

Community Health Council

Community Health Council Board Meeting Minutes

Date: Monday, July 13, 2020

Time: 6:00 PM

Location: Zoom

Approved:

Recorded by: Anna Johnston

Attendance:

Board Members	Title	Y/N
"D"eb Abney	Board Member	N
David Aguayo	Treasurer	Y
Fabiola Arreola	Vice Chair	Y
Jon Cole	Member-at-Large	N
Tamia Deary	Member-at-Large	Y
Kerry Hoeschen	Board Member	N
Iris Hodge	Board Member	Y
Harold Odhiambo	Chair	Y
Susana Mendoza	Board Member	Y
Pedro Sandoval Prieto	Secretary	Y
Nina McPhearson	Board Member	Y
Staff/Elected Officials	Title	Y/N
Patricia Charles-Heathers	Health Department Director	Y
Adrienne Daniels	ICS Deputy Director	N
Amy Henninger	Interim Medical Director	Y
Brieshon D'Agostini	Interim Quality Director	Y
Toni Kempner	Regional Clinic Manager	Y
Michele Koder	Pharmacy and Lab Services Director	N
Wendy Lear	Deputy Director Business Operations	Y
Hasan Bader	ICS Finance Project Manager	N
Anna Johnston	Administrative Analyst	Y
Linda Niksich	Community Health Council Coordinator	Y
Christine Palermo	Dental Program Manager	N
Dawn Shatzel	Interim Primary Care Services Director	Y
Len Barozinni	Interim Dental Director	Y
Lucia Cabrejos	Spanish Interpreter	Y
Debbie Powers	Primary Care Clinical Deputy Director	N
Kate Cooper	Interim ICS Deputy Director	Y

Community Health Council

Tasha Wheatt-Delancy	Interim ICS Director	Y
-----------------------------	-----------------------------	----------

Guests: Brian Rottweiler (student), Pari Mazhar (community), Ava Ellis (community)

Action Items:

-

Decisions:

- Approved the June 8, 2020 meeting minutes
- Approved the proposal to move Deferred Revenue to Beginning Working Capital for possible COVID related budget shortfall

Reports Received:

- Monthly Budget Report Reviewed by Wendy Lear Deputy Director Deputy HD-Finance & Business Division
- Annual UDS Report

The meeting was called to order at 6:09 pm by Harold Odhiambo.

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

Board attendance was taken by roll-call. Noted that quorum was met with 7 members in attendance

June 8, 2020 Meeting Minutes Review (VOTE REQUIRED)

(See Document - June CHC Meeting Minutes)

No questions or comments were raised by CHC members

Motion by David to approve the June 8, 2020 Meeting Minutes.

Seconded by Iris

7 aye; 0 nay; 0 abstain

Motion carries

Pedro Prieto Sandoval joined the meeting at 6:18pm...

Monthly Budget Report- April 2020

(See Documents-Monthly Dashboard April 2020 and March FQHC Financial Statement)

Community Health Council

Wendy Lear- Deputy Director Deputy HD-Finance & Business Division

- Finance report for billable visits
- Significant reduction of visits
- May and June numbers have rebounded to pre COVID-19 numbers
- Spike in uninsured patient visits
- CareOregon continues to be our largest payer
- At the close of April, we were projecting a 5.1 million shortfall due to COVID-19

No questions or comments from Board Members

Proposal to move Deferred Revenue to Beginning Working Capital for possible COVID related budget shortfall (VOTE REQUIRED)

(see document - Unearned Revenue & BWC, Presentation Summary Deferred Rev to Beginning Working Capital)

Wendy Lear, Deputy Director Deputy HD-Finance & Business Division

- Estimated 5.1 million dollar shortfall
 - We must find a way to close the shortfall to end at zero or a surplus
 - Purpose of bringing this to the attention of the CHC is to show what we have to do to close the shortfall
 - Address any questions from the Executive Committee and any other additional questions:
 - What is BWC? Wendy addressed questions submitted earlier
 - Wendy- BWC is like a savings account including money earned in previous years, it can be carried over into future fiscal years and has been accumulating since about 2014
 - This year because of the COVID19 shortfalls, we would like to use the deferred revenue as BWC
- Wendy mentioned original ask from last month was to allow us to use as much as possible to close the shortfall at the end of the fiscal year, any unearned revenue will go into the BWC account for future use

Question: Iris- The quality incentives for providers is this like a bonus?

Wendy- Yes

Community Health Council

Iris- We are basically being asked to drain the savings or use a portion of the savings with no way of knowing if we will get future bonus incentive payments?

Answer: Wendy- we have consistently received the quality incentives but its not guaranteed and the amount can vary from year to year

Question: Tasha- when we were able to bring over the BWC- that does not include the 2 million?

Answer: Wendy - yes it does not include that

Question: Tasha- which revenue shortfall will we apply the funds to?

Answer: Wendy- the deferred revenue and BWC are both earned by ICS, we keep revenue in the boundaries of who earned the revenue

Question: Harold- When this money comes in as an incentive, any reason we can not reinvest it somewhere?

Answer: Wendy- good question and in the current structure you can not invest and earn interest but we are exploring other structures that may allow this making of interest on a savings account

Motion by Iris to approve the moving of deferred working capital to beginning working capital

Seconded by David

8 aye; 0 nay; 0 abstain

Motion carries

Annual UDS Report Part 1

(see document - UDS Report)

Interim ICS Director, Tasha Wheatt Delancy; Interim Quality Director, Brieshon D'Agostini & Interim Medical Director, Amy Henninger

- UDS report- Uniform Data System
 - Brieshon and Amy reviewed performance measures that have greatly improved
 - Tasha advised that we will bring back the information in comparison to other Health Centers in regards to cost, visits, and number of patients
 - Total UDS Patients: 62,168
 - Total ICS Patients: 60,050
- Not all visits are included in UDS numbers, for example flu shots
- Brieshon reviewed yearly and monthly trends:

Community Health Council

- Primary Care Visits have gone down since 2017, several factors contributed to this including Family Care closing and patients losing medicare eligibility

Question- Harold- If you go back to Primary Care visits, looking at all the years from the total it looks like the decrease in visits is very little, why do the visits and number of patients not tally up?

Answer: Brieshon- these came from a specific dashboard that Alex works on,

Alex: is the question has visits per patient changed?

Question: does this include one patient with multiple visits?

Answer: Alex, yes the average of visits per patient in 2015 was four visits for example, Alex can provide more numbers if needed

- Brieshon continued presentation on number of patients by zip code
 - Highest are in North Portland, Mid and East County
- Insurance mix has changed very little
- Our patients speak over 90 languages
- SOGI data collection has improved greatly
- Tasha clarified that the homeless population numbers can be deceiving because we updated our collection criterias resulting in an appeared shift of numbers that more accurately captures living situations

Question- Harold - Who sets the goals that you have? When you have the goals for access to prenatal is high but the goal for birth weight is low? Why can't they both be high?

Answer- Amy- in terms of the measures our clinical team looks at the previous numbers and we try to set a realistic number for improvement, for the low birth weight, lower is actually better, so we want the prenatal visits high and the low birth weight numbers low

COVID-19 Updates and ICS Strategic Updates

Interim ICS Director, Tasha Wheatt-Delancy

- **ICS Ramp up updates**
 - Opening more dental sites, still not 100% but the goal is to have all of the dental sites open this week
 - July 27-Aug 20 La Clinica and SE to open
 - Aug 20 or after Rockwood and North Portland to open
 - Come back in August for SHC plans
 - Pharmacists will provide office visits starting in Mid August

Person-Centered & Culturally Relevant:

Community Health Council

- OPCA Health Equity Award went to Katie Thornton and the Healthy Birth Initiatives Program that focuses on the African Communities

Fiscally Sound and Accountable:

- 6.8 Million shortfall for ICS

No questions or comments from Board Members

Council Business Committee Updates

- **Finance Committee met June 26th and 30th**
 - **David**, CHC Treasurer- Met twice to learn more about the deferred revenue and secured, unsecured funds
 - Request for more transparency around what those funds were and more consistent reporting on these accounts
 - Questions around the accounts receivable funds and Tasha helped answer those questions
 - Asked for a little more information to make clear what the request about BWC was
 - Will be looking at recommendations for financial audits as well
- **Quality Committee met July 6th**
 - **Nina**- Quality Committee member- went over the draft UDS presentation and gave Alex some feedback- the role is to take a deeper look at quality information, reviewed presentation and gave feedback for the UDS presentation tonight
- **Hiring Committee met June 26th and July 10th**
 - Conversations have started with Chair Kafoury and Interim Chief HR, Holly Calhoun about the permanent ICS Director Position
 - Explained to the chair why we were proposing a candidate
 - COVID is affecting the ability to do a competitive recruitment process
 - Need to assess the co applicant agreement process

The Executive Committee met on June 22

- Nominating committee needs at least one more person to join the committee
- Reviewed board composition and what we are looking for
- Tasha gave a preview of the ICS updates for this meeting
- Crafted agenda for this meeting

Community Health Council

Next meeting Aug 10th 6-8

Guests please contact Linda with any questions

Meeting Adjourned at 818pm.

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

Community Health Council
Public Meeting Agenda

Monday, July 13, 2020

6:00 - 8:00 pm

(via teleconference)

Public Access Call: +1-253-215-8782

Meeting ID: 962 1204 3153

Password: 026710



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

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

- Meetings are open to the public
- Guests are welcome to observe/listen**
- Use timekeeper to focus on agenda
- Please email questions/comments outside of agenda items and for guest questions to linda.niksich@multco.us

Council Members

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

Item	Process/Who	Time	Desired Outcome
<u>Call to Order/Welcome</u>	<ul style="list-style-type: none">Chair, Harold Odhiambo	6:00-6:10 (10 min)	Call to order Review processes
<u>Minutes</u> VOTE REQUIRED	<ul style="list-style-type: none">Approval for June Public Meeting Minutes	6:10-6:15 (5 min)	Council votes to approve and Secretary signs (electronically)
<u>Monthly Budget Report</u>	<ul style="list-style-type: none">ICS Finance Manager, Hasan Bader	6:15-6:30 (15 min)	Council receives report
<u>Proposal to Move DR to BWC for Possible COVID Related Budget Shortfall</u> VOTE REQUIRED	<ul style="list-style-type: none">Deputy Director HD-Finance & Business Div., Wendy Lear	6:30-6:50 (20 min)	Council Discussion and Vote

<u>Annual UDS Report</u> <u>Part 1</u>	<ul style="list-style-type: none"> Interim ICS Director, Tasha Wheatt Delancy; Interim Quality Director, Brieshon D'Agostini & Interim Medical Director, Amy Henninger 	6:50-7:05 (15 min)	Council receives report
<u>BREAK</u>	<ul style="list-style-type: none"> All 	7:05-7:15 (10 min)	
<u>Annual UDS Report</u> <u>Part 2</u>	<ul style="list-style-type: none"> Interim ICS Director, Tasha Wheatt Delancy; Interim Quality Director, Brieshon D'Agostini & Interim Medical Director, Amy Henninger 	7:15-7:30 (15 min)	Council receives report
<u>COVID-19/ICS Strategic Updates</u>	<ul style="list-style-type: none"> Interim ICS Director, Tasha Wheatt-Delancy 	7:30-7:45 (15 min)	Council receives COVID-19 updates and ICS Updates through the Strategic Plan Lens
<u>Council Business Committee Updates</u>	<ul style="list-style-type: none"> Executive Committee Update; Chair, Harold Odhiambo Finance Committee Update Quality Committee Update 	7:45-8:00 (15 min)	Council receives updates from Chair
Adjourn Meeting	<ul style="list-style-type: none"> Chair, Harold Odhiambo 	8:00	Goodnight!

