

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 CCO 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	2016	2016	2017	2017
Personnel	\$3,422,690	\$1,635,286	\$3,198,685	\$2,862,870
Contractual Services	\$0	\$203,147	\$0	\$77,158
Materials & Supplies	\$134,152	\$166,492	\$12,491	\$271,890
Internal Services	\$495,730	\$928,540	\$842,360	\$795,618
Total GF/non-GF	\$4,052,572	\$2,933,465	\$4,053,536	\$4,007,536
Program Total:	\$6,986,037		\$8,061,072	
Program FTE	26.00	19.40	18.90	32.30

Program Revenues				
Indirect for Dept. Admin	\$419,558	\$0	\$559,221	\$0
Intergovernmental	\$0	\$772,692	\$0	\$982,127
Other / Miscellaneous	\$231,000	\$0	\$0	\$0
Service Charges	\$3,814,146	\$2,160,773	\$4,049,964	\$3,025,409
Total Revenue	\$4,464,704	\$2,933,465	\$4,609,185	\$4,007,536

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: \$6,992,029; Federal Primary Care grant: \$951,471
State Family Planning grant: \$30,656; Legacy Health CARES grant: \$83,344

Significant Program Changes

Last Year this program was: FY 2016: 40020-16 Northeast Health Clinic

Output measure was changed to patients assigned to a PCP instead of visits based on our payment restructuring with APM (alternative payment methods).

Efficiency measure was removed from monitoring as this is part of the clinic standard work