

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

Reporting Period:	From <u>7/1/2017</u>	To <u>6/30/2018</u>
FQHC Name:	Cornell Scott-Hill Health Corporation	

7. Service Sites: List all service sites of the FQHC, including all FQHC-certified sites and any other non-FQHC service sites. Indicate whether the service site is FQHC certified. If a site or sites are not FQHC-certified, the associated costs should be reported on Form A-4 as non-allowable costs.

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 #004235900; Dental 4235893; Mental Health 4235918
WIC	393 Columbus Avenue, New Haven, CT 06519-1236	Yes	Medical #004235900; Dental 4235893; Mental Health 4235918
Community Health Connections	121 Wakelee Avenue, New Haven, CT 06401	Yes	Medical #004235900; Mental Health 4235918
South Central Rehabilitation Center	232 Cedar Street, New Haven, CT 06519	Yes	Mental Health #4235918; Detox 7228749
State Street Health & Counseling Services	911-913 State Street, New Haven, CT 06511-3926	Yes	Medical #004235900; Mental Health 4235918
West Haven Health Center	285 Main Street, West Haven, CT 06516-7307	Yes	Medical #004235900; Mental Health 4235918
Grant Street Partnership	60-62 Grant Street, New Haven, CT 06511-3456	Yes	Mental Health #4235918
Dixwell Health Center	226 Dixwell Avenue, New Haven, CT 06511-3456	Yes	Medical #004235900; Mental Health 4235918
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
Wilmot	122 Wilmot Road, New Haven, CT 06515	Yes	Medical #004235900; Dental 4235893; Mental
PCMH Plus Program	50 Mitchell Drive, New Haven, CT 06511	Yes	Medical #004235900
Davis Street Arts and Academic Magnet School	35 Davis Street, New Haven, CT 06515-1601	Yes	Medical #004235900; Mental Health 4235918
Hill Central Music Academy	140 Dewitt Street, New Haven, CT 06519-2133	Yes	Medical #004235900; Mental Health 4235918
King Robinson Inter-District Magnet School	150 Fournier Street, New Haven, CT 06511-1763	Yes	Medical #004235900; Mental Health 4235918
Roberto Clemente Leadership Academy	360 Columbus Avenue, New Haven, CT 06519-1516	Yes	Medical #004235900; Mental Health 4235918
Truman Elementary School	114 Truman Street, New Haven, CT 06519-2022	Yes	Medical #004235900; Mental Health 4235918
Boys and Girls Club	253 Columbus Avenue, New Haven, CT 06519-2230	Yes	Mental Health #4235918

8. Related Parties: Related party information is reported on the following, which accompanies this cost report submission:

Select One:	
A. Copy of Medicare Cost Report (CMS 222-92) Worksheet A-2-1, Statement of Costs of Services from Related Organizations.	

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Reporting Period: From 7/1/2017 To 6/30/2018

FQHC Name: Cornell Scott-Hill Health Corporation

Form A-3 (Direct Mental Health Care Cost)

RECLASSIFICATIONS AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES							
COST CENTER	Salaried Personnel	Other Costs	Total	Reclassifications	Reclassified Trial Balance (Col 3 & 4)	Adjustments Increase (Decrease)	Net Expenses (Col 5 & 6)
C. DIRECT MENTAL HEALTH CARE COST							
1. Staff Cost							
a. Psychologist	76,067	14,447	90,514		90,514		90,514
b. Social Worker	1,724,298	327,480	2,051,778	(167,853)	1,883,925		1,883,925
c. Other - Specify	10,080,375	1,914,470	11,994,845	(2,393,386)	9,601,459		9,601,459
Psychiatrists, Medical Assistants, Case Managers, LPC, LADC, Other			0		0		0
			0		0		0
			0		0		0
			0		0		0
			0		0		0
			0		0		0
			0		0		0
d. Subtotal Direct Mental Health Care Cost	11,880,740	2,256,397	14,137,137	(2,561,239)	11,575,898	0	11,575,898
2. Other Direct Mental Health Care Cost							
a. Medical Supplies		272,552	272,552	(34,516)	238,036		238,036
b. Transportation		20,774	20,774	(1,184)	19,590		19,590
c. Depreciation - Mental Health Equipment		50,526	50,526	(5,552)	44,974		44,974
d. Professional Liability Insurance		72,738	72,738	(5,879)	66,859		66,859
e. Other - Specify		286,070	286,070	(27,391)	258,679		258,679
Rent/Utilities		364,340	364,340	(56,821)	307,519		307,519
Contract Services		21,651	21,651	(725)	20,926		20,926
Professional Licenses		2,243	2,243	(346)	1,897		1,897
Property Tax		420,824	420,824	(275,367)	145,457		145,457
Program Supplies							
f. Subtotal Other Direct Mental Health Care Cost	0	1,511,718	1,511,718	(407,781)	1,103,937	0	1,103,937
3. TOTAL DIRECT MENTAL HEALTH CARE COST (1d & 2f)	11,880,740	3,768,115	15,648,855	(2,969,020)	12,679,835	0	12,679,835
D. TOTAL DIRECT COST BEFORE NON-ALLOWABLE SERVICES	25,783,117	8,505,990	34,289,107	(3,234,701)	31,054,406	-	31,054,406

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FQHC Name: Cornell Scott-Hill Health Corporation

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

RECLASSIFICATIONS AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

COST CENTER	I Salaried Personnel	II Other Costs	III Total	IV Reclassifications	V Reclassified Trial Balance (Col 3 & 4)	VI Adjustments Increase (Decrease)	VII Net Expenses (Col 5 & 6)
E. NON-ALLOWABLE DIRECT OTHER SERVICE COST							
1. Service							
a. Clinical Diagnostic Lab		104,898	104,898		104,898		104,898
b. Radiology	587,491	0	0		0		0
c. Prescription Drugs/Pharmacy		2,100,703	2,688,194	(15,661)	2,672,533	(541,659)	2,130,874
d. Battered Women		0	0		0		0
e. Homeless		0	0		0		0
f. WIC		945,229	945,229	285,681	1,210,910	(1,210,910)	0
g. Non-FQHC Sites		0	0		0		0
h. Other - Specify				2,561,239	2,561,239		2,561,239
Mental Health Cost - SCRC Inpatient Detox			0	0	0		0
Direct Health Cost - SCRC Inpatient Detox			0	0	0		0
A&G Cost - SCRC Inpatient Detox			0	0	0		0
Lab - SCRC Inpatient Detox			0	0	0		0
Pharmacy - SCRC Inpatient Detox			0	15,661	15,661		15,661
Indirect Expenses - SCRC Inpatient Detox			0	407,781	407,781		407,781
i. Total Non-Allowable Direct Other Service Cost	587,491	3,150,830	3,738,321	3,234,701	6,973,022	(1,752,569)	5,220,453
F. TOTAL DIRECT COST (D+E+I)	26,370,608	11,656,820	38,027,428		38,027,428	(1,752,569)	36,274,859

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ANNUAL REPORT
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Reporting Period: From 7/1/2017 To 6/30/2018

FQHC Name: Cornell Scott-Hill Health Corporation

Form A-5 (Overhead Cost)

RECLASSIFICATIONS AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

COST CENTER	Salaried Personnel I	Other Costs II	Total III	Reclassifications IV	Reclassified Trial Balance (Col 3 & 4) V	Adjustments Increase (Decrease) VI	Net Expenses (Col 5 & 6) VII
G. OVERHEAD - FACILITY COST							
a. Rent		226,552	226,552		226,552	(87,779)	138,773
b. Insurance		0	0		0	0	0
c. Interest on Mortgage or Loans		0	0		0	0	0
d. Utilities		61,528	61,528		61,528		61,528
e. Depreciation - Building		880,617	880,617		880,617		880,617
f. Depreciation - Equipment		590,207	590,207		590,207		590,207
g. Housekeeping & Maintenance		2,514,122	2,514,122		2,514,122		2,514,122
h. Other (Specify)		576	576		576		576
Other Property Taxes		589,093	589,093		589,093		589,093
Laundry & Dietary		453,378	453,378		453,378		453,378
Security		0	0		0		0
		0	0		0		0
		0	0		0		0
I. Subtotal Overhead - Facility Cost	0	5,316,073	5,316,073	0	5,316,073	(87,779)	5,228,294
H. OVERHEAD - ADMINISTRATIVE COST							
a. Office Salaries	7,611,723	0	7,611,723		7,611,723		7,611,723
b. Depreciation - Office Equipment		327,095	327,095		327,095		327,095
c. Office Supplies		261,233	261,233		261,233		261,233
d. Legal		119,964	119,964		119,964		119,964
e. Accounting		131,070	131,070		131,070		131,070
f. Insurance		331,941	331,941		331,941		331,941
g. Telephone		1,445,622	1,445,622		1,445,622		1,445,622
h. Fringe Benefits and Payroll Taxes		414,592	414,592		414,592		414,592
i. Interest - Capital Loans		154,855	154,855		154,855		154,855
j. Other (Specify)		1,012,994	1,012,994		1,012,994		1,012,994
Transportation/Travel		531,088	531,088		531,088		531,088
Contract Labor		1,004,370	1,004,370		1,004,370		1,004,370
Computer/IT		57,219	57,219		57,219		57,219
HR/Training/Education		824,339	824,339		824,339	(824,339)	0
Dues/Subscriptions/Licenses		230,269	230,269		230,269	0	230,269
Marketing/Lobbying/Ad Debt		0	0		0		0
Other Supplies		0	0		0		0
K. Subtotal Overhead - Administrative Cost	7,611,723	6,846,651	14,458,374	0	14,458,374	(824,339)	13,634,035
L. TOTAL OVERHEAD COST (G+H+K)	7,611,723	12,162,724	19,774,447	0	19,774,447	(912,118)	18,862,329
J. GRAND TOTAL COSTS ² (F+I)	33,982,331	23,819,544	57,801,875	0	57,801,875	(2,664,667)	55,137,188

² Reconciliation schedule is required if Line J, Column III does not agree to the Audited Financial Statements

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Reporting Period: From 7/1/2017 To 6/30/2018
 FQHC Name: Cornell Scott-Hilli Health Corporation

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

HEALTH CARE COMPENSATION, ENCOUNTERS, HOURS, AND FTEs BY PRACTITIONER					
HEALTH CARE COMPENSATION, ENCOUNTERS, HOURS, & FTEs (Excluding Dental, Mental Health, and Other)	Specialty I	Compensation II	Encounters III	Total Employee Hours and FTEs	
				Employee Total Hours IV	FTEs (2080 hrs = 1 FTE) V
<i>Provide itemized de-identified list (e.g., Physician 1)</i>	<i>General Practitioner</i>	<i>125,000</i>	<i>1,500</i>	<i>1,040</i>	<i>0.50</i>
A. PHYSICIAN					
1. Please see attached.					0.00
2.					0.00
3.					0.00
4.					0.00
5.					0.00
6.					0.00
7.					0.00
8.					0.00
9.					0.00
10.					0.00
Total Physician Encounters, Staff Hours and FTEs		0	0	0	0.00
B. PHYSICIAN ASSISTANT					
1. Please see attached.					0.00
2.					0.00
3.					0.00
4.					0.00
5.					0.00
Total Physician Assistant Encounters, Hours and FTEs		0	0	0	0.00

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 FQHC Name: Cornell Scott-Hill Health Corporation

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

HEALTH CARE COMPENSATION, ENCOUNTERS, HOURS, AND FTEs BY PRACTITIONER					
HEALTH CARE COMPENSATION, ENCOUNTERS, HOURS, & FTEs (Excluding Dental, Mental Health, and Other)	Specialty I	Compensation II	Encounters III	Total Employee Hours and FTEs	
				Employee Total Hours IV	FTEs (2080 hrs = 1 FTE) V
<i>Provide itemized de-identified list (e.g., Physician 1)</i>	General Practitioner	125,000	1,500	1,040	0.50
C. NURSE (APRN, MIDWIFE, RN)					
1. Please see attached.					0.00
2.					0.00
3.					0.00
4.					0.00
5.					0.00
Total Nurse Practitioner					
D. PHYSICIAN SERVICES UNDER CONTRACT					
1. Please see attached.					0.00
2.					0.00
3.					0.00
4.					0.00
5.					0.00
Total Physician Services Under Contract					
E. OTHER HEALTH CARE PRACTITIONER					
1. Please see attached.					0.00
2.					0.00
3.					0.00
Total Other Health Care Practitioner					

Cornell Scott-Hill Health Corporation
 COMPENSATION, ENCOUNTERS, HOURS, AND FTE'S BY PRACTITIONER
 June 30, 2018

Job Title	# of Workers	Compensation	Hired in FY2018	Departed in FY2018	Encounters	Hours	FTE's	Job Classification
Access To Care Manager	1	52,364				2,000	0.96	OHP
Access to Care Outreach Worker	1	45,507			1,273	2,027	0.97	OHP
Access to Care Outreach Worker	1	36,297			2,503	2,015	0.97	OHP
Access to Care Outreach Worker	1	10,173		1	272	502	0.24	OHP
Administrative Assistant	1	16,269					0.00	OHP
Administrative Assistant	1	42,265				1,996	0.96	OHP
Advance Practice Registered Nurse	1	91,995			2,698	2,000	0.96	Nurse
Advance Practice Registered Nurse	1	52,267			1,648	1,134	0.55	Nurse
Advance Practice Registered Nurse	1	109,293			2,573	2,000	0.96	Nurse
Advance Practice Registered Nurse	1	79,252	1		1,641	1,600	0.77	Nurse
Advance Practice Registered Nurse	1	59,821		1	2,013	1,270	0.61	Nurse
Advance Practice Registered Nurse	1	155,814			4,151	2,000	0.96	Nurse
Advance Practice Registered Nurse	1	37,382			1,033	640	0.31	Nurse
Advance Practice Registered Nurse	1	161,350			3,408	2,000	0.96	Nurse
Advance Practice Registered Nurse	1	1,155		1	234	25	0.01	Nurse
Advance Practice Registered Nurse	1	34,955	1		722	657	0.32	Nurse
Advance Practice Registered Nurse	1	886			9		0.00	Nurse
Advance Practice Registered Nurse	1	36					0.00	Nurse
Advance Practice Registered Nurse	1	116,700			2,523	1,932	0.93	Nurse
Advance Practice Registered Nurse	1	96,875			3,342	2,000	0.96	Nurse
Advance Practice Registered Nurse	1	23,621			1,537	186	0.09	Nurse
Advance Practice Registered Nurse	1	107,808			3,414	2,000	0.96	Nurse
Advance Practice Registered Nurse	1	81,691	1		1,972	1,600	0.77	Nurse
Advance Practice Registered Nurse	1	75,574	1		2,000	1,440	0.69	Nurse
Advance Practice Registered Nurse	1	58,227		1	1,877	1,269	0.61	Nurse
Advance Practice Registered Nurse	1				14	1,200	0.58	Nurse
Advance Practice Registered Nurse	1	142			40	3	0.00	Nurse
Advance Practice Registered Nurse	1	30,507			1,309		0.00	Nurse
Advance Practice Registered Nurse	1	93,507			2,985	1,990	0.96	Nurse
Advance Practice Registered Nurse	1	93,480			2,355	989	0.48	Nurse
Advance Practice Registered Nurse	1	100,954			2,748	2,000	0.96	Nurse
Advance Practice Registered Nurse	1	64,071			10	2,000	0.96	OHP
Asst. Manager of Care Coordination	1	52,388			426	2,024	0.97	OHP
Behavioral Health Complex Care Manager	1	42,330				2,012	0.97	OHP
Business Intelligence Analyst	1	1,801					0.00	OHP
Call Center Customer Service Rep	1	47,740			197	2,021	0.97	OHP
Care Coordinator	1	44,114			149	2,041	0.98	OHP
Care Coordinator	1	19,282			31	858	0.41	OHP
Case Manager	1	40,759	1		1,083	2,005	0.96	OHP
Case Manager	1	49,777			74	2,028	0.98	OHP
Case Manager	1	18,173				995	0.48	OHP
Case Manager	1	18,448		1		920	0.44	OHP

