

Community Health Council

Community Health Council Board Meeting Minutes

Date: Monday, January 13th, 2020

Time: 6:00 PM

Location: Gladys McCoy Building, Room 850

Approved:

Recorded by: Anna Johnston

Attendance:

Board Members	Title	Y/N
"D"eb Abney	Board Member	Y
David Aguayo	Board Member	Y
Fabiola Arreola	Vice Chair	Y
Jon Cole	Member-at-Large	Y
Tamia Deary	Member-at-Large	Y
Iris Hodge	Board Member	N
Harold Odhiambo	Chair	Y
Susana Mendoza	Board Member	N
Pedro Sandoval Prieto	Secretary	Y
Wendy Shumway	Board Member	Y
Staff	Title	Y/N
Tasha Wheat-Delancy	Interim ICS Director	Y
Lucia Cabrejos	Interpreter, Passport to Languages	Y
Patricia Charles-Heathers	Health Department Director	Y
Adrienne Daniels	ICS Deputy Director	Y
Anna Johnston	Administrative Analyst	Y
Michele Koder	Pharmacy and Lab Services Director	Y
Mark Lewis	Senior Manager Business Operations	Y
Linda Niksich	Community Health Council Coordinator	Y
Christine Palermo	Dental Program Manager	Y
Dawn Shatzel	ICS Quality Director	Y

Guests: Nina McPherson, Kerry Hoeschen, Barb Rainish, Steve Kokes, Christina Bertalot

Action Items:

- Mark to follow up with the exact number for the corrected October grant numbers (around \$5.4 million).

Community Health Council

Decisions:

- Approved the December 2019 meeting minutes
- Approved updates to ICS Policy: **FIS.01.06**
- Approved New ICS Policy: Credit Balance Policy
- Approved New Community Board Member, Kerry Hoeschen
- Approved Tasha Wheatt-Delancy as the Interim ICS Director
- Approved the CHC Meeting Calendar for 2020

The meeting was called to order at 6:06 pm by Chair, Harold Odhiambo.

The Meeting Ground Rules were presented by Board Member, Wendy Shumway.

Noted that quorum was met.

December 2019 Meeting Minutes Review (Vote required)

(See Document - December CHC Meeting Minutes)

No questions or comments were raised by CHC members

Motion by Wendy to approve the December 2019 Meeting Minutes.

Seconded by Tamia .

6 aye; 0 nay; 2 abstain (Fabiola and Jon were not at the December meeting)

Motion carries

Branding Update

Adrienne Daniels, Steve Kokes and Christina Bertalot presented a branding update to the board:

- Coates Kokes has been working on the rebranding project for the last several months in different phases that include research, interviews with staff and patient input
- The goal of this work is to update the brand to be more patient friendly, accessible and inviting
- The Board has been involved at various stages of the project and the Executive Committee has reviewed the images that are to be shared this evening; Adrienne gave a reminder that this is not a final approval but rather a check-in

Community Health Council

on the progress of this project.

- Steve presented the goals of the rebranding; to build a "one health center" concept, retain connection to the county while making a disconnect with the previous negative county baggage
- "Your place to be healthy, be heard and belong"
- The name "Welcome Health" was developed as our new name; proposed logo was shown with different fonts and colors similar to the current logo colors with orange added
- Adrienne asked for additional feedback and if the board and leadership felt it showed community and openness

Questions and comments raised by CHC members:

Question: Wendy asked what the logo looked like in other languages?

Response: Steve replied that they had a subcontractor review and assess this and they felt that it was easily translated especially in the Hispanic languages

Question: Pedro asked if each color had any significance or represented anything? Why those colors?

Response: Steve replied that the colors were close to the current logo's colors and it gave a unique opportunity to add different colors as well. Senior Communications Strategist for Multco, Diego Basabe also mentioned that the colors tie in with the colors in the current county logo and ideas around the different colors representing the different service lines were discussed, but no final decisions have been made on that concept

Monthly Budget Report- October Financials and Visits Report

(See Document-Monthly Dashboard-October 2019)

Mark Lewis reports on October Financials and Visits report. There was a slight decline in dental visits for October.

Question: Dave asked if the drop in visits was traced back to any reason?

Response: Mark replied yes it was mainly expected due to the implementation of the Wisdom Software program and less visits scheduled so staff could adjust to the program- this was all expected

Mark advised that the payer mix for October was unchanged. There was a slight decrease in CareOregon assignments.

Question: Wendy asked where page 6 in the report was?

Community Health Council

Response: Mark advised that page 6 was a UDS report with information that was still being compiled, so they pulled it for now.

Mark advised that the grants section on the report was still a work in progress as far as tracking grants accurately in Workday and this is noted at the bottom of the financial report. Some grant numbers will be corrected and reflected in the November report as well.

Questions and comments raised by CHC members:

Question: Dave asked if the corrected entries will affect only November reports or October as well?

Response: Mark advised that the corrections will be noted in November as well as October.

Question: Dave asked what the total amount of revenue would be with the corrections?

Response: **ACTION ITEM:** Mark advised that he did not have the exact number but it was around \$5.4 million. Mark to follow up with these numbers; it will be noted as a surplus for October's statement

FIS.01.06 Policy Update- Client Balance & Payment Plans Defined

(See Document-FIS.01.06 ICS)

- Mark advised that this policy update was a result of the work done on the revenue cycle optimization project with OCHIN, and both policy updates align with HRSA collection policies
- Linda gave a reminder that all policies are sent to the board in advance of the meetings

No questions or comments were raised by CHC members.

Motion by Fabiola to approve the new ICS.01.06 policy as presented

Seconded by Pedro

aye; 8 nay; 0 abstain

Motion carries

New Policy: Health Center Credit-Balance Policy

See Document-Health Center Credit-Balance Policy

Community Health Council

This new policy explains the process of issuing a refund as promptly as possible when a patient has a credit on their account.

No questions or comments were raised by CHC members.

***Motion by Dave to approve the new ICS Credit Balance policy as presented
Seconded by Jon
aye; 8 nay; 0 abstain
Motion carries***

New Board Member Ballot vote

- CHC Council Members vote to elect a new member by confidential ballot for Kerry Hoeschen to join. Kerry was interviewed by the Nominating Committee and recommended her nomination to the Council. The Executive Committee supports their recommendation
- Kerry was voted in by majority ballot vote and is now a member of the CHC
- Linda provided Kerry with a board member training binder and other materials.

Kerry joined the council at the table for the rest of the meeting as a voting member.

Succession Plan Implementation

- With the resignation of Vanetta Abdellatif ICS Director, HRSA requires the Interim Director Tasha Wheatt-Delancy to be approved by the CHC
- Tasha advised the board that she was honored to be in this role and gave a brief overview of her work at the County as the Primary Care Services Director since 2016 and the Mid County Clinic Manager prior to that. Her work has also included social justice and building programs that focus on that work.

