

## Eligibility & Application Policy and Procedures for Payment Assistance City of North Las Vegas Fire Department

Effective Date: September 1, 2025

### I. Policy:

The City of North Las Vegas Fire Department establishes the following eligibility and application guidelines for the provisions of patient financial assistance and payment relief for Emergency Medical Transportation services rendered by the City of North Las Vegas Fire Department.

### II. Purpose:

The purpose of this policy is to establish financial criteria and the process to be used by the City of North Las Vegas Fire Department and/or its third-party billing company to determine patient eligibility for financial assistance through the Fire Department's Patient Payment Assistance Program.

### III. Definitions:

Eligible Emergency Medical Services: Emergency Medical Services eligible for the Payment Assistance discount include the following goods and services provided by the City of North Las Vegas Fire Department:

1. Emergency medical ambulance transportation services provided by the City of North Las Vegas Fire Department;
2. Emergency medical ambulance transportation services provided by a City of North Las Vegas Fire Department third party leased ambulance;
3. Any other medically necessary services provided by the City of North Las Vegas Fire Department not contemplated in above, evaluated on a case-by-case basis at the City of North Las Vegas Fire Department's discretion.

Those goods and services that are not provided by the City of North Las Vegas Fire Department are not eligible for the Payment Assistance discount.

Federal Poverty Level (FPL): The poverty guidelines updated periodically in the Federal Register by the United States Department of Health and Human Services under authority of subsection (2) of Section 9902 of Title 42 of the United States Code. Current FPL guidelines can be referenced at <http://aspe.hhs.gov/POVERTY/>

Financially Qualified Patient: A patient who has a demonstrated financial hardship as described in this policy.

Income: The Payment Assistance application requires the requestor to submit information pertaining to gross income (i.e., annualized before-tax amounts).

- (a) Sources of gross income include but are not limited to: wages, salaries, payments from Social Security, public assistance, unemployment and worker's compensation, veterans benefits, child support, alimony, pensions, regular insurance and annuity payments, income from estates and trusts, assets drawn down as withdrawals from a bank, sale of property or liquid assets and one-time insurance or compensation payments.

People in Household/Patient's Household: The Payment Assistance application form requests specific information about people in the guarantor's household including name, date of birth, income, employer and employer phone number. Consistent with Medicaid and Nevada State guidelines, the applicant may only include people who meet the following criteria as part of their household:

For persons 18 years of age and older:

- (a) Spouse or registered domestic partner;
- (b) Dependent children under 21 years of age, whether living at home or not;
- (c) The separate children of either unmarried parent or of the parent or stepparent; or
- (d) If there are no children, household member means a single person or a married couple.

Qualified Monetary Assets: The Payment Assistance application form requests specific information regarding Qualified Monetary Assets. For purposes of the application, qualified monetary assets would include the following:

- (a) Savings - For purposes of the application, qualified savings would include any cash or cash equivalents held by a member of the household excluding any amounts held in a tax exempt accounts, retirement, deferred-compensation plans qualified under the Internal Revenue Code, or nonqualified deferred-compensation plans such as a 401K savings account, 403B savings account or IRA savings account.
- (b) Other Monetary Asset(s) – This amount would be the estimated fair market value of any other “real” assets that are readily convertible to cash held by a member of the household

#### IV. Guidelines/Procedures:

##### A. Eligibility Criteria:

The City of North Las Vegas Fire department is committed to providing payment assistance for Emergency Medical Services to those deemed eligible. It is an expectation that the patient/guarantor will cooperate and supply all necessary information required to make a determination for financial assistance eligibility. Applicants are required to fully cooperate by applying for any public or private assistance program for which they may be eligible prior to their evaluation for payment assistance by the City of North Las Vegas Fire Department and/or its third-party billing company.

1. Eligibility for payment assistance will be considered for those individuals who are uninsured or underinsured, ineligible for any government program, and are unable to pay for their care.
2. For all persons presenting for emergency medical services, payment assistance will be considered after the rendering of service if there is a documented need.

3. The City of North Las Vegas Fire Department and/or its third-party billing company will make all reasonable efforts to explain the benefits of Medicaid and other public and private programs to all uninsured patients at the time of application. Potentially eligible patients will be asked to apply for such programs and the City of North Las Vegas Fire Department and/or its third-party billing company will provide information on obtaining the applications.
4. If a patient is unable to provide all required documentation for obvious reasons (e.g., homeless), the City of North Las Vegas Fire Department may categorize write-offs associated with the patient's account(s) as charity and must document the rationale for the decision.
5. In cases where the patient is non-responsive and/or other sources of information are readily available to perform an individual assessment of financial need, these sources of information can be used to support and/or validate the decision for qualifying a patient for a full or partial Payment Assistance Discount.
6. Eligibility for Payment Assistance for non-residents of the City of North Las Vegas Fire Department's service area shall be evaluated by the department on a case by case basis based upon financial needs of patient.

