

# Social Accountability

Montana's not-for-profit health care providers have a long and rich history of serving the health care needs of their communities. While each is unique in its community, they all hold one characteristic in common: they provide millions of dollars of free and subsidized medical treatment and community services.

All but two of Montana's hospitals are not-for-profit and most of the state's home health and hospice care is provided by not-for-profit organizations.

In 2005, these hospitals provided roughly \$60 million in charity care – care delivered to patients whose income is generally below the [federal poverty level](#) – and millions more in subsidized care to patients with special financial needs.

Hospitals also provided a host of other services to their communities ranging from supplying ambulances at sporting and other events to special educational sessions and day care services. Montana's not-for-profit nursing homes, home health agencies and hospices provide similar services.

MHA's not-for-profit members differ from for-profit corporations in significant ways. First, a not-for-profit reinvests whatever profits it makes in the organization and the community – rather than paying shareholders.

Second, not-for-profit health care providers often are the only health care organizations willing to locate in Montana's small and rural communities and provide services based on community need rather than profitability.

But while not-for-profit health care providers are the cornerstone of Montana's health care system, they are not held in such high regard elsewhere. Some members of Congress believe the community benefit standards should be more specific and that hospitals should be required to provide a certain percentage of their revenue as charity care.

Others in Washington are pressing the [Internal Revenue Service](#) to beef up reporting and disclosure requirements for these providers.

The MHA Board of Trustees has adopted policies that spell out the responsibilities of MHA's not-for-profit members. These specify that members are expected to:

- Provide financial assistance and counseling for uninsured persons of limited means. This includes providing care at no charge for uninsured patients below 100 percent of the federal

poverty level, providing financial assistance to uninsured persons between 100 and 200 percent of the FPL and considering offering financial assistance to uninsured patients over 200 percent of the FPL.

- Work with patients to ensure that they understand their bill for services and make sure any debt collection procedures are performed in compliance with the Fair Debt Collection Practices Act and ethical standards for the industry.
- Assess their community's medical needs periodically and compile and report publicly the community benefits they provided in the past year.

MHA also is working on policies aimed at helping patients better understand pricing for their services. MHA already provides some pricing information on its Web site – [www.mtha.org](http://www.mtha.org) – and is working on improvements to that information.

MHA recognizes that consumers often are responsible for choosing where they receive their medical treatment. Our goal is to provide as much information as possible to help them make intelligent choices.