, is that contingency planning is inevitable at some point. However, any contingency plan that would have to be implemented would most likely negatively impact the hospital and its patients.