Call Trish 406-873-3731
Logan Health – Cut Bank
Business Office

LOGAN HEALTH
Cut Bank

802 2nd Street SE
Cut Bank, MT 59427

LOGAN HEALTH – CUT BANK

FINANCIAL ASSISTANCE PROGRAM

Applications must be completed in full to be eligible, please read carefully.

Application is to include:

1. Medicaid Denial or Signed Attestation Statement
2. Proof of income for the entire household
- **2.1 Most recent tax return**
- **2.2 Bank Statements for previous 3 months**
- **2.3 Pay Stubs for previous 3 months**

2.4 Financial Hardship Applications: All outstanding bills

Patient Account Representative Private Pay, Patient Financial Services Manager, Chief Financial Officer, or Vice President will approve or deny all applications.

Dated: _____

Objective:

Logan Health – Cut Bank, a not-for-profit community hospital, will not discriminate in providing medically necessary services to those in need regardless of their ability to pay. Determination of eligibility of a patient for Financial Assistance shall be applied regardless of the source of referral and without discrimination as to race, color, creed, national origin, age, handicap status, or marital status. Patients deemed unable to pay will be eligible to receive Financial Assistance. Logan Health – Cut Bank will work to identify candidates for Financial Assistance based upon information submitted by the patient or patient's representative and will provide Financial Assistance for those meeting the criteria of this policy. The patient is ultimately responsible to fulfill their financial obligation to Logan Health – Cut Bank and is not granted Financial Assistance until the application has been completed and approved.

The Financial Assistance Policy must be approved by the Medical Center's Board of Trustees. This policy outlines the criteria to be used to determine a patient's eligibility for the Financial Assistance Program.

Definition:

Financial Assistance shall be defined as the patient's demonstrated inability to pay, whereas, bad debt results from the unwillingness of the patient to pay.

Methods for Applying for Financial Assistance Program:

1. In person at Logan Health – Cut Bank Clinic, Logan Health – Cut Bank Business Office, and Logan Health – Cut Bank Physical Therapy Center.
2. Via the Hospital's website at www.logan.org/cutbank

Measures for Publicizing Financial Assistance Program:

Logan Health – Cut Bank will advise patients and their families of Financial Assistance Program through the following means:

1. Direct patient contact, in person, or by phone.
2. Financial Assistance Program will be posted in each registration area, Emergency Department, and other waiting areas.
3. Financial Assistance Program will be printed on applicable letters and statements.
4. Posted on the hospital's website at www.logan.org/cutbank.
5. Financial Assistance Program will be posted annually on our social media such as Facebook and website.

Presumptively Eligible:

A patient who has not submitted a completed Application for Financial Assistance, but who nonetheless is subject to one or more of the following criteria:

1. Homeless
2. Mentally incapacitated with no one to act on his or her behalf
3. Medicaid eligible, but in another state or not on the date of service
4. Enrolled in one or more governmental programs for low-income individuals having eligibility criteria at or below 200% of the Federal Poverty Guidelines

Procedure for Determining Eligibility:

A request for a Financial Assistance application may be made by any person who could reasonably be expected to act for the patient, has a reasonable basis to believe that the person may qualify for uncompensated services, and can provide the information required to establish eligibility. Logan Health – Cut Bank requires that Power of Attorney documentation and/or a release of financial information be on file.

Eligibility Criteria:

Eligibility for Financial Assistance does not exist where an individual has, or can qualify, for other third-party coverage (Group or individual medical insurance plans; Workers Compensation plans; Medicaid, State, or County Medical programs; and other state, federal, or military programs). If an individual is not currently covered by a third-party, he/she may choose to apply for Medicaid or sign the attached attestation statement included in the Financial Assistance Program application. Logan Health – Cut Bank personnel will assist individuals that do not qualify for Medicaid to qualify them for health insurance on the Insurance exchange, and other available programs. In the event that third-party coverage is discovered at a later date, any Financial Assistance write off will be reversed and third-party insurance will be filed.

