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MISSISSIPPI PRIMARY HEALTH CARE ASSOCIATION

Financial Oversight of your Health Center

ANNUAL CONFERENCE

JUNE 15, 2016 TO JUNE 17, 2016

FINANCIAL OVERSIGHT OF YOUR HEALTH CENTER.

- I. PROGRAM EXPECTATIONS FOR
330 COMMUNITY HEALTH CENTERS**
- II. ROLE OF BOARD AND SENIOR MANAGEMENT**
- III. USE OF FINANCIAL SCORECARD TOOL**
- IV. OTHER MATTERS – Q & A**

FINANCIAL OVERSIGHT FOR YOUR HEALTH CENTER

I. PROGRAM EXPECTATIONS FOR 330 COMMUNITY HEALTH CENTERS

- NEED
- SERVICES
- MANAGEMENT & FINANCE
- GOVERNANCE

FINANCIAL OVERSIGHT FOR YOUR HEALTH CENTER

HRSA's ROLE IN FINANCIAL MONITORING: HEALTH CENTER POLICIES

- PAL 2014-08 (PROGRAM REQUIREMENTS OVERSIGHT)
- PIN 2013-01 (BUDGETING AND ACCOUNTING REQUIREMENTS)
- PIN 2014-01 (GOVERNANCE)
- PIN 2014-02 (SLIDING FEE/BILLING & COLLECTIONS)
- UNIFORM ADMINISTRATIVE REQUIREMENTS: 45 CFR PART 75

PROGRAM REQUIREMENT 7

SLIDING FEE DISCOUNT PROGRAM

- **SLIDING FEE DISCOUNTS:** HAS A SYSTEM IN PLACE TO DETERMINE ELIGIBILITY FOR PATIENT DISCOUNTS ADJUSTED ON THE BASIS OF THE PATIENT'S ABILITY TO PAY.
- THIS SYSTEM MUST PROVIDE A FULL DISCOUNT TO INDIVIDUALS AND FAMILIES WITH ANNUAL INCOMES AT OR BELOW THE POVERTY GUIDELINES (ONLY NOMINAL FEES MAY BE CHARGED) AND FOR THOSE WITH INCOMES BETWEEN 100% AND 200% OF POVERTY, FEES MUST BE CHARGED IN ACCORDANCE WITH A SLIDING DISCOUNT POLICY BASED ON FAMILY SIZE AND INCOME.
- NO DISCOUNTS MAY BE PROVIDED TO PATIENTS WITH INCOMES OVER 200 PERCENT OF THE FEDERAL POVERTY LEVEL. (SECTION 330(K)(3)(G) OF THE PHS ACT AND 42 CFR PART 51C.303(F))

PROGRAM REQUIREMENT 12

- **FINANCIAL MANAGEMENT AND CONTROL POLICIES:** HAS ACCOUNTING AND INTERNAL CONTROL SYSTEMS APPROPRIATE TO THE SIZE AND COMPLEXITY OF THE ORGANIZATION REFLECTING GENERALLY ACCEPTED ACCOUNTING PRINCIPLES (GAAP) AND SEPARATES FUNCTIONS APPROPRIATE TO ORGANIZATIONAL SIZE TO SAFEGUARD ASSETS. ASSURES THAT AN ANNUAL INDEPENDENT FINANCIAL AUDIT IS PERFORMED IN ACCORDANCE WITH FEDERAL AUDIT REQUIREMENTS, ADDRESSING ALL REPORTABLE/MATERIAL WEAKNESSES IN THE AUDIT REPORT. (SECTION 330(K)(3)(D), SECTION 330(Q) OF THE PHS ACT AND 45 CFR PART 74.21)

PROGRAM REQUIREMENT 13

- **BILLING AND COLLECTIONS:** HAS SYSTEMS IN PLACE TO MAXIMIZE COLLECTIONS AND REIMBURSEMENT FOR ITS COSTS IN PROVIDING HEALTH SERVICES, INCLUDING WRITTEN BILLING, CREDIT AND COLLECTION POLICIES AND PROCEDURES. (SECTION 330(K) (3) (F) AND (G) OF THE PHS ACT).

PROGRAM REQUIREMENT 14

- **BUDGET:** HAS DEVELOPED A BUDGET THAT REFLECTS THE COSTS OF OPERATIONS, EXPENSES, AND REVENUES (INCLUDING THE FEDERAL GRANT) NECESSARY TO ACCOMPLISH THE SERVICE DELIVERY PLAN. (SECTION 330(K)(3)(D), SECTION 330(K)(3)(I)(I), AND 45 CFR PART 74.25)

PROGRAM REQUIREMENT 15

- **PROGRAM DATA REPORTING SYSTEMS: MAINTAINS SYSTEMS WHICH ACCURATELY COLLECT AND ORGANIZE DATA FOR PROGRAM REPORTING AND WHICH SUPPORT MANAGEMENT DECISION MAKING. (SECTION 330(K)(3)(I)(II) OF THE PHS ACT)**

