Community Health Council

Community Health Council Board Meeting Minutes
Date: Monday, August 10, 2020
Time: 6:00 PM
Location: Zoom

Approved: **Recorded by:** Anna Johnston
Attendance:

Board Members	Title	Y/N
"D"eb Abney	Board Member	Y
David Aguayo	Treasurer	Y
Fabiola Arreola	Vice Chair	Y
Jon Cole	Member-at-Large	N
Tamia Deary	Member-at-Large	Y
Kerry Hoeschen	Board Member	Y
Iris Hodge	Board Member	N
Harold Odhiambo	Chair	Y
Susana Mendoza	Board Member	Y
Pedro Sandoval Prieto	Secretary	Y
Nina McPhearson	Board Member	Y
Staff/Elected Officials	**Title**	**Y/N**
Len Barozinni	Interim Dental Director	Y
Lucia Cabrejos	Spanish Interpreter	Y
Patricia Charles-Heathers	Health Department Director	Y
Brieshon D'Agostini	Interim Quality Director	Y
Ryan Francario	ICS Project Manager	Y
Amy Henninger	Interim Medical Director	Y
Anna Johnston	Administrative Analyst	Y
Toni Kempner	Regional Clinic Manager	Y
Michele Koder	Pharmacy and Lab Services Director	Y
Ryan Linskey	Project Manager	Y
Charlene Maxwell	Deputy Nurse Practitioner Director	Y
Kevin Minor	Integrated Behavioral Health and Addictions Manager	Y
Linda Niksich	Community Health Council Coordinator	Y
Dawn Shatzel	Interim Primary Care Services Director	Y
Tasha Wheatt-Delancy	Interim ICS Director	Y
Trista Zugel-Bensel	Dept. of County Management Budget Office	Y

Guests: Meeting is accessible to the public via telephone but it is unclear who was on the call, if any. No confirmed guests this month.

Action Items:

- Ryan Linskey to provide more information on what the "Other"category includes in the Quarterly Complaints Report
- Ryan Linskey to follow up on the request for more information on why SE and East have majority of the complaints
- Ryan Linskey to separate completed suicides and attempted suicides in the titles of that section
- Ryan Linskey to respond to request to come back and follow up on the review of the data for the pandemic, more ideas on new ways to address the issues based on the data and possibly adding resolutions on the incidents that are identified
- Tasha will get the information from Hasan to bring back to the board regarding the following question: Do we know what the budget revision cap was in the previous year and if there was a change why?

Decisions:

- Approved the July 13, 2020 Meeting Minutes
- Approved the HRSA 330 Grant Renewal Submission
- Approved the AGN. 10.03 Fee Policy Renewal Period Update
- Approved the Removal of Board Member, Jon Cole

Reports Received:

- Monthly Budget Report (May 2020)
- 2nd Quarter Complaints and Incidents Report

The meeting was called to order at 6:04 pm by Harold Odhiambo.

The Meeting Ground Rules (special considerations for online meetings) were presented by Board Chair, Harold Odhiambo.

Board attendance was taken by roll-call. Noted that quorum was met with 9 members in attendance

July 13, 2020 Meeting Minutes Review (VOTE REQUIRED)

(See Document - July, 13 2020 CHC Meeting Minutes)

No questions or comments were raised by CHC members

Motion by Pedro to approve the July 13, 2020 Meeting Minutes.
Seconded by Nina
7 aye; 0 nay; 2 abstain (Kerry and D'eb not present for last meeting)
Motion carries

Monthly Budget Report- May 2020
(See Documents- May 2020 Monthly Dashboard and Financial Statement)

Presented by Interim ICS Director, Tasha on behalf of Hasan Bader, ICS Finance Project Manager

- Tasha reviewed weekly billable visits by department and explained a decrease in Student Health Center visits due to COVID19
- Dental also had a decrease due to the ramp down of services due to COVID19
- Primary Care visits went back to average for April and May due to telemed visits
- Payor mix has shown consistency throughout the month
- CareOregon patients decreased a bit and we have asked Business Services to double check these numbers
- As of May we have about a 6 million dollar deficit, June financials will tell us more as far as the close out deficit

Question: *Can you go into more detail about the $6 million deficit and which programs are part of the FQHC and not ICS?*

Answer: *(Tasha) Some programs included in the FQHC but are outside of ICS are; Healthy Birth Initiative, School Based Mental Health, Juvenile Therapy Support in DCJ. The May Financial Statement includes the entire FQHC.*

2nd Quarter Complaints and Incidents
(see document -2nd Quarter Complaints & Incidents)

Presented by Ryan Linskey, Quality Project Manager and Kevin Minor, Integrated Behavioral Health and Addictions Manager

Complaints Reported for 2nd Quarter

- 1 for April; 4 for May; and 9 in June. Mainly due to the ramp down of services.
- We received a few complaints from patients when we changed how patients call in to make appointments.
- SE had the most complaints by location and Dental had the most complaints by service type.
- We resolved some of the phone tree complaints in June by working with IT and Primary Care Leadership.

Question: What types of complaints does the "other" category include?
Answer: (Ryan) I will have to go back and look in the report for the other category and bring it back, will provide to Linda (Action item)
Question: (Tasha) The numbers look lower than other quarters. Is this because the survey was done in the height of the pandemic and patients may not have had the ability to call in a complaint?
Answer: (Ryan) A reduction in services may have contributed.
Comment: Tasha mentioned there will be a patient satisfaction survey with patients on concerns specific to COVID-19 and she is working with Interim Quality DIrector Brieshon D'Agostini on this.

Question: SEHC and East County seem to always have the highest numbers of complaints. Can you explain why?
Answer: (Ryan) I will bring back more information to Linda or the next meeting
Comments: Tasha instructed Ryan to send it to Linda within 2 weeks. Toni asked to have it separated by Dental and Medical.
Len mentioned that SE and East County do twice as much business than the other sites and this may contribute to the higher numbers of complaints.

Incident Reported for 2nd Quarter

- Most of the incidents were reported in the Primary Care area under the suicide attempts category
- Kevin explained that some of the causes of the increase in suicide attempts are;
    - COVID19 has increased feelings of suicidal ideation, and increased mental health and substance abuse issues
    - We do not have enough data to say we are dealing with a mass increase
    - Not all incidents were completed suicides, some were attempts
- Tasha asked Ryan to separate the suicide attempts and suicide completions.
- Ryan will add completed suicides to the title

Question: Were there any plans put into place for the likelihood of more suicide attempts as the pandemic hit?
Answer: (Kevin) We already have a list of who has suicidal ideation and we have

reached out to them more often; at least weekly. We have also asked BHP's to inquire more about patients needing extra support.
Question: How did the outreach happen? By phone?
Answer: (Kevin) Yes, it was by phone and mychart, as well as letting community partners know we were providing services.
Question: How was the response to people being reached out to? How did they take it?
Answer: (Kevin) We are still reviewing the data of patients accessing services, there was about a 25% patient increase in patients seeking behavioral health services.

Question: What resources do you have in general to help the community?
Answer: (Kevin) We utilize our community partners, Lifeworks and Cascadia, to help us provide other resources that may need referrals and a connection to further services, and we are also looking to expand how we provide services like telehealth.

Medication Dispensing Incidents Report

- No Incidents in April; 7 incidents in May; and 5 incidents in June

Question- Request to come back and follow up on the review of the data for the pandemic, more ideas on new ways to address the issues based on the data
Comment- Can we add resolutions on the incidents that are identified?

HRSA Grant 330 renewal (VOTE REQUIRED)
(see document HRSA Grant Renewal)
Presented by Interim ICS Director, Tasha Wheatt Delancy

- Year 3 of 3 year project period
- Funds for the Health Center and Homeless Services
- Application is Due September 8th and will bring about 9 million in funding

Question: Do we know what the budget revision cap was in the previous year and if there was a change why?
Answer: Tasha will get the information from Hasan to bring back to the board.

Comment: (Linda) Our HRSA Compliance Specialist suggests that you approve this item in 2 parts; the grant submission in this meeting and the associated budget at the September meeting (when it is ready)

Motion by David to approve the HRSA Grant 330 renewal
Seconded by Pedro
9 aye; 0 nay; 0 abstain

Motion carries

Susana Mendoza left the meeting due to tech difficulties

AGN.10.03 Fee Policy renewal period update (VOTE REQUIRED)
(see document AGN.10.03 Fee Policy renewal)
Presented by Interim ICS Director, Tasha Wheatt Delancy

- Page 4 paragraph 4 in regards to the Fee Policy, established in June 2018
- We are wanting to review and approve every 3 years instead of every 2 years
- We are working with a consultant on this policy and making sure it aligns with other Health Centers and their practices

Motion by Fabiola to approve the Fee Policy Renewal Period
Seconded by Tamia
8 aye; 0 nay; 0 abstain
Motion carries

COVID-19/ICS/Strategic Updates
Interim ICS Director, Tasha Wheatt-Delancy

- **Quality and Safety**
  - 159 Hardships: Tasha reviewed the qualifying categories for HR granting staff hardships
  - Hardships have impacted staffing in all of our programs
  - PPE managed centrally
  - Decisions regarding ramping up are mainly based in staffing
  - Aug 3rd - all dental open
  - Aug 10th- La Clinica and SE open

- **Fiscally Sound and Accountable**
  - Actual shortfalls are much lower almost half of what we initially projected
  - Grants and Incentives from CareOregon and HRSA grants helped to offset the shortfall
- **Engaged, Expert, Diverse workforce**
  - Health Centers developed the REDI (racial equity, diversity and inclusion) initiative, with a parallel to the WESP
  - Specific focus on eliminating Health Disparities and advancing health equity
  - Align with the Health Center movement

- More info to come next month

- **Person-Centered & Culturally Relevant**
  - Senator Wyden came to the East County Testing site last month
  - Tasha asked about flexible funding for community needs during the Senator's visit
  - Leadership has been putting in many hours to support operations

Question: Many latinx community members have lost work and health insurance. Can they establish care at our Health Center? What should they do if they have COVID symptoms?
Answer: (Tasha) Yes, we are enrolling new patients and we do not have a waitlist. We are still seeing patients even at the health centers that are closed through telehealth visits. Please have them call the patient access center 503.988.5558. If they have COVID symptoms they will get triaged by a nurse to see a provider.

