



Valleywise Community Health  
Centers Governing Council

Finance Committee  
Meeting

March 4, 2020  
4:30 p.m.

Agenda



<p><b><u>Committee Members</u></b> Terry Benelli, Committee Chair Pedro Cons, Committee Vice Chair Melissa Kotrys, Member Isaac Serna, Member Ryan Winkle, Member Barbara Harding, CEO, FQHC, Non-Voting Member Rich Mutarelli, CFO, Non-Voting Member</p>	<p><b><u>AGENDA</u></b> <b>Finance Committee of the Valleywise Community Health Centers Governing Council</b></p> <p><b>Mission Statement of the Valleywise Community Health Centers Governing Council</b> Serve the population of Maricopa County with excellent, comprehensive health and wellness in a culturally respectful environment.</p>
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- Valleywise Health Medical Center • 2601 East Roosevelt Street • Phoenix, Arizona 85008 •
- Conference and Administration Center • Auditoriums 1 and 2 •
- Office 602-344-5177 •

Wednesday, March 4, 2020  
4:30 p.m.

One or more of the members of the Finance Committee may participate telephonically. Committee members participating telephonically will be announced at the meeting.

Pursuant to A.R.S. § 38-431.03(A)(3), or any applicable and relevant state or federal law, the Finance Committee may vote to recess into an Executive Session for the purpose of obtaining legal advice from the Finance Committee's attorney or attorneys on any matter listed on the agenda. The Finance Committee also may wish to discuss any items listed for Executive Session discussion in General Session, or the Finance Committee may wish to take action in General Session on any items listed for discussion in Executive Session. To do so, the Finance Committee will recess Executive Session on any particular item and reconvene General Session to discuss that item or to take action on such item.

**If you are carrying a cell phone, pager, computer, or other sound device, we ask that you silence it at this time to minimize disruption of the meeting.**

*Agendas are available within 24 hours of each meeting in the office of the Chief Governance Officer, Valleywise Health Medical Center, 2601 East Roosevelt Street, Phoenix, Arizona 85008, Conference and Administration Center, 2<sup>nd</sup> Floor, Monday through Friday between the hours of 9:00 a.m. and 4:00 p.m. and on the internet at <https://valleywisehealth.org/about/governing-council/>. Accommodations for Individuals with disabilities, alternative format materials, sign language interpretation, and assistive listening devices are available upon 72 hours advance notice through the office of the Chief Governance Officer, Valleywise Health Medical Center, 2601 East Roosevelt Street, Phoenix, Arizona 85008, Conference and Administration Center, 2<sup>nd</sup> Floor, (602) 344-5177. To the extent possible, additional reasonable accommodations will be made available within the time constraints of the request.*

## Call to Order

## Roll Call

## Call to the Public

*This is the time for the public to comment. The Finance Committee may not discuss items that are not specifically identified on the agenda. Therefore, pursuant to A.R.S. § 38-431.01(H), action taken as a result of public comment will be limited to directing staff to study the matter, responding to any criticism or scheduling a matter for further consideration and decision at a later date.*

## ITEMS MAY BE DISCUSSED IN A DIFFERENT SEQUENCE

### General Session, Presentation, Discussion and Action:

1. Approval of Consent Agenda: **5 min**  
*Any matter on the Consent Agenda will be removed from the Consent Agenda and discussed as a regular agenda item upon the request of any voting Committee member.*

- a. Minutes:

- i. **Approve** Finance Committee Meeting Minutes Dated February 5, 2020

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### End of Consent Agenda

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2. Discuss, Review and **Make Recommendations** to the Valleywise Community Health Centers Governing Council to **Approve** the Strategy for Dental Services at the Valleywise Community Health Centers-Chandler, Mesa and South Central **15 min**  
*Barbara Harding, Chief Executive Officer, Federally Qualified Health Centers*
3. Discuss the Utilization and Evaluation of the Federally Qualified Health Center Clinics Sliding Fee Discount Program; Discuss and Review the 2020 Federal Poverty Level Guidelines; Discuss, Review and **Make Recommendations** to the Valleywise Community Health Centers Governing Council to **Approve** Changes to the Federally Qualified Health Center Clinics Sliding Fee Discount Policy and Schedule; **25 min**  
*Nancy Kaminski, Senior Vice President of Revenue Cycle*  
*Kathie Kirkland, Director of Patient Financial Services*
4. Discussion and **Possible Action** on the Federally Qualified Health Center Clinics Ambulatory Operational Dashboard – Financial Section **5 min**  
*Barbara Harding, Chief Executive Officer, Federally Qualified Health Centers*
5. Discuss and Review the Federally Qualified Health Center Clinics Budget Calendar for the 2021 Fiscal Year **5 min**  
*Rich Mutarelli, Chief Financial Officer*
6. Discuss, Review and **Possible Action** on the following Finance Committee Reports **10 min**
  - a. Monthly Federally Qualified Health Center Clinics Financials and Payer Mix
  - b. Quarterly Valleywise Community Health Centers Governing Council Expenditures Compared to Budget
  - c. Quarterly Federally Qualified Health Center Clinics Routine Capital Purchases Report
  - d. Quarterly Federally Qualified Health Center Clinics Care Reimagined Capital Purchases Report*Claire Agnew, Senior Vice President, Financial Services*

**General Session, Presentation, Discussion and Action, cont.:**

7. Chair and Committee Member Closing Comments/Announcements 5 min  
*Finance Committee Members*
  
8. Review Staff Assignments 5 min  
*Cassandra Santos, Assistant Clerk*

**Old Business:**

December 4, 2019

Beginning FY 2021: Break out behavioral health services from the Valleywise Community Health Centers financials

February 5, 2020

Future agenda item: Update on the Strategy for Dental Services at the Valleywise Community Health Centers Avondale and Valleywise Comprehensive Health Center-Peoria in June 2020

**Adjourn**



Valleywise Community Health  
Centers Governing Council

Finance Committee  
Meeting

March 4, 2020

Item 1.a.i.

February 5, 2020  
Meeting Minutes

## Minutes

Valleywise Community Health Centers Governing Council  
Finance Committee  
Valleywise Health Medical Center  
Conference and Administration Center, Auditoriums 1 and 2  
February 5, 2020  
4:00 p.m.

DRAFT

**Voting Members Present:** Terry Benelli, Committee Chair  
Pedro Cons, Committee Vice Chair  
Melissa Kotrys, Member – *arrived at 4:04 p.m.*  
Isaac Serna, Member – *participated telephonically, disconnected at 4:13 p.m.,  
reconnected at 4:28 p.m.*

**Voting Members Absent:** Ryan Winkle, Member

**Non-Voting Members Present:** Barbara Harding, Chief Executive Officer, Federally Qualified Health  
Center Clinics  
Rich Mutarelli, Chief Financial Officer

**Others/Guest Presenters:** Claire Agnew, Senior Vice President, Financial Services  
Kevin Lopez, M.D., Medical Director, Ambulatory Services – *excused  
himself at 4:50 p.m.*  
Christie Markos, Manager, Budgeting and Decision Support  
Bob Winovich, Dental Services Manager

**Recorded by:** Cassandra Santos, Assistant Clerk

### **Call to Order**

Chairman Benelli called the meeting to order at 4:00 p.m.

### **Roll Call**

Ms. Santos called roll. Following roll call, it was noted that three of the five voting members of the Valleywise Community Health Centers Governing Council's Finance Committee were present, which represented a quorum. Ms. Kotrys arrived shortly after roll call. Mr. Serna participated telephonically.

For the benefit of all participants, Ms. Santos named the individuals present as well as those participating telephonically.

### **Call to the Public**

Chairman Benelli called for public comment. There were no comments from the public.

**Valleywise Community Health Centers Governing Council – Finance Committee  
Meeting Minutes – General Session – February 5, 2020**

**General Session, Presentation, Discussion and Action:**

1. Approval of Consent Agenda:

a. Minutes:

i. Approve Finance Committee Meeting Minutes Dated January 2, 2020

**MOTION:** Vice Chairman Cons moved to approve the consent agenda. Mr. Serna seconded.

**VOTE:** 3 Ayes: Chairman Benelli, Vice Chairman Cons, Mr. Serna  
0 Nays  
2 Absent: Ms. Kotrys, Mr. Winkle  
**Motion passed.**

2. Discuss, Review and Make Recommendations to the Valleywise Community Health Centers Governing Council to Approve the Strategy for Dental Services at the Valleywise Community Health Center-Avondale and the Valleywise Comprehensive Health Center-Peoria

**NOTE:** Ms. Kotrys arrived

Ms. Harding felt that the future direction of the Federally Qualified Health Center (FQHC) Dental Clinics depended upon realistic plans in terms of financial stability and decisions that provided access to dental care to the vulnerable patient population served.

Ms. Agnew gave a description of the dental clinic located at the Community Health Center-Avondale, including the number of operatories, and the number of dental providers and dental staff. She reviewed similar details about the dental clinic that would be located at the Valleywise Comprehensive Health Center-Peoria.

She said that the original plan was to close the dental clinic located at the Valleywise Community Health Center-Avondale with the opening of the dental clinic located at the Valleywise Comprehensive Health Center-Peoria. After the original plan was created, unexpected situations had surfaced.

She reminded committee members that the New York University Lutheran Medical Center terminated the Valleywise Health dental residency program in December 2019. The change would likely jeopardize overall access to dental care, due to a lack of future provider coverage.

Part of the plan was to also move dental provider positions from the Valleywise Community Health Centers-Glendale and Avondale to the Valleywise Comprehensive Health Center-Peoria, however, the dental clinic in Glendale closed two years ago.

In addition, there was a concern about the distance from the Valleywise Comprehensive Health Center-Peoria to the Valleywise Community Health Center-Avondale. Patients that received dental services at the dental clinic in Avondale may not be able to or may not want to travel to Peoria to resume dental care. It was recommended that the dental clinic in Avondale stay open if additional dental providers, particularly providers familiar with pediatric dental care, could be recruited.

Ms. Agnew said that two new dental providers were recently hired for the dental clinic located at the Valleywise Comprehensive Health Center-Peoria.

Chairman Benelli asked if more than two new dental providers would be hired in the future.

Ms. Agnew said that more would be hired eventually as needed.

**Valleywise Community Health Centers Governing Council – Finance Committee  
Meeting Minutes – General Session – February 5, 2020**

**General Session, Presentation, Discussion and Action, cont.:**

2. Discuss, Review and Make Recommendations to the Valleywise Community Health Centers Governing Council to Approve the Strategy for Dental Services at the Valleywise Community Health Center-Avondale and the Valleywise Comprehensive Health Center-Peoria, cont.

Ms. Harding mentioned that a future residency program partnership with Creighton University was being explored. This would alleviate the provider shortage. She added that the Arizona Alliance for Community Health Centers (AACHC) initiated a lawsuit against the Arizona Health Care Cost Containment System (AHCCCS) for it to cover adult dental coverage. If the AACHC prevailed it would positively impact Valleywise Health's reimbursable dental services in the future.

Another concern with closing the dental clinic located at the Valleywise Community Health Center-Avondale was that patients may not resume primary care services at that location if they are no longer able to also utilize dental services.

Ms. Harding highlighted a visit summary for dental clinics located at the Valleywise Community Health Centers-McDowell, Avondale, Mesa, Chandler, South Central, and the Valleywise Comprehensive Health Center-Phoenix. She noted substantial growth at the dental clinic located at the Valleywise Community Health Center-Avondale in fiscal years (FY) 2018-2019. Although there was a negative variance fiscal year-to-date (FYTD) 2020, she remained positive that improvement would be shown at that location in the future.

She mentioned that the two new dental providers hired for the Valleywise Comprehensive Health Center-Peoria would start at the dental clinic located at the Valleywise Community Health Center-Avondale initially.

Ms. Harding reviewed FQHC Dental Clinic total visits from FY 2018-2019 and FYTD 2020 actual compared to budget. She pointed out challenges and improvements.

Ms. Kotrys asked if the negative variance, FYTD 2020, may be attributed to the termination of the New York University Lutheran Medical Center residency program at the Valleywise Community Health Center-Avondale.

Ms. Harding believed so. She said that with the two new dental providers starting soon, it was anticipated that visits would increase throughout the remainder of the fiscal year.

Mr. Winovich added that dental provider illness or paid-time-off (PTO) also played a part in the negative variance FYTD. He mentioned that the incorporation of dental hygienists at that location helped to begin to increase volume.

**NOTE:** Mr. Serna disconnected from the meeting.

Ms. Agnew highlighted pros and cons of the current plan to close the dental clinic at the Valleywise Community Health Center-Avondale with the opening of the Valleywise Comprehensive Health Center-Peoria. She also listed pros and cons of keeping the clinic open, which was what staff was recommending.

Ms. Agnew reiterated distance and driving time, by automobile and public transportation, from the Avondale area to the Peoria area.

Ms. Kotrys asked for an update on the strategy for dental services at the Valleywise Community Health Centers Avondale and Valleywise Comprehensive Health Center-Peoria in June 2020.

Ms. Agnew and Ms. Harding noted the request.



**Valleywise Community Health Centers Governing Council – Finance Committee  
Meeting Minutes – General Session – February 5, 2020**

**General Session, Presentation, Discussion and Action, cont.:**

2. Discuss, Review and Make Recommendations to the Valleywise Community Health Centers Governing Council to Approve the Strategy for Dental Services at the Valleywise Community Health Center-Avondale and the Valleywise Comprehensive Health Center-Peoria, cont.

**MOTION:** Ms. Kotrys moved to recommend to the Valleywise Community Health Centers Governing Council to keep the dental clinic at the Valleywise Community Health Center-Avondale open in addition to the dental clinic that will open at the Valleywise Comprehensive Health Center-Peoria. Vice Chairman Cons seconded.

**VOTE:** 3 Ayes: Chairman Benelli, Vice Chairman Cons, Ms. Kotrys  
0 Nays  
2 Absent: Mr. Serna, Mr. Winkle  
**Motion passed.**

3. Discussion and Possible Action on the Federally Qualified Health Center Clinics Ambulatory Operational Dashboard – Financial Section

Ms. Harding noted some changes made to the Ambulatory Operational Dashboard. In addition to minor changes in color scheme, there was more focus placed on FYTD FQHC Clinic visits.

She explained the changes to the performance threshold values, which were made to reflect more realistic goals and expectations of clinic visits compared to budget.

Ms. Harding reviewed actual visits compared to budget for FYTD as of December, 2019 for the Valleywise Community Health Centers.

**NOTE:** Mr. Serna reconnected.

Visits at the Valleywise Community Health Centers-Avondale, El Mirage, Glendale, Guadalupe, and Mesa, maintained positive variances above targets and continued to show improvement.

Visits at the Valleywise Community Health Centers-Chandler and Maryvale had negative variances but were within target and continued to show improvement.

Ms. Harding noted current challenges that existed at the Valleywise Community Health Centers-McDowell, and 7<sup>th</sup> Avenue. A provider at the Valleywise Community Health Centers-McDowell recently resigned and provider recruitment was ongoing. Low volumes at both clinics were attributed to a lack of provider coverage, therefore, resulting in uncovered sessions.

Dr. Lopez said that the Valleywise Community Health Center-7<sup>th</sup> Avenue had issues with not enough adequate space. There was not enough total patient rooms within the clinic to schedule all three providers at the same time, which resulted in not being able to schedule appointments to full potential.

Chairman Benelli mentioned that even with target threshold changes, expectations for visits at the Valleywise Community Health Center-7<sup>th</sup> Avenue did not seem realistic.

Ms. Harding agreed. She said that all resources, including hours and patient rooms were being maximized to full potential. She noted that appointments per provider were evenly disbursed.

**Valleywise Community Health Centers Governing Council – Finance Committee  
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**General Session, Presentation, Discussion and Action, cont.:**

3. Discussion and Possible Action on the Federally Qualified Health Center Clinics Ambulatory Operational Dashboard – Financial Section, cont.

She further explained that a “physician of the day” pilot program was implemented at the Valleywise Community Health Center-7<sup>th</sup> Ave. Patients were able to seek care with the assigned physician of the day on a walk-in basis. The program was intended to replicate the model of care that previously available at the now closed 7th Avenue Walk-In Clinic.

Dr. Lopez added that additional rooms were created within the clinic to provide needed space for the doctor of the day program.

Ms. Harding said that the Valleywise Community Health Center-South Central had a negative variance of 16.5% for actual visits compared to budget. Changes with the consolidation of diabetic educator regions may have impacted the clinic negatively for a short period of time.

She added that Dr. Lopez and other ambulatory network staff continued to work with clinic managers, providers, and the Chief Medical Director (CMD), at that location, in efforts to work toward increasing volume.

The clinic implemented a 20-minute appointment pilot program recently. Visits were being scheduled for 20 minutes for new and existing patients as opposed to 15-minute appointments for existing patients and 30-minute appointments for new patients. This would provide for visit volume increases, and still allow flexible and adequate patient care.

She said that there was also a possibility to expand the Obstetrics and Gynecological (OB/GYN) services at that location, to maximize appointment scheduling possibilities within the service.

Ms. Harding said that the Valleywise Community Health Center-Sunnyslope had a negative variance of 6.9 percent. The clinic struggled to meet benchmark due to provider vacancies. She mentioned that a Nurse Practitioner (NP) was recently started, along with other clinical support staff.

Overall, visits to the Valleywise Community Health Centers had a negative variance of 1.9%, FYTD, as of December, 2019.

Ms. Harding highlighted actual visits compared to budget for FQHC Clinics located at the Valleywise Comprehensive Health Center-Phoenix.

Visits at the Women’s Clinic had a negative 15.9% variance due to error found regarding the number of provider positions actually held at the clinic. The issue, originally announced at the November 2019 Finance Committee meeting, would continue to pose challenges, resulting in a higher negative variance of actual visits compared to budget, for the remainder of the fiscal year.

The antepartum testing service line was less than budget, with a 12.3% negative variance, which was attributed to a shortage of sonographers. Ms. Harding said that efforts to hire sonogram technicians were currently in progress.

Ms. Harding noted challenges to obtain targeted visits at the Internal Medicine Clinic due to a lack of available providers at that clinic. She said there was a delay in communication regarding medical resident’s availability, therefore a delay in scheduling patient appointments. The issue was being resolved.

Visits at the Pediatric Primary Care Clinic showed continued improvement and were within target. Meetings that were routinely held with key clinical staff, to discuss areas of opportunity, were linked to part of the solution.

**Valleywise Community Health Centers Governing Council – Finance Committee  
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**General Session, Presentation, Discussion and Action, cont.:**

3. Discussion and Possible Action on the Federally Qualified Health Center Clinics Ambulatory Operational Dashboard – Financial Section, cont.

