

	POLICY /GUIDELINE TITLE: Financial Relief Program
MANUAL:	POLICY OWNER: Patient Access Services
ORIGINATION DATE: 06/2019	

SCOPE

This policy applies to University Medical Center of Southern Nevada (UMCSN) and its wholly-owned subsidiaries.

PURPOSE

As part of its mission, University Medical Center of Southern Nevada (UMCSN) provides care for residents of Clark County who are uninsured or underinsured and do not have the ability to pay for medically necessary health care services. The purpose of this policy is to use the Financial Relief Program (FRP) resources available to University Medical Center of Southern Nevada (UMCSN) to maximize the availability of health care services to the people of Clark County in a consistent, equitable, and effective manner. This policy does not affect or limit University Medical Center of Southern Nevada’s (UMCSN) dedication and obligation under EMTALA to treat patients with emergency medical conditions. Four guiding principles were used in the creation of this policy with the desire to; create a consistent policy for the health care system, promote equity in financial responsibility, simplification of administration and administrative costs, using the limited financial resources of the health care system carefully, and insuring that treatment for illnesses requiring an academic medical center are provided to Clark County residents.

POLICY

University Medical Center of Southern Nevada (UMCSN) shall have an organized patient FRP program designed to help provide necessary health care for Clark County residents to the extent that resources are available. The policy in effect at the time of the approval/denial will be used to determine eligibility for FRP.

PROCEDURE

Patient FRP consists of the following components:

- I. Requirements to Adhere to Patient Payment Expectations
- II. Uninsured and Underinsured Charges
- III. Payment Arrangements
- IV. FRP

DEFINITIONS

Approved FRP is defined as a patient that has been approved and accepted under the guidelines of University Medical Center of Southern Nevada’s (UMCSN) policy.

Clark County residency is defined as an individual that resides in the state full time. Residency requires validation of domicile. To be eligible for FRP a patient must have established a bonafide domicile in Clark County (**Appendix C**).

Elective Services are defined as scheduled services and certain non –emergent “walk-up” services (e.g., lab services)



**POLICY /GUIDELINE TITLE:
Financial Relief Program**

that are approved for a Cash Pay Rate under the guidelines set forth in this policy.

Clark County resident/citizen is defined as an individual that is an established resident of Clark County and a citizen or legal permanent resident of the United States.

Clark County resident/non-citizen is defined as an individual that has Clark County residency but is not a citizen of the United States.

Emergency Services are defined as any service which is rendered to a patient: (1) presenting to the Emergency Department and determined to have a medical condition that without immediate medical attention would result in serious harm to the patient, whether or not the patient is admitted to the facility or treated and released, or (2) presenting as a direct admission with a medical condition that without immediate medical attention would result in serious harm to the patient.

Financial Relief Program Discount is defined as the discount afforded to an individual determined to be Financially Indigent in accordance with the provisions of this policy.

Homeless Person is defined as an individual who has no home or place of residence and depends on FRP or public assistance.

Inmate is defined as an individual who has been incarcerated during their episode of care.

Medicaid Pending Status is defined as a Medicaid application in process that has been deemed to have a high likelihood of approval for Medicaid. Medicaid Pending Status does not preclude eligibility for a FRP application.

Out of State (OOS) is defined as a patient that is not an established permanent resident of Clark County.

Self-pay patient is defined as a patient who is solely responsible for the cost of his/her medical treatment.

Financially Indigent is defined as an Underinsured Patient with an annual income below 200% of the Federal Poverty Level.

Uninsured is defined as a patient without insurance coverage.

REFERENCES

Review Date:	By:	Description:
07/05/22	Paige Garland	Revising Financial Relief policy (formerly known as Charity).



**POLICY /GUIDELINE TITLE:
Financial Relief Program**

I. Requirements to Adhere to Patient Payment Expectations

Patients with the ability to pay are expected to pay for their health care including the requested copay, any coinsurance, deductible, and for some services a deposit at the time of service, and when necessary establish and adhere to payment plans for prior, current or future services. Patients without the ability to pay for some or all of their care, regardless of their insurance status, are expected to obtain financial clearance. Failure to cooperate could result in postponement of non-emergency/urgent care.

