



Origination	06/2016	Owner	Joni Struck: Manager Customer Service
Last Approved	02/2025		
Effective	02/2025	Area	Administrative Fiscal
Last Revised	02/2025		
Next Review	02/2026	Applicability	Logan System

Financial Assistance, A503

PURPOSE

The mission of Logan Health is "Quality, compassionate care for all. The Logan Health Values are: Be kind; Trust and be trusted; Work together; Strive for excellence. In carrying out our mission and acting on our Values, we provide health care services to all persons in need, without regard to whether the Patient is personally able to pay fully for the care received.

A Patient may not have the financial means to pay for services provided to them by Logan Health. This may be the case even when the Patient has a governmental health care program (Medicare and Medicaid), health care insurance, or Health Share program. For that reason, Logan Health provides financial assistance for Emergency Care and Medically Necessary Care through a discount/reduction to the portion of the billed amount that the Patient is personally responsible to pay, which is called the "Self-Pay Balance" in this policy. In order to provide guidance to Logan Health Patients, their caregivers, the public, and Logan Health staff about the financial assistance program, Logan Health has adopted this policy and related procedures. This policy and related procedure are intended to meet the requirements of Internal Revenue Code section 501(r).

Note: Defined terms used in this policy, normally those words with initial capital letters, have important meanings. The definitions of these terms appear in the Definitions section below.

POLICY

1. Logan Health will provide financial assistance to eligible Patients for the cost of Emergency Care and Medically Necessary Care provided by Logan Health Providers in accordance with the Financial Assistance Policy. Logan Health is committed to providing financial assistance to Patients who are unable to pay the Self-Pay Balance based on their individual financial situations. The determination of whether a Patient is eligible for and the amount of financial assistance to be given will be made in accordance with the provisions of this policy and the

related procedures.

2. Eligibility for and the amount of financial assistance provided by Logan Health under this policy may also be accepted by and applied to other health care services providers who deliver Emergency Care and Medically Necessary Care at Logan Health.
 1. A list of the other health care services providers and whether or not they follow the Logan Health Financial Assistance policy when they perform a service related to an Emergency Care or Medically Necessary Care at Logan Health is available by request to the Financial Assistance department. Patients seeking a discount for services provided by a non-Logan Health Provider who has not joined in this policy need to contact that other provider directly to see what, if any, financial assistance is available from that provider.
 3. All charges for Emergency Care and other Medically Necessary Care performed by Logan Health are eligible for financial assistance consideration. Services other than Emergency Care and Medically Necessary Care, such as cosmetic or elective services, are not covered by this policy. Additional excluded services include non-skilled swing beds, assisted living, and long term care.
 - A. Patients are expected to cooperate fully with Logan Health procedures for obtaining financial assistance and to contribute to the cost of their care based on their ability to pay.
 - B. Individuals and/or families with the financial capacity to purchase health insurance or who qualify for government health care programs are encouraged to get that coverage, as a means of assuring access to health care services and aiding in the payment for their health care.
 4. Logan Health uses the Federal Poverty Guidelines as the primary ability to pay measurement tool to determine eligibility for financial assistance. The sliding fee schedule is based on income and family size following current Federal Poverty Level amounts that may be found at: <https://aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines>.
 5. Financial assistance is not a substitute for personal responsibility. A Patient who can afford to pay a portion of the Self-Pay Balance is expected to do so. Payment arrangements may be made on the remaining Self-Pay Balance by contacting a Logan Health Patient Accounting Customer Service Representative.
 6. A determination of eligibility for financial assistance, and the amount of financial assistance determined, will remain valid for six (6) months, unless the financial assistance is Event Based Financial Assistance. It will apply to the accounts for which the Patient submitted an application for financial assistance and to accounts for services performed during the following six (6) month period if also requested by the Patient, unless the financial circumstances of the Patient have changed. All Patients must reapply for financial assistance after that six (6) month period is over.
 7. In order to identify Patients who may be eligible for financial assistance but who may not have applied, Logan Health may use income and health care credit scoring technology.
 8. In all situations, once the Patient is determined to qualify for financial assistance:
 - A. The Patient will not be responsible for paying more for Emergency Care or other Medically Necessary Care than the Amounts Generally Billed (**AGB**) to individuals

who have insurance covering that same care;

