

NVRH

Response to 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?

Other than updates for new Federal Poverty Guidelines, NVRH has not made any changes to our financial assistance policies or procedures since last year.

ii. How has your handling of patient collections changed?

During the pandemic NVRH provided patients additional time to make payments. Even as the pandemic recedes, we continue to allow patients extra time to make payments.

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

The alignment was most recently reviewed during Q2 of fiscal 2022

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 is overcharged, we notify the collection agency to update their file to reflect the corrected balance

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

Patients are notified 30 days in advance of their account being sent to a collection agency. Patients are also notified 30 days prior to their account being reported to credit rating agencies. Patients are not notified when the agency deems the account uncollectible, returns it to NVRH, and we write the balance off as bad debt

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?

See table below

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 below

Period	Non Medicare # Accounts (*)	Non Medicare \$ Amount	Medicare # Accounts	Medicare \$ Amount
Q4 FY 2020	3,408	1,093,605	842	191,361
Q1 FY 2021	1,641	748,120	373	102,784
Q2 FY 2021	1,264	595,032	234	79,487
Q3 FY 2021	1,404	663,762	352	145,248
Q4 FY 2021	3,131	836,324	899	163,914
Q1 FY 2022	1,475	521,809	509	176,285
Q2 FY 2022	2,195	918,466	666	168,720
Q3 FY 2022	2,290	839,719	798	141,681

(*) NVRH only captures non Medicare and Medicare information

- 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.

	Commercial	Medicaid	Medicare	Uninsured	Total
FY 2021	1,134,200	54,900	529,400	1,665,600	3,384,100
FY 2022 PROJECTED	1,172,100	56,700	547,100	1,721,200	3,497,100

2. Medicaid Screening Processes

a. Emergency Medicaid

- i. If your organization has written policies regarding screening for emergency Medicaid under HBEE Rule 1702(d),¹ please provide them
NVRH does not have a specific policy regarding screening for emergency Medicaid.
- 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.
One person was screened for emergency Medicaid. They were eligible but never required any services
- 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.
No patients were screened specifically for emergency Medicaid
- 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.
The outreach material NVRH uses is provided by the State. Vermont Health Connect is currently working on Spanish version of the Act 48 application. We use the language line to complete applications, when needed

b. Deemed Newborns²

- i. If your organization has written policies regarding screening newborns for Medicaid in

line with HBEE rule 9.03(b), please provide them.

NVRH does not have a specific policy regarding screening for emergency Medicaid

- 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.

Our best estimate is 12 newborns were screened for emergency Medicaid

- 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.

NVRH has a process in place to refer all patients with no insurance. The process has a provision for a pregnant woman or child who is ineligible for Medicaid due to immigration status to qualify them for emergency Medicaid

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.

NVRH’s Non-Discrimination policy is attached

- 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?

NVRH plans to have a DEI Committee in place within the next 12 months.

Concurrently, in partnership through NEK Prosper NVRH is working with Northern Counties Health Care to advise and support funding allocation and infrastructure development for the Vermont Community Health Equity Grant

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

The process is included in NVRH’s Grievance Compliant Process, which is also attached.

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

NVRH does have funds budgeted for training and education but none allocated specifically for DEI and/or equity focused projects, trainings or collaborations. As a DEI committee will be formed, we anticipate using some of the budgeted education/training funds for members of that committee

- 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?

100% of staff and administrative leadership have received training in language access needs, implicit bias and cultural competency, with no difference by job category.

- 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?

Patient satisfaction surveys are sent in English. Upon request, NVRH can provide the surveys in other languages. Race/ethnicity data is collected as part of the surveys.

- 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.
- h. Discuss how you utilize health disparities data to inform hospital policies and procedures.
- [Responding to g. and h.] NVRH recognizes not everyone has the same opportunity to be healthy. NEK Prosper, a collaboration formed by NVRH and community partners, is working to achieve the following goals,**
- **Financially Secure - Earning enough money to support yourself and your family; not worrying about money.**
 - **Physically Healthy - Maintaining physical health and well-being through healthy behaviors and medical care.**
 - **Mentally Healthy - Coping well with the normal stresses of life; reaching your potential; making a contribution to your community.**
 - **Well Nourished – Having enough healthy food to eat.**
 - **Well Housed - Living in affordable and safe homes located in healthy communities with opportunities for positive social interactions**
- The recent CHNA Implementation Plan includes several initiatives that specifically address health equity. Here are a few of those initiatives:**
- **Partner with VT Foodbank to offer Veggie Van Go, which is a once a month fresh produce market providing free healthy food to community members**
 - **Partner with RCT to provide free transportation to health care services**
 - **HealthCare Shares – A partnership with VYCC providing free CSA to people in region identifying as food insecure**

Also, NVRH's Community Health and Outreach team members proactively engage with vulnerable populations and connect them to services, resources and other supports

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.
- NVRH has not prepared any contingency plan detailing how our business strategy would be amended if the Board reduced or denied our charge request. If the requested charge request is modified, NVRH's senior leaders, departmental leaders and board of trustees will develop an appropriate adjustment strategy.**

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.

