



Partnership Health Center

Board of Directors' Monthly Meeting

PHC Pre-Meeting Session 11:30am – Open Board discussion regarding education topics

AGENDA

July 25, 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>) | |
| | • Form 5A edits* (<i>Motion requested to approve/acknowledge items as presented</i>) | |
| | • Form 5B edits (<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 | |
| | ○ Quality and Corporate Compliance Committee July Minutes Review* | |
| | ○ Board of Directors' 06/27/25 Meeting Minutes Approval* | |
| | ○ Executive/Finance Committee 06/18/25 Minutes Review* | |
| X. | Next Board Meeting date: August 20, 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:

<i>January</i>	<i>01/31/2025</i> <i>¾ day retreat</i>
<i>February</i>	<i>02/28/2025</i>
<i>March</i>	<i>03/28/2025</i>
<i>April</i>	<i>04/25/2025</i>
<i>May</i>	<i>05/30/2025</i>
<i>June</i>	<i>06/27/2025</i>
<i>July</i>	<i>07/25/2025</i>
<i>August</i>	<i>08/20/2025</i> <i>OSV</i>
<i>September</i>	<i>09/26/2025</i>
<i>October</i>	<i>10/31/2025</i>
<i>November</i>	<i>11/28/2025</i> <i>reschedule</i> <i>due to</i> <i>holiday?</i>
<i>December</i>	<i>12/26/2025</i> <i>Reschedule</i> <i>due to</i> <i>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-ex	ab-ex	ab-ex							
Suzette Baker*	X	X	X	ab-ex	ab-ex	ab-ex	X							
John Crawford*	X	X	X	ab-ex	X	X	X							
Jilayne Dunn	X	X	X	X	ab-ex	X	ab-ex							
Annie Green*	ab-ex	X	X	X	X	X	X							
Patty Kero*	X	X	ab-ex	X	ab-ex	ab-ex	X							
Joe Melvin*	X	X	X	X	X	X	ab-ex							
Krissy Petersen	X	X	X	ab-ex	X	ab-ex	ab-ex							
Jay Raines*	ab-ex	ab-ex	X	ab-un	X	X	ab-ex							
Mark Thane	ab-ex	ab-ex	ab-ex	ab-ex	X	ab-ex	X							
Esther Tuttle	ab-un	X	ab-ex	ab-ex	X	X	X							
Kathleen Walters*	X	X	X	X	X	X	X							
Nathalie Wolfram*	X	X	X	X	X	ab-ex	X							

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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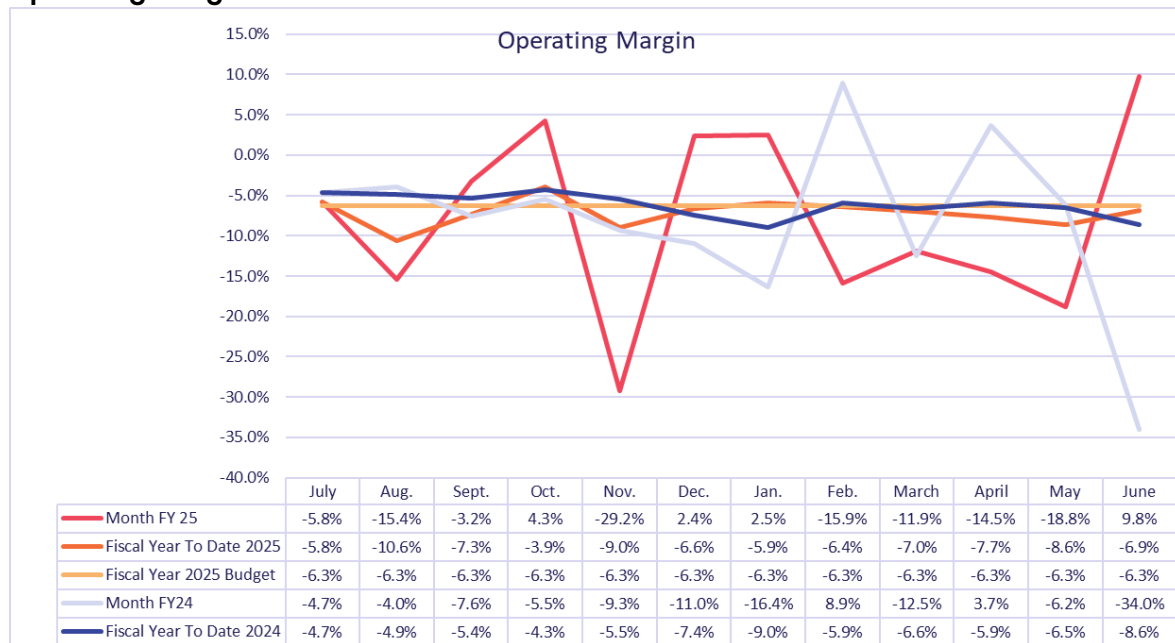
June Year to Date 2025

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	34,659,358	34,983,902	(324,544)	-0.9%
Total Non-Operating Revenue	10,197,573	11,334,274	(1,136,701)	-10.0%
TOTAL REVENUE	44,856,931	46,318,176	(1,461,246)	-3.2%
EXPENSE				
Personnel	27,716,871	28,577,841	(860,970)	-3.0%
Supplies	14,742,074	15,416,804	(674,730)	-4.4%
Purchased Services	5,514,977	5,240,376	274,602	5.2%
Depreciation	750,742	750,742	-	0.0%
TOTAL EXPENSES	47,973,922	49,235,020	(1,261,099)	-2.6%
NET INCOME/(LOSS)	(3,116,991)	(2,916,844)	(200,147)	6.9%
Net Margin	-6.9%	-6.3%		

Operating Margin:



Key Talking Points

Jun-25

Key Utilization

Total Encounters Month to Date (MTD) are 5,913 with a Budget of 6,940.

Year to Date (YTD) total is 75,536 and the Budget is 86,407 for a % variance of -12.6.

The prior YTD total was 72,082. Year to Date and Prior Year ratio 104.79%.

Total Medical Encounters MTD are 3,286 with a Budget of 4,109.

YTD total is 43,262 and the Budget is 51,162 for a % variance of -15.4.

The prior YTD total was 45,066. Year to Date and Prior Year ratio 96%.

Total Behavioral Health Encounters MTD are 980 with a Budget of 1,056.

YTD Total is 11,113 and the Budget is 13,153 for a % variance of -15.5.

The prior YTD total was 10,662 Year to Date and Prior Year ratio 104.2%.

Total School Based Behavioral Health Encounters MTD are 262 with a Budget of 301.

YTD Total is 3,842 and the Budget is 3,743 for a % variance of 2.6.

The prior YTD total was 1,524 Year to Date and Prior Year ratio 252.1%.

Total Dental Encounters MTD are 1,303 with a Budget of 1,353.

YTD Total is 16,176 and the Budget is 16,842 for a % variance of -4.

The prior YTD total was 13,412 Year to Date and Prior Year ratio 120.6%.

Pharmacy Prescriptions Filled MTD are 10,427 with a Budget of 10,142.

YTD Total is 130,593 and the Budget is 126,274 for a % variance of 3.4.

The prior YTD total was 124,533 Year to Date and Prior Year ratio 104.9%.

Balance Sheet

Missoula County has not made month end or year end cash balances available as of the date of this publishing.

Days in Epic Clinical Accounts Receivable are 41.7, and the current receivable balance is \$2,022,228.

Epic Clinical AR is presented net of an allowance for uncollectible amounts.

eCW Clinical Accounts Receivable balance is \$2,060,772.

eCW Clinical AR is presented gross and does not include an adjustment for assessment of collectability.

Days in Pharmacy Accounts Receivable are 30, and the current receivable balance is 2,402,109

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

Revenue and Expense

Fee Revenue for the month totaled \$3.11m with a Budget of \$2.92m for a % variance of 6.5%.

YTD Fee Revenue is \$34.66m with a Budget of \$34.98m for a % variance of -0.9%.

The prior YTD revenue was \$32.52m for a % variance of 6.6%.

Total Revenue for the month is \$3.83m with a Budget of \$3.86m for a % variance of -0.7%.

YTD Total Revenue is \$44.86m with a Budget of \$46.32m for a % variance of -3.2%.

Expenses for the month totaled \$3.46m with a Budget of \$4.1m for a % variance of -15.7%.

YTD expenses are \$47.97m with a Budget of \$49.24m for a % variance of -2.6%.

The prior YTD expenses are \$45.31m for a variance of 5.9%.

Net Income for the month is \$375,699 with a Budget of \$-243,070 for a % variance of -254.56%.

YTD Net Income is \$-3,116,991 with a Budget of \$-2,916,844 for a % variance of 6.86%.

Capital Reserve Interest revenue posted for the month is \$0

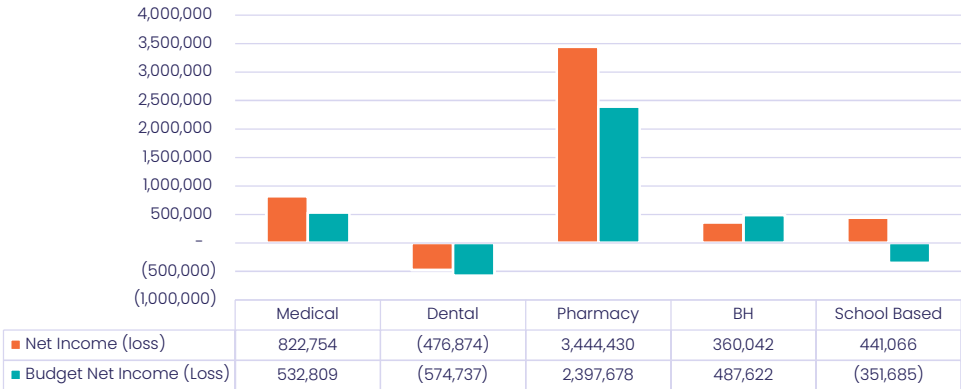
Current Month					Year To Date					YTD		
Jun. 30, 2025		Daily			Jun. 30, 2025				Budget	Jun. 30, 2024	%	
Actual	Budget	Avg	Var	Var %	Actual	Budget	Var	Var %	12 Mo Total	Prior Year	Change	
VOLUME INDICATORS												
3,286	4,109	205	(823)	-20.0%	Medical	43,262	51,162	(7,900)	-15.4%	51,162	45,066	-4.0%
980	1,056	53	(76)	-7.2%	BH	11,113	13,153	(2,040)	-15.5%	12,969	10,662	4.2%
262	301	15	(39)	-12.9%	School Based BH	3,842	3,743	99	2.6%	3,743	1,524	152.1%
1,303	1,353	68	(50)	-3.7%	Dental	16,176	16,842	(666)	-4.0%	16,842	13,412	20.6%
82	121	6	(39)	-32.3%	Clinical Pharmacy	1,143	1,507	(364)	-24.2%	1,507	1,418	-19.4%
5,913	6,940	347	(1,027)	-14.8%	Total Encounters	75,536	86,407	(10,871)	-12.6%	86,223	72,082	4.8%
10,427	10,142	507	285	2.8%	Pharmacy Prescriptions	130,593	126,274	4,319	3.4%	126,274	124,533	4.9%
20					Work Days	249						
					Avg Encounters By Day							
164.3	205.5				Medical	173.7	205.5				180.3	
49.0	52.8				BH	44.6	52.8				42.6	
13.1	15.0				School Based BH	15.4	15.0				6.1	
65.2	67.6				Dental	65.0	67.6				53.6	
4.1	6.1				Clinical Pharmacy	4.6	6.1				5.7	
295.7	347.0				Total Encounters	303.4	347.0				288.3	
521	507				Pharmacy Prescriptions	524	507				498	
					Creamery Medical % of Creamery Medical Visits	60%						
					Creamery Residency % Creamery Medical Visits	40%						

