



AT THE SOUTHERN NEVADA HEALTH DISTRICT

**SOUTHERN NEVADA COMMUNITY HEALTH CENTER
FINANCE & AUDIT COMMITTEE MEETING**

May 24, 2022 – 11:00 a.m.

Meeting was conducted via Webex Event

- MEMBERS PRESENT:** Scott Garrett – Consumer Member (*Call-in User 3*)
Father Rafael Pereira – Community Member, All Saints Episcopal Church
- ABSENT:** Scott Black – Chair, Community Member, City of North Las Vegas
- ALSO PRESENT:** None
(In Audience)
- LEGAL COUNSEL:** Heather Anderson-Fintak, General Counsel
- EXECUTIVE SECRETARY:** Fermin Leguen, MD, MPH, District Health Officer
- STAFF:** Andria Cordovez Mulet, Cassius Locket, Kyle Parkson, Randy Smith, Karen White, Edward Wynder

I. CALL TO ORDER and ROLL CALL

Member Scott Garrett chaired the meeting. The Chair called the Southern Nevada Community Health Center Finance & Audit Committee Meeting to order at 11:07 a.m. Andria Cordovez Mulet, Executive Assistant, administered the roll call and confirmed a quorum.

II. PLEDGE OF ALLEGIANCE

- III. FIRST PUBLIC COMMENT:** A period devoted to comments by the general public about those items appearing on the agenda. Comments will be limited to 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 portion.

IV. ADOPTION OF THE MAY 24, 2022 MEETING AGENDA (for possible action)

A motion was made by Member Garrett, seconded by Father Rafael, and carried unanimously to approve the May 24, 2022 Agenda, as presented.

V. REPORT / DISCUSSION / ACTION

1. Approve Finance & Audit Committee Meeting Minutes – April 26, 2022; direct staff accordingly or take other action as deemed necessary (*for possible action*)

A motion was made by Member Garrett, seconded by Father Rafael, and carried unanimously to approve the April 26, 2022 Finance & Audit Committee Minutes, as presented.

2. Receive, Discuss and Accept the Patient Collections Policy and Approve Recommendations to the Southern Nevada Community Health Center Governing Board on May 26, 2022; direct staff accordingly or take other action as deemed necessary (*for possible action*)

Karen White, Chief Financial Officer, provided an overview of the revisions to the Patient Collections Policy, with the following highlights:

- Purpose was enhanced to include the following: 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.
- References to payment plans have been removed.
- Patient write-off balances after 12 months.
- Clarification of inability to pay and refusal to pay.
- Statement that the Community Health Center is recognized by CMS as an FQHC entitled to cost base reimbursement and adheres to the guidelines of Medicare and Medicaid as determined by CMS.
- Billing for services – weekly for third-party activity and monthly for patients.
- Notification in writing of additional costs for supplies and equipment

Father Rafael inquired as to the Accounts Receivable outstanding related to the COVID-19 billings of approximately \$640K. Ms. White advised that approximately \$100K has been received and continue to collect payment. Any write-off wouldn't be until the end of the year. Father Rafael requested an aging report of the Accounts Receivable for outstanding billings. Ms. White will provide that that information at the next meeting.

A motion was made by Member Garrett, seconded by Father Rafael, and carried unanimously to accept the Patient Collection Policy, as presented, and recommend approval to the Southern Nevada Community Health Center Governing Board on May 26, 2022.

3. Receive, Discuss and Accept the Procurement Policy and Approve Recommendations to the Southern Nevada Community Health Center Governing Board on May 26, 2022; direct staff accordingly or take other action as deemed necessary (*for possible action*)

Karen White, Chief Financial Officer, provided an overview of the revisions to the Procurement Policy, with the following highlights:

- Added reference to specific Code of Federal Regulation (CRF) and removal of "Uniform Guidance"
- Removal of reference to flow down clauses
- Added required HRSA language regarding procurement competition
- Removal of Attached A, which is a procedure and not appropriate to be included in the policy.

A motion was made by Member Garrett, seconded by Father Rafael, and carried unanimously to accept the Procurement Policy, as presented, and recommend approval to the Southern Nevada Community Health Center Governing Board on May 26, 2022.

4. Receive, Discuss and Accept the April Financial Report and Approve Recommendations to the Southern Nevada Community Health Center Governing Board on May 26, 2022; direct staff accordingly or take other action as deemed necessary (*for possible action*)

Ms. White provided the April Financial Report and advised that the Total Revenue for the YTD Budget was \$11.1M and the YTD Actual was just over \$13.2M, 14% overbudget, which also includes pharmacy. One of the main reasons is that it was expected that the pharmacy revenue would decrease in January. Overall grant revenue is 5% above budget. Year to date salaries and

fringe continue to be underbudget due to staff working on COVID activities, which has been consistent all year.

Ms. White further outlined the updates for Payments by Payer Type and Name, Accounts Receivable by Payer and Aging Buckets, and the Visit Types. Almost 60% of accounts receivable is under 60 days. SNCHC has a large balance related to uninsured COVID 19 testing and vaccines.

A motion was made by Member Garrett, seconded by Father Rafael, and carried unanimously to accept the April Financial Report, as presented, and recommend acceptance to the Southern Nevada Community Health Center Governing Board on May 26, 2022.

- VI. 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 portion.

XIII. ADJOURNMENT

The Chair adjourned the meeting at 11:35 a.m.

Fermin Leguen, MD, MPH
District Health Officer/Executive Secretary/CHC Executive Director

/acm

AGENDA

**SOUTHERN NEVADA COMMUNITY HEALTH CENTER
FINANCE & AUDIT COMMITTEE MEETING
May 24, 2022 – 11:00 A.M.**

Meeting will be conducted via Webex Event

NOTICE

WebEx Event address for attendees:

<https://snhd.webex.com/snhd/onstage/g.php?MTID=e9bee8d377997482ee4b2d465f88c9a14>

To call into the meeting, dial (415) 655-0001 and enter Access Code: [2559 332 7106](https://snhd.webex.com/snhd/onstage/g.php?MTID=e9bee8d377997482ee4b2d465f88c9a14)

For other governmental agencies using video conferencing capability, the Video Address is:
25593327106@snhd.webex.com