Visits compared to budget for the Valleywise Comprehensive Health Center-Phoenix had a combined negative variance of 6.4 percent. Visits to all FQHC Clinics had a negative variance of 2.5%, or 3,719 visits, FYTD, as of December, 2019, but still maintained within the target threshold overall.

Ms. Harding elaborated on challenges that existed and implemented changes geared toward the increase of volumes. She was optimistic that overall visits would continue to improve moving forward.

Pertaining to Valleywise Health staff productivity, Ms. Harding drew attention to clinics that struggled due to staff vacancies.

Behavioral health service visits were reviewed. Overall, behavioral health service visits had a positive 34.3% variance, FYTD. Ms. Harding expressed the importance of behavioral health integration as indicated by the continued growth and increase in visits.

Dr. Lopez noted that the positive impact on patients with chronic illness and integration of behavioral health services has been incredible.

Ms. Harding said that visits to the dental clinics located at the Valleywise Community Health Centers and the Valleywise Comprehensive Health Center-Phoenix, although below budget by 248 visits, continued to show improvement and had a negative variance of 1.9 percent, FYTD.

Referring to ambulatory network specialty services referrals, Ms. Harding noted that ambulatory network staff were working together to address ways to increase keepage opportunities by digging deeper into referral process logistics. It was important to maintain sight of the overall referral process. She went into detail about referral procedures and timely communication efforts.

Dr. Lopez elaborated on barriers, provider feedback, and provider education about the referral process.

Ms. Harding explained that Walgreens was no longer going to accept Mercy Care plans. This was an opportunity to secure an increase in utilization of Valleywise Health pharmacy services. She spoke about different ways ambulatory network staff was working toward obtaining patient utilization.

Ms. Agnew drew attention to the FQHC Clinic visits summary.

The FYTD analysis indicated that actual visits to the Valleywise Community Health Centers were 96,879 compared to the prior FYTD 2019 with 92,475 visits. It was important to point out because the prior fiscal year included visits from the 7<sup>th</sup> Avenue Walk-In Clinic, which was no longer open and indicated great improvement of increased visits year over year.

She added that for the month of December 2019 there was an average of 730 overall visits per day to the FQHC Clinics, with a budget of 735 visits per day. She reviewed details about other areas of improvement from a year to year comparison standpoint.

**Valleywise Community Health Centers Governing Council – Finance Committee  
Meeting Minutes – General Session – February 5, 2020**

**General Session, Presentation, Discussion and Action, cont.:**

4. Discuss, Review and Possible Action on the following Finance Committee Reports
  - a. Monthly Federally Qualified Health Center Clinics Financials and Payer Mix
  - b. Quarterly Federally Qualified Health Center Clinics Referral Report
  - c. Quarterly Federally Qualified Health Center Clinics Downstream Revenue Report
  - d. Quarterly Federally Qualified Health Center Clinics Financial Summary by Clinic Report
  - e. Annual Profitability/Cost Accounting Report

Ms. Agnew reviewed month-to-date (MTD) financials as of December 2019.

Ms. Agnew said that actual visits to the Valleywise Community Health Centers including behavioral health service visits, were less than one percent within budget or short by only 42 total visits. Diabetes educators were budgeted within the described grouping, and attributed to the shortage, yet the decrease was largely offset by behavioral health service visits.

Operating revenues were briefly highlighted. Net patient service revenue was less than budget, by four percent while other operating revenue, which included New Access Point (NAP) grant funding, was better than budget by four percent. Total operating revenues were four percent less than budget.

Operating expenses were reviewed.

Ms. Agnew explained that November 2019 was the first month that NAP grant funding was recorded into revenue financial reports. She went to detail about reconciliations pertaining to the incorporation of the NAP grant funding revenue.

Ms. Kotrys asked to clarify how NAP related expenses were offset by NAP grant revenue.

Ms. Agnew said that NAP grant revenue supported all operations and the expansion of behavioral health services, therefore, was heavily orientated in labor costs, listed in other revenue.

Total operating expenses were over budget by two percent. The margin before overhead allocation was less than budget by \$208,029.

She said that financial focus groups were held regularly to discover areas of opportunity to build volumes, mostly within the Medicaid patient population.

Ms. Agnew pointed out that visits at the Valleywise Comprehensive Health Center-Phoenix did not meet budget by three percent. However, total operating revenues were better than budget by six percent. She mentioned that the visit deficit was partly attributed to low volumes at the Women's Clinic, among other factors.

She also explained there were differences in visits by payer at the Women's Clinic compared to the Pediatric Primary Care Clinic. She said that a much higher percentage of visits in Pediatrics were paid for by AHCCCS compared to visits in Women's.

Total operating expenses exceeded budget by four percent.

Ms. Agnew said that visits at the FQHC Dental Clinics had a positive variance of two percent.

She said that total operating revenue did not meet budget, by 13 percent. She reminded the committee that that not all volumes were equal. For instance, insurance reimbursements for adult service visits were much less than pediatric service visits, so even with a positive visit variance, revenues may still fall short of budget.

**General Session, Presentation, Discussion and Action, cont.:**

4. Discuss, Review and Possible Action on the following Finance Committee Reports, cont.

Referencing the overall FQHC Dental Clinics visits by payor, Ms. Agnew said there was a slight decrease for Medicaid insurance payments and a slight increase in self pay.

Total operating expenses had a positive variance of 12% and the margin before overhead allocation had a positive variance of \$3,759.

For all clinics combined, total overall visits were below budget by below one percent and total operating revenues had a negative variance of three percent. Total operating expenses exceeded budget with a negative variance of one percent. The margin before overhead allocation had a negative variance of \$186,589.

Pertaining to a FYTD analysis, Ms. Agnew reported that for all clinics combined, visits were below budget by three percent.

She pointed out that the overall net patient service revenue was under budget by five percent. Total operating revenues were less than budget, with a negative five percent variance, while total operating expenses met budget. She highlighted various expense lines that were both over and under budget and individual contributing factors.

The margin before overhead allocation had a negative \$1,616,367 variance.

Referencing the FQHC Clinics visits by payor, Ms. Agnew said that a six-month trend indicated a slight decrease in Medicaid insurance payments from November 2019 to December 2019. She noted a small increase in self-pay payments from 26.2% in November 2019 compared to 26.6% in December 2019.

Chairman Benelli noticed commercial insurance payments had increased and asked if it was viewed as being positive. She asked about the reimbursement rate compared to Medicaid insurance payments.

Ms. Agnew felt it was definitely positive and mentioned that the economy could be the attributing factor. She added that commercial insurance reimbursement payments to FQHC Clinics were less than reimbursement rates from Medicaid.

A four-year payor mix trend, FYTD as of December 2019, compared to FY 2019, also indicated a slight decrease in Medicaid insurance payments.

Ms. Agnew referred to a referral analysis for the FQHC Clinics, for the second quarter of FY 2020.

She pointed out that there was an overall decrease in the number of total referrals compared to the prior quarter. She attributed the overall decrease with the holiday season and noted the same trend captured going into the second quarter of FY 2019. However, there were more total referrals during the second quarter of FY 2020 compared to the second quarter of FY 2019.

There was an overall decrease in the number of total referrals for most clinics. Locations with total referral increases from quarter to quarter were the Valleywise Community Health Centers-El Mirage and Glendale.

She reviewed internal and outgoing referral rates for each clinic during FY 2019 and the first two quarters of FY 2020. She said that the lowest internal referral rates belonged to the Valleywise Community Health Centers-Chandler and El Mirage, which was attributed to distance from those clinics to the Valleywise Comprehensive Health Center-Phoenix, where specialty services were offered.

**Valleywise Community Health Centers Governing Council – Finance Committee  
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**General Session, Presentation, Discussion and Action, cont.:**

4. Discuss, Review and Possible Action on the following Finance Committee Reports, cont.

Ms. Agnew discussed downstream revenue generated by the FQHC Clinics. She compared the reporting period of July 1, 2018 through June 30, 2019, to the prior reporting year, and noted there was an overall decrease in the number of encounters, however she noted that the reimbursement rate per encounter had increased, and insurance payments were higher overall.

There was a decrease in the number of total prescriptions filled at combined pharmacy locations, but a higher total payment amount overall and an increase of average payment received per prescription.

She highlighted select FQHC Clinics with a total increase in expected downstream revenue reimbursement compared to the prior year.

She pointed out downstream revenue total payments, by Valleywise Health service, noting areas of service with the highest amount of payments received.

Ms. Agnew briefly reviewed the Financial Summary by Clinic Report, FYTD, as of December. She noted that downstream revenue totals and internal and outgoing referral rates, from the previous FY were added to the report, at the request of the committee.

She explained that the majority of the Valleywise Community Health Centers showed a positive variance for margin after non-operating revenue, with the exception of the Valleywise Community Health Centers-Mesa, McDowell and Sunnyslope. She explained that the operation expenses at the Valleywise Community Health Center-Mesa were much higher than other clinics and that both revenue and expenses were higher than most clinics at the Valleywise Community Health Center-McDowell.

Ms. Agnew briefly reviewed individual summaries for Valleywise Health behavioral health services and located at the Valleywise Community Health Centers. She pointed out that behavioral health services had negative variances for margin after non-operating revenues, as the service was new and volume was still building.

She highlighted financial summaries of FQHC Clinics located at the Valleywise Comprehensive Health Center-Phoenix, including the Pediatric Clinic with a positive variance for margin after non-operating revenue of 580,419, however the per clinic reimbursement was much higher than other FQHC Clinics.

She outlined individual summaries for Valleywise Health behavioral health services and dental clinics located at the Valleywise Community Health Centers and noted areas of opportunities to improve.

Ms. Agnew reviewed the FY 2019 Profitability and Cost Accounting Report. She pointed out the summary page which was in order of highest to lowest contribution margins.

She highlighted payor mixes for select clinics compared to profitability to show the impact of financial results. She also described different per clinic reimbursement rates and how rates were a factor pertaining to individual profitability.

She reiterated that behavioral health services had not reached maturation and volume was still building, therefore did not indicate high profit levels in FY 2019.

The report depicted individual FQHC Clinics, which included services provided, details about fiscal year revenues and subsidies, and payor mix details for each service.

Ms. Kotrys mentioned that the Valleywise Community Health Center-Avondale's family practice service was quite profitable. She asked if it was because of the number of pediatric patients that visited the clinic.

**Valleywise Community Health Centers Governing Council – Finance Committee  
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**General Session, Presentation, Discussion and Action, cont.:**

4. Discuss, Review and Possible Action on the following Finance Committee Reports, cont.

Ms. Agnew felt that was correct.

Mr. Mutarelli asked to provide detail about what the subsidy columns represented.

Ms. Markos explained that subsidies were considered non-operating revenue.

5. Chair and Committee Member Closing Comments/Announcements

There were no closing comments or announcements.

6. Review Staff Assignments

Ms. Santos reviewed staff assignments and reiterated outstanding old business.

**Adjourn**

**MOTION:** Vice Chairman Cons moved to adjourn the February 5, 2020 Finance Committee meeting. Ms. Kotrys seconded.

**VOTE:** 4 Ayes: Chairman Benelli, Vice Chairman Cons, Ms. Kotrys, Mr. Serna  
0 Nays  
1 Absent: Mr. Winkle  
**Motion passed.**

Meeting adjourned at 5:13 p.m.

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Cassandra Santos,  
Assistant Clerk



Valleywise Community Health  
Centers Governing Council

Finance Committee  
Meeting

March 4, 2020

Item 2.

Dental Services  
Strategy



March 2019

# Valleywise Health Dental Strategy: South Central, Mesa, Chandler

Barbara Harding, SVP Ambulatory  
Services & CEO FQHC Clinics

Claire Agnew, SVP Financial Services

# Valleywise Health Dental Strategy

To review plans for upcoming dental clinic moves.

Avondale

Peoria

Mesa

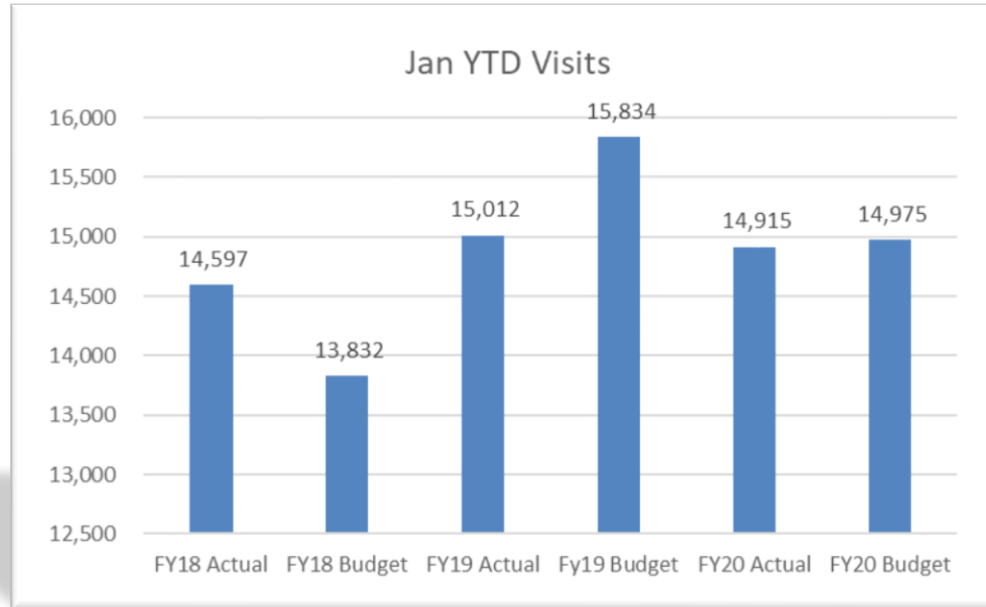
Chandler

South Central

# Clinic Visit Summary <sup>1</sup>

CLINIC	FY18	FY19	FY20 ACTUAL	FY20 BUDGET	VARIANCE
CHC (PHX)	11,633	11,086	6,702	6,408	+294
McDowell (MCD)	4,767	5,131	2,895	2,800	+95
Avondale (AVD)	2,642	2,717	1,460	1,625	-165
Mesa (MSA)	2,361	2,411	1,487	1,483	+ 4
Chandler (CHD)	2,292	2,368	1,305	1,358	-53
South Central (SPX)	2,064	2,079	1,066	1,301	-235
TOTAL	26,373	25,792	14,915	14,975	-60

# Dental Clinic Visit Volume



# South Central Dental

## South Central Dental

3 Operatories

1 Dentist (General)

Plan is to close dental as of August 12th, due to new location not having dental services.

Propose to close dental service as of June 15<sup>th</sup>, only if the dentist would transition to Avondale clinic.

Current South Central Dentist commute  
24 min/19 miles:

- To Avondale would be 30 min/26 miles
- To CHC would be 24 min/18 miles
- To McDowell would be 20 min/16 miles
- Plan to retire within 2 years.

# South Central Dental

## Current Plan

Close dental August 12<sup>th</sup>.

Pros	Cons
Keeps service at South Central for 2 months longer.	

## Proposed Plan

Close dental June 15<sup>th</sup>.

Pros	Cons
May address one of the hiring needs.	Loss of two months of volumes and reimbursement.
	May be politically challenging.

Propose to close early only if dentist could be retained to work at Avondale.

# Distance from South Central to CHC Phoenix

By Car: 18 minutes

The screenshot shows a navigation app interface with a list of routes on the left and a map on the right. The map displays a blue route starting from the Valleywise Community Health Center - South Central and ending at the Valleywise Comprehensive Health Center. The route is 6.9 miles long and takes 16 minutes. Other routes are also shown, including one via S 16th St (18 min, 6.9 miles) and one via E Broadway Rd and S 24th St (18 min, 7.1 miles).

Route	Time	Distance
via S Central Ave	16 min	6.9 miles
via S 16th St	18 min	6.9 miles
via E Broadway Rd and S 24th St	18 min	7.1 miles

# Mesa & Chandler Dental

## Mesa Dental

6 Operatories planned in new clinic, 3 operatories in current clinic

1 Dentist current (General), Plan to add 1 Pediatric dentist & 1 Hygienist at new clinic

Due to budget concerns, location has been reduced from 2.0 to 1.5 blocks.

New space can include Dental or SMI clinic, but not both.

Current Mesa Dentist commute 18 min/11 miles, to Chandler would be 13 min/9 miles.

## Chandler Dental

4 Operatories

1 Dentist (General), plan to retire when closing Chandler

Plan is to close dental (date TBD), due to expansion of Mesa dental clinic.

Recommend keep dental at Chandler due to space constraints at Mesa.

Current Chandler Dentist commute 18 min/14 miles, to Mesa would be 28 min/22 miles. Plans to retire at time of move to Mesa.



# Mesa & Chandler Dental

## Current Plan

Close Chandler, keep at Mesa.

Pros	Cons
Retain Mesa dentist.	No space for SMI clinic.
Mesa has higher patient visit volume than Chandler (1,065 vs. 958 as of November 2019 YTD).	High potential to lose Chandler dentist (longer commute, plan to retire).
	Potential to lose Chandler patients.

## Proposed Plan

Close Mesa, keep at Chandler.

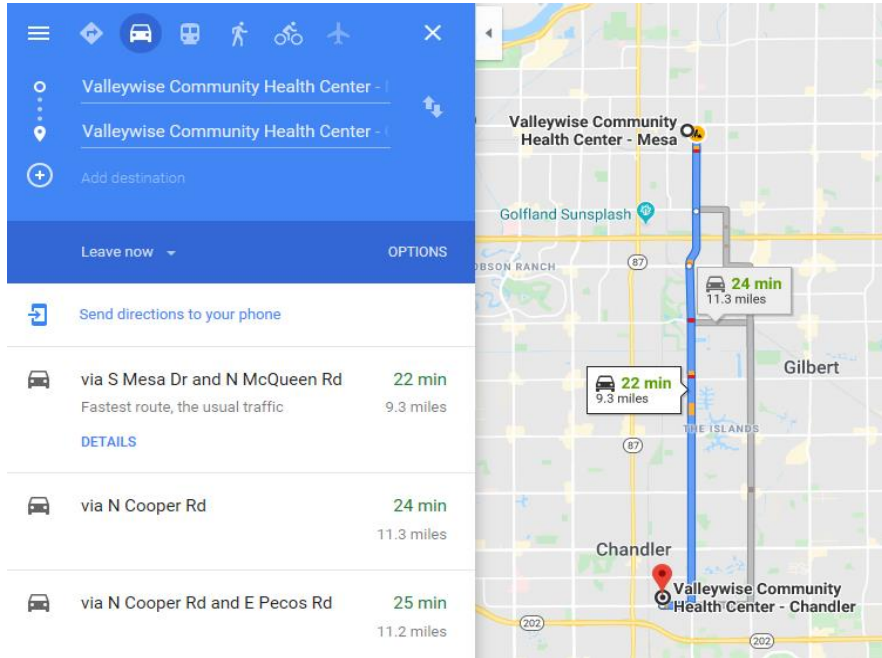
Pros	Cons
Retain Chandler dentist (unless retires). Shorter commute for Mesa dentist.	Potential to increase capital for Chandler, net of savings from not building dental at Mesa.
Space at Mesa for SMI clinic.	Potential to lose Mesa patients, which has higher volume.
Chandler has higher Medicaid % for Dental than Mesa (53% vs. 40%).	
Chandler has higher reimbursement per visit than Mesa (\$175 vs. \$158).	