OTHER INDICATORS									
Current Month				Prior Year Month					
Prescription Mix	6/30/2025	6/30/2024	Change	Encounter Mix	6/30/2025	6/30/2024	Change	Jul 24 - June 25	Jul 23 - June 24
Medicaid	29.9%	30.1%	-0.3%	Medicaid	37.4%	33.1%	4.3%	32.9%	36.0%
Medicare				Medicare	19.0%	19.7%	-0.7%	17.7%	19.1%
Self Pay	17.9%	23.6%	-5.7%	Self Pay	12.3%	19.0%	-6.8%	22.6%	18.0%
Medicare/Medicaid				Medicare/Medicaid	0.1%	1.0%	-0.9%	0.7%	0.8%
Private Pay	52.3%	46.3%	6.0%	Private Pay	31.2%	27.2%	4.0%	26.2%	26.1%
Total Prescriptions	100.0%	100.0%	0.0%	Total Encounters	100%	100%	0.0%	100%	100.0 %
Current Month				Prior Year Month					
Prescription Mix	Jul 24 - June 25	Jul 23 - June 24	Change	Productivity	5/11/2025-5/24/2025	4/27/2025-5/10/2025	4/13/2025-4/26/2025		
Medicaid	29%	32%	-2%	Total Hours	22,684	22,684	22,578		
Self Pay	20%	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		

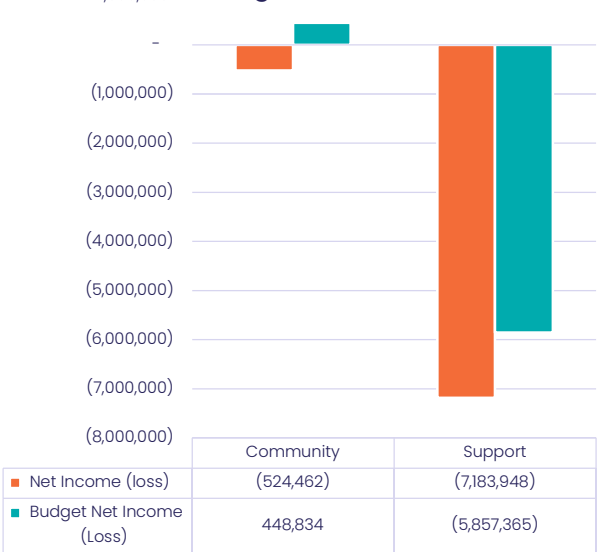
FINANCIAL STATISTICS

		Operating Margin w/internal granting	6/30/2025	Budget	Year to Date	Year to Date Budget
			9.8%	-6.3%	-6.9%	-6.3%
2019 Capital Link						
Industry Benchmark						
60	Strategic Plan					
	< = 60	Epic Clinical AR Days and Net Balance	42	\$ 2,022,228		Insurance Balance Patient Balance
		eCW Clinical AR Days and Gross Balance		\$ 2,060,772		\$ 1,699,926 \$ 322,302
		Pharmacy AR, Net Collectible Value	30	2,402,109		\$ 694,823 \$ 1,365,900
						\$ 2,374,365 \$ 27,744
45	> = 120	Days Cash on Hand	Current Month		Prior Month	Change
		Operating Cash				
		Capital Fund				
		Total Cash				

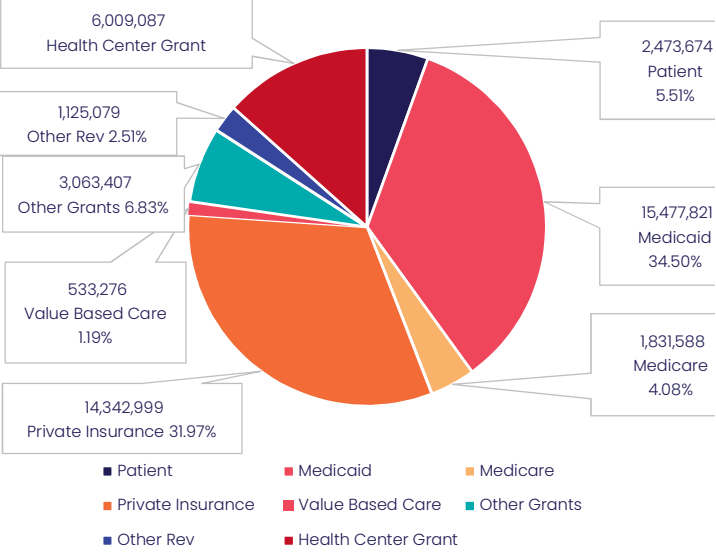
Service Line Margin YTD June 2025



Other Unit Margin YTD June 2025



Total YTD June 2025 by Payor Rev



Partnership Health Center
Draft Statement of Revenues, Expenses, and Other Changes in Assets
Period Ending June 30, 2025

Fiscal Year 2025 Month				Fiscal Year 2025 Year To Date				2024 YTD Comparison	
Total	MTD	ACCRUAL	ACCRUAL	Total	YTD	ACCRUAL	ACCRUAL	Prior YTD	
Accrual	Budget	Variance	Variance%	ACCRUAL	Budget	Variance	Variance%	Accrual	
30-Jun-25				30-Jun-25				30-Jun-24	
OPERATING REVENUE									
GROSS CHARGES									
205,644									
512,140				2,568,927					
1,056,459				5,360,505					
517,361				3,485,575					
2,291,605				5,971,950					
				17,386,958					
147,188									
535,576									
-									
1,105,770									
1,788,535									
4,080,140				17,386,958					
REVENUE ADJUSTMENTS									
Explicit Price Concessions (Contractual Adj., SFS Discount, DIR Fees)									
114,446									
(154,237)				862,403					
786,061				(3,542,756)					
82,711				1,653,987					
				2,565,136					
27,673									
88,462									
945,115				1,538,770					
Implicit Price Concessions (PHC Cares, courtesy adj, collections)									
				142,868					
29,879									
29,879				142,868					
974,994				1,681,638					
NET REVENUE									
91,198	35,578	55,620	156.3%	1,563,657	426,936	1,136,721	266.3%	1,047,597	
666,377	948,270	(281,893)	-29.7%	8,903,261	11,379,246	(2,475,984)	-21.8%	9,912,682	
270,399	162,190	108,208	66.7%	1,831,588	1,946,282	(114,694)	-5.9%	1,676,088	
434,650	318,351	116,299	36.5%	3,406,814	3,820,214	(413,400)	-10.8%	2,827,389	
9	48,333	(48,324)	-100.0%	533,276	580,000	(46,724)	-8.1%	557,243	
1,462,634	1,512,723	(50,089)	-3.3%	16,238,596	18,152,678	(1,914,083)	-10.5%	16,020,998	
89,636	75,389	14,247	18.9%	910,018	904,671	5,347	0.6%	880,440	
535,576	548,564	(12,988)	-2.4%	6,574,559	6,582,768	(8,209)	-0.1%	6,454,771	
-	-	-	-	-	-	-	-	-	
1,017,309	778,649	238,660	30.7%	10,936,185	9,343,785	1,592,400	17.0%	9,160,065	
1,642,521	1,402,602	239,919	17.1%	18,420,762	16,831,224	1,589,538	9.4%	16,495,276	
3,105,155	2,915,325	189,830	6.5%	34,659,358	34,983,902	(324,544)	-0.9%	32,516,274	

PARTNERSHIP HEALTH CENTER
DRAFT STATEMENT OF REVENUES, EXPENSES, AND CHANGES IN NET POSITION
For the Month Ended June 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	3,105,155	2,915,325	34,659,358	34,983,902	34,983,902	33,717,396	31,060,515
Operating Revenue	3,105,155	2,915,325	34,659,358	34,983,902	34,983,902	33,717,396	31,060,515
On-Behalf Revenue-Pensions						571,772	1,154,677
Total Operating Revenue	3,105,155	2,915,325	34,659,358	34,983,902	34,983,902	34,289,168	32,215,192
<u>OPERATING EXPENSES</u>							
Personnel	2,181,182	2,379,362	27,698,588	28,552,341	28,552,341	27,242,968	23,020,764
Other Operating Expenses- Clothing	3,262	2,125	18,283	25,500	25,500		
Other Operating Expenses- Supplies	997,189	1,284,734	14,742,074	15,416,804	15,416,804		
Other Operating Expenses- Purchased Services	212,717	374,136	4,764,235	4,489,633	4,489,633		
Other Operating Expenses						17,695,462	15,615,712
Depreciation	62,562	62,562	750,742	750,742	750,742	596,004	648,113
Operating Expenses	3,456,912	4,102,918	47,973,922	49,235,020	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	3,456,912	4,102,918	47,973,922	49,235,020	49,235,020	45,534,434	39,284,589
Operating Loss	(351,757)	(1,187,593)	(13,314,564)	(14,251,118)	(14,251,118)	(11,245,266)	(7,069,397)
<u>NON-OPERATING REVENUE (EXPENSE)</u>							
Intergovernmental Revenue	481,004	520,616	7,341,513	6,247,397	6,247,397	10,206,566	9,717,122
Private/Local Grants and Donations	103,826	127,730	2,269,753	1,532,754	1,532,754	279,018	471,287
Miscellaneous Revenue	142,626	288,677	528,652	3,464,123	3,464,123	173,199	239,147
Investment Earnings	-	7,500	57,654	90,000	90,000	84,574	8,418
Interest Expense	(7,417)	(7,417)	(89,000)	(89,000)	(89,000)	(45,813)	(51,438)
Loss on Disposal of Assets						(343,452)	
Total Non-Operating Revenue (Expense)	727,456	944,523	10,197,573	11,334,274	11,334,274	10,354,092	10,384,536
Change in Net Position	375,699	(243,070)	(3,116,991)	(2,916,844)	(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			23,270,724	23,470,871	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

