

## MINUTES

### SOUTHERN NEVADA COMMUNITY HEALTH CENTER GOVERNING BOARD MEETING

April 21, 2026 – 2:30 p.m.

Meeting was conducted In-person and via Microsoft Teams

Southern Nevada Health District, 280 S. Decatur Boulevard, Las Vegas, NV 89107

Red Rock Trail Rooms A and B

**MEMBERS PRESENT:**

Donna Feliz-Barrows, Chair  
Jasmine Coca, First Vice Chair  
Rebeca Aceves  
Erin Breen  
Blanca Macias-Villa  
Jose L. Melendrez  
David Neldberg  
Fr. Rafael Pereira

**ABSENT:**

Sara Hunt, Second Vice Chair  
Ashley Brown

**ALSO PRESENT**

Maddie Proctor

**LEGAL COUNSEL:**

Edward Wynder, Associate General Counsel

**CHIEF EXECUTIVE OFFICER:**

Randy Smith

**STAFF:**

Heather Anderson-Fintak, Emily Anelli, Tawana Bellamy, Todd Bleak, Donna Buss, Robin Carter, Andria Cordovez Mulet, Cherie Grigsby, Tabitha Johnson, David Kahananui, Cassondra Major, Kimberly Monahan, Kyle Parkson, Luann Province, Yin Jie Qin, Felicia Sgovio, Greg Tordjman, Renee Trujillo, Justin Tully, Donnie (DJ) Whitaker

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

The Southern Nevada Community Health Center (SNCHC) Governing Board Meeting was called to order at 2:30 p.m. Ms. 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 two (2) minutes per speaker. Please clearly state your name and address and spell your last name for the record. If any member of the Board

wishes to extend the length of a presentation, this may be done by the Chair or the Board by majority vote.

Seeing no public comment was presented online or in person, the Chair closed the First Public Comment period.

**IV. ADOPTION OF THE APRIL 21, 2026 MEETING AGENDA** *(for possible action)*

The Chair asked if there were any questions or changes to the agenda. There were none.

*A motion was made by Father Rafael, seconded by Member Coca, and carried unanimously to approve the April 21, 2026 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 17, 2026 *(for possible action)*
- 2. Approve the Federal Poverty Level (FPL) Guidelines;** direct staff accordingly or take other action as deemed necessary *(for possible action)*
- 3. Approve the Clinical Master Fee Schedule;** direct staff accordingly or take other action as deemed necessary *(for possible action)*

The Chair asked whether any Board member wished to remove items from the Consent Agenda for further discussion. There were no requests.

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

**VI. REPORT / DISCUSSION / ACTION**

*Member Macias-Villa joined the meeting at 2:35 p.m.*

*The Finance and Audit Committee did not meet on April 20, 2026. There were no recommendations from the committee.*

- 1. Receive, Discuss and Approve the Recommendations from the April 20, 2026 Finance and Audit Committee Meeting regarding the February 2026 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 February 2026 Year to Date Financial Report, as of February 28, 2026, using a condensed summary format. Ms. Whitaker explained that going forward, the Board will receive a summarized financial presentation, while the Finance and Audit Committee will continue to receive the full detailed financials. Ms. Whitaker shared the following key highlights:

## **Revenue**

- General Fund revenue (Charges for Services & Other) is \$24.62M compared to a budget of \$25.64M, an unfavorable variance of \$1.02M.
- Special Revenue Funds (Grants) is \$3.56M compared to a budget of \$3.38M, a favorable variance of \$180K.
- Total Revenue is \$28.17M compared to a budget of \$29.02M, an unfavorable variance of \$850K.

## **Expenses**

- Salary, Tax, and Benefits is \$9.34M compared to a budget of \$9.86M, a favorable variance of \$520K.
- Other Operating Expense is \$19.29M compared to a budget of \$20.76M, a favorable variance of \$1.47M.
- Indirect Cost/Cost Allocation is \$7.02M compared to a budget of \$7.73M, a favorable variance of \$710K.
- Total Expense is \$35.66M compared to a budget of \$38.36M, a favorable variance of \$2.70M.

**Net Position:** is (\$7.50M) compared to a budget of (\$9.34M), a favorable variance of \$1.84M.

Ms. Whitaker reported that year to date patient encounters increased by approximately 14% year over year, with growth primarily in primary and preventative care services. Both the Decatur and Fremont clinics experienced similar growth patterns.

- Patient Encounters - By Department and Site
  - FY2025 – 24,718
  - FY2026 – 28,226

Father Rafael inquired about the meeting materials for the financials. Ms. Bellamy confirmed the email sent to board members with the meeting agenda included a link to the materials posted online. Mr. Smith emphasized the importance of reviewing the meeting materials in advance of the meeting. Mr. Smith further noted that the condensed format of the financials is evolving, with flexibility to add elements based on the board's preference.

The Chair called for further questions and there were none.

*A motion was made by Member Coca, seconded by Father Rafael, and carried unanimously to approve the February 2026 Year to Date Financial Report, as presented.*

## **2. Receive, Discuss and Approve the Recommendations from the April 20, 2026 Finance and Audit Committee Meeting regarding the FY2027 Budget; direct staff accordingly or take other action as deemed necessary (for possible action)**

Ms. Whitaker presented the FY27 budget, covering the period from July 1, 2026, to June 30, 2027. Ms. Whitaker noted that, per NRS 354.472, the budget serves as the formal authorization to expend funds, a legal prerequisite for all expenditures. Ms. Whitaker further explained that the budget is presented early in the year to ensure the organization meets statutory deadlines for inclusion in the Clark County filing and subsequent submission to the State.

Ms. Whitaker presented a summary of the proposed budget highlights:

**Staffing:**

- Staffing for FY27 is projected to remain flat from the FY26 augmented budget at 119.5 FTEs.

**Revenue:**

- General Fund revenue is projected at \$38.7M in FY27, an increase of \$0.2M from the FY26 augmented budget.
- Special Revenue Fund (Grants) projected at \$5.0M in FY27, a decrease of \$26K from FY26 augmented budget.

**Expense:**

- FQHC combined expenditures for FY27 budget is \$55.1M compared to \$58.4M from FY26 augmented budget.

*Member Melendez joined the meeting at 2:42 p.m.*

Ms. Whitaker presented the revenue overview, noting that the team incorporated a chart format in addition to graphs to improve clarity. Ms. Whitaker reported that fiscal year 2026 augmented revenue totals approximately \$44.3M, while the proposed fiscal year 2027 revenue is projected at \$44.6M, reflecting a slight increase.

Ms. Whitaker explained that grant revenue remains largely static, while charges for services show a modest increase. Other revenue is projected to decline, which Ms. Whitaker attributed primarily to WRAP payments. At the time the budget was developed, WRAP payments had not yet been fully integrated into the regular shadow billing process. As a result, some revenue is expected to shift between categories as reporting processes are refined.

Ms. Whitaker emphasized that overall revenue is projected to be slightly higher than the fiscal year 2026 augmentation. Within charges for services, there are offsetting factors: some areas are expected to grow, while pharmacy revenue may decline due to changes in program activity and external relationships. This reduction in pharmacy revenue is accompanied by a corresponding decrease in expenses.

Mr. Smith provided additional clarification regarding fiscal year 2027 and the implementation of the new shadow billing process. Mr. Smith explained that a significant portion of revenue currently classified under other revenue is expected to be reclassified under charges for services. This change will also allow for more precise allocation of revenue to specific program areas.

Ms. Whitaker confirmed that under the new process, WRAP payments will be attributed directly to the program areas that generate them. For example, charges originating in the Sexual Health program will have associated WRAP payments recorded within that program, rather than being grouped under administrative revenue. Ms. Whitaker noted that this represents an improvement from the current methodology, where such payments are recorded under administration due to limitations in allocation tracking.

Mr. Smith further noted that pay-for-performance incentives will remain categorized under other revenue. Mr. Smith shared that we have been tracking this data for approximately one and a half to two years and we plan to report progress to the board. Mr. Smith added that these incentives are directly tied to clinical performance, including closing preventive care gaps and improving management of chronically ill patients, with additional updates to be provided in the future.

Ms. Whitaker reported that overall revenue is projected to remain flat. While there are some changes within specific areas, the total revenue remains consistent.

Father Rafael inquired about the lack of change between the augmentation and the proposed 2027 revenue figures, noting that despite stable revenues, there is a significant reduction in expenses from approximately \$58M to \$55M. He specifically asked why the pharmacy department is the most impacted.

Ms. Whitaker explained that the change is largely due to a shift in the organization's relationship with Gilead. As a result, pharmacy volume related to that program will decrease. Since this segment previously generated strong margins, a reduction in associated expenditures also leads to a corresponding decrease in revenue within the pharmacy department.

Father Rafael sought clarification, asking whether the organization is maintaining the same revenue while reducing expenses in that department. Mr. Smith responded that certain expenses would decrease due to lower purchasing volumes of medications and asked Todd Bleak, Pharmacy Manager, to provide clarification.

Father Rafael observed that the figures indicate approximately a \$3M reduction in pharmacy expenses while maintaining revenue levels, noting that this appears favorable.

Ms. Whitaker clarified that revenues are presented by department, and while pharmacy revenue appears flat, it is important to recognize that it would typically be expected to grow. Therefore, holding steady represents a relative decline from anticipated growth.

Dr. Bleak further explained that due to the discontinuation of participation in the Gilead program, the health center will no longer carry certain high-cost medications in its inventory. This reduction in expensive inventory drives down overall expenses. Dr. Bleak advised that to offset the associated revenue loss, the health center plans to increase volume in other medications. However, because those medications are less costly, overall expenses are expected to decrease despite maintaining revenue. Father Rafael acknowledged Dr. Bleak explanation.

Ms. Whitaker added that indirect cost allocations have also decreased. This is tied to the reduction in expenditures, with lower supply costs, there is less indirect cost recovery and reduced charges to FQHC programs.

Ms. Whitaker concluded by noting that the overall change from \$58.3 million to \$55 million is significant and reflects a combination of reductions in both direct expenses and indirect cost allocations.

Ms. Whitaker further provided an overview of the expenditures by department, revenue versus expenditures and staffing for FY 2027.

Mr. Smith requested clarification regarding the schedule for the second budget augmentation. Ms. Whitaker confirmed that the presentation is scheduled for July. Following this, Mr. Smith inquired with Father Rafael whether the inclusion of new line-by-line charts provided the intended level of detail. Father Rafael affirmed his satisfaction with the updated format, indicating the format is acceptable.

The Chair called for further questions and there were none.

*A motion was made by Father Rafael seconded by Member Aceves, and carried unanimously to approve the FY2027 Budget, as presented.*

**3. Receive, Discuss and Approve the Recommendations from the April 20, 2026 Finance and Audit Committee Meeting regarding the Clinical Sliding Fee Schedules;** direct staff accordingly or take other action as deemed necessary *(for possible action)*

Mr. Smith presented the Clinical Sliding Fee Schedules and provided an overview of the statutory and programmatic requirements governing the sliding fee discount program, emphasizing Health Resources and Services Administration (HRSA) compliance standards.

Key requirements highlighted included:

- No patient may be denied services due to inability to pay.
- Services are offered without distinction between inability or refusal to pay.
- The health center must maintain a fee schedule consistent with local prevailing rates and apply a corresponding sliding fee discount for eligible patients.
- Federal Poverty Guidelines, family size, and annual income are used to determine patient eligibility and discount level.

Mr. Smith reminded the board that patients with household incomes at or below 100% of the Federal Poverty Level (FPL) are assessed a nominal fee, which is not calculated through a mathematical formula. Sliding fee discounts apply to patients with incomes between 101% and 200% of FPL, with expanded eligibility thresholds for specific programs such as Title X (Family Planning) and Ryan White, which allow for higher income limits.

Mr. Smith clarified that Federally Qualified Health Centers (FQHCs) are not free clinics and must make reasonable efforts to collect payment while ensuring that care is provided regardless of payment ability. Collection practices include point-of-care requests, patient statements, and financial counseling support, with balances written off after 12 months if unpaid. Patients are never referred to collections.

Mr. Smith advised that sliding fee discounts totaled approximately \$6.8 million in calendar year 2025, reflecting a 28% increase over the prior year, consistent with an increasing uninsured patient population reported in Uniform Data System (UDS) filings. Patient survey data from both clinic sites showed that a significant majority of respondents indicated the current sliding fee structure does not pose a financial barrier to accessing care.

### **Fee Schedule Highlights and Changes**

- Primary Care Services: No changes proposed to provider or nursing visit fees.
- Sports Physicals: A new flat fee of \$20 was proposed across all payer types, aimed at expanding pediatric services and community outreach.
- Family Planning: Nominal fees remain at \$0, with sliding fee eligibility expanded up to 250% of FPL.
- Ryan White Program: Nominal fees remain at \$0, with sliding fee eligibility expanded up to 400% of FPL.
- Pharmacy Sliding Fee Schedule:
  - The P0 nominal pharmacy fee was recommended to increase from \$7 to \$9 to better align with actual medication costs and avoid operating losses.
  - Pharmacy supply fees, including diabetic supplies, PEP, and PrEP medications, remain compliant with 340B requirements and executive order limitations.
  - Certain pharmacy fees were simplified, and PEP services were newly added to the schedule.

Father Rafael asked for clarification regarding the sliding fee scale, specifically whether it applies to uninsured patients. Mr. Smith responded that the sliding fee scale does apply to uninsured self-pay patients; however, it may also be offered to insured patients who have high deductibles or high co-payments.

Father Rafael then asked what percentage of patients are uninsured. Mr. Smith reported that in the prior year, uninsured patients represented 58% of patient encounters, an increase from 55% the year before and from the high 40% range in earlier years. Despite ongoing efforts, the organization has seen growth in both Medicaid encounters and uninsured patients, making this a significant and important portion of the patient population.

Father Rafael noted that while the organization is increasing the sliding fee scale, it is also important to understand what percentage of those charges are ultimately written off or not collected. Mr. Smith stated that this would be a valuable topic for a future presentation, likely to involve Ms. Whitaker and the finance team.

Father Rafael emphasized the importance of collection rates, noting that while sliding fee amounts can be included in projected revenues, they have limited value if they are not collected. Mr. Smith agreed, adding that overly high fees may discourage patients from seeking care altogether. Mr. Smith noted the importance of finding a balance that maximizes both access and participation. Mr. Smith shared that prior reviews have shown that approximately seven out of ten patients pay consistently at the lowest sliding fee level.

Father Rafael commented that similar trends are observed in the pharmacy, which represents the organization's largest source of revenue. Father Rafael noted that some patients obtain medications without making payment. Mr. Smith responded that Dr. Bleak and his team do effective work in collecting pharmacy revenues and regularly review this issue. Mr. Smith shared that while patients may not pay for the office visits, they often find resources for medications. Mr. Smith also noted that the pharmacy team employs multiple tools and strategies to ensure patients leave with needed medications.

The Chair called for further questions and there were none.

*A motion was made by Father Rafael, seconded by Member Coca, and carried unanimously to Approve the Clinical Sliding Fee Schedules, 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)*

No board member reports were presented.

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

- CEO Comments

Randy Smith, Chief Executive Officer, provided updates on several key areas.

- Title X Family Planning Funding
  - Received flat funding for the last year (five of five), matching prior year's levels.
  - Funding secured through March 2027.
  - New grant cycle expected soon (application anticipated in January 2027).
  - Noted uncertainty due to proposed elimination of program in FY27 budget.
- Ryan White Part B Funding Reduction
  - Organization received notice (2 days before April 1 start) of a 75% reduction (\$679,000).
  - Eliminated service categories:
    - Retention in Care
    - Eligibility
    - Medical Case Management
  - Impact:
    - Approximately 14 staff affected (varied funding allocations).
  - Actions:
    - Financial modeling underway with the finance team.
    - Current fiscal year's stability is supported by salary savings.
    - FY27 scenarios are currently being evaluated.
- Program Updates & Opportunities
  - Ryan White Program team invited to present to Board of Health.
  - Same presentation will be scheduled for the Governing Board in May.
- HRSA Update:
  - Grant cycle extended from 3 years to 4 years (reduced administrative burden).
  - Service Area Competition (SAC) has been delayed until next summer. Funding period extended to January 31, 2028.
  - Anticipated less frequent operational site visits.
- Committee Structure & Participation
  - All board members may attend and participate in committee meetings.

- Voting limited to the three (3) designated members per committee, per bylaws.
  - Committees maintain odd-number composition to ensure quorum and decision-making.
  - Committees provide recommendations, final authority rests with the full board.
  - Ongoing effort to strengthen committee operations and engagement.
  - Additional board member onboarding may prompt future adjustments.
- Committee Scheduling
    - Meetings scheduled as needed (work in progress).
    - Goal: Improve consistency and visibility of committee calendars.
    - All members will receive invitations and have opportunity to participate.
- Board Retreat Planning
    - Survey results:
      - Preferred months: July (top), June, August
      - Preferred duration: Half-day
      - Key content focus: Strategic plan review
    - Next steps:
      - Follow-up survey to finalize date, time, and format.
      - Likely options: early morning or evening session.
      - Staff confirmed flexibility and ability to accommodate board schedules.

In response to Member Coca's question, Mr. Smith explained that committee meetings are calendared as needed and that efforts are underway to systematize scheduling and ensure all board members are informed and able to participate.

- Behavioral Health Program Update

Tabitha Johnson, Behavioral Health Manager, presented an overview of the Behavioral Health program, highlighting significant growth and successful integration within primary care services. Ms. Johnson shared the program experienced substantial clinical expansion, delivering 2,880 mental health visits in the last calendar year. Specialized services include Eye Movement Desensitization and Reprocessing (EMDR) therapy for trauma, offered at no additional cost to patients.

Ms. Johnson, further shared the integrated care model continues to advance through the "Warm Handoff" protocol, allowing medical providers to directly connect patients to behavioral health specialists during primary care visits for immediate support with conditions such as depression, anxiety, and substance use. Additionally, the program enhanced Ryan White services by launching the "Evolve" group therapy program, offered in both English and Spanish, to support HIV-positive patients through peer engagement and shared lived experiences. Ms. Johnson shared the health center was also invited by the University of Washington to participate in the Behavioral Health Integration Benchmarking Report, which evaluates the value of FQHCs to Medicaid programs; the health center's integration scores exceeded both national and regional averages. Ms. Johnson advised that marketing efforts have further supported program growth, generating strong engagement with over 100 patient inquiries in a single campaign cycle.

Ms. Johnson shared patient success stories highlighting improved access to care, collaboration between medical and behavioral health teams, and timely intervention that would otherwise take weeks in the community.

Member Coca commended the Behavioral Health team for their visible marketing efforts and clinical successes. The board expressed high satisfaction with the integration of physical and mental health services, noting the program's critical role in the post-pandemic landscape.

The Chair called for questions and there were none.

**IX. INFORMATIONAL ITEMS**

- Community Health Center (FQHC) Monthly Report – March 2026

**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 two (2) 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 period.

**XI. ADJOURNMENT**

The meeting was adjourned at 3:45 p.m.

Randy Smith  
Chief Executive Officer - FQHC

/tab

ATTEST:

*Donna Feliz-Barrows*

Donna Feliz-Barrows  
Chair, SNCHC Governing Board

**May 19, 2026**

Date of Adoption

## AGENDA

### SOUTHERN NEVADA COMMUNITY HEALTH CENTER

#### GOVERNING BOARD MEETING

April 21, 2026 – 2:30 p.m.

Meeting will be conducted In-person and via Microsoft Teams

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

## NOTICE

### Microsoft Teams:

<https://events.teams.microsoft.com/event/6774aa38-bad4-4167-8aa5-3c9aa0c56ff4@1f318e99-9fb1-41b3-8c10-d0cab0e9f859>

To call into the meeting, dial (702) 907-7151 and enter Phone Conference ID: 247 037 857#

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### NOTE:

- Agenda items may be taken out of order at the discretion of the Chair.
  - The Board may combine two or more agenda items for consideration.
  - The Board may remove an item from the agenda or delay discussion relating to an item on the agenda at any time.
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### I. CALL TO ORDER & 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 two (2) minutes per speaker. Please clearly state and spell your 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 Teams:** Use the meeting controls at the top of the screen and select the Raise Hand icon. When called upon, select the Microphone icon to unmute yourself.
- **By telephone:** Call 702-907-7151 and when prompted to provide the Meeting ID, enter 247 037 857#. Press \*5 to raise your hand. When called upon, press \*6 on your phone keypad to unmute yourself.
- **By email:** [public-comment@snhd.org](mailto:public-comment@snhd.org). For comments submitted prior to and during the live meeting, include your name, zip code, the agenda item number on which you are commenting, and your comment. Please indicate whether you wish your email comment to be read into the record during the meeting or added to the backup materials for the record. If not specified, comments will be added to the backup materials.

### IV. ADOPTION OF APRIL 21, 2026 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 17, 2026 *(for possible action)*
2. **Approve the Federal Poverty Level (FPL) Guidelines;** direct staff accordingly or take other action as deemed necessary *(for possible action)*
3. **Approve the Clinical Master Fee Schedule;** direct staff accordingly or take other action as deemed necessary *(for possible action)*

VI. **REPORT / DISCUSSION / ACTION**

1. **Receive, Discuss and Approve the Recommendations from the April 20, 2026 Finance and Audit Committee Meeting regarding the February 2026 Year to Date Financial Report;** direct staff accordingly or take other action as deemed necessary *(for possible action)*
2. **Receive, Discuss and Approve the Recommendations from the April 20, 2026 Finance and Audit Committee Meeting regarding the FY2027 Budget;** direct staff accordingly or take other action as deemed necessary *(for possible action)*
3. **Receive, Discuss and Approve the Recommendations from the April 20, 2026 Finance and Audit Committee Meeting regarding the Clinical Sliding Fee Schedules;** 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 *(Information Only)***

- CEO Comments
- Behavioral Health Program Overview/Update

IX. **INFORMATIONAL ITEMS**

- Community Health Center (FQHC) March 2026 Monthly Report

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 two (2) 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.



AT THE SOUTHERN NEVADA HEALTH DISTRICT

## MINUTES

### SOUTHERN NEVADA COMMUNITY HEALTH CENTER GOVERNING BOARD MEETING

March 17, 2026 – 2:30 p.m.

Meeting was conducted In-person and via Microsoft Teams

Southern Nevada Health District, 280 S. Decatur Boulevard, Las Vegas, NV 89107

Red Rock Trail Rooms A and B

#### MEMBERS PRESENT:

Donna Feliz-Barrows, Chair  
Jasmine Coca, First Vice Chair  
Sara Hunt, Second Vice Chair  
Rebeca Aceves  
Erin Breen  
Jose L. Melendrez  
David Neldberg  
Fr Rafael Pereira

#### ABSENT:

Ashley Brown  
Blanca Macias-Villa

#### ALSO PRESENT

#### LEGAL COUNSEL:

Edward Wynder, Associate General Counsel

#### CHIEF EXECUTIVE OFFICER:

Randy Smith

#### STAFF:

Emily Anelli, Chelle Alfaro, Tawana Bellamy, Todd Bleak, Donna Buss, Robin Carter, Andria Cordovez Mulet, Claudette, Fajardo, David Kahananui, Annie Lin, Cassius Lockett, Luann Province, Renee Trujillo, Merylyn Yegon, Donnie (DJ) Whitaker

#### I. CALL TO ORDER and ROLL CALL

The Southern Nevada Community Health Center (SNCHC) Governing Board Meeting was called to order at 2:34 p.m. Ms. Tawana Bellamy, Senior Administrative Specialist, administered the roll call and confirmed a quorum.

#### II. PLEDGE OF ALLEGIANCE

#### III. RECOGNITION

##### 1. Southern Nevada Health District – Employee of the Month - March 2026

- Claudette Fajardo

The Governing Board recognized Ms. Fajardo, a Medical Assistant, as Southern Nevada Health District's Employee of the Month for March 2026. Ms. Bellamy read an excerpt from her nomination, highlighting her exceptional work ethic and consistent application of SNHD's CARES values. On behalf of the SNCHC Governing Board, the Chair extended congratulations to Ms. Fajardo.

- IV. FIRST PUBLIC COMMENT:** A period devoted to comments by the general public about those items appearing on the agenda. Comments will be limited to two (2) minutes per speaker. Please clearly state your name and address and spell your last name for the record. If any member of the Board wishes to extend the length of a presentation, this may be done by the Chair or the Board by majority vote.

Seeing no public comment was presented online or in person, the Chair closed the First Public Comment period.

- V. ADOPTION OF THE MARCH 17, 2026 MEETING AGENDA** *(for possible action)*

The Chair requested approval of the agenda with one modification: removal of the Behavioral Health Program Update under the CEO Comments.

*A motion was made by Father Rafael, seconded by Member Breen, and carried unanimously to approve the March 17, 2026 meeting agenda as amended.*

- VI. 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 17, 2026 *(for possible action)*

- 2. Approval of CHCA-039 Insulin and Epinephrine Fee Structure Policy;** direct staff accordingly or take other action as deemed necessary *(for possible action)*

The Chair asked whether any Board member wished to remove items from the Consent Agenda. There were none.

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

- VII. REPORT / DISCUSSION / ACTION**

*Recommendations from the March 16, 2026 Finance and Audit Committee Meeting*

- 1. Receive, Discuss and Accept the January 2026 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 2026 Year to Date Financial Report as of January 31, 2026, with the following key highlights:

### **Revenue**

- General Fund revenue (Charges for Services & Other) is \$21.64M compared to a budget of \$22.79M, an unfavorable variance of \$1.15M.
- Special Revenue Funds (Grants) is \$2.71M compared to a budget of \$4.45M, an unfavorable variance of \$1.74M.
- Total Revenue is \$24.34M compared to a budget of \$27.24M, an unfavorable variance of \$2.90M.

### **Expenses**

- Salary, Tax, and Benefits is \$8.27M compared to a budget of \$9.68M, a favorable variance of \$1.41M.
- Other Operating Expense is \$17.27M compared to a budget of \$18.13M, a favorable variance of \$860K.
- Indirect Cost/Cost Allocation is \$6.21M compared to a budget of \$7.51M, a favorable variance of \$1.30M.
- Total Expense is \$31.75M compared to a budget of \$35.31M, a favorable variance of \$3.56M.

**Net Position:** is (\$7.41M) compared to a budget of (\$8.07M), a favorable variance of \$660K.

Ms. Whitaker further advised of the following:

- Percentage of Revenues and Expenses - by Department
- Revenues by Department - Budget to Actuals
- Expenses by Department - Budget to Actuals
- Patient Encounters - By Department and Site
  - FY2025 – 21,356
  - FY2026 – 24,592
  - 15% year-over-year growth

Father Rafael commented on the financial report, noting that approximately 90% of the organization's revenue is generated by the pharmacy while only about 5% of salary expenses are attributed to pharmacy operations. He highlighted this significant imbalance as a positive indicator of efficiency and expressed appreciation for the clarity the financial reports provide. Father Rafael stated that, given the pharmacy's strong revenue contribution, any future decisions to increase staffing in the pharmacy department would be supported, as it continues to be a major source of revenue.

Mr. Smith added that while the pharmacy has been highly successful in generating revenue, it also represents a financial vulnerability, as a substantial portion of pharmacy revenue is derived from a limited class of medications. He referenced recent changes related to Gilead, which have already impacted or put certain pharmacy revenues at risk. Mr. Smith emphasized the importance of diversifying revenue streams to reduce reliance on pharmacy income alone. Mr. Smith further noted that the pharmacy's financial performance is closely tied to patient encounters, reinforcing the connection between service volume and revenue generation. He acknowledged the pharmacy's leadership in contributing to the organization's financial stability and stated that these issues, including 340B considerations, are being closely monitored. He added that a future presentation by Dr. Bleak may further address these topics.

The Chair called for further questions and there were none.

*A motion was made by Member Melendrez, seconded by Father Rafael, and carried unanimously to accept the January 2026 Year to Date Financial Report, as presented.*

**2. Receive, Discuss and Approve the Augmentation to the Southern Nevada Community Health Center FY2026 Budget;** direct staff accordingly or take other action as deemed necessary (*for possible action*)

Ms. Whitaker presented the Southern Nevada Community Health Center FY2026 Budget, as follows:

**Staffing:**

- Staffing for FY26 is projected to be 119.5 FTEs compared to FY26 adopted budget of 126.5 FTEs.

**Revenue:**

- General Fund revenue is projected at \$38.5M in FY26, a decrease of \$600K from the FY26 adopted budget.
- Special Revenue Fund (Grants) projected at \$5.1M in FY26, a decrease of \$2.6M from FY26 adopted budget.

**Expense:**

- FQHC combined expenditures for FY26 augmented budget is \$58.4M compared to \$61.3M from FY26 adopted budget.

Father Rafael reported that the Finance and Audit Committee met and discussed the format of financial statements presented to the Governing Board. He requested that future financial reports include side-by-side columns for comparisons of the adopted budget versus the augmented budget, allowing board members to clearly see line-item variances and areas of adjustment.

While acknowledging that the graphs and pie charts are informative and visually helpful, Father Rafael emphasized that regular financial statements are necessary for detailed financial analysis. Father Rafael further noted that having both narrative notes and visual summaries is valuable, however, the inclusion of traditional financial statements is essential to fully understand which areas were augmented and the specific financial impacts.

The Chair called for further questions and there were none.

*A motion was made by Father Rafael, seconded by Member Breen, and carried unanimously to Approve the Augmentation to the Southern Nevada Community Health Center FY2026 Budget, as presented.*

**3. Receive, Discuss and Approve the New Finance Reports;** direct staff accordingly or take other action as deemed necessary (*for possible action*)

Ms. Whitaker, along with Donna Buss, Revenue Cycle Manager, presented the New Finance Reports, as follows:

Ms. Whitaker presented the new financial report with support from Donna Buss, Revenue Cycle Manager. Ms. Whitaker reviewed the history of the revenue cycle function, noting that medical billing was brought in-house in FY 2022, transitioning from third-party billing vendors. Prior to this change, PPS Wrap qualifying encounters were not consistently submitted, and denials, rejections, and accounts receivable were not systematically resolved.

Ms. Whitaker shared that since the transition, the Health Center has finalized its Nevada Medicaid PPS rate, enabling receipt of Wrap payments designed to cover gaps when Medicaid Managed Care reimbursement is below the PPS rate. Cumulative WRAP payments received to date total approximately \$3.9 million. Beginning January 1, 2026, Medicaid implemented “shadow billing,” allowing PPS reimbursement to be incorporated at the point of payment rather than through supplemental submissions. Ms. Whitaker reported ongoing monitoring and coordination to address implementation challenges.

