



Mountainview Medical Center A-42

March 22, 2011

Mr. and Mrs. Patrick W. McCoy
34 Bingham Ln.
White Sulphur Springs, MT 59645

RE: MMC CT Project Inquiry Letter

Dear Mr. and Mrs. McCoy,

I will start by answering all your questions to the best of my ability after talking to the Radiology manager and staff along with current and past providers.

1. Projected number of days in use would be exactly the same as our X-Ray. Monday-Friday, 0800-1700 and weekends and nights as needed for call. We hope to generate enough business to pay for itself but its function is to save lives.
2. The CT scanner is necessary because it is the "gold standard" and will save lives.
3. The same company, Benefis in Great Falls, reads our x-rays and will read our CT scans.
4. The same company that reads our x-rays will read our CT scans. It will be at no extra cost to MMC.
5. Patient care including scans, treatment and timing will be determined solely at the discretion of the Provider.
6. The CT will be used to save lives, not inflate costs of health care.
7. Treatment will be solely determined by the Provider using indicators and contra-indicators for emergent and non-emergent patients as a tool driven by patient condition and accepted "standard of care" guidelines.
8. Treatment will be solely determined by the Provider using indicators and contra-indicators for emergent and non-emergent patients as a tool driven by patient condition and accepted "standard of care" guidelines which will decrease legal risk.
9. Treatment would not be delayed, in fact, in some cases, just the opposite. This will only benefit patients and not force them to go out of town for preliminary testing. It is expected to decrease cost and time for the patients of Meagher County.
10. Cost of maintaining the CT scan equipment is unknown due to the fact that we have not entered into an agreement to purchase one yet. It is expected to have a full one year warranty and then time and materials after that.
11. Current radiology staff will handle all CT scanning and it is expected that they will be trained by the company we buy the machine from.

12. There will be zero additional costs to staff the operation of the CT scanner.
13. A CT scanner at MMC will save lives and save patient time, travel and money for the citizens of Meagher County.
14. MMC is a Critical Access Hospital and is reimbursed by Medicare. We expect for this to save money for the patient and save on unnecessary transfers, travel, etc. and ultimately save tax money.
15. MMC administration is compensated through a salary that is not based on income or profit generated. Current administration has never received any wage above the agreed upon salary and has never received a bonus of any form.

In addition to your questions, expectation has been that 70-80% of all CT scans will be on outpatients. For the emergency patients that have a scan, we expect that it will be on patients that do not show indications for transfer. Also, we send a vast majority of our transfers to Benefis in Great Falls and they will be the facility reading the CT's for MMC.

It seems that you have very extensive medical training and probably know many amazing things that a CT scanner is able to detect and the lives it could potentially save. That said, if you are interested in more information, I will gladly get some educational information if you would like. Plus, I have included a MMC provider's answers to your questions and I would be willing to set up an appointment for you to meet with MMC providers and me to further discuss why we believe it is a necessary "standard of care" that MMC has been lacking.

Thank you very much for your questions and concerns. I appreciate your care for the facility and your willingness to allow us to state our reasoning. If possible, I would enjoy reading the Meagher County Hospital District Board's opinion too. As of now, they have no knowledge, background or interest in the CT project.

In closing, please understand our goal for the CT is to save lives and provide another layer of safety for sick and/or injured patients that count on MMC to care for them and their loved ones. We also look forward to being able to service more patient needs here in White Sulphur Springs instead of expecting them to travel 150-300 miles round trip for testing that could be done at MMC.



