



**City of Cincinnati Board of Health Finance Committee**

**Wednesday May 17, 2017**

**Inaugural Meeting**

**Cincinnati Department of Health Room 324**

Mr. Ronald Robinson, Chair of the Board of Health Finance Committee, called the May 17, 2017 finance committee meeting to order at 1:00 p.m.

**Roll Call**

**Board of Health (BOH) Board members present:** Ronald Robinson, Kate Schroder

**City of Cincinnati Primary Care (CCPC) Board members present:** Robert Brown, Ashley Colmenero

**Senior Staff Present:** Robert Schlanz

**Ex-Officio Members:** Tim Collier, Chair of the Board of Health

<b>Topic</b>	<b>Discussion</b>	<b>Action/Motion</b>	<b>Responsible Party</b>
Roll Call			Ronald Robinson
Introduction of Members	Each Committee member provided an overview of their current role, professional experience, and credentials.		All
Role & Responsibility of the Finance Committee	<ul style="list-style-type: none"> <li>The Finance Committee DRAFT Terms of Reference were read aloud. Each member was provided a paper copy</li> <li>Discussion surrounding the dollar threshold for proposed contracts that require review prior to full Board consideration</li> <li>Discussion of committee composition. A member confirmed that ex-officio members will be non-voting members of the Committee</li> <li>Meeting frequency, date, and location</li> </ul>	<ul style="list-style-type: none"> <li>Remove the dollar threshold for contracts requiring Committee review. All contracts will be reviewed by the finance committee prior to full Board consideration</li> <li>The committee will be comprised of two members of the Board of Health, the Chief Financial Officer for the Health Department (or his/her designee), and Two members of the CCPC Board.</li> <li>The Committee will meet at the Department of Health at 4pm on the 3<sup>rd</sup> Wednesday of each month</li> </ul>	Ronald Robinson

Expectation of Members	<ul style="list-style-type: none"> <li>• Discussion surrounding methods of communication and the use of a repository to access information</li> <li>• The Committee agenda will be finalized and distributed at least two days prior to scheduled Committee meetings</li> </ul>	<ul style="list-style-type: none"> <li>• Members are going to diligence prospective repositories and provide a recommendation to the Committee Chair</li> </ul>	Ronald Robinson
Reporting Requirements	<ul style="list-style-type: none"> <li>• Members requested a sampling of financial reports currently being generated by the CHD</li> <li>• Members requested an orientation to be held at a future date so as to become knowledgeable on CHD financial systems and processes, reporting infrastructure, and the budget build process (by program)</li> </ul>	<ul style="list-style-type: none"> <li>• Members were asked to consider key agenda items for the requested orientation</li> <li>• Members requested a listing of revenue cycle reports available thru the EPIC EMR system</li> <li>• Committee to review sample reports in Appendix I. Discussion pended for June meeting</li> </ul>	Ronald Robinson  Robert Schlanz  All

Meeting Adjourned 2:30 p.m.

Next Meeting Wednesday June 21, 2017

Minutes Prepared by:

Minutes Approved by:

\_\_\_\_\_ Date \_\_\_\_\_  
Ashley Colmenero, Committee Member

\_\_\_\_\_ Date \_\_\_\_\_  
Ronald Robinson, Committee Chair

# Appendix I

## Sample Reports Provided by the Dupage County Health Department

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111 North County Farm Road, Wheaton, Illinois 60187  
(630) 682-7400

[www.dupagehealth.org](http://www.dupagehealth.org)

*TO: Board of Health*

*FROM: Michael Kiep  
Assistant Director of Finance*

*DATE: October 13, 2016*

*RE: Board of Health - Financial Update*

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Attached are monthly financial summaries prepared for the period ending August 31, 2016. They are intended to provide you with an executive level overview of the Health Department's finances. Please let me know if you have any questions or would like additional details on any of the schedules included in this update.

As of August 31, the combined cash balance in the General Fund (70) and Infrastructure Fund (73) totaled \$17,700,497. This reflects an increase of \$364,244 compared to the prior year with the General Fund (70) increasing by \$3,085,595 and the Health Department Infrastructure Fund (73) decreasing by \$2,721,352. As noted in past updates, these point-in-time fund balance changes are primarily related to the timing of the Community Center construction project payouts.

Accounts receivables as of August 31 totaled \$2,874,313. This reflects a decrease of \$1,139,936 or 28% compared to the prior year. Of that amount, due from government agencies for grants and contracts totaled \$809,508. This reflects a \$693,181 or 46% decrease compared to the prior year. It also represents a \$2,440,032 reduction compared to the previous month. The reason for this reduction is that in the month of August, receipts totaling \$2,906,404 were received, primarily from State of Illinois agencies, for past due grant contract receivables. In fact, we are pleased to report that as of this date we have been paid in-full for all of our SFY 2016 grant contracts. Accounts receivables for patient care third party payers totaled \$2,064,805. This reflects a \$446,755 decrease compared to the prior year. Accounts receivable amounts do fluctuate throughout the year as they are dependent upon when funds are earned and subsequently paid by granting agencies and third party payers. Schedule B provides a detailed aging of grant contract receivables by granting agency and schedule C provides a detailed aging of patient care billing receivables by payer.

As of August 31, accounts receivables from State of Illinois agencies for grants and patient care third-party billing totaled \$1,403,943. This amount reflects a decrease of \$2,361,815 or 63% compared to the previous month and a decrease of \$653,324 or 32% when compared to the prior year. As noted in the paragraph above we have received all amounts due for SFY 2016 grant contract receivables. We also continue to see regular reimbursement for Medicaid services billed to state agencies. This is good news, however, as long as the state is without a balanced budget, funding tied to SFY 2017 GRF funded grant contracts remains at-risk. To account for this, the FY 2017 budget proposal on this month's Board of Health agenda for your approval once again includes a budget reserve cost center to isolate those funds. This cost center provides a mechanism of control within the budget and our accounting system to assure that Health Department spending

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remains within available resources. Schedule D provides a detailed aging of State of Illinois receivables by state agency.

As of August 31, cash balances in the Health Department General Fund (70) and Infrastructure Fund (73) combined with accounts receivables totaled \$20,574,811. Including capital assets, the balance sheet total for General Fund (70) and Infrastructure Fund (73) cash and accounts receivables totaled \$58,429,345. This reflects a \$722,806 or 1% increase when compared to the prior year.

Liabilities for unpaid obligations and unearned revenue as of August 31 totaled \$4,360,568. Unpaid obligations are comprised of accrued accounts payables, accrued payroll and liabilities for compensated absences and employee retention. Combined, these liabilities totaled \$3,600,964. Unearned revenue, an offsetting liability used to record cash received before it is earned or for billing reimbursements that have yet to be applied to a client or customer account totaled \$759,604. Note that these amounts may fluctuate from month to month as they are dependent upon the timing of payments from granting agencies and the cash application process for patient care third-party payers.

As of August 31, operating revenue for the fiscal year totaled \$28,567,654. This includes the first installment of property tax revenue and reflects an unfavorable variance of \$2,460,300 when compared to the original budget. Operating expenditures, exclusive of re-appropriated funds, totaled \$29,356,165. This reflects a favorable variance of \$5,046,063 when compared to the original spending plan. Schedule E provides a summary of revenue and expenditures by category compared to the original budget.

The goal of this update is to provide you with an executive level summary and appropriate detail of the Department's finances. We hope that you find this informative and welcome your suggestions on how to improve the presentation. As always, if you have questions or require additional information on the Health Department budget or finances please contact me at (630) 221-7791.

DuPage County Health Department  
 Financial Overview of General (70) and Infrastructure (73) Funds  
 Executive Summary  
 As of August 31, 2016

