APPROVED BY THE SNCHC GOVERNING BOARD
MAY 20, 2025

MINUTES

SOUTHERN NEVADA COMMUNITY HEALTH CENTER GOVERNING BOARD MEETING
April 15, 2025 – 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 Scott Black Erin Breen Marie Dukes Blanca Macias-Villa Jose Melendrez
ABSENT:	Brian Knudsen Ashley Brown Luz Castro
ALSO PRESENT	
LEGAL COUNSEL:	Heather Ander-Fintak – General Counsel Edward Wyner, Associate General Counsel
CHIEF EXECUTIVE OFFICER:	Randy Smith
STAFF:	Emily Anelli, Tawana Bellamy, Todd Bleak, Donna Buss, Robin Carter, Maria Calito, Andria Cordovez Mulet, Xavier Gonzales, Richard Hazeltine, David Kahananui, Ryan Kelsch, Cassius Lockett, Cassondra Major, Keanu Medina, Bernadette Meily, Kimberly Monahan, Emma Rodriguez, Kim Saner, Justin Tully, Donnie Whitaker, Edward Wynder, Merylyn Yegon

I. CALL TO ORDER and ROLL CALL

The Chair called the Southern Nevada Community Health Center (SNCHC) Governing Board Meeting to order at 2:30 p.m. A quorum was not established.

II. RECOGNITION

1. **Southern Nevada Health District – March Employee of the Month**
   - Keanu Medina
   - Maria Calito

Chair Feliz-Barrows recognized Keanu Medina, a Community Health Worker and Maria Calito, a Medical Assistant, for receiving the Southern Nevada Health District's April Employee of the Month. Ms. Bellamy read an excerpt of their nominations into the record. On behalf of the SNCHC Governing Board, the Chair congratulated Mr. Medina and Ms. Calito.

Member Coca shared that she was touched by the stories shared for each person recognized. Member Coca further shared It shows the importance, and it is good for the board members to see the people and hear their stories. Member Coca thanked Mr. Medina and Ms. Calito for their hard work, it is really amazing.

Member Macias-Villa joined the meeting at 2:32 p.m.
Member Dukes joined the meeting at 2:33 p.m.
Member Black joined the meeting at 2:34 p.m.

Chair Feliz-Barrows shared that during one of the HRSA sessions with the board members, she felt that by being online she was not able to fully participate. Chair Feliz-Barrows further shared that it made her think of the board members who participate online. Chair Feliz-Barrows wants to make sure board members feel they are being heard and acknowledged and ask them to let her or Mr. Smith know if they are not.

Member Black thanked Chair Feliz-Barrows for acknowledgement and awareness of board members participating online.

Tawana Bellamy, Senior Administrative Specialist, administered the roll call and confirmed a quorum. Ms. Bellamy provided clear and complete instructions for members of the general public to call in to the meeting to provide public comment, including a telephone number and access code.

III. PLEDGE OF ALLEGIANCE

Heard out of order.

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 five (5) minutes per speaker. Please clearly state your name and address and spell your last name for the record. If any member of the Board wishes to extend the length of a presentation, this may be done by the Chair or the Board by majority vote.

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

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

V. ADOPTION OF THE APRIL 15, 2025, MEETING AGENDA *(for possible action)*

Chair Feliz-Barrows called for questions or changed to the agenda. There were none.

A motion was made by Member Coca, seconded by Member Black, and carried unanimously to approve the April 15, 2025 meeting agenda, as presented.

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**: March 18, 2025 *(for possible action)*

2. **Approve the Re-Credentialing and Renewal of Privileges for Providers;** direct staff accordingly or take other action as deemed necessary *(for possible action)*
   - Alireza Farabi, MD, PC
   - Jerry Cade, MD

3. **Approve CHCA-035 Accessibility and Responsiveness of Services Policy;** direct staff accordingly or take other action as deemed necessary *(for possible action)*

4. **Approve CHCA-036 Infection Prevention and Control Policy;** direct staff accordingly or take other action as deemed necessary *(for possible action)*

5. **Approve the Federal Poverty Level (FPL) guidelines;** direct staff accordingly or take other action as deemed necessary *(for possible action)*

   Chair Feliz-Barrows called for questions or changed to the agenda. There were none.

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

VII. REPORT / DISCUSSION / ACTION

1. **Review, Discuss and Approve the Plan to Correct Findings Identified from the HRSA Operational Site Visit (OSV);** direct staff accordingly or take other action as deemed necessary *(for possible action)*

   Randy Smith, Chief Executive Officer, FQHC provided an overview of the HRSA OSV Response Plan.

   Mr. Smith thanked the board members who were able to participate in the entrance and exit conference, as well as the lunch with the reviewers. Mr. Smith also thanked the health center's leadership team and staff involved in preparing for the HRSA audit. Mr. Smith further thanked Dr. Lockett, District Health Officer and the executive leadership team, Ms. Whitaker, Chief Financial Officer and her team, and Ms. Anderson-Fintak, General Counsel

   Mr. Smith advised that it was an excellent visit and the HRSA review team was highly complimentary of the visit and acknowledged how well the audit was. Mr. Smith shared that there were over four hundred elements the reviewer audited, and they found the health center to be out of compliance with only six of them.

   Mr. Smith shared the following findings with the corrective action plan and expected completion date.

Chapter/Area	Element	Description of Deficiency	Corrective Action	Completion Date
Required and Additional Health Services	A	Providing and documenting services within the scope of project.	Review HRSA required and additional services and update FORM 5a. Obtain board approval to complete Change in Scope (CIS) requests. Submit CIS requests through the EHB.	April 30, 2025
Clinical Staffing	C	Procedures for reviewing credentialing.	Revise board approved Credentialing and Privileging policy to include the completion of all required credentialing items for LIPs, OLCPs, and OCS.	July 31, 2025
	E	Credentialing and privileging records.	Update employee files and tracking spreadsheet for LIPs, OLCPs, and OCS to include all required credentialing and privileging documentation.	July 31, 2025
	F	Credentialing and privileging of contracted referral providers.	Revise and approve new agreements with SimonMed Imaging and Access Nurse PM, LLC with required privileging language.	July 31, 2025
Billing and Collections	G	Accurate Patient Billing	Conduct an initial follow-up training session for the front office around the correct procedures for accurate patient billing (e.g., sliding fee charges, POC discounts, & co-pays). Establish a standard operating procedure and implement an annual training program.	June 30, 2025
Board Authority	C	Exercises required authorities and responsibilities.	Review HRSA FORM 5b. Discuss and seek board approval of the health center's sites and hours of operation. Calendar this activity to occur every 12 months with the governing board.	April 30, 2025

Mr. Smith further shared HRSA's process and what happens after the review team's report is submitted to HRSA and sent back to the health center.

Member Coca shared that the HRSA review team indicated that she asks a lot of questions during board meetings. Member Coca noted that they really had read everything. Member Coca commented that considering all of the questions and documents the reviewers had to read, there were very limited findings, and they were very impressed with our health center. Member Coca commended the health center on what staff have done and that she has confidence that the findings will be taken care of.

Member Breen echoed Member Coca's comments and added that the HRSA reviewers were very complementary to the staff.

Chair Feliz-Barrows commented that everyone has done an incredible job. Even to the staff that feel what they do does not matter, because it is everyone doing their jobs correctly that there were limited findings. Chair Feliz-Barrows shared how incredibly proud she was of everyone and that it is an honor to be the chair.

Chair Feliz-Barrows called for further questions or comments and there were none.

A motion was made by Member Coca, seconded by Member Black, and carried unanimously to approve the Plan to Correct Findings Identified from the HRSA Operational Site Visit, as presented.

2. **Review, Discuss and Approve Services on Form 5A and Change in Scope;** direct staff accordingly or take other action as deemed necessary *(for possible action)*

David Kahananui, FQHC Administrative Manager, provided an overview of the health center's services. The HRSA Form 5A was reviewed. Mr. Kahananui reviewed the three different types of services; required, additional, and specialty services. A review of the three different modes of delivery service was provided. They include the health center:

- Provides the service directly – Column 1
- Pays for the service on behalf of the patient - Column 2
- Has a formal referral agreement with an outside organization and the patient pays for the service. - Column 3

Mr. Kahananui discussed the review that occurred during the OSV and the identified corrections needed to bring the health center's services in alignment with Form 5A. Additionally, Mr. Kahananui reviewed the Change in Scope process for requesting updates to the health center's approved scope of work as recorded on Form 5A.

Member Melendrez joined the meeting at 2:56 p.m.

Mr. Kahananui further reviewed the specifically required changes needed on Form 5A and brought forward the proposed Changes in Scope to correct the OSV compliance findings.

Chair Feliz-Barrows called for questions and there were none.

A motion was made by Member Coca, seconded by Member Breen, and carried unanimously to approve the Services on Form 5A and Change in Scope, as presented.

3. **Review, Discuss and Approve Form 5B - Locations and Hours of Operations;** direct staff accordingly or take other action as deemed necessary *(for possible action)*

Mr. Kahananui presented the health center's Form 5B – Locations and Hours of Operations on record and advised that the review of the information on an annual basis is a HRSA requirement, regardless of whether or not any changes are needed. Mr. Kahananui provided an overview of the information contained in the Form 5B for the Southern Nevada Health District's Decatur and Fremont locations and the Mobile Unit. A review of the health center's site locations and hours of operations was provided. Mr. Kahananui also reviewed the service area zip codes assigned to each location.

Further to an inquiry from Member Coca about the serving zip codes 89030 not listed for the Decatur location but is for the mobile clinic. Mr. Kahananui advised there are different sets of zip codes for each location and 89030 is listed at the Fremont location. Mr. Kahananui further advised that the mobile unit covers the entire area for both locations.

Further to an inquiry from Member Coca, Mr. Kahananui advised that there are plans to increase the utilization of the mobile clinic.

Chair Feliz-Barrows called for further questions and there were none.

A motion was made by Member Coca, seconded by Member Melendrez, and carried unanimously to approve Form 5B - Locations and Hours of Operations, as presented.

4. **Receive, Discuss and Accept the February 2025 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 2025 Year to Date Financial Report with the following highlights.

Revenue

- General Fund revenue (Charges for Services & Other) was $23.07M compared to a budget of $21.98M, a favorable variance of $1.09M.
- Special Revenue Funds (Grants) were $4.44M compared to a budget of $5.42M, an unfavorable variance of $980K.
- Total Revenue was $27.52M compared to a budget of $27.40M, a favorable variance of $120K.

Expenses

- Salary, Tax, and Benefits was $9.09M compared to a budget of $9.43M, a favorable variance of $347K.
- Other Operating Expense was $18.84M compared to a budget of $18.61M, an unfavorable variance of $239K.
- Indirect Cost/Cost Allocation was $5.35M compared to a budget of $5.65M, a favorable variance of $304K.
- Total Expense was $33.28M compared to a budget of $33.69M, a favorable variance of $412K.

Net Position: was negative $5.77M compared to a budget of negative $6.29M, a favorable variance of $528k.

Ms. Whitaker further reviewed 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 by Clinic
- Year to Date Month to Month Comparison by Department and by Type (Revenue, Expense and Transfer)

Chair Feliz-Barrows called for questions and there were none.

A motion was made by Member Black, seconded by Member Breen, and carried unanimously to accept the February 2025 Year to Date Financial Report, as presented.

5. **Receive, Discuss and Accept the FY26 Budget**; direct staff accordingly or take other action as deemed necessary *(for possible action)*

Ms. Whitaker presented the FY26 Budget, covering July 1, 2025 to June 30,2026, with the following highlights.

Staffing:
- Staff for FY26 is projected to be 126.5 FTEs compared to FY25 augmented budget of 121.7 FTEs.

Revenue:
- General Fund revenue is projected at $39.1M in FY26, an increase of $6.1M from the FY25 augmented budget.
- Special Revenue Fund (Grants) is projected at $7.6M in FY26, a decrease of $500K from FY25 augmented budget.

Expense:
- FQHC combined expenditures for FY26 budget is $61.3M compared to $51.6M from FY25 augmented budget.

Revenues - General & Special Revenue Fund Summary

General Fund:
- Total Charges for Services revenue is proposed at $37.5M, an increase of $6.1M, compared to $31.4M from FY25 augmented budget.
    - *Major component of Charges for Services revenue was Pharmacy which continues to increase at $35.2M compared to $29.1M from FY25 augmented budget.

Special Revenue Fund
- Federal (Grants) revenue decreases from $8.1 in the FY25 augmented budget to $7.6M proposed.

Expenditures General & Special Revenue Fund Summary
- Primary Care's combined expenses increased from $6.5M in the FY25 augmented budget to $8.0M in FY26 proposed budget. This was primarily due to an increase in salaries & Benefits of $687k and cost allocations of $619k from FY25 augmented budget.
- Ryan White combined expenses increased from $3.9M in the FY25 augmented budget to $5.4M in FY26 proposed budget. This was primarily due to an increase in salaries & benefits of $1.1M and cost allocations of $500K. In FY26, Ryan White increased their FTE from 26.6 to 32, an increase of 5.4.
- General Fund Pharmacy total expenses are projected at $37.1M. Pharmacy medication expenses increased from $23.9M to $28.4M, a $4.5M increase from FY25 augmented budget.
- Total salaries and benefits for General & Grants funds is $16.6M, 27.1% of total FQHC expenditures. More than 38.9% of personnel expense are supported by grants. FY26 budget includes a full year of salaries and benefits for vacant positions that were partially accounted for in the FY25 Augmented budget. Additionally, FY26 proposed budget includes a 4% COLA, 2.5% Merit and the impact of the 3.25% PERS increase that is effective July 1, 2025 (1/2 of the PERS increase is paid by SNHD)

Staffing FY2026
- Total 2024/2025 Adopted – 121
- Total 2024/2025 Amended – 121.7

- Total 2025/2026 Estimated – 126.5
- Total FTE Change (FY25 vs FY 26) – 4.8

Chair Feliz-Barrows called for questions and there were none.

A motion was made by Member Melendrez, seconded by Member Coca, and carried unanimously to accept the FY26 Budget, as presented.

6. **Receive, Discuss and Approve 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 advised of the HRSA Sliding Fee Program requirements. Mr. Smith provided an overview of how the Sliding Fee Program works, noting that all patients are seen regardless of their ability to pay, and patients are not sent to collections to recover outstanding payments.

Mr. Smith advised that a Point of Care Discount of 50 percent is offered to patients who do not qualify for the Sliding Fee Discount and are charge the full fee at the time of their visit. Mr. Smith shared that the intent is to remove access barriers for patients who may forgo receiving care based on the communicated full charges and to also generate income from patients who are able to pay.

Mr. Smith further provided an overview a market analysis that was done to compare the health centers fees with other federally qualified health centers in Nevada.

Mr. Smith reviewed the sliding fee schedules for each program, and he is not recommending any fee changes.

Chair Feliz-Barrows called for questions and there were none.

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

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

Mr. Smith presented the Sliding Fee Policy and shared the following changes:

- Updated titles
- Updated links in references.
- Added a new item under IV. Procedure, E, Other to cover patients under the integrated care model.
    - For patients who are using the sliding fee schedule, and who are receiving more than one service in a day, the first sliding fee charge will be imposed and any additional sliding fee charges for that day's services will be waived.

Chair Feliz-Barrows called for questions and there were none.

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

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

   Ms. Whitaker presented the Clinical Master Fee Schedule and advised the billing fee schedule is reviewed annually to add new fees or adjust existing fees. Ms. Whitaker further advised the annual review of fees allows for changes on an ongoing basis to stay consistent with the local medical community's prevailing rates. These regular fee updates position Southern Nevada Health District (SNHD) to maximize allowable reimbursement from contracted insurances and Medicare. Ms. Whitaker advised uninsured patients will see minimal, or no impact based on the availability of the sliding fee and point of care discounts. Ms. Whitaker further advised the changes would go into effective May 1, 2025, if approved.

   Chair Feliz-Barrows called for questions and there were none.

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

   Member Black left the meeting at 4:02 p.m. and did not return.

9. **Review, Discuss and Approve the CY24 Annual Risk Management Report and CY25 Goals;** direct staff accordingly or take other action as deemed necessary *(for possible action)*

   Mr. Kahananui presented the CY24 Annual Risk Management Report and CY25 Goals. Mr. Kahananui advised that FTCA requires an annual risk management report that covers all activity for the previous year be presented to the board. Mr. Kahananui further advised that the report is included in the application process.

   Mr. Kahananui shared the Quarterly Risk Assessments conducted in CY2024.
   - Q1 Risk Assessment - Ambulatory Medical and Dental Risk Management Assessment (ECRI Tool)
   - Q2 Risk Assessment – HIPAA Risk Assessment (SNHD Compliance Tool)
   - Q3 Risk Assessment – Infection Prevention and Control (ECRI Tool)
   - Q4 Risk Assessment – Obstetric Services Risk Assessment (ECRI Tool)

   Mr. Kahananui further provided an overview of the activities and data for CY2024:
   - Incident Reporting and Peer Reviews
   - FTCA Required Annual Training Compliance
     - Annual Risk Training was not conducted in 2024.
     - Discovery of this gap happened during a HRSA FTCA clinic training.
     - The Risk Training Plan was amended to include a regular review of the training tracker by the leadership team to prevent any gaps in training.
     - Contacted HRSA for guidance and they advised transparency regarding the training gap, along with submitting a corrective action plan with the application.
     - FTCA required training was immediately provided to staff and was completed in March of 2025.
     - Ensured staff was trained and was upholding the standards necessary to qualify for FTCA.
   - Risk and Patient Safety Activities
   - Credentialing and Privileging Tracker
   - Claims Management

Mr. Kahananui further presented the CY2025 Risk Management goals.

Chair Feliz-Barrows called for questions and there were none.

A motion was made by Member Coca, seconded by Member Melendrez, and carried unanimously to approve the CY24 Annual Risk Management Report and CY25 Goals, as presented.

10. **Review, Discuss and Approve the Submittal of the CY26 FTCA Re-Deeming Application;** direct staff accordingly or take other action as deemed necessary *(for possible action)*

    Mr. Kahananui advised of the submission process for the CY26 FTCA Re-Deeming Application. Mr. Kahananui shared the FTCA Application is the annual Federal Tort Claims Act Deeming application that qualifies the health center for Deemed Public Service Employment with liability protections under the Federal Tort Claims Act (FTCA).

    Mr. Kahananui shared that most of the application requests documentation demonstrating the health center's risk management policies, practices, and activities to prevent and mitigate potential risks, and promote patient safety. Mr. Kahananui further shared that the FTCA deeming status saves costs, reduces liabilities by establishing practices that create and maintain a safer environment for patients and staff. Mr. Kahananui advised that application is due on June 27, 2025, for calendar year 2026 coverage.

    A motion was made by Member Coca, seconded by Member Breen, and carried unanimously to approve the Submittal of the CY26 FTCA Re-Deeming Application, as presented.

11. **Receive, Discuss and Approve a New Board Member Candidate;** direct staff accordingly or take other action as deemed necessary *(for possible action)*

    Mr. Smith provided an overview of a new board member candidate. Mr. Smith further shared that the new board member would be to fill Member Knudsen's position. Mr. Smith advised that Member Knudsen has expressed the need to resign, as this meeting time conflicts with another standing meeting obligation.

    Chair Feliz-Barrows called for questions and there were none.

    A motion was made by Member Breen, seconded by Member Coca, and carried unanimously to approve the New Board Member Candidate, 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)*

Chair Feliz-Barrows called for board reports. There were none.

Member Coca left the meeting at 4:12 p.m. and returned at 4:13 p.m.

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

- CEO Comments

Mr. Smith shared that he would follow up with Member Knudsen to receive his formal resignation from the board.

Mr. Smith highlighted the following updates:

- The Nevada Family Planning program site visit is scheduled for April 30, 2025.
- The Title X Family Planning site visit is scheduled for September 2 to September 4, 2025.
- The Title X Family Planning grant has been funded for an additional year at 45 percent of last year's amount. The availability of additional funding is unknown.
- The health center has been notified by the pharmacy company Gilead that changes are being made to their program effective May 5, 2025, concerning several drugs used for HIV treatment and STD prevention.
- SNHD has implemented a hiring freeze. The following positions are on hold.
    - 1.0 FTE Medical Director
    - 1.0 FTE Administrative Assistant
    - 2.0 Medical Assistant

Chair Feliz-Barrows called for questions and there were none.

X. INFORMATIONAL ITEMS

- Community Health Center (FQHC) March 2025 Monthly Report

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 five (5) minutes per speaker. If any member of the Board wishes to extend the length of a presentation, this may be done by the Chair or the Board by majority vote.

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

XII. ADJOURNMENT

The Chair adjourned the meeting at 4:17 p.m.

Randy Smith
Chief Executive Officer - FQHC

/tab

AGENDA

SOUTHERN NEVADA COMMUNITY HEALTH CENTER
GOVERNING BOARD MEETING
April 15, 2025 – 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/9a657f1d-0717-473a-ad01-b0f34c76447a@1f318e99-9fb1-41b3-8c10-d0cab0e9f859

To call into the meeting, dial (702) 907-7151 and enter Phone Conference ID: 421 425 896#

NOTE:
- Agenda items may be taken out of order at the discretion of the Chair.
- The Board may combine two or more agenda items for consideration.
- The Board may remove an item from the agenda or delay discussion relating to an item on the agenda at any time.

I. CALL TO ORDER & ROLL CALL

II. RECOGNITION

1. **Southern Nevada Health District – April Employees of the Month**
   - Keanu Medina
   - Maria Calito

III. PLEDGE OF ALLEGIANCE

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 five (5) 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 Teams link above. You will be able to provide real-time chatroom messaging, which can be read into the record or by raising your hand. Unmute your microphone prior to speaking.
- **By telephone:** Call (702) 907-7151 and when prompted to provide the Meeting ID, enter 421 425 896#. To provide public comment over the telephone, please press *5 during the comment period and wait to be called on.

- **By email:** 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.

V. ADOPTION OF APRIL 15, 2025 AGENDA *(for possible action)*

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**: March 18, 2025 *(for possible action)*

2. **Approve the Re-Credentialing and Renewal of Privileges for Providers;** direct staff accordingly or take other action as deemed necessary *(for possible action)*
   - Alireza Farabi, MD, PC
   - Jerry Cade, MD

3. **Approve CHCA-035 Accessibility and Responsiveness of Services Policy;** direct staff accordingly or take other action as deemed necessary *(for possible action)*

4. **Approve CHCA-036 Infection Prevention and Control Policy;** direct staff accordingly or take other action as deemed necessary *(for possible action)*

5. **Approve the Federal Poverty Level (FPL) guidelines;** direct staff accordingly or take other action as deemed necessary *(for possible action)*

VII. REPORT / DISCUSSION / ACTION

1. **Review, Discuss and Approve the Plan to Correct Findings Identified from the HRSA Operational Site Visit;** direct staff accordingly or take other action as deemed necessary *(for possible action)*

2. **Review, Discuss and Approve Services on Form 5A and Change in Scope;** direct staff accordingly or take other action as deemed necessary *(for possible action)*

3. **Review, Discuss and Approve Form 5B - Locations and Hours of Operations;** direct staff accordingly or take other action as deemed necessary *(for possible action)*

4. **Receive, Discuss and Accept the February 2025 Year to Date Financial Report**; direct staff accordingly or take other action as deemed necessary *(for possible action)*

5. **Receive, Discuss and Accept the FY26 Budget**; direct staff accordingly or take other action as deemed necessary *(for possible action)*

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

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

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

9. **Review, Discuss and Approve the CY24 Annual Risk Management Report and CY25 Goals;** direct staff accordingly or take other action as deemed necessary *(for possible action)*

10. **Review, Discuss and Approve the Submittal of the CY26 FTCA Re-Deeming Application;** direct staff accordingly or take other action as deemed necessary *(for possible action)*

11. **Receive, Discuss and Approve a New Board Member Candidate;** direct staff accordingly or take other action as deemed necessary *(for possible action)*

VIII. **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)***

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

- CEO Comments

X. **INFORMATIONAL ITEMS**

- Community Health Center (FQHC) March 2025 Monthly Report

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 five (5) minutes per speaker. If any member of the Board wishes to extend the length of a presentation, this may be done by the Chair or the Board by majority vote. **See above for instructions for submitting public comment.**

XII. **ADJOURNMENT**

NOTE: Disabled members of the public who require special accommodations or assistance at the meeting are requested to notify the Administration Office at the Southern Nevada Health District by calling (702) 759-1201.

THIS AGENDA HAS BEEN PUBLICLY NOTICED on the Southern Nevada Health District's Website at https://snhd.info/meetings, the Nevada Public Notice website at https://notice.nv.gov, and a copy will be provided to any person who has requested one via U.S mail or electronic mail. All meeting notices include the time of the meeting, access instructions, and the meeting agenda. For copies of agenda backup material, please contact the Administration Office at 280 S. Decatur Blvd, Las Vegas, NV, 89107 or (702) 759-1201.

MINUTES

SOUTHERN NEVADA COMMUNITY HEALTH CENTER GOVERNING BOARD MEETING
March 18, 2025 – 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 Erin Breen Ashley Brown Luz Castro Marie Dukes
ABSENT:	Scott Black Brian Knudsen Blanca Macias-Villa Jose L. Melendrez
ALSO PRESENT	Steve Messinger, Policy Director, Nevada Primary Care Association
LEGAL COUNSEL:	Edward Wyner, Associate General Counsel
CHIEF EXECUTIVE OFFICER:	Randy Smith
STAFF:	Emily Anelli, Tawana Bellamy, Todd Bleak, Robin Carter, Andria Cordovez Mulet, Xavier Gonzales, Jacques Graham, Sabine Kamm, Ryan Kelsch, Tabitha Johnson, David Kahananui, Cassius Lockett, Cassondra Major, Bernadette Meily, Kimberly Monahan, Luann Province, Emma Rodriguez, Kim Saner, Felicia Sgovio, Justin Tully, Donnie (DJ) Whitaker, Merylyn Yegon

I. CALL TO ORDER and ROLL CALL

The Chair called the Southern Nevada Community Health Center (SNCHC) Governing Board Meeting to order at 2:30 p.m. Tawana Bellamy, Senior Administrative Specialist, administered the roll call and confirmed a quorum. Ms. Bellamy provided clear and complete instructions for members of the general public to call in to the meeting to provide public comment, including a telephone number and access code.

II. PLEDGE OF ALLEGIANCE

III. RECOGNITION

1. **Southern Nevada Health District – March Employee of the Month**
   - Sarah Humphreys

Chair Feliz-Barrows recognized Sarah Humphreys, a Community Health Worker, for receiving the Southern Nevada Health District's March Employee of the Month. Ms. Humphreys was nominated by a Southern Nevada Health District employee outside of the health center. Ms. Bellamy read an excerpt of the nomination into the record. On behalf of the SNCHC Governing Board, the Chair congratulated Ms. Humphreys.

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 five (5) minutes per speaker. Please clearly state your name and address and spell your last name for the record. If any member of the Board wishes to extend the length of a presentation, this may be done by the Chair or the Board by majority vote.

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

V. **ADOPTION OF THE MARCH 18, 2025, MEETING AGENDA** *(for possible action)*

Chair Feliz-Barrows called for questions or changed to the agenda. There were none.

A motion was made by Member Coca, seconded by Member Castro, and carried unanimously to approve the March 18, 2025, meeting agenda, as presented.

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 18, 2025 *(for possible action)*

2. **Approve CHCA-033 Sexual and Reproductive Health Confidentiality Policy;** direct staff accordingly or take other action as deemed necessary *(for possible action)*

3. **Approve CHCA-034 Sexual and Reproductive Health Non-Discrimination in the Provision of Services Policy;** direct staff accordingly or take other action as deemed necessary *(for possible action)*

4. **Approve Update to CHCA-011 Claims Management Policy; direct staff** accordingly or take other action as deemed necessary *(for possible action)*

5. **Approve Re-credentialing and Renewal of Privileges for Provider;** direct staff accordingly or take other action as deemed necessary *(for possible action)*
   - Chris Mariano, MSN, APRN, CPNP-PC

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

VII. REPORT / DISCUSSION / ACTION

Recommendations from the March 17, 2025 Finance and Audit Committee Meeting

1. **Receive, Discuss and Accept the January 2025 Year to Date Financial Report**; direct staff accordingly or take other action as deemed necessary *(for possible action)*

   Donnie Whitaker, Chief Financial Officer, presented January 2025 Year to date Financial Report, unaudited results as of January 31, 2025.

