

VERMONT LEGAL AID, INC.

OFFICE OF THE HEALTH CARE ADVOCATE

264 NORTH WINOOSKI AVE. - P.O. BOX 1367

BURLINGTON, VERMONT 05402

(800) 917-7787 (TOLL FREE HOTLINE)

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OFFICES:

BURLINGTON
RUTLAND
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MONTPELIER
SPRINGFIELD

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 | 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).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 | | |

(continued)

¹ 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.

² 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.

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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?
 - ii. How has your handling of patient collections changed?
- 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.
 - ii. If a patient is overcharged, please explain your ability to correct a bill once the collection agency is involved.
 - 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?
 - 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?

3. Medicaid Screening Processes

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

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- b. Deemed Newborns³
 - i. If your organization has written policies regarding screening newborns for Medicaid, please provide them.
 - 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.
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.

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 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.

³ 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.