



MINUTES

SOUTHERN NEVADA COMMUNITY HEALTH CENTER GOVERNING BOARD MEETING

April 16, 2024 – 2:30 p.m.

Meeting was conducted In-person and via WebEx Event

Southern Nevada Health District, 280 S. Decatur Boulevard, Las Vegas, NV 89107
Red Rock Trail Rooms A and B

- MEMBERS PRESENT:** Donna Feliz-Barrows, Vice-Chair – Consumer Member (*in person*)
Scott Black – Community Member, City of North Las Vegas (*via Webex*)
Sara Hunt – Community Member (*in person*)
Luz Castro – Consumer Member (*via Webex*)
Blanca Macias-Villa – Consumer Member (*via Webex*)
Erin Breen – Community Member (*via Webex*)
Brian Knudsen – Consumer Member (*via Webex*)
Jasmine Coca – Community Member (*in person*)
- ABSENT:** Jose L. Melendrez, Chair – Consumer Member
- ALSO PRESENT:**
- LEGAL COUNSEL:** Edward Wyner, Associate General Counsel
- CHIEF EXECUTIVE OFFICER:** Randy Smith
- STAFF:** Bernadette Meily, Cassius Lockett, Cassondra Major, David Kahananui, Donna Buss, Donnie Whitaker, Emily Anelli, Jonas Maratita, Jonna Arqueros, Justin Tully, Kim Saner, Luann Province, Luz Castro, Merylyn Yegon, Ronique Tatum-Penegar, Tawana Bellamy, Todd Bleak, Yin Jie Qin

I. CALL TO ORDER and ROLL CALL

The Chair called the Southern Nevada Community Health Center (SNCHC) Governing Board Meeting to order at 2:33 p.m. Tawana Bellamy, Senior Administrative Specialist, administered the roll call and confirmed a quorum.

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.

Ms. Bellamy provided clear and complete instructions for members of the general public to call in to the meeting to provide public comment, including a telephone number and access code.

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

IV. ADOPTION OF THE APRIL 16, 2024 MEETING AGENDA *(for possible action)*

A motion was made by Member Coca, seconded by Member Hunt and carried unanimously to approve the April 16, 2024 Meeting Agenda, as presented.

V. CONSENT AGENDA: Items for action to be considered by the Southern Nevada Community Health Center Governing Board 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 – SNCHC GOVERNING BOARD MEETING:** March 19, 2024 *(for possible action)*
- 2. Approve Responding to Medical Emergencies Policy (Dr. Bluebird);** direct staff accordingly or take other action as deemed necessary *(for possible action)*
- 3. Approve Sliding Fee Discount Policy;** direct staff accordingly or take other action as deemed necessary *(for possible action)*
- 4. Approve Patient Collections Policy;** direct staff accordingly or take other action as deemed necessary *(for possible action)*
- 5. Approve Credentialing and Privileging of Providers Kikam (Kevin) Yun, APRN II;** direct staff accordingly or take other action as deemed necessary *(for possible action)*

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

VI. REPORT / DISCUSSION / ACTION

Recommendations from the April 15, 2024 Finance and Audit Committee Meeting

The Finance and Audit Committee did not meet on April 15, 2024.

- 1. Receive, Discuss and Approve the Clinical Master Fee Schedule;** direct staff accordingly or take other action as deemed necessary *(for possible action)*

Donnie (DJ) Whitaker, Chief Financial Officer presented an overview of the Clinical Master Fee Schedule. Ms. Whitaker advised the billing fee schedule is reviewed annually to add new fees or adjust existing fees and allows for changes on a consistent basis to stay aligned with the local medical community. Ms. Whitaker further advised that regular fee changes position the health center for the potential benefit of increased reimbursement from contracted insurances. Ms. Whitaker advised that uninsured patients see minimal, or no impact based

on the availability of the sliding fee discount. Ms. Whitaker shared that we identify fees that are lower than the 50th percentile and add new fees anticipated to be used in 2024. Ms. Whitaker commented that the proposed changes to individual fees are included in Exhibit A.

Further to an inquiry from Member Feliz-Barrows, Ms. Whitaker advised that we were below what everyone else was charging and taking the rates to the 50th percentile means we are in the middle.

Further to an inquiry from Member Coca regarding uninsured patients and the new fees, Mr. Smith commented that there are no changes for the uninsured and uninsured patients are assessed a sliding fee.

Further to an inquiry from Member Coca regarding how to assess a person's ability to pay, Mr. Smith commented that he would provide more detail later in the presentation.

A motion was made by Member Coca, seconded by Member Hunt, and carried unanimously to approve the Clinical Master Fee Schedule, as presented.

2. Receive, Discuss and Approve the CY24 Federal Poverty Level (FPL); direct staff accordingly or take other action as deemed necessary (*for possible action*)

Randy Smith, Chief Executive Officer outlined the updates to the CY24 Federal Poverty Level (FPL) guidelines, which are published annually by Department of Health and Human Services (HHS). Mr. Smith advised that the 2024 rates reflect a 4.1% increase to the Consumer Price Index (CPI) from 2022 and 2023.

Further to an inquiry from Member Coca, Mr. Smith advised that posting the FPL is not required, but some health centers do post it. Mr. Smith commented that the information is shared with patients to make it easy for them to comply. Mr. Smith further commented that the health center is required to post a notice to patients that discounts are available based on family size and income.

A motion was made by Member Coca, seconded by Member Castro, and carried unanimously to approve the CY24 Federal Poverty Level (FPL) guidelines, as presented.

3. Receive, Discuss and Approve the Clinical Sliding Fee Schedules; direct staff accordingly or take other action as deemed necessary (*for possible action*)

Mr. Smith provided an overview of the Clinical Sliding Fee Schedules. Mr. Smith outlined the HRSA sliding fee program requirements along with the billing and collection requirements.

Further to an inquiry from Member Feliz-Barrows, Mr. Smith advised that patients should be asked to pay their copay and if they had a high copay or deductible, a sliding fee can be applied to further reduce the amount, if they are eligible.

Mr. Smith further outlined how the sliding fee program works, a new recommended point of care discount to support patients who do not qualify for the sliding fee discount schedule, and a market study of fees for FQHCs in Nevada. Mr. Smith proceeded to outline the

proposed sliding fees for Primary Care, Sexual Health Clinic, Family Planning, Family Planning Contraception, Ryan White and Pharmacy.

Further to an inquiry from Member Coca, Mr. Smith advised that the Sliding Fee Policy explains how documentation is collected from patients. Mr. Smith further advised that a Certificate of Income form was also implemented so that patients could attest to their income and family size.

A motion was made by Member Black, seconded by Member Breen, and carried unanimously to approve the Clinical Sliding Fee Schedules Report, as presented.

Heard out of order.

5. **Receive, Discuss and Accept the February 2024 Year-To-Date Financial Report;** direct staff accordingly or take other action as deemed necessary *(for possible action)*

Ms. Whitaker presented the February 2024 Year to Date Financial Report as of February 29, 2024.

A motion was made by Member Coca, seconded by Member Breen, and carried unanimously to accept the February 2024 Year to Date Financial Report, as presented.

4. **Receive, Discuss and Accept the Southern Nevada Community Health Center FY25 Budget;** direct staff accordingly or take other action as deemed necessary *(for possible action)*

Ms. Whitaker, Chief Financial Officer presented the FY25 Budget with the following highlights:

Highlights

- Staffing for FY25 is projected to be 121 FTEs, compared to FY24 augmented budget of 118 FTEs.
- General Fund revenue is projected at \$28.1M in FY25, an increase of \$3M from the FY24 augmented budget.
- Special Revenue Fund (Grants) projected at \$7.9M in FY25, a decrease of \$10.5M from FY24 augmented budget.
 - SB118 funding is expected to start in FY25. The FQHC's FY25 portion is estimated at \$1.2M.
- FQHC combined expenditure for FY25 budget is \$46.3M, compared to \$39.5M from FY24 augmented budget.

Revenues – General and Special Revenue Fund

- Total Charges for Services revenue is proposed at \$27M, an increase of \$2.3M compared to \$24.7M from FY24 augmented budget.
 - The major component of Charges for Services revenue is Pharmacy, which continues to increase at \$24.7M compared to \$21.4M from FY24 augmented budget.
- Special Revenue Funds decreased from \$10.5M augmented to \$7.9M proposed due to the conclusion of HCNAP grant.

Expenditures – General and Special Revenue

- Primary Care’s combined expenses decreased from \$7.9M augmented to \$5.9M proposed due to the conclusion of HCNAP grant.
- General Fund Pharmacy total expenses is projected at \$25.1M. Pharmacy medication expenses increased from \$17.6M to \$20.2M, a \$2.6M increase from FY24 to FY25.
- Total salaries and benefits for General & Grants funds are \$13.7M, 29.6% of total FQHC expenditures. More than 37% of personnel expenses are supported by grants.

A motion was made by Member Knudsen, seconded by Member Macias-Villa, and carried unanimously to accept the Southern Nevada Community Health Center FY25 Budget Year to Date Financial Report, as presented.

- VII. BOARD REPORTS:** The Southern Nevada District Board of Health members may identify and comment on Health District related issues. Comments made by individual Board members during this portion of the agenda will not be acted upon by the Southern Nevada District Board of Health unless that subject is on the agenda and scheduled for action. *(Information Only)*

There were no board reports.

- VIII. CEO & STAFF REPORTS** *(Information Only)*

- CEO Comments

Mr. Smith provided highlights from the March 2024 Operations Report.

Further to an inquiry from Member Feliz-Barrows, Mr. Smith confirmed the process for PPS rate reimbursement with the state, noting that certain types of encounters are not eligible for reimbursement.

- IX. INFORMATIONAL ITEMS**

- Community Health Center (FQHC) March 2024 Operations Reports

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

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

- XIII. ADJOURNMENT**

The Chair adjourned the meeting at 3:42 p.m.

Randy Smith
Chief Executive Officer - FQHC

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AGENDA

SOUTHERN NEVADA COMMUNITY HEALTH CENTER GOVERNING BOARD MEETING

April 16, 2024 – 2:30 p.m.

Meeting will be conducted In-person and via Webex Event
Southern Nevada Health District, 280 S. Decatur Boulevard, Las Vegas, NV 89107
Red Rock Trail Rooms A and B

NOTICE

WebEx Event address for attendees:

<https://snhd.webex.com/snhd/j.php?MTID=mec4f4d059706f8e1cee80e091b82a193>

To call into the meeting, dial (415) 655-0001 and enter Access Code: [2555 494 8804](https://snhd.webex.com/j?AccessCode=25554948804)

For other governmental agencies using video conferencing capability, the Video Address is:
[25554948804@snhd.webex.com](https://snhd.webex.com/j?AccessCode=25554948804)

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.

I. CALL TO ORDER & 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 link above. You will be able to provide real-time chat-room messaging, which can be read into the record by a Community Health Center employee or by raising your hand during the public comment period, a Community Health Center employee will unmute your connection. Additional Instructions will be provided at the time of public comment.
- **By email:** public-comment@snchc.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 2555 494 8804. To provide public comment over the telephone, please press *3 during the comment period and wait to be called on.

IV. ADOPTION OF THE APRIL 16, 2024 AGENDA *(for possible action)*

V. CONSENT AGENDA: Items for action to be considered by the Southern Nevada Community Health Center Governing Board 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 – SNCHC GOVERNING BOARD MEETING:** March 19, 2024 *(for possible action)*
- 2. Approve Responding to Medical Emergencies Policy (Dr. Bluebird);** direct staff accordingly or take other action as deemed necessary *(for possible action)*
- 3. Approve Sliding Fee Discount Policy;** direct staff accordingly or take other action as deemed necessary *(for possible action)*
- 4. Approve Patient Collections Policy;** direct staff accordingly or take other action as deemed necessary *(for possible action)*
- 5. Approve Credentialing and Privileging of Providers Kikam (Kevin) Yun, APRN II;** direct staff accordingly or take other action as deemed necessary *(for possible action)*

VI. REPORT / DISCUSSION / ACTION

Recommendations from the April 15, 2024 Finance and Audit Committee Meeting

- 1. Receive, Discuss and Approve the Clinical Master Fee Schedule;** direct staff accordingly or take other action as deemed necessary *(for possible action)*
- 2. Receive, Discuss and Approve the CY24 Federal Poverty Level (FPL);** direct staff accordingly or take other action as deemed necessary *(for possible action)*
- 3. Receive, Discuss and Approve the Clinical Sliding Fee Schedules;** direct staff accordingly or take other action as deemed necessary *(for possible action)*
- 4. Receive, Discuss and Accept the Southern Nevada Community Health Center FY25 Budget;** direct staff accordingly or take other action as deemed necessary *(for possible action)*
- 5. Receive, Discuss and Accept the February 2024 Year-To-Date Financial Report;** direct staff accordingly or take other action as deemed necessary *(for possible action)*

VII. BOARD REPORTS: The Southern Nevada Community Health Center Governing Board members may identify and comment on Health Center related issues or ask a question for clarification. Comments made by individual Board members during this portion of the agenda will not be acted upon by the Southern Nevada Community Health Center Governing Board unless that subject is on the agenda and scheduled for action. **(Information Only)**

VIII. CEO & STAFF REPORTS (Informational Only)

- CEO Comments
- Highlights from the March 2024 Operations Report

IX. INFORMATIONAL ITEMS

- Community Health Center (FQHC) March 2024 Operations Reports

X. 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.**

XI. 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 COMMUNITY HEALTH CENTER GOVERNING BOARD MEETING

March 19, 2024 – 2:30 p.m.

Meeting was conducted In-person and via WebEx Event
Southern Nevada Health District, 280 S. Decatur Boulevard, Las Vegas, NV 89107
Red Rock Trail Rooms A and B

MEMBERS PRESENT: Jose L. Melendrez, Chair – Consumer Member (*via Webex*)
Donna Feliz-Barrows, Vice-Chair – Consumer Member (*via Webex*)
Scott Black – Community Member, City of North Las Vegas (*via Webex*)
Sara Hunt – Community Member (*in person*)
Luz Castro – Consumer Member (*via Webex*)
Blanca Macias-Villa – Consumer Member (*via Webex*)

ABSENT: Erin Breen – Community Member
Brian Knudsen – Consumer Member
Jasmine Coca – Community Member

ALSO PRESENT:

LEGAL COUNSEL: Edward Wyner, Associate General Counsel

CHIEF EXECUTIVE OFFICER: Randy Smith

STAFF: Andria Cordovez Mulet, Cassius Lockett, Cassondra Major, David Kahananui, Donna Buss, Emily Anelli, Fermin Leguen, Jacqueline Ayala, Jacques Graham, Jonas Maratita, Jonna Arqueros, Julie Maldonado, Kim Saner, Kimberly Monahan, Kimberly Monahan, Kyle Parkson, Lourdes Yapjoco, Luann Province, Luann Province, Merylyn Yegon, Ryan Kelsch, Sandy Lockett, Tabitha Johnson, Tawana Bellamy, Todd Bleak

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

The Chair called the Southern Nevada Community Health Center (SNCHC) Governing Board Meeting to order at 2:32 p.m. Tawana Bellamy, Senior Administrative Specialist, administered the roll call and confirmed a quorum.

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.

Ms. Bellamy provided clear and complete instructions for members of the general public to call in to the meeting to provide public comment, including a telephone number and access code.

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

IV. ADOPTION OF THE MARCH 19, 2024 MEETING AGENDA *(for possible action)*

A motion was made by Member Castro, seconded by Member Hunt and carried unanimously to approve the March 19, 2024 Meeting Agenda, as presented.

V. CONSENT AGENDA: Items for action to be considered by the Southern Nevada Community Health Center Governing Board 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 – SNCHC GOVERNING BOARD MEETING:** February 20, 2024 *(for possible action)*
- 2. Approve Credentialing and Privileging of Providers Taryn Ouma, LMFT, LCADC and Rithy Khim;** direct staff accordingly or take other action as deemed necessary *(for possible action)*
- 3. Approval of the Medical Management of Vaccine/Medication Reactions/Medical Events Policy;** direct staff accordingly or take other action as deemed necessary *(for possible action)*

A motion was made by Member Black, seconded by Member Macias-Villa, and carried unanimously to approve the Consent Agenda, as presented.

VI. REPORT / DISCUSSION / ACTION

- 1. Receive, Discuss and Accept the January 2024 Year To Date Financial Report;** direct staff accordingly or take other action as deemed necessary *(for possible action)*

Donnie (DJ) Whitaker, Chief Financial Officer presented the January 2024 Year to Date Financial Report as of January 31, 2024. Ms. Whitaker noted that the report includes the budget augmentation approved in January 2024.

A motion was made by Member Black, seconded by Member Castro, and carried unanimously to accept the January 2024 Year to Date Financial Report, as presented.

VII. BOARD REPORTS: The Southern Nevada District Board of Health members may identify and comment on Health District related issues. Comments made by individual Board members during this portion of the agenda will not be acted upon by the Southern Nevada District Board of Health unless that subject is on the agenda and scheduled for action. *(Information Only)*

There were no board reports.

VIII. EXECUTIVE DIRECTOR & STAFF REPORTS (*Information Only*)

- CEO Comments

Mr. Smith provided a summary of the employee engagements efforts across the health center, acknowledging staff who volunteered their time to fill the role of an Employee Engagement Champion. Mr. Smith commented that leadership thought it would be essential to have champions to help gain a good understanding of the needs of employees. Mr. Smith further provided an overview of engagement activities that were developed from townhall meetings in three areas: trust, retention and future success.

Member Feliz-Barrows joined the meeting at 2:46 p.m.

- Mr. Smith shared some highlights from the February 2024 operations report.

Further to an inquiry from Member Black regarding the health center's capacity to grow without displacing people that need medical help, Mr. Smith commented, yes, the health center has capacity to grow without displacing people. Mr. Smith further commented that we need to make a more concerted effort through our marketing and our engagement with our Medicaid plans and Medicaid clients that are already being served at the Health District.

Further to an inquiry from Member Black about a funding mechanism that HRSA has contemplated with the FQHC to create a CHC foundation to have a supplemental and targeted revenue stream for specific types of medical services that people cannot pay for, Mr. Smith advised that HRSA does not have any restrictions on fund raising. Mr. Smith commented that he would need to check if this was something the Health District is allowed to do since the health center operates as a co-applicant at the Health District.

Member Feliz-Barrows expressed appreciation for Mr. Smith's efforts to improve the situation and commented that he provided a great report.

There were no further comments.

IX. INFORMATIONAL ITEMS

- Community Health Center (FQHC) February 2024 Operations Reports

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

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

XIII. ADJOURNMENT

The Chair adjourned the meeting at 3:31 p.m.

Randy Smith
Chief Executive Officer - FQHC

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**SOUTHERN NEVADA HEALTH DISTRICT
DIVISIONAL POLICY AND PROCEDURE**

DIVISION:	Primary and Preventive Care and FQHC	NUMBER(s):	PPC-ADM-001-C CHCA-021
PROGRAM:	Division Wide	VERSION:	1.03
TITLE:	Responding to Medical Emergencies	PAGE:	1 of 6
		EFFECTIVE DATE: Click or tap here to enter text.	
DESCRIPTION: To provide guidance for responding to a medical emergency		ORIGINATION DATE: June 18, 2008	
APPROVED BY: DEPUTY DISTRICT HEALTH OFFICER - OPERATIONS		REPLACES: CS-ADM-001-C	
Cassius Lockett, PhD		Date	
FQHC CHIEF OPERATIONS OFFICER:			
Randy Smith		Date	
CHIEF ADMINISTRATIVE NURSE:			
Lourdes C. Yapjoco, MSN, RN, CCM		Date	

I. PURPOSE

To provide a timely and appropriate response to a medical emergency affecting a patient, client, employee, volunteer, student, vendor, contractor, or other person that occurs on or adjacent to a Health District location.

II. SCOPE

Applies to all Workforce members while responding to a medical emergency or while engaged in other activities required to support this response (e.g., training or quality improvement activities). This policy only applies to locations where there are Workforce members trained and equipped to respond. A list of such locations is attached.

III. POLICY

It is the policy of the Health District to train and provide the necessary resources to Workforce members so as they can provide a timely and appropriate response to a medical emergency. Only those Workforce members properly licensed and/or trained are authorized to respond.

IV. PROCEDURE

Dr Bluebird Response

Definition: A coordinated response to a medical emergency occurring in a common area, a programmatic or administrative area, any area immediately outside of but adjacent to the premises of a Health District location. Does not include clinical areas.