Pedro offered that he is honored to have Tasha serve as the Interim Director and has seen her as a great colleague with the great work she has done in Primary Care.

***Motion by Tamia to approve Tasha Wheatt-Delancy as the Interim ICS Director
Seconded by "D" eb
aye; 9 nay; 0 abstain
Motion carries***

ICS Strategic Updates

Community Health Council

Tasha Wheatt-Delancy, Interim ICS Director, reports to CHC about ICS strategic updates.

Updates include the following:

- Tasha advised that Hamdi Abdullahi works on a monthly cultural spotlight that focuses on a different culture every month. The spotlight highlights information and is shared with staff
- Tasha reminded the group that the Policy for Patient Assignment and Selection (including transfers) that the CHC approved last month, was reviewed and updated through an equity lens to ensure patients have a clear process for requesting a different provider
- Grand Rounds is an employee/provider meeting that occurs quarterly; it focuses on training and upskilling and will include all role groups
- Lab was re-accredited by Joint Commission and Tasha thanked Chris Nytko and the Lab staff for their work
- Quality and Safety- The HRSA site visit will occur February 19-21st

No questions or comments were raised by CHC members.

Council Business Committee Updates

- Tamia reported that the nominating committee met on December 19th prior to the Executive Committee meeting and spoke about the board composition and current needs. They also conducted the interview for Kerry Hoeschen by phone. The board is still in need of two consumer members (Patients)
- Harold advised that the Executive Committee also met on December 19th: HR Director, Debi Smith shared the results of Vanetta's yearly evaluation from the CHC and she scored an average of 4-5, with 5 being the very best, on each survey question. The Executive Committee provided Vanetta with feedback based on scores and comments made by board members within the survey. Additionally, the committee would like to see the questions changed every year and a check-in on progress at the mid year point. The Executive Committee also drafted the agenda for tonight's meeting.
- Linda issued the 2019 Certificates of Appreciation and the new 2020 Board Member Binders.

Confirm CHC Meeting Dates for 2020 (HRSA requirement)

HRSA requires that the board approve a meeting dates calendar in order to ensure that they meet 12 times per year. The proposed calendar was presented.

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*Motion by Wendy to approve the CHC Meeting Calendar for 2020
Seconded by Fabiola
aye; 9 nay; 0 abstain
Motion carries*

Next CHC public meeting- 2/10/2020 at the Gladys McCoy Building

Meeting Adjourned at 7:39 pm.

Signed: Pedro Sandoval Prieto Date: 2-10-2020
Pedro Prieto Sandoval, Secretary

Community Health Council
Public Meeting Agenda

Monday, January 13, 2020

6:00 - 8:00 pm

Gladys McCoy Building, 850



Integrated Clinical Services Mission: "Providing services that improve health and wellness for individuals, families, and our communities."

**Our Meeting Process Focuses on
the Governance of Community Health Centers**

- Use Meeting Agreements (in English and Spanish) located on name tents
- Meetings are open to the public
- Guests are welcome to observe**
- Use timekeeper to focus on agenda
- Use note cards for questions/comments outside of agenda items and for guest questions

Council Members

"D"eb Abney; Dave Aguayo (Treasurer); Fabiola Arreola (Vice-Chair); Jon Cole (Member-at-Large); Tamia Deary (Member-at-Large); Iris Hodge; Susana Mendoza; Harold Odhiambo (Chair); Pedro Sandoval Prieto (Secretary); Wendy Shumway

Item	Process/Who	Time	Desired Outcome
<u>Call to Order/Welcome</u>	<ul style="list-style-type: none">• Chair, Harold Odhiambo• Introductions and Icebreaker	6:00-6:10 (10 min)	Call to order Review processes Everyone introduce themselves
<u>Minutes</u> VOTE REQUIRED	<ul style="list-style-type: none">• Review and approve the December Minutes	6:10-6:15 (5 min)	Council votes to approve and Secretary signs
<u>Branding Update Logos</u>	<ul style="list-style-type: none">• Steve Kokes and Christina Bertalot from Coates Kokes	6:15-6:45 (30 min)	Discussion and Council feedback
<u>Monthly Budget Report</u>	<ul style="list-style-type: none">• Senior Manager Business Ops, Mark Lewis	6:45-6:55 (10 min)	Council receives report
<u>New Policy: HC Credit-Balance Policy and Policy Update for FIS.01.06</u>	<ul style="list-style-type: none">• Senior Manager Business Ops, Mark Lewis	6:55-7:05 (10 min)	Council discussion and vote

VOTES REQUIRED			
<u>Break</u>		7:05-7:15 (10 min)	Take a break and mingle
<u>New Member Ballot Vote</u> <u>Kerry Hoeschen</u>	<ul style="list-style-type: none"> CHC Coordinator, Linda Nicksich and CHC Secretary, Pedro Sandoval Prieto 	7:15-7:20 (5 min)	Council members vote via ballot and Secretary verifies
<u>Succession Plan Implementation</u> VOTES REQUIRED	<ul style="list-style-type: none"> Interim ICS Director 	7:20-7:30 (10 min)	Discussion and vote to approve Interim Director
<u>ICS Strategic Updates</u>	<ul style="list-style-type: none"> ICS Deputy Director, Adrienne Daniels 	7:30-7:40 (10 min)	Council receives Health Center Updates through the Strategic Plan lenz
<u>Council Business Committee Updates</u> VOTES REQUIRED	<ul style="list-style-type: none"> Executive Committee Update; Chair, Harold Odhiambo Nominating Committee Update 2020 Meeting Dates Calendar Certificates of Appreciation 2020 Member Binders 	7:40-8:00 (20 min)	<p>Council receives updates from Chair and Nominating Committee</p> <p>Board members receive 2019 Certificates of Appreciation and new binders for 2020</p>
Adjourn Meeting	<ul style="list-style-type: none"> Chair, Harold Odhiambo 	8:00	Goodnight!

MCCHC *Rebranding*

coates kokes

Assignment recap

- ▶ Create a new brand identity for MCCHC that:
 - Unifies the Community Health Center
 - Retains a connection to Multnomah County
 - Creates separation from any negative County baggage
 - Reinforced credibility

Deliverables

- ▶ Name
- ▶ Tagline
- ▶ Logo
- ▶ Templates and design standards for brand rollout

Process

▶ Phases

- Phase 1 – Discovery and Research
- Phase 2 – Strategic Direction and Messaging
- Phase 3 – Brand identity development + rollout

Process

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Process

▶ Phases

- Phase 1 – Discovery and Research
- Phase 2 – Strategic Direction and Messaging
- Phase 3 – Brand identity development + rollout

▶ Audiences engaged

- Patient focus groups
- One-on-one staff interviews
- Survey at ICS all-staff meeting
- CHC Board
- County and Health Department leadership

Phase 1 – Discovery and Research

▶ The good

- Maintaining a warm and welcoming environment
- Cultural competencies are a strength to celebrate
- Integration with the community
- Recognition/appreciation for the patient's voice
- Trauma-informed and patient-centered care

▶ The bad

- Misperception of “care of last resort”
- Fear of government

▶ The ugly

- Doctor couldn't get a job elsewhere
- Fear of being denied access

Phase 2 – Strategic Direction and Messaging

▶ Your place to be healthy, be heard and belong.

