

SNHD Billing Department Review

March 16, 2026



SOUTHERN NEVADA
Community
HEALTH CENTER

AT THE SOUTHERN NEVADA HEALTH DISTRICT

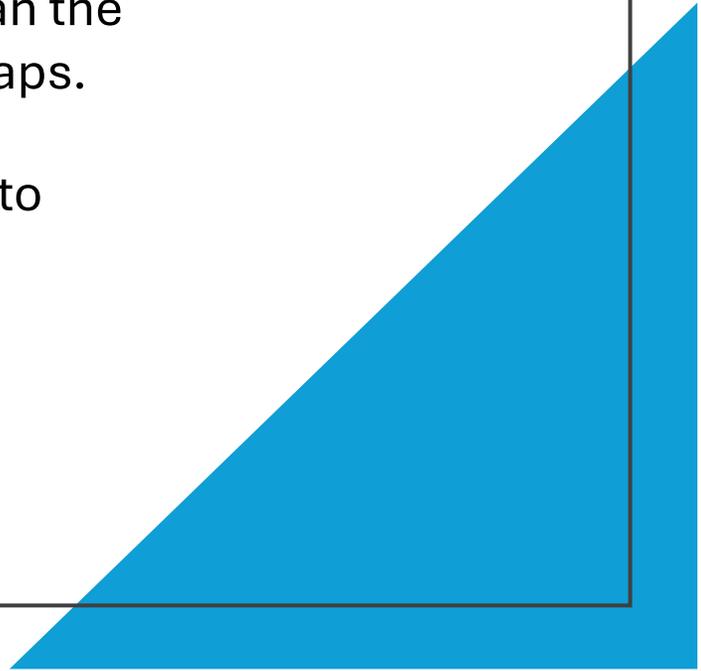
Overview

- Revenue Cycle (medical billing) for SNHD was brought in-house in fiscal year 2022.
- Prior medical billing was performed by external third-party companies.
 - Qualifying encounters for Prospective Payment System (PPS) wrap payments were not submitted.
 - * Denials, rejections and receivable balances were not resolved consistently.
 - * Systematic issues were not consistently identified and resolved.

* Based on our understanding of previous discussions and concerns identified prior to the current FQHC – CEO, CFO and Revenue Cycle Manager joining SNHD.

Nevada Medicaid Wrap Payments

- State Medicaid establishes interim and final rates for Prospective Payment System (PPS) for qualifying encounters provided by Federally Qualified Health Centers (FQHCs).
- Medicaid Managed Care Organizations (MCOs) may pay less than the PPS rate for FQHCs and wrap payments are designed to cover gaps.
- Beginning in CY26, MCOs are providing full PPS reimbursement to FQHCs for qualifying encounters (i.e., shadow billing).

