



## **MINUTES**

### **SOUTHERN NEVADA DISTRICT BOARD OF HEALTH FINANCE COMMITTEE MEETING**

**March 25, 2024 – 2:00 p.m.**

**Meeting was conducted via Webex Webinar**

**MEMBERS PRESENT:** Scott Nielson – Chair – At-Large Member, Gaming  
Scott Black – Mayor Pro Tempore, City of North Las Vegas  
Bobbette Bond – At-Large Member, Regulated Business/Industry  
Nancy Brune – Council Member, City of Las Vegas (*Call-in User 2*)  
Marilyn Kirkpatrick – Commissioner, Clark County

**ABSENT:** N/A

**ALSO PRESENT:** Pattie Gallo, Bernard Sands  
(In Audience)

**LEGAL COUNSEL:** Heather Anderson-Fintak, General Counsel

**EXECUTIVE SECRETARY:** Fermin Leguen, MD, MPH, District Health Officer

**STAFF:** Jonna Arqueros, Sean Beckham, Tawana Bellamy, Todd Bleak, Victoria Burris, Jonathan Contreras, Andria Cordovez Mulet, Cassius Lockett, Jonas Maratita, Brian Northam, Luann Province, Alexis Romero, Kim Saner, Chris Saxton, Karla Shoup, Randy Smith, Greg Tordjman, Renee Trujillo, Donnie Whitaker, Edward Wynder, Lourdes Yapjoco

#### **I. CALL TO ORDER AND ROLL CALL**

Chair Nielson called the Finance Committee Meeting to order a 2:05 p.m. Andria Cordovez Mulet, Executive Assistant, administered the roll call and confirmed a quorum. Ms. Cordovez Mulet 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**

*Member Bond joined the meeting at 2:06 p.m.*

**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 this portion of the meeting.

**IV. ADOPTION OF THE MARCH 25, 2024 MEETING AGENDA** *(for possible action)*

*A motion was made by Member Black, seconded by Member Brune, and carried unanimously to approve the March 25, 2024 Agenda as presented.*

**V. CONSENT AGENDA**

- 1. APPROVE MINUTES/FINANCE COMMITTEE MEETING:** November 15, 2023 *(for possible action)*

*A motion was made by Member Black, seconded by Member Brune, and carried unanimously to approve the March 25, 2024 Consent Agenda as presented.*

**VI. REPORT / DISCUSSION / ACTION**

- 1. Receive and Discuss the SNHD Clinical Master Fee Schedule and Approve Recommendations to the Southern Nevada District Board of Health on March 28, 2024;** direct staff accordingly or take other action as deemed necessary *(for possible action)*

*Member Kirkpatrick joined the meeting at 2:11 p.m.*

Donnie (DJ) Whitaker, Chief Financial Officer, presented the proposed updates to the Clinical Master Fee Schedule.

Further to an inquiry from Member Bond, Ms. Whitaker introduced Donna Buss, Revenue Cycle Manager, as the subject matter expert related to billing and fees. Ms. Buss advised that the Physician Fee Report 2024 was developed by Context Healthcare, specifically for the Health District, based on fees, demographics, and the Main Facility zip code from the community.

Dr. Leguen advised that the Fee Schedule presented was utilized to charge insurance companies, it was not for uninsured individuals. Uninsured individuals are not impacted by the Fee Schedule but would benefit from the Sliding Fee Discount Schedule, which was the next presentation. Dr. Leguen advised that the Health District's main goal was the patient perspective. Dr. Leguen reiterated that the Fee Schedule was established to ensure that the Health District's fees are closest to the local community indicators, as presented in the Physician Fee Report.

Ms. Buss advised that many of the items in the Fee Schedule were brought up to the 50<sup>th</sup> percentile last year; this year the recommendation was that all items be brought up to the 50<sup>th</sup> percentile.

Further to an inquiry from Member Bond regarding the use of bill charges as opposed to the actual amount that was paid, Dr. Leguen advised that a fee schedule for services must be established to allow for a bill to be sent to an insurance company. Member Bond indicated that bill charges were being used to establish the fee schedule and not what providers were paid for services. Member Bond further indicated that the fee schedule should be based on

what was actually being paid to the providers for their services. Dr. Leguen stated that the concept of a fee schedule was to try to recover for the services provided, which was universally used in all health care facilities.

Further to an inquiry from Member Kirkpatrick, Ms. Buss advised that the Physician Fee Report has been used by the Health District since 2021. Further, Ms. Buss advised that the billing staff review the amounts received from insurance companies.

*A motion was made by Member Black, seconded by Member Kirkpatrick and carried by a vote of 4-0-1 to accept the Clinical Master Fee Schedule Updates, as presented, and recommend approval of same to the Southern Nevada District Board of Health at its meeting on March 28, 2024.*

| <u>AYES</u>    | <u>NAYS</u> | <u>ABSTAIN</u> |
|----------------|-------------|----------------|
| 1. Black       |             | 1. Bond        |
| 2. Brune       |             |                |
| 3. Kirkpatrick |             |                |
| 4. Nielson     |             |                |

**2. Receive and Discuss the SNHD Federal Poverty Level (FPL) guidelines and Approve Recommendations to the Southern Nevada District Board of Health on March 28, 2024;** direct staff accordingly or take other action as deemed necessary *(for possible action)*

Randy Smith, Chief Executive Officer – FQHC, presented the updates to the Federal Poverty Level (FPL) guidelines, which are published by the Department of Health and Human Services and updated to account for the previous year’s increases. Mr. Smith advised that in 2024 there was an increase of 4.1% to the Consumer Price Index (CPI) from 2022 and 2023, and the FPL are adjusted accordingly.

*A motion was made by Member Kirkpatrick, seconded by Member Brune and carried unanimously to accept the Update Federal Poverty Level Guidelines, as presented, and recommend acceptance of same to the Southern Nevada District Board of Health at its meeting on March 28, 2024.*

**3. Receive and Discuss the SNHD Clinical Sliding Fee Schedules and Approve Recommendations to the Southern Nevada District Board of Health on March 28, 2024;** direct staff accordingly or take other action as deemed necessary *(for possible action)*

Mr. Smith provided the Clinical Sliding Fee Schedules and advised that offering a Sliding Fee Schedule for qualifying patients was a requirement for HHS, HRSA and various other pass-through grants. Mr. Smith outlined the HRSA requirements related to billing and collections.

Further to an inquiry from Member Kirkpatrick, Mr. Smith confirmed that patients were not sent to collections for outstanding invoices and that any outstanding invoices were written off after 12 months. Mr. Smith reiterated that all patients were seen regardless of their ability to pay. Mr. Smith advised that the Health District had Eligibility Workers to screen for Medicaid eligibility and to assist individuals submitting an application.

Mr. Smith proceeded to outline the Clinical Sliding Fee Schedules, which only had a recommendation to remove the Sexual Health Clinic Follow-up Fee category.

*A motion was made by Member Kirkpatrick, seconded by Member Brune and carried unanimously to accept the SNHD Clinical Sliding Fee Schedules, as presented, and recommend approval of same to the Southern Nevada District Board of Health at its meeting on March 28, 2024.*

**4. Receive and Discuss the FY2025 Budget and Approve Recommendations to the Southern Nevada District Board of Health on March 28, 2024;** direct staff accordingly or take other action as deemed necessary *(for possible action)*

Ms. Whitaker presented the FY2025 Budget, which begins on July 1, 2024 and ends on June 30, 2025, with the following highlights:

Highlights

- Staffing is projected to increase to 866.5FTE, compared to 865 FTE.
- General Fund revenues project at \$106.9M, an increase of \$5.4M from FY24 augmented budget.
- Special Revenue Fund (Grants) decreases to \$64.2M, a decrease of \$25.6M from FY24 augmented budget.
  - SB118 funding is expected to start in FY25, total of \$10.95M; an estimated \$6.1M is anticipated to be utilized in FY25.
- Lab Expansion Project is currently underway is expected to continue in FY25 with \$4.1M carryover budget.

Revenues – General & Grants Fund

- Property tax revenue is expected at \$36.6M, an increase of \$2.5M or 7.4% compared to FY2024.
- General Fund Revenue increased from \$101.5M to \$106.9M, a \$5.4M or 5.3% increase from FY2024.
- Special Revenue Funds decreased from \$89.8M to \$64.2M due to the conclusion of grants, examples, state’s grant that covered the initial Environmental Health Increase, COVID-19 Disaster Relief, and COVID-19 Vaccine.

Expenditures – General Fund

- General Fund employee salaries and benefits for FY2025 total \$68.6M an increase of \$6.9M to 11% from FY2024. FY2025 budget includes a full year of expense for vacant positions that were partially accounted for in the FY2024 augmented budget.
- Additional personnel needed to support Environmental Health and the transition of positions back to General Fund from grant funding contributed to the increase in salaries and benefits along with conversion of Grant Funded FTEs to General Fund.
- Pharmacy Medical Supplies increase from \$17.6M to \$20.2M, an increase of \$2.6M or 15% which has a revenue offset account.

Further to an inquiry from Chair Nielson, Ms. Whitaker advised that the presented budget did not include any salary, COLA, or merit increases.

#### Expenditures – Grant Fund

- Special Revenue Funds expenses decreased from \$96.8 M to \$69.6 M due to the conclusion of grants. Examples: state’s grant that covered the initial Environmental Health Increase, COVID-19 Disaster Relief, and COVID-19 Vaccine.
- SB118 total new revenue is estimated at \$6.0 M in FY25. Anticipated FTE total is 13.5 positions (6 new) with estimated salaries and benefits of \$1.4M.
- PHI Grant estimated revenue total in FY25 is \$6.7M. Anticipated FTE total is 50 positions with estimated salaries & benefits of \$5.7M.

Ms. Whitaker further reviewed the:

- Expenditures and Revenues vs. Expenditures by Division
- Personnel by Division, comparing FY2023, FY2024 and FY2025
- Capital Fund
- General Fund – Three Fiscal Year Activity – General Fund, Special Revenue Fund, Bond Reserve Fund and Internal Service Fund

*A motion was made by Member Bond, seconded by Member Black and carried unanimously to accept the FY2025 Budget, as presented, and recommend approval of same to the Southern Nevada District Board of Health at its meeting on March 28, 2024.*

- 5. Receive and Discuss the Financial Report, as of December 31, 2023, and Approve Recommendations to the Southern Nevada District Board of Health on March 28, 2024;** direct staff accordingly or take other action as deemed necessary (*for possible action*)

Ms. Whitaker presented the Financial Report, as of December 31, 2024, related to the Combined Funds, General Fund and Special Revenue Fund.

*Member Kirkpatrick left the meeting at 4:07 p.m. and did not return.*

*A motion was made by Member Black, seconded by Member Brune and carried unanimously to accept the Financial Report, as of January 31, 2024, as presented, and forward same to the Southern Nevada District Board of Health at its meeting on March 28, 2024.*

- 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 this portion of the meeting.

#### **VIII. ADJOURNMENT**

The Chair adjourned the meeting at 4:10 p.m.

Fermin Leguen, MD, MPH  
District Health Officer/Executive Secretary  
/acm



## AGENDA

### SOUTHERN NEVADA DISTRICT BOARD OF HEALTH FINANCE COMMITTEE

March 25, 2024 – 2:00 P.M.

Meeting will be conducted via Webex

## NOTICE

WebEx address for attendees:

<https://snhd.webex.com/snhd/j.php?MTID=me97ecef808143310d93c636879de777>

To call into the meeting, dial (415) 655-0001 and enter Access Code: [2550 933 8648](https://snhd.webex.com/snhd/j.php?MTID=me97ecef808143310d93c636879de777)

For other governmental agencies using video conferencing capability, the Video Address is:  
[25509338648@snhd.webex.com](mailto:25509338648@snhd.webex.com)

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#### NOTE:

- Agenda items may be taken out of order at the discretion of the Chair.
- The Board may combine two or more agenda items for consideration.
- The Board may remove an item from the agenda or delay discussion relating to an item on the agenda at any time.

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#### I. CALL TO ORDER AND ROLL CALL

#### 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 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. **There will be two public comment periods. To submit public comment on either public comment period on individual agenda items or for general public comments:**

- **By Webex:** Use the Webex link above. You will be able to provide real-time chat-room messaging, which can be read into the record by a Southern Nevada Health District employee or by raising your hand during the public comment period and a Southern Nevada Health District employee will unmute your connection. Additional Instructions will be provided at the time of public comment.
- **By email:** [public-comment@snhd.org](mailto:public-comment@snhd.org). For comments submitted prior to and during the live meeting, include your name, zip code, the agenda item number on which you are commenting, and your comment. Please indicate whether you wish your email comment to be read into the record during the meeting or added to the backup materials for the record. If not specified, comments will be added to the backup materials.

- **By telephone:** Call (415) 655-0001 and enter access code 2550 933 8648. To provide public comment over the telephone, please press \*3 during the comment period and wait to be called on.

**IV. ADOPTION OF THE MARCH 25, 2024 AGENDA** *(for possible action)*

**V. CONSENT AGENDA:** Items for action to be considered by the Southern Nevada District Board of Health 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 MINUTES/BOARD OF HEALTH MEETING:** November 15, 2023 *(for possible action)*

**VI. REPORT / DISCUSSION / ACTION**

1. **Receive and Discuss the SNHD Clinical Master Fee Schedule and Approve Recommendations to the Southern Nevada District Board of Health on March 28, 2024;** direct staff accordingly or take other action as deemed necessary *(for possible action)*
2. **Receive and Discuss the SNHD Federal Poverty Level (FPL) guidelines and Approve Recommendations to the Southern Nevada District Board of Health on March 28, 2024;** direct staff accordingly or take other action as deemed necessary *(for possible action)*
3. **Receive and Discuss the SNHD Clinical Sliding Fee Schedules and Approve Recommendations to the Southern Nevada District Board of Health on March 28, 2024;** direct staff accordingly or take other action as deemed necessary *(for possible action)*
4. **Receive and Discuss the FY2025 Budget and Approve Recommendations to the Southern Nevada District Board of Health on March 28, 2024;** direct staff accordingly or take other action as deemed necessary *(for possible action)*
5. **Receive and Discuss the Financial Report, as of December 31, 2023, and Approve Recommendations to the Southern Nevada District Board of Health on March 28, 2024;** direct staff accordingly or take other action as deemed necessary *(for possible action)*

**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. **See above for instructions for submitting public comment.**

**VIII. ADJOURNMENT**

NOTE: Disabled members of the public who require special accommodations or assistance at the meeting are requested to notify the Administration Office at the Southern Nevada Health District by calling (702) 759-1201.

THIS AGENDA HAS BEEN PUBLICLY NOTICED on the Southern Nevada Health District's Website at <https://snhd.info/meetings>, the Nevada Public Notice website at <https://notice.nv.gov>, and a copy will be provided to any person who has requested one via U.S mail or electronic mail. All meeting notices

include the time of the meeting, access instructions, and the meeting agenda. For copies of agenda backup material, please contact the Administration Office at 280 S. Decatur Blvd., Las Vegas, NV 89107 or (702) 759-1201.





# MINUTES

## SOUTHERN NEVADA DISTRICT BOARD OF HEALTH FINANCE COMMITTEE MEETING

November 15, 2023 – 2:00 p.m.

Meeting was conducted via Webex Webinar

- MEMBERS PRESENT:** Scott Nielson – Chair – At-Large Member, Gaming  
Scott Black – Mayor Pro Tempore, City of North Las Vegas  
Bobbette Bond – At-Large Member, Regulated Business/Industry  
Nancy Brune – Council Member, City of Las Vegas  
Marilyn Kirkpatrick – Commissioner, Clark County
- ABSENT:** N/A
- ALSO PRESENT:** Mateo Beers, Josh Findlay, Cody Hoskins, Rachel Ormsby  
(In Audience)
- LEGAL COUNSEL:** Heather Anderson-Fintak, General Counsel
- EXECUTIVE SECRETARY:** Fermin Leguen, MD, MPH, District Health Officer (*absent*)
- STAFF:** Jonna Arqueros, Tawana Bellamy, Andria Cordovez Mulet, Jacques Graham, Theresa Ladd, Cassius Lockett, Julie Maldonado, Luann Province, Yin Jie Qin, Alexis Romero, Kim Saner, Chris Saxton, Randy Smith, Donnie Whitaker

### I. CALL TO ORDER AND ROLL CALL

Chair Nielson called the Finance Committee Meeting to order at 2:05 p.m. Andria Cordovez Mulet, Executive Assistant, administered the roll call and confirmed a quorum. Ms. Cordovez Mulet 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 this portion of the meeting.

### IV. ADOPTION OF THE NOVEMBER 15, 2023 MEETING AGENDA (*for possible action*)

*A motion was made by Member Bond, seconded by Member Kirkpatrick, and carried unanimously to approve the November 15, 2023 Agenda as presented.*

### V. CONSENT AGENDA

- 1. APPROVE MINUTES/FINANCE COMMITTEE MEETING: October 25, 2023 (*for possible action*)**

*A motion was made by Member Kirkpatrick, seconded by Member Bond, and carried unanimously to approve the November 15, 2023 Consent Agenda as presented.*

## VI. REPORT / DISCUSSION / ACTION

1. **Receive and Discuss Annual Comprehensive Financial Audit Report from FORVIS LLP and Approve Recommendations to the Board of Health on November 16, 2023;** direct staff accordingly or take other action as deemed necessary (*for possible action*)
2. **Receive and Discuss the Single Audit Report from FORVIS LLP and Approve Recommendations to the Board of Health on November 16, 2023;** direct staff accordingly or take action as deemed necessary (*for possible action*)

Josh Findlay, Senior Manager, and Rachel Ormsby, Audit Partner, of FORVIS LLP attended the meeting to present the Independent Auditor's Report and the Single Audit Report. Mr. Findlay advised that they issued an unmodified audit opinion, with no findings.

*Member Brune joined the meeting at 2:13 p.m.*

Mr. Findlay outlined that the following six major federal programs were audited:

- 21.027 – COVID-19 – Coronavirus State and Local Fiscal Recovery Funds
- 93.069 – Public Health Emergency Preparedness
- 93.136 – Injury Prevention and Control Research and State and Community Based Programs
- 93.268 – Immunization Cooperative Agreements
- 93.323 – COVID-19 Epidemiology and & Lab Capacity for Infectious Diseases (ELC)
- 93.977 – Sexually Transmitted Diseases (STD) Prevention and Control Grants

Mr. Findlay further outlined the required communications, related to accounting policies, GASB 96 and accounting treatments, and noted that there were no issues.

Further to an inquiry from Member Kirkpatrick, Ms. Ormsby directed the Committee to review the Management Discussion and Analysis (pages 8-16 of the PDF), along with Schedule of Findings and Questioned Costs (pages 79-83 of the PDF).

Mr. Findlay reviewed the three prior year findings and advised that all findings had been resolved.

Further to an inquiry from Member Kirkpatrick, Ms. Ormsby advised that they would provide resources to the Health District related to cybersecurity.

Chair Nielson, on behalf of the Committee, expressed his thanks to Ms. Whitaker and her team for their hard work and dedication.

*A motion was made by Member Bond, seconded by Member Kirkpatrick and carried unanimously to accept the two agenda items of the Annual Comprehensive Financial Audit Report and the Single Audit Report, as presented, and to recommend acceptance of same to the Board of Health at their meeting on November 16, 2023.*

- 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 this portion of the meeting.

**VIII. ADJOURNMENT**

The Chair adjourned the meeting at 2:33 p.m.

Fermin Leguen, MD, MPH  
District Health Officer/Executive Secretary

/acm

DRAFT



# Updates to SNHD Clinical Master Fee Schedule

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DONNIE (DJ) WHITAKER  
CHIEF FINANCIAL OFFICER

MARCH 25, 2024

# Clinical Master Fee Schedule Review

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The billing fee schedule is reviewed annually to add new fees or adjust existing fees.

Annual review of fees allows for changes on a consistent basis to stay aligned with the local medical community. These regular fee changes position SNHD for the potential benefit of increased reimbursement from contracted insurances and Medicare.

Uninsured patients will see minimal, or no impact based on the availability of the sliding fee discount.

# Clinical Master Fee Review Methodology

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Compare all fees currently utilized in SNHD operations to fees established in the Clark County local healthcare community (Source: The Physician Fees Report 2024)

Identify fees lower than 50th percentile of reported fees for further review. Add new fees anticipated to be utilized in 2024.

Propose fee changes based on comparison of current fees to 50<sup>th</sup> percentile of reported fees and Medicare reimbursement rate.

Proposed changes to individual fees are included in Exhibit A (133 fees). All other fees on the billing fee schedule remain the same.

# REFERENCES

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The complete SNHD billing fee schedule is included in the meeting materials.

The complete master billing fee schedule that includes all Current Procedural Terminology (CPT) codes available for billing can be furnished upon request. SNHD only utilizes a small percentage of this entire schedule.