Aaron H. Rogers
Chief Executive Officer

Attachment: MMC Provider answers to your questions

Questions:

1. Administration
2. Routine CT scanning is becoming the standard of practice throughout the US for both ED and Outpatient Mgmt. Requesting pt's to travel outside of the area for these procedures creates undue burden. Not performing these studies is outside of the standard and puts the hospital and the pt's at risk. Having the capability here eases pt burden, improves our practice standard as a hospital, clinic and community.
3. Radiology in Great Falls, can obtain a stat read with a 10-20 min turn around time.
4. Administration
5. Initiation of treatment prior to receiving a read by the radiologist will be on a case by case basis. About 70% of ordered scans however occur on an outpatient basis, non-emergent, treatment based on the results of the scan. We are treating many pt's currently in this manner at the expense of calling surrounding hospitals, scheduling CT times, requiring pt's to travel 70-100 miles. Most larger **outpatient clinics** now operate their own in house CT scanner in addition to plain film and lab for this very reason.
6. The profession of radiology exists because people are willing to pay to have invaluable information that aide in the diagnostic work-up and confirmation of health ailments. Treatment prior to scan results again will be on a case by case basis. Healthcare inflation will far worse by requiring pts to travel distances for these simple tests that could be done here.
7. If we could 100% diagnose and treat the condition without utilizing a CT, why would we order one? We wouldn't – this question applies to all health care, not whether a scanner is needed here.
8. Emergent scans will be read stat (a phone call away) – faster than seeing the pt in the ED, obtaining labs, history, x-ray then deciding a CT is warranted, just to send the pt 100 miles to another ED to go through the same process. Emergencies that require transfer despite CT results will still be transferred – having the ability to obtain a scan here while waiting the hour for life flight to arrive will be one less item needed upon entering the larger ED.
9. No treatment will be delayed by having a scan available, only enhanced. Ex: surgical abdomen suspected here can be scanned, results sent to the receiving hospital and a surgical team assembled and waiting when the pt hits the door.
10. Administration
11. Administration
12. Administration
13. The more services we can offer the pt here, the less cost and risk of travel when sending a pt to a larger facility. Better diagnostic tools create better pt outcomes as we have more information to base our decisions upon.
14. Administration
15. Administration

I too am a seasoned critical care nurse who has worked in various intensive care units. CT scans for the critically ill encompasses only a small percentage (5%) of our pt population who would require scanning. Care would not be delayed while managing these types of pts – just as emergent care in the ICU was not delayed while waiting for a scan. We treat pts first; we use our diagnostic tools to gather more in-depth information, thereby creating better pt

outcomes. The key is, we are already using scans for our diagnostic work-ups, only now residents are required to travel 70-100 miles to have the test performed. Not having a scan here worsens pt outcomes, many people will not travel to obtain the needed tests for months (usually due to weather) thus delaying a diagnosis (some very serious) that could have been obtained within a 24 hour period – several examples of this within the last 3 months – HIPPA prevents further details. If we could have secured a diagnosis early on, we could have set in place the appropriate referrals (some months out) and provided greater information to encourage the pts to travel.

Whether or not CT scanning is needed is up to the health care provider to decide. Whether or not CT scanning is overused is a question that needs to be addressed on a national level. To be on par with other facilities and maintain the same standard seen in bigger areas requires us to have a CT available. By denying this service is degrading the standard of care we are striving to uphold in our community. By maintaining the standard, community members must undergo undue hardships of travel to obtain the needed information.

March 26, 2011

Patrick W. McCoy & Janice I. McCoy
34 Bingham Lane
White Sulphur Springs, Mt 59645

Dear Mr. and Mrs. McCoy,

Thank you for your timely and most informative letter regarding Mountainview Medical Center's plan to add a CT scanner to its array of diagnostic equipment. Resource persons with your broad knowledge and experience are generally lacking in Meagher County. It is, therefore, very important that you are stepping forward to raise the very questions that need to be asked of the MMC Board and its management group, Cypress Healthcare, LLC before acquiring a CT Scanner.

Referring to our brief telephone conversation a few days ago, our committee would be pleased to meet with you at your convenience. I suggest my home at 610 3rd Ave. NE would be a convenient place to meet. It is in the county at the edge of town, a short distance north of the Town Pump. Look for a multi-story home with brown siding and green roof on a ridge overlooking the North Fork of the Smith River.

We note that you have written to the MMC administration about your concerns. It is our sincere hope that it responds quickly and forthrightly.

Until we have the opportunity to meet with you, we again thank you for stepping forward and providing your knowledge, experience, and expertise.