PRINCIPLES OF GOOD GOVERNANCE

- THE ORGANIZATION SHOULD CLEARLY UNDERSTAND AND PUBLICLY EXPRESS ITS MISSION.
- THE ORGANIZATION'S BOARD SHOULD BE ENGAGED, INFORMED, AND INDEPENDENT.
- THE BOARD SHOULD HAVE REAL RESPONSIBILITY AND AUTHORITY, INCLUDING IMPLEMENTING THE RULES AGAINST INUREMENT AND SELF-DEALING.
- THE ORGANIZATION SHOULD ENSURE PROPER USE AND SAFEGUARDING OF ASSETS.

PRINCIPLES OF GOOD GOVERNANCE

- THE ORGANIZATION SHOULD IMPLEMENT POLICIES AND PRACTICES THAT ADDRESS EXECUTIVE COMPENSATION, PROTECT AGAINST CONFLICTS OF INTEREST, AND SUPPORT INDEPENDENT FINANCIAL REVIEWS.
- RELATIONSHIPS AND DECISION MAKING SHOULD BE TRANSPARENT—BOARD DECISIONS SHOULD BE REFLECTED IN MINUTES, AND WHISTLEBLOWERS SHOULD BE PROTECTED.
- THE ORGANIZATION SHOULD DEVELOP A SYSTEM OF INTERNAL CONTROLS THAT IS APPROPRIATE TO THE ORGANIZATION ITSELF.

GOVERNING BODY MINUTES & RECORDS

THE BPHC ENCOURAGES THE GOVERNING BODIES AND AUTHORIZED SUB-COMMITTEES TO TAKE STEPS TO ENSURE THAT MINUTES OF THEIR MEETINGS, AND ACTIONS TAKEN BY WRITTEN ACTION OR OUTSIDE OF MEETINGS, ARE CONTEMPORANEOUSLY DOCUMENTED.

TRANSPARENCY AND ACCOUNTABILITY

BY MAKING FULL AND ACCURATE
INFORMATION ABOUT ITS MISSION,
ACTIVITIES, FINANCE, AND GOVERNANCE
PUBLICLY AVAILABLE, AN ORGANIZATION
ENCOURAGES TRANSPARENCY AND
ACCOUNTABILITY TO ITS CONSTITUENTS.

FINANCIAL STATEMENTS

MANY ORGANIZATIONS (FQHC) THAT RECEIVE FEDERAL FUNDS ARE REQUIRED TO UNDERGO ONE OR MORE AUDITS AS SET FORTH IN THE SINGLE AUDIT ACT AND OMB CIRCULAR A-133.



***AS A BOARD MEMBER, IF YOU CAN ONLY ASK
EIGHT QUESTIONS....ASK THESE***

1. WHAT IS YOUR STRATEGIC PLAN AND WHAT PROGRESS HAS BEEN MADE?
2. WHAT IS THE ONE-YEAR OPERATIONAL PLAN AND WHAT PROGRESS HAS BEEN MADE?
3. WHAT IS THE CURRENT FINANCIAL POSITION?
 - TOTAL MARGIN
 - DAYS CASH ON HAND
 - DAYS IN A/R
 - DAYS IN A/P
 - CURRENT RATIO

AS A BOARD MEMBER (CONVERSELY – SENIOR MANAGEMENT), IF YOU CAN ONLY ASK EIGHT QUESTIONS....ASK THESE

4. WHAT MECHANISMS ARE IN PLACE TO ENSURE COMPLIANCE WITH: 330 REQUIREMENTS; STATE AND FEDERAL LAWS AND REGULATIONS; MEDICAID AND MEDICARE REQUIREMENTS?
5. IS YOUR STAFF SATISFIED? HOW DO YOU KNOW?
6. ARE YOUR PATIENTS SATISFIED? HOW DO YOU KNOW?
7. WHAT GOALS HAVE BEEN SET IN THE QA/QI PLAN AND HAVE THEY BEEN MET?
8. WHAT IS THE NEED IN THE COMMUNITY – # OF SERVICES AND TYPE OF SERVICES? HOW WELL ARE YOU DOING IN MEETING THIS NEED?