Source: Visits, Reimb & Medicaid % are actual per Nov 2019 YTD.

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# Distance from Mesa to Chandler (9.3 miles)

By Car: 22 minutes



A Google Maps interface showing a car route from Valleywise Community Health Center - Mesa to Valleywise Community Health Center - Chandler. The route is highlighted in blue and passes through Gilbert. A callout box indicates a 22-minute drive for 9.3 miles. The map shows major roads like SR 87 and SR 202.

Valleywise Community Health Center - Mesa

Valleywise Community Health Center - Chandler

22 min  
9.3 miles

24 min  
11.3 miles

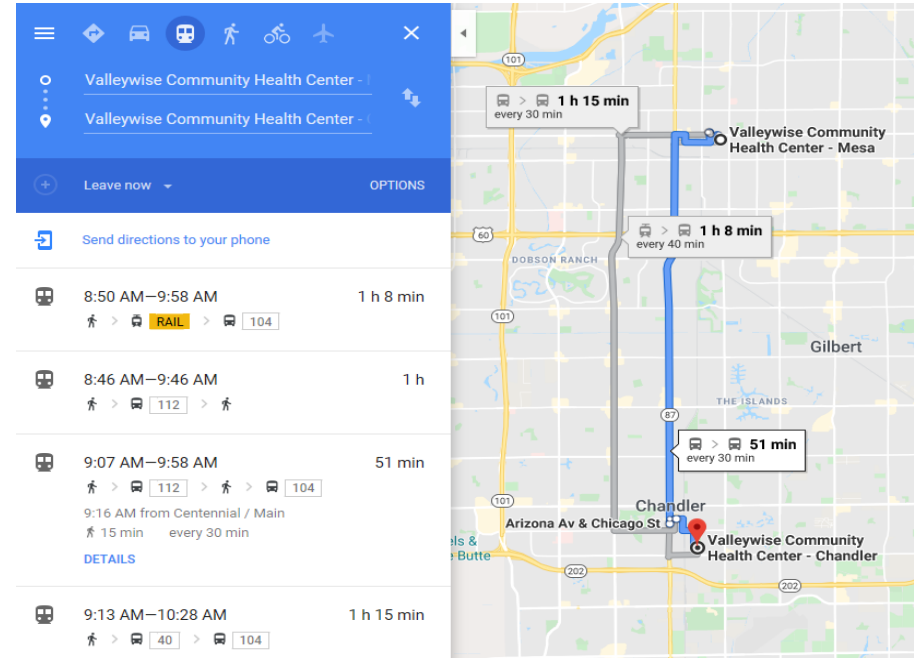
25 min  
11.2 miles

via S Mesa Dr and N McQueen Rd  
Fastest route, the usual traffic

via N Cooper Rd

via N Cooper Rd and E Pecos Rd

By Bus: 51 minutes



A Google Maps interface showing a bus route from Valleywise Community Health Center - Mesa to Valleywise Community Health Center - Chandler. The route is highlighted in blue and passes through Gilbert and Chandler. A callout box indicates a 51-minute bus ride for 9.3 miles. The map shows major roads like SR 101, SR 60, SR 87, and SR 202.

Valleywise Community Health Center - Mesa

Valleywise Community Health Center - Chandler

51 min  
every 30 min

1 h 8 min  
every 40 min

1 h 15 min  
every 30 min

8:50 AM–9:58 AM  
1 h 8 min  
RAIL 104

8:46 AM–9:46 AM  
1 h  
112

9:07 AM–9:58 AM  
51 min  
112 104  
9:16 AM from Centennial / Main  
15 min every 30 min

9:13 AM–10:28 AM  
1 h 15 min  
40 104



Valleywise Community Health  
Centers Governing Council

Finance Committee  
Meeting

March 4, 2020

Item 3.

Sliding Fee Discount Program  
and FPL Guidelines



## Senior Vice President Revenue Cycle

2900 South Diablo Way, Tempe AZ 85282

DATE: February 24, 2020

TO: Valleywise Community Health Centers Governing Council

CC: Barbara Harding, CEO, Federally Qualified Health Center Clinics

FROM: Nancy Kaminski, Sr VP Revenue Cycle  
Kathie Kirkland, Director Patient Financial Services

SUBJECT: Changes to FQHC Financial Policies

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The purpose of this memorandum is to summarize changes to the 2020 Federal Poverty Levels and to incorporate HRSA recommended changes to the Sliding Fee Schedule Policy and Grid.

### 1.) 2020 Federal Poverty Level (FPL) Guidelines

a.) Annual update of FPL Levels as published on the Federal Register by Health and Human Services.

### 2.) FQHC Sliding Fee Discount Program Policy (23624 D)

- a.) Update Organization name, Board of Directors and Governing Council to Valleywise Health and Valleywise Community Health Centers.
- b.) Add language related to Presumptive and Traditional screening used to determine eligibility for Sliding Fee Program.
- c.) Removed requirement of payment history for full time students
- d.) Add language for insured patients qualifying for Sliding Fee after insurance payment. Sliding Fee patients will be billed the lessor of

the co-pay/co-insurance assigned by their payer or the appropriate sliding fee amount (unless payer prohibits this practice).

e.) Add language outlining review of Sliding Fee Policy and Fees by Governing Council Finance, Compliance, Quality and Board of Directors every 3 years.

f.) Inclusion and discussion of utilization data by Sliding Fee Category to determine if there are any barriers to care.

### 3.) FQHC Sliding Fee Discount Schedule, Outpatient Ancillary Services

a.) Updated Category 4 rate to allow for three increments of patient responsibility.

b.) Added minimum fees to ensure Categories 2-4 are higher than Category 1 Nominal Fee.



Valleywise Community Health  
Centers Governing Council

Finance Committee  
Meeting

March 4, 2020

Item 3.

Federal Poverty Level  
Guidelines

# 2020 Poverty Guidelines

## HHS POVERTY GUIDELINES FOR 2020

The 2020 poverty guidelines are in effect as of January 15, 2020

The [Federal Register notice for the 2020 Poverty Guidelines](#) was published January 17, 2020.

### 2020 POVERTY GUIDELINES FOR THE 48 CONTIGUOUS STATES AND THE DISTRICT OF COLUMBIA

#### Persons in family/household

#### Poverty guideline

For families/households with more than 8 persons, add \$4,480 for each additional person.

1	\$12,760
2	\$17,240
3	\$21,720
4	\$26,200
5	\$30,680
6	\$35,160
7	\$39,640
8	\$44,120



Valleywise Community Health  
Centers Governing Council

Finance Committee  
Meeting

March 4, 2020

Item 3.

Draft Sliding Fee  
Discount Schedule  
Poilcy



~~Maricopa Integrated~~[Valleywise](#) Health-System Administrative Policy & Procedure

Effective Date: 05/15

Reviewed Dates: 00/00

Revision Dates: 01/18, 07/18, 09/18, 10/18, [02/20](#)

Policy #: 23624 D

Policy Title: FQHC ~~Look-Alike~~ Sliding Fee Discount Program

- Scope: [ ] District Governance (G)  
[ ] System-Wide (S)  
[D] Division (D)  
[ ] Multi-Division (MD)  
[ ] Department (T)  
[ ] Multi-Department (MT)  
[F] ~~FQHC-LA~~ (F)

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**Purpose:** ~~The United States Department of Health and Human Services, Health Resource and Services Administration (HRSA)~~ [In accordance with the Health Resources and Services Administration \(HRSA\) Health Center Program Compliance Manual, Chapter 9: Sliding Fee Discount Program, HRSA requires all](#) [Valleywise Health's](#) Federally Qualified Health Centers (FQHCs); ~~including Look-Alikes, to~~ established a sliding fee discount program that includes a schedule of fees for services, a schedule of discounts for services, or a sliding fee discount schedule, that minimizes financial barriers to care for patients who meet certain eligibility criteria. This policy establishes the procedure for those patients who meet eligibility criteria to have access to necessary health care services at [Valleywise Health-MHS's](#) FQHC ~~Look-Alike~~ designated clinics at costs based on their ability to pay as determined by their gross annual household income and family size.

**Definitions:**

Medical Staff: All physicians, dentists, oral surgeons and podiatrists who have been appointed to the Medical Staff by the Board of Directors of [Valleywise Health-MHS](#). Medical Staff are also referred to as Attendings and for purposes of this policy is synonymous with Provider.

Family Size / Household: Immediate family members including head of household, legal guardians, spouse, domestic partners, same gender marriage, and children under the age of 19 will be classified as part of the household. Individuals and family members temporarily living / sharing quarters or foreign visitors, where permanent

residence will not be maintained, will not be considered as part of the household. Adults that are living in the household that are self-sufficient and are not included in the "household" are considered individually for eligibility.

Allied Health Professional: A health care practitioner, other than a Medical Staff member, who is authorized to provide patient care services to patients of [MHSValleywise Health](#) and been granted clinical privileges.

FOHC ~~Look-Alike~~ Sliding Fee Discount Program: A program which ensures that [Valleywise Health](#)MHS's FOHC ~~Look-Alike~~ Health Center patients have access to all services that are available at the health center. The program seeks to provide its services to eligible patients and minimize financial barriers, all according to the following elements:

- + A schedule of fees for services.
- + A corresponding schedule of discounts for eligible patients that is adjusted based on the patient's family size and income.
- + Board of Director and ~~Maricopa Health Centers~~[Valleywise Community Health Centers](#) Governing Council (~~MHC~~[VCHCGC](#)) approved policies and ~~MHS's~~[Valleywise Health's](#) supporting operating policies and procedures, including billing and collections.

Low Income: Annual income = less than or equal to 200% of the current Federal Poverty Level.

Nominal Fee / Nominal Charge: The amount charged for services to patients at or below 100% of the Federal Poverty Level (FPL). It is designed to help patients invest in their care and minimize the potential for inappropriate utilization of services. The nominal charge is a fixed fee that does not reflect the value of the service(s) provided and is considered nominal from the perspective of the patient. Nominal charges are not "minimum fees," "minimum charges," or "co-pays." The nominal fee must not impede the patient in accessing services due to their ability to pay.

Deposit: Initial payment applied toward the total fees due.

Valleywise Health~~MHS~~ Clinic Manager: The [Valleywise Heath](#)~~MHS~~ clinic manager is responsible for the supervision, direction, and coordination of the day to day operations of the assigned [Valleywise Health](#)~~MHS~~ clinic.

Income / Annual Household Income: Gross annual income before deductions include the following: Earnings, unemployment compensation, worker's compensation, social security, public assistance, veteran's payments, survivor benefits, pension or retirement income, interest, dividends, rents, royalties, estates and trusts, educational assistance, alimony and/or child support, financial assistance from outside of the household, and/or other sources of income.

Family Size / Household: Immediate family members including head of household, legal guardians, spouse, domestic partners, same gender marriage, and children under the age of 19 will be classified as part of the household. Individuals and family members temporarily living/sharing quarters or foreign visitors, where permanent residence will not be maintained, will not be considered as part of the household. Adults that are living in the household that are self-sufficient and are not included in the "household" are considered individually for eligibility.

Presumptive Eligibility Screening System: An automated software tool that predicts the likelihood of a patient to qualify for the Sliding Fee Program based on publicly available data sources. The tool provides estimates of the patient's household income and size.

**Policy:** A Sliding Fee Discount Schedule (SFDS) is used to determine the nominal fee and /or dollar amount of any given fee which the eligible patient is expected to pay. The SFDS is based on current FPL Guidelines and is adjusted annually based on gross annual household income and family size in the household. Under this policy, the patient is responsible for one hundred percent (100%) of the fees charged for the services rendered. However, the SFDS offers to the patient a method of satisfying the debt when the patient's resources are limited.

Valleywise Health recognizes that a portion of the uninsured or underinsured patient population may not engage in the traditional financial assistance application process. If the required information is not provided by the patient, Valleywise Health utilizes an automated, predictive scoring tool provided by our third-party vendor to assess patients for financial need. This screening process utilizes public record data and includes estimates for income and household size.

## **Procedure:**

### **I. Eligibility**

- A. Valleywise HealthMHS will inform patients about the availability of the Sliding Fee Discount Program through signage, personal reminders and other methods of communication. As part of the preregistration or registration process, the Valleywise HealthMHS eligibility specialist or other front office staff will inform patients that are not informed of the SFDS.
- B. Patients whose income exceeds 200% of the FPL Guidelines are not eligible for discounts on the Sliding Fee Discount Program. (Appendix A)
- C. Valleywise Health uses two types of screening to determine eligibility for the Sliding Fee Discount Program; Presumptive and Traditional.  
+ Presumptive screening is the initial process used to determine a patient's eligibility for the Sliding Fee Discount Program.  
  
B- + Traditional screening is completed for patients who disagree with the Sliding Fee level assigned by the Presumptive Eligibility Screening System.

D. Patients applying [via the Traditional screening](#) for the Sliding Fee Discount Program must provide written verification of monthly income (see Appendix A).

~~G.~~ Examples include:

- + Previous year federal tax returns.
- + Paycheck stubs for each adult working in the household.
- + A signed statement from the patient's employer stating rate of pay, average number of hours worked weekly and hire date.
- + Quarterly tax statement for those self-employed.
- + Unemployment benefit letter.
- + Benefit letter from Social Security showing monthly payment received for each person in the household.
- + Documentation of child support and/or alimony (divorce paperwork, etc.)
- + Copy of pension / retirement benefits.
- + Copy of Veterans benefits.
- + Full time unemployed students: Provide proof of student status. ~~plus payment history for the current semester.~~

+ Federal or State support: Example: Food stamps, the packet received with approval is required, this includes start and stop dates and Food Stamp Summary page.

~~D.E.~~ [Valleywise Health](#) ~~MHS~~ will verify patient eligibility, at minimum, on an annual basis.

~~E.F.~~ Patients unable or unwilling to provide verification may be eligible for self-declaration of income which will be used in special circumstances. Patients unable to provide written verification of income must provide a signed statement of income, and why he / she are unable to provide independent verification. This written statement is subject to management review and final determination as to the sliding fee category eligibility. Self-declaration applies to one visit only within a 12-month period and the patient must provide the required written verification of income of the items in Appendix A, within 30 days following the one time visit in order to remain eligible to participate in the Sliding Fee Discount Program. The assigned category will be retroactive for 30 days. (Appendix B)

~~Family Size / Household: Immediate family members including head of household, legal guardians, spouse, domestic partners, same gender marriage, and children under the age of 19 will be classified as part of the household. Individuals and family members temporarily living/sharing quarters or foreign visitors, where permanent residence will not be maintained, will not be considered as part of the household. Adults that are living in the household that are self-sufficient and are not included in the "household" are considered individually for eligibility.~~

~~G.~~ ~~G.~~ Patients applying for the Sliding Fee Discount Program will be informed that they will need to contact [Valleywise Health](#) ~~MHS~~ if their income or household status changes.

## II. Sliding Fee Discount Schedule

- A. The Sliding Fee Discount Schedule and corresponding rates and policies for administration of the Sliding Fee Discount Program will be reviewed and updated annually.
- B. ~~The Finance Department will obtain the~~ The updated FPL income guidelines will be obtained from the Federal Register annually. ~~and~~ The update the sliding fee discount schedule Poverty Guidelines document and corresponding systems will be updated promptly following the federal update. ~~update.~~
- C. Services covered by Sliding Fee Discount Program must be medically necessary, as determined by the health care provider. If additional services or tests are desired by the patient, they must be paid for in advance. Similarly, certain high cost procedures, elective procedures and lab tests with less expensive options are exempted from sliding fee discounts.

## III. Billing and Collection Schedules

- A. The patient will be advised that the applicable fee, including the nominal fee, is expected at the time of service. In the event ~~that~~ the patient is unable to pay at the time of service, the patient ~~)~~ will be informed that they will be billed. Patients are expected to make payment in full within 90 days or establish a payment plan, including making payment(s) on their outstanding bill, with a Valleywise Health ~~MHS~~ financial counselor.
- B. An inability to pay will not impede access to care. Payment arrangements may be made through Patient Financial Services in accordance with policy #09003 S Revenue Cycle/Business Office: Payment Plans. This will be determined on an ~~individualized~~ — basis. Factors that may be considered in making this determination include large outstanding medical bills, ~~—~~ which place a client under extreme financial duress. Despite current income, staff are asked to apprise the clinic manager of the circumstances so that further discounts may be offered to the patient to facilitate his / her receipt of medically necessary services.
- C. Insured patients qualifying for Sliding Fee after insurance will be billed for the lessor of the copay/co-insurance assigned by their insurance company or the Sliding Fee Discount amount.

~~B.—~~

## ~~IV. Patient Refusal to Pay~~

~~Refusal to pay will not impede access to care. Payment plans will be developed for patients in accordance with Policy #09003 S Revenue Cycle /Business Office: Payment Plans.~~

## IV. Governing Body Oversight

- A. Updates to the Sliding Fee Discount Program ~~and schedule as well as~~ and proposed policy changes will be presented every 3 years to the MHVCHCGC ~~'s~~ Finance Committee, VCMHCGC's Compliance and Quality Committee,

and followed by approval of the VCMHCGC and the District's Board of Directors.

B. The Sliding Fee Discount Schedule will be presented annually to the VCHCGC Finance Committee, VCHCGC's Compliance and Quality Committee, and followed by approval of the VCHCGC and the District's Board of Directors.

C. Sliding Fee Level Utilization information will be reviewed and discussed annually to ensure no barriers to care exist.

