



NORTH  
VALLEY

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HOSPITAL



PLANETREE – *patient centered  
care in a healing environment*

## PATIENT HANDBOOK

### MISSION STATEMENT

*“To collectively serve as a catalyst for healing of the mind, body and spirit in a patient-centered environment, and to commit to stewardship of healthcare resources in order to continually improve the health of the communities we serve.”*



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NORTH VALLEY HOSPITAL IS A SMOKE-FREE/TOBACCO-FREE CAMPUS

## PATIENT FINANCIAL SERVICES POLICIES AND PROCEDURES

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We recognize medical expenses are often large, unplanned and create further stress at a time when your primary concern is health rather than financial issues. It is our goal to help alleviate this issue.

You, as a patient, guardian, or parent of a patient, have a right to a full explanation of charges for hospital services. You also have a responsibility for assuring payment for services received.

It is our goal at North Valley Hospital to serve our customers with the highest quality care within the skills and resources available. Our number one priority is to exceed your expectations. As we strive to create the best possible care and services for you, our valued guest, we ask for your thoughts on how to improve the services we provide.

Please feel free to contact us with your comments for improvement. If you do not find our staff friendly and helpful, please inform us of this as well. This is your community hospital; we value your comments.

## CHECKING IN

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### **What to Bring**

Important papers you **MUST** bring:

- Medical insurance cards
- Photo I.D.
- Name and address of employer
- Name, address and telephone number of closest family member
- List of all medications you are currently taking
- Advance Directive (Living Will) and Durable Power of Attorney

Additional items you may want to bring:

- Nightwear, robe, rubber-soled slippers (hospital gowns and slippers are available)
- Personal toiletries (makeup, razor, toothbrush, shampoo, dentures, etc.)
- Reading materials and your address book
- Phone calling card

If you are packing for your child, you may wish to include:

- Comfortable nightclothes (child-size hospital gowns are available)
- A few special toys
- Coloring books, crayons, books, etc.

## What Not to Bring

Please leave the following items at home:

- Large amounts of money
- Jewelry and other valuables

## PATIENT RIGHTS AND RESPONSIBILITIES

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**Quality Care:** North Valley Hospital believes that it has the responsibility to offer quality care for all of its patients. Therefore, the Hospital's Medical Staff, employees and volunteers are dedicated to providing the highest quality care possible within the skills and resources available. As a teaching institution, medical and paramedical students are held to the same standard.

You, as a patient, guardian, or parent of a patient have both rights and responsibilities that are essential in helping achieve that quality. **Your rights include:**

- Being well informed about the diagnosis, treatment, and likely outcome of your illness, including access to an interpreter when necessary.
- Being cared for with privacy and respect.
- Being informed of community resources that can offer financial, psychosocial, and healthcare assistance after hospitalization.
- Confidentiality of all records concerning your stay. When the hospital releases your record to other parties entitled to review, staff will emphasize that the records are confidential.
- Being informed about and receiving assistance in completing an Advance Directive such as a Living Will or Durable Power of Attorney.
- Consenting to or refusing treatment, or leaving the hospital, even against physician advice. However we strongly recommend that you do not run the personal risk of rejecting that advice.
- A full explanation of charges for hospital services.

### Your Responsibilities Include:

- Making your needs known. Ask if you have questions; your Physician, the Department Manager, or Hospital Administration is available for assistance.
- Being accurate when asked about your medical history.
- Cooperating with those caring for you by following their instructions.
- Assuring your payment for services is received.
- Know the staff is governed by multiple state and federal laws; therefore we are bound to report all cases of actual or suspected abuse and neglect of children, the disabled and the elderly.

**We Are Here to Help:** North Valley Hospital offers personal commitment to your healthcare needs. We recognize our responsibilities to you and hope to fulfill our responsibilities in the best manner possible.

Providing the best possible care means a coordinated effort between the providers and you. We recognize your rights and we hope you recognize your responsibilities.

## NOTICE OF COMMUNITY FUNDED CARE

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North Valley Hospital will give a reasonable amount of its services without charge to eligible persons who cannot afford to pay for care. Community Funded Care is limited to inpatient services, outpatient surgeries, observation services, home oxygen services, MRI's, sleep studies and emergency room services; it does not include elective surgeries or the doctor's portion of the bill.

To be eligible, your family income must be at or below the Poverty Income Guidelines and must have exhausted all other means of assistance. In addition, your total liquid assets must be less than \$1,500 plus \$500 for each family member.