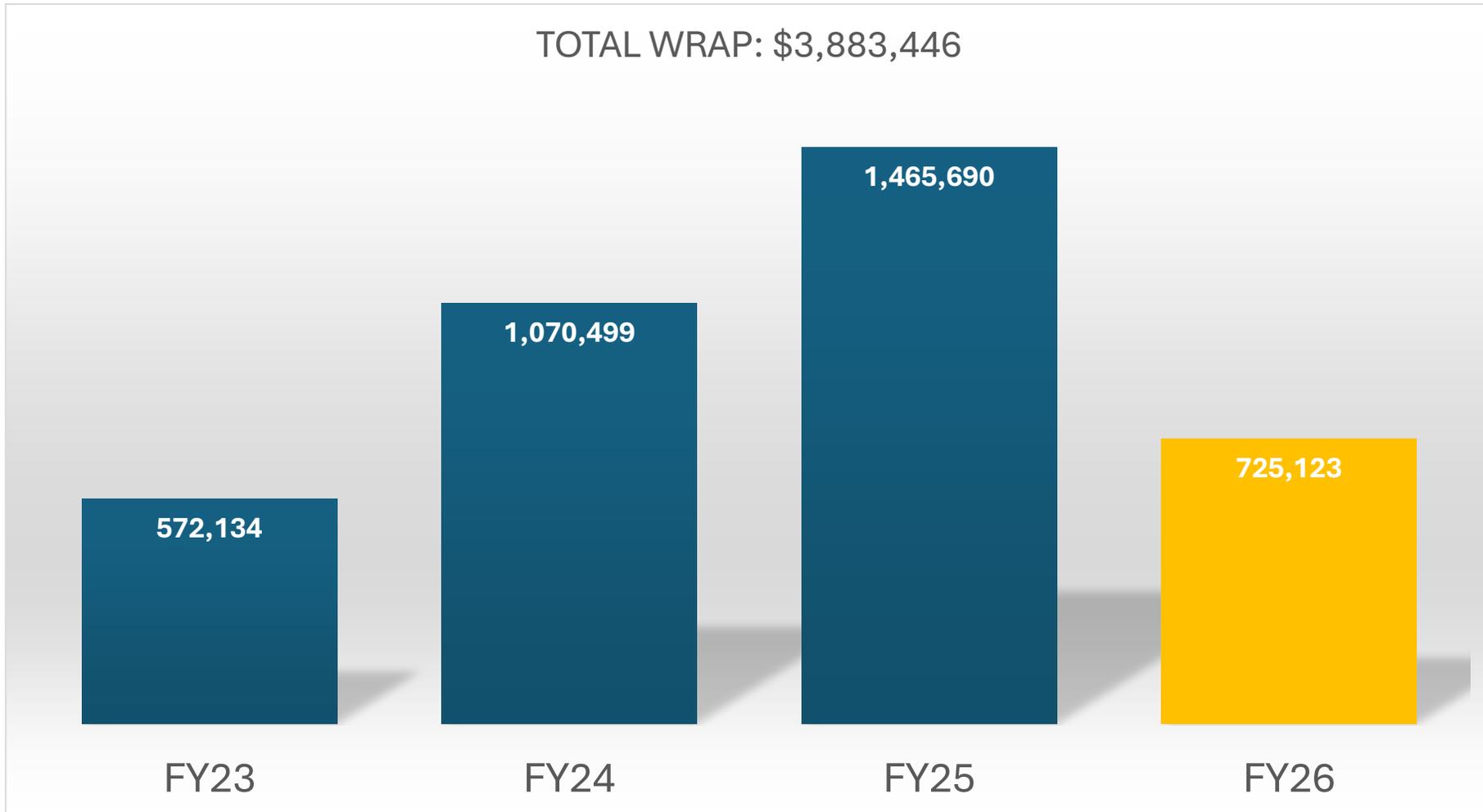


Summary

SNHD Billing Team successes:

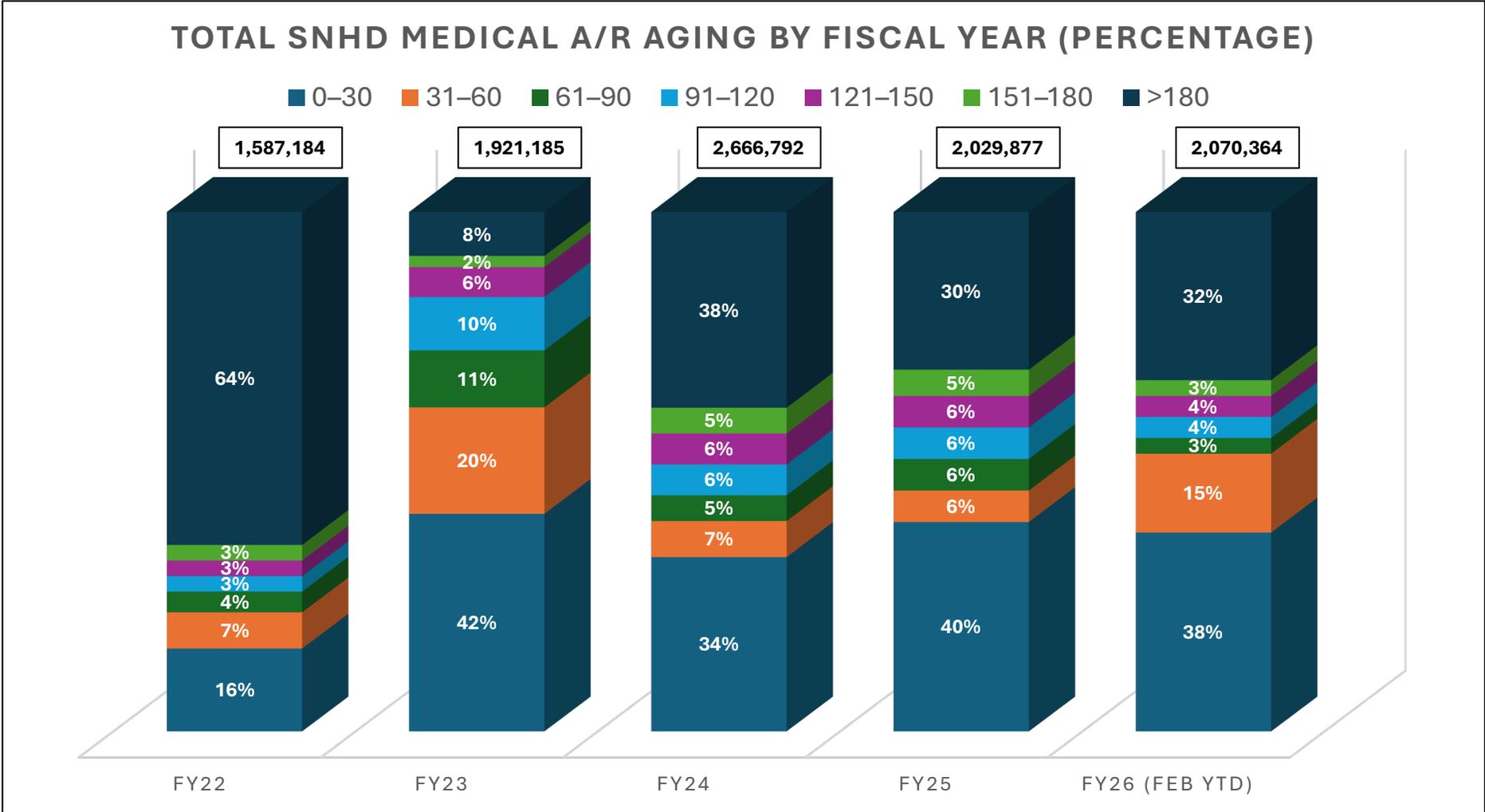
- Wrap payments increased from zero (\$0) to a cumulative of \$3,883,446.
 - Final PPS rate determined in 2025.
- The largest aging categories shifted from >180 to 0-30 days.
- The Billing department actively works denials, rejections, and any issues with the clearinghouse and submits for reprocessing in a timely manner.
- The Revenue Cycle manager works with the provider relations representatives for each payer to correct claims processing issues, pursue contract amendments and reimbursement fee updates.
- A monthly Revenue Cycle meeting between the Revenue Cycle Manager and SNCHC's operations and business teams is in place to optimize the revenue cycle.
- Implemented patient statements to recover additional revenue for activity not collected at time of service.

