

July 8th, 2022

Attn: Office of the Health Care Advocate
Vermont Legal Aid, Inc.
P.O. Box 1367
Burlington, VT 05402

Re: Budget 2023 HCA Questions

To Whom It May Concern,

This letter serves to respond to the questions submitted by your office, to our hospital, as part of our annual budget submission materials.

Office of the Health Care Advocate FY2023 Hospital Budget Guidance Questions

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

a. Please provide the following updates since last year's hospital budget process:

i. How have you changed your official or unofficial patient financial assistance policies and/or procedures?

We have not changed our official policies for financial assistance, credit collections, or bad debt. We temporarily extended the timeframes for applying for assistance and for making payment arrangements earlier in the pandemic but are now functioning according to our standard policy.

ii. How has your handling of patient collections changed?

Please see above.

iii. Please estimate the most recent quarter when you reviewed whether your free care policy documents (full policy, plain language summary, application, etc.) align.

Q4 2021

b. Collecting on patient debt:

i. If a patient is overcharged, please explain your ability to correct a bill once the collection process has begun.

If a patient dispute is determined to be valid, the account is held temporarily at the collection agency for resolution. The patient bill is corrected/adjusted and the insurance is rebilled for a corrected payment if insurance was involved. If there is

no insurer involved, the account is adjusted and the agency is advised to adjust their records. If the insurer is involved, when payments and adjustments resulting from the rebilling are processed by the insurer, the hospital records are updated and those updates are provided to the collection agency. In either case, the patient is advised of the resolution and then the collection efforts are re-initiated if any balance remains after the corrective action.

ii. Do you inform patients when patient balances owed are written off as bad debt?

Patients are billed for 120 days once an account becomes self pay. They receive monthly notices, including a “final” notice on the last billing before the account is assigned to bad debt. Depending on the account balance, they may also receive telephone calls. Once the account is received at the agency, they send an initial notice as required by law and advise the patient of their opportunity to dispute or question the obligation.

iii. How many patients had bills that you sent to a third party to collect the debt during the following timespans: (1) Q4 FY2020 and Q1-Q3 FY2021 and (2) Q4 FY2021 and Q1-Q3 FY2022?

	MAHHC Collections Data							
	2020 Q4	2021 Q1	2021 Q2	2021 Q3	2021 Q4	2022 Q1	2022 Q2	2022 Q3
Collections Amount	\$ 808,863	\$ 594,292	\$ 513,918	\$ 371,515	\$ 744,640	\$ 655,002	\$ 733,658	N/A
Collections Unique Patients	454	294	267	747	709	533	790	N/A
Collections Unique Encounters	1,564	1,139	1,254	878	1,461	1,369	1,214	N/A

iv. What is the total dollar amount of bills sent to collections during the following timespans: (1) Q4 FY2020 and Q1-Q3 FY2021 and (2) Q4 FY2021 and Q1-Q3 FY2022?

See table above.

c. Please provide the FY2021 actual and FY2022 projected bad debt by whether the patient who accrued the debt was insured or uninsured. Please split the insured category by whether the patient’s primary insurance is Medicaid, Medicare, or a commercial plan.

MAHHC Bad Debt Data				
Payer	FY2021		FY2022	
	Act		Proj	
Commercial	\$ 1,024,450	45%	\$ 1,108,580	44%
Medicaid	\$ 11,432	1%	\$ -	0%
Medicare	\$ 283,225	13%	\$ 376,255	15%
Uninsured	\$ 940,494	42%	\$ 1,057,713	42%
Total	\$ 2,259,601	100%	\$ 2,541,903	100%

2. Medicaid Screening Processes

a. Emergency Medicaid

- i. **If your organization has written policies regarding screening for emergency Medicaid under HBEE Rule 1702(d), please provide them.**

We do not have a specific 'Emergency Medicaid' screening policy. We do however, have a robust insurance enrollment program through our Windsor Community Health Clinic which would help coordinate and obtain coverage for patients that fit the 'Emergency Medicaid' criteria or the criteria for other Medicaid and private programs. The staff in this area work with our clinics, the emergency room, other clinical areas, and regional partners to assist with eligibility and application for any number of programs and assistance.