Job Title	# of Workers	Compensation	Hired in FY2018	Departed in FY2018	Encounters	Hours	FTE's	Job Classification
Case Manager	1	14,928				526	0.25	OHP
Case Manager	1	5,810		1		220	0.11	OHP
Case Manager	1	45,404			77	2,020	0.97	OHP
Chief of Medicine	1	345,370			1,811	1,600	0.77	Physician
Clinician II	1	8,503					0.00	OHP
Clinical Pharmacy Coordinator	1	29,771				500	0.24	OHP
Community Health Worker	1	38,466				2,125	1.02	OHP
Community Health Worker	1	35,903				2,067	0.99	OHP
Complex Care Management Coordinator	1	45,556			322	2,006	0.96	OHP
Complex Care Management Coordinator	1	39,783	1		135	1,760	0.85	OHP
Complex Care Management Coordinator	1	5,194	1		44	159	0.08	OHP
Complex Care Management Coordinator	1	29,781	1	1	332	1,334	0.64	OHP
Complex Care Management Coordinator	1	30,629	1	1	164	1,418	0.68	OHP
Complex Care Management Coordinator	1	18,696				1,092	0.53	OHP
Cook II	1	6,228				156	0.08	OHP
Dental Hygienist	1	1,668					0.00	OHP
Detox Technician I	1	46,712			815	2,005	0.96	OHP
Diabetes Educator	1	558					0.00	OHP
Dir. Purchasing and Facilities Development	1	68,066				1,000	0.48	Nurse
Director of Care Coordination	1	24,171			1	400	0.19	OHP
Director of Dental	1	81,334				1,984	0.95	OHP
Director of Early Childhood	1					700	0.34	OHP
Director of Operations	1	146,863			2,846	1,742	0.84	OHP
Director of Pediatrics	1	117,679			918	2,000	0.96	OHP
Director of Wellness Education	1	41,870				2,000	0.96	OHP
Early Intervention Associate	1	49,019				1,999	0.96	OHP
Early Intervention Associate II	1	8,117	1		11	304	0.15	OHP
Employment Specialist	1	726					0.00	OHP
Executive Assistant I	1	28,083		1		767	0.37	OHP
Executive Assistant I	1	28,097				750	0.36	OHP
Executive Chef	1	42,194				1,937	0.93	OHP
Health Educator	1	11,329					0.00	OHP
Health Educator	1	13,180		1		653	0.31	OHP
Health Educator	1	35,433				1,986	0.95	OHP
Health Educator	1	5,785					0.00	OHP
Health Information Management Assistant	1	43,920			1,874	2,038	0.98	OHP
Husky Liaison	1	62,495				2,046	0.98	Nurse
IM Lead Nurse	1	81,570			6	1,995	0.96	Nurse
Infectious Disease Nurse Specialist	1	47,624	1			1,742	0.84	Nurse
Licensed Practical Nurse	1	5,062				157	0.08	Nurse
Licensed Practical Nurse	1	7,852	1			291	0.14	Nurse
Licensed Practical Nurse	1	31,524				1,104	0.53	Nurse
Licensed Practical Nurse	1	53,647				1,998	0.96	Nurse
Licensed Practical Nurse	1	(1,957)					0.00	Nurse
Licensed Practical Nurse	1	54,515		1		2,012	0.97	Nurse
Licensed Practical Nurse	1	59,888				2,033	0.98	Nurse
Licensed Practical Nurse	1	10,338				403	0.19	Nurse
Licensed Practical Nurse	1	39,390					0.00	Nurse
Licensed Practical Nurse	1	53,741				1,930	0.93	Nurse

<u>Job Title</u>	<u># of Workers</u>	<u>Compensation</u>	<u>Hired in FY2018</u>	<u>Departed in FY2018</u>	<u>Encounters</u>	<u>Hours</u>	<u>FTE's</u>	<u>Job Classification</u>
Licensed Practical Nurse	1	39,411	1			1,440	0.69	Nurse
Licensed Practical Nurse	1	48,560				1,879	0.90	Nurse
Licensed Practical Nurse	1	54,496				2,021	0.97	Nurse
Licensed Practical Nurse	1	7,349	1	1		283	0.14	Nurse
Licensed Practical Nurse	1	53,512	1	1		1,979	0.95	Nurse
Licensed Practical Nurse	1	12,432				441	0.21	Nurse
Licensed Practical Nurse	1	43,533	1			1,605	0.77	Nurse
Marketing Outreach Specialist	1	22,820					0.00	OHP
Med Director of Quality Improvement and Ops	1	143,708			951		0.65	Physician
Medical Assistant	1	10,307	1			551	0.26	HCP
Medical Assistant	1	35,410				2,036	0.98	HCP
Medical Assistant	1	18,840	1	1		1,150	0.55	HCP
Medical Assistant	1					4,016	1.93	HCP
Medical Assistant	1	10,199		1		624	0.30	HCP
Medical Assistant	1	18,309	1			1,041	0.50	HCP
Medical Assistant	1	4,052	1			162	0.08	HCP
Medical Assistant	1	34,052				1,983	0.95	HCP
Medical Assistant	1	34,429				2,006	0.96	HCP
Medical Assistant	1	2,232					0.00	HCP
Medical Assistant	1	33,995				2,001	0.96	HCP
Medical Assistant	1	18,247					0.00	HCP
Medical Assistant	1	691					0.00	HCP
Medical Assistant	1	3,913	1	1		276	0.13	HCP
Medical Assistant	1	34,530				2,020	0.97	HCP
Medical Assistant	1	26,811	1			1,523	0.73	HCP
Medical Assistant	1	34,736				2,020	0.97	HCP
Medical Assistant	1	16,329	1			920	0.44	HCP
Medical Assistant	1	21,938	1			1,340	0.64	HCP
Medical Assistant	1	40,021		1		2,014	0.97	HCP
Medical Assistant	1	34,497				2,007	0.96	HCP
Medical Assistant	1	2,235					0.00	HCP
Medical Assistant	1	35,664				2,024	0.97	HCP
Medical Assistant	1	5,639		1		342	0.16	HCP
Medical Assistant	1	32,692				2,001	0.96	HCP
Medical Assistant	1	38,144				2,103	1.01	HCP
Medical Assistant	1	38,919				2,030	0.98	HCP
Medical Assistant	1	20,867	1			1,198	0.58	HCP
Medical Assistant	1	10,017		1		613	0.29	HCP
Medical Assistant	1	20,526	1			1,177	0.57	HCP
Medical Assistant	1	20,310				1,255	0.60	HCP
Medical Assistant	1	5,226	1			240	0.12	HCP
Medical Assistant	1	23,310		1		1,386	0.67	HCP
Medical Assistant	1	16,231					0.00	HCP
Medical Assistant	1	24,650	1			1,426	0.69	HCP
Medical Assistant	1	38,115		1		2,017	0.97	HCP
Medical Assistant	1	14,345		1		813	0.39	HCP
Medical Assistant	1	22,745					0.00	HCP
Medical Director	1	46,459	1		95	240	0.12	Physician
Medical Director	1	52,942		1	343	486	0.23	Physician

Job Title	# of Workers	Compensation	Hired in FY2018	Departed in FY2018	Encounters	Hours	FTE's	Job Classification
Medical Records Specialist	1	2,102					0.00	OHP
Neurologist	1	1,510			25		0.00	Physician
NFN Clinical Supervisor	1	61,605				2,000	0.96	Nurse
NFN Home Visitor	1	(420)					0.00	Nurse
NFN Home Visitor	1	32,122	1			1,600	0.77	Nurse
NFN Home Visitor	1	829	1			46	0.02	Nurse
Nurse Educator	1	423				31	0.01	Nurse
Nurse Educator	1	1,163					0.00	Nurse
Nurse Manager	1	80,917	1		464	1,440	0.69	Nurse
Nurse Midwife	1	25,555			354	496	0.24	Nurse
Nurse Midwife	1	17,213	1		367		0.00	Nurse
Nurse Midwife	1	5,738	1		2,906		0.00	Nurse
Nurse Midwife	1	109,955			940	2,000	0.96	Nurse
Nurse Midwife	1	14,986	1				0.00	Nurse
Occupational Therapist	1	74,071				2,000	0.96	OHP
Ophthalmic Technician	1	43,714				1,615	0.78	OHP
Ophthalmology Assistant	1	58,792				2,013	0.97	OHP
Patient Accounts Rep. Team Leader	1	36,410				2,005	0.96	OHP
Patient Navigator Breast Health	1	25,213		1	160	1,165	0.56	OHP
Patient Registrar	1	13,807		1		681	0.33	OHP
Patient Registrar	1	2,909	1			162	0.08	OHP
Patient Registrar	1	35,992				2,002	0.96	OHP
Patient Registrar	1	12,753		1		844	0.41	OHP
Patient Registrar	1	35,946				1,998	0.96	OHP
Patient Registrar	1	3,261	1			216	0.10	OHP
Patient Registrar	1	36,262				2,012	0.97	OHP
Patient Registrar	1	36,131				2,009	0.97	OHP
Patient Registrar	1	16,347		1		955	0.46	OHP
Patient Registrar	1	35,894		1		1,996	0.96	OHP
Patient Registrar	1	4,928		1		283	0.14	OHP
Patient Registrar	1	35,947				1,999	0.96	OHP
Patient Registrar	1	35,988				2,000	0.96	OHP
Patient Registrar	1	18,723		1		1,101	0.53	OHP
Patient Registrar	1	18,753	1			1,049	0.50	OHP
Patient Registrar	1	36,216				2,003	0.96	OHP
Patient Registrar	1	7,221	1			422	0.20	OHP
Patient Registrar	1	35,304	1		223	1,976	0.95	OHP
Patient Registrar	1	35,974				2,001	0.96	OHP
Patient Registration Team Leader	1	39,182				1,992	0.96	OHP
Patient Registration Team Leader	1	39,399				1,966	0.95	OHP
Patient Registration Team Leader	1	39,902				2,035	0.98	OHP
Patient Registration Team Leader	1	38,085				2,012	0.97	OHP
Pediatrician	1	118,763			1,825	1,561	0.75	Physician
Pediatrician	1	75,295			1,230	949	0.46	Physician
Pediatrician	1	11,777			183		0.00	Physician
Pharmacy Technician	1	362	1				0.00	OHP
Physician	1	183,003		1	3,184	1,990	0.96	Physician
Physician	1	219,553			2,657		0.00	Physician
Physician	1	70,655		1	831	758	0.36	Physician

Job Title	# of Workers	Compensation	Hired in FY2018	Departed in FY2018	Encounters	Hours	FTE's	Job Classification
Physician	1	93,301	1		1,086	677	0.33	Physician
Physician	1	195,988			3,233	2,000	0.96	Physician
Physician	1	228,965			2,226	1,077	0.52	Physician
Physician	1	172,836			3,506	1,690	0.81	Physician
Physician	1	96,291		1	680	1,072	0.52	Physician
Physician	1	145,093			2,215	1,428	0.69	Physician
Physician	1	20,485			438		0.00	Physician
Physician	1	186,874		1	3,248	2,000	0.96	Physician
Physician	1	203,336			3,413	1,984	0.95	Physician
Physician	1	188,516			994	2,080	1.00	Physician
Physician Assistant	1	92,407			2,685	2,000	0.96	Physician Assistant
Physician Assistant	1	100,806			1,287		0.00	Physician Assistant
Podiatrist	1	77,308			3,196	2,000	0.96	Physician
Podiatrist	1	139,378				2,000	0.96	OHP
Podiatrist	1	110,728				1,598	0.77	OHP
Practice Administrator	1	88,941		1		1,598	0.77	OHP
Practice Administrator	1	542			994	2,000	0.96	OHP
Practice Administrator	1	82,689				2,042	0.98	OHP
Practice Administrator	1	63,228				1,987	0.96	Nurse
Practice Coordinator	1	44,189				435	0.21	OHP
Prenatal Case Manager	1	13,443				2,038	0.98	OHP
Program Coordinator	1	60,148				2,000	0.96	OHP
Program Coordinator	1	86,418				877	0.42	Nurse
Program Director II	1	21,765			63	160	0.08	OHP
QA/QI NURSE	1	5,121	1				0.00	OHP
Recovery Coach	1	1,609					0.00	OHP
Referral Specialist	1	4,572					0.00	OHP
Referral Specialist	1	5,989					0.00	OHP
Referral Specialist	1	62,831			837	2,000	0.96	AHCP
Registered Dietitian	1	5,478				152	0.07	Nurse
Registered Nurse	1	40,753	1			1,268	0.61	Nurse
Registered Nurse	1	15,000	1			390	0.19	Nurse
Registered Nurse	1	57,107			122		0.00	Nurse
Registered Nurse	1	29,361		1		968	0.47	Nurse
Registered Nurse	1	67,331				2,114	1.02	Nurse
Registered Nurse	1	77,445				2,010	0.97	Nurse
Registered Nurse	1	58,074					0.00	Nurse
Registered Nurse	1	76,487			356	2,021	0.97	Nurse
Registered Nurse	1	50,892	1			1,603	0.77	Nurse
Registered Nurse	1	14,005	1			320	0.15	Nurse
Registered Nurse	1	14,306	1	1		372	0.18	Nurse
Registered Nurse	1	75,653					0.00	Nurse
Registered Nurse	1	68,863		1		2,010	0.97	Nurse
Registered Nurse	1	70,641	1		411	1,762	0.85	Nurse
Registered Nurse	1	92,943				2,141	1.03	Nurse
Registered Nurse	1	46,098	1		281	1,444	0.69	Nurse
Registered Nurse	1	78,203				2,028	0.98	Nurse
Registered Nurse	1	61,500		1		1,631	0.78	Nurse
Registered Nurse	1	3,682					0.00	Nurse

Job Title	# of Workers	Compensation	Hired in FY2018	Departed in FY2018	Encounters	Hours	FTE's	Job Classification
Resource Specialist	1	14,714		1		705	0.34	OHP
Senior Administrative Assistant	1	52,437				2,014	0.97	OHP
Senior Care Coordinator Assistant	1	40,188				2,003	0.96	OHP
Senior Financial Analyst	1					40	0.02	OHP
Site Manager	1	13,165		1		320	0.15	OHP
Site Manager	1	66,084				2,000	0.96	OHP
Sous Chef	1	21,488		1		1,037	0.50	OHP
Sous Chef	1	25,614				1,104	0.53	OHP
Special Education Teacher	1	62,410				2,000	0.96	OHP
Speech Language Pathologist	1	44,651		1		1,225	0.59	OHP
Speech Language Pathologist	1	66,873				2,000	0.96	OHP
Substance Abuse Case Manager Supervisor	1	61,210				2,021	0.97	OHP
WEO Patient Registrar/Admin Assistant	1	24,624		1		747	0.36	OHP
WHS Nurse Manager	1	17,382				1,159	0.56	Nurse
WIC Clerk	1	32,100				2,017	0.97	OHP
WIC Clerk	1	39,460				2,021	0.97	OHP
WIC Manager	1	50,354				2,016	0.97	OHP
WIC Manager	1	65,628		1		1,984	0.95	OHP
WIC Site Nutritionist	1	35,734				1,365	0.66	OHP
Women's Health Program Manager	1	50,696				2,000	0.96	OHP
Salary Grand Total	257	11,862,621	50	50	113,115	314,525		

