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| SUBJECT <br> Revenue Management |  | CHAPTER <br> 04 | $\begin{gathered} \hline \hline \text { SECTION } \\ 01 \end{gathered}$ | $\begin{gathered} \hline \text { SUBJECT } \\ 03 \\ \hline \end{gathered}$ |
| :---: | :---: | :---: | :---: | :---: |
| CHAPTER <br> Fiscal Management |  | SECTION <br> Budget |  |  |
| WRITTEN BY Finance Committee | REVIEWED BY |  | AUTHORIZED BY |  |

I. APPLICATION:
இ PIHP Board
】 PIHP Staff
CMH ProvidersSUD Providers
II. POLICY STATEMENT:

Region 10 PIHP receives all revenue from Federal Healthcare programs. Revenue fluctuations will occur on a monthly basis. It is necessary to ensure adequate reserves to manage fluctuations and to maximize revenue from sources that support ability to maintain retained earnings.
III. DEFINITIONS: NA
IV. STANDARDS:
A. Revenue forecasts shall be realistically estimated and based on the best information available.
B. Revenue forecasts will assess Medicaid resources that can be allocated for consumer Services for individuals.
C. Short-term (anticipated less than one year) economic downturns and temporary gaps in cash flow: Every effort shall be done to avoid expenditure reductions or restrictions in services.
D. Long-term (greater than one year) revenue downturns: Deficit financing and borrowing to support on-going operations will not be the policy of the Region 10 PIHP as a response to longterm revenue shortfalls. Revenue forecasts will be revised. Expenses will be reduced to conform to the revised long-term revenue forecast or revenue increases will be considered.
E. All potential grants shall be carefully examined for matching requirements. Some grants may not be accepted if the local matching funds cannot be justified. Grants may also be rejected if programs must be continued with local resources after grant funds are exhausted.

## V. PROCEDURES: NA

VI. EXHIBITS: NA