Ms. Whitaker reviewed accounts receivable (AR) aging trends, noting improvement in receivables shifting from over 180 days to the 0–30 day category. AR greater than 180 days decreased from 64% in FY 2022 to approximately 23% in FY 2026 year-to-date, indicating improved revenue cycle performance. The billing team continues to actively manage denials, resubmit claims, work with payers and clearinghouses, and identify claim trends. A previously identified payer configuration issue that temporarily removed the Health Center’s FQHC designation has been corrected, allowing for claim reprocessing.

Ms. Whitaker also reported that the Health Center has implemented monthly revenue cycle meetings, patient billing statements for balances not collected at time of service, and a 12-month write-off policy for uncollected balances.

Mr. Smith asked for clarification regarding the accounts receivable (AR) aging report, requesting an explanation of what the aging categories represent. Ms. Donna Buss clarified that claims categorized as greater than 180 days represent claims that are more than 180 days past the date of service. These claims may be delayed due to denials or payer-specific issues but have been submitted timely and are actively being worked, appealed, and reprocessed to capture all eligible revenue. Ms. Buss confirmed that 0–30 day balances are considered favorable, while balances exceeding 180 days indicate higher risk.

Father Rafael emphasized the importance of distinguishing between reported revenue and collected revenue, noting that uncollected revenue ultimately results in write-offs at year end. He requested additional insight into the percentage of revenue derived from cash/self-pay versus insured sources to better assess collection risk.

Mr. Smith stated that payer mix reporting would be a useful addition, noting that although the patient population is approximately 58% uninsured, this group represents a comparatively small portion of actual revenue collected. He explained that insured payers, including Medicaid with WRAP payments, contribute a significantly larger share of revenue.

Father Rafael stated that the Finance and Audit Committee had discussed the need for additional revenue breakdowns to better analyze denial trends, payer performance, and uncollected amounts. He reiterated that the decision to bring billing in-house was intended to improve collections and reduce denials and requested future reporting to identify whether

specific providers or payers contribute disproportionately to non-collection. He also requested year-end reporting on total write-offs to clearly identify revenue losses.

Member Hunt asked whether legislation from the prior legislative session requiring insurance companies to process claims within a defined timeframe had passed. Ms. Buss responded that while she was unsure whether specific legislation passed, most payers follow standard 60–90 day claim processing timelines. She also noted that a temporary payer system configuration issue had increased denials, requiring extensive claim reprocessing that is still underway.

Mr. Smith advised that at the committee meeting, the Chair and Father Rafael discussed what materials get presented to the committee versus the board. Mr. Smith shared the following objectives:

- Enhancing monthly financial reports, including AR aging and future payer mix reports; and
- Streamlining Governing Board presentations to focus on high-level summaries rather than duplicating committee-level detail.

Mr. Smith further advised that it was proposed that future Governing Board financial presentations focus on the summary page and utilization reports, while full financial packets would continue to be distributed to board members for review. Board members would retain the ability to raise questions during meetings as needed.

The Chair expressed support for this approach, stating that detailed financial analysis should occur at the committee level, with the Governing Board receiving a higher-level overview unless specific issues warrant deeper discussion. Member Erin Breen expressed agreement with the proposed approach and affirmed confidence in the Finance Committee's role in detailed financial oversight.

The Chair called for further questions and there were none.

*A motion was made by Father Rafael, seconded by Member Coca, and carried unanimously to Approve the New Finance Reports, as presented.*

#### SNCHC Governing Board

#### **4. Receive, Discuss and Approve the Fourth Quarter Risk Assessment;** direct staff accordingly or take other action as deemed necessary *(for possible action)*

David Kahananui, FQHC Administrative Manager, presented the Fourth Quarter Risk Assessment for 2025, covering the compliance period October–December 2025. Mr. Kahananui advised that the assessment was conducted in compliance with Federal Tort Claims Act (FTCA) requirements, which mandate completion of a risk assessment each quarter, including two high-risk assessments annually.

The fourth quarter risk assessment utilized the ECRI Clinical Risk Management Program Self-Assessment Questionnaire for Bloodborne Pathogens, a designated high-risk area for the Health Center. The assessment was conducted on October 27, 2025, by the Medical Director in consultation with the Operations Manager.

Mr. Kahananui advised that a total of 120 criteria were evaluated. Of these, 111 criteria were found compliant, resulting in an overall compliance score of approximately 92%. The remaining nine criteria were identified as either needing improvement or non-compliant, and an action plan was developed to address the findings.

Mr. Kahananui reported that the organizational goal is to maintain 75% or fewer open action items at any evaluation point, acknowledging that percentages fluctuate as new assessments are completed and corrective actions are implemented. A summary of findings and the corresponding action plan for Q4 were presented to the Board.

The Chair called for further questions and there were none.

*A motion was made by Member Melendrez, seconded by Member Coca, and carried unanimously to Approve the Fourth Quarter Risk Assessment, as presented.*

**5. Receive, Discuss and Approve the Fourth Quarter Risk Management Report;** direct staff accordingly or take other action as deemed necessary (*for possible action*)

Mr. Kahananui presented the Fourth Quarter 2025 Risk Management Report, covering compliance activities and outcomes for the period October 1–December 31, 2025, in accordance with Federal Tort Claims Act (FTCA) requirements. Mr. Kahananui reviewed the report's color-coding framework, noting that red indicates non-compliance, orange indicates approaching compliance, and green indicates compliance. FTCA mandates that quarterly risk assessments, quarterly risk management reports, and the annual risk management report be presented to the Governing Board for review and approval.

Mr. Kahananui further reported the fourth quarter risk assessment was completed on October 27, 2025, meeting FTCA requirements. The assessment utilized the Clinical Risk Management Program Self-Assessment Questionnaire for Bloodborne Pathogens and was conducted by the Medical Director, Dr. Robin Carter, in consultation with the Operations Manager. At the conclusion of the quarter, 33% of action items from prior risk assessments remained open. Under incident reporting and peer review, Mr. Kahananui reported:

- 19 incidents reported in fourth quarter
- 0 Sentinel events
- 4 high-risk incidents
- 6 incidents requiring root cause analysis and follow-up.
- 96% average score for provider peer review audits

Regarding required annual training, Mr. Kahananui reported that:

- 100% of clinical staff completed all five FTCA-required annual trainings by the end of fourth quarter 2025
- The Risk Manager completed two FTCA-required risk trainings during the year, maintaining compliance.

For risk and patient safety activities, the following outcomes were noted:

- 97% patient satisfaction score.
- No grievances filed.

- No pharmacy packaging or labeling errors.
- No HIPAA breaches.
- 97% of provider referrals were ordered and processed.
- 56% of eligible patients received pregnancy intention screening.
- Five pregnant patients were referred to contracted OB providers.
  - Manual tracking processes were implemented for pregnancy-related metrics.
- No newborn birth weight or race data was reported during the quarter.
- 100% credentialing compliance for licensed clinical providers.
- No claims were filed during the fourth quarter.

Father Rafael requested clarification regarding red (non-compliant) patient safety metrics, specifically related to pregnancy intention screening. Mr. Kahananui explained that challenges primarily involve data capture and reporting limitations, not lack of screening activity. Mr. Kahananui noted improvement from prior years, with performance more than doubling since 2024, and stated that screening often occurs but is not consistently reflected in reporting systems. Ongoing outreach and data validation efforts are in place, though many patients decline to provide follow-up information. Mr. Kahananui further reported that overall data quality for 2025 showed significant improvement and was the most accurate to date.

The Chair called for further questions and there were none.

*A motion was made by Member Breen, seconded by Father Rafael, and carried unanimously to Approve the Fourth Quarter Risk Management Report, as presented.*

**6. Receive, Discuss and Approve the CY25 Annual Risk Management Report;** direct staff accordingly or take other action as deemed necessary *(for possible action)*

Mr. Kahananui presented the Calendar Year 2025 Annual Risk Management Report, noting that the report is comprehensive and covers all four quarters of 2025. The report is approximately 40 pages in length, and board members received the document in advance. The presentation focused on key metrics and dashboard highlights.

Mr. Kahananui reminded the board that the same color-coding system applies throughout the report, noting that red indicates non-compliance, orange indicates approaching compliance, and green indicates compliance and reviewed FTCA requirements, which mandates one risk assessment per quarter, and at least two annual assessments focused on areas of high risk.

**Risk Assessments**

- Four required quarterly risk assessments were completed in 2025.
- Three assessments were conducted in designated high-risk areas.
- At year end, 22% of action items from risk assessment action plans remained open.

**Incident Reporting and Peer Review**

- 87 incidents were reported in 2025, compared to 70 incidents in the prior year.

Mr. Kahananui emphasized that the increase reflects improved awareness and reporting, not necessarily increased risk.

- 12 incidents were categorized as high-risk severity.

- 20 incidents required root cause analysis and follow-up.
- Provider peer review audits achieved an average score of 96%, exceeding the benchmark of 80%.
- Definitions of low, medium, high, and Sentinel events were included for reference.

#### **Required Annual Training Compliance**

- All five FTCA-required annual trainings were completed by 100% of clinical staff by the end of 2025.
- Previously identified gaps from 2024 were corrected and reported to FTCA.
- The Risk Manager completed all FTCA-required risk trainings, resulting in 100% compliance.

#### **Patient Risk and Safety Measures**

- Average patient satisfaction: 98% (benchmark: 90%)
- Three grievances filed in 2025; all were resolved promptly, generally within two weeks.
- No pharmacy packaging or labeling errors
- No HIPAA breaches; a previously reported Q3 issue was later determined not to be an actual breach.
- 97% of referrals ordered were processed and sent.
- 47.8% of eligible patients received pregnancy intention screening.
- 17 pregnant patients were referred to contracted OB providers.
  - Manual tracking continues for pregnancy-related measures due to lack of electronic reporting.
- One patient provided newborn birth weight/race data.
- 100% credentialing compliance for licensed independent practitioners and licensed clinical staff.
- No claims were filed during 2025.

Member Melendrez commented great work on the report.

The Chair called for further questions and there were none.

*A motion was made by Member Melendrez, seconded by Father Rafael, and carried unanimously to Approve the CY25 Annual Risk Management Report, as presented.*

#### **7. Review and Discuss the FTCA Redeeming Process and Approve Submittal of the CY27 FTCA Redeeming Application;** direct staff accordingly or take other action as deemed necessary *(for possible action)*

Mr. Kahananui presented the FTCA redeeming application process and provided an overview of the Calendar Year 2027 FTCA Redeeming Application for board approval. Mr. Kahananui explained that FTCA coverage provides medical malpractice protection for the Health Center and its eligible covered individuals, including licensed independent practitioners, other licensed clinical practitioners, and clinical staff registered with HRSA.

Mr. Kahananui noted that the FTCA redeeming application is due June 26, 2026, for coverage effective in calendar year 2027. He explained that Health Centers must meet specific deeming and redeeming criteria annually to maintain coverage and that the organization was initially

deemed in 2023 for 2024 coverage. Redeeming applications are submitted each June and are based on prior-year performance and current policy compliance.

Mr. Kahananui reviewed the four required components of the FTCA redeeming application:

1. Quarterly risk assessments
2. Incident reporting, provider reviews, and training
3. Risk and patient safety activities
4. Claims management

Mr. Kahananui reported that the Health Center continues to perform well across all required areas. He also noted that FTCA regulations require the Health Center to display a public notice on its website indicating its federal Public Health Service deemed status for purposes of medical malpractice coverage.

During discussion, the Chair requested clarification regarding whether formal board approval was required, as the agenda item title referenced review and discussion. Mr. Wynder confirmed that Governing Board approval was appropriate and necessary prior to submittal.

The Chair called for further questions and there were none.

*A motion was made by Father Rafael, seconded by Member Breen, and carried unanimously to Approve Submittal of the CY27 FTCA Redeeming Application, as presented.*

- VIII. 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 reports from board members.

**IX. CEO & STAFF REPORTS** *(Information Only)*

- CEO Comments
- ~~Behavioral Health Program Update~~ – This item was removed from the agenda.

Mr. Smith shared positive news regarding Title X funding. The Health Center was notified that the non-competing continuation application for Year Five of the existing five-year Title X agreement was opened. The funding amount is flat compared to the prior funding cycle, which Mr. Smith described as very favorable news following extended uncertainty. Staff have been notified, and Mr. Smith expressed appreciation to David Kahananui, Ryan, and their teams for proactive preparation. Mr. Smith noted the application has a short turnaround, with a submission deadline later that week, and confirmed there were no concerns about meeting the deadline.

Mr. Smith next reported that the Uniform Data System (UDS) report has been submitted and has completed its final round of review. Mr. Smith stated that, barring any exceptional issues, the report is considered complete and received positive feedback from reviewers. He noted that this reporting cycle was the strongest to date. Mr. Smith contrasted this with the prior year, when Calendar Year 2024 data had been excluded due to data quality concerns, which

prevented the Health Center from receiving recognition badges. He expressed confidence that the organization has cleared that hurdle. Once the final report is received, additional data—such as patient origin and benchmarking analyses will be presented to the board to support strategic planning.

Mr. Smith then addressed Governing Board composition. He reported that the board is currently in compliance with HRSA requirements and organizational bylaws regarding both member count and composition. However, Mr. Smith noted that the board traditionally operates with 11 members and currently has one vacancy. He expressed interest in filling the vacancy and discussed the value of recruiting a community board member with a clinical or quality-focused background, such as a practicing clinician, healthcare practitioner, or quality improvement professional. Board members were encouraged to suggest potential candidates from the community and to notify Mr. Smith or Ms. Bellamy for follow-up.

Finally, Mr. Smith discussed plans to organize a Governing Board retreat. He acknowledged prior conversations and noted that end-of-year scheduling is challenging. To move planning forward, Ms. Bellamy will distribute a survey to board members to assess availability (full-day or partial-day options) and desired retreat content. Mr. Smith stated that he anticipates sharing preliminary information at the next meeting and identifying a retreat date for further planning.

Father Rafael asked when the previous board retreat occurred. Mr. Smith responded that it took place in October of the prior year.

Father Rafael also asked about changes to financial reporting and committee meetings. Mr. Smith confirmed the intent of the Finance Committee is to meet monthly prior to Governing Board meetings, with flexibility if quorum cannot be achieved. Mr. Smith emphasized the goal of strengthening committee work to allow the full Board to focus on higher-level discussion and strategic topics.

The Chair called for questions and there were none.

## **X. INFORMATIONAL ITEMS**

- Community Health Center (FQHC) Monthly Report – February 2026

**XI. 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 two (2) 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 period.

## **XII. ADJOURNMENT**

The meeting was adjourned at 3:40 p.m.

Randy Smith  
Chief Executive Officer - FQHC

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# UPDATE TO FEDERAL POVERTY LEVEL

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RANDY SMITH  
CHIEF EXECUTIVE OFFICER – FQHC  
SOUTHERN NEVADA COMMUNITY HEALTH CENTER  
APRIL 21, 2026

# 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

Rates reflects the 2.7% increase to the CPI-U for Calendar Year 2024 and 2025

- Updated annually to account for last calendar year's increase in prices as measured by the Consumer Price Index
- Publish Date of January 15, 2026

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

# Federal Poverty Levels 2026

% of Federal Poverty Level (FPL)	0-100%		>100% to 150%		>150% to 175%		>175% to 200%		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	\$ 15,960	\$ 15,961	\$ 23,940	\$ 23,941	\$ 27,930	\$ 27,931	\$ 31,920	\$ 31,921
2	0	\$ 21,640	\$ 21,641	\$ 32,460	\$ 32,461	\$ 37,870	\$ 37,871	\$ 43,280	\$ 43,281
3	0	\$ 27,320	\$ 27,321	\$ 40,980	\$ 40,981	\$ 47,810	\$ 47,811	\$ 54,640	\$ 54,641
4	0	\$ 33,000	\$ 33,001	\$ 49,500	\$ 49,501	\$ 57,750	\$ 57,751	\$ 66,000	\$ 66,001
5	0	\$ 38,680	\$ 38,681	\$ 58,020	\$ 58,021	\$ 67,690	\$ 67,691	\$ 77,360	\$ 77,361
6	0	\$ 44,360	\$ 44,361	\$ 66,540	\$ 66,541	\$ 77,630	\$ 77,631	\$ 88,720	\$ 88,721
7	0	\$ 50,040	\$ 50,041	\$ 75,060	\$ 75,061	\$ 87,570	\$ 87,571	\$ 100,080	\$ 100,081
8	0	\$ 55,720	\$ 55,721	\$ 83,580	\$ 83,581	\$ 97,510	\$ 97,511	\$ 111,440	\$ 111,441

\*\*More than 8 persons, add \$5,680 of allowable income for each additional person per year.

# Federal Poverty Levels 2026

Family Planning: >200%			Ryan White: >200%				
P-4: >200% to 250%		P-5: >250%	P-4: >200% to 300%		P-5: >300% - 400%		P-6: >400%
Equal to or Between		Equal to or Above	Equal to or Between		Equal to or Between		Equal to or Above
\$ 31,921	\$ 39,900	\$ 39,901	\$ 31,921	\$ 47,880	\$ 47,881	\$ 63,840	\$ 63,841
\$ 43,281	\$ 54,100	\$ 54,101	\$ 43,281	\$ 64,920	\$ 64,921	\$ 86,560	\$ 86,561
\$ 54,641	\$ 68,300	\$ 68,301	\$ 54,641	\$ 81,960	\$ 81,961	\$ 109,280	\$ 109,281
\$ 66,001	\$ 82,500	\$ 82,501	\$ 66,001	\$ 99,000	\$ 99,001	\$ 132,000	\$ 132,001
\$ 77,361	\$ 96,700	\$ 96,701	\$ 77,361	\$ 116,040	\$ 116,041	\$ 154,720	\$ 154,721
\$ 88,721	\$ 110,900	\$ 110,901	\$ 88,721	\$ 133,080	\$ 133,081	\$ 177,440	\$ 177,441
\$ 100,081	\$ 125,100	\$ 125,101	\$ 100,081	\$ 150,120	\$ 150,121	\$ 200,160	\$ 200,161
\$ 111,441	\$ 139,300	\$ 139,301	\$ 111,441	\$ 167,160	\$ 167,161	\$ 222,880	\$ 222,881

\*\*More than 8 persons, add \$5,680 of allowable income for each additional person per year.



Questions?

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# MOTION

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*Motion to Approve the Federal Poverty Level (FPL) guidelines, as presented.*





SOUTHERN NEVADA  
*Community*  
HEALTH CENTER

AT THE SOUTHERN NEVADA HEALTH DISTRICT



# Updates to SNHD Clinical Master Fee Schedule

DONNIE (DJ) WHITAKER  
CHIEF FINANCIAL OFFICER

APRIL 21, 2026

# Clinical Master Fee Schedule Review

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

Annual review of fees allows for changes on a consistent basis to stay consistent with the local medical community prevailing rates. These regular fee updates 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 or point of care discount.**

# Clinical Master Fee Review Methodology

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Compare all fees currently utilized in SNHD operations to fees established in the Clark County local healthcare community (Source: The Physician Fees Report 2026).

Identify existing fees lower than 60th percentile of reported fees for further review. Add new fees anticipated to be utilized in 2026.

Propose fee changes based on comparison of current fees to 60<sup>th</sup> percentile of reported fees and Medicare reimbursement rate.

If there are fees not represented in the Physician Fees Report, an analysis of direct and indirect costs for services, medications or other ancillary costs is completed to form a basis for the fees.

These methods ensure SNHD is positioned to receive the fullest reimbursement possible from payers. Proposed changes to individual fees are included in Exhibit A (247 fees total with 20 new fees). All other fees on the billing fee schedule remain the same.

“Qualifying G-Codes have been set to the approved PPS rate to support shadow billing, effective 1/1/2026”

# REFERENCES

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

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

EXHIBIT A

2026 PROPOSED CHANGES TO SNHD BILLING FEE SCHEDULE

CPT CODE	Description	Current Rate	Proposed New Fee
	<b>Integumentary</b>		
11104	PUNCH BX SKIN SINGLE LESION	\$ 248.00	\$ 300.00
11105	PUNCH BX SKIN EA SEP/ADDL	\$ 126.00	\$ 149.00
11106	INCAL BX SKN SINGLE LES	\$ 273.00	\$ 286.00
11200	REMOVAL OF SKIN TAGS	\$ 180.00	\$ 217.00
11300	SHAVE TRUNK <0.5 CM	\$ 214.00	\$ 231.00
11301	SHAVE TRUNK 0.6-1 CM	\$ 252.00	\$ 262.00
11302	SHAVE TRUNK 1.1-2 CM	\$ 275.00	\$ 285.00
11303	SHAVE TRUNK >2 CM	\$ 317.00	\$ 320.00
11306	SHAVE S-N-H 0.6-1 CM	\$ 214.00	\$ 230.00
11307	SHAVE S-N-H 1.1-2 CM	\$ 251.00	\$ 258.00
11308	SHAVE S-N-H >2 CM	\$ 253.00	\$ 269.00
11310	SHAVE F-E-E-N-L-M <0.5 CM	\$ 242.00	\$ 258.00
11311	SHAVE F-E-E-N-L-M 0.6-1 CM	\$ 276.00	\$ 286.00
11312	SHAVE F-E-E-N-L-M 1-2 CM	\$ 287.00	\$ 290.00
11900	INJECTION INTO SKIN LESIONS	New Fee	\$ 132.00
11981	Implant - Insertion	\$ 315.00	\$ 339.00
11982	Implant - Removal	\$ 326.00	\$ 346.00
11983	Implant Removal and Reinsertion	\$ 497.00	\$ 514.00
15780	ABRASION TREATMENT OF SKIN	New Fee	\$2,632.00

	<b>Female Genital</b>		
57410	PELVIC EXAMINATION	\$ 296.00	\$ 298.00
58300	IUD Insertion	\$ 280.00	\$ 294.00
58301	IUD Removal	\$ 267.00	\$ 279.00
	<b>Radiology</b>		
71046	X-RAY EXAM CHEST 2 VIEWS - 26	\$ 131.00	\$ 166.00
76376	3D RENDER W/O POSTPROCESS-26	\$ 23.58	\$ 51.00
	<b>Pathology &amp; Laboratory</b>		
80074	Acute Hepatitis Panel w/reflex	\$ 592.00	\$ 710.00
81001	URINALYSIS- AUTO W/SCOPE	\$ 41.00	\$ 55.00
82040	ASSAY OF SERUM ALBUMIN	\$ 22.00	\$ 26.00
82435	ASSAY OF BLOOD CHLORIDE	\$ 11.00	\$ 19.00
82947	Glucose Quantitative Blood	\$ 24.00	\$ 25.00
83036	Hemoglobin Glycosylated A1c	\$ 83.00	\$ 88.00
83540	ASSAY OF IRON	\$ 42.00	\$ 45.00
83690	ASSAY OF LIPASE	\$ 59.00	\$ 72.00
83718	HDL	\$ 41.00	\$ 42.00
83721	LDL	\$ 37.00	\$ 38.00
84075	ASSAY ALKALINE PHOSPHATASE	\$ 23.00	\$ 29.00

84132	ASSAY OF SERUM POTASSIUM	\$ 28.00	\$ 30.00
84155	ASSAY OF PROTEIN	\$ 20.00	\$ 28.00
84295	ASSAY OF SERUM SODIUM	\$ 30.00	\$ 36.00
84450	TRANSFERASE (AST) (SGOT)	\$ 38.00	\$ 44.00
84460	ALANINE AMINO (ALT) (SGPT)	\$ 44.00	\$ 49.00
84478	ASSAY OF TRIGLYCERIDES	\$ 40.00	\$ 50.00
84520	ASSAY OF UREA NITROGEN	\$ 22.00	\$ 29.00
84550	ASSAY OF BLOOD/URIC ACID	\$ 45.00	\$ 49.00
85027	COMPLETE CBC- AUTOMATED	\$ 45.00	\$ 46.00
86141	C-REACTIVE PROTEIN- HS	\$ 72.00	\$ 78.00
86480	Quantiferon	\$ 325.00	\$ 396.00
86480	Quantiferon Prof. Comp (26)	\$ 67.00	\$ 73.00
86705	HEP B CORE ANTIBODY- IGM	\$ 121.00	\$ 152.00
86706	Hepatitis B surface Ab- qualitative	\$ 89.00	\$ 103.00
86769	SARS-COV-2 COVID-19 ANTIBODY	\$ 77.00	\$ 83.00
86803	Hep C- Rapid- Oraquick	\$ 148.00	\$ 170.00
87340	HEPATITIS B SURFACE AG- EIA	\$ 87.00	\$ 99.00
87389	HIV-1 antigen- with HIV-1 and HIV-2 antibodies- single result	\$ 126.00	\$ 127.00
87491	Chlamydia- Detection by Amplified Probe Technique	\$ 120.00	\$ 122.00
87522	HEPATITIS C- RNA- QUANT	\$ 608.00	\$ 669.00
87591	Neisseria gonorrhoeae- Detection by Amplified Probe Technique	\$ 121.00	\$ 122.00
87624	HPV (AMP)	\$ 148.00	\$ 153.00
88164	Cytopathology- slides- cervical or vaginal/V- MANUAL	\$ 77.00	\$ 89.00

	<b>Immuunizations/Vaccines</b>		
90380	Respiratory syncytial virus (RSV) monoclonal antibody	\$ 941.00	\$ 988.00
90381	Respiratory syncytial virus (RSV) monoclonal antibody	\$ 941.00	\$ 1,001.00
90460	IMADM ANY ROUTE 1ST VAC/TOX	\$ 57.00	\$ 62.00
90461	INADM ANY ROUTE ADDL VAC/TOX	\$ 41.00	\$ 46.00
90471	Admin Fee 1st Vaccine	\$ 60.00	\$ 64.00
90472	Admin Fee Each Additional Vaccine (IM or SQ)	\$ 37.00	\$ 41.00
90593	CHIKUNGUNYA VACC RECOMB IM	New Fee	\$ 330.00
90611	JYNNEOS	\$ 280.00	\$ 467.00
90619	Meningococcal MenACWY MenQuadfi	\$ 309.00	\$ 352.00
90620	Meningococcal (MenB-4C-Bexsero)	\$ 381.00	\$ 422.00
90621	Meningococcal (MenB-FHbhp- Trumenba)	\$ 345.00	\$ 415.00
90632	Hepatitis A (Adult)	\$ 164.00	\$ 185.00
90633	Hepatitis A (Child)	\$ 92.00	\$ 99.00
90636	Hepatitis A & B (Twinrix)	\$ 233.00	\$ 254.00
90644	Meningococcal C/Y-HIB PRP	\$ 12.00	\$ 56.00
90647	Hib PRP-OMP	\$ 74.00	\$ 78.00
90648	Hib PRP-T	\$ 67.00	\$ 71.00
90649	HPV- quadrivalent	\$ 276.00	\$ 284.00
90650	HPV- bivalent	\$ 308.00	\$ 316.00
90651	HPV9- Gardasil	\$ 483.00	\$ 552.00

90653	Fluad TIV (2025-2026)	\$ 111.00	\$ 118.00
90661	Flucelvax TIV Pre-Filled syringe (2025-2026)	\$ 66.00	\$ 71.00
90670	Pneumococcal (Pevnar 13)	\$ 424.00	\$ 432.00
90671	PCV15 (Vaxneuvance)	\$ 465.00	\$ 494.00
90672	Influenza-live- intranasal- quadrivalent	\$ 62.00	\$ 69.00
90675	Rabies	\$ 647.00	\$ 747.00
90677	PCV20 (Pevnar 20)	\$ 542.00	\$ 597.00
90678	Respiratory syncytial virus (RSV)- vaccine- bivalent	\$ 536.00	\$ 618.00
90679	RSV Vaccine	\$ 470.00	\$ 533.00
90680	Rotavirus- Pentavalent	\$ 202.00	\$ 215.00
90681	Rotavirus- Monovalent (Rotarix)	\$ 259.00	\$ 275.00
90684	PCV21 (Capvaxive)	\$ 344.00	\$ 590.00
90687	Influenza- Quad Inj Prsve 0.25 (1 dose)	\$ 40.00	\$ 43.00
90691	Typhoid- VICPs	\$ 226.00	\$ 244.00
90694	VACC AIIV4 NO PRSRV (Fluad) 0.5ML IM	\$ 105.00	\$ 111.00
90696	DTaP-IPV VACCINE Quadracel	\$ 137.00	\$ 153.00
90697	DTaP-IPV-HepB-Hib - PFS	\$ 281.00	\$ 338.00
90698	DTaP- Hib- IPV (Pentacel)	\$ 218.00	\$ 237.00
90700	DTaP - Daptacel	\$ 74.00	\$ 79.00
90707	MMR	\$ 170.00	\$ 187.00
90710	MMRV	\$ 468.00	\$ 518.00
90713	IPV (Polio)	\$ 82.00	\$ 90.00
90714	Td (Tenivac) Preserve Free	\$ 74.00	\$ 82.00

90715	Tdap	\$ 104.00	\$ 113.00
90716	Varicella (chicken pox)	\$ 283.00	\$ 323.00
90717	Yellow Fever	\$ 325.00	\$ 332.00
90723	DTaP-Hep B- IPV (Pediarix)	\$ 201.00	\$ 214.00
90732	Pneumococcal (Pneumovax 23)	\$ 238.00	\$ 268.00
90734	Meningococcal (MCV4) Menactra	\$ 277.00	\$ 304.00
90738	Japanese encephalitis IM	\$ 520.00	\$ 539.00
90739	HEP B VACC ADULT 2 DOSE IM	\$ 280.00	\$ 319.00
90744	Hepatitis B (Child)	\$ 82.00	\$ 86.00
90746	Hepatitis B (Adult)	\$ 170.00	\$ 189.00
90750	Zoster- recombinant (Shingrix)	\$ 348.00	\$ 389.00
90756	Flu- MDCK- W/Preservative Quad MDV	\$ 62.00	\$ 66.00
	<b>Medicine/Behavioral Health</b>		
90791	PSYCH DIAGNOSTIC EVALUATION	\$ 269.00	\$ 270.00
90792	PSYCH DIAG EVAL W/MED SRVCS	\$ 365.00	\$ 392.00
90833	PSYTX PT&/FAM W/E&M 30 MIN	\$ 73.40	\$ 149.00
90834	PSYTX PT&/FAMILY 45 MINUTES	\$ 176.00	\$ 179.00
90836	PSYTX PT&/FAM W/E&M 45 MIN	\$ 93.04	\$ 192.00
90837	PSYTX PT&/FAMILY 60 MINUTES	\$ 206.00	\$ 211.00
90840	PSYTX CRISIS EA ADDL 30 MIN	\$ 117.00	\$ 130.00
90845	PSYCHOANALYSIS	\$ 217.00	\$ 228.00

