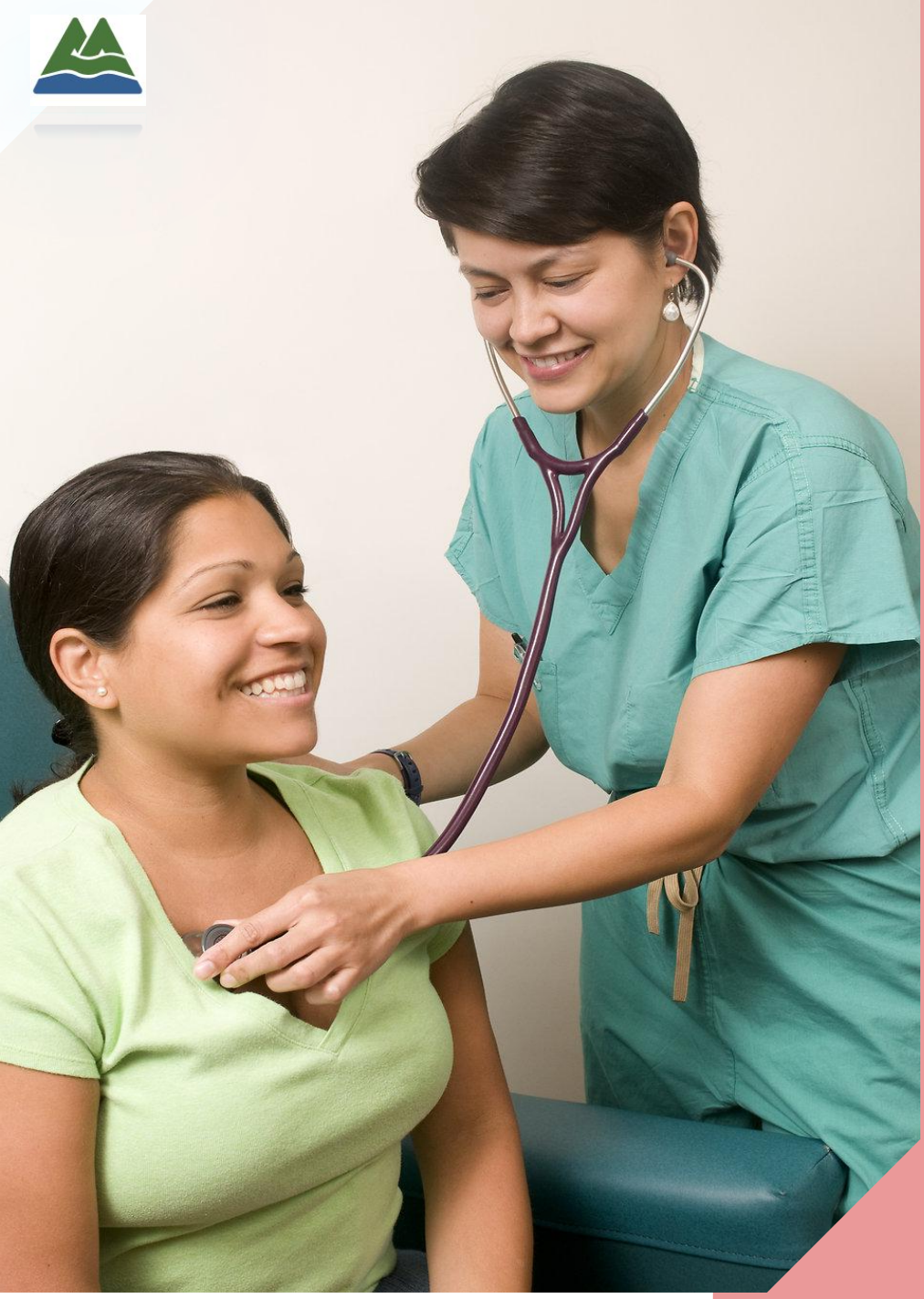


Regular Public Meeting

June 13, 2022

community health
center board

community health center board
Multnomah County

Public Meeting Agenda
June 13, 2022
6:00-8:00 PM (via Zoom)

Health Center Mission: Bringing services to individuals, families, and communities that improve health and wellness while advancing health equity and eliminating health disparities.

Board Members:

Harold Odhiambo – Chair
Fabiola Arreola – Vice Chair
Dave Aguayo – Treasurer
Pedro Sandoval Prieto – Secretary
Tamia Deary - Member-at-Large
Kerry Hoeschen – Member-at-Large
Darrell Wade – Board Member
Brandi Velasquez – Board Member
Aisha Hollands - Board Member
Susana Mendoza - Board Member
Adrienne Daniels - Interim Executive Director, Community Health Center (ICS)

Our Meeting Process Focuses on the Governance of the Health Center

- Meetings are open to the public
- Guests are welcome to observe/listen
- There is no public comment period
- All guests will be muted upon entering the Zoom

*Please email questions/comments to **the CHCB Liaison at CHCB.Liaison@multco.us**. Responses will be addressed within 48 hours after the meeting*

Time	Topic/Presenter	Process/Desired Outcome
6:00-6:05 (5 min)	**Call to Order / Welcome** Harold Odhiambo, CHCB Chair	Call to order Review processes
6:05 - 6:15 (10 min)	**Consent Agenda** **CONSENT VOTE REQUIRED** Harold Odhiambo CHCB Chair • PCC Partnership Update Report • New Provider Report • Monthly Budget Report	Board reviews and votes to confirm receipt of documents
6:15-6:20 (5 min)	**Minutes Review** - **VOTE REQUIRED** Review May Public Meeting minutes for omissions/errors (May 2 and May 9)	Board votes to approve
6:20-6:30 (10 min)	**Client Eligibility Criteria for Student Health** - **VOTE REQUIRED** Alex Lowell, Student Health Center Manager / TBD	Board votes to approve
6:30 -6:40 (10 min)	**CHCB Stipend Policy** **VOTE REQUIRED** Adrienne Daniels, Interim Health Center Executive Director	Board votes to approve
6:40 - 6:50 (10 min)	**10 Minute Break**	

6:50-7:30 (40 min)	**HRSA Progressive Action Update** Wendy Lear, Deputy Director, Multnomah County Health Department Eric Arellano, Chief Financial Officer, Multnomah County Jeff Perry, Chief Financial Officer, ICS Dan Zalkow, Multnomah County Facilities Director Brieshon D'Agostini, Quality and Compliance Officer, ICS ***HRSA Progressive Action Update (Executive Session)*** *CHCB to receive confidential report in separate Zoom*	Board receives updates and provides feedback
7:30-7:40 (10 min)	**Board/Committee Updates** Harold Odhiambo, CHCB Chair Dr Aisha Hollands, CHCB CEO Search Committee Team Lead Tamia Deary, CHCB Member at Large and Quality Committee Lead David Aguayo, CHCB Treasurer	Board receives updates
7:40 - 7:50 10 min	**Executive Director's Strategic Updates** Adrienne Daniels, Interim Executive Director, ICS	Board receives updates
8:00	**Meeting Adjourns**	Thank you for your participation

community health center board
Multnomah County

Consent Agenda
June 13, 2022

Consent Item (Summary with Detail Reports following)

PCC Partnership Update

The CHCB endorsed an analysis to expand services in partnership with Portland Community College in the fall of 2021. Since then, the Health Center has completed an updated analysis of the costs of this expansion. The project would relocate the La Clinica location from the Cully neighborhood to a larger site on PCC's North Portland campus; increase capacity to offer a larger range of services to more clients, including primary care, dental care, and pharmacy; and serve as a workforce training hub to support future healthcare professionals. Health Center leadership are working with facilities staff to assess what a long term leasing agreement would include and propose costs. Updated estimates for the building indicate:

Total square footage: 10,000

Services: Primary care, behavioral health, pharmacy, dental, workforce training

Patients: Families and students who live or work in the Cully, Killingsworth, and North Portland areas

Timeline: It would take 2 years to build and open the new location

Updated Building Costs: $5M plus additional permitting fees, equipment, and design service (totaling $6.7M)**.** Estimates include a contingency of 20%, which means that these costs are not expected to be this high, but you always plan just in case of inflation, unforeseen delays, and other hidden costs. Costs will also be dependent on when construction begins and would be spread over at least two years.

PCC Donation: PCC has agreed to donate $1M towards the building, reducing costs to the health center.

Additional Details: The location would be co-located with Portland Community College and several community groups, including a housing support center and classroom spaces.

Next Steps: A memorandum of agreement has been drafted to begin construction and permitting steps for the health center. The health center and college will start negotiating lease rates, to assure a fair market price to use the space. The health center is also exploring loan options as part of governmental rates and FQHC available loan financing.

New Provider Update

The health center has hired multiple new providers in the past six months. These providers are all dedicated to working with safety net patient populations and bring unique skills sets with them to their team practices.

January 1 - June 1, 2022 hires:

Medical Providers: 8

Behavioral Health: 2

Dental: 0

Pharmacy: 2

community health center board
Multnomah County

Consent Agenda
June 13, 2022

Monthly Budget Report

The following reports are available through period 10, through the month of April, 2022:

- Monthly revenue and expense statement
- Year to date revenue and expense statements by program
- Average billable visits
- Payer mix
- Client assignment

Multnomah County
Federally Qualified Health Center

Monthly Financial Reporting Package

April FY 2022

Updated 5/24/2022

Prepared by: Financial and Business Management Division

Multnomah County Health Department
Community Health Center Board - Financial Statement
For Period Ending April 30, 2022
Percentage of Year Complete: 83.3%

Community Health Center - Monthly Highlights

Financial Statement: For period 10 in Fiscal Year 2022 (July 2021 - June 2022)

	YTD Actuals	Budget	Difference	% of Budget YTD
Revenue:	$137,589,802	$157,744,804	$20,155,002	87%
Expenditures:	$110,016,140	$157,744,804	$47,728,665	70%
Surplus/(Deficit)	$ 27,573,663			

Recent Budget Modifications:

Period added	Budmod #	Description	Budget Change Amount
01 July	Budmod-HD-003-22	State CARES Act funding to increase Vaccination Rates	$ 1,146,666
03 September	Budmod-HD-009-22	State CARES Act funding to Health for Vaccine Incentives	$ 250,000
06 December	Budmod-HD-041-22	Revenue for ARPA Capital Projects Funds to ICS	$ 1,183,848
10 April	Budmod-HD-043-22	HRSA Provider Relief budmod amount: $2,944,785	$ -
			$ 2,580,514

- The HRSA provider relief budget modification was added as of April. There was no inc/dec to the overall budget, just amounts moving within various revenue categories. See the budget walk slide for details.
- Expenditures are tracking at 70% which is slightly behind the expected target of 83% primarily due to Contractual costs, which are tracking at 22%.

Multnomah County Health Department
Community Health Center Board - Financial Statement
For Period Ending April 30, 2022
Percentage of Year Complete: 83.3%

Community Health Center

	Adopted Budget	Revised Budget	Budget Change	01 July	02 Aug	03 Sept	04 Oct	05 Nov	06 Dec	Year to Date Total	% YTD	FY21 YE Actuals
Revenue												
County General Fund Support	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	0%	$ 5,222,198
Miscellaneous Revenue	$ -	$ -	$ -	$ 4,380	$ 5,053	$ 8,677	$ (16,068)	$ -	$ -	$ 2,042	0%	$ 111,693
Grants - PC 330 (EPHC) **(1)**	$ 9,309,724	$ 9,309,724	$ -	$ -	$ -	$ 1,815,488	$ -	$ 1,696,550	$ 670,922	$ 6,589,633	71%	$ 9,515,047
Grants - COVID-19 **(2)**	$ 13,000,000	$ 18,525,299	$ 5,525,299	$ -	$ -	$ 11,571	$ (7,764)	$ 9,560	$ 293,416	$ 4,532,455	24%	$ 8,682,545
Grants - All Other	$ 4,235,186	$ 4,235,186	$ -	$ 40	$ 31,261	$ 517,640	$ 98,422	$ 559,053	$ 355,674	$ 2,935,713	69%	$ 8,581,060
Grant Revenue Accrual **(3)**	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 2,944,965	0%	$ -
Quality & Incentives Payments	$ 7,800,159	$ 7,658,465	$ (141,694)	$ 647,267	$ 544,656	$ 103,650	$ 41,160	$ 1,743,310	$ -	$ 5,543,378	72%	$ 11,049,279
Health Center Fees **(4)**	$ 115,784,522	$ 113,510,106	$ (2,274,416)	$ 8,866,217	$ 8,382,679	$ 8,167,450	$ 7,885,132	$ 7,997,021	$ 8,044,109	$ 111,716,246	98%	$ 92,485,906
Self Pay Client Fees	$ 1,244,879	$ 1,207,898	$ (36,981)	$ 51,363	$ 57,006	$ 56,768	$ 58,924	$ 41,623	$ 51,518	$ 576,931	48%	$ 678,121
Beginning Working Capital	$ 3,789,820	$ 3,298,126	$ (491,694)	$ 274,844	$ 274,844	$ 274,844	$ 274,844	$ 274,844	$ 274,844	$ 2,748,438	83%	$ 3,145,138
Total	**$ 155,164,290**	**$ 157,744,804**	**$ 2,580,514**	**$ 9,844,111**	**$ 9,295,499**	**$ 10,956,087**	**$ 8,334,650**	**$ 12,321,961**	**$ 9,690,483**	**$ 137,589,803**	**87%**	**$ 139,470,987**
Expense												
Personnel	$ 89,712,811	$ 90,160,240	$ 447,429	$ 6,914,452	$ 6,784,681	$ 6,966,160	$ 6,809,060	$ 6,802,065	$ 6,882,329	$ 68,258,168	76%	$ 88,332,034
Contracts	$ 15,558,672	$ 16,508,672	$ 950,000	$ 282,414	$ 152,675	$ 179,156	$ 215,864	$ 292,498	$ 403,692	$ 3,697,439	22%	$ 3,659,777
Materials and Services	$ 21,685,789	$ 21,684,925	$ (864)	$ 1,333,780	$ 1,770,146	$ 1,407,689	$ 2,094,021	$ 1,345,753	$ 1,434,890	$ 16,741,601	77%	$ 18,982,109
Internal Services	$ 27,902,518	$ 28,799,360	$ 896,842	$ 1,173,911	$ 2,247,929	$ 2,683,035	$ 2,547,455	$ 1,815,453	$ 1,954,327	$ 21,232,097	74%	$ 24,921,085
Capital Outlay	$ 304,500	$ 591,607	$ 287,107	$ -	$ -	$ -	$ 6,666	$ -	$ -	$ 86,835	15%	$ 126,667
Total	**$ 155,164,290**	**$ 157,744,804**	**$ 2,580,514**	**$ 9,704,557**	**$ 10,955,431**	**$ 11,236,040**	**$ 11,673,067**	**$ 10,255,769**	**$ 10,675,238**	**$ 110,016,140**	**70%**	**$ 136,023,672**
Surplus/(Deficit)	**$ -**	**$ -**	**$ -**	**$ 139,553**	**$ (1,659,932)**	**$ (279,952)**	**$ (3,338,417)**	**$ 2,066,192**	**$ (984,755)**	**$ 27,573,663**		**$ 3,447,315**

Multnomah County Health Department
Community Health Center Board - Financial Statement

For Period Ending April 30, 2022

Percentage of Year Complete: 83.3%

Community Health Center

	Adopted Budget	Revised Budget	Budget Change	07 Jan	08 Feb	09 Mar	10 Apr	Year to Date Total	% YTD	FY21 YE Actuals
Revenue										
County General Fund Support	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	0%	$ 5,222,198
Miscellaneous Revenue	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 2,042	0%	$ 111,693
Grants - PC 330 (BPHC) **(1)**	$ 9,309,724	$ 9,309,724	$ -	$ -	$ -	$ 1,300,999	$ 1,105,674	$ 6,589,633	71%	$ 9,515,047
Grants - COVID-19 **(2)**	$ 13,000,000	$ 18,525,299	$ 5,525,299	$ 3,098,794	$ 297,002	$ 393,154	$ 436,723	$ 4,532,455	24%	$ 8,682,545
Grants - All Other	$ 4,235,186	$ 4,235,186	$ -	$ 128,592	$ 822,975	$ 202,115	$ 219,942	$ 2,935,713	69%	$ 8,581,060
Grant Revenue Accrual **(3)**	$ -	$ -	$ -	$ -	$ -	$ -	$ 2,944,965	$ 2,944,965	0%	$ -
Quality & Incentives Payments	$ 7,800,159	$ 7,658,465	$ (141,694)	$ 1,304,964	$ 521,223	$ 118,088	$ 519,061	$ 5,543,378	72%	$ 11,049,279
Health Center Fees **(4)**	$ 115,784,522	$ 113,510,106	$ (2,274,416)	$ 22,188,168	$ 9,585,986	$ 9,828,551	$ 20,770,932	$ 111,716,246	98%	$ 92,485,906
Self Pay Client Fees	$ 1,244,879	$ 1,207,898	$ (36,981)	$ 71,676	$ 69,996	$ 59,778	$ 58,279	$ 576,931	48%	$ 678,121
Beginning Working Capital	$ 3,789,820	$ 3,298,126	$ (491,694)	$ 274,844	$ 274,844	$ 274,844	$ 274,844	$ 2,748,438	83%	$ 3,145,138
Total	**$ 155,164,290**	**$ 157,744,804**	**$ 2,580,514**	**$ 27,067,037**	**$ 11,572,026**	**$ 12,177,528**	**$ 26,330,420**	**$ 137,589,802**	**87%**	**$ 139,470,987**
Expense										
Personnel	$ 89,712,811	$ 90,160,240	$ 447,429	$ 6,561,616	$ 6,667,017	$ 7,033,577	$ 6,837,209	$ 68,258,168	76%	$ 88,332,034
Contracts	$ 15,558,672	$ 16,508,672	$ 950,000	$ 801,033	$ 458,409	$ 482,551	$ 429,147	$ 3,697,439	22%	$ 3,659,777
Materials and Services	$ 21,685,789	$ 21,684,925	$ (864)	$ 1,998,586	$ 1,867,165	$ 1,319,747	$ 2,169,824	$ 16,741,601	77%	$ 18,982,109
Internal Services **(5)**	$ 27,902,518	$ 28,799,360	$ 896,842	$ 1,847,699	$ 1,556,476	$ 3,027,569	$ 2,378,244	$ 21,232,097	74%	$ 24,921,085
Capital Outlay	$ 304,500	$ 591,607	$ 287,107	$ -	$ 15,178	$ -	$ 64,991	$ 86,835	15%	$ 128,667
Total	**$ 155,164,290**	**$ 157,744,804**	**$ 2,580,514**	**$ 11,208,934**	**$ 10,564,245**	**$ 11,863,444**	**$ 11,879,415**	**$ 110,016,140**	**70%**	**$ 136,023,672**
Surplus/(Deficit)	**$ -**	**$ -**	**$ -**	**$ 15,858,104**	**$ 1,007,781**	**$ 314,085**	**$ 14,451,005**	**$ 27,573,663**		**$ 3,447,315**