   Revenue
   - General Fund revenue (Charges for Services & Other) was $19.88M compared to a budget of $19.22M, a favorable variance of $660K.
   - Special Revenue Funds (Grants) were $3.95M compared to a budget of $4.75M, an unfavorable variance of $800K.
   - Total Revenue was $23.84M compared to a budget of $23.97M, an unfavorable variance of $130K.

   Expenses
   - Salary, Tax, and Benefits were $8.04M compared to a budget of $8.25M, a favorable variance of $210K.
   - Other Operating Expense was $15.87M compared to a budget of $16.30M, a favorable variance of $430K.
   - Indirect Cost/Cost Allocation was $4.61M compared to a budget of $4.95M, a favorable variance of $340K.
   - Total Expense was $28.52M compared to a budget of $29.48M, a favorable variance of $960K.

   Net Position: was negative $4.68M compared to a negative budget of $5.51M, a favorable variance of $830k.

   Ms. Whitaker further reviewed the budget to actuals for the following:
   - Percentage of Revenues and Expenses by Department
   - Revenues by Department
   - Expenses by Department

   Ms. Whitaker further reviewed the patient encounters by department and by clinic. Ms. Whitaker also provided a monthly year to date overview of the revenue and expenses.

   Chair Feliz-Barrows called for questions and there were none.

   A motion was made by Member Coca, seconded by Member Breen, and carried unanimously to Accept the January 2025 Year to Date Financial Report, as presented.

SNCHC Governing Board

2. **Review, 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. Mr. Kahananui advised that as a deemed FTCA organization, the health center is required to conduct one risk assessment per quarter and present the results to the board. Mr. Kahananui advised that in 2024, the Risk Assessment and Mitigation Tool: Obstetric Services was conducted in quarter four. Mr. Kahananui further shared the risk assessment template was provided by ECRI, which is the risk management consulting firm for HRSA. Mr. Kahananui shared the tool looks at many areas related to the operations, administration, and management of our risk for obstetric services.

Mr. Kahananui provided a summary of the findings and shared the action plan, which includes the following three goals:

- Goal 1: Create an Obstetric Services Policy that addresses all components required to resolve the deficiencies identified in the HRSA Risk Assessment and Mitigation Tool: Obstetrics Services.
- Goal 2: Appoint a person to oversee the quality, claims and clinical elements of obstetrics care.
- Goal 3: The Medical Director and Risk Management Committee will create a more definitive plan to identify and reduce obstetric risk.

Chair Feliz-Barrows called for questions and there were none.

A motion was made by Member Castro, seconded by Member Hunt, and carried unanimously to approve the Fourth Quarter Risk Assessment y, as presented.

3. **Review, 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 Risk Management Report. Mr. Kahananui reviewed the five CY24 Goals, activities, and performance measure results.

Chair Feliz-Barrows called for questions and there were none.

A motion was made by Member Breen, seconded by Member Hunt, and carried unanimously to approve the Fourth Quarter Risk Management Report, as presented.

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

Chair Feliz-Barrows called for board reports. There were none.

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

- CEO Comments

Mr. Smith advised that he needs help with recruiting a new board member. Mr. Smith shared that new board member needs to be a male, non-Hispanic Mr. Smith asked for the board's assistances with identifying candidates.

Mr. Smith provided the following updates:

Administrative:

- The dental clinic at Fremont is on an indefinite hold.
- The HRSA Operational Site Visit (OSV) has been tentatively rescheduled to 4/8/25 – 4/10/25.
- The HRSA CY24 UDS annual report requested revisions were submitted on 3/6/25.
- The HRSA onsite Behavioral Health Technical Assistance engagement is scheduled for 3/25/25.
- The HRSA CY26 FTCA redeeming process is underway. The application is due in June 2025.
- The Family Planning Title X CY24 FPAR 2.0 report was successfully submitted on 2/24/25.
- The Family Planning Title X site visit is scheduled for September 2025.

Operations:

- New Appointment Templates – effective April 1st @Decatur & April 7th @Fremont
- Addressing our high number of No-Shows – *58% in February*
    - Add more appointment slots
    - Strategic Books
    - Integration Visits – patients receiving more than one service per day
    - Same Day Appointments and Walk-ins
- Changes to Lunches – effective April 1st @Decatur & April 7th @Fremont
    - Increased access to mid-day appointments
    - Smoother operations
- Front Office paperless workflow transition work underway.

Medicaid Growth:

- Welcome Letter and New Patient Packet
    - Most members are assigned by their health plan
- Welcome Call – Creating a welcoming experience
    - Proactive outreach
    - Answer questions
    - Set up appointments
- Health Plan Provider Relations
    - Member Rosters – obtaining new members
    - Data tracking: successful appt, provider, empanelment, etc.
- Quality – HEDIS performance metrics
- Patient Satisfaction – retaining patients

Further to an inquiry from Chair Feliz-Barrows, Mr. Smith shared that for patients who may be afraid of coming to the health center, training and support has been provided to staff on how to best support and use telehealth services as much as possible. Mr. Smith further shared that the no show rate goes beyond what is happening with Medicaid or threats of immigration concerns.

Member Coca shared that she would like to share some ideas with Mr. Smith. Member Coca commenter that she believes there are resources in the community that can help the health center.

Member Coca inquired if the health center has any handouts or referrals from the State of Nevada Welfare. Mr. Smith advised that we could contact them. Mr. Smith further advised we do have resources on site as well.

Mr. Smith advised that if board members know of any potential partners in the community, let him know and he would be happy to speak with them.

Further to an inquiry from Member Hunt, Mr. Smith shared the operational changes that are being implemented in the beginning of April will need four to six weeks of data collection to let us know if we are successful. An update to the Board will be provided in June.

- Legislative Update

Steve Messinger, Policy Director, Nevada Primary Care Association (NVPCA), and Emma Rodriguez, Communications & Legislative Affairs Administrator, provided an update on the current legislative session.

Mr. Messinger provided a brief introduction about the Primary Care Association.

Mr. Messinger further outlined some federal issues and provided an update on some executive orders.

- Two sources of funds for the federal health center program
  - Discretionary funding makes up about 30% and must be appropriated every year
  - Mandatory funding makes the other 70% and is typically for several years
    - Both extended this past Friday through September 2025

- 340B
  - 340B is a discount drug program that provides an estimated 16% more revenue than the federal health center grant.
  - Health centers are supposed to be able to purchase drugs at low cost and be reimbursed at normal cost
  - Insurers and pharmacy benefit managers are trying to capture this revenue, i.e., by paying a lower reimbursement
  - Manufacturers are putting up barriers to prevent their profits from going to other parties
  - Courts have determined that HRSA has no enforcement power
  - Needs Congressional action, but not expected in this Congress

- Federal Issues—Medicaid
  Mr. Messinger shared that at the state level in 2023, the total health center revenue amongst FQHCs in Nevada was $222M. Mr. Messinger further shared 25% or $56.2M was Medicaid, 18% was Private Insurance, 11% was Medicare, 2% was Other Public, and 2% was Self Pay. Mr. Messinger further provided an overview of the total revenue per patient by payor in 2023 for Medicaid, Medicare, Private Insurance and the Uninsured. Mr. Messinger shared that if we take people off Medicaid and convert them to uninsured, health center's will only get 10% of the revenue they are currently collecting and that is a concern.

Mr. Messinger provided an overview of some Executive Orders:
- DEI, Gender Affirming Care, Climate Resilience, Undocumented immigrants
- All the immediate legal implications of these orders are paused; however, grantees are advised to get these activities out of their workplans

- Expect the possibility of having to comply with these orders as a condition of the health center's federal grant
    - Some interpretations indicate that using "program income" from payers could still be unallowable as part of the grant project

Mr. Messinger further outlined things happening in the Nevada Legislature:

- NVPCA supporting a bill to require manufacturers to continue distributing 340B drugs to contract pharmacies
    - Bill Draft Request (BDR) approved by Interim Commerce and Labor in August meeting
    - NVPCA is working with members, allies, and legislators to be ready when the bill is drafted
        - Our 340B bill did not come out until March 27, 2023
- Primary Care Provider Training Program
    - Seeking to establish a grant to facilitate Graduate Medical Education accreditation in community health centers
    - Follows Arizona model which gets a federal match through Medicaid
    - SB40 Creates the Medicaid Health Care Workforce Account which will allow for appropriations to be matched
    - SB262 Moves GME administration from the Office of Science and Innovation to DHHS

Ms. Rodriguez outlined the six bills that had hearings or have hearing coming up:

- AB315 - Requires applications to participate in Medicaid as a provider to be notarized. (Medicaid)
- AB269 - Revises provisions relating to education. (Health Care Workforce)
- AB186 - Revises provisions governing pharmacists. (Pharmacy)
- SB188 - Establishes procedures to assist certain persons with limited English proficiency in accessing health care in certain circumstances. (Language Access)
- SB250 - Revises provisions relating to health care records. (Electronic Health Records)

Further to an inquiry from Member Hunt, on a bill that requires insurance agencies to turn around claims in a certain amount of time – claims they rejected that was a challenge. Mr. Messinger advised that it is bill AB52 – Revises provisions relating to the payment of claims under policies of health insurance. (BDR 57-367). Mr. Messinger further advised a hearing was held on March 5, 2025. Mr. Messinger shared that NVPCA did not take a position on that bill, and he does not hear about payment delays being a big issue with primary care.

Mr. Smith shared that the revenue cycle manager and staff are always working on billing our accounts receivable and denials to ensure the health center is collecting everything it is contractually entitled to. Mr. Smith further shared that anything Mr. Messinger can do to help would be appreciated. Mr. Messinger advised that he would add it to his priority list.

Member Breen thanked Mr. Messinger for the clarification of what is happening with funding.

Chair Feliz-Barrows also thanked Mr. Messinger for the information.

Further to an inquiry from Member Coca about what federal assistances can the health center get from the legislature. Mr. Messinger shared health centers get FQHC Incubator funds, which is $1.4M over the biennium or $700K/per year and is split between all health centers.

Chair Feliz-Barrows thanked Ms. Rodriguez and Mr. Messinger for the update.

Chair Feliz-Barrows called for further questions and there were none.

X. INFORMATIONAL ITEMS

- Community Health Center (FQHC) February 2025 Monthly Report

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 five (5) minutes per speaker. If any member of the Board wishes to extend the length of a presentation, this may be done by the Chair or the Board by majority vote.

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

XII. ADJOURNMENT

The Chair adjourned the meeting at 3:57 p.m.

Randy Smith
Chief Executive Officer - FQHC

/tab

SOUTHERN NEVADA COMMUNITY HEALTH CENTER
POLICY AND PROCEDURE

DIVISION:	FQHC	**NUMBER(s):**	CHCA-035
PROGRAM:	Sexual and Reproductive Health (SRH) Program	**VERSION:**	1.00
TITLE:	Accessibility and Responsiveness of Services	**PAGE:**	1 of 4
		EFFECTIVE DATE: Click or tap here to enter text.	
DESCRIPTION: Process to ensure compliance with Title X for services provided in SRH.		**ORIGINATION DATE:** New	
APPROVED BY: **CHIEF EXECUTIVE OFFICER - FQHC** Randy Smith, MPA Date		**REPLACES:** New	

I. PURPOSE

The purpose of this policy is to describe Southern Nevada Community Health Center's (SNCHC) process for ensuring compliance with the expectation that clinic sites develop plans and strategies for implementing Sexual and Reproductive Health Services in ways that make services as accessible as possible for clients. Projects should also identify and execute strategies for delivering services that are responsive to the diverse needs of the clients and communities served. (PA-FPH-22-001 NOFO, FY 22 Notice of Award Special Terms and Requirements)

II. SCOPE

Applies to all workforce members involved in the delivery of Sexual and Reproductive Health Program.

III. POLICY

SNCHC is committed to ensuring that all individuals can access Title X services without barriers. When selecting new service sites, considerations are made regarding geographic accessibility, including proximity to public transportation, convenient clinic locations and hours of operation that best accommodate diverse schedules. These factors help ensure that clients can easily reach and utilize health center services.

SNCHC delivers services in compliance with Title VI of the Civil Rights Act, ensuring that individuals with Limited English Proficiency (LEP) have meaningful access to care. Language translation and interpretation services are available in commonly spoken

languages and presented in a clear, easy to understand manner. Additionally, health center facilities are designed to be accessible to individuals with disabilities, with accommodation and assistive services provided as needed. Our goal is to remove barriers and ensure equitable, high-quality care for all clients.

IV. PROCEDURE

To expand access to high quality Sexual and Reproductive Health services, SNCHC follows a structured process for selecting new Title X service sites. The goal is to ensure that services reach underserved populations with significant unmet needs while maintaining accessibility, compliance and sustainability.

A. **Identifying the need for a new Title X service site**. A new Title X service site is considered when:

1. A newly identified underserved population lacks access to affordable sexual and reproductive health services.
2. Existing Title X sites or other safety net providers do not have the capacity to meet the demand for SRH services in the area.
3. Distance and travel time to the nearest Title X provider create barriers for individuals seeking care.
4. The new site will maintain or increase access to Title X services for individuals facing financial, geographic or other access challenges.

B. **Conducting Community Needs Assessment**. A community needs assessment is conducted to evaluate:

1. Demographics of the target population, including income levels, uninsured rates, and populations at risk for unintended pregnancies.
2. Unmet reproductive healthcare needs, such as high rates of unintended pregnancies, sexually transmitted infections (STIs) and gaps in contraceptive access.
3. Existing healthcare resources, including the availability of Title X services, community health centers and private providers
4. Transportation barriers, ensuring the site is accessible by public transit or is conveniently located for the population served.

C. **Evaluating Site Suitability.** Potential locations for the new Title X service site are assessed based on:

1. Proximity to public transportation and ease of access for patients.
2. Availability of transportation assistance such as bus passes for patients to return for follow up appointments and reach referral services.
3. Adequate clinical space to provide confidential SRH services,

counseling, and education.

4. Compliance with ADA and Title VI to ensure accessibility for individuals with disabilities and limited English proficiency.
5. Language accessibility including bilingual staff, on-demand interpretation services via video and audio, translated educational materials tailored to ensure clarity and comprehension (generally targeting a 6th grade level or below).
6. Availability of other health services not offered in SRH. Integration of services within FQHC, ensuring patients can access additional healthcare services such as primary care, behavioral health and HIV care.
7. Availability of onsite referral specialist working directly with patients to ensure access to specialty services not provided at the clinic, such as, high-risk pregnancy care, infertility services, and complex gynecological conditions or procedures.
8. Sustainability and funding considerations, including Title X funding requirements and the ability to maintain services long term.

D. **Staff Training and Policy Accessibility**

1. All staff are informed of this policy upon hire and annually as part of required training
2. The policy is available in the online portal and in binders at all clinic locations.
3. Staff must complete mandatory cultural competency training, ensuring they provide equitable, respectful, and effective care to diverse populations, including individuals with limited English proficiency and disabilities.

V. REFERENCES

Title X Program Handbook, Section 3, Project Administration #10, #11 (https://opa.hhs.gov/sites/default/files/2022-08/title-x-program-handbook-july-2022-508-updated.pdf#page=17)

Title X Family Planning Services Grants: PA-FPH-22-001 NOFO (https://www.grantsolutions.gov/gs/preaward/previewPublicAnnouncement.do?id=95156)

Additional Resources:

CDC Health Literacy Resources
https://www.cdc.gov/health-literacy/php/develop-materials/testing-messages-materials.html

Guidance to Federal Financial Assistance Recipients Regarding Title VI Prohibition Against National Origin Discrimination Affecting Limited English Proficient Persons

HHS Office for Civil Rights
(https://www.hhs.gov/ocr/index.html)

45 CFR § 84—Nondiscrimination on the Basis of Disability in Programs or Activities Receiving Federal Financial Assistance
(https://www.ecfr.gov/current/title-45/subtitle-A/subchapter-A/part-84)

VI. DIRECT RELATED INQUIRIES TO

SRH Program Director

HISTORY TABLE

Table 1: History

Version/Section	Effective Date	Change Made
Version 0		First issuance

VII. ATTACHMENTS

Not Applicable

SOUTHERN NEVADA COMMUNITY HEALTH CENTER
POLICY AND PROCEDURE

DIVISION:	FQHC	**NUMBER(s):**	CHCA-036
PROGRAM:	Division Wide	**VERSION:**	1.00
TITLE:	Infection Prevention and Control Policy	**PAGE:**	1 of 7
		EFFECTIVE DATE: Click or tap here to enter text.	
DESCRIPTION: Guidance for clinical and non-clinical infection prevention and control.		**ORIGINATION DATE:** New	
APPROVED BY: **CHIEF EXECUTIVE OFFICER - FQHC** Randy Smith, MPA Date		**REPLACES:** New	

I. PURPOSE

II. To promote patient, staff, and visitor safety by preventing and mitigating infection risks within Southern Nevada Community Health Center (SNCHC). To align with evidence-based practices, including the Centers for Disease Control (CDC) guidelines, state, and federal regulations, and supports compliance with the Health Resources and Services Administration (HRSA) and Federal Tort Claims Act (FTCA) requirements. This policy guides clinical and non-clinical infection control procedures, ensures resource allocation, and fosters continuous monitoring and improvement in infection prevention efforts.

III. SCOPE

This policy applies to all staff, patients, visitors, contractors, and volunteers within SNCHC facilities, including clinical and non-clinical areas, mobile units, and outreach sites. It encompasses all activities related to infection prevention, including patient care, equipment sterilization, waste management, and environmental cleaning, ensuring compliance with applicable local, state, and federal regulations.

IV. POLICY

A. Roles and Responsibilities

1. Develop, implement, and maintain a comprehensive Infection Prevention and Control (IPC) Policy that outlines procedures, responsibilities, and compliance measures to prevent and control the spread of infections.

2. The Chief Medical Officer (CMO)/Medical Director or a qualified staff member will be designated as the IPC Officer, responsible for overseeing the IPC management, compliance, and staff training.
    a. Assistant IPC Officer may be named for succession planning.
3. The IPC Officer and Assistant IPC Officer will maintain standards through ongoing IPC training, in efforts to support continued excellence in IPC standards, oversight and management.
4. SNCHC ensures that appropriate and sufficient resources, equipment, and supplies are provided to staff in adhering to disinfection, sterilization, and IPC policies effectively.
5. The IPC Officer develops and oversees the implementation of an IPC Plan that encompasses both clinical and non-clinical procedures, ensuring alignment with CDC and state immunization recommendations.
6. The IPC Officer is responsible for overseeing the collection, analysis, tracking, monitoring, and reporting of the IPC plan and outcomes. These findings are regularly reported to the health center's leadership, Quality Improvement (QI) Workgroup, the Quality, Risk Management, & Credentialing (QRMC) Committee and Governing Board in alignment with directives from the FQHC CEO.
    a. The IPC Officer coordinates with the FQHC Risk Manager to monitor and track relevant data, ensuring comprehensive oversight and alignment with organizational risk management efforts.
7. SNCHC ensures that documentation for IPC training and competency testing is maintained, including training upon hire, annually, and whenever new tasks, procedures, or equipment are introduced in the health center.
    a. The training program shall include a clearly defined competency evaluation process to ensure staff proficiency in infection prevention and control practices.
    b. HR Assistant and/or FQHC Administrative Secretary to keep updated training records.
8. SNCHC supports safe injection practices with additional training and competency evaluations for staff who administer injectable medications (Safe Injection Practices Policy).
    a. The training program includes a clearly defined competency evaluation process to ensure staff proficiency in safe injection practices (TRAIN Learning Network).

b. Annual review and assessments are conducted, and certificates of completion are tracked in site specific folders.

9. SNCHC arranges for additional training and maintains documentation of competency evaluations for staff responsible for reprocessing medical devices tasks including tasks such as high-level disinfection, sterilization of instruments, equipment, and devices (Autoclave User Manual).

B. Communication/Documentation

1. SNCHC has developed communication materials to guide the management of exposure breaches in infection prevention and control, in partnership with other health center departments (Workforce Member Incident Reporting Policy).
2. SNCHC retains documentation for equipment maintenance, quality tests, staff training per organizational policies and regulatory requirements. This includes annual calibration by third-party services, maintenance by Facilities staff, and disinfection procedures by staff.
3. Staff are granted access to manufacturers' instruction manuals for instruments, equipment, devices, and cleaning and disinfection products.
4. Logs and records for each sterilizer are maintained in compliance with CDC, State, and local regulations) that include:
   a. Sterilization cycles
      i. Daily, weekly, and monthly sterilization test reports are maintained in the site-specific Autoclave folder.
   b. Monitoring measures (mechanical, chemical, and biological)

C. Patient Safety, Risk, Quality

1. Community transmission levels are monitored to determine and implement appropriate infection control interventions.
2. The Medical Director with the support of the FQHC Administrative Manager conducts an annual IPC Risk Assessment and shares findings with IPC Officer, Leadership, QI Workgroup, QRMC Committee and Governing Board, as required by FTCA compliance regulations.
3. The IPC Officer conducts quarterly infection control rounds to evaluate compliance, track progress, and identify necessary corrections.
   a. Infection prevention skills and techniques are assessed through observation and simulation to ensure competency.
4. Adheres to local, state, and federal requirements for surveillance, disease, and outbreak reporting.

V. PROCEDURE

A. **Core IPC procedures** (Exposure Control Plan):

1. Hand hygiene
2. Selection and use of appropriate personal protective equipment
3. Mask usage
4. Safe injection practices (TRAIN Learning Network)
5. Proper handling and disposal of sharps

B. **Components of IPC procedures:**

1. Adherence to Manufacturer's Instructions (Safety Data Sheets):
   a. Policies for all reusable medical and surgical equipment.
   b. Cleaning protocols, including proper solutions, and soak/dwell times.
2. Expiration Date and Storage Monitoring – Checking expiration dates, storage conditions, and temperatures for:
   a. Supplies
   b. Vaccines
   c. Medications
3. Detection and Management Systems - Early detection and management of potentially infectious persons during initial points of patient encounters.
   a. Initial screening at entry (Appointment Scheduling SOP)
   b. Visual cues (identifying obvious symptoms of illness)
   c. Rapid triage and isolation
4. Precautionary Measures:
   a. Training staff to initiate standard, airborne, contact, and droplet precautions per policy guidelines (Exposure Control Plan)
5. Safe Injections and Sharps Practices:
   a. Enforcing CDC safe injection and sharps safety guidelines.
6. Competency evaluation:
   a. Assessment of infection prevention skill and technique by observation and simulation.

C. **Emergency Response**

1. Prompt action is taken during exposures or outbreaks of bacteria, viruses, parasites (e.g., measles, mumps, bed bugs).
2. SNCHC will follow CDC guidelines and engage with other health district departments to respond appropriately for occupational exposures (Workforce Member Incident Reporting Policy). SNCHC follows the bloodborne pathogen exposure control plan to ensure time-sensitive actions are promptly initiated (Exposure Control Plan).
   a. Post-exposure evaluation is followed for needlestick injuries or exposure to blood or other potentially infectious materials (OPIM).

3. Responding to mechanical, chemical, or biological test results indicating sterilizer malfunction by (SRH Program Clinical Protocol):
    a. Recalling sterilized devices
    b. Removing the sterilizer from service
    c. Conducting repeat testing

D. Sterilization and Disinfection (SRH Program Clinical Protocol):

1. Single-use (disposable) devices are not reprocessed, and they are properly disposed of after one use.
2. Point-of-care testing devices are cleaned and disinfected after each use.
3. Reusable semi-critical equipment that touches either mucous membranes or nonintact skin, undergoes high-level disinfection, even when probe covers are used.
4. Non-critical patient care surfaces and equipment that contact intact skin (e.g., blood pressure cuffs, thermometers) are disinfected using a U.S. Environmental Protection Agency (EPA)-registered hospital disinfectant.

E. Environmental Safety

1. Through SNHD's Facility department, SNCHC consults with heating, ventilation, and air conditioning (HVAC) professional to ensure that clinical airflow patterns and air exchange rates meet standards for reducing airborne contaminants, including viruses and bacteria from aerosol-generating procedures.
2. Aerosol-generating procedures are performed with caution to minimize the risk of airborne transmission. Precautions include the use of airborne infection isolation rooms and appropriate equipment such as nebulizers.
3. Staff follow established protocols to modify care delivery during community boil water notices and power outages to ensure patient and staff safety.
4. Noncritical clinical contact surfaces that are frequently touched are cleaned and disinfected or covered with barrier protection between patients using EPA-registered hospital disinfectants.
5. Clinical and non-clinical surfaces (e.g., floors, tabletops) are cleaned using EPA-registered products regularly, after spills, and when visibly soiled.
6. Staff dispose of regular, biohazard, and sharps waste in compliance with current state and federal regulations to ensure safe and proper waste handling.

F. Equipment and Technology Safety

1. SNCHC ensures that all medical devices and instruments, including those supplied by vendors, on loan from contracted providers, or mobile vans meet or exceed infection control and equipment management requirements outlined in the health center's IPC policies and procedures.
2. SNCHC has a robust preventive maintenance program in place to ensure proper functioning of all equipment. This program includes routine and annual inspection, calibration, updates, and repairs with detailed documentation maintained to ensure alignment with IPC standards.

VI. REFERENCES

Appointment Scheduling SOP

Autoclave User Manual

Exposure Control Plan (ECP)

Safe Injection Practices Policy

Safety Data Sheets

Sexual and Reproductive Health (SRH) Program Clinical Protocol

TRAIN Learning Network
(https://www.train.org/main/home)

Workforce Member Incident Reporting Policy

VII. DIRECT RELATED INQUIRIES TO

Chief Medical Officer (CMO)/ Medical Director

FQHC Administrative Manager

HISTORY TABLE

Table 1: History

Version/Section	Effective Date	Change Made
Version 0		First issuance

VIII. ATTACHMENTS

Not available

UPDATE TO FEDERAL POVERTY LEVEL

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

APRIL 15, 2025

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 2.9% increase to the CPI-U for Calendar Year 2023 and 2024

- Updated annually to account for last calendar year's increase in prices as measured by the Consumer Price Index
- Publish Date of January 17, 2025

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

Federal Poverty Levels 2025

% of Federal Poverty Level	0-100%		101% to 150%		151% to 175%		176% to 199%		Primary Care/SHC 200% +
Program Code	P-0		P-1		P- 2		P-3		P-4
**Family Size	Equal to or Between		Equal to or Between		Equal to or Between		Equal to or Between		Equal to or Above
1	0	$ 15,650	$ 15,651	$ 23,475	$ 23,476	$ 27,388	$ 27,389	$ 31,299	$ 31,300
2	0	$ 21,150	$ 21,151	$ 31,725	$ 31,726	$ 37,013	$ 37,014	$ 42,299	$ 42,300
3	0	$ 26,650	$ 26,651	$ 39,975	$ 39,976	$ 46,638	$ 46,639	$ 53,299	$ 53,300
4	0	$ 32,150	$ 32,151	$ 48,225	$ 48,226	$ 56,263	$ 56,264	$ 64,299	$ 64,300
5	0	$ 37,650	$ 37,651	$ 56,475	$ 56,476	$ 65,888	$ 65,889	$ 75,299	$ 75,300
6	0	$ 43,150	$ 43,151	$ 64,725	$ 64,726	$ 75,513	$ 75,514	$ 86,299	$ 86,300
7	0	$ 48,650	$ 48,651	$ 72,975	$ 72,976	$ 85,138	$ 85,139	$ 97,299	$ 97,300
8	0	$ 54,150	$ 54,151	$ 81,225	$ 81,226	$ 94,763	$ 94,764	$ 108,299	$ 108,300

Federal Poverty Levels 2025

% of Federal Poverty Level	Family Planning - 200%+			Ryan White - 200%+				
Program Code	P-4: 200% to 250%		P-5: 251% +	P-4: 200% to 300%		P-5: 301% - 399%		P-6: 400%+
**Family Size	Equal to or Between		Equal to or Above	Equal to or Between		Equal to or Between		Equal to or Above
1	$ 31,300	$ 39,125	$ 39,126	$ 31,300	$ 46,950	$ 46,951	$ 62,599	$ 62,600
2	$ 42,300	$ 52,875	$ 52,876	$ 42,300	$ 63,450	$ 63,451	$ 84,599	$ 84,600
3	$ 53,300	$ 66,625	$ 66,626	$ 53,300	$ 79,950	$ 79,951	$ 106,599	$ 106,600
4	$ 64,300	$ 80,375	$ 80,376	$ 64,300	$ 96,450	$ 96,451	$ 128,599	$ 128,600
5	$ 75,300	$ 94,125	$ 94,126	$ 75,300	$ 112,950	$ 112,951	$ 150,599	$ 150,600
6	$ 86,300	$ 107,875	$ 107,876	$ 86,300	$ 129,450	$ 129,451	$ 172,599	$ 172,600
7	$ 97,300	$ 121,625	$ 121,626	$ 97,300	$ 145,950	$ 145,951	$ 194,599	$ 194,600
8	$ 108,300	$ 135,375	$ 135,376	$ 108,300	$ 162,450	$ 162,451	$ 216,599	$ 216,600

Questions?