Multnomah County - Federally Qualified Health Center

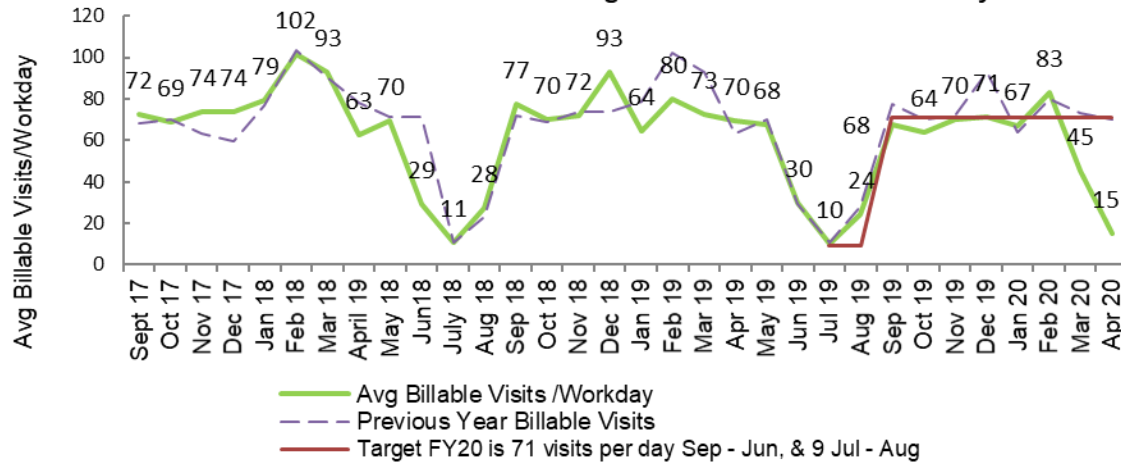
Monthly Dashboard

April 2020

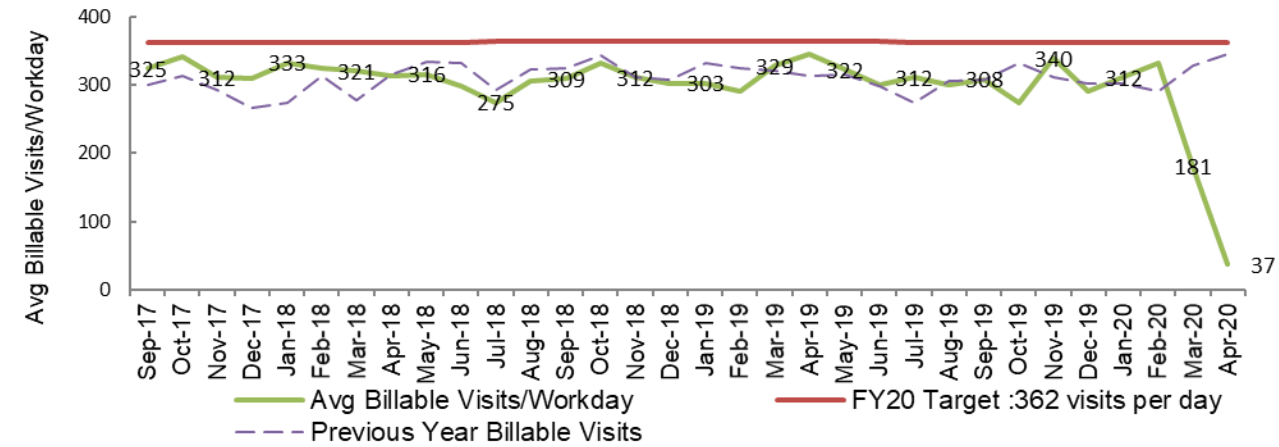
Prepared by: [Larry Mingo](#)

FQHC Weekly Billable Visits Per Department

Student Health Center Average Billable Visits Per Workday

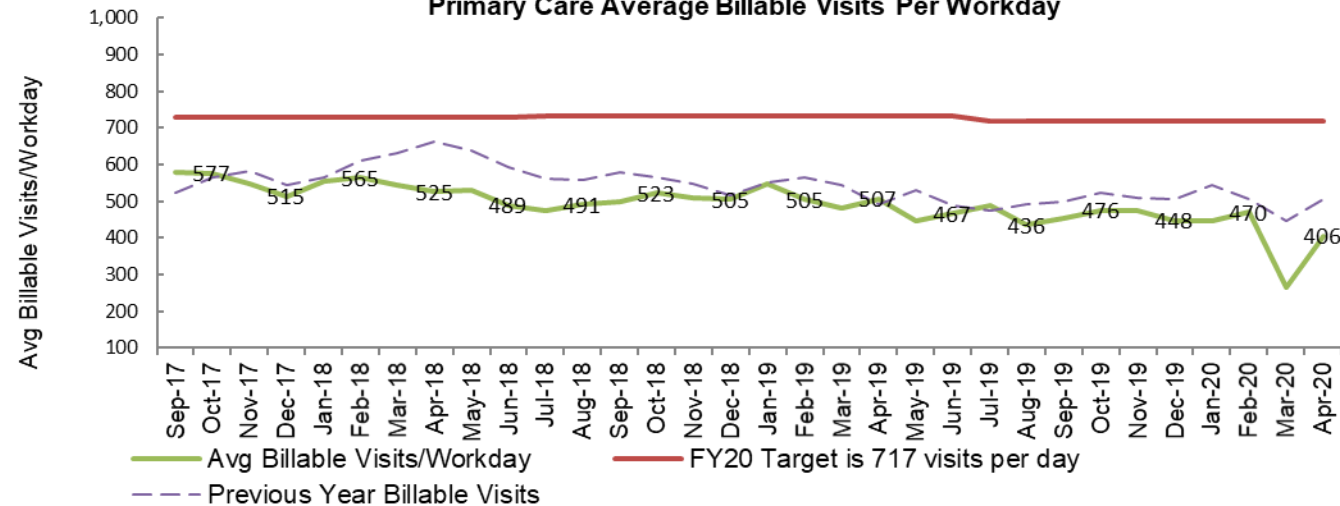


Dental Average Billable Visits Per Workday



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

Primary Care Average Billable Visits Per Workday

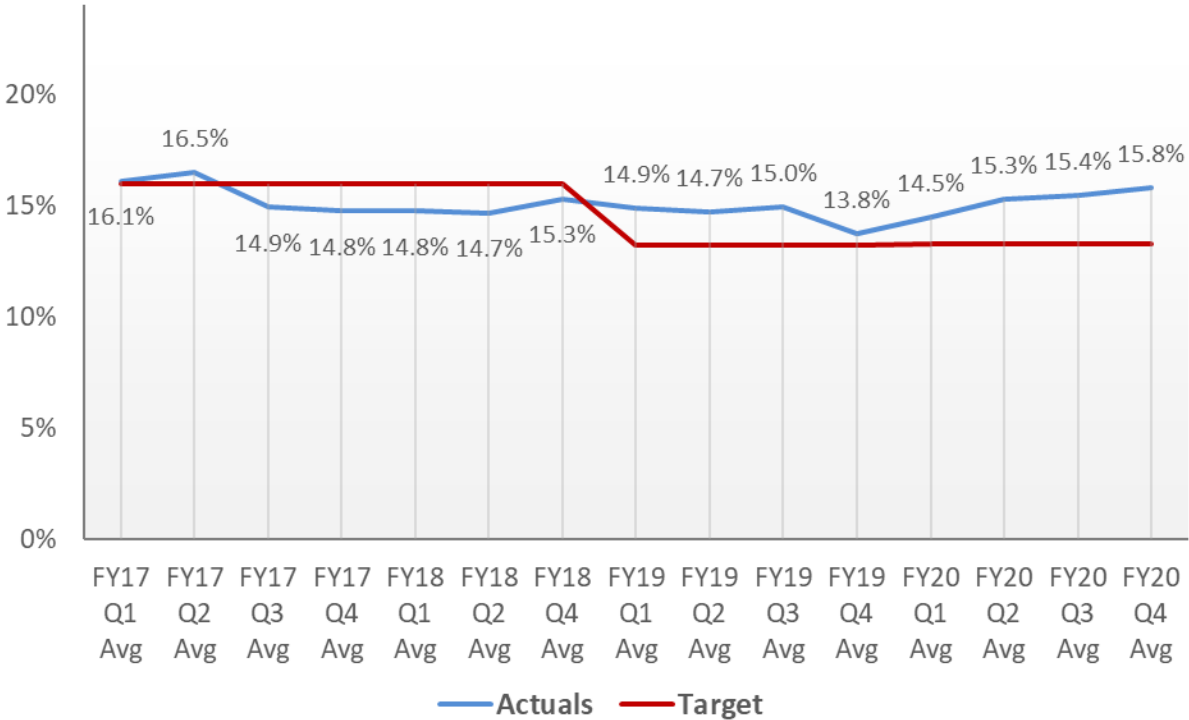


Notes: Primary Care and Dental visit counts are based on an average of days worked.
 School Based Health Clinic visit counts are based on average days clinics are open and school is in session. Schools closed an additional 7 days in March 2020 due to Covid-19 outbreak

