



AT THE SOUTHERN NEVADA HEALTH DISTRICT

MINUTES

SOUTHERN NEVADA COMMUNITY HEALTH CENTER FINANCE & AUDIT COMMITTEE MEETING March 16, 2026 – 3:00 p.m.

Meeting was conducted via Microsoft Teams Event

MEMBERS PRESENT: Jasmine Coca, Chair
Father Rafael Pereira

ABSENT: Blanca Macias-Villa

ALSO PRESENT: Cade Grogan

LEGAL COUNSEL: Edward Wynder, Associate General Counsel

CHIEF EXECUTIVE OFFICER: Randy Smith

STAFF: Emily Anelli, Tawana Bellamy, Todd Bleak, Donna Buss, Robin Carter, Andria Cordovez Mulet, David Kahananui, Cassius Lockett, Kyle Parkson, Randy Smith, Renee Trujillo, Donnie Whitaker

I. **CALL TO ORDER and ROLL CALL**

The Chair called the Southern Nevada Community Health Center Finance & Audit Committee Meeting to order at 3:02 p.m. Tawana Bellamy, Senior Administrative Specialist, administered the roll call and confirmed a quorum. Ms. Bellamy provided clear and complete instructions for members of the general public to call in to the meeting to provide public comment, including a telephone number and access code.

II. **PLEDGE OF ALLEGIANCE**

III. FIRST PUBLIC COMMENT: A period devoted to comments by the general public about those items appearing on the agenda. Comments will be limited to five (5) minutes per speaker. Please clearly state your name and address and spell your last name for the record. If any member of the Board wishes to extend the length of a presentation, this may be done by the Chair or the Board by majority vote.

Seeing no one, the Chair closed the First Public Comment portion.

IV. ADOPTION OF THE MARCH 16, 2026 MEETING AGENDA *(for possible action)*

Chair Coca requested a motion to adopt the agenda.

Chair Coca asked for clarification on voting requirements due to the two-member quorum. Legal Counsel Edward Wynder explained that, following a motion, the agenda could be adopted without objection.

A motion was made by Father Rafael, seconded by Member Coca, and carried unanimously to approve the March 16, 2026 Agenda, as presented.

V. CONSENT AGENDA: Items for action to be considered by the Southern Nevada Community Health Center Finance and Audit Committee which may be enacted by one motion. Any item may be discussed separately per Board Member request before action. Any exceptions to the Consent Agenda must be stated prior to approval.

1. Approve Finance & Audit Committee Meeting Minutes – August 18, 2025 *(for possible action)*

Chair Coca called for adoption of the Consent Agenda.

Father Rafael stated he had not served on the committee at the time of the prior meeting and asked whether that affected his ability to approve the minutes. Mr. Wynder confirmed approval was still appropriate. Mr. Wynder further explained that, with only two members present, the consent agenda could be approved without objection rather than via a formal vote.

A motion was made by Father Rafael, seconded by Member Coca, and carried unanimously to approve the Consent Agenda, as presented.

VI. REPORT / DISCUSSION / ACTION

1. Nomination of Chair of the Finance and Audit Committee; direct staff accordingly or take other action as deemed necessary *(for possible action)*

Member Coca asked whether her term as Chair had concluded. Mr. Randy Smith explained that the item was presented because Father Rafael had recently joined the committee as a new member, creating an opportunity to revisit committee leadership. Mr. Smith noted that the committee could consider whether a change in leadership was desired or whether Member Coca wished to continue serving as Chair. Member Coca asked Father Rafael if he was interested in serving as Chair of the Finance and Audit Committee. Father Rafael expressed his support for Member Coca continuing in the role.

Member Coca stated that she was willing to continue serving as Chair.

A motion was made by Father Rafael, seconded by Chair Coca, and carried unanimously to approve Jasmine Coca as the Chair of the Finance and Audit Committee, as presented.

2. Receive and Discuss the January 2026 Year to Date Financial Report and Approve Recommendations to the Southern Nevada Community Health Center Governing Board on March 17, 2026; direct staff accordingly or take other action as deemed necessary *(for possible action)*

Donnie (DJ) Whitaker, Chief Financial Officer, presented the January 2026 Year to Date Financial Report, unaudited results as of January 31, 2026. Ms. Whitaker provided the following highlights:

Revenue

- General Fund revenue (Charges for Services & Other) is \$21.64M compared to a budget of \$22.79M, an unfavorable variance of \$1.15M.
- Special Revenue Funds (Grants) are \$2.71M compared to a budget of \$4.45M, an unfavorable variance of \$1.74M.
- Total Revenue is \$24.34M compared to a budget of \$27.24M, an unfavorable variance of \$2.90M.