**References:** HRSA Health Center Program Compliance Manual, released August 2018 CHC & FHC Internal and External Referrals Policy # 20006S

**Valleywise Health~~MHHS~~ Policy & Procedure - Approval Sheet**  
(Before submitting, fill out COMPLETELY.)

**POLICY RESPONSIBLE PARTY:** Chief Executive Officer, ~~Maricopa~~-Valleywise Health Centers, Governing Council, and ~~MHHS~~-Valleywise Health's Senior Vice President of Revenue Cycle

**DEVELOPMENT TEAM(S):**

**Policy #:** 23624 D

**Policy Title:** FOHC ~~Look-Alike~~-Sliding Fee Discount Program

**e-Signers:** Barbara Harding, ~~Maricopa~~-Senior Vice President Ambulatory Services and CEO Federally Qualified Health Center Clinics~~Health Centers Governing Council, Chief Executive Officer~~

Nancy Kaminski, Senior VP Revenue Cycle

Richard Mutarelli, ~~Maricopa Integrated Health~~Valleywise Health System-Chief Financial Officer

**Place an X on the right side of applicable description:**

**New** -

**Retire** -

**Reviewed** -

**Revised with Minor Changes** -

**Revised with Major Changes** - X

**Please list revisions made below:** (Other than grammatical changes or name and date changes)

Revisions throughout policy in accordance with HRSA guidelines and recommendations

**Reviewed and Approved by in Addition to Responsible Party and E-Signer(s):**

**Committee:** ~~Maricopa Health Centers Governing Council Compliance and Quality Committee~~Valleywise Community Health Centers Governing Council's Compliance and Quality Committee **013/09/2018**

**Committee:** ~~Maricopa Health Centers Governing Council Finance Committee~~Valleywise Community Health Centers Governing Council's Finance Committee **031/04/2018**

**Committee:** [Valleywise Community Health Centers Governing Council](#) ~~Maricopa Health Centers~~ Governing Council **04/01/18**  
**Other:** Board of Directors **04/22/20**  
**Other:** Compliance & Quality Committee **12/17**



## Appendix A

### VALLEYWISE HEALTH**MHS** FINANCIAL/DISCOUNTED POLICIES

#### **Sliding Fee- Free Pregnancy Test- Prenatal Care-Maternity Agreements, Healthy (E) AHCCCS Applications- Family Planning Program for Women**

Thank you for your interest in ~~Maricopa Integrated Health System~~ Valleywise Health's medical programs. To assist you better please provide the following information at the time of your interview. Please provide documents from each of the following categories.

#### **Proof of income for the past 30 days from interview date for EVERYONE in the household**

- ✓ Current award letter from DES if receiving cash assistance or food stamps
- ✓ Paycheck stubs (4) if paid weekly, (2) if paid bi-weekly
- ✓ Employer statements on letterhead / business card or notarized.
- ✓ Unemployment income
- ✓ Social Security award letter or copy of check for all household members
- ✓ Veteran's Benefits
- ✓ Pensions
- ✓ Workman's Compensation
- ✓ Child support/Alimony
- ✓ Record of earnings from self-employment or odd jobs (Income calendar if paid in cash)
- ✓ Grants, scholarships or educational benefit letters
- ✓ Current bank statements, **checking and savings** for all household members
- ✓ Statement of support from person **providing** support

#### **Self Employed Clients 30 days from interview date**

- ✓ Bank statements
- ✓ Check stubs
- ✓ Income vouchers or receipts
- ✓ Income statement from person/company paying for the services rendered
- ✓ Income calendar or any other documentation
- ✓ Statements/calendars must display dates and total amount of payment and current tax returns
- ✓ All business expenses

#### **Proof of Address/Monthly Household Monthly Expenses within 30 days from the interview date**

##### **(All that applies)**

- ✓ Rent or lease agreement/mortgage payment
- ✓ Utility receipt electric, gas, water, phone, cable, internet, car insurance, bank statement
- ✓ Letter from Landlord or a neighbor if utility bills under someone else's name
- ✓ Current registration for school aged children
- ~~✓—Verify residency of person providing support (for example: utility bill)~~
- ~~✓—Post marked mail received~~

#### **Proof of dependents/relationship**

- ✓ Children's birth or baptismal certificates (**Even if child is already insured**)
- ✓ Marriage License
- ✓ Proof of Pregnancy (if applicable)
- ✓ Receipt from social security administration

#### **Proof of Identity (Not required and **Inability to provide will not disqualify for Sliding Fee**)**

- ✓ Birth or Baptismal Certificate

*Once Printed This Document May No Longer Be Current*

- ✓ Naturalization/Citizenship Certificate
- ✓ Driver's license/Photo ID for everyone over 18 years of age
- ✓ Lawful Permanent Resident Card
- ✓ Employment Authorization Card
- ✓ Passport Visa
- ✓ Passport-INS-194

**Appendix A**

**PÓLIZAS FINANCIERAS/DE DESCUENTOS DE ~~Valleywise Health~~ **VALLEYWISE HEALTH-MHS****

**Programa de Descuento - Pruebas de embarazo sin costo - Cuidado prenatal - Acuerdos de maternidad - Solicitudes para Healthy (E) AHCCCS - Programa de planificación familiar para mujeres**

Gracias por su interés en los programas médicos de ~~Maricopa Integrated Health System~~ **Valleywise Health**. Para asistirle mejor, por favor traiga la siguiente información el día de su entrevista. Por favor proporcione documentos para cada una de las siguientes categorías.

**Comprobante de ingresos de los últimos 30 días antes de la fecha de su entrevista de TODOS los que viven en la casa.**

- ✓ Carta más reciente del Departamento de Servicios Económicos (DES) si recibe asistencia económica en efectivo, o estampillas de comida
- ✓ Talones de cheque (4) si el pago es semanal, (2) si el pago es cada dos semanas
- ✓ Una declaración por escrito del empleador en papel con el membrete/tarjeta del negocio o notariada
- ✓ Información sobre ingresos de desempleo
- ✓ Carta de aceptación o copia de cheques del Seguro Social para todos los que viven en su casa
- ✓ Beneficios de veterano
- ✓ Pensiones
- ✓ Información de ingresos del seguro de compensación laboral
- ✓ Manutención de hijos/pensión alimenticia
- ✓ Registro de ingresos de trabajo por cuenta propia/o trabajos ocasionales
- ✓ Cartas de subsidios, becas u otros beneficios educacionales
- ✓ Estados actuales de cuenta bancaria, de ahorros y cheques para todos los que viven en su casa
- ✓ Carta de apoyo de la persona que lo mantiene

**Cientes con Trabajo por Cuenta propia - Comprobante de los 30 días antes de la Entrevista**

- ✓ Estados de cuenta bancaria
- ✓ Talones de cheque
- ✓ Vales o recibos de ingresos
- ✓ Declaración de ingresos de la persona/compañía que paga por los servicios proporcionados
- ✓ Calendario de ingresos o cualquier otro documento
- ✓ Las/los declaraciones/calendarios deben mostrar fechas y cantidad total del pago y devoluciones de impuestos actuales
- ✓ Todos los gastos del negocio

**Comprobante de domicilio/gastos mensuales del hogar: ~~dentro de los~~ Debe incluir los gastos dentro de los 30 días antes de la fecha de la entrevista entrevista (todo lo que corresponda).**

- ✓ Recibo de pago o contrato de renta/hipoteca
- ✓ Recibos de luz, gas, agua, teléfono, cable, Internet, seguro del carro, cuenta de banco.
- ✓ Carta del arrendador o de un vecino si los recibos de servicios públicos están a nombre de alguien más
- ✓ Comprobante de la inscripción escolar actual de los niños

~~✓~~ Comprobante de domicilio de la persona que proporciona el apoyo (por ejemplo: un recibo de servicios públicos)  
Correo recibido con sello postal

~~✓~~

**Comprobante de dependientes/parentesco**

- ~~✓~~ Acta de nacimiento o certificado de bautismo de los niños (incluso si el menor ya tiene seguro Seguro medico)
- ~~✓~~ Acta de matrimonio
- ~~✓~~ Prueba de embarazo (si corresponde)

**Comprobante de identidad (No es necesario y la incapacidad de proporcionar no se descalificará para la tarifa de deslizamiento) Prueba de identidad (No es obligatorio y si no puede proporcionarlo, no será descalificado de los programas de descuento)**

- ~~✓~~ Acta de nacimiento o certificado de bautismo
- ~~✓~~ Certificado de naturalización/ciudadanía
- ~~✓~~ Licencia para manejar o identificación con foto de todas las personas mayores de 18 años
- ~~✓~~ Tarjeta de residencia permanente legal
- ~~✓~~ Tarjeta de permiso para trabajar
- ~~✓~~ Pasaporte visado
- ~~✓~~ Pasaporte-INS-194

~~✓~~ Si tiene alguna pregunta acerca de los documentos indicados anteriormente, por favor llame a 602-344-2550

Policy # 23624 FQHC Look Alike Sliding Fee Discount Program Page 9 of 12

10/18 Supersedes 09/18

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- ~~✓~~ Acta de matrimonio
- ~~✓~~ Prueba de embarazo (si corresponde)

**Comprobante de identidad (No poder proveer lo siguiente no significa que no podrá calificar para la escala variable de honorarios)**

- ~~✓~~ Acta de nacimiento o certificado de bautismo
- ~~✓~~ Certificado de naturalización/ciudadanía
- ~~✓~~ Licencia para manejar o identificación con foto de todas las personas mayores de 18 años
- ~~✓~~ Tarjeta de residencia permanente legal
- ~~✓~~ Tarjeta de permiso para trabajar
- ~~✓~~ Pasaporte visado
- ~~✓~~ Pasaporte-INS-194

Si tiene alguna pregunta acerca de los documentos indicados anteriormente, por favor llame a 602-344-2550

Policy # 23624 FQHC Look Alike Sliding Fee Discount Program Page 10 of 12

10/18 Supersedes 09/18

***Once Printed This Document May No Longer Be Current***

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**Appendix B**

**MRN:** \_\_\_\_\_

**SELF-DECLARATION/DECLARACION:** \_\_\_\_\_

**DATE/FECHA:** \_\_\_\_\_

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SIGNATURE/FIMA: \_\_\_\_\_  
Revised 02/2012

<b>Value-Added Health</b> <b>Federally Qualified Health Center Sliding Fee Discount Schedule Appendix C</b> Effective 04/22/2020						
<b>Medical - See Sliding Fee Discount Schedule (Effective 0/1/18)</b>						
Plan Levels	Category 1	Category 2	Category 3	Category 4	Category 5	
Federal Poverty Level Scale	0-100%	101-138%	139-160%	161-200%	>201% FPL	
<b>Maricopa Integrated Health System</b> <b>Federally Qualified Health Center - Sliding Fee Discount Schedule</b> Effective 10/2/18 (Maricopa - Cardio)	JIC Rate App	JIC Rate App	JIC Rate App	JIC Rate App	\$1,000.00	
<b>Medical - See Sliding Fee Discount Schedule (Effective 0/1/18)</b> (Lab)	Plan Levels Category 1	Category 2 25% of Medicare rate - 50% due prior to service (\$20 minimum)	Category 3 50% of Medicare rate - 50% due prior to service (\$20 Minimum)	Category 4 60%-75% of Medicare rate - 50% due prior to service (\$40 minimum)	Category 5 81-200%	Category 5 >201% FPL
(Lab)	Federal Poverty Level Scale Primary Care includes Seventh Avenue Walk-In Clinic	25% of Medicare rate - 50% due prior to service (\$40 minimum)	50% of Medicare rate - 50% due prior to service (\$20 Minimum)	60%-75% of Medicare rate - 50% due prior to service (\$60 minimum)	81-200%	>201% FPL
(Lab)	\$20 Nominal Charge	\$0 Flat Fee	\$0 Flat Fee	\$0 Flat Fee		No Discount
<b>Dental - See Sliding Fee Discount Schedule (Effective 0/1/18)</b> (Lab)	Plan Levels Category 1	Category 2	Category 3	Category 4	Category 5	Category 5
(Lab)	Federal Poverty Level Scale	0-100%	101-138%	139-160%	161-200%	>201% FPL
(Lab)	Outpatient Ancillary Services (Lab)	\$10 Nominal Charge	25% of Medicare rate - 50% due prior to service	50% of Medicare rate - 50% due prior to service	50% of Medicare rate - 50% due prior to service	No Discount
(Lab)	Outpatient Ancillary Services (Imaging)	\$30 Nominal Charge	25% of Medicare rate - 50% due prior to service	50% of Medicare rate - 50% due prior to service	50% of Medicare rate - 50% due prior to service	No Discount
(Lab)	Dental	\$100 Nominal Charge	25% of Medicare rate - 50% due prior to service	50% of Medicare rate - 50% due prior to service	50% of Medicare rate - 50% due prior to service	No Discount
(Lab)	Plan Levels Category 1	Category 2	Category 3	Category 4	Category 5	Category 5
(Lab)	Federal Poverty Level Scale	0-100%	101-138%	139-160%	161-200%	>201% FPL
(Lab)	Restorative Grid (Including Nominal Charges)	Category 1	Category 2	Category 3	Category 4	Category 5
(Lab)	Services	\$100 Nominal Charge	Restorative Dental	75% of Delta Dental allowable rates	80% of Delta Dental allowable rates	85% of Delta Dental allowable rates
(Lab)	Services	\$100 Nominal Charge	Dental Lab	75% of Delta Dental allowable rates	80% of Delta Dental allowable rates	85% of Delta Dental allowable rates
(Lab)	Services	\$100 Nominal Charge	Dental Lab	90% of Delta Dental allowable rates	95% of Delta Dental allowable rates	95% of Delta Dental allowable rates



Valleywise Community Health  
Centers Governing Council

Finance Committee  
Meeting

March 4, 2020

Item 3.

Draft Sliding Fee  
Discount Schedule

**Valleywise Health**  
**Federally Qualified Health Center Sliding Fee Discount Schedule**  
**Effective 03/01/2020**

**Medical**

Plan Levels	Category 1	Category 2	Category 3	Category 4	Category 5
Federal Poverty Level Scale	0-100%	101-138%	139-150%	151-200%	>201% FPL
Primary Care	\$20 Nominal Charge	\$30 Flat Fee	\$40 Flat Fee	\$50 Flat Fee	No Discount
FQHC Specialty Visits (Example - Cardiology)	\$50 Nominal Charge	\$70 Flat Fee	\$80 Flat Fee	\$90 Flat Fee	No Discount
Outpatient Ancillary Services (Lab)	\$10 Nominal Charge	25% of Medicare rate - 50% due prior to service (\$20 minimum)	50% of Medicare rate - 50% due prior to service (\$30 Minimum)	75% of Medicare rate - 50% due prior to service (\$40 minimum)	No Discount
Outpatient Ancillary Services (Imaging)	\$30 Nominal Charge	25% of Medicare rate - 50% due prior to service (\$40 minimum)	50% of Medicare rate - 50% due prior to service (\$50 Minimum)	75% of Medicare rate - 50% due prior to service (\$60 minimum)	No Discount

**Dental**

Plan Levels	Category 1	Category 2	Category 3	Category 4	Category 5
Federal Poverty Level Scale	0-100%	101-138%	139-150%	151-200%	>201% FPL
Diagnostic Dental Services	\$35 Nominal Charge	\$45 Flat Fee	\$55 Flat Fee	\$65 Flat Fee	No Discount
Restorative Dental Services *See Grid Below	\$50 Nominal Charge + Cost of Supplies	75% of Delta Dental allowable rates	80% of Delta Dental allowable rates	85% of Delta Dental allowable rates	No Discount
Dental Lab Services	\$50 Nominal Charge + Cost of Supplies	85% of Delta Dental allowable rates	90% of Delta Dental allowable rates	95% of Delta Dental allowable rates	No Discount

Restorative Grid (Including Nominal Charge)	Category 1	Category 2	Category 3	Category 4	Category 5
Filling	\$90.00	\$98.00	\$105.00	\$112.00	No Discount
Crowns	\$250.00	\$545.00	\$583.00	\$620.00	No Discount
Dentures - complete	\$350.00	\$795.00	\$842.00	\$865.00	No Discount
Dentures - partial	\$250.00	\$740.00	\$784.00	\$827.00	No Discount
Bridges	\$250.00	\$550.00	\$590.00	\$620.00	No Discount
Extractions - simple	\$50.00	\$62.00	\$66.00	\$70.00	No Discount
Extractions - complex	\$100.00	\$169.00	\$180.00	\$191.00	No Discount





Valleywise Community Health  
Centers Governing Council

Finance Committee  
Meeting

March 4, 2020

Item 3.

FQHC Sliding Fee  
Utilization CY 2019

FQHC Utilization CY 2019

Category % of Total	Plan Name	Count of Encounters	Total Charges	Adjustments	Expected Reimbursement	Payments	Balance
58%	SLIDING FEE CAT 1	28860	26,900,566.65	(26,253,868.54)	646,698.11	(589,029.62)	57,668.49
13%	SLIDING FEE CAT 2	6575	6,235,059.78	(6,044,261.51)	190,798.27	(184,253.21)	6,545.06
3%	SLIDING FEE CAT 3	1297	1,220,666.29	(1,168,550.28)	52,116.01	(48,994.04)	3,121.97
6%	SLIDING FEE CAT 4	2931	2,839,848.78	(2,697,715.16)	142,133.62	(137,650.64)	4,482.98
20%	SLIDING FEE CAT 5	10130	9,627,065.15	(8,358,036.49)	1,269,028.66	(900,377.05)	368,651.61
0%	SLIDING FEE ELECTIVE SURGERY	35	24,427.30	(20,506.74)	3,920.56	(1,861.73)	2,058.83
	<b>Grand Total</b>	<b>49828</b>	<b>46,847,633.95</b>	<b>(44,542,938.72)</b>	<b>2,304,695.23</b>	<b>(1,862,166.29)</b>	<b>442,528.94</b>



Valleywise Community Health  
Centers Governing Council

Finance Committee  
Meeting

March 4, 2020

Item 4.