Phase 3 – Brand identity development

► Name

- 9 name finalists were explored
- **Welcome Health** emerged as the agency recommendation and the stakeholder preference
 - Short and clearly articulates a strong value of the County and Health Dept.
 - An excellent option for health literacy concerns – per guidance from sub-contractor Verbio
 - Touches on three sub-values for the FQHC:
 - A place to be greeted
 - A place to be celebrated and connected with other people
 - A safe place to find refuge

Phase 3 – Brand identity development

▶ Tagline

- **Multnomah County** was recommended from a list of longer alternatives
- Simplest and strongest way to make the County connection

▶ Alternative lines

- Multnomah County Health Department
- Multnomah County Healthcare
- Multnomah County logo (co-branded visual approach)

Logo



welcome health

Multnomah County

Logo with font alternatives

1



welcome health

Multnomah County

2



welcome health

Multnomah County

3



welcome health

Multnomah County

4



welcome health

Multnomah County

Color options

1



2



3



4



Final Discussion

Next Steps

1. Address CHC feedback, if necessary
2. Present logo and tagline to County leadership for final approval
3. Share final logo with CHC
4. Move into Phase 4 – Rollout



Multnomah County - Federally Qualified Health Center

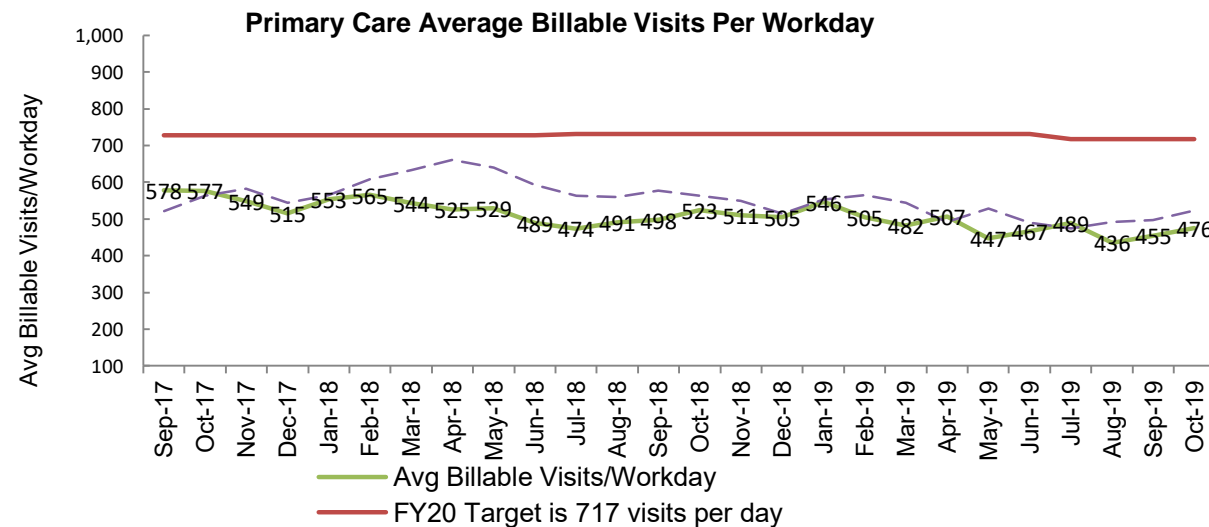
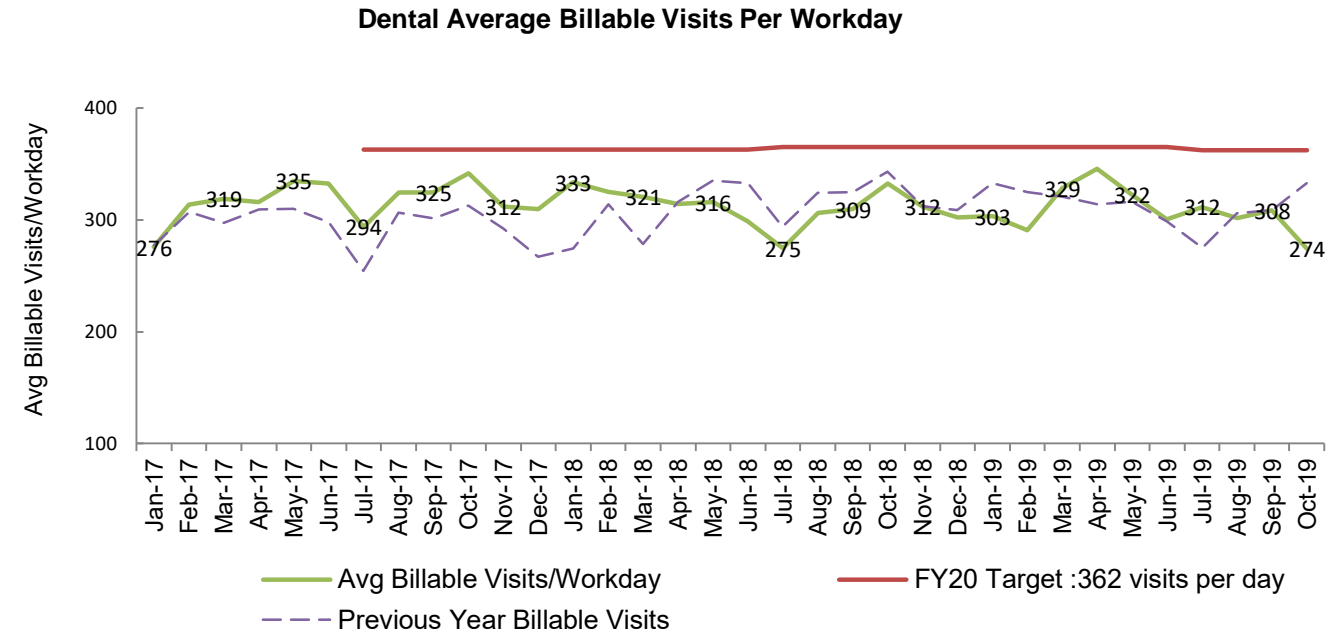
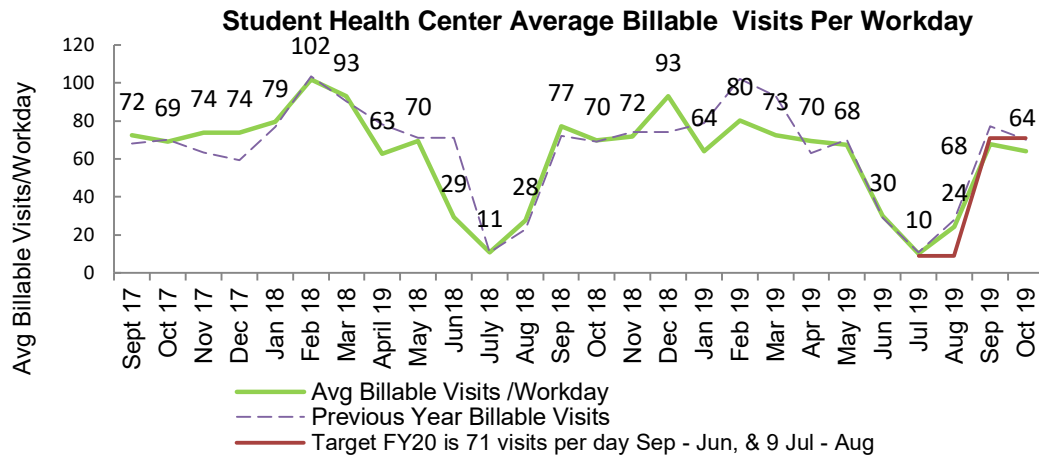
Monthly Dashboard