- ii. **For Q1-Q3 of FY 2022, please provide the number of facility patients screened for emergency Medicaid and the number of facility patients who received emergency Medicaid.**

We do not track this category separately from all Medicaid eligibility screening.

- iii. **For Q1-Q3 of FY 2022, please provide the number of labor and delivery patients screened for emergency Medicaid and the number of labor and delivery patients who were covered by emergency Medicaid.**

We do not provide labor and delivery services.

- iv. **If your organization has outreach materials on the application process and eligibility criteria for Emergency Medicaid, please provide them. Please explain how your patients can access these materials and list the languages into which the materials have been translated.**

We do not have brochures specific to this Medicaid program. Our screeners generally identify patients who might potentially qualify for this program and

contact the patient to discuss requirements, qualifications, etc.

b. Deemed Newborns

- i. If your organization has written policies regarding screening newborns for Medicaid in line with HBEE rule 9.03(b), please provide them.**

Every Newborn cared for within our Pediatric and Family Practice clinics is screened for social determinants of health through our grant-supported Family Wellness Program. This screening process includes insurance eligibility for under/uninsured patients/guarantors. The patients who are identified as under/uninsured are referred to the Windsor Community Health Clinic for assistance in applying for programs for which they may qualify.

- ii. For Q1-Q3 of FY 2022, please provide the number of newborns screened for Medicaid without an application and the number of those newborns who received Medicaid.**

There were 39 newborns screened during this period. We do not track how many we assisted in obtaining Medicaid specific to this program but all under/uninsured patients/guarantors were referred to the Windsor Community Health Clinic for assistance and it is likely that all uninsured were eligible for the State Medicaid assistance.

- c. Since the passage of “H. 430/Act No. 48 An act relating to eligibility for Dr. Dynasaur-like coverage for all income-eligible children and pregnant individuals regardless of immigration status,” what steps have you taken to prepare for the implementation? Do you have outreach materials, and if so, what languages are they translated into? If you have such materials, please provide them.**

We do not have brochures specific to this Medicaid program. Our screeners generally identify patients who might potentially qualify for this program and contact the patient to screen for eligibility and qualifications for the program.

3. Health Equity

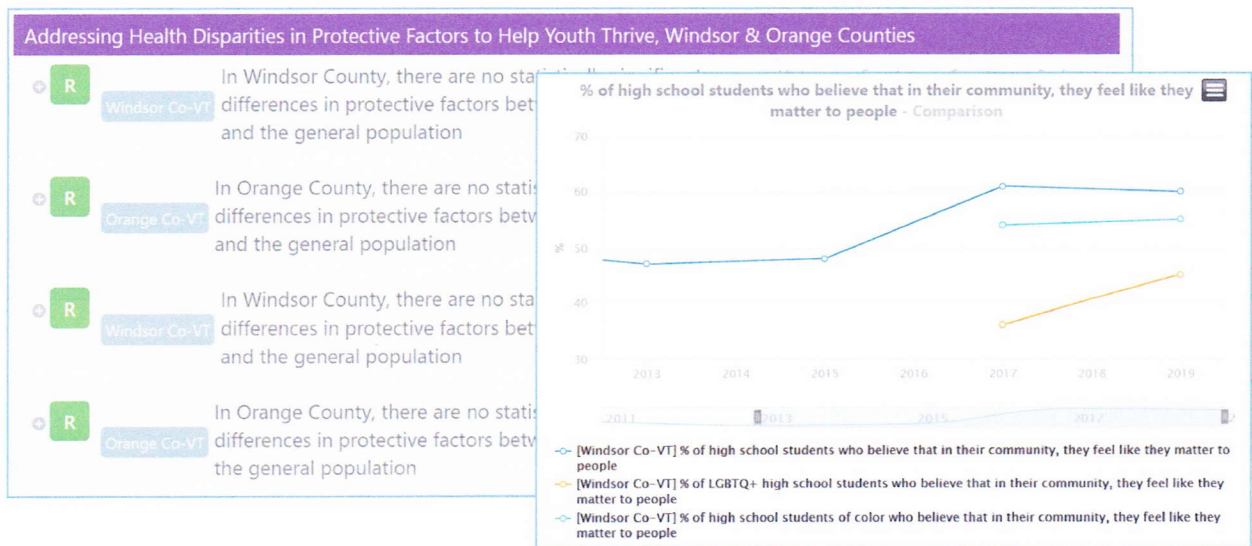
- a. Please provide examples of any policies, procedures, and initiatives that your hospital has undertaken, or plans to undertake, to address systemic racism within your institution and community.**