A. Assignment of Roles

- 1) Nurses from the Division of Primary and Preventive Care (PPC) and the Southern Nevada Community Health Center (SNCHC) will be pre-identified to participate. The PPC Division Director and the FQHC Chief Executive Officer (CEO), or their designees, will be responsible for identifying such nurses.
- 2) Designated Dr Bluebird Response 'Teams' will not be pre-identified or scheduled. Instead, any nurse trained and available to respond can do so. This eliminates the need to create and maintain schedules or to ensure the availability of back-ups.
- 3) Dr. Bluebird Response Teams will be assigned on rotation in locations where there are nurses from both PPC and SNCHC (e.g., 280 s. Decatur). Rotation schedule will be set by PPC Division Director and the FQHC Chief Executive Officer (CEO) and submitted to the Chief Administrative Nurse by December prior to the next calendar year.
- 4) Nurses pre-identified to respond will be provided with the appropriate training.
- 5) Security personnel will provide assistance.

B. Activation and Response

- 1) A 'Dr. Bluebird' is activated by dialing '28' and announcing 'Dr Bluebird' followed by the location of the person experiencing the medical emergency.
 - a. This announcement should be made a minimum of three (3) consecutive times.
 - b. This activation can be done by any Workforce member, who may also call 911 if appropriate.
- 2) The Dr. Bluebird Response Team will respond immediately to the specific location, with at least one nurse bringing an emergency cart and oxygen tank. Security will also respond.
- 3) Upon arrival, the assembled team will:

Responding to Medical Emergencies

- a. Designate someone as the lead who in addition to assisting the other team member(s), will oversee the response and ensure other team member(s) are wearing the appropriate personal protective equipment (PPE).
- b. Assess the person to determine the nature, extent, and severity of the medical emergency.
- c. Administer the appropriate response using protocols such as those referenced in this policy.
- d. Request the assistance of a physician or other provider, additional nursing staff, or administrative staff, if needed, and alert them.
- e. Request EMS, if needed, and upon their arrival, inform them of the response.
- f. Secure the area, ensuring safety of the response team and privacy for the person experiencing the medical emergency.
- g. Inform the person as well as anyone accompanying them (provided the appropriate consents are obtained) of the response, answer any questions and provide appropriate instructions and education.
- h. Document the response on the Medical Event Form.

C. Follow-up

- 1) A member of the response team will contact the person who experienced the medical emergency within one to two (1-2) business days to inquire about their current health status. This information will be documented on the Medical Event Form.
 - a. No follow-up contact is needed for non-patients/non-clients (e.g., visitors to the building only).
- 2) Once completed, email the form to medeventreview@snhd.org which is distributed to the Deputy Health Officer of Operations, Chief Administrative Nurse/PPC Division Director, FQHC CEO, FQHC Medical Director, FQHC Senior Manager, the General Counsel or their designee.

Dr. Whitebird Response

Definition: A coordinated response to a medical emergency occurring within a clinical area.

A. Assignment of Roles

- 1) Clinic staff will respond to their own patients or clients as part of a Dr Whitebird Response. Designated Dr Whitebird Response Teams will not be pre-identified or scheduled.
- 2) Clinical staff will be provided with the appropriate training.
- 3) Security personnel will assist.

B. Activation and Response

Responding to Medical Emergencies

- 1) A 'Dr. Whitebird' is activated by dialing '28' and announcing 'Dr Whitebird' followed by the location of the person experiencing the medical emergency.
 - a. This announcement should be made a minimum of three (3) consecutive times.
 - b. This activation can be done by any clinical staff member, who may also call 911 if appropriate.
 - c. Alternatively, a staff member, upon recognizing that a patient or client is experiencing a medical emergency, may just call out to other staff in the vicinity, alerting them to the situation, requesting their assistance, and informing them of the location.
- 2) Clinic staff in the area will respond immediately to the specific location, with at least one staff bringing along the emergency cart and oxygen tank. Security will also respond.
- 3) Upon arrival, the assembled team will:
 - a. Designate someone as the lead who in addition to assisting the other team member(s), will oversee the response and ensure other team member(s) are wearing the appropriate PPE.
 - b. Assess the person to determine the nature, extent, and severity of the medical event.
 - c. Administer the appropriate response using protocols such as those referenced in this policy.
 - d. Request the assistance of a physician or other provider, additional nursing staff, or administrative staff, if needed, and alert them.
 - e. Request EMS, if needed, and upon their arrival, inform them of the response.
 - f. Secure the area, ensuring safety of the response team and privacy for the person experiencing the medical emergency.
 - g. Inform the person as well as anyone accompanying them (provided the appropriate consents are obtained) of the response, answer any questions and provide appropriate instructions and education.
 - h. Document the response on the Medical Event Form and in the patient's or client's medical record, if appropriate.

C. Follow-up

- 1) For best practice, a member of the response team will contact the person who experienced the medical emergency within one to two (1-2) business days to inquire about their current health status. This information will be documented on the Medical Event Form. Follow-up is not required for those who not patients of SNHD/SNCHC.
- 2) Once completed, email the form to medeventreview@snhd.org which is distributed to the Deputy Health Officer of Operations, Chief Administrative Nurse/PPC Division

Director, FQHC CEO, FQHC Medical Director, FQHC Senior Manager, the General Counsel or their designee.

Additional Sections

A. Emergency Carts and AEDs

- 1) Emergency carts are pre-positioned at pre-determined PPC and SNCHC locations.
- 2) The type of equipment and supplies needed to stock the carts will be reviewed periodically for appropriateness to a medical event response. An oxygen tank will be placed next to each cart and will be included in its inventory. A checklist will be used to aid in maintaining the inventory, and expiration dates will accompany each of these items to aid in their rotation.
- 3) Staff designated by the PPC and SNCHC location's CHN Supervisor will be responsible for maintaining the inventory and rotating-out expired items, to be checked on monthly schedule and following every response. Staff will then document their effort by affixing their initials and the date on the checklist. A copy of the checklist will be submitted to the Chief Administrative Nurse or designee every 6 months, on January and July of each year.
- 4) Automated External Defibrillators (AEDs) are pre-positioned throughout SNHD and SNCHC locations.

B. Required Training

- 1) Excluding security personnel, all Workforce members pre-identified to participate in a Dr Bluebird Response, all providers that may be called-in to assist in such a response, as well as any staff who may be involved in a Dr. Whitebird Response, will be required to complete the following:
 - a. Basic Life Support (BLS), a training offered by SNHD staff or an outside entity which includes administering CPR and using an AED - every two (2) years.
 - b. Lifesaver Skills Course, a training developed and offered by SNHD staff which includes administering basic first aid - annually.
 - c. Overdose Response with Naloxone Training, a training developed and offered by SNHD staff which includes administering Naloxone (Narcan) to those suspected of overdosing on Opioids - one time.
 - d. Dr Bluebird/Dr Whitebird response, a training which includes reviewing and acknowledging this policy and participating in a mock exercise of it - annually.

C. Quality Improvement

- 1) Key stakeholders, including the Chief Administrative Nurse/PPC Division Director, FQHC CEO, SNCHC Medical Director, Clinical Staff Physicians, Nursing

Managers and Supervisors, the Quality Management Coordinator, and representatives from Security and Legal will meet quarterly to:

- a. Review events and responses that occurred in the previous quarters, using the completed Medical Event Forms as well as input from the respondents to inform the discussion.
- b. Identify areas in need of improvement.
- c. Recommend changes.
- d. Develop a plan to inform staff of any changes and/or provide additional training.
- e. In addition to discussing and recommending changes based on the review of past responses, identify and discuss new or emerging recommendations or guidelines that may be relevant and make recommendations for changes, as appropriate.

Acronyms/Definitions

None

V. REFERENCES

- Administering Epinephrine or Benadryl
- Responding to a syncopal or pre-syncopal episode
- Responding to an opioid overdose
- Managing an adverse reaction to a medication or vaccine

VI. DIRECT RELATED INQUIRIES TO

Chief Administrative Nurse

HISTORY TABLE

Table 1: History

Version/Section	Effective Date	Change Made
Version 2		Changed to a Division Wide policy, changed policy numbering for PPC, added policy number for FQHC; updated content
Version 1	09-18-2017	Updated policy, renumbered to CS-ADM-001-C
Version 0	06-10-2008	First issuance

VII. ATTACHMENTS

Attachment No. PPC-ADM-001-C ATT-1, List Health District locations

Attachment No. PPC-ADM-001-C ATT-2, Medical Event Form

Attachment No. PPC-ADM-001-C ATT-3, Emergency Cart Checklist

DRAFT



AT THE SOUTHERN NEVADA HEALTH DISTRICT

SOUTHERN NEVADA COMMUNITY HEALTH CENTER POLICY AND PROCEDURE

DIVISION: Administration Federally Qualified Health Center	NUMBER(s): CHCA-002 VERSION: 1.00 Page: 1 of 5
PROGRAM: Administration Finance	
TITLE: Sliding Fee Policy	EFFECTIVE DATE: (Date signed by DHO) 05/11/2022
DESCRIPTION: To determine eligibility for fee discounts under the Sliding Fee Schedule	ORIGINATION DATE: New
APPROVED BY: DISTRICT HEALTHCHIEF EXECUTIVE OFFICER:	Replaces: New
Fermin Leguen, MD, MPH Randy Smith _____ Date	

I. PURPOSE

To ensure that Southern Nevada Community Health Center (SNCHC) provides services to all patients without regard to the patient's ability to pay. No patient will be denied service due to an individual's inability to pay.

II. SCOPE

Sliding fee discounts are uniformly applicable/offered to all patients regardless of their insurance status. Assessments are based only on income and family size. All services within the HRSA scope of project are offered at a sliding fee discount, regardless of the mode of delivery.

III. POLICY

It is the policy of the SNCHC to comply with 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). This policy is designed to reduce barriers to accessing health services for patients.

IV. PROCEDURE

A. Sliding Fee Discount Schedule

1. All patients whose income is at or below 200% of the Federal Poverty Guidelines (FPG) will have access to a Sliding Fee Discount Schedule (SFDS).
2. Eligibility for discounts under the SFDS will be based solely on income and family size.
 - a. Patients with income at or below 100% of FPG will receive a full discount but will be ~~assessed~~required to pay a nominal fee.
 - b. Patients ~~with hose~~incomes is between from 100% and up to and including, 200% of FPG will receive a sliding fee discount.

B. Sliding Fee Categories

1. The sliding fee ~~schedule~~ale has three discount categories ~~from between~~ 100% - to 200% of the FPG.

NOTE: No ~~sliding~~ fee discounts are offered to patients whose income is greater than 200% of the FPG ~~except for the Family Planning (FP) and, Ryan White (RW) programs), or SHC programs (see below).~~

The ~~schedule also includes a~~ nominal fee. The nominal fee is less than the fee ~~assessed paid by at~~ patients in the first sliding fee discounting pay class beginning ~~at above~~ 100% of the FPG. The SFDS will assure that all SFDS patients have access to all services within the approved scope of project under the HRSA Section 330 grant.

- ~~2. For patients whose income is at or below 100% of the FPG will have a nominal fee assessed of \$20. For patients whose income is over 100% but up to and including 150% of the FPG the flat charge is \$35, for patients whose income is over 150% and up to and including 175% of the FPG the flat fee is \$45. For patients whose income is over 175% and up to 200% of the FPG the flat fee is \$55. For patients whose income is over 200% will not receive a discount.~~

The nominal charge for patients at or below 100% of the FPG is a flat amount, nominal from the perspective of the ~~patient and patient and~~ does not reflect the actual cost of the service being provided.

- ~~3.2.~~ Patients with third-party insurance that does not cover, or only partially covers, fees for health center services are eligible for sliding fee discounts based on income and family size. In such cases, subject to contractual limitations, the charge for each sliding fee discount pay class is the maximum amount an eligible patient in that pay class is required to pay for a certain service.

~~A. NOTE: Patients are reassessed no less frequently than annually. Ryan White~~

~~patients are reassessed every six months.~~

C. Income and Family Size Determination Information

1. Patients must provide proof of income for staff to assign the Sliding Fee Category.
2. Family Size is determined by having the patient disclose how many people are supported by the stated income.

Family is defined as the applicant and the number of individuals who qualify as IRS dependents of the applicant determines family size. This includes the applicant, spouse, dependent children, and any other individual that qualifies as a personal exemption for tax reporting purposes.

3. Income is defined as wages, tips, and salaries before any deductions; of all of the adult members of the household. This includes regular payments from public assistance, social security, unemployment, worker's compensation, alimony, child support, and military family allotments or other regular support from an absent family member or someone not living in the ~~household;~~ household, or pensions, and private pensions, etc. Patients may demonstrate proof of income by providing documentation of income (e.g., paystubs, W2s, etc.), or can complete and sign SNCHC's Certification of Income form attesting to their income and family size.

~~—Non-cash benefits (such as food stamps and housing subsidies) do not count.~~

~~3. —~~ A patient's income and family size are assessed upon establishing care with the health center and no less frequently than annually thereafter. Ryan White patients are reassessed every six months.

D. Notification of Discounts

- 4.1. All patients of SNHD will be notified of the availability of the SFDS in the following ways:

Signage in Waiting Rooms

Registration Staff

Eligibility Staff

Web Site

5. Notification methods will utilize appropriate language and literacy levels for the populations being served.

2. ~~The SFDS will be based on a schedule of fees for the provision of services that is designed to cover the reasonable costs of providing services and consistent with~~

~~locally prevailing rates.~~

~~**Patients are reassessed no less frequently than annually. Ryan White patients are reassessed every six months.**~~

~~6.~~

~~**D. Family Planning and SHC**~~

~~For FP and SHC clinic patients whose income is over 200% and up to 250% of the FPG will be assessed the flat fee of \$60 and then Full Charges will be assessed. For patients whose income is greater than 250% of FPG full charges will be assessed.~~

DRAFT

E. Ryan White

Ryan White patients receive a discount on charges based on their annual income.

F.E. Other

1. The SFDS is based on the health center's schedule of fees for the provision of services that is designed to cover the reasonable costs of providing services and consistent with locally prevailing rates.
- ~~1.2.~~ The SFDS ~~is will be~~ updated annually to reflect for changes to the FPG. ~~These changes will be incorporated in the SFDS within 60 days of publication in the Federal Register.~~
- ~~2.3.~~ Patients who refused to complete the Certification of Income documentationsliding fee application are not eligible ~~for the~~to participate in ~~slidingthe sliding~~ fee discount program and will be assessed the full charge for their visit.
4. A sliding fee evaluation ~~iswill be~~ conducted at least every three years. Internal and external ~~The following data metrics arewill be usedanalyzed to evaluate the effectiveness of the program's policies and discount schedules in reducing financial barriers to care. Evaluation activities can include ;~~ results of patient satisfaction surveys or focus groups ~~;~~ surveys of patients at various income levels to evaluate the effectiveness of its sliding fee discount program in reducing financial barriers to care, financial reports showing patient payment ;participation utilization to assess the rate at which patients within each of its discount ~~pay classes,~~ and an assessment of the prevailing nominal and sliding fee charges amongst other local FQHCsas well as those at or below 100 percent of the FPG, are accessing health center services.
- ~~3.~~ Upon the completion of the evaluation, staff will identify potential and implement changes ~~as neededand will recommend to the Governing Board for approval.~~
- ~~4.5.~~ Charges or fees may be reduced or waived to assist patients experiencing circumstances that directly impact their physical well-being and health. The DHO, CEO CFO, CFO, FQHC ~~operationsAdministrative m~~Manager, CHN Manager and Revenue Cycle ~~m~~Manager have the authority to waive charges and other patient fees in cases where it is determined that the charge or other patient fees represents a barrier to care. Patient fees maybe discounted or waived in the case of recent hospital stay, extraordinary personal circumstances or other unusual situations, etc. Staff members may refer patients or patients may directly contact authorized administrative staff to discuss additional discounts needed due to hardship. All patients regardless of income or insurance status are eligible to apply for a waiver of fee.

~~5.6.~~ SNCHC does not limit or deny services due to a patient refusing to pay.

~~6.7.~~ See the Sliding Fee Scale for additional information.

V. REFERENCES

1. HRSA Site Visit Protocol: <https://bphc.hrsa.gov/programrequirements/site-visit-protocol>
2. Health Centers Program Compliance Manual: <https://bphc.hrsa.gov/programrequirements/compliancemanual/index.html>
3. Section 330(k)(3)(G) of the PHS Act, 42 CFR 51c303(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)

HISTORY TABLE

Table 1: History

Version/Section	Effective Date	Change Made
<u>Version 1</u>		Changed division, program and approver. Updated the procedure section.
Version 0	05/11/2022	First issuance

VI. ATTACHMENTS

Not Applicable



AT THE SOUTHERN NEVADA HEALTH DISTRICT

SOUTHERN NEVADA COMMUNITY HEALTH CENTER POLICY AND PROCEDURE

DIVISION: Federally Qualified Health Center Administration		NUMBER(s): CHCA-003 VERSION: 1.0 10 Page: 1 of 3
PROGRAM: Finance		EFFECTIVE DATE: (Final Date Signed) 06/14/2022
TITLE: Patient Collections Policy		
DESCRIPTION: To establish guidelines for billing and collection for patients receiving medical, behavioral health, and dental services.		ORIGINATION DATE: New
APPROVED BY: DISTRICT HEALTH CHIEF EXECUTIVE OFFICER:		Replaces: New
06/14/2022		
Fermin Leguen, MD, MPH Randy Smith Date		

I. PURPOSE

To establish consistent guidelines for billing and collection practices for all patients receiving medical, behavioral health, and dental services [in the Southern Nevada Community Health Center \(SNCHC\)](#). The [Health District](#) employs ethical, legally compliant, and appropriate billing practices and ensures BPHC guidelines for patient billing and discounts related to Section 330 funding and other governmental regulations are implemented. Additionally, to ensure that all appropriate government and state regulations are adhered to in the creation and submission of charges.

II. SCOPE

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

It is the responsibility of the [FQHC Chief Executive Officer](#), Chief Financial Officer, and Revenue Cycle Manager to adhere and/or enforce this policy.

III. POLICY

It is the Health District's policy to provide quality healthcare to clients regardless of their ability to pay. The Health District is committed to designing and implementing patient-focused billing and collection practices that seek to minimize financial barriers patients may face in paying for services. Services will never be denied based upon the inability of patients to pay.

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 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/clients 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/clients 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/clients does not present for services and/or a patient/client'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.

DRAFT

- 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~~ 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

Governing Board Meeting

April 16, 2024



SOUTHERN NEVADA

Community

HEALTH CENTER

AT THE SOUTHERN NEVADA HEALTH DISTRICT



SOUTHERN NEVADA
Community
HEALTH CENTER

AT THE SOUTHERN NEVADA HEALTH DISTRICT

Updates to Clinical Master Fee Schedule

DONNIE (DJ) WHITAKER
CHIEF FINANCIAL OFFICER

APRIL 16, 2024

Clinical Master Fee Schedule Review

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

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 50th 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

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

CPTCODE	CPT Code Description	Current Rate	Proposed New Fee
	Pathology & Laboratory		
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)

	Immunizations/Vaccines		
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
	Mental Health		
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

Motion to Approve the Clinical Master Fee Schedule, as presented.





UPDATE TO FEDERAL POVERTY LEVEL

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

APRIL 16, 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 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%+					
		P-4: 200% to 250%		P-5: 251% +	P-4: 200% to 300%		P-5: 301% - 399%		P-6: 400%+	
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	



Questions?

