

**SCHEDULE H  
(Form 990)**

**Hospitals**

OMB No. 1545-0047

**2018**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, question 20.
- ▶ Attach to Form 990.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization: **Northeastern Vermont Regional Hosp, Inc.** Employer identification number: **03-6013761**

**Part I Financial Assistance and Certain Other Community Benefits at Cost**

|   | Yes | No |
|---|-----|----|
| <b>1a</b> Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a   | X   |    |
| <b>b</b> If "Yes," was it a written policy?   | X   |    |
| <b>2</b> If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year.<br><input type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities<br><input type="checkbox"/> Generally tailored to individual hospital facilities |     |    |
| <b>3</b> Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.   |     |    |
| <b>a</b> Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care?<br>If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care:<br><input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ %  | X   |    |
| <b>b</b> Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care:<br><input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input checked="" type="checkbox"/> 400% <input type="checkbox"/> Other _____ %              | X   |    |
| <b>c</b> If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.  |     |    |
| <b>4</b> Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?   | X   |    |
| <b>5a</b> Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?   | X   |    |
| <b>b</b> If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?   |     | X  |
| <b>c</b> If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?   |     |    |
| <b>6a</b> Did the organization prepare a community benefit report during the tax year?  |     | X  |
| <b>b</b> If "Yes," did the organization make it available to the public?  |     |    |

Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.

**7 Financial Assistance and Certain Other Community Benefits at Cost**

|  | (a) Number of activities or programs (optional) | (b) Persons served (optional) | (c) Total community benefit expense | (d) Direct offsetting revenue | (e) Net community benefit expense | (f) Percent of total expense |
|--|---|-------------------------------|-------------------------------------|-------------------------------|-----------------------------------|------------------------------|
| <b>Financial Assistance and Means-Tested Government Programs</b>                                   |   |                               |                                     |                               |                                   |                              |
| <b>a</b> Financial Assistance at cost (from Worksheet 1)   |   |                               | 1,345,838.                          |                               | 1,345,838.                        | 1.51%                        |
| <b>b</b> Medicaid (from Worksheet 3, column a)   |   |                               | 20,307,410.                         | 13,172,346.                   | 7,135,064.                        | 8.01%                        |
| <b>c</b> Costs of other means-tested government programs (from Worksheet 3, column b)              |   |                               |                                     |                               |                                   |                              |
| <b>d Total.</b> Financial Assistance and Means-Tested Government Programs                          |   |                               | 21,653,248.                         | 13,172,346.                   | 8,480,902.                        | 9.52%                        |
| <b>Other Benefits</b>  |   |                               |                                     |                               |                                   |                              |
| <b>e</b> Community health improvement services and community benefit operations (from Worksheet 4) | 27  | 124,059                       | 1,700,817.                          | 409,614.                      | 1,291,203.                        | 1.45%                        |
| <b>f</b> Health professions education (from Worksheet 5)   | 2   | 10,882                        | 197,751.                            |                               | 197,751.                          | .22%                         |
| <b>g</b> Subsidized health services (from Worksheet 6)   |   |                               | 16,251,806.                         | 12,400,893.                   | 3,850,913.                        | 4.32%                        |
| <b>h</b> Research (from Worksheet 7)   |   |                               |                                     |                               |                                   |                              |
| <b>i</b> Cash and in-kind contributions for community benefit (from Worksheet 8)                   | 8   | 25                            | 214,527.                            |                               | 214,527.                          | .24%                         |
| <b>j Total.</b> Other Benefits   | 37  | 134,966                       | 18,364,901.                         | 12,810,507.                   | 5,554,394.                        | 6.23%                        |
| <b>k Total.</b> Add lines 7d and 7j  | 37  | 134,966                       | 40,018,149.                         | 25,982,853.                   | 14,035,296.                       | 15.75%                       |





**Part V Facility Information** (continued)

**Section B. Facility Policies and Practices**

(complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

Name of hospital facility or letter of facility reporting group Northeastern Vermont Regional Hospital