CATEGORY	8/31/2016	8/31/2015	\$ CHANGE	% CHG
<b>GENERAL FUND (70) CASH</b>				
Deposits with Treasurer and Cash on Hand	\$ 16,590,144	\$ 14,281,035	\$ 2,309,109	16%
Deposits in Illinois Funds Accounts (1)	\$ 895,845	\$ 119,359	\$ 776,486	651%
<b>TOTAL GENERAL FUND CASH (2)</b>	<b>\$ 17,485,989</b>	<b>\$ 14,400,393</b>	<b>\$ 3,085,595</b>	<b>21%</b>
<b>INFRASTRUCTURE FUND (73) CASH</b>				
Deposits with Treasurer (3)	\$ 214,508	\$ 2,935,860	\$ (2,721,352)	-93%
<b>TOTAL GENERAL (70) AND INFRASTRUCTURE FUND (73) CASH</b>	<b>\$ 17,700,497</b>	<b>\$ 17,336,254</b>	<b>\$ 364,244</b>	<b>2%</b>
<b>ACCOUNTS RECEIVABLES</b>				
Grants and Contracts due from Government Agencies (4)	\$ 809,508	\$ 1,502,689	\$ (693,181)	-46%
Patient Care Billing due from Third Parties (5)	\$ 2,064,805	\$ 2,511,560	\$ (446,755)	-18%
<b>TOTAL ACCOUNTS RECEIVABLES</b>	<b>\$ 2,874,313</b>	<b>\$ 4,014,249</b>	<b>\$ (1,139,936)</b>	<b>-28%</b>
<b>TOTAL CASH AND ACCOUNTS RECEIVABLES</b>	<b>\$ 20,574,811</b>	<b>\$ 21,350,503</b>	<b>\$ (775,692)</b>	<b>-4%</b>
<b>CAPITAL ASSETS INCLUDING CONSTRUCTION-IN-PROGRESS</b>	<b>\$ 37,854,535</b>	<b>\$ 36,356,036</b>	<b>\$ 1,498,498</b>	<b>4%</b>
<b>TOTAL CASH, ACCOUNTS RECEIVABLES AND CAPITAL ASSETS</b>	<b>\$ 58,429,345</b>	<b>\$ 57,706,539</b>	<b>\$ 722,806</b>	<b>1%</b>
<b>LESS:</b>				
<b>OBLIGATIONS</b>				
Accounts Payable	\$ 1,503	\$ 1,661	\$ (158)	-10%
Accrued Payroll (6)	\$ 878,870	\$ 890,763	\$ (11,894)	NA
Accrued Compensated Absences (7)	\$ 797,622	\$ 881,155	\$ (83,533)	-9%
Accrued Employee Retention (7)	\$ 1,922,970	\$ 1,862,888	\$ 60,082	3%
<b>TOTAL OBLIGATIONS</b>	<b>\$ 3,600,964</b>	<b>\$ 3,636,468</b>	<b>\$ (35,503)</b>	<b>-1%</b>
<b>UNEARNED REVENUE</b>				
Deferred Billing Revenue (8)	\$ 582,182	\$ 1,740,340	\$ (1,158,158)	-67%
Deferred Grant Revenue (9)	\$ 177,421	\$ 343,580	\$ (166,158)	-48%
<b>TOTAL UNEARNED REVENUE</b>	<b>\$ 759,604</b>	<b>\$ 2,083,920</b>	<b>\$ (1,324,316)</b>	<b>-64%</b>
<b>TOTAL OBLIGATIONS / UNEARNED REVENUE</b>	<b>\$ 4,360,568</b>	<b>\$ 5,720,387</b>	<b>\$ (1,359,820)</b>	<b>-24%</b>
<b>FAVORABLE/(UNFAVORABLE) CHANGE FROM PRIOR YEAR</b>			<b>\$ 2,082,626</b>	

(1) Includes accounts for credit card and E-Pay receipts

(2) See schedule A

(3) Retitled and repurposed from Contingency Fund by the BOH on 9/12/2013

(4) See schedule B

(5) See schedule C

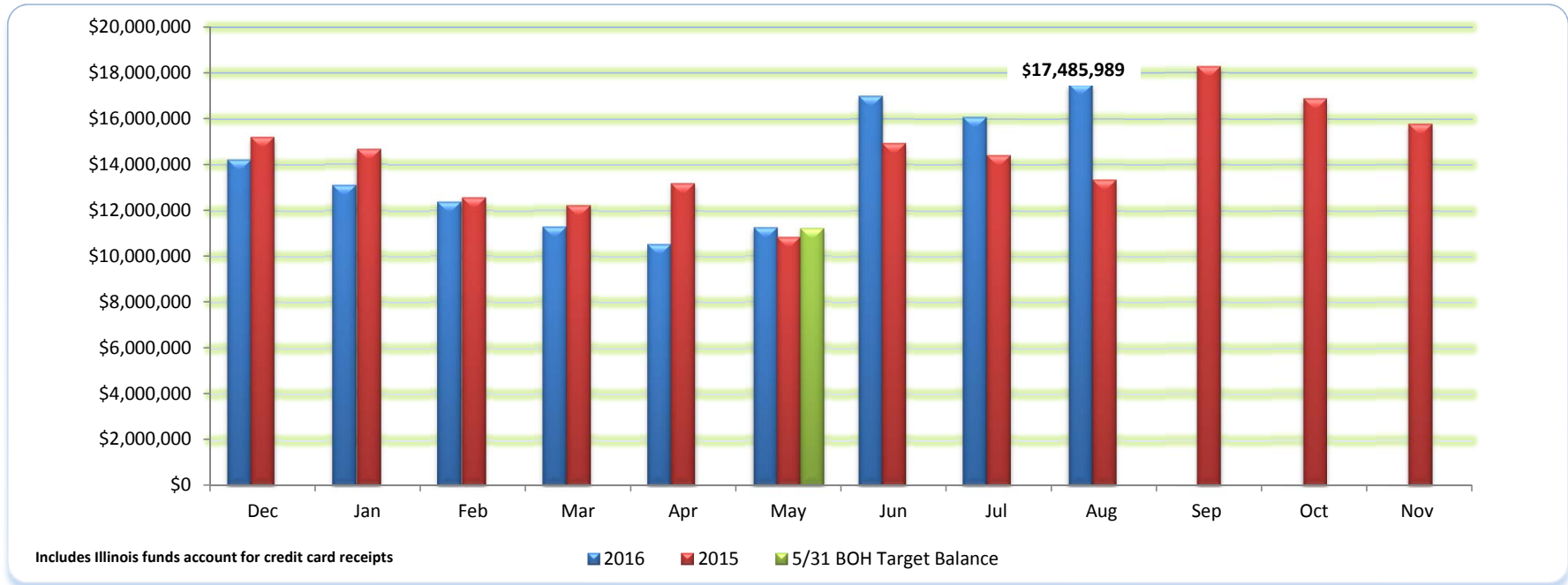
(6) Includes Health Insurance

(7) Reflects liability for unpaid vacation, sick-leave and retention benefits (updated annually)

(8) Includes unrecognized revenue (i.e. unapplied cash)

(9) Includes unrecognized revenue (i.e. advance payment receipts for grant services)

### Balance Sheet Total Cash - Fund 70



### General Fund (70) Cash Balance - Historical

Year	12/1	12/31	1/31	2/28	3/31	4/30	5/31	6/30	7/31	8/31	9/30	10/31	11/30
2000	\$ 22,964,159	\$ 19,802,368	\$ 19,885,008	\$ 19,042,850	\$ 17,453,174	\$ 16,434,003	\$ 15,059,855	\$ 18,421,497	\$ 18,441,058	\$ 18,182,708	\$ 21,618,671	\$ 20,570,662	\$ 18,913,471
2001	\$ 18,913,471	\$ 17,649,294	\$ 16,562,018	\$ 15,710,710	\$ 13,291,067	\$ 12,585,568	\$ 10,661,518	\$ 13,504,275	\$ 11,965,115	\$ 11,605,492	\$ 15,647,920	\$ 14,713,754	\$ 11,938,307
2002	\$ 11,938,307	\$ 10,471,692	\$ 9,567,601	\$ 8,137,312	\$ 6,356,706	\$ 4,905,134	\$ 2,182,917	\$ 8,262,914	\$ 7,880,575	\$ 7,437,297	\$ 12,983,397	\$ 12,638,008	\$ 9,220,294
2003	\$ 9,220,294	\$ 9,935,856	\$ 10,242,483	\$ 7,909,257	\$ 6,153,981	\$ 6,081,130	\$ 3,902,974	\$ 10,317,762	\$ 9,433,925	\$ 9,468,355	\$ 15,474,862	\$ 18,005,320	\$ 16,687,152
2004	\$ 16,687,152	\$ 15,738,320	\$ 14,470,028	\$ 12,911,112	\$ 12,000,492	\$ 10,572,334	\$ 9,338,890	\$ 14,752,244	\$ 12,862,707	\$ 13,417,329	\$ 18,870,248	\$ 16,320,688	\$ 14,850,617
2005	\$ 14,850,617	\$ 13,798,397	\$ 13,340,930	\$ 11,480,755	\$ 12,884,448	\$ 10,457,818	\$ 9,216,679	\$ 14,764,454	\$ 14,353,108	\$ 13,765,278	\$ 19,097,527	\$ 18,527,612	\$ 16,318,960
2006	\$ 16,318,960	\$ 16,995,354	\$ 16,763,117	\$ 15,406,163	\$ 12,432,560	\$ 11,263,453	\$ 11,602,475	\$ 15,237,290	\$ 16,651,078	\$ 17,014,946	\$ 21,932,793	\$ 20,350,136	\$ 18,985,078
2007	\$ 18,985,078	\$ 17,987,420	\$ 16,671,453	\$ 15,954,186	\$ 13,865,677	\$ 13,465,691	\$ 12,878,637	\$ 17,568,525	\$ 17,548,671	\$ 16,126,893	\$ 21,341,275	\$ 21,505,333	\$ 18,750,731
2008	\$ 18,750,731	\$ 16,716,020	\$ 16,880,138	\$ 14,158,335	\$ 12,888,127	\$ 11,896,414	\$ 10,687,517	\$ 16,165,511	\$ 16,309,774	\$ 13,758,273	\$ 18,093,898	\$ 18,702,760	\$ 16,037,918
2009	\$ 16,037,918	\$ 17,275,746	\$ 15,097,371	\$ 12,858,983	\$ 11,668,167	\$ 11,793,496	\$ 9,143,799	\$ 14,477,446	\$ 13,114,967	\$ 11,891,741	\$ 18,446,966	\$ 17,768,380	\$ 16,139,880
2010	\$ 16,139,880	\$ 12,863,672	\$ 15,328,466	\$ 13,366,501	\$ 11,858,942	\$ 10,686,142	\$ 9,850,601	\$ 15,772,539	\$ 13,874,190	\$ 13,116,447	\$ 18,599,791	\$ 16,979,107	\$ 15,271,593
2011	\$ 15,271,593	\$ 13,757,615	\$ 13,499,334	\$ 11,567,135	\$ 11,856,851	\$ 10,962,976	\$ 10,294,699	\$ 15,532,851	\$ 14,503,377	\$ 13,554,745	\$ 17,374,852	\$ 16,664,111	\$ 14,673,199
2012	\$ 14,673,199	\$ 11,235,879	\$ 11,025,003	\$ 9,486,823	\$ 8,690,637	\$ 10,129,866	\$ 11,451,379	\$ 15,946,853	\$ 15,872,866	\$ 15,017,647	\$ 18,686,466	\$ 18,328,441	\$ 14,781,645
2013	\$ 14,781,645	\$ 11,958,362	\$ 12,811,701	\$ 11,817,329	\$ 11,353,506	\$ 15,294,739	\$ 14,731,034	\$ 20,626,784	\$ 20,824,787	\$ 19,844,535	\$ 20,849,483	\$ 20,455,556	\$ 17,542,256
2014	\$ 17,542,256	\$ 16,240,910	\$ 15,469,180	\$ 14,100,144	\$ 13,592,491	\$ 14,119,256	\$ 12,732,213	\$ 16,689,728	\$ 16,681,491	\$ 15,656,229	\$ 19,973,015	\$ 18,390,418	\$ 16,879,356
2015	\$ 16,879,356	\$ 15,205,155	\$ 14,646,204	\$ 12,532,039	\$ 12,200,198	\$ 13,167,463	\$ 10,801,121	\$ 14,921,986	\$ 14,400,393	\$ 13,336,917	\$ 18,272,415	\$ 16,879,869	\$ 15,774,921
2016	\$ 15,774,921	\$ 14,224,485	\$ 13,089,693	\$ 12,342,125	\$ 11,269,372	\$ 10,523,219	\$ 11,223,781	\$ 16,975,638	\$ 16,073,450	\$ 17,485,989			

