The FQHC Income Statement

Common tendencies of the revenue and expenses of a community health center

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Agenda

- Statement of Financial Activities
 - Revenue Cycle
 - ■Sources of revenue
 - Analytical tools
 - Landscape
 - Expenses
 - Monitoring tools



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Statement of Financial Activities For the month and YTD ending 4/30/2015

Statement of Financial Activities

	MTD	YTD
Revenues	MID	TID
Grant Revenues	162,500	650,000
Program Revenue (Patient Service Income)	500,000	2,000,000
Less: Contractual Adjustments	(250,000)	(450,000)
Less: Sliding Fee Scale	(50,000)	(200,000)
Total Program Revenue	200,000	1,350,000
Other Revenue	25,000	150,000
Total Revenues	887,500	4,150,000
Expenses		
Personnel	621,250	2,485,000
Other Program Expenses	75,000	300,000
Administrative	133,125	532,500
Facility	44,375	177,500
Other	17,750	71,000
Total Expenses	891,500	3,566,000
Net Change in Assets - Surplus/(Deficit)	(4,000)	584,000

- Federal Grant
- State Grants
- Foundations and Local
- Fund Development
- Patient Services Revenue
- Pharmacy (340B)

- Federal Grant
 - Section 330 of the Public Health Service Act
 - http://bphc.hrsa.gov/about/legislation.html
 - c planning grants
 - e operating grants
 - f infant mortality grants
 - g migratory and seasonal agricultural workers
 - h Homeless populations
 - i residents of public housing
 - j access grants

- Federal Grant
 - Section 330 of the Public Health Service Act
 - Supplemental Funding
 - oPCMH quality
 - Outreach
 - Expanded Services
 - OHealth Infrastructure Improvement Program
 - **ONew Access Points**

Federal Grant

- Landscape
 - Funds must be budgeted and appropriated
 - Usually receive bi-partisan support
 - ACA law
 - Changing priorities of the BPHC and HRSA
 - New regulations minimum user requirements
 - Program Information Notices (PINs)
 - Sliding Fee PIN (2014-02)
 - Budgeting and Accounting PIN (2013-01)

- State Grants
 - Michigan Department of Community Health (MDCH)
 - Ryan White HIV
 - Immunization Action Plan
 - Women's Infant and Children (WIC)
 - Teen Pregnancy Prevention
 - Tobacco Reduction
 - Diabetes Prevention
 - Many others

State Grant

- Landscape
 - Sustainability issues
 - Reporting and tracking
 - Reimbursement methodology
 - Audits

- Foundations
 - American Cancer Society
 - Kellogg Foundation
 - **■**CVS Foundation
 - ■BCBS Endowment

Foundations

- Landscape
 - Changing priorities
 - Sustainability

- Fund Development
 - Board fundraising
 - Internal department

- Patient Services Revenue
 - ► FQHC Landscape
 - Schedule of Fees (Sliding Fee PIN)
 - Sliding Fee
 - Changing payment models
 - •ICD-10
 - •SIMS ASC
 - •MCR PPS
 - Commercial payers folding

- ACA law
- Marketplace
- Medicaid Expansion

Patient Services Revenue

- Medicaid
 - Memorandum of Agreement
 - Currently many centers still 1-4 years out on reconciliations
 - Changing reimbursement levels
 - Healthy Michigan
 - Required waivers
 - 4 year limits