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. PLEDGE OF ALLEGIANCE

- III. FIRST PUBLIC COMMENT:** A period devoted to comments by the general public about those items appearing on the agenda. Comments will be limited to 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 Chairman 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 Webex: Use the link above. You will be able to provide real-time chat-room messaging, which can be read into the record by a Community Health Center employee or by raising your hand during the public comment period, a Community Health Center employee will unmute your connection. Additional instructions will be provided at the time of public comment.**
- **By email: public-comment@snchc.org For comments submitted prior to and during the live meeting. Include your name, zip code, the agenda item number on which you are commenting, and your comment. Please indicate whether you wish your email comment to be read into the record during the meeting or added to the backup materials for the record. If not specified, comments will be added to the backup materials.**

IV. ADOPTION OF THE MAY 24, 2022 AGENDA (for possible action)

V. REPORT / DISCUSSION / ACTION

1. **Approve Finance & Audit Committee Meeting Minutes – April 26, 2022**; direct staff accordingly or take other action as deemed necessary (*for possible action*)
2. **Receive, Discuss and Accept the Patient Collections Policy and Approve Recommendations to the Southern Nevada Community Health Center Governing Board on May 26, 2022**; direct staff accordingly or take other action as deemed necessary (*for possible action*)
3. **Receive, Discuss and Accept the Procurement Policy and Approve Recommendations to the Southern Nevada Community Health Center Governing Board on May 26, 2022**; direct staff accordingly or take other action as deemed necessary (*for possible action*)
4. **Receive, Discuss and Accept the April Financial Report and Approve Recommendations to the Southern Nevada Community Health Center Governing Board on May 26, 2022**; direct staff accordingly or take other action as deemed necessary (*for possible action*)

- VI. **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 Chairing or the Board by majority vote.

See above for instructions for submitting public comment.

VII. ADJOURNMENT

NOTE: Disabled members of the public who require special accommodations or assistance at the meeting are requested to notify Andria Cordovez Mulet in Administration 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 Andria Cordovez Mulet at 280 S. Decatur Blvd, Las Vegas, NV, 89107 or dial (702) 759-1201.



MINUTES

SOUTHERN NEVADA COMMUNITY HEALTH CENTER FINANCE & AUDIT COMMITTEE MEETING

April 26, 2022 – 11:00 a.m.

Meeting was conducted via Webex Event

- MEMBERS PRESENT:** Scott Black – Chair, Community Member, City of North Las Vegas (*Call-in User 3*)
Scott Garrett – Consumer Member (*Call-in User 2*)
- ABSENT:** Father Rafael Pereira – Community Member, All Saints Episcopal Church
- ALSO PRESENT:** None
(In Audience)
- LEGAL COUNSEL:** Heather Anderson-Fintak, General Counsel
- EXECUTIVE SECRETARY:** Fermin Leguen, MD, MPH, District Health Officer
- STAFF:** Tawana Bellamy, Andria Cordovez Mulet, Cassius Locket, Kyle Parkson, Richard Hazeltine, Randy Smith, Karen White, Edward Wynder

I. CALL TO ORDER and ROLL CALL

The Chair called the Southern Nevada Community Health Center Finance & Audit Committee Meeting to order at 11:05 a.m. Andria Cordovez Mulet, Executive Assistant, administered the roll call and confirmed a quorum.

II. PLEDGE OF ALLEGIANCE

- III. **FIRST PUBLIC COMMENT:** A period devoted to comments by the general public about those items appearing on the agenda. Comments will be limited to 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 portion.

IV. ADOPTION OF THE APRIL 26, 2022 MEETING AGENDA (for possible action)

A motion was made by Member Garrett, seconded by Chair Black, and carried unanimously to approve the April 26, 2022 Agenda, as presented.

V. REPORT / DISCUSSION / ACTION

1. **Approve Finance & Audit Committee Meeting Minutes – March 22, 2022:** direct staff accordingly or take other action as deemed necessary (*for possible action*)

A motion was made by Chair Black, seconded by Member Garrett, and carried unanimously to approve the March 22, 2022 Finance & Audit Committee Minutes, as presented.

2. Receive, Discuss and Accept the Grants Management Policy and Approve Recommendation to the Southern Nevada Community Health Center Governing Board on April 28, 2022; direct staff accordingly or take other action as deemed necessary (*for possible action*)

Karen White, Chief Financial Officer, provided an overview of the Grants Management Policy, with the following highlights:

- Requirement of HRSA that any federal cash draws are made and administered consistent with the payment standards required by the U.S. Department of Health and Human Services found at 45 CFR Part 75 Subpart E, 2 CRF 200, state and local statutes and executive orders as applicable.
- Similar policy currently exists as part of the Southern Nevada Health District however may be replaced with this version if approved.
- Required documentation for each federal grant payment will account for the receipt, obligation, and expenditure of funds.
- The Community Health Center draws as a reimbursement for expenditures that have already been incurred.
- A general ledger listing of the expenditures that are being reimbursed in sufficient detail to satisfy the documentation requirements of Uniform Grant Guidance.
- Federal expenditures being tracked using a grant code in the general ledger.
- Federal expenditures allowable in accordance with the terms and conditions of the Federal award including those that limit the use of Federal funds, and with the Federal Cost Principles in 45 CFR Part 75 Subpart E and/or 2 Code of Federal Regulations (CFR) Part 200 (Subparts A – F).
- A section related to the requirements of cash advances.
- Confirmation that federal grant funds will not be used for lobbyists

A motion was made by Chair Black, seconded by Member Garrett, and carried unanimously to accept the Grants Management Policy, as presented, and recommend approval to the Southern Nevada Community Health Center Governing Board on April 28, 2022.

3. Receive, Discuss and Accept the March Financial Report and Approve Recommendations to the Southern Nevada Community Health Center Governing Board on April 28, 2022; direct staff accordingly or take other action as deemed necessary (*for possible action*)

Ms. White advised that Health Centers are required to evaluate the effectiveness of the Sliding Fee Discount Program (SFDP) at least every three years. Ms. White performed an evaluation on the SFDP and shared her findings, with the following highlights:

- 70% of self-pay patients are at 100% or below the Federal Poverty Guidelines.
- 75.9% of collections are from self-pay patients.
- Patients reported that they did not cancel a Health Center visit due to the inability to pay, which would confirm that the SFDP fees are reasonable for the services provided.
- No follow-up actions or changes to the nominal fee are required.

