

Community Health Council

Community Health Council Board Meeting Minutes

Date: Monday, February 10th, 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 |
| Kerry Hoeschen | Board Member | Y |
| Iris Hodge | Board Member | Y |
| Harold Odhiambo | Chair | Y |
| Susana Mendoza | Board Member | Y |
| Pedro Sandoval Prieto | Secretary | Y |
| Wendy Shumway | Board Member | Y |
| Staff/Elected Officials | Title | Y/N |
| Len Barozzini | Dental 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 |
| Chair Kafoury | County Chair | Y |
| Michele Koder | Pharmacy and Lab Services Director | N |
| Mark Lewis | Senior Manager Business Operations | Y |
| Ryan Linskey | Quality Project Manager | Y |
| Motoya Nakamura | Public Affairs Coordinator | Y |
| Linda Niksich | Community Health Council Coordinator | Y |
| Christine Palermo | Dental Program Manager | N |
| Dawn Shatzel | Interim ICS Primary Care Director | Y |
| Liz Smith-Currie | Senior Policy Advisor to Chair Kafoury | Y |
| Tasha Wheatt-Delancy | Interim ICS Director | Y |
| Kate Willson | Public Affairs Coordinator | Y |

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Guests: Meera Bowman-Johnson, Sharon Gary-Smith, Pari Mazhar, Nina McPherson

Action Items:

- Ryan to follow up on the request to modify and add more information in the complaints and incidents categories

Decisions:

- Approved the January 2019 meeting minutes
- Approved the FQHC Budget Correction
- Approved the CHC Stipend Procedure Update
- Approved the CHC Transportation Procedure Update

Reports Received:

- 4th Qtr Complaints and Incidents (Quality Plan)
- Monthly Budget Report (Nov 2019)

The meeting was called to order at 6:10 pm by Chair, Harold Odhiambo.

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

Noted that quorum was met with all board members present

January 2019 Meeting Minutes Review (Vote required)

(See Document - January CHC Meeting Minutes)

No questions or comments were raised by CHC members

***Motion by Tamia to approve the January 2019 Meeting Minutes.
Seconded by Wendy .
10 aye; 0 nay; 1 abstain (Iris was not at the January meeting)
Motion carries***

Chair Kafoury Priorities and Updates

- Chair Kafoury thanked the board for serving, their time and noted that the

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- board and what it stands for represents the best of Multnomah County.
- She is excited to be working in partnership with the CHC in recruiting a new ICS Director and thanked Tasha Wheatt-Delancy for serving as the Interim ICS Director.
 - Student Health Centers will be opening a new site at Reynolds High School, the largest high school in the county that doesn't currently have a health center
 - Dental services will soon expand to the North Portland Health Center
 - Currently in the middle of the budget season and working on the executive budget. They are looking at cuts and being careful about where they occur
 - 2 priorities are:
 - Development of a new downtown located Behavioral Health Center located at 333 SW Park. It will be a place of healing and hope. The 1st floor will have a day center including peer lead groups. The upper floors include a shelter, an emergency shelter that will allow pets, belongings. The top floor will be used for longer term housing and recovery housing. They are currently lobbying the state for construction and operating expenses.
 - The second priority is the homelessness ballot as housing measures are important and this ballot could raise 250 million a year. It includes a tri county partnership. Regional work helps when there are budget issues. Homeless services being on the chopping block is not acceptable.

Questions and comments raised by CHC members:

Question: Tamia asked how they can support the Chair's Office in terms of the Housing Measure?

Answer: Chair Kafoury mentioned that there is a coalition called "Here Together" and the contact is Cole Merkle. There will also be 3 town hall meetings this week in each county (Multnomah, Washington and Clackamas) Please send any questions or concerns to Chair Kafoury or the Metro Council.

Question/Comment: Tamia mentioned that they are excited to work with Chair Kafoury on the recruitment of a new ICS Director.

Answer: Chair Kafoury said that she is excited to work on the recruitment as well.

Question: Iris asked how the 250 million ballot measure would be sustainable?

Answer: Chair Kafoury advised that the details are not quite hammered out yet but that the tax funds would come from an income tax on the highest income earners- Portland is currently one of the fastest growing cities for millionaires. The measure would also be on a ten year renewal which is as long term as they get

Question: Wendy asked if they could help by sharing their stories.

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Answer: There will be opportunities for public testimony.

Question: Dave asked how the funds were going to be used for the homeless if not directly for housing?

Answer: Chair Kafoury advised that the money would be used for rent assistance, people with incomes that are very low, as well as services including for the chronic homeless, people of color and the often marginalized populations. In the polling, the need for case managers was mentioned frequently.

FQHC Budget Correction (Vote required)

(See Document - 330 Application Forms Summary 2020 - Revised)

Adrienne Daniels advised that in preparation for the HRSA site visit next week, we have a need to correct a line item in the budget.

- Two programs were listed under ICS in the budget that do not belong and will be removed (MHAD and Corrections programs)
- This correction will not be taking away any patient dollars
- Change was made under the grand total column

Questions and comments raised by CHC members:

Question: Jon asked how in the future could this mistake be prevented?

Answer: Adrienne advised that they will be reviewing year by year and tracking any changes.

Question: Dave asked if that was \$5.4 million as indicated on Mark's financial dashboard?

Answer: Mark said yes and he will go into it further in his financial report presentation

Motion by Iris to approve the Budget Correction.

Seconded by Jon .

11 aye; 0 nay; 0 abstained

Monthly Budget Report- November Financials and Visits Report

(See Document-Combined November 2019 Dashboard Financials Budget)

Mark Lewis reviewed the November Financial Dashboards

- Weekly Billables: SHC had an increase to 70 from 64 in October
- Dental increased as well

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Question: Dave asked if the increase in Dental had the Wisdom software implementation taken into account?

Answer: Len Barozzini Dental Director advised that yes Wisdom was in use as of October so the November numbers were when Wisdom was in use. Len also mentioned that the decrease in productivity for October during the Wisdom implementation was lower than they anticipated.

Question: Harold asked if the CareOregon decrease was related to patients not able to get care?

Answer: Mark answered that the decrease is only in patients that came in to be seen in that timeframe, not patients that fell off coverage.

Question: Dave asked if the objective was to increase the number of patients assigned by OHP?

Answer: Tasha spoke about the complexity of getting patient assignments and that we did meet the priority level assignment from CareOregon, but we are in a pool with other service providers. Tasha advised that we do pay attention to the number of assignments and are expecting it to go up.

Question: Dave asked if Trillium went away, would we get more assigned patients?

Answer: Tasha answered that those are assigned to HealthShare and we would want to further explore what that looks like.

Question: Wendy asked what is going to happen with "Ride to Care" going away, how will patients get to appointments that use to use that service?

Answer: Tasha answered that patient transportation has been challenging and we have looked at advocacy to give feedback to CareOregon about patients waiting a long time for rides and phone calls not going through. We have provided CareOregon with concrete feedback on these issues and our CHW's will continue to work with patients on their transportation needs.

Question: Pedro asked about Chair Kafoury's mention of the budget cuts and if they will affect our budget in regards to how many patients we can see?

Answer: Mark answered no; that we use mostly grant dollars and insurance reimbursements. The County General Fund is only about 4% of our operating budget. The reductions in County General Fund won't affect how many patients we can see

Question: Harold asked if anything could make the collection rate (what we collect) higher?

Answer: Mark advised that the fee scale is set across the board and that the industry standard for what we collect is normally 40-60% of charges. One of the budgetary

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changes was an increase due to Reynolds SHC being added.

- Mark noted that 42% of the fiscal year is complete and we are currently at a 700,000 dollar deficit but adjustments are still being made. With the adjustments taken into account we will be at a 2.2 million dollar surplus.

Question: Susana asked what the numbers in red indicate?

Answer: Mark advised that the color red indicates a change.

4th Quarter Complaints and Incidents

(See handout - Combined 4th Qtr Complaints Incidents)

Ryan Linskey- Quality Project Manager

- Ryan presented the 4th quarter complaints and incidents
- Complaints: 12 complaints in October, 8 in November, and 2 in December
- Dental had the most complaints
- Customer service was the most noted complaint
 - Len Barozzini, Interim Dental Director, noted that most of the October complaints were due to access issues during the reduced schedules while Wisdom was being implemented
 - Len also noted that in regards to access, more Dental chairs will be opening.
 - Len noted that the 13 complaints were from 18,000 visits
- Incidents: 8 in October, 6 in November, 3 in December

Question: Harold asked about the immunization errors- what really happened?

Answer: Ryan answered that the immunization errors are common and can include anything from look alike, sound alike drugs, and errors with very little adverse reaction involved.

Question: Iris asked if the number of incidents in the "other" category could have been one patient with multiple incidents reported?

Answer: Ryan answered that it could be possible but in looking at the data he has not seen that yet, as he reviewed it looked like one person per incident.

Question: Tasha asked what the "other" category of incidents represented?

Answer: Ryan was not certain but he will follow up and see, other is on the form as an option for them to select.

Question: Tasha asked about the category "Disgruntled Patient" and how that naming

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convention came about?

Answer: Ryan advised that the naming convention is chosen by the patient filling out the form they can choose other and type in their own response and that patient wrote disgruntled patient. He said that he will re-evaluate the process so that it doesn't appear that staff are using negative phrases to name patient categories.

Question: Tamia asked if there could be more information added on the other section for the immunization errors? For example could it be broken down similar to how they are broken down for pharmacy?

Answer: Ryan advised that he can work on this.

Question: Harold asked if there could be more information listed under the incorrect drug category? Harold also asked how many errors are allowed to be made?

Answer: Ryan answered that he can break down the errors by month and advised that there were 90,000 prescriptions filled in this timeframe making the rate of errors very low.

ICS Strategic Updates

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

Updates include the following:

Person Centered & Culturally Relevant:

- Public Charge rule is now in effect: makes immigrants possibly not eligible for citizenship if they use public federally funded services.
- Tasha gave a reminder to let patients know we are still here to serve regardless of immigration status and that we do not report immigration status.
- We also have flyers for patients to help understand this rule as well as help to get to immigration attorneys.
- Medicare Wellness visits- CareOregon will be supporting this work and the pilot will be at East County Health Center.

Engaged, Expert and Diverse Workforce:

- The 2020 Legislative Session has begun from February 3rd to March 8th and will be a short session- 19 bills, most have been heard through the house already.
- One bill may affect our HIV patients, another bill may affect how we use our own staff as interpreters.

Fiscally Sound and Accountable:

- HRSA visits next week February 19th-21st, preparations have been taking place

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for several weeks now.

- Budget update: cuts across County General Funds across the county, for ICS we have a 14% reduction but County General Funds are 4% of our overall budget.
- Staffing impacts could include bumping but there are no anticipated staff cuts for ICS directly as of now.
- Budgets to be submitted this Friday.
 - Some budgetary goals include: productivity, grant compliance, integrate services, staff development.
 - Budgets are approved in May.

Quality & Safety:

- Questions about the Corona Virus have been mentioned among staff and Interim Medical Director, Amy Henninger has been working in connection with Public Health on monitoring. In the clinics, screening questions regarding travel have been implemented for anyone with symptoms.

Question: Pedro asked if the Public Charge rule applied to Student Health Centers as well?

Answer: Tasha answered no that Student Health Center patients are exempt

Council Business Committee Updates

The Nominating Committee met on February 7th. Co-Chairs, Jon and Tamia provided an update.

- The Nominating Committee discussed board composition- 5 members needed by the end of 2020.
- There is a need to focus on patient members per the HRSA requirement that the board be majority patient composed. Tamia mentioned the need to look at the skills section of the application to better review candidates.

Question: Pedro asked how many are needed for the patient majority on the board?

Answer: Linda advised we currently have 7 patients and 5 community members which fits the patient majority rule.

- Linda also mentioned that we have some flexibility on what type of board members we recruit but the patient majority requirement has to be in place.
- The nominating committee also conducted a phone interview and will be making their recommendation to the executive committee in 2 weeks.
- Moving forward, the Nominating Committee will have access to the questions that potential board members are asking so that they can get better insight on the candidates.

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The Executive Committee met on January 27th.

- The committee discussed the 2020 sub committee appointments. 2 volunteers are needed for the Quality Committee.
- The Finance and Nominating committee appointments are being finalized and will be announced via email once confirmed.
- The ICS Director Hiring Committee is; Dave, Harold, and Tamia.
- The committee crafted the agenda for this evening by previewing the proposed items.

CHC Stipend Procedure Update (Vote required)

(See document - CHCStipendProcedure)

Linda explained that the CHC Stipend Procedure is due to be updated. Updates were minimal and the procedure itself did not change. Linda's and Tasha's titles were updated within the document.

Motion by Kerry to approve the CHC Stipend Procedure Update.

Seconded by Fabiola .