USE OF FINANCIAL SCORECARD TOOL

III. FINANCIAL SCORECARD:

- REVIEW OF OPERATIONS
- FINANCIAL DASHBOARD

❖ TOTAL MARGIN

❖ DAYS CASH ON HAND

❖ DAYS CASH IN NET ACCOUNTS
RECEIVABLE

❖ DAYS CASH IN A/P & ACCRUED EXPENSES

❖ CURRENT RATIO

- FINANCIAL PERFORMANCE MEASURES

FINANCIAL PERFORMANCE MEASURES

- **BASED ON UNIFORM DATA SYSTEM (UDS)**
 - TOTAL COST PER PATIENT
 - MEDICAL COST PER MEDICAL ENCOUNTER
- **BASED ON FINANCIAL AUDIT**
 - CHANGE IN NET ASSETS AS A PERCENT OF EXPENSE
 - WORKING CAPITAL TO MONTHLY EXPENSE RATIO
 - LONG TERM DEBT TO EQUITY RATIO
- **NEW FOR FY 2016 – HEALTH PROGRAM COST PER PATIENT**

PURPOSE OF MEASURES

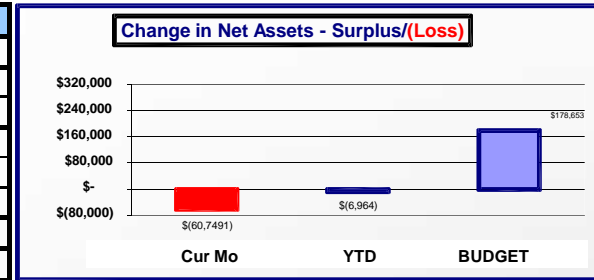
- TOTAL COST PER PATIENT:
 - THE VALUE OF SERVICE PROVIDED
- MEDICAL COST PER MEDICAL ENCOUNTER:
 - MEDICAL COST EFFICIENCY
- CHANGE IN NET ASSETS AS A PERCENT OF EXPENSE:
 - FINANCIAL PERFORMANCE DURING AUDIT PERIOD
- WORKING CAPITAL TO MONTHLY EXPENSE RATIO:
 - CURRENT FINANCIAL CONDITION
- LONG TERM DEBT TO EQUITY RATIO:
 - LONG TERM FINANCIAL CONDITION

FINANCIAL SCORECARD SAMPLE

FINANCIAL SCORECARD: for the month of January 2016

Financial Performance

Summary: Statement of Activities					
Description	Month	YTD	Budget	Variance	%
Operating Revenues	\$ 1,633,442	\$ 10,429,484	\$ 11,197,408	\$ (767,924)	-6.9%
Operating Expenses	\$ 1,694,191	\$ 10,436,448	\$ 11,093,755	\$ (657,307)	-5.9%
Operating Surplus/(Loss)	\$ (60,749)	\$ (6,964)	\$ 103,653	\$ (110,617)	-106.7%
Non-Operating Revenues	\$ -		\$ 75,000	\$ (75,000)	-100.0%
Non-Operating Expenses	\$ -	\$ -	\$ -	\$ -	#DIV/0!
Total Change in Net Assets	\$ (60,749)	\$ (6,964)	\$ 178,653	\$ (185,617)	-103.9%
Change in NA as a % of Exp	-3.6%	-0.1%	1.6%	-1.7%	-104.1%

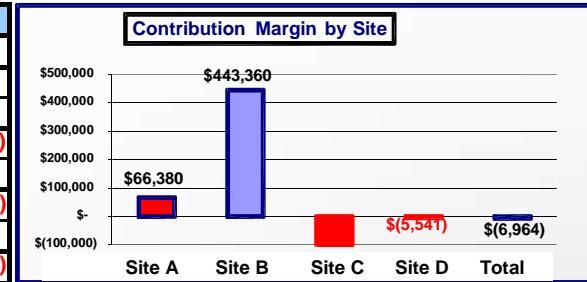


At December 31, 2015 CHC incurred an Operating Deficit of (\$60,749) for the month and an Operating Deficit of (\$6,964) for the six months year to date. Employee salary and benefit expenses is lower than budgeted by \$84,126 for the month and by \$959,574 for the year.

FINANCIAL SCORECARD: for the month of January 2016

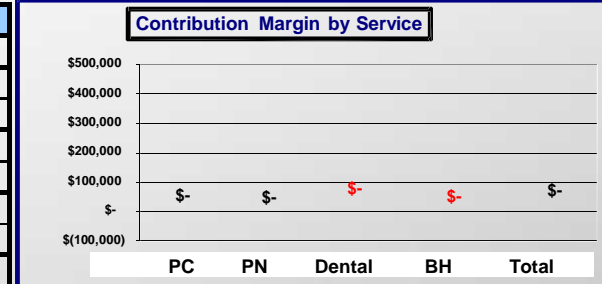
Financial Performance

Contribution Margin by Site					
Description	Site A	Site B	Site C	Site D	Total
Operating Revenues	\$ 2,424,940	\$ 4,030,157	\$ 2,957,261	\$ 55,388	\$ 9,467,746
Operating Expenses	\$ 2,659,047	\$ 3,917,429	\$ 3,799,041	\$ 60,929	\$ 10,436,446
Operating Surplus/(Loss)	\$ (234,107)	\$ 112,728	\$ (841,780)	\$ (5,541)	\$ (968,700)
Federal 330 Grant Allocation	\$ 300,487	\$ 330,632	\$ 330,617	\$ -	\$ 961,736
Surplus/(Loss) after Grant	\$ 66,380	\$ 443,360	\$ (511,163)	\$ (5,541)	\$ (6,964)
Allocation of Overhead	\$ -	\$ -	\$ -	\$ -	\$ -
Total Change in Net Assets	\$ 66,380	\$ 443,360	\$ (511,163)	\$ (5,541)	\$ (6,964)



At December 31, 2015 the year to date Contribution Margin by Site indicates that the business operations at Site A, Site B, Site C, and Site D are not contributing towards the overhead costs. Management is assessing both the patient volumes and overhead allocation to the sites in a root cause analysis of the monthly performance outcomes.