Northeastern Vermont Regional Hospital 1315 Hospital Drive St Johnsbury, VT 05819	Subject: Non-Discrimination Policy
Department: Compliance Department	Page 1 of 1
Approved By: Compliance Officer - Chief Executive Officer	

PURPOSE:

It is the policy of Northeastern Vermont Regional Hospital to provide for admission and services without regard to race, color, sexual orientation, gender identity, national origin, disability or age, as required by Federal law.

POLICY:

As a recipient of federal financial assistance, Northeastern Vermont Regional Hospital does not exclude from participation, deny benefits to, or otherwise discriminate against any person or entity on the basis of race, color, national origin, sexual orientation, gender identity, age or on the basis of disability in admission to, participation in, or receipt of the services and benefits under any of its programs and activities, whether carried out by Northeastern Vermont Regional Hospital directly or through a contractor or any other entity with which Northeastern Vermont Regional Hospital arranges to carry out its program and activities.

This statement is in accordance with the provisions of Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, the Age of Discrimination Act of 1975, and Regulations of the U.S. Department of Health and Human Services issued pursuant to these statutes at Title 45 Code of Federal Regulations Parts 80, 84, and 91. In addition, this statement adheres to provisions of the Final Rule implementing Section 1557, the civil rights provision of the Affordable Care Act (ACA) of 2010

In case of questions, please contact:

Northeastern Vermont Regional Hospital
Colleen Sinon, VP Quality Improvement Programs
802-748-7359
TDD# 748-8481

THIS POLICY IS POSTED ON THE COMPLIANCE BULLETIN BOARD.

REFERENCES / SUPPORTIVE DATA:

Title 45 Code of Federal Regulations Parts 80,84,91.
Centers for Medicare and Medicaid (CMS).
The Healthcare Compliance Professional's Manual.
Final Rule, Section 1557 of the Affordable Care Act 2010.

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Department: Administration	Page 1 of 5
Approved By: Chief Executive Officer, VP Quality Management Programs	

DEFINITIONS:

Complaint: To express displeasure with a process or person. Concern was voiced, addressed and resolved at the time of service or contact.

Grievance: To raise issue with a real or perceived violation of a patient's rights or an unresolved complaint voiced after the direct interaction. The intent is to improve clinical processes related to patient care. A grievance requires immediate intervention.

PURPOSE:

The grievance process promotes patient empowerment in healthcare. This policy and procedure defines the process for customer complaints and grievances in accordance with State and Federal regulations so that regardless of the type of concern there will be a prompt and fair resolution. The purpose of the NVRH Grievance/Complaint Process is also:

1. To serve as a guide for promoting and utilizing consumer feedback for performance improvement.
2. To establish a clear process for patients/visitors to register concerns.
3. To promote actions based on concerns that support improving quality performance.
4. To ensure timely responses to complaints which address individual concerns and attempt to resolve conflict.

POLICY:

All internal and external customer (patient, physician, staff or visitor) grievances, complaints and process problems will be addressed at the time of the occurrence in an effort to resolve the customer grievance, complaint and/or review and improve the process. All customer grievances and complaints must be responded to within 30 business days.

The Patient's Rights and Responsibilities Brochure is distributed to all patients when they arrive at the Access Department. The brochure informs the patient that they have the right to report a complaint or grievance and provides internal as well as external resources to call. The detailed Grievance/Complaint process is available upon request. This information is also included in the Admission packet.

The Board of Trustees has delegated the VP Quality Management as the coordinator of this process. Grievances, complaints and process problems will be collected and trended by the Quality Management Department. Identified trends will be forwarded to the appropriate Department Manager or Director for action. If necessary, the VP Quality Management may directly refer issues (regardless of whether they are resolved or unresolved) to the appropriate Administrator or other decision-making body. Identified individual trends will be included in the employee personnel file or physician quality profile. A summary of findings and in-depth analysis of any grievances received, reviewed, and resolved will be presented to the QA Committee of the Board as part of the Quality Management Report. The committee will take action as needed to facilitate grievance resolution or address identified trends.

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PROCEDURE:

Handling Patient/Visitor Complaints

1. Patient confidentiality shall be maintained.
2. Reinforcement of the hospital support of the patient's rights and responsibilities shall be included as part of all professional interactions.
3. Filing a grievance/complaint will not adversely affect the patient's care or access to care.
4. A written acknowledgment of receipt of the grievance/complaint will be sent to the complainant, patient or patient's representative from the Quality Management Department within 3 business days. Complaints will be answered through verbal or written notification within 30 business days.

