STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES 55 FARMINGTON AVENUE

HARTFORD, CONNECTICUT 06105 ANNUAL REPORT FEDERALLY QUALIFIED HEALTH CENTER (FQHC) Date Submitted: Date Received: 1. FQHC Name Cornell Scott-Hill Health Corporation Street Address 400 Columbus Avenue City, State, ZIP New Haven, CT 06519-0720 Telephone Number 203-503-3253 Contact Person Kelvin Kreho Title **CFO** 2. FQHC Medicaid Provider Number: Medical Reporting Period: 004235900 Dental From 7/1/2016 004235893 Mental Health To 6/30/2017 004235918 Other (Lab) 004011813 4. Type of Control (Check One Only) State of Connecticut) X NONPROFIT ORGANIZATION County of New Haven) ss: New Haven GOVERNMENT STATE Subscribed and sworn to (or affirmed) before me this day of COUNTY Desember, 2017 by Michael P. Taylor 5. FQHC Owned By: Mary E. McKinna, Notary Public #119349 My Commission expires 3 July 7018 CERTIFICATION BY OFFICER OR ADMINISTRATOR OF CLINIC I Hereby Certify That I Have Examined the Accompanying Worksheets Prepared By Cornell Scott-Hill Health Corporation 004235900 For the Reporting Period Beginning 7/1/2016 and Ending 6/30/2017 and That to the Best of My Knowledge and Belief It is a True, Correct and Complete Statement Prepared From the Books and Records of the FQHC in Accordance With Applicable Instructions, Except as Noted: Signature (Officer or Administrator of FQHC) **Printed Name** Michael Taylor Title Date

CEO

6.

281xcm522017

| Reporting Period: From | m 7/1/2016 | То | 6/30/2017 |
|---|--|--|--|
| FQHC Name: Corne | II Scott-Hill Health Corporation | | |
| 7. Service Sites: List all service Indicate whether the service sit reported on Form A-4 as non-a | sites of the FQHC, including all FQHC-ce e is FQHC certified. If a site or sites are r llowable costs. | rtified sites and any cont FQHC-certified, the | other non-FQHC service sine associated costs should |
| Provider Name | Location | FQHC Certified Yes/No | Clinic/Provider No. |
| Cornell Scott Hill-Health Center | 400-428 Columbus Avenue, New Haven, CT 06519-0720 | Yes | Medical #00423590 Dental 4235893; Mer Health 4235918 |
| WIC | 393 Columbus Avenue, New Haven, CT 06519-1236 | Yes | Medical #00423590 Dental 4235893; Mer Health 4235918 |
| Community Health Connections | 121 Wakeless Avenue, New Haven, CT 06401 | Yes | Medical #00423590 Mental Health 42359 |
| South Central Rehabilitation Center | 232 Cedar Street, New Haven, CT 06519 | Yes | Mental Health #42359 Detox 7228749 |
| State Street Health & Counseling Services | 911-913 State Street, New Haven, CT 06511-3926 | Yes | Medical #004235900 Mental Health 42359 |
| West Haven Health Center | 285 Main Street, West Haven, CT 06516-7307 | Yes | Medical #004235900 Mental Health 42359 |
| Grant Street Partnership | 60-62 Grant Street, New Haven, CT 06511-3456 | Yes | Mental Health #42359 |
| Dixwell Health Center | 226 Dixwell Avenue, New Haven, CT 06511-3456 | Yes | Medical #004235900 Mental Health 42359 |
| CS-HHC Richard O. Belden Dental Clinic | 30 Elizabeth Street, Derby, CT 06418- 1846 | Yes | Dental #4235893 |
| CS-HHC at CMHC | 34 Park Street, New Haven, CT 06519-1109 | Yes | Medical #004235900 |
| CS-HHC at Gateway Community College | 20 Church Street, New Haven, CT 06510-3304 | Yes | Medical #004235900 Mental Health 42359 |
| Davis Street Arts and Academic Magnet School | 35 Davis Street, New Haven, CT 06515-1601 | Yes | Medical #004235900 Mental Health 42359 |
| Hill Central Music Academy | 140 Dewitt Street, New Haven, CT 06519-2133 | Yes | Medical #004235900 Mental Health 423591 |
| ing Robinson Inter-District Magnet School | 150 Fournier Street, New Haven, CT 06511-1763 | Yes | Medical #004235900 Mental Health 423591 |
| Roberto Clemente Leadership Academy | 360 Columbus Avenue, New Haven, CT 06519-1516 | Yes | Medical #004235900 Mental Health 423591 |
| Truman Elementary School | 114 Truman Street, New Haven, CT 06519-2022 | Yes | Medical #004235900 Mental Health 423591 |
| Boys and Girls Club | 253 Columbus Avenue, New Haven, CT 06519-2230 | Yes | Mental Health #423591 |
| | | | |
| Related Parties: Related party i | nformation is reported on the following, wi | hich accompanies thi | s cost report submission: |
| ect One: Copy of Medicare Cost Report (CM | | | |

ANNUAL REPORT FEDERALLY QUALIFIED HEALTH CENTER (FGHC)

7/1/2016

From

Reporting Period:

6/30/2017

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|---|-----------------------------------|------------------------------|-----------------------------------|------------|--|---------------------------------------|------------------------------------|
| RECLASSIFICATIONS AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | IND ADJUSTM | ENTS OF TR | IAL BALAN | CE OF EXPE | ENSES | | |
| COST CENTER | Salarled | Other | Total | Reclass- | Reclassified Trial Balance (Col 3 & 4) | Adjustments Incresse (Decresse) | Net Expenses (Col 5 & 6) |
| A. DIRECT HEALTH CARE COST | | = | = | 2 | > | > | NI VII |
| 1. Staff Cost | | | | | | | |
| a. Physician b. Physician Assistant c. Nurse (APRN, Midwife, RN) | 3,057,542 197,020 3,169,467 | 613,080 39,505 635,523 | 3,670,622 236,525 3,804,990 | (74,419) | 3,670,622 236,525 3,730,571 | | 3,670,622 236,525 3,730,571 |
| d. Other - Specify Medical Assistant, Case Managers, Dieticians, Other | 4,194,376 | 841,032 | 5,035,408 | (220,468) | 4,814,940 | | 4,814,940 |
| | | | | | | | |
| | | | 00 | | 0 0 | | 0 |
| | | | 00 | | 0 0 | | 00 |
| | | | 0 | | 0 | | 0 |
| | | | 000 | | 000 | | |
| e. Subtotal Direct Health Care Cost | 10,618,405 | 2,129,140 | 12,747,545 | (294,887) | 12,452,658 | D | 12,452,658 |
| 2. Other Direct Health Care Cost | | | | | | | |
| a. Medical Supplies | | 249,962 | 249,962 | | 249,962 | | 249,962 |
| b. Transportation | | 25,967 | 25,967 | | 25,967 | | 45,267 |
| c. Depreciation - Medical Equipment d. Drofessional Liability Insurance | | 68,765 | 68,765 | | 68,765 | | 68,765 |
| e, Laboratory | | 782 | 782 | | 782 | | 782 |
| f, Radiology | | 0 | 0 | | 0 | | 0 |
| g. Physician-Administered Drugs | | 15,973 | 15,973 | | 15,973 | | 15,973 |
| n. Other - Specify Rent Utilities | | 168,476 | 168,476 | | 168,476 | | 168,476 |
| Physicians (Contracted) | | 380,257 | 380,257 | | 380,257 | | 380,257 |
| Professional Licenses | | 23,878 | 23,878 | | . 23,878 | | 23,878 |
| Property Taxes | | 307 | 307 | | 307 | | 307 |
| Subtrital Other Direct Health Care Cost | 0 | 1,401,905 | 1,401,905 | 0 | 1,401,905 | 0 | 1,401,905 |
| | | | | | | | |
| | | | | | | | |

6/30/2017 ည 7/1/2016 From FQHC Name: Cornell Scott-Hill Health Corporation Reporting Period:

Form A-2 (Direct Dental Care Cost) 812,538 334,119 778,513 Net Expenses (Col 5 & 6) Adjustments Increase (Decrease) 778,513 812,538 334,119 Reclassified
Trial Balance
(Col 3 & 4) RECLASSIFICATIONS AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES Reclass-ifications 778,513 0 0 0 0 0 0 0 812,538 334,119 Total 135,713 55,806 130,030 Other Costs 676,825 278,313 648,483 Salaried Personnel DIRECT DENTAL CARE COST COST CENTER Dental Assistants a. Dentist b. Dental Hygienst c. Other - Specify 1. Staff Cost

| 2,461,354 | 0 | 2,461,354 | 0 | 2,461,354 | 857,733 | 1,603,621 | 3 TOTAL DIRECT DENTAL CARE COST (14 & 2f) |
|-----------|---|------------|---|-----------|---------|-----------|---|
| 536,184 | 0 | 536,184 | 0 | 536,184 | 536,184 | 0 | - Caucata Cilia Direct Della Cale COSI |
| 0 | | 0 | | 0 | | | f Subtotal Other Direct Dental Care Cont |
| 16,769 | | 16,769 | | 16,769 | 16,769 | | י מניפו בי מלומים היים מלומים מילים |
| 1,370 | | 1,370 | | 1,370 | 1,370 | | Pother Drogram Curalisa |
| 223,930 | | 223,930 | | 223,930 | 223,930 | | Designati ingge |
| 51,082 | | 51,082 | | 51,082 | 51,082 | | RenVulities |
| 11110 | | | | | | | e. Other - Specify |
| 09,134 | | 8 444 | | 8.444 | 8,444 | | d. Professional Liability Insurance |
| 780 | | 59 194 | | 59.194 | 59,194 | | c. Depreciation - Dental Equipment |
| 801.671 | | 286 | | 286 | 286 | | b. Transportation |
| 175 100 | | 175 109 | | 175,109 | 175,109 | | a. Dental Supplies |
| 1,020,170 | 2 | a colorado | | | | | Z Other Direct Dental Care Cost |
| 1 025 170 | 0 | 1,925,170 | 0 | 1,925,170 | 321,549 | 1,603,621 | d. Subtotal Direct Dental Care Cost |
| 0 0 | | 0 | | 0 | | | |
| 0 0 | | 0 | | 0 | | | |
| 0 0 | | 0 | | 0 | | | |
| | | 0 | | 0 | | | |
| | | C | | 0 | | | |
| 0 | | 0 | | 0 | | | |
| 0 | | 0 | | 0 | | | |
| 0 | | 0 | | 0 | | | |
| 0 | | 0 | | 0 | | | |
| 0 | | 0 | | 0 | | | |
| 0 | | 0 | | 0 | | | |
| 0 | | 0 | | 0 | | | |

11,334,884

0

11,334,884

(4,289,939)

15,624,823

3,530,594

12,094,229 24,316,255

,105,530

1,105,530

0

27,650,801

(4,584,826)

32,235,627

7,919,372

TOTAL DIRECT COST BEFORE NON-ALLOWABLE SERVICES

ö

3. TOTAL DIRECT MENTAL HEALTH CARE COST (14 & 2f)

f. Subtotal Other Direct Mental Health Care Cost

27,650,801

FEDERALLY QUALIFIED HEALTH CENTER (FQHC) DEPARTMENT OF SOCIAL SERVICES STATE OF CONNECTICUT ANNUAL REPORT

| Reporting Period: | From 7/1/2016 | ٥ ا | 6/30/2017 |
|--|---------------|--------|-----------|
| FQHC Name: Cornell Scott-Hill Health Corporation | | | |

17,179 51,100 199,558 521,017 41,050 73,034 64,547 65,697 0 91,405 1,914,868 0000 8,807,594 10,813,867 Form A-3 (Direct Mental Health Care Cost) Expenses (Col 5 & 6) 0 0 Adjustments Increase (Decrease) 0000 51,100 8,808 41,050 64,547 65,697 17,179 44 521,017 99.558 91,405 10,813,867 8,807,594 Reclassified Trial Balance (Col 3 & 4) RECLASSIFICATIONS AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES (20,846) (14,696) (2.733) (584,513) (2,824) (3,705,426) (3.996)0 (211,964) (296,272)(3,370,741)(334,685)Reclass-ifications 68,543 80,393 19,912 000000 61,896 104,216 11,632 91,405 2,249,553 12,178,335 14,519,293 263,064 495,830 0 Total 19,912 61,896 68,543 80,393 495,830 11,632 15,267 375,728 2,425,064 263,064 2,034,069 Other Costs 76,138 1,873,825 12,094,229 10,144,266 Salaried Personnel Psychiatrists, Medical Assistants, Case Managers, LPC, LADC, Other DIRECT MENTAL HEALTH CARE COST COST CENTER Professional Licenses d. Subtotal Direct Mental Health Care Cost 2. Other Direct Mental Health Care Cost c. Depreciation - Mental Health Equipment Program Supplies Contract Services Ргорелу Тах Rent/Utilities d. Professional Liability Insurance a. Medical Supplies b. Transportation a. Psychologist b. Social Worker e. Other - Specify c. Other - Specify 1. Staff Cost

| | 6/30/2017 |
|---|-------------------|
| | oh |
| • | rom 7/1/2016 |
| | From 7/1/2016 |
| | Reporting Period: |

FQHC Name: Cornell Scott-Hill Health Corporation

Form A-4 (Non-Allowable Direct Other Service Cost)

| COST CENTER E. NON-ALLOWABLE DIRECT OTHER SERVICE COST 1. Service a. Clinical Diagnostic Lab | | | | | | | |
|--|-----------------------|----------------|------------|------------------------|--|---------------------------------------|--------------------------------|
| ION-ALLOWABLE DIRECT OTHER SERVICE | Salaried Personnel | Other Costs | Total | Reclass- ifications | Reclassified Trial Balance (Col 3 & 4) | Adjustments Increase (Decrease) | Net Expenses (Col 5 & 6) |
| 1. Service a. Clinical Diagnostic Lab | - | = | = | 2 | • | | |
| a. Clinical Diagnostic Lab | | | | | | | |
| | | 112,698 | 112,698 | (2,100) | 110,598 | | 110,598 |
| D. Hadiology | | 0 | 0 | | 0 | | 0 |
| c. Prescription Drugs/Pharmacy | 587,491 | 2,146,464 | 2,733,955 | (55,322) | 2,678,633 | (397,973) | 2,280,660 |
| d. Battered Women | | 0 | 0 | | 0 | | 0 |
| e. Homeless | | 0 | 0 | | 0 | | 0 |
| f. WIC | | 908,412 | 908,412 | 220,468 | 1,128,880 | (1,128,880) | 0 |
| g. Non-FQHC Sites | | | 0 | | 0 | | 0 |
| h. Other - Specify | | | | | | | |
| Mental Health Cost - SCRC Inpatient Detox | | | 0 | 3,705,426 | 3,705,426 | | 3,705,426 |
| Direct Health Cost - SCRC Inpatient Detox | | | | 74,419 | 74,419 | | 74,419 |
| A&G Cost - SCRC Inpatient Detox | | | 0 | 19,183 | 19,183 | | 19,183 |
| Lab - SCRC Inpatient Detox | | | 0 | 2,100 | 2,100 | | 2,100 |
| Pharmacy - SCRC Inpatient Detox | | | 0 | 55,322 | 55,322 | | 55,322 |
| Indirect Expenses - SCRC Innatient Detox | | | 0 | 584,513 | 584,513 | | 584,513 |
| | | | 0 | | 0 | | 0 |
| | | | 0 | | 0 | | 0 |
| i. Total Non-Allowable Direct Other Service Cost | 587,491 | 3,167,574 | 3,755,065 | 4,604,009 | 8,359,074 | (1,526,853) | 6,832,221 |
| F. TOTAL DIRECT COST (D+E1i) | 24,903,746 | 11,086,946 | 35,990,692 | 19,183 | 36,009,875 | (1,526,853) | 34,483,022 |

| Reporting Period: | 7/1/2016 | To 6/30/2017 |
|-------------------|----------|--------------|
| | | |

| Reporting Period: | | From 7/1/2016 | <u>ا</u> | 6/30/2017 |
|-------------------|---------------------------------------|---------------|----------|-----------|
| FQHC Name: Cornel | Cornell Scott-Hill Health Corporation | | | |

Form B-1 (Compensation, Encounters, Hours, FTEs - Health Care)

| | | (1) | | AKE COMPENSATION, ENCOONTENS, HOONS, SAD THE TOTAL EMP | Total Employee | Total Employee Hours and FTEs |
|----------|---|--|--------------|--|-------------------------|-------------------------------|
| EAL. | HEALTH CARE COMPENSATION, ENCOUNTERS, HOURS, | on or in the state of the state | Compensation | Encounters | Employee Total Hours | FTEs (2080 hrs = 1 FTE) |
| ŏ | & FTES (Excluding Dental, Mental nealth, and Outer) | - Operation | = | = | 2 | > |
| ď | Provide itemized de-identified list (e.g., Physician 1) | General Practitioner | 125,000 | 1,500 | 1,040 | 0.50 |
| ď | | | | | | |
| 4 | 1 Dlease see attached | | | | | 0.00 |
| - , | וכמסכ סכב מומסוסכי | | | | | 0.00 |
| , , | | | | | | 0.00 |
| , i | | | | | | 0.00 |
| į į | | | | | | 0.00 |
| . i | | | | | | 0.00 |
| 0 1 | | | | | | 0.00 |
| ٠ . | | | | | | 00.00 |
| <u>.</u> | | | | | | 0.00 |
| 9, C | | | | | | 0.00 |
| | Total Physician Encounters, Staff Hours and FTEs | | 0 | 0 | | 0.00 |
| _U | | | | , | | |
| mi | PHYSICIAN ASSISTANT | | | | | |
| +- | 1. Please see attached. | | | | | 0.00 |
| 7 | | | | | | 0.00 |
| 6 | | | | | | 0.00 |
| 4 | | | | | | 0.00 |
| -23 | | | | | | 0.00 |
| | | | C | C | | 00.0 |

| Reporting Period: | From 7/1/2016 | 인 | 6/30/2017 | |
|--|---------------|---|-----------|--|
| FQHC Name: Cornell Scott-Hill Health Corporation | | | | |

| HEALTH CARE COMPENSATION, ENCOUNTERS, HOURS, AND FTEs BY PRACTITIONER HEALTH CARE COMPENSATION, ENCOUNTERS, HOURS, AND FTEs BY PRACTITIONER FIES FTES FTES Trigil Employee Hours and FTEs Tr | | | For | rm B-1 Continued (C | Compensation, E | incounters, Hours, | FTEs - Health Care |
|--|---------------------|-------------------------------------|----------------------|---------------------|-----------------|-------------------------|---------------------------|
| Compensation Comp | | | | | | | |
| Total Employee Hours and FTES Total Employee FTES | | HEALTH CARE COMPENSAT | TON, ENCOUNTER | S, HOURS, AND | FTES BY PRA | CTITIONER | |
| Compensation Encounters Employee FTEs Employee Compensation Encounters Componse Compensation Compensation | | | | | | Total Employee | Hours and FTEs |
| Provide Itemized devidentified list (e.g., Physician 1) Ceneral Practitioner 725,000 1,500 1,040 0.0 | EALTH CAKE COMP | ENSATION, ENCOUNTERS, HOURS, | Specialty | Compensation | Encounters | Employee Total Hours | FTEs (2080 hrs = 1 FTE |
| Provide Item/red distriction of 1,500 1,500 1,500 1,040 0.0 | & FIES (EXCIDUING | Delital, mental negitil, and carel) | | = | = | ш | > |
| Please see attached. Contex Health Care Practitioner Contex Health Care Practi | Provide itemized | | General Practitioner | 125,000 | 1,500 | 1,040 | |
| Please see attached. | | SE (APRN, MIDWIFE, RN) | | | | | |
| Total Physician Services Under Contract | Please see attache | Ġ. | | | | | 0.00 |
| Total Nurse Practitioner | | | | | | | 0.00 |
| Total Nurse Practioner | | | | | | | 0.00 |
| Total Nurse Practioner | | | | | | | 0.00 |
| Total Nurse Practioner | | | | | | | 0.00 |
| Please see attached. Total Physician Services Under Contract OTHER HEALTH CARE PRACTITIONER Total Chiner Health Care Practitioner OTHER Health Care Practitioner | | | | | | | |
| PHYSICIAN SERVICES UNDER CONTRACT Please see attached. Total Physician Services Under Contract 0 | F | otal Nurse Practioner | | 0 | 0 | | |
| PHYSICIAN SERVICES UNDER CONTRACT Please see attached. Total Physician Services Under Contract OTHER HEALTH CARE PRACTITIONER Please see attached. Total Other Health Care Practitioner 0 0 0 0 0 0 0 | | | | | | | |
| Please see attached. Total Physician Services Under Contract OTHER HEALTH CARE PRACTITIONER Please see attached. Total Other Health Care Practitioner 0 0 0 0 | | SERVICES UNDER CONTRACT | | | | | 000 |
| Total Physician Services Under Contract OTHER HEALTH CARE PRACTITIONER Please see attached. Total Other Health Care Practitioner 0 0 0 0 | Please see attache | .pe | | | | | |
| Total Other Health Care Practitioner | | | | | | | |
| Total Physician Services Under Contract 0 0 0 0 OTHER HEALTH CARE PRACTITIONER Please see attached. 0 0 0 0 0 | 3. | | | | | | 0.0 |
| Total Physician Services Under Contract 0 0 0 0 OTHER HEALTH CARE PRACTITIONER Please see attached. Contractioner | | | | | | | 0.0 |
| Total Physician Services Under Contract 0 0 0 0 0 0 OTHER HEALTH CARE PRACTITIONER Please see attached. 0 | ÷ 10 | | | | | | 0.0 |
| Please see attached. Total Other Health Care Practitioner 0 0 0 | | sician Services Under Contract | | 0 | 0 | | |
| Please see attached. Total Other Health Care Practitioner 0 0 0 | | | - | | | | |
| Please see attached. Total Other Health Care Practitioner 0 0 0 | | IEALTH CARE PRACTITIONER | | | | | |
| Total Other Health Care Practitioner 0 0 0 | 1 Please see attach | | | | | | 0.0 |
| Total Other Health Care Practitioner 0 0 0 | 2 | | | | | | 0.0 |
| Total Other Health Care Practitioner 0 0 0 | i m | | | | | | 0.0 |
| | | ther Health Care Practitioner | | 0 | | | |

Cornell Scott-Hill Health Corporation - METHADONE ONLY COMPENSATION, ENCOUNTERS, HOURS, AND FTE'S BY PRACTITIONER June 30, 2017

| Access To Care Manager | TO THE PARTY | Compensation | HILEG IN PT 2017 | Departed in FY201/ | Encounters | Hours | LIE 3 | Job Classification |
|---------------------------------------|--------------|--------------|------------------|--------------------|------------|-------|-------|--------------------|
| ACCESS TO Care ivigitates | _ | 51,606 | | | | 2,080 | 1.00 | OHD |
| Access To Care Outreach Worker | _ | 22,281 | | | 708 | 2,092 | 1.01 | OHD |
| Access To Care Outreach Worker | | 22,281 | | | | | 0.00 | OHP |
| Access To Care Outreach Worker | _ | 35,769 | | | 10 | 2,079 | 1.00 | OHD |
| Access To Care Outreach Worker | - | 8,019 | | - | 160 | 379 | 0.18 | OHP |
| Administrative Assistant | - | 41,733 | | | | 2,080 | 1.00 | OHP |
| APRN | - | 48,436 | | | 2,491 | 2,080 | 1.00 | Nurse |
| APRN | | 48,436 | | | | ı | 00.00 | Nurse |
| APRN | _ | 91,332 | | | 3,159 | 2,080 | 1.00 | Nurse |
| APRN | | 32,307 | | | | , | 00.00 | Nurse |
| APRN | | 19,384 | | | | 1 | 0.00 | Nurse |
| APRN | - | 866'55 | | | 2,779 | 2,080 | 1.00 | Nurse |
| APRN | 1 | 97,012 | | | 3,313 | 2,072 | 1.00 | Nurse |
| APRN | 1 | 155,297 | | | 4,384 | 2,080 | 1.00 | Nurse |
| APRN | - | 134,852 | | | 3,340 | 2,080 | 1.00 | Nurse |
| APRN | 1 | 92,987 | | | 1,260 | 1,626 | 0.78 | Nurse |
| APRN | - | 6,489 | | | 95 | | 0.00 | Nurse |
| APRN | | 11,289 | | | | , | 0.00 | Nurse |
| APRN | | 33,867 | | | | | 0.00 | Nurse |
| APRN | | 33,867 | | | | | 0.00 | Nurse |
| APRN | - | 33,867 | | | 3,318 | 2,080 | 1.00 | Nurse |
| APRN | - | 94,144 | | | 3,404 | 2,080 | 1.00 | Nurse |
| APRN | 1 | 8,473 | | | 1,453 | 1,747 | 0.84 | Nurse |
| APRN | | 115,351 | | | 3,432 | 2,080 | 1.00 | Nurse |
| APRN | 1 | 94,409 | | | 3,570 | 2,080 | 1.00 | Nurse |
| APRN | _ | 73,906 | | | 1.884 | 1,683 | 0.81 | Nurse |
| APRN | | 7,880 | | | 930 | 1,626 | 0.78 | Nurse |
| APRN | _ | 53,350 | | | 2,135 | 1,632 | 0.78 | Nurse |
| APRN | | 11,432 | | | | • | 0.00 | Nurse |
| APRN | | 11,432 | | | | , | 00.00 | Nurse |
| APRN | _ | 54,453 | | | 2,299 | 1,029 | 0.49 | Nurse |
| APRN | | 199'5 | | | | | 0.00 | Nurse |
| APRN | | 22,643 | _ | | 455 | 260 | 0.27 | Nurse |
| Assistant Nurse Manager | _ | 41,686 | _ | _ | | 1,012 | 0.49 | Nurse |
| Asst. Manager of Care Coordination | _ | 17,094 | _ | | | 260 | 0.27 | OHD |
| Behavioral Health Complex Care Manger | _ | 50,860 | | | 648 | 2,087 | 1.00 | OHP |
| Business Intelligence Analyst | | 36,556 | _ | | | 1,809 | 0.87 | OHP |
| Care Coordinator | - | 46,853 | | | 132 | 2,094 | 1.01 | OHD |
| Care Coordinator | - | 22,841 | | | | 947 | 0.46 | OHP |
| Case Manager | | 22,925 | | | 375 | 2,055 | 66'0 | OHD |
| Case Manager | | 16,601 | | | | , | 00.0 | OHD |
| Case Manager | | 5,149 | | | | , | 0.00 | OHP |

| Job Title | # of Workers | Compensation | Hired in FY2017 | Departed in FY2017 | Encounters | Hours | FTE's | Job Classification |
|--|--------------|--------------|-----------------|--------------------|------------|-------|-------|--------------------|
| Case Manager | | 18,073 | | | | 1 | 0.00 | OHP |
| Case Manager | _ | 27,262 | | | | 2,139 | 1.03 | dHO |
| Case Manager | | 11,789 | | | | , | 0.00 | dHO |
| Case Manager | | 28,864 | | | | 2,105 | 1.01 | OHD |
| Case Manager | 1 | 10,296 | _ | | | 381 | 0.18 | OHP |
| Case Manager | - | 44,949 | | | | 2,090 | 1.00 | aHo |
| Chief of Medicine | - | 111,730 | | | 5,328 | 2,080 | 1.00 | Physician |
| Chief of Medicine | | 9,059 | | | | | 0.00 | Physician |
| Chief of Medicine | | 78,513 | | | | , | 00.00 | Physician |
| Cities of parameters | | 18 118 | | | | | 0.00 | Physician |
| Chief of Medicine | | 36 237 | | | | | 00.00 | Physician |
| Chief of Medicine | | 48 316 | | | | | 00.00 | Physician |
| Chief of Medicine | - | 070 07 | | | | 2.080 | 1.00 | OHP |
| Clinical Pharmacy Coordinator | | 11 371 | | | 953 | 2,080 | 1.00 | OHD |
| | | 77 531 | | | | 1,306 | 0.63 | OHP |
| Community Health Worker | - | 155,72 | | - | | 1,249 | 09'0 | OHP |
| Community regular worker | - | 37,646 | | | | 2,188 | 1.05 | OHP |
| Community freatin worker | ٠,- | 312,12 | | | | 2,094 | 1.01 | OHP |
| Collinging frequency of Condingtor | | 41 975 | | | 753 | 2,096 | 1.01 | OHP |
| Complex cale Management Coordinator | - | 43 950 | | | 376 | 2,095 | 1.01 | OHP |
| Complex cale intallagement Coordinator | • ,- | 826 | - | | | 39 | 0.02 | OHP |
| Complex care Management Coolumners | | 17 103 | • | | | 2,228 | 1.07 | OHP |
| Death Lonionist | - | 11.542 | | | 1,068 | 1,449 | 0.70 | OHD |
| Delital rigglemen | - | 47 396 | | | 744 | 2,112 | 1.02 | OHP |
| Disorter of Orea Coordination | | 89.262 | | | | 2,080 | 1.00 | Nurse |
| Director of Care Couraniation | • | 2.018 | | | | • | 00.00 | OHP |
| Director of Dental | | 32.277 | | | | 2,080 | 1.00 | OHP |
| Director of Early Childhood | | 60,879 | | | | 2,080 | 1.00 | OHP |
| Director of Barly Childhood | • | 15.220 | | | | • | 0.00 | OHP |
| Director of Dedistrice | _ | 134,518 | | | 2,956 | 1,852 | 0.89 | Physician |
| Director of Dadiatrice | | 11.697 | | | | , | 0.00 | Physician |
| Director of Malhage Education | | 118.341 | | | 842 | 2,080 | 1.00 | OHP |
| Farly Intervention Associate | - | 11,140 | | _ | | 538 | 0.26 | OHP |
| Farly Intervention Associate | - | 14,429 | _ | | | 720 | 0.35 | OHP |
| Early Intervention Associate II | - | 48,799 | | | | 2,080 | 1.00 | OHP |
| Evenitive Assistant I | - | 12,038 | | | | 745 | 0.36 | OHP |
| Executive Chef | _ | 27,553 | | | | 2,080 | 1.00 | OHD |
| Health Educator | _ | 43,300 | | | | 2,084 | 1.00 | OHP |
| Health Educator | 1 | 43,165 | | | | 2,108 | 1.01 | OHP |
| Health Educator | - | 41,982 | | | | 2,089 | 1.00 | OHP |
| Uselik Educator | | 31.788 | ~ | _ | | 1,329 | 0.64 | aHO OHb |
| History Liesen | 4 | 36.926 | | | 1,205 | 2,106 | 1.01 | OHP |
| TM I ead Nurse | | 60,09 | . 10 | | | 2,177 | 1.05 | Nurse |
| Infectious Disease Nurse Specialist | | 3,260 | | | | , | 0.00 | Nurse |
| Infectious Disease Nurse Specialist | _ | 48,891 | | | | 2,104 | 1.01 | Nurse |
| Infections Disease Nurse Specialist | | 17,927 | 4 | | | ٠ | 00'0 | Nurse |
| Infectious Disease Nurse Specialist | | 11,408 | ~ | | | | 00.00 | Nurse |
| Licensed Practical Nurse | _ | 48,509 | • | | | 1,614 | 0.78 | Nurse |
| Licensed Practical Nurse | _ | 10,889 | 6 | | | 402 | 0.19 | Nurse |

| Job Title | # of Workers | Compensation | Hired in FY2017 | Departed in FY2017 | Encounters | Hours | FTE's | Job Classification |
|---|--------------|--------------|-----------------|--------------------|------------|--------------|-------|--------------------|
| Licensed Practical Nurse | - | 31,515 | | _ | | 795 | 0.38 | Nurse |
| Licensed Practical Nurse | _ | 25,156 | | <u></u> | | 749 | 0.36 | Nurse |
| I control Describe Nince | | 18,643 | | | | 723 | 0.35 | Nurse |
| Declised Fractical Nurse | | 7.221 | | | | 281 | 0.14 | Nurse |
| Licensed Practical Nurse | · | 59,076 | | | | 2,142 | 1.03 | Nurse |
| Licensed Droving Nurse | | 23.784 | | | | 924 | 0.44 | Nurse |
| Licensed Practical Nurse | | 5.750 | | | | 221 | 0.11 | Nurse |
| Licensed Proving Nurse | - | 23,673 | | | | 921 | 0.44 | Nurse |
| Licensed Flactical Nurse | | 32 437 | | | | 1,256 | 09.0 | Nurse |
| Licelised Flactical Indiae | - | 69 738 | • | | 783 | 1,840 | 0.88 | Physician |
| Med Director of Quality Improvement and Ops | - | 57.75 | | | | , 1 | 0.00 | Physician |
| Med Director of Quality improvement and Ops | | 5,654 | | | | | 0.00 | Physician |
| Med Director of Quality Improvement and Ops | - | 650 | - | | | 40 | 0.02 | HCP |
| Medical Assistant | | 24 540 | • | _ | | 1.255 | 0.60 | HCP |
| Medical Assistant | | 13 557 | | · - | | 719 | 0.35 | HCP |
| Medical Assistant | - | 31.366 | | | | 1,526 | 0.73 | HCP |
| Medical Assistant | d vor | 6329 | | | | 254 | 0.12 | HCP |
| Medical Assistant | - · | 906 62 | | • | | 2,121 | 1.02 | HCP |
| Medical Assistant | - | 5 121 | | | | | 00.00 | HCP |
| Medical Assistant | - | 78 647 | | | | 2,061 | 0.99 | HCP |
| Megical Assistant | | 12,21 | | | | 2.085 | 1.00 | HCP |
| Medical Assistant | - | 17 113 | | | | ' | 0.00 | HCP |
| Medical Assistant | - | 22,71 | | - | | 1 723 | 0.83 | HCP |
| Medical Assistant | | F01,2C | - | - | | 404 | 0.19 | HCP |
| Medical Assistant | | 0,090 | - | | | 2 080 | 1.00 | HCP |
| Medical Assistant | ٦, | 34,144 | - | | | 1 461 | 0.70 | HCP |
| Medical Assistant | <u> </u> | 658,57 | - | - | | 101, | 00.0 | HCD |
| Medical Assistant | | 3,862 | | ٦ | | 261 070 C | 1.00 | HCP HCP |
| Medical Assistant | - | 34,114 | | | | 2,079 | 8.7 | 10 I |
| Medical Assistant | _ | 35,719 | | | | 2,039 | 1.01 | HCP |
| Medical Assistant | | 3,969 | | | | | 0.00 | IOH IOH |
| Medical Assistant | - | 26,036 | | | | 1,599 | 0.77 | HCF GCF |
| Medical Assistant | | 17,929 | | | | 2,080 | 00.1 | HCF |
| Medical Assistant | 1 | 34,840 | - | | | 2,117 | 1.02 | |
| Medical Assistant | | 7,684 | | | | 3 (| 0.00 | Tou . |
| Medical Assistant | 1 | 34,517 | | | | 1,857 | 68.0 | 25 |
| Medical Assistant | - | 29,713 | | | | 2,410 | 0.10 | TO I |
| Medical Assistant | | 12,735 | | | | | 0.00 | |
| Medical Assistant | _ | 39,054 | | | | 2,132 | 1.03 | 52 |
| Medical Assistant | _ | 34,347 | | | | 1,914 | 0.92 | 201 |
| Medical Assistant | | 4.579 | | | | | 0.00 | |
| Medical Assistant | 1 | 10,685 | _ | | | 934 | 0.45 | 2 |
| Medical Assistant | 1 | 33,962 | | | | 2,086 | 1.00 | HCP |
| Medical Assistant | _ | 34,857 | | | | 2,121 | 1.02 | HCP |
| Medical Assistant | 1 | 38,521 | | | | 2,090 | 1.00 | HCP |
| Medical Assistant | - | 597 | _ | | | 37 | 0.02 | HCP |
| Medical Assistant | _ | 20,854 | | | | 086 | 0.47 | HCP : |
| Medical Case Manager | - | 48,145 | | | 143 | 1,129 | 0.54 | Nurse |
| Medical Director | - | 26,008 | | - | 182 | 224 | 0.11 | Physician |
| Neurologist | | 1,503 | | | 17 | ò | 0.00 | Physician |
|) | | | | | | | | |

| 1,2255 637 637 638 100 1,5668 1 1 639 1,5668 1 1 639 1,5672 1 1 639 1,572 1 1 1 639 1,572 1 1 1 639 1,572 1 1 1 1 1 1,572 1 1 1 1 1,572 1 1 1 1 1,572 1 1 1 1 1,572 1 1 1 1 1,572 1 1 1 1 1,572 1 1 1 1 1,572 1 1 1 1,573 1 1 1 1,573 1 1 1 1,574 1 1 1 1,574 1 1 1 1,574 1 1 1 1,574 1 1 1 1,574 1 1 1 1,574 1 1 1 1,574 1 1 1 1,574 1 1 1 1,574 1 1 1 1,574 1 1 1 1,574 1 1 1 1,574 1 1 1 1,574 1 1 1 1,574 1 1 1,574 1 1 1,574 1 1 1,574 1 1 1,574 1 1 1,574 1 1 1,574 1 1 1,574 1 1 1,574 1 1 1,574 1 1,575 1 1,574 1 1,575 1 1,574 1 1,575 1 1,575 1 1,574 1 1,575 1 1, | Job Title | # of Workers | Compensation | Hired in FY2017 | Departed in FY2017 | Encounters | Hours | FIES. | Job Classification |
|--|-------------------------|--------------|---------------|-----------------|--------------------|------------|-------|-------|--------------------|
| 15,6242 1 15,634 1 15,634 1 15,634 1 15,634 1 15,644 1 15,644 1 15,644 1 15,644 1 1,644 1 1,705 1 1 1,705 1 1 1,705 1 1 1,705 1,705 1,705 1,705 1,705 1,705 1,705 1,705 1,705 1,705 1,705 1,705 1,705 1,705 1,705 1,705 1,705 1, | Supervisor | - | 72,265 | | , | 637 | 2,084 | 00.0 | Parin |
| 15,668 1 1 1 1 1 1 1 1 1 | NFN Clinical Supervisor | 1 | 16,242 | , | | | 200 | 0.24 | Nirge |
| 1,922 1 1,922 1 1,923 1 1,923 1 1,923 1 1,923 1 1,923 1 1,923 1 1,923 1 1,923 1 1,924 1,92 | NFN Home Visitor | | 15,668 | - | | | 270 | 0.33 | Nurse |
| 1,52,2 1 1,99 1,00 | sitor | | 8,009 | - | | | 57 | 0.03 | Nurse |
| 1967.22 1 1799 0.86 | 14 | - • | 1,962 | | | | . 00 | 0.00 | Nurse |
| 1706 1870 1900 1900 1974 1900 1900 1870 1900 1974 1900 1900 1974 1900 1900 1974 1900 | | - | 106 737 | - | | | 1,799 | 0.86 | Nurse |
| 46,227 2,618 2,80 100 18,745 1 2,89 10 Incrine 18,79 1 384 0.18 chacism 73,65 1 2,88 100 chacism 1,35 1 2,08 100 chacism 1,35 1 2,08 100 chacism 1,3482 1 2,08 100 chacismut 1,3482 1 1,774 0.87 chack 1 3,542 1 1,774 0.87 chack 1 3,542 1 1,774 0.87 chack 1 3,542 1 1,274 0.00 chack 1 1,274 0.02 0.00 chack 1 1,274 0.00 | 6) | - | 7 706 | | | | 1 | 0.00 | Nurse |
| 13,426 1,500 1,5 | | _ | 46,232 | | | 2,618 | 2,080 | 1.00 | Nurse |
| 18713 18714 18715 1871 | | • | 37.426 | | | | , | 00.0 | Nurse |
| H 18,599 1 284 0.18 1 | | | 18.713 | | | | , | 00.00 | Nurse |
| 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | - | 18 599 | | | | 384 | 0.18 | Nurse |
| 1,000 1,340 1,000 1,340 1,000 1,340 1,000 1,340 1,000 1,340 1,000 1,340 1,000 1,340 1,000 1,340 1,000 1,340 1,000 1,340 1,000 1,340 1,00 | ager | | 73.056 | | | | 2,080 | 1.00 | OHD |
| 14 | Cherapist | | 54 881 | | | | 2,086 | 1.00 | OHP |
| 1,774 0,75 1,774 0,77 1,77 | chnician | | 30,46 | | | | 2,088 | 1.00 | OHP |
| 11,774 0.85 34,882 1.774 0.85 35,872 1 1 2,000 35,472 1 1 2,002 35,473 1 1 2,000 35,473 1 1 1,287 0.02 25,246 1 1 1,287 0.02 35,791 1 1,287 0.00 35,791 1 1,181 0.57 20,973 1 1 0.00 35,791 1 1,181 0.57 20,973 1 1 0.00 20,973 1 1 1,181 0.57 20,973 1 1 0.00 20,973 1 1 0.00 20,973 1 1 0.00 20,973 1 1 1,181 0.57 20,973 1 1 0.00 20,973 1 1 1,181 0.57 20,973 1 1 1,181 0.57 20,973 1 1 1,181 0.57 20,973 1 1 1,181 0.57 20,973 1 1 1,181 0.57 20,973 1 1 1,181 0.57 20,973 1 1 1,181 0.57 20,974 1 1,181 0.57 20,975 1 1 1,181 0.57 20,98 1,101 20,09 1 1,482 8.77 0.41 20,00 1 1,482 8.77 0.41 20,00 1 1,482 8.77 0.41 20,00 1 1,482 8.77 0.41 20,00 1 1,482 8.77 0.41 20,00 1 1,482 8.77 0.41 20,00 1 1,482 8.77 0.40 20,00 1 1,482 8.77 0.40 20,00 1 1,482 8.77 0.40 20,00 1 1,482 8.77 0.40 20,00 1 1,482 8.77 0.40 20,00 1 1,482 8.77 0.40 20,00 1 1,482 8.77 0.40 20,00 1,48 | y Assistant | | 10,240 | | _ | | 1.556 | 0.75 | OHP |
| 1 34,818 2.026 0.97 3,542 1 1 2.02 3,542 1 1 2.08 3,542 1 1 2.08 1 3,542 1 1 2.08 1 3,542 1 1 2.08 1 1,544 1 100 2,544 1 1 1,587 1 1,00 2,544 1 1,00 2,545 1 1 1,587 1 1,00 2,545 1 1,00 2,545 1 1,00 2,545 1 1,00 2,545 1 1,00 2,545 1 1,00 2,545 1 1,00 2,545 1 1,00 2,546 1 1,00 2, | ar | - | 31,702 | | • - | | 1 774 | 0.85 | OHD |
| 35,825 100 35,826 1 1 2082 100 35,524 1 1 2,78 100 4,582 1 1 1,287 062 18,178 1,287 1,287 062 18,178 1,20,373 1,181 0,57 19,20,474 1,181 0,57 19,20,474 1,181 0,57 19,20,474 1,181 0,57 19,20,474 1,181 0,57 19,20,474 1,181 0,57 19,20,474 1,182 1,00 19,20,484 1,00 19,20,484 1,00 19,20,484 1,00 19,20,484 1,00 19,20,484 1,00 19,20,484 1,00 19,20,484 1,00 19,20,484 1,00 19,20,484 1,00 19,20,484 1,00 19,20,484 1,00 19,20,484 1,00 19,20,484 1,00 19,20,494 1,00 19,20,494 1,00 19,20,494 1,00 19,20,494 1,00 19,20,494 1,00 19,20,494 1,00 19,20,494 1,00 19,20,494 1,00 19,20,494 1,00 19,20,494 1,00 19,20,494 1,00 19,20,494 1,00 19,20,494 1,00 19,20,494 1,00 19,20,494 1,00 19,20,494 1,00 19,20,494 1,00 19,20,494 1,00 19,20,494 1,00 19,20,404 1,00 19,20,4 | rar | - • | 37,918 | | - | | 2 026 | 0.97 | OHP |
| 3,542 1 1 2.00 3,542 1 1 2.00 3,542 1 1 2.00 3,542 1 1 2.00 3,543 1 1 1.287 0.62 2,524 1 1 1.287 0.62 2,524 1 1 1.287 0.62 2,524 1 1 1.287 0.62 2,524 1 1 1.81 0.02 2,535 1 1 1.81 0.02 2,537 1 1 1.81 0.02 2,537 1 1 1.81 0.02 2,538 1.00 2,538 1 | rar | | 34,882 | | | | 2.082 | 1.00 | OHD |
| 3,542 1 2.18 0.10 3,546 1 1 1.00 1 | rar | | 55,605 | | | | | 0 00 | OHP |
| 35,763 10.0 25,246 1 1.287 0.62 18,178 1.00 18,178 1.00 18,178 1.00 18,178 1.00 18,178 1.00 18,178 1.00 19,591 1 1.00 19,501 1 1.00 19,501 1.00 19,501 1.00 19,501 1.00 10,001 | rar | | 3,342 | • | - | | 218 | 0 10 | OHD |
| 1, 25,46 | rar | | 3,542 | - | | | 2.12 | 1 00 | OHP |
| 1, 2,240 1 136 0.07 18,178 1 136 0.07 18,178 1 136 0.07 18,178 1 1 102 18,178 1 1 102 18,178 1 1 100 19,791 1 1 14 19,734 1 1 14 10,000 1 14 10,000 1 14 10,000 1 1 | rar | | 35,763 | _ | - | | 1 287 | 0.62 | OHD |
| ion Team Leader 1 18,178 2,122 1.02 1.02 1.03 1.04 1.04 1.04 1.04 1.04 1.04 1.04 1.04 | rar | • | 0+2,02 | - | | | 136 | 0.07 | OHD |
| 18,178 2,000 18,178 2,085 1,000 18,179 1 1 40 0.02 18,791 1 1 40 0.02 18,792 1 1 40 0.02 18,793 1 1 40 0.02 19,5849 1,108 1,108 1,000 19,574 1 1,181 0.57 19,794 1 2,088 1,000 19,794 1,000 1,000 19,794 1,000 1,000 19,794 1,000 1,000 19,794 1,000 1,000 19,795 1 1,482 857 0.41 19,796 1 1,482 857 0.41 19,796 1 1,482 857 0.41 19,796 1 1,482 857 0.41 19,797 1 1,482 8,000 19,798 1 1,000 19,798 1 1,000 19,798 1 1,000 19,798 1,000 19,798 1,000 19,798 1,000 19,798 1,000 19,778 1,000 | rar | | 18 178 | | | | 2,122 | 1.02 | OHP |
| 1 35,901 1 1 1 1 1 1 1 1 1 | rar | - | 18,178 | | | | | 00.0 | OHP |
| 1 | rar | _ | 15,178 | | | | 2,085 | 1.00 | OHD |
| 1 20,973 | rar | | 35,791 | | | | 2,081 | 1.00 | OHP |
| in Team Leader 1 35,849 1.00 ion Team Leader 1 35,941 1.00 ion Team Leader 1 35,941 1.00 ion Team Leader 1 37,994 1.00 ion Team Leader 1 37,994 1.00 ion Team Leader 1 37,994 1.01 ion Team Leader 1 38,900 1.00 ion Team Leader 1 38,002 ion Team Leader 1 38,002 ion Team Leader 1 3,103 ion Team Leader 1 3,103 ion Team Leader 1 1.01 ion Team Leader 1 1 | rar | | 703 | - | - | | 40 | 0.02 | OHD |
| on Team Leader 1 35,845 2.084 1.00 1 35,846 1.01 35,245 2.088 1.01 35,646 0.99 1 35,646 0.99 2,088 1.00 2,088 1.00 2,088 1.00 2,088 1.01 2,088 1.01 2,088 1.01 2,088 1.01 2,088 1.01 2,088 1.01 2,088 1.01 2,089 1.01 2,099 1.01 2,090 1.00 | rar | | 166 F70 0C | • | | | 1,181 | 0.57 | OHD |
| on Team Leader 1 35,945 2,000 0.99 2,000 0.99 2,000 0.99 2,000 0.99 2,000 0.99 2,000 0.99 2,000 0.99 2,000 0.99 2,000 0.99 2,000 0.00 2,000 0.99 2,000 0.00 0.00 0.00 0.00 0.00 0.00 0.0 | rar | | 35 940 | | | | 2,084 | 1.00 | OHP |
| 1 35,646 0.99 1 35,646 0.99 2,088 1.00 2,088 1.00 3,356 2,080 1.00 1 37,994 1.01 1 39,273 2,019 1,01 1 118,910 1,633 0.79 1 1,840 0.88 1 1,633 0.79 1 1,633 0.79 1 1,633 0.79 1 1,633 0.79 1 1,633 0.79 1 1,633 0.79 1 1,633 0.79 1 1,633 0.79 1 1,639 1,633 0.79 1 1,40,30 1,634 1,634 0.00 1 1,40,30 2,340 1,676 0.81 1 1,40,30 3,422 2,080 1,00 1 1,634 2,697 38 0.00 1 1,634 - 0.00 1 2,019 1,00 0.00 1 1,40,30 3,422 2,097 1,00 1 1,634 - 0.00 0.00 <t< td=""><td>rar</td><td></td><td>26,043</td><td></td><td></td><td></td><td>2,098</td><td>1.01</td><td>OHD</td></t<> | rar | | 26,043 | | | | 2,098 | 1.01 | OHD |
| 1 35,961 2,088 1.00 1 37,994 2,080 1.00 1 37,994 2,088 1.01 1 39,273 2,098 1.01 1 118,910 1,482 887 0.41 1 70,896 1,482 857 0.41 1 22,908 1 - 0.00 1 140,390 3,422 2,080 1.00 1 140,390 3,422 2,080 1.00 1 2,697 38 0.02 1 3,427 - 0.00 1 2,697 38 0.02 1 3,427 - 0.00 | rar | | 25,00 | | | | 2.060 | 66.0 | OH) |
| 1 38,366 1.00 1 37,994 2,108 1.01 1 39,273 2,098 1.01 1 31,103 2,098 1.01 1 118,910 1,482 857 0.41 1 70,896 1,482 857 0.41 1 22,908 1 - 0.00 1 140,390 1 2,340 1,676 0.81 1 140,390 3,422 2,080 1.00 1 21,928 2,697 38 0.02 1 3,427 - 0.00 1 3,427 - 0.00 | rar | • | 15051 | | | | 2.088 | 1.00 | OHP |
| 1 34,300 1 37,994 1 39,273 1 39,273 1 118,910 1 118,910 1 70,896 1 1,482 8,7 0.41 1 22,908 1 1,482 8,171 1 1 140,390 1 1,482 8,171 1 1 140,390 1 1,482 8,171 1 1 140,390 1 1,482 1 1,482 1 1,482 1 1,482 1 1,482 2,308 1,00 1 1,482 1 1,00 1 1,00 1 1,00 1 1,00 1 1,00 1 1,00 1 1,00 1 1,00 1 1,00 1 1,00 1 1,00 1 1,00 1 1,00 1 1,00 1 1,00 1 | tration Team Leader | _ , | 104,66 | | | | 2 080 | 1.00 | OHP |
| 1 39,273 2,094 1.01 1 31,103 2,019 1.633 0.79 1 118,910 1,482 857 0.41 1 70,896 1 1,482 857 0.41 1 22,908 1 - 0.00 1 22,908 1 - 0.00 1 140,390 3,422 2,080 1.00 1 1,003 3,422 2,080 1.00 1 1,003 1,000 1.00 1 1,003 1,000 1.00 | tration Team Leader | ~ , | 38,300 | | | | 2 108 | 101 | OHP |
| 19,273 1,103 118,910 1 | tration Team Leader | _ | 57,594 | | | | 2000 | 101 | OHD |
| 118,910 | tration Team Leader | _ | 59,213 | | | | 1 840 | 0.88 | OHD |
| 1 1,482 857 0.41 1 1 2 0.00 1 1 13 40 0.02 2,340 1,676 0.81 3,422 2,080 1.00 2,697 38 0.02 - 0.00 | tration Team Leader | | 51,103 | | | 2.019 | 1633 | 0.79 | Physician |
| 1 13 40 0.02 2,340 1,676 0.81 3,422 2,080 1.00 2,697 38 0.02 - 0.00 | | | 700 02 | | | 1 482 | 857 | 0.41 | Physician |
| 1 13 - 0.00 1 2,340 1,676 0.81 3,422 2,080 1.00 2,697 38 0.02 - 0.00 | | | 069,07 | - | | : | , | 000 | Physician |
| 1 13 40 0.02 2,340 1,676 0.81 3,422 2,080 1.00 2,697 38 0.02 - 0.00 | | | 206 200 CC | - | ,- | | , | 00.00 | Physician |
| 2,340 1,676 0.81 3,422 2,080 1.00 2,697 38 0.02 - 0.00 | | - | 24,700 | | | 13 | 40 | 0.02 | Physician |
| 3,422 2,080 1.00 2,697 38 0.02 - 0.00 | | | 171.90 | | | 2.340 | 1.676 | 0.81 | Physician |
| 2,697 38 0.02 2,697 - 0.00 - 0.00 | | - | 140,550 | | | 3 477 | 2.080 | 1 00 | Physician |
| 0000 - | | | 184,734 | | | 2,607 | 35 | 0.00 | Physician |
| 0000 | | | 876,102 | | | 1,0,4 | 8 , | 00.0 | Physician |
| 00'0 | | | 95,478 | | | | | 00:0 | Physician |
| | | | 13,421 | | | | ٠ | 00 0 | Physician |

| Joh Title | # of Workers | Compensation | Hired in FY2017 | Departed in FY2017 | Encounters | Hours | FTE's | Job Classification |
|------------------------|--------------|--------------|-----------------|--------------------|------------|-------|-------|---------------------|
| Dhucioian | | 28.345 | | | | 1 | 00.00 | Physician |
| Filysiciali | _ | 152 871 | | - | 1,951 | 1,386 | 0.67 | Physician |
| Fhysician | | 138 387 | | | 3,310 | 2,080 | 1.00 | Physician |
| Physician | - | 50,309 | | | | , ' | 00.00 | Physician |
| Physician | | 75. 37.1 | | | 2,377 | 28 | 0.01 | Physician |
| Physician | | 172 343 | | | 3,695 | 1,758 | 0.85 | Physician |
| Physician | | 148 633 | | | 2,914 | 1,697 | 0.82 | Physician |
| Physician | | 88 466 | | | 1,132 | , 1 | 0.00 | Physician |
| Physician | | 25.345 | | | 576 | , | 0.00 | Physician |
| Physician | | 118 464 | | | 3,916 | 2,080 | 1.00 | Physician |
| Physician | - | 63.788 | | | • | ı | 00.00 | Physician |
| Physician | - | 207,50 | | | 3,406 | 2,080 | 1.00 | Physician |
| Physician | | 154 474 | | | 3,484 | 2,029 | 86.0 | Physician |
| Physician | - | 124,451 | | | | . • | 0.00 | Physician |
| Physician | • | 1.803 | | _ | | | 0.00 | Physician |
| Physician | | 777.3 | _ | | 17 | 114 | 0.05 | Physician Assistant |
| Physician Assistant | - | פרני דר | - | • | | 4 | 0.00 | Physician Assistant |
| Physician Assistant | | 075,17 | | | 952 | 2.080 | 1.00 | Physician Assistant |
| Physician Assistant | | 69,704 | | | 2 417 | 2.080 | 1.00 | Physician Assistant |
| Physician Assistant | _ | 77,75 | | | 1 | î | 0.00 | Physician Assistant |
| Physician Assistant | , | 41,207 | | | 1 514 | | 00 0 | Physician |
| Podiatrist | | | | | 180 | 303 | 0.10 | Physician |
| Podiatrist | | 26,008 | | | 480 | 392 | 0.17 | OHD |
| Practice Administrator | _ | 20,228 | _ | | | 740 | 0.10 | a HO |
| Practice Administrator | | 3,188 | 1 | | | 000 | 1 03 | aHO |
| Practice Administrator | _ | 80,140 | | | | 2,120 | 1.02 | |
| Practice Coordinator | 1 | 51,503 | | • | | 2,110 | 1.01 | |
| Practice Coordinator | | 37,512 | | - | | 1,190 | 0.00 | Zilis |
| Prenatal Case Manager | | 15,464 | | | | 1 0 1 | 0.00 | Ninge |
| Prenatal Case Manager | - | 18,900 | | | | 1,815 | 0.67 | OHD |
| Program Coordinator | - | 29,378 | | | | cc1,1 | 00.0 | aHO |
| Program Coordinator | | 2,905 | | | | ı | 00.0 | aHO |
| Program Coordinator | | 099 | , | | | 587 | 0.00 | JHO JHO |
| Program Coordinator | - | 14,184 | | | | 100 | 000 | aHO |
| Program Coordinator | | 824 | | | | , | 00.0 | OHD |
| Program Coordinator | | 824 | | | | , | 000 | OHP |
| Program Director II | | 24,132 | | | | 2.080 | 1.00 | OHP |
| Program Director II | - | 12,26 | | | | | 0.00 | OHD |
| Program Director II | | 1,12 | | | | 9 9 | 0.00 | OHD |
| Program Director II | | 71,0 | | | | • | 0.00 | OHP |
| Program Director II | - | 2,280 | | | | 1,910 | 0.92 | Nurse |
| QA/QI Nurse | - | 8.865 | | | | | 00.00 | OHP |
| Receptionist | | 0,00 | | | | | 0.00 | Д Ю |
| Receptionist | _ | 17 779 | | | | 2,116 | 1.02 | OHP |
| Keceptionist | - | | | | 225 | • | 0.00 | OHP |
| Referral Specialist | - ,- | 59.403 | | | 852 | 2,080 | 1.00 | AHCP |
| Registered Distrition | - | 3,127 | | | | , | 0.00 | AHCP |
| Registered Dietitian | - | 65.145 | . 10 | - | | 1,499 | 0.72 | Nurse |
| Kegistered Nurse | | 55,396 | . vo | _ | | 1,568 | 0.75 | Nurse |
| Kegistered ivuise | | | • | | | | | |

| ati T. dol | # of Workers | Compensation | Hired in FY2017 | Departed in FY2017 | Encounters | Hours | FTE's | Job Classification |
|---|--------------|--------------|-----------------|--------------------|------------|---------|--------------|--------------------|
| | | 38 695 | | _ | | 936 | 0.45 | Nurse |
| Kegistered Indise | | 49,656 | | | | 1,638 | 0.79 | Nurse |
| Registered Nurse | | 7.858 | . – | | | 227 | 0.11 | Nurse |
| Registered Nurse | ٠. | 1,000 | - | 4 | | 1 499 | 0.72 | Nurse |
| Registered Nurse | p | 45,743 | - | | | 2,104 | 1.01 | Nurse |
| Registered Nurse | | 14 540 | - | | | 402 | 0.19 | Nurse |
| Registered Nurse | | 8.085 | - | | | 250 | 0.12 | Nurse |
| Kegistered Murse | • | 1 103 | | | | , | 00.00 | Nurse |
| Registered Nurse | - | 601,1 | _ | - | | 1.140 | 0.55 | Nurse |
| Registered Nurse | _ , | 42,720 | | | | 27. | 0.01 | Nurse |
| Registered Nurse | _ | 576 | | - | | 413 | 0.00 | Nurse |
| Registered Nurse | _ | 14,634 | | | | 711, | 1.03 | School |
| Registered Nurse | 1 | 50,523 | | | | 2,116 | 70.0 | Simil |
| Registered Nurse | | 21,653 | | | | , } | 0.00 | Nuise |
| Registered Nurse | | 75,561 | | | | 2,282 | 1.10 | Nurse |
| Registered Nurse | | 18,891 | | | | 1 | 00.00 | Nurse |
| Designation Number | - | 56.389 | | | | 1,545 | 0.74 | Nurse |
| Kegiskied Ivaise | - | 59,619 | _ | | | 1,627 | 0.78 | Nurse |
| Kegistered lyurse | - | 6.755 | | | | , | 0.00 | OHP |
| Senior Administrative Assistant | | 36 891 | | | | 2,107 | 1.01 | OHP |
| Senior Administrative Assistant | -1 | 20,00 | | | | . ' | 0.00 | OHP |
| Senior Administrative Assistant | | 6,014 | | | | - 2.129 | 1.02 | OHP |
| Senior Care Coordinator Assistant | - | 14 540 | | | | i | 00 0 | OHP |
| Senior Care Coordinator Assistant | • | 14,340 | | - | | 1 869 | 06.0 | OHP |
| Site Manager | | 60,08 | | | | | 000 | OHP |
| Site Manager | - | 005,72 | | _ | | . 1 | 000 | OHD |
| Site Manager | | 687'6 | | | | 000 | 00.1 | OHD |
| Site Manager | 1 | 36,180 | | | | 2,080 | 0.00 0.00 | aHO OHA |
| Site Manager | | 23,024 | | | | ' | 00.00 | OHD |
| Site Manager | | 3,289 | | | | 0100 | 1.06 | GE |
| Sous Chef | _ | 22,199 | | | | 2,210 | 1.06 | a HO |
| Sous Chef | _ | 23,952 | | | | 2,200 | 05.0 | OHD |
| Special Education Teacher | - | 37,033 | - | • | | 1,240 | 0.00 | |
| Special Education Teacher | | 7,058 | | | | 750. | 20.0 | ## C |
| Speech Language Pathologist | - | 39,904 | | | | 077,1 | 1.00 | aHO |
| Speech Language Pathologist | _ | 66,597 | | | | 7,000 | 00.0 | #E |
| Substance Abuse Case Manager Supervisor | | 4,244 | | | | ı | 0.00 | aHO |
| Substance Abuse Case Manager Supervisor | | 27,279 | | | 4 | 100 | 0.00 | aHO |
| Substance Abuse Case Manager Supervisor | - | 29,098 | | | Ď | 400 | 0.10 | OHO |
| WEO Patient Registrar/Admin Assistant | _ | 6,812 | | | | 201 | 101 | H. |
| WIC Clerk | _ | 31,132 | | | | 2,103 | 50: | aHO |
| WIC Clerk | - | 39,075 | | | | 2,113 | 7 | TIO O |
| WIC Manager | - | 67,761 | | | | 2,080 | 1.00 | |
| WIC Site Nutritionist | 1 | 12,587 | | | | 319 | 0.15 | i i |
| WIC Site Nutritionist | _ | 5,133 | _ | | | 211 | 0.10 | |
| WIC Site Nutritionist | 1 | 30,650 | _ | | | 751,1 | 0.50 | ario o |
| WJC Site Nutritionist | 1 | 34,130 | _ | | | 1,470 | 0.71 | |
| Women's Health Program Manager | | 22,824 | | | | 7,081 | 90.7 | aHO |
| Women's Health Program Manager | | 22,824 | | | | , 0 | 0.00 | 5 |
| Salary Grand Total | 215 | 10,618,405 | 42 | 54 | 109,536 | 307,875 | 147.99 | |
| | | | | | | | | |

| Job Classification | Physician Services Under Contract | | | | |
|--------------------|-----------------------------------|-----------------------------------|-----------------------------------|-----------------------------------|-----------------------------------|-----------------------------------|-----------------------------------|-----------------------------------|-----------------------------------|-----------------------------------|-----------------------------------|-----------------------------------|-----------------------------------|-----------------------------------|-----------------------------------|------------------------|---|-----------------------------|---------------------------|
| FTE's | 0.13 | 0.03 | 0.02 | 0.02 | 90.0 | 0.01 | 0.01 | 80.0 | 00.00 | 0.15 | 0.01 | 0.01 | 0.20 | 0.03 | 00.00 | 0.76 | 148.75 | | |
| Hours | 279 | 62 | 32 | 34 | 133 | 25 | 29 | 158 | - | 316 | 22 | 19 | 421 | 54 | 3 | 1,588 | 309,463 | | |
| Encounters | 554 | 151 | 77 | 84 | 325 | 09 | 70 | 386 | | 1,470 | 53 | 47 | 739 | 132 | 7 | 4,156 | 113,692 | 0 | 113,692 |
| Departed in FY2017 | | | | | | | | | | | | | | | | 0 | . 54 | 0 | 54 |
| Hired in FY2017 | | | | | | | | | | | | | | | | 0 | 42 | 0 | 42 |
| Compensation | 27,885 | 6,191 | 3,946 | 4,305 | 16,656 | 4,305 | 3,588 | 19,783 | 125 | 096'26 | 2,716 | 3,372 | 74,128 | 6,765 | 359 | 272,084 | 10,890,489 | 74,419 | 10,816,070 |
| # of Workers | - | - | _ | _ | | _ | 1 | | 1 | 1 | | _ | _ | _ | - | 15 | 230 | m | 227 |
| Job Title | MD | MD | QW | MD | MD | MD | QM | MD | QW | MD | CNM | QW | MD | MD | Other | Contracted Grand Total | Grand Total Salaries & Contracted Workers | SCRC Salary Reclass - Nurse | Grand Total After Reclass |

| | S | Summary Table Per B. | 3-4 & Reconciliation | 1 | | | |
|-----------------------------------|--------------|----------------------|----------------------|----------|------------|---------|--------|
| Health Care Practitioners | # of Workers | Compensation | Hired | Departed | Encounters | Hours | FTE's |
| Physician | 26 | 3,057,542 | 6 | 9 | 49,994 | 25,850 | 12.43 |
| Physician Assistant | ٣ | 197,020 | | | 3,386 | 4,274 | 2.05 |
| Nurse | 19 | 3,169,467 | 16 | 61 | 47,099 | 80,222 | 38.57 |
| Physician Services Under Contract | 15 | 272,084 | 0 | 0 | 4,156 | 1,588 | 92.0 |
| OHP | 96 | 3,402,158 | 16 | 61 | 8,205 | 152,993 | 73.55 |
| AHCP | _ | 62,530 | 0 | 0 | 852 | 2,080 | 1.00 |
| HCP | 28 | 729,688 | 9 | 6 | 0 | 42,456 | 20.41 |
| Total Per B-4 | 230 | 10,890,489 | 42 | 54 | 113,692 | 309,463 | 148.77 |

| eporting Period: | | From | 7/1/2016 | P P | 6/30/2017 |
|------------------|---------------------------------------|------|----------|--------|-----------|
| QHC Name: | Cornell Scott-Hill Health Corporation | | | | |

Form B-2 (Compensation, Encounters, Hours, FTEs - Dental Care)

| | DENTAL SERVICES COMPENSATION, ENCOUNTERS, HOURS, AND FTES BY PRACTITIONER | DUNTERS, HOURS | , AND FTES BY P | RACTITIONER | |
|-----|---|-----------------------|-----------------|-------------------------|-------------------------------|
| | | | | Total Employee | Total Employee Hours and FTEs |
| | DENTAL CARE COMPENSATION, ENCOUNTERS, HOURS, & FTES | Compensation | Encounters | Employee Total Hours | FTEs (2080 hrs = 1 FTE) |
| | | = | | Δ | > |
| | Provide itemized de-identified list (e.g., Dentist 1) | 125,000 | 1,500 | 1,040 | 0.50 |
| ď | DENTIST | | | | |
| 4- | Please see attached. | | | | 00.0 |
| 2 | | | | | 00:00 |
| က် | | | | | 00'0 |
| 4. | | | | | 0.00 |
| , | | | | | 0.00 |
| | Total Dentist Encounters, Staff Hours and FTEs | 0 | 0 | 0 | 00'0 |
| | | | | | |
| æi | DENTAL HYGIENIST | | | | |
| | Please see attached. | | | | 00.0 |
| 2 | | | | | 00.00 |
| ന | | | | | 00.00 |
| 4 | | | | | 0.00 |
| rç, | | | | | 00.0 |
| | Total Dental Hygienist Encounters, Hours and FTEs | 0 | 0 | 0 | 00.00 |
| | | | | | |
| ర | OTHER DENTAL PRACTITIONER | | | | |
| - | Please see attached. | | | | 00'0 |
| C. | | | | | 00.0 |
| က | | | | | 0.00 |
| 4 | | | | | 00:0 |
| , S | | | | | 00.00 |
| | Total Other Dental Practitioner Encounters, Hours and FTEs | 0 | 0 | 0 | 0.00 |
| | | | | | |

Cornell Scott-Hill Health Corporation - METHADONE ONLY COMPENSATION, ENCOUNTERS, HOURS, AND FTE'S BY PRACTITIONER June 30, 2017

| Job Classification Other | Other | Dental Hygenist | Dentist | Dentist | Other | Other | Other | Other | Other | Other | Other | Other | | Tob Classification | Dentist | Dentist | Other | |
|-----------------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|---------|---------|---------|---------|---------|---------|--------------------|--------------------|-----------------------|----------------|----------------------|-------------------|-------------------|-------------------|------------------------|------------------------|--------------------|--------------------|--------------------|---------|-------|------------------------|
| FTE's 0.19 | 1.00 | 0.99 | 1.00 | 1.00 | 1.00 | 0.60 | 1.00 | 09'0 | 1.00 | 0.00 | 0.00 | 1.00 | 0.60 | 0.00 | 0.70 | 0.75 | 0.75 | 0.00 | 00.0 | 69.0 | 0.36 | 0.03 | 0.35 | 0.87 | 0.83 | 0.27 | 0.15 | 0,23 | 1.00 | 0.00 | 1.00 | 0.94 | 0.05 | 00. | 1.00 | 1.00 | 1.00 | 1.00 | 23.92 | CTT. | 0.94 | 0.94 | 0.04 | 1.92 |
| Hours 401 | 2,081 | 2,062 | 2,080 | 2,080 | 2,081 | 1,240 | 2,080 | 1,239 | 2,080 | , | , | 2,081 | 1,240 | , | 1,449 | 1,559 | 1,570 | | | 1,435 | 750 | 25 | 738 | 1,800 | 1,732 | 260 | 320 | 481 | 2,080 | | 2,081 | 1,960 | 40 | 2,084 | 2,079 | 2,086 | 2,080 | 2,084 | 49,765 | House | 1,950 | 1,950 | 88 | 3,988 |
| Encounters | | | | | | | | | | | | | | | | 1,002 | 1.219 | | | 891 | 687 | 30 | 957 | 2,486 | 1,476 | 2,094 | 368 | 533 | 2,279 | | | | | | | | | | 14,052 | Fuccin | 2.615 | 2.094 | 117 | 4,826 |
| Departed in FY2017 | | | | | | | | | | | | | | - | | | | | | | _ | | | | | | - | - | | | | | | | | | | | מו | 710c/ra | Departed in FY2017 | 0 | 0 | 0 |
| Hired in FY2017 | | | | | | - | | - | | | | | | | | | _ | | | _ | | | _ | _ | | - | | _ | | | | _ | | | | | | | 12 | F1004700 | Hired in FY2017 | · c | . 0 | c |
| Compensation 7 633 | 38.482 | 36.952 | 46.766 | 36.104 | 1,811 | 19,877 | 38,696 | 22,338 | 44,622 | 1181 | 1,242 | 32,598 | 3,727 | 7,422 | 49,429 | 59.864 | 59,822 | 2,659 | 5,318 | 45.204 | 54,099 | 1,918 | 65,800 | 143,139 | 137,287 | 41,814 | 76,513 | 44,836 | 165,842 | 1,594 | 50,875 | 51,936 | 801 | 35,875 | 35,780 | 31,438 | 63,555 | 38,142 | 1,603,621 | | Compensation | 191 173 | : ' | 372.984 |
| # of Workers | _ | | | | - | _ | - | - | _ | | | - | _ | _ | - | - | | | | | _ | _ | _ | - | - | _ | per | - | - | C. | - | _ | - | - | 1 | - | - | - | 34 | | # of Workers | | | . ~ |
| Job Title | Dental Assistant | Dental Accietant | Dental Assistant | Dental Accietant | Dental Assistant | Dental Hypienist | Dental Hygienist | Dental Hygienist | Dental Hypienist | Dental Hygienist | Dental Hygienist | Dental Hyeienist | Dental Hygienist | Dentist | Dentist | Dentist | Dentist | Dentist | Dentist | Director of Dental | Director of Dental | Lead Dental Assistant | Office Manager | Oral Health Educator | Patient Registrar | Patient Registrar | Patient Registrar | Practice Administrator | Secretary/Receptionist | Salary Grand Total | i | Job Title | Destit | Other | Contracted Grand Total |

| | | Summary | Table Per B-4 & F | Reconciliation | | | |
|--------------------|--------------|--------------|-------------------|----------------|------------|--------|-------|
| ntal Practitioners | # of Workers | Compensation | Hired | Departed | Encounters | Hours | FIE's |
| Dentist | 6 | 1.049,809 | 4 | 2 | 14,932 | 11,611 | 5.58 |
| ental Hypenist | . 9 | 278.313 | 2 | 2 | 3,829 | 6,815 | 3.28 |
| Other | 22 | 648,483 | 9 | _ | 117 | 35,327 | 16.98 |
| Total Por Rad | 3.7 | 1.976.605 | 12 | W. | 18,878 | 53,753 | 25.84 |

| Reporting Period: | | From 7/1/2016 | ပ္ | 6/30/2017 |
|-------------------|---------------------------------------|---------------|----|-----------|
| FQHC Name: | Cornell Scott-Hill Health Corporation | | | |

| | Form B-3 (Compensation, Encount MENTAL DEALTH SERVICES COMPENSATION, ENCOUNTERS, HOURS, AND FTES | Form B-3 (Com | pensation, Encount | # m | Mental Health Care) |
|------|--|---------------|--------------------|-------------------------|----------------------------|
| | | | | | Hours and FTEs |
| Σ | MENTAL HEALTH SERVICES COMPENSATION, ENCOUNTERS, HOURS, & FTES | Compensation | Encounters | Employee Total Hours | FTEs (2080 hrs = 1 FTE) |
| | Provide itemized de-identified list (e.g., Psychologist 1) | 125,000 | 1,500 | 1,040 | 0.50 |
| Ą | PSY | | | | |
| \- | Please see attached. | | | | 0.00 |
| 2 | | | | | 0.00 |
| c | | | | | 0.00 |
| . 4 | | | | | 00.00 |
| | | | | | 0.00 |
| | Total Development Encounters. Staff Hours and ETEs | 0 | 0 | 0 | 0.00 |
| | | | | | |
| œ | SOCIAL WORKER | | | | |
| - | Diases see attached | | | | 00.0 |
| | | | | | 0.00 |
| , , | | | | | 00.0 |
| ; < | | | | | 00.0 |
| f LC | | | | | 00.00 |
| · | Total Social Worker Encounters, Hours and FTEs | 0 | 0 | 0 | 0.00 |
| | | | | | |
| ن | OTHER MENTAL HEALTH PRACTITIONER | | | | |
| | Please see attached. | | | | 00.0 |
| ` : | | | | | 00.0 |
| i « | | | | | 00.00 |
| , 4 | | | | | 00.00 |
| i LC | | | | | 00:00 |
| | Total Other Mental Health Practitioner Encounters, Hours and FTEs | 0 | 0 | U | 0.00 |
| —, | | | | | |
| ۲ | | | | | |