**EXHIBIT A**  
**2024 PROPOSED CHANGES TO SNHD BILLING FEE SCHEDULE**

| <b>CPTCODE</b> | <b>CPT Code Description</b>                                   | <b>Current Rate</b> | <b>Proposed New Fee</b> |
|----------------|---|---------------------|-------------------------|
|                | <b>Pathology &amp; Laboratory</b>                             |                     |                         |
| 80074          | Acute Hepatitis Panel w/reflex                                | \$ 105.00           | \$ 564.00               |
| 86480          | Quantiferon   | \$ 65.00            | \$ 252.00               |
| 86705          | HEP B CORE ANTIBODY- IGM                                      | \$ 12.00            | \$ 112.00               |
| 86706          | Hepatitis B surface Ab- qualitative                           | \$ 18.00            | \$ 89.00                |
| 86708          | HEP A ANTIBODY- TOTAL   | \$ 18.00            | \$ 114.00               |
| 86709          | HEP A ANTIBODY- IGM   | \$ 12.00            | \$ 82.00                |
| 86780          | Syphilis IgG antibody (treponemal)                            | \$ 65.00            | \$ 66.00                |
| 86803          | Hep C- Rapid- Oraquick  | \$ 32.00            | \$ 135.00               |
| 87491          | Chlamydia- Detection by Amplified Probe Technique             | \$ 53.00            | \$ 114.00               |
| 87522          | HEPATITIS C- RNA- QUANT                                       | \$ 43.00            | \$ 568.00               |
| 87536          | HIV-1- DNA- QUANT   | \$ 95.00            | \$ 450.00               |
| 87591          | Neisseria gonorrhoeae- Detection by Amplified Probe Technique | \$ 53.00            | \$ 114.00               |
| 80053          | COMPREHEN METABOLIC PANEL                                     | \$ 12.00            | \$ 95.00                |
| 80061          | LIPID PANEL   | \$ 15.00            | \$ 137.00               |
| 80076          | Hepatic Function Panel (Liver Panel)                          | \$ 18.00            | \$ 53.00                |
| 82465          | Cholesterol - Clia  | \$ 7.00             | \$ 31.00                |
| 83036          | Hemoglobin A1c - Clia   | \$ 22.00            | \$ 76.00                |
| 83718          | ASSAY OF LIPOPROTEIN  | \$ 9.00             | \$ 38.00                |
| 84478          | ASSAY OF TRIGLYCERIDES  | \$ 6.00             | \$ 40.00                |
| 86703          | (STD Use) HIV-1 and HIV-2 antibody- single result (EIA)       | \$ 37.00            | \$ 65.00                |
| 87340          | HEPATITIS B SURFACE AG- EIA                                   | \$ 19.00            | \$ 70.00                |
| 87635          | SARS-Cov-2 RNA- Qualitative Real-Time RT-PCR                  | \$ 52.00            | \$ 130.00               |
| 80305          | DRUG TEST PRSMV DIR OPT OBS                                   | \$ 14.21            | \$ 53.00                |
| 81002          | UA Dipstick   | \$ 18.00            | \$ 21.00                |
| 81025          | Urine Pregnancy Test  | \$ 34.00            | \$ 40.00                |
| 82044          | Microalbumin  | \$ 11.00            | \$ 21.00                |
| 82270          | Hemoccult - Clia  | \$ 8.00             | \$ 21.00                |
| 83655          | Lead - Clia   | \$ 50.00            | \$ 53.00                |
| 83986          | ASSAY OF BODY FLUID ACIDITY                                   | \$ 14.00            | \$ 15.00                |
| 85025          | COMPLETE CBC W/AUTO DIFF WBC                                  | \$ 9.00             | \$ 38.00                |
| 86308          | Mononucleosis   | \$ 12.00            | \$ 26.00                |
| 86317          | Hepatitis B surface Ab- quantitative                          | \$ 33.00            | \$ 66.00                |
| 87390          | HIV-1 AG- EIA   | \$ 73.00            | \$ 78.00                |
| 87624          | HPV (AMP)   | \$ 36.00            | \$ 142.00               |
| 87905          | Bacterial Vaginosis   | \$ 17.00            | \$ 39.00                |
| 88164          | Cytopathology- slides- cervical or vaginal/V- MANUAL          | \$ 48.00            | \$ 55.00                |



(continued)

|       | <b>Immunizations/Vaccines</b>                         |           |           |
|-------|---|-----------|-----------|
| 90380 | Respiratory syncytial virus (RSV) monoclonal antibody | \$ 528.26 | \$ 528.26 |
| 90381 | Respiratory syncytial virus (RSV) monoclonal antibody | \$ 528.26 | \$ 528.26 |
| 91318 | SARSCOV2 VAC 3MCG TRS-SUC                             | \$ 65.00  | \$ 65.00  |
| 91319 | SARSCV2 VAC 10MCG TRS-SUC I                           | \$ 85.00  | \$ 85.00  |
| 91320 | SARSCV2 VAC 30MCG TRS-SUC IM                          | \$ 130.00 | \$ 130.00 |
| 91321 | SARSCOV2 VAC 25 MCG/.25ML IM                          | \$ 145.00 | \$ 145.00 |
| 91322 | SARSCOV2 VAC 50 MCG/0.5ML IM                          | \$ 145.00 | \$ 145.00 |
| 90621 | Meningococcal (MenB-FHbhp- Trumenba)                  | \$ 280.00 | \$ 284.00 |
| 90632 | Hepatitis A (Adult)                                   | \$ 135.00 | \$ 137.00 |
| 90672 | Influenza-live- intranasal- quadrivalent              | \$ 45.00  | \$ 53.00  |
| 90674 | Flu- MDCK-pfree-Quad PFS                              | \$ 45.00  | \$ 50.00  |
| 90678 | Respiratory syncytial virus (RSV), vaccine, bivalent  | \$ 321.26 | \$ 374.00 |
| 90679 | RSV Vaccine   | \$ 301.84 | \$ 380.00 |
| 90680 | Rotavirus- Pentavalent                                | \$ 165.00 | \$ 169.00 |
| 90685 | Infl.- Quad- Adjuvanted Afluria                       | \$ 35.00  | \$ 53.00  |
| 90686 | Influenza Inj. Quad Pres/Free Fluarix                 | \$ 35.00  | \$ 46.00  |
| 90688 | Influenza- Inj- quad- P-free Fluzone PFS              | \$ 35.00  | \$ 42.00  |
| 90691 | Typhoid- ViCPs  | \$ 187.00 | \$ 189.00 |
| 90723 | DTaP-Hep B- IPV (Pedarix)                             | \$ 166.00 | \$ 171.00 |
| 90734 | Meningococcal (MCV4) Menveo                           | \$ 230.00 | \$ 232.00 |
| 90739 | HEP B VACC ADULT 2 DOSE IM                            | \$ 218.00 | \$ 234.00 |
| 90756 | Flu- MDCK- W/Preservative Quad MDV                    | \$ 48.00  | \$ 52.00  |
| 90471 | Admin Fee 1st Vaccine                                 | \$ 23.00  | \$ 50.00  |
| 90472 | Admin Fee Each Additional Vaccine (IM or SQ)          | \$ 15.00  | \$ 31.00  |
| 90460 | IMADM ANY ROUTE 1ST VAC/TOX                           | \$ 23.00  | \$ 48.00  |
| 90461 | INADM ANY ROUTE ADDL VAC/TOX                          | \$ 17.00  | \$ 34.00  |
|       | <b>Mental Health</b>                                  |           |           |
| 90791 | PSYCH DIAGNOSTIC EVALUATION                           | \$ 228.00 | \$ 242.00 |
| 90792 | PSYCH DIAG EVAL W/MED SRVCS                           | \$ 341.00 | \$ 365.00 |
| 90832 | PSYTX PT&/FAMILY 30 MINUTES                           | \$ 117.00 | \$ 126.00 |
| 90834 | PSYTX PT&/FAMILY 45 MINUTES                           | \$ 158.00 | \$ 164.00 |
| 90837 | PSYTX PT&/FAMILY 60 MINUTES                           | \$ 181.00 | \$ 190.00 |
| 90838 | PSYTX PT&/FAM W/E&M 60 MIN                            | \$ 213.00 | \$ 221.00 |
| 90839 | PSYTX CRISIS INITIAL 60 MIN                           | \$ 211.00 | \$ 218.00 |
| 90840 | PSYTX CRISIS EA ADDL 30 MIN                           | \$ 90.00  | \$ 99.00  |
| 90845 | PSYCHOANALYSIS  | \$ 167.00 | \$ 183.00 |

# MOTION

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***Motion to Accept the SNHD Clinical Master Fee Schedule, as presented, and Recommend Approval to the Southern Nevada District Board of Health at their meeting on March 28, 2024.***



**EXHIBIT A**  
**2024 PROPOSED CHANGES TO SNHD BILLING FEE SCHEDULE**

| <b>CPTCODE</b> | <b>CPT Code Description</b>                                   | <b>Current Rate</b> | <b>Proposed New Fee</b> |
|----------------|---|---------------------|-------------------------|
|                | <b>Pathology &amp; Laboratory</b>                             |                     |                         |
| 80074          | Acute Hepatitis Panel w/reflex                                | \$ 105.00           | \$ 564.00               |
| 86480          | Quantiferon   | \$ 65.00            | \$ 252.00               |
| 86705          | HEP B CORE ANTIBODY- IGM                                      | \$ 12.00            | \$ 112.00               |
| 86706          | Hepatitis B surface Ab- qualitative                           | \$ 18.00            | \$ 89.00                |
| 86708          | HEP A ANTIBODY- TOTAL   | \$ 18.00            | \$ 114.00               |
| 86709          | HEP A ANTIBODY- IGM   | \$ 12.00            | \$ 82.00                |
| 86780          | Syphilis IgG antibody (treponemal)                            | \$ 65.00            | \$ 66.00                |
| 86803          | Hep C- Rapid- Oraquick  | \$ 32.00            | \$ 135.00               |
| 87491          | Chlamydia- Detection by Amplified Probe Technique             | \$ 53.00            | \$ 114.00               |
| 87522          | HEPATITIS C- RNA- QUANT                                       | \$ 43.00            | \$ 568.00               |
| 87536          | HIV-1- DNA- QUANT   | \$ 95.00            | \$ 450.00               |
| 87591          | Neisseria gonorrhoeae- Detection by Amplified Probe Technique | \$ 53.00            | \$ 114.00               |
| 80053          | COMPREHEN METABOLIC PANEL                                     | \$ 12.00            | \$ 95.00                |
| 80061          | LIPID PANEL   | \$ 15.00            | \$ 137.00               |
| 80076          | Hepatic Function Panel (Liver Panel)                          | \$ 18.00            | \$ 53.00                |
| 82465          | Cholesterol - Clia  | \$ 7.00             | \$ 31.00                |
| 83036          | Hemoglobin A1c - Clia   | \$ 22.00            | \$ 76.00                |
| 83718          | ASSAY OF LIPOPROTEIN  | \$ 9.00             | \$ 38.00                |
| 84478          | ASSAY OF TRIGLYCERIDES  | \$ 6.00             | \$ 40.00                |
| 86703          | (STD Use) HIV-1 and HIV-2 antibody- single result (EIA)       | \$ 37.00            | \$ 65.00                |
| 87340          | HEPATITIS B SURFACE AG- EIA                                   | \$ 19.00            | \$ 70.00                |
| 87635          | SARS-Cov-2 RNA- Qualitative Real-Time RT-PCR                  | \$ 52.00            | \$ 130.00               |
| 80305          | DRUG TEST PRSMV DIR OPT OBS                                   | \$ 14.21            | \$ 53.00                |
| 81002          | UA Dipstick   | \$ 18.00            | \$ 21.00                |
| 81025          | Urine Pregnancy Test  | \$ 34.00            | \$ 40.00                |
| 82044          | Microalbumin  | \$ 11.00            | \$ 21.00                |
| 82270          | Hemoccult - Clia  | \$ 8.00             | \$ 21.00                |
| 83655          | Lead - Clia   | \$ 50.00            | \$ 53.00                |
| 83986          | ASSAY OF BODY FLUID ACIDITY                                   | \$ 14.00            | \$ 15.00                |
| 85025          | COMPLETE CBC W/AUTO DIFF WBC                                  | \$ 9.00             | \$ 38.00                |
| 86308          | Mononucleosis   | \$ 12.00            | \$ 26.00                |
| 86317          | Hepatitis B surface Ab- quantitative                          | \$ 33.00            | \$ 66.00                |
| 87390          | HIV-1 AG- EIA   | \$ 73.00            | \$ 78.00                |
| 87624          | HPV (AMP)   | \$ 36.00            | \$ 142.00               |
| 87905          | Bacterial Vaginosis   | \$ 17.00            | \$ 39.00                |
| 88164          | Cytopathology- slides- cervical or vaginal/V- MANUAL          | \$ 48.00            | \$ 55.00                |

## 2024 PROPOSED CHANGES TO SNHD BILLING FEE SCHEDULE

(continued)

| <b>Immunizations/Vaccines</b> |   |           |           |
|-------------------------------|---|-----------|-----------|
| 90380                         | Respiratory syncytial virus (RSV) monoclonal antibody | \$ 528.26 | \$ 528.26 |
| 90381                         | Respiratory syncytial virus (RSV) monoclonal antibody | \$ 528.26 | \$ 528.26 |
| 91318                         | SARSCOV2 VAC 3MCG TRS-SUC                             | \$ 65.00  | \$ 65.00  |
| 91319                         | SARSCV2 VAC 10MCG TRS-SUC I                           | \$ 85.00  | \$ 85.00  |
| 91320                         | SARSCV2 VAC 30MCG TRS-SUC IM                          | \$ 130.00 | \$ 130.00 |
| 91321                         | SARSCOV2 VAC 25 MCG/.25ML IM                          | \$ 145.00 | \$ 145.00 |
| 91322                         | SARSCOV2 VAC 50 MCG/0.5ML IM                          | \$ 145.00 | \$ 145.00 |
| 90621                         | Meningococcal (MenB-FHbhp- Trumenba)                  | \$ 280.00 | \$ 284.00 |
| 90632                         | Hepatitis A (Adult)                                   | \$ 135.00 | \$ 137.00 |
| 90672                         | Influenza-live- intranasal- quadrivalent              | \$ 45.00  | \$ 53.00  |
| 90674                         | Flu- MDCK-pfree-Quad PFS                              | \$ 45.00  | \$ 50.00  |
| 90678                         | Respiratory syncytial virus (RSV), vaccine, bivalent  | \$ 321.26 | \$ 374.00 |
| 90679                         | RSV Vaccine   | \$ 301.84 | \$ 380.00 |
| 90680                         | Rotavirus- Pentavalent                                | \$ 165.00 | \$ 169.00 |
| 90685                         | Infl.- Quad- Adjuvanted Afluria                       | \$ 35.00  | \$ 53.00  |
| 90686                         | Influenza Inj. Quad Pres/Free Fluarix                 | \$ 35.00  | \$ 46.00  |
| 90688                         | Influenza- Inj- quad- P-free Fluzone PFS              | \$ 35.00  | \$ 42.00  |
| 90691                         | Typhoid- ViCPs  | \$ 187.00 | \$ 189.00 |
| 90723                         | DTaP-Hep B- IPV (Pediarix)                            | \$ 166.00 | \$ 171.00 |
| 90734                         | Meningococcal (MCV4) Menveo                           | \$ 230.00 | \$ 232.00 |
| 90739                         | HEP B VACC ADULT 2 DOSE IM                            | \$ 218.00 | \$ 234.00 |
| 90756                         | Flu- MDCK- W/Preservative Quad MDV                    | \$ 48.00  | \$ 52.00  |
| 90471                         | Admin Fee 1st Vaccine                                 | \$ 23.00  | \$ 50.00  |
| 90472                         | Admin Fee Each Additional Vaccine (IM or SQ)          | \$ 15.00  | \$ 31.00  |
| 90460                         | IMADM ANY ROUTE 1ST VAC/TOX                           | \$ 23.00  | \$ 48.00  |
| 90461                         | INADM ANY ROUTE ADDL VAC/TOX                          | \$ 17.00  | \$ 34.00  |
| <b>Mental Health</b>          |   |           |           |
| 90791                         | PSYCH DIAGNOSTIC EVALUATION                           | \$ 228.00 | \$ 242.00 |
| 90792                         | PSYCH DIAG EVAL W/MED SRVCS                           | \$ 341.00 | \$ 365.00 |
| 90832                         | PSYTX PT&/FAMILY 30 MINUTES                           | \$ 117.00 | \$ 126.00 |
| 90834                         | PSYTX PT&/FAMILY 45 MINUTES                           | \$ 158.00 | \$ 164.00 |
| 90837                         | PSYTX PT&/FAMILY 60 MINUTES                           | \$ 181.00 | \$ 190.00 |
| 90838                         | PSYTX PT&/FAM W/E&M 60 MIN                            | \$ 213.00 | \$ 221.00 |
| 90839                         | PSYTX CRISIS INITIAL 60 MIN                           | \$ 211.00 | \$ 218.00 |
| 90840                         | PSYTX CRISIS EA ADDL 30 MIN                           | \$ 90.00  | \$ 99.00  |
| 90845                         | PSYCHOANALYSIS  | \$ 167.00 | \$ 183.00 |

## 2024 PROPOSED CHANGES TO SNHD BILLING FEE SCHEDULE

(continued)

|       | <b>Medical Nutrition Therapy</b>                           |           |           |
|-------|--|-----------|-----------|
| 97802 | MEDICAL NUTRITION- INDIV- IN                               | \$ 67.00  | \$ 68.00  |
| 97803 | MED NUTRITION- INDIV- SUBSEQ                               | \$ 35.00  | \$ 58.00  |
| 97804 | MEDICAL NUTRITION- GROUP                                   | \$ 18.00  | \$ 50.00  |
|       | <b>Office Visits &amp; Preventive Care</b>                 |           |           |
| 99204 | E&M New Outpatient Comprehensive Problem                   | \$ 357.00 | \$ 358.00 |
| 99205 | E&M New Outpatient- Very Comprehensive Problem Focused     | \$ 469.00 | \$ 472.00 |
| 99212 | E&M Established Outpatient - Problem Focused               | \$ 96.00  | \$ 107.00 |
| 99213 | E&M Established Outpatient Expanded Problem Focused        | \$ 159.00 | \$ 162.00 |
| 99214 | E&M Established Outpatient - Detailed Problem Focused      | \$ 230.00 | \$ 237.00 |
| 99215 | E&M Established Outpatient - Comprehensive Problem Focused | \$ 330.00 | \$ 346.00 |
| 99242 | Office Consultation Level 2                                | \$ 289.00 | \$ 293.00 |
| 99243 | Office Consultation Level 3                                | \$ 375.00 | \$ 389.00 |
| 99244 | Office Consultation Level 4                                | \$ 536.00 | \$ 545.00 |
| 99245 | Office Consultation Level 5                                | \$ 689.00 | \$ 708.00 |
| 99381 | Preventive Medicine- New patient- <1 Year Old              | \$ 202.00 | \$ 209.00 |
| 99382 | Preventive Medicine- New patient- 1-4 Years Old            | \$ 206.00 | \$ 218.00 |
| 99383 | Preventive Medicine- New patient- 5-11 Years Old           | \$ 211.00 | \$ 221.00 |
| 99384 | Preventive Medicine- New patient- 12-17 Years Old          | \$ 234.00 | \$ 246.00 |
| 99385 | Preventive Medicine- New patient- 18-39 Years Old          | \$ 264.00 | \$ 278.00 |
| 99386 | Preventive Medicine- New patient- 40-64 Years Old          | \$ 294.00 | \$ 306.00 |
| 99387 | Preventive Medicine- New patient- 65+ Years Old            | \$ 301.00 | \$ 310.00 |
| 99391 | Preventive Medicine- Established patient- <1 Year Old      | \$ 181.00 | \$ 190.00 |
| 99392 | Preventive Medicine- Established patient- 1-4 Years Old    | \$ 192.00 | \$ 200.00 |
| 99393 | Preventive Medicine- Established patient- 5-11 Years Old   | \$ 189.00 | \$ 199.00 |
| 99394 | Preventive Medicine- Established patient- 12-17 Years Old  | \$ 203.00 | \$ 212.00 |
| 99395 | Preventive Medicine- Established patient- 18-39 Years Old  | \$ 229.00 | \$ 237.00 |
| 99396 | Preventive Medicine- Established patient- 40-64 Years Old  | \$ 243.00 | \$ 251.00 |
| 99397 | Preventive Medicine- Established patient- 65+ Years Old    | \$ 253.00 | \$ 260.00 |
| 99401 | Preventative- Risk Reduction Counseling- Approx 15 Min.    | \$ 78.00  | \$ 79.00  |
| 99402 | Preventative- Risk Reduction Counseling- Approx 30 Min.    | \$ 117.00 | \$ 128.00 |
| 99403 | Preventative- Risk Reduction Counseling- Approx 45 Min.    | \$ 163.00 | \$ 321.00 |
| 99404 | Preventative- Risk Reduction Counseling- Approx 60 Min.    | \$ 160.00 | \$ 168.00 |
| 99441 | PHONE E/M BY PHYS 5-10 MIN                                 | \$ 47.00  | \$ 90.00  |
| 99442 | PHONE E/M BY PHYS 11-20 MIN                                | \$ 142.00 | \$ 153.00 |
| 99443 | PHONE E/M BY PHYS 21-30 MIN                                | \$ 157.00 | \$ 213.00 |
| 10060 | I&D Abscess  | \$ 267.00 | \$ 332.00 |
| 10120 | Foreign Body- SKIN- Simple                                 | \$ 340.00 | \$ 471.00 |
| 36415 | Collection of Venous Blood                                 | \$ 23.00  | \$ 24.00  |
| 36416 | Collection of Capillary Blood                              | \$ 22.00  | \$ 23.00  |
| 57410 | PELVIC EXAMINATION   | \$ 112.31 | \$ 259.00 |
| 58300 | IUD Insertion  | \$ 207.00 | \$ 254.00 |

## 2024 PROPOSED CHANGES TO SNHD BILLING FEE SCHEDULE

(continued)

|   |  |           |           |
|---|--|-----------|-----------|
| 58301   | IUD Removal  | \$ 211.00 | \$ 252.00 |
| 71046   | X-RAY EXAM CHEST 2 VIEWS   | \$ 33.33  | \$ 131.00 |
| 92551   | Audiometry/screening test- pure tone- air only                     | \$ 34.00  | \$ 35.00  |
| 92567   | TYMPANOMETRY   | \$ 18.00  | \$ 52.00  |
| 93000   | ECG w/interpretation   | \$ 34.00  | \$ 78.00  |
| 94640   | Nebulizer/Inhalation Treatment                                     | \$ 51.00  | \$ 55.00  |
| 94664   | Nebulizer - demo/eval of pt use                                    | \$ 70.00  | \$ 126.00 |
| 94760   | Pulmonary Diagnostic Testing/Pulse Oximetry - Single determination | \$ 6.00   | \$ 19.00  |
| 98960   | SELF-MGMT EDUC & TRAIN- 1 PT                                       | \$ 18.34  | \$ 64.00  |
| 98961   | SELF-MGMT EDUC/TRAIN- 2-4 PT                                       | \$ 8.82   | \$ 62.00  |
| 98962   | SELF-MGMT EDUC/TRAIN- 5-8 PT                                       | \$ 6.44   | \$ 44.00  |
| 99341   | HOME V- NP FOCUSED   | \$ 122.00 | \$ 122.00 |
| 99342   | HOME V- NP EXPANDED  | \$ 313.00 | \$ 313.00 |
| 99344   | HOME V- NP COMREH  | \$ 339.00 | \$ 339.00 |
| 99345   | HOME V- NP HI COMP   | \$ 391.00 | \$ 391.00 |
| 99347   | HOME V- EP FOCUSED   | \$ 107.00 | \$ 107.00 |
| 99348   | HOME V- EP EXPANDED  | \$ 306.00 | \$ 306.00 |
| 99349   | HOME V- EP DETAILED  | \$ 267.00 | \$ 267.00 |
| 99350   | HOME V- EP COMPREHEN   | \$ 370.00 | \$ 370.00 |
| 99606   | Medications Management Therapy                                     | \$ 41.00  | \$ 41.00  |
| 99607   | Medications Management Therapy Addl 15min                          | \$ 41.00  | \$ 41.00  |
| 99608   | Medications Management Therapy                                     | \$ 41.00  | \$ 41.00  |
|   |  |           |           |
| Fees Based on comparison to the 50th percentile of local healthcare community billing rates |  |           |           |
|   | New Codes for 2024   |           |           |

**2024 SNHD MASTER BILLING FEE SCHEDULE with Proposed Fee Changes**

| CPTCODE | Description  | Fee      |
|---------|--|----------|
| 10060   | I&D Abscess  | \$267.00 |
| 10120   | Foreign Body- SKIN- Simple                             | \$340.00 |
| 11750   | REMOVAL OF NAIL BED                                    | \$161.39 |
| 11981   | Implant - Insertion                                    | \$304.00 |
| 11982   | Implant - Removal                                      | \$320.00 |
| 11983   | Implant Removal and Reinsertion                        | \$497.00 |
| 12001   | Laceration repair- simple (site- size): 2.5 cm or less | \$551.00 |
| 16000   | Burn Care- Initial                                     | \$306.00 |
| 36415   | Collection of Venous Blood                             | \$23.00  |
| 36416   | Collection of Capillary Blood                          | \$22.00  |
| 41899   | DENTAL SURGERY PROCEDURE                               | \$286.00 |
| 57410   | PELVIC EXAMINATION                                     | \$112.31 |
| 58300   | IUD Insertion  | \$207.00 |
| 58301   | IUD Removal  | \$211.00 |
| 69209   | Cerumen removal w/o instrument                         | \$49.00  |
| 69210   | Cerumen removal w/ instrument                          | \$137.50 |
| 71046   | X-RAY EXAM CHEST 2 VIEWS                               | \$33.33  |
| 72040   | X-RAY EXAM OF NECK SPINE                               | \$38.74  |
| 80053   | COMPREHEN METABOLIC PANEL                              | \$12.00  |
| 80061   | LIPID PANEL  | \$15.00  |
| 80074   | Acute Hepatitis Panel w/reflex                         | \$105.00 |
| 80076   | Hepatic Function Panel (Liver Panel)                   | \$18.00  |
| 80305   | DRUG TEST PRSMV DIR OPT OBS                            | \$14.21  |
| 81002   | UA Dipstick  | \$18.00  |
| 81025   | Urine Pregnancy Test                                   | \$34.00  |
| 82044   | Microalbumin   | \$11.00  |
| 82270   | Hemocult - Clia  | \$8.00   |
| 82465   | Cholesterol - Clia                                     | \$7.00   |
| 82947   | Blood glucose- monitoring device                       | \$22.00  |
| 83036   | Hemoglobin A1c - Clia                                  | \$22.00  |
| 83655   | Lead - Clia  | \$50.00  |
| 83718   | ASSAY OF LIPOPROTEIN                                   | \$9.00   |
| 83986   | ASSAY OF BODY FLUID ACIDITY                            | \$14.00  |
| 84478   | ASSAY OF TRIGLYCERIDES                                 | \$6.00   |
| 85018   | Hemoglobin - Clia                                      | \$23.00  |
| 85025   | COMPLETE CBC W/AUTO DIFF WBC                           | \$9.00   |
| 86308   | Mononucleosis  | \$12.00  |
| 86317   | Hepatitis B surface Ab- quantitative                   | \$33.00  |
| 86403   | Strep A  | \$39.00  |
| 86480   | Quantiferon  | \$65.00  |
| 86580   | Tuberculosis Skin Testing                              | \$32.00  |
| 86592   | RPR- non treponemal qualitative                        | \$42.00  |
| 86593   | RPR titer- non-treponemal quantitative                 | \$50.00  |