Oct 2019

Prepared by: [Larry Mingo](#)



FQHC Weekly Billable Visits Per Department

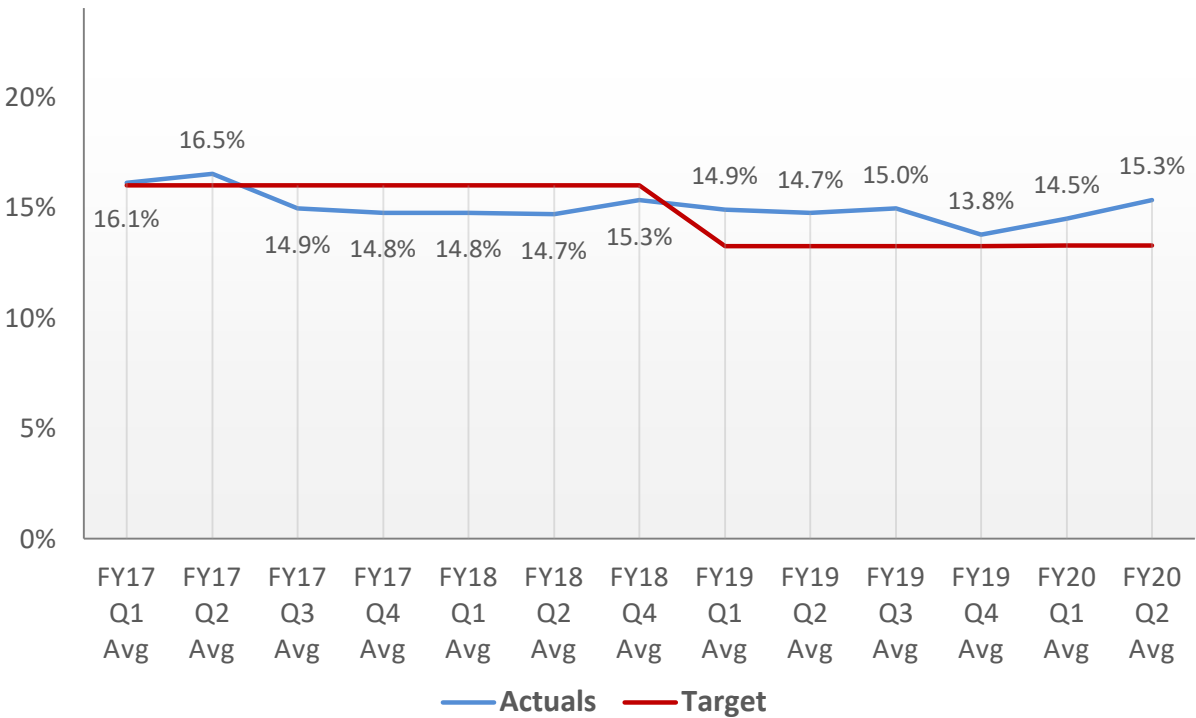


* SBHC clinics are closed during the month July except Parkrose SBHC

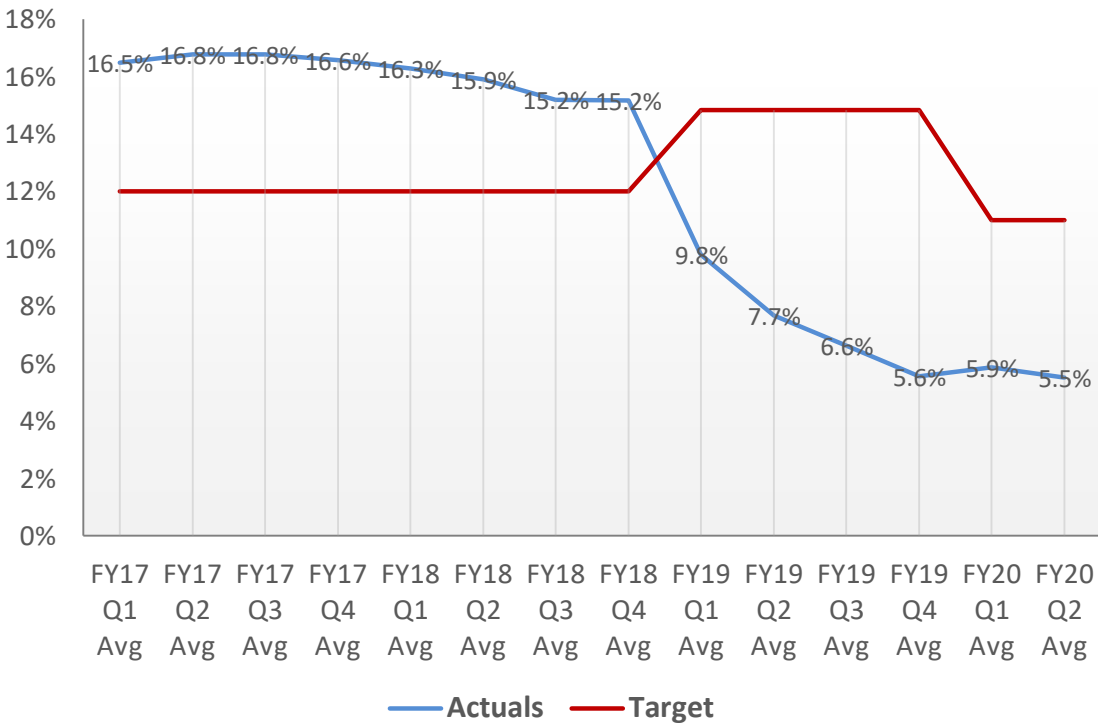
Notes: Primary Care and Dental visit counts are based on an average of days worked.
School Based Health Clinic visit counts are based on average days clinics are open and school is in session.