Sincerely,

John Dracon, Chairman
Meagher County Hospital District Board
(406) 547 2477
Farwest96@aol.com

CC: Kakuk and Sundstrom

most likely be charged a cancellation fee which is not reimbursable by your insurance company.

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Payment Methods

In addition to accepting typical medical insurance reimbursement, most all hospitals and imaging centers accept the following payment methods: cash, check, MasterCard, Visa, Discover, and American Express credit cards. Most all testing facilities require any out-of-pocket deductible or co-payment be paid upon office visit. For uninsured customers, most testing facilities offer 15% - 40% discount when the full discounted amount is paid by cash or credit within 60 days of the procedure.

Costs Reimbursement - Insured Customers

Most insurance companies, including Medicare, will reimburse the cost of getting a CT scan. In most situations when a CT scan is requested by a medical professional the procedure is automatically determined to be reimbursable dependant upon your particular insurance plan. It's important that you are familiar with your insurance prior to having any procedure, especially expensive procedures, performed to know if there are any special notifications or authorizations that need to be secured to ensure reimbursement. Make sure you notify the imaging doctor or technician of your concerns or pre-certification prior to any elective tests or procedures. If pre-certification is required by our insurance carrier and you do not get such pre-certification this may result in full denial of your insurance claim. Medicare and other insurance coverage policies are always changing so it is important that you contact Medicare (www.medicare.gov) or your insurance company to determine coverage prior to having any procedure performed.

Costs Reimbursement - Uninsured Customers

If you do not have insurance you may qualify for a 15% - 40% discount if the discounted balance of the procedure cost is paid in full within 60 days of the procedure. Most facilities accept cash, cashiers checks, and Visa, MasterCard, and American Express credit cards. Depending on your financial status and specific situation, a greater discount or charity may apply. In addition there may be other alternatives to working with the imaging centers for payment and/or procedure cost reimbursement.

Costs Reimbursement - Other Alternatives & Options

If your financial situation presents a challenge for making full payment for a CAT scan procedure make sure you ask for assistance. Be honest and up front about your situation and work with the hospital or imaging center to determine the various alternatives to reducing the cost of the CAT scan or spreading out the cost to make it easier to manage with your current cash flow. Some possible payment options include:

Payment Plans: Hospitals and imaging centers often do not accept payment plans, but exceptions are often made in extreme financial hardship cases. So if the cost of a CAT scan puts you in a financially vulnerable position do not hesitate to ask for some type of payment plan.

Charity Care Qualifications: If your family income and assets are within 200% of Federal Poverty Guidelines, financial assistance may be provided. Imaging centers and hospitals often consider these on a case-by-case basis. If you meet the initial screening criteria the facility may need to review your federal income tax returns, current pay stubs, and/or denial of third party benefits.

Employees Group Benefit Program: If you are a participating employee in a Group Benefit Program at work, you and your employer can arrange to have the cost of your CAT scan paid for under the program by your employer's group insurance carrier on an "extra-contractual" basis. The terms vary from plan to plan, but group benefit programs invariably provide for such "extra-contractual" arrangements. The expense is tax-deductible to the employer so make sure you speak with your employer before you pay for your CAT scan.

Tax Credits : If you do end up having to pay for the cost of a CAT scan you may be eligible for a medical tax credit. Make sure you keep your paperwork and receipt and speak with an accountant. This may be very helpful for people who are retired and may save you hundreds of dollars in taxes.

CAT Scan Costs Rule of Thumb

1. There are lots of CAT scan imaging facilities in each market and usually they all have much different prices. So, do your research and shop for the best price, you may save up to a thousand dollars!
2. Hospital imaging facilities are usually priced higher than freestanding imaging centers.
3. If you are uninsured or participate in a Health Savings Account make sure that you ask for the best possible CT scan rate. A facilities "best price" is often much less than a facility's published "price."

How does a CAT Scan work?