Contribution Margin by Service					
Description	Primary Care	Peri-Natal	Dental	Behavioral	Total
Operating Revenues					\$ -
Operating Expenses					\$ -
Operating Surplus/(Loss)	\$ -	\$ -	\$ -	\$ -	\$ -
Federal 330 Grant Allocation					\$ -
Surplus/(Loss) after Grant	\$ -	\$ -	\$ -	\$ -	\$ -
Allocation of Overhead	\$ -	\$ -	\$ -	\$ -	\$ -
Total Change in Net Assets	\$ -	\$ -	\$ -	\$ -	\$ -

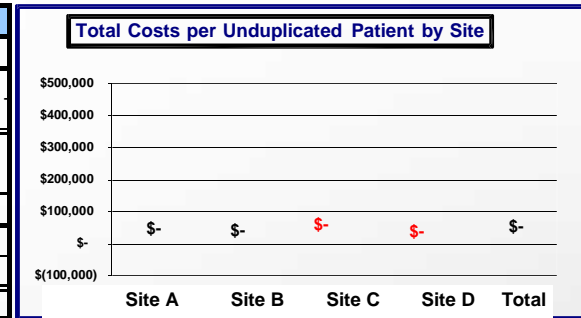


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FINANCIAL SCORECARD: for the month of January 2016

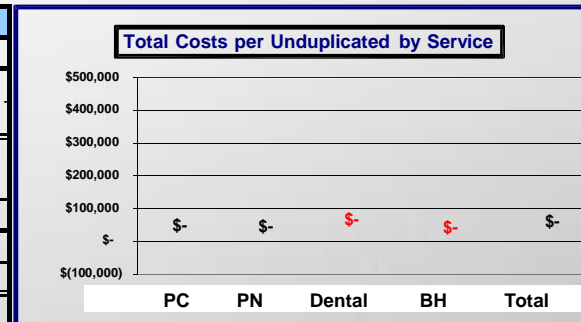
Financial Performance

Total Costs per Unduplicated Patient by Site					
Description	Site A	Site B	Site C	Site D	Total
Number of Unduplicated Patients					
Operating Expenses	\$ -	\$ -	\$ -	\$ -	\$ -
Overhead Allocation	\$ -	\$ -	\$ -	\$ -	\$ -
Less Donated/In-kind costs	\$ -	\$ -	\$ -	\$ -	\$ -
Total Accrued Cost	\$ -	\$ -	\$ -	\$ -	\$ -
TC\$ per Unduplicated Patient	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!



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Total Costs per Unduplicated Patient by Service					
Description	Primary Care	Peri-Natal	Dental	Behavioral	Total
Number of Unduplicated Patients					
Operating Expenses	\$ -	\$ -	\$ -	\$ -	\$ -
Allocation of Overhead	\$ -	\$ -	\$ -	\$ -	\$ -
Less Donated/In-Kind costs	\$ -	\$ -	\$ -	\$ -	\$ -
Total Accrued Cost	\$ -	\$ -	\$ -	\$ -	\$ -
TC\$ per Unduplicated Patient	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!

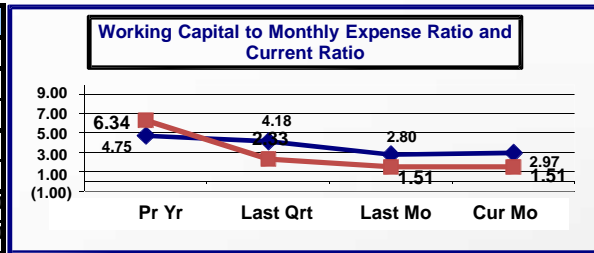


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FINANCIAL SCORECARD: for the month of January 2016