Monthly Percentage of Uninsured Visits for FQHC Centers

Percentage of Uninsured Visits in Primary Care



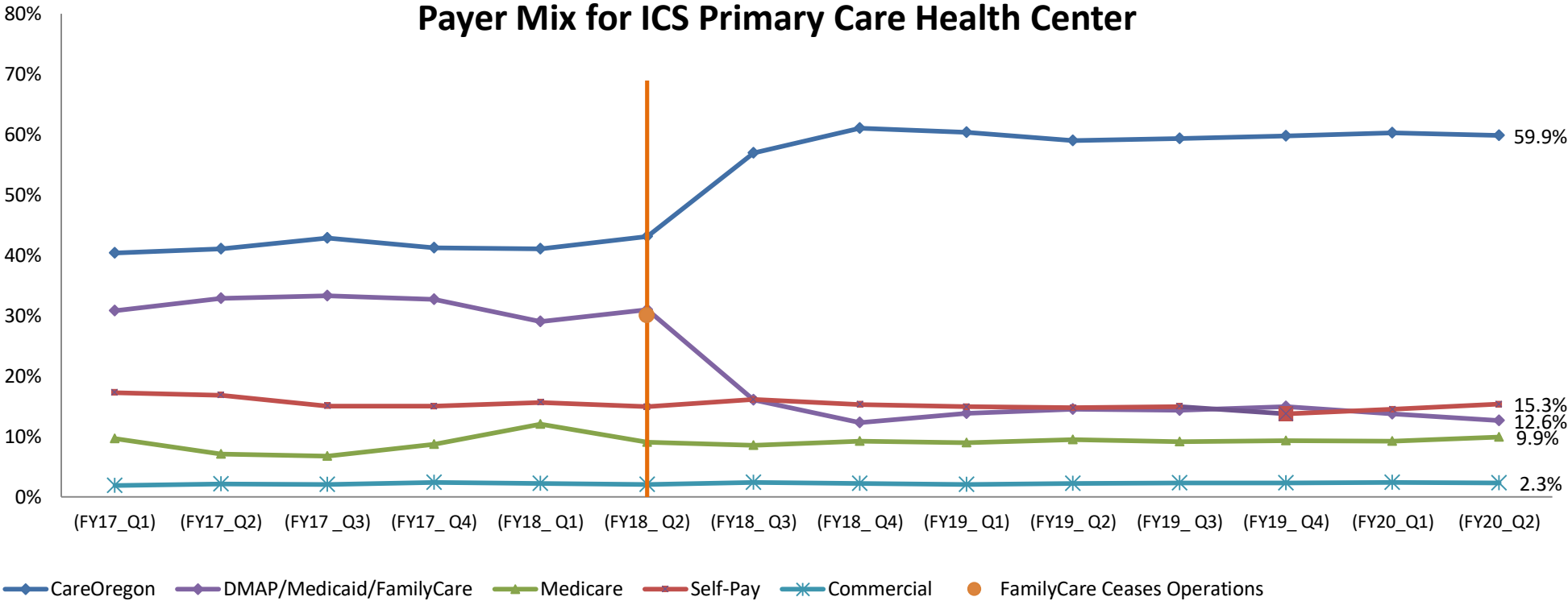
Percentage of Uninsured Visits in ICS Dental



Comments:

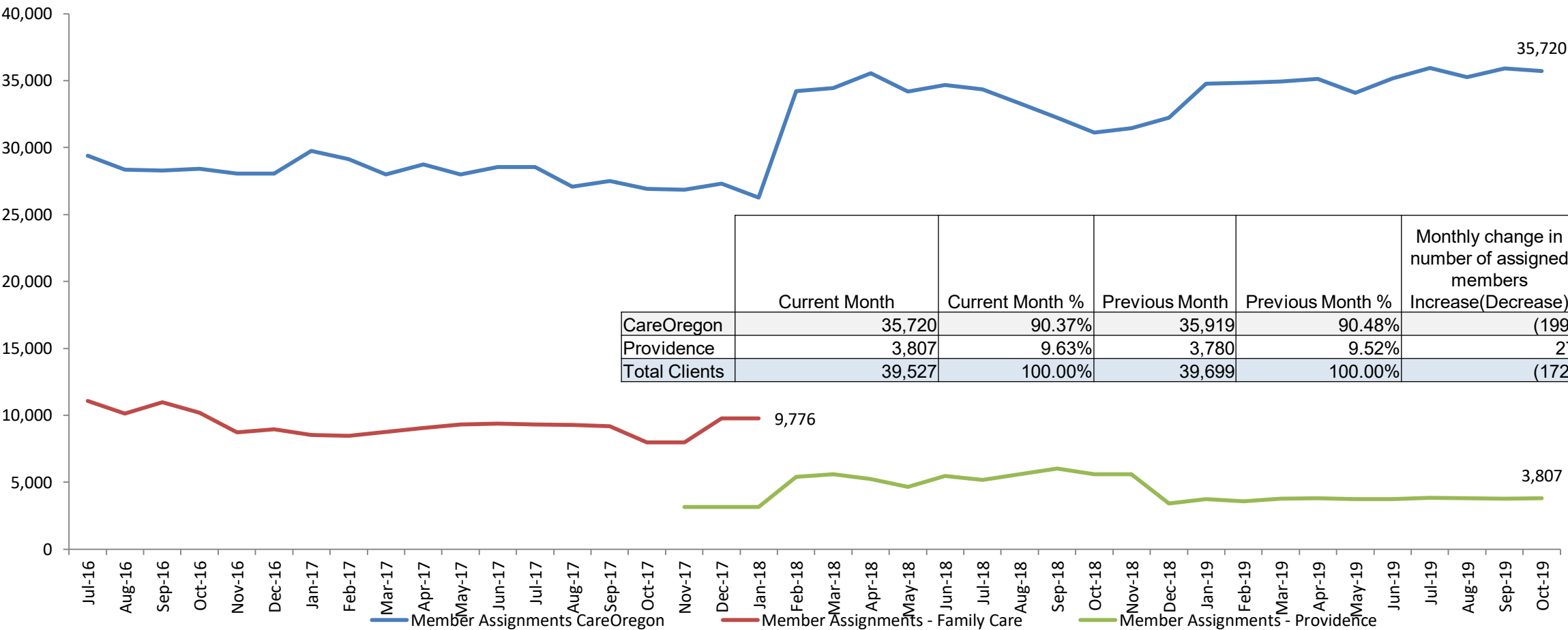
Primary Care target % of Uninsured Visits for FY18: 16%; for FY19: 13.25%; for FY20 13.27%