CAT scans use special x-ray equipment to produce multiple pictures of the inside of the body. Software joins the pictures together in cross-sectional views for detailed examination. CAT scans can be used to view internal organs, bone, soft tissue and blood vessels. These scans provide greater clarity than conventional x-ray exams. Often a special dye, called contrast, may be ingested to further enhance the scan images and the various structural relationships of the areas of interest, so that specific areas inside the body are highlighted. CT scans are often used to defining the structural relationships of the spin, the spinal cord, and its nerves. CT scans are also used in the chest to identify tumors, cysts, or infections that may be suspected on a chest x-ray. CT scans of the abdomen are extremely helpful in defining body organ anatomy, including visualizing the liver, gallbladder, pancreas, spleen, aorta, kidneys, uterus, and ovaries. CT scans in this area are used to verify the presence or absence of tumors, infection, abnormal anatomy, or changes of the body from trauma.

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Variable Doses of Radiation Raise Safety Concerns for CT Procedures

Radiation doses from common CT procedures vary widely and are higher than generally thought, raising concerns about increased risk for cancer, according to a new study led by University of California, San Francisco (UCSF) imaging specialists.

“ We found significant variation in the radiation doses for the same type of computed tomography procedures within institutions and across institutions. Our results highlight the need for greater standardization because this is a medical safety issue. ”

San Francisco, CA (Vocus) December 15, 2009

Radiation doses from common CT procedures vary widely and are higher than generally thought, raising concerns about increased risk for cancer, according to a new study led by University of California, San Francisco (UCSF) imaging specialists.

“ In day-to-day clinical practice, we found significant variation in the radiation doses for the same type of computed tomography procedures within institutions and across institutions, ” said lead investigator Rebecca Smith-Bindman, MD, a professor of radiology at UCSF. “ Our results highlight the need for greater standardization because this is a medical safety issue. ”

Computed tomography imaging, known as CT, is a diagnostic procedure that uses special x-ray equipment to obtain cross-sectional pictures of the body that provide detailed images of organs, bones, and other tissues. CT is associated with higher radiation exposure than conventional x-rays, yet radiation dosages that patients receive from the newer CT scanners have gone largely unregulated,

according to Smith-Bindman, who also is a UCSF professor of epidemiology and biostatistics and obstetrics, gynecology and reproductive sciences.

“Our study provides some initial data documenting the doses that patients receive when they undergo actual CT examinations and this is different than the doses when phantoms-- sophisticated plastic models typically used to quantify CT scanner dose-- are used. We believe documenting the actual doses that patients are exposed to is the first step to reducing those doses and any attendant risk,” she emphasized.

Since 1980 the yearly number of CT exams has increased from about 3 million to 70 million CT procedures. The technology has changed dramatically over that time, improving the quality of imaging, and increasing the clinical questions that could be answered using CT, therefore leading to improvements in patient care, according to Smith-Bindman.

One of the improvements in CT technology has been the dramatic decline in the speed it takes to complete a CT examination. “However, this has been a double-edged sword,” she said. “Because the images can be obtained so quickly, it has been very tempting to do multiphase studies -- one CT done during the arterial phase of the cardiac cycle, one CT done during the venous phase, and one done after a short delay. This increases the information that we can get from the CT procedure, but increases the radiation dose by a factor of three.”

The research team focused on estimating the radiation exposure associated with the 11 most common types of CT procedures in clinical practice in the U.S. and the potential cancer risk associated with each type.

The study is the first large-scale examination of radiation doses given to patients who underwent a range of different types of CT procedures. The researchers reviewed the procedures performed on 1,119 patients at four San Francisco Bay Area institutions over five months. They evaluated procedures in three anatomic areas: head and neck, chest, and abdomen and pelvis.

April 13, 2011

Mr. Aaron Rogers, CEO
Mountainview Medical Center
White Sulphur Springs, Montana 59645

Dear Mr. Rogers,

The MCHDB received a letter dated March 18, 2011, from a Mr. & Mrs. McCoy inquiring on the possibility of a CT Scan machine being added to MMC's inventory of diagnostic equipment. (see attached letter)

We responded to them by mail, thanking them for their interest. Obviously, they possess expertise on the topic beyond what our committee possesses. The McCoy's informed me that they had written a second letter to your office and were awaiting for a response to that letter. When that occurs, they intend to share that with our committee.