11 aye; 0 nay; 0 abstained

Transportation form change- (Vote required)

(See document - CHC Transportation Procedures)

Linda explained that, like the Stipend Procedure Update, the transportation procedure itself did not change. Linda's and Tasha's titles were updated within the document.

Motion by Dave to approve the CHC Transportation Procedure Update.

Seconded by Tamia.

11 aye; 0 nay; 0 abstained

Board Member Updates:

- Wendy may be resigning from the CHC Board next month

Next CHC public meeting- 3/9/2020 at the Gladys McCoy Building

Meeting Adjourned at 7:39 pm.

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Signed: Pedro Sandoval Prieto Date: 3-9-2020
Pedro Prieto-Sandoval, Secretary

**Community Health Council
Public Meeting Agenda**

**Monday, February 10, 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; Kerry Hoeschen; 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 | 6:00-6:05 (5 min) | Call to order Review processes Everyone introduce themselves |
| <u>Minutes</u> VOTE REQUIRED | <ul style="list-style-type: none"> • Review and approve the January Minutes | 6:05-6:10 (5 min) | Council votes to approve and Secretary signs |
| <u>Chair Kafoury Priorities & Updates</u> | <ul style="list-style-type: none"> • Multnomah County Chair, Deborah Kafoury | 6:10-6:40 (30 min) | Chair Kafoury shares her priorities and updates |
| <u>Budget Correction</u> | <ul style="list-style-type: none"> • Interim ICS Director, Tasha Wheatt-Delancy and ICS Deputy Director, Adrienne Daniels | 6:40-6:50 (10 min) | Council Discussion and Vote |
| <u>Monthly Budget Report</u> | <ul style="list-style-type: none"> • Senior Manager Business Ops, Mark Lewis | 6:50-7:00 (10 min) | Council receives report |

| | | | |
|-------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|
| | | | |
| <u>Break</u> | <ul style="list-style-type: none"> • Hand out Annual Forms | 7:00-7:10 (10 min) | Take a break and mingle |
| <u>4th Quarter Complaints and Incidents</u> | <ul style="list-style-type: none"> • Quality Project Manager, Ryan Linskey | 7:10-7:25 (15 min) | Council members vote via ballot and Secretary verifies |
| <u>ICS Strategic Updates</u> | <ul style="list-style-type: none"> • Interim ICS Director, Tasha Wheatt-Delancy | 7:25-7:40 (15 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 • Committee Appointments • Stipend and Transportation Procedure Updates • Annual Forms | 7:40-8:00 (20 min) | -Council receives updates from Chair -Chair announces committees -Vote to approve procedures -Hand in Annual Forms by end of meeting |
| <u>Adjourn Meeting</u> | <ul style="list-style-type: none"> • Chair, Harold Odhiambo | 8:00 | Goodnight! |

Multnomah County - Federally Qualified Health Center

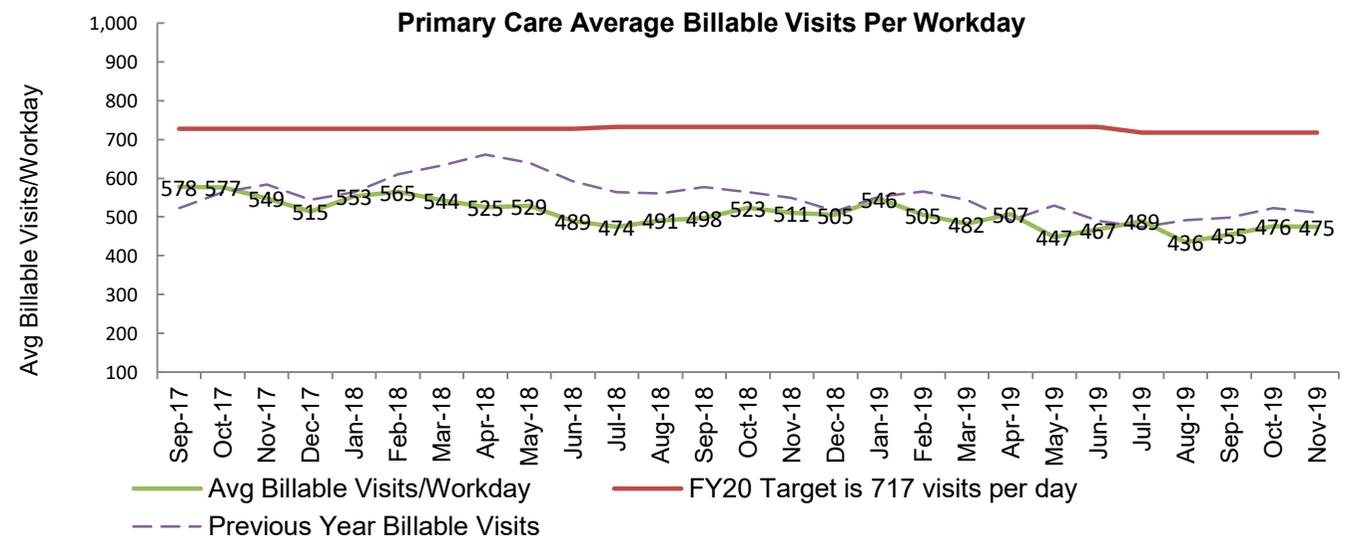
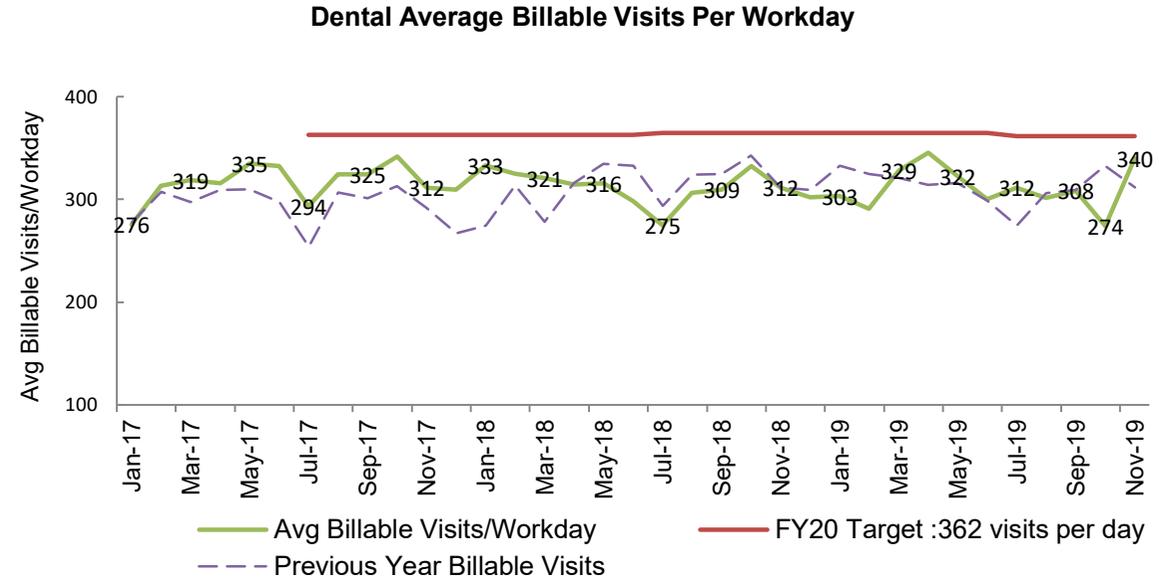
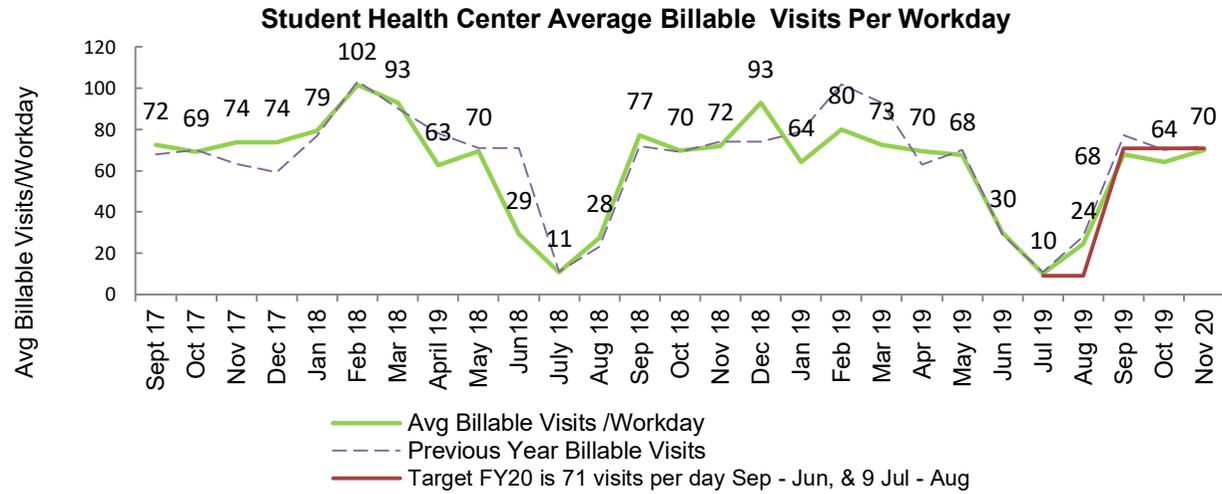
Monthly Dashboard

Nov 2019

Prepared by: [Larry Mingo](#)



