

# VERMONT LEGAL AID, INC.

## OFFICE OF THE HEALTH CARE ADVOCATE

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March 16, 2021

Kevin Mullin, Chair  
Green Mountain Care Board  
144 State Street  
Montpelier, VT 05602

To Chair Mullin and Members of the Green Mountain Care Board:

Thank you for soliciting comments on the draft FY2022 Hospital Budget Guidance. The Office of the Health Care Advocate (HCA) submits the following comments as well as a set of questions (attached) to be included with the budget guidance. We have limited our questions in deference to the hospitals' increased workload stemming from the Covid-19 pandemic. The HCA requests that the Board amend the following components of the budget guidance:

- In Part III of the Narrative, "Year Over year Changes" section (v)(b), you ask hospitals to list Covid-19 funds "received/anticipated to be received." Hospitals may not interpret the term "anticipated" to include potential funds that are uncertain at the time the hospitals respond to the question. We suggest that you add an additional request: "Please describe, to the best of your knowledge, any other potential COVID-19 relief funds that your hospital could receive, the factors involved in whether or not you will receive these funds, and the current status of the funding process."
- We urge the Board to specify how hospitals should calculate each reported data element to help ensure that the meanings of the hospitals' responses are fully transparent and standardized. Absent such definitional clarity, there is a substantial risk that what appears to be a consistently measured data element cannot be compared between or within hospitals – hospitals may define the same data element differently and the same hospital may change its definitions over time. We note that relying on hospitals' auditors does not ensure data element clarity or standardization as auditors accept various reporting standards. We understand that a workgroup is being formed to improve this for future hospital budget guidance.

Please feel free to contact us at [hcapolicystaff@vtlegalaid.org](mailto:hcapolicystaff@vtlegalaid.org) with any questions.

Sincerely,

Kailli Kuiper  
Staff Attorney

Eric Schultheis  
Staff Attorney

Mike Fisher  
Chief Health Care Advocate

Enclosure: Health Care Advocate FY2022 Hospital Budget Guidance Questions

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### 1. Reimbursement Ratio Relative to Standardized Medicare Reimbursement

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).<sup>1</sup>

	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)

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<sup>1</sup> 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.
- b. Deemed Newborns<sup>2</sup>
  - 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.

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<sup>2</sup> 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.

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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](mailto: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.