Patience, a different kind of hospital. A different kind of care.

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.
# TABLE OF CONTENTS

2 Patient Financial Services Policies and Procedures

2 Checking In
   2 What to Bring
   2 What Not to Bring

3 Patient Rights and Responsibilities

4 Notice of Availability of Financial Assistance

4 Joint Notice of Privacy Practices
   4 Who Will Follow This Notice
   5 Uses And Disclosures
   6 Your Rights
   7 Changes To This Notice
   7 Complaints & Contact Information

7 Time for Deciding

8 Advance Directives

9 Visitation

9 Organ Donations

10 Insurance

10 General Information

12 An Important Message From Medicare/Champus/Tri-Care
   13 Talk to Your Doctor About Your Stay in the Hospital
   13 If You Think You Are Being Asked to Leave the Hospital Too Soon
   13 How to Request a Review of the Notice of Non-Coverage
   14 Post-Hospital Care

14 Nondiscrimination Policy

14 Notice of Program Accessibility

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North Valley Hospital is a smoke-free/tobacco-free campus
Patient Financial Services Policies and Procedures

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.

A copy of our standard charges is available by contacting Patient Financial Services at 406-863-3724 or online at www.nvhosp.org under the Patient Resources section. 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

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
- Mobile phone

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

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 completing an Advance Directive such as a Living Will or Durable Power of Attorney for Healthcare.
- 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, you provider, the department manager, or the hospital administrator 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.
- Knowing 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 is a coordinated effort between you and the providers. We recognize your rights and we hope you recognize your responsibilities.
Notice of Availability of Financial Assistance

North Valley Hospital will give a reasonable amount of its services without charge to eligible persons who cannot afford to pay for care. All non-elective services will qualify for financial assistance consideration, including any hospital or clinic-owned physician services received at North Valley Hospital or off-site location.

To be eligible to receive financial assistance, your family income must be at or below 400% of the Federal 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 financial assistance please contact the Business Office as soon as possible to learn more about the requirements that must be met prior to application.

Joint Notice of Privacy Practices

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.

North Valley Hospital (NVH) is required by law to maintain the privacy of your protected health information, to notify you of our legal duties and privacy practices with respect to your health information, and to notify affected individuals following a breach of unsecured health information. This notice summarizes our duties and your rights concerning your information. Our duties and your rights are set forth more fully in 45 CFR Part 164. NVH is required to abide by the terms of our Notice that is currently in effect.

NVH provides healthcare to our patients and clients in partnership with physicians and other professionals in an Organized Health Care 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;
- All employed associates, staff or volunteers of NVH with whom NVH shares medical information; and
- Any business associate with whom NVH shares medical information.

Rather than have you read and sign different Notices of Privacy Practices for each health care practitioner that treats you at NVH, this Joint Notice of Privacy Practices will serve as authority for all health care 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, 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 health care operations at his or her office.

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

Uses And Disclosures NVH May Make Without Written Authorization.

NVH may use or disclose your health information for certain purposes without your written authorization, including the following:

Treatment: NVH may use or disclose your information for purposes of treating you. For example, NVH may disclose your information to another health care provider so they may treat you; to provide appointment reminders; or to provide information about treatment alternatives or services NVH offers.

Payment: NVH may use or disclose your information to obtain payment for services provided to you. For example, NVH may disclose information to your health insurance company or other payer to obtain pre-authorization or payment for treatment.

Healthcare Operations: NVH may use or disclose your information for certain activities that are necessary to operate our hospital and ensure that our patients receive quality care. For example, NVH 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.

Other Uses or Disclosures: NVH may also use or disclose your information for certain other purposes allowed by 45 CFR § 164.512 or other applicable laws and regulations, including the following:

- To avoid a serious threat to your health or safety or the health or safety of others.
- As required by state or federal law such as reporting abuse, neglect or certain other events.
- As allowed by workers' compensation laws for use in workers' compensation proceedings.
- For certain public health activities such as reporting certain diseases.
- For certain public health oversight activities such as audits, investigations, or licensure actions.
- In response to a court order, warrant or subpoena in judicial or administrative proceedings.
- For certain specialized government functions such as the military or correctional institutions.
- For research purposes if certain conditions are satisfied.
- In response to certain requests by law enforcement to locate a fugitive, victim or witness, or to report deaths or certain crimes.
• To coroners, funeral directors, or organ procurement organizations as necessary to allow them to carry out their duties.

**Disclosures NVH May Make Unless You Object:** Unless you instruct us otherwise, NVH may disclose your information as described below.

• To a member of your family, relative, friend, or other person who is involved in your healthcare or payment for your healthcare. NVH will limit the disclosure to the information relevant to that person’s involvement in your healthcare or payment.

• To maintain our facility directory. If a person asks for you by name, NVH will only disclose your name, general condition, and location in our facility. NVH may also disclose your religious affiliation to clergy.

• To contact you to raise funds for NVH. You may opt out of receiving such communications at anytime by notifying the Privacy Officer identified on page seven.

**Uses and Disclosures with Your Written Authorization:** Other uses and disclosures not described in this Notice will be made only with your written authorization, including most uses or disclosures of psychotherapy notes; for most marketing purposes; or if NVH seeks to sell your information. You may revoke your authorization by submitting a written notice to the Privacy Officer identified below. The revocation will not be effective to the extent NVH has already taken action in reliance on the authorization.

**Your Rights Concerning Your Protected Health Information**

You have the following rights concerning your health information. To exercise any of these rights, you must submit a written request to the Privacy Officer.

