

#### Program #40041 - Medical Accounts Receivable

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FY 2026 Proposed

**Department:** Health Department **Program Contact:** 

**Program Offer Type:** Administration Program Offer Stage: Proposed

**Related Programs:** 40040, 40042

**Program Characteristics:** 

### **Program Description**

The Medical Accounts Receivable Team is responsible for billing and collecting over \$80 million in annual revenue for the Health Department. The program manages billing, collections, cash handling and reconciliation for Multnomah County's Primary Care, Dental, School Health centers and Public Health clinics, as well as ancillary services (lab and pharmacy), community-based care (Parent Child Family Health) and behavioral health. The program processes and reconciles claims for more than 200 insurance carriers, including Health Share of Oregon CCO and other Medicaid plans, in addition to Medicare, and various commercial medical and dental plans. Additionally, the program facilitates Medicaid and Medicare enrollment for providers and clinics ensuring continued access to care for the communities we serve.

The Financial and Business Management division is committed to centering equity in policy and practice and in service to the Health Department's value of racial equity and mission to reduce health disparities. The division will continually invest time and resources into identifying and then dismantling internal and external structures that contribute to inequity, including the culture of white supremacy. The division employs a finance strategy to preserve critical services and support infrastructure for improved health outcomes. We strive to build trusting partnerships with community partners we depend on and we genuinely engage with communities and staff to drive positive changes, especially in the areas of business, operational and financial management. We pride ourselves on our ability to recruit, retain and promote a diverse, inclusive and high-performing workforce. The division is working to advance the objectives outlined in the Workforce Equity Strategic plan by committing resources for an equity and inclusion committee and operationalizing its policy recommendations.

Performance Measures									
Measure Type	Performance Measure	FY24 Actual	FY25 Budgeted	FY25 Estimate	FY26 Target				
Output	Number of encounters (processed for payment)	236,060	210,000	236,000	259,000				
Outcome	Percent of receivables over 90-days (excludes self-pay)	16%	33%	25%	33%				
Quality	Average days in Accounts Receivable (excludes self-pay)	21	32	26	32				

## **Performance Measures Descriptions**

The number of encounters demonstrates the volume of work. Percent of receivables older than 90 days – is the % of account receivables that has been unpaid for more than 90 days (excluding self-pay balances). This metric measures the timely submission and efficient collection of payments on older accumulating balances. A lower rate is financially healthy. The Average Days in Accounts Receivable (excluding self-pay balances) measures the average number of days it takes to collect payments after a service is provided. This metric assesses operational efficiency.

#### **Revenue/Expense Detail**

	Adopted General Fund	Adopted Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2025	2025	2026	2026
Personnel	\$1,834,752	\$0	\$1,890,990	\$0
Materials & Supplies	\$110,722	\$0	\$113,694	\$0
Internal Services	\$269,479	\$0	\$253,051	\$0
Total GF/non-GF	\$2,214,953	\$0	\$2,257,735	\$0
Program Total:	m Total: \$2,214,953		\$2,257,735	
Program FTE	12.00	0.00	12.00	0.00

Program Revenues				
Total Revenue	\$0	\$0	\$0	\$0

## **Explanation of Revenues**

# Significant Program Changes

Last Year this program was: FY 2025: 40041 Medical Accounts Receivable

In FY 2025, The Medical Billing team collaborated with the Behavioral Health and CSI teams and provided technical and billing expertise, supporting the transition of Behavioral Health billing from Evolv to EPIC resolute. This move will position Behavioral Health to maximize revenue through improved denial management, expanded payor billing capabilities, stronger clinical documentation and advanced data analytics.

The program also partnered with Public Health and CSI to transition the Parent Child Family Health program to electronic charting in EPIC, streamlining billing. Lastly, the ICS division withdrew from the Reproductive Health program on 12/31/24, requiring EPIC builds adjustments. Patients will continue to receive services through ICS or other clinics.