Mt. Ascutney Prevention Partnership (MAPP) has a number of initiatives to Promote Diversity, Equity, and Inclusion. MAPP receives funding from several sources (\$112,000 in 2021) supporting work on diversity, equity, and inclusion. Trainings over the past several years have developed our understanding of key issues such as implicit bias and the importance of applying an equity lens to our work. Data shows that marginalized groups have higher risk factors and lower levels of protective factors, leading to higher rates of substance misuse, suicidality, and negative health outcomes. MAPP helps to strengthen

community connections and build environments that promote health and well-being for all. Recent initiatives to promote diversity, equity and inclusion are highlighted below.

The Prevention Center of Excellence (PCE) at MAHHC is a joint initiative of MAPP and our partner The Collaborative. A primary PCE goal is to reduce disparities in substance use rates and protective factors for youth. The PCE has undertaken several projects to support the work of our partners in reducing disparities:

- Built a dashboard that tracks indicators in several areas related to youth substance use and protective factors that help youth thrive, with the ability to highlight comparisons for some disparities populations
- Developed a needs and disparities statement, updated data for 2021 is available [here](#)
- Made sub-awards to numerous organizations over the past three years, many of them focused on reducing disparities and promoting equity



Other programs and initiatives:

Community Connections: The LGBTQ Perspectives Project

In 2020-2021, MAPP and the Green Peak Alliance teamed up with Vermont filmmaker Clare Swanson and subject matter expert Davey Shlasko of Think Again Training and Consulting to create this four-part series. We continue to promote the series to build more supportive communities for LGBTQ+ people. View episodes and access additional resources at: <https://www.greenpeakalliance.org/portfolio/lgbtq-perspectives/>

Training to Create More Supportive Environments for LGBTQ+ Individuals and Families

Worked with Davey Shlasko of Think Again Training and Consulting to provide training on supporting LGBTQ+ residents for the following groups:

- Windsor and Orange County librarians (public and school libraries)
- 3rd space providers, such as after school program and arts organizations, that provide programming for children and teens
- Early Childhood Education providers (including area Head Start locations and Springfield Area Parent Child Center) – currently working with partners on a larger initiative to offer training to all interested ECE providers in Windsor and Orange counties

Sharing Data with Stakeholders

The Windsor town JEDI committee invited MAPP to present Youth Risk Behavior Survey (YRBS) data on health disparities in risk and protective factors in Windsor County Middle and High School students. Our presentation highlighted health disparities, particularly around substance use and mental health, among LGBTQ+ students and Students of Color compared to White/Non-Hispanic and Heterosexual/Cisgender students. This presentation led to an invitation to present the same data to the Mt. Ascutney School Board in December 2021. Conversations are continuing with both the JEDI committee and a school board member. Examples of concrete follow-on activities include providing feedback on a draft policy on use of preferred names and pronouns in Mt. Ascutney school district and working to support WSESU participation in the Getting to Y program in fall 2022, as a way to involve students in changing outcomes reported on the YRBS.

Digital Display at Windsor Food Shelf

Awarded a Rise Amplify grant to provide funding for a digital display at the Windsor Food Shelf with audio capability. Hosted a SVTAHEC intern to create digital slides with audio on area services to help make content more accessible to individuals with low literacy/failing eyesight. Exploring closed captioning to assist those with hearing loss. Messaging focuses on non-stigmatizing language to reduce barriers.

Rise to 5K in Windsor – Race to Health Equity

In spring 2021, we provided a Rise Amplify grant to the Windsor Food Shelf, Windsor Rec Department, and Black Lives Matter Windsor VT to host a 6-week Rise to 5K program and a virtual 5K. We used other grant funds to provide signs for the 5K route that highlighted messages around health equity, most of them focused on specific actions people could take to reduce disparities.