Dental target % of Uninsured Visits for FY18: 12%; for FY19: 14.85%; for FY20 11.00%



Notes: Payer Mix for Primary Care Health Service Center shows the percentage of patient visits per payer and per Quarter

OHP Primary Care Member Assignments



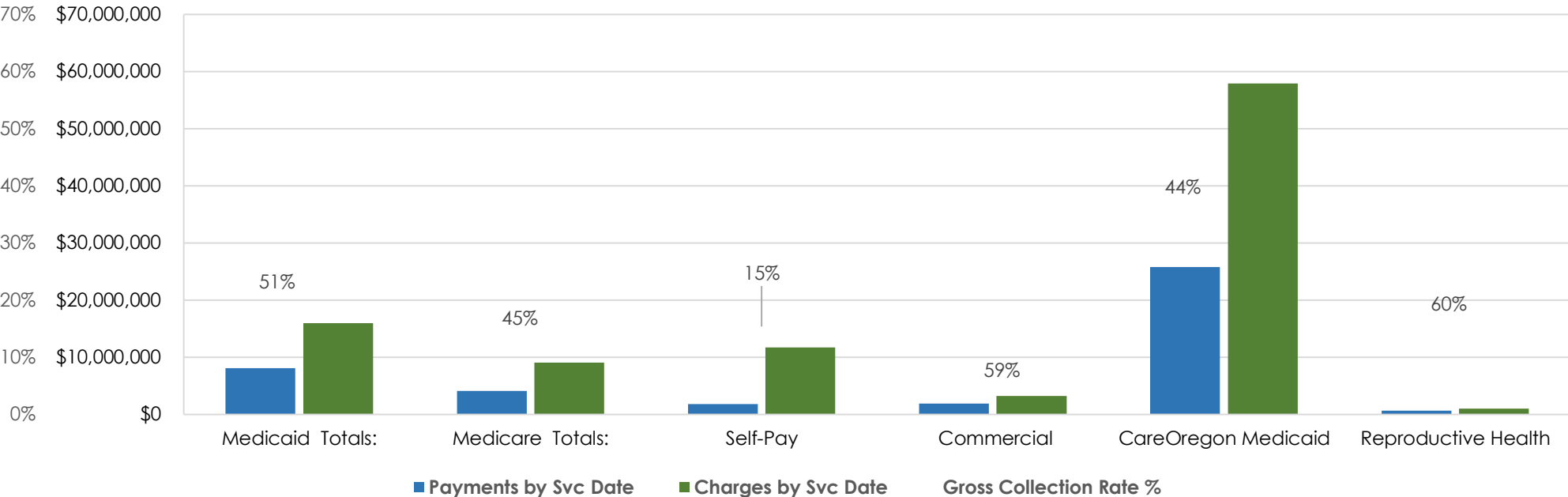
CareOregon FY20 average: 35,711
Providence FY20 average: 3,805

FQHC Gross Collection Rate by Payer

March 2018 – October 2019

	Medicaid Totals:	Medicare Totals:	Self-Pay	Commercial	CareOregon Medicaid	Reproductive Health
Payments by Svc Date	\$8,093,210	\$4,112,547	\$1,796,405	\$1,888,158	\$25,718,977	\$590,186
Charges by Svc Date	\$15,963,570	\$9,058,013	\$11,673,723	\$3,212,189	\$57,857,422	\$981,472
Gross Collection Rate %	51%	45%	15%	59%	44%	60%

Collection Rate by Payer (Visits dates Mar 2018 - Oct 2019)





Multnomah County Health Department
 Federally Qualified Health Center Financial Statement
 For Period Ending October 31, 2019

Community Health Centers - Page 1

Revenue: are tax and non-tax generated resources that are used to pay for services.

Behavioral Health: Revenue earned by the Mental Health Division in its capacity as an insurance provider for Medicaid clients (by way of Health Share of Oregon).

General Fund: The general fund is the primary operating fund for the County, and is used to account for and report all financial resources not accounted for and reported in another fund. All County departments have some part of their operations either reported in or supported by the general fund.

Grants – BPHC: The Bureau of Primary Health Care grant revenue is isolated here. This grant is sometimes known as the Primary Care 330 (PC 330) grant.

Grants – Incentives: External agreements that are determined by meeting certain metrics.

Grants – All Other: The County receives various Federal and State grants for specific programmatic purposes.

Health Center Fees: Revenue from services provided in the clinics that are payable by insurance companies.

Self Pay Client Fees: Revenue from services provided in the clinics that are payable by our clients.

Write-offs: Write-offs occur when the actual amount received for a claim differs from the amount originally recorded at the time of service. Transactions are recorded as revenue, but they can be positive or negative.

Expenses: are what the County spends to provide services to the community. Expenditure categories include personnel, materials and supplies, internal services, contracted services, and capital.

Personnel: Costs of salaries and benefits.

Contracts: professional services that are provided by non-County employees: e.g., lab and x-ray services, interpretation services, etc.

Materials and Services: non-personnel expenses the program needs to perform its mission: e.g., medical and dental supplies, repairs & maintenance, supplies, etc.



Multnomah County Health Department
 Federally Qualified Health Center Financial Statement
 For Period Ending October 31, 2019

Community Health Centers - Page 2

Internal Services

Facilities/Building Management	FTE Count Allocation
IT/Data Processing	PC Inventory, Multco Align
Department Indirect	FTE Count (Health HR, Health Business Ops)
Central Indirect	FTE Count (HR, Legal, Central Accounting)
Telecommunications	Telephone Inventory
Mai/Distribution	Active Mail Stops, Frequency, Volume
Records	Items Archived and Items Retrieved
Motor Pool	Actual Usage

Capital Outlay: Capital Expenditures- purchase of capital items that cost \$5,000 or more that have an expected useful life of more than one fiscal year: e.g., medical and dental equipment.