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 1

|  |     | Yes | No |
|--|-----|-----|----|
| <b>Community Health Needs Assessment</b>   |     |     |    |
| 1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year? .....   | 1   |     | X  |
| 2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C .....  | 2   |     | X  |
| 3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 .....   | 3   | X   |    |
| If "Yes," indicate what the CHNA report describes (check all that apply):  |     |     |    |
| a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility  |     |     |    |
| b <input checked="" type="checkbox"/> Demographics of the community  |     |     |    |
| c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community  |     |     |    |
| d <input checked="" type="checkbox"/> How data was obtained  |     |     |    |
| e <input checked="" type="checkbox"/> The significant health needs of the community  |     |     |    |
| f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups  |     |     |    |
| g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs  |     |     |    |
| h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests   |     |     |    |
| i <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)  |     |     |    |
| j <input type="checkbox"/> Other (describe in Section C)   |     |     |    |
| 4 Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>17</u>  |     |     |    |
| 5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted ..... | 5   | X   |    |
| 6a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C .....  | 6a  |     | X  |
| b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C .....  | 6b  |     | X  |
| 7 Did the hospital facility make its CHNA report widely available to the public? .....   | 7   | X   |    |
| If "Yes," indicate how the CHNA report was made widely available (check all that apply):   |     |     |    |
| a <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>www.nvrh.org/community-health-needs-asses</u>   |     |     |    |
| b <input type="checkbox"/> Other website (list url): .....   |     |     |    |
| c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility  |     |     |    |
| d <input type="checkbox"/> Other (describe in Section C)   |     |     |    |
| 8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11 .....  | 8   | X   |    |
| 9 Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>17</u>  |     |     |    |
| 10 Is the hospital facility's most recently adopted implementation strategy posted on a website? .....   | 10  | X   |    |
| a If "Yes," (list url): <u>www.nvrh.org/community-health-needs-assessment/</u>   |     |     |    |
| b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? .....   | 10b |     |    |
| 11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.  |     |     |    |
| 12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)? .....  | 12a |     | X  |
| b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax? .....   | 12b |     |    |
| c If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$  |     |     |    |

**Part V Facility Information** (continued)

**Financial Assistance Policy (FAP)**

Name of hospital facility or letter of facility reporting group Northeastern Vermont Regional Hospital

|  | Yes      | No |
|--|----------|----|
| Did the hospital facility have in place during the tax year a written financial assistance policy that:  |          |    |
| <b>13</b> Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? .....   | <b>X</b> |    |
| If "Yes," indicate the eligibility criteria explained in the FAP:  |          |    |
| <b>a</b> <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200</u> %<br>and FPG family income limit for eligibility for discounted care of <u>400</u> %   |          |    |
| <b>b</b> <input type="checkbox"/> Income level other than FPG (describe in Section C)  |          |    |
| <b>c</b> <input type="checkbox"/> Asset level  |          |    |
| <b>d</b> <input type="checkbox"/> Medical indigency  |          |    |
| <b>e</b> <input type="checkbox"/> Insurance status   |          |    |
| <b>f</b> <input type="checkbox"/> Underinsurance status  |          |    |
| <b>g</b> <input checked="" type="checkbox"/> Residency   |          |    |
| <b>h</b> <input type="checkbox"/> Other (describe in Section C)  |          |    |
| <b>14</b> Explained the basis for calculating amounts charged to patients? .....   | <b>X</b> |    |
| <b>15</b> Explained the method for applying for financial assistance? .....  | <b>X</b> |    |
| If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):  |          |    |
| <b>a</b> <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application  |          |    |
| <b>b</b> <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application  |          |    |
| <b>c</b> <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process  |          |    |
| <b>d</b> <input checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications  |          |    |
| <b>e</b> <input type="checkbox"/> Other (describe in Section C)  |          |    |
| <b>16</b> Was widely publicized within the community served by the hospital facility? .....  | <b>X</b> |    |
| If "Yes," indicate how the hospital facility publicized the policy (check all that apply):   |          |    |
| <b>a</b> <input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>See Part V, Page 8</u>   |          |    |
| <b>b</b> <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>See Part V, Page 8</u>  |          |    |
| <b>c</b> <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>See Part V, Page 8</u>   |          |    |
| <b>d</b> <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)  |          |    |
| <b>e</b> <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)   |          |    |
| <b>f</b> <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)  |          |    |
| <b>g</b> <input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention |          |    |
| <b>h</b> <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP   |          |    |
| <b>i</b> <input type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by Limited English Proficiency (LEP) populations  |          |    |
| <b>j</b> <input type="checkbox"/> Other (describe in Section C)  |          |    |