Ambulatory Dashboard  
Financial Section

#### Community Health Centers

ACCESS - Ambulatory	Target	**												
		Avondale	Chandler	El Mirage	Glendale	Guadalupe	Maryvale	Mesa	7th Ave	S. Central Phoenix	Sunnyslope	McDowell	VCHCs Overall	VCHCs FYTD
Appointments Scheduled MTD		3,520	2,914	1,968	2,439	1,402	3,100	2,702	3,459	2,616	2,575	3,619	30,314	
Appointment Fill Rate MTD														
Scheduled Appointment No-Shows MTD		382	379	209	361	206	471	441	506	443	433	797	4,628	
No Show Rate MTD	<18%	10.9%	13.0%	10.6%	14.8%	14.7%	15.2%	16.3%	14.6%	16.9%	16.8%	22.0%	15.3%	
Appointments Scheduled FYTD		23,425	19,256	13,746	18,277	9,192	20,650	17,774	21,938	16,958	17,043	22,635		200,894
Appointment Fill Rate FYTD														
Scheduled Appointment No-Shows FYTD		2,729	2,753	1,466	2,993	1,286	3,427	2,935	3,760	3,275	2,900	4,861		32,385
No Show Rate FYTD	<18%	11.6%	14.3%	10.7%	16.4%	14.0%	16.6%	16.5%	17.1%	19.3%	17.0%	21.5%		16.1%

#### Other FQHC Clinics

Women's Clinic	Antepartum Testing	Diabetes Ed	Internal Medicine P	Peds Primary	Other FQHC Total	Other FQHC FYTD
3,652	990	639	2,006	3,156	10,443	
616	117	103	373	484	1,693	
16.9%	11.8%	16.1%	18.6%	15.3%	16.2%	
24,855	6,654	4,615	13,198	19,169		68,491
4,281	865	799	2,289	3,326		11,560
17.2%	13.0%	17.3%	17.3%	17.4%		16.9%

FINANCE - Ambulatory		**												VCHCs FYTD
		Avondale	Chandler	El Mirage	Glendale	Guadalupe	Maryvale	Mesa	7th Ave	S. Central Phoenix	Sunnyslope	McDowell	VCHCs Overall	
Actual Visits (includes Nurse Only Visits) MTD		2,258	1,776	1,254	1,440	761	1,878	1,540	2,276	1,564	1,504	1,573	17,824	
Budgeted Visits MTD		2,383	1,788	964	1,728	722	1,884	1,494	2,433	1,937	1,503	1,577	18,413	
Variance MTD		(125)	(12)	290	(288)	39	(6)	46	(157)	(373)	1	(4)	(589)	
Variance by % MTD		-5.2%	-0.7%	30.1%	-16.7%	5.4%	-0.3%	3.1%	-6.5%	-19.3%	0.1%	-0.3%	-3.2%	
Actual Visits (includes Nurse Only Visits) FYTD		14,855	11,102	7,682	10,737	5,044	11,919	10,142	13,911	9,872	9,366	10,073		114,703
Budgeted Visits FYTD		14,698	11,164	6,581	10,958	4,650	12,098	9,315	15,259	11,890	9,944	10,620		117,177
Variance FYTD		157	(62)	1,101	(221)	394	(179)	827	(1,348)	(2,018)	(578)	(547)		(2,474)
Variance by % FYTD		1.1%	-0.6%	16.7%	-2.0%	8.5%	-1.5%	8.9%	-8.8%	-17.0%	-5.8%	-5.2%		-2.1%
Total Number of Patients seen by provider MTD		2,188	1,749	1,233	1,407	731	1,736	1,511	2,215	1,514	1,492	1,400	17,176	108,232
Overall Expected Productivity (Pt visits by provider per session)		7.81	7.50	5.85	7.18	6.68	7.05	6.09	7.46	7.68	7.66	4.28	6.81	6.66
Average Pt visits by provider per session MTD		8.67	7.65	6.89	6.51	6.96	7.03	7.16	6.20	6.47	7.23	4.78	6.79	
Sessions Budgeted MTD		298	236	162	223	104	248	226	321	237	193	341	2,589	
Sessions Worked MTD		252	229	179	216	105	247	211	357	234	207	293	2,529	
Sessions Variance MTD		(46)	(7)	17	(7)	1	(1)	(15)	36	(3)	14	(48)	(60)	
FTE Variance MTD		(1.15)	(0.18)	0.43	(0.18)	0.03	(0.03)	(0.38)	0.92	(0.08)	0.34	(1.23)	(1.51)	
Average Pt visits by provider per session FYTD		8.21	7.45	6.84	6.94	6.51	6.91	6.89	6.39	6.56	6.97	4.50		6.69
Sessions Budgeted FYTD		1,872	1,509	1,080	1,397	656	1,554	1,398	2,040	1,492	1,265	2,361		16,624
Sessions Worked FYTD		1,683	1,438	1,088	1,477	719	1,569	1,413	2,093	1,431	1,310	1,966		16,189
Sessions Variance FYTD		(189)	(71)	8	80	63	15	15	53	(61)	45	(395)		(435)
FTE Variance FYTD		(0.73)	(0.27)	0.03	0.31	0.24	0.06	0.06	0.21	(0.24)	0.18	(1.53)		(1.69)
Valleywise Health Productivity % MTD	*100%-115%	138.0%	148.0%	126.0%	132.0%	124.0%	127.0%	158.0%	142.0%	128.0%	128.0%	174.0%		

Women's Clinic	Antepartum Testing	Diabetes Ed	Internal Medicine P	Peds Primary	Other FQHC Total	Other FQHC FYTD	Grand Total FQHC	FYTD FQHC
1,929	672	219	1,212	1,954	5,986		26,668	
2,237	746	0	1,344	1,775	6,102		27,065	
(308)	(74)	219	(132)	179	(116)		(397)	
-13.8%	-9.9%		-9.8%	10.1%	-1.9%		-1.5%	
12,899	4,439	721	7,899	11,426		37,384		169,640
15,285	5,042	0	8,303	11,011		39,641		173,756
(2,386)	(603)	721	(404)	415		(2,257)		(4,116)
-15.6%	-12.0%		-4.9%	3.8%		-5.7%		-2.4%
1,807			1,178	1,824	4,809	30,663	21,985	
8.23			6.99	7.88	7.58	7.58	6.97	
7.38			7.12	8.48	7.69		6.97	
280			196	207	683		3,272	
245			166	215	626		3,155	
(35)			(31)	8	(57)		(117)	
(0.89)			(0.77)	0.20	(1.46)		(2.97)	
7.53			7.37	7.54		7.49	6.85	
1,820			1,262	1,302		4,384	21,008	
1,611			1,057	1,426		4,094	20,282	
(209)			(205)	124		(290)	(726)	
(0.81)			(0.79)	0.48		(1.12)	(2.81)	
115.0%	110.0%		128.0%	129.0%				

LEGEND:

Not in Target
5% less than the target
Target ≥ 95%

- \* Productivity: Departments above 115% are considered overproductive; Note: January includes only partial data from Axiom
- \*\* Specialty HIV Community Health Center
- \*\*\* Grand Total FQHC includes Community Health Centers & Other FQHC
- \*\*\*\* FYTD FQHC includes Community Health Centers, Other FQHC, Dental, & OP Behavioral Health Clinics

# Ambulatory Pillars Dashboard

January 2020

## Community Health Centers

## Other FQHC Clinics

### Behavioral Health- Ambulatory

Finance	Target	Avondale				Maryvale	Mesa	7th Ave				BH Total	BH FYTD
Actual Visits MTD		104				69	190	100				463	
Budget Visits MTD		62				94	125	62				343	
Variance MTD		42				(25)	65	38				120	
Variance by % MTD		67.7%				-26.6%	52.0%	61.3%				35.0%	
Actual Visits FYTD		532				513	1,029	564					2,638
Budget Visits FYTD		357				535	714	357					1,963
Variance FYTD		175				(22)	315	207					675
Variance by % FYTD		49.0%				-4.1%	44.1%	58.0%					34.4%

### Dental - Ambulatory

Finance		Avondale	Chandler				Mesa		S. Central Phoenix		McDowell	Dental Total	Dental FYTD
Actual Visits MTD		258	186				246		182		432	2,395	
Budget Visits MTD		247	213				230		184		420	2,207	
Variance MTD		11	-27				16		-2		12	188	
% Variance MTD		4.5%	-12.7%				7.0%		-1.1%		2.9%	8.5%	
Actual Visits FYTD		1,460	1,305				1,487		1,066		2,895		14,915
Budget Visits FYTD		1,625	1,358				1,483		1,301		2,800		14,975
Variance FYTD		-165	-53				4		-235		95		-60
% Variance FYTD		-10.2%	-3.9%				0.3%		-18.1%		3.4%		-0.4%
Valleywise Health Productivity MTD	*100%-115%	111.0%	120.0%				129.0%		106.0%		120.0%		

PXC
1,091
913
178
19.5%
6,702
6,408
294
4.6%
133.0%

### GROWTH - Ambulatory

Keepage Opportunity		Avondale	Chandler	El Mirage	Glendale	Guadalupe	Maryvale	Mesa	7th Ave	S. Central Phoenix	Sunnyslope	McDowell	VCHCs Overall	Prior 12 months
Outgoing Referrals-Radiology/Imaging		28	88	85	15	5	3	54	14	9	14	9	324	3,839
Outgoing Radiology/imaging % of Total		5.0%	33.6%	24.0%	6.5%	4.3%	1.9%	13.4%	4.3%	3.0%	5.5%	6.9%	10.5%	11.2%
Outgoing Referrals-Laboratory		105	50	37	53	14	69	45	49	36	26	357	841	5,341
Outgoing Laboratory % of Total		1.7%	1.5%	1.6%	1.2%	1.1%	3.4%	1.3%	1.1%	1.3%	0.9%	3.2%	1.9%	1.3%
Outgoing Referrals-Pharmacy		3,784	2,358	2,458	2,075	1,112	663	1,559	3,120	1,980	1,651	4,326	25,086	262,767
Outgoing Pharmacy % of Total		63.3%	61.3%	88.8%	47.7%	84.9%	78.1%	45.9%	58.3%	55.5%	54.7%	97.5%	64.5%	66.2%
Outgoing Referrals-Specialty/OP		617	552	522	394	137	146	325	254	307	266	219	3,739	41,953
Outgoing Specialty/OP % of Total		57.1%	70.1%	84.6%	41.0%	46.4%	58.9%	45.1%	30.2%	35.4%	49.7%	45.0%	50.2%	50.8%
Total Outgoing Referrals		4,534	3,048	3,102	2,537	1,268	881	1,983	3,437	2,332	1,957	4,911	29,990	313,900
Percent of Total Outgoing Referrals		32.8%	36.8%	50.8%	25.7%	41.5%	27.0%	24.6%	31.7%	31.4%	29.5%	30.1%	32.0%	33.6%

Women's Clinic	Antepartum Testing	Diabetes Ed	Internal Medicine P	Peds Primary	Other FQHC Total
6	0	0	7	0	13
1.2%	0.0%	0.0%	2.2%	0.0%	1.4%
81	8	0	34	48	171
2.9%	6.7%	0.0%	1.6%	5.9%	2.9%
368	20	0	1,557	470	2,415
47.1%	28.2%	0.0%	41.0%	53.0%	43.6%
11	0	0	108	71	190
6.1%	0.0%	0.0%	15.8%	30.7%	17.3%
466	28	0	1,706	589	2,789
10.8%	11.6%	0.0%	24.4%	30.2%	20.7%

LEGEND:

Not in Target
5% less than the target
Target ≥ 95%

- \* Productivity: Departments above 115% are considered overproductive; Note: January includes only partial data from Axiom
- \*\* Specialty HIV Community Health Center
- \*\*\* Grand Total FQHC includes Community Health Centers & Other FQHC
- \*\*\*\* FYTD FQHC includes Community Health Centers, Other FQHC, Dental, & OP Behavioral Health Clinics

### Community Health Center

	Data Source	Owner	Frequency	System
<b>ACCESS - Ambulatory</b>				
<b>Appointments Scheduled</b>	All appointment visits are included, except from Dental, Financial Counseling, Lab, Radiology, and Ophthalmology departments.	Amanda Jacobs	Monthly	EPIC Report
<b>Appointment Fill Rate</b>	Provider schedule utilization metric calculated by number of patients to appointment slots available.	Amanda Jacobs	Monthly	EPIC Report
<b>Scheduled Appointment No-Shows</b>	All No- show appointment visits are included, except from Dental, Financial Counseling, Lab, Radiology, and Ophthalmology departments.	Amanda Jacobs	Monthly	EPIC Report
<b>No Show Rate</b>	Percentages of Scheduled Patients who were a "No show" patients or same day cancellations	Amanda Jacobs	Monthly	EPIC Report
<b>FINANCE - Ambulatory</b>				
<b>Actual Visits (includes nurse only visits) MTD</b>	Actual Visits (all visits per Valleywise Health month end visit count methodology)	Amanda Jacobs	Monthly	Axiom
<b>Budgeted Visits MTD</b>	Budgeted Visits (all visits per Valleywise Health month end visit count methodology)	Amanda Jacobs	Monthly	Axiom
<b>Variance MTD</b>	Actual Visits MTD (includes nurse only visits) - Budgeted Visits MTD	Amanda Jacobs	Monthly	Formula
<b>Variance by % MTD</b>	Variance MTD / Budgeted Visits MTD (%)	Amanda Jacobs	Monthly	Formula
<b>Grand Total FQHC</b>	Includes Month Totals from Community Health Centers, Dental, Other FQHC, and OP Behavioral Health clinics	Amanda Jacobs	Monthly	Formula
<b>Actual Visits (includes nurse only visits) FYTD</b>	All visits per Clinic (visit count methodology). For the Fiscal Year to Date	Amanda Jacobs	Monthly	Axiom
<b>Budgeted Visits FYTD</b>	All budgeted visits per Clinic (visit count methodology) For the Fiscal Year to Date	Amanda Jacobs	Monthly	Axiom
<b>Variance FYTD</b>	Actual Visits FYTD (includes nurse only visits) - Budgeted Visits FYTD. For the Fiscal Year to Date	Amanda Jacobs	Monthly	Formula
<b>Variance by % FYTD</b>	Variance FYTD / Budgeted Visits FYTD (%) For the Fiscal Year to Date	Amanda Jacobs	Monthly	Formula

## Ambulatory Pillars Dashboard Data Dictionary

### Community Health Center

	Data Source	Owner	Frequency	System
<b>FYTD FQHC</b>	Includes FYTD Totals from Community Health Centers, Dental, Other FQHC, and OP Behavioral Health clinics	Amanda Jacobs	Monthly	Formula
<b>Total Number of Patients seen by provider</b>	Closed Appointments by Provider	Maria Aguirre	Monthly	Epic - Clarity Query
<b>Overall Expected Productivity (Pt visits by provider per session)</b>	FY2020 budget – Total Number of Patients seen by provider / Sessions Worked (by Clinic, by Specialty, per FTE)	Maria Aguirre	Monthly	McKesson/ Excel
<b>Average Pt visits by provider per session MTD</b>	Total Number of Patients seen by provider / Sessions Worked For current month	Maria Aguirre	Monthly	Formula
<b>Sessions Budgeted MTD</b>	Budgeted FTEs * Session Days for the month (Working days less Holidays, Less GME Accrual, Less PTO Accrual)	Maria Aguirre	Monthly	Formula
<b>Sessions Worked MTD</b>	Amion System Calendar that is Signed by Manager and Medical Director and report sent to Finance for Reconciliation	Ambulatory Site / Andra Anderson	Monthly	Amion/ Manual
<b>Session Variance MTD</b>	Sessions Worked – Sessions Budgeted For the current month	Maria Aguirre	Monthly	Formula
<b>FTE Variance MTD</b>	Sessions Worked – Sessions Budgeted For the current month	Maria Aguirre	Monthly	Formula
<b>Average Pt visits by provider per session FYTD</b>	Total Number of Patients seen by provider / Sessions Worked For Fiscal Year to Date	Maria Aguirre	Monthly	Formula
<b>Sessions Budgeted FYTD</b>	Budgeted FTEs * Session Days for YTD (Working days less Holidays, Less GME Accrual, Less PTO Accrual)	Maria Aguirre	Monthly	Formula
<b>Sessions Worked FYTD</b>	Amion System Calendar that is Signed by Manager and Medical Director and report sent to Finance for Reconciliation	Ambulatory Site / Andra Anderson	Monthly	Amion/ Manual
<b>Session Variance FYTD</b>	Sessions Worked – Sessions Budgeted For the Fiscal Year to Date	Maria Aguirre	Monthly	Formula
<b>FTE Variance FYTD</b>	Sessions Worked YTD – Sessions Budgeted YTD	Maria Aguirre	Monthly	Formula
<b>Valleywise Health Productivity %</b>	Kronos Report (Data is for a monthly period)	Amanda Jacobs	Monthly	Kronos

**Community Health Center**

	Data Source	Owner	Frequency	System
<b>FINANCE - BEHAVIORAL HEALTH</b>				
<b>Actual Visits MTD</b>	Actual Visits per BH Clinic (all visits per Valleywise Health month end visit count methodology)	Amanda Jacobs	Monthly	Axiom
<b>Budgeted Visits MTD</b>	Budgeted Visits per BH Clinic (all visits per Valleywise Health month end visit count methodology)	Amanda Jacobs	Monthly	Axiom
<b>Variance</b>	Actual Visits MTD (includes nurse only visits) - Budgeted Visits MTD	Amanda Jacobs	Monthly	Formula
<b>Actual Visits FYTD</b>	Actual Visits (all visits per Valleywise Health month end visit count methodology) For fiscal year to date	Amanda Jacobs	Monthly	Axiom
<b>Budgeted Visits FYTD</b>	Budgeted Visits (all visits per Valleywise Health month end visit count methodology) For fiscal year to date	Amanda Jacobs	Monthly	Axiom
<b>Variance FYTD</b>	Actual Visits FYTD (includes nurse only visits) - Budgeted Visits FYTD	Amanda Jacobs	Monthly	Formula
<b>FINANCE-DENTAL</b>				
<b>Actual Visits MTD</b>	Actual Visits per Dental Clinic (all visits per Valleywise Health month end visit count methodology)	Amanda Jacobs	Monthly	Axiom
<b>Budgeted Visits MTD</b>	Budgeted Visits per Dental Clinic (all visits per Valleywise Health month end visit count methodology)	Amanda Jacobs	Monthly	Axiom
<b>Variance MTD</b>	Actual Visits MTD (includes nurse only visits) - Budgeted Visits MTD	Amanda Jacobs	Monthly	Formula
<b>Variance by % MTD</b>	Variance MTD / Budgeted Visits MTD (%)	Amanda Jacobs	Monthly	Formula
<b>Actual Visits FYTD</b>	All visits per Dental Clinic (visit count methodology) For fiscal year to date	Amanda Jacobs	Monthly	Axiom
<b>Budgeted Visits FYTD</b>	All budgeted visits per Dental Clinic (visit count methodology) For fiscal year to date	Amanda Jacobs	Monthly	Axiom
<b>Variance FYTD</b>	Actual Visits FYTD (includes nurse only visits) - FYTD Budgeted Visits	Amanda Jacobs	Monthly	Formula