Council Business Committee Updates

The Executive Committee met on 27th of July

- Walnut Park Development update, invited them to a board meeting for the board to give feedback on the project
- Tasha gave a preview of updates for this meeting
- Created tonight's agenda

Board Member Removal

- We have not heard back from Jon Cole since the April meeting, despite many attempts to get in touch with him.
- The Bylaws and the Board Member Agreement state that you must attend at least 10 of the 12 meetings per year
  - there are exceptions that can be approved by the Executive Committee but those are such that the member needs to communicate with the board
  - The executive committee recommends that Jon be removed from the board so that we can recruit and remain in compliance with HRSA

Motion by Tamia to approve the removal of a board member
Seconded by Fabiola
8 aye; 0 nay; 0 abstain
Motion carries

Nominating Committee met on the 24th of July

- DIscussed recruiting strategies in coordination with the Director
- Community outreach and connections
- Made a script for Board Members to help guide them when doing their fundamental duty of ongoing recruiting
- Challenging to find people without people in person
- Prioritizing patient members, looking for finance and legal background

Question: Are you including members from the community?
Answer: (Tamia) We don't exclude people based on consumer status but we do have to prioritize patient members to maintain our consumer majority requirement.

Next meeting September 14th

Guests please contact Linda with any questions

Meeting Adjourned at 8:14pm.

Signed:_____**Date:**_____
Pedro Prieto Sandoval, Secretary

Community Health Council
Public Meeting Agenda

Monday, August 10, 2020
6:00 - 8:00 pm
(via teleconference)
Public Access Call: +1-253-215-8782
Meeting ID: 962 1204 3153
Password: 026710

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 -Meetings are open to the public -**Guests are welcome to observe/listen** -Use timekeeper to focus on agenda -Please email questions/comments outside of agenda items and for guest questions to linda.niksich@multco.us
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; Nina McPherson; Susana Mendoza; Harold Odhiambo (Chair); Pedro Sandoval Prieto (Secretary)

Item	Process/Who	Time	Desired Outcome
Call to Order/Welcome	• Chair, Harold Odhiambo	6:00-6:10 (10 min)	Call to order Review processes
Minutes **VOTE REQUIRED**	• Approval for July Public Meeting Minutes	6:10-6:15 (5 min)	Council votes to approve and Secretary signs (electronically)
Monthly Budget Report	• ICS Finance Project Manager, Hasan Bader	6:15-6:30 (15 min)	Council receives report
2nd Qtr Complaints and Incidents	• Quality Project Manager, Ryan Linsky and ICS Integrated Behavioral Health	6:30-6:50 (20 min)	Council receives report

	and Addictions Manager, Kevin Minor		
HRSA Grant Renewal **VOTE REQUIRED**	• Interim ICS Director, Tasha Wheatt-Delancy	6:50-7:05 (15 min)	Council Discussion and Vote
BREAK	• All	7:05-7:15 (10 min)	
AGN.10.03 Fee Policy Renewal Period Update **VOTE REQUIRED**	• Interim ICS Director, Tasha Wheatt-Delancy	7:15-7:25 (10 min)	Council Discussion and Vote
COVID-19/ICS/ Strategic Updates	• Interim ICS Director, Tasha Wheatt-Delancy	7:25-7:40 (15 min)	Council receives COVID-19 updates and ICS Updates through the Strategic Plan Lens
Council Business Committee Updates **VOTE REQUIRED**	• Executive Committee Update; Chair, Harold Odhiambo • Member Removal • Nominating Committee Update;Member at Large, Tamia Deary	7:40-8:00 (20 min)	Council receives updates from Chair Council Discussion and Vote Council receives update and information from Committee
Adjourn Meeting	• Chair, Harold Odhiambo	8:00	**Goodnight!**

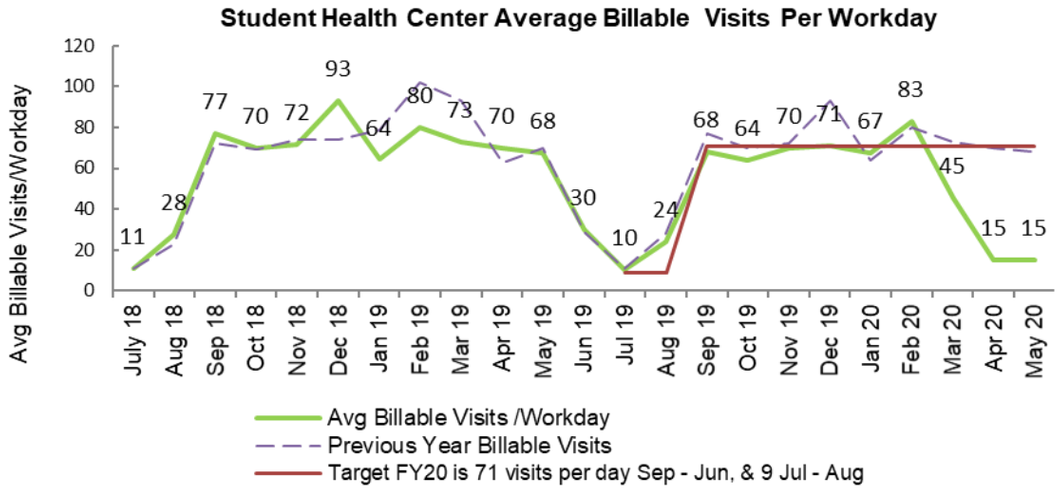
Multnomah County - Federally Qualified Health Center