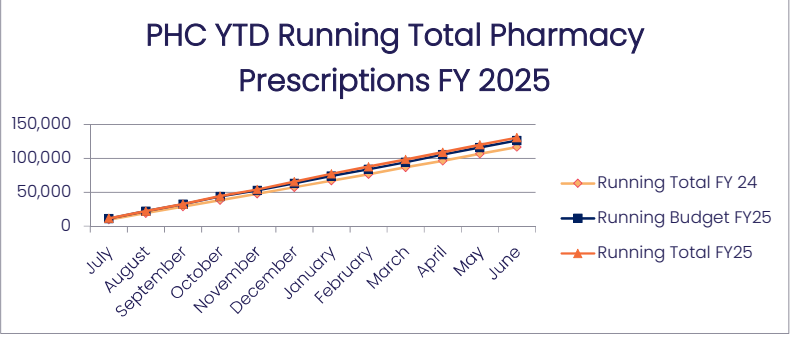
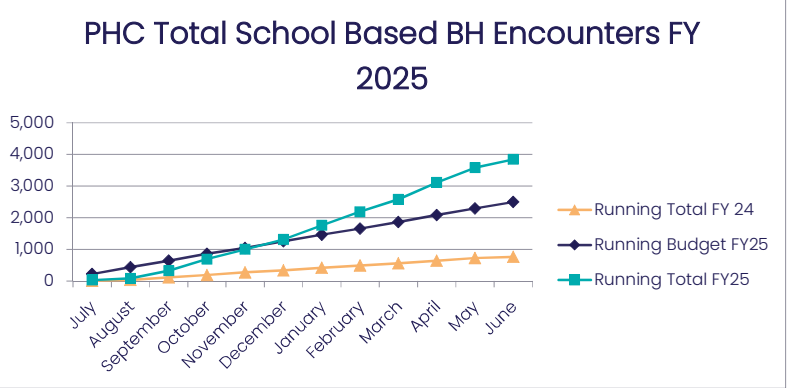
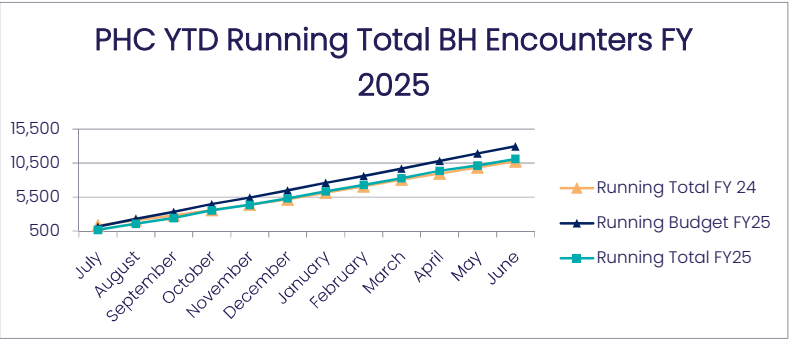
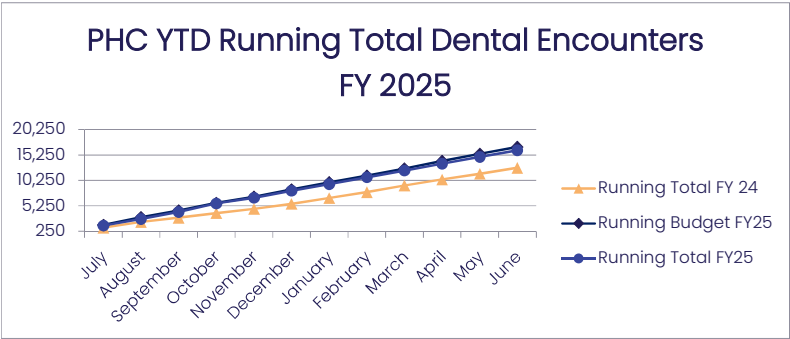
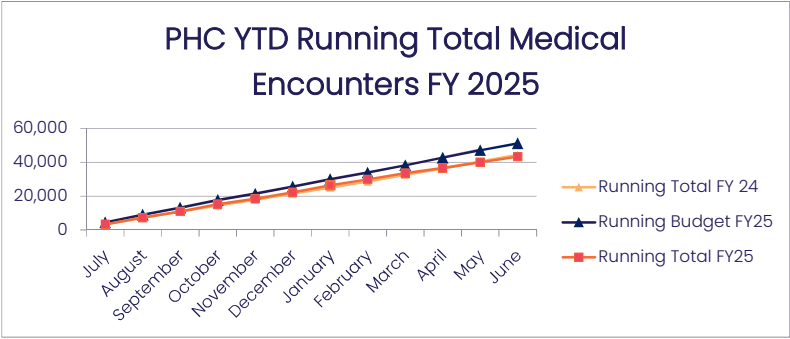
	Expected to hear by:	Budgetary impact	
● \$500,000 HRSA Expanded Hours, Dec '24-Nov'26 Submitted	Secured	500,000	
● \$650,000 annually HRSA New Acces Point, June '25-May '26	6/1/2024		
● \$375,000 annually SAMHSA Strategic Prevention, 5 yrs	Not awarded	0	
● \$231,494 Crisis Diversion July'24-June'27 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:

- Sept. '24, Kaizen event Clinical team model
Implementing changes January 1, 2025
- March '25 | Went live with embedded PSRs with clinical care teams

Operational Changes:

- Aug. '24 | Pharmacy Software upgrade, expected more efficient operations
- Sept. '24 | Billing: engage PioneerRx for payment reconciliation
- 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
- April '25 | Go live with Epic
- May '25 | Go live with Workday Financials





July 2025

Financial Policy Review

Billing and Collecting from Third Party Payors

- Change for Epic process to electronically verify insurance coverage
- General clarifications in systems names and reports referenced

Small Balance Adjustment

- Clarification in responsible job titles
- General clarifications in systems names and reports referenced
- Changes in Small Balance adjustment up from \$4.00 to \$10.00 for automatic write off after 60 days (alignment of policy with standard configuration of Epic)

Operations Policy Review

Hours of Operations

- Watershed Clinic – increase in hours; adding Mondays 8am-5pm
- Poverello Clinic – reduction in hours to Tuesdays 9am-5pm and Thursdays 8am-12pm only
- Friends of the Children – removal of this site from the POP to reflect an end to PHC's contract with Friends
- School-Based Sites – Changes in hours to reflect that each school site is operational 40 hours per week during the school year. This varies by school site and is decided in partnership with school administrative teams

Provider Continuing Education

- See attached



HR Policy Review

Terminations Security

- Replaced the following terms:
 - Director of Infrastructure to CIO (Chief Infrastructure Officer)
 - eCW to Electronic Health Records Software
 - “beans” to “in basket task”
 - Ticketing system from PHC Forms to SysAid

Position Specific Competency

- Updated position titles
- Changed Cultural “competency” to “humility”
- Added payroll department to section regarding CE tracking

Executive Director Succession Plan

- Updated position titles
- Updated MCCHD (Missoula City County Health Department) to MPH (Missoula Public Health)
- CMO vacancy changed from Medical Director to COO or designee

Absence Notification

- Changed eCW to HER

Name Badge Procedure

- Added “Staff are not permitted to alter name badges or ID badges in any way, including but not limited to: adding stickers and covering any portion of name, credentials, position or photo ID
- Staff may reach out to PHC Human Resources to update a picture or correct any mistakes

Sabbatical Leave

- Added behavioral health and pharmacists to types of providers who can take sabbatical leave
- Correct Missoula County HR phone number
- Added correct Missoula County leave policy number that is referenced

Volunteer Policy

- Updated MCCHD (Missoula City County Health Department) to MPH (Missoula Public Health)

Performance Evaluation



- Changed pillar to “Joy IN Work”
- Added missing timelines of a new hire review at five months, while in probation

Positions Descriptions

- Updated MCCHD (Missoula City County Health Department) to MPH (Missoula Public Health)

Student Placement

- Added pharmacy students

Compensation Administration Policy

- Updated process to “Supervisor and employee fill out application and return to PHC HR”
- Added that Education Pay is only available to union staff per Missoula County Policy

Recruitment and Retention Plan

- Position title changes
- Changed credentialing process from Compliance Officer to Credentialing Department
- Changed Director of Clinical Operations and Clinic Manager responsibilities to Chief Operating Officer and Clinic Director responsibilities
- Changed FSA Dependable Care to Dependent Care

Orientation Procedure

- See attached

CMS Rule Compliance and COVID-19 Vaccination

- See attached

HR POP's requiring Board approval with NO CHANGES

- Trafficking Persons
- Workplace Food Policy
- Personnel Policies
- Conference/Seminar/Continuing Education Requirements
- Criminal History Investigation
- Employee Children in the Workplace



PRINCIPLES OF PRACTICE

34. Billing and Collecting from Third Party Payors (Draft)

Title: 34. BILLING AND COLLECTING FROM THIRD PARTY PAYORS
Section: Financial Management
Effective date: 06/2018
Last reviewed: 12/2024
Next revision: 12/2026
Status: Draft
Reference: MT Statue 33-22-150
Lead author: Healthcare Revenue Cycle Administrator

PURPOSE

The majority of patients of Partnership Health Center (PHC) have third party insurance, and as such, PHC relies on patient revenue as a primary revenue source. These third party payers with which PHC contracts, include Montana Medicaid, Medicare, BCBS of Montana and many other insurance carriers including value-based care and fee-for-service plans.

As a Federal Qualified Health Center (FQHC), PHC must aim to legally and ethically maximize payments from third party payers, offering reduced or discounted care to eligible patients via a Sliding Fee Scale and ensure charges cover reasonable costs. This policy will discuss PHC's efforts to bill and collect from third party payers. PHC has separate policies on our Sliding Fee Discount Program, Billing and Collections and other components of the billing process.

POLICY/PROCEDURES

POLICY:

As a FQHC, PHC attempts to legally and ethically maximize reimbursement from third party payers. PHC's process for billing and collecting from third party payers include the following components:

- Contracting with Third Party Payers
- Determination of Charges
- Insurance Verification
- Charge Entry
- Determination of Contractual Allowances
- Payment Posting
- Denial Management
- Tracking Account Receivables.

PROCEDURES:

1. Contracting with Third Party Payers - PHC contracts with various insurance carriers to provide services to their enrolled patients. The reimbursements for these services are based on a pre-determined fee schedule using Current Procedure Terminology codes (CPT). Each year,

PHC reviews and approves a new fee schedule used to charge the insurance carriers. If the contract requires the patient to pay a deductible or co-payment, then that portion of the cost is reimbursed by the patient.

2. Determination of Charges - PHC's charge structure (also known as the Fee Schedule) represents the amount charged to patients and payers for services provided. The charge structure is updated each year and is designed to cover PHC's reasonable costs of providing services.

The charges are based on PHC's current charge structure regardless of Payer. For example, if an existing patient is seen at PHC and the provider enters into our Electronic Medical Record (EMR), as a moderate office visit (CPT Code 99213), PHC charges an amount as per its charge structure. This charge is billed for all Payer classes regardless of how PHC is reimbursed.

1. Insurance Verification – PHC understands that many of the errors that occur in billing and claims submission, including denials, can be traced back to inaccurate information collected (or not collected) before the patient is seen by the provider. Patient Services staff verifies the patient's insurance details by collecting Insurance cards at the front desk at time of visit. Patient Services staff electronically verify a patients insurance coverage where possible at each visit. Patient Services staff checks patients for Montana Medicaid eligibility daily. Billing staff and Patient Services staff work together to consistently improve the processes involving eligibility.
2. Charge Entry Process – Charge entry occurs when the provider enters the services provided into the patient's electronic medical record. All PHC providers receive training on use of the EMR. Providers are required to complete their records in accordance with Information Management policy 'Locked Encounters'. Billing staff process completed and locked encounters within 7 business days of the locked date.
3. Determination of Contractual Allowance or Sliding Fee Discount - Where PHC's reimbursement rate from the third party payers we contract with is less than the charge; PHC records a contractual allowance. This is the difference between the charge for the service and the agreed upon rate for all payers except self-pay patients. The contractual allowance is generated automatically when a payment is posted in the system. The Accounting Department uses System reports to calculate net revenue monthly.

The Sliding fee discount is similar to the contractual allowance in that it represents the difference between PHC's charge and the amount received. However, this category is solely for those patients who qualify for PHC's Sliding Fee Discount Program (see *Sliding Fee Scale Nominal Fee policy #22*). Once the determination of sliding fee category for a patient is made, the EMR will automatically calculate the sliding fee discount and adjust the amount owed, after the Third Party payments and adjustments are processed.

1. Claims Submission Process – PHC uses a clearinghouse to submit claims. Via Electronic Data Interchange, the clearinghouse receives data from the EMR on claims that are ready for submission and submits these claims on a daily basis. (See *Billing and Collections policy #8 and Claims Billing policy #23*).
2. Payment Posting Process – Payments are received in either electronic or paper format and are posted in the system.

3. Denial Management – claims are reworked in the system clearinghouse before being sent, and also after receipt of denial.
4. Accounts Receivables (A/R) – A/R reports are available ~~run~~-daily and A/R trends are reviewed and monitored by payer. Days in A/R are also reported monthly to the Board of Directors via the monthly financial reporting package that is distributed to the Board. Reports are ~~run from~~ the reviewed for monthly Aging balance ~~monthly~~ to monitor accounts for Third Party Payers to ensure that we have billed and/or resolved the account balance.
5. Write-Off Process for Third Party Insurance - As a FQHC, PHC attempts to legally and ethically maximize reimbursement from third party payers. There are situations where a third party payer claim becomes uncollectable, in such cases, the balance will be written off. Communication with the payer and attempts to collect reimbursement will be document in the EMR. A distinct adjustment code will be used for reporting purposes on amounts written off. Examples of when a write-off may be appropriate include:
 - a. Services rendered before full credentialing of a provider or facility with a given payer
 - b. Timely filing issues
 - c. Insurance credit balances unable to be resolved that are 24 months or more from the date of payment of the claim, per Montana Statute 33-22-150



PRINCIPLES OF PRACTICE

13. Small Balance Adjustment (Draft)

Title: 13. SMALL BALANCE ADJUSTMENT
Section: Financial Management
Effective date: 07/2001
Last reviewed: 10/2023
Next revision: 10/2025
Status: Draft
Reference: N/A
Lead author: CFO

PURPOSE

To effectively manage accounts receivable in a cost effective manner

POLICY/PROCEDURES

1. The Billing and Coding Manager or designee will review a patient account balance small balance report, at least monthly, to include all accounts with credit balances. This will occur before the end of the month and the next statement cycle.
2. The Billing and Coding Manager or designee will review each account's on the report for any escalated action needed. listed on the small balance report. Accounts with no activity in the last 60 days, The Billing Manager or designee will review each account listed on the small balance report. The practice management system is configured to automatically adjust off a ccounts with no activity in the last 60 days, and whose balance is less than or equal to \$10.00 \$4.00 will be scheduled for a small balance adjustment. This will include credit balances that are under \$4.00 \$10.00.
3. Billing Staff will run a report identifying Account Adjustment/ Credit Balances and adjust off per Policy.
4. The Billing Manager or designee will run a report of all adjustments and review the Small balance adjustment logs for appropriateness.
5. Records of account small balance adjustments shall be maintained in accordance with Federal and State record retention rules.
6. Patients may request, in writing or by phone, a refund of a balance that would normally be considered a small balance.