Multnomah County Health Department
Community Health Center Board
FY 2022 YTD Actual Revenues & Expenses by Program Group
For Period Ending April 30, 2022
Percentage of Year Complete: 83.3%

	Category	Description	Admin	Dental	Pharmacy	Primary Care Clinics	Quality & Compliance	Student Health Centers
Revenues	County General Fund Support		-	-	-	-	-	-
	Miscellaneous Revenue		-	-	-	2,042	-	-
	Grants - PC 330 (BPHC) **(1)**		1,409,459	271,144	-	4,151,239	-	251,360
	Grants - COVID-19 **(2)**		4,455,995	-	-	53,930	1,400	-
	Grants - All Other		98,033	-	-	-	-	751,264
	Grant Revenue Accrual **(3)**		1,373,273	60,884	-	518,693	-	380,881
	Quality & Incentives Payments		3,972,953	-	-	-	1,570,426	-
	Health Center Fees **(4)**		26,091,688	13,782,591	26,588,795	39,059,941	26,018	3,718,529
	Self Pay Client Fees		-	75,091	214,463	283,516	-	-
	Beginning Working Capital		2,373,438	-	-	-	375,000	-
Revenues Total			39,774,840	14,189,709	26,803,258	44,069,360	1,972,844	5,102,034
Expenditures	Personnel Total		12,621,736	15,014,049	5,624,438	24,647,355	1,904,627	3,695,011
	Contractual Services Total		2,084,561	255,400	18,694	1,161,346	18,156	89,935
	Internal Services Total		3,634,262	4,111,968	2,538,498	7,890,715	565,688	1,014,857
	Materials & Supplies Total		662,488	883,639	13,605,600	997,337	26,230	217,548
	Capital Outlay Total		80,169	6,666	-	-	-	-
Expenditures Total			19,083,217	20,271,722	21,787,231	34,696,753	2,514,701	5,017,351
Net Income/(Loss)			20,691,623	(6,082,014)	5,016,027	9,372,608	(541,857)	84,683
Total BWC from Prior Years			2,293,860	3,593,476	-	15,850	2,575,732	2,000

Multnomah County Health Department
Community Health Center Board
FY 2022 YTD Actual Revenues & Expenses by Program Group
For Period Ending April 30, 2022
Percentage of Year Complete: 83.3%

	Category	Description	HIV Clinic	Lab	Y-T-D Actual	Y-T-D Budget	Revised Budget	% of Budget	FY21 YE Actuals
Revenues	County General Fund Support		-	-	-	-	-	0%	5,222,198
	Miscellaneous Revenue		-	-	2,042	-	-	0%	111,693
	Grants - PC 330 (BPHC) **(1)**		506,431	-	6,589,633	7,758,103	9,309,724	71%	9,515,047
	Grants - COVID-19 **(2)**		21,131	-	4,532,455	15,437,749	18,525,299	24%	8,682,545
	Grants - All Other		2,086,416	-	2,935,713	3,529,322	4,235,186	69%	8,581,060
	Grant Revenue Accrual **(3)**		611,234	-	2,944,965	-	-	0%	-
	Quality & Incentives Payments		-	-	5,543,378	6,382,054	7,658,465	72%	11,049,279
	Health Center Fees **(4)**		2,448,283	401	111,716,246	94,591,755	113,510,106	98%	92,485,906
	Self Pay Client Fees		3,862	-	576,931	1,006,582	1,207,898	48%	678,121
	Beginning Working Capital		-	-	2,748,438	2,748,438	3,298,126	83%	3,145,138
Revenues Total			5,677,357	401	137,589,803	131,454,004	157,744,804	87%	139,470,988
Expenditures	Personnel Total		3,542,904	1,208,048	68,258,168	75,133,534	90,160,240	76%	88,332,034
	Contractual Services Total		59,923	9,424	3,697,439	13,757,227	16,508,672	22%	3,659,777
	Internal Services Total		1,078,850	397,257	21,232,097	23,999,467	28,799,360	74%	24,921,085
	Materials & Supplies Total		190,812	157,947	16,741,601	18,070,771	21,684,925	77%	18,982,109
	Capital Outlay Total		-	-	86,835	493,006	591,607	15%	128,667
Expenditures Total			4,872,489	1,772,676	110,016,140	131,454,004	157,744,804	70%	136,023,673
Net Income/(Loss)			804,868	(1,772,275)	27,573,663	-	-		3,447,316
Total BWC from Prior Years			724,184	-	9,205,101				

Multnomah County Health Department

Community Health Center Board

FY 2022 YTD Internal Services Expenditures by Program Group

For Period Ending April 30, 2022

Percentage of Year Complete: 83.3%

GL Name	Administrative	Dental	HIV Clinic	Lab	Pharmacy	Primary Care Clinics	Quality and Compliance	Student Health Centers	Grand Total	
Indirect Expense	1,603,422	1,997,636	394,655	160,912	749,006	3,277,221	251,636	407,843	8,842,330	
Internal Service Data Processing	984,607	951,925	437,346	105,692	1,369,091	2,612,852	155,877	415,411	7,032,800	
Internal Service Distribution	45,933	70,933	742	18,074	58,438	119,046	6,536	68,868	388,570	
Internal Service Enhanced Building Services	175,131	183,470	24,275	11,395	59,472	258,542	44,353	-	756,638	(5)
Internal Service Facilities & Property Management	593,821	741,604	171,655	84,416	247,522	1,161,169	86,707	-	3,086,894	(5)
Internal Service Facilities Service Requests	88,173	44,904	4,452	16	10,264	166,304	258	78,074	392,446	
Internal Service Fleet Services	-	15,954	-	-	-	-	-	-	15,954	
Internal Service Motor Pool	5,846	207	1,316	876	26	30	1,248	121	9,671	
Internal Service Other	34,428	24,735	6,178	1,772	8,215	47,092	1,737	6,540	130,697	
Internal Service Records	499	12,431	5,428	5,131	15,939	38,342	-	1,145	78,914	
Internal Service Telecommunications	102,402	68,170	32,803	8,972	20,525	210,119	17,337	36,855	497,183	
Grand Total	3,634,262	4,111,968	1,078,850	397,257	2,538,498	7,890,715	565,688	1,014,857	21,232,097	

Multnomah County Health Department

Community Health Center Board

FY 2022 Internal Services Expenditures by Fiscal Period

For Period Ending April 30, 2022

Percentage of Year Complete: 83.3%

G L Name	01 July	02 August	03 September	04 October	05 November	06 December	07 January	08 February	09 March	10 April	Grand Total	
Indirect Expense	851,983	836,979	895,115	1,070,228	785,356	893,938	846,206	861,940	911,391	889,193	8,842,330	
Internal Service Data Processing	259,794	1,267,504	538,608	886,343	641,139	628,939	841,432	548,202	546,505	874,336	7,032,800	
Internal Service Distribution	35,109	34,001	39,403	40,444	40,204	42,697	39,167	36,253	37,267	44,024	388,570	
Internal Service Enhanced Building Services	-	-	144,596	93,632	-	-	-	-	434,814	83,596	756,638	(5)
Internal Service Facilities & Property Managemer	-	-	954,174	273,045	270,163	280,755	-	-	981,176	327,581	3,086,894	(5)
Internal Service Facilities Service Requests	18,164	49,802	45,370	30,356	21,725	24,489	28,900	50,564	64,193	58,881	392,446	
Internal Service Fleet Services	116	1,516	1,516	1,516	2,186	1,516	1,516	2,065	2,491	1,516	15,954	
Internal Service Motor Pool	755	755	755	770	755	1,399	872	1,323	1,265	1,023	9,671	
Internal Service Other	300	600	359	105,693	300	4,168	525	5,379	7,439	5,933	130,697	
Internal Service Records	7,690	7,690	7,690	7,690	7,690	7,690	7,690	7,690	9,702	7,690	78,914	
Internal Service Telecommunications	-	49,081	55,448	37,739	45,934	68,736	81,391	43,060	31,493	84,302	497,183	
Grand Total	1,173,911	2,247,929	2,683,035	2,547,455	1,815,453	1,954,327	1,847,699	1,556,476	3,027,737	2,378,076	21,232,097	

Multnomah County Health Department
Community Health Center Board - Notes & Definitions

For Period Ending April 30, 2022

Percentage of Year Complete: 83.3%

Community Health Center - Footnotes:

(1) Breakdown of PC330 amounts (2021 Calendar Year): 5,514,900.80 FY21 (January 21 - June 21) | 3,512,037.91 FY22 (July 21 - Oct 21) | 670,922.29 FY22 (Nov 21) = 9,697,861
The new grant year started in January with revenue posting in March.

(2) $2.9m in Provider Relief, one-time amount posted in January
Amounts not included in Provider Relief, posted in Dec and Jan COVID-19 revenue are attributed to increasing recruitment, some contracts starting and catch up from prior months
BWC reduction in Admin program group due to Provider Relief budmod

(3) Grant Revenue Accrual reflects related expenditures invoiced in prior periods

(4) Health Center Fee revenue within the Lab program group is in error and will be fixed by year-end. Actual Revenues & Expenses by Program Group page 2
The Health Center received a one-time APM payment (in January) of $14.8M, for FY 2022 and is based on a rebase calculation for calendar year 2021.
The Health Center received a one-time APM payment (in April) of $9.4M, for FY 2022 and is based on a rebase calculation for calendar year 2021.

(5) Internal Services - Enhanced Building Services & Facilities posted in March, Catch-up posting from months missed during the budgeting period

Quality incentive payments for December was recorded in January, along with January amount.

Ongoing research to identify personnel costs that could be moved to COVID grants, will occur in subsequent periods

ARPA HHS, ends 3/23. Expecting to spend approx $2.5M of 10.9M in FY22; Will carryover approx. $8M to following fiscal year. (see contracts expense line)

Capital Outlay costs are primarily for Pharmacy and Lab programs, amounts include software upgrades and new lab equipment.

The Revised Budget differs from the Adopted Budget due to budget modifications, see those listed on the budget adjustments page.

All non-ICS Service Programs were removed from the health center scope effective June 30th, 2021.

Administrative Programs include the following: ICS Administration, ICS Health Center Operations, ICS Primary Care Admin & Support

Multnomah County Health Department
Community Health Center Board - Notes & Definitions

For Period Ending April 30, 2022

Percentage of Year Complete: 83.3%

Community Health Center - Definitions

Budget: Adopted budget is the financial plan adopted by the Board of County Commissioners for the current fiscal year. Revised Budget is the Adopted budget plus any changes made through budget modifications as of the current period.

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

General Fund 1000: The primary sources of revenue are property taxes, business income taxes, motor vehicle rental taxes, service charges, intergovernmental revenue, fees and permits, and interest income.

Miscellaneous Revenue: Revenues from services provided from Pharmacy related activities, including: refunds fro outdated/recalled medications and reimbursements from the state for TB and STD medications.

Grants - PC 330 (BPHC): Federal funding from the Bureau of Primary Care (BPHC) at the Health Resources and Services Administration (HRSA). Funding is awarded to federally qualified health centers (FQHC) to support services to un-/under-insured clients. This grant is awarded on a calendar year, January to December. Sometimes called the 330 grant, the H80 grant or the HRSA grant. Invoicing typically occurs one month after the close of the period because this is a cost reimbursement grant.

Grants - COVID-19, Fund 1515**:** Accounts for revenues and expenditures associated with the County's COVID-19 public health emergency response. Expenditures are restricted to public health services, medical services, human services, and measures taken to facilitate COVID-19 public health measures (e.g., care for homeless population). Revenues are primarily from federal, state and local sources directed at COVID relief.

Grants - All Other, Federal/State Fund 1505**:** Accounts for the majority of grant restricted revenues and expenditures related to funding received from federal, state and local programs. The fund also includes some non-restricted operational revenues in the form of fees and licenses.

Quality & Incentives Payments (formerly Grants - Incentives): Payments received for serving Medicaid clients and achieving specific quality metrics and health outcomes

Grant Revenue Accrual: Accrual amounts for current and prior periods

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.

Beginning working capital: Funding that has been earned in a previous period but unspent. It is then carried over into the next fiscal year to cover expenses in the current period if needed. Current balances have been earned over multiple years.

Write-offs: A write-off is a cancellation from an account of a bad debt. The health department cancels bad debt when it has determined that it is uncollectible.

Multnomah County Health Department
Community Health Center Board - Notes & Definitions

For Period Ending April 30, 2022

Percentage of Year Complete: 83.3%

Community Health Centers - Definitions cont.

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. Includes the cost of temporary employees.

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.

Internal Services	Allocation Method
Facilities/Building Mgmt	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
Mail/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.

Unearned revenue is generated when the County receives payment in advance for a particular grant or program. The funding is generally restricted to a specific purpose, and the revenue will be earned and recorded when certain criteria are met (spending the funds on the specified program, meeting benchmarks, etc.) The unearned revenue balance is considered a liability because the County has an obligation to spend the funds in a particular manner or meet certain programmatic goals. If these obligations are not met, the funder may require repayment of these funds.

Multnomah County Health Department
Community Health Center Board - Budget Adjustments
For Period Ending April 30, 2022
Percentage of Year Complete: 83.3%

Community Health Centers

	Original Adopted Budget	Budmod-HD-003-22	Budmod-HD-009-22	Budmod-HD-023-22	Budmod-HD-041-22	Budmod-HD-043-22	Revised Budget	Budget Modifications
Revenue								
County General Fund Support	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Miscellaneous Revenue	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Grants - PC 330 (BPHC)	$ 9,309,724	$ -	$ -	$ -	$ -	$ -	$ 9,309,724	$ -
Grants - COVID-19	$ 13,000,000	$ 1,146,666	$ 250,000	$ -	$ 1,183,848	$ 2,944,785	$ 18,525,299	$ 5,525,299
Grants - All Other	$ 4,235,186	$ -	$ -	$ -	$ -	$ -	$ 4,235,186	$ -
Medicaid Quality &	$ 7,800,159	$ -	$ -	$ -	$ -	$ (141,694)	$ 7,658,465	$ (141,694)
Health Center Fees	$ 115,784,522	$ -	$ -	$ -	$ -	$ (2,274,416)	$ 113,510,106	$ (2,274,416)
Self Pay Client Fees	$ 1,244,879	$ -	$ -	$ -	$ -	$ (36,981)	$ 1,207,898	$ (36,981)
Preschool For All	$ -						$ -	
Beginning Working Capital	$ 3,789,820	$ -	$ -	$ -	$ -	$ (491,694)	$ 3,298,126	$ (491,694)
Write-offs	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Total	**$ 155,164,290**	**$ 1,146,666**	**$ 250,000**	**$ -**	**$ 1,183,848**	**$ -**	**$ 157,744,804**	**$ 2,580,514**
Expense								
Personnel	$ 89,712,811	$ 446,666	$ -	$ 763	$ -	$ -	$ 90,160,240	$ 447,429
Contracts	$ 15,558,672	$ 700,000	$ 250,000	$ -	$ -	$ -	$ 16,508,672	$ 950,000
Materials and Services	$ 21,685,789	$ -	$ -	$ (864)	$ -	$ -	$ 21,684,925	$ (864)
Internal Services	$ 27,902,518	$ -	$ -	$ 101	$ 896,741	$ -	$ 28,799,360	$ 896,842
Capital Outlay	$ 304,500	$ -	$ -	$ -	$ 287,107	$ -	$ 591,607	$ 287,107
Total	**$ 155,164,290**	**$ 1,146,666**	**$ 250,000**	**$ -**	**$ 1,183,848**	**$ -**	**$ 157,744,804**	**$ 2,580,514**

Community Health Centers

Notes

The Revised Budget differs from the Adopted Budget due to the following budget modifications:

Budget Modification #	Budget Modification Description
Budmod-HD-003-22	State CARES Act funding to increase Vaccination Rates
Budmod-HD-009-22	State CARES Act funding to Health for Vaccine Incentives
Budmod-HD-023-22	Staffing adjustment resulting from the reclassification of six positions
Budmod-HD-041-22	Revenue for ARPA Capital Projects Funds to Integrated Clinical Services
Budmod-HD-043-22	HRSA Provider Relief budmod request date 4/21/22, amount: $2,944,785

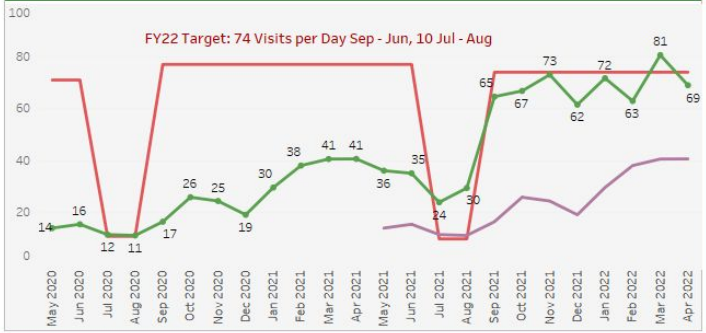
Multnomah County
Community Health Center

FQHC Average Billable Visits per day by month per Service Area

Month

April 2022

Student Health Center Average Billable Visits Per Workday



Explanation

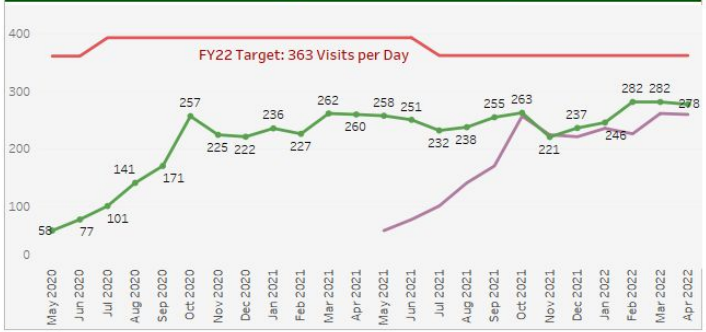
This report takes the total number of billable visits for a month and divides it by total number of work days for an Average Billable Visits per work day, and compares to a Target based on the total # of provider FTE.
Good performance = the green "actual average" line at or above the red "target" line

Definitions:

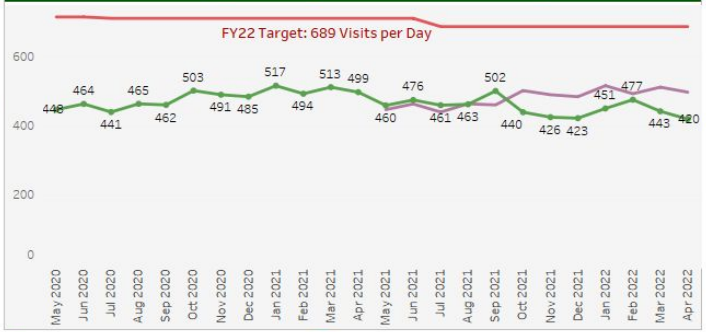
Billable: Visit encounters that have been completed and meet the criteria to be billed.
Some visits may not yet have been billed due to errors that need correction.
Some visits that are billed may not be paid, or not paid at the full billed amount, due to missing or incorrect documentation or coding, exceeding timely filing, or what is included in the insurance plan's benefits.