Job Title	# of Workers	Compensation	Hired in FY2018	Departed in FY2018	Encounters	Hours	FTE's	Job Classification
MD	1	36,483			352	171	0.08	Physician Services Under Contract
MD	1	67,600			1,315	52	0.03	Physician Services Under Contract
MD	1	94,900			957	72	0.03	Physician Services Under Contract
MD	1	63,700			480	49	0.02	Physician Services Under Contract
MD	1	53,535			480	55	0.03	Physician Services Under Contract
MD	1	21,900			490	30	0.01	Physician Services Under Contract
MD	1	63,700			539	91	0.04	Physician Services Under Contract
MD	1	28,548			48	20	0.01	Physician Services Under Contract
MD	1	28,549			34	21	0.01	Physician Services Under Contract
MD	1	38,635			48	8	0.00	Physician Services Under Contract
MD	1	24,375			34	5	0.00	Physician Services Under Contract
MD	1				4,215	-	0.00	Physician Services Under Contract
Contracted Grand Total	12	521,925	0	0	4,215	574		
Grand Total Salaries & Contracted Workers	269	12,384,546	50	50	117,330	315,099		
SCRC Salary Reclass - Nurse								
Grand Total After Reclass	269	12,384,546	50	50	117,330			

Job Classification

Job Title	# of Workers	Compensation	Hired in FY2018	Departed in FY2018	Encounters	Hours	FTE's
Summary Table Per B-4 & Reconciliation							
Health Care Practitioners	# of Workers	Compensation	Hired	Departed	Encounters	Hours	FTE's
Physician	24	3,164,269	2	4	43,995	26,614	12.80
Physician Assistant	2	192,213	0	0	3,679	4,080	1.96
Nurse	80	3,933,584	24	14	52,453	90,164	43.35
Physician Services Under Contract	112	521,925	0	0	4,215	574	0.28
OHP	1	3,705,551	12	23	12,151	145,352	69.88
AHCP	1	62,831	0	0	837	2,000	0.96
HCP	38	803,173	12	9	0	46,315	22.27
Total Per B-4	269	12,384,546	50	50	117,330	315,099	151.50

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

Reporting Period: From 7/1/2017 To 6/30/2018
 FQHC Name: Cornell Scott-Hill Health Corporation

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

DENTAL SERVICES COMPENSATION, ENCOUNTERS, HOURS, AND FTEs BY PRACTITIONER				
DENTAL CARE COMPENSATION, ENCOUNTERS, HOURS, & FTEs	Compensation II	Encounters III	Total Employee Hours IV	FTEs (2080 hrs = 1 FTE) V
<i>Provide itemized de-identified list (e.g., Dentist 1)</i>	<i>125,000</i>	<i>1,500</i>	<i>1,040</i>	<i>0.50</i>
A. DENTIST				
1. Please see attached.				0.00
2.				0.00
3.				0.00
4.				0.00
5.				0.00
Total Dentist Encounters, Staff Hours and FTEs	0	0	0	0.00
B. DENTAL HYGIENIST				
1. Please see attached.				0.00
2.				0.00
3.				0.00
4.				0.00
5.				0.00
Total Dental Hygienist Encounters, Hours and FTEs	0	0	0	0.00
C. OTHER DENTAL PRACTITIONER				
1. Please see attached.				0.00
2.				0.00
3.				0.00
4.				0.00
5.				0.00
Total Other Dental Practitioner Encounters, Hours and FTEs	0	0	0	0.00

Cornell Scott-Hill Health Corporation
 COMPENSATION, ENCOUNTERS, HOURS, AND FTE'S BY PRACTITIONER
 June 30, 2018

Job Title	# of Workers	Compensation	Hired in FY2018	Departed in FY2018	Encounters	Hours	FTE's	Job Classification
Dental Assistant	1	39,671				1,998	0.96	Other
Dental Assistant	1	38,876				2,000	0.96	Other
Dental Assistant	1	38,852				2,001	0.96	Other
Dental Assistant	1	36,410				2,001	0.96	Other
Dental Assistant	1	37,458				2,000	0.96	Other
Dental Assistant	1	41,931				2,001	0.96	Other
Dental Assistant	1	37,665				1,999	0.96	Other
Dental Assistant	1	47,560				2,002	0.96	Other
Dental Assistant	1	47,007				2,000	0.96	Other
Dental Assistant	1	36,398				2,001	0.96	Other
Dental Hygienist	1	64,262	1		1,195	1,600	0.77	Dental Hygienist
Dental Hygienist	1	31,076			666	711	0.34	Dental Hygienist
Dental Hygienist	1	60,193			1,037	1,501	0.72	Dental Hygienist
Dental Hygienist	1	79,650			1,530	2,001	0.96	Dental Hygienist
Dental Hygienist	1	77,232			919	1,993	0.96	Dental Hygienist
Dental Hygienist	1	122,451			1,262	1,481	0.71	Dentist
Dentist	1	148,971			2,220	1,574	0.76	Dentist
Dentist	1	155,339				2,000	0.96	Dentist
Dentist	1	166,087			2,882	2,000	0.96	Dentist
Dentist	1	133,546			2,240	1,760	0.85	Dentist
Dentist	1	178,769			1,994	1,600	0.77	Dentist
Director of Dental	1	50,933				2,000	0.96	Other
Lead Dental Assistant	1	55,354				2,000	0.96	Other
Office Manager	1	41,875				2,000	0.96	Other
Oral Health Educator	1	36,123				2,004	0.96	Other
Patient Registrar	1	34,627				1,997	0.96	Other
Patient Registrar	1	35,196	1			1,972	0.95	Other
Patient Registrar	1	28,716	1			1,598	0.77	Other
Patient Registrar	1	35,941				1,999	0.96	Other
Practice Administrator	1	63,784				2,000	0.96	Other
Secretary/Receptionist	1	37,803				1,962	0.94	Other
Salary Grand Total	31	2,039,756	3	0	15,965	57,756	27.74	

Job Title	# of Workers	Compensation	Hired in FY2018	Departed in FY2018	Encounters	Hours	FTE's	Job Classification
Dentist	1	21,369			299	20	0.01	Dentist
Dentist	1				2,198		0.00	Dentist
Contracted Grand Total	2	21,369	0	0	2,497	20	0.01	

Summary Table Per B-4 & Reconciliation							
Dental Practitioners	# of Workers	Compensation	Hired	Departed	Encounters	Hours	FTE's
Dentist	8	926,532	0	0	13,095	10,435	5.02
Dental Hygienist	5	312,413	1	0	5,367	7,806	3.75
Other	20	822,180	2	0	0	39,535	19.01
Total Per B-4	33	2,061,125	3	0	18,462	57,776	27.78

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

Reporting Period: From 7/1/2017 To 6/30/2018
 FQHC Name: Cornell Scott-Hill Health Corporation

Form B-3 (Compensation, Encounters, Hours, FTEs - Mental Health Care)

MENTAL HEALTH SERVICES COMPENSATION, ENCOUNTERS, HOURS, AND FTEs BY PRACTITIONER				
MENTAL HEALTH SERVICES COMPENSATION, ENCOUNTERS, HOURS, & FTEs	Compensation	Encounters	Total Employee Hours and FTEs	
			Employee Total Hours	FTEs (2080 hrs = 1 FTE)
<i>Provide itemized de-identified list (e.g., Psychologist 1)</i>	125,000	1,500	1,040	0.50
A. PSYCHOLOGIST				
1. Please see attached.				0.00
2.				0.00
3.				0.00
4.				0.00
5.				0.00
Total Psychologist Encounters, Staff Hours and FTEs	0	0	0	0.00
B. SOCIAL WORKER				
1. Please see attached.				0.00
2.				0.00
3.				0.00
4.				0.00
5.				0.00
Total Social Worker Encounters, Hours and FTEs	0	0	0	0.00
C. OTHER MENTAL HEALTH PRACTITIONER				
1. Please see attached.				0.00
2.				0.00
3.				0.00
4.				0.00
5.				0.00
Total Other Mental Health Practitioner Encounters, Hours and FTEs	0	0	0	0.00

Cornell Scott-Hill Health Corporation
 COMPENSATION, ENCOUNTERS, HOURS, AND FTE'S BY PRACTITIONER
 June 30, 2018

Job Title	# of Workers	Compensation	Hired in FY2018	Departed in FY2018	Encounters	SCRC Encounters	Encounters Excluding SCRC	Hours	FTE's	Job Classification
Administrative Assistant	1	46,569					0	2,141	1.03	OMHP
Administrative Assistant	1	3,348		1			0	1,130	0.06	OMHP
Administrative Assistant	1	23,094					0	1,195	0.57	OMHP
Administrative Assistant	1	20,303	1				0	1,127.94	0.54	OMHP
Administrative Assistant	1	41,505					0	2,102	1.01	OMHP
Administrative Assistant	1	2,102	1				0	116	0.06	OMHP
Administrative Assistant	1	39,871					0	2,000	0.96	OMHP
Administrative Assistant	1	49,911					0	2,010	0.97	OMHP
Administrative Assistant	1	43,902					0	2,009	0.97	OMHP
Administrative Assistant	1	10,585					0	526	0.25	OMHP
Administrative Assistant	1	38,477					0	2,000	0.96	OMHP
Administrative Assistant	1	34,658	1				0	1,944	0.93	OMHP
Administrative Assistant	1	38,151					0	2,002	0.96	OMHP
Administrative Assistant	1	26,462					0	1,450	0.70	OMHP
Administrative Assistant	1	35,813					0	1,883	0.91	OMHP
Administrative Assistant	1	38,805					0	2,056	0.99	OMHP
Administrative Assistant	1	61,943	1		822	822	0	1,280	0.62	APRN
Advance Practice Registered Nurse	1			1			0	223	0.11	APRN
Advance Practice Registered Nurse	1	26,328	1		138	138	0	320	0.15	APRN
Advance Practice Registered Nurse	1	3,048					0	800	0.38	APRN
Advance Practice Registered Nurse	1	120,284			2,094	1,156	938	736	0.35	APRN
Advance Practice Registered Nurse	1	37,719		1	540		540	387	0.19	OMHP
Advance Practice Registered Nurse	1	18,302	1				0	704	0.34	OMHP
Assistant Nurse Manager	1	27,601					0	2,000	0.96	OMHP
Assistant Nurse Manager	1	82,142			1,185		1,185	1,670	0.80	OMHP
Assistant Program Director I	1	73,790			387		387	199	0.10	OMHP
Assistant Program Director I	1	7,712		1	1		1			OMHP
Assistant Program Director I	1	83,144			876		876	2,000	0.96	OMHP
Assistant Program Director I	1	87,402			263		263	2,000	0.96	OMHP
Assistant Program Director I	1	82,863			568		568	2,000	0.96	OMHP
Assistant Program Director I	1	87,276			477		477	2,000	0.96	OMHP
Assistant Program Director II	1	101,288					0	2,000	0.96	OMHP
Assistant Program Director II	1	(225)					0	2,000	0.96	OMHP
Assistant Program Director II	1	90,721			2,867		2,867	2,019	0.97	OMHP
Assistant Program Director II	1	49,723			264		264	2,002	0.96	OMHP
Case Manager	1	40,216			181		181	1,851	0.89	OMHP
Case Manager	1	37,324			223		223	1,980	0.95	OMHP
Case Manager	1	43,011			415		415	1,998	0.96	OMHP
Case Manager	1	40,290			639		639	2,013	0.97	OMHP
Case Manager	1	41,002			61	61	0	2,040	0.98	OMHP
Case Manager	1	41,789			246		246	2,020	0.97	OMHP
Case Manager	1	41,129			228		228	881	0.42	OMHP
Case Manager	1	18,615			267		267	1,963	0.94	OMHP
Case Manager	1	367,205		1	35,214		17,793	2,015	0.97	OMHP
Chief of Behavioral Health	1	49,522					0	2,244	1.08	OMHP
Clinical Case Coordinator	1	105,828					0	150	0.07	OMHP
Clinical Nurse Supervisor	1	8,651					0	50	0.02	OMHP
Clinical Pharmacist	1	2,984					0	247	0.12	OMHP
Clinician I	1	5,985			9		9	1,760	0.85	OMHP
Clinician II	1	42,823	1		72		72	2,001	0.96	OMHP
Clinician II	1	50,832			446		446	242	0.12	OMHP
Clinician II	1	5,807			48		48	962.95	0.46	OMHP
Clinician II	1	35,629			294		294	491	0.24	OMHP
Clinician II	1	19,583			0		0	1,083	0.52	OMHP
Clinician II	1	27,522			437		437	1,980	0.95	OMHP
Clinician II (LADC)	1	72,636			1,015		1,015	2,027	0.97	OMHP
Clinician II (LADC)	1	45,147			497		497	2,035	0.98	OMHP
Clinician II (LADC)	1	45,749			363		363			OMHP

Job Title	# of Workers	Compensation	Hired in FY2018	Departed in FY2018	Encounters	SCRC Encounters	Encounters Excluding SCRC	Hours	FTE's	Job Classification
Clinician II (LADP)	1	71,864			1,298		1,298	2,000	0.96	OMHP
Clinician II (LADP)	1	71,017			1,044		1,044	2,000	0.96	OMHP
Clinician II (LADP)	1	66,688			786		786	2,000	0.96	OMHP
Clinician II (LADP)	1	22,649	1		229		229	640	0.31	LCSW
Clinician II (LCSW)	1	22,650			645		645	0.00	0.00	LCSW
Clinician II (LCSW)	1	27,593			785		785	640	0.31	LCSW
Clinician II (LCSW)	1	22,649			182		182	640	0.31	LCSW
Clinician II (LCSW)	1	28,940			302		302	840	0.40	LCSW
Clinician II (LCSW)	1	7,553			83	82	1	1,600	0.77	LCSW
Clinician II (LCSW)	1	52,847			858		858	1,760	0.85	LCSW
Clinician II (LCSW)	1	52,653			645		645	0.00	0.00	LCSW
Clinician II (LCSW)	1	3,949			160		160	0.00	0.00	LCSW
Clinician II (LCSW)	1	20,633			872		872	400	0.19	LCSW
Clinician II (LCSW)	1	15,099			121		121	2,000	0.96	LCSW
Clinician II (LCSW)	1	61,945			1,263		1,263	2,000	0.96	LCSW
Clinician II (LCSW)	1	71,478			1,363		1,363	2,010	0.97	LCSW
Clinician II (LCSW)	1	66,665			1,138		1,138	1,040	0.50	LCSW
Clinician II (LCSW)	1	37,287			503	14	503	2,000	0.96	LCSW
Clinician II (LCSW)	1	69,039			1,281		1,281	2,000	0.96	LCSW
Clinician II (LCSW)	1	65,430			1,274		1,274	970	0.47	LCSW
Clinician II (LCSW)	1	32,231			484		484	392	0.19	LCSW
Clinician II (LCSW)	1	13,600		1	80		80	2,000	0.96	LCSW
Clinician II (LCSW)	1	74,535			1,214	1,214	0	760	0.37	LCSW
Clinician II (LCSW)	1	23,911		1	418		418	2,000	0.96	LCSW
Clinician II (LCSW)	1	69,563			1,295		1,295	1,982	0.96	LCSW
Clinician II (LCSW)	1	65,178			1,028		1,028	2,000	0.96	LCSW
Clinician II (LCSW)	1	65,430			938		938	640	0.31	OMHP
Clinician II (LMFT)	1	22,649			262		262	1,440	0.69	OMHP
Clinician II (LMFT)	1	47,814			633		633	100	0.05	OMHP
Clinician II (LMFT)	1	3,148		1	9	9	0	2,000	0.96	OMHP
Clinician II (LMFT)	1	65,430			1,259		1,259	2,000	0.96	OMHP
Clinician II (LMFT)	1	67,069			1,234	1,232	2	2,000	0.96	OMHP
Clinician II (LMFT)	1	66,562			1,327	1,327	0	1,600	0.77	OMHP
Clinician II (LMSW)	1	46,650			608		608	1,760	0.85	OMHP
Clinician II (LMSW)	1	45,528			583		583	1,600	0.77	OMHP
Clinician II (LMSW)	1	40,180			586		586	1,600	0.77	OMHP
Clinician II (LMSW)	1	40,650			627		627	1,440	0.69	OMHP
Clinician II (LMSW)	1	36,779			238		238	1,560	0.94	OMHP
Clinician II (LMSW)	1	50,368			979		979	2,000	0.96	OMHP
Clinician II (LMSW)	1	50,832			956		956	1,840	0.88	OMHP
Clinician II (LMSW)	1	44,522			461		461	1,983	0.95	OMHP
Clinician II (LMSW)	1	50,329			934		934	2,000	0.96	OMHP
Clinician II (LMSW)	1	54,481			853	285	568	2,006	0.96	OMHP
Clinician II (LMSW)	1	61,161			958	27	931	1,833	0.88	OMHP
Clinician II (LPC)	1	60,182			983		983	1,976	0.95	OMHP
Clinician II (LPC)	1	61,632			958		958	2,000	0.96	OMHP
Clinician II (LPC)	1	65,430			998		998	1,960	0.94	OMHP
Clinician II (LPC)	1	65,896			1,658	1,658	0	1,276	0.61	OMHP
Clinician II (LPC)	1	44,164		1	730	730	0	480	0.23	OMHP
Clinician II (LPC)	1	17,616		1	156		156	840	0.40	OMHP
Clinician II (LPC)	1	28,940		1	231		231	0.00	0.00	OMHP
Clinician II (LPC)	1	5,033			976		976	2,000	0.96	OMHP
Clinician II (LPC)	1	61,009			1,181		1,181	2,000	0.96	OMHP
Clinician II (LPC)	1	65,430			1,330		1,330	2,000	0.96	OMHP
Clinician II (LPC)	1	70,652			1,159		1,159	2,000	0.96	OMHP
Clinician II (LPC)	1	71,879			1,159		1,159	2,000	0.96	OMHP
Clinician II (LPC)	1	71,160			1,029		1,029	2,000	0.96	OMHP
Clinician II (LPC)	1	66,688			996		996	1,383	0.66	OMHP
Clinician II (LPC)	1	46,897			631		631	2,000	0.96	OMHP
Clinician II (LPC)	1	71,361			893		893	2,000	0.96	OMHP
Clinician II (LPC)	1	65,430			2,067	2,067	0	2,000	0.96	OMHP
Clinician II (LPC)	1	71,545			1,471	1,471	0	2,000	0.96	OMHP
Clinician II (LPC)	1	65,430			1,067		1,067	2,000	0.96	OMHP
Clinician II (LPC)	1	44,956			581	581	0	1,328	0.64	OMHP
Clinician II (LPC)	1	57,480			658	658	0	1,622	0.78	OMHP