Cornell Scott-Hill Health Corporation - METHADONE ONLY COMPENSATION, ENCOUNTERS, HOURS, AND FTE'S BY PRACTITIONER June 30, 2017

| | | | 200 (1200) To 1 (120) (120) | | | January J. O. D. C. | Encounters Excluding SCRC | Hours | FTE's | Job Classification |
|-------------------------------|--------------|--------------|-----------------------------|-------------------------------------|-------------|---------------------|------------------------------|-------|-------|--------------------|
| Job Title | # of Workers | Compensation | Hired in FY 2017 | Hired in FY2017 Departed in F 12017 | Encounters. | SCHOOL CHICAGO | 0 | 2 082 | 1.00 | OMHP |
| Administrative Assistant | - | 42,151 | | | | | 2 0 | 1 007 | 960 | OMHP |
| Administrative Assistant | | 44,636 | | | | | | 2.040 | 0.98 | OMHP |
| Administrative Assistant | _ | 37,344 | | | | | 5 6 | 08 | 0.04 | OMHP |
| Administrative Assistant | - | 2,641 | | _ | | | 5 6 | 1 873 | 88 0 | OMHP |
| Administrative Assistant | - | 39,981 | | | | | 0 0 | 2 080 | 1.00 | OMHP |
| Administrative Assistant | 7 | 19,640 | | | | | 0 | - | 0.00 | OMHP |
| Administrative Assistant | | 5,460 | | | | | 0 | • | 0.00 | OMHP |
| Administrative Assistant | | 14,179 | | | | | 0 | 2,092 | 1.01 | OMHP |
| Administrative Assistant | - | 49,937 | | | | | 0 | 2,083 | 1.00 | OMHP |
| Administrative Assistant | | 21,765 | | | | | 0 | | 0.00 | OMHP |
| Administrative Assistant | | 150'9 | | | | | | • | 00.00 | OMHP |
| Administrative Assistant | | 15,714 | | , | | | 0 | 850 | 0.41 | OMHP |
| Administrative Assistant | - | 18,393 | _ | _ | | | 0 | 2,098 | 1.01 | OMMP |
| Administrative Assistant | - | 38,190 | | | 7,615 | 2.615 | 0 | 2,089 | 1.00 | OMHP |
| Administrative Assistant | - | 19,123 | | | , | i | 0 | 2,089 | 1.00 | OMHP |
| Administrative Assistant | | 5,316 | | | | | 0 | 2,089 | 1.00 | OMHP |
| Administrative Assistant | | 13,807 | | | | | 0 | 1,923 | 0.92 | OMHP |
| Administrative Assistant | - | 35,029 | | | | | 0 | 101 | 0.05 | OMHP |
| Administrative Assistant | - | 1,821 | | | | | . 0 | 143 | 0.07 | OMHP |
| Administrative Assistant | - | 4,029 | | _ | | | 0 | 2.078 | 1.00 | OMHP |
| Administrative Assistant | - | 18,926 | | | | | 0 | . ' | 0.00 | OMHP |
| Administrative Assistant | | 5,261 | | | | | 0 | | 00'0 | OMHP |
| Administrative Assistant | | 13,664 | | | 009 | 609 | 0 | 536 | 0.26 | APRN |
| APRN | - | 18,850 | | | 600 | 100 | 0 | • | 00'0 | APRN |
| APRN | | 10,649 | | | 177 | | 1,273 | 1,554 | 0.75 | APRN |
| APRN | - | 72,972 | | | 24: | | 0 | 1,747 | 0.84 | APRN |
| APRN | | 76,254 | | | 704 | | 794 | 1,044 | 0.50 | APRN |
| APRN | _ | 56,816 | , to the | - | 2,7 | 200 | 45.5 | 599 | 0.29 | APRN |
| APRN | - | 44,632 | _ | - | 1 251 | 1111 | 740 | 2,080 | 1.00 | APRN |
| APRN | 1 | 39,504 | -550 | | 100,1 | | 0 | | 00.0 | APRN |
| APRN | | 29,629 | | | | | 0 | • | 00.0 | APRN |
| APRN | | 29,629 | | | | | 0 | 1,626 | 0.78 | APRN |
| APRN | | 70,919 | | | 1 405 | | 1,495 | 5,608 | 2.70 | APRN |
| APRN | _ | 101,520 | | - | | | . 0 | 21 | 0.01 | OMHP |
| Assistant Program Director I | - | 1,659 | | - | 834 | | 834 | 2,079 | 1.00 | ОМНР |
| Assistant Program Director I | - | 76,020 | | |) | | 0 | | 0.00 | OMHP |
| Assistant Program Director I | | 4,831 | | | | | 0 | 1,743 | 0.84 | ОМНР |
| Assistant Program Director I | | 10,023 | | _ | 909 | | 306 | 1,754 | 0.84 | OMHP |
| Assistant Program Director I | | 60,300 | | • | | | 0 | 2,080 | 1.00 | OMHP |
| Assistant Program Director I | - | 170,00 | | | | | 0 | • | 0.00 | OMHP |
| Assistant Program Director I | | 77.0 5.1 | | | | | 0 | | 0.00 | OMHP |
| Assistant Program Director I | | 44 804 | _ | | | | 0 | 1,240 | 09'0 | OMHP |
| Assistant Program Director I | | 54 247 | | | 789 | | 789 | 2,080 | 1.00 | OMHP |
| Assistant Program Director I | - , | 40 630 | | | 342 | | 342 | 1,819 | 0.87 | OMHE |
| Assistant Program Director I | - | 00,000 | | | | | 0 | • | 0.00 | OMHP |
| Assistant Program Director I | | 00,01 | 0 0 | | | | 0 | • | 0.00 | OMHP |
| Assistant Program Director I | - | 50,01 | | | | | 0 | 2,080 | 1.00 | OMHP |
| Assistant Program Director II | - | 14.016 | | | | | 0 | 1 | 00.00 | OMH |
| Assistant Program Director II | | 16.401 | | | | | 0 | • | 00.0 | OMHP |
| Assistant Program Director II | - | 47.855 | - 15 | | 2,625 | | 2,625 | 2,080 | 1.00 | OMHE |
| Assistant Program Director II | - | 224 | | | | | | | | |

| | | | LIUCAS SI POSII | Denorted in FV 2017 | Encounters | SCRC Encounters | Excluding SCRC | Hours | FTE's | Job Classification |
|----------------------------------|--------------|--------------|-------------------|---------------------|------------|-----------------|----------------|-------|-------|--------------------|
| Job Title | # of workers | Compensation | TATE OF THE PARTY | | | | 0 | 1 | 00:00 | OMETE |
| Assistant Program Director II | | 18 050 | | | | | 0 | 1 | 00:00 | OMH |
| Assistant Program Director II | - | 37.113 | | | | | 0 | 2,138 | 1.03 | OMHP |
| Call Center Customer Service Rep | | 97,113 | | | 281 | | 281 | 2,099 | 1.0.1 | OWHE |
| Case Manager | | 40,001 | | | 136 | | 136 | 2,083 | 1.00 | OMHE |
| Case Manager | | 40 569 | | | 242 | | 242 | 2,105 | 1.01 | OMHP |
| Case Manager | | 42.313 | | | | | 0 | 2,036 | 86.0 | OMH |
| Case Manager | | 7,405 | | _ | 2 | | 7 | 240 | 0.12 | OMIT |
| Case Managel | | 41,707 | | | 489 | | 489 | 2,105 | 1.01 | OMHP |
| Case Manager | | 39,877 | | | | | 0 | | 00.0 | OMED |
| Case Manager | _ | 41,142 | | | | | 0 , | 2,103 | 10.1 | CME |
| Case Manager | | 41,260 | | | | | 0 : | 2,103 | 10.1 | OMHP |
| Case Manager | - | 39,839 | | | 961 | | 196 | 1,805 | 0.87 | OMIHP |
| Case Manager | - | 43,510 | | _ | 2,362 | | 7,362 | 7.080 | 1 00 | OMHP |
| Chief of Behavioral Health | - | 146,356 | | | 21,584 | 11,125 | ocator o | 2 ' | 0.00 | OMHP |
| Chief of Behavioral Health | | 133,900 | | | | | | | 0.00 | OMHP |
| Chief of Behavioral Health | | 21,798 | | | | | | 2.098 | 1.01 | OMFIP |
| Clinical Case Coordinator | 1 | 44,386 | | | | | · c | 2,080 | 1.00 | OMHP |
| Clinical Nurse Supervisor | - | 44,984 | | | | | 0 | . ' | 0.00 | OMGEP |
| Clinical Nurse Supervisor | | 12,505 | | | | | 0 | , | 00.00 | OMHP |
| Clinical Nurse Supervisor | | 32,479 | | | | | . 0 | 2,080 | 1.00 | OMFP |
| Clinical Pharmacist | _ | 5,784 | | | | | 0 * | • | 00.00 | OMHP |
| Clinical Pharmacist | , | 7,892 | | | | | 0 | 2,080 | 1.00 | OMHP |
| Clinical Pharmacy Coordinator | - • | 2,997 | | | 285 | | 285 | 1,724 | 0.83 | OMHP |
| Clinician I | | 44,162 | | _ | 1.036 | | 1,036 | 1,592 | 0.77 | rcsw |
| Clinician I (LCSW) | | 20,293 | | - | <u>.</u> | | 0 | 2,080 | 1.00 | OMHP |
| Clinician II | ··· • | 46,103 | - | | 694 | | 694 | 1,240 | 09'0 | OMHP |
| Clinician II | - | 30,040 | - | | | | 0 | • | 00.00 | OMHP |
| Clinician II | - | 5,892 | | | 1,024 | | 1,024 | 2,078 | 1.00 | OMHP |
| Clinician II | | 13 980 | | _ | 206 | 170 | 36 | 416 | 0.20 | OMHR |
| Christan II | | 67,384 | | | 1,246 | | 1,246 | 2,080 | 00.1 | OMHD |
| Clinician II (BS) | | 32,640 | | | 421 | | 421 | 2,033 | 0.98 | OMHP |
| Clinician II (BS) | | 16,815 | | | | | 0 | | 9.5 | OMHP |
| Clinician II (LADC) | 1 | 45,674 | | | 2,477 | | 2,477 | 2,080 | 00.0 | OMHP |
| Clinician II (LADC) | | 23,529 | | | 0 | | 098 | 1.840 | 0.88 | OMHP |
| Clinician II (LADC) | - | 57,650 | | | 000 | | 10 | 40 | 0.02 | OMHP |
| Clinician II (LADC) | - | 1,252 | _ | | 555 | | 555 | 1,737 | 0.84 | CSW |
| Clinician II (LCSW) | | 20.254 | - | | 822 | | 822 | 1,240 | 09'0 | rcsw |
| Clinician II (LCSW) | | 30,302 | | _ | 446 | | 446 | 1,062 | 0.51 | rcsw. |
| Clinician II (LCSW) | | 65 160 | | | 1,288 | | 1,288 | 2,080 | 1.00 | LCSW |
| Clinician is (LCSW) | | 10.812 | | _ | 69 | | 69 | 243 | 0.12 | MCC1 |
| Clinician II (LCSW) | | 54,742 | | | 527 | | 527 | 1,729 | 0.83 | LCSW |
| Clinician II (LCSW) | _ | 56,028 | | | 555 | | 555 | 1,192 | 00.1 | LCSW |
| Clinician II (LCSW) | - | 64,358 | | | 1,032 | | 750,1 | 2,080 | 1 00 | LCSW |
| Clinician II (LCSW) | - | 62,150 | 0 | | 1,188 | | 1,188 | 2,080 | 1.00 | LCSW |
| Clinician II (LCSW) | - | 70,102 | 2 | | 1,112 | | 1.487 | 2,080 | 1.00 | TCSW |
| Clinician II (LCSW) | | 67,558 | _ | | 389 | | 389 | 920 | 0.44 | TCSW |
| Clinician II (LCSW) | | 26,804 | - | | 407 | | 407 | 825 | 0.40 | LCSW |
| Clinician II (LCSW) | | 125 | | 1 | 3 | | m | 40 | 0.02 | CSW |
| Christian II (LCSW) | - | 47,388 | | | 1,318 | 1,318 | 0 | 2,080 | 00.1 | LCSW |
| Clinician II (LCSW) | • | 26,657 | 7 | | | | 0 ; | | 95.0 | MSO I |
| Christer II (FCSW) | _ | 38,836 | 1 9 | | 639 | | 639 | 1,136 | 0.36 | 1 CSW |
| Clinician II (LCSW) | | 60,213 | 3 | | 731 | | 151 | 2,036 | 0.58 | TCSW |
| Clinician II (LCSW) | - | 62,969 | 6 | | 9/2 | | 200 | 240 | 0.12 | LCSW |
| Clinician II (LCSW) | - | 7,513 | - | | 4.7 | | , 1 | | | |
| | | | | | | | | | | |

| Joh Title | # of Workers | Compensation | Hired in FY2017 | Departed in FY2017 | Encounters | SCRC Encounters | Excluding SCRC | Hours | FTE's | Job Classification |
|---------------------|--------------|--------------|-----------------|--------------------|------------|-----------------|----------------|-------|-------|--------------------|
| Clinician II (LCSW) | - | 35,074 | | - | 505 | | 205 | 492 | 0.37 | LCSW |
| Clinician II (LCSW) | | 2,029 | | | | | 0 % | , 080 | 0.00 | LCSW |
| Clinician II (LCSW) | | 31,785 | _ | | 306 | | 306 | 080, | 0.32 | OMHP |
| Clinician II (LMFT) | - | 29,079 | - | _ | 260 | 260 | 0 . | 900 | 0.41 | OMHP |
| Clinician II (LMFT) | - | 59,320 | | | 1,149 | 24 | , c | 138 | 0.07 | OMHP |
| Clinician II (LMFT) | _ | 4,814 | | - | 7.80 | 786 | 0 | 1,800 | 0.87 | OMHP |
| Clinician II (LMFT) | _ | 29,368 | _ | | 000 | į | 0 | . • | 0.00 | OMHP |
| Clinician II (LMFT) | - | 51.450 | | | 950 | 950 | 0 | 1,600 | 0.77 | OMETP |
| Clinician II (LMF1) | • | 3,005 | | | | | 0 | | 0.00 | OMHD |
| Clinician II (LMSW) | - | 47,084 | | | 881 | | 881 | 2,080 | 00.1 | OMHP |
| Clinician II (LMSW) | _ | 50,792 | | | 850 | | 850 | 2,080 | 1.00 | OMER |
| Clinician II (LMSW) | _ | 4,413 | | - | 22 | | 77 | 104 | 0.12 | OMER |
| Clinician II (LMSW) | - | 8,779 | _ | | 38 | | 38 | 1 800 | 0.87 | OMHP |
| Clinician II (LMSW) | | 43,347 | - | | 812 | | 710 | 925 | 0.44 | OMHP |
| Clinician II (LMSW) | _ | 32,070 | | | 101 | 887 | 0 | 1,800 | 0.87 | OMHP |
| Clinician II (LMSW) | | 17,177 | _ | | 470 | | 470 | 1,240 | 09:0 | OMHP |
| Clinician II (LPC) | | 79 175 | | | 1,554 | | 1,554 | 2,083 | 1.00 | OMHP |
| Clinician II (LPC) | - | 5.051 | | | | | 0 | , | 0.00 | OMHP |
| Climcian II (LPC) | _ | 56,961 | | | 834 | | 834 | 1,825 | 0.88 | OMHP |
| Clinician II (I PC) | | 3,635 | | | | | 0 | | 0.00 | armo Owen |
| Clinician II (LPC) | - | 56,359 | - | | 763 | | 763 | 0.000 | 0.87 | OMHP |
| Clinician II (LPC) | - | 67,074 | | | 1,050 | | 050,1 | 070.7 | 60.0 | OMHP |
| Clinician II (LPC) | | 75 | | | 1 | | > v | 40 | 0.02 | OMIHP |
| Clinician II (LPC) | - | 1,177 | _ | | 1 080 | | 1 089 | 2.080 | 1.00 | OMHP |
| Clinician II (LPC) | _ | 67,793 | | - | 1,067 | | 01 | 112 | 0.05 | OMHP |
| Clinician II (LPC) | | 5,032 | | - | 1,020 | | 1,020 | 2,080 | 1.00 | OMHP |
| Clinician II (LPC) | - | 14.019 | | | | | 0 | , | 00'0 | OMH |
| Clinician II (LPC) | | 66,784 | | | 1,000 | | 1,000 | 2,080 | 1.00 | OMHP |
| Clinician II (LPC) | . – | 29,758 | - | | 1,431 | | 1,431 | 1,440 | 0.69 | OMH |
| Clinician II (1.PC) | | 15,330 | | | | ! | 0 (| | 00.0 | OMER |
| Clinician II (LPC) | | 32,480 | | | 1,367 | 1,367 | - | 7,000 | 86 | OMHP |
| Clinician II (LPC) | | 9,029 | | | | | o | - 90 | 0.00 | OMHP |
| Clinician II (LPC) | • | 23,450 | - | | 445 | | 445 | 1,440 | 69'0 | OMITE |
| Clinician II (LPC) | | 45,088 | - | | 1.418 | 1.418 | 0 | 2,080 | 1.00 | OMHP |
| Clinician II (LPC) | - | 8 946 | | | | | 0 | | 0.00 | OMEP |
| Clinician II (LFC) | | 23,232 | | | | | 0 | , ; | 0.00 | OWHE |
| Clinician II (LPC) | - | 70,302 | | | ; | | ο : | 2,080 | 1.00 | OMHP |
| Clinician II (LPC) | | 9,054 | _ | _ | 14 | 1317 | E c | 2 080 | 001 | OMHP |
| Clinician II (LPC) | - | 33,530 | | | 1,517 | /16,1 | 0 | | 0.00 | OMHP |
| Clinician II (LPC) | | 9,324 | | | | | 0 | • | 00.0 | OMHP |
| Clinician II (LPC) | | 851,67 | | | 1.092 | | 1,092 | 2,080 | 1.00 | OMHD |
| Chinician II (LPC) | | 13.031 | | | 1,427 | | 1,427 | 2,080 | 1.00 | OMHP |
| Clinician II (LPC) | • | 13,031 | | | | | 0 | | 0.00 | OMHP |
| Chincian II (MSW) | west | 35,716 | | 1 | 819 | 579 | 39 | 1,218 | 0.59 | OMH |
| Clinician II (MSW) | - | 20,617 | | | 279 | | 279 | 2/9 | 0.32 | OMHP |
| Clinician II (MSW) | • | 23,547 | | | 298 | | 296 | 2 080 | 1.00 | OMHP |
| Clinician II (MSW) | - | 52,110 | | | 20% | | 6 | ; | 00'0 | OMHP |
| Clinician II (PsyD) | | 11,162 | -11 | | 915 | | 835 | 2.080 | 1,00 | OMHP |
| Clinician II (PsyD) | . , | 52,613 | | | 669 | | 0 | 2,228 | 1.07 | OMHP |
| Cook II | | 23 153 | | | | | 0 | 4,542 | 2.18 | OMHP |
| Detox lechnician I | - | 6.436 | SA. | | | | 0 | • | 0.00 | OMHP |
| Detox Technician I | | 16,717 | 7.5 | | | | 0 | , | 0.00 | יבואיט |
| | | | | | | | | | | |

| | | | | FINCAS - I.F A | Caronniere | SCRCEnrounters | Excluding SCRC | Hours | FTE's | Job Classification |
|--------------------------|--------------|-----------------------|---------------------|-----------------------|------------|----------------|----------------|-------|-------|--------------------|
| Job Title | # of Workers | Compensation 7 866 | Hired in F v Co. C. | Departed III C. Level | | | 0 | 1,525 | 0.73 | OMHP |
| Detox Technician I | . | 2.187 | | | | | 0 | • | 0.00 | OMHE |
| Detox lechnician I | | 5,679 | | | | | 0 | • ; | 0.00 | OMETI |
| Detox Technician I | - | 19,747 | | | | | 0 | 1,861 | 0.89 | OMINI |
| Detail Technician I | . – | 10,443 | | - | | | 0 | 545 | 1.00 | OMHP |
| Detox Technician I | - | 20,816 | | | | | 0 (| 3,954 | P. 1 | OMHP |
| Detox Technician I | | 5,787 | | | | | 5 C | , , | 00.0 | OMHP |
| Detox Technician I | | 15,029 | | | | | • • | 727 | 0.35 | OMHP |
| Detox Technician I | - | 3,554 | | | | | 0 | | 0.00 | OMHP |
| Detox Technician I | | 7 567 | | | | | 0 | • | 0.00 | OMHP |
| Detox Technician I | - | 14 931 | | | | | 0 | 3,151 | 1.51 | OMHP |
| Detox Technician I | - | 4 429 | | | | | 0 | 1 | 0.00 | OMER |
| Detox Technician I | | 11,503 | | | | | 0 | | 0.00 | OMHP |
| Delox Technician I | 1 | 5,271 | | | | | 0 (| 1,111 | 0.00 | OMHP |
| Detox Technician I | | 1,466 | | | | | 5 C | | 00.0 | OMHP |
| Detox Technician I | | 3,806 | | | | | > = | 2.170 | 1.04 | OMHP |
| Detox Technician I | | 14,507 | | | | | 0 | æ | 0.00 | OMHP |
| Detox Technician I | | 3,801 | | | | | 0 | :4 | 00.00 | OMIHP |
| Detox Technician I | , | 10,706 | | - | | | 0 | 1,304 | 0.63 | OMHP |
| Detox Technician I | | 1/8/15 | | - | | | 0 | 1,031 | 0.50 | OMHP |
| Detox Technician I | - | 2,102 | | | | | 0 | | 00.00 | OMHP |
| Detox Technician I | | 1777 | | | | | 0 | , | 0.00 | OMHP |
| Detox Technician I | - | 30.541 | 1 | | | | 0 | 2,882 | 1.39 | OMHP |
| Detox Technician I | | 6.464 | 1 | | | | 0 | 1,194 | 0.57 | AFFOO ONCHE |
| Detox Technician I | • | 1,797 | | | | | 0 ' | | 0.00 | OMHP |
| Detor Technician 1 | | 4,666 | | | | | o (| - 101 | 90.0 | OMHP |
| Detox Technician I | - | 5,733 | | - | | | - | 2 026 | 0.97 | OMHP |
| Detox Technician I | _ | 009'6 | | | | | o e | 1 | 0.00 | OMHP |
| Detox Technician I | | 2,669 | | | | | 0 | , | 0.00 | OMHP |
| Detox Technician I | , | 6,931 | | | | | 0 | 2,596 | 1,25 | OMHP |
| Detox Technician 1 | _ | 18,324 | | | | | 0 | | 0.00 | OMHP |
| Detox Technician I | | 11230 | | | | | 0 | • | 0.00 | OMFP |
| Detox Technician I | - | 16,765 | | | | | 0 | 2,183 | 1.05 | OMHP |
| Detox Technician II | - | 4 660 | | | | | 0 | | 00.0 | OMH |
| Detox Technician II | | 12 105 | | | | | 0 | | 00.0 | OMH |
| Defox Technician II | - | 22,197 | | | | | 0 (| 3,281 | 85.1 | OMHP |
| Detox Technician II | | 6,171 | | | | | | • | 000 | OMHP |
| Detox Technician II | | 16,026 | | | | | > = | 1.629 | 0.78 | OMHP |
| Detox Technician II | - | 41,844 | | - | | | 0 | 2,540 | 1.22 | OMHP |
| Detox Technician II | - | 18,650 | | | | | 0 | | 0.00 | OMHP |
| Detox Technician II | | 2,165 | | | | | 0 | • | 00.0 | OMETS |
| Detox Technician II | - | 990 66 | | | | | 0 | 4,434 | 2.13 | OMHP |
| Detox Technician II | - | 6,384 | | | | | 0 | • | 0.00 | OMHE |
| Detect Technician II | | 16,582 | 2 | | | | ٥ (| . 1. | 0.00 | IIWO |
| Executive Assistant I | - | 13,686 | | | | | 0 0 | 080 6 | 00 - | OMHP |
| Executive Chef | - | 18,369 | 0 | | | | o | 2,930 | 1.43 | OMHP |
| Licensed Practical Nurse | | 34,539 | 6 | | | | 0 | , | 00.00 | OMHP |
| Licensed Practical Nurse | | 209'6 | | | | | 0 | | 0.00 | OMHD |
| Licensed Practical Nurse | | 08,48 | 0 - | | | | 0 | 4,010 | 1.93 | OMHP |
| Licensed Practical Nurse | - | 13,401 | | | | | 0 | | 00'0 | OMHIP |
| Licensed Practical Nurse | | 12.05 | | | | | 0 | | 0.00 | OMHIP |
| Licensed Practical Nurse | - | 31.819 | . 6 | | | | 0 | 2,817 | 1.35 | OMER |
| Licensed Practical Nurse | | 8,846 | 9 | | | | 0 | 7 | 00.00 | TI-TAIO |
| Elensee Haviver Tours | | | | | | | | | | |

| | | | | Little of the second | T account | SCRC Enrounters | Excluding SCRC | Hours | FTE's | Job Classification |
|--|--------------|--------------|-------------------|----------------------|-----------|-----------------|----------------|--|-------|--------------------|
| Job Title | # of Workers | Compensation | Hireo in F 1 2017 | Ochanica III I Lant. | | | 0 | | 0.00 | OMHP |
| Licensed Practical Nurse | | 37,500 | | | | | 0 | 3,100 | 1.49 | OMHP |
| Licensed Practical Nurse | - | 676'97 | | | | | 0 | ٠ | 0.00 | OMHP |
| Licensed Practical Nurse | • | 41 603 | | | | | 0 | 2,360 | 1.13 | OMHP |
| Licensed Practical Nurse | _ | 200,10 | | | | | 0 | • | 0.00 | OMETE |
| Licensed Practical Nurse | | 119 55 | | | | | 0 | ı | 00'0 | OMERP |
| Licensed Practical Nurse | - | 110,22 | | | | | 0 | 2,144 | 1.03 | OMHP |
| Licensed Practical Nurse | | 10,252 | | _ | | | 0 | 1,232 | 0.59 | OMHP |
| Licensed Practical Nurse | | 878 10 | | | | | 0 | 762 | 0.37 | OMIHP |
| Licensed Practical Nurse | | 17 506 | | . ~ | | | 0 | 892 | 0.43 | OMHP |
| Licensed Practical Nurse | | 11,530 | - | | | | 0 | 419 | 0.20 | OMHID |
| Licensed Practical Nurse | ~ - | 170,11 | | • | | | 0 | 2,227 | 1.07 | OMFIP |
| Licensed Practical Nurse | - | 4 774 | - | | | | 0 | 1 | 0.00 | OMHP |
| Licensed Practical Nurse | | 961 61 | | | | | 0 | , | 00.0 | OMIND |
| Licensed Practical Nurse | | 11,683 | | _ | | | 0 | 387 | 0.19 | OMHP |
| Licensed Practical Nurse | | 11,033 | | . – | | | 0 | 764 | 0.37 | di Dividi |
| Licensed Practical Nurse | | 43 894 | | | | | 0 | 3,969 | 1.91 | OMH |
| Licensed Practical Nurse | • | 12,203 | | | | | 0 | • | 0.00 | and of |
| Licensed Fractical Nurse | | 31,691 | | | | | 0 (| | 0.00 | OMHP |
| Licensed Fractical Nuise | - | 21,925 | | | | | 0 | 1,683 | 18.0 | TIMO |
| Licensed Practical Nurse | | 21,925 | | | | | o ° | 1 7 | 0.00 | OMHP |
| 1 censed Practical Nurse | 1 | 45,935 | | | | | > < | 760 1 | 0.53 | OMHP |
| Licensed Practical Nurse | - | 33,986 | | - | | | o c | 152 | 0.07 | OMHP |
| Licensed Practical Nurse | _ | 1,633 | _ | | | | 0 | • | 00:0 | OMHP |
| Licensed Practical Nurse | | 454 | | | | | 0 | | 00.0 | OMHP |
| Licensed Practical Nurse | | 8/1/1 | | _ | | | 0 | 138 | 0.07 | OMHP |
| Licensed Practical Nurse | | 2,010 | | | | | 0 | 1,669 | 08'0 | OMHP |
| Licensed Practical Nurse | | 1.0,50 | - | | | | 0 | 40 | 0.02 | OMHP |
| Licensed Practical Nurse | | 18.430 | | _ | | | 0 | 475 | 0.23 | OMH |
| Licensed Practical Aures | | 5,580 | - | | | | 0 ' | 946 | 0.31 | OMHP |
| Licensed Practical Nurse | | 1,55,1 | | | | | 5 | ı | 0.00 | OMHP |
| Ticaneed Practical Name | | 4,029 | | | | | 0 0 | 375 | 0.00 | OMHP |
| Licensed Practical Nurse Per Diem | 1 | 10,483 | | _ | | | | 176 | 90.0 | OMHP |
| Licensed Practical Nurse Per Diem | - | 5,767 | | | 100 0 | | 12 207 | 1.372 | 99'0 | OMHP |
| Medical Director | _ | 178,151 | | - | 107,207 | | 954 | 2,079 | 1.00 | OMHP |
| Medical Director | - | 211,729 | | | 1 281 | | 1.281 | 1,702 | 0.82 | Psychiatrist |
| Medical Director Adult Behavioral Health Ser | - | 100,217 | | | - | | . 0 | • | 00.00 | Psychiatrist |
| Medical Director Adult Behavioral Health Ser | - | 15 150 | | | | | 0 | 1,759 | 0.85 | OMHP |
| Office Manager School Based Clinic | - | 15.150 | | | | | 0 | • | 0.00 | OMH |
| Office Manager School Based Clinic | - | 15,658 | | | | | 0 | 1,818 | 0.87 | OMHB |
| Office Manager School Based Clinic | | 15,658 | | | | | 0 | 1 , | 0.00 | TIMO |
| Office Manager School Based Clinic | - | 10,310 | | | | | o « | 1,123 | 0.00 | OMHP |
| Office Manager School Based Clinic | | 10,310 | | | | | > 0 | - C | 1.00 | OMHP |
| Operations Manager | - | 35,785 | | | | | | 4,000 | 0.00 | OMHP |
| Operations Manager | | 9,948 | | | | | 0 | • | 00'0 | OMHP |
| Operations Manager | | 75,83 | | | | | 0 | 2,044 | 86:0 | OMHP |
| Patient Accounts Representative | - | 20,750 | | | | | 0 | • | 0.00 | OMHP |
| Patient Accounts Representative | | 77,086 | | | | | 0 | • | 00:00 | MHIMO |
| Patient Accounts Representative | - | 21.92 | | | | | 0 | 2,108 | 1.01 | OMHP |
| Practice Manager I | | 21.922 | | | | | 0 | . : | 0.00 | OME. |
| Practice Managel 1 | - | 37,797 | | | | | 0 | 2,085 | 00.1 | AMMO |
| Practice Manager 1 | _ | 37,797 | , | | | | 0 (| 2,085 | 0.1 | OMHP |
| Practice Manager 1 | - | 47,100 | | | | | 0 | 160,2 | 0.00 | OMHP |
| Practice Manager I | | 24,264 | | | | | 0 0 | 1000 | 80.7 | OMHP |
| Practice Manager II | - | 38,147 | 1 | | | | > | ************************************** | * | |
| | | | | | | | | | | |

| | | | | PIOCAG TIPE | | SCBC Encounters | Excluding SCRC | Hours | FTE's | Job Classification |
|-------------------------------|--------------|--------------|-------------------|--------------------|-----------|-----------------|----------------|----------------|-------|--------------------|
| Job Title | # of Workers | Compensation | Hired in F 7 2017 | Departed in Figure | CHECHINES | | 0 | ļ ['] | 0.00 | OMHP |
| Practice Manager II | | 10,003 | | | | | 0 | | 0.00 | ÓMHP |
| Practice Manager II | - | 47 451 | | | 1,653 | | . 1,653 | 2,080 | 1.00 | OMHP |
| Program Coordinator | - | 24 446 | | | | | 0 | 40 | 00'0 | OMGHB |
| Program Coordinato | _ | 105.258 | | | 159 | | 159 | 2,080 | 1.00 | LCSW |
| Program Director I (LCS W) | | 67,404 | | | 1,590 | | 1,590 | 2,080 | 1.00 | r com |
| Program Director I (CCW) | | 34,338 | | | | | 0 | | 0.00 | LCSW |
| Drawn Director (COW) | | 25,435 | | | | | 0 | | 0.00 | LCSW |
| Program Director I (PsvD) | 1 | 97,438 | | | 112 | ; | 112 | 2,080 | 8 8 | COMPLE |
| Program Director II (LCSW) | • | 60,725 | | | 157 | 157 | 0 0 | 7,080 | 00.0 | LCSW |
| Program Director II (LCSW) | | 16,882 | | | | | o C | | 000 | rcsw |
| Program Director II (LCSW) | | 43,843 | | | 24 | | 24 | 2,008 | 0.97 | LCSW |
| Program Director II (LCSW) | _ | 709'04 | | | | | 0 | | 0.00 | rcsw |
| Program Director II (LCSW) | | 40,634 | | | 196 | | 961 | 2,072 | 1.00 | OMIHP |
| Program Director II (LMFT) | - | 14 510 | | | | | С | • | 00:00 | OMHP |
| Program Director II (LIMF I.) | | 14,530 | | | | | 0 | • | 0.00 | OMHP |
| Psychiatric APRN | | 22,286 | | | | | 0. | - 7 | 0.00 | APRN |
| Psychiatric APRN | 7 | 958'99 | | | 1,728 | | 1,728 | 1,904 | 0.00 | APBN |
| Psychiatric APRN | | 40,066 | | | | | 0 % | 080 6 | 00.0 | APRN |
| Psychiatric APRN | - | 660'09 | | | 1,962 | | 796'1 | 7,000 | 000 | APRN |
| Psychiatric APRN | | 8,943 | | | 663 | 553 | > C | 920 | 0.44 | APRN |
| Psychiatric APRN | | 35,770 | - | | 2,062 | ccc | 2.062 | 2,080 | 1.00 | APRIN |
| Psychiatric APRN | ~ | 52,366 | | | 2,005 | | 0 | . ' | 00.00 | APRN |
| Psychiatric APRN | | 47,843 | | | 2 187 | | 2,187 | 2,080 | 1.00 | Psychiatrist |
| Psychiatrist | | 151 001 | | | 1,372 | | 1,372 | 1,420 | 89.0 | Psychiatrist |
| Psychiatrist | _ | 18 117 | | | | | 0 | ŀ | 00'0 | Psychiatrist |
| Psychiathsi | | 55.393 | | | | | 0 | • | 0.00 | Psychiatrist |
| Psychiatist | | 17,854 | | | | | 0 | , ; | 0.00 | Psychiatrist |
| Psychiatrist | _ | 61,039 | - | | 1,243 | | 1,243 | 1,600 | 0.77 | Psychiatrist |
| Psychiatrist | | 58,649 | | | | | 0 . | 080 6 | 00.0 | Psychiatrist |
| Psychiatrist | _ | 116,848 | | | 1,226 | | 1,426 | 2,080 | 90.1 | Psychologist |
| Psychologist | _ | 76,138 | , | | 993 | | | 205 | 0.10 | OMHP |
| Receptionist | _ | 3,693 | | | | | · c | 2.072 | 1.00 | OMHP |
| Referral Specialist | - | 17,820 | | | | | o 0 | ; | 00'0 | OMIHIP |
| Referral Specialist | | 17,820 | - | | | | 0 | 809 | 0.29 | OMHP |
| Registered Nurse | - | 5,803 | • | | | | 0 | , | 0.00 | OMHP |
| Registered Nurse | - | 48.878 | - | | 1,832 | 1,832 | 0 | 2,189 | 1.05 | OMHP |
| Registered Nurse | | 15,198 | | | | | 0 | 1,189 | 0.57 | OMHP |
| Repistered Nurse | | 8,586 | | | | | 0 (| , , | 0.00 | ar Maria |
| Registered Nurse | - | 11,648 | d | | | | ~ « | 5/8 | 0.18 | OMH |
| Registered Nurse | - | 19,645 | | . . | | | 0 0 | 29 | 100 | OMHP |
| Registered Nurse | _ | 1,483 | _ | | | | | 1,063 | 0.51 | OMHP |
| Registered Nurse | | 436,00 | - | | | | 0 | 173 | 80.0 | OMHP |
| Registered Nurse | | 17 145 | - | - | | | 0 | 749 | 96'0 | OMHP |
| Registered Nurse | | 64 407 | _ | | | | 0 | 2,684 | 1.29 | OMHP |
| Registered Nuise | | 22,473 | | - | | | 0 | 541 | 0.26 | OMHP |
| Negrater of Turis | - | 57,038 | 22 | | | | 0 | 2,547 | 1.22 | OMH |
| Registered Nurse | | 32,222 | 25 | | | | 0 | . 0 | 0.00 | OMH |
| Registered Nurse II | - | 11,498 | 22 | | | | 5 6 | 983 | 0.00 | OMHP |
| Registered Nurse II | | 26497 | 2: | | | | 0 0 | 3010 | 10.1 | OMHP |
| Rehabilitation Coordinator | - | 30,106 | 201 | | | | 5 6 | 5,103 | 00:0 | OMHP |
| Rehabilitation Coordinator | | 15,509 | | - | | | 0 0 | 40 | 0.02 | OMHP |
| Residential Aide | | 189 | - | | | | . 0 | 197 | 0.38 | OMHP |
| Residential Aide | - | 100 | 5 | | | | | | | |

| | | | | | | | | : | | TOTAL BESTINATION |
|--|--------------|--------------|-------|------------------------------------|------------|-----------------|----------------|---------|------|-------------------|
| Job Title | # of Workers | Compensation | | Hired in FY2017 Departed in FY2017 | Encounters | SCRC Encounters | Excluding SCRC | Hours | 0.70 | OMHP |
| Residential Aide | 1 | 37,478 | | _ | | | o • | 550,1 | 0.00 | OMHP |
| Residential Aide | | 13,978 | | | | | Đ (| | 0.00 | OMHD |
| Residential Aide | _ | 20,967 | | | | | Э (| 20,2 | 6.0 | COME |
| Designation Aids | _ | 3,455 | _ | | | | 0 | 96 | 60.0 | T THE COLUMN |
| Residential Aide | - | 37,386 | | | | | 0 | 2,121 | 1.02 | OMHD |
| definite Attack | _ | 15.415 | | - | | | 0 | 560 | 67.0 | HIPAGO O |
| Kesidendal Alde | | 37.241 | | | | | 0 | 2,115 | 1.02 | TIMO O |
| Kestoennal Ande | | 0.047 | | | | | 0 | 577 | 0.28 | OMINE |
| Kesidential Aide | | 36.305 | | | | | 0 | 2,046 | 86.0 | OMHP |
| Residential Aide | | 40.084 | | | | | 0 | 2,241 | 1.08 | OMHP |
| Residential Aide | | 012.31 | | _ | | | 0 | 865 | 0.42 | OMHP |
| Residential Aide | | 13,119 | | - | | | 0 | 2,510 | 1.21 | OMHP |
| SCRC Data Entry Specialist | _ | 516,57 | | | | | 0 | , | 00.0 | OMHP |
| SCRC Data Entry Specialist | | 7,205 | | | | | 0 | • | 0.00 | OMHP |
| SCRC Data Entry Specialist | | 18,710 | | • | | | c | 1.505 | 0.72 | OMHP |
| Secretary/Receptionist | _ | 32,616 | | _ | | | > < | 1.058 | 0.51 | OMHP |
| Secretary/Recentionist | - | 11,462 | 200 | | | | | 20,1 | 000 | OMHP |
| Commence of the commence of | | 5.905 | - | | | | 0 | | 9 9 | OMER |
| retary/Necephonisi | - | 15.270 | | | | | 0 | 2,079 | 00.1 | TIMIO O |
| Secretary/Receptionist | | 17.617 | | | 1,046 | 1,046 | D | 2,080 | 1.00 | OMH |
| Senior Clinician | - | 10.450 | F-121 | | | | 0 | | 0.00 | OMH |
| Senior Clinician | | 997.01 | | | | | 0 | | 0.00 | OMHP |
| Senior Clinician | | 77,139 | | | | | 0 | | 0.00 | OMHP |
| Senior Clinician (LADC) | | 14,870 | | | | | , c | , | 00.0 | OMHP |
| Senior Clinician (LADC) | | 7,434 | | | | | 3001 | 080 6 | 100 | OMHP |
| Senior Clinician (LADC) | - | 52,042 | | | 1,236 | | 067'1 | 2,030 | 90:1 | OMHIP |
| Senior Clinician (LADC) | - | 74,033 | | | 1,121 | | 2,045 | 2,080 | 00 | OMHP |
| Senior Clinician (LADC) | - | 49,665 | 5 | | 2,945 | | CF.6.7 | 20.4 | 0.00 | OMHP |
| Senior Clinician (LADC) | | 25,585 | 5 | | , | | 009 | 2.081 | 1 00 | CCSW |
| Senior Clinician (LCSW) | - | 63,637 | 1 | | 666 | | 660 | | 000 | TCSW |
| Senior Clinician (LCSW) | | 10,897 | 7 | | | 170 | > < | 1 791 | 0.86 | LCSW |
| Senior Clinician (LCSW) | - | 74,916 | 9 | | 1,241 | 1+7'1 | 2112 | 2.080 | 1.00 | LCSW |
| Senior Clinician (LCSW) | - | 52,668 | 86 | | 2,117 | | 2,17 | | 000 | TCSW |
| Senior Clinician (LCSW) | | 11,286 | 9 | | | | > < | | 000 | CCSW |
| Senior Clinician (LCSW) | | 11,286 | 9 | | į | | 0 0 | 2.075 | 1 00 | LCSW |
| Serior Clinician (LCSW) | _ | 74,913 | 3 | | 994 | | \$ 0 | 2,073 | 9 | TCSM |
| Senior Clinician (LCSW) | - | 74,260 | 0 | | | , | o c | 2 080 | 1 00 | CSW |
| Senior Clinician (LCSW) | _ | 12,789 | 6 | | 1,244 | 1,244 | > 0 | 20,4 | 000 | TCSW |
| Senior Clinician (LCSW) | | 9,115 | 2 | | | | > 0 | | 000 | CCSW |
| Senior Clinician (LCSW) | | 23,673 | 9 | | ; | | 0 6 | 080 6 | 1 00 | OMHD |
| Senior Clinician (LPC) | | 36,265 | · | | 1,809 | 608.1 | > < | 2001 | 000 | OMHP |
| Senior Clinician (LPC) | | 10,082 | 2 | | | | | ٠ | 0.00 | OMHP |
| Senior Clinician (LPC) | | 26,183 | 12 | | į | | 926 | 7 080 | 1 00 | OMHP |
| Senior Clinician (LPC) | | 75,087 | 1 | | 836 | | 920 | 2,2 | 900 | OMHP |
| Senior Clinician (1.PC) | - | 6,280 | 02 | _ | - | | - 9 | 1465 | 1 10 | OMHP |
| Senior Detox Technician | - | 19,724 | 74 | | | | | COL'7 | 000 | OMHP |
| Senior Detox Technician | | 5,484 | 75 | | | | | • | 000 | OMHP |
| Senior Detox Technician | | 14,240 | 0 | | ! | ; | > < | 1 0 7 0 | 0.00 | APRN |
| Senior Medical Provider | 1 | 12,795 | 35 | | 243 | 743 | 0 0 | , | 000 | APRN |
| Senior Medical Provider | | 12,795 | 32 | | | | > 0 | ייי | 90'- | OMHP |
| Court Chaf | _ | 14,797 | 11 | | | | 0 0 | 2,210 | 20:1 | OMHP |
| Sous Chef | - | 15,900 | 90 | | | | 9,6 | 2,200 | 1.02 | OMHP |
| Substance Abuse Counselor | - | 45,962 | 12 | | 345 | | 343 | 2,130 | 20.1 | OMHP |
| Substance Abuse Counselor (MSW) | - | 41,774 | 7.4 | | 856 | | 908 | 700,7 | 20.0 | |
| The state of the s | | | | | | | | | | |

Job Classification OMHP

FTE's 0.00

Hours 8

Encounters
Excluding SCRC

of Workers Compensation Hired in FV2017 Departed in FV2017 Encounters SCRC Encounters

Job Title Other

| | | | | | | | Encounters | | | |
|---|--------------|--------------|-----------------|--------------------|------------|-----------------|------------------|---------|--------|--------------------|
| 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | 4 of Workers | Componention | Hired in FV2017 | Denarted in FY2017 | Encounters | SCRC Encounters | s Excluding SCRC | Hours | FTE's | Job Classification |
| JOD LITTE | # OI WOLKETS | Compensation | | | 210 | 0 | 210 | 210 | 0.10 | APRN |
| APRN | _ | | o • | > (| 2 | | c | = | 100 | OMHP |
| Other | _ | , | 0 | 0 | , | > | • | = | | 1 100 |
| 1000 | _ | | 0 | 0 | 895 | 0 | 895 | 1,074 | 0.52 | LCSW |
| LCSW | | | | 0 | 00 | 0 | 00 | 10 | 0.00 | OMIHP |
| Other | | • | | | | - | - | _ | 00.0 | OMHE |
| Other | _ | 10 | > | 0 | - | > 4 | 4 6 | 901.6 | 2 | ON THE |
| 701 | _ | | 0 | 0 | 1,832 | 0 | 1,832 | 7,198 | 90.1 | OMPE |
| 24.7 | | 15 503 | c | 0 | 286 | 0 | 286 | 446 | 0.21 | OMHP |
| LPC | - • | 1000 | · c | | 1121 | C | 1.121 | 1.345 | 0.65 | OMHP |
| LACD | - | • | > | | 1411. | . (| 1 036 | 1 220 | 0 50 | OMHP |
| 1.90 | _ | | 0 | 0 | 1,025 | 0 | (70,7 | 1,230 | 60.0 | 11110 |
| 9 | - | 33.365 | 0 | 0 | 1,372 | 0 | 1,372 | 1,646 | 0.79 | OMHP |
| AN. | - : | 1000 | | c | 77.2 | • | 8766 | 8.179 | 3.93 | |
| Contracted Grand Total | = | 48,958 | > | - | 90,10 | > | 20.15 | - | | |
| | | | | | | | | | | |
| Grand Total Salaries & Contracted Workers | 257 | 12,143,187 | 44 | 19 | 145,813 | 33,372 | 112,441 | 416,321 | 200.15 | |
| | | | | | | 070 (| | | | |
| SCRC Salary Reclass - Social Workers | 'n | 334,685 | 5 | ı | | 30,4,0 | | | | |
| CCRC Salary Reclase - APRN | S | 335,329 | 7 | _ | | 2,725 | | | | |
| SCRC Salary Reclass - OMHP | 75 | 3,035,412 | ٧n | 4 | | 26,687 | | | | |
| | | | | | | | | | | |
| Grand Total After Reclass | 172 | 8,437,761 | 37 | \$2 | 145,813 | Q. | 112,441 | 416,321 | 200.15 | |

| | | | | | | | Facounters Excluding | | |
|-------------------------|--------------|--------------|---------------|----------|------------|----------------|----------------------|---------|--------|
| | | | | | L | Total Card | CPC | Hours | FTE's |
| al Health Practitioners | # of Workers | Compensation | Hired | Departed | Encounters | SURU Encounter | SCANC | TION | 21 |
| Daniel Laborate | | 894 519 | | _ | 7,309 | 0 | 7,309 | 8,882 | 4.27 |
| Fsychiatrist | , | 4 4 4 4 4 | | 4 | . 00 | c | 003 | 2.080 | 1.00 |
| Psychologist | | /6,138 | 0 | 0 | 666 | > | | ī | |
| 1 0011 | 33 | 1 873 875 | 9 | 7 | 24.561 | 3,960 | 20,601 | 52,379 | 25.18 |
| LUSW | 77 | 200,000 | > 1 | . , | | 4,5 | 10.300 | 22 236 | 10.74 |
| APRN | 14 | 906,195 | 2 | - | 13,034 | 6,123 | 600,01 | 000 | |
| OMER | 204 | 8.392.510 | 35 | 52 | 916'66 | 26,687 | 73,229 | 330,644 | 158.90 |
| Time B | 750 | 17 143 187 | 44 | 19 | 145,813 | 33,372 | 112,441 | 416,321 | 200.15 |

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rom 7/1/2016

To 6/30/2017

| | | | | | - | Form B-4 | (Summary C | ompensation | Form B-4 (Summary Compensation, Encounters, Hours, | Hours, FTEs) |
|------|--|----------------------------|------------|--------------------|----------|----------|-----------------|-------------|--|-------------------------------|
| | SUMMARY COMF | PENSATION, | ENCOUNTERS | S, HOURS, | AND FTES | | BY PRACTITIONER | IER TYPE | | |
| | | | | Compensation Range | on Range | Tur | Turnover | | Employee Hours and FTEs | urs and FTEs |
| 200 | SUMMARY COMPENSATION, ENCOUNTERS, | Number of Practitioners | Total | High | Low | Hires | Departures | Encounters | Employee Total Hours | FTES $(2,080$ hrs = 1 FTE) |
| 2 | מאס, אוס רובי טון נייסיים איני איני איני איני איני איני איני א | 4 | 200,000 | 150,000 | 100,000 | 2 | 1 | 10,000 | 8,320 | 4.00 |
| ď | HEALTH CARE PRACTITIONERS | | | | | | | | | |
| 1 | 1. PHYSICIAN | 26 | 3,057,542 | 302,055 | 70,896 | က | 9 | 49,994 | 25,850 | 12.43 |
| 2. | PHYSICIAN ASSISTANT | 3 | 197,020 | 100,651 | 91,092 | - | - | 3,386 | 4,274 | 2.05 |
| | NURSE (APRN. MIDWIFE, RN) | 61 | 3,169,467 | 155,297 | 38,695 | 16 | 19 | 47,099 | 80,222 | 38.57 |
| | PHYSICIAN SERVICES UNDER CONTRACT | 15 | 272,084 | 419,640 | 208,000 | 1 | , | 4,156 | 1,588 | 0.76 |
| | OTHER HEALTH PROFESSIONALS | 96 | 3,402,158 | 118,341 | 22,199 | 16 | 19 | 8,205 | 152,993 | 73.55 |
| | OTHER ALLIED HEALTH PROFESSIONALS | 1 | 62,530 | 62,350 | 62,350 | | 1 | 852 | 2,080 | 1.00 |
| | OTHER HEALTH CARE PRACTITIONERS | 28 | 729,688 | 42,448 | 20,854 | 9 | 6 | 0 | 42,456 | 20.41 |
| | Total Health Care | 230 | 10,890,489 | | | 42 | 54 | 113,692 | 309,463 | 148.77 |
| ш | | | | | | | | | | |
| ю́ | DENTAL PRACTITIONERS | | | | | | | | | |
| - | DENTIST | 6 | 1,049,809 | 167,436 | 41,814 | 4 | 2 | 14,932 | 11,611 | 5.58 |
| 2 | DENTAL HYGIENIST | 9 | 278,313 | 59,864 | 49,429 | 2 | 2 | 3,829 | 6,815 | 3.28 |
| | OTHER DENTAL PRACTITIONERS | 22 | 648,483 | 63,555 | 22,338 | 9 | - | 117 | 35,327 | 16.98 |
| | Total Dental | 37 | 1,976,605 | | | 12 | 5 | 18,878 | 53,753 | 25.84 |
| | | | | | | | | | | |
| ن | MENTAL HEALTH PRACTITIONERS | | | | | Į, | | 1 | | 10.1 |
| | 1. PSYCHIATRIST | ro v | 894,519 | 227,493 | 151,903 | | | EDO | 2 080 | |
| vi 0 | PSYCHOLOGIST LICENSED CLINICAL SOCIAL WORKER | 33 | 1.873.825 | 127.177 | 33,814 | 9 | 7 | 20,601 | 4) | 25.18 |
| | PSYCHIATRIC APRN | 14 | 906,195 | 101,520 | 25,590 | 2 | 1 | 10,309 | 22,336 | 10.74 |
| | OTHER MENTAL HEALTH PRACTITIONERS | 204 | 8,392,510 | 302,054 | 29,079 | 35 | 52 | 73,229 | 330,644 | 158.96 |
| | | | | | | | | | | |

STATE OF CONNECTICUT DEPARTMENT OF SOCIAL SERVICES ANNUAL REPORT

FEDERALLY QUALIFIED HEALTH CENTER (FQHC)

Reporting Period:

From

7/1/2016

To

6/30/2017

FQHC Name:

Cornell Scott-Hill Health Corporation

Form C (Cost Adjustment & Allocation)

| ^ | Direct Cost Title XIX Services (P5 - Form A-3, Line D, Col. VII) | 27,650,801 |
|----------|--|-------------|
| A. | Direct Cost Other Services (P6 - Form A-4, Line E.1.i, Col. VII) | 6,832,221 |
| В. | | 34,483,022 |
| C. | Total Direct Costs (A+B) | 80.19% |
| D. | Portion of Title XIX Services (A/C) | |
| E. | Total Overhead Cost (P7 - Form A-5, Line I, Col. VII) | 18,738,009 |
| F. | Overhead Cost Applicable to Title XIX Services (DxE) | 15,026,009 |
| G. | Total Title XIX Services Cost (A+F) | 42,676,810 |
| H. | Thirty Percent (30%) of Total Title XIX Svc Cost (Gx.30) | 12,803,043 |
| · ·· | Cost Adjustment (Lower of H-F or Zero) | (2,222,966) |
| ı. J. | Allowable Title XIX Overhead Cost (F+I) | 12,803,043 |
| K. | Direct Costs | |
| | 1. Health Care Services (P3 - Form A-1, Line A3, Col. VII) | 13,854,563 |
| | 2. Dental Services (P4 - Form A-2, Line B3, Col. VII) | 2,461,354 |
| | 3. Mental Health Services (P5 - Form A-3, Line C3, Col. VII) | 11,334,884 |
| | 4. Total Direct Costs (K1 thru K3) | 27,650,801 |
| L. | Direct Costs as a % of Total | |
| | 1. Health Care Services (K1/K4) | 50.11% |
| | 2. Dental Services (K2/K4) | 8.90% |
| | 3. Mental Health Services (K3/K4) | 40.99% |
| М. | Allocated Allowable Overhead Cost | |
| | Health Care Services (JxL1) | 6,415,605 |
| l | 2. Dental Services (JxL2) | 1,139,471 |
| | 3. Mental Health Services (JxL3) | 5,247,967 |
| | 4. Total Allowable Title XIX Overhead Cost (M1 thru M3) | 12,803,043 |

From ______7/1/2016

To _____6/30/2017

| FQHC N | lame: | Cornell Scott-Hill Health Corporation | |
|--------|-------|---|---------------------------------------|
| | | | Form D (Allowable Cost per Encounter) |
| | | ALLOWABLE COST PER ENCOUN | TER |
| 1. | Heal | th Care Cost (Excluding Dental and Mental Health) | |
| | A. | Direct Health Care Cost (P3 - Form A-1, Line A3, Col. VII) | 13,854,563 |
| | В. | Allowable Overhead Cost (P13 - Form C, Line M1) | 6,415,605 |
| | C. | Total Allowable Health Care Cost (A+B) | 20,270,168 |
| | D. | Encounters (P12 - Form B-4, Health Care Total) | 113,692 |
| | E. | Allowable Health Care Cost Per Encounter (C/D) | 178.29 |
| | | | |
| l II. | Den | | 2,461,354 |
| | A. | Direct Dental Care Cost (P4 - Form A-2, Line B3, Col. VII) | 1,139,471 |
| | B. | Allowable Overhead Cost (P13 - Form C, Line M2) | 3,600,825 |
| | C. | Total Allowable Dental Cost (A+B) | |
| 1 | D. | Encounters (P12 - Form B-4, Dental Total) | 18,878 |
| | E. | Allowable Dental Cost Per Encounter (C/D) | 190.74 |
| 111. | Mei | ntal Health | |
| | A. | Direct Mental Health Care Cost (P5 - Form A-3, Line C3, Col. VII) | 11,334,884 |
| | В. | Allowable Overhead Cost (P13 - Form C, Line M3) | 5,247,967 16,582,851 |
| | C. | Total Allowable Mental Health Cost (A+B) | 112,441 |
| | D. | Encounters (P12 - Form B-4, Mental Health Total) | 147.48 |

Allowable Mental Health Cost Per Encounter (C/D)

Reporting Period:

6/30/2017 <u>P</u> 7/1/2016 From Cornell Scott-Hill Health Corporation Reporting Period: FQHC Name:

| REVENUES | | | | | |
|--|---|-------------|---------------|-------------|------------------|
| | | = | = | ≥ | > |
| | Excluding Dental, Mental Health & | | | | Total |
| A. Operating Revenue | Other | Dental | Mental Health | Other | (Col. I thru IV) |
| Medicaid | (9,365,631) | (2,018,661) | (21,335,002) | (1,215,468) | (33,934,762) |
| 2. Private | (1,109,243) | (190,080) | (1,026,793) | (591,489) | (2,917,605) |
| | (2,201,319) | (4,375) | (1,679,249) | (752,460) | (4,637,403) |
| 4. Patient Cash/Self Pay | (428,162) | (231,119) | (62,296) | (80,289) | (801,866) |
| 5. Other - Specify | 0 | 0 | 0 | 0 | 0 |
| 6. Total (1 thru 5) | (13,104,355) | (2,444,235) | (24,103,340) | (2,639,706) | (42,291,636) |
| B. Other Revenue | | | | | |
| 1. Contributions | 0 | 0 | 0 | 0 | 0 |
| 2. Grants | (6,502,634) | (987,455) | (2,830,076) | (807,672) | (11,127,837) |
| 3. Interest | 0 | 0 | 0 | (8,593) | (8,593) |
| 4. Donations | (5,839) | (69) | 0 | (25,224) | (31,122) |
| | 0 | 0 | (68,329) | 0 | (68,329) |
| 6. Other - Specify Catering | 0 | 0 | 0 | (123,749) | (123,749) |
| Other - Specify Contracts | (62,550) | 0 | (2,030) | (18,000) | (82,580) |
| 8. Other - Specify Other/WIC | (166,876) | 0 | (4,389) | (47,233) | (1,030,613) |
| 9. Other - Specify | | | | Se Se | 0 |
| 10. Other - Specify | | | | | 0 |
| 11. Total (1 thru 10) | (7,550,014) | (987,514) | (2,905,824) | (1,030,471) | (12,473,823) |
| Other Revenue (Include | | | | | |
| C. revenue generated by non-approved FQHC sites) | | | | | |
| 1. Other - Specify Patient Refunds | (284) | 146 | 634 | 2,243 | 2,739 |
| | (394,731) | 0 | 0 | (3,242) | (397,973) |
| 3. Other - Specify Pharmacy | 0 | 0 | 0 | (1,338,406) | (1,338,406) |
| Other - Specify | 0 | 0 | 0 | (24,352) | (24,352) |
| | (35,400) | 0 | 0 | 0 | (35,400) |
| Other | 1177 | 7.40 | 700 | V-75 000 M | 0 |
| 7. Total (1 thru 7) | (430,415) | 146 | 634 | (1,363,757) | (1,793,392) |
| 10. ktg. 24. | 000000000000000000000000000000000000000 | 4 | 0000 | | |

То

7/1/2016

From

6/30/2017

| FQHC Nam | ne: Cornell | Scott-Hill Health Corporation | | |
|----------|-----------------------|---|--------------------------|---------------------------|
| | | | Form F (C | Grants and Contributions) |
| | GRANTS AN | ID CONTRIBUTIONS (EXCLUDING THE PUB | LIC HEALTH SERVICES GRAN | ITS) |
| A. | Contributions | | ACTUAL | |
| | | g Dental, Mental Health and Other) | 0 | |
| | 2. Dental | - | 0 | |
| | 3. Mental Health | | 0 | |
| | 4. Other - Specify | | 0 | |
| | Other - Specify | | | |
| | Other - Specify | | | |
| | Other - Specify | | | |
| | Other - Specify | | | |
| | 5. Total (1 thru 4) | | 0 | |
| | | | | |
| В. | Grants (Excluding) | PHS) | | |
| | 1. Services (Excludin | g Dental, Mental Health and Other) | (6,502,634) | |
| | 2. Dental | | (987,455) | |
| | 3. Mental Health | | (2,830,076) | |
| | 4. Other - Specify | Various Other Program Grants | (807,672) | |
| | Other - Specify | | - | |
| | Other - Specify | | _ | |
| | Other - Specify | | - | |
| | Other - Specify | *************************************** | - | |
| | 5. Total (1 thru 4) | | (11,127,837) | |

Reporting Period:

Reporting Period:

From

7/1/2016

То

6/30/2017

FQHC Name:

Cornell Scott-Hill Health Corporation

Form G (Cost Disallowance and Offset)

| | | COST DISALLOWANCE AND OFFSET | | |
|---------|----------|--|-----------|-------|
| ۹. | Cos | t Disallowance | | |
| | 1. | Entertainment | | |
| | 2. | Fines and penalties | | |
| | 3. | Bad debt | 653,868 | |
| | 4. | Cost of actions to collect receivables | | |
| | 5. | Advertising, except for recruitment of personnel | 85,893 | |
| | 6. 7. | Contingent reserves Legal, Accounting and professional services incurred in connection with rehearing, arbitration, or judicial proceedings pertaining to the reimbursement approved by the Commissioner | | |
| | 8. | Fundraising | | |
| | 9. | Amortization of goodwill | | |
| | 10. | Directors fees | | |
| | 11. | Contributions | | |
| | 12. | Membership dues for public relations | | |
| | 13. | Cost not related to patient care | 66,860 | |
| | 14. | Interest | | |
| | 15. | Pass through expenses | | |
| | 16. | Total (1 thru 15) | L | 806 |
| В. | Cos | st Offset (Expense Recovery) | | |
| | 1. | Refunds - Medicaid Outreach | (2,739) | |
| | 2. | Rent Income | 69,329 | |
| | 3. | In-Kind Medical Supplies | 1,526,853 | |
| | 4. | In-Kind Dental Supplies | | |
| | 5. | In-Kind Computer Supplies | | |
| | 6. | In-Kind Advertising | | |
| | 7. | Total (1 thru 6) | | 1,593 |
| <u></u> | T | Total Cost Disallowance and Offset (A16+B7) | | 2,400 |

Cornell Scott - Hill Health Corporation FYE 6/30/2017 Reconciliation to Financial Statements

| Total Revenue per Cost Report | \$ (56,558,851) |
|--------------------------------|--------------------|
| Total Expenses per Cost Report | 55,621,095 |
| Net (Income) Loss | \$ (937,756) |
| To Roll Net Assets AJE | (95) |
| Rounding | 2 |
| Net (Income) Loss | \$ (937,849) |
| Net (Income) Loss per F/S | (913,497) |
| Non-Op (Income) Loss per F/S | (24,352) |
| Difference | \$ |

Client: Cornell Scott - Hill Health Corporation
Engagement: FQHC - Cornell Scott - Hill Health Corporation
Period Ending: 6/30/2017
Trial Balance: A.01 - TB

| mai Datarios. | | AD HISTED | IE D-6# | DIE | REPORT |
|-----------------------------|---|---------------------------|---------|-----|----------------------------|
| Account | Description | ADJUSTED | JE Ref# | RJE | |
| | | 6/30/2017 | | | 6/30/2017 |
| 40100-Dental | Medicare | 24.00 | | | 24.00 |
| 40100-DHC | Medicare | (5,950,471.00) | | | (5,950,471.00) |
| 40100-MH | Medicare | (3,239,918.00) | | | (3,239,918.00) |
| 40100-Other | Medicare | (791,948.00) | | | (791,948.00) |
| 40200-Dental | Medicaid | (2,459,439.00) | | | (2,459,439.00) |
| 40200-DHC | Medicaid | (16,588,180.00) | | | (16,588,180.00) |
| 40200-MH | Medicaid | (25,372,152.00) | | | (25,372,152.00) |
| 40200-Other | Medicaid | (1,261,753.00) | | | (1,261,753.00) |
| 40300-Dental | Commercial Insurance | (275,762.00) | | | (275,762.00) |
| 40300-DHC | Commercial Insurance | (2,558,252.00) | | | (2,558,252.00) |
| 40300-MH | Commercial Insurance | (1,728,199.00) | | | (1,728,199.00) |
| 40300-Other | Commercial Insurance | (596,564.00) | | | (596,564.00) |
| 40350-Dental | • | (394,180.00) | | | (394,180.00) |
| 40350-DHC | Self - Pay | (2,029,958.00) | | | (2,029,958.00) |
| 40350-MH | Self - Pay | (365,302.00) | | | (365,302.00) |
| 40350-Other | Self - Pay | (116,944.00) | | | (116,944.00) |
| 40500-DHC | Commercial Incentive | (2,485.00) | | | (2,485.00) |
| 40500-Other | Commercial Incentive | (275.00) | | | (275.00) |
| 40515-DHC | Medicaid Incentive | (24,025.00) | | | (24,025.00) |
| 40520-DHC | PCMH Program | (327,231.00) | | | (327,231.00) |
| 41100-Dental | | (4,399.00) | | | (4,399.00) 3,749,152.00 |
| 41100-DHC | Contractual Allowance - Medicare | 3,749,152.00 | | | 1,560,669.00 |
| 41100-MH | Contractual Allowance - Medicare | 1,560,669.00 | | | 39,488.00 |
| 41100-Other | Contractual Allowance - Medicare | 39,488.00 | | | 440,778.00 |
| 41200-Dental | | 440,778.00 | | | 7,573,805.00 |
| 41200-DHC | Contractual Allowance - Medicaid | 7,573,805.00 | | | 4,037,150.00 |
| 41200-MH | Contractual Allowance - Medicaid | 4,037,150.00 46,285.00 | | | 46,285.00 |
| 41200-Other | Contractual Allowance - Medicaid Contractual Allowance - Commercial Insurance | 85,682.00 | | | 85,682.00 |
| 41300-Dental | Contractual Allowance - Commercial Insurance | 1,451,494.00 | | | 1,451,494.00 |
| 41300-DHC | Contractual Allowance - Commercial Insurance | 701,406.00 | | | 701,406.00 |
| 41300-MH | Contractual Allowance - Commercial Insurance | 5,350.00 | | | 5,350.00 |
| 41300-Other 41500-Dental | | 163,061.00 | | | 163,061.00 |
| 41500-Deritar | Contractual Allowance - Self Pay | 1,601,796.00 | | | 1,601,796.00 |
| 41500-MH | Contractual Allowance - Self Pay | 303,006.00 | | | 303,006.00 |
| 41500-Other | Contractual Allowance - Self Pay | 2,051.00 | | | 2,051.00 |
| 41510-Dental | · · · · · · · · · · · · · · · · · · · | 146.00 | | | 146.00 |
| 41510-DHC | Patient Refunds | (284.00) | | | (284.00) |
| 41510-MH | Patient Refunds | 634.00 | | | 634.00 |
| 41510-Other | Patient Refunds | 2,243.00 | | | 2,243.00 |
| | Federal Grant Income | (912,039.00) | | | (912,039.00) |
| | Federal Grant Income | (5,280,622.00) | | | (5,280,622.00) |
| 42100-MH | Federal Grant Income | (1,860,051.00) | | | (1,860,051.00) |
| 42100-Other | Federal Grant Income | (399,741.00) | | | (399,741.00) |
| 42101-Other | Capital Grants Federal | (7,659.00) | 1 | | (7,659.00) |
| 42200-Dental | State Grant Income | 0.00 | | | 0.00 |
| 42200-DHC | State Grant Income | (972,290.00) | ı | | (972,290.00) |
| 42200-MH | State Grant Income | (923,428.00) | ١ | | (923,428.00) |
| 42200-Other | State Grant Income | (97,839.00) | ı | | (97,839.00) |
| 42201-Other | Capital Grants State | (223,333.00) | ı | | (223,333.00) |
| 42300-DHC | Local Community Grant Income | (35,898.00) | 1 | | (35,898.00) |
| 42400-Dental | Foundations Grant Income | (75,407.00) | ı | | (75,407.00) |
| 42400-DHC | Foundations Grant Income | (203,053.00) | } | | (203,053.00) |
| 42400-Other | Foundations Grant Income | (31,797.00) | | | (31,797.00) |
| | | | | | |

| Account | Description | ADJUSTED | JE Ref# | RJE | REPORT |
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| | | 6/30/2017 | | | 6/30/2017 |
| 42500-Dental | Other Grant Income | (9.00) | | | (9.00) |
| 42500-DHC | Other Grant Income | 1,409.00 | | | 1,409.00 |
| 42500-MH | Other Grant Income | (20,294.00) | | | (20,294.00) |
| 42500-Other | Other Grant Income | (556.00) | | | (556.00) |
| 42501-DHC | Capital Grants Other | (12,180.00) | | | (12,180.00) |
| 42501-MH | Capital Grants Other | (26,303.00) | | | (26,303.00) |
| 42501-Other | Capital Grants Other | (46,747.00) | | | (46,747.00) |
| 43100-DHC | Contract Services GÇô Agencies & Organizations | (19,800.00) | | | (19,800.00) |
| | Contract Services - Yale | (15,250.00) | | | (15,250.00) |
| 43600-DHC | Contract Services - Yale | (2,030.00) | | | (2,030.00) |
| 43600-MH | Contract Services - Tale Contract Services - Other | (27,500.00) | | | (27,500.00) |
| 43700-DHC | | (18,000.00) | | | (18,000.00) |
| 43700-Other | Contract Services - Other | (8,593.00) | | | (8,593.00) |
| 45100-Other | Interest & Dividend Income | (59.00) | | | (59.00) |
| 45200-Dental | Contributions | , , | | | (5,839.00) |
| 45200-DHC | Contributions | (5,839.00) | | | (18,365.00) |
| 45200-Other | Contributions | (18,365.00) | | | |
| 45205-DHC | Donated Equipment | (35,400.00) | | | (35,400.00) |
| 45250-Other | Fundraising Revenue | (6,859.00) | | | (6,859.00) |
| 45500-DHC | Rent | 0.00 | | | 0.00 |
| 45600-MH | Room & Board | (69,329.00) | | | (69,329.00) |
| 45650-Other | Unrealized Gain/Loss | (24,352.00) | | | (24,352.00) |
| 45900-Dental | Other Income | 0.00 | | | 0.00 |
| 45900-DHC | Other Income | (70,579.00) |) | | (70,579.00) |
| 45900-MH | Other Income | (4,389.00) |) | | (4,389.00) |
| 45900-Other | Other Income | (47,233.00) | 1 | | (47,233.00) |
| 46000-Other | Food Service - Catering | (123,749.00) |) | | (123,749.00) |
| 46010-DHC | Women, Infants & Children Food Benefits | (908,412.00) |) | | (908,412.00) |
| 46020-DHC | Vaccines and Donated Materials | (394,731.00) |) | | (394,731.00) |
| 46020-Other | Vaccines and Donated Materials | (3,242.00) | | | (3,242.00) |
| | Pharmacy-Walgreens Revenue | 0.00 | | | 0.00 |
| 47000-Dehtar | Pharmacy-Walgreens Revenue | (1,338,406.00) |) | | (1,338,406.00) |
| 50100-Dental | Direct Salaries & Wages | (9,106.00) | | 9,106.00 | 0.00 |
| 50100-Dental | Direct Salaries & Wages | (101,675.00) | | 101,675.00 | 0.00 |
| | ~ | 0.00 | , | , | 0.00 |
| 50100-MH | Direct Salaries & Wages | 0.00 | | 6,763,711.00 | 6,763,711.00 |
| 50100-Other | Direct Salaries & Wages | 293,762.00 | | (293,762.00) | 0.00 |
| 50101-DHC | Chief | 301.804.00 | | (301,804.00) | 0.00 |
| 50101-MH | Chief | , | | | 0.00 |
| 50101-Other | Chief | 1,020,352.00 | | (1,020,352.00) | 0.00 |
| 50102-Other | Chief of Information Technology | 101,846.00 | | (101,846.00) | |
| 50107-Other | Coordinator Office of the Executive | 85,740.00 | | (85,740.00) | 0.00 |
| 50108-Other | Corporate Compliance Officer | 100,385.00 | | (100,385.00) | 0.00 |
| 50109-Dental | Director of Dental Services | 188,500.00 | | (188,500.00) | 0.00 |
| 50110-DHC | Executive Assistant I | 18,144.00 | | (18,144.00) | 0.00 |
| 50110-MH | Executive Assistant I | 15,261.00 | | (15,261.00) | 0.00 |
| 50110-Other | Executive Assistant | 59,627.00 | | (59,627.00) | 0.00 |
| 50111-DHC | Executive Assistant II | 6,744.00 | | (6,744.00) | 0.00 |
| 50111-MH | Executive Assistant II | 6,305.00 | | (6,305.00) | 0.00 |
| 50200-Dental | Direct Salaries & WagesGÇô Overtime | 0.00 | | | 0.00 |
| 50200-DHC | Direct Salaries & WagesGÇô Overtime | 0.00 | | | 0.00 |
| 50200-MH | Direct Salaries & WagesGÇô Overtime | 0.00 | | | 0.00 |
| 50200-Other | Direct Salaries & WagesGÇô Overtime | 0.00 | | | 0.00 |
| 50201-MH | Assistant Nurse Manager | 57,231.00 | | (57,231.00) | 0.00 |
| 50202-MH | Assistant Program Director I | 464,673.00 | | (464,673.00) | 0.00 |
| 50204-Other | Call Center Manager | 46,454.00 | | (46,454.00) | 0.00 |
| 50204-Other | Director of Early Childhood | 78,750.00 | | (78,750.00) | 0.00 |
| 50207-Other | Director of Facilities | 247.00 | | (247.00) | 0.00 |
| | Director of Finance | 144,536.00 | | (144,536.00) | 0.00 |
| 50208-Other | Director of Finance Director of Grants Management | 100,385.00 | | (100,385.00) | 0.00 |
| 50209-Other | | | | | |

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| Account | Description | ADJUSTED | JE Ref# RJE | REPORT |
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| | | 6/30/2017 | | 6/30/2017 |
| 50211-Other | Director of Information Technology | 79,788.00 | (79,788.0 | • |
| 50212-Other | Director of Marketing & CR | 114,611.00 | (114,611.0 | • |
| 50214-Other | Director of Patient Accounts | 109,889.00 | (109,889.0 | |
| 50215-DHC | Director of Purchasing | 5,132.00 | (5,132.0 | • |
| 50215-Other | Director of Purchasing | 111,311.00 | (111,311.0 | • |
| 50216-DHC | Executive Chef | 27,187.00 | (27,187.0 | |
| 50216-MH | Executive Chef | 18,125.00 | (18,125.0 | |
| 50216-Other | Executive Chef | 27,466.00 | (27,466.0 | |
| 50217-Other | Facilities and Life Safety Manager | (670.00) | | |
| 50218-Other | Supervisor | 20,292.00 | (20,292.0 | , |
| 50220-DHC | NFN Clinical Supervisor | 27,674.00 | (27,674.0 | • |
| 50220-MH | NFN Clinical Supervisor | 2,308.00 | (2,308.0 | |
| 50221-Dental | Office Manager | 53,942.00 | (53,942.0 | · |
| 50222-MH | Operations Manager | 69,808.00 | (69,808.0 | • |
| 50222-Other | Operations Manager | 132.00 | (132.0 | • |
| 50223-Other | Pharmacy Director | 131,833.00 | (131,833.0 | • |
| 50224-DHC | Program Director li | 97,773.00 | (97,773.0 | -/ |
| 50224-MH | Program Director II | 294,751.00 | (294,751.0 | -, |
| 50225-DHC | Site Manager | 146,158.00 | (146,158.0 (5,673.0 | -, |
| 50226-MH | Utilization Review Manager | 5,673.00 | (67,208.0 | , |
| 50227-DHC | WIC Site Manager | 67,208.00 | * * | - / |
| 50228-Other | Director of Operations | 134,989.00 51,098.00 | (134,989.0 (51,098.0 | , |
| 50229-Other | Development Manager | , | (96,926.0 | , |
| 50230-Other | HR Manager | 96,926.00 95,385.00 | (95,385.0 | , |
| 50231-MH | Clinical Nurse Supervisor | 122,424.00 | (122,424.0 | |
| 50232-DHC | Medical Director of Quality and Operations | 17,376.00 | (17,376.0 | |
| 50232-Other | Medical Director of Quality and Operations Director of Care Coordination | 41,769.00 | (41,769.0 | |
| 50233-DHC | Director of Wellness Education | 71,426.00 | (71,426.0 | • |
| 50234-DHC | Assistant Manager of Care Coordination | 19,485.00 | (19,485.0 | , |
| 50235-DHC | Assistant Manager of Care Coordination | 3,077.00 | (3,077.0 | ! |
| 50235-Other | Direct Salaries & WagesGÇô Bonuses | 0.00 | (0,011.6 | 0.00 |
| 50300-Dental 50300-DHC | Direct Salaries & WagesGÇô Bonuses | 0.00 | | 0.00 |
| 50300-DHC | Direct Salaries & WagesGÇô Bonuses | 0.00 | | 0.00 |
| 50300-Whit | Direct Salaries & WagesGÇô Bonuses | 0.00 | | 0.00 |
| 50401-DHC | Care Coordinator | 105,413.00 | (105,413.0 | 0.00 |
| 50402-DHC | Case Manager | 255,633.00 | (255,633.0 | |
| 50402-MH | Case Manager | 373,384.00 | (373,384.0 | 0.00 |
| 50403-MH | Clinical Case Coordinator | 44,264.00 | (44,264.0 | 0.00 |
| 50404-MH | Clinical Pharmacist | 2,306.00 | (2,306.0 | 0.00 |
| | Clinical Pharmacist | 265,250.00 | (265,250.0 | 0.00 |
| 50405-MH | Clinical Pharmacy Coordinator | 9,487.00 | (9,487.0 | 0.00 |
| 50405-Other | Clinical Pharmacy Coordinator | 109,268.00 | (109,268.0 | 0.00 |
| 50407-DHC | Community Health Worker | 201,196.00 | (201,196.0 | 0.00 |
| 50408-Dental | Dental Assistant | 339,356.00 | (339,356.0 | 0.00 |
| 50409-MH | Detox Technician | 566,574.00 | (566,574.0 | 0.00 |
| 50411-DHC | Diabetes Educator | 47,113.00 | | • |
| 50412-DHC | Early Intervention Associate | 26,122.00 | (26,122.0 | |
| 50413-DHC | Early Intervention Associate II | 48,415.00 | | |
| 50416-DHC | Infectious Disease Nurse | 81,123.00 | | |
| 50417-Dental | Interim Dental Director | 9,027.00 | | |
| 50418-DHC | Licensed Practical Nurse | 588,155.00 | | |
| 50418-MH | Licensed Practical Nurse | 607,930.00 | | |
| 50419-MH | Licensed Practical Nurse Per Diem | 15,210.00 | | |
| 50420-DHC | Medical Assistant | 699,370.00 | | |
| 50420-MH | Medical Assistant | 4,152.00 | | • |
| 50421-DHC | Neurologist | 600.00 | | |
| 50423-DHC | NFN Home Visitor | 38,742.00 | (38,742.6 | 0.00 |
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| Account | Description | ADJUSTED | JE Ref# | RJE | REPORT |
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| | | 6/30/2017 | | | 6/30/2017 |
| 50424-DHC | Nurse Educator | 2,643.00 | | (2,643.00) | 0.00 |
| 50425-DHC | Nurse Manager | 45,554.00 | | (45,554.00) | 0.00 |
| 50426-DHC | Nurse Team Leader | 27,596.00 | | (27,596.00) | 0.00 |
| 50427-DHC | Ophthalmic Technician | 54,464.00 | | (54,464.00) | 0.00 |
| 50428-DHC | Ophthalmology Assistant | 57,861.00 | | (57,861.00) | 0.00 |
| 50429-Other | Pharmacy Technician | 114,319.00 | (| 114,319.00) | 0.00 |
| 50430-Dental | Practice Administrator | 62,989.00 | | (62,989.00) | 0.00 |
| 50430-DHC | Practice Administrator | 84,423.00 | | (84,423.00) | 0.00 |
| 50431-DHC | Practice Manager I | 2,212.00 | | (2,212.00) | 0.00 |
| 50431-MH | Practice Manager I | 183,012.00 | (| 183,012.00) | 0.00 |
| 50432-MH | Practice Manager II | 74,542.00 | | (74,542.00) | 0.00 |
| 50433-DHC | Prenatal Home Visitor | 1,908.00 | | (1,908.00) | 0.00 |
| 50434-Other | QA/QI NURSE | 77,620.00 | , | (77,620.00) | 0.00 0.00 |
| 50435-DHC | Registered Nurse | 698,972.00 | • | 698,972.00) | 0.00 |
| 50435-MH | Registered Nurse | 415,422.00 | (| 415,422.00) (18,070.00) | 0.00 |
| 50436-MH | Registered Nurse II | 18,070.00 44,269.00 | | (44,269.00) | 0.00 |
| 50437-MH | Rehabilitation Coordinator Residential Aide | 280,221.00 | (| 280,221.00) | 0.00 |
| 50438-MH | Resource Specialist | 42,950.00 | , | (42,950.00) | 0.00 |
| 50440-DHC 50442-DHC | Senior Care Coordinator Assistant | 40,600.00 | | (40,600.00) | 0.00 |
| 50444-MH | Senior Detox Technician | 38,617.00 | | (38,617.00) | 0.00 |
| 50445-DHC | Special Education Teacher | 43,643.00 | | (43,643.00) | 0.00 |
| 50447-DHC | WIC Site Nutritionist | 81,954.00 | | (81,954.00) | 0.00 |
| | Lead Dental Assistant | 52,278.00 | | (52,278.00) | 0.00 |
| 50449-DHC | Milieu Counselor Shift Supervisor | 60,145.00 | | (60,145.00) | 0.00 |
| 50449-MH | Milieu Counselor Shift Supervisor | 43,848.00 | | (43,848.00) | 0.00 |
| 50450-DHC | Weliness Outreach Manager | 56,717.00 | | (56,717.00) | 0.00 |
| 50453-DHC | Complex Care Manager Social Workers | 13,802.00 | | (13,802.00) | 0.00 |
| 50454-DHC | Interim Practice Administrator | 17,949.00 | | (17,949.00) | 0.00 |
| 50455-DHC | Medical Case Manager | 17,299.00 | | (17,299.00) | 0.00 |
| 50600-DHC | Admin Salaries & Wages | 0.00 | | | 0.00 |
| 50600-MH | Admin Salaries & Wages | 0.00 | | | 0.00 |
| 50600-Other | Admin Salaries & Wages | 0.00 | | | 0.00 |
| 50601-DHC | APRN | 1,373,682.00 | • • | 373,682.00) | 0.00 |
| 50601-MH | APRN | 839,355.00 | | 839,355.00) | 0.00 |
| 50603-MH | Assistant Program Director II | 187,782.00 | (| 187,782.00) | 0.00 0.00 |
| 50604-MH | Clinician I | 93,939.00 | | (93,939.00) (18,384.00) | 0.00 |
| 50605-DHC | Clinician II | 18,384.00 3,280,183.00 | (3 | 280,183.00) | 0.00 |
| 50605-MH 50606-Dental | Clinician II Dental Hygenist | 280,725.00 | (0, | (2,412.00) | 278,313.00 |
| 50606-Dental | Dental Hygenist | 29,593.00 | | (29,593.00) | 0.00 |
| 50606-DHC | Dental Hygenist | 18,000.00 | | (18,000.00) | 0.00 |
| 50607-Dental | Dentist | 529,185.00 | | 147,640.00 | 676,825.00 |
| 50608-DHC | Director of Pediatrics | 145,022.00 | (| 145,022.00) | 0.00 |
| 50611-DHC | Medical Director | 34,615.00 | · | (34,615.00) | 0.00 |
| 50611-MH | Medical Director | 371,277.00 | (| 371,277.00) | 0.00 |
| 50612-DHC | Nurse Midwife | 215,476.00 | (| (215,476.00) | 0.00 |
| 50613-DHC | Occupational Therapist | 72,419.00 | | (72,419.00) | 0.00 |
| 50614-DHC | Pediatrician | 210,153.00 | (| (210,153.00) | 0.00 |
| 50616-DHC | Physician | 2,157,003.00 | | 900,539.00 | 3,057,542.00 |
| 50617-DHC | Physician Assistant | 238,381.00 | | (41,361.00) | 197,020.00 |
| 50618-DHC | Podiatrist | 107,054.00 | | (107,054.00) | 0.00 |
| 50619-MH | Program Director I | 322,636.00 | (| (322,636.00) | 0.00 |
| 50620-MH | Psychiatric APRN | 69,511.00 | | (69,511.00) | 0.00 |
| 50621-MH | Psychiatrist | 887,413.00 | (| (887,413.00) | 0.00 |
| 50622-MH | Psychologist | 122,289.00 | | (46,151.00) | 76,138.00 |
| 50623-DHC | Registered Dietitian | 62,038.00 | | (62,038.00) | 0.00 |
| 50624-MH | Senior Clinician | 719,272.00 | (| (719,272.00) | 0.00 |
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| Account | Description | ADJUSTED | JE Ref # RJE | REPORT |
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| | | 6/30/2017 | | 6/30/2017 |
| 50626-MH | Senior Medical Provider | 20,998.00 | (20,998.00) | 0.00 |
| 50627-DHC | Speech Language Pathologist | 105,719.00 | (105,719.00) | 0.00 |
| 50628-MH | Substance Abuse Counselor | 87,986.00 | (87,986.00) | 0.00 |
| 50629-DHC | Perinatal Program Manager | 45,155.00 | (45,155.00) | 0.00 |
| 50700-Other | Admin Salaries & WagesGÇô Overtime | 0.00 | | 0.00 |
| 50800-Other | Admin Salaries & WagesGÇô Bonuses | 394,800.00 | (394,800.00) | 0.00 |
| 50801-DHC | Access To Care Manager | 51,098.00 | (51,098.00) | 0.00 |
| 50801-MH | Access To Care Manager | 98.00 | (98.00) | 0.00 |
| 50802-DHC | Access to Care Outreach Worker | 170,431.00 | (170,431.00) | 0.00 |
| 50802-Other | Access to Care Outreach Worker | 21,741.00 | (21,741.00) | 0.00 |
| 50803-DHC | Access To Care Referral Coordinator | 23,191.00 | (23,191.00) | 0.00 |
| 50803-Other | Access To Care Referral Coordinator | 207.00 | (207.00) | 0.00 |
| | Accounting Clerk | 42,204.00 | (42,204.00) | 0.00 |
| | Accounts Payable Clerk | 52,970.00 | (52,970.00) | 0.00 |
| | Accounts Payable Coordinator | 67,562.00 | (67,562.00) | 0.00 |
| 50807-DHC | Administrative Assistant | 41,405.00 | (41,405.00) | 0.00 |
| 50807-MH | Administrative Assistant | 466,030.00 | (466,030.00) | 0.00 |
| | Administrative Assistant | 10,144.00 | (10,144.00) | 0.00 |
| | Billing Coordinator | 28,524.00 | (28,524.00) | 0.00 |
| | Cafeteria Assistant | 54,556.00 | (54,556.00) | 0.00 |
| | Call Center Clerk | 31,658.00 | (31,658.00) | 0.00 0.00 |
| | Call Center Customer Service Rep | 256,074.00 | (256,074.00) | 0.00 |
| 50812-Other | Cash Manager | 14,258.00 | (14,258.00) | 0.00 |
| 50813-Other | Coding Specialist | 53,532.00 17,035.00 | (53,532.00) | 0.00 |
| 50815-DHC | Cook II | 11,350.00 | (17,035.00) (11,350.00) | 0.00 |
| 50815-MH | Cook II | 5,670.00 | (5,670.00) | 0.00 |
| | Cook II Credentialing Specialist I | 55,436.00 | (55,436.00) | 0.00 |
| | EHR Support | 53,411.00 | (53,411.00) | 0.00 |
| 50820-Other | EPM Admnistrator | 87,021.00 | (87,021.00) | 0.00 |
| | Facilites Support Worker | (80.00) | 80.00 | 0.00 |
| | Financial Analyst | 138,857.00 | (138,857.00) | 0.00 |
| | Grant Writer | 80,308.00 | (80,308.00) | 0.00 |
| 50824-Other | Graphic Designer | 24,236.00 | (24,236.00) | 0.00 |
| | Health Educator | 1,600.00 | (1,600.00) | 0.00 |
| 50825-DHC | Health Educator | 184,157.00 | (184,157.00) | 0.00 |
| 50825-MH | Health Educator | 13,224.00 | (13,224.00) | 0.00 |
| | Health Information Mgmt Proc | 69,506.00 | (69,506.00) | 0.00 |
| 50827-Other | Health Information Mgmt Team Ldr | 9,533.00 | (9,533.00) | 0.00 |
| 50828-Other | Health Information Manager | 22,592.00 | (22,592.00) | 0.00 |
| 50830-Other | Help Desk Associate | 36,043.00 | (36,043.00) | 0.00 |
| 50831-Other | Human Resources Coordinator | 39,265.00 | (39,265.00) | 0.00 |
| 50832-Other | Human Resources Generalist | 63,651.00 | (63,651.00) | 0.00 |
| 50833-DHC | HUSKY Liaison | 26,578.00 | (26,578.00) | 0.00 |
| 50835-Other | Marketing and Comm Proj Mgr | 68,623.00 | (68,623.00) | 0.00 |
| 50837-MH | Medical Records Specialist | 57,900.00 | (57,900.00) | 0.00 |
| 50837-Other | Medical Records Specialist | 29,663.00 | (29,663.00) | 0.00 |
| 50838-MH | Office Manager School Based Clinic | 87,856.00 | (87,856.00) | 0.00 |
| 50840-DHC | Patient Accounts Rep. Team Leader | 14,389.00 | (14,389.00) | 0.00 |
| 50840-Other | Patient Accounts Rep. Team Leader | 49,397.00 | (49,397.00) | 0.00 |
| 50841-MH | Patient Accounts Representative | 41,182.00 | (41,182.00) | 0.00 |
| 50841-Other | Patient Accounts Representative | 353,977.00 | (353,977.00) | 0.00 |
| 50842-Other | Patient Advocate | 75,289.00 | (75,289.00) | 0.00 |
| 50843-Dental | - | 101,353.00 | (101,353.00) | 0.00 |
| 50843-DHC | Patient Registrar | 445,698.00 | (445,698.00) | 0.00 |
| 50843-MH | Patient Registrar | 9,346.00 | (9,346.00) | 0.00 |
| 50843-Other | Patient Registrar | 156.00 | (156.00) | 0.00 |
| 50844-DHC | Patient Registration Team Leader | 129,986.00 | (129,986.00) | 0.00 |
| | | | | |

| | Account | Description | ADJUSTED | JE Ref # RJE | REPORT |
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| | | | 6/30/2017 | | 6/30/2017 |
| | 50845-Other | Payroll Supervisor | 70,488.00 | (70,488.00) | 0.00 |
| | 50846-DHC | Practice Coordinator | 86,260.00 | (86,260.00) | 0.00 |
| | 50847-DHC | Program Coordinator | 48,296.00 | (48,296.00) | 0.00 |
| | 50847-MH | Program Coordinator | 70,269.00 | (70,269.00) | 0.00 |
| | 50850-DHC | Receptionist | 29,751.00 | (29,751.00) | 0.00 |
| | 50850-MH | Receptionist | 7,244.00 | (7,244.00) | 0.00 |
| | 50850-Other | Receptionist | 2,126.00 | (2,126.00) | 0.00 |
| | 50852-DHC | Referral Specialist | 24,514.00 | (24,514.00) | 0.00 |
| | 50852-MH | Referral Specialist | 27,218.00 | (27,218.00) | 0.00 |
| | 50852-Other | Referral Specialist | 171,157.00 | (171,157.00) | 0.00 |
| | 50853-Other | Release of Information Coordinator | 9,602.00 | (9,602.00) | 0.00 |
| | 50854-Other | Release of Information Specialist | 35,897.00 | (35,897.00) | 0.00 |
| | 50855-Dental | Secretary/Receptionist | 69,023.00 | (69,023.00) | 0.00 0.00 |
| | 50855-DHC | Secretary/Receptionist | 23,942.00 52,226.00 | (23,942.00) (52,226.00) | 0.00 |
| | 50855-MH | Secretary/Receptionist | 214,968.00 | (214,968.00) | 0.00 |
| | 50856-Other | Senior Financial Analyst Senior Human Resources Generalist | 90,790.00 | (90,790.00) | 0.00 |
| | 50857-Other 50858-Other | Senior Systems Administrator | 231,732.00 | (231,732.00) | 0.00 |
| | 50859-DHC | Sous Chef | 45,436.00 | (45,436.00) | 0.00 |
| | 50859-MH | Sous Chef | 30,275.00 | (30,275.00) | 0.00 |
| | 50859-Other | Sous Chef | 15,947.00 | (15,947.00) | 0.00 |
| | 50860-Other | Training and Development Coordinator | 75,323.00 | (75,323.00) | 0.00 |
| | 50862-DHC | WIC Clerk | 69,770.00 | (69,770.00) | 0.00 |
| | 50863-Other | Staffing Specialist | 71,545.00 | (71,545.00) | 0.00 |
| | 50864-Other | Patient Accounts Supervisor | 31,072.00 | (31,072.00) | 0.00 |
| | 50866-Other | Privacy Officer | 84,454.00 | (84,454.00) | 0.00 |
| | 50867-Other | Purchasing Agent | 56,109.00 | (56,109.00) | 0.00 |
| | 50868-DHC | Senior Administrative Assistant | 51,529.00 | (51,529.00) | 0.00 |
| | 50869-Other | HIM Coordinator | 45,055.00 | (45,055.00) | 0.00 |
| | 50870-Other | HIM Lead Processor | 42,113.00 | (42,113.00) | 0.00 |
| | 50871-Other | Health Information Management Supervisor | 30,846.00 | (30,846.00) | 0.00 |
| | | Interactive Media and Design Specialist | 38,119.00 | (38,119.00) | 0.00 |
| | | Finance Administrative Assistant | 3,231.00 | (3,231.00) | 0.00 |
| | | FICA Social Security | 95,418.00 | (95,418.00) (594,571.00) | 0.00 0.00 |
| | | FICA Social Security | 594,571.00 664,372.00 | (664,372.00) | 0.00 |
| | 51100-MH 51100-Other | FICA Social Security FICA Social Security | 375,716.00 | (375,716.00) | 0.00 |
| | | FICA Social Security FICA Medicare | 23,946.00 | (23,946.00) | 0.00 |
| | 51101-Delitar | FICA Medicare | 149,220.00 | (149,220.00) | 0.00 |
| | 51101-MH | FICA Medicare | 166,737.00 | (166,737.00) | 0.00 |
| | | FICA Medicare | 93,875.00 | (93,875.00) | 0.00 |
| | 51200-Dental | Health Insurance | 153,091.00 | (153,091.00) | 0.00 |
| * | 51200-DHC | Health Insurance | 953,876.00 | (953,876.00) | 0.00 |
| | 51200-MH | Health Insurance | 1,066,057.00 | (1,066,057.00) | 0.00 |
| | 51200-Other | Health Insurance | 563,582.00 | (563,582.00) | 0.00 |
| | 51210-Other | HRA Expense | 35,186.00 | (35,186.00) | 0.00 |
| | 51300-Dental | Life Insurance | 5,585.00 | (5,585.00) | 0.00 |
| | 51300-DHC | Life Insurance | 34,802.00 | (34,802.00) | 0.00 |
| | 51300-MH | Life Insurance | 38,889.00 | (38,889.00) | 0.00 |
| | 51300-Other | Life Insurance | 20,560.00 | (20,560.00) | 0.00 |
| | 51400-Dental | Retirement Expenses | 37,464.00 | (37,464.00) | 0.00 |
| | 51400-DHC | Retirement Expenses | 233,467.00 | (233,467.00) | 0.00 |
| | 51400-MH | Retirement Expenses | 260,861.00 | (260,861.00) | 0.00 |
| | 51400-Other | Retirement Expenses | 137,911.00 | (137,911.00) | 0.00 0.00 |
| | 51450-Dental | Pension Expense | 1,168.00 7,277.00 | (1,168.00) (7,277.00) | 0.00 |
| | 51450-DHC | Pension Expense Pension Expense | 8,131.00 | (8,131.00) | 0.00 |
| | 51450-MH 51450-Other | Pension Expense Pension Expense | 4,299.00 | (4,299.00) | 0.00 |
| | 51450-Other 51600-Dental | | 8,968.00 | (8,968.00) | 0.00 |
| | 2 1000-Denilai | Otate onemployment insulance | 0,000.00 | (0,000.00) | 2.03 |