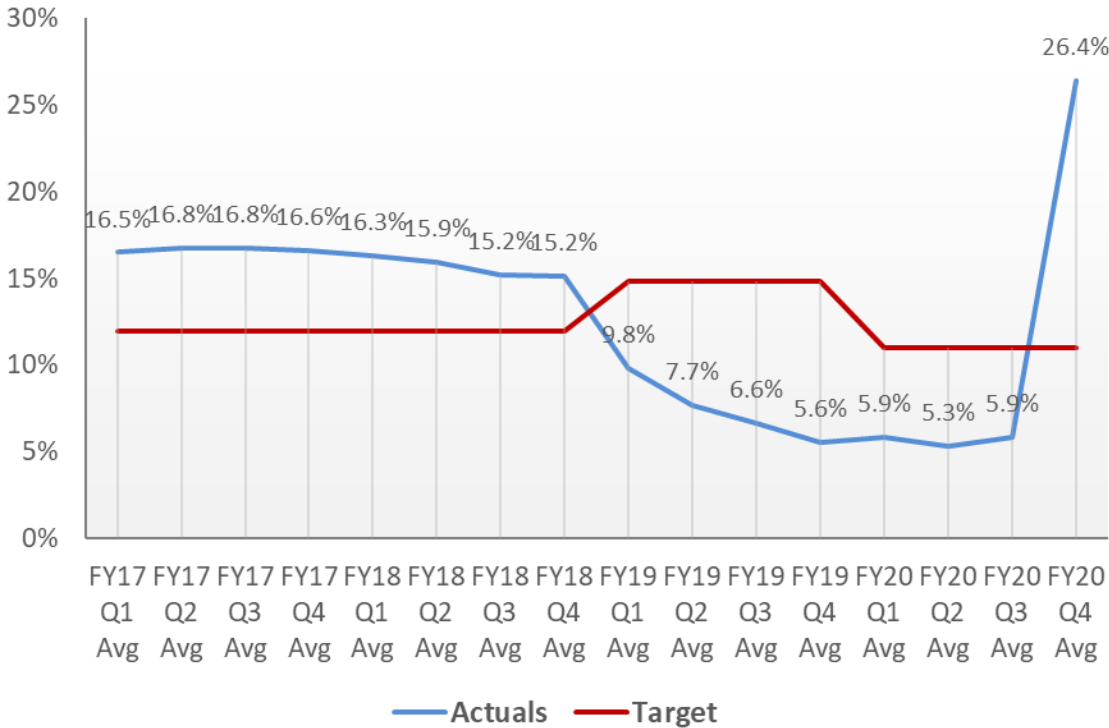


Monthly Percentage of Uninsured Visits for FQHC Centers

Percentage of Uninsured Visits in Primary Care

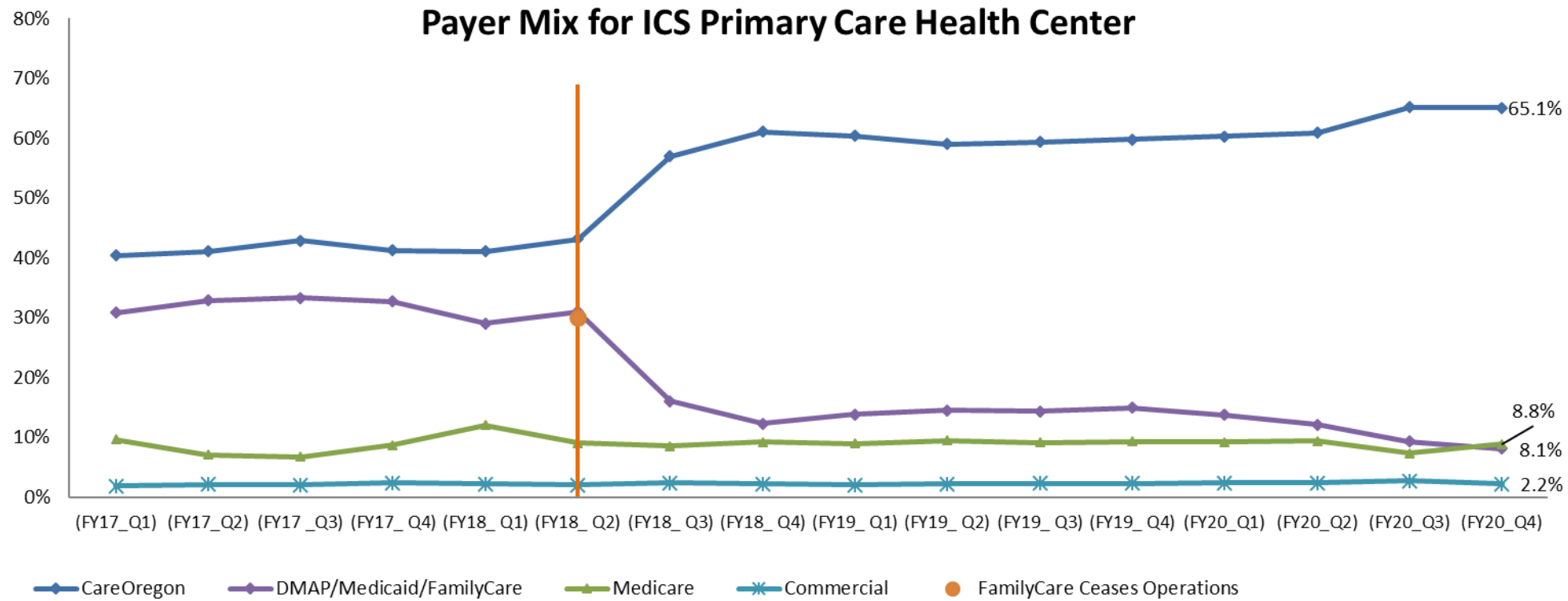


Percentage of Uninsured Visits in ICS Dental



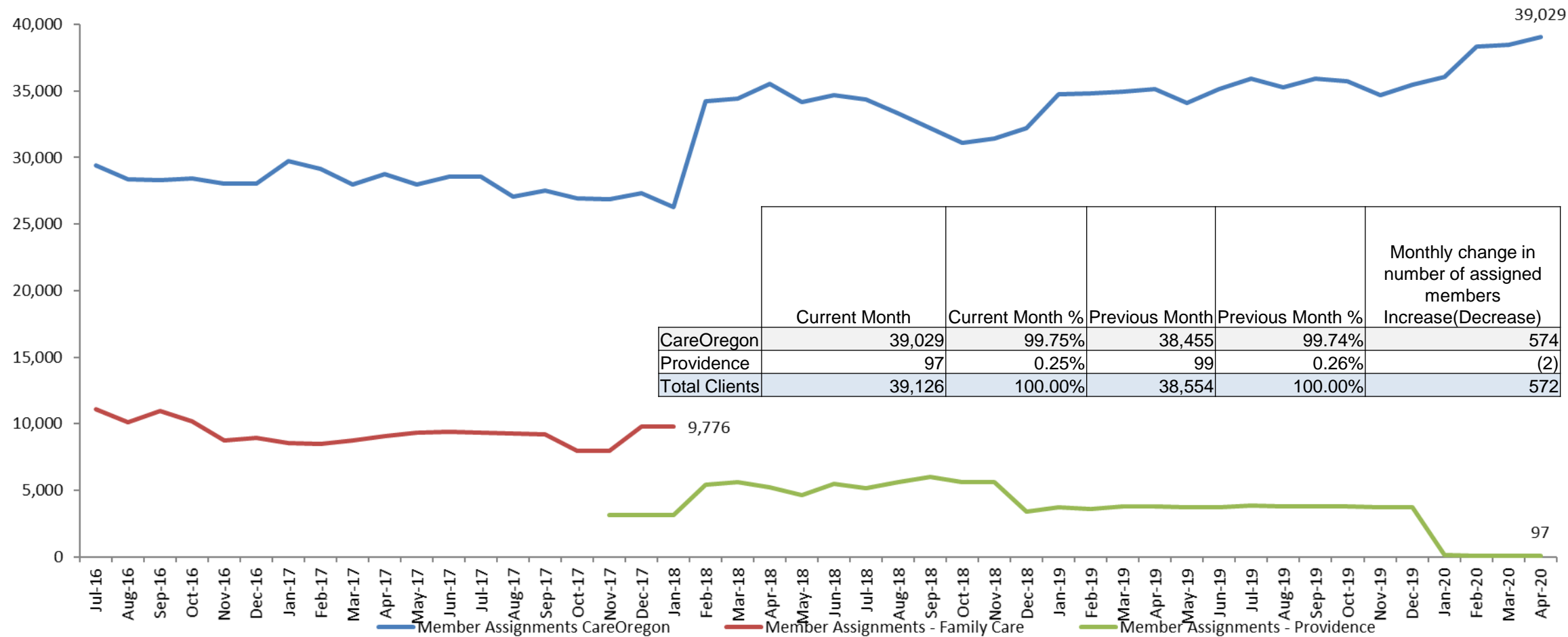
Comments:
Primary Care target % of Uninsured Visits for FY18: 16%; for FY19: 13.25%; for FY20 13.27%
Dental target % of Uninsured Visits for FY18: 12%; for FY19: 14.85%; for FY20 11.00%

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



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

OHP Primary Care Member Assignments

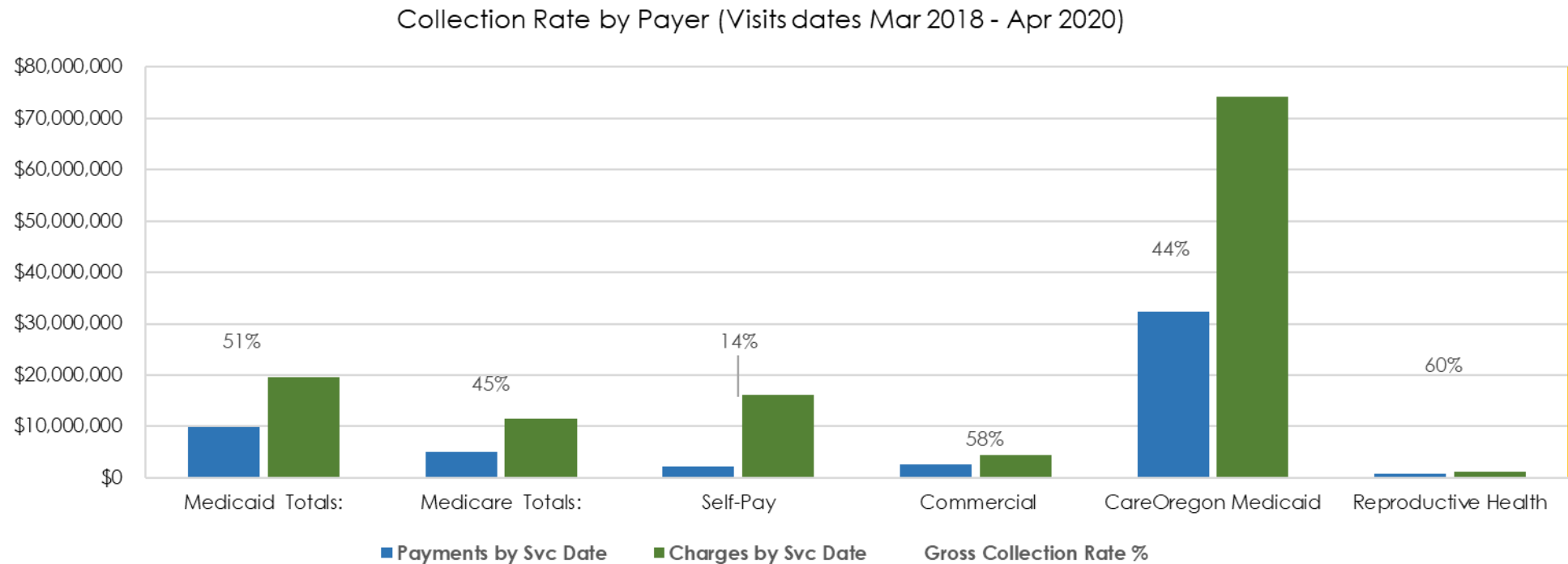


CareOregon FY20 average: 36,481
Providence FY20 average: 2,310

FQHC Gross Collection Rate by Payer

March 2018 – April 2020

	Medicaid Totals:	Medicare Totals:	Self-Pay	Commercial	CareOregon Medicaid	Reproductive Health
Payments by Svc Date	\$9,938,854	\$5,101,181	\$2,212,144	\$2,534,288	\$32,404,899	\$737,696
Charges by Svc Date	\$19,601,570	\$11,437,760	\$16,063,618	\$4,389,222	\$74,211,214	\$1,232,078
Gross Collection Rate %	51%	45%	14%	58%	44%	60%





Multnomah County Health Department
 Federally Qualified Health Center Financial Statement
 For Period Ending April 30, 2020

Community Health Centers - Page 1

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

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

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

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

Medicaid Quality and Incentives (formerly Grants – Incentives): External agreements that are determined by meeting certain metrics.

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

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

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

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

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

Personnel: Costs of salaries and benefits.