Job Title	# of Workers	Commission	Hired in FY2018	Departed in FY2018	Encounters	SCRC Encounters	Encounters Excluding SCRC	Hours	FTE's	Job Classification
Clinician II (LPC)	1	71,804			1,546	1,546	0	1,999	0.96	OMHP
Clinician II (LPC)	1	68,404					1,100	2,000	0.96	OMHP
Clinician II (LPC)	1	12,248			1,100		0	728	0.35	OMHP
Cook II	1	39,424					0	1,346	0.65	OMHP
CSSD Data Entry Specialist	1	616					0	0	0.00	OMHP
Dental Hygienist	1	15,584					0	958	0.46	OMHP
Detox Technician I	1	8,821		1			0	544	0.26	OMHP
Detox Technician I	1	868		1			0	54	0.03	OMHP
Detox Technician I	1	6,837		1			0	422	0.20	OMHP
Detox Technician I	1	44,475		1			0	2,742	1.32	OMHP
Detox Technician I	1	9,116		1			0	562	0.27	OMHP
Detox Technician I	1	5,846					0	1,967	0.95	OMHP
Detox Technician I	1	31,910					0	610	0.29	OMHP
Detox Technician I	1	9,901					0	2,195	1.06	OMHP
Detox Technician I	1	35,601					0	479	0.23	OMHP
Detox Technician I	1	7,768					0	1,835	0.88	OMHP
Detox Technician I	1	28,763					0	3,053	1.47	OMHP
Detox Technician I	1	49,523					0	1,645	0.79	OMHP
Detox Technician I	1	26,675					0	2,477	1.19	OMHP
Detox Technician I	1	40,180					0	88	0.04	OMHP
Detox Technician I	1	1,433					0	964	0.46	OMHP
Detox Technician I	1	15,632					0	1,795	0.86	OMHP
Detox Technician II	1	29,109					0	2,531	1.22	OMHP
Detox Technician II	1	41,047					0	(217)	(0.10)	OMHP
Detox Technician II	1	(3,519)					0	2,224	1.07	OMHP
Detox Technician II	1	36,079		1			0	1,717	0.83	OMHP
Detox Technician II	1	27,845		1			0	562	0.27	OMHP
Detox Technician II	1	14,023		1			0	89	0.04	OMHP
Executive Assistant I	1	1,943		1			0	0	0.00	OMHP
Executive Assistant I	1	726		1			0	767	0.37	OMHP
Executive Assistant I	1	28,078		1			0	500	0.24	OMHP
Executive Assistant I	1	18,242		1			0	2,022	0.97	OMHP
Executive Chief	1	49,786		1	7		7	535	0.26	OMHP
Intake Coordinator	1	14,362		1			0	926	0.45	OMHP
JDCSSD Care Coordinator	1	21,585		1			0	205	0.10	OMHP
JDCSSD Care Coordinator	1	4,137		1			0	644	0.31	OMHP
JDCSSD Care Coordinator	1	16,856		1			0	534	0.26	OMHP
JDCSSD Care Coordinator	1	11,378		1			0	3,076	1.48	OMHP
Licensed Practical Nurse	1	70,314		1			0	2,804	1.35	OMHP
Licensed Practical Nurse	1	62,921		1			0	3,000	1.44	OMHP
Licensed Practical Nurse	1	76,938		1			0	2,448	1.18	OMHP
Licensed Practical Nurse	1	64,079		1			0	2,859	1.37	OMHP
Licensed Practical Nurse	1	65,225		1			0	(8)	(0.00)	OMHP
Licensed Practical Nurse	1	(215)					0	2,670	1.28	OMHP
Licensed Practical Nurse	1	68,488					0	28,442	13.67	OMHP
Licensed Practical Nurse	1	78,231			2		0	1,552	0.75	OMHP
Licensed Practical Nurse	1	35,204					0	1,769	0.85	OMHP
Licensed Practical Nurse	1	45,374					0	136	0.07	OMHP
Licensed Practical Nurse	1	3,076		1			0	268	0.13	OMHP
Licensed Practical Nurse	1	6,884		1			0	1,279	0.62	OMHP
Licensed Practical Nurse	1	32,813		1			0	2,563	1.14	OMHP
Licensed Practical Nurse	1	60,603		1			0	246	0.12	OMHP
Licensed Practical Nurse	1	5,489		1			0	1,381	0.66	OMHP
Licensed Practical Nurse	1	35,415		1			0	276	0.13	OMHP
Licensed Practical Nurse	1	42,778		1			0	0	0.00	OMHP
Medical Assistant	1	5,095		1			0	0	0.00	OMHP
Medical Director	1	226,378			2		0	1,840	0.88	OMHP
Medical Director	1	246,764			1,013		1,013	2,000	0.96	Psychologist
Medical Director Adult Behavioral Health Ser	1	44,849			1,515		1,515	2,000	0.96	OMHP
Miller Counselor Shift Supervisor	1	72,651					0	0	0.00	OMHP
Operations Manager	1	15,873					0	0	0.00	OMHP
Patient Accounts Representative	1	42,887					0	2,014	0.97	OMHP
Patient Accounts Representative	1	2,909					0	162	0.08	OMHP
Patient Registrar	1	18,024					0	0	0.00	OMHP
Patient Registrar	1						0	0	0.00	OMHP

Job Title	# of Workers	Compensation	Hired in FY2018	Departed in FY2018	Encounters	SCRC Encounters	Encounters Excluding SCRC	Hours	FTE's	Job Classification
Practice Manager I	1	-					0	1,231	0.59	OMHP
Practice Manager I	1	75,679					0	821	0.39	OMHP
Practice Manager I	1	76,684					0	2,000	0.96	OMHP
Practice Manager I	1	76,242					0	2,026	0.97	OMHP
Practice Manager II	1	80,959					0	2,000	0.96	OMHP
Program Coordinator	1	107,480			1,388		1,388	2,000	0.96	OMHP
Program Director I (LCSW)	1	113,373			102		102	2,000	0.96	OMHP
Program Director I (LCSW)	1	129,732			148		148	2,000	0.96	LCSW
Program Director II (LCSW)	1	128,754			2,737		2,737	2,000	0.96	LCSW
Program Director II (LCSW)	1	117,126			127	127	0	2,000	0.96	LCSW
Program Director II (LCSW)	1	86,680			171		171	2,000	0.96	OMHP
Program Director II (LCSW)	1	110,848			1,603		1,603	2,000	0.96	APRN
Psychiatric APRN	1	104,231			2,009		2,009	2,000	0.96	APRN
Psychiatric APRN	1	104,231			1,376		555	2,000	0.96	APRN
Psychiatric APRN	1	122,649			2,137	821	1,316	2,012	0.97	APRN
Psychiatric APRN	1	71,367			459		459	264	0.13	Psychiatrist
Psychiatrist	1	101,539			687		687	1,025	0.49	Psychiatrist
Psychiatrist	1	26,726			81		81	133.63	0.06	Psychiatrist
Psychiatrist	1	229,579			1,676		1,676	2,000	0.96	Psychiatrist
Psychiatrist	1	76,067			1,060		1,060	2,000	0.96	Psychiatrist
Psychologist	1	20,281			0		0	1,127.28	0.54	OMHP
Receptionist	1	2,877			0		0	159	0.08	OMHP
Recovery Coach	1	20,981			68		68	1,040	0.50	OMHP
Referral Specialist	1	30,637			0		0	1,445	0.69	OMHP
Registered Nurse	1	17,783			0		0	593	0.29	OMHP
Registered Nurse	1	78,194			0		0	2,172	1.04	OMHP
Registered Nurse	1	33,845			0		0	1,128	0.54	OMHP
Registered Nurse	1	8,176			0		0	716	0.34	OMHP
Registered Nurse	1	24,087			0		0	215	0.10	OMHP
Registered Nurse	1	22,299			0		0	1,450	0.70	OMHP
Registered Nurse	1	18,678			0		0	751	0.36	OMHP
Registered Nurse	1	19,449			0		0	623	0.30	OMHP
Registered Nurse	1	4,066			0		0	540	0.26	OMHP
Registered Nurse	1	33,578			0		0	136	0.07	OMHP
Registered Nurse	1	28,229			0		0	884	0.43	OMHP
Registered Nurse	1	2,253			0		0	743	0.36	OMHP
Registered Nurse	1	61,542			0		0	2,049	0.99	OMHP
Registered Nurse	1	3,556			0		0	64	0.03	OMHP
Registered Nurse	1	39,652			0		0	1,891	0.91	OMHP
Registered Nurse	1	29,067			0		0	115	0.06	OMHP
Registered Nurse	1	32,758			0		0	1,260	0.61	OMHP
Registered Nurse	1	13,166			0		0	869	0.47	OMHP
Registered Nurse II	1	18,580			0		0	886	0.43	OMHP
Residential Aide	1	633			0		0	546	0.26	OMHP
Residential Aide	1	11,120			0		0	37	0.02	OMHP
Residential Aide	1	37,901			0		0	646	0.31	OMHP
Residential Aide	1	6,344			0		0	2,062	0.99	OMHP
Residential Aide	1	6,252			3		3	469	0.23	OMHP
Residential Aide	1	20,540			0		0	351	0.17	OMHP
Residential Aide	1	36,877			0		0	1,396	0.67	OMHP
Residential Aide	1	10,731			0		0	2,031	0.98	OMHP
Residential Aide	1	19,846			0		0	604	0.29	OMHP
Residential Aide	1	11,264			0		0	1,110	0.53	OMHP
Residential Aide	1	41,075			0		0	616	0.30	OMHP
Residential Aide	1	39,128			0		0	2,221	1.07	OMHP
Residential Aide	1	312			0		0	2,111	1.01	OMHP
Residential Aide	1	692			0		0	18	0.01	OMHP
Resource Counselor	1	50,669			0		0	0	0.00	OMHP
SCRC Data Entry Specialist	1	17,601			0		0	2,250	1.08	OMHP
Secretary/Receptionist	1	82,150			0		0	1,032	0.50	OMHP
Senior Clinician (LADC)	1	77,015			1,004		1,004	2,000	0.96	OMHP
Senior Clinician (LADC)	1	76,261			3,099		3,099	2,000	0.96	OMHP
Senior Clinician (LCSW)	1	37,455			771		771	2,000	0.96	LCSW
Senior Clinician (LCSW)	1				443		443	990	0.48	LCSW

Job Title	# of Workers	Compensation	Hired in FY2018	Departed in FY2018	Encounters	SCRC Encounters	Encounters Excluding SCRC	Hours	FTE's	Job Classification
Senior Clinician (LCSW)	1	22,600		1	370	370	0	612	0.29	LCSW
Senior Clinician (LCSW)	1	72,164			1,142		1,142	2,000	0.96	LCSW
Senior Clinician (LCSW)	1	77,016			873		873	2,000	0.96	LCSW
Senior Clinician (LCSW)	1	73,436			1,896	1,896	0	2,000	0.96	LCSW
Senior Clinician (LCSW)	1	66,703			855		0	1,790	0.86	OMHP
Senior Clinician (LPC)	1	74,832			1,428	1,428	0	2,000	0.96	OMHP
Senior Clinician (LPC)	1	73,297			2,034		2,034	2,000	0.96	OMHP
Senior Clinician (LPC)	1	77,016			447		447	2,000	0.96	OMHP
Senior Clinician (LPC)	1	73,605			1,443		1,443	2,367	1.14	APRN
Senior Detox Technician	1	41,185			37	37	0		0.00	OMHP
Senior Medical Provider	1	3,553		1			0	691	0.33	OMHP
Sous Chef	1	14,051		1			0	736	0.35	OMHP
Sous Chef	1	16,775			543		543	2,038	0.98	OMHP
Substance Abuse Counselor	1	52,354			543		543	324	0.16	OMHP
WFO Patient Registrar/Admin Assistant	1	969		1			0	57	0.03	OMHP
Salary Grand Total	265	11,880,740	62	47	141,088	35,174	105,914	383,934	184.10	

Job Title	# of Workers	Compensation	Hired in FY2018	Departed in FY2018	Encounters	SCRC Encounters	Encounters Excluding SCRC	Hours	FTE's	Job Classification
Other	1				1		1		0.00	OMHP
MD	1	31,587			1,877	1,282	595	12	0.01	OMHP
LPC	1	10,915			319		319	312	0.15	OMHP
LPC	1	42,502	0	0	2,197	1,282	915	324	0.16	OMHP
Contracted Grand Total	4		0	0						
Grand Total Salaries & Contracted Worker	269	11,923,242	62	47	143,285	36,456	106,829	383,258	184.26	
SCRC Salary/Reclass - Social Workers	6	140,451			3,703	3,703	0			
SCRC Salary/Reclass - APRN	4	214,487			2,836	2,836	0			
SCRC Salary/Reclass - OMHP	88	1,788,174			29,917					
Grand Total After Reclass	171	9,780,130	62	47	143,285	0	106,829	383,258	184.26	

Summary Table Per B-4 & Reconciliation									
Medical Health Practitioners	# of Workers	Compensation	Hired	Departed	Encounters	SCRC Encounters	Encounters Excluding SCRC	Hours	FTE's
Psychiatrist	5	673,775	1	1	4,418	0	4,418	5,423	2.61
Psychologist	1	75,067	0	0	1,060	0	1,060	2,000	0.96
LCSW	33	1,724,298	9	4	25,688	3,703	21,985	42,806	20.58
APRN	11	677,283	2	3	10,756	2,836	7,920	11,245	5.41
OMHP	219	8,769,819	50	39	101,383	29,917	71,466	321,784	154.70
Total Per B-4	269	11,923,242	62	47	143,285	36,456	106,829	383,258	184.26