Patient Services Revenue

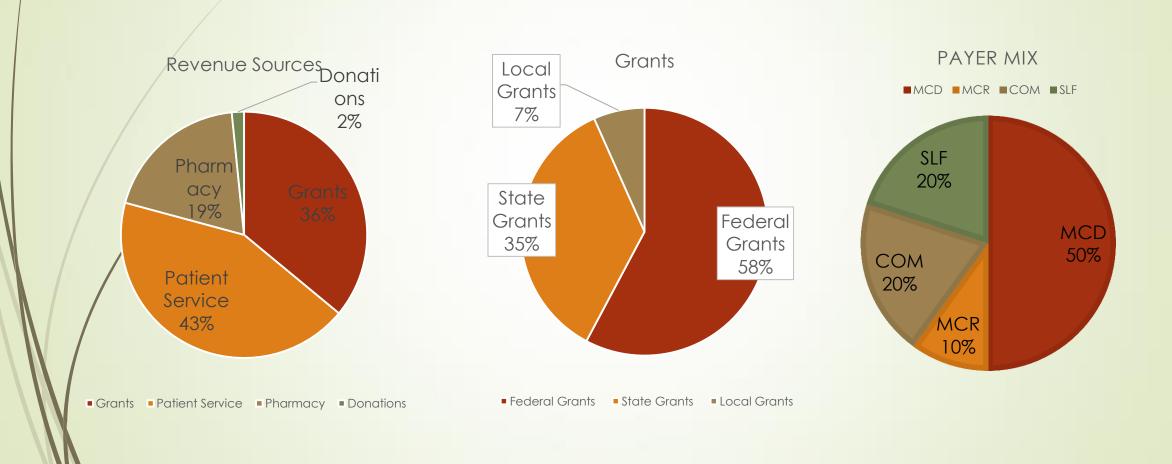
- Medicare
 - ► FQHC PPS Rate
 - MCR Advantage Plans
 - Switch to value based reimbursement
 - MCR required reporting
 - Monthly credit balance
 - Annual cost report

Patient Services Revenue

- Commercial
 - Contract negotiations
 - Reimbursement turnaround time

- Self Pay
 - Sliding Fee PIN
 - Increased scrutiny on alternative funding sources
- Pharmacy (340B)

Analytical Tools - Revenue



Analytical Tools - Revenue

- Budget vs. Actual
 - · % Source
 - Encounters
 - Payer Mix

- This year vs. last
 - · % Source
 - Encounters
 - Payer Mix

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"Our books are balanced. 50% of our numbers are real and 50% are made up."

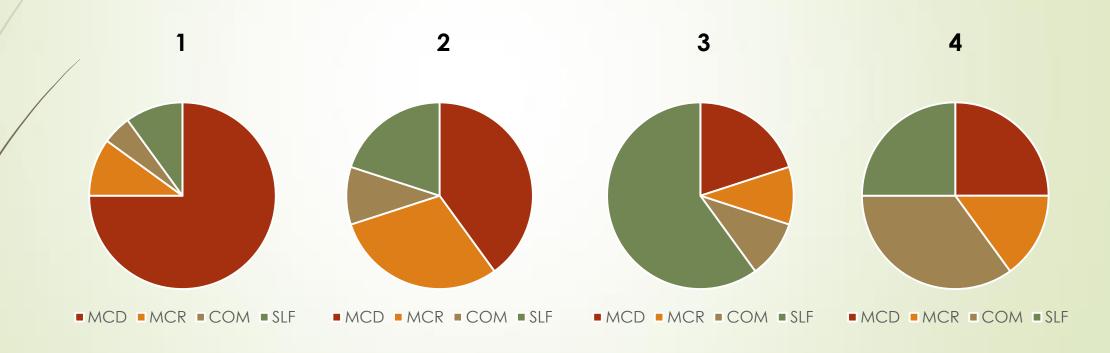
Analytical Tools – Funding Dependencies

- Grants
- Medicaid
- Medicare
- Donors

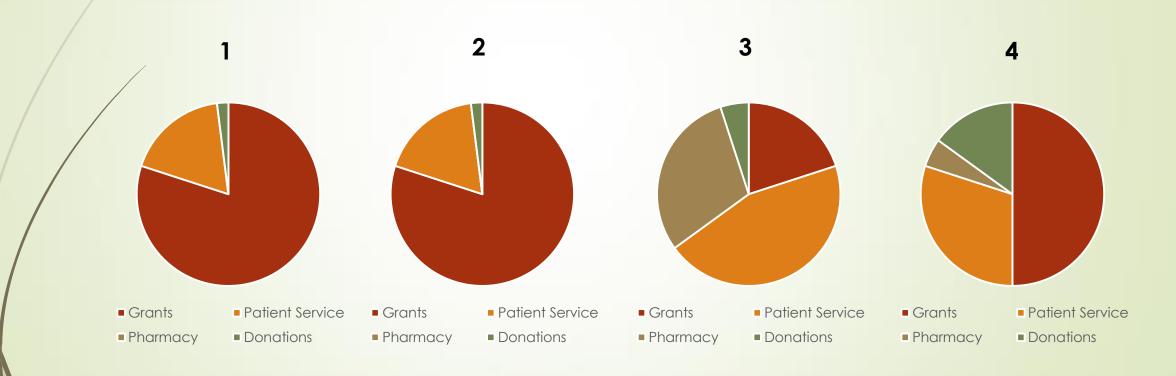
State of Michigan did not get CMS approval for the 2nd waiver for Healthy Michigan and the coverage is in jeopardy.