Wrap Payments Received by Year



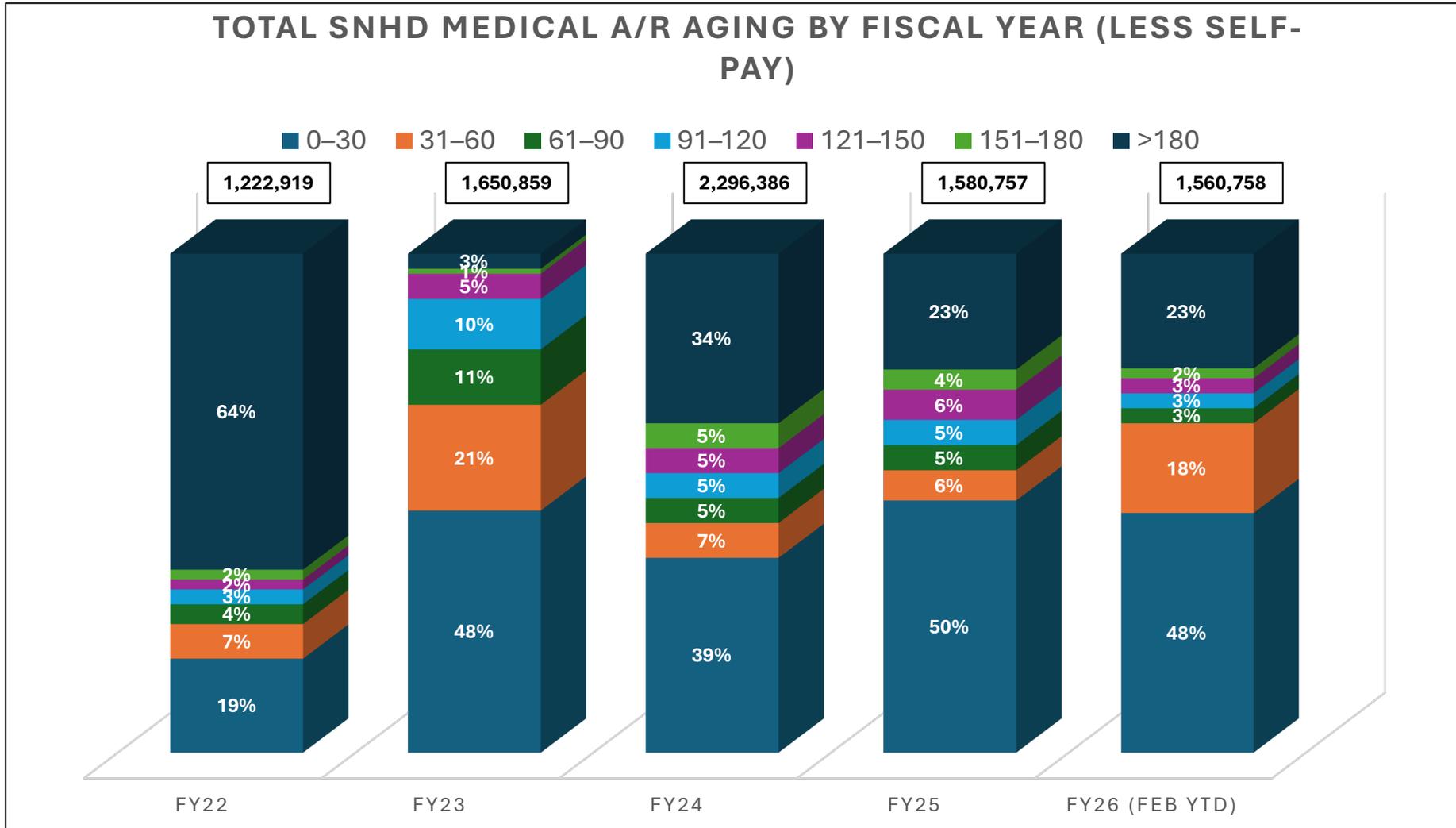
NOTE: Wrap payments through December 2025. Medicaid shadow billing began in January 2026.

Historical A/R Aging by Fiscal Year



NOTE: A payer system configuration error in FY24-FY26 did not recognize SNHD FQHC designation. The Billing department caught the error and negotiated with the payer for settlement based on contractual agreement. Since these settlements carried over fiscal years, the >180 categories were inflated during pending re-processing of claims. Information does not include third-party data.

Historical A/R Aging by Fiscal Year (Less Self-Pay)



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Questions?



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