B. The Patient's Self-Pay Balance:

1. Will not exceed the AGB;
 - a. In determining the AGB, the look-back method is applied annually by dividing the sum of the amounts of all claims for emergency or other Medically Necessary Care that has been allowed by the certain health insurers, divided by the sum of the associated gross charges for those claims.
2. Will be less than the Gross Charge for the services to which the financial assistance determination applies. If Logan Health collects an amount in excess of this limiting amount, it will promptly refund the excess amount to the Patient once that fact is known.
9. Patients who do not apply for, or do not qualify for, financial assistance but whose Self-Pay Balance is considered catastrophic, will be separately considered for financial assistance based on individual circumstances.
10. In the event that Financial Assistance is not approved and there are instances of non-payment, the organization will follow Debt Collection for Patient Accounts, A504, a copy of which is available from the Patient Accounting Customer Service Representatives at 1-406-751-6445 or by mailing a request to 310 Sunnyview Lane, Kalispell, MT 59901.
11. The Patient Access Department will retain all records relating to applications for and amounts of financial assistance provided to a Patient for seven (7) years.
12. This policy has been adopted by the Board of Trustees of Logan Health and applies to all employed Logan Health Providers.
13. A copy of this policy, as well as information and assistance about how the policy may apply to a particular Patient's situation, may be obtained (1) in person at a check-in desk in the hospital or a Logan Health Provider's clinic, (2) by contacting a Patient Accounting Customer Service representative at 751-6445, or (3) by mailing a request to: Patient Accounting, 310 Sunnyview Lane, Kalispell, MT 59901.

PROCEDURE

1. Any Patient, as well as the Patient's Responsible Party (such as the parents of a Patient who is a minor child), can submit an application for financial assistance. Financial assistance can include a full or partial discount to a Self-Pay Balance, including balances related to the copayment, coinsurance and deductible for a Patient with health insurance that qualify for financial assistance under this policy. Financial assistance also assists Patients in enrolling in government health plans like Medicaid, and referral to other state and county assistance programs.
2. It is the responsibility of the Patient to specify the particular health care accounts to be considered for financial assistance. Logan Health does not assume this responsibility, although Financial Advising staff should attempt to determine the full obligation that the Patient has to Logan Health when determining eligibility.
3. A Patient applies for financial assistance by completing a Financial Assistance Application

and supplying the requested information and documentation. The information and documentation submitted are subject for verification.

- A. Applying for financial assistance can be initiated by requesting a Financial Assistance Application, (1) in person at a check-in desk at Logan Health, or (2) over the phone by calling Patient Financial Advising (406) 756-1767, or (3) through the mail, or (4) off the Logan Health website (www.logan.org) under the tab "Pay Bill".
- B. Completed applications can be submitted by (1) mail and sent to Patient Financial Advising Department, 310 Sunnyview Lane, Kalispell, MT 59901, Attn: Financial Assistance Application, (2) in person at a Logan Health facility, or (3) online through the Logan Health website (www.logan.org)

4. An application for financial assistance should be made as soon as possible, preferably in advance of receiving healthcare services. The Application Period will end on the three hundred and sixty fifth (365th) day after the first post-hospital discharge, or other post-service, billing statement is sent to the Patient. There are a few exceptions to the time that the Application Period will end that are dealt with specifically in the Logan Health Financial Assistance policy and this procedure.
5. When a Patient submits a Financial Assistance Application to the Logan Health Patient Financial Advising Department, a Patient Financial Advisor will review it for completeness (see Exhibit A for a summary of internal process).
 - A. If additional information is needed, the Patient is notified in writing of what additional information is needed.
 1. The additional information or verifications needs to be returned within thirty (30) days, even if that thirty (30) day period ends after the original Application Period.
 2. If it is received within the thirty (30) day period and the original Application Period has expired, the application will still be reviewed and the Patient informed whether the Patient is eligible for financial assistance and, if so, the amount of financial assistance.
 3. If the thirty (30) day period is not beyond the end of the three hundred and sixty five (365) day Application Period, as long as the Patient submits the needed information or verifications before the end of the Application Period, it will be accepted.
6. The amount of financial assistance for a Patient is determined using the following general guidelines, information and factors:
 - A. If a Patient's Family Income is less than 200% of the Federal Poverty Guidelines, the Patient is eligible for a 100% adjustment of up to the amount of the Self-Pay Balance.
 - B. If the Patient's Family Income is more than 200% but less than 400% of the Federal Poverty Guidelines, the Patient is eligible for a partial discount of the Self-Pay Balance, using a sliding scale (see Exhibit B),
 - a. The sliding fee schedule is based on income and family size.
 - b. The sliding scale will be revised annually as the Federal Poverty Guidelines

are updated. Federal Poverty Level Guidelines can be found at <https://aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines>.

