



Partnership Health Center

Board of Directors' Monthly Meeting

PHC Pre-Meeting Session 11:30am – Operational Site Visit Overview and Board Role

AGENDA

June 27, 2025 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 = 212 629 758 056 | Passcode: bd9bN9ig

A Board quorum is currently seven 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 attendees at the time you vacate.**

- | | | |
|--------------|---|-------|
| I. | Call to Order | 12:00 |
| II. | Acknowledgement of Land Stewards – stated below ¹ | 12:00 |
| III. | Public Comments regarding Agenda and Non-Agenda Items | 12:03 |
| IV. | Referrals/Comments from Board Members | 12:03 |
| | • Board Member Conflict of Interest Disclosures* | |
| V. | Committee updates | 12:05 |
| | • Executive/Finance Committee (EFC)* | |
| VI. | Topics requiring Motions/Discussion | 12:05 |
| | • Policy Review* (<i>Motion requested to approve/acknowledge items as presented</i>) | |
| | ○ Financial Hardship and Waiver of Fees | |
| | ○ Sliding Fee Scale | |
| | ○ Paid in Full Discount | |
| | ○ Fee Development | |
| | • Amended Board Bylaws Discussion (<i>no motion requested</i>) | |
| | • Hiring Delegation Resolution* (<i>Motion requested to approve/acknowledge items as presented</i>) | |
| VII. | Chief Executive Officer (CEO) Presentation* | 12:15 |
| VIII. | Chief Financial Officer (CFO) Report* (<i>Motion proposed to accept CEO and CFO updates</i>) | |
| IX. | Consent Agenda: (<i>Motion requested to approve/acknowledge items as presented</i>) | |
| | • Other Reports/Info | |
| | ○ Fully Executed Contracts* | |
| | • Board of Directors' – Full and Committee Minutes/Reports | |
| | ○ Board of Directors' 05/30/25 Meeting Minutes <i>Approval*</i> | |
| | ○ Executive/Finance Committee 05/21/25 Minutes Review* | |
| X. | Next Board Meeting date: July 25, 2025 | |
| XI. | Adjournment (<i>Motion requested to adjourn meeting</i>) | 1:30 |

¹Partnership Health Center respectfully acknowledges that we occupy the traditional homelands of the Séliš, Qlispé, 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 honor these people – past, present, and future, along with the many other Indigenous peoples who inhabited, continue to inhabit, hold sacred, and steward these lands.

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.

(*) 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 and/or posted within public meeting announcement.
Email to request packets: walkerb@phc.missoula.mt.us

2025 Monthly Board Meeting Dates:

January	01/31/2025 <i>¾ day retreat</i>
February	02/28/2025
March	03/28/2025
April	04/25/2025
May	05/30/2025
June	06/27/2025
July	07/25/2025
August	08/29/2025
September	09/26/2025
October	10/31/2025
November	11/28/2025 <i>reschedule due to holiday?</i>
December	12/26/2025 <i>Reschedule due to holiday?</i>

BOARD MEMBERS PRESENT MONTHLY FOR 2025

Member Name	JAN	FEB	MAR	APR	MAY	JUNE Special	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC	# Attended
Jeanna Miller (Ex-Officio)	X	ab-ex	ab-ex	X	ab-un	ab-ex								
Suzette Baker*	X	X	X	ab-ex	ab-ex	ab-ex								
John Crawford*	X	X	X	ab-ex	X	X								
Jilayne Dunn	X	X	X	X	ab-ex	X								
Annie Green*	ab-ex	X	X	X	X	X								
Patty Kero*	X	X	ab-ex	X	ab-ex	ab-ex								
Joe Melvin*	X	X	X	X	X	X								
Krissy Petersen	X	X	X	ab-ex	X	ab-ex								
Jay Raines*	ab-ex	ab-ex	X	ab-un	X	X								
Mark Thane	ab-ex	ab-ex	ab-ex	ab-ex	X	ab-ex								
Esther Tuttle	ab-un	X	ab-ex	ab-ex	X	X								
Kathleen Walters*	X	X	X	X	X	X								
Nathalie Wolfram*	X	X	X	X	X	ab-ex								

X = Virtual Attendance

$$* = P/M$$

Board Members: 13

Ex-Officio: 1

Quorum: 7, majority Patient Board Members (P/M)

PREVIOUS BOARD MEMBERS PRESENT FOR 2025 MONTHLY

[illegible]



BOARD OF DIRECTORS Conflict of Interest Disclosures

BOARD MEMBER OWNERSHIP

Suzette Baker (P/M)

John Crawford (P/M)

Jilayne Dunn (NP/M)

Annie Green (P/M)

Patty Kero (P/M)

Joe Melvin (P/M)

Krissy Petersen (NP/M)

Jay Raines (P/M)

David Strohmaier (NP/M)

Mark Thane (NP/M)

Esther Tuttle (NP/M)

Kathleen Walters (P/M)

Nathalie Wolfram (P/M)

LIST OF BOARD MEMBERSHIP | EMPLOYMENT

Employer: 1 Dash, COO

Board Membership: Seeley Swan Hospital District

Board Membership: All Nations Health Center

Employer: City of Missoula

Employer: University of Montana

Potential Conflict: University of Montana affiliation

Employer: self

Employer: Providence St. Patrick Hospital

Employer: Missoula County (Commissioner)

Board Memberships: Big Sky Passenger Rail Authority, City-County Health Board, Local Emergency Mgt Planning Committee, Transportation Policy Coordinating Committee, Urban Growth Commission, NACo Arts and Culture Commission, MACo Board, Lolo National Forest Resource Advisory Council; Other boards as assigned

Service in the Montana State Legislature

Appointment to ARPA Oversight Committee

Board Memberships: Community Medical Center

University of Montana student

Volunteerism: Missoula Urban Indian Center

Employer: Montana Realty Network

Employer: University of Montana



FINANCIAL REPORT DRAFT



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Monthly Finance Overview

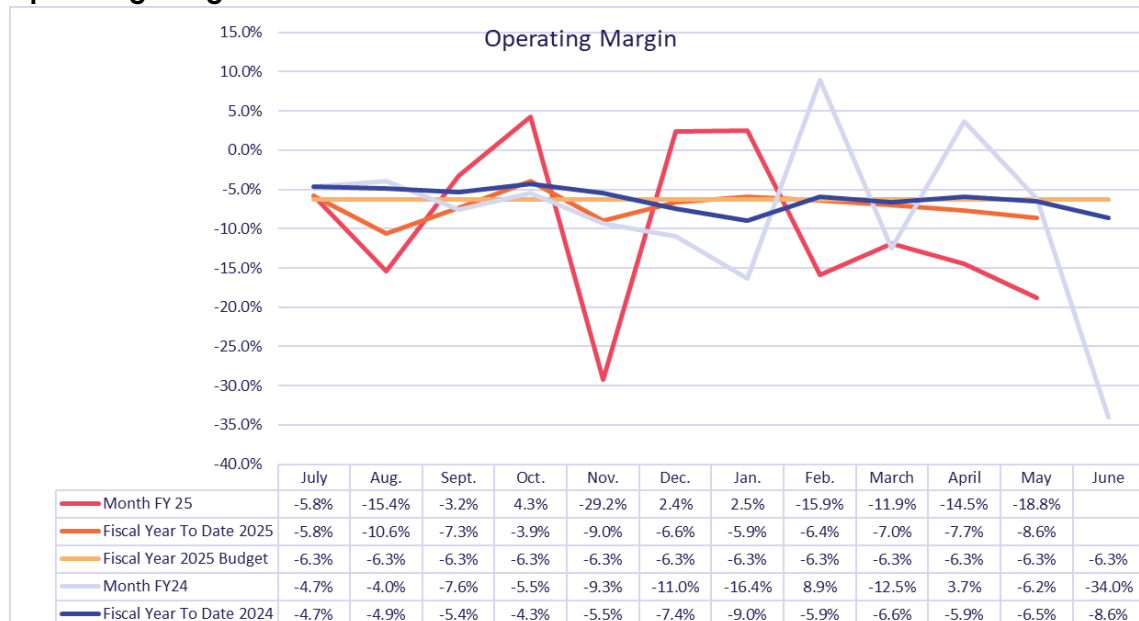
May Year to Date 2025

The preparation of these financial statements required management to make estimates and assumptions that affect the reported amounts of income and expenses. Actual results could differ from those estimates.

YTD (Year to date) Financial Position:

	Actual YTD	Budget	Variance	Variance %
REVENUE				
Total Operating Revenue	31,554,203	32,068,577	(514,374)	-1.6%
Total Non-Operating Revenue	9,471,017	10,389,751	(918,734)	-8.8%
TOTAL REVENUE	41,025,220	42,458,328	(1,433,109)	-3.4%
EXPENSE				
Personnel	25,516,748	26,196,354	(679,606)	-2.6%
Supplies	13,824,777	14,132,070	(307,293)	-2.2%
Purchased Services	5,214,388	4,803,678	410,711	8.5%
Depreciation	688,181	688,181	-	0.0%
TOTAL EXPENSES	44,555,914	45,132,102	(576,188)	-1.3%
NET INCOME/(LOSS)	(3,530,694)	(2,673,774)	(856,920)	32.0%
Net Margin	-8.6%	-6.3%		

Operating Margin:



Key Talking Points

May-25

Key Utilization

Total Encounters Month to Date (MTD) are 6,131 with a Budget of 7,287.
Year to Date (YTD) total is 69,625 and the Budget is 79,467 for a % variance of -12.4.
The prior YTD total was 66,701. Year to Date and Prior Year ratio 104.4%.

Total Medical Encounters MTD are 3,415 with a Budget of 4,315.
YTD total is 39,976 and the Budget is 47,053 for a % variance of -15.
The prior YTD total was 41,580. Year to Date and Prior Year ratio 96.1%.

Total Behavioral Health Encounters MTD are 759 with a Budget of 1,109.
YTD Total is 10,133 and the Budget is 12,097 for a % variance of -16.2.
The prior YTD total was 10,014 Year to Date and Prior Year ratio 101.2%.

Total School Based Behavioral Health Encounters MTD are 464 with a Budget of 316.
YTD Total is 3,580 and the Budget is 3,442 for a % variance of 4.
The prior YTD total was 1,398 Year to Date and Prior Year ratio 256.1%.

Total Dental Encounters MTD are 1,340 with a Budget of 1,420.
YTD Total is 14,873 and the Budget is 15,489 for a % variance of -4.
The prior YTD total was 12,402 Year to Date and Prior Year ratio 119.9%.

Pharmacy Prescriptions Filled MTD are 10,962 with a Budget of 10,650.
YTD Total is 120,166 and the Budget is 116,132 for a % variance of 3.5.
The prior YTD total was 114,639 Year to Date and Prior Year ratio 104.8%.

Balance Sheet

Month end cash balance was unavailable from Missoula County at the time of publishing these financial reports.

Days in Epic Clinical Accounts Receivable are 55, and the current receivable balance is \$1,277,304.
Epic Clinical AR is presented net of an allowance for uncollectible amounts.
Days in Clinical Accounts Receivable are 89, and the current receivable balance is \$2,389,739.
Clinical AR is presented gross and does not include an adjustment for assessment of collectability.
Days in Pharmacy Accounts Receivable are 28, and the current receivable balance is 2,120,335
Pharmacy AR is presented net of an allowance for uncollectible patient accounts.

Revenue and Expense

Fee Revenue for the month totaled \$2.86m with a Budget of \$2.92m for a % variance of -1.8%.

YTD Fee Revenue is \$31.55m with a Budget of \$32.07m for a % variance of -1.6%.
The prior YTD revenue was \$30.2m for a % variance of 4.5%.

Total Revenue for the month is \$3.5m with a Budget of \$3.86m for a % variance of -9.2%.

YTD Total Revenue is \$41.02m with a Budget of \$42.46m for a % variance of -3.4%.

Expenses for the month totaled \$4.16m with a Budget of \$4.1m for a % variance of 1.5%.
YTD expenses are \$44.56m with a Budget of \$45.13m for a % variance of -1.3%.
The prior YTD expenses are \$41.11m for a variance of 8.4%.