Work Days: PC and Dental are based on number of days actually worked. SHC are based on days the clinics are open and school is in session.

Dental Average Billable Visits Per Workday



Primary Care Average Billable Visits Per Workday



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.

Billable Visits Per Workday
Target
Previous Year Billable Visits Per Workday

Multnomah County
Community Health Center

Percentage of Uninsured Visits by Quarter

Month

April 2022

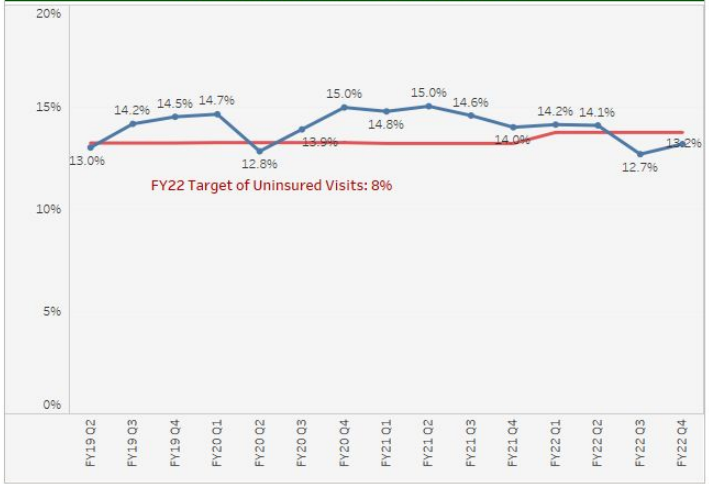
Explanation

This report shows the average percentage of 'Self Pay' visits per month.
Good performance = the blue 'Actual' line is around or below the red 'Target' line

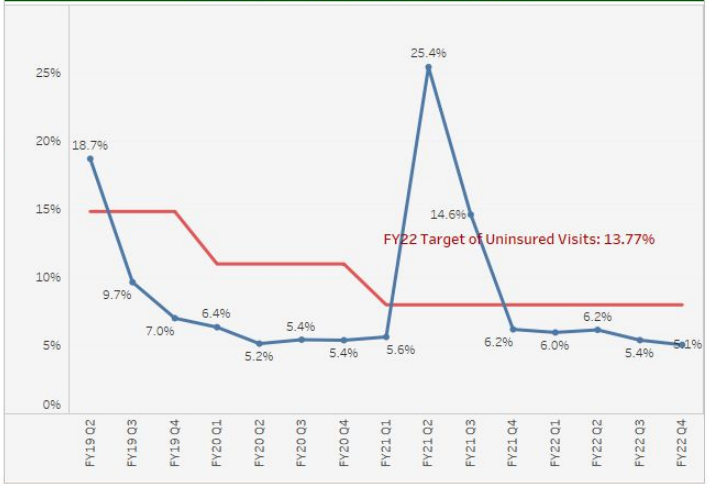
Definitions:
Self Pay visits: Visits checked in under a 'Self Pay' account

Most 'Self Pay' visits are for uninsured clients
Most 'Self Pay' visits are for clients who qualify for a Sliding Fee Discount tier
A small percentage may be for patients who have insurance, but for various reasons have chosen not to bill the visit to insurance (confidential services, etc)

Percentage of Uninsured Visits in Primary Care



Percentage of Uninsured Visits in ICS Dental



Primary Care Target % of Uninsured Visits for FY18: 16%; for FY19: 13.25%; for FY20 13.27%; FY21 13.23%; FY22 13.77%.
Dental Target % of Uninsured Visits for FY18: 12%; for FY19: 14.85%; for FY20 11.00%; FY21 8.00%; FY22 8.00%.

Multnomah County
Community Health Center

Payer Mix for ICS Primary Care Health Center

Month

April 2022

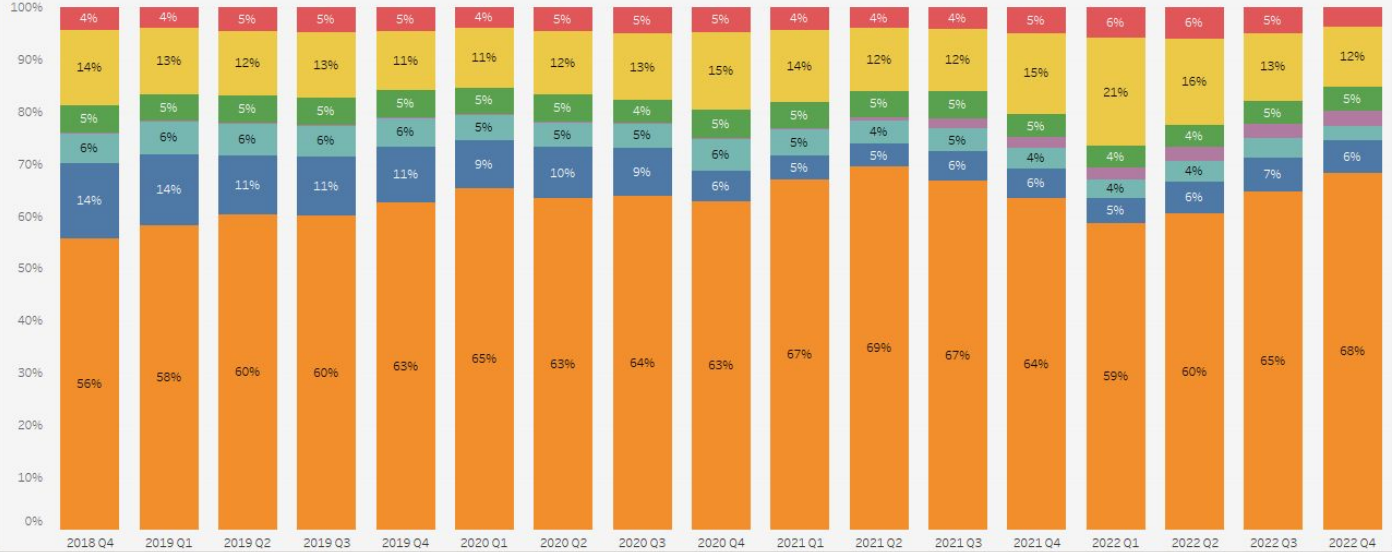
Explanation

This report shows the percentage of total visits checked in to each payer for Primary Care (excludes SHC and HHSC).

This slide is not meant to assess "good performance," but to understand the changes in payer mix. Deviations (such as closure of a Medicaid plan or changes in plan preferred providers) may mean changes in revenue and should be reviewed and explained.

Payer (Definition): Who will be billed/charged for the visit, based on the account that the visit was checked in under.

- Commercial
- Self Pay
- Medicare
- Trillium
- DMAP Open Card
- All Other Medicaid
- Care Oregon



Family Care ceased operations FY18 2nd Quarter
Payer Mix for Primary Care Health Service Center shows the percentage of Patient Visits per Payer and per Quarter

Multnomah County
Community Health Center

Number of OHP Clients Assigned by CCO

Month

April 2022

Explanation

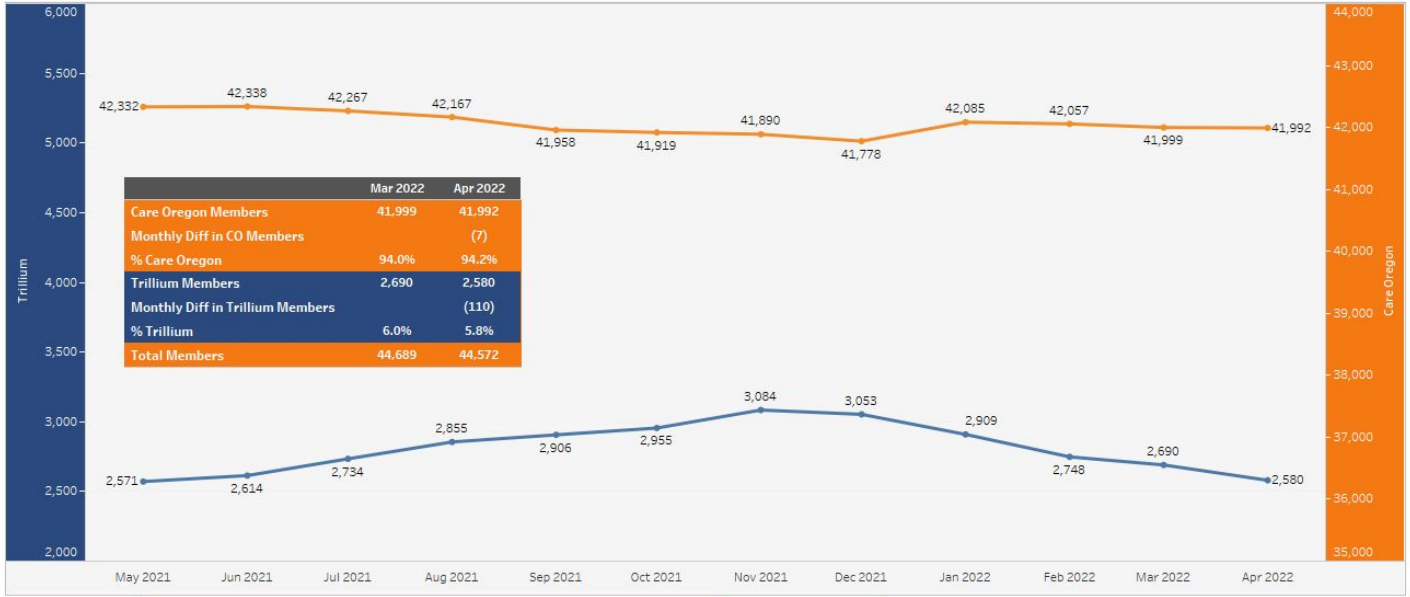
This report shows the total number of patients OHP has assigned to the Multnomah County Health Center Primary Care clinics. Note: Not all of these patients have established care.

Good performance = increased number of assigned patients, suggesting higher potential APCM revenue

Definition

APCM: Alternative Payment and Care Model (aka APM: Alternative Payment Methodology). In addition to billing for services, APCM payers also pay health centers a PMPM rate.

PMPM: Per-Member-Per-Month. PMPM ranges around $50-70/month, depending on payer. This is only received if the patient is assigned to us by their OHP health plan AND meets criteria for being established and engaged in care (has a qualifying visit or care step)



	Mar 2022	Apr 2022
Care Oregon Members	41,999	41,992
Monthly Diff in CO Members		(7)
% Care Oregon	94.0%	94.2%
Trillium Members	2,690	2,580
Monthly Diff in Trillium Members		(110)
% Trillium	6.0%	5.8%
Total Members	44,689	44,572

Trillium FY22 Avg:	2,851	Care Oregon FY22 Avg:	42,076

ICS Net Collection Rate
Feb'22 – Apr'22

	Feb'22 - Apr'22 Payments	YTD Payments	Feb'22 - Apr'22 Net Collection
CareOregon Medicaid	3,727,874	8,557,587	97%
Commercial	583,982	1,069,360	95%
Medicaid	565,158	1,303,802	83%
Medicare	565,738	1,423,603	99%
Reproductive Health	55,579	110,171	100%
Self-Pay	176,893	461,226	39%
	$5,675,223	$12,925,750	

What this slide shows:

This report shows the effectiveness in collecting reimbursements by Payer

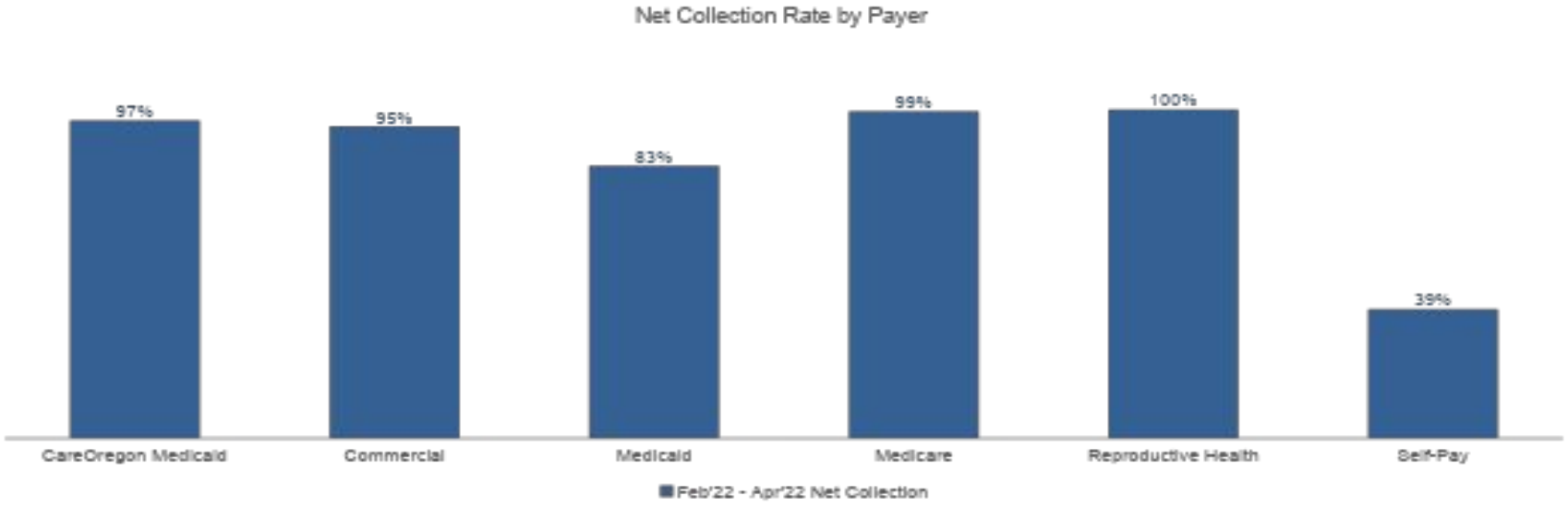
The benchmark for Net Collection Rate is 90% - 100%. Over 95% is ideal per HFMA

Definitions:

Net Collection Rate % = Payments / Payments + Avoidable

Avoidable: Bad Debt, Write-off Past Untimely Filing and DX Not Covered.

Payments: What we received from each payer, based on contracted rates (for insurance plans) and Sliding Fee Discount fees (for self pay)



community health center board
Multnomah County

Consent Agenda
June 13, 2022

PCC Partnership Update: Detailed Conceptual Budget Forecast and Patient Population

Conceptual Budget

Construction: $4,836,979.40

Soft Costs: $1,510,691.6

Owner's Contingency: $1,269,534.20

Total (before credit): $7,617,205.20

PCC Credit: -$1,000,000.00

Total after credit: $6,617,205.20

Timing of costs dependent on when construction begins. The later construction begins, the more costs shift to FY24

	FY22	FY23	FY24
Early Start	$26,880.00	$4,343,871.38	$2,246,453.82
Late Start	$5,376.00	$2,416,123.12	$4,195,706.08

Community Services and Market Demand

Market Demand Analysis

- Our market demand analysis takes into consideration existing services from our internal patient population, FQHC specific market data from regional competitors, and short term Medicaid population growth expectations.
- The regional outlook for Medicaid growth in Multnomah county is seen as stable - however, zip codes in close proximity to the La Clinica and PCC (as well as further to the immediate east) saw jumps of 30% Medicaid growth in 2018.
- In 2019, a "substitute effect" likely took place between small dips in Medicaid eligibility with small gains in total uninsured populations

community health center board
Multnomah County

Consent Agenda
June 13, 2022

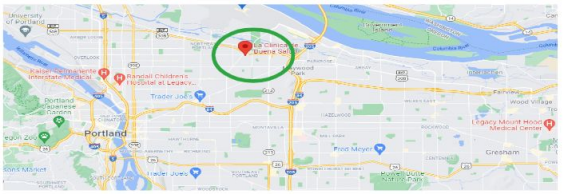
Evaluation: La Clinica and PCC

2018-2019: Growth of Medicaid in FQHCs

- The estimated Medicaid population closest to the La Clinica health center increased between 2018-2019
- Two zip codes, 97233 and 97230 both experienced a 30% jump in Medicaid patients who used FQHCs

2019 - 2020: COVID19 Medicaid

- Total eligible Medicaid population declined in the region this year, and the total uninsured population rose on average by 8%
- Unknown if this is a "substitute" effect



