

## **HSF QUESTIONS FOR HOSPITALS**



# HOSPITAL 6: MOUNT ASCUTNEY HOSPITAL (MAH)

## **Follow-Up Questions and Requests Related to Your Budget Submission**

On your executive summary

1. Do you plan to track the efficiencies cited with the shared management and other structures between MAHHC and affiliates? How are you evaluating returns to your organization?

On utilization

2. You've written that limitations in home health services and nursing home care will likely force the hospital to send more patients to swing beds than they would otherwise send. Yet you also predict that the *total* number of swing beds used (swing bed census) will decrease over the next year. How do you reconcile those two statements?

On pharmaceuticals

3. What are the total pharmaceutical expenses for your hospital and its practices? Do you and Dartmouth Health make a profit of your pharmaceutical operations? If so, please explain and quantify the net impact.

On CMI

4. Why did you not include CMI in your budget considerations?

On rate changes

5. Why do you have a smaller relative price increase for professional services?

On investments in mental health, SUD, LTC, and primary care

6. You've requested a high NPR in part to expand access to primary care and pediatric services. Can you please provide detail on how you're expanding access in these service areas?

On your workbook submission

7. In Table 2 in the workbook, your referral lags for imaging procedures seem low. To your understanding, why does referral processing often take longer than three days? Can you please provide an estimate of how much longer it takes?
8. Please review the rate decomposition details you submitted as well as the "summary" tab and explain the following (where available, show supporting calculations):
  - a. How did you arrive at the assumed rates of growth for price, volume, and payer mix shifts by payer?
  - b. For non-zero values in the "other" column, how did you derive these estimates?

Other

9. Do you think Medicaid is underfunding the cost of delivering care to your Medicaid patients? If so, please quantify this amount based on 2023 actuals. Please explain your calculation.
10. Do you think Medicare is underfunding the cost of delivering care to your Medicare patients? If so, please quantify this amount based on 2023 actuals. Please explain your calculation.
11. In the attached spreadsheet, please review the measures of financial health that we have calculated for your hospital. We have included the measure definitions. Confirm that these calculated values reflect your understanding. If your financial measures differ from our calculations, please review our formulas, provide your calculation, and explain why you believe your calculation is a better measure for your organization.

### **Narrative Questions That Still Need to Be Answered**

Question C.c (uncompensated care): Differentiate any assumptions/changes as they relate to exogenous trends (e.g. patient needs) or internal practices (e.g. changes in accounting or business processes) related to bad debt and free care. Please include a description of collection processes. Report your budgeted bad debt to free care ratio and how you derived your estimates for bad debt and free care.