MOTION

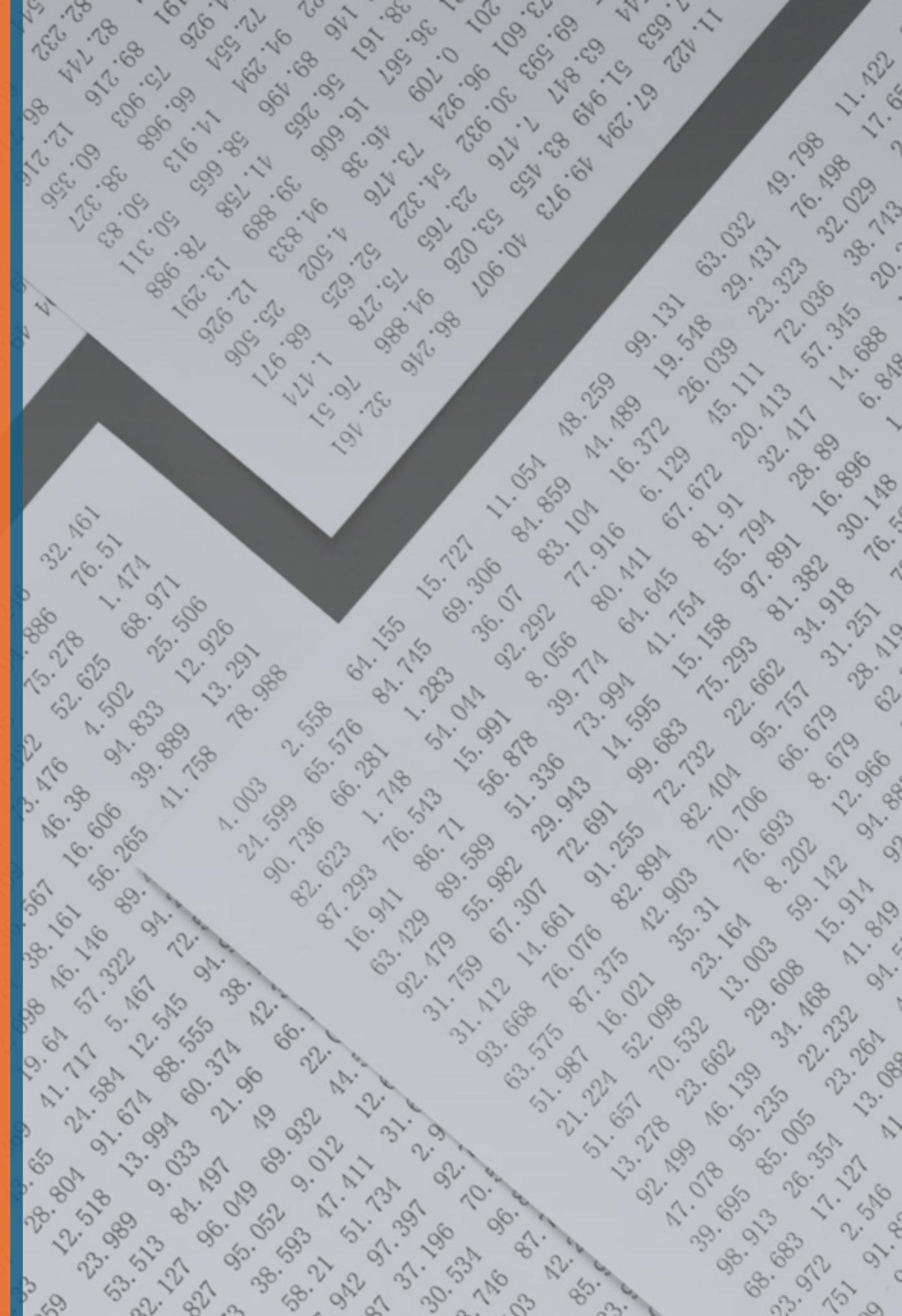
Motion to Approve the CY24 Federal Poverty Level Guidelines, as presented.



CLINICAL SLIDING FEE SCHEDULE

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

APRIL 16, 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)

- **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)

- 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 sliding 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)

- 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

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



Market Study of Fees for FQHCs in Nevada

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

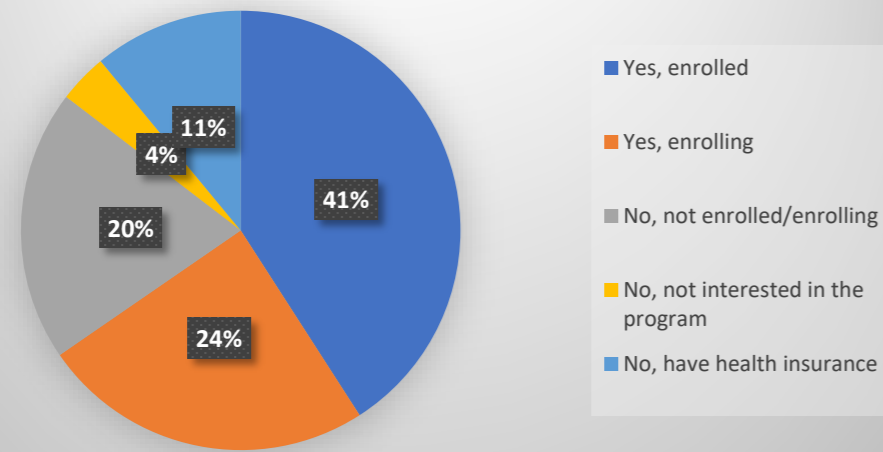
Market Study of Fees for FQHCs in Nevada

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

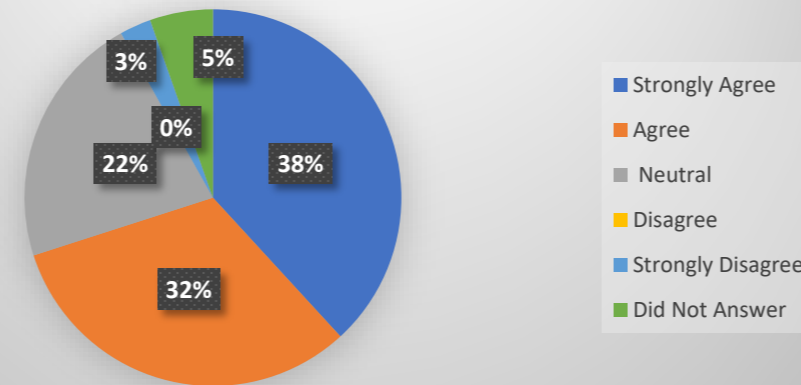
* Charges include office visit and basic labs

Sliding Fee Program Survey Results

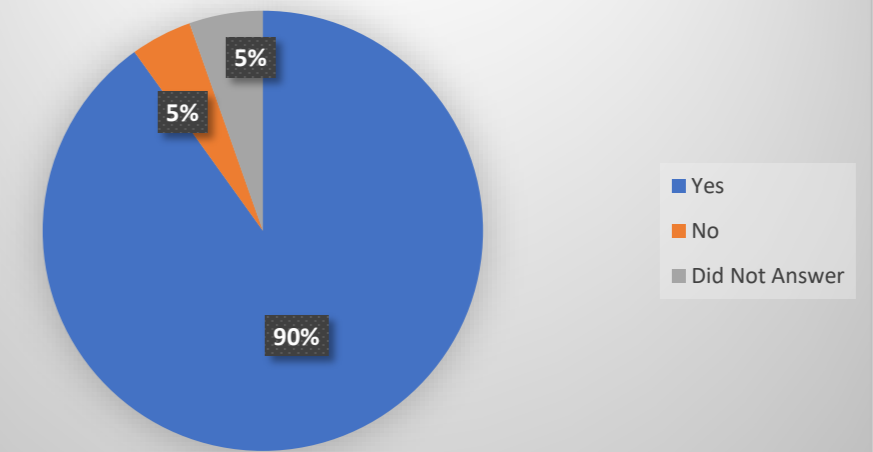
Q1: Are you enrolled or enrolling in the Sliding Fee Discount Program?



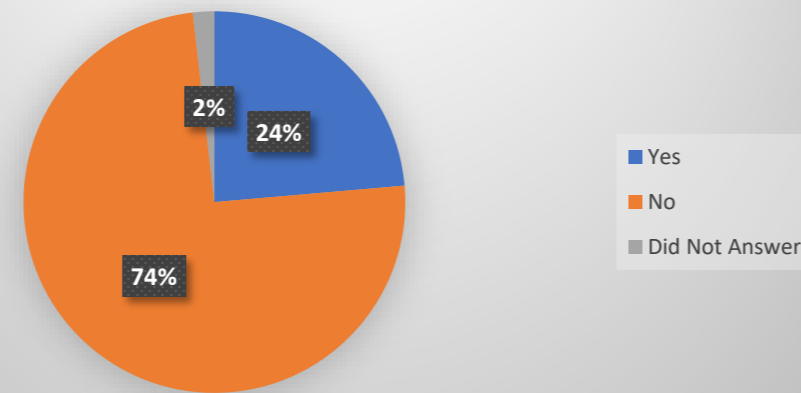
Q2: If so, do you think the fees are reasonable for the services provided by SNCHC?



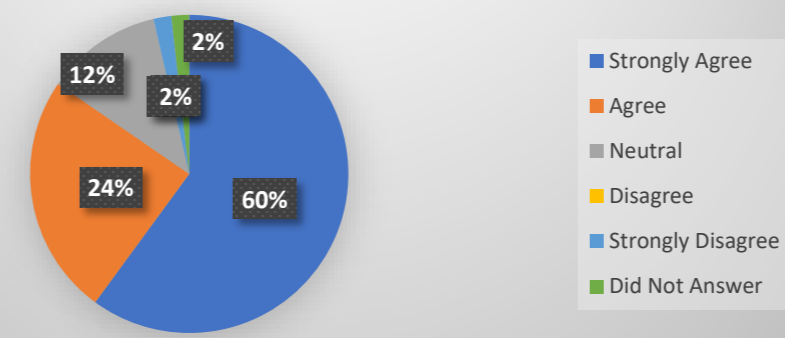
Q3: Does the sliding fee make it easier to access services at the Health Center?



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%-200%	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%-200%	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
SHC Follow Up Fees	\$11	\$18	\$24	\$29	\$105
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%-200%	201%-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%-200%	201%-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%-200%	201%-300%	301-399% +	400% +
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%-200%	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



THANK YOU
QUESTIONS?

MOTION

Motion to Approve the Clinical Sliding Fee Schedule, as presented.





Financial Report

Results as of February 29, 2024

All Funds/Divisions

Activity	Budget as of February	Actual as of February	Variance	%
Charges for Services	16,442,435	16,837,833	395,397	2%
Other	333,333	404,653	71,320	21%
Federal Revenue	4,814,295	2,477,098	(2,337,197)	-49%
Other Grant Revenue	76,756	4,978	(71,778)	-94%
Pass-Thru Revenue	2,010,839	1,854,805	(156,035)	-8%
State Revenue	107,585	156,510	48,925	45%
Total FQHC Revenue	23,785,245	21,735,877	(2,049,368)	-9%
Salaries	5,776,986	5,382,499	(394,487)	-7%
Taxes & Fringe Benefits	2,618,911	2,398,659	(220,252)	-8%
Travel & Training	57,060	53,047	(4,013)	-7%
Total Salaries & Benefits	8,452,957	7,834,205	(618,752)	-7%
Supplies	12,487,818	12,187,948	(299,870)	-2%
Capital Outlay	13,000	34,399	21,399	165%
Contractual	1,553,250	754,902	(798,348)	-51%
Total Other Operating	14,054,068	12,977,249	(1,076,819)	-8%
Indirect Costs/Cost Allocations	3,500,238	3,175,570	(324,668)	-9%
Transfers IN	(356,561)	(553,747)	(197,186)	55%
Transfers OUT	357,189	553,747	196,559	55%
Total Transfers	3,500,865	3,175,570	(325,295)	-9%
Total FQHC Expenses	26,007,890	23,987,024	(2,020,866)	-8%
Net Position	(2,222,645)	(2,251,147)	(28,502)	1%

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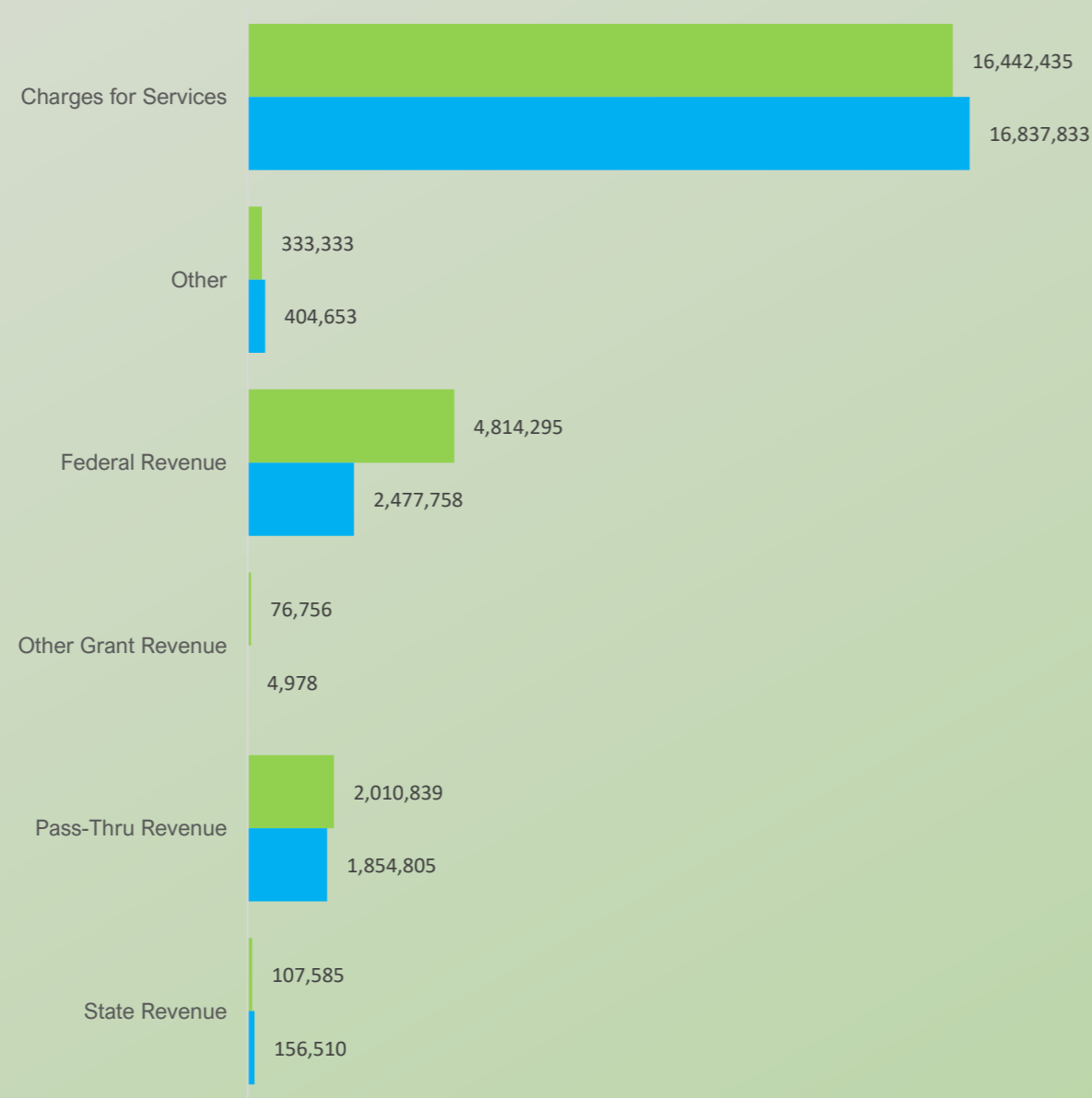
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NOTES:

- 1) GRANT REVENUE AND PERSONNEL ALLOCATION BUDGET UNDER REVIEW.
- 2) SIGNIFICANT BUDGETED CONTRACTS EXPENSES NOT REQUIRED AS OF FEBRUARY 2024.