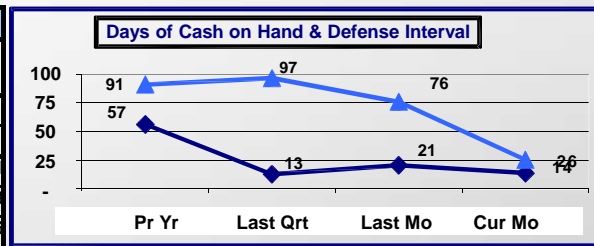
Financial Status

Current Ratio: Minimum 1.0 - Preferred 2.0					
Description	Prior Yr	Last Quarter	Last Month	Current Month	Target
Current Assets	\$ 5,026,408	\$ 5,020,220	\$ 3,979,113	\$ 3,848,833	\$ -
Current Liabilities	\$ 1,057,574	\$ 1,201,779	\$ 1,420,950	\$ 1,294,413	\$ -
Working Capital	\$ 3,968,834	\$ 3,818,441	\$ 2,558,163	\$ 2,554,420	\$ -
Monthly Expense	\$ 626,458	\$ 1,638,048	\$ 1,689,681	\$ 1,694,191	\$ 924,480
WC to Mo Exp Ratio	6.34	2.33	1.51	1.51	1.00
Current Ratio	4.75	4.18	2.80	2.97	1.00



The Working Capital to Monthly Expense Ratio and Current Ratio both indicate that CHC has sufficient liquid assets to meet all its current obligations. A target ratio of at least and greater than 1.00 is used to demonstrate that at minimum, CHC must have enough current assets to meet current liabilities/obligations.

Days of Cash on Hand, Defense Interval, and Days in Accounts Receivable					
Description	Prior Yr	Last Quarter	Last Month	Current Month	Target
Cash	\$ 1,618,844	\$ 374,709	\$ 597,366	\$ 799,299	\$ 640,000
Accounts Receivable	\$ 988,135	\$ 2,396,035	\$ 1,580,252	\$ 648,629	\$ 1,265,000
Days of Cash on Hand	57	13	21	14	21
Defense Interval	91	97	76	26	63
Days in A/R	39	95	62	26	46

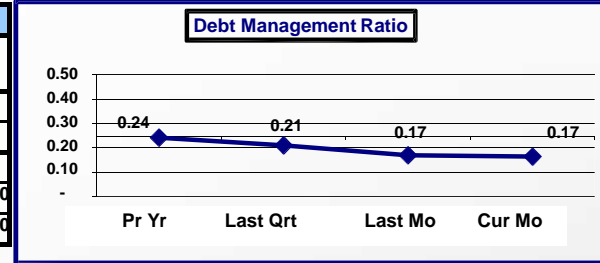


As illustrated above, CHC's cash position at December 31, 2015 exceeds target in total dollars but is less than the targeted 21 Days Cash on Hand.

FINANCIAL SCORECARD: for the month of January 2016

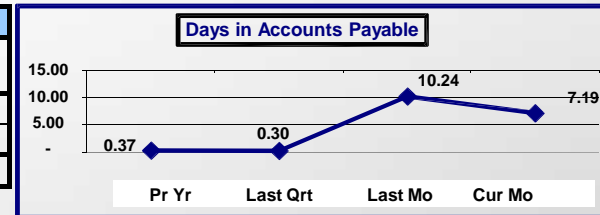
Financial Status

Net Assets, Debt Management Ratio, and Debt Equity Ratio					
Description	Prior Yr	Last Quarter	Last Month	Current Month	Target
Total Assets	\$ 17,083,069	\$ 16,753,762	\$ 15,592,532	\$ 15,401,275	\$ 4,500,000
Total Liabilities	\$ 4,171,478	\$ 3,573,746	\$ 2,686,447	\$ 2,555,938	\$ 2,250,000
Net Assets	\$ 12,911,591	13,180,016	12,906,085	12,845,337	2,250,000
Debt Mgmt Ratio < 0.50	0.24	0.21	0.17	0.17	0.50
Debt/Equity Ratio	0.32	0.27	0.21	0.20	1.00



A key change in net assets between the Current Month and Prior Year is the pay down of the Line of Credit from \$1,800,000 to \$0. Overall CHC's Total Liabilities as of December 31, 2015 is at 17% of Total Assets.

Days in Accounts Payable					
Description	Prior Yr	Last Quarter	Last Month	Current Month	Target
Accounts Payable	\$ 8,108	\$ 5,428	\$ 208,731	\$ 130,302	\$ 220,000
Non-Payroll Expenses/Day	\$ 21,740	\$ 18,144	\$ 20,378	\$ 18,120	\$ 4,750
Days in A/P	0.37	0.30	10.24	7.19	46.32



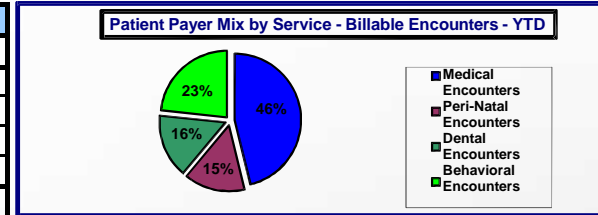
CHC continues to manage its vendor payables on a timely manner. pay discounts terms if offered by any of the vendors.