**DuPage County Health Department  
Accounts Receivables Aging - Grants and Contracts**

As of August 31, 2016			AMOUNT	0-30 DAYS	31-60 DAYS	61-90 DAYS	91-120 DAYS	121-150 DAYS	151-180 DAYS	181+ DAYS
GRANT TITLE	AGENCY TYPE									
Probation	DC R	\$	13,750	\$ 13,750	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
MH Court	DC R	\$	6,667	\$ 6,667	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
<b>DuPage County</b>		<b>\$</b>	<b>20,417</b>	<b>\$ 20,417</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
Homecoming	HUD R	\$	-	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
SAIL	HUD R	\$	-	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Housing Intensive Service	HUD R	\$	-	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
HUD MISA/CAP	HUD R	\$	-	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
<b>Department of Housing and Urban Development</b>		<b>\$</b>	<b>-</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
F.C.M.-Healthworks	IDCFS G	\$	56,080	\$ -	\$ 30,051	\$ -	\$ -	\$ 26,029	\$ -	\$ -
<b>IL Department of Children and Family Services</b>		<b>\$</b>	<b>56,080</b>	<b>\$ -</b>	<b>\$ 30,051</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 26,029</b>	<b>\$ -</b>	<b>\$ -</b>
F.C.M.-M.A.P.	IDHFS R	\$	255,083	\$ 255,083	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
<b>IL Department of Healthcare and Family Services</b>		<b>\$</b>	<b>255,083</b>	<b>\$ 255,083</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
WIC	IDHS G	\$	-	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
W.I.C.-Breastfeeding	IDHS G	\$	-	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
F.C.M.-Medicaid/Title XX	IDHS F	\$	200,029	\$ -	\$ 105,521	\$ 94,508	\$ -	\$ -	\$ -	\$ -
Building Better Outcomes	IDHS R	\$	-	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Healthy Families Illinois	IDHS G	\$	223,317	\$ -	\$ 18,321	\$ 12,043	\$ 11,321	\$ 12,095	\$ 34,998	\$ 134,539
Refugee Health	IDHS G	\$	-	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Teen Pregnancy Prevention	IDHS G	\$	-	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Crisis Staff	IDHS F	\$	-	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Crisis - Residential	IDHS G	\$	-	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
P.A.S.	IDHS G	\$	-	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
H.B.S.S.	IDHS G	\$	-	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Juvenile Justice	IDHS G	\$	-	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
CAPS	IDHS G	\$	-	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
MFP Quality Admin	IDHS G	\$	33,000	\$ -	\$ -	\$ 6,875	\$ 6,875	\$ 6,875	\$ 6,875	\$ 5,500
Resident Review	IDHS G	\$	-	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Supervised CILA	IDHS G	\$	-	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
SAIL	IDHS G	\$	-	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Transitional Apartments	IDHS G	\$	-	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Yng. Adult Grp. Home	IDHS G	\$	-	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Trans. Grp. Homes	IDHS F	\$	-	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
<b>IL Department of Human Services</b>		<b>\$</b>	<b>456,346</b>	<b>\$ -</b>	<b>\$ 123,842</b>	<b>\$ 113,426</b>	<b>\$ 18,196</b>	<b>\$ 18,970</b>	<b>\$ 41,873</b>	<b>\$ 140,039</b>
HAI/MDRO	DHHS R	\$	10,000	\$ -	\$ 10,000	\$ -	\$ -	\$ -	\$ -	\$ -
ACA - Navigator	DHHS R	\$	-	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Healthcare & Other Facilities	DHHS R	\$	-	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
FDA-IMIS	DHHS R	\$	-	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Suicide Prevention	DHHS R	\$	-	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
SAMHSA MyCare	DHHS R	\$	-	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
<b>Department of Health &amp; Human Services</b>		<b>\$</b>	<b>10,000</b>	<b>\$ -</b>	<b>\$ 10,000</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
Perinatal Hep - B	IDPH R	\$	2,646	\$ 1,570	\$ 1,075	\$ -	\$ -	\$ -	\$ -	\$ -
Bioterrorism Prep.	IDPH R	\$	-	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Cities Readiness Initiative	IDPH R	\$	-	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
PHEP LHD Ebola	IDPH F	\$	5,540	\$ 5,540	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Chronic Disease & SH	IDPH R	\$	-	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
VFC-AFIX	IDPH R	\$	3,397	\$ 3,397	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Vision & Hearing	IDPH F/R	\$	-	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Illinois Breast and Cervical Cancer Prevention	IDPH R	\$	-	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Referral Treatment Act	IDPH R	\$	-	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Ill. Tobacco-Free Comm / Reality IL	IDPH R	\$	-	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Dental Sealants / Early Childhood Caries	IDPH R	\$	-	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
TB-DOT	IDPH R	\$	-	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Refugee Health Screening	IDPH R	\$	-	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Non-Comm. Pub. Water	IDPH F	\$	-	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Summer Food	IDPH F	\$	-	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Body Art	IDPH F	\$	-	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Tanning Facilities	IDPH F	\$	-	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
V.B. Disease Prevention	IDPH R	\$	-	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Local Health Protection Grant	IDPH G	\$	-	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
<b>IL Department of Public Health</b>		<b>\$</b>	<b>11,583</b>	<b>\$ 10,508</b>	<b>\$ 1,075</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
<b>Miscellaneous Contracts</b>		<b>\$</b>	<b>-</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
<b>TOTAL - GRANTS AND CONTRACTS</b>		<b>\$</b>	<b>809,508</b>	<b>\$ 286,007</b>	<b>\$ 164,968</b>	<b>\$ 113,426</b>	<b>\$ 18,196</b>	<b>\$ 44,999</b>	<b>\$ 41,873</b>	<b>\$ 140,039</b>