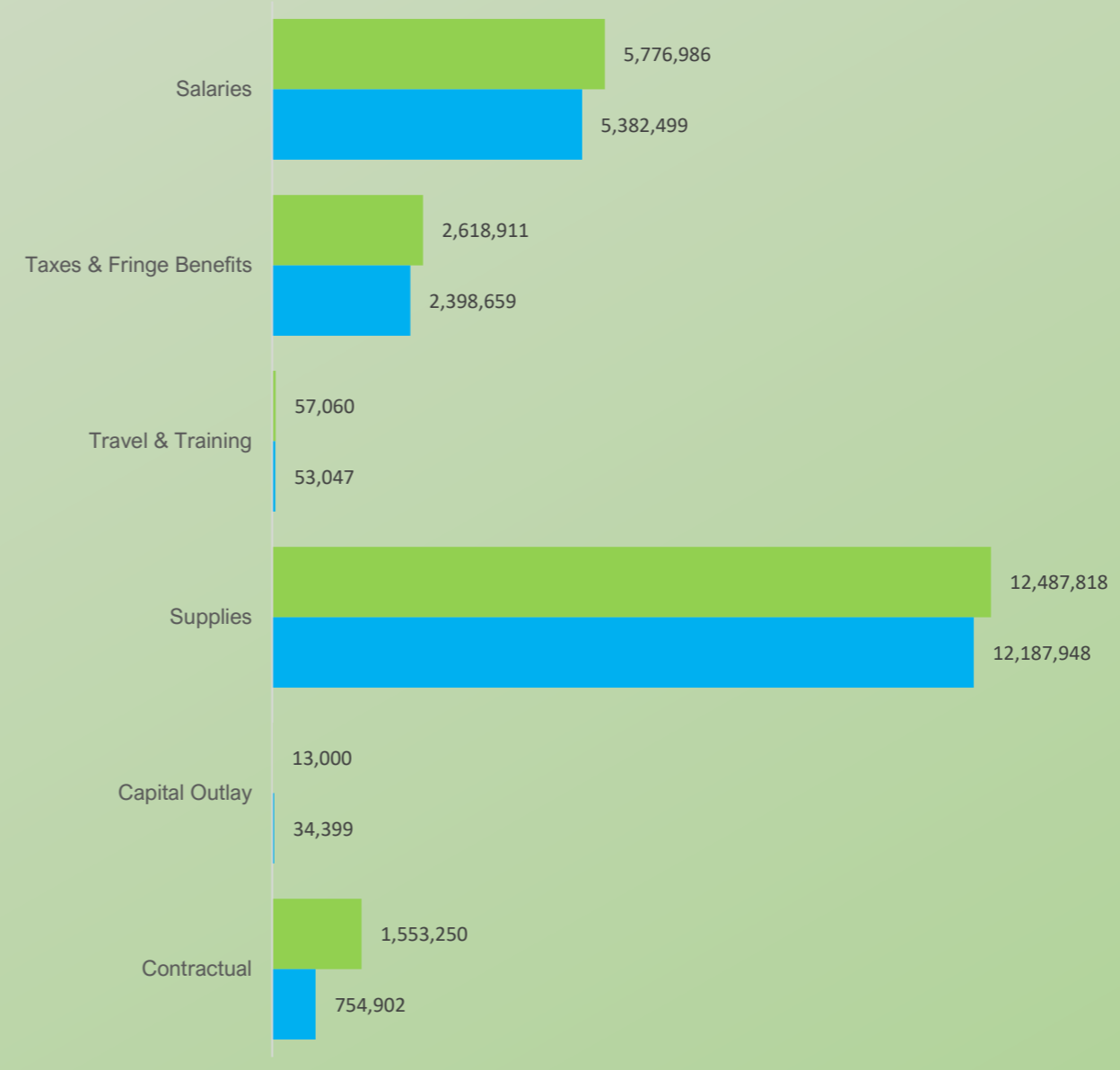
Revenues & Expenses

FQHC Total Revenue by Type



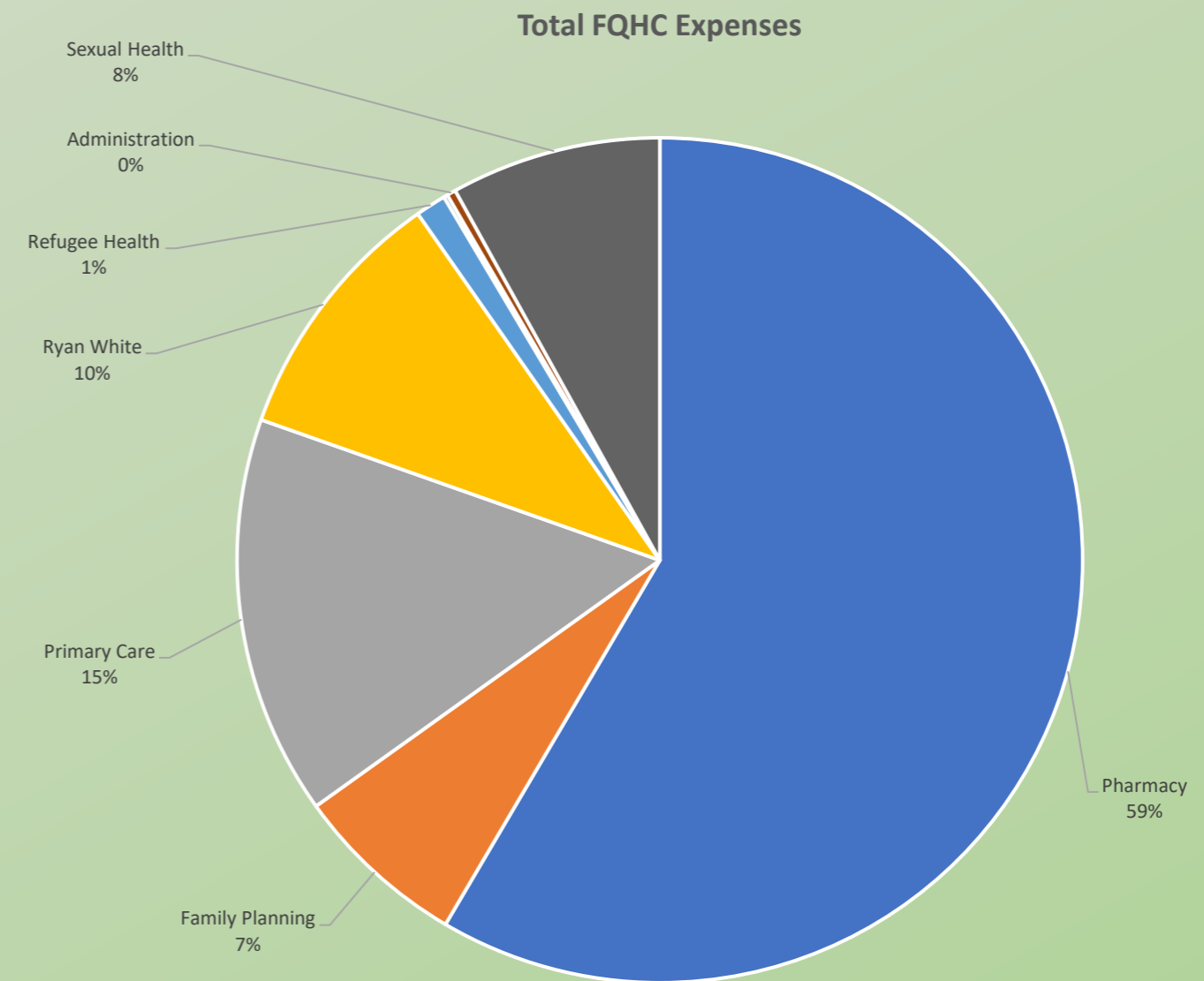
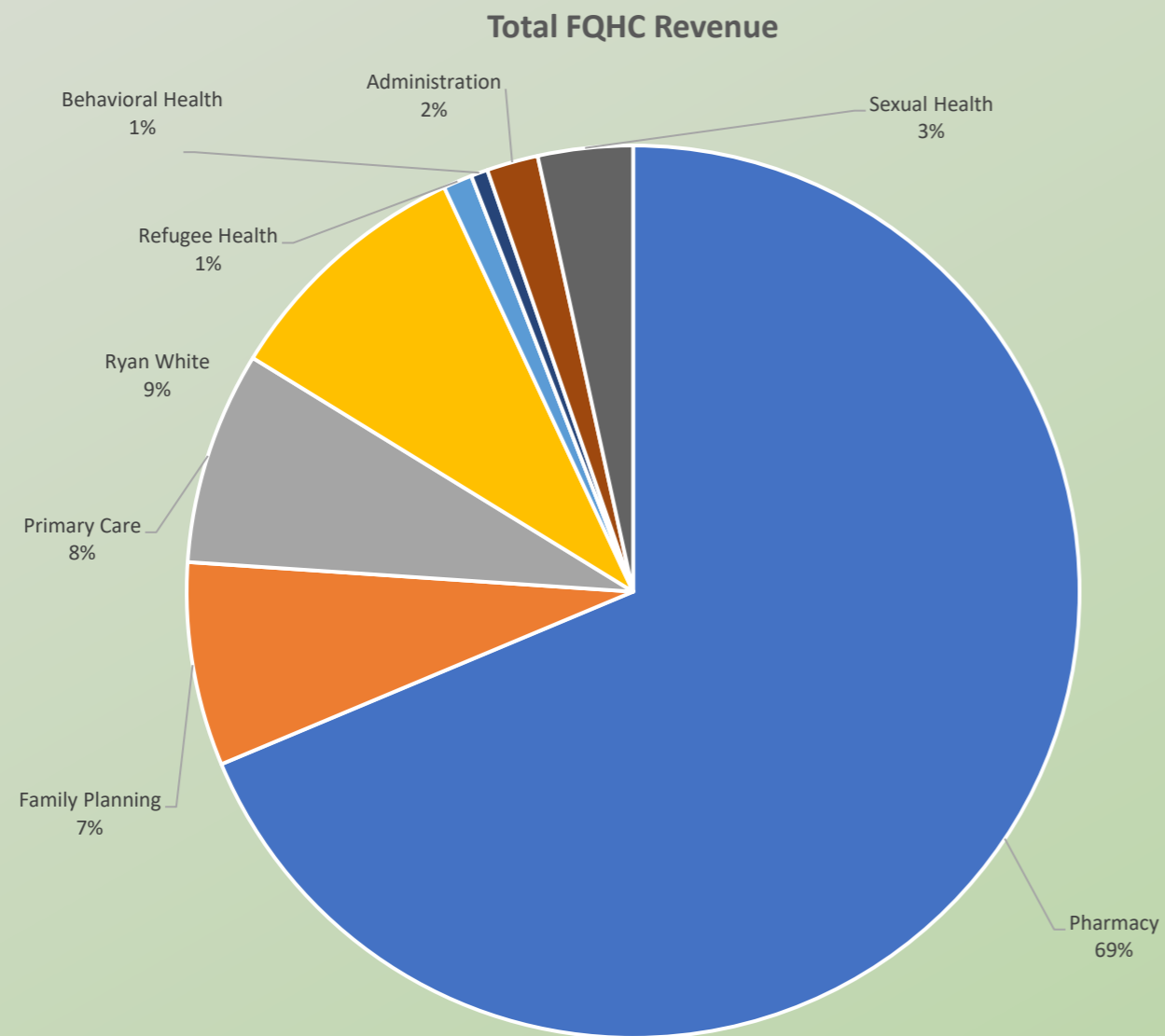
■ Budget ■ Actual

FQHC Total Expense by Type



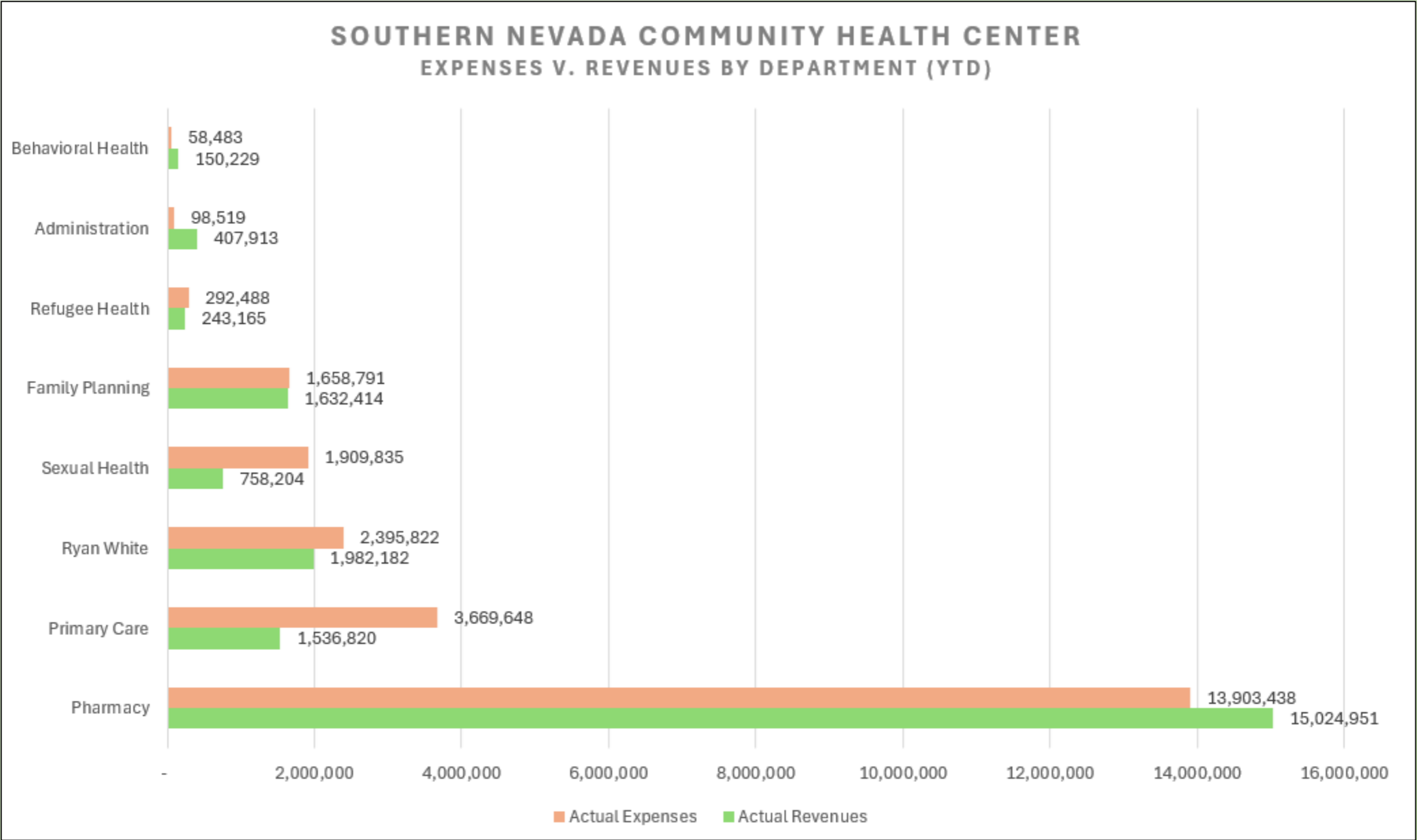
■ Budget ■ Actual

Revenues and Expenses by Department

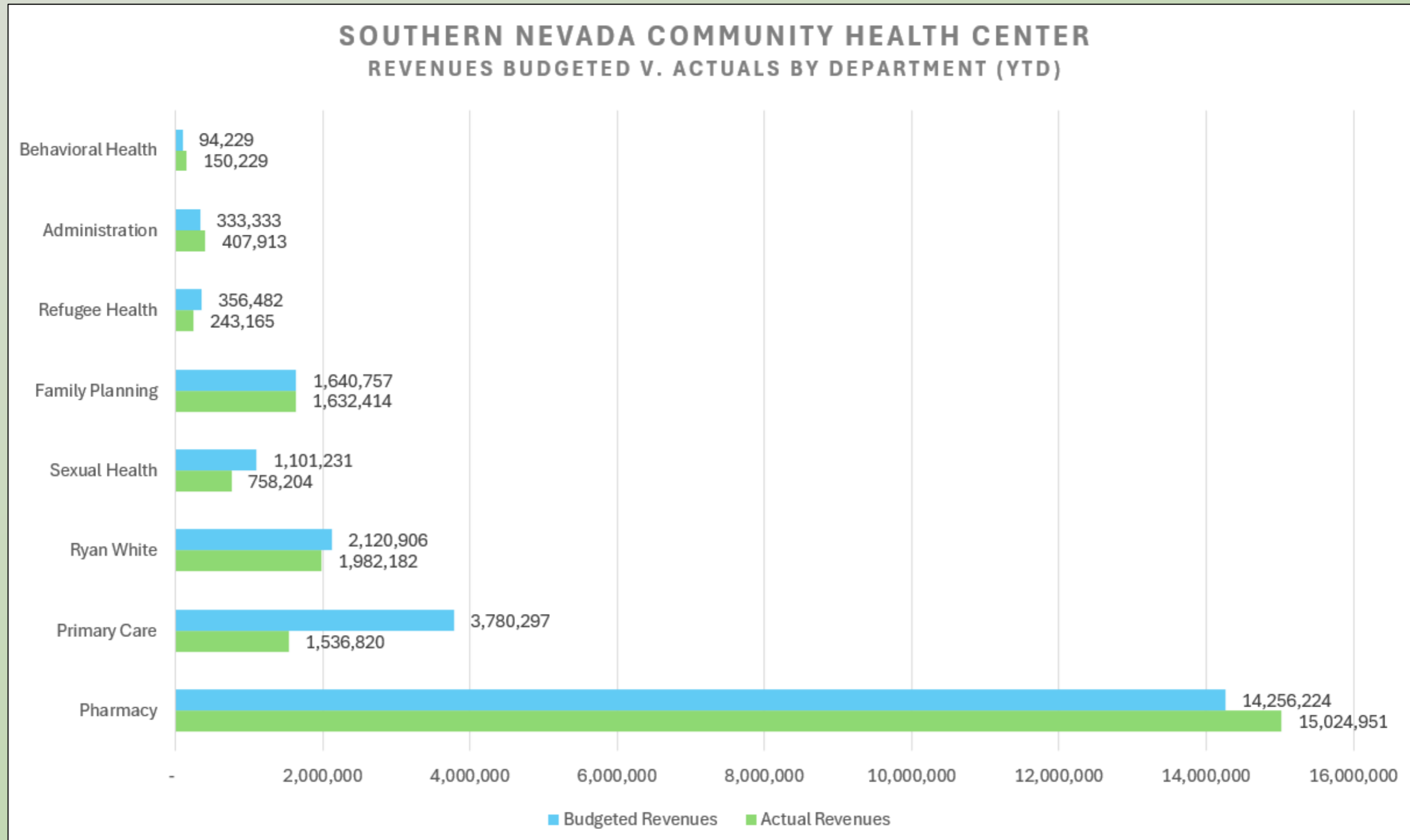


Expenses v. Revenues by Department

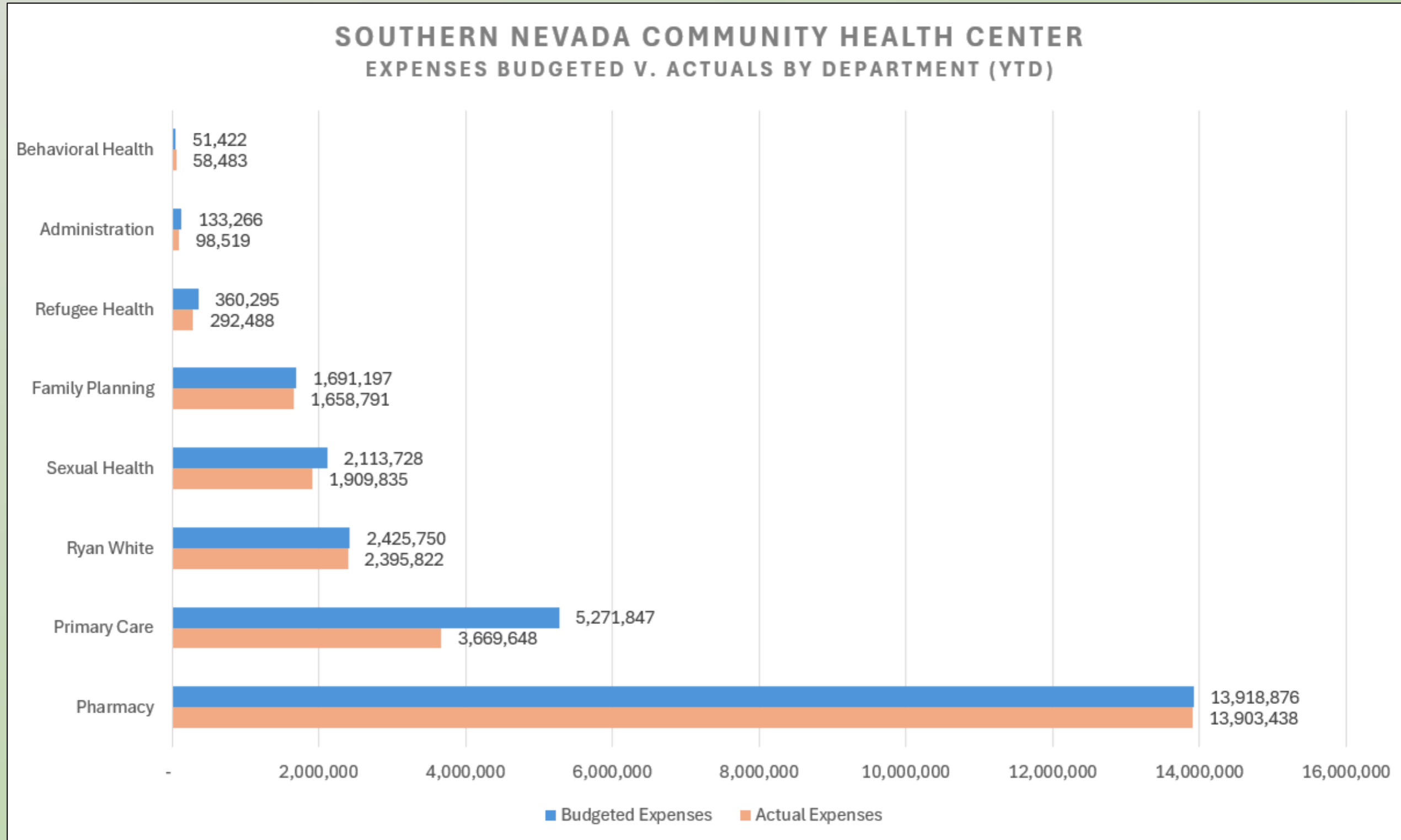
Year-to-Date



Revenues Budgeted v. Actuals by Department Year-to-Date



Expenses Budgeted v. Actuals by Department Year-to-Date



Revenue by Department

Department	Budget as of February	Actual as of February	Variance	%
Charges for Services, Other, Wrap				
Family Planning	310,661	288,667	(21,994)	-7%
Pharmacy	14,256,224	15,024,951	768,728	5%
Oral Health (Dental)	101,785	-	(101,785)	-100%
Primary Care	236,841	344,797	107,956	46%
Ryan White	279,925	228,211	(51,715)	-18%
Refugee Health	86,900	110,986	24,086	28%
Behavioral Health	94,229	118,296	24,067	26%
Administration	333,333	407,913	74,580	22%
Sexual Health	1,075,870	718,664	(357,206)	-33%
OPERATING REVENUE	16,775,769	17,242,486	466,717	3%
Grants				
Family Planning	1,330,095	1,343,746	13,651	1%
Pharmacy	-	-	-	0%
Oral Health (Dental)	-	-	-	0%
Primary Care	3,543,457	1,192,023	(2,351,434)	-66%
Ryan White	1,840,981	1,753,971	(87,009)	-5%
Refugee Health	269,582	132,179	(137,403)	-51%
Behavioral Health	-	31,933	31,933	0%
Sexual Health	25,361	39,539	14,178	56%
SPECIAL REVENUE	7,009,476	4,493,391	(2,516,085)	-36%
TOTAL REVENUE	23,785,245	21,735,877	(2,049,368)	-9%

NOTES:

- 1) ADDITIONAL 459K IN REVENUE RECEIVED FROM PRIOR YEAR'S ACTIVITY DUE TO VENDOR TRUE-UP FROM EFFECTIVE RATE CONTRACT.
- 2) SERVICES NOT YET OPERATIONAL IN FEBRUARY 2024 (ANTICIPATING GO-LIVE IN Q4 FY25). BUDGET WILL BE REALLOCATED IN THE NEXT AUGMENTATION.
- 3) APPROVED SHC BUDGET ESTABLISHED PRIOR TO CONSOLIDATION IN JULY 2023. MANAGEMENT IS REVIEWING FOR UPDATED EXPECTATIONS FOR FY24 AND FY25.
- 4) NO BUDGETED GRANT ACTIVITY FOR FY 2024.
- 5) GRANT REVENUE AND PERSONNEL ALLOCATION BUDGET UNDER REVIEW.
- 6) CAPACITY RESERVED BUT ENCOUNTERS LIMITED BY COMMUNITY PARTNERSHIP ELIGIBLE REFERRALS.