Refunds

1. Refunds of greater than \$10.00 \$4 will be investigated by the designee of the Billing and Coding Manager and will be processed at least bi-monthly. Documentation should include screen prints of the account identifying the amount to be refunded and the designee's approval. After the Billing and Coding Manager or designee's approval, the documentation is forwarded to the Accounting Specialist for processing. Billing staff will call the patient before issuing the refund to ensure that there is a clean mailing address, reducing the number of returned refund checks.

2. Insurance refunds will be processed separately, by the Billing and Coding Manager or designee, and the small balance amount rules do not apply. Documentation should include at a minimum, screen prints of the amount to be refunded and an indication of why. The designee shall indicate their approval on the documentation. After the approval, the documentation is forwarded to the Accounting Specialist Clerk for processing.



PRINCIPLES OF PRACTICE

HOURS OF OPERATION
(Approved by Board)

Title: HOURS OF OPERATION
Section: Philosophy and Goals
Effective date: 07/2001
Last reviewed: 01/2025
Next revision: 01/2027
Status: Approved by Board
Reference: HRSA Compliance Manual
Lead author: COO

PURPOSE

To ensure sufficient and regular hours for client care at Partnership Health Center (PHC).

POLICY/PROCEDURES

Partnership Health Center will maintain regular hours for client visits. To assess access needs, PHC consults patient surveys, Patient Family Advisory Councils, and annual strategic analysis.

Hours of operation will be designed to ensure the center is accessible to our clients. Hours of operation will be posted in the reception area.

Any change to the hours will be posted at least three (3) days prior to the change.

Hours of Operation:

Effective June 10, 2013, Partnership Health Center - Creamery (all services unless noted below with *)

8:00 am to 6:00 pm Monday, Wednesday, Thursday, Friday

*Dental 7:15 am-5:00 pm Monday, Wednesday, Thursday, Friday

*Pharmacy 8:30 am-6:00 pm Monday, Wednesday, Thursday, Friday

*Lab 8:00 am-5:00 pm Monday, Wednesday, Thursday, Friday (Effective 1/21/25)

9:00 am to 6:00 pm Tuesday

*Dental 9:00 am-5:00 pm Tuesday

*Lab 9:00 am-5:00 pm Tuesday

Effective June 10, 2013, Partnership Health Center - Alder

8:00 am to 6:00 pm Monday, Wednesday, Thursday, Friday

9:00 am to 6:00 pm Tuesday

Effective January 1, 2025, Partnership Health Center – Lowell Clinic

8:00 am to 5:00 pm Monday (*Dental Only), Wednesday, Thursday, Friday (*Medical Only)

9:00 am to 5:00 pm Tuesday

Effective January 1, 2025, Partnership Health Center – Seeley Lake

8:00 am to 5:00 pm Monday, Wednesday, Thursday,

9:00 am to 5:00 pm Tuesday

*Friday appointments available at other sites and/or Telehealth services

Effective July 15, 2019, Partnership Health Center – Poverello

————— 8:00 am to 6:00 pm ————— Monday, Wednesday, Thursday

————— 9:00 am to 6:00 pm ————— Tuesday

9:00 am to 5:00 pm Tuesday

8:00 am to 12:00 pm Thursday

***Monday, Wednesday, and** Friday appointments available at other sites and/or Telehealth services

Effective January 1, 2025, Partnership Health Center – Missoula Food Bank & Community Center

10:00 am to 6:00 pm Tuesday and Thursday (*Dental Only)

*Dental Only

Effective January 1, 2025, Partnership Health Center - Watershed Clinic

8:00 am to 5:00 pm **Monday**, Wednesday, Thursday, Friday (*temporarily no Mondays 1/1-3/9/2025)

9:00 am to 5:00 pm Tuesday

Effective January 6, 2025, Partnership Health Center – Friend of the Children Missoula: 40 hours

Closing July 31, 2025

Extended Hours for Special Populations:

1. After-Hours Care: After-hours services are available for urgent medical issues via an after-hours telephone service. The number is provided to all patients upon enrollment and during visits. These services will include access to a nurse triage line or a provider, as appropriate.
2. Evening and Weekend Hours: Certain sites may offer extended evening hours for patients who are unable to access care during regular business hours. These hours are subject to change and will be communicated to the community in advance.
3. School-based sites reflect the host school's schedule and are responsive to the patient's needs at these schools—*limited access during summer hours*. Effective 1/6/2025:
 - Willard School Services: 8:00-4:30pm M, W-F; 9am Tuesdays **9:00 am-5:00 pm M-F**
 - Lowell School Services: 8:00-4:30pm M, W-F; 9am Tuesdays **8:00 am-4:00 pm M-F**
 - Hawthorne School Services: 8:00-4:30pm M, W-F; 9am Tuesdays **8:00 am-4:00 pm M-F**
 - Franklin School Services: 8:00-4:30pm M, W-F; 9am Tuesdays **8:00 am-4:00 pm M-F**
 - CS Porter School Services: 8:00-4:30pm M, W-F; 9am Tuesdays **7:30 am-3:30 pm M-F**
 - Russell School Services: 8:00-4:30pm M, W-F; 9am Tuesdays **8:00 am-4:00 pm M-F**

Closures:

1. Holiday Hours: All sites will be closed on the following holidays, following [Missoula County Policies](#) section 408:
 - a. New Year's Day
 - b. Martin Luther King Jr Day
 - c. Presidents Day
 - d. Memorial Day
 - e. Independence Day
 - f. Labor Day
 - g. Indigenous Peoples Day
 - h. Election Day
 - i. Veterans Day
 - j. Thanksgiving Day
 - k. Christmas Day

If a holiday falls on a weekend, sites will be closed on the nearest weekday.

2. Closed or Altered Hours for Special Events: Each site will notify patients and staff of any closures or modified hours for site-specific events, such as community health fairs, staff training, or other special events.

2025 Hours are posted in the following locations:

- PHC Website
- Site Front doors

- Google searches
- HRSA Electronic Handbook (EHB)



PRINCIPLES OF PRACTICE

**Orientation Procedure
(Draft)**

Title: ORIENTATION PROCEDURE
Section: Human Resources
Effective date: 07/2001
Last reviewed: 06/2025
Next revision: 06/2027
Status: Draft
Reference: N/A
Lead author: Director of Employee Relations

PURPOSE

To ensure that Partnership Health Center (PHC) employees are successfully on boarded to begin their employment and receive organizational information needed in order to perform to the highest level of success.

POLICY/PROCEDURES

All new employees, volunteers, students, interns, residents and contractors (as appropriate) of PHC will be enrolled in New Employee & and Compliance orientation and PHC's Culture & Programs Orientation. Regular full time employees who are scheduled to work 20 hours or more per work will receive Benefit Orientation hosted through Missoula County Human Resources.

On boarding and Orientation are conducted by the HR Onboarding Specialist, with the purpose of welcoming and engaging introduction to PHC, and general organizational requirements.

PROCEDURES:

1. Once an employee has been selected, a notification is received, including various details concerning employment: Job title, Supervisor, Department, hours per week, etc. The onboarding HR Specialist will input these details into a mailing delivered to the new employee (via email). This mailing is sent to their Supervisor, Missoula County (MC) Human Resources (HR) payroll department, the Collective Bargaining Agreement (CBA) officer or representative, and staff at the county.

Emailing includes:

- a. Official Letter of Employment. This letter is addressed to the new employee on MC Letter head and signed by the MC Director of Human Resources. Includes the following: Start date and time for the employee to start with PHC, the starting wage, supervisor's name, and information regarding the terms and conditions of employment with MC. Collective bargaining Agreement information will be included as well if the role is within the CBAs associated with employment at PHC & MC. The employee letter also includes the date

- and time arranged for the employee to attend MC Human Resources Benefit orientation and PHC's Culture & Programs Orientation .
- b. Welcome directional letter outlining the office location, start date and the name of either the Mentor or the Supervisor they will need to meet with. Outlines of their scheduled orientations, Additional directions and details concerning immunizations, dress code, parking as well as the name and contact info for the new employee's supervisor.
 - c. Official Missoula County job description.
 - d. A separate email will be sent from Government Jobs or NeoGov for the employee to fill out all federally required paperwork before day one. ~~Paperwork will be attached that is federally required to be turned into the MC HR office NO LATER than the first day of employment. A checklist is included to act like a guide to keep track of the documents required.~~
 - e. On day one, the PHC HR Onboarding Specialist will walk the employee to the County HR building, located at 223 West Alder, to present their government issued ID in person to verify the completed I-9 form.
2. The HR Onboarding Specialist provides a New Employee Folder that will be given to every mentor or supervisor that is expecting a new employee. This folder contains various materials to assist in acclimation, and training materials for working at PHC. Mentor duties, as well as a New Employee Onboarding check list are also provided to every mentor for each new employee.

3. Orientation is scheduled weekly, Mondays starting at 8:30 AM.
 - a. HR Team Introductions. Director of **Employee Relations** ~~Staff Engagement~~ and the HR Specialist Team.
 - b. Employee's photo taken for internal Wiki page, and permanent employee badge identification.
 - c. Issuing of employee name badge, PHC lanyard, temporary access badge, and PHC parking pass.
 - d. Payroll Training: review of Chronos application, sick and vacation time accrual rates, personal leave and paid holidays.
 - e. Overview of HRSA Health Centers, and introduction to PHC; overview of PHC sites and services.
 - f. **Safety Orientation and Incident Reporting** ~~presented by PHC's Compliance Officer/or PSS on the Quality Improvement team.~~
 - g. Tour of PHC's Creamery building, including badge access, parking overview, designated bike areas, **location of all fire extinguishers & areas of refuge**, and PHC's Emergency Evacuation Plan.
 - h. Computer Sign-on
 - i. Wiki overview: User Index, personal profile, Wiki landing page widget review, Staff Resources, On-Call Administrator, Tag Cloud and Clinical Teams. How to search and access information.
 - j. Overview of PHC organizational Absence Policy/Out of Office Policy.
 - # **Location of department specific absence call in processes.**
 - k. [New Employee Orientation Information Resource page](#)
 - l. **MC Human Resources Policies and MC Collective Bargaining Agreement**, PHC position list, and PHC Employee Pay Matrix Overview
 - m. Orientation paperwork signature page review
 - n. Self-Guided Tasks:
 - # PHC Compliance Policies Review
 - # **MedTrainer** ~~Heath Stream~~ assignments (based on Job Title/Department)
4. Finalizing the Onboarding process.
 - a. Once all employee information is inputted into PHC HR internal records **electronic copies are filed at PHC and Missoula County on a secured network.** ~~hard copies of the employee's signature pages are filed.~~ Employee's information is processed through MC and a formal MC ID # is issued. Email notification is received including the new employee's ID #. The HR Onboarding Specialist will then submit a PHC HIT ticket requesting a permanent badge be made, providing the name, ID # and access level for the badge. Once the badge has been created the HR Onboarding Specialist will complete the onboarding process with delivery and exchange of temporary to permanent badge.