II. Uninsured and Underinsured Charges

University Medical Center of Southern Nevada (UMCSN) offers a self-pay discounted rate for uninsured and underinsured patients. Excluded services are listed in the FRP Exceptions Table (**Appendix A**). This self-pay discount will be offered regardless of income or Clark County residency status. Patients who do not pay at the time of service will be rescheduled unless deemed to be medically urgent by the treating physician or at the approval of the department head.

In instances where the patient is screened by a financial counselor, and appears to be eligible for the FRP, the FRP copayment or departmental deposit will be collected at the time of service. If the patient does not comply with the FRP application process or is deemed ineligible, the patient will be billed for the balance and may not be eligible for additional treatment by University Medical Center of Southern Nevada (UMCSN) until full payment for prior services and full payment for services desired to be scheduled are received.

III. Payment Arrangements

Patients who are unable to pay in full at time of service are offered the ability to make payment arrangements.

- A. Payment arrangements will require separate monthly payments to University Medical Center of Southern Nevada (UMCSN) for patient balances and will be evaluated independently using payment plan guidelines as indicated in (**Appendix F**). The first month's payment is required before a payment arrangement is considered valid.
- B. If a patient defaults on his/her established payment arrangement by missing the payment for two consecutive months, the entire remaining amount will become due and the collection process will resume. Patients who wish to re-establish a payment plan after they have defaulted will be expected to make the first month's payment again.
- C. Payment arrangements are variable, and arrangements can be reset if the amount due from the patient has grown such that the current monthly arrangement amount is no longer sufficient to satisfy the debt within the number of months required by the table.
- D. FRP patients may establish payment arrangements on their copayments.
- E. It is not the practice of University Medical Center of Southern Nevada (UMCSN) to offer discounts or special one-time rates for services not otherwise covered in this policy. Special circumstances must be appealed to and can only be approved by the UMC C-Suite Administration.

IV. Financial Relief Program (FRP)

FRP is a benefit where a portion or all of a patient's balance will be written off except for limitations in the FRP Exceptions Table (**Appendix A**) and those balances covered by external funding sources. FRP is available for Clark County residents who meet family income and residency criteria as determined by Medicaid eligibility criteria (**Appendix C**). Any resident of Clark County may apply for FRP and all applications will be considered without regard to race, color, gender, national origin or religious preference.

A. Availability

- 1. Patients must, in all cases submit an application for FRP prior to their first appointment at any University Medical Center of Southern Nevada (UMCSN) area.



**POLICY /GUIDELINE TITLE:
Financial Relief Program**

2. If the patient's household income is less than or equal to 400% of the current Federal Poverty Guidelines for their family size, the patient may be eligible for FRP.
3. A FRP application will be made available to anyone with a valid physician referral to a University Medical Center of Southern Nevada (UMCSN) physician AND meets eligibility screening criteria as outlined on the FRP Screening Tool (**Appendix E**). FRP is available for services rendered in the Emergency Department and associated inpatient admission if applicable and do not require an accompanying primary care referral.
4. As patients are screened for financial assistance, the income and family size is documented in the FPL fields in EPIC. The FPL effective date equals the screening date. Applications that are received within 30 days of initial screening will be granted an effective date equal to the initial screening date.
5. If the provision of care is believed to be medically urgent, the treating physician may override the requirement to complete the financial counseling process prior to appointment by indicating that the service is "urgent" to the scheduler or financial counselor. The patient must complete the financial counseling process within 15 days of the physician's exemption. Failure to comply may result in the inability to receive future services until completed. Services outside of that episode of care are not eligible, and will not be scheduled, unless accompanied by an additional valid physician referral or a University Medical Center of Southern Nevada (UMCSN) physician attestation to urgency or medical services.
6. A determination of eligibility for FRP will be effective for twelve (12) months and will be applicable toward all FRP eligible patient balances incurred prior to an approved FRP application. The determination of eligibility provides the information that the patient is eligible and prevents the patient from needing to resubmit application documents again within that 12-month period of time. The determination of eligibility does not guarantee the patient the ability to be scheduled for an appointment in any service area while within that 12-month period. Appointments scheduled must be accompanied with a valid physician referral. Patients requiring care for a subsequent episode of care within the FRP period, for which they have been approved are required to notify University Medical Center of Southern Nevada (UMCSN) of any change in their financial status for a new application to be completed.
7. Charges for FRP services will not be updated to reflect a discount until financial authorization is given that the service rendered is for the span date for which the patient was approved.
8. Due to the desire to provide services to the patient in a timely fashion, patient applications for FRP must be received 30 days from the date the application is mailed or provided.
9. FRP is not available to patients who receive care in our facility when University Medical Center of Southern Nevada (UMCSN) facility services are excluded or out of network with their insurance carrier.
10. University Medical Center of Southern Nevada (UMCSN) will post notices as required by law regarding the availability of FRP. Patients requiring FRP or thought to require such assistance will be referred to a financial counselor.
11. Patients may only receive FRP after all other financial resources available to the patient have been exhausted AND the patient is without sufficient income to cover out of pocket expenses as defined by University Medical Center of Southern Nevada (UMCSN). Other financial resources include, but are not limited to, private health insurance, CHIP, agency funding, Medicare and/or Medicaid. Until other sources of funding are secured, the patient will be sent statements for the charges associated with their care as an informational notification.