**2024 SNHD MASTER BILLING FEE SCHEDULE with Proposed Fee Changes**

Continued

| CPTCODE | Description   | Fee      |
|---------|---|----------|
| 86701   | HIV-1 antibody (Multispot)                                    | \$220.00 |
| 86702   | HIV-2 antibody (Multispot)                                    | \$117.00 |
| 86703   | (STD Use) HIV-1 and HIV-2 antibody- single result (EIA)       | \$37.00  |
| 86704   | HEP B CORE ANTIBODY- TOTAL                                    | \$101.00 |
| 86705   | HEP B CORE ANTIBODY- IGM                                      | \$12.00  |
| 86706   | Hepatitis B surface Ab- qualitative                           | \$18.00  |
| 86708   | HEP A ANTIBODY- TOTAL   | \$18.00  |
| 86709   | HEP A ANTIBODY- IGM   | \$12.00  |
| 86780   | Syphilis IgG antibody (treponemal)                            | \$65.00  |
| 86803   | Hep C- Rapid- Oraquick  | \$32.00  |
| 87071   | Gonorrhea Culture- Isolation and Presumptive Identification   | \$120.00 |
| 87077   | N. gonorrhoeae Culture- Confirmatory Identification           | \$151.00 |
| 87210   | Smear- Wet Mount for Inf Agents                               | \$23.00  |
| 87340   | HEPATITIS B SURFACE AG- EIA                                   | \$19.00  |
| 87389   | HIV-1 antigen- with HIV-1 and HIV-2 antibodies- single result | \$126.00 |
| 87390   | HIV-1 AG- EIA   | \$73.00  |
| 87490   | CHYLM D TRACH- DNA- DIR PROBE                                 | \$91.00  |
| 87491   | Chlamydia- Detection by Amplified Probe Technique             | \$53.00  |
| 87521   | HEPATITIS C- RNA- AMP PROBE                                   | \$487.00 |
| 87522   | HEPATITIS C- RNA- QUANT                                       | \$43.00  |
| 87536   | HIV-1- DNA- QUANT   | \$95.00  |
| 87563   | M. GENITALIUM AMP PROBE                                       | \$139.00 |
| 87591   | Neisseria gonorrhoeae- Detection by Amplified Probe Technique | \$53.00  |
| 87624   | HPV (AMP)   | \$36.00  |
| 87635   | SARS-Cov-2 RNA- Qualitative Real-Time RT-PCR                  | \$100.00 |
| 87661   | TRICHOMONAS VAGINALIS AMPLIF                                  | \$135.00 |
| 87804   | Influenza - Clia  | \$43.00  |
| 87806   | HIV - 1/2   | \$80.00  |
| 87807   | RSV - Clia  | \$43.00  |
| 87808   | Trichomonas Vaginalis - Clia                                  | \$48.00  |
| 87905   | Bacterial Vaginosis   | \$17.00  |
| 88150   | Pap Smear   | \$56.00  |
| 88164   | Cytopathology- slides- cervical or vaginal/V- MANUAL          | \$48.00  |
| 90380   | Respiratory syncytial virus (RSV) monoclonal antibody         | \$528.26 |
| 90381   | Respiratory syncytial virus (RSV) monoclonal antibody         | \$528.26 |
| 90460   | IMADM ANY ROUTE 1ST VAC/TOX                                   | \$23.00  |
| 90461   | INADM ANY ROUTE ADDL VAC/TOX                                  | \$17.00  |
| 90471   | Admin Fee 1st Vaccine   | \$23.00  |
| 90472   | Admin Fee Each Additional Vaccine (IM or SQ)                  | \$15.00  |
| 90480   | ADMN SARSCOV2 VACC 1 DOSE                                     | \$40.00  |



## 2024 SNHD MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

Continued

| CPTCODE | Description  | Fee      |
|---------|--|----------|
| 90619   | Meningococcal MenACWY MenQuadfi                      | \$270.00 |
| 90620   | Meningococcal (MenB-4C-Bexsero)                      | \$340.00 |
| 90621   | Meningococcal (MenB-FHbhp- Trumenba)                 | \$280.00 |
| 90622   | Influenza- High Dose Seasonal                        | \$87.00  |
| 90625   | Cholera- live oral                                   | \$431.00 |
| 90632   | Hepatitis A (Adult)                                  | \$135.00 |
| 90633   | Hepatitis A (Child) VAQTA                            | \$79.00  |
| 90636   | Hepatitis A & B (Twinrix)                            | \$203.00 |
| 90644   | Meningococcal C/Y-HIB PRP                            | \$11.00  |
| 90647   | Hib PRP-OMP  | \$60.00  |
| 90648   | Hib PRP-T  | \$57.00  |
| 90649   | HPV- quadrivalent                                    | \$275.00 |
| 90650   | HPV TYP BIVAL 3 DOSE IM                              | \$274.00 |
| 90651   | HPV9- Gardasil                                       | \$465.00 |
| 90670   | Pneumococcal (Pevnar 13)                             | \$420.00 |
| 90671   | PCV15 (Vaxneuvance)                                  | \$420.00 |
| 90672   | Influenza-live- intranasal- quadrivalent             | \$45.00  |
| 90674   | Flu- MDCK- Pfree Quad - PFS (2023-2024)              | \$45.00  |
| 90675   | Rabies   | \$570.00 |
| 90677   | PCV20 (Pevnar 20)                                    | \$472.00 |
| 90678   | Respiratory syncytial virus (RSV)- vaccine- bivalent | \$321.26 |
| 90679   | RSV Vaccine  | \$301.84 |
| 90680   | Rotavirus- Pentavalent                               | \$165.00 |
| 90681   | Rotavirus- Monovalent (Rotarix)                      | \$240.00 |
| 90685   | Infl.- Quad- Adjuvanted Afluria                      | \$35.00  |
| 90686   | Inf. Quad.- .50P Free Fluarix (2023-2024)            | \$35.00  |
| 90687   | Influenza- Quad Inj Prsve 0.25 (1 dose)              | \$35.00  |
| 90688   | Influenza- Inj- quad- P-free Fluzone PFS             | \$35.00  |
| 90691   | Typhoid- ViCpS                                       | \$187.00 |
| 90694   | VACC AIIV4 NO PRSRV (Fluad) 0.5ML IM                 | \$105.00 |
| 90696   | DTaP-IPV - Quadracel                                 | \$116.00 |
| 90697   | DTaP-IPV-HepB-Hib - PFS                              | \$245.00 |
| 90698   | DTaP- Hib- IPV (Pentacel)                            | \$195.00 |
| 90700   | DTaP - Daptacel                                      | \$62.00  |
| 90702   | DT   | \$120.00 |
| 90707   | MMR  | \$160.00 |
| 90710   | MMRV   | \$450.00 |

**2024 SNHD MASTER BILLING FEE SCHEDULE with Proposed Fee Changes**

Continued

| CPTCODE | Description  | Fee      |
|---------|--|----------|
| 90713   | IPV (Polio)  | \$70.00  |
| 90714   | Td (Tenivac) Preserve Free   | \$65.00  |
| 90715   | Tdap   | \$89.00  |
| 90716   | Varicella (chicken pox)  | \$275.00 |
| 90717   | Yellow Fever   | \$325.00 |
| 90723   | DTaP-Hep B- IPV (Pedarix)  | \$166.00 |
| 90732   | Pneumococcal (Pneumovax 23)  | \$215.00 |
| 90734   | Meningococcal (MCV4) Menveo  | \$230.00 |
| 90738   | Japanese encephalitis IM   | \$520.00 |
| 90739   | HEP B VACC ADULT 2 DOSE IM   | \$218.00 |
| 90744   | Hepatitis B (Child)  | \$70.00  |
| 90746   | Hepatitis B (Adult) PFS  | \$141.00 |
| 90750   | Zoster- recombinant (Shingrix)                                     | \$325.00 |
| 90756   | Flu- MDCK- W/Preservative Quad MDV                                 | \$48.00  |
| 90791   | PSYCH DIAGNOSTIC EVALUATION  | \$228.00 |
| 90792   | PSYCH DIAG EVAL W/MED SRVCS  | \$341.00 |
| 90832   | PSYTX PT&/FAMILY 30 MINUTES EST                                    | \$117.00 |
| 90834   | PSYTX PT&/FAMILY 45 MINUTES  | \$158.00 |
| 90837   | PSYTX PT&/FAMILY 60 MINUTES  | \$181.00 |
| 90838   | PSYTX PT&/FAM W/E&M 60 MIN   | \$213.00 |
| 90839   | PSYTX CRISIS INITIAL 60 MIN  | \$211.00 |
| 90840   | PSYTX CRISIS EA ADDL 30 MIN  | \$90.00  |
| 90845   | PSYCHOANALYSIS   | \$167.00 |
| 91318   | SARSCOV2 VAC 3MCG TRS-SUC  | \$65.00  |
| 91319   | SARSCV2 VAC 10MCG TRS-SUC I  | \$85.00  |
| 91320   | SARSCV2 VAC 30MCG TRS-SUC IM                                       | \$130.00 |
| 91321   | SARSCOV2 VAC 25 MCG/.25ML IM                                       | \$145.00 |
| 91322   | SARSCOV2 VAC 50 MCG/0.5ML IM                                       | \$145.00 |
| 92551   | Audiometry/screening test- pure tone- air only                     | \$39.00  |
| 92567   | TYMPANOMETRY   | \$18.00  |
| 93000   | ECG w/interpretation   | \$34.00  |
| 93040   | ECG- Rhythm Strip  | \$76.00  |
| 94010   | SPIROMETRY   | \$135.00 |
| 94060   | Spirometry- Pre and Post   | \$233.00 |
| 94640   | Nebulizer/Inhalation Treatment                                     | \$51.00  |
| 94664   | Nebulizer - demo/eval of pt use                                    | \$70.00  |
| 94760   | Pulmonary Diagnostic Testing/Pulse Oximetry - Single determination | \$6.00   |
| 96110   | ASQ (developmental screening)                                      | \$59.00  |
| 96127   | BRIEF EMOTIONAL/BEHAV ASSMT  | \$22.00  |
| 96372   | Therapeutic IM/SC Injection  | \$65.00  |

**2024 SNHD MASTER BILLING FEE SCHEDULE with Proposed Fee Changes**

Continued

| CPTCODE | Description  | Fee      |
|---------|--|----------|
| 97802   | MEDICAL NUTRITION- INDIV- IN   | \$67.00  |
| 97803   | MED NUTRITION- INDIV- SUBSEQ   | \$35.00  |
| 97804   | MEDICAL NUTRITION- GROUP   | \$18.00  |
| 98960   | SELF-MGMT EDUC & TRAIN- 1 PT   | \$18.34  |
| 98961   | SELF-MGMT EDUC/TRAIN- 2-4 PT   | \$8.82   |
| 98962   | SELF-MGMT EDUC/TRAIN- 5-8 PT   | \$6.44   |
| 99000   | Collection of Other Lab Spec   | \$22.00  |
| 99070   | Vandazole Vaginal Gel TUBE   | \$135.43 |
| 99080   | SPECIAL REPORTS  | \$10.00  |
| 99173   | Vision screen- Bilateral   | \$28.00  |
| 99174   | Vision screen- bilateral- Instrument based with remote analysis and report | \$52.00  |
| 99177   | Vision screen- bilateral- Instrument based with on-site analysis           | \$28.00  |
| 99188   | Fluoride Varnish Administered (Medical)                                    | \$45.00  |
| 99202   | E&M New Outpatient - Expanded Problem Focused                              | \$160.00 |
| 99203   | New Patient Detailed Problem Focused                                       | \$234.00 |
| 99204   | E&M New Outpatient Comprehensive Problem                                   | \$357.00 |
| 99205   | E&M New Outpatient- Very Comprehensive Problem Focused                     | \$469.00 |
| 99211   | E&M Established Outpatient - RN Only                                       | \$60.00  |
| 99212   | E&M Established Outpatient - Problem Focused                               | \$105.00 |
| 99213   | E&M Established Outpatient Expanded Problem Focused                        | \$159.00 |
| 99214   | E&M Established Outpatient - Detailed Problem Focused                      | \$230.00 |
| 99215   | E&M Established Outpatient - Comprehensive Problem Focused                 | \$330.00 |
| 99242   | Office Consultation Level 2  | \$289.00 |
| 99243   | Office Consultation Level 3  | \$375.00 |
| 99244   | Office Consultation Level 4  | \$536.00 |
| 99245   | Office Consultation Level 5  | \$689.00 |
| 99341   | HOME V- NP FOCUSED   | \$122.00 |
| 99342   | HOME V- NP EXPANDED  | \$313.00 |
| 99344   | HOME V- NP COMREH  | \$339.00 |
| 99345   | HOME V- NP HI COMP   | \$391.00 |
| 99347   | HOME V- EP FOCUSED   | \$107.00 |
| 99348   | HOME V- EP EXPANDED  | \$306.00 |
| 99349   | HOME V- EP DETAILED  | \$267.00 |
| 99350   | HOME V- EP COMPREHEN   | \$370.00 |
| 99381   | Preventive Medicine- New patient- <1 Year Old                              | \$202.00 |
| 99382   | Preventive Medicine- New patient- 1-4 Years Old                            | \$206.00 |
| 99383   | Preventive Medicine- New patient- 5-11 Years Old                           | \$211.00 |
| 99384   | Preventive Medicine- New patient- 12-17 Years Old                          | \$234.00 |
| 99385   | Preventive Medicine- New patient- 18-39 Years Old                          | \$264.00 |
| 99386   | Preventive Medicine- New patient- 40-64 Years Old                          | \$294.00 |

**2024 SNHD MASTER BILLING FEE SCHEDULE with Proposed Fee Changes**

Continued

| CPTCODE | Description   | Fee      |
|---------|---|----------|
| 99387   | Preventive Medicine- New patient- 65 Years Old            | \$301.00 |
| 99391   | Preventive Medicine- Established patient- <1 Year Old     | \$181.00 |
| 99392   | Preventive Medicine- Established patient- 1-4 Years Old   | \$192.00 |
| 99393   | Preventive Medicine- Established patient- 5-11 Years Old  | \$189.00 |
| 99394   | Preventive Medicine- Established patient- 12-17 Years Old | \$203.00 |
| 99395   | Preventive Medicine- Established patient- 18-39 Years Old | \$229.00 |
| 99396   | Preventive Medicine- Established patient- 40-64 Years Old | \$243.00 |
| 99397   | Preventive Medicine- Established patient- 65+ Years Old   | \$253.00 |
| 99401   | Preventative- Risk Reduction Counseling- Approx 15 Min.   | \$78.00  |
| 99402   | Preventative- Risk Reduction Counseling- Approx 30 Min.   | \$117.00 |
| 99403   | Preventative- Risk Reduction Counseling- Approx 45 Min.   | \$163.00 |
| 99404   | Preventative- Risk Reduction Counseling- Approx 60 Min.   | \$160.00 |
| 99406   | Tobacco counseling/3-10 min                               | \$32.00  |
| 99407   | Tobacco counseling></div>10 min                           | \$62.00  |
| 99421   | OL DIG E/M SVC 5-10 MIN                                   | \$93.02  |
| 99422   | OL DIG E/M SVC 11-20 MIN                                  | \$93.02  |
| 99423   | OL DIG E/M SVC 21+ MIN                                    | \$107.00 |
| 99441   | PHONE E/M BY PHYS 5-10 MIN                                | \$47.00  |
| 99442   | PHONE E/M BY PHYS 11-20 MIN                               | \$142.00 |
| 99443   | PHONE E/M BY PHYS 21-30 MIN                               | \$157.00 |
| 99606   | Medications Management Therapy                            | \$41.00  |
| 99607   | Medications Management Therapy Addl 15min                 | \$41.00  |
| 99608   | Medications Management Therapy                            | \$41.00  |
| A4266   | Diaphragm Device  | \$109.00 |
| A4267   | Condoms (Male) (1 pk = 12)                                | \$0.50   |
| A6250   | Antibiotic Ointment (Bacitracin Zinc) Packet              | \$0.09   |
| A6250   | Silver Sulfadiazine 1% cream                              | \$0.26   |
| D0120   | PERIODIC ORAL EXAMINATION                                 | \$44.00  |
| D0140   | LTD ORAL EVALUATION - PROBLEM FOCUS                       | \$43.00  |
| D0145   | ORAL EVALUATION- PT < 3YRS                                | \$41.00  |
| D0150   | COMP ORAL EVALUATION - NEW/EST PT                         | \$52.00  |
| D0190   | Screening of Patient                                      | \$41.00  |
| D0191   | ASSESSMENT OF A PATIENT                                   | \$44.00  |
| D0210   | INTRAORL - CMPL SERIES CODE 70320                         | \$83.00  |
| D0220   | INTRAORL-PERIAPICAL 1 FILM 70300                          | \$25.00  |
| D0230   | INTRAORL-PERIAPICAL EA ADD FILM                           | \$20.00  |
| D0240   | INTRAORAL - OCCLUSAL FILM                                 | \$15.00  |
| D0270   | BITEWING - SINGLE FILM                                    | \$12.00  |
| D0272   | BITEWINGS - TWO FILMS                                     | \$28.00  |
| D0273   | BITEWINGS - THREE FILMS                                   | \$41.00  |

**2024 SNHD MASTER BILLING FEE SCHEDULE with Proposed Fee Changes**

Continued

| CPTCODE | Description  | Fee        |
|---------|--|------------|
| D0274   | BITEWINGS - FOUR FILMS   | \$45.00    |
| D0601   | CARIES RISK ASSESS DOC FIND LOW RSK  | \$5.00     |
| D0602   | CARIES RISK ASSESS DOC FIND MOD RSK  | \$5.00     |
| D0603   | CARIES RISK ASSESS DOC FIND HI RSK   | \$5.00     |
| D1110   | PROPHYLAXIS - ADULT  | \$75.00    |
| D1120   | PROPHYLAXIS - CHILD  | \$75.00    |
| D1206   | TOPICAL FLUORIDE VARNISH   | \$53.00    |
| D1330   | ORAL HYGIENE INSTRUCTIONS  | \$1.00     |
| D1351   | Dental Sealant - per tooth   | \$37.00    |
| D1352   | PREV RSN REST MOD HIGH CARIES RISK   | \$11.00    |
| D1353   | SEALANT REPAIR - PER TOOTH   | \$25.00    |
| D1354   | INTERIM CARIES ARRESTING MED APPLIC  | \$13.00    |
| D2330   | RESIN COMPOS - ONE SURFACE ANTERIOR  | \$116.00   |
| D2331   | RESIN COMPOS - 2 SURFACES ANTERIOR   | \$132.00   |
| D2332   | RESIN COMPOS - 3 SURFACES ANTERIOR   | \$169.00   |
| D2335   | RSN COMPOS-4></div> SURF/W/INCISAL ANG                                       | \$211.00   |
| D2391   | RESIN COMPOS - 1 SURFACE POSTERIOR   | \$146.00   |
| D2392   | RESIN COMPOS - 2 SURFACES POSTERIOR  | \$186.00   |
| D2393   | RESIN COMPOS - 3 SURFACES POSTERIOR  | \$227.00   |
| D2394   | RESIN COMPOS - 4/MORE SURFACES POST  | \$273.00   |
| D2740   | CROWN - PORCELAIN/CERAMIC SUBSTRATE  | \$769.00   |
| D2751   | CROWN-PORCELN FUSD PREDOM BASE METL  | \$755.00   |
| D2791   | CROWN - FULL CAST PREDOM BASE METL   | \$328.00   |
| D3110   | PULP CAP - DIRECT  | \$53.00    |
| D3120   | PULP CAP - INDIRECT  | \$56.00    |
| D3220   | TX PULPOT-CORONL DENTNOCEMENTL JUNC  | \$138.00   |
| D4341   | Periodontal scaling & root   | \$155.00   |
| D4342   | PERIODONTAL SCALING & ROOT PLAN 1-3 TEETH                                    | \$130.00   |
| D4346   | Scalling in Presence of Generalized Moderate or Severe Gingival Inflammation | \$277.00   |
| D4355   | Full mouth debridement   | \$112.00   |
| D4381   | Localized delivery of antimicrobial agent - per tooth                        | \$105.00   |
| D4910   | Periodontal maint procedures   | \$103.00   |
| D5110   | COMPLETE DENTURE - MAXILLARY   | \$1,103.00 |
| D5120   | COMPLETE DENTURE - MANDIBULAR  | \$1,104.00 |
| D5130   | IMMEDIATE DENTURE - MAXILLARY  | \$1,148.00 |
| D5140   | IMMEDIATE DENTURE - MANDIBULAR   | \$1,149.00 |
| D5211   | MAX PARTIAL DENTURE - RESIN BASE   | \$1,109.00 |
| D5212   | MAND PARTIAL DENTUR - RESIN BASE   | \$1,111.00 |
| D5213   | MAX PART DENTUR-CAST METL W/RSN  | \$1,172.00 |
| D5214   | MAND PART DENTUR- CAST METL W/RSN  | \$1,175.00 |

**2024 SNHD MASTER BILLING FEE SCHEDULE with Proposed Fee Changes**

Continued

| CPTCODE | Description  | Fee      |
|---------|--|----------|
| D5410   | ADJUST COMPLETE DENTURE - MAXILLARY  | \$41.00  |
| D5411   | ADJUST COMPLETE DENTUR - MANDIBULAR  | \$41.00  |
| D5421   | ADJUST PARTIAL DENTURE - MAXILLARY   | \$41.00  |
| D5422   | ADJUST PARTIAL DENTURE - MANDIBULAR  | \$41.00  |
| D5650   | ADD TOOTH EXISTING PARTIAL DENTURE   | \$165.00 |
| D5750   | RELINE COMPLETE MAXILLARY DENTURE  | \$266.00 |
| D5751   | RELINE COMPLETE MANDIBULAR DENTURE   | \$266.00 |
| D5820   | INTERIM PARTIAL DENTURE  | \$205.00 |
| D5821   | INTERIM PARTIAL DENTURE  | \$205.00 |
| D7140   | EXTRAC ERUPTED TOOTH/EXPOSED ROOT  | \$128.00 |
| D7210   | SURG REMOVAL ERUPTED TOOTH   | \$201.00 |
| D9311   | Consultation with a Medical Health Care Professional                       | \$95.00  |
| D9430   | Office Visit for Observation (during regularly scheduled hours)            | \$69.00  |
| D9991   | Dental Case Management - Addressing appointment compliance barriers        | \$15.00  |
| D9992   | Dental Case Management - Care Coordination                                 | \$31.00  |
| D9993   | Dental Case Management - Motivational Interviewing                         | \$15.00  |
| D9994   | Dental Case Management - patient education to improve oral health literacy | \$15.00  |
| G0008   | ADMN FLU VAC NO FEE SCHED SAME DAY   | \$35.00  |
| G0009   | ADMN PNEUMCOC VAC NO FEE SCHED DAY   | \$35.00  |
| G0010   | ADMN HEP B VAC NO FEE SCHED SAME DAY                                       | \$35.00  |
| G0071   | Comm svcs by rhc/fqhc 5 min  | \$24.31  |
| G0101   | CA Screen/Breast Exam  | \$58.00  |
| G0102   | PROS CANCER SCR; DIGTL RECTAL EXAM   | \$25.00  |
| G0108   | DM OP SLF-MGMT TRN SRVC IND-30 MIN   | \$58.00  |
| G0109   | DM SLF-MGMT TRN SRVC GRP-30 MIN  | \$16.00  |
| G0270   | MED NUT TX; REASSESS W/PT EA 15 MIN  | \$34.00  |
| G0271   | MED NUT TX REASSESS GRP EA 30 MIN  | \$18.00  |
| G0344   | Welcome to Medicare Exam   | \$275.00 |
| G0366   | ECG w/ Welcome to Medicare exam  | \$29.00  |
| G0402   | INIT PREV PE LTD DUR 1ST 12 MOS MCR  | \$176.00 |
| G0438   | ANNUAL WELLNES VST; PERSNL PPS INIT  | \$176.00 |
| G0439   | ANNUAL WELLNESS VST; PPS SUBSQVT VST                                       | \$139.00 |
| G0444   | ANNUAL DEPRESSION SCREENING 15 MIN   | \$20.00  |
| G0446   | ANN F2F INT BEHV TX CV DZ IND 15 MN  | \$28.00  |
| G0447   | Obesity Counseling (15 mins face-to-face)                                  | \$60.00  |
| G0466   | FQHC VISIT NEW PATIENT   | \$244.00 |
| G0467   | FQHC VISIT ESTABLISHED PATIENT   | \$244.00 |
| G0468   | FQHC VISIT IPPE/AWV  | \$244.00 |
| G0469   | FQHC VISIT MENTAL HEALTH NEW PT  | \$240.00 |
| G0470   | FQHC VISIT MENTAL HEALTH ESTAB PT  | \$240.00 |