Expenses by Department

Department	Budget as of February	Actual as of February	Variance	%
Employment (Salaries, Taxes, Fringe)				
Family Planning	1,163,801	1,094,985	(68,815)	-6%
Pharmacy	249,887	216,937	(32,950)	-13%
Oral Health (Dental)	-	-	-	0%
Primary Care	3,153,539	2,828,468	(325,071)	-10%
Ryan White	1,908,835	1,842,845	(65,990)	-3%
Refugee Health	195,231	193,967	(1,265)	-1%
Behavioral Health	36,082	51,599	15,517	43%
Administration	62,855	66,259	3,405	5%
Sexual Health	1,625,667	1,486,098	(139,569)	-9%
Total Personnel Costs	8,395,897	7,781,158	(614,739)	-7%
Other (Supplies, Contractual, Capital, etc.)				
Family Planning	323,209	349,837	26,628	8%
Pharmacy	11,792,491	11,812,548	20,057	0%
Oral Health (Dental)	36,807	-	(36,807)	-100%
Primary Care	1,408,235	371,994	(1,036,241)	-74%
Ryan White	190,882	244,336	53,454	28%
Refugee Health	116,443	54,328	(62,115)	-53%
Behavioral Health	8,400	720	(7,680)	-91%
Administration	54,024	19,500	(34,524)	-64%
Sexual Health	180,638	177,035	(3,604)	-2%
Total Other Expenses	14,111,128	13,030,296	(1,080,832)	-8%
Total Operating Expenses	22,507,025	20,811,454	(1,695,571)	-8%
Indirect Costs/Cost Allocations	3,500,238	3,175,570	(324,668)	-9%
Transfers IN	(356,561)	(553,747)	(197,186)	55%
Transfers OUT	357,189	553,747	196,559	55%
Total Transfers & Allocations	3,500,865	3,175,570	(325,295)	-9%
TOTAL EXPENSES	26,007,890	23,987,024	(2,020,866)	-8%

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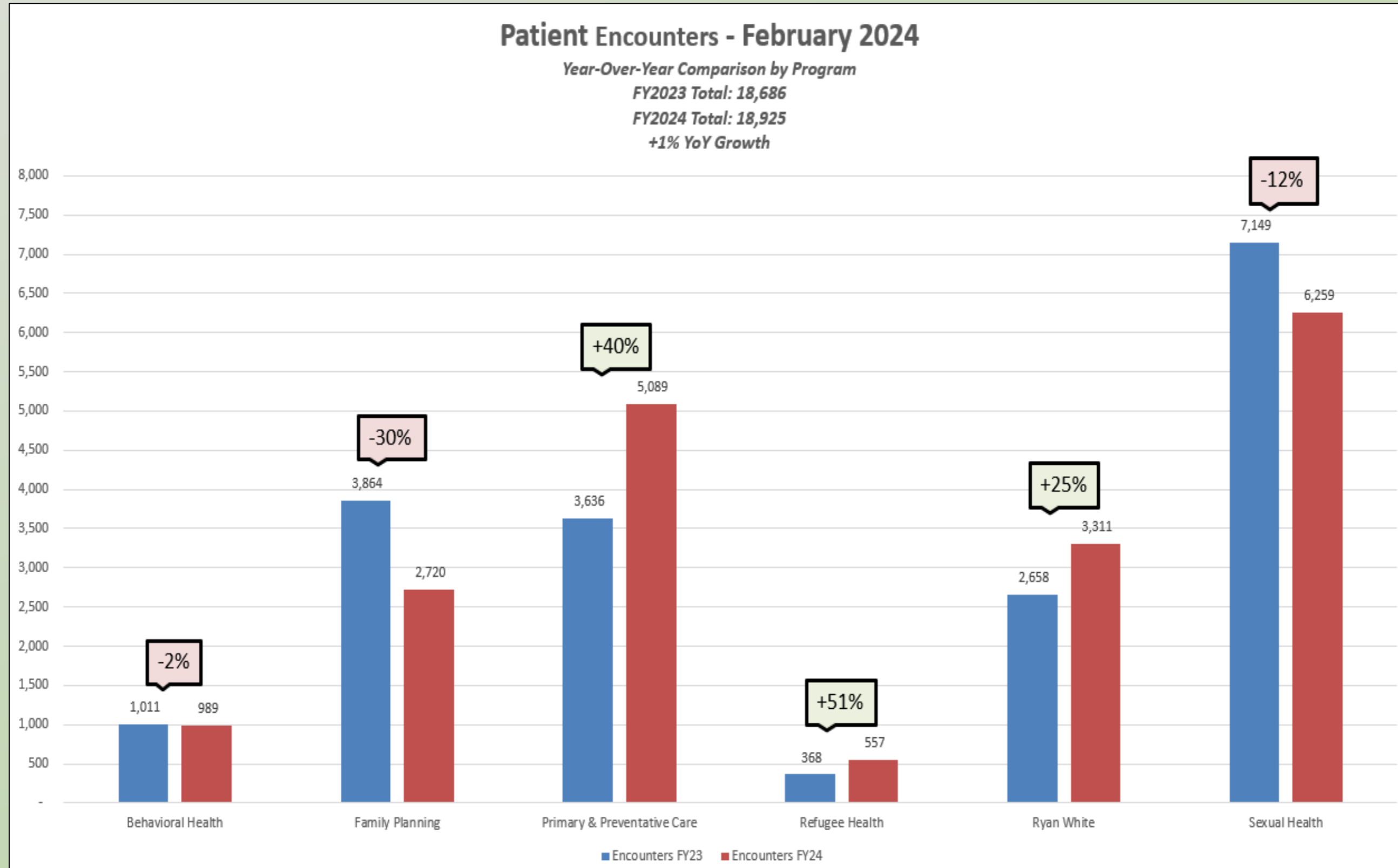
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NOTES:

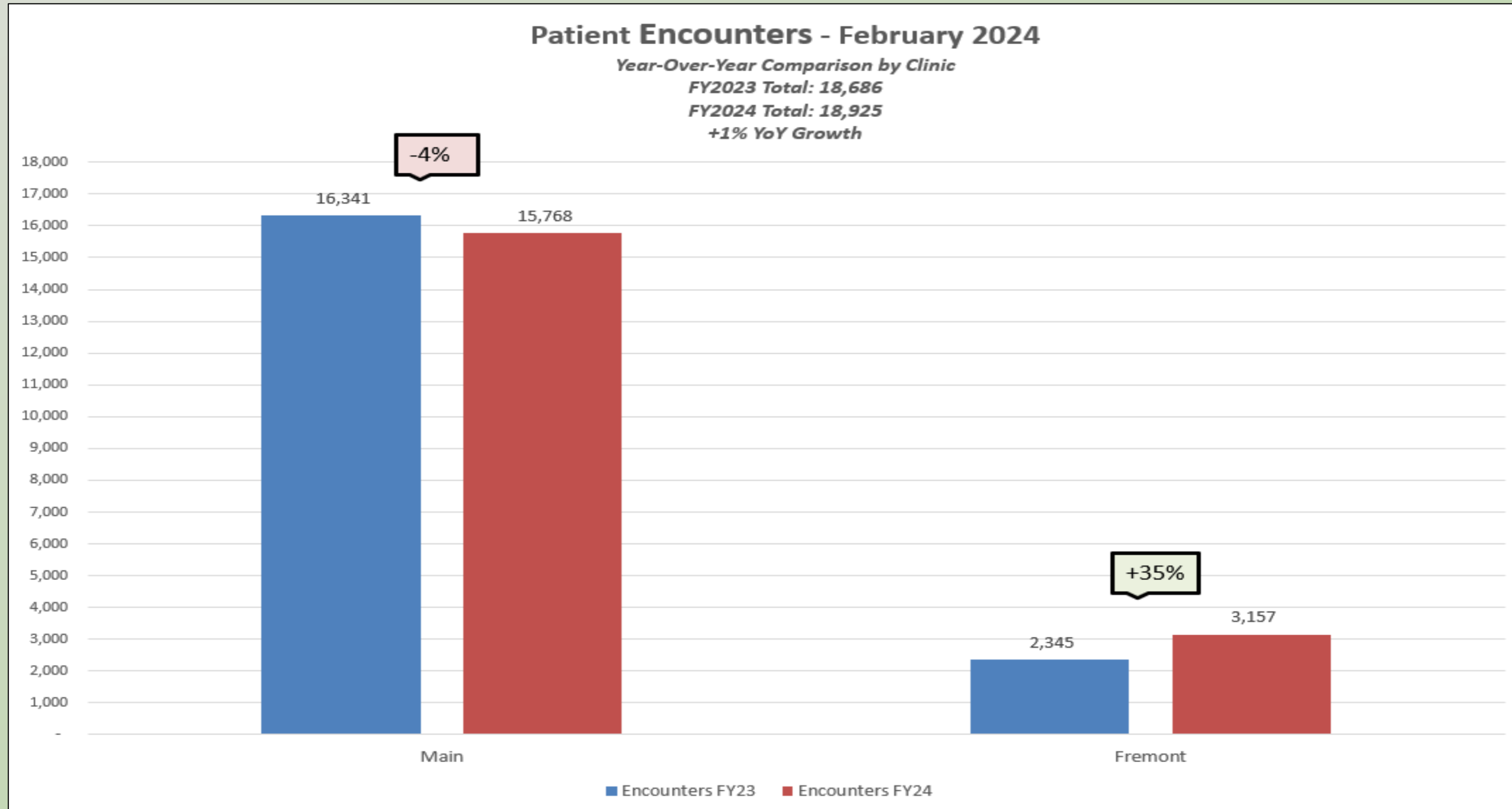
- 1) SERVICES NOT YET OPERATIONAL IN FEBRUARY 2024.
- 2) SIGNIFICANT BUDGETED CONTRACTS EXPENSES NOT REQUIRED AS OF FEBRUARY 2024

Patients Encounters by Department



NOTE: PATIENT ENCOUNTERS INCLUDE VISITS PROVIDED BY LICENSED INDEPENDENT PRACTITIONERS (LIPS) AND NURSES. FY24 SEXUAL HEALTH CLINIC ENCOUNTERS DO NOT INCLUDE SELECT NURSE VISITS THAT ARE NOW PROVIDED IN THE PRIMARY AND PREVENTATIVE CARE DIVISION.

Patients Encounters by Clinic



NOTE: FREMONT CLINIC OPENED ON AUGUST 30TH, 2022.

Financial Report Categorization

Statement Category – Revenue	Elements
Charges for Services	Fees received for medical services provided from patients, insurance companies, Medicare, and Medicaid.
Other	Medicaid MCO reimbursements (the wrap), administrative fees, and miscellaneous income (sale of fixed assets, payments on uncollectible charges, etc.).
Grants	Reimbursements for grant-funded operations via Local, State, Federal, and Pass-Through grants.

Statement Category – Expenses	Elements
Salaries, Taxes, and Benefits	Salaries, overtime, stand-by pay, retirement, health insurance, long-term disability, life insurance, etc.
Travel and Training	Mileage reimbursement, training registrations, hotel, flights, rental cars, and meeting expenses pre-approved, job-specific training and professional development.
Supplies	Medical supplies, medications, vaccines, laboratory supplies, office supplies, building supplies, books and reference materials, etc.
Contractual	Temporary staffing for medical/patient/laboratory services, subrecipient expenses, dues/memberships, insurance premiums, advertising, and other professional services.
Property	Fixed assets (i.e. buildings, improvements, equipment, vehicles, computers, etc.)
Indirect/Cost Allocation	Indirect/administrative expenses for grant management and allocated costs for shared services (i.e. Executive leadership, finance, IT, facilities, security, etc.)



Questions?

MOTION

***Motion to Accept the February 2024
Year to Date Financial Report, as
presented.***



Southern Nevada Community Health Center

Governing Board Meeting

April 16, 2024

- ▶ FY 2025 Budget
- ▶ Presented by: Donnie (DJ) Whitaker, CFO

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.

SUMMARY

Staffing:

Staffing for FY25 is projected to be **121 FTEs** compared to FY24 augmented budget of 118 FTEs.

Revenue:

General Fund revenue is projected at **\$28.1 M** in FY25 an increase of \$3 M from the FY24 augmented budget.

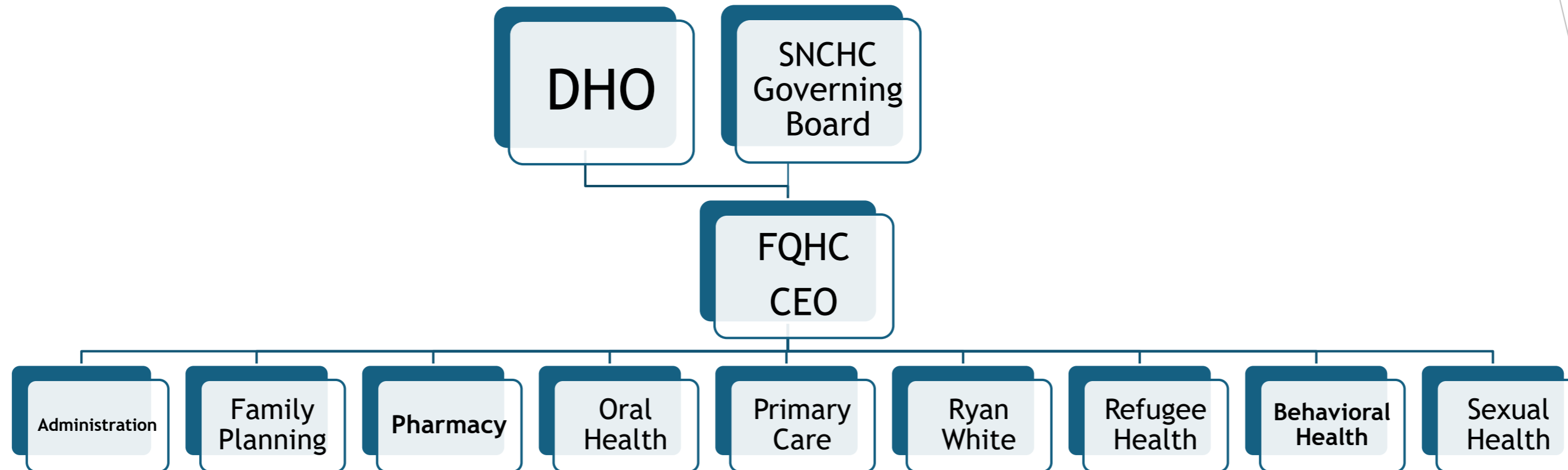
Special Revenue Fund (Grants) projected at **\$7.9 M** in FY25 a decrease of \$10.5 M from FY24 augmented budget.

❖ *SB118 funding is expected to start in FY25. The FQHC's FY25 portion is estimated at \$1.2 M.*

Expense:

FQHC combined expenditures for FY25 budget is \$46.3 M compared to \$39.5 M from FY24 augmented budget.

