


PHC PARTNERSHIP HEALTH CENTER
EXECUTIVE/FINANCE COMMITTEE MEETING AGENDA

Wednesday, May 1, 2024
 10:30 a.m. to 12:00 p.m.

JASMINE CLAUSEN CONFERENCE ROOM
 323 W Alder St | Missoula MT 59802

<u>TOPIC</u>		<u>ESTIMATED TIME</u>
I. Call to Order		10:30 a.m.
II. Public Comments		10:35 a.m.
III. Executive/Finance Committee Meeting Minutes of April 3, 2024*		10:45 a.m.
IV. March Financial Statement*		10:55 a.m.
<ul style="list-style-type: none"> ▪ Financial Policy Reviews <ul style="list-style-type: none"> ○ NEW Policy GASB 96, Subscription-Based IT Arrangements ○ Chief Executive Officer Discretionary Authorization ○ Federal Grant Drawdown ○ Annual Budget Development ○ Business Reports ○ Annual Review of Contract Performance Expectations ○ Donations ○ Fixed Assets ○ Schedule of Expenditures of Federal Awards ○ Internal Control of Funds Received 		
V. CEO/Leadership Update		11:30 a.m.
VI. Old Business		As needed
VII. Additions		As needed
VIII. Agenda for May 10, 2024 Board of Directors Meeting*		11:55 a.m.
IX. Next Committee Meeting: June 6, 2024		
X. Adjournment		12:00 p.m.

2024 Meeting Dates:

Monthly EFC Meetings	
<i>JANUARY</i>	01/03/2024
<i>FEBRUARY</i>	01/31/2024
<i>MARCH</i>	02/28/2024
<i>APRIL</i>	04/03/2024
<i>MAY</i>	05/01/2024
<i>JUNE</i>	06/05/2024 06/06/2024
<i>JULY</i>	07/03/2024
<i>AUGUST</i>	07/31/2024
<i>SEPTEMBER</i>	09/04/2024
<i>OCTOBER</i>	10/02/2024
<i>NOVEMBER</i>	10/30/2024
<i>DECEMBER</i>	11/04/2024

(Action items are in blue)
 * indicates attachment



**PARTNERSHIP HEALTH CENTER (PHC)
EXECUTIVE/FINANCE COMMITTEE (EFC) MEETING MINUTES**

April 3, 2024

PRESENT: Kathleen Walters, Chair
John Crawford, Vice Chair
Jilayne Dunn, Secretary
Joe Melvin, Treasurer

STAFF: Lara Salazar, Chief Executive Officer (CEO)
Bryan Chalmers, Chief Financial Officer (CFO)
Stacy Newell, Recording Secretary
Marge Baack, Chief Operations Officer (COO)
Jody Faircloth, Chief Infrastructure Officer (CIO)
Becca Goe, Chief Innovations Officer (CINNO)
Jaime Dixon, Assistant Chief Financial Officer
Skye McGinty, Chief Diversity and Equity Officer
Brianne Walker, Executive Assistant

ISSUE	DISCUSSION	ACTION
<p>CALL TO ORDER</p> <p>PUBLIC COMMENTS</p> <p>MINUTES</p> <p>EHR</p>	<p>The meeting was called to order by Kathleen Walters, Chair, at 10:33 a.m.</p> <p>Kathleen Walters called for public comments: None heard.</p> <p>All Committee members received a copy of the 2/28/24 Executive/Finance Committee Meeting Minutes for review.</p> <p>Jody Faircloth presented on Request for Proposal (RFP) and gave overview of software platform. States that we have chosen Health Choice Network (HCN) Epic out of Florida. This will be presented in full at the April board meeting with budget and up-front costs.</p> <ul style="list-style-type: none"> • Kathleen Walters asked when the contract will be signed; states it’s currently in review with Attorney Justin Cole. The goal is to sign it no later than the end of May, with a go live scheduled for February 2025. • Kathleen Walters asked what work is required to implement and if there is a lot of training for staff required. They’ve given us an outline of the various stages of transitioning but we’re the first eCW transfer they’ve done, so could take longer. When the Florida site converted to HCN, they closed the clinic for an entire day for training with training modules tailored to each staff members’ job duty assigned; then a soft opening over the weekend – went live and had only one patient per hour for the first week to give staff time to get comfortable. Lara Salazar stated there will be a full presentation at the upcoming Board Meeting in addition to a request to approve the purchase. Marge Baack reported the Clinical Informatics team will help with implementation. 	<p>*It was moved, seconded (John Crawford/Jilayne Dunn) & carried to approve the EFC Meeting Minutes of 02/28/24 as presented. The vote was unanimous.</p>

	<ul style="list-style-type: none"> • Jilayne Dunn inquired about the cost and if there are monthly fees. There are additional costs in the first year with archiving which adds \$140K to overall \$604K. May also use Spectrum as a secondary backup internet in the event of downtimes. • Jilayne Dunn asked if they provide ongoing support. Answer is yes, there have been IT support issues in the past with eCW and partnering with HCN will provide a good path in the future. Thus far, they have been more responsive. HCN and OCHIN also receive federal funding from HRSA and work with other FQHC's. • Jilayne Dunn asked if a patient portal is available through HCN. Yes, it has MyChart. Marge Baack stated that patient engagement with the portal through MyChart will likely improve as it is more user friendly. Only 17% of the patients are on our current portal. 	
INTRODUCTION	Skye McGinty was introduced as our new Chief Diversity and Equity Officer (CDEO). Skye gave overview of her background.	
AUDIT	Auditors want to present in person to this committee on June 6 th (rather than June 5 th). They will then do a virtual presentation to the Board on June 14 th .	*Committee agreed
CFO REPORT	<p>All Committee members received a copy of the February Financial Statement in the packet for review. Bryan Chalmers reported the following:</p> <ul style="list-style-type: none"> • February was a good month. Historical monthly revenue reported. Volume wise, doing well. Still feeling side effects of Medicaid re-determination. Revenue was up in February. Had grant growth so overall, revenue was within 1% of the budget. • <u>Salaries and wages</u> typically around \$130k light; was around \$280k light. • <u>Pharmacy</u> was down due to lower PBM fees (Pharmacy Benefit Managers). • <u>Total revenue</u> was at about 8% less. <u>Cash position</u> was exhibited. <u>Capital</u> was displayed. <u>Budget Variance</u> of 2.3%. <u>Payor mix</u> described. 	
FY2025 BUDGET	<p>Bryan Chalmers distributed detailed FY2025 Budget reports to all committee members (see attached) and reported the following:</p> <ul style="list-style-type: none"> • Missoula County requested earlier approval as they're implementing a new timeline which will also help engage the community more. • <u>Encounters</u>: Described historical process for encounter calculations and stated the department heads worked on their own this year (i.e. for every 2080 hours there is an expectation for an "x" number of visits). Seeing significant growth in encounters – we either have an abundance of providers or increase in demand. The 	

question we need to answer, is how much staff is needed for the demand we're experiencing.

- Jilayne Dunn clarified that the old versus new methodology of calculations don't match. Correct, the demand side is untested. We're seeing an increase in volumes compared with last year but have multiple outside factors to improve access.
- Jilayne Dunn asked what the variance is. Working on processes to accomplish adding 4,000 patients.
- John Crawford advised that we will likely see an increase in Medicaid applicants from Seeley Lake which will impact demand.
- Bryan Chalmers reported there was a 12% growth rate with new positions, the Trinity Clinic and dental. We'll do more testing and data gathering, to be reviewed in May and adjust as needed. Lara Salazar advised that market studies have been completed.
- Full Time Equivalencies (FTE): We receive more staffing requests than we can accommodate. An HRIS (Human Resources Information System) would be very beneficial. Attempted to cap FTE's at 295; last year was 298 with a 6% vacancy rate. We are currently at 277 hired FTE's with 11 external offers waiting response which puts us at 288. If we use cap, that leaves 7 positions available. Increased FTEs to 307 but will need to review roster to prioritize the order in which we hire and the importance of whom we hire. There is a mechanism in place if someone has an urgent need. Lara Salazar stated the plan is to create efficiencies to allow staff to do more with less. One department head is willing to give up 3000 hours but will re-evaluate if not working.
 - Jilayne Dunn asked what the process is for evaluating efficiencies. Bryan Chalmers stated we have a worksheet to track. Marge Baack reports we are implementing LEAN process improvement to solve problems and identify duplications.
 - Jilayne Dunn asked if the methodology of having staff and leaders involved in process is successful. Marge Baack advised that LEAN is a proven process with helping us identify the goal and assisting front line staff with developing strategies to obtain that goal.
- Grants: Grant total reviewed.
 - Joe Melvin remarked that there is a large increase in grants for 2025. Bryan Chalmers gave clarification of grant revenue. Becca Goe advised some of the grants listed are not yet secured.
 - Kathleen Walters asked if we can apply for more if wanted. Yes, but if you get the grant, it may not go towards exactly what you want to be doing and may increase your workload in other areas.

- Jilayne Dunn stated she would like to see a financial and HR software be implemented. This is in the capital budget and the County is inviting us into their process of selecting new software. Jaime Dixon reports they have narrowed it to two options, hoping they'll select Workday. Unclear currently if we will get all aspects of autonomy needed; this has been requested. Lara Salazar expressed concerns of receiving inaccurate information and it slowing down our processes. Also concern for mixing of PHI (Protected Health Information) which doesn't feel acceptable. All of the systems need to be interoperable due to the reporting requirements but unclear if that is going to be the case with the County's choice. Timeline is also a concern with a go-live date of April 2025. There is consideration for doing a standalone software (i.e. QuickBooks or other) in the interim but the transfer would be a heavy lift.
- Jilayne Dunn inquired if the County was receptive. They were protective. They were open to listen but need more education and information. There is an under-estimation of the full spectrum/complexity of PHC services.
- Jilayne Dunn asked if there is a software out there that could stand alone that we would be overseeing. All expenses go through their system and is co-mingled with all of their cash. Unlikely if they would be open to an export feed with the current system.
- Significant loss projected: IT side is a deferred maintenance side. Using new and anticipated payor mix. Volume gain was eaten up by discounted reimbursement.
- 330 Budget in Grant Line: Unknown how much of the \$1.8 billion HRSA grant we will receive. There is \$7.8 million in grants secured; leaving \$1.6 unsecured.
- Interest Income: No interest income in this budget. There was a discussion with the County and it was stated that historically those interest dollars are used to pay for the services. In 2023, our interest yielded \$1 million. Prior to that, it was at \$200k-600k. For FY2024, if we apply the interest rate anticipated, it would be approximately \$600k. The County reports they don't distribute interest to their departments. When asked about an MOU (Memorandum of Understanding), we were told the County doesn't do MOU's with itself. Justin Cole advised that HRSA documents that the custodial-ship of those funds should lie with the FQHC's Board. There could be some compliance issues, and an audit finding; Justin Cole is researching further. Lara Salazar reported the County is requesting we provide them with a proposal with what we want to have happen with those interest dollars. We have requested they provide an estimate of the services the interest covers. Stacy Newell stated they did a calculation at one point with detailed time tracking. Jilayne Dunn recommended a request for cost allocation by department for our services.

Kathleen Walters vacated the meeting at 11:49AM.

- Personnel: Reflects 307 FTE's with a 2% salary raise and average salary of \$69k.
- Other lines: Relatively static and based on volumes.
- Computer: Up \$1 million (reconciliation seen at bottom of graph). There was approximately \$400k that we wanted to carve out but it was left in with the idea of hiring a new contractor.
- Contractual: Used historical data – researching ways to decrease this.
- Outreach: Decreased in some areas, increased in others.
- Training and Tuition: Increased but there could be the potential that utilization doesn't happen.
- Transportation: Budget was for \$60k but coming in at \$120k; this is due to increase in patient transportation.
- Net Income Loss: \$4.3 million
- Principle: Cash loss of \$3.7 million; discounted two months of productivity loss due to EMR implementation.
- Direct Operating Loss: \$2.2 million; budgeted at \$1.6 million.
- Cash: Cash per day expected to be \$134; currently at \$119.
- Reserves, Deferred, COVID Collections: reported
- Capital Projects: Jilayne Dunn asked if some of the capital projects are carried over. Yes, some are ongoing, some are new. Unclear what will land in this year versus next year.

Lara Salazar reported she is out of town for the upcoming April 12th Board Meeting. Dr Quirk to facilitate.

The [draft agenda](#) for the Friday, April 12, 2024, Board Meeting was reviewed.

The next Executive/Finance Committee meeting will be May 01, 2024.

The meeting was adjourned by John Crawford at 12:05 p.m.

Respectfully submitted,

Jilayne Dunn, Board Secretary

Brienne Walker, Recording Secretary

**NEXT BOARD
AGENDA**

NEXT MEETING

ADJOURNMENT

* Indicates motions
made and accepted.

*It was moved, seconded (John Crawford/Joe Melvin) & carried to approve the April Board Meeting Agenda. The vote was unanimous.