SOUTHERN NEVADA Community HEALTH CENTER

SOUTHERN NEVADA COMMUNITY HEALTH CENTER – OSV RESPONSE PLAN – APRIL 2025

Chapter/Area	Element	Description of Deficiency	Corrective Action	Responsible Party	Completion Date
Required and Additional Health Services	A	Providing and documenting services within the scope of project.	Review HRSA required and additional services and update FORM 5a. Obtain board approval to complete Change in Scope (CIS) requests. Submit CIS requests through the EHB.	David Kahananui	April 30, 2025
Clinical Staffing	C	Procedures for reviewing credentialing.	Revise board approved Credentialing and Privileging policy to include the completion of all required credentialing items for LIPs, OLCPs, and OCS.	Randy Smith Dr. Robin Carter Steven Hall	July 31, 2025
	E	Credentialing and privileging records.	Update employee files and tracking spreadsheet for LIPs, OLCPs, and OCS to include all required credentialing and privileging documentation.	Dr. Robin Carter Tawana Bellamy Steven Hall	July 31, 2025
	F	Credentialing and privileging of contracted referral providers.	Revise and approve new agreements with SimonMed Imaging and Access Nurse PM, LLC with required privileging language.	David Kahananui Ryan Kelsh	July 31, 2025
Billing and Collections	G	Accurate Patient Billing	Conduct an initial follow-up training session for the front office around the correct procedures for accurate patient billing (e.g., sliding fee charges, POC discounts, & co-pays). Establish a standard operating procedure and implement an annual training program.	Merylyn Yegon Bernie Meily Donna Buss Felicia Sgovio	June 30, 2025
Board Authority	C	Exercises required authorities and responsibilities.	Review HRSA FORM 5b. Discuss and seek board approval of the health center's sites and hours of operation. Calendar this activity to occur every 12 months with the governing board.	Randy Smith David Kahananui Tawana Bellamy	April 30, 2025

CURRENT FORM 5A – REQUIRED SERVICES

FORM 5A CHANGES IN SCOPE RECOMMENDED AS A RESULT OF THE HRSA OSV (Required Services)

H80CS33641: SOUTHERN NEVADA HEALTH DISTRICT, LAS VEGAS, NV

Grant Number: H80CS33641 **BHCMIS ID:** 09E01368 **Project Period:** 09/01/2019 - 01/31/2027

Budget Period: 02/01/2025 - 01/31/2026

Required Services

Service Type	Service Delivery Methods		
	Column I. Direct (Health Center Pays)	Column II. Formal Written Contract/Agreement (Health Center Pays)	Column III. Formal Written Referral Arrangement (Health Center DOES NOT pay)
General Primary Medical Care	X	X	
Diagnostic Laboratory	X		X
Diagnostic Radiology		X	X
Screenings	X		X
Coverage for Emergencies During and After Hours	X	X	X
Voluntary Family Planning	X		
Immunizations	X		
Well Child Services	X		
Gynecological Care	X		X
Obstetrical Care			
Prenatal Care			X
Intrapartum Care (Labor & Delivery)			X
Postpartum Care			X
Preventive Dental			X
Pharmaceutical Services	X	X	
Case Management	X		
Eligibility Assistance	X		
Health Education	X		
Outreach	X		
Transportation		X	
Translation	X	X	

CURRENT FORM 5A – ADDITIONAL SERVICES

FORM 5A CHANGES IN SCOPE RECOMMENDED AS A RESULT OF THE HRSA OSV (Additional Services)

Additional Services			
Service Type	**Service Delivery Methods**		
	Column I. Direct (Health Center Pays)	**Column II. Formal Written Contract/Agreement (Health Center Pays)**	**Column III. Formal Written Referral Arrangement (Health Center DOES NOT pay)**
Additional Dental Services			X
Behavioral Health Services			
Mental Health Services	X		X
Substance Use Disorder Services			X

REQUEST TO APPROVE FORM 5A PROPOSED CHANGES IN SCOPE TO CORRECT OSV FINDINGS

Form 5A CIS updates: *Once Board authority approves the CISs, the meeting minutes documenting the Board's approval will be uploaded to each of the following CISs, then they can be submitted.*

1. **CIS00164106 – General Primary Care – Removing from Column II (See bullet #5 for where services will be posted on the Form 5A)**
2. **CIS00164243 – Diagnostic Radiology – Removing from Column II to solely Column III**
3. **CIS00164109 – Coverage for Emergencies During and After Hours – Removing from Column III**
4. **CIS00164110 – Adding Psychiatry as a Specialty Service in Column I**
5. **CIS00164113 – Adding Infectious Disease as a Specialty Service in Column II**
6. **CIS00164115 – Adding Nutrition as an Additional Service to Column I**
7. **CIS00164122 – Adding Advanced Diagnostic Radiology to Additional Services in Column III**
8. **CIS00164138 – Adding Substance Use Disorder Services to Additional Services in Column I**
9. **CIS00164155 – Moving Transportation in Required services from Column II to Column I**

Motion to Approve Services on Form 5A and Change in Scope, as presented.

CURRENT FORM 5B

H80CS33641: SOUTHERN NEVADA HEALTH DISTRICT, LAS VEGAS, NV

Grant Number: H80CS33641 **BHCMIS ID:** 09E01368 **Project Period:** 09/01/2019 - 01/31/2027
Budget Period: 02/01/2025 - 01/31/2026

Site Id: BPS-H80-034762 **Site Status: Active**

Site Information

Site Name	Southern Nevada Health District - Fremont	Physical Site Address	2830 Fremont St, Las Vegas, NV 89104
Site Type	Service Delivery Site	Site Phone Number	(702) 759-1100
Web URL			
Location Type			
Date Site was Added to S			
FQHC Site Medicare Billi			
FQHC Site National Provi Number (Optional field)			
Saved Months of Operati			
Number of Contract Servi (Required only for 'Migrant Vo			
Site Operated by			

Subrecipient or Contract

Subrecipient/Contractor O

Service Area Zip Code (In

Saved Service Area Zip C

Site Id: BPS-H80-029621 **Site Status: Active**

Site Information

Site Name	Southern Nevada Community Health Center - Decatur	Physical Site Address	280 S Decatur Blvd, Las Vegas, NV 89107
Site Type	Administrative/Service Delivery Site	Site Phone Number	(702) 759-1000
Web URL			
Location Type			
Date Site was Added to Scop			
FQHC Site Medicare Billing N			
FQHC Site National Provider Number (Optional field)			
Saved Months of Operation			
Number of Contract Service (Required only for 'Migrant Vouch			
Site Operated by			

Subrecipient or Contractor I

Subrecipient/Contractor Orga

Service Area Zip Code (Inclu

Saved Service Area Zip Code

Site Id: BPS-H80-036786 **Site Status: Active**

Site Information

Site Name	Southern Nevada Health District, Mobile Unit	Physical Site Address	700 S Martin L King Blvd, Las Vegas, NV 89106
Site Type	Service Delivery Site	Site Phone Number	(702) 759-1700
Web URL			
Location Type	Mobile Van	Site Setting	All Other Clinic Types
Date Site was Added to Scope	06/08/2023	Site Operational Date	07/03/2023
FQHC Site Medicare Billing Number Status		Medicare Billing Number (Required if "This site has a Medicare billing number" is selected in 'FQHC Site Medicare Billing Number Status' field.)	1932745668
FQHC Site National Provider Identification (NPI) Number (Optional field)		Total Hours of Operation (when Patients will be Served per Week)	2.00
Saved Months of Operation	January, February, March, April, May, June, July, August, September, October, November, December		
Number of Contract Service Delivery Locations (Required only for 'Migrant Voucher Screening' Site Type)		Number of Intermittent Sites (Required only for 'Intermittent' Site Type)	
Site Operated by	Health Center/Applicant		

Subrecipient or Contractor Information (Required only if 'Subrecipient or Contractor' is selected in 'Site Operated By' field)

Subrecipient/Contractor Organization Name	Subrecipient/Contractor Organization Physical Site Address	Subrecipient/Contractor EIN
No Subrecipient or Contractor information to be displayed		

Service Area Zip Code (Include only those from which the majority of the patient population will come)

Saved Service Area Zip Code(s)	89156, 89103, 89117, 89108, 89119, 89121, 89147, 89146, 89101, 89128, 89104, 89169, 89031, 89148, 89110, 89122, 89142, 89030, 89115, 89106, 89139, 89107, 89102, 89032

FORM 5B ANNUAL BOARD APPROVAL OF LOCATIONS AND HOURS OF OPERATION

Site Name: Southern Nevada Health District – Fremont
Location: 2830 Fremont Street, Las Vegas, NV 89104
Location Type: Permanent
Date added to Scope: 5/18/2022
Total Hours of Operation per week: 44
Serving Zip Codes: 89101, 89115, 89156, 89104, 89030 ,89139, 89142, 89121, 89122, & 89110

Site Name: Southern Nevada Community Health Center – Decatur
Location: 280 S. Decatur Blvd., Las Vegas, NV 89107
Location Type: Permanent
Date added to Scope: 9/1/2019
Total Hours of Operation per week: 44
Serving Zip Codes: 89139, 89148, 89032, 89107, 89128, 89119, 89147, 89117, 89031, 89108, 89106, 89146, 89102, 89169, & 89103

Site Name: Southern Nevada Health District, Mobile Unit
Location: 700 S. Martin L King Blvd., Las Vegas, NV 89106
Location Type: Mobile
Date added to Scope: 6/8/2023
Total Hours of Operation per week: 2
Serving Zip Codes: 89156, 89103, 89117, 89108, 89119, 89121, 89147, 89146, 89101, 89128, 89104, 89169, 89031, 89148, 89110, 89122, 89142, 89030, 89115, 89106, 89139, 89107, 89102, & 89032

Motion to Approve the Form 5B - Locations and Hours of Operations, as presented.

SOUTHERN NEVADA Community HEALTH CENTER

AT THE SOUTHERN NEVADA HEALTH DISTRICT

Financial Report
Results as of February 28, 2025

(Unaudited)

Summary of Revenue, Expenses and Net Position (February 28, 2025– Unaudited)

Revenue

- General Fund revenue (Charges for Services & Other) is $23.07M compared to a budget of $21.98M, a favorable variance of $1.09M.
- Special Revenue Funds (Grants) is $4.44M compared to a budget of $5.42M, an unfavorable variance of $980K.
- Total Revenue is $27.52M compared to a budget of $27.40M, a favorable variance of $120K.

Expenses

- Salary, Tax, and Benefits is $9.09M compared to a budget of $9.43M, a favorable variance of $347K.
- Other Operating Expense is $18.84M compared to a budget of $18.61M, an unfavorable variance of $239K.
- Indirect Cost/Cost Allocation is $5.35M compared to a budget of $5.65M, a favorable variance of $304K.
- Total Expense is $33.28M compared to a budget of $33.69M, a favorable variance of $412K.

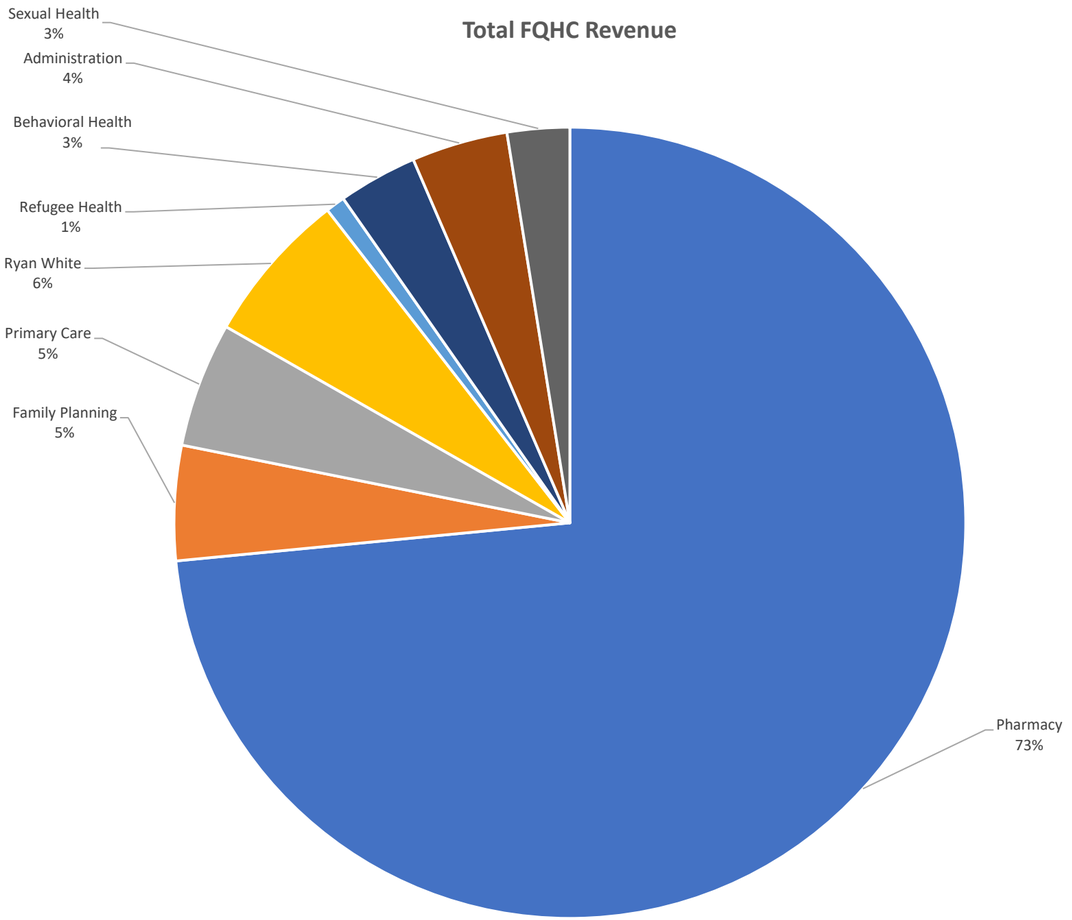
Net Position: is ($5.77M) compared to a budget of ($6.29M), a favorable variance of $528k.

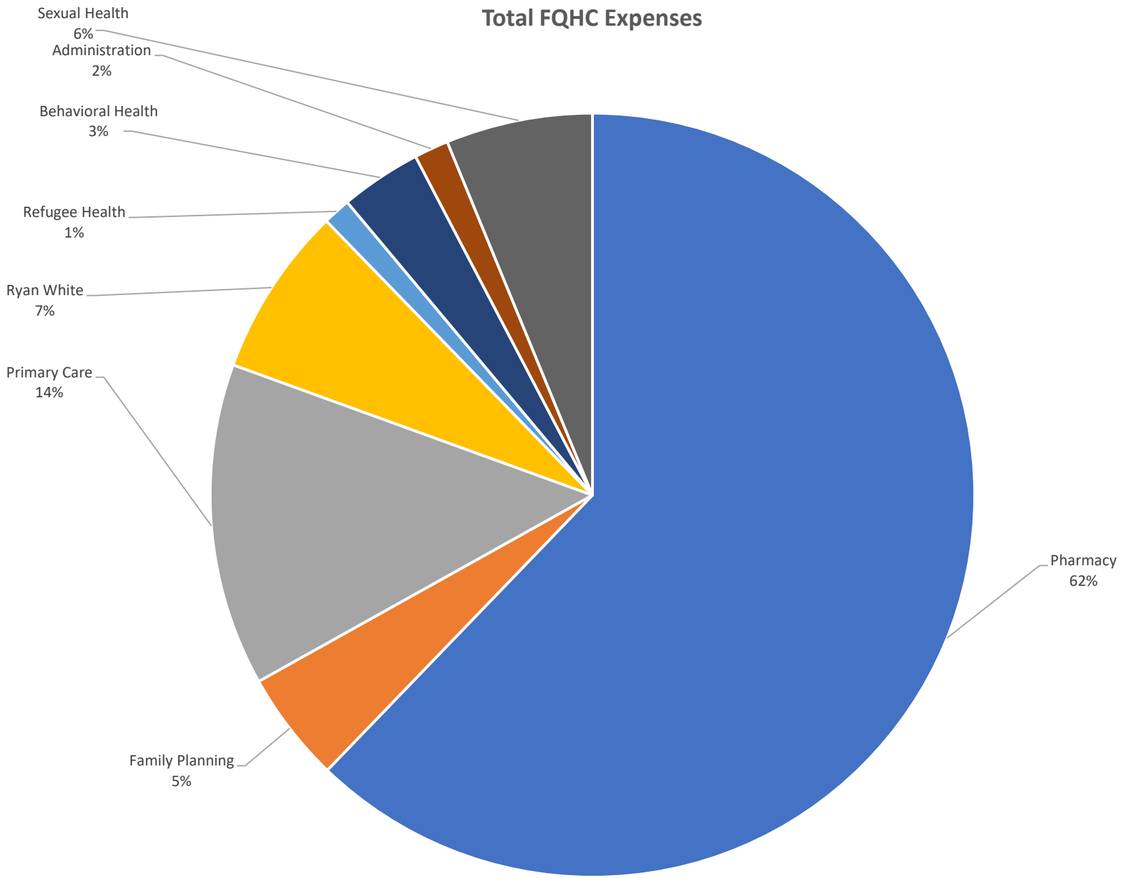
All Funds/Divisions by Type
Budget to Actual

Activity	Budget as of February	Actual as of February	Variance Favorable (Unfavorable)	%	
Charges for Services	20,921,497	21,991,992	1,070,495	5%	1
Other	1,054,446	1,080,854	26,408	3%	2
Federal Revenue	1,807,571	2,390,783	583,212	32%	3
Pass-Thru Revenue	2,543,264	1,649,983	(893,281)	-35%	
State Revenue	1,072,426	401,578	(670,848)	-63%	
Total FQHC Revenue	**27,399,204**	**27,515,190**	**115,986**	**0%**	
Salaries	6,467,642	6,266,868	200,774	3%	
Taxes & Fringe Benefits	2,965,361	2,819,118	146,243	5%	
Total Salaries & Benefits	**9,433,003**	**9,085,986**	**347,017**	**4%**	
Supplies	16,953,874	17,370,471	(416,597)	-2%	4
Capital Outlay	608,068	608,318	(250)	0%	
Contractual	996,525	840,883	155,642	16%	
Travel & Training	47,318	24,789	22,529	48%	
Total Other Operating	**18,605,785**	**18,844,461**	**(238,676)**	**-1%**	
Indirect Costs/Cost	5,654,927	5,350,804	304,123	5%	
Transfers IN	(487,475)	(574,319)	86,844	-18%	
Transfers OUT	487,475	574,319	(86,844)	-18%	
Total Transfers	**5,654,927**	**5,350,804**	**304,123**	**5%**	
Total FQHC Expenses	**33,693,715**	**33,281,251**	**412,465**	**1%**	
Net Position	**(6,294,511)**	**(5,766,061)**	**528,450**	**-8%**	

NOTES:
1) PHARMACY PATIENT ENCOUNTERS DRIVING MAJORITY OF GROWTH; PATIENT ENCOUNTERS CONTINUE YEAR-OVER-YEAR GROWTH ACROSS FQHC ESPECIALLY WITH ADDITION OF PHARMACY AT FREMONT CLINIC.
2) WRAP REVENUE REIMBURSEMENTS ARE OUTPACING PROJECTIONS IN FY25.
3) DRIVEN BY $592K IN REIMBURSEMENTS FOR BEHAVIORAL HEALTH CLINIC CAPITAL EXPENSES THROUGH FEBRUARY 2025.
4) PHARMACY PATIENT ENCOUNTERS DRIVING CORRESPONDING INCREASE IN MEDICATION SUPPLIES EXPENSES PLUS ADDITIONAL PURCHASES FOR SECOND PHARMACY LOCATION AT FREMONT CLINIC.

Percentage of Revenues and Expenses by Department





Revenues by Department
Budget to Actuals

Department	Budget as of February	Actual as of February	Variance Favorable (Unfavorable)	%	
Charges for Services, Other, Wrap					
Family Planning	265,759	205,412	(60,347)	-23%	
Pharmacy	19,398,279	20,213,146	814,867	4%	1
Oral Health (Dental)	-	-	-	0%	2
Primary Care	337,353	413,556	76,203	23%	
Ryan White	184,336	194,582	10,246	6%	
Refugee Health	36,111	93,041	56,930	158%	
Behavioral Health	183,865	172,110	(11,755)	-6%	
Administration	1,050,771	1,080,829	30,058	3%	3
Sexual Health	519,469	700,170	180,701	35%	
OPERATING REVENUE	**21,975,943**	**23,072,846**	**1,096,903**	**5%**	
Grants					
Family Planning	1,419,749	1,084,719	(335,030)	-24%	
Oral Health (Dental)	732,454	-	(732,454)	-100%	2
Primary Care	727,794	990,870	263,076	36%	
Ryan White	1,821,300	1,526,040	(295,260)	-16%	
Refugee Health	180,587	123,943	(56,644)	-31%	
Behavioral Health	541,377	716,773	175,396	32%	4
SPECIAL REVENUE	**5,423,261**	**4,442,344**	**(980,917)**	**-18%**	
TOTAL REVENUE	**27,399,204**	**27,515,190**	**115,986**	**0%**	

NOTES:
1) PATIENT ENCOUNTERS CONTINUE YEAR-OVER-YEAR GROWTH ACROSS FQHC ESPECIALLY WITH ADDITION OF PHARMACY AT FREMONT CLINIC.
2) DENTAL CLINIC PLANNED OPENING POSTPONED INDEFINITELY.
3) WRAP REVENUE REIMBURSEMENTS ARE OUTPACING PROJECTIONS IN FY25.
4) INCLUDES PAYMENT FOR GRANT-FUNDED REIMBURSEMENTS FOR BEHAVIORAL HEALTH CLINIC CAPITAL EXPENSES ($592K THROUGH FEBRUARY 2025).

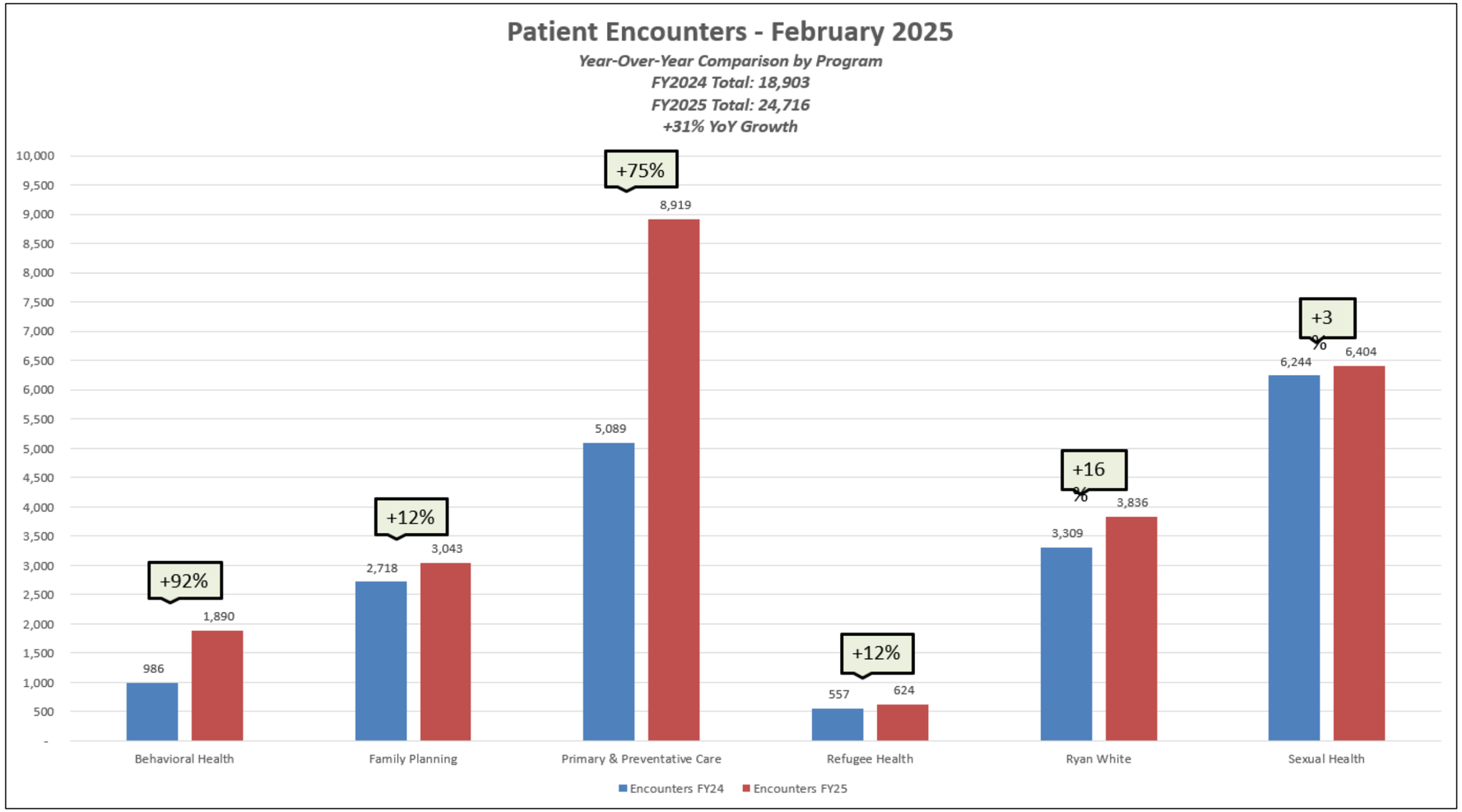
Expenses by Department

Budget to Actuals

Department	Budget as of February	Actual as of February	Variance Favorable (Unfavorable)	%	
Employment (Salaries, Taxes, Fringe)					
Family Planning	1,372,551	1,131,821	240,730	18%	
Pharmacy	366,527	395,722	(29,195)	-8%	
Oral Health (Dental)	76,055	-	76,055	100%	1
Primary Care	3,404,523	3,592,602	(188,079)	-6%	
Ryan White	1,920,895	1,758,714	162,181	8%	
Refugee Health	150,690	178,262	(27,572)	-18%	
Behavioral Health	389,148	348,074	41,074	11%	
Administration	129,441	92,807	36,634	28%	
Sexual Health	1,623,173	1,587,983	35,190	2%	
Total Personnel Costs	9,433,003	9,085,986	347,017	4%	
Other (Supplies, Contractual, Capital, etc.)					
Family Planning	528,108	178,598	349,510	66%	
Pharmacy	16,059,675	16,977,880	(918,205)	-6%	2
Oral Health (Dental)	534,323	-	534,323	100%	1
Primary Care	197,312	218,723	(21,411)	-11%	
Ryan White	253,325	253,422	(97)	0%	
Refugee Health	89,323	148,091	(58,768)	-66%	
Behavioral Health	396,190	609,636	(213,446)	-54%	3
Administration	378,446	313,819	64,627	17%	
Sexual Health	169,083	144,292	24,791	15%	
Total Other Expenses	18,605,785	18,844,460	(238,675)	-1%	
Total Operating Expenses	**28,038,788**	**27,930,446**	**108,342**	**0%**	
Indirect Costs/Cost Allocations	5,654,927	5,350,804	304,123	5%	
Transfers IN	(487,475)	(574,319)	86,844	-18%	
Transfers OUT	487,475	574,319	(86,844)	-18%	
Total Transfers & Allocations	5,654,927	5,350,804	304,123	5%	
TOTAL EXPENSES	**33,693,715**	**33,281,250**	**412,465**	**1%**	