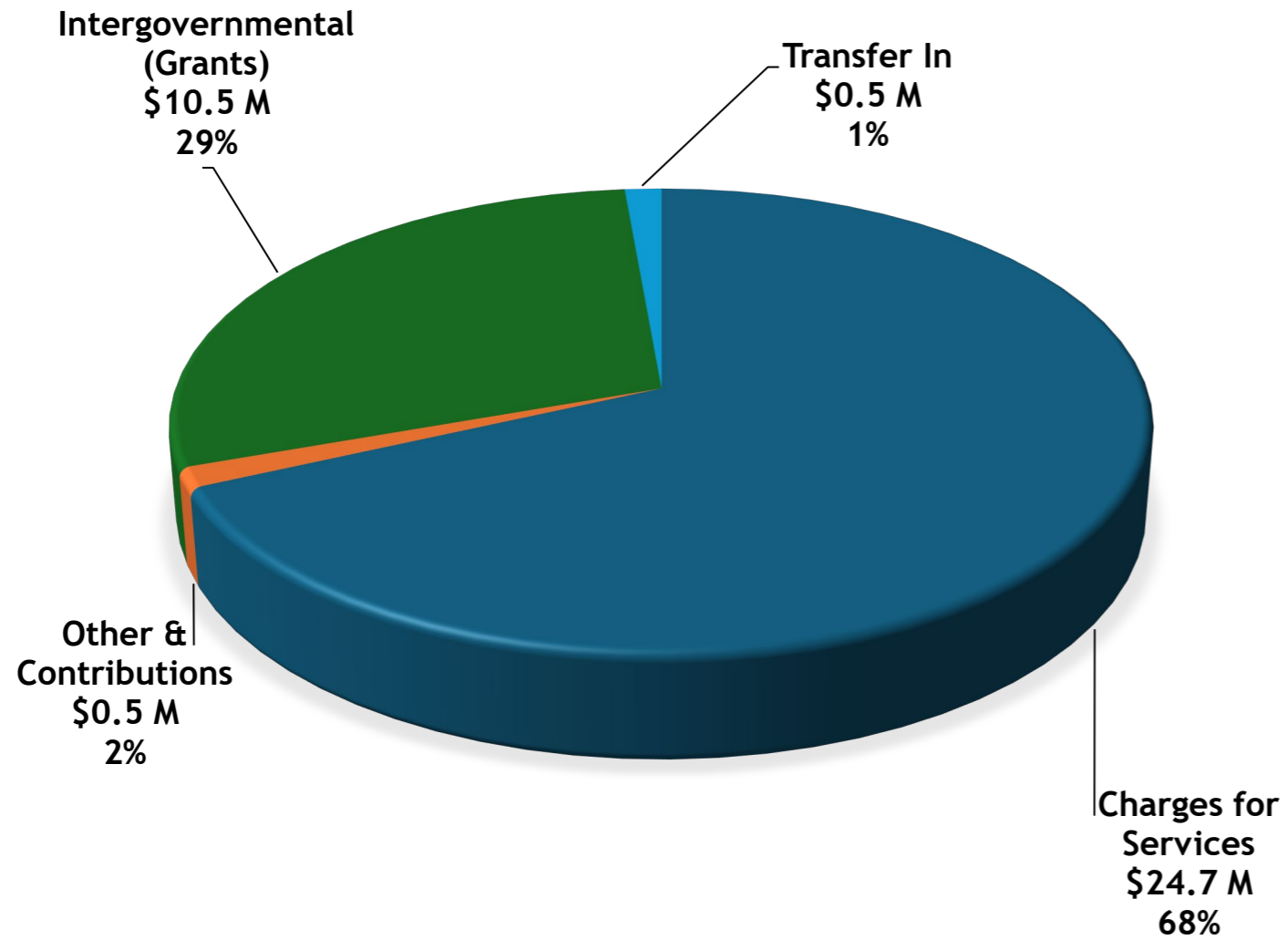
FQHC Division Org Chart



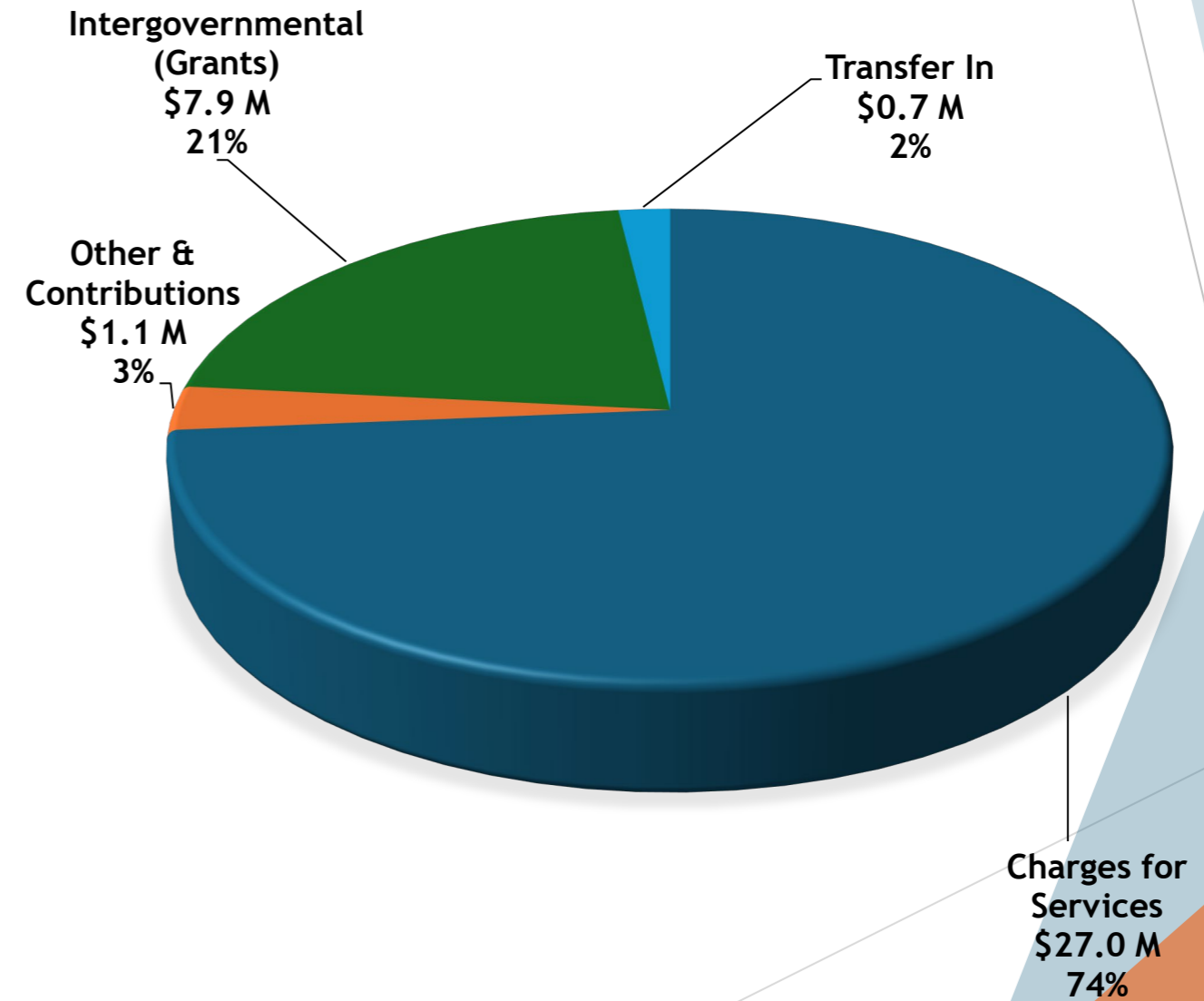
REVENUES

COMBINED REVENUES BY SOURCE - comparison

FY2024 January Budget
Augmentation Revenue
\$36.2 M



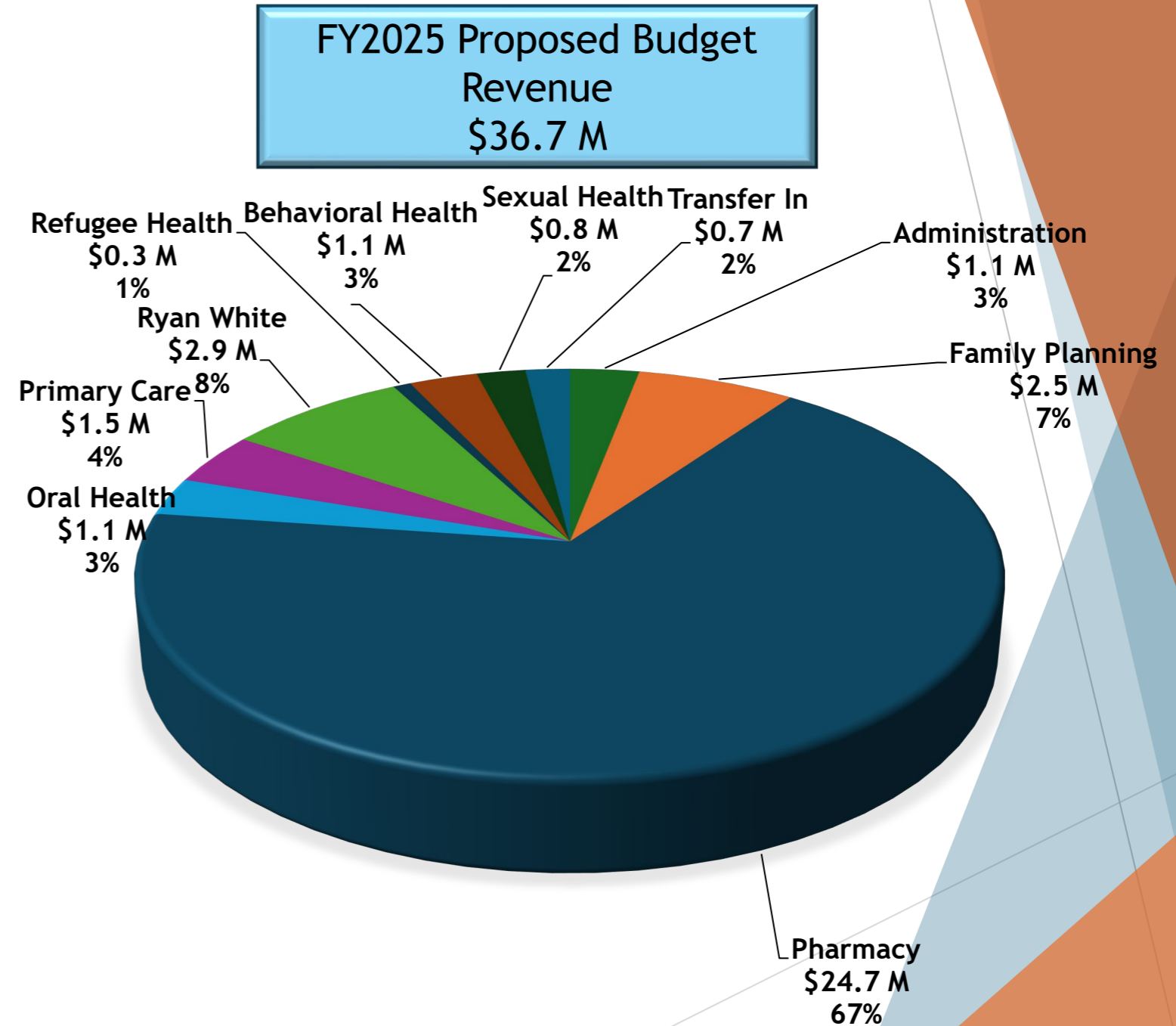
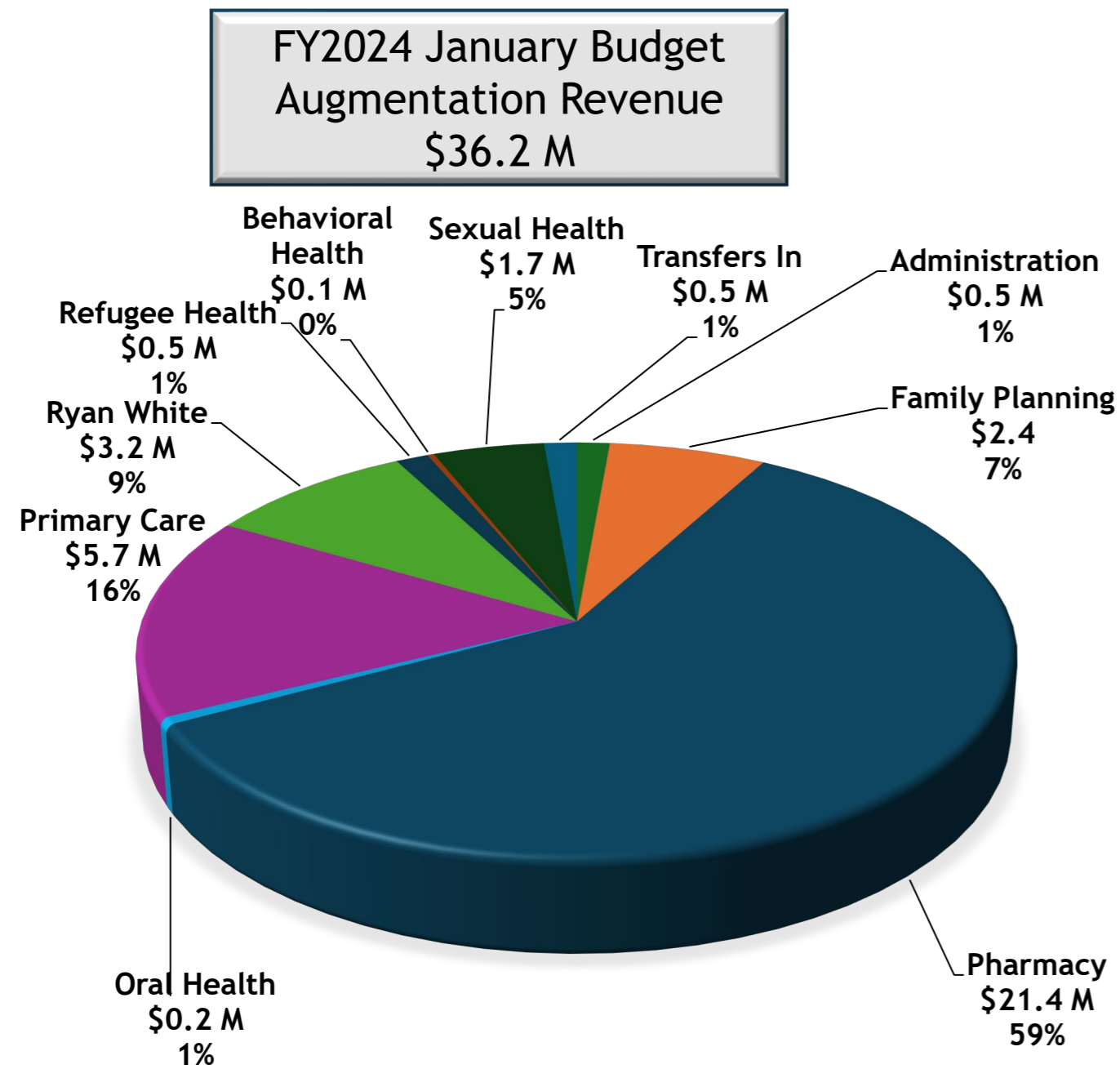
FY2025 Proposed Budget
Revenue
\$36.7 M



% Percentages are based on total revenue

REVENUES

COMBINED REVENUES BY DEPARTMENT - comparison



% Percentages are based on total revenue

REVENUES

GENERAL & SPECIAL REVENUE FUND SUMMARY

General Fund:

Total Charges for Services revenue is proposed at \$27 M an increase of \$2.3 M compared to \$24.7 M from FY24 augmented budget.

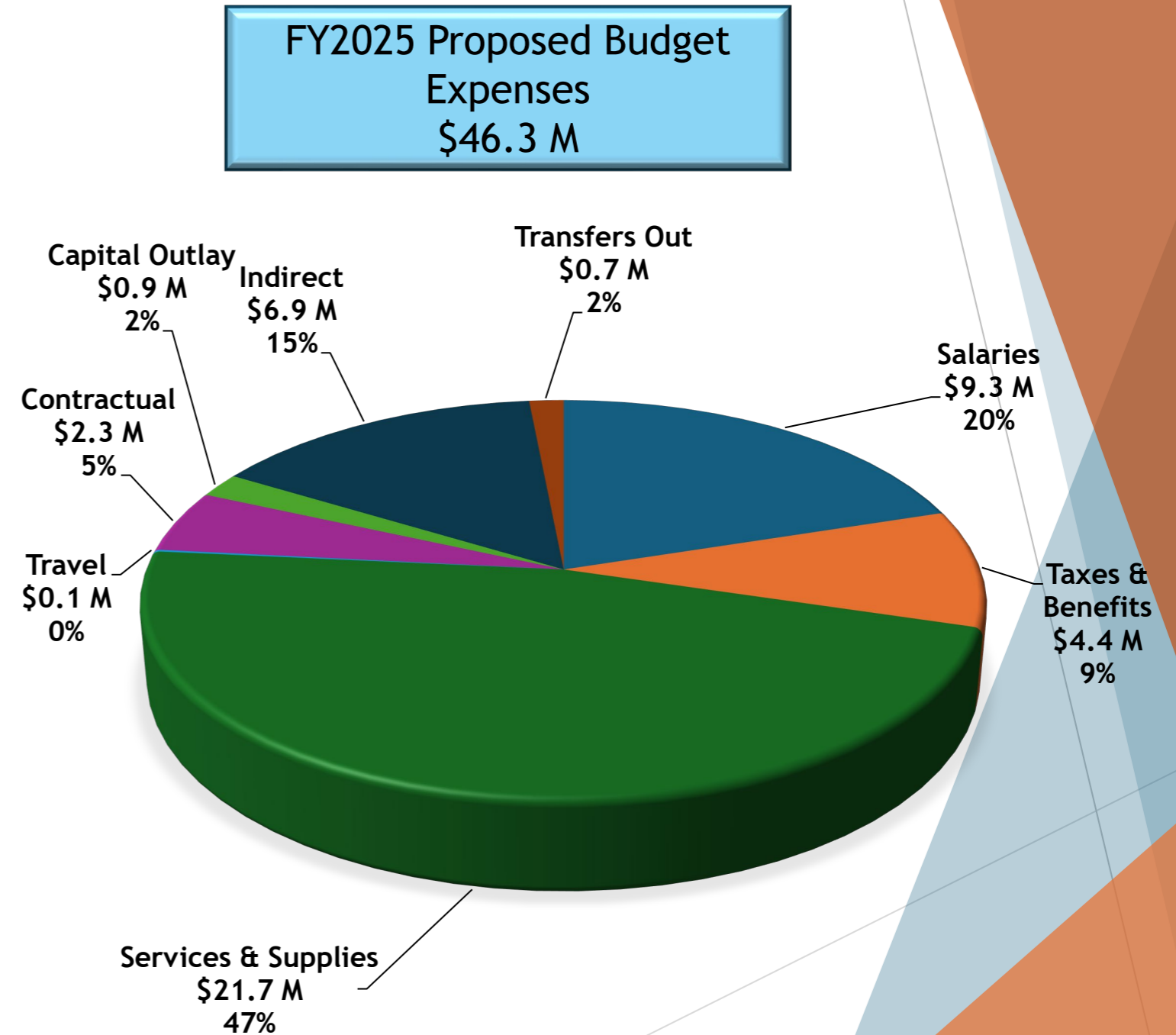
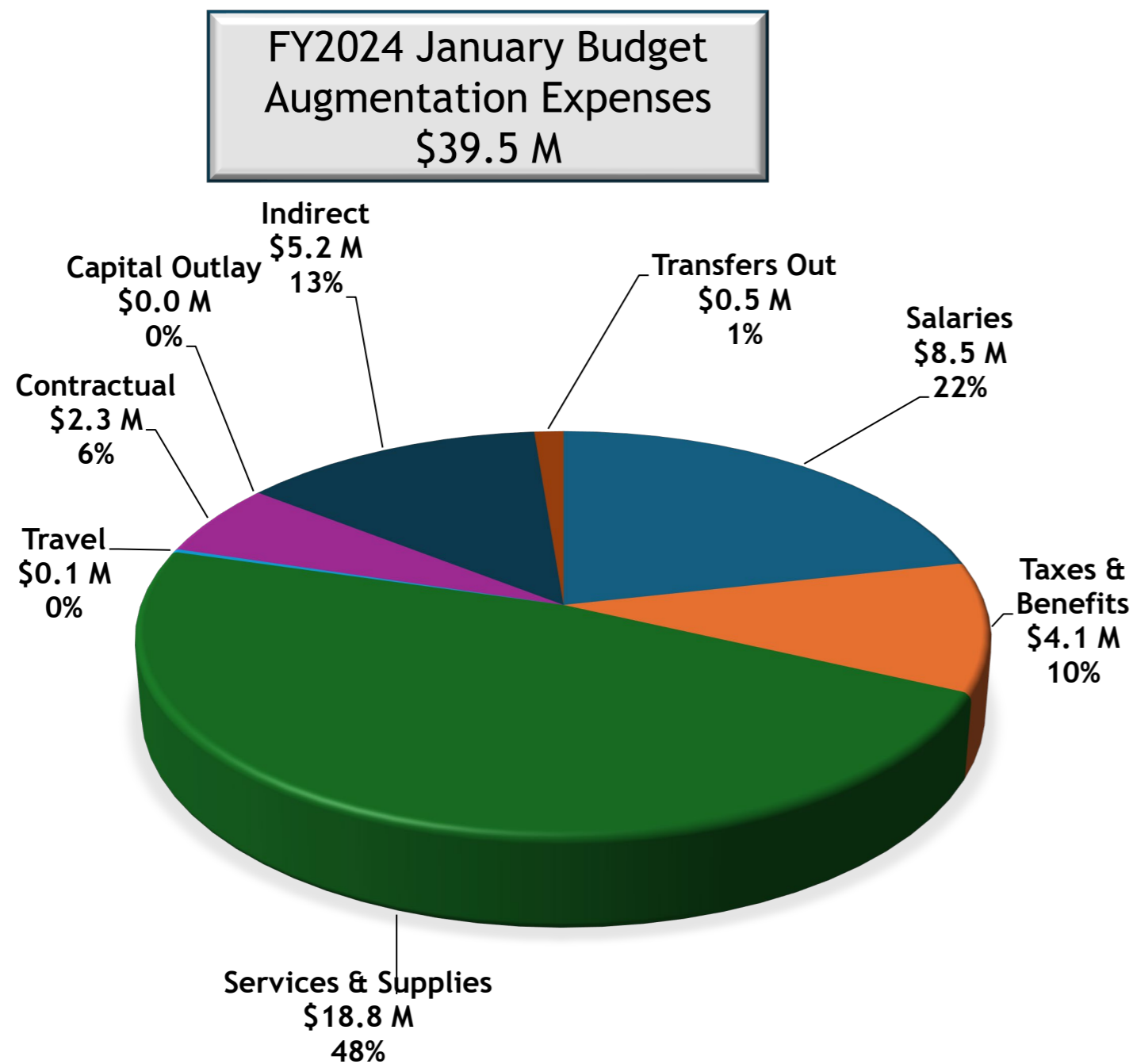
**Major component of Charges for Services revenue is Pharmacy which continue to increase at \$24.7M compared to \$21.4M from FY24 augmented budget.*

Special Revenue Fund:

Federal (Grants) revenue decreases from \$10.5 M augmented to \$7.9 M proposed due to the conclusion of HCNAP grant.

EXPENDITURES

COMBINED EXPENSES BY SOURCE - comparison



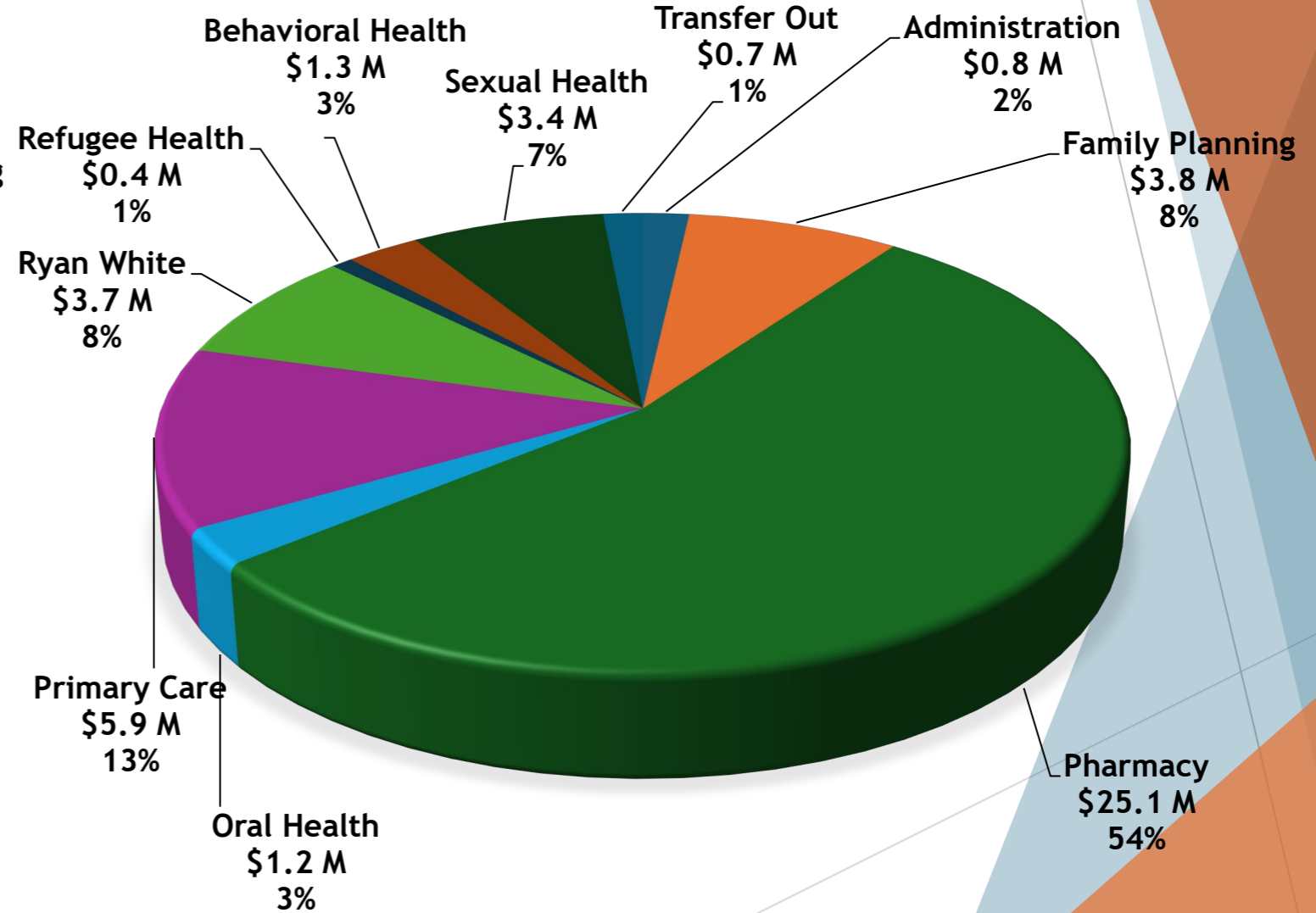
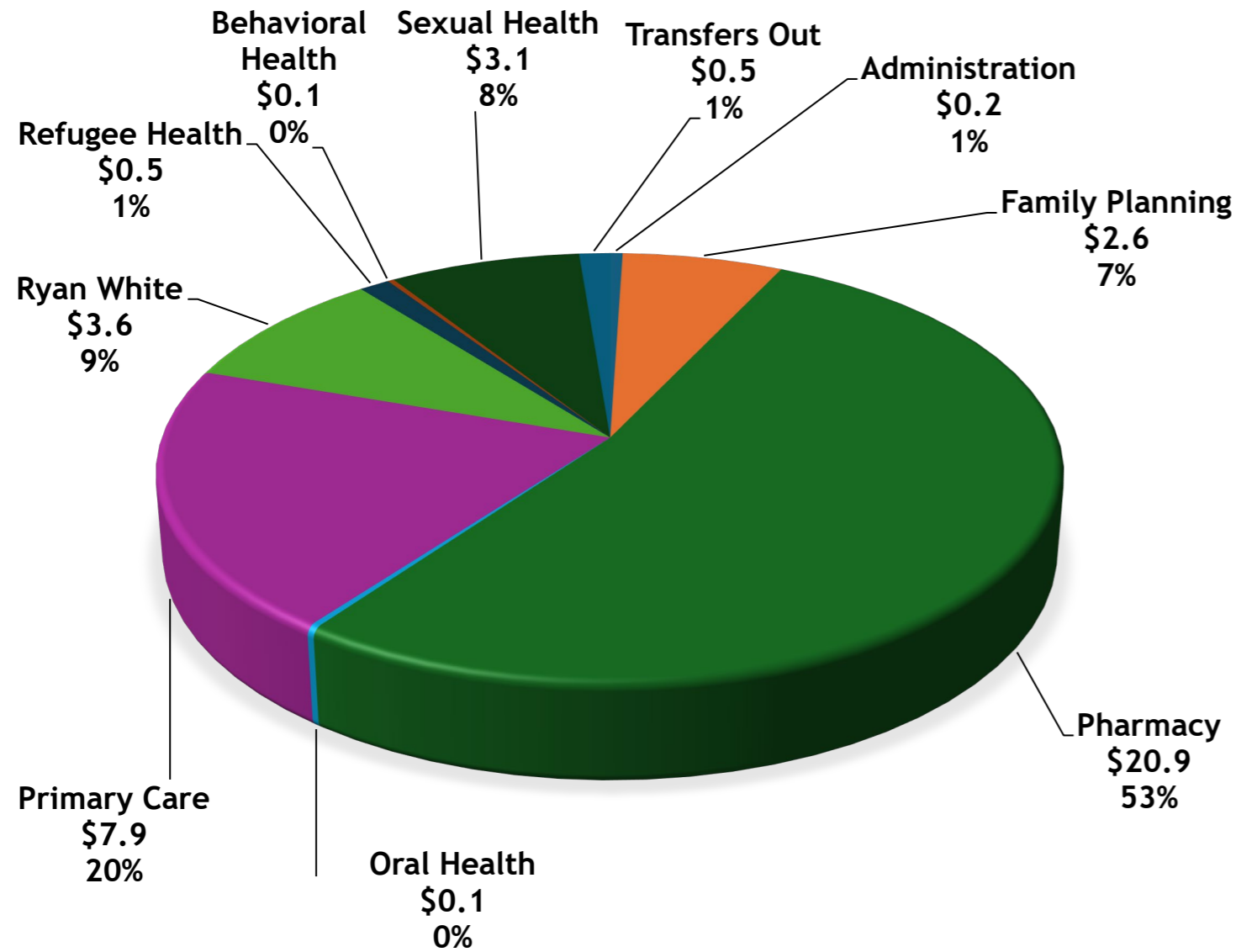
% Percentages are based on total expenses

EXPENDITURES

COMBINED EXPENSES BY DEPARTMENT- comparison

FY2024 January Budget
Augmentation Expenses
\$39.5 M

FY2025 Proposed Budget
Expenses
\$46.3 M



% Percentages are based on total expenditures

EXPENDITURES

GENERAL & SPECIAL REVENUE FUND SUMMARY



Primary Care's combined expenses decreases from \$7.9 M augmented to \$5.9 M proposed due to the conclusion of HCNAP grant.