March 2024

**FINANCIAL REPORT
DRAFT**

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Monthly Overview

Key Talking Points

Key Indicators

Revenue Mix

Revenue Adjustments

Statement of Net Position as of March 31, 2024

Audit Formatted Financial Statement March 2024

Detail MTD Financial Statement March 2024

Detail YTD Financial Statement March 2024

Encounter Graphs

Cash Report

Capital Fund Report

Grant Summary

Estimated Reconciliation of Budget Variance

Monthly Finance Overview

March Year to Date 2024

YTD (Year to date) Financial Position:

	Actual	Budget	Variance	Variance %
REVENUE				
Total Operating Revenue	24,333,615	26,352,015	(2,018,401)	-7.7%
Total Non-Operating Revenue	6,791,586	7,657,612	(866,026)	-11.3%
TOTAL REVENUE	31,125,201	34,009,628	(2,884,427)	-8.5%
EXPENSE				
Personnel	19,052,621	20,807,378	(1,754,757)	-8.4%
Supplies	10,660,659	10,860,044	(199,385)	-1.8%
Purchased Services	2,908,738	3,441,277	(532,539)	-15.5%
Depreciation	557,426	557,426	-	0.0%
TOTAL EXPENSES	33,179,444	35,666,125	(2,486,681)	-7.0%
NET INCOME/(LOSS)	(2,054,244)	(1,656,497)	(397,746)	24.0%
Net Margin	-6.6%	-4.9%		

Cost Per Encounter:

Cost Per Encounter

Medicaid APM Rate for 2024: \$342.10
 Medicaid APM Rate for 2023: \$326.74

	FY Q1	FY Q2	Jan. YTD	Feb. YTD	Mar. YTD	Budget YTD
Medical	367	381	381	370	367.35	396.21
Dental	311	327	336	328	324.49	333.21
Behavioral Health	391	393	394	385	388.61	441.54
School Based Health	336	196	197	176	168.36	128.23
Total Clinical	361	371	373	362	360	386.33
Pharmacy	129	132	128	127	126.47	136.56

Calculations include overhead allocation
 All expenses are included, depreciation and expenses for grant activities.

Third Quarter Revenue Adjustment:

Breakdown by Payor Group 3rd Quar	
Medicaid	\$6,212
Medicare	\$3,911
Priv Insur	\$25,426
Patients	-\$165,490
Implicit Pric Cons	-\$172
Overall Adj	-\$130,113

Other: notes regarding expense variances-

Month to Date:Vaccines:

Dependent on the County posting timeline.

Prescription Drugs:

Utilized \$43,796 of inventory during the month, cost of goods sold expensed

Postage:

Higher than expected charge-back from Missoula County for postage services

Contracted Services:

Wrap-insurance for out of scope services paid, \$17,770.

Feasibility study, \$5,000.

Mountain Home Montana childcare renovations, using DPHHS grant \$4,816.

Year to Date:Computers:

-Budgeted \$26,200 bamboo hr: not yet purchased

-Budgeted \$30,000 QS1 change: not yet purchased

-Budgeted \$7,500 Pharmacy security system upgrade: not yet purchased

-Budgeted \$8,800 for early childhood or childcare: not purchasing

Equipment Non-Capital:

Budgeted \$25,700 for childcare: not occurring

Budgeted \$36,452 for Trinity Medical: largely has not yet occurred

Vaccines:

Increased volume, and cost, particularly for pneumovax

Utilities:

Budgeted for a large increase in expense based on information at time of fiscal year 2024 budget preparation. Vendors may not impose these increases.

Audit Fees:

Budgeted \$25,000 340B audit: has not occurred

Contracted Services:

Budgeted engineering fees: largely not yet occurring

Budgeted \$35,000 for early childhood development: not occurring

Rent:

Budgeted \$25,680 for childcare: not occurring

Key Talking Points

Mar-24

Key Utilization

Total Encounters Month to Date (MTD) are 6,155 with a Budget of 6,280.
Year to Date (YTD) total is 53,102 and the Budget is 55,622 for a % variance of -4.5.
The prior YTD total was 50009. Year to Date and Prior Year ratio 106.2%.

Total Medical Encounters MTD are 3,931 with a Budget of 3,857.
YTD total is 33,263 and the Budget is 34,166 for a % variance of -2.6.
The prior YTD total was 32,322. Year to Date and Prior Year ratio 102.9%.

Total Behavioral Health Encounters MTD are 846 with a Budget of 957.
YTD Total is 8,206 and the Budget is 8,477 for a % variance of -3.2.
The prior YTD total was 6,975 Year to Date and Prior Year ratio 117.6%.

Total School Based Behavioral Health Encounters MTD are 103 with a Budget of 104.
YTD Total is 715 and the Budget is 922 for a % variance of -22.4.
The prior YTD total was 562 Year to Date and Prior Year ratio 127.2%.

Total Dental Encounters MTD are 1,162 with a Budget of 1,231.
YTD Total is 9,856 and the Budget is 10,904 for a % variance of -9.6.
The prior YTD total was 9,014 Year to Date and Prior Year ratio 109.3%.

Pharmacy Prescriptions Filled MTD are 10,437 with a Budget of 9,787.
YTD Total is 91,791 and the Budget is 86,688 for a % variance of 5.9.
The prior YTD total was 85,926 Year to Date and Prior Year ratio 106.8%.

Balance Sheet

Consolidated Days Cash on Hand is 235.5 days calculating available cash and investments of \$28.07m.
Operating cash is \$25.27m for 212 days, and the capital fund is \$2.81m for 23.6 days.
* the formula is based on all calendar days, not just business days.

Days in Accounts Receivable are 52, and the current receivable balance is \$2,815,678.
Clinical AR is presented gross and does not include an adjustment for assessment of collectability.

Revenue and Expense

Fee Revenue for the month totaled \$2.54m with a Budget of \$2.93m for a % variance of -13.3%.

YTD Fee Revenue is \$24.33m with a Budget of \$26.35m for a % variance of -7.7%.
The prior YTD revenue was \$24.35m for a % variance of -0.1%.

Total Revenue for the month is \$3.36m with a Budget of \$3.78m for a % variance of -11.2%.

YTD Total Revenue is \$31.13m with a Budget of \$34m for a % variance of -8.5%.

Expenses for the month totaled \$3.78m with a Budget of \$3.96m for a % variance of -4.6%.
YTD expenses are \$33.18m with a Budget of \$35.67m for a % variance of -7%.
The prior YTD expenses are \$31.06m for a variance of 3.5%.

Net Income for the month is \$-421,317 with a Budget of \$-184,054 for a % variance of 128.91%.
YTD Net Income is \$-2,054,244 with a Budget of \$-1,656,497 for a % variance of 24.01%.
Capital Reserve Interest revenue posted for the month is \$13,932

Current Month					Year To Date					YTD		
Mar. 31, 2024					Mar. 31, 2024					Mar. 31, 2023		
Actual	Budget	Daily Avg	Var	Var %	Actual	Budget	Var	Var %	Budget 12 Mo Total	Prior Year	% Change	
VOLUME INDICATORS												
		21										
1,886	1,768	84	118	6.7%	Creamery Medical	16,136	15,657	479	3.1%	21,044	14,172	13.9%
1,337	1,279	61	58	4.6%	Creamery Residency Medical	10,742	11,324	(582)	-5.1%	15,221	11,101	-3.2%
18	15	1	3	16.5%	Creamery Residency BH	153	137	16		184	0	
976	906	43	70	7.8%	Creamery Dental	8,259	8,021	238	3.0%	10,781	7,592	8.8%
102	-	0	102		Creamery IBH	898	-	898		-	0	
668	844	40	(176)	-8.8%	Alder BH	6,547	7,479	(34)	-0.5%	10,053	6,630	-1.3%
207	311	15	(104)	-33.5%	Seeley Lake Medical	1,949	2,758	(809)	-29.3%	3,707	2,659	-26.7%
142	164	8	(22)	-13.2%	Seeley Lake Dental	1,438	1,449	(11)	-0.7%	1,947	1,349	6.6%
0	-	0	0		Seeley Lake BH	0	-	0		-	0	
130	111	5	19	17.3%	POV Medical	975	981	(6)	-0.6%	1,319	1,184	-17.7%
5	16	1	(11)	-68.2%	POV BH	66	139	(73)	-52.6%	187	66	0.0%
237	175	8	62	35.3%	Lowell Clinic Medical	1,886	1,551	335	21.6%	2,085	1,680	12.3%
44	125	6	(81)	-64.9%	Lowell Clinic Dental	135	1,109	(974)	-87.8%	1,491	60	125.0%
41	60	3	(19)	-32.0%	Lowell Clinic BH	333	534	(201)	-37.7%	718	162	105.6%
0	52	2	(52)	-100.0%	Trinity Medical	0	464	(464)	-100.0%	624	0	
1	-	0	1		Trinity BH	9	-	9	0.0%	-	0	
33	43	2	(10)	-23.7%	School Based - Lowell BH	203	383	(180)	-47.0%	515	0	
56	61	3	(5)	-7.9%	School Based - Willard BH	498	539	(41)	-7.5%	724	562	-11.4%
8	0	0	8	0.0%	School Based - CS Porter BH	8	0	8	799900.0%	0	0	
6	0	0	6	0.0%	School Based - Franklin BH	6	0	6	599900.0%	0	0	
10,437	9,787	466	650	6.6%	Pharmacy Prescriptions	91,791	86,688	5,103	5.9%	116,516	85,926	6.8%
113	130	6	(17)	-13.2%	Clinical Pharmacy	1,062	1,153	(91)	-7.9%	1,550	1,136	-6.5%
134	161	8	(27)	-17.0%	Missoula Food Bank Medical	1,575	1,430	145	10.1%	1,922	1,526	3.2%
0	37	2	(37)	-100.0%	Missoula Food Bank Dental	24	325	(301)	-92.6%	437	13	84.6%
11	21	1	(10)	-48.0%	Missoula Food Bank BH	200	187	13	6.7%	252	117	70.9%
3,931	3,857	184	74	1.9%	Medical	33,263	34,166	(903)	-2.6%	45,922	32,322	2.9%
846	957	46	(111)	-11.6%	BH	8,206	8,477	(271)	-3.2%	11,210	6,975	17.6%
103	104	5	(1)	-1.0%	School Based BH	715	922	(207)	-22.4%	1,239	562	27.2%
1,162	1,231	59	(69)	-5.6%	Dental	9,856	10,904	(1,048)	-9.6%	14,656	9,014	9.3%
113	130	6	(17)	-13.2%	Clinical Pharmacy	1,062	1,153	(91)	-7.9%	1,550	1,136	-6.5%
6,155	6,280	299	(125)	-2.0%	Total Encounters	53,102	55,622	(2,520)	-4.5%	74,577	50,009	6.2%
10,437	9,787	466	650	6.6%	Pharmacy Prescriptions	91,791	86,688	5,103	5.9%	116,516	85,926	6.8%
21					Work Days	186						
Avg Encounters By Day												
187.2	183.7				Medical	178.8	183.7			173.8		
40.3	45.6				BH	44.1	45.6			37.5		
4.9	5.0				School Based BH	3.8	11.0			3.0		
55.3	58.6				Dental	53.0	58.6			48.5		
5.4	6.2				Clinical Pharmacy	5.7	6.2			6.1		
293.1	299.0				Total Encounters	285.5	305.0			268.9		
497	466				Pharmacy Prescriptions	494	466			462		
					Creamery Medical % of Creamery Medical Visits	60%						
					Creamery Residency % Creamery Medical Visits	40%						

OTHER INDICATORS

	Current Month	Prior Year Month
Prescription Mix	3/31/2024	3/31/2023
Medicaid	32.3%	36.7%
Medicare		
Self Pay	22.5%	19.1%
Medicare/Medicaid		
Private Pay	45.2%	44.2%
Total Prescriptions	100.0%	100.0%

	Current Month	Prior Year Month
Encounter Mix	3/31/2024	3/31/2023
Medicaid	34.5%	45.3%
Medicare	17.9%	17.5%
Self Pay	18.1%	14.2%
Medicare/Medicaid	0.8%	0.2%
Private Pay	28.7%	22.9%
Total Encounters	100%	100%

	Jul 23 - March 24	Jul 22 - Mar 23
	36.8%	42.3%
	18.9%	18.3%
	17.6%	13.1%
	0.7%	0.5%
	26.0%	25.8%
	100%	100.0%

	3/3/2024-3/16/2024	2/18/2024-3/2/2024	2/4/2024-2/17/2024
Productivity	Pay Period 06	Pay Period 05	Pay Period 04
Total Hours	21,722	21,683	21,584
Total FTEs	272	271	270
Productive Hours	19,361	17,485	19,539
Productive FTEs	242.0	218.6	244.2
RATIO Productive to Total Hours	89.1%	80.6%	90.5%
Total Encounters	2,941	2,755	2,857
Encounter Per Staffed FTE	10.83	10.16	10.59

FINANCIAL STATISTICS

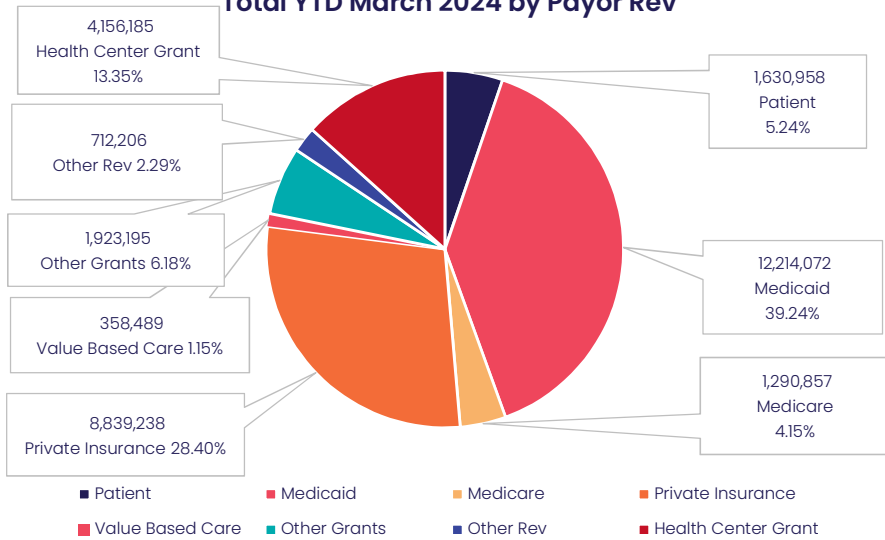
		3/31/2024	2/29/2024	1/31/2024	FY To Date Unique Users
Unique Users		17,795	17,768	17,704	
Operating Margin w/internal granting		-12.5%	-4.9%	-6.6%	Year to Date Budget -4.9%
2019 Capital Link	Strategic Plan				Insurance Balance
Industry Benchmark	< = 60	Clinical AR Days and Gross Balance	52	\$ 2,815,678	\$ 1,111,061
60		Pharmacy AR, Net Collectible Value		22,248	\$ 1,694,875
		Days Cash on Hand		Current Month	Prior Month
45	> = 120	Operating Cash	211.98	25,265,190	216.9
		Capital Fund	23.56	2,808,272	24.2
		Total Cash	235.54	28,073,462	241.1
					Change
					(524,946)
					(69,123)
					(594,069)