Net Income for the month is \$-658,102 with a Budget of \$-243,070 for a % variance of 170.75%.
YTD Net Income is \$-3,530,694 with a Budget of \$-2,673,774 for a % variance of 32.05%.
Capital Reserve Interest revenue posted for the month is \$0

Current Month				
May. 31, 2025		Daily		
Actual	Budget	Avg	Var	Var %

Year To Date						YTD	
May. 31, 2025					Budget	May. 31, 2024	%
Actual	Budget	Var	Var %		12 Mo Total	Prior Year	Change

VOLUME INDICATORS

3,415	4,315	205	(900)	-20.9%	Medical	39,976	47,053	(7,077)	-15.0%	51,162	41,580	-3.9%
759	1,109	53	(350)	-31.6%	BH	10,133	12,097	(1,964)	-16.2%	12,969	10,014	1.2%
464	316	15	148	47.0%	School Based BH	3,580	3,442	138	4.0%	3,743	1,398	156.1%
1,340	1,420	68	(80)	-5.7%	Dental	14,873	15,489	(616)	-4.0%	16,842	12,402	19.9%
153	127	6	26	20.4%	Clinical Pharmacy	1,063	1,386	(323)	-23.3%	1,507	1,307	-18.7%
6,131	7,287	347	(1,156)	-15.9%	Total Encounters	69,625	79,467	(9,842)	-12.4%	86,223	66,701	4.4%
10,962	10,650	507	312	2.9%	Pharmacy Prescriptions	120,166	116,132	4,034	3.5%	126,274	114,639	4.8%
21					Work Days	229						
					Avg Encounters By Day							
162.6	205.5				Medical	174.6	205.5				180.8	
36.1	52.8				BH	44.2	52.8				43.5	
22.1	15.0				School Based BH	15.6	15.0				6.1	
63.8	67.6				Dental	64.9	67.6				53.9	
7.3	6.1				Clinical Pharmacy	4.6	6.1				5.7	
292.0	347.0				Total Encounters	304.0	347.0				290.0	
522	507				Pharmacy Prescriptions	525	507				498	
					Creamery Medical % of Creamery Medical Visits	60%						
					Creamery Residency % Creamery Medical Visits	40%						

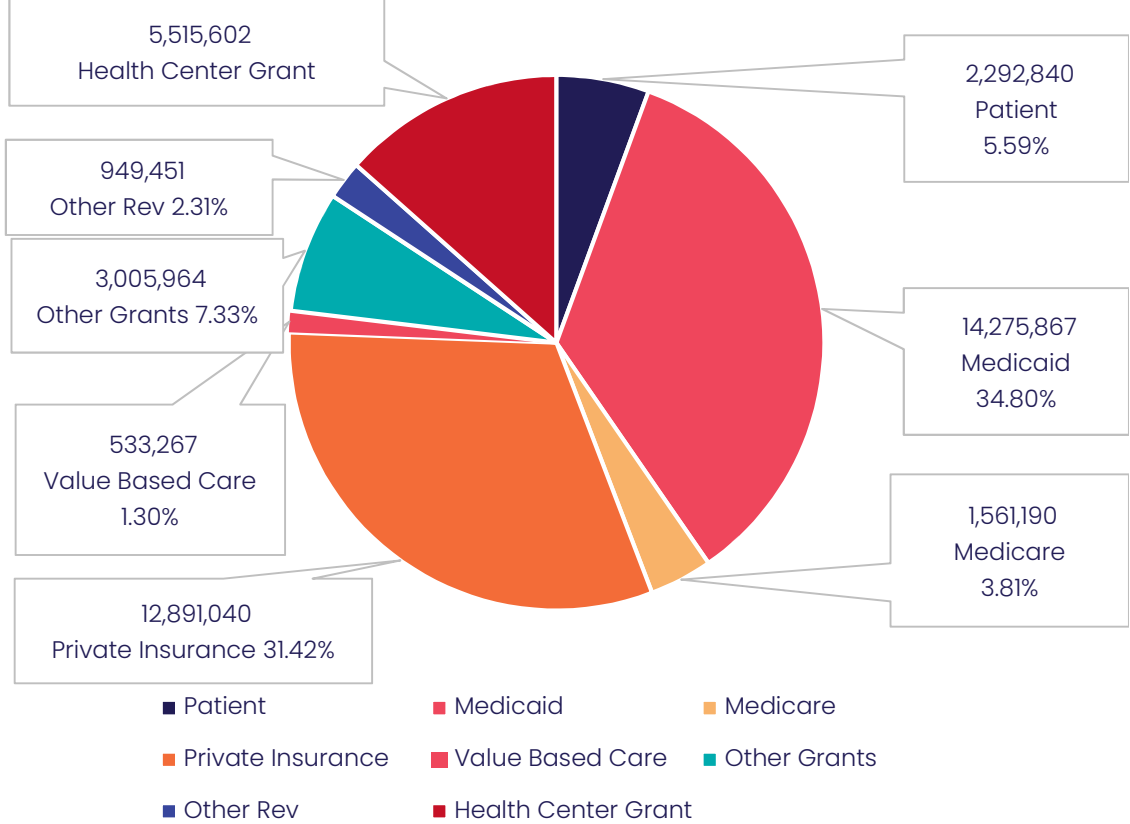
OTHER INDICATORS

Current Month				Prior Year Month				Current Month				Prior Year Month							
Prescription Mix	5/31/2025	5/31/2024	Change	Encounter Mix	5/31/2025	5/31/2024	Change	Jul 24 - May 25	Jul 23 - May 24	Change	5/31/2025	5/31/2024	Change	Jul 24 - May 25	Jul 23 - May 24	Change	5/31/2025	5/31/2024	Change
Medicaid	29.7%	31.0%	-1.3%	Medicaid	38.1%	34.8%	3.4%	32.5%	39.7%	-7.2%	38.1%	34.8%	3.4%	32.5%	39.7%	-7.2%	38.1%	34.8%	3.4%
Medicare				Medicare	18.7%	19.2%	-0.5%	17.6%	20.9%	-3.3%	18.7%	19.2%	-0.5%	17.6%	20.9%	-3.3%	18.7%	19.2%	-0.5%
Self Pay	19.6%	24.0%	-4.4%	Self Pay	11.1%	19.6%	-8.5%	23.4%	19.8%	3.7%	11.1%	19.6%	-8.5%	23.4%	19.8%	3.7%	11.1%	19.6%	-8.5%
Medicare/Medicaid				Medicare/Medicaid	0.0%	1.1%	-1.1%	0.7%	0.8%	-0.1%	0.0%	1.1%	-1.1%	0.7%	0.8%	-0.1%	0.0%	1.1%	-1.1%
Private Pay	50.7%	45.0%	5.7%	Private Pay	32.0%	25.3%	6.8%	25.7%	28.8%	-3.1%	32.0%	25.3%	6.8%	25.7%	28.8%	-3.1%	32.0%	25.3%	6.8%
Total Prescriptions	100.0%	100.0%	0.0%	Total Encounters	100%	100%	0.0%	100%	100.0 %	-10.0%	100%	100%	0.0%	100%	100.0 %	-10.0%	100%	100%	0.0%
Prescription Mix	Jul 24 - May 25	Jul 23 - May 24	Change	Productivity	5/11/2025-5/24/2025	4/27/2025-5/10/2025	4/13/2025-4/26/2025												
Medicaid	29%	32%	-3%	Total Hours	22,684	22,684	22,578	Pay Period 11	Pay Period 10	Pay Period 9		Pay Period 11	Pay Period 10	Pay Period 9		Pay Period 11	Pay Period 10	Pay Period 9	
Self Pay	21%	24%	-3%	Total FTEs	283.55	283.55	282.23												
Private Pay	50%	45%	6%	Productive Hours	20,439	20,439	20,020												
Total Prescriptions	100%	100%	0%	Productive FTEs	255.5	255.5	250.3												
				RATIO Productive to Total Hours	90.1%	90.1%	88.7%												
				Total Encounters	3,066	3,135	2,855												
				Encounter Per Staffed FTE	10.81	11.06	10.12												

FINANCIAL STATISTICS

			5/31/2025	Budget	Year to Date	Year to Date Budget		
		Operating Margin w/internal granting	-18.8%	-6.3%	-8.6%	-6.3%		
2019 Capital Link							Insurance Balance	Patient Balance
Industry Benchmark	Strategic Plan						\$	\$
60	< = 60	Epic Clinical AR Days and Net Balance	55	\$	1,277,304		\$	209,785
		eCW Clinical AR Days and Gross Balance	89	\$	2,389,739		\$	1,450,502
		Pharmacy AR, Net Collectible Value	28		2,120,335		\$	29,645

Total YTD May 2025 by Payor Rev



Partnership Health Center
Draft Statement of Revenues, Expenses, and Other Changes in Assets
Period Ending May 31, 2025

Fiscal Year 2025 Month				Fiscal Year 2025 Year To Date				
Total Accrual 31-May-25	MTD Budget	ACCRUAL Variance	ACCRUAL Variance%		Total ACCRUAL 31-May-25	YTD Budget	ACCRUAL Variance	ACCRUAL Variance%
OPERATING REVENUE								
GROSS CHARGES								
				Clinical				
176,297				Patient	2,363,283			
455,862				Medicaid	4,848,365			
323,295				Medicare	2,429,115			
342,308				Private Insurance	5,454,589			
1,297,763				Total Clinical	15,095,353			
Pharmacy								
137,035				Patient				
592,198				Medicaid				
-				Medicare				
965,276				Private Insurance				
1,694,509				Total Pharmacy	-			
2,992,272				Total Gross Charges	15,095,353			
REVENUE ADJUSTMENTS								
Explicit Price Concessions (Contractual Adj., SFS Discount, DIR Fees)								
				Clinical				
70,876				Patient	747,957			
(191,664)				Medicaid	(3,388,519)			
116,625				Medicare	867,926			
35,004				Private Insurance	2,482,426			
Refunds								
46,049				Pharmacy				
				Patient				
				Medicaid				
77,222				Medicare				
				Private Insurance				
				Refunds				
154,112				Total Explicit Price Concessions	709,789			
Implicit Price Concessions (PHC Cares, courtesy adj, collections)								
-				Clinical				
				Patient	142,868			
				Medicaid				
				Medicare				
				Private Insurance				
22,746				Pharmacy				
				Patient				
				Medicaid				
				Medicare				
				Private Insurance				
22,746				Total Implicit Price Concessions	142,868			
176,859				Total Adjustments	852,657			
NET REVENUE								
105,421	35,578	69,843	196.3%	Clinical				
647,526	948,270	(300,745)	-31.7%	Patient	1,472,458	391,358	1,081,100	276.2%
206,671	162,190	44,480	27.4%	Medicaid	8,236,884	10,430,975	(2,194,091)	-21.0%
307,304	318,351	(11,047)	-3.5%	Medicare	1,561,190	1,784,092	(222,903)	-12.5%
47,147	48,333	(1,187)	-2.5%	Private Insurance	2,972,164	3,501,863	(529,700)	-15.1%
				Value Based Care	533,267	531,667	1,600	0.3%
1,314,068	1,512,723	(198,655)	-13.1%	Total Clinical Revenue	14,775,962	16,639,955	(1,863,993)	-11.2%
Pharmacy								
68,239	75,389	(7,150)	-9.5%	Patient	820,382	829,281	(8,900)	-1.1%
592,198	548,564	43,634	8.0%	Medicaid	6,038,983	6,034,204	4,779	0.1%
-	-	-		Medicare	-	-	-	
888,054	778,649	109,405	14.1%	Private Insurance	9,918,876	8,565,137	1,353,740	15.8%
1,548,492	1,402,602	145,890	10.4%	Total Pharmacy	16,778,241	15,428,622	1,349,619	8.7%
2,862,560	2,915,325	(52,765)	-1.8%	Total Operating Revenue	31,554,203	32,068,577	(514,374)	-1.6%

PARTNERSHIP HEALTH CENTER
DRAFT STATEMENT OF REVENUES, EXPENSES, AND CHANGES IN NET POSITION
For the Month Ended May 2025