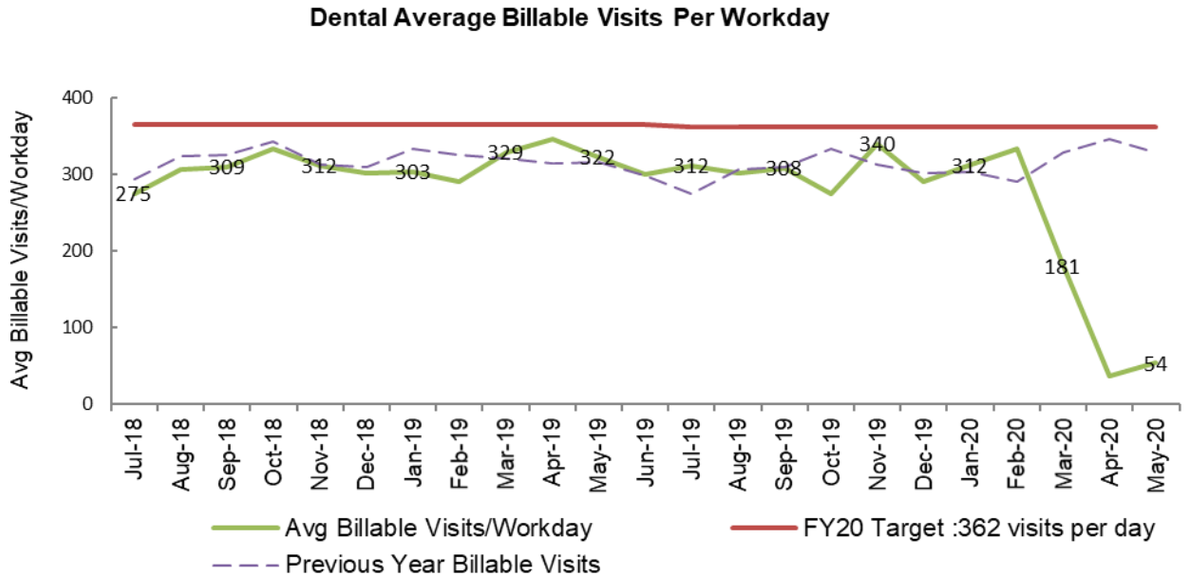
Monthly Dashboard

May 2020

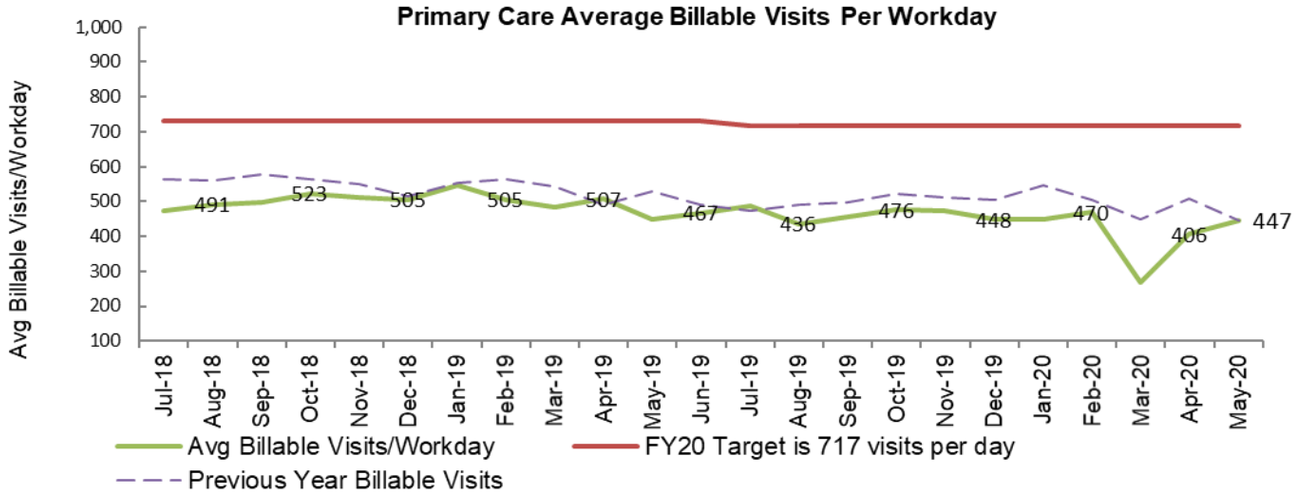
Prepared by: Larry Mingo

FQHC Weekly Billable Visits Per Department



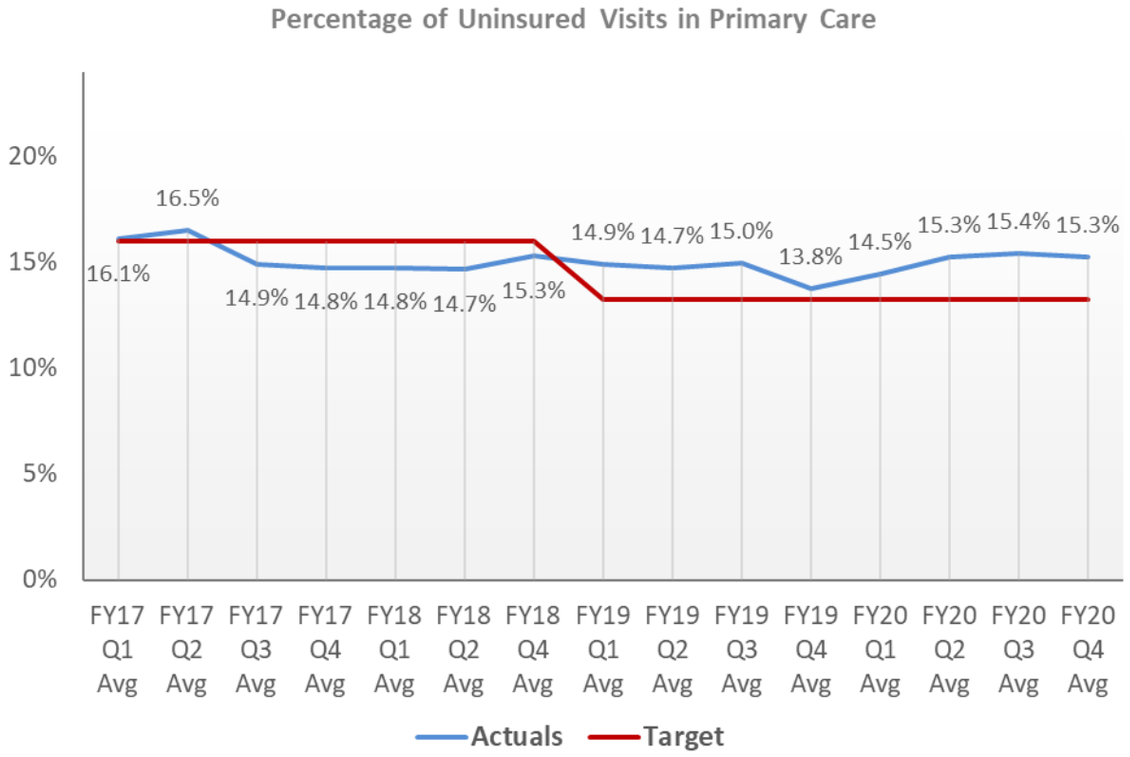


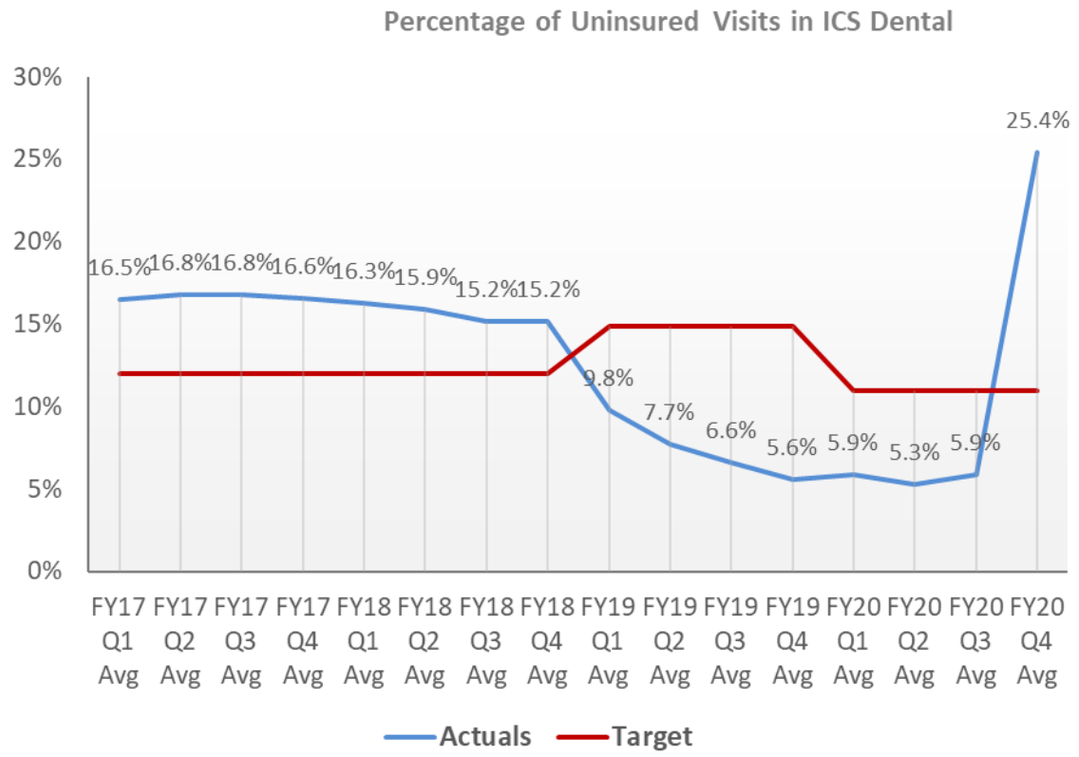
* SBHC clinics are closed during the month July except Parkrose SBHC



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. Schools closed an additional 7 days in March 2020 due to Covid-19 outbreak

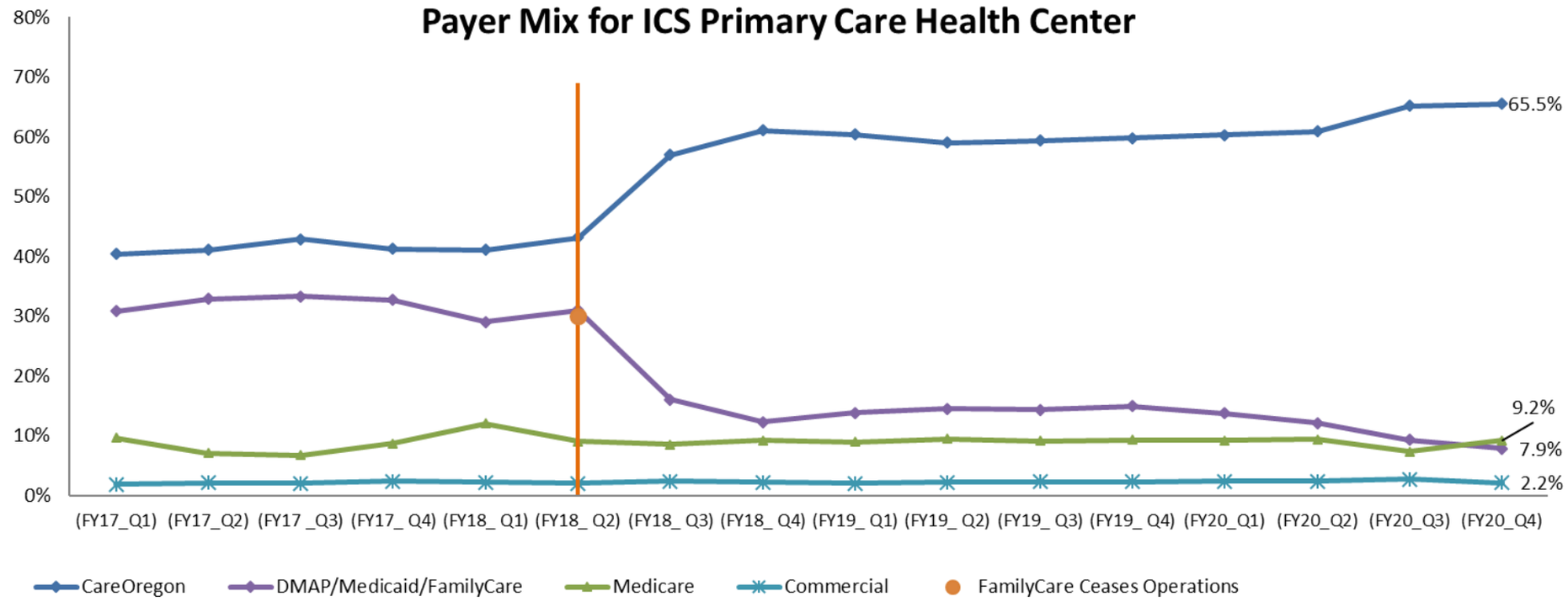
Monthly Percentage of Uninsured Visits for FQHC Centers





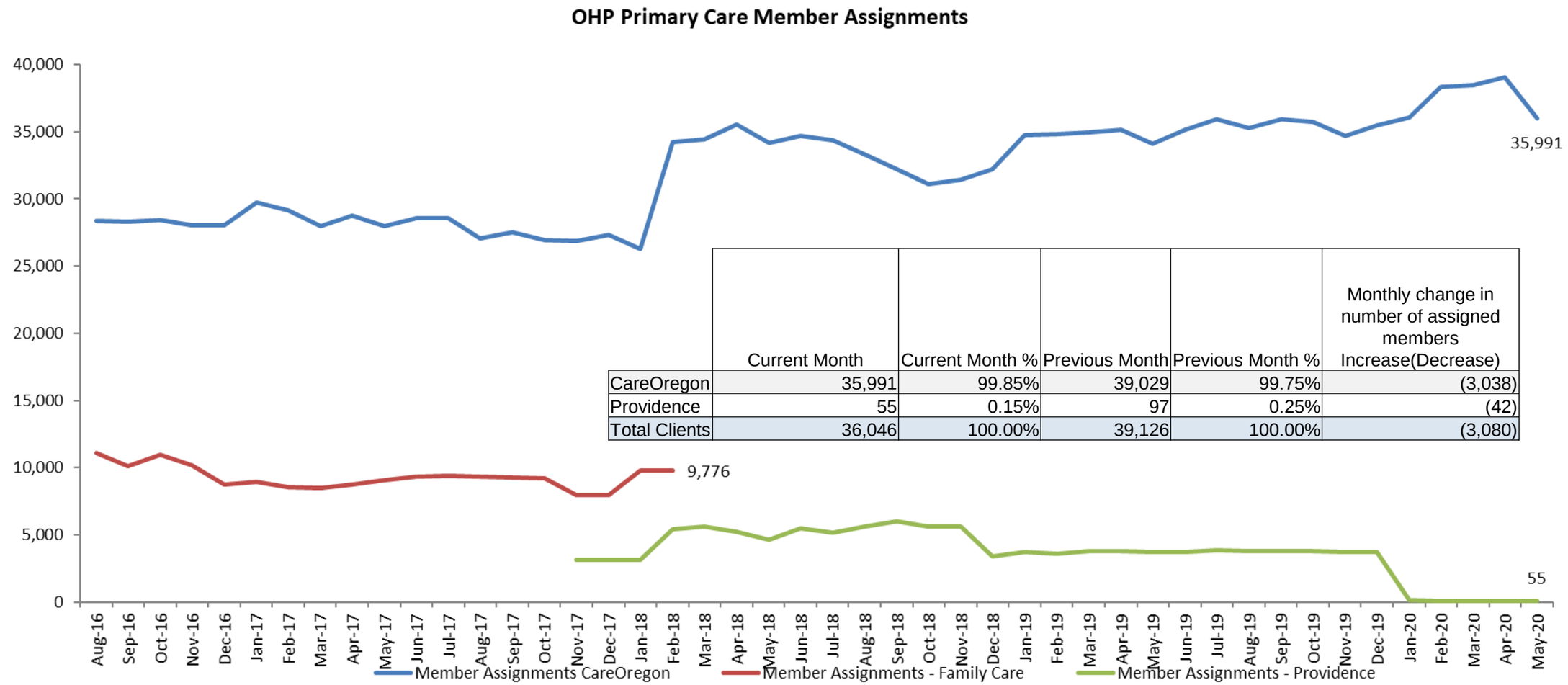
Comments:
Primary Care target % of Uninsured Visits for FY18: 16%; for FY19: 13.25%; for FY20 13.27%
Dental target % of Uninsured Visits for FY18: 12%; for FY19: 14.85%; for FY20 11.00%