Days in Accounts Payable is at 7.19. CHC is in a strong position to take advantage of any early

FINANCIAL SCORECARD: for the month of January 2016

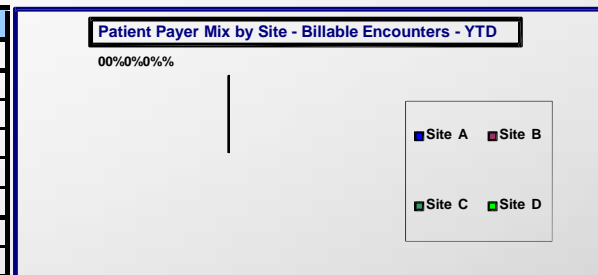
Financial Operations

Billable Patient Encounters by Service					
Description	Month	YTD	Target	Variance	%
Medical Encounters	3,767	23,462		23,462	#DIV/0!
Peri-Natal Encounters	1,241	7,565		7,565	#DIV/0!
Dental Encounters	1,381	7,938		7,938	#DIV/0!
Behavioral Encounters	2,024	11,857		11,857	#DIV/0!
Total Encounters	8,413	50,822		50,822	#DIV/0!



About 46% of CHC's patient encounter payer mix is in medical visits, about 23% in Behavioral Health encounters, about 16% in Dental services, and about 15% in Peri-Natal services.

Billable Encounters by Site					
Description	Month	YTD	Target	Variance	%
Site A					#DIV/0!
Site B					#DIV/0!
Site C					#DIV/0!
Site D					#DIV/0!
Total Encounters					#DIV/0!
Average Cost Per Encounter	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!

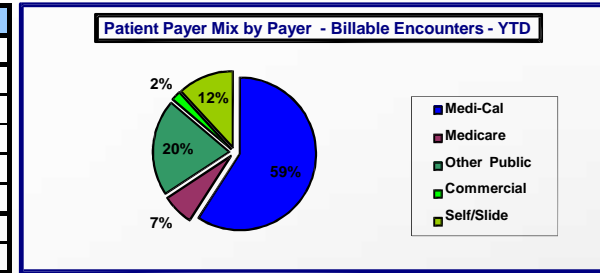


By payer category, CHC's primary patient population is Medi-Cal at about 59%, other Public at about 20%, self pay at about 12%, Medicare at about 7%, and all others the remaining 2%.

FINANCIAL SCORECARD: for the month of January 2016

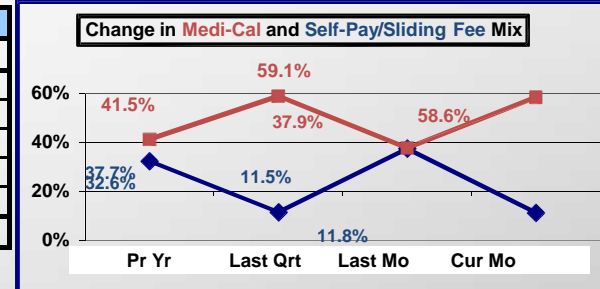
Financial Operations

Billable Encounters by Payer Mix					
Description	Month	YTD	Target	Variance	%
Medi-Cal	4,932	30,041		30,041	#DIV/0!
Medicare	525	3,382		3,382	#DIV/0!
Other Public	1,831	10,386		10,386	#DIV/0!
Commercial	155	1,028		1,028	#DIV/0!
Self/Slide	970	5,985		5,985	#DIV/0!
Total Encounters	8,413	50,822		50,822	#DIV/0!
Average Cost Per Encounter	\$ 323.95	\$ 85.81	#DIV/0!	#DIV/0!	#DIV/0!



By payer category, CHC's primary patient population is Medi-Cal at about 59%, other Public at about 20%, self pay at about 12%, Medicare at about 7%, and all others the remaining 2%.

Patient Payer Mix as a Percent of Total Patient Encounters					
Description	Prior Yr	YTD	QTD	MTD	Target
Medicaid	41.5%	59.1%	37.9%	58.6%	39.2%
Medicare	5.9%	6.7%	6.2%	6.2%	6.4%
Other Public	10.3%	20.4%	9.9%	21.8%	9.8%
Commercial	9.7%	2.0%	8.3%	1.8%	8.7%
Self/Slide	32.6%	11.8%	37.7%	11.5%	35.9%
Total	100.0%	100.0%	100.0%	100.0%	100.0%

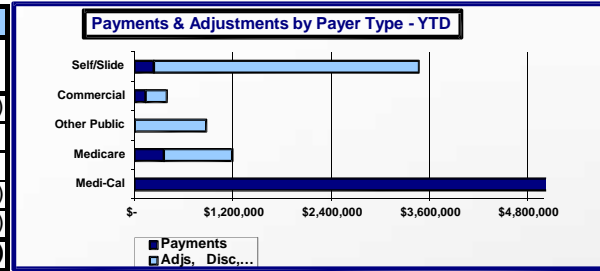


With Medicaid expansion continuing to provide insurance coverage to many Californians previously consider self-pay/uninsured, CHC's patients with Medi-Cal coverage increases. However, some of the newly insured patient have also moved their care coverage to other medical providers as they now have insurance coverage.