| Account | Description | ADJUSTED | JE Ref # RJE | REPORT |
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| | | 6/30/2017 | | 6/30/2017 |
| 51600-DHC | State Unemployment Insurance | 55,916.00 | (55,91 | 6.00) 0.00 |
| 51600-MH | State Unemployment Insurance | 62,502.00 | (62,50) | 2.00) 0.00 |
| 51600-Other | State Unemployment Insurance | 33,034.00 | (33,03- | 4.00) 0.00 |
| 51700-Dental | Workers Compensation | 16,460.00 | (16,46 | 0.00) 0.00 |
| 51700-DHC | Workers Compensation | 102,568.00 | (102,56 | |
| 51700-MH | Workers Compensation | 114,614.00 | (114,61 | |
| 51700-Other | Workers Compensation | 101,732.00 | (101,73 | |
| 51900-Other | Fringe Benefits GÇô Other | 4,313.00 | (4,31 | • |
| 51950-Dental | Vacation Expense | 6,102.00 | (6,10 | |
| 51950-DHC | Vacation Expense | 34,113.00 | (34,11 | |
| 51950-MH | Vacation Expense | 23,087.00 | (23,08 | - |
| 51950-Other | Vacation Expense | (7,899.00) | 7,89 | 9.00 0.00 638.00 |
| 52100-Dental | Medical Supplies | 638.00 | | |
| 52100-DHC | Medical Supplies | 241,451.00 | | 241,451.00 143,469.00 |
| 52100-MH | Medical Supplies | 143,469.00 | | 4,369.00 |
| 52100-Other | Medical Supplies | 4,369.00 | | 170,517.00 |
| 52200-Dental | Dental Supplies | 170,517.00 143.00 | | 143.00 |
| 52200-DHC | Dental Supplies | 32.00 | | 32.00 |
| 52200-MH | Dental Supplies | 15,973.00 | | 15,973.00 |
| 52300-DHC | Pharmacy Supplies | 86.00 | | 86.00 |
| 52300-MH 52300-Other | Pharmacy Supplies Pharmacy Supplies | 18,712.00 | | 18,712.00 |
| 52305-Other 52305-Dental | Pharmacy Inventory Expense (COGS) | (7,957.00) | | (7,957.00) |
| 52305-Dental 52305-DHC | Pharmacy Inventory Expense (COGS) | 265,199.00 | | 265,199.00 |
| 52305-MH | Pharmacy Inventory Expense (COGS) | 65,648.00 | | 65,648.00 |
| 52305-0ther | Pharmacy Inventory Expense (COGS) | 1,432,356.00 | | 1,432,356.00 |
| 52310-Other | Pharmacy Inventory - Share the Care | 0.00 | | 0.00 |
| 52400-DHC | Laboratory Supplies | 782.00 | | 782.00 |
| 52500-DHC | Behavioral Health Supplies | 0.00 | | 0.00 |
| 52500-MH | Behavioral Health Supplies | 48,938.00 | | 48,938.00 |
| 52500-Other | Behavioral Health Supplies | 360.00 | | 360.00 |
| 52600-DHC | Patient Records Supplies | 0.00 | | 0.00 |
| 52700-Dental | IT Supplies | 5,366.00 | | 5,366.00 |
| 52700-DHC | IT Supplies | 51,531.00 | | 51,531.00 |
| 52700-MH | IT Supplies | 37,294.00 | | 37,294.00 |
| 52700-Other | IT Supplies | 397,720.00 | | 397,720.00 |
| 53100-Dental | Office Supplies | 5,717.00 | | 5,717.00 |
| 53100-DHC | Office Supplies | 32,854.00 | | 32,854.00 |
| 53100-MH | Office Supplies | 43,177.00 | | 43,177.00 |
| 53100-Other | Office Supplies | 38,799.00 | | 38,799.00 |
| 53300-Dental | Houskeeping and Maintenance Supplies | 617.00 | | 617.00 |
| 53300-DHC | Houskeeping and Maintenance Supplies | 3,646.00 | | 3,646.00 39,885.00 |
| 53300-MH | Houskeeping and Maintenance Supplies | 39,885.00 32,947.00 | | 32,947.00 |
| 53300-Other | Houskeeping and Maintenance Supplies Pharmacy-Walgreens COGS | (33,875.00) | • | (33,875.00) |
| 53315-Dental 53315-Other | Pharmacy-Walgreens COGS | 595,899.00 | 1 | 595,899.00 |
| 53900-Dental | Other Supplies | 662.00 | | 662.00 |
| 53900-Dental | Other Supplies | 3,954.00 | | 3,954.00 |
| 53900-MH | Other Supplies | 4,895.00 | | 4,895.00 |
| 53900-Other | Other Supplies | 17,697.00 | | 17,697.00 |
| 54000-Other | Claim Processing Fees | 191,405.00 | | 191,405.00 |
| 54100-Dental | Rent | 38,989.00 | | 38,989.00 |
| 54100-DHC | Rent | 157,183.00 | | 157,183.00 |
| 54100-MH | Rent | 52,915.00 | | 52,915.00 |
| 54100-Other | Rent | 165,576.00 | | 165,576.00 |
| 54300-Dental | Utilities - Electric | 11,296.00 | | 11,296.00 |
| 54300-DHC | Utilities - Electric | 9,797.00 | | 9,797.00 |
| 54300-MH | Utilities - Electric | 13,106.00 | | 13,106.00 |
| | | | | |

| Account | Description | ADJUSTED | JE Ref# | RJE | REPORT |
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| | | 6/30/2017 | | | 6/30/2017 |
| 54300-Other | Utilities - Electric | 306,630.00 | | | 306,630.00 |
| 54310-Dental | Utilities - Water | 87.00 | | | 87.00 |
| 54310-DHC | Utilities - Water | 424.00 | | | 424.00 |
| 54310-MH | Utilities - Water | (126.00) | | | (126.00) |
| 54310-Other | Utilities - Water | 20,404.00 | | | 20,404.00 |
| 54320-DHC | Utilities - Sewer | 39.00 | | | 39.00 |
| 54320-MH | Utilities - Sewer | 1,377.00 | | | 1,377.00 |
| 54320-Other | Utilities - Sewer | 20,479.00 | | | 20,479.00 |
| 54330-Dental | Utilities - Gas | 710.00 | | | 710.00 |
| 54330-DHC | Utilities - Gas | 1,033.00 | | | 1,033.00 |
| 54330-MH | Utilities - Gas | 1,271.00 | | | 1,271.00 |
| 54330-Other | Utilities - Gas | 49,182.00 | | | 49,182.00 |
| 54340-MH | Utilities - Oil | 0.00 | | | 0.00 5,851.00 |
| | Building Repairs & Maintenance | 5,851.00 33,256.00 | | | 33,256.00 |
| 54400-DHC | Building Repairs & Maintenance | · | | | 128,214.00 |
| 54400-MH | Building Repairs & Maintenance | 128,214.00 333,153.00 | | | 333,153.00 |
| 54400-Other | Building Repairs & Maintenance | 1,806.00 | | | 1,806.00 |
| | Furniture & Equipment Purchase | 9,235.00 | | | 9,235.00 |
| 54450-DHC | Furniture & Equipment Purchase | 27,827.00 | | | 27,827.00 |
| 54450-MH | Furniture & Equipment Purchase Furniture & Equipment Purchase | 1,514.00 | | | 1,514.00 |
| | Furniture & Equipment Rental | 5,884.00 | | | 5,884.00 |
| 54500-Delitar 54500-DHC | Furniture & Equipment Rental | 32,583.00 | | | 32,583.00 |
| 54500-MH | Furniture & Equipment Rental | 44,068.00 | | | 44,068.00 |
| | Furniture & Equipment Rental | 22,162.00 | | | 22,162.00 |
| 54600-MH | Software | 0.00 | | | 0.00 |
| 54600-Other | | 64,481.00 | | | 64,481.00 |
| | Vehicle Expense | 61.00 | | | 61.00 |
| 55150-DHC | Vehicle Expense | 1,100.00 | | | 1,100.00 |
| 55150-MH | Vehicle Expense | 8,165.00 | | | 8,165.00 |
| | Vehicle Expense | 15,385.00 | | | 15,385.00 |
| 55200-Dental | Janitorial Services | 19,997.00 | | | 19,997.00 |
| 55200-DHC | Janitorial Services | 27,420.00 | | | 27,420.00 |
| 55200-MH | Janitorial Services | 294,502.00 | | | 294,502.00 |
| 55200-Other | Janitorial Services | 374,552.00 | | | 374,552.00 |
| 55250-DHC | Laundry Services | 1,558.00 | | | 1,558.00 |
| 55250-MH | Laundry Services | 18,944.00 | | | 18,944.00 |
| 55250-Other | Laundry Services | 812.00 | | | 812.00 |
| 55290-Dental | Security | 2,213.00 | | | 2,213.00 |
| 55290-DHC | Security | 16,058.00 | | | 16,058.00 |
| 55290-MH | Security | 25,956.00 | | | 25,956.00 |
| 55290-Other | | 429,132.00 | | | 429,132.00 |
| | Software & Related Licenses | 5,314.00 | | | 5,314.00 |
| 55300-MH | Software & Related Licenses | 0.00 | | | 0.00 164,391.00 |
| 55300-Other | Software & Related Licenses | 164,391.00 | | | 307.00 |
| 55310-DHC | Taxes | 307.00 44.00 | | | 44.00 |
| 55310-MH | Taxes | 8,925.00 | | | 8,925.00 |
| | Taxes | 23,061.00 | | | 23,061.00 |
| _ | Service & Maintenance Agreements Service & Maintenance Agreements | 93,793.00 | | | 93,793.00 |
| 55400-DHC | Service & Maintenance Agreements | 105,140.00 | | | 105,140.00 |
| 55400-MH | | 981,474.00 | | | 981,474.00 |
| 55400-Other | Buildings & Equipment - Other | 0.00 | | | 0.00 |
| 55900-Other | Travel GÇô Local Mileage Reimbursement | · 225.00 | | | 225.00 |
| 56100-Dental | Travel GÇû Local Mileage Reimbursement | 19,597.00 | | | 19,597.00 |
| 56100-DHC | Travel GÇô Local Mileage Reimbursement | 1,130.00 | | | 1,130.00 |
| 56100-Min | Travel GÇô Local Mileage Reimbursement | 3,196.00 | | | 3,196.00 |
| 56250-DHC | Travel - Transportation | 4,025.00 | | | 4,025.00 |
| 00200 Di 10 | cracele a contract | .,, | | | |

| Account | Description | ADJUSTED | JE Ref# | RJE | REPORT |
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| | | 6/30/2017 | | | 6/30/2017 |
| 56250-MH | Travel - Transportation | 112.00 | | | 112.00 |
| 56250-Other | Travel - Transportation | 21,001.00 | | | 21,001.00 |
| 56300-DHC | Travel GÇô Registration Fees | 375.00 | | | 375.00 |
| 56300-MH | Travel GÇô Registration Fees | 475.00 | | | 475.00 |
| 56300-Other | Travel GÇô Registration Fees | 18,481.00 | | | 18,481.00 |
| 56350-DHC | Travel - Lodging and Board | 2,733.00 | | | 2,733.00 |
| 56350-Other | Travel - Lodging and Board | 40,387.00 | | | 40,387.00 1,876.00 |
| 56400-Dental | Travel/Training GÇô Provider CME | 1,876.00 36,068.00 | | | 36,068.00 |
| 56400-DHC | Travel/Training GÇô Provider CME | 56,406.00 | | | 56,406.00 |
| 56400-MH 56400-Other | Travel/Training GÇô Provider CME Travel/Training GÇô Provider CME | 1,225.00 | | | 1,225.00 |
| 56600-DHC | Employee Parking | 4,257.00 | | | 4,257.00 |
| 56600-MH | Employee Parking | 31.00 | | | 31.00 |
| 56600-Other | Employee Parking | 751.00 | | | 751.00 |
| | Training GÇô Other | 315.00 | | | 315.00 |
| 56900-DHC | Training GÇô Other | 7,052.00 | | | 7,052.00 |
| 56900-MH | Training GÇô Other | 2,232.00 | | | 2,232.00 |
| 56900-Other | Training GÇô Other | 62,223.00 | | | 62,223.00 |
| 57100-Dental | Printing Expense | 1,553.00 | | | 1,553.00 |
| 57100-DHC | Printing Expense | 2,339.00 | | | 2,339.00 |
| 57100-MH | Printing Expense | 5,429.00 | | | 5,429.00 |
| 57100-Other | Printing Expense | 18,404.00 | | | 18,404.00 |
| 57200-DHC | Outreach Materials | 4,518.00 | | | 4,518.00 |
| 57200-Other | Outreach Materials | 2,939.00 1,071.00 | | | 2,939.00 1,071.00 |
| 57310-DHC | Client Incentives | 0.00 | | | 0.00 |
| 57310-MH | Client Incentives | 0.00 | | | 0.00 |
| 57310-Other 57320-DHC | Client Incentives Patient/Client Transportation | 870.00 | | | 870.00 |
| 57320-DNC 57320-MH | Patient/Client Transportation | 1,750.00 | | | 1,750.00 |
| 57350-DHC | Medical & Other Services | 507.00 | | | 507.00 |
| 57350-Other | Medical & Other Services | 0.00 | | | 0.00 |
| 57400-DHC | Postage & Delivery | 22.00 | | | 22.00 |
| 57400-MH | Postage & Delivery | 48.00 | | | 48.00 |
| 57400-Other | Postage & Delivery | 199,401.00 | | | 199,401.00 |
| 58200-DHC | Accounting Services | 0.00 | | | 0.00 |
| 58200-MH | Accounting Services | 3,840.00 | | | 3,840.00 |
| 58200-Other | Accounting Services | 129,685.00 | | | 129,685.00 |
| 58300-Dental | • . | 27.00 | | | 27.00 |
| 58300-DHC | Legal Expenses | 135.00 | | | 135.00 44.00 |
| 58300-MH | Legal Expenses | 44.00 335,899.00 | | | 335,899.00 |
| 58300-Other | Legal Expenses | 1,656.00 | | | 1,656.00 |
| 58400-Dental 58400-DHC | Consultant Expense Consultant Expense | 1,060.00 | | | 1,060.00 |
| 58400-Other | Consultant Expense | 325,346.00 | | | 325,346.00 |
| 58500-Dental | Contractual Labor | 220,400.00 | | | 220,400.00 |
| 58500-DHC | Contractual Labor | 326,172.00 | | | 326,172.00 |
| 58500-MH | Contractual Labor | 66,272.00 | | | 66,272.00 |
| 58500-Other | Contractual Labor | 413,779.00 | | | 413,779.00 |
| 58510-Dental | Contractual Services | 1,874.00 | | | 1,874.00 |
| 58510-DHC | Contractual Services | 53,011.00 | | | 53,011.00 |
| 58510-MH | Contractual Services | 14,121.00 | | | 14,121.00 |
| 58510-Other | Contractual Services | 109,742.00 | | | 109,742.00 |
| 58550-DHC | Temporary Labor | 298,646.00 | | | 298,646.00 |
| 58550-MH | Temporary Labor | 377,469.00 | | | 377,469.00 |
| 58550-Other | Temporary Labor | 189,609.00 | | | 189,609.00 |
| 58600-Dental | External Laboratory Services | 110,598.00 | | | 110,598.00 2,100.00 |
| 58600-MH | External Laboratory Services | 2,100.00 0.00 | | | 0.00 |
| 58600-Other | External Laboratory Services | 0.00 | | | 0.00 |

| Account | Description | ADJUSTED | JE Ref# | RJE | REPORT |
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| | | 6/30/2017 | | | 6/30/2017 |
| 58700-Other | Snow Removal | 164,825.00 | | | 164,825.00 |
| 58900-DHC | Other - Labor | 14.00 | | | 14.00 |
| 58900-Other | Other - Labor | 750.00 | | | 750.00 |
| 59100-Dental | Communications-Telephone Expense | 3,598.00 | | | 3,598.00 |
| 59100-DHC | Communications-Telephone Expense | 8,883.00 | | | 8,883.00 |
| 59100-MH | Communications-Telephone Expense | 2,067.00 | | | 2,067.00 |
| 59100-Other | Communications-Telephone Expense | 235,306.00 | | | 235,306.00 |
| 59130-Other | Communications-Other | 101,012.00 | | | 101,012.00 |
| 59150-Dental | Communications-Wireless | 17.00 | | | 17.00 |
| 59150-DHC | Communications-Wireless | 13,257.00 | | | 13,257.00 |
| 59150-MH | Communications-Wireless | 1,360.00 | | | 1,360.00 |
| 59150-Other | Communications-Wireless | 7,842.00 | | | 7,842.00 |
| 59160-DHC | Communications-Paging and Answering Service | 459.00 | | | 459.00 |
| 59160-Other | Communications-Paging and Answering Service | 31,060.00 | | | 31,060.00 31.00 |
| | Cable Service | 31.00 | | | 164.00 |
| 59170-DHC | Cable Service | 164.00 2,497.00 | | | 2,497.00 |
| 59170-MH | Cable Service | | | | 5,169.00 |
| 59170-Other | Cable Service | 5,169.00 5,805.00 | | (5,805.00) | 0.00 |
| 59200-Other | Insurance Expense GÇô Medical | 1,921.00 | | (5,005.00) | 1,921.00 |
| | Insurance Expense GÇô Umbrella Liability Insurance Expense GÇô Umbrella Liability | 19,452.00 | | | 19,452.00 |
| 59250-DHC 59250-MH | Insurance Expense GÇô Umbrella Liability | 39,903.00 | | | 39,903.00 |
| 59250-Mri 59250-Other | Insurance Expense GÇô Umbrella Liability | 12,988.00 | | | 12,988.00 |
| 59300-Other | Insurance Expense GÇô D & O | 19,092.00 | | | 19,092.00 |
| 59350-Oinei | Insurance Expense - General Liability | 6,523.00 | | | 6,523.00 |
| 59350-Dental | Insurance Expense - General Liability | 48,207.00 | | | 48,207.00 |
| 59350-MH | Insurance Expense - General Liability | 63,309.00 | | | 63,309.00 |
| 59350-Other | Insurance Expense - General Liability | 44,243.00 | | | 44,243.00 |
| 59900-DHC | Insurance Expense GÇô Other | 1,106.00 | | | 1,106.00 |
| 59900-MH | Insurance Expense GÇô Other | 1,004.00 | | | 1,004.00 |
| 59900-Other | Insurance Expense GÇô Other | 7,481.00 | | | 7,481.00 |
| 60100-Dental | Dues & Subscriptions | 350.00 | | | 350.00 |
| 60100-DHC | Dues & Subscriptions | 5,584.00 | | | 5,584.00 |
| 60100-MH | Dues & Subscriptions | 1,276.00 | | | 1,276.00 |
| 60100-Other | Dues & Subscriptions | 15,163.00 | | | 15,163.00 |
| 60150-Dental | Professional Licenses | 1,370.00 | | | 1,370.00 |
| 60150-DHC | Professional Licenses | 23,878.00 | | | 23,878.00 |
| 60150-MH | Professional Licenses | 19,912.00 | | | 19,912.00 |
| | Professional Licenses | 3,654.00 | | | 3,654.00 |
| 60200-Dental | Medical Waste & Refuse Removal | 3,954.00 | | | 3,954.00 |
| 60200-DHC | Medical Waste & Refuse Removal | 7,861.00 | | | 7,861.00 |
| 60200-MH | Medical Waste & Refuse Removal | 70,657.00 | | | 70,657.00 |
| 60200-Other | Medical Waste & Refuse Removal | 61,013.00 | | | 61,013.00 |
| 60300-DHC | Personnel Recruitment Expense | 5,625.00 | | | 5,625.00 |
| 60300-MH | Personnel Recruitment Expense | 6,015.00 | | | 6,015.00 |
| 60300-Other | Personnel Recruitment Expense | 408,972.00 | | | 408,972.00 182,581.00 |
| 60350-Other | Human Resources/Payroll Processing | 182,581.00 162.00 | | | 162.00 |
| 60360-MH | Employee Relations | | | | 104,541.00 |
| 60360-Other | Employee Relations Employee Uniforms | 104,541.00 2,753.00 | | | 2,753.00 |
| 60370-Dental 60370-DHC | Employee Uniforms | 10,751.00 | | | 10,751.00 |
| 60370-MH | Employee Uniforms | 6,674.00 | | | 6,674.00 |
| 60370-Nin | Employee Uniforms | 5,757.00 | | | 5,757.00 |
| 60400-DHC | Food Expense GÇô Catering | 4,095.00 | | | 4,095.00 |
| 60400-MH | Food Expense GÇô Catering | 1,791.00 | | | 1,791.00 |
| 60400-Other | Food Expense GÇô Catering | 9,970.00 | | | 9,970.00 |
| 60450-DHC | Food Expense GÇô Client Meals | 0.00 | | | 0.00 |
| 60450-MH | Food Expense GÇô Client Meals | 86,486.00 | | | 86,486.00 |
| | • | • | | | |

| Account | Description | ADJUSTED | JE Ref# | RJE | REPORT |
|-------------------------|--|-------------------|---------|-----|---------------------|
| | | 6/30/2017 | | | 6/30/2017 |
| 60450-Other | Food Expense GÇô Client Meals | 371.00 | | | 371.00 |
| 60500-DHC | Food Expense GÇô Patient Food Purchases | 0.00 | | | 0.00 |
| 60500-MH | Food Expense GÇô Patient Food Purchases | 249,401.00 | | | 249,401.00 |
| 60500-Other | | 213,042.00 | | | 213,042.00 |
| 60510-MH | Food Supplies and Chemicals | 32,053.00 | | | 32,053.00 |
| 60510-Other | Food Supplies and Chemicals | 14,106.00 | | | 14,106.00 |
| 60600-DHC | Outreach Expense | 3,799.00 | | | 3,799.00 |
| 60600-Other | | 28,730.00 | | | 28,730.00 |
| 60650-DHC | Advertising & Marketing Expense | 0.00 | | | 0.00 |
| | Advertising & Marketing Expense | 73,241.00 | | | 73,241.00 803.00 |
| 60655-DHC | Advertising & Marketing - Health Fair | 803.00 449.00 | | | 449.00 |
| | Advertising & Marketing - Health Fair | 987.00 | | | 987.00 |
| 60660-DHC | Promotional Items | 15,439.00 | | | 15,439.00 |
| | Promotional Items | 7,715.00 | | | 7,715.00 |
| 60680-DHC | Emergency Housing Interest Expense - Bonds | 424,744.00 | | | 424,744.00 |
| 60720-Other | | 3,877.00 | | | 3,877.00 |
| | Bank & Other Service Charges | 2,530.00 | | | 2,530.00 |
| 60750-Deritar | Bank & Other Service Charges | 6,467.00 | | | 6,467.00 |
| 60750-BHC | Bank & Other Service Charges | 3,454.00 | | | 3,454.00 |
| 60750-Other | | 32,251.00 | | | 32,251.00 |
| 60780-MH | Lobbying Expense | 110.00 | | | 110.00 |
| 60780-Other | , . | 66,750.00 | | | 66,750.00 |
| 60800-MH | Freight & Courier | 181.00 | | | 181.00 |
| 60900-DHC | Miscellaneous Expenses | 0.00 | | · | 0.00 |
| 60900-Other | Miscellaneous Expenses | 10,356.00 | | | 10,356.00 |
| 61010-DHC | Women, Infants & Children Food Benefits | 908,412.00 | | | 908,412.00 |
| 61020-DHC | Vaccines and Other Pharmaceuticals | 394,731.00 | | | 394,731.00 |
| 61020-Other | | 3,242.00 | | | 3,242.00 |
| 65100-Dental | | 103,979.00 | | | 103,979.00 |
| 65100-DHC | Depreciation Expense GÇô Buildings and Fixtures | (21,642.00) | | | (21,642.00) |
| 65100-MH | Depreciation Expense GÇô Buildings and Fixtures | 85,325.00 | | | 85,325.00 |
| 65100-Other | Depreciation Expense GÇô Buildings and Fixtures | 671,918.00 | | | 671,918.00 95.00 |
| 65110-Dental | <u> </u> | 95.00 | | | 410.00 |
| 65110-DHC | Amortization Expense | 410.00 151.00 | | | 151.00 |
| 65110-MH | Amortization Expense | 9,747.00 | | | 9,747.00 |
| 65110-Other | Amortization Expense Depreciation Expense - Capital Leases | 107,562.00 | | | 107,562.00 |
| 65150-Other 65200-MH | Depreciation Expense GÇô Leasehold Improvements | 3,263.00 | | | 3,263.00 |
| 65200-Other | Depreciation Expense GÇô Leasehold Improvements | 471.00 | | | 471.00 |
| 65250-MH | Depreciation Expense - Software | 28.496.00 | | | 28,496.00 |
| 65250-Other | Depreciation Expense - Software | 181,315.00 | | | 181,315.00 |
| 65350-DHC | Depreciation Expense - Other Equipment | 18,206.00 | | | 18,206.00 |
| 65350-MH | Depreciation Expense - Other Equipment | 3,584.00 | | | 3,584.00 |
| 65350-Other | Depreciation Expense - Other Equipment | 240,107.00 | | | 240,107.00 |
| 65400-Dental | Depreciation Expense GÇô Furniture and Fixtures | 59,194.00 | | | 59,194.00 |
| 65400-DHC | Depreciation Expense GÇô Furniture and Fixtures | 77,060.00 | | | 77,060.00 |
| 65400-MH | Depreciation Expense GÇô Furniture and Fixtures | 58,312.00 | | | 58,312.00 |
| 65400-Other | Depreciation Expense GÇô Furniture and Fixtures | 87,010.00 | | | 87,010.00 |
| 66000-Other | Discontinued Operations | 0.00 | | | 0.00 |
| 67000-DHC | Capital Grants, Net | 0.00 | | | 0.00 |
| 67000-Other | Capital Grants, Net | 0.00 | | | 0.00 |
| 69100-Dental | | 64,694.00 | | | 64,694.00 |
| 69100-DHC | Bad Debt Expense | 271,526.00 | | | 271,526.00 |
| 69100-MH | Bad Debt Expense | 282,681.00 | | | 282,681.00 |
| 69100-Other | Bad Debt Expense | 363.00 | | 8 | 363.00 0.00 |
| 69150-DHC | Bad Debt | 0.00 34,604.00 | | | 34,604.00 |
| 69150-Other | Bad Debt | 54,004.00 | | | 04,004.00 |

| Account | Description | ADJUSTED | JE Ref# | RJE | REPORT |
|--------------|---------------------------------------|--------------|---------|---------------|---------------|
| | | 6/30/2017 | | | 6/30/2017 |
| 69200-Dental | Contractual Reserve | 1,063.00 | | | 1,063.00 |
| 69200-DHC | Contractual Reserve | 13,361.00 | | | 13,361.00 |
| 69200-MH | Contractual Reserve | 15,115.00 | | | 15,115.00 |
| 69200-Other | Contractual Reserve | 39.00 | | | 39.00 |
| Marcum 101 | Direct Health Physician Asst Salaries | 0.00 | | | 0.00 |
| Marcum 102 | Direct Health Nursing Salaries | 0.00 | | 3,169,467.00 | 3,169,467.00 |
| Marcum 103 | Direct Health Other Salaries | 0.00 | | 4,194,376.00 | 4,194,376.00 |
| Marcum 104 | Dental Hygienist Salaries | 0.00 | | | 0.00 |
| Marcum 105 | Other Dental Salaries | 0.00 | | 648,483.00 | 648,483.00 |
| Marcum 106 | Mental Health Social Worker Salaries | 0.00 | | 1,873,825.00 | 1,873,825.00 |
| Marcum 107 | Other Mental Health Salaries | 0.00 | | 10,144,266.00 | 10,144,266.00 |
| Marcum 108 | Physician Asst. Benefits | 0.00 | | 39,505.00 | 39,505.00 |
| Marcum 109 | Nurses' Benefits | 0.00 | | 635,523.00 | 635,523.00 |
| Marcum 110 | Other Direct Health Benefits | 0.00 | | 841,032.00 | 841,032.00 |
| Marcum 111 | Dental Hygienist Benefits | 0.00 | | 55,806.00 | 55,806.00 |
| Marcum 112 | Other Dental Benefits | 0.00 | | 130,030.00 | 130,030.00 |
| Marcum 113 | Social Worker Benefits | 0.00 | | 375,728.00 | 375,728.00 |
| Marcum 114 | Other Mental Health Benefits | 0.00 | | 2,034,069.00 | 2,034,069.00 |
| Marcum 115 | Physician Benefits | 0.00 | | 613,080.00 | 613,080.00 |
| Marcum 116 | Dentist Benefits | 0.00 | | 135,713.00 | 135,713.00 |
| Marcum 117 | Psychologist Benefits | 0.00 | | 15,267.00 | 15,267.00 |
| Marcum 118 | A&G Benefits | 0.00 | | 1,356,220.00 | 1,356,220.00 |
| Total | | (937,756.00) | | 0.00 | (937,756.00) |
| | Net (Income) Loss | 0.00 | | 0.00 | 0.00 |

| Workpaper: | A.03 - TB Combined Detail Grouping | | | | | |
|--------------------------------|--|--------------|--------------------|--------------------------------|--------------|--|
| Account | Description | ADJUSTED | JE Ref# | RJE | REPORT | |
| | | 6/30/2017 | | | 6/30/2017 | |
| Group : IEOPM A | A Direct Health Care Cost - Staff Cost | | | | | |
| Subgroup : [1A] | Physician | | | | 0.00 | |
| 50100-DHC | Direct Salaries & Wages | (101,675.00) | RJE - 1 | 101,675.00 101,675.00 | 0.00 | |
| 50101-DHC | Chief | 293,762.00 | INOL - I | (293,762.00) | 0.00 | |
| | | 0.00 | RJE - 1 | (293,762.00) 0.00 | 0.00 | |
| 50200-DHC | Direct Salaries & WagesGÇô Overtime | 0.00 | RJE - 1 | (0.00) | | |
| 50300-DHC | Direct Salaries & WagesGÇô Bonuses | 0.00 | DIE 4 | 0.00 | 0.00 | |
| 50421-DHC | Neurologist | 600.00 | RJE - 1 | (0.00) (600.00) | 0.00 | |
| 30421-0110 | _ | | RJE - 1 | (600.00) | 3,057,542.00 | |
| 50616-DHC | Physician | 2,157,003.00 | RJE - 1 | 900,539.00 (2,157,003.00) | 3,037,342.00 | |
| | | | RJE - 1 | 3,057,542.00 | 0.00 | |
| 51950-DHC | Vacation Expense | 34,113.00 | RJE - 1 | (34,113.00) | 0.00 | |
| Subtotal [1A] Ph | ysician | 2,383,803.00 | 1102 | 673,739.00 | 3,057,542.00 | |
| | | | | | | |
| Subgroup : [1A.1 51100-DHC | 1] Physician Other FICA Social Security | 594,571.00 | | (594,571.00) | 0.00 | |
| 31100 2110 | • | | RJE - 2 | (594,571.00) | 0.00 | |
| 51101-DHC | FICA Medicare | 149,220.00 | RJE - 2 | (149,220.00) (149,220.00) | 0.00 | |
| 51200-DHC | Health Insurance | 953,876.00 | | (953,876.00) | 0.00 | |
| 54000 DUO | Life insurance | 34,802.00 | RJE - 2 | (953,876.00) (34,802.00) | 0.00 | |
| 51300-DHC | Life irisdrance | 54,002.00 | RJE - 2 | (34,802.00) | | |
| 51400-DHC | Retirement Expenses | 233,467.00 | DIE 2 | (233,467.00) | 0.00 | |
| 51450-DHC | Pension Expense | 7,277.00 | RJE - 2 | (233,467.00) (7,277.00) | 0.00 | |
| 31430-0110 | CHAINT Exposide | | RJE - 2 | (7,277.00) | 0.05 | |
| 51600-DHC | State Unemployment Insurance | 55,916.00 | RJE - 2 | (55,916.00) (55,916.00) | 0.00 | |
| 51700-DHC | Workers Compensation | 102,568.00 | | (102,568.00) | 0.00 | |
| 14 | Dhysinian Bosofita | 0.00 | RJE - 2 | (102,568.00) 613,080.00 | 613,080.00 | |
| Marcum 115 | Physician Benefits | 0.00 | RJE-2 | 613,080.00 | | |
| Subtotal [1A.1] F | Physician Other | 2,131,697.00 | | (1,518,617.00) | 613,080.00 | |
| Subgroup : [18] | Physician Assistant | | | | | |
| 50617-DHC | Physician Assistant | 238,381.00 | DIE 4 | (41,361.00) | 197,020.00 | |
| | | | RJE - 1 RJE - 1 | (238,381.00) | | |
| Subtotal [1B] Ph | nysician Assistant | 238,381.00 | | (41,361.00) | 197,020.00 | |
| Cubanaun : IID | 11 DA Othor | | | | | |
| Subgroup : [1B.* Marcum 108 | Physician Asst. Benefits | 0.00 | | 39,505.00 | 39,505.00 | |
| | DA Othor | 0.00 | RJE - 2 | 39,505.00 39,505.00 | 39,505.00 | |
| Subtotal [1B.1] F | ra Guler | 0.00 | - 1 | 02,000.00 | | |
| Subgroup : [1C] | | 27 674 00 | | (27,674.00) | 0.00 | |
| 50220-DHC | NFN Clinical Supervisor | 27,674.00 | RJE - 1 | (27,674.00) | | |
| 50416-DHC | Infectious Disease Nurse | 81,123.00 | | (81,123.00) | 0.00 | |
| 50418-DHC | Licensed Practical Nurse | 588,155.00 | RJE - 1 | (81,123.00) (588,155.00) | 0.00 | |
| 30年10年10日10 | | | RJE - 1 | (588,155.00) | | |
| 50423-DHC | NFN Home Visitor | 38,742.00 | RJE - 1 | (38,742.00) (38,742.00) | 0.00 | |
| 50424-DHC | Nurse Educator | 2,643.00 | | (2,643.00) | 0.00 | |
| | | 4E EE4 00 | RJE - 1 | (2,643.00) (45,554.00) | 0.00 | |
| 50425-DHC | Nurse Manager | 45,554.00 | RJE - 1 | (45,554.00) | | |
| 50426-DHC | Nurse Team Leader | 27,596.00 | | (27,596.00) | 0.00 | |
| 50433 DWC | Prenatal Home Visitor | 1,908.00 | RJE - 1 | (27,596.00) (1,908.00) | 0.00 | |
| 50433-DHC | (Totalal Forms Visitor | | RJE - 1 | (1,908.00) | | |
| 50435-DHC | Registered Nurse | 698,972.00 | RJE - 1 | (698,972.00) (698,972.00) | 0.00 | |
| 50601-DHC | APRN | 1,373,682.00 | | (1,373,682.00) | 0.00 | |
| | | 215 476 00 | RJE - 1 | (1,373,682.00) (215,476.00) | 0.00 | |
| 50612-DHC | Nurse Midwife | 215,476.00 | RJE - 1 | (215,476.00) | 0.00 | |
| | | | | | | |

Client: Engagement: Period Ending: Trial Balance: Workpaper:

Cornell Scott - Hill Health Corporation FQHC - Cornell Scott - Hill Health Corporation 6/30/2017 A.01 - TB A.03 - TB Combined Detail Grouping

| Workpaper: | A.03 - TB Combined Detail Grouping | | | | |
|--------------------------------|---|--------------------------|--------------------|--|---------------------------|
| Account | Description | ADJUSTED | JE Ref# | RJE | REPORT |
| Marcum 102 | Direct Health Nursing Salaries | 6/30/2017 0.00 | | 3,169,467.00 | 6/30/2017 3,169,467.00 |
| Subtotal [1C] Nu | rse Practitioner | 3,101,525.00 | RJE - 1 | 3,169,467.00 67,942.00 | 3,169,467.00 |
| Subgroup : [1C.1 Marcum 109 |] Nurse Other Nurses' Benefits | 0.00 | | 635,523.00 | 635,523.00 |
| | | 0.00 | RJE - 2 | 635,523.00 635,523.00 | 635,523.00 |
| Subtotal [1C.1] N | lurse Other | 0.00 | _ | 000,020.00 | 000,020.00 |
| Subgroup : [1D] 50110-DHC | Other (Assistants, Case Mngrs, Dieticians) Executive Assistant I | 18,144.00 | RJE - 1 | (18,144.00) (18,144.00) | 0.00 |
| 50111-DHC | Executive Assistant II | 6,744.00 | RJE - 1 | (6,744.00) (6,744.00) | 0.00 |
| 50206-DHC | Director of Early Childhood | 78,750.00 | RJE - 1 | (78,750.00) (78,750.00) | 0.00 |
| 50215-DHC | Director of Purchasing | 5,132.00 | RJE - 1 | (5,132.00) (5,132.00) | 0.00 |
| 50216-DHC | Executive Chef | 27,187.00 | RJE - 1 | (27,187.00) (27,187.00) | 0.00 |
| 50224-DHC | Program Director II | 97,773.00 | RJE - 1 | (97,773.00) (97,773.00) | 0.00 |
| 50225-DHC | Site Manager | 146,158.00 | | (146,158.00) | 0.00 |
| 50227-DHC | WIC Site Manager | 67,208.00 | RJE - 1 | (146,158.00) (67,208.00) | 0.00 |
| 50232-DHC | Medical Director of Quality and Operations | 122,424.00 | RJE - 1 | (67,208.00) (122,424.00) | 0.00 |
| 50233-DHC | Director of Care Coordination | 41,769.00 | RJE - 1 | (122,424.00) (41,769.00) | 0.00 |
| 50234-DHC | Director of Wellness Education | 71,426.00 | RJE - 1 | (41,769.00) (71,426.00) | 0.00 |
| 50235-DHC | Assistant Manager of Care Coordination | 19,485.00 | RJE - 1 | (71,426.00) (19,485.00) | 0.00 |
| 50401-DHC | Care Coordinator | 105,413.00 | RJE - 1 | (19,485.00) (105,413.00) | 0.00 |
| 50402-DHC | Case Manager | 255,633.00 | RJE - 1 | (105,413.00) (255,633.00) | 0.00 |
| 50407-DHC | Community Health Worker | 201,196.00 | RJE - 1 | (255,633.00) (201,196.00) | 0.00 |
| 50411-DHC | Diabetes Educator | 47,113.00 | RJE - 1 | (201,196.00) (47,113.00) | 0.00 |
| 50412-DHC | Early Intervention Associate | 26,122.00 | RJE - 1 | (47,113.00) (26,122.00) | 0.00 |
| 50413-DHC | Early Intervention Associate II | 48,415.00 | RJE - 1 | (26,122.00) (48,415.00) (48,415.00) | 0.00 |
| 50420-DHC | Medical Assistant | 699,370.00 | RJE - 1 | (699,370.00) | 0.00 |
| 50427-DHC | Ophthalmic Technician | 54,464.00 | RJE - 1 | (699,370.00) (54,464.00) (54,464.00) | 0.00 |
| 50428-DHC | Ophthalmology Assistant | 57,861.00 | RJE - 1 | (57,861.00) | 0.00 |
| 50430-DHC | Practice Administrator | 84,423.00 | RJE - 1 | (57,861.00) (84,423.00) | 0.00 |
| 50431-DHC | Practice Manager I | 2,212.00 | RJE - 1 RJE - 1 | (84,423.00) (2,212.00) (2,212.00) | 0.00 |
| 50440-DHC | Resource Specialist | 42,950.00 | RJE - 1 | (42,950.00) (42,950.00) | 0.00 |
| 50442-DHC | Senior Care Coordinator Assistant | 40,600.00 | | (40,600.00) (40,600.00) | 0.00 |
| 50445-DHC | Special Education Teacher | 43,643.00 | RJE - 1 | (43,643.00) (43,643.00) | 0.00 |
| 50447-DHC | WIC Site Nutritionist | 81,954.00 | RJE - 1 | (81,954.00) | 0.00 |
| 50449-DHC | Milieu Counselor Shift Supervisor | 60,145.00 | RJE - 1 | (81,954.00) (60,145.00) | 0.00 |
| 50450-DHC | Wellness Outreach Manager | 56,717.00 | RJE - 1 | (60,145.00) (56,717.00) (56,717.00) | 0.00 |
| 50453-DHC | Complex Care Manager Social Workers | 13,802.00 | RJE - 1 | (56,717.00) (13,802.00) | 0.00 |
| 50454-DHC | Interim Practice Administrator | 17,949.00 | RJE - 1 | (13,802.00) (17,949.00) | 0.00 |
| 50455-DHC | Medical Case Manager | 17,299.00 | RJE - 1 | (17,949.00) (17,299.00) | 0.00 |
| 50605-DHC | Clinician II | 18,384.00 | RJE - 1 | (17,299.00) (18,384.00) | 0.00 |
| | | | | | |

| Workpaper: | A.03 - TB Combined Detail Grouping | | | | | |
|-----------------|---|---|---------|------------------------------|------------------------|--|
| Account | Description | ADJUSTED | JE Ref# | RJE | REPORT | |
| | | 6/30/2017 | | | 6/30/2017 | |
| | | | RJE - 1 | (18,384.00) | 0.00 | |
| 50606-DHC | Dental Hygenist | 29,593.00 | RJE - 1 | (29,593.00) (29,593.00) | 0.00 | |
| 50608-DHC | Director of Pediatrics | 145,022.00 | NOL - 1 | (145,022.00) | 0.00 | |
| 30000-DNC | Director of Fediation | , | RJE - 1 | (145,022.00) | | |
| 50611-DHC | Medical Director | 34,615.00 | | (34,615.00) | 0.00 | |
| | A college and What water | 72,419.00 | RJE - 1 | (34,615.00) (72,419.00) | 0.00 | |
| 50613-DHC | Occupational Therapist | 72,419.00 | RJE - 1 | (72,419.00) | 0.00 | |
| 50614-DHC | Pediatrician | 210,153.00 | | (210,153.00) | 0.00 | |
| | | | RJE - 1 | (210,153.00) | 0.00 | |
| 50618-DHC | Podiatrist | 107,054.00 | RJE - 1 | (107,054.00) (107,054.00) | 0.00 | |
| 50623-DHC | Registered Dietitian | 62,038.00 | NJE - I | (62,038.00) | 0.00 | |
| 30023-0110 | registered biolinari | | RJE - 1 | (62,038.00) | | |
| 50627-DHC | Speech Language Pathologist | 105,719.00 | | (105,719.00) | 0.00 | |
| | B 1 1 1 B 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | 4E 4EE 00 | RJE - 1 | (105,719.00) (45,155.00) | 0.00 | |
| 50629-DHC | Perinatal Program Manager | 45,155.00 | RJE - 1 | (45,155.00) | 0.00 | |
| 50801-DHC | Access To Care Manager | 51,098.00 | ,,,,, | (51,098.00) | 0.00 | |
| | • | | RJE - 1 | (51,098.00) | | |
| 50802-DHC | Access to Care Outreach Worker | 170,431.00 | D.IE 4 | (170,431.00) | 0.00 | |
| 50000 BUID | Assess To Corn Before Coordinator | 23,191.00 | RJÉ - 1 | (170,431.00) (23,191.00) | 0.00 | |
| 50803-DHC | Access To Care Referral Coordinator | 25,181.00 | RJĒ - 1 | (23,191.00) | 0.00 | |
| 50807-DHC | Administrative Assistant | 41,405.00 | ,,,, | (41,405.00) | 0.00 | |
| | | | RJE - 1 | (41,405.00) | | |
| 50815-DHC | Cook II | 17,035.00 | D.IE 4 | (17,035.00) | 0.00 | |
| FRONE DILIO | Health Educator | 184,157.00 | RJE - 1 | (17,035.00) (184,157.00) | 0.00 | |
| 50825-DHC | Health Educator | 104,137.00 | RJE - 1 | (184,157.00) | 0,00 | |
| 50833-DHC | HUSKY Liaison | 26,578.00 | | (26,578.00) | 0.00 | |
| | | | RJE - 1 | (26,578.00) | | |
| 50840-DHC | Patient Accounts Rep. Team Leader | 14,389.00 | RJE - 1 | (14,389.00) (14,389.00) | 0.00 | |
| 50843-DHC | Patient Registrar | 445,698.00 | KJE - I | (445,698.00) | 0.00 | |
| 30643-DHC | Fallerit Registra | 114,000.00 | RJE - 1 | (445,698.00) | | |
| 50844-DHC | Patient Registration Team Leader | 129,986.00 | | (129,986.00) | 0.00 | |
| | - " | | RJE - 1 | (129,986.00) | 0.00 | |
| 50846-DHC | Practice Coordinator | 86,260.00 | RJE - 1 | (86,260.00) (86,260.00) | 0.00 | |
| 50847-DHC | Program Coordinator | 48,296.00 | NOL - I | (48,296.00) | 0.00 | |
| 30047-0110 | 1 rogitarii Godianiator | , | RJE - 1 | (48,296.00) | | |
| 50850-DHC | Receptionist | 29,751.00 | | (29,751.00) | 0.00 | |
| | | 04.544.00 | RJE - 1 | (29,751.00) | 0.00 | |
| 50852-DHC | Referral Specialist | 24,514.00 | RJÉ - 1 | (24,514.00) (24,514.00) | 0.00 | |
| 50855-DHC | Secretary/Receptionist | 23,942.00 | | (23,942.00) | 0.00 | |
| 0.000 | | | RJE - 1 | (23,942.00) | | |
| 50859-DHC | Sous Chef | 45,436.00 | B.E. 4 | (45,436.00) | 0.00 | |
| FORCE PLIC | WIC Clerk | 69,770.00 | RJE - 1 | (45,436.00) (69,770.00) | 0.00 | |
| 50862-DHC | AAIC CIBIK | 03,770.00 | RJE - 1 | (69,770.00) | 0.00 | |
| 50868-DHC | Senior Administrative Assistant | 51,529.00 | | (51,529.00) | 0.00 | |
| | | | RJE - 1 | (51,529.00) | | |
| Marcum 103 | Direct Health Other Salaries | 0.00 | DIE 4 | 4,194,376.00 | 4,194,376.00 | |
| Cubanani (dD) O | they (Assistante Case Magre Distinians) | 4,973,099.00 | RJE - 1 | 4,194,376.00 (778,723.00) | 4,194,376.00 | |
| Subtotal [10] O | ther (Assistants, Case Mngrs, Dieticians) | 4,510,055.00 | | (110,120.00) | 1,104,010.00 | |
| Subgroup : [1D | .1] Other Health Care Other | | | | | |
| Marcum 110 | Other Direct Health Benefits | 0.00 | | 841,032.00 | 841,032.00 | |
| | | 0.00 | RJE - 2 | 841,032.00 | 944 032 00 | |
| Subtotal [1D.1] | Other Health Care Other | 0.00 | | 841,032.00 | 841,032.00 | |
| Subgroup : [2A] |] Medical Supplies | | | | | |
| 52100-DHC | Medical Supplies | 241,451.00 | | 0.00 | 241,451.00 | |
| 52200-DHC | Dental Supplies | 143.00 | | 0.00 | 143.00 | |
| 57350-DHC | Medical & Other Services | 507.00 | | 0.00 | 507.00 | |
| 60200-DHC | Medical Waste & Refuse Removal | 7,861.00 249,962.00 | | 0.00 | 7,861.00 249,962.00 | |
| Suprotal [2A] M | ledical Supplies | 248,302.00 | , | 0.00 | 270,002.00 | |
| Subgroup : [2B | Transportation (Health Care Staff) | | | | | |
| 55150-DHC | Vehicle Expense | 1,100.00 | | 0.00 | 1,100.00 | |
| 56100-DHC | Travel GÇô Local Mileage Reimbursement | 19,597.00 | | 0.00 | 19,597.00 | |
| 56250-DHC | Travel - Transportation | 4,025.00 | | 0.00 | 4,025.00 | |
| | | | | | | |

| Workpaper: | A.03 - TB Combined Detail Grouping | | | | |
|--|--|----------------------------|--|--|----------------------------|
| Account | Description | ADJUSTED | JE Ref# | RJE | REPORT |
| | | 6/30/2017 | | | 6/30/2017 |
| 6300-DHC | Travel GÇô Registration Fees | 375.00 | | 0.00 | 375.00 |
| 7320-DHC | Patient/Client Transportation | 870.00 | | 0.00 | 870.00 |
| | nsportation (Health Care Staff) | 25,967.00 | | 0.00 | 25,967.00 |
| Juptomi [22] IIa | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | | |
| Subgroup : [2C] | Depreciation - Medical Equipment | | | | |
| 55350-DHC | Depreciation Expense - Other Equipment | 18,206.00 | | 0.00 | 18,206.00 |
| 55400-DHC | Depreciation Expense GÇô Furniture and Fixture | 77,060.00 | 140 | 0.00 | 77,060.00 |
| | preciation - Medical Equipment | 95,266.00 | - | 0.00 | 95,266.00 |
| annom: [20] Doi | 3,0012000 | | _ | | |
| Subgroup : [2D] | Professional Liability Insurance | | | | |
| 59250-DHC | Insurance Expense GÇô Umbrella Liability | 19,452.00 | | 0.00 | 19,452.00 |
| 59350-DHC | Insurance Expense - General Liability | 48,207.00 | | 0.00 | 48,207.00 |
| 59900-DHC | Insurance Expense GÇô Other | 1,106.00 | | 0.00 | 1,106.00 |
| | fessional Liability Insurance | 68,765.00 | | 0.00 | 68,765.00 |
| | • | | | | |
| Subgroup : [2E] | Laboratroy | | | | |
| 52400-DHC | Laboratory Supplies | 782.00 | | 0.00 | 782.00 |
| Subtotal [2E] Lab | | 782.00 | | 0.00 | 782.00 |
| | • | | | | |
| Subgroup : [2G] | Physician Administered Drugs | | | | |
| 52300-DHC | Pharmacy Supplies | 15,973.00 | | 0.00 | 15,973.00 |
| | ysician Administered Drugs | 15,973.00 | | 0.00 | 15,973.00 |
| | , | | 27 | | |
| Subgroup : [2H] | Rent, Utilities | | | | |
| 54100-DHC | Rent | 157,183.00 | | 0.00 | 157,183.00 |
| 54300-DHC | Utilities - Electric | 9,797.00 | | 0.00 | 9,797.00 |
| 54310-DHC | Utilities - Water | 424.00 | | 0.00 | 424.00 |
| 54320-DHC | Utilities - Sewer | 39.00 | | 0.00 | 39.00 |
| 54330-DHC | Utilities - Gas | 1,033.00 | | 0.00 | 1,033.00 |
| Subtotal [2H] Rer | | 168,476.00 | _ | 0.00 | 168,476.00 |
| Subtoral [2rt] Kei | it, Guittes | 100,470.00 | _ | | |
| Subgroup : [2i] | Physicians (Contracted) | | | | |
| | Consultant Expense | 1,060.00 | | 0.00 | 1,060.00 |
| 58400-DHC | Contractual Labor | 326,172.00 | | 0.00 | 326,172.00 |
| 58500-DHC | | 53,011.00 | | 0.00 | 53,011.00 |
| 58510-DHC | Contractual Services | | | 0.00 | 14.00 |
| 58900-DHC | Other - Labor | 14.00 | | 0.00 | 380,257.00 |
| Subtotal [21] Phys | sicians (Contracted) | 380,257.00 | - | 0.00 | 350,237.00 |
| C., b. a. a | Professional Licenses | | | | |
| Subgroup : [2J] | Professional Licenses | 23,878.00 | | 0.00 | 23,878.00 |
| 60150-DHC | | 23,878.00 | 7 | 0.00 | 23,878.00 |
| Subtotal [2J] Pro | fessional Licenses | 23,618.00 | 2= | 0.00 | 20,070.00 |
| Subaroup : I2KI | Property Taxes | | | | |
| Subgroup : [2K] 55310-DHC | Taxes | 307.00 | | 0.00 | 307.00 |
| Subtotal [2K] Pro | | 307.00 | _ | 0.00 | 307.00 |
| Suptotal [2K] FIG | operty lakes | | - | | |
| Subgroup : [2L] | Other | | | | |
| | Other Supplies | 3,954.00 | | 0.00 | 3,954.00 |
| 53900-DHC | Furniture & Equipment Purchase | 9,235.00 | | 0.00 | 9,235.00 |
| 54450-DHC | | 32,583.00 | | 0.00 | 32,583.00 |
| 54500-DHC | Furniture & Equipment Rental | | | 0.00 | 4,518.00 |
| 57200-DHC | Outreach Materials | 4,518.00 | | 0.00 | 1,071.00 |
| 57310-DHC | Client Incentives | 1,071.00 | | | 298,646.00 |
| 58550-DHC | Temporary Labor | 298,646.00 | | 0.00 | |
| 60370-DHC | Employee Uniforms | 10,751.00 | | 0.00 | 10,751.00 |
| 60600-DHC · | Outreach Expense | 3,799.00 | | 0.00 | 3,799.00 |
| 60680-DHC | Emergency Housing | 7,715.00 | - | 0.00 | 7,715.00 |
| Subtotal [2L] Oth | ner | 372,272.00 | _ | 0.00 | 372,272.00 |
| Total [FORM A - | A] Direct Health Care Cost - Staff Cost | 14,230,410.00 | - | (80,960.00) | 14,149,450.00 |
| | | | _ | | |
| Group : [FORM A | A Direct Dental Care Cost | | | | |
| Subgroup : [1A] | | | | | _ |
| 50100-Dental | Direct Salaries & Wages | (9,106.00) | | 9,106.00 | 0.00 |
| | • | | RJE - 1 | 9,106.00 | |
| 50 100-Delitai | | 400 500 00 | | (188,500.00) | 0.00 |
| | Director of Dental Services | 188,500.00 | | | |
| | Director of Dental Services | 188,500.00 | RJE - 1 | (188,500.00) | |
| 50109-Dental | | 0.00 | RJE - 1 | (188,500.00) | 0.00 |
| 50109-Dental | Director of Dental Services Direct Salaries & WagesGÇô Overtime | | RJE - 1 RJE - 1 | | 0.00 |
| 50109-Dental 50200-Dental | Direct Salaries & WagesGÇô Overtime | 0.00 | | 0.00 | |
| 50109-Dental 50200-Dental | | | RJE - 1 | 0.00 (0.00) 0.00 | |
| 50109-Dental 50200-Dental 50300-Dental | Direct Salaries & WagesGÇô Overtime Direct Salaries & WagesGÇô Bonuses | 0.00 | | 0.00 (0.00) 0.00 (0.00) | 0.00 |
| 50109-Dental 50200-Dental 50300-Dental | Direct Salaries & WagesGÇô Overtime | 0.00 | RJE - 1 RJE - 1 | 0.00 (0.00) 0.00 (0.00) 147,640.00 | 0.00 |
| 50109-Dental 50200-Dental 50300-Dental 50607-Dental | Direct Salaries & WagesGÇô Overtime Direct Salaries & WagesGÇô Bonuses | 0.00 | RJE - 1 RJE - 1 RJE - 1 | 0.00 (0.00) 0.00 (0.00) 147,640.00 (529,185.00) | 0.00 0.00 676,825.00 |
| 50109-Dental 50200-Dental 50300-Dental 50607-Dental | Direct Salaries & WagesGÇô Overtime Direct Salaries & WagesGÇô Bonuses Dentist | 0.00 0.00 529,185.00 | RJE - 1 RJE - 1 | 0.00 (0.00) 0.00 (0.00) 147,640.00 (529,185.00) 676,825.00 | 0.00 676,825.00 |
| 50109-Dental 50200-Dental 50300-Dental | Direct Salaries & WagesGÇô Overtime Direct Salaries & WagesGÇô Bonuses | 0.00 | RJE - 1 RJE - 1 RJE - 1 RJE - 1 | 0.00 (0.00) 0.00 (0.00) 147,640.00 (529,185.00) 676,825.00 (6,102.00) | 0.00 |
| 50109-Dental 50200-Dental 50300-Dental 50607-Dental | Direct Salaries & WagesGÇô Overtime Direct Salaries & WagesGÇô Bonuses Dentist Vacation Expense | 0.00 0.00 529,185.00 | RJE - 1 RJE - 1 RJE - 1 | 0.00 (0.00) 0.00 (0.00) 147,640.00 (529,185.00) 676,825.00 | 0.00 676,825.00 |

| Account Description ADJUSTED JE Ref # RJE REPORT G002017 G0020 | Workpaper: | A.03 - TB Combined Detail Grouping | | | | |
|--|--------------------|--|------------|-----------|--------------|-------------|
| Subgroup FIA-1 Dentist Other FICA Social Security 95.418.00 RJE - 2 (35.480.00) 0.00 | | Description | ADJUSTED | JE Ref# | RJE | REPORT |
| Section Sect | Account | | 6/30/2017 | | | 6/30/2017 |
| 1100-Dertal FICA Social Security 95,418.00 R.UE - 2 (23,446.00) 0.00 | | | | | | |
| 1100-Dertal FICA Social Security 95,418.00 R.UE - 2 (23,446.00) 0.00 | Subaroup : [1A.1] | Dentist Other | | | | |
| 1101-Dental FICA Medicare | 51100-Dental | FICA Social Security | 95,418.00 | | | 0.00 |
| 100-Dental Health Insurance 153,091.00 RUE - 2 (23,946.00) 0.00 0.0 | | | | RJE - 2 | | 0.00 |
| 1200-Dental Health Insurance 153,091.00 C.00 RUE - 2 (153,091.00) C.00 C.585.00 C.585.0 | 51101-Dental | FICA Medicare | 23,946.00 | D.IE 0 | | 0.00 |
| Name | | | 452 004 00 | RJE - 2 | | 0.00 |
| 1300-Dental Life Insurance | 51200-Dental | Health Insurance | 153,091.00 | DIE 2 | | 0.00 |
| AGD-Central Retirement Expenses 37,464.00 RUE - 2 (5.665.00) Company Compa | | 156. 1 | 5 585 00 | NJE - Z | | 0.00 |
| 1400-Dential Retirement Expenses 37,464.00 RJE - 2 (37,464.00) 0.00 1430-Dential Pensision Expenses 1,168.00 RJE - 2 (1,168.00) 0.00 1430-Dential Pensision Expenses 1,168.00 RJE - 2 (1,168.00) 0.00 1430-Dential Workers Compensation 16,460.00 RJE - 2 (16,460.00) 0.00 1470-Dential Workers Compensation 16,460.00 RJE - 2 (16,460.00) 0.00 1470-Dential Dential Eensitis 0.00 RJE - 2 (16,460.00) 0.00 1475-173.00 1357-13.00 13 | 51300-Dental | Life Insurance | 5,565.00 | RJE - 2 | | |
| Name | E1400 Dontol | Potiromont Evnances | 37 464 00 | | | 0.00 |
| Richon-Dental State Unemployment Insurance 8,968.00 Rich 2 (8,868.00) 0.00 | 5 1400-Denial | Real efficit Expenses | 0.110 | RJE - 2 | | |
| RJE-12 | 51450-Dental | Pension Expense | 1,168.00 | | (1,168.00) | 0.00 |
| The Component The Componen | | , | | RJE - 2 | | |
| | 51600-Dental | State Unemployment Insurance | 8,968.00 | | | 0.00 |
| RJE-2 | | | | RJE - 2 | | 0.00 |
| Agricum 116 Dentist Benefits Dentist Benefits Dentist Benefits Dentist State Denti | 51700-Dental | Workers Compensation | 16,460.00 | D.IE 0 | | 0.00 |
| Subtotal [1.4.1] Dential Other 342,100.00 135,713.0 | | | 0.00 | RJE - Z | | 135 713 00 |
| Subtrotal [1A.1] Dentist Other 342,100.00 (206,387,00) 135,713.00 | Marcum 116 | Dentist Benefits | 0.00 | DIE - 2 | | 100,7 10.00 |
| Subsproup [18] | | | 342 100 00 | INOL - Z | | 135,713.00 |
| Dental Hygenist Dental Hyg | Subtotal [1A.1] De | entist Outer | 342,100,00 | _ | (200)00000 | |
| Dental Hygenist Dental Hyg | Subaroup : [1R] | Dental Hygienist | | | | |
| Subtotal [18] Dental Hygienist 280,725.00 RJE - 1 278,313.00 12,412.00 278,313.00 12,412.00 278,313.00 12,412.00 278,313.00 12,412.00 278,313.00 12,412.00 12, | 50606-Dental | | 280,725.00 | | (2,412.00) | 278,313.00 |
| Subtrotal [18] Dental Hygienist 280,725.00 12,412.00 278,313.00 | , Derival | · · ; g | • | RJE - 1 | | |
| Subproup [16] Dental Hygienist Other Dental Hygienist Other | | | | RJE - 1 _ | | |
| Subtoral Time Dental Hyglenist Benefits 0.00 RJE - 2 55,006.00 55,006.00 55,006.00 | Subtotal [1B] Den | ntal Hygienist | 280,725.00 | | (2,412.00) | 278,313.00 |
| Subtoral Time Dental Hyglenist Benefits 0.00 RJE - 2 55,006.00 55,006.00 55,006.00 | | | | | | |
| Subtotal [18.1] Hygienist Other 0.00 55,806.00 55,806.00 | Subgroup : [1B.1] | | | | 55 000 00 | EE 00C 00 |
| Subproup [1C] Other Dental Salaries (Dental Assistant/Admin) Salaries (Dental Assistant/Admin) Salaries (Dental Assistant/Admin) Office Manager Salaries (Dental Assistant Salaries (Dental Assistant Salaries (Dental Assistant Salaries (Dental Assistant Salaries Salarie | vlarcum 111 | Dental Hygienist Benefits | 0.00 | D.15. 0 | | 55,806.00 |
| Subgroup [1C] Other Dental Salaries (Dental Assistant/Admin) Subgroup [2A] Dental Supplies Sizuopoup [2A] Dental Supplies Sizuopoup [2A] Dental Supplies Subgroup [2B] Dental Supplies Subgroup [2B] | | | 0.00 | RJE - 2 | | 55 806 00 |
| Office Manager S3,942.00 (53,942.00) 0.00 | Subtotal [1B.1] H | ygienist Other | 0.00 | - | 33,800.00 | 00,000.00 |
| Office Manager S3,942.00 (53,942.00) 0.00 | C.,barrana , [4C] | Other Dontal Salaries (Dental Assistant/Adm | nin) | | | |
| South Company Compan | | , | | | (53,942,00) | 0.00 |
| 100 | JOZZ I-Delikal | Onice Manage. | **, | RJE - 1 | | |
| RJE - 1 (339,356.00) (3027.00) (30 | 50408-Dental | Dental Assistant | 339,356.00 | | | 0.00 |
| South Color Colo | 30 100 2011101 | | | RJE - 1 | (339,356.00) | |
| RJE - 1 (9.027.00) (62.989.00) 0.00 (62.989.00) 0.00 (62.989.00) 0.00 (62.989.00) 0.00 (62.989.00) 0.00 (62.989.00) 0.00 (62.989.00) 0.00 (62.989.00) 0.00 (62.989.00) 0.00 (62.278.00) 0.00 (62.278.00) 0.00 (62.278.00) 0.00 (62.278.00) 0.00 (62.278.00) 0.00 0.00 (62.278.00) 0.00 | 50417-Dental | Interim Dental Director | 9,027.00 | | (9,027.00) | 0.00 |
| No. No. | | | | RJE - 1 | | |
| Coulomb Coul | 50430-Dental | Practice Administrator | 62,989.00 | | | 0.00 |
| Subgroup : [1C.1] Other Dental Other Subgroup : [1C.1] Other Dental Other Subgroup : [2A] Dental Supplies Subgroup : [2A] Transportation Subgroup : [2B] Transportation Subgroup : [2B] Transportation Subgroup : [2C] Depreciation - Pental Equipment Subgroup : [2C] Subgrou | | | | RJE - 1 | | |
| Call Center Clerk 31,658.00 RJE - 1 (31,658.00) 0.00 | 50448-Dental | Lead Dental Assistant | 52,278.00 | | | 0.00 |
| Robin Color Robert Rober | | | 04.050.00 | RJE - 1 | | 0.00 |
| Health Educator 1,600.00 RJE - 1 (1,600.00 0.00 | 50810-Dental | Call Center Clerk | 31,658.00 | DIE 1 | | 0.00 |
| National Colored Patient Registrar 101,353.00 RJE - 1 (1,600.00) (101,353.00) 0.00 (101,353.00) 0.00 (101,353.00) 0.00 (101,353.00) 0.00 (101,353.00) 0.00 (101,353.00) 0.00 0.0 | | II. M. Fabruston | 1 600 00 | KJE - I | | 0.00 |
| Description Patient Registrar 101,353.00 (101,353.00) 0.00 0 | 00825-Dental | Health Educator | 1,000.00 | R IE . 1 | | 0.00 |
| RJE - 1 (101,353.00) 0.00 | 50042 Dentel | Betient Begietrer | 101 353 00 | 1500-1 | | 0.00 |
| Subtotal 1C.1 Other Dental Salaries O.00 RJE - 1 (69,023.00) O.00 | 00043-Dental | ratient Registral | 101,000.00 | RJE - 1 | | |
| RJE - 1 (69,023.00) 648,483.00 648,483.00 648,483.00 RJE - 1 (69,023.00) 648,483.00 RJE - 1 (69,023.00) 648,483.00 RJE - 1 (72,743.00) 648,483.00 RJE - 1 (72,743.00) 648,483.00 RJE - 1 (72,743.00) 648,483.00 RJE - 2 (72,743.00) 648,483.00 RJE - 2 (72,743.00) RJE - 2 (72,7 | 50855_Dental | Secretary/Recentionist | 69.023.00 | | | 0.00 |
| RJE - 1 648,483.00 648,48 | DOGGO-DCINA: | Obol Cital y 11 Coop not not | | RJE - 1 | | |
| RJE - 1 648,483.00 648,48 | Marcum 105 | Other Dental Salaries | 0.00 | | 648,483.00 | 648,483.00 |
| Subgroup : [1C.1] Other Dental Other Other Dental Benefits O.00 RJE - 2 130,030.00 130,030.00 RJE - 2 130,030.00 130,030.00 RJE - 2 130,030.00 130,030.00 RJE - 2 130,030.00 130,030.00 RJE - 2 130,030.00 RJE - 2 130,030.00 RJE - 2 130,030.00 130,030. | | | | RJE - 1 | | |
| Subgroup : [1C.1] Other Dental Other Other Dental Benefits O.00 RJE - 2 130,030.00 130,030.00 130,030.00 RJE - 2 130,030.00 130, | Subtotal [1C] Oth | ner Dental Salaries (Dental Assistant/Admin) | 721,226.00 | | (72,743.00) | 648,483.00 |
| Marcum 112 | | | | | | |
| Marcum 112 | Subgroup : [1C.1 |] Other Dental Other | | | | 420,000,00 |
| Subtrotal [1C.1] Other Dental Other 0.00 130,030.00 130,030.00 130,030.00 130,030.00 | Marcum 112 | Other Dental Benefits | 0.00 | · | | 130,030.00 |
| Subgroup : [2A] Dental Supplies 638.00 0.00 638.00 | | | | RJE - 2 | | 420 020 00 |
| Medical Supplies 638.00 0.00 638.00 0.00 638.00 0.0 | Subtotal [1C.1] O | ther Dental Other | 0.00 | | 130,030.00 | 130,030.00 |
| Medical Supplies 638.00 0.00 638.00 0.00 638.00 0.0 | | Destal Complies | | | | |
| 170,517.00 0.00 170,517.00 0.00 170,517.00 0.00 170,517.00 0.00 170,517.00 0.00 | | | 638.00 | | 0.00 | 638.00 |
| Subgroup [2B] Transportation Subgroup [2B] Travel GÇô Local Mileage Reimbursement 225.00 0.00 225.00 0.00 | | | | | | |
| Subtrotal [2A] Dental Supplies 175,109.00 175,109.0 | | | | | | |
| Subgroup : [2B] Transportation Vehicle Expense 61.00 0.00 61.00 0 | | | | | | |
| Vehicle Expense 61.00 0.00 61.00 | | | | | | 7 |
| Vehicle Expense 61.00 0.00 61.00 | Subgroup : [2B] | Transportation | | | | |
| 56100-Dental Travel GÇô Local Mileage Reimbursement 225.00 0.00 225.00 Subtotal [2B] Transportation 286.00 0.00 286.00 Subgroup: [2C] Depreciation - Dental Equipment 0.00 59.194.00 65400-Dental Depreciation Expense GÇô Furniture and Fixture 59,194.00 0.00 59.194.00 | 55150-Dental | Vehicle Expense | | | | |
| Subtrotal [28] Transportation 286.00 0.00 286.00 Subgroup : [2C] Depreciation - Dental Equipment 59,194.00 0.00 59,194.00 | 56100-Dental | | | - 2 | | |
| Subgroup : [2C] Depreciation - Dental Equipment 65400-Dental Depreciation Expense GÇô Furniture and Fixture 59,194.00 0.00 59,194.00 | | | 286.00 | 1 | 0.00 | 286.00 |
| 65400-Dental Depreciation Expense GCo Furniture and Fixture 59,194.00 0.00 59,194.00 | | | | | | |
| DOTOO DEIItal Depresident Experies Gys 1 artiste | Subgroup : [2C] | | | | 0.00 | 50 104 00 |
| Subtotal [2C] Depreciation - Dental Equipment 59,194.00 0.00 59,194.00 | 65400-Dental | | | 14 | | |
| | Subtotal [2C] De | preciation - Dental Equipment | 59,194.00 | 19 | 0.00 | 35, 194.00 |

| Description ADJUSTED JE Ref. RJE REPORT | Norkpaper: | A.03 - TB Combined Detail Grouping | | | | |
|--|---|---|-------------------|-------------|---|------------|
| Commercial Commercia | | Description | ADJUSTED | JE Ref# | RJE | REPORT |
| 1,250.pental insurance Expense CQS Umbreles Lability 1,921.00 0.00 0.223.0 | 710000111 | | 6/30/2017 | | | 6/30/2017 |
| 1,250.pental insurance Expense CQS Umbreles Lability 1,921.00 0.00 0.223.0 | | | | | | |
| 1,250-Dental 1,25 | Subgroup : [2D] | | | | 0.00 | 1 021 00 |
| 1,000-1,000 | 9250-Dental | | | | | |
| Description Professional Licenses 1,570.00 0.00 1,370.00 0.0 | 9350-Dental | | | _ | | |
| 1400-Derial Rent 38,989.00 0.00 39,989.00 0.10 11,980.00 11,98 | ubtotal [2D] Prof | fessional Liability Insurance | 8,444.00 | - | 0.00 | 8,444.00 |
| 1400-Derial Rent 38,989.00 0.00 39,989.00 0.10 11,980.00 11,98 | | Pa . 4 1471/4: | | | | |
| 1320-Dental Utilities - Electric 11,296.00 0.00 11,296.00 13,30-Dental Utilities - Cas 710.00 0.00 710.00 7 | | | 38.989.00 | | 0.00 | 38,989.00 |
| 1300-parial Utilities Velator 170.00 0.00 77.00 170. | | | | | 0.00 | 11,296.00 |
| 130-Leptial Utilities | | | | | | 87.00 |
| 1,000 1,00 | | | | | | |
| | | | | 0.000 | | |
| 3400-Dental Consultant Expense 1,666.00 0.00 1,959.00 | iubtotal [2E] Ren | t, Utilities | 51,062.00 | - | 0.00 | |
| 3400-Dental Consultant Expense 1,666.00 0.00 1,959.00 | Subaroun : [2F] | Contract Services | | | | |
| \$500_Dental Contractual Labor \$220,400.00 0.00 220,400.00 0.00 1.974.00 0.00 1.974.00 0.00 1.974.00 0.00 1.974.00 0.00 1.974.00 0.00 1.974.00 0.00 1.974.00 0.00 1.974.00 0.00 1.974.00 0.00 1.975.00 0.00 1.975.00 0.00 1.975.00 0.00 1.975.00 0.00 1.975.00 0.00 1.975.00 0.00 1.975.00 0.00 1.975.00 0.00 1.975.00 0.00 0.00 1.975.00 0.0 | | | 1,656.00 | | | |
| 1,874.00 | | | 220,400.00 | | 0.00 | |
| ubstotal [2F] Contract Services 223,930.00 0.00 223,930.00 ubgroup: [2G] Professional Licenses 1,370.00 0.00 1,370.00 156: Dental Professional Licenses 1,370.00 0.00 1,370.00 ubgroup: [2H] Other Professional Licenses 1,370.00 0.00 1,370.00 ubgroup: [2H] Other Supplies 662.00 0.00 1,000 1,000 650-Dental Furniture & Equipment Purchase 1,806.00 0.00 1,000 5,884.00 6500-Dental Furniture & Equipment Purchase 5,344.00 0.00 5,846.00 0.00 5,846.00 1000-Dental Software & Related Licenses 5,344.00 0.00 2,753.00 0.00 2,753.00 1070-Dental Employee Uniforms 2,753.00 0.00 1,576.00 1,576.00 1,576.00 1,576.00 1,576.00 2,753.00 0.00 1,576.00 1,576.00 1,576.00 1,576.00 1,576.00 1,576.00 1,576.00 1,576.00 1,576.00 1,576.00 1,576.00 1,576.00 1,576.00 1,576.00 1,576.00 | | • -, | 1,874.00 | | | |
| Description 120 Professional Licenses 1,370.00 0.00 0.00 0. | | | | 7.2 | 0.00 | 223,930.00 |
| Disco-betal | | | | | | |
| 1,370,000 1,37 | ubgroup : [2G] | | 4 270 00 | | 0.00 | - 1 370 00 |
| Ubbrail [25] Priviles Pri | i0150-Dental | | | _ | | |
| 3900_Dental Other Supplies 662.00 0.00 696.00 | iubtotal [2G] Pro | fessional Licenses | 1,370.00 | _ | 0.00 | 1,070,00 |
| 3900_Dental Other Supplies 662.00 0.00 696.00 | Suboroup · tana | Other | | | | |
| 1.000 | | | 662.00 | | 0.00 | 662.00 |
| ASO-Dental Furniture & Equipment Rental 5,884.00 0.00 5,884.00 0.00 5,884.00 0.00 5,884.00 0.00 5,814.00 0.00 5,814.00 0.00 350.00 0.00 350.00 0.00 0.00 350.00 0.0 | | | | | 0.00 | 1,806.00 |
| Salution Software & Rollated Licenses 5,314.00 0.00 5,314.00 0.00 350.00 0.00 350.00 0.00 350.00 0.00 350.00 0.00 2,753.00 0.00 2,753.00 0.00 2,753.00 0.00 0.00 2,753.00 0.00 0.00 2,753.00 0.00 0.00 16,769.00 0 | | | | | 0.00 | 5,884.00 |
| Direct Salaries & WagesGÇô Doretime 122,289.00 0.00 0.00 16,769.00 0.00 16,769.00 0.00 16,769.00 0.00 16,769.00 0.00 16,769.00 0.00 16,769.00 0.00 16,769.00 0.00 16,769.00 0.00 16,769.00 0. | | | | | 0.00 | 5,314.00 |
| Company Comp | | | | | 0.00 | 350.00 |
| 15,769.00 16,769.00 16,769.00 16,769.00 16,769.00 16,769.00 16,769.00 16,769.00 16,769.00 16,769.00 133,562.00 2,461,354.00 2,461, | | | | | | 2,753.00 |
| | | • • | | | | 16,769,00 |
| Trick FORM A Direct Mental Health Care Cost | | | | | | |
| ubgroup: [1A] Psychologist Direct Salaries & Wages Direct Salaries & Wages QCO Overtime 0.00 RJE - 1 0.00 0.00 0200-MH Direct Salaries & WagesQCO Overtime 0.00 RJE - 1 (0.00) 0.00 0300-MH Direct Salaries & WagesQCO Bonuses 0.00 RJE - 1 (0.00) 0.00 0622-MH Psychologist 122,289.00 RJE - 1 (122,289.00) 76,138.0 1950-MH Vacation Expense 23,087.00 RJE - 1 (122,289.00) 0.0 1950-MH Vacation Expense 23,087.00 RJE - 1 (122,289.00) 76,138.0 1950-MH Vacation Expense 23,087.00 RJE - 1 (123,087.00) 0.0 1950-MH Vacation Expense 445,376.00 RJE - 1 (23,087.00) 0.0 1950-MH Vacation Expense 664,372.00 RJE - 2 (664,372.00) 0.0 1950-MH FICA Social Security 664,372.00 RJE - 2 (664,372.00) 0.0 1100-MH FICA Medicare 166,737.00 RJE - 2 (166,737.00) | otal [FORM A - I | B) Direct Dental Care Cost | 2,054,510.00 | = | 1100,002.007 | |
| ubgroup: [1A] Psychologist Direct Salaries & Wages Direct Salaries & Wages QCO Overtime 0.00 RJE - 1 0.00 0.00 0200-MH Direct Salaries & WagesQCO Overtime 0.00 RJE - 1 (0.00) 0.00 0300-MH Direct Salaries & WagesQCO Bonuses 0.00 RJE - 1 (0.00) 0.00 0622-MH Psychologist 122,289.00 RJE - 1 (122,289.00) 76,138.0 1950-MH Vacation Expense 23,087.00 RJE - 1 (122,289.00) 0.0 1950-MH Vacation Expense 23,087.00 RJE - 1 (122,289.00) 76,138.0 1950-MH Vacation Expense 23,087.00 RJE - 1 (123,087.00) 0.0 1950-MH Vacation Expense 445,376.00 RJE - 1 (23,087.00) 0.0 1950-MH Vacation Expense 664,372.00 RJE - 2 (664,372.00) 0.0 1950-MH FICA Social Security 664,372.00 RJE - 2 (664,372.00) 0.0 1100-MH FICA Medicare 166,737.00 RJE - 2 (166,737.00) | Seaun - IEODM A | Direct Mental Health Care Cost | | | | |
| Direct Salaries & Wages | | | | | | |
| RJE - 1 | | | 0.00 | | 0.00 | 0.0 |
| Direct Salaries & WagesGÇô Bonuses D.00 RJE - 1 (0.00) 0.00 | 10 100-WII 1 | Direct Calarios a 114 goo | | RJE - 1 | (0.00) | |
| Name | O200-MH | Direct Salaries & WagesGCô Overtime | 0.00 | | 0.00 | 0.0 |
| Name | 70200-WII I | Direct Dalation of Tragero 4 | • | RJE - 1 | (0.00) | |
| RJE - 1 (0,00) | เดรถด_เพษ | Direct Salaries & WagesGCô Bonuses | 0.00 | | 0.00 | 0.0 |
| RJE - 1 | 70000-1111 | 211001 04141111 1 1 1 1 1 1 1 1 1 1 1 1 1 | | RJE - 1 | (0.00) | |
| R.E - 1 (122, 289, 00) R.JE - 1 (76, 138, 00) R.JE - 1 (76, 138, 00) R.JE - 1 (23, 087, 00) R.JE - 2 (664, 372, 00) R.JE - 2 (166, 377, 00) R.JE - 2 (166, 057, 00) R.J | SOCOO MILI | Psychologist | 122,289,00 | | (46,151.00) | 76,138.0 |
| 1950-MH |)UUZZ-WII 1 | 1 Sychologist | ·, | RJE - 1 | (122,289.00) | |
| 1950-MH | | | | | | |
| RJE - 1 (23,087,00) (69,238,00) (75,138,00) (75, | | Vessties Evennes | 23 087 00 | | | 0.0 |
| Subtotal [1A] Psychologist 145,376.00 (69,238.00) 76,138.0 Subgroup : [1A.1] Psychologist Other in100-MH 664,372.00 (664,372.00) 0.0 In100-MH FICA Social Security 664,372.00 RJE - 2 (664,372.00) 0.0 In101-MH FICA Medicare 166,737.00 RJE - 2 (166,737.00) 0.0 In100-MH Health Insurance 1,066,057.00 RJE - 2 (1,066,057.00) 0.0 In1300-MH Life Insurance 38,889.00 RJE - 2 (38,889.00) 0.0 In1400-MH Retirement Expenses 260,861.00 RJE - 2 (38,889.00) 0.0 In1400-MH Retirement Expenses 8,131.00 (8,131.00) 0.0 In1500-MH Pension Expense 8,131.00 (8,131.00) 0.0 In1600-MH State Unemployment Insurance 62,502.00 RJE - 2 (62,502.00) 0.0 In1600-MH Workers Compensation 114,614.00 (114,614.00) 0.0 In1700-MH Workers Compensation 114,614.00 RJE - 2 (15,267.0 | 51950-MH | Vacation Expense | 20,007.00 | PIF.1 | | |
| Subgroup : [1A.1] Psychologist Other 1100-MH FICA Social Security 664,372.00 RJE - 2 (664,372.00) 0.0 11101-MH FICA Medicare 166,737.00 RJE - 2 (166,737.00) 0.0 11200-MH Health Insurance 1,066,057.00 (1,066,057.00) 0.0 11300-MH Life Insurance 38,889.00 RJE - 2 (16,637.00) 0.0 11300-MH Retirement Expenses 260,861.00 RJE - 2 (38,889.00) 0.0 11400-MH Retirement Expenses 260,861.00 RJE - 2 (260,861.00) 0.0 11450-MH Pension Expense 8,131.00 (8,131.00) 0.0 11450-MH State Unemployment Insurance 62,502.00 RJE - 2 (8,131.00) 0.0 11500-MH Workers Compensation 114,614.00 RJE - 2 (114,614.00) 0.0 114,614.00 RJE - 2 (114,614.00) 0.0 115,267.00 15,267.00 (2,366,896.00) 15,267.00 15,267.00 15,267.00 (3,399.00) 0.0 15,267.00 RJE - 1 (93,939.00) 0.0 15,267.00 RJE - 1 (93,939.00) 0.0 15,267.00 RJE - 1 (93,939.00) 0.0 15,267.00 0.0 15, | Cultivated E4 A1 Des | vchologist | 145.376.00 | INDE - 1 | | 76,138.0 |
| FICA Social Security | Suproral [1A] FS | ychologiai | 110,0,0 | - | | |
| FICA Social Security | Subgroup : [1A.1 |] Psychologist Other | | | | |
| 1101-MH | 51100-MH | | 664,372.00 | | | 0.0 |
| RJE - 2 | | | | RJE - 2 | | 0.0 |
| 1,066,057.00 | 51101-MH | FICA Medicare | 166,737.00 | DIE 2 | | 0.0 |
| RJE - 2 (1,066,057.00) (38,889.00) (| E4000 1811 | Lie Hill Incompany | 1 066 057 00 | NJC - 2 | , | 0.0 |
| State Stat | 51200-MH | Health Insurance | 1,000,007.00 | R.IF - 2 | | 0.5 |
| RJE - 2 (38,889.00) (260,861.0 | E4000 KILL | Life Incurance | 38 889 00 | 7102 2 | | 0.0 |
| RJE - 2 (260,861.00) | 2 1 200-IVIT | Cité ilistriance | 00,000.00 | RJE - 2 | | |
| RJE - 2 (260,861.00) | 51400-MH | Retirement Expenses | 260,861.00 | | (260,861.00) | 0.0 |
| RJE - 2 (8,131.00) 0.00 | - 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | • | | RJE - 2 | | |
| State Unemployment Insurance 62,502.00 (62,502.00) 0.6 | 51450-MH | Pension Expense | 8,131.00 | D.E. O | | 0.0 |
| RJE - 2 (62,502.00) State Unemployment insurance RJE - 2 (114,614.00) State Unemployment insurance State Unemployment insurance RJE - 2 (114,614.00) State Unemployment insurance RJE - 2 (114,614.00 | | Or to the control of the control | 62 502 00 | KJE - Z | | 0.0 |
| 114,614.00 0.0 | 51600-MH | State Unemployment insurance | 02,302.00 | RJE - 2 | | |
| RJE - 2 | 51700-MH | Workers Compensation | 114,614.00 | | | 0.0 |
| RJE - 2 15,267.00 15,2 | 51755 III. | | | RJE - 2 | | 45.007.0 |
| Subgroup: [1B] Social Worker Clinician I 93,939.00 (93,939.00) 0.0 RJE - 1 (93,939.00) 0.1 Clinician II 3,280,183.00 (32,280,183.00) 0.0 RJE - 1 (32,280,183. | Marcum 117 | Psychologist Benefits | 0.00 | 010.0 | | 15,267.0 |
| Subgroup: [1B] Social Worker 93,939.00 (93,939.00) 0.1 (93,939 | Cubtatal MA 41 E | Psychologist Other | 2,382,163.00 | RJE - 2 | | 15,267.0 |
| 50604-MH Clinician I 93,939.00 (93,939.00) 0.1 RJE - 1 (93,939.00) 0.1 50605-MH Clinician II 3,280,183.00 (3,280,183.00) 0.1 RJE - 1 (3,280,183.00) RJE - 1 (3,280,183.00) | oublotal [1A.1] f | ayonologiat Other | m, - 32, 194, - 4 | | | |
| RJE - 1 (93,939.00) 50605-MH Clinician II 3,280,183.00 (3,280,183.00) RJE - 1 (93,939.00) RJE - 1 (3,280,183.00) RJE - 1 (3,280,183.00) | Subgroup : [1B] | | 00.000.00 | | (03 030 00) | 0.0 |
| 50605-MH Clinician II 3,280,183.00 (3,280,183.00) 0.1 RJE - 1 (3,280,183.00) 740,073.00 | 50604-MH | Clinician I | 93,939.00 | DIE 4 | | 0.0 |
| RJE - 1 (3,280,183.00) | | Clinician II | 3 280 183 NO | MJE - I | * | 0.0 |
| 740 070 00 (710 272 00) | 50605-MH | Clinician II | 3,200,103.00 | RJE - 1 | | 0.0 |
| DOCK-HAILJ CHINICIAN (1977) | EDG24 ML | Senior Clinician | 719 272.00 | | | 0.0 |
| | 20024-IVIH | Sellot Chilician | 1 19,212,00 | | (| 2.0 |

| Workpaper: | A.03 - TB Combined Detail Grouping | | | | |
|-----------------------------|--|---------------------------------------|-----------------|------------------------------|-------------------------------|
| Account | Description | ADJUSTED | JE Ref# | RJE | REPORT |
| | | 6/30/2017 | RJE - 1 | (719,272.00) | 6/30/2017 |
| Marcum 106 | Mental Health Social Worker Salaries | 0.00 | NJE - I | 1,873,825.00 | 1,873,825.00 |
| (VIETOGITI TOO | Montal Front Cools, Cools, | | RJE - 1 | 1,873,825.00 | 4 872 805 00 |
| Subtotal [1B] Soc | cial Worker | 4,093,394.00 | _ | (2,219,569.00) | 1,873,825.00 |
| Subgroup : [1B.1 |] Social Worker Other | | | | |
| Marcum 113 | Social Worker Benefits | 0.00 | RJE - 2 | 375,728.00 375,728.00 | 375,728.00 |
| Subtotal [1B.1] S | ocial Worker Other | 0.00 | RJE - 2 | 375,728.00 | 375,728.00 |
| • | | | OC Boundistrie | ADDN Other Nurs | ne Unlicensed Social Workers) |
| Subgroup : [1C] 50101-MH | Other (Psychiatrist, Medical Assistants, Chief | Case Managers, LPC, LAI 301,804.00 | oc, Psychiatric | (301,804.00) | 0.00 |
| | | · | RJE - 1 | (301,804.00) | 0.00 |
| 50110-MH | Executive Assistant I | 15,261.00 | RJE - 1 | (15,261.00) (15,261.00) | 0.00 |
| 50111-MH | Executive Assistant II | 6,305.00 | | (6,305.00) | 0.00 |
| COOOL BALL | Assistant Nurse Manager | 57,231.00 | RJE - 1 | (6,305.00) (57,231.00) | 0.00 |
| 50201-MH | Assistant Nuise Manage | | RJE - 1 | (57,231.00) | |
| 50202-MH | Assistant Program Director I | 464,673.00 | RJE - 1 | (464,673.00) (464,673.00) | 0.00 |
| 50216-MH | Executive Chef | 18,125.00 | NOL - I | (18,125.00) | 0.00 |
| | | 0.000.00 | RJE - 1 | (18,125.00) (2,308.00) | 0.00 |
| 50220-MH | NFN Clinical Supervisor | 2,308.00 | RJE - 1 | (2,308.00) | 0.00 |
| 50222-MH | Operations Manager | 69,808.00 | D.IF. 4 | (69,808.00) | 0.00 |
| 50224-MH | Program Director II | 294,751.00 | RJE - 1 | (69,808.00) (294,751.00) | 0.00 |
| 35224-Will | | | RJE - 1 | (294,751.00) | 0.00 |
| 50226-MH | Utilization Review Manager | 5,673.00 | RJE - 1 | (5,673.00) (5,673.00) | 0.00 |
| 50231-MH | Clinical Nurse Supervisor | 95,385.00 | | (95,385.00) | 0.00 |
| 50402-MH | Case Manager | 373,384.00 | RJE - 1 | (95,385.00) (373,384.00) | 0.00 |
| 50402-MIT | Case (Mailage) | | RJE - 1 | (373,384.00) | |
| 50403-MH | Clinical Case Coordinator | 44,264.00 | RJE - 1 | (44,264.00) (44,264.00) | 0.00 |
| 50404-MH | Clinical Pharmacist | 2,306.00 | NOL - I | (2,306.00) | 0.00 |
| | Olleriant Dhamana Canadiantes | 9,487.00 | RJE - 1 | (2,306.00) (9,487.00) | 0.00 |
| 50405-MH | Clinical Pharmacy Coordinator | 9,467.00 | RJE - 1 | (9,487.00) | 0.00 |
| 50409-MH | Detox Technician | 566,574.00 | RJE - 1 | (566,574.00) (566,574.00) | 0.00 |
| 50418-MH | Licensed Practical Nurse | 607,930.00 | NJE - I | (607,930.00) | 0.00 |
| | | 45.040.00 | RJE - 1 | (607,930.00) | 0.00 |
| 50419-MH | Licensed Practical Nurse Per Diem | 15,210.00 | RJE - 1 | (15,210.00) (15,210.00) | 0.00 |
| 50420-MH | Medical Assistant | 4,152.00 | 5 15 4 | (4,152.00) | 0.00 |
| 50431-MH | Practice Manager I | 183,012.00 | RJE - 1 | (4,152.00) (183,012.00) | 0.00 |
| | - | 74 540 00 | RJE - 1 | (183,012.00) | 0.00 |
| 50432-MH | Practice Manager II | 74,542.00 | RJE - 1 | (74,542.00) (74,542.00) | 0.00 |
| 50435-MH | Registered Nurse | 415,422.00 | | (415,422.00) | 0.00 |
| 50436-MH | Registered Nurse II | 18,070.00 | RJE - 1 | (415,422.00) (18,070.00) | 0.00 |
| 30400 1411 1 | _ | | RJE - 1 | (18,070.00) | 0.00 |
| 50437-MH | Rehabilitation Coordinator | 44,269.00 | RJE - 1 | (44,269.00) (44,269.00) | 0.00 |
| 50438-MH | Residential Aide | 280,221.00 | | (280,221.00) | 0.00 |
| EDAMA MILI | Senior Detox Technician | 38,617.00 | RJE - 1 | (280,221.00) (38,617.00) | 0.00 |
| 50 444- MH | Sellor Delox recommend | | RJE - 1 | (38,617.00) | |
| 50449-MH | Milieu Counselor Shift Supervisor | 43,848.00 | RJÉ - 1 | (43,848.00) (43,848.00) | 0.00 |
| 50601-MH | APRN | 839,355.00 | 1102 1 | (839,355.00) | 0.00 |
| | Assistant Program Director II | 187,782.00 | RJE - 1 | (839,355.00) (187,782.00) | 0.00 |
| 50603-MH | Assistant Program Director II | 107,702.00 | RJE - 1 | (187,782.00) | |
| 50611-MH | Medical Director | 371,277.00 | RJE - 1 | (371,277.00) (371,277.00) | 0.00 |
| 50619-MH | Program Director I | 322,636.00 | NJE * I | (322,636.00) | 0.00 |
| | - | 60 511 00 | RJE - 1 | (322,636.00) (69,511.00) | 0.00 |
| 50620-MH | Psychiatric APRN | 69,511.00 | RJE - 1 | (69,511.00) | 0.00 |
| | | | | | |