PRINCIPLES OF PRACTICE

**CMS Rule Compliance and
COVID-19 Vaccinations
(Draft)**

Title: CMS RULE COMPLIANCE AND COVID-19 VACCINATIONS
Section: Human Resources
Effective date: 11/2021
Last reviewed: 07/2025
Next revision: 07/2027
Status: Draft
Reference: 42 CFR § 491.8, HHS 11/5/21 Interim Final Rule with Comment Period (hereinafter November 5, 2021 CMS Rule)
Lead author: Director of Employee Relations

PURPOSE

To minimize the transmission of COVID-19 infections to and by employees and patients of Partnership Healthcare Center (PHC). To comply with current federal regulations, continue protecting patient and staff safety, and fulfill our reporting obligations under the CMS Requirements of Participation, this policy outlines PHC's approach to COVID-19 vaccination for staff.

Defined by current CDC guidance and subject to change.

POLICY/PROCEDURES

On May 31, 2023, the Centers for Medicare & Medicaid Services (CMS) **officially withdrew** the COVID-19 staff vaccination requirements previously outlined in the Interim Final Rule dated November 5, 2021. While CMS no longer mandates COVID-19 vaccination for healthcare workers, facilities are still required to:

- Educate staff about COVID-19 vaccines
- Offer COVID-19 vaccinations
- Report vaccination data via the National Healthcare Safety Network (NHSN)
- Allow staff to claim a medical or religious exemption

In order to continue receiving Medicare funding and comply with the November 5, 2021 CMS Rule, that was allowed to proceed by a US Supreme Court decision on January 13, 2022, and subject to additional guidance issued by CMS on January 14, 2022 (collectively the "CMS Rule"), this policy sets forth procedures to ensure that all required staff are fully vaccinated for COVID-19 or exempt from vaccination based on a medical condition or sincerely-held religious belief.

PHC strongly encourages all staff to stay up to date with COVID-19 vaccinations in alignment with CDC guidance. While vaccination is no longer a condition of employment or site access, PHC remains committed to fostering a safe environment for patients, visitors, and employees.

DEFINITIONS:

"Fully vaccinated" means having completed a primary vaccinations series for COVID-19, which is either the administration of a single-dose vaccine or the administration of all required doses of a multi-dose vaccine. Booster doses are currently excluded from this definition.

As defined by the CMS Rule, "Required staff" means all PHC staff working at or entering any PHC site of patient care, all PHC staff who has the potential to have contact with any staff or patients at a site of patient care, and all PHC staff providing off-site patient care. This definition includes all employees, practitioners, students, trainees, volunteers, residents, and individuals who provide care, treatment or other services for PHC or its patients under contract or by other arrangement. The definition does not include individuals who exclusively provide telehealth or other services from outside of the CHC and have not direct contact with patients and other staff.

This policy applies to: All PHC employees, on-site contractors, board members, volunteers, interns, students, and trainees, all staff delivering patient care on behalf of PHC or coming into contact with any PHC employee.

Procedures

1. Vaccine Education & Offer

- a. All new hires will receive COVID-19 vaccine education during onboarding.
- b. PHC will continue to offer COVID-19 vaccines to staff, subject to availability, through internal or partnered resources.

2. Voluntary Disclosure

- a. Staff may voluntarily provide COVID-19 vaccination status for internal tracking and CMS reporting.
- b. Disclosure is not mandatory and does not affect employment status.

3. CMS Reporting Compliance

- a. PHC will report aggregate staff vaccination data as required by CMS through NHSN.
- b. Individual vaccination records are protected and disclosed only as necessary for reporting or operational needs.

4. Exemptions

- a. Because vaccination is no longer mandatory, exemption requests are not required. However, should future local, state, or organizational policies reintroduce vaccine requirements, medical or religious exemptions will be reviewed in accordance with applicable laws.

5. Masking and Infection Control

- a. PHC continues to follow current CDC and local public health guidance for masking and infection prevention in healthcare settings.

New Hires

- New employees will be provided with education on the benefits of COVID-19 vaccination and offered the vaccine where possible.
- Proof of COVID-19 vaccination is not required as a condition of hire unless mandated by local or state authorities.

PROCEDURES:

1. Irrespective of vaccination status, all PHC employees in any PHC facility are required to wear masks at all times except when alone in an office of one person.
2. In order to adhere to updated CMS rule, PHC will ensure that all staff members of PHC have received **at least one dose of a Covid vaccine by February 14, 2022**. In order to ensure compliance, **PHC will request that all Required Staff voluntarily disclose their vaccine status for COVID-19 on or before February 11, 2022.**
3. If PHC has not received an employee's vaccine status by February 11, 2022, all Required Staff who have not voluntarily disclosed their vaccine status will be presumed unvaccinated.
4. **As of February 14, 2022, PHC will request that all actual and presumed unvaccinated Required Staff submit an Exemption Form** if they are claiming an exemption. These are found in Attachments A and B. The completed form must be **submitted to PHC by noon on February 18, 2022.**
5. Upon receipt of an Exemption form, PHC will review the Exemption Form pursuant to applicable laws and regulations. Required Staff submitting an Exemption Form will receive notice whether his/her/their Exemption Form is approved within 7 working days of submitting the Exemption Form.
6. If the Exemption Form is approved, the exempted Required Staff will be contacted by PHC to engage in an interactive dialogue regarding a reasonable accommodation.
7. If the Exemption Form is not approved, the Required Staff whose exemption was not approved will be contacted by PHC to discuss next steps.
8. As required by the CMS Rule, PHC will keep a list of the status of all Required Staff, including vaccination/presumed vaccination status, exemption status, and accommodation status, and will protect the information therein by sharing it only with those employees and advisors who need the information to perform their job duties.
9. As required by the CMS Rule, staff who have not received a single-dose COVID-19 vaccination, the first dose of the primary vaccinations series for a multi-dose COVID-19 vaccine, or approved for an exemption by **February 14, 2022, will be notified of their status and the next steps.**
10. Any PHC employee who is not in compliance (fully vaccinated) after **March 15, 2022** will not be allowed in any PHC daily during or after hours. The employee will be contacted by PHC to discuss next steps.
11. All new PHC employees hired before March 15, 2022 will be required to show proof of having received the first dose of a two-dose regiment, one dose (J and J), or an approved medical or religious exemption before reporting to a PHC facility. Those employees who provide proof of having received the first dose of a two-dose regiment at the time of hire will be required to have a second dose on or before March 15, 2022. Any new hire who is not fully vaccinated on or before March 15, 2022 will not be allowed in any PHC facility during or after hours and will be contacted by PHC to discuss next steps.
12. All new PHC employees hired on or after March 15, 2022 will be required to show proof of being fully vaccinated, as defined by this Policy, or have an approved medical or religious exemption before reporting to PHC facilities.



July 2025

Form 5A revisions

Removal of the following:

- Radiology in column 2
- Cardiology in column 1
- Mental Health services from column 2

Addition of the following:

- Transportation to column 1

Changes:

- Remove psychiatry from column 2 and add to column 1



CEO and Leadership Report
July 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

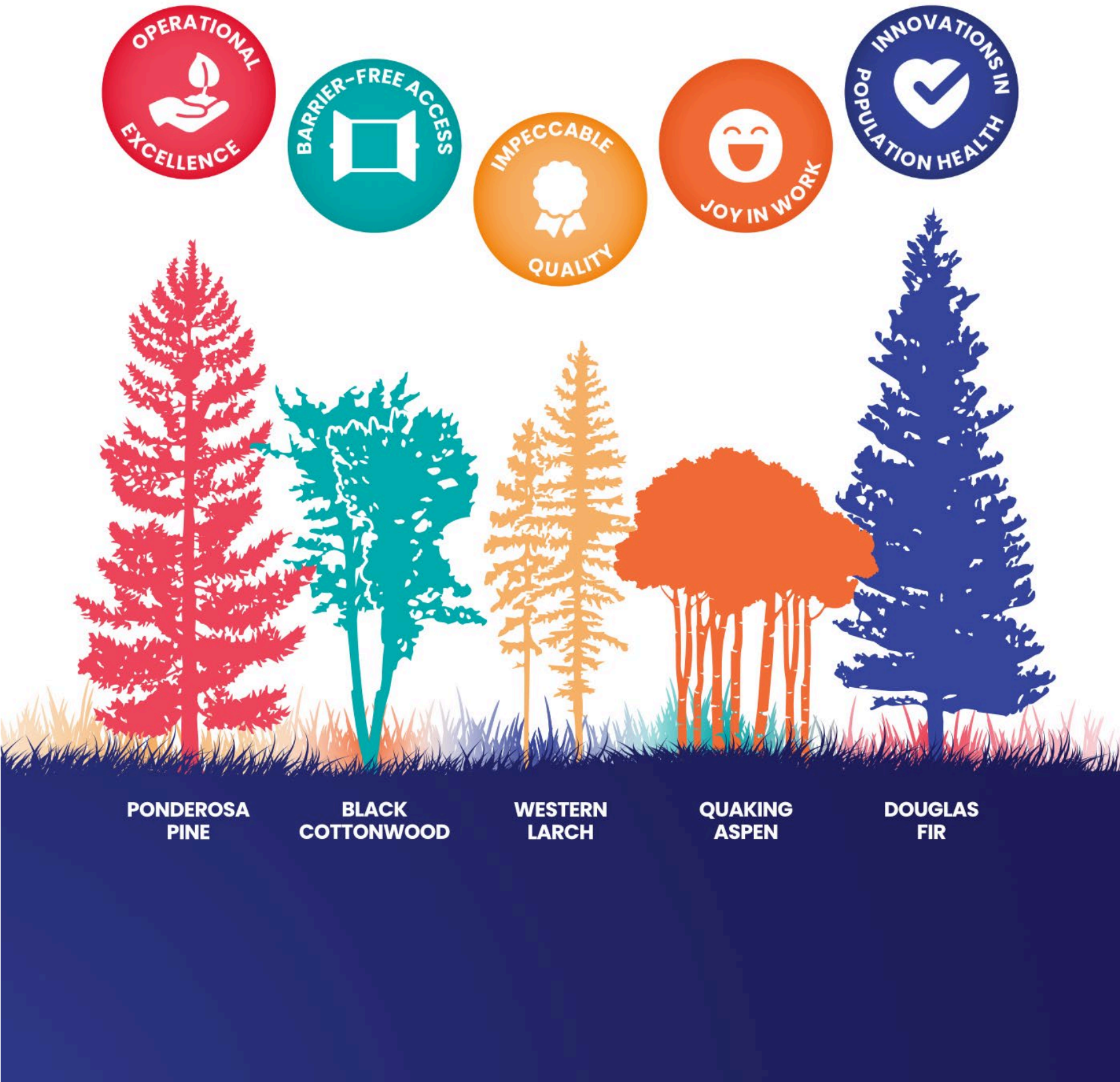
Equity

Service Excellence

Compassion



A Strategy Rooted in Care





Service Innovation and Responsiveness

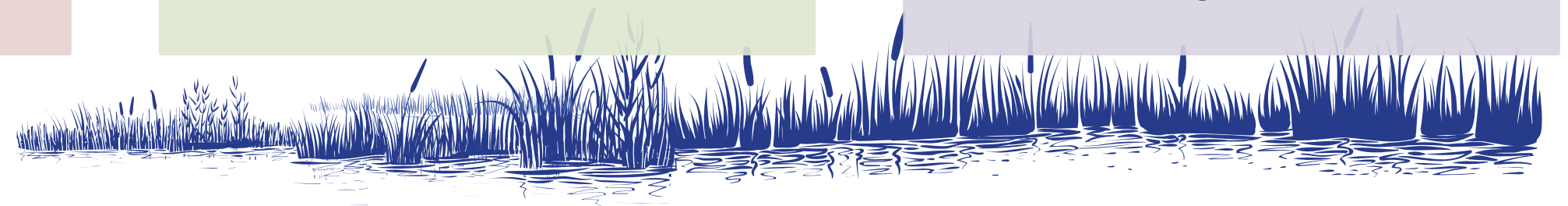
- **1.1 Alignment:** Ensure all services, sites, and expansions undergo a business case/pro-forma analysis for sustainability.
- **2.1 Quality:** In any service expansion, we maintain or exceed our quality
- **3.1a Youth Care:** Support all Title 1 schools in accessing necessary services.
- **3.1b Same-day:** 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
<u>What we have said is important.</u> How do we know how we are doing?	What are we measuring to know if we are <u>achieving what is important</u> ?	We said these are priorities for achieving what is important. How does this measure <u>align with our current strategic focus</u> ?	How will we know <u>when we get there</u> ?
Access at PHC is Barrier-Free How do we know? See measure and target	Encounters per Provider Same-Day Work Queue My Chart Activation Rate Unused Appointments Third Next Available	Financial Sustainability	<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
Quality is Impeccable at PHC How do we know? See measure and target	UDS Quality Metrics No-Show Rate	Internal Optimization	<ul style="list-style-type: none">• At or above HP 2030• X% No-Show Rate
Operations are Excellent at PHC How do we know? See measure and target	PB Errors by Owning Area Clean Claim Rate Denials Days to Bill Days in AR	Internal Optimization, Financial Sustainability	<ul style="list-style-type: none">• X# if errors• % of clean claims• # or % of denials per total claims• # of days• # of days