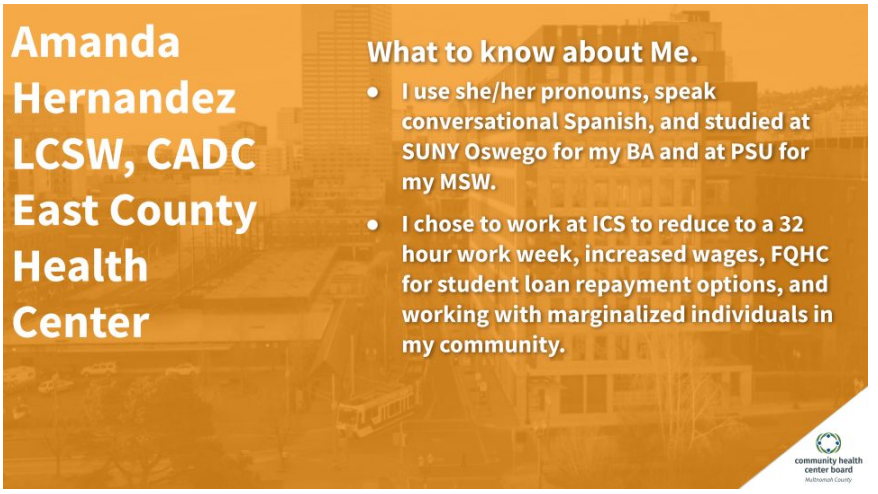
Total Medicaid Patients not using an FQHC (2020)	Total Low Income Patients not using an FQHC (2020)	Total estimated "unserved" FQHC Patient Population*
19,500 (58%)	35,700 (61%)	12,144

*Unserved is defined by "no usual source of care" % average for adults in the geographic region. In 2017, the La Clinica/PCC region average was 22%.

community health center board
Multnomah County

Consent Agenda
June 13, 2022

Jan 1 - June 1 2022, Health Center Provider Update: Profiles



community health center board
Multnomah County

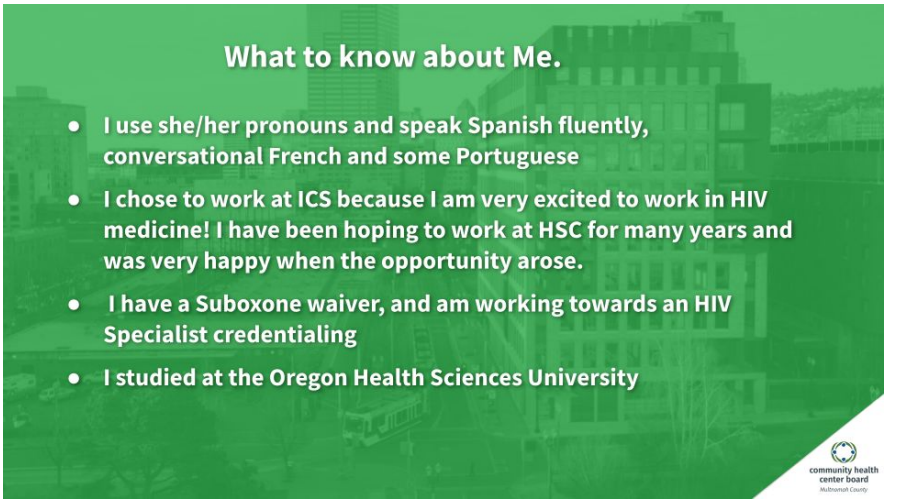
Consent Agenda
June 13, 2022

Jan 1 - June 1 2022, Health Center Provider Update: Profiles

community health center board
Multnomah County

Consent Agenda
June 13, 2022

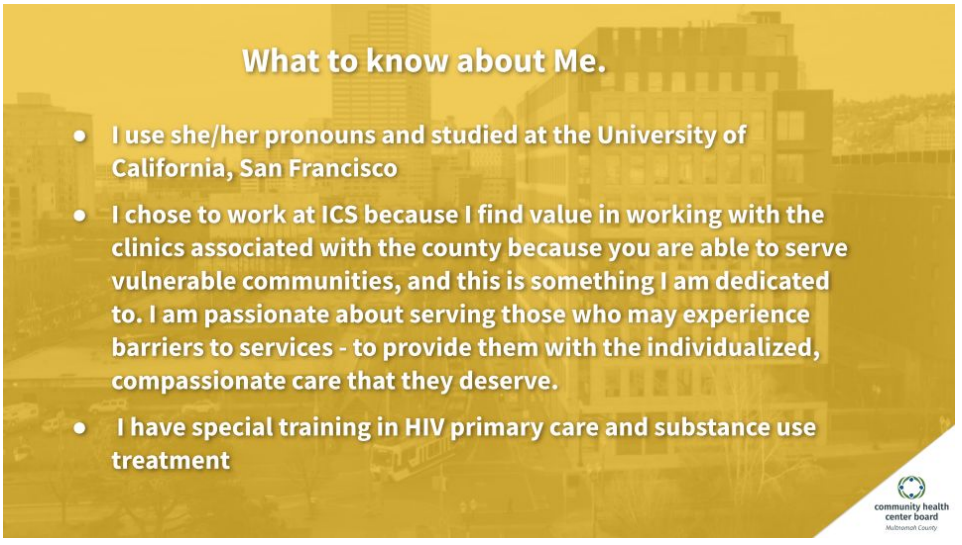
Jan 1 - June 1 2022, Health Center Provider Update: Profiles



community health center board
Multnomah County

Consent Agenda
June 13, 2022

Jan 1 - June 1 2022, Health Center Provider Update: Profiles



community health center board
Multnomah County

Consent Agenda
June 13, 2022

Jan 1 - June 1 2022, Health Center Provider Update: Profiles

Community Health Center Board

Emergency Public Meeting Minutes
May 02, 2022
6:00 - 6:45pm (Virtual Meeting)

Health Center Mission: Bringing services to individuals, families, and communities that improve health and wellness while advancing health equity and eliminating health disparities.

Board Members:

Harold Odhiambo – Chair
Fabiola Arreola – Vice Chair
Dave Aguayo – Treasurer
Pedro Sandoval Prieto – Secretary
Tamia Deary - Member-at-Large
Kerry Hoeschen – Member-at-Large
Darrell Wade – Board Member
Susana Mendoza – Board Member
Aisha Hollands - Board Member
Brandi Velasquez – Board Member

Adrienne Daniels - Interim Executive Director, Community Health Center (ICS)

Board Members Excused/Absent: Everyone In Attendance

Topic/Presenter	Discussion / Recommendations	Action	Responsible Party	Follow-up Date
Call to Order / Welcome Chair, Harold Odhiambo	The Board Chair called the meeting to order at **6:06PM** A quorum **was** established. Victor Shepherd in attendance (Spanish interpretation)	N/A	N/A	N/A

FY23 Health Center/ICS Budget Approval - VOTE REQUIRED Adrienne Daniels, Interim Executive Director, ICS Jeff Perry, Chief Financial Officer, ICS	Chair Odhiambo introduced the timeline of the FY23 Budget, including the board's previous request to postpone the final approval. Since the postponement, the executive committee, finance committee, and board have discussed and participated in additional training. CFO Jeff Perry and Interim Director Adrienne Daniels presented the FY23 proposed health center budget highlighting the total program changes and expected operational impacts. The FY23 Budget will include APRA funding and increases in the FQHC state reimbursement rate. Highlights of the budget include: ● $157.8M proposed budget with an additional $8M in ARPA funding ● Removal of CGF in FY23 budget, with the exception of a one time request to support the Rockwood Health Center capitol repairs ($2M) ● Primary care, Lab, patient engagement, and pharmacy programs have an expanded budget ● SHC and Dental programs have a slightly reduced budget ● Quality Program was split from the administration program offer this year ● Health Center expects to add provider roles in behavioral health, additional provider time in schools, and clinical pharmacists. Working to reduce impact on existing dental providers and have already saved one position from being removed. ● Will look to create new pipeline program for EFDAs with Portland Community College and Care Oregon Interim Director Daniels also presented a County proposal to credit back vacant space costs to the health center. ● The health center would receive a credited amount of $123,921 so it would not pay for vacant space. ● Offer is a response to CHCB questions and concerns on how health center funds are used. ● Recommendation is that the board accept the credited amount and utilize those funds for board development and board priorities. CHCB members had additional questions on the proposed credit.	***Motion to approve as presented with FY23 vacant space credit: Tamia Second: David*** Yays: 10 Nays: Abstain: **Decision: Approved**		

	Chair Odhiambo requested that Adrienne follow up with the Health Department to confirm if funds could be credited back additional years, as Medicare can recoup up to 60 months retroactively. He also inquired if there could be a written agreement, including for future years. Aisha Hollands asked if there were other pathways for future payment or credits on vacant space. Adrienne responded that she was not certain about future credits but recommended this could be confirmed with the County as the intent was to remove this charge in the future. Chair Odhiambo requested that the Health Department respond in writing regarding the proposal, the decision, and to develop a policy for future vacant space. He requested the board move to approve the budget with the FY23 vacant space credit as presented.			
Authorization to Extend Terms Legal Counsel - VOTE REQUIRED Harold Odhiambo, CHCB Chair	Harold discussed the role that Andrew Downs Law has provided to the board in the past year. The services of external and internal counsel are available to the CHCB. Andrew Downs Law is currently invoiced by direct payment. The board should determine if it would like to continue working with Andrew and authorize an updated contract process. No questions were raised.	***Motion to approve as presented: David*** ***Second: Fabiola*** Yays: 10 Nays: 0 Abstain: - **Decision:Approved**		
FY 2022 ARP-UDS+Supplemental H8F Funding - VOTE REQUIRED Adrienne Daniels, Interim Executive Director, ICS Jeff Perry, Chief Financial Officer, ICS	Jeff Perry, Health Center CFO presented a new grant opportunity to board members. The federal government is offering additional funding for COVID19 support to health centers and the Multnomah County health center is eligible for another $60,000. The Health Center would like to apply and proposes spending the funds to support COVID19 operational work. HRSA asks if the Health Center needed additional funds to support outreach, staffing, clinical staffing, personnel delivery methods, COVID Response No questions were raised.	***Motion to approve as presented: Tamia Second: David*** Yays: 10 Nays: Abstain: - **Decision: Approved**		

Modification of Agenda **VOTE REQUIRED** Harold Odhiambo, CHCB Board Chair	Harold requested that the board further discuss and consider the need for additional policies and spending for health center excess revenues. He requested the agenda for the evening be modified for this discussion and review.	***Motion to AMEND Agenda presented: Tamia*** ***Second: Bee*** Yays: 10 Nays: Abstain: **Decision:Approved**		
CHCB Modification Discretionary Cost Center **VOTE REQUIRED** Harold Odhiambo, CHCB Chair Andrew Downs, Legal Counsel	Chair Harold Odiambo raised that the CHCB is working to assure ongoing board authority and responsibility as a Governing Board. He would like to make sure the board continues to retain authority over the health center's resources. The Health Center's Co-Applicant agreement outlines the board governance expectations. He would like to assure that the board has resources to attend conferences, travel, and board development. Harold invited Andrew Downs to also speak to the goals of this work Andrew shared that the board would like additional reassurance and access to oversee health center revenues, such as through a cost center or revolving fund. The fund's purpose would be to support professional services, legal services, travel, training, grant writing, and other discretionary items which support the health center. The Finance committee could develop a proposal and review the existing policy on board oversight of excess revenue. The Board would like to assure that they do not have to ask the County for permission to access the health center funds. Adrienne Daniels, interim Executive Director, discussed that even with a discretionary fund, it would still have to follow HRSA's compliance rules for spending. This includes prohibition on certain projects and items such as needle exchange or voter and legislative lobbying engagement. She would recommend that the finance committee review these items and establish a recommended process to review. Harold proposed that the Finance Committee be assigned to work on establishing the updated policy for monitoring and use of excess	*Motion to vote as presented: Tamia* *Second: Bee* *Yays: 10* *Nays:* *Abstain:* ***Decision:Approved***		

	revenue as well as developing the model for a revolving fund.			
Meeting Adjourns	The Board Chair adjourned the meeting at **7:01 PM.** The next public meeting will be **on May 09, 2022** via Zoom.			

Signed:_____ Date:_____
Pedro Prieto Sandoval, Secretary

Signed:_____ Date:_____
Harold Odhiambo, Board Chair

Scribe taker name/email:
Maya Jabar-Muhammad / maya.jabar@multco.us

Community Health Center Board

Public Meeting Minutes
May 09, 2022
6:00 - 8:00 pm (Virtual Meeting)

Health Center Mission: Bringing services to individuals, families, and communities that improve health and wellness while advancing health equity and eliminating health disparities.

Board Members:

Harold Odhiambo – Chair
Kerry Hoeschen – Member-at-Large
Dave Aguayo – Treasurer
Aisha Hollands - Board Member
Fabiola Arreola – Vice Chair,
Pedro Sandoval Prieto – Secretary
Tamia Deary - Member-at-Large
Susana Mendoza – Board Member
Brandi Velasquez – Board Member
Darrell Wade – Board Member

Adrienne Daniels - Interim Executive Director, Community Health Center (ICS)

Board Members Excused/Absent: Kerry Hoeschen and Susana Mendoza

Topic/Presenter	Discussion / Recommendations	Action	Responsible Party	Follow-up Date
Call to Order / Welcome Chair, Harold Odhiambo	The Board Chair called the meeting to order at 6:05 PM A quorum **was** established with **8** members in attendance Lucia Cabrejos in attendance (Spanish interpretation)	N/A	N/A	N/A
Minutes Review - **VOTE REQUIRED**	Chair Odhiambo asked for approval or changes to the April 11, 2022 minutes. There were no errors or omissions suggested.	***Motion to vote as presented: Dave*** ***Second: Aisha*** Yays: 8 Nays: Abstain: **Decision:** **Approved**		

Genoa Tele-psychiatry Change of Scope - VOTE REQUIRED Bernadette Thomas, Chief Clinical Officer, ICS	Bernadette Thomas, Chief Clinical Officer, is seeking approval for a new opportunity to expand access to telepsychiatry services in our clinics. This program was pursued due to psychiatry services being scarce resources and not being able to recruit succients psychiatry providers to meet patient demand. Genoa was selected as the pilot provider as these have worked with other public entities in FQHC. Genoa will assist ICS with workflows to integrate telepsychiatry practice and be available to all of our health centers. Currently, we treat mild to moderate illness and we would like our services to complete the full scope of psychiatric illnesses at our health centers. Our goals are to expand these services for patients that experience moderate to severe mental illness. We have requested a bilingual provider to reach our patient demographic. Additionally, we would like these services to serve our pediatric population. Q : If we vote yes, how many clinics will this cover? What time would these services be offered? A: Services would cover all patients at all health centers. We have contracted for 16 hours of service. If those fill up we intend to expand services. We don't know what the acceptance will be so we are trying the conservitive model first. We intend to offer the services at current business hours of our clinics to provide flexibility for our patient needs. Q: Do we have an idea of the relative costs between teleservices vs. if we were able to hire another full time staff or the equivalent staff we currently have? A: The cost is economical for the Health Center. It is far less for what we currently pay for the provider. We don't pay for the fringe with this model so it saves the Health Center's money and has potential for expanding services without drastically increasing the cost for the service. Q: Is there a threshold over which we start incurring a large amount of overhead? Or is it a per use expense so we're only paying for the actual services received on a per unit basis? A: We pay by the hour for the service. We are able to bill to the insurance provider as well. It is cheaper than employing a provider and we would realize	***Motion to vote as presented: Tamia Second: David*** Yays: 8 Nays: Abstain: **Decision:** **Approved**		

	the investment quicker with this service. Q: Is this a company contracted out or independent contractors? A: It is a company that their business in telepsychiatry specializes in developing workflows in health centers. They will provide the right provider for our health centers based on our needs. The company will remain with us, even after they place the provider. If, for one reason or another, the provider placed is not a good fit, then the company assists in finding another provider. That is a part of the cost for the service. Q: Will the company be able to place a provider that is able to understand and accommodate our patient population? A: We are requesting a bilingual provider and seeking specific credentials. We still will conduct the interview process, seek the desired credentials and have questions in order to choose a provider that has experience and will assist our diverse patient population.			

HRSA Progressive Action Update Wendy Lear, Deputy Director, Multnomah County Health Department Eric Arellano, Chief Financial Officer, Multnomah County Jeff Perry, Chief Financial Officer, ICS Brieshon D'Agostini, Quality and Compliance Officer, ICS	The Board has provided feedback and continues to track the Health Center resolution progress and monitor HRSA requirements to improve reporting . The Board was presented with a monthly report and 90 day analysis update. Changes from last meeting and Board Member requests : ● Journal Entry was updated, adjusted and displayed for Board members to view with a summary page to view at a fund level ● Adjustment of funds and transfer of funds for the Health Center funds : ○ Stopped using sub funds within the general fund during the October period, no continued general fund ○ A memo was given to Board members describing the information and describing the adjustments to sub fund accounts to show that here are no longer continued adjustments ○ The Board requested on April 11 a cash transfer of funds for unspent resources to the Enterprise fund. A memo was provided to the Board and displayed a cash transfer report that shows all cash transfers for the Health Center. These are tracked across the full County and the $9.2M total scheduled will be for May 19 approval. ● Balance Sheet Accounts - ○ Phase 1 : activity for an income statement is complete ○ Phase 2 is on track. Modifications were provided in the Boards packet showing a regular tracker list and an additional memo on the progress for the balance sheet ○ 216 accounts reviewed, bolded accounts are the ones with converted balances ○ Preliminary balance sheet expected at end of May ○ Sample Model is in the packet given to the Board packet with assets and liabilities were laid out ○ Balance sheet for facility cost and look more to more intensive report in June Board Comments : Balance sheet was more readable and accessible Q: Page 4 of the Board packet, August - December in percenthicies, is the leftover going or where is it going? A: (Adrienne Daniels): Board members to send a message to CHCB Liaison so presenters can directly respond to the area in the Board packet, as the exact	N/A		

graphic and table was not clear from the question.

CHCB board will receive a 90 day report progress to let the Board know the changes on indirect costs specific cost of what HC is charging in regards to the board requests

Indirect Cost and Internal Services Charges

- New format in slides, to 5 categories which includes a report with the itemized detail for all indirect costs charges and internal service charges to show a snapshot of board finances showing where the indirect charges show up
  - Additional detail on the service charges shown on 4.1 by program area. Total of $18M through March 2022
  - Detailed itemized detail report capturing all occupancy costs, unchanged from last month
  - More information on indirect expense algorithm
  - Additional detail on the service charges shown on 4.1 by program area. Total of $18M through March
  - Space costs are shown by the existing algorithm vs. alternative.
  - The total Health Department pays is $14M. The Health Center pays $5.2M for facilites space.
  - Vacant space proposal so that the Health Department covers the costs to the health center. Would be credited $123,921 for FY23. Also doing this for FY22. (The CHCB voted to accept this credit on their May 2, 2022 meeting).