Client: Engagement: Period Ending: Trial Balance: Workpaper:

| Workpaper: | A.03 - TB Combined Detail Grouping | | | | |
|---|---|-------------------------|---------|--------------------------------|--|
| Account | Description | ADJUSTED | JE Ref# | RJE | REPORT |
| | | 6/30/2017 | | 1007 140 00) | 6/30/2017 0.00 |
| 0621-MH | Psychiatrist | 887,413.00 | RJE - 1 | (887,413.00) (887,413.00) | 0.00 |
| 0000 1414 | Senior Medical Provider | 20,998.00 | NJE - I | (20,998.00) | 0.00 |
| 0626-MH | Senior Medical Provider | 20,000.00 | RJE - 1 | (20,998.00) | |
| 0628-MH | Substance Abuse Counselor | 87,986.00 | | (87,986.00) | 0.00 |
| | | | RJE - 1 | (87,986.00) | 0.00 |
| 0801-MH | Access To Care Manager | 98.00 | RJE - 1 | (98.00) (98.00) | 0.00 |
| 0807-MH | Administrative Assistant | 466,030.00 | NOL - I | (466,030.00) | 0.00 |
| OGO7-WILL | Additional days / toolstand | • | RJE - 1 | (466,030.00) | |
| i0815-MH | Cook II | 11,350.00 | n = 4 | (11,350.00) | 0.00 |
| | | 13,224.00 | RJE - 1 | (11,350.00) (13,224.00) | 0.00 |
| i0825-MH | Health Educator | 13,224.00 | RJE - 1 | (13,224.00) | |
| 0837-MH | Medical Records Specialist | 57,900.00 | | (57,900.00) | 0.00 |
| | | | RJE - 1 | (57,900.00) | 0.00 |
| 0838-MH | Office Manager School Based Clinic | 87,856.00 | RJE - 1 | (87,856.00) (87,856.00) | 0.00 |
| ODAA MU | Patient Accounts Representative | 41,182.00 | NJE - I | (41,182.00) | 0.00 |
| 60841-MH | Patietit Accounts Nepresentative | 71(10=100 | RJE - 1 | (41,182.00) | |
| 0843-MH | Patient Registrar | 9,346.00 | | (9,346.00) | 0.00 |
| | | 70 000 00 | RJE - 1 | (9,346.00) (70,269.00) | 0.00 |
| 0847-MH | Program Coordinator | 70,269.00 | RJE - 1 | (70,269.00) | 0,00 |
| 0850-MH | Receptionist | 7,244.00 | 1000 | (7,244.00) | 0.00 |
| IOGGO-WII I | тооориолия. | • | RJE - 1 | (7,244.00) | |
| 0852-MH | Referral Specialist | 27,218.00 | | (27,218.00) | 0.00 |
| | | 52,226.00 | RJE - 1 | (27,218.00) (52,226.00) | 0.00 |
| 60855-MH | Secretary/Receptionist | 52,226.00 | RJE - 1 | (52,226.00) | 0.00 |
| 60859-MH | Sous Chef | 30,275.00 | | (30,275.00) | 0.00 |
| | | | RJE - 1 | (30,275.00) | 40 444 000 00 |
| Marcum 107 | Other Mental Health Salaries | 0.00 | RJE - 1 | 10,144,266.00 10,144,266.00 | 10,144,266.00 |
| Subtotal [1C] Ot | her (Psychiatrist, Medical Assistants, Case Ma | 7,713,808.00 | 1000-1 | 2,430,458.00 | 10,144,266.00 |
| Subarous : ISC : | 1] Other Mental Health Other | | | | |
| Marcum 114 | Other Mental Health Benefits | 0.00 | | 2,034,069.00 | 2,034,069.00 |
| | | | RJE - 2 | 2,034,069.00 | 0.004.000.00 |
| Subtotal [1C.1] (| Other Mental Health Other | 0.00 | 5 | 2,034,069.00 | 2,034,069.00 |
| Subgroup : [2A] | Medical Supplies | | | | |
| 52100-MH | Medical Supplies | 143,469.00 | | 0.00 | 143,469.00 |
| 52500-MH | Behavioral Health Supplies | 48,938.00 | | 0.00 | 48,938.00 70,657.00 |
| 50200-MH | Medical Waste & Refuse Removal | 70,657.00 263,064.00 | - | 0.00 | 263,064.0 |
| Subtotal [2A] Me | edical Supplies | 200,004.00 | - | 0,00 | |
| Subgroup : [28] | Transportation | | | | 0.405.00 |
| 55150-MH | Vehicle Expense | 8,165.00 | | 0.00 0.00 | 8,165.0 1,130.0 |
| 56100-MH | Travel GÇô Local Mileage Reimbursement | 1,130.00 112.00 | | 0.00 | 112.0 |
| 56250-MH 56300-MH | Travel - Transportation Travel GCô Registration Fees | 475.00 | | 0.00 | 475.0 |
| 57320-MH | Patient/Client Transportation | 1,750.00 | - | 0.00 | 1,750.0 |
| Subtotal [2B] Tr | | 11,632.00 | | 0.00 | 11,632.0 |
| Subgroup : [2C] | Depreciation Mental Health Equip. | | | | |
| 65350-MH | Depreciation Expense - Other Equipment | 3,584.00 | | 0.00 | 3,584.0 |
| 65400-MH | Depreciation Expense GÇô Furniture and Fixtur | 58,312.00 | | 0.00 | 58,312.0 61,896.0 |
| Subtotal [2C] De | epreciation Mental Health Equip. | 61,896.00 | | 0.00 | 01,030.0 |
| Subgroup : [2D] | Professional Liability Insurance | 00.000.00 | | 0.00 | 39,903.0 |
| 59250-MH | Insurance Expense GÇô Umbrella Liability | 39,903.00 | | 0.00 0.00 | 63,309.0 |
| 59350-MH | Insurance Expense - General Liability Insurance Expense GÇô Other | 63,309.00 1,004.00 | | 0.00 | 1,004.0 |
| 59900-MH Subtotal (2D) Pi | insurance Expense GCo Offici rofessional Liability Insurance | 104,216.00 | 14 | 0.00 | 104,216.0 |
| | 2 | | :• | | |
| | Rent, Utilities | | | 0.00 | 52,915.0 |
| | | | | | |
| 54100-MH | Rent | 52,915.00 13,106.00 | | | |
| 54100-MH 54300-MH | Rent Utilities - Electric | 13,106.00 | | 0.00 | 13,106.0 |
| 54100-MH 54300-MH 54310-MH | Rent Utilities - Electric Utilities - Water • | | | | 13,106.0 (126.0 1,377.0 |
| Subgroup : [2E] 54100-MH 54300-MH 54310-MH 54320-MH 54330-MH | Rent Utilities - Electric | 13,106.00 (126.00) | | 0.00 0.00 | 13,106.0 (126.0 1,377.0 1,271.0 68,543.0 |

Subgroup : [2F] Contract Services

| Workpaper: | A.03 - TB Combined Detail Grouping | | | | |
|--|---|----------------------|-----------------|-------------|--------------------------|
| , , | Description | ADJUSTED | JE Ref# | RJE | REPORT |
| Account | Description | | DE IOI II | | 6/30/2017 |
| | | 6/30/2017 | | 0.00 | 66,272.00 |
| 58500-MH | Contractual Labor | 66,272.00 | | 0.00 | 14,121.00 |
| 58510-MH | Contractual Services | 14,121.00 | · · · | 0.00 | 80,393.0 |
| Subtotal [2F] Cor | itract Services | 80,393.00 | : | 0.00 | 00,000.00 |
| Subgroup : [2G] | Professional Licenses | | | | |
| 60150-MH | Professional Licenses | 19,912.00 | | 0.00 | 19,912.00 |
| | fessional Licenses | 19,912.00 | 1 2. | 0.00 | 19,912.0 |
| | | | | | |
| Subgroup : [2H] | Property Taxes & Legal | 44.00 | | 0.00 | 44.00 |
| 55310-MH | Taxes | 44.00 44.00 | | 0.00 | 44.00 |
| Subtotal [2H] Pro | perty Taxes & Legal | 44.00 | - | 0.00 | |
| Subgroup : [2l] | Other | | | | |
| 52200-MH | Dental Supplies | 32.00 | | 0.00 | 32.0 |
| 52300-MH | Pharmacy Supplies | 86.00 | | 0.00 | 86.0 |
| 53900-MH | Other Supplies | 4,895.00 | | 0.00 | 4,895.0 |
| 54450-MH | Furniture & Equipment Purchase | 27,827.00 | | 0.00 | 27,827.0 |
| 54500-MH | Furniture & Equipment Rental | 44,068.00 | | 0.00 | 44,068.0 |
| 57400-MH | Postage & Delivery | 48.00 | | 0.00 | 48.0 |
| 58550-MH | Temporary Labor | 377,469.00 | | 0.00 | 377,469.0 |
| 59170-MH | Cable Service | 2,497.00 | | 0.00 | 2,497.0 |
| 60370-MH | Employee Uniforms | 6,674.00 | | 0.00 | 6,674.0 |
| 50570-MH | Food Supplies and Chemicals | 32,053.00 | | 0.00 | 32,053.0 |
| 50800-MH | Freight & Courier | 181.00 | | 0.00 | 181.0 |
| Subtotal [2i] Othe | - | 495,830.00 | - | 0.00 | 495,830.0 |
| | cr C] Direct Mental Health Care Cost | 15,440,271.00 | i | 184,552.00 | 15,624,823.0 |
| TOTAL FLOWING A - A | of Direct mental ficular out oost | 10,440,27 1.00 | | 10-1,002100 | |
| Group : [FORM A | Direct Other Service Cost | | | | |
| Subgroup : [1A] | Clinical Diagnostic Laboratory | | | | |
| 58600-Dental | External Laboratory Services | 110,598.00 | | 0.00 | 110,598.0 |
| 58600-MH | External Laboratory Services | 2,100.00 | | 0.00 | 2,100.00 |
| Subtotal [1A] Clir | nical Diagnostic Laboratory | 112,698.00 | - | 0.00 | 112,698.00 |
| Subgroup : [1C] | Prescription Drugs/Pharmacy | | | | |
| 52300-Other | Pharmacy Supplies | 18,712.00 | | 0.00 | 18,712.00 |
| 52305-Dental | Pharmacy Inventory Expense (COGS) | (7,957.00) | | 0.00 | (7,957.0 |
| 52305-DHC | Pharmacy Inventory Expense (COGS) | 265,199.00 | | 0.00 | 265,199.00 |
| 52305-MH | Pharmacy inventory Expense (COGS) | 65,648.00 | | 0.00 | 65,648.00 |
| 52305-Other | Pharmacy Inventory Expense (COGS) | 1,432,356.00 | | 0.00 | 1,432,356.00 |
| 53315-Dental | Pharmacy-Walgreens COGS | (33,875.00) | | 0.00 | (33,875.0) |
| 53315-Other | Pharmacy-Walgreens COGS | 595,899.00 | | 0.00 | 595,899.00 |
| 61020-DHC | Vaccines and Other Pharmaceuticals | 394,731.00 | | 0.00 | 394,731.0 |
| 61020-Other | Vaccines and Other Pharmaceuticals | 3,242.00 | | 0.00 | 3,242.00 |
| | scription Drugs/Pharmacy | 2,733,955.00 | - | 0.00 | 2,733,955.0 |
| | | | - | | |
| Subgroup : [1F] | WIC | | | | 000 440 0 |
| 61010-DHC | Women, Infants & Children Food Benefits | 908,412.00 | - | 0.00 | 908,412.00 |
| Subtotal [1F] WIC | | 908,412.00 | 19- | 0.00 | 908,412.0 3,755,065.0 |
| Total [FORM A - | E] Direct Other Service Cost | 3,755,065.00 | | 0.00 | 3,755,065.00 |
| Group : IFORM A | Overhead - Facility Cost | | | | |
| Subgroup : [1] | Rent | 9 | | | |
| 54100-Other | Rent | 165,576.00 | , i- | 0.00 | 165,576.0 |
| Subtotal [1] Rent | | 165,576.00 | - | 0.00 | 165,576.0 |
| Cubarana (14) | Ittilition | | | | |
| Subgroup : [4] | Utilities Utilities - Electric | 306,630.00 | | 0.00 | 306,630.0 |
| 54300-Other | | | | 0.00 | 20,404.0 |
| 54310-Other | Utilities - Water | 20,404.00 | | 0.00 | 20,479.0 |
| 54320-Other | Utilities - Sewer | 20,479.00 | | | • |
| 54330-Other | Utilities - Gas | 49,182.00 | _ | 0.00 | 49,182.0 |
| Subtotal [4] Utilit | nes | 396,695.00 | <u></u> | 0.00 | 396,695.0 |
| Subgroup : [5] | Depreciation - Building | | | | |
| 65100-Dental | Depreciation Expense GÇô Buildings and Fixture | 103,979.00 | | 0.00 | 103,979.0 |
| 65100-DHC | Depreciation Expense GÇô Buildings and Fixture | (21,642.00) | | 0.00 | (21,642.0) |
| 65100-MH | Depreciation Expense GÇô Buildings and Fixture | 85,325.00 | | 0.00 | 85,325.0 |
| 65100-MH 65100-Other | Depreciation Expense GÇô Buildings and Fixture | | | 0.00 | 671,918.0 |
| | Amortization Expense | 95.00 | | 0.00 | 95.0 |
| 65110-Dental 65110-DHC | Amortization Expense | 410.00 | | 0.00 | 410.0 |
| | | 151.00 | | 0.00 | 151.0 |
| 65110-MH | Amortization Expense | | | 0.00 | 9,747.0 |
| | Amortization Expense Depreciation Expense GÇô Leasehold Improver | 9,747.00 3,263.00 | | | |
| | | 4.263.00 | | 0.00 | 3,263.0 |
| 65200-MH | | | | | 474.0 |
| 65110-Other 65200-MH 65200-Other | Depreciation Expense GÇô Leasehold Improver peciation - Building | | | 0.00 | 471.0 853,717.0 |

| Workpaper: | A.03 - TB Combined Detail Grouping | | | | |
|-------------------------------|--|--------------------------|----------|---|--------------------------|
| Account | Description | ADJUSTED | JE Ref# | RJE | REPORT |
| | | 6/30/2017 | | | 6/30/2017 |
| Subgroup : [6] | Depreciation - Equipment | | | | 407 505 00 |
| 35150-Other | Depreciation Expense - Capital Leases | 107,562.00 | | 0.00 | 107,562.00 |
| 55250-MH | Depreciation Expense - Software | 28,496.00 | | 0.00 | 28,496.00 |
| 35250-Other | Depreciation Expense - Software | 181,315.00 | | 0.00 | 181,315.00 |
| 35350-Other | Depreciation Expense - Other Equipment | 240,107.00 | | 0.00 | 240,107.00 |
| 65400-Other | Depreciation Expense GÇô Furniture and Fixtu | | | 0.00 | 87,010.00 644,490.00 |
| Subtotal [6] Depr | eclation - Equipment | 644,490.00 | - | 0.00 | 044,450.00 |
| Subgroup : [7] | Housekeeping and Maintenance | | | | |
| 53300-Dental | Houskeeping and Maintenance Supplies | 617.00 | | 0.00 | 617.00 |
| 53300-DHC | Houskeeping and Maintenance Supplies | 3,646.00 | | 0.00 | 3,646.00 |
| 53300-MH | Houskeeping and Maintenance Supplies | 39,885.00 | | 0.00 | 39,885.00 |
| 53300-Other | Houskeeping and Maintenance Supplies | 32,947.00 | | 0.00 | 32,947.00 |
| 54400-Dental | Building Repairs & Maintenance | 5,851.00 | | 0.00 | 5,851.00 |
| 54400-DHC | Building Repairs & Maintenance | 33,256.00 | | 0.00 | 33,256.00 |
| 54400-MH | Building Repairs & Maintenance | 128,214.00 | | 0.00 | 128,214.00 |
| 54400-Other | Building Repairs & Maintenance | 333,153.00 | | 0.00 | 333,153.00 |
| 55200-Dental | Janitorial Services | 19,997.00 | | 0.00 | 19,997.00 |
| 55200-DHC | Janitorial Services | 27,420.00 | | 0.00 | 27,420.00 |
| 55200-MH | Janitorial Services | 294,502.00 | | 0.00 | 294,502.00 |
| 55200-Other | Janitorial Services | 374,552.00 | | 0.00 | 374,552.00 |
| 55400-Dental | Service & Maintenance Agreements | 23,061.00 | | 0.00 | 23,061.00 |
| 55400-DHC | Service & Maintenance Agreements | 93,793.00 | | 0.00 | 93,793.00 |
| 55400-MH | Service & Maintenance Agreements | 105,140.00 | | 0.00 | 105,140.0 |
| 55400-Other | Service & Maintenance Agreements | 981,474.00 | | 0.00 | 981,474.00 |
| 58700-Other | Snow Removal | 164,825.00 | _ | 0.00 | 164,825.00 |
| Subtotal [7] Hous | ekeeping and Maintenance | 2,662,333.00 | _ | 0.00 | 2,662,333.00 |
| | Other Brown de Tours | | | | |
| Subgroup : [8] 55310-Other | Other Property Taxes Taxes | 8,925.00 | | 0.00 | 8,925.00 |
| Subtotal [8] Othe | | 8,925.00 | | 0.00 | 8,925.00 |
| • • • | | | | | |
| Subgroup : [9] | Laundry & Dietary | | | 0.00 | 4.550.00 |
| 55250-DHC | Laundry Services | 1,558.00 | | 0.00 | 1,558.00 |
| 55250-MH | Laundry Services | 18,944.00 | | 0.00 | 18,944.00 |
| 55250-Other | Laundry Services | 812.00 | | 0.00 | 812.00 |
| 60400-DHC | Food Expense GÇô Catering | 4,095.00 | | 0.00 | 4,095.00 |
| 60400-MH | Food Expense GÇô Catering | 1,791.00 | | 0.00 | 1,791.00 |
| 60400-Other | Food Expense GÇô Catering | 9,970.00 | | 0.00 | 9,970.00 |
| 60450-MH | Food Expense GÇô Client Meals | 86,486.00 | | 0.00 | 86,486.00 |
| 60450-Other | Food Expense GÇô Client Meals | 371.00 | | 0.00 | 371.00 |
| 60500-MH | Food Expense GÇô Patient Food Purchases | 249,401.00 | | 0.00 | 249,401.00 |
| 60500-Other | Food Expense GÇô Patient Food Purchases | 213,042.00 586,470.00 | - | 0.00 | 213,042.00 586,470.00 |
| Subtotal [9] Laun | ury & Dietary | 300,470.00 | - | 5.00 | 550,775.00 |
| Subgroup : [10] | Security | | | | |
| 55290-Dental | Security | 2,213.00 | | 0.00 | 2,213.00 |
| 55290-DHC | Security | 16,058.00 | | 0.00 | 16,058.00 |
| 55290-MH | Security | 25,956.00 | | 0.00 | 25,956.00 |
| 55290-Other | Security | 429,132.00 | 4 | 0.00 | 429,132.0 |
| Subtotal [10] Sec | | 473,359.00 | | 0.00 | 473,359.0 |
| | G] Overhead - Facility Cost | 5,791,565.00 | | 0.00 | 5,791,565.0 |
| | | | | | |
| | Overhead - Administrative Cost | | | | |
| Subgroup : [1] | Office Salaries | 0.00 | | 6,763,711.00 | 6,763,711.0 |
| 50100-Other | Direct Salaries & Wages | 0.00 | D IE . 1 | | 0,700,711.0 |
| | | | RJE - 1 | (0.00) 6.763.711.00 | |
| EDADA OIL | Chief | 1 020 252 00 | RJE - 1 | 6,763,711.00 (1,020,352.00) | 0.00 |
| 50101-Other | Chief | 1,020,352.00 | RJE - 1 | (1,020,352.00) | 0.00 |
| 50102-Other | Chief of Information Technology | 101,846.00 | DAE - I | (101,846.00) | 0.0 |
| 00 102-04 161 | Silo, or mornador i comology | 151,070.00 | RJE - 1 | (101,846.00) | 0.0 |
| 50107-Other | Coordinator Office of the Executive | 85,740.00 | O IE 4 | (85,740.00) | 0.0 |
| ED108 Other | Corporate Compliance Officer | 100,385.00 | RJE - 1 | (85,740.00) (100,385.00) | 0.0 |
| 50108-Other | Corporate Compilance Officer | 100,000.00 | RJE - 1 | (100,385.00) | 0.0 |
| 50110-Other | Executive Assistant I | 59,627.00 | | (59,627.00) | 0.0 |
| E0300 Ort | Direct Pologica & Micros CCS Constitute | 0.00 | RJE - 1 | (59,627.00) 0.00 | 0.0 |
| 50200-Other | Direct Salaries & WagesGÇô Overtime | 0.00 | RJE - 1 | (0.00) | 0.0 |
| 50204-Other | Call Center Manager | 46,454.00 | | (46,454.00) | 0.0 |
| | | | RJE - 1 | (46,454.00) | |
| 50207-Other | Director of Facilities | 247.00 | RJË - 1 | (247.00) (247.00) | 0.0 |
| 50208-Other | Director of Finance | 144,536.00 | INJE = 1 | (144,536.00) | 0.0 |
| 20200-04101 | | | | , | |

| Norkpaper: | A.03 - TB Combined Detail Grouping | | | | |
|------------------|---|------------|---------|------------------------------|-----------|
| Account | Description | ADJUSTED | JE Ref# | RJE | REPORT |
| | | 6/30/2017 | RJE - 1 | (144,536.00) | 6/30/2017 |
| 0209-Other | Director of Grants Management | 100,385.00 | | (100,385.00) | 0.0 |
| | | 70 700 00 | RJE - 1 | (100,385.00) | 0.0 |
| 0211-Other | Director of Information Technology | 79,788.00 | RJE - 1 | (79,788.00) (79,788.00) | 0.0 |
| 0212-Other | Director of Marketing & CR | 114,611.00 | | (114,611.00) | 0.0 |
| 0044 04 | Discretes of Detions Accounts | 109,889.00 | RJE - 1 | (114,611.00) (109,889.00) | 0.0 |
| 0214-Other | Director of Patient Accounts | 103,005.00 | RJE - 1 | (109,889.00) | |
| 0215-Other | Director of Purchasing | 111,311.00 | RJE - 1 | (111,311.00) (111,311.00) | 0.0 |
| 0216-Other | Executive Chef | 27,466.00 | NUL - 1 | (27,466.00) | 0.0 |
| | - was 15 and 6 day Manager | (670.00) | RJE - 1 | (27,466.00) 670.00 | 0.0 |
| 0217-Other | Facilities and Life Safety Manager | (670.00) | RJE - 1 | 670.00 | 0.0 |
| 0218-Other | Supervisor | 20,292.00 | DIE 4 | (20,292.00) (20,292.00) | 0.0 |
| 0222-Other | Operations Manager | 132.00 | RJE - 1 | (132.00) | 0.0 |
| 5111 Ouro | • | | RJE - 1 | (132.00) | 0.0 |
| 0223-Other | Pharmacy Director | 131,833.00 | RJE - 1 | (131,833.00) (131,833.00) | 0.0 |
| 0228-Other | Director of Operations | 134,989.00 | | (134,989.00) | 0.0 |
| 0000 Other | Development Manager | 51,098.00 | RJE - 1 | (134,989.00) (51,098.00) | 0.0 |
| 0229-Other | Development Manager | | RJE - 1 | (51,098.00) | |
| 0230-Other | HR Manager | 96,926.00 | RJE - 1 | (96,926.00) (96,926.00) | 0.0 |
| 0232-Other | Medical Director of Quality and Operations | 17,376.00 | NOL 1 | (17,376.00) | 0.0 |
| 2000 Other | Assistant Manager of Care Coordination | 3,077.00 | RJE - 1 | (17,376.00) (3,077.00) | 0.0 |
| 50235-Other | Assistant Manager of Care Cooldination | 3,077.00 | RJE - 1 | (3,077.00) | |
| 50300-Other | Direct Salaries & WagesGÇô Bonuses | 0.00 | RJE - 1 | 0.00 (0.00) | 0.0 |
| 0404-Other | Clinical Pharmacist | 265,250.00 | NJC - 1 | (265,250.00) | 0.0 |
| | 0.5 1.5 5 5 5 5 5 5 5 5 5 | 400 250 00 | RJE - 1 | (265,250.00) (109,268.00) | 0.0 |
| 0405-Other | Clinical Pharmacy Coordinator | 109,268.00 | RJE - 1 | (109,268.00) | 0.0 |
| 0429-Other | Pharmacy Technician | 114,319.00 | D.E. 4 | (114,319.00) | 0.0 |
| 0434-Other | QA/QI NURSE | 77,620.00 | RJE - 1 | (114,319.00) (77,620.00) | 0.0 |
| 70-10-10 till (1 | | | RJE - 1 | (77,620.00) | |
| 0600-DHC | Admin Salaries & Wages | 0.00 | RJE - 1 | 0.00 (0.00) | 0.0 |
| 0600-MH | Admin Salaries & Wages | 0.00 | | 0.00 | 0.0 |
| 60600-Other | Admin Salaries & Wages | 0.00 | RJE - 1 | (0.00) 0.00 | 0.0 |
| 00000-011161 | Authin Galaries & Wages | | RJE - 1 | (0.00) | |
| 0606-Other | Dental Hygenist | 18,000.00 | RJE - 1 | (18,000.00) (18,000.00) | 0.0 |
| 50700-Other | Admin Salaries & WagesGÇô Overtime | 0.00 | | 0.00 | 0.0 |
| TROPP OH | Admin Salaries & WagesGÇô Bonuses | 394,800.00 | RJE - 1 | (0.00) | 0.0 |
| 50800-Other | Admin Salahes & WagesGGO Boliuses | 354,000.00 | RJE - 1 | (394,800.00) | |
| 50802-Other | Access to Care Outreach Worker | 21,741.00 | RJE - 1 | (21,741.00) (21,741.00) | 0.0 |
| 50803-Other | Access To Care Referral Coordinator | 207.00 | | (207.00) | 0.0 |
| FORGI OIL | S and ambline Clark | 42,204.00 | RJE - 1 | (207.00) (42,204.00) | 0.0 |
| 50804-Other | Accounting Clerk | 42,204.00 | RJE - 1 | (42,204.00) | |
| 50805-Other | Accounts Payable Clerk | 52,970.00 | RJE - 1 | (52,970.00) (52,970.00) | 0. |
| 50806-Other | Accounts Payable Coordinator | 67,562.00 | | (67,562.00) | 0. |
| -0007 Oshan | Administrative Assistant | 10,144.00 | RJE - 1 | (67,562.00) (10,144.00) | 0.0 |
| 50807-Other | Administrative Assistant | 10,744.00 | RJE - 1 | (10,144.00) | |
| 50808-Other | Billing Coordinator | 28,524.00 | RJE - 1 | (28,524.00) (28,524.00) | 0. |
| 50809-Other | Cafeteria Assistant | 54,556.00 | NJE - I | (54,556.00) | 0.9 |
| | | 250 074 00 | RJE - 1 | (54,556.00) | 0. |
| 50811-Other | Call Center Customer Service Rep | 256,074.00 | RJE - 1 | (256,074.00) (256,074.00) | |
| 0812-Other | Cash Manager | 14,258.00 | | (14,258.00) | 0. |
| 50813-Other | Coding Specialist | 53,532.00 | RJE - 1 | (14,258.00) (53,532.00) | 0. |
| 22310 011101 | op | | RJE - 1 | (53,532.00) | |

Client: Engagement: Period Ending: Trial Balance: Workpaper:

Cornell Scott - Hill Health Corporation FQHC - Cornell Scott - Hill Health Corporation 6/30/2017 A.01 - TB A.03 - TB Combined Detail Grouping

| Description | | A.03 - TB Combined Detail Grouping | | | | |
|--|-----------------------|--|-------------|----------|-------------|-----|
| September Cook II | Norkpaper: Account | | | JE Ref# | RJE | |
| Self-Other Cook | | | | | (5.070.00) | |
| 0816-Other Credentialing Specialist I \$5,486.00 (6,486.00) 0.0 0818-Other EHR Support \$3,411.00 RuE - 1 (65,486.00) 0.0 0820-Other EPM Administrator (87,021.00 RuE - 1 (83,411.00) 0.0 0820-Other Facilities Support Worker (80.00) RuE - 1 (87,221.00) 0.0 0822-Other Financial Analyst 138,857.00 RuE - 1 (188,857.00) 0.0 0822-Other Financial Analyst 138,857.00 RuE - 1 (188,857.00) 0.0 0822-Other Grant Writer 80,308.00 RuE - 1 (188,857.00) 0.0 0822-Other Health Information Mgmt Teror 69,506.00 RuE - 1 (42,289.00) 0.0 0822-Other Health Information Mgmt Term Ldr 9,533.00 RuE - 1 (9,383.00) 0.0 0822-Other Help Desk Associate 30,043.00 RuE - 1 (23,383.00) 0.0 0823-Other Human Resources Generalist 63,651.00 RuE - 1 (36,043.00) 0.0 | 0815-Other | Cook II | 5,670.00 | 0.15 4 | | U. |
| Self-Chief EHR Support E | | | 55 400 00 | RJE - 1 | | n |
| Bername | 0816-Other | Credentialing Specialist I | 55,436.00 | DIE 1 | | 0. |
| Degree First Support Service | | | 52 411 00 | RJE - I | | 0.0 |
| BZPD-Other EPM Administrator 87,021.00 0, (87,021.00) 0, 0, 0, 0, 0, 0, 0, | 0818-Other | EHR Support | 35,411.00 | RJE - 1 | | |
| Sez-Other Facilities Support Worker (80.00) | 0000 04 | EDM Administrator | 87.021.00 | | | 0. |
| Section Support Violation Section Section Support Violation Section Support Violation Section Section Support Violation Section Sect | 0620-0016 | ELM Vallimon and | | RJE - 1 | (87,021.00) | |
| RUE - 1 80.00 | 0821-Other | Facilites Support Worker | (80.00) | | | 0. |
| Rish | 0021 00101 | | | RJE - 1 | | _ |
| BB23-Other Grant Writer B0.308.00 RJE - 1 (1888); (UI) (B0.308.00) C. | 0822-Other | Financial Analyst | 138,857.00 | | | 0. |
| 10823-01098F Gran/to Designer 24,238.00 R.E1 (80,308.00) (24,238.00) 0.0828-01098 R.E1 (80,508.00) 0.0828-010 | | • | | RJE - 1 | | |
| | 0823-Other | Grant Writer | 80,308.00 | DIE 4 | | U. |
| No. No. | | | 0.4.000.00 | RJE - 1 | | n |
| | 0824-Other | Graphic Designer | 24,236.00 | DIE 1 | | 0. |
| | | A STATE OF THE STA | 60 506 00 | KJE - I | | 0. |
| | 0826-Other | Health Information Mgmt Proc | 09,300.00 | RJF - 1 | | • |
| No. Comment No. Commen | ODOT OIL | Lineth Information Maret Tours I de | 9 533 00 | 1102 | | 0. |
| | OB27-Other | Health Information Wight Team Lui | 0,000.00 | RJE - 1 | | |
| New Note | ODDO Othor | Health Information Manager | 22.592.00 | | | 0 |
| | 0020-011161 | Health Information Manager | , | RJE - 1 | | |
| 10831-Other Human Resources Coordinator 39,265.00 0 (39,265.00) 0 (39,270.00) 0 (39,270.00) 0 (39,270.00) 0 (39,270.00) 0 (39,270.00) 0 (49,397.00) 0 (49, | 0830_Other | Help Desk Associate | 36,043.00 | | (36,043.00) | 0 |
| No. No. | 0000-04101 | Troip brook, to occur | | RJE - 1 | (36,043.00) | |
| RJE - 1 (39,265.00) (33,651.00) (34,637.00) (34,630.00) (34,640.00) (34,64 | 50831-Other | Human Resources Coordinator | 39,265.00 | | (39,265.00) | 0 |
| No. No. | | | | RJE - 1 | | _ |
| Signation Marketing and Comm Proj Mgr Signation Signation | 0832-Other | Human Resources Generalist | 63,651.00 | | | 0 |
| Medical Records Specialist 29,863.00 RJE - 1 (29,863.00) 0 0 0 0 0 0 0 0 0 | | | | RJE - 1 | | |
| Medical Records Specialist 29,663.00 (29,663.00) 0 0 0 0 0 0 0 0 0 | 0835-Other | Marketing and Comm Proj Mgr | 68,623.00 | DIE 4 | | U |
| No.03-/-Unter Medicial Records Specialist 19,397.00 RJE - 1 (29,683.00) (49,397.00) (30,641-Other Patient Accounts Representative 353,977.00 RJE - 1 (49,397.00) (30,3977.00) | | | 00 000 00 | RJE - 1 | | n |
| Patient Accounts Rep. Team Leader | 0837-Other | Medical Records Specialist | 29,003.00 | DIE 1 | | |
| Patient Accounts Representative 353,977.00 350,977.00 350,977. | | Delicat Accessed Dec. Team Leader | AD 307 00 | NOL - I | | 0 |
| Signature Patient Accounts Representative 353,977.00 (353,977.00) (75,289.00) (70,488.00) (70,488.00) (70,488.00) (70,488.00) (70,488.00) (70,488.00) (70,488.00) (21,260.00 | 0840-Other | Patient Accounts Rep. Team Leader | 49,591.00 | RJF - 1 | | |
| Signature Patient Advocate Patient Advocate 75,289.00 RJE - 1 (75,289.00) 0,75,289.00 | OOAL Other | Dationt Assounts Penresentative | 353 977 00 | 1.02 | | 0 |
| Solidate | 0004 I-Oulei | Patient Accounts Nepresentative | | RJE - 1 | | |
| RJE - 1 | 50842_Other | Patient Advocate | 75,289.00 | | (75,289.00) | 0 |
| No. Patient Registral 156.00 Co. | 0042-08161 | Talicin Maroodio | | RJE - 1 | (75,289.00) | |
| RJE - 1 (156.00) | 50843-Other | Patient Registrar | 156.00 | | (156.00) | C |
| Solid Paylor Paylor Solid Paylor Paylor Solid Paylor Paylor | | _ | | RJE - 1 | | _ |
| 2,126.00 | 50845-Other | Payroll Supervisor | 70,488.00 | | | 0 |
| RyE - 1 (2,126.00) Comparison Comparis | | | | RJE - 1 | | |
| Sobstact | 50850-Other | Receptionist | 2,126.00 | D.E. 4 | | u |
| Referral specialist Referral specialist | | | 474 457 00 | RJE - 1 | | r |
| Release of Information Coordinator 9,602.00 (9,602.00) (14,968.00) (214,968.00) (9,602.00) (124,968.00) (9,602.00) (124,968.00) (9,602.00) (9,602.00) (124,968.00) (9,602.00) (124,968.00) (9,602.00) (124,968.00) (9,602.00) (124,968.00) (9,602.00) (124,968.00) (9,602.00) (124,968.00) (9,602.00) (| 50852-Other | Referral Specialist | 171,157.00 | DIE 1 | | , |
| Release of Information Coordinator | | The state of the s | 0 603 00 | KJE - I | | ſ |
| September Senior Financial Analyst Senior Human Resources Generalist Senior Human Resources Generalist Senior Human Resources Generalist Senior Systems Administrator Senior | 50853-Other | Release of Information Coordinator | 9,002.00 | P IF - 1 | | |
| RJE - 1 (35,897.00) (214,968. | 0054 00 | Deleges of Information Specialist | 35 897 00 | TOL - I | | (|
| Senior Financial Analyst 214,968.00 RJE - 1 (214,968.00) RJE - 1 (214,968.00) RJE - 1 (214,968.00) RJE - 1 (214,968.00) RJE - 1 (90,790.00) RJE - 1 (231,732.00) RJE - 1 (231,732.00) RJE - 1 (231,732.00) RJE - 1 (15,947.00) RJE - 1 (15,947.00) RJE - 1 (15,947.00) RJE - 1 (15,947.00) RJE - 1 (75,323.00) RJE - 1 (75,323.0 | JUOD4-UTIEF | release of information obecialist | 55,001100 | RJE - 1 | | |
| RJE - 1 (214,968.00) | 50856_Other | Senior Financial Analyst | 214,968.00 | | | (|
| Senior Human Resources Generalist 90,790.00 RJE - 1 (90,790.00) RJE - 1 (90,790.00) RJE - 1 (90,790.00) RJE - 1 (231,732.00) RJE - 1 (231,732.00) RJE - 1 (231,732.00) RJE - 1 (231,732.00) RJE - 1 (15,947.00) RJE - 1 (15,947.00) RJE - 1 (15,947.00) RJE - 1 (15,947.00) RJE - 1 (75,323.00) RJE - 1 (75,323.00) RJE - 1 (75,323.00) RJE - 1 (71,545.00) | J0550-00101 | and the second second | | RJE - 1 | | |
| RJE - 1 (90,790.00) (231,732.00) | 50857-Other | Senior Human Resources Generalist | 90,790.00 | | | (|
| RJE - 1 (231,732.00) (15,947.00) (15,9 | | | | RJE - 1 | | |
| 15,947.00 15,947.00 15,947.00 15,947.00 15,947.00 15,947.00 15,947.00 15,947.00 15,947.00 15,947.00 15,947.00 15,947.00 15,947.00 15,947.00 15,947.00 15,947.00 15,947.00 175,323 | 50858-Other | Senior Systems Administrator | 231,732.00 | 5 | | (|
| RJE - 1 (15,947.00) Followed RJE - 1 (15,947.00) Followed | | | | RJE - 1 | | , |
| Training and Development Coordinator 75,323.00 (75,323.00) (75,3 | 50859-Other | Sous Chef | 15,947.00 | D IC 4 | | , |
| RJE - 1 | | To the seal Development Consultation | 75 222 00 | KJE - 1 | | ı |
| Staffing Specialist T1,545.00 RJE - 1 (71,545.00) | 50860-Other | raining and Development Coordinator | 10,020.00 | R.IF - 1 | | ` |
| RJE - 1 | CORCO Other | Canffirm Consisted | 71 545 00 | 143E - 1 | | 1 |
| Patient Accounts Supervisor 31,072.00 (31,072.00) (31,072.00) (31,072.00) (31,072.00) (31,072.00) (31,072.00) (31,072.00) (31,072.00) (31,072.00) (31,072.00) (31,072.00) (31,072.00) (31,072.00) (31,072.00) (31,072.00) (31,072.00) (31,072.00) (31,072.00) (34,454.00) (34,454.00) (34,454.00) (36,109.00) | 50863-Otner | Stanning Specialist | 7 1,0-10.00 | R.IF - 1 | | |
| RJE - 1 (31,072.00) | 50864 Other | Patient Accounts Supervisor | 31,072,00 | | * ' | |
| RJE - 1 (84,454.00) (50867-Other Purchasing Agent 56,109.00 (55,109.00) (50869-Other HIM Coordinator 45,055.00 (45,055.00) (50870-Other HIM Lead Processor 42,113.00 (42,113.00) (50871-Other Health Information Management Supervisor 30,846.00 (30,846.00) (RJE - 1 (42,113.00) (30,846.00) (30,846.00) (30,846.00) | obb | attent Abbearte Caper noo. | | RJE - 1 | | |
| RJE - 1 (84,454.00) | 50866-Other | Privacy Officer | 84,454.00 | | (84,454.00) | (|
| RJE - 1 (55,109.00) | 55000 04.10. | | | RJE - 1 | (84,454.00) | |
| RJE - 1 (56,109.00) 50869-Other HiM Coordinator 45,055.00 (45,055.00) 50870-Other HIM Lead Processor 42,113.00 (42,113.00) 50871-Other Health Information Management Supervisor 30,846.00 (30,846.00) RJE - 1 (30,846.00) RJE - 1 (30,846.00) RJE - 1 (30,846.00) | 50867-Other | Purchasing Agent | 56,109.00 | | | (|
| RJE - 1 (45,055.00) | | | | RJE - 1 | | |
| 50870-Other HIM Lead Processor 42,113.00 (42,113.00) RJE - 1 (42,113.00) 50871-Other Health Information Management Supervisor 30,846.00 (30,846.00) RJE - 1 (30,846.00) RJE - 1 (30,846.00) RJE - 1 (30,846.00) | 50869-Other | HIM Coordinator | 45,055.00 | pa .ee | | , |
| RJE - 1 (42,113.00) 50871-Other Health Information Management Supervisor 30,846.00 (30,846.00) RJE - 1 (42,113.00) (30,846.00) RJE - 1 (30,846.00) (30,846.00) | | | 40 440 00 | KJ≿ - 1 | | |
| 50871-Other Health Information Management Supervisor 30,846.00 (30,846.00) RJE - 1 (30,846.00) (30,846.00) | 50870-Other | HIM Lead Processor | 42,113.00 | D IE 1 | | , |
| RJE - 1 (30,846.00) | | Health Information Management Colored | 30 846 00 | MJE - I | | 1 |
| 20.440.00 (79.440.00) | 50871-Other | Health Information Management Supervisor | 30,040.00 | R.IF - 1 | | • |
| | | | | | | |

Cornell Scott - Hill Health Corporation FQHC - Cornell Scott - Hill Health Corporation 6/30/2017 A.01 - TB A.03 - TB Combined Detail Grouping Client: Engagement: Period Ending: Trial Balance: Workpaper:

| Workpaper: | A.03 - TB Combined Detail Grouping | | | | |
|----------------------------------|---|--------------|----------|----------------------------|--------------|
| Account | Description | ADJUSTED | JE Ref# | RJE | REPORT |
| | | 6/30/2017 | | | 6/30/2017 |
| | | | RJE - 1 | (38,119.00) | |
| 50873-Other | Finance Administrative Assistant | 3,231.00 | | (3,231.00) | 0.00 |
| | | | RJE - 1 | (3,231.00) | 0.00 |
| 51950-Other | Vacation Expense | (7,899.00) | DIE 4 | 7,899.00 | 0.00 |
| | | 6 742 04P 00 | RJE - 1 | 7,899.00 49,763.00 | 6,763,711.00 |
| Subtotal [1] Offic | e Salaries | 6,713,948.00 | = | 45,700.00 | 0,700,711.00 |
| Subgroup : [3] | Office Supplies | | | | |
| 53100-Dental | Office Supplies | 5,717.00 | | 0.00 | 5,717.00 |
| 53100-DHC | Office Supplies | 32,854.00 | | 0.00 | 32,854.00 |
| 53100-MH | Office Supplies | 43,177.00 | | 0.00 | 43,177.00 |
| 53100-Other | Office Supplies | 38,799.00 | | 0.00 | 38,799.00 |
| 57100-Dental | Printing Expense | 1,553.00 | | 0.00 | 1,553.00 |
| 57100-DHC | Printing Expense | 2,339.00 | | 0.00 | 2,339.00 |
| 57100-MH | Printing Expense | 5,429.00 | | 0.00 | 5,429.00 |
| 57100-Other | Printing Expense | 18,404.00 | | 0.00 | 18,404.00 |
| 57400-DHC | Postage & Delivery | 22.00 | | 0.00 | 22.00 |
| 57400-Other | Postage & Delivery | 199,401.00 | 3 | 0.00 | 199,401.00 |
| Subtotal [3] Offic | e Supplies | 347,695.00 | - | 0.00 | 347,695.00 |
| Subgroup : [4] | Legal | | | | |
| 58300-Dental | Legal Expenses | 27.00 | | 0.00 | 27.00 |
| 58300-Denial | Legal Expenses | 135.00 | | 0.00 | 135.00 |
| 58300-MH | Legal Expenses | 44.00 | | 0.00 | 44.00 |
| 58300-Other | Legal Expenses | 335,899.00 | _ | 0.00 | 335,899.00 |
| Subtotal [4] Lega | | 336,105.00 | - | 0.00 | 336,105.00 |
| | | | | | |
| Subgroup : [5] | Accounting/audit | 3,840.00 | | 0.00 | 3,840.00 |
| 58200-MH | Accounting Services | 129,685.00 | | 0.00 | 129,685.00 |
| 58200-Other Subtotal [5] Acco | Accounting Services | 133,525.00 | - | 0.00 | 133,525.00 |
| Subtotal [5] Acco | Juliang/addit | 100,020.00 | - | | |
| Subgroup : [6] | Insurance | | | | |
| 59250-Other | Insurance Expense GÇô Umbrella Liability | 12,988.00 | | 0.00 | 12,988.00 |
| 59300-Other | Insurance Expense GÇô D & O | 19,092.00 | | 0.00 | 19,092.00 |
| 59350-Other | Insurance Expense - General Liability | 44,243.00 | | 0.00 | 44,243.00 |
| 59900-Other | Insurance Expense GÇô Other | 7,481.00 | - | 0.00 | 7,481.00 |
| Subtotal [6] Insu | rance | 83,804.00 | - | 0.00 | 83,804.00 |
| Subgroup : [7] | Telephone | | | | |
| 59100-Dental | Communications-Telephone Expense | 3,598.00 | | 0.00 | 3,598.00 |
| 59100-DHC | Communications-Telephone Expense | 8,883.00 | | 0,00 | 8,883.00 |
| 59100-MH | Communications-Telephone Expense | 2,067.00 | | 0.00 | 2,067.00 |
| 59100-Other | Communications-Telephone Expense | 235,306.00 | | 0.00 | 235,306.00 |
| 59130-Other | Communications-Other | 101,012.00 | | 0.00 | 101,012.00 |
| 59150-Dental | Communications-Wireless | 17.00 | | 0.00 | 17.00 |
| 59150-DHC | Communications-Wireless | 13,257.00 | | 0.00 | 13,257.00 |
| 59150-MH | Communications-Wireless | 1,360.00 | | 0.00 | 1,360.00 |
| 59150-Other | Communications-Wireless | 7,842.00 | | 0.00 | 7,842.00 |
| 59160-DHC | Communications-Paging and Answering Service | | | 0.00 | 459.00 |
| 59160-Other | Communications-Paging and Answering Service | | 0- | 0.00 | 31,060.00 |
| Subtotal [7] Tele | phone | 404,861.00 | - | 0.00 | 404,861.00 |
| Subgroup : [8] | Fringe Benefits and Payroll Taxes | | | | |
| 51100-Other | FICA Social Security | 375,716.00 | | (375,716.00) | 0.00 |
| | , | | RJE - 2 | (375,716.00) | |
| 51101-Other | FICA Medicare | 93,875.00 | | (93,875.00) | 0.00 |
| | | | RJE - 2 | (93,875.00) | |
| 51200-Other | Health Insurance | 563,582.00 | | (563,582.00) | 0.00 |
| | | 05 400 00 | RJE - 2 | (563,582.00) | 0.00 |
| 51210-Other | HRA Expense | 35,186.00 | RJE - 2 | (35,186.00) (35,186.00) | 0.00 |
| 51300-Other | Life Insurance | 20,560.00 | 1102 - 2 | (20,560.00) | 0.00 |
| 0.000 0 | | | RJE - 2 | (20,560.00) | |
| 51400-Other | Retirement Expenses | 137,911.00 | | (137,911.00) | 0.00 |
| | | | RJE - 2 | (137,911.00) | 0.00 |
| 51450-Other | Pension Expense | 4,299.00 | DIE 2 | (4,299.00) | 0.00 |
| 54000 Oth | Otata I lacarata area lacarana | 22 024 00 | RJE - 2 | (4,299.00) | 0.00 |
| 51600-Other | State Unemployment Insurance | 33,034.00 | RJE - 2 | (33,034.00) (33,034.00) | 0.00 |
| 51700-Other | Workers Compensation | 101,732.00 | 1.UL - Z | (101,732.00) | 0.00 |
| J 1100-Olitei | AAOIVELS COLLIberisano() | 101,132,00 | RJE - 2 | (101,732.00) | 0.00 |
| 51900-Other | Fringe Benefits GÇô Other | 4,313.00 | | (4,313.00) | 0.00 |
| | · ·····d- asimin ak- aniai | -1 | RJE - 2 | (4,313.00) | |
| 59200-Other | Insurance Expense GÇô Medical | 5,805.00 | | (5,805.00) | 0.00 |
| | , — — | | | | |

| Workpaper: | A.03 - TB Combined Detail Grouping | | | | |
|-----------------------------------|--|--------------------------|---------|----------------------------|------------------------|
| Account | Description | ADJUSTED | JE Ref# | RJE | REPORT |
| | | 6/30/2017 | | | 6/30/2017 |
| Marcum 118 | A&G Benefits | 0.00 | RJE - 2 | (5,805:00) 1,356,220.00 | 1,356,220.00 |
| | | 4 270 040 00 | RJE - 2 | 1,356,220.00 | 4 356 330 00 |
| Subtotal [8] Fring | ge Benefits and Payroll Taxes | 1,376,013.00 | - | (19,793.00) | 1,356,220.00 |
| Subgroup : [9] | Interest on Bonds / Working Capital | 424,744.00 | | 0.00 | 424,744.00 |
| 30710-Other | Interest Expense - Bonds Interest Expense - Other | 3,877.00 | | 0.00 | 3,877.00 |
| 30720-Other Subtotal 191 Inter | rest on Bonds / Working Capital | 428,621.00 | · - | 0.00 | 428,621.00 |
| onpíora: [n]n. | 50t 011 201120 : 11111113 ==p.1111 | | Desc. | | - |
| Subgroup : [10] | Transportation/Travel | 45 205 00 | | 0.00 | 15,385.00 |
| 55150-Other | Vehicle Expense | 15,385.00 3,196.00 | | 0.00 | 3,196.00 |
| 56100-Other | Travel GÇô Local Mileage Reimbursement Travel - Transportation | 21,001.00 | | 0.00 | 21,001,00 |
| 56250-Other | Travel GÇô Registration Fees | 18,481.00 | | 0.00 | 18,481.00 |
| 56300-Other 56350-DHC | Travel - Lodging and Board | 2,733.00 | | 0.00 | 2,733.0 |
| 56350-DHC 56350-Other | Travel - Lodging and Board | 40,387.00 | | 0.00 | 40,387.00 |
| 56400-Dental | Travel/Training GÇô Provider CME | 1,876.00 | | 0.00 | 1,876.00 |
| 56400-Derital | Travel/Training GÇô Provider CME | 36,068.00 | | 0.00 | 36,068.00 |
| 56400-MH | Travel/Training GÇô Provider CME | 56,406.00 | | 0.00 | 56,406.00 |
| 56400-Other | Travel/Training GÇô Provider CME | 1,225.00 | | 0.00 | 1,225.00 |
| 56600-DHC | Employee Parking | 4,257.00 | | 0.00 | 4,257.00 |
| 56600-MH | Employee Parking | 31.00 | | 0.00 | 31.00 |
| | | 751.00 | | 0.00 | 751.00 |
| 56600-Other | Employee Parking Insportation/Travel | 201,797.00 | - | 0.00 | 201,797.00 |
| Subtotal [10] 11a | maportation reason | | _ | | - |
| Subgroup : [11] | Contractual Labor | 205 246 00 | | 0.00 | 325,346.00 |
| 58400-Other | Consultant Expense | 325,346.00 | | 0.00 | 413,779.0 |
| 58500-Other | Contractual Labor | 413,779.00 | | 0.00 | 109,742.0 |
| 58510-Other | Contractual Services | 109,742.00 | | | |
| 58550-Other | Temporary Labor | 189,609.00 | | 0.00 | 189,609.0 |
| 58900-Other | Other - Labor | 750.00 | - | 0.00 | 750.00 |
| Subtotal [11] Co | ntractual Labor | 1,039,226.00 | === | 0.00 | 1,039,226.00 |
| Subgroup : [12] | Computer/IT | | | | 5 000 0 |
| 52700-Dental | IT Supplies | 5,366.00 | | 0.00 | 5,366.0 |
| 52700-DHC | IT Supplies | 51,531.00 | | 0.00 | 51,531.00 |
| 52700-MH | IT Supplies | 37,294.00 | | 0.00 | 37,294.00 |
| 52700-Other | IT Supplies | 397,720.00 | | 0.00 | 397,720.0 |
| 54000-Otheг | Claim Processing Fees | 191,405.00 | | 0.00 | 191,405.0 |
| 54600-Other | Software | 64,481.00 | | 0.00 | 64,481.00 |
| 55300-Other | Software & Related Licenses | 164,391.00 | | 0.00 | 164,391.00 |
| Subtotal [12] Co | mputer/IT | 912,188.00 | - | 0.00 | 912,188.0 |
| Subgroup : [13] | HR/Training/Education | | | | |
| 56900-Dental | Training GÇô Other | 315.00 | | 0.00 | 315.0 |
| 56900-DHC | Training GÇô Other | 7,052.00 | | 0.00 | 7,052.0 |
| 56900-MH | Training GÇô Other | 2,232.00 | | 0.00 | 2,232.0 |
| 56900-Other | Training GÇô Other | 62,223.00 | | 0.00 | 62,223.0 |
| 60300-DHC | Personnel Recruitment Expense | 5,625.00 | | 0.00 | 5,625.0 |
| 60300-MH | Personnel Recruitment Expense | 6,015.00 | | 0.00 | 6,015.0 |
| 60300-Other | Personnel Recruitment Expense | 408,972.00 | | 0.00 | 408,972.0 |
| 60350-Other | Human Resources/Payroll Processing | 182,581.00 | | 0.00 | 182,581.0 |
| 60360-MH | Employee Relations | 162,00 | | 0.00 | 162.0 |
| 60360-Other | Employee Relations | 104,541.00 | 2 | 0.00 | 104,541.0 |
| | /Training/Education | 779,718.00 | 2 | 0,00 | 779,718.0 |
| Subgroup : [14] | Dues/Subscriptions/Licenses | | | | |
| 60100-DHC | Dues & Subscriptions | 5,584.00 | | 0.00 | 5,584.0 |
| 60100-MH | Dues & Subscriptions | 1,276.00 | | 0.00 | 1,276.0 |
| 60100-Other | Dues & Subscriptions | 15,163.00 | | 0.00 | 15,163.0 |
| 60150-Other | Professional Licenses | 3,654.00 | | 0.00 | 3,654.0 |
| | es/Subscriptions/Licenses | 25,677.00 | - | 0.00 | 25,677.0 |
| Subgroup : [15] | Marketing/Lobbying/Bad Debt | | | | |
| 60650-Other | Advertising & Marketing Expense | 73,241.00 | | 0.00 | 73,241.0 |
| 60655-DHC | Advertising & Marketing - Health Fair | 803.00 | | 0.00 | 803.0 |
| 60655-Other | Advertising & Marketing - Health Fair | 449.00 | | 0.00 | 449.0 |
| 60660-DHC | Promotional Items | 987.00 | | 0.00 | 987.0 |
| 60660-Other | Promotional Items | 15,439.00 | | 0.00 | 15,439.0 |
| | Lobbying Expense | 110.00 | | 0.00 | 110.0 |
| 60780-MH 60780-Other | Lobbying Expense | 66,750.00 | | 0.00 | 66,750.0 |
| PULL SHELL STORE | | 64,694.00 | | 0.00 | 64,694.0 |
| | | | | 0.00 | U-7,UU-7.U |
| 69100-Dental | Bad Debt Expense | • | | | 271 526 0 |
| | Bad Debt Expense Bad Debt Expense Bad Debt Expense | 271,526.00 282,681.00 | | 0.00 0.00 | 271,526.0 282,681.0 |

Client: Engagement: Period Ending: Trial Balance: Workpaper:

| Workpaper: Account | A.03 - TB Combined Detail Grouping | | | | |
|--|--|--|---|---|--|
| | Description | ADJUSTED | JE Ref# | RJE | REPORT |
| | | 6/30/2017 | | | 6/30/2017 |
| 69100-Other | Bad Debt Expense | 363.00 | | 0.00 | 363.00 |
| 59200-Dental | Contractual Reserve | 1,063,00 | | 0.00 | 1,063.00 |
| 9200-Derital | Contractual Reserve | 13,361.00 | | 0.00 | 13,361.00 |
| 9200-MH | Contractual Reserve | 15,115.00 | | 0.00 | 15,115.00 |
| | | 39.00 | | 0.00 | 39.00 |
| 69200-Other | Contractual Reserve keting/Lobbying/Bad Debt | 806,621.00 | 7- | 0.00 | 806,621.00 |
| Suprotat [10] mai | Keding/Lobbying Data Door | | - | | |
| Subgroup : [16] | Other Supplies | 4 200 00 | | 0.00 | 4,369.00 |
| 52100-Other | Medical Supplies | 4,369.00 | | | |
| 52500-Other | Behavioral Health Supplies | 360.00 | | 0.00 | 360.00 |
| 53900-Other | Other Supplies | 17,697.00 | | 0.00 | 17,697.00 |
| 54450-Other | Fumiture & Equipment Purchase | 1,514.00 | | 0.00 | 1,514.00 |
| 54500-Other | Furniture & Equipment Rental | 22,162.00 | | 0.00 | 22,162.0 |
| 57200-Other | Outreach Materials | 2,939.00 | | 0.00 | 2,939.0 |
| 59170-Dental | Cable Service | 31.00 | | 0.00 | 31.0 |
| 59170-DHC | Cable Service | 164.00 | | 0.00 | 164.0 |
| 59170-Other | Cable Service | 5,169.00 | | 0.00 | 5,169.00 |
| 60200-Other | Medical Waste & Refuse Removal | 61,013.00 | | 0.00 | 61,013.00 |
| | Employee Uniforms | 5,757.00 | | 0.00 | 5,757.00 |
| 60370-Other | | 14,106.00 | | 0.00 | 14,106.0 |
| 60510-Other | Food Supplies and Chemicals | 28,730.00 | | 0.00 | 28,730.00 |
| 60600-Other | Outreach Expense | | | 0.00 | 2,530.00 |
| 50750-Dental | Bank & Other Service Charges | 2,530.00 | | | |
| 60750-DHC | Bank & Other Service Charges | 6,467.00 | | 0.00 | 6,467.0 |
| 30750-MH | Bank & Other Service Charges | 3,454.00 | | 0.00 | 3,454.0 |
| 60750-Other | Bank & Other Service Charges | 32,251.00 | | 0.00 | 32,251.0 |
| 50900-Other | Miscellaneous Expenses | 10,356.00 | 7= | 0.00 | 10,356.0 |
| Subtotal [16] Oth | er Supplies | 219,069.00 | | 0.00 | 219,069.0 |
| | H] Overhead - Administrative Cost | 13,808,868.00 | | 29,970.00 | 13,838,838.0 |
| | rough a second between | D) | | | |
| Group : IFORM E | FQHC Operating Revenue (Net of Bad Debt I Medicaid - Services Excluding Dental, Menta | neserve) | | | |
| | | | | 0.00 | (16,588,180.0 |
| 40200-DHC | Medicaid | (16,588,180.00) | | | (24,025.0 |
| 40515-DHC | Medicaid Incentive | (24,025.00) | | 0.00 | |
| 40520-DHC | PCMH Program | (327,231.00) | | 0.00 | (327,231.0 |
| 41200-DHC | Contractual Allowance - Medicaid | 7,573,805.00 | _ | 0.00 | 7,573,805.0 |
| Subtotal [1 - I] M | edicaid - Services Excluding Dental, Mental | (9,365,631.00) | _ | 0.00 | (9,365,631.0 |
| Subgroup : [1 - II |] Medicaid - Dental | | | | |
| 40200-Dental | Medicaid | (2,459,439.00) | | 0.00 | (2,459,439.0) |
| 41200-Dental | Contractual Allowance - Medicaid | 440,778.00 | | 0.00 | 440,778.0 |
| Subtotal [1 - II] M | | (2,018,661.00) | _ | 0.00 | (2,018,661.0 |
| O-h | l' Medicaid - Mental Health | | | | |
| Subgroup : [1 - 11 40200-MH | Medicaid - Meritar Hearth | (25,372,152.00) | | 0.00 | (25,372,152.0 |
| | Contractual Allowance - Medicaid | 4,037,150.00 | | | |
| 41200-MH Subtotal [1 - III] N | Medicaid - Mental Health | | | | 4 037 150 0 |
| | | (21,335,002.00) | - | 0.00 | 4,037,150.0 |
| | | (21,335,002.00) | = | | |
| | / Medicaid - Other | | | 0.00 | (21,335,002.0 |
| 40200-Other | / Medicaid - Other Medicaid | (1,261,753.00) | = | 0.00 | (1,261,753.0 |
| 40200-Other 41200-Other | / Medicaid - Other Medicaid Contractual Allowance - Medicaid | (1,261,753.00) 46,285.00 | = | 0.00 0.00 0.00 | (21,335,002.0 (1,261,753.0 46,285.0 |
| 40200-Other 41200-Other | / Medicaid - Other Medicaid Contractual Allowance - Medicaid | (1,261,753.00) | 2 | 0.00 | (1,261,753.0 |
| 40200-Other 41200-Other Subtotal [1 - IV] I | / Medicaid - Other Medicaid Contractual Allowance - Medicaid Medicaid - Other | (1,261,753.00) 46,285.00 | <u>=</u> | 0.00 0.00 0.00 | (21,335,002.0 (1,261,753.0 46,285.0 |
| 40200-Other 41200-Other Subtotal [1 - IV] I Subgroup : [2 - I] | / Medicaid - Other Medicaid Contractual Allowance - Medicaid | (1,261,753.00) 46,285.00 | = | 0.00 0.00 0.00 | (21,335,002.0 (1,261,753.0 46,285.0 |
| 40200-Other 41200-Other Subtotal [1 - IV] I Subgroup : [2 - I] 40300-DHC | V Medicaid - Other Medicaid Contractual Allowance - Medicaid Medicaid - Other Private - Services Excluding Dental, Mental Commercial Insurance | (1,261,753.00) 46,285.00 (1,215,468.00) (2,558,252.00) | = = = = = = = = = = = = = = = = = = = | 0.00 0.00 0.00 0.00 | (21,335,002.0 (1,261,753.0 46,285.0 (1,215,468.0 |
| 40200-Other 41200-Other Subtotal [1 - IV] I Subgroup : [2 - I] 40300-DHC 40500-DHC | V Medicaid - Other Medicaid Contractual Allowance - Medicaid Wedicaid - Other Private - Services Excluding Dental, Mental Commercial Insurance Commercial Incentive | (1,261,753.00) 46,285.00 (1,215,468.00) (2,558,252.00) (2,485.00) | ======================================= | 0.00 0.00 0.00 0.00 | (21,335,002.0 (1,261,753.0 46,285.0 (1,215,468.0 (2,558,252.0 (2,485.0 |
| 40200-Other 41200-Other Subtotal [1 - IV] I Subgroup : [2 - I] 40300-DHC 40500-DHC 41300-DHC | V Medicaid - Other Medicaid Contractual Allowance - Medicaid Medicaid - Other Private - Services Excluding Dental, Mental Commercial Insurance | (1,261,753.00) 46,285.00 (1,215,468.00) (2,558,252.00) (2,485.00) | ======================================= | 0.00 0.00 0.00 0.00 | (21,335,002.0 (1,261,753.0 46,285.0 (1,215,468.0 |
| 40200-Other 41200-Other Subtotal [1 - IV] I Subgroup : [2 - I] 40300-DHC 40500-DHC 41300-DHC Subtotal [2 - I] Pr | V Medicaid - Other Medicaid Contractual Allowance - Medicaid Wedicaid - Other Private - Services Excluding Dental, Mental Commercial Insurance Commercial Incentive Contractual Allowance - Commercial Insurance rivate - Services Excluding Dental, Mental | (1,261,753.00) 46,285.00 (1,215,468.00) (2,558,252.00) (2,485.00) 1,451,494.00 | <u> </u> | 0.00 0.00 0.00 0.00 | (21,335,002.0 (1,261,753.0 45,285.0 (1,215,468.0 (2,558,252.0 (2,485.0 1,451,494.0 |
| 40200-Other 41200-Other Subtotal [1 - IV] I Subgroup : [2 - I] 40300-DHC 40500-DHC 41300-DHC Subtotal [2 - I] Pr | V Medicaid - Other Medicaid Contractual Allowance - Medicaid Wedicaid - Other Private - Services Excluding Dental, Mental Commercial Insurance Commercial Incentive Contractual Allowance - Commercial Insurance rivate - Services Excluding Dental, Mental Private - Dental | (1,261,753.00) 46,285.00 (1,215,468.00) (2,558,252.00) (2,485.00) 1,451,494.00 (1,109,243.00) | 1 | 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0 | (21,335,002.0 (1,261,753.0 46,285.0 (1,215,468.0 (2,558,252.0 (2,485.0 1,451,494.0 (1,109,243.0 |
| 40200-Olher 41200-Olher Subtotal [1 - IV] I Subgroup : [2 - I] 40300-DHC 40500-DHC 41300-DHC Subtotal [2 - I] Pr Subgroup : [2 - II 40300-Dental | V Medicaid - Other Medicaid Contractual Allowance - Medicaid Wedicaid - Other Private - Services Excluding Dental, Mental Commercial Insurance Commercial Incentive Contractual Allowance - Commercial Insurance rivate - Services Excluding Dental, Mental Private - Dental Commercial Insurance | (1,261,753.00) 46,285.00 (1,215,468.00) (2,558,252.00) (2,485.00) 1,451,494.00 (1,109,243.00) (275,762.00) | = | 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0 | (21,335,002.0 (1,261,753.0 46,285.0 (1,215,468.0 (2,558,252.0 (2,485.0 1,451,494.0 (1,109,243.0 |
| 40200-Other 41200-Other Subtotal [1 - IV] I Subgroup : [2 - I] 40300-DHC 40500-DHC 41300-DHC Subtotal [2 - I] Pr Subgroup : [2 - II] 40300-Dental 41300-Dental | V Medicaid - Other Medicaid Contractual Allowance - Medicaid Wedicaid - Other Private - Services Excluding Dental, Mental Commercial Insurance Commercial Incentive Contractual Allowance - Commercial Insurance rivate - Services Excluding Dental, Mental Private - Dental Commercial Insurance Contractual Allowance - Commercial Insurance | (1,261,753.00) 46,285.00 (1,215,468.00) (2,558,252.00) (2,485.00) 1,451,494.00 (1,109,243.00) (275,762.00) 85,682.00 | | 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0 | (21,335,002.0 (1,261,753.0 46,285.0 (1,215,468.0 (2,558,252.0 (2,485.0 1,451,494.0 (1,109,243.0 (275,762.0 85,682.0 |
| 40200-Other 41200-Other Subtotal [1 - IV] I Subgroup : [2 - I] 40300-DHC 40500-DHC 41300-DHC Subtotal [2 - I] Pr Subgroup : [2 - II] 40300-Dental 41300-Dental | V Medicaid - Other Medicaid Contractual Allowance - Medicaid Wedicaid - Other Private - Services Excluding Dental, Mental Commercial Insurance Commercial Incentive Contractual Allowance - Commercial Insurance rivate - Services Excluding Dental, Mental Private - Dental Commercial Insurance Contractual Allowance - Commercial Insurance | (1,261,753.00) 46,285.00 (1,215,468.00) (2,558,252.00) (2,485.00) 1,451,494.00 (1,109,243.00) (275,762.00) | | 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0 | (21,335,002.0 (1,261,753.0 46,285.0 (1,215,468.0 (2,558,252.0 (2,485.0 1,451,494.0 (1,109,243.0 |
| 40200-Olher 41200-Other Subtotal [1 - IV] I Subgroup : [2 - I] 40300-DHC 40500-DHC 41300-DHC Subtotal [2 - I] Pr Subgroup : [2 - II 40300-Dental 41300-Dental Subtotal [2 - II] P | V Medicaid - Other Medicaid Contractual Allowance - Medicaid Wedicaid - Other Private - Services Excluding Dental, Mental Commercial Insurance Commercial Incentive Contractual Allowance - Commercial Insurance rivate - Services Excluding Dental, Mental Private - Dental Commercial Insurance Contractual Allowance - Commercial Insurance | (1,261,753.00) 46,285.00 (1,215,468.00) (2,558,252.00) (2,485.00) 1,451,494.00 (1,109,243.00) (275,762.00) 85,682.00 | | 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0 | (21,335,002.0 (1,261,753.0 46,285.0 (1,215,468.0 (2,558,252.0 (2,485.0 1,451,494.0 (1,109,243.0 (275,762.0 85,682.0 |
| 40200-Olher 41200-Olher Subtotal [1 - IV] I Subgroup : [2 - I] 40300-DHC 41300-DHC Subtotal [2 - I] Pr Subgroup : [2 - II 40300-Dental 41300-Dental Subtotal [2 - II] P Subgroup : [2 - II] P | V Medicaid - Other Medicaid Contractual Allowance - Medicaid Wedicaid - Other Private - Services Excluding Dental, Mental Commercial Insurance Contractual Allowance - Commercial Insurance rivate - Services Excluding Dental, Mental Private - Dental Commercial Insurance Contractual Allowance - Commercial Insurance rivate - Dental | (1,261,753.00) 46,285.00 (1,215,468.00) (2,558,252.00) (2,485.00) 1,451,494.00 (1,109,243.00) (275,762.00) 85,682.00 (190,080.00) | | 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0 | (21,335,002.0 (1,261,753.0 46,285.0 (1,215,468.0 (2,558,252.0 (2,485.0 1,451,494.0 (1,109,243.0 (275,762.0 85,682.0 |
| 40200-Olher 41200-Olher Subtotal [1 - IV] I Subgroup : [2 - I] 40300-DHC 40500-DHC 41300-DHC Subtotal [2 - I] Pr Subgroup : [2 - II 40300-Dental 41300-Dental Subtotal [2 - II] P Subgroup : [2 - II] 9000-Dental Subtotal [2 - II] P | V Medicaid - Other Medicaid Contractual Allowance - Medicaid Wedicaid - Other Private - Services Excluding Dental, Mental Commercial Insurance Commercial Incentive Contractual Allowance - Commercial Insurance rivate - Services Excluding Dental, Mental Private - Dental Commercial Insurance Contractual Allowance - Commercial Insurance rivate - Dental If Private - Mental Health Commercial Insurance | (1,261,753.00) 46,285.00 (1,215,468.00) (2,558,252.00) (2,485.00) 1,451,494.00 (1,109,243.00) (275,762.00) 85,682.00 (190,080.00) | 2 | 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0 | (21,335,002.0 (1,261,753.0 46,285.0 (1,215,468.0 (2,558,252.0 (2,485.0 1,451,494.0 (1,109,243.0 (275,762.0 85,682.0 (190,080.0 |
| 40200-Other 41200-Other Subtotal [1 - IV] I Subgroup : [2 - I] 40300-DHC 41300-DHC Subtotal [2 - I] Pr Subgroup : [2 - II 40300-Dental 41300-Dental 41300-Dental 52 - II 40300-MH 41300-MH | / Medicaid - Other Medicaid Contractual Allowance - Medicaid Wedicaid - Other Private - Services Excluding Dental, Mental Commercial Insurance Commercial Incentive Contractual Allowance - Commercial Insurance rivate - Services Excluding Dental, Mental Private - Dental Commercial Insurance Contractual Allowance - Commercial Insurance rivate - Dental Commercial Insurance Contractual Allowance - Commercial Insurance rivate - Dental | (1,261,753.00) 46,285.00 (1,215,468.00) (2,558,252.00) (2,485.00) 1,451,494.00 (1,109,243.00) (275,762.00) 85,682.00 (190,080.00) | | 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0 | (21,335,002.0 (1,261,753.0 46,285.0 (1,215,468.0 (2,558,252.0 (2,485.0 (1,109,243.0 (275,762.0 85,682.0 (190,080.0 |
| 40200-Olher 41200-Olher 41200-Olher Subtotal [1 - IV] I Subgroup : [2 - I] 40300-DHC 40500-DHC 41300-DHC Subtotal [2 - I] Pr Subgroup : [2 - II 40300-Dental 41300-Dental Subtotal [2 - II] P Subgroup : [2 - III] F Subtotal [2 - III] F | Medicaid - Other Medicaid Contractual Allowance - Medicaid Wedicaid - Other Private - Services Excluding Dental, Mental Commercial Insurance Commercial Incentive Contractual Allowance - Commercial Insurance rivate - Services Excluding Dental, Mental Private - Dental Commercial Insurance Contractual Allowance - Commercial Insurance rivate - Dental If Private - Mental Health Commercial Insurance Contractual Allowance - Commercial Insurance Contractual Allowance - Commercial Insurance | (1,261,753.00) 46,285.00 (1,215,468.00) (2,558,252.00) (2,485.00) 1,451,494.00 (1,109,243.00) (275,762.00) 85,682.00 (190,080.00) (1,728,199.00) 701,406.00 | | 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0 | (21,335,002.0 (1,261,753.0 46,285.0 (1,215,468.0 (2,485.0 1,451,494.0 (1,109,243.0 (275,762.0 85,682.0 (190,080.0 |
| 40200-Other 41200-Other Subtotal [1 - IV] I Subgroup : [2 - I] 40300-DHC 40500-DHC 40500-DHC Subtotal [2 - I] Pr Subgroup : [2 - II 40300-Dental 41300-Dental Subtotal [2 - II] P Subgroup : [2 - II] 40300-MH 41300-MH Subtotal [2 - III] F Subgroup : [2 - III] F Subgroup : [2 - III] F | V Medicaid - Other Medicaid Contractual Allowance - Medicaid Wedicaid - Other Private - Services Excluding Dental, Mental Commercial Insurance Commercial Incentive Contractual Allowance - Commercial Insurance rivate - Services Excluding Dental, Mental Private - Dental Commercial Insurance Contractual Allowance - Commercial Insurance rivate - Dental If Private - Mental Health Commercial Insurance Contractual Allowance - Commercial Insurance rivate - Mental Health Commercial Insurance Contractual Allowance - Commercial Insurance Private - Mental Health | (1,261,753.00) 46,285.00 (1,215,468.00) (2,558,252.00) (2,485.00) 1,451,494.00 (1,109,243.00) (275,762.00) 85,682.00 (190,080.00) (1,728,199.00) 701,406.00 (1,026,793.00) | | 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0 | (21,335,002.0 (1,261,753.0 46,285.0 (1,215,468.0 (2,558,252.0 (2,485.0 1,451,494.0 (1,109,243.0 (275,762.0 85,682.0 (190,080.0 (1,728,199.0 701,406.0 (1,026,793.0 |
| 40200-Other 41200-Other 41200-Other Subtotal [1 - IV] I Subgroup : [2 - I] 40300-DHC 41300-DHC Subtotal [2 - I] Pr Subgroup : [2 - II 40300-Dental 41300-Dental 41300-Dental 2 - III] P Subgroup : [2 - II 40300-MH 41300-MH Subtotal [2 - III] I Subgroup : [2 - III] I | Medicaid - Other Medicaid Contractual Allowance - Medicaid Wedicaid - Other Private - Services Excluding Dental, Mental Commercial Insurance Contractual Allowance - Commercial Insurance rivate - Services Excluding Dental, Mental Private - Dental Commercial Insurance Contractual Allowance - Commercial Insurance rivate - Dental Private - Dental Private - Mental Health Commercial Insurance Contractual Allowance - Commercial Insurance rivate - Mental Health Private - Mental Health Private - Mental Health Private - Mental Health Private - Other Commercial Insurance | (1,261,753.00) 46,285.00 (1,215,468.00) (2,558,252.00) (2,485.00) 1,451,494.00 (1,109,243.00) (275,762.00) 85,682.00 (190,080.00) (1,728,199.00) 701,406.00 (1,026,793.00) | | 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0 | (21,335,002.0 (1,261,753.0 46,285.0 (1,215,468.0 (2,558,252.0 (2,485.0 1,451,494.0 (1,109,243.0 (190,080.0 (1,728,199.0 701,406.0 (1,026,793.0 |
| 40200-Other 41200-Other 41200-Other Subtotal [1 - IV] I Subgroup : [2 - I] 40300-DHC 41300-DHC Subtotal [2 - I] Pr Subgroup : [2 - II 40300-Dental 41300-Dental 41300-Dental 2 - III] P Subgroup : [2 - II 40300-MH 41300-MH Subtotal [2 - III] I Subgroup : [2 - III] I | V Medicaid - Other Medicaid Contractual Allowance - Medicaid Wedicaid - Other Private - Services Excluding Dental, Mental Commercial Insurance Commercial Incentive Contractual Allowance - Commercial Insurance rivate - Services Excluding Dental, Mental Private - Dental Commercial Insurance Contractual Allowance - Commercial Insurance rivate - Dental If Private - Mental Health Commercial Insurance Contractual Allowance - Commercial Insurance Private - Mental Health Commercial Insurance Contractual Allowance - Commercial Insurance Private - Mental Health V Private - Other Commercial Insurance Commercial Insurance | (1,261,753.00) 46,285.00 (1,215,468.00) (2,558,252.00) (2,485.00) 1,451,494.00 (1,109,243.00) (275,762.00) 85,682.00 (190,080.00) (1,728,199.00) 701,406.00 (1,026,793.00) (596,564.00) (275.00) | | 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0 | (21,335,002.0 (1,261,753.0 46,285.0 (1,215,468.0 (2,558,252.0 (2,485.0 1,451,494.0 (1,109,243.0 (275,762.0 85,682.0 (190,080.0 (1,728,199.0 (1,026,793.0 (596,564.0 (275.0 |
| 40200-Other 41200-Other Subtotal [1 - IV] I Subgroup : [2 - I] 40300-DHC 40500-DHC 41300-DHC Subtotal [2 - I] Pr Subgroup : [2 - II 40300-Dental 41300-Dental Subtotal [2 - II] P Subgroup : [2 - II] P Subgroup : [2 - III] P Subgroup : [2 - III] P Subgroup : [2 - III] F | V Medicaid - Other Medicaid Contractual Allowance - Medicaid Wedicaid - Other Private - Services Excluding Dental, Mental Commercial Insurance Commercial Insurance Contractual Allowance - Commercial Insurance rivate - Services Excluding Dental, Mental Private - Dental Commercial Insurance Contractual Allowance - Commercial Insurance rivate - Dental Frivate - Mental Health Commercial Insurance Contractual Allowance - Commercial Insurance Private - Mental Health V Private - Other Commercial Insurance Commercial Insurance Commercial Insurance Commercial Insurance Commercial Insurance Commercial Insurance | (1,261,753.00) 46,285.00 (1,215,468.00) (2,558,252.00) (2,485.00) 1,451,494.00 (1,109,243.00) (275,762.00) 85,682.00 (190,080.00) (1,728,199.00) 701,406.00 (1,026,793.00) (596,564.00) (275.00) | | 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0 | (21,335,002.0 (1,261,753.0 46,285.0 (1,215,468.0 (2,558,252.0 (2,485.0 1,451,494.0 (1,109,243.0 (190,080.0 (1,728,199.0 701,406.0 (1,026,793.0 |

Subgroup : [3 - I] Medicare - Services Excluding Dental, Mental

Client: Engagement: Period Ending: Trial Balance: Workpaper:

| Workpaper: | A.03 - TB Combined Detail Grouping | | | | |
|------------------------|--|-----------------|-----------|------|----------------------------|
| Account | Description | ADJUSTED | JE Ref# | RJE | REPORT |
| | | 6/30/2017 | | | 6/30/2017 |
| 40100-DHC | Medicare | (5,950,471.00) | | 0.00 | (5,950,471.00) |
| 41100-DHC | Contractual Allowance - Medicare | 3,749,152.00 | | 0.00 | 3,749,152.00 |
| | ledicare - Services Excluding Dental, Mental | (2,201,319.00) | | 0.00 | (2,201,319.00) |
| Oubtonit to 13 m | | | - | | |
| Subgroup : [3 - II | l] Medicare - Dental | | | | |
| 40100-Dental | Medicare | 24.00 | | 0.00 | 24.00 |
| 41100-Dental | Contractual Allowance - Medicare | (4,399.00) | _ | 0.00 | (4,399.00) |
| Subtotal [3 - II] N | /ledicare - Dental | (4,375.00) | = | 0.00 | (4,375.00) |
| | | | | | |
| | II Medicare - Mental Health | (0.000.040.00) | | 0.00 | (3,239,918.00) |
| 40100-MH | Medicare | (3,239,918.00) | | 0.00 | 1,560,669.00 |
| 41100-MH | Contractual Allowance - Medicare | 1,560,669.00 | - | 0.00 | (1,679,249.00) |
| Subtotal [3 - III] | Medicare - Mental Health | (1,679,249.00) | _ | 0.00 | (1,015,240.00) |
| Cuberoup : [2 f | V Medicare - Other | | | | |
| 40100-Other | Medicare | (791,948.00) | | 0.00 | (791,948.00) |
| 41100-Other | Contractual Allowance - Medicare | 39,488.00 | | 0.00 | 39,488.00 |
| | Medicare - Other | (752,460.00) | - | 0.00 | (752,460.00) |
| Outroun to - 141 | modified works | | 17 | | |
| Subgroup : [4 - [| Self-Pay - Services Excluding Dental, Menta | I | | | |
| 40350-DHC | Self - Pay | (2,029,958.00) | | 0.00 | (2,029,958.00) |
| 41500-DHC | Contractual Allowance - Self Pay | 1,601,796.00 | | 0.00 | 1,601,796.00 |
| | elf-Pay - Services Excluding Dental, Mental | (428,162.00) | \ <u></u> | 0.00 | (428,162.00) |
| - • | • | | | | |
| Subgroup: [4 - I | l] Self-Pay - Dental | | | | |
| 40350-Dental | Self - Pay | (394,180.00) | | 0.00 | (394,180.00) |
| 41500-Dental | Contractual Allowance - Self Pay | 163,061.00 | _ | 0.00 | 163,061.00 |
| Subtotal [4 - II] S | Self-Pay - Dental | (231,119.00) | _ | 0.00 | (231,119.00) |
| | | | | | |
| | II' Self-Pay - Mental Health | (005 000 00) | | 0.00 | 1255 202 001 |
| 40350-MH | Self - Pay | (365,302.00) | | 0.00 | (365,302.00) 303,006.00 |
| 41500-MH | Contractual Allowance - Self Pay | 303,006.00 | _ | 0.00 | (62,296.00) |
| Subtotal [4 - III] | Self-Pay - Mental Health | (62,296.00) | - | 0.00 | (02,230.00) |
| Cubaraua (14 1 | N/ Calf Day Other | | | | |
| 40350-Other | V Self-Pay - Other Self - Pay | (116,944.00) | | 0.00 | (116,944.00) |
| 41500-Other | Contractual Allowance - Self Pay | 2,051.00 | | 0.00 | 2,051.00 |
| 69150-Other | Bad Debt | 34,604.00 | | 0.00 | 34,604.00 |
| | Self-Pay - Other | (80,289.00) | _ | 0.00 | (80,289.00) |
| | A) FQHC Operating Revenue (Net of Bad Deb | | _ | 0.00 | (42,291,636.00) |
| Total (Fortin E | All the special sections (section and section and sect | | = | | |
| Group : IFORM I | E FQHC Other Revenue | | | | |
| | Grants - Services Excluding Dental, Mental | | | | |
| 42100-DHC | Federal Grant Income | (5,280,622.00) | | 0.00 | (5,280,622.00) |
| 42200-DHC | State Grant income | (972,290.00) | | 0.00 | (972,290.00) |
| 42300-DHC | Local Community Grant Income | (35,898.00) | | 0.00 | (35,898.00) |
| 42400-DHC | Foundations Grant Income | (203,053.00) | | 0.00 | (203,053.00) |
| 42500-DHC | Other Grant Income | 1,409.00 | | 0.00 | 1,409.00 |
| 42501-DHC | Capital Grants Other | (12,180.00) | | 0.00 | (12,180.00) |
| Subtotal [2 - I] G | Grants - Services Excluding Dental, Mental | (6,502,634.00) | <u> </u> | 0.00 | (6,502,634.00) |
| | | | | | |
| | II] Grants - Dental | (0.40, 000, 00) | | 0.00 | (040,000,00) |
| 42100-Dental | Federal Grant Income | (912,039.00) | | 0.00 | (912,039.00) |
| 42400-Dental | Foundations Grant Income | (75,407.00) | | 0.00 | (75,407.00) |
| 42500-Dental | Other Grant Income | (9.00) | - | 0.00 | (9.00) |
| Subtotal [2 - II] | Grants - Dental | (987,455.00) | | 0.00 | (001,400.00) |
| Cubarana (D. I | UF Create Montal Health | | | | |
| | III, Grants - Mental Health Federal Grant Income | (1,860,051.00) | | 0.00 | (1,860,051.00) |
| 42100-MH 42200-MH | State Grant Income | (923,428.00) | | 0.00 | (923,428.00) |
| 42500-MH | Other Grant Income | (20,294.00) | | 0.00 | (20,294.00) |
| 42500-IVIH 42501-MH | Capital Grants Other | (26,303.00) | | 0.00 | (26,303.00) |
| | Grants - Mental Health | (2,830,076.00) | ~ | 0.00 | (2,830,076.00) |
| Suprotal [2 - III] | GIMING - MCHMI HOUGH | 12,000,010,000 | - | | |
| Subgroup : [2 - | IV Grants - Other | | | | |
| 42100-Other | Federal Grant Income | (399,741.00) | | 0.00 | (399,741.00) |
| 42101-Other | Capital Grants Federal | (7,659.00) | | 0.00 | (7,659.00) |
| 42200-Other | State Grant Income | (97,839.00) | | 0.00 | (97,839.00) |
| 42201-Other | Capital Grants State | (223,333.00) | | 0.00 | (223,333.00) |
| 42400-Other | Foundations Grant Income | (31,797.00) | | 0.00 | (31,797.00) |
| 42500-Other | Other Grant Income | (556.00) | | 0.00 | (556.00) |
| 42501-Other | Capital Grants Other | (46,747.00) | - | 0.00 | (46,747.00) |
| Subtotal [2 - IV] | | (807,672.00) | | 0.00 | (807,672.00) |
| | | | | | |

