

Legal / Contractual Obligation

North Portland Health Clinic complies with the Bureau of Primary Health Care (BPHC) grant, JCAHO accreditation requirements and CareOregon contractual obligations.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2014	2014	2015	2015
Personnel	\$1,724,185	\$1,363,707	\$1,925,634	\$1,222,309
Contractual Services	\$0	\$48,036	\$0	\$48,581
Materials & Supplies	\$20,295	\$120,711	\$22,529	\$134,546
Internal Services	\$199,584	\$764,029	\$262,072	\$785,416
Total GF/non-GF	\$1,944,064	\$2,296,483	\$2,210,236	\$2,190,851
Program Total:	\$4,240,547		\$4,401,087	
Program FTE	20.70	7.60	22.00	6.00

Program Revenues				
Indirect for Dept. Admin	\$268,188	\$0	\$297,677	\$0
Intergovernmental	\$0	\$903,696	\$0	\$739,577
Service Charges	\$1,885,726	\$1,392,787	\$2,191,581	\$1,451,274
Total Revenue	\$2,153,914	\$2,296,483	\$2,489,258	\$2,190,851

Explanation of Revenues

This program is supported by a federal BPHC grant, State Family Planning grant, state funds for maternal & child health services, as well as enhanced Medicaid/Medicare fee revenue. County General Fund is used as local in-kind to obtain and keep Primary Care and Family Planning grants and to serve uninsured patients.

Medical Fees: \$3,630,855

Federal Primary Care grant: \$658,118

State Family Planning grant: \$45,180

State Maternal & Child Health grant: \$36,279

Significant Program Changes

Last Year this program was: 40019A North Portland Health Clinic

Health transformation has created instability in fee revenue estimates for Primary Care and could force significant changes in coming years. In FY13, Primary Care fell short of fee revenue estimates and is expected to do the same in FY14. New models of care were implemented in response to health care reform, but reimbursement has not changed to match these changes in the care model. Additionally, a decline in provider visits while implementing these changes also impacted revenue. There are positive changes already from Medicaid expansion, but it is too soon to tell what the lasting impact will be on revenue. Even though very reasonable methods were used to create the FY15 revenue projections, they are very aggressive when compared to current fee income. While achievable there remains uncertainty about how quickly all of the changes in the healthcare environment will settle making forecasting more predictable.