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

Reporting Period: From 7/1/2017 To 6/30/2018

FQHC Name: Cornell Scott-Hill Health Corporation

Form B-4 (Summary Compensation, Encounters, Hours, FTEs)

SUMMARY COMPENSATION, ENCOUNTERS, HOURS, AND FTEs BY PRACTITIONER TYPE									
SUMMARY COMPENSATION, ENCOUNTERS, HOURS, AND FTEs BY PRACTITIONER TYPE	Number of Practitioners	Total Compensation	Compensation Range:		Turnover			Employee Hours and FTEs	
			High	Low	Hires	Departures	Encounters	Employee Total Hours	FTEs (2,080 hrs = 1 FTE)
A. HEALTH CARE PRACTITIONERS	4	500,000	150,000	100,000	2	1	10,000	8,320	4.00
1. PHYSICIAN	24	3,164,269	345,370	70,655	2	4	43,995	26,614	12.80
2. PHYSICIAN ASSISTANT	2	193,213	100,806	92,407	-	-	3,679	4,080	1.96
3. NURSE (APRN, MIDWIFE, RN)	80	3,933,584	161,390	39,390	24	14	52,453	90,164	43.35
4. PHYSICIAN SERVICES UNDER CONTRACT	12	521,925	400,000	200,000	-	-	4,215	574	0.28
5. OTHER HEALTH PROFESSIONALS	112	3,705,551	117,679	22,820	12	23	12,151	145,352	69.88
6. OTHER ALLIED HEALTH PROFESSIONALS	1	62,831	62,831	62,831	-	-	837	2,000	0.96
7. OTHER HEALTH CARE PRACTITIONERS	38	803,173	40,021	20,310	12	9	0	46,315	22.27
Total Health Care	269	12,384,546			50	50	117,330	315,099	151.50
B. DENTAL PRACTITIONERS									
1. DENTIST	8	926,532	166,087	122,451	-	-	13,095	10,435	5.02
2. DENTAL HYGIENIST	5	312,413	79,650	31,076	1	-	5,367	7,806	3.75
3. OTHER DENTAL PRACTITIONERS	20	822,180	63,784	28,716	2	-	0	39,535	19.01
Total Dental	33	2,061,125			3	0	18,462	57,776	27.78
C. MENTAL HEALTH PRACTITIONERS									
1. PSYCHIATRIST	5	675,775	246,764	101,339	1	1	4,418	5,423	2.61
2. PSYCHOLOGIST	1	76,067	76,067	76,067	-	-	1,060	2,000	0.96
3. LICENSED CLINICAL SOCIAL WORKER	33	1,724,298	129,732	32,231	9	4	21,965	42,806	20.58
4. PSYCHIATRIC APRN	11	677,283	122,649	26,328	2	3	7,920	11,245	5.41
5. OTHER MENTAL HEALTH PRACTITIONERS	219	8,769,819	367,205	30,637	50	39	71,466	321,784	154.70
Total Mental Health	269	11,923,242			62	47	106,829	383,258	184.26

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

Reporting Period:	From	7/1/2017	To	6/30/2018
FQHC Name:	Cornell Scott-Hill Health Corporation			

Form C (Cost Adjustment & Allocation)

COST ADJUSTMENT AND ALLOCATION		
A.	Direct Cost Title XIX Services (P5 - Form A-3, Line D, Col. VII)	31,054,406
B.	Direct Cost Other Services (P6 - Form A-4, Line E.1.i, Col. VII)	5,220,453
C.	Total Direct Costs (A+B)	36,274,859
D.	Portion of Title XIX Services (A/C)	85.61%
E.	Total Overhead Cost (P7 - Form A-5, Line I, Col. VII)	18,862,329
F.	Overhead Cost Applicable to Title XIX Services (DxE)	16,148,040
G.	Total Title XIX Services Cost (A+F)	47,202,446
H.	Thirty Percent (30%) of Total Title XIX Svc Cost (Gx.30)	14,160,734
I.	Cost Adjustment (Lower of H-F or Zero)	(1,987,306)
J.	Allowable Title XIX Overhead Cost (F+I)	14,160,734
K.	Direct Costs	
	1. Health Care Services (P3 - Form A-1, Line A3, Col. VII)	15,549,577
	2. Dental Services (P4 - Form A-2, Line B3, Col. VII)	2,824,994
	3. Mental Health Services (P5 - Form A-3, Line C3, Col. VII)	12,679,835
	4. Total Direct Costs (K1 thru K3)	31,054,406
L.	Direct Costs as a % of Total	
	1. Health Care Services (K1/K4)	50.07%
	2. Dental Services (K2/K4)	9.10%
	3. Mental Health Services (K3/K4)	40.83%
M.	Allocated Allowable Overhead Cost	
	1. Health Care Services (JxL1)	7,090,280
	2. Dental Services (JxL2)	1,288,627
	3. Mental Health Services (JxL3)	5,781,828
	4. Total Allowable Title XIX Overhead Cost (M1 thru M3)	14,160,735

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

Reporting Period:	From <u>7/1/2017</u>	To <u>6/30/2018</u>
FQHC Name:	Cornell Scott-Hill Health Corporation	

Form D (Allowable Cost per Encounter)

ALLOWABLE COST PER ENCOUNTER	
I. Health Care Cost (Excluding Dental and Mental Health)	
A. Direct Health Care Cost (P3 - Form A-1, Line A3, Col. VII)	15,549,577
B. Allowable Overhead Cost (P13 - Form C, Line M1)	7,090,280
C. Total Allowable Health Care Cost (A+B)	22,639,857
D. Encounters (P12 - Form B-4, Health Care Total)	117,330
E. Allowable Health Care Cost Per Encounter (C/D)	192.96
II. Dental	
A. Direct Dental Care Cost (P4 - Form A-2, Line B3, Col. VII)	2,824,994
B. Allowable Overhead Cost (P13 - Form C, Line M2)	1,288,627
C. Total Allowable Dental Cost (A+B)	4,113,621
D. Encounters (P12 - Form B-4, Dental Total)	18,462
E. Allowable Dental Cost Per Encounter (C/D)	222.82
III. Mental Health	
A. Direct Mental Health Care Cost (P5 - Form A-3, Line C3, Col. VII)	12,679,835
B. Allowable Overhead Cost (P13 - Form C, Line M3)	5,781,828
C. Total Allowable Mental Health Cost (A+B)	18,461,663
D. Encounters (P12 - Form B-4, Mental Health Total)	106,829
E. Allowable Mental Health Cost Per Encounter (C/D)	172.82

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

Reporting Period: From 7/1/2017 To 6/30/2018
 FQHC Name: Cornell Scott-Hill Health Corporation

REVENUES		I	II	III	IV	V
		Excluding Dental, Mental Health & Other	Dental	Mental Health	Other	Total (Col. I thru IV)
A. Operating Revenue						
1. Medicaid		(9,870,180)	(2,091,388)	(21,366,335)	(1,026,769)	(34,354,672)
2. Private		(989,944)	(237,232)	(947,063)	(454,277)	(2,628,516)
3. Medicare		(3,208,251)	38	(1,805,697)	(838,455)	(5,852,365)
4. Patient Cash/Self Pay		(267,527)	(227,219)	(38,769)	(123,376)	(656,891)
5. Other - Specify		0	0	0	0	0
6. Total (1 thru 5)		(14,335,902)	(2,555,801)	(24,157,864)	(2,442,877)	(43,492,444)
B. Other Revenue						
1. Contributions		0	0	0	0	0
2. Grants		(6,757,701)	(1,365,024)	(2,881,717)	(723,117)	(11,727,559)
3. Interest		0	0	0	(17,296)	(17,296)
4. Donations		(657)	0	0	(35,021)	(35,678)
5. Other - Specify	Rent	0	0	(87,779)	0	(87,779)
6. Other - Specify	Catering	0	0	(2,472)	(112,569)	(115,041)
7. Other - Specify	Contracts	(31,150)	0	0	0	(31,150)
8. Other - Specify	Other/WIC	(954,229)	0	(10,404)	(73,794)	(1,038,427)
9. Other - Specify						0
10. Other - Specify						0
11. Total (1 thru 10)		(7,743,737)	(1,365,024)	(2,982,372)	(961,797)	(13,052,930)
C. Other Revenue (Include revenue generated by non-approved FQHC sites)						
1. Other - Specify	Patient Refunds	0	0	0	30,998	30,998
2. Other - Specify	Vaccines and Donated Materials	(541,659)	0	0	0	(541,659)
3. Other - Specify	Pharmacy	0	0	0	(1,680,514)	(1,680,514)
4. Other - Specify	Unrealized Gain/Loss	0	0	0	(15,499)	(15,499)
5. Other - Specify	Donated Equipment	0	0	0	0	0
6. Other - Specify						0
7. Total (1 thru 7)		(541,659)	0	0	(1,685,015)	(2,206,674)
D. Total Revenue (A6+B11+C7)						
		(22,621,298)	(3,920,825)	(27,140,236)	(5,069,689)	(58,752,048)

79.0
6.0

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

Reporting Period:	From	7/1/2017	To	6/30/2018
FQHC Name:	Cornell Scott-Hill Health Corporation			

Form F (Grants and Contributions)

GRANTS AND CONTRIBUTIONS <i>(EXCLUDING THE PUBLIC HEALTH SERVICES GRANTS)</i>		
A.	Contributions	ACTUAL
	1. Services <i>(Excluding Dental, Mental Health and Other)</i>	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
B.	Grants <i>(Excluding PHS)</i>	
	1. Services <i>(Excluding Dental, Mental Health and Other)</i>	(6,757,701)
	2. Dental	(1,365,024)
	3. Mental Health	(2,881,717)
	4. Other - Specify <u>Various Other Program Grants</u>	(723,117)
	Other - Specify _____	
	Other - Specify _____	
	Other - Specify _____	
	Other - Specify _____	
	5. Total (1 thru 4)	(11,727,559)

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

Reporting Period:	From	7/1/2017	To	6/30/2018
FQHC Name:	Cornell Scott-Hill Health Corporation			

Form G (Cost Disallowance and Offset)

COST DISALLOWANCE AND OFFSET			
A.	Cost Disallowance		
	1. Entertainment		
	2. Fines and penalties		
	3. Bad debt	679,386	
	4. Cost of actions to collect receivables		
	5. Advertising, except for recruitment of personnel	84,453	
	6. Contingent reserves		
	7. 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	60,500	
	14. Interest		
	15. Pass through expenses		
	16. Total (1 thru 15)		824,339
B.	Cost Offset (<i>Expense Recovery</i>)		
	1. Refunds - Medicaid Outreach	-	
	2. Rent Income	87,779	
	3. In-Kind Medical Supplies	1,752,569	
	4. In-Kind Dental Supplies		
	5. In-Kind Computer Supplies		
	6. In-Kind Advertising		
	7. Total (1 thru 6)		1,840,348
C.	Total Cost Disallowance and Offset (A16+B7)		2,664,687

Cornell Scott - Hill Health Corporation
FYE 6/30/2018
Reconciliation to Financial Statements

Total Revenue per Cost Report	\$	(58,752,048)
Total Expenses per Cost Report		<u>57,801,875</u>
Net (Income) Loss	\$	(950,173)
To Roll Net Assets AJE		-
Rounding		(11)
Net (Income) Loss	\$	(950,184)
Net (Income) Loss per F/S		(965,683)
Non-Op (Income) Loss per F/S		<u>15,499</u>
Difference	\$	<u><u>-</u></u>

Cornell Scott - Hill Health Corporation
FYE 6/30/2018
Additional Medicaid Provider Numbers

<u>Description</u>	<u>Provider #</u>
SCRC Cedarst	007228749
Pharmacy 428	004226272
Pharmacy 400	004226264
Phys Group	008051065
OBGYN 2013	008048355
Psych Neuro	008056195
Birth to Three	008072069

Client: **Cornell Scott - Hill Health Corporation**
 Engagement: **FQHC - Cornell Scott - Hill Health Corporation**
 Period Ending: **6/30/2018**
 Trial Balance: **A.01 - TB**

Account	Description	ADJUSTED 6/30/2018	JE Ref #	RJE	REPORT 6/30/2018
40000-Dental	Total Patient Service Revenue	(2,503,511.00)		2,503,511.00	0.00
			RJE - 3	2,503,511.00	
40000-DHC	Total Patient Service Revenue	(13,978,662.00)		13,978,662.00	0.00
			RJE - 3	13,978,662.00	
40000-MH	Total Patient Service Revenue	(23,800,668.00)		23,800,668.00	0.00
			RJE - 3	23,800,668.00	
40000-Other	Total Patient Service Revenue	(2,530,217.00)		2,530,217.00	0.00
			RJE - 3	2,530,217.00	
40100-Dental	Medicare	0.00		38.00	38.00
			RJE - 3	38.00	
40100-DHC	Medicare	0.00		(3,208,251.00)	(3,208,251.00)
			RJE - 3	(3,208,251.00)	
40100-MH	Medicare	0.00		(1,805,697.00)	(1,805,697.00)
			RJE - 3	(1,805,697.00)	
40100-Other	Medicare	0.00		(838,455.00)	(838,455.00)
			RJE - 3	(838,455.00)	
40200-Dental	Medicaid	0.00		(2,091,388.00)	(2,091,388.00)
			RJE - 3	(2,091,388.00)	
40200-DHC	Medicaid	0.00		(9,870,180.00)	(9,870,180.00)
			RJE - 3	(9,870,180.00)	
40200-MH	Medicaid	0.00		(21,366,335.00)	(21,366,335.00)
			RJE - 3	(21,366,335.00)	
40200-Other	Medicaid	0.00		(1,026,769.00)	(1,026,769.00)
			RJE - 3	(1,026,769.00)	
40300-Dental	Commercial Insurance	0.00		(237,232.00)	(237,232.00)
			RJE - 3	(237,232.00)	
40300-DHC	Commercial Insurance	0.00		(989,944.00)	(989,944.00)
			RJE - 3	(989,944.00)	
40300-MH	Commercial Insurance	0.00		(947,063.00)	(947,063.00)
			RJE - 3	(947,063.00)	
40300-Other	Commercial Insurance	0.00		(454,277.00)	(454,277.00)
			RJE - 3	(454,277.00)	
40350-Dental	Self - Pay	0.00		(227,219.00)	(227,219.00)
			RJE - 3	(227,219.00)	
40350-DHC	Self - Pay	0.00		(267,527.00)	(267,527.00)
			RJE - 3	(267,527.00)	
40350-MH	Self - Pay	0.00		(38,769.00)	(38,769.00)
			RJE - 3	(38,769.00)	
40350-Other	Self - Pay	0.00		(123,376.00)	(123,376.00)
			RJE - 3	(123,376.00)	
42100-Dental	Federal Grants	(1,293,729.00)			(1,293,729.00)
42100-DHC	Federal Grants	(5,530,469.00)			(5,530,469.00)
42100-MH	Federal Grants	(1,898,096.00)			(1,898,096.00)
42100-Other	Federal Grants	(454,157.00)			(454,157.00)
42200-DHC	State Grants	(1,087,513.00)			(1,087,513.00)
42200-MH	State Grants	(932,870.00)			(932,870.00)
42200-Other	State Grants	(284,791.00)			(284,791.00)
42300-DHC	City Grants	(41,963.00)			(41,963.00)
42400-Dental	Other Grants and Contracts	(71,295.00)			(71,295.00)
42400-DHC	Other Grants and Contracts	(97,756.00)			(97,756.00)
42400-MH	Other Grants and Contracts	(50,751.00)			(50,751.00)
42400-Other	Other Grants and Contracts	15,831.00			15,831.00
43600-DHC	Contract Services - Yale	(31,150.00)			(31,150.00)
45100-Other	Interest & Dividend Income	(17,296.00)			(17,296.00)
45200-DHC	Contributions	(657.00)			(657.00)
45200-Other	Contributions	(20,094.00)			(20,094.00)