**Part V Facility Information** (continued)

**Billing and Collections**

Name of hospital facility or letter of facility reporting group Northeastern Vermont Regional Hospital

|   | Yes | No |
|---|-----|----|
| <b>17</b> Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment? ..... | X   |    |
| <b>18</b> Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:                            |     |    |
| <b>a</b> <input type="checkbox"/> Reporting to credit agency(ies)   |     |    |
| <b>b</b> <input type="checkbox"/> Selling an individual's debt to another party   |     |    |
| <b>c</b> <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP  |     |    |
| <b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process  |     |    |
| <b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C)   |     |    |
| <b>f</b> <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted  |     |    |
| <b>19</b> Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? .....   |     | X  |
| If "Yes," check all actions in which the hospital facility or a third party engaged:  |     |    |
| <b>a</b> <input type="checkbox"/> Reporting to credit agency(ies)   |     |    |
| <b>b</b> <input type="checkbox"/> Selling an individual's debt to another party   |     |    |
| <b>c</b> <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP  |     |    |
| <b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process  |     |    |
| <b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C)   |     |    |
| <b>20</b> Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply):   |     |    |
| <b>a</b> <input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs (if not, describe in Section C)                                |     |    |
| <b>b</b> <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C)  |     |    |
| <b>c</b> <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C)   |     |    |
| <b>d</b> <input checked="" type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C)  |     |    |
| <b>e</b> <input type="checkbox"/> Other (describe in Section C)   |     |    |
| <b>f</b> <input type="checkbox"/> None of these efforts were made   |     |    |

**Policy Relating to Emergency Medical Care**

|   |   |  |
|---|---|--|
| <b>21</b> Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? ..... | X |  |
| If "No," indicate why:  |   |  |
| <b>a</b> <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions   |   |  |
| <b>b</b> <input type="checkbox"/> The hospital facility's policy was not in writing   |   |  |
| <b>c</b> <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)   |   |  |
| <b>d</b> <input type="checkbox"/> Other (describe in Section C)   |   |  |

**Part V Facility Information** *(continued)*

**Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**

Name of hospital facility or letter of facility reporting group Northeastern Vermont Regional Hospital

|  |  | Yes | No |
|--|--|-----|----|
| <b>22</b>  | Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.   |     |    |
|  | <b>a</b> <input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period   |     |    |
|  | <b>b</b> <input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period  |     |    |
|  | <b>c</b> <input checked="" type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period |     |    |
| <b>d</b> <input type="checkbox"/> The hospital facility used a prospective Medicare or Medicaid method |  |     |    |
| <b>23</b>  | During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? .....                           |     | X  |
|  | If "Yes," explain in Section C.  |     |    |
| <b>24</b>  | During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? .....   |     | X  |
|  | If "Yes," explain in Section C.  |     |    |

**Part V Facility Information** *(continued)*

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Northeastern Vermont Regional Hospital:

Part V, Section B, Line 5: NVRH conducted a CHNA in 2018. This is the third assessment done using the ACA requirement and guidelines. The 2018 CHNA builds on the foundation of the previous assessments. The CHNA used the framework of our regional accountable health community, NEK Prosper. NEK Prosper uses the frameworks of the accountable health community model, Collective Impact, and Results Based Accountability. Likewise, the 2018 NVRH CHNA and companion Implementation Plan use these frameworks. Additionally, the 2018 CHNA is informed by the data compiled, and the community engagement work already done by NEK Prosper, and the overall mission of NEK Prosper to reduce poverty in the region. Although both the population and the percentage of those in poverty are declining for Caledonia and Essex Counties (Source: Vermont State Data Center), we also know that based on the most often used proxy for socio-economic status - income - our region is well below the average and median income compared to the rest of Vermont. Additionally, data shows that the population of Vermont, and our region, is aging faster than other states. Thus, once again low-income families, and older adults were identified as our most vulnerable; consequently, primary source data collection targeted groups of low-income parents and older adults.