• You may request additional restrictions on the use or disclosure of information for treatment, payment or healthcare operations. NVH is not required to agree to the requested restriction except in the limited situation in which you or someone on your behalf pays for an item or service in full prior to the service being delivered and you request that information concerning such item or service not be disclosed to a health insurer.

• NVH normally contacts you by telephone or mail at your home address. NVH may contact you for appointment reminders. You may request that NVH contact you by alternative means or at alternative locations. NVH will accommodate reasonable requests.

• You may inspect and obtain a copy of records that are used to make decisions about your care or payment for your care, including an electronic copy. NVH may charge you a reasonable cost-based fee for providing the records. NVH may deny your request under limited circumstances, e.g., if NVH determines that disclosure may result in harm to you or others.

• You may request that your protected health information be amended. NVH may deny your request for certain reasons, e.g., if NVH did not create the record or if NVH determines that the record is accurate and complete.

• You may receive an accounting of certain disclosures NVH has made of your protected health information. You may receive the first accounting within a 12-month period free of charge. NVH may charge a reasonable cost-based fee for all subsequent requests during that 12-month period.

• You may obtain a paper copy of this Notice upon request. You have this right
even if you have agreed to receive the Notice electronically.

Changes to This Notice

NVH reserves the right to change the terms of this Notice at any time, and to make the new Notice effective for all protected health information that NVH maintains. If NVH materially changes our privacy practices, NVH will post a copy of the current Notice in our reception area and on our NVH website. You may obtain a copy of the operative Notice from our receptionist or Privacy Officer.

Complaints and Contact Information

You may complain to us or to the Secretary of Health and Human Services if you believe your privacy rights have been violated. You may file a complaint with us by notifying our Privacy Officer. All complaints must be in writing. NVH will not retaliate against you for filing a complaint.

If you have any questions about this Notice, or if you want to object to or complain about any use or disclosure or exercise any right as explained above, please contact:

Privacy Officer: Catherine Todd
Phone: (406) 863-3631
Address: 1600 Hospital Way
          Whitefish, MT 59937
E-mail: ctodd@nvhosp.org

Effective Date: This notice is effective June 3, 2013.

Time for Deciding

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 provider, 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 provider 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

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. You have the right to formulate an Advance Directive. If you have an Advance Directive, North Valley Hospital medical staff and employees will implement and comply with your wishes.

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? 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 provider, the hospital staff and your family know.
Visitation

North Valley Hospital honors the importance of family and friends in the care and support of our patients. Our practice is to allow full and unrestricted visitor access in our patient care area. On occasion, visitation may be limited based on a medical need or the requirements of a regulatory body. In those instances, the reasons will be discussed with the patient or his/her designated representative.

As a patient, you have the right to determine who you wish to receive as a visitor. Your wish will be honored, and will not be restricted based on the visitor’s race, gender, religion, age, sexual preference or disability. You also have the right to designate a decision maker regarding your visitation rights. This does not have to be the same person designated in your Advance Directive should you have one.

Any questions or concerns regarding your visitation status may be addressed with the department manager or hospital administration.

Organ Donations

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 provider 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 through organ donation? Yes, there are a variety of students educated at North Valley Hospital. When someone dies, it represents a chance to practice life-saving procedures. A family member may be asked to give their permission to allow teaching opportunities.

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

North Valley Hospital will gladly file your insurance claim for you. Upon your visit to the hospital, a patient access representative will ask you a series of questions (i.e. your name, address, insurance information, social security number and provider’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 provider 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

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

Tipping 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. North Valley Hospital has a chaplain on staff or you may request a visit by other pastoral members of your choosing. A Meditation Room is located next to the planter 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 the timing requested; 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 during the day; 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 provider.
- Your family members or friends are welcome to join you as a patient for a meal or eat in the Valley Cafe located inside the main entrance to the left.
- 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 you receive your bill. 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
KEPRO
Rock Run Center, Suite 100
5700 Lombardo Center Dr.
Seven Hills, OH 44131
1-888-317-0891 toll free phone / 833-868-4062 FAX / 216-447-9604 local phone
TTY 855-843-4776
www.keprogio.com

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.

Nondiscrimination Policy

North Valley Hospital does not exclude, deny benefits to, or otherwise discriminate against any person on the grounds of race, color or national origin, or on the basis of disability or age in admission to, participation in, or receipt of the services and benefits under any of its programs and activities, whether carried out by North Valley Hospital directly or through a contractor or other entity.

Notice of Program Accessibility

North Valley Hospital and its entities are accessible to and usable by disabled persons, including persons who are deaf, hard of hearing, blind or who have other sensory impairments. Access features include assistive and communication aids at no additional charge for such aids. These aids include:

• Qualified sign language interpreters
• Communication boards
• TTY Device

If you require any of these aids, please let the receptionist or your nurse know.

This statement is in accordance with the provisions of Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, and 14 Regulations of the US Department of Health and Human Services issued pursuant to these statutes at the Title 45 Code of Federal Regulations Parts 80, 84 and 91.
In case of questions, please contact:
North Valley Hospital Quality Department
quality@nvhosp.org
Telephone: (406) 863-3500

If you believe that North Valley Hospital has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: North Valley Hospital Quality Department, 1600 Hospital Way, Whitefish, 59937, (406) 863-3500, quality@nvhosp.org. If you need help filing a grievance, the North Valley Hospital Quality Department is available to help you.