**POLICY /GUIDELINE TITLE:
Financial Relief Program**

12. If the FRP application is approved, FRP will apply to balances after all third party coverage has been collected. Whenever agency funding is available, whether or not the patient has been approved for FRP, agency funding must be secured prior to the service being scheduled and covered by FRP.
13. FRP covers all medically necessary services except those included in the FRP Exceptions Table (**Appendix A**). Medical necessity will be determined by the treating physician or the Financial Relief Program committee.
14. FRP is not available for international patients. Exceptions to this must be approved by the Financial Relief Program committee.
15. An unmarried patient, who is a student in either full or part time status, regardless of employment status, and under the age of 26, is required to submit information regarding parental insurance coverage availability.

B. Rights and Responsibilities

1. For patients actively receiving Medicaid except for out of state Medicaid participants, spenddown and Emergent Medical Services Medicaid, a complete application is one that has the guarantor and dependent sections filled in, bears the patient's signature, and is attached with proof of active Medicaid coverage. For Medicaid patients completing this process, the FRP eligibility date will be the effective date on the Medicaid card, excluding SSI Medicaid. SSI Medicaid eligibility dates will begin 3 months prior to the date the application was received.
2. Only patient balances will be considered for FRP write-off. Patient balance is the amount for which there is no third party coverage or other funding available or balances after insurance. Accounts in a Third Party Liability status are not eligible for FRP.
3. Once the final determination has been made regarding FRP eligibility, the patient will be notified in writing.
4. If a patient's income or family size changes, a new FRP application needs to be submitted with University Medical Center of Southern Nevada (UMCSN) attaching documentation for re-evaluation of Charity status. A query through Experian may be done on each new admission to check for changes in income.
5. Any payments received prior to the FRP approval effective date will be counted toward the amount due and will not be refunded.
6. Falsification of information on a FRP application will result in denial of the discount. If, after a patient is granted financial assistance and University Medical Center of Southern Nevada (UMCSN) finds material provision(s) of the discount application to be untrue, the financial assistance will be withdrawn. The patient will be informed in writing of the withdrawal of the financial assistance and will be billed in full.

C. Other Applicant Categories

Qualification under extraordinary circumstances not outlined below, requires approval by the Department Head.

1. Homeless Persons-A homeless person is an individual who has no home or place of residence and depends on FRP or public assistance. Such individuals will be eligible, if they have a letter of confirmation from the homeless shelter or the financial counselor can validate that they are homeless. The FRP application needs to indicate in the address field that the patient is homeless, and the application must be signed by the patient.



**POLICY /GUIDELINE TITLE:
Financial Relief Program**

2. Deceased Patients- The charges incurred by a patient who has died may still be considered eligible for FRP. For the FRP application, if there are no assets, the deceased patient will count as a family member, but their income will be zero. Accounts in an Estate status are not eligible for FRP.
3. Inmates- Charges incurred by a patient who has subsequently become incarcerated may still be considered eligible for FRP. His/her income will be deemed as zero for the purposes of the FRP application from the date of entry into the correctional facility until the date of release from the correctional facility. Validation from the correctional facility that the patient is an inmate including date of entry and proposed date of release shall suffice as the FRP application. Note: All charges incurred during the incarceration are the responsibility of the correctional facility.

