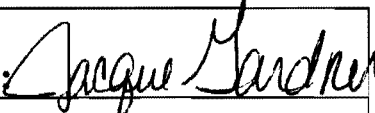
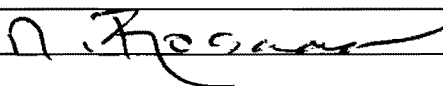


**McCone County Health Center  
605 Sullivan Avenue  
Circle, Montana 59215**

<b>Department:</b> Critical Access Hospital	<b>Approvals:</b> <b>Department Manager:</b> 
<b>Policy:</b> Hill-Burton Services	
<b>Effective Date:</b> 12/15/2011	<b>CEO:</b> 
<b>Revised Date:</b> 1/01/2013	

**Purpose:** To assure that all McCone County Health Center (MCHC) eligible patients are notified of the Hill-Burton Uncompensated Services Regulations.

**Policy:** The Hill-Burton Program was developed in the mid-1940s as an incentive program to improve medical services across the nation. The Program allowed health care facilities to receive grants, loans or loan guarantees for construction, modernization or equipment under Title VI or XVI of the Public Health Service Act.

Facilities which received grants under title VI are obligated to provide uncompensated services for 20 years from the date the project was completed (usually the opening date). Facilities, which received loans, are obligated until the loan is repaid. The periods of obligation may be lengthened or shortened because of the excess and deficit provisions of the regulations. The Department of Health and Human Services (DHHS) monitors and enforces the uncompensated services regulations.

Facilities are required to send proof of continued compliance as often as requested by DHHS.

McCone County Health Center received grants funds from the Hill-Burton Program and is under the Unrestricted Availability Compliance Alternative (UACA); therefore, obligated to provide uncompensated services to qualified applicants.

**Procedures:**

**HOW TO NOTIFY APPLICANTS OF AVAILABLE HILL-BURTON SERVICES**

**Posted Notices:**

English copies of the Notice of the Availability of Uncompensated Services are provided by DHHS and are posted in MCHC's business offices, clinic front entrance, laboratory and emergency room.

During regular business hours, office staff is available to answer any questions pertaining to the Program.

**Individuals Notices:**

McCone County Health Center's Individual Notice read as follows:

"McCone County Health Center is required by law to give a reasonable amount of its services without charge to eligible persons who cannot afford to pay for care.

\*Uncompensated services are limited to those services that are not covered by Medicare, Medicaid, or Third Party payers. McCone Clinic services and physical therapy services are not eligible as uncompensated services.

\*To be eligible for uncompensated services, your family income must be at or below the following levels:"

(NOTE: The guideline amounts are listed and changed in accordance to the published poverty guidelines listed in the Federal Register.)

"\*If you think you may be eligible for uncompensated services, you may request an application at our business office.

McCone County Health Center will make a written conditional or final determination of your eligibility for uncompensated services as follows: For requests made prior to discharged or prior to receipt of outpatient services, no later than the first full billing cycle following the request. For requests after admission, no later than the end of the first billing cycle following the request."

\*(NOTE: The effective date of the Poverty Guidelines for Continental US will be listed.)

"PLEASE NOTE: Other than non-covered services, this policy does not apply to Medicare copayments or deductibles."

Individual notices will be given to every individual who is seeking services on behalf of him/herself or another person. The notices will be given to everyone, even if an individual is over income, covered by insurance or has not made a request for uncompensated services.

Individual notices will be sent out with the monthly billing statements of Critical Access Hospital (CAH) services; except long-term care services.

**HOW TO DETERMINE ELIGIBILITY**

At all times when uncompensated services are available, you must make a written determination of eligibility in response to each request of uncompensated services. A request for uncompensated services should be considered as any indication of an inability to pay. Example: a general inquiry about assistance or a statement that the person cannot afford to pay should be considered a "request" for uncompensated services. The request may be made by or on behalf of an individual seeking CAH services in the facility.

A request for uncompensated services may be made at any time; before, during, or after services are received, including after institution of collection action against the individual. Individuals are given ample opportunity to apply for uncompensated services but once they have gone into legal proceedings with a collection agency, they will no longer be considered for Hill-Burton.

McCone County Health Center requests an application form, which combines the application with the determination. On written applications, enter the date it is received if it is different from the date signed by the applicant. This is important when applications are returned by mail.

Determinations of eligibility in writing will be completed within two (2) working days following a pre-service request or by the end of the first billing cycle following a post-service request.

**To determine eligibility:**

1. Determine if the type of services requested are available in your facility. If services are not covered, determine the patient ineligible and provide the applicant with a dated written denial, stating the reason for denial.

**If services are available:**

2. Determine that the services are covered by MCHC's allocation plan. (NOTE: MCHC's allocation plan includes all CAH services, except clinic and long-term care services). If services are not covered, determine the patient ineligible and provide the applicant with a dated written denial, stating the reason for denial.

**If the services are covered by the allocation plan:**

3. Determine if the individual is covered or receives services covered under a third-party insurer or governmental program. If the individual is fully covered, determine the patient ineligible and provide the applicant with a dated written denial, stating the reason for denial.

