

IV. PROCEDURE

A. All Southern Nevada Community Health Center (SNCHC) Health District patients are eligible to apply for a sliding fee discount ~~program to pay for out-of-pocket expenses associated with services provided. In the event patients are u~~Uninsured or under-insured patients and who are not willing to apply for discounts or who are not income eligible for discounts on services, they are assessed ~~expected to pay for the full cost charge for services, and out-of-pocket expenses.~~

A.1. Patients with incomes above 200% of the Federal Poverty Guidelines (FPG) who are not eligible for a sliding fee discount may receive a Point of Care Discount of 50% if they make their payment at the time of their appointment.

B. Collection of fees is the responsibility of Health District staff at the point of care ~~check-out~~. If a patient/ients leaves the Health District site without paying for services, reasonable attempts to secure payment will be made according to the following guidelines:

1. Fees may be waived at the Health District's discretion, based on a hardship. Hardships are defined as an inability to pay for services rendered due to negative life experience(s). Examples may include, but are not limited to the following:

- a. Financial crisis
- b. A medical condition, mental health disorder, or substance use disorder resulting in multiple visits
- c. Homelessness
- d. A catastrophic life events
- e. Domestic Violence; ~~or or~~

f. If a patient/ients present to clinic sites for services and their/the client's record indicates an outstanding balance is owed, clinic staff will attempt to secure payment for the outstanding balance in accordance with applicable regulations regarding fee collection/billing guidelines.

g. Patients with balances receive statements showing the outstanding amount due and payment options.

f.a. Patients are provided the contact information to the billing department for assistance with any questions or concerns they may have about their statements.

2. If a patient/ients does not present for services and/or a patient/ient's record reflects an outstanding balance due that has aged 12 months or greater from the date of service, the Health District will write-off the debt as part of its on-going commitment to ensure access to health care for low-income clients. If the Health District is provided written notification that a patient has moved, filed for

bankruptcy, or is deceased, then that patient's account can be written off in full at that time.

- C. The Health District makes every reasonable effort to secure payment for services from patients, in accordance with Health District fee schedules and any corresponding schedule of discounts. Patients who refuse to pay will not be denied services.
- D. The Health District maintains a schedule of fees for the provision of its services that is consistent with locally prevailing rates ~~or charges~~ and is designed to cover ~~its~~ reasonable costs of operation.

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~~F.E.~~ Southern Nevada Community Health Center is recognized by CMS as a Federally Qualified Health Center entitled to cost base reimbursement for Medicare and Medicaid services. Separate site-specific ~~ID#~~ numbers are maintained as required. ~~Patients will not be denied service due to an inability to pay.~~

~~G.F.~~ The Health District adheres to all requirements and guidelines for Medicare and Medicaid practice as determined by the Centers for Medicare and Medicaid Services (CMS) and the State Medicaid authority Nevada Medicaid.

~~H.G.~~ Billing for services rendered will occur at appropriate intervals. This will be no less than weekly for third party activity and monthly for patient pay amounts. Denials will be worked no less than weekly.

~~I.H.~~ Patients will be notified in writing ~~ahead of time~~ ~~of~~ ~~to~~ ~~any~~ additional costs for supplies and equipment related to but not included in the service when applicable.

~~J.I.~~ The Health District establishes systems for insurance eligibility determination and for billing/collections with respect to third party payors. The Health District makes every reasonable effort to enter contractual or other arrangements to collect reimbursement of its costs with the appropriate agency(s) of the state which administers or supervises the administration of:

1. A state Medicaid plan approved under Title XIX of the Social Security Act for the payment of all or a part of the center's costs in providing health services to persons who are eligible for such assistance; or
2. CHIP under Title XXI of the Social Security Act with respect to individuals who are state CHIP beneficiaries.

V. REFERENCES

42 USC §§ 1395, 1396 & 1397 & 425.314, & 1320a-7b(b)

HISTORY TABLE

Table 1: History

Version/Section	Effective Date	Change Made
<u>Version 1</u>		<u>Add Chief Executive Officer-FQHC to Scope, updated procedures</u>
Version 0	06/14/2022	First issuance

VI. ATTACHMENTS

Not Applicable