Ms. White provided the March Financial Report and advised that the Total Revenue for the YTD Budget was \$14.8M and the YTD Actual was just over \$18M, 22% overbudget, mainly related to patient related program income. Overall grant revenue is 10% above budget. Year to date salaries and fringe continue to be underbudget due to staff working on COVID activities. Ms. White further outlined the updates for Payments by Payer Type and Name, Accounts Receivable by Payer and Aging Buckets, and the Visit Types. Almost 60% of accounts receivable is under 60 days. SNCHC has a large balance related to uninsured COVID 19 testing and vaccines.

A motion was made by Chair Black, seconded by Member Garrett, and carried unanimously to accept the March Financial Report, as presented, and recommend acceptance to the Southern Nevada Community Health Center Governing Board on April 28, 2022.

- VI. 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 portion.

XIII. ADJOURNMENT

The Chair adjourned the meeting at 11:23 a.m.

Fermin Leguen, MD, MPH
District Health Officer/Executive Secretary/CHC Executive Director

/acm

DRAFT



AT THE SOUTHERN NEVADA HEALTH DISTRICT

SOUTHERN NEVADA COMMUNITY HEALTH CENTER POLICY AND PROCEDURE

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

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



PATIENT
COLLECTION POLICY

Highlights of the proposed changes to the policy

- A copy of the full policy was provided in the packet. This will serve as a summary of the proposed changes.

Purpose

- The purpose was enhanced to include the following:
- 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.

Payment plans

- Currently, SNCHC do not have payment plans.
- We plan to start offering payment plans within the next year. At that point, this policy will be brought back for review.
- All reference to payment plans have been removed.

Patient balance write off's

- Currently accounts balances are written off as bad debt when they are 18 months.
- Propose to write account balances after 12 months.
- In addition, include the ability to write off account in full for patients in bankruptcy, notice of moving out of the area, or if a patient is deceased.

Inability to pay/refusal to pay

- SNHD and SNCHC does not deny services to patients who have an inability to pay or if a patient refuses to pay.
- Needed Services will not be denied to do lack of payment.

More policy changes

- *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.*
-
- *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.*

Additional language

- *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.*



- *Patients will be notified in writing of additional costs for supplies and equipment related to but not included in the service when applicable. Currently not-applicable, but good faith estimates will be provided as required.*

Questions?

- Staff request; A motion to approve this policy.



AT THE SOUTHERN NEVADA HEALTH DISTRICT

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

| | |
|--------------------------------------|------------------------------|
| DIVISION: Administration | NUMBER(s): CHCA-004 |
| PROGRAM: District Wide | VERSION: 1.00 |
| TITLE: Procurement Policy | Page: 1 of 6 |
| DESCRIPTION: Description Here | EFFECTIVE DATE: |
| APPROVED BY: | ORIGINATION DATE: New |
| DISTRICT HEALTH OFFICER: | Replaces: New |
| _____ Fermin Leguen, MD, MPH | _____ Date |

I. PURPOSE

To establish procedures for ensuring that all sourcing and purchasing activities for the Health District are in compliance with applicable law including but not limited to Uniform Guidance, 45 CFR, Part 75, Subpart E and 2 CRF part 200.

II. SCOPE

This policy applies to all Workforce Members.

III. POLICY

Workforce Members will make every effort to ensure the acquisition of quality goods and services at competitive costs while adhering to professional standards and practices. The Financial Services Department is responsible for all purchase orders, solicitations, and related contract encumbrances. The Health District has elected to follow OMB M-18-18, which outlines the purchasing thresholds.

IV. PROCEDURE

The Health District will only award purchases to responsible suppliers possessing the ability to perform successfully under the terms and conditions of a proposed procurement.

Consideration will be given to such matters as supplier integrity, compliance with public policy, record of past performance, suspension and debarment, and financial and technical resources.

A. Purchase Order Approval Authority

1. The Chief Financial Officer (CFO) or designee is responsible for reviewing and approving all purchase requisitions. Purchase requisitions valued above the applicable purchase threshold will be approved based on the following factors:
 - a. Sufficiency of departmental appropriations
 - b. Compliance with budgetary and fiscal policies
 - c. Compliance with accounting principles and standards
 - d. Reasonableness of the request
2. All purchase orders valued at under \$50,000 will be reviewed for final approval by the CFO, or designee. All purchase orders valued at over \$50,000 will be reviewed for final approval by the District/Chief Health Officer or designee.
3. ~~The Board of Health must approve purchase orders contracts valued over \$50,000.~~
4. No Workforce Member will make a purchase without an approved purchasing agreement. Exceptions require pre-approval by the CFO in consultation with the District Health Officer. The Workforce Member may be held liable for unauthorized purchases.

B. General Purchasing Requirements

1. Purchase Orders and P-Cards - Purchase orders are used for the one-time purchase of specific goods or services and for repetitive purchases of goods and services provided as needed on an on-going basis during the Health District's fiscal year. Generally, all individual purchases valued at \$5,000 and over must be made with a purchase order or a contract. Purchases below \$5,000 made with a P-Card must adhere to the P-Card policy. Certain categories of obligations can be paid without a purchase order (see Procurement Manual). Division Directors, Managers, and Supervisors are responsible for ensuring the appropriateness of purchases made with purchase orders. Emergency Purchase Order changes will be executed by the Purchasing Agent or designee.

2. Sole Source - All exceptions for purchase requests greater than the micro purchase threshold that are not competitively awarded will be documented and approved using the Sole Source Justification Form.
3. Goods and Nonprofessional Services - The process and documentation associated with the purchase of goods and nonprofessional services are based on the dollar value of the specific purchase request (~~see Attachment A~~). Dividing (splitting) purchasing transactions to avoid the purchasing and approval requirement is prohibited. Goods and nonprofessional service transactions valued over \$50,000 per fiscal year for the same product or service and to the same supplier requires a formal solicitation.
 - a. All purchase requests valued at \$50,000 or over (\$100,000 for construction) requires a formal Request for Proposals (RFP) (unless purchase is a valid sole source).
 - b. All purchases of software, hardware and/or implementation will be requested by the IT Department.
4. ~~Federally Funded Purchase Order (including funding used as cost share for a Federal award)~~. Any federally funded procurement activity will be in accordance with the federal procurement requirements or grant requirements. and will include flow down clauses stated in the grant or financial assistance agreement. ~~When comparing state and federal procurement standards, the more restrictive standards will apply.~~ Staff will ensure all procurement costs directly attributable to the Health Resources Services Administration (HRSA), federal awards are allowable, consistent with federal cost principles.
 - a. The Health District has records for procurement actions paid for in whole or in part under the HRSA's federal award that include the rationale for method of procurement, selection of contract type, contractor selection or rejection, and the basis for the contract price.
 - b. The health center's contracts that support the HRSA-approved scope of project include provisions that address the following:
 - The specific activities or services to be performed or goods to be provided;
 - Mechanisms for the health center to monitor contractor performance; and
 - Requirements for the contractor to provide data necessary to meet the recipient's applicable federal financial and programmatic reporting requirements, as well as provisions addressing record retention and access, audit, and property management.