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

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



Multnomah County Health Department
 Federally Qualified Health Center Financial Statement
 For Period Ending April 30, 2020

Community Health Centers - Page 2

Internal Services

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

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



Multnomah County Health Department
 Federally Qualified Health Center Financial Statement
 For Period Ending April 30, 2020

Community Health Centers - Page 3

April Target:

83%

	Adopted Budget	Revised Budget	Budget Change	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19
Revenue									
Behavioral Health	\$ 80,189	\$ 80,189	\$ -	\$ 5,957	\$ 6,634	\$ 6,683	\$ 6,697	\$ 6,365	\$ 6,724
General Fund	\$ 10,670,061	\$ 10,607,818	\$ (62,243)	\$ 896,296	\$ 893,146	\$ 896,466	\$ 894,532	\$ 897,332	\$ 887,854
Grants - BPHC	\$ 9,795,045	\$ 9,795,045	\$ -	\$ 570,116	\$ 1,654,676	\$ 1,052,012	\$ (3,198,754)	\$ 1,575,335	\$ 2,630,909
Medicaid Quality and Incentives	\$ 8,179,053	\$ 8,179,053	\$ -	\$ 165,822	\$ 260,303	\$ 239,849	\$ 1,555,532	\$ 136,996	\$ 554,312
Grants - All Other	\$ 9,372,217	\$ 9,816,564	\$ 444,347	\$ 260,242	\$ 685,613	\$ 657,556	\$ (169,300)	\$ 1,783,912	\$ 662,615
Health Center Fees	\$ 101,518,640	\$ 101,518,640	\$ -	\$ 2,701,914	\$ 15,061,267	\$ 5,833,522	\$ 8,953,544	\$ 9,987,570	\$ 8,891,486
Self Pay Client Fees	\$ 1,025,053	\$ 1,025,053	\$ -	\$ 70,020	\$ 84,041	\$ 86,395	\$ 88,663	\$ 73,794	\$ 86,724
Write-offs	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total	\$ 140,640,258	\$ 141,022,362	\$ 382,104	\$ 4,670,367	\$ 18,645,681	\$ 8,772,482	\$ 8,130,914	\$ 14,461,305	\$ 13,720,625
Expense									
Personnel	\$ 92,649,052	\$ 92,912,381	\$ 263,329	\$ 7,177,524	\$ 7,071,052	\$ 7,108,158	\$ 7,802,891	\$ 7,293,800	\$ 8,005,975
Contracts	\$ 4,777,160	\$ 4,836,035	\$ 58,875	\$ 191,632	\$ 216,947	\$ 472,785	\$ 565,644	\$ 135,450	\$ 323,445
Materials and Services	\$ 16,608,855	\$ 16,631,740	\$ 22,885	\$ 1,334,935	\$ 1,390,091	\$ 1,651,404	\$ 1,671,323	\$ 1,533,060	\$ 1,705,246
Internal Services	\$ 25,996,190	\$ 26,033,205	\$ 37,015	\$ 796,839	\$ 1,486,076	\$ 3,397,229	\$ 1,937,524	\$ 2,096,175	\$ 2,399,969
Capital Outlay	\$ 609,000	\$ 609,000	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 7,862
Total	\$ 140,640,258	\$ 141,022,362	\$ 382,104	\$ 9,500,930	\$ 10,164,166	\$ 12,629,577	\$ 11,977,381	\$ 11,058,485	\$ 12,442,497
Surplus/(Deficit)	\$ -	\$ -	\$ -	\$ (4,830,563)	\$ 8,481,516	\$ (3,857,095)	\$ (3,846,467)	\$ 3,402,820	\$ 1,278,128



Multnomah County Health Department
Federally Qualified Health Center Financial Statement
 For Period Ending April 30, 2020

Community Health Centers - Page 4
April Target: 83%

	Adopted Budget	Revised Budget	Budget Change	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Year to Date Total	% YTD
Revenue											
Behavioral Health	\$ 80,189	\$ 80,189	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 39,059	49%
General Fund	\$ 10,670,061	\$ 10,607,818	\$ (62,243)	\$ 895,255	\$ 886,040	\$ 889,539	\$ 905,257	\$ -	\$ -	\$ 8,941,717	84%
Grants - BPHC	\$ 9,795,045	\$ 9,795,045	\$ -	\$ 330,148	\$ 31,742	\$ 2,039,834	\$ 1,110,555	\$ -	\$ -	\$ 7,796,573	80%
Medicaid Quality and Incentives	\$ 8,179,053	\$ 8,179,053	\$ -	\$ 603,758	\$ 700,571	\$ 645,380	\$ 134,275	\$ -	\$ -	\$ 4,996,799	61%
Grants - All Other	\$ 9,372,217	\$ 9,816,564	\$ 444,347	\$ 519,783	\$ 719,445	\$ 570,506	\$ 1,093,773	\$ -	\$ -	\$ 6,784,146	69%
Health Center Fees	\$ 101,518,640	\$ 101,518,640	\$ -	\$ 5,735,017	\$ 7,396,338	\$ 7,842,172	\$ 7,114,695	\$ -	\$ -	\$ 79,517,525	78%
Self Pay Client Fees	\$ 1,025,053	\$ 1,025,053	\$ -	\$ 59,996	\$ 67,016	\$ 66,259	\$ 39,082	\$ -	\$ -	\$ 721,991	70%
Write-offs	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	-
Total	\$ 140,640,258	\$ 141,022,362	\$ 382,104	\$ 8,143,957	\$ 9,801,151	\$ 12,053,691	\$ 10,397,637	\$ -	\$ -	\$ 108,797,810	77%
Expense											
Personnel	\$ 92,649,052	\$ 92,912,381	\$ 263,329	\$ 7,594,319	\$ 7,361,283	\$ 7,545,624	\$ 7,218,634	\$ -	\$ -	\$ 74,179,259	80%
Contracts	\$ 4,777,160	\$ 4,836,035	\$ 58,875	\$ 550,974	\$ 165,653	\$ 632,586	\$ 654,530	\$ -	\$ -	\$ 3,909,647	81%
Materials and Services	\$ 16,608,855	\$ 16,631,740	\$ 22,885	\$ 1,664,439	\$ 1,940,417	\$ 2,107,964	\$ 1,459,641	\$ -	\$ -	\$ 16,458,519	99%
Internal Services	\$ 25,996,190	\$ 26,033,205	\$ 37,015	\$ 1,738,294	\$ 1,668,398	\$ 2,064,765	\$ 1,842,352	\$ -	\$ -	\$ 19,427,621	75%
Capital Outlay	\$ 609,000	\$ 609,000	\$ -	\$ -	\$ -	\$ -	\$ 11,924	\$ -	\$ -	\$ 19,786	3%
Total	\$ 140,640,258	\$ 141,022,362	\$ 382,104	\$ 11,548,026	\$ 11,135,751	\$ 12,350,938	\$ 11,187,081	\$ -	\$ -	\$ 113,994,832	81%
Surplus/(Deficit)	\$ -	\$ -	\$ -	\$ (3,404,069)	\$ (1,334,599)	\$ (297,248)	\$ (789,444)	\$ -	\$ -	\$ (5,197,022)	

Notes:

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

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

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

Community Health Council



Inform Only	Annual/ Scheduled Process No	New Proposal Yes	Review & Input	Inform & Vote Yes
Date of Presentation: 6/8/2020		Program / Area: Financial and Business Management		
Presenters: Wendy Lear				
<p>Project Title and Brief Description: Moving Deferred Revenue (also referred to as unearned revenue) to beginning working capital, giving the Community Health Center (CHC) access to this revenue should it be required to balance their budget at the end of the fiscal year.</p> <p>.</p>				
<p>Describe the current situation: In preparation for the fiscal year end, finance staff determined that \$6,505,125.00 in deferred revenue has been earned and can be moved from the deferred revenue account to beginning working capital (BWC). The deferred revenue account is used to hold revenue until the revenue has been earned. For example a full year of funding is received at the beginning of the year and it is held in the deferred revenue account and drawn down each month based on spending. Most of the \$6.5m is revenue received prior to the transition to Workday in January 2019. There are no outstanding restrictions or unmet conditions on this revenue and it can be considered “earned” and moved to BWC.</p>				
<p>Why is this project, process, system being implemented now? Once all restrictions or limitations have been met (e.g. project completed, time frame met) unearned or deferred revenue should be moved to “earned revenue” either to offset an expense or placed in BWC for future use. This revenue should have been moved to BWC at the time Workday was implemented in January 2020. Once it is moved into BWC the CHC can use it to balance their FY2020 budget. If it isn’t needed in FY2020, it will be available for use in future years.</p>				
<p>Briefly describe the history of the project so far <i>(be sure to note any actions taken to address diverse client needs and cultures; to ensure fair representation in review and planning)</i></p>				

Community Health Council



Financial and Business Management is responsible for the accounting activities for the Health Department including Integrated Clinical Services. As a result of the temporary clinic closures the health centers are facing a revenue shortfall. As we approach the fiscal year end, where all of the division's budgets must be balanced, financial staff have been scouring all accounts to find revenue available to close the gap in the clinic's budget.

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

The transfer of revenue from deferred to BWC is an accounting transaction in accordance with the County's financial policies. In addition, using BWC to balance the CHC budget, should their current year operating revenue be less than their current year's expense is also in accordance with County financial policies.

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

A yes vote will allow the use of the deferred revenue (which has been determined "earned" and available as BWC) to close the gap in the clinic's budget, should it be needed. The use of BWC is always a last resort as it will impact future budget years.

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

A no vote will register the Council's objection to using BWC to close the financial gap, if any, at the end of June 2020.

Which specific stakeholders or representative groups have been involved so far? The County CFO.

Community Health Council



Who are the area or subject matter experts for this project? (& *brief description of qualifications*) *Wendy Lear, Deputy Director and Financial and Business Management Director.*

What have been the recommendations so far?

To follow the generally accepted accounting principles and transfer the deferred revenue to BWC. No other actions are needed or recommended at this time.

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

No applicable.