Divisional Margin YTD March 2024

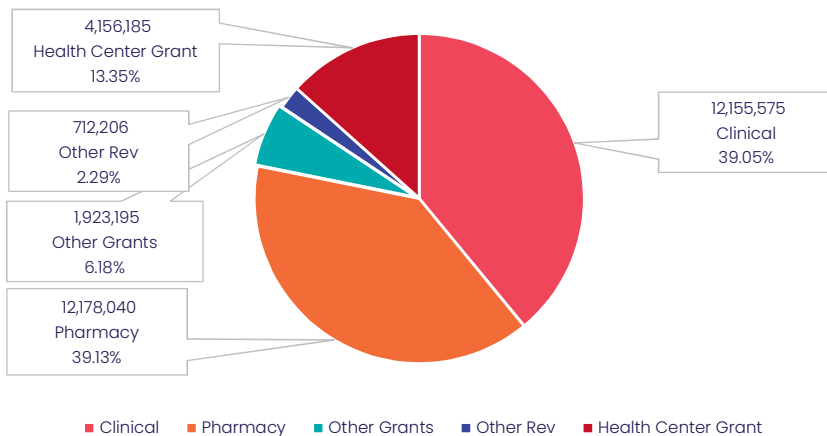


	Medical	Dental	BH	Pharmacy	School Based	Community	Support
Net Income (loss)	1,300,064	(223,533)	(1,407)	1,687,870	43,674	(507,777)	(4,353,134)
Budget Net Income (Loss)	653,358	(215,435)	345,845	2,987,028	48,414	193,365	(5,669,060)

Total YTD March 2024 by Payor Rev



Clinic, Pharmacy, & Other Rev YTD March 2024



Partnership Health Center
Draft Statement of Revenues, Expenses, and Other Changes in Assets
Period Ending March 31, 2024

2023 Month to Date					2023 Year To Date				
Total Accrual 31-Mar-24	MTD Budget	ACCRUAL Variance	ACCRUAL Variance%		Total ACCRUAL 31-Mar-24	YTD Budget	ACCRUAL Variance	ACCRUAL Variance%	
OPERATING REVENUE									
GROSS CHARGES									
				Clinical					
	194,296			Patient	1,684,524				
	453,910			Medicaid	4,059,990				
	211,351			Medicare	1,883,773				
	502,438			Private Insurance	3,961,275				
	<u>1,361,995</u>			Total Clinical	<u>11,589,562</u>				
				Pharmacy					
	65,816			Patient	742,637				
	1,097,340			Medicaid	9,716,425				
	-			Medicare	-				
	1,853,498			Private Insurance	16,533,986				
	<u>3,016,654</u>			Total Pharmacy	<u>26,993,049</u>				
	<u>4,378,649</u>			Total Gross Charges	38,582,611				
REVENUE ADJUSTMENTS									
Explicit Price Concessions (Contractual Adj., SFS Discount, DIR Fees)									
				Clinical					
	(211,694)			Patient	(609,715)				
	341,390			Medicaid	3,347,538				
	(70,153)			Medicare	(592,916)				
	(220,578)			Private Insurance	(1,851,865)				
				Refunds					
				Pharmacy					
	(537,934)			Patient					
				Medicaid	(4,909,881)				
				Medicare					
	(1,154,240)			Private Insurance	(9,804,158)				
				Refunds					
	<u>(1,853,209)</u>			Total Explicit Price Concessions	<u>(14,420,997)</u>				
				Implicit Price Concessions (PHC Cares, courtesy adj, collections)					
	(12,309)			Clinical					
				Patient	(85,519)				
				Medicaid					
				Medicare					
				Private Insurance					
	(9,508)			Pharmacy					
				Patient	(100,970)				
				Medicaid					
				Medicare					
				Private Insurance					
	<u>(21,817)</u>			Total Implicit Price Concessions	<u>(186,488)</u>				
	<u>(1,875,026)</u>			Total Adjustments	(14,607,485)				
NET REVENUE									
				Clinical					
	(29,707)	95,141	(124,848)	Patient	989,290	856,268	133,023	15.5%	
	795,300	960,231	(164,932)	Medicaid	7,407,528	8,642,079	(1,234,551)	-14.3%	
	141,198	139,100	2,097	Medicare	1,290,857	1,251,904	38,953	3.1%	
	281,860	197,473	84,387	Private Insurance	2,109,410	1,777,258	332,152	18.7%	
	33,557	49,184	(15,627)	Value Based Care	358,489	442,656	(84,167)	-19.0%	
	<u>1,222,208</u>	<u>1,441,130</u>	<u>(218,922)</u>	Total Clinical Revenue	<u>12,155,575</u>	<u>12,970,166</u>	<u>(814,591)</u>	<u>-6.3%</u>	
				Pharmacy					
	56,308	45,946	10,361	Patient	641,668	413,518	228,149	55.2%	
	559,407	661,724	(102,318)	Medicaid	4,806,544	5,955,519	(1,148,975)	-19.3%	
	-	-	-	Medicare	-	-	-	-	
	699,258	779,201	(79,943)	Private Insurance	6,729,828	7,012,812	(282,984)	-4.0%	
	<u>1,314,973</u>	<u>1,486,872</u>	<u>(171,900)</u>	Total Pharmacy	<u>12,178,040</u>	<u>13,381,850</u>	<u>(1,203,810)</u>	<u>-9.0%</u>	
	<u>2,537,180</u>	<u>2,928,002</u>	<u>(390,821)</u>	Total Operating Revenue	24,333,615	26,352,015	(2,018,401)	-7.7%	

PARTNERSHIP HEALTH CENTER
DRAFT STATEMENT OF NET POSITION
As of March 31, 2024

3/31/2024

ASSETS

Current Assets:

Cash & Cash Equivalents	28,073,462
Clinical Accounts Receivable, gross	2,815,678
Allowance for Uncollectible Clinical	
Clinical Accounts Receivable, net	
Pharmacy Accounts Receivable, gross	29,664
Allowance for Uncollectible Pharmacy	(7,416)
Pharmacy Accounts Receivable, net	22,248
Other Receivables	
340B Inventory	257,884
Medicaid Inventory	847,010
Inventory (Pharmacy)	1,104,894
Prepaid Expenses	
Total Current Assets	32,016,282

Capital Assets:

Nondepreciable Capital Assets	617,414
Depreciable Capital Assets, Net of Accumulated Depreciation	10,428,168
Right-of-use subscription asset, net of accumulated amortization	
Right-of-use lease asset, net of accumulated amortization	934,744
TOTAL ASSETS	43,996,608

DEFERRED OUTFLOWS OF RESOURCES

Deferred Pension Expense	3,921,757
Deferred Postemployment Benefits Expense	533,269
Total Deferred Outflows of Resources	4,455,026

LIABILITIES

Current Liabilities:

Accounts & Warrants Payable	
Accrued Payroll	138,309
Notes Payable	
Accrued Interest	
Compensated Absences	1,618,576
Current portion of subscription liability	
Current Portion of Long-Term Debt	140,000
Current Portion of Lease Liability	166,840
Total Current Liabilities	2,063,725

Long-Term Liabilities:

Long-Term Debt, Net of Current Portion	1,010,000
Long-Term subscription liability	
Long-Term Lease Liability, Net of Current Portion	757,904
Postemployment Benefits	1,574,528
Net Pension Liability	18,431,297
Total Long-Term Liabilities	21,773,729
TOTAL LIABILITIES	23,837,454

DEFERRED INFLOWS OF RESOURCES

Deferred Pension Expense	1,349,340
Deferred Postemployment Benefits Expense	533,269
Total Deferred Inflows of Resources	1,882,609

NET POSITION

Net Investment in Capital Assets	
Restricted	
Unrestricted	
TOTAL NET POSITION	22,731,571

*DRAFT Statement, Total Net Position is not complete
Pension and OPEB amounts are based on 6/30/2023 Actuarial assumptions for Fiscal Year 2023.
Capital assets and depreciation are reported at 6/30/2023 values.
Missoula County unable to provide Compensated Absences monthly. Reported at 6/30/2023 value.
Does not include GASB 96 SPITA pronouncement

PARTNERSHIP HEALTH CENTER
DRAFT STATEMENT OF REVENUES, EXPENSES, AND CHANGES IN NET POSITION
For the Month Ended March 2024

	ACTUAL MTD	ACTUAL YTD	YTD BUDGET	Accrual AUDITED 2023	Accrual AUDITED 2022
<u>OPERATING REVENUE</u>					
Charges for Services	2,537,180	24,333,615	26,352,015	33,717,396	31,060,515
Operating Revenue	2,537,180	24,333,615	26,352,015	33,717,396	31,060,515
On-Behalf Revenue-Pensions				571,772	1,154,677
Total Operating Revenue	2,537,180	24,333,615	26,352,015	34,289,168	32,215,192
<u>OPERATING EXPENSES</u>					
Personnel	2,096,581	19,036,463	20,791,746	27,242,968	19,732,184
Other Operating Expenses	1,620,297	13,542,774	14,284,867	13,228,337	15,615,714
Depreciation	61,936	557,426	557,426	596,004	648,113
Operating Expenses	3,778,815	33,136,663	35,634,040	41,067,309	35,996,011
Uncompensated Absences				1,618,576	1,547,995
Pension Expense				2,766,606	1,626,775
OPEB Expense				81,943	113,811
Total Operating Expenses	3,778,815	33,136,663	35,634,040	45,534,434	39,284,592
Operating Loss	(1,241,634)	(8,803,048)	(9,282,024)	(11,245,266)	(7,069,400)
<u>NON-OPERATING REVENUE (EXPENSE)</u>					
Intergovernmental Revenue	577,978	5,316,126	5,848,247	10,206,566	9,717,122
Private/Local Grants and Donations	205,014	1,280,797	1,502,863	279,018	471,287
Miscellaneous Revenue	23,394	128,214	252,503	173,199	239,147
Investment Earnings	13,932	66,448	54,000	84,574	8,418
Interest Expense	-	(42,781)	(32,086)	(45,813)	(51,438)
Loss on Disposal of Assets				(343,452)	
Total Non-Operating Revenue (Expense)	820,317	6,748,805	7,625,527	10,354,092	10,384,536
Change in Net Position	(421,317)	(2,054,244)	(1,656,497)	(891,174)	3,315,136
Net Position, Beginning of Year		27,278,889	27,278,889	27,278,889	23,963,751
Net Position, End of Period		25,224,645	25,622,392	26,387,715	27,278,889

Partnership Health Center
Draft Statement of Revenues, Expenses, and Other Changes in Assets
 Period Ending March 31, 2024

2023 Month to Date					
Total Accrual 31-Mar-24	MTD Budget	ACCRUAL Variance	ACCRUAL Variance%		
				OPERATING REVENUE	
				NET REVENUE	
				Clinical	
(29,707)	95,141	(124,848)	-131.2%	Patient	
795,300	960,231	(164,932)	-17.2%	Medicaid	
141,198	139,100	2,097	1.5%	Medicare	
281,860	197,473	84,387	42.7%	Private Insurance	
33,557	49,184	(15,627)	-31.8%	Value Based Care	
1,222,208	1,441,130	(218,922)	-15.2%	Total Clinical Revenue	
				Pharmacy	
56,308	45,946	10,361	22.6%	Patient	
559,407	661,724	(102,318)	-15.5%	Medicaid	
-	-	-		Medicare	
699,258	779,201	(79,943)	-10.3%	Private Insurance	
1,314,973	1,486,872	(171,900)	-11.6%	Total Pharmacy	
2,537,180	2,928,002	(390,821)	-13.3%	Total Operating Revenue	
				NON-OPERATING REVENUE	
454,959	505,122	(50,163)	-9.9%	Federal (Direct)	
47,575	106,094	(58,520)	-55.2%	Federal Pass-Through	
113,277	-	113,277		State (Direct)	
-	57,965	(57,965)	-100.0%	State Pass-Through	
1,000	29,763	(28,763)	-96.6%	Contributions & Donations	
37,500	17,018	20,482	120.4%	Private Foundation/Organization	
11,688	23,486	(11,798)	-50.2%	Other	
38,172	50,000	(11,828)	-23.7%	Coronavirus Relief Funds	
-	-	-		Medicaid Super Utilizer Program	
13,932	6,000	7,932	132.2%	Interest Income	
11,706	5,853	5,853	100.0%	Rental Income (Residency (Qtrly))	
90,510	49,545	40,966	82.7%	Residency Program (Qtrly)	
820,317	850,846	(30,529)	-3.6%	Total Grants, Donations and Other Support	
3,357,498	3,778,848	(421,350)	-11.2%	TOTAL REVENUE	
				OPERATING EXPENSES	
				PERSONNEL	
1,564,350	1,737,903	(173,553)	-10.0%	Salaries, Wages	
1,981	2,422	(441)	-18.2%	EAP	
530,250	569,868	(39,618)	-7.0%	Benefits	
2,096,581	2,310,193	(213,611)	-9.2%	Salaries, Wages & Benefits	
-	1,737	(1,737)	-100.0%	Clothing Allowance	
1,244,936	1,206,672	38,264	3.2%	SUPPLIES	
2,097	2,125	(28)	-1.3%	Pharmacy	
6,291	10,712	(4,421)	-41.3%	Office	
48,241	87,037	(38,795)	-44.6%	Computer	
18,779	23,652	(4,872)	-20.6%	Clinic	
5,023	4,006	1,017	25.4%	Janitorial	
11,746	14,161	(2,414)	-17.1%	Equipment - Non-Capital	
12,632	11,042	1,591	14.4%	Dental Supplies/Lab	
1,140,125	1,003,023	137,102	13.7%	Prescription Drugs	
-	50,915	(50,915)	-100.0%	Vaccines	
375,361	382,364	(7,003)	-1.8%	PURCHASED SERVICES	
12,409	7,402	5,007	67.6%	Postage	
630	1,391	(761)	-54.7%	Printing/Litho	
2,883	5,560	(2,677)	-48.2%	Transportation - Patient	
2,230	6,089	(3,859)	-63.4%	Outreach	
-	2,244	(2,244)	-100.0%	Books/Resource/Subscription	
152	1,250	(1,098)	-87.8%	Dues & Memberships	