	ACTUAL MTD	MTD BUDGET	ACTUAL YTD	YTD BUDGET	2025 Annual BUDGET	Accrual AUDITED 2023	Accrual AUDITED 2022
<u>OPERATING REVENUE</u>							
Charges for Services	2,862,560	2,915,325	31,554,203	32,068,577	34,983,902	33,717,396	31,060,515
Operating Revenue	2,862,560	2,915,325	31,554,203	32,068,577	34,983,902	33,717,396	31,060,515
On-Behalf Revenue-Pensions						571,772	1,154,677
Total Operating Revenue	2,862,560	2,915,325	31,554,203	32,068,577	34,983,902	34,289,168	32,215,192
<u>OPERATING EXPENSES</u>							
Personnel	2,277,907	2,379,362	25,516,748	26,172,979	28,552,341	27,242,968	23,020,764
Other Operating Expenses- Clothing	-	2,125	-	23,375	25,500		
Other Operating Expenses- Supplies	1,358,672	1,284,734	13,824,777	14,132,070	15,416,804		
Other Operating Expenses- Purchased Services	463,639	374,136	4,526,208	4,115,497	4,489,633		
Other Operating Expenses						17,695,462	15,615,712
Depreciation	62,562	62,562	688,181	688,181	750,742	596,004	648,113
Operating Expenses	4,162,780	4,102,918	44,555,914	45,132,102	49,235,020	45,534,434	39,284,589
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	4,162,780	4,102,918	44,555,914	45,132,102	49,235,020	45,534,434	39,284,589
Operating Loss	(1,300,220)	(1,187,593)	(13,001,711)	(13,063,525)	(14,251,118)	(11,245,266)	(7,069,397)
<u>NON-OPERATING REVENUE (EXPENSE)</u>							
Intergovernmental Revenue	503,762	520,616	6,860,509	5,726,781	6,247,397	10,206,566	9,717,122
Private/Local Grants and Donations	89,805	127,730	2,165,927	1,405,025	1,532,754	279,018	471,287
Miscellaneous Revenue	48,550	288,677	386,926	3,175,446	3,464,123	173,199	239,147
Investment Earnings	-	7,500	57,654	82,500	90,000	84,574	8,418
Interest Expense	(7,417)	(7,417)	(81,583)	(81,583)	(89,000)	(45,813)	(51,438)
Loss on Disposal of Assets						(343,452)	
Total Non-Operating Revenue (Expense)	642,117	944,523	9,471,017	10,389,751	11,334,274	10,354,092	10,384,536
Change in Net Position	(658,102)	(243,070)	(3,530,694)	(2,673,774)	(2,916,844)	(891,174)	3,315,139
Net Position, Beginning of Year			26,387,715	26,387,715	26,387,715	27,278,889	23,963,750
Net Position, End of Period			22,857,021	23,713,941	23,470,871	26,387,715	27,278,889

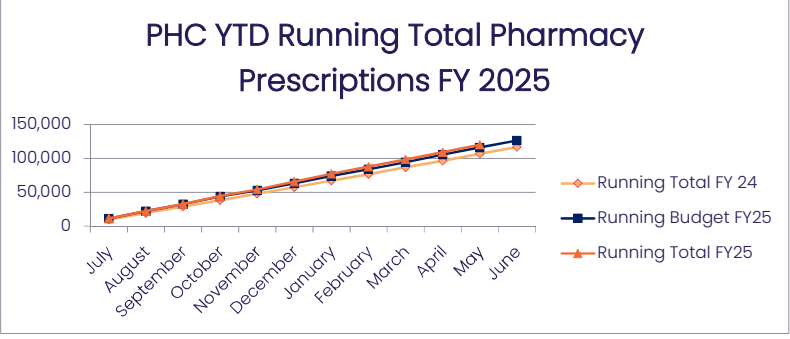
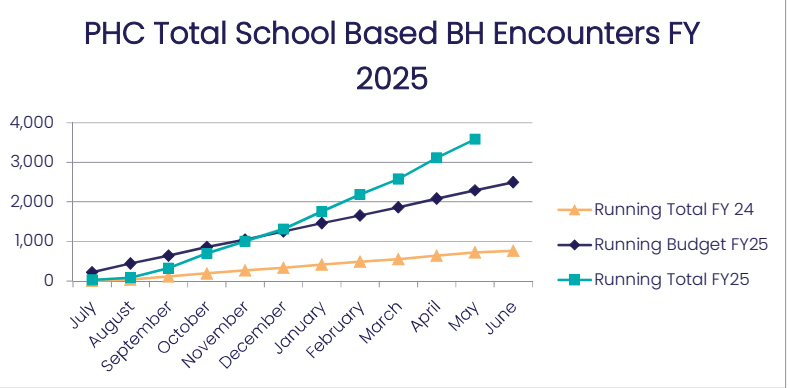
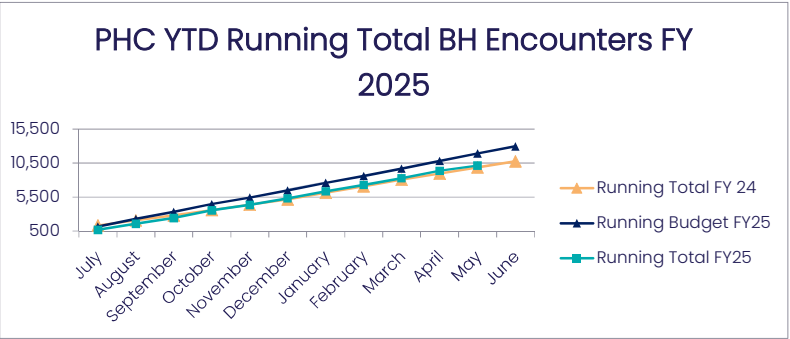
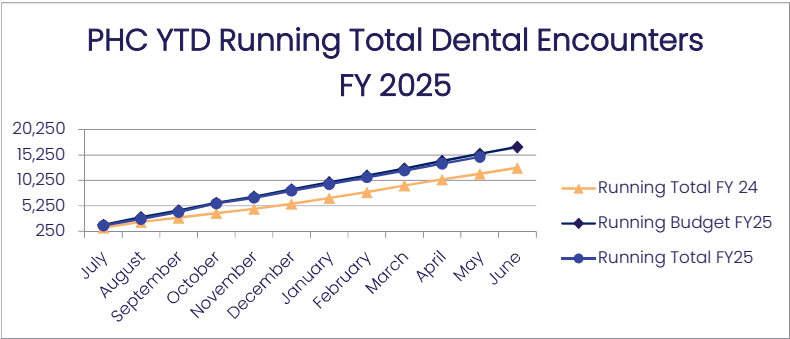
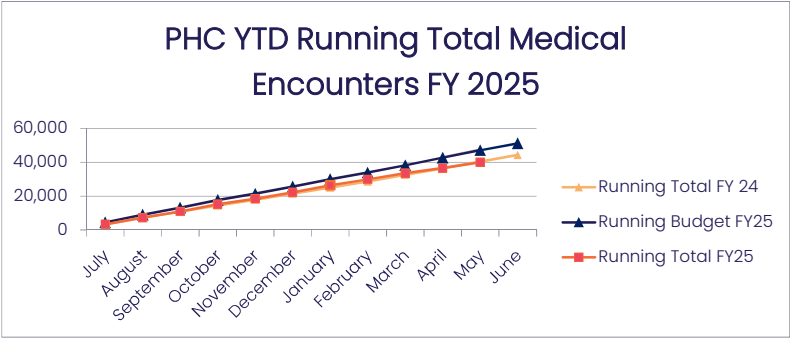
Total Budgeted Non-Operating Revenue: \$11,334,274

Total Unsecured, budgeted Grant Revenue: \$1,729,189, 15.26%

Non-Operating Revenue: Grants applied for, unsecured in the budget		Expected to hear by:	Budgetary impact	
● Award short by \$99,320 CAF \$34,320 funded, \$133,640 budgeted	Undersecured		(99,320)	
● \$374,819 SAMHSA System of Care (primarily subcontracted)	Secured		100,000	\$100,000 PHC benefit, the rest is pass through expense
● \$350,000 Otto Bremer	Not awarded		(350,000)	
● \$36,000 UDS Plus	Oversecured		2,802	
● \$167,050 HRSA BH Expansion	Oversecured		432,950	\$600,000 awarded period: 9/1/24-8/31/2025
● \$546,000 OMH - Trinity	Not awarded		(546,000)	Not awarded
● \$150,000 DPHHS County & Tribal Matching	Undersecured		(52,503)	Awarded \$97,497
Total			(512,071)	

Non-Operating Revenue: Grants applied for, unsecured not in the budget		Expected to hear by:	Budgetary impact	
● \$500,000 HRSA Expanded Hours, Dec '24-Nov'26 Submitted	Secured		500,000	
● \$650,000 annually HRSA New Acces Point, June:'25-May '26		6/1/2024		
● \$375,000 annually SAMHSA Strategic Prevention, 5 yrs	Not awarded		0	
● \$231,494 Crisis Diversion July'24-June'27 Submitted	Undersecured		97,497	Covers 2 FTE existing, remaining is pass through expenses
● \$45,000 Montana Health Care Foundation, PSH 11/22/24-11/21/25	Awarded		45,000	Would support PSH program manger position
● \$300,000 annually Good Medicine Missoula 1/1/25-12/31/28				Would support 3 FTE and supplies at Watershed Navigation
● \$10,000 Headwaters DEI	Awarded		0	New budgetary expense added associated with award
			642,497	

Lean Process Improvements:	Operational Changes:
● Sept. '24, Kaizen event Clinical team model	● Aug. '24 Pharmacy Software upgrade, expected more efficient operations
Implementing changes January 1, 2025	● Sept. '24 Billing: engage PioneerRx for payment reconciliation
● March '25 Went live with embedded PSRs with clinical care team	● Sept. '24-ongoing Billing: Insurance Discovery service, expected revenue recapture
	● Oct. '24 Pharmacy Buying Group & PSAO, expected \$400,000 cost savings over 1 yr
	● Jan. '25 Going live with Labcorp for lab services





Financial Policy Review June 2025

Financial Hardship and Waiver of Fees

- General clarifications in systems, employee titles
- Ability for billing department to waive >5 year old patient balances where patient has made consistent good faith efforts to meet their financial obligations, subject to review of the Chief Financial Officer

Sliding Fee Scale, Nominal Fee, & Fee Waivers, Documentation of Eligibility

- Add ability to provide a full discount for patients experiencing houselessness (formerly known as the HCH and PHC Cares programs)

Paid In Full Discount

- We will no longer require a spreadsheet to be maintained – discounts are directly reportable via the practice management systems.

Fee Development

- Change policy frequency for fee schedule review from annual to at least every three years
- Remove specific references to the tool utilized, leaving it open for other vendor availability
- Add fee analysis consideration of Medicare & Medicaid physician fee schedules and payer contracts



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Healthy People, Strong Communities





PRINCIPLES OF PRACTICE

**Financial Hardship and Waiver of Fees
(Draft)**

Title: FINANCIAL HARDSHIP AND WAIVER OF FEES
Section: Financial Management
Effective date: 06/2018
Last reviewed: 03/2022
Next revision: 03/2024
Status: Draft
Reference: N/A
Lead author: Healthcare Revenue Cycle Administrator

PURPOSE

Partnership Health Center (PHC) wants to ensure that patients experiencing financial hardship or barriers to care can apply for a waiver of the patient's financial responsibility (e.g., full payment if self-insured, or copayment, coinsurance, and/or unmet deductible if insured). Whether such a discount or waiver is granted shall be based on an individual assessment of the patient's financial circumstances.

POLICY/PROCEDURES

1. PHC does not advertise its financial hardship discount program, nor does it routinely offer discounts or waivers to patients.
2. PHC does not have direct control over amounts already sent to collections. Therefore, waiver of these fees is not negotiable by Partnership Health Center.
3. PHC will determine whether the patient is a beneficiary of a private third-party payer plan.

The below information is required to request a Hardship write off status:

- a. A completed Hardship Request form ~~A letter requesting~~ Hardship status and relief from billed balances .
- b. Completion of Sliding Fee Scale (SFS) documentation, as applicable.
- c. Documentation that a patient has other circumstances that indicate financial hardship, which may include, but not be limited to, proof of bankruptcy settlement, catastrophic situations (e.g., death or disability in family), homeless or at risk of homelessness, or another documentation that shows that the patient would be unable to pay medical bills.
- d. The patient request for hardship will be ~~entered into the DaphneAir system as a complaint.~~ Complaints will be addressed by the appropriate billing or management staff. The Chief Financial Officer, Chief Executive Officer ~~Executive Director~~, or designee is responsible for considering the grant or denial of hardship status under these circumstances on a case-by-

case basis. Document must be submitted for the review. The patient will be notified of the decision by letter or call

a. Hardship Requests will consider:

a. Programs available to the patient, examples: SFS, Payment Plans, 10% Discount for Payment in Full, Grant Funds for specific populations, Medication Assistance, etc.

If the Hardship Request is not satisfied, the reviewer will consider:

Housing status Risk of homelessness and refer to Social Work PHC-Cares HCH program when appropriate

Ability to pay essential needs

Presence of barriers to continuity of care, and refer to social work when appropriate

Patient's stated ability to share in the cost of care

Waiver/Reduction of Charges:

PHC reserves the right to waive/reduce charges at the discretion of the Chief Executive Officer~~Executive Director~~, Chief Financial Officer, Chief Medical Officer, Director of Dental, Director of Behavioral Health, or Director of Pharmacy for reasons such as, but not limited to, re-completing a service previously provided, untimeliness, limited scope of service(s), or unreasonable cost to patient given SFS documentation and situational factors; all such waiver requests are at the final discretion of the Chief Executive Officer~~Executive Director~~, Chief Financial Officer, or their designee.