Based on the credentials listed by the McCoy's, they may be Meagher County's most informed citizens on the topic of adding a CT scan machine. Perhaps you know of others. We suggest you enlist their assistance as resource persons to help research the pros and cons involved.

The McCoy's also shared your first letter to them with us which we found most informative.

Your letter had a most unusual gratuitous comment, viz., "If possible, I would enjoy reading the Meagher County Hospital District Boards' opinions too. **As of now, they have no knowledge, background, or interest in the CT project.**" (our emphasis)

Our major (but not exclusive) **interest** is in the financial areas of MMC's operations, and the related costs of a CT Scan machine in all aspects **does interest us**, contrary to your statement.

Our **knowledge** of the pending addition of a CT Scanner comes from two sources, your minutes and our reading. Your minutes reveal some logistical problems, e.g., space, floor stability, wiring, etc. We are aware that the

current emergency generator will not accommodate some of your existing equipment. That was an issue when I served on the board. Perhaps that has been rectified by now.

Our readings on the Internet provides us with general knowledge of costs (new, refurbished, maintenance, etc, model), training of personnel, safety issues, risks to patients, etc. As you are already fully aware, the Internet is replete with objective pro and con discussions on the issues of CT Scanners.

The best and most affordable medical services MMC can render to its patients is really what interests us, and nothing more.

Please understand that no one on the MCHDB committee had ever met the McCoy's prior to their letters to us and you. They have been reading the papers and drawing their own conclusions. It seems to us that finding about our opinions is best discovered by asking us directly, not through a third party.

Sincerely yours,

A handwritten signature in cursive script that reads "John Dracon".

John Dracon
Meagher County Hospital District Board
Meagher County, Montana 59645

CC: Mountainview Medical Center Board of Directors
Meagher County Commissioners
Patrick & Janice McCoy
MCHDB Members

Compare CAT Scan Cost

Welcome to CompareCatScanCosts.com where you can:

- Determine what a CAT Scan should cost
- Learn how cost reimbursement for a CAT Scan works
- Learn money saving tips when getting a CAT Scan
- Learn about CT (computed tomography) procedures

What is a CAT Scan or CT Scan?

A CAT scan (also called a CT scan) is a noninvasive, painless medical test that helps physicians diagnose and treat medical conditions. CAT scans allow physicians to rapidly create detailed pictures of the body allowing them to more easily diagnose problems such as cancers, cardiovascular disease, infectious disease, trauma and musculoskeletal disorders. CAT scans may also be used to guide surgeons to the right area during a biopsy. CAT scans are one of the more common imaging technologies used by physicians to analyze the internal structures of various parts of the body. There are approximately 52 million CAT scan test performed each year making this one of the more common imaging technologies used by the medical field.

What Does A CAT Scan Cost?

Not all hospitals and imaging centers charge the same amount for CAT scans. You have a choice of where you get your CT scan performed and you will most likely save a significant amount of money. By doing a little homework and shopping around you can save hundreds and possibly thousands of dollars. CAT scan procedure costs can range between \$270 and \$4,800. Costs are broken down into two areas:

Technical Fees: this is the cost of the CAT scan procedure itself and where there is a potential to save a considerable amount of money.

Professional Fees: : this is the fee associated with having the radiologist interpret the test result.

When you contact a testing facility make sure you identify the complete cost of the CAT scan because often all the additional fees and technical fees can add up and cause for a rather large bill.

Why do CAT scan cost vary so much?

CAT scan cost vary based upon the type of CAT scan you're getting (abdominal versus brain for example) as well as where you have the procedure performed. Similar to the price of a new automobile. Everyone knows that the "sticker price" is just an asking price. There's a nice mark-up included in that price and often if you ask the dealer to come off that price they will. Medical procedures are often no different. Most hospitals and imaging centers have a "sticker price" which are often on the high end. If you ask and work with most facilities they will often offer a substantial discount to individuals and insurance carriers due to the form of payment and the volume of procedures they pay for on an annual basis. There's more on this below so keep reading.