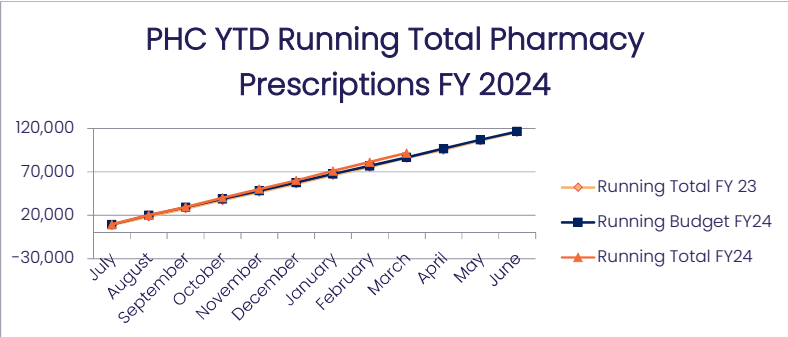
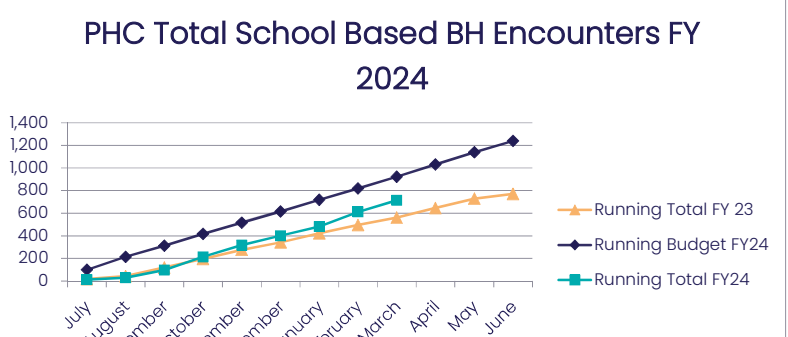
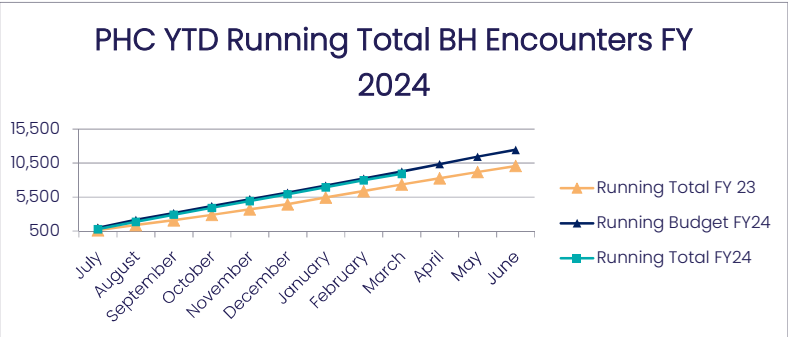
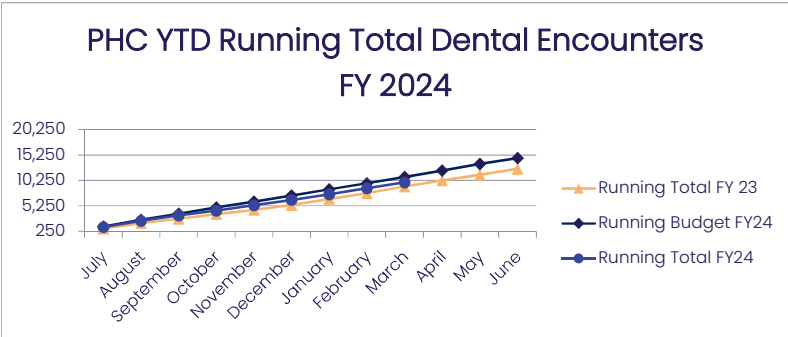
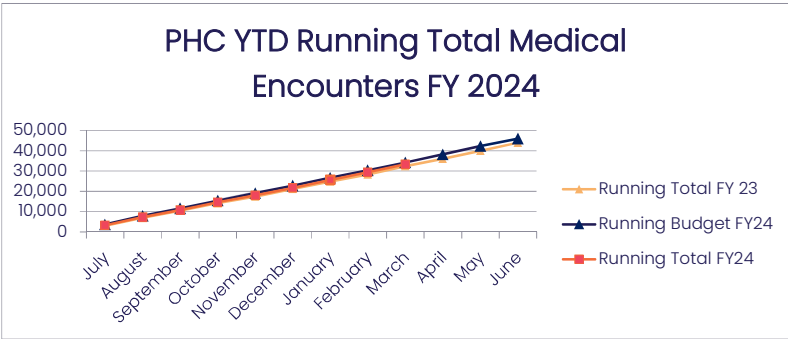
2023 Month to Date

Total Accrual 31-Mar-24	MTD Budget	ACCRUAL Variance	ACCRUAL Variance%	
-	-	-		Transcription
-	876	(876)	-100.0%	Recruitment
15,547	13,233	2,315	17.5%	Utilities
2,036	1,679	358	21.3%	Garbage Collection
14,645	14,883	(237)	-1.6%	Phone
4,542	1,708	2,834	165.9%	Dental Provider Services
52,019	40,780	11,239	27.6%	Provider Services
-	6,667	(6,667)	-100.0%	Audit Fees
573	3,750	(3,177)	-84.7%	Legal Services/Accounting
197,085	162,537	34,548	21.3%	Contracted Services
(7,388)	18,234	(25,622)	-140.5%	Equipment Repair & Maintenance
358	940	(582)	-61.9%	Mileage - Personal Vehicle
2,115	2,495	(380)	-15.2%	Meals/Lodging/Incidentals
9,640	18,860	(9,220)	-48.9%	Continuing Education
12,561	19,464	(6,903)	-35.5%	Training/Tuition/Registration Fees
30,862	18,428	12,434	67.5%	Lab Services
3,110	2,193	917	41.8%	Waste Disposal
17,380	25,221	(7,841)	-31.1%	Rent
1,971	2,917	(945)	-32.4%	Professional Licenses & Dues
-	3,565	(3,565)	-100.0%	Interest
-	-	-		Paying Agent Fee
61,936	61,936	-	0.0%	Depreciation
3,778,815	3,962,901	(184,087)	-4.6%	TOTAL OPERATING EXPENSES
(421,317)	(184,054)	(237,263)	128.9%	NET INCOME (LOSS)
				DEBT SERVICE
11,250	11,250	-	0.0%	Principal
-	3,565	(3,565)	-100.0%	Interest
-	-	-		Paying Agent Fee
				OTHER
-	-	-		Transfers
88,823	-	88,823		Capital Building and Constructions
				Capital Equipment
3,816,951	3,912,215	(95,264)	-2.4%	CASH PRESENTATION EXPENSES
(459,454)	(133,368)	(326,086)	244.5%	CASH PRESENTATION NET INCOME

Partnership Health Center
Draft Statement of Revenues, Expenses, and Other Changes in Assets
Period Ending March 31, 2024

	2023 Year To Date				2022 YTD Comparison
	Total ACCRUAL 31-Mar-24	YTD Budget	ACCRUAL Variance	ACCRUAL Variance%	Prior YTD Cash 31-Mar-23
OPERATING REVENUE					
NET REVENUE					
Clinical					
Patient	989,290	856,268	133,023	15.5%	827,717
Medicaid	7,407,528	8,642,079	(1,234,551)	-14.3%	7,594,068
Medicare	1,290,857	1,251,904	38,953	3.1%	1,138,921
Private Insurance	2,109,410	1,777,258	332,152	18.7%	1,579,081
Value Based Care	358,489	442,656	(84,167)	-19.0%	440,879
Total Clinical Revenue	12,155,575	12,970,166	(814,591)	-6.3%	11,580,665
Pharmacy					
Patient	641,668	413,518	228,149	55.2%	399,573
Medicaid	4,806,544	5,955,519	(1,148,975)	-19.3%	5,745,925
Medicare	-	-	-	-	-
Private Insurance	6,729,828	7,012,812	(282,984)	-4.0%	6,619,784
Total Pharmacy	12,178,040	13,381,850	(1,203,810)	-9.0%	12,765,282
Total Operating Revenue	24,333,615	26,352,015	(2,018,401)	-7.7%	24,345,948
NON-OPERATING REVENUE					
Federal (Direct)	4,156,185	4,546,094	(389,909)	-8.6%	4,053,593
Federal Pass-Through	809,100	954,850	(145,750)	-15.3%	450,613
State (Direct)	553,156	-	553,156	-	97,985
State Pass-Through	40,000	521,687	(481,687)	-92.3%	175,940
Contributions & Donations	6,871	267,867	(260,996)	-97.4%	1,753
Private Foundation/Organization	113,833	153,162	(39,329)	-25.7%	246,500
Other	86,426	211,372	(124,946)	-59.1%	131,510
Coronavirus Relief Funds	520,939	450,000	70,939	15.8%	2,114,349
Medicaid Super Utilizer Program	-	-	-	-	-
Interest Income	66,448	54,000	12,448	23.1%	66,383
Rental Income (Residency (Qtrly))	52,682	52,681	1	0.0%	52,682
Residency Program (Qtrly)	385,946	445,901	(59,955)	-13.4%	474,586
Total Grants, Donations and Other Support	6,791,586	7,657,612	(866,026)	-11.3%	7,865,895
TOTAL REVENUE	31,125,201	34,009,628	(2,884,427)	-8.5%	32,211,842
OPERATING EXPENSES					
PERSONNEL					
Salaries, Wages	14,232,906	15,641,132	(1,408,226)	-9.0%	14,127,247
EAP	17,700	21,798	(4,098)	-18.8%	9,882
Benefits	4,785,857	5,128,816	(342,959)	-6.7%	4,625,241
Salaries, Wages & Benefits	19,036,463	20,791,746	(1,755,283)	-8.4%	18,762,371
Clothing Allowance	16,158	15,631	526	3.4%	14,081
SUPPLIES					
Pharmacy	21,269	19,125	2,144	11.2%	18,415
Office	54,168	96,406	(42,238)	-43.8%	84,058
Computer	635,122	783,329	(148,207)	-18.9%	653,874
Clinic	199,714	212,866	(13,152)	-6.2%	197,126
Janitorial	24,360	36,056	(11,696)	-32.4%	23,980
Equipment - Non-Capital	56,032	127,445	(71,414)	-56.0%	28,697
Dental Supplies/Lab	125,963	99,375	26,588	26.8%	95,695
Prescription Drugs	8,887,762	9,027,209	(139,447)	-1.5%	8,725,302
Vaccines	656,270	458,233	198,038	43.2%	525,316
PURCHASED SERVICES					
Postage	93,823	66,621	27,201	40.8%	64,665
Printing/Litho	9,798	12,517	(2,719)	-21.7%	7,709

