



AT THE SOUTHERN NEVADA HEALTH DISTRICT

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

<b>DIVISION:</b>	Administration	<b>NUMBER(s):</b> CHCA-003
<b>PROGRAM:</b>	Finance	<b>VERSION:</b> 1.00
<b>TITLE:</b>	Patient Collections Policy	<b>Page:</b> 1 of 3
<b>DESCRIPTION:</b>	To establish guidelines for billing and collection for patients receiving medical, behavioral health, and dental services.	<b>EFFECTIVE DATE:</b> (Final Date Signed) xx/xx/xxxx
<b>APPROVED BY:</b>		<b>ORIGINATION DATE:</b> New
<b>DISTRICT HEALTH OFFICER:</b>		<b>Replaces:</b> New
<hr/> Fermin Leguen, MD, MPH <span style="float: right;">Date</span>		

**I. PURPOSE**

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

**II. SCOPE**

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

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

**III. POLICY**

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

#### IV. PROCEDURE

- A. All Health District patients are eligible to apply for a sliding fee discount program to pay for out-of-pocket expenses associated with services provided. In the event patients are uninsured or under-insured and are not willing to apply for discounts on services, they are expected to pay for the full costs of services and out of pocket expenses.
- B. Collection of fees is the responsibility of Health District staff at check-out. If clients leave the Health District site without paying for services, reasonable attempts to secure payment will be made according to the following guidelines:
1. Fees may be waived at the Health District's discretion, based on a hardship. Hardships are defined as an inability to pay for services rendered due to negative life experience(s). Examples may include, but are not limited to the following:
    - a. Financial crisis
    - b. A medical condition, mental health disorder, or substance use disorder resulting in multiple visits
    - c. Homelessness
    - d. A catastrophic life events
    - e. Domestic Violence; or
    - f. If clients present to clinic sites for services and the client's record indicates an outstanding balance is owed, clinic staff will attempt to secure payment for the outstanding balance in accordance with applicable regulations regarding fee collection/billing guidelines.
  2. If clients do not present for services and/or a client's record reflects an outstanding balance due that has aged 12 months or greater from the date of service, the District will write-off the debt as part of its on-going commitment to ensure access to health care for low-income clients. If the Health District is provided written notification that a patient has moved, filed for bankruptcy, or is deceased, then that patient's account can be written off in full at that time.
- C. The Health District makes every reasonable effort to secure payment for services from patients, in accordance with Health District fee schedules and any corresponding schedule of discounts. Patients who refuse to pay will not be denied services.
- D. The Health District maintains a schedule of fees for the provision of its services that is consistent with locally prevailing rates or charges and designed to cover its reasonable costs of operation.

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

**V. REFERENCES**

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

**HISTORY TABLE**

**Table 1: History**

Version/Section	Effective Date	Change Made
Version 0		First issuance

**VI. ATTACHMENTS**

Not Applicable