



**VT Legal aid, Inc., Office of the Health Care Advocate
FY2022 Hospital Budge Guidance Questions**

1. Reimbursement Ratio Relative to Standardized Medicare Reimbursement¹

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

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		
Medicaid		
Commercial		

As a Critical Access Hospital (CAH), Grace Cottage Family Health & Hospital is not paid based on MS-DRG or APC Relative Weights, and therefore, does not track reimbursements accordingly.

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

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		

As indicated above, Grace Cottage does not track reimbursements this way.

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? **No changes have been made.**
 - ii. How has your handling of patient collections changed? **No process changes.**
- 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. **We do not sell patient debt; the collection agency receives a percentage of what they collect.**
 - ii. If a patient is overcharged, please explain your ability to correct a bill once the collection agency is involved. **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.**
 - 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?

	Total MRN's		Total MRN's
Q4 2019	495	Q4 2020	376
Q1 2020	339	Q1 2021	263
Q2 2020	326	Q2 2021	291
Q3 2020	393	Q3 2021	181
Total	1076	Total	812

- 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?

	Total Adjustments		Total Adjustments
Q4 2019	\$310,873.22	Q4 2020	\$188,970.20
Q1 2020	\$174,094.27	Q1 2021	\$180,005.08
Q2 2020	\$172,099.34	Q2 2021	\$170,751.48
Q3 2020	\$261,918.24	Q3 2021	\$108,283.18
Total	\$918,985.07	Total	\$648,009.94

3. Medicaid Screening Processes

a. Emergency Medicaid

- i. If your organization has written policies regarding screening for emergency Medicaid, please provide them. **Our facility does not have any written policies.**
- 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. **None.**
- 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. **N/A we do not have any obstetrics at our facility.**
- 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. **N/A.**

b. Deemed Newborns ³

- i. If your organization has written policies regarding screening newborns for Medicaid, please provide them. **N/A we don't provide labor and delivery.**
- 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. **None.**

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*,

- 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.

We do not currently track any of the populations (a.-d.) listed. Not only is there a very limited number of these populations in our service area, but Grace Cottage provides care to all, regardless of their ability to pay and financial assistance is available to eligible patients.