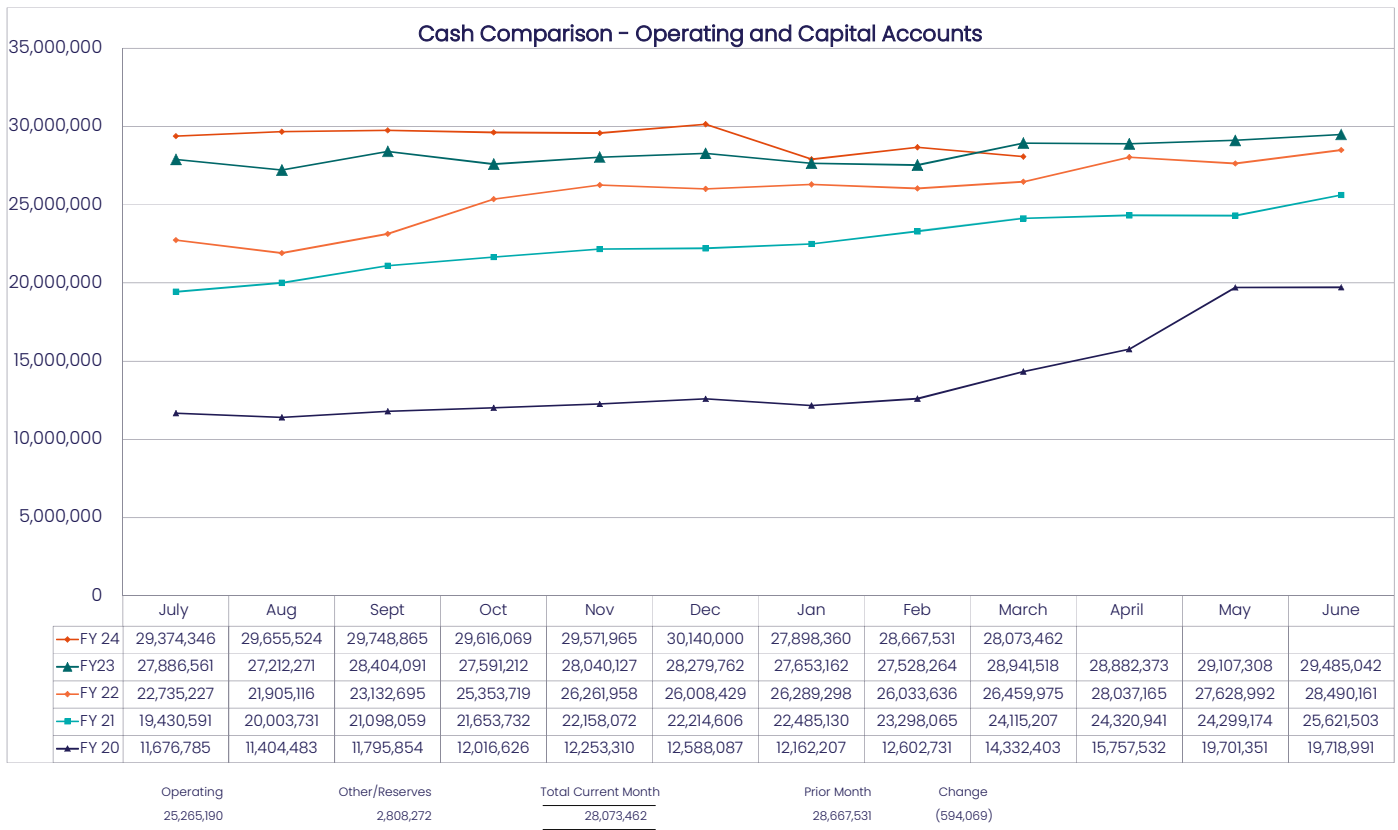
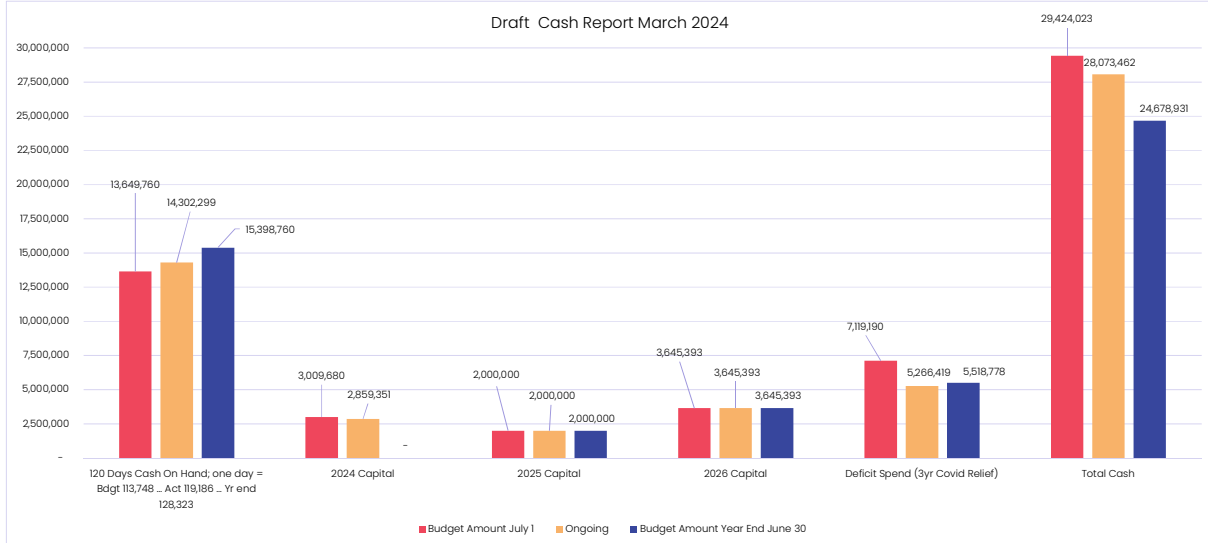
	2023 Year To Date				2022 YTD Comparison	
	Total ACCRUAL 31-Mar-24	YTD Budget	ACCRUAL Variance	ACCRUAL Variance%	Prior YTD Cash 31-Mar-23	
Transportation - Patient	38,255	50,038	(11,783)	-23.5%	40,342	
Outreach	32,335	54,800	(22,465)	-41.0%	34,306	
Books/Resource/Subscription	11,361	20,199	(8,838)	-43.8%	13,669	
Dues & Memberships	35,048	11,250	23,797	211.5%	8,784	
Transcription	-	-	-		-	
Recruitment	59	7,888	(7,829)	-99.2%	2,645	
Utilities	98,457	119,093	(20,636)	-17.3%	94,633	
Garbage Collection	14,283	15,108	(825)	-5.5%	13,543	
Phone	131,318	133,945	(2,626)	-2.0%	122,639	
Dental Provider Services	15,827	15,375	452	2.9%	8,551	
Provider Services	394,018	367,020	26,999	7.4%	355,801	
Audit Fees	39,371	60,000	(20,629)	-34.4%	25,959	
Legal Services/Accounting	36,106	33,750	2,356	7.0%	13,506	
Contracted Services	1,143,569	1,462,832	(319,263)	-21.8%	843,938	
Equipment Repair & Maintenance	130,013	164,106	(34,093)	-20.8%	165,627	
Mileage - Personal Vehicle	6,175	8,459	(2,284)	-27.0%	4,429	
Meals/Lodging/Incidentals	15,836	22,451	(6,615)	-29.5%	8,731	
Continuing Education	142,626	169,742	(27,116)	-16.0%	45,393	
Training/Tuition/Registration Fees	86,930	175,175	(88,246)	-50.4%	75,230	
Lab Services	184,649	165,849	18,800	11.3%	157,160	
Waste Disposal	23,795	19,735	4,061	20.6%	18,618	
Rent	162,953	226,988	(64,035)	-28.2%	210,508	
Professional Licenses & Dues	19,351	26,250	(6,899)	-26.3%	21,008	
Interest	42,781	32,086	10,696	33.3%	48,625	
Paying Agent Fee	-	-	-		-	
Depreciation	557,426	557,426	-	0.0%	528,750	
TOTAL OPERATING EXPENSES	33,179,444	35,666,125	(2,486,681)	-7.0%	32,063,683	
NET INCOME (LOSS)	(2,054,244)	(1,656,497)	(397,746)	24.0%	148,159	
DEBT SERVICE						
Principal	101,250	101,250	-	0.0%	130,000	
Interest	42,781	32,086	10,696	33.3%	48,625	
Paying Agent Fee	-	-	-		-	
OTHER						
Transfers						
Capital Building and Constructions	7,736	-	7,736		174,810	
Capital Equipment	142,593	-	142,593		31,073	
CASH PRESENTATION EXPENSES	32,873,597	35,209,949	(2,336,352)	-6.6%	31,870,816	
CASH PRESENTATION NET INCOME	(1,748,396)	(1,200,321)	(548,075)	45.7%	341,026	





PHC PARTNERSHIP HEALTH CENTER

Fiscal Year 2024 Cash Report



* Cash balances are influenced by the timing of the county posting.



PHC PARTNERSHIP HEALTH CENTER

Fiscal Year 2024 Capital Report

March 2024	Dept	Grant Funded	Cost	Budget	Totals	Timeline
C8E Funded Renovation of Creamery Building	Facility	Moving C8E funds to Alder Remodel		581,000		On Hold
C8E Funded Renovation of Alder Building	Facility		2,705	-		Oct 2023
Freighthouse E.W. paint, carpet, improvements	Facility	Tenant Improvement Dollars		57,780		As Needed
2nd floor residency space remodel	Facility			125,000		Cancelled
Alder roof	Facility	Rebudgeting C8E	88,823	130,000		Spring 2024
Replace chiller 1	Facility	In C8E Request		65,000		Spring 2024
Solar	Facility			100,000		Spring 2024
Courier Vehicle	Facility			40,000		TBD
Facilities			91,528		1,098,780	
Replace Countertops	PHC Dental			50,000		
Twelve O'Clock Cabinets to Rooms 7 & 8	PHC Dental	Yes, OHI	12,289	30,000		Aug 2023
Size O Schick Xray Sensor (Seeley)	PHC Dental			7,000		
Central Cabinet between rooms 8 & 9	PHC Dental	Yes, OHI	15,907	16,000		Aug 2023
Cabinet for Lowell	PHC Dental - Lowell	Yes, OHI	5,172	-		Aug 2023
Dental			33,368		103,000	
Leasehold Improvement	Child Care			20,000		
Child Care					20,000	
3 Exam Tables	Trinity			22,500		
Trinity					22,500	
Electronic Health Record (EHR)	IT			500,000		June 2024
Badge System Upgrade	IT			78,000		June 2024
Network Rebuild, Core Switch & Redundant Core Switch	IT		20,402	-		Sept 2023
Phone Infrastructure Setup, Trinity Clinic	IT		5,031	-		Oct 2023
Information Technology			25,433		578,000	
Exam tables	Medical			160,000		December 2023
Radiology Room Remodel	Medical			20,000		Pending Business Case
EKG Machine	Medical			30,000		Pending Business Case
Ultra Sound Machine	Medical			50,000		Pending Business Case
Portable X Ray	Medical			85,000		Pending Business Case
Laboratory	Medical			810,000		Pending Project Plan
Migali Double Sliding Door Vaccine Refrigerator EVOX-2RG-S	Medical, Seeley			9,900		December 2023
Electric Exam Tables (Three)	Medical, Seeley			22,500		December 2023
Medical					1,187,400	
Capital Payments Year to Date			150,329		3,009,680	

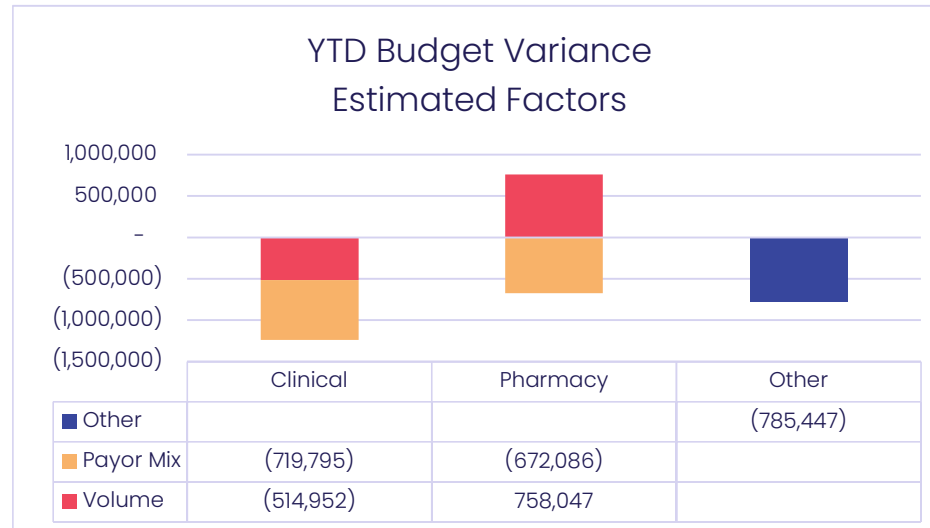
Estimated Reconciliation of Budget Variance

Mar-24

	Total ACCRUAL	MTD Budget	ACCRUAL Variance		Total ACCRUAL	YTD Budget	ACCRUAL Variance	
Financial Statement	1,188,651	1,391,946	(203,295)	Total Clinical	11,797,086	12,527,510	(730,424)	
Volume Variance			(18,778)				(514,952)	
Payor Mix Variance			(102,871)				(719,795)	
			(81,647)	Total Estimated Budget Variance Without Impacts			504,323	4.0%

	Month	Budget	Variance		Month	Budget	Variance	
Financial Statement	1,314,973	1,486,872	(171,900)	Total Pharmacy	12,178,040	13,381,850	(1,203,810)	
Volume Variance			96,504				758,047	
Payor Mix Variance			(58,982)				(672,086)	
			(209,422)	Total Estimated Budget Variance Without Impacts			(1,289,770)	-9.6%

	Month	Budget	Variance		Month	Budget	Variance	Variance %
Financial Statement	2,503,623	2,878,818	(375,195)	Total Fee Revenue	23,975,126	25,909,359	(1,934,234)	
Clinical Volume Variance			(18,778)				(514,952)	
Pharmacy Volume Variance			96,504				758,047	
Clinical Payor Mix Variance			(102,871)				(719,795)	
Pharmacy Payor Mix Variance			(58,982)				(672,086)	
Total Estimated Budget Variance Without Impacts			(291,068)	-10.1%			(785,447)	-3.0%