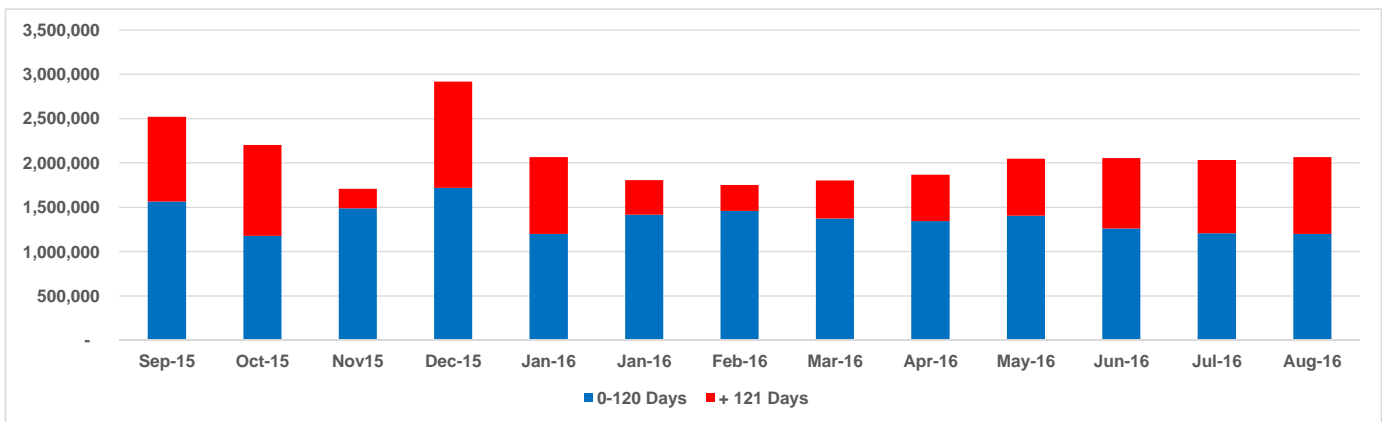


**DuPage County Health Department  
Accounts Receivables Aging - Third Party Billing**

AS OF AUG 31, 2016 PAYER TYPE	ACCOUNTS RECEIVABLE	0-30	31-60	61-90	91-120	121-150	151-180	181 +
<b>TOTAL COMMERCIAL INSURANCE - 47 PAYERS</b>	\$ 174,356	\$ 19,475	\$ 3,413	\$ 4,866	\$ 5,446	\$ 10,773	\$ 14,733	\$ 115,649
DHS Collaborative ICG Medicaid	\$ 856	\$ 359	\$ 497					\$ -
DHS Collaborative Medicaid (1)	\$ 434,157	\$ 127,038	\$ 125,838	\$ 25,109	\$ 16,575	\$ 21,074	\$ 21,740	\$ 96,783
DHS Early Intervention Medicaid	\$ 7,964	\$ 1,745	\$ 2,171	\$ 259	\$ -	\$ -	\$ -	\$ 3,789
HFS Medicaid	\$ 83,994	\$ 14,243	\$ 1,994	\$ 4,511	\$ 12,890	\$ 5,150	\$ 4,480	\$ 40,725
HFS SASS Medicaid	\$ 255,516	\$ 34,984	\$ 13,848	\$ 15,352	\$ 16,827	\$ 22,268	\$ 25,830	\$ 126,407
<b>TOTAL ILLINOIS MEDICAID - 7 PAYERS</b>	\$ 782,487	\$ 178,369	\$ 144,348	\$ 45,230	\$ 46,293	\$ 48,492	\$ 52,050	\$ 267,705
<b>TOTAL MANAGED CARE MEDICAID - 20 PAYERS</b>	\$ 1,144,415	\$ 249,467	\$ 72,269	\$ 77,410	\$ 43,859	\$ 55,683	\$ 38,618	\$ 607,109
<b>TOTAL MEDICARE - 17 PAYERS</b>	\$ 209,927	\$ 76,759	\$ 9,960	\$ 18,936	\$ 4,381	\$ 3,043	\$ 4,961	\$ 91,886
<b>TOTAL MMAI - 6 PAYERS (2)</b>	\$ 278,870	\$ 57,531	\$ 12,110	\$ 18,471	\$ 5,127	\$ 7,691	\$ 8,003	\$ 169,936
<b>RESIDENTIAL HOUSING FEES</b>	\$ 276,317	\$ 22,283	\$ 1,387	\$ 19,566	\$ 18,193	\$ 14,650	\$ 11,278	\$ 188,959
<b>OTHER MISCELLANEOUS (3)</b>	\$ 47,100	\$ 34,626	\$ 4,812	\$ 2,337	\$ 3,710	\$ 1,615	\$ -	\$ -
<b>TOTAL ACCOUNTS RECEIVABLES</b>	\$ 2,913,472	\$ 638,511	\$ 248,300	\$ 186,816	\$ 127,009	\$ 141,947	\$ 129,643	\$ 1,441,245
<b>LESS ALLOWANCE FOR DOUBTFUL ACCOUNTS (4)</b>	\$ (848,667)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ (848,667)
<b>TOTAL ACCOUNTS RECEIVABLES (NET)</b>	\$ 2,064,805	\$ 638,511	\$ 248,300	\$ 186,816	\$ 127,009	\$ 141,947	\$ 129,643	\$ 592,579

**NOTES:**

- (1) Includes Collaborative - Williams Class
- (2) Medicaid-Medicare Alignment Initiative - Demonstration project between Illinois and CMS to provide coordinated care to seniors and persons with a disability who receive both Medicaid and Medicare.
- (3) Includes billing of Funeral Homes for death certificates, Daycare Facilities for nurse consulting services and space provided to ACCESS Community Health Network at the NPHC.
- (4) Reflects the amount of the receivable expected to be uncollectible. This allowance is based on historical collection rates and is applied to the oldest receivable.

