

Legal / Contractual Obligation

SEHC primary care complies with the Bureau of Primary Health Care grant, JCAHO accreditation's requirements and managed care companies' (e.g. CareOregon, FamilyCare, etc.) contractual obligations. SEHC primary care meets all Federally Qualified Health Center (FQHC) designated requirements, such as provision of comprehensive primary care and supportive care services; and services are 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	\$1,016,963	\$1,086,730	\$967,905	\$1,330,273
Contractual Services	\$3,200	\$390,657	\$0	\$380,417
Materials & Supplies	\$4,860	\$127,471	\$21,514	\$108,904
Internal Services	\$293,708	\$414,988	\$141,010	\$785,051
Total GF/non-GF	\$1,318,731	\$2,019,846	\$1,130,429	\$2,604,645
Program Total:	\$3,338,577		\$3,735,074	
Program FTE	13.20	7.90	12.00	8.20

Program Revenues				
Indirect for Dept. Admin	\$201,276	\$0	\$253,051	\$0
Intergovernmental	\$0	\$1,051,900	\$0	\$1,728,742
Other / Miscellaneous	\$0	\$50,000	\$0	\$0
Service Charges	\$1,118,915	\$917,946	\$1,110,609	\$875,903
Total Revenue	\$1,320,191	\$2,019,846	\$1,363,660	\$2,604,645

Explanation of Revenues

Southeast Health Clinic is supported by federal BPHC grant, as well as enhanced Medicaid/Medicare fee revenue. County General Fund is used as local in-kind to obtain and keep the Primary Care grant and to serve uninsured patients.

Medical Fees: \$1,986,512
Federal Primary Care/Homeless grant: \$1,645,800
State Family Planning grant: \$46,002
State Maternal & Child Health grant: \$36,940

Significant Program Changes

Last Year this program was: 40027 Southeast 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.