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



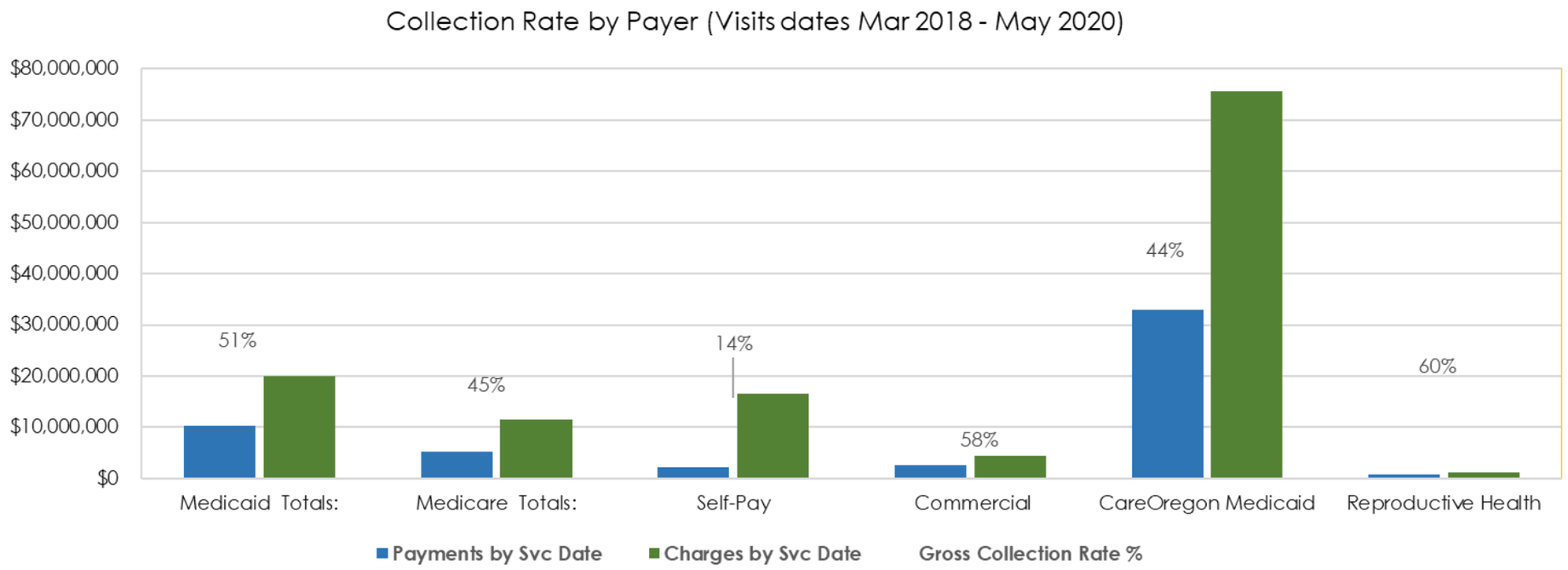
	Current Month	Current Month %	Previous Month	Previous Month %	Monthly change in number of assigned members Increase(Decrease)
CareOregon	35,991	99.85%	39,029	99.75%	(3,038)
Providence	55	0.15%	97	0.25%	(42)
Total Clients	36,046	100.00%	39,126	100.00%	(3,080)

CareOregon FY20 average: 36,437

Providence FY20 average: 2,105

FQHC Gross Collection Rate by Payer
March 2018 – May 2020

	Medicaid Totals:	Medicare Totals:	Self-Pay	Commercial	CareOregon Medicaid	Reproductive Health
Payments by Svc Date	$10,244,739	$5,159,467	$2,261,704	$2,594,562	$33,027,462	$753,220
Charges by Svc Date	$20,037,257	$11,579,210	$16,485,032	$4,495,527	$75,681,299	$1,257,284
Gross Collection Rate %	51%	45%	14%	58%	44%	60%



Multnomah County Health Department
Federally Qualified Health Center Financial Statement
For Period Ending May 31, 2020

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.

Medicaid Quality and Incentives (formerly 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 May 31, 2020

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 May 31, 2020

Community Health Centers - Page 3

May Target: 92%

	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	$ 6,724
General Fund	$ 10,670,061	$ 10,607,818	$ (62,243)	$ 896,296	$ 893,146	$ 896,466	$ 894,532	$ 897,332	$ 887,854
Grants - BPHC	$ 9,795,045	$ 9,795,045	$ -	$ 570,116	$ 1,654,676	$ 1,052,012	$ (3,198,754)	$ 1,575,335	$ 2,630,909
Medicaid Quality and Incentives	$ 8,179,053	$ 13,424,788	$ 5,245,735	$ 165,822	$ 260,303	$ 239,849	$ 1,555,532	$ 136,996	$ 554,312
Grants - All Other	$ 9,372,217	$ 9,816,564	$ 444,347	$ 260,242	$ 685,613	$ 657,556	$ (169,300)	$ 1,783,912	$ 662,615
Health Center Fees	$ 101,518,640	$ 101,518,640	$ -	$ 2,701,914	$ 15,061,267	$ 5,833,522	$ 8,953,544	$ 9,987,570	$ 8,891,486
Self Pay Client Fees	$ 1,025,053	$ 1,025,053	$ -	$ 70,020	$ 84,041	$ 86,395	$ 88,663	$ 73,794	$ 86,724
Write-offs	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Total	$ 140,640,258	$ 146,268,097	$ 5,627,839	$ 4,670,367	$ 18,645,681	$ 8,772,482	$ 8,130,914	$ 14,461,305	$ 13,720,625
Expense									
Personnel	$ 92,649,052	$ 92,920,833	$ 271,781	$ 7,177,524	$ 7,071,052	$ 7,108,158	$ 7,802,891	$ 7,293,800	$ 8,005,975
Contracts	$ 4,777,160	$ 4,836,036	$ 58,876	$ 191,632	$ 216,947	$ 472,785	$ 565,644	$ 135,450	$ 323,445
Materials and Services	$ 16,608,855	$ 21,868,043	$ 5,259,188	$ 1,334,935	$ 1,390,091	$ 1,651,404	$ 1,671,323	$ 1,533,060	$ 1,705,246
Internal Services	$ 25,996,190	$ 26,034,185	$ 37,995	$ 796,839	$ 1,486,076	$ 3,397,229	$ 1,937,524	$ 2,096,175	$ 2,399,969
Capital Outlay	$ 609,000	$ 609,000	$ -	$ -	$ -	$ -	$ -	$ -	$ 7,862
Total	$ 140,640,258	$ 146,268,097	$ 5,627,839	$ 9,500,930	$ 10,164,166	$ 12,629,577	$ 11,977,381	$ 11,058,485	$ 12,442,497
Surplus/(Deficit)	$ -	$ 0	$ 0	$ (4,830,563)	$ 8,481,516	$ (3,857,095)	$ (3,846,467)	$ 3,402,820	$ 1,278,128

Multnomah County Health Department
Federally Qualified Health Center Financial Statement
For Period Ending May 31, 2020

Community Health Centers - Page 4 — May Target: 92%

	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	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 39,059	49%
General Fund	$ 10,670,061	$ 10,607,818	$ (62,243)	$ 895,255	$ 886,040	$ 889,539	$ 905,257	$ 867,295	$ -	$ 9,809,012	92%
Grants - BPHC	$ 9,795,045	$ 9,795,045	$ -	$ 330,148	$ 31,742	$ 2,039,834	$ 1,110,555	872,898	$ -	$ 8,669,471	89%
Medicaid Quality and Incentives	$ 8,179,053	$ 13,424,788	$ 5,245,735	$ 603,758	$ 700,571	$ 645,380	$ 134,275	$ 641,116	$ -	$ 5,637,915	42%
Grants - All Other	$ 9,372,217	$ 9,816,564	$ 444,347	$ 519,783	$ 719,445	$ 570,506	$ 1,093,773	$ 812,705	$ -	$ 7,596,851	77%
Health Center Fees	$ 101,518,640	$ 101,518,640	$ -	$ 5,735,017	$ 7,396,338	$ 7,842,172	$ 7,114,695	5,290,250	$ -	$ 84,807,774	84%
Self Pay Client Fees	$ 1,025,053	$ 1,025,053	$ -	$ 59,996	$ 67,016	$ 66,259	$ 39,082	$ 40,123	$ -	$ 762,114	74%
Write-offs	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	
Total	$ 140,640,258	$ 146,268,097	$ 5,627,839	$ 8,143,957	$ 9,801,151	$ 12,053,691	$ 10,397,637	$ 8,524,387	$ -	$ 117,322,197	80%
Expense											
Personnel	$ 92,649,052	$ 92,920,833	$ 271,781	$ 7,594,319	$ 7,361,283	$ 7,545,624	$ 7,218,634	$ 7,055,664	$ -	$ 81,234,923	87%
Contracts	$ 4,777,160	$ 4,836,036	$ 58,876	$ 550,974	$ 165,653	$ 632,586	$ 654,530	$ 145,373	$ -	$ 4,055,020	84%
Materials and Services	$ 16,608,855	$ 21,868,043	$ 5,259,188	$ 1,664,439	$ 1,940,417	$ 2,107,964	$ 1,459,641	$ 1,010,718	$ -	$ 17,469,237	80%
Internal Services	$ 25,996,190	$ 26,034,185	$ 37,995	$ 1,738,294	$ 1,668,398	$ 2,064,765	$ 1,842,352	$ 1,520,371	$ -	$ 20,947,992	80%
Capital Outlay	$ 609,000	$ 609,000	$ -	$ -	$ -	$ -	$ 11,924	$ -	$ -	$ 19,786	3%
Total	$ 140,640,258	$ 146,268,097	$ 5,627,839	$ 11,548,026	$ 11,135,751	$ 12,350,938	$ 11,187,081	$ 9,732,126	$ -	$ 123,726,957	85%
Surplus/(Deficit)	$ -	$ 0	$ 0	$ (3,404,069)	$ (1,334,599)	$ (297,248)	$ (789,444)	$ (1,207,739)	$ -	$ (6,404,761)	