FQHC Weekly Billable Visits Per Department

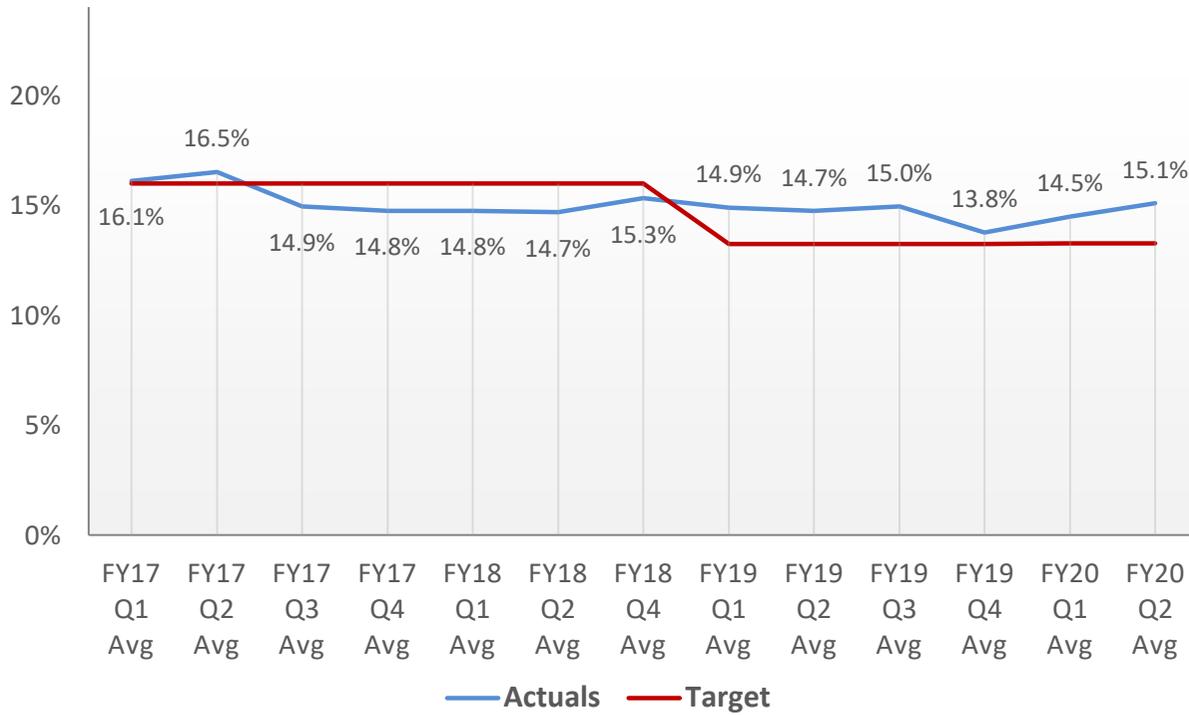


* SBHC clinics are closed during the month July except Parkrose SBHC

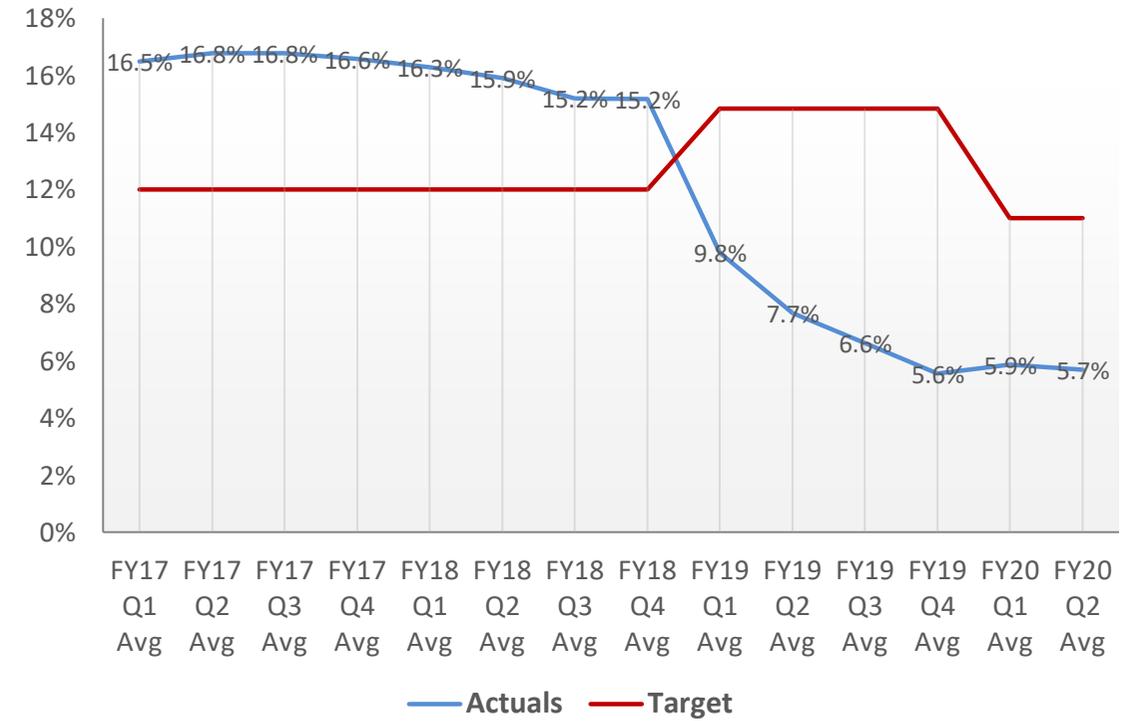
Notes: Primary Care and Dental visit counts are based on an average of days worked. School Based Health Clinic visit counts are based on average days clinics are open and school is in session.

Monthly Percentage of Uninsured Visits for FQHC Centers

Percentage of Uninsured Visits in Primary Care



Percentage of Uninsured Visits in ICS Dental

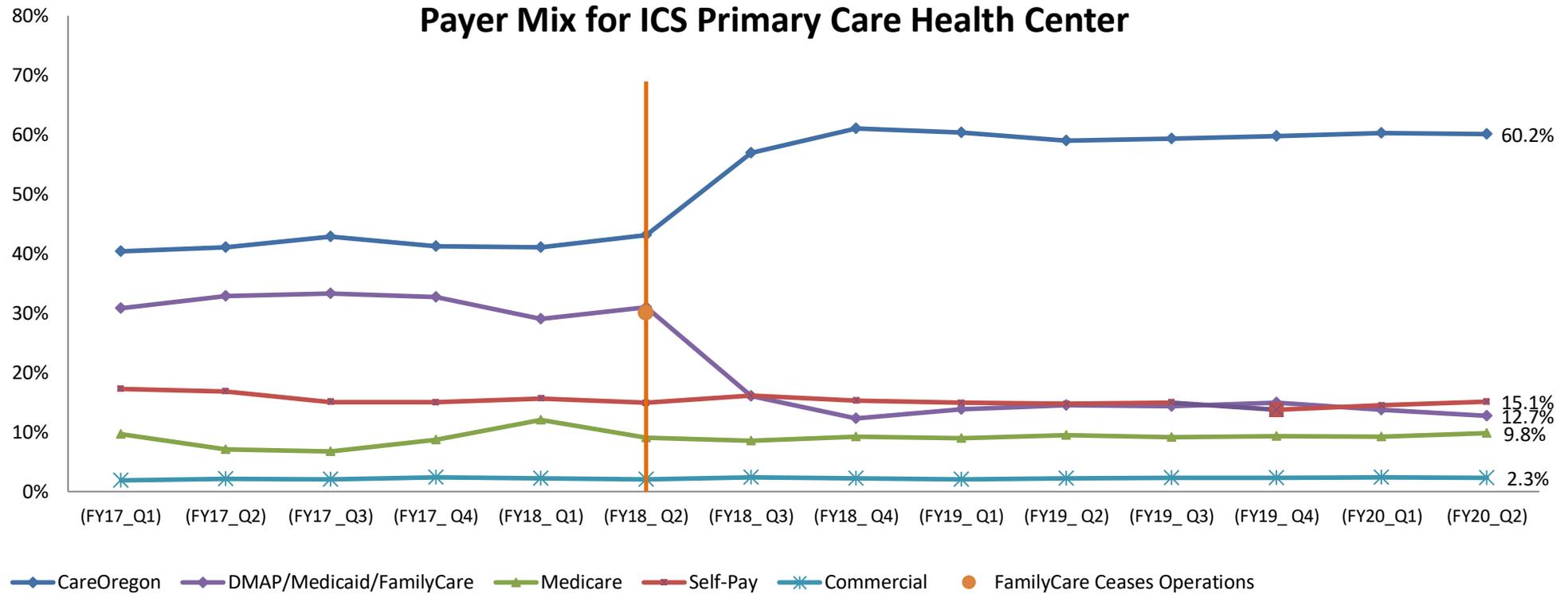


Comments:

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%

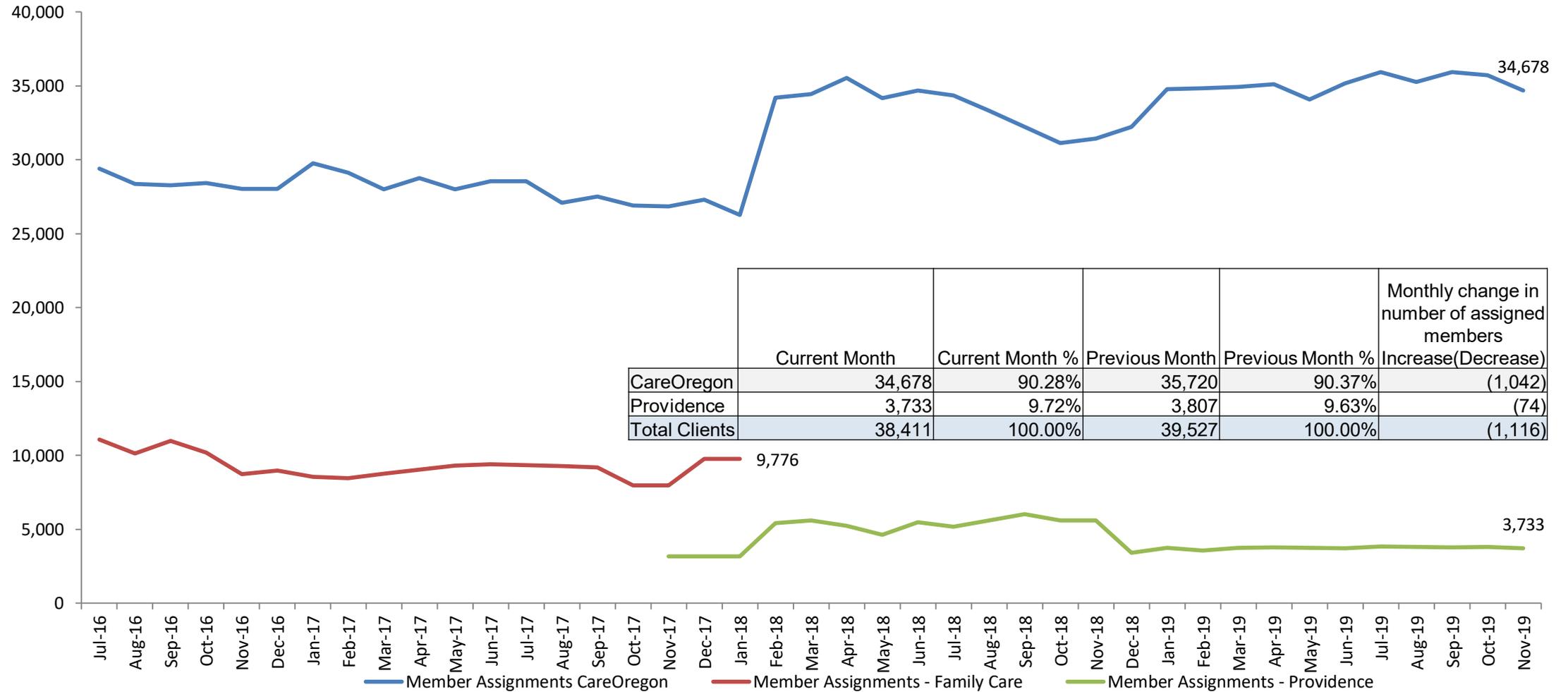
FQHC Monthly Percentage of Visits by Payer for ICS Primary Care Health Centers



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

FQHC Primary Care Member Assignments

OHP Primary Care Member Assignments



CareOregon FY20 average: 35,504

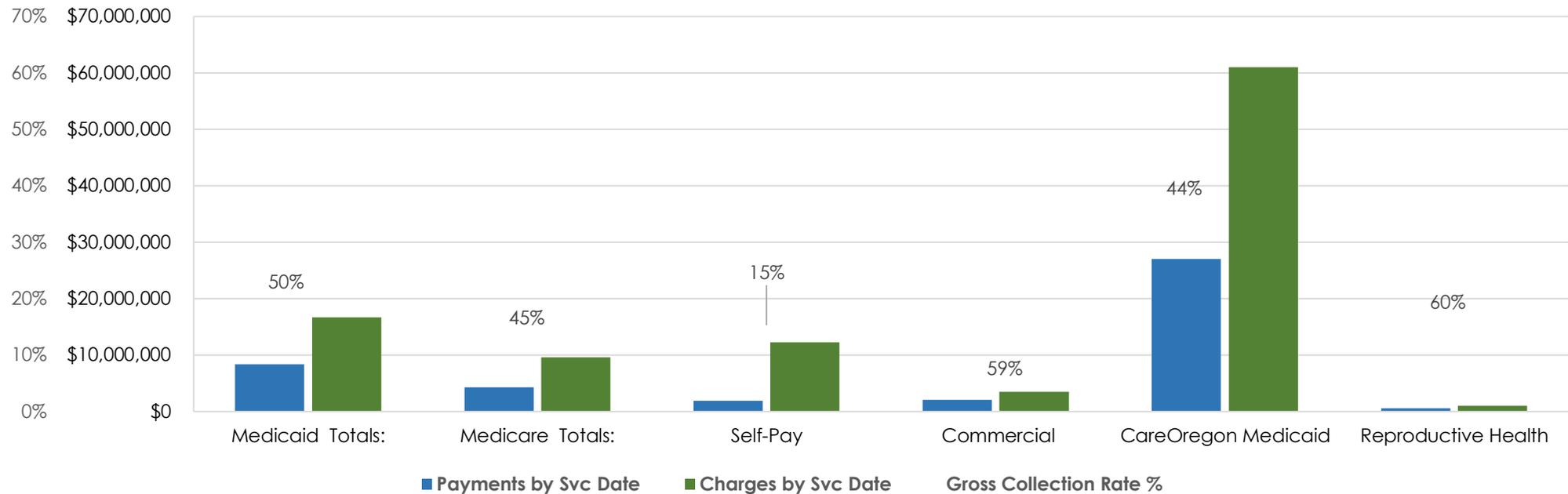
Providence FY20 average: 3,791



FQHC Gross Collection Rate by Payer March 2018 – November 2019

| | Medicaid Totals: | Medicare Totals: | Self-Pay | Commercial | CareOregon Medicaid | Reproductive Health |
|-------------------------|------------------|------------------|--------------|-------------|---------------------|---------------------|
| Payments by Svc Date | \$8,390,838 | \$4,325,008 | \$1,880,271 | \$2,038,225 | \$27,005,575 | \$611,702 |
| Charges by Svc Date | \$16,642,331 | \$9,565,104 | \$12,258,283 | \$3,473,783 | \$61,029,802 | \$1,016,718 |
| Gross Collection Rate % | 50% | 45% | 15% | 59% | 44% | 60% |