PARTNERSHIP HEALTH CENTER

SUMMARY OF GRANTS & CONTRACTS STATUS REPORT

Date: 03/31/2024

CURRENT

Report Totals	Column Totals		\$ 11,590,305	\$ 745,578	\$ 7,753,106	\$ 3,837,200		
Grant Description	Term		Funding	Current Period Expenditures	Expenditures through Report Date	Fund Balance Remaining	% Remaining	Notes
	Start	End						
1 FEDERAL GRANTS (Direct)								
H80 330 Grant FY23-24	5/1/2023	4/30/2024	\$ 5,024,299	\$ 418,692	\$ 4,605,612	\$ 418,687	8%	
H80 Supplemental Hypertension	5/1/2020	4/30/2024	\$ 147,360	\$ 252	\$ 146,670	\$ 690	0%	Program has 95 referrals, 16 completed and 32 patients with cuffs. Purchasing cellular SMBP devices that work better than current bluetooth devices. Program has 95 referrals, 16 completed and 32 patients with cuffs. Purchasing cellular SMBP devices that work better than current bluetooth devices. We have requested permission to purchase add'l cuffs for use in clinic locations and street medicine, used to complement the SMBP bluetooth devices. Permission granted.
HRSA H8G Expanding Covid-19 Vaccinations	12/1/2022	6/30/2024	\$ 220,806	23,142	\$ 120,793	\$ 100,013	45%	Occupational Health nurse hired, one BH program specialist hired. Planning for outreach campaign. Subsequent year and anticipated supplement will be used to support CCT and outreach activities. ECV funds may be used for the purchase of covid vaccines. Inquiring about purchase of flu vax w/ECV
HRSA C8E Capital	9/1/2021	8/31/2024	\$ 673,173	0	131,523	\$ 541,650	80%	Creamery remodel project. Roof nearly complete. Rebudgeting planned for remainder of funds once bids are received. Prioritized list of projects identified. Gathering updated bids for completion.
HRSA H8L COVID	9/1/2023	12/31/2024	\$ 40,295	2,368	\$ 20,562	\$ 19,733	49%	
HRSA School Based Service Sites H2E	9/1/2023	8/31/2024	\$ 350,000	16,096	\$ 65,673	\$ 284,327	81%	
CDC Community Health Workers	8/31/2021	8/30/2024	\$ 1,800,000	69,464	992,887	\$ 807,113	45%	CHW program development manager recently left PHC. In the interims, Becca Goe and Jen Floyd are sharing oversight of the CHW team until a new program development manager is identified. Year 3 subcontracts are drafted to MCHD and All Nations. Rebudgeting of remaining funds w/anticipated NCE for 6-12 months.
Ryan White Part C FY23-24	5/1/2023	4/30/2024	\$ 295,509	\$ 25,860	\$ 265,672	\$ 29,837	10%	
TOTAL FEDERAL GRANTS			\$ 8,551,442	\$ 555,874	\$ 6,349,392	\$ 2,202,050	26%	
2 FEDERAL GRANTS - Sub Award Pass Through								
Ryan White B FY23-24	4/1/2023	3/31/2024	\$ 172,500	\$ 10,128	\$ 172,500	\$ -	0%	Completed 3/31/2024
Ryan White B Covid Vaccine Encounters	4/1/2023	3/31/2024	\$ 19,195	\$ 270	\$ 4,905	\$ 14,290	74%	Completed 3/31/2024
HIV Prevention	6/1/2023	7/31/2024	\$ 49,289	3,788	44,962	\$ 4,327	9%	Extended to 7/31/24

Grant Description	Start	End	Funding	Current Period Expenditures	Expenditures through Report Date	Fund Balance Remaining	% Remaining	Notes	
HIV Immunization Outreach	6/1/2023	7/31/2024	\$ 11,100	1059	5,304	\$ 5,796	52%	Extended to 7/31/24	Staff Lead Netta Linder
HIV Mpox Funding	6/1/2023	7/31/2024	\$ 10,000	-	2,717	\$ 7,283	73%	Extended to 7/31/24	Netta Linder
DPHHS Refugee Resettlement	10/1/2023	9/30/2024	464,274	38,439	227,602	236,672	51%	119 patients identifying as refugees were seen across all sites in January.	Cris Fleming
UM ERAT Seeley Lake Rural/Residency	7/1/2023	6/30/2024	\$ 35,495	3,217	\$ 6,434	\$ 29,061	82%	Review quarterly	Jim Quirk
UM Geriatric Workforce Yr 5	7/1/2023	6/30/2024	\$ 116,667	23074	\$ 70,397	\$ 46,270	40%	Review Quarterly. Medical Wellness visit template has been refined and is now widely used amongst clinicians and have now begun reporting aggregate data to the Northwest Geriatric Education Center for the Improving Quality of Care for Older Adults.	Netta Linder
DPHHS Food Pharmacy Blood Pressure/Cholesterol Project	10/1/2023	6/30/2024	\$ 5,000	1667	\$ 3,334	\$ 1,666	33%	Review Quarterly	Netta Linder
DPHHS Child Care Innovation & Infrastructure (Federal Pass Thru)	9/1/2022	9/30/2024	\$ 522,178	4,816	\$ 4,816	\$ 517,362	99%	Grant to develop in-house child care for PHC employees. Conversations happening with First Methodist about possible child care space.	Rebecca Goe
MCPS OPI Stronger Connections	7/1/2023	6/30/2025	\$ 338,570	13,748	\$ 33,882	\$ 304,688	90%	2-yr grant, \$169,285/yr, to support BH @ CS Porter and Franklin schools	
						\$ -			
TOTAL FEDERAL GRANTS - Sub Award Pass Through			\$ 1,744,268	\$ 100,206	\$ 576,853	\$ 1,167,415	67%		
3 STATE GRANTS (Direct & Sub Award Pass Through)									
Mobile Support Team-CTMG (Pass through Msla Fire Dept)	7/1/2023	6/30/2024	\$ 590,000	\$ 51,300	\$ 436,185	\$ 153,815	26%	Funding is estimate.	Jim Quirk
Mental Health Coordinator DPHHS CTMG via Msla County	7/1/2023	6/30/2024	76,648	5,851	39,421	37,227	49%		Rebecca Goe
Tenancy Support Specialist DPHHS CTMG via Msla County	7/1/2023	6/30/2024	79,435	6,212	57,641	21,794	27%		Jen Floyd
Montana State Univ Cultural Competency Training	11/15/2023	11/14/2024	\$ 5,000	0	\$ -	\$ 5,000	100%	Training to be held Spring 2024	
TOTAL STATE GRANTS			\$ 751,083	\$ 63,363	\$ 533,247	\$ 217,836	29%		
4 LOCAL - CITY & COUNTY									
City of Missoula	7/1/2023	6/30/2024	\$ 35,000	2,916	\$ 26,244	\$ 8,756	25%	To cover Medical Legal Partnership staff wage. Expect payment June 2024	Rebecca Goe
TOTAL CITY/LOCAL			\$ 35,000	\$ 2,916	\$ 26,244	\$ 8,756			
5 CONTRIBUTIONS & DONATIONS									
6 PRIVATE FOUNDATIONS/ORGANIZATIONS									
MTHCF Peer Support	11/15/2021	11/13/2024	\$ 75,000	1387	\$ 16,266	\$ 58,734	78%	Peer support specialist will work with CCT to help chronically unhoused Missoula residents develop the skills needed to sustain housing.	Rebecca Goe
MTHCF Lowell School BH	11/15/2021	11/15/2024	\$ 75,000	4,484	\$ 35,163	\$ 39,837	53%	Signed MOU with Lowell School to provide services at the beginning of January, 2023. Working with BH team to get in-school services up and running.	Rebecca Goe
MTHCF FUSE	11/20/2023	11/19/2024	50,000	5648	\$ 21,275	\$ 28,725	57%		Rebecca Goe
MTHCF Strategic Alliance for Improved Behavioral Health	7/15/2022	7/14/2025	\$ 225,000	4,570	\$ 121,654	\$ 103,346	46%		Rebecca Goe
Community Food & Agricultural Coalition - Refugee Health Food Rx	11/17/2023	11/16/2024	\$ 10,666	141	\$ 166	\$ 10,500	98%		Stefano Zamora
Common Good Missoula	11/1/2021	4/30/2024	\$ 2,846	347	\$ 2,846	\$ -	0%	Completed 3/31/24 Community organizing trainings. Funds available until expended. Spend in conjunction with Headwater's award	Amy Krzyzek
Headwaters Community Organizing	1/1/2023	4/30/2024	70,000	6,642	70,000	-	0%	Completed 3/31/24	Rebecca Goe

Grant Description	Start	End	Funding	Current Period Expenditures	Expenditures through Report Date	Fund Balance Remaining	% Remaining	Notes	Staff Lead
TOTAL PRIVATE FOUNDATIONS/ORGANIZATIONS			\$ 508,512	\$ 23,219	\$ 267,370	\$ 241,142	47%		

Completed Grants

Dennis & Phyllis Washington Foundation	10/1/2022	9/30/2023	\$ 10,000		\$ 10,000	\$ -	0%	Completed 7/18/23. Grant partially covered Healthy Steps training course for all PHC staff 7/18/23 (272 employees x avg hourly rate \$42.10). Supports Zero to Five program.	Amy Krzyzek
DPHHS Refugee Resettlement	10/1/2022	9/30/2023	431,575		397,028	34,547	8%	119 patients identifying as refugees were seen across all sites in January.	Cris Fleming
Pacific Source CHE Foster Care Navigation	11/1/2022	12/31/2023	92500		92500	0	0	Completed 12/31/2023. Developing and streamlining workflows to ensure each Foster child receives all necessary support.	Rebecca Goe

Upcoming New Grants

Johns Hopkins Bloomberg School of Public Health	5/1/2024	4/30/2025	\$ 25,000		\$ -	\$ 25,000	100%	Addressing youth substance use through school support	Amy Krzyzek
H80 330 Grant FY2024-25	5/1/2024	4/30/2025	\$ 5,024,299		\$ -	\$ 5,024,299	100%		Lara Salazar
Ryan White Part C FY2024-25	5/1/2024	4/30/2025	\$ 295,509		\$ -	\$ 295,509	100%		Netta Linder
Ryan White B FY23-24	4/1/2024	3/31/2025	\$ 172,500		\$ -	\$ 172,500	100%		Netta Linder
Ryan White B Covid Vaccine Encounters	4/1/2024	3/31/2025	\$ 19,195		\$ -	\$ 19,195	100%		Netta Linder
Headwaters Community Organizing			70,000		-	70,000	100%		Rebecca Goe

Over 80% remaining

Completed

Past End Date or in last month

3 months to End Date

Upcoming New Grants



PRINCIPLES OF PRACTICE

**{{html clean="false" wiki="false"}}GASB 96
Policy & Procedures Subscription-Based
Information Technology Arrangements{{/html}}**
(Draft)

Title: GASB 96 POLICY & PROCEDURES SUBSCRIPTION-BASED INFORMATION TECHNOLOGY ARRANGEMENTS
Section: Financial Management
Effective date: 07/2022
Last reviewed: 04/2024
Next revision:
Status: Draft
Reference: N/A
Lead author: CFO

PURPOSE

PURPOSE:

The purpose of this policy is for Partnership Health Center to follow the Governmental Accounting Standards Board (GASB) guidelines for GASB 96 when classifying Subscription-Based Information Technology Arrangements (SBITA). GASB 96 established a definition for SBITAs and provides uniform guidance for accounting and financial reporting. GASB 96 improves the comparability, relevance, and reliability of financial statements.

POLICY/PROCEDURES

DEFINITION

A SBITA is defined as a contract that conveys control of the right to use another party's IT software, alone or in combination with tangible assets (the underlying IT assets), as specified in the contract for a period of time in an exchange or exchange-like transaction. All software contracts meeting GASB 96 criteria must report a liability and an intangible right to use asset as of July 1, 2022. Additionally, essential information about the arrangement must be disclosed on the financial statements.

TERMINOLOGY

1. Control of the Right to Use – requires both a right to obtain service capacity from the use of the underlying IT asset and the right to determine the nature and manner of use of the underlying asset.

2. IT Software – subscription-based information technology arrangements, commonly include provisions such as remote access to software applications or cloud data storage and allows for temporary use that ends when the subscription expires.

3. Period of Time – the subscription term is the period of time that PHC has a non-cancellable right to use the underlying IT asset plus any period that PHC or the vendor have the option to extend the contract and it is reasonably certain that the option will be exercised. The term also includes any period in which either PHC or the vendor have the option to terminate the contract, if reasonably certain the option will not be exercised by either party.

EXCLUSIONS

1. Standalone IT Support/Maintenance service contracts that do not include the right to use an underlying asset. These costs should be expensed.

2. Contracts that convey control of right to use IT software and tangible assets that meet the definition of a lease in GASB Statement 87, where the software component is insignificant compared to the cost of the underlying tangible capital asset (i.e. a computer with operating software or a smart copier that is connected to an IT system).

3. Short-term SBITA contracts under 12 months, including exercised renewal periods.

4. Contracts that meet the definition of public-private and public-public partnership and availability payment arrangements in GASB Statement 94.

5. Licensing arrangements that provide a perpetual license to use a vendor's software, which are subject to GASB 51. A perpetual agreement gives the buyer the right to use the software for an indefinite period of time (in perpetuity).

6. Providing other entities the right to use PHC's IT software and associated tangible capital assets through SBITAs.

DETERMINATION CRITERIA

IT related contracts must be reviewed to determine whether they meet the definition of SBITA and ascertain the correct category: short-term SBITA (under 12 months, including exercised renewal periods) or other than short-term SBITA (GASB 96). In making this determination July 1, 2022 is considered the commencement of the subscription term if the actual subscription started before that date. If the remaining term for a subscription is 12 months or less from July 1, 2022, the subscription should be reported as a short-term SBITA and thus excluded from GASB 96.