Multnomah County Health Department
Federally Qualified Health Center Financial Statement
For Period Ending October 31, 2019

Community Health Centers - Page 3

October Target: 33%

	Adopted Budget	Revised Budget	Budget Change	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19
Revenue									
Behavioral Health	\$ 80,189	\$ 80,189	\$ -	\$ 5,957	\$ 6,634	\$ 6,683	\$ 6,697	\$ -	\$ -
General Fund	\$ 11,447,820	\$ 11,447,820	\$ -	\$ 961,109	\$ 957,959	\$ 961,279	\$ 993,411	\$ -	\$ -
Grants - BPHC	\$ 9,795,045	\$ 9,795,045	\$ -	\$ 570,116	\$ 1,654,676	\$ 1,052,012	\$ (3,198,754)	\$ -	\$ -
Grants - Incentives	\$ 8,179,053	\$ 8,179,053	\$ -	\$ 165,822	\$ 260,303	\$ 239,849	\$ 1,555,532	\$ -	\$ -
Grants - All Other	\$ 9,316,223	\$ 9,316,223	\$ -	\$ 260,242	\$ 685,613	\$ 657,556	\$ (185,966)	\$ -	\$ -
Health Center Fees	\$ 101,367,399	\$ 101,367,399	\$ -	\$ 2,701,914	\$ 15,061,267	\$ 5,833,564	\$ 8,953,472	\$ -	\$ -
Self Pay Client Fees	\$ 1,025,053	\$ 1,025,053	\$ -	\$ 70,020	\$ 84,041	\$ 86,395	\$ 88,663	\$ -	\$ -
Write-offs	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total	\$ 141,210,782	\$ 141,210,782	\$ -	\$ 4,735,180	\$ 18,710,495	\$ 8,837,338	\$ 8,213,055	\$ -	\$ -
Expense									
Personnel	\$ 93,124,347	\$ 93,170,825	\$ 46,478	\$ 7,226,645	\$ 7,122,474	\$ 7,165,144	\$ 7,833,065	\$ -	\$ -
Contracts	\$ 4,770,314	\$ 4,729,689	\$ (40,625)	\$ 205,587	\$ 221,687	\$ 485,107	\$ 632,042	\$ -	\$ -
Materials and Services	\$ 16,623,150	\$ 16,612,630	\$ (10,520)	\$ 1,338,876	\$ 1,393,348	\$ 1,658,297	\$ 1,674,595	\$ -	\$ -
Internal Services	\$ 26,083,970	\$ 26,088,637	\$ 4,667	\$ 797,366	\$ 1,491,180	\$ 3,414,947	\$ 1,943,355	\$ -	\$ -
Capital Outlay	\$ 609,000	\$ 609,000	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total	\$ 141,210,782	\$ 141,210,782	\$ -	\$ 9,568,474	\$ 10,228,689	\$ 12,723,496	\$ 12,083,057	\$ -	\$ -
Surplus/(Deficit)	\$ -	\$ -	\$ -	\$ (4,833,294)	\$ 8,481,805	\$ (3,886,158)	\$ (3,870,002)	\$ -	\$ -



Multnomah County Health Department
Federally Qualified Health Center Financial Statement
For Period Ending October 31, 2019

Community Health Centers - Page 4												October Target:	33%
	Adopted Budget	Revised Budget	Budget Change	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Year to Date Total	% YTD		
Revenue													
Behavioral Health	\$ 80,189	\$ 80,189	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 25,970	32%		
General Fund	\$ 11,447,820	\$ 11,447,820	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 3,873,759	34%		
Grants - BPHC	\$ 9,795,045	\$ 9,795,045	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 78,050	1%		
Grants - Incentives	\$ 8,179,053	\$ 8,179,053	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 2,221,506	27%		
Grants - All Other	\$ 9,316,223	\$ 9,316,223	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 1,417,445	15%		
Health Center Fees	\$ 101,367,399	\$ 101,367,399	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 32,550,216	32%		
Self Pay Client Fees	\$ 1,025,053	\$ 1,025,053	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 329,120	32%		
Write-offs	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -			
Total	\$ 141,210,782	\$ 141,210,782	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 40,496,067	29%		
Expense													
Personnel	\$ 93,124,347	\$ 93,170,825	\$ 46,478	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 29,347,329	31%		
Contracts	\$ 4,770,314	\$ 4,729,689	\$ (40,625)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 1,544,424	33%		
Materials and Services	\$ 16,623,150	\$ 16,612,630	\$ (10,520)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 6,065,116	37%		
Internal Services	\$ 26,083,970	\$ 26,088,637	\$ 4,667	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 7,646,848	29%		
Capital Outlay	\$ 609,000	\$ 609,000	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	0%		
Total	\$ 141,210,782	\$ 141,210,782	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 44,603,716	32%		
Surplus/(Deficit)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ (4,107,649)			

Notes:

Financial Statement is for Fiscal Year 2020 (July 2019 - June 2020). Columns are blank/zero until the month is closed.

After working with new accounting software for more than half a year, we reevaluated how to best use the grants module functionality. We are making changes over the course of several months that require a series of correcting entries. This is the reason for the negative grant revenue lines in October. We expect to complete this project in January.

Total year to date revenue for *Grants - BPHC* is understated by approximately \$4.2 million in the report above as a result of the changes noted above.

Total year to date revenue for *Grants - All Other* is understated by approximately \$580 thousand as a result of the changes noted above.

Total year to date revenue for *Grants - All Other* is understated by an additional \$850 thousand due to a delay in renewal of a large contract with the State of Oregon. This will be corrected in November.

Title:	Uncollectible Client Accounts and Payment Plans		
Policy #:	FIS.01.06		
Section:	Fiscal and Ordering	Chapter:	Fiscal Procedures
Approval Date:	Approved by:		Mark Lewis, Sr. Finance Manager
		Approved by:	Chair, Community Health Council
Related Procedure(s):	Not applicable		
Related Standing Order(s):	Not applicable		
Applies to:	Multnomah County's Federally Qualified Health Center, including primary care, dental, student health centers, and pharmacy.		

PURPOSE

This policy describes the specific circumstances in which the health center will waive uncollected fees or payments due to a client's inability to pay.

DEFINITIONS

Term	Definition
Client Balance	Client balance refers to charges after all services have been billed to all third-party carriers, including Medicare, Medicaid (OHP including Healthshare/CareOregon/Providence, etc), private insurance companies, other health maintenance organizations (HMOs) and other special billing programs such as the Reproductive Health.

POLICY STATEMENT

It is the policy of the Multnomah County Health Center (MCHC) to provide needed health care services to its clients regardless of their ability to pay. MCHC informs clients of state and federal programs to assist them including the Sliding Fee Discount Program. In order for MCHC to remain fiscally solvent, MCHC will make every reasonable effort to bill for all covered services and supplies. It is MCHC's policy to collect for services rendered, in accordance with the

benefits and reimbursement policies of all payer contracts. MCHC adheres to accepted accounting practices and therefore writes off client account balances that are deemed to be uncollectible.

Client Balances

Balances on client accounts can be either due from the client or a third-party payer. Third-party payers include Medicare, Medicaid (OHP including Healthshare/CareOregon/Providence, etc), private insurance companies, other health maintenance organizations (HMOs) and other special billing programs such as the Reproductive Health. When a client's charges are not covered by third-party payers, the charges become the responsibility of the client. All third-party billings should be completed before transferring an account balance to client responsibility. Charges to the client are always discounted based on Multnomah County Health Center's existing sliding fee discount rules. All sliding-fee adjustments should be provided to the client prior to writing off uncollectible amounts.

At no time should a credit balance of any amount be written off.