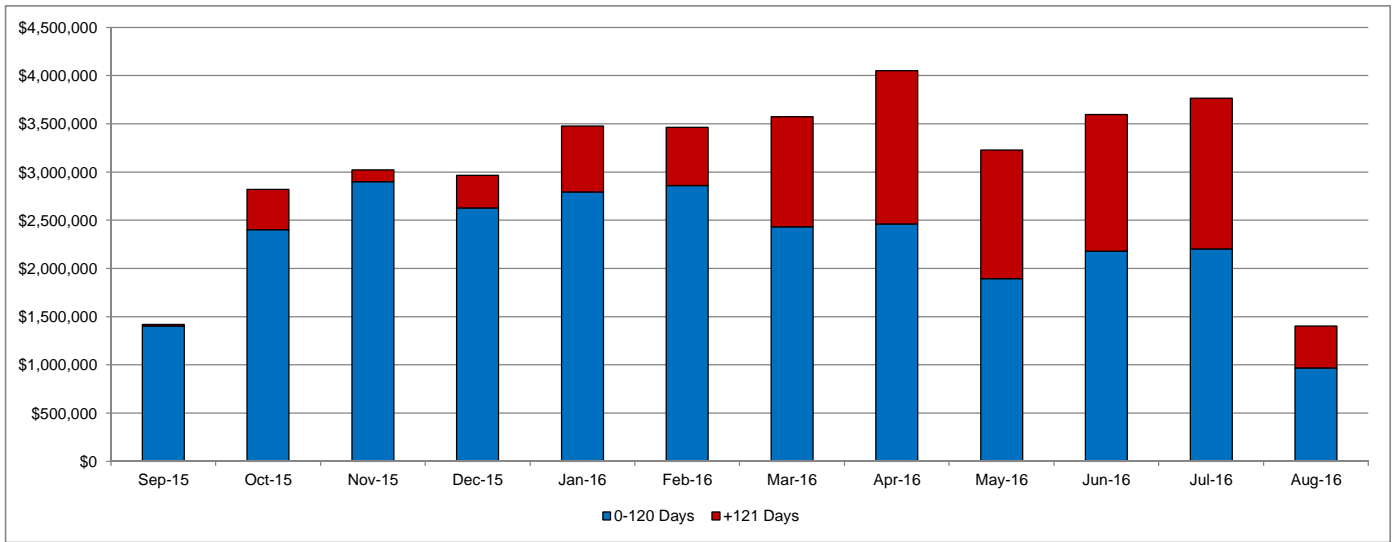


**DuPage County Health Department  
Accounts Receivables Aging - State of Illinois**

AS OF AUG 31, 2016 RECEIVABLE TYPE	ACCOUNTS RECEIVABLE	0-30	31-60	61-90	91-120	121-150	151-180	181 +
Grants	\$ 56,080	\$ -	\$ 30,051	\$ -	\$ -	\$ 26,029	\$ -	\$ -
<b>DEPARTMENT OF CHILDREN AND FAMILY SERVICES</b>	<b>\$ 56,080</b>	<b>\$ -</b>	<b>\$ 30,051</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 26,029</b>	<b>\$ -</b>	<b>\$ -</b>
Grants	\$ 255,083	\$ 255,083	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Third Party Billing	\$ 339,511	\$ 49,227	\$ 15,842	\$ 19,863	\$ 29,718	\$ 27,418	\$ 30,310	\$ 167,133
<b>DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES</b>	<b>\$ 594,593</b>	<b>\$ 304,310</b>	<b>\$ 15,842</b>	<b>\$ 19,863</b>	<b>\$ 29,718</b>	<b>\$ 27,418</b>	<b>\$ 30,310</b>	<b>\$ 167,133</b>
Grants	\$ 456,346	\$ -	\$ 123,842	\$ 113,426	\$ 18,196	\$ 18,970	\$ 41,873	\$ 140,039
Third Party Billing	\$ 442,976	\$ 129,142	\$ 128,506	\$ 25,367	\$ 16,575	\$ 21,074	\$ 21,740	\$ 100,572
<b>DEPARTMENT OF HUMAN SERVICES</b>	<b>\$ 899,322</b>	<b>\$ 129,142</b>	<b>\$ 252,348</b>	<b>\$ 138,794</b>	<b>\$ 34,772</b>	<b>\$ 40,044</b>	<b>\$ 63,612</b>	<b>\$ 240,611</b>
Grants	\$ 11,583	\$ 10,508	\$ 1,075	\$ -	\$ -	\$ -	\$ -	\$ -
<b>DEPARTMENT OF PUBLIC HEALTH</b>	<b>\$ 11,583</b>	<b>\$ 10,508</b>	<b>\$ 1,075</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
<b>TOTAL ACCOUNTS RECEIVABLES - STATE</b>	<b>\$ 1,561,579</b>	<b>\$ 443,959</b>	<b>\$ 299,316</b>	<b>\$ 158,657</b>	<b>\$ 64,489</b>	<b>\$ 93,490</b>	<b>\$ 93,923</b>	<b>\$ 407,744</b>
<b>LESS ALLOWANCE FOR DOUBTFUL ACCOUNTS (1)</b>	<b>\$ (157,636)</b>							<b>\$ (157,636)</b>
<b>TOTAL ACCOUNTS RECEIVABLES (NET) - STATE</b>	<b>\$ 1,403,943</b>	<b>\$ 443,959</b>	<b>\$ 299,316</b>	<b>\$ 158,657</b>	<b>\$ 64,489</b>	<b>\$ 93,490</b>	<b>\$ 93,923</b>	<b>\$ 250,108</b>

**Notes:**

(1) Reflects the amount of the receivable expected to be uncollectible. This allowance is based on third-party billing historical collection rates and is applied to the oldest receivable.



**DuPage County Health Department  
Original Budget vs Actual**

REVENUE CATEGORY	BUDGET		AS OF AUGUST 31, 2016		FAV/(UNFAV)	
	ORIGINAL*	ORIGINAL*	ACTUAL	\$ VAR	% VAR	
1.1 LICENSES AND PERMITS (1)	\$ 2,539,310	\$ 2,460,522	\$ 2,742,300	\$ 281,778	11.5%	
1.2 CHARGES FOR SERVICES (2)	\$ 1,704,390	\$ 1,343,493	\$ 1,138,768	\$ (204,725)	-15.2%	
1.3 INTERGOVERNMENTAL (3)	\$ 13,119,027	\$ 9,827,404	\$ 7,532,916	\$ (2,294,488)	-23.3%	
1.4 PATIENT/CLIENT CARE (4)	\$ 9,955,803	\$ 7,562,455	\$ 6,528,718	\$ (1,033,737)	-13.7%	
1.5 PROPERTY TAX (5)	\$ 17,900,000	\$ 8,950,000	\$ 9,695,247	\$ 745,247	8.3%	
1.6 INVESTMENT INCOME	\$ 14,900	\$ 11,160	\$ 14,655	\$ 3,495	31.3%	
1.7 MISCELLANEOUS (6)	\$ 1,164,312	\$ 872,919	\$ 915,048	\$ 42,129	4.8%	
<b>TOTAL REVENUE (OPERATIONS)</b>	<b>\$ 46,397,742</b>	<b>\$ 31,027,953</b>	<b>\$ 28,567,654</b>	<b>\$ (2,460,300)</b>	<b>-7.9%</b>	
FUND 73 INTEREST EARNINGS	\$ -	\$ -	\$ 242	\$ 242	0.0%	
<b>APPROPRIATIONS TOTAL</b>	<b>\$ 46,397,742</b>	<b>\$ 31,027,953</b>	<b>\$ 28,567,895</b>	<b>\$ (2,460,058)</b>	<b>-7.9%</b>	

EXPENDITURE CATEGORY	BUDGET		AS OF AUGUST 31, 2016		FAV/(UNFAV)	
	ORIGINAL*	ORIGINAL*	ACTUAL	\$ VAR	% VAR	
PERSONNEL (7)	\$ 35,816,058	\$ 26,402,598	\$ 23,927,539	\$ 2,475,059	9.4%	
COMMODITIES (7)	\$ 1,486,354	\$ 1,114,038	\$ 966,159	\$ 147,879	13.3%	
CONTRACTUAL (7)	\$ 8,314,330	\$ 6,440,592	\$ 4,338,318	\$ 2,102,274	32.6%	
CAPITAL	\$ 281,000	\$ 445,000	\$ 124,148	\$ 320,852	72.1%	
<b>TOTAL EXPENDITURES (OPERATIONS)</b>	<b>\$ 45,897,742</b>	<b>\$ 34,402,228</b>	<b>\$ 29,356,165</b>	<b>\$ 5,046,063</b>	<b>14.7%</b>	
CAPITAL INFRASTRUCTURE PROJECTS (8)	\$ 500,000	\$ -	\$ 140,800	\$ (140,800)	0.0%	
<b>APPROPRIATIONS TOTAL</b>	<b>\$ 46,397,742</b>	<b>\$ 34,402,228</b>	<b>\$ 29,496,965</b>	<b>\$ 4,905,263</b>	<b>14.3%</b>	
<b>REVENUE OVER/(UNDER) EXPENDITURES</b>	<b>\$ -</b>	<b>\$ (3,374,275)</b>	<b>\$ (929,070)</b>			
<b>FAV/(UNFAV) COMPARED TO ORIGINAL BUDGET</b>				<b>\$ 2,445,206</b>		

**REVENUE NOTES:**

- (1) Includes fees for permits, licenses and other charges for services.
- (2) Includes vital records fees, residential program fees and other miscellaneous client fees.
- (3) Includes federal and state grant awards and contracts.
- (4) Includes third-party billing for healthcare services.
- (5) Reflects property tax revenue.
- (6) Includes private grants, interest earnings, donations and other miscellaneous revenue.

**EXPENDITURE NOTES:**

- (7) Expenditures being monitored closely due to state of Illinois budget impasse.
- (8) Appropriation for Board of Health approved projects.



**City of Cincinnati Board of Health Finance Committee**

**Wednesday, June 21, 2017**

**Room 324**

Mr. Ronald Robinson, Chair of the Board of Health Finance Committee, called the June 21, 2017 finance committee meeting to order at 4:05.

**Roll Call**

**Board of Health members present:** Ronald Robinson, Kate Schroder

**City of Cincinnati Primary Care (CCPC) Board members present:** Robert Brown,  
Ashley Colmenero

**Senior Staff present:** Marilyn Crumpton

**Ex-Officio Members present:** Tim Collier, Chair of the Board of Health

<b>Topic</b>	<b>Discussion</b>	<b>Action/Motion</b>	<b>Responsible Party</b>
Approval of Minutes	The Committee Chair asked the Committee members if everyone had the opportunity to review the minutes. The committee members responded affirmatively.	The Committee approved and accepted the minutes as distributed.	Ronald Robinson
Old Business	<ul style="list-style-type: none"> <li>Drop Box for the Committee was discussed. Ms. Hyson agreed to set up and provide access instructions.</li> <li>Committee members were asked to send a short list of objectives for the Committee and any dashboards that exists that may work for this Committee.</li> </ul>	<ul style="list-style-type: none"> <li>Ms. Minnich will follow-up with Ms. Hyson and send out access instructions to the entire Committee.</li> <li>Each Committee member will forward a short list of objectives for the committee and viable dashboard suggestions prior to the next meeting</li> </ul>	<p>Vicky Minnich</p> <p align="center">All</p>

	<ul style="list-style-type: none"> <li>• A Budget Orientation was requested by the Committee. Since Mr. Schlanz is out for an undetermined time, the group requested that someone else provide the orientation as soon as possible.</li> <li>• The Committee discussed whether it was necessary to have Drew from Law present at our next meeting</li> </ul>	<ul style="list-style-type: none"> <li>• Dr. Crumpton agreed to prepare a Budget Orientation for the next meeting. Mr. Schlanz may be able to join the meeting remotely. The Committee agreed that the meeting would begin at 3:00 and end at 5:00 on July 19, 2017. Ms. Minnich will send out an updated meeting invite reflecting that change.</li> <li>• The Committee created a list of what should be included in the Budget Orientation. The list includes, an overview of the City Budget Process, an explanation of restricted and unrestricted funds, assumptions in the budgeting process, funding sources both current and potential, and any funding sources that we are precluded from using.</li> <li>• The Committee concluded that it was not necessary to have Law present at the orientation but that the Committee should make a list of questions for Law if needed.</li> </ul>	<p>Marilyn Crumpton</p> <p>Vicky Minnich</p>
<p>New Business</p>	<ul style="list-style-type: none"> <li>• Fiscal Year 2018 Budget with revised numbers were discussed. The Committee focused on the school health budget and asked Dr. Crumpton to help them understand the operating budget in</li> </ul>	<ul style="list-style-type: none"> <li>• The Committee concluded that it is very difficult to understand the revenue for each of the presented programs and asked that a report similar to the one provided by Mr. Schlanz to the CCPC Board titled "Revenue and Expenses for 8 months ending</li> </ul>	<p>Robert Schlanz</p>