Account	Description	ADJUSTED 6/30/2018	JE Ref #	RJE	REPORT 6/30/2018
45250-Other	Fundraising (Net of Expense)	(14,927.00)			(14,927.00)
45600-MH	Room & Board	(87,779.00)			(87,779.00)
45650-Other	Unrealized Gain/Loss	15,499.00			15,499.00
45900-DHC	Other Income	(9,000.00)			(9,000.00)
45900-MH	Other Income	(10,404.00)			(10,404.00)
45900-Other	Other Income	(73,794.00)			(73,794.00)
46000-MH	Food Service - Catering	(2,472.00)			(2,472.00)
46000-Other	Food Service - Catering	(112,569.00)			(112,569.00)
46010-DHC	Women, Infants & Children Food Benefits	(945,229.00)			(945,229.00)
46020-DHC	Vaccines and Donated Materials	(541,659.00)			(541,659.00)
47000-Other	Pharmacy-Walgreens Revenue	(1,678,375.00)			(1,678,375.00)
47100-Other	Pharmacy-Other Contract 340B Revenue	(2,139.00)			(2,139.00)
50100-Dental	Direct Salaries & Wages	(8,421.00)		8,421.00	0.00
			RJE - 1	8,421.00	
50100-DHC	Direct Salaries & Wages	8,421.00		(8,421.00)	0.00
			RJE - 1	(8,421.00)	
50100-MH	Direct Salaries & Wages	0.00			0.00
			RJE - 1	0.00	
50100-Other	Direct Salaries & Wages	0.00		7,611,723.00	7,611,723.00
			RJE - 1	0.00	
			RJE - 1	7,611,723.00	
50101-DHC	Chief	332,600.00		(332,600.00)	0.00
			RJE - 1	(332,600.00)	
50101-MH	Chief	353,782.00		(353,782.00)	0.00
			RJE - 1	(353,782.00)	
50101-Other	Chief	1,308,533.00		(1,308,533.00)	0.00
			RJE - 1	(1,308,533.00)	
50102-Other	Chief of Information Technology	7,615.00		(7,615.00)	0.00
			RJE - 1	(7,615.00)	
50107-Other	Coordinator Office of the Executive	81,780.00		(81,780.00)	0.00
			RJE - 1	(81,780.00)	
50108-Other	Corporate Compliance Officer	100,000.00		(100,000.00)	0.00
			RJE - 1	(100,000.00)	
50109-Dental	Director of Dental Services	150,683.00		(150,683.00)	0.00
			RJE - 1	(150,683.00)	
50109-DHC	Director of Dental Services	47,117.00		(47,117.00)	0.00
			RJE - 1	(47,117.00)	
50110-DHC	Executive Assistant I	28,423.00		(28,423.00)	0.00
			RJE - 1	(28,423.00)	
50110-MH	Executive Assistant I	28,418.00		(28,418.00)	0.00
			RJE - 1	(28,418.00)	
50110-Other	Executive Assistant I	66,328.00		(66,328.00)	0.00
			RJE - 1	(66,328.00)	
50111-DHC	Executive Assistant II	0.00			0.00
			RJE - 1	0.00	
50111-MH	Executive Assistant II	0.00			0.00
			RJE - 1	0.00	
50200-Dental	Direct Salaries & WagesGÇø Overtime	1,098.00		(1,098.00)	0.00
			RJE - 1	(1,098.00)	
50200-DHC	Direct Salaries & WagesGÇø Overtime	54,518.00		(54,518.00)	0.00
			RJE - 1	(54,518.00)	
50200-MH	Direct Salaries & WagesGÇø Overtime	112,187.00		(112,187.00)	0.00
			RJE - 1	(112,187.00)	
50200-Other	Direct Salaries & WagesGÇø Overtime	56,405.00		(56,405.00)	0.00
			RJE - 1	(56,405.00)	
50201-MH	Assistant Nurse Manager	45,298.00		(45,298.00)	0.00
			RJE - 1	(45,298.00)	
50202-MH	Assistant Program Director I	492,568.00		(492,568.00)	0.00
			RJE - 1	(492,568.00)	
50204-Other	Call Center Manager	64,808.00		(64,808.00)	0.00

Account	Description	ADJUSTED 6/30/2018	JE Ref #	RJE	REPORT 6/30/2018
			RJE - 1	(64,808.00)	
50206-DHC	Director of Early Childhood	80,000.00	RJE - 1	(80,000.00)	0.00
			RJE - 1	(80,000.00)	
50207-Other	Director of Facilities	0.00	RJE - 1	0.00	0.00
50208-Other	Director of Finance	124,605.00	RJE - 1	(124,605.00)	0.00
			RJE - 1	(124,605.00)	
50209-Other	Director of Grants Management	100,000.00	RJE - 1	(100,000.00)	0.00
			RJE - 1	(100,000.00)	
50211-Other	Director of Information Technology	0.00	RJE - 1	0.00	0.00
50212-Other	Director of Marketing & CR	114,800.00	RJE - 1	(114,800.00)	0.00
			RJE - 1	(114,800.00)	
50214-Other	Director of Patient Accounts	105,000.00	RJE - 1	(105,000.00)	0.00
			RJE - 1	(105,000.00)	
50215-DHC	Director of Purchasing	554.00	RJE - 1	(554.00)	0.00
			RJE - 1	(554.00)	
50215-Other	Director of Purchasing	157,610.00	RJE - 1	(157,610.00)	0.00
			RJE - 1	(157,610.00)	
50216-DHC	Executive Chef	27,187.00	RJE - 1	(27,187.00)	0.00
			RJE - 1	(27,187.00)	
50216-MH	Executive Chef	18,125.00	RJE - 1	(18,125.00)	0.00
			RJE - 1	(18,125.00)	
50216-Other	Executive Chef	27,187.00	RJE - 1	(27,187.00)	0.00
			RJE - 1	(27,187.00)	
50217-Other	Facilities and Life Safety Manager	1,920.00	RJE - 1	(1,920.00)	0.00
			RJE - 1	(1,920.00)	
50218-Other	Supervisor	38,400.00	RJE - 1	(38,400.00)	0.00
			RJE - 1	(38,400.00)	
50220-DHC	NFN Clinical Supervisor	60,000.00	RJE - 1	(60,000.00)	0.00
			RJE - 1	(60,000.00)	
50220-MH	NFN Clinical Supervisor	0.00	RJE - 1	0.00	0.00
50221-Dental	Office Manager	55,000.00	RJE - 1	(55,000.00)	0.00
			RJE - 1	(55,000.00)	
50222-MH	Operations Manager	69,751.00	RJE - 1	(69,751.00)	0.00
			RJE - 1	(69,751.00)	
50222-Other	Operations Manager	0.00	RJE - 1	0.00	0.00
			RJE - 1	0.00	
50223-Other	Pharmacy Director	131,328.00	RJE - 1	(131,328.00)	0.00
			RJE - 1	(131,328.00)	
50224-DHC	Program Director II	103,749.00	RJE - 1	(103,749.00)	0.00
			RJE - 1	(103,749.00)	
50224-MH	Program Director II	258,254.00	RJE - 1	(258,254.00)	0.00
			RJE - 1	(258,254.00)	
50225-DHC	Site Manager	78,078.00	RJE - 1	(78,078.00)	0.00
			RJE - 1	(78,078.00)	
50226-MH	Utilization Review Manager	0.00	RJE - 1	0.00	0.00
			RJE - 1	0.00	
50227-DHC	WIC Site Manager	71,012.00	RJE - 1	(71,012.00)	0.00
			RJE - 1	(71,012.00)	
50228-Other	Director of Operations	143,900.00	RJE - 1	(143,900.00)	0.00
			RJE - 1	(143,900.00)	
50229-Other	Development Manager	69,975.00	RJE - 1	(69,975.00)	0.00
			RJE - 1	(69,975.00)	
50230-Other	HR Manager	93,550.00	RJE - 1	(93,550.00)	0.00
			RJE - 1	(93,550.00)	
50231-MH	Clinical Nurse Supervisor	94,893.00	RJE - 1	(94,893.00)	0.00
			RJE - 1	(94,893.00)	
50232-DHC	Medical Director of Quality and Operations	138,864.00	RJE - 1	(138,864.00)	0.00

Account	Description	ADJUSTED 6/30/2018	JE Ref #	RJE	REPORT 6/30/2018
			RJE - 1	(138,864.00)	
50232-Other	Medical Director of Quality and Operations	63,936.00		(63,936.00)	0.00
			RJE - 1	(63,936.00)	
50233-DHC	Director of Care Coordination	46,029.00		(46,029.00)	0.00
			RJE - 1	(46,029.00)	
50233-Other	Director of Care Coordination	44,021.00		(44,021.00)	0.00
			RJE - 1	(44,021.00)	
50234-DHC	Director of Wellness Education	114,660.00		(114,660.00)	0.00
			RJE - 1	(114,660.00)	
50235-DHC	Assistant Manager of Care Coordination	63,650.00		(63,650.00)	0.00
			RJE - 1	(63,650.00)	
50300-Dental	Direct Salaries & WagesGÇð Bonuses	11,179.00		(11,179.00)	0.00
			RJE - 1	(11,179.00)	
50300-DHC	Direct Salaries & WagesGÇð Bonuses	112,347.00		(112,347.00)	0.00
			RJE - 1	(112,347.00)	
50300-MH	Direct Salaries & WagesGÇð Bonuses	130,842.00		(130,842.00)	0.00
			RJE - 1	(130,842.00)	
50300-Other	Direct Salaries & WagesGÇð Bonuses	265,631.00		(265,631.00)	0.00
			RJE - 1	(265,631.00)	
50401-DHC	Care Coordinator	231,855.00		(231,855.00)	0.00
			RJE - 1	(231,855.00)	
50401-MH	Care Coordinator	123,396.00		(123,396.00)	0.00
			RJE - 1	(123,396.00)	
50401-Other	Care Coordinator	3,786.00		(3,786.00)	0.00
			RJE - 1	(3,786.00)	
50402-DHC	Case Manager	256,592.00		(256,592.00)	0.00
			RJE - 1	(256,592.00)	
50402-MH	Case Manager	355,983.00		(355,983.00)	0.00
			RJE - 1	(355,983.00)	
50403-DHC	Clinical Case Coordinator	5,713.00		(5,713.00)	0.00
			RJE - 1	(5,713.00)	
50403-MH	Clinical Case Coordinator	48,089.00		(48,089.00)	0.00
			RJE - 1	(48,089.00)	
50404-MH	Clinical Pharmacist	8,565.00		(8,565.00)	0.00
			RJE - 1	(8,565.00)	
50404-Other	Clinical Pharmacist	253,484.00		(253,484.00)	0.00
			RJE - 1	(253,484.00)	
50405-DHC	Clinical Pharmacy Coordinator	29,575.00		(29,575.00)	0.00
			RJE - 1	(29,575.00)	
50405-MH	Clinical Pharmacy Coordinator	2,958.00		(2,958.00)	0.00
			RJE - 1	(2,958.00)	
50405-Other	Clinical Pharmacy Coordinator	85,768.00		(85,768.00)	0.00
			RJE - 1	(85,768.00)	
50407-DHC	Community Health Worker	81,853.00		(81,853.00)	0.00
			RJE - 1	(81,853.00)	
50408-Dental	Dental Assistant	396,293.00		(396,293.00)	0.00
			RJE - 1	(396,293.00)	
50409-MH	Detox Technician	490,802.00		(490,802.00)	0.00
			RJE - 1	(490,802.00)	
50411-DHC	Diabetes Educator	45,715.00		(45,715.00)	0.00
			RJE - 1	(45,715.00)	
50412-DHC	Early Intervention Associate	41,595.00		(41,595.00)	0.00
			RJE - 1	(41,595.00)	
50413-DHC	Early Intervention Associate II	48,206.00		(48,206.00)	0.00
			RJE - 1	(48,206.00)	
50416-DHC	Infectious Disease Nurse	77,691.00		(77,691.00)	0.00
			RJE - 1	(77,691.00)	
50417-Dental	Interim Dental Director	181.00		(181.00)	0.00
			RJE - 1	(181.00)	
50417-DHC	Interim Dental Director	(181.00)		181.00	0.00

Account	Description	ADJUSTED 6/30/2018	JE Ref #	RJE	REPORT 6/30/2018
			RJE - 1	181.00	
50418-DHC	Licensed Practical Nurse	610,943.00	RJE - 1	(610,943.00)	0.00
			RJE - 1	(610,943.00)	
50418-MH	Licensed Practical Nurse	667,180.00	RJE - 1	(667,180.00)	0.00
			RJE - 1	(667,180.00)	
50418-Other	Licensed Practical Nurse	6,750.00	RJE - 1	(6,750.00)	0.00
			RJE - 1	(6,750.00)	
50419-MH	Licensed Practical Nurse Per Diem	(215.00)	RJE - 1	215.00	0.00
			RJE - 1	215.00	
50420-DHC	Medical Assistant	843,706.00	RJE - 1	(843,706.00)	0.00
			RJE - 1	(843,706.00)	
50420-MH	Medical Assistant	35,143.00	RJE - 1	(35,143.00)	0.00
			RJE - 1	(35,143.00)	
50421-DHC	Neurologist	1,500.00	RJE - 1	(1,500.00)	0.00
			RJE - 1	(1,500.00)	
50423-DHC	NFN Home Visitor	32,976.00	RJE - 1	(32,976.00)	0.00
			RJE - 1	(32,976.00)	
50423-MH	NFN Home Visitor	(659.00)	RJE - 1	659.00	0.00
			RJE - 1	659.00	
50424-DHC	Nurse Educator	1,575.00	RJE - 1	(1,575.00)	0.00
			RJE - 1	(1,575.00)	
50425-DHC	Nurse Manager	80,385.00	RJE - 1	(80,385.00)	0.00
			RJE - 1	(80,385.00)	
50426-DHC	Nurse Team Leader	61,165.00	RJE - 1	(61,165.00)	0.00
			RJE - 1	(61,165.00)	
50427-DHC	Ophthalmic Technician	42,739.00	RJE - 1	(42,739.00)	0.00
			RJE - 1	(42,739.00)	
50428-DHC	Ophthalmology Assistant	57,646.00	RJE - 1	(57,646.00)	0.00
			RJE - 1	(57,646.00)	
50429-Other	Pharmacy Technician	115,406.00	RJE - 1	(115,406.00)	0.00
			RJE - 1	(115,406.00)	
50430-Dental	Practice Administrator	62,748.00	RJE - 1	(62,748.00)	0.00
			RJE - 1	(62,748.00)	
50430-DHC	Practice Administrator	393,684.00	RJE - 1	(393,684.00)	0.00
			RJE - 1	(393,684.00)	
50430-MH	Practice Administrator	20,019.00	RJE - 1	(20,019.00)	0.00
			RJE - 1	(20,019.00)	
50431-DHC	Practice Manager I	19,740.00	RJE - 1	(19,740.00)	0.00
			RJE - 1	(19,740.00)	
50431-MH	Practice Manager I	170,798.00	RJE - 1	(170,798.00)	0.00
			RJE - 1	(170,798.00)	
50432-MH	Practice Manager II	74,256.00	RJE - 1	(74,256.00)	0.00
			RJE - 1	(74,256.00)	
50434-DHC	QA/QI NURSE	26,696.00	RJE - 1	(26,696.00)	0.00
			RJE - 1	(26,696.00)	
50434-Other	QA/QI NURSE	39,986.00	RJE - 1	(39,986.00)	0.00
			RJE - 1	(39,986.00)	
50435-DHC	Registered Nurse	988,834.00	RJE - 1	(988,834.00)	0.00
			RJE - 1	(988,834.00)	
50435-MH	Registered Nurse	462,852.00	RJE - 1	(462,852.00)	0.00
			RJE - 1	(462,852.00)	
50436-MH	Registered Nurse II	18,461.00	RJE - 1	(18,461.00)	0.00
			RJE - 1	(18,461.00)	
50437-MH	Rehabilitation Coordinator	34,364.00	RJE - 1	(34,364.00)	0.00
			RJE - 1	(34,364.00)	
50438-MH	Residential Aide	269,869.00	RJE - 1	(269,869.00)	0.00
			RJE - 1	(269,869.00)	
50440-DHC	Resource Specialist	14,617.00	RJE - 1	(14,617.00)	0.00
			RJE - 1	(14,617.00)	
50442-DHC	Senior Care Coordinator Assistant	39,529.00	RJE - 1	(39,529.00)	0.00