CAT Scan Costs Averages

As noted above, CAT Scan costs can vary by thousands of dollars and it's important that you shop around for your procedure. For example, listed below are some real examples of CAT Scan prices from around the United States.

Testing Facility Location	Test Type	Average Cost
Houston, TX	Cat Scan	\$3,016
Chicago, IL	Cat Scan	\$2,237
Atlanta, GA - Testing Facility A	Cat Scan	\$698
Atlanta, GA - Testing Facility B	Cat Scan	\$2,214
Phoenix, AZ	Cat Scan	\$2,199
Omaha, NE	Cat Scan	\$1,611
Portland, OR - Testing Facility A	Cat Scan	\$1,520
Portland, OR - Testing Facility B	Cat Scan	\$678
Cleveland, OH	Cat Scan	\$1,075

Take Atlanta, GA for example. Facility A charges \$698 for a CAT scan while Facility B charges \$2,214. That's a \$1,516 difference! There's nothing different about the procedure being done but there sure is a difference between the cost of Facility A and Facility B. Take the testing facilities in Portland, OR. It's very similar to the two CT scan facilities in Atlanta. Facility A charges \$1,520 for the CT scan while Facility B only cost \$678. Again, a huge difference in price. Amazingly these price discrepancies exist all over the United States. So, make sure you shop for your procedures and save money!

Cancellation Policies

Most hospitals and imaging centers do not charge for appointments which are cancelled within 24 hours of the scheduled appointment or procedure. If you do cancel the procedure within 24 hours most facilities will charge you a cancellation fee of \$100 to \$750. These cost/fees are associated with lost income opportunity of having the CT scan machine in use during the scheduled appointment. If the machine is not being used for a procedure then it is just costing the imaging facility or hospital money. Therefore make sure that you do not cancel within 24 hours of appointment or just no-show because you will

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Patrick W. McCoy
Janice L. McCoy
34 Bingham Ln
White Sulphur Springs, MT 59645
(406) 547-2437
April 14, 2011

Mr. Aaron Rogers, CEO
Mountainview Medical Center
PO Box Q
White Sulphur Springs, MT 59645

Dear Mr. Rogers,

Thank you for your reply to my letter regarding a CT Scan room. I still have some unanswered questions.

I asked the number of days the machine would be used, not available for use. Let me rephrase the question, how many CT scans do you expect to do in a years time, and what would the approximate cost be for a scan (with and without contrast)?

What published research indicates that CT Scans are the "gold standard"?

How many lives were lost in the past year at MMC directly related to the lack of CT Scans at MMC?

Is the 10-20 minute response time referenced in the attached note from an anonymous provider available 24/7, or only during standard business hours? Is the reading done by a Radiologist?

Even though there may be no extra cost to MMC, what is the cost to the patient?

Your Organizational Values, state "We assess the cost/benefit relationships of all programs, ...", how have you done this without knowing the future costs, both fixed and variable, involved?

Concerning your current radiology staff, how many are full time, and how many are part time, and what are their qualifications (educational and licensure)? If you have more than one CT Scan operator how will you monitor that radiation dosage variability will be limited?

Montana statute 37-14-102(3) requires a monthly face-to-face meeting between the technologist and the supervising Radiologist. How does MMC comply with this requirement?

Will any training received from the seller of the equipment meet industry standards to assure competency of the technologist?

Your enclosed responses to questions, from an unidentified MMC provider, leads me to wonder about the source of "...routine CT scanning becoming the standard of practice...", and the identification of MMC as a "larger outpatient clinic...". The writer apparently does not understand the difference between inflated health care costs and health insurance costs, as travel expenses are not reimbursable through health insurance.

Our concerns are not about the benefits of CT Scan technology, but of the appropriateness of spending scarce resources on such technology in a very sparsely inhabited county. With seven of the top ten causes of death now being from preventable causes, money spent by MMC to aid the community with prevention and health promotion activities may show better return, both in health care dollars saved and improved health outcomes of the community's citizens. Has MMC done a study to find the best use of monetary resources to promote health in the community?