Q: Medicaid is about 60 month period/5 years, will the credit go back?
A (Wendy Lear): No, we cannot credit back earlier as the fiscal year has closed. Medicaid and other payers regularly audit the County of these costs and there has not been a prior finding or concern on this method of allocating facilities costs. Costs of vacant space are generally considered operating as business costs

Q: What would happen if Medicaid costs were audited? What would that look like?

	A (Wendy Lear): This is not very common. Vacant space algorithm is currently allowable. But if something was identified that is considered allowable there would be a process for recouping those funds in capacity. Q: Telecommunications and Data Processing has contractors or internal staff? A (Wendy Lear): We have an entire IT division so we do not do a lot of IT contracted personnel. This cost includes computers, networks, voice over IP, cell phones, desk phones, etc. Would include software costs. We have an entire IT division so do not do a lot of IT contracted personnel. Wendy can follow up on the proportion of contract vs. personnel. New reports included in this month's packet include the Projected Cash Balance report. Board members have access to this as a pdf and as an excel sheet. The HR Vacancy report was presented - the total number of vacancies remained relatively stable from last month. There were no questions. Brieshon D'Agostini presented the update on the HRSA 90 day report: ○ New due date of June 14 ○ Separate response from previously presented but responds to the same two conditions, Board authority and responsibility and financial management and internal control systems ○ Do expect additional question and feedback from HRSA ○ Reviewed the three scenarios to develop the analysis. The CHCB Quality Committee has been reviewing the progress and will review the final draft analysis.			

HRSA Progressive Action Update (Executive Session) *CHCB to receive confidential report in separate Zoom*	Move into Executive Position pursuant to OR 192.660 sub section 2 section D. Council to move to a separate breakout room to present confidential updates not to be shared regarding Labor negotiations for their Federally Qualified Health Centers . Interim Director Adrienne Daniels presented updates on labor negotiations and the projected costs. Darrell departed meeting at 6:41 due to family emergency Interpreter difficulties during vote - (line disconnected) Pedro Sandoval's vote was not recorded but he attended the executive session.	***Motion to vote as presented: Tamia Second:Fabiola*** Yays: 6 Nays: Abstain: **Decision:** **Approved**		
10 Minute Break				
Board/Committee Updates Harold Odhiambo, CHCB Chair Dr Aisha Hollands, CHCB CEO Search Committee Team Lead Tamia Deary, CHCB Member at Large and Quality Committee Lead David Aguayo, CHCB Treasurer	N/A - Postponed due to length of meeting.	N/A		

Monthly Budget Report Jeff Perry,Chief Financial Officer, ICS	Jeff Perry, Chief Financial Officer gave a presentation on the monthly budget update Year to date ● 75% complete through the year ● YTD revenue is $113.8M = 72% of budget ● Expenses are $98.3M = 62% of budget ● Surplus of $15.5M expectation March revenue ● Revenue $14.4M ● Expenses $12.1M ○ Surplus $2.4M Program Level YTD ● Dental has a $5.2M deficit expected to grow by end of year ● Primary care $4.9M gain ● Pharmacy $6.5M gain ● SHC has a deficit of $245K ● HIV $418K gain ● Lab $1.6M deficit Billable Visits ● SHC exceeded the target for the month coming in at 77, target was 74 ● Dental shows average visits of 277, target 363. ● Primary care billable visits dropped down to 430, target 689 Self pay ● Primary showed better than target 12.7 % vs. target 13.7% ● Dental showed better than target at 5.4% vs. target 8% Primary Care Payer Mix ● Decrease in self pay; followed up with increase in CareOregon for quarter Number of APM patients assigned by CCO: ● Number of patients increased by 73 ● CareOregon decreased 58 ● Trillium increasing 131	N/A		

Q1 Complaints and Incidents Kimmy Hicks, Project Manager, Quality Team (ICS)	Kimmy Hicks, Project Manager gave a review of the complaints and incidents for the first quarter of 2022. • The Board was presented with the breakdown of the 161 complaints by race and ethnicity • The Board was presented with the complaints by program • New data is showing collective reporting • Most common complaint is the PAC and length of waiting • Reviewed top errors in incidents as well • Seeing impact and number of incidents around safety • Looking at ESL in the complaint process. We will continue to work with the Quality Committee to look at clinic breakdown and demographics The Board asked about resolution pathways to complaints and what quality projects are coming out of these complaints and incidents. Kimmy shared that these are tracked and responded to as individual complaints. Quality improvement projects are developed based on trends and are overseen by the Quality and Compliance Officer (Brieshon D'Agostini). Q: A Board member asked, as a patient of SE and newly Rockwood, why does it take so long to send a complaint or get a Primary Doctor assigned? A: Kimmy and/or Linda to reach out and get the information from the Board member and respond.	N/A		
Executive Director's Strategic Updates Adrienne Daniels, Interim Executive Director, ICS	Interim Director Adrienne Daniels presented on strategic updates. Patient and Community Determined Work: • New implemented and technology WELL • Develop process and policies on text messages for patients on feedback and scheduling appointments • Multiple types of outreach in various languages • Increase outreach to patients and receive a different opportunity for patient feedback Adrienne presented a preview of an engaged and diverse workforce dashboard that's been part of a racial equity and diversity work over the past year . We are working to improve data management and reporting on finances, but additionally HR capabilities for workforce diversity we two main goals of this work : • Trends we see in current workforce by race, ethnicity, gender and age	N/A		

to determine who stays, transfers and succeeds with our programs

- Working with that information, compare it to the diversity of our patient population. This data can assist with comparing it to who we're serving from a Community level and show what areas to consider in making more investments and partnerships, so that we can work further to reflect the diversity of our own patient population.

Financially Sound and Accountable :

- The Finance Committee was recently asked by the Board to revisit the current policy and Health Center surpluses and recommend a process for how the Board will review.
- The Finance Committee will meet this June to further discuss that and we're looking forward to reviewing how that process will be strengthened.
- In addition, the Board has also asked for the Health Center to apply for what's known as FTCA insurance coverage and we've kicked off that application process. We are in the process of gathering required documentation.Staff are attending an intensive two day training this month, so that they can also learn from other health centers who have gone through that process and begin to develop the right operating policies and procedures

Equitable Treatment

- In February the Board voted to expand our services for substance use disorder support. We have now successfully hired to staff to support and kick off that service within our primary care clinics
- Dental team has been working with outreach call staff to prioritize and work with the BIPOC population. As of January, we have seen 770 successfully scheduled.
- Purchased a pharmacy 'robot' that can create custom pouches for patients that take multiple prescriptions a day and reduces the chance that a patient forgets to take a medication or take the wrong combination of medications

Board Project and Special Requests :

- The Executive Committee has been speaking with the County Facilities Director on what costs of maintaining County building space vs. external commercial leases. The Facilities Director will be presenting to the Board in June on those comparable costs.
- Development of discretionary fund: The Finance Committee will

	develop further recommendations related to the process to oversee that fund, as well as manage it. • FTCA Coverage: Document gathering has kicked off. • Northwest Regional Primary Care Association Training Opportunity for Board Members : • Virtual summit starts on May 16 and it is available to Board Members. Training can assist with finance practices as well			
Meeting Adjourns	The Board Chair adjourned the meeting at 8:16 PM. The next public meeting will be on June 13, 2022 via Zoom.			

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

Signed:_____ **Date:**_____
Harold Odhiambo, Board Chair

Scribe taker name/email: Crystal Cook crystal.cook@multco.us

community health center board
Multnomah County

Board Presentation Summary

Presentation Title	Student Health Centers Eligibility Policy

Type of Presentation: Please add an "X" in the categories that apply.

Inform Only	Annual / Scheduled Process	New Proposal	Review & Input	Inform & Vote
	X			X

Date of Presentation:	June 13, 2022	**Program / Area:**	Student Health Centers
Presenters:	Alexandra Lowell, SHC Program Manager		

Project Title and Brief Description:

SHC Client Eligibility Policy - review policy for eligibility of SHC services

Describe the current situation:

The policy was last reviewed in 2019. There are no proposed changes, eligibility for SHC services remains the same:

- K-12 children and youth (children entering kindergarten who are at least 4 yrs old on Jan 1 prior to fall enrollment
- Live in Multnomah County
- In a GED or alternative/district affiliated school program
- Ages 19-21 can access services if enrolled in high school, GED, or alternative/district affiliated school program with intent of eval and referral to adult healthcare services

Why is this project, process, system being implemented now?

Policy is due for review and approval

Briefly describe the history of the project so far ***(Please indicate any actions taken to address needs and cultures of diverse clients or steps taken to ensure fair representation in review and planning):***

Review of policies every 2 years is standard ICS practice.
List any limits or parameters for the Board's scope of influence and decision-making:
This vote is focused on the Student Health Center eligibility and does not cover our primary care or dental policies.
Briefly describe the outcome of a "YES" vote by the Board ***(Please be sure to also note any financial outcomes):***
Policy is approved and there are no changes to eligibility criteria
Briefly describe the outcome of a "NO" vote or inaction by the Board ***(Please be sure to also note any financial outcomes):***
Policy is not approved and changes to criteria will be required.
Which specific stakeholders or representative groups have been involved so far?
Student Health Center and ICS leadership
Who are the area or subject matter experts for this project? ***(Please provide a brief description of qualifications)***
Student Health Center and ICS leadership
What have been the recommendations so far?
Approve the policy
How was this material, project, process, or system selected from all the possible options?
Following established policy renewal process

Board Notes:

Title:	**Client Eligibility Criteria - Student Health Centers**		
Policy #:	**ICS.05.03**		
Section:	Integrated Clinical Services	Chapter:	Student Health Centers
Approval Date:	xx/xx/2022	Approved by:	Director, Integrated Clinical Services Chair, Community Health Council
Related Procedure(s):	Not applicable		
Related Standing Order(s):	Not applicable		
Applies to:	Student Health Centers		

PURPOSE

This policy provides guidelines regarding the service area for the Student Health Centers.

DEFINITIONS

Term	Definition
School-Aged Youth	Children and adolescents who are enrolled or eligible to be enrolled in K-12 education: ● The majority of these youth are younger than 19 years of age. ● Children entering kindergarten who are at least 4 years old on January 1st prior to fall enrollment.

POLICY STATEMENT

It is the mission of Student Health Centers (SHC) to provide culturally sensitive and age-appropriate primary, preventive, and mental healthcare to school-aged youth of Multnomah County.

As stewards of public funds, the SHC vigorously pursues service reimbursement while not directly charging students for services. This is a different policy than the eligibility policy for Multnomah County Health Department's (MCHD) Primary Care services.

Residency requirement for clients:

Children and Adolescents who live within Multnomah County are eligible provided they meet the definition of *School-Aged Youth*.

Exceptions to residency requirements for clients:

1. Children and adolescents who reside outside the boundary of Multnomah County who attend a school located within the County.
2. Special circumstances that have been approved by clinical leadership.

Accessing services:

1. Children and Adolescents in grades K-12 enrolled or eligible to enroll at a school, GED program or an alternative/affiliated school program, can access services at any of the SHC locations within the County.
2. Those age 19-21 can receive services at any of the SHC locations if they are enrolled in: high school, GED or alternative/affiliated school program with the intent of evaluation and referral to adult healthcare services.

Transitioning clients out of services:

Adolescents who are graduating from high school, GED program or alternative school will be assisted in transitioning to one of the MCHD Primary Care locations or insurance plan provider.

REFERENCES AND STANDARDS

N/A

PROCEDURES AND STANDING ORDERS

N/A

RELATED DOCUMENTS

Name	
N/A	

POLICY REVIEW INFORMATION

Point of Contact:	A. Lowell – Student Health Center, Program Manager
Supersedes:	N/A

Procedure Community Health Center Board	

Procedure:	**Community Health Center Board (CHCB) Stipend**
Procedure ID:	
Program:	Community Health Center
Policy:	
Contact:	CHCB Board Liaison or Coordinator
Approver:	Adrienne Daniels, Interim Health Center Executive Director
Location:	
Updated:	May 23, 2022
Next Review:	Annually, Next Review: May 2023

Overview

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

Documents Required from CHCB Members

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

CHCB Members Responsibilities

- CHCB Members must attend the meeting in order to receive the stipend payment for the meeting.
- CHCB 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.
- CHCB Members must decide how they want to receive the stipend and complete the corresponding documentation.

CHCB Coordinator Responsibilities

- It is the responsibility of the CHCB Coordinator to provide the documents needed to the CHCB members each month and to turn the documents into the Health Department Accounts Payable Department on the CHCB Member's behalf.

- The CHCB Coordinator verifies attendance.
- The CHCB 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 CHCB Member if the total of all stipends received from Multnomah County is more than $600 per calendar year.
- The CHCB 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 CHCB Member to track stipend income. CHCB Members can request verification of how many stipends they have received during the calendar year. The CHCB Coordinator can access and provide this information to the CHCB Member upon request.
- The CHCB 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.

Multnomah County
Department of County Management

ELECTRONIC FUNDS TRANSFER APPLICATION & AUTHORIZATION FORM

For Remitting Payments to County-approved Vendors via Electronic Funds Transfer **(EFT)** or Automated Clearing House **(ACH)**

(revised Aug 2015)

Section A: APPLICANT / VENDOR PROFILE *(all boxes in Section A must be completed - "STRIKE-OUTS" will void this form)*

SSN / F.E.I.N	EMAIL ADDRESS, *required* to send electronic pymt advice in lieu of traditional check stub
Start Date:	PAYEE NAME AND MAILING ADDRESS
Payee Phone Number	

AUTHORIZATION *(completed by Account Holder / Vendor)*

CANCELLATION / CHANGE OF ACCOUNT ***Important! Please read and sign before submitting***

The agreement represented by this authorization remains in effect until canceled in writing by the payee or until the program is suspended or terminated by Multnomah County. Payments to you will be deposited into the account designated below until ACH Coordinator is notified in writing that you wish to cancel this authorization or designate a different Financial Institution or account. Six to ten banking days are needed to execute your instructions. To make any changes, submit a new form with updated information. Account holder is responsible for timely notification to payor of any and all changes. If any action or inaction taken by the payee results in non-acceptance of an EFT deposit by the designated Financial Institution, payee acknowledges that the County has no responsibility to issue another payment until the funds for the non-accepted deposit are returned to the County by the Financial Institution. If non-acceptance by the Financial Institution is the result of action or inaction taken by the payee, late fees and penalties including consequential damages caused by this non-acceptance will apply. Please DO NOT CLOSE ACCOUNT UNTIL ONE WEEK AFTER CONFIRMATION by the ACH Coordinator.

RECOVERY OF FUNDS DEPOSITED IN ERROR

In the event that an erroneous EFT payment occurs, creating an over-payment, the County reserves the right to debit your account for an amount not to exceed the amount of the overpayment. In the event that a debit adjustment cannot be implemented, the County and/or Agency Office may utilize any other lawful means to recover payments to which the account holder is not entitled, including deducting the amount owed from future payments until the total over-payment is recovered. By signing this form, the account holder acknowledges acceptance of these terms and conditions.

I certify that I have read and understand the information written above. I acknowledge that I am responsible for providing timely and accurate information and for all penalties and damages resulting from my failure to provide such information. I authorize Multnomah County to deposit payments to and make debits to adjust for over-payments from the account designated below. I attest to the accuracy of this information and certify that I am authorized to enter into this agreement on behalf of the account holder.	**ACCOUNT HOLDER / VENDOR AUTHORIZATION**	
	SIGNATURE of Account Holder / Authorized Vendor Representative	**DATE**
	PRINTED NAME AND TITLE of Account Holder / Authorized Representative	
	Phone Number	**Email Address** of Account Holder / Authorized Representative

Section B: VENDOR FINANCIAL INSTITUTION *(all boxes in Section B must be completed - "STRIKE-OUTS" will void this form)*

(The Financial Institution is ACH capable and must comply with NACHA rules.)

1. REQUIRED ATTACHMENT (CHECK ONE) a. ☐ Voided check or b. ☐ Deposit slip or c. ☐ Confirmation letter from bank			
2. ACCOUNT TYPE (1) a. ☐ Savings or b. ☐ Checking ACCOUNT TYPE (2) c. ☐ Personal or d. ☐ Commercial			
3. ABA ROUTING & TRANSIT NUMBER	4. DEPOSITOR ACCOUNT NUMBER	5. ACCOUNT NAME (for commercial accounts)	
6. FINANCIAL INSTITUTION NAME		7. FINANCIAL INSTITUTION TELEPHONE NUMBER	
8. FINANCIAL INSTITUTION ADDRESS (Number and Street)	(City)	(State)	(Zip)
9. Bank Representative's Name & Title (Printed or Typed)	10. Bank Representative Email Address	11. Telephone Number	12. Date

Section C: COUNTY INTERNAL USE ONLY

Vendor Email _____ ***App to G drive*** _____ ***SAP Email*** _____ ***Mass Email*** _____ ***Reviewed By*** _____	***SAP VENDOR #***	**Payment Terms:** **E030** ___ **E010** ___ **E001** ___	Dept rationale for pymt terms other than E030 and *Other Notes*:

Revised: August 2015

Multnomah County
EFT / ACH Application & Authorization Form Instructions
R E A D T H I S I N F O R M A T I O N C A R E F U L L Y (TO PREVENT DELAYS IN PROCESSING)

Summary Instructions

Applicant/Vendor will complete Section A & Section B.
Email the completed form along with a copy of a voided check, deposit slip or confirmation letter from bank to: dcm.accounts.payable@multco.us

If you do not have email access please mail the completed form and required attachment to:
MULTNOMAH COUNTY
ACCOUNTS PAYABLE, EFT/ACH Coordinator
501 SE HAWTHORNE BLVD, 4TH FLOOR
PORTLAND OR 97214

Detailed Instructions

SECTION A – APPLICANT

VENDOR PROFILE:

1. **Social Security Number (SSN or Federal Employer's Identification Number (FEIN):** Disclosure of your SSN or FEIN is necessary to be eligible for this service. For more information contact EFT/ACH Coordinator.
2. **Start Date:** Day you want to begin to receive payments via ACH/EFT.
3. **Phone Number:** May be used during business hours if there are any problems setting up this service or delivering a future payment.
4. **Email Address:** Used to notify Vendor each time a payment is made and provide other pertinent payment information that would otherwise be on check. Only one email address can be accommodated.
5. **Name and Address:** Needed if payment must be mailed to you. Please use the mailing address where you receive payments against your invoices.