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





Multnomah County Health Department
Fiscal Year 2020 FQHC Budget
Summary of Changes Through November 30, 2019

| | | Per August Financial Statement | | | Per November Financial Statement | | | Change due to Updated Scope (November - August) | | |
|----------|------------------------|--------------------------------|--------------------|---------------------------------|----------------------------------|--------------------|---------------------------------|----------------------------------------------------|--------------------|---------------------------------|
| | Category | Adopted Budget | Revised Budget | Difference (Revised-Adopted) | Adopted Budget | Revised Budget | Difference (Revised-Adopted) | Adopted Budget | Revised Budget | Difference (Revised-Adopted) |
| Revenue | Behavioral Health | 5,480,760 | 5,480,760 | - | 80,189 | 80,189 | - | (5,400,571) | (5,400,571) | - |
| | General Fund | 11,447,820 | 11,447,820 | - | 10,670,061 | 10,670,061 | - | (777,759) | (777,759) | - |
| | Grants - BPHC | 9,795,045 | 9,795,045 | - | 9,795,045 | 9,795,045 | - | - | - | - |
| | Grants - Incentives | 8,179,053 | 8,179,053 | - | 8,179,053 | 8,179,053 | - | - | - | - |
| | Grants - All Other | 9,557,004 | 9,557,004 | - | 9,372,217 | 9,372,217 | - | (184,787) | (184,787) | - |
| | Health Center Fees | 101,367,399 | 101,367,399 | - | 101,518,640 | 101,518,640 | - | 151,241 | 151,241 | - |
| | Self Pay Client Fees | 1,025,053 | 1,025,053 | - | 1,025,053 | 1,025,053 | - | - | - | - |
| | Revenue Total | 146,852,134 | 146,852,134 | - | 140,640,258 | 140,640,258 | - | (6,211,876) | (6,211,876) | - |
| Expenses | Personnel | 96,977,819 | 97,024,297 | 46,478 | 92,649,052 | 92,695,530 | 46,478 | (4,328,767) | (4,328,767) | - |
| | Contracts | 5,473,763 | 5,433,138 | (40,625) | 4,777,160 | 4,736,535 | (40,625) | (696,603) | (696,603) | - |
| | Materials and Services | 16,643,608 | 16,633,088 | (10,520) | 16,608,855 | 16,598,335 | (10,520) | (34,753) | (34,753) | - |
| | Internal Services | 27,147,943 | 27,152,610 | 4,667 | 25,996,190 | 26,000,857 | 4,667 | (1,151,753) | (1,151,753) | - |
| | Capital Outlay | 609,000 | 609,000 | - | 609,000 | 609,000 | - | - | - | - |
| | Expenses Total | 146,852,134 | 146,852,134 | - | 140,640,258 | 140,640,258 | - | (6,211,876) | (6,211,876) | - |
| | | - | - | - | - | - | - | - | - | - |

Definitions

The Adopted Budget is from the original Fiscal Year 2020 Budget that was approved by Multnomah County Board of Commissioners in May, 2019.

The Revised Budget includes budget modifications that have been approved by the Board during the current fiscal year.

Both versions above include only the programs determined to be in scope for FQHC reporting.

Notes

The Board has approved budget modifications to reclassify various positions within the Health Department. These changes better aligned the position titles with actual job responsibilities and programmatic needs.

Net personnel costs increased by \$46,478 as a result, and related internal services increased by \$4,667. These increases were offset by reductions in other expense categories.

Management has recently reviewed the list of programs that are in scope for FQHC reporting. We have made the following changes, resulting in a net decrease of \$6.2 million:

- > Youth Care Coordination Wraparound services in the Behavioral Health Division were determined to be out of scope, resulting in a budget reduction of \$5.6 million.
- > The new Reynolds Student Health Center was added, increasing the budget by \$393 thousand.
- > Services provided by the Corrections Health Juvenile Detention Home are no longer considered in scope. This program was removed, decreasing the budget by \$963 thousand.



Multnomah County Health Department
 Federally Qualified Health Center Financial Statement
 For Period Ending November 30, 2019

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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 November 30, 2019

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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 November 30, 2019

Community Health Centers - Page 3 November Target: 42%

| | 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 | \$ 6,365 | \$ - |
| General Fund | \$ 10,670,061 | \$ 10,670,061 | \$ - | \$ 896,296 | \$ 893,146 | \$ 896,466 | \$ 894,532 | \$ 897,332 | \$ - |
| Grants - BPHC | \$ 9,795,045 | \$ 9,795,045 | \$ - | \$ 570,116 | \$ 1,654,676 | \$ 1,052,012 | \$ (3,198,754) | \$ 1,575,335 | \$ - |
| Grants - Incentives | \$ 8,179,053 | \$ 8,179,053 | \$ - | \$ 165,822 | \$ 260,303 | \$ 239,849 | \$ 1,555,532 | \$ 136,996 | \$ - |
| Grants - All Other | \$ 9,372,217 | \$ 9,372,217 | \$ - | \$ 260,242 | \$ 685,613 | \$ 657,556 | \$ (169,300) | \$ 1,683,912 | \$ - |
| Health Center Fees | \$ 101,518,640 | \$ 101,518,640 | \$ - | \$ 2,701,914 | \$ 15,061,267 | \$ 5,833,522 | \$ 8,953,544 | \$ 9,987,570 | \$ - |
| Self Pay Client Fees | \$ 1,025,053 | \$ 1,025,053 | \$ - | \$ 70,020 | \$ 84,041 | \$ 86,395 | \$ 88,663 | \$ 73,794 | \$ - |
| Write-offs | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - |
| Total | \$ 140,640,258 | \$ 140,640,258 | \$ - | \$ 4,670,367 | \$ 18,645,681 | \$ 8,772,482 | \$ 8,130,914 | \$ 14,361,305 | \$ - |
| Expense | | | | | | | | | |
| Personnel | \$ 92,649,052 | \$ 92,695,530 | \$ 46,478 | \$ 7,177,524 | \$ 7,071,052 | \$ 7,108,158 | \$ 7,802,891 | \$ 7,293,800 | \$ - |
| Contracts | \$ 4,777,160 | \$ 4,736,535 | \$ (40,625) | \$ 191,632 | \$ 216,947 | \$ 472,785 | \$ 565,644 | \$ 135,450 | \$ - |
| Materials and Services | \$ 16,608,855 | \$ 16,598,335 | \$ (10,520) | \$ 1,334,935 | \$ 1,390,091 | \$ 1,651,404 | \$ 1,671,323 | \$ 1,533,060 | \$ - |
| Internal Services | \$ 25,996,190 | \$ 26,000,857 | \$ 4,667 | \$ 796,839 | \$ 1,486,076 | \$ 3,397,229 | \$ 1,937,524 | \$ 2,096,175 | \$ - |
| Capital Outlay | \$ 609,000 | \$ 609,000 | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - |
| Total | \$ 140,640,258 | \$ 140,640,258 | \$ - | \$ 9,500,930 | \$ 10,164,166 | \$ 12,629,577 | \$ 11,977,381 | \$ 11,058,485 | \$ - |
| Surplus/(Deficit) | \$ - | \$ - | \$ - | \$ (4,830,563) | \$ 8,481,516 | \$ (3,857,095) | \$ (3,846,467) | \$ 3,302,820 | \$ - |



**Multnomah County Health Department
Federally Qualified Health Center Financial Statement
For Period Ending November 30, 2019**

| Community Health Centers - Page 4 | | | | | | | | | | | November Target: 42% | |
|-----------------------------------|-----------------------|-----------------------|---------------|-------------|-------------|-------------|-------------|-------------|-------------|----------------------|----------------------|--|
| | 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 | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ 32,335 | 40% | |
| General Fund | \$ 10,670,061 | \$ 10,670,061 | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ 4,477,771 | 42% | |
| Grants - BPHC | \$ 9,795,045 | \$ 9,795,045 | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ 1,653,385 | 17% | |
| Grants - Incentives | \$ 8,179,053 | \$ 8,179,053 | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ 2,358,502 | 29% | |
| Grants - All Other | \$ 9,372,217 | \$ 9,372,217 | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ 3,118,024 | 33% | |
| Health Center Fees | \$ 101,518,640 | \$ 101,518,640 | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ 42,537,817 | 42% | |
| Self Pay Client Fees | \$ 1,025,053 | \$ 1,025,053 | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ 402,914 | 39% | |
| Write-offs | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | | |
| Total | \$ 140,640,258 | \$ 140,640,258 | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ 54,580,749 | 39% | |
| Expense | | | | | | | | | | | | |
| Personnel | \$ 92,649,052 | \$ 92,695,530 | \$ 46,478 | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ 36,453,425 | 39% | |
| Contracts | \$ 4,777,160 | \$ 4,736,535 | \$ (40,625) | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ 1,582,459 | 33% | |
| Materials and Services | \$ 16,608,855 | \$ 16,598,335 | \$ (10,520) | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ 7,580,812 | 46% | |
| Internal Services | \$ 25,996,190 | \$ 26,000,857 | \$ 4,667 | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ 9,713,843 | 37% | |
| Capital Outlay | \$ 609,000 | \$ 609,000 | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | 0% | |
| Total | \$ 140,640,258 | \$ 140,640,258 | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ 55,330,539 | 39% | |
| Surplus/(Deficit) | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ (749,790) | | |

Notes:

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

Management recently reviewed the list of programs that are in scope for FQHC reporting. Two changes have been made since the October report. The table above has been revised to reflect these changes, with updated numbers shown in red. Changes are as follows:

- > The new Reynolds Student Health Center was added, increasing the budget by \$393 thousand.
- > Services provided by the Corrections Health Juvenile Detention Home are no longer considered in scope. This program was removed, decreasing the budget by \$963 thousand.

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 \$2.7 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 \$341 thousand as a result of the changes noted above.



Reported Complaints

This report displays all of the complaints reported to ICS. Use the toolbar across the top to jump to *Complaints by Type*.

Use the filters below to further explore the data!

By Service Area

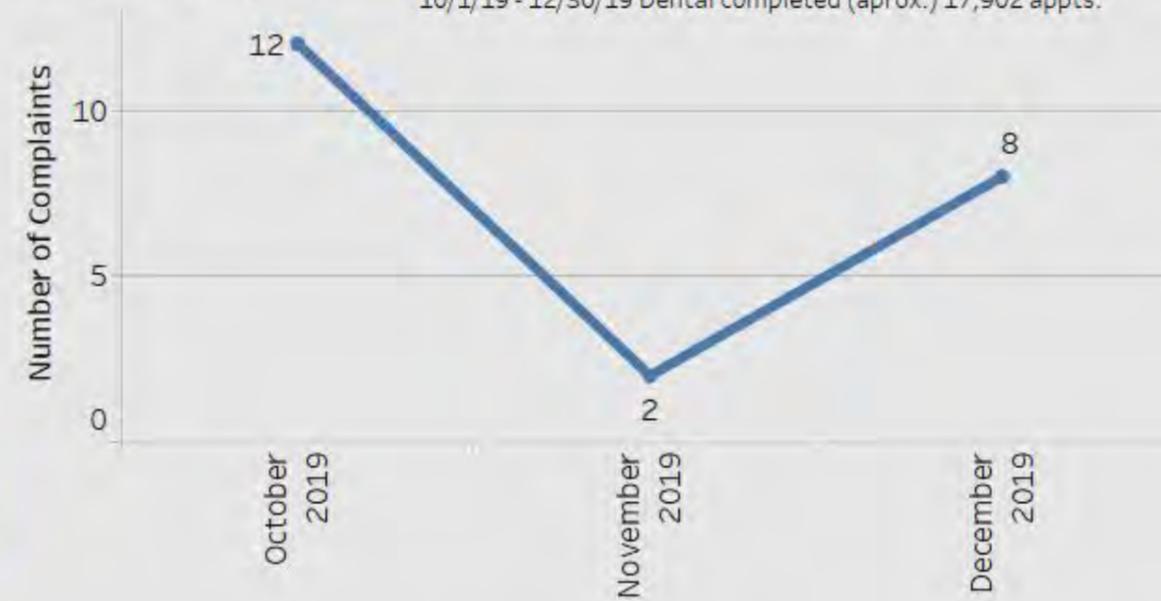
(All)