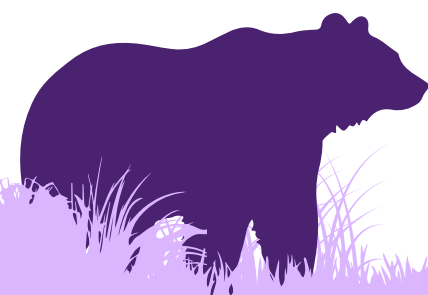
Federal Updates

National & Federal Insights Affecting Montana

- **CCM/Primary Care Billing Overhaul** CMS is phasing out G0511, pushing FQHCs to bill via CPT codes (e.g., 99490, G0556-G0558) or APCM bundles—transition active through Jan–July 1, 2025
- **Telehealth & Vaccine Billing Changes** Expanded telehealth flexibilities remain in place for 2025. Medicare now allows real-time vaccine billing (flu, COVID, pneumococcal, Hep B) at point of service with annual reconciliation
- **Federal Appropriations & FQHC Funding** CR extends FQHC grants at ~\$4.6 B/year; NHSC funding at ~\$350 M. However, the Community Health Center Fund expired end of 2024—raising concerns around grant sustainability
- **Medicaid policy trends** States are exploring cost-sharing, stricter eligibility, and work mandates in Medicaid expansion. Montana’s waiver reflects this national trend

Montana-Specific Developments

- **Coverage stability & Medicaid expansion** Montana Legislature passed a bill (Feb 27, 2025) making Medicaid expansion permanent, covering ~76–80K Montanans. New work/community engagement requirements were attached, pending CMS waiver approval
- **1115 Waiver proposal & public input** DPHHS opened a 60-day public comment (starting July 3), seeking input on Medicaid expansion cost-sharing and community engagement rules. Tribal consultation underway
- **State Plan Amendments** Multiple Medicaid State Plan amendments effective July 1, 2025, include fee schedule updates across various provider types
- **Behavioral Health & tribal funding** Over \$7.6M allocated via state grants:
 - \$700K for family peer support pilots
 - \$6.5M to tribal/U.I.H.O. behavioral health capacity



Chief Financial Officer Report

June 2025



June

Medical Encounters

YTD total is 43,262 and the Budget is 51,162 for a % variance of -15.4.

Behavioral Health Encounters

YTD Total is 11,113 and the Budget is 13,153 for a % variance of -15.5.

School Based Encounters

YTD Total is 3,842 and the Budget is 3,743 for a % variance of 2.6.

Dental Encounters

YTD Total is 16,176 and the Budget is 16,842 for a % variance of -4.

Pharmacy Prescriptions

YTD Total is 130,593 and the Budget is 126,274 for a % variance of 3.4.

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

Days in Epic Clinical Accounts Receivable are 41.7, and the current receivable balance is \$2,022,228.. Epic Clinical AR is presented net of an allowance for uncollectible amounts. eCW Clinical Accounts Receivable balance is \$2,060,772. eCW Clinical AR is presented gross and does not include an adjustment for assessment of collectability.

Days in Pharmacy Accounts Receivable are 30, and the current receivable balance is 2,402,109.

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

YTD Fee Revenue is \$34.66m with a Budget of \$34.98m for a % variance of -0.9%.

YTD Total Revenue is \$44.86m with a Budget of \$46.32m for a % variance of -3.2%.

YTD expenses are \$47.97m with a Budget of \$49.24m for a % variance of -2.6%.

YTD Net Income is \$-3,116,991 with a Budget of \$-2,916,844 for a % variance of 6.86%.



Patient Service

Volumes, Reporting Month

Medical



80.0%

Dental



96.3%

School Based Behavioral Health



87.1%

Behavioral Health



92.8%

Pharmacy



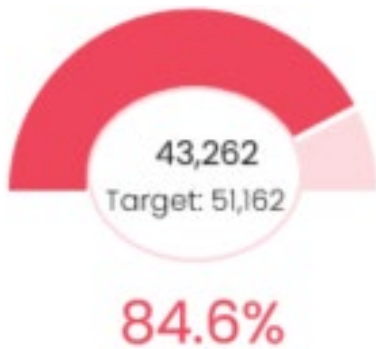
102.8%



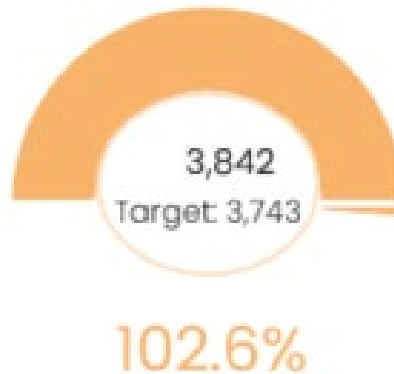
Patient Service

Volumes, Year to Date

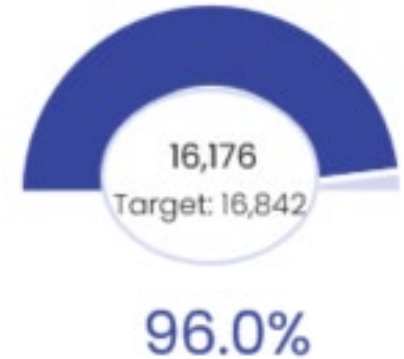
Medical



School Based Behavioral Health



Dental



Behavioral Health



Pharmacy



PARTNERSHIP HEALTH CENTER
DRAFT STATEMENT OF REVENUES, EXPENSES, AND CHANGES IN NET POSITION
For the Month Ended June 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	3,105,155	2,915,325	34,659,358	34,983,902	34,983,902	33,717,396	31,060,515
Operating Revenue	3,105,155	2,915,325	34,659,358	34,983,902	34,983,902	33,717,396	31,060,515
On-Behalf Revenue-Pensions						571,772	1,154,677
Total Operating Revenue	3,105,155	2,915,325	34,659,358	34,983,902	34,983,902	34,289,168	32,215,192
<u>OPERATING EXPENSES</u>							
Personnel	2,181,182	2,379,362	27,698,588	28,552,341	28,552,341	27,242,968	23,020,764
Other Operating Expenses- Clothing	3,262	2,125	18,283	25,500	25,500		
Other Operating Expenses- Supplies	997,189	1,284,734	14,742,074	15,416,804	15,416,804		
Other Operating Expenses- Purchased Services	212,717	374,136	4,764,235	4,489,633	4,489,633		
Other Operating Expenses						17,695,462	15,615,712
Depreciation	62,562	62,562	750,742	750,742	750,742	596,004	648,113
Operating Expenses	3,456,912	4,102,918	47,973,922	49,235,020	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	3,456,912	4,102,918	47,973,922	49,235,020	49,235,020	45,534,434	39,284,589
Operating Loss	(351,757)	(1,187,593)	(13,314,564)	(14,251,118)	(14,251,118)	(11,245,266)	(7,069,397)

	ACTUAL MTD	MTD BUDGET	ACTUAL YTD	YTD BUDGET	2025 Annual BUDGET	Accrual AUDITED 2023	Accrual AUDITED 2022
<u>NON-OPERATING REVENUE (EXPENSE)</u>							
Intergovernmental Revenue	481,004	520,616	7,341,513	6,247,397	6,247,397	10,206,566	9,717,122
Private/Local Grants and Donations	103,826	127,730	2,269,753	1,532,754	1,532,754	279,018	471,287
Miscellaneous Revenue	142,626	288,677	528,652	3,464,123	3,464,123	173,199	239,147
Investment Earnings	-	7,500	57,654	90,000	90,000	84,574	8,418
Interest Expense	(7,417)	(7,417)	(89,000)	(89,000)	(89,000)	(45,813)	(51,438)
Loss on Disposal of Assets						(343,452)	
Total Non-Operating Revenue (Expense)	727,456	944,523	10,197,573	11,334,274	11,334,274	10,354,092	10,384,536
Change in Net Position	375,699	(243,070)	(3,116,991)	(2,916,844)	(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			23,270,724	23,470,871	23,470,871	26,387,715	27,278,889

A large, stylized blue flower graphic is centered on the slide. It has five petals, each formed by two overlapping circles. The petals are a lighter shade of blue than the background. 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%	9.8%	-6.3%
Year To Date:	-8.6%	-6.9%	-6.3%

Excluding information added during the financial audit:

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

Graphical 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%	9.8%
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%	-6.9%
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



Integrated Services Clinical Programs

CMO Report



Expanded Access and Provider Alignment

- Ongoing discussions to expand clinic access beyond traditional hours, with thoughtful staffing approaches
- Continued focus on timely appointments and reduced wait times across all teams
- EPIC enabling real-time visibility into scheduling gaps and demand trends
- Medical provider staffing now right-sized to our patient population.
- Empowering provider teams with greater autonomy in a Team based practice model.

COO Report



UDS clinical quality measures

Currently working with Azara to validate information from Epic with mapping in DRVS.

After Validation, will combine information from eCW (old EHR) with Epic so that Azara will have historical and new data.

Plan to use DRVS for 2025 UDS reporting.

UDS Clinical Quality Measures	HCN UDS			Num/Den	PHC Primary Goal (by 12/23)	PHC Secondary Goal (by 4/26)	HCN Goals
	Old DRVS TY 3/25	New DRVS on 7/2/25	4/5- 7/21/25 (HCN Goals)				
Childhood Immunization Status (CMS 117v13)	29.1%	12.5%	15.4%	6 of 39	28.9%	38.6%	≥39%
Child Weight Assessment / Counseling for Nutrition / Physical Activity (CMS 155v13)	53.7%	1.9%	32.0%	192 of 600	60.0%	70.0%	≥77.4%
BMI Screening and Follow-Up 18+ Years (CMS 69v13)	36.4%	33.5%	36.6%	2196 of 5997	44.0%	60.0%	≥83.1%
Depression Remission at Twelve Months (CMS 159v13)	3.7%	0.0%	NA	NA	3.9%	4.2%	NA
Screening for Depression and Follow-Up Plan (CMS 2v14)	82.5%	40.4%	44.1%	2514 of 5702	82.0%	89.9%	≥80.5%
Tobacco Use: Screening and Cessation (CMS 138v13)	84.7%	76.2%	79.6%	2488 of 3127	86.0%	93.0%	≥80%
Colorectal Cancer Screening (CMS 130v13)	33.1%	7.8%	29.6%	753 of 2546	50.8%	55.4%	≥68.3%
Cervical Cancer Screening (CMS 124v13)	45.9%	45.1%	43.2%	855 of 1980	54.7%	59.7%	≥79.2%
Breast Cancer Screening Ages 50-74 (CMS 125v13)	39.6%	1.6%	28.8%	301 of 1044	42.0%	46.0%	≥80.3%
Hypertension Controlling High Blood Pressure (CMS165v13)	60.7%	62.8%	61.3%	966 of 1612	61.6%	70.0%	≥80%
Diabetes A1c or GMI > 9 or Untested (CMS 122v13)	30.3%	25.7%	25.3%	170 of 671	28.0%	26.0%	≥11.6%
Statin Therapy for the Prevention and Treatment of Cardiovascular Disease (CMS 347v8)	73.9%	69.4%	72.6%	831 of 1144	76.0%	81.5%	≥80%
Initiation of Substance Use Disorder Treatment (CMS137v13a)	20.6%	28.1%	NA	NA	NA	NA	NA
Initiation and Engagement of Substance Use Disorder Treatment (CMS137v13b)	4.2%	1.6%	NA	NA	NA	NA	NA
IVD Aspirin Use (CMS 164v7.2)	79.9%	70.3%	67.9%	233 of 343	85.5%	92.0%	≥80%
HIV and Pregnant	0.0%	0.0%	NA	NA	NA	NA	NA
HIV Screening (CMS 349v7)	29.8%	27.5%	37.9%	1704 of 4497	27.9%	30.4%	NA
HIV Linkage to Care	100.0%	100.0%	NA	NA	75.0%	100.0%	NA
Dental Sealants for Children between 6-9 Years (CMS 277v0)	NA	NA	NA	NA	70.0%	80.0%	NA
Dental Treatment plans completed withint 18 mon				NA	50.0%	50.0%	NA