Expenses

- Salary, Tax, and Benefits is \$8.27M compared to a budget of \$9.68M, a favorable variance of \$1.41M.
- Other Operating Expense is \$17.27M compared to a budget of \$18.13M, a favorable variance of \$860K.
- Indirect Cost/Cost Allocation is \$6.21M compared to a budget of \$7.51M, a favorable variance of \$1.30M.
- Total Expense is \$31.75M compared to a budget of \$35.31M, a favorable variance of \$3.56M.

Net Position: is (\$7.41M) compared to a budget of (\$8.07M), a favorable variance of \$660K.

Ms. Whitaker further reviewed the budget to actuals for the following:

- All Funds/Divisions by Type
- Percentage of Revenues and Expenses by Department
- Revenues by Department
- Expenses by Department

Ms. Whitaker continued to review the following:

- Patient Encounters by Department and by Clinic
 - FY2025 total: 21,356
 - FY2026 Total: 24,592
 - 15% Year over Year Growth
- Month-to-Month Comparisons for Year-to-Date revenues and expenses by department and by type.

Father Rafael stated that he had no questions regarding the January 2026 year-to-date financial report. Father Rafael expressed appreciation for the level of detail presented and noted that the report reflects strong internal controls and effective financial oversight. Father Rafael further added that the organization remains close to budget, which is expected and not easy to achieve, and stated that the report is thorough and supports various levels of financial analysis.

Chair Coca agreed with Father Rafael's comments and acknowledged Ms. Whitaker and her team for consistently producing high-quality reports. Chair Coca stated that the financial results appear to be in good standing.

Chair Coca called for further questions and there were none.

A motion was made by Father Rafael, seconded by Chair Coca, and carried unanimously to accept the January 2026 Year to Date Financial Report, as presented and Approve Recommendations to the Southern Nevada Community Health Center Governing Board on March 17, 2026.

3. Receive and Discuss the Augmentation to the Southern Nevada Community Health Center FY2026 Budget and Approve Recommendations to the Southern Nevada Community Health Center Governing Board on March 17, 2026; direct staff accordingly or take other action as deemed necessary *(for possible action)*

Ms. Whitaker presented the FY 2026 budget augmentation, noting that budget augmentations are conducted periodically to ensure compliance with state law prohibiting expenditures in excess of appropriated amounts and maintaining alignment between projected revenues and expenditures. Ms. Whitaker advised that one additional augmentation is anticipated later in the fiscal year, currently planned for June 2026. Ms. Whitaker provided the following highlights.

Organizational Structure

- No changes were made to the organizational chart compared to the adopted budget.

Revenues - General and Special Revenue Fund Summary

- General Fund:
 - Total *Charges for Services revenue is augmented at \$36.9M, which is a decrease of \$600k from the adopted budget of \$37.5M.
 - *Major component of Charges for Services revenue is Pharmacy which is projected at \$35.2M for FY26
- Special Revenue Fund:
 - Federal (Grants) revenue decreased from \$7.6M to \$5.1M, which is a reduction of \$2.6M. This reduction is primarily due to a \$1.7M reduction of existing grants under Ryan White. Behavioral Health, Refugee Health, and Family Planning also had reductions in their existing grants.

Expenditures – General and Special Revenue Fund Summary

- FQHC combined expenditures augmented budget is \$58.4M compared to \$61.3M from adopted budget
- General Fund Pharmacy total expenses is projected at \$36.7M, 64% of total FQHC expenses of \$57.5M. Pharmacy medication expenses remained the same in FY26 augmented budget at \$28.4M
- Total salaries and benefits for General & Grants funds is \$14.8M, a decrease of \$1.8M from the adopted budget of \$16.6M.
- Total salaries and benefits represent 25.7% of total FQHC expenditures. More than 30% of personnel expenses are supported by grants.
 - *FY26 adopted budget includes a full year of salaries and benefits for vacant positions, whereas FY26 augmented budget includes only half year of salaries and benefits for vacant positions.