5. Competition - All procurement transactions must be conducted in a manner providing full and open competition and will only include costs allowable, consistent with federal cost principles, and meets grant guidelines, as applicable. Contractors who develop or draft specifications, requirements, statements of work, or invitations for bids/requests for proposals must be excluded from competing for such procurements. The solicitation may not include geographical preferences in the evaluation of bids or proposals. State licensing laws may be a requirement for a firm to bid. Architectural and engineering services may be limited to a geographic location if there are sufficient firms to compete for the contract. The solicitation must identify evaluation factors and their relative importance. Any response to publicized requests for proposal must be considered to the maximum extent practical.

C. Emergency Purchases

An emergency is defined as a disaster or a situation that may lead to the impairment of health, safety, or welfare of the public if not immediately addressed. The purchasing process for emergencies depends on the severity and resources required to manage the incident. P-Card purchases may be utilized during emergencies. Such purchases will not require prior written approvals.

Department approved invoices for goods or services purchased without a P-Card must be forwarded to Finance for review, approval and payment. ~~If the expenditure(s) for the incident exceeds the dollar threshold for Board of Health consent, Finance will prepare an agenda item for the next regularly scheduled meeting.~~

- D. Entering into state and local intergovernmental agreements or inter-entity agreements (i.e., NASPO, GPO, GSA) are encouraged. Prior to entering into these agreements, mandatory federal flow down clauses will be included (2 CFR 200, Appendix II), as applicable.

E. Conflict of Interest

Any Workforce Member directly associated with and/or responsible for the procurement of goods, services and/or contracting activities, including Board of Directors, officers, employees and agents, are prohibited from having any direct or indirect interest, or any real or apparent conflict of interest, in or with any entity with which the Health District does business. Workforce members violating this standard may be subject to disciplinary action up to and including termination.

V. REFERENCES

1. Procurement Manual
2. P-Card Policy
3. Sole Source Justification Form (FIN-101)
4. RFP Request Form (FIN-106)
5. OMB M-18-18
6. 2 CFR §200.317-326, Procurement Standards
7. 2 CFR 200 Appendix II, Contract Provisions for Non-Federal Entity Contracts Under Federal Awards
8. 45 CFR Part 75, subpart E
9. NRS 332 Purchasing Local Governments

HISTORY TABLE

Table 1: History

| Version/Section | Effective Date | Change Made |
|-----------------|----------------|----------------|
| Version 0 | | First issuance |

VI. ATTACHMENTS

Not Applicable

~~A. Purchasing Process General Guidelines~~

ATTACHMENT A

Purchasing Process General Guidelines

| | |
|--|--|
| Goods and Non-professional Services | |
| \$0.00 to \$10,000.00 | Informal Bid – 1 quote required, recommended in writing. If written quote not available, requester must provide a contact name, phone number and e-mail address for the Vendor. Awards will be rotated among Vendors. |
| \$10,000.01 to \$50,000.00 | Informal Bid – Minimum of 2 written quotes required. |
| \$50,000.01 and over | Formal Competitive Bid Process (requires formal bid document and advertising in local newspaper) |
| Construction | |
| \$0.00 to \$1,999.99 | Informal Bid – 1 quote required. A purchase order may be issued for construction projects under \$2,000. |
| \$2,000.00 to \$100,000.00 | Informal Bid – minimum of 3 quotes required (Davis Bacon applies if Federally funded) |
| \$100,000.01 and over | Formal Competitive Bid Process (requires formal bid document and advertising in local newspaper). Extra clauses required, such as certified payroll, state wage rates or Davis Bacon, bonds, insurance, etc. |
| Information Technology | |
| \$0.00 to \$25,000.00 | Informal Bid – 1 quote required, recommended in writing. If written quote not available, requester must provide a contact name, phone number and e-mail address in the PR Note section for the Vendor. Awards will be rotated among Vendors. |
| \$25,000.01 to \$250,000.00 | Informal Bid – Minimum of 2 written quotes required for properly licensed contractors. |
| \$250,000.01 and over | Formal Competitive Bid Process (requires formal bid document and advertising in local newspaper). |
| Federally Funded or funding uses as cost share for a federal award Purchases (supersedes above) | |
| \$0.00 to \$10,000.00 | Informal Bid – 1 quote required, recommended in writing. If written quote not available, requester must provide a contact name, phone number and e-mail address in the PR Note section for the Vendor. Awards will be rotated among Vendors. |
| \$10,000.01 – \$50,000.00 | Informal Bid, competitively awarded, with a minimum of 2 written quotes required. |
| \$50,000.01 and over | Formal Competitive Bid Process (requires formal bid document and advertising in local newspaper). |

FQHC Procurement Policy

Update and summary of proposed changes

Added reference to specific Code of Federal Regulation (CFR)

- To establish procedures for ensuring that all sourcing and purchasing activities for the Health District are in compliance with applicable law including but not limited to ~~Uniform Guidance~~, 45 CFR, Part 75, Subpart E and 2 CFR part 200.

Remove redundant information

- Federally Funded Purchase Order (including funding used as cost share for a Federal award). Any federally funded procurement activity will be in accordance with the federal procurement requirements. ~~and will include flow down clauses stated in the grant or financial assistance agreement. When comparing state and federal procurement standards, the more restrictive standards will apply.~~

Adding required HRSA language

- Competition - All procurement transactions must be conducted in a manner providing full and open competition and will only include costs allowable, consistent with federal cost principles and meets grant guidelines, as applicable.

Removing attachment, A

- This is a procedure and thus no appropriate to include in the policy.

Question??

- Next Steps
- Recommend approval to the full board.