**Community Health Center**

		Data Source	Owner	Frequency	System
<b>Variance by % FYTD</b>		Variance FYTD/ Budgeted Visits FYTD (%)	Amanda Jacobs	Monthly	Formula
<b>Valleywise Health Productivity %</b>		Kronos Report (Data is for a monthly period)	Amanda Jacobs	Monthly	Kronos
<b>GROWTH - Ambulatory</b>					
Keepage Opportunity	<b>Outgoing Referrals-Radiology/Imaging</b>	Clarity Data Radiology: Data is extracted from Epic Clarity data tables "REFERRAL" and "ORDER_PROC" where: The Referral Status field is not equal to "Cancelled" The Order Type field is equal to "Imaging" Internal Referral: The Order Class field is equal to "Internal" Outgoing Referral: The Order Class field is equal to "Outgoing"	Sandra Delaney	Monthly	EPIC Clarity
	<b>Radiology/imaging % of Total</b>	Clarity Data	Sandra Delaney	Monthly	EPIC Clarity
	<b>Outgoing Referrals-Laboratory</b>	Clarity Data LAB ORDERS: Data is extracted from Epic Clarity data table "ORDER_PROC" where: The Referral Status field is not equal to "Cancelled" The Order Type field is equal to "Lab" or "Pathology" Internal Referral: The RESULTING_LAB field is equal to "MIHS LAB" or "LAB_CHG_TRG_YN" field is equal to "Y". Outgoing Referral: The RESULTING_LAB field is not equal to a MIHS LAB "Outgoing" and "LAB_CHG_TRG_YN" field is not equal to "Y".	Sandra Delaney	Monthly	EPIC Clarity
	<b>Laboratory % of Total</b>	Clarity Data	Sandra Delaney	Monthly	EPIC Clarity
	<b>Outgoing Referrals-Pharmacy</b>	Clarity Data RX Scripts: Data is extracted from Epic Clarity data table "ORDER_MED" where: The Order Status is not equal to "Cancelled" or "Suspend" Internal Scripts: The Pharmacy Name field is equal to an MIHS pharmacy Outgoing Scripts: The Pharmacy Name field is not equal to an MIHS pharmacy.	Sandra Delaney	Monthly	EPIC Clarity
	<b>Pharmacy % of Total</b>	Clarity Data	Sandra Delaney	Monthly	EPIC Clarity

**Community Health Center**

	Data Source	Owner	Frequency	System
<b>Outgoing Referrals-Specialty/OP</b>	Clarity Data OP Referrals: Data is extracted from Epic Clarity data tables "REFERRAL" and "ORDER_PROC" where: The Referral Status field is not equal to "Cancelled" The Order Type field is equal to "Outpatient Referral" Internal Referral: The Order Class field is equal to "Internal" Outgoing Referral: The Order Class field is equal to "Outgoing"	Sandra Delaney	Monthly	EPIC Clarity
<b>Specialty/OP % of Total</b>	Clarity Data	Sandra Delaney	Monthly	EPIC Clarity
<b>Total Outgoing Referrals</b>	Sum of all outgoing referrals (Radiology/Imaging, Laboratory, Pharmacy, Specialty/OP) for the month	Sandra Delaney	Monthly	EPIC Clarity
<b>Percent of Total Outgoing Referrals</b>	Total Outgoing Referrals for month/Total Internal Referrals for the month (%)	Sandra Delaney	Monthly	EPIC Clarity

FEDERALLY QUALIFIED HEALTH CENTERS

JAN FY 2020

VISITS SUMMARY

	MTD Analysis						YTD Analysis				
	Prior Year	Prior Month	Month To Date FY 2020			Prior YTD	Year To Date FY 2020				
	JAN FY 2019	DEC FY 2020	JAN FY 2020	Budget	Variance (Unfavorable)	%	JAN FY 2019	JAN FY 2020	Budget	Variance (Unfavorable)	%
	Actual	Actual	Actual				Actual	Actual			
<b>VCHC Clinics</b>											
FQHC CLINIC - SOUTH CENTRAL PHOENIX	1,530	1,238	1,564	1,937	(373)	(19%)	9,984	9,872	11,890	(2,018)	(17%)
FQHC CLINIC - 7TH AVENUE	1,648	1,822	2,276	2,433	(157)	(6%)	9,796	13,911	15,259	(1,348)	(9%)
FQHC CLINIC - AVONDALE	2,258	2,025	2,258	2,383	(125)	(5%)	15,214	14,855	14,698	157	1%
FQHC CLINIC - MARYVALE	1,838	1,508	1,878	1,884	(6)	(0%)	11,725	11,919	12,098	(179)	(1%)
FQHC CLINIC - GLENDALE	1,597	1,414	1,440	1,728	(288)	(17%)	10,799	10,737	10,958	(221)	(2%)
FQHC CLINIC - EL MIRAGE	1,212	968	1,254	964	290	30%	7,988	7,682	6,581	1,101	17%
FQHC CLINIC - MESA	1,435	1,406	1,540	1,494	46	3%	8,893	10,142	9,315	827	9%
FQHC CLINIC - CHANDLER	1,777	1,532	1,776	1,788	(12)	(1%)	11,498	11,102	11,164	(62)	(1%)
FQHC CLINIC - GUADALUPE	767	583	761	722	39	5%	5,076	5,044	4,650	394	8%
FQHC CLINIC - SUNNYSLOPE	1,548	1,237	1,504	1,503	1	0%	10,185	9,366	9,944	(578)	(6%)
FQHC CLINIC - MCDOWELL	1,398	1,436	1,573	1,577	(4)	(0%)	8,325	10,073	10,620	(547)	(5%)
<b>Total</b>	<b>17,008</b>	<b>15,169</b>	<b>17,824</b>	<b>18,413</b>	<b>(589)</b>	<b>(3%)</b>	<b>109,483</b>	<b>114,703</b>	<b>117,177</b>	<b>(2,474)</b>	<b>(2%)</b>
<b>OP BH Clinics</b>											
BH FQHC - 7TH AVENUE	60	78	100	62	38	61%	135	564	357	207	58%
BH FQHC - AVONDALE	46	84	104	62	42	68%	86	532	357	175	49%
BH FQHC - MARYVALE	15	85	69	94	(25)	(27%)	68	513	535	(22)	(4%)
BH FQHC - GLENDALE	-	-	26	-	26	-	-	26	-	26	-
BH FQHC - MESA	53	164	190	125	65	52%	103	1,029	714	315	44%
BH FQHC - CHANDLER	-	-	18	-	18	-	-	18	-	18	-
<b>Total</b>	<b>174</b>	<b>411</b>	<b>507</b>	<b>343</b>	<b>164</b>	<b>48%</b>	<b>392</b>	<b>2,682</b>	<b>1,963</b>	<b>719</b>	<b>37%</b>
<b>VCHC - Phoenix Clinics</b>											
FQHC MARICOPA WOMENS CARE - PHOENIX	1,906	1,682	1,929	2,237	(308)	(14%)	12,918	12,899	15,285	(2,386)	(16%)
FQHC ANTEPARTUM TESTING - PHOENIX	762	597	672	746	(74)	(10%)	5,110	4,439	5,042	(603)	(12%)
FQHC DIABETES OUTREACH CLINIC - PHOENIX	258	157	219	-	219	-	1,817	721	-	721	-
FQHC PEDIATRIC CLINIC - PHOENIX	1,773	1,528	1,954	1,775	179	10%	10,955	11,426	11,011	415	4%
FQHC MEDICINE CLINIC - PHOENIX	1,230	1,095	1,212	1,344	(132)	(10%)	8,170	7,899	8,303	(404)	(5%)
<b>Total</b>	<b>5,929</b>	<b>5,059</b>	<b>5,986</b>	<b>6,102</b>	<b>(116)</b>	<b>(2%)</b>	<b>38,970</b>	<b>37,384</b>	<b>39,641</b>	<b>(2,257)</b>	<b>(6%)</b>
<b>7th Avenue Walk-In Clinic</b>											
FQHC WALK IN CLINIC - 7TH AVENUE	1,633	-	-	-	-	-	10,064	-	-	-	-
<b>Total</b>	<b>1,633</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>10,064</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>
<b>Dental Clinics</b>											
FQHC DENTAL - PHOENIX	913	830	1,091	913	178	19%	6,405	6,702	6,408	294	5%
FQHC DENTAL - CHANDLER	213	161	186	213	(27)	(13%)	1,356	1,305	1,358	(53)	(4%)
FQHC DENTAL - SOUTH CENTRAL PHOENIX	184	220	182	184	(2)	(1%)	1,307	1,066	1,301	(235)	(18%)
FQHC DENTAL - AVONDALE	247	247	258	247	11	4%	1,564	1,460	1,625	(165)	(10%)
FQHC DENTAL - MESA	232	176	246	230	16	7%	1,514	1,487	1,483	4	0%
FQHC DENTAL - MCDOWELL	405	356	432	420	12	3%	2,866	2,895	2,800	95	3%
<b>Total</b>	<b>2,194</b>	<b>1,990</b>	<b>2,395</b>	<b>2,207</b>	<b>188</b>	<b>9%</b>	<b>15,012</b>	<b>14,915</b>	<b>14,975</b>	<b>(60)</b>	<b>(0%)</b>
<b>Grand Totals</b>	<b>26,938</b>	<b>22,629</b>	<b>26,712</b>	<b>27,065</b>	<b>(353)</b>	<b>(1%)</b>	<b>174,163</b>	<b>169,684</b>	<b>173,756</b>	<b>(4,072)</b>	<b>(2%)</b>



Valleywise Community Health  
Centers Governing Council

Finance Committee  
Meeting

March 4, 2020

Item 5.

Budget Calendar  
FY 2021

## FY 2021 Planning and Budget Calendar – Valleywise Community Health Centers Governing Council (VCHGC)

### March

- 4 Valleywise Community Health Centers (VCHGC) Finance Committee – Review calendar.

MARCH						
Su	Mo	Tu	We	Th	Fr	Sa
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31	1	2	3	4
5	6	7	8	9	10	11

### April

- 1 VCHGC Finance Committee – Review patient volume assumptions and capital target.

APRIL						
Su	Mo	Tu	We	Th	Fr	Sa
29	30	31	1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	1	2
3	4	5	6	7	8	9

### May

- 6 VCHGC Finance Committee – Approve volumes and review capital.

MAY						
Su	Mo	Tu	We	Th	Fr	Sa
26	27	28	29	30	1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31	1	2	3	4	5	6

### June

- 27 VCHGC Finance Committee – Special Meeting for budget; approve FY2021 operating and capital budget for the FQHC Clinics, including departmental Governing Council budget.

- 3 VCHGC Meeting – Approve FY2021 operating and capital budget for the FQHC Clinics, including departmental Governing Council budget.

- 18 District Board Budget Hearing - Consideration of the FY2021 Operating and Capital Budget for approval.

- 24 District Board Meeting – If needed final Consideration of the FY2021 Operating and Capital Budget for approval.

JUNE						
Su	Mo	Tu	We	Th	Fr	Sa
31	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	1	2	3	4
5	6	7	8	9	10	11



Valleywise Community Health  
Centers Governing Council

Finance Committee  
Meeting

March 4, 2020

Item 6.a.

FQHC Clinics  
MTD and YTD Financials and  
Payer Mix

MTD Actual vs Budget

	VCHC and Behavioral Health				VCHC - Phoenix			
	JAN Month to Date				JAN Month to Date			
	FY20 Actual	FY20 Budget	Variance Favorable (Unfavorable)	%	FY20 Actual	FY20 Budget	Variance Favorable (Unfavorable)	%
(a) Visits	18,331	18,756	(425)	(2%)	5,986	6,102	(116)	(2%)
<b>Operating Revenues</b>								
(b) Net patient service revenue	\$ 4,093,335	\$ 4,224,075	\$ (130,740)	(3%)	\$ 1,063,873	\$ 1,070,734	\$ (6,861)	(1%)
(c) Other Operating Revenue	100,930	65,411	35,519	54%	12,825	83	12,741	15,289%
(d) PCMH Revenue	7,746	8,000	(254)	(3%)	-	-	-	
(e) <b>Total operating revenues</b>	<b>\$ 4,202,011</b>	<b>\$ 4,297,486</b>	<b>\$ (95,475)</b>	<b>(2%)</b>	<b>\$ 1,076,697</b>	<b>\$ 1,070,817</b>	<b>\$ 5,880</b>	<b>1%</b>
<b>Operating Expenses</b>								
(f) Salaries and wages	1,001,994	1,060,211	58,217	5%	386,567	390,127	3,560	1%
(g) Contract labor	500	-	(500)	(100%)	198	-	(198)	(100%)
(h) Employee benefits	328,726	353,816	25,090	7%	114,666	121,851	7,185	6%
(i) Medical service fees	1,197,637	1,314,026	116,389	9%	416,738	370,808	(45,930)	(12%)
(j) Supplies	138,793	117,954	(20,839)	(18%)	28,690	33,523	4,833	14%
(k) Purchased services	758	5,173	4,414	85%	-	956	956	100%
(l) Other expenses	83,743	90,670	6,927	8%	776	1,593	817	51%
(m) Interest expense	-	40	40	100%	-	-	-	
(n) Allocated ancillary expense	813,483	663,694	(149,789)	(23%)	115,762	92,870	(22,892)	(25%)
(o) <b>Total operating expenses</b>	<b>\$ 3,565,635</b>	<b>\$ 3,605,584</b>	<b>39,949</b>	<b>1%</b>	<b>\$ 1,063,396</b>	<b>\$ 1,011,728</b>	<b>(51,668)</b>	<b>(5%)</b>
(p) <b>Margin (before overhead allocation)</b>	<b>\$ 636,376</b>	<b>\$ 691,902</b>	<b>\$ (55,526)</b>		<b>\$ 13,301</b>	<b>\$ 59,090</b>	<b>\$ (45,789)</b>	
(q) Percent Margin	15%	16%			1%	6%		
(u) <i>Overhead Allocation</i>	900,898	918,207	17,308		297,773	290,374	(7,399)	
(v) <b>Margin (after overhead allocation)</b>	<b>\$ (264,522)</b>	<b>\$ (226,305)</b>	<b>\$ (38,218)</b>		<b>\$ (284,472)</b>	<b>\$ (231,285)</b>	<b>\$ (53,188)</b>	
(w) Percent Margin	(6%)	(5%)			(26%)	(22%)		
<b>Per Visit Analysis (\$/Visit)</b>								
(x) Net patient service revenue	\$ 223.30	\$ 225.21	\$ (1.91)		\$ 177.73	\$ 175.47	\$ 2.25	
(y) Other Operating Revenue	5.51	3.49	2.02		2.14	0.01	2.13	
(z) PCMH Revenue	0.42	0.43	(0.00)		-	-	-	
(aa) <b>Total operating revenues</b>	<b>\$ 229.23</b>	<b>\$ 229.13</b>	<b>\$ 0.10</b>	<b>0%</b>	<b>\$ 179.87</b>	<b>\$ 175.49</b>	<b>\$ 4.38</b>	<b>2%</b>
(ab) <b>Total operating expenses</b>	<b>194.51</b>	<b>192.24</b>	<b>(2.28)</b>	<b>(1%)</b>	<b>177.65</b>	<b>165.80</b>	<b>(11.84)</b>	<b>(7%)</b>
(ac) <b>Margin (before overhead allocation)</b>	<b>\$ 34.72</b>	<b>\$ 36.89</b>	<b>\$ (2.17)</b>	<b>(6%)</b>	<b>\$ 2.22</b>	<b>\$ 9.68</b>	<b>\$ (7.46)</b>	<b>(336%)</b>
<b>Margin (after Non-Operating Revenue Expense)</b>								
(ae) <b>(Expense)</b>	<b>\$ 34.72</b>	<b>\$ 36.89</b>	<b>\$ (2.17)</b>	<b>(6%)</b>	<b>\$ 2.22</b>	<b>\$ 9.68</b>	<b>\$ (7.46)</b>	<b>(336%)</b>
(af) <i>Overhead Allocation</i>	49.15	48.96	(0.19)	(0%)	49.74	47.59	(2.16)	(4%)
(ag) <b>Margin (after overhead allocation)</b>	<b>\$ (14.43)</b>	<b>\$ (12.07)</b>	<b>\$ (2.36)</b>	<b>(16%)</b>	<b>\$ (47.52)</b>	<b>\$ (37.90)</b>	<b>\$ (9.62)</b>	<b>(20%)</b>

MTD Actual vs Budget

	Dental				All Clinics Combined			
	JAN Month to Date				JAN Month to Date			
	FY20 Actual	FY20 Budget	Variance Favorable (Unfavorable)	%	FY20 Actual	FY20 Budget	Variance Favorable (Unfavorable)	%
(a) Visits	2,395	2,207	188	9%	26,712	27,065	(353)	(1%)
<b>Operating Revenues</b>								
(b) Net patient service revenue	\$ 372,430	\$ 399,819	\$ (27,389)	(7%)	\$ 5,529,637	\$ 5,694,628	\$ (164,990)	(3%)
(c) Other Operating Revenue	27,214	24,354	2,860	12%	140,968	89,848	51,121	57%
(d) PCMH Revenue	-	-	-		7,746	8,000	(254)	(3%)
(e) <b>Total operating revenues</b>	<b>\$ 399,644</b>	<b>\$ 424,172</b>	<b>\$ (24,528)</b>	<b>(6%)</b>	<b>\$ 5,678,352</b>	<b>\$ 5,792,475</b>	<b>\$ (114,123)</b>	<b>(2%)</b>
<b>Operating Expenses</b>								
(f) Salaries and wages	335,762	333,112	(2,649)	(1%)	1,724,322	1,783,450	59,128	3%
(g) Contract labor	39	-	(39)	(100%)	737	-	(737)	(100%)
(h) Employee benefits	105,913	100,005	(5,908)	(6%)	549,306	575,673	26,367	5%
(i) Medical service fees	-	-	-		1,614,375	1,684,834	70,458	4%
(j) Supplies	28,705	24,764	(3,941)	(16%)	196,188	176,241	(19,946)	(11%)
(k) Purchased services	9,251	11,455	2,205	19%	10,009	17,584	7,575	43%
(l) Other expenses	231	4,919	4,688	95%	84,750	97,182	12,432	13%
(m) Interest expense	-	-	-		-	40	40	100%
(n) Allocated ancillary expense	-	-	-		929,245	756,563	(172,682)	(23%)
(o) <b>Total operating expenses</b>	<b>\$ 479,900</b>	<b>\$ 474,256</b>	<b>(5,644)</b>	<b>(1%)</b>	<b>\$ 5,108,931</b>	<b>\$ 5,091,567</b>	<b>(17,364)</b>	<b>(0%)</b>
(p) <b>Margin (before overhead allocation)</b>	<b>\$ (80,256)</b>	<b>\$ (50,084)</b>	<b>\$ (30,173)</b>		<b>\$ 569,421</b>	<b>\$ 700,908</b>	<b>\$ (131,487)</b>	<b>(19%)</b>
(q) Percent Margin	(20%)	(12%)			10%	12%		
(u) <i>Overhead Allocation</i>	129,484	127,705	(1,778)		1,328,156	1,336,286	8,131	
(v) <b>Margin (after overhead allocation)</b>	<b>\$ (209,740)</b>	<b>\$ (177,789)</b>	<b>\$ (31,951)</b>		<b>\$ (758,735)</b>	<b>\$ (635,378)</b>	<b>\$ (123,357)</b>	
(w) Percent Margin	(52%)	(42%)			(13%)	(11%)		
<b>Per Visit Analysis (\$/Visit)</b>								
(x) Net patient service revenue	\$ 155.50	\$ 181.16	\$ (25.66)		\$ 207.01	\$ 210.41	\$ (3.40)	
(y) Other Operating Revenue	11.36	11.03	0.33		5.28	3.32	1.96	
(z) PCMH Revenue	-	-	-		0.29	0.30	(0.01)	
(aa) <b>Total operating revenues</b>	<b>\$ 166.87</b>	<b>\$ 192.19</b>	<b>\$ (25.33)</b>	<b>(15%)</b>	<b>\$ 212.58</b>	<b>\$ 214.02</b>	<b>\$ (1.44)</b>	<b>(1%)</b>
(ab) <b>Total operating expenses</b>	<b>200.38</b>	<b>214.89</b>	<b>14.51</b>	<b>7%</b>	<b>191.26</b>	<b>188.12</b>	<b>(3.14)</b>	<b>(2%)</b>
(ac) <b>Margin (before overhead allocation)</b>	<b>\$ (33.51)</b>	<b>\$ (22.69)</b>	<b>\$ (10.82)</b>	<b>(32%)</b>	<b>\$ 21.32</b>	<b>\$ 25.90</b>	<b>\$ (4.58)</b>	<b>(21%)</b>
<b>Margin (after Non-Operating Revenue Expense)</b>								
(ae) <b>(Expense)</b>	<b>\$ (33.51)</b>	<b>\$ (22.69)</b>	<b>\$ (10.82)</b>	<b>(32%)</b>	<b>\$ 21.32</b>	<b>\$ 25.90</b>	<b>\$ (4.58)</b>	<b>(21%)</b>
(af) <i>Overhead Allocation</i>	54.06	57.86	3.80	7%	49.72	49.37	(0.35)	(1%)
(ag) <b>Margin (after overhead allocation)</b>	<b>\$ (87.57)</b>	<b>\$ (80.56)</b>	<b>\$ (7.02)</b>	<b>(8%)</b>	<b>\$ (28.40)</b>	<b>\$ (23.48)</b>	<b>\$ (4.93)</b>	<b>(17%)</b>