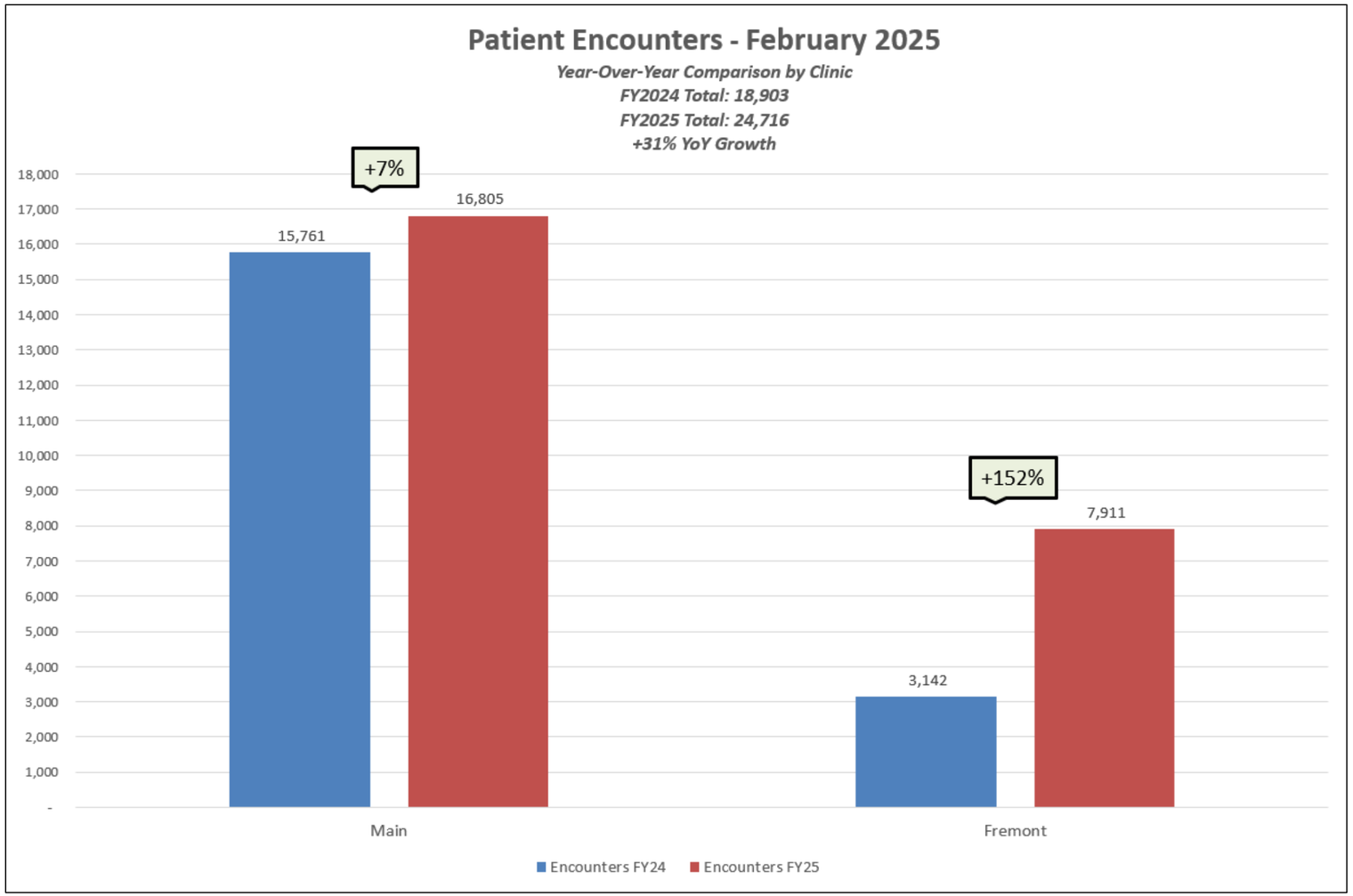
NOTES:
1) DENTAL CLINIC PLANNED OPENING POSTPONED INDEFINITELY.
2) PHARMACY PATIENT ENCOUNTERS DRIVING CORRESPONDING INCREASE IN MEDICATION SUPPLIES EXPENSES PLUS ADDITIONAL PURCHASES FOR SECOND PHARMACY LOCATION AT FREMONT CLINIC.
3) CAPITAL EXPENSES ASSOCIATED WITH CONSTRUCTION OF NEW BEHAVIORAL HEALTH CLINIC ($592K THROUGH FEBRUARY 2025).

Patient Encounters By Department



NOTE 1: PATIENT ENCOUNTERS INCLUDE VISITS PROVIDED BY LICENSED INDEPENDENT PRACTITIONERS (LIPS) AND NURSES. FY24 AND FY25 SEXUAL HEALTH CLINIC ENCOUNTERS DO NOT INCLUDE SELECT NURSE VISITS THAT ARE NOW PROVIDED IN THE PRIMARY AND PREVENTIVE CARE DIVISION.
NOTE 2: ENCOUNTER VOLUME INCREASING DUE TO FILLING AND CREDENTIALLING ALL OPEN POSITIONS COMBINED WITH PROCESS IMPROVEMENT IMPLEMENTATIONS FOLLOWING CONSOLIDATION OF SHC AND RHC UNDER FQHC.

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

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

YTD by Month – February 28, 2025

By Department

Southern Nevada Community Health Center

Year-to-Date Revenues/Expenses by Department

Fiscal Year 2025 as of February 28, 2025

DEPARTMENT	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	YTD TOTALS	YTD AVERAGES
Administration (301)	258,695	138,343	104,688	134,214	109,400	108,585	115,183	111,717	1,080,824	135,103
Family Planning (309)	91,660	148,951	135,840	158,219	188,661	150,220	192,591	310,565	1,376,706	172,088
Pharmacy (333)	2,383,595	2,574,662	2,339,659	2,455,299	2,315,805	2,857,633	2,697,454	2,589,046	20,213,152	2,526,644
Dental Health (336)	-	-	-	-	-	-	-	-	-	-
Primary Care (337)	144,427	157,797	134,069	142,946	218,763	244,704	372,196	184,635	1,599,536	199,942
Ryan White (338)	177,359	210,373	250,018	216,556	315,926	238,300	233,875	280,835	1,923,241	240,405
Refugee Health (344)	28,153	9,889	11,928	37,050	71,523	37,137	47,441	51,229	294,349	36,794
Behavioral Health (345)	280,628	337,075	78,806	45,787	61,739	25,726	33,488	38,267	901,516	112,690
Sexual Health (350)	101,840	76,971	77,276	103,286	79,436	75,454	79,980	105,924	700,166	87,521
TOTAL REVENUES	**3,466,357**	**3,654,061**	**3,132,284**	**3,293,357**	**3,361,253**	**3,737,759**	**3,772,206**	**3,672,217**	**28,089,490**	**3,511,186**

DEPARTMENT	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	YTD TOTALS	YTD AVERAGES
Administration (301)	37,217	73,998	67,275	42,945	68,386	54,220	60,419	76,117	485,222	60,072
Family Planning (309)	130,361	180,166	163,917	191,448	313,688	209,375	175,810	180,869	1,646,956	193,204
Pharmacy (333)	2,995,245	2,300,612	2,692,616	1,881,968	2,583,343	2,373,761	2,521,009	3,398,119	20,769,089	2,593,333
Dental Health (336)	-	-	-	-	-	-	-	-	-	-
Primary Care (337)	443,582	610,832	531,332	500,493	771,492	570,885	648,769	564,215	4,834,361	580,200
Ryan White (338)	224,923	320,915	281,139	270,656	432,313	328,440	336,282	305,709	2,564,301	312,547
Refugee Health (344)	59,154	(5,280)	5,095	88,305	120,049	61,763	46,865	77,380	463,724	56,666
Behavioral Health (345)	277,809	389,717	90,104	64,958	81,967	58,174	35,375	21,951	1,037,601	127,507
Sexual Health (350)	189,324	249,162	241,255	248,806	344,486	230,772	228,794	234,924	2,054,297	245,940
TOTAL EXPENSES	**4,357,615**	**4,120,122**	**4,072,733**	**3,289,579**	**4,715,724**	**3,887,390**	**4,053,322**	**4,859,284**	**33,855,551**	**4,169,470**

NET POSITION:	(891,258)	(466,061)	(940,449)	3,778	(1,354,471)	(149,631)	(281,116)	(1,187,067)	(5,766,061)	(658,284)

YTD by Month – February 28, 2025

By Type

Southern Nevada Community Health Center

Year-to-Date Revenues/Expenses by Type

Fiscal Year 2025 as of February 28, 2025

REVENUE TYPE	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	YTD TOTALS	YTD AVERAGES
Charges for Services	2,599,052	2,736,807	2,537,813	2,710,735	2,534,948	3,063,691	2,946,369	2,862,570	21,991,979	2,748,998
Other	258,695	138,343	104,688	134,214	109,400	108,585	115,183	111,717	1,080,824	135,103
Contributions	-	-	-	20	-	5	-	-	25	3
Intergovernmental	533,730	689,780	450,755	413,873	606,804	486,439	631,595	629,365	4,442,340	555,293
TOTAL REVENUES	**3,391,477**	**3,564,930**	**3,093,256**	**3,258,842**	**3,251,152**	**3,658,720**	**3,693,146**	**3,603,652**	**27,515,168**	**3,439,397**

EXPENSE TYPE	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	YTD TOTALS	YTD AVERAGES
Salaries	485,229	707,618	685,315	697,393	1,118,828	733,921	753,683	743,038	6,266,864	740,628
Taxes and Benefits	223,019	316,342	312,099	320,373	460,866	338,567	346,046	343,864	2,819,114	332,647
Travel and Training	280	4,191	5,218	9,812	3,938	533	267	546	24,785	3,098
Supplies	2,518,508	1,899,115	2,242,947	1,605,689	2,193,109	1,998,309	2,086,712	2,826,079	17,370,468	2,171,309
Contractual	119,166	122,426	96,762	103,520	72,500	106,778	117,550	102,178	840,880	105,110
Property	248,000	327,601	32,716	-	-	-	-	-	608,317	76,040
TOTAL EXPENSES	**3,594,202**	**3,377,293**	**3,375,057**	**2,736,787**	**3,849,241**	**3,178,108**	**3,304,257**	**4,015,704**	**27,930,427**	**3,428,831**

TRANSFER TYPE	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	YTD TOTALS	YTD AVERAGES
Indirect/Cost Allocation	688,533	653,698	658,648	518,277	756,382	630,243	670,006	775,015	5,350,802	668,850
Transfer In	(74,882)	(89,129)	(39,027)	(34,515)	(110,101)	(79,038)	(79,058)	(68,566)	(574,316)	(71,789)
Transfer Out	74,882	89,129	39,027	34,515	110,101	79,038	79,058	68,566	574,316	71,789
TOTAL TRANSFERS	**688,533**	**653,698**	**658,648**	**518,277**	**756,382**	**630,243**	**670,005**	**775,015**	**5,350,802**	**668,850**

NET POSITION:	(891,258)	(466,061)	(940,449)	3,778	(1,354,471)	(149,631)	(281,116)	(1,187,067)	(5,766,061)	(658,284)

Questions?

Motion to Accept the February 2025 Year to Date Financial Report, as presented.

Southern Nevada Community Health Center

Governing Board Meeting - April 2025

FY 2026 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 FY26 is projected to be 126.5 FTEs compared to FY25 augmented budget of 121.7 FTEs.

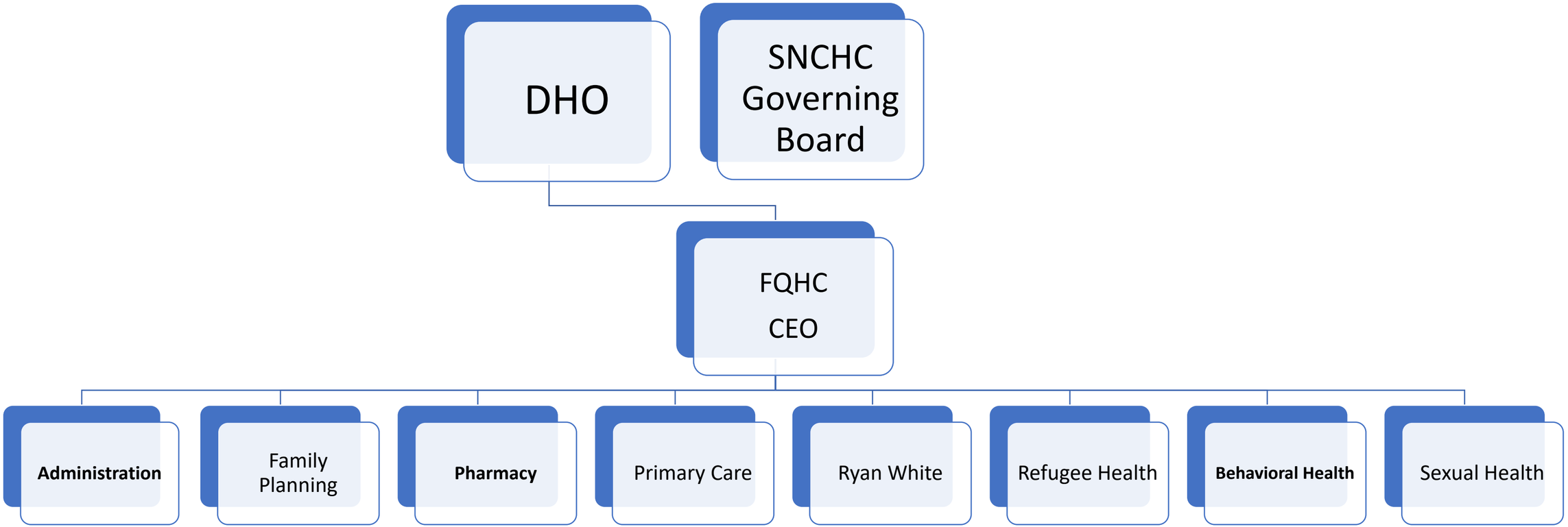
Revenue:

- General Fund revenue is projected at $39.1M in FY26, an increase of $6.1M from the FY25 augmented budget.
- Special Revenue Fund (Grants) projected at $7.6M in FY26, a decrease of $500K from FY25 augmented budget.

Expense:

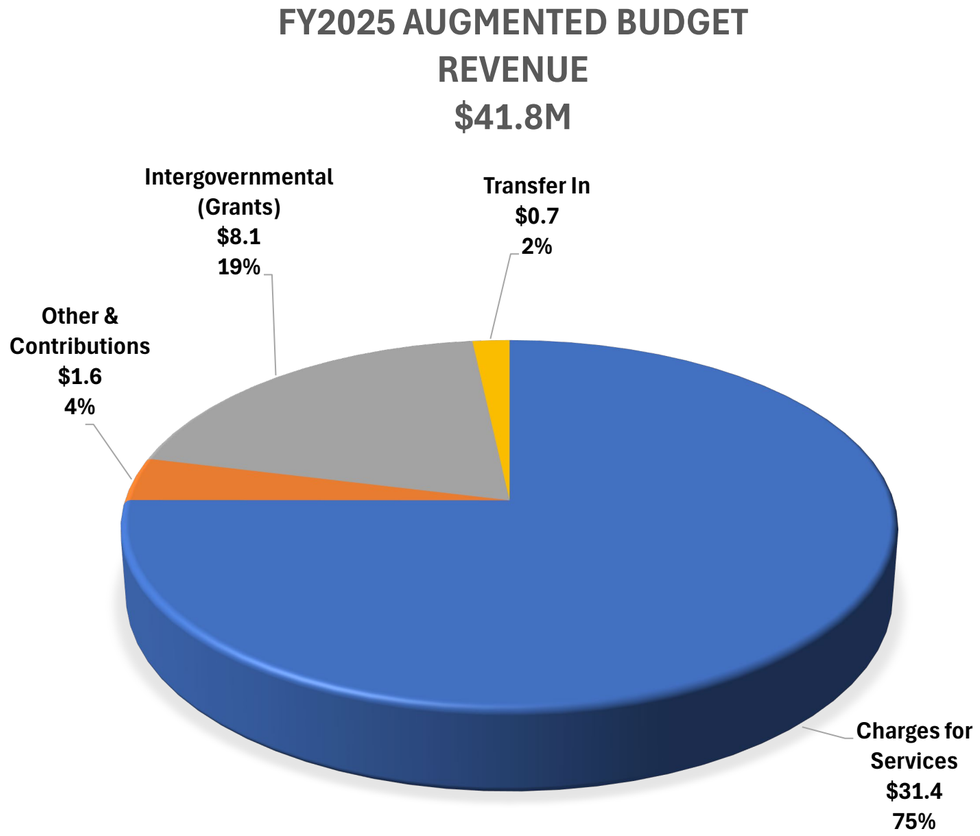
- FQHC combined expenditures for FY26 budget is $61.3M compared to $51.6M from FY25 augmented budget.

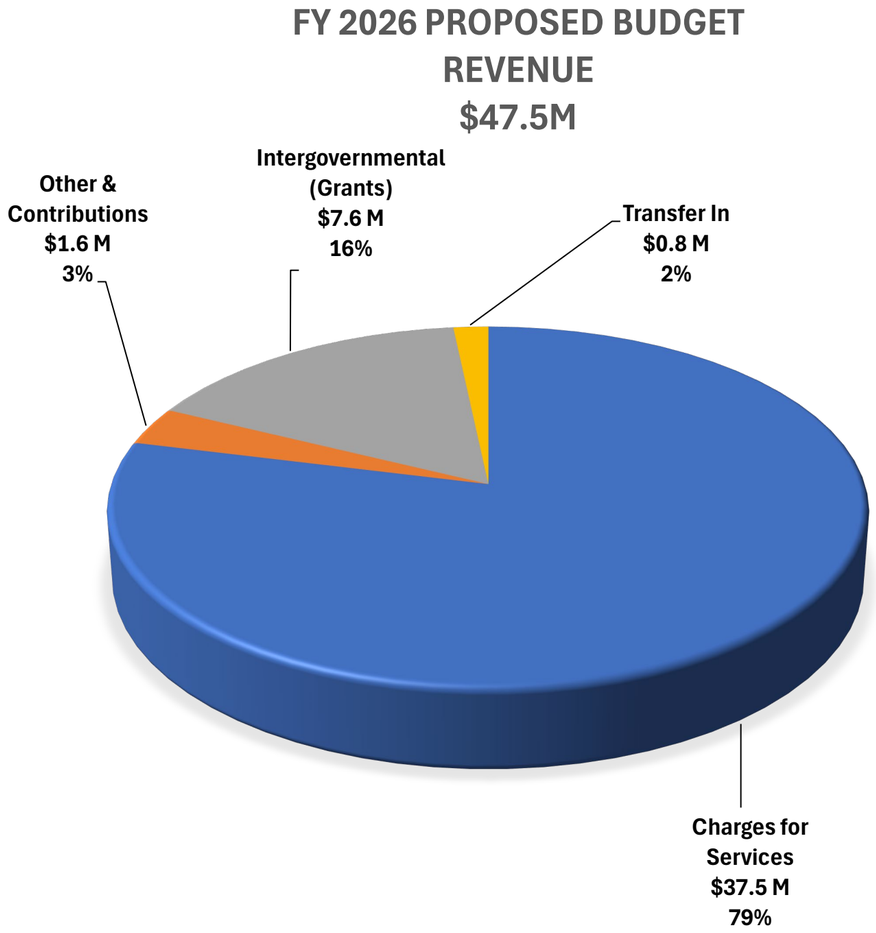
FQHC Division Org Chart



REVENUES

COMBINED REVENUES BY SOURCE – comparison

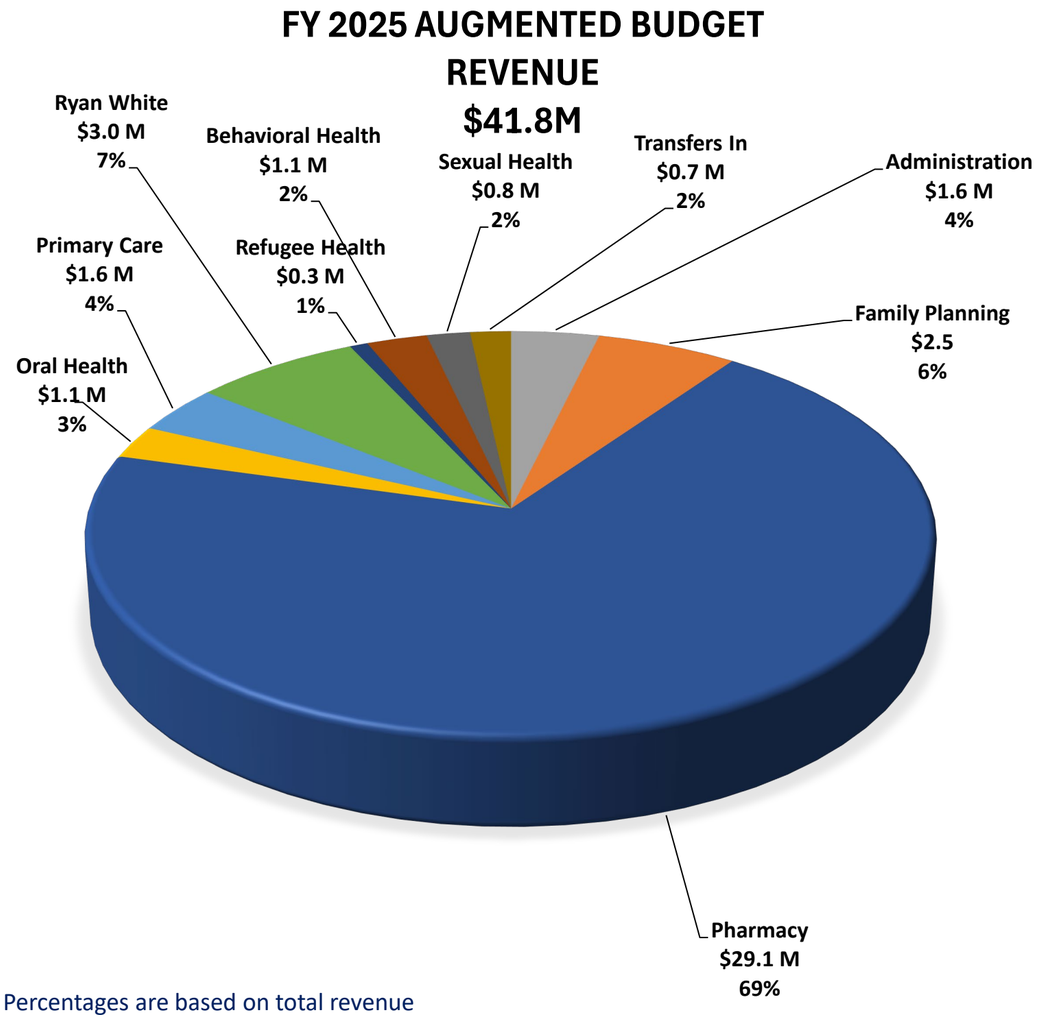


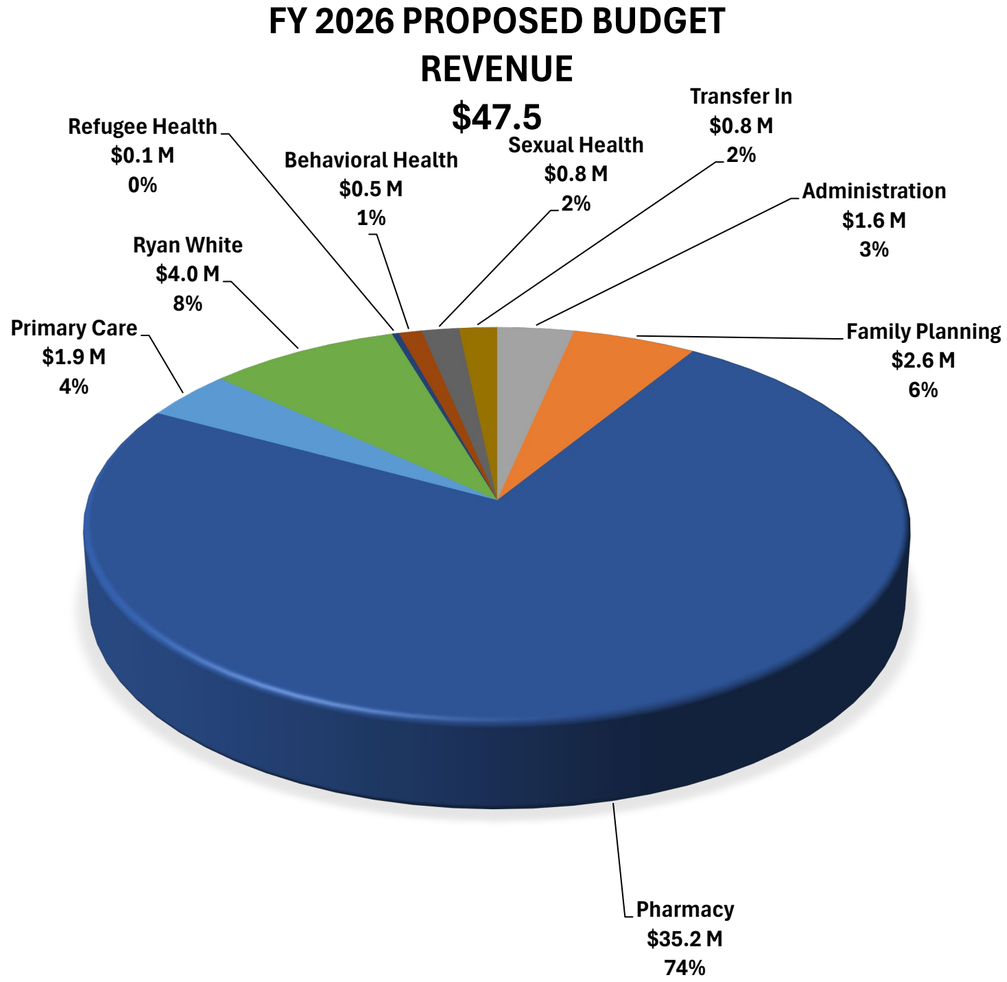


% Percentages are based on total revenue

REVENUES

COMBINED REVENUES BY DEPARTMENT – comparison





% Percentages are based on total revenue

REVENUES

GENERAL & SPECIAL REVENUE FUND SUMMARY

General Fund:

Total Charges for Services revenue is proposed at $37.5M, an increase of $6.1M, compared to $31.4M from FY25 augmented budget.