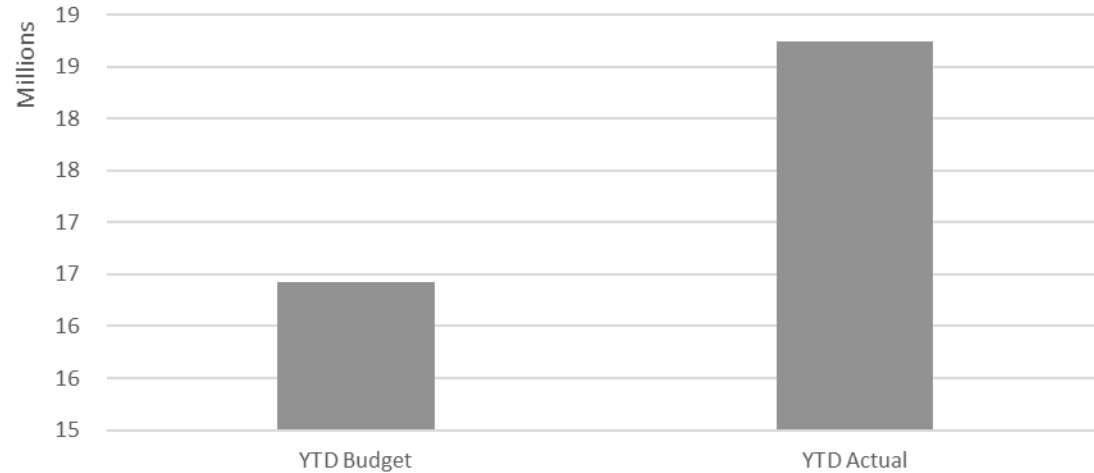
FQHC Financial Report

April 30, 2022

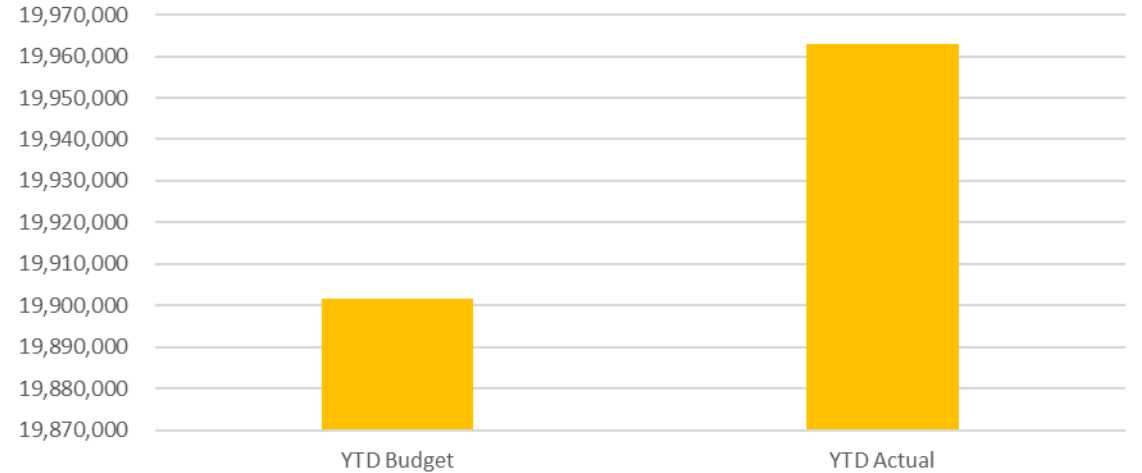
May 24th Finance committee meeting

May 26th board meeting

FQHC - Budget to Actual Revenue



FQHC - Budget to Actual Expense



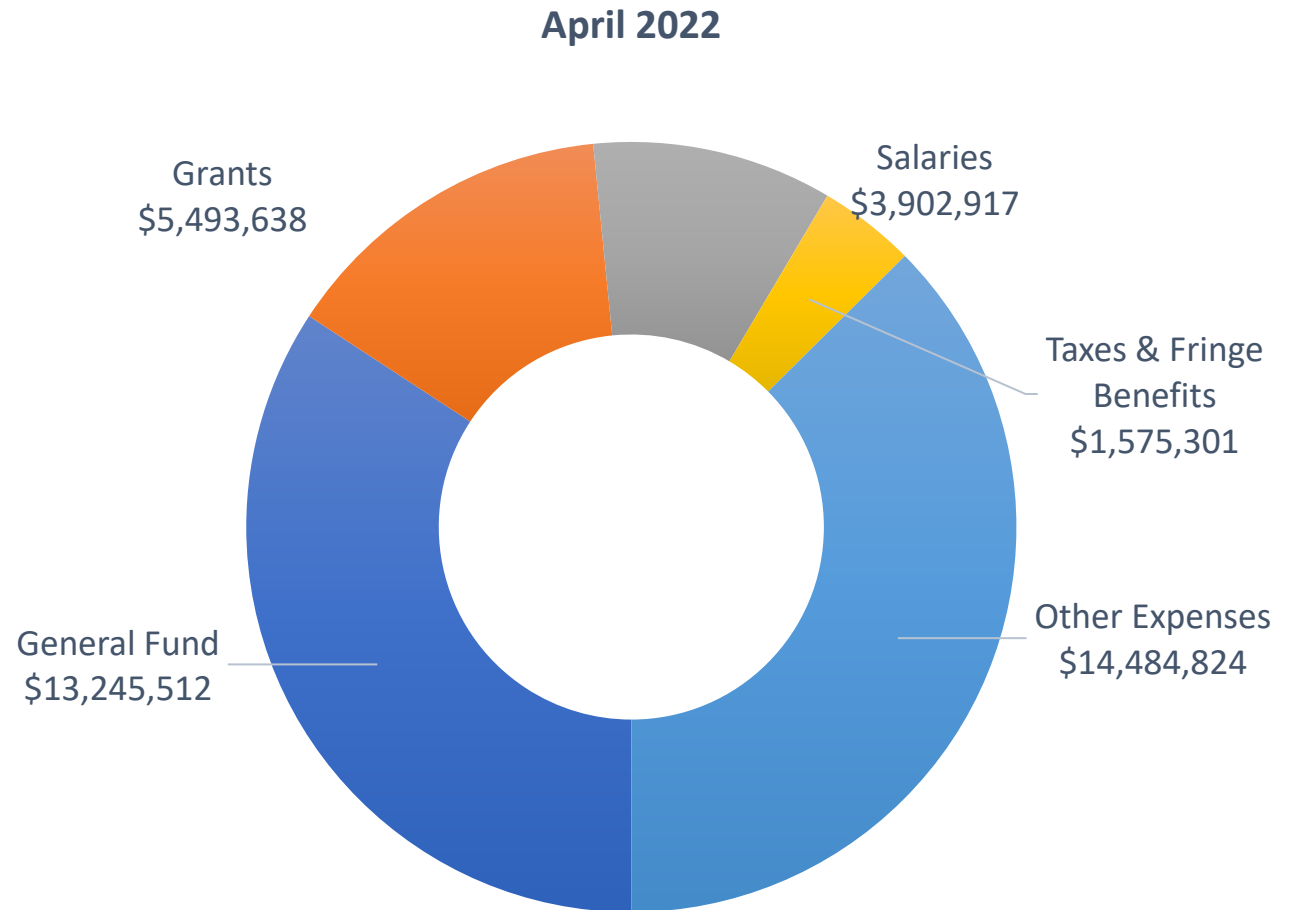
| Description | FY 2022 | FY2022 Current | YTD Budget | YTD Actual | Variance | % YTD Actuals to YTD Budget | Notes |
|------------------------------------|-------------------|-------------------|-------------------|-------------------|------------------|-----------------------------|-------|
| | Adopted | Budget | | | | | |
| Patient Generated Revenue | 13,413,863 | 13,413,863 | 11,178,219 | 13,245,512 | 2,067,293 | 18% | |
| Grant Revenues | 6,294,818 | 6,294,818 | 5,245,682 | 5,493,638 | 247,956 | 5% | |
| Total Revenue - All Sources | 19,708,681 | 19,708,681 | 16,423,901 | 18,739,150 | 2,315,249 | 14% | |