Sincerely,

Janice L. McCoy, PhD

Pat McCoy , CLU, ChFC, CASL™

Patrick W. McCoy
Janice L. McCoy
34 Bingham Ln
White Sulphur Springs, MT 59645
(406) 547-2437
April 14, 2011


Mr. John Dracon
Meagher County Hospital District Board
PO Box 948
White Sulphur Springs, MT 59645

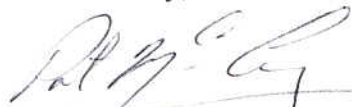
Dear Mr. Dracon,

Enclosed is a copy of a letter, which we sent to Mr. Aaron Rogers on March 29th. This letter was to try to obtain information about the CT Scan room and equipment, which had not been answered by his response to our first letter.

We are awaiting a response from him to this letter.

Sincerely,


Janice L. McCoy, PhD


Pat McCoy, CLU, ChFC, CASL™

April 18, 2011

Patrick & Janice McCoy
34 Bingham Lane
White Sulphur Springs, Mt. 59645

Dear Mr. and Mrs. McCoy,

Thank you for your second letter to CEO Rogers. We will be interested in his response.

Enclosed is a recent letter from my committee to Mr. William Galt, chairman of the Board of Directors. The Directors, in our judgment have made the county levy a political issue in spite of the fiscal facts facing the hospital. Our letter provide data you may find of interest.

Turning to the issue of a CT Scan, please see some data from MMC latest audit report. The data show where the revenue comes from by percentage. We believe this is very relevant information for the hospital board to understand before going ahead and purchasing a CT scanner.

You will note that private payors approximate 50% of revenues paid to MMC in 2010. The use of a CT scan machine will undoubtedly increase the cost to the most vulnerable patients, viz., those who have to pay out of pocket for services. We seriously doubt if the MMC Board has or would ever consider these facts before going ahead and making a purchase. But we may be mistaken.

Thank you again for your interest in quality and affordable health care.

Sincerely,

John Dracon, Chairman, MCHDB, CC: Kakuk and Sundstrom

Patrick W. McCoy
Janice L. McCoy
34 Bingham Ln
White Sulphur Springs, MT 59645
(406) 547-2437
May 25, 2011

Mr. Bill Galt, Chairman
Mountainview Medical Center Board of Directors
PO Box Q
White Sulphur Springs, MT 59645

Sir,

We attended the April 27th meeting of the board of Mountainview Medical Center (MMC) for the first time, to make comments about the use of scarce financial resources. Having followed the trials and tribulations of the hospital for the past fifteen years, we have been pleased to see the financial turnaround under the present board.

Boards of Directors of private corporations exist to protect the interests of their investors, however public benefit corporation's Boards of Directors exist to protect the interests of the persons for whom the corporation was established, in this case the citizens of Meagher County. The boards of public benefit corporations, such as MMC, usually consist of volunteers willing to give their time and expertise for the good of the organization, however, often expertise in specific fields, such as healthcare, is not available within the area from which the board is chosen. The board must then rely on hiring experienced, forward looking management to guide them, and require that management stay abreast of changes and trends in the healthcare system.

We were surprised by the tension, and sense of near hostility, during the last meeting. This should be a time for the board to explain it's future goals to the public, and what they are doing to accomplish those goals. It should also be a time for the board to gather information from the community concerning perceived strengths, weaknesses, and changes needed. Within the past five years has a community assessment or SWOT analysis (strength, weakness, opportunities, threats) been done? If not it is a good place to begin to learn how to best serve the needs of the community. Often these can be done at little or no cost, by enlisting a Masters or Doctoral student looking for a research project.

With forty-two years nursing experience, and thirty-three years insurance experience (including health insurance), and both having advanced education in our fields, we feel it is our responsibility to offer alternate uses of funds to make the best impact on the health of the community. Together we should be working toward a health care facility, which can make substantial impact on the health, and healthcare costs, of our community. The outlook should be what is best for the consumers at MMC, not a contest of "us versus them".