FINANCIAL SCORECARD: for the month of January 2016

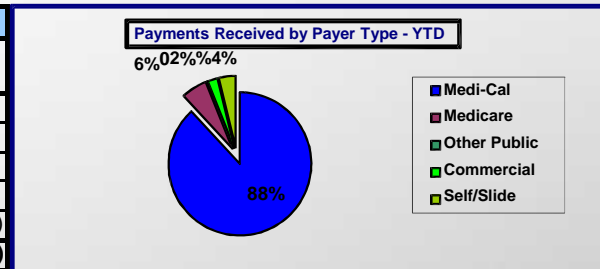
Financial Operations

Summary of Gross Charges, Adjustments, & Payments - Month of December					
Description	Gross Charges	Adjs, Disc, & Allowances	Net Charges	Payments	Change in A/R
Medi-Cal	\$ 1,499,509	\$ 740,151	\$ 759,358	\$ 1,051,665	\$ (292,307)
Medicare	\$ 214,971	\$ 97,355	\$ 117,616	\$ 60,549	\$ 57,067
Other Public	\$ 81,195	\$ 43,663	\$ 37,532	\$ 394	\$ 37,138
Commercial	\$ 67,498	\$ 40,203	\$ 27,295	\$ 43,167	\$ (15,872)
Self/Slide	\$ 248,215	\$ 264,638	\$ (16,423)	\$ 37,873	\$ (54,296)
Total	\$ 2,111,388	\$ 1,186,010	\$ 925,378	\$ 1,193,648	\$ (268,270)



For December, as noted in the payer mix comments above, the majority of Gross Charges and related payments is reflected in the revenue values. For the month, the Change in A/R reflects timing differences between date of service charges and collection activity. On an year to date basis - see chart below - the relationship between Gross Charges and Payments reflects a more accurate picture of the Gross Charges/Payment ratio and Net Charges/Payment ratio.

Summary of Gross Charges, Adjustments, & Payments - YTD					
Description	Gross Charges	Adjs, Disc, & Allowances	Net Charges	Payments	Change in A/R
Medi-Cal	\$ 9,762,130	\$ 3,262,915	\$ 6,499,215	\$ 5,403,114	\$ 1,096,101
Medicare	\$ 1,429,532	\$ 834,128	\$ 595,404	\$ 357,140	\$ 238,264
Other Public	\$ 875,825	\$ 869,659	\$ 6,166	\$ 2,011	\$ 4,155
Commercial	\$ 543,580	\$ 258,867	\$ 284,713	\$ 135,095	\$ 149,618
Self/Slide	\$ 1,466,681	\$ 3,234,149	\$ (1,767,468)	\$ 233,528	\$ (2,000,996)
Total	\$ 14,077,748	\$ 8,459,718	\$ 5,618,030	\$ 6,130,888	\$ (512,858)



As noted previously Medi-Cal as a revenue category is the primary patient population at CHC.

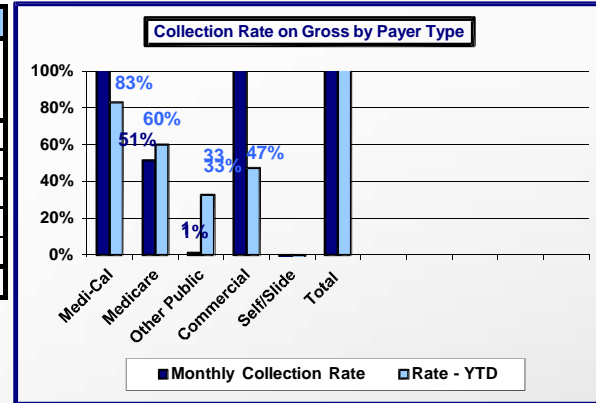
FINANCIAL SCORECARD: for the month of January 2016

Financial Operations

Average Per Billable Encounter and Collection Rate on Gross - Month of December

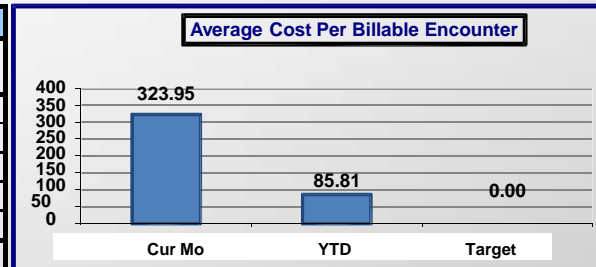
Description	Gross Charges	Adjs, Disc, & Allowances	Net Charges	Payments	Monthly Collection Rate
Medi-Cal	\$ 304.04	\$ 150.07	\$ 153.97	\$ 213.23	138%
Medicare	\$ 409.47	\$ 185.44	\$ 224.03	\$ 115.33	51%
Other Public	\$ 44.34	\$ 23.85	\$ 20.50	\$ 0.22	1%
Commercial	\$ 435.47	\$ 259.37	\$ 176.10	\$ 278.50	158%
Self/Slide	\$ 255.89	\$ 272.82	\$ (16.93)	\$ 39.04	-231%
Total	\$ 250.97	\$ 140.97	\$ 109.99	\$ 141.88	129%

In December, CHC's collection rate is - Medi-Cal 138%; Commercial 158%; Medicare 51%; and self-pay/SFS (231%). On a YTD basis - see chart below - Medi-Cal is at 83%, Commercial at 47%, Medicare 60%; and self pay (13%).



