



SOUTHERN NEVADA HEALTH DISTRICT PATIENT COLLECTIONS POLICY

DIVISION: Administration PROGRAM: District Wide	NUMBER: ADM-088
TITLE: Patient Collections Policy	EFFECTIVE DATE: XX/XX/XX
APPROVED BY: _____ Fermin Leguen, MD, MPH Acting Chief Health Officer	ORIGINATION DATE: December 3, 2019 LAST REVISION DATE:

I. PURPOSE

To establish consistent guidelines for billing and collection practices for all patients receiving medical, behavioral health, and dental services..

II. SCOPE

This policy applies to all Workforce Members responsible for, or otherwise involved with billing and collection activities.

III. POLICY

It is the Health District's policy to provide quality healthcare to clients regardless of their ability to pay. The Health District is committed to designing and implementing patient-focused billing and collection practices that seek to minimize financial barriers patients may face in paying for services.

- A. The Health District offers several methods to assist patients with payment(s) on their balances, including grace periods and payment plans. All Health District patients are eligible to apply for a sliding fee discount program to pay for out-of-pocket expenses associated with services provided. In the event patients are uninsured or under-insured and are not willing to apply for discounts on services, they are expected to pay for the full costs of services and out of pocket expenses.
- B. The Health District gives patients the opportunity to work one-on-one with staff to determine a payment program that best suits their needs.
- C. Collection of fees is the responsibility of Health District staff at check-out. If clients leave the Health District site without paying for services, collection activities attempts will be made according to the following guidelines:
 - i. Fees may be waived at the Health District's discretion, based on a hardship.. Hardships are defined as an inability to pay for services rendered due to negative life experience(s). Examples may include, but are not limited to the following:
 1. Financial crisis

2. A medical condition, mental health disorder, or substance use disorder resulting in multiple visits
3. Homelessness
4. A catastrophic life event
5. Domestic Violence
6. Other
- ii. If clients present to clinic sites for services and the client's record indicates an outstanding balance is owed, clinic staff will attempt to collect the outstanding balance in accordance with applicable regulations regarding Fee Collection/Billing Guidelines.
- iii. If clients do not present for services and/or a client's record reflects an outstanding balance due that has aged 18 months or greater from the date of service, the District will write-off the debt as part of its on-going commitment to ensure access to health care for low-income clients.
- D. The Health District makes every reasonable effort to secure payment for services from patients, in accordance with Health District fee schedules and any corresponding schedule of discounts. Discounts will not apply when providing health services to persons who are entitled to:
 - i. Medicare coverage under Title XVIII of the Social Security Act.
 - ii. Medicaid coverage under a state plan approved under Title XIX of the Social Security Act.
 - iii. Assistance for medical expenses under any other public assistance program (e.g., Children's Health Insurance Program or CHIP), grant program, or private health insurance or benefit program.
- E. The Health District maintains a schedule of fees for the provision of its services that is consistent with locally prevailing rates or charges and designed to cover its reasonable costs of operation.
- F. The Health District establishes systems for insurance eligibility determination and for billing/collections with respect to third party payors. The Health District makes every reasonable effort to enter into contractual or other arrangements to collect reimbursement of its costs with the appropriate agency(s) of the state which administers or supervises the administration of:
 - i. A state Medicaid plan approved under Title XIX of the Social Security Act for the payment of all or a part of the center's costs in providing health services to persons who are eligible for such assistance;
 - ii. CHIP under Title XXI of the Social Security Act with respect to individuals who are state CHIP beneficiaries.

IV. CROSS REFERENCES

Sliding Fee Policy, ADM ---
42 USC §§ 1395, 1396 & 1397