



Gifford Medical Center

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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, 2021

Subject: Gifford Medical Center Responses to HCA Questions, Fiscal Year 2022

1. Reimbursement Ratio Relative to Standardized Medicare Reimbursement

We are unable to provide this information as Critical Access Hospitals are not reimbursed based on APCs, nor for most payors on a DRG basis.

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

a. Update:

- i. No, we have not made changes to our patient financial assistance policy due to Covid-19. However, we did update our policy and application effective March 15, 2020.
- 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.

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

- i. No, we do not sell debt to collection agencies.
- ii. We have direct relationships with our collection agencies and work very closely with them to resolve any inconsistencies in billing. Corrections can be addressed easily by calling the account back from collections.
- iii. Quarter 4 FY 2019 – 1,430; Quarter 1-Quarter 3 FY 2020 – 3,446; Quarter 4 FY 2020 – 1,092; Quarter 1-Quarter 3 FY 2021 – 2,832.
- iv. Quarter 4 FY 2019 – \$763,584; Quarter 1-Quarter 3 FY 2020 – \$2,411,095; Quarter 4 FY 2020 – \$767,138; Quarter 1-Quarter 3 FY 2021 – \$1,855,981.

3. 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 2021 fiscal year.
- iii. All patients are screened for insurance. Those who do 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 43 of the 50 births have been assisted through this process.

4. Access to Care, Care Efficacy

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.

- a. 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.
- b. 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.
- c. We currently have no organized method to collect patient broadband or cellular service.
- d. 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.