Write-offs should only be done by health center administration, medical billing staff or by automation approved by the Medical Billing Supervisor.

Uncollectible Accounts Criteria

Medical billing staff will conduct a daily write-off based on the documented write-off criteria. Accounts must meet all three of the criteria below.

- client self-pay balance is aged >365 days, aged by responsibility date for self-pay balance.
- client has not made a payment on the account in the past 365 days

Balances that meet the above criteria will be removed from accounts receivable but the health center will continue to track this debt on the account. Clients may still pay on these previous balances. Debt related to unpaid Medicare deductibles and coinsurance will be removed completely from accounts as part of the Medicare bad debt reimbursement process.

Deceased Clients

Upon verification of deceased status in the client chart, self-pay balances for deceased clients will be written off.

Staff recommendations for write-off

Staff may recommend client self-pay balances to be written off by assuring that the balances meet the write-off criteria or special circumstances and forwarding a request to their clinical

leadership, who will then forward to Medical Billing staff. Final approval will be made by the Medical Billing Supervisor. The following information must be provided by interoffice, email or phone to the medical billing staff:

- The client's account number
- Date(s) of service to be written off
- The amount to be written off
- The approval from the clinic manager's/ops supervisor
- The reason that the write-off is recommended

Collections and Bankruptcy

The MCHC will not pursue collections for clients, including those who present with a bankruptcy. MCHC will follow all applicable laws related to bankruptcy.

Payment Plans

clients with a self pay balance of \$200 and over will be encouraged to set up a payment plan excluding the following account types:

- Confidential,
- Foster care,
- Community Dental,
- MVA,
- or Workers Compensation Accounts

All clients with a personal/family, family planning, and/or dental account are eligible for a payment plan.

The minimum monthly payment amount for a payment plan is \$5.

Vaccines for Children(VFC)

The County will write off the costs associated with the vaccine administration code for any vaccine provided to a client participating in the Vaccines for Children (VFC) who is not able to pay.

REFERENCES AND STANDARDS

- HRSA's Health Center Compliance Manual, [Chapter 16: Billing and Collections](#)

- [Vaccines for Children Program](#)

PROCEDURES AND STANDING ORDERS

Not applicable

RELATED DOCUMENTS

Name
Not applicable

POLICY REVIEW INFORMATION

Point of Contact:	Mark Lewis, Sr Finance Manager
Supersedes:	Not Applicable

Title:	Credit-Balance Policy		
Policy #:	Policy number		
Section:	Fiscal and Ordering	Chapter:	Enter chapter title
Approval Date:	Enter policy approval date.	Approved by:	Mark Lewis, Sr Finance Manager Chair, Community Health Council
Related Procedure(s):		Not applicable	
Related Standing Order(s):		Not applicable	
Applies to:		Multnomah County's Federally Qualified Health Center, including primary care, dental, student health centers, and pharmacy.	

PURPOSE

This policy describes how the health center will handle accounts with a credit balance

DEFINITIONS

Term	Definition
Credit Balance	A credit balance results when the total of the credits posted to a client's account (e.g., payments, etc.) exceeds the total of the charges applied or applicable to the account.
Credit balance eligible for a refund	A credit balance eligible for a refund is one where all the applicable charges and credits have been posted to the account and the refund has been reviewed and adjusted based on the application of current eligibility criteria or any other applicable conditions.

POLICY STATEMENT

Maintaining client balances for protracted periods of time tends to create a barrier to care for clients without resources to pay. It is the Health Center's policy to resolve credit balances on client accounts as promptly as possible and in compliance with all applicable regulations by issuing eligible refunds to the client or third party.

The Health Center adheres to generally accepted accounting practices and handles accounts with a credit balance in a timely and accurate manner.

Credit balances on accounts may occur for a number of reasons including but not limited to the following:

- Payment for provider, supplier or physician services after benefits have been exhausted, or where the individual was not entitled to benefits.
- Incorrect application of the deductible or coinsurance.
- Payment for non-covered items and services, including medically unnecessary services or custodial care furnished an individual.
- Payment based on a charge that exceeds the reasonable charge.
- Duplicate processing of charges/claims.
- Payment to a billable provider on a non-assigned claim or to a beneficiary on an assigned claim. (Payment made to wrong payee.)
- Primary payment for items or services for which another entity is the primary payer
- Payment for items or services rendered during a period of non-entitlement.
- Payments or adjustments posted incorrectly

Upon verification, the overpayments process will be initiated within 60 days of being identified.

The accounts receivable team will make a diligent effort to refund credit balances directly to the client or third-party. In cases in which the client or third-party are unreachable, accounts receivable will follow the required submission process for remitting unclaimed property to the Department of State Lands.

The Accounts Receivable month end process will include the review of the Credit Balance Report and properly addressing credit balances.

REFERENCES AND STANDARDS

- HRSA's Health Center Compliance Manual, [Chapter 16: Billing and Collections](#)
- Oregon's Department of State Lands, Division Rules, [Chapter 141, Division 45, Administration of Unclaimed Property](#)

PROCEDURES AND STANDING ORDERS

Not applicable

RELATED DOCUMENTS

Name
Not applicable

POLICY REVIEW INFORMATION

Point of Contact:	Mark Lewis, Sr Finance Manager
Supersedes:	Not applicable

2020 Board Calendar

Community Health Council



January:

01/13	CHC Public Meeting	6-8 pm
01/27	Executive Committee Meeting	5:45-7:15 pm

February:

02/10	CHC Public Meeting	6-8 pm
02/24	Executive Committee Meeting	5:45-7:15 pm

March:

03/09	CHC Public Meeting	6-8 pm
03/23	Executive Committee Meeting	5:45-7:15 pm

April:

04/13	CHC Public Meeting	6-8 pm
04/27	Executive Committee Meeting	5:45-7:15 pm

May:

05/11	CHC Public Meeting	6-8 pm
05/26*	Executive Committee Meeting	5:45-7:15 pm

June:

06/08	CHC Public Meeting	6-8 pm
06/22	Executive Committee Meeting	5:45-7:15 pm

July:

07/13	CHC Public Meeting	6-8 pm
07/27	Executive Committee Meeting	5:45-7:15 pm

August:

08/10	CHC Public Meeting	6-8 pm
08/24	Executive Committee Meeting	5:45-7:15 pm

September:

09/14	CHC Public Meeting	6-8 pm
09/28	Executive Committee Meeting	5:45-7:15 pm

October:

10/12	CHC Public Meeting	6-8 pm
10/26	Executive Committee Meeting	5:45-7:15 pm

November:

11/09	CHC Public Meeting	6-8 pm
11/23	Executive Committee Meeting	5:45-7:15 pm

December:

12/14	CHC Public Meeting	6-8 pm
12/28	Executive Committee Meeting	5:45-7:15 pm

***Date adjusted for Holiday**