If you think you may be eligible for Community Funded Care, please contact the Patient Financial Service Office as soon as possible. The staff will instruct you as to the requirements that must be met prior to application.

## JOINT NOTICE OF PRIVACY PRACTICES

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This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

### Who Will Follow This Notice

North Valley Hospital (NVH) provides healthcare to our patients and clients in partnership with physicians and other professionals in an Organized Healthcare Arrangement known as an OHCA. The information privacy practices in this notice will be followed by:

- Any healthcare practitioner who treats you at any of NVH's locations, including members of the Hospital's Medical Staff and other allied healthcare practitioners who are granted privileges or other authorization to practice at NVH;
- All departments and units of our organization, including all off-campus units and departments;
- All medical practices operated by the Hospital, including the following: North Country Medical Clinic;
- All employed associates, staff, or volunteers of our organization with whom we share medical information; and
- Any business associate with whom we share medical information;

Rather than have you read and sign different Notices of Privacy Practices for each healthcare practitioner that treats you at NVH, this Joint Notice of Privacy Practices will serve as

authority for all healthcare practitioners who treat you to have access to, and to share, your medical information with each other and all members of the OHCA, as described in this Joint Notice.

Unless your doctor is affiliated with one of the NVH medical practices listed above, this notice does not apply to the use and disclosure of your medical information in connection with treatment you receive at your doctor's private office, payment for services provided at your doctor's own office, or your doctor's healthcare operations. Your personal doctor may have different policies regarding his or her use and disclosure of the medical information that is created or maintained in his or her office. Your personal doctor will provide you with a separate Notice of Privacy Practices that pertains to the use and disclosure of your medical information in connection with treatment, payment, or healthcare operations at his or her office.

If your doctor is affiliated with one of the NVH medical practices listed above, this Notice of Privacy Practices will apply to the use and disclosure of your medical information created or maintained at that office.

### **Our Pledge, Medical Information**

We understand that medical information about you is personal, and we are committed to protecting such information. We create a record of the services you receive to provide quality care and to comply with legal requirements. This notice applies to all of the records relating to your health that we maintain, whether created by our staff or your personal doctor. This is shared for purposes of carrying out treatment, payment, or healthcare operations while you are a patient at North Valley Hospital. This notice does not apply to the use and disclosure of your medical information in connection with treatment you receive at your doctor's own office, payment for services provided at your doctor's own office, or your physician's own healthcare operations. Your doctor(s) or healthcare provider(s) may have different policies or notices regarding their use and disclosure of your medical information that is created or maintained in their offices.

We are required by law to:

- Give you this notice of our legal duties and privacy practices with respect to medical information about you.
- Keep medical information about you private.
- Abide by the terms of the Joint Notice of Privacy Practices that is currently in effect.

### **Changes to this Notice**

We may change the terms of our notice at any time. The new notice will be effective for all medical information that we maintain at that time, as well as new information after the change occurs. Before we make a significant change in our policies, we will change our notice and post the new notice in the hospital and on our website at [www.nvhosp.org](http://www.nvhosp.org). You can receive a copy of the current notice at any time. You will be given a current notice each time you register at the hospital for treatment. You will also be asked to acknowledge, in writing, your receipt of this notice.

## How We May Use and Disclose Medical Information

**Treatment:** We may use and disclose medical information about you to provide you with medical treatment or services. For example, we may disclose medical information about you to doctors, nurses, technicians, medical students, and others involved in your care at North Valley Hospital. Different departments of the hospital may also share medical information about you in order to coordinate things you need, such as prescriptions, lab work, and x-rays.

Our organization shares your health information with the Health Information Exchange of Montana (HIEM) in a community-wide information system for the purposes of diagnosis, treatment and care coordination. Other healthcare providers may access your health information through this system as a part of your treatment. Contact Traci Waugh, Privacy Officer, for questions or concerns.

**Payment:** We may use and disclose medical information about you so that the treatment and services you receive at the hospital may be billed to, and payment may be collected from you, an insurance company, or a third party. We may also tell your health plan about a treatment you are going to receive in order to obtain prior approval or to determine whether your plan will cover the treatment. For example, we may need to give your health plan information about surgery you received at the hospital so your health plan will pay us or reimburse you for the surgery.