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

Management has recently reviewed the list of programs that are in scope for FQHC reporting. We have made the following changes since the start of the year, 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

Reported Complaints

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

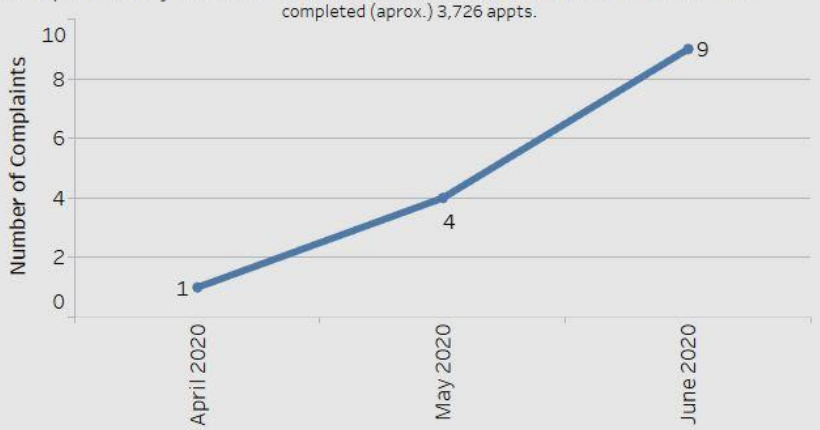
Use the filters below to further explore the data!

By Service Area: (All)

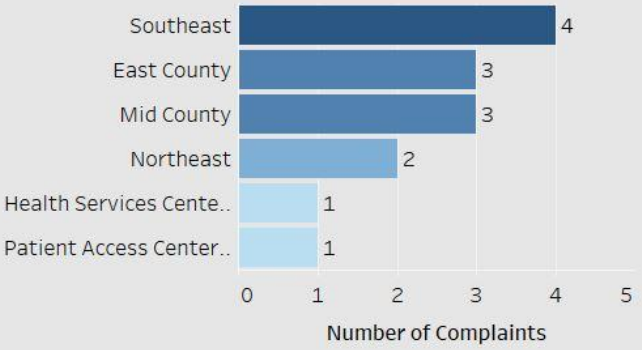
By Quarter: 2020 Q2

Complaints by Month

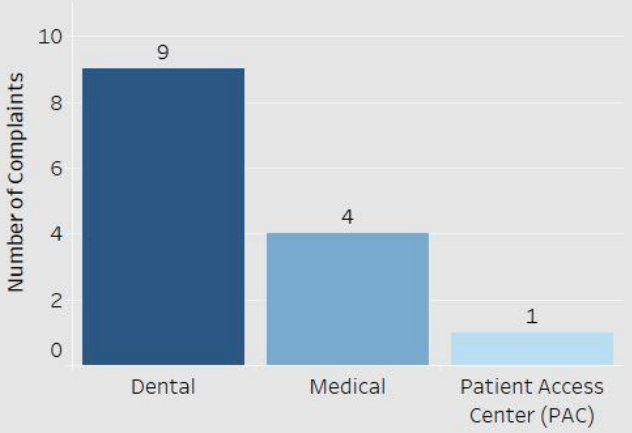
Point of Reference: From 04/1/20 - 06/3/20: Primary Care completed 35,673 appts (includes Telehealth visits). Dental completed (aprox.) 3,726 appts.



Complaints by Location

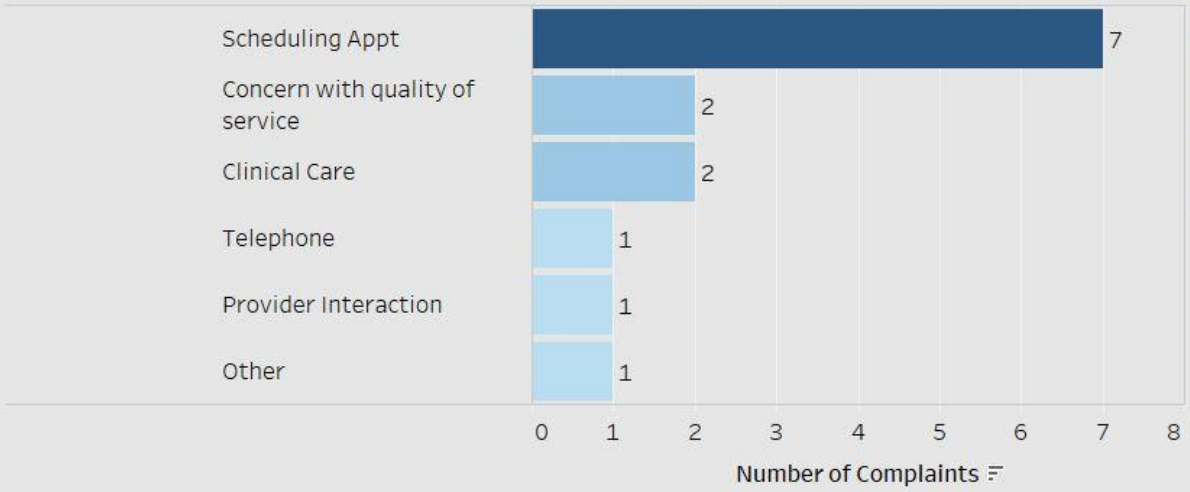


Complaints by Service Area



Reported Complaints | Complaint by Type

Complaints by Type



By Service Area
(All)

Clinic Site
(All)

By Quarter
2020 Q2

Clinic Comparison:
None

Incidents Report

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

Multnomah County

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!

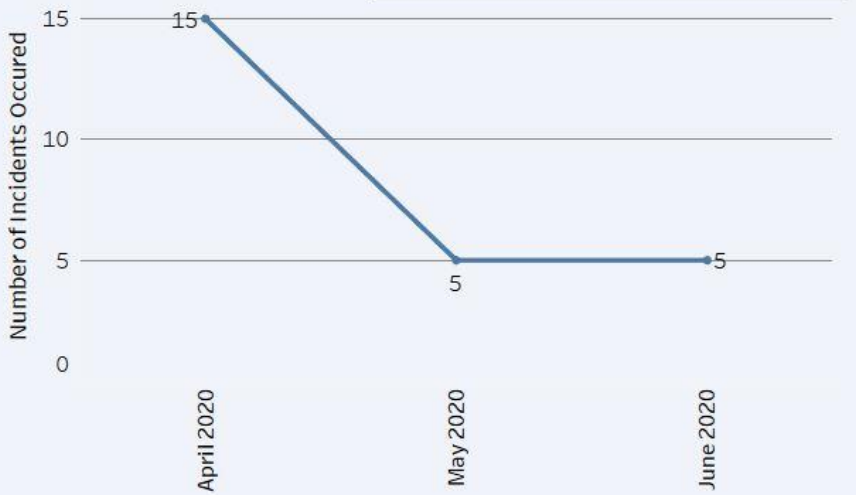
By Service Area
(All)

By Quarter:
2020 Q2

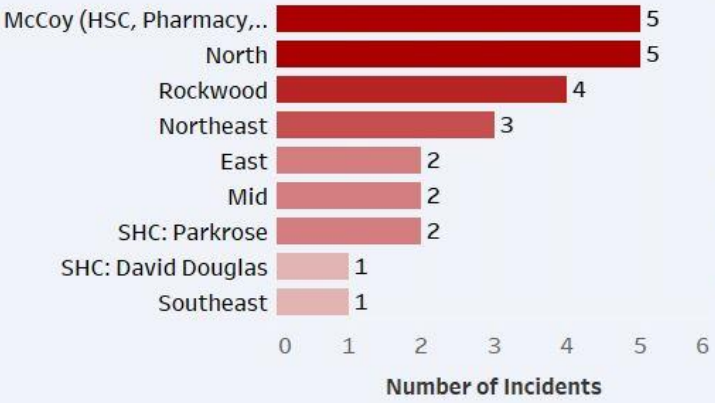
Subject Person Affected by Event..
Client

Point of Reference: From 04/1/20 - 06/3/20: Primary Care completed 35,673 appts (includes Telehealth visits). Dental completed (aprox.) 3,726 appts.