- C. A Patient's Self-Pay Balance will never exceed twenty percent (20%) of the Patient's Family Income. In cases when there is a Self-Pay Balance remaining after financial assistance is applied that exceeds the 20% limitation, the financial assistance will be adjusted to reflect the twenty percent (20%) limitation of the Patient's Family Income.
- D. The amount of third-party financial resources (including health insurance and health plan benefit coverage, or government health plan coverage [such as Medicare or Medicaid], Health Share payments), any recovery from a personal injury claim, Victims of Crime assistance, and non-hospital financial aid programs (including public assistance and private charity or foundation grant programs, for example).
- E. The income from all sources of the Patient's household. This includes compensation from employment and other sources of income.
- F. Employment status: both past and future earnings potential is reviewed, to differentiate between temporary financial circumstances and those that are not likely to change soon.
- G. All self-employed Patients applying for financial assistance (whether as sole proprietor, partner of a partnership, shareholder of a corporation, member of a limited liability company, etc.) must provide tax returns for that business that include all return schedules to support line item entries. Logan Health will add back to deductions taken from income for the following:
 - 1. Depreciation expense
 - 2. Mileage
 - 3. Travel and entertainment
- H. A Balance Sheet, Cash Flow, and Profit and Loss statement for the past two (2) years will also be required. If the business has been in existence for less than two (2) years, statements for the period of existence must be provided.
- I. If the Patient does not have the documents referred to above, the Patient may contact a Patient Financial Advisor to discuss whether other evidence may be provided to demonstrate eligibility.
- J. Falsification of financial information (including number of dependents) or refusal to cooperate may result in a denial of financial assistance.
- K. Refusal to apply for government health care coverage such as Medicaid.
 - 1. Excluding families at or below 200% of Federal Poverty Guidelines.
 - 2. Patients that refuse to apply for a government health care need-based program and who appear to qualify for a government health care program based on their financial application information shall receive financial assistance at the percentage determined based on their application OR have their charges discounted to Medicaid reimbursement rates for the

applicable services, whichever discount is less. This determination will apply only for the period of time available to those who do apply or for presumptive eligibility, as applicable.

- L. Logan Health reserves the right to change a financial assistance determination amount if financial circumstances have changed. For instance, in certain cases, further investigation is required to determine eligibility for patient financial assistance. If it is discovered a Patient may qualify for a financial discount, and the Patient's balance is in billing/collections, the Patient's account will be returned from billing/collections. If it is determined the account is eligible for financial assistance, the Hospital will reverse the account out of bad debt and document the associated charges as a patient financial discount.
7. The financial discount amount will be determined by Patient Financial Advising in reference to the Patient Family Income, as follows:
 - A. If the Patient Family Income is less than 200% of the Federal Poverty Guidelines, 100% discount is applied to Self-Pay Balance.
 - B. If the Patient Family Income is greater than 200% but less than 400% of the Federal Poverty Guidelines, a partial discount will be determined via sliding scale. Sliding scale components are: Federal Poverty Guidelines, income, employment status, and third party financial resources. If the Patient is self-employed, tax returns and financial statements will be requested.
 - C. The Patient's account will be reviewed to ensure that the amount owing from the Patient is less than AGB (Amounts Generally Billed) for services provided.
8. The package of all documentation will be submitted for approval to the appropriate individual per the following schedule:

Under \$2,000.00	Revenue Cycle Manager may approve.
\$2,000.00 – \$4,999.99	Revenue Cycle Director may approve.
\$5,000-\$100,000	Revenue Cycle Executive may approve.
> or equal to \$100,000	Chief Financial Officer may approve.
9. The decision on eligibility for, and any amount of, financial assistance will be communicated to the Patient in writing and documented in the Patient record within Patient Accounting Desktop. If the Patient is eligible for financial assistance in an amount less than the full amount of the Patient's Self-Pay Balance, the financial assistance notice will set out both the amount of financial assistance awarded and the remaining amount the Patient owes for the care. The notice will also contain information about whom to contact to make payment arrangements, how to obtain information about the AGB (amounts generally billed) computation, and if a refund is due the Patient because of amounts already paid (unless that amount is less than Five Dollars [\$5.00]).
 - A. A Patient who can afford to pay a portion of the Self-Pay Balance is expected to do so. Payment arrangements may be made on the remaining Self-Pay Balance by contacting a Customer Service Representative.
 - B. If a remaining balance is due after discount and is more than 20% of the Patient Family Income, it will be adjusted to be below 20%.