The entire CHNA and methodology is available at:

[www.nvrh.org/community-health-needs-assessment/](http://www.nvrh.org/community-health-needs-assessment/)

Northeastern Vermont Regional Hospital:



**Part V Facility Information** *(continued)*

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Part V, Section B, Line 11: An update and current evaluation to the CHNA Implementation Plan is available at [www.nvrh.org/community-health-needs-assessment/](http://www.nvrh.org/community-health-needs-assessment/)

In recognition of the importance of the social determinants of health in overall health and well-being, NVRH has taken the lead in creating NEK Prosper. NEK Prosper uses the framework of Accountable Health Communities, the elements of Collective Impact, and the principles of Results Based Accountability. Key organizations joining NVRH to address the root cause of poor health are the regional mental health organization, housing organization, community action organizations, FQHC organizations, council on aging, and the Vermont Foodbank. Many other state agencies and community based non-profits make up the body of NEK Prosper. NEK Prosper has identified five outcomes for our community: well-nourished, well-housed, physically healthy, mentally healthy, and financially secure. Workgroups have formed in NEK Prosper to provide strategic direction and results-based focus in each outcome area.

Northeastern Vermont Regional Hospital

Part V, line 16a, FAP website:

[www.nvrh.org/patients-visitors/billing-financial/](http://www.nvrh.org/patients-visitors/billing-financial/)

Northeastern Vermont Regional Hospital

Part V, line 16b, FAP Application website:

[www.nvrh.org/patients-visitors/billing-financial/](http://www.nvrh.org/patients-visitors/billing-financial/)

**Part V** Facility Information *(continued)*

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Northeastern Vermont Regional Hospital

Part V, line 16c, FAP Plain Language Summary website:

[www.nvrh.org/patients-visitors/billing-financial/](http://www.nvrh.org/patients-visitors/billing-financial/)

**Part V Facility Information** (continued)**Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? 10

| Name and address  | Type of Facility (describe)   |
|---|-------------------------------|
| 1 NVRH - Corner Medical<br>195 Industrial Parkway<br>Lyndonville, VT 05849                  | Outpatient Physician Clinic   |
| 2 NVRH - St. Johnsbury Pediatrics<br>97 Sherman Drive<br>St. Johnsbury, VT 05819            | General Pediatric Services    |
| 3 Occupational Medicine at NVRH<br>1280 Hospital Drive<br>St. Johnsbury, VT 05819           | Work-Related Med Needs Clinic |
| 4 Women's Wellness Center<br>1315 Hospital Dr, P.O. Box 905<br>St. Johnsbury, VT 05819-0905 | OB/GYN Care Facility          |
| 5 NVRH- Orthopedics- Medical Arts Build<br>1280 Hospital Drive<br>St. Johnsbury, VT 05819   | Orthopedic & Rehab Center     |
| 6 NVRH - Orthopedics - Fracture Clinic<br>4 Sherman Drive<br>St. Johnsbury, VT 05819        | Fracture Clinic               |
| 7 NVRH - Physical Therapy - Lyndonville<br>195 Industrial Parkway<br>Lyndonville, VT 05849  | Physical Therapy Center       |
| 8 NVRH - Physical Therapy - St. Johnsbu<br>97 Sherman Drive<br>St. Johnsbury, VT 05819      | Physical Therapy Center       |
| 9 NVRH - Kingdom Internal Medicine<br>714 Breezy Hill Road<br>St. Johnsbury, VT 05819       | Outpatient Physician Clinic   |
| 10 NVRH - Northern Physical Therapy<br>529 Main Street<br>Lyndonville, VT 05851             | Physical Therapy Center       |

Schedule H (Form 990) 2018

**Part VI Supplemental Information**

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

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Part I, Line 7:

The Organization used three different methods to allocate costs reported in the table: four physician clinics are rural health clinics: NVRH - Corner Medical, NVRH - St Johnsbury Pediatrics, NVRH - Kingdom Internal Medicine, and NVRH - Women's Wellness. Costs for these clinics were taken directly from the Medicare cost report. Costs for other reported programs were direct costs for the program plus an allocation of indirect costs based on a ratio of direct to indirect costs taken from the Medicare cost report. A cost to charge ratio was used to determine the cost of bad debts and free care for all programs reported on the table.

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Part I, Line 7g:

The Organization included as subsidized health services costs attributable to four physician clinics.

1. NVRH - Corner Medical, a primary care physician clinic. Total costs related to this physician clinic were \$4,657,952.

2. NVRH - St Johnsbury Pediatrics, a pediatric physician clinic. Total costs related to this physician clinic were \$2,872,353.

**Part VI** Supplemental Information (Continuation)

3. NVRH - Women's Wellness Center, an obstetrician/gynecological physician clinic. Total costs related to this physician clinic were \$3,782,968.