Staffing for FY2026

- A net reduction of approximately seven full-time equivalents (FTEs) within the Ryan White program, primarily associated with removal of eligibility worker positions that were grant-based.

- Other program adjustments resulted in an overall reduction consistent with the decrease from adopted staffing levels.

Father Rafael stated that he had no questions but recommended that future budget augmentation presentations include a traditional financial statement format comparing the adopted and augmented budgets side by side to facilitate clearer line-by-line analysis. Father Rafael noted that while charts and graphs are helpful for high-level understanding, a standard financial statement format would better support detailed review and comparison. Mr. Smith concurred and asked Ms. Whitaker whether such a presentation could be provided for the second budget augmentation planned for June. Ms. Whitaker confirmed that this enhanced format could be incorporated into the June augmentation materials.

Chair Coca thanked Father Rafael, Mr. Smith, and staff for the recommendation and expressed appreciation for the continued improvement of financial reporting.

Chair Coca called for further questions and there were none.

A motion was made by Father Rafael, seconded by Chair Coca, and carried unanimously to accept the Augmentation to the Southern Nevada Community Health Center FY2026 Budget, as presented and Approve Recommendations to the Southern Nevada Community Health Center Governing Board on March 17, 2026.

4. Receive and Discuss Potential Finance Reports and Approve Recommendations to the Southern Nevada Community Health Center Governing Board on March 17, 2026; direct staff accordingly or take other action as deemed necessary *(for possible action)*

Ms. Whitaker, joined by Donna Buss, Revenue Cycle Manager, presented information in response to a request from Father Rafael regarding the health center's billing department.

Ms. Whitaker provided the following overview:

- Revenue Cycle (medical billing) for SNHD was brought in-house in fiscal year 2022.
- Prior medical billing was performed by external third-party companies.
 - Qualifying encounters for Prospective Payment System (PPS) wrap payments were not submitted.
 - Denials, rejections and receivable balances were not resolved consistently.
 - Systematic issues were not consistently identified and resolved.
 - * Based on our understanding of previous discussions and concerns identified prior to the current FQHC – CEO, CFO and Revenue Cycle Manager joining SNHD

Ms. Whitaker reviewed recent changes in Medicaid Managed Care reimbursement effective January 1, 2026, and noted that staff continue to work with payers to ensure accurate and timely reimbursement.

Ms. Whitaker shared the following successes of the billing department:

- Wrap payments increased from zero (\$0) to a cumulative of \$3,883,446.
- Final PPS rate determined in 2025.
- The largest aging categories shifted from >180 to 0-30 days.
- The Billing department actively works denials, rejections, and any issues with the clearinghouse and submits for reprocessing in a timely manner.

- The Revenue Cycle manager works with the provider relations representatives for each payer to correct claims processing issues, pursue contract amendments and reimbursement fee updates.
- A monthly Revenue Cycle meeting between the Revenue Cycle Manager and SNCHC's operations and business teams is in place to optimize the revenue cycle.
- Implemented patient statements to recover additional revenue for activity not collected at time of service.

Ms. Whitaker presented the Accounts Receivable (AR) and Aging Report, highlighting performance trends since the transition to in-house billing operations.

Father Rafael thanked staff for the presentation and emphasized the importance of closely monitoring receivables. He noted that while services may be provided, failure to collect payment ultimately results in loss of revenue, which impacts the Health Center in the same way it would affect any business or clinic. He acknowledged the improvement observed since billing functions were brought in-house and requested additional clarification.

Father Rafael asked for confirmation that self-pay patients, including uninsured individuals, are billed using a sliding fee scale, recognizing that some patients may not be able to pay 100% of the cost of services and that collections must reflect this reality.

Ms. Whitaker and Mr. Smith confirmed that self-pay patients are billed using a standardized sliding fee scale structure and that collection efforts account for patients' ability to pay.

Father Rafael asked why the insured accounts receivable remain outstanding despite billing being handled in-house and inquired why insured claims are not collected closer to 100%.

Ms. Buss explained that a primary contributing factor was a payer system configuration issue affecting claims dating back to November 2024. This issue caused an increase in claims aged over 180 days. She stated that the payer is currently reprocessing the affected claims and that payments have already begun to be received, reducing the older AR balances.

Ms. Buss further noted that staff continue to monitor reprocessing to identify any claims that are not paid appropriately so they may be resubmitted. Ms. Buss explained that AR trends are actively tracked across all payers to ensure revenue is properly collected, acknowledging that denials may occur for various reasons.