90846	FAMILY PSYTX W/O PATIENT	\$ 104.35	\$ 201.00
90847	FAMILY PSYTX W/PATIENT	\$ 107.97	\$ 209.00
90849	MULTIPLE FAMILY GROUP PSYTX	\$ 36.99	\$ 134.00
90853	GROUP PSYCHOTHERAPY	\$ 28.33	\$ 75.00
90865	NARCOSYNTHESIS	\$ 174.16	\$ 388.00
90870	ELECTROCONVULSIVE THERAPY	\$ 180.87	\$ 387.00
90880	HYPNOTHERAPY	\$ 111.89	\$ 183.00
92551	Audiometry/screening test- pure tone- air only	\$ 42.00	\$ 43.00
92567	TYMPANOMETRY	\$ 64.00	\$ 65.00
94640	Nebulizer/Inhalation Treatment	\$ 59.00	\$ 64.00
94760	Pulmonary Diagnostic Testing/Pulse Oximetry - Single determination	\$ 20.00	\$ 22.00
97597	ACTIVE WOUND CARE/20 CM OR <	\$ 210.00	\$ 235.00
97598	ACTIVE WOUND CARE > 20 CM	\$ 119.00	\$ 135.00
97802	MEDICAL NUTRITION- INDIV- IN	\$ 73.00	\$ 76.00
97803	MED NUTRITION- INDIV- SUBSEQ	\$ 62.00	\$ 69.00
98000	SYNCH AUDIO-VIDEO NEW SF 15	New Fee	\$ 171.00
98001	SYNCH AUDIO-VIDEO NEW LOW 30	New Fee	\$ 370.00
98002	SYNCH AUDIO-VIDEO NEW MOD 45	New Fee	\$ 532.00
98003	SYNCH AUDIO-VIDEO NEW HI 60	New Fee	\$ 717.00
98004	SYNCH AUDIO-VIDEO EST SF 10	New Fee	\$ 129.00
98005	SYNCH AUDIO-VIDEO EST LOW 20	New Fee	\$ 250.00
98006	SYNCH AUDIO-VIDEO EST MOD 30	New Fee	\$ 335.00
98007	SYNCH AUDIO-VIDEO EST HI 40	New Fee	\$ 531.00
98008	SYNCH AUDIO-ONLY NEW SF 15	New Fee	\$ 123.00

98009	SYNCH AUDIO-ONLY NEW LOW 30	New Fee	\$ 196.00
98010	SYNCH AUDIO-ONLY NEW MOD 45	New Fee	\$ 309.00
98011	SYNCH AUDIO-ONLY NEW HIGH 60	New Fee	\$ 373.00
98012	SYNCH AUDIO-ONLY EST SF 10	New Fee	\$ 111.00
98013	SYNCH AUDIO-ONLY EST LOW 20	New Fee	\$ 178.00
98014	SYNCH AUDIO-ONLY EST MOD 30	New Fee	\$ 279.00
98015	SYNCH AUDIO-ONLY EST HIGH 40	New Fee	\$ 342.00
98016	BRIEF COMUNICAJ TECH-BSD SVC	\$ 16.00	\$ 40.00
98961	SELF-MGMT EDUC/TRAIN- 2-4 PT	\$ 68.00	\$ 70.00
98962	SELF-MGMT EDUC/TRAIN- 5-8 PT	\$ 47.00	\$ 50.00
99000	Collection of Other Lab Spec	\$ 22.00	\$ 27.00
99080	SPECIAL REPORTS	\$ 30.00	\$ 36.00
99213	E&M Established Outpatient Expanded Problem Focused	\$ 200.00	\$ 204.00
99214	E&M Established Outpatient - Detailed Problem Focused	\$ 293.00	\$ 295.00
99242	Office Consultation Level 2	\$ 270.00	\$ 271.00
99243	Office Consultation Level 3	\$ 395.00	\$ 405.00
99244	Office Consultation Level 4	\$ 557.00	\$ 565.00
99245	Office Consultation Level 5	\$ 760.00	\$ 802.00
99381	Preventive Medicine- New patient- <1 Year Old	\$ 242.00	\$ 249.00
99382	Preventive Medicine- New patient- 1-4 Years Old	\$ 253.00	\$ 262.00

99383	Preventive Medicine- New patient- 5-11 Years Old	\$ 258.00	\$ 269.00
99384	Preventive Medicine- New patient- 12-17 Years Old	\$ 283.00	\$ 288.00
99385	Preventive Medicine- New patient- 18-39 Years Old	\$ 322.00	\$ 330.00
99386	Preventive Medicine- New patient- 40-64 Years Old	\$ 354.00	\$ 365.00
99387	Preventive Medicine- New patient- 65 Years Old	\$ 359.00	\$ 363.00
99391	Preventive Medicine- Established patient- <1 Year Old	\$ 221.00	\$ 227.00
99392	Preventive Medicine- Established patient- 1-4 Years Old	\$ 230.00	\$ 239.00
99393	Preventive Medicine- Established patient- 5-11 Years Old	\$ 228.00	\$ 234.00
99394	Preventive Medicine- Established patient- 12-17 Years Old	\$ 248.00	\$ 256.00
99395	Preventive Medicine- Established patient- 18-39 Years Old	\$ 276.00	\$ 283.00
99396	Preventive Medicine- Established patient- 40-64 Years Old	\$ 288.00	\$ 300.00
99397	Preventive Medicine- Established patient- 65+ Years Old	\$ 303.00	\$ 315.00
99402	Preventative- Risk Reduction Counseling- Approx 30 Min.	\$ 160.00	\$ 170.00
99404	Preventative- Risk Reduction Counseling- Approx 60 Min.	\$ 198.00	\$ 231.00
99406	Tobacco counseling/3-10 min	\$ 35.00	\$ 38.00
99423	OL DIG E/M SVC 21+ MIN	\$ 126.00	\$ 130.00
99492	1ST PSYC COLLAB CARE MGMT	\$ 157.75	\$ 406.00
99494	1ST/SBSQ PSYC COLLAB CARE	\$ 64.23	\$ 228.00
	<b>Medical &amp; Supplies</b>		
A4267	Condoms (Male) (1 pk = 12)	\$ 0.51	\$ 1.00
A6250	Antibiotic Ointment (Bacitracin Zinc) Packet	\$ 0.09	\$ 27.00
A6250	Silver Sulfadiazine 1% cream	\$ 0.27	\$ 27.00

	Professional Services/Procedures		
G0008	ADMN FLU VAC NO FEE SCHED SAME DAY	\$ 35.00	\$ 44.00
G0009	ADMN PNEUMCOC VAC NO FEE SCHED DAY	\$ 35.00	\$ 52.00
G0010	ADMN HEP B VAC NO FEE SCHD SAME DAY	\$ 35.00	\$ 54.00
G0101	CA Screen/Breast Exam	\$ 58.00	\$ 104.00
G0102	PROS CANCER SCR; DIGTL RECTAL EXAM	\$ 25.00	\$ 51.00
G0108	DM OP SLF-MGMT TRN SRVC IND-30 MIN	\$ 58.00	\$ 130.00
G0109	DM SLF-MGMT TRN SRVC GRP-30 MIN	\$ 16.00	\$ 59.00
G0410	GRP PSYCH NOT FAM PAR HOS 45-50 MIN	New Fee	\$ 416.00
G0270	MED NUT TX; REASSESS W/PT EA 15 MIN	\$ 34.00	\$ 54.00
G0271	MED NUT TX REASSESS GRP EA 30 MIN	\$ 18.00	\$ 21.00
G0402	INIT PREV PE LTD DUR 1ST 12 MOS MCR	\$ 176.00	\$ 338.00
G0438	ANNUAL WELLNES VST; PERSNL PPS INIT	\$ 176.00	\$ 356.00
G0439	ANNUAL WELLNESS VST; PPS SUBSQT VST	\$ 139.00	\$ 266.00
G0444	ANNUAL DEPRESSION SCREENING 15 MIN	\$ 20.00	\$ 42.00
G0446	ANN F2F INT BEHV TX CV DZ IND 15 MN	\$ 28.00	\$ 52.00
G0466	FQHC VISIT NEW PATIENT	\$ 244.00	\$ 405.00
G0467	FQHC VISIT ESTABLISHED PATIENT	\$ 244.00	\$ 405.00
G0468	FQHC VISIT IPPE/AWW	\$ 244.00	\$ 405.00
G0469	FQHC VISIT MENTAL HEALTH NEW PT	\$ 240.00	\$ 173.00
G0470	FQHC VISIT MENTAL HEALTH ESTAB PT	\$ 240.00	\$ 173.00
G2010	Remot image submit by pt	\$ 14.00	\$ 51.00

G2025	Telehealth	\$ 97.00	\$ 121.00
G8598	Aspirin 325mg (ASA)	\$ 0.02	\$ 11.00
H0002	Alcohol and/or drug screenin	\$ 35.00	\$ 77.00
	<b>Drugs/Devices Administered Oral and other Methods</b>		
H0033	Other Preventive Medicine- Directly Observed Therapy	\$ 6.00	\$ 36.00
J0561	Bicillin 1.2 mil Long Acting	\$ 14.19	\$ 33.00
J0561	Bicillin 2.4 LA Long Acting	\$ 14.19	\$ 66.00
J0561	Penicillin G benzathine (LA) 600-000 u/mL (100-000 per unit)	\$ 14.19	\$ 66.00
J0696	Ceftriaxone 250mg/mL- IM	\$ 13.04	\$ 20.00
J0696	Ceftriaxone 500mg/mL- IM	\$ 14.57	\$ 40.00
J1050	Medroxyprogesterone 150mg/ml IM	\$ 59.42	\$ 150.00
J1100	Dexamethasone sodium phosphate 10mg/ml INJ	\$ 39.32	\$ 170.00
J1100	Dexamethasone sodium phosphate 4mg/ml INJ	\$ 12.84	\$ 170.00
J1200	Diphenhydramine HCl 50mg/mL Inj	\$ 0.86	\$ 7.00
J1580	Gentamicin 80 mg/ml 2ML	\$ 1.17	\$ 14.00
J1580	Gentamicin 80mg/mL 2ML	\$ 1.17	\$ 14.00
J1741	Ibuprofen 200mg CAP	\$ 0.06	\$ 30.00
J1885	Ketorolac tromethamine 30mg/mL INJ	\$ 1.85	\$ 20.00
J1885	Ketorolac tromethamine 60mg/2mL INJ	\$ 3.04	\$ 40.00
J2405	Ondansetron 4mg/2mL INJ (the code is 1 unit)	\$ 0.49	\$ 12.00
J3420	Vitamin B12 (Cyanocobalamin) 1000 mg INJ	\$ 7.69	\$ 20.00

J7620	Iprat-Albut 0.5-3(2.5)mg/3mL	\$ 2.03	\$ 5.00
J7620	Ipratropium BR 0.02% SOLN	\$ 1.55	\$ 5.00
J7296	Kyleena- 19.5 mg	\$ 1,272.00	\$ 1,916.00
J7297	IUD Device - Liletta	\$ 1,303.00	\$ 1,439.00
J7298	IUD Device - Mirena	\$ 1,272.00	\$ 1,809.00
J7300	IUD Device - Paragard	\$ 1,184.00	\$ 1,559.00
J7301	IUD Device - Skyla	\$ 1,059.00	\$ 1,512.00
J7307	Implant Device - Nexplanon	\$ 1,271.00	\$ 1,668.00
J7510	PREDNISOLONE 15mg/5mL SOLN. ORAL	\$ 0.42	\$ 6.00
J7613	Albuterol Sul 2.5mg/3mL SOLN	\$ 1.17	\$ 12.50
J7626	Budesonide 0.5mg/2mL INH SUSP	\$ 9.75	\$ 10.00
J8501	Levofloxacin Tab 500 MG 50 CT	\$ 3.40	\$ 16.00
Q0091	Pap Smear	\$ 74.00	\$ 97.00
Q0163	Diphenhydramine 25mg CAP	\$ 0.02	\$ 5.00
S3620	NEWBORN METABOLIC SCREENING PANEL	\$ 5.00	\$ 127.00
S4993	Birth Control Pills - Trinessa (28 tabs)	\$ 27.90	\$ 35.00
S4993	Emergency Birth Control - Plan B	\$ 32.07	\$ 35.00
S4993	NEW DAY TAB 1.5MG 1 NSTR@	\$ 32.83	\$ 35.00
T1013	Sign Lang/Oral Interpreter	\$ 23.00	\$ 39.00
11305	SHAVE S-N-H <0.5 CM	\$ 170.00	\$ 172.00

# Questions?

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



CPTCODE	Description	Fee
10060	I&D Abscess	\$ 426.00
10061	I&D ABSCESS COMP/MULTIPLE	\$ 941.00
10080	DRAINAGE OF PILONIDAL CYST	\$ 908.00
10081	I&D PILONIDAL CYST COMP	\$ 1,830.00
10120	Foreign Body- SKIN- Simple	\$ 599.00
11104	PUNCH BX SKIN SINGLE LESION	\$ 248.00
11105	PUNCH BX SKIN EA SEP/ADDL	\$ 126.00
11106	INCAL BX SKN SINGLE LES	\$ 273.00
11200	REMOVAL OF SKIN TAGS	\$ 180.00
11300	SHAVE TRUNK <0.5 CM	\$ 214.00
11301	SHAVE TRUNK 0.6-1 CM	\$ 252.00
11302	SHAVE TRUNK 1.1-2 CM	\$ 275.00
11303	SHAVE TRUNK >2 CM	\$ 317.00
11305	SHAVE S-N-H <0.5 CM	\$ 1,765.00
11306	SHAVE S-N-H 0.6-1 CM	\$ 214.00
11307	SHAVE S-N-H 1.1-2 CM	\$ 251.00
11308	SHAVE S-N-H >2 CM	\$ 253.00
11310	SHAVE F-E-E-N-L-M <0.5 CM	\$ 242.00
11311	SHAVE F-E-E-N-L-M 0.6-1 CM	\$ 276.00
11312	SHAVE F-E-E-N-L-M 1-2 CM	\$ 287.00
11313	SHAVE F-E-E-N-L-M >2 CM	\$ 340.00
11730	REMOVAL OF NAIL PLATE	\$ 297.00
11732	REMOVE NAIL PLATE- ADD-ON	\$ 114.00
11750	REMOVAL OF NAIL BED	\$ 555.00
11900	INJECTION INTO SKIN LESIONS	New Fee
11981	Implant - Insertion	\$ 315.00
11982	Implant - Removal	\$ 326.00
11983	Implant Removal and Reinsertion	\$ 497.00
12001	Laceration repair- simple (site- size): 2.5 cm or less	\$ 551.00
15780	ABRASION TREATMENT OF SKIN	New Fee
15851	REMOVAL OF SUTURES	\$ 164.00
16000	Burn Care- Initial	\$ 404.00
17110	DESTRUCT LESION- 1-14	\$ 305.00
17111	DESTRUCT LESION- 15 OR MORE	\$ 305.00
20610	DRAIN/INJECT- JOINT/BURSA	\$ 343.00
36415	Collection of Venous Blood	\$ 24.00
36416	Collection of Capillary Blood	\$ 23.00
41899	DENTAL SURGERY PROCEDURE	\$ 286.00
57410	PELVIC EXAMINATION	\$ 296.00
58300	IUD Insertion	\$ 280.00
58301	IUD Removal	\$ 267.00
69209	Cerumen removal w/o instrument	\$ 49.00
69210	Cerumen removal w/ instrument	\$ 137.50

71046	X-RAY EXAM CHEST 2 VIEWS	\$ 131.00
72040	X-RAY EXAM OF NECK SPINE	\$ 125.00
76376	3D RENDER W/O POSTPROCESS	\$ 23.58
80048	BASIC METABOLIC PANEL	\$ 56.00
80051	ELECTROLYTE PANEL	\$ 53.00
80053	COMPREHEN METABOLIC PANEL	\$ 95.00
80061	LIPID PANEL	\$ 137.00
80069	RENAL FUNCTION PANEL	\$ 75.00
80074	Acute Hepatitis Panel w/reflex	\$ 592.00
80076	Hepatic Function Panel (Liver Panel)	\$ 48.00
80305	DRUG TEST PRSMV DIR OPT OBS	\$ 55.00
81001	URINALYSIS- AUTO W/SCOPE	\$ 41.00
81002	UA Dipstick	\$ 21.00
81025	Urine Pregnancy Test	\$ 40.00
82040	ASSAY OF SERUM ALBUMIN	\$ 22.00
82044	Microalbumin	\$ 23.00
82150	ASSAY OF AMYLASE	\$ 52.00
82247	BILIRUBIN- TOTAL	\$ 32.00
82248	BILIRUBIN- DIRECT	\$ 35.00
82270	Hemoccult - Clia	\$ 25.00
82310	ASSAY OF CALCIUM	\$ 29.00
82374	ASSAY- BLOOD CARBON DIOXIDE	\$ 10.00
82435	ASSAY OF BLOOD CHLORIDE	\$ 11.00
82465	Cholesterol Serum Whole Blood Total	\$ 34.00
82565	ASSAY OF CREATININE	\$ 31.00
82947	Glucose Quantitative Blood	\$ 24.00
83036	Hemoglobin Glycosylated A1c	\$ 83.00
83540	ASSAY OF IRON	\$ 42.00
83655	Lead - Clia	\$ 53.00
83690	ASSAY OF LIPASE	\$ 59.00
83718	ASSAY OF LIPOPROTEIN	\$ 41.00
83721	ASSAY OF BLOOD LIPOPROTEIN	\$ 37.00
83735	ASSAY OF MAGNESIUM	\$ 60.00
83986	ASSAY OF BODY FLUID ACIDITY	\$ 15.00
84075	ASSAY ALKALINE PHOSPHATASE	\$ 23.00
84100	ASSAY OF PHOSPHORUS	\$ 35.00
84132	ASSAY OF SERUM POTASSIUM	\$ 28.00
84155	ASSAY OF PROTEIN	\$ 20.00
84295	ASSAY OF SERUM SODIUM	\$ 30.00
84450	TRANSFERASE (AST) (SGOT)	\$ 38.00
84460	ALANINE AMINO (ALT) (SGPT)	\$ 44.00
84478	ASSAY OF TRIGLYCERIDES	\$ 40.00
84520	ASSAY OF UREA NITROGEN	\$ 22.00
84550	ASSAY OF BLOOD/URIC ACID	\$ 45.00

85014	HEMOCULT	\$ 12.00
85018	Hemoglobin - Clia	\$ 23.00
85025	COMPLETE CBC W/AUTO DIFF WBC	\$ 46.00
85027	COMPLETE CBC- AUTOMATED	\$ 45.00
86141	C-REACTIVE PROTEIN- HS	\$ 72.00
86308	Mononucleosis	\$ 29.00
86317	Hepatitis B surface Ab- quantitative	\$ 66.00
86403	Strep A	\$ 39.00
86480	Quantiferon	\$ 325.00
86580	Tuberculosis Skin Testing	\$ 32.90
86592	RPR- non treponemal qualitative	\$ 50.00
86593	RPR titer- non-treponemal quantitative	\$ 50.00
86701	HIV-1ANTIBODY	\$ 46.00
86702	HIV-2 antibody (Multispot)	\$ 126.00
86703	HIV-1 and HIV-2 antibody- single result (EIA)	\$ 65.00
86704	HEP B CORE ANTIBODY- TOTAL	\$ 123.00
86705	HEP B CORE ANTIBODY- IGM	\$ 121.00
86706	Hepatitis B surface Ab- qualitative	\$ 89.00
86708	HEP A ANTIBODY- TOTAL	\$ 140.00
86709	HEP A ANTIBODY- IGM	\$ 85.00
86769	SARS-COV-2 COVID-19 ANTIBODY	\$ 77.00
86780	Syphilis IgG antibody (treponemal)	\$ 71.00
86803	Hep C- Rapid- Oraquick	\$ 148.00
87071	Gonorrhea Culture- Isolation and Presumptive Identification	\$ 120.00
87077	N. gonorrhoeae Culture- Confirmatory Identification	\$ 151.00
87210	Smear- Wet Mount for Inf Agents	\$ 23.00
87340	HEPATITIS B SURFACE AG- EIA	\$ 87.00
87389	HIV-1 antigen- with HIV-1 and HIV-2 antibodies- single result	\$ 126.00
87390	HIV-1 AG- EIA	\$ 80.00
87490	CHYLM D TRACH- DNA- DIR PROBE	\$ 91.00
87491	Chlamydia- Detection by Amplified Probe Technique	\$ 120.00
87521	HEPATITIS C- RNA- AMP PROBE	\$ 487.00
87522	HEPATITIS C- RNA- QUANT	\$ 608.00
87536	HIV-1- DNA/RNA- QUANT	\$ 489.00
87563	M. GENITALIUM AMP PROBE	\$ 139.00
87591	Neisseria gonorrhoeae- Detection by Amplified Probe Technique	\$ 121.00
87624	HPV (AMP)	\$ 148.00
87661	TRICHOMONAS VAGINALIS AMPLIF	\$ 135.00
87804	Influenza - Clia	\$ 43.00
87806	HIV - 1/2	\$ 83.00
87807	RSV - Clia	\$ 43.00
87808	Trichomonas Vaginalis - Clia	\$ 48.00
87905	SNHD Bacterial Vaginosis	\$ 40.00
88150	Pap Smear	\$ 65.00

88164	Cytopathology- slides- cervical or vaginal/V- MANUAL	\$ 77.00
90380	Respiratory syncytial virus (RSV) monoclonal antibody	\$ 941.00
90381	Respiratory syncytial virus (RSV) monoclonal antibody	\$ 941.00
90382	RSV - Enflonsia PFS	\$ 941.00
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90480	ADMN SARSCOV2 VACC 1 DOSE	\$ 40.00
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90619	Meningococcal MenACWY MenQuadfi	\$ 309.00
90620	Meningococcal (MenB-4C-Bexsero)	\$ 381.00
90621	Meningococcal (MenB-FHbhp- Trumenba)	\$ 345.00
90622	Influenza- High Dose Seasonal	\$ 87.00
90625	Cholera- live oral	\$ 431.00
90632	Hepatitis A (Adult) VAQTA	\$ 164.00
90633	Hepatitis A (Child) VAQTA	\$ 92.00
90636	Hepatitis A & B (Twinrix)	\$ 233.00
90644	Meningococcal C/Y-HIB PRP	\$ 12.00
90647	Hib PRP-OMP	\$ 74.00
90648	Hib PRP-T	\$ 67.00
90649	H PAPILOMA VACC 3 DOSE IM	\$ 276.00
90650	HPV TYP BIVAL 3 DOSE IM	\$ 308.00
90650	HPV- bivalent	\$ 308.00
90651	HPV9- Gardasil	\$ 483.00
90653	Fluad TIV (2025-2026)	\$ 111.00
90661	Flucelvax TIV Pre-Filled syringe (2025-2026)	\$ 66.00
90670	Pneumococcal (Pevnar 13)	\$ 424.00
90671	PCV15 (Vaxneuvance)	\$ 465.00
90672	Influenza-live- intranasal- quadrivalent	\$ 62.00
90675	Rabies	\$ 647.00
90677	PCV20 (Pevnar 20)	\$ 542.00
90678	Respiratory syncytial virus (RSV)- vaccine- bivalent	\$ 536.00
90679	RSV Vaccine	\$ 470.00
90680	Rotavirus- Pentavalent	\$ 202.00
90681	Rotavirus- Monovalent (Rotarix)	\$ 259.00
90684	PCV21 VACCINE IM	\$ 344.00
90687	Influenza- Quad Inj Prsve 0.25 (1 dose)	\$ 40.00
90691	Typhoid- ViCPs	\$ 226.00
90694	VACC AIIV4 NO PRSRV (Fluad) 0.5ML IM	\$ 105.00
90696	DTAP-IPV VACCINE Quadracel	\$ 137.00
90697	DTAP-IPV-HIB-HEPB VACCINE IM	\$ 281.00
90698	DTaP- Hib- IPV (Pentacel)	\$ 218.00
90700	DTaP - Daptacel	\$ 74.00

90702	DT	\$ 120.00
90707	MMR	\$ 170.00
90710	MMRV	\$ 468.00
90713	Polio (IPV)	\$ 82.00
90714	Td Grifols	\$ 74.00
90715	Tdap Boostrix	\$ 104.00
90716	Varicella (chicken pox)	\$ 283.00
90717	Yellow Fever	\$ 325.00
90723	DTaP-Hep B- IPV (Pediatrix)	\$ 201.00
90732	Pneumococcal (Pneumovax 23)	\$ 238.00
90734	Meningococcal (MCV4) Menactra	\$ 277.00
90738	Japanese encephalitis IM	\$ 520.00
90739	HEP B VACC ADULT 2 DOSE IM	\$ 280.00
90744	Hepatitis B (Child)	\$ 82.00
90746	Hepatitis B (Adult)	\$ 170.00
90747	Hepatitis B (Recombinant) 40mcg/mL	\$ 289.00
90750	Zoster- recombinant (Shingrix)	\$ 348.00
90756	Flu- MDCK- W/Preservative Quad MDV	\$ 62.00
90791	PSYCH DIAGNOSTIC EVALUATION	\$ 269.00
90792	PSYCH DIAG EVAL W/MED SRVCS	\$ 365.00
90832	PSYTX PT&/FAMILY 30 MINUTES	\$ 138.00
90833	PSYTX PT&/FAM W/E&M 30 MIN	\$ 73.40
90834	PSYTX PT&/FAMILY 45 MINUTES	\$ 176.00
90836	PSYTX PT&/FAM W/E&M 45 MIN	\$ 93.04
90837	PSYTX PT&/FAMILY 60 MINUTES	\$ 206.00
90838	PSYTX PT&/FAM W/E&M 60 MIN	\$ 234.00
90839	PSYTX CRISIS INITIAL 60 MIN	\$ 243.00
90840	PSYTX CRISIS EA ADDL 30 MIN	\$ 117.00
90845	PSYCHOANALYSIS	\$ 217.00
90846	FAMILY PSYTX W/O PATIENT	\$ 104.35
90847	FAMILY PSYTX W/PATIENT	\$ 107.97
90849	MULTIPLE FAMILY GROUP PSYTX	\$ 36.99
90853	GROUP PSYCHOTHERAPY	\$ 28.33
90865	NARCOSYNTHESIS	\$ 174.16
90870	ELECTROCONVULSIVE THERAPY	\$ 180.87
90880	HYPNOTHERAPY	\$ 111.89
91304	COVID-19 Novavax PFS	\$ 193.00
91319	COVID-19 Pfizer (5yr - 11yr)	\$ 85.00
91320	COVID-19 Pfizer 12+	\$ 130.00
91321	SPIKEVAX (COVID-19 Vaccine- mRNA)- Pediatric 6 MO - 11 years	\$ 176.00
91322	SPIKEVAX COVID-19 Vaccine- 0.5 mL PFS 12Y and Up	\$ 169.00
92551	Audiometry/screening test- pure tone- air only	\$ 42.00
92567	TYMPANOMETRY	\$ 64.00
93000	ECG w/interpretation	\$ 85.00

93040	ECG- Rhythm Strip	\$ 76.00
94010	SPIROMETRY	\$ 135.00
94060	Spirometry- Pre and Post	\$ 233.00
94640	Nebulizer/Inhalation Treatment	\$ 59.00
94664	Nebulizer - demo/eval of pt use	\$ 126.00
94760	Pulmonary Diagnostic Testing/Pulse Oximetry - Single determination	\$ 20.00
96110	ASQ (developmental screening)	\$ 59.00
96127	BRIEF EMOTIONAL/BEHAV ASSMT	\$ 22.00
96161	CAREGIVER HEALTH RISK ASSMT	\$ 22.00
96372	Therapeutic IM/SC Injection	\$ 65.00
96381	ADMN RSV MONOC ANTB IM NJX	\$ 65.00
97597	ACTIVE WOUND CARE/20 CM OR <	\$ 210.00
97598	ACTIVE WOUND CARE > 20 CM	\$ 119.00
97802	MEDICAL NUTRITION- INDIV- IN	\$ 73.00
97803	MED NUTRITION- INDIV- SUBSEQ	\$ 62.00
97804	MEDICAL NUTRITION- GROUP	\$ 55.00
98000	SYNCH AUDIO-VIDEO NEW SF 15	New Fee
98001	SYNCH AUDIO-VIDEO NEW LOW 30	New Fee
98002	SYNCH AUDIO-VIDEO NEW MOD 45	New Fee
98003	SYNCH AUDIO-VIDEO NEW HI 60	New Fee
98004	SYNCH AUDIO-VIDEO EST SF 10	New Fee
98005	SYNCH AUDIO-VIDEO EST LOW 20	New Fee
98006	SYNCH AUDIO-VIDEO EST MOD 30	New Fee
98007	SYNCH AUDIO-VIDEO EST HI 40	New Fee
98008	SYNCH AUDIO-ONLY NEW SF 15	New Fee
98009	SYNCH AUDIO-ONLY NEW LOW 30	New Fee
98010	SYNCH AUDIO-ONLY NEW MOD 45	New Fee
98011	SYNCH AUDIO-ONLY NEW HIGH 60	New Fee
98012	SYNCH AUDIO-ONLY EST SF 10	New Fee
98013	SYNCH AUDIO-ONLY EST LOW 20	New Fee
98014	SYNCH AUDIO-ONLY EST MOD 30	New Fee
98015	SYNCH AUDIO-ONLY EST HIGH 40	New Fee
98016	BRIEF COMUNICAJ TECH-BSD SVC	\$ 16.00
98960	SELF-MGMT EDUC & TRAIN- 1 PT	\$ 69.00
98961	SELF-MGMT EDUC/TRAIN- 2-4 PT	\$ 68.00
98962	SELF-MGMT EDUC/TRAIN- 5-8 PT	\$ 47.00
99000	Collection of Other Lab Spec	\$ 22.00
99070	Vandazole Vaginal Gel TUBE	\$ 135.43
99080	SPECIAL REPORTS	\$ 30.00
99173	Vision screen- Bilateral	\$ 28.00
99174	Vision screen- bilateral- Instrument based with remote analysis and report	\$ 52.00
99177	Vision screen- bilateral- Instrument based with on-site analysis	\$ 28.00
99188	Fluoride Varnish Administered (Medical)	\$ 45.00
99202	E&M New Outpatient - Expanded Problem Focused	\$ 175.00