4. NVRH - Kingdom Internal Medicine, a primary care physician clinic. Total costs related to this physician clinic were \$2,778,488.

Part II, Community Building Activities:

Physical Improvements/Housing

NVRH Community Garden:

NVRH has provided garden space on our campus for community use for 31 years. There are currently 23 garden spots. The garden spots are provided free of charge on a first come, first served basis. The community benefit value is based on the staff time to coordinate the assignment of spots and other correspondence with the gardeners.

Workforce development:

NVRH is located in a rural area with limited access to public transportation. Poverty is also our primary health disparity. We have listened to our community and they tell us they need access to services that are close to home. NVRH takes the lead in recruiting both primary care and specialty physicians and mid level providers to fill the need for access to services close to home. The value listed in this section is related to the costs associated with recruiting primary care and specialty providers; as well as loan repayment for many of our providers (MD, NP, PA, etc). We also support an Associate Degree Nursing Program.

Part III, Line 4:

**Part VI** Supplemental Information (Continuation)

Patient accounts receivable are stated at the amount management expects to collect from outstanding balances. Management provides for probable uncollectible amounts through a charge to operations and a credit to a valuation allowance based on its assessment of payor mix, aged accounts receivable and historical adjustments. Balances that are still outstanding after management has used reasonable collection efforts are written off through a charge to the valuation allowance and a credit to patient accounts receivable.

In evaluating the collectibility of accounts receivable, the Hospital analyzes past results and identifies trends for each of its major payor sources of revenue to estimate the appropriate allowance for doubtful accounts and provision for bad debts. Management regularly reviews data about these major payor sources in evaluating the sufficiency of the allowance for doubtful accounts. For receivables associated with self-pay patients (which includes both patients without insurance and patients with deductible and copayment balances due for which third-party coverage exists for part of the bill), the Hospital records a provision for bad debts in the period of service based on past experience, which indicates that many patients are unable or unwilling to pay amounts for which they are financially responsible. The difference between the standard rates (or the discounted rates if negotiated or eligible) and the amounts actually collected after all reasonable collection efforts have been exhausted is charged against the allowance for doubtful accounts.

Part III, Line 8:

All Medicare allowable costs were taken directly from the Medicare cost report.

**Part VI** Supplemental Information (Continuation)

Part III, Line 9b:

NVRH provides care to all patients regardless of their ability to pay for services. Patients who indicate they have no insurance receive information about NVRH's Patient Assistance program, including the income level eligibility guidelines, with their first bill and with all subsequent bills. Patient Assistance is provided to those patients who, through a written documentation process, are identified as financially needy. Patients that have qualified for 100% Patient Assistance are not billed for subsequent services for one year. After one year, those patients go through the qualification process again. Financial assistance applications are made readily available to patients. There are signs posted throughout the hospital and clinics as well as links on our website.

Part VI, Line 2:

Assessment of community needs is an ongoing process at Northeastern Vermont Regional Hospital. Northeastern Vermont Regional Hospital achieves openness, inclusiveness, and public participation in our strategic planning and decision making in a variety of ongoing and deliberate ways.

NVRH governance structure includes the Northeastern Vermont Regional Corp. (NVRC) Corporators. The over 250 Corporators, representing all the towns in our service area, are an invaluable source of wisdom and perspective for hospital leadership. They are key links in the essential communication system between members of our community and the Hospital.

**Part VI** Supplemental Information (Continuation)

Because the Corporators represent the community, they act as our eyes and ears on the street. The quarterly Corporators meetings are an opportunity for two-way sharing of information. The Corporators share their needs and concerns, as well as the needs and concerns of their families, friends, and neighbors. In return, the Corporators are updated on hospital services, as well as state and national healthcare issues.

The Hospital participates in formal community assessments that are conducted every few years by various community organizations including the Regional Prevention Partnership - Northeast Prevention Coalition, the Housing Coalition, and the Vermont Departments of Health. Hospital staff are active members and partners with these coalitions and organizations.

Formal community assessments begin with identifying a problem or purpose. The purpose could be broad, such as "what are the top priorities in our community" or it could be more specific based on the missions of the Organization. The local prevention coalitions conduct ongoing community engagement activities, including surveys, public forums, community dinners, and listening sessions.