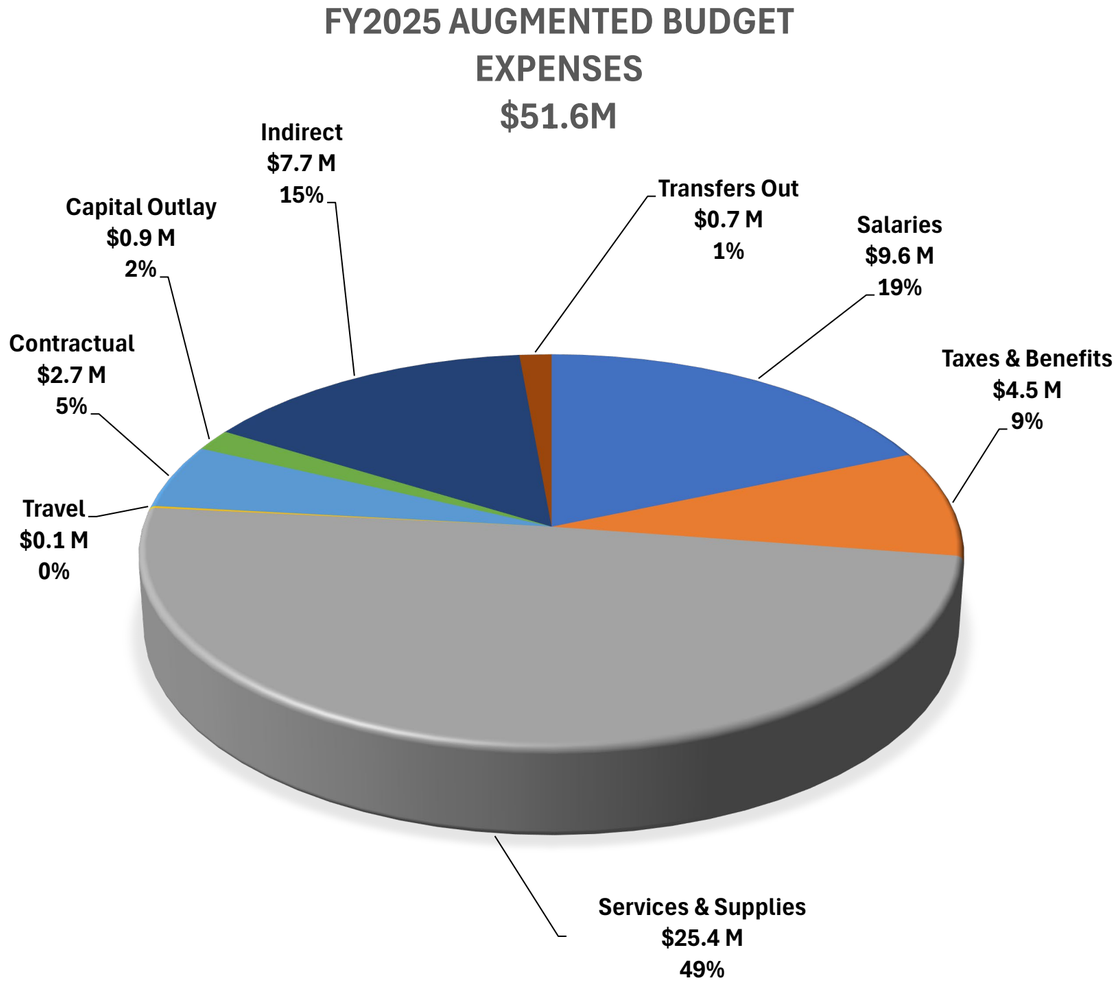
**Major component of Charges for Services revenue is Pharmacy which continue to increase at $35.2M compared to $29.1M from FY25 augmented budget*.

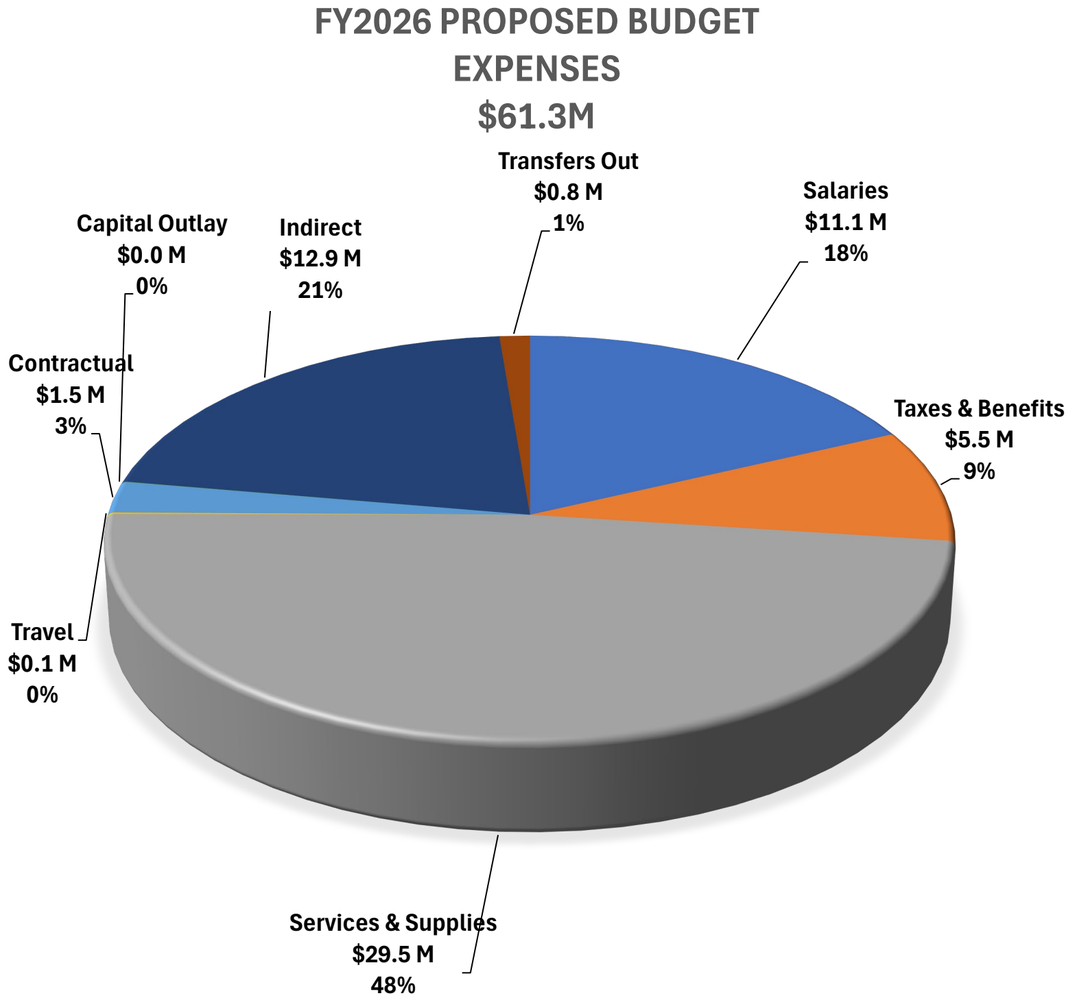
Special Revenue Fund:

Federal (Grants) revenue decreases from $8.1 in the FY25 augmented budget to $7.6M proposed.

EXPENDITURES

COMBINED EXPENSES BY SOURCE – comparison

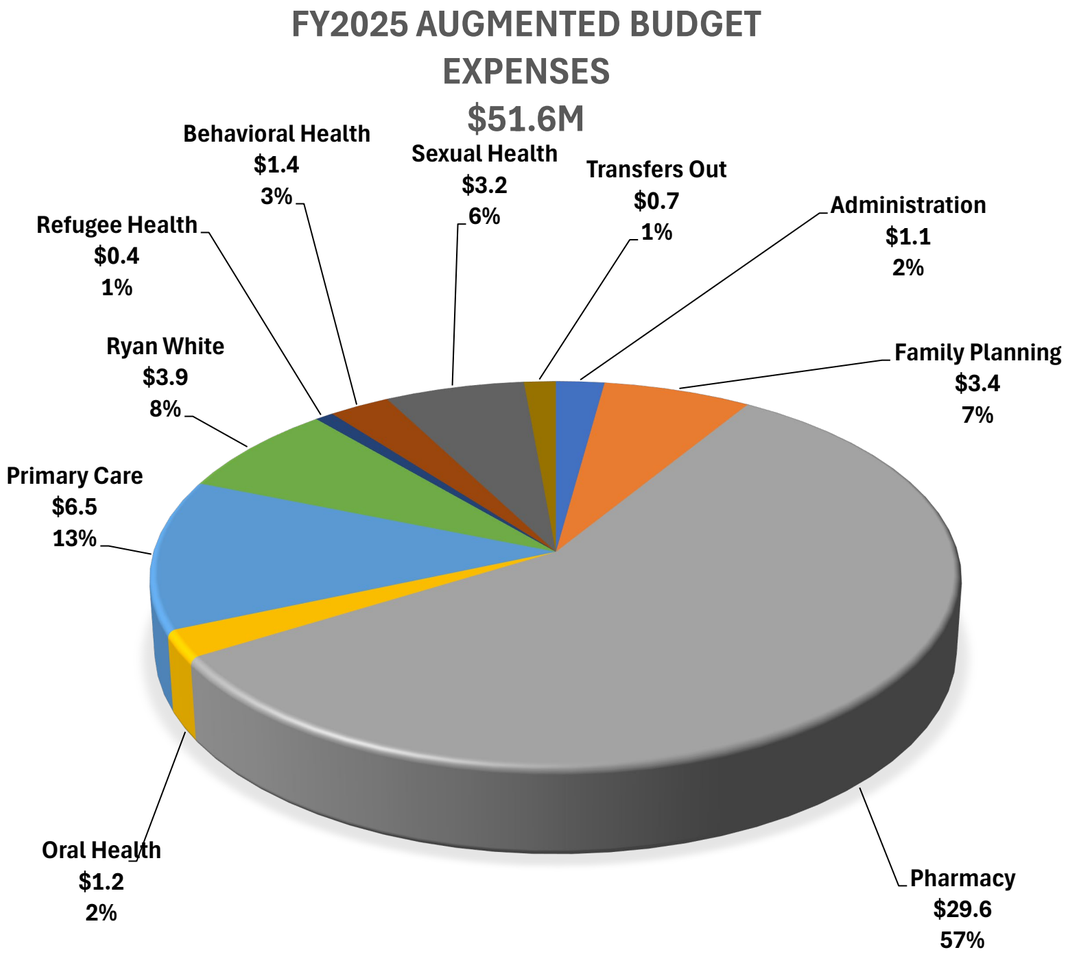


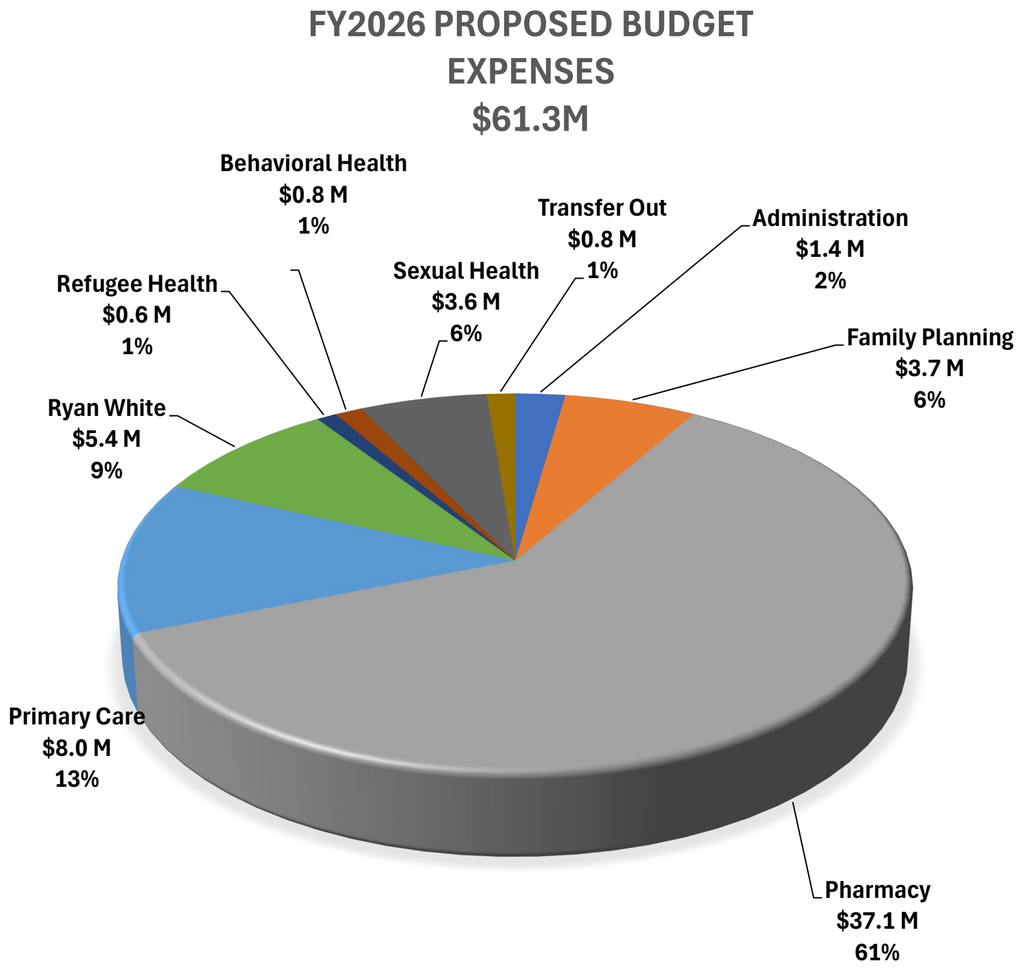


% Percentages are based on total expenses

EXPENDITURES

COMBINED EXPENSES BY DEPARTMENT– comparison





% Percentages are based on total expenditures

EXPENDITURES

GENERAL & SPECIAL REVENUE FUND SUMMARY

Primary Care's combined expenses increased from $6.5M in the FY25 augmented budget to $8.0M in FY26 proposed budget. This is primarily due to an increase in salaries & Benefits of $687k and cost allocations of $619k from FY25 augmented budget.

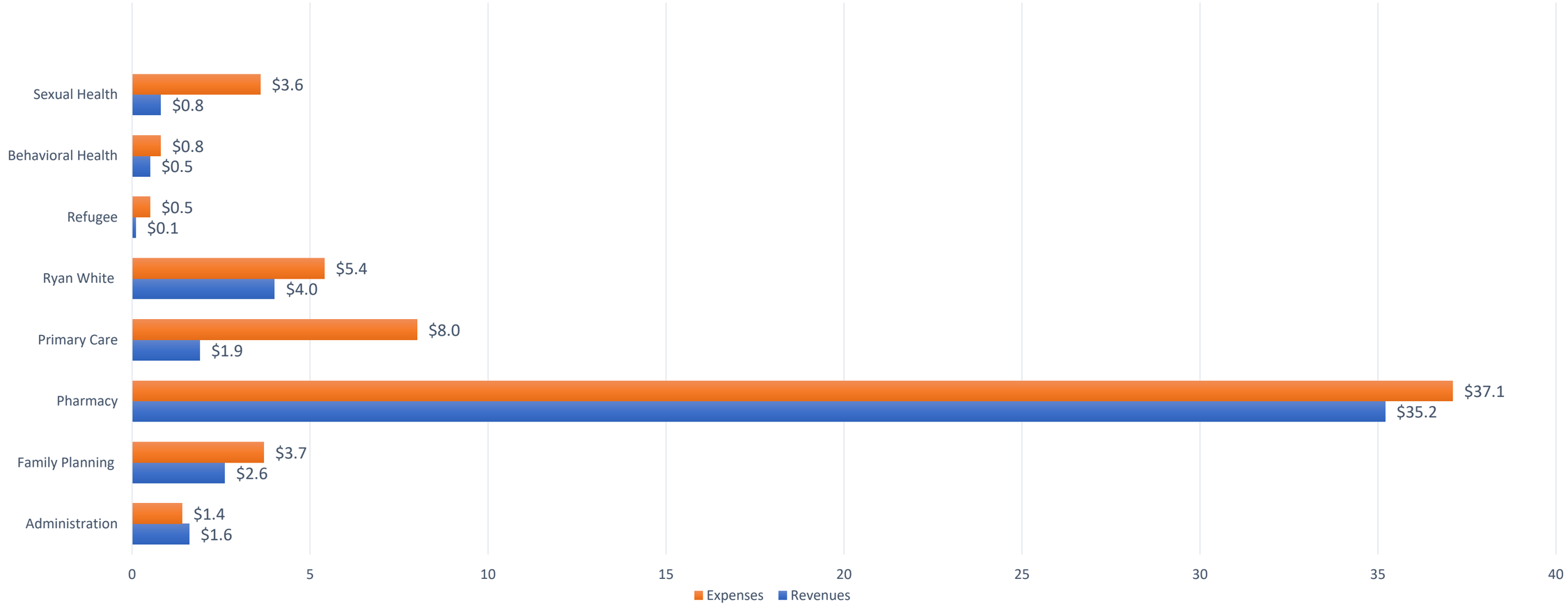
Ryan White combined expenses increased from $3.9M in the FY25 augmented budget to $5.4M in FY26 proposed budget. This is primarily due to an increase in salaries & benefits of $1.1M and cost allocations of $500K. In FY26, Ryan White increased their FTE from 26.6 to 32, an increase of 5.4.

General Fund Pharmacy total expenses is projected at $37.1M. Pharmacy medication expenses increased from $23.9M to $28.4M, a $4.5M increase from FY25 augmented budget.

Total salaries and benefits for General & Grants funds is $16.6M, 27.1% of total FQHC expenditures. More than 38.9% of personnel expense are supported by grants. FY26 budget includes a full year of salaries and benefits for vacant positions that were partially accounted for in the FY25 Augmented budget. Additionally, FY26 proposed budget includes a 4% COLA, 2.5% Merit and the impact of the 3.25% PERS increase that is effective July 1, 2025 (1/2 of the PERS increase is paid by SNHD)

REVENUES VS. EXPENDITURES

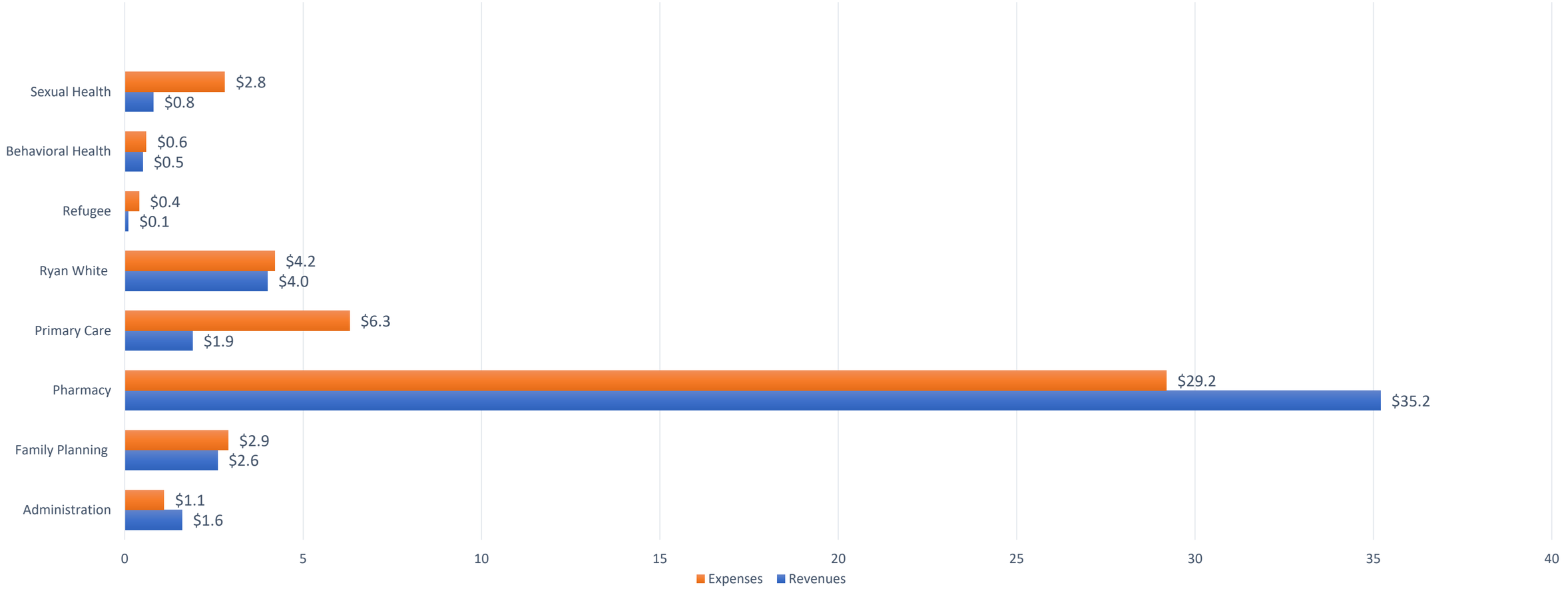
COMBINED FUNDS BY DEPARTMENT



*Amounts are represented in millions

REVENUES VS. EXPENDITURES

COMBINED FUNDS BY DEPARTMENT



**Amounts are represented in millions*
**Excludes cost allocations & indirects*

Staffing FY2026

FQHC Total FTE

FY26 FTE Counts Division	2024/2025 Adopted	2024/2025 Amended	2025/2026 Estimated	FTE Change FY25 AM vs FY26
BEHAVIORAL HEALTH	2.0	3.0	3.0	0.0
FAMILY PLANNING	19.0	18.9	18.5	-0.4
ADMINISTRATION (1)	11.0	11.2	12.0	0.8
ORAL HEALTH (DENTAL) (2)	2.0	1.9	0.0	-1.9
PHARMACY (3)	4.0	5.0	4.0	-1.0
Primary Care (4)	38.0	35.1	37.0	1.9
RYAN WHITE (5)	26.0	26.6	32.0	5.4
SEXUAL HEALTH	19.0	20.0	20.0	0.0
Total:	**121.0**	**121.7**	**126.5**	**4.8**

1. Addition of 1 Patient Service Representative
2. Removal of Oral Health
3. Removal of 1 vacant Pharmacy Tech position
4. Addition of 1 Medical Assistant
5. Addition of 3 Community Health Nurses and 2 Community Health Workers

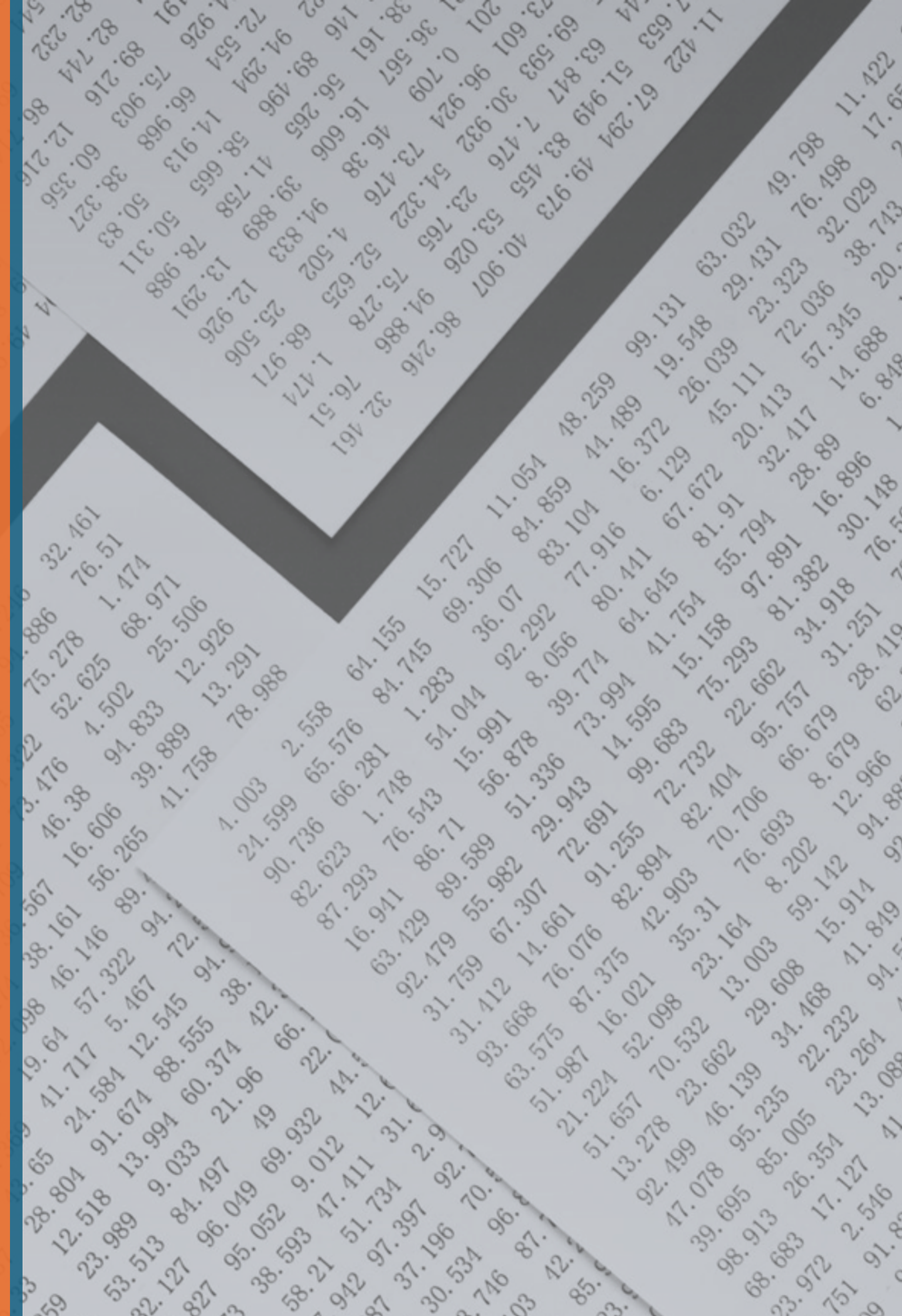
Questions?

Motion to Accept the FY 2026 budget, as presented.

CLINICAL SLIDING FEE SCHEDULE

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

APRIL 15, 2025



Sliding Fee Schedule Requirement

Offering a Sliding Fee Schedule for Qualifying Patients is a Requirement

HEALTH AND HUMAN SERVICES (HHS)

HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA)

OTHER PASS-THROUGH GRANTS

HRSA Sliding Fee Program Requirements

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

- **The health center must operate in a manner such that no patient shall be denied service due to an individual's inability to pay.**

- The health center must **prepare a schedule of fees or payments for the provision of its services consistent with locally prevailing rates** or charges and **designed to cover its reasonable costs of operation** and must **prepare a corresponding schedule of discounts [sliding fee discount schedule** (SFDS)] to be applied to the payment of such fees or payments, **by which discounts are adjusted on the basis of the patient's ability to pay**.

HRSA Sliding Fee Program Requirements

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

- The health center must establish systems for [sliding fee] eligibility determination. (SNCHC: FPG, Family Size and Annual Income)
- The health center's schedule of discounts must provide for:
  - A full discount to individuals and families with annual incomes at or below those set forth in the most recent Federal Poverty Guidelines (FPG) [100% of the FPG], **except that nominal charges for service may be collected from such individuals and families where imposition of such fees is consistent with project goals**; and
  - No sliding 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)

- The health center must assure that any **fees or payments required** by the center for health care services will be reduced or waived in order to **assure that no patient will be denied such services due to an individual's inability to pay for such services.**
- The health center **must make and continue to make every reasonable effort to secure payment for services from patients**, in accordance with health center fee schedules and the corresponding schedule of discounts
  - $53,423.73 collected from payments initiated through statements in CY24 (FQHC & PPC).
    - 34% increase in collection compared to CY23.

Sliding Fee Program in Action

- Patients are eligible to be placed on the Sliding Fee Discount Schedule based on their annual income and family size;
- Based on a patient's placement on the schedule, a sliding fee charge is created and billed to the patient at the point of care;
- Patients are asked to make a payment;
- Patient either make a full payment, partial payment or no payment;
- **ALL patients are seen regardless of their ability to pay**;
- Patients with outstanding payment balances are sent a billing statement with a request to pay;
- Any outstanding payment balances after 12 months are written off as bad debt;
- Patients are **NOT** sent to collections to recover outstanding payments.
- Patients receive personalized support from the health center's onsite partners to screen for insurance eligibility and for assistance with submitting applications to enroll in Medicaid.

