

- 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.

- See chart below

BAD DEBT BY PRIMARY INSURANCE	FY 2021	FY 2022 PROJ.
Commercial	72,099	1,249,687
Medicaid	-1,354	0
Medicare	16,945	160,341
Self Pay	111,444	900,357
Total	199,133	2,310,385

2. Medicaid Screening Processes

a. Emergency Medicaid

- i. If your organization has written policies regarding screening for emergency Medicaid under HBEE Rule 1702(d),¹ please provide them.
 - There is no written policy, however, we have a process: patients need to apply for VHC. Once they are denied, the process can be completed for Emergency Medicaid decision.
- 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. 0
- 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. 0
- 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 outreach material , we use materials that are available through Vermont Health Connect.

b. Deemed Newborns²

- All newborns are screened and entered on a Report of Newborn form for Medicaid (Dr. Dynasaur) coverage.

¹[“Health Benefits Eligibility and Enrollment Rules.”](#) State of Vermont. 2021.

- i. If your organization has written policies regarding screening newborns for Medicaid in line with HBEE rule 9.03(b), please provide them.
 - We do not have a policy
- 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. 0
- 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,”³ 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 are currently working on this. Meetings have been scheduled to discuss a work plan for implementation. Part of the work plan would be supplying materials in Spanish and English.

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. Many of our existing policies such as the Code of Conduct, Ethical Allocation of Resources, and visitor policies address the above.
- 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 have no current plans to create this position at this time. We have very little racial diversity in our patient population and have received zero complaints related to racial discrimination. We actively pursue racial diversity in our employment practices to build awareness and inclusivity.
- c. Please describe the process for how your hospital handles patient complaints related to discrimination. The hospital has a patient relations team that receives all patient complaints. This team works with applicable staff at the point of service to identify areas of opportunity. The team communicates directly with the patient in attempt for resolution.
- d. How much funding in your current and future budgets has been allocated to DEI and/or racial equity focused projects, trainings, or collaborations? There are no specific funds allocated in the budget. If projects, trainings or collaborations become available we will pursue the opportunity regardless of it being specifically in the 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? Staff are aware of what we have available for translation services. Also there is module in our education system that has to be completed yearly by all staff on Cultural diversity.
- 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? No, are patient satisfaction surveys are not given in any other language. Race and ethnicity data is gathered on our surveys, it is a required element by CMS.
- 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,
- ii. BIPOC patients,
- iii. patients with no or intermittent broadband and/or cellular telephone service, and
- iv. patients who are not U.S. citizens.

We have just implemented a new computer system in May 2022 with much improved reporting abilities. We plan on researching what reports are available to address the above.

- h. Discuss how you utilize health disparities data to inform hospital policies and procedures.
We use our Community Health Needs Assessment as a tool to establish our strategic plan. One example would be the Walk-in clinic that we are helping to support in downtown Newport. Also we are working with a committee and using data supplied by OneCare to help determine the direction of the wellness work the hospital funds.

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.

If the rate increase is decreased or denied it would significantly impact our ability to provide quality care to all individuals. We would also not have any funds to invest into any of the items mentioned in previous questions. We would be forced to operate at a loss which cannot be sustained long term.

² Deemed newborns are children who were born to a 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.

³“[Act No. 48 – As Enacted](#).” 2021.