Other Key Performance Indicators

Indicator	Measure	Goal	Date/Data	SLT Owner	Indicator	Measure	Goal	SLT Owner
Operations are Excellent	Patient Experience	NPS of >90%	4/1 92%	Director of Quality Engagement/COO	Operations are Excellent	# Unused appointments	<10%	COO/CMO/Clinic Director
	Patient Retention	65%	In progress	Clinic Director/COO		# Unique patients	19,500	COO/CMO/Clinic Director
	Service Line Utilization	70%		Service Line Directors/COO		Cost per encounter	\$321	CFO
	Market Penetration	60%	In Progress	Director of Communication		Operating Margin	3.9%	CFO
Staff experience Joy in Work	Engagement Survey	70% agreement on all questions	In progress	Director of Staff Engagement/CEO		No show Rate	Medical <15%; BH<25%, Dental <25%	Directors of Service Lines/COO
	Equity Trainings per staff	100% are training in core equity areas	In progress	Director of Staff Engagement/CEO		Clean claim rate, days to bill, denials	In progress	CFO/ACFO
	Professional growth and development	All staff have a development plan in place	In Progress	Director of Staff Engagement				
	Staff turnover	Less than 13%	3/25 16%	Director of Staff Engagement				

Other Key Performance Indicators

Indicator	Measure	Goal	Date/Data	SLT Owner	Indicator	Measure	Goal	SLT Owner
Access is Barrier Free	# enc across PHC daily/weekly	Budgetary Encounter goals	Reviewed weekly with SLT	Directors of Service Lines	Clinical Quality is Best in Class	UDS Clinical Quality Measures (CQMs) meeting primary goals	See UDS spreadsheet	COO/CMO/ Clinic Director
	3rd next available	7-14 days	Individual by Provider	Clinic Director/COO/CMO		Eligible patients complete Medicare Wellness visit annually	50%	CMO/COO/ Clinic Director
	MyChart activations	40-50%	6/30 31%	Director of Quality Engagement/ COO		Reduce variability in Native American CQMs	<5 %	COO/CMO/ Clinic Director
	Appointments booked online	30% (in progress)		CIO				
Innovations in Population Health	Use of primary care by CCT patients	In progress	CINNO					
	MST will bill for 50% operating cost	In progress	CINNO					
	Patients will retain housing if engaged with PHC	80% after 6 months	CINNO					

CINNO Report



Forms 5A, 5B and 5C Demystified –

Form 5A Service Required – Lists all required and additional services.

Form 5B Services Sites – Where we provide these services

Form 5C – Additional activities

Target Population – must serve a medically underserved population or a “special” medically underserved population.

Together these make up PHC's **SCOPE OF PROJECT**

Scope of Project

- The Scope of Project is important because:
 - It defines what activities the health centers budget can support
 - Other federal programs use the health center scope of project to make decisions about program eligibility, including:
 - Medicare enrollment and revalidation
 - FTCA
 - 340B
 - National Health Service core

Form 5A - Services Provided

- Lists the required and additional services PHC provides. Service are delivered using one of 3 delivery methods:
 - Column I: Health Center Pays (health center pays)– services provided directly by the health center for which the health center pays and bills
 - Column II: Formal written contract/agreement (health center pays). The Health Center is responsible for paying and/or billing for the direct care provider.
 - Column III: Formal written referral arrangement (health center does not pay). The actual services is provided and paid/billed for by the other entity.

Pending Approved Changes		
Required Services	Additional Services	Specialty Services
Pending Approved Changes (0)	Pending Approved Changes (0)	Pending Approved Changes (0)

Approved Required Services			
Service Type	Service Delivery Methods		
	Column I. Direct (Health Center Pays)	Column II. Formal Written Contract/Agreement (Health Center Pays)	Column III. Formal Written Referral Arrangement (Health Center DOES NOT pay)
General Primary Medical Care	X	X	
Diagnostic Laboratory	X	X	X
Diagnostic Radiology	X	X	X
Screenings	X	X	
Coverage for Emergencies During and After Hours	X	X	X
Voluntary Family Planning	X	X	
Immunizations	X	X	
Well Child Services	X	X	
Gynecological Care	X	X	
Obstetrical Care			

Form 5B: Service Sites

(admin & service)

- There are five elements to being a services site:
 - Health center visits are generated by documenting in the patients' records face-to-face contacts between patients and providers;
 - Providers exercise independent judgment in the provision of services to the patient;
 - Services are provided directly by or on behalf of the health center, whose governing board retains control and authority over the provision of the services at the location; and
 - Services are provided on a regularly scheduled basis (e.g., daily, weekly, first Thursday of every month). However, there is no minimum number of hours per week that services must be available at an individual site.

Form 5C – Other Activities and Locations

- Lists activities and locations:
 - Do not meet the definition of a service delivery site
 - Are conducted on an irregular timeframe/schedule; and/or
 - Offer a limited activity from within the full complement of health center activities in the scope of project –
 - Some Examples Include – Immunizations, health fairs, home visits, health fairs.

The background is a solid teal color. Overlaid on the left side is a stylized flower graphic composed of five overlapping, teardrop-shaped petals in a lighter shade of teal. The text is centered horizontally and partially overlaps the flower.

Infrastructure CIO Report

Electronic Health Record

Continued work on EPIC stabilization and optimization tasks

Archiving solution for long term retention of eclinicalworks data continuing to be evaluated

EPIC Gallery document management tool to be implemented in December

Continued work on failover options for internet outages



IT Services

- Upgrading fleet to Windows 11 in preparation for Windows 10 End of life
- Network improvements
- Planning for future server hardware needs
- Identifying and planning for systems to be replaced related to Separation



Facilities

- Alder remodel underway. Slated to complete mid to late August
-
- Lowell front desk replacement completed.
 - Working on lights for PHC New Sign on South East Wall of Creamery
 - Replaced windows in pharmacy for better communication (more holes)
 - Prepping to bring Security/badge access in house, starting with Alder Building
 - New county Facilities Support staff working at PHC
 - Pharmacy added some shelves for additional storage



A photograph of laboratory glassware containing blue liquid, including an Erlenmeyer flask, a beaker, and a graduated cylinder, set against a blurred background of a lab. A white, torn-edge style graphic separates the image from the text on the right.

Business Development

Business Cases

- Lab
- Radiology
- Pharmacy Expansion
- Hours of Operation



PHC Board Meeting – July 2025

Recent Fully Executed Contracts

Contractor	Contract Type	Purpose	Term	Date Approved
Indiana University	AA	Medical students	7/6/25 – 7/6/27	7/2025
DPHHS	Contract	HIV+, amendment 1	4/1/25 – 3/31/26	7/2025
Dr. David Ruiz	BAA	Consultation	7/15/25 – 7/15/26	7/2025

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



Quality & Corporate Compliance Committee Meeting

7/17/2025, 10:00 – 11:00am, Virtually via Teams

Facilitator: Jil Dunn

Note-taker: Ben Laber

Timekeeper: Ben Laber

Participant list: Ben Laber, Jil Dunn, Mara Caball, Cassandra Griffith, Holly Blaylock, Raina Moss, Jaclyn Kinkaid, John Crawford, James Quirk, Joseph Faircloth

Working Agreements

- Meetings officially begin 5 minutes after scheduled start, and end 5 minutes before scheduled end; 30-minute meetings are an exception.
- Agendas are sent out at least 24 hours in advance.
- We act as supportive and collaborative meeting participants.
- We make charitable assumptions of others and ask for clarity when we need it. We try not to interrupt others.
- We are aware of the power in the room and regularly assess if the right people are there.
- We minimize distractions by avoiding multi-tasking on other things.
- We volunteer to help with notetaking, timekeeping, action items, and room set up, break down, and clean up.
- We are mindful of our [ladders of inference](#).
- In virtual meetings we turn our cameras on unless otherwise instructed.

Purpose

- To keep board members informed of current and upcoming Quality and Compliance issues and projects.

Desired Outcomes

- We will have a better understanding of recent pharmacy and financial audit findings.
- We will have a better understanding of the HCN EPIC implementation at this moment in time.
- Collect any feedback on the revisions to the Quality Management Plan.

Content (What)	Process (How)	Who (Roles)	Time (When)
CHECK IN		Jil	10:00

04/17/2025 MEETING MINUTES	<ul style="list-style-type: none"> Minutes Approval – <ul style="list-style-type: none"> John Crawford moved to approve minutes from the last 2 meetings. Mara Caball seconded Motion passed and minutes were approved. 	Jil	10:29
NO CURRENT FTCA CLAIMS	<ul style="list-style-type: none"> No current FTCA claims 	Jil	10:04
PHARMACY AUDITS	<ul style="list-style-type: none"> Prime Therapeutics – Claims Review – Reference#1259424 This claim review was for one prescription worth \$1,623.42. We received the request on 7/9/25 and responded to it that same day. No take back is expected. This item is considered closed. Prime Therapeutics – Claims Review – Reference #1258226 This claim review was for one prescription worth \$1,491.38. We received the request on 7/3/25 and we responded on 7/7/25. No take back is expected. This item is considered closed. Humana – Claim Validation Request – # 414401ALL0224-B This claim validation request was for one prescription worth \$1,542.84. We received this request on 6/4/25 and we responded that same day. No take back is expected. This item is considered closed. Humana – Invalid Claim Notification – This claim was for one prescription worth \$1.50. They noted that the prescriber attached to the prescription was not valid. I sent corrected information back to them. No take back. This item is closed. OptumRx – Prescription Validation Request – Reference #0625-9047 	Raina	10:06

	<p>This is for one claim worth \$553.38. We received the request on 6/23/25 and we responded on the same day. No take back expected. This item is considered closed.</p> <ul style="list-style-type: none"> • Prime Therapeutics – Claims Review – Reference#1249636 This is for one claim worth \$239.47. We received the request on 5/27/25 and responded the same day. No take back occurred. This item is closed. • OptumRx – Prescription Validation Request – Reference # 0425-12870 This is for one claim worth \$482.42. They requested the information on 4/30/25 and we responded the same day. Results were sent back to us on 5/15/25 – no take back resulted. This item is closed. • Prime Therapeutics – Claim Review – Reference # 1241300 This was for one claim worth \$465.40. The information was requested 4/21/25 and we responded 4/24/25. No take back occurred. This item is closed. • Prime Therapeutics – Daily Claim Review - Reference# 1240122 This claim review was for one prescription worth \$777.92. The information was requested and responded to on 4/16/25. No take back occurred. This item is closed. • Prime Therapeutics – Daily Claim Review – Reference #1240171 This claim review was for one prescription worth \$452.30. The information was requested and we responded on 4/16/25. No take back occurred. This item is closed. • Optum Rx – Audit ID# DSK-40716 This audit was sent to us originally on 3/25/25 and we responded on 4/7/25. There were 40 prescriptions worth \$35,696.71. One 		
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	<p>discrepancy was found which resulted in an \$866.22 loss. An appeal was attempted, and no appeal would be heard because they viewed it as a day supply issue (they can refuse any further appeal if they decided it was a day supply issue).</p> <ul style="list-style-type: none"> • Humana by Conduent – Audit #a2706197hum20250211 • Thirty prescriptions were audited worth \$249,855.22. The audit was dated 2/11/25 and the audit materials were uploaded into the Humana system on 3/11/25. The preliminary results came back with a \$12,547.98 take back. I appealed \$12,497.98 and got all of that money removed from the findings. There were ten \$5 assessments against us that were labeled as “educational” which I was not able to appeal. \$50 was the final take back. 		
340B SELF-AUDITS RESULTS	<ul style="list-style-type: none"> • Will report out next meeting 	Brent	
FINANCE AUDITS	<ul style="list-style-type: none"> • No Finance Audits to present. 	Holly	
QUALITY	<ul style="list-style-type: none"> • OSV – On Site Visit for Human Resource and Service Administration(HRSA) <ul style="list-style-type: none"> ○ 7/19-7/21 ○ Currently uploading all necessary documentation and assembling materials to submit. ○ PoP updates and changes will be brought to the next board meeting. 	Mara	10:15
PERFORMANCE EXCELLENCE	<ul style="list-style-type: none"> • LDM – Created new branded materials with Communications department. Will go live, September 1st. • Yellow Belt certifications <ul style="list-style-type: none"> ○ Cassandra Griffith, Jaime Dixon, and Amy Krzyzek all obtained yellow belt certification. 	Cass	10:17