Account	Description	ADJUSTED 6/30/2018	JE Ref #	RJE	REPORT 6/30/2018
			RJE - 1	(39,529.00)	
50444-MH	Senior Detox Technician	39,191.00		(39,191.00)	0.00
			RJE - 1	(39,191.00)	
50445-DHC	Special Education Teacher	62,000.00		(62,000.00)	0.00
			RJE - 1	(62,000.00)	
50447-DHC	WIC Site Nutritionist	77,954.00		(77,954.00)	0.00
			RJE - 1	(77,954.00)	
50448-Dental	Lead Dental Assistant	50,051.00		(50,051.00)	0.00
			RJE - 1	(50,051.00)	
50449-DHC	Milieu Counselor Shift Supervisor	59,345.00		(59,345.00)	0.00
			RJE - 1	(59,345.00)	
50449-MH	Milieu Counselor Shift Supervisor	43,680.00		(43,680.00)	0.00
			RJE - 1	(43,680.00)	
50450-DHC	Wellness Outreach Manager	17,728.00		(17,728.00)	0.00
			RJE - 1	(17,728.00)	
50450-Other	Wellness Outreach Manager	(6,862.00)		6,862.00	0.00
			RJE - 1	6,862.00	
50453-DHC	Complex Care Manager Social Workers	86,493.00		(86,493.00)	0.00
			RJE - 1	(86,493.00)	
50600-Other	Admin Salaries & Wages	27,888.00		(27,888.00)	0.00
			RJE - 1	(27,888.00)	
50601-DHC	APRN	1,925,266.00		(1,925,266.00)	0.00
			RJE - 1	(1,925,266.00)	
50601-MH	APRN	240,188.00		(240,188.00)	0.00
			RJE - 1	(240,188.00)	
50603-MH	Assistant Program Director II	187,025.00		(187,025.00)	0.00
			RJE - 1	(187,025.00)	
50604-MH	Clinician I	25,897.00		(25,897.00)	0.00
			RJE - 1	(25,897.00)	
50605-DHC	Clinician II	3,424.00		(3,424.00)	0.00
			RJE - 1	(3,424.00)	
50605-MH	Clinician II	3,817,050.00		(3,817,050.00)	0.00
			RJE - 1	(3,817,050.00)	
50606-Dental	Dental Hygenist	280,575.00		31,838.00	312,413.00
			RJE - 1	(280,575.00)	
			RJE - 1	312,413.00	
50606-DHC	Dental Hygenist	34,849.00		(34,849.00)	0.00
			RJE - 1	(34,849.00)	
50606-MH	Dental Hygenist	611.00		(611.00)	0.00
			RJE - 1	(611.00)	
50606-Other	Dental Hygenist	(9,000.00)		9,000.00	0.00
			RJE - 1	9,000.00	
50607-Dental	Dentist	686,805.00		218,358.00	905,163.00
			RJE - 1	(686,805.00)	
			RJE - 1	905,163.00	
50608-DHC	Director of Pediatrics	144,475.00		(144,475.00)	0.00
			RJE - 1	(144,475.00)	
50611-DHC	Medical Director	98,748.00		(98,748.00)	0.00
			RJE - 1	(98,748.00)	
50611-MH	Medical Director	474,033.00		(474,033.00)	0.00
			RJE - 1	(474,033.00)	
50612-DHC	Nurse Midwife	171,225.00		(171,225.00)	0.00
			RJE - 1	(171,225.00)	
50613-DHC	Occupational Therapist	72,141.00		(72,141.00)	0.00
			RJE - 1	(72,141.00)	
50614-DHC	Pediatrician	202,641.00		(202,641.00)	0.00
			RJE - 1	(202,641.00)	
50616-DHC	Physician	1,969,703.00		1,194,566.00	3,164,269.00
			RJE - 1	(1,969,703.00)	
			RJE - 1	3,164,269.00	

Account	Description	ADJUSTED 6/30/2018	JE Ref #	RJE	REPORT 6/30/2018
50617-DHC	Physician Assistant	189,152.00		4,061.00	193,213.00
			RJE - 1	(189,152.00)	
			RJE - 1	193,213.00	
50618-DHC	Podiatrist	215,262.00		(215,262.00)	0.00
			RJE - 1	(215,262.00)	
50619-MH	Program Director I	341,510.00		(341,510.00)	0.00
			RJE - 1	(341,510.00)	
50620-MH	Psychiatric APRN	416,222.00		(416,222.00)	0.00
			RJE - 1	(416,222.00)	
50621-MH	Psychiatrist	416,851.00		(416,851.00)	0.00
			RJE - 1	(416,851.00)	
50622-MH	Psychologist	77,692.00		(1,625.00)	76,067.00
			RJE - 1	(77,692.00)	
			RJE - 1	76,067.00	
50623-DHC	Registered Dietitian	61,800.00		(61,800.00)	0.00
			RJE - 1	(61,800.00)	
50624-MH	Senior Clinician	785,921.00		(785,921.00)	0.00
			RJE - 1	(785,921.00)	
50626-MH	Senior Medical Provider	3,510.00		(3,510.00)	0.00
			RJE - 1	(3,510.00)	
50627-DHC	Speech Language Pathologist	109,722.00		(109,722.00)	0.00
			RJE - 1	(109,722.00)	
50628-MH	Substance Abuse Counselor	115,450.00		(115,450.00)	0.00
			RJE - 1	(115,450.00)	
50629-DHC	Perinatal Program Manager	12,201.00		(12,201.00)	0.00
			RJE - 1	(12,201.00)	
50801-DHC	Access To Care Manager	51,000.00		(51,000.00)	0.00
			RJE - 1	(51,000.00)	
50802-DHC	Access to Care Outreach Worker	93,210.00		(93,210.00)	0.00
			RJE - 1	(93,210.00)	
50802-Other	Access to Care Outreach Worker	1,598.00		(1,598.00)	0.00
			RJE - 1	(1,598.00)	
50804-Other	Accounting Clerk	9,205.00		(9,205.00)	0.00
			RJE - 1	(9,205.00)	
50805-Other	Accounts Payable Clerk	52,554.00		(52,554.00)	0.00
			RJE - 1	(52,554.00)	
50806-Other	Accounts Payable Coordinator	65,279.00		(65,279.00)	0.00
			RJE - 1	(65,279.00)	
50807-DHC	Administrative Assistant	41,162.00		(41,162.00)	0.00
			RJE - 1	(41,162.00)	
50807-MH	Administrative Assistant	534,492.00		(534,492.00)	0.00
			RJE - 1	(534,492.00)	
50807-Other	Administrative Assistant	41,143.00		(41,143.00)	0.00
			RJE - 1	(41,143.00)	
50808-Other	Billing Coordinator	0.00		0.00	0.00
			RJE - 1	0.00	
50809-Other	Cafeteria Assistant	52,774.00		(52,774.00)	0.00
			RJE - 1	(52,774.00)	
50810-Dental	Call Center Clerk	10,836.00		(10,836.00)	0.00
			RJE - 1	(10,836.00)	
50811-MH	Call Center Customer Service Rep	4,257.00		(4,257.00)	0.00
			RJE - 1	(4,257.00)	
50811-Other	Call Center Customer Service Rep	254,643.00		(254,643.00)	0.00
			RJE - 1	(254,643.00)	
50813-Other	Coding Specialist	53,455.00		(53,455.00)	0.00
			RJE - 1	(53,455.00)	
50815-DHC	Cook II	17,139.00		(17,139.00)	0.00
			RJE - 1	(17,139.00)	
50815-MH	Cook II	11,420.00		(11,420.00)	0.00
			RJE - 1	(11,420.00)	

Account	Description	ADJUSTED 6/30/2018	JE Ref #	RJE	REPORT 6/30/2018
50815-Other	Cook II	5,707.00		(5,707.00)	0.00
			RJE - 1	(5,707.00)	
50816-Other	Credentialing Specialist I	55,012.00		(55,012.00)	0.00
			RJE - 1	(55,012.00)	
50817-DHC	Program Manager	1,935.00		(1,935.00)	0.00
			RJE - 1	(1,935.00)	
50818-Other	EHR Support	53,097.00		(53,097.00)	0.00
			RJE - 1	(53,097.00)	
50820-Other	EPM Administrator	86,413.00		(86,413.00)	0.00
			RJE - 1	(86,413.00)	
50821-Other	Facilities Support Worker	24,524.00		(24,524.00)	0.00
			RJE - 1	(24,524.00)	
50822-Other	Financial Analyst	143,851.00		(143,851.00)	0.00
			RJE - 1	(143,851.00)	
50823-Other	Grant Writer	80,000.00		(80,000.00)	0.00
			RJE - 1	(80,000.00)	
50825-Dental	Health Educator	41,600.00		(41,600.00)	0.00
			RJE - 1	(41,600.00)	
50825-DHC	Health Educator	124,333.00		(124,333.00)	0.00
			RJE - 1	(124,333.00)	
50825-MH	Health Educator	20,606.00		(20,606.00)	0.00
			RJE - 1	(20,606.00)	
50826-Other	Health Information Mgmt Proc	35,792.00		(35,792.00)	0.00
			RJE - 1	(35,792.00)	
50830-Other	Help Desk Associate	35,771.00		(35,771.00)	0.00
			RJE - 1	(35,771.00)	
50831-Other	Human Resources Coordinator	57,571.00		(57,571.00)	0.00
			RJE - 1	(57,571.00)	
50832-Other	Human Resources Generalist	16,594.00		(16,594.00)	0.00
			RJE - 1	(16,594.00)	
50833-DHC	HUSKY Liaison	48,120.00		(48,120.00)	0.00
			RJE - 1	(48,120.00)	
50834-Other	Interactive Media and Design Specialist	(5,074.00)		5,074.00	0.00
			RJE - 1	5,074.00	
50835-Other	Marketing and Comm Proj Mgr	22,875.00		(22,875.00)	0.00
			RJE - 1	(22,875.00)	
50837-Other	Medical Records Specialist	37,465.00		(37,465.00)	0.00
			RJE - 1	(37,465.00)	
50838-DHC	Office Manager School Based Clinic	20,252.00		(20,252.00)	0.00
			RJE - 1	(20,252.00)	
50838-MH	Office Manager School Based Clinic	22,553.00		(22,553.00)	0.00
			RJE - 1	(22,553.00)	
50840-Other	Patient Accounts Rep. Team Leader	2,307.00		(2,307.00)	0.00
			RJE - 1	(2,307.00)	
50841-MH	Patient Accounts Representative	41,647.00		(41,647.00)	0.00
			RJE - 1	(41,647.00)	
50841-Other	Patient Accounts Representative	421,983.00		(421,983.00)	0.00
			RJE - 1	(421,983.00)	
50842-Other	Patient Advocate	75,000.00		(75,000.00)	0.00
			RJE - 1	(75,000.00)	
50843-Dental	Patient Registrar	157,194.00		(157,194.00)	0.00
			RJE - 1	(157,194.00)	
50843-DHC	Patient Registrar	465,524.00		(465,524.00)	0.00
			RJE - 1	(465,524.00)	
50843-MH	Patient Registrar	3,838.00		(3,838.00)	0.00
			RJE - 1	(3,838.00)	
50844-DHC	Patient Registration Team Leader	189,015.00		(189,015.00)	0.00
			RJE - 1	(189,015.00)	
50845-Other	Payroll Supervisor	77,663.00		(77,663.00)	0.00
			RJE - 1	(77,663.00)	

Account	Description	ADJUSTED 6/30/2018	JE Ref #	RJE	REPORT 6/30/2018
50846-DHC	Practice Coordinator	60,931.00		(60,931.00)	0.00
			RJE - 1	(60,931.00)	
50847-DHC	Program Coordinator	71,560.00		(71,560.00)	0.00
			RJE - 1	(71,560.00)	
50847-MH	Program Coordinator	94,523.00		(94,523.00)	0.00
			RJE - 1	(94,523.00)	
50850-DHC	Receptionist	17,139.00		(17,139.00)	0.00
			RJE - 1	(17,139.00)	
50850-MH	Receptionist	22,998.00		(22,998.00)	0.00
			RJE - 1	(22,998.00)	
50852-DHC	Referral Specialist	38,749.00		(38,749.00)	0.00
			RJE - 1	(38,749.00)	
50852-MH	Referral Specialist	42,495.00		(42,495.00)	0.00
			RJE - 1	(42,495.00)	
50852-Other	Referral Specialist	188,514.00		(188,514.00)	0.00
			RJE - 1	(188,514.00)	
50854-Other	Release of Information Specialist	13,219.00		(13,219.00)	0.00
			RJE - 1	(13,219.00)	
50855-Dental	Secretary/Receptionist	36,929.00		(36,929.00)	0.00
			RJE - 1	(36,929.00)	
50855-MH	Secretary/Receptionist	34,185.00		(34,185.00)	0.00
			RJE - 1	(34,185.00)	
50856-Other	Senior Financial Analyst	207,120.00		(207,120.00)	0.00
			RJE - 1	(207,120.00)	
50857-Other	Senior Human Resources Generalist	86,450.00		(86,450.00)	0.00
			RJE - 1	(86,450.00)	
50858-Other	Senior Systems Administrator	238,925.00		(238,925.00)	0.00
			RJE - 1	(238,925.00)	
50859-DHC	Sous Chef	44,246.00		(44,246.00)	0.00
			RJE - 1	(44,246.00)	
50859-MH	Sous Chef	29,484.00		(29,484.00)	0.00
			RJE - 1	(29,484.00)	
50859-Other	Sous Chef	14,728.00		(14,728.00)	0.00
			RJE - 1	(14,728.00)	
50860-DHC	Training and Development Coordinator	32,060.00		(32,060.00)	0.00
			RJE - 1	(32,060.00)	
50860-Other	Training and Development Coordinator	49,799.00		(49,799.00)	0.00
			RJE - 1	(49,799.00)	
50862-DHC	WIC Clerk	69,394.00		(69,394.00)	0.00
			RJE - 1	(69,394.00)	
50863-Other	Staffing Specialist	69,994.00		(69,994.00)	0.00
			RJE - 1	(69,994.00)	
50864-Other	Patient Accounts Supervisor	59,693.00		(59,693.00)	0.00
			RJE - 1	(59,693.00)	
50865-DHC	Marketing Assistant	11,631.00		(11,631.00)	0.00
			RJE - 1	(11,631.00)	
50865-Other	Marketing Assistant	98,425.00		(98,425.00)	0.00
			RJE - 1	(98,425.00)	
50866-Other	Privacy Officer	100,000.00		(100,000.00)	0.00
			RJE - 1	(100,000.00)	
50867-Other	Purchasing Agent	54,599.00		(54,599.00)	0.00
			RJE - 1	(54,599.00)	
50868-DHC	Senior Administrative Assistant	50,627.00		(50,627.00)	0.00
			RJE - 1	(50,627.00)	
50869-Other	HIM Coordinator	50,934.00		(50,934.00)	0.00
			RJE - 1	(50,934.00)	
50870-Other	HIM Lead Processor	52,125.00		(52,125.00)	0.00
			RJE - 1	(52,125.00)	
50871-Other	Health Information Management Supervisor	50,154.00		(50,154.00)	0.00
			RJE - 1	(50,154.00)	