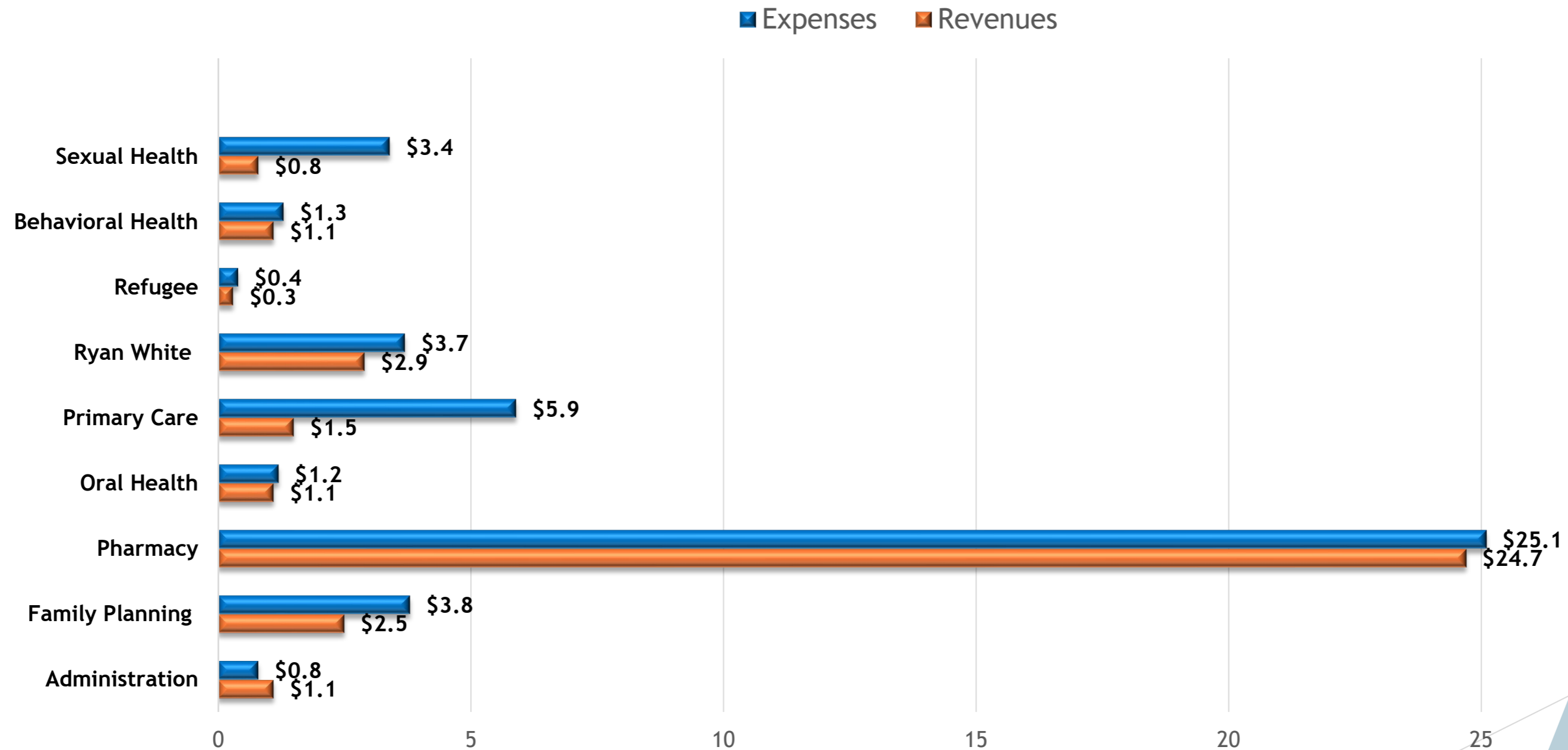
General Fund Pharmacy total expenses is projected at \$25.1 M. Pharmacy medication expenses increased from \$17.6 M to \$20.2 M, a \$2.6 M increase from FY24 TO FY25.



Total salaries and benefits for General & Grants funds is \$13.7 M, 29.6% of total FQHC expenditures. More than 37% of personnel expense are supported by grants.

REVENUES VS. EXPENDITURES

COMBINED FUNDS BY DEPARTMENT



*Amounts are represented in millions

Staffing FY2025

FQHC Total FTE

Department	2023/2024 AMENDED	2024/2025 PROPOSED	FTE Change FY24 v FY25
Admin ⁽¹⁾	9	11	2
Family Plan	20	19	-1
Pharmacy	4	4	0
Oral Health ⁽²⁾	0	2	2
Primary Care	37	38	1
Ryan White	26	26	0
Refugee	0	0	0
Behavioral Health	2	2	0
Sexual Health	20	19	-1
Total	118	121	3

(1) Reassignment and addition of administration specialist and senior administration specialist.

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



Questions



MOTION

Motion to Accept the FY 2025 budget, as presented.



BOARD REPORTS

The Southern Nevada Community Health Center Governing Board members may identify and comment on Health Center related issues or ask a question for clarification. Comments made by individual Board members during this portion of the agenda will not be acted upon by the Southern Nevada Community Health Center Governing Board unless that subject is on the agenda and scheduled for action.

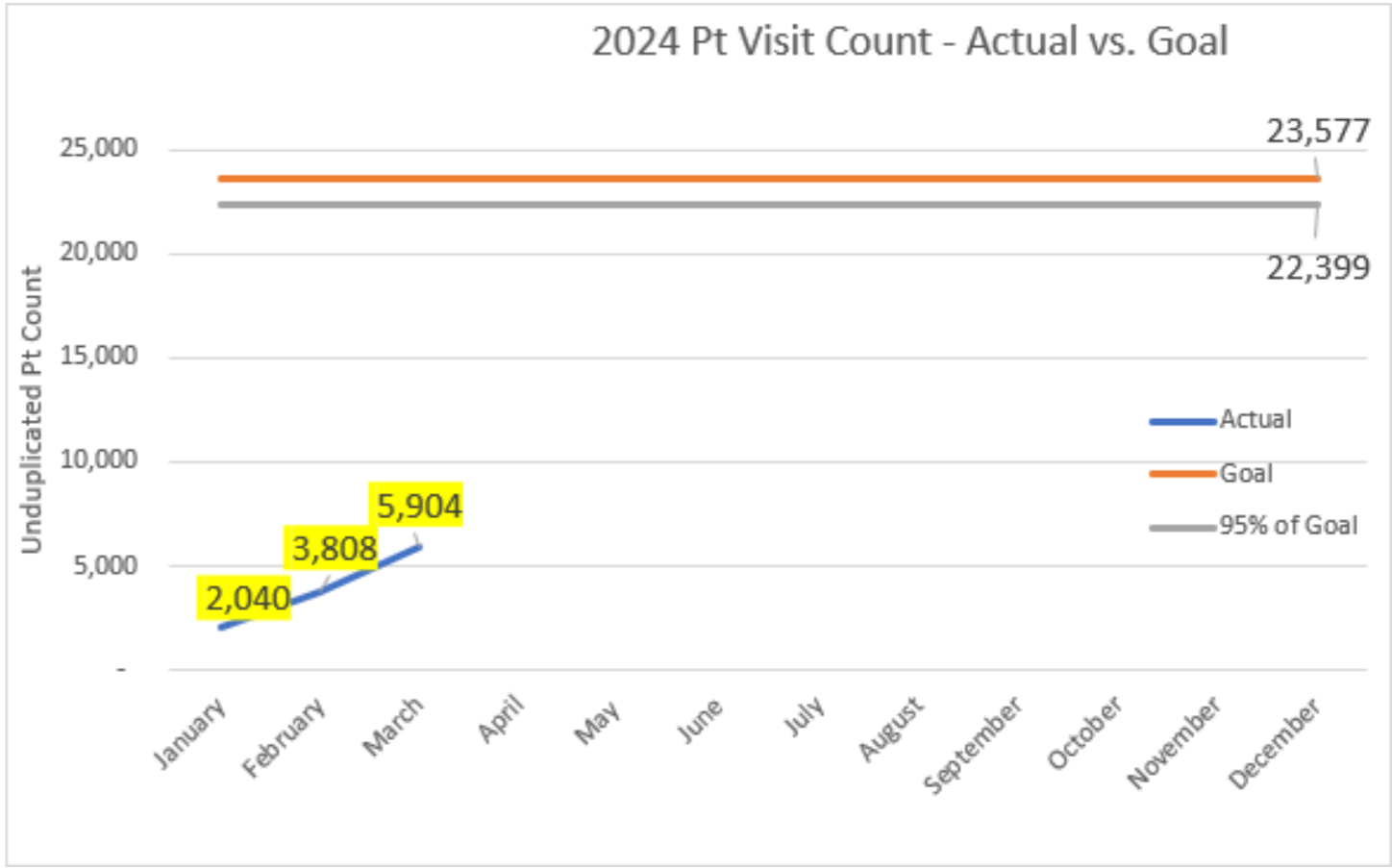
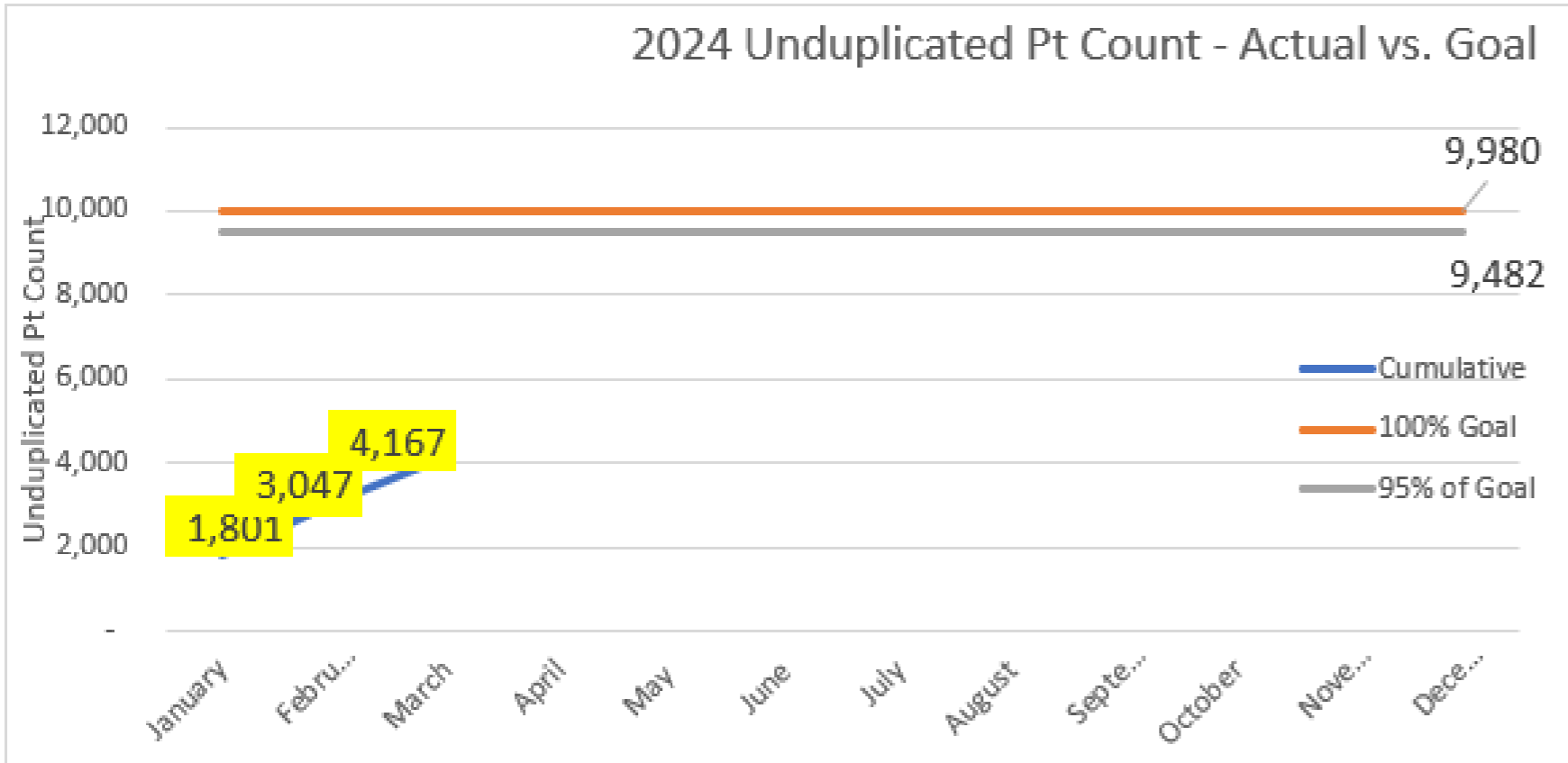
CEO COMMENTS

RANDY SMITH

CHIEF EXECUTIVE OFFICER - FQHC

SOUTHERN NEVADA COMMUNITY HEALTH CENTER

UNDUPLICATED PATIENTS AND PATIENT VISITS



Administrative Updates

- Medical Director vacancy recruitment active
- HRSA SAC-AA grant application submitted
- HRSA CY23 UDS Report finalized
- Employee Engagement Survey (OVS) conducted
 - Participation rate – 73%
 - OVS response plan
- Strategic Plan – Financial Sustainability focus area enhanced
 - Engagement with the Medicaid MCO & increased integration within SNHD
- Strategic Planning Committee
- PPS rate setting exercise



SOUTHERN NEVADA
Community
HEALTH CENTER

AT THE SOUTHERN NEVADA HEALTH DISTRICT

Thank You

April 16, 2024

MEMORANDUM

Date: April 16, 2024

To: Southern Nevada Community Health Center Governing Board

From: Randy Smith, Chief Executive Officer, FQHC *RS*
 Fermin Leguen, MD, MPH, District Health Officer *FL*

Subject: Community Health Center FQHC Operations Officer Report – March 2024

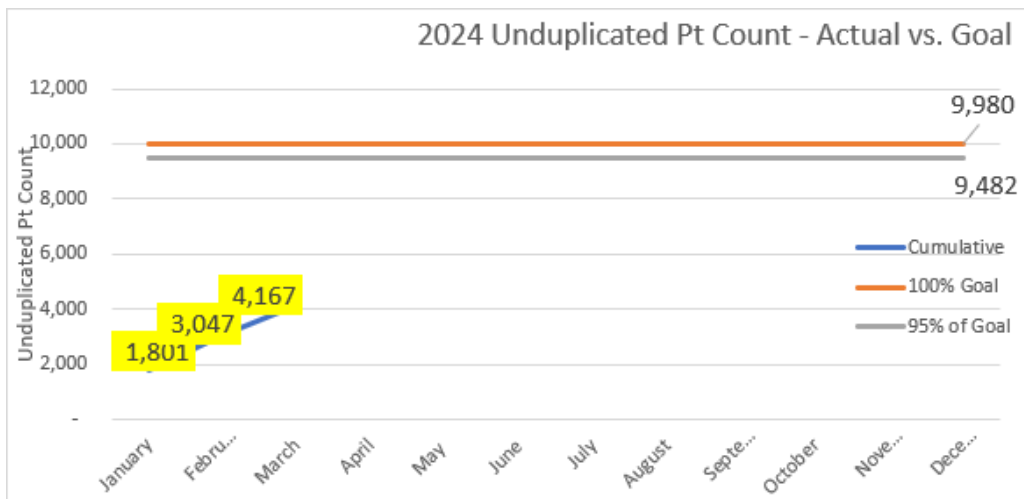
Division Information/Highlights: The Southern Nevada Community Health Center, a division of the Southern Nevada Health District, mission is to serve residents of Clark County from underserved communities with appropriate and comprehensive outpatient health and wellness services, emphasizing prevention and education in a culturally respectful environment regardless of the patient’s ability to pay.