**Healthcare Operations:** We may use and disclose medical information about you for the support of our healthcare operations. These uses and disclosures are necessary to run the hospital and make sure that all our patients receive quality care. For example, we may use and disclose medical information to review our treatment and services and to evaluate the performance of our staff in caring for you or to accrediting agencies that evaluate our performance.

We may use or disclose medical information about you without your authorization for several other reasons: subject or neglect reporting, health oversight audits or inspections, research studies, funeral arrangements and organ donation, workers' compensation purposes, and emergencies. We also disclose medical information when required by law, such as in response to a request from law enforcement in specific circumstances, or in response to valid judicial or administrative orders. We may also contact you to advise you of doctors participating in our health plan network or products, services involved in your medical care or involved in payment related to your care, or to disaster relief authorities so that your family can be notified of your location and condition.

We may also contact you for appointment reminders, or to tell you about or recommend possible treatment options, alternatives, health-related benefits or services that may be of interest to you, or to support fundraising efforts.

If admitted as a patient, unless you tell us otherwise, we will list in the patient directory your name, location in the hospital, and general condition to anyone who asks about you by name.

In any other situation not covered by this Notice, we will ask for your written authorization before using or disclosing medical information about you. You may revoke this authorization at any time by notifying us in writing of your decision.

## Your Rights

In most cases, you have the right to inspect and obtain a copy of medical information about you that we maintain for as long as we maintain information. If you request copies, we may charge a fee for the cost of copying, mailing, or other related supplies. If we deny your request to review or obtain a copy, you may submit a written request for review of that decision. You have the right to request that we not use or disclose any part of your medical information for purposes of treatment, payment or healthcare operations or to a person involved in your care except when specifically authorized by you, when required by law, or in an emergency. We are not required to agree to a restriction that you request. We will inform you of our decision on your request.

Under certain circumstances, you have the right to receive confidential communications of medical information from us by alternative means or at alternative locations upon request.

You have the right, upon written request, to receive a list of instances where we have disclosed medical information about you for purposes other than for treatment, payment, healthcare operations, or where you specifically authorized a disclosure upon written request. The request must state the time period desired for the accounting, which must be less than 6 years from the date of the request.

If you believe information that we maintain about you is incorrect or if important information is missing, you have the right to request that we correct the existing information or add the missing information. We may deny your request to amend the information if it was not created by us, if we do not maintain the information, or if we determine that the information is accurate. You may appeal, in writing, a decision by us not to amend a record.

You have the right to obtain a paper copy of this notice from us, upon request, even if you have agreed to accept this notice electronically. All written requests or appeals should be submitted to the Privacy Officer.

## Complaints

If you are concerned that we have violated your privacy rights or you disagree with a decision we make about access to your records, you may contact the Privacy Officer. You also may send a written complaint to the U.S. Department of Health and Human Services. The Privacy Officer can provide you with the appropriate address upon request. **You may contact our Privacy Officer, Traci Waugh at (406) 863-3508 for further information about the complaint process.** Under no circumstances will you be penalized or retaliated against for filing a complaint. ***This notice was published and became effective on April 14, 2003.***

## TIME FOR DECIDING

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**Informed Consent:** Informed consent means you have been given information about a procedure or treatment that is planned for you. This includes the need for the procedure, risks, outcomes, and alternative approaches. It also means that you have thought about it, understand it, and agree to it. Remember to sign a consent form only after you feel fully informed.

**Life Support Systems:** Life support systems for the body can be as simple as a feeding tube or as complex as a mechanical ventilator. Many times, support systems help individuals overcome a medical crisis or assist them with breathing after surgery. Life support systems also enable us to prolong the life of terminally ill people.

Some people would prefer not to be kept on life support if it prolongs the dying process. Others want everything possible done. It is important to communicate with your doctor, healthcare team and family about your wishes concerning life support.

North Valley Hospital recognizes the right of the individual to make these choices. Deciding to forego life-sustaining measures does not mean that medical and nursing care are stopped. In fact, efforts to keep you or your loved one comfortable may become more intense at this time.

**Resuscitation:** Resuscitation is potentially a lifesaving procedure. It can include compressing the chest to initiate circulation, shocking the chest to stimulate the heart, connecting a tube in the windpipe to a machine that breathes for the individual and administering medications.

Resuscitation procedures may use life-support systems to save or prolong lives. You need to talk with your doctor about using resuscitation procedures in your case. Your wishes should be shared with your family or close friends. You may also want to appoint someone who knows your wishes and will make them known if you are unable to do so. It is helpful and important to put your decision in writing.