Subgroup : [3 - IV Interest - Other

| Workpaper: | A.03 - TB Combined Detail Grouping | | | | |
|---------------------------------|---|--------------------------------|---------|--------------|----------------------------|
| Account | Description | ADJUSTED | JE Ref# | RJE | REPORT |
| | | 6/30/2017 | | | 6/30/2017 |
| 45100-Other | Interest & Dividend Income | (8,593.00) | - | 0.00 | (8,593.00) |
| | Interest - Other | (8,593.00) | _ | 0.00 | (8,593.00) |
| | m n | ntal | | | |
| Subgroup : [4 - 45200-DHC | Donations - Services Excluding Dental, Med Contributions | (5,839.00) | | 0.00 | (5,839.00) |
| Subtotal [4 - I] [| Continuations Continuations - Services Excluding Dental, Mental | | | 0.00 | (5,839.00) |
| | | | | | |
| | II] Donations - Dental | (59,00) | | 0.00 | (59.00) |
| 45200-Dental | Contributions Donations - Dental | (59.00) | | 0.00 | (59.00) |
| Suntotal [4 - 11] | Dollations - Dontal | | 10 | | |
| Subgroup : [4 - | IV Donations - Other | | | 0.00 | (18,365.00) |
| 45200-Other | Contributions | (18,365.00) (6,859.00) | | 0.00 | (6,859.00) |
| 45250-Other | Fundraising Revenue Donations - Other | (25,224.00) | 0= | 0.00 | (25,224.00) |
| Subtotal [4 - 1v] | Dollardons - Other | | 1 | | |
| Subgroup : [5 - | III Rent - Mental Health | (We een eel) | | 0.00 | (en 220 00) |
| 45600-MH | Room & Board | (69,329.00) | - | 0.00 | (69,329.00) |
| Subtotal [5 - III] | Rent - Mental Health | (69,329.00) | - | 0.00 | [00,020,00] |
| Subgroup : [6 - | IV Catering - Other | | | | |
| 46000-Other | Food Service - Catering | (123,749.00) | _ | 0.00 | (123,749.00) |
| Subtotal [6 - IV] | Catering - Other | (123,749.00) | - | 0.00 | (123,749.00) |
| Ch | I] Contracts - Services Excluding Dental, Mer | ntal | | | |
| 43100-DHC | Contracts - Services Excluding Dental, men Contract Services GÇô Agencies & Organizati | ior (19,800.00) | | 0.00 | (19,800.00) |
| 43600-DHC | Contract Services - Yale | (15,250.00) | | 0.00 | (15,250.00) |
| 43700-DHC | Contract Services - Other | (27,500.00) | - | 0.00 | (27,500.00) |
| Subtotal [7 - I] | Contracts - Services Excluding Dental, Mental | (62,550.00) | - | 0.00 | (62,550.00) |
| Subgroup : 17 | III Contracts - Mental Health | | | | |
| 43600-MH | Contract Services - Yale | (2,030.00) | - | 0.00 | (2,030.00) |
| | Contracts - Mental Health | (2,030.00) | | 0.00 | (2,030.00) |
| | | | | | |
| Subgroup : [7 - 43700-Other | IV Contracts - Other Contract Services - Other | (18,000.00) | | 0.00 | (18,000.00) |
| | Contracts - Other | (18,000.00) | | 0.00 | (18,000.00) |
| oursell (| | | - | | |
| | 1] Other - Services Ecxluding Dental, Mental | (30.570.00) | | 0.00 | (70,579.00) |
| 45900-DHC | Other Income Women, Infants & Children Food Benefits | (70,579.00) (908,412.00) | | 0.00 | (908,412.00) |
| 46010-DHC Subtotal [8 - I] (| Other - Services Ecxluding Dental, Mental | (978,991.00) | - | 0.00 | (978,991.00) |
| | | | | | |
| | III Other - Mental Health | /4 200 00\ | | 0.00 | (4,389.00) |
| 45900-MH | Other Income | (4,389.00) | - | 0.00 | (4,389.00) |
| Suptotal [6 - III] | Other - Mental Health | [4,000.00] | - | | |
| Subgroup : [8 - | IV Other - Other | | | | /47 ppg 60 |
| 45900-Other | Other Income | (47,233.00) | | 0.00 | (47,233.00) (47,233.00) |
| Subtotal [8 - IV] |] Other - Other - B] FQHC Other Revenue | (47,233.00) (12,473,823.00) | - | 0.00 | (12,473,823.00) |
| rotal [FORW E | - Pl LGUC Office Venering | 12.47 0,020.007 | | | |
| Group : [FORM | E Other Revenue | | | | |
| Subgroup : [1 - | Other Revenue - Services Excluding Denta | I, Mental | | 0.00 | (204.00) |
| 41510-DHC | Patient Refunds | (284.00) | | 0.00 0.00 | (284.00) (35,400.00) |
| 45205-DHC | Donated Equipment Vaccines and Donated Materials | (35,400.00) (394,731.00) | | 0.00 | (394,731.00) |
| 46020-DHC | Other Revenue - Services Excluding Dental, N | | | 0.00 | (430,415.00) |
| | | 7-2-2-2-3 | - | | |
| | II] Other Revenue - Dental | 448.00 | | 0.00 | 146.00 |
| 41510-Dental | Patient Refunds Other Revenue - Dental | 146.00 | | 0.00 | 146.00 |
| Subtotal [1 - II] | Other Revenue - Denial | 140.05 | | | |
| Subgroup : [1 - | III Other Revenue - Mental Health | | | | |
| 41510-MH | Patient Refunds | 634.00 | - | 0.00 | 634.00 634.00 |
| Subtotal [1 - III] | Other Revenue - Mental Health | 634.00 | 5 | 0.00 | 034.00 |
| Subgroup : [1 - | - IV Other Revenue - Other | | | | |
| 41510-Other | Patient Refunds | 2,243.00 | | 0.00 | 2,243.00 |
| 45650-Other | Unrealized Gain/Loss | (24,352.00) | | 0.00 | (24,352.00) |
| 46020-Other | Vaccines and Donated Materials | (3,242.00) | | 0.00 0.00 | (3,242.00) |
| 47000-Other | Pharmacy-Walgreens Revenue 7 Other Revenue - Other | (1,338,406.00) | 24 | 0.00 | (1,363,757.00) |
| | - C] Other Revenue | (1,793,392.00) | | 0.00 | (1,793,392.00) |
| TOTAL LICENSE | -1 | |)9 | | |

Client: Engagement: Period Ending: Trial Balance: Workpaper:

Account

| | 6/30/2017 | | | 6/30/2017 |
|-----------------------|-----------|---------|-----|-----------|
| Description | ADJUSTED | JE Ref# | RJE | REPORT |
| pinea Detail Grouping | | | | |

Sum of Account Groups

0.00

0.00

0.00

Client:

Cornell Scott - Hill Health Corporation

Engagement:

FQHC - Cornell Scott - Hill Health Corporation

Period Ending:

6/30/2017

A.01 - TB Trial Balance:

Workpaper: H.01 - Combined Journal Entries Report -Description

Debit Credit W/P Ref Account

Reclassifying Journal Entry

Reclassifying Journal Entry JE #1
To reclass salaries appropriately

| 50100-Dental | Direct Salaries & Wages | 2,100.00 |
|--------------|--------------------------------------|--------------|
| 50100-DHC | Direct Salaries & Wages | 101,675.00 |
| 50100-Other | Direct Salaries & Wages | 6,763,711.00 |
| 50217-Other | Facilities and Life Safety Manager | 670.00 |
| 50506-Dental | Dental Hygenist | 278,313.00 |
| 50607-Dental | Dentist | 676,825.00 |
| 50616-DHC | Physician | 3,057,542.00 |
| 50617-DHC | Physician Assistant | 197,020.00 |
| 50622-MH | Psychologist | 76,138.00 |
| 50821-Other | Facilities Support Worker | 80.00 |
| 51950-Other | Vacation Expense | 7,899.00 |
| | Direct Health Nursing Salaries | 3,169,467.00 |
| Marcum 102 | | 4,194,375.00 |
| Marcum 103 | Direct Health Other Salaries | |
| Marcum 105 | Other Dental Salaries | 648,483.00 |
| Marcum 106 | Mental Health Social Worker Salaries | 1,873,825.00 |

Marcum 107

Other Mental Health Salaries 50101-DHC Chief

50101-MH Chief 50101-Other Chief Chief of Information Technology 50102-Other 50107-Other Coordinator Office of the Executive 50108-Other Corporate Compliance Officer Director of Dental Services 50109-Dental

50110-DHC Executive Assistant ! 50110-MH Executive Assistant I 50110-Other Executive Assistant | 50111-DHC Executive Assistant II 50111-MH Everytive Assistant II Assistant Nurse Manager 50201-MH 50202-MH Assistant Program Director I 50204_Othe Call Center Manager 50206-DHC Director of Early Childhood 50207-Other Director of Facilities

50208-Othe Director of Finance Director of Grants Management 50209-Other 50211-Othe Director of Information Technology 50212-Othe Director of Marketing & CR Director of Patient Accounts 50214-Othe 50215-DHC Director of Purchasing 50215-Othe Director of Purchasing Executive Chef 50216-DHC 50216-MH Executive Chef

50216-Othe Executive Chef 50218-Other Supervisor 50220-DHC NFN Clinical Superviso 50220-MH NFN Clinical Supervisor 50221-Dental Office Manager 50222-MH Operations Manager 50222-Other Operations Manager Pharmacy Director 50223-Other

Program Director II

50224-MH Program Director II Site Manager 50225-DHC 50226-MH Utilization Review Manager 50227-DHC WIC Site Manager Director of Operations 50228-Other 50229-Other Development Manage 50230-Other HR Manager

50224-DHC

50235-Other

Clinical Nurse Supervisor 50231-MH 50232-DHC Medical Director of Quality and Operations 50232-Othe Medical Director of Quality and Operations Director of Care Coordination 50233-DHC 50234-DHC Director of Wellness Education 50235-DHC Assistant Manager of Care Coordination

Assistant Manager of Care Coordination

50401-DHC Care Coordinator 50402-DHC Case Manager 50402-MH Case Manager 50403-MH Clinical Case Coordinato 50404-MH Clinical Pharmacist Clinical Pharmacist 50404-Other

1.01

9 106 00

10,144,266.00

293,762.00 301,804.00 1 020 352 00 101,846.00 85,740.00 100 385.00 188,500.00 18,144.00 15.261.00 59,627.00 6,744.00 6.305.00 57.231.00

464,673.00 46,454,00 78,750.00 247 00 144,536.00 100,385,00 79,788.00 114,611.00 109,889.00 5,132.00 111,311.00 27,187.00 18,125.00 27,466.00 20,292.00 27,674.00 2,308.00 53 942 00 69,808.00 132.00 131 833 00

97,773.00 294,751.00 146 158 00 5,673.00 67,208 00 134 989.00 51,098.00 96,926.00 95.365.00 122,424.00 17,376.00 41.769.00 71,426.00 19,485.00 3 077 00 105,413.00 255,633.00 373.384.00

44,264.00

2,306.00

265,250,00

| 50405-MH 50405-Other 50407-DHC 50408-Dental 50408-MH | Clinical Pharmacy Coordinator | |
|--|--|--|
| 50407-DHC 50408-Dental | | 9,467.00 |
| 50408-Dental | Clinical Pharmacy Coordinator | 109,268.00 |
| | Community Health Worker | 201,196.00 |
| | Dental Assistant | 339,356.00 |
| | Detox Technician | 566,574.00 |
| 50411-DHC | Diabetes Educator | 47,113.00 |
| 50412-DHC | Early Intervention Associate | 26,122.00 |
| 50413-DHC | Early Intervention Associate II | 48,415.00 |
| 50416-DHC | Infectious Disease Nurse | 81,123.00 |
| 50417-Dental | | 9,027.00 |
| | | 588,155.00 |
| 50418-DHC | Licensed Practical Nurse | 607,930.00 |
| 50418-MH | Licensed Practical Nurse | 15,210.00 |
| 50419-MH | Licensed Prectical Nurse Per Diem | 699,370.00 |
| 50420-DHC | Medical Assistant | 4,152.00 |
| 50420-MH | Medical Assistant | |
| 50421-DHC | Neurologist | 600.00 |
| 50423-DHC | NFN Home Visitor | 38,742.00 |
| 50424-DHC | Nurse Educator | 2,643.00 |
| 50425-DHC | Nurse Manager | 45,554.00 |
| 50426-DHC | Nurse Team Leader | 27,596.00 |
| 50427-DHC | Ophthalmic Technician | 54,464.00 |
| 50428-DHC | Ophthalmology Assistant | 57,861.00 |
| 50429-Other | Pharmscy Technician | 114,319.00 |
| 50430-Dental | | 62,989.00 |
| 50430-DB/Ital | Practice Administrator | 84,423.00 |
| | Practice Manager I | 2,212.00 |
| 50431-DHC | | 183,012.00 |
| 50431-MH | Practice Manager I | 74,542.00 |
| 50432-MH | Practice Manager II | 1,908.00 |
| 50433-DHC | Prenatal Home Visitor | 77,620.00 |
| 50434-Other | QA/QI NURSE | |
| 50435-DHC | Registered Nurse | 698,972.00 |
| 50435-MH | Registered Nurse | 415,422.00 |
| 50436-MH | Registered Nurse II | 18,070.00 |
| 50437-MH | Rehabilitation Coordinator | 44,269.00 |
| 50438-MH | Residential Aide | 280,221.00 |
| 50440-DHC | Resource Specialist | 42,950.00 |
| 50442-DHC | Senior Care Coordinator Assistant | 40,600.00 |
| 50444-MH | Senjor Detox Technician | 38,617.00 |
| 50445-DHC | Special Education Teacher | 43,643.00 |
| 50443-DHC | WIC Site Nutritionist | 81,954.00 |
| | | 52,276.00 |
| 50448-Dental | | 60,145.00 |
| 50449-DHC | Milleu Counselor Shift Supervisor | 43,848.00 |
| 50449-MH | Milleu Counselor Shift Supervisor | 56,717.00 |
| 50450-DHC | Wellness Outreach Manager | |
| 50453-DHC | Complex Care Manager Social Workers | |
| 50454-DHC | | 13,802.00 |
| | Interim Practice Administrator | 17,949.00 |
| 50455-DHC | Interim Practice Administrator Medical Case Manager | 17,949.00 17,299.00 |
| 50455-DHC 50601-DHC | | 17,949.00 17,299.00 1,373,682.00 |
| | Medical Case Manager | 17,949.00 17,299.00 |
| 50601-DHC | Medical Case Manager APRN | 17,949.00 17,299.00 1,373,682.00 |
| 50601-DHC 50601-MH 50603-MH | Medical Case Manager APRN APRN | 17,949.00 17,299.00 1,373,682.00 839,355.00 |
| 50601-DHC 50601-MH 50603-MH 50604-MH | Medical Case Manager APRN APRN Assistant Program Director II Cănician I | 17,949.00 17,299.00 1,373,682.00 839,355.00 187,762.00 |
| 50601-DHC 50601-MH 50603-MH 50604-MH 50605-DHC | Medical Case Manager APRN APRN Assistant Program Director Ii Clinician I | 17,949.00 17,299.00 1.373,882.00 839,355.00 187,762.00 93,939.00 |
| 50601-DHC 50601-MH 50603-MH 50604-MH 50605-DHC 50605-MH | Medical Case Manager APRN APRN Assistant Program Director II Cénician I Cinician II | 17,949.00 17,299.00 1,373,682.00 839,355.00 187,762.00 93,939.00 |
| 50601-DHC 50601-MH 50603-MH 50604-MH 50605-DHC 50605-MH 50606-Dental | Medical Case Manager APRN APRN Assistant Program Director II Chrician I Chrician II Chrician II Chrician II Chrician II Chrician II Dental Hygenist | 17,949.00 17,729.00 1,373,662.00 839,355.00 187,762.00 93,939.00 18,384.00 3,280,183.00 280,725.00 |
| 50601-DHC 50601-MH 50603-MH 50604-MH 50605-DHC 50605-MH 50606-Dental 50608-DHC | Medical Case Manager APRN APRN Assistant Program Director II Cănician I Clinician II Dental Hygenist Dental Hygenist | 17,949.00 17,729.00 1.373,692.00 839,935.00 187,762.00 93,939.00 18,384.00 3,280,163.00 |
| 50601-DHC 50601-MH 50603-MH 50604-MH 50605-DHC 50605-MH 50606-Dental 50608-DHC 50808-Other | Medical Case Manager APRN APRN Assistant Program Director Ii Chincian I Clinician II Unician II Dental Hygenist Dental Hygenist Dental Hygenist | 17,949.00 17,299.00 1.373,862.00 839,355.00 187,762.00 93,939.00 18,384.00 3,280,163.00 280,725.00 29,563.00 18,000.00 |
| 50601-DHC 50601-MH 50603-MH 50604-MH 50605-DHC 50605-MH 50606-Dental 50608-DHC 50608-Other 50607-Dental | Medical Case Manager APRN APRN Assistant Program Director II Chinician I Clinician II Clinician II Dental Hygenist Dental Hygenist Dental Hygenist Dental Hygenist Dental Hygenist | 17,949.00 17,729.00 1.373,692.00 839,355.00 187,762.00 93,939.00 18,364.00 3,280,163.00 280,725.00 29,593.00 16,000.00 |
| 50601-DHC 50601-MH 50603-MH 50604-MH 50605-DHC 50605-MH 50606-Dental 50606-DHC 50606-Other 50607-Dental 50608-DHC | Medical Case Manager APRN APRN Assistant Program Director II Cănician II Clinician II Unician II Dental Hygenist | 17,949.00 17,729.00 1,373,662.00 839,355.00 187,762.00 93,939.00 18,384.00 3,280,183.00 280,725.00 29,563.00 18,000.00 529,185.00 |
| 50601-DHC 50601-MH 50603-MH 50604-MH 50605-DHC 50605-DHC 50606-Dental 50608-DHC 50607-Dental 50607-Dental 50608-DHC | Medical Case Manager APRN APRN Assistant Program Director II Cănician I Cănician II Cinician II Dental Hygenist Dental Hygenist Dental Hygenist Dental Hygenist Dental Openist Dental Hygenist Dental Hygenist Medical Director of Pediatrics Medical Director | 17,949.00 17,299.00 1,373,682.00 839,355.00 187,762.00 93,939.00 18,384.00 3,280,163.00 280,725.00 29,593.00 18,000.00 529,185.00 145,022.00 34,615.00 |
| 50601-DHC 50601-MH 50603-MH 50604-MH 50605-DHC 50605-MH 50606-Dental 50608-OHC 50606-Other 50607-Dental 50608-DHC 506011-DHC | Medical Case Manager APRN APRN Assistant Program Director Ii Chrician I Chrician II Dential Hygenist Dental Hygenist Dental Hygenist Dental Hygenist Dental Director of Pediatrics Medical Director Medical Director | 17,949.00 17,729.00 13,73,692.00 839,955.00 187,762.00 93,939.00 18,384.00 3,280,183.00 280,725.00 29,593.00 18,000.00 529,185.00 145,022.00 34,615.00 371,277.00 |
| 50601-DHC 50601-MH 50603-MH 50604-MH 50605-DHC 50605-DHC 50606-Ontal 50608-DHC 50608-DHC 50608-DHC 50611-DHC | Medical Case Manager APRN APRN Assistant Program Director II Chrician I Chrician II Chrician II Dental Hygenist Medical Director Medical Director Medical Director Medical Director Medical Director Nurse Midwife | 17,949.00 17,729.00 13,73,682.00 839,355.00 187,762.00 93,939.00 18,384.00 3,280,183.00 280,725.00 28,583.00 18,000.00 529,185.00 145,022.00 34,615.00 37,12,77.00 215,476.00 |
| 50601-DHC 50601-MH 50603-MH 50604-MH 50605-DHC 50605-MH 50606-Dental 50608-OHC 50606-Other 50607-Dental 50608-DHC 506011-DHC | Medical Case Manager APRN APRN Assistant Program Director II Chrician I Chrician II Chrician II Dental Hygenist Medical Director Medical Director Medical Director Medical Director Medical Director Nurse Midwife | 17,949.00 17,729.00 13,73,662.00 839,355.00 187,762.00 93,939.00 18,384.00 3,280,183.00 280,725.00 29,563.00 18,000.00 529,185.00 145,022.00 34,616.00 371,277.00 216,476.00 72,419.00 |
| 50601-DHC 50601-MH 50603-MH 50604-MH 50605-DHC 50605-DHC 50606-Ontal 50608-DHC 50608-DHC 50608-DHC 50611-DHC | Medical Case Manager APRN APRN Assistant Program Director II Cănician II Clinician II Unician III Dental Hygenist Dental Hygenist Dental Hygenist Dental Director of Pediatrics Medical Director Medical Director Medical Director Nurse Midwife Occupational Therapist | 17,949.00 17,299.00 1,373,682.00 839,355.00 187,762.00 93,939.00 18,384.00 3,280,163.00 280,725.00 29,593.00 18,000.00 529,185.00 145,022.00 34,615.00 371,277.00 215,476.00 72,419.00 |
| 50601-DHC 50601-MH 50803-MH 50803-MH 50805-DHC 50805-DHC 50808-DHC 50808-Other 50808-Other 50808-DHC 50811-DHC 50611-MH 50812-DHC | Medical Case Manager APRN APRN Assistant Program Director II Cănician I Clinician II Dental Hygenist Dental Hygenist Dental Hygenist Dental Hygenist Dental Director of Pediatrics Medical Director Medical Director Nurse Midwife Cocupational Therapist Pediatrician | 17,949.00 17,729.00 13,73,692.00 839,955.00 187,762.00 93,939.00 18,364.00 3,280,163.00 280,725.00 29,593.00 145,022.00 34,615.00 371,277.00 215,476.00 72,419.00 210,153.00 2,157,003.00 |
| 50601-DHC 50601-MH 50803-MH 50803-MH 50805-DHC 50805-MH 50606-Dental 50808-DHC 50806-Other 50808-DHC 50808-DHC 50811-MH 50811-MH 50813-DHC | Medical Case Manager APRN APRN Assistant Program Director II Chincian II Chincian II I Dental Hygenist Dental Hygenist Dental Hygenist Dental Director of Pediatrics Medical Director Medical Director Nurse Midwife Occupational Therapist Pediatrician Physician | 17,949.00 17,299.00 1,373,682.00 839,355.00 187,762.00 93,939.00 18,384.00 3,280,163.00 280,725.00 29,593.00 18,000.00 529,185.00 145,022.00 34,615.00 371,277.00 215,476.00 72,419.00 |
| 50601-DHC 50601-MH 50603-MH 50603-MH 50605-DHC 50605-DHC 50605-DHC 50607-Dental 50608-DHC 50601-DHC 50611-MH 50612-DHC 50613-DHC 50613-DHC | Medical Case Manager APRN Assistant Program Director II CBrician I Clinician II Clinician II Dential Hygenist Dential Hygenist Dential Hygenist Dential Hygenist Director of Pediatrics Medical Director Medical Director Nurse Midwife Occupational Therapist Pediatrician Physician Physician Physician | 17,949.00 17,729.00 13,73,692.00 839,955.00 187,762.00 93,939.00 18,364.00 3,280,163.00 280,725.00 29,593.00 145,022.00 34,615.00 371,277.00 215,476.00 72,419.00 210,153.00 2,157,003.00 |
| 50601-DHC 50601-MH 50803-MH 50803-MH 50805-DHC 50805-DHC 50806-Other 50808-Other 50808-DHC 50611-DHC 50611-DHC 50613-DHC 50614-DHC 50614-DHC 50614-DHC 50618-DHC | Medical Case Manager APRN Assistant Program Director II CBrician I Clinician II Clinician II Dential Hygenist Dential Hygenist Dential Hygenist Dential Hygenist Director of Pediatrics Medical Director Medical Director Nurse Midwife Occupational Therapist Pediatrician Physician Physician Physician | 17,949.00 17,729.00 13,73,682.00 839,355.00 187,762.00 93,939.00 18,384.00 3,280,183.00 280,725.00 28,693.00 145,022.00 34,615.00 371,277.00 215,476.00 72,419.00 210,153.00 2,157,003.00 |
| 50601-DHC 50601-MH 50803-MH 50803-MH 50805-DHC 50805-DHC 50806-Dental 50808-DHC 50808-DHC 50811-DHC 50811-DHC 50813-DHC 50813-DHC 50813-DHC 50813-DHC 50813-DHC | Medical Case Manager APRN APRN Assistant Program Director II Cănician I Cănician II Dental Hygenist Dental Hygenist Dental Hygenist Dental Hygenist Director of Pediatrics Medical Director Medical Director Nurse Midwife Cocupational Therapist Pediatrician Physician Physician Physician Physician Podiatrist Program Director I | 17,949.00 17,299.00 17,299.00 13,73,662.00 839,355.00 187,762.00 93,939.00 18,384.00 3,280,183.00 280,725.00 29,593.00 18,000.00 529,185.00 145,022.00 34,615.00 371,277.00 215,476.00 72,419.00 210,153.00 2,157,003.00 238,381.00 107,054.00 |
| 50601-DHC 50601-MH 50603-MH 50603-MH 50605-DHC 50605-DHC 50605-DHC 50607-Dental 50608-DHC 50611-DHC 50611-DHC 50611-DHC 50613-DHC 50614-DHC 50614-DHC 50614-DHC 50618-DHC 50619-MH 50629-MH | Medical Case Manager APRN Assistant Program Director II Chrician I Chrician II Chrician II Chrician II Dental Hygenist Dental Hygenist Dental Hygenist Dental Hygenist Director of Pediatrics Medical Director Medical Director Medical Director Nurse Midwife Occupational Therapist Pediatrician Physician Physician Physician Physician Physician Physician Assistant Podiatrist Program Director I Psychiatric APRN | 17,949.00 17,299.00 13,73,692.00 839,955.00 187,762.00 93,939.00 18,384.00 3,280,183.00 280,725.00 29,593.00 18,000.00 529,185.00 145,022.00 34,615.00 371,277.00 215,476.00 72,419.00 210,153.00 2,157,003.00 238,881.00 107,054.00 |
| 50601-DHC 50601-MH 50803-MH 50803-MH 50805-DHC 50805-DHC 50808-DHC 50808-DHC 50807-Dental 50808-DHC 50611-DHC 50611-DHC 50613-DHC 50618-DHC 50618-DHC 50618-DHC 50618-DHC 50618-DHC 50618-DHC | Medical Case Manager APRN Assistant Program Director II Cănician II Clinician II Clinician II Dental Hygenist Dental Hygenist Dental Hygenist Dental Hygenist Director of Pediatrics Medical Director Medical Director Medical Director Medical Director Nurse Midwife Occupational Therapist Pediatrician Physician Physician Assistant Podiatrist Program Director I Psychiatris APRN Psychiatris APRN Psychiatris APRN | 17,949.00 17,729.00 13,73,692.00 839,955.00 187,782.00 93,939.00 18,384.00 3,280,183.00 280,725.00 29,593.00 145,022.00 34,615.00 371,277.00 215,476.00 72,419.00 210,153.00 238,381.00 107,054.00 322,636.00 69,511.00 |
| 50601-DHC 50601-MH 50803-MH 50805-DHC 50805-MH 50806-Dental 50808-DHC 50807-Dental 50808-DHC 50611-MH 50812-DHC 50613-DHC 50613-DHC 50613-DHC 50613-DHC 50613-DHC 50613-DHC 50613-DHC 50613-DHC 50613-DHC 50613-DHC | Medical Case Manager APRN APRN Assistant Program Director II Cénician I Clinician II Clinician II I Dental Hygenist Dental Hygenist Dental Hygenist Dental Bygenist Director of Pediatrics Medical Director Medical Director Medical Director Morse Midwife Occupational Therapist Pediatrician Physician Physician Physician Physician Physician Pogram Director I Psychiatrist Pegihatrist Psychiatrist Psychiatrist Psychiatrist Psychiatrist Psychiatrist Psychiatrist Psychiatrist | 17,949.00 17,729.00 13,73,682.00 839,355.00 187,762.00 93,939.00 18,364.00 3,280,183.00 280,725.00 29,593.00 145,022.00 34,615.00 271,476.00 |
| 50601-DHC 50601-MH 50803-MH 50803-MH 50805-DHC 50805-DHC 50806-Dental 50808-DHC 50807-Dental 50808-DHC 50611-DHC 50611-DHC 50613-DHC 50618-DHC 50618-DHC 50618-DHC 50618-DHC 50618-DHC 50618-DHC 50619-MH 50620-MH 50622-MH | Medical Case Manager APRN APRN Assistant Program Director II Clinician II Clinician II Dental Hygenist Dental Hygenist Dental Hygenist Dental Hygenist Director of Pediatrics Medical Director Medical Director Nurse Midwife Cocupational Therapist Pediatrician Physician Physicia | 17,949.00 17,299.00 13,73,692.00 839,955.00 187,762.00 93,939.00 18,384.00 3,280,163.00 280,725.00 29,593.00 145,022.00 34,616.00 371,277.00 215,476.00 72,418.00 210,153.00 238,381.00 107,054.00 322,636.00 69,511.00 887,413.00 122,288.00 |
| 50601-DHC 50601-MH 50603-MH 50603-MH 50605-DHC 50605-DHC 50605-DHC 50607-Dental 50608-DHC 50611-MH 50611-DHC 50611-DHC 50613-DHC 50614-DHC 50614-DHC 50618-DHC 50619-MH 50621-MH 50621-MH 50621-MH 50621-MH 50621-MH 50621-MH | Medical Case Manager APRN Assistant Program Director II CBrician I CBrician I CBrician II CBrician II CBrician II Dental Hygenist Dental Hygenist Dental Hygenist Dental Hygenist Director of Pediatrics Medical Director Medical Director Nurse Midwife Occupational Therapist Pediatrician Physician Physician Physician Physician Physician Physician Assistant Podiatrist Program Director I Psychiatris APRN Psychiatrist Psychiatrist Psychiatrist Psychiatrist Psychiopist Registered Dietitian Senior Clinician | 17,949.00 17,729.00 17,729.00 13,73,682.00 839,355.00 187,782.00 93,939.00 18,384.00 3,280,163.00 280,725.00 28,583.00 18,000.00 529,185.00 145,022.00 34,615.00 371,277.00 215,476.00 72,419.00 210,153.00 238,381.00 107,054.00 322,636.00 68,511.00 687,413.00 122,288.00 62,038.00 719,272.00 |
| 50601-DHC 50601-MH 50803-MH 50803-MH 50805-DHC 50805-DHC 50806-Other 50808-DHC 50808-DHC 50811-DHC 50811-DHC 50811-DHC 50814-DHC 50814-DHC 50813-DHC 50814-DHC 50813-DHC 50813-DHC 50813-DHC 50813-DHC 50813-DHC 50813-DHC 50813-DHC | Medical Case Manager APRN APRN Assistant Program Director II Cirician I Cirician II Cirician II Dental Hygenist Dental Hygenist Dental Hygenist Dental Hygenist Dental Hygenist Director of Pediatrics Medical Director Medical Director Medical Director Medical Director Medical Director Nurse Midwife Occupational Therapist Pediatrician Physician Physician Physician Physician Physician Physician Physician Pospram Director I Psychiatrist Program Director I Psychiatrist Senior Clinician Senior Medical Provider | 17,949.00 17,729.00 13,73,682.00 839,355.00 187,762.00 93,939.00 18,364.00 3,280,183.00 280,725.00 29,593.00 145,022.00 34,615.00 371,277.00 215,476.00 72,419.00 210,153.00 238,381.00 107,054.00 322,636.00 68,511.00 887,413.00 122,289.00 62,038.00 719,272.00 210,986.00 |
| 50601-DHC 50601-MH 50803-MH 50803-MH 50805-DHC 50805-DHC 50806-Dental 50808-DHC 50801-DHC 50811-MH 50811-DHC 50811-DHC 50811-DHC 50811-DHC 50811-DHC 50811-DHC 50811-DHC 50811-DHC 50811-DHC 50811-DHC 50811-DHC 50811-DHC 50811-DHC 50811-DHC 50811-DHC 50811-DHC 50811-DHC 50811-DHC 50811-DHC | Medical Case Manager APRN APRN Assistant Program Director II Cănician II Clinician II I Dental Hygenist Dental Hygenist Dental Hygenist Dental Hygenist I Dentist Director of Pediatrics Medical Director Medical Director Medical Director Medical Director Medical Director Nurse Midwife Occupational Therapist Pediatrician Physician Physician Assistant Podiatrist Program Director I Psychiatrist Psychiatrist Psychiatrist Psychiatrist Psychiatrist Psychiatrist Psychiatrist Psychiatrist Psychiatrist Psychiologist Registered Direttien Senior Medical Provider Speech Language Pathologist | 17,949.00 17,299.00 1,373,692.00 839,955.00 187,762.00 93,939.00 18,384.00 3,280,183.00 280,725.00 29,593.00 18,000.00 529,185.00 34,615.00 371,277.00 215,476.00 72,419.00 210,153.00 107,054.00 322,636.00 69,511.00 887,413.00 122,289.00 62,038.00 719,272.00 20,998.00 105,719.00 |
| 50601-DHC 50601-MH 50603-MH 50603-MH 50605-DHC 50605-DHC 50605-DHC 50607-Dental 50608-DHC 50611-DHC 50611-DHC 50613-DHC 50613-DHC 50613-DHC 50613-DHC 50613-DHC 50613-DHC 50613-DHC 50613-DHC 50613-DHC 50621-MH 50621-MH 50621-MH 50622-MH 50623-DHC | Medical Case Manager APRN Assistant Program Director II Ctinician I Ctinician II Ctinician II Ctinician II I Dental Hygenist Prector of Padistrics Medical Director Medical Director Medical Director Nurse Midwife Occupational Therapist Pedistrician Physician Physic | 17,949.00 17,299.00 13,73,692.00 839,955.00 187,782.00 93,939.00 18,384.00 3,280,183.00 280,725.00 29,593.00 145,022.00 34,615.00 371,277.00 215,476.00 72,419.00 210,153.00 238,381.00 107,054.00 322,938.00 69,511.00 887,413.00 122,288.00 69,511.00 887,413.00 122,288.00 67,986.00 |
| 50601-DHC 50601-MH 50803-MH 50803-MH 50805-DHC 50805-DHC 50808-DHC 50808-DHC 50808-DHC 50611-DHC 50611-DHC 50611-DHC 50613-DHC 50618-DHC 50618-DHC 50619-MH 50622-MH 50622-MH 50623-MH 50622-MH 50626-MH 50626-MH 50626-MH 50626-MH 50626-MH | Medical Case Manager APRN Assistant Program Director II Clinician I Clinician I Clinician II Clinician II Dental Hygenist Dental Hygenist Dental Hygenist Dental Director Dental Director of Pediatrics Medical Director Medical Director Medical Director Medical Director Nurse Midwife Occupational Therapist Pediatrician Physician Physician Physician Physician Positarist Program Director I Psychiatrist Psychiatrist Psychiatrist Psychiatrist Psychiatrist Psychiatrist Psychiatrist Psychiologist Registered Direttian Senior Medical Provider Speech Language Pathologist Substansa Abuse Counselor Perinatal Program Manager | 17,949.00 17,299.00 17,299.00 13,73,682.00 839,355.00 187,762.00 93,939.00 18,384.00 3,280,183.00 280,725.00 28,693.00 18,000.00 529,185.00 145,022.00 34,615.00 371,277.00 215,476.00 72,419.00 210,153.00 238,381.00 107,054.00 322,88.00 69,511.00 887,413.00 122,289.00 62,038.00 719,272.00 20,998.00 105,719.00 87,996.00 45,196.00 87,996.00 45,196.00 |
| 50601-DHC 50601-MH 50803-MH 50803-MH 50805-DHC 50805-DHC 50806-Orther 50808-Other 50808-OTHC 50811-MH 50813-DHC 50813-DHC 50813-DHC 50813-DHC 50813-DHC 50813-DHC 50813-DHC 50813-DHC 50813-DHC 50813-DHC 50813-DHC 50813-DHC 50813-DHC 50813-DHC 50813-DHC 50813-DHC 50813-DHC 50823-DHC 50823-DHC 50823-DHC 50823-DHC 50823-DHC 50823-DHC 50823-DHC | Medical Case Manager APRN Assistant Program Director II Cirician I Cirician II Cirician II Dental Hygenist Dental Hygenist Dental Hygenist Dental Hygenist Dental Hygenist Dental Hygenist Dental Greater Dental Hygenist Dental Hygenist Dental Hygenist Dental Hygenist Dental Hygenist Dental Hygenist Dental Dental Myenist Dental Dental Dental Hygenist Dental Director of Pediatrics Medical Director Nurse Midwife Occupational Therapist Pediatrician Physician Assistant Podiatrist Program Director I Psychiatrist Program Director I Psychiatrist Psychiatrist Psychiatrist Psychiatrist Psychiatrist Psychiatrist Psychiatrist Psychiatrist Psychiatrist Senior Clinician Senior Medical Provider Speech Lenguage Pathologist Substance Abuse Courselor Perinatal Program Manager Admin Selaries & WegesGQS Bonuses | 17,949.00 17,299.00 1,373,692.00 839,355.00 187,762.00 93,939.00 18,384.00 3,280,183.00 280,725.00 29,593.00 18,000.00 529,185.00 145,022.00 34,615.00 210,153.00 210,153.00 21,157,003.00 238,381.00 107,054.00 322,636.00 68,511.00 887,413.00 122,289.00 719,272.00 20,986.00 45,157.900 67,996.00 45,796.00 45,796.00 45,796.00 45,796.00 45,796.00 45,796.00 45,796.00 45,796.00 45,796.00 45,796.00 |
| 50601-DHC 50601-MH 50803-MH 50803-MH 50806-DHC 50805-MH 50808-DHC 50808-Other 50808-Other 50808-Other 50801-DHC 50811-MH 50813-DHC 50813-DHC 50813-DHC 50814-DHC 50814-DHC 50814-DHC 50814-DHC 50814-DHC 50814-DHC 50818-DHC 50818-DHC 50828-MH 50823-DHC 50828-MH 50828-DHC | Medical Case Manager APRN Assistant Program Director II Cănician II Clinician II Clinician II Dental Hygenist Dental Hygenist Dental Hygenist Director of Pediatrics Medical Director Medical Director Medical Director Medical Director Nurse Midwife Occupational Therapist Pediatrician Physician Assistant Pudiatrist Program Director I Psychiatrist Program Director I Psychiatrist Program Director I Psychiatrist Psychologist Registered Diettian Senior Chincian Senior Medical Provider Speech Language Pathologist Substance Abuse Courselor Perinatal Program Manager Admis Salaries & Meges@Co Bonuses Access To Catre Manager | 17,949.00 17,299.00 13,73,692.00 839,955.00 187,762.00 93,939.00 18,384.00 3,280,183.00 280,725.00 29,593.00 145,022.00 34,615.00 371,277.00 215,476.00 72,418.00 210,153.00 2,157,003.00 238,381.00 107,054.00 322,636.00 69,511.00 887,413.00 122,289.00 69,511.00 887,413.00 122,289.00 69,511.00 887,413.00 122,289.00 69,511.00 887,413.00 105,719.00 67,998.00 45,155.00 394,800.00 67,998.00 67,998.00 |
| 50601-DHC 50601-MH 50803-MH 50803-MH 50805-DHC 50805-DHC 50806-Orther 50808-Other 50808-OTHC 50811-MH 50813-DHC 50813-DHC 50813-DHC 50813-DHC 50813-DHC 50813-DHC 50813-DHC 50813-DHC 50813-DHC 50813-DHC 50813-DHC 50813-DHC 50813-DHC 50813-DHC 50813-DHC 50813-DHC 50813-DHC 50823-DHC 50823-DHC 50823-DHC 50823-DHC 50823-DHC 50823-DHC 50823-DHC | Medical Case Manager APRN Assistant Program Director II Cărician I Cilrician II Cilrician II Dental Hygenist Peritor of Pedistrics Medical Director Medical Director Medical Director Medical Director Nurse Midwife Decupational Therapist Pedistrician Physician Physician Assistant Podistrist Program Director I Psychologist Registered Diettian Senior Kedical Provider Speech Language Pathologist Substance Abuse Courselor Perinatal Program Manager Access To Care Manager | 17,949.00 17,299.00 17,299.00 13,73,692.00 839,955.00 187,782.00 93,939.00 18,384.00 3,280,183.00 280,725.00 28,593.00 18,000.00 529,185.00 145,022.00 34,615.00 371,277.00 215,476.00 72,419.00 210,153.00 238,381.00 107,054.00 322,695.00 69,511.00 687,413.00 122,288.00 67,986.00 719,272.00 20,998.00 105,719.00 67,986.00 67,986.00 67,986.00 67,986.00 67,986.00 68,000 68,000 68,000 68,000 68,000 68,000 68,000 68,000 68,000 |
| 50601-DHC 50601-MH 50803-MH 50803-MH 50806-DHC 50805-MH 50808-DHC 50808-Other 50808-Other 50808-Other 50801-DHC 50811-MH 50813-DHC 50813-DHC 50813-DHC 50814-DHC 50814-DHC 50814-DHC 50814-DHC 50814-DHC 50814-DHC 50818-DHC 50818-DHC 50828-MH 50823-DHC 50828-MH 50828-DHC | Medical Case Manager APRN ASPN Assistant Program Director II Cirician II Cirician II Director Dental Hygenist Dental Hygenist Dental Hygenist Dental Director of Pediatrics Medical Director Medical Director Medical Director Medical Director Medical Director Nurse Midwife Occupational Therapist Pediatrician Physician Assistant Podiatrist Program Director I Psychiatric APRN Psychiatric APRN Psychiatrist Psychiatrist Psychologist Registered Diettian Senior Medical Provider Speech Language Pathologist Substance Abuse Counselor Perintal Program Manager Access To Care Manager | 17,949.00 17,299.00 17,299.00 13,73,682.00 839,355.00 187,762.00 93,939.00 18,384.00 3,280,183.00 280,725.00 28,693.00 145,022.00 34,615.00 371,277.00 215,476.00 72,419.00 210,153.00 238,381.00 107,054.00 322,289.00 62,811.00 887,413.00 122,289.00 62,981.00 105,719.00 87,985.00 45,155.00 394,800.00 61,998.00 61,998.00 61,998.00 |
| 50601-DHC 50601-MH 50603-MH 50603-MH 50605-DHC 50605-DHC 50605-DHC 50607-Dental 50608-DHC 50601-DHC 50611-DHC 50611-DHC 50613-DHC 50621-MH 50622-MH 50623-DHC 50624-MH 50623-DHC 50624-MH 50627-DHC 50628-MH 50627-DHC 50628-MH 50627-DHC 50628-MH 50629-DHC 50601-DHC | Medical Case Manager APRN Assistant Program Director II Cirician II Cirician II Director Dental Hygenist Dental Hygenist Dental Hygenist Dental Director of Pediatrics Medical Director Medical Director Medical Director Medical Director Nurse Midwife Occupational Therapist Pediatrician Physician Assistant Podiatrick Program Director I Psychiatric APRN Psychiatric Psychiatric APRN Psychiatric Psychiatric Senior Medical Provider Speech Lenguage Pathologist Substance Abuse Coursetor Perinatal Program Manager Access To Care Manager | 17,949.00 17,299.00 17,299.00 13,73,692.00 839,955.00 187,782.00 93,939.00 18,384.00 3,280,183.00 280,725.00 28,593.00 18,000.00 529,185.00 145,022.00 34,615.00 371,277.00 215,476.00 72,419.00 210,153.00 238,381.00 107,054.00 322,695.00 69,511.00 687,413.00 122,288.00 67,986.00 719,272.00 20,998.00 105,719.00 67,986.00 67,986.00 67,986.00 67,986.00 67,986.00 68,000 68,000 68,000 68,000 68,000 68,000 68,000 68,000 68,000 |

| | | 207.00 |
|-----------------------------|--|------------------------|
| 50803-Other | Access To Care Referral Coordinator | 42,204.00 |
| 50804-Other | Accounting Clerk | 52,970.00 |
| 50805-Other | Accounts Payable Clerk | 67,562.00 |
| 50806-Other | Accounts Payable Coordinator | 41,405.00 |
| 50807-DHC | Administrative Assistant Administrative Assistant | 466,030.00 |
| 50807-MH 50807-Other | Administrative Assistant | 10,144.00 |
| 50807-Other | Addinaster Addinaster Siling Coordinator | 28,524.00 |
| 59809-Other | Caletaria Assistant | 54,556.00 |
| 50810-Dental | Call Center Clerk | 31,658.00 |
| 50811-Other | Call Center Customer Service Rep | 256,074.00 |
| 50812-Other | Cash Manager | 14,258.00 |
| 50813-Other | Coding Specialist | 53,532.00 |
| 59815-DHC | Cook II | 17,035.00 |
| 50815-MH | Cook II | 11,350.00 5,670.00 |
| 50815-Other | Cook II | 55,436.00 |
| 50816-Other | Credentialing Specialist I | 53,411.00 |
| 50818-Other | EHR Support | 87,021.00 |
| 50820-Other | EPM Administrator | 138,857.00 |
| 50822-Other | Financial Analyst | 80,308.00 |
| 50823-Other | Grant Writer | 24,236.00 |
| 50824-Other 50825-Dental | Graphic Designer Heath Educator | 1,600.00 |
| 50825-DHC | reeni Educator | 184,157 00 |
| 50825-MH | Health Educator | 13,224.00 |
| 50626-Other | Health Information Mgmt Proc | 69,506.00 |
| 50827-Other | Health Information Mgmt Team Ldr | 9,533.00 |
| 50828-Other | Health Information Manager | 22,592.00 |
| 50830-Other | Help Desk Associate | 36,043.00 |
| 50831-Other | Human Resources Coordinator | 39,265.00 |
| 50832-Other | Human Resources Generalist | 63,661.00 |
| 50833-DHC | HUSKY Lialson | 26,578.00 |
| 50835-Other | Marketing and Comm Proj Mgr | 68,623.00 |
| 50837-MH | Medical Records Specialist | 57,900.00 29,663.00 |
| 50837-Other | Medical Records Specialist | 87,856.00 |
| 50838-MH | Office Manager School Based Clinic | 14,389.00 |
| 50840-DHC | Patient Accounts Rep. Team Leader | 49,397.00 |
| 50840-Other | Patient Accounts Rep. Team Leader | 41,182.00 |
| 50841-MH 50841-Other | Patient Accounts Representative Patient Accounts Representative | 353,977.00 |
| 50842-Other | Patient Accounts Companyable | 75,289.00 |
| 50843-Dental | Patient Registrar | 101,353.00 |
| 50843-DHC | Patient Registrar | 445,698.00 |
| 50843-MH | Patient Registrar | 9,346.00 |
| 50843-Other | Patient Registrar | 156.00 |
| 50844-DHC | Patient Registration Team Leader | 129,986.00 |
| 50845-Other | Payroll Supervisor | 70,488.00 |
| 50846-DHC | Practice Coordinator | 86,260.00 |
| 50847-DHC | Program Coordinator | 48,296.00 |
| 50847-MH | Program Coordinator | 70,269.00 29,751.00 |
| 5085D-DHC | Receptionist | 7,244.00 |
| 50850-MH | Receptionist | 2,126.00 |
| 50850-Other | Receptionist | 24,514.00 |
| 50B52-DHC | Referral Specialist | 27,218.00 |
| 50852-MH | Referral Specialist | 171,157.00 |
| 50852-Other 50853-Other | Referral Specialist Release of Information Coordinator | 9,602.00 |
| 50853-Other | Release of Information Specialist | 35,897.00 |
| 50855-Dental | Residua of information by Colonia Secretary/Receptionist | 69,023.00 |
| 50855-DHC | Secretary/Receptionist | 23,942.00 |
| 50855-MH | Secretary/Receptionist | 52,226.00 |
| 50856-Other | Senior Financial Analyst | 214,968.00 |
| 50857-Other | Senior Human Resources Generalist | 90,790.00 |
| 50858-Other | Senio: Systems Administrator | 231,732.00 |
| 50859-DHC | Sous Chef | 45,436,00 |
| 50859-MH | Sous Chef | 30,275.00 |
| 50859-Other | Sous Chef | 15,947.00 |
| 50860-Other | Training and Development Coordinator | 75,323.00 |
| 50862-DHC | WIC Clerk | 69,770.00 |
| 50863-Other | Staffing Specialist | 71,545.00 |
| 50864-Other | Patient Accounts Supervisor | 31,072.00 84 454 00 |
| 50866-Other | Privacy Officer | 84,454,00 56,109.00 |
| 50867-Other | Purchasing Agent | 55,109.00 |
| 50868-DHC | Senior Administrative Assistant | 45,055.00 |
| 50869-Other | HM Coordinator | 42,113.00 |
| 50870-Other | HIM Lead Processor | 30,846.00 |
| 50871-Other | Health Information Menagement Supervisor Interactive Media and Design Specialist | 38,119.00 |
| 50872-Other 50873-Other | Interactive Media and Design Specialist Finance Administrative Assistant | 3,231.00 |
| 51950-Dental | Vacation Expense | 6,102.00 |
| 51950-Denial | Vacation Expense Vacation Expense | 34,113.00 |
| 51950-DHC | Vacation Expense Vacation Expense | 23,087.00 |
| | • | |

| 50100-MH | Direct Salaries & Wages | | | | | |
|-----------------------------|--|---|---|------|---------------|--------------------------|
| 50100-Other | Direct Salaries & Wages | | | | | |
| 50200-Dental | Direct Salaries & WagesGÇô Overtime | | | | | |
| 50200-DHC | Direct Salaries & WagesGÇ& Overtime | | | | | |
| 50200-MH | Direct Salaries & WagesGÇô Overtime Direct Salaries & WagesGÇô Overtime | | | | • | |
| 50200-Other 50300-Dental | Direct Salaries & WagesGÇő Bonuses | | | | | |
| 50300-Delitar 50300-DHC | Direct Salaries & WagesGÇê Bonuses | | | | | |
| 50300-MH | Direct Salaries & WagesGÇô Bonuses | | | | | |
| 50300-Other | Direct Salaries & WagesGÇč Bonuses | | | | | |
| 50600-DHC | Admin Salaries & Wages | | · | | | |
| 50600-MH | Admin Salaries & Wages | | | | | |
| 50600-Other | Admin Salaries & Wages | | | | | |
| 50700-Other | Admin Salaries & WagesGÇő Overtime | | | | | |
| Total | | | | | 31,199,396.00 | 31 199,396.00 |
| | | | | H.02 | | |
| Reclassifying Journal | Entry JE # 2 of on percent to total of salanes | | | n.02 | | |
| | | | | | 39,505.00 | |
| Marcum 108 Marcum 109 | Physician Asst. Benefits Nurses' Benefits | | | | 635,523.00 | |
| Marcum 110 | Other Direct Health Benefits | | | | 841,032.00 | |
| Marcum 111 | Dental Hygienist Benefits | | | | 55,806.00 | |
| Marcum 112 | Other Dental Benefits | | | | 130,030.00 | |
| Marcum 113 | Social Worker Benefits | | | | 375,728.00 | |
| Marcum 114 | Other Mental Health Benefits | | | | 2,034,059.00 | |
| Marcum 115 | Physician Benefits | | | | 613,080.00 | |
| Marcum 116 | Dentist Benefits | | | | 135,713.00 | |
| Marcum 117 | Psychologist Benefits | | | | 15,267.00 | |
| Marcum 118 | A&G Benefits | | | | 1,356,220.00 | 95,418.00 |
| 51100-Dental | FICA Social Security | | | | | 594,571 00 |
| 51100-DHC | FICA Social Security | | | | | 564,372.00 |
| 51100-MH | FICA Social Security | | | | | 375,716.00 |
| 51100-Other | FICA Social Security | | | | | 23,946.00 |
| 51101-Dental | FICA Medicare | | | | | 149,220.00 |
| 51101-DHC 51101-MH | FICA Medicare FICA Medicare | | | | | 166,737 00 |
| 51101-Other | FICA Medicare | | | | | 93,875.00 |
| 51200-Dental | Health Insurance | | | | | 153,091.00 |
| 51200-DHC | Health Insurance | | | | | 953,876.00 |
| 51200-MH | Health Insurance | | | | | 1,066,057.00 |
| 51200-Other | Health Insurance | | | | | 563,582.00 |
| 51210-Other | HRA Expense | | | | | 35,186.00 |
| 51300-Dental | Life Insurance | | | | | 5,585.00 |
| 51300-DHC | Life Insurance | | | | | 34,802.00 |
| 51300-MH | Life Insurance | | | | | 38,889.00 20,560.00 |
| 51300-Other | Life Insurance | | | | | 37,464.00 |
| 51400-Dental | Retirement Expenses | | | | | 233,467.00 |
| 51400-DHC | Retirement Expenses | | | | | 260,861.00 |
| 51400-MH | Retirement Expenses | | | | | 137,911.00 |
| 51400-Other | Retirement Expenses Pension Expense | | | | | 1,166.00 |
| 51450-Dental 51450-DHC | Pension Expense | | | | | 7,277.00 |
| 51450-DHC 51450-MH | Pension Expense Pension Expense | | | | * | 8,131.00 |
| 51450-Other | Pension Expense | | | | | 4,299.00 |
| 51600-Dental | State Unemployment Insurance | | | | | B,968.00 |
| 51600-DHC | State Unemployment Insurance | | | | | 55,916.00 |
| 51600-MH | State Unemployment Insurance | | | | | 62,502.00 |
| 51600-Other | State Unemployment Insurance | | | | | 33,034.00 |
| 51700-Dental | Workers Compensation | | | | | 15,460.00 |
| 51700-DHC | Workers Compensation | | | | | 102,568.00 |
| 51700-MH | Workers Compensation | | | | | 114,614.00 101,732.00 |
| 51700-Other | Workers Compensation | 3 | | | | 4,313.00 |
| 51900-Other | Fringe Benefits GÇ6 Other | | | | | 5,805.00 |
| 59200-Other | Insurance Expense GÇő Medical | | | | 6,231,973.00 | 6,231,973.00 |
| Total | | | | | 0,201,010,00 | 0,000,000 |
| | Total Reclassifying Journal Entry | | | | 37,431,369.00 | 37 431,369.00 |
| | | | | | | |
| | Total All Journal Entries | | | | 37,431,369.00 | 37,431,369.00 |
| | | | | | | |

CORNELL SCOTT - HILL HEALTH CORPORATION FINANCIAL STATEMENTS FOR THE YEARS ENDED JUNE 30, 2017 AND 2016

CORNELL SCOTT - HILL HEALTH CORPORATION

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INDEPENDENT AUDITORS' REPORT

The Board of Directors

Cornell Scott - Hill Health Corporation

Report on the Financial Statements

We have audited the accompanying financial statements of Cornell Scott - Hill Health Corporation, which comprise the statements of financial position as of June 30, 2017 and 2016, and the related statements of activities and changes in net assets and cash flows for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States. Those standards require that we plan and perform the audits to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditors' judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting polices used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.



Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Cornell Scott - Hill Health Corporation as of June 30, 2017 and 2016 and the results of its changes in net assets and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Other Reporting Required by Government Auditing Standards

In accordance with Government Auditing Standards, we have also issued a report dated December 22, 2017 on our consideration of Cornell Scott - Hill Health Corporation's internal control over financial reporting and our tests of its compliance with certain provisions of laws, regulations, contracts, grant agreements and other matters. The purpose of that report is to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on the internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with Government Auditing Standards in considering Cornell Scott - Hill Health Corporation's internal control over financial reporting and compliance.

Hartford, CT

December 22, 2017

Marcun LLP

STATEMENTS OF FINANCIAL POSITION

JUNE 30, 2017 AND 2016

| | | 2017 | | 2016 |
|---|-----|------------|-----------|---|
| | | | | |
| Assets | | | | |
| Current Assets | | | | |
| Cash and cash equivalents | \$ | 6,949,179 | \$ | 5,159,155 |
| Investments | | 176,436 | | 151,352 |
| Receivables | | | | |
| Grants and contracts | | 1,213,093 | | 507,518 |
| Patient fees, less allowance for uncollectible accounts | | 1,590,450 | | 2,036,609 |
| Other receivables | | 296,000 | | 372,332 |
| Prepaid expenses and other assets | | 265,604 | | 237,505 |
| Pharmaceutical inventory | | 148,130 | _ | 138,635 |
| Total Current Assets | | 10,638,892 | | 8,603,106 |
| Total Current Assets | === | 10,000,000 | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| Property and Equipment - net | - | 14,880,347 | _ | 14,732,119 |
| Other Non-Current Assets | | | | |
| Restricted cash | | 654,292 | | 653,626 |
| Investment in Community Health Network | | 83,333 | | 83,333 |
| Other assets | - | 48,476 | _ | 33,392 |
| Total Other Non-Current Assets | _ | 786,101 | , | 770,351 |
| Total Assets | \$ | 26,305,340 | <u>\$</u> | 24,105,576 |

STATEMENTS OF FINANCIAL POSITION (CONTINUED)

JUNE 30, 2017 AND 2016

| | | 2017 | | 2016 |
|---|----|------------|----------------|------------|
| Liabilities and Net Assets | | | | |
| Current Liabilities | | | | |
| Accounts payable | \$ | 2,242,391 | \$ | 1,318,439 |
| Accrued expenses | | 3,858,520 | | 3,374,784 |
| Current maturities of long-term debt and capital leases | | 262,687 | | 369,192 |
| Deferred grants and other revenues | | 1,412,064 | | 1,199,048 |
| Total Current Liabilities | - | 7,775,662 | - <u>-</u> | 6,261,463 |
| Non-Current Liabilities | | | | |
| Estimated amounts due to third parties | | 830,000 | | 830,000 |
| Long-term debt and capital leases - net of current | | | | |
| portion and deferred financing fees | | 5,752,301 | _ | 6,004,585 |
| Total Non-Current Liabilities | | 6,582,301 | 13 | 6,834,585 |
| Total Liabilities | | 14,357,963 | | 13,096,048 |
| Net Assets | | 11,947,377 | _ | 11,009,528 |
| Total Liabilities and Net Assets | \$ | 26,305,340 | <u>\$</u> | 24,105,576 |

STATEMENTS OF ACTIVITIES

FOR THE YEARS ENDED JUNE 30, 2017 AND 2016

| | | 2017 | | 2016 |
|--|----|-------------------------|----|-------------------------|
| | | | | |
| Revenues | | | | |
| Patient service revenue Provision for uncollectible accounts | \$ | 42,293,923 (653,868) | \$ | 41,766,151 (806,521) |
| Net patient service revenue after provision for | | | | |
| uncollectible accounts | | 41,640,055 | | 40,959,630 |
| Grants and contracts | | 11,164,917 | | 10,919,743 |
| Women, infants and children food benefits | | 908,412 | | 996,406 |
| Vaccines and donated pharmaceuticals | | 397,974 | | 309,537 |
| Contract revenue | | 1,383,906 | | 1,311,041 |
| Other | | 390,394 | | 347,613 |
| Total Revenues | | 55,885,658 | , | 54,843,970 |
| Expenses | | | | |
| Salaries and related expenses | | 36,615,558 | | 37,037,175 |
| Pharmaceutical and other supplies | | 2,962,739 | | 2,792,714 |
| Contracted services | | 2,704,023 | | 1,927,405 |
| Repairs and maintenance expense | | 1,924,577 | | 1,734,723 |
| Depreciation | | 1,704,159 | | 1,726,004 |
| Service and maintenance agreements | | 1,373,173 | | 1,477,133 |
| Occupancy | | 1,015,197 | | 979,295 |
| Office supplies and other | | 932,887 | | 555,748 |
| Advertising and recruiting | | 918,466 | | 621,834 |
| Women, infants and children food benefits | | 908,412 | | 996,406 |
| Retirement plan expense | | 690,578 | | 750,779 |
| Patient food and laundry | | 632,628 | | 648,208 |
| Professional expenses | | 469,631 | | 171,416 |
| Interest | | 439,024 | | 435,716 |
| Communication | | 412,723 | | 389,760 |
| Vaccines and donated pharmaceuticals | | 397,974 | | 309,537 |
| Payroll processing fees and employee relations | | 313,219 | | 257,968 |
| Insurance | | 271,036 | | 289,321 |
| Transportation | | 214,970 | | 192,587 |
| Books, subscriptions and licenses | _ | 71,187 | | 132,885 |
| Total Expenses | | 54,972,161 | _ | 53,426,614 |
| Income from Operations | | 913,497 | _ | 1,417,356 |
| Non-operating Income (Expense) | | | | |
| Net unrealized gain on investments | | 24,352 | | 5,865 |
| Loss on disposal and sale of assets | | | - | (35,100) |
| Total Non-operating Income | | 24,352 | _ | (29,235) |
| Change in Net Assets | | 937,849 | | 1,388,121 |
| Net Assets - Beginning | - | 11,009,528 | - | 9,621,407 |
| Net Assets - Ending | \$ | 11,947,377 | \$ | 11,009,528 |

The accompanying notes are an integral part of these financial statements.

STATEMENTS OF CASH FLOWS

FOR THE YEARS ENDED JUNE 30, 2017 AND 2016

| | | 2017 | | 2016 |
|---|-----------|-------------|-----------|-----------|
| Cash Flows from Operating Activities | | | | |
| Change in net assets | \$ | 937,849 | \$ | 1,388,121 |
| Adjustments to reconcile change in net asset | _ | , | | |
| to net cash provided by operating activities: | | | | |
| Provision for uncollectible accounts | | 653,868 | | 806,521 |
| Depreciation | | 1,704,159 | | 1,726,004 |
| Amortization of deferred financing fees | | 10,403 | | 10,403 |
| Loss on disposal and sale of assets | | | | 35,100 |
| Net unrealized gain on investments | | (24,352) | | (5,865) |
| Changes in assets and liabilities: | | , , | | |
| Grants and contracts receivable | | (705,575) | | 65,167 |
| Patient fees receivable | | (207,709) | | (600,889) |
| Other receivables | | 76,332 | | 63,690 |
| Prepaid expenses and other assets | | (28,099) | | 44,500 |
| Pharmaceutical inventory | | (9,495) | | 32,620 |
| Other assets | | (15,084) | | |
| Accounts payable | | 923,952 | | (243,953) |
| Accrued expenses | | 483,736 | | 264,307 |
| Deferred grant and other revenue | | 213,016 | _ | 684,899 |
| Net Cash Provided by Operating Activities | | 4,013,001 | _ | 4,270,625 |
| Cash Flows from Investing Activities | | (1.952.110) | | (001.430) |
| Purchase of property and equipment | _ | (1,853,119) | - | (901,439) |
| Net Cash Used in Investing Activities | _ | (1,853,119) | _ | (901,439) |
| Cash Flows from Financing Activities | | | | |
| Restricted cash | | (666) | | 6 |
| Principal payments on long-term debt and capital leases | - | (369,192) | - | (755,334) |
| Net Cash Used in Financing Activities | - | (369,858) | - | (755,328) |
| Net Change in Cash and Cash Equivalents | | 1,790,024 | | 2,613,858 |
| Cash and Cash Equivalents - Beginning of year | _ | 5,159,155 | | 2,545,297 |
| Cash and Cash Equivalents - End of year | <u>\$</u> | 6,949,179 | \$ | 5,159,155 |
| Supplemental Disclosure of Cash Flow Information | | | | |
| Cash paid for interest | <u>\$</u> | 432,034 | <u>\$</u> | 428,726 |

The accompanying notes are an integral part of these financial statements.

NOTES TO FINANCIAL STATEMENTS

FOR THE YEARS ENDED JUNE 30, 2017 AND 2016

NOTE 1 - NATURE OF OPERATIONS

GENERAL

Cornell Scott - Hill Health Corporation (the Corporation) is a private, non-profit federally qualified community health center established in 1968 that provides primary health care to low income and disadvantaged individuals in New Haven, Connecticut and surrounding locations.

The U.S. Department of Health and Human Services (DHHS) provides substantial support to the Corporation. The Corporation is obligated under the terms of the DHHS grants to comply with specified conditions and program requirements set forth by the grantor.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

BASIS OF ACCOUNTING

The accompanying financial statements have been prepared in conformity with accounting principles generally accepted in the United States of America (GAAP), as promulgated by the Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC).

USE OF ESTIMATES

The preparation of financial statements in conformity with GAAP requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Significant estimates made by management include contractual and bad debt allowances against patient fee revenues and related receivables. Actual events and results could differ from those assumptions and estimates.

NET ASSETS

The Corporation follows the provisions of FASB ASC 958, Not-for-Profit Entities, Presentation of Financial Statements. FASB ASC 958 establishes standards for external financial reporting by not-for-profit organizations. Resources are reported for accounting purposes, in separate classes of net assets based on the existence or absence of donor-imposed restrictions. In the accompanying financial statements, net assets that have similar characteristics are combined into the following categories:

<u>Unrestricted</u> – Unrestricted net assets represent available resources other than donor-restricted contributions.

NOTES TO FINANCIAL STATEMENTS

FOR THE YEARS ENDED JUNE 30, 2017 AND 2016

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

NET ASSETS (CONTINUED)

<u>Temporarily Restricted</u> – Temporarily restricted net assets represent contributions that are restricted either as to purpose or as to time of expenditure. The Corporation has no temporarily restricted net assets as of June 30, 2017 and 2016.

<u>Permanently Restricted</u> – Permanently restricted net assets represent contributions received with the donor restriction that the principal be invested in perpetuity and that only the income earned thereon will be available for operations. The Corporation has no permanently restricted net assets as of June 30, 2017 and 2016.

PERFORMANCE INDICATOR

The statements of activities and changes in net assets include operation income before non-operating activity as a performance indicator. Changes in net assets, which are excluded from the performance indicator, include net unrealized gain on investments, and loss on disposal and sale of assets.

CASH AND CASH EQUIVALENTS

The Corporation considers all highly liquid securities, with maturities of three months or less, when purchased, to be cash equivalents.

PATIENT ACCOUNTS RECEIVABLE

The collection of receivables from third-party payors and patients is the Corporation's primary source of cash for operations and is critical to its operating performance. The primary collection risks relate to uninsured patient accounts for which the primary insurance payor has paid, but patient responsibility amounts (deductibles and copayments) remain outstanding. Patient accounts receivable result from the various health care services provided by the Corporation. Patient accounts receivable from third-party payors are carried at a net amount determined by the original charge for the service provided, less an estimate made for contractual adjustments or discounts provided by third-party payors. Receivables due directly from patients are carried at the original charge for the service provided, less discounts provided under the Corporation's charity care policy, less amounts covered by third-party payors and less an estimated allowance for uncollectible accounts. In evaluating the collectability of patient accounts receivable, the Corporation analyzes and identifies trends for each of its major payer sources of revenue to estimate the appropriate allowance for doubtful accounts. As of June 30, 2017 and 2016, the allowance for uncollectible accounts was \$2,833,364 and \$2,447,550, respectively.

NOTES TO FINANCIAL STATEMENTS

FOR THE YEARS ENDED JUNE 30, 2017 AND 2016

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

PATIENT ACCOUNTS RECEIVABLE (CONTINUED)

Management regularly reviews information about its major payer sources of revenue when evaluating the sufficiency of the allowance for uncollectible accounts. For receivables associated with services provided to patients with third-party insurance coverage, the Corporation analyzes contractually due amounts and provides an allowance, if necessary. For receivables associated with self-pay patients, including patients with insurance and a deductible and copayment, the Corporation records a provision for uncollectible accounts in the period of service on the basis of past experience of patients unable or unwilling to pay the service fee for which they are financially responsible. The difference between the standard rates and the amounts actually collected after all reasonable collection efforts have been exhausted is charged against the allowance for doubtful accounts.

PROPERTY AND EQUIPMENT

Property and equipment are carried at cost, net of accumulated depreciation. Betterments and major renewals are capitalized and maintenance and repairs are charged to expense as incurred. Depreciation is provided using the straight-line method over the estimated useful lives of the assets, which range from three to twenty-five years. The Corporation's capitalization threshold is \$2,500 and an economic useful life of more than one year. Additions and improvements which extend the life of the assets are capitalized, and normal repairs and maintenance are charged to current operations. The costs and related accounts and the resulting gain or loss is reflected in non-operating income or expense.

In connection with Federal and State financial assistance, certain capitalized property and equipment acquired through grant funding are subject to liens by the Federal Government and the State of Connecticut.

IMPAIRMENT OF LONG-LIVED ASSETS

The Corporation reviews long-lived assets for impairment whenever events or changes in circumstances indicate that the carrying amount of such assets may not be recoverable. Recoverability of these assets is determined by comparing the forecasted undiscounted net cash flows of the operations to which the assets relate to the carrying amount. If the operation is determined to be unable to recover the carrying amount of its assets, the intangible assets are written down first, followed by other long-lived assets of the operations to fair value.

NOTES TO FINANCIAL STATEMENTS

FOR THE YEARS ENDED JUNE 30, 2017 AND 2016

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

IMPAIRMENT OF LONG-LIVED ASSETS (CONTINUED)

Fair value is determined based on undiscounted cash flows or appraised values, depending on the nature of the assets. As of June 30, 2017 and 2016, there were no impairment losses recognized for long-lived assets.

DEFERRED FINANCING FEES

Costs incurred to obtain long-term debt financing have been capitalized and are being amortized on the straight-line basis over the life of the related debt. Unamortized debt issuance costs of \$321,103 are netted against long term debt and capital leases on the accompanying statement of financial position. Accumulated amortization for the year ended June 30, 2017 and 2016 was \$110,738 and \$106,635, respectively. Amortization expense for each of the years ended June 30, 2017 and 2016 was \$10,403 and is included within interest on the accompanying statements of activities and changes in net assets.

PHARMACY PROGRAM

The Corporation participates in Section 340B of the Public Health Service Act (PHS Act), Limitation on Prices of Drugs Purchased by Covered Entities. Participation in this program allows the Corporation to purchase pharmaceuticals at discounted rates for prescription to eligible patients. The Corporation has outsourced the administration of this program to commercial pharmacies and records revenue based on the price of the pharmaceuticals dispensed.

PHARMACEUTICAL INVENTORY

Inventories for the pharmacy are recorded at net realizable value and maintained on the First-In-First-Out (FIFO) basis.

INVESTMENTS

Investments are measured at fair value in the statements of financial position. Investment income or loss (including realized gains and losses on investments, interest and dividends) are included in income from operations unless the income or loss is restricted by donor or law. Unrealized gains and losses on investments are included in non-operating income (expense).

NOTES TO FINANCIAL STATEMENTS

FOR THE YEARS ENDED JUNE 30, 2017 AND 2016

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

REVENUE RECOGNITION

NET PATIENT SERVICE REVENUE

Net patient service revenue is reported at the estimated net realizable amounts from patients, third-party payers and others for services rendered, including retroactive adjustment under reimbursement agreements with third-party payers. Revenue under third-party payer agreements is subject to audit and retroactive adjustment. Provisions for third-party payer settlements are provided in the period the related services are rendered and adjusted in the future periods, as final settlements are determined. See Note 4 for additional information relative to net patient service revenue recognition and third-party payer programs.

CHARITY CARE AND COMMUNITY BENEFIT

The Corporation is open to all patients, regardless of their ability to pay. In the ordinary course of business, the Corporation renders services to patients who are financially unable to pay for healthcare. The Corporation provides care to these patients who meet certain criteria under its sliding fee discount policy without charge or at amounts less than the established rates. Charity care services are computed using a sliding fee scale based on patient income and family size. The Corporation maintains records to identify and monitor the level of sliding fee discount it provides. For uninsured self-pay patients that do not qualify for charity care, the Corporation recognizes revenue on the basis of its standard rates for services provided or on the basis of discounted rates, if negotiated or provided by policy. On the basis of historical experience, a significant portion of the Corporation's uninsured patients will be unable or unwilling to pay for the services provided. Thus, the Corporation records a significant provision for uncollectible amounts related to uninsured patients in the period the services are provided.

GRANTS AND CONTRACTS

Grants and contracts revenue from government grants and contracts designated for use in specific activities are recognized in the period when expenditures have been incurred in compliance with the specific grantor's requirements. Grants and contracts awarded for the acquisition of long-lived assets are reported as unrestricted operating income, in the absence of donor stipulations to the contrary, during the fiscal year in which the assets are acquired. Cash received in excess of revenue recognized is recorded as refundable advances (when applicable).

NOTES TO FINANCIAL STATEMENTS

FOR THE YEARS ENDED JUNE 30, 2017 AND 2016

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

GRANTS AND CONTRACTS (CONTINUED)

These grants and contracts require the Corporation to provide certain healthcare services during specified periods. If such services are not provided during the periods, the governmental entities are not obligated to expend the funds allocated under the grants and contracts.

Revenue is recognized ratably over the period of the grant or contract and is recognized based upon actual expenses incurred for prepayment and other reimbursement grants or contracts. Any unexpended and unexpired amounts are recorded as deferred revenue. Such grant and contract revenues are treated as unrestricted for financial statement presentation because the grant and contract requirements are satisfied in the year in which the revenue is recognized.

ESTIMATED MEDICAL MALPRACTICE AND WORKERS' COMPENSATION COSTS

Provisions for estimated medical malpractice and workers' compensation claims include estimates of the ultimate costs for both reported claims and claims incurred but not reported. The Corporation accounts for its insurance claims and related insurance recoveries in accordance with the provisions of FASB ASC 954-450-25-2, *Health Care Entities*, which indicates that health care entities should not net insurance recoveries against a related claim liabilities. The Corporation recorded \$183,316 and \$157,132 as an insurance recoverable and claims payable as of June 30, 2017 and 2016, respectively, which are included within accrued expenses on the statements of financial position.

INCOME TAXES

The Corporation is a not-for-profit corporation as described in Section 501(c)(3) of the Internal Revenue Code and is exempt from federal income taxes on related income pursuant to Section 501(a) of the Code. The Corporation is also exempt from state income taxes. Accordingly, no provision for taxes is included.

Management has analyzed the tax positions taken and has concluded that as of June 30, 2017 and 2016, there are no uncertain tax positions taken or expected to be taken in that would require recognition of a liability (or asset) or disclosure in the financial statements. The Corporation is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

NOTES TO FINANCIAL STATEMENTS

FOR THE YEARS ENDED JUNE 30, 2017 AND 2016

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

RISKS AND UNCERTAINTIES

The Corporation invests in certain investment securities which are exposed to various risks. Due to the level of risk associated with investment securities, coupled with the economic events, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the Corporation's June 30, 2017 and 2016 financial statements.

Financial instruments that potentially subject the facility to concentrations of credit risk consist principally of cash accounts with financial institutions, which from time to time exceed the Federal depository insurance coverage limit. The Corporation believes it is not exposed to any significant credit risk on cash and cash equivalents.

INTEREST INCOME

Interest earned on nonfederal funds is recorded as income on the accrual basis of accounting. Interest earned on federal funds is not recorded as income as it is returned to the granting agency in compliance with federal grant guidelines.

ADVERTISING

Advertising costs, which are expensed as incurred, for the years ended June 30, 2017 and 2016 amounted to \$74,493 and \$40,084, respectively.

DONATED GOODS AND SERVICES

The Corporation administers vaccines distributed through the State of Connecticut Department of Public Health. Accordingly, the value of the vaccines provided to the patient population is reported as both revenue and expense in the statements of activities and changes in net assets. For the years ended June 30, 2017 and 2016, the value of vaccines recognized was \$397,974 and \$309,537, respectively.

In addition, the Corporation administers The Women, Infants and Children Food Benefits Program wherein eligible participants receive vouchers to purchase certain food items. Accordingly, the value of food benefits provided to participants, as determined by the State of Connecticut, is reported as both revenue and expense in the statements of activities and changes in net assets. For the years ended June 30, 2017 and 2016, the food benefits were \$908,412 and \$996,406, respectively.

NOTES TO FINANCIAL STATEMENTS

FOR THE YEARS ENDED JUNE 30, 2017 AND 2016

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

DONATED GOODS AND SERVICES (CONTINUED)

A number of unpaid volunteers have made contributions of their time to the Corporation. The value of this contributed time is not recorded in the financial statements since the criteria for recognition under FASB ASC Topic 958-605, *Not-for-Profit Entities*, has not been satisfied.

RECLASSIFICATION

Certain amounts in the 2016 financial statements have been reclassified to conform to the 2017 financial statement presentation.

NOTE 3 - PATIENT FEES RECEIVABLE

The Corporation grants credit without collateral to its patients, most of whom are local residents. The mix of receivables from patients and third-party payors as of June 30, 2017 and 2016 is as follows:

| | | 2017 | | | 2016 | |
|---|---------|-------------|--------------|----|-------------|--------------|
| Medicare | \$ | 575,945 | 13 % | \$ | 576,562 | 12 % |
| Medicaid | | 1,014,962 | 23 % | | 1,481,551 | 33 % |
| Other third party | | 1,525,713 | 34 % | | 1,235,902 | 28 % |
| Self-pay | <u></u> | 1,307,194 | 30 % | | 1,190,144 | <u>27 %</u> |
| | | 4,423,814 | <u>100 %</u> | | 4,484,159 | <u>100 %</u> |
| Less allowance for uncollectible accounts | | (2,833,364) | | _ | (2,447,550) | |
| | \$ | 1,590,450 | | \$ | 2,036,609 | |

NOTE 4 - GRANTS AND CONTRACTS REVENUE AND RECEIVABLES

Grants and contracts receivable are evidenced by contracts with a variety of federal and state government agencies and, based on historical experience, management believes that these receivables represent negligible credit risk. Accordingly, management has not established a provision for uncollectible accounts.

NOTES TO FINANCIAL STATEMENTS

FOR THE YEARS ENDED JUNE 30, 2017 AND 2016

NOTE 4 - GRANTS AND CONTRACTS REVENUE AND RECEIVABLES (CONTINUED)

Grants and contracts receivable at June 30, 2017 and 2016 are as follows:

| | | 2017 | | 2016 |
|-----------------------------|-----------|-------------------|----|------------------|
| Federal | \$ | 785,372 | \$ | 310,788 |
| State Local and Foundations | - | 344,095 83,626 | _ | 189,774 6,956 |
| | <u>\$</u> | 1,213,093 | \$ | 507,518 |

The Corporation receives a significant amount of grants and contracts from DHHS. As with all government funding, these grants and contracts are subject to reduction or termination in future years.

NOTE 5 - NET REVENUE FROM PATIENT SERVICES

The Corporation recognizes patient service revenue associated with services provided to patients who have Medicaid, Medicare and third-party payor plan coverage on the basis of contractual rates for services rendered. Revenue from the Medicare and Medicaid programs account for a significant portion of the Corporation's net patient fee revenue. Laws and regulations governing those programs are extremely complex and subject to interpretation. As a result, there is at least a reasonable possibility that recorded estimates will change by a material amount in the near term.

Patient service revenue (net of contractual allowances and discounts) recognized during the years ended June 30, 2017 and 2016, is as follows:

| | 2017 | 2016 |
|--|--|-------------------------|
| Medicare Medicaid Other third party Self-pay | \$ 4,637,402 33,607,532 3,215,258 833,731 | 33,963,509 2,792,596 |
| | \$ 42,293,923 | \$ 41,766,151 |

NOTES TO FINANCIAL STATEMENTS

FOR THE YEARS ENDED JUNE 30, 2017 AND 2016

NOTE 6 - FAIR VALUE MEASUREMENTS

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy are described as follows:

- Level 1: Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Corporation has the ability to access.
- Level 2: Inputs to the valuation methodology include:
 - quoted prices for similar assets or liabilities in active markets;
 - quoted prices for identical or similar assets or liabilities in inactive markets;
 - inputs other than quoted prices that are observable for the asset or liability; and
 - inputs that are derived principally from or corroborated by observable and market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

• Level 3: Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs. The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at June 30, 2017 and 2016.

- Level 1: The fair value of common stock is based on quoted market prices of the shares held by the Corporation at year-end.
- Level 3: The investment in Community Health Network (CHN) is not actively traded and significant other observable inputs are not available. Thus, the fair value of the investment in CHN is recorded at cost, which is believed to best approximate fair value.

NOTES TO FINANCIAL STATEMENTS

FOR THE YEARS ENDED JUNE 30, 2017 AND 2016

NOTE 6 - FAIR VALUE MEASUREMENTS (CONTINUED)

The following table summarizes fair value measurements, by level, at June 30, 2017 and 2016:

| | Fair Value Measurements | | | | |
|--------------------------------|-------------------------|-------------------|----|-------------|--------------|
| June 30, 2017 | | Total | | (Level 1) | (Level 3) |
| Common stock Investment in CHN | \$ | 176,436 83,333 | \$ | 176,436 | \$ 83,333 |
| Total | \$ | 259,769 | \$ | 176,436 | \$ 83,333 |
| June 30, 2016 | - | Total | | (Level 1) | (Level 3) |
| Common stock Investment in CHN | \$ | 151,352 83,333 | \$ | 151,352 | \$ 83,333 |
| Total | \$ | 234,685 | \$ | 151,352 | \$ 83,333 |

NOTE 7 - PROPERTY AND EQUIPMENT

Property and equipment consisted of the following as of June 30, 2017 and 2016:

| | 2017 | 2016 |
|--|---|---|
| Land Buildings and improvements Furniture and equipment Construction in progress | \$ 2,098,028 24,724,289 11,224,029 1,110,951 | \$ 2,098,028 24,130,173 10,660,091 416,618 |
| Less accumulated depreciation Property and equipment, net | 39,157,297 (24,276,950) \$ 14,880,347 | 37,304,910 (22,572,791) \$ 14,732,119 |

The depreciation charged to operations for the years ended June 30, 2017 and 2016 was \$1,704,159 and \$1,726,004, respectively. Construction in progress include costs incurred through June 30, 2017 and 2016 for ongoing renovations for medical facilities and expansion of existing locations.

NOTES TO FINANCIAL STATEMENTS

FOR THE YEARS ENDED JUNE 30, 2017 AND 2016

NOTE 7 - PROPERTY AND EQUIPMENT (CONTINUED)

The State of Connecticut Department of Public Health has provided grants to the Corporation totaling \$833,836 for upgrade and expansion of the electronic health records and the purchase of a patient portal. Under the terms of the grants, the property must be used for its intended purposes for a period of two years. The grants are being recognized as within grants and contracts on the accompanying statements of activities and changes in net assets in relation to depreciation expense over the useful life of the respective assets.

NOTE 8 - RETIREMENT PLAN

The Corporation amended and restated its defined contribution retirement plan, effective January 1, 2012, to provide for both employee salary deferrals and employer matching contributions under Section 401(k) of the Internal Revenue Code. Employer contributions for the year ended June 30, 2017 and 2016 totaled \$669,703 and \$730,879, respectively.

The Corporation also has a defined contribution 403(b) plan that was frozen effective January 1, 2010: consequently, there were no employer contributions made for the years ended June 30, 2017 and 2016.

NOTE 9 - SHORT-TERM BORROWINGS

In September 2014, the Corporation entered into a commercial note and business line of credit agreement with Webster Bank for borrowings up to \$1,500,000. There were no outstanding borrowings at June 30, 2017 and 2016. The line of credit is in effect until December 27, 2017. Interest accrues at the lender's Prime Rate (4.0% and 3.5% at June 30, 2017 and 2016, respectively), which is equivalent to the Wall Street Journal prime rate.