Council Notes:



Multnomah County Health Department
CHC Beginning Working Capital and Unearned Revenue
April 30, 2020

Beginning Working Capital - Quality Incentives and Other Medicaid Funding		
Program	Amount	Description
Primary Care	517,188	CareOregon Behavioral Health Integration
	1,277,451	Pay for Performance - CareOregon
	171,600	Pay for Performance - Providence
	372,978	Pay for Performance - FamilyCare
	508,571	Meaningful Use
	66,425	CareOregon/Optum Review & Assessments
	2,914,213	Subtotal - Primary Care
Student Health Centers	500	Pay for Performance - OPS
	500	Subtotal - Student Health Centers
Dental	774,043	CareOregon Dental
	774,043	Subtotal - Dental
Quality and Compliance	553,918	PCPM - CareOregon
	553,918	Subtotal - Quality and Compliance
Total Beginning Working Capital - Quality Incentives	4,242,674	

Beginning Working Capital - Grants		
Program	Amount	Description
Primary Care	11,779	AT Still University
ICS Administration	13,654	OCHIN Charn Bridges II
HIV Clinic	23,600	HIV Clinic (Hep C)
Total Beginning Working Capital - Grants	49,033	

Total - All Beginning Working Capital	<u><u>4,291,707</u></u>
---------------------------------------	-------------------------

Unearned Revenue Balances - Quality Incentives			
Program	Deposit Date	Amount	Description
Primary Care	9/12/2018	665,906	2017 Quality Incentive (CareOregon)
	9/6/2018	290,040	2017 Quality Incentive (Providence)
	9/25/2019	879,002	2018 Quality Incentive (CareOregon)
	9/25/2019	568,360	2018 Quality Incentive (Providence)
		2,403,308	Subtotal - Primary Care
Dental	8/30/2018	1,068,079	2017 Dental Quality Incentive (CareOregon)
	9/25/2019	218,672	2018 Dental Quality Incentive (CareOregon)
		1,286,751	Subtotal - Dental
Total Unearned Revenue - Quality Incentives		3,690,059	

Unearned Revenue Balances - Other Medicaid Funding			
Program	Deposit Date	Amount	Source
Primary Care APM (PCPM)	12/31/18 - 6/27/19	2,007,533	CareOregon
Dental APM	7/23/2019	640,993	CareOregon
Behavioral Health Integration APM	1/4/19 - 6/27/19	164,975	CareOregon
		2,813,501	Subtotal - APM
Primary Care - Miscellaneous	6/19/2019	66	PMPM - PEBB members (Providence)
	11/14/2018	1,500	Adolescent Health Project (OR Pediatric Society)
		1,566	Subtotal - Miscellaneous
Total Unearned Revenue - Other Medicaid Funding		2,815,067	

Unearned Revenue Balances - Grants		
Program	Amount	Description
Primary Care	124,744	CareOregon Hope Team
	133,535	Emergency Department Utilization
	2,086	AT Still University
	260,365	Subtotal - Primary Care
Student Health Centers	7,415	OSBHA Healthy Teens Relationship Act - Roosevelt/Centennial
	3,428	OSBHA Healthy Teens Relationship Act - Cleveland/Franklin
	10,843	Subtotal - Student Health Centers
Dental	91,113	Dental Primary Care Coordination
	91,113	Subtotal - Dental
ICS Administration	57,687	Health Share Foster Care
	57,687	Subtotal - ICS Administration
Total Unearned Revenue - Grants*	420,008	

Total - All Unearned Revenue	6,925,133
Grand Total - BWC and Unearned Revenue	11,216,841

*The balances below were included in a previous report as unearned revenue, but this was a reporting error in Workday which has been corrected.	
	Unearned Revenue
20390 Fed:Primary Care HIV-Early Int	9,173
20500 Fed:Primary Care 330	92,685
23850 ST:SBCs	16,946
32357 FED:RW Title IV	70,284
32360 ST:FamilyPlan 93.217	47,460
32755 AIDS United	133
32902 CSA Partnership for Health	10,485
68530 Legacy Health CARES	1,694
	248,860

Annual UDS Report

Tasha Wheatt-Delancy, Interim ICS Director

Dr. Amy Henninger, Interim ICS Medical Director

Brieshon D'Agostini, Interim Quality Director



Annual Programmatic Reporting

Information from 2019 Uniform Data System

Quality and Safety

- Improved by 3.1% on childhood immunizations measure
- Improved by 11.2% on dental sealants measure
- Improved by 3.7% on child weight assessment and counseling measure
- Improved by 5.3% on HIV early linkage to care and treatment measure
- Improved by 2.8% on colorectal cancer screening measure



Related HRSA Program Requirements
Quality Improvement/Assurance Plan
Program Data Reporting
Board Authority

Annual Programmatic Reporting

Information from 2019 Uniform Data System

Quality and Safety

- Declined by 4.4% on tobacco counseling and cessation measure
- Declined by 3.2% on cervical cancer screening measure

Annual Programmatic Reporting

Information from 2019 Uniform Data System

Person-Centered and Culturally Relevant

- 62% of clients were Latinx or non-White
- 44% of clients best served in language other than English
- 68.3% live at 100% or below the Federal Poverty Level

Annual Programmatic Reporting

Information from 2018 Uniform Data System

Fiscally Sound and Accountable

- Costs: \$141,790,475
- 253,775 visits
- 62,168 clients

Total UDS Patients

62,168

Total ICS* Patients

60,050

UDS Patient

Patients are individuals who have at least one reportable visit during the reporting year. To be counted as having met the visit criteria, the interaction must be documented, face-to-face contact between a patient and a licensed or credentialed provider who exercises independent, professional judgment in the provision of services to the patient.

UDS Visit and Patient Counts

Selected Service Group(s):

Primary Care

Last Service Date: 5/31/2020

Clinics Included:

EAST COUNTY PC HSC HLTH SVCS CTR JDF CH LCDBS PC MID-COUNTY PC
NORTH PORTLAND PC NORTHEAST PC ROCKWOOD PC SOUTHEAST PC
ST FRANCIS DINE PC

Filter Instructions:

1. Select Service Group(s)

Primary Care

2. Select Clinic Name(s)

All

Visits

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
2015	14,657	13,687	16,055	15,817	13,960	14,191	14,632	14,391	14,012	15,356	13,804	15,467	175,998
2016	13,467	14,532	16,422	15,701	15,012	15,123	13,832	16,475	15,258	15,181	14,880	12,799	178,654
2017	11,844	14,278	19,127	16,172	16,485	14,852	13,500	14,580	13,548	14,554	13,264	12,029	174,216
2018	13,768	11,696	13,926	12,810	13,578	12,101	11,802	13,300	11,135	13,841	11,753	11,435	151,140
2019	13,655	11,595	12,249	13,489	12,520	11,515	12,904	11,724	10,880	12,950	10,511	9,979	143,967

Visits

	YTD as of May
2015	74,176
2016	75,123
2017	77,901
2018	65,777
2019	63,505

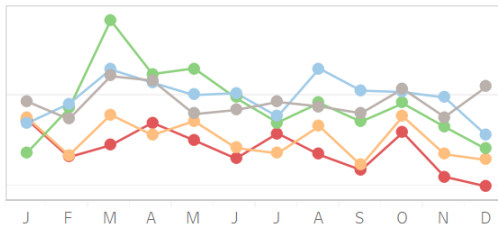
Patients

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
2015	10,518	10,173	11,455	11,287	10,052	10,011	10,270	10,294	9,963	10,801	9,973	10,684	46,380
2016	9,581	10,570	11,442	10,997	10,505	10,474	9,809	11,467	10,643	10,624	10,511	9,229	46,877
2017	8,840	10,189	12,888	11,320	11,402	10,257	9,700	10,239	9,749	10,289	9,566	8,756	45,825
2018	9,829	8,660	9,902	9,239	9,677	8,774	8,576	9,537	8,303	9,697	8,577	8,344	42,026
2019	9,388	8,506	8,905	9,530	8,851	8,323	9,006	8,429	8,044	9,237	7,840	7,631	40,091

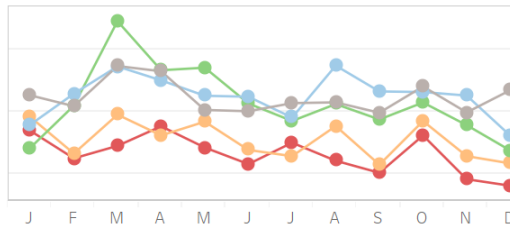
Patients

	YTD as of May
2015	30,540
2016	30,394
2017	31,266
2018	27,590
2019	26,450

Visits



Patients



Year

2015
2016
2017
2018
2019



Patients are individuals who have at least one reportable visit during the reporting year. A visit must be documented, and face-to-face contact between a patient and a licensed or credentialed provider who exercises independent, professional judgment. Only includes FQHC programs using EPIC EHR.

For ICS Internal Use Only :: Do Not Distribute

For more information, please contact:
Michael Eaves | michael.eaves@multco.us

UDS Visit and Patient Counts

Selected Service Group(s):

Dental

Last Service Date: 5/31/2020

Clinics Included:

EAST COUNTY DENTAL MID-COUNTY DENTAL NORTHEAST DENTAL
ODEGAARD DENTAL ROCKWOOD DENTAL SOUTHEAST DENTAL

Filter Instructions:

1. Select Service Group(s)

Dental

2. Select Clinic Name(s)

All

Visits

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
2015	5,298	5,167	6,015	5,916	4,903	5,568	5,512	5,389	5,439	6,100	5,085	5,411	65,803
2016	5,203	5,742	6,472	6,075	6,126	6,398	5,546	6,439	5,810	6,241	5,566	4,688	70,306
2017	4,416	5,647	7,064	6,272	6,979	7,118	5,881	7,144	6,258	7,196	6,271	6,032	76,278
2018	6,764	5,524	6,892	6,600	6,955	6,286	5,771	7,053	5,882	7,642	6,222	6,039	77,630
2019	6,359	5,533	6,880	7,074	6,776	5,940	6,861	6,661	5,779	5,808	6,129	5,886	75,680

Visits

	YTD as of May
2015	27,299
2016	29,618
2017	30,378
2018	32,735
2019	32,622

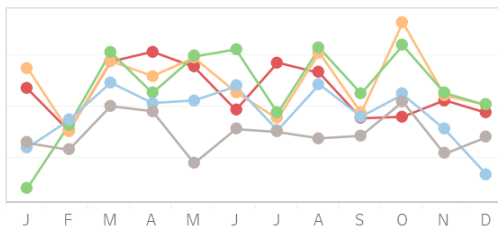
Patients

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
2015	4,353	4,368	4,929	4,871	4,116	4,565	4,533	4,478	4,588	4,966	4,241	4,398	24,255
2016	4,255	4,726	5,209	4,943	4,998	5,056	4,531	5,068	4,562	4,793	4,346	3,717	24,919
2017	3,535	4,353	5,232	4,804	5,361	5,326	4,520	5,281	4,683	5,217	4,745	4,518	25,734
2018	4,918	4,220	5,002	4,908	5,079	4,763	4,434	5,157	4,486	5,383	4,753	4,674	26,661
2019	4,799	4,270	5,112	5,357	5,130	4,674	5,144	4,968	4,449	4,530	4,742	4,662	26,188

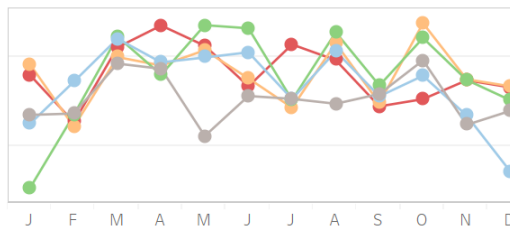
Patients

	YTD as of May
2015	14,319
2016	15,393
2017	14,650
2018	15,410
2019	15,446

Visits



Patients



Year

2015
2016
2017
2018
2019



Patients are individuals who have at least one reportable visit during the reporting year. A visit must be documented, and face-to-face contact between a patient and a licensed or credentialed provider who exercises independent, professional judgment. Only includes FQHC programs using EPIC EHR.