Under the discretion of the Chief Financial Officer, the Billing Department has the approval to waive patient balances where the patient has made consistent good faith efforts to meet their financial obligations and for which balances are greater than five years from the date of service. In such cases, a Financial Hardship form is not necessary, and adjustments will be made on behalf of the patient.

Under the direction of the Chief Financial Officer, or designee, any document(s) will be scanned and filed by the Billing Department upon completion of the approved waiver/reduction in the patients account. A clear adjustment code will be used to identify when a waiver/reduction of charge has occurred in the electronic health record system or pharmacy practice management system.

Financial hardship discounts or waivers for Third Party Payer beneficiaries shall be applied only to the co-insurance or deductible amounts owed by the patient.

Any denial of the financial hardship discount or waiver request is documented and the response letter includes contact information should the patient have questions.~~includes instructions for reconsideration.~~ If additional documentation is received to support the financial hardship, the request is reviewed and considered per the above guidelines. The decision of the Chief Financial Officer or designee is final.

All information relating to financial hardship or waiver/reduction of charge requests are kept confidential, except insofar as required by law.



PRINCIPLES OF PRACTICE

**{{html clean="false" wiki="false"}}Sliding
Fee Scale, Nominal Fee, & Fee Waivers;
Documentation Of Eligibility{{/html}}
(Draft)**

Title: SLIDING FEE SCALE, NOMINAL FEE, & FEE WAIVERS; DOCUMENTATION OF ELIGIBILITY
Section: Financial Management
Effective date: 07/2011
Last reviewed: 04/2023
Next revision: 04/2024
Status: Draft
Reference: N/A
Lead author: CFO

PURPOSE

To establish the philosophy and application of the sliding-fee-scale discount program ensuring that it is applied consistently, appropriately and accurately thereby reducing a patient's financial barrier to care.

POLICY/PROCEDURES

It is the policy of Partnership Health Center (PHC), to have a Sliding Fee Discount Program (SFDP) compliant with the Health Center Program as clarified by the Health Resources and Services Administration (HRSA) Health Center Program Compliance Manual, Chapter 9: Sliding Fee Discount Program. PHC will use this Manual and related guidance as its main resource for developing and maintaining its SFDP until such time that the Bureau of Primary Health Care (BPHC) issues other guidance on the topic.

This sliding fee discount program is designed to assure that PHC's patients have access to all services in PHC's scope of project, regardless of their ability to pay, while allowing PHC to maximize revenue sources. The sliding fee discount program will apply to all services provided within PHC's federally approved scope of project for which there is an established charge, regardless of service type or mode of delivery.

It is the policy of PHC that no patient will be denied health services due to an individual's inability to pay for such services.

Day-to-day direction and management responsibility for implementing the sliding fee discount program rests with PHC staff under the direction of the Chief Executive Officer (CEO). PHC will routinely provide staff training on implementation of this policy, as well as all other policies and operating procedures applicable to the sliding fee discount program.

The Board of Directors will at least annually review this policy, as well as all other policies and operating procedures applicable to the sliding fee discount program, to assess their effectiveness in reducing barriers to care and their appropriateness for PHC and its community. This review includes, as appropriate, taking follow-up action to update such policies and/or operating procedures.

1. Establishing the Schedule of Fees: PHC will maintain a Board-approved schedule of fees for the provision of services. The schedule of fees will be used as the basis for seeking payment from patients as well as third party payors. The Fee Development process is addressed in Principles of Practice: Financial Management – 5 Fee Development.

2. Establishing the Sliding Fee Discount Schedule: PHC will establish and maintain a sliding fee discount schedule that adjusts the amounts owed for services by “eligible patients,” as set forth below in section 5. Key features of the sliding fee discount schedule include the following:

PHC will provide a full discount or charge, at most, a fixed fee nominal charge for individuals and families with annual incomes at or below 100% of the Federal Poverty Guidelines.

The nominal fee will meet the following criteria:

- It will be considered “nominal” from the perspective of the patient;
- It will be a fixed fee and not a percentage of the actual charge/cost;
- It will not reflect the true cost of the service(s) being provided;
- It will be no more than the fee paid by a patient in the first sliding fee discount schedule pay class above 100 percent of the Federal Poverty Guideline; and
- It will not reflect a minimum fee or payment threshold.

PHC will review the nominal fee annually to determine whether it continues to meet the aforementioned criteria. In particular, PHC will determine whether the nominal fee continues to be nominal from the patients’ perspective through a combination of the following:

- Gathering input from annual patient surveys;
- Gathering input from patient board members;
- Reviewing and assessing co-payments under public health insurance programs for low income individuals; and
- Reviewing and assessing collection rates and trends for nominal fee patients.

PHC will discount charges for individuals and families with annual incomes above 100% and at or below 200% of the Federal Poverty Guidelines. There must be at least three discount pay classes and the discounts must be tied to gradations in income level.

Individuals and families with annual incomes above 200% of the Federal Poverty Guidelines will not receive a discount under the sliding fee discount schedule.

For patients who qualify for the sliding fee scale in accordance with this policy, and referencing Chapter 9 of the HRSA Compliance manual, PHC takes into consideration the characteristics of its patient population related to their ability to pay and provides a full discount for individuals and families experiencing houselessness.

The sliding fee discount schedule will be applied uniformly to patients who are eligible, as set forth below in section 5.

The sliding fee discount schedule will be revised annually to reflect updates to the Federal Poverty Guidelines. The sliding fee discount schedule will also be evaluated periodically (at least every three

years) for its effectiveness in addressing financial barriers to care and updated, as necessary. PHC will evaluate at a minimum:

- Utilization data that allows PHC to assess the rate at which patients within each of its discount pay classes, as well as those at or below 100% of the FPG are accessing health center services;
- Utilize this and other data (example: patient satisfaction survey, patient advisory committees) to evaluate the effectiveness of the sliding fee discount program in reducing financial barriers to care;
- Identify and implement changes as needed

PHC's Board of Directors must approve all amendments to the sliding fee discount schedule, including the setting of nominal fees.

3. Sliding Fee Scale Structure: The sliding fee scale will contain five categories. Rates within each category are set by the PHC Board of Directors.

- Category A will be utilized for individuals at 100% of the federal poverty level and below; individuals in this category are eligible for a nominal fee for services provided.
- Category B will be utilized for individuals between 101% and 138 % of federal poverty level
- Category C will be utilized for individuals between 139 % and 170 % of federal poverty level
- Category D will be utilized for individuals between 171 % and 200% of federal poverty level
- Category E will be utilized for individuals above 200% of the federal poverty level; they will be charged full fee.

4. Publicizing Discounts: The PHC Patient Service Representative shall inform all patients of the availability of the sliding fee discount schedule during the new patient registration process. In addition, PHC will provide information regarding the sliding fee discount schedule on PHC's website and will post clear notices in waiting rooms and other prominent areas at PHC's sites. Information about the sliding fee discount schedule will be available in appropriate languages and at appropriate literacy levels.

5. Determining Eligibility: Patients will not be required to apply for insurance and be turned down as a prerequisite for eligibility for the sliding fee discount. Eligibility for discounts will be based solely on income and household size under the Department of Health and Human Services' annual Poverty Guidelines. PHC will assess income and household size for all patients for UDS purposes and will use this as one way of referring patients to apply for the SFDP. If the patient refuses to be assessed, they will be charged full fee for services. In these cases, a sliding fee scale may be set for the benefit of the patient if documentation can be obtained for household size and income, which may include current enrollment in income based programs such as Medicaid.

Patients applying for the SFDP will be assessed for eligibility based on documentation provided for income and household size, which may include verbal, written, electronic, or other forms of communication. PHC may back date eligibility for the sliding fee discount program if the required documentation is obtained as proof of household size and income for the period of time the Sliding Fee Discount covers. A sliding fee scale may be set in 12-month increments, with documentation required for each 12-month span of enrollment.

Family Size/Household: is defined to mimic the state and federal definition of household for healthcare programs, household refers to all persons related by birth, marriage, or adoption who reside together, dependents, and others in the same taxed household. Unrelated individuals who are not dependents living at the same address are considered separate households.

Definitions:

Applicant: Refers to the individual whose name appears on the Sliding Fee Scale Application.

Household: The following compose the household:

1. The applicant and their spouse (same sex or opposite sex).
2. The applicant's unmarried partner if they are the parent of the applicant's child.
3. A child under 21 years of age who lives with and is taken care of by the applicant.
4. Anyone claimed as a dependent on the applicant's federal tax return.
5. Anyone who claims the applicant on a federal tax return and their tax dependents.

Income:

Modified adjusted gross income (MAGI) as defined by the IRS and used by the state and federal agencies for healthcare programs is used to determine income eligibility for the SFDP and includes:

- Earnings that are reported on a federal tax return to compute adjusted gross income (AGI)
 - # Excludes foreign income
- Nontaxable Social Security benefits (including tier 1 railroad retirement benefits)
 - # Excluding Supplemental Security Income (SSI)
- Tax-exempt interest

Proof of Income Documentation of income must reflect current income. Documentation includes, but is not limited to:

- Most recent income tax return or proof of earned or taxable income
- One-month consecutive paystubs
- Most recent unemployment payment information
- Proof of other household income (Social Security, pension, etc.)
- Bank statement showing direct deposits
- Medicaid coverage (as verified by PHC Staff)
- Women, Infants and Children (WIC) enrollment (as verified by current benefits in the WIC Shopper App)
- If the patient reports no income or no ability to provide proof of income, they may, in lieu of proof of income, submit a self-declaration of income and benefits

Upon completion of the SFDP application, acquiring household and income documentation, the staff member will process the application for the sliding fee discount program. The discount will be listed in the practice management system, and the discount level will be effective for one year.

6. Eligibility Documentation: The Patient Service Representative or Eligibility Technician will assist patients in completing a SFDP application and may assist with collecting any relevant income verification documentation from patients. The Eligibility Technician will assist the patient in completing the requirements for the SFDP application, and ensure all required documents are acquired.

Whenever possible, completion of the SFDP application and collection of income verification documentation will occur prior to PHC's rendering health care services to the patient, or as soon thereafter as is reasonable, but always prior to the application of the discount. Nonetheless, under no circumstances will health care services be withheld or denied on account of delay of the eligibility documentation process.

New SFDP applications and collection of income verification documentation will be required of patients on an annual basis or more frequently (e.g., upon a significant change in the patient's income status). For each new slide and significant change thereto, the slide will be established for a one-year increment.

Required documentation includes either set of:

- SFDP Application listing household size
Proof of income documentation
- Proof of income documentation and household size, which may be represented by the Self Declaration of Income and Benefits

The Eligibility Technician, or appropriate staff member, may assist the patient with application to the SFDP via verbal verification.

Copies of all applications and income verification documentation are scanned into our electronic medical records.

Self Declaration of Income and Benefits: If an individual does not have proof of income or reports no income, they are eligible to sign a self declaration document indicating their financial status. This document will serve as income verification for one year. This form may also be used to connect the patient to appropriate service within and outside of the organization.

Billing: Application of Discounts: Patients who have been found based on their SFDP Application and relevant income verification documentation to be eligible for a discount will be charged in accordance with the sliding fee scale or nominal charge as applicable.

The maximum charge for an insured patient who is eligible for the sliding fee discount schedule will be the maximum amount an eligible patient in that pay class is required to pay for that certain service, subject to PHC's legal and contractual limitations.

MAP Eligibility: Patients may also be eligible for reduced price prescription medication under the Medication Assistance Program. This is a separate program from the Sliding Fee Scale Discount Program, and additional eligibility requirements may be required for these programs (such as residency) and will be assessed on program by program basis by the Medication Assistance Program Coordinator who will collect any additional verification documentation needed for eligible patients. Individual prescription manufacturers set their requirements for particular medications, and the Medication Assistance Program Coordinator(s) at PHC serve as the connection point to ensure patients have access to affordable medications.

Collections: PHC shall make a reasonable effort to collect all charges for health care services rendered, regardless of whether discounted charges or standard charges are applied. Refer to the Principles of Practice Financial Management policy #8 Billing and Collection.