Average Per Billable Encounter and Collection Rate on Gross - YTD

Description	Gross Charges	Adjs, Disc, & Allowances	Net Charges	Payments	Rate - YTD
Medi-Cal	\$ 324.96	\$ 108.62	\$ 216.34	\$ 179.86	83%
Medicare	\$ 422.69	\$ 246.64	\$ 176.05	\$ 105.60	60%
Other Public	\$ 84.33	\$ 83.73	\$ 0.59	\$ 0.19	33%
Commercial	\$ 528.77	\$ 251.82	\$ 276.96	\$ 131.42	47%
Self/Slide	\$ 245.06	\$ 540.38	\$ (295.32)	\$ 39.02	-13%
Total	\$ 277.00	\$ 166.46	\$ 110.54	\$ 120.63	109%

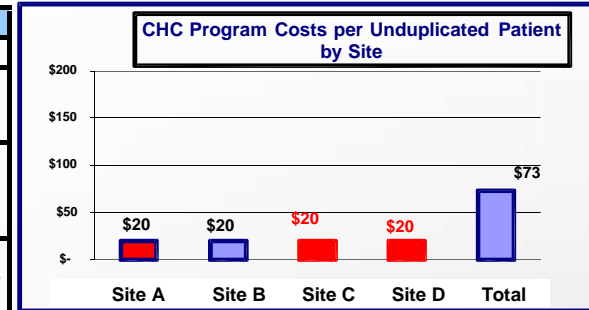


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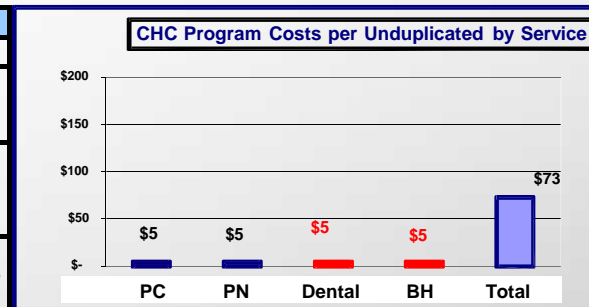
FINANCIAL SCORECARD: for the month of January 2016

OTHER HRSA REQUIRED FINANCIAL PERFORMANCE MEASURE

Health Center Program Cost per Unduplicated Patient by Site					
Description	Site A	Site B	Site C	Site D	Total
Total BPHC grant drawn down Jan 1 through Dec 31	\$ 100	\$ 100	\$ 100	\$ 100	\$ 1,600,000
Total Number of Unduplicated Patients Jan 1 through Dec 31	5	5	5	5	21,850
CHC's Program Cost per Unduplicated Patient	\$ 20	\$ 20	\$ 20	\$ 20	\$ 73



Health Center Program Cost per Unduplicated Patient by Service					
Description	Primary Care	Peri-Natal	Dental	Behavioral	Total
Total BPHC grant drawn down Jan 1 through Dec 31	\$ 100	\$ 100	\$ 100	\$ 100	\$ 1,600,000
Total Number of Unduplicated Patients Jan 1 through Dec 31	5	5	5	5	21,850
CHC Program Cost per Unduplicated Patient	\$ 5	\$ 5	\$ 5	\$ 5	\$ 73



XXXXXX

Numerator: Total accrued BPHC section 330 grants drawn-down for the period from January 1 to December 31, of the calendar measurement year

Denominator: Total unduplicated patients for the period from January 1 to December 31, of the calendar measurement year

REMEMBER THE FIVE DEADLY SINS

1. BOARD & MANAGEMENT NOT ON THE SAME PAGE.
2. OBSOLETE BUSINESS MODEL (NOT PATIENT CENTERED FOCUS).
3. LOW PROVIDER PRODUCTIVITY.
4. UNFUNDED GRANT OBLIGATIONS. (LESS AVAILABILITY TO GRANTS)
5. POOR PATIENT REVENUE CYCLE MANAGEMENT. (CASH IS "KING")



FINANCIAL OVERSIGHT FOR YOUR HEALTH CENTER

“NO OUTCOMES = NO INCOME”

QUESTIONS?



THANK YOU ALL
VOLUNTEER BOARD MEMBERS,
DEDICATED MANAGEMENT, PROVIDERS, &
STAFF
FOR SERVING