- b. **If you have a funded DEI / Racial Equity position or DEI committee at the hospital, what are their primary roles and responsibilities? How is this position empowered and supported within the hospital? If you do not have this type of position, are you planning to create one? What obstacles are preventing you from creating this type of position?**

We engage with Dartmouth System efforts around DEIB, including the support of a System Vice President of DEIB hired in early 2022. We have local representatives on the system DEIB working groups. They have been charged with hospital policy reviews through a DEIB lens as well as the establishment of employee resource groups to bolster inclusion across our workforce.

- c. **Please describe the process for how your hospital handles patient complaints related to discrimination.**

We follow our usual patient complaint process and Just Culture algorithm for corrective action with staff. We do not differentiate between complaints of this nature and other types of complaints.

- d. **How much funding in your current and future budgets has been allocated to DEI and/or racial equity focused projects, trainings, or collaborations?**

We will continue to seek grants, largely through MAPP (Mt. Ascutney Prevention Partnership), to fund these efforts and projects. Some funding is baked into our human resource budget.

- e. **What percentage of staff and administrative leadership have received training in language access needs, implicit bias, and cultural competency? Does this vary significantly by job category?**

We have offered Bridges out of Poverty Training for all managers/directors and senior leaders. We have reached > 50% of all staff with Trauma-informed care training, and 100% of staff with mandatory E-Learning modules around cultural competency. It does vary by job

category and area of responsibility as described above. Our intent is to increase the exposure to the training on these and other related subjects as budget allow.

f. Are patient satisfaction surveys given in languages other than English? In what languages is the survey available? Is race/ethnicity data collected as a part of these surveys?

English and Spanish are the languages currently available in our survey system. We do collect race/ethnicity data as part of this process to the extent that it is provided by the recipient.

g. 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*,

i. Patients whose primary language is not English,

While we do not programmatically track these patients, we utilize patient complaints, satisfaction surveys, concerns raised by staff, and concurrent identification during a course of care to insure that their needs are met. We have a translator service on retainer and have policies and job aids to assist employees in properly managing these situations.

ii. BIPOC patients,

We track these issues through our Community Health Needs Assessment and are able to filter by race, gender to compare data. Additionally, we utilize patient complaints, satisfaction surveys, concerns raised by staff, and concurrent identification during a course of care to insure that their needs are met. We have policies and job aids to assist employees in properly managing these situations.

iii. Patients with no or intermittent broadband and/or cellular telephone service, and

All surveys, including our inpatient and outpatient patient satisfaction surveys are mailed to patients; there is no reliance on broadband service or cell service. We have limited access to data that would assist us in identifying this beyond patient satisfaction data at this time. Patients identified with these issues are managed on a case by case basis as they are identified.

iv. Patients who are not U.S. citizens.

We have no known access to a data source that would assist us in identifying this in a systematic manner. Patients identified with this issue are managed on a case by case basis as they are identified.

h. Discuss how you utilize health disparities data to inform hospital policies and procedures.

See above regarding our efforts in the LGBTQ+ population, this was driven by prior DEIB surveys that identified that population as most at risk. This is the first CHNA where we can filter by race and it is not showing significant differences in perceived access or efficacy of care in BIPOC population in our very homogenous county.

4. Contingency Planning

a. Please provide a high-level contingency plan detailing how your hospital would amend its business strategy if the Board reduced or denied your charge request.

Currently and historically, we probably have the largest portfolio of grant based initiatives on a “per capita” basis in the state. The grants do not cover all of the programs in their entirety so we must also provide a direct subsidy and “in kind” labor and services to support these initiatives. We would need to look closely at the programs that we offer and support to determine our level of commitment to continue them or not.

Blueprint funding has been reduced for MAH in the coming year and we have not reduced the services associated with these funds. We would need to reconsider the programs associated with these funds as well if reductions result from the budget process.

Beyond these considerations, we would turn to billable lines of business, other areas of community support, and of course FTE’s (our largest expense line item).

Thank you for your consideration. Please advise if there are questions or concerns.

Sincerely,



David C. Sanville, C.F.O.