**2024 SNHD MASTER BILLING FEE SCHEDULE with Proposed Fee Changes**

Continued

| CPTCODE | Description  | Fee      |
|---------|--|----------|
| G2010   | Remot image submit by pt   | \$14.00  |
| G2012   | Brief check in by md/qhp   | \$16.00  |
| G2025   | Telehealth   | \$92.03  |
| G8598   | Aspirin 325mg (ASA)  | \$0.02   |
| H0002   | Alcohol and/or drug screenin                                       | \$35.00  |
| H0033   | Other Preventive Medicine- Directly Observed Therapy               | \$6.00   |
| J0131   | Acetaminophen 120mg SUPPOS. ORAL                                   | \$0.32   |
| J0131   | Acetaminophen 160mg/5ml. LQ. ORAL                                  | \$0.43   |
| J0131   | Acetaminophen 325mg CAP TAB. ORAL                                  | \$0.01   |
| J0170   | Epinephrine 1mg/ml INJ. VIAL                                       | \$14.98  |
| J0171   | EpiPen (Epinephrine) 0.30mg autoinjector                           | \$312.58 |
| J0171   | EpiPen Jr (Epinephrine Jr.) 0.15mg autoinjector                    | \$160.50 |
| J0558   | Penicillin G benz/G procaine (CR) 2.4 mil u/2mL (100-000 per unit) | \$128.85 |
| J0561   | Bicillin 1.2 mil Long Acting                                       | \$13.80  |
| J0561   | Penicillin G benzathine (LA) 600-000 u/mL (100-000 per unit)       | \$13.80  |
| J0696   | Ceftriaxone 250mg/mL- IM   | \$12.68  |
| J0696   | Ceftriaxone 500mg/mL- IM   | \$14.17  |
| J1030   | Methylprednisolone 40mg INJ  | \$8.94   |
| J1040   | Methylprednisolone 80mg INJ  | \$14.69  |
| J1050   | Medroxyprogesterone 150mg/ml IM                                    | \$57.80  |
| J1100   | Dexamethasone sodium phosphate 10mg/ml INJ                         | \$38.25  |
| J1100   | Dexamethasone sodium phosphate 4mg/ml INJ                          | \$12.49  |
| J1200   | Diphenhydramine HCl 50mg/mL Inj                                    | \$0.84   |
| J1324   | Nevirapine 50mg/5mL  | \$0.79   |
| J1580   | Gentamicin 80mg/mL 2ML   | \$1.14   |
| J1741   | Ibuprofen 200mg CAP  | \$0.06   |
| J1885   | Ketorolac tromethamine 30mg/mL INJ                                 | \$1.80   |
| J1885   | Ketorolac tromethamine 60mg/2mL INJ                                | \$2.96   |
| J2001   | Lidocaine 2% Viscous SOLN  | \$0.11   |
| J2001   | Xylocaine-Mpf 1% VIAL  | \$6.96   |
| J2405   | Ondansetron 4mg/2mL INJ (the code is 1 unit)                       | \$0.48   |
| J2405   | Ondansetron ODT 4mg TAB  | \$19.07  |
| J2550   | Promethazine HCl 25mg/mL (inj code is 50mg)                        | \$30.57  |
| J3301   | Triamcinolone acetonide 40mg/mL INJ (10mg per unit)                | \$8.73   |
| J3420   | Vitamin B12 (Cyanocobalamin) 1000 mg INJ                           | \$7.48   |
| J3490   | Capastat Injectable (1gr = 10ml)                                   | \$221.31 |
| J3490   | Clotrimazole vag Cream 1%  | \$8.84   |
| J3490   | Metronidazole Vaginal Gel TUBE                                     | \$23.28  |
| J3490   | Paser 4gm  | \$6.85   |
| J3490   | Sulfamet Trimet 800/160mg (100 tabs)                               | \$117.18 |

## 2024 SNHD MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

Continued

| CPTCODE | Description                      | Fee        |
|---------|----------------------------------|------------|
| J3490   | Tivicay 50mg (30 tabs)           | \$56.76    |
| J3490   | Triumeq 600/50/300mg (30 tabs)   | \$96.05    |
| J7296   | Kyleena- 19.5 mg                 | \$1,180.00 |
| J7297   | IUD Device - Liletta             | \$200.00   |
| J7298   | IUD Device - Mirena              | \$753.00   |
| J7300   | IUD Device - Paragard            | \$568.00   |
| J7301   | IUD Device - Skyla               | \$550.00   |
| J7307   | Implant Device - Nexplanon       | \$825.00   |
| J7510   | PREDNISOLONE 15mg/5mL SOLN. ORAL | \$0.41     |
| J7613   | Albuterol Sul 2.5mg/3mL SOLN     | \$1.14     |
| J7620   | Iprat-Albut 0.5-3(2.5)mg/3mL     | \$1.97     |
| J7620   | Ipratropium BR 0.02% SOLN        | \$1.51     |
| J7626   | Budesonide 0.5mg/2mL INH SUSP    | \$9.48     |
| J7627   | Budesonide 1mg/2mL INH SUSP      | \$19.76    |
| J8499   | Acyclovir 400mg                  | \$1.61     |
| J8499   | Acyclovir 800mg                  | \$3.14     |
| J8499   | Avelox 400mg                     | \$31.27    |
| J8499   | Azithromycin 500mg               | \$13.33    |
| J8499   | Bactrim DS 800/160mg             | \$0.99     |
| J8499   | Cefixime 400mg                   | \$23.83    |
| J8499   | Cephalexin 500mg                 | \$1.14     |
| J8499   | Cycloserine 250mg                | \$66.88    |
| J8499   | Dapsone 100mg                    | \$2.59     |
| J8499   | Descovy 200mg/25mg (30 tabs)     | \$57.38    |
| J8499   | Diflucan 100mg                   | \$7.54     |
| J8499   | Diphenhydramine 12.5mg/5ml LQ    | \$0.02     |
| J8499   | Doxycycline 100mg                | \$0.20     |
| J8499   | Erythromycin 500mg               | \$73.52    |
| J8499   | Ethambutol 100mg                 | \$8.20     |
| J8499   | Ethambutol 400 mg                | \$1.13     |
| J8499   | Ethionamide 250 mg               | \$5.67     |
| J8499   | Fluconazole 100mg                | \$7.54     |
| J8499   | Fluconazole 150mg                | \$15.87    |
| J8499   | Genvoya 150-200-10               | \$100.86   |
| J8499   | Hurricane Gyno-Gel               | \$7.40     |
| J8499   | Ibuprofen 100mg/5mL LQ ORAL      | \$0.03     |
| J8499   | Isoniazid 100mg                  | \$0.13     |
| J8499   | Isoniazid 300mg                  | \$0.43     |
| J8499   | Levaquin 250mg                   | \$14.39    |
| J8499   | Levaquin 500mg                   | \$17.20    |



## 2024 SNHD MASTER BILLING FEE SCHEDULE with Proposed Fee Changes

Continued

| CPTCODE | Description                                  | Fee        |
|---------|--|------------|
| J8499   | Levaquin 750mg                               | \$30.88    |
| J8499   | Linezolid 600mg Tab                          | \$146.94   |
| J8499   | Metronidazole 250 mg                         | \$0.41     |
| J8499   | Metronidazole 500 mg                         | \$5.55     |
| J8499   | Moxifloxacin 400 mg Tab                      | \$26.76    |
| J8499   | Mycobutin 150mg                              | \$14.98    |
| J8499   | Mylanta                                      | \$0.09     |
| J8499   | Odefsey 200-25-25                            | \$91.79    |
| J8499   | Penicillin VK 500mg                          | \$0.67     |
| J8499   | Prezcobix 800/150mg                          | \$61.86    |
| J8499   | Prezista 800mg                               | \$54.12    |
| J8499   | Priftin 150mg                                | \$3.90     |
| J8499   | Pyrazinamide 500mg                           | \$2.45     |
| J8499   | Rifamate (rifampin and isoniazid) 150/300mg  | \$60.83    |
| J8499   | Rifampin 150mg                               | \$16.95    |
| J8499   | Rifampin 300mg                               | \$14.03    |
| J8499   | Rifapentine 150mg                            | \$3.90     |
| J8499   | Streptomycin 1 gram VIAL                     | \$80.00    |
| J8499   | Tindamax 500mg                               | \$14.66    |
| J8499   | Tivicay 50mg                                 | \$56.76    |
| J8499   | Triumeq 600/50/300mg                         | \$96.05    |
| J8499   | Truvada 200-300mg                            | \$57.38    |
| J8499   | Vitamin B-6 50mg                             | \$0.02     |
| J8499   | Zidovud Syrp 50mg/5mL 240mL                  | \$0.20     |
| J8499   | Zyvox 600mg                                  | \$10.97    |
| PHYEX   | SNHD General Physical                        | \$91.00    |
| Q0091   | Pap Smear                                    | \$74.00    |
| Q0144   | Azithromycin 500mg                           | \$13.33    |
| Q0144   | Azithromycin 600mg                           | \$15.99    |
| Q0144   | Azithromycin Powder 1gm                      | \$15.99    |
| Q0144   | Zithromax 1 gm powder                        | \$123.50   |
| Q0163   | Diphenhydramine 25mg CAP                     | \$0.02     |
| Q3014   | TELEHEALTH ORIG SITE FACILITY FEE            | \$77.00    |
| Q4026   | CAST SPL HIP SPICA ADULT FIBRGLS             | \$2,100.00 |
| S3620   | NEWBORN METABOLIC SCREENING PANEL            | \$5.00     |
| S4993   | Birth Control Pills - Apri (28 tabs) - Brand | \$29.41    |
| S4993   | Birth Control Pills - Aviane (28 tabs)       | \$33.13    |
| S4993   | Birth Control Pills - Micronor (28 tabs)     | \$56.12    |
| S4993   | Birth Control Pills - Nora - B (28 tabs)     | \$34.54    |
| S4993   | Birth Control Pills - Orth Cyclen (28 tabs)  | \$51.30    |

**2024 SNHD MASTER BILLING FEE SCHEDULE with Proposed Fee Changes**

Continued

| CPTCODE | Description  | Fee      |
|---------|--|----------|
| S4993   | Birth Control Pills - Ortho Trycyclen (28 tabs)    | \$51.30  |
| S4993   | Birth Control Pills - Ortho Trycyclen Lo (28 tabs) | \$51.30  |
| S4993   | Birth Control Pills - Reclipsen (28 tabs)          | \$33.68  |
| S4993   | Birth Control Pills - Sprintec (28 tabs)           | \$30.78  |
| S4993   | Birth Control Pills - Tri Lo Sprintec (28 tabs)    | \$122.35 |
| S4993   | Birth Control Pills - Trinessa (28 tabs)           | \$27.90  |
| S4993   | Emergency Birth Control - Plan B                   | \$31.20  |
| S4993   | NEW DAY TAB 1.5MG 1 NSTR@                          | \$31.94  |
| T1013   | Sign Lang/Oral Interpreter                         | \$23.00  |
| TBCB1   | TBCB1 CHARGE                                       | \$100.00 |
| TBCB2   | TBCB2 CHARGE                                       | \$200.00 |
| U0002   | Covid-19 lab test non-cdc                          | \$100.00 |

Proposed fee changes for 2024



# UPDATE TO FEDERAL POVERTY LEVEL

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RANDY SMITH  
CHIEF EXECUTIVE OFFICER - FQHC  
SOUTHERN NEVADA COMMUNITY HEALTH CENTER

MARCH 25, 2024

# Tied to Federal Poverty Guidelines

The Federal Poverty Guidelines are published annually by Department of Health and Human Services (HHS) in the Annual Update of the HHS Poverty Guidelines

2024 Rates reflects the 4.1% increase to the CPI-U from Calendar Year 2022 and 2023

- Updated annually to account for last calendar year's increase in prices as measured by the Consumer Price Index
- Publish Date of January 17, 2024

After adjusting for inflation, the following guidelines are rounded and adjusted to standardize the differences between family sizes

# Federal Poverty Levels 2024

| % of Federal Poverty Level (FPL) | 0-100%              |           | 101% to 150%        |          | 151% to 175%        |           | 176% to 199%        |            | Primary Care/SHC<br>200% + |
|----------------------------------|---------------------|-----------|---------------------|----------|---------------------|-----------|---------------------|------------|----------------------------|
| Program Code                     | P-0                 |           | P-1                 |          | P- 2                |           | P-3                 |            | P-4                        |
| **Family Size                    | Equal to or Between |           | Equal to or Between |          | Equal to or Between |           | Equal to or Between |            | Equal to or Above          |
| 1                                | 0                   | \$ 15,060 | \$ 15,061           | \$22,590 | \$ 22,591           | \$ 26,355 | \$ 26,356           | \$ 30,119  | \$ 30,120                  |
| 2                                | 0                   | \$ 20,440 | \$ 20,441           | \$30,660 | \$ 30,661           | \$ 35,770 | \$ 35,771           | \$ 40,879  | \$ 40,880                  |
| 3                                | 0                   | \$ 25,820 | \$ 25,821           | \$38,730 | \$ 38,731           | \$ 45,185 | \$ 45,186           | \$ 51,639  | \$ 51,640                  |
| 4                                | 0                   | \$ 31,200 | \$ 31,201           | \$46,800 | \$ 46,801           | \$ 54,600 | \$ 54,601           | \$ 62,399  | \$ 62,400                  |
| 5                                | 0                   | \$ 36,580 | \$ 36,581           | \$54,870 | \$ 54,871           | \$ 64,015 | \$ 64,016           | \$ 73,159  | \$ 73,160                  |
| 6                                | 0                   | \$ 41,960 | \$ 41,961           | \$62,940 | \$ 62,941           | \$ 73,430 | \$ 73,431           | \$ 83,919  | \$ 83,920                  |
| 7                                | 0                   | \$ 47,340 | \$ 47,341           | \$71,010 | \$ 71,011           | \$ 82,845 | \$ 82,846           | \$ 94,679  | \$ 94,680                  |
| 8                                | 0                   | \$ 52,720 | \$ 52,721           | \$79,080 | \$ 79,081           | \$ 92,260 | \$ 92,261           | \$ 105,439 | \$ 105,440                 |

# Federal Poverty Levels 2024

| % of Federal Poverty Level (FPL) | Sexual Health Clinic Follow Up Visits 200% + | Family Planning - 200%+ |            |                   | Ryan White - 200%+  |            |                     |            |                   |
|----------------------------------|--|-------------------------|------------|-------------------|---------------------|------------|---------------------|------------|-------------------|
| Program Code                     | P-4  | P-4: 200% to 250%       |            | P-5: 251% +       | P-4: 200% to 300%   |            | P-5: 301% - 399%    |            | P-6: 400%+        |
| **Family Size                    | Equal to or Above                            | Equal to or Between     |            | Equal to or Above | Equal to or Between |            | Equal to or Between |            | Equal to or Above |
| 1                                | \$ 30,120                                    | \$ 30,120               | \$ 37,650  | \$ 37,651         | \$ 30,120           | \$ 45,330  | \$ 45,331           | \$ 60,239  | \$ 60,240         |
| 2                                | \$ 40,880                                    | \$ 40,880               | \$ 51,100  | \$ 51,101         | \$ 40,880           | \$ 61,523  | \$ 61,524           | \$ 81,759  | \$ 81,760         |
| 3                                | \$ 51,640                                    | \$ 51,640               | \$ 64,550  | \$ 64,551         | \$ 51,640           | \$ 77,717  | \$ 77,718           | \$ 103,279 | \$ 103,280        |
| 4                                | \$ 62,400                                    | \$ 62,400               | \$ 78,000  | \$ 78,001         | \$ 62,400           | \$ 93,911  | \$ 93,912           | \$ 124,799 | \$ 124,800        |
| 5                                | \$ 73,160                                    | \$ 73,160               | \$ 91,450  | \$ 91,451         | \$ 73,160           | \$ 110,105 | \$ 110,106          | \$ 146,319 | \$ 146,320        |
| 6                                | \$ 83,920                                    | \$ 83,920               | \$ 104,900 | \$ 104,901        | \$ 83,920           | \$ 126,299 | \$ 126,300          | \$ 167,839 | \$ 167,840        |
| 7                                | \$ 94,680                                    | \$ 94,680               | \$ 118,350 | \$ 118,351        | \$ 94,680           | \$ 142,492 | \$ 142,493          | \$ 189,359 | \$ 189,360        |
| 8                                | \$ 105,440                                   | \$ 105,440              | \$ 131,800 | \$ 131,801        | \$ 105,440          | \$ 158,686 | \$ 158,687          | \$ 210,879 | \$ 210,880        |

# MOTION

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***Motion to Accept the Updated Federal Poverty Levels, as presented, and Recommend Acceptance to the Southern Nevada District Board of Health at their meeting on March 28, 2024.***





Questions?

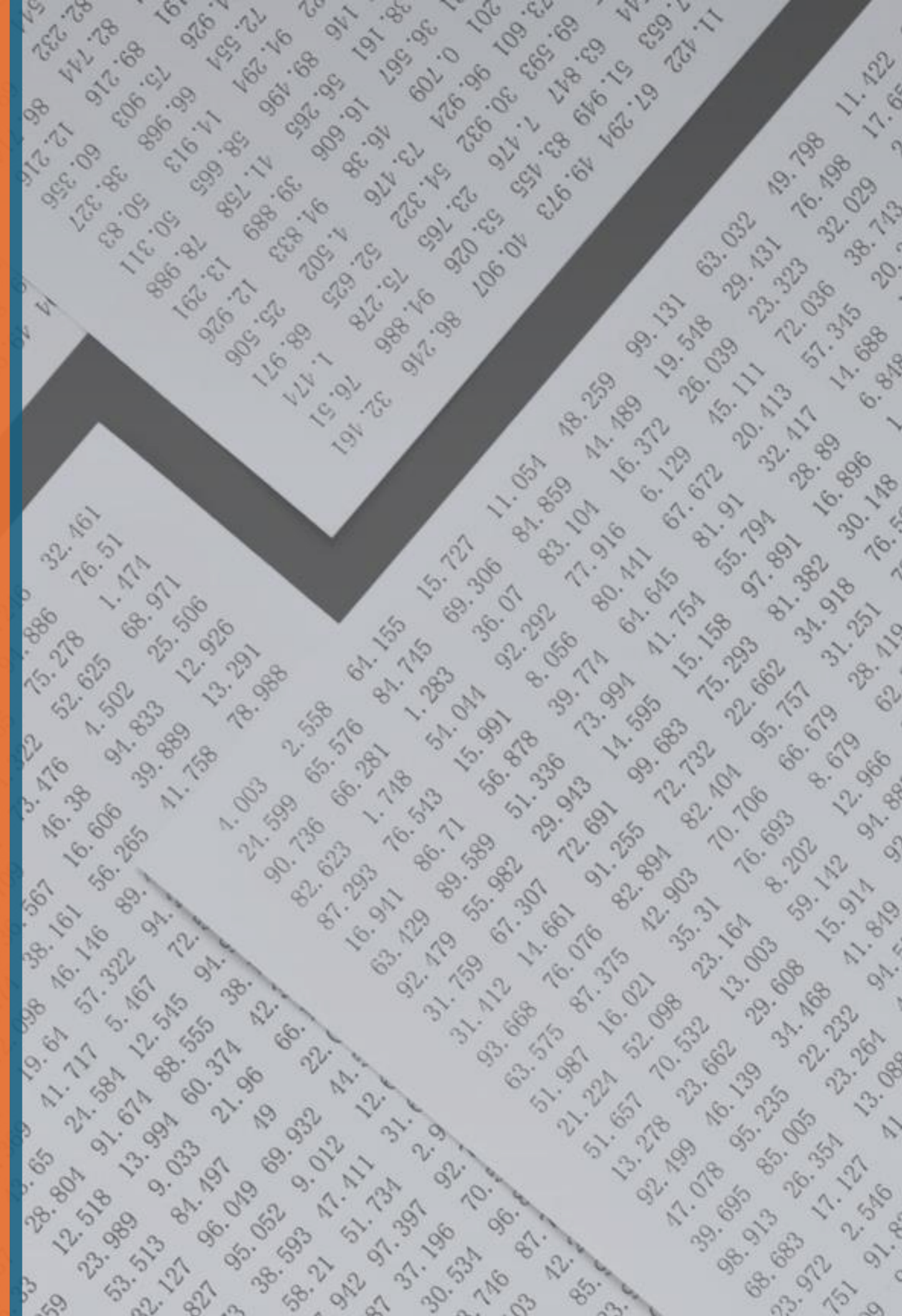
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# CLINICAL SLIDING FEE SCHEDULE

RANDY SMITH  
CHIEF EXECUTIVE OFFICER - FQHC  
SOUTHERN NEVADA COMMUNITY HEALTH CENTER

MARCH 25, 2024



# Sliding Fee Schedule Requirement

Offering a Sliding Fee Schedule for Qualifying Patients is a Requirement



HEALTH AND HUMAN  
SERVICES (HHS)



HEALTH RESOURCES  
AND SERVICES  
ADMINISTRATION  
(HRSA)



OTHER PASS-THROUGH  
GRANTS

# HRSA Sliding Fee Program Requirements

*Authority Section 330(k)(3)(G) of the PHS Act; 42 CFR 51c.303(f), 42 CFR 51c.303(g), 42 CFR 51c.303(u), 42 CFR 56.303(f), 42 CFR 56.303(g), and 42 CFR 56.303(u)*

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- **The health center must operate in a manner such that no patient shall be denied service due to an individual's inability to pay.**
- **The health center must prepare a schedule of fees or payments for the provision of its services consistent with locally prevailing rates or charges and designed to cover its reasonable costs of operation and must prepare a corresponding schedule of discounts [sliding fee discount schedule (SFDS)] to be applied to the payment of such fees or payments, by which discounts are adjusted on the basis of the patient's ability to pay.**

# HRSA Sliding Fee Program Requirements

*Authority Section 330(k)(3)(G) of the PHS Act; 42 CFR 51c.303(f), 42 CFR 51c.303(g), 42 CFR 51c.303(u), 42 CFR 56.303(f), 42 CFR 56.303(g), and 42 CFR 56.303(u)*

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- The health center must establish systems for [sliding fee] eligibility determination. [\(SNCHC: FPG, Family Size and Annual Income\)](#)
- The health center's schedule of discounts must provide for:
  - A full discount to individuals and families with annual incomes at or below those set forth in the most recent [Federal Poverty Guidelines \(FPG\)](#) [100% of the FPG], **except that nominal charges for service may be collected from such individuals and families where imposition of such fees is consistent with project goals;** and
  - No discount to individuals and families with annual incomes greater than twice those set forth in such Guidelines [200% of the FPG].

# HRSA Billing & Collection Requirements

*Authority Section 330(k)(3)(E), (F), and (G) of the PHS Act; and 42 CFR 51c.303(e), (f), and (g) and 42 CFR 56.303(e), (f), and (g)*

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- The health center must assure that any fees or payments required by the center for health care services will be reduced or waived in order to assure that no patient will be denied such services due to an individual's inability to pay for such services.
- The health center **must make and continue to make every reasonable effort to secure payment for services from patients**, in accordance with health center fee schedules and the corresponding schedule of discounts
  - Sending of Patient Statements initiated in December 2023
    - Approximately \$17,700 collected from past due balances

# Sliding Fee Program in Action

---

- Patients are eligible to be placed on the Sliding Fee Discount Schedule based on their annual income and family size;
- Based on a patient's placement on the schedule, a sliding fee charge is created and billed to the patient at the point of care;
- Patients are asked to make a payment;
- Patient either make a full payment, partial payment or no payment;
- **ALL patients are seen regardless of their ability to pay;**
- Patients with outstanding payment balances are sent a billing statement with a request to pay;
- Any outstanding payment balances after 12 months are written off as bad debt;
- Patients are **NOT** sent to collections to recover outstanding payments.
- Patients receive assistance for the health center's Eligibility Workers to screen for eligibility and assistance with submitting applications to enroll in Medicaid.