By Quarter

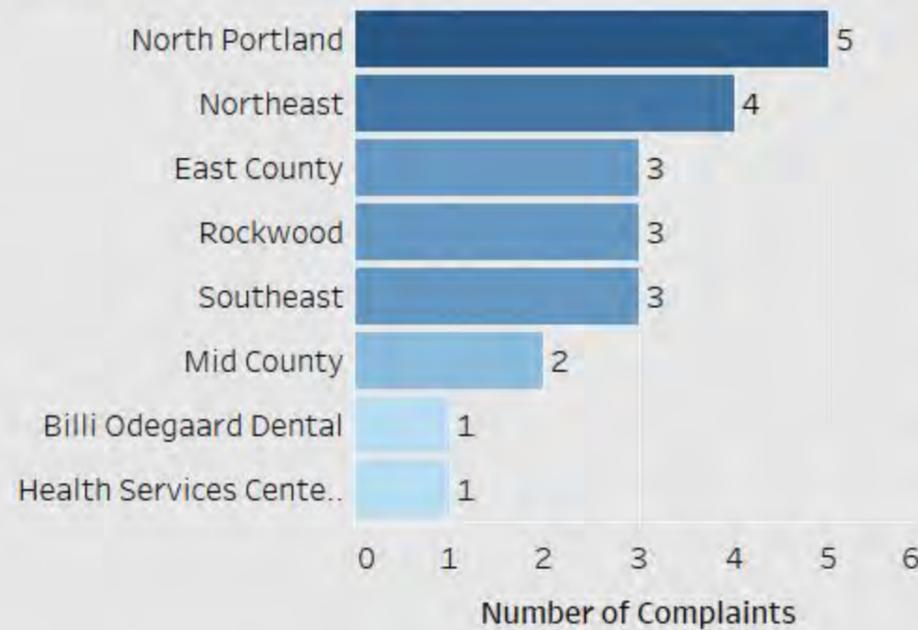
2019 Q4

Complaints by Month

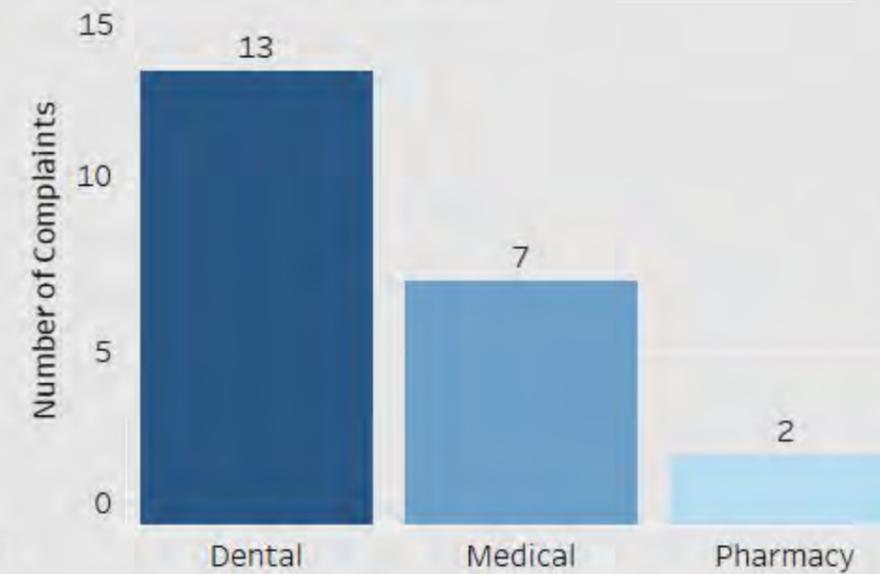
Point of Reference: From 10/1/19 - 12/31/19 Primary Care completed 19,692 appts (excluding Student Health Center). From 10/1/19 - 12/30/19 Dental completed (aprox.) 17,902 appts.



Complaints by Location



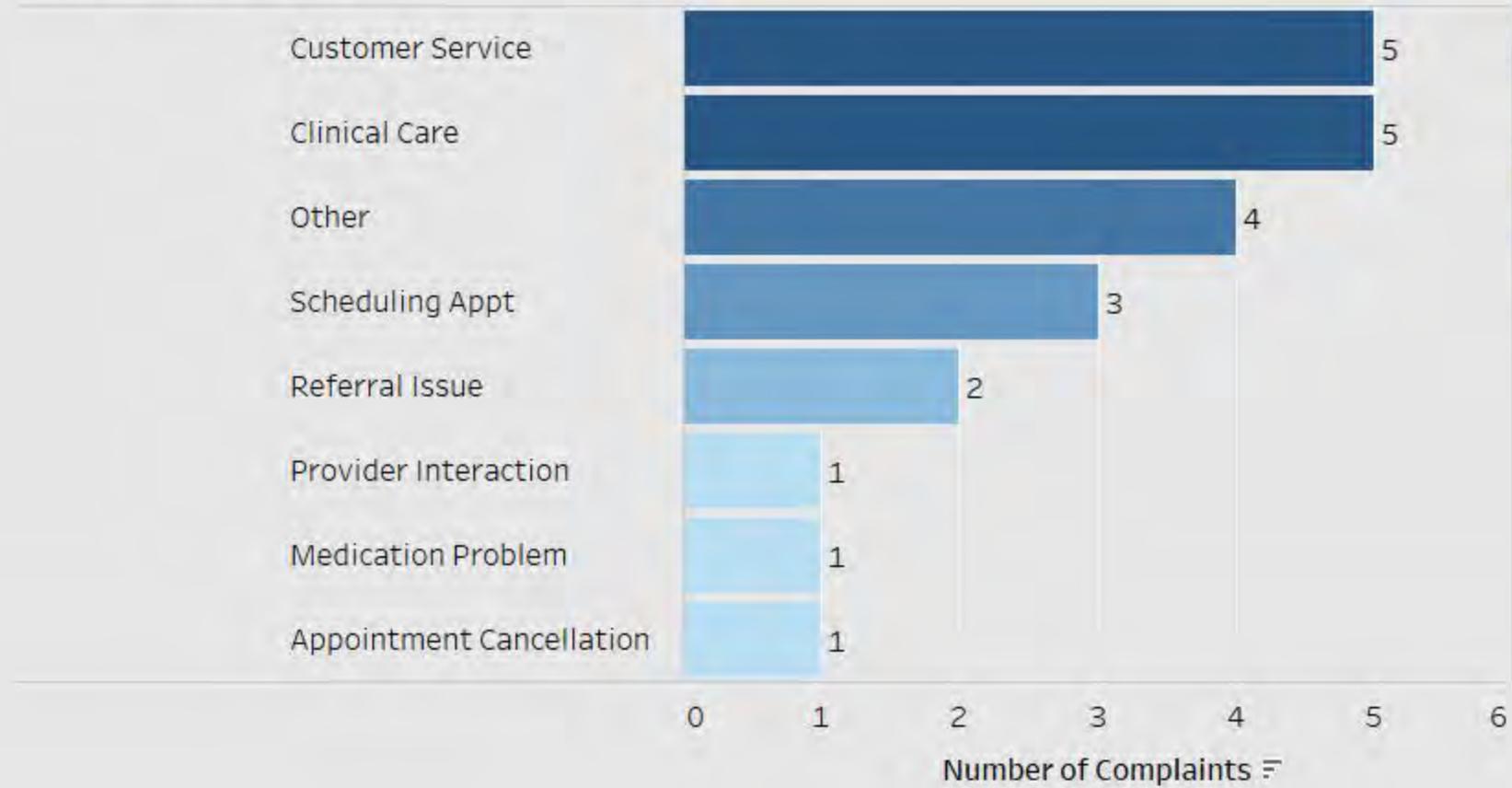
Complaints by Service Area



Complaints Report

< Reported Complaints **Complaint by Type** >

Complaints by Type



By Service Area

(All) ▾

Clinic Site

(All) ▾

By Quarter

2019 Q4 ▾

Clinic Comparison:

None ▾

Incidents Report

[Reported Incidents](#) |
 [Incident by Type](#) |
 [Reported Pharmacy Med Dispensing Errors](#) |
 [Med Dispensing Error by Type](#) |
 [Definitions](#)



Reported Incidents

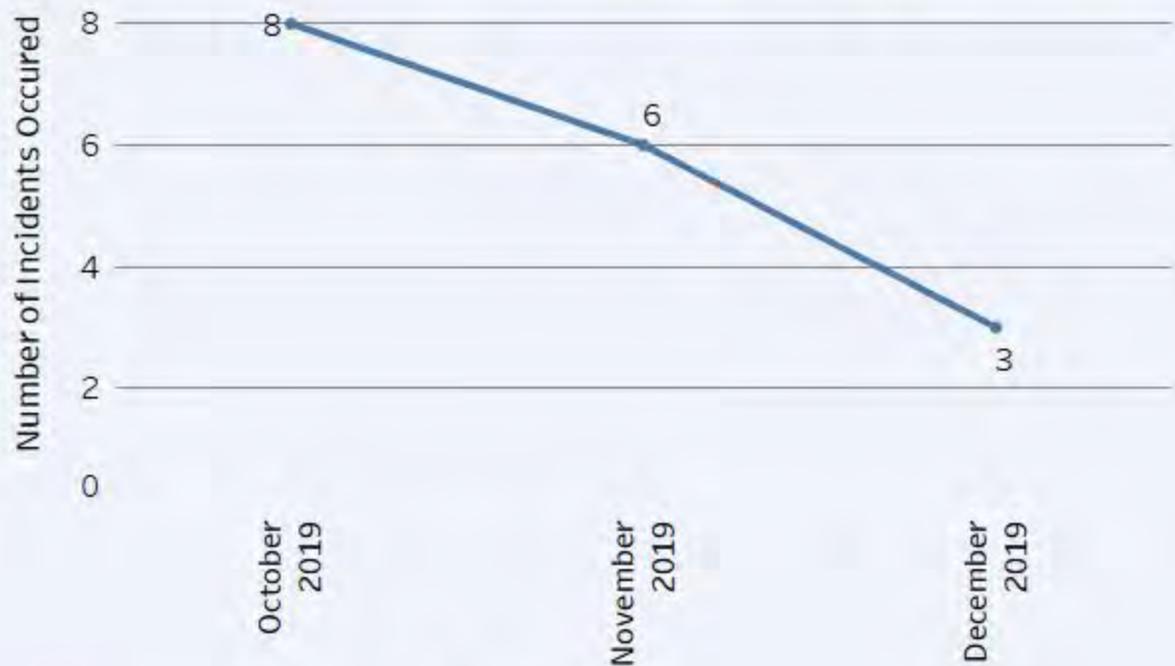
This report displays all of the incidents reported to ICS. Use the toolbar across the top to jump to *Incidents by Type*.

Use the filters below to further explore the data!

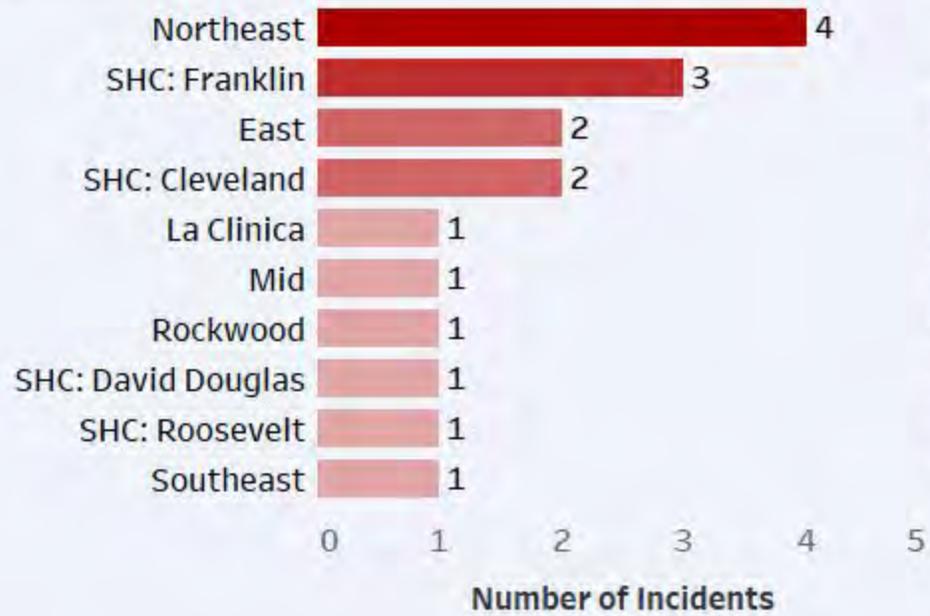
By Service Area: (All)
By Quarter: 2019 Q4
Subject Person Affected by Event: Client

Point of Reference: From 10/1/19 - 12/31/19 Primary Care completed 19,692 appts (excluding Student Health Center). From 10/1/19 - 12/30/19 Dental completed (aprox.) 17,902 appts.

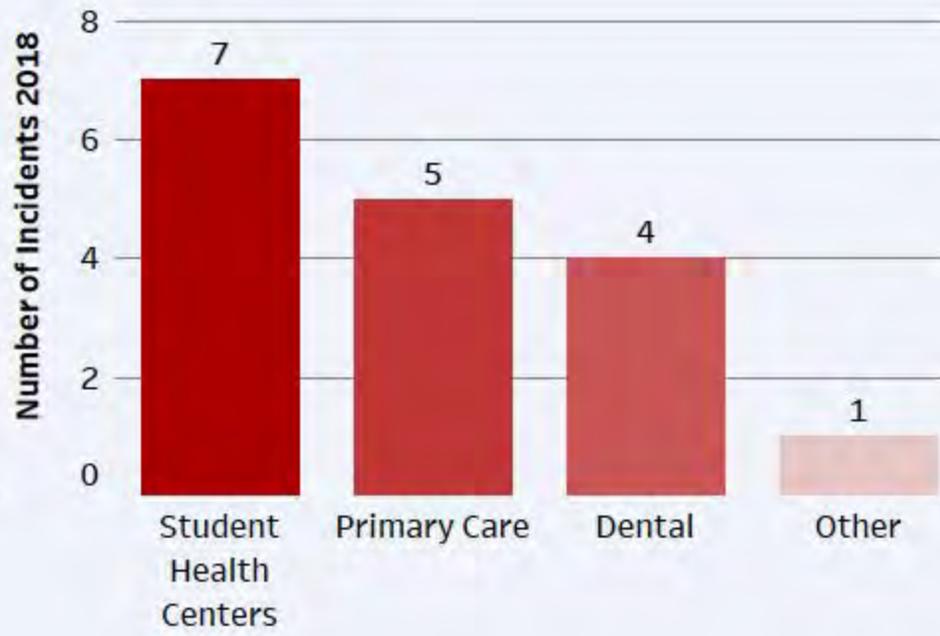
Incidents by Month



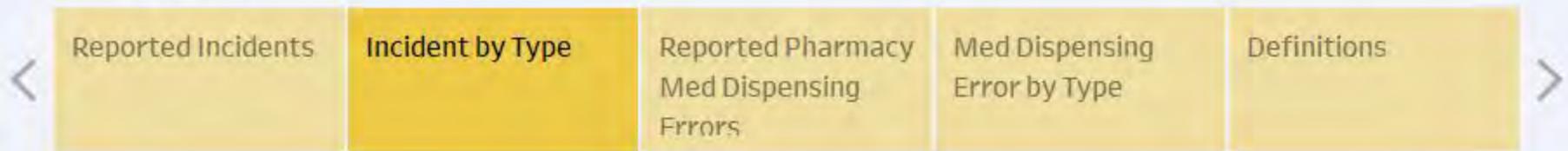
Incidents by Location



Incidents by Service Area



Incidents Report



Use the filters below to further explore the data!

