

June 30, 2022

Vermont Legal Aid, Inc.  
Office of the Health Care Advocate  
264 North Winooski Avenue  
Burlington, VT 05401

To whom it may concern:

- 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?**

**Management Response:**

SVMC has not made any changes to the office financial assistance policy and we continue to follow our official financial assistance policy as it relates to timeframes and documentation requirements.

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

**Management Response:**

In last year's response, SVMC indicated that we had resumed normal collection activities as of 7/20/20. There are no additional updates.

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

**Management Response:**

SVMC reviewed Financial Assistance policy documents last quarter in January 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.**

**Management Response:**

SVMC works closely with the collection agencies that we contract with to resolve all patient issues or concerns. This includes updates or changes to a bill once the collection agency is involved. SVMC sends weekly reports to collections agencies detailing any transactions that occur on accounts placed with that agency. SVMC also has direct contacts at the collection agency and are typically able to resolve any immediate issues same day.

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

**Management Response:**

SVMC does not inform patients when patient balances are written 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?**

**Management Response:**

1. Q4 FY2020 and Q1-Q3 FY2021

July 2020 – June 2021: 20,279

This number is all patient accounts sent to collection – not unique patients

2. Q4 FY2021 and Q1-Q3 FY2022

July 2021-June 2022: 14,483

This number is all patient accounts sent to collection – not unique patients

- 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?

**Management Response:**

1. Q4 FY2020 and Q1-Q3 FY2021

July 2020 – June 2021: \$7,697,833

2. Q4 FY2021 and Q1-Q3 FY2022

July 2021-June 2022: \$6,133,472

- 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.

**Management Response:**

***SVMC Bad Debt***

		<b><i>FY 21</i></b>	<b><i>Projected FY 22</i></b>
Insured	Commercial	\$2,678,509	\$4,056,754
	Medicaid	7,071	3,772
	Medicare	575,321	925,835
	Total insured	<u>3,260,901</u>	<u>4,986,361</u>
Uninsured total		2,021,556	2,413,639
<b><i>Total Bad Debt</i></b>		<b><u>\$5,282,457</u></b>	<b><u>\$7,400,000</u></b>

### 3. Medicaid Screening Processes

#### a. Emergency Medicaid

- i. **If your organization has written policies regarding screening for emergency Medicaid under HBEE Rule 1702(d),<sup>1</sup> please provide them.**

#### **Management Response:**

SVMC does not have written policies regarding Emergency Medicaid. All SVMC departments are educated on the availability of our financial counselors. Patients are referred to our financial counselor for assistance in applying for Medicaid from all departments. The financial counselors and social services work with self-pay patients that have been admitted through the emergency room to screen for Medicaid and Emergency Medicaid and complete the application while the patient is in house when possible. SVMC has an email set up for SVMC staff to refer patients requiring care to the financial counselor for screening. Any self-pay patients requiring advanced imaging or surgical procedures are referred to the financial counselor for screening. SVMC office practices are expected to screen self-pay patients and refer to the financial counselor for Medicaid when appropriate. Specifically, the OB/GYN office works closely with the financial counselor to screen any self-pay labor and delivery patients for Medicaid or 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.**

#### **Management Response:**

For Q1-Q3 of FY2022, SVMC screened 3 patients for Emergency Medicaid. One patient received Emergency Medicaid and one patient is pending.

- iv. **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.**

#### **Management Response:**

For Q1-Q3, SVMC has one patient that has been screened for Emergency Medicaid and that application is pending.

- v. **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.**

**Management Response:**

SVMC does not have outreach material.

**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.**

SVMC does not have written policies regarding deemed newborns. SVMC billing office reviewed all self-pay newborn accounts and contacts Medicaid and/or newborn parents to resolve any issues with coverage. SVMC financial counselors will also provide outreach to the parents or the state regarding coverage for deemed newborns.

- 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.**

**Management Response:**

SVMC does not separately track newborns screened for 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,”<sup>3</sup> 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.**

**Management Response:**

SVMC does not have outreach material relating to Act 48. SVMC has provided education to our provider offices regarding the Act 48 program and eligibility guidelines. SVMC business office and financial counselors have worked closely with our provider offices, specifically OB/GYN and Pediatrics to identify patients that may be eligible for the Act 48 program. SVMC put a process in place so that once these patients are identified and determined to be eligible, the provider and billing office staff work together to make sure the proper documentation and paperwork is completed.