| | | | | | | | |
|-------------------------|-------------------|-------------------|-------------------|-------------------|---------------|-----------|--|
| Salaries | 6,258,551 | 6,258,551 | 5,215,459 | 3,902,917 | (1,312,542) | -25% | |
| Taxes & Fringe Benefits | 2,608,287 | 2,608,287 | 2,173,573 | 1,575,301 | (598,271) | -28% | |
| Contractual | 764,257 | 764,257 | 636,881 | 1,309,566 | 672,685 | 106% | |
| Supplies | 9,043,617 | 9,043,617 | 7,536,348 | 9,282,143 | 1,745,796 | 23% | |
| Other | 5,207,063 | 5,207,063 | 4,339,219 | 3,893,115 | (446,104) | -10% | |
| Total Expenses | 23,881,775 | 23,881,775 | 19,901,479 | 19,963,043 | 61,563 | 0% | |

Net Position **(4,173,094)** **(4,173,094)** **(3,477,578)** **(1,223,893)** **2,253,686** **-65%**

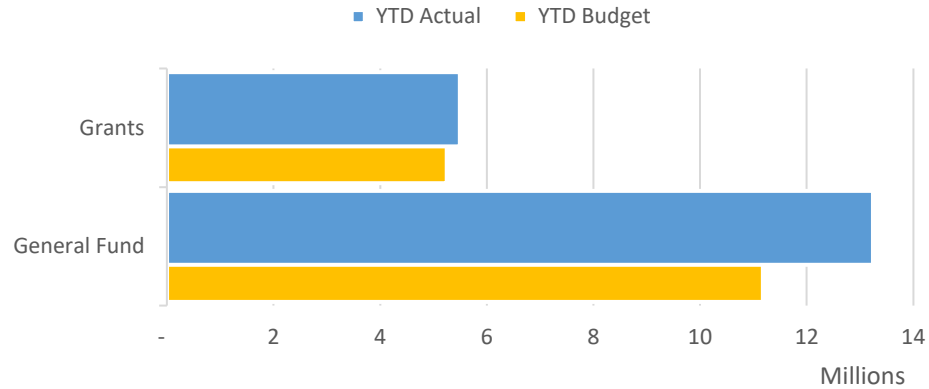
FQHC Year to Date

- Total Revenue is +14% above budget, YTD
- Total Expenses are at budget, YTD
- Overall Visits to the FQHC have been increasing since January 2022, compared to steady visit counts to the other SNHC programs