99203	New Patient Detailed Problem Focused	\$ 281.00
99204	E&M New Outpatient Comprehensive Problem	\$ 429.00
99205	E&M New Outpatient- Very Comprehensive Problem Focused	\$ 568.00
99211	E&M Established Outpatient - RN Only	\$ 68.00
99212	E&M Established Outpatient - Problem Focused	\$ 129.00
99213	E&M Established Outpatient Expanded Problem Focused	\$ 200.00
99214	E&M Established Outpatient - Detailed Problem Focused	\$ 293.00
99215	E&M Established Outpatient - Comprehensive Problem Focused	\$ 431.00
99242	Office Consultation Level 2	\$ 270.00
99243	Office Consultation Level 3	\$ 395.00
99244	Office Consultation Level 4	\$ 557.00
99245	Office Consultation Level 5	\$ 760.00
99341	HOME V- NP FOCUSED	\$ 123.00
99342	HOME V- NP EXPANDED	\$ 313.00
99344	HOME V- NP COMREH	\$ 345.00
99345	HOME V- NP HI COMP	\$ 391.00
99347	HOME V- EP FOCUSED	\$ 107.00
99348	HOME V- EP EXPANDED	\$ 337.00
99349	HOME V- EP DETAILED	\$ 268.00
99350	HOME V- EP COMPREHEN	\$ 377.00
99381	Preventive Medicine- New patient- <1 Year Old	\$ 242.00
99382	Preventive Medicine- New patient- 1-4 Years Old	\$ 253.00
99383	Preventive Medicine- New patient- 5-11 Years Old	\$ 258.00
99384	Preventive Medicine- New patient- 12-17 Years Old	\$ 283.00
99385	Preventive Medicine- New patient- 18-39 Years Old	\$ 322.00
99386	Preventive Medicine- New patient- 40-64 Years Old	\$ 354.00
99387	Preventive Medicine- New patient- 65 Years Old	\$ 359.00
99391	Preventive Medicine- Established patient- <1 Year Old	\$ 221.00
99392	Preventive Medicine- Established patient- 1-4 Years Old	\$ 230.00
99393	Preventive Medicine- Established patient- 5-11 Years Old	\$ 228.00
99394	Preventive Medicine- Established patient- 12-17 Years Old	\$ 248.00
99395	Preventive Medicine- Established patient- 18-39 Years Old	\$ 276.00
99396	Preventive Medicine- Established patient- 40-64 Years Old	\$ 288.00
99397	Preventive Medicine- Established patient- 65+ Years Old	\$ 303.00
99401	Preventative- Risk Reduction Counseling- Approx 15 Min.	\$ 87.00
99402	Preventative- Risk Reduction Counseling- Approx 30 Min.	\$ 160.00
99403	Preventative- Risk Reduction Counseling- Approx 45 Min.	\$ 450.00
99404	Preventative- Risk Reduction Counseling- Approx 60 Min.	\$ 198.00
99406	Tobacco counseling/3-10 min	\$ 35.00
99407	Tobacco counseling></div>10 min	\$ 68.00
99421	OL DIG E/M SVC 5-10 MIN	\$ 93.02
99422	OL DIG E/M SVC 11-20 MIN	\$ 93.02
99423	OL DIG E/M SVC 21+ MIN	\$ 126.00
99492	1ST PSYC COLLAB CARE MGMT	\$ 157.75

99494	1ST/SBSQ PSYC COLLAB CARE	\$ 64.23
99606	Medications Management Therapy	\$ 41.00
99607	Medications Management Therapy Addl 15min	\$ 41.00
99608	Medications Management Therapy	\$ 41.00
A4266	Diaphragm Device	\$ 109.00
A4267	Condoms (Male) (1 pk = 12)	\$ 0.51
A6250	Antibiotic Ointment (Bacitracin Zinc) Packet	\$ 0.09
A6250	Silver Sulfadiazine 1% cream	\$ 0.27
D0120	PERIODIC ORAL EXAMINATION	\$ 44.00
D0140	LTD ORAL EVALUATION - PROBLEM FOCUS	\$ 43.00
D0145	ORAL EVALUATION- PT < 3YRS	\$ 41.00
D0150	COMP ORAL EVALUATION - NEW/EST PT	\$ 52.00
D0190	Screening of Patient	\$ 41.00
D0191	ASSESSMENT OF A PATIENT	\$ 44.00
D0210	INTRAORL - CMPL SERIES CODE 70320	\$ 83.00
D0220	INTRAORL-PERIAPICAL 1 FILM 70300	\$ 25.00
D0230	INTRAORL-PERIAPICAL EA ADD FILM	\$ 20.00
D0240	INTRAORAL - OCCLUSAL FILM	\$ 15.00
D0270	BITEWING - SINGLE FILM	\$ 12.00
D0272	BITEWINGS - TWO FILMS	\$ 28.00
D0273	BITEWINGS - THREE FILMS	\$ 41.00
D0274	BITEWINGS - FOUR FILMS	\$ 45.00
D0601	CARIES RISK ASSESS DOC FIND LOW RSK	\$ 5.00
D0602	CARIES RISK ASSESS DOC FIND MOD RSK	\$ 5.00
D0603	CARIES RISK ASSESS DOC FIND HI RSK	\$ 5.00
D1110	PROPHYLAXIS - ADULT	\$ 75.00
D1120	PROPHYLAXIS - CHILD	\$ 75.00
D1206	TOPICAL FLUORIDE VARNISH	\$ 53.00
D1330	ORAL HYGIENE INSTRUCTIONS	\$ 1.00
D1351	Dental Sealant - per tooth	\$ 37.00
D1352	PREV RSN REST MOD HIGH CARIES RISK	\$ 11.00
D1353	SEALANT REPAIR - PER TOOTH	\$ 25.00
D1354	INTERIM CARIES ARRESTING MED APPLIC	\$ 13.00
D2330	RESIN COMPOS - ONE SURFACE ANTERIOR	\$ 116.00
D2331	RESIN COMPOS - 2 SURFACES ANTERIOR	\$ 132.00
D2332	RESIN COMPOS - 3 SURFACES ANTERIOR	\$ 169.00
D2335	RSN COMPOS-4></div> SURF/W/INCISAL ANG	\$ 211.00
D2391	RESIN COMPOS - 1 SURFACE POSTERIOR	\$ 146.00
D2392	RESIN COMPOS - 2 SURFACES POSTERIOR	\$ 186.00
D2393	RESIN COMPOS - 3 SURFACES POSTERIOR	\$ 227.00
D2394	RESIN COMPOS - 4/MORE SURFACES POST	\$ 273.00
D2740	CROWN - PORCELAIN/CERAMIC SUBSTRATE	\$ 769.00
D2751	CROWN-PORCELN FUSD PREDOM BASE METL	\$ 755.00
D2791	CROWN - FULL CAST PREDOM BASE METL	\$ 328.00

D3110	PULP CAP - DIRECT	\$ 53.00
D3120	PULP CAP - INDIRECT	\$ 56.00
D3220	TX PULPOT-CORONL DENTNOCEMENTL JUNC	\$ 138.00
D4341	Periodontal scaling & root	\$ 155.00
D4342	PERIODONTAL SCALING & ROOT PLAN 1-3 TEETH	\$ 130.00
D4346	Scalling in Presence of Generalized Moderate or Severe Gingival Inflammation	\$ 277.00
D4355	Full mouth debridement	\$ 112.00
D4381	Localized delivery of antimicrobial agent - per tooth	\$ 105.00
D4910	Periodontal maint procedures	\$ 103.00
D5110	COMPLETE DENTURE - MAXILLARY	\$ 1,103.00
D5120	COMPLETE DENTURE - MANDIBULAR	\$ 1,104.00
D5130	IMMEDIATE DENTURE - MAXILLARY	\$ 1,148.00
D5140	IMMEDIATE DENTURE - MANDIBULAR	\$ 1,149.00
D5211	MAX PARTIAL DENTURE - RESIN BASE	\$ 1,109.00
D5212	MAND PARTIAL DENTUR - RESIN BASE	\$ 1,111.00
D5213	MAX PART DENTUR-CAST METL W/RSN	\$ 1,172.00
D5214	MAND PART DENTUR- CAST METL W/RSN	\$ 1,175.00
D5410	ADJUST COMPLETE DENTURE - MAXILLARY	\$ 41.00
D5411	ADJUST COMPLETE DENTUR - MANDIBULAR	\$ 41.00
D5421	ADJUST PARTIAL DENTURE - MAXILLARY	\$ 41.00
D5422	ADJUST PARTIAL DENTURE - MANDIBULAR	\$ 41.00
D5650	ADD TOOTH EXISTING PARTIAL DENTURE	\$ 165.00
D5750	RELINE COMPLETE MAXILLARY DENTURE	\$ 266.00
D5751	RELINE COMPLETE MANDIBULAR DENTURE	\$ 266.00
D5820	INTERIM PARTIAL DENTURE	\$ 205.00
D5821	INTERIM PARTIAL DENTURE	\$ 205.00
D7140	EXTRAC ERUPTED TOOTH/EXPOSED ROOT	\$ 128.00
D7210	SURG REMOVAL ERUPTED TOOTH	\$ 201.00
D9311	Consultation with a Medical Health Care Professional	\$ 95.00
D9430	Office Visit for Observation (during regularly scheduled hours)	\$ 69.00
D9991	Dental Case Management - Addressing appointment compliance barriers	\$ 15.00
D9992	Dental Case Management - Care Coordination	\$ 31.00
D9993	Dental Case Management - Motivational Interviewing	\$ 15.00
D9994	Dental Case Management - patient education to improve oral health literacy	\$ 15.00
G0008	ADMN FLU VAC NO FEE SCHED SAME DAY	\$ 35.00
G0009	ADMN PNEUMCOC VAC NO FEE SCHED DAY	\$ 35.00
G0010	ADMN HEP B VAC NO FEE SCHD SAME DAY	\$ 35.00
G0101	CA Screen/Breast Exam	\$ 58.00
G0102	PROS CANCER SCR; DIGTL RECTAL EXAM	\$ 25.00
G0108	DM OP SLF-MGMT TRN SRVC IND-30 MIN	\$ 58.00
G0109	DM SLF-MGMT TRN SRVC GRP-30 MIN	\$ 16.00
G0270	MED NUT TX; REASSESS W/PT EA 15 MIN	\$ 34.00
G0271	MED NUT TX REASSESS GRP EA 30 MIN	\$ 18.00
G0344	Welcome to Medicare Exam	\$ 275.00

G0366	ECG w/ Welcome to Medicare exam	\$ 29.00
G0402	INIT PREV PE LTD DUR 1ST 12 MOS MCR	\$ 176.00
G0410	GRP PSYCH NOT FAM PAR HOS 45-50 MIN	New Fee
G0438	ANNUAL WELLNES VST; PERSNL PPS INIT	\$ 176.00
G0439	ANNUAL WELLNESS VST; PPS SUBSQVT VST	\$ 139.00
G0444	ANNUAL DEPRESSION SCREENING 15 MIN	\$ 20.00
G0446	ANN F2F INT BEHV TX CV DZ IND 15 MN	\$ 28.00
G0447	Obesity Counseling (15 mins face-to-face)	\$ 60.00
G0466	FQHC VISIT NEW PATIENT	\$ 405.00
G0467	FQHC VISIT ESTABLISHED PATIENT	\$ 405.00
G0468	FQHC VISIT IPPE/AWV	\$ 405.00
G0469	FQHC VISIT MENTAL HEALTH NEW PT	\$ 310.00
G0470	FQHC VISIT MENTAL HEALTH ESTAB PT	\$ 310.00
G2010	Remot image submit by pt	\$ 14.00
G2025	Telehealth	\$ 97.00
G8598	Aspirin 325mg (ASA)	\$ 0.02
H0002	Alcohol and/or drug screenin	\$ 35.00
H0033	Other Preventive Medicine- Directly Observed Therapy	\$ 6.00
J0131	Acetaminophen 120mg SUPPOS. ORAL	\$ 0.33
J0131	Acetaminophen 160mg/5ml. LQ. ORAL	\$ 0.44
J0131	Acetaminophen 325mg CAP TAB. ORAL	\$ 0.01
J0170	Epinephrine 1mg/ml INJ. VIAL	\$ 15.40
J0558	Penicillin G benz/G procaine (CR) 2.4 mil u/2mL (100-000 per unit)	\$ 132.46
J0561	Bicillin 1.2 mil Long Acting	\$ 14.19
J0561	Bicillin 2.4 LA Long Acting	\$ 14.19
J0561	Penicillin G benzathine (LA) 600-000 u/mL (100-000 per unit)	\$ 14.19
J0696	Ceftriaxone 250mg/mL- IM	\$ 13.04
J0696	Ceftriaxone 500mg/mL- IM	\$ 14.57
J1050	Medroxyprogesterone 150mg/ml IM	\$ 59.42
J1100	Dexamethasone sodium phosphate 10mg/ml INJ	\$ 39.32
J1100	Dexamethasone sodium phosphate 4mg/ml INJ	\$ 12.84
J1200	Diphenhydramine HCl 50mg/mL Inj	\$ 0.86
J1580	Gentamicin 80 mg/ml 2ML	\$ 1.17
J1741	Ibuprofen 200mg CAP	\$ 0.06
J1885	Ketorolac tromethamine 30mg/mL INJ	\$ 1.85
J1885	Ketorolac tromethamine 60mg/2mL INJ	\$ 3.04
J2020	Linezolid 100/5ml	\$ 287.30
J2020	Pretomanid Tab 200 MG	\$ 647.78
J2405	Ondansetron 4mg/2mL INJ (the code is 1 unit)	\$ 0.49
J2405	Ondansetron ODT 4mg TAB	\$ 19.60
J2550	Promethazine HCl 25mg/mL (inj code is 50mg)	\$ 31.43
J3301	Triamcinolone acetone 40mg/mL INJ (10mg per unit)	\$ 8.73
J3420	Vitamin B12 (Cyanocobalamin) 1000 mg INJ	\$ 7.69
J3490	Capastat Injectable (1gr = 10ml)	\$ 227.51

J3490	Paser 4gm	\$ 6.85
J7296	Kyleena- 19.5 mg	\$ 1,272.00
J7297	IUD Device - Liletta	\$ 1,303.00
J7298	IUD Device - Mirena	\$ 1,272.00
J7300	IUD Device - Paragard	\$ 1,184.00
J7301	IUD Device - Skyla	\$ 1,059.00
J7307	Implant Device - Nexplanon	\$ 1,271.00
J7510	PREDNISOLONE 15mg/5mL SOLN. ORAL	\$ 0.42
J7613	Albuterol Sul 2.5mg/3mL SOLN	\$ 1.17
J7620	Iprat-Albut 0.5-3(2.5)mg/3mL	\$ 2.03
J7620	Ipratropium BR 0.02% SOLN	\$ 1.55
J7626	Budesonide 0.5mg/2mL INH SUSP	\$ 9.75
J7627	Budesonide 1mg/2mL INH SUSP	\$ 20.31
J8499	Avelox 400mg	\$ 32.15
J8499	Azithromycin 500mg	\$ 13.70
J8499	Cycloserine 250mg	\$ 68.75
J8499	Diphenhydramine 12.5mg/5ml LQ	\$ 0.02
J8499	Doxycycline 100mg	\$ 0.21
J8499	Ethambutol 100mg	\$ 8.43
J8499	Ethambutol 400 mg	\$ 1.16
J8499	Ethionamide 250 mg	\$ 5.83
J8499	Hurricane Gyno-Gel	\$ 7.61
J8499	Ibuprofen 100mg/5mL LQ ORAL	\$ 0.03
J8499	INH 300 MG 100CT	\$ 9.42
J8499	Isoniazid 100mg	\$ 0.13
J8499	Isoniazid 300mg	\$ 0.44
J8499	Levaquin 250mg	\$ 14.79
J8499	Levaquin 500mg	\$ 17.68
J8499	Levaquin 750mg	\$ 31.74
J8499	Linezolid 600mg Tab	\$ 151.05
J8499	Metronidazole 500 mg	\$ 5.71
J8499	Moxifloxacin 400 mg Tab	\$ 27.51
J8499	Mycobutin 150mg	\$ 15.40
J8499	Mylanta	\$ 0.09
J8499	Priftin 150mg	\$ 4.01
J8499	Pyrazinamide 500mg	\$ 2.52
J8499	Rifamate (rifampin and isoniazid) 150/300mg	\$ 62.53
J8499	Rifampin 150mg	\$ 17.42
J8499	Rifampin 300mg	\$ 14.42
J8499	Streptomycin 1 gram VIAL	\$ 82.24
J8499	TB Rifapentine 150mg	\$ 4.01
J8499	Vitamin B-6 25 MG	\$ 1.10
J8499	Vitamin B-6 50mg	\$ 0.02
J8499	Zyvox 600mg	\$ 11.28

J8501	Levofloxacin Tab 500 MG 50 CT	\$ 3.40
PHYEX	SNHD General Physical	\$ 91.00
Q0091	Pap Smear	\$ 74.00
Q0144	Zithromax 1 gm powder	\$ 123.50
Q0163	Diphenhydramine 25mg CAP	\$ 0.02
Q3014	TELEHEALTH ORIG SITE FACILITY FEE	\$ 77.00
Q4026	CAST SPL HIP SPICA ADULT FIBRGLS	\$2,100.00
S3620	NEWBORN METABOLIC SCREENING PANEL	\$ 5.00
S4993	Birth Control Pills - Trinessa (28 tabs)	\$ 27.90
S4993	Emergency Birth Control - Plan B	\$ 32.07
S4993	NEW DAY TAB 1.5MG 1 NSTR@	\$ 32.83
T1013	Sign Lang/Oral Interpreter	\$ 23.00
TBCB1	TBCB1 CHARGE	\$ 100.00
TBCB2	TBCB2 CHARGE	\$ 200.00
U0002	Covid-19 lab test non-cdc	\$ 100.00



SOUTHERN NEVADA  
*Community*  
HEALTH CENTER

AT THE SOUTHERN NEVADA HEALTH DISTRICT

Financial Report  
Results as of February 28, 2026

(Unaudited)

# Summary of Revenue, Expenses and Net Position (February 28, 2026 – Unaudited)

## Revenue

- General Fund revenue (Charges for Services & Other) is \$24.62M compared to a budget of \$25.64M, an unfavorable variance of \$1.02M.
- Special Revenue Funds (Grants) is \$3.56M compared to a budget of \$3.38M, a favorable variance of \$180K.
- Total Revenue is \$28.17M compared to a budget of \$29.02M, an unfavorable variance of \$850K.

## Expenses

- Salary, Tax, and Benefits is \$9.34M compared to a budget of \$9.86M, a favorable variance of \$520K.
- Other Operating Expense is \$19.29M compared to a budget of \$20.76M, a favorable variance of \$1.47M.
- Indirect Cost/Cost Allocation is \$7.02M compared to a budget of \$7.73M, a favorable variance of \$710K.
- Total Expense is \$35.66M compared to a budget of \$38.36M, a favorable variance of \$2.70M.

**Net Position:** is (\$7.50M) compared to a budget of (\$9.34M), a favorable variance of \$1.84M.

# All Funds/Divisions by Type

## Budget to Actual

Activity	Budget as of February	Actual as of February	Variance Favorable (Unfavorable)	%
Charges for Services	24,571,051	22,861,212	(1,709,839)	-7%
Other	1,071,321	1,757,165	685,844	64%
Federal Revenue	1,704,543	1,839,687	135,144	8%
Pass-Thru Revenue	1,390,922	1,175,608	(215,314)	-15%
State Revenue	281,592	540,290	258,698	92%
<b>Total FQHC Revenue</b>	<b>29,019,429</b>	<b>28,173,962</b>	<b>(845,467)</b>	<b>-3%</b>
Salaries	6,695,981	6,277,146	418,835	6%
Taxes & Fringe Benefits	3,167,967	3,067,224	100,743	3%
<b>Total Salaries &amp; Benefits</b>	<b>9,863,948</b>	<b>9,344,370</b>	<b>519,578</b>	<b>5%</b>
Supplies	19,544,901	18,385,768	1,159,133	6%
Capital Outlay	13,053	-	13,053	100%
Contractual	1,159,520	875,612	283,908	24%
Travel & Training	43,613	29,649	13,964	32%
<b>Total Other Operating</b>	<b>20,761,087</b>	<b>19,291,029</b>	<b>1,470,058</b>	<b>7%</b>
Indirect Costs/Cost Allocations	7,732,827	7,022,017	710,810	9%
Transfers IN	(550,088)	(518,115)	(31,973)	6%
Transfers OUT	550,083	518,115	31,968	6%
<b>Total Transfers</b>	<b>7,732,822</b>	<b>7,022,017</b>	<b>710,805</b>	<b>9%</b>
<b>Total FQHC Expenses</b>	<b>38,357,857</b>	<b>35,657,416</b>	<b>2,700,441</b>	<b>7%</b>
<b>Net Position</b>	<b>(9,338,428)</b>	<b>(7,483,454)</b>	<b>1,854,974</b>	<b>-20%</b>

1

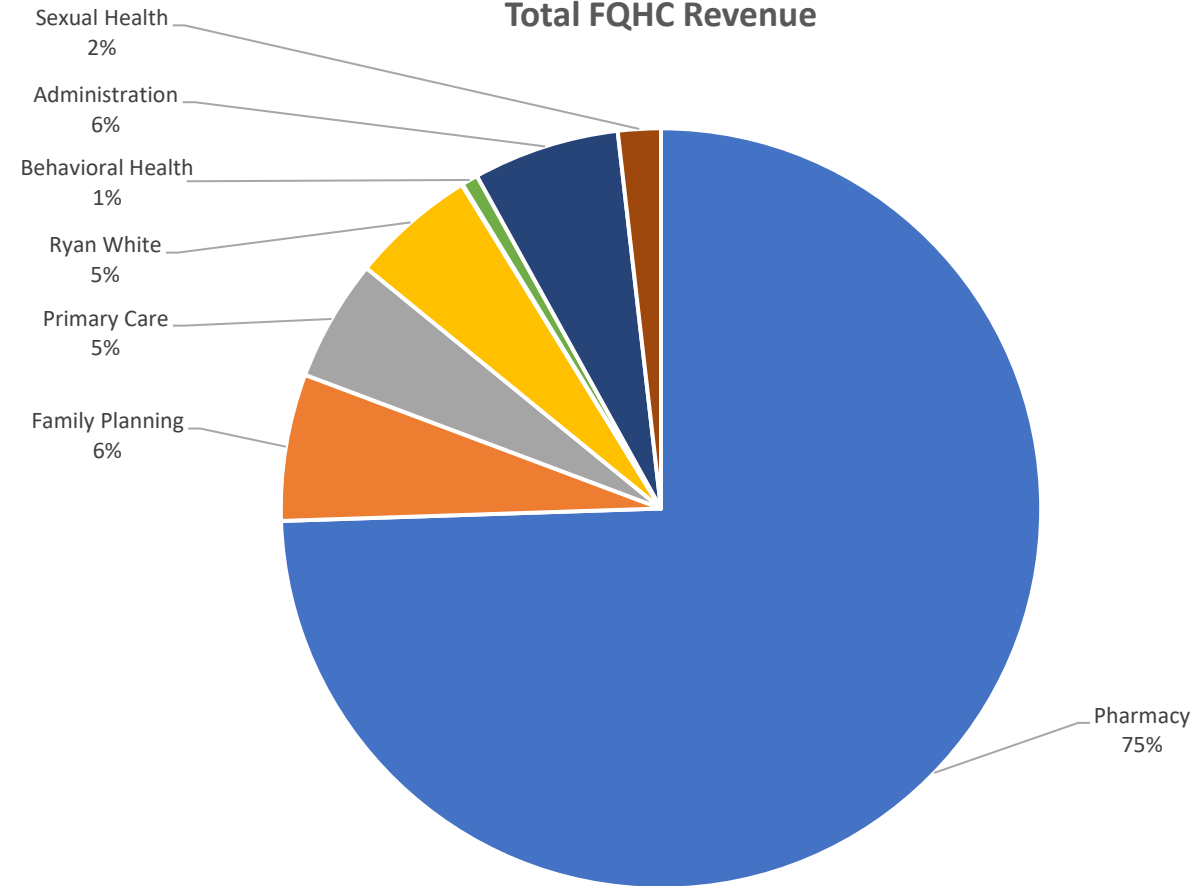
2

NOTES:

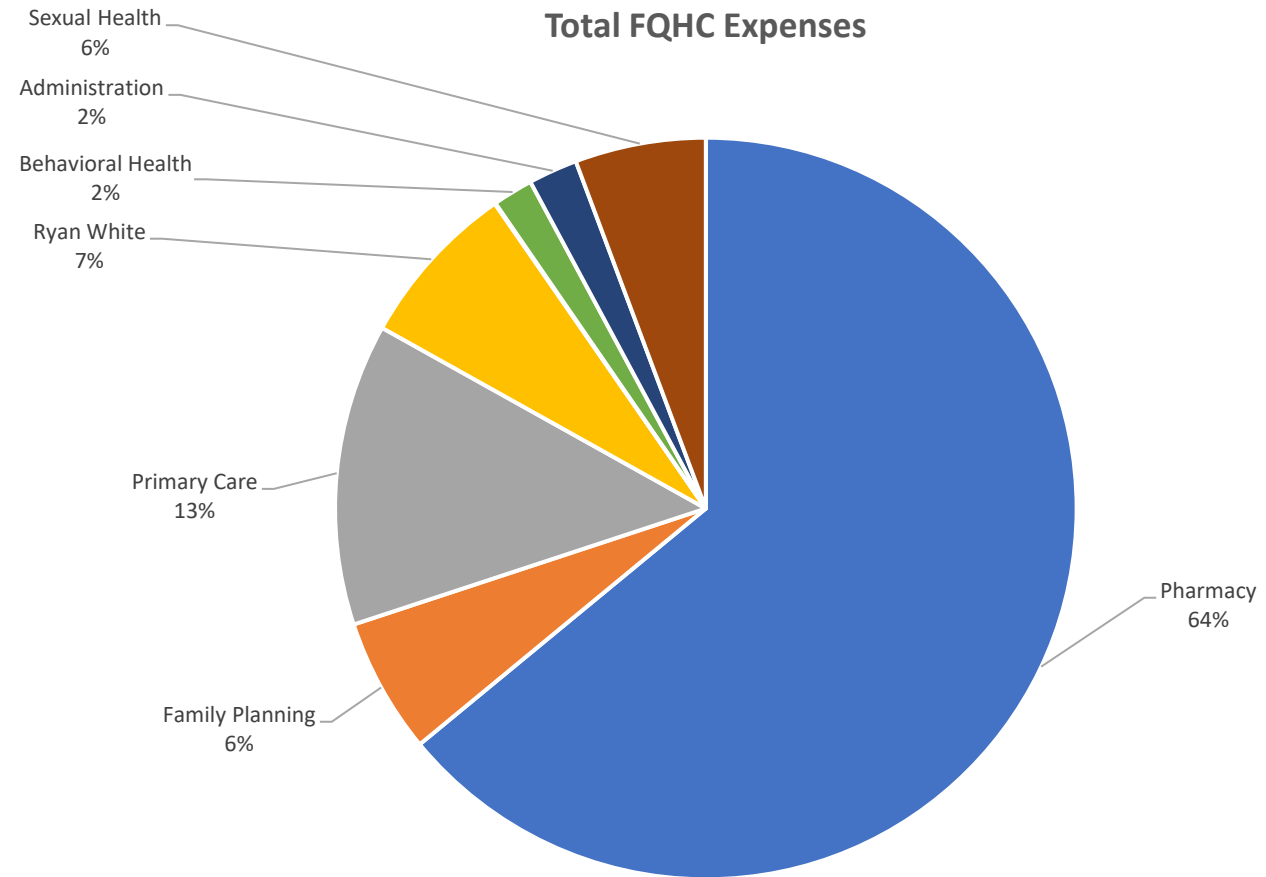
- 1) CHARGES FOR SERVICES INCLUDES FY26 Q1 AND Q2 WRITE-OFF (ANY OUTSTANDING AMOUNT OLDER THAN 12 MONTHS AS OF FEBRUARY 2026). SEE PHARMACY NOTE ON SLIDE FIVE.
- 2) NEVADA MEDICAID WRAP TRUE-UP/LOOK-BACK PAYMENTS FOLLOWING COMPLETION OF NEW PPS RATE REVIEW (PAID DIFFERENCE BETWEEN INTERIM RATE AND FINALIZED RATE).

# Percentage of Revenues and Expenses by Department (February 28, 2026)

### Total FQHC Revenue



### Total FQHC Expenses



# Revenues by Department

## Budget to Actuals

Department	Budget as of February	Actual as of February	Variance Favorable (Unfavorable)	%
<b>Charges for Services, Other, Wrap</b>				
Family Planning	160,882	327,455	166,573	104%
Pharmacy	23,468,456	20,983,304	(2,485,152)	-11%
Primary Care	321,355	772,818	451,463	140%
Ryan White	108,079	63,041	(45,038)	-42%
Refugee Health	13,542	9,244	(4,298)	-32%
Behavioral Health	104,733	195,670	90,937	87%
Administration	1,071,321	1,754,272	682,951	64%
Sexual Health	394,004	512,573	118,569	30%
<b>OPERATING REVENUE</b>	<b>25,642,372</b>	<b>24,618,377</b>	<b>(1,023,995)</b>	<b>-4%</b>
<b>Grants</b>				
Family Planning	1,288,760	1,430,447	141,687	11%
Primary Care	697,375	686,147	(11,228)	-2%
Ryan White	1,386,603	1,437,191	50,588	4%
Refugee Health	4,319	1,800	(2,519)	-58%
Behavioral Health	-	-	-	0%
<b>SPECIAL REVENUE</b>	<b>3,377,057</b>	<b>3,555,585</b>	<b>178,528</b>	<b>5%</b>
<b>TOTAL REVENUE</b>	<b>29,019,429</b>	<b>28,173,962</b>	<b>(845,467)</b>	<b>-3%</b>

NOTES:

- 1) REVENUE REDUCTION DUE TO CHANGES IN PAYER PATIENT ASSISTANCE PROGRAMS FOR HIGH-COST MEDICATIONS (DISCUSSED AT 2/17/26 BOARD MEETING – “PHARMACY UPDATE”. PHARMACY AND FINANCE ARE ACTIVELY MONITORING CHANGES.
- 2) REVENUE LAGGING BECAUSE RYAN WHITE SELF-PAY WRITE-OFF EXCEEDED TOTAL CHARGES FOR SERVICES THROUGH Q2 FY26.
- 3) REFUGEE HEALTH CLINIC PATIENT ENCOUNTERS REDUCED BY 95% YEAR-OVER-YEAR.