# Support to Patients Who Do Not Qualify for the SFDS

---

- New recommended discount
- Point of Care Discount of 50% to patients who do not qualify for the SFDS and are charged the full fee and make their payment at the time of their visit.
  - Primary Care and Sexual Health patients with incomes greater than 200% of the FPL
  - Family Planning patients with incomes at or above 251% of the FLP
  - Ryan White patients with incomes at or above 400% of the FLP
- Intent:
  - Remove access barriers for patients who may forgo receiving care based on the communicated full charges.
  - Increase participation among uninsured patients paying for their services.
- Complements the Sliding Fee Discount schedule.

# Sliding Fee Discount Schedule Analysis

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Determine if the Nominal and Sliding Fee charges are comparable with the local prevailing market.

- Comparative analysis of Nominal and Sliding Fee charges among Nevada FQHCs

Assess if the Nominal and Sliding Fee charges present a financial barrier to accessing care.

- Patient surveys
- Participation rate of making payments on Nominal fees among SNCHC patients seen in calendar year 2023 (CY23)





# Market Study of Fees for FQHCs in Nevada

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Seven (7) Health Centers queried in March 2024. They include:

- All for Health, Health for All
- Firstmed Health & Wellness
- First Person Care Clinic
- Hope Christian Health Center
- Nevada Health Centers
- Southern Nevada Community Health Center
- Canyonlands Healthcare

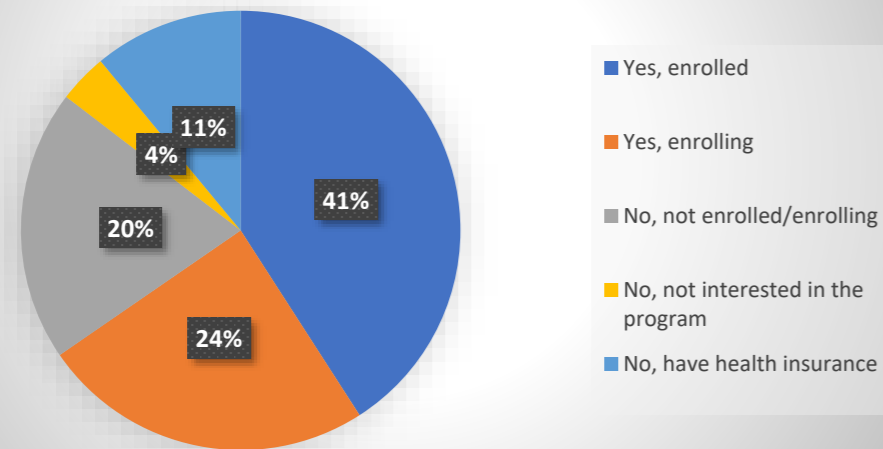
# Market Study of Fees for FQHCs in Nevada

| FQHC                    | *SNCHC   | A     | B                             | C     | D     | E                             | F                            |
|-------------------------|----------|-------|-------------------------------|-------|-------|-------------------------------|------------------------------|
| Lowest Slide Scale Fee  | \$0/\$20 | \$20  | \$0                           | \$35  | \$40  | \$35                          | \$0                          |
| Highest Slide Scale Fee | \$55     | \$100 | Must come in to discover rate | \$75  | \$70  | Must come in to discover rate | \$50                         |
| Full Price Fee          | \$200    | \$200 | \$120                         | \$100 | \$200 | Ala Carte-billed after visit  | Ala Carte-billed after visit |

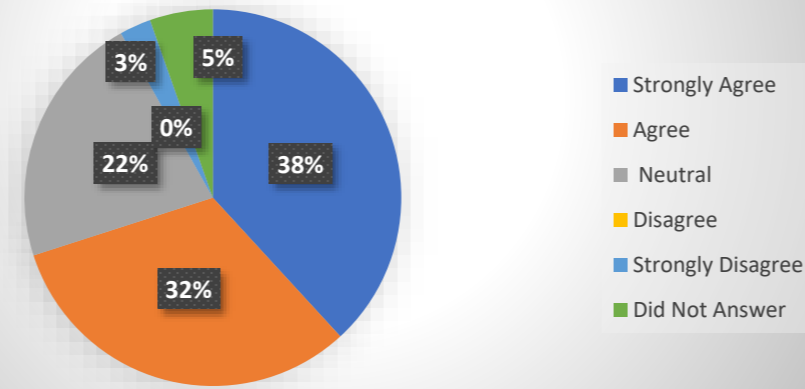
\* Charges include office visit and basic labs

# Sliding Fee Program Survey Results

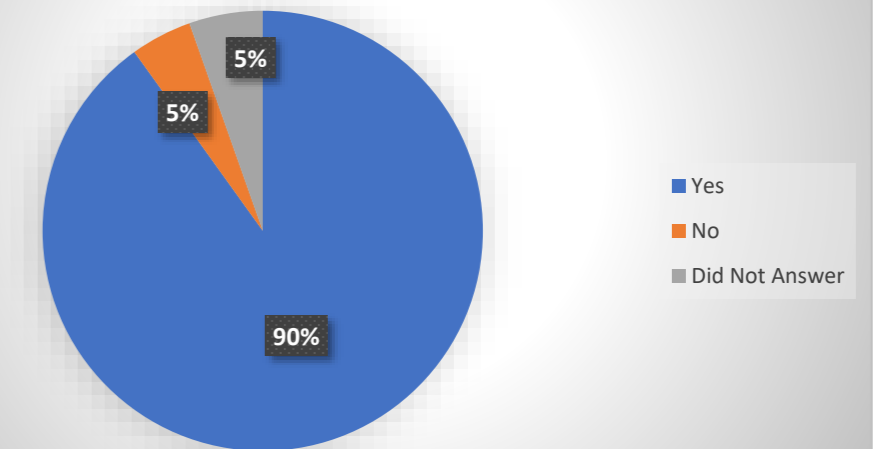
**Q1: Are you enrolled or enrolling in the Sliding Fee Discount Program?**



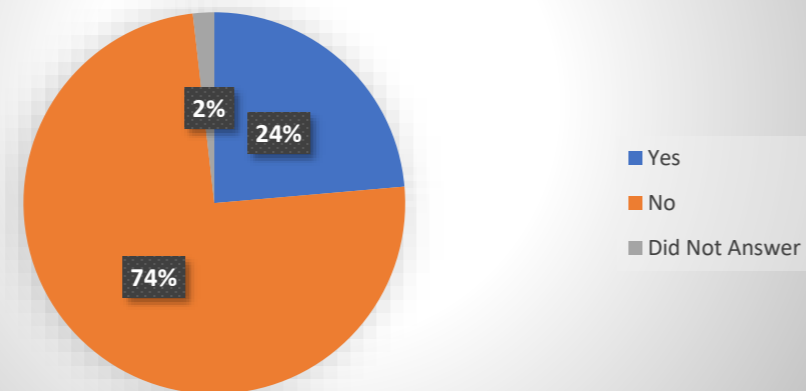
**Q2: If so, do you think the fees are reasonable for the services provided by SNCHC?**



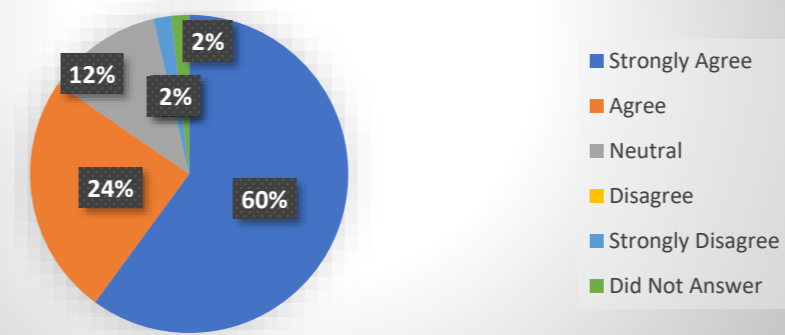
**Q3: Does the sliding fee make it easier to access services at the Health Center?**



**Q4: Have you ever canceled an appointment due to lack of funds to pay the discounted fee?**



**Q5: Would you refer others to the Health Center knowing we have a Sliding Fee Discount Program available?**



# Primary Care Sliding Fee Schedule

| Income % of the Federal Poverty Level | 100% or below | 101%-150% | 151%-175% | 176%-199% | 200%+ |
|---------------------------------------|---------------|-----------|-----------|-----------|-------|
| Program Code                          | P0            | P1        | P2        | P3        | P4    |
| Slide Discount %                      | Nominal Fee   | 82.5%     | 77.5%     | 72.5%     | 0%    |
| Provider Visit Fees                   | \$20          | \$35      | \$45      | \$55      | \$200 |
| Nurse Visit ONLY Fees                 | \$4           | \$7       | \$9       | \$11      | \$40  |

# Sexual Health Clinic Sliding Fee Schedule

| Income % of the Federal Poverty Level | 100% or below   | 101%-150%       | 151%-175%       | 176%-199%       | 200%+            |
|---------------------------------------|-----------------|-----------------|-----------------|-----------------|------------------|
| Program Code                          | P0              | P1              | P2              | P3              | P4               |
| Slide Discount %                      | Nominal Fee     | 82.5%           | 77.5%           | 72.5%           | 0%               |
| Provider Visit Fees                   | \$20            | \$35            | \$45            | \$55            | \$200            |
| <del>SHC Follow Up Fees</del>         | <del>\$11</del> | <del>\$18</del> | <del>\$24</del> | <del>\$29</del> | <del>\$105</del> |
| Nurse Visit ONLY Fees                 | \$4             | \$7             | \$9             | \$11            | \$40             |

# Family Planning Sliding Fee Schedule

| Income % of the Federal Poverty Level | 100% or below | 101%-150% | 151%-175% | 176%-199% | 200%-250% | 251%+ |
|---------------------------------------|---------------|-----------|-----------|-----------|-----------|-------|
| Program Code                          | P0            | P1        | P2        | P3        | P4        | P5    |
| Slide Discount %                      | Nominal Fee   | 82.5%     | 77.5%     | 72.5%     | 70%       | 0%    |
| Provider Visit Fees                   | \$0           | \$35      | \$45      | \$55      | \$60      | \$200 |
| Nurse Visit ONLY Fees                 | \$0           | \$7       | \$9       | \$11      | \$12      | \$40  |

# Family Planning Contraception

| Income % of the Federal Poverty Level | 100% or below | 101%-150% | 151%-175% | 176%-199% | 200%-250% | 251%+ |
|---------------------------------------|---------------|-----------|-----------|-----------|-----------|-------|
| Program Code                          | P0            | P1        | P2        | P3        | P4        | P5    |
| Slide Discount %                      | 100%          | 82.5%     | 77.5%     | 72.5%     | 50%       | 0%    |
| Implant                               | \$0           | \$95      | \$122     | \$149     | \$272     | \$545 |
| IUD                                   | \$0           | \$56      | \$72      | \$88      | \$161     | \$323 |
| Depo Shot                             | \$0           | \$5       | \$6       | \$8       | \$15      | \$30  |

# Ryan White Sliding Fee Schedule

| Income % of the Federal Poverty Level               | 100% or below | 101%-150% | 151%-175% | 176%-199% | 200%-300% | 301-399%<br>+ | 400%<br>+ |
|---|---------------|-----------|-----------|-----------|-----------|---------------|-----------|
| Program Code  | P0            | P1        | P2        | P3        | P4        |               |           |
| Slide Discount %                                    | Nominal Fee   | 82.5%     | 77.5%     | 72.5%     | 0%        | 0%            | 0%        |
| Provider Visit Fees                                 | \$0           | \$35      | \$45      | \$55      | \$200     | \$200         | \$200     |
| Nurse Visit ONLY Fees                               | \$0           | \$7       | \$9       | \$11      | \$40      | \$40          | \$40      |
| No charges beyond ___% of pt.'s gross annual income | 0%            | 5%        | 5%        | 5%        | 7%        | 10%           | N/A       |



# Pharmacy Sliding Fee Schedule

| Income % of the Federal Poverty Level | 100% or below | 101%-150% | 151%-175% | 176%-199% | 200%+          |
|---------------------------------------|---------------|-----------|-----------|-----------|----------------|
| Program Code                          | P0            | P1        | P2        | P3        | P4             |
| Medications (up to 30-day supply)     | \$7           | \$12      | \$17      | \$22      | Full cost/\$22 |
| Insulin (vial/pen)                    | \$10          | \$10      | \$10      | \$10      | \$10           |
| Diabetic supplies                     | \$10          | \$10      | \$10      | \$10      | \$10           |
| Glucose Meter                         | \$20          | \$20      | \$20      | \$20      | \$20           |

# MOTION

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***Motion to Accept the SNHD Clinical Sliding Fee Schedule, as presented, and Recommend Approval to the Southern Nevada District Board of Health at their meeting on March 28, 2024.***





THANK YOU  
QUESTIONS?

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FY 2024-2025 Budget Presentation  
(July 1, 2024 to June 30, 2025)

Finance Committee Meeting  
March 25, 2024



# BUDGET PURPOSE

## **NRS 354.472**

### **Purposes of Local Government Budget and Finance Act.**

- (a) To establish standard methods and procedures for the preparation, presentation, adoption and administration of budgets of all local governments.
- (b) To enable local governments to make financial plans for programs of both current and capital expenditures and to formulate fiscal policies to accomplish these programs.
- (c) To provide for estimation and determination of revenues, expenditures and tax levies.
- (d) To provide for the control of revenues, expenditures and expenses in order to promote prudence and efficiency in the expenditure of public money.
- (e) To provide specific methods enabling the public, taxpayers and investors to be apprised of the financial preparations, plans, policies and administration of all local governments.

# OVERVIEW

## Staffing:

Staffing for **FY25** is projected to be **866.5 FTE** compared to FY 2024 Augmented budget of 865 FTE.

## Revenues:

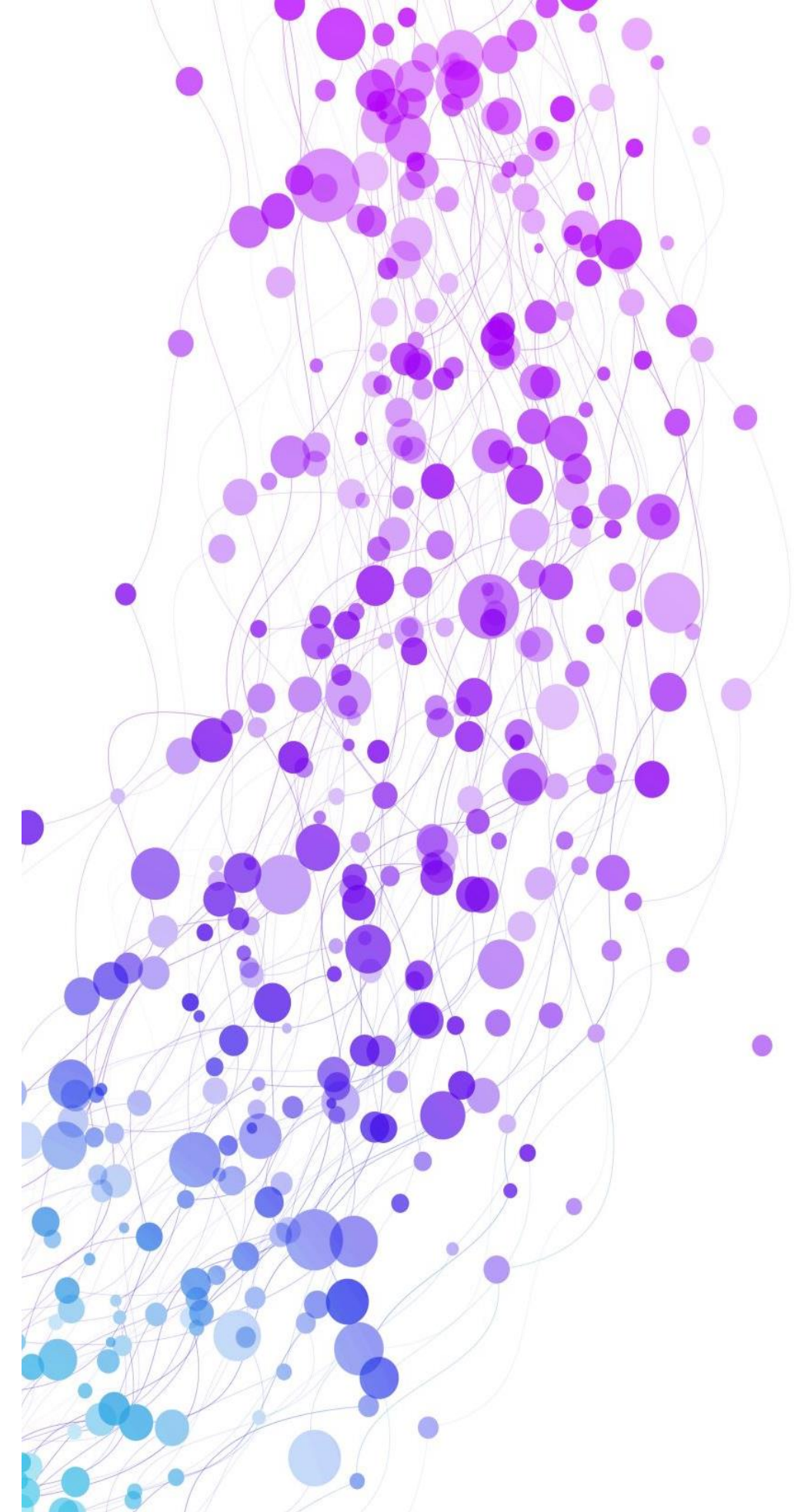
General Fund revenues is projected at **\$106.9M** in **FY25** an increase of \$5.4M from FY24 augmented budget.

Special Revenue Fund (Grants) decrease to **\$64.2M** in **FY25** a decrease of \$25.6M from FY24 augmented budget.

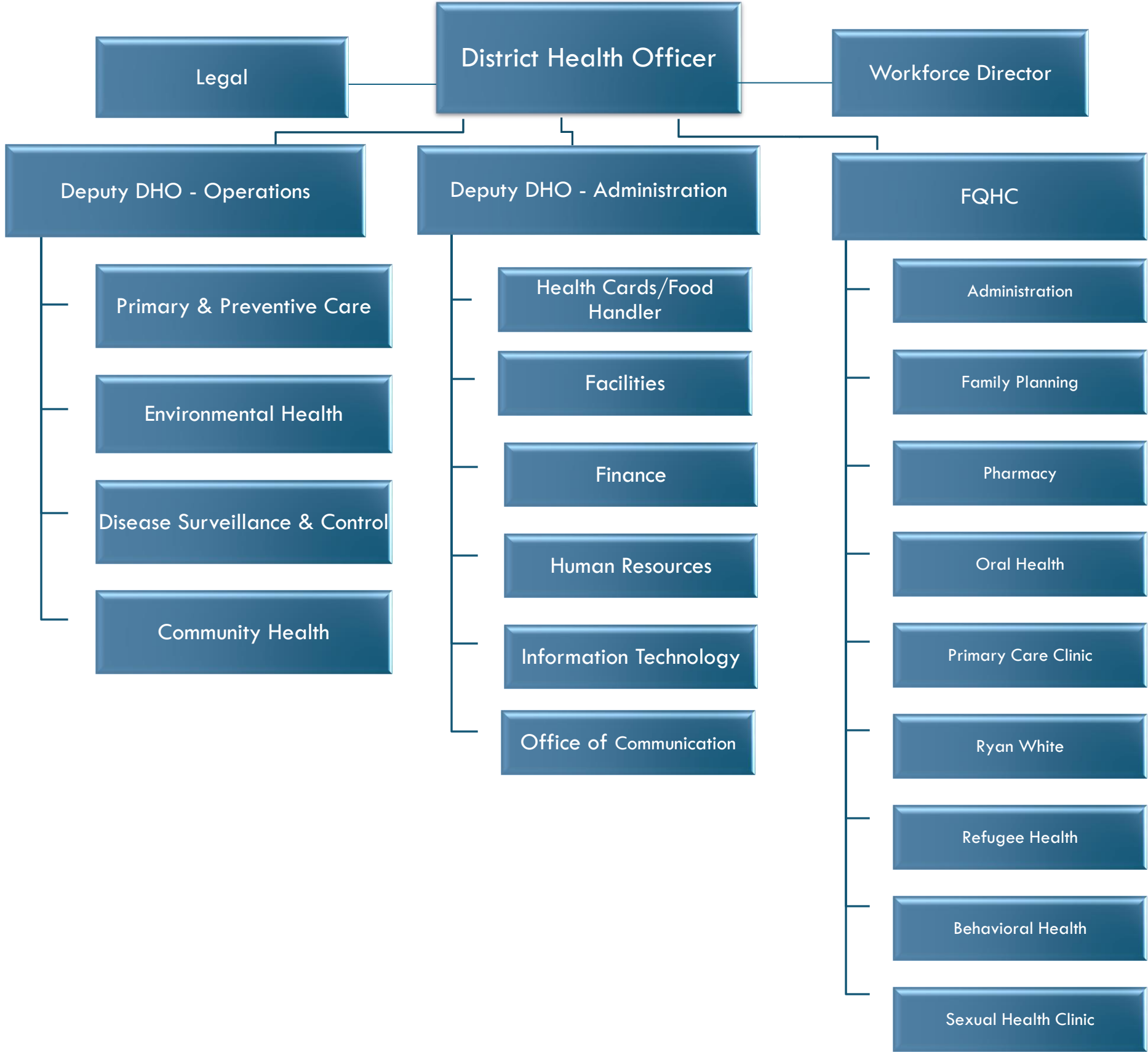
❖ *SB118 funding is expected to start in FY25, total of **\$10.95M**. An estimated **\$6.1M** is anticipated to be utilized in FY25.*

## Capital:

Lab Expansion project is currently underway in FY24 and is expected to continue in FY25 with **\$4.1M** carryover budget.