D. Notification

1. Once complete and submitted, an application will be reviewed within 30 business days against University Medical Center of Southern Nevada's (UMCSN) eligibility criteria. All documents are scanned into the patient's EHR (Electronic Health Record).
2. Once approved or denied, a notification letter will be sent to the patient.
 - I. The patients account is notated at the guarantor level in EPIC and the FPL information is updated.
 - II. For patients with dates of service during the approval period, EPIC auto adjudicates the Financial Hardship (FRP discount).
 - III. For patients with dates of service prior to the approval period, EPIC routes these accounts to a work queue for manual review and adjudication.
3. If additional information is required to reach a determination, a request for additional information will be sent to the patient and must be returned within 15 days.
4. Patients approved for FRP will be required to pay a copay for each encounter (**Appendix B**). Failure to pay copays may result in future re-applications for FRP being denied until payments are received.

E. Changes to the Policy or Eligibility Criteria

FRP eligibility criteria will be reviewed annually and updated to reflect published changes in the Federal Poverty Guidelines. Revisions may be made at any time to the criteria or the policy based on changes in University Medical Center of Southern Nevada's (UMCSN) financial ability to provide FRP or changes in state or federal regulations.



**POLICY /GUIDELINE TITLE:
Financial Relief Program**

**Appendix A
Financial Relief Program Exclusions List**

The following is a list of services, supplies or procedures that will not be discounted by the Financial Assistance Plan/FRP Program:

Service

- Cosmetic surgery/procedures
- Infertility Services
- Non-medically necessary obstetric ultrasound
- Non-medically necessary virtual colonoscopy
- Non-medically necessary full body MRI
- Other Non-medically necessary procedures determined by the UMCSN FRP Committee
- Prosthetics
- Sterilization

Included Services (Subject to change)

The following is a list of services, supplies or procedures that will be discounted by the Financial Assistance plan/FRP Program:

Service

- Treatment Series
- Burn including wound/vac
- All UMC HOD clinics
- Ambulatory Quick Care and Primary Care
- Follow up care for services performed at UMC
- Inpatient and Observation Services
- All medically necessary services

This list is subject to change per the approval of the Executive Director, Patient Access Services and Ambulatory Care.

** Cosmetic surgery is not eligible for a payment plan. Full payment required prior to services.



**POLICY /GUIDELINE TITLE:
Financial Relief Program**

**Appendix B
Financial Relief Program Copayments**

Service	Co-pay amount	Recipient
Out Patient Services	\$25 per visit (account)	University Medical Center of Southern Nevada (UMCSN)
Hospital Admission	\$50	University Medical Center of Southern Nevada (UMCSN)

When applicable, insured patients who are also eligible for FRP, the discount will be applied to the patients' deductibles and co-insurances. FRP copayment is required for insured patients, unless the patient responsibility is less than the FRP co-payment amount.



**POLICY /GUIDELINE TITLE:
Financial Relief Program**

**Appendix C
Requirement Definitions for FRP**

Nevada Residency- In order to meet Nevada state residency requirements to be Medicaid eligible, an individual must be domiciled in Nevada with the intention to remain here permanently or for an indefinite period or show that he entered Nevada to seek employment or with a job commitment. A person is domiciled in Nevada if Nevada is his fixed, established, or permanent place of residence with the intention to remain there permanently or for an indefinite period.

REQUIREMENT: To verify residency, one document from a category below needs to be provided. Applicants who do not have one of the documents must complete and sign the declaration on the back of this form, subject to prosecution, that they do not have one of the documents listed. **(Appendix D)**