## ADVANCE DIRECTIVES

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### The Living Will and Durable Power of Attorney for Healthcare

An Advance Directive is a written document in which a competent adult records the medical care they will desire or refuse. The Living Will and Durable Power of Attorney for Healthcare are two types of Advance Directives.

A Living Will is recognized in our state by the “Montana Rights of the Terminally Ill Act.” It is a document that allows you to tell others what care you want or do not want should you become terminally ill or unable to make decisions for yourself. It is important to put these treatment wishes in writing and to talk with your doctor and family. It is implemented only in situations in which your doctor thinks you have an incurable condition that will cause your death in a short period of time.

The Durable Power of Attorney for Healthcare is a legal document that appoints someone else to make decisions about your medical care if you cannot. Resource staff at North Valley Hospital can assist you with obtaining this document. The document does need to be witnessed and notarized.

**What if Conditions Change?** Despite the best predictions, conditions do change. You may change your decision at any time. This can be done orally or in writing. If you should need to do this, be sure and let your doctor, the hospital staff and your family know.

## ORGAN DONATIONS

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Montana state law requires that hospitals offer organ and tissue donation as an option when appropriate. In Montana, you may also express your wish to be an organ donor on your driver's license. Your doctor or your hospital representative will talk with you about organ donation and answer your questions. It may represent a difficult time for you or your family, but be assured that any decision you make will be supported. The following questions and answers may help you with your decision.

**Why are organs needed now?** More accurate tissue matching and new drugs allow a greater number of successful transplants. Lives can be saved with many donated organs including heart, lungs, kidneys, eyes, liver, pancreas, skin, bone, and bone marrow. Unfortunately, those who need transplants outnumber available organs. Written consent for organ and tissue donation may include multiple or specific organs.

**Are there additional opportunities for helping others when someone dies?** Yes. There are a variety of students educated at North Valley Hospital. When someone dies, it represents a chance to practice life-saving procedures like inserting a tube into the lungs. A family member may be asked to give their permission to allow teaching this technique.

**Is there a religious conflict?** Transplantation is accepted by most religions. You may wish to talk to your religious advisor before making any decision.

**Will there be any additional charges for donations?** No, all costs involved with transplantation are paid by the center that retrieves the organ or tissue.

## INSURANCE

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North Valley Hospital will gladly file your insurance claim for you. Upon your visit to the hospital, a Guest Relations Representative will ask you a series of questions (i.e. your name, address, insurance information, social security number and physician's name).

You will also be asked to present proof of insurance and a picture I.D. This information assists us in maintaining federal and state standards.

Some insurance companies now require pre-certification or preauthorization prior to your visit. We will be happy to make this call for you if you notify us in advance. However, **it is your responsibility**, along with your physician to obtain preauthorization. You will be responsible for charges incurred should your insurance company deny your hospital stay.

If you have insurance, but do not have proof of insurance with you, you will be billed for services received until insurance information can be obtained. It is your responsibility to provide us with the necessary information to bill your insurance, including an insurance mailing address, your policy number, group number and the name of the subscriber.

You will be expected to pay your estimated co-payment and deductible at the time of registration. You may be asked to leave a deposit if we are unable to determine what your co-payment will be.

We allow 30-60 days for your insurance company to pay your claim or respond to us relative to the status of your claim. Our goal is to have your claim paid within 45 days, and we will make every effort to contact your insurance company and inquire about the expected payment.

**Refunds:** Due to a slow response from your insurance company, you may be asked to make monthly payments until your insurance company responds. Once the insurance has responded, any overpayment that occurs will be refunded to you within two weeks. If your refund is needed immediately, we will make every effort to honor your request.

It is the policy of the hospital to review all of your accounts; if we find any account with a balance, the refund will be applied to that account. If your payment history with this facility has been prompt, we will honor your request for the refund and process it within two weeks.

## GENERAL INFORMATION

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**Room Rates:** Room rates are incurred from midnight to midnight. You will be charged the first day's stay and not the last.

**Tippling and Gifts:** Employees are prohibited from accepting tips and gifts of significant value. We ask instead that your gratitude be expressed in a letter to the staff, recommending our services to your friends, or making a donation to our foundation.