PRINCIPLES OF PRACTICE

**31A Paid In Full Discounts
(Draft)**

Title: 31A PAID IN FULL DISCOUNTS
Section: Financial Management
Effective date: 07/2020
Last reviewed: 08/2023
Next revision: 08/2025
Status: Draft
Reference: N/A
Lead author: CFO

PURPOSE

Partnership Health Center (PHC) wants to ensure that patients are given appropriate concessions to meet their financial obligations while protecting the integrity of PHC's revenue cycle.

POLICY/PROCEDURES

1. PHC does not advertise its standing paid-in-full policy; however, the discount will be routinely offered to patients who inquire or communicate financial hardship.
2. PHC may offer a time-limited, paid-in-full discount. This shall be available to all patients. For example, PHC may offer time-limited paid-in-full discounts to all patients during a specific time period (i.e. January 1-April 15) when it is in the best interest of the PHC revenue cycle.
3. PHC will determine whether the patient is a beneficiary of a private third-party payer plan and whether all balances have been appropriately processed through all payers.
4. Paid-in-full discounts for Third Party Payer beneficiaries shall be applied only to the co-insurance or deductible amounts owed by the patient.
5. PHC does not have direct control over amounts already sent to collections. Therefore, a paid-in-full discount of these fees is not negotiable by Partnership Health Center (PHC).
6. Staff members in the PHC Billing Department are authorized to grant a 10% discount to patients inquiring and providing sufficient payment to cover their total patient portion of the account balance. Billing Department staff will take payment for 90% of the balance due and enter the appropriate adjustment code for the remaining 10% to reflect the discount.

Procedure:

1. The patient's request for a paid-in-full discount will be documented in the practice management system.
2. The discount and payment will be listed on each individual claim affected.
3. The discount amount and documentation will be reportable directly from the practice management system . entered into an adjustment sheet maintained by the Billing Manager.



PRINCIPLES OF PRACTICE

5. Fee Development (Draft)

Title: 5. FEE DEVELOPMENT
Section: Financial Management
Effective date: 07/2001
Last reviewed: 08/2023
Next revision: 08/2025
Status: Draft
Reference: N/A
Lead author: CFO

PURPOSE

Fees for all services provided at Partnership Health Center (PHC) will be reviewed and approved by the Board of Directors annually. Fee schedules are available from the PHC Chief Finance Officer.

POLICY/PROCEDURES

1. The schedule of fees will be
 - a. designed to cover reasonable costs of providing services included in the approved scope of project, and,
 - b. consistent with locally prevailing rates or charges.
2. PHC determines the schedule of health center services that will have distinct fees. For example, the fee for a behavioral health visit may differ from the fee for a dental visit. PHC determines the actual costs for providing the services for which there will be a distinct fee.
3. For services not directly provided by PHC (example: laboratory services), PHC will inform patients that they may be billed for these services by another entity in accordance with the other entity's policies and procedures. PHC will develop partnerships with these entities to facilitate appropriate discounts for patients based on their family size and income.
4. The Chief Finance Officer, or designee, ~~on an annual basis,~~ will prepare a list of proposed fees for all services provided at PHC at least every three years. The proposed fees will be developed in consideration of:
 - a. The costs associated with the delivery of services.
 - b. Benchmark gross fees for Current Procedural Terminology (CPT) codes ~~in the 50th percentile in the 59801/59802 service area which is obtained by PHC from a publication called OPTUM Customized Fee Analyzer.~~
 - c. ~~For fees not listed in the optimizer publication, the Physicians Fee and Coding Guide published by InGuage, or a similar publication is used to determine gross fees.~~ The

- Medicare Physician Fee Schedule, Montana Medicaid Fee Schedule, and payer contracts may also be utilized in fee analysis.
- d. The fee shall be determined at the discretion of the Chief Finance Officer to reflect pricing relative to PHC's service area.
 - e. PHC will adjust the schedule of fees, as appropriate, based on regular costs analyses and changes in the local market. All adjustments to the schedule of fees must be approved by PHC's Board of Directors
- 5. The Chief Finance Officer will present the proposed fees to the Board of Directors Finance Committee for review; the Finance Committee will present the proposed fees to the Board of Directors.
 - 6. Should a service be provided for which a fee has not been developed, PHC's Chief Finance Officer or designee may create an interim fee to be used until the next fee schedule is presented to the Board of Directors.
 - 7. With the belief that clients should contribute to the cost of their care, a nominal fee will be part of the fee schedule. Those clients whose income is below the poverty level will be asked to pay a ~~minimum~~ nominal fee determined by the Board of Directors for each visit. Payment will be requested at the time of service.
 - 8. All work papers used in developing and reevaluating the fee system will be dated and retained for three years.

**PARTNERSHIP HEALTH CENTER INC.
BOARD OF DIRECTORS RESOLUTION
Resolution No. [2025-06-27]**

A RESOLUTION delegating hiring authority and affirming the Chief Executive Officer.

WHEREAS, the Board of Directors of Partnership Health Center (PHC), a nonprofit organization recognized under Section 501(c)(3) of the Internal Revenue Code, is overseeing the separation of PHC from Missoula County governance; and

WHEREAS, effective executive leadership and timely hiring are essential to a successful transition to independent nonprofit operations;

NOW, THEREFORE, BE IT RESOLVED, that the Board of Directors of Partnership Health Center authorizes Lara Salazar to serve as Chief Executive Officer and sole employee reporting directly to the Board, and delegates to her the authority to hire staff necessary for the operation of the 501(c)(3) nonprofit entity as it separates from Missoula County.

Adopted this ____ day of _____, 2025, by the Board of Directors of Partnership Health Center.

Signature: _____

Name: Kathleen Walters

Title: Board Chair

Date: 6-27-2025

Signature: _____

Name: Joe Melvin

Title: Secretary

Date: 6-27-2028



CEO and Leadership Report
May 2025 Board Meeting

Mission: To promote health and Wellbeing for all through comprehensive patient-focused, accessible, and equitable care.

Vision: Healthy People, Strong Communities

Values:

Respect

Community

Equity

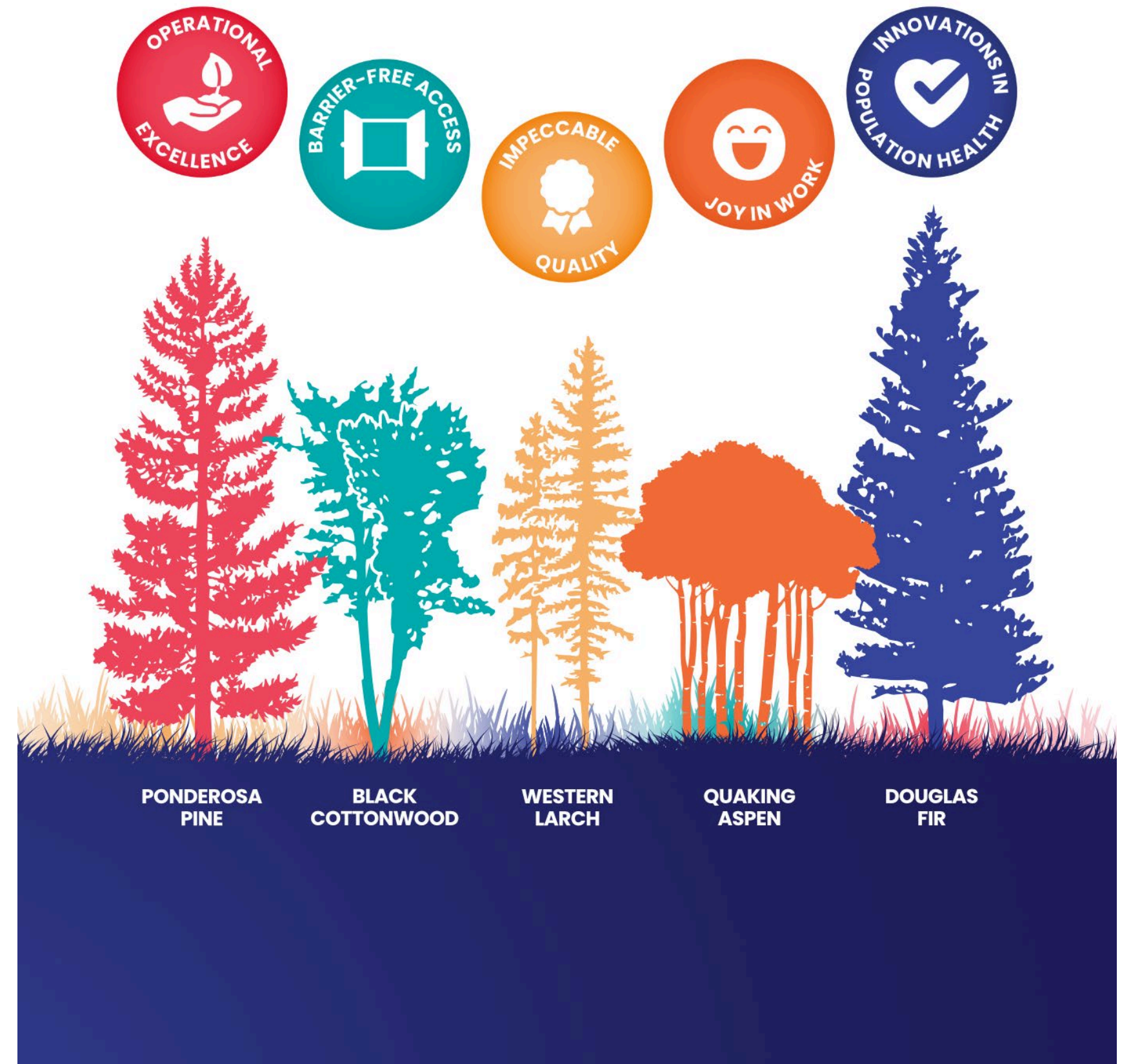
Service Excellence

Compassion



Coming soon!

A Strategy Rooted in Care





Service Innovation and Responsiveness

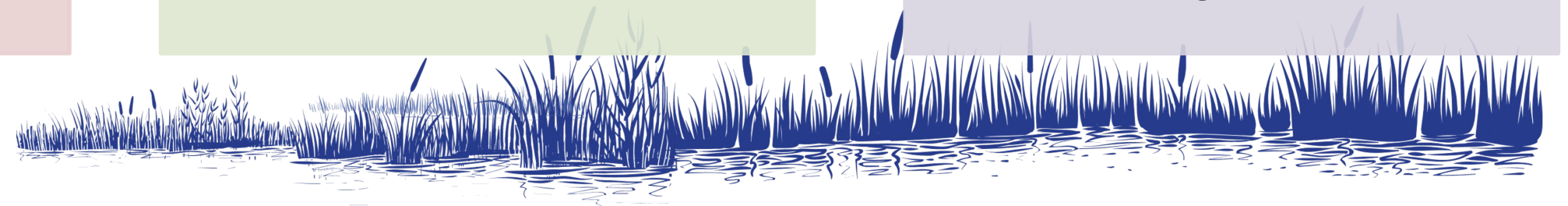
- **1.1 Alignment:** Ensure all services, sites, and expansions undergo a business case/pro-forma analysis for sustainability.
- **2.1 Quality:** In any service expansion, we maintain or exceed our quality
- **3.1a Youth Care:** Support all Title 1 schools in accessing necessary services.
- **3.1b Same-day:** One or more sites offers same-day care to address more urgent needs.
- **4.1 Access:** Extended hours and Saturday clinic where there is most need
- **5.1 Need:** Continue to increase access to more patients

Internal Optimization

- **1.2 Accountability:** Leverage a distributive leadership model to empower departmental decision making
- **2.2 Collaboration:** Improve health outcomes by through an improvement process that enhances collaboration between departments, teams
- **3.2 Value and Impact:** Stakeholders understand the impact of our work, based on goals and results
- **4.2 Ease of Access:** Patients experience streamlined and convenient access due to our focus on improved processes
- **5.2 Supportive Environment:** All departments use daily management systems to reduce waste and improve effectiveness

Financial Sustainability

- **1.3 Employer of Choice:** We recruit and retain staff who are the best fit for the PHC team, offering meaningful work that improves lives, and competitive wages and benefits
- **1.3b Smart Tech:** Balance new technology with staff skills to make jobs smarter not harder
- **2.3 Reduce Waste:** We evaluate and reduce waste in systems and processes.
- **3.3 Payment Models:** Research and explore innovative payment models.
- **4.3 Staffing:** Service expansions are appropriately staffed to provide accessible, high-quality care
- **5.3 Key Tech Systems:** Implement EHR and financial software systems to modernize all functioning