The patient, or representative, must fill out an application for Financial Assistance prior to being deemed eligible. The application shall be submitted with proof of income to be verified by previous year's tax return, three previous months' bank statements, and three previous months pay stubs. If the individual is unemployed and not collecting unemployment, an unemployment statement is to be provided. The applicant must sign a release form for all items not verified for Logan Health – Cut Bank to verify income.

Eligibility is entirely determined based on gross income. The applicant's family income must be at or below 200% of the Federal HHS poverty guidelines. The HHS poverty guidelines are published each year in the Federal Register and shall be published where the availability of the Financial Assistance Policy is published. A person can qualify by having income for a twelve month period, or the most recent three months at or below the guidelines. If an individual qualifies for Financial Assistance by meeting the three month criteria, that person's income for the applicable three months will be annualized for the purposes of this calculation. If an individual is normally employed seasonally, their yearly income shall be used for making this determination. Applicants with no Insurance coverage that have been determined at or below 200% of the federal poverty guidelines will receive a 100% write-off.

The amount of Financial Hardship Assistance per patient shall be determined as follows:

PERCENT AT OR BELOW FPG	PERCENT OF WRITE OFF
100%	100%
125%	80%
150%	60%
175%	40%
200%	20% (at least AGB variance)

Amounts Generally Billed (AGB):

The amounts generally billed for emergency or other medically necessary care to individuals who have insurance covering such care after discounts have been applied per the individual's insurance contract. Logan Health – Cut Bank calculates the AGB pursuant to the look-back method, as described by IRC Section 1.501(r)-5. The look-back method is based on actual past claims paid to the hospital facility by Medicare Fee-for-Service along with all private health insurers paying claims to the hospital facility. The amounts billed for emergency and other medically necessary medical services will not be more than the AGB to individuals with insurance covering such care. The AGB percentage will be reviewed and updated annually by the 120th day after the 12-month period the hospital facility used in calculating the AGB percentage, which is October 1st for Logan Health – Cut Bank. The amount Generally Billed (AGB) is currently 5%.

Logan Health – Cut Bank adopts the U. S. Census Bureau's definition of family household for this policy. The applicant must be financially responsible for family members included on the application. (i.e. listed on tax return)

All medically necessary services will qualify for the Financial Assistance Program. Individuals can apply at the time of service.

Charges not generated by this facility that are not eligible include:

1. Clinic pathology charges.
2. Reference laboratory charges.
3. Consulting radiology charges (i.e. e. MRI, CT, Ultrasound, etc.).
4. Specialty care delivered by consultants (Speech, Occupational).

If an individual gives the facility a payment before applying for Financial Assistance, that amount may be refunded to the patient if it is determined they are eligible for 100% write-off of charges.

Patients denied Financial Assistance will be notified by mail informing them of the reason for denial. Patients who are approved Financial Assistance shall be notified by mail stating the qualifying discount. The financial obligations which remain after the application of qualifying discount may be payable all at once or installments through our Care Credit program. Failure to make payment will result in the remainder of the patient account being sent to a third-party collection agency and the Financial Assistance application voided.

Logan Health – Cut Bank's business office will keep a log of Financial Assistance Policy provided each fiscal year, along with all applications, of those approved and denied. Account notes will be maintained as well.

Patient Collections Practices:

1. Patient will continue to receive statements for 120 days
2. Notice to patient after 90 days informing that in 30 days account will be sent to collections
3. Extraordinary collection actions (ECA's) start on day 121
4. Time frame for Application Period (240 days)
5. ECA's will be suspended with request for financial assistance up to 240 days of the application period until eligibility is determined

Billing Patients that do not qualify for the Financial Assistance Program:

Patients are billed full charges if they do not apply for the Financial Assistance Program. A "Self-pay discount" of 15% will be offered to uninsured patients who pay visit in full within 30 days of first statement, 10% when paid in full within 2 statements, and 5% when paid in full within 3 statements.