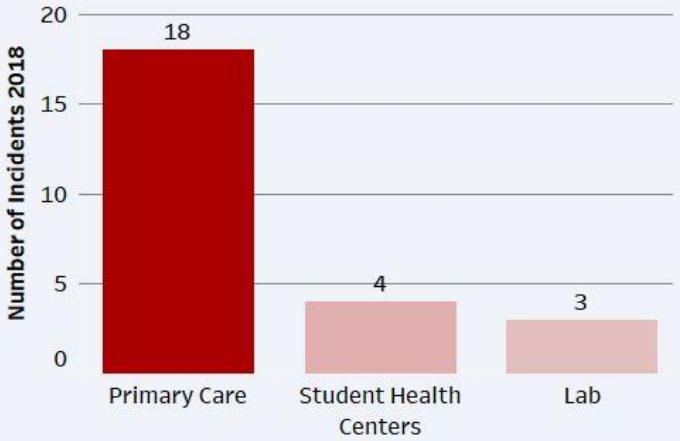
Incidents by Month



Incidents by Location



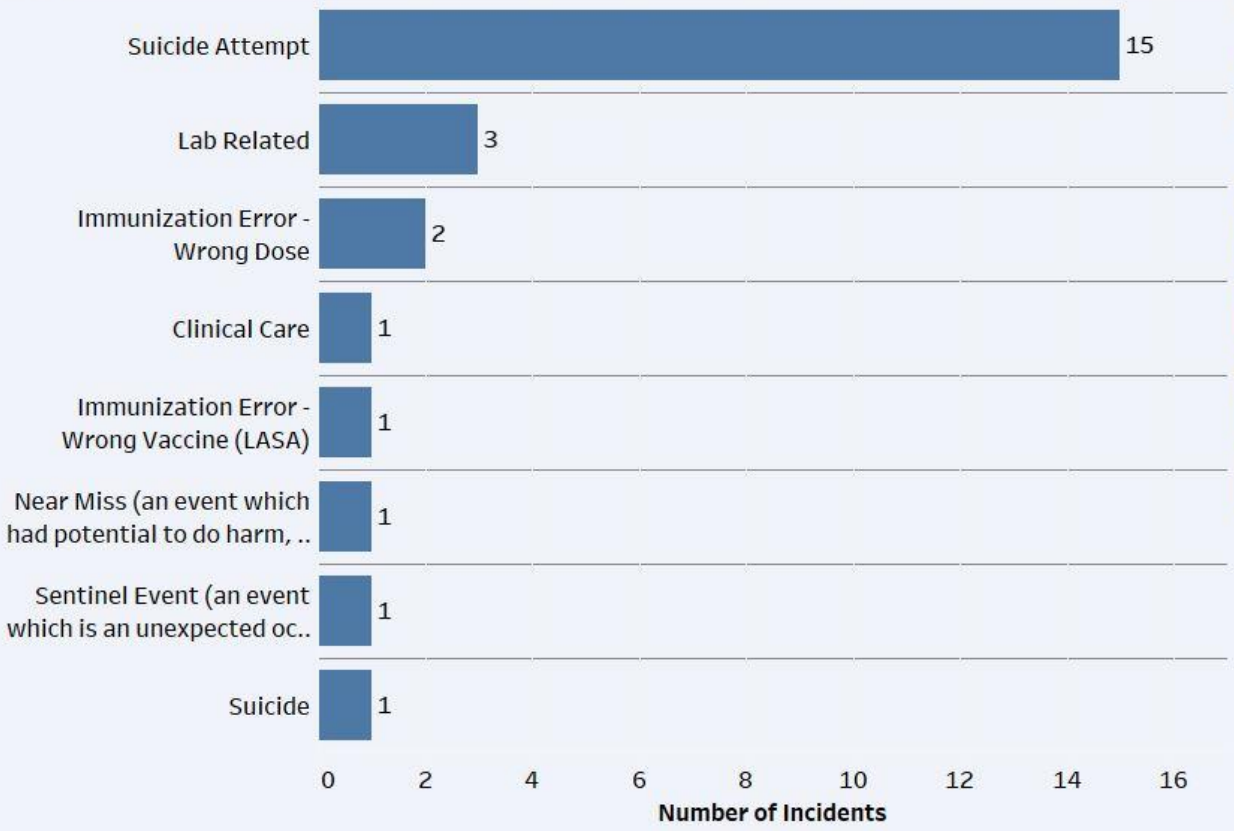
Incidents by Service Area



Incidents Report

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

Type of Incident



Multnomah County

Use the filters below to further explore the data!

By Quarter:
2020 Q2

By Service Area
(All)

Clinic Site
(All)

Subject Person:
Client

Incidents Report

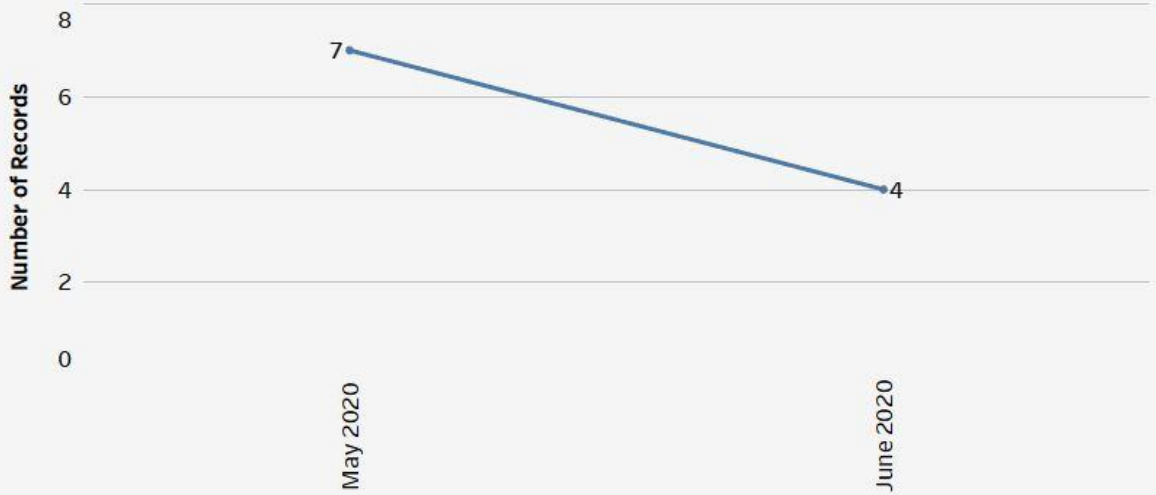
Reported Incidents | Incident by Type | **Reported Pharmacy Med Dispensing Errors** | Med Dispensing Error by Type | Definitions

Reported Pharmacy Medication Dispensing Errors

Point of Reference: In Q2 MCHD Pharmacies filled 82,760 prescriptions.

Multnomah County

Number of Med Dispensing Errors by Quarter

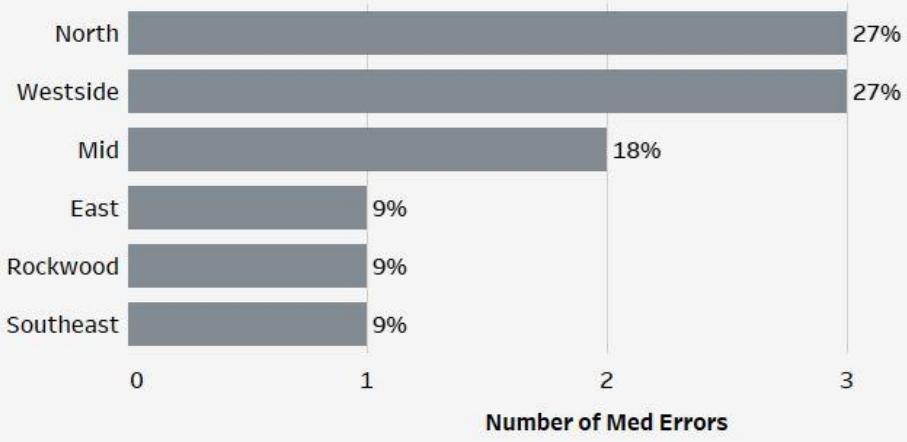


Use the filters below to further explore the data!

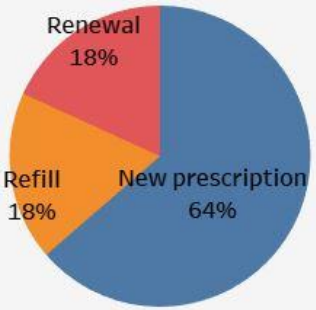
Quarters
2020 Q2

By Pharmacy
(All)

Pharmacy Name



Type of Prescription



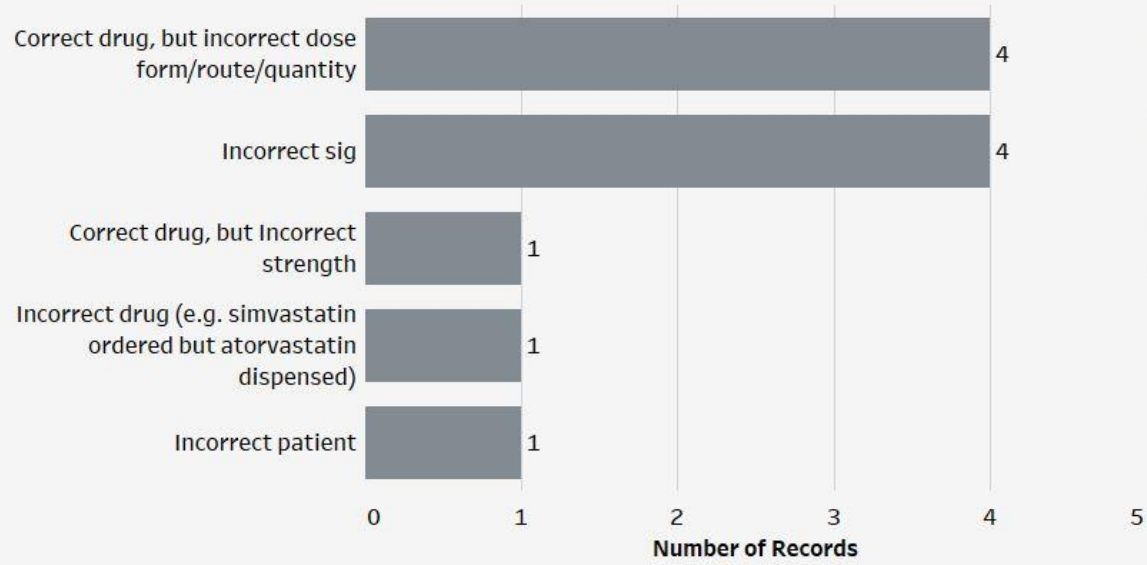
Incidents Report

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

Type of Pharmacy Medication Dispensing Error

Multnomah County

Description of Error

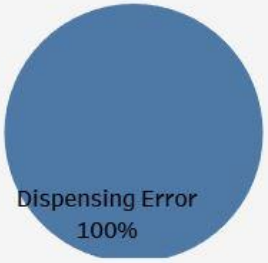


Use the filters below to further explore the data!

Quarters
2020 Q2

By Pharmacy
(All)

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



Point of Reference: In Q2 MCHD Pharmacies filled 82,760 prescriptions.

Presentation Summary

Grant Opportunity

Community Health Council (CHC) Authority and Responsibility
As the governing board of the Multnomah County Health Center, the CHC is responsible for revising and approving changes in the health centers scope; availability of services, site locations, and hours of operations; and operating budget. Reviewing and approving the submission of continuation, supplemental, and competitive grant applications is part of this review and approval process.

An approval to submit a grant application will allow for budget revisions during the application development process within and between approved budget categories up to 25 percent without CHC approval. All budget revisions that exceed the cumulative 25% budget revision cap will be presented to the CHC for a vote prior to grant submission. Upon Notice of Award, the budget approved by the funder will be presented to the CHC for a final approval.