PHC Independence

- Summer
 - Finalize Separation Agreement
 - Finalize employee benefits package
 - Select and contract for Financial and HR software systems
 - Plan IT (e.g. phones, email) and Facility (e.g. service vendor) changes
 - Notifications to all contracted partners, funders
 - High priority policy and procedure creation
- Fall
 - Complete HRSA Successor-in-Interest documentation
 - Implement Financial and HR software systems
 - Stand up expanded HR and Finance departments
 - Implement IT changes
 - Procure organizational insurances
 - Revise all contracts to be with PHC Inc, including possibly Union contract
 - Convert all remaining Policy and Procedures to PHC Inc



Key Performance Indicators and Measures

Pillar KPI	Measure	SP Focus Area	Target
<p><u>What we have said is important.</u> How do we know how we are doing?</p>	<p>What are we measuring to know if we are <u>achieving what is important</u>?</p>	<p>We said these are priorities for achieving what is important. How does this measure <u>align with our current strategic focus</u>?</p>	<p>How will we know <u>when we get there</u>?</p>
<p>Access at PHC is Barrier-Free</p> <p>How do we know? See measure and target</p>	<p>Encounters per Provider Same-Day Work Queue My Chart Activation Rate Unused Appointments Third Next Available</p>	<p>Financial Sustainability</p>	<ul style="list-style-type: none"> • 16 encounters/provider team/day • Same Days are used • X% My Chart Activation per X • X% Maximum unused appointments • X # of days to see PCP
<p>Quality is Impeccable at PHC</p> <p>How do we know? See measure and target</p>	<p>UDS Quality Metrics No-Show Rate</p>	<p>Internal Optimization</p>	<ul style="list-style-type: none"> • At or above HP 2030 • X% No-Show Rate
<p>Operations are Excellent at PHC</p> <p>How do we know? See measure and target</p>	<p>PB Errors by Owning Area Clean Claim Rate Denials Days to Bill Days in AR</p>	<p>Internal Optimization, Financial Sustainability</p>	<ul style="list-style-type: none"> • X# if errors • % of clean claims • # or % of denials per total claims • # of days • # of days



Chief Financial Officer Report

May 2025



May

Medical Encounters

YTD total is 39,976 and the Budget is 47,053 for a % variance of -15.

Behavioral Health Encounters

YTD Total is 10,133 and the Budget is 12,097 for a % variance of -16.2.

School Based Encounters

YTD Total is 3,580 and the Budget is 3,442 for a % variance of 4.

Dental Encounters

YTD Total is 14,873 and the Budget is 15,489 for a % variance of -4.

Pharmacy Prescriptions

YTD Total is 120,166 and the Budget is 116,132 for a % variance of 3.5.

Month end cash balance was unavailable from Missoula County at the time of publishing these financial reports.

Days in Epic Clinical Accounts Receivable are 55, and the current receivable balance is \$1,277,304. Epic Clinical AR is presented net of an allowance for uncollectible amounts. Days in eCW Clinical Accounts Receivable are 89, and the current receivable balance is \$2,389,739. eCW Clinical AR is presented gross and does not include an adjustment for assessment of collectability.

Days in Pharmacy Accounts Receivable are 28, and the current receivable balance is 2,120,335.

Pharmacy AR is presented net of an allowance for uncollectible patient accounts.

YTD Fee Revenue is \$31.55m with a Budget of \$32.07m for a % variance of -1.6%.

YTD Total Revenue is \$41.02m with a Budget of \$42.46m for a % variance of -3.4%.

YTD expenses are \$44.56m with a Budget of \$45.13m for a % variance of -1.3%.

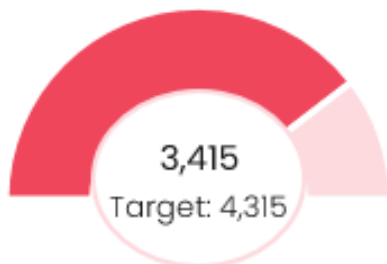
YTD Net Income is \$-3,530,694 with a Budget of \$-2,673,774 for a % variance of 32.05%.



Patient Service

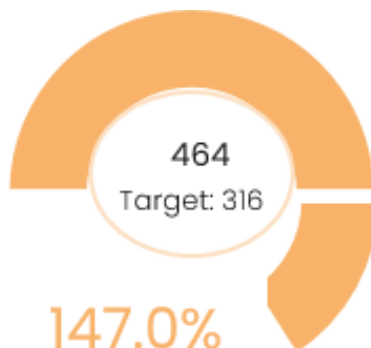
Volumes, Reporting Month

Medical



79.1%

School Based Behavioral Health



147.0%

Dental



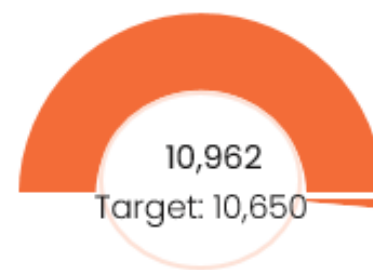
94.3%

Behavioral Health



68.4%

Pharmacy



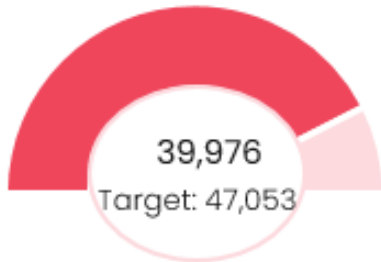
102.9%



Patient Service

Volumes, Year to Date

Medical



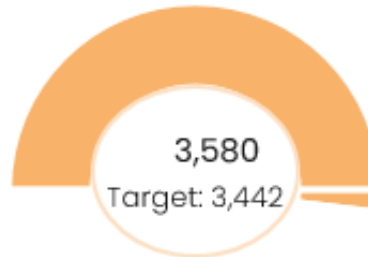
85.0%

Dental



96.0%

School Based Behavioral Health



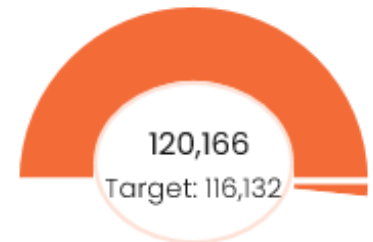
104.0%

Behavioral Health



83.8%

Pharmacy



103.5%

PARTNERSHIP HEALTH CENTER
DRAFT STATEMENT OF REVENUES, EXPENSES, AND CHANGES IN NET POSITION
For the Month Ended May 2025

	ACTUAL MTD	MTD BUDGET	ACTUAL YTD	YTD BUDGET	2025 Annual BUDGET	Accrual AUDITED 2023	Accrual AUDITED 2022
<u>OPERATING REVENUE</u>							
Charges for Services	2,862,560	2,915,325	31,554,203	32,068,577	34,983,902	33,717,396	31,060,515
Operating Revenue	2,862,560	2,915,325	31,554,203	32,068,577	34,983,902	33,717,396	31,060,515
On-Behalf Revenue-Pensions						571,772	1,154,677
Total Operating Revenue	2,862,560	2,915,325	31,554,203	32,068,577	34,983,902	34,289,168	32,215,192
<u>OPERATING EXPENSES</u>							
Personnel	2,277,907	2,379,362	25,516,748	26,172,979	28,552,341	27,242,968	23,020,764
Other Operating Expenses- Clothing	-	2,125	-	23,375	25,500		
Other Operating Expenses- Supplies	1,358,672	1,284,734	13,824,777	14,132,070	15,416,804		
Other Operating Expenses- Purchased Services	463,639	374,136	4,526,208	4,115,497	4,489,633		
Other Operating Expenses						17,695,462	15,615,712
Depreciation	62,562	62,562	688,181	688,181	750,742	596,004	648,113
Operating Expenses	4,162,780	4,102,918	44,555,914	45,132,102	49,235,020	45,534,434	39,284,589
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	4,162,780	4,102,918	44,555,914	45,132,102	49,235,020	45,534,434	39,284,589
Operating Loss	(1,300,220)	(1,187,593)	(13,001,711)	(13,063,525)	(14,251,118)	(11,245,266)	(7,069,397)

	ACTUAL MTD	MTD BUDGET	ACTUAL YTD	YTD BUDGET	2025 Annual BUDGET	Accrual AUDITED 2023
<u>NON-OPERATING REVENUE (EXPENSE)</u>						
Intergovernmental Revenue	503,762	520,616	6,860,509	5,726,781	6,247,397	10,206,566
Private/Local Grants and Donations	89,805	127,730	2,165,927	1,405,025	1,532,754	279,018
Miscellaneous Revenue	48,550	288,677	386,926	3,175,446	3,464,123	173,199
Investment Earnings	-	7,500	57,654	82,500	90,000	84,574
Interest Expense	(7,417)	(7,417)	(81,583)	(81,583)	(89,000)	(45,813)
Loss on Disposal of Assets						(343,452)
Total Non-Operating Revenue (Expense)	642,117	944,523	9,471,017	10,389,751	11,334,274	10,354,092
Change in Net Position	(658,102)	(243,070)	(3,530,694)	(2,673,774)	(2,916,844)	(891,174)
Net Position, Beginning of Year			26,387,715	26,387,715	26,387,715	27,278,889
Net Position, End of Period			22,857,021	23,713,941	23,470,871	26,387,715

A stylized graphic of a flower with five petals, rendered in a lighter shade of blue than the background. The petals are arranged in a circular pattern, with one petal at the top, one at the bottom, and three in between. The text is centered over the flower.

Performance Indicators

Financial Sustainability and Growth

Drill Down Measure Operating Margin

net income / total revenue

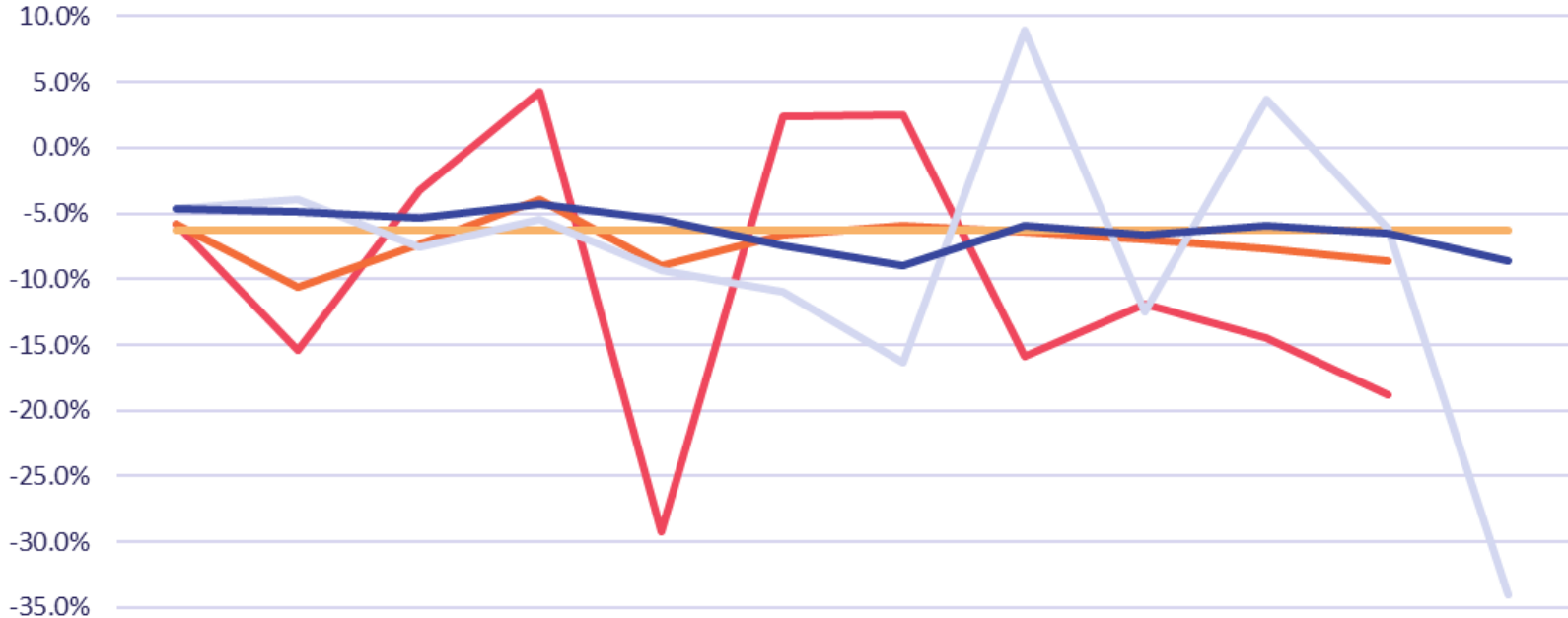
	Actual FY24	Actual FY25	Budget FY25
July:	-4.7%	-5.8%	-6.3%
August:	-4.0%	-15.4%	-6.3%
September:	-7.6%	-3.2%	-6.3%
October:	-5.5%	4.3%	-6.3%
November:	-9.3%	-29.2%	-6.3%
December:	-11.0%	2.4%	-6.3%
January:	-16.4%	2.5%	-6.3%
February:	8.9%	-15.9%	-6.3%
March:	-12.5%	-11.9%	-6.3%
April:	3.7%	-14.5%	-6.3%
May:	-6.2%	-18.8%	-6.3%
June:	-34.0%		-6.3%
Year To Date:	-8.6%	-8.6%	-6.3%