**If the individual is not fully covered under one of the programs:**

4. Obtain information from the applicant on family income for the preceding twelve (12) months and the preceding three (3) months of the request. Multiply the 3 month figure times 4 and compare the results to the 12 month figure. Use the lesser amount to determine eligibility.

## VERIFYING INCOME

McCone County Health Center may use any of the following methods to verify an individual's eligibility:

- a. Pay stubs;
- b. Forms approving unemployment compensation or workers' compensation;
- c. Written verification of wages from applicant's employer; or
- d. Written verification from public assistance agency.

If an applicant has no way to verify income and verification cannot be obtained from a public assistance agency, a signed statement from the applicant verifying income will be accepted in order to avoid delaying the written determination or the provision of services.

The verification procedure will be applied equally to all requests for uncompensated services. However, in some cases, especially those in which the applicant claims no income, it will not be possible to verify the claim. Therefore, even if the verification procedure is used, it is still within the discretion of MCHC to approve a request solely on the basis of the information provided by the applicant.

If the facility makes a favorable determination of eligibility without conditions, the patient is guaranteed the provision of uncompensated services. In cases of a conditional approval, the patient is guaranteed the provision of uncompensated services if the conditions specified in the determination of eligibility are satisfied. If the conditions are not satisfied, the request can then be denied.

5. Compare the patient's income and family size to the Poverty Income Guidelines in effect on the day the request is made. Income guidelines will be based on Category B, which doubles the poverty guidelines for all services provided. If the patient's income is more than twice the poverty guidelines, determine the patient ineligible for uncompensated services and provide the applicant with a dated written denial, stating the reason for denial.

**If the patient's income is not more than the published figure in the guidelines, determine the patient eligible for Category B uncompensated services without charge.**

6. Each time a patient is determined eligible for uncompensated services, MCHC will promptly give the applicant a copy of the favorable determination of eligibility and a copy will be kept on file in the business office. This document will contain the following information:
  - a. Services will be provided at no charge;
  - b. Type of service;
  - c. Date of the request;
  - d. Date of the determination;
  - e. The family income of the patient; and
  - f. Date on which services were provided.

## DENIALS

All denials will be in writing to the person who requested the uncompensated services and will state the reason for denial. Denials may be issued for any of the following reasons:

- a. Your compliance level has been met for the Fiscal Year or total obligation has been met;
- b. The requested services are not offered at MCHC;
- c. The individual is fully covered or receives services fully covered by a third-party insurer or governmental program;
- d. The eligibility standards under the Poverty Income Guidelines are not met;
- e. The individual fails to provide verification of income as required by MCHC; or
- f. The individual does not take responsible action to obtain third-party coverage, if stated as a condition in your conditional determination of eligibility.

NOTE: No income computations required for a, b and c (above).

## **REPORTING**

DHHS will periodically investigate and assess MCHC to determine compliance with the Hill-Burton uncompensated services regulations. MCHC will be contacted by email and/or mail with the requirements. MCHC reports to:

Healthcare Systems Bureau  
Division of Poison Control and Healthcare Facilities  
5600 Fishers Lane, Room 10-105  
Rockville, Maryland 20857  
(301) 443-0205

## **RECORD KEEPING**

Failure to maintain records of uncompensated services provided may result in the disallowance of accounts.

McCone County Health Center will maintain a separate file for Hill-Burton uncompensated service accounts. Copies of all determinations of eligibility, approvals and denials will be kept in the application file.

McCone County Health Center will maintain its Hill-Burton records on a current basis and a log will be maintained which will list the uncompensated service accounts. These records will be made available for public inspection, consistent with personal privacy. Records will be provided to DHHS or State agencies on request.

Records will be maintained for at least three (3) years after submission for the triennial report or for 180 days following the close of an assessment investigation, whichever is less. The investigation is considered closed after DHHS issues its findings.

## **COMPLIANCE**

DHHS will periodically investigate and assess each facility to determine compliance with the uncompensated services regulations. This includes certifying the amount of uncompensated services provided, as well as, identifying areas of noncompliance and prescribing corrective action necessary.

McCone County Health Center, if substantially complies with the procedural requirements of the rule will receive full credit for the uncompensated services it reports. However, MCHC, if systematically fails to comply with procedural regulatory requirements, will be subject to losing credit for the entire Fiscal Year, despite the presence of otherwise credible accounts.

Determination of substantial compliance is based on whether MCHC provided uncompensated services to eligible persons who had equal opportunity to apply for those services.

**These specific factors will be considered in making the determination:**

- a. Did MCHC have in place procedures that complied with the regulations and systematically followed them?
- b. Can any violations be remedied by corrective action?
- c. Has MCHC implemented corrective action previously prescribed?

NOTE: See Hill-Burton's Provider Guide for more details.

**The following areas of noncompliance may result in the disallowance of all the uncompensated services claimed during that time:**

- a. Failure to have a system in place for providing individual notice to each person seeking services at MCHC;
- b. Failure to submit a report when requested to do so by DHHS;
- c. Failure to maintain records which document compliance with regulations, such as determinations of eligibility; and/or
- d. Failure to take corrective action prescribed by DHHS.