1. If the Patient cannot pay in full, a payment plan will be established.
 2. If the Patient doesn't agree to a payment plan or pay the outstanding balance, the remaining balance on the account will be sent to collections.
10. Logan Health also uses the following processes to identify potential financial assistance cases, called "presumptive eligibility" for financial assistance:
 1. Third party vendor for credit check.
 2. Proof of current eligibility in a qualifying State or Federal need-based assistance program such as SNAP or WIC
 3. Referral from approved charitable entities and foundations that perform eligibility determinations
 4. Validated homelessness
11. Presumptive eligibility is utilized in situations where processing time of a financial assistance application would prohibit the Patient from receiving Medically Necessary Care, such as in the case of pharmaceutical financial assistance (Pharmaceutical and Durable Medical Equipment Cost Assistance, A532).
12. Approval for financial assistance using presumptive eligibility methods will result in qualification for 100% financial assistance for the episode of care that is reviewed. It will only apply to the accounts for services for which the determination was made unless the Patient submits a financial assistance application to Logan Health.
13. Logan Health may change the methodology for calculating AGB in the future. Any member of the public may obtain a copy of the AGB methodology that is in current use, free of charge, by calling the Patient Accounting or Patient Financial Advising Departments, (406) 756-1767, from the Logan Health website (www.logan.org) under the tab "Pay Bill" or by mail addressed to Patient Business Services, 310 Sunnyview Lane, Kalispell, MT 59901, ATTN: AGB Methodology Request.
14. Catastrophic Event Accounts.
 - A. A Self-Pay Balance is considered catastrophic if the Self-Pay Balance is more than Seventy-five Thousand Dollars (\$75,000). Patients will need to complete a financial assistance application. If Logan Health finds that the Patient has no identified means to pay the amount of the Patient's Self-Pay Balance in full, taking into account other payment options, the following guidelines will be utilized: The Self-Pay Balance will not exceed 20% of the Patient's income.
 - B. A Self-Pay Balance that is reduced under this category of financial assistance must have the Self-Pay Balance paid within ninety (90) days from the time of the financial assistance determination or an approved payment arrangement established through Logan Health within 90 days of the time of the financial assistance determination.
15. Access to Health Care Crisis
 - A. An Access to Health Care Crisis must be proclaimed by Logan Health leadership and attached to this patient financial assistance document as an addendum. An Access to Health Care Crisis may be related to an emergent situation whereby state / federal regulations are modified to meet the immediate health care needs of the Logan

Health's community during the Access to Health Care Crisis. During an Access to Health Care Crisis Logan Health may "flex" its patient financial assistance policy to meet the needs of the community in crisis. These changes will be included in the patient financial assistance policy included as an addendum. Patient discounts related to an Access to Health Care Crisis may be provided at the time of the crisis, regardless of the date of this policy (as hospital leadership may not be able to react quickly enough to update policy language in order to meet more pressing needs during the Access to Health Care Crisis)."

16. Uninsured Discount

- A. Logan Health will offer a 35% discounted price to qualified uninsured patients for Medically Necessary Care. Patients may be counseled on available resources for health insurance and their cooperation in applying for available resources will be taken into consideration in applying future discounts to services.
 1. The Patient must identify themselves as uninsured at time of registration. The uninsured discount automatically applies whenever a Patient is entered into the system as uninsured.
 2. A 35% uninsured discount will apply to medically necessary inpatient and outpatient services at Logan Health.
 3. The uninsured discount will not be offered to exclude services: Non Medically Necessary Care such as cosmetic or elective services, non-skilled swing beds, assisted living, and long term care.
 4. The uninsured discount does not apply if the Patient chooses not to utilize their healthcare benefits or insurance. If the Patient is found to have health insurance, the uninsured discount will be reversed.
 5. The uninsured discount does not apply if there is potential third-party liability coverage that will apply to the patient's account, including but not limited to, attorney representation or liability insurance coverage (including medical payments coverage).

17. Infusion Patients

1. For financial assistance applications approved for infusions of pharmaceuticals, the financial assistance department will explore resources, in coordination with operations, for discounted or free drug options for the Patient through the manufacturer or other outside agencies.

DEFINITIONS

1. Amounts Generally Billed (AGB) – Amounts generally billed for Emergency Care or other Medically Necessary Care to individuals who have insurance covering that same care. In determining AGB, Logan Health has chosen to use the "Look-Back Method", in which AGB is based on Medicare fee for service payment amounts and the amounts paid by private health insurers (including health benefits plans whether or not insured), as outlined in Internal Revenue Code regulations.
2. Application Period – The period of time during which Logan Health must accept and process

an application for financial assistance under the Financial Assistance Policy. The Application Period begins on the date of services rendered and ends on the 365th day after Logan Health provided the services or 365 days after the date of discharge for inpatient admissions.