NOTE 10 - LONG-TERM DEBT AND LEASES

During 2006, the City of New Haven issued \$8,000,000 of Hill Health Corporation Issue, Connecticut Facility Revenue Bonds – Series 2006 (the Bonds) to provide funds for several capital projects and to refinance the Corporation's Series 1992 Bonds. The proceeds from the bond issuance were loaned to the Corporation and are evidenced by a note. The Bonds bear interest at 6.50% and 6.75% and mature serially in varying amounts through the year 2036. Interest is payable semiannually through 2036. Annual sinking fund principal payments are required in amounts ranging from \$110,000 to \$510,000 through 2036.

NOTES TO FINANCIAL STATEMENTS

FOR THE YEARS ENDED JUNE 30, 2017 AND 2016

NOTE 10 - LONG-TERM DEBT AND LEASES (CONTINUED)

The Bonds are secured by certain assets of the Corporation. The outstanding balance as of June 30, 2017 and 2016 was \$6,180,000 and \$6,405,000, respectively.

As a condition of the bonding, the Corporation must maintain certain financial covenants including a minimum debt service coverage ratio, current ratio, day's cash on hand and meet certain accounts payable aging requirements. The Corporation is required to measure compliance with these covenants quarterly for the previous twelve-month period and is not allowed to fall below the threshold for any specific covenant for two or more consecutive quarters.

The Corporation has entered into various capital lease arrangements to finance electronic health records systems and other equipment. The leases mature over various dates through 2019. As of June 30, 2017 and 2016, the outstanding balances due on these leases was \$30,053 and \$174,245, respectively.

A summary of scheduled future aggregate principal payments on long-term debt and capital lease obligations at June 30, 2017 is as follows:

| | Series 2006 | | | Capital | | |
|--------------------------|-------------|-----------|----|----------|-------|-----------|
| | | Bonds | | Leases | Total | |
| 2018 | \$ | 235,000 | \$ | 27,687 | \$ | 262,687 |
| 2019 | | 255,000 | | 2,366 | | 257,366 |
| 2020 | | 270,000 | | | | 270,000 |
| 2021 | | 285,000 | | | | 285,000 |
| 2022 | | 305,000 | | | | 305,000 |
| Thereafter | _ | 4,830,000 | · | | _ | 4,830,000 |
| | | 6,180,000 | | 30,053 | | 6,210,053 |
| Less current portion | _ | (235,000) | | (27,687) | | (262,687) |
| | | 5,945,000 | | 2,366 | | 5,947,366 |
| Less debt issuance costs | _ | 195,065 | _ | | | 195,065 |
| | <u>\$</u> | 5,749,935 | \$ | 2,366 | \$ | 5,752,301 |

RESTRICTED CASH

A cash balance of \$654,292 and \$653,626 at June 30, 2017 and 2016 was restricted for the repayment of principal and interest, respectively.

NOTES TO FINANCIAL STATEMENTS

FOR THE YEARS ENDED JUNE 30, 2017 AND 2016

NOTE 10 - LONG-TERM DEBT AND LEASES (CONTINUED)

A summary of restricted cash balances is as follows:

| | 2017 | 2016 |
|---|----------------------|---------------------|
| Restricted for interest payment Restricted for repayment of principal | \$ 692 653,600 | \$ 26 653,600 |
| | \$ 654,292 | \$ 653,626 |

OPERATING LEASES

The Corporation is committed under noncancellable operating leases for occupancy expiring through 2022. Future minimum lease payments under noncancellable operating leases as of June 30, 2017 is as follows:

| 2018 | \$ 354,769 |
|------|---------------|
| 2019 | 216,365 |
| 2020 | 203,965 |
| 2021 | 210,084 |
| 2022 | 216,387 |

Occupancy rental expense for noncancellable operating leases for the years ended June 30, 2017 and 2016 was \$414,663 and \$376,698, respectively.

The Corporation also leases certain equipment under operating leases expiring through 2020. Future minimum lease payments under these equipment operating leases for the year ending June 30 is as follows:

| 2018 | \$ 155,935 |
|------|---------------|
| 2019 | 106,929 |
| 2020 | 49,374 |

Equipment rental expense for the years ended June 30, 2017 and 2016 was \$115,837 and \$134,537, respectively.

NOTES TO FINANCIAL STATEMENTS

FOR THE YEARS ENDED JUNE 30, 2017 AND 2016

NOTE 11 - CONTINGENCIES AND COMMITMENTS

The healthcare industry is subject to numerous laws and regulations of federal, state and local governments. These laws and regulations include, but are not necessarily limited to, matters such as licensure, accreditation, government healthcare program participation requirements, reimbursement for patient services and Medicare and Medicaid fraud and abuse.

Government activity continues to increase with respect to investigations and allegations concerning possible violations of fraud and abuse statutes and regulations by healthcare providers. Violations of these laws and regulations could result in expulsion from government healthcare programs together with the imposition of significant fines and penalties, as well as significant repayments for patient services previously billed.

Management believes that the Corporation is in compliance with fraud and abuse regulations, as well as other applicable government laws and regulations. While no material regulatory inquiries have been made, compliance with such laws and regulations can be subject to future government review and interpretation, as well as regulatory actions unknown or unasserted at this time.

The Corporation maintains its medical malpractice coverage under the Federal Tort Claims Act (the FTCA). The FTCA provides malpractice coverage to eligible Public Health Service supported programs and applies to the Corporation and its employees while providing services within the scope of employment included under grant-related activities. The Attorney General, through the U.S. Department of Justice, has the responsibility for the defense of the individual and/or grantee for malpractice cases approved for FTCA coverage. The Corporation maintains gap insurance for claims that are not covered by the FTCA. The gap insurance is on a claims-made basis and the coverage limits are \$1,000,000 per occurrence and \$3,000,000 in the aggregate.

The Corporation is involved in legal proceedings related to matters which are incidental to its business. In the opinion of management, based on consultation with counsel, the outcome of such proceedings will not materially affect the Corporation's financial position or results of operations, based on existing insurance coverage and contingency reserves provided by the Corporation.

The Corporation has received federal, state and other grants and payments for specific purposes that are subject to review, audit and adjustment by various agencies. Such audits could lead to requests for reimbursement to such agencies for any expenditures or claims disallowed under the terms of the agreements. The Corporation has included a reserve of approximately \$830,000, which is included within third-party reserves on the statements of financial position as of June 30, 2017 and 2016 and represents estimated recoupments for services already rendered.

NOTES TO FINANCIAL STATEMENTS

FOR THE YEARS ENDED JUNE 30, 2017 AND 2016

NOTE 12 - COMMUNITY HEALTH NETWORK - A RELATED PARTY

In 1995, the Corporation contributed \$83,333 for the formation of an HMO, Community Health Network of Connecticut, Inc. (CHN) along with seven other equal share members. CHN, a nonstock, not-for-profit corporation was formed in order to enable the members to better compete in the managed care arena.

The contribution agreement includes provisions for the repayment of this contribution at the discretion of CHN. The investment in CHN is accounted for using the cost method as the Corporation does not exercise significant influence over CHN's operating and financial activities. The Corporation's Chief Executive Officer is a Board member of CHN.

NOTE 13 - FUNCTIONAL EXPENSES

The Corporation reports its expenses in the statement of activities and changes in net assets using their natural classification. The expenses by functional classifications are as follows:

| | 2017 | 2016 |
|--|-----------------------------|-----------------------------|
| Program expenses Management and general | \$ 42,253,802 12,718,359 | \$ 41,763,785 11,662,829 |
| | \$ 54,972,161 | \$ 53,426,614 |

NOTE 14 - SUBSEQUENT EVENTS

In preparing these financial statements, management evaluated subsequent events through December 22, 2017, which represents the date the financial statement were available to be issued. All subsequent events requiring recognition or disclosure as of June 30, 2017, have been incorporated into these financial statements.

| Health Financial Systems | | | | | 1 | In Lieu of Form CMS | -224-1 |
|--|--|--|---|---|---|--|--------|
| CORNELL SCOTT HILL | HEALTH CORP. | | Period: From: 07/01/2016 | | 11/30/2017 11:27 224-14 | 7:30 AM | |
| Provider CCN: 07-1825 | | | To: 06/30/2017 | | 1.22.163.0 | I month () nnn oi | |
| This report is required by law (42 Udeemed overpayments (42 USC 139 | | b)). Failure to report can result in all inte | rim payments made since t | he beginning of the cost | t reporting period being | FORM APPROV OMB NO. 0938- | |
| FEDERALLY QUALIFIESETTLEMENT SUMMAR | | ER COST REPORT CERTIFI | CATION AND | | | Worksl Parts I, II | |
| PART I - COST REPORT STAT | rus | | | 2 1 100 10 | 047 | e: 11:26 am | - |
| Provider use only | 1 |] Electronically Filed Cost Report] Manually Filed Cost Report] If this is an amended report enter the] Medicare Utilization. Enter "F" for fu | number of times the provid II, "L" for low, or "N" for t | Date: 11/30/2 | | e: 11:20 am | |
| Contractor use only | 5. [1] Cost Report St (1) As Submitted (2) Settled without at (3) Settled with audit (4) Reopened (5) Amended | atus 6. DateRecieved: 7. Contractor No.: dit 8. [] Initial Report f | or this Provider CCN | 10. NPR Date: 11. Contractors 12. [0] If line | Vendor Code: 4 5, column 1 is 4: Enter the reopened = 0-9. | e number of | |
| ACTION, FINE AND/OR IMPRITHE PAYMENT, DIRECTLY OF IMPRISONMENT MAY RESULT CERTIFICAT I HEREBY CERTIFY the Sheet and Statement of R 06/30/2017 and that to the with applicable instruction. | ISONMENT UNDER FE R INDIRECTLY, OF A K | INFORMATION CONTAINED IN TO IDERAL LAW. FURTHERMORE, IF ICKBACK OR WERE OTHERWISE IN ADMINISTRATOR OF PROVIDER(S) ertification statement and that I have exported by CORNELL SCOTT HILL HE and belief, this report and statement are their certify that I am familiar with the law in such laws and regulations. | SERVICES IDENTIFIED LLEGAL, CRIMINAL, C mined the accompanying a ALTH CORP. (07-1825) | IN THIS REPORT W IVIL AND ADMINIST electronically filed or ma for the cost reporting pe | TERE PROVIDED OR P PRATIVE ACTION, FIN anually submitted cost rep- eriod beginning 07/01/20: ss and records of the prov | Oct and the Balance 16 and ending ider in accordance | GH |
| Encryption Information ECR: Date: 11/30/201 Bh8dwlCbQjxsgwXdlAl | 17 Time: 11:26 am N4qF3qEqtt50 | - | (signed) | Officer or Adm | inistrator of Provider(s) | | |
| Qb4jX02X1oUSHBlMI BYaD0bClkl0hppmm PI: Date: 11/30/201 | AnUa5uZ972BS 17 Time: 11:26 am | - | Title | | | | |
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| PART III - SETTLEMENT SUI | MMARY | | | | | | |
| | | | | | | Title XVIII | |
| | | | | | | 20,452 | 2 1.0 |
| 1.00 FQHC | | | | | | JU1,732 | -1 |

The above amount represents "due to" or "due from" the Medicare program.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1298. The time required to complete this information collection is estimated 58 hours per response, including the time to review instructions, search existing resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Report Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850. Please do not send applications, claims, payments, medical records or any documents containing sensitive information to the PRA Reports Clearance Office. Please note that any correspondence not pertaining to the information collection burden approved under the associated OMB control number listed on this form will not be reviewed, forwarded, or retained. If you have questions or concerns regarding where to submit your documents, please contact 1-800-MEDICARE.

Provider CCN: 07-1825

CORNELL SCOTT HILL HEALTH CORP.

Period: Run Date Time: From: 07/01/2016 MCRIF32: To: 06/30/2017 Version:

11/30/2017 11:27:29 AM **224-14** 1.22.163.0



FEDERALLY QUALIFIED HEALTH CENTER IDENTIFICATION DATA

Worksheet S-1 Part I

| PALCI . | - FEDERALL | Y QUALIFIED HEALTH (| ENTER IDENTI | ICATION. | DAIA | | | | | | Type of control | |
|---------|-------------------------------------|--|--|----------------------------------|--------------------------------|------------------------------------|--|-----------------------------------|-----------------|---------------------------------------|--------------------|-------|
| | | | Site N | To man | | | | Provider CCN | CBSA | Date Certified | (see instructions) | |
| | | | 1.0 | | | 2.00 | 3.00 | 4.00 | 5.00 | | | |
| | 0: 37 | CORNELL SCOTT HILL H | | 50 | | | | 07-1825 | 35300 | 07/08/1985 | 2 | 1.00 |
| | Site Name: | 428 COLUMBUS AVE. | P.O. Box: | | | | | | | | | 2.00 |
| | Street: City: | NEW HAVEN | State: | СТ | Zip Code: | 06519-0720 | County: | NEW HAVEN | | ignation - Enter "I "U" for urban: | l" for rural U | 3.00 |
| 4.00 | Cost Reporting | Period (mm/dd/yyyy) | From: | 07/01/2016 | | 06/30/2017 | | | | | | 4.00 |
| 5.00 | Is this FQHC pa | art of an entity that owns, leases | s or controls multiple | FQHCs? En | ter "Y" for y | es or "N" for r | 10. If yes, | enter the entity's is | formation below | . N | | 5.00 |
| | Name of Entity: | | | | | | | | | | | 6.00 |
| 7.00 | Street: | | P.O. Box: | | | ard Number: | | | | | | 7.00 |
| 8.00 | City: | | State: | | Zip Code: | | | | | T v I | | 9.00 |
| 9.00 | Is this FQHC p: "Y for yes or "N | art of a chain organization as de J" for no in column 1. If yes, e | fined in §2150 of CM nter the chain organiz | IS Pub. 15-1 ation's infor | that claims h nation below | ome office cos | sts in a Ho | me Office Cost Str | tement? Enter | N | | 10.00 |
| 10.00 | Name of Chain | Organization | | | 1. | | - | | | | | 11.00 |
| 11.00 | Street | | P.O. Box: | | Home Off | ice CCN: | | | | | | 12.00 |
| | City: | | State: | | Zip Code: | | | | | | | 12.00 |
| Consol | idated Cost Re | port | | | | | | Y/N | Date Requested | Date Approved | Number of FQHCs | |
| | | | | | | | | 1.00 | · 2.00 | 3.00 | 4.00 | _ |
| | no in column 1. | ling a consolidated cost report If column 1 is yes, complete co | olumns 2 through 4, a | , chapter 9, § nd line 14, be | 30.8? Enter | "Y" for yes or subscripted li | "N" for ne 14.01. | Y | 07/08/1985 | 07/08/1985 | 11 | 13.00 |
| | It column 1 is n | o, leave line 14 blank. (see insti | Site Name | | | | | CCN | CBSA | Date Requested | Date Approved | |
| | | | 1.00 | | | | | 2.00 | 3.00 | 4.00 | 5.00 | |
| 14.00 | FQHC Site Info | hwashort | 1.00 | | | | | | | | | 14.00 |
| 14.00 | | HEALTH CONNECTIONS | 07-1869 | 35300 | 07/08/1985 | 07/08/1985 | 14.01 | | | | | |
| | | ET HEALTH CENTER | | 07-1868 | 35300 | 07/08/1985 | 07/08/1985 | 14.02 | | | | |
| 14.03 | | N HEALTH CENTER | | 07-1864 | 35300 | 07/08/1985 | 07/08/1985 | 14.03 | | | | |
| 14.04 | | ET PARTNERSHIP | | 07-1867 | 35300 | 07/08/1985 | 07/08/1985 | 14.04 | | | | |
| 14.05 | | ALTH CENTER | | | | | | 07-1866 | 35300 | 07/08/1985 | 07/08/1985 | 14.05 |
| | SOUTH CENT | TRAL REHABILITATION | | | | | | 07-1865 | 35300 | 07/08/1985 | 07/08/1985 | 14.06 |
| 14.07 | GETAWAY CO | OMMUNITY COLLEGE | | | | | | 07-1902 | 35300 | 09/19/2013 | 09/19/2013 | 14.07 |
| 14.08 | HARBOR HEA | ALTH SERVICES | | | | | | 07-1897 | 35300 | 07/29/2013 | 07/29/2013 | 14.08 |
| 14.09 | BRIDGES | | | | | | | 07-1895 | 35300 | 07/29/2013 | 07/29/2013 | 14.09 |
| 14.10 | CMHC | | | | | | | 07-1898 | 35300 | 08/12/2013 | 08/12/2013 | 14.10 |
| | | M GROUP HEALTH SERVIC | ES | | | | | 07-1896 | 35300 | 07/29/2013 | 07/29/2013 | 14.11 |
| FQHO | Operations | | | | | | | | 1.00 | 2.00 | 3.00 | |
| | | 1: EOIIO II | | | | nination onto | oelu the s | policeble alpha | 1.00 | 1 A | 5.00 | 15.00 |
| 15.00 | characters in co | rganization is this FQHC? If yo dumn 2. (see instructions) receive a grant under §330 of t | | | | | | | Y | | | 16.00 |
| 16.00 | FQHC reported | , receive a grant under 5330 of t d on line 1, column 2 receive a g omplete line 17) | grant under §330 of th | ne PHS Act d | uring this co | st reporting pe | riod? Ent | er "Y" for yes or | | | | |
| 17.00 | grant award in o | to line 16 is yes, indicate in column 2 and enter the grant av | umn 1, the type of HI vard number in colum | RSA grant tha nn 3. If you to | t was awards eceived more | ed (see instruct than one gran | tions). Ent t subsc ri p | er the date of the t this line | | 04/28/2015 | H80CS00312-00 | 17.00 |
| 47.04 | accordingly. | | | | | | _ | | | 3 04/28/2015 | FI80CS00312-00 | 17.01 |
| 17.01 | | | | | | | | | | 4 04/28/2015 | H80CS00312-00 | _ |
| 17.02 | | | | | | | | | | 5 08/18/2015 | I-I80CS00312-04 | 17.03 |
| | al Malpractice | | | | | | | | | | | |
| 18.00 | Did this FOHO | submit an initial deeming or as 'Y" for yes or "N" for no in col | nnual redeeming appl umn 1. If column 1 is | ication for m | edical malpra e effective d | actice coverage ate of coverage | under the | FTCA with n 2. | Y | 11/18/1994 | | 18.00 |
| 19.00 | Does this FQH | IC carry commercial malpractic | e insurance? Enter "Y | " for yes or " | N" for no. | | | | Y | | | 19.0 |
| 20.00 | Is the malpracti | ice insurance a claims-made or | occurrence policy? En | iter "1" for cl | aims-made c | r "2" for occu | rrence poli | cy. | 1 | | | 20.0 |
| | | | | | | | | | Premiums | Paid Losses | Self Insurance | |
| | Line amounts o | f malpractice premiums, paid lo | sses or self-insurance | in the applic | able columns | š. | | | 68,00 | 0 | 0 | 21.00 |
| 21.00 | List amounts o | e premiums, paid losses or self- | | | | | | | N | | | 22.00 |

Health Financial Systems

Run Date Time: 11/30/2017 11:27:29 AM CORNELL SCOTT HILL HEALTH CORP. Period: From: 07/01/2016 MCRIF32: To: 06/30/2017 Version: **224-14** 1.22.163.0 Provider CCN: 07-1825

FEDERALLY QUALIFIED HEALTH CENTER IDENTIFICATION DATA

Worksheet S-1 Part I

| | | Premiums | Paid Losses | Self Insurance | |
|--------|--|----------|-------------|----------------|-------|
| 23.00 | Is this FQHC involved in training residents in an approved GME program in accordance with 42 CFR 405.2468(f)? Enter "Y" for yes or "N" for no | N | | | 23.00 |
| 24.00 | Is this FQHC involved in training residents in an unapproved GME program? Enter "Y" for yes or "N" for no. | N | | | 24.00 |
| 24.00 | Did this FQHC arovived in training testidency Expansion (PCRE) grant authorized under Part C of Title VII of the PHS Act from HRSA? Enter "Y" for yes or "N" for no in column 1. If yes, enter in column 2 the number of primary care FTE residents that your FQHC trained in this cost reporting period for which your FQHC received PCRE funding and in column 3, enter the total number of visits performed by residents funded by the PCRE grant in this cost reporting period. (see instructions) | N | 0.00 | 0 | 25.00 |
| 26.00 | Did this FQHC receive a Teaching Health Center development grant authorized under Part C of Title VII of the PHS Act from HRSA? Enter "Y" for yes or "N" for no in column 1. If yes, enter in column 2 the number of FTE residents that your FQHC trained and received funding through your THC grant in this cost reporting period and in column 3, enter the total number of visits performed by residents funded by the THC grant in this cost reporting period. (see instructions) | N | 0.00 | 0 | 26.00 |
| Canita | Related Costs - Ownership/Lease of Building | | | | |
| 27.00 | Do you own or lease the building or office space occupied by your FQHC? Enter "1" for owned or "2" for leased in column 1. If you enter "2" in column 1, enter the amount of rent/lease expense in column 2. | 1 | 0 | | 27.00 |

CORNELL SCOTT HILL HEALTH CORP.

Period: Run Date Time: From: 07/01/2016 MCRIF32: To: 06/30/2017 Version:

11/30/2017 11:27:29 AM **224-14**

H

Provider CCN: 07-1825

FEDERALLY QUALIFIED HEALTH CENTER IDENTIFICATION DATA

Component CCN: 07-1869

Worksheet S-1 Part II

Clinic I

1.22.163.0

| | | LLY QUALIFIED HEALTH C | Site Name | | | | Date Certifi | | Type of control (see instructions) | | ified | V/I Decertification | Date of CHOW | |
|--------|--|--|---|---|---|--|------------------------------|-------|------------------------------------|---------|-------|-------------------------------------|----------------|-------|
| _ | _ | | 1.00 | | | | 2.00 | | 3.00 | 4.00 | | 5.00 | 6.00 | |
| 1.00 | Site Name: | COMMUNITY HEALTH CON | NECTIONS | | | | 07/08/198 | 35 | 2 | | | | | 1.00 |
| 2.00 | Street | 121 WAKELEE AVENUE | P.O. Box: | | | | | | | | | | | 2.00 |
| 3.00 | City: | ANSONIA | State: | CT | Zip Code: | 06401-1198 | County: | NE | W HAVEN | | | gnation - Enter "R J" for urban: | " for rural U | 3.00 |
| FQH | C Operations | | | | | | | | | 1.00 | | 2.00 | 3.00 | |
| 4.00 | | of organization is this FQHC? If you column 2. (see instructions) | u operate as more | than one si | ib-type of an | organization | enter only th | ne ap | plicable alpha | | 1 | ٨ | | 4.00 |
| 5.00 | | HC receive a grant under §330 of | the PHS Act durin | g this cost t | eporting peri | od? Enter "Y | " for yes or | "N" | for no. If yes, | Y | | | | 5.00 |
| 6.00 | If the respo | nse to line 5 is yes, indicate in column 2 and enter the grant av | mn 1, the type of I ward number in co | HRSA grant lumn 3. If y | that was awa ou received r | arded (see inst note than one | nuctions). E grant subsc | nter | the date of the this line | | 1 | 04/28/2015 | H80CS00312 | 6.00 |
| Medi | al Malpracti | | | | | | | | | | | | | |
| 7.00 | Did this FC | HC submit an initial deeming or a ter "Y" for yes or "N" for no in co | nnual redeeming a lumn 1. If column | pplication fo 1 is yes, en | or medical mi | alpractice cover we date of cov | erage under verage in col | the l | TCA with | Y | | 11/18/1994 | | 7.00 |
| 8.00 | Does this F | QHC carry commercial malpractic | e insurance? Enter | "Y" for yes | or "N" for n | 10. | | | | Y | | | | 8.00 |
| 9.00 | Is the malpi | actice insurance a claims-made or | occurrence policy? | Enter "1" f | or claims-ma | de or "2" for | occurrence p | oolic | y. | | 1 | | | 9.00 |
| | | | | | | | | | | Premium | s | Paid Losses | Self Insurance | |
| 10.00 | List amount | s of malpractice premiums, paid lo | sses or self-insurar | nce in the ap | plicable colu | ımıs. | | | | | 1 | 0 | 0 | 10.00 |
| Interr | s and Resid | ents | | | | | | | | | | | | |
| 11.00 | Is this FQH "N" for no. | C involved in training residents in | an approved GMI | E program i | n accordance | with 42 CFR | 405.2468(f) | ? Er | nter "Y" for yes or | N | | | | 11.00 |
| 12.00 | Is this FQF | C involved in training residents in | an unapproved Gl | ME prograr | n? Enter "Y" | for yes or "N | " for no. | | | N | | | | 12.00 |
| 13.00 | Did this FQ HRSA? Ent FQHC train | PIC receive a Primary Care Reside er "Y" for yes or "N" for no in col ned in this cost reporting period for med by residents funded by the PC | ncy Expansion (PO umn 1. If yes, ente r which your FQH | CRE) grant or in column C received | authorized ur 2 the numb PCRE fundin | nder Part C of er of primary ng and in colur | Title VII of care FTE re | side | nts that your | 2 | | 0.00 | 0 | 13.00 |
| 14.00 | Did this FQ Enter "Y" f received fur | PHC receive a Teaching Health Cer for yes or "N" for no in column 1. I ading through your THC grant in the nded by the THC grant in this cost | nter development g If yes, enter in colo his cost reporting p | grant author umn 2 the n period and i | ized under Pr umber of FT n column 3, c | art C of Title E residents th | at your FQI | HC t | rained and | N | | 0.00 | 0 | 14.00 |
| Capit | | osts - Ownership/Lease of Build | | | | | | | | | | | | |
| 15.00 | Do you ow | n or lease the building or office spa column 1, enter the amount of rer | ce occupied by yo | ur FQHC? | Enter "1" for | owned or "2" | for leased | in co | lumn 1. If you | | 2 | 124,137 | | 15.00 |

11/30/2017 11:27:29 AM Run Date Time: Period: CORNELL SCOTT HILL HEALTH CORP. From: 07/01/2016 MCRIF32: To: 06/30/2017 Version: 224-14 1.22.163.0 Provider CCN: 07-1825

FEDERALLY QUALIFIED HEALTH CENTER IDENTIFICATION DATA

Component CCN: 07-1868

Worksheet S-1 Part II

| | | | | | | | | | | Cl | inic | II | | | |
|--------|---|--|---|--|---|---|---|---------------|------------------------------------|---------|-------|-------------------------------------|--------------|-----|------|
| O . Y | r person | ALLY QUALIFIED HEALTH | CENTER CONS | OLIDATE | D COST RE | PORT PAR | TICIPAN | TID | ENTIFICATION | N DATA | | | | | |
| Part 1 | I - PEDERA | ELI QUALIFIED HEALIN | Site Name | | | | Date Certi | | Type of control (see instructions) | | ified | V/I Decertification | Date of CH | ow | |
| | | | 1.00 | | | | 2.00 | IICU | 3.00 | 4.00 | | 5.00 | 6.00 | | |
| | | and the own recovery to a fact of | | | | | 07/08/19 | 95 | 2 | ,,,,, | | | | _ | 1.0 |
| 1.00 | Site Name: | | P.O. Box: | | 1/ | | 07/00/13 | 102 | | | | | | | 2.0 |
| 3.00 | Street: City: | 911-913 STATE STREET NEW HAVEN | State: | CT | Zip Code: | 06511-3926 | County: | NE | W HAVEN | | | gnation - Enter "F J" for urban: | l" for rural | U | 3.0 |
| FQH | C Operation | S | | | | | | | | 1.00 | | 2.00 | 3.00 | | _ |
| | | | | | | | - I | .1 | Y-the state | 1.00 | - 1 | A.00 | Jilli | | 4.0 |
| 4.00 | characters i | of organization is this FQHC? If y in column 2. (see instructions) | | | | | | | | | i | Λ | | | |
| 5.00 | complete li | QHC receive a grant under §330 of ne 6. | | | | | | | | Y | | | | | 5.0 |
| 6.00 | If the respondent award accordingly | onse to line 5 is yes, indicate in coh d in column 2 and enter the grant a | umn 1, the type of I award number in co | -IRSA gran lumn 3. If | t that was awa you received i | arded (see ins more than on | tructions). I e grant subs | Enter | the date of the this line | | 1 | 04/28/2015 | H08CS00. | 312 | 6.0 |
| Medi | cal Malpract | tice | | | | | | | | | | | | | |
| 7.00 | Did this FO | QHC submit an initial deeming or a nter "Y" for yes or "N" for no in c | annual redeeming a column 1. If column | pplication f | for medical m iter the effect | alpractice covive date of co | rerage under verage in co | r the olum | FTCA with n 2. | Y | | 11/18/1994 | | | 7.0 |
| 8.00 | | QHC carry commercial malpracti | | | | | | | | Y | | | | | 8.0 |
| 9.00 | Is the malo | ractice insurance a claims-made or | occurrence policy? | Enter "1" | for claims-ma | de or "2" for | occurrence | polic | zy. | | 1 | | | | 9.0 |
| | | | | | | | | | | Premium | S | Paid Losses | Self lusura | nce | |
| 10.00 | List amoun | its of malpractice premiums, paid l | losses or self-insura | nce in the a | pplicable colu | ımns. | | | | | 1 | 0 | | () | 10.0 |
| | and Resid | | | | | | | | | | | | | | |
| 11.00 | Is this FQI | IC involved in training residents is | n an approved GMI | E program | in accordance | with 42 CFR | 405.2468(1 |)? E | nter "Y" for yes or | N | | | | | 11.0 |
| 12.00 | Is this FOI | HC involved in training residents in | n an unapproved G | ME progra | m? Enter "Y" | for yes or "N | I" for no. | | | N | | | | | 12.0 |
| 13.00 | Did this FO HRSA? En FQHC trai | QHC receive a Primary Care Resid ter "Y" for yes or "N" for no in co ned in this cost reporting period for trend by residents funded by the P | lency Expansion (Polumn 1. If yes, ente for which your FQH | CRE) grant er in colum [C received | authorized us n 2 the numl PCRE fundis | nder Part C o per of primary ng and in colu | f Title VII o care FTE imn 3, enter | reside | ents that your | N | | 0.00 | | 0 | 13.0 |
| 14.00 | Did this FO Enter "Y" received fu | QHC receive a Teaching Health Co for yes or "N" for no in column 1. Inding through your THC grant in anded by the THC grant in this co- | enter development . If yes, enter in coli this cost reporting | grant autho umn 2 the 1 period and | rized under P number of FT in column 3, | art C of Title E residents t | VII of the hat your FC |)HC | trained and | N | | 0.00 | | 0 | 14.0 |
| Capit | al Related C | Costs - Ownership/Lease of Buil | lding | | | | | | | | | | | | |
| 15.00 | Do you ou | on or lease the building or office sp n column 1, enter the amount of re | pace occupied by yo | ur FQHC? column 2. | Enter "1" for | r owned or "2 | " for leased | l in co | olumn 1. If you | | 2 | 112,350 | | | 15.0 |

CORNELL SCOTT HILL HEALTH CORP.

FEDERALLY QUALIFIED HEALTH CENTER IDENTIFICATION DATA

Period:

Run Date Time:

11/30/2017 11:27:29 AM 224-14

Provider CCN: 07-1825

From: 07/01/2016 MCRIF32: To: 06/30/2017 Version:

1.22.163.0

Worksheet S-1 Part II

Clinic III

Component CCN: 07-1864

| | | | | | | | | | | | nic . | | | | |
|--------------|--|--|--|---|---|---|------------------------------|----------------|---------------------------------------|----------|-------|-------------------------------------|--------------|----|-------|
| Part I | - FEDERA | LLY QUALIFIED HEALT | H CENTER CONS | OLIDATEI | O COST RE | PORT PAR | Date Certi | | Type of control (see instructions) | | Fied | V/I Decertification | Date of CHO |)W | |
| _ | | | 1.00 | | | | 2.00 | | 3.00 | 4.00 | | 5.00 | 6.00 | | |
| | 0' 11 | WEST HAVEN HEALTH C | | | | | 07/08/19 | 85 | 2 | | | | | 7 | 1.00 |
| 1.00 | Site Name: | 285 MAIN STREET | P.O. Box: | | | | 01/00/12 | - | | | | | | | 2.00 |
| 2.00 3.00 | Street: City: | WEST HAVEN | State: | CT | Zip Code: | 06516-7307 | County: | NE' | W HAVEN | | | gnation - Enter "R I" for utban: | " for rural | U | 3.00 |
| FQH | Operation | B | | | | | | | | 1.00 | -1 | 2.00 | 3.00 | | |
| 4.00 | | of organization is this FQHC? In column 2. (see instructions) | If you operate as more | than one su | b-type of an | organization | enter only | the ap | pplicable alpha | 2,00 | 1 | A | | | 4.00 |
| 5.00 | | HC receive a grant under §330 | of the PHS Act durin | ng this cost re | eporting peri | od? Enter "Y | " for yes o | r "N" | for no. If yes, | Y | | | | | 5.00 |
| 6.00 | If the respo | nse to line 5 is yes, indicate in a in column 2 and enter the gra | column 1, the type of I nt award number in co | HRSA grant olumn 3. If ye | that was awa | rded (see inst nore than one | ructions). I e grant subs | Enter | the date of the this line | | 1 | 04/28/2015 | H80CS003 | 12 | 6.00 |
| Medic | al Malpracti | ice | | | | | | | | | | | | | |
| 7.00 | Did this FC | HC submit an initial deeming ter "Y" for yes or "N" for no i | or annual redeeming a n column 1. If column | pplication fo 1 1 is yes, ent | or medical ma er the effecti | alpractice cov ve date of co | erage under verage in co | r the olumn | FTCA with 12. | Y | | 11/18/1994 | | | 7.00 |
| 8.00 | | QHC carry commercial malpra | | | | | | | | Y | | | | | 8.00 |
| 9.00 | Is the malps | actice insurance a claims-made | or occurrence policy? | Enter "1" fo | or claims-ma | de or "2" for | occurrence | polic | cy. | | 1 | | | | 9.00 |
| | | | | | | | | | | Premiums | | Paid Losses | Self Insurar | ce | |
| 10.00 | List amount | s of malpractice premiums, pa | id losses or self-insurar | nce in the ap | plicable colu | mns. | | | | | 1 | 0 | | 0 | 10.00 |
| Intern | s and Resid | | | | | | 29. | | | | | | | | |
| 11.00 | Is this FQH "N" for no. | C involved in training resident | s in an approved GMI | E program ir | accordance | with 42 CFR | 405.2468(f |)? E1 | nter "Y" for yes or | N | | | | | 11.00 |
| 12.00 | Is this FQH | IC involved in training resident | s in an unapproved G | ME program | n? Enter "Y" | for yes or "N | l" for no. | | | N | | | | | 12.00 |
| 13.00 | Did this FQ HRSA? Ent FQHC train | HC receive a Primary Care Re ter "Y" for yes or "N" for no in ted in this cost reporting perior med by residents funded by th | sidency Expansion (PO n column 1. If yes, ente d for which your FQH | CRE) grant a er in column IC received I | uthorized ur 2 the numb CRE fundin | nder Part C of er of primary ig and in colu | Title VII o | reside | ents that your | N | | 0.00 | | 0 | 13.00 |
| 14.00 | Did this FQ Enter "Y" for received fur | OHC receive a Teaching Health or yes or "N" for no in column nding through your THC grant nded by the THC grant in this | Center development g 1. If yes, enter in cold in this cost reporting p | grant authori umn 2 the ni period and i | ized under Pr umber of FT n column 3, 6 | art C of Title E residents th | ıat your FQ | HC : | trained and | N | | 0.00 | | 0 | 14.00 |
| Capit | | osts - Ownership/Lease of B | | | | | | | | | | | | | |
| 15.00 | Do you ow | n or lease the building or office column 1, enter the amount o | space occupied by yo | our FQHC? I | Enter "1" for | owned or "2 | " for leased | in co | olumn 1. If you | | 1 | 0 | | | 15.00 |

11/30/2017 11:27:29 AM CORNELL SCOTT HILL HEALTH CORP. Period: Run Date Time: From: 07/01/2016 MCRIF32: To: 06/30/2017 Version: 224-14 1.22.163.0 Provider CCN: 07-1825



FEDERALLY QUALIFIED HEALTH CENTER IDENTIFICATION DATA

Component CCN: 07-1867

Worksheet S-1 Part II

Clinic IV

| | | | | | | | | | | Clini | CIV | | |
|--------|--|--|---|---|--|----------------------------------|-----------------|-------|------------------------------------|-----------------|--|----------------|-------|
| Part I | I - FEDERA | LLY QUALIFIED HEALTH | CENTER CONS | OLIDATE | D COST RE | PORT PAR | RTICIPANT | IDI | ENTIFICATION | N DATA | .W | | |
| | | | Site Name | | | | Date Certifi | ed | Type of control (see instructions) | Date Decertifie | V/I Decertification | Date of CHOW | |
| | - | | 1.00 | | | | 2.00 | | 3.00 | 4.00 | 5.00 | 6.00 | |
| 1.00 | Site Name: | GRANT STREET PARTNER | | | | | 07/08/198 | 5 | 2 | | | | 1.0 |
| 2.00 | Street | 62 GRANT STREET | P.O. Box: | | | | | | | | - | | 2.00 |
| 3.00 | City: | NEW HAVEN | State: | CT | Zip Code: | 06519-2514 | County: | NEV | VHAVEN | | signation - Enter "F "U" for urban: | R" for rural U | 3.00 |
| FQH | Operations | | | | | | | | | | 1 | | |
| | | | | | | | | | | 1.00 | 2.00 | 3.00 | |
| 4.00 | | of organization is this FQHC? If a column 2. (see instructions) | you operate as more | than one su | b-type of an | organization | enter only th | ie ap | plicable alpha | | Λ | | 4.00 |
| 5.00 | Did this FQ complete lir | PHC receive a grant under §330 o ne 6. | of the PHS Act durin | g this cost r | eporting peri | od? Enter " | Y" for yes or | "N" | for no. If yes, | Y | | | 5.00 |
| 6.00 | | nse to line 5 is yes, indicate in co in column 2 and enter the grant | | | | | | | | | 04/28/2015 | H80CS00312 | 6.00 |
| Medic | al Malpracti | ce | | | | | | | | | | | |
| 7.00 | | HC submit an initial deeming or ter "Y" for yes or "N" for no in | | | | | | | | Y | 11/18/1994 | | 7.00 |
| 8.00 | Does this F | QHC carry commercial malprac | ice insurance? Enter | "Y" for yes | or "N" for n | o. | | | | Y | | | 8.00 |
| 9.00 | Is the malps | actice insurance a claims-made o | r occurrence policy? | Enter "1" f | or claims-ma | de or "2" for | occurrence p | olicy | | | 1 | | 9.00 |
| | | | | | | | | | | Premiums | Paid Losses | Self Insurance | |
| 10.00 | List amount | s of malpractice premiums, paid | losses or self-insurar | nce in the ap | plicable colu | mns. | | | | | 1 0 | 0 | 10.00 |
| Intern | s and Resid | ents | | | | | | | | | | | |
| 11.00 | Is this FQH "N" for no. | C involved in training residents | in an approved GME | 3 program is | accordance | with 42 CFR | 405.2468(f)? | En | ter "Y" for yes or | N | | | 11.00 |
| 12.00 | Is this FQH | C involved in training residents | in an unapproved GI | ME program | ? Enter "Y" | for yes or "N | I" for no. | | | N | | | 12.00 |
| 13.00 | HRSA? Ent | HC receive a Primary Care Resi er "Y" for yes or "N" for no in o led in this cost reporting period med by residents funded by the | olumn 1. If yes, ente for which your FQH | r in column C received I | 2 the numb CRE funding | er of primary g and in colu | care FTE re | sider | nts that your | N | 0.00 | () | 13.00 |
| 14.00 | Did this FQ Enter "Y" for received fur | HC receive a Teaching Health (or yes or "N" for no in column ading through your THC grant in nded by the THC grant in this co | enter development g . If yes, enter in colu this cost reporting p | grant author imn 2 the ni period and is | ized under Pa umber of FTI n column 3, e | art C of Title E residents th | hat your FQF | IC tr | ained and | N | C(O,C) | 0 | 14.00 |
| Capita | al Related Co | osts - Ownership/Lease of Bu | ilding | | | | | | | | | | |
| 15.00 | | or lease the building or office s | | | Enter "1" for | owned or "2 | " for leased in | n col | umn 1. If you | | 2 1 | | 15.00 |

I-Icalth Financial Systems

CORNELL SCOTT HILL HEALTH CORP.

Period: Run Date Time: 11/30/2017 11:27:29 AM From: 07/01/2016 MCRIF32: 224-14

Provider CCN: 07-1825

Period: Run Date Time: 11/30/2017 11:27:29 AM CRIF32: 224-14

1.22.163.0

FEDERALLY QUALIFIED HEALTH CENTER IDENTIFICATION DATA

Component CCN: 07-1866

Worksheet S-1 Part II

Clinic V

| | | LLY QUALIFIED HEALTH (| Site Name | | | | Date Certifie | Type of control | Date Decertified | V/I Decertification | Date of CHOW | |
|-------|---|--|--|--|--|--|----------------------------------|--|------------------|--------------------------------------|----------------|-------|
| | | | 1.00 | | | | 2.00 | 3.00 | 4.00 | 5.00 | 6.00 | |
| 1.00 | Site Name: | DIXWELL HEALTH CENTER | | | | | 07/08/1985 | 2 | | | | 1.00 |
| 2.00 | Street: | 226 DIXWELL AVENUE | P.O. Box: | | | | | | | 1 | | 2.00 |
| 3.00 | City: | NEW HAVEN | State: | CT | Zip Code: | 06511-3456 | County: N | IEW HAVEN | | ignation - Enter "I U" for urban: | t" for rural U | 3.00 |
| FQH | Operations | | | | 1.1 | | | | 1.00 | 2.00 | 3.00 | |
| 4.00 | | f organization is this FQHC? If you column 2. (see instructions) | ou operate as more | than one si | ib-type of an | organization | enter only the | applicable alpha | 1 | A | | 4.00 |
| 5.00 | Did this FQ complete lin | HC receive a grant under §330 of | the PHS Act durin | ng this cost o | eporting peri | iod? Enter "Y | " for yes or " | N" for no. If yes, | Y | | | 5.00 |
| 6.00 | If the respon | nse to line 5 is yes, indicate in colu in column 2 and enter the grant a | mn 1, the type of l ward number in co | HRSA grant blumn 3. If y | that was awa ou received a | arded (see inst more than one | ructions). En | ter the date of the pt this line | 1 | 04/28/2015 | H870CS00312 | 6.00 |
| Medi | al Malpracti | | | | | | | | | | | |
| 7.00 | Did this FO | HC submit an initial deeming or a ter "Y" for yes or "N" for no in co | nnual redeeming a blumn 1. If column | pplication fo 1 is yes, en | or medical m ter the effect | alpractice covi | erage under th verage in colu | ne FTCA with mn 2. | Y | 11/18/1994 | | 7.00 |
| 8.00 | Does this Fo | OHC carry commercial malpractic | e insurance? Enter | "Y" for yes | or "N" for r | 10. | | | Y | | | 8.00 |
| 9.00 | Is the malpr | actice insurance a claims-made or | occurrence policy? | Enter "1" f | or claims-ma | de or "2" for | occurrence po | olicy. | 1 | | | 9.00 |
| | | | | | | | | | Premiums | Paid Losses | Self Insurance | |
| 10.00 | List amount | s of malpractice premiums, paid lo | osses or self-insum | nce in the a | plicable colu | ımns. | | | 1 | 0 | - 0 | 10.00 |
| Inter | s and Reside | ents | | | | | | | | | | |
| 11.00 | Is this FQH | C involved in training residents in | an approved GMI | E program i | n accordance | with 42 CFR | 405.2468(f)? | Enter "Y" for yes o | r N | | | 11.00 |
| 12.00 | Is this FQH | C involved in training residents in | an unapproved G | ME program | n? Enter "Y" | for yes or "N | " for no. | | N | | | 12.00 |
| 13.00 | Did this FQ HRSA? Ent FQHC train visits perfor | HC receive a Primary Care Reside er "Y" for yes or "N" for no in co ted in this cost reporting period fo med by residents funded by the P | ency Expansion (Pollumn 1. If yes, enter the which your FQH CRE grant in this co | CRE) grant er in columr IC received cost reportin | authorized us 2 the numb PCRE funding g period. (se | nder Part C of per of primary ng and in colu e instuctions) | Title VII of the care FTE res | idents that your se total number of | N | 0.00 | | |
| 14.00 | Did this FQ Enter "Y" for received fur residents fur | HC receive a Teaching Health Ce or yes or "N" for no in column 1. Iding through your THC grant in I nded by the THC grant in this cos | nter development If yes, enter in coli his cost reporting t reporting period | grant author umn 2 the n period and i | ized under P umber of FT n column 3, | art C of Title E residents th | nat your FQH | C trained and | N | 0.00 | 0 | 14.00 |
| Capit | al Related Co | osts - Ownership/Lease of Buil | ding | | | | | | | | | |
| 15.00 | Do you owi | or lease the building or office sp column 1, enter the amount of re | ace occupied by yo | our FQHC? | Enter "1" for | owned or "2" | " for leased in | column 1. If you | 1 | | | 15.00 |

FEDERALLY QUALIFIED HEALTH CENTER IDENTIFICATION DATA

Component CCN: 07-1865

Worksheet S-1 Part II

Clinic VI

| | | | | | | | | | | Cl | ınıc | VI | | | |
|--------|--|---|--|--|--|----------------------------------|---------------------------------|--------|------------------------------------|---------|-------|-------------------------------------|----------------|---|-------|
| Part T | L- FEDERA | LLY QUALIFIED HEALTH | CENTER CONS | OLIDATEI | COST RE | PORT PAR | TICIPAN' | T ID | ENTIFICATION | V DATA | | | | | |
| | | | Site Name | | | | Date Certi | | Type of control (see instructions) | | ified | V/I Decertification | Date of CHO | W | |
| | | | 1.00 | | | | 2.00 | | 3.00 | 4.00 | | 5.00 | 6.00 | | |
| 1.00 | Site Name: | SOUTH CENTRAL REHABI | LITATION | | | | 07/08/19 | 85 | 2 | | | | | | 1.00 |
| 2.00 | Street | 232 CEDAR STREET | P.O. Box: | | | | | | | | | | - | | 2.00 |
| 3.00 | City: | NEW HAVEN | State: | CT | Zip Code: | 06519-1610 | County: | NE | W HAVEN | | | gnation - Enter "F J" for urban: | t" for rural 1 |) | 3.00 |
| FQH | Operation | | | | | | | | | 1.00 | | 2.00 | 3.00 | - | |
| 4.00 | | of organization is this FQHC? If | you operate as more | than one su | b-type of an | organization | enter only t | the ap | oplicable alpha | 1.00 | 1 | A A | 3.1.87 | | 4.00 |
| 5.00 | Did this FC | HC receive a grant under §330 c | | | | | | | | Y | | | | | 5.00 |
| 6.00 | grant award accordingly. | | dumn 1, the type of award number in co | HRSA grant olumn 3. If yo | that was awa | urded (see ins | structions). E ne grant subs | Enter | the date of the this line | | 1 | 04/28/2015 | H80CS00312 | | 6.00 |
| | al Malpract | | | | | | | | | | | 44 440 4400 4 | - | - | 7.00 |
| 7.00 | Did this FQ HRSA? En | HC submit an initial deeming or ter "Y" for yes or "N" for no in | annual redeeming a column 1. If columi | application for 1 1 is yes, enti | r medical m er the effecti | alpractice co- ive date of co | verage under overage in co | the l | FTCA with 1 2. | Y | | 11/18/1994 | | | 7.00 |
| 8.00 | Does this F | QHC carry commercial malpract | tice insurance? Ente | r "Y" for yes | or "N" for n | 10. | | | | Y | | | | | 8.00 |
| 9.00 | Is the malp: | actice insurance a claims-made o | or occurrence policy | Enter "1" fo | or claims-ma | de or "2" for | occurrence | polic | y. | | 1 | | | | 9.00 |
| | | | | | | | | | | Premium | LS | Paid Losses | Self Insurance | е | |
| 10.00 | List amount | s of malpractice premiums, paid | losses or self-insura | ince in the ap | plicable colu | ımns. | | | | | 1 | -0 | | 0 | 10.00 |
| Intern | s and Resid | ents | | | | | | | | | | | | | |
| 11.00 | Is this FQH | C involved in training residents | in an approved GM | E program in | accordance | with 42 CFF | R 405.2468(f |)? E1 | nter "Y" for yes or | N | | | | | 11.00 |
| 12.00 | Is this FQE | C involved in training residents | in an unapproved G | ME program | ? Enter "Y" | for yes or "l | N" for no. | | | N | | | | | 12.00 |
| 13.00 | HRSA? Ent FQHC train | PHC receive a Primary Care Resider "Y" for yes or "N" for no in collect in this cost reporting period and by the med by residents funded by the | column 1. If yes, ent for which your FQF | er in column IC received P | 2 the numb CRE fundin | er of primar | y care FTE 1 umn 3, enter | eside | ents that your | , N | | 0.00 | | 0 | 13.00 |
| 14.00 | Did this FQ Enter "Y" for received fur | HC receive a Teaching Health Coryes or "N" for no in column I ding through your THC grant in nded by the THC grant in this co | Center development I. If yes, enter in col 1 this cost reporting | grant authori umn 2 the nu period and in | zed under Pr imber of FT i column 3, e | art C of Title E residents t | VII of the l hat your FQ | HC t | rained and | N | | 0.00 | | 0 | 14.00 |
| | | osts - Ownership/Lease of Bu | | | | | | | | | | | | | |
| 15.00 | | or lease the building or office s column 1, enter the amount of | | | Enter "1" for | owned or "2 | 2" for leased | in co | olumn 1. If you | | 1 | 0 | | | 15.00 |

Provider CCN: 07-1825

CORNELL SCOTT HILL HEALTH CORP.

Period: Run Date Time: From: 07/01/2016 MCRIF32: To: 06/30/2017 Version:

11/30/2017 11:27:29 AM **224-14**

FEDERALLY QUALIFIED HEALTH CENTER IDENTIFICATION DATA

Component CCN: 07-1902

Worksheet S-1 Part II

Clinic VII

1.22.163.0

| | | | Site Name | | | | Date Certif | ied | Type of control (see instructions) | Date Decertified | V/I Decertification | Date of CHOW | |
|--------|---|--|---|--|---|---|--------------------------------|----------------|------------------------------------|------------------|-------------------------------------|-----------------|-------|
| | | | 1.00 | | | | 2.00 | | 3.00 | 4.00 | 5.00 | 6.00 | |
| 1.00 | Site Name: | GETAWAY COMMUNITY O | OLLEGE | | | | 09/19/201 | 13 | 2 | | | | 1.00 |
| 2.00 | Street: | 20 CHURCH STREET | P.O. Box: | | | | | | - | | | | 2.00 |
| 3.00 | City: | NEW HAVEN | State: | CT | Zip Code: | 06510-3304 | County: | NE | WHAVEN | | gnation - Enter "F J" for urban: | t" for rural L' | 3.00 |
| FQH | C Operations | | | | | | | | | 1.00 | 2.00 | 3.00 | - |
| 4.00 | | of organization is this FQHC? If | you operate as more | than one s | ub-type of an | organization | enter only ti | he ap | oplicable alpha | 1.00 | Α Α | 3.00 | 4.00 |
| 5.00 | Did this FQ complete lin | HC receive a grant under §330 c le 6. | | | | | | | | Y | | | 5.00 |
| 6.00 | If the respo- grant:award accordingly. | nse to line 5 is yes, indicate in co in column 2 and enter the grant | lumn 1, the type of award number in co | HRSA gran olumn 3. If y | t that was awa ou received t | arded (see inst more than one | tructions). E e grant subsc | nter | the date of the this line | 1 | 04/28/2015 | H80CS00312 | 6.00 |
| Medic | al Malpracti | | | | | | | | | | | | |
| 7.00 | | HC submit an initial deeming or ter "Y" for yes or "N" for no in | | | | | | | | Y | 11/18/1994 | | 7.00 |
| 8.00 | Does this F | QHC carry commercial malprac | ice insurance? Enter | "Y" for ye | or "N" for n | 10. | | | | Y | | | 8.00 |
| 9.00 | Is the malps | actice insurance a claims-made o | or occurrence policy? | Enter "1" | for claims-ma | de or "2" for | occurrence j | polic | y. | 1 | | | 9.00 |
| | | | | | | | | | | Premiums | Paid Losses | Self Insurance | |
| 10.00 | List amount | s of malpractice premiums, paid | losses or self-insura | nce in the a | pplicable colu | ımns. | | | | 1 | 0 | 0 | 10.00 |
| Interr | s and Resid | ents | | | | | | | | | | | |
| 11.00 | Is this FQH "N" for no. | C involved in training residents | in an approved GM | E program | n accordance | with 42 CFR | 405.2468(f) | ? Er | nter "Y" for yes or | N | | | 11.00 |
| 12.00 | Is this FQH | C involved in training residents | in an unapproved G | ME progra | n? Enter "Y" | for yes or "N | l" for no. | | | N | | | 12.00 |
| 13.00 | Did this FQ HRSA? Ent FQHC train visits perfor | HC receive a Primary Care Resi er "Y" for yes or "N" for no in o ted in this cost reporting period med by residents funded by the | column 1. If yes, enti for which your FQH PCRE grant in this o | er in column IC received cost reportin | n 2 the numb PCRE funding ng period. (see | er of primary ng and in colu e instuctions) | care FTE re mn 3, enter | eside the t | ents that your total number of | N | 0.00 | 0 | 13.00 |
| 14.00 | Enter "Y" for | HC receive a Teaching Health C or yes or "N" for no in column iding through your THC grant in inded by the THC grant in this co | If yes, enter in columns this cost reporting | umn 2 the r period and: | umber of FT in column 3, e | E residents th | ıat your FQl | HC t | rained and | N | 0.00 | 0 | 14.00 |
| | | osts - Ownership/Lease of Bu | | | | | | | | | | | |
| 15.00 | | or lease the building or office s | | | Enter "1" for | owned or "2" | for leased | in co | lumn 1. If you | 2 | 1 | | 15.00 |

Health Financial Systems

CORNELL SCOTT HILL HEALTH CORP.

Period: Run Date Time: From: 07/01/2016 MCRIF32: To: 06/30/2017 Version: 11/30/2017 11:27:29 AM **224-14** 1.22.163.0

(F)

Provider CCN: 07-1825

FEDERALLY QUALIFIED HEALTH CENTER IDENTIFICATION DATA

Component CCN: 07-1897

Worksheet S-1 Part II

Clinic VIII

| 2 821 2 | | LLY QUALIFIED HEALTH | Site Name | | | | Date Certi | | Type of control (see instructions) | | V/I Decertification | Date of CHOW | |
|---------|--|---|--|------------------------------|----------------|---------------------------------|-----------------------------|--------|------------------------------------|----------|-------------------------------------|----------------|-------|
| _ | | | 1.00 | | 2.00 | 3.00 | 4.00 | 5.00 | 6.00 | | | | |
| 1.00 | Site Name: | HARBOR HEALTH SERVICE | | | | | 07/29/20 | 13 | 2 | | | | 1.00 |
| 2.00 | Street: | 14 SYCAMORE WAY | P.O. Box: | | | | Lips | | | | | | 2.00 |
| 3.00 | City: | BRANFORD | State: | CT | Zip Code: | 06405-6551 | | | | | gnation - Enter "R J" for urban: | " for rural U | 3.00 |
| FQH | Operations | | | | | | | | | 1.00 | 2.00 | 3.00 | |
| 4.00 | | f organization is this FQHC? If | you operate as more | than one s | ub-type of an | organization | enter only t | the ap | oplicable alpha | 1 | ٨ | | 4.00 |
| 5.00 | characters in column 2. (see instructions) Did this FQHC receive a grant under §330 of the PHS Act during this cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete line 6. | | | | | | | | | | | | 5.00 |
| 6.00 | CATEGOR IN CALL CATEGOR IN CALL CALL CALL CALL CALL CALL CALL CAL | | | | | | | | | 1 | 04/28/2015 | 1-180CS00312 | 6.00 |
| Media | al Malpracti | ce | | | | | | | | | | | - |
| 7.00 | Did this FC | HC submit an initial deeming of ter "Y" for yes or "N" for no in | r annual redeeming ap column 1. If column | oplication f 1 is yes, en | or medical ma | alpractice cov ve date of co | erage under verage in co | the l | FTCA with | Y | 11/18/1994 | | 7.00 |
| 8.00 | Does this F | QHC carry commercial malprac | tice insurance? Enter | "Y" for ye | or "N" for n | 10. | | | | Y | | | 8.00 |
| 9.00 | Is the malp | actice insurance a claims-made | or occurrence policy? | Enter "1" | for claims-ma | de or "2" for | occurrence | polic | ry. | 1 | | | 9.00 |
| | | | | | | | | | | Premiums | Paid Losses | Self Insurance | |
| 10.00 | List amount | s of malpractice premiums, pair | d losses or self-insurar | ice in the a | pplicable colu | mns. | | | | 1 | 0 | 0 | 10.00 |
| | s and Resid | ents | | | | | | | | | | | |
| 11.00 | Is this FQH | C involved in training residents | in an approved GME | E program | n accordance | with 42 CFR | 405.2468(f |)? E | nter "Y" for yes or | N | | | 11.00 |
| 12.00 | | C involved in training residents | in an unapproved GI | ME progra | m? Enter "Y" | for yes or "N | I" for no. | | | N | | | 12.00 |
| 13.00 | Is this FQHC involved in training residents in an unapproved GME program? Enter "Y" for yes or "N" for no. Did this FQHC receive a Primary Care Residency Expansion (PCRE) grant authorized under Part C of Title VII of the PHS Act from HRSA? Enter "Y" for yes or "N" for no in column 1. If yes, enter in column 2 the number of primary care FTE residents that your FQHC trained in this cost reporting period for which your FQHC received PCRE funding and in column 3, enter the total number of visits performed by residents funded by the PCRE grant in this cost reporting period. (see instuctions) | | | | | | | | | N | 0.00 | | 13.00 |
| 14.00 | The second secon | | | | | | | | | N | 0.00 | 0 | 14.00 |
| Capit | al Related C | osts - Ownership/Lease of B | uilding | | | | | | | | | | 1 |
| 15.00 | Do you ow | or lease the building or office column 1, enter the amount of | space occupied by you | ur FQHC? | Enter "1" for | owned or "2 | " for leased | in co | olumn 1. If you | 2 | 1 | | 15.00 |

 CORNELL SCOTT HILL HEALTH CORP.
 Period: From: 07/01/2016
 Run Date Time: MCRIF32: 224-14
 11/30/201

 Provider CCN: 07-1825
 To: 06/30/2017
 Version: 1.22.163.0

11/30/2017 11:27:29 AM



Worksheet S-1 Part II

FEDERALLY QUALIFIED HEALTH CENTER IDENTIFICATION DATA

Component CCN: 07-1895

Clinic IX

| | | LLY QUALIFIED HEALTH CENTER CONSOLIDATED COST REPORT PA | | | | | | ied | Type of control (see instructions) | | V/I ified Decertification | | Date of CHOW | |
|--------------|--|---|---------------------|--------------|------------------|---------------|-----------------------------|-------|------------------------------------|----------|------------------------------|-----------------------------------|--|-------|
| _ | | | 1.00 | | | | | 3.00 | | 4.00 | | 5.00 | 6.00 | |
| 1.00 | Site Name: | BRIDGES | | | | | 07/29/201 | 3 | 2 | | | | | 1.00 |
| _ | Orto V timitim | 949 BRIDGEPORT AVENUE | P.O. Box: | | | | | | | | | | | 2.00 |
| 2.00 3.00 | Street: | MILFORD | State: | CT | Zip Code: | 06460-3142 | County: | NE | W HAVEN | | | nation - Enter "R " for urban: | " for rural U | 3.00 |
| FQH | C Operations | S | | | | | | | | 1.00 | _ | 2.00 | 3.00 | |
| 4.00 | | of organization is this FQHC? If you n column 2. (see instructions) | operate as more | than one s | ub-type of an | organization | enter only tl | ne ap | plicable alpha | 1.00 | 1 | A | 3.00 | 4.00 |
| 5.00 | The state of the s | | | | | | | | | | | | | 5.00 |
| 6.00 | If the response to line 5 is yes, indicate in column 1, the type of HRSA grant that was awarded (see instructions). Enter the date of the grant award in column 2 and enter the grant award number in column 3. If you received more than one grant subscript this line accordingly. | | | | | | | | | | 1 | 04/28/2015 | H80CS00312 | 6.00 |
| Medic | al Malpracti | ice | | | | | | | | | | | the same and the s | |
| 7.00 | Did this FQ HRSA? En | PHC submit an initial deeming or and ter "Y" for yes or "N" for no in colu | mn 1. If column | 1 is yes, en | iter the effecti | ve date of co | erage under verage in co | the l | FTCA with 2. | Y | | 11/18/1994 | | 7.00 |
| 8.00 | Does this F | es this FQHC carry commercial malpractice insurance? Enter "Y" for yes or "N" for no. | | | | | | | | Y | | | | 8.00 |
| 9.00 | Is the main | ractice insurance a claims-made or oc | currence policy? | Enter "1" | for claims-ma | de or "2" for | occurrence | oolic | у. | | 1 | | | 9.00 |
| | | | | | | | | | | Premiums | | Paid Losses | Self Insurance | |
| 10.00 | List amount | ts of malpractice premiums, paid loss | ses or self-insura: | nce in the a | pplicable colu | ımns. | | | | | 1 | 0 | 0 | 10.00 |
| | s and Resid | ents | | | | | | | | | | | | _ |
| 11.00 | Is this FQH | IC involved in training residents in as | n approved GMI | E program | in accordance | with 42 CFR | 405.2468(f) | ? Er | nter "Y" for yes or | N | | | | 11.00 |
| 12.00 | Is this FOH | IC involved in training residents in as | n unapproved G | ME progra | m? Enter "Y" | for yes or "N | " for no. | | | N | | | | 12.00 |
| 13.00 | The state of the s | | | | | | | | N | | 0.00 | 0 | | |
| 14.00 | TARREST AND A STATE OF THE CALL THE CAL | | | | | | | | N | | 0.00 | 0 | 14.00 | |
| Capit | al Related C | osts - Ownership/Lease of Buildin | ng | | | | | | | | - | | | 100 |
| 15.00 | Do you ow | n or lease the building or office space column 1, enter the amount of rent | e occupied by yo | ur FQHC? | Enter "1" for | owned or "2 | " for leased | in co | lumn 1. If you | | 2 | 1 | | 15.00 |

Provider CCN: 07-1825

CORNELL SCOTT HILL HEALTH CORP.

11/30/2017 11:27:29 AM 224-14



FEDERALLY QUALIFIED HEALTH CENTER IDENTIFICATION DATA

Component CCN: 07-1898

Worksheet S-1 Part II

Clinic X

1.22.163.0

| | | LLY QUALIFIED HEALT | Site Name | | | | Date Certif | | Type of control (see instructions) | Date Decert | fied | V/I Decertification | Date of CHOW | |
|-------|--|---|--|--------------------------------|---------------|-----------------------------------|-----------------------------|--------|------------------------------------|-------------|------------|-------------------------------------|----------------|-------|
| | | | 1.00 | | | | 2.00 | | 3.00 | 4.00 | | 5.00 | 6.00 | |
| 1.00 | Site Name: | CMHC | | | | | 08/12/20 | 13 | 2 | | | | | 1.00 |
| 2.00 | Street | 34 PARK STREET | P.O. Box: | | | | | | | | | | | 2.00 |
| 3.00 | City: | NEW HAVEN | State: | СТ | Zip Code: | 06519-1109 | County: | NE | W HAVEN | | | gnation - Enter "R)" for urban: | " for rural U | 3.00 |
| FQH | Operations | 3 | | | | | | | | 1.00 | | 2.00 | 3.00 | |
| 4.00 | | of organization is this FQHC? | If you operate as more | than one su | b-type of an | organization | enter only t | the ap | oplicable alpha | | 1 | Α | | 4.00 |
| 5.00 | characters in column 2. (see instructions) Did this FQHC receive a grant under §330 of the PHS Act during this cost reporting period? Enter "Y" for yes or "N" for no. If yes, complete line 6. | | | | | | | | Y | | | | 5.00 | |
| 6.00 | The state of the s | | | | | | | | | 1 | 04/28/2015 | H80CS00312 | 6.00 | |
| Media | al Malpracti | | | | | | | | | | | | | |
| 7.00 | Did this FQ | HC submit an initial deeming ter "Y" for yes or "N" for no i | or annual redeeming ap in column 1. If column | pplication fo 1 is yes, ent | or medical m | alpractice cove ve date of cov | erage under verage in co | the l | FTCA with 12. | Y | | 11/18/1994 | | 7.00 |
| 8.00 | | QHC carry commercial malpra | | | | | | | | Y | | | | 8.00 |
| 9.00 | | actice insurance a claims-made | | | | | occurrence | polic | y. | | 1 | | | 9.00 |
| | | | | | | | | | | Premium | s | Paid Losses | Self Insurance | |
| 10.00 | List amount | s of malpractice premiums, pa | id losses or self-insurar | nce in the ap | plicable colu | mns. | -17:2 | | | | 1 | 0 | 0 | 10.00 |
| | s and Resid | | | | | | | | | | | | | |
| 11.00 | Is this FQH | IC involved in training residen | ts in an approved GME | E program ir | accordance | with 42 CFR | 405.2468(f) |)? E | nter "Y" for yes or | N | | | | 11.00 |
| 12.00 | Is this FQH | IC involved in training residen | ts in an unapproved GI | МЕ ргодгал | 2 Enter "Y" | for yes or "N | " for no. | | | N | | | | 12.00 |
| 13.00 | The second secon | | | | | | | N | | 0.00 | 0 | 13.00 | | |
| 14.00 | | | | | | | | N | | 0.00 | 0 | 14.00 | | |
| Capit | al Related Co | osts - Ownership/Lease of E | Building | | | | | | | | | | | |
| 15.00 | | or lease the building or office column 1, enter the amount o | | | Enter "1" for | owned or "2" | for leased | in co | olumn 1. If you | | 2 | 1 | | 15.00 |

Health Financial Systems

 CORNELL SCOTT HILL HEALTH CORP.
 Period: From: 07/01/2016
 Run Date Time: MCRIF32: 224-14
 11/30/201

 Provider CCN: 07-1825
 To: 06/30/2017
 Version: 1.22.163.0

11/30/2017 11:27:29 AM 224-14



FEDERALLY QUALIFIED HEALTH CENTER IDENTIFICATION DATA

Component CCN: 07-1896

Worksheet S-1 Part II

Clinic XI

| Part I | - FEDERA | LLY QUALIFIED HEALT | H CENTER COMS | Judair | D COST NA | , OKI IIII | | _ | Type of control | | - | V/I | | |
|--------|--|---|--|------------------------------|----------------|------------------------------|-----------------------------|-------------|---------------------|----------|------------|-----------------------------------|----------------|-------|
| | | | Site Name | | | | Date Certif | ied | (see instructions) | | ed : | Decertification | Date of CHOW | |
| | | | 1.00 | 1.00 | | | | | 3.00 | 4.00 | | 5.00 | 6.00 | |
| .0Ö | Site Name: | BIRMINGHAM GROUP H | EALTH SERVICES | | | | 07/29/20 | 13 | 2 | | | | | 1.00 |
| 2.00 | Street: | 435 E. MAIN STREET | P.O. Box: | | | | | | | | | | | 2.00 |
| 3.00 | City: | ANSONIA | State: | CT | Zip Code: | 06401-1964 | County: | NE | W HAVEN | | | nation - Enter "R ' for urban: | " for rural U | 3.00 |
| FQH | Operations | | | | | | | | | 1.00 | | 2.00 | 3.00 | |
| 4.00 | | of organization is this FQHC? | If you operate as more | than one s | ub-type of an | organization | enter only t | he ap | oplicable alpha | | 1 | ٨ | | 4.00 |
| 5.00 | The state of the s | | | | | | | | | Y | | | | 5,00 |
| 6.00 | STEPS 1 11/ 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | | | | | | | | 1 | 04/28/2015 | H80CS00312 | 6.00 | |
| Medic | al Malpracti | ce | | | | | | | | | - | | | |
| 7.00 | Did this FQ HRSA? En | HC submit an initial deeming ter "Y" for yes or "N" for no i | or annual redeeming a n column 1. If column | pplication f 1 is yes, en | or medical ma | alpractice covive date of co | erage under verage in co | the lumr | FTCA with 12. | Y | | 11/18/1994 | | 7.00 |
| 8.00 | | QHC carry commercial malpra | | | | | | | | Y | | | | 8.00 |
| 9.00 | Is the malpr | actice insurance a claims-made | or occurrence policy? | Enter "1" | for claims-ma | de or "2" for | occurrence | polic | y. | | 1 | | | 9.00 |
| | | | | | | | | | | Premiums | | Paid Losses | Self Insurance | |
| 10.00 | List amount | s of malpractice premiums, pa | id losses or self-insura | nce in the a | pplicable colu | ımns, | | | | | 1 | 0 | - 0 | 10.00 |
| | s and Resid | | | | | | | | | | | | | |
| 11.00 | Is this FQH | C involved in training resident | ts in an approved GMI | 2 program | in accordance | with 42 CFR | 405.2468(f) |)? E | nter "Y" for yes or | N | | | | 11.00 |
| 12.00 | Is this FOH | C involved in training resident | ts in an unapproved G | ME progra | m? Enter "Y" | for yes or "N | l" for no. | | | N | | | | 12.00 |
| 13.00 | The state of the s | | | | | | | | N | | 0.00 | 0 | | |
| 14.00 | TINCAS | | | | | | | | N | | 0.00 | 0 | 14.00 | |
| Capit | al Related C | osts - Ownership/Lease of B | Building | | | | | | | | | | | |
| 15.00 | Do you ow | or lease the building or office column 1, enter the amount o | e space occupied by yo | ur FQHC? | Enter "1" for | owned or "2 | " for leased | in co | olumn 1. If you | | 2 | 1 | | 15.00 |

Health Financial Systems

11/30/2017 11:27:29 AM CORNELL SCOTT HILL HEALTH CORP. Run Date Time: Period: From: 07/01/2016 MCRIF32: To: 06/30/2017 Version: **224-14** 1.22.163.0 Provider CCN: 07-1825

FEDERALLY QUALIFIED HEALTH CENTER REIMBURSEMENT QUESTIONNAIRE

Worksheet S-2

| rovider O | ganization and Operation | | Y/N | Date | V/I | T |
|-------------|--|------------------|----------------|------------|------|--------|
| | | | 1.00 | 2.00 | 3.00 | + |
| | | , . | 1.00 N | 2.00 | 3.00 | 1.00 |
| colu | the FQHC changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the c mn 2. (see instructions) | | | | | |
| volu | the FOHC terminated participation in the Medicare program? If yes, enter in column 2 the date of termination and in columntary or "I" for involuntary. (see instructions) | | N | | | 2.00 |
| 3.00 Is th | e FQHC involved in business transactions, including management contracts, with individuals or entities (e.g., chain home official supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the ctors through ownership, control, or family and other similar relationships? (see instructions) | N | | | 3.00 | |
| Financial I | ata and Reports | | | | | _ |
| | | Y/N | Туре | Date | Y/N | |
| | | 1.00 | 2.00 | 3.00 | 4.00 | |
| "C" | tumn 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (mm/dd/yyyy) Column 4: the cost report total expenses and total revenues different from those on the filed financial statements? | Y | A | 12/31/2017 | N | 4.00 |
| Approved I | Educational Activities | | | | | |
| | | | | Y/N | Y/N | - |
| | | | | 1.00 | 2.00 | - |
| 5.00 Are | costs for Intem-Resident programs claimed on the current cost report? | | N | | 5.00 | |
| 6.00 Was | an Intern-Resident program initiated or renewed in the current cost reporting period? If yes, see instructions. | | | Ν | | 6.00 |
| 7.00 Are | GME costs directly assigned to cost centers other than Allowable Intern and Resident Costs on Worksheet A? If yes, see inst | ructions. | | 2 | | 7.00 |
| Bad Debts | | | | | | |
| | | | | | Y/N | |
| | | | | | 1.00 | |
| 8.00 Is th | e FQHC seeking reimbursement for bad debts? If yes, see instructions. | | | | N | 8.00 |
| 9.00 If lis | ne 8 is yes, did the FQHC's bad debt collection policy change during this cost reporting period? If yes, submit copy. | | | | N | 9.00 |
| | ne 8 is yes, were patient coinsurance amounts waived? If yes, see instructions. | | | | N | 10.00 |
| PS&R Rep | | | | | | |
| I ster rep | OIL Data | | | Y/N | Date | |
| - | | | | 1.00 | 2.00 | |
| | the cost report prepared using the PS&R Report only? If column 1 is yes, enter the paid-through date of the PS&R Report (uctions) | used in column 2 | . (see | N | | 11.00 |
| 12.00 Was | the cost report prepared using the PS&R Report for totals and the FQHC's records for allocation? If column 1 is yes, enter t see instructions) | he paid-through | date in column | N | | 12.0 |
| 13.00 If li | ne 11or 12 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not include the cost report? If yes, see instructions. | ed on the PS&R l | Report used to | N | | 13.0 |
| | ne 11 or 12 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, so | ee instructions. | | N | | 14.0 |
| | ne 11 or 12 is yes, were adjustments made to PS&R Report data for Other? | | | N | | 15.0 |
| Des | cribe the other adjustments: | | | | | 440 |
| | the cost report prepared only using the FQHC's records? If yes, see instructions. | | | Y | | 16.0 |
| | rt Preparer Contact Information | I-u | 1 | | | 1 47 0 |
| 17.00 Firs | t Name: MATTHEW Last name: BAVOLACK | Title: | PRINCIPAL | | | 17.0 |
| 21.00 | | | | | | 18.00 |
| | ployer MARCUM LLP PRO Number 203-781-9600 Email Address: MATTHEW.BAVOLACK@M. | | | | | 19.00 |

I-Jealth Financial Systems

CORNELL SCOTT HILL HEALTH CORP.

Provider CCN: 07-1825

Period: Run Date Time: From: 07/01/2016 MCRIF32: To: 06/30/2017 Version:

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FEDERALLY QUALIFIED HEALTH CENTER DATA

Worksheet S-3 Part I

| | 'I - FEDERALLY QUALIFIED HEALTH CENTER STATISTICAL DATA | CENTER | | | | | Total All | |
|------|--|---------|---------|-------------|-----------|--------|-----------|------|
| | | CCN | Title V | Title XVIII | Title XIX | Other | Patients | |
| | | 0 | 1.00 | 2.00 | 3.00 | 4.00 | 5.00 | |
| 1.00 | Medical Visits (07-1825 - CORNELL SCOTT HILL HEALTH CORP.) | 07-1825 | 608 | 7,815 | 40,574 | 15,572 | 64,569 | |
| 1.01 | Medical Visits (07-1869 - COMMUNITY HEALTH CONNECTIONS) | 07-1869 | 0 | 59 | 114 | 16 | 189 | 1.01 |
| 1.02 | Medical Visits (07-1868 - STATE STREET HEALTH CENTER) | 07-1868 | 2 | 970 | 4,355 | 1,236 | 6,563 | |
| 1.03 | Medical Visits (07-1864 - WEST HAVEN HEALTH CENTER) | 07-1864 | 80 | 1,091 | 4,216 | 1,825 | 7,212 | |
| 1.04 | Medical Visits (07-1867 - GRANT STREET PARTNERSHIP) | 07-1867 | 0 | 6 | 480 | 15 | 501 | |
| 1.05 | Medical Visits (07-1866 - DIXWELL HEALTH CENTER) | 07-1866 | 2 | 1,269 | 3,869 | 898 | 6,038 | _ |
| 1.06 | Medical Visits (07-1865 - SOUTH CENTRAL REHABILITATION) | 07-1865 | | 230 | 3,493 | 578 | 4,306 | |
| 1.07 | Medical Visits (07-1902 - GETAWAY COMMUNITY COLLEGE) | 07-1902 | 0 | 15 | 336 | 61 | 412 | _ |
| 1.08 | Medical Visits (07-1897 - HARBOR HEALTH SERVICES) | 07-1897 | 0 | 128 | 175 | 21 | 324 | 1.08 |
| 1.09 | Medical Visits (07-1895 - BRIDGES) | 07-1895 | 0 | 0 | 0 | 0 | 0 | _ |
| 1.10 | Medical Visits (07-1898 - CMHC) | 07-1898 | 1 | 647 | 649 | 180 | 1,477 | 1.10 |
| 1.11 | Medical Visits (07-1896 - BIRMINGHAM GROUP HEALTH SERVICES) | 07-1896 | 96 | 1,928 | 8,495 | 2,485 | 13,004 | 1.11 |
| 2.00 | Total Medical Visits | | 794 | 14,158 | 66,756 | 22,887 | 104,595 | _ |
| 3.00 | Mental Health Visits (07-1825 - CORNELL SCOTT HILL HEALTH CORP.) | 07-1825 | 0 | 3,102 | 24,523 | 3,003 | 30,628 | 3.00 |
| 3.01 | Mental Health Visits (07-1869 - COMMUNITY HEALTH CONNECTIONS) | 07-1869 | 0 | 0 | 0 | 0 | 0 | _ |
| 3.02 | Mental Health Visits (07-1868 - STATE STREET HEALTH CENTER) | 07-1868 | 11 | 1,090 | 4,107 | 793 | 6,001 | _ |
| 3.03 | Mental Health Visits (07-1864 - WEST HAVEN HEALTH CENTER) | 07-1864 | 0 | 1,336 | 2,901 | 703 | 4,940 | _ |
| 3.04 | Mental Health Visits (07-1867 - GRANT STREET PARTNERSHIP) | 07-1867 | 0 | 147 | 14,307 | 4,267 | 18,721 | |
| 3.05 | Mental Health Visits (07-1866 - DIXWELL HEALTH CENTER) | 07-1866 | 0 | 2,300 | 13,395 | 4,865 | 20,560 | 3.05 |
| 3.06 | Mental Health Visits (07-1865 - SOUTH CENTRAL REHABILITATION) | 07-1865 | 0 | 167 | 2,740 | 474 | 3,381 | _ |
| 3.07 | Mental Health Visits (07-1902 - GETAWAY COMMUNITY COLLEGE) | 07-1902 | 0 | 0 | 2 | 1 | 3 | 3.07 |
| 3.08 | Mental Health Visits (07-1897 - HARBOR HEALTH SERVICES) | 07-1897 | 0 | 0 | 0 | 0 | 0 | 3.08 |
| 3.09 | Mental Health Visits (07-1895 - BRIDGES) | 07-1895 | () | 0 | 0 | U | 0 | 3.09 |
| 3.10 | Mental Health Visits (07-1898 - CMHC) | 07-1898 | Ü | 0 | Ü | 0 | 0 | 3.10 |
| 3.11 | Mental Health Visits (07-1896 - BIRMINGHAM GROUP HEALTH SERVICES) | 07-1896 | 0 | 517 | 2,722 | 582 | 3,821 | 3.11 |
| 4.00 | Total Mental Health Visits | | 11 | 8,659 | 64,697 | 14,688 | 88,055 | 4.00 |
| 5.00 | Number of Visits Performed by Interns and Residents (07-1825 - CORNELL SCOTT HILL HEALTH CORP.) | 07-1825 | 0 | 0 | 0 | 0 | 0 | 5.00 |
| 5.01 | Number of Visits Performed by Interns and Residents (07-1869 - COMMUNITY HEALTH CONNECTIONS) | 07-1869 | 0 | 0 | 0 | 0 | 0 | 5.01 |
| 5.02 | Number of Visits Performed by Interns and Residents (07-1868 - STATE STREET HEALTH CENTER) | 07-1868 | 0 | 0 | 0 | 0 | 0 | 5.02 |
| 5.03 | Number of Visits Performed by Interns and Residents (07-1864 - WEST HAVEN HEALTH CENTER) | 07-1864 | 0 | 0 | 0 | 0 | 0 | 5.03 |
| 5.04 | Number of Visits Performed by Interns and Residents (07-1867 - GRANT STREET PARTNERSHIP) | 07-1867 | 0 | 0 | 0 | 0 | 0 | 5.04 |
| 5.05 | Number of Visits Performed by Interns and Residents (07-1866 - DIXWELL HEALTH CENTER) | 07-1866 | 0 | 0 | 0 | 0 | 0 | 5.05 |
| 5.06 | Number of Visits Performed by Interns and Residents (07-1865 - SOUTH CENTRAL REHABILITATION) | 07-1865 | 0 | 0 | 0 | 0 | 0 | 5.06 |
| 5.07 | Number of Visits Performed by Interns and Residents (07-1902 - GETAWAY COMMUNITY COLLEGE) | 07-1902 | 0 | 0 | 0 | 0 | 0 | 5.07 |
| 5.08 | Number of Visits Performed by Interns and Residents (07-1897 - HARBOR HEALTH SERVICES) | 07-1897 | 0 | 0 | 0 | 0 | 0 | 5.08 |
| 5.09 | Number of Visits Performed by Interns and Residents (07-1895 - BRIDGES) | 07-1895 | 0 | 0 | 0 | 0 | 0 | 5.09 |
| 5.10 | Number of Visits Performed by Interns and Residents (07-1898 - CMHC) | 07-1898 | 0 | 0 | 0 | 0 | 0 | 5.10 |
| 5.11 | Number of Visits Performed by Interns and Residents (07-1896 - BIRMINGHAM GROUP HEALTH SERVICES) | 07-1896 | 0 | 0 | 0 | 0 | 0 | 5.11 |
| 6.00 | Total Number of Visits Performed by Interns and Residents | | 0 | 0 | 0 | 0 | 0 | 6.00 |

CORNELL SCOTT HILL HEALTH CORP.
Provider CCN: 07-1825

Period: Run Date Time: From: 07/01/2016 MCRIF32: To: 06/30/2017 Version: 11/30/2017 11:27:29 AM **224-14**

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FEDERALLY QUALIFIED HEALTH CENTER DATA

Worksheet S-3 Parts II & III

| | II - FEDERALLY QUALIFIED HEALTH CENTER CONTRACT LABOR AND BENEFI | Contract Labor | Benefit Cost | |
|-------|--|----------------|--------------|-------|
| | | 1.00 | 2.00 | |
| 1.00 | Total facility contract labor and benefit cost | 1,686,957 | 0 | 1.00 |
| 2.00 | Physician | 272,083 | 0 | 2.00 |
| 3.00 | Physician Assistant | 0 | 0 | 3.00 |
| 1.00 | Nurse Practitioner | 0 | 0 | 4.00 |
| 5.00 | Visiting Registered Nurse | 0 | 0 | 5.00 |
| 5.00 | Visiting Licensed Practical Nurse | 0 | 0 | 6.00 |
| 7.00 | Certified Nurse Midwife | 0 | 0 | 7.00 |
| .00 | Clinical Psychologist | 0 | υ | 8.00 |
| 0.00 | Clinical Social Worker | 0 | () | 9.00 |
| 0.00 | Laboratory Technician | 0 | 0 | 10.00 |
| 11.00 | Reg Dietician/Cert DSMT/MNT Educator | 0 | D | 11.00 |
| 12.00 | Physical Therapist | 0 | 0 | 12.00 |
| 3.00 | Occupational Therapist | 0 | 0 | 13.00 |
| 14.00 | Other Allied Health Personnel | 1,414,874 | 0 | 14.00 |
| 15.00 | Interns & Residents | 0 | 0 | 15.00 |

| PART III - FEDERALLY QUALIFIED HEALTH CENTER EMPLOYEE DATA | Number of En | of Employees (Full Time Equivalent) | | |
|--|--------------|-------------------------------------|-------|-------|
| Enter the number of hours in your normal work week: 40.00 | Staff | Contract | Total | |
| Later the name of house at) or in the state of the state | 1.00 | 2.00 | 3.00 | |
| 16.00 Physician (Enter the number of hours in your normal work week in column 0.) | 21.12 | 1.27 | 22.39 | 16.00 |
| 17.00 Physician Assistant | 2.06 | 0.00 | 2.06 | 17.00 |
| 18.00 Nurse Practitioner | 37.77 | 0.00 | 37.77 | 18.00 |
| 19.00 Registered Nurse | 0.00 | 0.00 | 0.00 | 19.00 |
| 20.00 Licensed Practical Nurse | 29.89 | 0.00 | 29.89 | 20.00 |
| 21.00 Certified Nurse Midwife | 2.00 | 0.00 | 2.00 | 21.00 |
| 22.00 Clinical Psychologist | 2.00 | 0.00 | 2.00 | 22.00 |
| 23.00 Clinical Social Worker | 92.88 | 0.00 | 92.88 | 23.00 |
| 24.00 Laboratory Technician | 0.00 | 0.00 | 0.00 | 24.00 |
| 25.00 Reg Dietician/Cert DSMT/MNT Educator | 7.52 | 0.00 | 7.52 | 25.00 |
| 26.00 Physical Therapist | 0.00 | 0.00 | 0.00 | 26.00 |
| 27.00 Occupational Therapist | 1.00 | 0.00 | 1.00 | 27.00 |
| 28.00 Other Allied Health Personnel | 96.77 | 1.37 | 98.14 | 28.00 |
| 29.00 Interns & Residents | 0.00 | 0.00 | 0.00 | 29.00 |

Provider CCN: 07-1825

CORNELL SCOTT HILL HEALTH CORP.