	<ul style="list-style-type: none"> ○ Cass is working with Marge to create a system to get other staff members this certification. Should be complete by the end of the year. ● QI Intro at onboarding <ul style="list-style-type: none"> ○ Going over the DMAIC(Define Measure Analyze Improve Control) process ○ Show new staff why and how to implement LDM ● Epic Workgroups <ul style="list-style-type: none"> ○ Focused on Stabilization and Optimization projects, each ranked by priority levels 1, 2, and 3. 1 being the highest priority. ○ Stabilization - Anything that is causing patient safety issues or barriers to being seen or creating a bill. ○ Optimization – Anything we already do but we want to do more efficiently. ○ First few months mostly focused on Stabilization. ○ Currently working on : <ul style="list-style-type: none"> ▪ Resulting Orders ▪ Medication Reconciliation ▪ Clinically Administered Medication Workflow ▪ Referral Management ▪ CLEAR(Confidentiality, Legal Emancipation & Adolescent Rights) ▪ Mortality Review Process ▪ Specialty Clinic Scheduling ▪ Epic Upgrade (7/20 & 8/17) 		
ADJOURNMENT	<ul style="list-style-type: none"> ● Meeting adjourned at 10:30 	Jil	10:30

Next Meeting
10/17/25



PARTNERSHIP HEALTH CENTER (PHC) BOARD OF DIRECTORS MINUTES June 27, 2025

P/M PRESENT:

Kathleen Walters (P/M) *Chair*
John Crawford (P/M) *Vice-Chair*
Nathalie Wolfram (P/M)
Annie Green (P/M)
Patty Kero (P/M)
Suzette Baker (P/M)

ABSENT:

Jay Raines (P/M) – **Excused**
Jilayne Dunn (NP/M) *Treasurer* – **Excused**
Joe Melvin (P/M) *Secretary* – **Excused**
Krissy Petersen (NP/M) - **Excused**

RECORDING SECRETARY:

Brianne Walker, Executive Assistant Supervisor

NP/M PRESENT:

Esther Tuttle (NP/M)
Mark Thane (NP/M)
Jeanna Miller (Ex-Officio)

STAFF:

Lara Salazar, Chief Executive Officer (CEO)
Bryan Chalmers, Chief Financial Officer (CFO)
Dr. James Quirk, Chief Medical Officer (CMO)
Rebecca Goe, Chief of Innovations (CINNO)
Marge Baack, Chief Operating Officer (COO)
Jen Gregory, Director of Employee Relations
Dr. Robert Stenger, FMRWM

Leslie Kemmis, Clinic Director
Sage Iverson, MD Resident Physician


(Purple = virtual)

ISSUE	DISCUSSION	ACTION
<p>EDUCATION:</p> <p>CALL TO ORDER:</p> <p>LAND STEWARDS:</p> <p>PUBLIC COMMENTS</p> <p>BOARD MEMBER COMMENTS:</p>	<p>Lara Salazar presented the following update for the upcoming OSV (Operational Site Visit):</p> <ul style="list-style-type: none"> - Every health center has an Operational Site Visit; PHC is scheduled every three years. - Timeline of typical OSV reviewed. - Reviewers will be on site for three days. - Overview of documents and services that will be reviewed in depth. - For any findings, PHC has time to rectify. - OSV does meet separately with the Board of Directors to ensure understanding of services provided and independence. <p>The meeting was called to order by Kathleen Walters, Board Chair at 12:21 PM.</p> <p>Acknowledgement: <i>Partnership 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.</i></p> <p>There will be a new land acknowledgment that will go into effect in 2025.</p> <p>No public comments were brought forth.</p>	

<p><i>Conflict of Interest</i></p> <p>COMMITTEE UPDATES: <i>Executive/Finance</i></p> <p>TOPICS REQUIRING MOTIONS / DISCUSSION:</p> <p>POLICIES</p> <p>BOARD BYLAWS</p> <p>HIRING DELEGATION RESOLUTION</p>	<p>Board Member Conflict of Interest Disclosures: listings included in packet and based upon annual submissions.</p> <p>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.</p> <p>All Board members received the following policy changes in the Board packet for review. Bryan Chalmers provided an overview and asked for approval of each item.</p> <ul style="list-style-type: none"> • <u>Financial Hardship and Waiver of Fees:</u> clarifications in systems and employee titles; adding ability for billing department to waive >5 year old patient balances. • <u>Sliding Fee Scale, Nominal Fee, & Fee Waivers, Documentation of Eligibility:</u> adding ability to provide a full discount for patients experiencing houselessness • <u>Paid in Full Discount:</u> will no longer require a spreadsheet to be maintained • <u>Fee Development:</u> changed policy frequency for review; remove specific vendor references; adding fee analysis consideration. <p>Lara Salazar reported the following update to amending the Board Bylaws as discussed at Executive Finance Committee:</p> <ul style="list-style-type: none"> - Being further worked through with PERS and what exactly the Bylaws will need to indicate. <p>All Board members received the resolution proposal for delegation of hiring. Lara Salazar and Bryan Chalmers displayed and reviewed the resolution.</p>	<p>* It was moved, seconded (Patty Kero, Mark Thane) and carried to approve the Policy changes as presented. The vote was unanimous.</p> <p>* It was moved by Suzette Baker and seconded and carried to approve the</p>
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CEO REPORT	CEO Update: All Board members received a copy of the CEO Report in the packet for review. Lara Salazar presented and discussed the CEO Report.	Hiring Delegation Resolution as presented. The vote was unanimous.
CFO REPORT	All Board members received the Chief Financial Officer's Report in the Board packet for review. Bryan Chalmers presented and discussed the CFO Report.	* It was moved, seconded (John Crawford, Suzette Baker) and carried to approve the CEO and CFO Reports as presented. The vote was unanimous.
CONSENT AGENDA	<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>Approval of Board of Directors Meeting Minutes of 05/30/25 as presented.</i> • <i>Acknowledgement of Executive/Finance Committee Meeting Minutes of 05/21/25 as presented.</i> 	*It was moved, seconded (John Crawford, Mark Thane) and carried to approve the Consent Agenda items as presented. The vote was unanimous.
NEXT MEETING	The next monthly Board meeting will be held on Friday, July 25, 2025.	
ADJOURNMENT	The meeting adjourned at 1:41 PM.	
	Respectfully submitted,	
*Indicates motions made and accepted.	<div> <div>_____</div> <div>Joe Melvin, PHC Board Secretary</div> </div> <div> <div>_____</div> <div>Brianne Walker, Recording Secretary</div> </div>	*It was moved, seconded (John Crawford, Patty Kero) and carried to adjourn the meeting. The vote was unanimous.

¹ Family Medicine Residency of Western Montana



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

June 18, 2025

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

STAFF: Lara Salazar, Chief Executive Officer (CEO)
Bryan Chalmers, Chief Financial Officer (CFO)
James Quirk, Chief Medical Officer (CMO)
Becca Goe, Chief Innovations Officer (CINO)

Brianne Walker, Recording Secretary

*Virtual

ISSUE	DISCUSSION	ACTION
CALL TO ORDER	The meeting was called to order by Kathleen Walters, Chair, at 11:33a.m.	*It was moved, seconded (Joe Melvin, Jil Dunn) & carried to approve the EFC Meeting Minutes of May 21, 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 May Executive/Finance Committee Meeting Minutes for review.	
CFO REPORT	Bryan Chalmers distributed the May financial statement to all committee members (see attached) and reported the following: <ul style="list-style-type: none">- \$3.5 million loss; budgeted \$2.6 million	
POLICIES	<ul style="list-style-type: none">- Days in Accounts Receivable was 89; increase in A/R for pharmacy; decrease in A/R for clinical. The payor majority is self pay accounts.- Volume Indicators: Dental is 4% off budget; Medical is 15% off budget, however, Dr. Quirk reported hiring another provider and will start Saturday hours. This will also increase pharmacy.- Executive team has done extensive work on staff ratios in medical. Providers have been budgeted at 2023 encounters for each full time provider (2080 hours), this is being increased slowly to 2800 encounters. Reviewing ratios of medical assistants, RN's and	

<p>NEXT BOARD AGENDA</p> <p>NEXT MEETING</p> <p>ADJOURNMENT</p> <p>* Indicates motions made and accepted.</p>	<p>PSR's (patient service representative) to providers. Will likely offer bonus share within the team for meeting encounter goal.</p> <ul style="list-style-type: none"> o Jil Dunn asked where the benchmark numbers come from. Bryan Chalmers is referring to Capital Link which is geared towards FQHC's specifically. <ul style="list-style-type: none"> - Will be managing towards 253 FTE's through a strict attrition process. - Net revenue displayed and reviewed. - Supplies: costs are increasing - Computer Line will accelerate with Epic invoices - Contracted services: new payments included that were not budgeted for - Net income: budgeted \$2.6 million loss; actual \$3.5 million loss <p>Changes reviewed in the following policies:</p> <p><u>Financial Hardship and Waiver of Fees</u></p> <ul style="list-style-type: none"> - General clarifications in system names and employee titles. - Ability for billing department to waive accounts older than five years in which patients have a made a good faith effort to pay off. <p><u>Sliding Fee Scale, nominal fees</u></p> <ul style="list-style-type: none"> - Allows for full discount to patients experiencing houselessness. <p><u>Paid in Full Discount</u></p> <ul style="list-style-type: none"> - No longer requires maintenance of a spreadsheet; adds to electronic system <p><u>Fee Development</u></p> <ul style="list-style-type: none"> - Change frequency from annual to every three years <p>The draft agenda for the Friday, June 27, 2025, Board Meeting was reviewed.</p> <ul style="list-style-type: none"> - Add Bylaws amendment approval <p>The next Executive/Finance Committee meeting will be July 16, 2025.</p> <p>The meeting was adjourned at 12:06 p.m.</p> <p>Respectfully submitted,</p> <p>_____ Joe Melvin, Board Secretary</p> <p>_____ Brienne Walker, Recording Secretary</p>	<p>*It was moved, seconded (John Crawford, Joe Melvin) & carried to recommend approval of the policies. The vote was unanimous.</p> <p>*It was moved, seconded (John Crawford, Joe Melvin) & carried to approve the June 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	301 W. Alder Missoula, MT 59802 Ph: 258-4996 Fax: 523-4781	jmiller@missoulacounty.us
Missoula County Health Department		



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 Phone: (406) 258-4789 | Fax: (406) 258-4732 | Email: partnership@phc.missoula.mt.us

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	HCN Go live update
05/2025	Safety and Risk Management report
06/2025	OSV overview
07/2025	Board open discussion on education topics
08/2025	
09/2025	
10/2025	
11/2025	
12/2025	
	Ideas
	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
	Legislative Update - ?Stacey Anderson
	LDM updates with Cass

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