	<p>both the general fund lines and the restricted lines.</p> <ul style="list-style-type: none"> <li>• The Committee members recommended that the department and board consider the cost/benefit of an independent audit.</li> </ul>	<p>February 28, 2017” be provided to the Committee for each program</p> <ul style="list-style-type: none"> <li>• Staff and Committee concluded that an estimation of expense from multiple accounting firms would be a logical next step.</li> </ul>	
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Meeting Adjourned 5:28 p.m.  
Next Meeting, Wednesday July 19, 2017

Minutes prepared by Vicky Minnich



**City of Cincinnati Board of Health Finance Committee**

**Wednesday, July 19, 2017**

**Room 324**

Mr. Ronald Robinson, Chair of the Board of Health Finance Committee, called the July 19, 2017 finance committee meeting to order at 3:05.

**Roll Call**

**Board of Health members present:** Ronald Robinson, Kate Schroder

**City of Cincinnati Primary Care (CCPC) Board members present:** Ashley Colmenero

**Senior Staff present:** Marilyn Crumpton, Robert Schlanz

**Ex-Officio Members present:** Tim Collier, Chair of the Board of Health

<b>Topic</b>	<b>Discussion</b>	<b>Action/Motion</b>	<b>Responsible Party</b>
Approval of Minutes	The Committee Chair asked the Committee members if everyone had the opportunity to review the minutes. The committee members responded affirmatively.	The Committee approved and accepted the minutes as distributed.	Ronald Robinson
Video by City Manager, Harry Black, about the City of Cincinnati Budget.	Dr. Crumpton shared that the City Budgeting process is largely about the allocation of General Fund dollars and added that CHD received 16.8 million in General Fund dollars in the 2018 budget down from 17.4 million. This downward slope is an ongoing trend for CHD and is the reason why we actively pursue other revenue streams.		Marilyn Crumpton

<p>2018 Budget Schedule</p>	<ul style="list-style-type: none"> <li>• Mr. Schlanz provided a copy of the City of Cincinnati Fiscal Years 2018-2019 Biennial Budget Schedule. He went through the entire schedule and explained each step to the Committee.</li> <li>• Mr. Schlanz also shared instructions are issued to departments for their budgets with only a four-week turnaround provided and that the 2019 is just an idea for next year's budget but that the focus is really just on a one-year budget.</li> <li>• The Committee members asked questions about the possibility of carrying-over money into the next fiscal year, how departments deal with a problem of over-spending their budgets, the process CHD uses to make mandated cuts, and an explanation of restricted funds. Mr. Schlanz explained each of the processes for each of the questions asked.</li> </ul>	<ul style="list-style-type: none"> <li>• The Committee requested that a calendar of the budget process for the next 18-months be created.</li> </ul>	<p>Robert Schlanz</p>
<p>Finance Committee Fund Report</p>	<ul style="list-style-type: none"> <li>• Mr. Schlanz provided the group a list of Health Department Restricted funds. Sixty-</li> </ul>		



	<p>five percent of CHD funds are restricted and come with requirements. Mr. Schlanz clarified that some restricted funds have more latitude than others and that all CHD restricted funds are self-sustaining.</p> <ul style="list-style-type: none"><li>• The committee discussed how the revenue projections are developed for the funds and who within CHD writes the budget for each fund. Mr. Schlanz explained the drivers of revenue for various funds.</li><li>• The Committee then asked if overhead was calculated into each fund and had a discussion about the importance of noting the cost of overhead for each program even if it has to be counted as an “in-kind contribution” because it is not funded.</li><li>• Mr. Schlanz explained that at CHD’s request, some of the funds will be consolidated by August 2017 which will give CHD more latitude on how the money can be spent.</li><li>• The Committee then discussed empowering staff within the organization to have a more active role in the budget process. Dr.</li></ul>	<ul style="list-style-type: none"><li>• The Chair will provide additional detail regarding overhead formula used by other entities that pursue grant funding.</li></ul>	<p>Ronald Robinson</p>
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	<p>Crumpton shared the training received by CHD leaders in various divisions and the different ways that the divisions participate in the development and management of their budgets.</p> <ul style="list-style-type: none"> <li>• The group asked why participation in this process was optional and had a discussion on the unions, employee longevity, and inconsistent accountability and how all three play a role.</li>   <li>• The Committee then discussed when Accreditation brings in the budgeting process and what the performance management system within Accreditation involves.</li> </ul>	<ul style="list-style-type: none"> <li>• The Committee concluded that consistency and accountability in training on financial management is important and that there needs to be more opportunities for the management team to participate in the budget process.</li>   <li>• Mr. Schlantz and Dr. Crumpton asked the Committee to respect the process of Accreditation which should help tighten up this area and provide more opportunities for training. The CHD application for Accreditation is expected to be submitted by the end of this summer so the results of the process could be seen in the upcoming budget process.</li> </ul>	
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Meeting Adjourned 5:10 p.m.

Next Meeting, Wednesday August 16, 2017 at 4:00 p.m.

Minutes prepared by Vicky Minnich



**City of Cincinnati Board of Health Finance Committee**

**Wednesday, August 16, 2017**

**Room 324**

Mr. Ronald Robinson, Chair of the Board of Health Finance Committee, called the August 16, 2017 finance committee meeting to order at 4:08.

**Roll Call**

**Board of Health members present:** Ronald Robinson, Kate Schroder

**City of Cincinnati Primary Care (CCPC) Board members present:** Robert Brown

**Senior Staff present:** Marilyn Crumpton, Robert Schlanz

**Ex-Officio Members present:** Tim Collier, Chair of the Board of Health

<b>Topic</b>	<b>Discussion</b>	<b>Action/Motion</b>	<b>Responsible Party</b>
Approval of Minutes	The Committee Chair asked the Committee members if everyone had the opportunity to review the minutes. The committee members responded affirmatively.	The Committee approved and accepted the minutes as distributed.	Ronald Robinson
Review of Contracts for the 8/22/17 BOH Meeting	<ul style="list-style-type: none"> <li>Ohio Department of Job and Family Services grant in the amount of \$ 104,904.00 to cover the term or 7/1/17-9/30/17. This grant is paid to CHD to provide health screenings for all eligible participants in the Refugee Cash and Medical Assistance Program.</li> </ul>		Robert Schlanz

- Ohio Department of Job and Family Services Amendment. This amendment extends the term of the previous contract for an additional year from 10/1/17 – 9/30/18 and adds an additional \$ 200, 502.00 for the Refugee Program.

The Committee discussed the grant and amounts and the Refugee Program. Dr. Crumpton and Mr. Schlanz explained how the initial screenings go and the plan for ongoing care. The Committee asked what happens if we max the grant out or hit the cap and Mr. Schlanz explained that we can go back to ODJFS with additional requests if needed. The Committee also had questions about who the refugees are and how they are routed to CHD. Mr. Schlanz explained that the program works through Catholic Social Services who transports the refugees and sets up the appointments with us for the refugees. He also clarified that currently we are the sole provider in this area for these services through the grant.

- Santa Maria Community Services, Inc. payable contract in the amount of \$ 90,000.00. This a three-year contract and

will cover 3 Full Time Equivalent (FTE) positions at \$ 10,000.00 each per year. The contract provides AmeriCorps Members to assist in escorting students to and from SBHC medical, vision, and dental appointments as well as assist in other CHD divisions.

Dr. Crumpton explained that one of the requirements of the AmeriCorps program is that the members work in areas that the organization would not hire an employee to fill and that they must be working in direct service with the public so we use them to interface with the schools and as walking transportation with the students. The Committee asked if someone coordinates the members for CHD and Dr. Crumpton responded that Lauren Thamann-Raines works with the AmeriCorps Members and the AmeriCorps program which provides additional training to the members every Friday and gives them around \$ 5,000.00 toward student loans every year. Dr. Crumpton also explained that one of the AmeriCorps members was later hired on as a CHD employee after finishing her years with AmeriCorps.