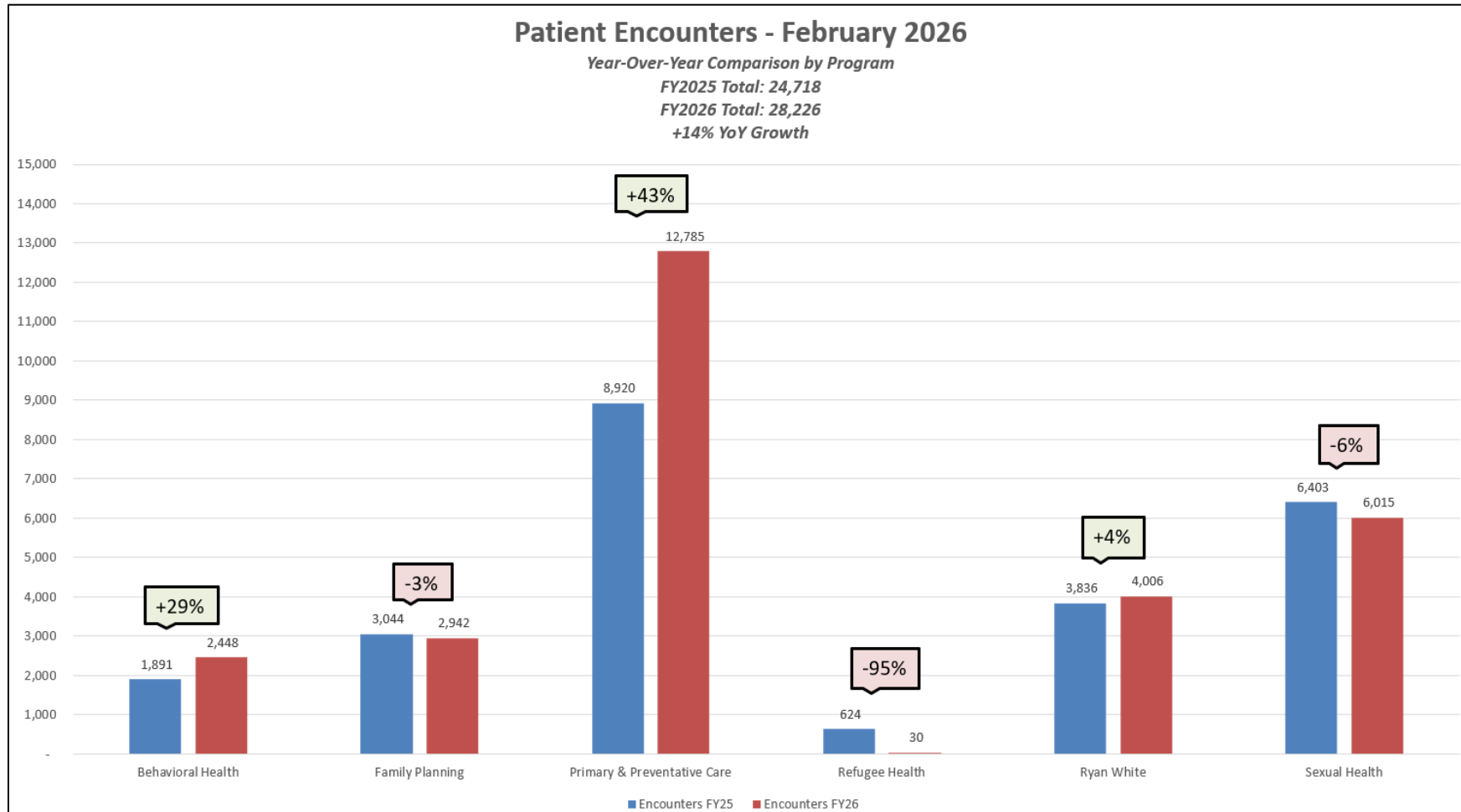
# Expenses by Department Budget to Actuals

Department	Budget as of February	Actual as of February	Variance Favorable (Unfavorable)	%
<b>Employment (Salaries, Taxes, Fringe)</b>				
Family Planning	1,346,464	1,262,574	83,890	6%
Pharmacy	467,037	455,281	11,756	3%
Primary Care	3,797,281	3,492,176	305,105	8%
Ryan White	1,904,462	1,885,386	19,076	1%
Refugee Health	2,719	1,466	1,253	46%
Behavioral Health	498,498	499,102	(604)	0%
Administration	270,853	265,646	5,207	2%
Sexual Health	1,576,600	1,482,739	93,861	6%
<b>Total Personnel Costs</b>	<b>9,863,914</b>	<b>9,344,370</b>	<b>519,544</b>	<b>5%</b>
<b>Other (Supplies, Contractual, Capital, etc.)</b>				
Family Planning	389,918	429,131	(39,213)	-10%
Pharmacy	19,073,472	17,879,289	1,194,183	6%
Primary Care	333,166	277,399	55,767	17%
Ryan White	256,483	193,952	62,531	24%
Refugee Health	22,765	9,061	13,704	60%
Behavioral Health	15,331	4,102	11,229	73%
Administration	478,690	347,531	131,159	27%
Sexual Health	191,261	150,564	40,697	21%
<b>Total Other Expenses</b>	<b>20,761,086</b>	<b>19,291,029</b>	<b>1,470,057</b>	<b>7%</b>
<b>Total Operating Expenses</b>	<b>30,625,000</b>	<b>28,635,399</b>	<b>1,989,601</b>	<b>6%</b>
Indirect Costs/Cost Allocations	7,732,813	7,022,017	710,796	9%
Transfers IN	(550,082)	(518,115)	(31,967)	6%
Transfers OUT	550,082	518,115	31,967	6%
<b>Total Transfers &amp; Allocations</b>	<b>7,732,813</b>	<b>7,022,017</b>	<b>710,796</b>	<b>9%</b>
<b>TOTAL EXPENSES</b>	<b>38,357,813</b>	<b>35,657,416</b>	<b>2,700,397</b>	<b>7%</b>

NOTES:

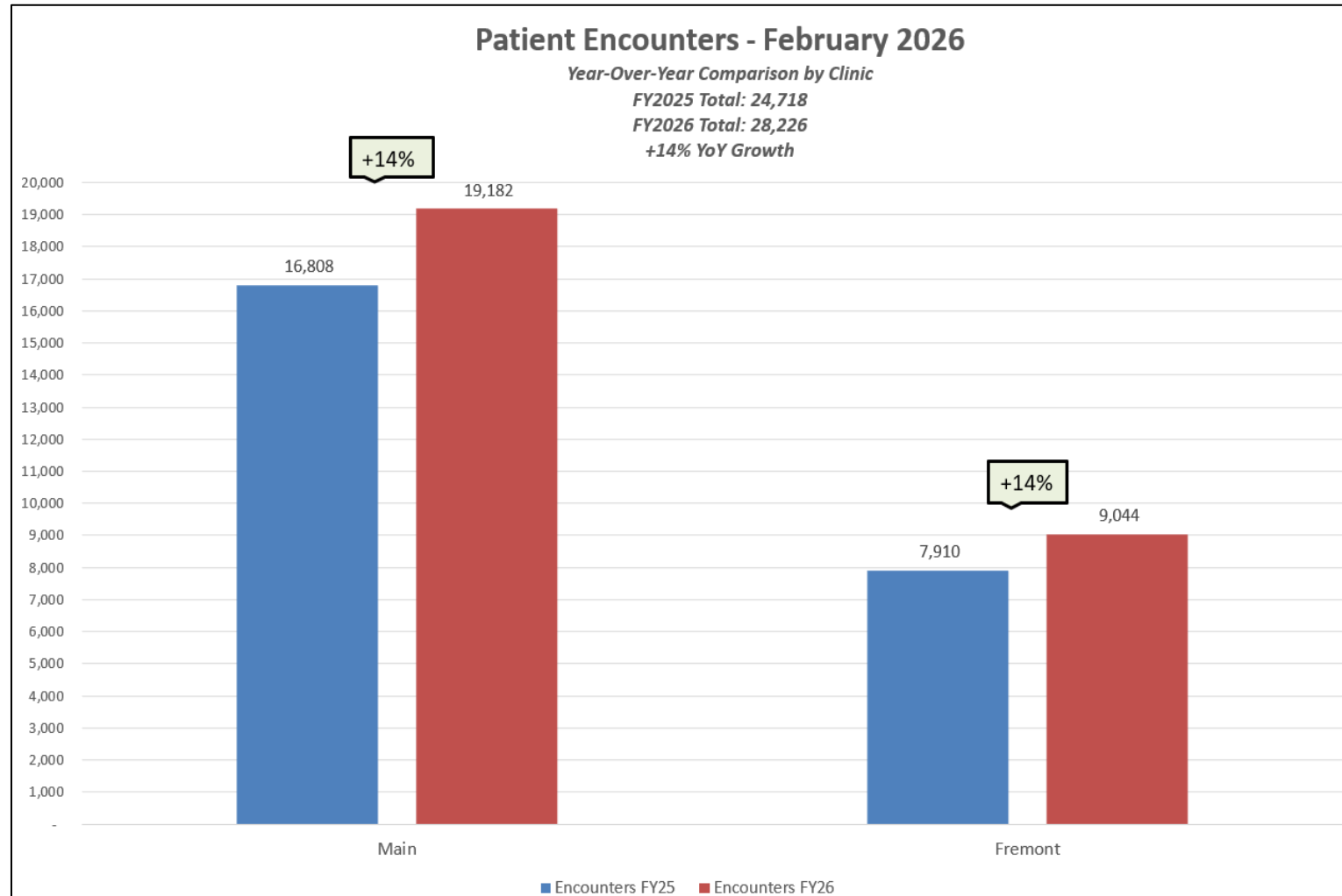
- 1) REFUGEE HEALTH CLINIC PATIENT ENCOUNTERS REDUCED BY 95% YEAR-OVER-YEAR.
- 2) REDUCTION IN PAYER ASSISTANCE PROGRAM FUNDING REDUCED ORDERING IN FEBRUARY 2026.

# Patient Encounters By Department



**NOTE 1:** PATIENT ENCOUNTERS INCLUDE VISITS PROVIDED BY LICENSED INDEPENDENT PRACTITIONERS (LIPS) AND NURSES. FY25 AND FY26 SEXUAL HEALTH CLINIC ENCOUNTERS DO NOT INCLUDE SELECT NURSE VISITS THAT ARE NOW PROVIDED IN THE PRIMARY AND PREVENTIVE CARE DIVISION.

# Patient Encounters By Clinic



# 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/Capital Outlay	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.)

# Month-to-Month Comparisons

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*Year-to-Date revenues and expenses by department and by type.*

# YTD by Month – February 28, 2026

## *By Department*

<b>DEPARTMENT</b>	<b>Jul-25</b>	<b>Aug-25</b>	<b>Sep-25</b>	<b>Oct-25</b>	<b>Nov-25</b>	<b>Dec-25</b>	<b>Jan-26</b>	<b>Feb-26</b>	<b>YTD TOTALS</b>	<b>YTD AVERAGES</b>
Administration (301)	436,833	248,524	99,282	477,183	212,285	279,474	690	-	1,754,272	294,822
Family Planning (309)	124,841	227,027	154,943	402,202	251,445	182,597	242,091	349,963	1,935,109	232,092
Pharmacy (333)	3,079,691	2,482,932	2,894,910	2,680,355	2,094,515	2,831,815	2,503,416	2,415,668	20,983,303	2,646,481
Dental Health (336)	-	-	-	-	-	-	-	-	-	-
Primary Care (337)	138,587	178,371	146,645	192,671	157,724	142,313	341,467	248,694	1,546,472	162,800
Ryan White (338)	173,342	171,389	135,978	180,275	148,184	65,168	190,477	688,366	1,753,179	161,833
Refugee Health (344)	(347)	(678)	(111)	90	(706)	(824)	15,562	(1,487)	11,499	(350)
Behavioral Health (345)	33,197	27,124	16,046	38,282	21,181	(9,961)	31,439	38,361	195,670	27,166
Sexual Health (350)	72,637	32,065	36,100	25,379	42,113	26,372	155,862	122,045	512,573	41,659
<b>TOTAL REVENUES</b>	<b>4,058,782</b>	<b>3,366,756</b>	<b>3,483,793</b>	<b>3,996,436</b>	<b>2,926,741</b>	<b>3,516,955</b>	<b>3,481,005</b>	<b>3,861,610</b>	<b>28,692,077</b>	<b>3,566,502</b>

<b>DEPARTMENT</b>	<b>Jul-25</b>	<b>Aug-25</b>	<b>Sep-25</b>	<b>Oct-25</b>	<b>Nov-25</b>	<b>Dec-25</b>	<b>Jan-26</b>	<b>Feb-26</b>	<b>YTD TOTALS</b>	<b>YTD AVERAGES</b>
Administration (301)	70,680	79,215	83,721	138,213	106,752	83,147	92,305	110,144	764,177	95,716
Family Planning (309)	138,478	267,099	247,464	432,499	304,127	219,911	251,038	415,282	2,275,897	277,933
Pharmacy (333)	3,374,348	3,227,761	2,793,582	2,332,983	2,344,739	3,308,511	3,181,215	2,392,883	22,956,023	2,814,683
Dental Health (336)	-	-	-	-	-	-	-	-	-	-
Primary Care (337)	485,214	590,367	580,687	756,141	533,944	563,127	528,567	721,180	4,759,228	589,271
Ryan White (338)	238,561	314,910	333,259	438,184	319,081	313,915	312,987	485,512	2,756,409	328,799
Refugee Health (344)	2,709	-	-	3,695	-	-	7,152	67	13,623	1,281
Behavioral Health (345)	43,131	67,285	70,044	111,472	74,240	73,510	77,725	105,826	623,233	73,234
Sexual Health (350)	193,778	258,395	264,445	333,650	225,581	237,963	226,319	286,812	2,026,942	255,170
<b>TOTAL EXPENSES</b>	<b>4,546,898</b>	<b>4,805,034</b>	<b>4,373,202</b>	<b>4,546,838</b>	<b>3,908,463</b>	<b>4,800,085</b>	<b>4,677,306</b>	<b>4,517,705</b>	<b>36,175,531</b>	<b>4,436,087</b>

**NOTE 1:** NEVADA MEDICAID WRAP SWITCHED TO SHADOW BILLING IN JANUARY 2026. MEDICAID PPS RATE WILL BE PAID FOR ALL CLAIMS GOING FORWARD. REVENUE WILL BE RECORDED BY DEPARTMENT.

# YTD by Month – February 28, 2026

## *By Type*

<b>REVENUE TYPE</b>	<b>Jul-25</b>	<b>Aug-25</b>	<b>Sep-25</b>	<b>Oct-25</b>	<b>Nov-25</b>	<b>Dec-25</b>	<b>Jan-26</b>	<b>Feb-26</b>	<b>YTD TOTALS</b>	<b>YTD AVERAGES</b>
Charges for Services	3,298,484	2,670,838	2,989,260	2,895,692	2,267,960	2,866,571	3,037,059	2,835,348	22,861,212	2,824,447
Other	436,833	250,289	99,282	478,311	212,285	279,474	690	-	1,757,165	295,400
Contributions	-	-	-	-	-	-	-	-	-	-
Intergovernmental	280,097	383,912	341,117	535,279	382,876	317,163	381,012	934,129	3,555,585	384,656
<b>TOTAL REVENUES</b>	<b>4,015,414</b>	<b>3,305,039</b>	<b>3,429,659</b>	<b>3,909,282</b>	<b>2,863,121</b>	<b>3,463,209</b>	<b>3,418,762</b>	<b>3,769,477</b>	<b>28,173,962</b>	<b>3,504,503</b>
<b>EXPENSE TYPE</b>	<b>Jul-25</b>	<b>Aug-25</b>	<b>Sep-25</b>	<b>Oct-25</b>	<b>Nov-25</b>	<b>Dec-25</b>	<b>Jan-26</b>	<b>Feb-26</b>	<b>YTD TOTALS</b>	<b>YTD AVERAGES</b>
Salaries	523,875	723,389	720,359	1,068,768	734,847	721,906	714,229	1,069,773	6,277,146	754,248
Taxes and Benefits	264,484	358,856	356,812	488,386	349,107	355,739	357,567	536,273	3,067,224	363,529
Travel and Training	6,022	12,281	7,060	1,441	430	313	103	1,999	29,649	5,447
Supplies	2,669,901	2,586,910	2,258,924	1,907,228	1,889,343	2,616,555	2,512,191	1,944,717	18,385,769	2,262,461
Contractual	139,335	109,328	102,396	125,720	99,258	95,977	106,155	97,443	875,612	115,207
Property	-	-	-	-	-	-	-	-	-	-
<b>TOTAL EXPENSES</b>	<b>3,603,617</b>	<b>3,790,765</b>	<b>3,445,551</b>	<b>3,591,542</b>	<b>3,072,985</b>	<b>3,790,490</b>	<b>3,690,246</b>	<b>3,650,205</b>	<b>28,635,399</b>	<b>3,500,892</b>
<b>TRANSFER TYPE</b>	<b>Jul-25</b>	<b>Aug-25</b>	<b>Sep-25</b>	<b>Oct-25</b>	<b>Nov-25</b>	<b>Dec-25</b>	<b>Jan-26</b>	<b>Feb-26</b>	<b>YTD TOTALS</b>	<b>YTD AVERAGES</b>
Indirect/Cost Allocation	899,914	952,552	873,517	868,141	771,859	955,849	924,818	775,368	7,022,017	873,196
Transfer In	(43,368)	(61,717)	(54,134)	(87,155)	(63,620)	(53,746)	(62,242)	(92,133)	(518,115)	(61,999)
Transfer Out	43,368	61,717	54,134	87,155	63,620	53,746	62,242	92,133	518,115	61,999
<b>TOTAL TRANSFERS</b>	<b>899,914</b>	<b>952,552</b>	<b>873,517</b>	<b>868,141</b>	<b>771,859</b>	<b>955,849</b>	<b>924,818</b>	<b>775,368</b>	<b>7,022,017</b>	<b>873,196</b>
<b>NET POSITION:</b>	<b>(488,117)</b>	<b>(1,438,278)</b>	<b>(889,409)</b>	<b>(550,401)</b>	<b>(981,722)</b>	<b>(1,283,130)</b>	<b>(1,196,302)</b>	<b>(656,095)</b>	<b>(7,483,454)</b>	<b>(869,585)</b>

Questions?

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# MOTION



*Motion to Approve the February 2026 Year-to-Date  
Financial Report, as presented.*

# Southern Nevada Community Health Center

Governing Board Meeting

April 2026

- ▶ FY 2027 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 FY27 is projected to remain flat from the FY26 augmented budget at **119.5 FTEs**

## Revenue:

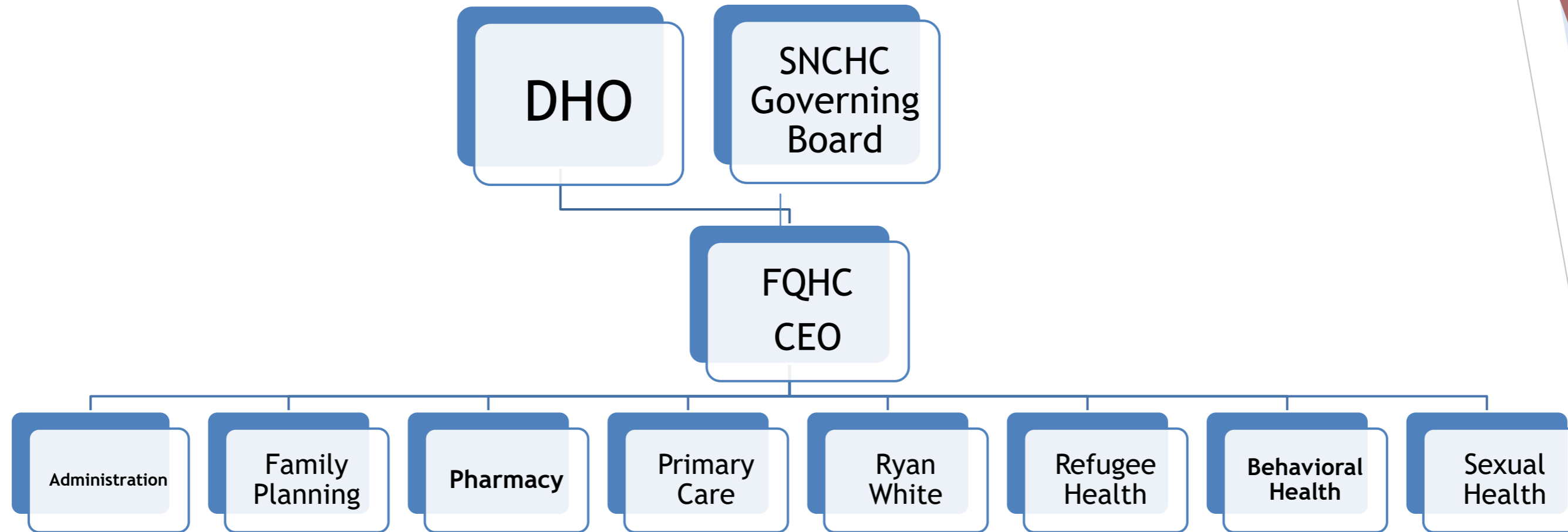
General Fund revenue is projected at **\$38.7M** in FY27, an increase of \$0.2M from the FY26 augmented budget.

Special Revenue Fund (Grants) projected at **\$5.0M** in FY27, a decrease of \$26K from FY26 augmented budget.

## Expense:

FQHC combined expenditures for FY27 budget is \$55.1M compared to \$58.4M from FY26 augmented budget.

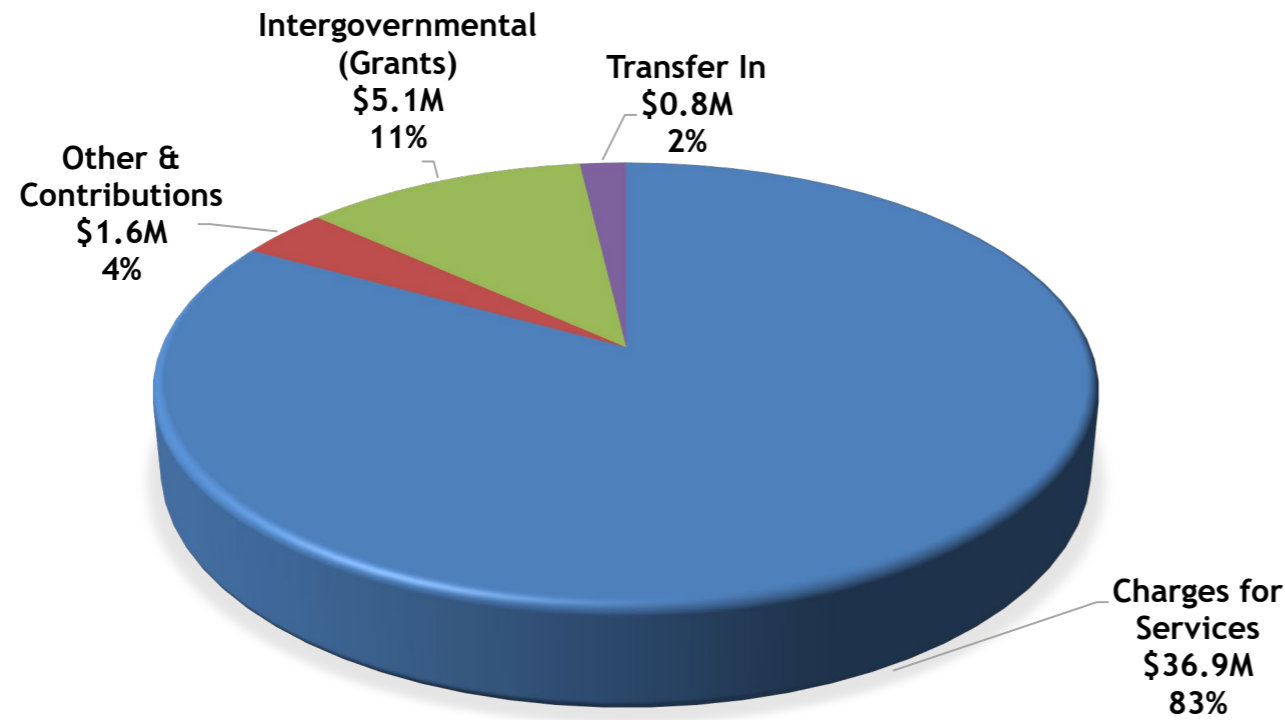
# FQHC Division Org Chart



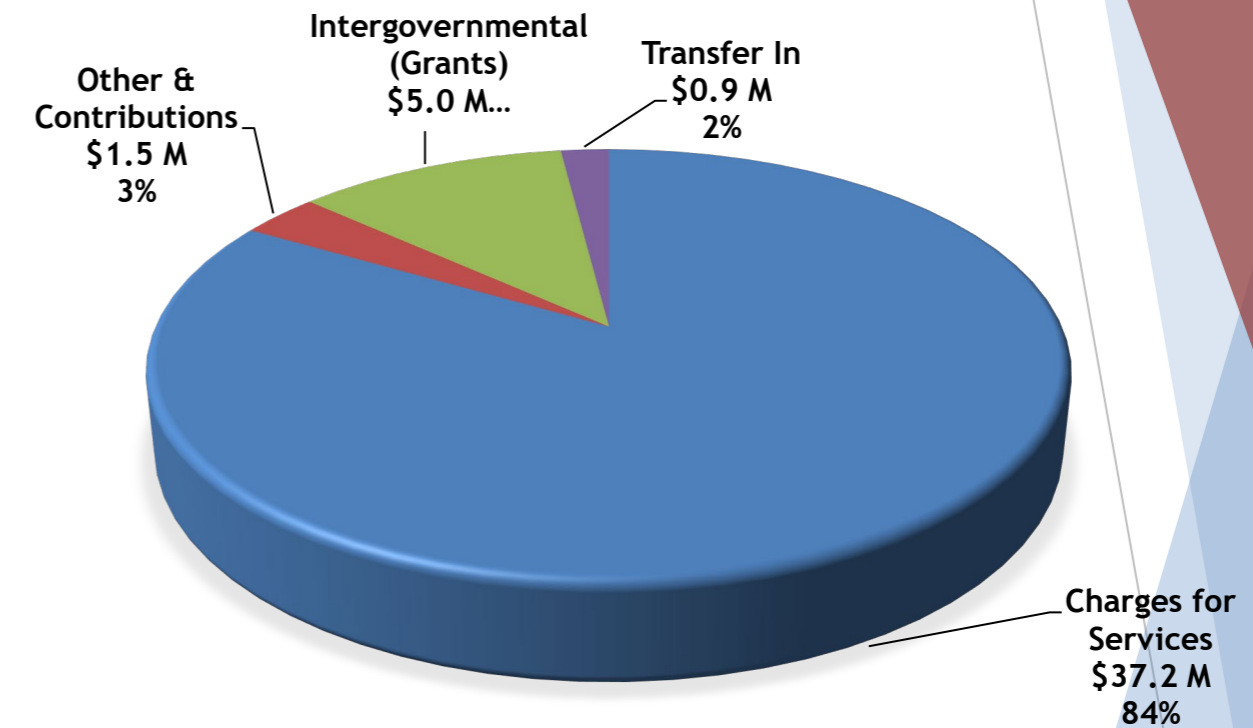
# REVENUES

## COMBINED REVENUES BY SOURCE - comparison

### FY 2026 AUGMENTED REVENUE



### FY 2027 PROPOSED REVENUE



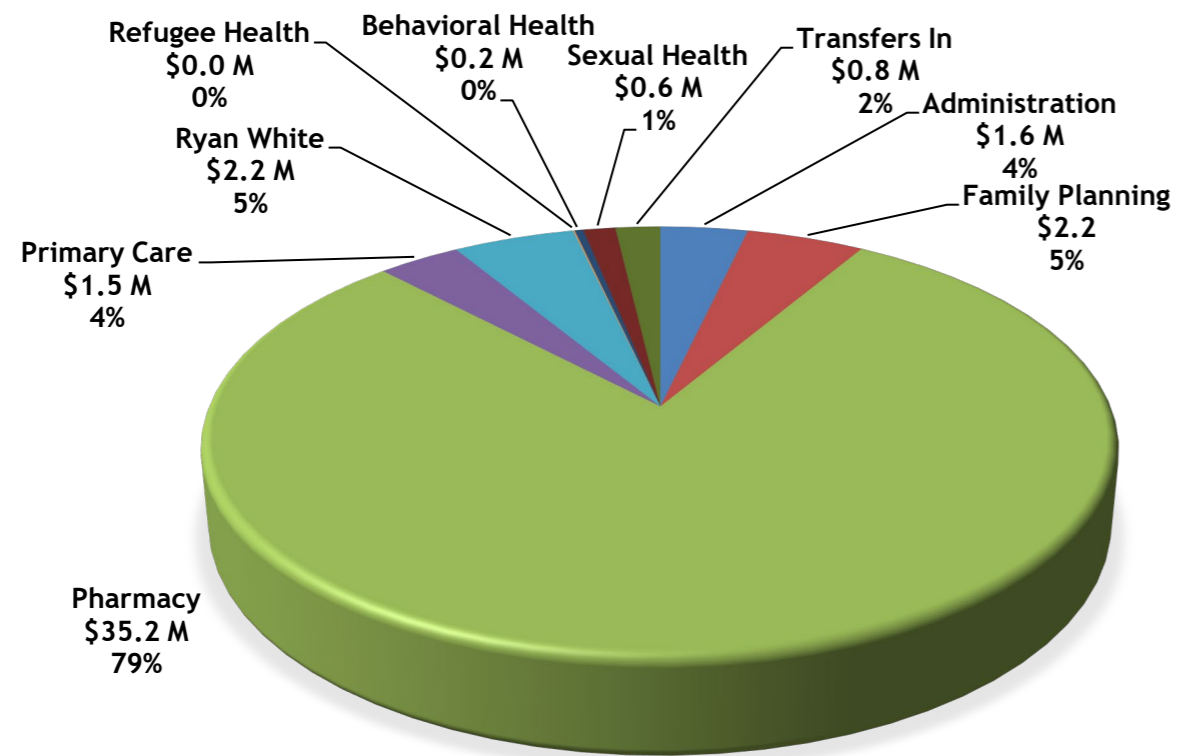
Revenues		
Source	FY26 Augmentation	FY27 Proposed
CHARGES FOR SERVICES	36,856,576	37,196,588
GRANTS	5,065,583	5,039,303
OTHER	1,606,981	1,471,581
TRANSFERS IN	825,123	894,896
<b>TOTAL REVENUE</b>	<b>44,354,262</b>	<b>44,602,368</b>