YTD Actual vs Budget

	VCHC and Behavioral Health				VCHC - Phoenix			
	JAN Year to Date				JAN Year to Date			
	FY20 Actual	FY20 Budget	Variance Favorable (Unfavorable)	%	FY20 Actual	FY20 Budget	Variance Favorable (Unfavorable)	%
(a) Visits	117,385	119,140	(1,755)	(1%)	37,384	39,641	(2,257)	(6%)
<b>Operating Revenues</b>								
(b) Net patient service revenue	\$ 25,485,091	\$ 26,890,327	\$ (1,405,235)	(5%)	\$ 6,671,581	\$ 6,860,177	\$ (188,596)	(3%)
(c) Other Operating Revenue	510,030	457,875	52,155	11%	53,487	583	52,904	9,069%
(d) PCMH Revenue	56,622	56,000	622	1%	-	-	-	
(e) <b>Total operating revenues</b>	<b>\$ 26,051,744</b>	<b>\$ 27,404,202</b>	<b>\$ (1,352,458)</b>	<b>(5%)</b>	<b>\$ 6,725,068</b>	<b>\$ 6,860,760</b>	<b>\$ (135,692)</b>	<b>(2%)</b>
<b>Operating Expenses</b>								
(f) Salaries and wages	6,611,842	6,754,700	142,858	2%	2,431,161	2,549,440	118,280	5%
(g) Contract labor	46,834	20,340	(26,494)	(130%)	18,219	8,037	(10,182)	(127%)
(h) Employee benefits	2,349,504	2,286,184	(63,320)	(3%)	727,172	796,653	69,481	9%
(i) Medical service fees	8,486,336	9,112,688	626,352	7%	2,914,070	2,595,656	(318,414)	(12%)
(j) Supplies	996,298	765,003	(231,295)	(30%)	226,605	217,454	(9,151)	(4%)
(k) Purchased services	11,810	35,766	23,956	67%	2,218	6,770	4,552	67%
(l) Other expenses	714,565	715,738	1,172	0%	22,174	26,964	4,789	18%
(m) Interest expense	-	277	277	100%	-	-	-	
(n) Allocated ancillary expense	4,773,227	4,444,473	(328,754)	(7%)	725,976	634,811	(91,165)	(14%)
(o) <b>Total operating expenses</b>	<b>\$ 23,990,416</b>	<b>\$ 24,135,169</b>	<b>144,753</b>	<b>1%</b>	<b>\$ 7,067,594</b>	<b>\$ 6,835,784</b>	<b>(231,810)</b>	<b>(3%)</b>
(p) <b>Margin (before overhead allocation)</b>	<b>\$ 2,061,327</b>	<b>\$ 3,269,033</b>	<b>\$ (1,207,705)</b>		<b>\$ (342,526)</b>	<b>\$ 24,976</b>	<b>\$ (367,502)</b>	
(q) Percent Margin	8%	12%			(5%)	0%		
(u) <i>Overhead Allocation</i>	6,098,727	6,134,335	35,608		1,989,117	1,968,447	(20,669)	
(v) <b>Margin (after overhead allocation)</b>	<b>\$ (4,037,400)</b>	<b>\$ (2,865,302)</b>	<b>\$ (1,172,098)</b>		<b>\$ (2,331,643)</b>	<b>\$ (1,943,471)</b>	<b>\$ (388,171)</b>	
(w) Percent Margin	(15%)	(10%)			(35%)	(28%)		
<b>Per Visit Analysis (\$/Visit)</b>								
(x) Net patient service revenue	\$ 217.11	\$ 225.70	\$ (8.60)		\$ 178.46	\$ 173.06	\$ 5.40	
(y) Other Operating Revenue	4.34	3.84	0.50		1.43	0.01	1.42	
(z) PCMH Revenue	0.48	0.47	0.01		-	-	-	
(aa) <b>Total operating revenues</b>	<b>\$ 221.93</b>	<b>\$ 230.02</b>	<b>\$ (8.08)</b>	<b>(4%)</b>	<b>\$ 179.89</b>	<b>\$ 173.07</b>	<b>\$ 6.82</b>	<b>4%</b>
(ab) <b>Total operating expenses</b>	<b>204.37</b>	<b>202.58</b>	<b>(1.80)</b>	<b>(1%)</b>	<b>189.05</b>	<b>172.44</b>	<b>(16.61)</b>	<b>(9%)</b>
(ac) <b>Margin (before overhead allocation)</b>	<b>\$ 17.56</b>	<b>\$ 27.44</b>	<b>\$ (9.88)</b>	<b>(56%)</b>	<b>\$ (9.16)</b>	<b>\$ 0.63</b>	<b>\$ (9.79)</b>	<b>(107%)</b>
<b>Margin (after Non-Operating Revenue Expense)</b>								
(ae) <b>(Expense)</b>	<b>\$ 17.56</b>	<b>\$ 27.44</b>	<b>\$ (9.88)</b>	<b>(56%)</b>	<b>\$ (9.16)</b>	<b>\$ 0.63</b>	<b>\$ (9.79)</b>	<b>(107%)</b>
(af) <i>Overhead Allocation</i>	51.95	51.49	(0.47)	(1%)	53.21	49.66	(3.55)	(7%)
(ag) <b>Margin (after overhead allocation)</b>	<b>\$ (34.39)</b>	<b>\$ (24.05)</b>	<b>\$ (10.34)</b>	<b>(30%)</b>	<b>\$ (62.37)</b>	<b>\$ (49.03)</b>	<b>\$ (13.34)</b>	<b>(21%)</b>

YTD Actual vs Budget

	Dental				All Clinics Combined			
	JAN Year to Date				JAN Year to Date			
	FY20 Actual	FY20 Budget	Variance Favorable (Unfavorable)	%	FY20 Actual	FY20 Budget	Variance Favorable (Unfavorable)	%
(a) Visits	14,915	14,975	(60)	(0%)	169,684	173,756	(4,072)	(2%)
<b>Operating Revenues</b>								
(b) Net patient service revenue	\$ 2,461,907	\$ 2,723,329	\$ (261,422)	(10%)	\$ 34,618,579	\$ 36,473,832	\$ (1,855,253)	(5%)
(c) Other Operating Revenue	184,496	170,475	14,022	8%	748,014	628,933	119,081	19%
(d) PCMH Revenue	-	-	-	-	56,622	56,000	622	1%
(e) <b>Total operating revenues</b>	<b>\$ 2,646,403</b>	<b>\$ 2,893,803</b>	<b>\$ (247,400)</b>	<b>(9%)</b>	<b>\$ 35,423,215</b>	<b>\$ 37,158,765</b>	<b>\$ (1,735,551)</b>	<b>(5%)</b>
<b>Operating Expenses</b>								
(f) Salaries and wages	2,208,540	2,263,457	54,918	2%	11,251,542	11,567,597	316,055	3%
(g) Contract labor	3,610	1,595	(2,015)	(126%)	68,663	29,972	(38,690)	(129%)
(h) Employee benefits	647,706	653,616	5,909	1%	3,724,383	3,736,453	12,070	0%
(i) Medical service fees	-	-	-	-	11,400,406	11,708,344	307,938	3%
(j) Supplies	150,859	168,394	17,535	10%	1,373,762	1,150,851	(222,911)	(19%)
(k) Purchased services	99,585	77,266	(22,319)	(29%)	113,613	119,802	6,190	5%
(l) Other expenses	9,021	17,639	8,618	49%	745,760	760,340	14,580	2%
(m) Interest expense	-	-	-	-	-	277	277	100%
(n) Allocated ancillary expense	-	-	-	-	5,499,193	5,079,284	(419,909)	(8%)
(o) <b>Total operating expenses</b>	<b>\$ 3,119,320</b>	<b>\$ 3,181,966</b>	<b>62,646</b>	<b>2%</b>	<b>\$ 34,177,321</b>	<b>\$ 34,152,920</b>	<b>(24,401)</b>	<b>(0%)</b>
(p) <b>Margin (before overhead allocation)</b>	<b>\$ (472,917)</b>	<b>\$ (288,163)</b>	<b>\$ (184,754)</b>		<b>\$ 1,245,894</b>	<b>\$ 3,005,846</b>	<b>\$ (1,759,952)</b>	
(q) Percent Margin	(18%)	(10%)			4%	8%		
(u) <i>Overhead Allocation</i>	840,721	857,710	16,989		8,928,562	8,960,491	31,929	
(v) <b>Margin (after overhead allocation)</b>	<b>\$ (1,313,638)</b>	<b>\$ (1,145,873)</b>	<b>\$ (167,765)</b>		<b>\$ (7,682,669)</b>	<b>\$ (5,954,646)</b>	<b>\$ (1,728,023)</b>	
(w) Percent Margin	(50%)	(40%)			(22%)	(16%)		
<b>Per Visit Analysis (\$/Visit)</b>								
(x) Net patient service revenue	\$ 165.06	\$ 181.86	\$ (16.80)		\$ 204.02	\$ 209.91	\$ (5.90)	
(y) Other Operating Revenue	12.37	11.38	0.99		4.41	3.62	0.79	
(z) PCMH Revenue	-	-	-		0.33	0.32	0.01	
(aa) <b>Total operating revenues</b>	<b>\$ 177.43</b>	<b>\$ 193.24</b>	<b>\$ (15.81)</b>	<b>(9%)</b>	<b>\$ 208.76</b>	<b>\$ 213.86</b>	<b>\$ (5.10)</b>	<b>(2%)</b>
(ab) <b>Total operating expenses</b>	<b>209.14</b>	<b>212.49</b>	<b>3.35</b>	<b>2%</b>	<b>201.42</b>	<b>196.56</b>	<b>(4.86)</b>	<b>(2%)</b>
(ac) <b>Margin (before overhead allocation)</b>	<b>\$ (31.71)</b>	<b>\$ (19.24)</b>	<b>\$ (12.46)</b>	<b>(39%)</b>	<b>\$ 7.34</b>	<b>\$ 17.30</b>	<b>\$ (9.96)</b>	<b>(136%)</b>
<b>Margin (after Non-Operating Revenue Expense)</b>								
(ae) <b>(Expense)</b>	<b>\$ (31.71)</b>	<b>\$ (19.24)</b>	<b>\$ (12.46)</b>	<b>(39%)</b>	<b>\$ 7.34</b>	<b>\$ 17.30</b>	<b>\$ (9.96)</b>	<b>(136%)</b>
(af) <i>Overhead Allocation</i>	56.37	57.28	0.91	2%	52.62	51.57	(1.05)	(2%)
(ag) <b>Margin (after overhead allocation)</b>	<b>\$ (88.07)</b>	<b>\$ (76.52)</b>	<b>\$ (11.56)</b>	<b>(13%)</b>	<b>\$ (45.28)</b>	<b>\$ (34.27)</b>	<b>\$ (11.01)</b>	<b>(24%)</b>

Valleywise Health  
FQHC

With Ancillary Services  
JAN FY 2020

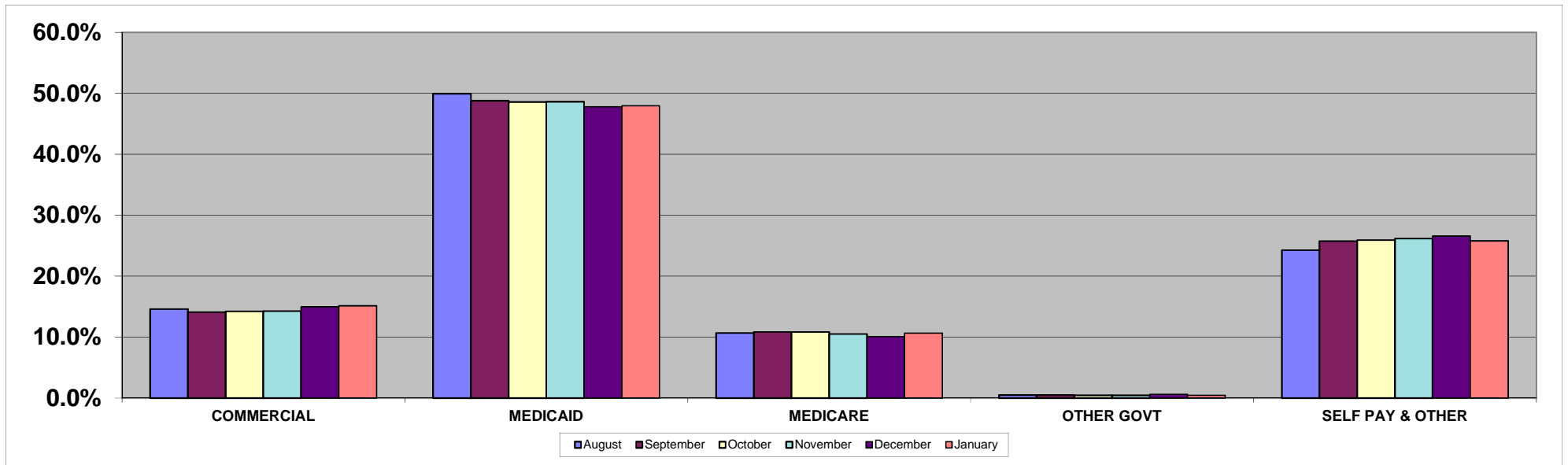
(a) <b>Visits</b>	<b>The number of times patients were seen at the clinics</b>
<b>Operating Revenues</b>	
(b) <b>Net patient service revenue</b>	<b>This amount reflects the estimated amount of revenue we expect to collect as cash from regular operations</b>
(c) Other Operating Revenue	All other operating revenue not listed in another category (Ex: rental revenue, financial assessment form program revenue)
(d) PCMH Revenue	Patient Centered Medical Home payments, which represent per member per month capitation agreements with Care 1st.
(e) <b>Total operating revenues</b>	<b>Net patient service revenue (b) + Other Operating Revenue + PCMH revenue (d) = (e)</b>
<b>Operating Expenses</b>	
(f) Salaries and wages	Salaries and wages paid to MIHS employees via payroll
(g) Contract labor	Temporary staff and contractors
(h) Employee benefits	Benefits paid to MIHS employees (Ex :health insurance)
(i) Medical service fees	Fees paid per the contract with District Medical Group (DMG) for providing physician/provider services
(j) Supplies	Expenses related to items consumed (Ex: medical and office supplies)
(k) Purchased services	Expenses related to consulting, dental lab services, lab courier services, and uniform/laundry cleaning
(l) Other expenses	All other expenses not listed in another category (Ex: equipment or facility maintenance agreements, utilities, etc.)
(m) Interest expense	Interest paid that is related to a capital lease
(n) Allocated ancillary expense	Expense amounts from the following departments are allocated to the individual FQHC cost centers: radiology, pharmacy, and laboratory because those services were done at the clinics. This is done in order to match revenue with expenses.
(o) <b>Total operating expenses</b>	<b>Sum of all Operational Expenses, lines (f) through (n) = (o)</b>
(p) <b>Margin (before overhead allocation)</b>	<b>Total Operating Revenue (e) - Total Operating Expense (o) = (p)</b>
(q) Percent Margin	Margin (before overhead allocation) (p) / Total operating revenue (e) = (q)
(u) Overhead Allocation	Expense amounts from departments that provide indirect services to the FQHC departments (such as: Human Resources, Accounting, Payroll, Security, Information Technology). This is done in order to match revenue with expenses.
(v) <b>Margin (after overhead allocation)</b>	<b>Margin (before overhead allocation) (s) - Overhead Allocation (u) = (v)</b>
(w) Percent Margin	Margin (after overhead allocation) (v) / Total operating revenue (e) = (w)
<b>Per Visit Analysis (\$/Visit)</b>	
(x) Net patient service revenue	Net patient service revenue line (b) / Visits line (a) = (x)
(y) Other Operating Revenue	Other Operating Revenue line (c) / Visits line (a) = (y)
(z) PMPM Revenue	PMPM Revenue line (d) / Visits line (a) = (z)
(aa) <b>Total operating revenues</b>	<b>Total operating revenues line (e) / Visits line (a) = (aa)</b>
(ab) <b>Total operating expenses</b>	<b>Total operating expenses line (o) / Visits line (a) = (ab)</b>
(ac) <b>Margin (before overhead allocation)</b>	<b>Margin (before overhead allocation) line (p) / Visits line (a) = (ac)</b>
(ad) Non-Operating Revenue (Expense)	Non-Operating Revenue (Expense) line (r) / Visits line (a) = (ad)
(ae) <b>Margin (after Non-Operating Revenue (Expense))</b>	<b>Margin (after Non-Operating Revenue (Expense)) line (s) / Visits line (a) = (ae)</b>
(af) Overhead Allocation	Overhead allocation line (u) / Visits line (a) = (af)
(ag) <b>Margin (after overhead allocation)</b>	<b>Margin (after overhead allocation) line (v) / Visits line (a) = (ag)</b>

Note: Reports do not include overhead allocations (i.e. additional expenses related to Financial Services (including: Payroll, Accounts Payable, Billing), Human Resources, Facilities and Maintenance, etc.)