**Spiritual Care:** Spiritual support is part of your medical care. Knowing your religious preference information helps us meet your care needs. Pastoral visits are available. A Meditation Room is located next to the water feature in the mall corridor for your spiritual needs.

**Visiting Hours:** We strive to keep our visiting policy flexible to meet the needs of our patients. Our patients' comfort and rest are our primary concern.

**Inquiries of Payments Made for Tax Purposes:** North Valley Hospital encourages you to keep your receipts as proof of payment made for tax purposes. Should you need to obtain proof of payments made, we cannot guarantee that you will receive this information in a timely fashion nor honor your request; you may be charged a processing fee.

**Community Health Library:** Internet access is available to our patients and their families in the Community Health Library next to the Gift Shop. The NVH website is set on the computer for easy access to health-related websites. Please visit our library for your informational and educational needs.

**Cuisine On Call:** Nutrition and dietary needs are an important part of your hospital stay. Our "Cuisine On Call" menu has been designed to incorporate fresh, wholesome foods with healthy eating choices and also provides you direct access to the dietary department. The dietary department is committed to providing a variety of food choices at times that are

convenient for you. A sample menu is found at your bedside. Please **call extension 3591 any time from 7 am -5:30 pm**; after hours, your nurse can help you with your dietary needs.

- A Registered Dietitian is available for specific dietary needs upon request or by recommendation from your physician.
- Your family members or friends are welcome to join you as a patient for a meal or eat in the Valley Cafe located on the left just inside the main entrance.
- Vending machines are available in the Valley Cafe.

**Notary Public Services:** Notary Public Services are available to our patients during their hospital stay. Please contact your nurse for more information about arranging to utilize the services of a notary public.

**Outpatient Services Disclaimer:** The hospital permits many different types of practitioners to order diagnostic services in the outpatient facilities of the Hospital. These practitioners are not employees of the Hospital; some may not be members of the Hospital's Medical Staff. North Valley Hospital sends the results of tests performed in the outpatient facilities of the Hospital to the ordering practitioner. The Hospital is not responsible for the types of tests or services ordered, or for prescribing follow-up care and treatment. The ordering practitioner is responsible for any follow-up care and treatment you may need based on the tests performed. If you want another practitioner participating in your care to receive results of tests performed at the Hospital, you must make arrangements for transfer of that information with the ordering practitioner.

**In Case of Errors or Inquiries About Your Bill:** Send your inquiry, in writing, within 60 days after the bill was mailed to you. Your written inquiry must include:

- Your name and account number.
- A description of the error and why you believe it is in error, and the dollar amount of the suspected error.

You remain obligated to pay the parts of your bill not in dispute. We will review your inquiry within 30 days and get back with you with the results of our findings.

**Send inquiries concerning your statement to:**

North Valley Hospital  
Patient Financial Services  
1600 Hospital Way  
Whitefish, MT 59937

## AN IMPORTANT MESSAGE FROM MEDICARE/CHAMPUS/TRI-CARE

### Your Rights While You are a Medicare/Champus/Tri-Care Hospital Patient:

- You have the right to receive all the hospital care that is necessary for the proper diagnosis and treatment of your illness or injury. According to Federal law, your discharge date must be determined solely by your medical needs, not by “Diagnosis Related Groups” (DRGs) or Medicare, Champus, Tri-Care payments.
- You have the right to be fully informed about decisions affecting your Medicare/Champus/Tri-Care coverage and payment for your hospital stay and any post-hospital services.
- You have the right to request a review by a Peer Review Organization (PRO) of any written Notice of Non-coverage that you receive from the hospital stating that Medicare/Champus/Tri-Care will no longer pay for your hospital care. PROs are groups of doctors who are paid by the Federal government to review medical necessity, appropriateness, and quality of hospital treatment furnished to Medicare/Champus/Tri-Care patients. The phone number and address of the PRO for your area is:

### Medicare Patients

Mountain Pacific Quality Health Foundation  
3404 Cooney Drive  
Helena, MT 59602  
1-800-497-8232

### Champus/Tri-Care Patients

For medical-surgical care/service:

TriWest Healthcare Alliance Corp.  
Attn: Reconsideration Unit  
P.O. Box 42049  
Phoenix, AZ 85080  
1-888-TriWest (874-9378)

For mental health and substance abuse care/service:

Merit Behavioral Care Corp.  
Attn: Reconsideration Unit  
P.O. Box 42150  
Phoenix, AZ 85080  
1-888-TriWest (874-9378)

### Talk to Your Doctor About Your Stay in the Hospital

You and your doctor know more about your healthcare needs than anyone else. Decisions about your medical treatment should be made between you and your doctor. If you have any questions about your medical treatment, your need for continued hospital care, your discharge, or your need for possible post-hospital care, don't hesitate to ask your doctor. The hospital's staff will also help you with your questions and concerns about hospital services.