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RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

Worksheet A

| | | Cost Center Description (omit cents) | SALARIES | OTHER | TOTAL (col. 1 + col. 2) | RECLASSIFI- CATIONS | RECLASSIFIED TRIAL BALANCE (col. 3 ± col. 4) | ADJUSTMENTS | NET EXPENSES FOR ALLOCATION (col. 5 ± col. 6) | |
|--------|----------|--|--------------------|------------|----------------------------|------------------------|---|-------------|---|---------|
| | _ | | 1.00 | 2.00 | 3.00 | 4.00 | 5.00 | 6.00 | 7.00 | |
| O77) T | TO A Y C | ERVICE COST CENTERS | | | | | | | | |
| | | CAP REL COSTS-BLDG & FIX | | 1,284,347 | 1,284,347 | 0 | 1,284,347 | 0 | 1,284,347 | 1.00 |
| 1.00 | 0100 | CAP REL COSTS-BLDG & FLA CAP REL COSTS-MVBLE EQUIP | | 734,008 | 734,008 | | 734,008 | 0 | 734,008 | 2.00 |
| 3.00 | 0200 | EMPLOYEE BENEFITS | 199,842 | 5,961,757 | 6,161,599 | -4,994,477 | 1,167,122 | 0 | 1,167,122 | 3.00 |
| 4.00 | 0400 | ADMINISTRATIVE & GENERAL SERVICES | 6,562,072 | 3,205,592 | 9,767,664 | 0 | 9,767,664 | -859,151 | 8,908,513 | 4.00 |
| 5.00 | 0500 | PLANT OPERATION & MAINTENANCE | 165,947 | 2,852,385 | 3,018,332 | . 0 | 3,018,332 | 0 | | 5.00 |
| 6.00 | 0600 | IANITORIAL | 0 | 491,188 | 491,188 | . 0 | 491,188 | 0 | | 6.00 |
| 7.00 | 0700 | MEDICAL RECORDS | 61,013 | 0 | 61,013 | | | 0 | | 7.00 |
| 8.00 | 0100 | SUBTOTAL - ADMINISTRATIVE OVERHEAD | 6,988,874 | 14,529,277 | 21,518,151 | 4,994,477 | 16,523,674 | -859,151 | 15,664,523 | 8.00 |
| 9.00 | 0900 | PHARMACY | 246,152 | 34,771 | 280,923 | | | 0 | | 9.00 |
| 10.00 | 1000 | MEDICAL SUPPLIES | 0 | 434,355 | 434,355 | -230,455 | | 0 | | _ |
| 11.00 | 1100 | TRANSPORTATION | 0 | 27,759 | 27,759 | | | 0 | | - |
| 12.00 | 1200 | TRAVEL/DUES/CONSULTING | 0 | 540,666 | 540,666 | | | 0 | , | - |
| 12.01 | 1201 | DIETARY | 193,298 | 480,970 | 674,268 | | | -123,749 | | - |
| 12.02 | 1202 | INSURANCE | 0 | 249,862 | 249,862 | | | 0 | | _ |
| 12.03 | 1203 | MEDICAL WASTE AND REFUGE REMOVAL | 0 | 90,301 | 90,301 | - | | 0 | | _ |
| 12.04 | 1204 | INTEREST AND TAXES | 0 | 437,898 | 437,898 | | | 0 | | _ |
| 12.05 | 1205 | ACCOUNTING & LEGAL | 0 | 469,631 | 469,631 | | | 0 | | _ |
| 12.06 | 1206 | OTHER ADMIN SUPPLIES | 0 | 35,766 | | | | | | _ |
| 12.07 | 1207 | OUTREACH | 56,717 | 39,986 | - | | | 0 | | - |
| 12.08 | 1208 | CONTRACTED SERVICES | 0 | 176,947 | - | | | | | _ |
| 13.00 | | SUBTOTAL - TOTAL OVERHEAD | 7,485,041 | 17,548,189 | 25,033,236 | -5,224,932 | 19,808,298 | -982,900 | 10,043,070 | 13.00 |
| DIRE | CT CA | RE COST CENTERS | | | | 0.40.046 | 4,817,251 | | 4,817,251 | 23.00 |
| 23.00 | 2300 | PHYSICIAN | 3,974,233 | | 3,974,233 | | | | + | - |
| 24.00 | 2400 | PHYSICIAN SERVICES UNDER AGREEMENT | | | - | | | | | _ |
| 25.00 | 2500 | PHYSICIAN ASSISTANT | 238,381 | (| | | | | | |
| 26.00 | 2600 | NURSE PRACTITIONER | 2,948,183 | (| |) (2 | | | - | _ |
| 27.00 | 2700 | VISITING REGISTERED NURSE | 0 | (| | * | | | | _ |
| 28.00 | 2800 | VISITING LICENSED PRACTICAL NURSE | 1,286,878 | | | | | | + | _ |
| 29.00 | 2900 | CERTIFIED NURSE MIDWIFE | 215,476 444,925 | | 444,92 | | | | 539,303 | 30.00 |
| 30.00 | 3000 | CLINICAL PSYCHOLOGIST | | | 5,479,71 | | | | 6,642,076 | 31.00 |
| 31.00 | 3100 | CLINICAL SOCIAL WORKER | 5,479,715 | | | | 0,5 111,5 7 0 | | | 32.00 |
| 32.00 | 3200 | LABORATORY TECHNICIAN | 382,201 | | 382,20 | - | | | 463,274 | 33.00 |
| 33.00 | 3300 | REG DIETICIAN/CERT DSMT/MNT EDUCATOR | 0 | | | |) (| | 0 0 | 34.00 |
| 34.00 | 3400 | PHYSICAL THERAPIST | 72,419 | | 72,41 | | 2 87,781 | | 87,781 | 35.00 |
| 35.00 | 3500 | OCCUPATIONAL THERAPIST OTHER ALLIED HEALTH PERSONNEL | 4,540,595 | 1,686,95 | | | | | 6,918,626 | 36.00 |
| 36.00 | 3600 | SUBTOTAL - DIRECT PATIENT CARE SERVICES | 19,583,006 | 1,686,95 | | | | L | 25,423,931 | 37.00 |
| 37.00 | (DITE) | ABLE PASS THROUGH COSTS | 27,000,000 | -,,,,,,, | | | | | | |
| | 4700 | | 0 | | 0 | 0 | 0 0 | | 0 0 | 47.00 |
| 47.00 | 4800 | | 0 | 394,73 | 1 394,73 | 1 130,16 | 6 524,897 | 7 -394,73 | | |
| - | | INFLUENZA VACCINES & MED SUPPLIES | () | | | 0 100,28 | 9 100,289 | 9 | | 9 49.00 |
| 49.00 | 4900 | SUBTOTAL - REIMBURSABLE PASS THROUGH COSTS | 0 | 394,73 | 1 394,73 | 230,45 | 5 625,186 | -394,73 | 1 230,455 | 50.00 |
| | ER EO | PHC SERVICES | | | | | | | | |
| 60.00 | | MEDICARE EXCLUDED SERVICES | 0 | | 0 | 0 | 0 (| 0 | | 60.00 |
| 61.00 | 6100 | DIAGNOSTIC & SCREENING LAB TESTS | 0 | | 0 | 0 | 0 | | | 0 61.00 |
| 62.00 | | RADIOLOGY - DIAGNOSTIC | 0 | 113,48 | 0 113,48 | 10 | 0 113,48 | | | 0 62.00 |
| 63.00 | | PROSTHETIC DEVICES | 0 | | 0 | | | | | 0 63.00 |
| 64.00 | | DURABLE MEDICAL EQUIPMENT | 0 | | | | | | | 0 64.00 |
| 65.00 | | AMBULANCE SERVICES | 0 | | 0 | | | | | 0 65.00 |
| 66.00 | - | TELEHEALTH | 0 | | | | | | | 0 66.00 |
| 67.00 | - | | 0 | | 0 | | | | | 0 67.00 |
| 68.00 | | CHRONIC CARE MANAGEMENT | 0 | | 0 | | _ | | | 0 68.00 |
| 69.00 | _ | DENTAL | 1,446,663 | 170,69 | | | | | 0 1,924,22 | _ |
| | | WIC | 218,932 | 908,41 | 2 1,127,34 | 14 46,44 | 1,173,78 | 4 -908,41 | 265,37 | 2 69.01 |

CORNELL SCOTT HILL HEALTH CORP.

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Provider CCN: 07-1825

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

Worksheet A

| | | Cost Center Description (omit cents) | SALARIES | OTHER | TOTAL (col. 1 + col. 2) | RECLASSIFI- CATIONS | RECLASSIFIED TRIAL BALANCE (col. 3 ± col. 4) | ADJUSTMENTS | NET EXPENSES FOR ALLOCATION (col. 5 ± col. 6) | |
|--------|-------|--|------------|------------|----------------------------|------------------------|--|-------------|---|--------|
| | | | 1.00 | 2.00 | 3.00 | 4.00 | 5.00 | 6.00 | 7.00 | |
| 70.00 | | SUBTOTAL - OTHER FQHC SERVICES | 1,665,595 | 1,192,584 | 2,858,179 | 353,308 | 3,211,487 | -908,412 | 2,303,075 | 70.00 |
| NONE | REIME | BURSABLE COST CENTERS | | | | | | | | |
| 77.00 | 7700 | RETAIL PHARMACY | 0 | 2,293,308 | 2,293,308 | 0 | 2,293,308 | 0 | 2,293,308 | 77.00 |
| 78.00 | 7800 | NONALLOWABLE GME COSTS | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 78.00 |
| 79.00 | 7900 | BAD DEBT | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 79.00 |
| 79.01 | 7901 | DETOX CLINIC | 2,062,477 | 1,367,141 | 3,429,618 | 437,495 | 3,867,113 | 0 | 3,867,113 | 79.01 |
| 79.02 | 7902 | MARKETING | 234,332 | 87,040 | 321,372 | 49,707 | 371,079 | 0 | 371,079 | 79.02 |
| 80.00 | | SUBTOTAL - NON-REIMBURSABLE COSTS | 2,296,809 | 3,747,489 | 6,044,298 | 487,202 | 6,531,500 | 0 | 6,531,500 | 80.00 |
| 100.00 | | TOTAL (SUM OF LINES 13, 37, 50, 70 AND 80) | 31,030,451 | 24,569,951 | 55,600,402 | 0 | 55,600,402 | -2,286,043 | 53,314,359 | 100.00 |

CORNELL SCOTT HILL HEALTH CORP.

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Provider CCN: 07-1825

RECLASSIFICATIONS

Worksheet A-1

| | Increases | | | Decreases | | | |
|--------|--------------------------------------|-------------|------------|-------------------------------|-------------|------------|--------|
| | Cost Center | Line No. | Amount (2) | Cost Center | Line No. | Amount (2) | |
| | 2.00 | 3.00 | 4.00 | 5.00 | 6.00 | 7.00 | |
| A - RI | ECLASS FRINGE BENEFITS | | | | | | |
| 1.00 | PHYSICIAN | 23.00 | 843,018 | EMPLOYEE BENEFITS | 3.00 | 4,994,477 | 1.00 |
| 2.00 | PHYSICIAN ASSISTANT | 25.00 | 50,566 | | 0.00 | 0 | 2.00 |
| 3.00 | NURSE PRACTITIONER | 26.00 | 625,372 | | 0.00 | n | 3.00 |
| 4.00 | VISITING LICENSED PRACTICAL NURSE | 28.00 | 272,974 | | 0.00 | 0 | 4.00 |
| 5.00 | CERTIFIED NURSE MIDWIFE | 29.00 | 45,707 | | 0.00 | 0 | 5.00 |
| 6.00 | CLINICAL PSYCHOLOGIST | 30.00 | 94,378 | | 0.00 | 0 | 6.00 |
| 7.00 | CLINICAL SOCIAL WORKER | 31.00 | 1,162,361 | | 0,00 | 0 | 7.00 |
| 8.00 | REG DIETICIAN/CERT DSMT/MNT EDUCATOR | 33.00 | 81,073 | | 0.00 | 0 | 8.00 |
| 9.00 | OCCUPATIONAL THERAPIST | 35.00 | 15,362 | | 0.00 | 0 | 9.00 |
| 10.00 | OTHER ALLIED HEALTH PERSONNEL | 36.00 | 963,156 | | 0.00 | 0 | 10.00 |
| 11.00 | DENTAL | 69.00 | 306,868 | | 0.00 | 0 | 11.00 |
| 12.00 | WIC | 69.01 | 46,440 | | 0.00 | 0 | 12.00 |
| 13.00 | DEFOX CLINIC | 79.01 | 437,495 | | 0.00 | 0 | 13.00 |
| 14.00 | MARKETING | 79.02 | 49,707 | | 0.00 | 0 | 14.00 |
| B - RI | ECLASS PHYSICIN UNDER AGREEMENT | | | | | | |
| 1.00 | PHYSICIAN SERVICES UNDER AGREEMENT | 24.00 | 272,083 | OTHER ALLIED HEALTH PERSONNEL | 36.00 | 272,083 | 1.00 |
| C-TO | D RECLASS VACCINE COSTS | | | | | | |
| 1.00 | PNEUMOCOCCAL VACCINES & MED SUPPLIES | 48.00 | 130,166 | MEDICAL SUPPLIES | 10.00 | 230,455 | 1.00 |
| 2.00 | INFLUENZA VACCINES & MED SUPPLIES | 49.00 | 100,289 | | 0.00 | - 0 | 2.00 |
| 100.00 | GRAND TOTALS | | 5,497,015 | | | 5,497,015 | 100.00 |

⁽¹⁾ A letter (A, B, etc.) must be entered on each line to identify each reclassification entry. Transfer the amounts in columns 4 and 7 to Worksheet A, column 4, lines as appropriate.

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ADJUSTMENTS TO EXPENSES

Worksheet A-2

| | | | i | EXPENSE CLASSIFICATION ON WORKSHEI TO/FROM WHICH THE AMOUNT IS TO BE AD | | |
|-------|--|----------------|------------|--|-------|-------|
| | Descriptions (1) | (2) BASIS/CODE | AMOUNT | COST CENTER | LINE# | |
| _ | Description (1) | 1.00 | 2.00 | 3.00 | 4.00 | |
| 1.00 | Investment income - buildings and fixtures (chapter 2) | | 0 | CAP REL COSTS-BLDG & FIX | 1.00 | - |
| 2.00 | Investment income - movable equipment (chapter 2) | | 0 | CAP REL COSTS-MVBLE EQUIP | 2.00 | |
| 3.00 | Investment income - other (chapter 2) | | 0 | | 0.00 | 3.00 |
| 4.00 | Trade, quantity, and time discounts (chapter 8) | | 0 | | 0.00 | 4.00 |
| 5.00 | Refunds and rebates of expenses (chapter 8) | | 0 | | 0.00 | |
| 6.00 | Rental of building or office space to others (chapter 8) | | 0 | | 0.00 | 6.00 |
| 7.00 | Related organization transactions (chapter 10) | Wkst. A-2-1 | 0 | | | 7.00 |
| 8.00 | Sale of drugs to other than patients | | 0 | | 0.00 | 8.00 |
| 9.00 | Vending machines | | 0 | | 0.00 | 9.00 |
| 10.00 | Practitioner assigned by Public Health Service | | 0 | | 0.00 | 10.00 |
| 11.00 | Depreciation - buildings and fixtures | | | CAP REL COSTS-BLDG & FIX | 1.00 | 11.00 |
| 12.00 | Depreciation - movable equipment | | | CAP REL COSTS-MVBLE EQUIP | 2.00 | 12.00 |
| 13.00 | RCE adjustment to teaching physicians'cost | | | ALLOWABLE GME COSTS | 47.00 | 13.00 |
| 14.00 | LOBBYING EXPENSE | A | | ADMINISTRATIVE & GENERAL SERVICES | 4.00 | 14.00 |
| 14.01 | DONATED VACCINES | В | 394,731 | PNEUMOCOCCAL VACCINES & MED SUPPLIES | 48.00 | 14.01 |
| 14.02 | WAC BENEFITS | В | 908,412 | | 69.01 | 14.02 |
| 14.03 | INTEREST INCOME | В | 3,877 | ADMINISTRATIVE & GENERAL SERVICES | 4,(X) | 14.03 |
| 14.04 | UNREALIZED GAIN | В | -24,352 | ADMINISTRATIVE & GENERAL SERVICES | 4.00 | 14.04 |
| 14.05 | OTHER INCOME | В | -80,616 | ADMINISTRATIVE & GENERAL SERVICES | 4.00 | 14.05 |
| 14.06 | CATERING INCOME | В | | DIETARY | 12.01 | 14.06 |
| 14.07 | BAD DEBT | A | -683,446 | ADMINISTRATIVE & GENERAL SERVICES | 4.00 | 14.07 |
| 50.00 | TOTAL (sum of lines 1 thru 49) | | -2,286,043 | | | 50.00 |

⁽¹⁾ Description - all line references in this column pertain to CMS Pub. 15-1.
(2) Basis for adjustment (see instructions).
A. Costs - if cost, including applicable overhead, can be determined.
B. Amount Received - if cost cannot be determined.

⁽³⁾ Additional adjustments may be made on lines 14 thru 49 and subscripts thereof.

14.00 ALLOWABLE GME COSTS

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Provider CCN: 07-1825 To CALCULATION OF FEDERALLY QUALIFIED HEALTH CENTER COSTS

Worksheet B Parts I & II

| | | | | SIT | | | | | Total Visits | |
|-------|--|--|----------------|---|---|--|--------------------------------|--|-----------------------------------|-------|
| | Position | From Wkst. A, | | Total Medical & Mental Health Visits by Practitioner | Other Direct Care Costs (see instructions) | General Service Cost (see instructions) | Total Costs by Practitioner | Average Cost Per Visit by Practitioner | Medical Visits by Practitioner | |
| _ | | 0 | 1.00 | 2.00 | 3.00 | 4.00 | 5.00 | 6.00 | 7.00 | |
| 1.00 | PHYSICIAN | 23.00 | 4,817,251 | 56,882 | 2,151,663 | 3,716,863 | 10,685,777 | 187.86 | 48,199 | 1.00 |
| 2.00 | PHYSICIAN SERVICES UNDER AGREEMENT | 24.00 | 272,083 | 4,095 | 154,901 | 227,731 | 654,715 | 159.88 | 4,095 | 2.00 |
| 3.00 | PHYSICIAN ASSISTANT | 25.00 | 288,947 | 3,379 | 127,817 | 222,281 | 639,045 | 189.12 | 3,379 | 3.00 |
| 4.00 | NURSE PRACTITIONER | 26.00 | | 50,234 | 1,900,191 | 2,919,417 | 8,393,163 | 167.08 | 41,260 | 4.00 |
| 5.00 | VISITING REGISTERED NURSE | 27.00 | | | 0 | 0 | 0 | 0.00 | 0 | 5.00 |
| 6.00 | VISITING REGISTERED NORSE VISITING LICENSED PRACTICAL NURSE | 28.00 | | 657 | 24,852 | 845,200 | 2,429,904 | 3,698.48 | 20 | 6.00 |
| 7.00 | CERTIFIED NURSE MIDWIFE | 29.00 | | | 189,323 | 240,277 | 690,783 | 138.02 | 5,005 | 7.00 |
| | CLINICAL PSYCHOLOGIST | 30.00 | | | 41,761 | 309,910 | 890,974 | 807.04 | 0 | 8.00 |
| 8.00 | CLINICAL PST CHOLOGIST CLINICAL SOCIAL WORKER | 31.00 | | | 2,539,803 | 4,897,146 | | 209.69 | 20 | 9.00 |
| 9.00 | REG DIETICIAN/CERT DSMT/MNT EDUCATOR | 33.00 | | | 157,019 | 330,833 | | 229.13 | 2,617 | 10.00 |
| 10.00 | | 33.00 | 18,417,524 | | 7,287,330 | 13,709,658 | | | 104,595 | 11.00 |
| 11.00 | TOTALS UNIT COST MULTIPLIER | | 10,417,524 | 172,050 | 37.826784 | 0.533349 | | | | 12.00 |
| 12.00 | | | | | 37.030707 | 0.00001 | | 204.59 | | 13.00 |
| 13.00 | TOTAL COST PER VISIT | Total Visits | Tid. VI | III Visits | Title XV | III Corte | | 201127 | | |
| | | | | Mental Health | | Mental Health | | | | |
| | Position | Mental Health Visits by Practitioner | Medical Visits | Visits by | Medical Cost by Practitioner | Cost by | | | | |
| _ | | 8.00 | 9.00 | 10.00 | 11.00 | 12.00 | | | | |
| 1.00 | PHYSICIAN | 8,683 | 6,735 | 1,323 | 1,265,237 | 248,539 | | | | 1.00 |
| 2.00 | PHYSICIAN SERVICES UNDER AGREEMENT | 0 | | | 77,542 | 0 | | | | 2.0 |
| 3.00 | PHYSICIAN ASSISTANT | 0 | 310 | 0 | 58,627 | 0 | | | | 3.0 |
| 4.00 | NURSE PRACTITIONER | 8,974 | 5,875 | 1,414 | 981,595 | 236,251 | | | | 4.00 |
| 5.00 | VISITING REGISTERED NURSE | 0 | 0 | 0 | Ü | O | | | | 5.00 |
| 6.00 | VISITING LICENSED PRACTICAL NURSE | 637 | 0 | 1 | 0 | 3,698 | | | | 6.00 |
| 7.00 | CERTIFIED NURSE MIDWIFE | 0 | | . 0 | 25,396 | 0 | | | | 7.00 |
| 8.00 | CLINICAL PSYCHOLOGIST | 1,104 | 0 | 314 | 0 | 253,411 | | | | 8.00 |
| 9.00 | CLINICAL SOCIAL WORKER | 67,123 | | 5,597 | 210 | 1,173,635 | | | | 9.00 |
| 10.00 | REG DIETICIAN/CERT DSMT/MNT EDUCATOR | 1,534 | | | 130,146 | 2,291 | | | | 10.0 |
| 11.00 | TOTALS | 88,055 | | | | 1,917,825 | | | | 11.0 |
| 12.00 | UNIT COST MULTIPLIER | COJECE | , | | | | | | | 12.0 |
| | TOTAL COST PER VISIT | | | | 179.32 | 221,48 | | | | 13.0 |
| 13.00 | II - CALCULATION OF ALLOWABLE DIRECT GRAD | MIATE MEDICAL | EDITCATIO | N COSTS | 1,722 | | 1 | | | |
| PART | II - CALCULATION OF ALLOWABLE DIRECT GRAL | OATE MEDICAL | . EDUCATIO. | 14 00313 | 1 | | | | Allowable | |
| | | | | | Total Cost | | | Ratio of Title | Title XVIII | |
| | | | | | (from Wkst. A col. 7, line 47) | Total I & R Visits | Title XVIII I & R Visits | XVIII Visits to Total Visits | Direct GME Costs | |

0 14.00

0.000000

0

CORNELL SCOTT HILL HEALTH CORP.
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COMPUTATION OF PNEUMOCOCCAL AND INFLUENZA VACCINE COST

Worksheet B-1

| | | PNEUMOCOCCAL | SEASONAL INFLUENZA | |
|-------|---|--------------|-----------------------|-------|
| | | 1.00 | 2.00 | |
| 1.00 | Health care staff cost (from Worksheet A, column 7, sum of lines 23, and 25 through 36) | 25,151,848 | 25,151,848 | 1.00 |
| 2.00 | Ratio of pneumococcal and influenza vaccine staff time to total health care staff time | 0.000325 | 0.001593 | 2.00 |
| 3.00 | Pneumococcal and influenza vaccine health care staff cost (line 1 x line 2) | 8,174 | 40,067 | 3.00 |
| 4.00 | Vaccines and related medical supplies cost (from Worksheet A, column 7, lines 48 and 49, respectively) | 130,166 | 100,289 | 4.00 |
| 5.00 | Direct cost of pneumococcal and influenza vaccine (line 3 + line 4) | 138,340 | 140,356 | 5.00 |
| 6.00 | Total cost of the FQHC (from Worksheet A, column 7, line 100, minus Worksheet A, column 7, line 8) | 37,649,836 | 37,649,836 | 6.00 |
| | Total administrative overhead (from Worksheet A, column 7, line 8) | 15,664,523 | 15,664,523 | 7.00 |
| 7.00 | Ratio of pneumococcal and influenza vaccine direct cost to total direct cost (line 5 / line 6) | 0.003674 | 0.003728 | 8.00 |
| 9.00 | Overhead cost - pneumococcal and influenza vaccine (line 7 x line 8) | 57,551 | 58,397 | 9.00 |
| 10.00 | Total cost of pneumococcal and influenza vaccine and their administration (sum of lines 5 and 9) | 195,891 | 198,753 | 10.00 |
| 11.00 | Total number of pneumococcal and influenza vaccine injections (from your records) | 1,187 | 5,824 | 11.00 |
| | Cost per pneumococcal and influenza vaccine injection (line 10 / line 11) | 165.03 | 34.13 | 12.00 |
| 12.00 | Number of pneumococcal and influenza vaccine injections administered to Medicare beneficiaries | 64 | 302 | 13.00 |
| 13.00 | Cost of pneumococcal and influenza vaccines and their administration costs furnished to Medicare beneficiaries (line 12 x line 13) | 10,562 | 10,307 | 14.00 |
| 14.00 | Total cost of pneumococcal and influenza vaccines and their administration costs (sum of columns 1 and 2, line 10) | 394,644 | | 15.00 |
| 16.00 | Total Medicare cost of pneumococcal and influenza vaccines and their administration costs (sum of columns 1 and 2, line 14) (transfer this amount to Worksheet E, line 3) | 20,869 | | 16.00 |

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CORNELL SCOTT HILL HEALTH CORP.

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CALCULATION OF REIMBURSEMENT SETTLEMENT

Worksheet E

| | | 1.00 | |
|-------|--|-----------|-------|
| | | 4,637,402 | 1.00 |
| 1.00 | FQHC PPS Amount | 0 | 2.00 |
| 2.00 | Direct graduate medical education payments (from Worksheet B, Part II, line 14, column 5) | 20,869 | 3.00 |
| 3.00 | Medicare cost of pneumococcal and influenza vaccine and their administration (From Worksheet B-1, line 16) | 20,000 | 4.00 |
| 4.00 | Medicare advantage supplemental payments (for information only) | 4,658,271 | 5.00 |
| 5.00 | Total (sum of amounts on lines 1 through 3) | 4,050,271 | 6.00 |
| 6.00 | Primary payer payments | 4,658,271 | 7.00 |
| 7.00 | Total amount payable for program beneficiaries (line 5 minus line 6) | 4,030,2/1 | 8.00 |
| 8.00 | Coinsurance billed to program beneficiaries | 4 (50 071 | 9.00 |
| 9.00 | Net Medicare reimbursement excluding bad debts (line 7 minus line 8) | 4,658,271 | 10.00 |
| 10.00 | Allowable bad debts (see instructions) | 0 | 11.00 |
| 11.00 | Adjusted reimbursable bad debts (see instructions) | 0 | 12.00 |
| 12.00 | Allowable bad debts for dual eligible beneficiaries (see instructions) | 4.570.001 | _ |
| 13.00 | Subtotal (line 9 plus line 11) | 4,658,271 | _ |
| 14.00 | OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS) | () | 14.00 |
| 15.00 | Amount due FQHC prior to the sequestration adjustment (see instructions) | 4,658,271 | 15.00 |
| 16.00 | Sequestration adjustment (see instructions) | 93,165 | _ |
| 17.00 | Amount due FQHC after sequestration adjustment (see instructions) | 4,565,106 | _ |
| 18.00 | Interim payments | 4,544,654 | - |
| 19.00 | Tentative settlement (for contractor use only) | 0 473 | 19.00 |
| 20.00 | Balance due FOHC/program (line 17 minus lines 18 and 19) | 20,452 | _ |
| 21.00 | Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2 | | 21.00 |

| Health Financial Systems | | | | | | | |
|----------------------------------|------------------|----------------|---------------------------|--|--|--|--|
| | | D D III | 44 /00 /0047 11 07 00 434 | | | | |
| CORNELL SCOTT HILL HEALTH CORP. | Period: | Run Date Time: | 11/30/2017 11:27:29 AM | | | | |
| CORNELL SCOTT FIELTIERETTI COIG. | | NACDIESO. | 224-14 | | | | |
| | From: 07/01/2016 | MCKIF32: | 224-14 | | | | |
| | To: 06/30/2017 | Version: | 1.22.163.0 | | | | |
| Provider CCN: 07-1825 | 10. 00/30/2017 | V CISIOII. | 112211 0010 | | | | |
| | | | | | | | |



ANALYSIS OF PAYMENTS TO THE FEDERALLY QUALIFIED HEALTH CENTER FOR SERVICES RENDERED

Worksheet E-1

| | | mm/dd/yyyy | Amount | |
|-------|--|------------|-------------------|------|
| | | 1.00 | 2.00 | |
| | - · · · · · · · · · · · · · · · · · · · | | 4,5+4,65+ | 1.00 |
| 1.00 | Total interim payments paid to FQHC Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, | | () | 2.00 |
| 2.00 | write "NONE" or enter a zero | | | 3.00 |
| 3.00 | List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1) | | | 3.00 |
| Progr | am to Provider | | - 1 | |
| 3.01 | | | 0 | 3.01 |
| 3.02 | | | 0 | 3.02 |
| 3.03 | | | 0 | 3.03 |
| 3.04 | | | 0 | 3.04 |
| 3.05 | | | 0 | 3.05 |
| | der to Program | | | |
| 3.50 | | | 0 | 3.50 |
| 3.51 | | | 0 | 3.51 |
| 3.52 | | | 0 | 3.52 |
| 3.53 | | | 0 | 3.53 |
| | | | 0 | 3.54 |
| 3.54 | Subtotal (sum of lines 3.01 - 3.49 minus sum of lines 3.50 - 3.98)) | | 0 | 3.99 |
| 3.99 | Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E, line 18) | | 4,544,654 | 4.00 |
| 4.00 | Total intentin payments (sum of miles 1, 2, and 3.55) (transfer to white 2, and 3.55) | | | |
| | List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1) | - | | 5.00 |
| 5.00 | | | | |
| | ram to Provider | | 0 | 5.01 |
| 5.01 | | | 0 | 5.02 |
| 5.02 | | | 0 | 5.03 |
| 5.03 | | | | |
| | der to Program | | 0 | 5.50 |
| 5.50 | | | 0 | 5.51 |
| 5.51 | | | 0 | 5.52 |
| 5.52 | | | 0 | 5.99 |
| 5.99 | Subtotal (sum of lines 5.01 - 5.49 minus sum of lines 5.50 - 5.98) | - | | 6.00 |
| 6.00 | Determined net settlement amount (balance due) based on the cost report (1) | | 20,452 | 6.01 |
| 6.01 | SETTLEMENT TO PROVIDER | - | 0 | _ |
| 6.02 | SETTLEMENT TO PROGRAM | - | 4,565,106 | - |
| 7.00 | Total Medicare program liability (see instructions) | Vind | Date | 7.00 |
| | Name of Contractor Contractor Number | | Date Day/Year) | |
| - | 1.00 2.00 | 3. | .00 | |
| 8.00 | A STATE OF THE STA | | 1.5 | 8.00 |
| | ractor Approving Official signature: Date: | | | |

Date: |

(1) On lines 3, 5, and 6, where an amount is due FQHC to program, show the amount and date on which the FQHC agrees to the amount of repayment, even though total repayment is not accomplished until a later date.

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STATEMENT OF REVENUE AND EXPENSES

Worksheet F-1

| | | Title XVIII Medicare | Title XIX Medicaid | Other | Total | |
|-------|---|----------------------|-----------------------|------------|------------|-------|
| | | 1.00 | 2.00 | 3.00 | 4.00 | |
| | | 9,982,313 | 45,705,550 | 22,579,887 | 78,267,750 | 1.00 |
| 1.00 | Gross patient revenues | | | 1.00 | 2.00 | |
| | 1 P 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | | | 21,756,774 | 2.00 |
| 2.00 | Less: Allowances and discounts on patients' accounts | | | | 56,510,976 | 3.00 |
| 3.00 | Net patient revenues (Line 1 minus line 2) | | | | 55,600,402 | 4.00 |
| 4.00 | Operating expenses (From Worksheet A, column 3, line 100) | | | 0 | | 5.00 |
| 5.00 | Additions to operating expenses (Specify) | | | 0 | | 6.00 |
| 6.00 | | | | 0 | | 7.00 |
| 7.00 | | | | 0 | | 8.00 |
| 8.00 | | | | 0 | | 9.00 |
| 9.00 | | | | | 0 | 10.00 |
| 10.00 | Total additions (sum of lines 5 through 9) | | | 0 | | 11.00 |
| 11.00 | Subtractions from operating expenses (specify) | | | 0 | | 12.00 |
| 12.00 | | | | 0 | | 13.00 |
| 13.00 | | | | 0 | | 14.0 |
| 14.00 | | | | 0 | | 15.00 |
| 15.00 | | | | U | 0 | |
| 16.00 | Total subtractions (sum of lines 11 through 15) | | | | | |
| 17.00 | Total operating expenses (sum of line 4, plus line 10, minus line 16) | | | | 55,600,402 | |
| 18.00 | Net income from service to patients (Line 3 minus line 17) | | | | 910,574 | 18.00 |
| Other | income: | | | | | 40.0 |
| 19.00 | Contributions, donations, bequests, etc. | | | 0 | | 19.00 |
| 20.00 | Income from investments | | | 0 | | 20.00 |
| 21.00 | Purchase discounts | | | 0 | | 21.0 |
| 22.00 | Rebates and refunds of expenses | | | 0 | | 22.0 |
| 23.00 | Sale of Medical and Nursing Supplies to other than patients | | | 0 | | 23.0 |
| 24.00 | Sale of durable medical equipment to other than patients | | | 0 | | 24.00 |
| 25.00 | Sale of drugs to other than patients | | | 0 | | 25.0 |
| 26.00 | Sale of medical records and abstracts | | | 0 | | 26.0 |
| 27.00 | Government Appropriations | | | 0 | | 27.0 |
| 28.00 | Other revenues (Specify) | | | 0 | | 28.0 |
| 29.00 | VI " | | | 0 | | 29.0 |
| 30.00 | | | | 0 | | 30.0 |
| 31.00 | | | | 0 | | 31.0 |
| 32.00 | Total Other Income (Sum of lines 19 through 31) | | | | 0 | 32.0 |
| 33.00 | Net Income or Loss for the period (Line 18 plus line 32) | | | | 910,574 | 33.0 |

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Edit Listing

Edits

| Worksheet, Program, Provider | Line | Column | Explanation | Error | CMS |
|------------------------------|--------|--------|-------------------------------|-------|--------|
| Informational Edits | | | | | |
| S-2 | 16.00 | 1.00 | Edit is for information only. | 9000 | 60316S |
| | | | | | |
| Edit Totals | Totals | | | | |
| Level I Edits | 0 | | | | |
| Level II Edits | 0 | | | | |
| Serious Edits | 0 | | | | |
| Warning Edits | 0 | | | | |
| Informational Edits | 1 | | | | |
| STAR Edits | 0 | | | | |
| Total Edits | 1 | | | | |

CORNELL SCOTT HILL HEALTH CORP.

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(IF)

Provider CCN: 071825
CMS Edit Descriptions

Edits

| Code | Description | |
|--------|---|--|
| 60316S | CMS Edit: [60316S] | |
| | Submit detailed documentation of the system used to support the data reported | |
| | on the cost report. If detail documentation was previously supplied, submit | |
| | only necessary updated documentation with the cost report. | |
| | The minimum requirements are: | |
| | * Internal records supporting program utilization statistics, charges, | |
| | prevailing rates and payment information broken into each Medicare | |
| | bill type in a manner consistent with the PS&R report. | |
| | * A reconciliation of remittance totals to the providers internal records. | |
| | * The name of the system used and system maintainer (vendor or FQHC). | |
| | If the FQHC maintained the system, include date of last software update. | |

22+14

CORNELL SCOTT HILL HEALTH CORP.

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HCRIS Edit Listing

Provider CCN: 071825

HCRIS Edits

| Worksheet, Program, Provider | Line | Column | Explanation | Error | CMS |
|------------------------------|--------|--------|-------------|-------|-----|
| | | | | | |
| Edit Totals | Totals | | | | |
| HCRIS Consistency Edits | 0 | | | | |
| HCRIS Relational Edits | 0 | | | | |
| HCRIS Serious Edits | 0 | | | | |
| HCRIS Warning Edits | 0 | | | | |
| HCRIS Informational Edits | 0 | | | | |
| Total Edits | 0 | | | | |

| Account | Description | UNADJ | JE Ref# | RJE | FINAL |
|----------------|--|------------------------|---------|-----|----------------------------|
| | | 6/30/2017 | | | 6/30/2017 |
| 10660 | Cash in Bank - Health Reimbursement Account | 38,108.00 | | | 38,108.00 |
| 10790 | Accounts Payable - American Express | (290,149.00) | | | (290,149.00) |
| 10900 | Cash - Webster Bank - Operating Acccount | 3,462,966.00 | | | 3,462,966.00 |
| 10920 | Cash - Wesbter Bank - Payroll | (6,441.00) | | | (6,441.00) |
| 10930 | Cash - Webster Bank - Capital Campaign | 10,613.00 | | | 10,613.00 68,284.00 |
| 10940 | Cash - Webster Bank - Pharmacy & Patient Fees | 68,284.00 | | | 3,386,010.00 |
| 10950 | Cash - Webster Bank - Money Market | 3,386,010.00 | | | 57.00 |
| 11510 | Restricted Cash - Principal | 57.00 635.00 | | | 635.00 |
| 11520 | Restricted Cash - Interest | 653,600.00 | | | 653,600.00 |
| 11530 | Restricted Cash - Debt Service Reserve | 5,961.00 | | | 5,961.00 |
| 11900 | Petty Cash and Imprest Funds | 176,436.00 | | | 176,436.00 |
| 11950 | Marketable Securities Accounts Receivable - Medicare | 766,218.00 | | | 766,218.00 |
| 12100 12200 | Accounts Receivable - Medicaid | 1,277,899.00 | | | 1,277,899.00 |
| 12300 | Accounts Receivable - Commercial Insurance | 1,546,460.00 | | | 1,546,460.00 |
| 12500 | Accounts Receivable - Self Pay | 1,340,690.00 | | | 1,340,690.00 |
| 12600 | Accounts Receivable - Federal Grants | 868,717.00 | | | 868,717.00 |
| 12700 | Accounts Receivable - State Grants | 375,436.00 | | | 375,436.00 |
| 12800 | Accounts Receivable - Local Grants | 8,786.00 | | | 8,786.00 |
| 12900 | Accounts Receivable - Other | 67,947.00 | | | 67,947.00 |
| 12950 | Accounts Receivable - Pharmacy-Walgreens | 131,670.00 | | | 131,670.00 |
| 13500 | Contractual Reserve | (507,453.00) | | | (507,453.00) |
| 13550 | Allowance for Doubtful Accounts | (2,775,463.00) | | | (2,775,463.00) |
| 13620 | Other Account Receivables | 196,514.00 | | | 196,514.00 |
| 14300 | Pharmacy Supplies Inventory | 144,888.00 | | | 144,888.00 86,143.00 |
| 15100 | Prepaid Insurance | 86,143.00 | | | 179,461.00 |
| 15300 | Prepaid Expense G+ç+¦ Other | 179,461.00 | | | 48,476.00 |
| 16100 | Security Deposits | 48,476.00 27,611.00 | | | 27,611.00 |
| 16500 | Construction In Progress | 404,543.00 | | | 404,543.00 |
| 16501 | CIP Grand St. Expansion | 662,254.00 | | | 662,254.00 |
| 16504 | CIP - West Rock Clinic CIP - CDBG Bathroom | 1,500.00 | | | 1,500.00 |
| 16508 16509 | CIP - Ansonia | 15,043.00 | | | 15,043.00 |
| 18100 | Land | 2,098,028.00 | | | 2,098,028.00 |
| 18200 | Buildings and Fixtures | 1,233,129.00 | | | 1,233,129.00 |
| 18210 | Building Improvements & Maintenance | 22,728,448.00 | | | 22,728,448.00 |
| 18250 | Capital Leases | 2,366,100.00 | | | 2,366,100.00 |
| 18300 | Leasehold improvements | 708,416.00 | | | 708,416.00 |
| 18350 | Software | 1,021,526.00 | | | 1,021,526.00 |
| 18400 | Deferred Financing | 312,103.00 | | | 312,103.00 |
| 18450 | Computers | 1,826,547.00 | | | 1,826,547.00 |
| 18500 | Furniture, Fixtures & Equipment | 5,877,946.00 | | | 5,877,946.00 125,063.00 |
| 18600 | Vehicles | 125,063.00 | | | 6,849.00 |
| 18700 | Other Fixed Assets | 6,849.00 | | | 50,495.00 |
| 18710 | Architectural & Engineering | 50,495.00 3,800.00 | | | 3,800.00 |
| 18750 | Appraisals & Closing Costs | (21,934,442.00 | 1 | | (21,934,442.00) |
| 19200 | Accumulated Depreciation G+c+ Buildings and Fixtures | (2,342,509.00 | | | (2,342,509.00) |
| 19250 | Accumulated Amortization - Capital Leases Accumulated Amortization - Def Financing | (117,038.00 | | | (117,038.00) |
| 19750 | Accounts Payable G+ç+¦ Trade | (1,285,023.00 | | | (1,285,023.00) |
| 20100 20110 | Accounts Payable - Accruals | (628,082.00 | | | (628,082.00) |
| 20110 | Accounts Payable - Payroll Deductions | (258.00 | | | (258.00) |
| 20210 | FICA - Social Security | (94,675.00 |) | | (94,675.00) |
| 20220 | FICA - Medicare | (22,678.00 | | | (22,678.00) |
| 20600 | Contributions Payable | 2,071.00 | | | 2,071.00 |
| 20605 | EE Retirement Funds Payable | (756.00 | | | (756.00) |
| 20700 | ER Retirement Funds Payable | (26,652.00 | : | | (26,652.00) |
| 20860 | Bond Interest Payable | (103,444.00 | | | (103,444.00) |
| 20870 | Accrued Legal Fees | (149,211.00 | | | (149,211.00) |
| 20880 | Accrued Auditing Fees | (67,024.00 | | | (67,024.00) |
| 20950 | Due to State/Subrecipient | (238,416.00 | | | (238,416.00) (4,325.00) |
| 21999 | Payroll Manual Check Suspense Account | (4,325.00 | | | (1,613,648.00) |
| 22100 | Accrued Salaries and Wages | (1,613,648.00 | 7 | | (1,010,040.00) |
| | | | | | |

| Account | Description | UNADJ | JE Ref# | RJE | FINAL |
|----------------|--|-----------------------------|---------|-------------|----------------------------------|
| | | 6/30/2017 | | | 6/30/2017 |
| 22200 | Accrued Vacation Expense | (1,232,730.00) | | | (1,232,730.00) |
| 22310 | Accrued Workers Compensation | (131,938.00) | | | (131,938.00) |
| 22320 | Pension Reserve | (7,775.00) | | | (7,775.00) |
| 22322 | HRA & Worker's Compensation Reserve | (199,503.00) | | | (199,503.00) |
| 22323 | Third Party Reimbursement Reserve | (830,000.00) | | | (830,000.00) |
| 22500 | Deferred Revenue G+ç+¦ Federal Grants | (476,948.00) | | | (476,948.00) |
| 22520 | Deferred Revenue G+ç+¦ State Grants | (170,349.00) | | | (170,349.00) (18,729.00) |
| 22550 | Deferred Revenue G+ç+, Local Grants | (18,729.00) (116,805.00) | | | (116,805.00) |
| 22560 | Deferred Revenue - Foundations | (805,895.00) | | | (805,895.00) |
| 22600 | Deferred Revenue - Capital Grant | (68,266.00) | | | (68,266.00) |
| 22720 | Other deferral CPLTD Notes Payable G+ç+¦ Capital Lease | (27,687.00) | | | (27,687.00) |
| 24250 24800 | CPLTD Bond Payable G+ç+¦ U.S. Bank | (235,000.00) | | | (235,000.00) |
| 26250 | LTD Notes Payable - Capital Lease | (2,366.00) | | | (2,366.00) |
| 26800 | LTD Bond Payable G+ç+¦ U.S. Bank | (5,945,000.00) | | | (5,945,000.00) |
| 30100 | Unrestricted Fund Balance | (11,009,528.00) | | | (11,009,528.00) |
| 35100 | Community Health Network | 83,333.00 | | | 83,333.00 |
| 40100 | Medicare | (9,982,313.00) | | | (9,982,313.00) |
| 40200 | Medicaid | (45,681,525.00) | • | | (45,681,525.00) |
| 40300 | Commercial Insurance | (5,158,776.00) | | | (5,158,776.00) (2,906,383.00) |
| 40350 | Self - Pay | (2,906,383.00) | | | (2,760.00) |
| 40500 | Commercial Incentive | (2,760.00) | | | (24,025.00) |
| 40515 | Medicaid Incentive | (24,025.00) (327,231.00) | | | (327,231.00) |
| 40520 | PCMH Program | 5,344,911.00 | | | 5,344,911.00 |
| 41100 | Contractual Allowance - Medicare Contractual Allowance - Medicaid | 12,098,018.00 | | | 12,098,018.00 |
| 41200 41300 | Contractual Allowance - Commercial Insurance | 2,243,931.00 | | | 2,243,931.00 |
| 41500 | Contractual Allowance - Self Pay | 2,069,914.00 | | | 2,069,914.00 |
| 41510 | Patient Refunds | 2,738.00 | | | 2,738.00 |
| 42100 | Federal Grant Income | (8,511,634.00) | | | (8,511,634.00) |
| 42101 | Capital Grants Federal | (7,659.00) | | | (7,659.00) |
| 42200 | State Grant Income | (2,044,620.00) | | | (2,044,620.00) |
| 42201 | Capital Grants State | (223,333.00) | | | (223,333.00) (19,646.00) |
| 42300 | Local Community Grant Income | (19,646.00) | | | (185,499.00) |
| 42400 | Foundations Grant Income | (185,499.00) (19,314.00) | | | (19,314.00) |
| 42500 | Other Grant Income | (85,230.00) | | | (85,230.00) |
| 42501 | Capital Grants Other Contract Services G+c+, Agencies & Organizations | (13,050.00) | | | (13,050.00) |
| 43100 43600 | Contract Services - Yale | (17,280.00) | | | (17,280.00) |
| 43700 | Contract Services - Other | (45,500.00) | | | (45,500.00) |
| 45100 | Interest & Dividend Income | (8,593.00) | | | (8,593.00) |
| 45200 | Contributions | (24,263.00) | | | (24,263.00) |
| 45205 | Donated Equipment | (35,400.00) | | | (35,400.00) |
| 45250 | Fundraising Revenue | (6,859.00) | | | (6,859.00) |
| 45600 | Room & Board | (69,329.00) | | | (69,329.00) (24,352.00) |
| 45650 | Unrealized Gain/Loss | (24,352.00) | | | (80,616.00) |
| 45900 | Other Income | (80,616.00) (123,749.00) | | | (123,749.00) |
| 46000 | Food Service - Catering | (908,412.00) | | | (908,412.00) |
| 46010 | Women, Infants & Children Food Benefits Vaccines and Donated Materials | (394,731.00) | | | (394,731.00) |
| 46020 47000 | Pharmacy-Walgreens Revenue | (1,338,406.00) | | | (1,338,406.00) |
| 50100 | Direct Salaries & Wages | (110,781.00) | | | (110,781.00) |
| 50101 | Chief | 1,615,918.00 | | (35,057.49) | 1,580,860.51 |
| 00.0. | | | RJE - 1 | (35,057.49) | |
| 50102 | Chief of Information Technology | 101,846.00 | | | 101,846.00 |
| 50107 | Coordinator Office of the Executive | 85,740.00 | | | 85,740.00 |
| 50108 | Corporate Compliance Officer | 100,385.00 | | | 100,385.00 188,500.00 |
| 50109 | Director of Dental Services | 188,500.00 | | | 93,032.00 |
| 50110 | Executive Assistant I | 93,032.00 13,049.00 | | | 13,049.00 |
| 50111 | Executive Assistant II | 57,231.00 | | (28,769.20) | 28,461.80 |
| 50201 | Assistant Nurse Manager | 31,201.00 | RJE - 1 | (28,769.20) | • • • • • • |
| 50202 | Assistant Program Director I | 464,673.00 | | • | 464,673.00 |
| JULUL | | | | | |

| Account | Description | UNADJ | JE Ref# | RJE | FINAL |
|---------|--|--------------|----------|--------------|--------------------------|
| | | 6/30/2017 | | | 6/30/2017 |
| 50204 | Call Center Manager | 46,454.00 | | | 46,454.00 |
| 50204 | Director of Early Childhood | 78,750.00 | | | 78,750.00 |
| 50200 | Director of Facilities | 247.00 | | | 247.00 |
| | Director of Finance | 144,536.00 | | | 144,536.00 |
| 50208 | Director of Grants Management | 100,385.00 | | | 100,385.00 |
| 50209 | Director of Information Technology | 79,788.00 | | | 79,788.00 |
| 50211 | Director of Marketing & CR | 114,611.00 | | | 114,611.00 |
| 50212 | Director of Patient Accounts | 109,889.00 | | | 109,889.00 |
| 50214 | Director of Purchasing | 116,442.00 | | | 116,442.00 |
| 50215 | Executive Chef | 72,779.00 | | (18,125.12) | 54,653.88 |
| 50216 | Executive One: | 12,110.00 | RJE - 1 | (18,125.12) | |
| 50217 | Facilities and Life Safety Manager | (670.00) | | , , , | (670.00) |
| 50218 | Maintenance Supervisor | 20,292.00 | | | 20,292.00 |
| 50220 | NFN Clinical Supervisor | 29,981.00 | | | 29,981.00 |
| 50221 | Office Manager | 53,942.00 | | | 53,942.00 |
| 50222 | Operations Manager | 69,940.00 | | (34,895.81) | 35,044.19 |
| JUZZZ | Operations manager | | RJE - 1 | (34,895.81) | |
| 50223 | Pharmacy Director | 131,833.00 | | | 131,833.00 |
| 50224 | Program Director II | 392,524.00 | | (59,494.75) | 333,029.25 |
| DOLL | 1 109.411. 2.1.00.0. 11 | | RJE - 1 | (59,494.75) | |
| 50225 | Site Manager | 146,158.00 | | | 146,158.00 |
| 50226 | Utilization Review Manager | 5,673.00 | | | 5,673.00 |
| 50227 | WIC Site Manager | 67,208.00 | | | 67,208.00 |
| 50228 | Director of Operations | 134,989.00 | | | 134,989.00 |
| 50229 | Development Manager | 51,098.00 | | | 51,098.00 |
| 50230 | HR Manager | 96,926.00 | | | 96,926.00 |
| 50231 | Clinical Nurse Supervisor | 95,385.00 | | (47,884.59) | 47,500.41 |
| ***** | | | RJE - 1 | (47,884.59) | |
| 50232 | Medical Director of Quality and Operations | 139,800.00 | | | 139,800.00 |
| 50233 | Director of Care Coordination | 41,769.00 | | | 41,769.00 |
| 50234 | Director of Wellness Education | 71,426.00 | | | 71,426.00 |
| 50235 | Assistant Manager of Care Coordination | 22,562.00 | | | 22,562.00 |
| 50401 | Care Coordinator | 105,413.00 | | | 105,413.00 |
| 50402 | Case Manager | 629,017.00 | | (66.68) | 628,950.32 |
| | | | RJE - 1 | (66.68) | |
| 50403 | Clinical Case Coordinator | 44,264.00 | | | 44,264.00 |
| 50404 | Clinical Pharmacist | 267,556.00 | | (2,305.94) | 265,250.06 |
| | | | RJE - 1 | (2,305.94) | |
| 50405 | Clinical Pharmacy Coordinator | 118,755.00 | | (9,486.75) | 109,268.25 |
| | | | RJE - 1 | (9,486.75) | |
| 50407 | Community Health Worker | 201,196.00 | | | 201,196.00 |
| 50408 | Dental Assistant | 339,356.00 | | | 339,356.00 |
| 50409 | Detox Technician | 566,574.00 | | (276,172.61) | 290,401.39 |
| | | | RJE - 1 | (276,172.61) | |
| 50411 | Diabetes Educator | 47,113.00 | | | 47,113.00 |
| 50412 | Early Intervention Associate | 26,122.00 | | | 26,122.00 |
| 50413 | Early Intervention Associate II | 48,415.00 | | | 48,415.00 |
| 50416 | Infectious Disease Nurse | 81,123.00 | | | 81,123.00 |
| 50417 | Interim Dental Director | 9,027.00 | | (004 007 00) | 9,027.00 |
| 50418 | Licensed Practical Nurse | 1,196,084.00 | D. 15. 4 | (334,027.98) | 862,056.02 |
| | | 45.040.00 | RJE - 1 | (334,027.98) | 7 220 62 |
| 50419 | Licensed Practical Nurse Per Diem | 15,210.00 | D.15. 4 | (7,871.38) | 7,338.62 |
| | | 700 500 00 | RJE - 1 | (7,871.38) | 702 522 00 |
| 50420 | Medical Assistant | 703,522.00 | | | 703,522.00 |
| 50421 | Neurologist | 600.00 | | | 600.00 |
| 50423 | NFN Home Visitor | 38,742.00 | | | 38,742.00 |
| 50424 | Nurse Educator | 2,643.00 | | | 2,643.00 |
| 50425 | Nurse Manager | 45,554.00 | | | 45,554.00 |
| 50426 | Nurse Team Leader | 27,596.00 | | | 27,596.00 |
| 50427 | Ophthalmic Technician | 54,464.00 | | | 54,464.00 |
| 50428 | Ophthalmology Assistant | 57,861.00 | | | 57,861.00 |
| 50429 | Pharmacy Technician | 114,319.00 | | | 114,319.00 147,412.00 |
| 50430 | Practice Administrator | 147,412.00 | | | 147,412.00 |
| | | | | | |

| Account | Description | UNADJ | JE Ref# | RJE | FINAL |
|---|--------------------------------------|-------------------------|----------|----------------------------|--------------------------|
| ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | • | 6/30/2017 | | | 6/30/2017 |
| | | | | | 185,224.00 |
| 50431 | Practice Manager I | 185,224.00 | | (27 270 90) | 37,271.20 |
| 50432 | Practice Manager II | 74,542.00 | RJE - 1 | (37,270.80) (37,270.80) | 31,211.20 |
| | | 4 000 00 | KJE - I | (37,270.00) | 1,908.00 |
| 50433 | Prenatal Home Visitor | 1,908.00 | | | 77,620.00 |
| 50434 | QA/QI NURSE | 77,620.00 | | (326,247.86) | 788,146.14 |
| 50435 | Registered Nurse | 1,114,394.00 | RJE - 1 | (326,247.86) | 700,140.14 |
| | | 10 070 00 | Mar- I | (18,069.76) | 0.24 |
| 50436 | Registered Nurse II | 18,070.00 | RJE - 1 | (18,069.76) | 0.2. |
| | D. J. J. Wasting Conndition to | 44,269.00 | 1702 - 1 | (10,000.70) | 44,269.00 |
| 50437 | Rehabilitation Coordinator | 280,221.00 | | | 280,221.00 |
| 50438 | Residential Aide Resource Specialist | 42,950.00 | | | 42,950.00 |
| 50440 | Senior Care Coordinator Assistant | 40,600.00 | | | 40,600.00 |
| 50442 50444 | Senior Detox Technician | 38,617.00 | | (19,032.25) | 19,584.75 |
| 50444 | Selliot Detox recriminal | 30,2 | RJE - 1 | (19,032.25) | |
| 50445 | Special Education Teacher | 43,643.00 | | | 43,643.00 |
| 50447 | WIC Site Nutritionist | 81,954.00 | | | 81,954.00 |
| 50448 | Lead Dental Assistant | 52,278.00 | | | 52,278.00 |
| 50449 | Milieu Counselor Shift Supervisor | 103,993.00 | | | 103,993.00 |
| 50450 | Wellness Outreach Manager | 56,717.00 | | | 56,717.00 |
| 50453 | Complex Care Manager Social Workers | 13,802.00 | | | 13,802.00 |
| 50454 | Interim Practice Administrator | 17,949.00 | | | 17,949.00 |
| 50455 | Medical Case Manager | 17,299.00 | | | 17,299.00 |
| 50601 | APRN | 2,213,037.00 | | (90,953.23) | 2,122,083.77 |
| | | | RJE - 1 | (90,953.23) | |
| 50603 | Assistant Program Director II | 187,782.00 | | (49,231.68) | 138,550.32 |
| | | | RJE - 1 | (49,231.68) | |
| 50604 | Clinician I | 93,939.00 | | | 93,939.00 |
| 50605 | Clinician II | 3,298,567.00 | | (271,120.84) | 3,027,446.16 |
| | | | RJÉ - 1 | (271,120.84) | 000 047 00 |
| 50606 | Dental Hygenist | 328,317.00 | | | 328,317.00 |
| 50607 | Dentist | 529,185.00 | | | 529,185.00 |
| 50608 | Director of Pediatrics | 145,022.00 | | (00.050.10) | 145,022.00 323,542.90 |
| 50611 | Medical Director | 405,893.00 | RJE - 1 | (82,350.10) (82,350.10) | 323,342.50 |
| | | 215,476.00 | RJE - I | (62,330.10) | 215,476.00 |
| 50612 | Nurse Midwife | | | | 72,419.00 |
| 50613 | Occupational Therapist | 72,419.00 210,153.00 | | | 210,153.00 |
| 50614 | Pediatrician | 2,157,003.00 | | | 2,157,003.00 |
| 50616 | Physician Physician Assistant | 238,381.00 | | | 238,381.00 |
| 50617 | Podiatrist | 107,054.00 | | | 107,054.00 |
| 50618 50 6 19 | Program Director I | 322,636.00 | | | 322,636.00 |
| 50620 | Psychiatric APRN | 69,511.00 | | (48,856.88) | 20,654.12 |
| 30020 | r Sychiatio / i rus | , | RJE - 1 | (48,856.88) | |
| 50621 | Psychiatrist | 887,413.00 | | | 887,413.00 |
| 50622 | Psychologist | 122,289.00 | | | 122,289.00 |
| 50623 | Registered Dietitian | 62,038.00 | | | 62,038.00 |
| 50624 | Senior Clinician | 719,272.00 | | (75,821.60) | 643,450.40 |
| | | | RJE - 1 | (75,821.60) | |
| 50626 | Senior Medical Provider | 20,998.00 | | (16,752.76) | 4,245.24 |
| | | | RJE - 1 | (16,752.76) | |
| 50627 | Speech Language Pathologist | 105,719.00 | | | 105,719.00 |
| 50628 | Substance Abuse Counselor | 87,986.00 | | | 87,986.00 |
| 50629 | Perinatal Program Manager | 45,155.00 | | | 45,155.00 |
| 50800 | Admin Salaries & WagesG+ç+¦ Bonuses | 394,800.00 | | | 394,800.00 |
| 50801 | Access To Care Manager | 51,196.00 | | | 51,196.00 |
| 50802 | Access to Care Outreach Worker | 192,173.00 | | | 192,173.00 23,398.00 |
| 50803 | Access To Care Referral Coordinator | 23,398.00 | | | 42,204.00 |
| 50804 | Accounting Clerk | 42,204.00 | | | 52,970.00 |
| 50805 | Accounts Payable Clerk | 52,970.00 67,562.00 | | | 67,562.00 |
| 50806 | Accounts Payable Coordinator | 517,579.00 | | (78,809.73) | 438,769.27 |
| 50807 | Administrative Assistant | 311,018.00 | RJE-1 | (78,809.73) | ,, |
| | | | | (. =,===) | |

| Account | Description | UNADJ | JE Ref# | RJE | FINAL |
|----------------|---|------------------------|---------|--------------|------------------------|
| Account | 2000. | 6/30/2017 | | | 6/30/2017 |
| | | | | | 28,524.00 |
| 50808 | Billing Coordinator | 28,524.00 54,556.00 | | | 54,556.00 |
| 50809 | Cafeteria Assistant | 31,658.00 | | | 31,658.00 |
| 50810 | Call Center Clerk | 256,074.00 | | | 256,074.00 |
| 50811 | Call Center Customer Service Rep | 14,258.00 | | | 14,258.00 |
| 50812 | Cash Manager | 53,532.00 | | | 53,532.00 |
| 50813 | Coding Specialist | 34,055.00 | | (11,350.02) | 22,704.98 |
| 50815 | Cook II | 34,033.00 | RJE - 1 | (11,350.02) | |
| | O La Callando Caracialist I | 55,436.00 | ,,,,,, | (1710000) | 55,436.00 |
| 50816 | Credentialing Specialist I | 53,411.00 | | | 53,411.00 |
| 50818 | EHR Support | 87,021.00 | | | 87,021.00 |
| 50820 | EPM Admnistrator | (80.00) | | | (80.00) |
| 50821 | Facilities Support Worker | 138,857.00 | | | 138,857.00 |
| 50822 | Financial Analyst | 80,308.00 | | | 80,308.00 |
| 50823 | Grant Writer | 24,236.00 | | | 24,236.00 |
| 50824 | Graphic Designer | 198,981.00 | | | 198,981.00 |
| 50825 | Health Educator | 69,506.00 | | | 69,506.00 |
| 50826 | Health Information Mgmt Proc Health Information Mgmt Team Ldr | 9,533.00 | | | 9,533.00 |
| 50827 | Health Information Manager | 22,592.00 | | | 22,592.00 |
| 50828 | Help Desk Associate | 36,043.00 | | | 36,043.00 |
| 50830 | Human Resources Coordinator | 39,265.00 | | | 39,265.00 |
| 50831 | Human Resources Generalist | 63,651.00 | | | 63,651.00 |
| 50832 | HUSKY Liaison | 26,578.00 | | | 26,578.00 |
| 50833 50835 | Marketing and Comm Proj Mgr | 68,623.00 | | | 68,623.00 |
| 50837 | Medical Records Specialist | 87,563.00 | | (26,550.10) | 61,012.90 |
| 30037 | Wedical Necords openialist | , | RJE - 1 | (26,550.10) | |
| 50838 | Office Manager School Based Clinic | 87.856.00 | | | 87,856.00 |
| 50840 | Patient Accounts Rep. Team Leader | 63,786.00 | | | 63,786.00 |
| 50841 | Patient Accounts Representative | 395,159.00 | | (20,502.17) | 374,656.83 |
| 30041 | Tation Noodania Noprodomania | | RJE - 1 | (20,502.17) | |
| 50842 | Patient Advocate | 75,289.00 | | | 75,289.00 |
| 50843 | Patient Registrar | 556,554.00 | | | 556,554.00 |
| 50844 | Patient Registration Team Leader | 129,986.00 | | | 129,986.00 |
| 50845 | Payroll Supervisor | 70,488.00 | | | 70,488.00 |
| 50846 | Practice Coordinator | 86,260.00 | | | 86,260.00 |
| 50847 | Program Coordinator | 118,566.00 | | | 118,566.00 |
| 50850 | Receptionist | 39,121.00 | | | 39,121.00 |
| 50852 | Referral Specialist | 222,888.00 | | | 222,888.00 |
| 50853 | Release of Information Coordinator | 9,602.00 | | | 9,602.00 |
| 50854 | Release of Information Specialist | 35,897.00 | | | 35,897.00 |
| 50855 | Secretary/Receptionist | 145,191.00 | | | 145,191.00 |
| 50856 | Senior Financial Analyst | 214,968.00 | | | 214,968.00 |
| 50857 | Senior Human Resources Generalist | 90,790.00 | | | 90,790.00 |
| 50858 | Senior Systems Administrator | 231,732.00 | | (00.074.70) | 231,732.00 |
| 50859 | Sous Chef | 91,658.00 | | (30,274.70) | 61,383.30 |
| | | | RJE - 1 | (30,274.70) | 75 222 00 |
| 50860 | Training and Development Coordinator | 75,323.00 | | | 75,323.00 69,770.00 |
| 50862 | WIC Clerk | 69,770.00 | | | 71,545.00 |
| 50863 | Staffing Specialist | 71,545.00 | | | 31,072.00 |
| 50864 | Patient Accounts Supervisor | 31,072.00 | | | 84,454.00 |
| 50866 | Privacy Officer | 84,454.00 | | | 56,109.00 |
| 50867 | Purchasing Agent | 56,109.00 | | | 51,529.00 |
| 50868 | Senior Administrative Assistant | 51,529.00 | | | 45,055.00 |
| 50869 | HIM Coordinator | 45,055.00 43,113,00 | | | 42,113.00 |
| 50870 | HIM Lead Processor | 42,113.00 | | | 30,846.00 |
| 50871 | Health Information Management Supervisor | 30,846.00 | | | 38,119.00 |
| 50872 | Interactive Media and Design Specialist | 38,119.00 | | | 3,231.00 |
| 50873 | Finance Administrative Assistant | 3,231.00 | | (119,575.26) | 1,610,501.74 |
| 51100 | FICA Social Security | 1,730,077.00 | RJE - 1 | (119,575.26) | .,0.0,001.7 |
| _, | FIGA M. Fares | 433,778.00 | | (30,015.68) | 403,762.32 |
| 51101 | FICA Medicare | 433,110.00 | RJE - 1 | (30,015.68) | ,, |
| C4000 | Hoalth Insurance | 2,736,606.00 | | (192,010.17) | 2,544,595.83 |
| 51200 | Health Insurance | _,, 00,000 | | , , , | |
| | | | | | |

| Account | Description | UNADJ | JE Ref# | RJE | FINAL |
|----------------|--|--------------|----------|----------------------------|---------------------------|
| Account | | 6/30/2017 | | | 6/30/2017 |
| | | 6/30/2017 | RJE - 1 | (192,010.17) | 2,20,20 |
| | 11B4 E wares | 20,864.00 | KJ⊑ - I | (192,010.17) | 20,864.00 |
| 51210 | HRA Expense | 99,836.00 | | (6,999.95) | 92,836.05 |
| 51300 | Life Insurance | 00,000.00 | RJE - 1 | (6,999.95) | |
| 51400 | Retirement Expenses | 669,703.00 | | (46,956.04) | 622,746.96 |
| 51400 | New Chieff Expenses | | RJE - 1 | (46,956.04) | |
| 51450 | Pension Expense | 20,875.00 | | (1,463.58) | 19,411.42 |
| • | | | RJE - 1 | (1,463.58) | 440 400 44 |
| 51600 | State Unemployment Insurance | 160,420.00 | D.E. 4 | (11,316.56) | 149,103.44 |
| | | 007.070.00 | RJE - 1 | (11,316.56) (20,634.68) | 314,741.32 |
| 51700 | Workers Compensation | 335,376.00 | RJE - 1 | (20,634.68) | 514,741.52 |
| 54000 | Friend Banofita Charl Other | 4,313.00 | NOL -) | (20,001.00) | 4,313.00 |
| 51900 51950 | Fringe Benefits G+ç+¦ Other Vacation Expense | 55,403.00 | | (5,124.11) | 50,278.89 |
| 51950 | Vacation Expense | | RJE - 1 | (5,124.11) | |
| 52100 | Medical Supplies | 389,926.00 | | (4,871.41) | 385,054.59 |
| 02.00 | | | RJE - 1 | (4,871.41) | |
| 52200 | Dental Supplies | 170,692.00 | | | 170,692.00 |
| 52300 | Pharmacy Supplies | 34,771.00 | | (27 202 51) | 34,771.00 1,731,284.49 |
| 52305 | Pharmacy Inventory Expense (COGS) | 1,758,488.00 | RJE - 1 | (27,203.51) (27,203.51) | 1,731,204.49 |
| #0.400 | Lubrantan Cumpling | 782.00 | NJL - I | (27,200.51) | 782.00 |
| 52400 | Laboratory Supplies Behavioral Health Supplies | 49,298.00 | | (504.91) | 48,793.09 |
| 52500 | Dellavioral Fleatilf Outphies | , | RJE - 1 | (504.91) | |
| 52700 | IT Supplies | 491,910.00 | | (5,428.85) | 486,481.15 |
| | | | RJE - 1 | (5,428.85) | 10= = 11 == |
| 53100 | Office Supplies | 120,545.00 | B.E. 4 | (12,800.23) | 107,744.77 |
| | | 77 OOF OO | RJE - 1 | (12,800.23) (21,125.86) | 55,969.14 |
| 53300 | Houskeeping and Maintenance Supplies | 77,095.00 | RJE - 1 | (21,125.86) | 33,303.14 |
| 50045 | Dharman, Walaroons COGS | 562,024.00 | 1102 - 1 | (21,120.00) | 562,024.00 |
| 53315 53900 | Pharmacy-Walgreens COGS Other Supplies | 25,521.00 | | (15.49) | 25,505.51 |
| 55900 | Other Supplies | | RJE - 1 | (15.49) | |
| 54000 | Claim Processing Fees | 191,405.00 | | | 191,405.00 |
| 54100 | Rent | 414,663.00 | | | 414,663.00 |
| 54300 | Utilities - Electric | 340,830.00 | B.IE 4 | (1,674.29) | 339,155.71 |
| | | 20 700 00 | RJE - 1 | (1,674.29) (151.00) | 20,638.00 |
| 54310 | Utilities - Water | 20,789.00 | RJE - 1 | (151.00) | 20,000.00 |
| 54000 | Utilities - Sewer | 21,894.00 | IVOT - I | (101.00) | 21,894.00 |
| 54320 54330 | Utilities - Gas | 52,196.00 | | (172.72) | 52,023.28 |
| 54550 | Offitties - Ods | | RJE - 1 | (172.72) | |
| 54400 | Building Repairs & Maintenance | 500,474.00 | | (33,968.20) | 466,505.80 |
| | | | RJE - 1 | (33,968.20) | 40.000.00 |
| 54450 | Furniture & Equipment Purchase | 40,383.00 | DIE 1 | (314.20) (314.20) | 40,068.80 |
| | The DE Control Device | 104,697.00 | RJE - 1 | (9,678.61) | 95,018.39 |
| 54500 | Furniture & Equipment Rental | 104,037.00 | RJE - 1 | (9,678.61) | 50,0.0.0 |
| E4600 | Software | 64,481.00 | | (4,4.272.) | 64,481.00 |
| 54600 55150 | Vehicle Expense | 24,395.00 | | (1,074.01) | 23,320.99 |
| 30130 | Tollion Expositor | | RJE - 1 | (1,074.01) | |
| 55200 | Janitorial Services | 716,472.00 | | (281,253.33) | 435,218.67 |
| | | | RJE - 1 | (281,253.33) | 7 510 55 |
| 55250 | Laundry Services | 21,313.00 | | (13,793.45) (13,793.45) | 7,519.55 |
| | 0 " | 473,360.00 | RJE - 1 | (11,660.47) | 461,699.53 |
| 55290 | Security | ₩75,000.00 | RJE - 1 | (11,660.47) | .5.,556,66 |
| 55300 | Software & Related Licenses | 169,705.00 | | , ,, | 169,705.00 |
| 55310 | Taxes | 9,277.00 | | | 9,277.00 |
| 55400 | Service & Maintenance Agreements | 1,203,468.00 | | (20,430.63) | 1,183,037.37 |
| | | | RJE - 1 | (20,430.63) | 04 440 00 |
| 56100 | Travel G+ç+¦ Local Mileage Reimbursement | 24,148.00 | | | 24,148.00 25,139.00 |
| 56250 | Travel - Transportation | 25,139.00 | | | 23,138.00 |
| | | | | | |

| Account | Description | UNADJ | JE Ref# | RJE | FINAL |
|---------|---|------------|---------|--|------------|
| Account | | 6/30/2017 | | | 6/30/2017 |
| | To a 10 and Development France | 19,331.00 | | | 19,331.00 |
| 56300 | Travel G+ç+¦ Registration Fees | 43,119.00 | | | 43,119.00 |
| 56350 | Travel - Lodging and Board Travel/Training G+c+! Provider CME | 95,574.00 | | | 95,574.00 |
| 56400 | | 5,039.00 | | | 5,039.00 |
| 56600 | Employee Parking | 71,823.00 | | | 71,823.00 |
| 56900 | Training G+ç+¦ Other | 27,725.00 | | (544.25) | 27,180.75 |
| 57100 | Printing Expense | 27,120.00 | RJE - 1 | (544.25) | |
| 57000 | Cutananh Matariala | 7,457.00 | | , | 7,457.00 |
| 57200 | Outreach Materials | 1,071.00 | | | 1,071.00 |
| 57310 | Client Incentives | 2,620.00 | | | 2,620.00 |
| 57320 | Patient/Client Transportation | 507.00 | | | 507.00 |
| 57350 | Medical & Other Services | 199,470.00 | | (18.24) | 199,451.76 |
| 57400 | Postage & Delivery | 100,170.00 | RJE - 1 | (18.24) | |
| | Atime Consises | 133,526.00 | , 10 12 | (/ | 133,526.00 |
| 58200 | Accounting Services | 336,105.00 | | | 336,105.00 |
| 58300 | Legal Expenses | 328,062.00 | | | 328,062.00 |
| 58400 | Consultant Expense | 991,623.00 | | | 991,623.00 |
| 58500 | Contractual Labor Contractual Services | 178,747.00 | | (1,800.37) | 176,946.63 |
| 58510 | Contractual Services | 170,777 | RJE - 1 | (1,800.37) | |
| ***** | T | 865,724.00 | | (170,389.51) | 695,334.49 |
| 58550 | Temporary Labor | 000,721.00 | RJE - 1 | (170,389.51) | |
| | Estamal Laboratory Convince | 112,698.00 | | (,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | 112,698.00 |
| 58600 | External Laboratory Services | 164,825.00 | | | 164,825.00 |
| 58700 | Snow Removal | 764.00 | | | 764.00 |
| 58900 | Other - Labor | 249,854.00 | | (1,451.26) | 248,402.74 |
| 59100 | Communications-Telephone Expense | 240,004.00 | RJE - 1 | (1,451.26) | |
| 50400 | O | 101,012.00 | 1.02 | (1,1011-7 | 101,012.00 |
| 59130 | Communications-Other | 22,475.00 | | | 22,475.00 |
| 59150 | Communications-Wireless Communications-Paging and Answering Service | 31,520.00 | | | 31,520.00 |
| 59160 | | 7,862.00 | | (1,284.98) | 6,577.02 |
| 59170 | Cable Service | ,,002.00 | RJE - 1 | (1,284.98) | - |
| E0200 | Insurance Expense G+ç+¦ Medical | 5,805.00 | | , , , , , , , , , , , , , , , , , , , | 5,805.00 |
| 59200 | Insurance Expense G+ç+¦ Umbrella Liability | 74,265.00 | | (3,146.01) | 71,118.99 |
| 59250 | Insurance Expense G+g+, official Labinty | , ,, | RJE - 1 | (3,146.01) | |
| E0200 | Insurance Expense G+ç+¦ D & O | 19,092.00 | | , | 19,092.00 |
| 59300 | Insurance Expense - General Liability | 162,282.00 | | (18,028.29) | 144,253.71 |
| 59350 | Insurance Expense - Ochorai Elabinty | , | RJE - 1 | (18,028.29) | |
| 50000 | Insurance Expense G+ç+¦ Other | 9,592.00 | | , . | 9,592.00 |
| 59900 | Dues & Subscriptions | 22,373.00 | | 3,020.00 | 25,393.00 |
| 60100 | Dues a Subscriptions | | RJE - 1 | 3,020.00 | |
| 60150 | Professional Licenses | 48,814.00 | | (445.00) | 48,369.00 |
| 60130 | Professional Licenses | | RJE - 1 | (445.00) | |
| 60200 | Medical Waste & Refuse Removal | 143,485.00 | | (53,183.66) | 90,301.34 |
| 60200 | MEGICAL MASIC & INCIDSE INCIDENT | ,, | RJE - 1 | (53,183.66) | |
| 60300 | Personnel Recruitment Expense | 420,612.00 | | | 420,612.00 |
| 60350 | Human Resources/Payroll Processing | 182,581.00 | | | 182,581.00 |
| 60360 | Employee Relations | 104,703.00 | | (162.09) | 104,540.91 |
| 60300 | Employee relations | | RJE - 1 | (162.09) | |
| 60370 | Employee Uniforms | 25,935.00 | | (1,872.98) | 24,062.02 |
| 60370 | Employee Officials | | RJE - 1 | (1,872.98) | |
| 60400 | Food Expense G+ç+¦ Catering | 15,856.00 | 1 | (84.95) | 15,771.05 |
| 00400 | Food Expense O.A. Longuing | , | RJE - 1 | (84.95) | |
| 60450 | Food Expense G+ç+¦ Client Meals | 86,857.00 |) | | 86,857.00 |
| 60500 | Food Expense G+ç+! Patient Food Purchases | 462,443.00 | | (116,406.63) | 346,036.37 |
| 00000 | Food Expense Organia additional and another organia | | RJE - 1 | (116,406.63) | |
| 00540 | Food Supplies and Chemicals | 46,159.00 | | (13,853.86) | 32,305.14 |
| 60510 | Food Supplies and Chemicals | 10,10010 | RJE - 1 | (13,853.86) | |
| 60600 | Outreach Expense | 32,529.00 | | , , , , , , | 32,529.00 |
| 60600 | Advertising & Marketing Expense | 69,362.00 | | | 69,362.00 |
| 60650 | Advertising & Marketing Expense Advertising & Marketing - Health Fair | 1,252.00 | | | 1,252.00 |
| 60655 | Promotional Items | 16,426.00 | | | 16,426.00 |
| 60660 | Emergency Housing | 7,715.00 | | | 7,715.00 |
| 60680 | Interest Expense - Bonds | 424,744.00 | | | 424,744.00 |
| 60710 | interest Expense Denos | | | | |

| Account | Description | UNADJ | JE Ref# | RJE | FINAL |
|------------|---|------------|---------|--------------|--------------|
| | | 6/30/2017 | | | 6/30/2017 |
| 60720 | Interest Expense - Other | 3,877.00 | | | 3,877.00 |
| 60750 | Bank & Other Service Charges | 44,702.00 | | (1,524.79) | 43,177.21 |
| 55155 | | | RJE - 1 | (1,524.79) | |
| 60780 | Lobbying Expense | 66,860.00 | | | 66,860.00 |
| 60800 | Freight & Courier | 181.00 | | | 181.00 |
| 60900 | Miscellaneous Expenses | 10,261.00 | | | 10,261.00 |
| 61010 | Women, Infants & Children Food Benefits | 908,412.00 | | | 908,412.00 |
| 61020 | Vaccines and Other Pharmaceuticals | 394,731.00 | | | 394,731.00 |
| 65100 | Depreciation Expense G+ç+¦ Buildings and Fixtures | 839,580.00 | | (91,594.24) | 747,985.76 |
| | | | RJE - 1 | (91,594.24) | |
| 65110 | Amortization Expense | 10,403.00 | | | 10,403.00 |
| 65150 | Depreciation Expense - Capital Leases | 107,562.00 | | | 107,562.00 |
| 65200 | Depreciation Expense G+ç+¦ Leasehold Improvements | 3,733.00 | | | 3,733.00 |
| 65250 | Depreciation Expense - Software | 209,811.00 | | | 209,811.00 |
| 65350 | Depreciation Expense - Other Equipment | 261,897.00 | | (133.70) | 261,763.30 |
| | | | RJE - 1 | (133.70) | |
| 65400 | Depreciation Expense G+ç+¦ Furniture and Fixtures | 281,576.00 | | (19,142.52) | 262,433.48 |
| | | | RJE - 1 | (19,142.52) | |
| 69100 | Bad Debt Expense | 619,264.00 | | | 619,264.00 |
| 69150 | Bad Debt | 34,604.00 | | | 34,604.00 |
| 69200 | Contractual Reserve | 29,578.00 | | | 29,578.00 |
| Marcum 101 | Detox Compensation | 0.00 | | 2,062,476.89 | 2,062,476.89 |
| | | | RJE - 1 | 2,062,476.89 | |
| Marcum 102 | Detox Other | 0.00 | | 1,367,140.42 | 1,367,140.42 |
| | | | RJE - 1 | 1,367,140.42 | |
| Total | | 0.00 | | (0.00) | 0.00 |
| | Net (Income) Loss | 0.00 | | 0.00 | 0.00 |

Cornell Scott Hill Health Corp. Table of Contents FYE 6/30/2017

A. FINANCIAL

| <u>Description</u> | Location |
|-------------------------|----------|
| Trial Balance Grouping | A-1 |
| Reclass | A-2 |
| Adjustments to Expenses | A-3 |
| Visits by Practitioner | A-4 |
| Visits by Location | A-5 |
| Vaccines | A-6 |
| Payments Received | A-7 |

Client:

Cornell Scott - Hill Health Corp.