Support to Patients Who Do Not Qualify for the SFDS

- Point of Care Discount of 50% to patients who do not qualify for the SFDS and are charged the full fee and make their payment at the time of their visit.
  - Primary Care and Sexual Health patients with incomes greater than 200% of the FPL
  - Family Planning patients with incomes at or above 251% of the FLP
  - Ryan White patients with incomes at or above 400% of the FLP
- Intent:
  - Remove access barriers for patients who may forgo receiving care based on the communicated full charges.
  - Increase participation among uninsured patients paying for their services.
- Complements the Sliding Fee Discount schedule.

Sliding Fee Discount Schedule Analysis

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

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

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

- Patient surveys

$4.878 million in sliding fee write offs in CY2024

Market Study of Fees for FQHCs in Nevada

Six (6) Health Centers queried in March 2025. They include:

- All for Health, Health for All
- Firstmed Health & Wellness
- First Person Care Clinic
- Hope Christian Health Center
- Nevada Health Centers
- Canyonlands Healthcare

Market Study of Fees for FQHCs in Nevada

FQHC	*SNCHC	A	B	C	D	E	F
Lowest Slide Scale Fee	**$0-20**	$0	$0	$35	$40	$35	$10
Highest Slide Scale Fee	**$55**	Must come in to discover rate.	Must come in to discover rate.	$90	$70	$95	$50
Full Price Fee	**$200**	$100	$120	$100	$200	Ala Carte-billed after visit	Ala Carte-billed after visit

*** Charges include office visit and basic labs**

SOUTHERN NEVADA Community HEALTH CENTER

Sliding Fee Program Patient Survey -2025 (103 Surveys)	
Question	**%**
1. Are you enrolled or enrolling in the sliding fee discount program?	
a. Yes, enrolled	32%
b. Yes, enrolling	11%
c. No, not enrolled/enrolling	18%
d. No, not interested in the program	9%
e. No, have health insurance	30%
2. If so, do you think the fees are reasonable for the services provided by SNCHC?	
a. Strongly Agree	41%
b. Agree	34%
c. Neutral	23%
d. Disagree	2%
e. Strongly Disagree	0%
3. Does the sliding scale fee make it easier to access services at the health center?	
a. Yes	95%
b. No	5%
4. Have you ever cancelled an appointment due to lack of funds to pay the discounted fee?	
a. Yes	16%
b. No	84%
5. Would you refer others to the Health Center knowing we have a sliding fee discount program available?	
a. Strongly Agree	56%
b. Agree	32%
c. Neutral	9%
d. Disagree	3%
e. Strongly Disagree	0%

Sliding Fee Program Patient Survey Results

Primary Care Sliding Fee Schedule

Income % of the Federal Poverty Level	100% or below	101%-150%	151%-175%	176%-199%	200%+
Program Code	P0	P1	P2	P3	P4
Slide Discount %	Nominal Fee	82.5%	77.5%	72.5%	0%
Provider Visit Fees	$20	$35	$45	$55	$200
Nurse Visit ONLY Fees	$4	$7	$9	$11	$40

Sexual and Reproductive Health Sliding Fee Schedule

Income % of the Federal Poverty Level	100% or below	101%-150%	151%-175%	176%-199%	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	101%-150%	151%-175%	176%-199%	200%-250%	251%+
Program Code	P0	P1	P2	P3	P4	P5
Slide Discount %	Nominal Fee	82.5%	77.5%	72.5%	70%	0%
Provider Visit Fees	$0	$35	$45	$55	$60	$200
Nurse Visit ONLY Fees	$0	$7	$9	$11	$12	$40

SOUTHERN NEVADA Community HEALTH CENTER

Ryan White Sliding Fee Schedule

Income % of the Federal Poverty Level	100% or below	101%-150%	151%-175%	176%-199%	200%-300%	301-399% +	400% +
Program Code	P0	P1	P2	P3	P4		
Slide Discount %	Nominal Fee	82.5%	77.5%	72.5%	0%	0%	0%
Provider Visit Fees	$0	$35	$45	$55	$200	$200	$200
Nurse Visit ONLY Fees	$0	$7	$9	$11	$40	$40	$40
No charges beyond __% of pt.'s gross annual income	0%	5%	5%	5%	7%	10%	N/A

Pharmacy Sliding Fee Schedule

Income % of the Federal Poverty Level	100% or below	101%-150%	151%-175%	176%-200%	200%+
Program Code	P0	P1	P2	P3	P4
Medications (up to 30-day supply)	$7	$12	$17	$22	Full cost/$22
Insulin (vial/pen)	$10	$10	$10	$10	$10
Diabetic supplies	$10	$10	$10	$10	$10
Glucose Meter	$20	$20	$20	$20	$20

Questions?

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

CHCA-002 Sliding Fee Policy

Purpose

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

Scope

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

Changes

- Updated titles
- Updated links in references
- Added a new item under IV. Procedure, E, Other
  - **For patients who are using the sliding fee schedule, and who are receiving more than one service in a day, the first sliding fee charge will be imposed and any additional sliding fee charges for that day's services will be waived.**

Questions?

Motion to Approve the Sliding Fee Policy, 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 15, 2025

Clinical Master Fee Schedule Review

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

Annual review of fees allows for changes on a consistent basis to stay 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

Compare all fees currently utilized in SNHD operations to fees established in the Clark County local healthcare community (Source: The Physician Fees Report 2025).

Identify existing fees lower than 60th percentile of reported fees for further review. Add new fees anticipated to be utilized in 2025.

Propose fee changes based on comparison of current fees to 60th 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 (305 fees total with 47 new fees). All other fees on the billing fee schedule remain the same.

REFERENCES

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

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

	EXHIBIT A		
	2025 PROPOSED CHANGES TO SNHD BILLING FEE SCHEDULE		
CPTCODE	Description	Current Rate	Proposed New Fee
	Integumentary		
10060	I&D Abscess	$ 332.00	$ 426.00
10120	Foreign Body- SKIN- Simple	$ 471.00	$ 599.00
11104	PUNCH BX SKIN SINGLE LESION	New Fee	$ 248.00
11105	PUNCH BX SKIN EA SEP/ADDL	New Fee	$ 126.00
11106	INCAL BX SKN SINGLE LES	New Fee	$ 273.00
11200	REMOVAL OF SKIN TAGS	New Fee	$ 180.00
11300	SHAVE TRUNK <0.5 CM	New Fee	$ 214.00
11301	SHAVE TRUNK 0.6-1 CM	New Fee	$ 252.00
11302	SHAVE TRUNK 1.1-2 CM	New Fee	$ 275.00
11303	SHAVE TRUNK >2 CM	New Fee	$ 317.00
11305	SHAVE S-N-H <0.5 CM	New Fee	$ 1,765.00
11306	SHAVE S-N-H 0.6-1 CM	New Fee	$ 214.00
11307	SHAVE S-N-H 1.1-2 CM	New Fee	$ 251.00
11308	SHAVE S-N-H >2 CM	New Fee	$ 253.00
11310	SHAVE F-E-E-N-L-M <0.5 CM	New Fee	$ 242.00
11311	SHAVE F-E-E-N-L-M 0.6-1 CM	New Fee	$ 276.00
11312	SHAVE F-E-E-N-L-M 1-2 CM	New Fee	$ 287.00
11313	SHAVE F-E-E-N-L-M >2 CM	New Fee	$ 340.00
11730	REMOVAL OF NAIL PLATE	New Fee	$ 297.00
11732	REMOVE NAIL PLATE- ADD-ON	New Fee	$ 114.00
11750	REMOVAL OF NAIL BED	$ 161.39	$ 555.00
11981	Implant - Insertion	$ 304.00	$ 315.00
11982	Implant - Removal	$ 320.00	$ 326.00
15851	REMOVAL OF SUTURES	New Fee	$ 164.00
16000	Burn Care- Initial	$ 306.00	$ 404.00
17110	DESTRUCT LESION- 1-14	New Fee	$ 305.00
17111	DESTRUCT LESION- 15 OR MORE	New Fee	$ 305.00

	Female Genital		
57410	PELVIC EXAMINATION	$ 259.00	$ 296.00
58300	IUD Insertion	$ 254.00	$ 280.00
58301	IUD Removal	$ 252.00	$ 267.00
	Radiology		
72040	X-RAY EXAM OF NECK SPINE	$ 38.74	$ 125.00
	Pathology & Laboratory		
80048	**BMP**GlucoseBUNCreatinineBUN/Crea ratioNaKCLCO2	New Fee	$ 56.00
80069	**RENAL PANEL**GlucoseBUNCreatinineBUN/Crea ratioNaKCLCO2CaPhosphoruseG	New Fee	$ 75.00
80074	Acute Hepatitis Panel w/reflex	$ 564.00	$ 592.00
80076	**HEPATIC PANEL**Total ProteinAlbuminGlobulin (calculated)Alb/Glb ratio (calcul	New Fee	$ 48.00
80305	DRUG TEST PRSMV DIR OPT OBS	$ 53.00	$ 55.00
81001	Urinalysis	New Fee	$ 41.00
82040	Albumin	New Fee	$ 22.00
82044	Microalbumin	$ 21.00	$ 23.00
82150	Amylase	New Fee	$ 52.00
82247	Total Bilirubin	New Fee	$ 32.00
82248	Direct Bilirubin	New Fee	$ 35.00
82270	Hemoccult - Clia	$ 21.00	$ 25.00
82310	Calcium (Ca+)	New Fee	$ 29.00
82374	Carbon Dioxide(CO2)	New Fee	$ 10.00
82435	Chloride(Cl-)	New Fee	$ 11.00
82465	Cholesterol, total	$ 31.00	$ 34.00
82565	Creatinine	New Fee	$ 31.00
82947	Glucose	$ 22.00	$ 24.00
83036	Hemoglobin A1c - Clia	$ 76.00	$ 83.00
83036	HgbA1C	$ 76.00	$ 83.00
83690	Lipase	New Fee	$ 59.00
83718	ASSAY OF LIPOPROTEIN	$ 38.00	$ 41.00
83718	HDL	$ 38.00	$ 41.00
83721	LDL	New Fee	$ 37.00
83735	Magnesium	New Fee	$ 60.00
84075	Alkaline Phosphatase (ALP)	New Fee	$ 23.00

84100	phosphorus	New Fee	$ 35.00
84132	Potassium	New Fee	$ 28.00
84155	Total Protein	New Fee	$ 20.00
84295	Sodium (NA+)	New Fee	$ 30.00
84450	Aspartate Aminotransferase (AST)	New Fee	$ 38.00
84460	Alanine Aminotransferase (ALT)	New Fee	$ 44.00
84520	Urea Nitrogen (BUN)	New Fee	$ 22.00
84550	Uric Acid	New Fee	$ 45.00
85025	CBC (DIFF/PLT)	$ 38.00	$ 46.00
85027	CBC(H/H,RBC,WBC,PLT)	New Fee	$ 45.00
86141	hsCRP	New Fee	$ 72.00
86308	Mononucleosis	$ 26.00	$ 29.00
86480	Quantiferon Prof. Comp (26)	$ 35.00	$ 67.00
86480	QuantiFERON - TB Gold Plus, 4 tubes	$ 252.00	$ 325.00
86580	TUBERSOL/APLISOL INJ 5 U/0.1ML	$ 32.00	$ 32.90
86592	RPR screen	$ 42.00	$ 50.00
86702	HIV 1/2 differential - HIV-2 line result	$ 117.00	$ 126.00
86704	HEP B CORE ANTIBODY- TOTAL	$ 101.00	$ 123.00
86705	Hepatitis B core IgM	$ 112.00	$ 121.00
86708	Hepatitis A Total Ab	$ 114.00	$ 140.00
86709	Hepatitis A IgM	$ 82.00	$ 85.00
86780	TP-PA confirmation test	$ 66.00	$ 71.00
86780	Syphilis/Treponema Total Ab	$ 66.00	$ 71.00
86803	Hepatitis C Ab	$ 135.00	$ 148.00
87340	Hepatitis B Surface Antigen	$ 70.00	$ 87.00
87390	HIV-1 AG- EIA	$ 78.00	$ 80.00
87491	Chlamydia Trachomatis RNA, TMA	$ 114.00	$ 120.00
87522	Hepatitis C Quantitative RNA	$ 568.00	$ 608.00
87536	HIV-1 Quantitative RNA	$ 450.00	$ 489.00
87591	Neisseria gonorrhoeae RNA, TMA	$ 114.00	$ 121.00
87624	HPV (AMP)	$ 142.00	$ 148.00
87635	SARS-Cov-2 RNA- Qualitative Real-Time RT-PCR	$ 130.00	$ 136.00

87806	HIV - 1/2	$ 80.00	$ 83.00
87905	Bacterial Vaginosis	$ 39.00	$ 40.00
88150	Pap Smear	$ 56.00	$ 65.00
88164	Cytopathology- slides- cervical or vaginal/V- MANUAL	$ 55.00	$ 77.00
	Immunizations/Vaccines		
90380	Respiratory syncytial virus (RSV) monoclonal antibody	$ 528.26	$ 941.00
90381	Respiratory syncytial virus (RSV) monoclonal antibody	$ 528.26	$ 941.00
90460	IMADM ANY ROUTE 1ST VAC/TOX	$ 48.00	$ 57.00
90461	INADM ANY ROUTE ADDL VAC/TOX	$ 34.00	$ 41.00
90471	Admin Fee 1st Vaccine	$ 50.00	$ 60.00
90472	Admin Fee Each Additional Vaccine (IM or SQ)	$ 31.00	$ 37.00
90619	Meningococcal MenACWY MenQuadfi	$ 270.00	$ 309.00
90620	Meningococcal (MenB-4C-Bexsero)	$ 340.00	$ 381.00
90621	Meningococcal (MenB-FHbhp- Trumenba)	$ 284.00	$ 345.00
90632	Hepatitis A (Adult) VAQTA	$ 137.00	$ 164.00
90632	Hepatitis A (Adult)	$ 137.00	$ 164.00
90633	Hepatitis A (Child)	$ 79.00	$ 92.00
90633	Hepatitis A (Child) VAQTA	$ 79.00	$ 92.00
90636	Hepatitis A & B (Twinrix)	$ 203.00	$ 233.00
90644	MENINGOCCL HIB VAC 4 DOSE IM	$ 11.00	$ 12.00
90644	Meningococcal C/Y-HIB PRP	$ 11.00	$ 12.00
90647	Hib PRP-OMP	$ 60.00	$ 74.00
90648	Hib PRP-T	$ 57.00	$ 67.00
90649	H PAPILLOMA VACC 3 DOSE IM	$ 275.00	$ 276.00
90649	HPV- quadrivalent	$ 275.00	$ 276.00
90650	HPV TYP BIVAL 3 DOSE IM	$ 274.00	$ 308.00
90650	HPV- bivalent	$ 274.00	$ 308.00
90651	HPV9- Gardasil	$ 465.00	$ 483.00
90653	Fluad TIV (2024-2025)	$ 105.00	$ 111.00
90661	Flucelvax TIV Pre-Filled syringe (2024-2025)	$ 50.00	$ 66.00
90670	Pneumococcal (Prevnar 13)	$ 420.00	$ 424.00
90671	PCV15 (Vaxneuvance)	$ 420.00	$ 465.00
90672	Influenza-live- intranasal- quadrivalent	$ 53.00	$ 62.00

90675	Rabies	$ 570.00	$ 647.00
90677	PCV20 (Prevnar 20)	$ 472.00	$ 542.00
90678	Respiratory syncytial virus (RSV)- vaccine- bivalent	$ 374.00	$ 536.00
90679	RSV Vaccine	$ 380.00	$ 470.00
90680	Rotavirus- Pentavalent	$ 169.00	$ 202.00
90681	Rotavirus- Monovalent (Rotarix PFS)	$ 240.00	$ 259.00
90681	Rotavirus- Monovalent (Rotarix)	$ 240.00	$ 259.00
90684	PCV21 (Capvaxive)	$ 344.00	$ 344.00
90686	Inf. Quad.- .50P Free Fluarix (2023-2024)	$ 46.00	$ 54.00
90687	Influenza- Quad Inj Prsve 0.25 (1 dose)	$ 35.00	$ 40.00
90691	Typhoid	$ 189.00	$ 226.00
90691	Typhoid- ViCPs	$ 189.00	$ 226.00
90696	DTaP-IPV (Kinrix)	$ 116.00	$ 137.00
90696	DTaP-IPV - Quadracel	$ 116.00	$ 137.00
90697	DTaP-IPV-HepB-Hib - PFS	$ 245.00	$ 281.00
90697	DTAP-IPV-HIB-HEPB VACCINE IM	$ 245.00	$ 281.00
90698	DTaP- Hib- IPV (Pentacel)	$ 195.00	$ 218.00
90700	DTap	$ 62.00	$ 74.00
90700	DTaP - Daptacel	$ 62.00	$ 74.00
90707	MMR	$ 160.00	$ 170.00
90710	MMRV	$ 450.00	$ 468.00
90713	IPV (Polio)	$ 70.00	$ 82.00
90714	Td (Tenivac) Preserve Free	$ 65.00	$ 74.00
90714	Td Grifols	$ 65.00	$ 74.00
90715	Tdap	$ 89.00	$ 104.00
90715	Tdap Boostrix	$ 89.00	$ 104.00
90716	Varicella (chicken pox)	$ 275.00	$ 283.00
90723	DTaP-Hep B- IPV (Pediarix)	$ 171.00	$ 201.00
90732	Pneumococcal (Pneumovax 23)	$ 215.00	$ 238.00
90732	Pneumococcal - Pneumovax 23 PFS	$ 215.00	$ 238.00
90734	Meningococcal (MCV4) Menactra	$ 232.00	$ 277.00
90734	Meningococcal (MCV4) Menveo	$ 232.00	$ 277.00

90739	HEP B VACC ADULT 2 DOSE IM	$ 234.00	$ 280.00
90744	Hepatitis B (Child)	$ 70.00	$ 82.00
90744	Hepatitis B (Child) Merck	$ 70.00	$ 82.00
90746	Hepatitis B (Adult)	$ 141.00	$ 170.00
90746	Hepatitis B (Adult) PFS	$ 141.00	$ 170.00
90750	Zoster- recombinant (Shingrix)	$ 325.00	$ 348.00
90756	Flu- MDCK- W/Preservative Quad MDV	$ 52.00	$ 62.00
	Medicine/Behavioral Health		
90791	PSYCH DIAGNOSTIC EVALUATION	$ 242.00	$ 269.00
90832	PSYTX PT&/FAMILY 30 MINUTES	$ 126.00	$ 138.00
90834	PSYTX PT&/FAMILY 45 MINUTES	$ 164.00	$ 176.00
90837	PSYTX PT&/FAMILY 60 MINUTES	$ 190.00	$ 206.00
90838	PSYTX PT&/FAM W/E&M 60 MIN	$ 221.00	$ 234.00
90839	PSYTX CRISIS INITIAL 60 MIN	$ 218.00	$ 243.00
90840	PSYTX CRISIS EA ADDL 30 MIN	$ 99.00	$ 117.00
90845	PSYCHOANALYSIS	$ 183.00	$ 217.00
92551	Audiometry/screening test- pure tone- air only	$ 39.00	$ 42.00
92567	TYMPANOMETRY	$ 52.00	$ 64.00
93000	ECG w/interpretation	$ 78.00	$ 85.00
94640	Nebulizer/Inhalation Treatment	$ 55.00	$ 59.00
94760	Pulmonary Diagnostic Testing/Pulse Oximetry - Single determination	$ 19.00	$ 20.00
97802	MEDICAL NUTRITION- INDIV- IN	$ 68.00	$ 73.00
97803	MED NUTRITION- INDIV- SUBSEQ	$ 58.00	$ 62.00
97804	MEDICAL NUTRITION- GROUP	$ 50.00	$ 55.00
98960	SELF-MGMT EDUC & TRAIN- 1 PT	$ 64.00	$ 69.00
98961	SELF-MGMT EDUC/TRAIN- 2-4 PT	$ 62.00	$ 68.00
98962	SELF-MGMT EDUC/TRAIN- 5-8 PT	$ 44.00	$ 47.00
99080	SPECIAL REPORTS	$ 10.00	$ 30.00
99202	E&M New Outpatient - Expanded Problem Focused	$ 160.00	$ 175.00
99203	New Patient Detailed Problem Focused	$ 234.00	$ 281.00

99204	E&M New Outpatient Comprehensive Problem	$ 358.00	$ 429.00
99205	E&M New Outpatient- Very Comprehensive Problem Focused	$ 472.00	$ 568.00
99211	E&M Established Outpatient - RN Only	$ 60.00	$ 68.00
99212	E&M Established Outpatient - Problem Focused	$ 107.00	$ 129.00
99213	E&M Established Outpatient Expanded Problem Focused	$ 162.00	$ 200.00
99214	E&M Established Outpatient - Detailed Problem Focused	$ 237.00	$ 293.00
99215	E&M Established Outpatient - Comprehensive Problem Focused	$ 346.00	$ 431.00
99242	Office Consultation Level 2	$ 293.00	$ 270.00
99243	Office Consultation Level 3	$ 389.00	$ 395.00
99244	Office Consultation Level 4	$ 545.00	$ 557.00
99245	Office Consultation Level 5	$ 708.00	$ 760.00
99341	HOME V- NP FOCUSED	$ 122.00	$ 123.00
99344	HOME V- NP COMREH	$ 339.00	$ 345.00
99348	HOME V- EP EXPANDED	$ 306.00	$ 337.00
99349	HOME V- EP DETAILED	$ 267.00	$ 268.00
99350	HOME V- EP COMPREHEN	$ 370.00	$ 377.00
99381	Preventive Medicine- New patient- <1 Year Old	$ 209.00	$ 242.00
99382	Preventive Medicine- New patient- 1-4 Years Old	$ 218.00	$ 253.00
99383	Preventive Medicine- New patient- 5-11 Years Old	$ 221.00	$ 258.00
99384	Preventive Medicine- New patient- 12-17 Years Old	$ 246.00	$ 283.00
99385	Preventive Medicine- New patient- 18-39 Years Old	$ 278.00	$ 322.00
99386	Preventive Medicine- New patient- 40-64 Years Old	$ 306.00	$ 354.00
99387	Preventive Medicine- New patient- 65 Years Old	$ 310.00	$ 359.00
99391	Preventive Medicine- Established patient- <1 Year Old	$ 190.00	$ 221.00
99392	Preventive Medicine- Established patient- 1-4 Years Old	$ 200.00	$ 230.00
99393	Preventive Medicine- Established patient- 5-11 Years Old	$ 199.00	$ 228.00
99394	Preventive Medicine- Established patient- 12-17 Years Old	$ 212.00	$ 248.00
99395	Preventive Medicine- Established patient- 18-39 Years Old	$ 237.00	$ 276.00
99396	Preventive Medicine- Established patient- 40-64 Years Old	$ 251.00	$ 288.00
99397	Preventive Medicine- Established patient- 65+ Years Old	$ 260.00	$ 303.00
99401	Preventative- Risk Reduction Counseling- Approx 15 Min.	$ 79.00	$ 87.00
99402	Preventative- Risk Reduction Counseling- Approx 30 Min.	$ 128.00	$ 160.00
99403	Preventative- Risk Reduction Counseling- Approx 45 Min.	$ 321.00	$ 450.00

99404	Preventative- Risk Reduction Counseling- Approx 60 Min.	$ 168.00	$ 198.00
99406	Tobacco counseling/3-10 min	$ 32.00	$ 35.00
99407	Tobacco counseling> 10 min	$ 62.00	$ 68.00
99423	OL DIG E/M SVC 21+ MIN	$ 107.00	$ 126.00
	Medical & Surgical Suppliers		
A4267	Condoms (Male) (1 pk = 12)	$ 0.50	$ 0.51
A6250	Antibiotic Ointment (Bacitracin Zinc) Packet	$ 0.09	$ 0.09
A6250	Silver Sulfadiazine 1% cream	$ 0.26	$ 0.27
	Procedures/Professional Services		
G0466	FQHC VISIT NEW PATIENT	$ 244.00	$ 294.00
G0467	FQHC VISIT ESTABLISHED PATIENT	$ 244.00	$ 294.00
G0468	FQHC VISIT IPPE/AWV	$ 244.00	$ 294.00
G0469	FQHC VISIT MENTAL HEALTH NEW PT	$ 240.00	$ 310.00
G0470	FQHC VISIT MENTAL HEALTH ESTAB PT	$ 240.00	$ 310.00
G2025	Telehealth	$ 92.03	$ 97.00
G8598	Aspirin 325mg (ASA)	$ 0.02	$ 0.02
	Drugs Administered other than Oral Method		
J0131	Acetaminophen 120mg SUPPOS. ORAL	$ 0.32	$ 0.33
J0131	Acetaminophen 160mg/5ml. LQ. ORAL	$ 0.43	$ 0.44
J0131	Acetaminophen 325mg CAP TAB. ORAL	$ 0.01	$ 0.01
J0170	Epinephrine 1mg/ml INJ. VIAL	$ 14.98	$ 15.40
J0171	EpiPen (Epinephrine) 0.30mg autoinjector	$ 312.58	$ 321.33
J0171	EpiPen Jr (Epinephrine Jr.) 0.15mg autoinjector	$ 160.50	$ 164.99
J0558	Penicillin G benz/G procaine (CR) 2.4 mil u/2mL (100-000 per unit)	$ 128.85	$ 132.46
J0561	Bicillin 1.2 mil Long Acting	$ 13.80	$ 14.19
J0561	Bicillin 2.4 LA Long Acting	$ 13.80	$ 14.19
J0561	Penicillin G benzathine (LA) 600-000 u/mL (100-000 per unit)	$ 13.80	$ 14.19
J0696	Ceftriaxone 250mg/mL- IM	$ 12.68	$ 13.04
J0696	Ceftriaxone 500mg/mL- IM	$ 14.17	$ 14.57
J1050	Medroxyprogesterone 150mg/ml IM	$ 57.80	$ 59.42
J1100	Dexamethasone sodium phosphate 10mg/ml INJ	$ 38.25	$ 39.32

J1100	Dexamethasone sodium phosphate 4mg/ml INJ	$ 12.49	$ 12.84
J1200	Diphenhydramine HCl 50mg/mL Inj	$ 0.84	$ 0.86
J1580	Gentamicin 80mg/mL 2ML	$ 1.14	$ 1.17
J1741	Ibuprofen 200mg CAP	$ 0.06	$ 0.06
J1885	Ketorolac tromethamine 30mg/mL INJ	$ 1.80	$ 1.85
J1885	Ketorolac tromethamine 60mg/2mL INJ	$ 2.96	$ 3.04
J2001	Lidocaine 2% Viscous SOLN	$ 0.11	$ 0.11
J2001	Xylocaine-Mpf 1% VIAL	$ 6.96	$ 7.15
J2020	PRETOMANID TAB 200MG	$ 630.14	$ 647.78
J2020	Linezolid 100/5ml	$ 279.47	$ 287.30
J2405	Ondansetron 4mg/2mL INJ (the code is 1 unit)	$ 0.48	$ 0.49
J2405	Ondansetron ODT 4mg TAB	$ 19.07	$ 19.60
J2550	Promethazine HCl 25mg/mL (inj code is 50mg)	$ 30.57	$ 31.43
J3420	Vitamin B12 (Cyanocobalamin) 1000 mg INJ	$ 7.48	$ 7.69
J3490	Capastat Injectable (1gr = 10ml)	$ 221.31	$ 227.51
J7296	Kyleena- 19.5 mg	$ 1,180.00	$ 1,272.00
J7297	IUD Device - Liletta	$ 200.00	$ 1,303.00
J7298	IUD Device - Mirena	$ 753.00	$ 1,272.00
J7300	IUD Device - Paragard	$ 568.00	$ 1,184.00
J7301	IUD Device - Skyla	$ 550.00	$ 1,059.00
J7307	Implant Device - Nexplanon	$ 825.00	$ 1,271.00
J7510	PREDNISOLONE 15mg/5mL SOLN. ORAL	$ 0.41	$ 0.42
J7613	Albuterol Sul 2.5mg/3mL SOLN	$ 1.14	$ 1.17
J7620	Iprat-Albut 0.5-3(2.5)mg/3mL	$ 1.97	$ 2.03
J7620	Ipratropium BR 0.02% SOLN	$ 1.51	$ 1.55
J7626	Budesonide 0.5mg/2mL INH SUSP	$ 9.48	$ 9.75
J7627	Budesonide 1mg/2mL INH SUSP	$ 19.76	$ 20.31
J8499	VITAMIN B-6 25 MG	$ 1.07	$ 1.10
J8499	INH 300MG 100CT	$ 9.16	$ 9.42
J8499	TB, RIFAPENTINE 150MG	$ 3.90	$ 4.01
J8499	AVELOX, 400 MG	$ 31.27	$ 32.15
J8499	ZYVOX, 600 MG	$ 10.97	$ 11.28

J8499	Azithromycin 500mg	$ 13.33	$ 13.70
J8499	Cycloserine 250mg	$ 66.88	$ 68.75
J8499	Diphenhydramine 12.5mg/5ml LQ	$ 0.02	$ 0.02
J8499	Doxycycline 100mg	$ 0.20	$ 0.21
J8499	Ethambutol 100mg	$ 8.20	$ 8.43
J8499	Ethambutol 400 mg	$ 1.13	$ 1.16
J8499	Ethionamide 250 mg	$ 5.67	$ 5.83
J8499	Hurricaine Gyno-Gel	$ 7.40	$ 7.61
J8499	Ibuprofen 100mg/5mL LQ ORAL	$ 0.03	$ 0.03
J8499	Isoniazid 100mg	$ 0.13	$ 0.13
J8499	Isoniazid 300mg	$ 0.43	$ 0.44
J8499	Levaquin 250mg	$ 14.39	$ 14.79
J8499	Levaquin 500mg	$ 17.20	$ 17.68
J8499	Levaquin 750mg	$ 30.88	$ 31.74
J8499	Linezolid 600mg Tab	$ 146.94	$ 151.05
J8499	Metronidazole 500 mg	$ 5.55	$ 5.71
J8499	Moxifloxacin 400 mg Tab	$ 26.76	$ 27.51
J8499	Mycobutin 150mg	$ 14.98	$ 15.40
J8499	Mylanta	$ 0.09	$ 0.09
J8499	Priftin/rifapentine 150mg	$ 3.90	$ 4.01
J8499	Pyrazinamide 500mg	$ 2.45	$ 2.52
J8499	Rifamate (rifampin and isoniazid) 150/300mg	$ 60.83	$ 62.53
J8499	Rifampin 150mg	$ 16.95	$ 17.42
J8499	Rifampin 300mg	$ 14.03	$ 14.42
J8499	Streptomycin 1 gram VIAL	$ 80.00	$ 82.24
J8499	Vitamin B-6 50mg	$ 0.02	$ 0.02
J8501	LEVOFLOXACIN TAB 500MG 50 CT	$ 3.31	$ 3.40
Q0163	Diphenhydramine 25mg CAP	$ 0.02	$ 0.02
S4993	Emergency Birth Control - Plan B	$ 31.20	$ 32.07
S4993	NEW DAY TAB 1.5MG 1 NSTR@	$ 31.94	$ 32.83

Questions?