Grievance/Complaint Procedure

1. A patient or patient's representative may file a written or verbal grievance/complaint with the Board, the Administration, Quality Management Department or any individual department representative. They may also file directly with the Department of Licensing and Protection.
2. Complaints presented to individuals representing NVRH are forwarded to the Quality Management Department using the NVRH Customer Grievance/Complaint Form. (Refer to policy titled *Grievance Complaint Reporting Form and Resolution Process*).
3. Any issue determined to be an unresolved complaint will be tracked by the VP Quality Management or designee for resolution. Complaint resolution can be completed through verbal or written communication with the complainant. Response time for complaints is 30 business days from receipt of the complaint to review, investigate and resolve the issue.
4. If it is determined that the patient's concerns are consistent with the definition of a grievance, **immediate** intervention is required and the VP Quality Management or designee must be contacted. (Board members, Volunteers, Physicians, all Directors, Managers and employees are to follow this step.)
5. The VP Quality Management or designee will handle the concern in accordance with the customer grievance/complaint process. A copy of the action/resolution will be filed in the Quality Management Department.

*The VP Quality Management will designate Administrative coverage to manage this process when needed.

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NORTHEASTERN VERMONT REGIONAL HOSPITAL



GRIEVANCE/COMPLAINT REPORTING FORM

DEFINITIONS:

Complaint: To express displeasure with a process or person. Concern was voiced, addressed and resolved at the time of service or contact. Forward all complaints and action taken to the VP of Quality Management.

Grievance: To raise issue with a real or perceived violation of a patient's rights or an unresolved complaint voiced after the direct interaction. The intent is to improve clinical processes related to patient care. **A grievance requires immediate intervention.** Contact the VP of Quality Management, or designee, as soon as the situation is brought to your attention by calling Beeper #283-6469. (Available on call, all shifts, to investigate grievance situations.)

Date of grievance/complaint: _____ Reported To: _____ How: _____

Person reporting grievance/complaint: _____ Relationship: _____

Involved Customer Name: _____ Phone: _____

Date of Service: _____ Service Location: _____

Describe the grievance/complaint: _____

ACTION TAKEN: (continue using another piece of paper if needed)

(Please attach all written materials to this form and forward to the Quality Management Department.)
 Date Resolved: _____ Signed: _____

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NVRH Detailed Grievance/Complaint Resolution Process Instructions

NOTE: Any letter from the Consumer Assistance Program in Burlington, VT is actually from the Attorney General's Office and must have a response within seven days.

Any patient grievance/complaint that does not arise from the process outlined below should still be brought to the VP Quality Management's attention for further action by filling out a Grievance/Complaint Reporting Form. Grievances/Complaints may be received by, but are not limited to:

- Direct telephone call
- Notification from Financial Counselor or other Business Office staff.
- Patient/family member presenting grievance/complaint in person.
- Letter from patient/family member regarding grievance/complaint.
- Referral from Department Manager(s) and/or Administration.

1) Within three business days, acknowledge in writing the receipt of the grievance/complaint, indicating an anticipated time frame for resolution. All grievances will receive a final response in writing within 30 business days. This final response will include the hospital's decision following investigation of the grievance. Complaints will be answered through verbal or written notification within 30 business days

2) Grievance/Complaint notifications for Emergency Services which question the quality of the clinical care provided will be immediately forwarded to the Medical Director, or designee, to begin investigating the grievance or complaint. The Medical Director, and any Emergency Department physician accepting the delegated responsibility, is regularly scheduled on duty in the Emergency Department and is available by phone with access to review electronic records from home. Once notified, the designated Emergency Department Physician will begin the clinical investigation.

3) VP Quality Management or Department Manager will print the relevant sections of the patient's electronic medical record and the applicable account detail (with notes), if not already attached.

4) Clarify who will respond to the complainant. Designated respondent will investigate quality of service issues, as well as billing issues. Speak with involved staff, etc., and discuss any billing adjustments with the Business Office Director. If the complaint is one of billing, the Business Office Director may be the more appropriate person to respond to the complaint (explaining how charges are arrived at, insurance reimbursement issues, etc.).

5) If the investigation is going to be lengthy or delayed for any reason, a letter should be sent acknowledging the delay. Include the patient's billing number (RE: Account #).

6) When the investigation is complete, a written response will be sent to the complainant, and, if appropriate, personal contact made within thirty business days, (again including the billing number), with a copy to the Business Office Director if there is a billing adjustment. If the Business Office Director has responded, a copy of that letter should be sent to the Quality Management Department.

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Print, sign, and mail attaching a copy of the response to the investigation documents to VP Quality Management.

7) Quality Management Department will compile all responses on a quarterly basis into one of the following categories: billing/finance, confidentiality, safety, staff, process or physician care. This information is then reviewed at the Board Quality Improvement & Patient Safety (QIPS) Committee as part of the Quality Management Report at least annually or more frequently if needed. The information is also submitted to the State of Vermont as part of the annual hospital licensing application.

Grievance/Complaint Form and Process 12/2016