# SNHD ORGANIZATION CHART

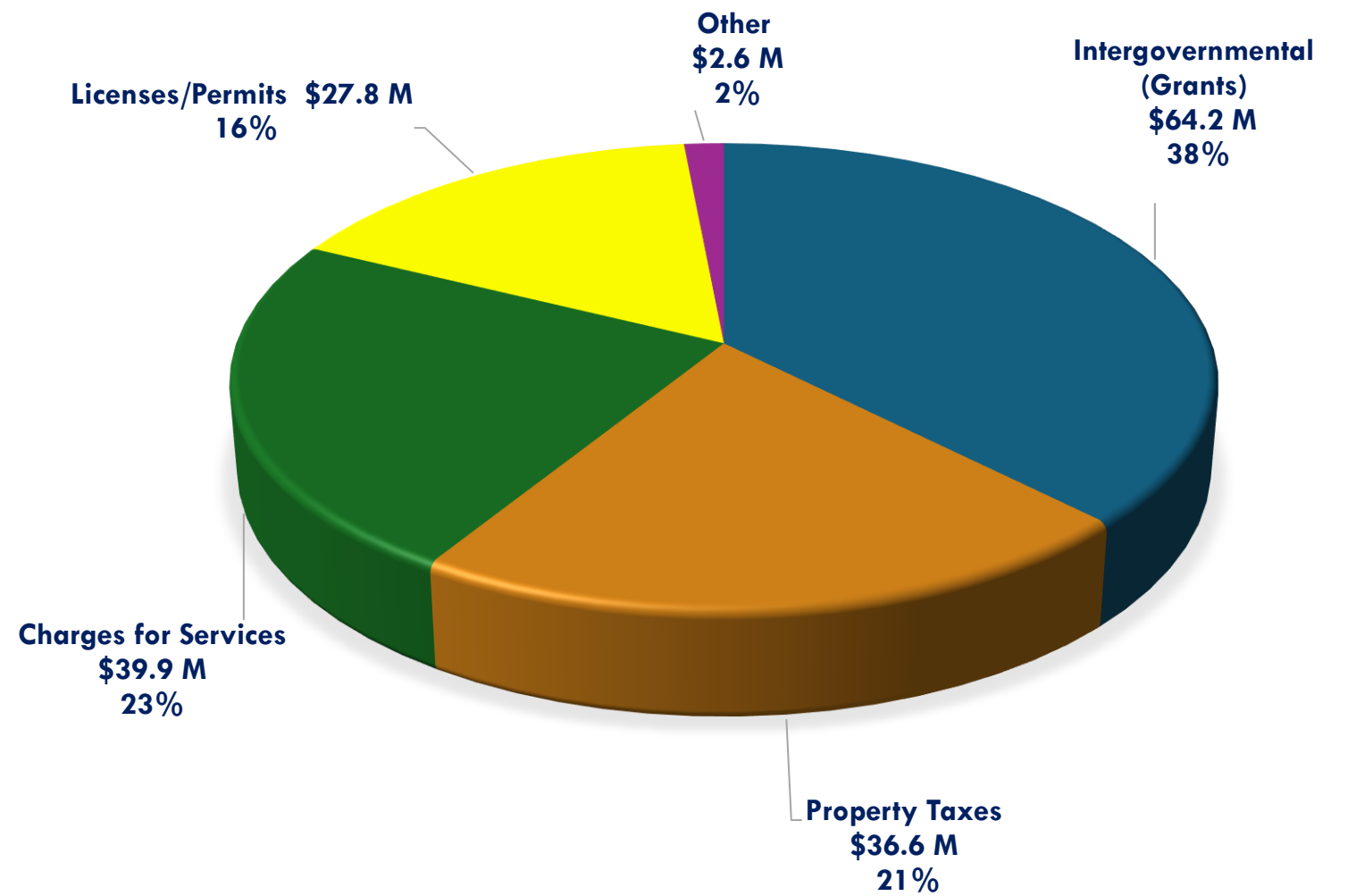
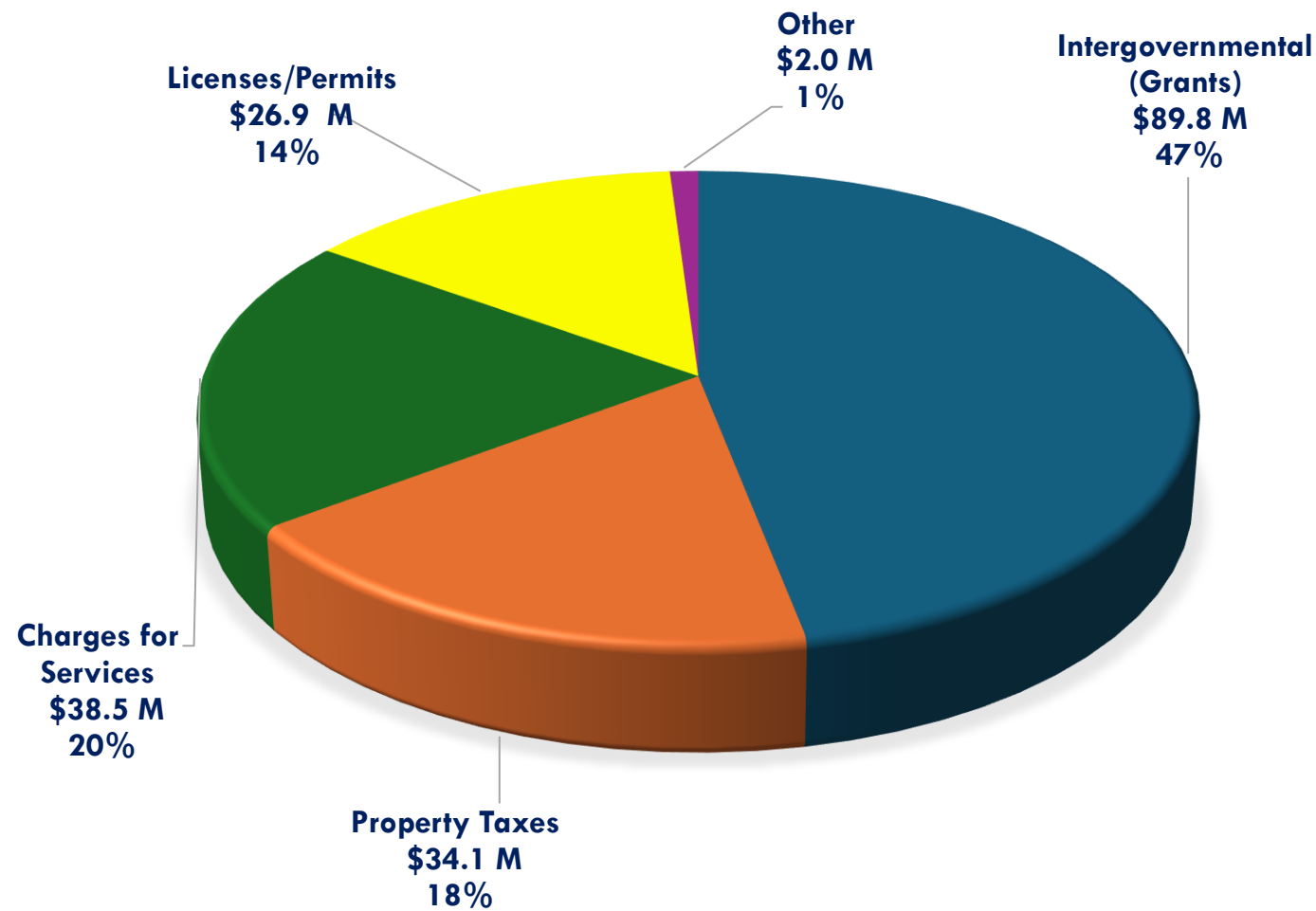


# REVENUES

## COMBINED GF & SRF REVENUES BY SOURCE – comparison

**FY2024 Augmented Budget Revenue**  
\$191.3 M

**FY2025 Annual Budget Revenue**  
\$171.1 M



% Percentages are based on total revenue.

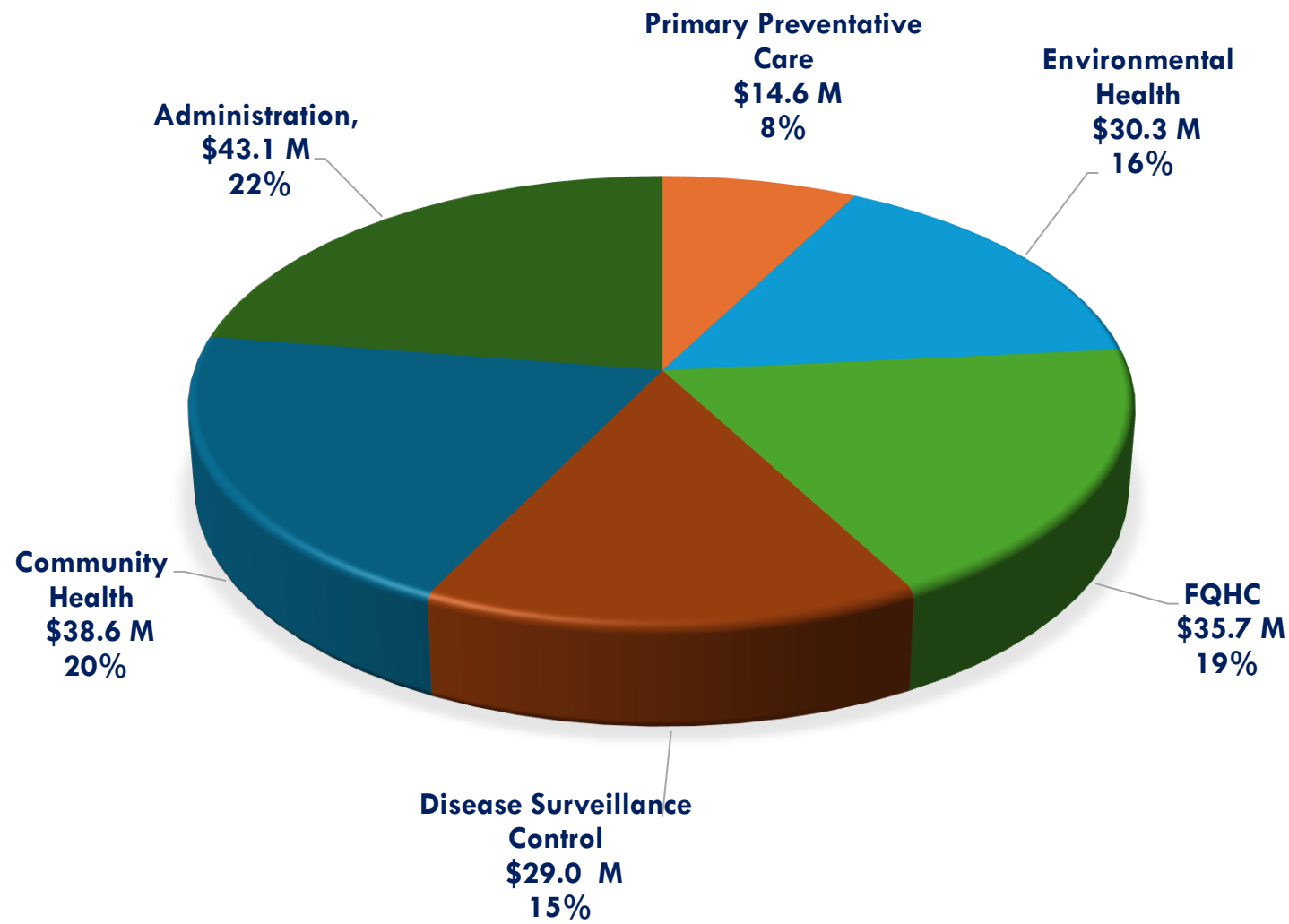
\*\*Does not include Transfers In



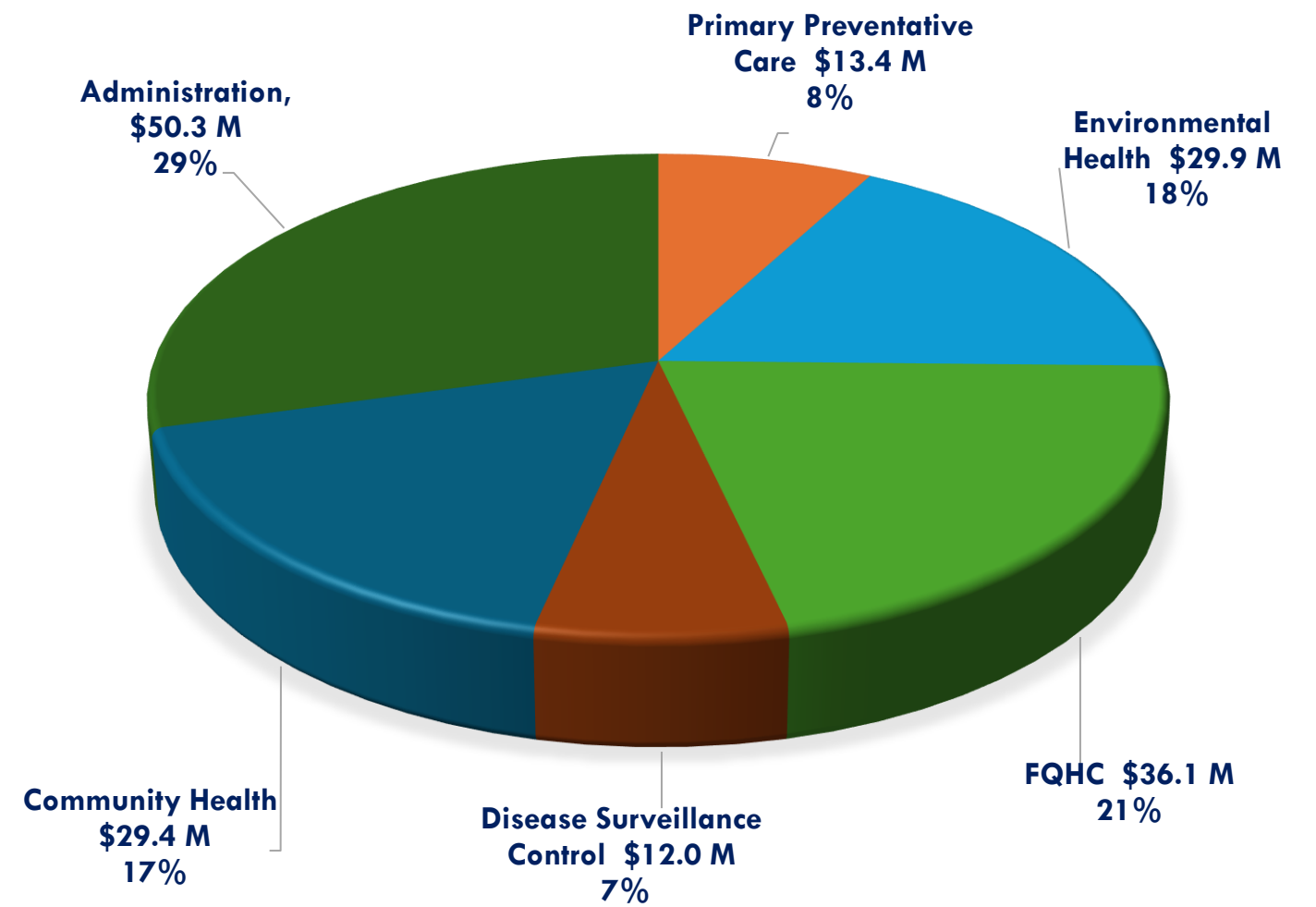
# REVENUES

## COMBINED REVENUES BY DIVISION – comparison

FY2024 Augmentation Budget  
Revenues  
\$191.3 M



FY2025 Annual Budget  
Revenue  
\$171.1 M



% Percentages are based on total revenue.

\*\*Does not include Transfers In

# REVENUES

## GENERAL & GRANTS FUND

FY 2025 Clark County Property Tax revenue is expected at \$36.6M an increase of \$2.5M or 7.4% compared to \$34.1M from FY 2024. Pharmacy revenue also increased \$2.9M or 11.6%

General Funds Revenue increased from \$101.5 M to \$106.9 M, a \$5.4 M or 5.3% increase from FY 2024 to FY 2025.

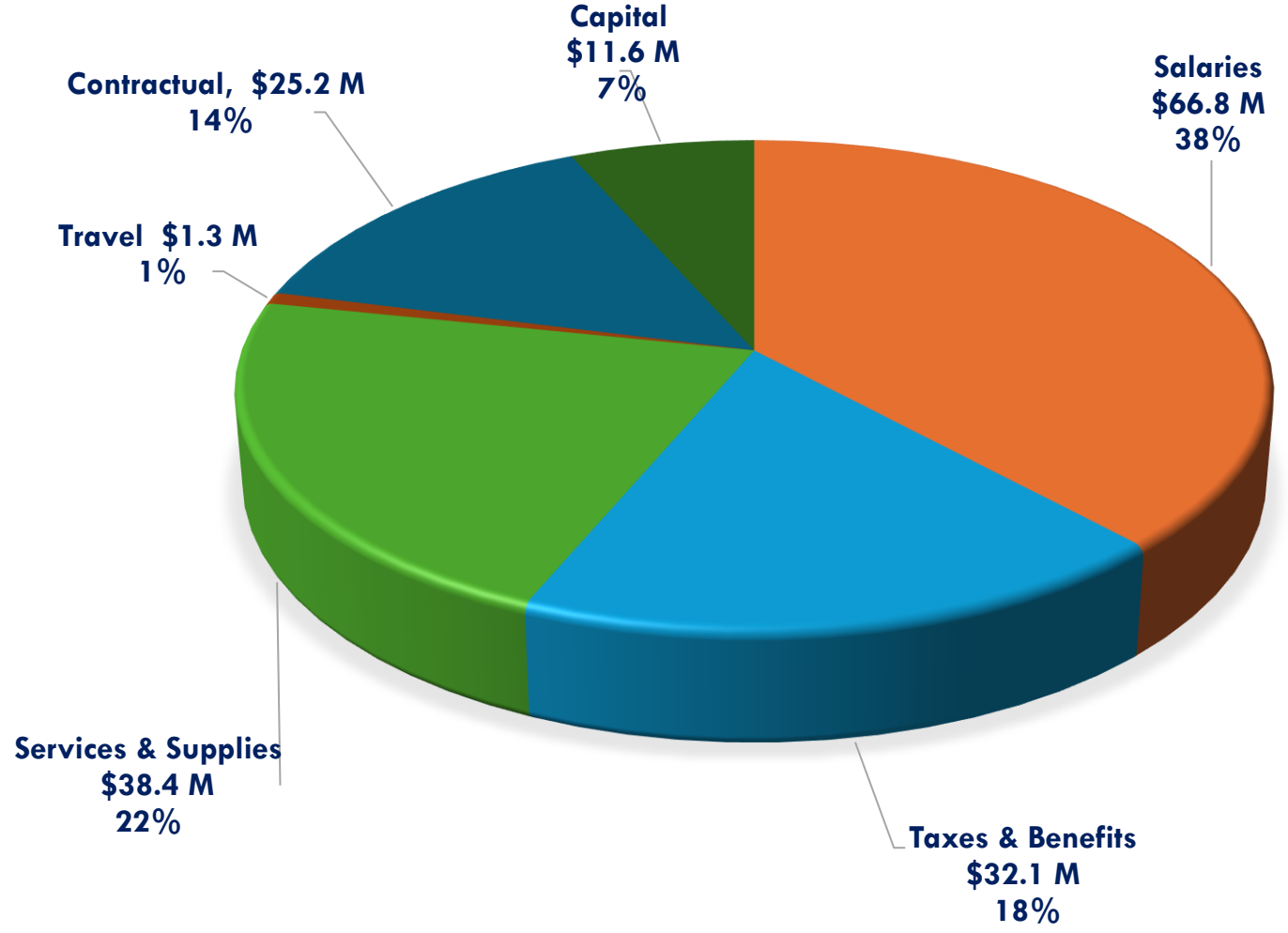
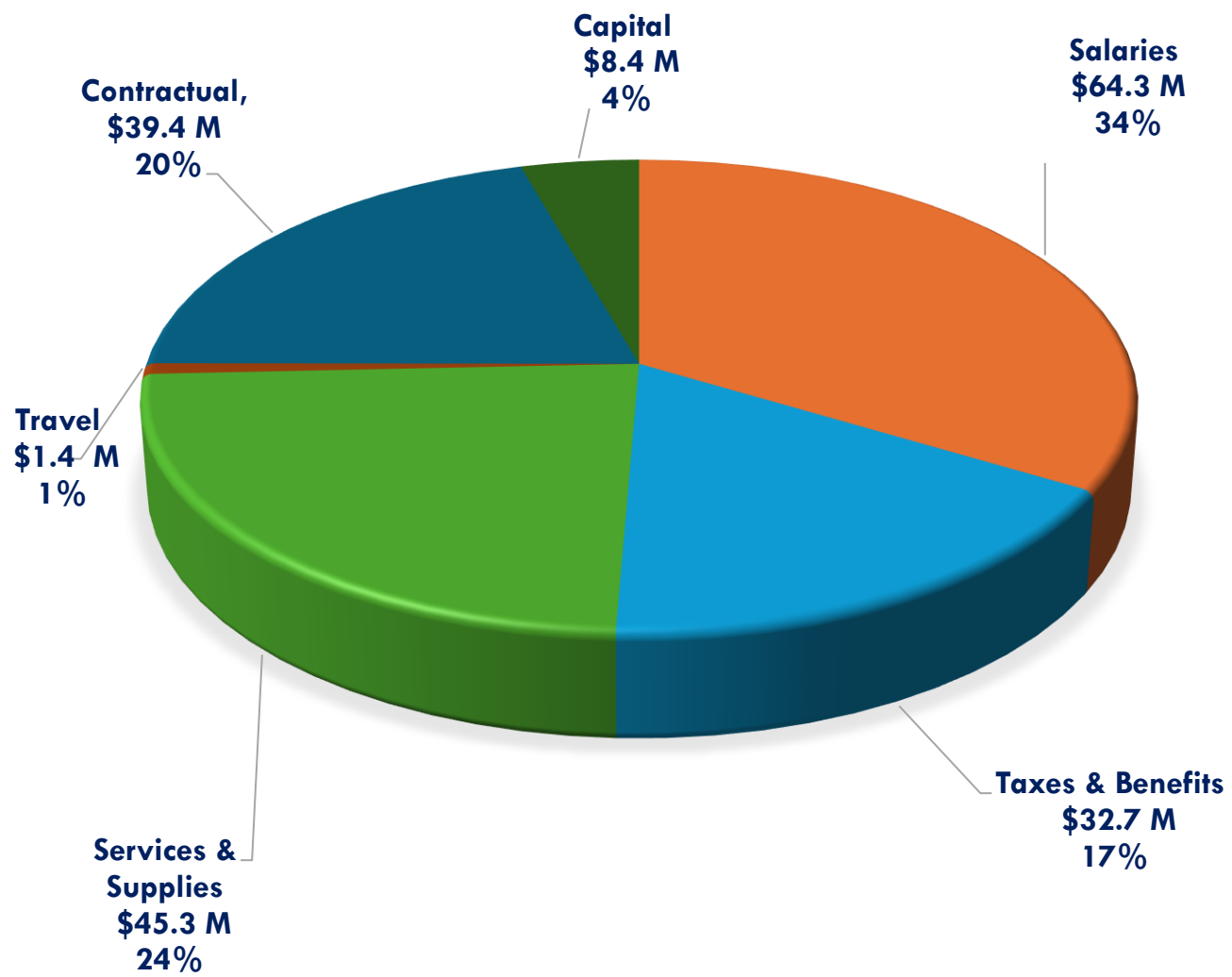
Special Revenue Funds decreased from \$89.8 M to \$64.2 M due to the conclusion of grants. Examples: Environmental Health Increase, Covid Disaster Relief, and Covid Vaccine.

# EXPENDITURES

## COMBINED EXPENSES BY SOURCE – comparison

**FY2024 Augmented Budget  
Expense  
\$191.5 M**

**FY2025 Annual Budget  
Expense  
\$175.4 M**



\$ Amounts are based on total expense.

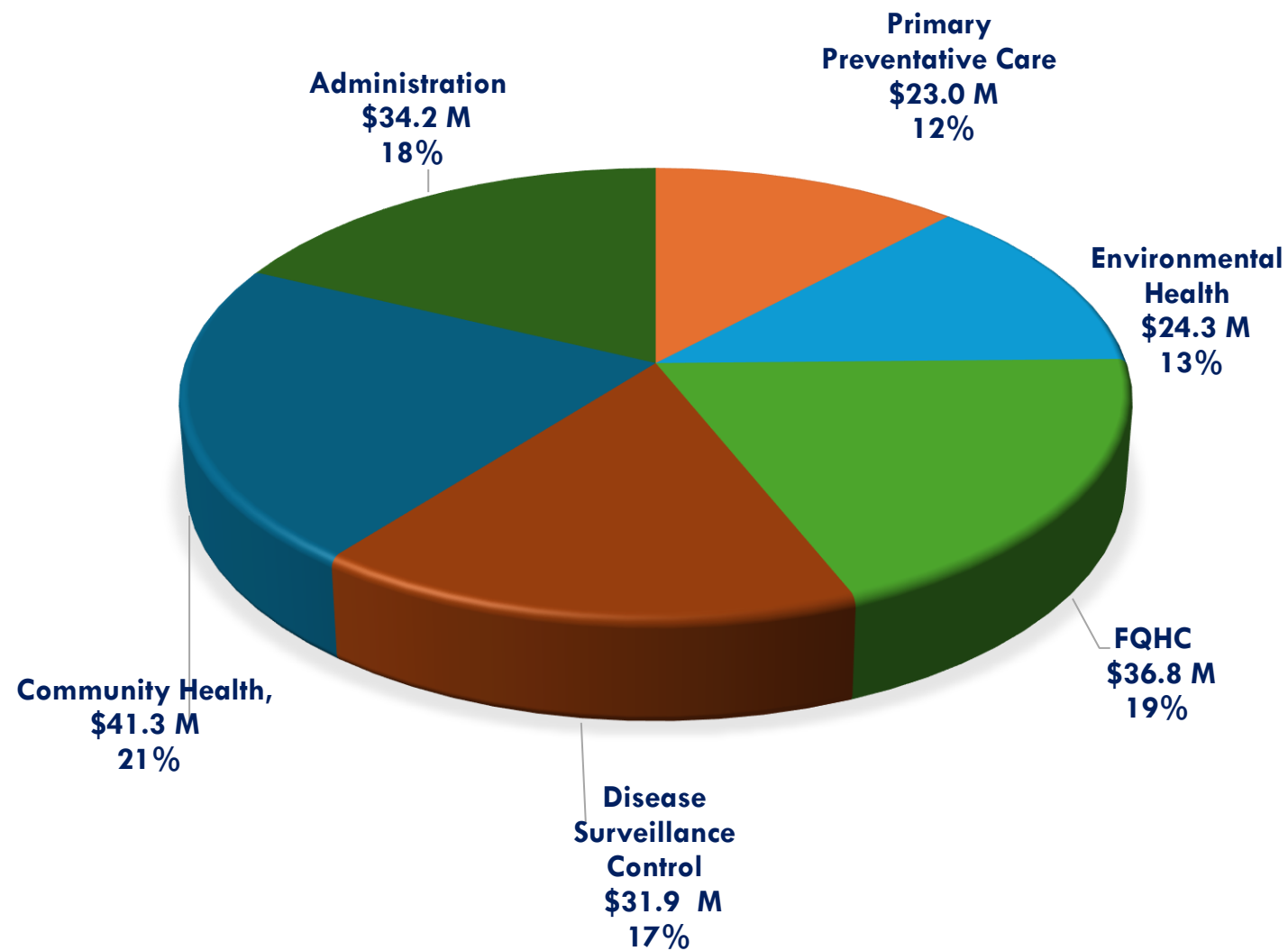
\*\*Does not include Transfers between GF and SRF .

