

Table 9E: Other Revenues

Purpose: Table 9E collects information on non-patient related cash receipts for the reporting period that supported activities described in the scope of project(s) covered by any BPHC grant program.

Changes to 2011 Report: Line 3a “Medicare and Medicare EHR Incentive Payments for Eligible Providers” was added.

Key Terms:

- **OTHER FEDERAL GRANTS:** Grants received directly from the Federal Government except BPHC (except black lung and radiation grants).
- **STATE GRANTS AND LOCAL GRANTS:** Includes grants which are not tied to service delivery (WIC, prevention, outreach, etc.)
- **INDIGENT CARE PROGRAMS:** Includes state and local programs that in general pay for health care and are based on a current or prior level of service, though not on a specific fee for service.
- **FOUNDATION/ PRIVATE GRANTS:** Includes funds received from foundations or private organizations (including funds received from another health center).
- **OTHER REVENUES:** Includes contributions, fund raising income, rents and sales, patient record fees, etc.

How Data are Used:

- Tables 9D and 9E: Numerator for calculating revenues per grantee, per provider FTE, per visit, etc.
- Tables 9D and 9E versus 8A: Cash collections compared with accrued costs as indicator of cash flow.
- Tables 9D and 9E: Diversification of funding.

Table Tips:

- Report non-patient service income
- Cash basis – amount received/drawn down during reporting year
- Report based on “last party” to handle funds before you receive them
 - Federal dollars received through the state are reported as “state”
 - Grant passed through another health center is “private”

BPHC GRANTS

- All funds received from BPHC regardless of their end use must be reported
- If funds are passed through to another agency and:
 - You count the patients on Tables 3A, 3B, 4, and 5 and the staff and production on Table 5: Show costs by service category of Table 8A
 - You report nothing else about the grant: Show costs (usually equal to grant amount) as “other” on Table 8A line 12

OTHER REVENUES

Line 3: Other Federal Grants

- Do not report Ryan White Part A or Part B unless you are a governmental entity that receives them directly
- Do not report Ryan White Part C funds from another grantee
- Do not include IHS funds for compacted and contracted services (these are considered “safety net” and are reported on line 6a)

Line 4 – 4a: ARRA – NAP, IDS, CIP, and FIP

- Report only your actual draw-downs for 2010

Line 6: State Grants and Line 7: Local Grants

- Includes grants that pay for line items rather than products
- Are not “product sensitive” -- won’t be reduced if you under-produce or be increased if you over-produce

Line 6a: Indigent Care Programs

- May be based on a pre-set “per-visit” fee
- Full charges for these programs are reported on Table 9D as self-pay charges and everything not due from the patient is written off as a sliding discounts
- Do not include state insurance plans

REVENUES NOT REPORTED ON 9E

- Do not include value of donated services, supplies, or facilities
- Do not include capital received as a loan
- Do not include patient-related revenues (e.g., pharmacy, BCCCP, etc.)



Table 9E: Other Revenues

Cross Table Considerations:

- Tables 5, 8A, and 9E: Activity related to grants and contracts reported on Table 9E should be reported on Table 5 and 8A (e.g., if WIC FTEs are reported on Table 5, a WIC grant should be reported on Table 9E),
- Table 8A, 9D, and 9E: Cash revenues reported on Tables 9D and 9E should relate to costs unless health center is reporting a deficit or having cash flow problems.
- Table 9D line 13 col e and Table 9E line 6a col a: If indigent care funds on Table 9E reimburse for services delivered to uninsured patients in the current year, they normally do not exceed sliding fee discount on Table 9D.



	Accrued Cost (a)
17. Grand Total Accrued Costs (Sum lines 4+10+13+16)	54,244,560
18. Value of Donated Facilities, Services and Supplies - DONATED PHARMACEUTICALS	
19. Grand Total including Donations (Sum lines 17-18)	

Selected Calculation:

Surplus/Deficit: Compares accrued costs on Table 8A with cash revenues from Tables 9D and 9E. A deficit suggests a cash flow problem.

- **Total accrued costs** on Table 8A (line 17) = **\$54,244,560**
- **Cash revenues** = collections from patient services (Table 9D, line 14, col b = 41,010,494) + draw downs from grants and contracts (Table 9E, line 11 = 14,336,510) = **55,347,004**
- Cash revenues > Total accrued costs, resulting in a surplus

Payer Category	Full Charges This Period (a)	Amount Collected This Period (b)	Retroactive Settlements, Receipts, and Paybacks (c)			
			Collection of Reconciliation / Wrap Around Current Year (c1)	Collection of Reconciliation / Wrap Around Previous Years (c2)	Collection of Other Retroactive Payments Including Risk Pool/ Incentive/ Withhold (c3)	Penalty/ Payback (c4)
14. Grand Total (Sum lines 3+6+9+12+13)	52,440,869	41,010,494	4,113,290	1,306,596	2,944,160	-

11. Grand Total Revenue (Sum lines 1+5+9+10)	14,336,510
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