% Percentages are based on total revenue

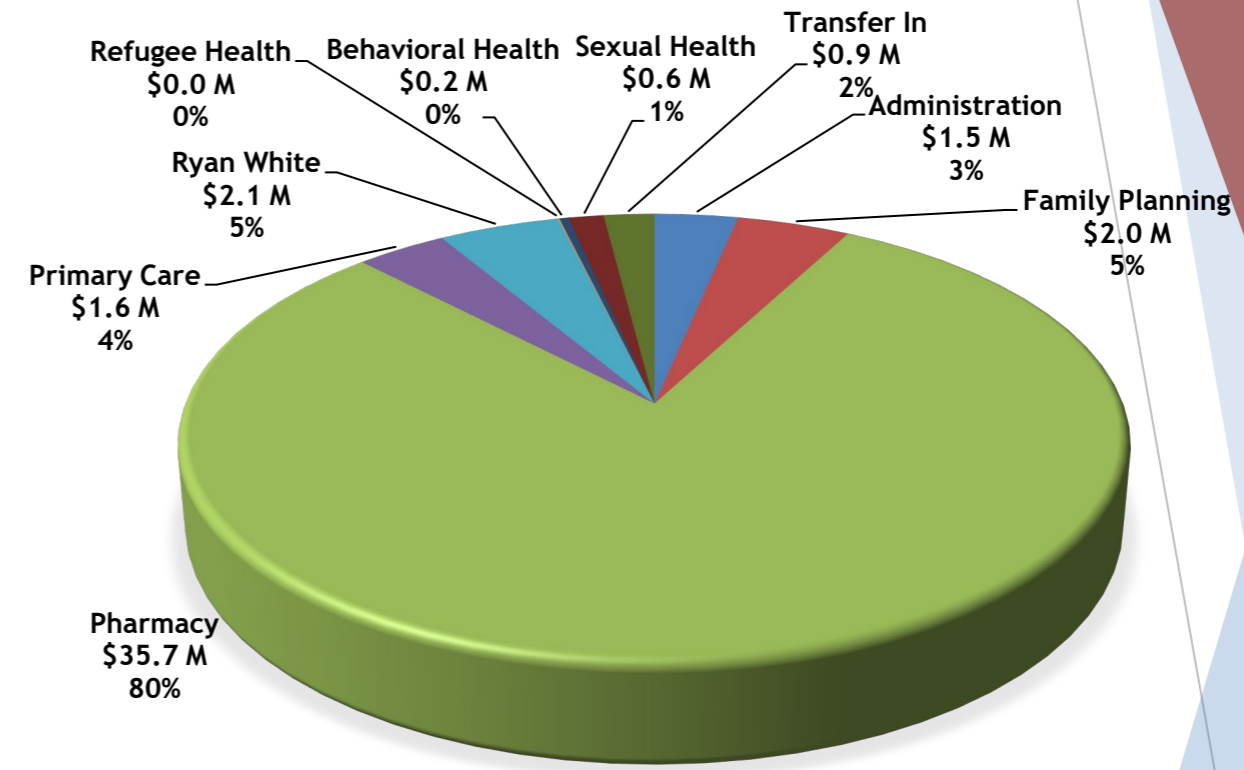
# REVENUES

## COMBINED REVENUES BY DEPARTMENT - comparison

### FY 2026 AUGMENTED REVENUE



### FY 2027 PROPOSED REVENUE



Revenues		
Department	FY26 Augmentation	FY27 Proposed
FQHC-ADMINISTRATION	1,606,981	1,471,581
FAMILY PLANNING	2,174,461	2,004,471
PHARMACY	35,202,684	35,669,000
PRIMARY HEALTH CLINIC	1,528,096	1,613,870
RYAN WHITE	2,242,022	2,141,023
REFUGEE HEALTH	26,790	24,160
BEHAVIORAL HEALTH	157,099	155,251
FQHC - SEXUAL HEALTH	591,006	628,116
TRANSFERS IN	825,123	894,896
<b>TOTAL REVENUE</b>	<b>44,354,262</b>	<b>44,602,368</b>

% Percentages are based on total revenue

# REVENUES

## GENERAL & SPECIAL REVENUE FUND SUMMARY

### General Fund:

Total Charges for Services revenue is proposed at \$37.2M in FY27, an increase of \$340K from \$36.9M in FY26 augmented budget.

*\*Major component of Charges for Services revenue is Pharmacy, which increased to \$35.7M from \$35.2M in FY26 augmented budget.*

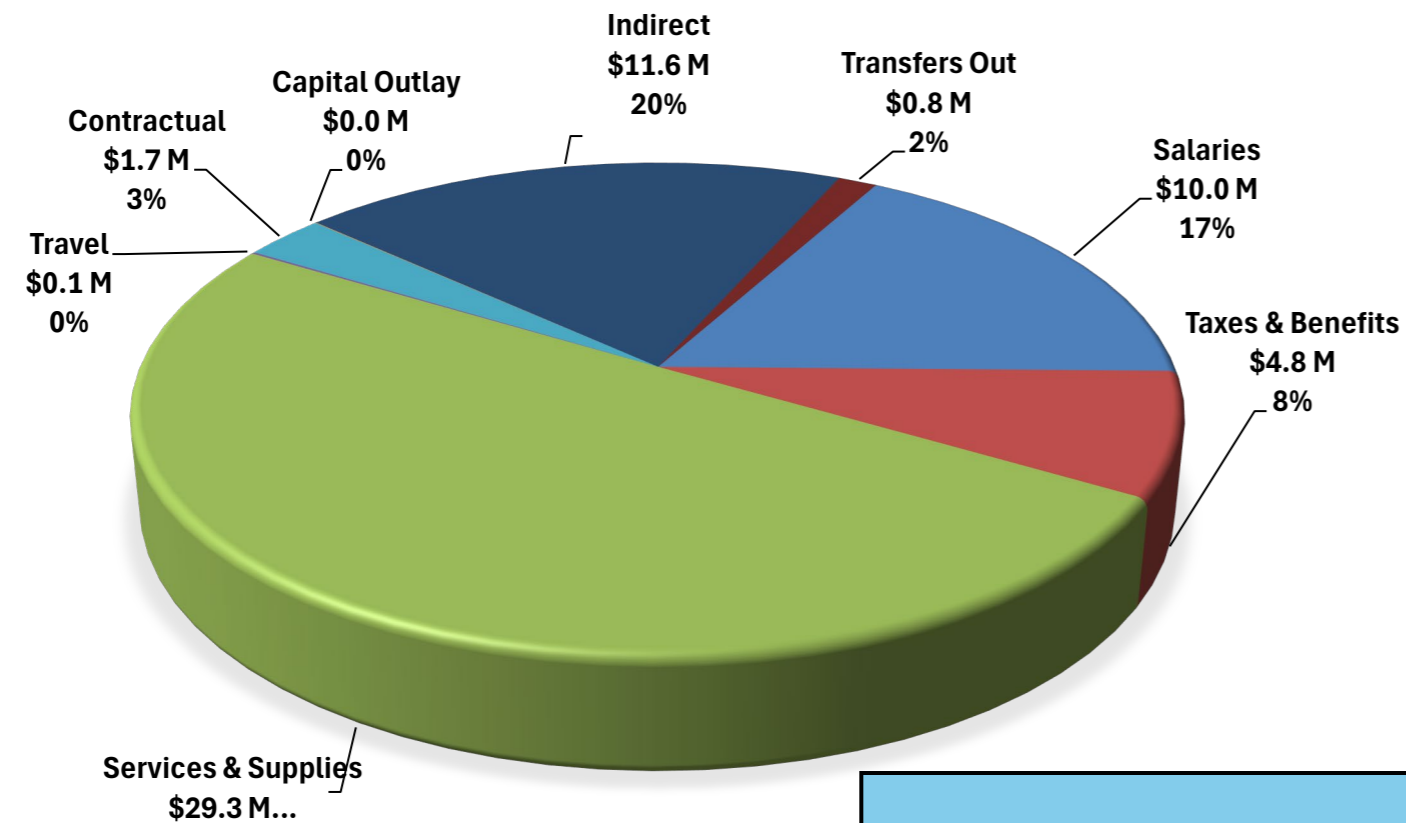
### Special Revenue Fund:

Federal (Grants) revenue in FY27 is proposed at \$5.0M, a decrease of \$26k from the FY26 augmentation budget of \$5.1M.

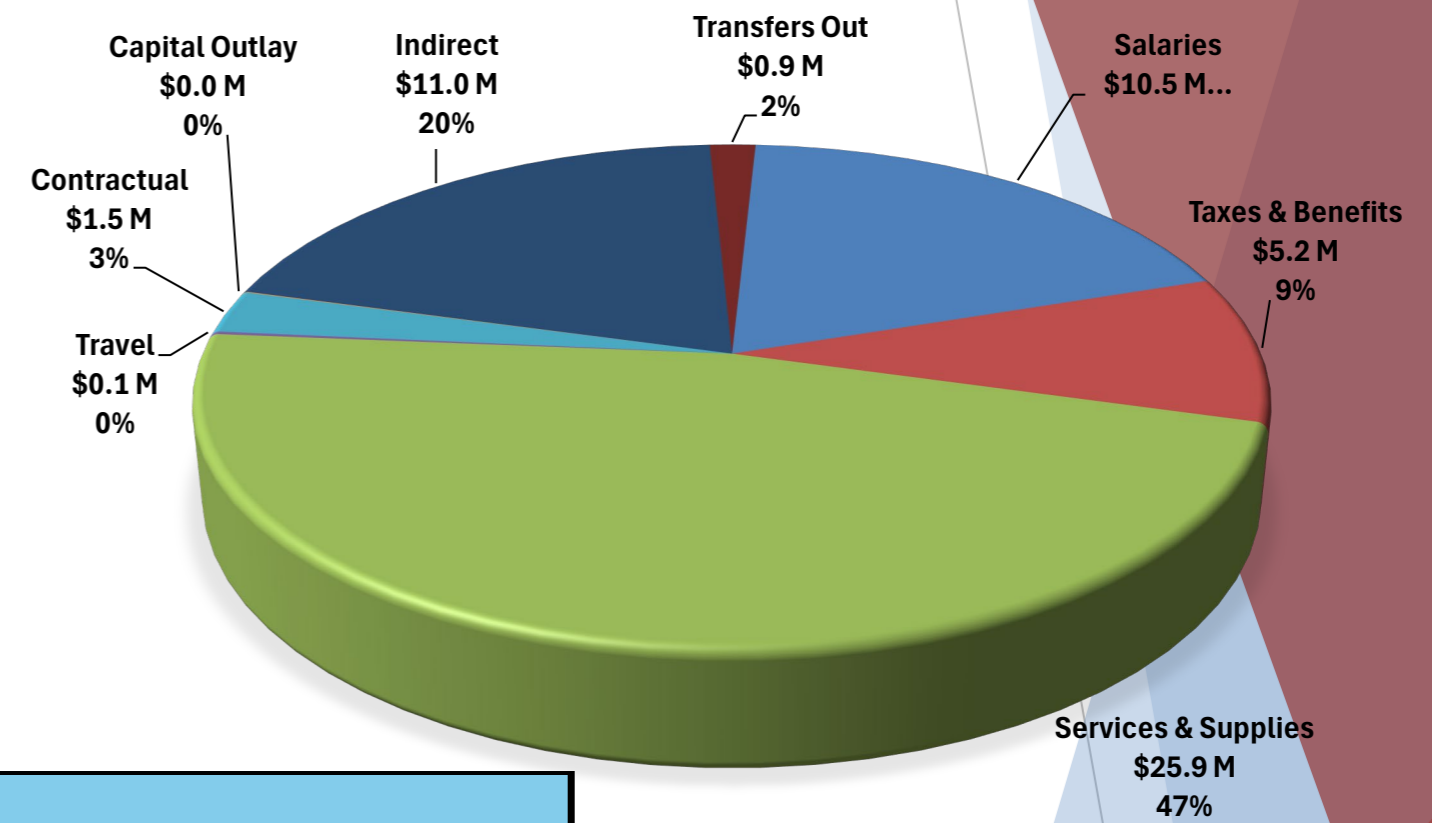
# EXPENDITURES

## COMBINED EXPENSES BY SOURCE - comparison

### FY2026 AUGMENTED EXPENSES



### FY2027 PROPOSED EXPENSES



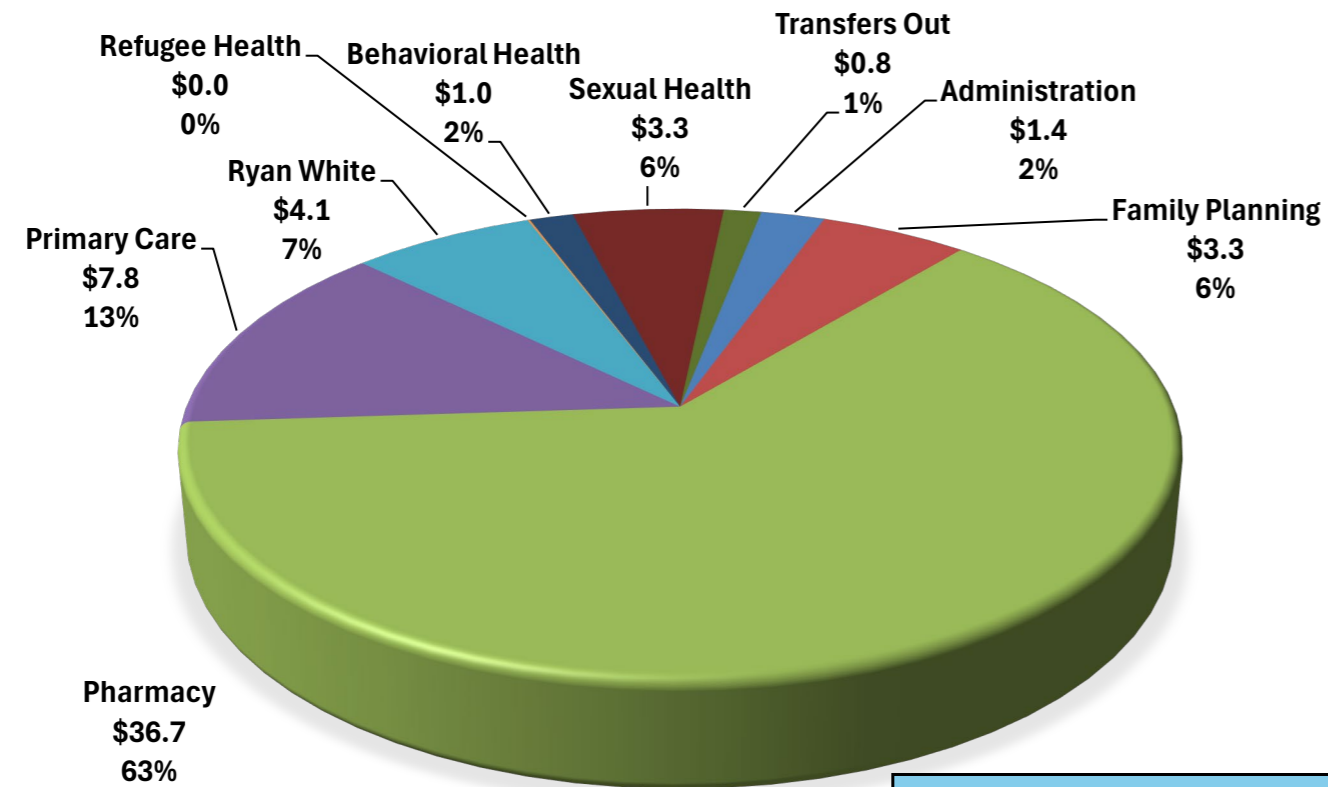
Expenses		
Source	FY26 Augmentation	FY27 Proposed
SALARIES	10,043,958	10,508,925
TAXES & BENEFITS	4,751,912	5,196,067
SUPPLIES	29,317,352	25,872,824
TRAVEL & TRAINING	65,420	95,945
CONTRACTUAL	1,739,278	1,516,545
CAPITAL OUTLAY	19,580	25,000
INDIRECT/COST ALLOCATIONS	11,599,219	10,981,167
TRANSFERS OUT	825,123	894,896
<b>TOTAL EXPENSES</b>	<b>58,361,842</b>	<b>55,091,369</b>

% Percentages are based on total expenses

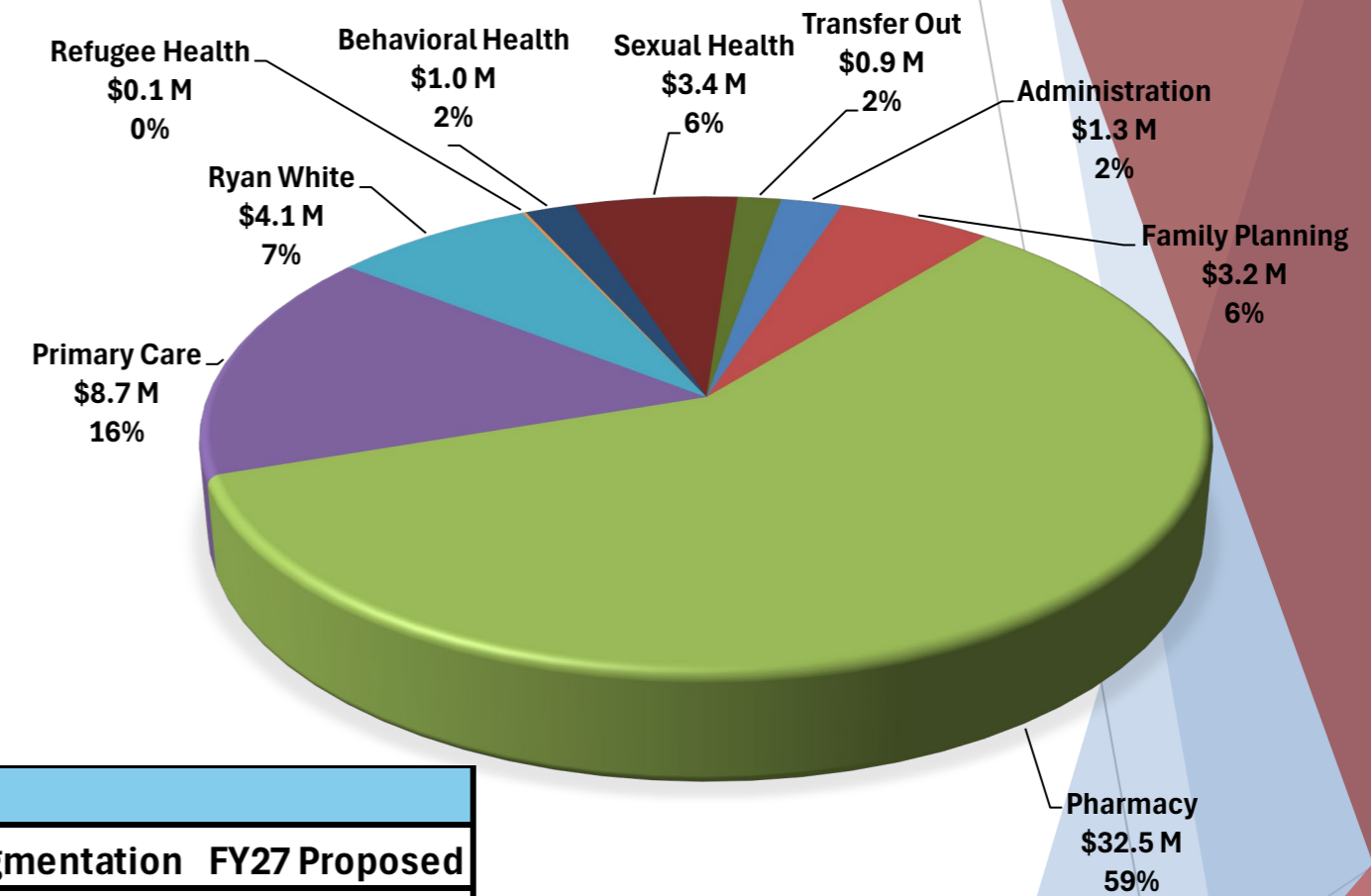
# EXPENDITURES

## COMBINED EXPENSES BY DEPARTMENT- comparison

### FY2026 AUGMENTED EXPENSES



### FY2026 PROPOSED EXPENSES



Expenses		
Department	FY26 Augmentation	FY27 Proposed
FQHC-ADMINISTRATION	1,408,203	1,253,858
FAMILY PLANNING	3,262,227	3,167,862
PHARMACY	36,711,734	32,487,556
PRIMARY HEALTH CLINIC	7,760,075	8,690,826
RYAN WHITE	4,059,875	4,143,391
REFUGEE HEALTH	47,879	69,704
BEHAVIORAL HEALTH	965,356	1,024,066
FQHC- SEXUAL HEALTH	3,321,370	3,359,210
TRANSFERS OUT	825,123	894,896
<b>TOTAL EXPENSES</b>	<b>58,361,842</b>	<b>55,091,369</b>

% Percentages are based on total expenditures

# EXPENDITURES

## GENERAL & SPECIAL REVENUE FUND SUMMARY

Primary Care's combined expenses increased from \$7.9M in the FY26 augmented budget to \$8.9M in FY27 proposed budget. This is primarily due to an increase in salaries & benefits of \$677k and cost allocations of \$200k from FY26 augmented budget.

Ryan White combined expenses increased from \$4.5M in the FY26 augmented budget to \$4.6M in FY27 proposed budget. This is primarily due to an increase in salaries & benefits of \$122K and a decrease in contractual expenses of \$86K.

FQHC Administration combined expenses decreased from \$1.4M in the FY26 augmented budget to \$1.3M in FY27 proposed budget. This is primarily due to a decrease in salaries & benefits of \$91K and contractual expenses of \$38K from FY26 augmented budget.

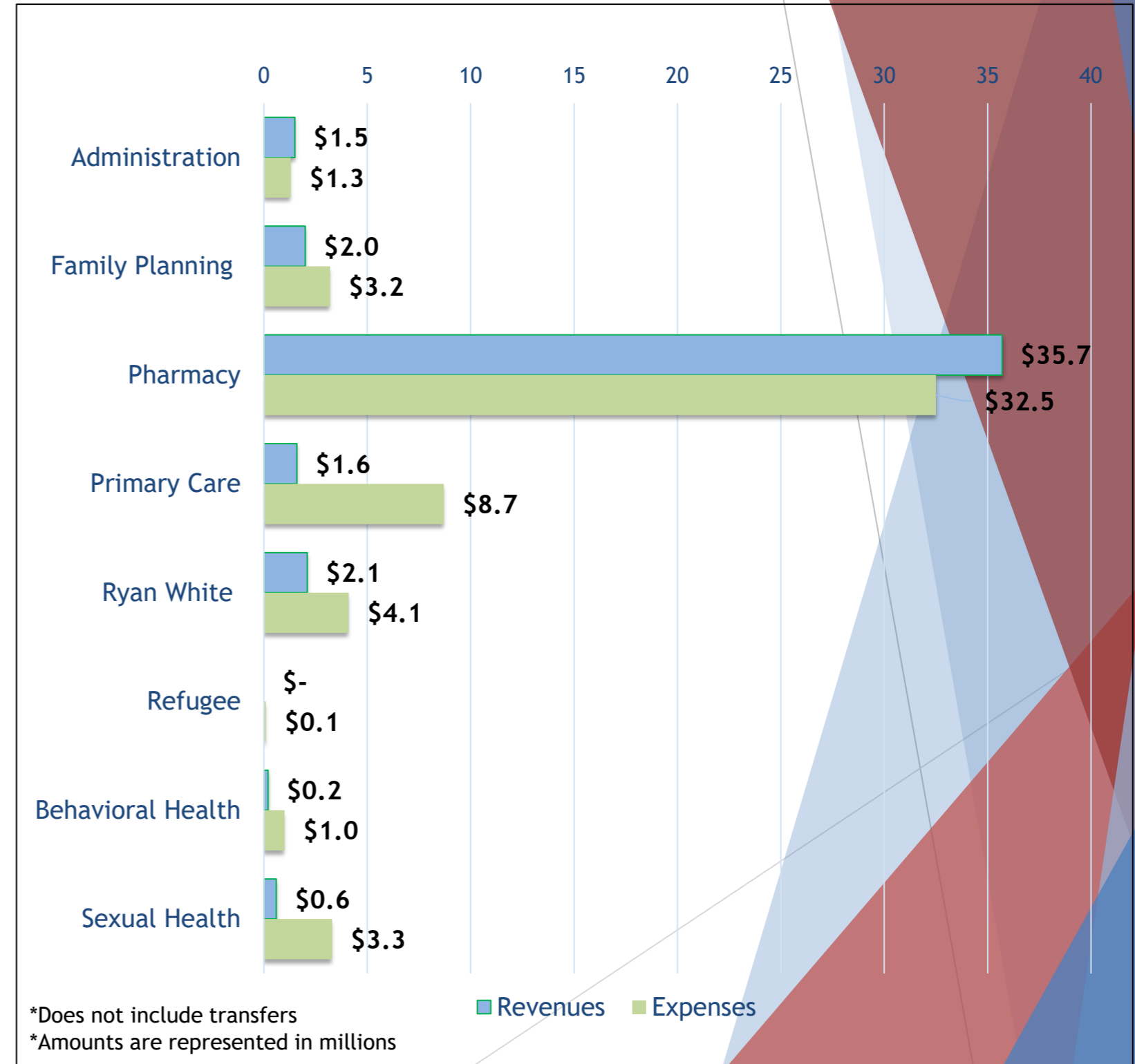
General Fund Pharmacy total expenses is projected at \$32.5M. Pharmacy medication expenses decreased from \$28.5M to \$25.1M, a \$3.4M decrease from FY26 augmented budget.

Total salaries and benefits for General & Grants funds is \$15.7M, 28.5% of total FQHC expenditures. More than 28.4% of personnel expenses are supported by grants. FY27 budget includes a full year of salaries and benefits for 13 vacant positions that were partially accounted for in the FY26 augmented budget.