Engagement:

FQHC - Cornell Scott

Period Ending:

6/30/2017

Trial Balance:

Workpaper:

C.01 - Work Papers

| Workpaper: | C.01 - Work Papers | | The same of the same |
|-----------------------|---|----------------|-------------------------|
| Account | Description | HIDI | FINAL |
| | | | 6/30/2017 |
| Group : [A] | General Service Cost Centers | | |
| Subgroup : [1.00] | Cap Rel Costs-BLDG and Fix | | |
| 54100 | Rent | | 414,663.00 |
| 65100 | Depreciation Expense G+ç+¦ Buildings and Fixtures | (5, | 747,985.76 |
| 65110 | Amortization Expense | | 10,403.00 |
| 65150 | Depreciation Expense - Capital Leases | | 107,562.00 |
| 65200 | Depreciation Expense G+ç+¦ Leasehold Improvements | | 3,733.00 |
| | Rel Costs-BLDG and Fix | _ | 1,284,346.76 |
| Subgroup : [2.00] | Cap Rel Costs - Movable | | |
| 65250 | Depreciation Expense - Software | | 209,811.00 |
| 65350 | Depreciation Expense - Other Equipment | | 261,763.30 |
| 65400 | Depreciation Expense G+ç+ Furniture and Fixtures | | 262,433.48 |
| Subtotal [2.00] Cap F | · | _ | 734,007.78 |
| | | | |
| | Employee Benefits Compensation | | 96,926.00 |
| 50230 | HR Manager | | 39,265.00 |
| 50831 | Human Resources Coordinator | | 63,651.00 |
| 50832 | Human Resources Generalist | 2 - | 199,842.00 |
| Subtotal [3.00-A] Em | ployee Benefits Compensation | ê - | 155,042.00 |
| Subgroup : [3.00-B] | • | | |
| 51100 | FICA Social Security | | 1,610,501.74 |
| 51101 | FICA Medicare | | 403,762.32 |
| 51200 | Health Insurance | | 2,544,595.83 |
| 51210 | HRA Expense | | 20,864.00 |
| 51300 | Life Insurance | | 92,836.05 |
| 51400 | Retirement Expenses | | 622,746.96 |
| 51450 | Pension Expense | | 19,411.42 |
| 51600 | State Unemployment Insurance | | 149,103.44 |
| 51700 | Workers Compensation | | 314,741.32 |
| 51900 | Fringe Benefits G+ç+¦ Other | | 4,313.00 |
| 51950 | Vacation Expense | | 50,278.89 104,540.91 |
| 60360 | Employee Relations | | 24,062.02 |
| 60370 | Employee Uniforms | - | 5,961,757.90 |
| Subtotal [3.00-B] En | nployee Benefits Other | - | 5,361,757.30 |
| Subgroup : [4.00-A] | Admin and General Compensation | | |
| 50100 | Direct Salaries & Wages | | (110,781.00) |
| 50101 | Chief | | 1,580,860.51 |
| 50102 | Chief of Information Technology | | 101,846.00 |
| 50107 | Coordinator Office of the Executive | | 85,740.00 |
| 50108 | Corporate Compliance Officer | | 100,385.00 |
| 50110 | Executive Assistant I | | 93,032.00 |
| 50111 | Executive Assistant II | | 13,049.00 |
| | | | |

| | - H - 1 144 | 46,454.00 |
|--------------|--|--------------|
| 0204 | Call Center Manager | 144,536.00 |
| 0208 | Director of Finance | |
| 0209 | Director of Grants Management | 100,385.00 |
| 0211 | Director of Information Technology | 79,788.00 |
| 0214 | Director of Patient Accounts | 109,889.00 |
| 0215 | Director of Purchasing | 116,442.00 |
| 0221 | Office Manager | 53,942.00 |
|)222 | Operations Manager | 35,044.19 |
|)228 | Director of Operations | 134,989.00 |
|)430 | Practice Administrator | 147,412.00 |
|)454 | Interim Practice Administrator | 17,949.00 |
| 0800 | Admin Salaries & WagesG+ç+¦ Bonuses | 394,800.00 |
| 804 | Accounting Clerk | 42,204.00 |
| 0805 | Accounts Payable Clerk | 52,970.00 |
| 806 | Accounts Payable Coordinator | 67,562.00 |
| 807 | Administrative Assistant | 438,769.27 |
| 808 | Billing Coordinator | 28,524.00 |
| 810 | Call Center Clerk | 31,658.00 |
|)811)811 | Call Center Customer Service Rep | 256,074.00 |
|)812 | Cash Manager | 14,258.00 |
|)813 | Coding Specialist | 53,532.00 |
| 0816 | Credentialing Specialist I | 55,436.00 |
| | Financial Analyst | 138,857.00 |
| 0822 | | 80,308.00 |
| 0823 | Grant Writer | 24,236.00 |
| 0824 | Graphic Designer | 69,506.00 |
| 0826 | Health Information Mgmt Proc | 9,533.00 |
| 0827 | Health Information Mgmt Team Ldr | 22,592.00 |
| 0828 | Health Information Manager | |
| 0830 | Help Desk Associate | 36,043.00 |
| 0838 | Office Manager School Based Clinic | 87,856.00 |
| 0840 | Patient Accounts Rep. Team Leader | 63,786.00 |
| 0841 | Patient Accounts Representative | 374,656.83 |
| 0845 | Payroll Supervisor | 70,488.00 |
| 0850 | Receptionist | 39,121.00 |
| 0853 | Release of Information Coordinator | 9,602.00 |
| 854 | Release of Information Specialist | 35,897.00 |
| 0855 | Secretary/Receptionist | 145,191.00 |
| 0856 | Senior Financial Analyst | 214,968.00 |
| 0857 | Senior Human Resources Generalist | 90,790.00 |
| 0858 | Senior Systems Administrator | 231,732.00 |
| 0860 | Training and Development Coordinator | 75,323.00 |
| 0863 | Staffing Specialist | 71,545.00 |
| 0864 | Patient Accounts Supervisor | 31,072.00 |
| 0866 | Privacy Officer | 84,454.00 |
| 0867 | Purchasing Agent | 56,109.00 |
| 0868 | Senior Administrative Assistant | 51,529.00 |
| 0869 | HIM Coordinator | 45,055.00 |
| 0870 | HIM Lead Processor | 42,113.00 |
| 0870 | Health Information Management Supervisor | 30,846.00 |
| 0871 | Interactive Media and Design Specialist | 38,119.00 |
| | Finance Administrative Assistant | 3,231.00 |
| 0873 | Other - Labor | 764.00 |
| 8900 | -A] Admin and General Compensation | 6,562,071.80 |

| Subgroup : M 00 B1 | Admin and General Other | |
|-----------------------|--|--------------|
| | IT Supplies | 486,481.15 |
| 52700 | • • | 107,744.77 |
| 53100 | Office Supplies | 191,405.00 |
| 54000 | Claim Processing Fees | 64,481.00 |
| 54600 | Software | 23,320.99 |
| 55150 | Vehicle Expense | 169,705.00 |
| 55300 | Software & Related Licenses | |
| 56900 | Training G+ç+¦ Other | 71,823.00 |
| 57100 | Printing Expense | 27,180.75 |
| 57310 | Client Incentives | 1,071.00 |
| 57400 | Postage & Delivery | 199,451.76 |
| 59100 | Communications-Telephone Expense | 248,402.74 |
| 59130 | Communications-Other | 101,012.00 |
| 59150 | Communications-Wireless | 22,475.00 |
| 59160 | Communications-Paging and Answering Service | 31,520.00 |
| 59170 | Cable Service | 6,577.02 |
| 60150 | Professional Licenses | 48,369.00 |
| 60300 | Personnel Recruitment Expense | 420,612.00 |
| 60350 | Human Resources/Payroll Processing | 182,581.00 |
| 60680 | Emergency Housing | 7,715.00 |
| 60750 | Bank & Other Service Charges | 43,177.21 |
| 60780 | Lobbying Expense | 66,860.00 |
| 60800 | Freight & Courier | 181.00 |
| 69100 | Bad Debt Expense | 619,264.00 |
| 69150 | Bad Debt | 34,604.00 |
| 69200 | Contractual Reserve | 29,578.00 |
| | min and General Other | 3,205,592.39 |
| | | |
| Subgroup : [5.00-A] | Plant Op and Maint, Comp. | |
| 50207 | Director of Facilities | 247.00 |
| 50217 | Facilities and Life Safety Manager | (670.00) |
| 50218 | Maintenance Supervisor | 20,292.00 |
| 50225 | Site Manager | 146,158.00 |
| 50821 | Facilites Support Worker | (80.00) |
| Subtotal [5.00-A] Pla | ant Op and Maint. Comp. | 165,947.00 |
| C., b., | Plant On and Maint Other | |
| Subgroup : [5.00-B] | Plant Op and Maint. Other Utilities - Electric | 339,155.71 |
| 54300 | 2 20 2 2 | 20,638.00 |
| 54310 | Utilities - Water | 21,894.00 |
| 54320 | Utilities - Sewer | 52,023.28 |
| 54330 | Utilities - Gas | 466,505.80 |
| 54400 | Building Repairs & Maintenance | |
| 54450 | Furniture & Equipment Purchase | 40,068.80 |
| 54500 | Furniture & Equipment Rental | 95,018.39 |
| 55250 | Laundry Services | 7,519.55 |
| 55290 | Security | 461,699.53 |
| 55400 | Service & Maintenance Agreements | 1,183,037.37 |
| 58700 | Snow Removal | 164,825.00 |
| Subtotal [5.00-B] Pia | ant Op and Maint. Other | 2,852,385.43 |
| | | |

Subgroup : [6.00-A] Janitorial Compensation Subtotal [6.00-A] Janitorial Compensation

| 55,969.14 |
|------------------------|
| 435,218.67 |
| 491,187.81 |
| 491,107.01 |
| |
| 61,012.90 |
| 61,012.90 |
| |
| 0.00 |
| |
| 131,833.00 |
| 114,319.00 |
| 246,152.00 |
| |
| 34,771.00 |
| 34,771.00 |
| |
| 2.22 |
| 0.00 |
| |
| 385,054.59 |
| 48,793.09 |
| 507.00 |
| 434,354.68 |
| |
| 0.00 |
| |
| 25,139.00 |
| 2,620.00 |
| 27,759.00 |
| |
| 24,148.00 |
| 19,331.00 |
| 43,119.00 |
| 95,574.00 |
| 5,039.00 |
| 328,062.00 |
| 25,393.00 |
| 540,666.00 |
| |
| |
| 54,653.88 |
| 54,653.88 54,556.00 |
| |

| 50859 | Sous Chef | 61,383.30 |
|-----------------------------|--|------------|
| Subtotal [12.01-A] Di | etary Comp. | 193,298.16 |
| | | |
| Subgroup : [12.01-B] | | 15 771 05 |
| 60400 | Food Expense G+ç+ Catering | 15,771.05 |
| 60450 | Food Expense G+ç+¦ Client Meals | 86,857.00 |
| 60500 | Food Expense G+ç+¦ Patient Food Purchases | 346,036.37 |
| 60510 | Food Supplies and Chemicals | 32,305.14 |
| Subtotal [12.01-B] Di | etary - Other | 480,969.56 |
| | | |
| Subgroup : [12.02-B] | | 5,805.00 |
| 59200 | Insurance Expense G+ç+¦ Medical | 71,118.99 |
| 59250 | Insurance Expense G+ç+¦ Umbrella Liability | 19,092.00 |
| 59300 | Insurance Expense G+ç+¦ D & O | |
| 59350 | Insurance Expense - General Liability | 144,253.71 |
| 59900 | Insurance Expense G+ç+¦ Other | 9,592.00 |
| Subtotal [12.02-B] In | surance Other | 249,861.70 |
| | 1 M. Call Works and Define Demonal | |
| | Medical Waste and Refuge Removal | 90,301.34 |
| 60200 | Medical Waste & Refuse Removal | 90,301.34 |
| Subtotal [12.03-B] M | edical Waste and Refuge Removal | 30,001.04 |
| Subgroup : [12.04-B] | Interest & Tayos | |
| - | Taxes | 9,277.00 |
| 55310 | | 424,744.00 |
| 60710 | Interest Expense - Bonds | 3,877.00 |
| 60720 | Interest Expense - Other | 437,898.00 |
| Subtotal [12.04-B] In | lerest & Taxes | 101,000100 |
| Cubaroup : [42 05 P | Accounting & Legal | |
| • | Accounting & Legal Accounting Services | 133,526.00 |
| 58200 | | 336,105.00 |
| 58300 | Legal Expenses | 469,631.00 |
| Subtotal [12.05-B] A | ccounting & Legal | 400,001100 |
| Subgroup : [12 06-R | Other Admin Supplies | |
| 53900 | Other Supplies | 25,505.51 |
| | Miscellaneous Expenses | 10,261.00 |
| 60900 | ther Admin Supplies | 35,766.51 |
| Subtotal [12.00-b] O | alet Admin Supplies | |
| Subgroup : [12.07-A |] Outreach Compensation | |
| 50450 | Wellness Outreach Manager | 56,717.00 |
| | outreach Compensation | 56,717.00 |
| Oustour [| | |
| Subgroup : [12.07-B | Outreach Materials and Services | |
| 57200 | Outreach Materials | 7,457.00 |
| 60600 | Outreach Expense | 32,529.00 |
| | outreach Materials and Services | 39,986.00 |
| | | |
| Subgroup : [12.08] | Contract Expenses | |
| 58510 | Contractual Services | 176,946.63 |
| Subtotal [12.08] Cor | ntract Expenses | 176,946.63 |
| _ - - | | |
| Subgroup : None | | 0.53 |
| Subtotal : None | | 0.00 |
| | | |

| Total [A] General Se | ervice Cost Centers | 25,033,230.35 |
|----------------------|--|---------------|
| | D: 10 0::10:-1 | |
| Group : [B] | Direct Care Cost Centers | |
| | N Physician Compensation Medical Director of Quality and Operations | 139,800.00 |
| 50232 50608 | Director of Pediatrics | 145,022.00 |
| 50608 | Medical Director | 323,542.90 |
| | Pediatrician | 210,153.00 |
| 50614 | Physician | 2,157,003.00 |
| 50616 | Podiatrist | 107,054.00 |
| 50618 | Psychiatrist | 887,413.00 |
| 50621 | Senior Medical Provider | 4,245.24 |
| 50626 | | 3,974,233.14 |
| Subtotal [23.00-A] F | Physician Compensation | 0,074,200.14 |
| Subgroup : [23.00-E | RI Physician Other | |
| Subtotal [23.00-B] F | | 0.00 |
| Odbtotal [20:00-2] | nyololali odlo. | |
| Subgroup : [24.00-A | A] Physician Services Under Agree Comp. | |
| | Physician Services Under Agree Comp. | 0.00 |
| | | • |
| Subgroup : [24.00-E | 3] Physician Svcs Under Agree Other | |
| | Physician Svcs Under Agree Other | 0.00 |
| | | |
| Subgroup : [25.00-A | A] Physician Asst Compensation | |
| 50617 | Physician Assistant | 238,381.00 |
| Subtotal [25.00-A] F | Physician Asst Compensation | 238,381.00 |
| | | |
| Subgroup : [25.00-E | 3] Physician Asst Other | |
| Subtotal [25.00-B] F | Physician Asst Other | 0.00 |
| | | |
| Subgroup : [26.00-/ | A] Nurse Practitioner Compensation | |
| 50435 | Registered Nurse | 788,146.14 |
| 50436 | Registered Nurse II | 0.24 |
| 50455 | Medical Case Manager | 17,299.00 |
| 50601 | APRN | 2,122,083.77 |
| 50620 | Psychiatric APRN | 20,654.12 |
| Subtotal [26.00-A] ? | Nurse Practitioner Compensation | 2,948,183.27 |
| | | |
| | B] Nurse Practitioner Other | |
| Subtotal [26.00-B] I | Nurse Practitioner Other | 0.00 |
| | | |
| | A] Visiting RN Compensation | |
| Subtotal [27.00-A] | Visiting RN Compensation | 0.00 |
| | | |
| | B] Visiting RN Other | 0.00 |
| Subtotal [27.00-B] | Visiting RN Other | 0.00 |
| 200 00 | At Winiting I DN Companyation | |
| | A] Visiting LPN Compensation | 28,461.80 |
| 50201 | Assistant Nurse Manager | 78,750.00 |
| 50206 | Director of Early Childhood | 29,981.00 |
| 50220 | NFN Clinical Supervisor | 47,500.41 |
| 50231 | Clinical Nurse Supervisor | 41,769.00 |
| 50233 | Director of Care Coordination | 41,709.00 |
| | | |

| 50418 | Licensed Practical Nurse | 862,056.02 |
|--|---|--------------|
| 50419 | Licensed Practical Nurse Per Diem | 7,338.62 |
| 50413 | NFN Home Visitor | 38,742.00 |
| 50425 50426 | Nurse Team Leader | 27,596.00 |
| 5042 0 50433 | Prenatal Home Visitor | 1,908.00 |
| 50433 50434 | QA/QI NURSE | 77,620.00 |
| 50434 50629 | Perinatal Program Manager | 45,155.00 |
| | -A] Visiting LPN Compensation | 1,286,877.85 |
| Subaroun - F29 | .00-B] Visiting LPN Other | |
| | PB] Visiting LPN Other | 0.00 |
| | | |
| Subgroup : [29 | .00-A] CNM Compensation | 245 476 00 |
| 50612 | Nurse Midwife | 215,476.00 |
| Subtotal [29.00 | -A] CNM Compensation | 215,476.00 |
| Subgroup : [29 | 0.00-B] CNM Other | |
| |)-B] CNM Other | 0.00 |
| Subgroup : [30 | 0.00-A] Clinical Psychologist Compensation | P44 ** |
| 50619 | Program Director I | 322,636.00 |
| 50622 | Psychologist | 122,289.00 |
| | 0-A] Clinical Psychologist Compensation | 444,925.00 |
| Subaroup : [30 | 0.00-B] Clinical Psychologist Other | |
| | D-B] Clinical Psychologist Other | 0.00 |
| Subgroup : [31 | 1.00-A] Clinical Social Worker Comp. | |
| 50202 | Assistant Program Director I | 464,673.00 |
| 50224 | Program Director !! | 333,029.25 |
| 50401 | Care Coordinator | 105,413.00 |
| 50402 | Case Manager | 628,950.32 |
| 50403 | Clinical Case Coordinator | 44,264.00 |
| 50603 | Assistant Program Director II | 138,550.32 |
| 50604 | Clinician I | 93,939.00 |
| 50605 | Clinician II | 3,027,446.16 |
| 50624 | Senior Clinician | 643,450.40 |
| | 0-A] Clinical Social Worker Comp. | 5,479,715.45 |
| Subaroup : 121 | 1.00-B] Clinical Social Worker Other | |
| | 0-B] Clinical Social Worker Other | 0.00 |
| Subgroup : I32 | 2.00-A] Lab Technician Compensation | |
| | 0-A] Lab Technician Compensation | 0.00 |
| - | 2.00-B] Lab Technician Other | |
| | | 0.00 |
| Subgroup : [32 | 0-B] Lab Technician Other | 0.00 |
| Subgroup : [32 Subtotal [32.00 | 0-B] Lab Technician Other | 0.00 |
| Subgroup : [32 Subtotal [32.00 Subgroup : [33 | | 71,426.00 |
| Subgroup : [32 Subtotal [32.00 Subgroup : [33 50234 | 0-B] Lab Technician Other 3.00-A] Dietician Compensation | |
| Subgroup : [32 Subtotal [32.00 Subgroup : [33 | 0-B] Lab Technician Other 3.00-A] Dietician Compensation Director of Wellness Education | 71,426.00 |

| Subgroup: [33.00-A] Dietician Other Subgroup: [33.00-B] Dietician Other Subtotal [33.00-B] Dietician Other Subtotal [34.00-A] Physical Therapist Compensation Subtotal [34.00-A] Physical Therapist Compensation Subgroup: [34.00-B] Physical Therapist Other Subgroup: [35.00-A] Occupational Therapist Other Subgroup: [35.00-A] Occupational Therapist Compensation 72,419.00 Subgroup: [35.00-B] Occupational Therapist Other 72,419.00 Subgroup: [35.00-B] Occupational Therapist Other 30.00 Subgroup: [35.00-B] Occupational Therapist Other 30.00 Subgroup: [36.00-A] Other Direct Care Comp. 30.00 | 50825 | Health Educator | 198,981.00 |
|--|-------------------|--|---------------|
| Subgroup: [34.00-A] Physical Therapist Compensation Subgroup: [34.00-B] Physical Therapist Other Subgroup: [34.00-B] Physical Therapist Other Subgroup: [35.00-A] Occupational Therapist Compensation 72,419.00 Subgroup: [35.00-A] Occupational Therapist Compensation 72,419.00 Subgroup: [35.00-A] Occupational Therapist Compensation 72,419.00 Subgroup: [35.00-B] Occupational Therapist Other 30,00 Subgroup: [35.00-B] Occupational Therapist Other 30,00 Subgroup: [36.00-A] Other Direct Care Comp. 30,00 Subgroup: [36.00-A] Occupational Therapist Other 30,00 Subg | Subtotal [33.00-A | \] Dietician Compensation | 382,201.00 |
| Subgroup: [34.00-A] Physical Therapist Compensation Subgroup: [34.00-B] Physical Therapist Other Subgroup: [34.00-B] Physical Therapist Other Subgroup: [35.00-A] Occupational Therapist Compensation 72,419.00 Subgroup: [35.00-A] Occupational Therapist Compensation 72,419.00 Subgroup: [35.00-A] Occupational Therapist Compensation 72,419.00 Subgroup: [35.00-B] Occupational Therapist Other 30,00 Subgroup: [35.00-B] Occupational Therapist Other 30,00 Subgroup: [36.00-A] Other Direct Care Comp. 30,00 Subgroup: [36.00-A] Occupational Therapist Other 30,00 Subg | | | |
| Subgroup: [34.00-A] Physical Therapist Compensation Subgroup: [34.00-B] Physical Therapist Other Subgroup: [35.00-A] Occupational Therapist Compensation Subgroup: [35.00-B] Occupational Therapist Other Subtotal [35.00-B] Occupational Therapist Other Subgroup: [35.00-B] Occupational Therapist Other Subgroup: [36.00-A] Other Direct Care Comp. Subgroup: [36.00-A] Other Direct Care Care Comp. Subgroup: [36.00-A] Other Direct Care Care Care Care Care Care Care Care | Subgroup : [33.0 | 0-B] Dietician Other | |
| Subtrotal [34.00-A] Physical Therapist Other Subgroup: [34.00-B] Physical Therapist Other 0.00 Subgroup: [35.00-A] Occupational Therapist Compensation 72,419.00 Subtrotal [35.00-A] Occupational Therapist Compensation 72,419.00 Subgroup: [35.00-A] Occupational Therapist Compensation 72,419.00 Subgroup: [35.00-B] Occupational Therapist Other 0.00 Subgroup: [36.00-A] Other Direct Care Comp. 50226 Subgroup: [36.00-A] Other Direct Care Comp. 50225 Subgroup: [36.00-A] Other Direct Care Comp. 25,62.00 Souda Clinical Pharmacist 265,250.06 Souda Clinical Pharmacy Coordination 22,562.00 Souda Clinical Pharmacy Coordination 29,682.5 Souda Clinical Pharmacy Coordination 290,401.39 Souda Clinical Pharmacy Coordination 290,401.39 Souda Clinical Pharmacy Coordinator 19,268.25 Souda Clinical Pharmacy Coordinator 19,268.25 Souda Clinical Pharmacy Coordinator 20,200.00 Souda Early Intervention Associate II 48,415.00 Souda Early Interventi | Subtotal [33.00-E | B] Dietician Other | 0.00 |
| Subtrotal [34.00-A] Physical Therapist Other Subgroup: [34.00-B] Physical Therapist Other 0.00 Subgroup: [35.00-A] Occupational Therapist Compensation 72,419.00 Subtrotal [35.00-A] Occupational Therapist Compensation 72,419.00 Subgroup: [35.00-A] Occupational Therapist Compensation 72,419.00 Subgroup: [35.00-B] Occupational Therapist Other 0.00 Subgroup: [36.00-A] Other Direct Care Comp. 50226 Subgroup: [36.00-A] Other Direct Care Comp. 50225 Subgroup: [36.00-A] Other Direct Care Comp. 25,62.00 Souda Clinical Pharmacist 265,250.06 Souda Clinical Pharmacy Coordination 22,562.00 Souda Clinical Pharmacy Coordination 29,682.5 Souda Clinical Pharmacy Coordination 290,401.39 Souda Clinical Pharmacy Coordination 290,401.39 Souda Clinical Pharmacy Coordinator 19,268.25 Souda Clinical Pharmacy Coordinator 19,268.25 Souda Clinical Pharmacy Coordinator 20,200.00 Souda Early Intervention Associate II 48,415.00 Souda Early Interventi | | | |
| Subgroup: [34.00-B] Physical Therapist Other Subgroup: [35.00-A] Occupational Therapist Compensation 72,419.00 Subgroup: [35.00-A] Occupational Therapist Compensation 72,419.00 Subgroup: [35.00-B] Occupational Therapist Other 72,419.00 Subgroup: [35.00-B] Occupational Therapist Other 0.00 Subgroup: [36.00-A] Other Direct Care Comp. 5026 Subgroup: [36.00-A] Other Direct Care Comp. 5,673.00 50226 Utilization Review Manager 5,673.00 50409 Clinical Pharmacy Coordinator 109,268.25 50407 Community Health Worker 201,196.00 50412 Early Intervention Associate 26,122.00 50413 Early Intervention Associate 26,122.00 50420 Medical Assistant 703,522.00 504216 Infectious Disease Nurse 81,123.00 50422 Nurse Manager 45,554.00 50423 Nurse Manager 45,554.00 50424 Practice Manager I 137,271.20 50425 Nurse Manager 45,554.00 50427 Ophthalmology Assistant 57,861.0 | | | |
| Subgroup: [36.00-A] Occupational Therapist Compensation 50613 Occupational Therapist Other Subgroup: [35.00-B] Occupational Therapist Other 0.00 Subgroup: [36.00-A] Other Direct Care Comp. 50.00 50225 Utilization Review Manager 5,673.00 50404 Clinical Pharmacist 265,250.06 50405 Clinical Pharmacy Coordinator 109,268.25 50407 Community Health Worker 201,196.05 50412 Early Intervention Associate 26,122.00 50412 Early Intervention Associate II 48,415.00 50412 Early Intervention Associate II 48,115.00 50420 Medical Assistant 703,522.00 50421 Neurologist 60.00 50422 Nurse Manager 45,554.00 50423 Practice Manager II 37,271.20 50432 Practice Manag | Subtotal [34.00-A | \] Physical Therapist Compensation | 0.00 |
| Subgroup: [36.00-A] Occupational Therapist Compensation 50613 Occupational Therapist Other Subgroup: [35.00-B] Occupational Therapist Other 0.00 Subgroup: [36.00-A] Other Direct Care Comp. 50.00 50225 Utilization Review Manager 5,673.00 50404 Clinical Pharmacist 265,250.06 50405 Clinical Pharmacy Coordinator 109,268.25 50407 Community Health Worker 201,196.05 50412 Early Intervention Associate 26,122.00 50412 Early Intervention Associate II 48,415.00 50412 Early Intervention Associate II 48,115.00 50420 Medical Assistant 703,522.00 50421 Neurologist 60.00 50422 Nurse Manager 45,554.00 50423 Practice Manager II 37,271.20 50432 Practice Manag | | | |
| Subgroup: [36.00-A] Occupational Therapist Compensation 72,419.00 Subtotal [35.00-A] Occupational Therapist Compensation 72,419.00 Subgroup: [35.00-B] Occupational Therapist Other 0.00 Subgroup: [36.00-A] Other Direct Care Comp. 0.00 Subgroup: [36.00-A] Other Direct Care Comp. 0.00 50226 Utilization Review Manager 5,673.00 50235 Assistant Manager of Care Coordination 22,562.00 50404 Clinical Pharmacist 265,250.06 50405 Clinical Pharmacy Coordinator 109,268.25 50407 Community Health Worker 201,196.00 50412 Early Intervention Associate 26,122.00 50413 Early Intervention Associate II 48,415.00 50420 Medical Assistant 703,522.00 50421 Nurse Manager 45,554.00 50422 Nurse Manager 45,554.00 50423 Nurse Manager 185,224.00 50424 Nurse Manager 19,544.64 50425 Nurse Manager II 37,271.20 50426 Ophthalmic Technician <td< td=""><td></td><td></td><td>0.00</td></td<> | | | 0.00 |
| 50613 Occupational Therapist Compensation 72,419.00 Subgroup: [35.00-A] Occupational Therapist Other Subgroup: [35.00-B] Occupational Therapist Other Subgroup: [36.00-A] Other Direct Care Comp. Subgroup: [36.00-A] Other Direct Care Comp. 50226 Utilization Review Manager 5,673.00 50235 Assistant Manager of Care Coordination 22,562.00 50404 Clinical Pharmacy Coordinator 109,268.25 50407 Community Health Worker 201,196.00 50412 Early Intervention Associate 26,122.00 50413 Early Intervention Associate II 48,415.00 50416 Infectious Disease Nurse 81,123.00 50420 Medical Assistant 703,522.00 50421 Neurologist 600.00 50425 Nurse Manager 45,554.00 50427 Ophthalmic Technician 54,664.00 50431 Practice Manager I 185,224.00 50427 Ophthalmic Technician 54,661.00 50428 Ophthalmic Technician 57,861.00 50431 Practice Manager I | Subtotal [34.00-B | Physical Therapist Other | 0.00 |
| 50613 Occupational Therapist Compensation 72,419.00 Subgroup: [35.00-A] Occupational Therapist Other Subgroup: [35.00-B] Occupational Therapist Other Subgroup: [36.00-A] Other Direct Care Comp. Subgroup: [36.00-A] Other Direct Care Comp. 50226 Utilization Review Manager 5,673.00 50235 Assistant Manager of Care Coordination 22,562.00 50404 Clinical Pharmacy Coordinator 109,268.25 50407 Community Health Worker 201,196.00 50412 Early Intervention Associate 26,122.00 50413 Early Intervention Associate II 48,415.00 50416 Infectious Disease Nurse 81,123.00 50420 Medical Assistant 703,522.00 50421 Neurologist 600.00 50425 Nurse Manager 45,554.00 50427 Ophthalmic Technician 54,664.00 50431 Practice Manager I 185,224.00 50427 Ophthalmic Technician 54,661.00 50428 Ophthalmic Technician 57,861.00 50431 Practice Manager I | Subgroup : (35.0 | 0-A1 Occupational Therapist Compensation | |
| Subgroup: [35.00-B] Occupational Therapist Other 72,419.00 Subgroup: [36.00-B] Occupational Therapist Other 0.00 Subgroup: [36.00-A] Other Direct Care Comp. Care Comp. 50226 Utilization Review Manager 5,673.00 50235 Assistant Manager of Care Coordination 22,552.06 50404 Clinical Pharmacy Coordinator 109,568.25 50407 Community Health Worker 201,196.00 50412 Early Intervention Associate 26,222.00 50412 Early Intervention Associate II 48,415.00 50413 Early Intervention Associate II 48,415.00 50420 Medical Assistant 703,522.00 504216 Infectious Disease Nurse 81,23.00 504220 Medical Assistant 703,522.00 504215 Nurse Manager 45,554.00 504227 Ophthalmic Technician 54,464.00 504238 Ophthalmic Technician 54,464.00 50431 Practice Manager II 37,271.20 50432 Practice Manager II 37,271.20 50433 Resi | | | 72,419.00 |
| Subgroup: [35.00-B] Occupational Therapist Other 0.00 Subgroup: [36.00-A] Other Direct Care Comp. 5.673.00 50226 Utilization Review Manager 5,673.00 50235 Assistant Manager of Care Coordination 22,562.00 50404 Clinical Pharmacy Coordinator 109,268.25 50405 Clinical Pharmacy Coordinator 109,268.25 50407 Community Health Worker 201,196.00 50412 Early Intervention Associate 290,401.39 50412 Early Intervention Associate 26,122.00 50413 Early Intervention Associate II 48,415.00 50416 Infectious Disease Nurse 81,123.00 50420 Medical Assistant 703,522.00 50421 Neurologist 600.00 50422 Murse Manager 45,554.00 50423 Ophthalmic Technician 54,464.00 50424 Ophthalmic Technician 54,464.00 50432 Practice Manager I 185,224.00 50432 Practice Manager I 37,271.20 50432 Practice Manager I | | · | |
| Subgroup: [36.00-A] Other Direct Care Comp. 50226 Utilization Review Manager 5,673.00 50235 Assistant Manager of Care Coordination 22,562.00 50404 Clinical Pharmacist 265,50.06 50405 Clinical Pharmacy Coordinator 109,268.25 50407 Community Health Worker 201,196.00 50409 Detox Technician 290,401.39 50412 Early Intervention Associate II 48,415.00 50413 Early Intervention Associate II 48,415.00 50416 Infectious Disease Nurse 81,123.00 50420 Medical Assistant 703,522.00 50421 Neurologist 600.00 50422 Nurse Manager 45,554.00 50427 Ophthalmic Technician 54,464.00 50428 Ophthalmic Technician 57,861.00 50431 Practice Manager I 185,224.00 50432 Practice Manager II 37,271.20 50433 Rehabilitation Coordinator 44,269.00 50433 Resource Specialis 42,554.00 </td <td>.</td> <td></td> <td>3</td> | . | | 3 |
| Subgroup: [36.00-A] Other Direct Care Comp. 50226 Utilization Review Manager 5,673.00 50235 Assistant Manager of Care Coordination 22,562.00 50404 Clinical Pharmacist 265,250.06 50405 Clinical Pharmacy Coordinator 109,268.25 50407 Community Health Worker 200,401.39 50412 Early Intervention Associate 26,122.00 50413 Early Intervention Associate II 48,415.00 50416 Infectious Disease Nurse 81,123.00 50420 Medical Assistant 703,522.00 50421 Neurologist 600.00 50425 Nurse Manager 45,554.00 50427 Ophthalmology Assistant 57,861.00 50431 Practice Manager I 185,224.00 50432 Practice Manager II 37,271.20 50433 Practice Manager II 37,271.20 50432 Practice Manager II 37,271.20 50433 Resource Specialist 42,950.00 50442 Senior Care Coordinator 42,659.00 </td <td>Subgroup : [35.0</td> <td>0-B] Occupational Therapist Other</td> <td></td> | Subgroup : [35.0 | 0-B] Occupational Therapist Other | |
| 50226 Utilization Review Manager 5,673.00 50235 Assistant Manager of Care Coordination 22,562.00 50404 Clinical Pharmacist 265,250.06 50405 Clinical Pharmacy Coordinator 109,268.25 50407 Community Health Worker 201,196.00 50409 Detox Technician 290,401.39 50412 Early Intervention Associate 26,122.00 50413 Early Intervention Associate II 48,415.00 50416 Infectious Disease Nurse 81,123.00 50420 Medical Assistant 703,522.00 50421 Neurologist 600.00 50422 Medical Assistant 703,522.00 50425 Nurse Manager 45,554.00 50427 Ophthalmic Technician 54,464.00 50428 Ophthalmology Assistant 57,861.00 50431 Practice Manager II 185,224.00 50432 Practice Manager II 37,271.20 50433 Residential Aide 280,221.00 50440 Resource Specialist 42, | Subtotal [35.00-E | 3] Occupational Therapist Other | 0.00 |
| 50226 Utilization Review Manager 5,673.00 50235 Assistant Manager of Care Coordination 22,562.00 50404 Clinical Pharmacist 265,250.06 50405 Clinical Pharmacy Coordinator 109,268.25 50407 Community Health Worker 201,196.00 50409 Detox Technician 290,401.39 50412 Early Intervention Associate 26,122.00 50413 Early Intervention Associate II 48,415.00 50416 Infectious Disease Nurse 81,123.00 50420 Medical Assistant 703,522.00 50421 Neurologist 600.00 50422 Medical Assistant 703,522.00 50425 Nurse Manager 45,554.00 50427 Ophthalmic Technician 54,464.00 50428 Ophthalmology Assistant 57,861.00 50431 Practice Manager II 185,224.00 50432 Practice Manager II 37,271.20 50433 Residential Aide 280,221.00 50440 Resource Specialist 42, | | | |
| 50235 Assistant Manager of Care Coordination 22,562.00 50404 Clinical Pharmacist 265,250.06 50405 Clinical Pharmacy Coordinator 109,268.25 50407 Community Health Worker 201,196.00 50409 Detox Technician 290,401.39 50412 Early Intervention Associate 26,122.00 50413 Early Intervention Associate II 48,415.00 50416 Infectious Disease Nurse 81,123.00 50420 Medical Assistant 703,522.00 50421 Neurologist 600.00 50422 Medical Assistant 703,522.00 50425 Nurse Manager 45,554.00 50427 Ophthalmology Assistant 57,861.00 50431 Practice Manager I 185,224.00 50432 Practice Manager II 37,271.20 50433 Residential Aide 280,221.00 50440 Resource Specialist 42,950.00 50442 Senior Care Coordinator Assistant 40,600.00 50443 Special Education Teacher | Subgroup : [36.0 | | |
| 50404 Clinical Pharmacist 265,250.06 50405 Clinical Pharmacy Coordinator 109,268.25 50407 Community Health Worker 201,196.00 50409 Detox Technician 290,401.39 50412 Early Intervention Associate 26,122.00 50413 Early Intervention Associate II 48,415.00 50416 Infectious Disease Nurse 81,123.00 50420 Medical Assistant 703,522.00 50421 Neurologist 600.00 50422 Murse Manager 45,554.00 50427 Ophthalmic Technician 54,464.00 50428 Ophthalmology Assistant 57,861.00 50431 Practice Manager I 185,224.00 50432 Practice Manager I 37,271.20 50433 Residential Aide 280,221.00 50440 Resource Specialist 42,950.00 50442 Senior Care Coordinator Assistant 40,600.00 50443 Special Education Teacher 43,643.00 50444 Senior Detox Technician 19,58 | | | , |
| 50405 Clinical Pharmacy Coordinator 109,268.25 50407 Community Health Worker 201,196.00 50409 Detox Technician 290,401.39 50412 Early Intervention Associate 26,122.00 50413 Early Intervention Associate II 48,415.00 50416 Infectious Disease Nurse 81,123.00 50420 Medical Assistant 703,522.00 50421 Neurologist 600.00 504225 Nurse Manager 45,554.00 50427 Ophthalmic Technician 54,464.00 50428 Ophthalmology Assistant 57,861.00 50431 Practice Manager I 185,224.00 50432 Practice Manager II 37,271.20 50433 Residential Alde 280,221.00 50440 Resource Specialist 42,950.00 50442 Senior Care Coordinator Assistant 40,600.00 50444 Senior Detox Technician 19,584.75 50445 Special Education Teacher 43,643.00 50449 Milieu Counselor Shift Supervisor | | _ | |
| 50407 Community Health Worker 201,196.00 50409 Detox Technician 290,401.39 50412 Early Intervention Associate 26,122.00 50413 Early Intervention Associate II 48,415.00 50416 Infectious Disease Nurse 81,123.00 50420 Medical Assistant 703,522.00 50421 Neurologist 600.00 50425 Nurse Manager 45,554.00 50427 Ophthalmic Technician 54,464.00 50428 Ophthalmology Assistant 57,861.00 50431 Practice Manager II 37,271.20 50432 Practice Manager II 37,271.20 50433 Residential Aide 280,221.00 50440 Resource Specialist 42,950.00 50442 Senior Care Coordinator Assistant 40,600.00 50444 Senior Detox Technician 19,584.75 50445 Special Education Teacher 43,643.00 50449 Millieu Counselor Shift Supervisor 103,993.00 50453 Complex Care Manager <td< td=""><td></td><td>2,,,,,</td><td></td></td<> | | 2,,,,, | |
| 50409 Detox Technician 290,401.39 50412 Early Intervention Associate 26,122.00 50413 Early Intervention Associate II 48,415.00 50416 Infectious Disease Nurse 81,123.00 50420 Medical Assistant 703,522.00 50421 Neurologist 600.00 50425 Nurse Manager 45,554.00 50427 Ophthalmic Technician 54,464.00 50428 Ophthalmology Assistant 57,861.00 50431 Practice Manager II 37,271.20 50432 Practice Manager II 37,271.20 50433 Residential Aide 280,221.00 50440 Resource Specialist 42,950.00 50442 Senior Care Coordinator Assistant 40,600.00 50444 Senior Detox Technician 19,584.75 50445 Special Education Teacher 43,643.00 50449 Milieu Counselor Shift Supervisor 103,993.00 50453 Complex Care Manager Social Workers 13,802.00 50627 Speech Language Pathologist | | - | |
| 50412 Early Intervention Associate 26,122.00 50413 Early Intervention Associate II 48,415.00 50416 Infectious Disease Nurse 81,123.00 50420 Medical Assistant 703,522.00 50421 Neurologist 600.00 50425 Nurse Manager 45,554.00 50427 Ophthalmic Technician 54,464.00 50428 Ophthalmology Assistant 57,861.00 50431 Practice Manager II 37,271.20 50432 Practice Manager II 37,271.20 50433 Residential Aide 280,221.00 50440 Resource Specialist 42,950.00 50442 Senior Care Coordinator Assistant 40,600.00 50444 Senior Detox Technician 19,584.75 50445 Special Education Teacher 43,643.00 50453 Complex Care Manager Social Workers 13,802.00 50627 Speech Language Pathologist 105,719.00 50628 Substance Abuse Counselor 87,986.00 50801 Access To Care Manager <td></td> <td>•</td> <td></td> | | • | |
| 50413 Early Intervention Associate II 48,415.00 50416 Infectious Disease Nurse 81,123.00 50420 Medical Assistant 703,522.00 50421 Neurologist 600.00 50425 Nurse Manager 45,554.00 50427 Ophthalmic Technician 54,464.00 50428 Ophthalmology Assistant 57,861.00 50431 Practice Manager I 185,224.00 50432 Practice Manager II 37,271.20 50437 Rehabilitation Coordinator 44,269.00 50438 Residential Aide 280,221.00 50440 Resource Specialist 42,950.00 50442 Senior Care Coordinator Assistant 40,600.00 50444 Senior Detox Technician 19,584.75 50445 Special Education Teacher 43,643.00 50449 Milieu Counselor Shift Supervisor 103,993.00 50627 Speech Language Pathologist 105,719.00 50628 Substance Abuse Counselor 87,986.00 50801 Access To Care Manager | | | |
| 50416 Infectious Disease Nurse 81,123.00 50420 Medical Assistant 703,522.00 50421 Neurologist 600.00 50425 Nurse Manager 45,554.00 50427 Ophthalmic Technician 54,664.00 50428 Ophthalmology Assistant 57,861.00 50431 Practice Manager I 185,224.00 50432 Practice Manager II 37,271.20 50438 Residential Aide 280,221.00 50440 Resource Specialist 42,950.00 50442 Senior Care Coordinator Assistant 40,600.00 50444 Senior Detox Technician 19,584.75 50445 Special Education Teacher 43,643.00 50449 Milieu Counselor Shift Supervisor 103,993.00 50453 Complex Care Manager Social Workers 13,802.00 50627 Speech Language Pathologist 105,719.00 50628 Substance Abuse Counselor 87,986.00 50801 Access To Care Manager 51,196.00 50802 Access To Care Referral Coor | | • | |
| 50420 Medical Assistant 703,522.00 50421 Neurologist 600.00 50425 Nurse Manager 45,554.00 50427 Ophthalmic Technician 54,464.00 50428 Ophthalmology Assistant 57,861.00 50431 Practice Manager I 185,224.00 50432 Practice Manager II 37,271.20 50437 Rehabilitation Coordinator 44,269.00 50438 Residential Aide 280,221.00 50440 Resource Specialist 42,950.00 50442 Senior Care Coordinator Assistant 40,600.00 50444 Senior Detox Technician 19,584.75 50445 Special Education Teacher 43,643.00 50449 Milieu Counselor Shift Supervisor 103,993.00 50627 Speech Language Pathologist 105,719.00 50628 Substance Abuse Counselor 87,986.00 50801 Access To Care Manager 51,196.00 50802 Access to Care Outreach Worker 192,173.00 50803 Access To Care Referral Coordi | | · | |
| 50421 Neurologist 600.00 50425 Nurse Manager 45,554.00 50427 Ophthalmic Technician 54,464.00 50428 Ophthalmology Assistant 57,861.00 50431 Practice Manager I 185,224.00 50432 Practice Manager II 37,271.20 50437 Rehabilitation Coordinator 44,269.00 50438 Residential Aide 280,221.00 50440 Resource Specialist 42,950.00 50442 Senior Care Coordinator Assistant 40,600.00 50444 Senior Detox Technician 19,584.75 50445 Special Education Teacher 43,643.00 50449 Millieu Counselor Shift Supervisor 103,993.00 50627 Speech Language Pathologist 105,719.00 50628 Substance Abuse Counselor 87,986.00 50801 Access To Care Manager 51,196.00 50802 Access to Care Outreach Worker 192,173.00 50803 Access To Care Referral Coordinator 23,398.00 50818 EHR Support< | | | |
| 50425 Nurse Manager 45,554.00 50427 Ophthalmic Technician 54,464.00 50428 Ophthalmology Assistant 57,861.00 50431 Practice Manager I 185,224.00 50432 Practice Manager II 37,271.20 50437 Rehabilitation Coordinator 44,269.00 50438 Residential Aide 280,221.00 50440 Resource Specialist 42,950.00 50442 Senior Care Coordinator Assistant 40,600.00 50444 Senior Detox Technician 19,584.75 50445 Special Education Teacher 43,643.00 50449 Milieu Counselor Shift Supervisor 103,993.00 50453 Complex Care Manager Social Workers 13,802.00 50627 Speech Language Pathologist 105,719.00 50628 Substance Abuse Counselor 87,986.00 50801 Access To Care Manager 51,196.00 50802 Access to Care Outreach Worker 192,173.00 50803 Access To Care Referral Coordinator 23,398.00 50818 <td></td> <td></td> <td>·</td> | | | · |
| 50427 Ophthalmic Technician 54,464.00 50428 Ophthalmology Assistant 57,861.00 50431 Practice Manager I 185,224.00 50432 Practice Manager II 37,271.20 50437 Rehabilitation Coordinator 44,269.00 50438 Residential Aide 280,221.00 50440 Resource Specialist 42,950.00 50442 Senior Care Coordinator Assistant 40,600.00 50444 Senior Detox Technician 19,584.75 50445 Special Education Teacher 43,643.00 50449 Milieu Counselor Shift Supervisor 103,993.00 50453 Complex Care Manager Social Workers 13,802.00 50627 Speech Language Pathologist 105,719.00 50628 Substance Abuse Counselor 87,986.00 50801 Access To Care Manager 51,196.00 50802 Access to Care Outreach Worker 192,173.00 50803 Access To Care Referral Coordinator 23,398.00 50818 EHR Support 53,411.00 50820 | | _ | |
| 50428 Ophthalmology Assistant 57,861.00 50431 Practice Manager I 185,224.00 50432 Practice Manager II 37,271.20 50437 Rehabilitation Coordinator 44,269.00 50438 Residential Aide 280,221.00 50440 Resource Specialist 42,950.00 50442 Senior Care Coordinator Assistant 40,600.00 50444 Senior Detox Technician 19,584.75 50445 Special Education Teacher 43,643.00 50449 Millieu Counselor Shift Supervisor 103,993.00 50453 Complex Care Manager Social Workers 13,802.00 50627 Speech Language Pathologist 105,719.00 50628 Substance Abuse Counselor 87,986.00 50801 Access To Care Manager 51,196.00 50802 Access to Care Outreach Worker 192,173.00 50818 EHR Support 53,411.00 50820 EPM Administrator 87,021.00 50833 HUSKY Liaison 26,578.00 | | _ | · |
| 50431 Practice Manager I 185,224.00 50432 Practice Manager II 37,271.20 50437 Rehabilitation Coordinator 44,269.00 50438 Residential Aide 280,221.00 50440 Resource Specialist 42,950.00 50442 Senior Care Coordinator Assistant 40,600.00 50444 Senior Detox Technician 19,584.75 50445 Special Education Teacher 43,643.00 50449 Milieu Counselor Shift Supervisor 103,993.00 50453 Complex Care Manager Social Workers 13,802.00 50627 Speech Language Pathologist 105,719.00 50628 Substance Abuse Counselor 87,986.00 50801 Access To Care Manager 51,196.00 50802 Access to Care Outreach Worker 192,173.00 50803 Access To Care Referral Coordinator 23,398.00 50818 EHR Support 53,411.00 50820 EPM Administrator 87,021.00 50833 HUSKY Liaison 26,578.00 | | - | |
| 50432 Practice Manager II 37,271.20 50437 Rehabilitation Coordinator 44,269.00 50438 Residential Aide 280,221.00 50440 Resource Specialist 42,950.00 50442 Senior Care Coordinator Assistant 40,600.00 50444 Senior Detox Technician 19,584.75 50445 Special Education Teacher 43,643.00 50449 Millieu Counselor Shift Supervisor 103,993.00 50453 Complex Care Manager Social Workers 13,802.00 50627 Speech Language Pathologist 105,719.00 50628 Substance Abuse Counselor 87,986.00 50801 Access To Care Manager 51,196.00 50802 Access to Care Outreach Worker 192,173.00 50803 Access To Care Referral Coordinator 23,398.00 50818 EHR Support 53,411.00 50820 EPM Administrator 87,021.00 50833 HUSKY Liaison 26,578.00 | | • | |
| 50437 Rehabilitation Coordinator 44,269.00 50438 Residential Aide 280,221.00 50440 Resource Specialist 42,950.00 50442 Senior Care Coordinator Assistant 40,600.00 50444 Senior Detox Technician 19,584.75 50445 Special Education Teacher 43,643.00 50449 Milieu Counselor Shift Supervisor 103,993.00 50453 Complex Care Manager Social Workers 13,802.00 50627 Speech Language Pathologist 105,719.00 50628 Substance Abuse Counselor 87,986.00 50801 Access To Care Manager 51,196.00 50802 Access to Care Outreach Worker 192,173.00 50803 Access To Care Referral Coordinator 23,398.00 50818 EHR Support 53,411.00 50820 EPM Administrator 87,021.00 50833 HUSKY Liaison 26,578.00 | | - | |
| 50438 Residential Aide 280,221.00 50440 Resource Specialist 42,950.00 50442 Senior Care Coordinator Assistant 40,600.00 50444 Senior Detox Technician 19,584.75 50445 Special Education Teacher 43,643.00 50449 Milieu Counselor Shift Supervisor 103,993.00 50453 Complex Care Manager Social Workers 13,802.00 50627 Speech Language Pathologist 105,719.00 50628 Substance Abuse Counselor 87,986.00 50801 Access To Care Manager 51,196.00 50802 Access to Care Outreach Worker 192,173.00 50803 Access To Care Referral Coordinator 23,398.00 50818 EHR Support 53,411.00 50820 EPM Administrator 87,021.00 50833 HUSKY Liaison 26,578.00 | | | - * |
| 50440 Resource Specialist 42,950.00 50442 Senior Care Coordinator Assistant 40,600.00 50444 Senior Detox Technician 19,584.75 50445 Special Education Teacher 43,643.00 50449 Milieu Counselor Shift Supervisor 103,993.00 50453 Complex Care Manager Social Workers 13,802.00 50627 Speech Language Pathologist 105,719.00 50628 Substance Abuse Counselor 87,986.00 50801 Access To Care Manager 51,196.00 50802 Access to Care Outreach Worker 192,173.00 50803 Access To Care Referral Coordinator 23,398.00 50818 EHR Support 53,411.00 50820 EPM Administrator 87,021.00 50833 HUSKY Liaison 26,578.00 | | | |
| 50442 Senior Care Coordinator Assistant 40,600.00 50444 Senior Detox Technician 19,584.75 50445 Special Education Teacher 43,643.00 50449 Milieu Counselor Shift Supervisor 103,993.00 50453 Complex Care Manager Social Workers 13,802.00 50627 Speech Language Pathologist 105,719.00 50628 Substance Abuse Counselor 87,986.00 50801 Access To Care Manager 51,196.00 50802 Access to Care Outreach Worker 192,173.00 50803 Access To Care Referral Coordinator 23,398.00 50818 EHR Support 53,411.00 50820 EPM Administrator 87,021.00 50833 HUSKY Liaison 26,578.00 | | | |
| 50444 Senior Detox Technician 19,584.75 50445 Special Education Teacher 43,643.00 50449 Milieu Counselor Shift Supervisor 103,993.00 50453 Complex Care Manager Social Workers 13,802.00 50627 Speech Language Pathologist 105,719.00 50628 Substance Abuse Counselor 87,986.00 50801 Access To Care Manager 51,196.00 50802 Access to Care Outreach Worker 192,173.00 50803 Access To Care Referral Coordinator 23,398.00 50818 EHR Support 53,411.00 50820 EPM Administrator 87,021.00 50833 HUSKY Liaison 26,578.00 | | · | |
| 50445 Special Education Teacher 43,643.00 50449 Milieu Counselor Shift Supervisor 103,993.00 50453 Complex Care Manager Social Workers 13,802.00 50627 Speech Language Pathologist 105,719.00 50628 Substance Abuse Counselor 87,986.00 50801 Access To Care Manager 51,196.00 50802 Access to Care Outreach Worker 192,173.00 50803 Access To Care Referral Coordinator 23,398.00 50818 EHR Support 53,411.00 50820 EPM Administrator 87,021.00 50833 HUSKY Liaison 26,578.00 | | | |
| 50449 Milieu Counselor Shift Supervisor 103,993.00 50453 Complex Care Manager Social Workers 13,802.00 50627 Speech Language Pathologist 105,719.00 50628 Substance Abuse Counselor 87,986.00 50801 Access To Care Manager 51,196.00 50802 Access to Care Outreach Worker 192,173.00 50803 Access To Care Referral Coordinator 23,398.00 50818 EHR Support 53,411.00 50820 EPM Administrator 87,021.00 50833 HUSKY Liaison 26,578.00 | | Special Education Teacher | |
| 50453 Complex Care Manager Social Workers 13,802.00 50627 Speech Language Pathologist 105,719.00 50628 Substance Abuse Counselor 87,986.00 50801 Access To Care Manager 51,196.00 50802 Access to Care Outreach Worker 192,173.00 50803 Access To Care Referral Coordinator 23,398.00 50818 EHR Support 53,411.00 50820 EPM Administrator 87,021.00 50833 HUSKY Liaison 26,578.00 | | • | |
| 50627 Speech Language Pathologist 105,719.00 50628 Substance Abuse Counselor 87,986.00 50801 Access To Care Manager 51,196.00 50802 Access to Care Outreach Worker 192,173.00 50803 Access To Care Referral Coordinator 23,398.00 50818 EHR Support 53,411.00 50820 EPM Administrator 87,021.00 50833 HUSKY Liaison 26,578.00 | | | |
| 50628 Substance Abuse Counselor 87,986.00 50801 Access To Care Manager 51,196.00 50802 Access to Care Outreach Worker 192,173.00 50803 Access To Care Referral Coordinator 23,398.00 50818 EHR Support 53,411.00 50820 EPM Administrator 87,021.00 50833 HUSKY Liaison 26,578.00 | 50627 | _ | 105,719.00 |
| 50802 Access to Care Outreach Worker 192,173.00 50803 Access To Care Referral Coordinator 23,398.00 50818 EHR Support 53,411.00 50820 EPM Administrator 87,021.00 50833 HUSKY Liaison 26,578.00 | 50628 | • | 87,986.00 |
| 50803 Access To Care Referral Coordinator 23,398.00 50818 EHR Support 53,411.00 50820 EPM Administrator 87,021.00 50833 HUSKY Liaison 26,578.00 | 50801 | Access To Care Manager | 51,196.00 |
| 50818 EHR Support 53,411.00 50820 EPM Administrator 87,021.00 50833 HUSKY Liaison 26,578.00 | 50802 | Access to Care Outreach Worker | 192,173.00 |
| 50820 EPM Administrator 87,021.00 50833 HUSKY Liaison 26,578.00 | 50803 | Access To Care Referral Coordinator | 23,398.00 |
| 50833 HUSKY Liaison 26,578.00 | 50818 | EHR Support | 53,411.00 |
| | 50820 | EPM Administrator | |
| 50842 Patient Advocate 75,289.00 | 50833 | HUSKY Liaison | |
| | 50842 | Patient Advocate | 75,289.00 |

| 50843 | Patient Registrar | 556,554.00 |
|--|--|--|
| 50844 | Patient Registration Team Leader | 129,986.00 |
| 50846 | Practice Coordinator | 86,260.00 |
| 50847 | Program Coordinator | 118,566.00 |
| 50852 | Referral Specialist | 222,888.00 |
| | other Direct Care Comp. | 4,540,594.65 |
| Suptotal [30.00-A] C | the bleet sale some. | \$ % |
| Subgroup : 136 00-F | Other Direct Care Supplies | |
| 58500 | Contractual Labor | 991,623.00 |
| 58550 | Temporary Labor | 695,334.49 |
| | Other Direct Care Supplies | 1,686,957.49 |
| Subtotal [50,00-b] c | Alloi Dirott dato dappinos | \ |
| Subgroup : None | | |
| Subtotal : None | | 0.00 |
| Total [B] Direct Care | e Cost Centers | 21,269,963.85 |
| total [D] Direct care | | 9 |
| Group : [C] | Reimbursable Pass Through Costs | |
| Subgroup : [47.00] | Allowable GME Costs | |
| Subtotal [47.00] Allo | | 0.00 |
| oubtom [47700] | | |
| Subgroup : [48.00] | Pneumococcal Vaccines and Supplies | |
| 61020 | Vaccines and Other Pharmaceuticals | 394,731.00 |
| | eumococcal Vaccines and Supplies | 394,731.00 |
| Oubtom [40.00] i iii | The state of the s | |
| Subgroup : [49.00] | Influenza Vaccines and Supplies | |
| | uenza Vaccines and Supplies | 0.00 |
| Captotal [totol] | | |
| | | |
| Subgroup : None | | |
| Subgroup : None Subtotal : None | | 0.00 |
| Subtotal : None | able Pass Through Costs | 0.00 394,731.00 |
| Subtotal : None | able Pass Through Costs | |
| Subtotal : None Total [C] Reimbursa | able Pass Through Costs Other FQHC Services | |
| Subtotal : None Total [C] Reimbursa Group : [D] | Other FQHC Services | |
| Subtotal: None Total [C] Reimbursa Group: [D] Subgroup: [60.00-A | Other FQHC Services A] Medicare Excluded Svcs Comp. | |
| Subtotal: None Total [C] Reimbursa Group: [D] Subgroup: [60.00-A | Other FQHC Services | 394,731.00 |
| Subtotal: None Total [C] Reimbursa Group: [D] Subgroup: [60.00-A] Subtotal [60.00-A] | Other FQHC Services A] Medicare Excluded Svcs Comp. | 394,731.00 |
| Subtotal: None Total [C] Reimbursa Group: [D] Subgroup: [60.00-A] M Subgroup: [60.00-B | Other FQHC Services A] Medicare Excluded Svcs Comp. Medicare Excluded Svcs Comp. | 394,731.00 |
| Subtotal: None Total [C] Reimbursa Group: [D] Subgroup: [60.00-A] M Subgroup: [60.00-B | Other FQHC Services A] Medicare Excluded Svcs Comp. Medicare Excluded Svcs Comp. B] Medicare Excluded Svcs Other | 394,731.00 0.00 |
| Subtotal: None Total [C] Reimbursa Group: [D] Subgroup: [60.00-A] M Subtotal [60.00-B] M Subtotal [60.00-B] M | Other FQHC Services A] Medicare Excluded Svcs Comp. Medicare Excluded Svcs Comp. B] Medicare Excluded Svcs Other | 394,731.00 0.00 |
| Subtotal: None Total [C] Reimbursa Group: [D] Subgroup: [60.00-A Subtotal [60.00-A] M Subgroup: [60.00-B] M Subgroup: [61.00-B] M | Other FQHC Services A] Medicare Excluded Svcs Comp. Medicare Excluded Svcs Comp. B] Medicare Excluded Svcs Other Medicare Excluded Svcs Other | 394,731.00 0.00 |
| Subtotal: None Total [C] Reimbursa Group: [D] Subgroup: [60.00-A Subtotal [60.00-A] M Subgroup: [61.00-A Subtotal [61.00-A] [61.00-A] [61.00-A] | Other FQHC Services A] Medicare Excluded Svcs Comp. Medicare Excluded Svcs Other Medicare Excluded Svcs Other Medicare Excluded Svcs Other A] Diagnostic and Screening Tests Comp. Diagnostic and Screening Tests Comp. | 0.00 0.00 |
| Subtotal: None Total [C] Reimbursa Group: [D] Subgroup: [60.00-A Subtotal [60.00-A] M Subgroup: [61.00-A Subtotal [61.00-A] [61.00-A] [61.00-A] | Other FQHC Services A] Medicare Excluded Svcs Comp. Medicare Excluded Svcs Comp. Medicare Excluded Svcs Other Medicare Excluded Svcs Other A] Diagnostic and Screening Tests Comp. | 0.00 0.00 0.00 |
| Subtotal: None Total [C] Reimbursa Group: [D] Subgroup: [60.00-A Subtotal [60.00-A] M Subgroup: [61.00-A Subtotal [61.00-A] [61.00-A] [61.00-A] | Other FQHC Services A] Medicare Excluded Svcs Comp. Medicare Excluded Svcs Other Medicare Excluded Svcs Other Medicare Excluded Svcs Other A] Diagnostic and Screening Tests Comp. Diagnostic and Screening Tests Comp. | 0.00 0.00 0.00 782.00 |
| Subtotal: None Total [C] Reimbursa Group: [D] Subgroup: [60.00-A] M Subtotal [60.00-B] M Subtotal [60.00-B] M Subgroup: [61.00-A] M Subgroup: [61.00-A] M Subgroup: [61.00-A] M Subgroup: [61.00-A] M Subgroup: [61.00-B] M | Other FQHC Services A] Medicare Excluded Svcs Comp. Medicare Excluded Svcs Other Medicare Excluded Svcs Other A] Diagnostic and Screening Tests Comp. Diagnostic and Screening Tests Comp. Diagnostic and Screening Tests Other Laboratory Supplies External Laboratory Services | 0.00 0.00 0.00 782.00 112,698.00 |
| Subtotal: None Total [C] Reimbursa Group: [D] Subgroup: [60.00-A] M Subtotal [60.00-B] M Subtotal [60.00-B] M Subgroup: [61.00-A] M Subgroup: [61.00-A] M Subgroup: [61.00-A] M Subgroup: [61.00-A] M Subgroup: [61.00-B] M | Other FQHC Services A] Medicare Excluded Svcs Comp. Medicare Excluded Svcs Other Medicare Excluded Svcs Other A] Diagnostic and Screening Tests Comp. Diagnostic and Screening Tests Comp. B] Diagnostic and Screening Tests Other Laboratory Supplies | 0.00 0.00 0.00 782.00 |
| Subtotal: None Total [C] Reimbursa Group: [D] Subgroup: [60.00-A Subtotal [60.00-B] M Subgroup: [61.00-A Subtotal [61.00-A] [Subgroup: [61.00-A Subtotal [61.00-B] M Subgroup: [61.00-B] M | Other FQHC Services A) Medicare Excluded Svcs Comp. Medicare Excluded Svcs Other Medicare Excluded Svcs Other A) Diagnostic and Screening Tests Comp. Diagnostic and Screening Tests Comp. B) Diagnostic and Screening Tests Other Laboratory Supplies External Laboratory Services Diagnostic and Screening Tests Other | 0.00 0.00 0.00 782.00 112,698.00 |
| Subtotal: None Total [C] Reimbursa Group: [D] Subgroup: [60.00-A] Subtotal [60.00-A] Subtotal [60.00-B] Subtotal [61.00-A] Subtotal [61.00-A] Subtotal [61.00-A] Subtotal [61.00-B] Subgroup: [61.00-B] Subgroup: [61.00-B] Subgroup: [61.00-B] Subtotal [61.00-B] Subtotal [61.00-B] Subgroup: [62.00-A | Other FQHC Services A] Medicare Excluded Svcs Comp. Medicare Excluded Svcs Other Medicare Excluded Svcs Other A] Diagnostic and Screening Tests Comp. Diagnostic and Screening Tests Comp. B] Diagnostic and Screening Tests Other Laboratory Supplies External Laboratory Services Diagnostic and Screening Tests Other A] Radiology - Diagnostic Compensation | 394,731.00 0.00 0.00 782.00 112,698.00 113,480.00 |
| Subtotal: None Total [C] Reimbursa Group: [D] Subgroup: [60.00-A] Subtotal [60.00-A] Subtotal [60.00-B] Subtotal [61.00-A] Subtotal [61.00-A] Subtotal [61.00-A] Subtotal [61.00-B] Subgroup: [61.00-B] Subgroup: [61.00-B] Subgroup: [61.00-B] Subtotal [61.00-B] Subtotal [61.00-B] Subgroup: [62.00-A | Other FQHC Services A) Medicare Excluded Svcs Comp. Medicare Excluded Svcs Other Medicare Excluded Svcs Other A) Diagnostic and Screening Tests Comp. Diagnostic and Screening Tests Comp. B) Diagnostic and Screening Tests Other Laboratory Supplies External Laboratory Services Diagnostic and Screening Tests Other | 0.00 0.00 0.00 782.00 112,698.00 |
| Subtotal: None Total [C] Reimbursa Group: [D] Subgroup: [60.00-A] M Subgroup: [60.00-B] M Subgroup: [61.00-B] M Subgroup: [61.00-A] M Subgroup: [61.00-A] M Subgroup: [61.00-B] M Subgroup: [61.00-B] M Subgroup: [61.00-B] M Subgroup: [62.00-A] M Subgroup: [62.00-A] M Subgroup: [62.00-A] M Subgroup: [62.00-A] M | Other FQHC Services A] Medicare Excluded Svcs Comp. Medicare Excluded Svcs Other Medicare Excluded Svcs Other Medicare Excluded Svcs Other A] Diagnostic and Screening Tests Comp. Diagnostic and Screening Tests Comp. B] Diagnostic and Screening Tests Other Laboratory Supplies External Laboratory Services Diagnostic and Screening Tests Other A] Radiology - Diagnostic Compensation Radiology - Diagnostic Compensation | 394,731.00 0.00 0.00 782.00 112,698.00 113,480.00 |
| Subtotal: None Total [C] Reimbursa Group: [D] Subgroup: [60.00-A] M Subtotal [60.00-B] M Subtotal [60.00-B] M Subgroup: [61.00-A] M Subgroup: [61.00-A] M Subgroup: [61.00-A] M Subgroup: [61.00-B] M Subgroup: [61.00-B] M Subgroup: [62.00-A] M | Other FQHC Services A] Medicare Excluded Svcs Comp. Medicare Excluded Svcs Other Medicare Excluded Svcs Other A] Diagnostic and Screening Tests Comp. Diagnostic and Screening Tests Comp. Diagnostic and Screening Tests Other Laboratory Supplies External Laboratory Services Diagnostic and Screening Tests Other A] Radiology - Diagnostic Compensation Radiology - Diagnostic Compensation B] Radiology - Diagnostic Compensation | 394,731.00 0.00 0.00 782.00 112,698.00 113,480.00 |
| Subtotal: None Total [C] Reimbursa Group: [D] Subgroup: [60.00-A] M Subtotal [60.00-B] M Subtotal [60.00-B] M Subgroup: [61.00-A] M Subgroup: [61.00-A] M Subgroup: [61.00-A] M Subgroup: [61.00-B] M Subgroup: [61.00-B] M Subgroup: [62.00-A] M | Other FQHC Services A] Medicare Excluded Svcs Comp. Medicare Excluded Svcs Other Medicare Excluded Svcs Other Medicare Excluded Svcs Other A] Diagnostic and Screening Tests Comp. Diagnostic and Screening Tests Comp. B] Diagnostic and Screening Tests Other Laboratory Supplies External Laboratory Services Diagnostic and Screening Tests Other A] Radiology - Diagnostic Compensation Radiology - Diagnostic Compensation | 394,731.00 0.00 0.00 782.00 112,698.00 113,480.00 |
| Subtotal: None Total [C] Reimbursa Group: [D] Subgroup: [60.00-A] M Subtotal [60.00-B] M Subtotal [60.00-B] M Subgroup: [61.00-A] L Subgroup: [61.00-A] L Subgroup: [61.00-B] M Subgroup: [61.00-B] L Subgroup: [62.00-A] L Subgroup: [62.00-B] L | Other FQHC Services A] Medicare Excluded Svcs Comp. Medicare Excluded Svcs Other Medicare Excluded Svcs Other A] Diagnostic and Screening Tests Comp. Diagnostic and Screening Tests Comp. Diagnostic and Screening Tests Other Laboratory Supplies External Laboratory Services Diagnostic and Screening Tests Other A] Radiology - Diagnostic Compensation Radiology - Diagnostic Compensation B] Radiology - Diagnostic Compensation | 394,731.00 0.00 0.00 782.00 112,698.00 113,480.00 |

| Subtotal [63.00-A] Pi | rosthetic Devices Compensation | 0.00 |
|--|---------------------------------|--------------|
| Subgroup : 163 00-B | Prosthetic Devices Other | |
| | rosthetic Devices Other | 0.00 |
| Subgroup : [64.00-A | Durable Medical Equipment Comp. | |
| | urable Medical Equipment Comp. | 0.00 |
| | | |
| | Durable Medical Equipment Other | 0.00 |
| Subtotal [64.00-B] D | urable Medical Equipment Other | 0.00 |
| Subgroup : [65.00-A | Ambulance Services Compensation | |
| Subtotal [65.00-A] A | mbulance Services Compensation | 0.00 |
| Subgroup : [65.00-B] |] Ambulance Services Other | |
| | mbulance Services Other | 0.00 |
| | | |
| |] Telehealth Compensation | 0.00 |
| Subtotal [66.00-A] To | elehealth Compensation | 0.00 |
| Subgroup : [66.00-B |] Telehealth Other | |
| Subtotal [66.00-B] To | _ | 0.00 |
| Subgroup : 167 00-A | Drugs Charged to Patients Comp. | |
| | rugs Charged to Patients Comp. | 0.00 |
| | | |
| | Drugs Charged to Patients Other | |
| Subtotal [67.00-B] D | rugs Charged to Patients Other | 0.00 |
| Subgroup : [68.00-A | Chronic Care Mngmt Comp. | |
| Subtotal [68.00-A] C | hronic Care Mngmt Comp. | 0.00 |
| Subgroup : [68.00-B |] Chronic Care Mngmt Other | |
| | Phronic Care Mngmt Other | 0.00 |
| | | |
| | Dental Compensation | 100 500 00 |
| 50109 | Director of Dental Services | 188,500.00 |
| 50408 | Dental Assistant | 339,356.00 |
| 50417 | Interim Dental Director | 9,027.00 |
| 50448 | Lead Dental Assistant | 52,278.00 |
| 50606 | Dental Hygenist | 328,317.00 |
| 50607 | Dentist | 529,185.00 |
| Subtotal [69.00-A] D | ental Compensation | 1,446,663.00 |
| Subgroup : [69.00-B | Dental Other | |
| 52200 | Dental Supplies | 170,692.00 |
| Subtotal [69.00-B] D | Pental Other | 170,692.00 |
| Subgroup : 169 01-4 | J WIC Compensation | |
| 50227 | WIC Site Manager | 67,208.00 |
| 50447 | WIC Site Nutritionist | 81,954.00 |
| 50862 | WIC Clerk | 69,770.00 |
| Subtotal [69.01-A] V | | 218,932.00 |
| The second secon | • | |

| Subgroup : [69.01 | -B1 WIC Other | |
|--------------------|---|--------------|
| 61010 | Women, Infants & Children Food Benefits | 908,412.00 |
| Subtotal [69.01-B] | • | 908,412.00 |
| | • | |
| Subgroup : None | | |
| Subtotal : None | | 0.00 |
| Total [D] Other FO | QHC Services | 2,858,179.00 |
| | | |
| Group : [E] | Nonreimbursable Cost Centers | |
| Subgroup : [77.00 | 0-A] Retail Pharmacy Compensation | <u> </u> |
| Subtotal [77.00-A | Retail Pharmacy Compensation | 0.00 |
| | | |
| Subgroup : [77.00 |)-B] Retail Pharmacy Other | |
| 52305 | Pharmacy Inventory Expense (COGS) | 1,731,284.49 |
| 53315 | Pharmacy-Walgreens COGS | 562,024.00 |
| Subtotal [77.00-B | Retail Pharmacy Other | 2,293,308.49 |
| _ | | |
| | 0-A] Non Allowable GME Costs Comp. | 0.00 |
| Subtotal [78.00-A |] Non Allowable GME Costs Comp. | 0.00 |
| O. d | DI Non Allowable CME Costs Other | |
| | O-B] Non Allowable GME Costs Other | 0.00 |
| Subtotal [78.00-B | Non Allowable GME Costs Other | 0.00 |
| Subgroup : 179 00 | 0-A] Bad Debt Compensation | |
| • |] Bad Debt Compensation | 0.00 |
| Oubloan Livio | , 1 | |
| Subgroup : [79.00 | 0-B] Bad Debt Other | |
| Subtotal [79.00-B | ··- | 0.00 |
| _ | | |
| Subgroup : [79.01 | I-A] Detox Clinic Compensation | |
| Marcum 101 | Detox Compensation | 2,062,476.89 |
| Subtotal [79.01-A |] Detox Clinic Compensation | 2,062,476.89 |
| | | |
| Subgroup: [79.01 | 1-B] Detox Clinic Other | |
| Marcum 102 | Detox Other | 1,367,140.42 |
| Subtotal [79.01-B |] Detox Clinic Other | 1,367,140.42 |
| | | |
| | 2-A] Lobbying Compensation | 0.00 |
| Subtotal [/9.02-A |] Lobbying Compensation | 0.00 |
| Subgroup : 179 0 | 2-B] Lobbying Other | |
| | :] Lobbying Other | 0.00 |
| Oubtotal [75.02-D | 1 Lobbying Cinc. | |
| Subgroup : 179.0: | 3-A] Marketing/Board Comp. | |
| 50212 | Director of Marketing & CR | 114,611.00 |
| 50229 | Development Manager | 51,098.00 |
| 50835 | Marketing and Comm Proj Mgr | 68,623.00 |
| |] Marketing/Board Comp. | 234,332.00 |
| | | - |
| Subgroup : [79.03 | 3-B] Marketing/Board Other | |
| 60650 | Advertising & Marketing Expense | 69,362.00 |
| 60655 | Advertising & Marketing - Health Fair | 1,252.00 |
| | | |

| 60660 Subtotal I79 03-R1 M | Promotional Items arketing/Board Other | 16,426.00 87,040.00 |
|-------------------------------|--|-------------------------------|
| Suptotal [73.03-b] IM | arketing/board other | |
| Subgroup : None | | |
| Subtotal : None | | 0.00 |
| Total [E] Nonreimbur | rsable Cost Centers | 6,044,297.80 |
| Total [E] Homemoa | | |
| Group : [F] | Revenues | |
| Subgroup : [1.00-A] | Medicare Revenue | |
| 40100 | Medicare | (9,982,313.00) |
| Subtotal [1.00-A] Me | dicare Revenue | (9,982,313.00) |
| | | |
| Subgroup : [1.00-B] | Medicaid Revenue | |
| 40200 | Medicaid | (45,681,525.00) |
| 40515 | Medicaid Incentive | (24,025.00) |
| Subtotal [1.00-B] Me | dicaid Revenue | (45,705,550.00) |
| | | |
| Subgroup : [1.00-C] | Other Revenue | (E 4 E D 77 C DO) |
| 40300 | Commercial Insurance | (5,158,776.00) |
| 40350 | Self - Pay | (2,906,383.00) |
| 40500 | Commercial Incentive | (2,760.00) |
| 40520 | PCMH Program | (327,231.00) |
| 41510 | Patient Refunds | 2,738.00 |
| 42100 | Federal Grant Income | (8,511,634.00) |
| 42101 | Capital Grants Federal | (7,659.00) |
| 42200 | State Grant Income | (2,044,620.00) |
| 42201 | Capital Grants State | (223,333.00) |
| 42300 | Local Community Grant Income | (19,646.00) |
| 42400 | Foundations Grant Income | (185,499.00) |
| 42500 | Other Grant Income | (19,314.00) |
| 42501 | Capital Grants Other | (85,230.00) |
| 43100 | Contract Services G+ç+¦ Agencies & Organizations | (13,050.00) |
| 43600 | Contract Services - Yale | (17,280.00) |
| 43700 | Contract Services - Other | (45,500.00) |
| 45100 | Interest & Dividend Income | (8,593.00) |
| 45200 | Contributions | (24,263.00) |
| 45205 | Donated Equipment | (35,400.00) |
| 45250 | Fundraising Revenue | (6,859.00) |
| 45600 | Room & Board | (69,329.00) |
| 45650 | Unrealized Gain/Loss | (24,352.00) |
| 45900 | Other Income | (80,616.00) |
| 46000 | Food Service - Catering | (123,749.00) |
| 46010 | Women, Infants & Children Food Benefits | (908,412.00) |
| 46020 | Vaccines and Donated Materials | (394,731.00) |
| 47000 | Pharmacy-Walgreens Revenue | (1,338,406.00) |
| Subtotal [1.00-C] Oti | her Revenue | (22,579,887.00) |
| Subgroup : [2.00] | Allowances/Discounts | |
| 41100 | Contractual Allowance - Medicare | 5,344,911.00 |
| 41100 | Contractual Allowance - Medicaid | 12,098,018.00 |
| 41300 | Contractual Allowance - Commercial Insurance | 2,243,931.00 |
| 41500 | Contractual Allowance - Self Pay | 2,069,914.00 |
| Subtotal [2.00] Allov | · | 21,756,774.00 |
| Subtotal [2.00] Allov | rances/Discounts | # 1,1 00,1 1 T.00 |

Subgroup : None Subtotal : None Total [F] Revenues

0.00 (56,510,976.00)

| Group : [Y] | Assets | |
|-----------------|--|-------------------------|
| Subgroup : None | A33CI3 | |
| 10660 | Cash in Bank - Health Reimbursement Account | 38,108.00 |
| 10790 | Accounts Payable - American Express | (290,149.00) |
| 10900 | Cash - Webster Bank - Operating Account | 3,462,966.00 |
| 10920 | Cash - Webster Bank - Payroll | (6,441.00) |
| 10920 | Cash - Webster Bank - Capital Campaign | 10,613.00 |
| 10940 | Cash - Webster Bank - Pharmacy & Patient Fees | 68,284.00 |
| | Cash - Webster Bank - Money Market | 3,386,010.00 |
| 10950 | Restricted Cash - Principal | 57.00 |
| 11510 | Restricted Cash - Interest | 635.00 |
| 11520 | Restricted Cash - Interest Restricted Cash - Debt Service Reserve | 653,600.00 |
| 11530 | Petty Cash and Impress Funds | 5,961.00 |
| 11900 | Marketable Securities | 176,436.00 |
| 11950 | Accounts Receivable - Medicare | 766,218.00 |
| 12100 | Accounts Receivable - Medicaid | 1,277,899.00 |
| 12200 | Accounts Receivable - Medicalu Accounts Receivable - Commercial Insurance | 1,546,460.00 |
| 12300 | | 1,340,690.00 |
| 12500 | Accounts Receivable - Self Pay | 868,717.00 |
| 12600 | Accounts Receivable - Federal Grants | 375,436.00 |
| 12700 | Accounts Receivable - State Grants | 8,786.00 |
| 12800 | Accounts Receivable - Local Grants | • |
| 12900 | Accounts Receivable - Other | 67,947.00 131,670.00 |
| 12950 | Accounts Receivable - Pharmacy-Walgreens | • |
| 13500 | Contractual Reserve | (507,453.00) |
| 13550 | Allowance for Doubtful Accounts | (2,775,463.00) |
| 13620 | Other Account Receivables | 196,514.00 |
| 14300 | Pharmacy Supplies Inventory | 144,888.00 |
| 15100 | Prepaid Insurance | 86,143.00 |
| 15300 | Prepaid Expense G+ç+¦ Other | 179,461.00 |
| 16100 | Security Deposits | 48,476.00 |
| 16500 | Construction In Progress | 27,611.00 |
| 16501 | CIP Grand St. Expansion | 404,543.00 |
| 16504 | CIP - West Rock Clinic | 662,254.00 |
| 16508 | CIP - CDBG Bathroom | 1,500.00 |
| 16509 | CIP -Ansonia | 15,043.00 |
| 18100 | Land | 2,098,028.00 |
| 18200 | Buildings and Fixtures | 1,233,129.00 |
| 18210 | Building Improvements & Maintenance | 22,728,448.00 |
| 18250 | Capital Leases | 2,366,100.00 |
| 18300 | Leasehold Improvements | 708,416.00 |
| 18350 | Software | 1,021,526.00 |
| 18400 | Deferred Financing | 312,103.00 |
| 18450 | Computers | 1,826,547.00 |
| 18500 | Furniture, Fixtures & Equipment | 5,877,946.00 |
| 18600 | Vehicles | 125,063.00 |
| 18700 | Other Fixed Assets | 6,849.00 |
| 18710 | Architectural & Engineering | 50,495.00 |
| 18750 | Appraisals & Closing Costs | 3,800.00 |
| | | |

| Total [Y] Assets | | 26,337,881.00 |
|------------------|---|-----------------|
| Subtotal : None | | 26,337,881.00 |
| 19750 | Accumulated Amortization - Def Financing | (117,038.00) |
| 19250 | Accumulated Amortization - Capital Leases | (2,342,509.00) |
| 19200 | Accumulated Depreciation G+ç+¦ Buildings and Fixtures | (21,934,442.00) |

| 1044.[1].100010 | | |
|-----------------------|---|-----------------|
| | | |
| Group : [Z] | Liabilities & Equity | |
| Subgroup : None | | |
| 20100 | Accounts Payable G+ç+¦ Trade | (1,285,023.00) |
| 20110 | Accounts Payable - Accruals | (628,082.00) |
| 20150 | Accounts Payable - Payroll Deductions | (258.00) |
| 20210 | FICA - Social Security | (94,675.00) |
| 20220 | FICA - Medicare | (22,678.00) |
| 20600 | Contributions Payable | 2,071.00 |
| 20605 | EE Retirement Funds Payable | (756.00) |
| 20700 | ER Retirement Funds Payable | (26,652.00) |
| 20860 | Bond Interest Payable | (103,444.00) |
| 20870 | Accrued Legal Fees | (149,211.00) |
| 20880 | Accrued Auditing Fees | (67,024.00) |
| 20950 | Due to State/Subrecipient | (238,416.00) |
| 21999 | Payroll Manual Check Suspense Account | (4,325.00) |
| 22100 | Accrued Salaries and Wages | (1,613,648.00) |
| 22200 | Accrued Vacation Expense | (1,232,730.00) |
| 22310 | Accrued Workers Compensation | (131,938.00) |
| 22320 | Pension Reserve | (7,775.00) |
| 22322 | HRA & Worker's Compensation Reserve | (199,503.00) |
| 22323 | Third Party Reimbursement Reserve | (830,000.00) |
| 22500 | Deferred Revenue G+ç+¦ Federal Grants | (476,948.00) |
| 22520 | Deferred Revenue G+ç+ State Grants | (170,349.00) |
| 22550 | Deferred Revenue G+ç+ Local Grants | (18,729.00) |
| 22560 | Deferred Revenue - Foundations | (116,805.00) |
| 22600 | Deferred Revenue - Capital Grant | (805,895.00) |
| 22720 | Other deferral | (68,266.00) |
| 24250 | CPLTD Notes Payable G+ç+¦ Capital Lease | (27,687.00) |
| 24800 | CPLTD Bond Payable G+ç+¦ U.S. Bank | (235,000.00) |
| 26250 | LTD Notes Payable - Capital Lease | (2,366.00) |
| 26800 | LTD Bond Payable G+ç+¦ U.S. Bank | (5,945,000.00) |
| 30100 | Unrestricted Fund Balance | (11,009,528.00) |
| 35100 | Community Health Network | 83,333.00 |
| Subtotal : None | , | (25,427,307.00) |
| Total [Z] Liabilities | & Equity | (25,427,307.00) |
| | , - | |
| | Net (Income) Loss | (910,574.00) |

Cornell Scott Hill Health Corp. FYE 6/30/2017 Reclassification Entry

A-2

Reclass #1

To reclass fringe benefits based on % to total

| Line Number | Line Name | Debit | Credit |
|-------------|---------------------------------|-----------|-----------|
| 3.00 | Fringe Benefits & Payroll Taxes | | 4,994,477 |
| 23.00 | Physician | 843,018 | |
| 25.00 | Physician Assistant | 50,566 | |
| 26.00 | Nurse Practitioner | 625,372 | |
| 27.00 | Visiting RNs | - | |
| 28.00 | Visiting LPNs | 272,974 | |
| 29.00 | Certified Nurse Midwife | 45,707 | |
| 30.00 | Clinical Psychologist | 94,378 | |
| 31.00 | Clinical Social Worker | 1,162,361 | |
| 33.00 | Dietician/Educator | 81,073 | |
| 35.00 | Occupational Therapist | 15,362 | |
| 36.00 | Other Allied Health | 963,156 | |
| 69.00 | Dental | 306,868 | |
| 69.01 | WIC | 46,440 | |
| 79.01 | Detox Clinic | 437,495 | |
| 79.02 | Marketing | 49,707 | |
| | | | |

Reclass #2

To reclass contracted services to correct cost report line.

| Line Number | Line Name | <u>Debit</u> | <u>Credit</u> |
|-------------|---------------------|--------------|---------------|
| 24.00 | Physician | 272,083 | |
| 36.00 | Other Allied Health | | 272,083 |

Reclass #3

To reclass vaccines costs to the correct line of the cost report

| Line Number | Line Name | <u>Debit</u> | Credit |
|-------------|-----------------------|--------------|---------|
| 48.00 | Pneumococcal Vaccines | 130,166 | |
| 49.00 | Influenza Vaccines | 100,289 | |
| 10.00 | Medical Supplies | | 230,455 |

Cornell Scott Hill Health Corp. FYE 6/30/2017 Adjusting Entries

| Δ-3 | |
|-----|--|
| | |

| Line Number | Description | <u>Adjustment</u> | <u>Basis</u> |
|-------------|------------------|----------------------|--------------|
| 4.00 | Lobbying Expense | (66,860) | Α |
| 48.00 | Donated Vaccines | (394,731) | В |
| 69.01 | WIC Benefits | (908,412) | В |
| 4.00 | Interest Income | (3,877) | В |
| 4.00 | Unrealized Gain | (24,352) | В |
| 4.00 | Other Income | (80,616) | В |
| 12.01 | Catering Income | (123,749) | В |
| 4.00 | Bad Debt | (683,446) | Α |
| | · · | Total \$ (2,286,043) | |

Cornell Scott Hill Health Corp. FYE 6/30/2017 Visits & Productivity

A-4

| | | | Medica | al Visits | Mental | Health |
|------------------------------------|--------|----------|---------|-----------------|--------|-----------------|
| | FT | res | Total | Total | Total | Total |
| PBC | Staff | Contract | Visits | Medicare Visits | Visits | Medicare Visits |
| Physicians | 21.12 | | 48,199 | 6,735 | 8,683 | 1,323 |
| Physician Services under Agreement | | 1.27 | 4,095 | 485 | - | - |
| Physician Assistants | 2.06 | | 3,379 | 310 | - | - |
| Nurse Practitioners | 22.08 | | 41,260 | 5,875 | 8,974 | 1,414 |
| Nurse - RN | 15.69 | 0.88 | | | | |
| Nurse - LPN | 29.89 | 0.27 | 20 | | 637 | 1 |
| Nurse - CNM | 2.00 | | 5,005 | 184 | | • |
| Clinical Psychologist | 2.00 | 0.21 | - | | 1,104 | 314 |
| Clinical Social Worker | 92.88 | | 20 | 1 | 67,123 | 5,597 |
| Dieticians/Educators | 7.52 | | 2,435 | 530 | 3 | - |
| ОТ | 1.00 | | | | | |
| Other | 96.77 | | 182 | -38 | 1,531 | 10 |
| Total | 293.01 | 2.63 | 104,595 | 14,158 | 88,055 | 8,659 |

Ties to Worksheet B, Parts I & II

Other

Total

4,865

20,560

898

6,038

| ¥13.C3 | | | |
|-------------------|--------------------|---------------|--|
| | 7/1/2016-6/30/2017 | | |
| Provider #07-1825 | Medical | Mental Health | |
| Title V | 608 | | |
| Title XVIII | 7,815 | 3,102 | |
| Title XIX | 40,574 | 24,523 | |
| Other | 15,572 | 3,003 | |
| Total | 64,569 | 30,628 | |
| | 7/1/2016-6/ | 30/2017 | |
| Provider #07-1869 | Medical | Mental Health | |
| Title V | | - | |
| Title XVIII | 59 | - | |
| Title XIX | 114 | - | |
| Other | 16 | | |
| Total | 189 | - | |
| | 7/1/2016-6/ | 30/2017 | |
| Provider #07-1868 | Medical | Mental Health | |
| Title V | 2 | 11 | |
| Title XVIII | 970 | 1,090 | |
| Title XIX | 4,355 | 4,107 | |
| Other | 1,236 | 793 | |
| Total | 6,563 | 6,001 | |
| | 7/1/2016-6/30/2017 | | |
| Provider #07-1864 | Medical | Mental Health | |
| Title V | 80 | - | |
| Title XVIII | 1,091 | 1,336 | |
| Title XIX | 4,216 | 2,901 | |
| Other | 1,825 | 703 | |
| Total | 7,212 | 4,940 | |
| | 7/1/2016-6/ | /30/2017 | |
| Provider #07-1867 | Medical | Mental Health | |
| Title V | - | - | |
| Title XVIII | 6 | 147 | |
| Title XIX | 480 | 14,307 | |
| Other | 15 | 4,267 | |
| Total | 501 | 18,721 | |
| | 7/1/2016-6 | - | |
| Provider #07-1866 | Medical | Mental Health | |
| Title V | 2 | - | |
| Title XVIII | 1,269 | 2,300 | |
| Title XIX | 3,869 | 13,395 | |
| Other | 202 | 4 865 | |

| | 7/1/2016-6/3 | .0/2017 |
|-------------------|--|-------------------------|
| Provider #07-1865 | Medical | Mental Health |
| Title V | 5 | - |
| Title XVIII | 230 | 167 |
| Title XIX | 3,493 | 2,740 |
| Other | 578 | 474 |
| Total | 4,306 | 3,381 |
| | 7/1/2016-6/3 | 0/2017 |
| Provider #07-1902 | Medical | Mental Health |
| Title V | - | - |
| Title XVIII | 15 | - |
| Title XIX | 336 | 2 |
| Other | 61 | 1 |
| Total | 412 | 3 |
| | 7/1/2016-6/30/2017 | |
| Provider #07-1897 | Medical | Mental Health |
| Title V | - | - |
| Title XVIII | 128 | - |
| Title XIX | 175 | - |
| Other | 21 | |
| Total | 324 | - |
| Provider #07-1895 | 7/1/2016-6/30/2017 Medical Mental Healt | |
| Provider #U/-1895 | Wedical | Mental Health |
| Title V | • | - |
| Title XVIII | - | - |
| Title XIX | - | • |
| Other | - | |
| Total | - | - |
| | 7/1/2016-6/30/2017 | |
| Provider #07-1898 | Medical | Mental Health |
| Title V | 1 | - |
| Title XVIII | 647 | - |
| Title XIX | 649 | |
| Other Total | 180 1,477 | |
| | m to tank a a ta | 0/0047 |
| Provider #07-1896 | 7/1/2016-6/3 Medical | 0/2017 Mental Health |
| | | |
| Title V | 96 | - 517 |

517

582

2,722

3,821

1,928

8,495 2,485

13,004

Note: All visits were taken from the Provider's reports Ties without exception to S-3, Part 1

Title XVIII

Title XIX

Other

Total

Cornell Scott Hill Health Corp. Administering of Drug Recluses FYE 6/30/2017

A-6

| Hours | | |
|--|-----------------------|---------------------------|
| Number of Vaccines Administered | Pneumococcal 1,187 | <u>Influenza</u> 5,824 |
| Time Spent per Shot (10 minutes) | 0.17 | 0.17 |
| Total Hours Spent Administering Vaccines | 197.83 | 970.67 |
| Total Hours for All Visits | 609,461 | 609,461 |
| Percent Spent on Vaccine | 0.000325 | 0.001593 |
| | | |
| Expenses | | |
| Number of Vaccines Administered | Pneumococcal 1,187 | <u>Influenza</u> 5,824 |
| Amount per Vaccine | \$ 109.66 | \$ 17.22 |
| Total Expense Associated with Vaccines | \$ 130,166.42 | \$ 100,289.28 |
| Number of Medicare Vaccines Administered | 64 | 302 |

Note: All figures above were provided by client via questionnaire.

Cornell Scott Hill Health Corp. FYE 6/30/2017 Analysis of Revenue Received

A-7

1/1/2013-6/30/2013

Provider #701872 (Includes all locations)

 Medicare Payments
 4,637,402

 Sequestration
 (92,748)

 Total
 4,544,654

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