We were also surprised at the ability for a corporation with over \$5,000,000 in assets, and over \$4,000,000 annual revenue to properly function on monthly board meetings of approximately fifteen minutes. A glaring omission was a current financial report. At a minimum a monthly income and expense statement should have been given, and a full financial statement being attached would be more appropriate. Public benefit corporations must be run in the full light of day to protect both the consumers and the members of the board.

The April board meeting lasted just under fifteen minutes prior to being opened for public comment, and although public questions were reluctantly accepted, there was no designated time on the agenda for questions from the public. During this meeting there was no agenda slot for new business (certainly some new business must come up on occasion), nor was there a call for old business (and it is unbelievable that there is never any old business outstanding). No committee reports were made; in addition several items were acted upon, none of which were opened for any discussion after the motion and second.

This board has an opportunity to make a huge difference in the future health and costs in Meagher County, but continuing to do the same things in the future as have been done in the past, and expecting different results is one of the definitions of insanity. Change will happen; the only question is if it will happen to MMC, or because of MMC. At your annual self-evaluation meeting you need to ask yourselves "What business are you in? Are you in the hospital business, or the health business?", and make goals in accordance with your Mission Statement, Vision, and Organizational Values. Be a part of the healthcare problem solution, not part of the problem.

We plan to live here for the next twenty plus years, and would like work together with you to make MMC a leader in Frontier and Rural health care.

Sincerely,

Janice L. McCoy, PhD



Pat McGoy, CLU, ChFC, CASL™



Cc Meagher County District Hospital Board

April 7, 2007

Bruce,

I am requesting that this resolution be adopted at Tuesday meeting. This is what I call a housekeeping resolution. It is an efficient and effective way to keep resolutions organized, particularly when directors are required to have their individual votes recorded. A secretary can keep resolutions adopted at meetings in a separate chronologically arranged file, which really facilitates review of resolutions, instead of reading through a bunch on minutes to extract information. Also, it is easy to transfer to the minutes when the minutes are in draft form. We need to make ourselves more efficient.

John



MMC BOARD RESOLUTION FORMAT

DATE:

LOCATION:

STATEMENT OF RESOLUTION: That the format illustrated by this resolution become the official MMC format for recording votes of the Directors when requested by individual Directors as permitted by RCA 2005, 2-3-212. Minutes of meetings – public inspection (1) appropriate minutes of all meetings required by 2-3-203 to open shall be kept and shall be available for inspection by the public (d) at the request of any member, a record by individual members of any vote taken. Resolution requested by Chairman Dracon.

MOVE:

SECOND:

VOTE

DIRECTOR FOR AGAINST ABSTAIN NOT PRESENT

BERG
DOIG
DRACON
GALT
HEDRICH
LIND
LUTHER
OHLSON
SCHENDEL
TOWNSEND
WALTER

TOTAL

18. There is a perceived lack of openness with the Clinic and the MMC Board.
19. The MMC Board seems to operate without any public involvement except at the end of the meeting. What are the options for increased Public participation?
20. Is there any way for the public to control the MMC's operations?
21. Are there other models for public involvement in the MMC's operations?
22. How can we improve the feeling of teamwork between the public and the MMC board?
23. Could the public elect the MMC board?
24. Is the District Board (County) access to MMC records (financial) adequate?
25. How does MMC compare, in public involvement, to other rural hospitals?
26. What exactly is it that Cypress does?
27. Are any citizens singled out for disparate treatment regarding their access to or involvement with the MMC operations? If so, is that treatment justified and reasonable?
28. Who owns the real property that MMC sits on?
29. Is there a problem with the high rate of MMC Board turnover?
30. Is there a high rate of MMC employee turnover? If so, why is it high?
31. Why have long-term providers left MMC?

32. There are questions regarding MMC Board's decision making.
33. How does MMC compare, overall, to other rural hospitals?
34. How can we make Cypress prove that they are providing a benefit in general?
35. How can we improve the public perception of quality care?
36. How can MMC re- establish the public's trust?