Patient's not qualifying for the Financial Assistance Program may apply for financial hardship. The unpaid balance after third party payments for patients qualifying for Financial Hardship will be discounted. The Patient Account Representative Private Pay, Patient Financial Services Manager, the Chief Financial Officer, or Vice President will determine that full payment may cause social and financial hardship so as to significantly harm the patient or the family unit.

Attachment: Financial Assistance Work Sheet

LOGAN HEALTH – CUT BANK
And
RURAL HEALTH CLINIC
802 2nd St SE
Cut Bank, Montana 59427
Ph. (406) 873-2251

Financial Assistance Policy Work Sheet

All other sources of possible payment must be exhausted before this office will consider any Financial Assistance Policy. You are expected to apply for any Public Assistance, Supplemental Security Income, and/or Medicare which may be eligible to you.

PATIENT: _____ PHONE: _____
ADDRESS: _____ MSG OR CELL: _____
_____ SIZE HOUSEHOLD: _____
HOUSEHOLD INFORMATION: (Individual applicant has financial responsibility)

NAME	AGE	RELATIONSHIP
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

INSURANCE/MED COVERAGE: YES_____ NO_____ TYPE_____

(Only Applicants above 200% the HHS Poverty guidelines will need to complete the Household Monthly Expenses)

HOUSEHOLD MONTHLY INCOME		HOUSEHOLD MONTHLY EXPENSES	
Wages	_____	Rent/House payment	_____
Social Security Benefits	_____	Utilities	_____
Unemployment Benefits	_____	Personal Items	_____
Workers Compensation Benefits	_____	Auto Payment	_____
Pension	_____	Insurances	_____
Child Support	_____	Medical Expenses	_____
Alimony	_____	Credit Cards (list)	_____
Any other (please list)	_____	Loan Payments (list)	_____
_____	_____	Other	_____
_____	_____	TOTAL MONTHLY HOUSEHOLD EXPENSES:	
TOTAL MONTHLY INCOME:$_____		$ _____	

This is to certify that I am unable to meet my financial obligation to the Logan Health – Cut Bank for medical services rendered. Completion of this form is my request for assistance to help satisfy my obligations. The completion of this form does not guarantee assistance will be provided. I further certify that the information given on this form is true and correct to the best of my knowledge. I agree to provide copies of documents supporting the above information as requested by this office.

Patient/Guarantor: _____ Date: _____

Witness Signature: _____ Date: _____

Office Use Only:
Approved (%):_____
Not Approved:_____
Signature of PARPP, PFS, CFO, or VP:_____

<u>Additional Information</u>: (Unemployment Statement, Bank Account Documentation)

LOGAN HEALTH – CUT BANK
ATTESTATION STATEMENT
(Check all that apply)

__ I am not age 65 or older, blind, disabled, pregnant; nor do I have a dependent child under the age of 19 in my home.

__ My yearly income does not exceed 200% of the Federal Income Poverty Guideline.

__ I live out of state and do not qualify for Montana Medicaid.

Patient: _____ Dated: _____

Annual Income Thresholds by Sliding Fee Discount Pay Class and Percent Poverty						
Poverty Level*	**100%**	**125%**	**150%**	**175%**	**200%**	**>200%**
Family Size	**100% discount**	**80% discount**	**60% discount**	**40% discount**	**20% discount**	**0% discount**
1	$13,590	16,988	20,385	23,783	27,180	30,578
2	$18,310	22,888	27,465	32,043	36,620	41,198
3	$23,030	28,788	34,545	40,303	46,060	51,818
4	$27,750	34,688	41,625	48,563	55,500	62,438
5	$32,470	40,588	48,705	56,823	64,940	73,058
6	$37,190	46,488	55,785	65,083	74,380	83,678
7	$41,910	52,388	62,865	73,343	83,820	94,298
8	$46,630	58,288	69,945	81,603	93,260	104,918
For each additional person, add	$4,720	$5,900	$7,080	$8,260	$9,440	$10,620

*Based on 2022 HHS Poverty Guidelines (http://aspe.hhs.gov/poverty-guidelines)

Office Use Only