\*\*Does not include Transfers Out to Capital of \$1M.

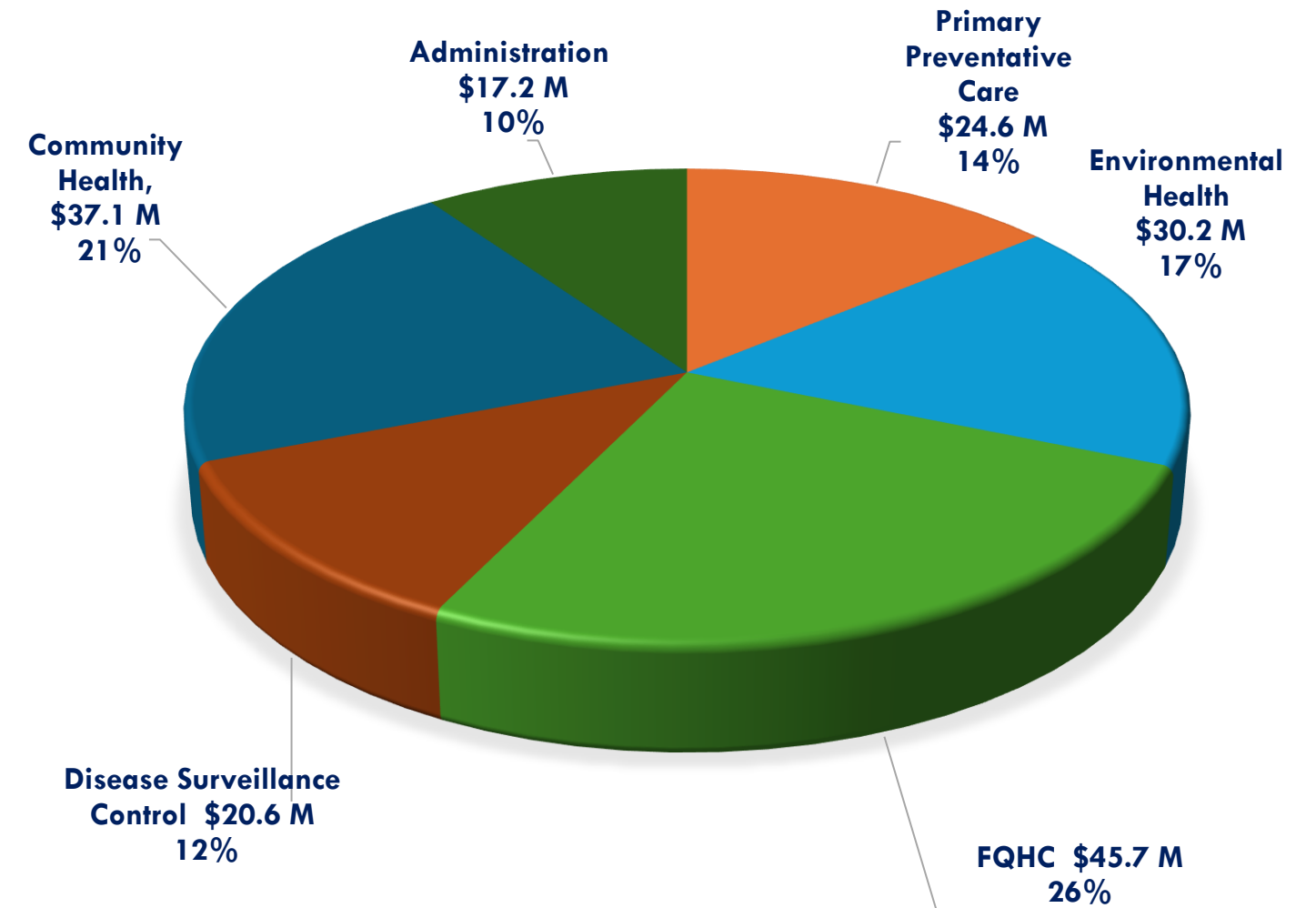
# EXPENDITURES

## COMBINED EXPENSES BY DIVISION – comparison

**FY2024 Augmented Budget  
Expense  
\$191.5 M**



**FY2025 Annual Budget  
Expense  
\$175.4 M**



\$ Amounts are based on total expense.

\*\*Does not include Transfers between GF and SRF.

\*\*Does not include Transfers Out to Capital of \$1M.

# EXPENDITURES

## GENERAL FUND HIGHLIGHTS



General Fund employee salaries and benefits for FY 2025 total **\$68.6 M** an increase of \$6.9 M or 11% from FY 2024. FY 2025 budget includes a full year of expense for vacant positions that were partially accounted for in the FY 2024 Augmented budget.



\*Additional personnel needed to support Environmental Health and the transition of positions back to General Fund from grant funding contributed to the increase in salaries & benefits along with conversion of Grant funded FTEs to General fund.



General Fund Pharmacy Medical supplies increased from \$17.6 M to **\$20.2 M** an increase of **\$2.6 M** or 15% which has a revenue offset account.

# EXPENDITURES

## GRANTS FUND HIGHLIGHTS



Special Revenue Funds expenses decreased from \$96.8 M to **\$69.6 M** due to the conclusion of grants. Examples: Environmental Health Increase, Covid Disaster Relief, and Covid Vaccine.



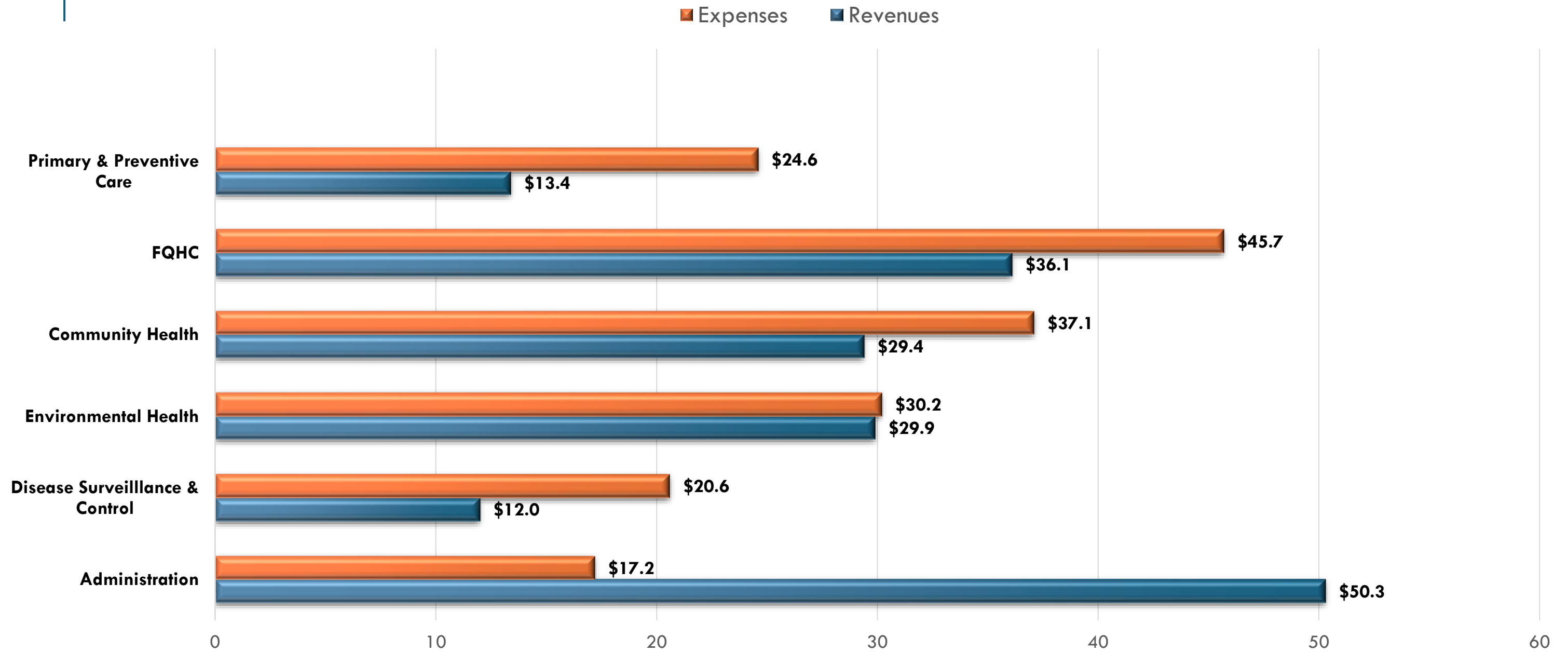
SB118 total new revenue is estimated at **\$6.0 M in FY25**. Anticipated FTE total is 13.5 positions (6 New) with estimated salaries & benefits of \$1.4M.



PHI Grant estimated revenue total in FY25 is **\$6.7M**. Anticipated FTE total is **50** positions with estimated salaries & benefits of \$5.7M.

# REVENUES VS. EXPENDITURES

## COMBINED FUNDS BY DIVISION



# PERSONNEL

## Southern Nevada Health District FY25 FTE Count

| Division                                      | 2022/2023<br>ACTUAL | 2023/2024<br>ADOPTED | 2023/2024<br>AMENDED | 2024/2025<br>PROPOSED | FTE Change<br>FY24 AM v FY25 |
|---|---------------------|----------------------|----------------------|-----------------------|------------------------------|
| Primary & Preventive Care <sup>(1)</sup>      | 138.15              | 110.00               | 125.00               | 123.50                | -1.50                        |
| Environmental Health <sup>(2)</sup>           | 189.75              | 194.00               | 196.00               | 203.00                | 7.00                         |
| FQHC <sup>(3)</sup>                           | 86.90               | 123.30               | 118.00               | 121.00                | 3.00                         |
| Disease Surveillance & Control <sup>(1)</sup> | 170.65              | 155.25               | 135.00               | 125.00                | -10.00                       |
| Community Health <sup>(4)</sup>               | 108.70              | 126.00               | 126.00               | 104.00                | -22.00                       |
| Administration <sup>(4)</sup>                 | 164.50              | 164.50               | 165.00               | 190.00                | 25.00                        |
| <b>Total:</b>                                 | <b>858.65</b>       | <b>873.05</b>        | <b>865.00</b>        | <b>866.50</b>         | <b>1.50</b>                  |

(1) Due to the conclusion of the grants, Covid Disaster Relief and Covid Vaccine.

(2) Additional positions approved by position justification process to fit the needs of the division.

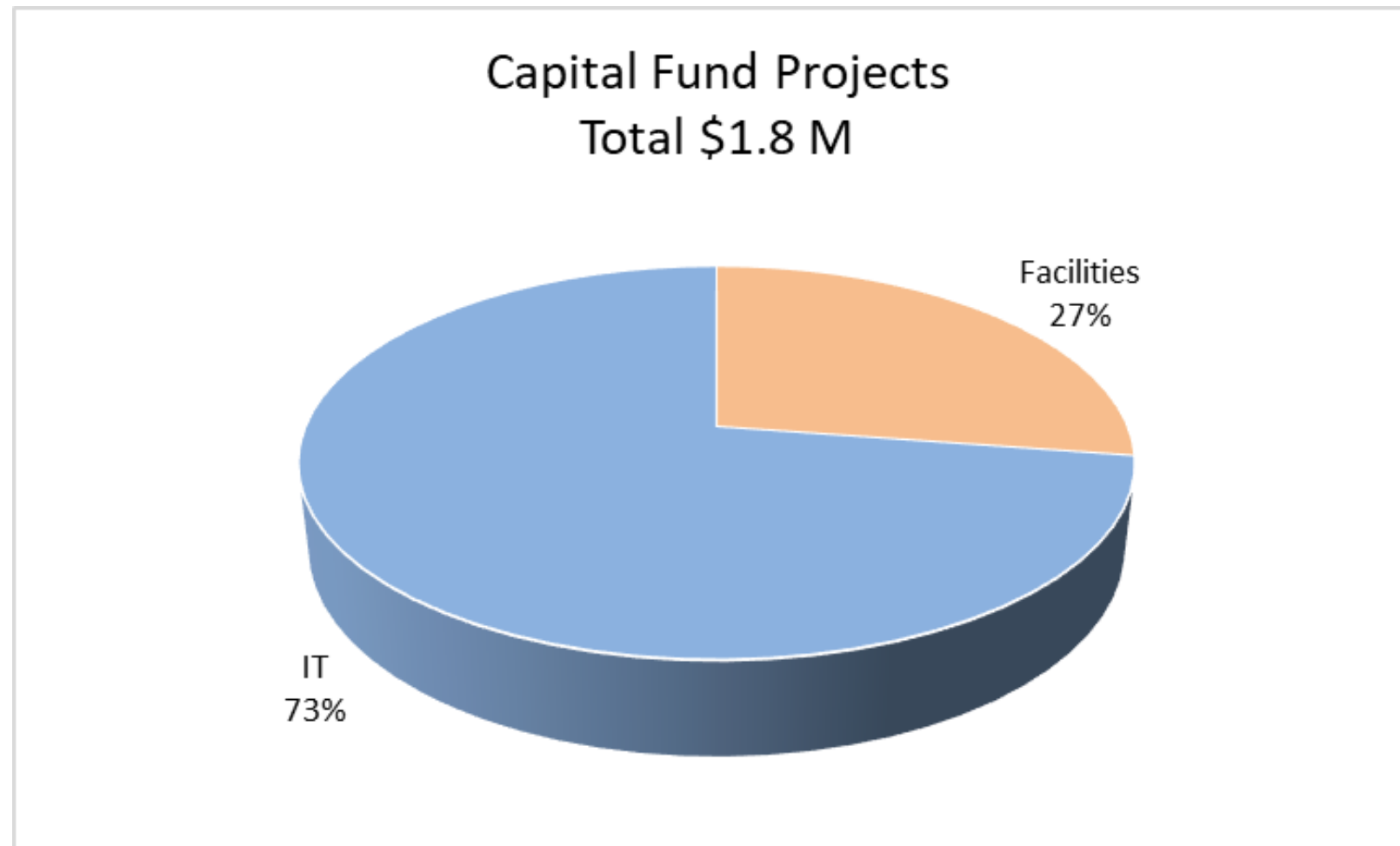
(3) SB118 addition of FTE for Oral Health department.

(4) Conversion of Food Handler department from Community Health to Administration.



# CAPITAL FUND

## FY 2025 Capital Improvement Projects



### Facilities

|               |                |
|---------------|----------------|
| Improvements  | 111,000        |
| Equipment     | 350,000        |
| Vehicles      | 32,000         |
| <b>Total:</b> | <b>493,000</b> |

### IT

|                       |                  |
|-----------------------|------------------|
| Computer Hardware     | 616,800          |
| Equipment             | 487,000          |
| Professional Services | 203,775          |
| <b>Total:</b>         | <b>1,307,575</b> |

# GENERAL FUND

## Three Fiscal Year Activity

| <b>General Fund</b>           | <b>FY23<br/>Actual</b> | <b>FY24<br/>Amended</b> | <b>FY 25<br/>Proposed</b> |
|-------------------------------|------------------------|-------------------------|---------------------------|
| <b>Beginning Fund Balance</b> | <b>36,886,107</b>      | <b>47,091,967</b>       | <b>45,827,732</b>         |
| Revenues                      | 90,298,608             | 101,538,121             | 106,900,005               |
| Expenditures                  | 80,092,748             | 102,802,356             | 112,316,686               |
| Change in Fund Balance        | 10,205,860             | (1,264,235)             | (5,416,681)               |
| <b>Ending Fund Balance</b>    | <b>47,091,967</b>      | <b>45,827,732</b>       | <b>40,411,051</b>         |

# SPECIAL REVENUE FUND

Three Fiscal Year Activity

| Special Revenue               | FY23<br>Actual | FY24<br>Amended | FY 25<br>Proposed |
|-------------------------------|----------------|-----------------|-------------------|
| <b>Beginning Fund Balance</b> | <b>57,622</b>  | <b>105,306</b>  | <b>105,306</b>    |
| Revenues                      | 86,699,577     | 96,721,598      | 69,578,255        |
| Expenditures                  | 86,651,893     | 96,721,598      | 69,578,255        |
| Change in Fund Balance        | 47,684         | -               | -                 |
| <b>Ending Fund Balance</b>    | <b>105,306</b> | <b>105,306</b>  | <b>105,306</b>    |

# BOND RESERVE FUND

Three Fiscal Year Activity

| <b>Bond Reserve Fund</b>      | <b>FY23<br/>Actual</b> | <b>FY24<br/>Amended</b> | <b>FY 25<br/>Proposed</b> |
|-------------------------------|------------------------|-------------------------|---------------------------|
| <b>Beginning Fund Balance</b> | <b>3,008,500</b>       | <b>3,024,524</b>        | <b>3,044,524</b>          |
| Revenues                      | 16,024                 | 20,000                  | 30,000                    |
| Expenditures                  | -                      | -                       | -                         |
| Change in Fund Balance        | 16,024                 | 20,000                  | 30,000                    |
| <b>Ending Fund Balance</b>    | <b>3,024,524</b>       | <b>3,044,524</b>        | <b>3,074,524</b>          |

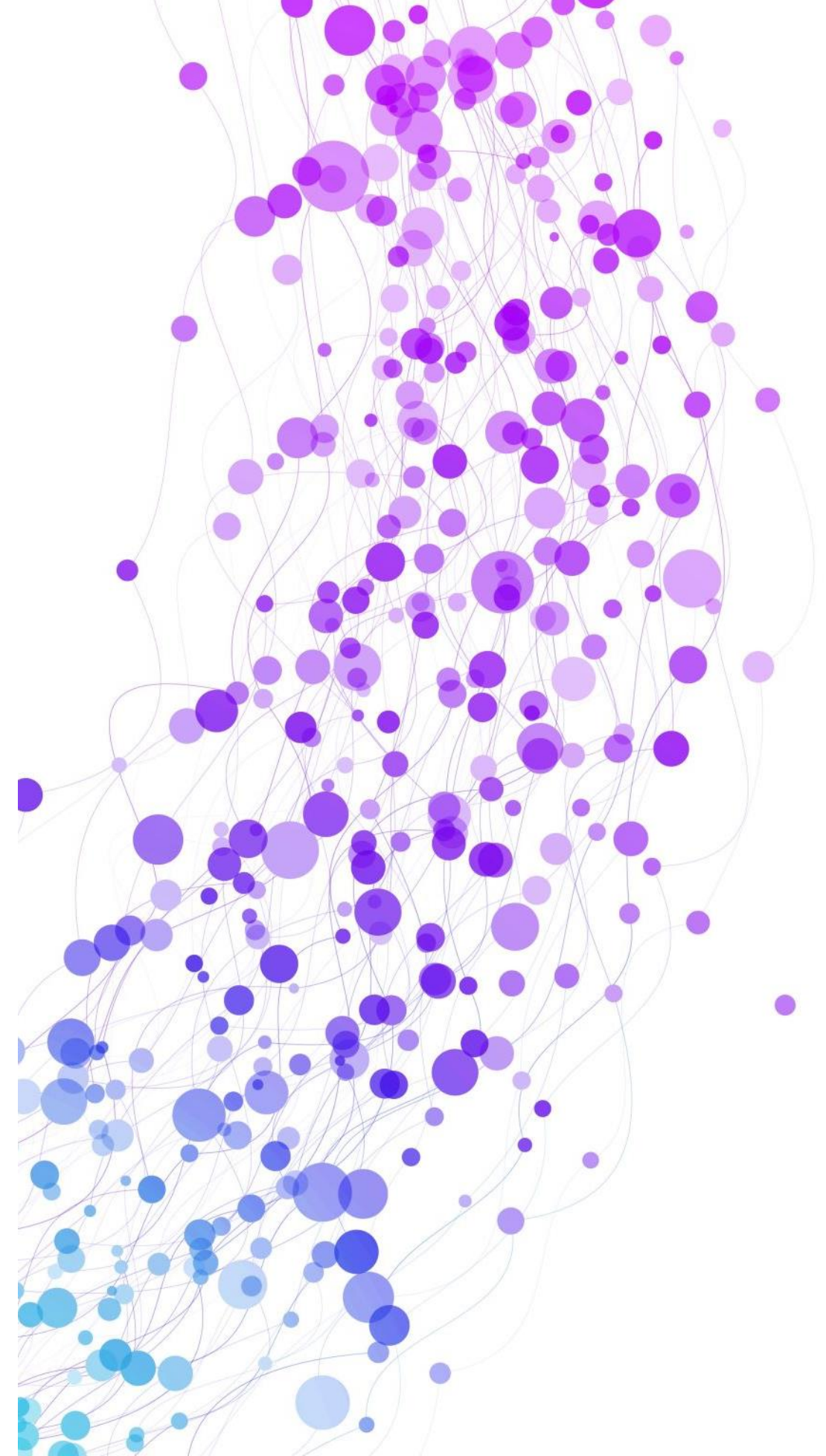
# INTERNAL SERVICE FUND

Three Fiscal Year Activity

| <b>Internal Service Fund</b>  | <b>FY23<br/>Actual</b> | <b>FY24<br/>Amended</b> | <b>FY 25<br/>Proposed</b> |
|-------------------------------|------------------------|-------------------------|---------------------------|
| <b>Beginning Fund Balance</b> | <b>86,122</b>          | <b>86,550</b>           | <b>88,550</b>             |
| Revenues                      | 1,003                  | 5,000                   | 1,500                     |
| Expenditures                  | 575                    | 3,000                   | 500                       |
| Change in Fund Balance        | 428                    | 2,000                   | 1,000                     |
| <b>Ending Fund Balance</b>    | <b>86,550</b>          | <b>88,550</b>           | <b>89,550</b>             |

# RECOMMENDATION

- Approval of the FY 2025 budget as presented.
- To be submitted to Clark County on or before April 1, 2024 pending further instructions.