March Highlights

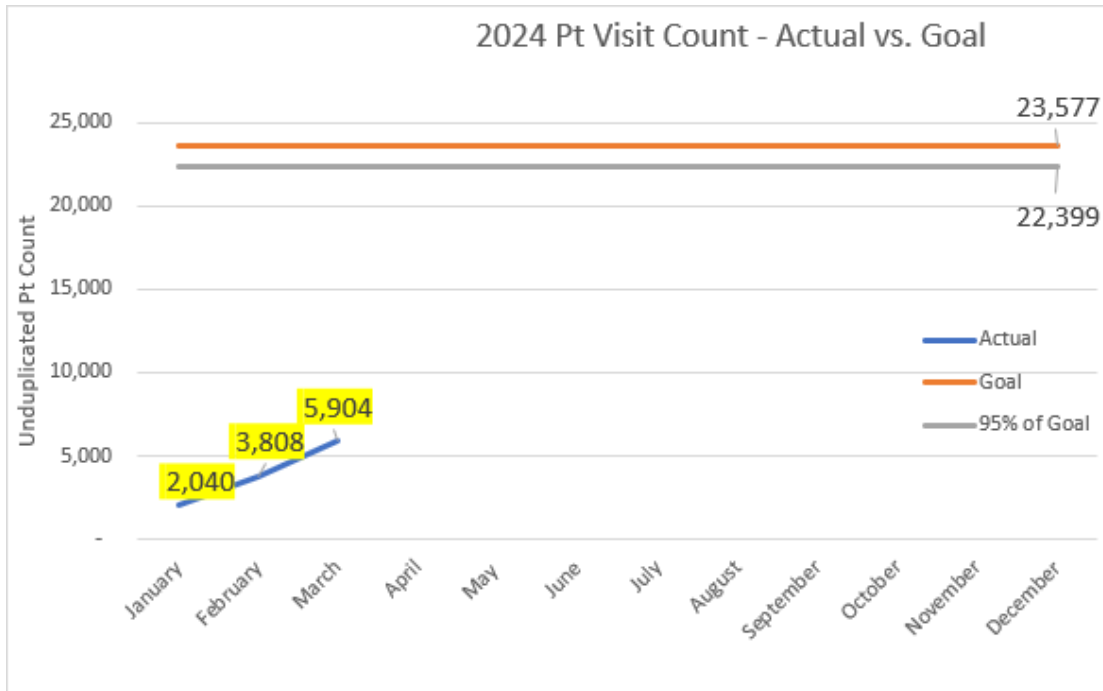
Administrative

- Medical Director vacancy recruitment active
- HRSA SAC-AA grant application submitted
 - Approximately \$1.8 million annual grant
- HRSA CY23 UDS Report finalized
- Employee Engagement Survey (OVS) conducted
 - Participation rate – 73%
- Strategic Plan – Financial Sustainability focus area enhanced
- Partial grant funding received for Ryan White and Family Planning grants

Access – Unduplicated Patients Served



Access – Visit Count



Provider Visits by Program and Site – March 2024

Facility	Program	MAR '24	MAR '23	MAR YoY %	FY24 YTD	FY23 YTD	FY YTD YoY%
Decatur	Behavioral Health	125	125	0%	1,153	1,153	0%
Decatur	Ryan White	237	210	11%	1,986	1,565	21%
Decatur	Family Health	483	192	60%	3,651	1,883	48%
Fremont	Family Health	273	185	32%	1,702	1,169	31%
Total	Family Health	756	377	50%	5,353	3,052	43%
Decatur	Family Planning	148	242	-64%	1,280	2,132	-67%
Fremont	Family Planning	97	166	-71%	697	954	-37%
Total	Family Planning	245	408	-67%	1,977	3,086	-56%
ASEC	Sexual Health	96	105	-9%	1,095	929	15%
DEC & FRE	Sexual Health	579	591	-2%	5,187	5,232	-1%
Total	Sexual Health	675	696	-3%	6,282	6,161	2%
	Grand Total	2,038	1,816	11%	16,751	15,017	10%

Pharmacy Services

	Mar-23	Mar-24		FY23	FY24		% Change YTD
Client Encounters (Pharmacy)	1,243	1,230	↓	10,437	12,062	↑	15.6%
Prescriptions Filled	1,744	1,946	↑	14,023	17,159	↑	22.4%
Client Clinic Encounters (Pharmacist)	36	39	↑	424	281	↓	-33.7%
Financial Assistance Provided	17	20	↑	78	155	↑	98.7%
Insurance Assistance Provided	-	6	↑	17	52	↑	205.9%

- A. Dispensed 1,946 prescriptions for 1,230 clients.
- B. Pharmacist completed 39 client clinic encounters.
- C. Assisted 20 clients to obtain medication financial assistance.
- D. Assisted six (6) clients with insurance approvals.

HIV / Ryan White Care Program Services

- A. The Ryan White program received 70 referrals between March 1st and March 31st. There were four (4) pediatric clients referred to the Medical Case Management program in March and the program received three (3) referrals for pregnant women living with HIV during this time.
- B. There were 859 total service encounters in the month of March provided by the Ryan White program (Linkage Coordinator, Eligibility Worker, Care Coordinators, Nurse Case Managers, Community Health Workers, and Health Educator). There were 365 unduplicated clients served under these programs in March.
- C. The Ryan White ambulatory clinic had a total of 424 visits in the month of March: 38 initial provider visits, 175 established provider visits including 14 tele-visits (established clients). There were 17 Nurse visits and 194 Lab visits. There were 30 Ryan White clients seen under Behavioral Health by LCSWs and LMFTs and the Psychiatric APRN during the month of March. There were 20 Ryan White clients seen by the Registered Dietitian for Medical Nutrition services.
- D. The Ryan White clinic continues to implement the Rapid stART project, which has a goal of rapid treatment initiation for newly diagnosed patients with HIV. The program continues to receive referrals and accommodate clients on a walk-in basis. There were 12 patients enrolled and seen under the Rapid stART program in March.

FQHC-Sexual Health Clinic (SHC)

- A. The FQHC-Sexual Health Clinic (SHC) clinic provided 1,789 unique services to 1,072 unduplicated patients for the month of March. There were 149 unduplicated patients seen at the All-Saints Episcopal Church (ASEC) Outreach Clinic. There are currently 127 patients receiving injectable treatment for HIV prevention (PrEP).

- B. The FQHC-SHC is participating in a research project in collaboration with the University of San Diego, California (UCSD) looking at STI’s as a tool for HIV prevention. The FQHC-SHC continues to collaborate with UMC on referrals for evaluation and treatment of neurosyphilis. The SHC is collaborating with the PPC- Sexual Health and Outreach Prevention Programs (SHOPP) with the Gilead FOCUS grant to expand express testing services for asymptomatic patients and provide linkage to care for patients needing STI, Hepatitis C or HIV treatment services.
- C. The SHC supervisor attended the “Reflect, Celebrate and Engage | Ending the HIV Epidemic (EHE) Community Planning Forum,” an event which brought Clark County service providers together to collaborate and reflect on past achievements, celebrate our progress and engage in shaping future endeavors to end the HIV epidemic in Clark County. The Nevada EHE team will use the information and ideas gathered to develop the 2025-2030 EHE Workplan.
- D. The SHC staff continues to see patients for Mpox evaluation and referral for vaccine.
- E. One Community Health Nurse (CHN) nurse completed orientation in FQHC-SHC. One Patient Services Representative (PSR) began orientation in SHC, and an offer was accepted to fill a vacant Medical Assistant (MA) position.

Refugee Health Program (RHP)

Services provided in the Refugee Health Program for the month of March 2024

Client required medical follow- up for Communicable Diseases	-
Referrals for TB issues	10
Referrals for Chronic Hep B	1
Referrals for STD	10
Pediatric Refugee Exams	12
Clients encounter by program (adults)	75
Refugee Health screening for March 2024	75
Total for FY23-24	518

Eligibility and Insurance Enrollment Assistance

As a team, the Eligibility Workers (EW) submitted a total of 36 applications for the month.

Applications	Status
41	Approved
11	Denied
9	Pending

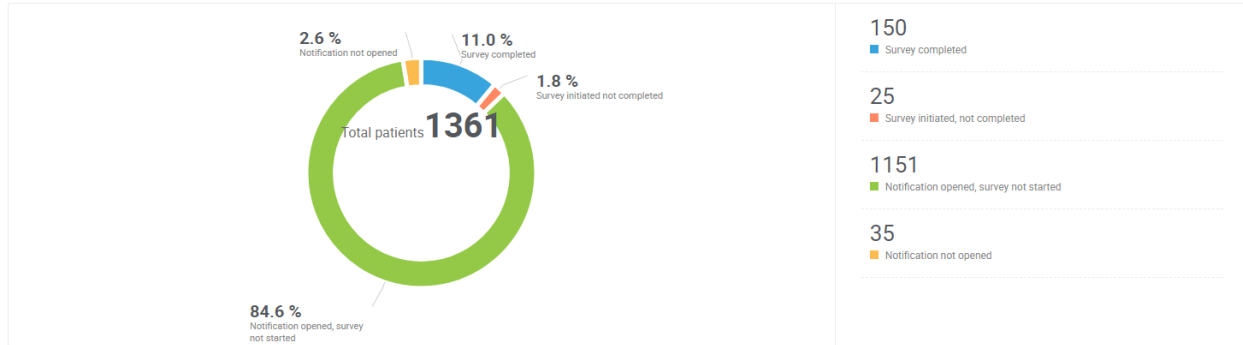
Training for Community Health Workers (CHWs) to support Eligibility work has begun.

Patient Satisfaction: See attached survey results.

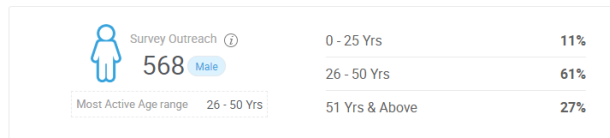
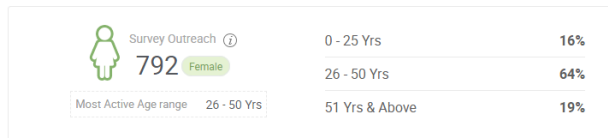
SNCHC continues to receive generally favorable responses from survey participants when asked about ease of scheduling an appointment, wait time to see their provider, care received from providers and staff, understanding of health care instructions following their visit, hours of operation, and recommendation of the Health Center to friends and family.

Southern Nevada Community Health Center Patient Satisfaction Survey March 2024

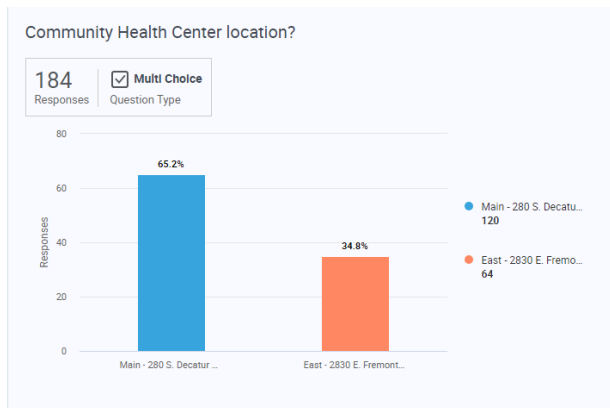
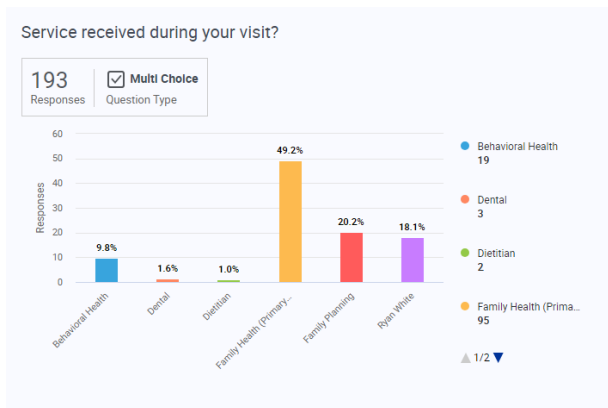
Overview



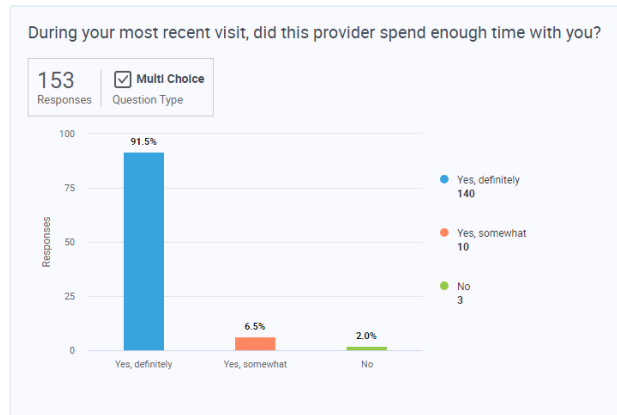
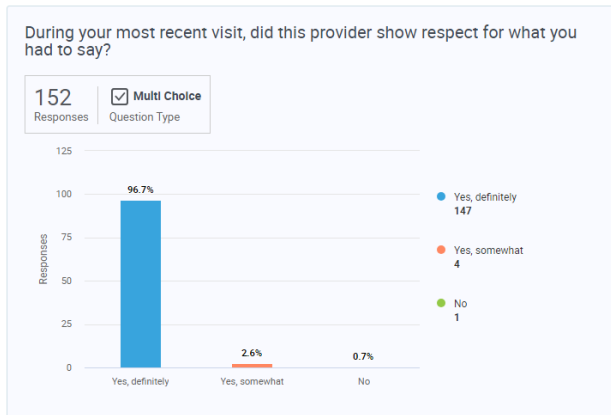
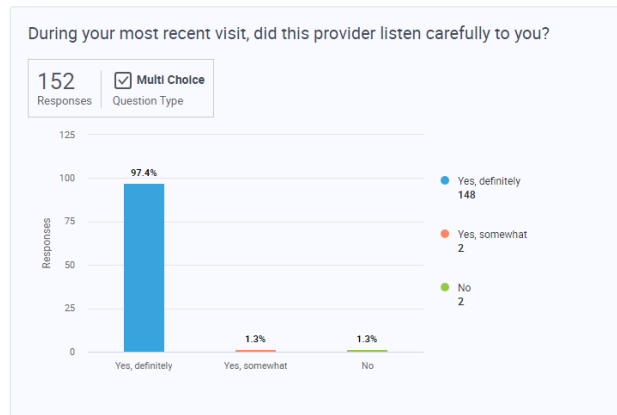
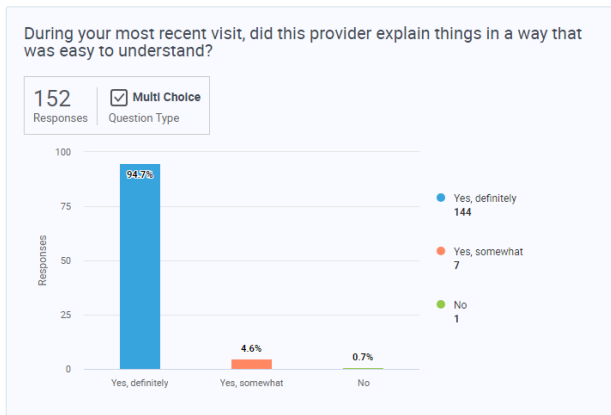
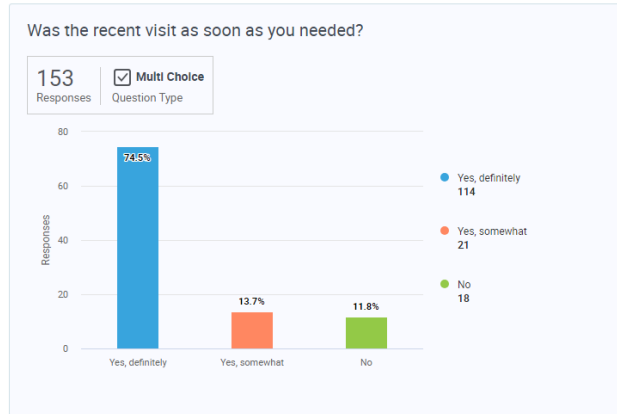
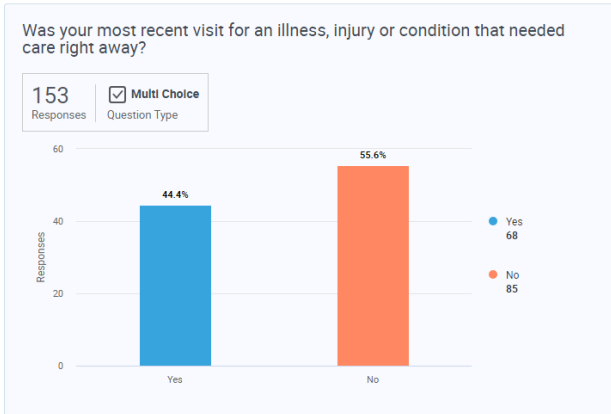
Gender



Service and Location

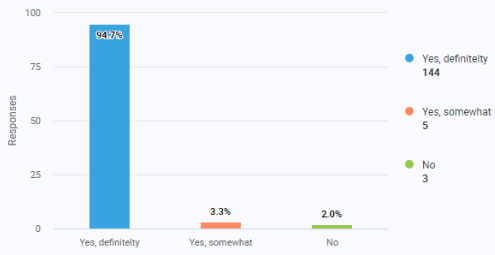


Provider, Staff and Facility



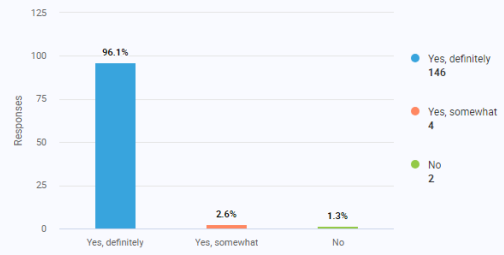
Thinking about your most recent visit, were the staff as helpful as you thought they should be?

152 Responses Multi Choice Question Type



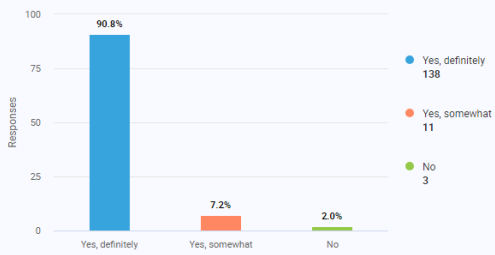
Thinking about your most recent visit, did the staff treat you with courtesy and respect?

152 Responses Multi Choice Question Type



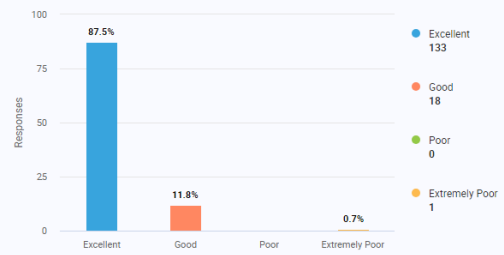
Thinking about your recent visit, was it easy to schedule an appointment?

152 Responses Multi Choice Question Type

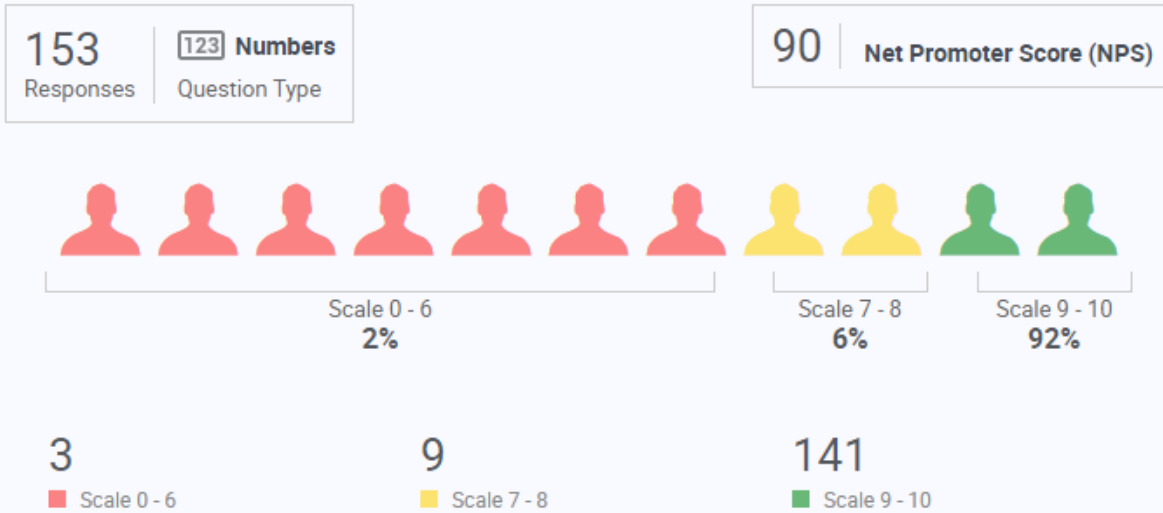


Thinking about the facility, how was the overall cleanliness and appearance?

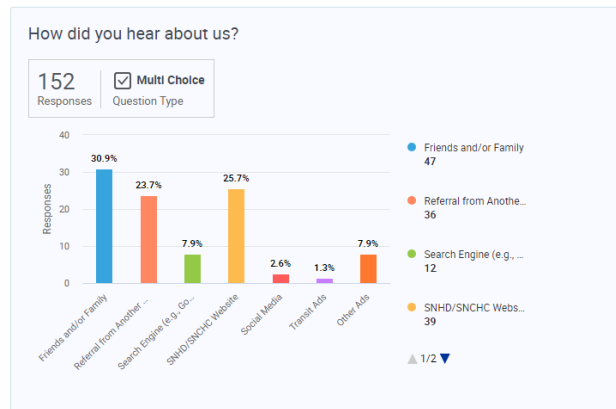
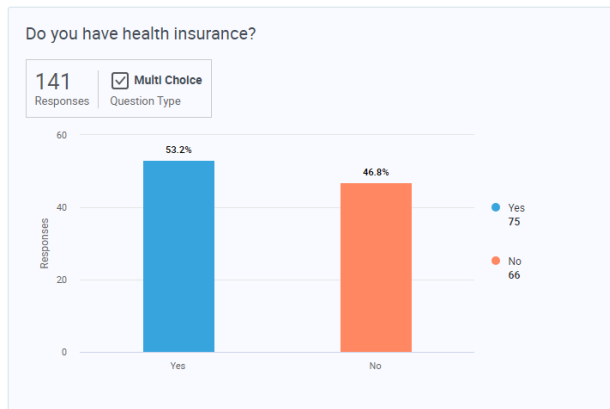
152 Responses Multi Choice Question Type



How would you rate the overall care you received from your provider, where 0 is the worst and 10 is the best?



General Information



Survey Comments

Separate attachment