Father Rafael stated that insured receivables should be minimized and stressed the importance of understanding denial reasons, coding issues, or billing system errors in order to reduce outstanding balances and maximize collections.

Ms. Buss responded that, based on industry standards, approximately 80% of claims typically process cleanly, while about 20% are denied for various reasons, including reasons unrelated to claim accuracy. Ms. Buss emphasized that payers often rely on providers not actively managing their AR, noting that failure to work denied claims can effectively result in lost revenue. She confirmed that AR management is a top departmental priority.

Ms. Whitaker explained that recent changes associated with the implementation of shadow billing and wrap payment processes may cause short-term delays while systems are aligned. During this transition, denials may reflect both the previous payment rate and wrap amounts.

Ms. Whitaker assured the Committee that the billing team is actively managing this process to ensure full reimbursement is ultimately received. Father Rafael thanked staff for the clarification.

Mr. Smith added that, on the provider's side, the Chief Medical Officer continues to work with providers to support accurate documentation and coding. Mr. Smith stated that an external vendor has been engaged to provide additional training and that the Health Center management team conducts ongoing revenue cycle meetings with the billing department to address any front-office or operational issues impacting the revenue cycle. Father Rafael expressed appreciation for these efforts.

Mr. Smith asked whether the accounts receivable and billing reports presented should be included as part of the recurring monthly finance reports.

Father Rafael confirmed that he would like to receive these reports on an ongoing basis, emphasizing that the board's role is not only to acknowledge strong performance but also to identify areas for improvement. Father Rafael stated that billing and accounts receivable are especially important focus areas.

Mr. Smith asked whether the current bar-graph format was acceptable or if another format would be preferred. Father Rafael stated that while charts are helpful, his preference is numbers and columns instead of graphs.

Mr. Smith asked whether billing data could be broken out by individual payer or payer category to better identify patterns or issues. Ms. Whitaker responded that the data exists within current dashboards and that staff could explore combining available data, including working with internal resources, to determine feasibility.

Father Rafael added that provider-level AR details could also be useful, as it may help identify whether specific providers contribute disproportionately to denied or unpaid claims, allowing targeted corrective action. Mr. Smith agreed and noted that producing additional reports may require iterative development and consideration of staff workload. Mr. Smith recommended working through drafts to determine the most useful formats.

Father Rafael agreed and acknowledged that this would be a work in progress rather than an immediate deliverable, noting that meaningful improvement over time is the goal.

Mr. Smith inquired if there were any other reports the committee wanted to see. Father Rafael stated nothing else for him.

Chair Coca supported Father Rafael's requests and emphasized the Committee's willingness to work within a realistic timeline. Chair Coca acknowledged staff workload constraints and suggested that additional discussion occur to establish expectations. Chair Coca inquired how these reports would be shared with the board.

Mr. Smith explained that staff have also identified a payer mix report as a useful addition to future reporting. Mr. Smith proposed returning at a future Finance Committee meeting with a timeline and draft formats for review and feedback.

Mr. Smith further discussed a proposed approach for Governing Board meetings whereby the Finance Committee would continue to conduct detailed financial review, while the Governing Board would receive a higher-level summary presentation, including:

- Overall financial summary
- Net position
- Utilization by service line and site

Mr. Smith advised that detailed reports would remain available to all Board members in advance of meetings, with the Finance Committee elevating significant issues or trends for full Board discussion as needed. Both Father Rafael and Chair Coca expressed agreement with this approach.

Chair Coca called for further questions and there were none.

A motion was made by Father Rafael, seconded by Chair Coca, and carried unanimously to accept the Potential Finance Reports and Approve Recommendations to the Southern Nevada Community Health Center Governing Board on March 17, 2026.

- VII. SECOND PUBLIC COMMENT:** A period devoted to comments by the general public, if any, and discussion of those comments, about matters relevant to the Board's jurisdiction will be held. Comments will be limited to five (5) minutes per speaker. If any member of the Board wishes to extend the length of a presentation, this may be done by the Chair or the Board by majority vote.

Seeing no one, the Chair closed the Second Public Comment portion.

XIII. ADJOURNMENT

The Chair adjourned the meeting at 4:08 p.m.

Randy Smith, MPA
Chief Executive Officer - FQHC

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