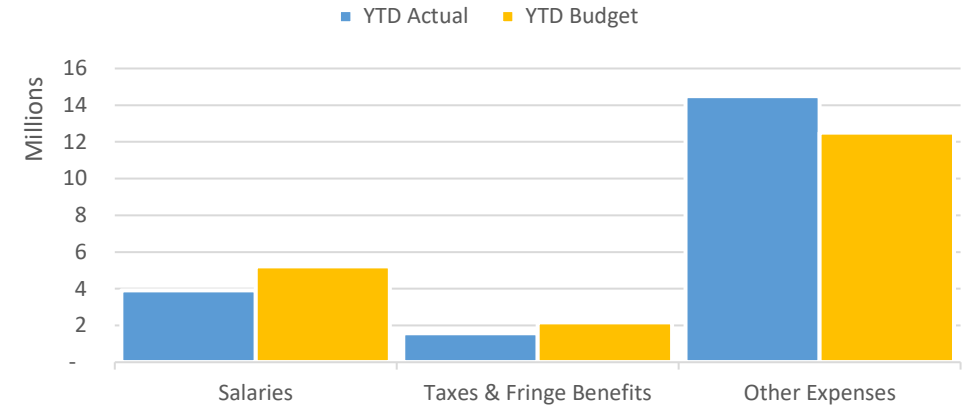


Overview

FQHC YTD Budget to Actual Revenue
April 2022



FQHC YTD Budget to Actual Expenses
April 2022



FQHC - SNCHC, Combined Funds

Revenues & Expenses

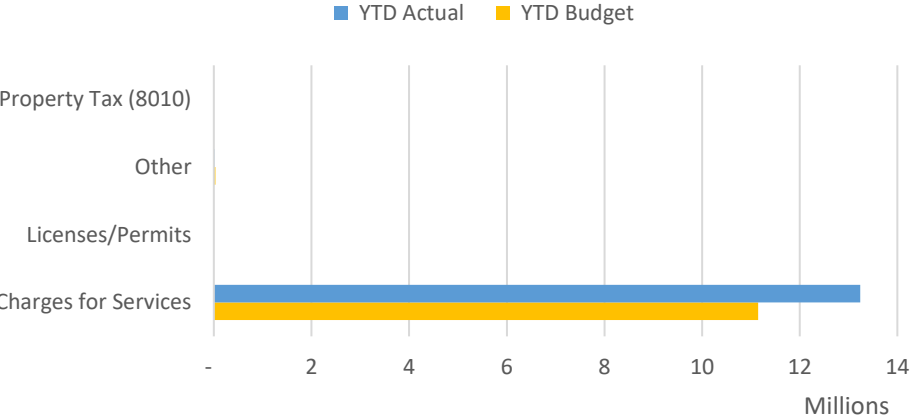
Interim Unaudited Report

April 2022

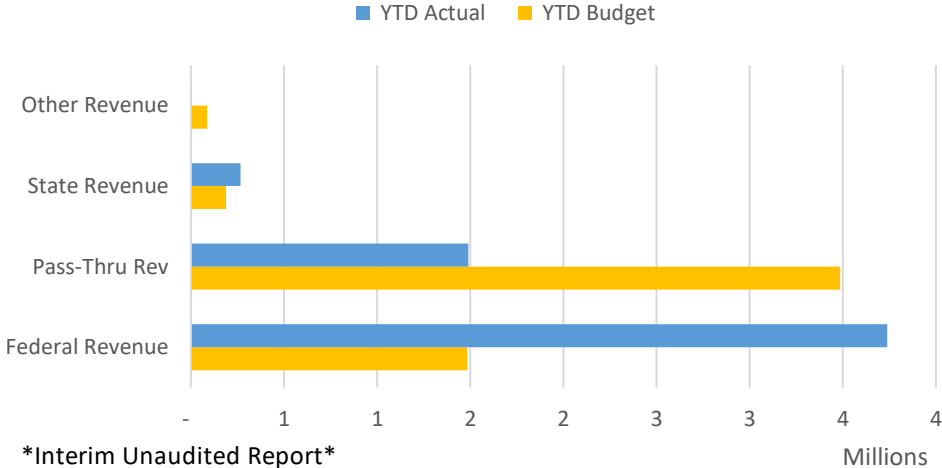
| Combined Funds | | Description | FY 2022 Adopted | Adjustments | FY2022 Current Budget | YTD Budget | YTD Actual | Variance | % YTD Actuals to YTD Budget | Notes |
|----------------|--------------|-------------------------|-----------------------|-------------|--------------------------|-----------------------|-----------------------|---------------------|--------------------------------|-------|
| Combined Funds | Revenue | Revenues | | | | | | | | |
| Combined Funds | Revenue | General Fund | 13,413,863 | - | 13,413,863 | 11,178,219 | 13,245,512 | 2,067,293 | 18% | |
| Combined Funds | Revenue | Grants | 6,294,818 | - | 6,294,818 | 5,245,682 | 5,493,638 | 247,956 | 5% | |
| Combined Funds | Revenue | Total Revenues | 19,708,681 | - | 19,708,681 | 16,423,901 | 18,739,150 | 2,315,249 | 14% | |
| Combined Funds | Expense | Expenses | | | | | | | | |
| Combined Funds | Expense | Salaries | 6,258,551 | - | 6,258,551 | 5,215,459 | 3,902,917 | (1,312,542) | -25% | |
| Combined Funds | Expense | Taxes & Fringe Benefits | 2,608,287 | - | 2,608,287 | 2,173,573 | 1,575,301 | (598,271) | -28% | |
| Combined Funds | Expense | Other Expenses | 15,014,937 | - | 15,014,937 | 12,512,448 | 14,484,824 | 1,972,377 | 16% | |
| Combined Funds | Expense | Total Expenses | 23,881,775 | - | 23,881,775 | 19,901,479 | 19,963,043 | 61,563 | 0% | |
| Combined Funds | Net Position | Net Position YTD | \$ (4,173,094) | \$ - | \$ (4,173,094) | \$ (3,477,578) | \$ (1,223,893) | \$ 2,253,686 | -65% | |

Revenue

FQHC Patient Revenue- YTD Budget vs Actuals Revenue



FQHC Special Revenue Funds YTD Budget vs Actual Revenue



General Fund and Special Revenue Fund

Revenues

Interim Unaudited Report

Millions

Apr-22

| Combined Funds | Description | FY 2022 Adopted | Adjustments | FY2022 Current Budget | YTD Budget | YTD Actual | Variance | % YTD Actuals to YTD Budget | Notes |
|----------------|-------------|-----------------------|-------------|-----------------------|-------------------|-------------------|------------------|-----------------------------|-------|
| General Fund | Revenue | Revenues | | | | | | | |
| General Fund | Revenue | Charges for Services | | 13,379,063 | 11,149,219 | 13,233,790 | 2,084,571 | 19% | |
| General Fund | Revenue | Licenses/Permits | | - | - | - | - | 0% | |
| General Fund | Revenue | Other | | 34,800 | 29,000 | 11,722 | (17,278) | -60% | |
| General Fund | Revenue | Property Tax (8010) | | - | - | - | - | 0% | |
| General Fund | Revenue | Total Revenues | | 13,413,863 | 11,178,219 | 13,245,512 | 2,067,293 | 18% | |
| SRF | Revenue | Revenues | | | | | | | |
| SRF | Revenue | Federal Revenue | | 1,781,436 | 1,484,530 | 3,738,548 | 2,254,018 | 152% | |
| SRF | Revenue | Pass-Thru Rev | | 4,182,621 | 3,485,518 | 1,488,868 | (1,996,649) | -57% | |
| SRF | Revenue | State Revenue | | 225,611 | 188,009 | 265,222 | 77,213 | 41% | |
| SRF | Revenue | Other Revenue | | 105,150 | 87,625 | 1,000 | (86,625) | -99% | |