Motion to Approve Clinical Master Fee Schedule, as presented.

2024 Annual Risk Management Report

2024 Quarterly Risk Assessments

- Q1 Risk Assessment - Ambulatory Medical and Dental Risk Management Assessment (ECRI Tool)
- Q2 Risk Assessment – HIPAA Risk Assessment (SNHD Compliance Tool)
- Q3 Risk Assessment – Infection Prevention and Control (ECRI Tool)
- Q4 Risk Assessment – Obstetric Services Risk Assessment (ECRI Tool)

Action Plan:

CY24 Goals	CY24 Activities (What, Who, When)	CY24 Performance
		3 & 6 Month Follow Up
Goal #1: Create an Infection Prevention Control Policy that addresses all components required to resolve the deficiencies identified in the HRSA Risk Assessment and Mitigation Tool: Infection Prevention and Control (IPC).	• IPC Committee to be formed including, at a minimum, the FQHC CEO, FQHC Risk Manager, QMC, Operations Managers, and Medical Director/IPC Officer • IPC Committee will collaborate on the creation, training, and implementation of an IPC Policy by May 31, 2025. • An IPC Policy Draft has been crafted and attached, in correlation with the IPC Risk Assessment and Mitigation Tool to ensure all findings are addressed and mitigated.	December 2024 – Policy outline has been drafted to include all pertinent areas of concern discovered by this assessment. Senior Leadership has the policy in review. The plan is to await the new Medical Director to be hired in February to approve. March 2025 – Medical Director was hired in February and has not yet reviewed the policy draft. June 2025 –
		3 & 6 Month Follow Up
Goal #2: Name a new IPC Officer and a backup IPC Officer	• FQHC CEO to determine who will serve as the FQHC IPC Officer. • FQHC CEO and IPC Officer will determine who will be the backup/Assistant IPC Officer. • An IPC Certification program/training will be identified and both the IPC Officer and the Assistant IPC Officer will be certified.	December 2024 – The plan is to await the new Medical Director to be hired in February to appoint them as the IPC Officer for the FQHC. March 2025 – Medical Director was hired in February and has not yet had enough time onboard to be appointed quite yet. June 2025 –
		3 & 6 Month Follow Up
Goal #3: IPC daily procedures to be developed, documented, trained, and implemented with measurable metrics and a process for ongoing IPC monitoring and quality control.	• IPC Committee will determine metrics to be measured and provide quarterly reports to the FQHC Leadership team. • IPC Committee will oversee the development, documentation, training, and implementation of ○ day-to-day sanitation, sterilization, and disinfection procedures and practices, ○ day-to-day rounding process to monitor and maintain daily IPC procedures and practices, ○ equipment usage, safety, sterilization, preventive maintenance, and ○ equipment manual adherence, use, and availability	December 2024 – Once the new IPC Policy is accepted, the incoming Medical Director will organize, develop, and implement the training to support the findings in this assessment. This assessment will need to be repeated next year to monitor progress. March 2025 – The plan is to await the new Medical Director to be hired in February to approve. June 2025 –

Action Plan:

CY25 Goals	CY25 Activities (What, Who, When)	CY25 Performance
		3 & 6 Month Follow Up
Goal #1: Create an Obstetric Services Policy that addresses all components required to resolve the deficiencies identified in the HRSA Risk Assessment and Mitigation Tool: Obstetric Services.	• Risk Management Committee (RMC) to be formed including, at a minimum, the FQHC CEO, FQHC Risk Manager, QMC, Operations Managers, and Medical Director • RMC will collaborate on the creation, training, and implementation of an Obstetric Services Policy by August 31, 2025. • An Obstetric Services Policy Draft will be created with the help of the RMC, using the Q4 risk assessment as a guide and outline for the policy.	March 2025 – June 2025 – September 2025 –
		3 & 6 Month Follow Up
Goal #2: Appoint a person to oversee the quality, claims, and clinical elements of obstetric care.	• FQHC CEO to determine who will be assigned to oversee the quality, claims, and clinical elements of the obstetric policy and risk assessment components. This will likely be the Medical Director. • FQHC CEO and Medical Director will determine who will be the backup/assistant for overseeing the quality, claims, and clinical aspects of obstetric services as outlined in the risk assessment tool.	March 2025 – June 2025 – September 2025 –
		3 & 6 Month Follow Up
Goal #3: Medical Director and RMC will create a more definitive plan to identify and reduce obstetric risk.	• Medical Director and RMC will use the components of this obstetric services risk assessment tool to create a definitive plan to improve the noncompliant and semi-compliant components of the risk assessment findings. • RMC Committee will oversee the development, documentation, training, and implementation of the plan created.	March 2025 – June 2025 – September 2025 –

Action Plan:

CY24 Goals	CY24 Activities (What, Who, When)	CY24 Performance
		3 & 6 Month Follow Up
Goal #1: Check facilities on storage options and regulations for items stored in clinic corridors.	• Facilities dept. will review area and provide guidance on code and regulation expectations • Operations Managers regularly walk through potential risk areas throughout the day with the intention of observing safety regarding corridor storage and eliminating clutter and hazards.	June 2024 – facilities reviewed. Areas up to code. Managers observing daily to monitor. September 2024 – Completed. Many items were able to be stored and removed from common areas
		3 & 6 Month Follow Up
Goal #2: Work with communications and Admin Supervisor to create a small card with emergency numbers to post at all phones.	• Communications dept. approval of materials. • Operations Managers ensure cards are created and placed appropriately. • Operations Managers identify any computer screens that need a privacy cover and get it on order and installed through IT.	June 2024 – revamping of entire phone system underway. New extensions are being established internally along with protocols for contacting emergency services. Also, physical desk phones are being removed. September 2024 – Completed. Telephone extension remapping completed to reduce missed calls for clinical support and ease of use by patients.
		3 & 6 Month Follow Up
Goal #3: Provide RACE Training	• RACE (Remove/Rescue, Alarm/Alert, Confine/Contain, Extinguish/Evacuate) training program needs to be identified. • Plan RACE training at staff meeting • Conduct RACE training.	June 2024 – Safety officer was contacted regarding fire safety training. September 2024 – Completed. Training materials provided to the team on 8-13-2024 by Safety Officer.

Action Plan:

CY24 Goals	CY24 Activities (What, Who, When)	CY24 Performance
		3 & 6 Month Follow Up
Goal #1: Ongoing observation is needed to ensure conversations continue to only occur confidentially either in patient rooms, or other designated areas where the public does not have access, whenever possible.	• Operations Managers regularly walk through potential risk areas throughout the day with the intention of observing continued confidentiality in oral communication regarding PHI. • Operations Managers cover expectations and risks at huddles regularly. • Operations Managers identify and define areas for verbally discussing PHI, so communication only occurs away from other patients.	August 2024 – Team and Managers report that managers are walking through high traffic areas multiple times a day. No issues have been witnessed or reported. Topics of HIPAA compliance are covered in huddles and staff meetings consistently, including discussions regarding PHI and PII, as well as logging out of computer stations when leaving them, placing materials with PHI/PII in locked shredding bins, keeping file cabinets locked, printers free of documents, and computer screens protected. November 2024 – Complete. This issue has greatly improved. Spot checks following initial assessment occur every month, and conditions and behaviors are consistent with HIPAA regulations.
		3 & 6 Month Follow Up
Goal #2: Ongoing observation is needed to ensure the computer screens remain protected.	• Operations Managers regularly walk through potential risk areas throughout the day with the intention of observing continued confidentiality in use of electronic PHI. • Operations Managers cover expectations and risks at huddles regularly. • Operations Managers identify any computer screens that need a privacy cover and get it on order and installed through IT.	August 2024 – Team and Managers report that managers are walking through high traffic areas multiple times a day. No issues have been witnessed or reported. Topics of HIPAA compliance are covered in huddles and staff meetings consistently, including discussions regarding PHI and PII, as well as logging out of computer stations when leaving them, placing materials with PHI/PII in locked shredding bins, keeping file cabinets locked, printers free of documents, and computer screens protected. November 2024 – Complete. Once a team member's computer monitor did not have a protective screen. When witnessed, it was immediately corrected. No other issues or potential issues have been reported.
		3 & 6 Month Follow Up
Goal #3: Ongoing observation is necessary to ensure the team's behaviors continue to mitigate paper/fax risk.	• Operations Managers regularly walk through potential risk areas throughout the day with the intention of observing continued confidentiality in use of printers and fax machines regarding PHI. • Operations Managers cover expectations and risks at huddles regularly.	August 2024 – Team and Managers report that managers are walking through high traffic areas multiple times a day. No issues have been witnessed or reported. Topics of HIPAA compliance are covered in huddles and staff meetings consistently, including discussions regarding PHI and PII, as well as logging out of computer stations when

Risk Assessments

Person responsible	Measure/ Key Performance Indicator	Threshold	Q1	Q2	Q3	Q4	Annual Total
RM	# Completed annual high-risk assessments	≥ 2/yr			Infection Prevention and Control	Obstetrics	2
RM	# Completed quarterly assessments	Min 1/qtr.	1	1	1	1	4
RM	% Open action plans	≤75%	0%	0%	75%	100%	44%

2024 Incident Reporting and Peer Reviews

Adverse Events/ Incident Reports							
Person responsible	**Measure/ Key Performance**	**Threshold**	**Q1**	**Q2**	**Q3**	**Q4**	**Annual Total**
Center staff	# Sentinel Incidents	Total /qtr.	1	0	0	0	1
Center staff	# High Risk Incidents	Total /qtr.	2	4	6	3	15
Center staff	# Medium Risk Incidents	Total /qtr.	12	8	18	14	52
Center staff	# Low Risk Incidents/Near Misses	Total /qtr.	2	0	0	0	2
Quarterly Incident Totals		Prior Year - CE	17	12	24	17	70
RM	# Root Cause Analyses (RCA) completed per qtr.	Total /qtr.	5	5	8	3	21
Medical Director	# Peer review audits completed (5/provider/qtr)	80%	0%	0%	94%	96%	47.50%

Q3 Peer Review Scores			
Location	**Program**	**Provider Name**	**Total Avg Score**
Fremont	BH	[redacted]	100%
Fremont	FP		100%
Decatur	SHC		97%
Fremont	FH		97%
Decatur	FP		96%
Fremont	FH		96%
Decatur	FH		96%
Decatur	RW		96%
Decatur	SHC		95%
Decatur	FH		95%
Decatur	RW		94%
Decatur	BH		91%
Decatur	BH		90%
Fremont	BH		90%
Decatur	RW		89%
Fremont	BH/SHC		88%
Decatur	SHC		87%
Decatur	FH		87%

Q4 Peer Review Scores			
Location	**Program**	**Provider Name**	**Total Avg Score**
Decatur	SHC	[redacted]	100%
Decatur	BH		100%
Decatur	FH		99%
Fremont	BH		98%
Fremont	FH		97%
Decatur	SHC		97%
Fremont	BH		97%
Fremont	FH		97%
Decatur	FP		96%
Decatur	FH		96%
Decatur	BH		96%
Fremont	BH/SHC		95%
Decatur	RW		94%
Decatur	RW		94%
Decatur	FH		94%
Fremont	FP		94%
Decatur	RW		93%
Decatur	SHC		90%

2024 FTCA Required Annual Training Compliance

Training and Education							
Person responsible	**Measure/ Key Performance Indicator**	**Threshold**	**Q1**	**Q2**	**Q3**	**Q4**	**Annual Total Completion Rate**
FQHC Leadership	Planning , review and completion of annual OB training.	≥90% by year-end	9.23%	9.23%	9.23%	9.23%	**9.23%**
FQHC Leadership	Planning , review and completion of annual High Risk Area (Safe Injection) training.	≥90% by year-end	0.00%	19.05%	19.05%	19.05%	**19.05%**
FQHC Leadership	Planning , review and completion of annual High Risk Area (Hand Hygiene) training.	≥90% by year-end	0.00%	80.77%	80.77%	80.77%	**80.77%**
FQHC Leadership	Planning , review and completion of annual HIPAA training.	≥90% by year-end	0.00%	89.47%	89.47%	89.47%	**89.47%**
FQHC Leadership	Planning , review and completion of annual Infection Prevention (BBP) training.	≥90% by year-end	0.00%	58.09%	58.09%	58.09%	**58.09%**
FQHC Leadership	Annual Training Completion Rate Goal of 90%	≥90% by year-end	1.85%	51.32%	51.32%	51.32%	**51.32%**

- Annual Risk Training was not conducted in 2024.
- Discovery of this gap happened during a HRSA FTCA clinic training.
- Risk Training Plan was amended to include a regular cadence for the FQHC Leadership to review the training trackers and prevent this gap.
- Required FTCA training was immediately provided in March of 2025 when the gap was discovered to ensure the team had the training.

2024 Risk and Patient Safety Activities

Risk and Patient Safety Activities							
Person responsible	**Measure/ Key Performance Indicator**	**Threshold**	**Q1**	**Q2**	**Q3**	**Q4**	**Annual Total**
QI/MD/Ops Mgrs./RM	# Grievances	Avg/qtr	2	0	0	2	4
QI/MD/Ops Mgrs./RM	# Grievances resolved	100%	2	0	0	2	100%
QI/MD/Ops Mgrs./RM	Patient Satisfaction Scores	≥90%	97.8%	97.7%	97.8%	98.3%	97.9%
Compliance/RM	HIPAA breaches - wrong visit handouts	Total # of breaches	0	0	0	0	0
QI/MD/Ops Mgrs./RM	# of Pts eligible for Pregnancy Intention Screening	Total #	1325	897	1419	586	4227
QI/MD/Ops Mgrs./RM	# of Pts Screened for Pregnancy Intention	Total #	550	363	589	421	1923
QI/MD/Ops Mgrs./RM	% of Pts Screened for Pregnancy Intention	>75%	41.51%	40.47%	41.51%	71.84%	45.49%
QI/MD/Ops Mgrs./RM	# of Pregnant Pts Seen	Total #	18	16	10	11	55
QI/MD/Ops Mgrs./RM	# of Pregnant pts referred out for prenatal care	# of Prenatal Pts Referred	18	16	10	11	55
QI/MD/Ops Mgrs./RM	# of Prenatal Pts w Documented Trimester of Pregnancy When First	# of Prenatal Pts Referred	18	16	10	11	55
QI/MD/Ops Mgrs./RM	% of Prenatal Pts w Documented Trimester of Pregnancy When First	>75%	100%	100%	100%	100%	100%
QI/MD/Ops Mgrs./RM	# of Birthweights by Race Captured	Total #	0	0	0	0	0
RM/HR	Credentialing and privileging file review rate	100%	100%	100%	100%	100%	100%*

- Improvement needed with processes revolving around capturing pregnant patient data, and their referrals for prenatal care
- Improvement needed to capture data of babies when they are born for UDS.

2024 Credentialing and Privileging Tracker

Loc	Employee	Job Title	Hire Date	Bilingual Pay	FTE	JD	Gov. ID	Lic. Type	State License	CPR/BLS	Edu Verif.	NPDB	OIG	Priv Appr
337	[redacted]	Medical Assistant	5/28/2024	N/A	1.00	5/7/2024	8/14/2028	N/A	N/A	N/A	5/15/2024	6/12/2024	5/15/2024	5/7/2024
309		Medical Assistant	1/3/2022	Spanish	1.00	3/26/2025	11/26/2024	N/A	N/A	N/A	12/5/2021	7/25/2024	5/29/2024	3/26/2025
337		Medical Assistant	11/12/2024	N/A	1.00	10/24/2024	9/8/2027	N/A	N/A	N/A	11/4/2024	1/30/2025	11/5/2024	10/24/2024
350		Medical Assistant	9/3/2024	Spanish	1.00	8/6/2024	8/27/2030	N/A	N/A	N/A	8/21/2024	1/30/2025	8/21/2024	8/6/2024
338		Medical Assistant	1/28/2019	Spanish	1.00	3/26/2025	8/12/2031	MA	6/18/2025	N/A	1/31/2019	6/30/2024	5/29/2024	3/26/2025
309		Medical Assistant	3/26/2018	Spanish	1.00	3/27/2025	6/27/2031	LA	5/27/2025	N/A	3/15/2018	7/25/2024	5/29/2024	3/27/2025
337		Medical Assistant	7/10/2017	Spanish	1.00	3/27/2025	8/17/2030	N/A	N/A	N/A	6/8/2017	7/25/2024	5/29/2024	3/27/2025
337		Medical Assistant	5/13/2019	Spanish	1.00	3/26/2025	4/15/2029	N/A	N/A	N/A	5/6/2019	7/25/2024	5/29/2024	3/26/2025
337		Medical Assistant	11/12/2024	Spanish	1.00	10/22/2024	9/13/2027	N/A	N/A	N/A	11/5/2024	1/30/2025	11/5/2024	10/22/2024
350		Medical Assistant	4/10/2023	Spanish	1.00	4/3/2025	2/29/2031	N/A	N/A	N/A	4/4/2023	7/13/2024	5/29/2024	4/3/2025
338		Medical Assistant	9/3/2024	Spanish	1.00	8/6/2024	9/10/2031	N/A	N/A	N/A	8/15/2024	1/30/2025	8/15/2024	8/6/2024
337		Medical Assistant	8/21/2023	N/A	1.00	6/29/2023	7/7/2025	N/A	N/A	N/A	8/15/2023	3/19/2024	5/29/2024	6/29/2023
337		Medical Assistant	6/4/2018	Spanish	1.00	3/26/2025	8/23/2028	N/A	N/A	N/A	5/29/2018	7/25/2024	5/29/2024	3/26/2025
337		Medical Assistant	11/30/2020	Spanish	1.00	3/26/2025	7/23/2026	N/A	N/A	N/A	11/5/2020	7/25/2024	5/29/2024	3/26/2025
353		Medical Assistant	11/12/2024	Spanish	1.00	10/24/2024	10/15/2026	N/A	N/A	11/1/2026	11/5/2024	1/30/2025	11/5/2024	10/24/2024
350		Medical Assistant	7/15/2019	Spanish	1.00	10/24/2023	12/10/2026	N/A	N/A	N/A	6/18/2019	1/30/2025	5/29/2024	10/24/2023
338		Medical Assistant	5/13/2019	Spanish	1.00	3/26/2025	11/21/2029	N/A	N/A	N/A	5/10/2019	7/25/2024	5/29/2024	3/26/2025
337		Medical Assistant	9/3/2024	Spanish	1.00	8/6/2024	8/29/2026	N/A	N/A	N/A	8/13/2024	1/30/2025	8/13/2024	8/6/2024
350		Medical Assistant	10/29/2018	Spanish	1.00	10/24/2023	4/29/2026	N/A	N/A	N/A	10/15/2018	7/25/2024	5/29/2024	10/24/2023
309		Medical Assistant	11/5/2018	Spanish	1.00	3/26/2025	3/19/2027	N/A	N/A	N/A	10/23/2018	7/25/2024	5/29/2024	3/26/2025
309		Medical Assistant	9/3/2019	Spanish	1.00	10/23/2023	1/11/2030	N/A	N/A	N/A	8/16/2019	7/25/2024	5/29/2024	10/23/2023
337		Medical Assistant	11/12/2024	N/A	1.00	10/24/2024	9/8/2027	N/A	N/A	N/A	11/5/2024	1/30/2025	11/5/2024	10/24/2024
337		Medical Assistant	3/17/2025	Spanish	1.00	2/19/2025	1/2/2026	N/A	N/A	N/A	2/18/2025	3/17/2025	2/18/2025	2/19/2025

- Credentialing and Privileging Data in 2024 remained current.

2024 Claims Management

Claims Management							
Person responsible	Measure/ Key Performance Indicator	Threshold	Q1	Q2	Q3	Q4	Annual Total
CM	# Claims submitted to HHS	NA	0	0	0	0	0
CM	# Claims settled or closed	NA	0	0	0	0	0
CM	# Claims open	NA	0	0	0	0	0
CM	# Lawsuits filed	NA	0	0	0	0	0
CM	# Lawsuits settled	NA	0	0	0	0	0
CM	# Lawsuits litigated	NA	0	0	0	0	0

- No lawsuits or other claims were received or processed in 2024.


Questions?

2025 Risk Management GOALS

Risk Assessments		
Person responsible	**Measure/ Key Performance Indicator**	**Threshold**
RM	# Completed annual high-risk assessments	≥ 2/yr
RM	# Completed quarterly assessments	Min 1/qtr
RM	% Open action plans	≤75%

Training and Education		
Person responsible	**Measure/ Key Performance Indicator**	**Threshold**
FQHC Leadership	Planning , review and completion of annual OB training.	≥90% by year-end
FQHC Leadership	Planning , review and completion of annual High Risk Area (Safe Injection) training.	≥90% by year-end
FQHC Leadership	Planning , review and completion of annual High Risk Area (Hand Hygiene) training.	≥90% by year-end
FQHC Leadership	Planning , review and completion of annual HIPAA training.	≥90% by year-end
FQHC Leadership	Planning , review and completion of annual Infection Prevention (BBP) training.	≥90% by year-end
RM	Annual Training Completion Rate Goal of 90%	≥90% by year-end

Adverse Events/ Incident Reports		
Person responsible	**Measure/ Key Performance Indicator**	**Threshold**
Center staff	# Sentinel Incidents	Total /qtr.
Center staff	# High Risk Incidents	Total /qtr.
Center staff	# Medium Risk Incidents	Total /qtr.
Center staff	# Low Risk Incidents/Near Misses	Total /qtr.
Quarterly Incident Totals		Prior Year - 65
RM	# Root Cause Analyses (RCA) completed per qtr.	Total /qtr.
Medical Director	# Peer review audits completed (5/provider/qtr)	80%

Risk and Patient Safety Activities		
Person responsible	**Measure/ Key Performance Indicator**	**Threshold**
QI/MD/Ops Mgrs/RM	Patient satisfaction score	90%
QI/MD/Ops Mgrs/RM	# Grievances	Avg/qtr
QI/MD/Ops Mgrs/RM	# Grievances resolved	100%
QI/Phar Mgr	Pharmacy packaging and labeling error rate	<5%
Compliance/RM	HIPAA breaches – wrong visit handouts	Total # of breaches
QI/MD/Ops Mgrs/RM	Referral completion rate	>90%
QI/MD/Ops Mgrs/RM	# of Pts eligible for Pregnancy Intention Screening	Total #
QI/MD/Ops Mgrs/RM	# of Pts Screened for Pregnancy Intention	Total #
QI/MD/Ops Mgrs/RM	% of Pts Screened for Pregnancy Intention	>75%
QI/MD/Ops Mgrs/RM	# of Pregnant Pts Seen	Total #
QI/MD/Ops Mgrs/RM	# of Prenatal pts referred out for prenatal care	# of Prenatal Pts Referred
QI/MD/Ops Mgrs/RM	# of Prenatal Pts w Documented Trimester of Pregnancy When First Seen	# of Prenatal Pts Referred
QI/MD/Ops Mgrs/RM	% of Prenatal Pts w Documented Trimester of Pregnancy When First Seen	>75%
QI/MD/Ops Mgrs/RM	# of Birthweights by Race Captured	Total #
RM/HR	Credentialing and privileging file review rate	100%

2025 Risk Management Goal Dashboard

Questions?

Motion to Approve CY24 Annual Risk Management Report and CY25 Goals, as presented.

Current FTCA Deeming

Low-cost, high-quality health care is here in your neighborhood.

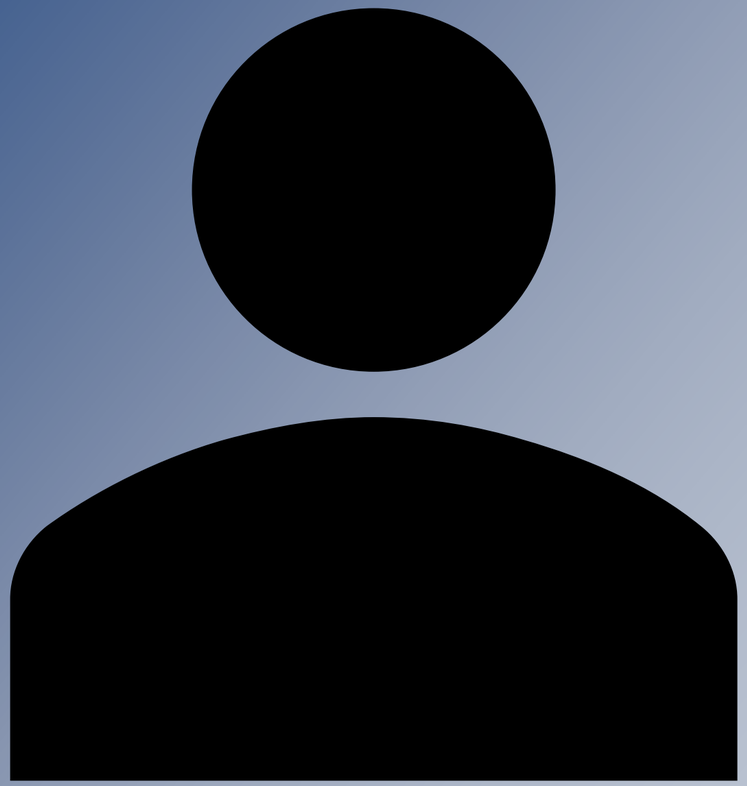
Southern Nevada Community Health Center is a Federally Qualified Health Center at the Southern Nevada Health District. This health center receives HHS funding and has Federal Public Health Service (PHS) deemed status with respect to certain health, or health-related claims, including medical malpractice claims, for itself and covered individuals.

