

Legal / Contractual Obligation

The NEHC complies with the Bureau of Primary Health Care (BPHC) grant, State Family Planning agency grant, Joint Commission Accreditation requirements, CLIA (Laboratory accreditation) requirements and CareOregon contractual obligations. The NEHC contracts with CARES Northwest at Legacy Emanuel Hospital to provide two days per week of medical assessment services for children suspected to be victims of child abuse.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2014	2014	2015	2015
Personnel	\$2,662,111	\$1,858,350	\$2,481,078	\$1,981,747
Contractual Services	\$0	\$143,128	\$95,606	\$2,000
Materials & Supplies	\$66,230	\$172,756	\$12,317	\$192,430
Internal Services	\$297,357	\$897,046	\$278,981	\$1,053,790
Total GF/non-GF	\$3,025,698	\$3,071,280	\$2,867,982	\$3,229,966
Program Total:	\$6,096,978		\$6,097,948	
Program FTE	16.20	23.40	29.70	9.50

Program Revenues				
Indirect for Dept. Admin	\$387,016	\$0	\$414,417	\$0
Intergovernmental	\$0	\$986,432	\$0	\$1,290,595
Service Charges	\$2,963,957	\$2,084,848	\$2,854,436	\$1,939,371
Total Revenue	\$3,350,973	\$3,071,280	\$3,268,853	\$3,229,966

Explanation of Revenues

Northeast Health Clinic is supported by a federal BPHC grant, State Family Planning grant, state funds for maternal & child health services through the intergovernmental agreement between Multnomah County as the Local Public Health Authority (LPHA) and the State of Oregon Public 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: \$4,793,807

Federal Primary Care grant: \$1,150,456

State Family Planning grant: \$77,725

State Maternal & Child Health grant: \$62,414

Significant Program Changes

Last Year this program was: 40020 Northeast 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.