



# Springfield Hospital

*Where People Come First*

**VERMONT LEGAL AID, INC.  
OFFICE OF THE HEALTH CARE ADVOCATE  
JULY 6, 2022**

**1. Hospital Financial Assistance and Bad Deb 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?

*We did not change our process or procedures.*

ii. How has your handling of patient collections changed?

*No change.*

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

*We reviewed our policy in Q2 FY22.*

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.

*The account is placed on hold with the collection agency and the balance resolved resulting in a potential withdrawal of account from collection or a modified balance corrected, and the collection process resumed.*

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

*There is a process to notify patients when accounts are in jeopardy of write off to bad debt, this is the statement letter process. When accounts are written off to a collection agency patient are notified via a collection letter. There is not process to notify patients when the account is actually referred for collection activity.*

iii. How many patients had bills that you sent to a third party to collect the debt during the following timespans:

*(1) Q4 FY 2020 and Q1-Q3 FY2021; and, (2) Q4 FY2021 and Q1-Q3 FY 2022  
Q4 FY2020 (7/1/2020 – 9/30/2020), 1478 patients for \$1,404,848, Q1-Q3  
FY2021 (10/1/2020 – 6/30/2021) 2,104 Patients for \$2,067,740, Q4 FY2021*

(7/1/2021 – 9/30/2021) 1,119 patients for \$881,056, and Q1-Q3 FY2022 (10/1/2021 – 6/30/2022) 1,837 patients for \$2,189,367.

- 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 FY 2021 and Q1-Q3 FY 2022

See 1, b, iii above.

- 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.

The FY2021 bad debt for patients with commercial insurance is \$1,228,760. The bad debt for patients with Medicare is \$375,285 and bad debt for patients without insurance is \$1,344,795. The FY 2022 projected bad debt for patients with insurance is \$1,281,298, for patients with Medicare the projection is \$526,556, and private pay bad debt projection is \$1,111,302.

## 2. 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.

Our Financial Assistance Policy defines how we communicate availability of assistance to all patients and is available via registration welcome packets, web, brochures at every entry. If a patient is identified as having no insurance, outreach counselors offer assistance. If a patient is admitted through the ED to inpatient, registration notifies the patient.
- 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.

We have very few patients on an annual basis that meet the Emergency Medicaid criteria. Uninsured patients are screened for Medicaid, Emergency Medicaid, Qualified Health Plans, and financial assistance through our collaborative relationship with Valley Health Connections.

- iii. For Q1-Q3 of FY 2022, please provide the number of labor and delivery patients who were covered by emergency Medicaid.

We do not have a maternity program currently.

- 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.  
Our financial assistance policy and applications are available at every point of entry at Springfield Hospital, through physician offices, and are also available for download on our website. The printed materials are available in English. Our language translation line is available to assist as needed.  
<https://springfieldhospital.org/financial-assistance-from-springfield-hospital/>
  
- b. Deemed Newborns<sup>2</sup>
  - i. If your organization has written policies regarding screening newborns for Medicaid in line with HBEE rule 9.03(b), please provide them.  
We do not have a maternity program currently.
  
  - 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.  
See above.
  
- 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.  
We are currently reviewing the regulation and taking steps to implement the program.

### 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.  
Springfield Hospital has rolled out its DEI training program, and is participating in the Springfield Health Equity Initiative (In collaboration with SEVCA and the Vermont Department of Health). Please see Section C of the GMCB Narratives for further details.
  
- 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 the 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?

Springfield Hospital is in the process of forming its DEI committee under the supervision of our VP of Human Resources and the committee goals will be to uphold Springfield Hospital's non-discrimination policies. We are not creating a full-time position for this purpose. See 3d below for further detail.

- c. Please describe the process for how your hospital handles patient complaints related to discrimination.  
Please see Attachment A which outlines our process for handling all complaints, including those relating to discrimination.
- d. How much funding in your current and future budgets has been allocated to DEI and/or racial equity focused projects, trainings, collaborations?  
DEI projects are undertaken by current Springfield Hospital staff; no additional position has been added. Rather than duplicate efforts, our VP of Marketing & Development is participating in the Springfield Health Equity Initiative, one of 12 partnerships statewide and a regional collaborative effort led by Southeastern Vermont Community Action (SEVCA) in collaboration with the Vermont Department of Health, and funded by the CDC to address equity and disparities. Springfield Hospital's internal DEI efforts are led by our VP of Human Resources and a committee is being formed for this purpose.
- 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?  
Since January 2022, Springfield Hospital has been conducting DEI training.  
All new hires are also provided DEI training.  
Department Managers – Inclusion in the Workplace Course 17/23  
All Employees – Cultivating a Culture of Belonging 259/370  
Department Managers – Onboarding Preparation to Increase Employee Engagement (included DEI training) 23/27  
Human Resources – Diversity in Recruitment 1/1

#### **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.  
Springfield Hospital has demonstrated remarkable resilience, having managed a successful exit from Chapter 11 while also battling innumerable COVID-19 obstacles, including infection control in the face of community spread, supply chain shortages, unprecedented inflation, and workforce challenges to name a few.

We maintain rigorous cost control and continuous improvement for operating and staffing efficiencies. Our operating margin is extremely tight in a challenging revenue environment with daily cost increases that are beyond our control. Our current

budget request is thoughtful, responsible, and essential to sustain local access to needed local health care services.

Should the GMCB decide to reduce or deny our charge request, such a decision will force us to prioritize and potentially reduce services to reflect mandated budgetary constraints. Such a reduction would be extremely challenging since Springfield Hospital has already undertaken these steps as we worked through our Chapter 11 reorganization.

We respectfully request the Board approve our budget request, allowing us to continue our strategic planning process to stabilize and sustain access to hospital services for the benefit of our region.

## VERMONT LEGAL AID, INC QUESTIONS

### ATTACHEMENT A

All patient complaints must be identified and addressed in a timely and efficient manner.

Submissions are invited in writing and will be forwarded to the Department Manager for investigation and appropriate response.

The following procedures will be used in receiving and responding to patient complaints:

- All formal customer complaints will be encouraged to be submitted in writing to Customer Relations.
- Persons who express a desire to file a formal complaint verbally, either in person or via a telephone call (802-885-7299), will be given instructions how to complete and submit a written Customer Complaint/Grievance Form to Customer Relations.
- The Department Manager is responsible for resolving the formal written complaint or, if necessary, to refer it to the Quality Improvement Office within 30 days for investigation, review, and resolution.
- Department Managers are responsible for following-up on all patient complaints and for responses to patients, the Division VP, or the Corporate Compliance Office, as appropriate.
- If the patient is not satisfied with the resolution of the complaint, he/she may appeal this decision in writing directly to the Corporate Compliance Office.
- Patients may mail all submissions to Customer Relations #862, Springfield Hospital, 25 Ridgewood Rd., Springfield, VT 05156. Alternatively, patients may email submissions to [customerrelations@springfieldhospital.org](mailto:customerrelations@springfieldhospital.org), or fax submissions to (802) 885-7357.