Date of Presentation: 8/10/2020	Program / Service Area: Health Center Program		
Presenters: Tasha Wheatt-Delancy			
This funding will support:	**X** Current Operations	☐ Expanded services or capacity	☐ New services
Project Title and Brief Description: ● HRSA Health Center Program FY21Budget Period Renewal ● Non-competing continuation application for the HRSA Bureau of Primary Care Health Center Program grant that funds Multnomah County's Community Health Centers and Healthcare for the Homeless programs. The CHC approved the competitive application (referred to as the			

Service Area Competition/SAC) in 2018 for a three year project period (1/1/2019-12/31/2021). This non-competing continuation will initiate year 3 of the project period (1/1/2021-12/31/2021).

- The Multnomah County Health Department (MCHD) has been receiving this funding since 1980. Funds are used to operate MCHD's seven Community Health Centers, nine student health centers, six dental clinics, seven pharmacies, and HIV Health Services Center.
- Funds associated with this non-competing continuation application are for continuation of existing services.

What need is this addressing?

- MCHD's Community Health Centers provide comprehensive primary care, dental, and behavioral health services for 27% of Multnomah County's population that lives on incomes below 200% of the Federal Poverty Level (about 226,500 people).
- 7% of Multnomah County's population is uninsured, and around 4,200 people experience homelessness.

What is the expected impact of this project? (# of patients, visits, staff, health outcomes, etc.)

- Under this funding, MCHD's target is to serve 69,653 patients annually by December, 31 2020. COVID-19 will impact 2020 numbers and it is expected that HRSA will provide guidance around patient targets.
- There are also clinical and financial performance measures MCHD is expected to meet.
- Grant funds support salaries for Health Center Program staff including: Administrative Analysts, Administrative Specialists, Business Process Consultants, Clerical Unit Coordinators, Clinical Services Specialists, Community Health Nurses, Community Health Specialists, Data Analysts, Dental Assistants, Dental Hygienists, Eligibility Specialists, Finance Specialists, Finance Technicians, Laboratory Technicians, Licensed Practical Nurses, Medical Assistants, Nurse Practitioners, Nurse Practitioner Manager, Nursing Supervisors, Office Assistants, Operations Supervisors, Physicians, Physician Assistants, Program Coordinators, Program Specialists, Program Technicians, and Project Managers.

Application due date: 9/8/2020

What is the total amount requested: $9,642,194. This amount is the same as the current grant award. The timing of the application release and due date means that a budget cannot be provided for approval. It is anticipated that there will be very minor changes from the budget reviewed at the April Community Health Council meeting. A full budget for the Budget Period Renewal will be presented

Presentation Summary

at the September Community Health Council meeting for approval. If the Council does not approve the budget and requests changes, a budget revision will be submitted to HRSA.
Expected Award Date and project/funding period: January 1, 2021 – December 31, 2021
Briefly describe the outcome of a "YES" vote by the Council *(be sure to also note any financial outcomes)* A "yes" vote means MCHD will submit the required non-competing continuation application in order to receive the third year of Health Center Program funding associated with the competitive application submitted in 2018. This funding will continue operation of current sites and services.
Briefly describe the outcome of a "NO" vote or inaction by the Council *(be sure to also note any financial outcomes)* A "no" vote means MCHD will not submit the required application, which would mean that MCHD does not meet the requirements to receive a third year of funding associated with the competitive application submitted and awarded in 2018. This scenario would jeopardize implementation of the Health Center Program sites and services by reducing critical revenue streams.
Related Change in Scopes Requests: N/A

Title:	**Community Health Center Services Fee Policy**		
Policy #:	**AGN.10.03**		
Section:	Agency Wide Clinical	Chapter:	Fiscal
Approval Date:	06/11/2018	Approved by:	V. Abdellatif, MPH/s/ Director, Integrated Clinical Services T. Marshall/s/ Chair, Community Health Council
Related Procedure(s):	Not applicable		
Related Standing Order(s):	Not applicable		
Applies to:	All services provided within the health center scope, including primary care, dental, behavioral health, pharmacy and specialty services.		

PURPOSE

The fee policy provides a consistent payment model approach to ensure access to health center services and fiscal sustainability. It offers clients an equitable, affordable and accessible means for receiving health care through services provided under the scope of the Multnomah County Community Health Center. Discounts are provided in accordance with federal guidelines and apply uniformly to all clients. Clients will be provided services regardless of ability to pay. This policy intends to educate staff and clients about payment and coverage options.

DEFINITIONS

Term	Definition
330 Grant	MCHD receives funding from the Health Resources and Services Administration (HRSA) Bureau of Primary Health Care (BPHC). Health centers must meet all grant requirements to receive funding.
Deposit	Deposit for services is the amount asked for from clients determined to be in Tier 5 at check-in. The remaining balance will be collected or billed at the end of the appointment.
Family	Family is defined as a group of two or more persons related by birth, marriage, or adoption who reside together. Components of the definition of family size include the client; spouse/other person having a child (or pregnancy) in common with the applicant; unmarried dependent children under age 19 (or needing to complete their senior year in high school) and living at home; and a child with

	disabilities, who is unmarried, living at home, and incapable of self-support. Clients under the age of 19 may be determined to be a family size of one if they are responsible for their own health care decisions, in a foster care program, emancipated or independently living from parents/guardians, or receiving confidential or grant-directed care services (such as Title X and Ryan White).
Flat Fee	The flat fee is the amount charged for a visit regardless of the amount of time and complexity of services provided during the visit.
Income	17 different types of income are considered when evaluating a family's income and eligibility for the SFDS: money wages; salaries before deductions; self-employment income; Social Security; Railroad Retirement; Unemployment Compensation; Workers Compensation; strike benefits; public assistance (i.e. Aid to Family with Dependent Children, General Assistance payment, SSI, etc.); training stipends; students loans and grants; alimony; child support; military family allotments; private and government employee pensions; regular insurance and annuity payments; dividends; interest; rent; loyalties; or periodic receipts from trusts, or estates; Veteran's Benefits; regular support from an absent family member or someone not living in the household. Income does not include food or rent received in lieu of wages; food stamps; savings withdrawn from a bank; gifts; tax refunds; WIC vouchers; lump-sum inheritance; one-time insurance payments; income from the sale of property, house or car; or imputed value of Medicaid or public housing.
MCHD Formulary	A preferred list of over-the-counter and prescription drugs, that are available to clients at MCHD health center pharmacies. This formulary is reviewed and maintained in collaboration between Pharmacy, Primary Care, and Dental Services.
Nominal Fee	The nominal fee is the amount requested at check-in for clients who are at or below 100% of the Federal Poverty Level (FPL). The nominal fee must be nominal from the perspective of health center clients. Nominal charges are not "minimum fees," "minimum charges," or "co-pays."
Reproductive Health Program	Reproductive Health Program is a federal grant program dedicated solely to providing individuals with comprehensive family planning and related preventive health services. The Reproductive Health Program is legally designed to prioritize the needs of low-income families or uninsured people (including those who are not eligible for

	Medicaid) who might otherwise not have access to these health care services.
Sliding Fee Discount Schedule (SFDS)	Also known as a sliding fee scale, this schedule describes the range of discounts on fees for clients based on family income, size and federal poverty guidelines.

POLICY STATEMENT

ELIGIBILITY FOR SLIDING FEE DISCOUNT PROGRAM

Clients who complete an eligibility screening and are determined to be at or below 200% of the Federal Poverty Level (FPL) are eligible for a sliding fee discount. The sliding fee discount schedule (SFDS) describes discounts by family income and size. Only family income and family size will be used in determining eligibility for Sliding Fee Discount Program, once the patient completes the required registration process and provides required proof of income and family size, in accordance with this policy.

Clients are not required to apply for insurance in order to receive a discount; all clients will be offered an insurance eligibility screening. Should the client decide to apply for insurance, an Eligibility Specialist will assist in completing the application process. Clients are not eligible for a discount or services paid by 330 grant if their eligibility is not determined.

ELIGIBILITY SCREENING and DETERMINATION

Clients are screened annually. Their eligibility status is valid for one year unless the client's income or family size changes at which time the client is required to notify the registration staff and go through the screening process.

The process of providing documentation should not be overly burdensome to the client. If the client refuses to provide required documentation the client is not eligible for the SFDP. Sample documentation required to determine discount levels for uninsured clients may include:

Income Documentation

- Current month and last 3 months paycheck stubs
- Financial award letter from Social Security or Department of Veterans Affairs
- State Employment Division – unemployment compensation statement
- Proof of Workers Compensation monthly payments
- Rental property agreement documenting monthly rent payment
- Support Enforcement documentation of Child Support payment
- Self-Employment form documenting proof of income
- Statement of no income
- Self-declaration of family size and income

SLIDING FEE DISCOUNT SCHEDULES (SFDS)

The SFDS apply to clients who have completed the eligibility screening process. All services listed in the HRSA Form 5A, whether required or additional, are provided on a SFDS. Only family income and family size will be used to determine eligibility. Individuals and families with annual incomes at or below 100% of the FPL will receive a full discount for services.

If a client is determined to be eligible for a Sliding Fee Discount, even if they have insurance, they will pay the lowest tier of SFDS and will not be charged more for any service than the clients, in a higher SFDS tier (table below) for the services provided. The SFDS will be applied to services not covered by insurance plans. If the total cost of the visit is lower than the flat fee, clients in tiers 2-4 will pay the total visit cost.

Service fees are based upon the usual and customary fees in the Multnomah County area as well as information provided by the Centers for Medicare and Medicaid. Service fees are evaluated and updated annually.

The federal poverty guidelines (FPL) are updated annually as prescribed by the Federal Registry for the purpose of updating increases in the Consumer Index. The Electronic Health Record updates the SFDS based on FPL after the updated FPL are published. The Community Health Council must review and approve the SFDS every 3 years.

Business Services, in collaboration with the health center, evaluates, at least once every three years, the sliding fee discount program. At a minimum, the health center:

- Collects utilization data that allows it to assess the rate at which patients within each of its discount pay classes, as well as those at or below 100% of the FPG, are accessing health center services;
- Utilizes this and, if applicable, other data (for example, results of patient satisfaction surveys or focus groups, surveys of patients at various income levels) to evaluate the effectiveness of its sliding fee discount program in reducing financial barriers to care; and
- Identifies and implements changes as needed.
- All services provided within the health center scope (required and additional health services) are provided on a sliding fee discount schedule including those provided through contract or formal written referral agreement.

Discounts and fees established through contract, by grant requirements, laws or local, state or federal requirements may augment, supplant or limit the applicability of the sliding fee discount program (e.g. Vaccines for Children program, School of Oral and Community Health, and Student Health Centers).