Board Approval Request to Apply for 2026 FTCA Redeeming

- FTCA Application is the annual Federal Tort Claims Act Deeming application that qualifies SNCHC for Deemed Public Service Employment with Liability Protections Under the Federal Tort Claims Act (FTCA) (“FTCA deeming application”).
- Most of the application is documentation demonstrating SNCHC’s risk management policies, practices, and activities to prevent potential risks, and promote patient safety.
- FTCA deeming status saves costs, reduces liabilities by establishing practices that create and maintain a safer environment for patients and staff.
- Application is due on June 27, 2025, for calendar year 2026 coverage.

Questions?

Motion to Approve the Submittal of the CY26 FTCA Re-Deeming Application, as presented.



New Board Member Candidate

Professional or Community Organization

- Citizens Advisory Committee for City of Las Vegas RDA

Statement of Interest

- To help better healthcare in the community.

Unmet Health Needs of our Community

- Patient preferences and lack of access

Questions?

Motion to Approve the New Board Member Candidate, as presented.

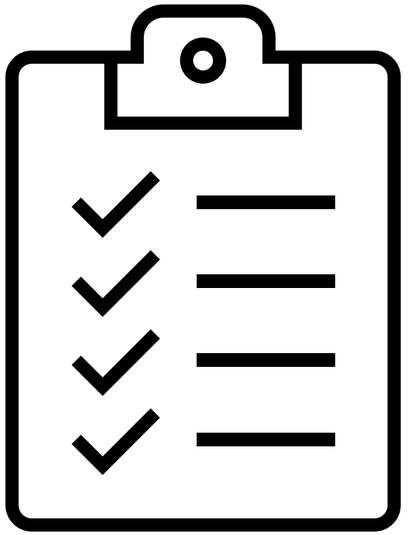
IX. CEO COMMENTS & STAFF REPORTS

RANDY SMITH, CHIEF EXECUTIVE OFFICER - FQHC

SOUTHERN NEVADA Community HEALTH CENTER
AT THE SOUTHERN NEVADA HEALTH DISTRICT

Administrative Update

- The Nevada Family Planning program site visit is scheduled for April 30th.
- The Title X Family Planning site visit is scheduled for September 2nd – 4th.
- The Title X Family Planning granted has been funded for an additional year at 45% of last year's amount. The availability of additional funding is unknown.
- The health center has been notified by the pharmacy company Gilead that changes are being made to their program effective May 5th concerning several drugs used for HIV treatment and STD prevention.
- Hiring freeze
  - 1.0 FTE MD
  - 1.0 FTE Administrative Assistant
  - 2.0 Medical Assistant



MEMORANDUM

Date: **April 15, 2025**

To: Southern Nevada Community Health Center Governing Board

From: Randy Smith, Chief Executive Officer, FQHC RS

Cassius Lockett, PhD, District Health Officer

Subject: Community Health Center FQHC Chief Executive Officer Report – March 2025

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.

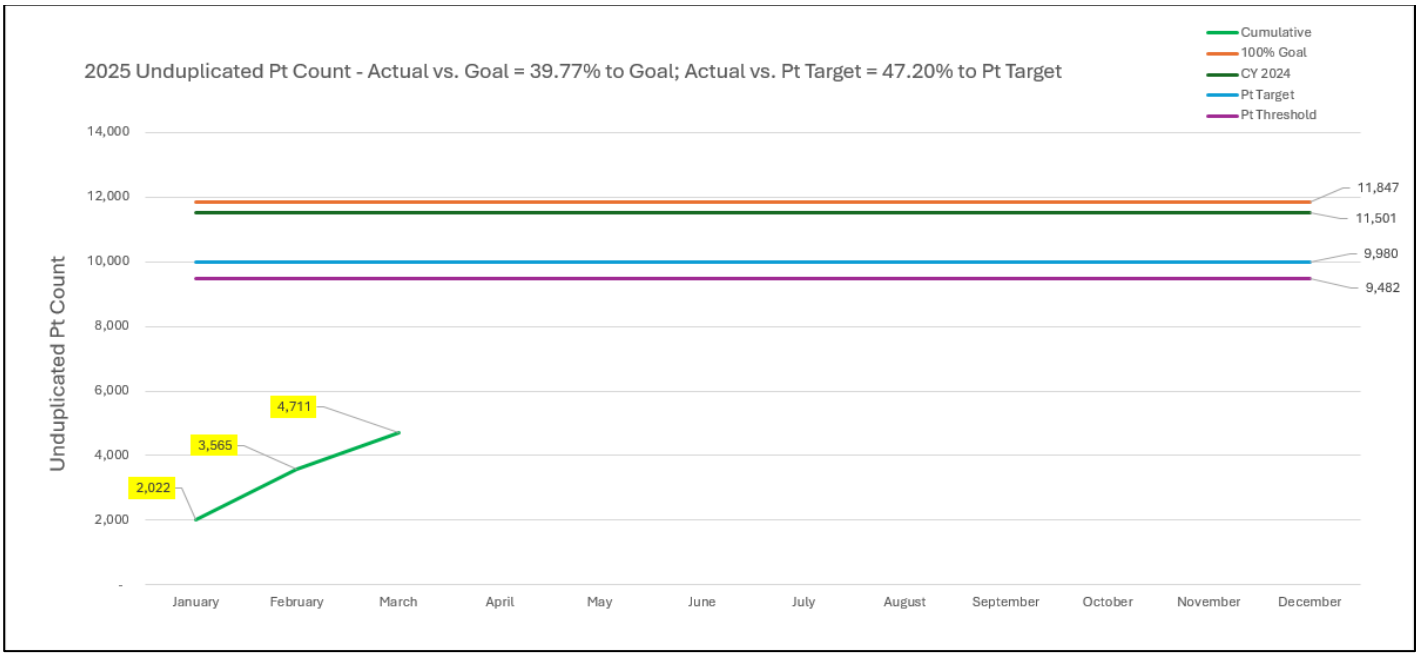
March Highlights

Administrative

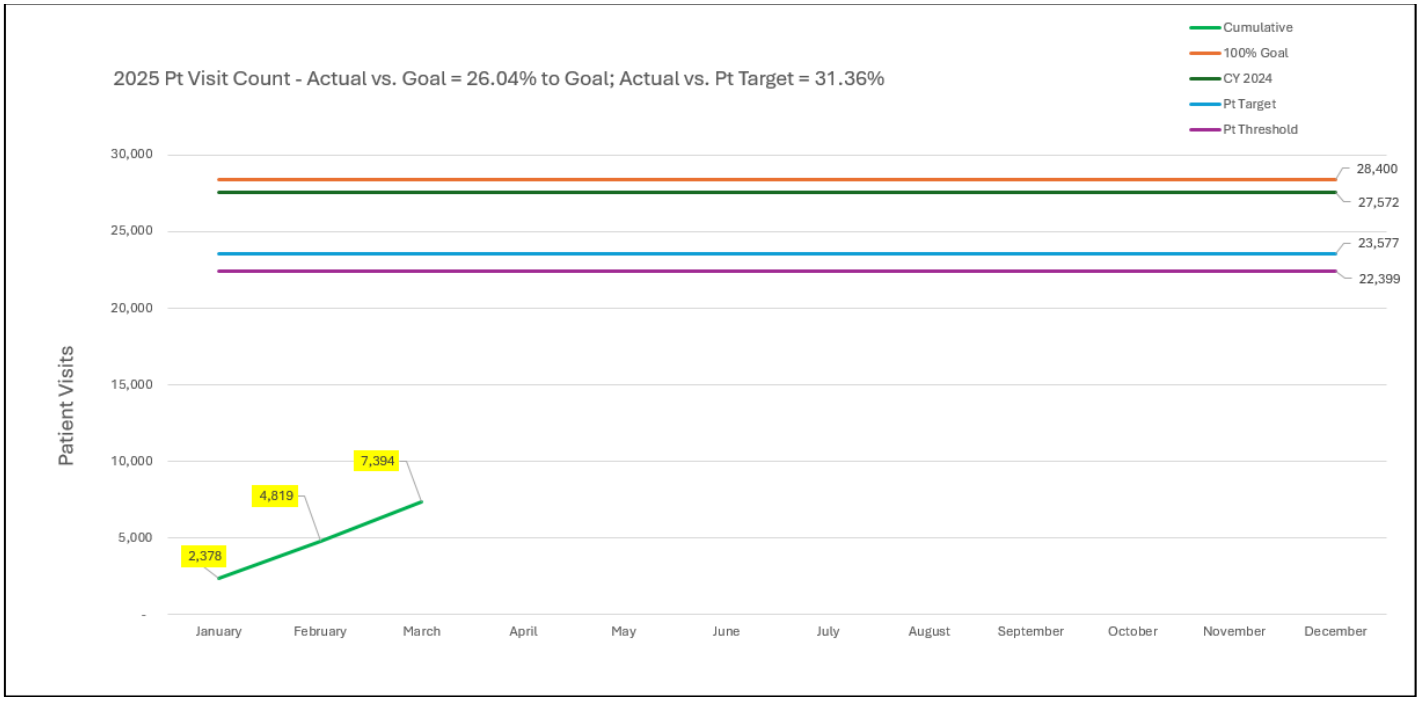
- The HRSA Operational Site Visit (OSV) was conducted on 4/8/25 – 4/10/25.
- The Nevada Family Planning program site visit is scheduled for April 30th
- The Title X Family Planning site visit is scheduled for September 2nd – 4th.
- The Title X Family Planning granted has been funded for an additional year at 45% of last year's amount.
- The health center has been notified by the pharmacy company Gilead that changes are being made to their program effective May 5th concerning several drugs used for HIV treatment and STD prevention.
- Health center staff participated in a District wide Organizational Vital Signs survey for the purpose of identifying areas where the organization is doing well supporting the workforce as well as opportunities for improvement.
- Two health center employees, a Medical Assistant and a Community Health Worker are recognized as SNHD's April employees of the month.

Access

Unduplicated Patients – March 2025



Patient Visits Count – March 2025



Provider Visits by Program and Site – March 2025

Facility	Program	MAR '25	MAR '24	MAR YoY %	FY25 YTD	FY24 YTD	FY YTD YoY%
Decatur	Family Health	783	482	38%	5,097	3,650	28%
Fremont	Family Health	443	274	38%	2,920	1,703	42%
Total	**Family Health**	**1,226**	**756**	**38%**	**8,017**	**5,353**	**33%**
Decatur	Family Planning	236	148	37%	1,392	1,278	8%
Fremont	Family Planning	199	97	51%	1,238	697	44%
Total	**Family Planning**	**435**	**245**	**44%**	**2,630**	**1,975**	**25%**
Decatur	Sexual Health	480	547	-14%	4,025	5,104	-27%
Fremont	Sexual Health	121	32	74%	1,026	82	
ASEC	Sexual Health		96		113	1,095	
Total	**Sexual Health**	**601**	**675**	**-12%**	**5,164**	**6,281**	**-22%**
Decatur	Behavioral Health	151	97	36%	1,019	1,122	-10%
Fremont	Behavioral Health	116	28		918	30	
Total	**Behavioral Health**	**267**	**125**	**53%**	**1,937**	**1,152**	**41%**
Decatur	Ryan White	253	221	13%	1,926	1,947	-1%
Fremont	Ryan White	28	16		184	41	
Total	**Ryan White**	**281**	**237**	**16%**	**2,110**	**1,988**	**6%**
FQHC Total		**2,810**	**2,038**	**27%**	**19,858**	**16,749**	**16%**

Pharmacy Services

	Mar-24	Mar-25		FY24	FY25		% Change YOY
Client Encounters (Pharmacy)	1,218	1,559	↑	12,050	12,846	↑	6.6%
Prescriptions Filled	1,925	2,681	↑	17,138	21,523	↑	25.6%
Client Clinic Encounters (Pharmacist)	39	100	↑	281	582	↑	107.1%
Financial Assistance Provided	20	41	↑	155	312	↑	101.3%
Insurance Assistance Provided	6	9	↑	52	96	↑	84.6%

A. Dispensed 2,681 prescriptions for 1,559 clients.
B. Pharmacist completed 100 client clinic encounters.
C. Assisted 41 clients to obtain medication financial assistance.
D. Assisted 9 clients with insurance approvals.

Family Planning Services

A. The Family Planning program access was up 44% in March and is up 25% year-over-year. Program team administrators and clinical staff are currently engaged in a quality improvement project to increase access to care with the aim of simplifying the scheduling process and reducing waste in the appointment schedules. New appointment templates have been implemented in response to this work.

B. The program is going through a rebranding process to increase access to care to those most in need and provide more comprehensive sexual health services. This rebranding includes redefining the program as a provider of sexual and reproductive health services. Health center providers are receiving Family Planning specific training to support this transition.

C. The program is scheduled for several comprehensive site visits in April and September 2025. Work to prepare for the audit is under way.

HIV / Ryan White Care Program Services

A. The Ryan White program received 60 referrals between March 1st and March 31st. There were two (2) pediatric clients referred to the Medical Case Management program in March and the program received three (3) referrals for pregnant women living with HIV during this time.

B. There were 738 total service encounters in the month of March provided by the Ryan White program Linkage Coordinator, Eligibility Workers, Care Coordinators, Nurse Case Managers, Community Health Workers, and Health Educator. There were 388 unduplicated clients served under these programs in March.

C. The Ryan White ambulatory clinic conducted a total of 487 visits in the month of March: 37 initial provider visits, 197 established provider visits including 17 tele-visits (established clients). There were 33 nurse visits and 220 lab visits. There were 42 Ryan White services provided under Behavioral Health by the Licensed Mental Health Providers and the Psychiatric APRN during the month of March. There were 18 Ryan White clients seen by the Registered Dietitian under Medical Nutrition Services.

D. The Ryan White clinic continues to provide Rapid StART services, which has a goal of rapid treatment initiation for newly diagnosed patients with HIV. The program continues to receive referrals and accommodate clients on a walk-in basis. There were six (6) patients seen under the Rapid StART Program in March.

FQHC-Sexual Health Clinic (SHC)

A. The FQHC Sexual Health Clinic (SHC) clinic provided 1,096 unique services to 745 unduplicated patients in the month of March. There are currently more than 100 patients receiving injectable treatment for HIV prevention (PrEP).

B. The FQHC SHC continues to collaborate with UMC on referrals for evaluation and treatment of neurosyphilis. The SHC is collaborating with the Sexual Health and Outreach Prevention Programs (SHOPP) with the Gilead FOCUS grant to expand express testing services for asymptomatic patients and provide linkage to care for patients needing STI, Hepatitis C or HIV treatment services. The FQHC SHC refers pregnant patients with syphilis and patients needing complex STI evaluation and treatment to SHOPP for nurse case management services.

C. One FQHC-SHC Nurses attended the employee skills fair.

Refugee Health Program (RHP)

Services provided in the Refugee Health Program for the month of March 2025.

Client required medical follow- up for Communicable Diseases	-
Referrals for TB issues	7
Referrals for Chronic Hep B	0
Referrals for STD	4
Pediatric Refugee Exams	18
Clients encounter by program (adults)	44
Refugee Health Screening for March 2025	62
Total for FY24-25	565

Eligibility and Insurance Enrollment Assistance

Patients in need of eligibility 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.

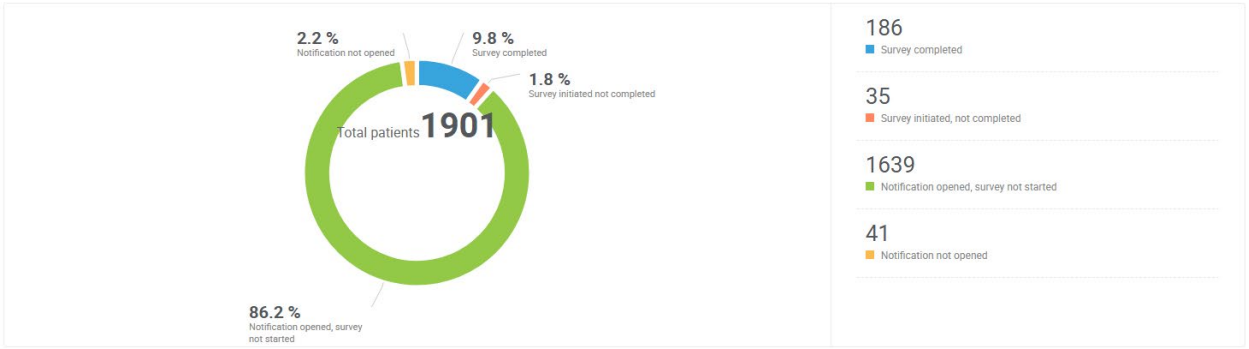
Patient Satisfaction: See attached survey results.

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.

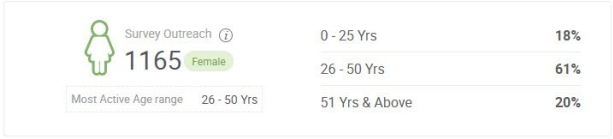
Southern Nevada Community Health Center

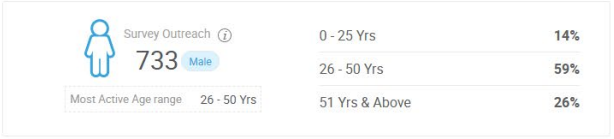
Patient Satisfaction Survey – March 2025

Overview

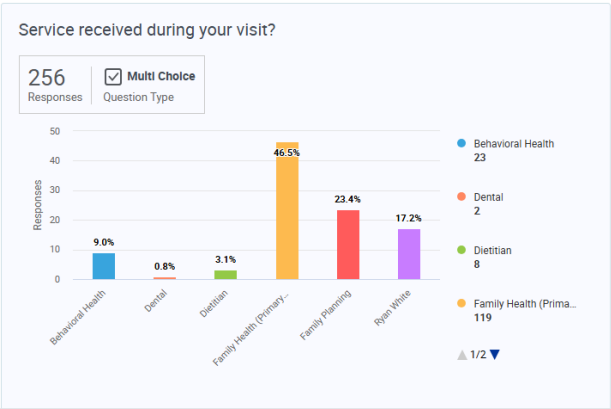


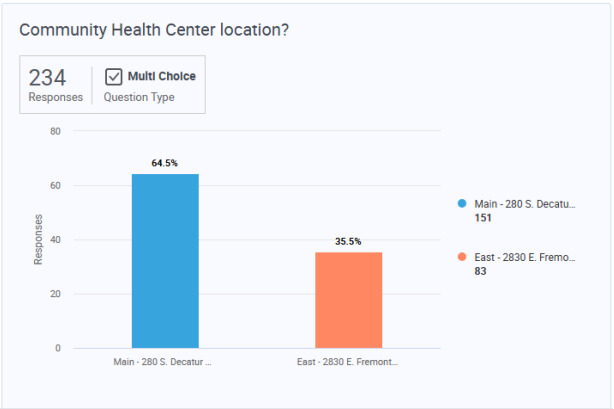
Gender





Service and Location

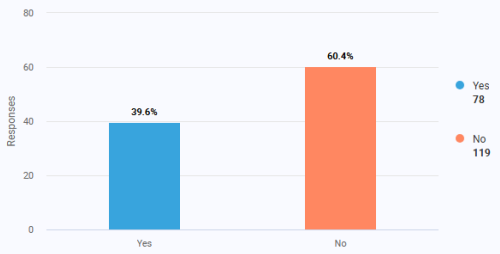




Provider, Staff, and Facility

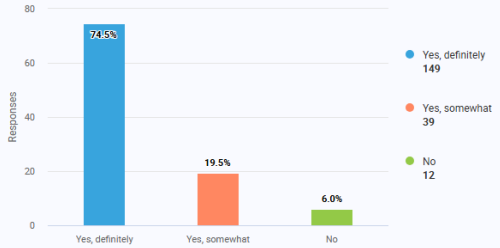
Was your most recent visit for an illness, injury or condition that needed care right away?

197 Responses | Multi Choice Question Type



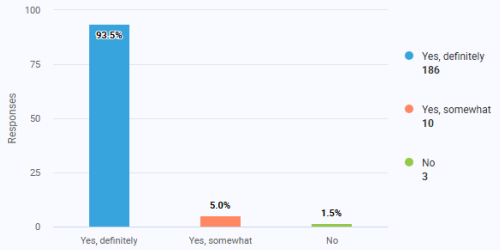
Was the recent visit as soon as you needed?

200 Responses | Multi Choice Question Type



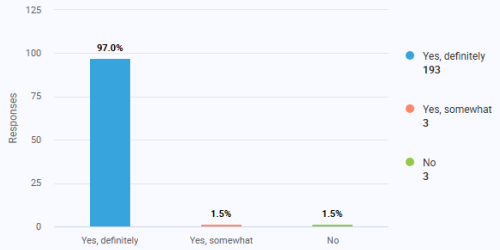
During your most recent visit, did this provider explain things in a way that was easy to understand?

199 Responses | Multi Choice Question Type



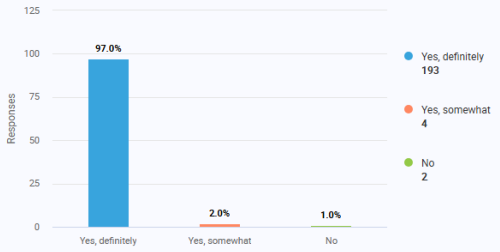
During your most recent visit, did this provider listen carefully to you?

199 Responses | Multi Choice Question Type



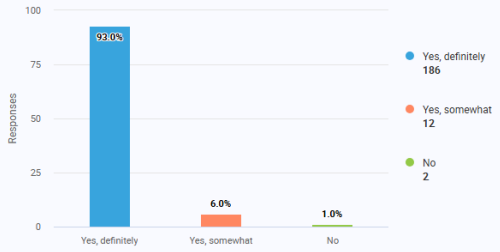
During your most recent visit, did this provider show respect for what you had to say?

199 Responses | Multi Choice Question Type



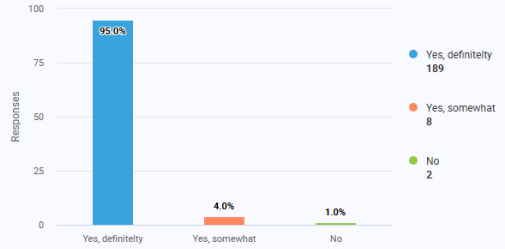
During your most recent visit, did this provider spend enough time with you?

200 Responses | Multi Choice Question Type



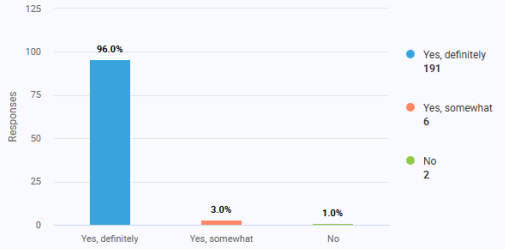
Thinking about your most recent visit, were the staff as helpful as you thought they should be?

199 Responses | Multi Choice Question Type



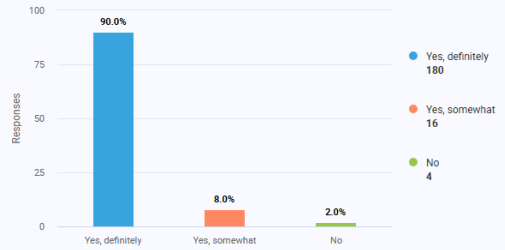
Thinking about your most recent visit, did the staff treat you with courtesy and respect?

199 Responses | Multi Choice Question Type



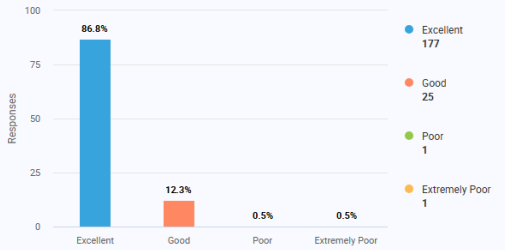
Thinking about your recent visit, was it easy to schedule an appointment?

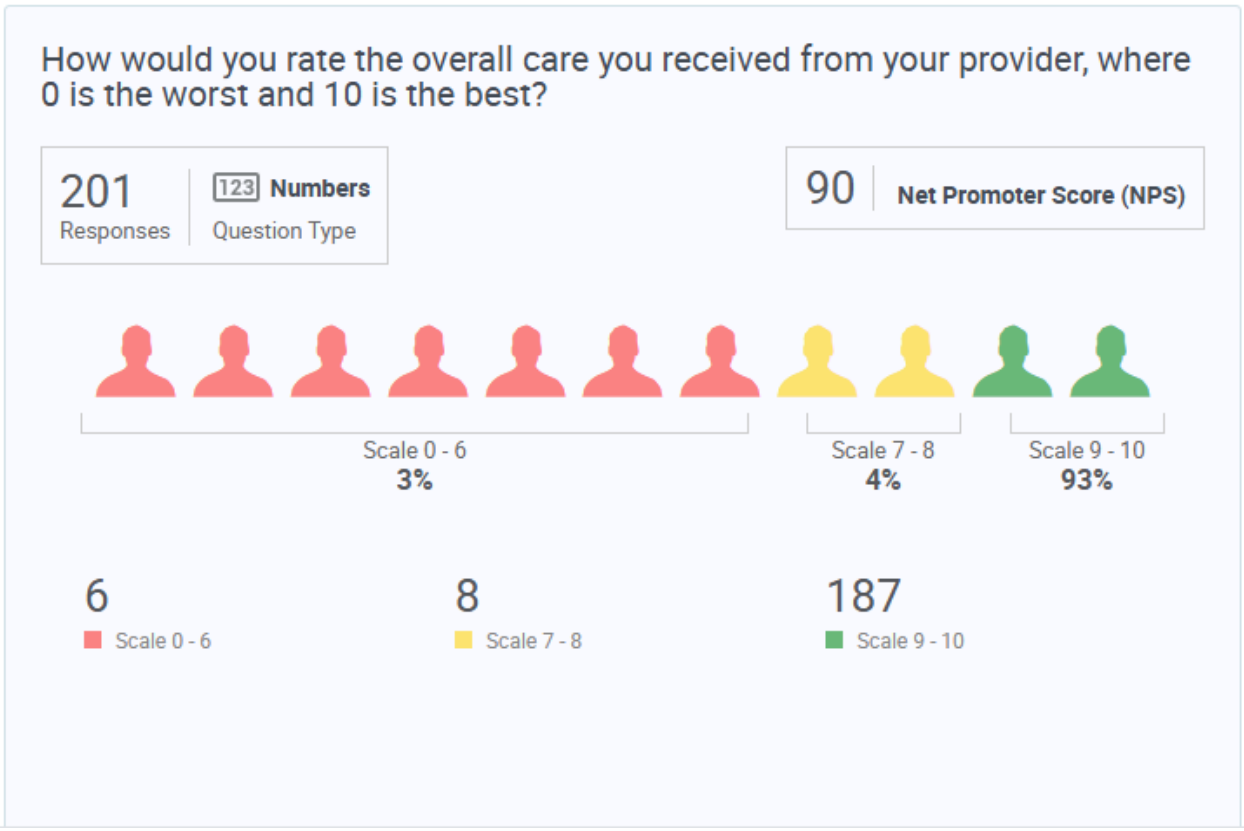
200 Responses | Multi Choice Question Type



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

204 Responses | Multi Choice Question Type





General Information