1. Determine if the software contract is excluded (see above).

2. Determine the subscription term. The term starts at the date of implementation July 1, 2022 or the date PHC gets control of the subscription asset (able to access the software application).

The term includes:

- Periods in which PHC or the vendor have the option to renew or extend the contract, if reasonably certain the option will be exercised.

- Non-cancelable period during which PHC has a right to use the underlying asset.

· Any period in which either PHC or the vendor have the option to terminate the contract, if reasonably certain the option will not be exercised.

The term excludes:

· Cancelable periods for which either PHC or the vendor have an option to terminate the contract without permission from the other party

3. Determine the fixed and fixed in substance payment amounts. If there is an agreement to pay the same amount for 1-100 users that would be considered “fixed” in substance. Variable payments based on number of users that can vary during the term do not qualify and should be expensed.

4. Determine the incremental borrowing rate – if the implicit interest rate on the SBITA is unknown or not explicitly stated in the contract use the three month T-Bill rate.

5. Determine if the software contract is significant and should be accounted for under GASB 96 criteria. Subscription liability should be initially measured at the present value of subscription payments expected to be made during the subscription term. The subscription asset should be initially measured as the sum of:

- the initial subscription liability amount
- payments made to the vendor at the commencement of the subscription term
- capitalized implementation costs (configuration, installation) less any incentives received from the vendor at or before the commencement of the subscription term.

SBITA CAPITALIZATION THRESHOLD

A subscription asset and subscription liability should be calculated for contracts with \$50,000 or more in total upfront or future subscription payments from July 1, 2022 (or the date the subscription begins if after July 1, 2022) to the end of the subscription term.

CONTRACTS THAT CONTAIN MULTIPLE COMPONENTS

1. Exclude payments for non-subscription components (i.e. perpetual licensing arrangement and IT maintenance services).

2. If the costs for subscription and non-subscription components can't easily be separated then those components should be accounted for as a single SBITA unit.

3. Subscription components with different terms should be accounted for as separate contracts

4. Consolidate same SBITA contracts when they are subscribed to at the same time with an identical vendor.

SBITA ACCOUNTING

1. PHC will prepare an amortization schedule for each SBITA to split the subscription payments between liability and interest expense over the life of the SBITA.

2. PHC will recognize a subscription liability and a subscription asset at the commencement of the subscription term.

3. PHC will reduce the subscription liability via journal vouchers at fiscal year-end during the life of the SBITA.

4. SBITAs will not be recorded on the Prepaid Expenses spreadsheet to avoid duplicate information on financial statements.

5. Notes to financial statements are required. They should include:

- A general description of the SBITAs, including the basis, term and conditions on which variable payments not included in the measurement of the subscription liability are determined.

- The total amount of subscription assets and related accumulated amortizations, disclosed separately from other capital assets.

- The amount of outflows of resources recognized in the reporting period for variable payments not previously included in the measurement of the subscription liability.

- The amount of outflows of resources recognized in the reporting period for other payments, such as termination penalties, not previously included in the measurement of the subscription liability.

- Principal and interest requirements to maturity, presented separately, for the subscription liability for each of the five subsequent fiscal years and in five-year increments thereafter.

- Commitments under SBITAs before the commencement of the subscription term.

- The components of any loss associated with an impairment.



PRINCIPLES OF PRACTICE

**Chief Executive Officer
Discretionary Authorization
(Draft)**

Title: CHIEF EXECUTIVE OFFICER DISCRETIONARY AUTHORIZATION
Section: Financial Management
Effective date: 07/2001
Last reviewed: 05/2022
Next revision: 05/2024
Status: Draft
Reference: N/A
Lead author: Controller

PURPOSE

In order to allow for unanticipated situations not accounted for during the budget process, the **Chief Executive Officer** ~~Executive Director~~ has the authority to allocate funds to manage the situation.

POLICY/PROCEDURES

1. Whenever an unanticipated situation requires funding, the **Chief Executive Officer** ~~Executive Director~~ has the authority to authorize up to \$25,000 in spending to manage the situation.
2. The **Chief Executive Officer** ~~Executive Director~~ will notify the Executive/Finance Committee at the next scheduled meeting of such action and will work with the Chief Financial Officer to prepare the necessary budget amendment.
3. The **Chief Executive Officer** ~~Executive Director~~ also has the authority to transfer funds between budgeted line items as necessary and to report the change to the Board of Directors at the next meeting.



PRINCIPLES OF PRACTICE

**Federal Grant Drawdown
(Draft)**



Title: FEDERAL GRANT DRAWDOWN
Section: Financial Management
Effective date: 06/2018
Last reviewed: 03/2022
Next revision: 03/2024
Status: Draft
Reference: N/A
Lead author: CFO

PURPOSE

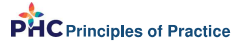
To properly record and track cash withdrawals of grant funds in accordance with Federal, State, and Granting Agency requirements. Appropriate records will be maintained and accurate information will be available to staff and external entities as needed.

POLICY/PROCEDURES

The following serves as a general guideline for proper recording, utilization, and tracking of federal cash drawdowns to ensure timely and accurate reporting, and to provide information for administrative and programmatic decision-making.

PROCEDURE:

1. Partnership Health Center draws down federal funds approximately once per month
 - a. Expenditures of federal award funds are allowable in accordance with the terms and conditions of the federal award and with the federal cost principles in 45 CFR Part 75 Subpart E.
2. The Chief Financial Officer (CFO) supervises the drawdown process but may designate members of the finance department to perform various steps required to assure accurate drawdowns.
3. The Ryan White Senior Community Health Specialist submits on a regular basis both in-house claims and out of house contract service claims.
 - a. Out of house claims are coded by an Accounting Specialist and submitted to the Missoula County Payables Department where the claims are processed and checks are cut.
 - b. In-house claims are processed by the Accounting Specialist. During the month, the Accounting Specialist reviews claims data submitted by the RW Senior Community Health Specialist and makes the appropriate posting and adjustments to patient accounts. After expense review by the CFO, the Accounting Specialist will post any necessary adjustments.
4. The CFO, or designee, will verify that program income is ~~and expenses are~~ accounted for and recorded to the Ryan White project code in the Missoula County general ledger accounting system.



5. The CFO or designee will run a cumulative financial report showing cash received and allowable expenses from Missoula County's accounting system, ~~GSA on a monthly basis.~~ Using that data, the CFO or designee will maintain an ~~Excel~~ spreadsheet where income and expenses for the program are tracked for easier reporting. ~~Cash draws might be for personnel and non-personnel expenditures consistent with the HRSA-approved scope of project budget.~~
 6. Federal drawdowns are limited to the minimum amounts needed to cover allowable project costs. Drawdowns will be limited to expense reimbursement for the current period which is derived from the Missoula County general ledger accounting system ~~GSA~~ and compiled on a grant reconciliation spreadsheet. There will be no federal draw downs for amounts in excess of those expenses calculated for the monthly accounting period (i.e., will not be made to cover future expenditures.)
1. Once the amount of funds to be drawn down is determined, these step are to be followed:
 - a. CFO (or Controller if unavailable) will log onto Payment Management Systems (PMS) website.
 - b. Complete the request for federal funds.
 - c. Print ~~electronic and/or paper copy~~ of report(s) from website.
 - d. Save electronic copies of documents in Federal Grant Drawdown folder. ~~File paper copy in a grants folder to be kept in the CFO's office and attach electronic copy as a screen shot to grant reconciliation spreadsheet.~~
 1. The CFO (or Controller if unavailable) will notify Missoula County Finance Department that a drawdown has been requested and will provide a line item detail to allow proper posting of funds to the general ledger. ~~in GSA.~~
 2. Missoula County Finance Department will receive Electronic Funds Transfer (EFT) notification. They will post the cash as outlined in the previous step.
 3. The CFO or Controller monitors the general ledger to verify when cash was received and the amount received.
 4. The CFO (or Controller if unavailable) will perform annual ~~the quarterly~~ reconciliations and prepare the Federal Financial Report (FFR) on an annual ~~quarterly~~ basis in the Pay Management System. ~~Print electronic and/or paper copy of FFR. Paper copy is filed in a grants folder to be kept in the CFO's office. Electronic copy is attached as a screen shot to grant reconciliation spreadsheet.~~



PRINCIPLES OF PRACTICE

**Annual Budget Development
(Draft)**

Title: ANNUAL BUDGET DEVELOPMENT
Section: Financial Management
Effective date: 07/2001
Last reviewed: 03/2022
Next revision: 03/2024
Status: Draft
Reference: N/A
Lead author: CFO

PURPOSE

Partnership Health Center will develop an annual budget which identifies the costs associated with the Federal grant award consistent with Federal Cost Principles and any other requirements or restrictions on the use of Federal funding. The Federal portion of revenues and costs will be combined with all other non-Federal sources of income and expense to encompass the “total annual operating budget”.

POLICY/PROCEDURES

PHC will prepare the annual budget according to the following timeline:

1. The PHC Chief Financial Officer will begin preliminary budget preparations in coordination with grant deadlines for the upcoming fiscal year. Such preparation will include projections of each line item in the current operational budget. Projections will be based on analysis of historical data, current year data, trends and known information about the upcoming fiscal year.
2. The Chief Financial Officer will incorporate goals and objectives developed in the strategic plan from the organization-wide planning process.
3. The Chief Financial Officer will prepare and finalize the federal Health Center Program budget~~330 budget~~ in coordination with the Chief Executive Officer ~~Executive Director~~ as well as receive guidance from the PHC Board of Directors and Board of Director’s Finance Committee throughout the budget preparation process.
4. The final Health Center Program budget~~330 budget~~ will be ready for Board approval at the first available board meeting, and incorporated into the Bureau of Primary Health Care Section 330 Community Health Center grant application to be submitted by the established Federal guideline.
5. The Chief Executive Officer ~~Executive Director~~ and Chief Financial Officer will work to develop the proposed total annual operating budget (Fiscal Year July through June) which is submitted to Missoula County via the County’s budget format request within the timeline specified by the Missoula County Budget Team and Missoula County Board of County Commissioners. The Health Center Program budget~~330 budget~~ is incorporated into the total operating budget which is submitted to Missoula County after review by PHC’s Board of Director’s Finance Committee and upon recommendation submitted to the PHC’s full Board for approval. Once approved, the budget is uploaded into the County’s general ledger accounting system Computer Software Associates (CSA).

6. The total operating budget will identify all federal and non-federal revenues and expenses by project and object code in CSA which allows for tracking of all financial activities relating to various funding sources.
7. Monthly budget to actual financial reports will be prepared, analyzed and communicated to all pertinent parties as necessary.
8. The Chief Financial Officer will keep the Board of Director and the Board of Directors Finance Committee apprised of any line items which appear to be problematic, and offer recommendations to maintain the operations within the annual budget.
9. The Chief Financial Officer and the Chief Executive Officer ~~Executive Director~~ will prepare any budget amendment requests, as required by grantor awards and contracts.
10. During the last quarter of each fiscal year, the Chief Financial Officer and the Chief Executive Officer ~~Executive Director~~ will begin the year end planning process with all pertinent parties. This process will include year-end projections and recommendations to ensure PHC closes its year within its operating budget and maximizes its available resources.



PRINCIPLES OF PRACTICE

**Business Reports
(Approved by Board)**

Title: BUSINESS REPORTS
Section: Financial Management
Effective date: 07/2001
Last reviewed: 03/2022
Next revision: 03/2024
Status: Approved by Board
Reference: N/A
Lead author: CFO

PURPOSE

In order to communicate financial and operational information for effective and timely management of Partnership Health Center (PHC), a regular body of reports will be prepared and presented to the Leadership Team, Finance Committee and Board of Directors. These reports will be formatted for ease of reading, analyzing trends and facilitating forward thinking by the organization.

POLICY/PROCEDURES

The following list of reports will be prepared and presented to pertinent parties on a regular basis as follows:

1. Monthly and year-to date as compared to budget financial statements. Within three months of the beginning of each fiscal year, these reports, with accompanying analysis and commentary will be prepared. They will be submitted monthly to the PHC Leadership Team, Board of Directors, and Board of Director's Finance Committee.
2. Encounters: Encounter reports will be prepared monthly on a graph showing historical comparisons. This will be posted for all PHC staff to see, and submitted to each member of the Leadership Team, Board of Directors, and the Board of Director's Finance Committee. Detail information of encounters by provider will be submitted to the Medical Director and Chief Executive Officer~~Executive Director~~.
3. Accounts Receivable: Accounts receivable by payor will be prepared monthly. The report will show the collections on net charges. This report will be presented monthly to the Leadership Team, the Board of Directors and the Board of Director's Finance Committee.
4. Patient (Encounter) Mix: The patient (encounter) mix will be analyzed by payer category and a report showing the current mix, year to date mix and comparable historic information will be prepared monthly. This report will be presented to the Leadership Team, the Board of Directors and the Board of Director's Finance Committee.
5. Dashboard: A dashboard will be prepared to represent a snapshot of current financial and operational measures. The dashboard will assist the Leadership Team with directing and managing the financial and operational output of the organization.
6. Other relevant data on patient demographics will be gathered and presented to the Leadership Team, the Board of Directors and the Board of Director's Finance Committee.