VENDOR AUTHORIZATION:

6. **Read and sign the form to indicate your agreement** with the terms and conditions as specified. Note that by submitting the form you are authorizing Multnomah County to credit your account (deposit funds) and, in the event of an over-payment error, to debit your account (withdraw funds) for the amount of the over-payment. All individuals named on a Consumer Account must sign this form. Please include a phone number and email address so we may contact you if we need further information to process this application.

SECTION B – VENDOR FINANCIAL INSTITUTION:

1. **Required Attachment: a) Voided check or b) Deposit slip or c) Confirmation letter from bank.** One of the choices listed needs to be attached to EFT/ACH authorization form. This will assist us in validating the account and ABA number on the application.
2. **Account Type:** Specify if Checking or Savings and if Personal or Commercial
3. **ABA Routing & Transit Number:** A nine-digit number. See MICR numbering on bottom of depositor check or deposit form.
4. **Depositor Account Number:** This number may have up to seventeen digits. See MICR numbering on bottom of depositor's check or deposit form. Note that only one deposit account can be linked to a County Vendor number.
5. Through box 12 ~ **complete as required**.

SECTION C – MULTNOMAH COUNTY USE ONLY:

- **EFT/ACH Coordinator notifies** SAP and Departments of new EFT request.
- Department Payment Specialist will be **required to use "e" payment method** to make future e-payments (enclosures will not be sent since payment notification is emailed to Vendor).
- Central AP will retain Authorization Forms in their files.

Here's How It Works:

1. *Completed applications are submitted to Central Accounts Payable for vendor profile updating*
2. *For vendors: After delivery of materials, equipment or performance of service, submit an invoice for payment as specified on the Contract Agreement or Purchase Order.*
3. *After invoice is received and approved by County Dept, it is entered into the County's accounting system (SAP).*
4. *County E-payments (EFT/ACH) are generally credited to receiving bank within 72 hrs of the payment process. E-payments are processed daily and will comply with County payment terms which are Net-30 unless contract terms dictate otherwise.*
5. *If vendor bank account is closed or incorrectly identified, funds will be returned via ACH network to County Treasury's bank. Shortly thereafter a vendor payment will be reissued by check.*
6. *Initial set up and routing verification generally takes six to ten banking days. In the interim, any payments due will be made by check.*
7. *Electronic payments, by their very nature, do not have vendor "enclosures" which makes it important to have invoice # and date reference on each payment.*
8. *Payment notification with payment detail formerly found on check stub will be sent to Vendor via email.*

If you have any questions, please contact Multnomah County Central Accounts Payable at:

Ph: (503) 988-3316
or
Email:
dcm.accounts.payable@multco.us

Multnomah County Prepaid Debit Card

Multnomah County

Government Prepaid
Debit Card
123 Main Street
Anytown, USA 98765

IMPORTANT

Before activating, read the instructions on both sides of this guide.

Please keep for future reference.

Bank of America

Activate your card immediately

- Visit **www.bankofamerica.com/GovernmentCard** or call 1.866.213.4074 (TTY 1.866.656.5913).
  - When prompted, create a four-digit Personal Identification Number (PIN) to use at ATMs.
  - Your card is now ready to use—shop everywhere Visa® debit cards are accepted or get cash from an ATM or bank teller.
- **Sign the back of your card.**

Customer service is available 24/7 for inquiries about your card

Online: *www.bankofamerica.com/GovernmentCard*

- **Initial password for online activation is the last 6 digits of your card number.**

Phone: 1.866.213.4074

TTY: 1.866.656.5913

Outside U.S. (collect): 423.262.1650

Call immediately if your card is lost or stolen.

Zero liability

If your card is ever lost or stolen, Bank of America will reimburse you for any unauthorized card transactions, subject to certain terms and conditions set forth in your deposit agreement.

How to use your card

Purchases with a signature:

1. Present or swipe your card.
2. Choose “credit”.
3. Sign, take your card and receipt.

Purchases with a PIN:

1. Swipe your card.
2. Choose “debit” and enter your PIN.
3. Many grocery stores offer cash back without a fee. If you want cash, select the amount and it will be added to your purchase.
4. Take your card, cash and receipt.

Getting cash at an ATM:

1. Insert your card and enter your PIN.
2. Select “checking” and enter the amount you wish to withdraw.
3. Take your card, cash and receipt.

To get cash at a bank or credit union that accepts Visa:

1. Know your available balance before getting cash.
2. Present your card to the teller and say how much you want from your available balance.
3. You will need to show some form of ID.
4. Take your card, cash and receipt.

Important information

- The enclosed deposit agreement contains legal terms and conditions for using your card.
- When you use your card or authorize others to use your card, you’re agreeing to the terms and conditions in the agreement.
- This is a prepaid card—not a credit card. Funds are limited to your account balance. Each purchase or withdrawal is deducted from the card so keep track of your balance.
- Please activate your card.

SEE BACK FOR DETAILS ON FEES AND USING YOUR CARD.

Visa purchasing power

Use your card everywhere Visa debit cards are accepted:

- Grocery stores
- Gas stations
- Online stores
- Retail stores
- Mail orders
- Phone orders
- Restaurants
- Medical offices

Pay many bills with your card:

- Utility
- Phone
- Internet
- Insurance

Getting cash back:

- Many grocery and convenience stores offer cash back without a fee when you make a purchase.

ATM safety tips

- Be aware of your surroundings at ATMs. If you notice anyone or anything suspicious or unsafe when you approach an ATM, use another ATM or return later.
- At enclosed ATMs, close the door completely. Don't open the door while you are making your transaction.
- When you use a drive-up ATM, be sure passenger windows are closed and doors are locked.
- If you must use an ATM at night, consider taking someone with you.
- Always protect your card by keeping it in a safe place. If your card is lost or stolen, contact us immediately.
- Be discrete when entering your PIN at the keypad. After completing your transaction, carefully put away your card, cash and receipt before leaving the ATM area.
- Never give your PIN to anyone and never write it anywhere, especially on your card.
- Never give information about your card or PIN over the telephone. If someone is asking for this information, refuse and immediately contact us.
- Call 911 if you need emergency assistance. Immediately contact your local police if you experience or suspect a crime related to your account. If you have a concern about security at a Bank of America ATM, please call us at 1.800.222.7511.

Special transactions

Gas stations – Paying at the pump may cause a hold of up to $100; consider paying inside, saying how much you want to purchase, and signing the receipt.

Restaurants – Restaurants may verify you have enough in your account for the bill. Make sure you have enough funds to cover any added tip.

Hotels – The hotel may hold the amount of your estimated bill, making that amount unavailable for other purchases. When you check out, the hold may take a few days to be removed.

Auto rentals – You may use your card for final payment for a rental car, but a credit card may be necessary to reserve a rental car.

Returns – Store return policies vary. You may receive a credit to your account or a store credit. A credit to your account may take a week to process before funds are available for use.

For Your Protection

- You must first activate your card by calling customer service.
- Monitoring: To protect your account, Bank of America monitors your card usage and looks for abnormal activity that might indicate fraud.
- Privacy Policy: Keeping your financial information secure is one of the Bank's most important responsibilities. Visit www.bankofamerica.com/prepaidprivacy for an explanation of how the Bank manages your information related to this prepaid card program.

Transaction Limitations

- ATM Withdrawals—You may withdraw up to $1,000 from an ATM during any 24-hour period.
- Funds transfer to other accounts: The minimum transfer amount is $20.

Schedule of Bank Fees

Bank Fees for Multnomah County Prepaid Debit Card transactions will be charged to your Account as they occur on a daily basis.

SERVICES WITH NO FEES	
PURCHASE TRANSACTIONS	
Purchase at Merchants (signed, using PIN, online, phone or mail purchases)	**No Fee**
ATM TRANSACTIONS*	
Bank of America ATM Withdrawal Domestic	**No Fee**
ATM Balance Inquiries (all ATMs)	**No Fee**
OTHER SERVICES	
Online, Automated, Live, or International Customer Service Inquiry	**No Fee**
Online Funds Transfer	**No Fee**
Account Alert Service	**No Fee**
PIN Changes	**No Fee**

SERVICES WITH FEES	
ATM TRANSACTION FEES*	
Non-Bank of America ATM Withdrawal (in the U.S.)	$1.50 per transaction
ATM Withdrawal International (all ATMs outside the U.S.)	$3.50 per transaction
Declined Transactions (ATMs only)	$0.50 per declined transaction
OTHER SERVICE FEES	
Teller Cash Access (available at financial institutions that accept Visa cards) (limited to available balance only)	No Fee for first withdrawal each deposit period, $5.00 thereafter
Emergency Cash Transfer (in the U.S.)**	$15.00 per transaction
Card Replacement—Domestic	No Fee for first replacement each year, $5.00 thereafter
Card Replacement—Express Delivery (additional charge)	$15.00 per request
Card Replacement International (outside the U.S.)	Quote provided at time of request, as price varies by country
Mailed Monthly Account Statement	$1.00 per statement
International Transaction Fee	3% of U.S. Dollar amount of transaction
Check Issuance Upon Account Closure	$5.00 per request

*ATM owners may impose an additional "convenience fee" or "surcharge fee" for certain ATM transactions (a sign should be posted at the ATM to indicate additional fees); however, you will not be charged any additional convenience or surcharge fees at a Bank of America ATM. A Bank of America ATM means an ATM that prominently displays the Bank of America name and logo. An ATM Transaction Decline occurs when you request an amount greater than your balance or you incorrectly enter your PIN more than four times. Balance inquiries may not be available at all ATMs outside the U.S.

**All emergency cash transfers must be initiated through the Prepaid Debit Card Customer Service Center.

Note: For any questions related to the above fee schedule, please call the Prepaid Debit Card Customer Service Center at 1.866.213.4074, 1.866.656.5913 TTY, or 423.262.1650 (Collect, when calling outside the U.S.). For any questions regarding your payments and dates of additions to your Account, please contact Multnomah County Accounts Payable at 503.988.3316.

This card is issued by Bank of America, N.A., pursuant to a license from Visa U.S.A. Inc.

Bank of America, N.A. Member FDIC CDC-07-15-0939

Bank of America

Multnomah County
Department of County Management

PREPAID CARD ENROLLMENT APPLICATION & AUTHORIZATION FORM

This Prepaid Card payment method is limited to Consumer Payments only (non-Corporate payments)
Remit payments via Direct Deposits/ACH (Automated Clearing House Funding)

(revised SEPT 2015)

Section A:

PREPAID CARD APPLICANT / VENDOR PROFILE (***all*** *boxes in this section must be completed - "Strike-outs" will void this form)*

SSN	**PREPAID CARD HOLDER NAME AND MAILING ADDRESS**
PHONE NUMBER (required ONE phone no.) ☐ Home ☐ Work ☐ Cell	
EMAIL ADDRESS (required to send electronic payment notice)	

AUTHORIZATION *(completed by Prepaid Card Holder / Vendor)*

The agreement instructs Multnomah County to make cardholder payments via a Prepaid Card. The agreement represented by this authorization remains in effect until canceled in writing by the cardholder or until the program is suspended or terminated by Multnomah County. Payments to you will be deposited into the Prepaid Card Account for all future payments until Multnomah County is notified in writing that you wish to cancel this authorization. Six to ten banking days are needed to execute your instructions. To make any changes, submit a new form with updated information. The Prepaid Card Holder is responsible for timely notification to payor of any and all changes. If any action or inaction taken by the cardholder results in non-acceptance of an ACH deposit by the designated Financial Institution, cardholder acknowledges that the County has no responsibility to issue another payment until the funds for the non-accepted deposit are returned to the County by the Financial Institution. Please DO NOT destroy Prepaid Card unless your relationship with Multnomah County is terminated. See Multnomah County Prepaid Card brochure for information about sevices and fees.

RECOVERY OF FUNDS DEPOSITED IN ERROR

In the event that an erroneous ACH payment occurs, creating an over-payment to the Prepaid Card Account, the County reserves the right to debit your card account for an amount not to exceed the amount of the overpayment. In the event that a debit adjustment cannot be implemented, the County may utilize any other lawful means to recover payments to which the account holder is not entitled, including deducting the amount owed from future payments until the total over-payment is recovered. By signing this form, the cardholder acknowledges acceptance of these terms and conditions.

I certify that I have read and understand the information written above. I acknowledge that I am responsible for providing timely and accurate information and for all penalties and damages resulting from my failure to provide such information. I authorize Multnomah County to deposit payments to and make debits to adjust for over-payments from the account designated below. I attest to the accuracy of this information and certify that I am authorized to enter into this agreement on behalf of the account holder.

PREPAID CARD HOLDER / VENDOR AUTHORIZATION	
SIGNATURE of Prepaid Card Holder / Authorized Representative	**DATE**
PRINTED NAME of Prepaid Card Holder / Authorized Representative	
Phone Number	**Email Address** of Cardholder / Authorized Representative

Section B: COUNTY INTERNAL USE ONLY

1. ABA ROUTING & TRANSIT NUMBER		***2. DEPOSITOR ACCOUNT NUMBER***	
051000101			
Vendor Email _____ ***App to G drive*** _____ ***PAT System*** _____ ***SAP Email*** _____ ***Mass Email*** _____ ***Reviewed By*** _____	***SAP VENDOR #***	**Payment Method: J** **Payment Terms:** **J001** _____ **J010** _____ **J030** _____	**Notes:**

Please email the completed form to: dcm.accounts.payable@multco.us
or mail to:

MULTNOMAH COUNTY
CENTRAL ACCOUNTS PAYABLE
ATTN: PREPAID CARD/ACH Coordinator
501 HAWTHORNE BLVD, 4TH FLOOR
PORTLAND, OR 97214

Multnomah County
Prepaid Card/ACH payments: How it works

1. *Initial setup generally takes six to ten banking days. In the interim, any payments due will be made by check.*
2. *Completed applications are submitted to Central Accounts Payable for vendor profile updating. A confirmation email will be sent to cardholder once an application is processed. Cardholder will receive a Prepaid Card from the bank within 7-10 business days.*
3. *For cardholders: After performance of service, submit an invoice for payment as specified on the Contract Agreement or Purchase Order.*
4. *After invoice is received from cardholder and approved by County Dept, it is entered into the County's accounting system.*
5. *County will direct deposit invoice payment to cardholder's prepaid card account.*
6. *Payment notification with payment detail formerly found on check stub will be sent to cardholder via email.*

If you have any questions, please contact Central Accounts Payable at (503) 988-3316 or email dcm.accounts.payable@multco.us.

Multnomah County Health Department

Integrated Clinical Services

HRSA Off-Cycle Conditions 90-Day Response

Due June 14, 2022

Introduction

Audience

HRSA, Community Health Center Board (CHCB), County Chair, COO, and internal leadership of related Departments and Divisions.

Executive Summary

This is the Health Center's 90-Day Response to HRSA's "On Hold" Conditions Progress Report, due to HRSA June 14, 2022. The first two elements of the 90-Day response provide an analysis of the costs and value of services that the Health Center receives for the negotiated Health Department Indirect rate. The third element provides an update on the development of an Enterprise Fund for the Health Center.

The Health Center is taking a collaborative approach to developing this response in order to capture information, practices, and details that span multiple Divisions and Departments in the County. This includes representatives from the Health Department Integrated Clinical Services Division (ICS, the County's Federally Qualified Health Center), Health Department Finance and Business Management Division (FBM), and the Department of County Management (DCM).

HRSA On Hold Conditions

HRSA has placed two conditions on our base grant which must be satisfied to maintain Federally-Qualified Health Center (FQHC) status. FQHC status allows MCHD/ICS to access approximately $10M in grant funding annually, as well as access to additional funding (exceeding $100M) from HRSA and State agencies to support capital expansions, clinic renovations/equipment, and supplemental services, as well as enhanced reimbursement for serving Medicaid clients.

There are two outstanding conditions related to the following requirements:

- Exercising Required Authorities and Responsibilities (fundamental purpose of the CHCB)
- Financial Management and Internal Control Systems (needed for CHCB to meet their responsibility for financial oversight of the Health Center)

To satisfy both conditions, the Health Center and County are submitting both a Monthly Package and 90 Day Response.

Monthly Package

The monthly package contains reports and information needed to show progress toward financial management compliance, and documentation to demonstrate that this information was provided to the CHCB to exercise their required authorities and responsibilities in regards to financial oversight of the Health Center.

NOTE: The process and submission of the monthly package is separate from the 90 Day Response and is not included in this document.

90 Day Response Elements

HRSA requested the following for the 90-Day response:

1. An analysis to determine whether processes involved in patient services charge capture, billing, managing alternative payment contracts, collections, and accounts receivable management could be more cost efficient for the health center to manage directly or contract out. This reporting requirement was identified during the November 2020 and July 2021 TA engagements.
2. An analysis on all positions and services (including contracts) that the Health Center pays for both direct and indirect. This reporting requirement reflected a recommendation made during the November 2020 and July 2021 TA engagements.
3. Enterprise Fund: For each item below, provide the status and date of completion or estimated date of completion. The requirements listed below reflect the checklist provided by the County during the initial RFI process and response to the 90 day conditions.
    a. Analyze all balance sheet accounts (modified and full accrual) to determine which ledger accounts have balances related to the Community Health Center
        i. Income Statement and Balance Sheet Accounts (214 BS Accounts)
    b. Analyze all grants to verify if they are fixed type with no lingering unbilled Receivables
    c. Cost Object Change List: Identify all cost centers, grants, MOCS that need fund change. (61 Cost Centers, 427 MOCS, and 281 Grant Tags)
    d. Identify business assets that need to be transferred to new fund
    e. Create and test Enterprise Interface Builder (EIB)for mass uploads
    f. Crosswalk of existing fund structure to new fund structure (including any sub-funds)

g. Position Change List Identify all positions that need "home" fund change
h. Configure new funds for indirect and interest earnings
i. Questica new Cost Object (budget system) set up
j. Update payroll Costing Allocations for Workers
k. Update Allocations
l. Cost object creation or updating: cost centers, MOCS, Grants, and Award Lines
m. Update funds for cost objects on contract lines and purchase orders
n. Update "home" fund on positions with Community Health Center "home" cost center
o. Transfer Business Assets
p. Update fund on any prepaid spend amortization schedules
q. Update fund on ad hoc bank transaction templates
r. Apply every payment possible to minimize open items
s. Deposits can continue to be made, but not applied to invoices during blackout period
t. All in progress customer invoices are approved before beginning analysis of open items
u. All in progress customer invoices are approved before beginning analysis of open items
v. Adjust Open Customer Invoices to Zero
w. Create new customer invoices with new fund to replace open invoices
x. Revenue journals
y. Apply supplier invoice adjustments to open supplier invoices so that all net to zero
z. Create new supplier invoices with a new fund to replace open
aa. Prepare other manual journals that are required to move balance sheet ledger account balances from old funds to new funds, (examples: Cash, Payroll Payable, Unearned Revenue, Compensated Absences, Deferred Inflows and Outflows)
bb. Questica Quarterly Actuals are exported from Workday into Questica on a quarterly basis
cc. Create related Worktags Fix Journal
dd. Enable Beginning Working Capital roll forward
ee. Tie Out New Fund All balances and activity in new fund tie to expected values to produce accurate and balanced statements.
ff. Resume applying payments only after all balances and activity in new fund have been tied

90 Day Response

Element 1

An analysis to determine whether processes involved in ~~patient services charge capture~~, billing, ~~managing alternative payment contracts,~~ collections, and accounts receivable management could be more cost efficient for the health center to manage directly or contract out.