	<p>Mr. Schlanz suggested that perhaps since the Finance Committee was now reviewing the contracts in advance, some wording could be added to the BOH agenda to the effect that “The Finance Committee has reviewed and recommends these contracts be approved by the Board of Health”. The Committee agreed.</p>	<p>Mr. Collier agreed to reach out to Mr. Marksity from Law to ask about the specifics of how the contracts have to be handled during the meeting now that the Committee is reviewing and recommending them.</p> <p>The Committee agreed that perhaps a summary should be provided for the BOH meeting from the Finance Committee and Ms. Schroder agreed to work on the summary in the future but since she will be traveling this month and will miss the BOH meeting, Dr. Crumpton agreed to provide the summary for August.</p> <p>The Chair also said that a contract for Social Impact Consulting was tabled at a previous BOH Meeting and that he would like that contract to be added to the next Finance Committee Meeting for review.</p>	<p>Tim Collier</p> <p>Kate Schroder and Marilyn Crumpton</p> <p>Ronald Robinson</p>
<p>Finance Report for 8/22/17 BOH Meeting</p>	<p>Mr. Schlanz provided a copy of the report for the Committee and had the report projected on the smart board for the meeting. Mr. Robinson asked if these are the final numbers for the 2018 budget and Mr. Schlanz confirmed that they were final numbers. Mr. Schlanz went on to explain the spread sheet and the logic behind the way he laid the spread sheet out. The report breaks down all the major divisions with department and organization codes and shows the span of control. Mr. Schlanz explained that this is how our budget is designated and</p>		<p>Robert Schlanz</p>

	<p>reviewed each line with the group commenting on the general fund amounts, grant and revenue amounts and the totals for each fund. He also explained who the division head was and supervisors for each area.</p> <p>The Committee had questions about the organization codes and their limits. (0-9 only) and Mr. Schlantz explained that he inherited this system and it is sometimes limiting. He then showed a whole section of miscellaneous lines that could not fit in the other lines specifically for that reason.</p> <p>The group reviewed each area and discussed PEAP and its placement within CHD but the fact that it serves all City Employees (5,000) providing counseling to staff and families and even employees from some other municipalities.</p> <p>The Chair asked if there was perhaps a revenue generating opportunity with PEAP.</p> <p>The Committee also asked about how the allocation of general fund dollars was done and Mr. Schlantz responded that it was completely random and there is no formula for the calculation. The Committee asked about the opportunities for supervisors to be a part of</p>	<p>Mr. Schlantz said that he did not know and added that it is something that he could look into and get back to the group.</p>	<p>Robert Schlantz</p>
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	<p>the budget process and Mr. Schlanz explained that every health center manager reports to Ms. Tate and is kept apprised of current expenses and any significant changes expected in those expenses. The Health Center budgets are being reviewed on a continual basis. Mr. Robinson noted that the City seems to look at the budget from an expense perspective. He then asked who then makes the revenue projections and if everyone was aware of the accountability and responsibility related to those projections and his/her role. Mr. Schlanz responded with an example of productivity by providers and the work that is being done on that with the providers but also with the teams as part of the PCMH model.</p> <p>Mr. Schlanz also shared information about the work flow study that was done last Fall that was funded by Interact for Health.</p>		<p>Kate Schroder</p>
<p>Sample of Performance Measures</p>	<p>The Committee did not have time to discuss the Performance Measures but agreed to start there in the next meeting.</p>	<p>Mr. Schlanz agreed to resend the Performance Measures to the group for review as soon as possible.</p>	<p>Robert Schlanz</p>

Meeting Adjourned 5:00 p.m.

Next Meeting: Wednesday, September 20, 2017 at 4:00 p.m.

Minutes prepared by Vicky Minnich





**City of Cincinnati Board of Health Finance Committee  
Wednesday September 20, 2017**

**Cincinnati Department of Health Room 324**

Mr. Ronald Robinson, Chair of the Board of Health Finance Committee, called the September 20, 2017 finance committee meeting to order at 4:10 p.m.

**Roll Call**

**Board of Health (BOH) Board members present:** Ronald Robinson, Kate Schroder

**City of Cincinnati Primary Care (CCPC) Board members present:** Robert Brown, Ashley Colmenero

**Senior Staff Present:** Robert Schlanz

**Ex-Officio Members:** Tim Collier, Chair of the Board of Health

<b>Topic</b>	<b>Discussion</b>	<b>Action/Motion</b>	<b>Responsible Party</b>
Roll Call			Ronald Robinson
Approval of Minutes			All
Review Contracts	<ul style="list-style-type: none"> <li>• Social Impact Consulting</li> <li>• Cincinnati Children’s Hospital Medical Center – Cradle Cincinnati</li> <li>• Hamilton County Public Health</li> <li>• Anthem-Blue Cross and Blue Shield</li> </ul>		All
Monthly Financial Reports	<ul style="list-style-type: none"> <li>• Discussion surrounding monthly reporting for each health center</li> </ul>	<ul style="list-style-type: none"> <li>• Bob Schlanz will review sample reports and provide feedback to committee regarding resources needed to create reporting package</li> </ul>	Bob Schlanz
Health Center Staffing	<ul style="list-style-type: none"> <li>• Discussed need for recruiting/retention to fill physician vacancies, which negatively impact patient capacity and revenues</li> </ul>	<ul style="list-style-type: none"> <li>• Members will meet with Dr. Gonzales to understand/discuss recruiting/retention challenges</li> </ul>	Ashley Colmenero

Meeting Adjourned 5:30 p.m.

Next Meeting Wednesday October 18, 2017

Minutes Prepared by:  
Ashley Colmenero, Committee Member



**City of Cincinnati Board of Health Finance Committee**

**Wednesday, October 18, 2017**

**Room 324**

Mr. Ronald Robinson, Chair of the Board of Health Finance Committee, called the October 18, 2017 finance committee meeting to order at 4:05.

**Roll Call**

**Board of Health members present:** Ronald Robinson

**City of Cincinnati Primary Care (CCPC) Board members present:** Robert Brown,  
Ashley Colmenero

**Senior Staff present:** Marilyn Crumpton, Robert Schlanz, and Camille Jones

<b>Topic</b>	<b>Discussion</b>	<b>Action/Motion</b>	<b>Responsible Party</b>
Approval of Minutes	The Committee Chair asked the Committee members if everyone had the opportunity to review the minutes. The committee members responded affirmatively.	The Committee approved and accepted the minutes as distributed.	Ronald Robinson
Review of Contracts for the 10/24/17 BOH Meeting	Mr. Robinson asked that the discussion begin with a review of the current situation with the Social Impact Consulting contract. Mr. Schlanz explained that one of the processes that CHD must now follow per the City Manager and Purchasing is that CHD must comply with Administrative Regulation 23 which requires all City Departments to use an "open and fair competitive process (e.g. Requests for Proposals) to ensure that quality services will be provided at fair market		Ronald Robinson

	<p>price”. He went on to explain that if a department has a vendor that they believe is the only one in the region that can provide a specific service, the department may request a waiver of the requirements of Administrative Regulation 23. In the case of Social Impact Consulting, the expertise of Angie Hartman is so specific that she is the only one who can provide them so the department requested a waiver. The City Manager then came back and specified that in this case and the case of Santa Maria Community Services that CHD should instead follow the procedures for a Sole Available Source direct award instead of a waiver. CHD followed the City Manager’s instructions and resubmitted the paperwork. The City Manager approved both vendors as Sole Available Sources and sent his approval to the Purchasing Department who created a purchase order for each.</p> <p>Mr. Schlanz then presented the three contracts that are scheduled to go to the BOH in October.</p> <ul style="list-style-type: none"> <li>• <b>Complete Wellness and Associates</b> This is an amendment to a payable contract adding \$ 24,000.00 to the contract and extending the term to 6/30/18. The funds to</li> </ul>	<p>Mr. Robinson objected to the process and said that the BOH would like to review this situation before the purchase order is executed.</p>	<p>Robert Schlanz</p>
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	<p>pay for this are pass through funds that come from HRSA to Xavier and then to CHD.</p> <ul style="list-style-type: none"> <li> <b>The Health Collaborative</b>  This is a grant of up to \$51,626.46 for five years from the Department of Health and Human Services to fund a program to screen community-dwelling participants for health related social needs, provide referrals and track navigation. </li> <li> <b>Hamilton County Solid Waste Management District</b>  This is a grant of up to \$68,911.00 to reimburse CHD for certain inspections like composting, transfer stations, closed landfills, open dumping and scrap tire transporters for a period of one year. </li> </ul>	<p>The Committee asked for clarification on some points of the contracts and then made a recommendation to approve all three.</p>	
<p>Financial Reporting Format</p>	<p>Mr. Schlantz presented his ideas to the Committee on how new financial reports could be provided to the boards and the committee. In order to provide the requested reports by month per health center, Mr. Schlantz suggested purchasing/leasing a new financial reporting system that could be used when the City system closes every month which is typically 10 days after the end of the</p>	<p>The Committee recommended that Mr. Schlantz look at possible financial reporting systems and reach out to his peers at other FQHCs functioning as public entities and see what is being used and share that information with the Committee.</p>	<p>Robert Schlantz</p>