- a) A valid Nevada drivers' license or other identification card issued by the Nevada Division of Motor Vehicles.
- b) A current Nevada rent, lease, or mortgage payment receipt, or current utility bill in the name of the applicant or the applicant's legal spouse, showing a Nevada address.
- c) A current Nevada motor vehicle registration in the applicant's name and showing the applicant's current Nevada address.
- d) A document verifying that the applicant is employed in Nevada.
- e) One or more documents proving that the applicant's home in the applicant's prior state of residence has ended, such as closing of a bank account, termination of employment, or sale of a home.
- f) The tax records of the applicant or the applicant's legal spouse, showing a current Nevada address.
- g) A document showing that the applicant has registered with a public or private employment service in Nevada.
- h) A document showing that the applicant has enrolled his/her children in a public or private school or a child care facility located in Nevada.
- i) A document showing that the applicant is receiving public assistance (such as food stamps) or other services which require proof of residence in Nevada.
- j) Records from a health department or other health care provider located in Nevada which shows the applicant's current Nevada address.
- k) A current Nevada voter registration card.
- l) A document from the US Department of Veteran's Affairs, US Military or the US Department of Homeland Security verifying the applicant's intent to live in Nevada permanently or for an indefinite period of time, or that the applicant is residing in Nevada to seek employment or has a job commitment.
- m) Official Nevada school records, signed by school officials, or diplomas issued by Nevada schools (including secondary schools, colleges, universities, community colleges), verifying the applicant's intent to live in Nevada permanently or for an indefinite period of time, or that the applicant is residing in Nevada to seek employment or with a job commitment.
- n) A document issued by any foreign consular or other foreign consulate verifying the applicant's intent to live in Nevada permanently or for an indefinite period of time, or that the applicant is residing in Nevada to seek employment or has a job commitment.



**POLICY /GUIDELINE TITLE:
Financial Relief Program**

**Appendix D
Nevada Residency Applicant Declaration**

Name: _____ MRN: _____ DOB: _____

I, _____, verify that I cannot provide Nevada state residency verification documentation.

I hereby declare that the above information is true and accurate. I understand that I meet Nevada state residency requirements for the UMC Medical Center FRP. I understand that a false or misleading declaration by me may result in FRP adjustments for which I would not otherwise have qualified, and may subject me to civil and criminal penalties.

Signature

Date

Address: _____

Telephone No. _____



**POLICY /GUIDELINE TITLE:
Financial Relief Program**

**Appendix E
Financial Relief Program and Medicaid Screening Document**

Name: _____ MRN: _____ DOB: _____
 Phone: _____ Phone 2: _____

Section I- Questions to ask patient

1. Is your intent to reside in NV? **Yes or No**
2. Are you a US Citizen: **Yes or No**
 - a. If non US citizen, do you have a Visa? **Yes or No**
 - i. If yes, do you have a working Visa for the state of Nevada? **Yes or No**
 - b. If non US citizen, do you have a Green Card/Permanent Resident? **Yes or No**
 - i. If yes, how long have you been a permanent resident? _____
3. What is your marital status?
4. Reason for scheduled visit? _____
5. Are the services excluded or non-payable by third party payor (Out-of-network)? **Yes or No**
6. Please provide information on the table below for everyone living in your home:

Name	Age	Relation to Patient	Student Full Time	US Citizen	Tax Filing Status
		Patient	Yes/No	Yes/No	
			Yes/No	Yes/No	
			Yes/No	Yes/No	
			Yes/No	Yes/No	
			Yes/No	Yes/No	
			Yes/No	Yes/No	
			Yes/No	Yes/No	
			Yes/No	Yes/No	
			Yes/No	Yes/No	

7. Do you have any type of Health Insurance: **Yes or No**
 - a. If yes, and there is other health insurance coverage, please check the appropriate box below to indicate type of coverage:
 Medicare Medicaid Motor Vehicle Veteran Benefit Other
 - b. If yes, is the insurance in network with UMC? **Yes or No**
 - c. Are you receiving treatment due to a Motor Vehicle Accident (MVA)? **Yes or No**
 - i. Do you have an attorney? **Yes or No**
 - ii. If yes, list the attorney name and phone number:

8. Is Health Insurance offered through your employer? **Yes or No**
9. Are you expecting to be impaired for at least 30 days? **Yes or No**
10. Have you filed for social security or SSI? **Yes or No**
11. Does patient's citizenship status qualify them for Medicaid? **Yes or No**
12. What are the household sources of income (alimony, rental property, disability benefits, wages, tips, or contributions)? Do not include child support, or Supplemental Security Income (SSI)

Source of Income	Person Receiving Payment/Income	Gross Amount of Payment	How Often Received	Gross Monthly Income	Gross Yearly Income



**POLICY /GUIDELINE TITLE:
Financial Relief Program**

13. Do you or anyone in the home own any property or have assets (bank accounts, CD's, savings accounts, IRA's, retirement account, automobiles, boats or additional non home properties or assets)?