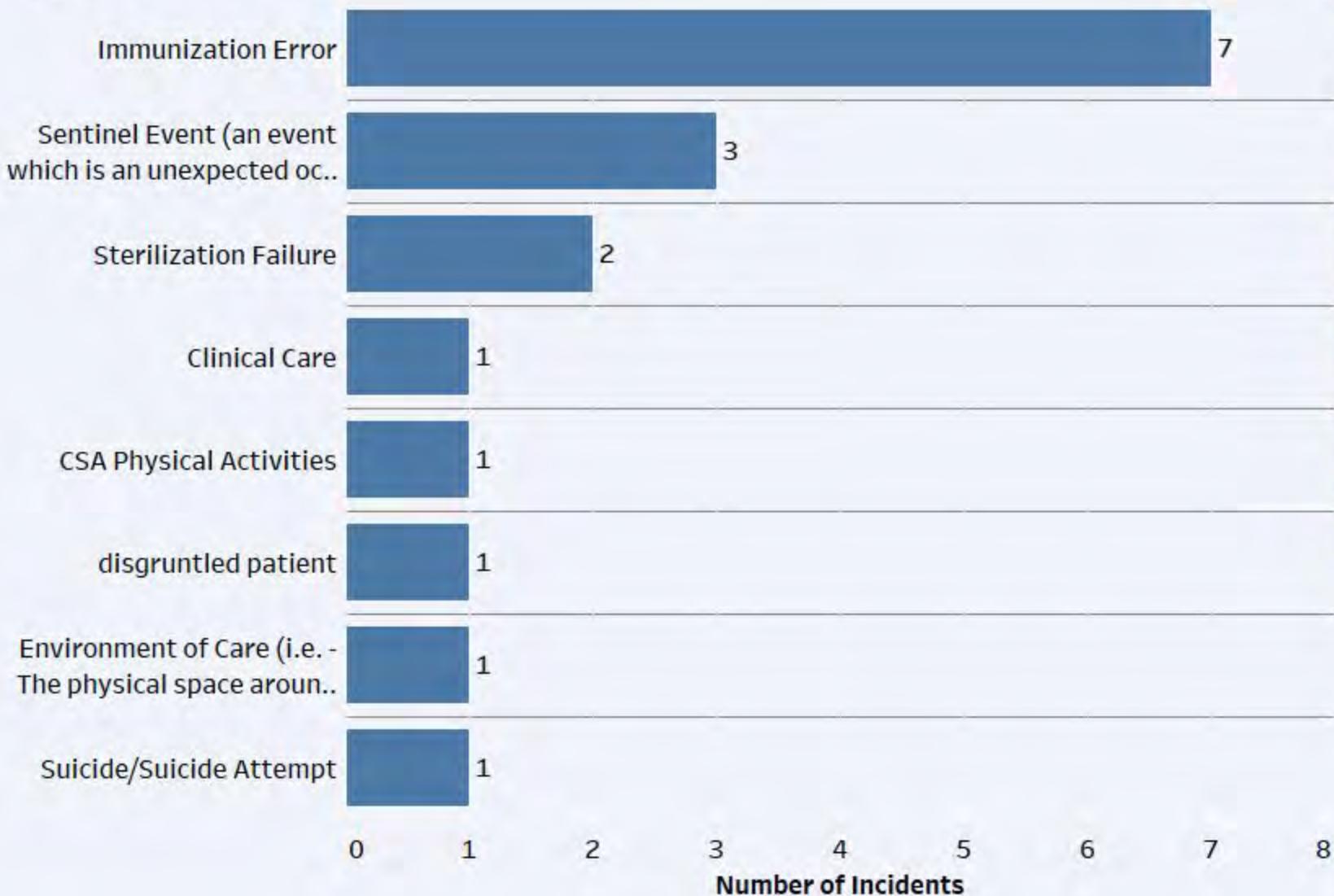
By Quarter:
2019 Q4

By Service Area:
(All)

Clinic Site:
(All)

Subject Person:
Client

Type of Incident



Incidents Report

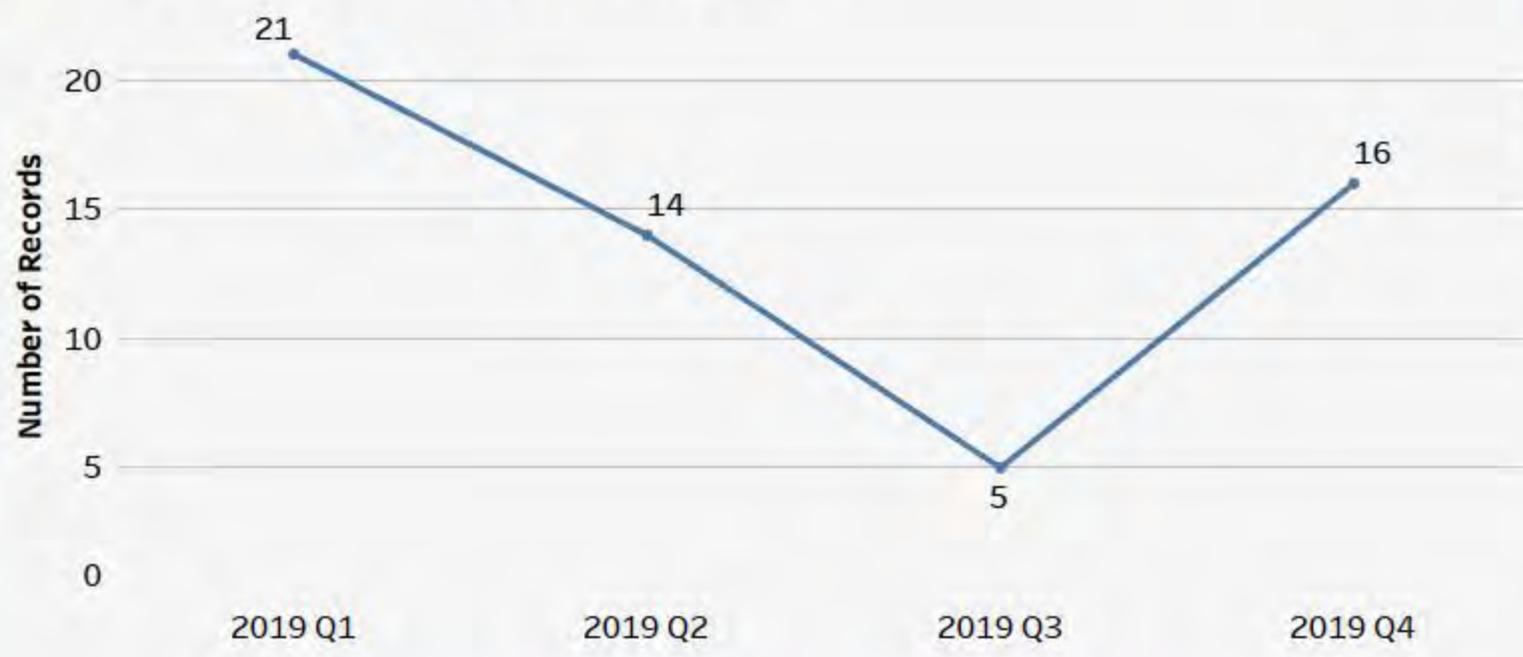
Reported Incidents | Incident by Type | **Reported Pharmacy Med Dispensing Errors** | Med Dispensing Error by Type | Definitions

Reported Pharmacy Medication Dispensing Errors

Point of Reference: In Q4 MCHD Pharmacies filled 96,000 prescriptions.



Number of Med Dispensing Errors by Quarter

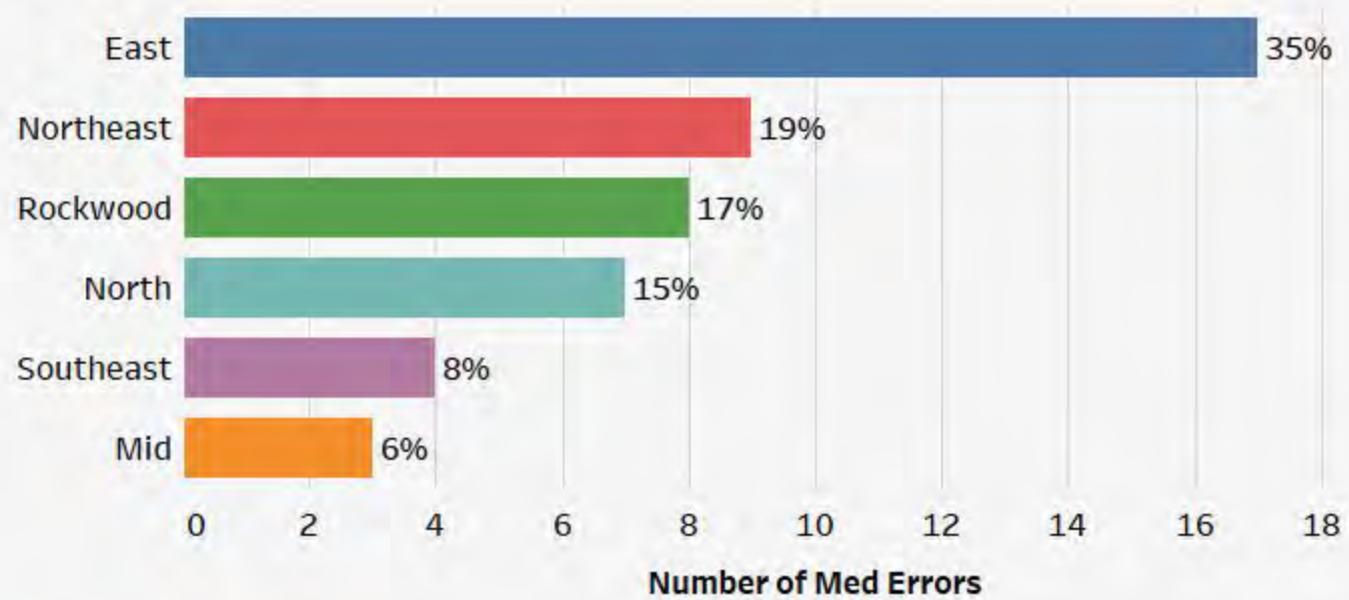


Use the filters below to further explore the data!