# REVENUES VS. EXPENDITURES

## COMBINED FUNDS BY DEPARTMENT

Combined			
Revenue	FY26 Augmentation	FY27 Request	▲ Augmentation - Request
FQHC-ADMINISTRATION	1,606,981	1,471,581	(135,400)
Family Planning	2,174,461	2,004,471	(169,989)
Pharmacy	35,202,684	35,669,000	466,316
Primary Health Clinic	1,528,096	1,613,870	85,774
Ryan White	2,242,022	2,141,023	(100,999)
Refugee Health	26,792	24,160	(2,632)
Behavioral Health	157,099	155,251	(1,848)
FQHC - Sexual Health	591,006	628,116	37,110
<b>Subtotal</b>	<b>43,529,140</b>	<b>43,707,472</b>	<b>178,332</b>
<i>Transfers In</i>	825,123	894,896	69,773
<b>Total Revenue</b>	<b>44,354,262</b>	<b>44,602,368</b>	<b>248,105</b>
Expenses	FY26 Augmentation	FY27 Request	▲ Augmentation - Request
FQHC-ADMINISTRATION	1,408,203	1,253,858	(154,345)
Family Planning	3,262,227	3,167,862	(94,365)
Pharmacy	36,711,734	32,487,556	(4,224,178)
Primary Health Clinic	7,760,075	8,690,826	930,751
Ryan White	4,059,875	4,143,391	83,516
Refugee Health	47,878	69,704	21,826
Behavioral Health	965,356	1,024,066	58,710
FQHC - Sexual Health	3,321,370	3,359,210	37,840
<b>Subtotal</b>	<b>57,536,719</b>	<b>54,196,473</b>	<b>(3,340,246)</b>
<i>Transfers Out</i>	825,123	894,896	69,773
<b>Total Expense</b>	<b>58,361,842</b>	<b>55,091,369</b>	<b>(3,270,473)</b>
<b>Revenue Less Expenditures</b>	<b>(14,007,579)</b>	<b>(10,489,001)</b>	<b>3,518,578</b>



# Staffing FY2027

FQHC Total FTE

<b>FY27 FTE Counts</b>	<b>2025/2026</b>	<b>2025/2026</b>	<b>2026/2027</b>	<b>FTE Change</b>
<b>Division</b>	<b>Adopted</b>	<b>Amended</b>	<b>Proposed</b>	<b>FY26 Amended vs FY27 Proposed</b>
ADMINISTRATION	12.0	9.0	9.0	0.0
FAMILY PLANNING	18.5	19.5	19.5	0.0
PHARMACY	4.0	5.0	5.0	0.0
PRIMARY CARE (1)	37.0	39.0	38.0	-1.0
RYAN WHITE	32.0	25.0	25.0	0.0
BEHAVIORAL HEALTH	3.0	3.0	3.0	0.0
SEXUAL HEALTH (1)	20.0	19.0	20.0	1.0
<b>Total:</b>	<b>126.5</b>	<b>119.5</b>	<b>119.5</b>	<b>0.0</b>

1. Transfer of Lab Assistant from Primary Care to Sexual Health



Questions

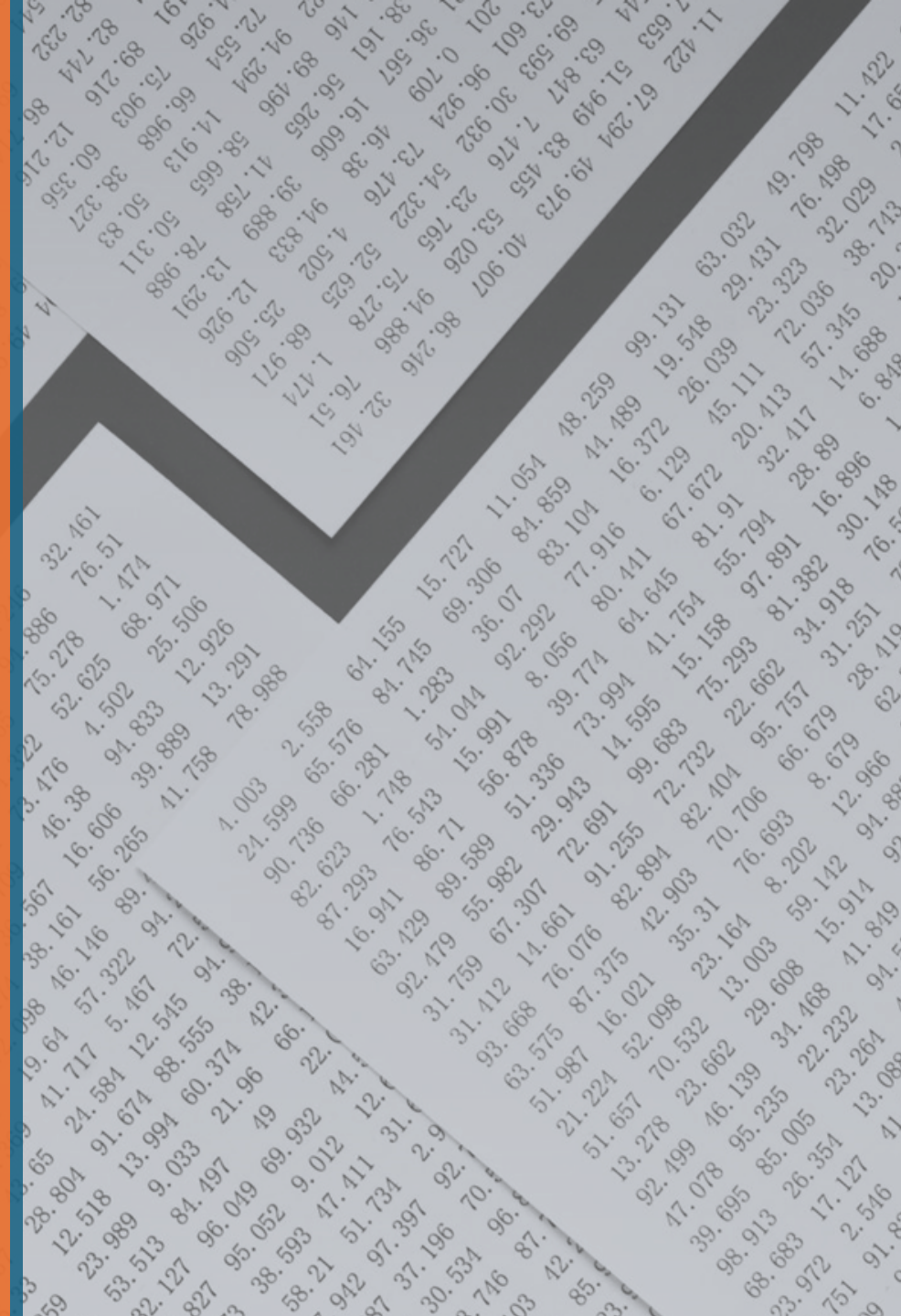
RECOMMENDATION

Motion to Approve of the FY 2027 budget, as presented.

# CLINICAL SLIDING FEE SCHEDULE

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

APRIL 21, 2026



# Sliding Fee Schedule Requirement

Offering a Sliding Fee Schedule for Qualifying Patients is a Requirement



HEALTH AND HUMAN  
SERVICES (HHS)



HEALTH RESOURCES  
AND SERVICES  
ADMINISTRATION  
(HRSA)



OTHER PASS-THROUGH  
GRANTS

# HRSA Sliding Fee Program Requirements

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

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

# HRSA Sliding Fee Program Requirements

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

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- The health center must establish systems for [sliding fee] eligibility determination. (**SNCHC: FPG, Family Size and Annual Income**)
- The health center's schedule of discounts must provide for:
  - A **full discount to individuals and families** with annual incomes at or below those set forth in the most recent Federal Poverty Guidelines [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 fee discount to individuals and families with annual incomes greater than twice those set forth in such Guidelines [200% of the FPG].
    - *Title X – Family Planning and Ryan White have higher thresholds.*

# HRSA Billing & Collection Requirements

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

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- The health center must assure that any **fees or payments required** by the center for health care services will be reduced or waived 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
  - \$38,865 collected from payments initiated through statements in CY25 (FQHC & PPC).
  - 33% decrease in collection compared to CY24.

# Sliding Fee Program in Action

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- Patients are eligible to be placed on the Sliding Fee Discount Schedule based on their **annual household 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 personalized support from the health center's onsite partners to screen for insurance eligibility and for assistance with submitting applications to enroll in Medicaid.

# Sliding Fee Discount Schedule Analysis

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

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

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

- Patient surveys

\$6.764 million in sliding fee write offs in CY2025

- 28% increase from CY24



# Market Study of Fees for FQHCs in Nevada

Nine (9) Health Centers queried in March 2026. They include:

- All for Health, Health for All
- Canyonlands Healthcare
- Firstmed Health & Wellness
- First Person Care Clinic
- Hope Christian Health Center
- Nevada Health Centers
- North East Medical Services
- Northern Nevada Hopes
- Safe Harbor Medical

Black = Same as SNCHC  
 Green = Lower than SNCHC  
 Red = Higher than SNCHC

## 2026 Sliding Fee Discount Market Study

Highlighted = Price increased since 2024

FQHCs & LALs	SNCHC	A	B	C	D	E	F	G	H	I
Lowest Slide Scale Fee	\$0 - \$20	\$20	\$10	\$0	\$35	\$40	\$35	\$10	\$40	\$40
Highest Slide Scale Fee	\$55	\$100	\$50	\$75	\$100	\$70	\$95	Unknown	\$70	Unknown
Full Price Fee	\$200	\$120	\$240	\$120	\$125	\$200	Ala Carte-billed after visit	Ala Carte-billed after visit	\$150	\$150

# 2026 SFS Patient Survey

Sliding Fee Program Patient Survey -2026 (156 Surveys)	Decatur (73)	Fremont (83)	Total	%
Question				
<b>1. Are you enrolled or enrolling in the sliding fee discount program?*</b>				
a. Yes, enrolled	33	50	83	54%
b. Yes, enrolling	12	5	17	11%
c. No, not enrolled/enrolling	12	11	23	15%
d. No, not interested in the program	3	3	6	4%
e. No, have health insurance	11	14	25	16%
<b>2. If so, do you think the fees are reasonable for the services provided by SNCHC?</b>				
a. Strongly Agree	30	46	76	51%
b. Agree	30	18	48	32%
c. Neutral	14	11	25	16%
d. Disagree	0	0	0	0%
e. Strongly Disagree	0	1	1	1%
<b>3. Does the sliding scale fee make it easier to access services at the health center?</b>				
a. Yes	63	73	136	93%
b. No	8	3	11	7%
<b>4. Have you ever cancelled an appointment due to lack of funds to pay the discounted fee?</b>				
a. Yes	15	13	28	19%
b. No	55	67	122	81%
<b>5. Would you refer others to the Health Center knowing we have a sliding fee discount program available?</b>				
a. Strongly Agree	41	61	102	67%
b. Agree	21	15	36	24%
c. Neutral	8	5	13	8%
d. Disagree	0	1	1	1%
e. Strongly Disagree	1	0	1	1%

2026 had 154 patients participate in the survey. This represents a 33% increase in the number of respondents in 2026 compared to 2025. Not all patients surveyed answered every question.

# Primary Care Sliding Fee Schedule

Income % of the Federal Poverty Level	100% or below	>100% to 150%	>150% to 175%	>175% to 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
* Sports Physical	\$20	\$20	\$20	\$20	\$20

# Sexual Health Sliding Fee Schedule

Income % of the Federal Poverty Level	100% or below	>100% to 150%	>150% to 175%	>175% to 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

# Family Planning Sliding Fee Schedule

Income % of the Federal Poverty Level	100% or below	>100% to 150%	>150% to 175%	>175% to 200%	>200% to 250%	>250%
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

# Ryan White Sliding Fee Schedule

Income % of the Federal Poverty Level	100% or below	>100% to 150%	>150% to 175%	>175% to 200%	>200% to 300%	>300% to 400%	>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	>100% to 150%	>150% to 175%	>175% to 200%	>200%
Program Code	P0	P1	P2	P3	P4
Current Medications (up to 30-day supply)	\$7	\$12	\$17	\$22	Full cost/\$22
Proposed Medications (up to 30-day supply)	\$9	\$12	\$17	\$22	Full cost/\$22

# Pharmacy Supplies, PEP and PREP

Flat Fee Items	CURRENT	PROPOSED
PREP Generic	\$12	\$12
Epi-Pens	\$7/12/17/22/24	\$35
Insulin vials	\$10	\$15
Insulin pens	\$10	\$10
Glucose meter	\$20	\$20
Test strips (50)	\$10	\$10
Syringes (100)	\$10	\$10
Lancets (100)	\$5	\$10
DOXY PEP	-	\$9

# Questions?

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***Motion to Approve the Clinical Sliding Fee Schedules, as presented.***



## **VIII. CHIEF EXECUTIVE OFFICER & STAFF REPORTS**

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Randy Smith, MPA, Chief Executive Officer - FQHC

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# Funding and Administrative Updates

- Title X Funding – Awarded flat funding for the last year (5/5) of the current grant period (April 1, 2026 – March 31, 2027).
- Ryan White Part B – Funding cut of approximately 75% or \$679k and the elimination of three (3) service categories:
  - Retention, Eligibility, and Medical Case Management
  - New funding period commenced on April 1, 2026
- HRSA Health Center grant period extend from three (3) year to four (4) years
  - No Service Area Competition (SAC) required this summer. Funding period extended to January 31, 2028

# Committee Assignments - CY 2026

CY26 GOVERNING BOARD COMMITTEE INTEREST					
Executive Committee	Chief Executive Officer Annual Review Committee	Finance and Audit Committee	Quality, Credentialing & Risk Management Committee	Nominations Committee	Strategic Planning Committee
Donna Feliz-Barrows	Dave Neldberg	Jasmine Coca	Sara Hunt	Ashley Brown	Rebeca Aceves
Jasmine Coca	Jose Melendrez	Father Rafael Pereira	Rebeca Aceves	Jose Melendrez	Jasmine Coca
Sara Hunt	Jasmine Coca	Blanca Macias-Villa	Erin Breen	Erin Breen	Erin Breen
	Donna Feliz-Barrows			Donna Feliz-Barrows	



# Board Retreat Survey Results

- Are you interested in participating in a Board Retreat?

- Yes - 9 of 10 responded

- Which month(s) work best for you?

● June	5
● July	7
● August	4
● Other	2

- What time of day do you prefer for the retreat?


● Morning	5
● Midday	5
● Evening	5
● Other	1

# Board Retreat Survey Results

- Preferred Length of Retreat
    - Half-day 8
    - Other 2
  
- What types of activities would you like included in the retreat?
    - Team-building activity 5
    - Strategic Plan Review 8
    - CEO Evaluation 5
    - CEO Accomplishments Review 6
    - Other 1
  
- Additional Comments or Suggestions
    - Time: Open
    - Month: October and Open
    - Perhaps best practices for serving on the board of a CHC(FQHC). Newest federal updates on this work.
    - I liked the day and time of our last retreat. I also liked the location. However, I am open.
    - How to be more supportive of the centers.

# Thank you.





**Expanding Access to Care:  
Integrated Behavioral Health at the  
Southern Nevada Community  
Health Center**

# Behavioral Health Team



**Tabitha Johnson,**  
**LMFT, LCADC**  
Behavioral Health  
Manager



**Norma Ramirez-  
Rodriguez, LCSW**  
Licensed Mental Health  
Therapist



**Kikam Yun**  
Psychiatric APRN



**Taryn Smith, LMFT,  
LCADC**  
Licensed Mental Health  
Therapist



**Elita Pallasigui**  
Psychiatric APRN

# Behavioral Health Team

The Behavioral Health (BH) Manager, Tabitha Johnson, is dually licensed in both mental health and substance use and certified in EMDR therapy. She has previously led teams in both non-profit and for-profit settings, as well as in both inpatient and outpatient settings.

BH has two fully licensed mental health therapists who are both trained in EMDR therapy. One, Norma Ramirez-Rodriguez, is bilingual and the other, Taryn Smith, is also licensed in substance use counseling.

We have a full-time psychiatric nurse practitioner, Elita Pallasigui, who has hospital experience in working with veterans and other vulnerable populations.

We also have nurse practitioner, Kikam Yun, who holds dual licensure serving patients both as a medical nurse practitioner and a psychiatric nurse practitioner at Fremont.

# SNCHC's BH Scope of Work

- BH currently treats moderate to mild patients who are established patients of SNCHC.
  - Moderate to mild patients are patients who do not need acute, inpatient care.
  - These patients may identify as having a high anxiety or depression screening score.
  - These patients may be dealing with a new medical diagnosis, such as diabetes or HIV.
  - These patients may be navigating substance misuse and are not at the level where they need a higher level of care.
- Patients deemed as acute or needing a higher level of care for both mental health or substance misuse are referred to a local community partners or agencies who treats that higher level of care.
  - For example, for a patient needing to detox from alcohol, BH provider and/or a Community Health Worker contacts local partners to determine if a bed is available.
  - Higher level of care for psychiatric needs, such as Intensive Outpatient Program (IOP), or Partial Hospitalization Program (PHP), BH coordinates care between the patient and local programs.

# BH Services Offered

- 1:1 Mental Health Therapy (Typically 40 min. long) Includes intake, active treatment, and discharge upon treatment goals being met
- 1:1 Substance Use Counseling (Typically 40 min. long) Includes intake, active treatment, and discharge upon treatment goals being met
- Psychiatric Evaluations
- Medication Management
- Community and Partner Referrals
- Group Therapy

# Group Therapy

- The Behavioral Health Team provides group therapy in English and Spanish for Ryan White patients at the Decatur location.
- The therapy group name is “Evolve”.
- The group is co-led by a Community Health Worker (CHW) who has lived experience with HIV, a licensed therapist from the BH Team, and a Health Educator who provides educational information.
- Examples of topics covered includes disclosure, healthy boundaries, managing depression/anxiety, etc.
- Group members have provided positive feedback that they have found a sense of community with others who understand their situation.

# Standardized Screening Assessments

- Patient Health Questionnaire-2 (PHQ-2) to measure depression symptoms
- Patient Health Questionnaire-9 (PHQ-9) to measure depression symptoms
- Generalized Anxiety Disorder-7 (GAD-7) to measure anxiety symptoms
- Alcohol Use Disorders Identification Test – Consumption (AUDIT C) to measure when positive for alcohol use
- Drug Abuse Screening Test (DAST-10) to measure when positive for substance use

# Patient-Centered Medical Home (PCMH)

- It is the goal of Southern Nevada Community Health Center to receive the Patient-Centered Medical Home (PCMH) designation.
- PCMH is a model of primary care that uses a team-based approach to coordinate patient care. The goal is to provide high-quality, cost-effective care that is culturally appropriate, accessible, and maximizes patient engagement.
- PCMH designation will create pathways for collaboration across all clinics, to include behavioral health.
- BH is actively working with the Medical Director, Quality Management Coordinator, etc. on various components for PCMH designation, such as integrative care and Chronic Care Management (CCM).

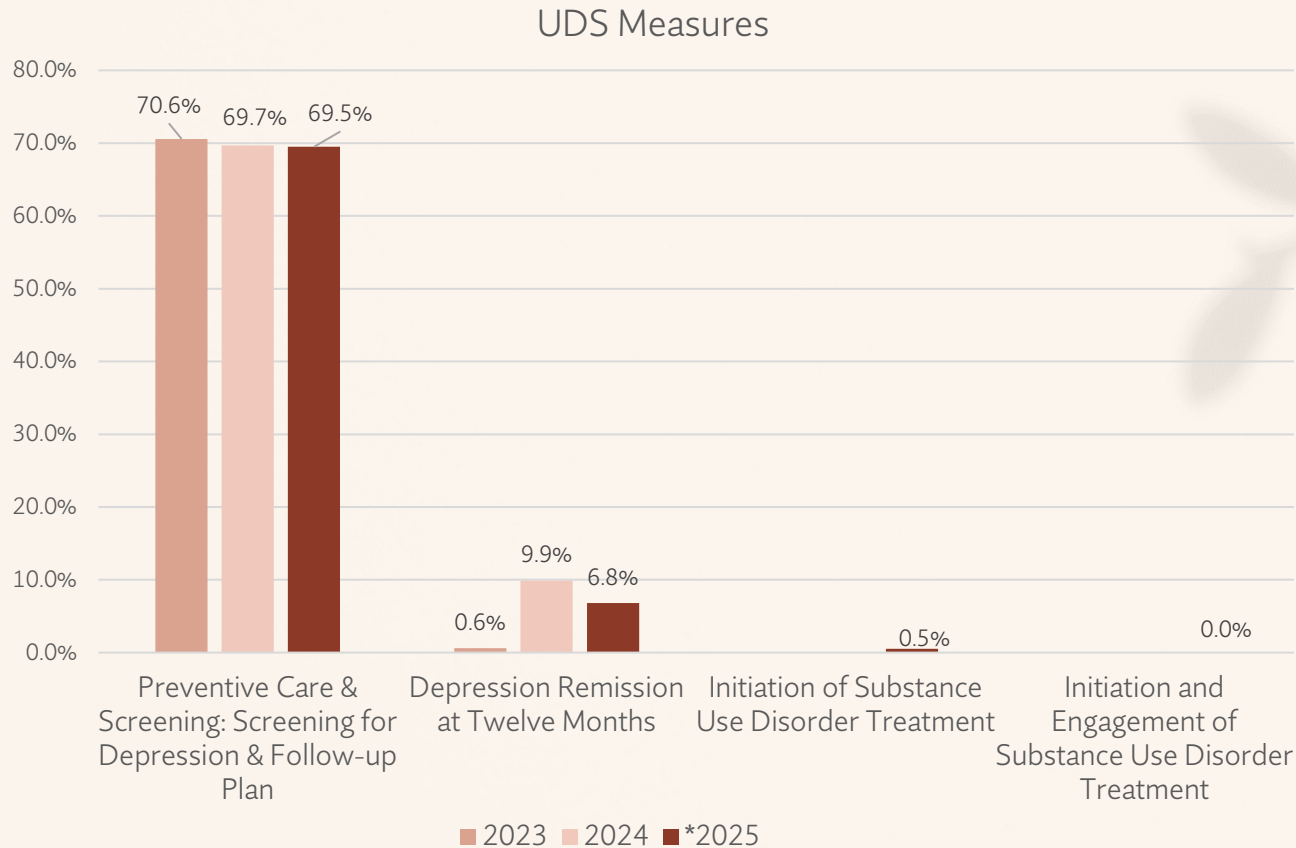
# Integrated Care Model

- Improved communication and warm hand offs across all departments to assist patients with behavioral health needs to be seen in a timely manner.
- Enhanced coordination with the Ryan White program for newly diagnosed HIV patients to receive behavioral health assessments (ideally on the same day as meeting with their medical provider).
- Daily huddles and pre-visit planning between BH staff and medical staff to ensure that scheduled patients who have a behavioral health need are seen during that day.
- BH staff members at Decatur rotate and are present on the medical clinic floor daily.
- BH staff member at Fremont is actively involved in daily integrated care between scheduled patients.

# HRSA Behavioral Health Clinical Performance Measures (CQMs)

- Annual screening for depression for patients 12 years and older and a documented follow-up plan for patients diagnosed with depression.
- Depression remission at twelve (12) months.
- Initiation and engagement of Substance Use Disorder (SUD) treatment for patients diagnosed with SUD.
- The BH Manager is working closely with BH providers and the Quality Management Coordinator to capture this data in the electronic health record.

# CQMs – Behavioral Health



Measures	2025*
Depression Screening and Follow-Up Plan	<b>69.5%</b> (8,728/12,550)
Depression Remission at Twelve Months	<b>6.8%</b> (13/191)
Initiation of Substance Use Disorder Treatment	<b>0.5%</b> (1/213)
Initiation and Engagement of Substance Use Disorder Treatment	<b>0.0%</b> (0/213)

\*Preliminary Data for 2025

# HRSA Behavioral Health CQMs by Year

Measures	2023	2024	2025*	Target
Depression Screening and Follow-Up Plan (if positive, a follow-up plan is documented in EHR)	38.1%	69.7% (+31.6%)	69.5% (-0.2%)	63.0%
Depression Remission at Twelve Months (% of patients who reached remission 12 mos. After an event)	0.6%	9.9% (+9.3%)	6.8% (-3.1%)	15%
Initiation of Substance Use Disorder Treatment (initiating treatment within 14 days of new episode, to include therapy and/or medication)	n/a	n/a	0.5%	TBD
Initiation and Engagement of Substance Use Disorder Treatment (follow up within 34 days of initiation, to include ongoing treatment & 2 additional interventions or med. treatment events, or one long-acting medication event)	n/a	n/a	0.0%	TBD

\*Preliminary Data for 2025

# BH Provider Visits by Type and Year

The BH Team continues to increase access to care for the most vulnerable in our community:

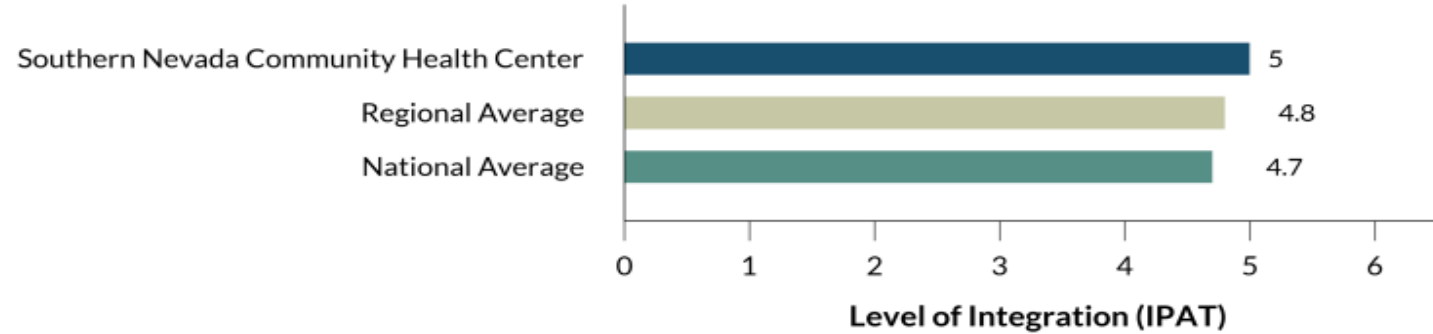
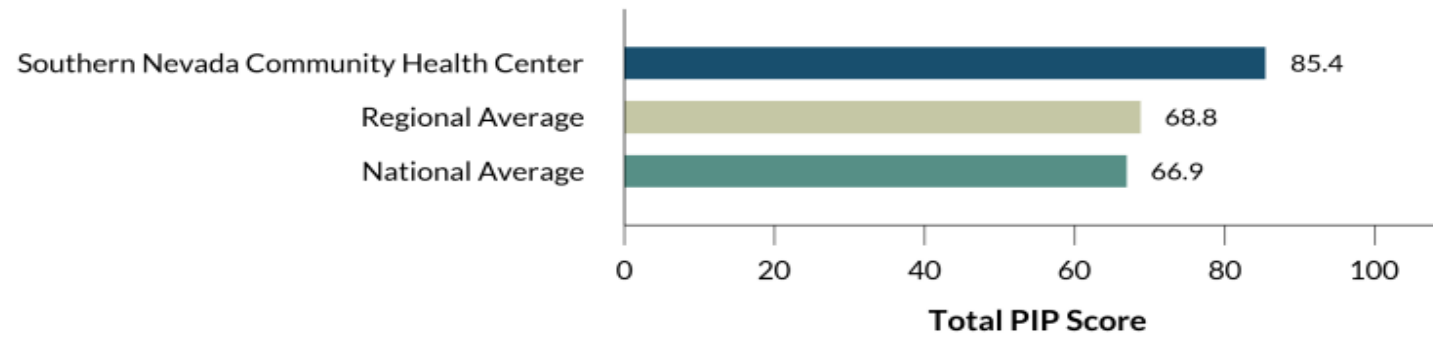
- CY23: 1,444 MH visits/526 patients
- CY23: 303 SUD visits/178 patients
  
- CY24: 1,447 MH visits/546 patients
- CY24: 657 SUD visits/343 patients
  
- CY25: 2,880 MH visits/830 patients
- CY25: 647 SUD visits/365 patients

# BeNCH Study

- In October 2025, University of Washington reached out asking SNCHC to take part in the Behavioral Health Integration Benchmarking Report.
- The study aims to highlight the value FQHCs provide to state Medicaid programs through integrated behavioral health services.
- The report includes site-specific results from both Decatur and Fremont health centers.
- Integration scores are based on two widely used tools: the Practice Integration Profile (PIP) and the Integrated Practice Assessment Tool (IPAT).
- *SNCHC's integration scores ranked higher than the national and regional averages.*

# BeNCH Report

## Organizational Integration Scores vs. Regional & National Benchmarks



# Marketing Efforts

- The Behavioral Health team is collaborating with SNHD's Office of Communications on a marketing campaign to inform Clark County of SNCHC's integrated care
- Social media posts, commercials and videos aim to normalize prioritizing one's physical and mental health
- Launch date(s) expected through March and April 2026

# Lessons Learned & Opportunities

- Recognizing the nuances between clinic sites when developing processes for Behavioral Health (e.g., integrated care at Fremont functions slightly different than at Decatur due to having one dedicated BH staff at Fremont).
- As the word continues to grow about Behavioral Health at SNCHC, being mindful of not stretching resources too thin with the current staffing.
- Continued communication improvement between SNCHC clinics as well as SNHD staff who may be impacted by any changes in the BH department (e.g., when group therapy started).
- Educating staff and employee opportunities to serve patients with chronic illness such as diabetes, hypertension or obesity who may need support managing their behaviors that contributed to their disease condition.

# Patient Success Story

A patient recently came to the Fremont Clinic for a medical visit. Our BH team member, Taryn, did a “warm hand off” with her on the same day. It was found that the patient was under the influence during the time of her initial visit. The patient was able to complete an initial assessment the following day with Taryn. She then met with Fremont’s Psychiatric Nurse Practitioner the day after meeting with Taryn for her initial psychiatric assessment.

This patient is motivated to improve both her physical and mental health. The patient was navigating both mental health and substance use concerns and was willing to enter a detox program. The Fremont Team did a beautiful job in coordinating her care. The patient continues to see her providers and most recently has been working towards sobriety and is no longer attending sessions under the influence.

SNCHC continues to improve access to care through integrated care. To give context, most patients wait three weeks or more to for an initial appointment with a psychiatric provider in Clark County.

Well, done, team!

The background of the slide features a close-up, vertical view of several green leaves, likely from a plant like a peace lily. The leaves are vibrant green and have a smooth, slightly glossy texture. They are arranged in a way that creates a sense of depth and movement, with some leaves in the foreground and others receding into the background. The lighting is soft, highlighting the veins of the leaves.