Note on this response: "Charge Capture" and "Managing Alternative Payment Contracts" have been excluded from the scope of the response for this condition because this work is already performed by Health Center programs directly.

The Health Center collaborated with Health Department and County programs to identify and analyze three scenarios that could meet the needs of the Health Center for billing, collections, and accounts receivable (AR) services:

1. Current state: AR related functions are largely performed within the Finance and Business Management (FBM) division
2. The Health Center providing services directly
3. Partnering with an external vendor to provide services

To evaluate the best interests of Health Center and its patients, this analysis includes a review of costs and financial sustainability, as well as other factors and impacts that could help inform a recommendation or decision.

Some details would not change between scenarios, and may be helpful to note for context:

- The Health Center has had several external consultant reviews that have recommended organizational changes and process improvements, such as the development of a cross-Divisional Revenue Cycle committee. These assessments did not include analysis of these scenarios.

- The OCHIN Revenue Cycle Scorecard compares performance metrics for AR/Billing functions to other OCHIN members. The scorecard combines this data for all Health Department programs, not just the Health Center. The scorecard indicates that Multnomah County's metrics, such as "average days in AR" and "claims acceptance rate," are above average of other health centers of similar

sizes. The scorecard does not include other context such as staffing dedicated to medical billing, or processes.

Aged Receivables is an important revenue cycle metric that shows what services we have delivered and incurred expenses for, but we have not yet received revenue for. There are many factors that can impact Aged Receivables, such as:

- Accurate collection of insurance coverage
- Accurate coding and chart documentation
- Timely chart closure
- Continuous working of charge review workqueues
- Timely billing
- Clean claims (claims that are charged and paid without needing to be fixed)
- Follow up to denied claims

While Aged Receivables will never be at zero, it should be continuously reviewed for variances which could indicate an issue in the revenue cycle process that needs to be investigated and addressed. If charges sitting in Aged Receivables are not addressed, revenue could be lost to timely filing deadlines or to denied claims not being corrected and resubmitted. The longer that charges sit in Aged Receivables, the less likely health care providers are to receive payment at all and will go from being potential revenue to a cost to the Health Center since the costs of providing services were already incurred.

Current Aged Receivables (April 2022)

	Total Receivables*	**Current**	**Aged >30 days**	**Aged >60 days**	**Aged >90 days**
Charges	$4.0 m	$2.3 m	$1.7 m	$1.3 m	$1.0 m

**Excluding self-pay*

The "carrying cost" of Aged Receivables is the amount it costs the health system to hold onto charges due to lost revenue and the cost of fixing and submitting/resubmitting the charges. In health care, the carrying cost of receivables over 90 days is about 31%** ($310k of the current 90 day balance).

***Moula, referencing Healthcare Financial Management research from the Harvard Business Review*

Scenarios

		Scenario 1: *(Status quo)* Health Center continues with the current HD Indirect rate, and FBM continues to provide the current service levels for Accounts Receivable (AR) and related services.	**Scenario 2:** Transition AR functions for Health Center from FBM to be housed within the Health Center structure. Most AR/Medical Billing staff would transfer to Health Center.	**Scenario 3:** Contract with external vendor (ex: OCHIN) to provide AR functions.
Costs for the Health Center (estimated/ projected)	**Total Annual Cost to the Health Center for resources:**	**$546,112**	**$1.1 - $1.5m Estimated**	**$1.4 - $1.6m Estimated**
	HD Indirect:	*$546,112** *(Medical Billing team includes 10 FTE. Approximately 80% of their work is done for the Health Center)* **from FY21 HD Indirect (see Element 2 response)*	*$0*	*$0*
	ICS Staff:	*N/A*	*$1.0-$1.4m (6-10 FTE)*	*$330k-500k (2-3 FTE)*
	External Vendor for Medical Billing services (OCHIN)	*Cost to Health Center: $0* *FBM's Medical Billing program has contracted with OCHIN to provide supplemental services, which is paid for by County General Fund ($361,600)*	*TBD (Health Center decision)* *Supplemental services may still be needed from OCHIN, which would be paid for from Health Center Funds (est $361,600)*	*$978,045* *Quote provided by OCHIN for billing-only services (5% of Annual Collections of $19,560,894).*
	Other EHR costs (OCHIN, Trizetto)	*Cost to Health Center: $0* *Patient statements paid for by Health Department (~$89k/year)* *Transaction Charges (~$1.35m/year) paid for by Health Department*	*Cost to Health Center: ~$89k/year* *Patient statements paid for by Health Center (~$89k/year)* *Transaction Charges (~$1.35m/year) paid for by Health Department*	*Cost to Health Center: ~$89k/year* *Patient statements paid for by Health Center (~$89k/year)* *Transaction Charges (~$1.35m/year) paid for by Health Department*
	Initial transition costs:	*N/A (current state)*	*N/A (internal transitions only).*	*TBD: at this time, there is no indication of additional transition costs with OCHIN*

Transition timeline		Current state - no transition	3-6 months (est)	12-24 months (est)
Impacts to the Health Center	Staff Impact	No impact to staff	Several AR/Medical Billing staff would transition to the Health Center and may have some changes to duties, supervisor, and program culture.	Transition of 7-8 FTE would include working with HR, Labor Relations, Local 88, and Legal to determine how the organizational change and funding of positions would occur. Oregon Revised Statute (ORS) 236.605 to 236.640 applies, which states that public staff whose work is transferred to another public entity (including Oregon nonprofits) must be transferred with it.
	Knowledge base	Retains institutional knowledge of the Health Department's services, policies, and processes related to Medical AR/Billing. Does not gain access to OCHIN Collaborative skills and experience.	Retains institutional knowledge of the Health Department's services, policies, and processes related to Medical AR/Billing. Does not gain access to OCHIN Collaborative skills and experience.	Retains some institutional knowledge of the Health Department's services, policies, and processes related to Medical AR/Billing. Gains access to OCHIN Collaborative skills and experience.
	Supervision and Operations	Medical Billing program supervised and directed by FBM Division. Cross-Divisional committees opens up lines of communication between Divisions. OCHIN currently providing limited medical billing services to supplement for vacancies and special projects. Aged Receiveables factors are split between FBM and the Health Center, with shared accountability for performance. Service Level Agreements would be updated to include measures and processes for identifying issues, root cause analysis, and improvement for the different factors.	Medical Billing program supervised and directed by Health Center. OCHIN may still be needed, at least temporarily, to supplement for vacancies, transition, and special projects. Aged Receivables factors would reside within the Health Center. The Health Center would be accountable for performance, root cause analysis, and process improvements, and would supervise the staff responsible for these actions.	Medical Billing customer service staff supervised and directed by Health Center. Other Medical Billing services staff would be supervised by OCHIN. Preliminary feedback from other organizations using OCHIN for medical billing services has been positive. Aged Receivables and other metrics would be included as performance measures in the contract with OCHIN. This would require a structure to identify processes for identifying issues, root cause analysis, and improvement for the different factors.

	Depth of Coverage for Absences/ Vacancies	Limited depth of coverage without additional staff or identifying additional resources in the Health Center and/or Financial and Business Management.	Limited depth of coverage without additional staff or identifying other Health Center resources for this work.	Sufficient coverage for all functions.
	Patient Experience	Patients can call FBM Medical Billing directly to discuss a statement, make a payment, or arrange a payment plan. PAC or clinics can transfer a patient directly to this line.	Patients would be able to call Health Center Medical Billing directly to discuss a statement, make a payment, or arrange a payment plan. PAC or clinics would be able to transfer a patient directly to this line.	Billing customer service would still remain in the Health Center. Patients would be able to call Health Center Medical Billing directly to discuss a statement, make a payment, or arrange a payment plan. PAC or clinics would be able to transfer a patient directly to this line.

Element 2

An analysis on all positions and services (including contracts) that the Health Center pays for both direct and indirect.

Response to Element 2 illustrates how the Health Department "Indirect" costs are calculated and the services provided for those funds. See Appendices B & C for list of both Indirect-Eligible and Direct personnel.

"Cost Pool" Method

A "cost pool" is a common financial method to manage funding for work that is shared across multiple programs. A cost pool is calculated by identifying total costs for the shared work, then each program pays a portion of the pool to fund that work. In the Health Department, the cost pool for shared "administrative" services is referred to as the **Health Department Indirect Rate.**

There are many of these types of administrative functions across the Health Department, such as human resources, grants management, medical billing, leadership, etc (see HD Indirect Cost Pool Calculation and Allocation section). A subset of the staff performing these functions are identified as "eligible" for being funded by the HD Indirect Rate cost pool. Divisions pay for a portion of these "Indirect-eligible" costs, with the rest paid for by County General Fund (CGF).

County Internal Services

The Health Department's total indirect rate is made up of two separate rates. The first establishes support costs internal to the Health Department and the other identifies countywide (Central) support costs:

Departmental Indirect Cost Rates: Each department pays a rate based on departmental administrative costs incurred within the organization. Only costs not charged directly to grants are included in the departmental rates.

Central Service Cost Allocation: The Cost Allocation Plan identifies and distributes the personnel cost of services provided by County support divisions to County departments (Health, Sheriff, etc.) as a flat county-wide central service rate. Central services include Internal Auditor, Central Budget Office, Workday ERP Support, Central Finance, Central Human Resources and Strategic Sourcing.

These costs are not part of this analysis.

Combined Indirect Cost Rates: These are the indirect rates that each department may charge to grants. Indirect cost rates are applied to direct personnel expenditures only.

Separate from indirect rate are internal services, which includes Fleet Management, Information Technology, Mail & Distribution, Facilities, and Risk Management. Internal services are directly charged to departmental users. Charges to the County departments are calculated to recover costs and maintain capital. Below is a short description of each internal service. Rates for the internal service providers are posted on the County's public website at:
https://multco.us/budget/fy-2023-county-assets-cost-allocations

- Fleet Management – accounts for the County Motor Pool and Feet Operations
- Information Technology – accounts for County information technology services including business applications, desktop computing, helpdesk, networking, security, telecommunications, and certain enterprise system supports.
- Facilities Management – accounts for the management of all County owned and leased facilities and electronic services.
- Mail and Distribution - accounts for the County's mail/distribution and records management operations.
- Risk Management - accounts for the County's risk management activities including insurance for property, general liability, unemployment, workers' compensation, and medical/dental coverage for active and retired employees.

HD Indirect Cost Pool Calculation and Allocation

Calculation step	FY21 Expenses
Cost of all Health Department Administrative functions	**$26.3m**
Costs Administrative functions eligible to be paid for out of the HD Indirect Cost Pool (personnel costs for positions included in UDS)	**$15.9m**
Use these totals to calculate the Health Department Indirect rate:	$\frac{\$15.9m}{\$183.4m} = 9\%$
Use the Health Department Indirect rate to calculate each Division's share of the Health Department Indirect cost pool: **HD Indirect Rate (%) x Division Payroll ($)* = Division share of HD Indirect Cost Pool ($)** **Division Payroll based on Indirect Eligible positions only. For FY21, total ICS payroll was $82.2m, only $81.2% eligible for indirect*	9% x $81.2m = $7m

	Dept Indirect	Dept Direct	Dept Total
Personnel Services	**$15.9m**	**$183.4m**	$199.12m

$$\frac{\text{Indirect Eligible Payroll}}{\text{Total Health Dept Direct Payroll}} = \text{HD Indirect Rate \%}$$

Health Department Indirect Calculations: Actual costs for FY21

Total Health Dept Administrative Costs: **$26,295,341**

Health Department Administrative Costs Eligible for being funded by HD Indirect: **$15,868,059**

Remaining HD Admin Cost: **$10,427,282**

Total HD Indirect Cost Pool funds (9% of personnel costs from each Division): **$9,909,761**

ICS pays toward HD Indirect Cost Pool: **$6,953,307**
(26% of total Admin costs, 70% of Division contributions to Indirect Cost Pool)

Finance and Bus Mgmt	Leadership/Admin	Health HR	Org. Devel.	Health Officer	Other HD Divisions Pay: $2,956,454
$3,668,924	$1,673,421	$1,019,114	$471,309	$120,539	

County General Fund pays remaining Administrative Costs: **$16,385,580**

Accounting and Financial Leadership	Accounts Payable	Analytics	Budget	Contracts, Procurement and Inventory	Grants	Medical Accounts Receivable
$964,354	$313,253	$412,646	$441,672	$668,095	$322,792	$546,112

Administrative Cost Center Cost, Cost to Health Center and Descriptions

	FY2022 Actuals Expenses					
Indirect Service Area	**Total Personnel Eligible for Indirect**	**Ineligible and M&S**	**Total Cost**	**ICS Payment toward HD Indirect**	**Roles Covered**	**Relation to Health Center Work**
Health Department Leadership and Administration	3,581,820	2,746,559	6,328,379	$1,673,421	Leadership and some administrative teams in public health, behavioral health, and the department director divisions.	Staff provide consultation and organization of policies, shared patients service coordination, shared project support, legislative advocacy, and COVID19 coordination.
Financial and Business Management	7,393,256	6,481,524	13,874,780	$3,668,924	Staff in financial and business teams who support health department services.	Staff provide support and services in budget, medical billing, accounts receivable, grant reporting, cash management, financial reporting, contract management, procurement and purchasing, vaccine depot, internal services inventory and coordination, building and facilities operational support.
Human Resources	3,067,694	786,294	3,853,988	$1,019,114	Recruitment staff, HR analysts, and managers.	Staff provide support in recruitments, coaching, performance improvement, and labor contract projects.
Organizational Development	1,441,428	340,923	1,782,352	$471,309	Training and program communication staff.	Staff provide training and facilitation workshops to clinic groups, as well as consultation on media campaigns.
Health Officer	383,862	71,981	455,842	$120,539	Health officers and program staff.	Consultation on medical care and patient care services, death investigations, and COVID19 coordination.
Grand Total	**15,868,059**	**10,427,282**	**26,295,341**	**6,953,307**		
Percentage of Total Cost	**60%**	**40%**	**100%**	**26%**		

Health Department FBM Services and ICS Payment toward HD Indirect

FY2021 Actuals Expenses					
Indirect Service Area	**Total Cost**	**Total FTE**	**ICS Payment toward HD Indirect**	**ICS % of Cost**	**Relation to Health Center Work**
Accounting and Financial Leadership	5,254,737	17.8	964,354	18%	Financial and Accounting leadership and interpretation of County accounting systems, policies and procedures. CHCB Financial reports and analysis, year end account reconciliation, creation of new Enterprise fund. Cash collection at all clinic sites, along with reconciliation, posting and reporting of all cash, checks and wire transfer for ICS.
Accounts Payable	770,538	6.0	313,253	41%	Posting, recording and reconciliation of all invoices for services used by ICS. This includes payments to medical suppliers, services and contractors. Procurement card and Multco Marketplace reconciliation, reimbursement and payment processing.
Analytics	3,060,151	5.0	412,646	13%	Management of data systems and reports for ICS and other divisions. Coordination of IT projects, liaison with County IT for large projects and develops tools and reports for smaller projects.
Budget	975,502	5.0	441,672	45%	Manages the process of incorporating the ICS budget into the Health Department total budget and is a liaison with the County's budget office. Manages and facilitates budget modifications and amendments approved by CHCB, so that they are approved by the County Board and incorporated into the County's accounting and budget systems.
Contracts, Procurement and Inventory	1,657,694	12.5	668,095	40%	Prepares, processes and executes all ICS contracts and procurements for goods and services. Ensures adherence to governmental purchasing rules and regulations. Manages receipt, storage and distribution and tracking of the vaccine inventory, including vaccines utilized by ICS stored in the Vaccine Depot.
Grants	744,532	5.0	322,792	43%	Monthly, quarterly and annual financial reports, federal draws and invoicing for all ICS grants, including the HRSA 330 grant.
Medical Accounts Receivable	1,411,626	10.0	546,112	39%	Medical accounts management, claims processing, denial management and payment posting in EPIC for all ICS medical and dental services. Provides Medicaid credentialing services, in partnership with ICS. Issues patient statements and responds to patient, insurance companies and third-party payer questions and concerns about account balances.
Grand Total	**13,874,780**	**61.3**	**3,668,924**		
Percentage of Total Cost	**100%**	**100%**	**26%**		

Element 3

Enterprise Fund: For each item below, provide the status and date of completion or estimated date of completion. The requirements listed below reflect the checklist provided by the County during the initial RFI process and response to the 90 day conditions.

See below status update for each sub-bullet for this Element, and attached Fund Implementation Progress Report and memo describing progress.

