

**SOUTHERN NEVADA COMMUNITY HEALTH CENTER
POLICY AND PROCEDURE**

DIVISION:	Federally Qualified Health Center	NUMBER(s): CHCA-003
PROGRAM:	Finance	VERSION: 1.0 1 <u>2</u>
TITLE:	Patient Collections Policy	Page: 1 of 3
DESCRIPTION:	To establish guidelines for billing and collection for patients receiving medical, behavioral health, and dental services.	EFFECTIVE DATE:
APPROVED BY:		ORIGINATION DATE: June 14, 2022
CHIEF EXECUTIVE OFFICER:		Replaces: CHCA-003, Effective 06/14/2022 <u>April 16, 2024</u>
	Randy Smith	Date

I. PURPOSE

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

II. SCOPE

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

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

III. POLICY

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

IV. PROCEDURE

- A. All Southern Nevada Community Health Center (SNCHC) patients are eligible to apply for a sliding fee discount. Uninsured or under-insured patients who are not willing to apply for discounts or who are not income eligible for discounts are assessed the full charge for services.
1. Patients with incomes above 200% of the Federal Poverty Guidelines (FPG) who are not eligible for a sliding fee discount may receive a Point of Care Discount of 50% if they make their payment at the time of their appointment.
- B. Collection of fees is the responsibility of Health District staff at the point of care. If a patient leaves the Health District site without paying for services, reasonable attempts to secure payment will be made according to the following guidelines:
1. Fees may be waived at the Health District's discretion, based on a hardship. Hardships are defined as an inability to pay for services rendered due to negative life experience(s). Examples may include, but are not limited to the following:
 - a. Financial crisis
 - b. A medical condition, mental health disorder, or substance use disorder resulting in multiple visits
 - c. Homelessness
 - d. A catastrophic life events
 - e. Domestic Violence; or
 - f. If a patient present to clinic sites for services and their record indicates an outstanding balance is owed, clinic staff will attempt to secure payment for the outstanding balance in accordance with applicable regulations regarding fee collection/billing guidelines.
 - g. Patients with balances receive statements showing the outstanding amount due and payment options.
 - a. Patients are provided the contact information to the billing department for assistance with any questions or concerns they may have about their statements.
 2. If a patient does not present for services and/or a patient's record reflects an outstanding balance due that has aged 12 months or greater from the date of service, the Health District will write-off the debt as part of its on-going commitment to ensure access to health care for low-income clients. If the Health District is provided written notification that a patient has moved, filed for bankruptcy, or is deceased, then that patient's account can be written off in full at that time.
- C. The Health District makes every reasonable effort to secure payment for services from patients, in accordance with Health District fee schedules and any corresponding schedule of discounts. Patients who refuse to pay will not be denied services.

- D. The Health District maintains a schedule of fees for the provision of its services that is consistent with locally prevailing rates and is designed to cover reasonable costs of operation.
- E. Southern Nevada Community Health Center is recognized by CMS as a Federally Qualified Health Center entitled to cost base reimbursement for Medicare and Medicaid services. Separate site-specific ID numbers are maintained as required.
- F. The Health District adheres to all requirements and guidelines for Medicare and Medicaid practice as determined by the Centers for Medicare and Medicaid Services (CMS) and the State Medicaid authority Nevada Medicaid.
- G. Billing for services rendered will occur at appropriate intervals. This will be no less than weekly for third party activity and monthly for patient pay amounts. Denials will be worked no less than weekly.
- H. Patients will be notified in writing ahead of time ~~ofte~~ any additional costs for supplies and equipment related to but not included in the service when applicable.
- I. The Health District establishes systems for insurance eligibility determination and for billing/collections with respect to third party payors. The Health District makes every reasonable effort to enter contractual or other arrangements to collect reimbursement of its costs with the appropriate agency(s) of the state which administers or supervises the administration of:
 - 1. A state Medicaid plan approved under Title XIX of the Social Security Act for the payment of all or a part of the center's costs in providing health services to persons who are eligible for such assistance; or
 - 2. CHIP under Title XXI of the Social Security Act with respect to individuals who are state CHIP beneficiaries.

V. REFERENCES

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

HISTORY TABLE

Table 1: History

Version/Section	Effective Date	Change Made
<u>Version 2</u>		<u>1. Review and correction a word in section H.</u>
Version 1	04/16/2024	1. <u>2.</u> Revisions for clarity only. 2. <u>3.</u> Updated procedures.
Version 0	06/14/2022	First issuance, origination date June 14, 2022

VI. ATTACHMENTS

Not Applicable