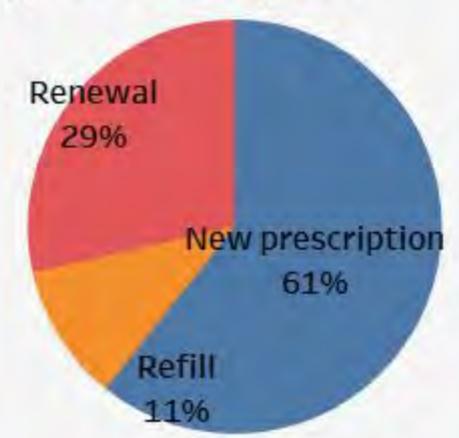
Quarters
(All) ▼

By Pharmacy
(All) ▼

Pharmacy Name



Type of Prescription



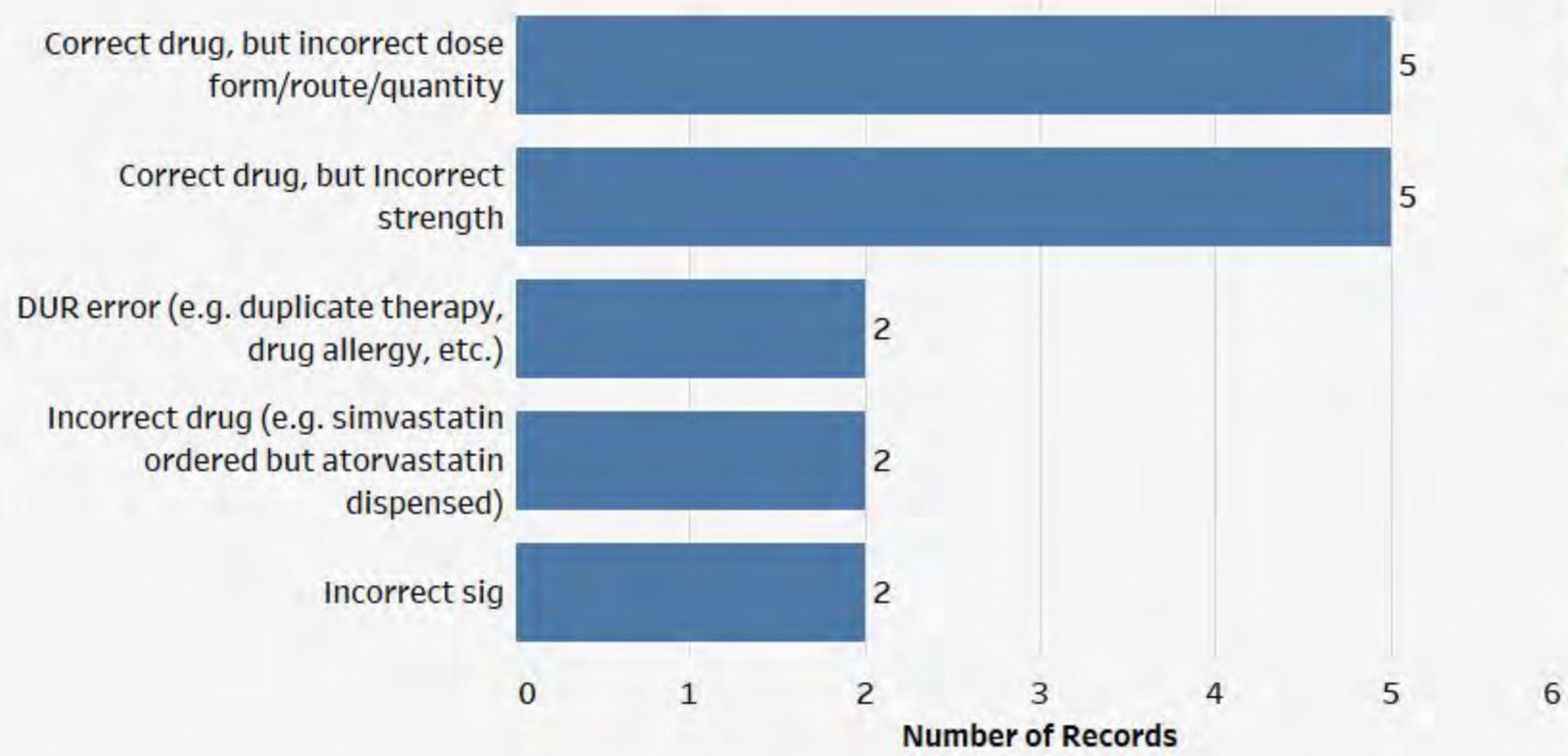
Incidents Report

Reported Incidents | Incident by Type | Reported Pharmacy Med Dispensing Errors | **Med Dispensing Error by Type** | Definitions

Type of Pharmacy Medication Dispensing Error



Description of Error

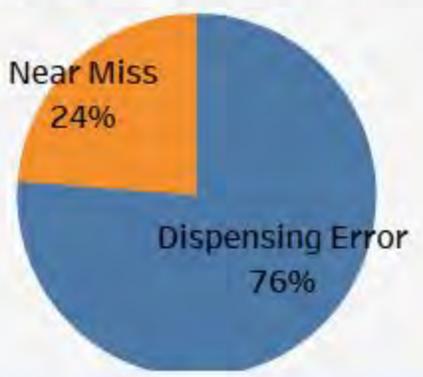


Use the filters below to further explore the data!

Quarters
2019 Q4

By Pharmacy
(All)

Type of Pharm Error (Near Miss not include in other calculations)



Point of Reference: In Q4 MCHD Pharmacies filled 96,000 prescriptions.

DEPARTMENT OF HEALTH AND HUMAN SERVICES

FOR HRSA USE ONLY

Health Resources and Services Administration

Grant Number

Application Tracking

FORM SF-424A: BUDGET INFORMATION

Budget Information

SECTION A - BUDGET SUMMARY

| Grant Program Function or Activity (a) | Catalog of Federal Domestic Assistance Number (b) | Estimated Unobligated Funds | | New or Revised Budget | | |
|-------------------------------------------------|------------------------------------------------------------|-----------------------------|--------------------|-----------------------|--------------------|----------------|
| | | Federal (c) | Non-Federal (d) | Federal (e) | Non-Federal (f) | Total (g) |
| | | | | | | |
| 1. CHC | 93.224 | \$ - | \$ - | \$ 7,505,484 | \$ 125,171,422 | \$ 132,676,906 |
| 2. HCH | 93.224 | \$ - | \$ - | \$ 2,136,710 | \$ 6,270,988 | \$ 8,407,698 |
| | | | | | | |
| | | | | | | |
| TOTALS | | | | \$ 9,642,194 | \$ 131,442,410 | \$ 141,084,604 |

SECTION B - BUDGET CATEGORIES

| 6. Object Class Categories | Federal | Non-Federal | Total |
|------------------------------------------|--------------|----------------|----------------|
| a. Personnel | \$ 5,091,569 | \$ 48,725,264 | \$ 53,816,833 |
| b. Fringe Benefits | \$ 3,421,877 | \$ 33,033,611 | \$ 36,455,488 |
| c. Travel | \$ - | \$ 147,097 | \$ 147,097 |
| d. Equipment | \$ - | \$ 609,000 | \$ 609,000 |
| e. Supplies | \$ - | \$ 15,677,921 | \$ 15,677,921 |
| f. Contractual | \$ 142,040 | \$ 4,441,899 | \$ 4,583,939 |
| g. Construction | \$ - | \$ - | \$ - |
| h. Other | \$ - | \$ 20,113,652 | \$ 20,113,652 |
| i. Total Direct Charges (sum of 6a - 6h) | \$ 8,655,486 | \$ 122,748,444 | \$ 131,403,930 |
| j. Indirect Charges | \$ 986,708 | \$ 8,693,966 | \$ 9,680,674 |
| k. TOTALS (sum of 6i and 6j) | \$ 9,642,194 | \$ 131,442,410 | \$ 141,084,604 |



| SECTION C - NON-FEDERAL RESOURCES | | | | | | |
|----------------------------------------------------------------------------------------|--------------|--------------------------------|-------------|---------------|----------------|--------------------|
| Grant Program Function or Activity | Applicant | State | Local | Other | Program Income | Total |
| CHC 93.224 | \$ 9,216,056 | \$ 5,280,205 | \$ 421,339 | \$ 36,777,175 | \$ 73,476,647 | \$ 125,171,422 |
| HCH 93.224 | \$ 1,957,631 | \$ - | \$ - | \$ 1,300,736 | \$ 3,012,620 | \$ 6,270,988 |
| | | | | | | |
| | | | | | | |
| TOTAL | 11,173,688 | 5,280,205 | 421,339 | \$ 38,077,911 | \$ 76,489,267 | \$ 131,442,410 |
| SECTION D - FORECASTED CASH NEEDS (Optional) | | | | | | |
| | | 1st Quarter | 2nd Quarter | 3rd Quarter | 4th Quarter | Total for 1st Year |
| Federal | | | | | | |
| NonFederal | | | | | | |
| TOTAL | | | | | | |
| SECTION E - BUDGET ESTIMATES OF FEDERAL FUNDS NEEDED FOR BALANCE OF THE PROJECT | | | | | | |
| | | FUTURE FUNDING PERIODS (Years) | | | | |
| (a) Grant Program | | First | Second | Third | Fourth | |
| CHC 93.224 | | \$ 7,505,484 | \$7,505,484 | N/A | N/A | |
| HCH 93.224 | | \$ 2,136,710 | \$2,136,710 | N/A | N/A | |
| | | | | N/A | N/A | |
| | | | | N/A | N/A | |
| TOTAL | | \$ 9,642,194 | \$9,642,194 | N/A | N/A | |
| SECTION F - OTHER BUDGET INFORMATION | | | | | | |
| Direct Charges: | | See narrative | | | | |
| Indirect Charges | | See narrative | | | | |
| Remarks | | | | | | |





Multnomah County Health Department
Fiscal Year 2020 FQHC Budget
Summary of Changes Through November 30, 2019

| | | Per August Financial Statement | | | Per November Financial Statement | | | Change due to Updated Scope (November - August) | | |
|-----------------------|------------------------|--------------------------------|--------------------|---------------------------------|----------------------------------|--------------------|---------------------------------|----------------------------------------------------|--------------------|---------------------------------|
| | Category | Adopted Budget | Revised Budget | Difference (Revised-Adopted) | Adopted Budget | Revised Budget | Difference (Revised-Adopted) | Adopted Budget | Revised Budget | Difference (Revised-Adopted) |
| Revenue | Behavioral Health | 5,480,760 | 5,480,760 | - | 80,189 | 80,189 | - | (5,400,571) | (5,400,571) | - |
| | General Fund | 11,447,820 | 11,447,820 | - | 10,670,061 | 10,670,061 | - | (777,759) | (777,759) | - |
| | Grants - BPHC | 9,795,045 | 9,795,045 | - | 9,795,045 | 9,795,045 | - | - | - | - |
| | Grants - Incentives | 8,179,053 | 8,179,053 | - | 8,179,053 | 8,179,053 | - | - | - | - |
| | Grants - All Other | 9,557,004 | 9,557,004 | - | 9,372,217 | 9,372,217 | - | (184,787) | (184,787) | - |
| | Health Center Fees | 101,367,399 | 101,367,399 | - | 101,518,640 | 101,518,640 | - | 151,241 | 151,241 | - |
| | Self Pay Client Fees | 1,025,053 | 1,025,053 | - | 1,025,053 | 1,025,053 | - | - | - | - |
| Revenue Total | | 146,852,134 | 146,852,134 | - | 140,640,258 | 140,640,258 | - | (6,211,876) | (6,211,876) | - |
| Expenses | Personnel | 96,977,819 | 97,024,297 | 46,478 | 92,649,052 | 92,695,530 | 46,478 | (4,328,767) | (4,328,767) | - |
| | Contracts | 5,473,763 | 5,433,138 | (40,625) | 4,777,160 | 4,736,535 | (40,625) | (696,603) | (696,603) | - |
| | Materials and Services | 16,643,608 | 16,633,088 | (10,520) | 16,608,855 | 16,598,335 | (10,520) | (34,753) | (34,753) | - |
| | Internal Services | 27,147,943 | 27,152,610 | 4,667 | 25,996,190 | 26,000,857 | 4,667 | (1,151,753) | (1,151,753) | - |
| | Capital Outlay | 609,000 | 609,000 | - | 609,000 | 609,000 | - | - | - | - |
| Expenses Total | | 146,852,134 | 146,852,134 | - | 140,640,258 | 140,640,258 | - | (6,211,876) | (6,211,876) | - |
| | | - | - | - | - | - | - | - | - | - |

Definitions

The Adopted Budget is from the original Fiscal Year 2020 Budget that was approved by Multnomah County Board of Commissioners in May, 2019.

The Revised Budget includes budget modifications that have been approved by the Board during the current fiscal year.

Both versions above include only the programs determined to be in scope for FQHC reporting.

Notes

The Board has approved budget modifications to reclassify various positions within the Health Department. These changes better aligned the position titles with actual job responsibilities and programmatic needs.

Net personnel costs increased by \$46,478 as a result, and related internal services increased by \$4,667. These increases were offset by reductions in other expense categories.