## If You Think You Are Being Asked to Leave the Hospital Too Soon

- Ask a hospital representative for a written notice of explanation immediately, if you have not already received one. This notice is called a “Notice of Non-coverage.” You must have this Notice of Non-coverage if you wish to exercise your right to request a review by the PRO.
- The Notice of Non-coverage will state either that your doctor or the PRO agrees with the hospital’s decision that Medicare/Champus/Tri-Care will no longer pay for your hospital care.
- If the hospital and your doctor agree, the PRO does not review your case before a Notice of Non-coverage is issued. The PRO will respond to your request for a review of your Notice of Non-coverage and seek your opinion. You cannot be made to pay for your hospital care until the PRO makes its decision, if you request the review by noon of the first workday after you receive the Notice of Non-coverage.
- If the hospital and your doctor disagree, the hospital may request the PRO to review your case. If it does make such a request, the hospital is required to send you a notice to that effect. In this situation, the PRO must agree with the hospital or the hospital cannot issue a Notice of Non-coverage. You may request that the PRO reconsider your case after you receive a Notice of Non-coverage; since the PRO has already reviewed your case once, you may have to pay for at least one day of hospital care before the PRO completes this reconsideration.

**If you do not request a review, the hospital may bill you for all the costs of your stay beginning with the third day after you receive the Notice of Non-coverage. The hospital, however, cannot charge you for care unless it provides you with a Notice of Non-coverage.**

## How to Request a Review of the Notice of Non-coverage

If the Notice of Non-coverage states that your physician agrees with the hospital’s decision:

- You must make your request for review to the PRO by noon of the first workday after you receive the Notice of Non-coverage by contacting the PRO by phone or in writing.
- The PRO must ask for your views about your case before making its decision. The PRO will inform you by phone and in writing of its decision of the review.
- If the PRO agrees with the Notice of Non-coverage, you may be billed for all costs of your stay beginning at noon of the day after you receive the PRO’s decision.
- Thus, you will not be responsible for the cost of hospital care before you receive the PRO’s decision.

If the Notice of Non-coverage states that the PRO agrees with the hospital’s decision:

- You should make your request for reconsideration to the PRO **immediately** upon receipt of the Notice of Non-coverage by contacting the PRO by phone or in writing.
- The PRO can take up to three working days from receipt of your request to complete the review.

- The PRO will inform you in writing of its decision on the review.
- Since the PRO has already reviewed your case once, prior to issuing the Notice of Non-coverage, the hospital is permitted to begin billing you for the cost of your stay beginning with the third calendar day after you receive your Notice of Non-coverage, even if the PRO has not completed its review.
- Thus, if the PRO continues to agree with the Notice of Non-coverage, you may have to pay for at least one day of hospital care.

**Note:** The process described above is called “immediate review.” If you miss the deadline for this immediate review while you are in the hospital, you may still request a review of Medicare/Champus/Tri-Care’s decision to no longer pay for your care at any point during your hospital stay or after you leave the hospital. The Notice of Non-coverage tells you how to request this review.

### **Post-Hospital Care**

When your doctor determines that you no longer need all the specialized services provided in a hospital but you still require medical care, he or she may discharge you to a skilled nursing facility or home care. The discharge planner at the hospital will help arrange for the services you may need after your discharge. Medicare/Champus/Tri-Care and supplemental insurance policies have limited coverage for skilled nursing facility care and home healthcare. Therefore, you should find out which services will or will not be covered and how payment will be made. Consult with your doctor, hospital discharge planner, patient representative, and your family in making preparations for care after you leave the hospital.

**Don’t hesitate to ask questions.**



## **NORTH VALLEY HOSPITAL**

1600 Hospital Way • Whitefish, MT 59937

(406) 863-3500 or 1-888-815-5528 Toll Free Montana

[www.nvhosp.org](http://www.nvhosp.org) • E-mail: [nvhptacc@nvhosp.org](mailto:nvhptacc@nvhosp.org)



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