

Rutland Regional Medical Center

1. Reimbursement Ration 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).

RRMC intends to use the data provided by Burns & Associates to respond to these questions. Currently this information is being reviewed for accuracy and reasonableness and therefore not yet available.

	Ratio of Inpatient to Medicare Inpatient Reimbursement, Standardized by MS-DRG Relative Weights	Ratio of Outpatient Reimbursement to Medicare Outpatient Reimbursement Standardized by APC Relative Weights
Medicare		
Medicaid		
Commercial		

To the extent that your organization tracks the information by commercial payer, please complete the table below for FY2021 (Q1-Q3).

	Ratio of Inpatient 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		

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

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?

We did not change our Financial Assistance Policy during COVID-19, however we did offer the following:

- ◆ *All self-pay patients have been mailed Financial Assistance Applications during this COVID-19 pandemic. We also mailed applications to under-insured patients with balances over \$999.*
- ◆ *Self-pay admissions were screened by a Financial Counselor and enrolled for Medicaid if applicable. If not eligible for Medicaid, patient was screened for FAP and given the material to apply.*
- ◆ *We also allowed patients to apply for free care assistance outside of the normal program period.*

- ii. How has your handling of patient collections changed?

RRMC lengthened the patient statement cycle to allow more time for payment and did not assign encounters to collections from June 2020 to October 2020. We also worked with patients on allowing payment plans that are lower than the payment plan guidelines and allowed patients to apply for FAP outside of the normal program period.

- 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.

RRMC retains ownership of all open self-pay account receivable balances but we do assign all accounts to outside collection agencies. The collection agencies follow all RRMC established collection policies. The collection agency gets paid on commission for payment collections.

- ii. If a patient is overcharged, please explain your ability to correct a bill once the collection agency is involved.

If there was a billing error identified, RRMC would notify the collection agency to adjust the balance accordingly.

- iii. How many patients had bills that you sent to collection agencies during the following timespans: (1)
- Q4 FY2019: 5,424*
 - Q1 FY2020: 4,272*
 - Q2 FY2020: 4,024*
 - Q3 FY2020: 3,469*

 - Q4 FY2020: 293*
 - Q1 FY2021: 6,773*
 - Q2 FY2021: 3,784*
 - Q3 FY2021: Not yet available*
- 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?
- Q4 FY2019: \$2,328,686*
 - Q1 FY2020: \$2,381,546*
 - Q2 FY2020: \$2,451,774*
 - Q3 FY2020: \$2,333,691*

 - Q4 FY2020: \$582,573*
 - Q1 FY2021: \$5,716,122*
 - Q2 FY2021: \$3,009,070*
 - Q3 FY2021: Not yet available*

Medicaid Screening Processes

a) Emergency Medicaid

- i. If your organization has written policies regarding screening for emergency Medicaid, please provide them.

RRMC does not have a policy regarding screening for Emergency Medicaid. RRMC's Financial Counseling Department has Certified Application Counselors that assist community members with enrollment for VT Medicaid as well as VT Health Connect Plans. RRMC visits all in-house uninsured and underinsured patients to screen for Medicaid eligibility. The Financial Counselors also work with patients that are in the outpatient setting, to include the emergency room, to screen patients for Medicaid eligibility.

- 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.

N/A

- 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.

N/A

- 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.

N/A

b) Deemed Newborns

- i. If your organization has written policies regarding screening newborns for Medicaid, please provide them.

RRMC has a Newborn Medicaid Identification Policy.

- ii. For Q1-Q3 of FY 2021, please provide the number of newborns screened for Medicaid without an application:

N/A