For ICS Internal Use Only :: Do Not Distribute

For more information, please contact:
Michael Eaves | michael.eaves@multco.us

UDS Visit and Patient Counts

Selected Service Group(s):

Student Health Centers

Last Service Date: 5/31/2020

Clinics Included:

SHCs

Filter Instructions:

1. Select Service Group(s)

Student Health Centers

2. Select Clinic Name(s)

All

Visits

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
2015	1,553	1,767	1,677	1,875	1,677	890	251	733	1,682	1,630	1,645	1,308	16,686
2016	1,367	1,910	1,640	1,845	1,752	887	294	693	1,608	1,537	1,583	715	15,829
2017	1,244	1,789	1,750	1,725	1,947	1,022	222	639	1,519	1,558	1,531	913	15,858
2018	1,713	1,710	1,571	1,423	1,632	668	238	628	1,543	1,579	1,398	941	15,044
2019	1,377	1,527	1,250	1,607	1,553	646	242	555	1,417	1,556	1,340	1,050	14,120

Visits

	YTD as of May
2015	8,549
2016	8,513
2017	8,455
2018	8,049
2019	7,314

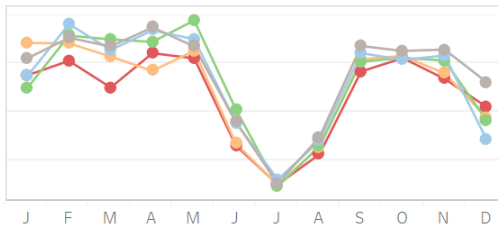
Patients

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
2015	1,100	1,309	1,292	1,270	1,147	738	201	671	1,232	1,145	1,226	967	6,413
2016	981	1,383	1,168	1,192	1,188	685	211	598	1,192	1,100	1,200	577	6,288
2017	911	1,315	1,200	1,156	1,203	777	179	566	1,088	1,020	1,112	681	5,973
2018	1,128	1,266	1,147	1,012	1,065	537	175	575	1,047	1,028	1,037	709	5,901
2019	957	1,157	935	1,078	1,010	529	201	511	984	1,000	988	768	5,718

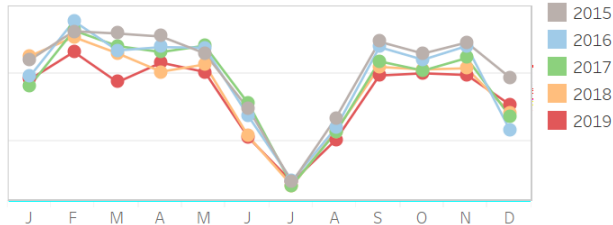
Patients

	YTD as of May
2015	3,662
2016	3,703
2017	3,596
2018	3,636
2019	3,369

Visits



Patients



Patients are individuals who have at least one reportable visit during the reporting year. A visit must be documented, and face-to-face contact between a patient and a licensed or credentialed provider who exercises independent, professional judgment. Only includes FQHC programs using EPIC EHR.

For ICS Internal Use Only :: Do Not Distribute

For more information, please contact:
Michael Eaves | michael.eaves@multco.us

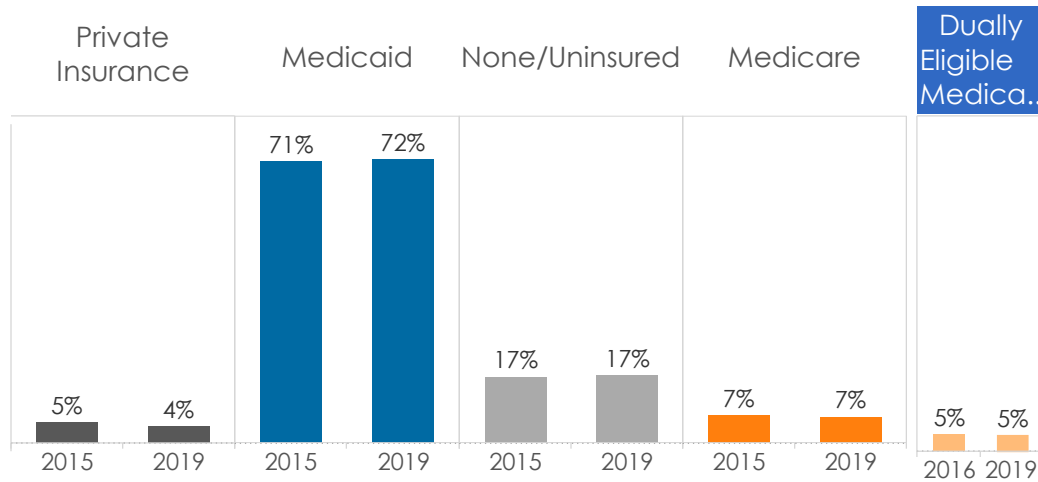
Year
2017
[Show history](#)

Precinct	Turnout (%)
97203	6.9%
97283	0.0%
97217	3.4%
97211	3.4%
97218	3.4%
97210	0.2%
97208	0.1%
97212	1.3%
97213	1.5%
97220	4.1%
97230	6.1%
97024	2.0%
97060	3.1%
97201	0.4%
97239	0.3%
97214	1.3%
97215	0.7%
97216	2.5%
97233	13.1%
97030	7.0%
97202	2.3%
97206	4.2%
97266	6.3%
97236	10.2%
97080	4.9%
97219	0.8%
97086	0.4%
98661	0.0%
98684	0.0%
98683	0.0%
97225	0.2%
97005	0.2%
97008	0.1%
97221	0.2%
97222	0.1%
97223	0.1%
97224	0.1%
97226	0.1%
97227	0.1%
97228	0.1%
97229	2%

For ICS Internal Use Only :: Do No..

The Insurance Mix Has Remained Consistent in Recent Years

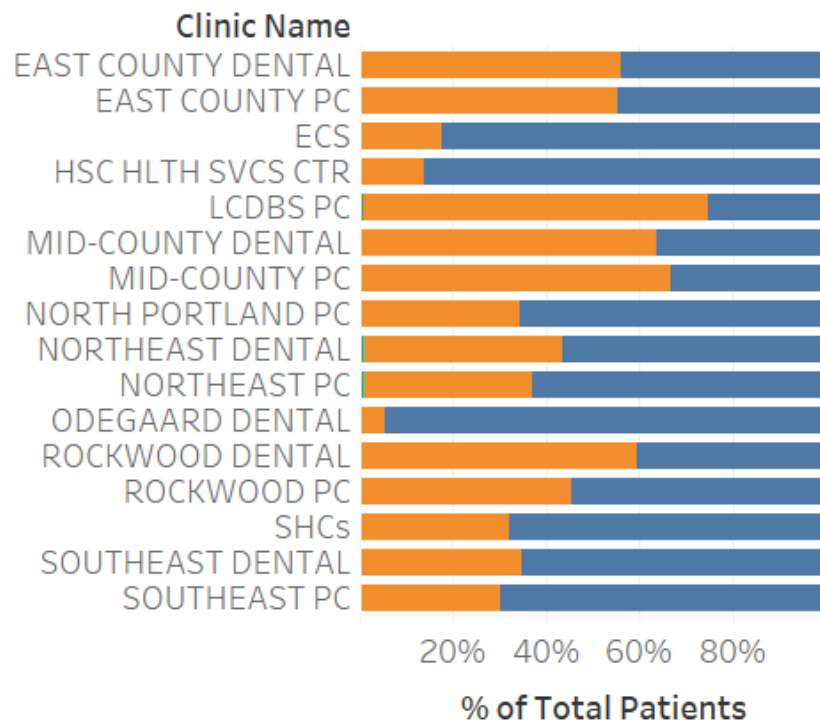
2015-2019 Patients by Insurance Type



Patient Count and % of Total by Language in 2019

2019

Language (group)	2019	
	Patients	% of Patients
English	33,907	56.0%
Non-English	26,419	43.6%
Not Collected/U..	43	0.1%
Sian Lanuagae	65	0.1%
Language (group)	2019	
	Patients	% of Patients
English	33,907	56.0%
Spanish	15,710	25.9%
Russian	2,245	3.7%
Chinese, Chinese..	1,463	2.4%
Somali	1,071	1.8%
Vietnamese	858	1.4%
Arabic	798	1.3%
Burmese, Burme..	480	0.8%
Karen & Karen-K..	519	0.9%
Nepali	363	0.6%
Swahili	311	0.5%
Dari	167	0.3%
Amharic	211	0.3%
Romanian	136	0.2%
Farsi	125	0.2%
Tigrinya	167	0.3%



Uniform Data System (UDS) Reporting..

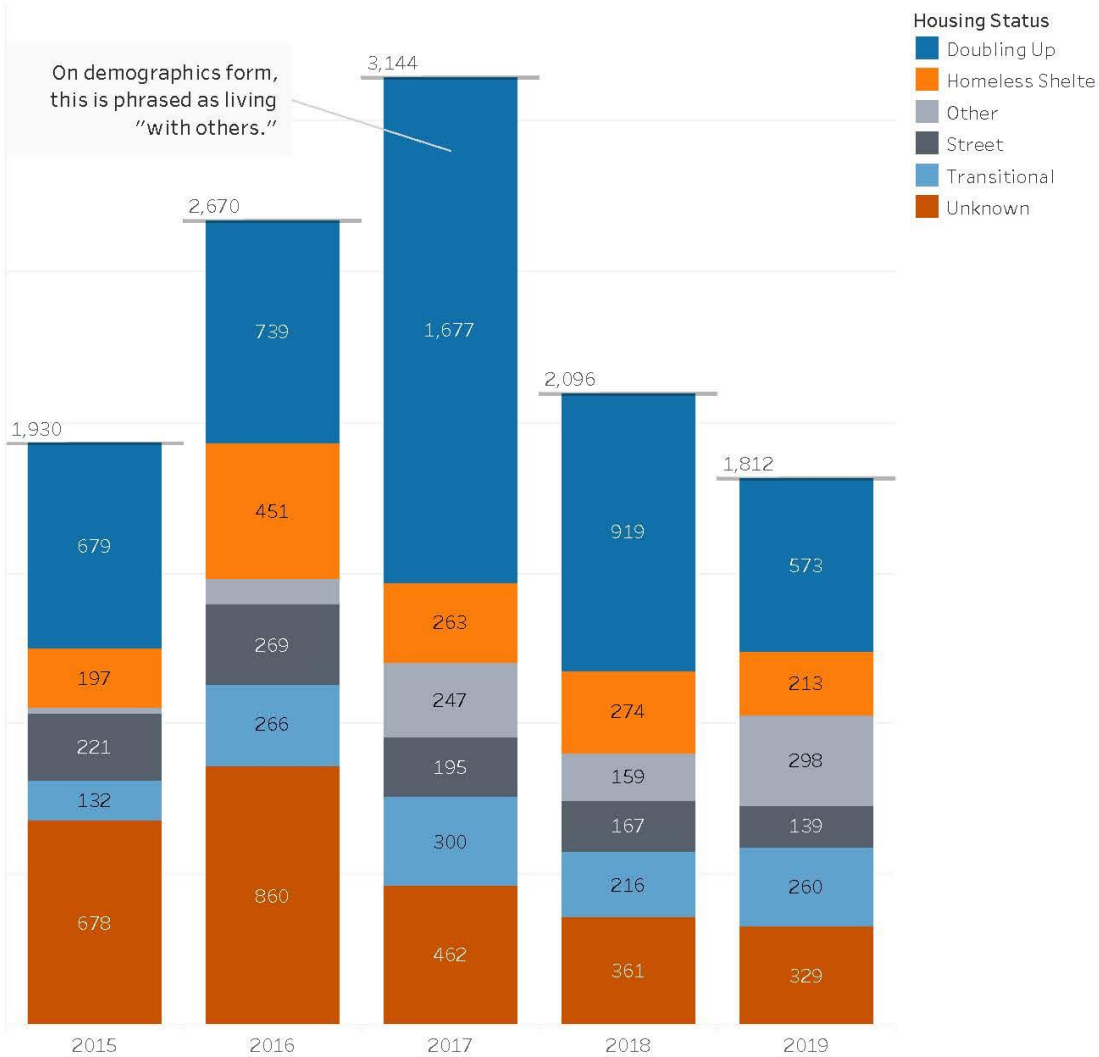
For ICS Internal Use Only :: Do Not
Distribute..