Management has recently reviewed the list of programs that are in scope for FQHC reporting. We have made the following changes, resulting in a net decrease of \$6.2 million:

- > Youth Care Coordination Wraparound services in the Behavioral Health Division were determined to be out of scope, resulting in a budget reduction of \$5.6 million.
- > The new Reynolds Student Health Center was added, increasing the budget by \$393 thousand.
- > Services provided by the Corrections Health Juvenile Detention Home are no longer considered in scope. This program was removed, decreasing the budget by \$963 thousand.

| | |
|-----------------------------------------------------|----------------|
| DEPARTMENT OF HEALTH AND HUMAN SERVICES | |
| Health Resources and Services Administration | Grant # |
| FORM SF-424A: BUDGET INFORMATION | |

Budget Information

SECTION A - BUDGET SUMMARY

| Grant Program Function or Activity (a) | Catalog of Federal Domestic Assistance Number (b) | Estimated Unobligated Funds | |
|-------------------------------------------------|------------------------------------------------------------|-----------------------------|--------------------|
| | | Federal (c) | Non-Federal (d) |
| 1. CHC | 93.224 | \$ - | \$ - |
| 2. HCH | 93.224 | \$ - | \$ - |
| | | | |
| | | | |
| TOTALS | | | |

SECTION B - BUDGET CATEGORIES

| 6. Object Class Categories | Federal |
|------------------------------------------|--------------|
| a. Personnel | \$ 5,091,569 |
| b. Fringe Benefits | \$ 3,421,877 |
| c. Travel | \$ - |
| d. Equipment | \$ - |
| e. Supplies | \$ - |
| f. Contractual | \$ 142,040 |
| g. Construction | \$ - |
| h. Other | \$ - |
| i. Total Direct Charges (sum of 6a - 6h) | \$ 8,655,486 |
| j. Indirect Charges | \$ 986,708 |
| k. TOTALS (sum of 6i and 6j) | \$ 9,642,194 |

SECTION C - NON-FEDERAL RESOURCES

| Grant Program Function or Activity | Applicant | State | Local |
|------------------------------------|-------------------|------------------|----------------|
| CHC 93.224 | \$ 9,216,056 | \$ 5,280,205 | \$ 421,339 |
| HCH 93.224 | \$ 1,957,631 | \$ - | \$ - |
| | | | |
| TOTAL | 11,173,688 | 5,280,205 | 421,339 |

SECTION D - FORECASTED CASH NEEDS (Optional)

| | 1st Quarter | 2nd Quarter |
|--------------|-------------|-------------|
| Federal | | |
| NonFederal | | |
| TOTAL | | |

SECTION E - BUDGET ESTIMATES OF FEDERAL FUNDS NEEDED FOR

| | |
|--|--|
| | |
|--|--|

| (a) Grant Program | First |
|---------------------------------------------|---------------|
| CHC 93.224 | \$ 7,505,484 |
| HCH 93.224 | \$ 2,136,710 |
| | |
| | |
| TOTAL | \$ 9,642,194 |
| SECTION F - OTHER BUDGET INFORMATION | |
| Direct Charges: | See narrative |
| Indirect Charges | See narrative |
| Remarks | |

FOR HRSA USE ONLY

| | |
|---------------|-----------------------------|
| Number | Application Tracking |
| | |

New or Revised Budget

| Federal (e) | Non-Federal (f) | Total (g) |
|----------------|--------------------|----------------|
| \$ 7,505,484 | \$ 125,171,422 | \$ 132,676,906 |
| \$ 2,136,710 | \$ 6,270,988 | \$ 8,407,698 |
| | | |
| | | |
| \$ 9,642,194 | \$ 131,442,410 | \$ 141,084,604 |

Non-Federal

Total

| | |
|----------------|----------------|
| \$ 48,725,264 | \$ 53,816,833 |
| \$ 33,033,611 | \$ 36,455,488 |
| \$ 147,097 | \$ 147,097 |
| \$ 609,000 | \$ 609,000 |
| \$ 15,677,921 | \$ 15,677,921 |
| \$ 4,441,899 | \$ 4,583,939 |
| \$ - | \$ - |
| \$ 20,113,652 | \$ 20,113,652 |
| \$ 122,748,444 | \$ 131,403,930 |
| \$ 8,693,966 | \$ 9,680,674 |
| \$ 131,442,410 | \$ 141,084,604 |

Other

Program Income

Total

| | | |
|---------------|---------------|----------------|
| \$ 36,777,175 | \$ 73,476,647 | \$ 125,171,422 |
| \$ 1,300,736 | \$ 3,012,620 | \$ 6,270,988 |
| | | |
| | | |
| \$ 38,077,911 | \$ 76,489,267 | \$ 131,442,410 |

3rd Quarter

4th Quarter

Total for 1st Year

| | | |
|--|--|--|
| | | |
| | | |
| | | |

OR BALANCE OF THE PROJECT

FUTURE FUNDING PERIODS (Years)

| Second | Third | Fourth |
|---------------|--------------|---------------|
| \$7,505,484 | N/A | N/A |
| \$2,136,710 | N/A | N/A |
| | N/A | N/A |
| | N/A | N/A |
| \$9,642,194 | N/A | N/A |
| | | |
| | | |
| | | |
| | | |

| | |
|----------------------|-----------------------------------------------------------------------|
| Procedure: | ICS Procedures Community Health Council (CHC) - Transportation |
| Procedure ID: | |
| Program: | ICS Administration |
| Policy: | |
| Contact: | Linda Niksich , CHC Coordinator |
| Approver: | Tasha Wheatt-Delancy, Interim ICS Director |
| Location: | |
| Updated: | February 10, 2020 |
| Next Review: | Annually, Next Review February 2021 |

Overview

- This document outlines the procedure for providing transportation to board members and potential board candidates.
- Board members, who otherwise do not have their own transportation, will be eligible to receive transportation support to and from the Public Meeting and any other CHC meetings or events.
- The Council will provide transportation support for up to a maximum of 3 public board meetings for potential candidates, that are being recruited, who don't otherwise have their own transportation. No other support is provided to potential candidates.

Council Members Responsibilities

- Council Members are to inform and update the CHC Coordinator of their transportation needs, address changes, and if they no longer need transportation support due to acquiring access to a vehicle or their own transportation.
- Council members are to notify the CHC Coordinator within 30 days of acquiring their own personal transportation.

CHC Coordinator Responsibilities

- It is the responsibility of the CHC Coordinator to provide the taxi company with the address and time that riders need to be picked up and taken home at least one business day in advance of the meeting or event.
- It is the responsibility of the CHC Coordinator to reconcile the taxi bill monthly, before turning it over to the Health Department Accounts Payable Department.

| | |
|----------------------|--------------------------------------------------------------|
| Procedure: | ICS Procedures Community Health Council (CHC) Stipend |
| Procedure ID: | |
| Program: | ICS Administration |
| Policy: | |
| Contact: | Linda Niksich , CHC Coordinator |
| Approver: | Tasha Wheat-Delancy, Interim ICS Director |
| Location: | |
| Updated: | February 10, 2020 |
| Next Review: | Annually, Next Review: February 2021 |

Overview

- HRSA allows Community Health Council (the Council) Members to receive a stipend to offset the costs (e.g. typically child care and parking) of participation on the Council.
- The stipend amount is \$35 per meeting. Eligible meetings are; CHC Public Meeting, Executive Committee, Nominating Committee, Finance Committee, Quality Committee and Ad Hoc Committee meetings. Stipend payments are limited to **two** stipends per month.
- All CHC Members are eligible for the stipend; meeting attendance is required to be eligible for a stipend payment.
- Each Council Member can choose how to receive the stipend; paper check, prepaid debit card or direct deposit.
- Council Members shall receive no other expense reimbursement for CHC meeting attendance.
- This document outlines the details of the documentation required from the Council Members; the responsibilities of the Council Members and the CHC Coordinator in regards to the stipend; and the process for delivering the stipend to the Council members.

Documents Required from Council Members

- W-9
- Request for Stipend Payment Form (one for each meeting up to two per month)
- Independent Contractor Certificate
- Prepaid Debit Card Enrollment Application and Authorization Form (optional)
- Direct Deposit Form (optional)

Council Members Responsibilities

- Council Members must attend the meeting in order to receive the stipend payment for the meeting.
- Council Members must complete the required documents to receive the stipend; the Request for Stipend Form must be turned in within 30 days to receive the stipend payment.
- Council Members must decide how they want to receive the stipend and complete the corresponding documentation.

CHC Coordinator Responsibilities

- It is the responsibility of the CHC Coordinator to provide the documents needed to the Council members each month and to turn the documents into the Health Department Accounts Payable Department on the Council Member's behalf.
- The CHC Coordinator verifies attendance via the meeting sign-in sheets.
- The CHC Coordinator approves the Request for Stipend form and sends to the Health Department Accounts Payable Department.

Tax Implications and Opting Out

- A Federal Tax Form 1099 will be issued to the council member if the total of all stipends received from Multnomah County is more than \$600 per calendar year.
- The Council Member can opt out at any time during the calendar year, simply by not turning in a Request for Stipend Payment Form.
- It is the responsibility of the Council Member to track stipend income. Council Members can request verification of how many stipends they have received during the calendar year. The CHC Coordinator can access and provide this information to the Council Member upon request.
- The Council member may opt out if they choose not to participate in the stipend procedure; no other expense reimbursement will be offered in lieu of the stipend.



Medicare Annual Wellness Visit Pilot and Medicare Outreach Project

| Inform Only X | Annual/ Scheduled Process | New Proposal | Review & Input | Inform & Vote |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|------------------------------------------|----------------|---------------|
| | | | | |
| Date of Presentation: February 10, 2019 | | Program / Area: ICS Primary Care Clinics | | |
| Presenters: Interim ICS Director, Tasha Wheatt-Delancy | | | | |
| <p>Project Title and Brief Description:</p> <p>Title: Medicare Annual Wellness Visit Pilot and Medicare Outreach Project</p> <p>Description: Multnomah County Health Department (MCHD) currently serves @1,700 CareOregon Medicare patients and a similar number of Medicare patients from other payors. CareOregon would like to support MCHD by funding specific outreach to Medicare patients to ensure annual wellness visits and prevention happen and to improve the care of chronic conditions in this patient population</p> | | | | |
| <p>Describe the current situation:</p> <p>All Medicare patients qualify for an annual Medicare Annual Wellness Visit which is a visit focused on preventive health planning. Medicare plans are paid based on level of complexity of diagnoses coded. The payment is facilitated through a third party vendor. To simplify this process, Care Oregon and MCHD would like to utilize funds directly on patient care and patient outreach.</p> | | | | |
| <p>Why is this project, process, system being implemented now?</p> <p>MCHD would like to improve the care of our older adults. In order to stay competitive in the Medicare Health Care market, MCHD needs to offer Medicare patients</p> | | | | |

Medicare Annual Wellness Visits just as other non-MCHD clinics do such as Legacy Health.

Briefly describe the history of the project so far (*be sure to note any actions taken to address diverse client needs and cultures; to ensure fair representation in review and planning*).

For the past 3-4 years, MCHD has tried to launch Medicare Annual Wellness visits unsuccessfully in one pilot clinic. We were not successful because we did not have the resources and infrastructure needed to get the project off the ground. With this new funding being provided by CareOregon, MCHD will be able to hire this infrastructure needed to get visits up and running in all MCHD clinics which includes: two 1 FTE PCMAs, .5 FTE Project Manager, .5 FTE Finance Technician. The visits will include 1 hour with the RN in addition to the provider visit. This additional time for education allows for a more in depth discussion and teaching which will directly benefit all our clients, but in particular those speaking languages other than English.

List any limits or parameters for the Council's scope of influence and decision-making:

The project budget, staffing and pilot terms have been identified and fully negotiated with CareOregon. The details have been written up into a contract amendment which is being finalized by MCHD Business Services and reviewed/approved by County Legal Services.

Briefly describe the outcome of a "YES" vote by the Council (*be sure to also note any financial outcomes*)

N/A

Briefly describe the outcome of a "NO" vote or inaction by the Council (*be sure to also note any financial outcomes*)

N/A

Which specific stakeholders or representative groups have been involved so far?

Key stakeholders include: ICS Leadership (including SLICs, PCLT), East County Health Clinic (ECHC) Leadership, ECHC clinical staff (PCP, RN, MAs, Clinical Supervisor), CareOregon, MCHD Fiscal Manager, Billing and Revenue Cycle Manager, CSI Manager, ICS Project Management Office Staff, Data and Reporting Manager.



Who are the area or subject matter experts for this project? (& brief description of qualifications)

Dr. Amy Henninger, Deputy Medical Director and physician at ECHC is a subject matter expert. Amy has been working with ICS to implement Medicare Annual Wellness Visits for the last few years. She has clinical expertise in serving the Medicare population and expertise with diagnosis coding to the highest complexity and risk recapture. She tracks Medicare Stars performance metrics regularly.

Dr. Naomi Avery is a Geriatrician physician at ECHC and is serving as a Geriatrics subject matter expert. She is providing recommendations on the visit workflow, educational materials and health and functional status assessments.

Kellie Hollyman is a Nurse Consultant with ICS. She is serving as a subject matter expert related to health educational materials.

Jennifer McClure, CSI Program manager is our CSI Epic subject matter expert. She has supported Epic and Epic related projects for at least 8 years.

What have been the recommendations so far?

This pilot was created by ICS to as a means to improve preventive health services to senior Medicare patients, make sure that their diagnoses are correct and coded accurately, and to increase revenue for MCHD.

How was this material, project, process, or system selected from all the possible options?

This pilot was assigned to the Quality Committee to determine the best way to offer Wellness Visits and improve the care of our 65+ Medicare population. MCHD has also been working with Care Oregon to best determine how to fund the infrastructure for this additional outreach work.

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Council Notes:

Community Health Council