	<p>month. The Committee discussed the suggestion and had questions about which systems are currently used and the viability of using excel to provide the reports. The Committee also discussed the components that would be needed in a new system. Mr. Schlanz explained the history of financial reporting at CHD and why we use the current financial reporting system.</p> <p>Mr. Schlanz said that in addition to the new financial system, another staff person would be needed as well to generate the twenty-six reports per month. He said that he plans to hire an accountant to assist with this project and to build capacity within the Finance Section since several of the current accountants will be retiring over the next five years.</p> <p>Mr. Robinson then asked if we had health center specific information that was currently available and Mr. Schlanz said we do have OCHIN reports that are generated by site and by provider. He explained that these include productivity reports and reports of total visits. He added that these are the reports that Dr. Gonzales shares with the Board of Health. The group discussed these reports and the info available from OCHIN and requested training on OCHIN reporting.</p>	<p>The Committee Chair clarified that the recommendation from the Committee is that CHD goes forward with the purchase/leasing of a new financial reporting system and OCHIN training to establish the standard of new financial reporting and then set that standard for month after month reporting.</p>	
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<p>Medicaid A/R Status</p>	<p>Mr. Schlantz reviewed the email that he had sent out Friday and Dr. Crumpton had commented on and forwarded to both boards on Sunday night. The email explains the delay in Medicaid payments due to a delay by Ohio Medicaid in processing cost reports for FQHCs and the steps taken thus far by CHD staff to resolve the issue. The payment should have been received by CHD in January 2017 but Medicaid has now promised to make this lump-sum payment in November 2017.</p>		<p>Robert Schlantz</p>
<p>Strategy for Funding Cuts</p>	<p>Mr. Schlantz explained that the hope is that the Medicaid money is received by January of 2018 and then there will be no need for funding cuts early in the year if other grant money is cut.</p>		<p>Robert Schlantz</p>
<p>2018 Budget Update</p>	<p>Mr. Schlantz explained that since this is an election year, the budget office has not yet released the calendar for the 2018 budget process. They are expected to do so after the election in November.</p>		<p>Robert Schlantz</p>

Meeting Adjourned 5:02 p.m.  
Next Meeting: December 6, 2017 at 3:00p.m.  
Minutes prepared by Vicky Minnich



**City of Cincinnati Board of Health Finance Committee**

**Wednesday, December 6, 2017**

**Room 324**

Mr. Ronald Robinson, Chair of the Board of Health Finance Committee, called the December 6, 2017 finance committee meeting to order at 3:05.

**Roll Call**

**Board of Health members present:** Ronald Robinson, Kate Schroder

**City of Cincinnati Primary Care (CCPC) Board members present:** Robert Brown, Ashley Colmenero

**Senior Staff present:** Marilyn Crumpton, Robert Schlanz

**Ex-Officio Members present:** Tim Collier, Chair of the Board of Health

<b>Topic</b>	<b>Discussion</b>	<b>Action/Motion</b>	<b>Responsible Party</b>
Approval of Minutes	The Committee Chair asked the Committee members if everyone had the opportunity to review the minutes. The committee members responded affirmatively.	The Committee approved and accepted the minutes as distributed.	Ronald Robinson
Review of Contracts for the 12/12/17 BOH Meeting	<p>Mr. Schlanz then presented the 14 contracts that are scheduled to go to the BOH in December.</p> <ul style="list-style-type: none"> <li> <b>Hamilton County General Health District-</b> This is a receivable of \$ 35,337.50 to pay for administrative time and crib distribution for the Cribs for Kids Program.           </li> </ul>		Robert Schlanz

	<ul style="list-style-type: none"> <li>• <b>Hamilton County Job and Family Services-</b> This contract is also a receivable and it is for \$ 102,804.09 to pay for PHN2 services for children in foster care. The term is 11/1/17-10/31/18.</li> <li>• <b>Cardinal Health-</b> This is an amendment to the existing contract to extend it until August 31, 2018 and to add \$ 1,200,000.00. This is a payable contract for pharmaceuticals and medical supplies for CHD health centers. The fiscal division will put together a RFP for these services and send it out in March for a new contract.</li> <li>• <b>Talbert Services Inc.</b> – This is a new one year lease for the Walnut Street Health Center space. It is a payable of \$ 48,216.00 and the term runs from 1/1/8 – 12/31/18. Mr. Schlantz explained that the plan for this health center is to stabilize visits, increase provider availability and maybe schedule the refugee visits at Walnut Street.</li> </ul>	<p>The Committee asked questions about the City RFP process, SBE participation in the process and 340 B pricing and mark up. The committee commented that perhaps the RFP is something Amazon will choose to bid on when it comes out. Mr. Schlantz agreed to make sure the RFP is forwarded to Amazon as appropriate.</p> <p>The Committee expressed concern that they were not given more time to investigate the viability of the center before a decision to enter into a new lease was made. The Committee further discussed the best course of action and agreed that it was important to gather more information about the impact on our scope with HRSA and the political climate before making any long term decisions about this health center. The Committee also requested a report to the Finance Committee of all CHD contracts for the next year with an expiration date of the contracts so that the Committee could be more proactive in addressing concerns early on in the process. Mr.</p>	
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	<ul style="list-style-type: none"> <li>• <b>PEAP Contracts (10)</b> There are ten small receivable contracts that are listed as for information only to the BOH. These are contracts that will provide payment to CHD from other local jurisdictions for PEAP services. The terms for all of these contracts run from 1/1/18 – 12/31/18.</li> </ul>	<p>Schlanz and Ms. Minnich agreed that this information would be provided at the next meeting.</p> <p>The Committee recommended approving all contracts as written.</p>	<p>Ronald Robinson</p>
<p>Financial Update</p>	<p>Mr. Robinson explained to the Committee that he is setting up a regular format for the agenda to make things easier. Under financial update, he explained this would be the time that the Committee could comment or share what is going on locally and nationally in healthcare.</p> <p>The Committee discussed the service area award money and sharing that we were awarded three million dollars but only two months of funding have been released so far. There is a concern about cuts in funding to the CHIP and the FQHC funding. This will greatly impact many FQHCs. Luckily, we receive five million dollars in general fund money to help back up our centers if needed. Most FQHCs do not have that back up. The group discussed how to get involved politically.</p>	<p>Ms. Schroder asked that the talking points on this issue be sent to her so that the BOH can reach out personally to his/her</p>	<p>Robert Schlanz</p>

	<p>Mr. Robinson also asked Mr. Schlanz for an update on the Ohio Medicaid funds. Mr. Schlanz reported that he spoke to our representative at Ohio Medicaid and we are expecting the money any day now. The total amount will be considerably more than anticipated because we are getting reimbursed at 100% which is higher than the previously anticipated percentage and the new amount will total three million dollars.</p>	<p>elected officials and Dr. Crumpton shared that OACHC sent out a template to use and that she will forward it to the Committee. Mr. Brown also provided a website with more information.</p>	
<p>Dashboard Review</p>	<p>Mr. Schlanz presented the excel report that he had sent out for review to the group. He went over various line items starting with the CCPC report on the first page. The Committee asked several questions about variances. The Committee also asked about using temporary services to fill short term sick with pay dentist absences or about creating a flex pool of part-time dentists. The Committee also noted that we are underspending on payroll by about 9.2% and asked for prior year data to compare. Mr. Schlanz noted that the vast majority of the expenses were payroll (about 75% for payroll and benefits) The</p>	<p>Mr. Schlanz agreed to provide prior year data in the report.</p>	<p>Robert Schlanz</p>

	<p>Committee also requested an “other” line be added where expenses like OCHIN could be included. The Committee briefly discussed the interpreter costs and the issues with billing that we are currently encountering and agreed to revisit the topic.</p> <p>Mr. Schlanz then reviewed the Cann Health Center budget and break out of costs. The Committee requested he add uninsured labs and rent lines to the model and add footnotes or a column to the right to explain details in the document.</p>	<p>Mr. Schlanz also agreed to add an “other” line to the report.</p> <p>Mr. Schlanz agreed to make the requested changes.</p> <p>The Committee complimented Mr. Schlanz on the report and thanked him for all of his work.</p>	
Strategy for Pending Cuts	Mr. Schlanz explained that we should have a good understanding of the budget in a few weeks. City Council may decide to raise property taxes to create additional revenue to offset the 19 million dollar general fund budget deficit.	Since CHD will need to provide the budget target soon, the Committee agreed to an extended meeting in February to develop a continuation budget and target based on City Council’s plan.	Robert Schlanz
Open Discussion on Current Status of ACA Enrollment	Mr. Schlanz also gave a brief summary on the current status of ACA enrollment at CHD saying that there were many cuts to the promotion of ACA this year. Our team is doing more navigation work than we have done in the past so the numbers look good but comparison numbers have yet to be tabulated.		
2018 Budget Update	Mr. Schlanz should have more information about this at our next meeting.		Robert Schlanz

Meeting Adjourned 5:06 p.m.  
Next Meeting January 17, 2018 at 4:00 p.m.  
Minutes prepared by Vicky Minnich