SLIDING FEE DISCOUNT SCHEDULES

Service and Discount Tier	Tier 1 0 - 100% (Nominal Charge)	Tier 2 > 100 - 133%	Tier 3 > 133 - 167%	Tier 4 > 167 - 200%	Tier 5 > 200%
Medical Care (Includes in-house lab fees)	$35	$45	$55	$65	No Discount (Pay Full Fee, $75 deposit at Check-In)
Dental Care (Includes lab fees)	$45	$55	$65	$75	No Discount (Pay Full Fee, $85 deposit at Check-In)
Mental Health Care/ Behavioral Health Care*	$0	$0	$0	$0	No Discount (Pay Full Fee, $5 deposit at Check-In)
Enabling & Other Services**	$0	$0	$0	$0	No Discount (Pay Full Fee if applicable)
Acupuncture	$5	$8	$10	$12	No Discount (Pay Full Fee, $15 deposit at Check-in)
In house LAB Only Visit	$0	$18	$19	$20	No Discount (Pay Full Fee, $25 deposit at Check-In)
Contracted lab services	$0	75% Discount	50% Discount	25% Discount	No Discount (pay full fee)

Service and Discount Tier	Tier 1 0 - 100% (Nominal Charge)	Tier 2 > 100 - 150%	Tier 3 > 150 - 200%	Tier 4 > 200 - 250%	Tier 5 > 250%
Reproductive Health Program Title X Service & Supply Discount Schedule	100% Discount	75% Discount	50% Discount	25% Discount	No Discount (Pay Full Fee)

*Includes Substance Use Disorder services provided by the health center.

**Enabling services includes (after insurance billing) case management (not performed by nurses), eligibility assistance, outreach, transportation, and translation services. Other visits include telemedicine, flu vaccine-only, clinical pharmacy, and targeted case management in maternal, child and family health programs.

Service and Discount Tier	Tier 1 0 - 100% (Nominal Charge)	Tier 2 > 100 - 133%	Tier 3 > 133 - 150%	Tier 4 > 150 - 200%	Tier 5 > 200 - 300%	Tier 6 > 300%
Ryan White Services (per visit)	$0	$45	$55	$65	No Discount (Pay Full Fee, $75 deposit at Check-In)	No Discount (Pay Full Fee, $75 deposit at Check-In)
Ryan White Services (max out-of-pocket)	$0	No More than 5% of Annual Income			No More than 7% of Annual Income	No More than 10% of Annual Income

FEES AND DISCOUNTS FOR RYAN WHITE SERVICES

In order to comply with Ryan White legislative requirements, the HIV Health Services Center offers a sliding fee scale to assist uninsured/underinsured patients who have difficulty paying for HIV primary care services. People living with HIV/AIDS (PLWHA) whose incomes are at or below 100% of the federal poverty level (FPL) will not be charged for HIV primary care, while PLWHA with incomes at 101% FPL or above who rely on Ryan White for access to HIV primary care will be charged for the services they receive, based on a sliding fee scale. There is an annual limitation on amounts charged to clients for Ryan White HIV/AIDS. PLWHA who are charged for the services they receive will have their annual charges capped at a percentage determined by their family size and income level.

- Patient charge is equal to the part of medical expense care not covered by insurances.
- All medical expenses count toward the maximum charge (CareAssist, cost-shares, co-pays, etc.) MCHD is allowed to charge to patients. This includes insurance premiums, co-cays, any medical charges at outside clinics or hospitals.

OREGON HEALTH AUTHORITY REPRODUCTIVE HEALTH PROGRAM

In addition to completing the eligibility form, the Reproductive Health Program requires that the client is asked to self-report income and family size. Clients who have been enrolled into the Reproductive Health Program will not be charged for reproductive services. Clients with greater than 250% FPL are not eligible for the program.

Reproductive Health Program funds may still be be used for these services if a client refuses to share their income and family size. If a client refuses to apply for the RH program, or is not screened for it, by clinic staff, the reproductive health program's sliding fee discount will be applied, according to income and family size.

Minors who request confidential Reproductive Health services, will have their sliding fee discount evaluated on their own income, and a family size of one, per Title X requirements.

LAB FEES

All dental labs are covered by the nominal or flat fee. In-house labs within a primary care visit are covered by the nominal or flat fee. Lab Only Visits are charged in accordance with the SFDS. Labs provided by a third-party/ contracted provider will be discounted using the primary care SFDS (or a seperate SFDS). This SFDS is in accordance with the Federal Poverty Level and can be viewed by contacting the vendor. Any uncollected client debt by the lab vendor will be billed to MCHD.

PHARMACY CHARGES

Self-pay clients

To ensure that health center clients lacking prescription benefits are able to obtain necessary prescribed medications, the MCHD-formulary contains medications available through MCHD's in-house pharmacies offered at an FPL-based Sliding Fee Discount Schedule. The fee includes a dispensing fee, for uninsured clients who are prescribed medications that are not on the MCHD formulary, if no formulary option is available, the prescriber may request a formulary exception (Tier 3). If upon clinical review, the exception is approved, MCHD Pharmacy Services may dispense up to 1 month supply of medication.

PHARMACY SLIDING FEE DISCOUNT SCHEDULE

Medication and Discount Tier	Maximum Days Supply	Tier 1 0 - 100% (Nominal Fee)	Tier 2 >100-133%	Tier 3 >133-167%	Tier 4 >167-200%	Tier 5 > 200% (No Discount)
Level 1	30	$4	$6	$8	$10	$12
	90	$10	$12	$14	$16	$18
Level 2	30	$10	$12	$14	$16	$18
Level 3 (Non-Formulary)	30	$15	$20	$25	$30	$35

Insured Clients

For insured clients, pharmacy services follows the requirements outlined in the contract with the insurance plan or its third party processors (pharmacy benefits management company) regarding medication coverage and client copays according to the client's benefit plan. The pharmacy requests payment of copays specified by their insurance. In the event a medication is not covered by the client's pharmacy benefit, the pharmacy will alert the prescriber of the need to request prior authorization or formulary exception from the plan or advise the prescriber of covered alternatives. Clients seen in the clinic with prescription coverage under a plan that Pharmacy Services is not contracted with, will be encouraged to obtain services at an external pharmacy.

Collection of Payment

Clients will be asked to provide their insurance co-pay or the uninsured formulary drug price at the time of dispensing/pick-up. Clients who are unable to pay may have the charge applied to their client account. Health center clients receive their medication regardless of their ability to pay.

SERVICES PROVIDED VIA A CONTRACT

For services provided via a contract, the health center ensures that fees for such services are discounted in a manner such that:

- A full discount is provided for individuals and families with annual incomes at or below 100% of the current FPG, unless a health center elects to have a nominal charge, which would be less than the fee paid by a patient in the first sliding fee discount pay class above 100% of the FPG.
- Partial discounts are provided for individuals and families with incomes above 100% of the current FPG and at or below 200% of the current FPG, and those discounts adjust based on gradations in income levels and include at least three discount pay classes.
- No discounts are provided to individuals and families with annual incomes above 200% of the current FPG.

SERVICES PROVIDED VIA A FORMAL WRITTEN REFERRAL AGREEMENT

For services provided via a formal written referral agreement, the health center ensures that fees for such services are either discounted according to the health center's schedule or discounted in a manner such that:

- Individuals and families with incomes above 100% of the current FPG and at or below 200% of the FPG receive an equal or greater discount for these services than if the health center's SFDS were applied to the referral provider's fee schedule; and
- Individuals and families at or below 100% of the FPG receive a full discount or a nominal charge for these services.

CLIENT PAYMENT SCHEDULE and NOMINAL CHARGE

All clients determined eligible in accordance with this policy are asked to pay at the time of check-in and will be charged for services according to the tier they qualify for based on family size and income. To determine if the nominal amount would be "nominal" from the perspective of the client one or more of the following will be used; board member input, patient surveys, review of collection % or bad debt or co-payment amounts.

Clients will be asked to pay any outstanding account balances. Clients who are unable to pay charges will not be denied services. Insured clients are asked to pay co-payments at the time of check-in, not to exceed the amount they would pay under the Sliding Fee Discount Schedule, whichever is lower, which may vary according to insurance coverage and services provided to the client. The nominal charge does not include any service or supply. The nominal charge will be applied the same day before applying to any outstanding balances the client owes prior to or future charges that are reflected on the client's account.

Prepayment For Service

All clients that do not qualify for a discount will be asked to pay an amount at check-in. Any remaining balance will be determined after services are rendered and collected/billed accordingly.

Write-offs for Uncollectible client Accounts

The Multnomah County Community Health Center does not turn away clients for the inability to pay for services. Due to Multnomah County's policy to not turn away clients for the inability to pay there may be costs that go unpaid in which Multnomah County may write off from the client account. Criteria for write off is listed in MCHD policy FIS.01.06.

Services exempt from all client charges (after insurance billing)

Services funded by Medicaid and Medicare (payments by Medicaid and Medicare are considered full payment and client can not be charged for amounts not covered by insurance.)

- Services funded by Reproductive Health (RH) clients who completed the application for RH and whose FPL is below 250% only.
- Maternal Child Family Health (MCFH)
- HIV Health Services Center visits after clients reach annual cap on charges (in accordance with federal Ryan White rules)
- Telemedicine (phone) visits
- Enabling services such as case management, eligibility assistance, transportation and translation
- Clinical pharmacist visits
- Family planning visits for enrolled clients
- Flu vaccine visits
- Blood pressure checks

Notification of Sliding Fee Discount Program

All clients are notified of the sliding fee discount program by one more of these methods: Notices in the waiting areas, by the registration staff, publications and web site. All communication is done at a literacy level that is appropriate for our patient population and in more than one language to reflect the patients served.

REFERENCES AND STANDARDS

Health and Human Services

- Reproductive Health Program Requirements

Health Resources and Service Administration

- HRSA Health Center Program Compliance Manual, "Sliding Fee Discount Program"
- HRSA HIV/AIDS Bureau Ryan White Programs Sliding Fee Scale Information

Federal Register

- Poverty Guidelines

PROCEDURES AND STANDING ORDERS

Not applicable

RELATED DOCUMENTS

Name
Attachment A – Epic FPL Entry
FIS.01.06: Write-offs for Uncollectible client Accounts
FIS.01.15: Medical Insurance Write Off Policy

POLICY REVIEW INFORMATION

Point of Contact:	A. Daniels – Integrated Clinical Services, Deputy Director
Supersedes:	N/A