

Legal / Contractual Obligation

The ECHC 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. ECHC meets all Federally Qualified Health Center (FQHC) designated requirements, such as; provision of comprehensive primary care and supportive care services; and services be available to all regardless of ability to pay as two examples.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2014	2014	2015	2015
Personnel	\$3,760,251	\$2,396,319	\$4,311,184	\$1,918,576
Contractual Services	\$0	\$197,490	\$0	\$159,821
Materials & Supplies	\$85,840	\$275,591	\$427,382	\$310,035
Internal Services	\$388,852	\$1,586,106	\$426,723	\$1,772,081
Total GF/non-GF	\$4,234,943	\$4,455,506	\$5,165,289	\$4,160,513
Program Total:	\$8,690,449		\$9,325,802	
Program FTE	25.40	31.00	46.40	11.60

Program Revenues				
Indirect for Dept. Admin	\$551,948	\$0	\$608,305	\$0
Intergovernmental	\$0	\$1,179,771	\$0	\$718,429
Service Charges	\$4,151,731	\$3,275,735	\$4,770,508	\$3,442,084
Total Revenue	\$4,703,679	\$4,455,506	\$5,378,813	\$4,160,513

Explanation of Revenues

East County Health Clinic is supported by 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: \$8,212,592

Federal Primary Care grant: \$562,941

State Family Planning grant: \$86,238

State Maternal & Child Health grant: \$69,250

Significant Program Changes

Last Year this program was: 40023 East County 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.