Excluding information added during the financial audit:

- On-Behalf Revenue-Pensions
- Uncompensated Absences
- Pension Expense
- OPEB Expense

Graphical Operating Margin

Operating Margin



	July	Aug.	Sept.	Oct.	Nov.	Dec.	Jan.	Feb.	March	April	May	June
Month FY 25	-5.8%	-15.4%	-3.2%	4.3%	-29.2%	2.4%	2.5%	-15.9%	-11.9%	-14.5%	-18.8%	
Fiscal Year To Date 2025	-5.8%	-10.6%	-7.3%	-3.9%	-9.0%	-6.6%	-5.9%	-6.4%	-7.0%	-7.7%	-8.6%	
Fiscal Year 2025 Budget	-6.3%	-6.3%	-6.3%	-6.3%	-6.3%	-6.3%	-6.3%	-6.3%	-6.3%	-6.3%	-6.3%	-6.3%
Month FY24	-4.7%	-4.0%	-7.6%	-5.5%	-9.3%	-11.0%	-16.4%	8.9%	-12.5%	3.7%	-6.2%	-34.0%
Fiscal Year To Date 2024	-4.7%	-4.9%	-5.4%	-4.3%	-5.5%	-7.4%	-9.0%	-5.9%	-6.6%	-5.9%	-6.5%	-8.6%

Bryan Chalmers

Chief Financial Officer
Partnership Health Center

Direct: (406) 258-4445 | Main: (406) 258-4789



CMO | COO Report



FLORIDA!



HCN Leadership Conference
Marco Island, FL



CINNO Report



City Of Missoula Home ARP

PHC received a three year award (\$300,000 annually) from the City of Missoula to support operations at the Watershed Navigation Center.

- Funds 3.0 FTE Tenancy Support Specialists and part .5 FTE of a Watershed Nav Center Manager.
- The goal is to being operating Watershed full time over the next year.
- You must provide services to qualifying populations of people who are homeless or are at risk of homelessness.





PHC Board Meeting – June 2025

Recent Fully Executed Contracts

Contractor	Contract Type	Purpose	Term	Date Approved
DPHHS 24-101-74105-0	Contract	MST	7/1/25-6/30/26	5/2025
Idaho College of Osteopathic Med	AA	Medical students	5/26/25-5/26/27	5/2025
DPHHS	Agreement	National Defense Authorization Cert	6/10/25-6/10/26	6/2025
WMT-AHEC	MOU	Friday Morning Med Conference Program	7/1/25-6/30/26	6/2025
Propio	Contract	Interpretation services	6/10/25-6/10/26	6/2025
eCW	Addendum	Provider removal	6/2/25-7/1/25	6/2025
Jen Molloy	ICA	Conversation facilitation	6/2/25-6/9/25	6/2025
Flathead City/County HD	PSA	Ryan White	5/1/25-7/31/25	6/2025
PureView Health Center	PSA	Ryan White	5/1/25-7/31/25	6/2025
Missoula County Health Dept	MOU	Vaccines for Children (VFC)	6/2/25-6/2/26	6/2025
DPHHS	Contract	Integration with BSCC	4/16/25-3/26/26	5/2025

ACRONYM	DEFINITION
AA	Affiliation Agreement
BAA	Business Associates Agreement
EA	Employment Agreement
EFT	Electronic Funds Transfer
FUA	Facility Use Agreement
ICA	Independent Contractor Agreement
MOU	Memorandum of Understanding
PSA	Professional Service Agreement
MSA	Master Services Agreement
SOW	Statement of Work



PARTNERSHIP HEALTH CENTER (PHC) BOARD OF DIRECTORS MINUTES May 30, 2025

P/M PRESENT:

Kathleen Walters (P/M) *Chair*
John Crawford (P/M) *Vice-Chair*
Joe Melvin (P/M) *Secretary*
Nathalie Wolfram (P/M)
Annie Green (P/M)
Jay Raines (P/M)

ABSENT:

Patty Kero – **Excused**
Jilayne Dunn (NP/M) *Treasurer* – **Excused**
Jeanna Miller (Ex-Officio) – **Unexcused**
Suzette Baker (P/M) - **Excused**

RECORDING SECRETARY:

Brianne Walker, Executive Assistant Supervisor

NP/M PRESENT:

Esther Tuttle (NP/M)
Mark Thane (NP/M)
Krissy Petersen (NP/M)

STAFF:

Lara Salazar, Chief Executive Officer (CEO)
Bryan Chalmers, Chief Financial Officer (CFO)
Dr. James Quirk, Chief Medical Officer (CMO)
Jody Faircloth, Chief Infrastructure Officer (CIO)
Rebecca Goe, Chief of Innovations (CINNO)
Marge Baack, Chief Operating Officer (COO)
Jen Gregory, Director of Employee Relations
Dr. Robert Stenger, FMRWM
Eric Halverson, Director of Communications
Mara Caball, Director of Quality Engagement
Leslie Kemmis, Clinic Director
Meha Nalhotra, MD Resident Physician
Alexis Ziebelman, MD Resident Physician
Stacy Newell, Credentialing Administrator

(Purple = virtual)

	<p><i>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.</i></p> <p>There will be a new land acknowledgment that will go into effect in 2025.</p>	
PUBLIC COMMENTS	No public comments were brought forth.	
BOARD MEMBER COMMENTS:	<p>Kathleen Walters inquired how the decision of colors for Medical Teams was decided. Marge Baack took responsibility for that with Lara Salazar advising that a team discussed and came up with the model. Kathleen Walters stated it is confusing and will have further discussions with Marge Baack after.</p> <p>Nathalie Wolfram gave feedback that calling the main number for PHC has been much more efficient recently and is appreciative of the new model. Marge Baack reported that the teams now have embedded PSR's to help answer questions and return calls to patients.</p> <p>Leslie Kemmis introduced as the new PHC Clinic Director with Cris Fleming vacating the position.</p> <p>Request for updated Board Education history and schedule.</p>	
<i>Conflict of Interest</i>	Board Member Conflict of Interest Disclosures: listings included in packet and based upon annual submissions.	
COMMITTEE UPDATES: <i>Executive/Finance</i>	Executive/Finance Committee (EFC): The group met for an in-depth review of the financial report. All Board members are invited to listen in each month.	
TOPICS REQUIRING MOTIONS / DISCUSSION: <i>Site Additions</i>	<p>Rebecca Goe reported on and requested the following site additions to expand school based services:</p> <ul style="list-style-type: none"> • Big Sky High School 	* It was moved, seconded (John Crawford, Jay Raines) and carried to

<p>GRANTS</p>	<ul style="list-style-type: none"> • Hellgate Elementary – grades K-8; will have one clinician serving grades K-3. <p>All Board members received Grant information in the Board packet for review. Rebecca Goe provided an overview and asked for approval of each item.</p> <ul style="list-style-type: none"> • <u>Community Assistance Fund</u>: primarily for oral health and dental services. Will aid in adding additional staffing and an Xray machine. • <u>Headwaters Grant</u>: primarily funds existing staff; \$125,000 • <u>Otto Bremer Grant</u>: new funder for PHC, primarily for dental equipment and supplies that need replacement. • <u>Opioid Abatement Funds</u>: primarily would support the Community Care Team which includes a PA, MA and a nurse who provide care to the unhoused. 	<p>approve the site additions as presented. The vote was unanimous.</p> <p>* It was moved, seconded (John Crawford, Joe Melvin) and carried to approve submission of the CAF Grant as presented. The vote was unanimous.</p> <p>* It was moved, seconded (Jay Raines, Nathalie Wolfram) and carried to approve submission of the Headwaters Grant as presented. The vote was unanimous.</p>
<p>CEO REPORT</p>	<p>CEO Update: All Board members received a copy of the CEO Report in the packet for review. Lara Salazar reported the following:</p>	<p>* It was moved, seconded (John Crawford, Mark Thane) and carried to approve submission of the Otto Bremer Grant as presented. The vote was unanimous.</p>
<p>CFO REPORT</p>	<ul style="list-style-type: none"> • Review of Mission, Vision and Values • Displayed revised strategic objectives imaging • Federal funding update: <ul style="list-style-type: none"> ○ Narrow passage in House, could face changes in Senate ○ Funding cuts proposes approximately \$880 billion in cuts to Medicaid over the next decade ○ Work requirement to maintain eligibility for Medicaid ○ Could lead to approximately 14 million Americans losing Medicaid coverage ○ Increases state financial burden ○ \$500 billion in Medicare reductions over the next decade ○ Senator Daines did sign a letter in support of Health Center funding continuing. 	<p>* It was moved, seconded (John Crawford, Jay Raines) and carried to approve submission of the Opioid Abatement Funds as presented. The vote was unanimous.</p>

	<p><i>Mark Thane stated the Senate does need to the work; the State will not need to take action at this time.</i></p> <p><i>Jay Raines stated the bill also cuts all gender affirming care from Medicaid for children and adults. Kathleen Walters requested the representatives' numbers are sent to Board members to give feedback.</i></p> <ul style="list-style-type: none"> • PHC Independence Update <ul style="list-style-type: none"> ○ Shared with all staff on May 7th. ○ Timeline displayed and reviewed ○ Continuing to work with PERS and HRSA. ○ Still working through the terms of the separation with the County. Weekly meetings – internally and with the County – happening. ○ Collecting staff feedback on benefits. <p><i>Annie Green asked what the timeline is for hearing from PERS on their decision. Unclear, but hoping for end of June.</i></p> <p><i>Annie Green also inquired how staff took the news. As expected with multiple questions around benefits and PERS. Announcement was shared earlier with staff, prior to having all the information about benefits, to allow staff to hear directly from PHC first before hearing elsewhere.</i></p> <p><i>Krissy Petersen joined the meeting in person at 12:30 PM.</i></p> <ul style="list-style-type: none"> • Review of metrics being monitored in Epic. Leadership establishing new measures and targets to report on by June Board Meetings. Needing 60 days for the data to be most meaningful. <p>All Board members received the Chief Financial Officer's Report in the Board packet for review. Bryan Chalmers reported the following:</p> <ul style="list-style-type: none"> • Accounts Receivable: increasing based on hacking of a clearinghouse and the change to Epic. Hopefully not lost revenue, just delayed. • Net income: \$2.89 million loss with budget of \$2.4 million. • Volumes: budgeted on availability of provider without consideration of demand or staffing; this is being considered in the FY2026 budget. • Cash: \$25 million; subject to the County posting payroll or not. 	
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<p>NEXT MEETING</p> <p>ADJOURNMENT</p> <p> </p> <p>*Indicates motions made and accepted.</p>	<p>Consent Agenda: The Board members have agreed to use a consent agenda. Time is saved by voting on these items as a unit. Approval is requested for the following:</p> <ul style="list-style-type: none"> • <i>Acknowledgement of Fully Executed Contracts.</i> • <i>Acknowledgement of April Medical Staff Summaries.</i> • <i>Approval of Board of Directors Meeting Minutes of 04/25/25 as presented.</i> • <i>Acknowledgement of Executive/Finance Committee Meeting Minutes of 04/16/25 as presented.</i> <p>The next monthly Board meeting will be held on Friday, June 27, 2025.</p> <p>The meeting adjourned at 2:02 PM.</p> <p>Respectfully submitted,</p> <p>_____ Joe Melvin, PHC Board Secretary</p> <p>_____ Brianne Walker, Recording Secretary</p>	<p>*It was moved, seconded (Joe Melvin, Nathalie Wolfram) and carried to approve the Consent Agenda items as presented. The vote was unanimous.</p> <p> </p> <p>*It was moved, seconded (Jay Raines, Joe Melvin) and carried to adjourn the meeting. The vote was unanimous.</p>
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¹ Family Medicine Residency of Western Montana