# Questions?

# Thank you!

Tabitha Johnson, LMFT, LCADC

702-759-0963

[johnsont@snhd.org](mailto:johnsont@snhd.org)

## MEMORANDUM

**Date:** April 21, 2026

**To:** Southern Nevada Community Health Center Governing Board

**From:** Randy Smith, MPA, Chief Executive Officer, FQHC <sup>RS</sup>  
Cassius Lockett, PhD, District Health Officer <sup>CL</sup>

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**Subject: Community Health Center FQHC Chief Executive Officer Report – March 2026**

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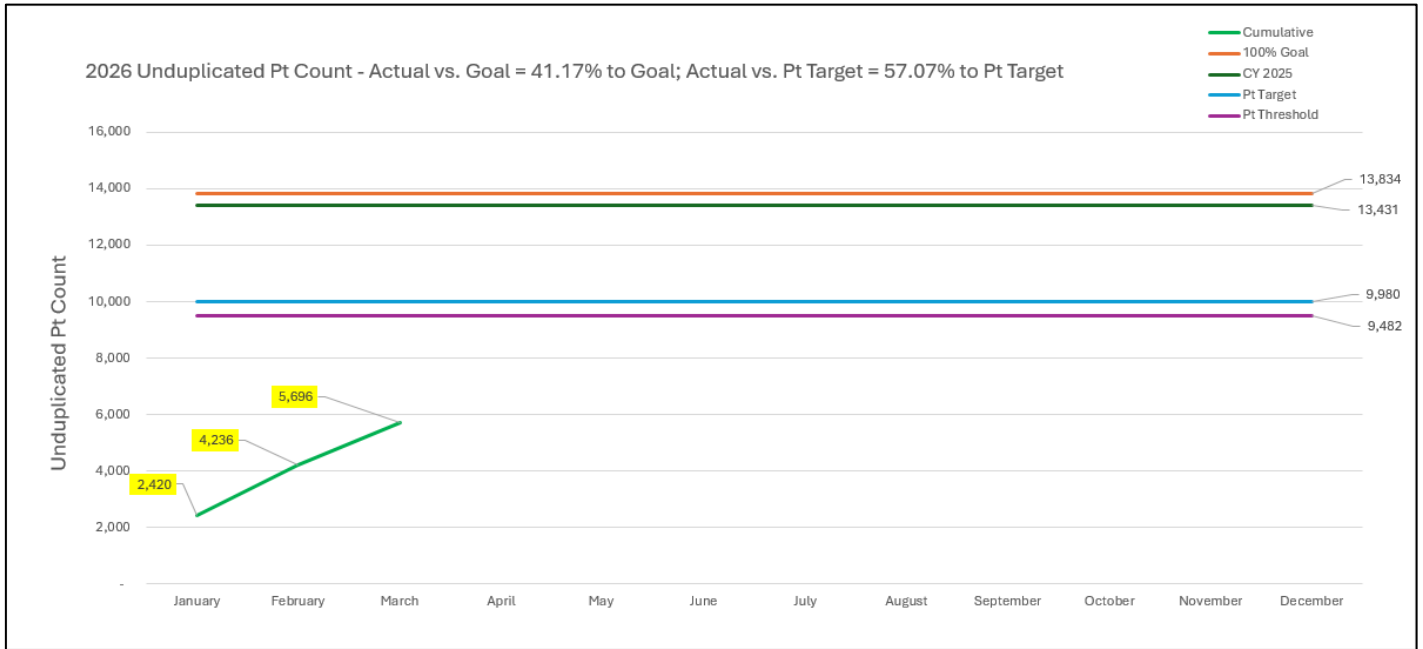
Division Information/Highlights: The Southern Nevada Community Health Center, a division of the Southern Nevada Health District, mission is to serve residents of Clark County from underserved communities with appropriate and comprehensive outpatient health and wellness services, emphasizing prevention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

### March Highlights - Administrative

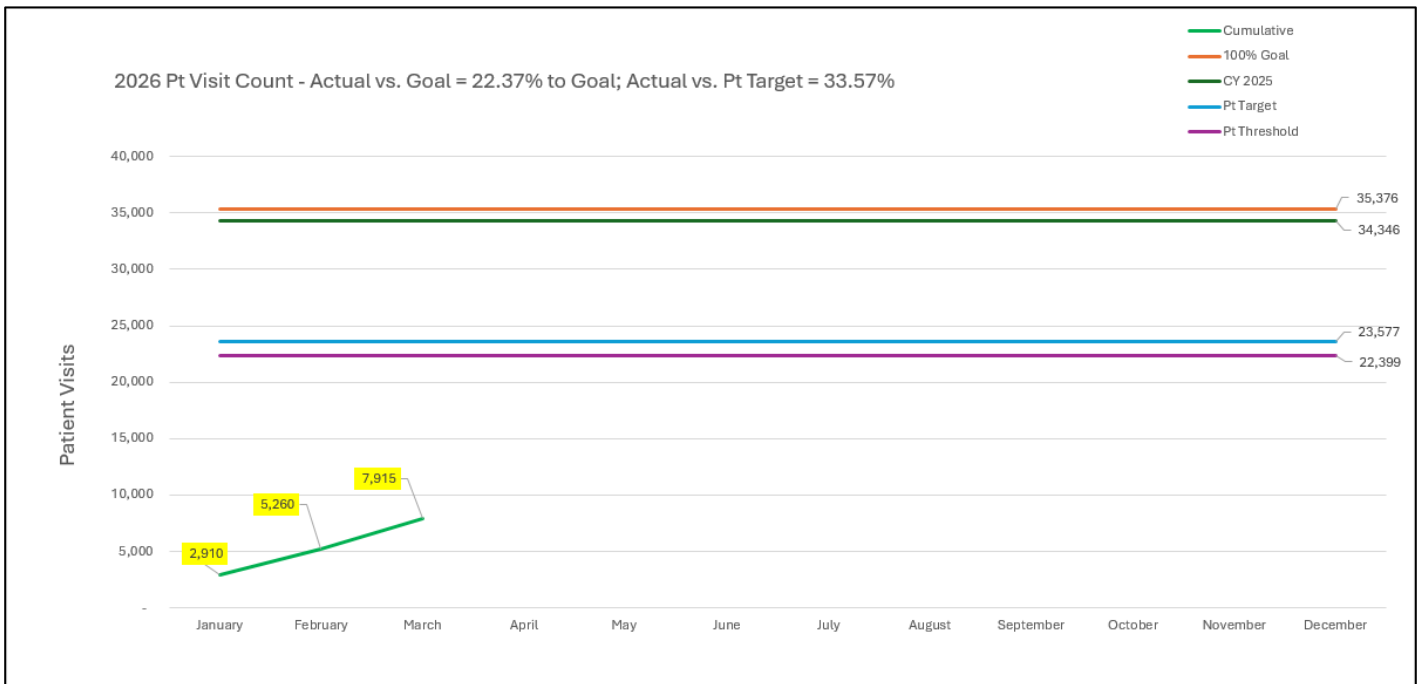
- Title X – Family Planning grant received at level funding for program year April 1, 2026 – March 31, 2027.
- Ryan White Part B grant reduced by approximately 75% (\$676,250) for program year April 1, 2026 – March 31, 2027. Scope of work narrowed with the elimination of the Retention, Eligibility, and Medical Case Management categories.
- CY26 1<sup>st</sup> Quarter Managed Care Organization Medicaid incentives represent the highest ever amount received by SNCHC.
- Patient Centered Medical Home (PCMH) transformation activities are ongoing.
- FTCA Redeeming activities for CY27 are ongoing.
- Recruitment for a mid-level (i.e., APRN or PA) provider for Decatur initiated.
- Recruitment for Clinical Staff Physicians for Decatur and Fremont are ongoing.
- Health Center response rate to the SNHD Organizational Vital Signs survey came in at 67% representing a 14% year-over-year increase.
- Planning for National Health Center Week (August 3<sup>rd</sup> – 7<sup>th</sup>) underway.

## Access

### Unduplicated Patients – March 2026



### Patient Visits Count – March 2026



**Provider Visits by Program and Site – March 2026**

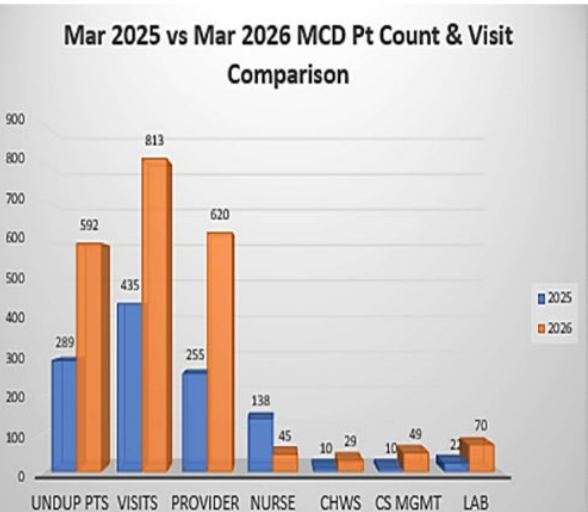
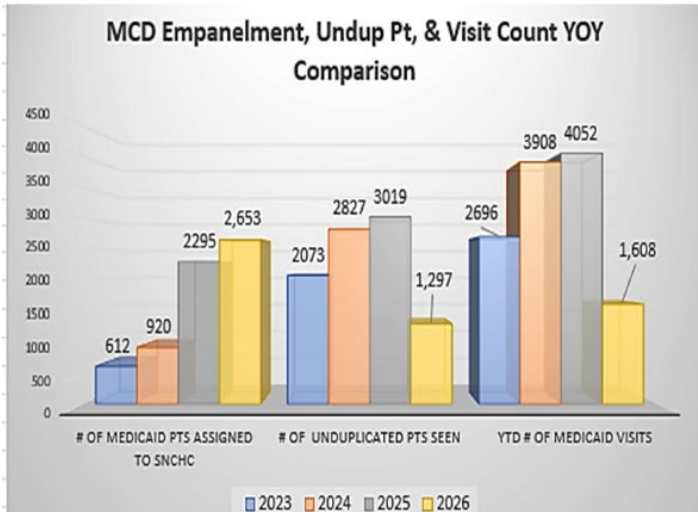
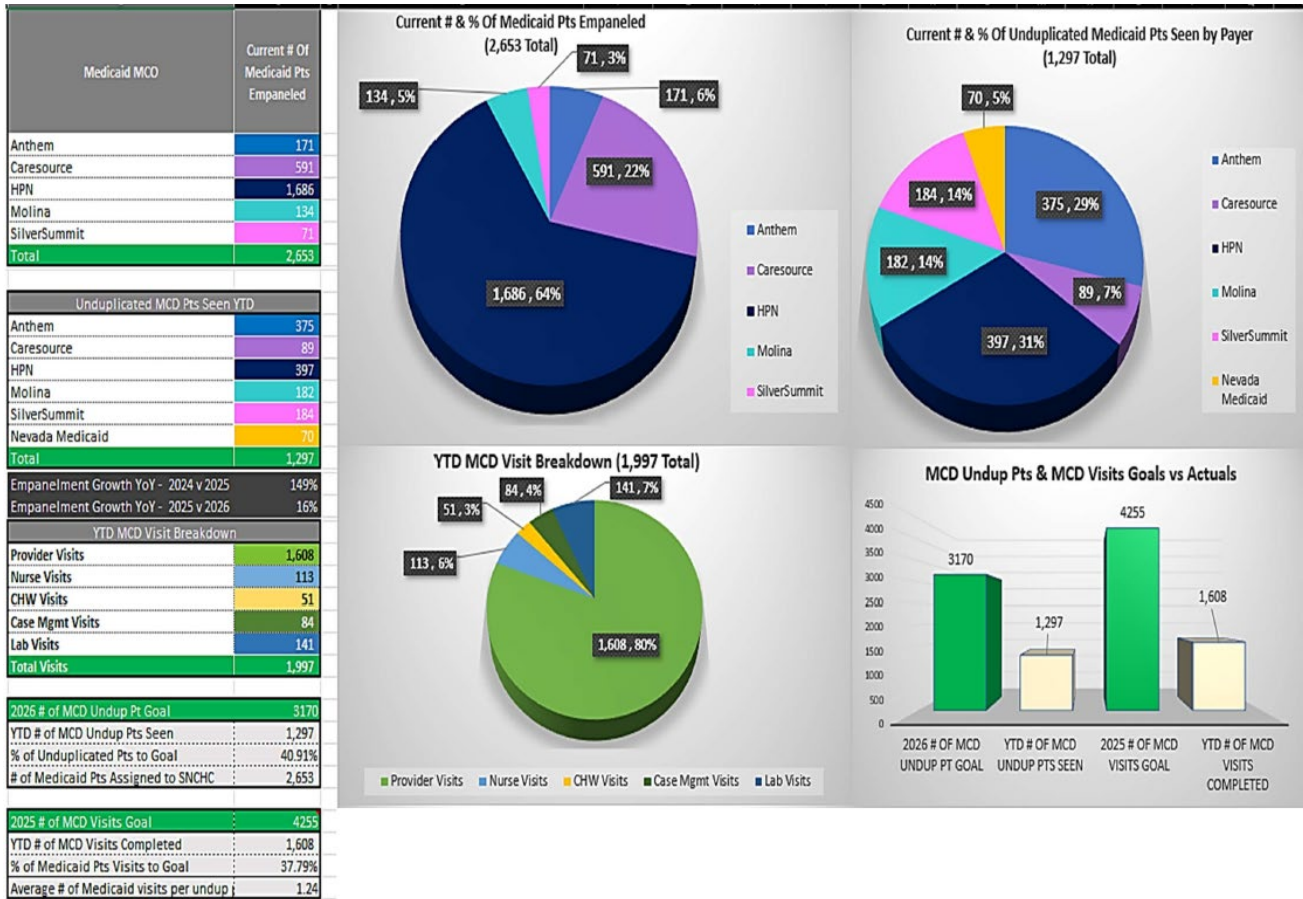
Facility	Program	MAR '26	MAR '25	MAR YoY %	FY26 YTD	FY25 YTD	FY YTD YoY%
Decatur	Family Health	839	783	7%	7,016	5,613	20%
Fremont	Family Health	448	462	-3%	4,361	3,290	25%
<b>Total</b>	<b>Family Health</b>	<b>1,287</b>	<b>1,245</b>	<b>3%</b>	<b>11,377</b>	<b>8,903</b>	<b>22%</b>
Decatur	Family Planning	206	236	-15%	1,284	1,523	-19%
Fremont	Family Planning	206	199	3%	1,560	1,294	17%
<b>Total</b>	<b>Family Planning</b>	<b>412</b>	<b>435</b>	<b>-6%</b>	<b>2,844</b>	<b>2,817</b>	<b>1%</b>
Decatur	Sexual Health	570	480	16%	4,902	4,544	7%
Fremont	Sexual Health	81	119	-47%	1,007	1,178	-17%
ASEC	Sexual Health				0	113	
<b>Total</b>	<b>Sexual Health</b>	<b>651</b>	<b>599</b>	<b>8%</b>	<b>5,909</b>	<b>5,835</b>	<b>1%</b>
Decatur	Behavioral Health	227	151	33%	1,646	1,131	31%
Fremont	Behavioral Health	160	119	26%	1,309	1,041	20%
<b>Total</b>	<b>Behavioral Health</b>	<b>387</b>	<b>270</b>	<b>30%</b>	<b>2,955</b>	<b>2,172</b>	<b>26%</b>
Decatur	Ryan White	240	253	-5%	2,064	2,060	0%
Fremont	Ryan White	35	28	20%	251	216	14%
<b>Total</b>	<b>Ryan White</b>	<b>275</b>	<b>281</b>	<b>-2%</b>	<b>2,315</b>	<b>2,276</b>	<b>2%</b>
<b>FQHC Total</b>		<b>3,012</b>	<b>2,830</b>	<b>6%</b>	<b>25,400</b>	<b>22,003</b>	<b>13%</b>

**Pharmacy Services**

	26-Mar	25-Mar		FY26 YTD	FY25 YTD		% Change YOY
<b>Client Encounters (Pharmacy)</b>	1,856	1,559	↑	15,460	12,846	↑	<b>20.3%</b>
<b>Prescriptions Filled</b>	3,374	2,681	↑	28,597	21,523	↑	<b>32.9%</b>
<b>Client Clinic Encounters (Pharmacist)</b>	71	100	↓	508	582	↓	<b>-12.7%</b>
<b>Financial Assistance Provided</b>	13	41	↓	133	312	↓	<b>-57.4%</b>
<b>Insurance Assistance Provided</b>	16	9	↑	130	96	↑	<b>35.4%</b>

- A. Dispensed 3,374 prescriptions 1,856 clients.
- B. Pharmacist completed 71 client clinic encounters.
- C. Assisted 13 clients to obtain medication financial assistance.
- D. Assisted 16 clients with insurance approvals.

## Medicaid Managed Care Organization (MCO)



Calendar Year Comparisons	2023	2024	2025	2026
# of Medicaid Pts Assigned to SNCHC	612	920	2295	2,653
# of Unduplicated Pts Seen	2073	2827	3019	1,297
Goal of Medicaid Visits		2831	4104	4255
YTD # of Medicaid Visits	2696	3908	4052	1,608
% of Medicaid Pts Seen to Goal	#DIV/0!	138.04%	101.68%	40.91%
Average # of Medicaid visits per undup pt	1.30	1.38	1.34	1.24

February	2025	2026	Change	Change
MCD Undup Pts	289	592	303	104.84%
MCD Visits	435	813	378	86.90%
MCD Provider	255	620	365	143.14%
MCD Nurse	138	45	-93	-67.39%
MCD CHWs	10	29	19	190.00%
MCD CS Mgmt	10	49	39	390.00%
MCD Lab	22	70	48	218.18%

## Behavioral Health Services

- A. Behavioral Health Manager and therapist Norma Ramirez Rodriguez are coordinating with UNLV to onboard a social work practicum student scheduled to begin in Summer 2026.
- B. Behavioral Health and SNCHC are collaborating with the Office of Disease Surveillance to continue educating staff on available wellness resources, including CredibleMind.

## Family Planning Services

- A. Family Planning program access was down 6% in March and is up 1% year-over-year. Program team administrators and clinical staff are working with SNHD's Quality Improvement and Accreditation Program Manager on a quality improvement project to increase access to care. Same day walk-ins have emerged as a viable strategy to overcome high no-show rates amongst patients with scheduled appointments. Walk-in services are available at Decatur Wednesday and Thursday. This project is ongoing.
- B. The health center has been notified that its Title X grant for year five of five is being funded. For the program year April 1, 2026, through March 31, 2027, the health center has been awarded flat funding of approximately \$1.3 million.

## HIV/Ryan White Program Services

- A. The Ryan White program received 69 referrals between March 1<sup>st</sup> and March 28<sup>th</sup>. There were two (2) pediatric clients referred to the Medical Case Management in March, and the program received zero (0) referrals for pregnant women living with HIV during this time.
- B. There were 800 service encounters provided by the Ryan White Linkage Coordinator, Eligibility Worker, Care Coordinators, Nurse Case Managers, Community Health Workers, and Health Educator. There were 394 unique clients served under these programs in March.
- C. The Ryan White ambulatory clinic provided a total of 501 visits in the month of March, including 15 initial provider visits, 231 established provider visits including two (2) tele-visits to an established patient. Additionally, there were 23 nursing visits and 232 lab visits provided. There were 74 Ryan White services provided under Behavioral Health by licensed mental health practitioners and the Psychiatric APRN during the month of March. There were 12 Ryan White clients seen by the Registered Dietitian under Medical Nutrition services in March.
- D. The Ryan White clinic provides Rapid StART services, with 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 six (6) patients seen under the Rapid StART Program in March.

## FQHC-Sexual Health Clinic (SHC)

- A. The Sexual Health Clinic (SHC) clinic provided 690 unique services to 620 unduplicated patients for the month of March.
- B. There are currently more than 100 patients receiving injectable treatment for HIV prevention (PrEP).
- C. The 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) on 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. The SHC continues to refer pregnant patients with syphilis and patients needing complex STI evaluation and treatment to PPC SHOPP for nurse case management services.
- D. Staff attended Training in 360 PSYCH and R.E.S.E.T (Recognizing Epilepsy & Seizure Education & Training)

## Refugee Health Program (RHP)

Refugee Health Program for the month of March.

Client required medical follow- up for Communicable Diseases	-
Refugee Health Screening for Ova and Parasites (positive tests)	0
Referrals for TB issues	0
Referrals for Chronic Hep B	0
Referrals for STD	0
Pediatric Refugee Exams	1
Clients encounter by program (adults)	5
<b>Refugee Health Screening for March 2026</b>	<b>6</b>
<b>Total for FY25-26</b>	<b>38</b>

## Outreach/In Reach Activity

Number of events	3- Outreach 85 - In reach
Number of people reached	128
Number of people linked to the clinic	0
Number of hours dedicated to outreach	3

## Eligibility and Insurance Enrollment Assistance

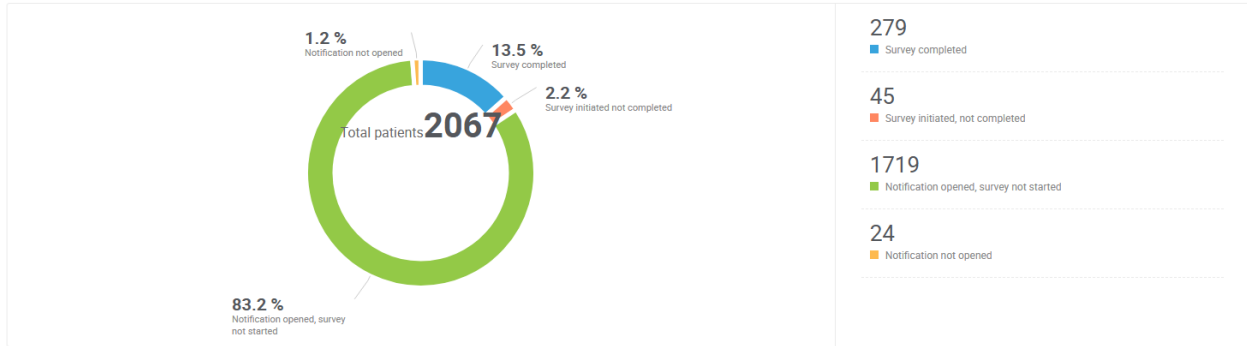
Patients in need of assistance continue to be identified and referred to community partners for help with determining eligibility for insurance and assistance with completing applications. Partner agencies are collocated at both health center sites to facilitate warm handoffs for patients in need of support.

## Patient Satisfaction: See attached survey results.

SNCHC continues to receive generally favorable responses from survey participants when asked about ease of scheduling an appointment, waiting 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 2026

## Overview



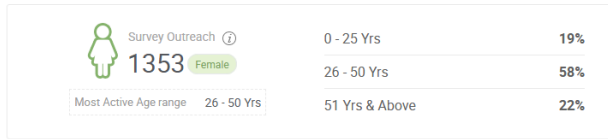
279  
Survey completed

45  
Survey initiated, not completed

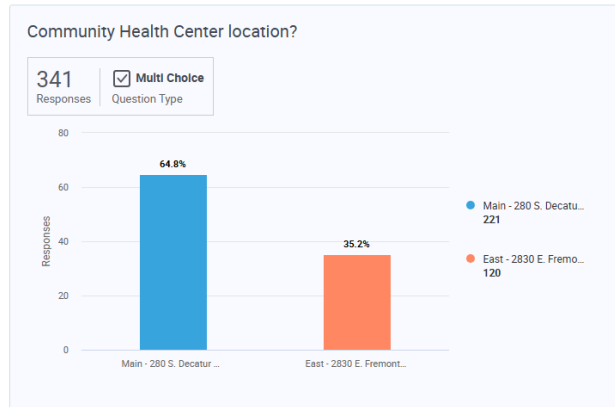
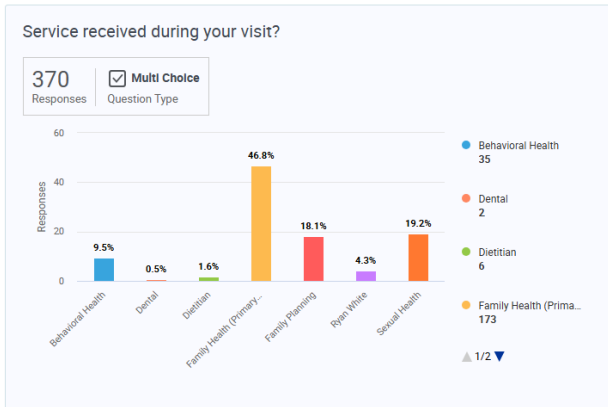
1719  
Notification opened, survey not started

24  
Notification not opened

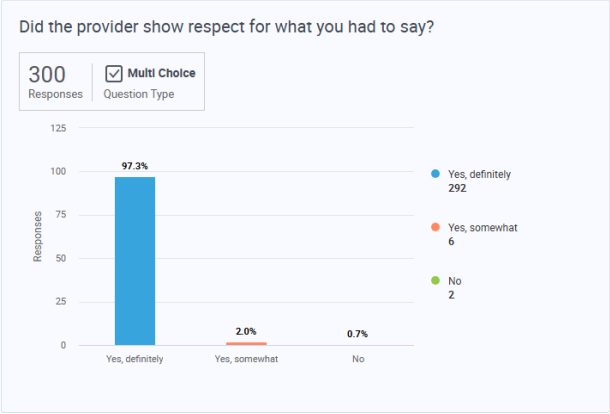
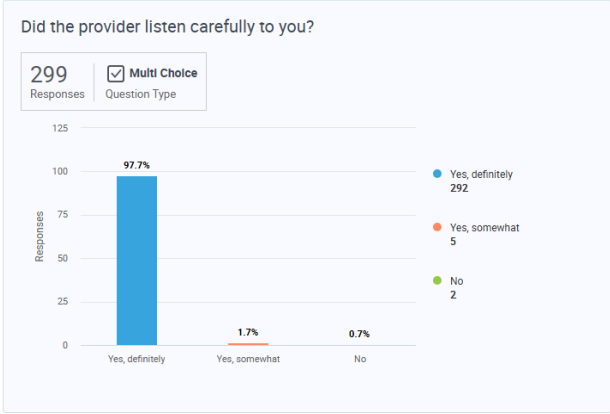
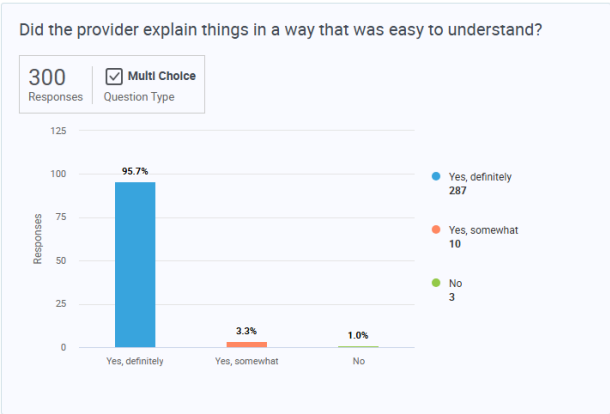
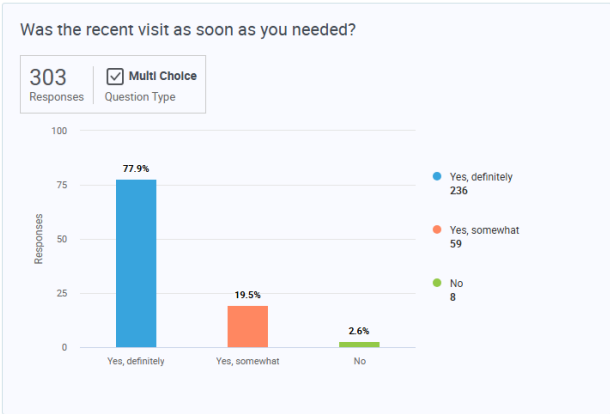
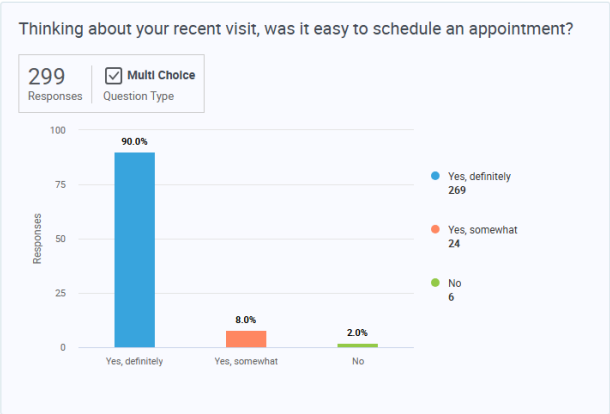
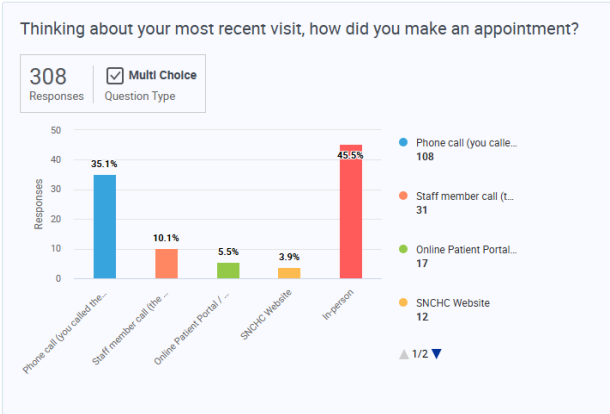
### Gender



## Service and Location

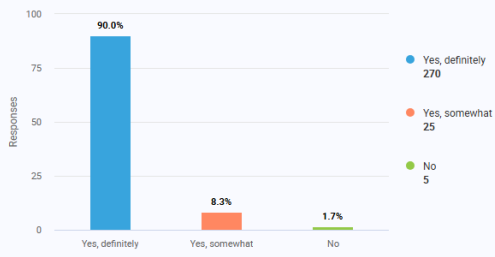


# Provider, Staff, and Facility



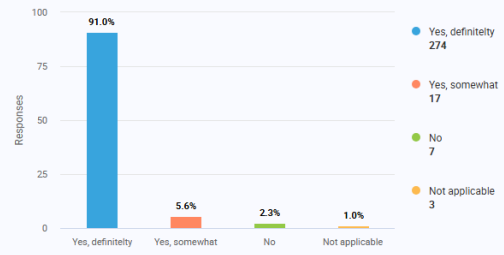
Did the provider spend enough time with you?

300 Responses  Multi Choice Question Type



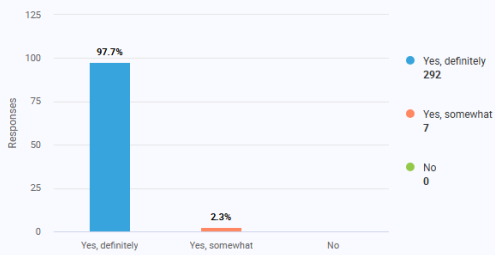
Were you satisfied with how the staff worked to address your healthcare needs (example: outstanding referrals, medications, labs, or diagnostics results)?

301 Responses  Multi Choice Question Type



Did the staff treat you with courtesy and respect?

299 Responses  Multi Choice Question Type



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

301 Responses  Multi Choice Question Type



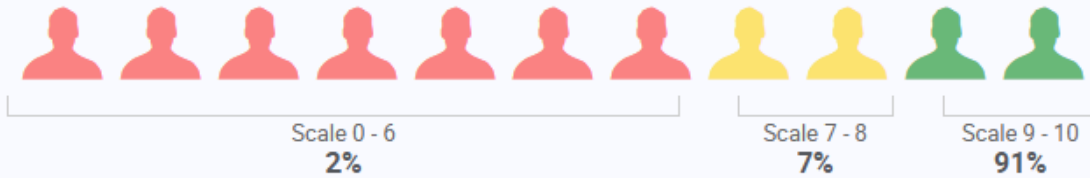
How would you rate the overall care you received from your provider, where 0 is the worst and 10 is the best?

301  
Responses

123 Numbers  
Question Type

89

Net Promoter Score (NPS)



7

Scale 0 - 6

21

Scale 7 - 8

273

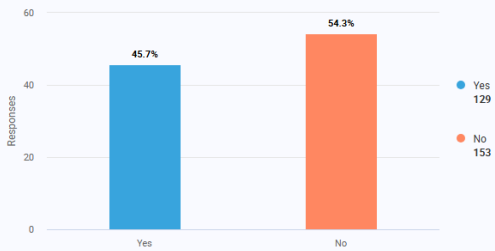
Scale 9 - 10

## General Information

Do you have health insurance?

282  
Responses

Multi Choice  
Question Type



How did you hear about us?

303  
Responses

Multi Choice  
Question Type