PRINCIPLES OF PRACTICE

**Annual Review of Contract
Performance Expectations
(Draft)**

Title: ANNUAL REVIEW OF CONTRACT PERFORMANCE EXPECTATIONS
Section: Financial Management
Effective date: 07/2002
Last reviewed: 03/2022
Next revision: 03/2024
Status: Draft
Reference: N/A
Lead author: CFO

PURPOSE

To ensure that performance expectations of all written agreements and contracts of services are met, Partnership Health Center (PHC) will conduct an annual review of the expectations.

POLICY/PROCEDURES

The PHC CEO ~~Executive Director~~ will evaluate and review the performance expectations of all contracts for services on an annual basis. The following performance expectations will be evaluated:

1. Quality of Services,
2. Continuity of Service,
3. Timely Completion of Service,
4. Accreditation Status, and
5. Adherence to Recognized Practice Standards and Guidelines.

PERFORMANCE STANDARDS:

1. The annual evaluation of contract performance expectations will be ongoing based on expiration date of the contract, memorandum of understanding or letters of agreement.
2. The PHC CEO ~~Executive Director~~ is responsible for obtaining appropriate signatures for all contracts, memorandums of understanding, and letters of agreement.
3. All contracts, memorandums of understanding, and letters of agreement will align with the Federal Health Center Program requirements and will not limit the authority of PHC as outlined in these requirements.
4. All contracts, memorandums of understanding, and letters of agreement will align with conflict of interest policies as outlined in the PHC Corporate Compliance Principles of Practice.
5. A signed copy of the contract, memorandum of understanding or letter of agreement will be maintained by PHC, will be filed with the Missoula County Clerk & Recorder and will be provided to the contracting party.
6. Annually, the PHC CEO ~~Executive Director~~ will include a list of all contracts, memorandums of understanding and letters of agreement in the monthly PHC CEO ~~Executive Director~~ Report for review at the PHC Board of Directors Meeting.

7. If the annual contract evaluation reveals that performance expectations are not being met, the PHC CEO ~~Executive Director~~ will notify the contractor or organization of noncompliance. If assurance of compliance is not acquired by PHC from the contractor, the contract will be terminated immediately.
8. PHC will maintain a record of all expired contracts.



PRINCIPLES OF PRACTICE

**Donations
(Approved by Board)**

Title: DONATIONS
Section: Financial Management
Effective date: 04/2022
Last reviewed: 04/2022
Next revision: 04/2024
Status: Approved by Board
Reference: N/A
Lead author: Controller

PURPOSE

Partnership Health Center will account for all donations, separating funds into those without restrictions and those with restrictions.

POLICY/PROCEDURES

1. Upon receipt of a donation Partnership Health Center will determine if the donation is non-restricted or has restrictions.
2. Donations with no restrictions will be coded to the main administrative project code. They can be used for any purpose at the discretion of Partnership Health Center
3. Donations with restrictions will be coded to the project code that applies to the specific purpose of the donation. Use of funds will be tracked via general ledger and spreadsheets.



PRINCIPLES OF PRACTICE

**Fixed Assets
(Approved by Board)**

Title: FIXED ASSETS
Section: Financial Management
Effective date: 07/2001
Last reviewed: 04/2022
Next revision: 04/2024
Status: Approved by Board
Reference: N/A
Lead author: Controller

PURPOSE

Partnership Health Center will safeguard fixed assets in a manner consistent with federal regulations and Missoula County policy.

POLICY/PROCEDURES

1. All fixed assets costing over \$5,000 will be tagged and added to the PHC fixed asset list.
2. A fixed asset inventory will be conducted prior to each annual audit. This inventory will include a physical inventory and reconciliation to the Missoula County Central Services listing.
3. Each fixed asset listed will include the source of funds used to purchase the assets. If a combination of sources, the percentages of participation by each source will be included.
4. Department Managers are responsible for notifying the Controller when an asset is no longer in use, the date it was removed, and whether it was disposed, sold, or donated. Department Managers are also responsible for providing information as to whether new equipment will be replacing the item.



PRINCIPLES OF PRACTICE

**Schedule of Expenditures of Federal Awards
(Approved by Board)**

Title: SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS
Section: Financial Management
Effective date: 05/2022
Last reviewed: 05/2022
Next revision: 05/2024
Status: Approved by Board
Reference: N/A
Lead author: Controller

PURPOSE

Partnership Health Center will prepare the Schedule of Expenditures of Federal Awards (SEFA) as part of the annual audit. Expenditures of federal funds received directly and indirectly are listed by federal agency and program.

POLICY/PROCEDURES

1. The Chief Financial Officer (CFO) or designee lists all expenditures for federal awards in the fiscal year. Expenditures are recorded into two categories:
 - a. direct federal awards and
 - b. indirect federal awards (passed through state agency, local government or nonprofit entities.)
2. Each federal award received directly from a federal agency that had expenditures in the fiscal year is included on SEFA. The name of the federal agency, program, identifying award number, award period and assistance listing number are reported.
3. Each federal award received indirectly from a pass-through entity that had expenditures in the fiscal year is included on SEFA. The name of the entity in addition to the name of the federal award agency, program, identifying award number, award period and assistance listing number are reported.
4. The CFO or designee reports the amount of expenditures incurred in the fiscal year for each award including disbursements of federal award funds passed through to subrecipients.
5. The CFO or designee reconciles expenditures reported on SEFA with the general ledger.



PRINCIPLES OF PRACTICE

**Internal Control of Funds Received
(Approved by Board)**

Title: INTERNAL CONTROL OF FUNDS RECEIVED
Section: Financial Management
Effective date: 07/2001
Last reviewed: 03/2022
Next revision: 03/2024
Status: Approved by Board
Reference: Missoula County Policy Statement 00-11
Lead author: CFO

PURPOSE

In order to accurately account for funds received by Partnership Health

Center (PHC), duties for handling receipts will be adequately separated to insure internal control of the funds.

POLICY/PROCEDURES

1. Cash payments received by the medical receptionists or clinic staff will have a receipt log filled out.
2. The cash drawer will be reconciled to the daily activity each night, the batch totals recorded and placed in the safe.
3. PHC will follow Missoula County Policy Statement 00-11 on the cash policy for unexplained overages and shortages, and for cash drawer access as follows:
 - Cash reconciliation shall be accomplished daily by the person in charge of the drawer.
 - Any discrepancies must be accompanied by a reception deposit discrepancy report. The employee who experiences the discrepancy must research, reconcile and explain the discrepancy. The discrepancy form must be signed by the Patient Services Manager and included with the Balance sheet for that day.
 - The cash reconciliations shall be a part of the department audit.
 - All departments with cash accounts shall deposit the day's transactions intact on a daily basis (See Step 5 for variance procedure)
 - Personal transactions may not be made from one's own drawer. Evidence of this will result in immediate disciplinary action or dismissal. Any personal transaction, such as making change, will require two people to transact.
 - Under no circumstances shall anyone perform work related transactions in another clerk's cash drawer unless approved by the supervisor.
 - No personal money shall be in or near the cash drawer.

- Any evidence supporting someone's removing cash from or inserting into a drawer will result in immediate disciplinary action or dismissal.
1. The accounting clerk will review the daily batch totals on the reconciliation and count the cash prior to posting the previous days' activity.
 2. Funds received by mail will be opened by the Purchasing Agent and delivered to a member of the accounting team or an administrative assistant in the Finance office. A listing of checks will be prepared of each day's receipts. A copy of the listing and the checks will be given to an accounting specialist who will include the checks in the daily deposit.
 3. A copy of the daily check listing and any remits will then be given to a billing specialist. The billing specialist will post patient and insurance payments in eCW or QS-1. Patient payments are applied directly to the oldest outstanding charges first. Insurance payments are posted to the date of service. Each billing specialist will be responsible to balance the daily work to the Daily Deposit Sheet (when applicable) and payments under their user name in eCW or QS-1 prior to sending their batch to the Finance Office. An accounting specialist will verify that the deposits recorded in eCW or QS-1 agrees to the prior deposit before closing out and filing with the appropriate day of work.
 4. The accounting clerk will prepare deposits reconciling the total deposit to the cash drawer receipts and the mail receipts.
 5. The accounting clerk will submit the deposits (Form A101) to the Missoula County Treasurer daily.
 6. All cash (including checks) is to be kept in the safe after office hours.
 7. The deposits (Form A101) will be subject to audit by the PHC Chief Financial Officer or designee, who will reconcile daily batch totals and mail receipt listings to the A101.
 8. Refunds – If a refund is due, a billing staff member will post the appropriate adjustment code into the practice management software. The adjustment proof, along with patient demographics, service date and site, will be used to initiate the refund check process in the Accounting Department. The billing staff member will keep a log of all adjustments made, and submit for review and approval. A refund may not be given if there is a balance on the patient's account. All refunds must be approved by the Chief Financial Officer or designee unless the refund is to be given for services that have not been rendered (i.e., patient pays nominal fee but was not seen by a provider for any reason on the same day). In that case, the Patient Services Manager has authority to approve such voids.
 9. Funds received by Automated Clearinghouse (ACH)/Electronic Fund Transfer (EFT)
 - a. Missoula County will send daily Bank Statements indicating the ACH/EFT transactions that settled into the bank accounts.
 - b. The Staff Accountant will review the Bank Statement and reconcile with the postings in the practice management software, and the Master ERA Spreadsheet.
 - c. Billing Staff will post patient related ACH/EFT payments into the appropriate practice management software daily, and submit coding to the County via the Master ERA Spreadsheet.
 - d. Any ACH/EFT payments that are not accompanied by an Electronic Remittance Advice (ERA), will be inquired upon with the respective third party payer.

 **Partnership Health Center**
Board of Directors' Monthly Meeting



PHC Pre-Meeting Session 11:40A: To be determined

AGENDA

May 10, 2024 12:00 P.M. – 1:30 P.M.

WEINBERG CONFERENCE ROOMS | 401 Railroad St. W, Missoula

Virtual: [Click here to join the meeting](#) | Meeting ID = 281 930 063 75 | Passcode: jGkWKf

Or call in (audio only) [+1 312-702-0492,407787355#](#) | Phone Conference ID: 407 787 355#

A Board quorum is currently 6 members, with a majority of patient Board members (P/M). We value your time and try to keep the meeting length to a minimum. We need a quorum to conduct business immediately upon Call to Order. When calling in, please mute your phone to prevent background noise from carrying through. If you need to leave before the meeting adjourns, please notify Kathleen Walters, Lara Salazar, or Bri Walker (406-258-4521).

- | | | |
|--------------|--|-------|
| I. | Call to Order | 12:00 |
| II. | Acknowledgement of Land Stewards – stated below ¹ | 12:01 |
| III. | Public Comments regarding Agenda and Non-Agenda Items | 12:05 |
| IV. | Referrals/Comments from Board Members | 12:10 |
| | A. Board Member Conflict of Interest Disclosures* | |
| V. | Committee updates | 12:15 |
| | A. Executive/Finance Committee (EFC) | |
| VI. | Topics Requiring Motions/Discussion (<i>Motion requested to approve items as presented</i>) | 12:25 |
| | A. NEW Policy GASB 96, Subscription-Based IT Arrangements | |
| | B. Chief Executive Officer Discretionary Authorization | |
| | C. Federal Grant Drawdown | |
| | D. Annual Budget Development | |
| | E. Business Reports | |
| | F. Annual Review of Contract Performance Expectations | |
| | G. Donations | |
| | H. Fixed Assets | |
| | I. Schedule of Expenditures of Federal Awards | |
| | J. Internal Control of Funds Received | |
| VII. | Chief Executive Officer (CEO) Presentation (<i>Motion proposed to accept presentations</i>) | 1:10 |
| | A. Leadership Reports/Info* | |
| VIII. | Consent Agenda: (<i>Motion requested to approve/acknowledge items as presented</i>) | 1:25 |
| | ➤ Board of Directors' – Full and Committee Minutes/Reports | |
| | A. Board of Directors' 04/12/24 Meeting Minutes Approval* | |
| | B. Executive/Finance Committee 04/03/24 Minutes Review* | |
| IX. | Next Board Meeting date: June 14, 2024 | |
| X. | Adjournment (<i>Motion requested to adjourn meeting</i>) | 1:30 |

¹Partnership Health Center respectfully acknowledges that we occupy the traditional homelands of the Séliš, Q̓íspé, and Ktunaxa-Ksanka nations. We also recognize that these lands are a site of trade, medicine gathering, healing, and travel for other Native tribes in the area and is still home for many Indigenous people. We extend our gratitude for those who have stewarded this land since time immemorial.

We acknowledge that the health care system has played a role in the oppression of Indigenous peoples. We commit to ongoing learning about the impact of colonization on the health and wellbeing of Indigenous peoples, and we commit to meaningful action that reverses health disparities.

²Substance Abuse and Mental Health Services Administration

(*) Enclosed in packet.

Consent Agenda: The items listed under the consent agenda (information items) are considered to be routine matters and will be approved by a single motion of the board without separate discussion. If separate discussion is desired, that item will be removed from the consent agenda and placed on the regular business agenda for discussion.

Action items (outside of Consent Agenda) are in blue.

***Board packet copies available to the Public upon request.** Email: walkerb@phc.missoula.mt.us

2024 Meeting dates:

Monthly Board Meetings	
<i>JANUARY</i>	01/12/2024
<i>FEBRUARY</i>	02/09/2024
<i>MARCH</i>	03/08/2024
<i>APRIL</i>	04/12/2024
<i>MAY</i>	05/10/2024
<i>JUNE</i>	06/14/2024
<i>JULY</i>	07/12/2024
<i>AUGUST</i>	08/09/2024
<i>SEPTEMBER</i>	09/13/2024
<i>OCTOBER</i>	10/11/2024
<i>NOVEMBER</i>	11/08/2024
<i>DECEMBER</i>	12/13/2024