% of Patients by SOGI

		2017 % of Total ..	2018 % of Total ..	2019 % of Total ..
Patients by Sexual Orientation	Bisexual	1.0%	1.8%	2.3%
	Choose not to disclose	3.2%	8.0%	12.2%
	Don't know	72.9%	47.1%	29.1%
	Lesbian or Gay	1.5%	2.1%	3.8%
	Something else	0.4%	0.7%	0.9%
	Straight (not lesbian or gay)	21.0%	40.3%	51.7%
	Total	100.0%	100.0%	100.0%
Patients by Gender Identity	Choose not to disclose	0.5%	1.2%	1.8%
	Female	16.1%	30.7%	38.9%
	Male	13.0%	24.9%	32.7%
	Other/Not Collected	70.2%	42.9%	26.3%
	Transgender Female / Male to Female	0.1%	0.1%	0.2%
	Transgender Male / Female to Male	0.1%	0.1%	0.1%
	Total	100.0%	100.0%	100.0%

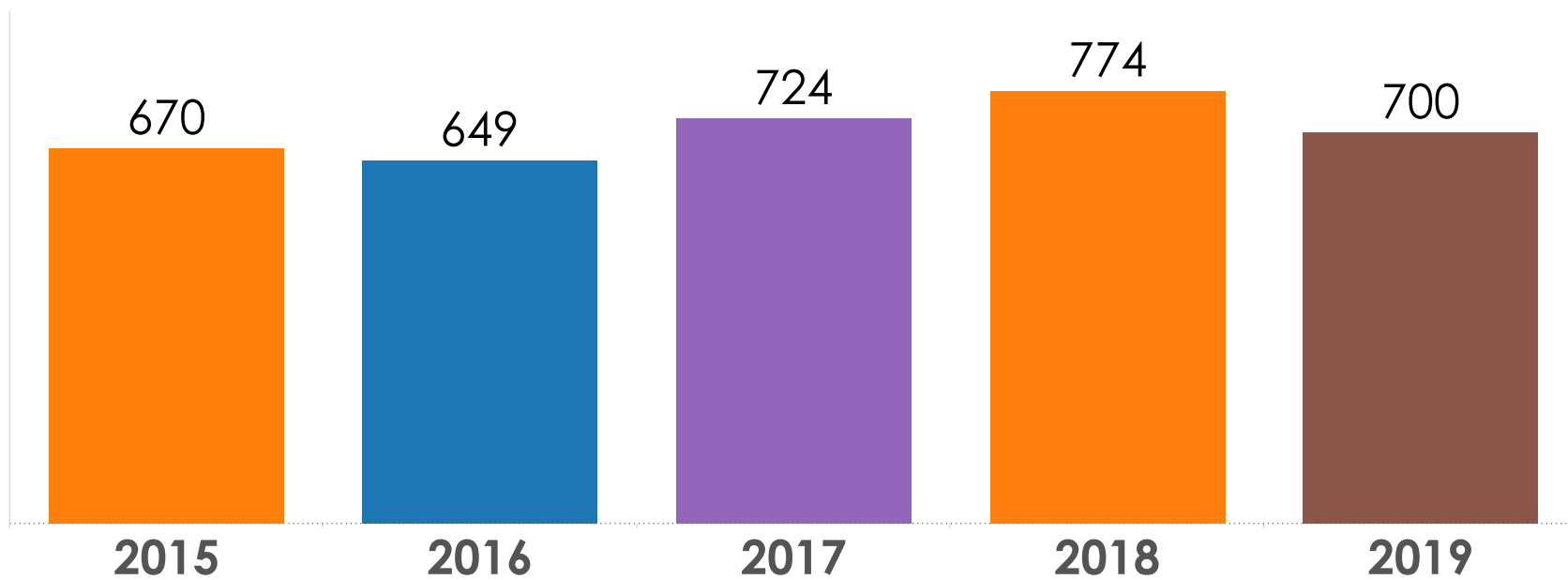
% of Total along Pane (Down) broken down by vs. Section label and Row Label on page Universal. The data is filtered on Table and Report Ln #. The Table filter keeps 3b. The Report Ln # filter keeps 153 of 187 members. The view is filtered on Row Label and Year. The Row Label filter keeps 326 of 405 members. The Year filter excludes 2016.

S - Housing Status - ALL



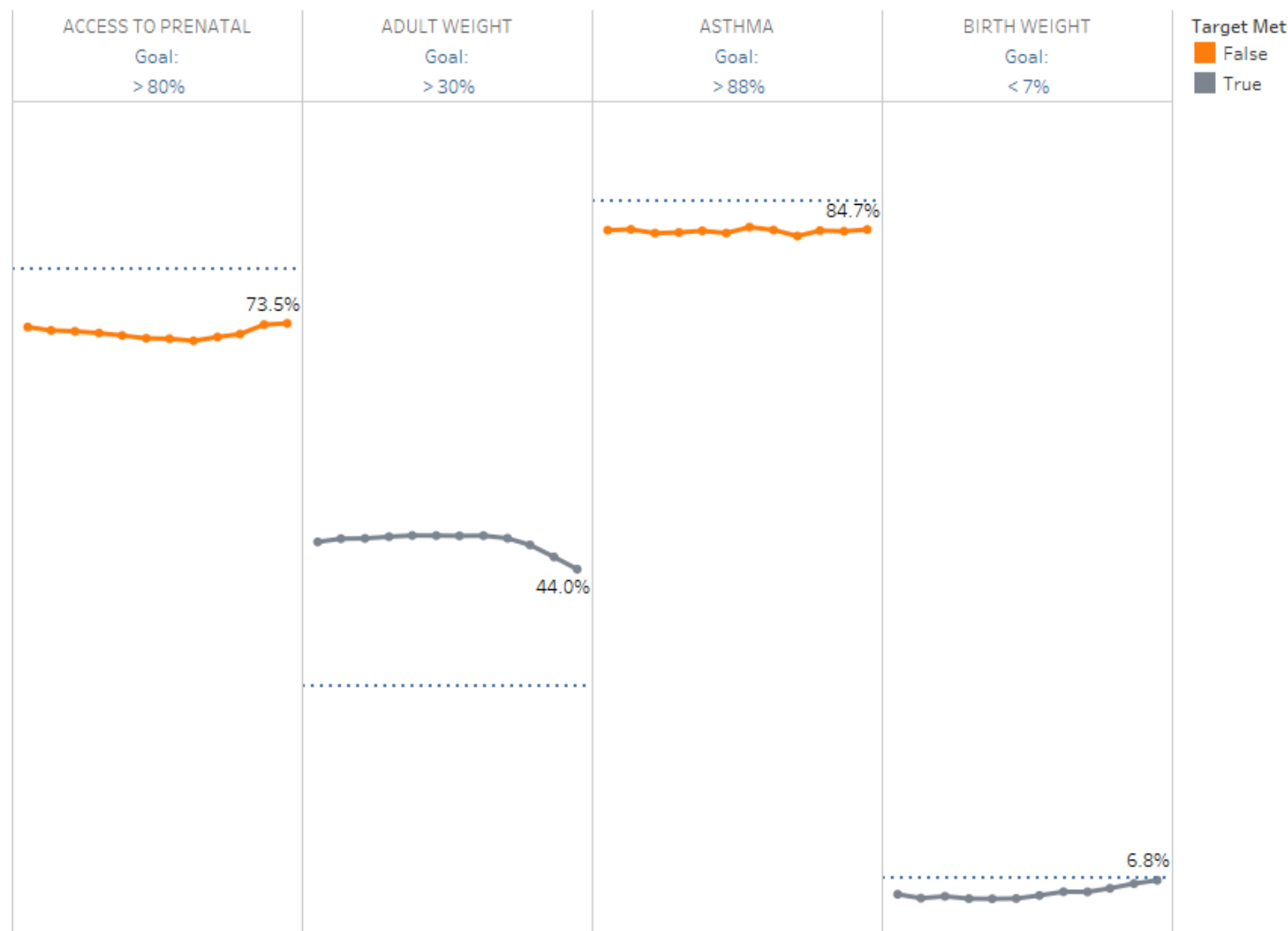
Sum of Value for each Year. Color shows details about Row Label. The marks are labeled by sum of Value. The data is filtered on Report, Table, Section and Section label. The Report filter keeps Universal. The Table filter keeps 4. The Section filter keeps Special Populations. The Section label filter keeps Housing. The view is filtered on Year and Row Label. The Year filter keeps 2015, 2016, 2017, 2018 and 2019. The Row Label filter excludes Total Homeless.

Health Centers Served 700 Clients who Reported Themselves as Veterans in 2019



UDS CQMS by Month*

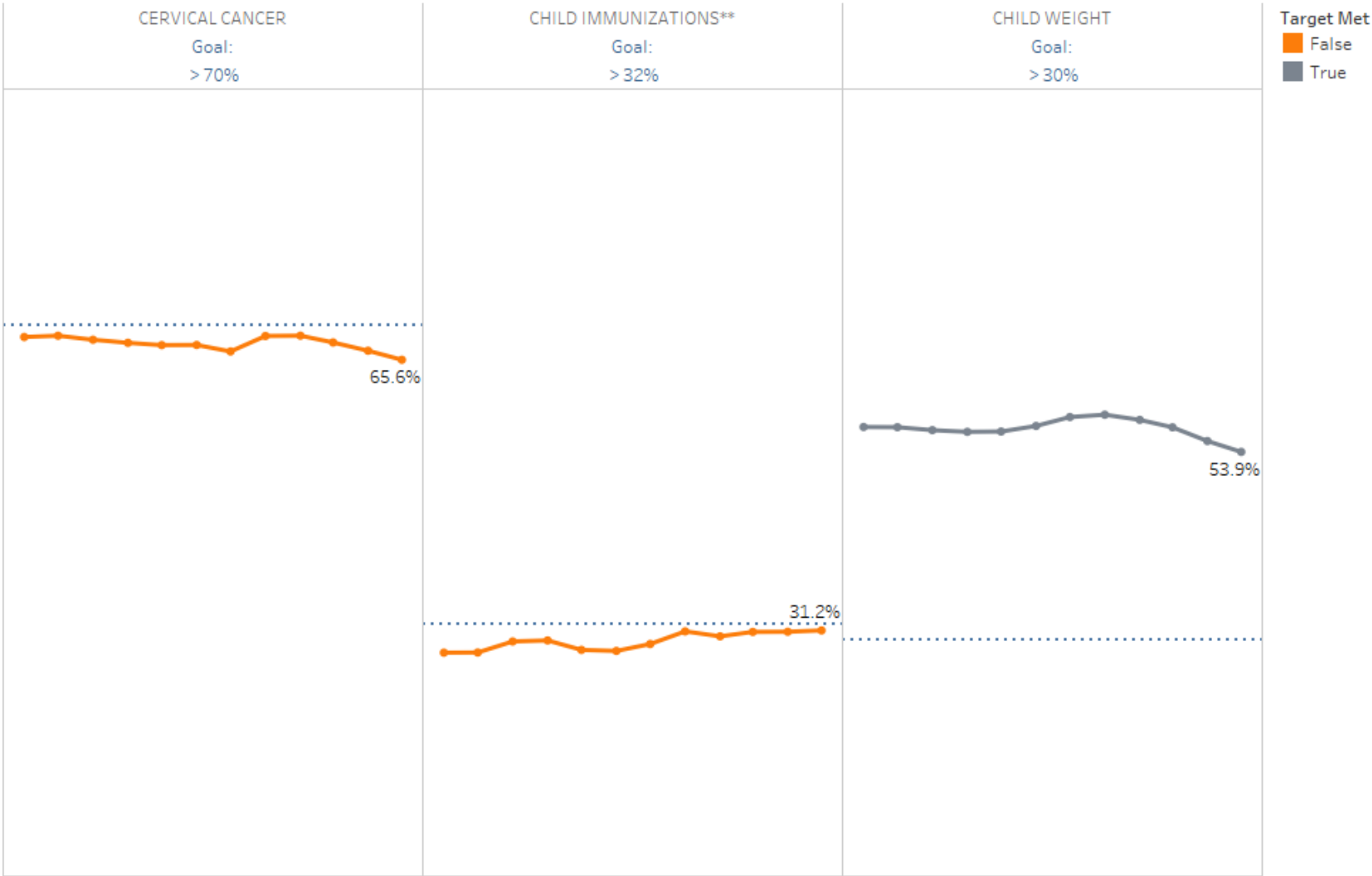
UDS Goal..... | orange = goal not met | results for most recent month on label | May, 2020



The trends of % of Total for CQM Name, Goal (CQM Targets) and End Report Date Month broken down by Outcome and "Goal:". Color shows details about Target Met (CQM Targets). The marks are labeled by % of Total. Details are shown for CQM. The data is filtered on Clinic Site, which keeps multiple members. The view is filtered on Outcome and CQM. The Outcome filter keeps Met and Not Met. The CQM filter keeps ACCESS TO PRENATAL, ADULT WEIGHT, ASTHMA and BIRTH WEIGHT.