Expenses: Patient Revenue and Grants

General Fund and Special Revenue Fund

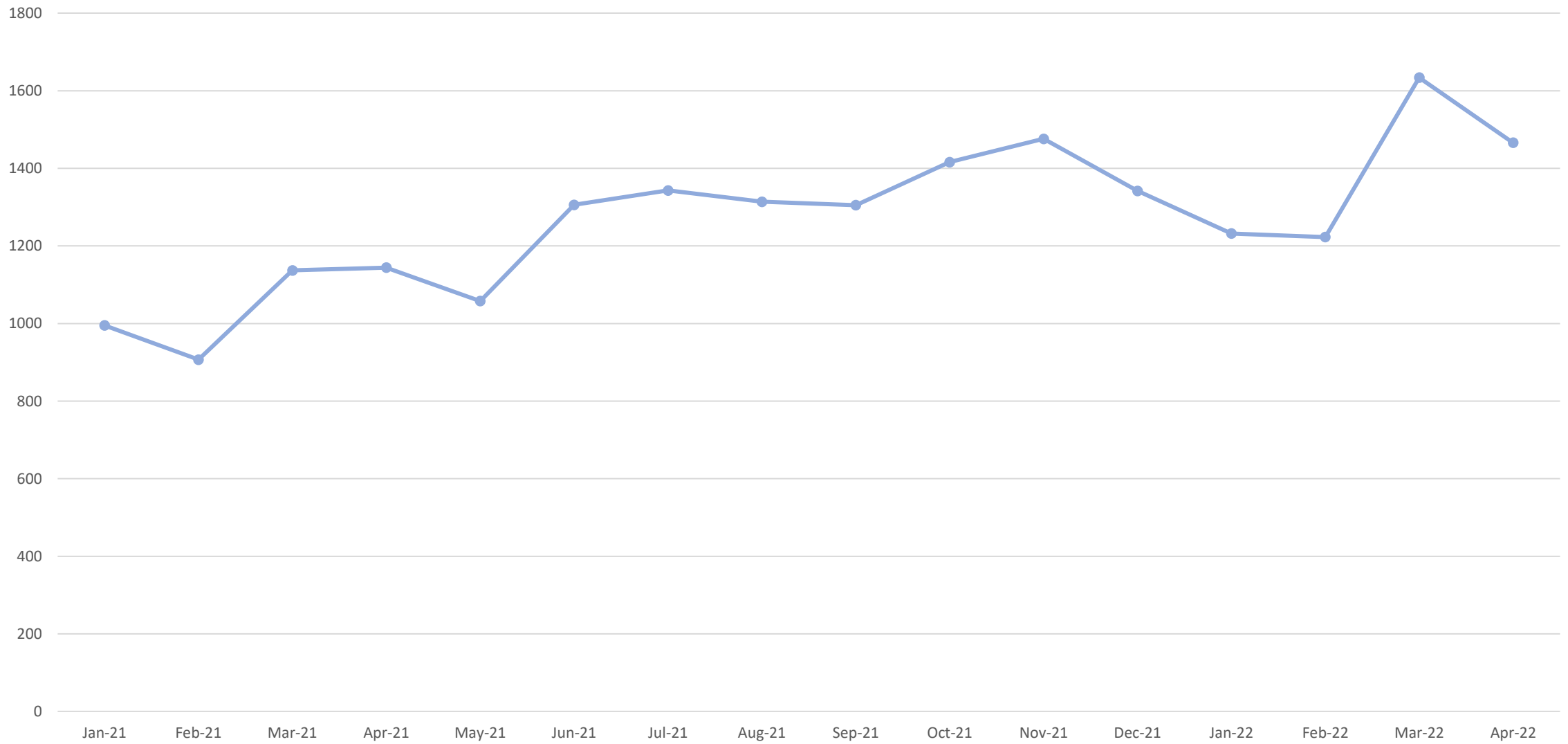
Expenses

Interim Unaudited Report

Apr-22

| Combined Funds | | Description | FY 2022 Adopted | Adjustments | FY2022 Current Budget | YTD Budget | YTD Actual | Variance | % YTD Actuals to YTD Budget | Notes |
|----------------|---------|------------------------------------|--------------------|-------------|--------------------------|-------------------|-------------------|-----------------|--------------------------------|-------|
| General Fund | Expense | Expenses | | | | | | | | |
| General Fund | Expense | Salaries | 2,365,164 | | 2,365,164 | 1,970,970 | 1,139,581 | (831,389) | -42% | |
| General Fund | Expense | Taxes & Fringe Benefits | 987,569 | | 987,569 | 822,974 | 452,946 | (370,028) | -45% | |
| General Fund | Expense | Supplies | 8,733,163 | | 8,733,163 | 7,277,636 | 8,930,569 | 1,652,933 | 23% | |
| General Fund | Expense | Travel & Training | 47,045 | | 47,045 | 39,204 | 1,928 | (37,276) | -95% | |
| General Fund | Expense | Contractual | 540,679 | | 540,679 | 450,566 | 421,992 | (28,574) | -6% | |
| General Fund | Expense | Capital Outlay | 10,000 | | 10,000 | 8,333 | - | (8,333) | -100% | |
| General Fund | Expense | Subtotal Operating Expenses | 12,683,620 | - | 12,683,620 | 10,569,683 | 10,947,016 | 377,332 | 4% | |
| General Fund | Expense | Indirect Costs/Cost Allocations | 3,447,408 | | 3,447,408 | 2,872,840 | 2,684,636 | (188,204) | -7% | |
| General Fund | Expense | Transfers In | - | | - | - | (5,090) | (5,090) | 0% | |
| General Fund | Expense | Transfers Out | 1,455,929 | | 1,455,929 | 1,213,274 | 1,015,424 | (197,851) | -16% | |
| General Fund | Expense | Total Expenses | 17,586,957 | - | 17,586,957 | 14,655,797 | 14,641,985 | (13,812) | 0% | |
| SRF | Expense | Expenses | | | | | | | | |
| SRF | Expense | Salaries | 3,893,387 | | 3,893,387 | 3,244,489 | 2,763,337 | (481,153) | -15% | |
| SRF | Expense | Taxes & Fringe Benefits | 1,620,718 | | 1,620,718 | 1,350,598 | 1,122,355 | (228,243) | -17% | |
| SRF | Expense | Supplies | 310,454 | | 310,454 | 258,712 | 351,574 | 92,862 | 36% | |
| SRF | Expense | Travel & Training | 35,756 | | 35,756 | 29,797 | 33,562 | 3,765 | 13% | |
| SRF | Expense | Contractual | 223,578 | | 223,578 | 186,315 | 887,574 | 701,259 | 376% | |
| SRF | Expense | Capital Outlay | 10,420 | | 10,420 | 8,683 | 36,490 | 27,807 | 320% | |
| SRF | Expense | Subtotal Operating Expenses | 6,094,313 | - | 6,094,313 | 5,078,594 | 5,194,892 | 116,298 | 2% | |
| SRF | Expense | Indirect Costs/Cost Allocations | 1,656,434 | | 1,656,434 | 1,380,362 | 1,168,782 | (211,580) | -15% | |
| SRF | Expense | Transfers In | (1,455,929) | | (1,455,929) | (1,213,274) | (1,047,707) | 165,568 | -14% | |

Total FQHC Visits per Month





Questions?

Next month I will include
some billing stats.