QUESTION AND ANSWER

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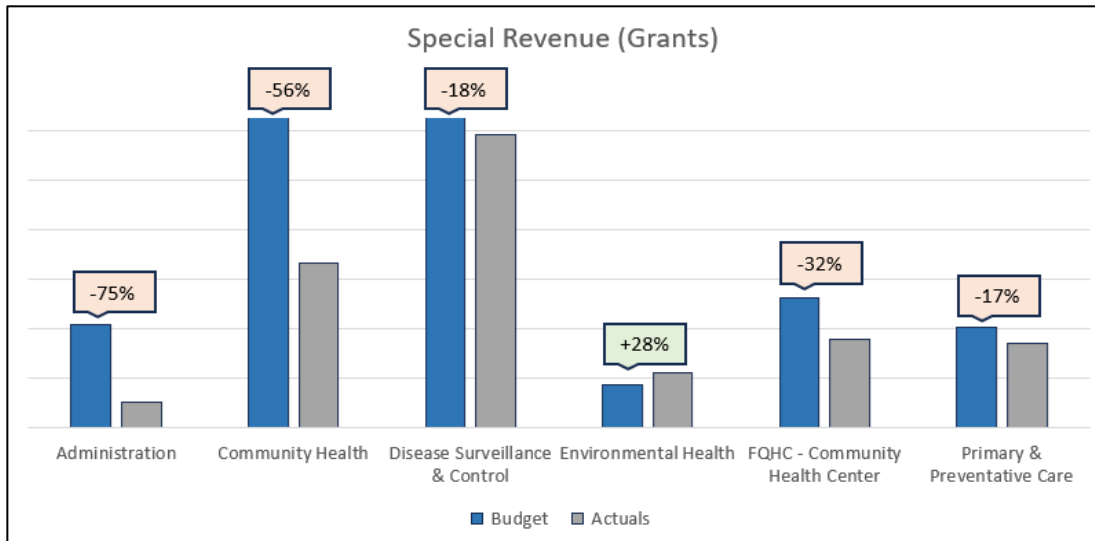
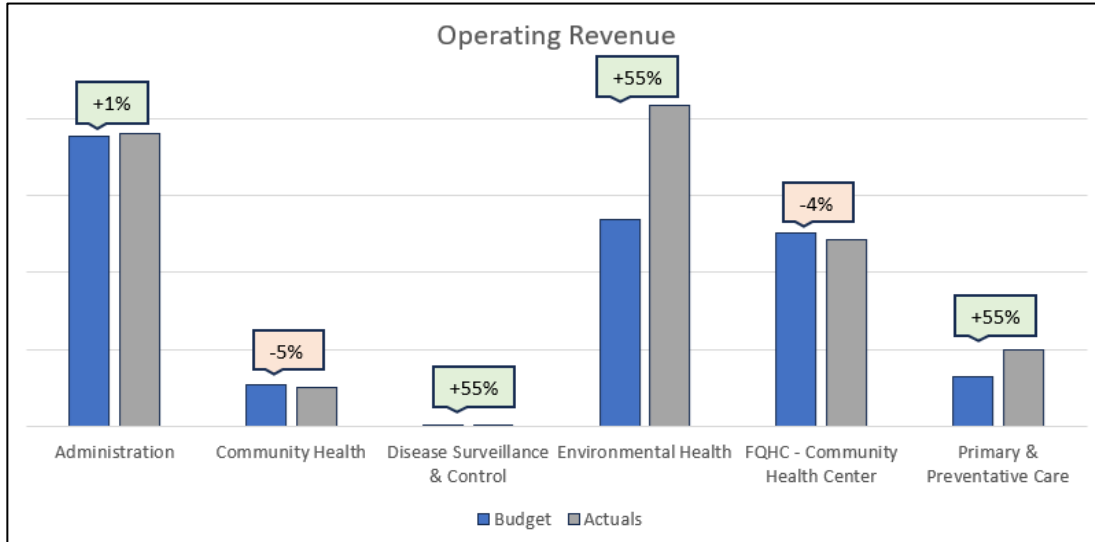


# SNHD INCOME STATEMENT

December 2023



# REVENUES



| Division  | Budget as of December 2023 | Actual as of December 2023 | Difference            | % +/-       |
|---|----------------------------|----------------------------|-----------------------|-------------|
| <b>Operating Revenue (Charges, Fees, Taxes, etc.)</b> |                            |                            |                       |             |
| Administration  | \$ 18,813,250              | \$ 18,967,173              | \$ 153,923            | 1%          |
| Community Health                                      | 2,728,513                  | 2,580,030                  | (148,483)             | -5%         |
| Disease Surveillance & Control                        | 7,500                      | 11,600                     | 4,100                 | 55%         |
| Environmental Health                                  | 13,406,225                 | 20,823,220                 | 7,416,996             | 55%         |
| FQHC - Community Health Center                        | 12,581,827                 | 12,117,979                 | (463,848)             | -4%         |
| Primary & Preventative Care                           | 3,231,747                  | 5,022,906                  | 1,791,159             | 55%         |
| <b>SUBTOTAL</b>                                       | <b>\$ 50,769,061</b>       | <b>\$ 59,522,907</b>       | <b>\$ 8,753,847</b>   | <b>17%</b>  |
| <b>Special Revenue (Grants)</b>                       |                            |                            |                       |             |
| Administration  | \$ 4,155,178               | \$ 1,049,725               | \$ (3,105,453)        | -75%        |
| Community Health                                      | 15,186,923                 | 6,666,293                  | (8,520,630)           | -56%        |
| Disease Surveillance & Control                        | 14,499,596                 | 11,837,749                 | (2,661,848)           | -18%        |
| Environmental Health                                  | 1,720,015                  | 2,198,791                  | 478,775               | 28%         |
| FQHC - Community Health Center                        | 5,257,107                  | 3,549,583                  | (1,707,524)           | -32%        |
| Primary & Preventative Care                           | 4,073,634                  | 3,387,591                  | (686,043)             | -17%        |
| <b>SUBTOTAL</b>                                       | <b>\$ 44,892,454</b>       | <b>\$ 28,689,732</b>       | <b>\$(16,202,722)</b> | <b>-36%</b> |
| <b>TOTAL REVENUE</b>                                  | <b>\$ 95,661,515</b>       | <b>\$ 88,212,639</b>       | <b>\$ (7,448,875)</b> | <b>-8%</b>  |

**NOTES:**

- 1) ANNUAL FOOD PERMIT REVENUES BILLED ON JULY 1<sup>ST</sup> FOR ENTIRE FISCAL YEAR (~70% OF ANNUAL REVENUE FOR ENVIRONMENTAL HEALTH).
- 2) SEASONAL REVENUE FROM BACK-TO-SCHOOL IMMUNIZATIONS IN JULY/AUGUST ACCOUNTS FOR APPROXIMATELY 40% OF REVENUE THROUGH QUARTER 2 ANNUALLY.
- 3) BUDGETED GRANT SPENDING FOR LAB EXPANSION ESTIMATED TO BEGIN IN JUNE 2024.
- 4) DUE TO REDUCTION IN COVID-RELATED TESTING, REDUCTION IN RESTOCKING REAGENTS AND LAB SUPPLIES RESULTED IN THE DECREASE IN GRANT REVENUE.
- 5) APPROVED CONTRACTS PENDING AS OF DECEMBER 2023.
- 6) GRANT REVENUE AND PERSONNEL ALLOCATION BUDGET UNDER REVIEW.

# Revenues by Category

| REVENUE BY CATEGORY           | Administration       | Community Health    | Disease Surveillance & Control | Environmental Health | FQHC                 | Primary & Preventative Care | TOTALS BY CATEGORY   |
|-------------------------------|----------------------|---------------------|--------------------------------|----------------------|----------------------|-----------------------------|----------------------|
| <i>Licenses &amp; Permits</i> | \$ -                 | \$ 122,908          | \$ -                           | \$ 20,650,585        | \$ -                 | \$ -                        | \$ 20,773,493        |
| <i>Property Taxes</i>         | 17,044,281           | -                   | -                              | -                    | -                    | -                           | 17,044,281           |
| <i>Charges for Services</i>   | 1,177,625            | 2,456,455           | 10,000                         | -                    | 11,631,654           | 4,757,257                   | 20,032,990           |
| <i>Intergovernmental</i>      | 1,049,725            | 6,666,293           | 11,837,749                     | 2,198,791            | 3,549,583            | 3,387,591                   | 28,689,732           |
| <i>Investment Earnings</i>    | 730,855              | -                   | -                              | -                    | -                    | -                           | 730,855              |
| <i>Other</i>                  | 14,412               | 667                 | 1,600                          | 172,635              | 486,165              | 265,649                     | 941,127              |
| <i>Contributions</i>          | -                    | -                   | -                              | -                    | 160                  | -                           | 160                  |
| <b>TOTALS BY DEPT</b>         | <b>\$ 20,016,898</b> | <b>\$ 9,246,323</b> | <b>\$ 11,849,349</b>           | <b>\$ 23,022,011</b> | <b>\$ 15,667,562</b> | <b>\$ 8,410,497</b>         | <b>\$ 88,212,639</b> |

# Revenue Categorization

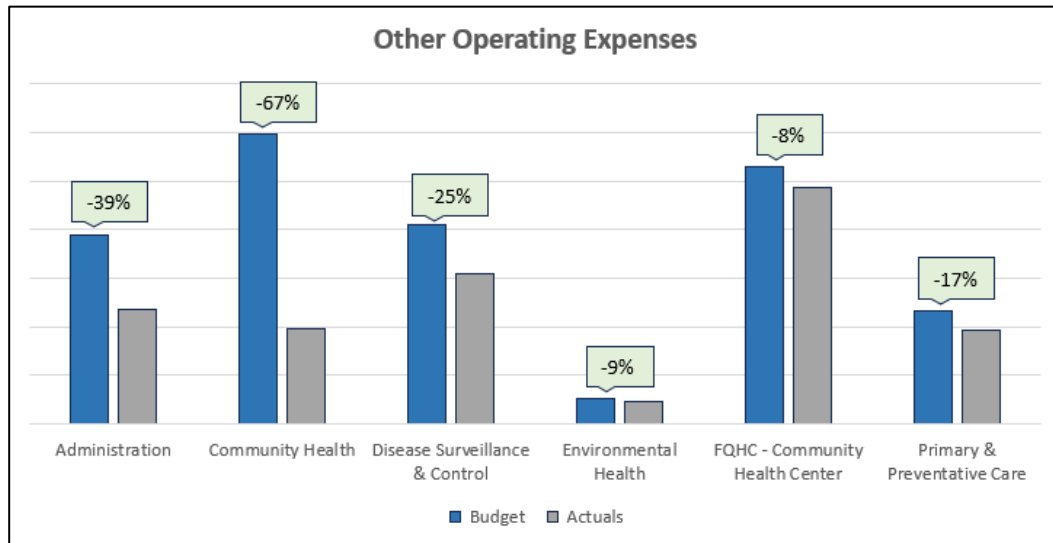
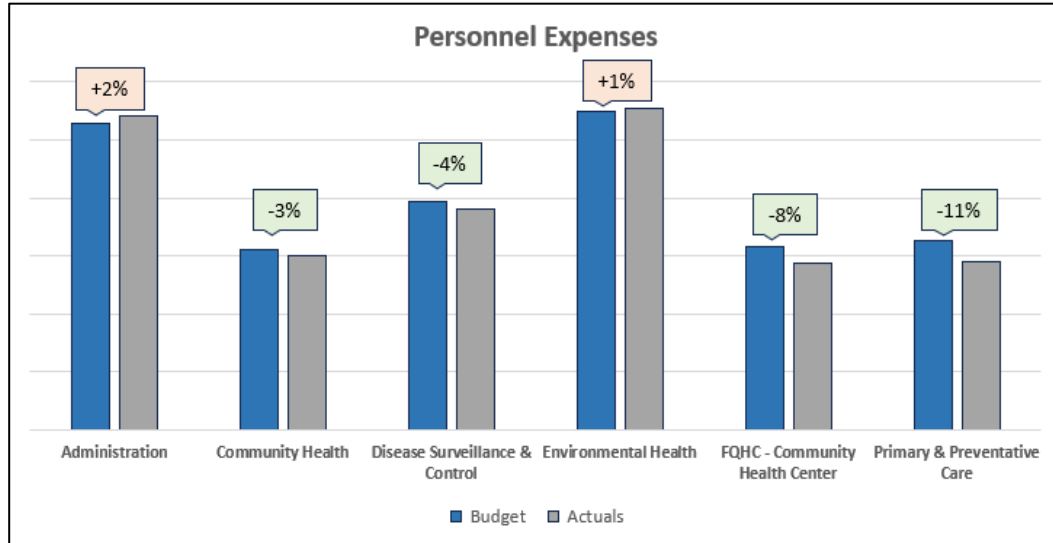
## **General Fund**

- *Property tax* – includes revenue from Clark County property tax.
- *Licenses/Permits* – includes revenue from Annual Fees, Plan Reviews, other fees.
- *Charges for Services* – includes revenue from Insurance billing, Medicaid, Birth & Death Certificates, etc.
- *Other Revenue* – includes revenues from Admin Fees, Investment Interest, Misc. Income, etc.

## **Special Revenue Fund**

- *Federal Revenue* – includes federal grant revenue from U.S. Dept. of Health and Human Services, U.S. Dept. of Agriculture, and U.S. Dept. of Homeland Security
- *Pass-Thru Revenue* – includes revenue from NV Dept. of Health and Human Services, UNLV, and Clark County
- *State-Revenue* – includes state revenue for FQHC-related grants
- *Other Revenue* – includes revenue from Clark County grants

# EXPENSES



| Division   | Budget as of December 2023 | Actual as of December 2023 | Difference             | % +/-        |
|--|----------------------------|----------------------------|------------------------|--------------|
| <b>Employment (Salaries, Taxes &amp; Benefits)</b> |                            |                            |                        |              |
| Administration                                     | \$ 10,585,633              | \$ 10,835,951              | \$ 250,318             | 2%           |
| Community Health                                   | 6,222,151                  | 6,020,567                  | (201,584)              | -3%          |
| Disease Surveillance & Control                     | 7,883,652                  | 7,598,240                  | (285,412)              | -4%          |
| Environmental Health                               | 10,977,282                 | 11,106,003                 | 128,721                | 1%           |
| FQHC - Community Health Center                     | 6,296,923                  | 5,769,475                  | (527,447)              | -8%          |
| Primary & Preventative Care                        | 6,526,457                  | 5,794,687                  | (731,770)              | -11%         |
| <b>SUBTOTAL</b>                                    | <b>\$ 48,492,098</b>       | <b>\$ 47,124,924</b>       | <b>\$ (1,367,174)</b>  | <b>-3%</b>   |
| <b>Other (Supplies, Contractual, Capital)</b>      |                            |                            |                        |              |
| Administration                                     | \$ 7,773,642               | \$ 4,721,801               | \$ (3,051,842)         | -39%         |
| Community Health                                   | 11,947,582                 | 3,912,741                  | (8,034,841)            | -67%         |
| Disease Surveillance & Control                     | 8,196,761                  | 6,164,262                  | (2,032,500)            | -25%         |
| Environmental Health                               | 1,017,080                  | 930,371                    | (86,709)               | -9%          |
| FQHC - Community Health Center                     | 10,583,346                 | 9,752,601                  | (830,745)              | -8%          |
| Primary & Preventative Care                        | 4,658,611                  | 3,872,082                  | (786,529)              | -17%         |
| <b>SUBTOTAL</b>                                    | <b>\$ 44,177,022</b>       | <b>\$ 29,353,857</b>       | <b>\$ (14,823,164)</b> | <b>-34%</b>  |
| <b>Total Operating Expenses</b>                    | <b>\$ 92,669,120</b>       | <b>\$ 76,478,781</b>       | <b>\$ (16,190,339)</b> | <b>-17%</b>  |
| Indirect Costs/Cost Allocations                    | \$ 2,624,512               | \$ 0                       | \$ 2,624,512           | 100%         |
| Transfers IN                                       | (3,482,383)                | (2,257,240)                | (1,225,143)            | 35%          |
| Transfers OUT                                      | 3,482,383                  | 2,257,240                  | 1,225,143              | 35%          |
| <b>Total Transfers &amp; Allocations</b>           | <b>\$ 2,624,513</b>        | <b>\$ -</b>                | <b>\$ (2,624,513)</b>  | <b>-100%</b> |
| <b>TOTAL EXPENSES</b>                              | <b>\$ 95,293,632</b>       | <b>\$ 76,478,781</b>       | <b>\$ (18,814,851)</b> | <b>-20%</b>  |

**NOTES:**

- 1) LABORATORY EXPANSION 100% GRANT FUNDED PROJECT NOW ESTIMATED TO START JUNE 2024.
- 2) DUE TO REDUCTION IN COVID-RELATED TESTING, THE DEMAND FOR REAGENTS AND LAB SUPPLIES DECREASED THEREFORE REDUCING NEED FOR BUDGETED RESTOCKING THROUGH DECEMBER 2023.
- 3) PENDING SUBSCRIPTION EXPENSES MOVED TO FY25 VIA NO COST EXTENSION.

# Expenses by Category

| EXPENSE BY CATEGORY             | Administration      | Community Health     | Disease Surveillance & Control | Environmental Health | FQHC                 | Primary & Preventative Care | TOTALS BY CATEGORY   |
|---------------------------------|---------------------|----------------------|--------------------------------|----------------------|----------------------|-----------------------------|----------------------|
| <i>Salaries</i>                 | \$ 7,763,729        | \$ 4,172,871         | \$ 5,246,254                   | \$ 7,728,193         | \$ 4,001,334         | \$ 4,066,449                | \$ 32,978,832        |
| <i>Taxes &amp; Benefits</i>     | 3,072,222           | 1,847,695            | 2,351,986                      | 3,377,810            | 1,768,141            | 1,728,237                   | 14,146,092           |
| <i>Contractual</i>              | 4,094,564           | 2,455,840            | 4,160,388                      | 397,058              | 549,010              | 864,796                     | 12,521,656           |
| <i>Indirect/Cost Allocation</i> | (8,721,788)         | 1,444,432            | 1,826,233                      | 1,751,240            | 2,325,255            | 1,374,629                   | -                    |
| <i>Supplies</i>                 | 359,479             | 1,219,513            | 1,542,441                      | 61,720               | 9,121,915            | 2,947,834                   | 15,252,903           |
| <i>Property</i>                 | 205,426             | 200,465              | 359,077                        | 272,695              | 34,399               | -                           | 1,072,063            |
| <i>Travel &amp; Training</i>    | 62,331              | 36,923               | 102,356                        | 198,898              | 47,276               | 59,452                      | 507,236              |
| <b>TOTALS BY DEPT</b>           | <b>\$ 6,835,963</b> | <b>\$ 11,377,740</b> | <b>\$ 15,588,735</b>           | <b>\$ 13,787,614</b> | <b>\$ 17,847,331</b> | <b>\$ 11,041,398</b>        | <b>\$ 76,478,781</b> |

# Expense Categorization

## Expenses (All Funds)

- *Salaries* – includes expenses associated with employee compensation such as salaries, overtime, longevity, etc.
- *Taxes & Fringe Benefits* – includes expenses associated with the employer-paid portion of FICA/Medicare, Health Insurance, Life Insurance, 100% employer-paid retirement (NVPERS), etc.
- *Capital Outlay* – includes expenses associated with capital purchases such as equipment, computer software/hardware, furniture, etc.
- *Contractual* – includes expenses associated with contractual agreements such as professional services, subscriptions, computer software maintenance, etc.
- *Supplies* – includes expenses associated with Medical Supplies, Vaccines, Lab Supplies, etc.
- *Indirect Costs/Cost Allocations* – SNHD Overhead rate is 15.60%. Indirect costs associated with special revenue funds are claimed at a 10% de minimis rate. Cost Allocations make up the remaining 5.60%.
- *Transfers In* – funds transferred into special revenue fund from a program's general fund
- *Transfers Out* – funds transferred out of a program's general fund into special revenue fund

# Balance Sheet – Assets and Liabilities

| Southern Nevada Health District<br>Governmental Funds - Balance Sheet<br>12/31/2023 (unaudited)                                     |                      |                       |                          |                          |
|---|----------------------|-----------------------|--------------------------|--------------------------|
|   | General Fund         | Special Revenue Fund  | Other Governmental Funds | Total Governmental Funds |
| <b>Assets</b>   |                      |                       |                          |                          |
| Cash, cash equivalents, and investments   | \$ 39,333,593        | \$ 5,440,786          | \$ 4,302,598             | \$ 49,076,976            |
| Grants receivable   | 0                    | 14,165,047            | 0                        | 14,165,047               |
| Accounts receivable, net  | 5,123,337            | 0                     | 0                        | 5,123,337                |
| Other receivables   | 39,643               | 13,598                | 0                        | 53,241                   |
| Interest receivable   | 0                    | 0                     | 0                        | 0                        |
| Due from other funds  | 17,039,673           | 0                     | 366,580                  | 17,406,253 *             |
| Inventories   | 3,004,735            | 0                     | 0                        | 3,004,735                |
| Prepaid items   | 1,350,180            | 2,028                 | 0                        | 1,352,207                |
| Total assets  | <u>\$ 65,891,160</u> | <u>\$ 19,621,458</u>  | <u>\$ 4,669,178</u>      | <u>\$ 90,181,796</u>     |
| <b>Liabilities</b>  |                      |                       |                          |                          |
| Accounts payable  | 3,993,685            | 1,835,693             | (330)                    | 5,829,047                |
| Accrued expenses  | 1,445,088            | 1,413,074             | 0                        | 2,858,162                |
| Unearned revenue  | 5,149                | 537,046               | 0                        | 542,195                  |
| Due to other funds  | 0                    | 17,351,747            | 0                        | 17,351,747 *             |
| Total liabilities   | <u>\$ 5,443,922</u>  | <u>\$ 21,137,559</u>  | <u>\$ (330)</u>          | <u>\$ 26,581,151</u>     |
| <b>Fund Balances</b>  |                      |                       |                          |                          |
| Total fund balances   | <u>\$ 60,447,238</u> | <u>\$ (1,516,101)</u> | <u>\$ 4,669,508</u>      | <u>\$ 63,600,646</u>     |
| Total liabilities and fund balances   | <u>\$ 65,891,160</u> | <u>\$ 19,621,458</u>  | <u>\$ 4,669,178</u>      | <u>\$ 90,181,796</u>     |
| * Difference due to Workers' Compensation fund.   |                      |                       |                          |                          |
| GENERAL NOTE: See reconciliation to net position of governmental activity including long-term liabilities and related transactions. |                      |                       |                          |                          |

# Balance Sheet - Fund Balance

| Southern Nevada Health District<br>Governmental Funds - Balance Sheet<br>12/31/2023 (unaudited) |                      |                         |                                |                                |
|---|----------------------|-------------------------|--------------------------------|--------------------------------|
|   | General Fund         | Special Revenue<br>Fund | Other<br>Governmental<br>Funds | Total<br>Governmental<br>Funds |
| <b>Fund Balances</b>  |                      |                         |                                |                                |
| Nonspendable  |                      |                         |                                |                                |
| Inventories   | \$ 3,004,735         | \$ -                    | \$ -                           | \$ 3,004,735                   |
| Prepaid items   | \$ 1,350,180         | \$ 2,028                | \$ -                           | \$ 1,352,207                   |
| Restricted for  | \$ -                 | \$ -                    | \$ -                           | \$ -                           |
| Grants  | \$ -                 | \$ 4,854,974            | \$ -                           | \$ 4,854,974                   |
| Assigned to   | \$ -                 | \$ -                    | \$ -                           | \$ -                           |
| Capital improvements  | \$ -                 | \$ -                    | \$ 4,669,508                   | \$ 4,669,508                   |
| Administration  | \$ 2,704,398         | \$ -                    | \$ -                           | \$ 2,704,398                   |
| Unassigned  | \$ 53,387,926        | \$ (6,373,102)          | \$ -                           | \$ 47,014,823                  |
| Total fund balances   | <u>\$ 60,447,238</u> | <u>\$ (1,516,101)</u>   | <u>\$ 4,669,508</u>            | <u>\$ 63,600,646</u>           |
| Total liabilities and fund balances   | <u>\$ 65,891,160</u> | <u>\$ 19,621,458</u>    | <u>\$ 4,669,178</u>            | <u>\$ 90,181,796</u>           |



# Reconciliation to Balance Sheet

| <b>Southern Nevada Health District</b><br><b>Reconciliation of the Balance Sheet –</b><br><b>Governmental Funds to the Statement of Net Position – Governmental Activities</b><br><b>12/31/2023 (unaudited)</b>   |                        |
|---|------------------------|
| Total fund balance – governmental funds   | \$ 63,600,646          |
| <p>* Amounts reported for governmental activities in the Statement of Net Position are different because:</p> <p>Capital, lease, and subscription assets used in governmental activities are not current financial resources and, therefore, are not reported in governmental funds. Capital, lease, and subscription asset balance presented below is net of \$505,113 of prepaid subscription assets already reported in the governmental funds.</p> <p>Capital, lease, and subscription assets, net of accumulated depreciation and amortization</p> |                        |
|   | 36,693,837             |
| <p>Long-term liabilities and related deferred inflows and outflows of resources are not due in payable in the current period or are not current financial resources and, therefore, are not reported in the funds. A summary of these items are as follows:</p> <p>Postemployment benefits other than pensions</p>  |                        |
|   | (26,983,219)           |
| Deferred outflows related to postemployment benefits other than pensions  | 14,316,409             |
| Deferred inflows related to postemployment benefits other than pensions   | (21,423,639)           |
| Compensated absences  | (9,988,145)            |
| Lease liability   | (7,256,653)            |
| Subscription liability  | (231,076)              |
| Net pension liability   | (125,727,302)          |
| Deferred outflows related to pensions   | 58,441,221             |
| Deferred inflows related to pensions  | (189,400)              |
| <p>Internal service funds are used by management to charge the costs of certain activities to individual funds:</p> <p>Internal service fund assets and liabilities included in governmental activities in the statement of net position</p>  |                        |
|   | 86,550                 |
| Net position of governmental activities   | <u>\$ (18,660,771)</u> |
| <p>* Reconciling items reflect 06/30/23 balances as pensions, compensated absences, leases, subscriptions and post-employment benefits are only updated annually.</p>   |                        |



**QUESTIONS?**