Type of Resource	Value of Resource	Amount Owed	Comments
Total Resources			When calculating total resources, deduct the homestead and most expensive car. If patients spouse works, we can deduct the 2 nd car.

Section II- Screening Status

- Healthcare Independence Program Eligible (HCIP)-** Patient is potentially eligible for the Healthcare Independence Program (ACA) based on the estimated income. Patient agrees that he/she will complete enrollment and provide documentation for verification purposes in order to be approved for Medicaid/HCIP (based on medical condition).
- Pending FRP Discount-** Patient is potentially eligible for the FRP discount. Patient agrees that he/she will complete the FRP application and provide documentation for verification purposes in order to be approved for FRP through UMC.
- Self-Pay Discount-** Patient is not potentially eligible for HCIP or FRP Care. Patient agrees to contact the UMC Billing office to establish a payment arrangement for outstanding balance(s).

Patient, Representative Signature: _____ Date: _____

UMC Representative: _____ Date: _____



**POLICY /GUIDELINE TITLE:
Financial Relief Program**

**Appendix F
University Medical Center of Southern Nevada (UMCSN) Payment Plan Guidelines**

Balance	Request	Minimum Payment Amount Required	Manager Approval Exceptions	Lowest Possible Payments
<\$250.	50% (2 months)	\$25.00	None	\$25.00
\$250.-\$499.99	50% (2 months)	\$50.00	10 Equal Installments	\$25.00
\$500.-\$999.99	50% (2 months)	\$75.00	12 Equal Installments	\$41.67
\$1000.-\$2499.99	25% (4 months)	\$140.00	18 Equal Installments	\$55.56
\$2500.-\$4999.99	20% (5 months)	\$150.00	32 Equal Installments	\$78.13
>\$5000.	10% (10 months)	\$250.00	48 Equal Installments	\$104.00
>\$5001.	Account referred to Department Head for Review .			



**POLICY /GUIDELINE TITLE:
Financial Relief Program**

**Appendix G
Income Verification**

Third Party Coverage- All patients will be screened for third-party sources of coverage and assistance that may include, but are not limited to:

1. Personal or Employee Sponsored Health Insurance
2. Medicare, Medicaid, CHIP, commercial, or any other third party coverage
3. Eligibility for public assistance programs
4. Third party coverage from an employer or family member's employer
5. Workers' Compensation

*Income/Employment Status-*Income includes total cash receipts from all sources before taxes. Verification of income is not required for dependents under age 18.

The following are **considered income**:

1. Wages, tips and salaries before deductions
2. Self-employment income- Adjusted Gross Income
3. Social security benefits
4. Pensions and retirement income/distribution
5. Unemployment compensation
6. Strike benefits from union funds
7. Workers' Compensation
8. Public Assistance payments
9. Training stipends
10. Alimony
11. Military family allotments
12. Income from dividends, rents, royalties, and interest income
13. Income from estates and trusts
14. Income from legal settlements
15. Regular insurance or annuity payments
16. Lottery winnings
17. Experian-Income Verification option

The following will **not be considered income**:

1. Food or rent received in lieu of wages
2. Non –cash benefits
3. Payments from student loans and grants
4. Veteran's service connected payment



**POLICY /GUIDELINE TITLE:
Financial Relief Program**

5. Supplemental Security Income (SSI)

The following may be used to **prove income**:

1. Federal and state income tax returns for the prior calendar year.
2. Self-employed patients are to provide all schedules of their federal income tax return. The following deductions will not be allowed in determining income:
 - a) Depreciation
 - b) Travel, Meals, and Entertainment
 - c) Expenses listed as "Other" on other schedules will be evaluated on an individual basis
3. W-2 Form(s), or other IRS income forms, included with the prior calendar year tax return filing.
4. Payroll check stubs covering the last eight weeks are required. When check stubs are unavailable, telephone verification from employer verifying employment and income is acceptable. Telephone verification may only be performed by an authorized University Medical Center of Southern Nevada (UMCSN) employee to the applicant's Human Resource Representative, not vice versa. The University Medical Center of Southern Nevada (UMCSN) employee must document in the system and/or record the following:
 - a) Company name
 - b) Date, time of phone call
 - c) Phone number called
 - d) Person at applicant's place of employment verifying income
5. Other current income from any source not directly related to employment, such as retirement or disability benefits, Social Security, or Veteran's benefits must be verified with check stubs or other documentation.
6. Divorce decree.
7. The most recent checking and savings account statements.
8. Patients who are employed, but due to a temporary medical condition rendering them unable to work are not drawing an income, will have their annual income reduced by the period of inability to work. This pro-rated income will be used in determining the patient's eligibility for FRP.
 - a) Example: The income of a patient with an annual income of \$40,000 who is unable to work for 12 weeks will have a pro-rated annual income of \$30,000 for the purposes of determining eligibility for FRP.

Unemployment may be documented by presentation of:

1. Nevada Employment Security Division documents
2. Letters from state and local agencies on their letterhead
3. In the absence of any of the above, patients who are unemployed are required to document how their expenses are being paid. These requirements will be waived for patients of retirement age as published by Social Security.

The following calculations will be used to **determine income**:

1. Checking and Savings Accounts-Excluding deposits of income already calculated or excluded due to policy (student loans or grants), take ending balance from each statement and add all other deposits. Add the two monthly subtotals and divide the amount by two to obtain a monthly average. The average amount is then added as a one-time amount to annual income.
2. Money Markets, Stocks, Bonds, and Certificates of Deposit- Add 100% of value toward annual income.



**POLICY /GUIDELINE TITLE:
Financial Relief Program**

3. Individual Retirement Accounts- Do not count when funds not being withdrawn. When funds being drawn, take amount received per month and multiply by number of months received in a year. Add to annual income.
4. Pay Stubs, Retirement Accounts, and Social Security Disability (SSD)-Take amount received per month and multiply by number of months received in a year. If paystubs are hourly, take hourly amount and multiply by number of hours worked per week. Use table below to calculate monthly amount. Multiply monthly amount times the number of months worked per year. If salaried, use table below to calculate monthly amount, as needed.

Multiply monthly amount times the number of months worked per year.

Converting income to a gross monthly amount	
If paid weekly	Multiply by 4.3
If paid biweekly	Multiply by 2.15
If paid semimonthly	Multiply by 2
If paid monthly	Use the gross monthly amount

5. Real Estate Owned (other than primary residence)-Take the tax value minus the remaining mortgage amount due to calculate equity. Equity is then added to total annual income.
6. Self-Employment- Includes depreciation, meals and travel, gifts, and entertainment obtained from all schedules.

Family size- A family is a group of two or more persons related by birth, marriage, or adoption that live together. All such related persons are considered as members of one family. Family members are defined as follows:

1. The patient and, if married, his/her spouse
2. Any biological or adopted minor child of the patient, or spouse who has not been emancipated by a court and who is not, or has never been married
3. Any minor for whom the patient or patient’s spouse has been given the legal responsibility by a court
4. Any person designated as “dependent” on the patient’s latest tax return
5. Any student over 18 years’ old who is dependent on the patient’s family income, up to the age of 26
6. Any other person dependent on the patient’s family income

Dependency is determined by one of the following documents that contain the patient’s or patient’s spouse’s name:

1. Current tax return
2. Court-ordered guardian/conservator ship
3. Birth certificate
4. Baptismal record
5. Social Security award letter
6. U.S. Immigration documentation
7. A minor is one who has not reached his/her eighteenth (18th) birthday and who is not and has never been married. When the marital status if the minor cannot be determined, or when there is no documentation indicating the patient is an emancipated minor, the parents or legal guardian should be designated as the responsible party. The parents or guardian’s income and residence should be used to determine eligibility for FRP. Legal guardianship must be fully executed and valid legal documents are necessary.
8. Unmarried college students or individuals 26 or under, must submit parent income and reason for lack of coverage under parent insurance policies.

Proof of family size will be based on the most current filed Federal Tax form in accordance with the IRS tax laws. A birth certificate(s) must be presented to validate an increase in the family unit above the total claimed on the most recent tax



**POLICY /GUIDELINE TITLE:
Financial Relief Program**

return. If no tax return is provided, the family size will be calculated as one (1).