#### B. Discount Calculation Process

1. The sliding scale for Payment Assistance is used in analyzing a patient's payment assistance allowance. All discounts referenced below and patient responsibilities are based upon total charges.
  - (a) Patients whose household income is at or below 150% of the FPL are eligible to receive free care (100% discount).
  - (b) Patients whose household income is above 150% but no more than 200% of the FPL are eligible to receive services at a 50% discount.
  - (c) Patients whose household income is above 200% but no more than 300% of the FPL are eligible to receive services at a 25% discount.
  - (d) Patients whose income exceeds 300% of the FPL may be eligible to receive discounted rates on a case-by-case basis based on their specific circumstances, at the discretion of the City of North Las Vegas Fire Department.
  - (e) The FPL guidelines published in the Federal Register at the time a Payment Assistance application is submitted to the City of North Las Vegas Fire Department will be referenced when determining a patient's household income. The existing guidelines can be found at <http://aspe.hhs.gov/POVERTY>
2. Patients will be allowed to settle their accounts through a schedule of regular payments if they have applied for and are granted payment assistance. Such payment plan schedules shall be interest free. However, if patients fail to meet the regular payment schedule the City of North Las Vegas reserves the right to pursue all other methods of collection, including but not limited to using a collection agency.

3. The City of North Las Vegas Fire Department maintains the discretion to increase the amount of the payment assistance discount above and beyond the calculated amounts outlined in section B1, a through e above. For these cases, the City of North Las Vegas Fire Department must document the circumstances and/or rationale used to justify additional discounts.
4. Documentation to support payment assistance adjustments and applicable calculations must be maintained by the City of North Las Vegas Fire Department and/or its third-party billing company.

#### C. Payment Assistance Program Application Process

##### 1. Government Program Eligibility Screening Process

- (a) The City of North Las Vegas Finance Department will make all reasonable efforts to obtain from the patient or his or her representative information about whether private or public health insurance or sponsorship may fully or partially cover the charges for care rendered by the City of North Las Vegas Fire Department to a patient, including, but not limited to, any of the following:
  - i. Private health insurance,
  - ii. Worker's Compensation,
  - iii. Medicaid or other state-funded programs designed to provide health coverage.

##### 2. Payment Assistance Application Process

- (a) The City of North Las Vegas Fire Department and/or its third-party billing company shall provide a Payment Assistance Application to any interested patient that may meet the criteria when a stated inability to pay is identified during the billing/collection process.
- (b) The City of North Las Vegas Fire Department and/or its third-party billing company will require applicants to provide documentation to substantiate the information included in the application. In the event that the patient or guarantor can not provide any or all of these documents, the authorized department designee may waive some or all of the documentation requirements. Rationale for this waiver must be documented.
- (c) The patient/guarantor will be asked to return the completed form within thirty (30) days of being sent/given the Payment Assistance Application by the City of North Las Vegas Fire Department and/or its third-party billing company.
- (d) The need for payment assistance shall be re-evaluated if the last financial evaluation was completed more than 12 months prior. However, the department retains the discretion to require patients to complete a new application at any time additional information relevant to the eligibility of the patient for Payment Assistance becomes known.
- (e) Obtained documentation may be used for collection activities.

- (f) The department may require waivers or releases from the patient or the patient's family authorizing the City of North Las Vegas Fire department and/or its third-party billing company to obtain account information from financial or commercial institutions, or other entities that hold or maintain the monetary assets to verify their value.
- (g) The City of North Las Vegas Fire department and/or its third-party billing company will make this policy available to all potentially eligible patients. They will also provide the patient with a Payment Assistance application and instructions for completing it. These documents will be provided in English or Spanish.

### 3. Payment Assistance Review Process

- (a) Information supplied on the completed application will be used by authorized representatives of the City of North Las Vegas Fire Department in the evaluation of the patient's financial situation.
- (b) A decision shall be made regarding the patient's ability to pay for services provided which may result in; full or partial waiver of payment or denial.
- (c) The patient/guarantor will be notified in writing of approval/denial of the payment assistance request within 30 days of receipt of completed application.
- (d) If a patient/guarantor feels that a denial for payment assistance was made in error, he/she will be instructed to provide additional information that may assist the City of North Las Vegas Fire Department in reconsidering the request from estates and trusts, assets