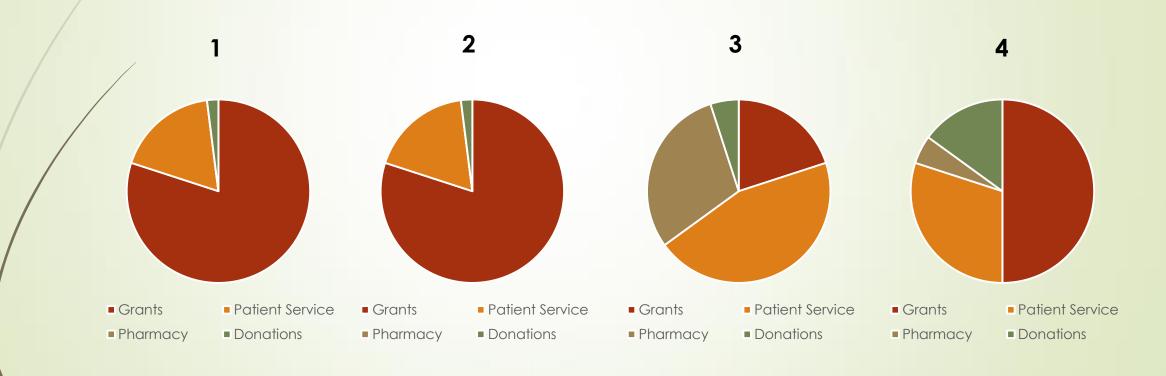
One of the larger Marketplace insurers in your service area has filed for bankruptcy.



Foundations are moving from capital investment to programs.



Congress has to pass a budget or risk a government shut down.



Statement of Financial Activities For the month and YTD ending 4/30/2015

Expenses

What:

% of program

% of administrative

% of facility

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Statement of Financial Activities For the month and YTD ending 4/30/2015

Expenses

- Personnel expenses will typical make up the majority of an FQHC's expenses.
 - Health Centers typically report operating losses when salaries are greater than 70-75% or total revenue.
 - How efficiently are you using those resources?
 - Productivity
 - Cost/Encounter UDS
 - Per Provider FTE

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Analytical Tools - Expenses

- Budget vs. actual
- Last year vs. actual
- % of annual budget
- Comparison/Benchmarks
 - UDS cost measures state and national
 - HRSA grant financial goals

Grant Expenses

- Under budget is not necessarily a good thing
- Can drastically alter budget
- Tracking and reporting requirements usually significant
- Restricted funds
 - Statement presentation can breakout

Statement of Financial Activities

For the month and YTD ending 4/30/2015

Considerations:

- Restricted revenue is greater than restricted expenses
- Without the grant, the deficit is significantly greater

	Restricted	Unrestricted	Total
Revenues			
Grant Revenues	62,500	100,000	162,500
Program Revenue (Patient Service Income)	-	500,000	500,000
Less: Contractual Adjustments	-	(250,000)	(250,000)
Less: Sliding Fee Scale	<u> </u>	(50,000)	(50,000)
Total Program Revenue	-	200,000	200,000
Other Revenue		25,000	25,000
Total Revenues	62,500	825,000	887,500
Expenses			
Personnel	20,000	601,250	621,250
Other Program Expenses	2,000	73,000	75,000
Administrative	-	133,125	133,125
Facility	1,000	43,375	44,375
Other	2,000	15,750	17,750
Total Expenses	25,000	866,500	891,500
Net Change in Assets - Surplus/(Deficit)	37,500	(41,500)	(4,000)

I THINK YOU SHOULD BE MORE SPECIFIC HERE IN STEP TWO M OBSII

Questions?

THANK YOU!
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