

June 30, 2021

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

To whom it may concern:

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 FY 2021 (Q1-Q3).⁽¹⁾

	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	.9	.8
Commercial	1.7	2.1

To the extent that your organization tracks the information by commercial payer, please complete the table below for FY 2021 (Q1-Q3).⁽²⁾

	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		

SVMC is working on gathering this information.

¹ The HCA has agreed to consider minor adjustments to the data requests in this question. Any updates will be provided to the hospitals as soon as possible and no later than May 1, 2021.

² 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.

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

a. 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 assistance policies and/or procedures?

Management's Response

In last year's response, Southwestern Vermont Medical Center (hereafter "SVMC") indicated that we had not changed our policies or eligibility guidelines but had extended timeframes for applications, accepted year-end W-2s or previous year taxes and had added an additional letter to our collection process to outreach to those affected by COVID-19. As of today, SVMC is no longer sending an additional collection letter to patients and we are following our official financial assistance policy as it relates to application timelines and tax requirements.

ii. How has your handling of patient collections changed?

Management's Response

In last year's response, SVMC indicated that we had held accounts from being sent to collections from 03/15/20 – 7/20/20 and resumed normal collection activity as of 7/20/20. There are no additional updates.

b. Do you work with collection agencies?

Management's Response

Yes

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.

Management's Response

SVMC does not sell patient debt. SVMC contracts with collection agencies for a percentage of collections of patient debt. Once SVMC has reviewed an account and determined that criteria has been met for collections, the account is sent to a collection agency via a weekly file. If the collection agency is unsuccessful in contacting the patient or collecting the outstanding debt the account is returned to SVMC after 180 days. This

initial collection agency does not report to credit bureaus. SVMC reviews the accounts returned from the agency, accounts with balances under \$100 are adjusted, and accounts with balances over \$100 are transferred to a secondary collection agency. The second collection agency returns inactive accounts to SVMC once it has been determined that they are uncollectable. The second agency does report to credit bureaus.

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

Management's Response

SVMC works closely with the collections 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 collection 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.

iii. How many patients had bills that you sent to collection agencies during the following timespans?

Management's Response

Q4 FY2019 and Q1-Q3 FY 2020:

July 2019 – June 2020 : 14,414

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

Q4 FY2020 and Q1-Q3 FY 2021:

July 2020 – June 2021: 20,279

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

iv. What is the total dollar amount of the bills sent to collection agencies during the following timespans?

Management's Response

Q4 FY2019 and Q1-Q3 FY 2020:

\$5,142,947

Q4 FY2020 and Q1-Q3 FY 2021:

\$7,697,833

3. Medicaid Screening Process

a. Emergency Medicaid

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

Management's Response

SVMC does not have written policies regarding Emergency Medicaid. All SVMC departments are educated on the availability of our financial counselor. Patients are referred to our financial counselor for assistance in applying for Medicaid from all departments. The financial counselor and social services work with self-pay patients that have been admitted through the emergency room to screen for 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 patient 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 SVMC OB/GYN office works closely with the financial counselor to screen any self-pay labor and delivery patients for Medicaid.

- 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 receive emergency Medicaid.***

Management's Response

SVMC does not separately track emergency Medicaid patients from all patients that our financial counselor/Certified assistor screens for insurance.

- 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.***

Management's Response

SVMC does not separately track emergency Medicaid patients from all patients that our financial counselor / certified assistor screens for insurance.

- iv. If your organization has outreach material 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.***

Management's Response

SVMC does not have outreach material.

b. Deemed Newborns

Management's Response

SVMC billing office reviews all self-pay newborn accounts and contacts Medicaid and/or newborn parents to resolve any issues with coverage.

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 intermittent broadband and/or cellular telephone service, and***
- d. Patients who are not US citizens***

Management's Response

Yes. Southwestern Vermont Medical Center (SVMC) is beginning to evaluate which metrics best reflect the healthcare journey of vulnerable populations. The primary challenge in doing so is the absence of capture of specific patient characteristics within the electronic medical record - for example we do not routinely collect the quality of a patient's broadband or cell service. At this time it is challenging to analyze difference in access to care or clinical efficacy by patient characteristics.

SVMC does utilize a third-party vendor to survey patients about their experience (patient satisfaction). This survey provides an opportunity for the patient to voluntarily declare characteristics such as race, however, many patients do not offer this information. SVMC has analyzed patient experience data segmented by the limited patient characteristics provided.

If there are any questions or comments please do not hesitate to contact Stephen D. Majetich, Chief Financial Officer at 802.447.5011 or Stephen.majetich@svhealthcare.org.

Respectfully submitted,



Stephen D. Majetich
VP of Finance/CFO