3. Emergency Care – Medical treatment for an emergency medical condition, which is (A) a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain) such that the absence of immediate medical attention could reasonably be expected to result in (i) placing the health of the individual (or, with respect to a pregnant woman, the health of the woman or her unborn child) in serious jeopardy, (ii) serious impairment to bodily functions, or (iii) serious dysfunction of any bodily organ or part; or (B) with respect to a pregnant woman who is having contractions, (i) that there is inadequate time to effect a safe transfer to another hospital before delivery, or (ii) that transfer may pose a threat to the health or safety of the woman or the unborn child. Logan Health has a separate policy on the provision of Emergency Care consistent with federal law.
4. Event Based Financial Assistance - Situations wherein financial assistance is offered only for the date of service that the care was rendered. Examples include, but are not limited to, pharmaceutical financial assistance in line with the Pharmaceutical Financial Assistance Policy, referrals from charitable entities or foundations such as Shepard's Hand Free Clinic and catastrophic event accounts.
5. Federal Poverty Guidelines – A measure of income level issued annually by the Department of Health and Human Services used to determine eligibility for certain governmental programs and benefits.
6. Gross Charge – The full, established price for medical care that Logan Health Providers consistently and uniformly charges Patients before applying any contractual allowances, discounts or deductions to that price. It also can be called the charge master rate.
7. Logan Health – For the purposes of this policy, Logan Health includes Logan Health Medical Center (**LHMC**); as well as its employed physicians and other healthcare services providers. LHMC and its employed physicians and other healthcare services providers are called the "Logan Health Providers" in this policy. Also, the term "Logan Health" includes Logan Health and the Logan Health Providers, unless stated otherwise.
8. Logan Health Providers – Logan Health and its hospitals, as well as their employed physicians and other healthcare services providers.
9. Medically Necessary Care – A medically necessary service or treatment which is reasonably calculated to prevent, diagnose, correct, cure, alleviate, or prevent the worsening of conditions in a Patient which: (i) endanger life; (ii) cause suffering or pain; (iii) result in illness or infirmity; (iv) threaten to cause or aggravate a handicap; or (v) cause physical deformity or malfunction. A service or item is not medically necessary if there is another service or item for the recipient that is equally safe and effective and substantially less costly, including, when appropriate, no treatment at all. Experimental services or services which are generally regarded by the medical profession as unacceptable treatment are not medically necessary. An elective or cosmetic surgery or treatment is not medically necessary.
10. Patient – The person who receives the hospital or other medical care covered by this policy, as well as that person's Responsible Party when the context requires.
11. Family – A Family is defined as: a group of two people or more (one of whom is the householder) related by birth, marriage (optional), domestic partnership, or adoption and

residing together; all such people (including related subfamily members) are considered as members of one family. Logan Health will also accept non-related household members when calculating family size.

12. Patient's Family Income – All resources (income) of the Patient's Family on an annual basis.
13. Responsible Party – The person or persons who may be responsible for payment of the Self-Pay Balance of a Patient, whether instead of the Patient (such as the parents of a minor child) or in a representative capacity for the Patient (such as a legal guardian or attorney in fact).
14. Self-Pay Balance – The amount remaining to be paid by the Patient or Responsible Party after all other sources of payment have been received or taken into account (such as health insurance or health plans payments, Health Share payments/obligations, claims of responsibility against third parties, governmental health care plan payments [like Medicare or Medicaid], or discounts allowed under this policy). For a Patient who has health insurance or health plan coverage, it commonly will be the co-pay, co-insurance and deductible amounts that the Patient is to pay. The Self-Pay Balance is also considered to be the amount "charged" to the Patient under this policy.

Attachments

 [Logan Health Federal Poverty Guidelines Sliding Fee Schedule 2025.pdf](#)

[Summary of Logan Health Internal Process for Financial Assistance Applications.pdf](#)

Approval Signatures

Step Description	Approver	Date
Admin Approval	Brigid Burke: Vice President (VP), Chief Financial Officer (CFO)	02/2025
Policy Committee	Kelly Stimpson: Associate General Counsel	02/2025
Reviewer	Anna Robbins: Executive Director Revenue Cycle	02/2025
Owner	Adam Place: Director Patient Accounting	01/2025

Applicability

Logan Health (locations excluding LHMC), Logan Health Chester, Logan Health Conrad, Logan Health

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