

Department: Health Department

Program Contact: Jenna Green

Program Offer Type: Operating

Program Offer Stage: Proposed

Related Programs:
Program Characteristics:
Program Description

The Health Center welcomes all county persons, regardless of insurance status, ability to pay, or documentation status. Our health center prioritizes culturally and linguistically appropriate care, supporting patients in a way that works for them. Over 60% of our patients identify as people of color, and more than 38% require interpretation with 59% of our patients indicating they are best served in a language other than English. This includes more than 100 different languages. 84% of our patients have Medicaid, 3% have no insurance, and 95% of our clients live below 200% of the Federal Poverty Level (FPL). All programs within the Health Center are committed to improving health outcomes, reducing health disparities and ensuring affordable, quality access to healthcare.

Health Center Administration and Operations supports services within the project scope of the Bureau of Primary Health Care (BPHC) grant. BPHC funding requires strict adherence to federal laws mandating which services must be provided by FQHCs, which results in additional Medicaid revenue.

Activities supported in this program include developing and implementing fiscal accountability and monitoring infrastructure, management of revenue cycle activities, implementation of strategic projects, support for operational workflows to increase patient access to care, and projects designed to improve health outcomes. Examples of this type of work include support for transitioning and training clinical teams to expand virtual care, designing patient communication campaigns for managing chronic diseases, and designing reporting materials to reflect operational needs in fiscal and value based pay systems.

Performance Measures

Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target
Output	Claims Accuracy: % of claims accepted by insurance partners	97%	95%	95%	97%
Output	Patient communication materials are developed in the top five patient languages	100%	100%	90%	100%
Output	Completion of annual strategic planning activities and 3-year plan in alignment with CHC Board's vision.	100%	100%	100%	100%

Performance Measures Descriptions

The output includes successfully completing the strategic plan, development of communication materials in the five top languages, and success of claims acceptance.

Legal / Contractual Obligation

The Health Center complies with Coordinated Care Organizations (COO) contractual requirements as well as the Bureau of Primary Health 330 Grant (HRSA) and the Patient-Centered Primary Care Home (PCPCH) program. The Health Center is accredited under the Joint Commission and follows accreditation guidelines.

All costs and revenues generated by this program must also comply with the HRSA FQHC requirements.

Revenue/Expense Detail

	Adopted General Fund	Adopted Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2025	2025	2026	2026
Personnel	\$0	\$10,682,579	\$0	\$9,181,741
Contractual Services	\$0	\$506,472	\$0	\$500,000
Materials & Supplies	\$0	\$378,762	\$0	\$226,760
Internal Services	\$0	\$2,933,682	\$0	\$3,081,024
Total GF/non-GF	\$0	\$14,501,495	\$0	\$12,989,525
Program Total:	\$14,501,495		\$12,989,525	
Program FTE	0.00	55.40	0.00	50.90

Program Revenues				
Intergovernmental	\$0	\$1,225,755	\$0	\$1,225,755
Other / Miscellaneous	\$0	\$5,370,041	\$0	\$6,960,509
Beginning Working Capital	\$0	\$1,714,592	\$0	\$1,275,617
Service Charges	\$0	\$6,191,107	\$0	\$3,527,644
Total Revenue	\$0	\$14,501,495	\$0	\$12,989,525

Explanation of Revenues

This program generates \$1,439,697 in indirect revenues.

Administration and Operations activities are funded with HRSA grant revenue, Medicaid fees, and quality incentive payments. Program leadership are working with CCO's to develop sustainable funding for quality assurance, data reporting work. HD FQHC Clinical Infrastructure APM - \$562,476, HD FQHC Clinical Support Mcaid Rx APM - \$750,000, HD FQHC FQHC: Medicaid APM Health Center Finance - \$1,749,256, HD FQHC FQHC: Medicaid APM ICS Admin - \$465,912, HD FQHC Health Center Finance-Mcaid Quality and Incentives - \$1,791,356, HD FQHC ICS Administration BWC - \$153,983 HD FQHC PC330 - Admin - Clinic Support & Development GY25 - \$651,322, HD FQHC PC330 - Admin GY25 - \$574,433 HD FQHC PCPM Funding - Admin Support - \$1,186,938, HD FQHC PCPM Funding - Support & Development - \$1,298,215 HD FQHC Shared Accountability Model - Clinical Support - \$1,000,000, HD FQHC Trillium Primary Care Capitation Services Incentives - Clinical Support and Development BWC - \$1,076,078, HD FQHC Trillium Primary Care Capitation Services Incentives - Support and Infrastructure - \$1,684,000, Beginning Working Capital - \$45,556

Significant Program Changes

Last Year this program was: FY 2025: 40034A FQHC-Administration and Operations

A 1.00 FTE finance supervisor position was added to oversee the work of the medical coders and to help with the volume of medical encounters requiring review for accuracy before moving to medical billing for the submission of the invoice to the insurance or patient. The volume and complexity of medical encounters requiring review has steadily increased over time resulting in the need for this position. FTE reductions in the Administration and Operations budget are a result of FTE removed to then be included in the Medical Records program and the movement of referral personnel to the Access and Referral budget. Alternative Payment Methodology (APM) revenue has moved to cover FTE costs where personnel costs have been moved resulting in a decrease in this program offer. One FTE has been cut due to the need to add FTE in direct patient care.