**Valleywise Health - Federally Qualified Health Centers  
Comparison ALL FQHC Visits by Payor - 6 Month Trend**

Payer	August	September	October	November	December	January
COMMERCIAL	3,652	3,277	3,708	3,133	3,384	4,040
MEDICAID	12,486	11,327	12,647	10,668	10,809	12,810
MEDICARE	2,671	2,516	2,820	2,305	2,283	2,851
OTHER GOVT	130	114	116	104	140	125
SELF PAY & OTHER	6,072	5,984	6,752	5,739	6,013	6,886
<b>Total</b>	<b>25,011</b>	<b>23,218</b>	<b>26,043</b>	<b>21,949</b>	<b>22,629</b>	<b>26,712</b>

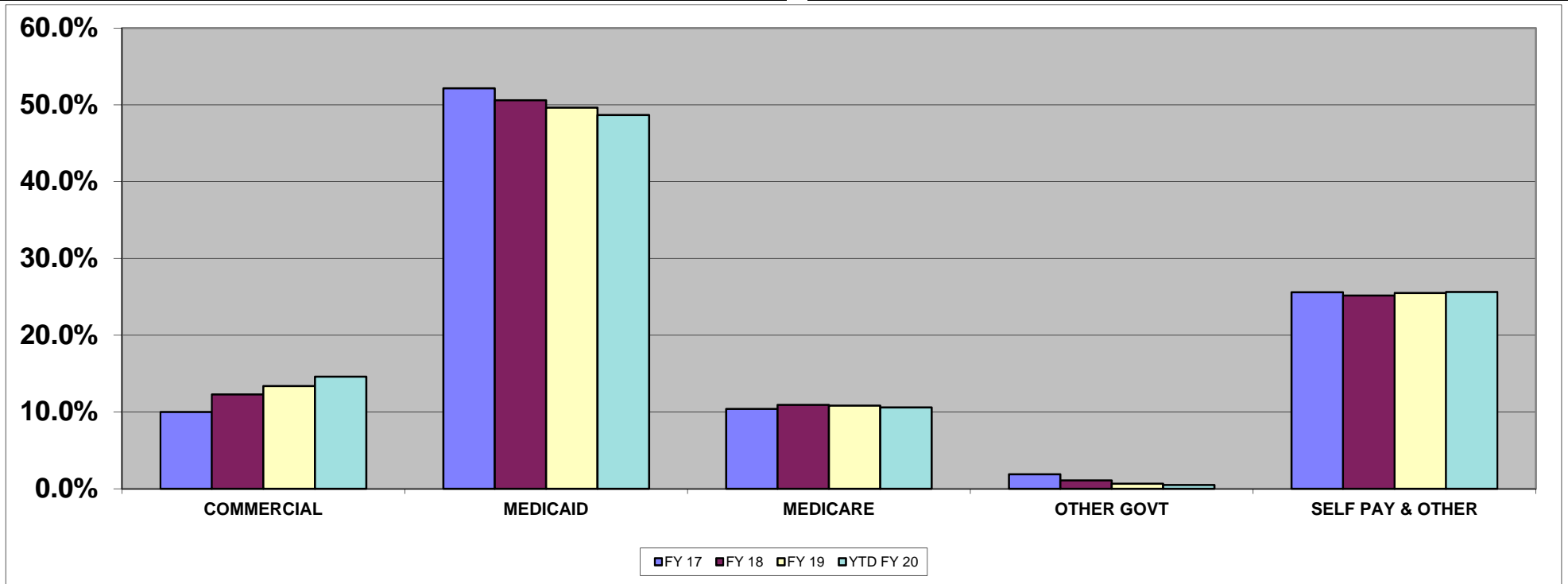
Payer	August	September	October	November	December	January
COMMERCIAL	14.6%	14.1%	14.2%	14.3%	15.0%	15.1%
MEDICAID	49.9%	48.8%	48.6%	48.6%	47.8%	48.0%
MEDICARE	10.7%	10.8%	10.8%	10.5%	10.1%	10.7%
OTHER GOVT	0.5%	0.5%	0.5%	0.5%	0.6%	0.5%
SELF PAY & OTHER	24.3%	25.8%	25.9%	26.2%	26.6%	25.8%
<b>Total</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>



**Valleywise Health - Federally Qualified Health Centers  
Comparison ALL FQHC Visits by Payor - 4 Year Trend**

Payer	FY 17	FY 18	FY 19	YTD FY 20
COMMERCIAL	30,298	36,284	39,715	24,751
MEDICAID	158,128	149,566	147,246	82,625
MEDICARE	31,493	32,266	32,111	17,979
OTHER GOVT	5,726	3,204	1,931	843
SELF PAY & OTHER	77,596	74,347	75,642	43,486
<b>Total</b>	<b>303,241</b>	<b>295,667</b>	<b>296,645</b>	<b>169,684</b>

Payer	FY 17	FY 18	FY 19	YTD FY 20
COMMERCIAL	10.0%	12.3%	13.4%	14.6%
MEDICAID	52.2%	50.6%	49.6%	48.7%
MEDICARE	10.4%	10.9%	10.8%	10.6%
OTHER GOVT	1.9%	1.1%	0.7%	0.5%
SELF PAY & OTHER	25.6%	25.2%	25.5%	25.6%
<b>Total</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>





Valleywise Community Health  
Centers Governing Council

Finance Committee  
Meeting

March 4, 2020

Item 6.b.

VCHCGC  
Expenditures  
Compared to Budget

**FEDERALLY QUALIFIED HEALTH CENTERS  
Governing Council Expenditures and Budget  
FY 2020**

	FY 2020 Actual												FY 2020 Actual	FY 2020 Budget	Variance
	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JAN YTD	JAN YTD	
Salaries	\$ 5,828	\$ 5,831	\$ 5,644	\$ 5,847	\$ 5,646	\$ 5,835	\$ 5,986	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 40,618	\$ 40,730	\$ 112
Benefits	2,131	2,898	2,566	2,825	3,283	1,767	2,565	-	-	-	-	-	18,035	18,768	734
<b>Sub-Total Salaries and Benefits</b>	<b>7,959</b>	<b>8,729</b>	<b>8,211</b>	<b>8,672</b>	<b>8,929</b>	<b>7,603</b>	<b>8,551</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>58,653</b>	<b>59,499</b>	<b>846</b>
870070 - COMMUNICATION SERVICES	-	-	-	-	9	5	-	-	-	-	-	-	13	-	(13)
880010 - AIRLINE	631	-	3	-	-	-	-	-	-	-	-	-	634	800	166
880020 - TRAVEL REIMBURSEMENT	-	-	3,232	-	-	-	-	-	-	-	-	-	3,232	3,586	354
880110 - ORG MEMBERSHIPS/CERT/LICENSE	20,000	-	-	-	-	-	-	-	-	-	-	-	20,000	20,000	-
880150 - SEMINAR FEES	2,540	-	-	-	-	350	100	-	-	-	-	-	2,990	2,750	(240)
880200 - EMPLOYEE RECOGNITION REWARDS	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
880680 - OTHER MISCELLANEOUS EXPENSES	-	-	-	-	-	-	3	-	-	-	-	-	3	-	(3)
<b>Sub-Total Other Operating Expenses</b>	<b>23,171</b>	<b>-</b>	<b>3,235</b>	<b>-</b>	<b>9</b>	<b>355</b>	<b>103</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>26,872</b>	<b>27,136</b>	<b>264</b>
730090 - FOOD - CATERING & SPECIAL FUNCTIONS	156	296	312	369	322	230	218	-	-	-	-	-	1,903	2,100	197
760020 - OFFICE SUPPLIES	-	-	-	35	10	-	-	-	-	-	-	-	44	119	75
760025 - PRINTING SUPPLIES/RICOH	862	48	483	272	(45)	1,091	902	-	-	-	-	-	3,612	1,708	(1,904)
790050 - OTHER SUPPLIES	-	-	-	-	-	-	2,230	-	-	-	-	-	2,230	-	(2,230)
<b>Sub-Total Supplies</b>	<b>1,018</b>	<b>344</b>	<b>795</b>	<b>676</b>	<b>287</b>	<b>1,320</b>	<b>3,349</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>7,789</b>	<b>3,927</b>	<b>(3,862)</b>
<b>Grand Total</b>	<b>\$32,148</b>	<b>\$ 9,073</b>	<b>\$12,241</b>	<b>\$ 9,347</b>	<b>\$ 9,224</b>	<b>\$ 9,278</b>	<b>\$12,003</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 93,315</b>	<b>\$ 90,562</b>	<b>\$ (2,753)</b>

	FY 2020 Budget												Actual	Budget	Budget
	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUN YE	JUN YE	Remaining
Salaries	\$ 5,822	\$ 5,822	\$ 5,635	\$ 5,822	\$ 5,635	\$ 5,997	\$ 5,997	\$ 5,610	\$ 5,997	\$ 5,803	\$ 5,997	\$ 5,803	\$ 40,618	\$ 69,941	\$ 29,323
Benefits	2,696	2,696	2,609	2,696	2,609	2,730	2,730	2,554	2,730	2,642	2,730	2,642	18,035	32,066	14,032
<b>Sub-Total Salaries and Benefits</b>	<b>8,519</b>	<b>8,519</b>	<b>8,244</b>	<b>8,519</b>	<b>8,244</b>	<b>8,727</b>	<b>8,727</b>	<b>8,164</b>	<b>8,727</b>	<b>8,445</b>	<b>8,727</b>	<b>8,445</b>	<b>58,653</b>	<b>102,008</b>	<b>43,355</b>
870070 - COMMUNICATION SERVICES	-	-	-	-	-	-	-	-	-	-	-	-	13	-	(13)
880010 - AIRLINE	-	800	-	-	-	-	-	-	-	-	-	-	634	800	166
880020 - TRAVEL REIMBURSEMENT	-	3,586	-	-	-	-	-	-	-	-	-	-	3,232	3,586	354
880110 - ORG MEMBERSHIPS/CERT/LICENSE	20,000	-	-	-	-	-	-	-	-	-	15,000	-	20,000	35,000	15,000
880150 - SEMINAR FEES	-	2,750	-	-	-	-	-	750	-	-	-	-	2,990	3,500	510
880200 - EMPLOYEE RECOGNITION REWARDS	-	-	-	-	-	-	-	-	-	-	-	150	-	150	150
880680 - OTHER MISCELLANEOUS EXPENSES	-	-	-	-	-	-	-	-	-	-	-	-	3	-	(3)
<b>Sub-Total Other Operating Expenses</b>	<b>20,000</b>	<b>7,136</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>750</b>	<b>-</b>	<b>-</b>	<b>15,000</b>	<b>150</b>	<b>26,872</b>	<b>43,036</b>	<b>16,164</b>
730090 - FOOD - CATERING & SPECIAL FUNCTIONS	300	300	300	300	300	300	300	300	300	300	300	1,740	1,903	5,040	3,137
760020 - OFFICE SUPPLIES	17	17	17	17	17	17	17	17	17	17	17	17	44	204	160
760025 - PRINTING SUPPLIES/RICOH	244	244	244	244	244	244	244	244	244	244	244	244	3,612	2,928	(684)
790050 - OTHER SUPPLIES	-	-	-	-	-	-	-	-	-	-	-	-	2,230	-	(2,230)
<b>Sub-Total Supplies</b>	<b>561</b>	<b>561</b>	<b>561</b>	<b>561</b>	<b>561</b>	<b>561</b>	<b>561</b>	<b>561</b>	<b>561</b>	<b>561</b>	<b>561</b>	<b>2,001</b>	<b>7,789</b>	<b>8,172</b>	<b>383</b>
<b>Grand Total</b>	<b>\$29,080</b>	<b>\$16,216</b>	<b>\$ 8,805</b>	<b>\$ 9,080</b>	<b>\$ 8,805</b>	<b>\$ 9,288</b>	<b>\$ 9,288</b>	<b>\$ 9,475</b>	<b>\$ 9,288</b>	<b>\$ 9,007</b>	<b>\$24,288</b>	<b>\$ 10,597</b>	<b>\$ 93,315</b>	<b>\$ 153,216</b>	<b>\$ 59,901</b>



Valleywise Community Health  
Centers Governing Council

Finance Committee  
Meeting

March 4, 2020

Item 6.c.

FQHC Clinics  
Routine Capital  
Purchases



**VALLEYWISE HEALTH - COMMUNITY HEALTH CENTER**  
**FQHC - FY20 Routine Capital Spend**

Grouping	Dept Name	Description	Budgeted	CER Number	CER Amount	Amount Paid	Amount Paid	Amount Paid	Amount Paid	Remaining
			Amount			NOV 2019	DEC 2019	JAN 2020	Cumulative Total	Amount
FQHC	ALL FQHC	Ambulatory Tablet replacements	\$ 208,535	20-402	\$ 207,511				\$ 205,980	\$ 2,555
			\$ -						\$ -	\$ -
FQHC	Contingency		\$ 200,000						\$ -	\$ 200,000

<b>Total Budgeted Amount</b>	<u>\$ 408,535</u>	<u>\$ 207,511</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 205,980</u>	<u>\$ 202,555</u>
<b>Allocated Routine Capital Funding</b>	\$ 208,535						
<b>Allocated Capital Contingency</b>	\$ 200,000						
<b>(Over) / Under</b>	<u>\$ -</u>						



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Item 6.d.

FQHC Clinics  
Care Reimagined Capital  
Purchases

**VALLEYWISE HEALTH - COMMUNITY HEALTH CENTER**  
**Care Reimagined - Spend report**

*Note: prior months amount paid are also hidden*

Grouping	Description	Budgeted Amount	CER Number	CER Amount
Responsible owner - Barbara Harding - updated listing per MHC GC				
Ambulatory	Facility upkeep	\$ 3,655	17-910	\$ 3,655
Ambulatory	Facility upkeep	\$ 52,790	18-905	\$ 52,790
Ambulatory	Colposcopes	\$ 23,421	18-909	\$ 23,421
Ambulatory	Chandler ADA Doors	\$ 5,667	18-042	\$ 5,667
Ambulatory	Glendale Digital X-Ray unit and Sensors (Panoramic Digital AND Nomad digital)	\$ 68,202	16-917	\$ 68,202
Ambulatory	Chandler Dental Digital Radiology - Panoramic x-ray	\$ 63,564	16-915	\$ 63,564
Ambulatory	CHC - Digital Panoramic x-ray	\$ 60,419	16-916	\$ 60,419
Ambulatory	CHC Dental Replace Chairs Lights, Compressor and Deliverey Units	\$ 127,642	18-905	\$ 127,642
Ambulatory	CHC Cost for new equipment and cost of moving existing to Avondale X-Ray	\$ 70,276	16-921	\$ 70,276
Ambulatory	Avondale- Replace all flooring.	\$ 70,435	17-904	\$ 70,435
Ambulatory	Temperature Monitoring - FQHC Depts	\$ 52,936	17-909	\$ 52,936
Ambulatory	McDowell Dental	\$ 15,990	16-918	\$ 15,990
Ambulatory	CHC Internal Medicine Clinic Renovation - Increase the number of exam rooms to accommodate 1st, 2nd & 3rd yr residents as of July 1, 2017 plus the attendings and midlevel providers, improve operations, clinic flow and space allocation.	\$ 217,539	18-900	\$ 217,539
Ambulatory	CHC Dental Autoclave Replacement including printer & Cassette rack	\$ 19,122	18-908	\$ 19,122
Ambulatory	Chandler Dental Autoclave Replacement including printer & Cassette rack	\$ 6,374	18-908	\$ 6,374
Ambulatory	Avondale Dental Autoclave Replacement including printer & Cassette rack	\$ 6,374	18-908	\$ 6,374
Ambulatory	FHC Helmer Medical Refrigerators	\$ 11,110	17-714	\$ 11,110
Ambulatory	FHC Helmer Medical Refrigerators	\$ 156,625	17-901	\$ 156,625
Ambulatory	FQHC Contingency - addtl camera	\$ 28,500	16-936	\$ 28,500
Ambulatory	Cabinet and Countertop Replacement South Central FHC	\$ 8,419	18-904	\$ 8,419
Ambulatory	CHC Dental Refresh	\$ 89,374	18-905	\$ 89,374
Ambulatory	POC Molecular (26 units)	\$ 1,069,947	19-914	\$ 1,069,947
Ambulatory	Bili Meter - Draegar (10 units)	\$ 71,875	19-927	\$ 71,875
Ambulatory	Colposcope - Guadalupe	\$ 9,686	19-925	\$ 9,686
Ambulatory	Colposcopes (2 units)	\$ 19,371	19-434	\$ 19,371
Ambulatory	EKG machines (3 units)	\$ 37,278	19-922	\$ 37,278
Ambulatory	Ultrasound machines (2 units) - Women's	\$ 208,180	19-417	\$ 208,180
Ambulatory	South Central FHC Cooling Tower Repairs	\$ 14,548	19-707	\$ 14,548
Ambulatory	South Central FHC Security Fencing Due to Vandalism	\$ 19,488	19-015	\$ 19,488
Ambulatory	CHC Pediatric Clinic (Primary Care) Pharmacy Refrigerator	\$ 7,759	19-709	\$ 7,759
Ambulatory				
Ambulatory	<b>FQHC Contingency / Emergency - FQHC only</b>	<b>\$ 383,434</b>		
<b>Total Budgeted Amount</b>		<b>\$ 3,000,000</b>		<b>\$ 2,616,566</b>
<b>Allocated Bond Funding</b>		<b>\$ 3,000,000</b>		<b>\$ 3,000,000</b>
<b>(Over) / Under</b>		<b>\$ -</b>		<b>\$ 383,434</b>



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Centers Governing Council

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Item 7.

Closing Comments  
(No Handout)



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Item 8.

Staff Assignments  
(No Handout)