The next step is developing a community profile using primary source data. Primary source data is primarily obtained from the Vermont Department of Human Services Community Profiles. These profiles compile data from a variety of sources including the Behavioral Risk Factor Surveillance System (BRFSS), U.S. Census, the Vermont Health Care Cost and Utilization Project, and several other state and national data sources.

Secondary data is gathered by identifying and getting input from key



**Part VI** Supplemental Information (Continuation)

stakeholders including community leaders, relevant organizations, and community members. Input is gathered by using one on one interviews, surveys (including using online tools like Survey Monkey), and focus forums for all key stakeholder groups.

Inventories of existing services, and gap and/or asset mapping are also typically part of the community assessment process.

As primary and secondary data is gathered the analyzing phase kicks in. Sometimes the focus of an assessment may shift if data reveals a new or more urgent health priority.

Reporting the results of the assessment is an important piece of the process. Every effort is made to get summaries and reports back to interested community members and organizations.

More and more often, the Hospital and partner organizations are using Collective Impact principles when designing community interventions or deciding on which health services to add or enhance. Collective Impact starts with community engagement and buy in, but goes beyond to ensure that knowledge, power, credit, and results are shared fairly between "experts" and community members.

Part VI, Line 3:

A summary of NVRH's Patient Assistance Program and the income eligibility guidelines are included in the first and all subsequent bills sent to patients identified as self pay. The phone number of a financial counselor is also provided. The counselor is available to discuss

**Part VI** Supplemental Information (Continuation)

eligibility guidelines and the qualification process. The counselor also discusses with patients the availability of Medicaid and other State assistance programs.

Information about the NVRH Patient Assistance Program is also available on the NVRH website. Patients can also learn about NVRH's Patient Assistance program via a link to the State's Green Mountain Care Board.

The Patient Assistance Program is available to hospital patients as well as patients of all NVRH-owned physician practices.

## Part VI, Line 4:

Northeastern Vermont Regional Hospital (NVRH) serves about 30,000 people in Caledonia and southern Essex counties in the northeast corner of Vermont. The Hospital is located about 50 miles from the Canadian border to the north, and about 15 miles from the New Hampshire border to the east. Only 3 towns in our service area have a population of more than 2,000 people.

Our area is divided equally between males and females. The area is predominately white (95%) and English is the predominant language. The median income is below the state average at \$46,931 per household (\$56,104 Vermont). Just over half of our residents have a high school diploma or less, under 28% have completed a four year college degree.

Education, healthcare, and social services are the largest employment sectors, followed by retail and then manufacturing. There are three public school supervisory unions, and numerous private and independent

**Part VI** Supplemental Information (Continuation)

schools. There are 3 colleges located in our service area.

Part VI, Line 5:

The Hospital also promoted health and safety throughout the community through the following programs:

1. Baby Sitting Course
2. Bike Safety Fair
3. Blood Drawings at NVRH
4. Energize 365
5. Community Connections
6. Community Gardens
7. Community Wellness Calendar
8. Healthier Living Workshop/ Chronic Pain / DPP
9. Harm Reduction - Medication Drop Box
10. Lactation Services
11. Healthy Homes
12. No Sugar Added Obesity Preventions and Reduction
13. Regional Prevention and Tobacco
14. Radio Education Program
15. Support Group Diabetes
16. Taxi Vouchers
17. Reach Out and Read
18. Veggie Van Go

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2018**

Open to Public  
Inspection

Name of the organization **Northeastern Vermont Regional Hosp, Inc.** Employer identification number **03-6013761**

**Part I General Information on Grants and Assistance**

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

| 1 (a) Name and address of organization or government                              | (b) EIN    | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
|---|------------|---------------------------------|--------------------------|-----------------------------------|---|---------------------------------------|------------------------------------|
| Northern Counties Health Care, Inc. - 165 Sherman Drive - St. Johnsbury, VT 05819 | 51-0199559 | 501(c)(3)                       | 130,380.                 | 0.                                |   |                                       | Community Benefit Grant            |
|   |            |                                 |                          |                                   |   |                                       |                                    |
|   |            |                                 |                          |                                   |   |                                       |                                    |
|   |            |                                 |                          |                                   |   |                                       |                                    |
|   |            |                                 |                          |                                   |   |                                       |                                    |
|   |            |                                 |                          |                                   |   |                                       |                                    |
|   |            |                                 |                          |                                   |   |                                       |                                    |

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **1.**

**3** Enter total number of other organizations listed in the line 1 table **0.**

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2018)