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

May 21, 2025

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

STAFF: Bryan Chalmers, Chief Financial Officer (CFO)
James Quirk, Chief Medical Officer (CMO)
Marge Baack, Chief Operations Officer (COO)
Jaime Dixon, Assistant CFO
Becca Goe, Chief Innovations Officer (CINO)
Joseph Faircloth, Chief Infrastructure Officer (CIO)

Brianne Walker, Recording Secretary

*Virtual

ISSUE	DISCUSSION	ACTION
CALL TO ORDER	The meeting was called to order by Kathleen Walters, Chair, at 10:33 a.m.	*It was moved, seconded (John Crawford, Joe Melvin) & carried to approve the EFC Meeting Minutes of April 16, 2025 as presented. The vote was unanimous.
PUBLIC COMMENTS	Kathleen Walters called for public comments: None heard.	
MINUTES	All Committee members received a copy of the April Executive/Finance Committee Meeting Minutes for review.	
CFO REPORT	Bryan Chalmers distributed the April financial statement to all committee members (see attached) and reported the following:	
FY2026 BUDGET	<ul style="list-style-type: none">• Total revenue: 2.8%; overall in a good spot financially but not generated the as planned• Personnel: under budget• Purchased services: over budget but due to grants• Total expenses: -1.5%• Net income loss: budgeted \$2.4 million, actual \$2.9 million• Cost per encounter: \$353 for 2025. Anything above \$353 is considered “other revenue”. Loss comes from not having the other revenue. Total clinical budgeted \$380; average net collection is \$224	

<p>NEXT BOARD AGENDA</p> <p>NEXT MEETING</p> <p>ADJOURNMENT</p> <p>* Indicates motions made and accepted.</p>	<ul style="list-style-type: none"> • Days in Accounts Receivable: 74; not at goal but is being managed. • Volume indicators: budgeted encounters displayed and reviewed; should be attainable. <ul style="list-style-type: none"> ○ Medical encounters decreased from 37,412 to 36,561. Providers are increasing number of appointment slots throughout the day, which will increase overall encounters. ○ Pharmacy encounters are being analyzed differently based on changes from the pandemic. Unable to track alongside medical; will need to be reviewed separately. • Payor mix: year to date at 32%; month to date is 37% for Medicaid. • FTE's: displayed and reviewed. • Service line: displayed and reviewed. • Operating loss: \$7 million loss in 2022; increased to budgeted \$14 million loss currently. Leaning heavily on grants. • Net position: \$27 million in 2022, budgeted for \$23 million for current year. This number should grow. • Net loss: budgeted \$243k, actual \$508k • Clinical revenue: loss of 11% for medical; pharmacy positive of 8.6%; total loss of 1.6% • Other revenue: loss of 2.8% <ul style="list-style-type: none"> ○ Financial team will be doing a HRSA training in the future. • Salaries, supplies and purchased services: reviewed <p>Bryan Chalmers distributed the FY2026 Budget to all committee members and reported the following:</p> <ul style="list-style-type: none"> • Encounters – not increased but clinic is being “right sized”. PHC is at approximately 2000 encounters per provider currently, industry standards are 2300. <ul style="list-style-type: none"> ○ Individual providers and expected encounters reviewed. Residency will have more accountability to increase encounters. • Financial statements for 2023, 2024 and forecasted 2025 displayed. • Net income: loss of \$3.1 million; requesting use of \$1.9 million of cash reserves. • FTE's: 253 budgeted • Cash: <ul style="list-style-type: none"> ○ \$17,000 margin going into 2027. ○ Relief of liability: \$1.7 million to pay out vacation and sick leave through the separation. 	
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	<ul style="list-style-type: none"> ○ Capital FY 2026 at \$300k; mostly a placeholder for unknown items. ○ Goal to have \$19.4 million at the end of the year. Decreased from \$29 million three years ago. <p>Grants:</p> <ul style="list-style-type: none"> • CAF (Community Assistance Fund) grant – does not add staff; supports current staff. • Headwaters grant – supports current staff. • Otto Bremer – new ask; primarily for equipment and supplies needed in dental. • Opioid Abatement Funds – supports community care team <p>Site additions:</p> <ul style="list-style-type: none"> • School based Behavioral Health for Big Sky High School and Hellgate Elementary starting in the fall of 2025. Do not have to expand, but choosing to expand as the impact is high with revenue generation. Told by HRSA that grant for school based would continue. <p>The draft agenda for the Friday, May 30, 2025, Board Meeting was reviewed.</p> <p>The next Executive/Finance Committee meeting will be June 18, 2025.</p> <p>The meeting was adjourned at 11:55 a.m.</p> <p>Respectfully submitted,</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="text-align: center;"> <hr style="width: 30%;"/> <p>Joe Melvin, Board Secretary</p> </div> <div style="text-align: center;"> <hr style="width: 30%;"/> <p>Brianne Walker, Recording Secretary</p> </div> </div>	<p>*It was moved, seconded (John Crawford, Joe Melvin) & carried to approve the May Board Meeting Agenda with adjustments to consent agenda if needed. The vote was unanimous.</p>
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MISSOULA'S COMMUNITY HEALTH CENTER

PARTNERSHIP HEALTH CENTER BOARD OF DIRECTORS As of 1/2/2025

Name/Title	Email	Phone	Joined	Officer
Baker, Suzette*	Suzettessmc@gmail.com	970-759-0388	April 2024	N/A
Crawford, John* Vice-Chairman	jblackfeet@msn.com	406-552-8218	Feb. 2016	Vice-Chair as of 11/2024
Dunn, Jilayne Treasurer	jdunn@ci.missoula.mt.us	406-552-6157	(Appointed) Dec. 2013	Treasurer as of 11/2024
Green, Annie*	annie.green@gmail.com	406-240-0239	Mar. 2021	N/A
Kero, Patty*	pmcpherson20@gmail.com	406-529-5335	Nov. 2021	N/A
Melvin, Joe* Secretary	jmelvinmt@gmail.com	406-207-8107	Jan. 2019	Secretary as of 11/2024
Petersen, Krissy	Kristin.petersen@providence.org	406-490-6741	Sept. 2024	N/A
Raines, Jay*	mrjayraines@gmail.co	406-274-1493	Jan. 2024	N/A
Thane, Mark	mt59801@gmail.com	406-552-3957	Oct. 2019	N/A
Tuttle, Esther	Siousspassion7@gmail.com	307-223-6967	Dec. 2024	N/A
Walters, Kathleen* Chairwoman	kathleen@montanarealtynetwork.com	406-880-8818	Jul. 2013	Chair as of 11/2024
Wolfram, Nathalie*	nathalie.wolfram@gmail.com	406-370-7731	Oct. 2018	N/A

* = Patient Member (P/M)

GUESTS/ EX-OFFICIO REPRESENTATIVES

Miller, Jeanna Missoula County Health Department	301 W. Alder Missoula, MT 59802 Ph: 258-4996 Fax: 523-4781	jmiller@missoulacounty.us
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Healthy People, Strong Communities



Board Education Topics

Date Presented	Topic
1/31/25	Board Retreat – with Capital Link Demand Study
02/2025	Budget/Financial Education
03/2025	UDS & Quality Management Improvement Plan
04/2025	Site Visit Overview
05/2025	Safety and Risk Management report
06/2025	OSV findings
07/2025	Legislative Update - ?Stacey Anderson
08/2025	LDM updates with Cass
09/2025	
10/2025	
11/2025	
12/2025	
	Open – Board of Directors Discussion
	Key Performance Indicators (KPIs)
	PHC Values Work – Communications Dept
	330e HRSA Grant Refresher
	340B Prescriptions – Pharmacy Dept
	Co-Applicant Agreement Review
	Med Trainer
	PERS education

PARTNERSHIP HEALTH CENTER, INC.
BOARD OF DIRECTORS' COMMITTEE MEMBERSHIP LIST
-JAN 2025-

EXECUTIVE/FINANCE COMMITTEE (EFC)

Kathleen Walters, Chair

John Crawford

Jilayne Dunn

Joe Melvin

Staff: Lara Salazar, CEO

Bryan Chalmers, CFO

**QUALITY AND CORPORATE COMPLIANCE
COMMITTEE (QCCC)**

Jilayne Dunn, Chair

John Crawford

Staff: Marge Baack, COO

Quality Assurance Mgr

Bryan Chalmers, CFO

Meets Quarterly

BYLAWS COMMITTEE

Joe Melvin, Chair

Patty Kero

Kathleen Walters

Staff: Lara Salazar, CEO

Meets as needed

PERSONNEL COMMITTEE

Nathalie Wolfram, Chair

John Crawford

Kathleen Walters

Annie Green

Meets as needed

AD HOC COMMITTEE

Annie Green, Chair

Kathleen Walters

Nathalie Wolfram

John Crawford

Staff: Lara Salazar, CEO

Bryan Chalmers, CFO

Jody Faircloth, CIO

Meets as needed

Partnership Health Center Board of Directors Annual Work Plan	2024											
	Q1			Q2			Q3			Q4		
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Chapter 2: Health Center Program Oversight												
Review adherence to HRSA requirements												
Chapter 3: Needs Assessment												
Review and approve the Service Area based on UDS data												
Review and approve applicable needs assessments every three years												
Chapter 4: Required and Additional Services												
Review and approve Scope of Services - SA review												
Review and approve any new or additional services												
Chapter 5: Clinical Staffing												
Board is notified of credentialing and privileging decisions												
Board considers accessibility, availability, continuity, and demographics												
Chapter 6: Accessible Locations and Hours of Operation												
Review and approve hours and locations												
Chapter 9: Sliding Fee Discount Program												
Finance committee reviews updated SFDS, presents to full board for approval												
Patient survey data on SFDP is shared with Board												
Chapter 10: Quality Improvement/Assurance & Chapter 18: Program Monitoring and Reporting Systems												
Review and approve QI Plan every two years												
Review and approve clinical policies annually												
CMO presents clinical performance data												
CFO presents bimonthly financial performance data												
Division Director strategic reports												
Chapter 11: Key Management Staff												
CEO performance evaluation												
Chapter 12: Contracts and Subawards												
Board approves contracts and agreements that relate to scope of services												
Coordinating committee meets 2x/year - Co-applicant agreement	Includes MCCHD dir., PHC CEO, PHC & MCCHD board members, CAO, and a county commissioner											
Chapter 13: Conflict of Interest												
Board members and key exec staff sign annual conflict of interest form												
Board conflicts are disclosed to the board												
Chapter 15: Financial Management and Accounting Systems												
Board approves financial policies annually												
Finance committee reviews annual audit, presents to full board for approval												
Finance committee reviews annual IRS 990 submission, presents for approval												
Chapter 16: Billing and Collections												
Reviews updated sliding fee schedule & policy, presented for approval												
Chapter 17: Budget												
Finance committee reviews annual budget submission to HRSA, presents for approval												
Finance committee reviews annual operating budget, presents for approval												
Chapter 19: Board Authority												
Board meets monthly												
Board approves grant applications												
Recurrent grant applications												
Governance committee reviews and updates By-laws, presenting for approval												
Board participates in annual strategic thinking process												
Board monitors progress on strategic objectives												
Board completes self-evaluation annually												
Board engages in education												
Governance committee develops board leadership, presents officer slate for vote												
Board adopts a three-year plan for financial management and capital expenditures												
Chapter 20: Board Composition												
Governance committee assesses board composition, recruits to fill needs												
Poll Board Members for Officer nominations during Sept. meeting												
Confirms no current staff or immediate clinic family members												
Chapter 21: Federal Tort Claims Act (FTCA) Deeming Requirements												
Board approves Credentialing & Privileging Policy at least every three years												
Reviews and approves annual risk management plan												
FTCA Inservice												

SUMMARY AGENDA FOR MONTHLY BOARD MEETINGS

January

Distribution of annual Board Schedule
Strategic Plan Update (action item)
Board Member annual forms and self eval

March

Approval of SFS (action item)
Approval of PHC Fees (action item)
Annual Audit Report

April

Vote on CBO Grant (action item)
990 Submission

May

Patient Survey Data Report
Start CEO annual eval and contract review
*Personnel Committee Meeting

June

Complete CEO annual eval and contract
Approval of Credentialing and Privileging Policy (action item)
Approval of Annual Risk Management Plan (action item)

July

Review HRSA adherence requirements
Approval of Quality Management Improvement Plan (action item)

August

Poll for Board Officer Nominations (due Sept)
Annual Operating Budget

September

Board Officer Nominations

October

Annual Board of Directors Meeting
Election of Board Officers (action item)

November

Approval of Board scope of services (action item)
Approval of 330 Grant Submission (action item)
*Personnel Committee Meeting

December

Distribution of Board Member annual forms and self eval
CEO 6 month evaluation