**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.***

**Management Response:**

Southwestern Vermont Medical Center (SVMC) has a broad array of initiatives to embed DEI/racial equity into how it operates and delivers care. These efforts range from having an active DEI committee, to reviewing and updating policies and forms, to hosting coffee conversations for intimate discussions about DEI/racial equity issues across staff, to tracking diversity of our workforce on the institutional dashboard reported to the board of directors.

- 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?***

**Management Response:**

SVMC's DEI committee officially launched in 2019 and is comprised of cross-functional leaders including many that deliver direct patient care. This is an active committee that researches opportunities to advance DEI/racial equity and proposes best-practices for consideration and implementation. Members of SVMC's DEI committee participate in the Affinity and Belonging committee of Dartmouth Health to broaden knowledge sharing and share successful implementation strategies. At this time, SVMC is not considering creation of a dedicated DEI/racial equity position, rather the committee approach facilitates more diverse voices and empowers employees across departments to collaborate towards solutions.

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

**Management Response:**

SVMC's patient advocate, trained in DEI/racial equity, handles most patient complaints. Specific DEI/racial equity complaints are elevated to the co-chairs of the DEI committee for empathetic intervention, appropriate remediation, and consideration of process change to enhance future processes.

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

**Management Response:**

No specific funding has been allocated to SVMC's DEI/racial equity efforts. Rather SVMC believes DEI/racial equity work should be embedded in everyday practice and how SVMC operates. As such, SVMC funds the time of diverse staff to improve the equity across the institutions (ex. DEI committee members).

**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?**

**Management Response:**

100% of employees receive implicit bias training via an on-line learning module as a portion of mandatory annual competency training. Clinical teams, access services, and other select employees in direct patient contact receive specific training in use of technology to meet patient's language access needs. SVMC's DEI committee is exploring best-practices for expanding cultural competency throughout the workforce.

**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?**

**Management Response:**

Currently, all patients who receive a survey about care by SVMC receive it in English because the native language of the patient is not captured reliably in SVMC's electronic medical record nor is the native language sent to our third-party survey company, Press-Ganey. SVMC is exploring the resources required to make changes to the electronic medical record and the Press-Ganey process to send surveys that better match the native language of the patient. The Press-Ganey survey is available in multiple languages. Of the 8 different Press-Ganey surveys that cover the various service lines for SVMC (ex. emergency department, inpatient, laboratory, etc.) only 3 surveys include a race/ethnicity question. SVMC is in discussion with Press-Ganey to include the race/ethnicity question on more surveys, so that we may better understand the care experience of segments of the population.

***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, patients whose primary language is not English, BIPOC patients, patients with no or intermittent broadband and/or cellular telephone service, and patients who are not U.S. citizens.***

**Management Response:**

SVMC is working towards better addressing the specific needs of vulnerable populations by recognizing and engaging differences in patients and employees. SVMC is at the first step of capturing the diverse features of an individual in the medical record in an appropriate manner that respects sensitivities. Our recent launch of the Athena Medical record in SVMC's outpatient practices is a big stride forward in capture of diverse patient features over the legacy medical record system. Subsequent steps will involve exploring how to leverage patient dimensions to alter processes and the care path to improve access to care, care efficiency and quality, and patient satisfaction. Dovetailed with advancement of staff cultural competencies, these data driven process changes will strongly support embedding DEI/racial equity into the fabric of SVMC and its care delivery.

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



**Management Response:**

SVMC's recent triennial community health needs assessment (completed in 2021) identified health disparities between population segments across SVMC's service area. SVMC has launched the Community Outreach Task Force to engage with specific population segments. The task force's work is beginning to inform improvements in hospital policies and procedures to be more equitable. SVMC is committed to creating a health system whose culture and care equitably and empathetically address health disparities regardless of the underlying reason.

**4. Contingency Planning**

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

**Management Response:**

Response to follow.

Respectfully submitted,

Stephen D. Majetich  
VP of Finance/CFO