Element sub bullet	**Status/Completion Date** *Complete, In Progress, Not Started (include reason)*
a. Analyze all balance sheet accounts (modified and full accrual) to determine which ledger accounts have balances related to the Community Health Center i. Income Statement and Balance Sheet Accounts (214 BS Accounts)	COMPLETE - March 2022 Reviewed all accounts for Health Center activity that requires conversion into new fund. All historical balances relevant to Health Center have been fully converted. i. All Health Center financial activity for fiscal year 2022 is occuring in new enterprise effective Oct 2021
b. Analyze all grants to verify if they are fixed type with no lingering unbilled Receivables	COMPLETE - September 2021
c. Cost Object Change List: Identify all cost centers, grants, MOCS that need fund change. (61 Cost Centers, 427 MOCS, and 281 Grant Tags)	COMPLETE - September 2021
d. Identify business assets that need to be transferred to new fund	COMPLETE - May 2022
e. Create and test Enterprise Interface Builder (EIB)for mass uploads	COMPLETE - September 2021
f. Crosswalk of existing fund structure to new fund structure (including any sub-funds)	COMPLETE - August 2021
g. Position Change List Identify all positions that need "home" fund change	COMPLETE - August 2021
h. Configure new funds for indirect and interest earnings	COMPLETE - June 2022

i.	Questica new Cost Object (budget system) set up	COMPLETE - September 2021
j.	Update payroll Costing Allocations for Workers	COMPLETE- September 2021
k.	Update Allocations	COMPLETE - November 2021
l.	Cost object creation or updating: cost centers, MOCS, Grants, and Award Lines	COMPLETE- September 2021
m.	Update funds for cost objects on contract lines and purchase orders	COMPLETE - October 2021
n.	Update "home" fund on positions with Community Health Center "home" cost center	COMPLETE- October 2021
o.	Transfer Business Assets	COMPLETE - JUNE 2022 Health Center business assets to be moved (into new fund) have been identified. Equipment moved in period 10 (April), building improvements to be moved in Period 11 (May)
p.	Update fund on any prepaid spend amortization schedules	COMPLETE - October 2021
q.	Update fund on ad hoc bank transaction templates	COMPLETE - October 2021
r.	Apply every payment possible to minimize open items	COMPLETE - December 2021
s.	Deposits can continue to be made, but not applied to invoices during blackout period	COMPLETE - May 2022
t.	All in progress customer invoices are approved before beginning analysis of open items	COMPLETE - May 2022
u.	*All in progress customer invoices are approved before beginning analysis of open items*	*DUPLICATE*
v.	Adjust Open Customer Invoices to Zero	COMPLETE - May 2022
w.	Create new customer invoices with new fund to replace open invoices	COMPLETE - May 2022
x.	Revenue journals	COMPLETE - May 2022

y.	Apply supplier invoice adjustments to open supplier invoices so that all net to zero	COMPLETE - December 2021
z.	Create new supplier invoices with a new fund to replace open	COMPLETE - December 2021
aa.	Prepare other manual journals that are required to move balance sheet ledger account balances from old funds to new funds, (examples: Cash, Payroll Payable, Unearned Revenue, Compensated Absences, Deferred Inflows and Outflows)	COMPLETE - June 2022 Remaining Year End full accruals entries will be processed during closing process (e.g. compensated absences)
bb.	Questica Quarterly Actuals are exported from Workday into Questica on a quarterly basis	N/A No Longer applicable, Questica is used only for budgeting. The Health Center budget for fiscal year 2022 forward are within a new enterprise fund both in Questica and Workday
cc.	Create related Worktags Fix Journal	COMPLETE - November 2021
dd.	Enable Beginning Working Capital roll forward	COMPLETE - JUNE 2022
ee.	Tie Out New Fund All balances and activity in new fund tie to expected values to produce accurate and balanced statements.	COMPLETE - June 2022
ff.	Resume applying payments only after all balances and activity in new fund have been tied	COMPLETE - May 2022

Appendix A: Glossary

Term	Definition
APM/ APCM	Alternative Payment Methodology: a payment approach that rewards providers for delivering high-quality and cost-efficient care. Advanced Payment and Care Model: a model that involves participation in learning communities etc. that goes beyond the scope of the specific APM program to align payment with an efficient, effective, and emerging care model that lowers overall costs while improving quality, access, and health equity. *adapted from https://www.oregon.gov/oha/HSD/OHP/Tools/APM%20FAQs.pdf*
AR	Accounts Receivable: revenue that has been billed for but not yet collected. It's money owed to us. It consists of any amounts due from patients, insurance or grantors. AR management is a function currently performed by the Medical Billing team within the Finance and Business Management Division.
Charge Capture	Registration, building and selecting accounts, requesting and accepting payments, and reconciliation. This is done through scheduling, eligibility, and checking in processes done by ICS staff.
CHCB	Community Health Center Board: The patient-majority governing board for the Health Center.
CGF	County General Fund
Collections	An AR function that includes collection of funds from payers
Cost Pool (Personnel Cost)	A common financial method that calculates a fixed percentage based on historic personnel costs. That percentage is then applied to future costs when incurred.
CSI	Clinical Systems Information: A program within the ICS Division that administers the EHR.
EHR/Epic	Electronic Health Record System (OCHIN Epic)
HD Indirect	Health Department Indirect rate: The costs that the HD Divisions pay toward the administrative and support functions in the Department.
HDAT	Health Data and Analytics Team: A program within the FBM Division that supports certain data, reporting, and analytics functions for FBM and some other Divisions.

HIS	Health Information Services: A program within the ICS Division that manages medical records and privacy for the Health Department, including
ICS	Integrated Clinical Services: A division within the Multnomah County Health Department that provides direct client services, and is the County's Federally Qualified Health Center.
FBM	Finance and Business Management: A division within the Multnomah County Health Department that performs accounting, contraction and other business functions to support Department programs.
Managing Alternative Payment Contracts	Coordination and negotiation of payer contracts and reconciliation of APM/APCM, which is currently done by the ICS Finance and ICS Business Intelligence teams.
Medical Billing Program	A program within the FBM Division that performs functions related to billing for medical, dental and behavioral health services.
OCHIN	Oregon Community Health Information Network: a non-profit organization that administers the instance of the Epic EHR used by Multnomah County Health Department.
Revenue Cycle	The entire process of activities related to clinical services revenue, from time of patient registration through payment for services. Revenue Cycle functions are performed by many different roles, programs, and divisions.
UDS	Uniform Data Set includes all Health Department staff directly or indirectly charged to the Health Center.

Appendix B: Indirect-Eligible Personnel

Health Department			
Administrative Personnel Costs for FY2021			
ICS's Contribution towards Administrative Costs			
Division or Administrative Cost Centers	**Position Title**	**Total Personnel Costs**	**ICS's Share of Personnel Costs**
Health Department Leadership and Administration	Administrative Analyst	42,094	18,446
	Administrative Analyst	40,474	17,736
	Administrative Analyst	112,481	49,289
	Administrative Analyst Senior	125,990	55,208
	Community Engagement Specialist	228,162	99,980
	Deputy Director	143,188	62,744
	Division Director 1	65,219	28,579
	Executive Specialist	15,814	6,930
	Health Department Director	10,224	4,480
	Health Department Director	341,581	149,679
	Human Resources Analyst Senior	39,677	17,386
	Integrated Clinical Services Director	328,292	143,856
	Management Analyst	78,827	34,542
	Management Analyst	340,719	149,301
	Manager 2	-64,378	-28,210
	Manager 2	71,534	31,346
	Mental Health Director	62,161	27,239
	Nursing Development Consultant	171,596	75,192
	Office Assistant 2	29,675	13,003
	Office Assistant 2	95,634	41,906
	Office Assistant Senior	19,703	8,634
	Office of Consumer Engagement (OCE) Supervisor	161,084	70,586
	Principal Investigator Manager	250,499	109,767
	Program Specialist Senior	134,750	59,047

	Project Manager (NR)	165,793	72,650
	Project Manager (NR)	47,332	20,741
	Project Manager Represented	138,061	60,498
	Project Manager Represented	163,701	71,733
	Public Health Director	156,865	68,738
	Strategic Operations/Systems Facilitator	65,068	28,513
Health Department Leadership and Administration		**3,581,820**	**1,569,536**
Finance and Business Management	Budget Analyst	612,921	268,579
	Business Process Consultant	139,339	61,058
	Contract Specialist	112,232	49,180
	Contract Specialist Senior	525,784	230,396
	Data Analyst Senior	63,338	27,754
	Deputy Director	257,300	112,748
	Development Analyst	441,028	193,256
	Finance Manager	586,123	256,836
	Finance Manager Senior	231,697	101,529
	Finance Specialist 1	587,430	257,409
	Finance Specialist 2	837,379	366,935
	Finance Specialist Senior	1,235,714	541,484
	Finance Supervisor	639,129	280,063
	Finance Technician	163,209	71,517
	Management Analyst	101,331	44,403
	Manager 1	190,304	83,390
	Procurement Analyst Senior	255,994	112,175
	Procurement Associate	30,595	13,407
	Program Communications Coordinator	311	136
	Project Manager Represented	382,098	167,434
Finance and Business Management Total		**7,393,256**	**3,239,689**
Human Resources	Administrative Analyst	21,240	9,307
	Human Resources Analyst 1	488,375	214,004
	Human Resources Analyst 2 (NR)	833,835	365,382
	Human Resources Analyst Senior	1,065,161	466,748
	Human Resources Manager 1	287,805	126,115

	Human Resources Manager 2	218,244	95,633
	Human Resources Technician (NR)	66,932	29,329
	Office Assistant Senior	86,102	37,729
Human Resources Total		**3,067,694**	**1,344,248**
Organizational Development	Creative Media Coordinator	134,261	58,832
	Human Resources Analyst 2 (NR)	198,458	86,963
	Human Resources Analyst Senior	448,100	196,355
	Human Resources Manager 1	190,210	83,349
	Human Resources Manager 2	205,259	89,944
	Program Communications Coordinator	265,140	116,183
Organizational Development Total		**1,441,428**	**631,627**
Health Officer	Deputy Health Officer	154,450	67,679
	Health Officer	196,577	86,139
	Health Officer (On Call)	18,937	8,298
	Program Specialist Senior	271	119
	Temporary Worker	13,626	5,971
Health Officer Total		**383,862**	**168,206**
ICS Total Indirect Personnel Costs FY2021		**15,868,059**	**6,953,307**

Appendix C: Direct Charge Personnel

Health Department			
Direct Charge Personnel Costs for FY2021*			
For Integrated Clinical Services (ICS) Division			
Division	**Position Title**	**Total Personnel Costs**	**ICS's Share of Personnel Costs**
ICS	Access Optimization Coordinator	$289,365	$289,365
	Administrative Analyst	$300,873	$300,873
	Behavioral Health Provider (CSS) - Spanish	$19,131	$19,131
	Behavioral Health Consultant-Spanish	$105,892	$105,892
	Behavioral Health Support Specialist - Spanish	$111,109	$111,109
	BI Developer	$106,853	$106,853
	Business Intelligence Developer	$20,974	$20,974
	Business Process Consultant	$732,617	$732,617
	Case Manager 1	$107	$107
	Case Manager 2	$23,048	$23,048
	Certified Medical Assistant	$2,270,206	$2,270,206
	Certified Nurse Midwife - On Call	$12,521	$12,521
	Chief Clinical Officer	$385,619	$385,619
	CHN EHR Systems Expert	$4,351	$4,351
	CHN, COVID 19 Vaccine Clinic On-Call	$1,355	$1,355
	CHN/AIDS Certified Nurse Case Manager - LD	$81,815	$81,815
	CHS2 COVID -19 Contact Tracer	$7,785	$7,785
	CHS2 HIV Rapid Patient Navigator - Bilingual Spanish	$35,422	$35,422
	CHW Program Supervisor	$114,043	$114,043
	Clerical Unit Coordinator - SHC	$101,338	$101,338
	Clinic Supervisor	$712,127	$712,127
	Clinical Pharmacist	$1,410,341	$1,410,341
	Clinical Psychologist	$720,605	$720,605
	Clinical Services Specialist	$1,103,842	$1,103,842
	College Intern	$70,375	$70,375
	Communications Strategist	$67,196	$67,196
	Community Health Nurse	$4,122,125	$4,122,125
	Community Health Nurse/Nurse Case Manager	$48,546	$48,546

	Community Health Specialist 2	$990,185	$990,185
	Community Health Worker	$680,766	$680,766
	Corrections Health Deputy Dental Director	$14,750	$14,750
	COVID-19 Case Investigator	$688	$688
	COVID-19 CHN Case Investigator	$76,380	$76,380
	Credentialing Program Specialist	$108,438	$108,438
	Data Analyst Senior	$212,927	$212,927
	Dental Assistant (EFDA)	$4,350,320	$4,350,320
	Dental Director	$277,304	$277,304
	Dental Hygienist	$2,215,224	$2,215,224
	Dental Program Manager	$184,749	$184,749
	Dental Program Supervisor	$521,607	$521,607
	Dentist	$685,540	$685,540
	Dentist Represented	$6,248,295	$6,248,295
	Deputy Director, Integrated Clinical Services	$134,546	$134,546
	Deputy Medical Director	$280,302	$280,302
	Deputy, Clinical Operations and Integration	$134,306	$134,306
	DIS COVID-19 Case Investigator	$2,925	$2,925
	Disease Intervention Specialist	$784	$784
	Eligibility - Insurance Specialist	$91,633	$91,633
	Eligibility and Outreach Specialist	$299,034	$299,034
	Eligibility Program Supervisor	$130,895	$130,895
	Eligibility Specialist	$1,220,979	$1,220,979
	Executive Specialist	$94,710	$94,710
	Expanded Practice Dental Hygienist-SCOH	$102,293	$102,293
	Family Nurse Practitioner	$413,930	$413,930
	Finance Manager - WOC	$110,319	$110,319
	Finance Specialist 1	$95,389	$95,389
	Finance Specialist Senior/Senior Coder	$130,106	$130,106
	FQHC Director of Finance	$105,226	$105,226
	Graduate Intern	$22,564	$22,564
	HCV Patient Navigator-CHS2	$23,458	$23,458
	Health Center Business Intelligence Officer	$117,788	$117,788
	Health Center Capital Projects Manager	-$1,261	-$1,261
	Health Centers Division Ops Director	$307,181	$307,181
	Health Centers Strategic Operations Director	$159,925	$159,925

	Health Educator	$62,774	$62,774
	Health Equity & Health Promotion Specialist	$74,412	$74,412
	Health Equity Initiative Project Manager - LD	$7,048	$7,048
	Health Equity Specialist Regional Leader	$37,434	$37,434
	Health Information Program Supervisor	$108,996	$108,996
	Health Information Technician	$542,636	$542,636
	HIS Manager	$161,179	$161,179
	HIV Health Services Operations Supervisor	$3,266	$3,266
	HIV Patient Navigator-African American Culture	$76,572	$76,572
	HRSA Sr. Grants Manager	$137,618	$137,618
	ICS Quality Manager	$194,933	$194,933
	Immunization and Case Investigation Nursing Supervisor - LD	$1,005	$1,005
	Immunization Specialist Senior	$134,676	$134,676
	Integrated Clinical Services Director	$328,292	$328,292
	Interpreter	$3,627	$3,627
	Lab Manager	$114,518	$114,518
	Laboratory Operations Supervisor	$27,700	$27,700
	Lead Certified Medical Assistant (CMA) - Spanish	$86,344	$86,344
	Lead Infection Preventionist - CHN	$211,744	$211,744
	Lead Medical Assistant - Spanish	$106,805	$106,805
	Licensed Community Practical Nurse	$2,086,362	$2,086,362
	Licensed Practical Nurse / Panel Manager	$38,572	$38,572
	Management Analyst - Community Engagement Officer	$28,780	$28,780
	Manager 1	$836,305	$836,305
	Manager 2	$524,006	$524,006
	Manager Senior	$485,285	$485,285
	MAT Behavioral Health Support Specialist - LD	$127,079	$127,079
	Medical Assistant	$3,390,438	$3,390,438
	Medical Coder/Auditor	$99,043	$99,043
	Medical Coding Specialist	$100,136	$100,136
	Medical Laboratory Technician	$905,991	$905,991
	Medical Technologist	$538,300	$538,300
	Misc personnel adjustment	-$41,798	-$41,798
	Nurse Practitioner	$14,411,074	$14,411,074
	Office Assistant 2	$55,911	$55,911
	On-Call Medical Case Manager	$43,748	$43,748

	Operations Administrator	$72,737	$72,737
	Operations Process Specialist	$816,334	$816,334
	Operations Supervisor	$246,242	$246,242
	PAC Operations Supervisor	$77,116	$77,116
	Pharmacist	$3,412,758	$3,412,758
	Pharmacy & Clinic Support Svcs Director	$335,649	$335,649
	Pharmacy Operations Supervisor	$244,423	$244,423
	Pharmacy Program Analyst	$111,888	$111,888
	Pharmacy Technician	$1,905,057	$1,905,057
	Physician	$6,051,550	$6,051,550
	Preventative Care Medical Assistant	$1,036,230	$1,036,230
	Preventive Care Medical Assistant - Spanish	$47,376	$47,376
	Primary Care Project Manager	$66,294	$66,294
	Program Communications Specialist	$61,783	$61,783
	Program Coordinator	$48,889	$48,889
	Program Logistics Specialist - LD	$61,889	$61,889
	Program Specialist	$96,921	$96,921
	Program Specialist Senior	$716,954	$716,954
	Program Supervisor	$1,130,208	$1,130,208
	Program/Medical Assistant Supervisor - Temp	$1,417	$1,417
	Project Manager	$883,201	$883,201
	Psychiatric Nurse Practitioner	$111,510	$111,510
	Psychiatrist	$105,305	$105,305
	Quality and Compliance Specialist - WOC	$100,767	$100,767
	Referral Clerk - Dental	$101,869	$101,869
	Refugee Program Specialist/Bilingual Russian	$105,300	$105,300
	Regional Manager Senior	$354,978	$354,978
	Regional Nurse Manager	$589,784	$589,784
	Regional Program Supervisor	$160,422	$160,422
	Research Evaluation Analyst Senior	$34,859	$34,859
	Revenue Cycle Analyst	$46,708	$46,708
	Revenue Cycle Manager	$186,991	$186,991
	Senior Grants Management Specialist - Temp Appt	$89,949	$89,949
	Sign Fabricator	$1,063	$1,063
	Site Medical Director	$2,654,816	$2,654,816
	Staff Pharmacist	$411,945	$411,945

	Team Clerical Assistant (OA2)	$144,958	$144,958
ICS Total Direct Personnel Costs FY2021		**82,200,739**	**82,200,739**

*Note personnel costs include the following:

	Ledger Account	Net Amount
	60000:Permanent	$46,772,724
	60100:Temporary	$2,182,239
	60110:Overtime	$734,546
	60120:Premium	$720,817
	60130:Salary Related	$17,429,394
	60135:Non Base Fringe	$542,921
	60140:Insurance Benefits	$13,691,363
	60145:Non Base Insurance	$126,734
	Total Personnel Cost FY2021	**$82,200,739**