UDS CQMS by Month*

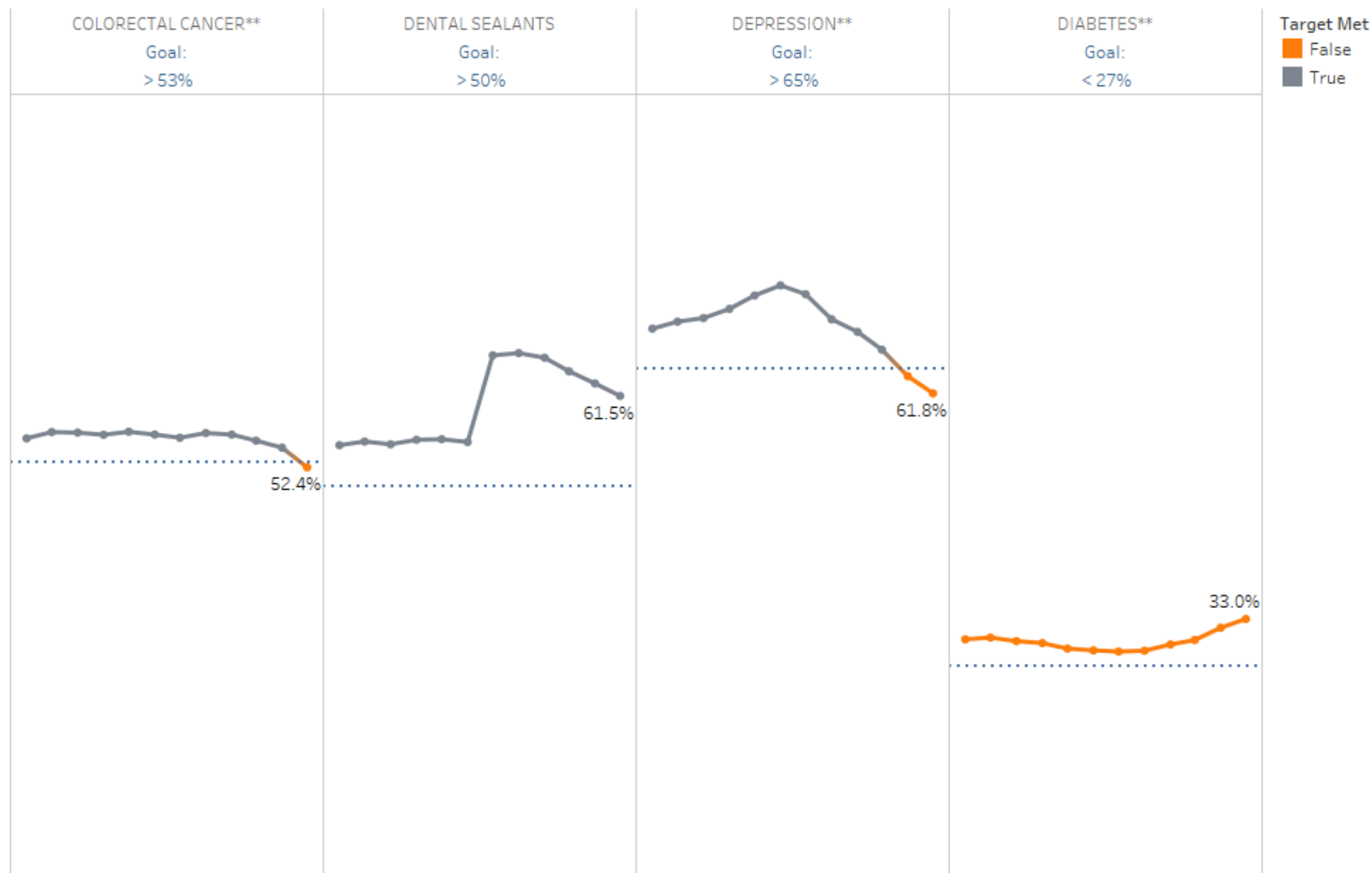
.....Goal..... | orange = goal not met | results for most recent month on label | May, 2020



The trends of % of Total for CQM Name, Goal (CQM Targets) and End Report Date Month broken down by Outcome and "Goal:". Color shows details about Target Met (CQM Targets). The marks are labeled by % of Total. Details are shown for CQM. The data is filtered on Clinic Site, which keeps multiple members. The view is filtered on Outcome, CQM and CQM Name. The Outcome filter keeps Met and Not Met. The CQM filter keeps CAD LIPID THERAPY, CERVICAL CANCER, CHILD IMMUNIZATIONS and CHILD WEIGHT. The CQM Name filter excludes CAD LIPID THERAPY.

UDS CQMS by Month

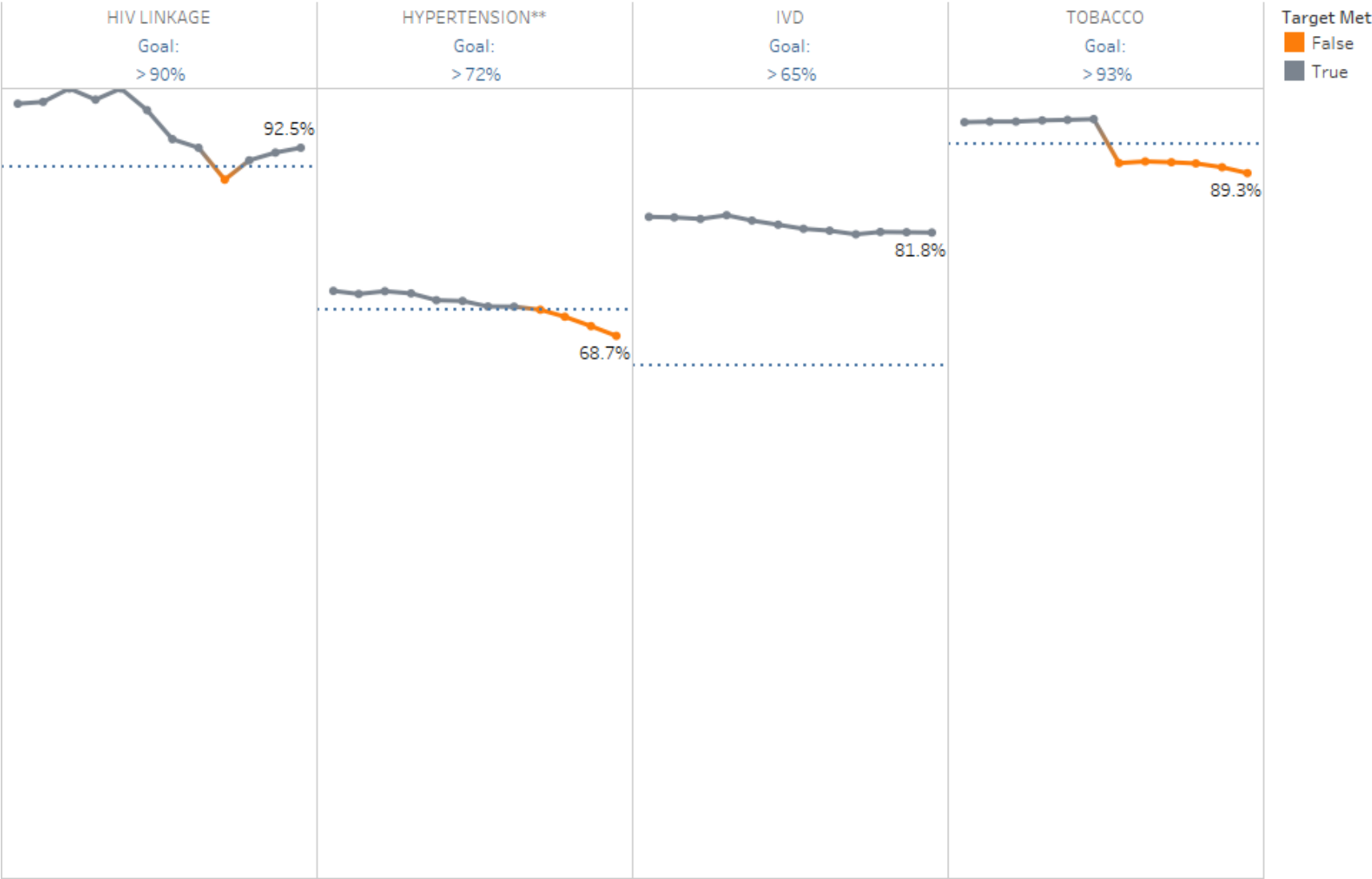
.....Goal..... | orange = goal not met | results for most recent month on label | May, 2020



The trends of % of Total for CQM Name, Goal (CQM Targets) and End Report Date Month broken down by Outcome and "Goal:". Color shows details about Target Met (CQM Targets). The marks are labeled by % of Total. Details are shown for CQM. The data is filtered on Clinic Site, which keeps multiple members. The view is filtered on Outcome and CQM. The Outcome filter keeps Met and Not Met. The CQM filter keeps COLORECTAL CANCER, DENTAL SEALANTS, DEPRESSION and DIABETES.

UDS CQMS by Month

.....Goal..... | orange = goal not met | results for most recent month on label | May, 2020



The trends of % of Total for CQM Name, Goal (CQM Targets) and End Report Date Month broken down by Outcome and "Goal:". Color shows details about Target Met (CQM Targets). The marks are labeled by % of Total. Details are shown for CQM. The data is filtered on Clinic Site, which keeps multiple members. The view is filtered on Outcome and CQM. The Outcome filter keeps Met and Not Met. The CQM filter keeps HIV LINKAGE, HYPERTENSION, IVD and TOBACCO.

New Cardiovascular Disease CQM for 2019: Statin Therapy

- Replaces CAD Lipid Therapy Measure
- CY 2019: **65.5%**
- Rolling 12 month performance May
2020: **71.6%**