Account	Description	ADJUSTED 6/30/2018	JE Ref #	RJE	REPORT 6/30/2018
50872-Other	Interactive Media and Design Specialist	24,057.00		(24,057.00)	0.00
			RJE - 1	(24,057.00)	
50874-DHC	Employment Specialist	8,064.00		(8,064.00)	0.00
			RJE - 1	(8,064.00)	
50875-MH	Resource Counselor	687.00		(687.00)	0.00
			RJE - 1	(687.00)	
51100-Dental	FICA Social Security	106,017.00		(106,017.00)	0.00
			RJE - 2	(106,017.00)	
51100-DHC	FICA Social Security	689,146.00		(689,146.00)	0.00
			RJE - 2	(689,146.00)	
51100-MH	FICA Social Security	682,990.00		(682,990.00)	0.00
			RJE - 2	(682,990.00)	
51100-Other	FICA Social Security	356,014.00		(356,014.00)	0.00
			RJE - 2	(356,014.00)	
51101-Dental	FICA Medicare	26,775.00		(26,775.00)	0.00
			RJE - 2	(26,775.00)	
51101-DHC	FICA Medicare	173,821.00		(173,821.00)	0.00
			RJE - 2	(173,821.00)	
51101-MH	FICA Medicare	172,357.00		(172,357.00)	0.00
			RJE - 2	(172,357.00)	
51101-Other	FICA Medicare	89,228.00		(89,228.00)	0.00
			RJE - 2	(89,228.00)	
51200-Dental	Health Insurance	148,796.00		(148,796.00)	0.00
			RJE - 2	(148,796.00)	
51200-DHC	Health Insurance	951,446.00		(951,446.00)	0.00
			RJE - 2	(951,446.00)	
51200-MH	Health Insurance	944,787.00		(944,787.00)	0.00
			RJE - 2	(944,787.00)	
51200-Other	Health Insurance	497,017.00		(497,017.00)	0.00
			RJE - 2	(497,017.00)	
51210-Dental	HRA Expense	592.00		(592.00)	0.00
			RJE - 2	(592.00)	
51210-DHC	HRA Expense	3,760.00		(3,760.00)	0.00
			RJE - 2	(3,760.00)	
51210-MH	HRA Expense	3,826.00		(3,826.00)	0.00
			RJE - 2	(3,826.00)	
51210-Other	HRA Expense	16,880.00		(16,880.00)	0.00
			RJE - 2	(16,880.00)	
51300-Dental	Life Insurance	6,180.00		(6,180.00)	0.00
			RJE - 2	(6,180.00)	
51300-DHC	Life Insurance	39,422.00		(39,422.00)	0.00
			RJE - 2	(39,422.00)	
51300-MH	Life Insurance	39,204.00		(39,204.00)	0.00
			RJE - 2	(39,204.00)	
51300-Other	Life Insurance	20,696.00		(20,696.00)	0.00
			RJE - 2	(20,696.00)	
51400-Dental	Retirement Expenses	40,554.00		(40,554.00)	0.00
			RJE - 2	(40,554.00)	
51400-DHC	Retirement Expenses	260,744.00		(260,744.00)	0.00
			RJE - 2	(260,744.00)	
51400-MH	Retirement Expenses	258,868.00		(258,868.00)	0.00
			RJE - 2	(258,868.00)	
51400-Other	Retirement Expenses	153,573.00		(153,573.00)	0.00
			RJE - 2	(153,573.00)	
51450-Dental	Pension Expense	1,147.00		(1,147.00)	0.00
			RJE - 2	(1,147.00)	
51450-DHC	Pension Expense	7,114.00		(7,114.00)	0.00
			RJE - 2	(7,114.00)	
51450-MH	Pension Expense	7,089.00		(7,089.00)	0.00
			RJE - 2	(7,089.00)	

Account	Description	ADJUSTED 6/30/2018	JE Ref #	RJE	REPORT 6/30/2018
51450-Other	Pension Expense	3,741.00		(3,741.00)	0.00
			RJE - 2	(3,741.00)	
51600-Dental	State Unemployment Insurance	15,047.00		(15,047.00)	0.00
			RJE - 2	(15,047.00)	
51600-DHC	State Unemployment Insurance	95,645.00		(95,645.00)	0.00
			RJE - 2	(95,645.00)	
51600-MH	State Unemployment Insurance	95,059.00		(95,059.00)	0.00
			RJE - 2	(95,059.00)	
51600-Other	State Unemployment Insurance	50,160.00		(50,160.00)	0.00
			RJE - 2	(50,160.00)	
51700-Dental	Workers Compensation	22,000.00		(22,000.00)	0.00
			RJE - 2	(22,000.00)	
51700-DHC	Workers Compensation	143,099.00		(143,099.00)	0.00
			RJE - 2	(143,099.00)	
51700-MH	Workers Compensation	142,682.00		(142,682.00)	0.00
			RJE - 2	(142,682.00)	
51700-Other	Workers Compensation	74,618.00		(74,618.00)	0.00
			RJE - 2	(74,618.00)	
51900-Other	Fringe Benefits GÇð Other	0.00		0.00	0.00
			RJE - 2	0.00	
51950-Dental	Vacation Expense	10,469.00		(10,469.00)	0.00
			RJE - 1	(10,469.00)	
51950-DHC	Vacation Expense	4,283.00		(4,283.00)	0.00
			RJE - 1	(4,283.00)	
51950-MH	Vacation Expense	10,303.00		(10,303.00)	0.00
			RJE - 1	(10,303.00)	
51950-Other	Vacation Expense	30,785.00		(30,785.00)	0.00
			RJE - 1	(30,785.00)	
52100-Dental	Medical Supplies	251.00			251.00
52100-DHC	Medical Supplies	248,682.00			248,682.00
52100-MH	Medical Supplies	138,069.00			138,069.00
52100-Other	Medical Supplies	5,608.00			5,608.00
52200-Dental	Dental Supplies	184,210.00			184,210.00
52200-DHC	Dental Supplies	1,204.00			1,204.00
52200-MH	Dental Supplies	142.00			142.00
52200-Other	Dental Supplies	67.00			67.00
52300-DHC	Pharmacy Supplies	231.00			231.00
52300-MH	Pharmacy Supplies	67.00			67.00
52300-Other	Pharmacy Supplies	12,982.00			12,982.00
52305-Dental	Pharmacy Inventory Expense (COGS)	328.00			328.00
52305-DHC	Pharmacy Inventory Expense (COGS)	288,820.00			288,820.00
52305-MH	Pharmacy Inventory Expense (COGS)	54,953.00			54,953.00
52305-Other	Pharmacy Inventory Expense (COGS)	1,259,430.00			1,259,430.00
52400-Dental	Laboratory Supplies	3,428.00			3,428.00
52400-DHC	Laboratory Supplies	753.00			753.00
52400-MH	Laboratory Supplies	186.00			186.00
52500-DHC	Behavioral Health Supplies	501.00			501.00
52500-MH	Behavioral Health Supplies	52,906.00			52,906.00
52700-Dental	IT Supplies	2,785.00			2,785.00
52700-DHC	IT Supplies	52,767.00			52,767.00
52700-MH	IT Supplies	43,522.00			43,522.00
52700-Other	IT Supplies	87,629.00			87,629.00
53100-Dental	Office Supplies	5,848.00			5,848.00
53100-DHC	Office Supplies	41,078.00			41,078.00
53100-MH	Office Supplies	54,601.00			54,601.00
53100-Other	Office Supplies	45,328.00			45,328.00
53300-Dental	Houskeeping and Maintenance Supplies	1,122.00			1,122.00
53300-DHC	Houskeeping and Maintenance Supplies	6,416.00			6,416.00
53300-MH	Houskeeping and Maintenance Supplies	37,120.00			37,120.00
53300-Other	Houskeeping and Maintenance Supplies	3,879.00			3,879.00

Account	Description	ADJUSTED 6/30/2018	JE Ref #	RJE	REPORT 6/30/2018
53315-Other	Pharmacy-Walgreens COGS	530,022.00			530,022.00
53320-Other	Other Pharmacy Contracts - COGS	9,979.00			9,979.00
53900-Dental	Other Supplies	(3.00)			(3.00)
53900-DHC	Other Supplies	3,677.00			3,677.00
53900-MH	Other Supplies	2,381.00			2,381.00
53900-Other	Other Supplies	1,511.00			1,511.00
54000-Other	Claim Processing Fees	202,127.00			202,127.00
54100-Dental	Rent	39,862.00			39,862.00
54100-DHC	Rent	158,746.00			158,746.00
54100-MH	Rent	78,764.00			78,764.00
54100-Other	Rent	226,552.00			226,552.00
54300-Dental	Utilities - Electric	32,429.00			32,429.00
54300-DHC	Utilities - Electric	119,541.00			119,541.00
54300-MH	Utilities - Electric	154,029.00			154,029.00
54300-Other	Utilities - Electric	44,638.00			44,638.00
54310-Dental	Utilities - Water	782.00			782.00
54310-DHC	Utilities - Water	3,978.00			3,978.00
54310-MH	Utilities - Water	13,886.00			13,886.00
54310-Other	Utilities - Water	2,913.00			2,913.00
54320-Dental	Utilities - Sewer	681.00			681.00
54320-DHC	Utilities - Sewer	3,123.00			3,123.00
54320-MH	Utilities - Sewer	12,099.00			12,099.00
54320-Other	Utilities - Sewer	1,556.00			1,556.00
54330-Dental	Utilities - Gas	2,915.00			2,915.00
54330-DHC	Utilities - Gas	15,055.00			15,055.00
54330-MH	Utilities - Gas	27,292.00			27,292.00
54330-Other	Utilities - Gas	12,421.00			12,421.00
54400-Dental	Building Repairs & Maintenance	22,439.00			22,439.00
54400-DHC	Building Repairs & Maintenance	105,835.00			105,835.00
54400-MH	Building Repairs & Maintenance	217,773.00			217,773.00
54400-Other	Building Repairs & Maintenance	57,510.00			57,510.00
54450-Dental	Furniture & Equipment Purchase	390.00			390.00
54450-DHC	Furniture & Equipment Purchase	13,968.00			13,968.00
54450-MH	Furniture & Equipment Purchase	9,225.00			9,225.00
54450-Other	Furniture & Equipment Purchase	5,764.00			5,764.00
54500-Dental	Furniture & Equipment Rental	5,855.00			5,855.00
54500-DHC	Furniture & Equipment Rental	14,034.00			14,034.00
54500-MH	Furniture & Equipment Rental	32,974.00			32,974.00
54500-Other	Furniture & Equipment Rental	12,641.00			12,641.00
54600-Other	Software	9,561.00			9,561.00
55150-Dental	Vehicle Expense	461.00			461.00
55150-DHC	Vehicle Expense	2,142.00			2,142.00
55150-MH	Vehicle Expense	13,913.00			13,913.00
55150-Other	Vehicle Expense	2,349.00			2,349.00
55200-Dental	Janitorial Services	49,447.00			49,447.00
55200-DHC	Janitorial Services	174,890.00			174,890.00
55200-MH	Janitorial Services	335,459.00			335,459.00
55200-Other	Janitorial Services	83,698.00			83,698.00
55250-MH	Laundry Services	26,595.00			26,595.00
55250-Other	Laundry Services	794.00			794.00
55290-Dental	Security	25,135.00			25,135.00
55290-DHC	Security	109,136.00			109,136.00
55290-MH	Security	272,502.00			272,502.00
55290-Other	Security	46,605.00			46,605.00
55300-Dental	Software & Related Licenses	334.00			334.00
55300-DHC	Software & Related Licenses	4,452.00			4,452.00
55300-MH	Software & Related Licenses	870.00			870.00
55300-Other	Software & Related Licenses	132,697.00			132,697.00
55310-DHC	Taxes	431.00			431.00
55310-MH	Taxes	2,243.00			2,243.00

Account	Description	ADJUSTED 6/30/2018	JE Ref #	RJE	REPORT 6/30/2018
55310-Other	Taxes	576.00			576.00
55400-Dental	Service & Maintenance Agreements	31,729.00			31,729.00
55400-DHC	Service & Maintenance Agreements	138,919.00			138,919.00
55400-MH	Service & Maintenance Agreements	124,828.00			124,828.00
55400-Other	Service & Maintenance Agreements	957,524.00			957,524.00
55900-Dental	Buildings & Equipment - Other	604.00			604.00
55900-DHC	Buildings & Equipment - Other	2,617.00			2,617.00
55900-MH	Buildings & Equipment - Other	966.00			966.00
55900-Other	Buildings & Equipment - Other	1,347.00			1,347.00
56100-Dental	Travel GÇð Local Mileage Reimbursement	109.00			109.00
56100-DHC	Travel GÇð Local Mileage Reimbursement	22,847.00			22,847.00
56100-MH	Travel GÇð Local Mileage Reimbursement	2,478.00			2,478.00
56100-Other	Travel GÇð Local Mileage Reimbursement	4,368.00			4,368.00
56200-DHC	Travel GÇð Out of State Mileage Reimbursement	318.00			318.00
56200-Other	Travel GÇð Out of State Mileage Reimbursement	469.00			469.00
56250-DHC	Travel - Transportation	3,086.00			3,086.00
56250-MH	Travel - Transportation	1,770.00			1,770.00
56250-Other	Travel - Transportation	13,235.00			13,235.00
56300-DHC	Travel GÇð Registration Fees	930.00			930.00
56300-MH	Travel GÇð Registration Fees	2,613.00			2,613.00
56300-Other	Travel GÇð Registration Fees	8,850.00			8,850.00
56350-DHC	Travel - Lodging and Board	1,924.00			1,924.00
56350-MH	Travel - Lodging and Board	6,703.00			6,703.00
56350-Other	Travel - Lodging and Board	24,980.00			24,980.00
56400-Dental	Travel/Training GÇð Provider CME	3,993.00			3,993.00
56400-DHC	Travel/Training GÇð Provider CME	28,719.00			28,719.00
56400-MH	Travel/Training GÇð Provider CME	43,736.00			43,736.00
56400-Other	Travel/Training GÇð Provider CME	559.00			559.00
56600-Dental	Employee Parking	7,174.00			7,174.00
56600-DHC	Employee Parking	6,412.00			6,412.00
56600-MH	Employee Parking	16.00			16.00
56600-Other	Employee Parking	1,050.00			1,050.00
56900-DHC	Training GÇð Other	6,398.00			6,398.00
56900-MH	Training GÇð Other	9,257.00			9,257.00
56900-Other	Training GÇð Other	71,500.00			71,500.00
57100-Dental	Printing Expense	1,416.00			1,416.00
57100-DHC	Printing Expense	1,532.00			1,532.00
57100-MH	Printing Expense	8,210.00			8,210.00
57100-Other	Printing Expense	43,072.00			43,072.00
57200-Dental	Outreach Materials	(3,434.00)			(3,434.00)
57200-DHC	Outreach Materials	4,716.00			4,716.00
57200-Other	Outreach Materials	2,250.00			2,250.00
57310-DHC	Client Incentives	992.00			992.00
57310-MH	Client Incentives	572.00			572.00
57320-DHC	Patient/Client Transportation	12.00			12.00
57350-DHC	Medical & Other Services	73.00			73.00
57400-MH	Postage & Delivery	647.00			647.00
57400-Other	Postage & Delivery	125,821.00			125,821.00
58200-Other	Accounting Services	119,964.00			119,964.00
58300-DHC	Legal Expenses	1,526.00			1,526.00
58300-Other	Legal Expenses	259,707.00			259,707.00
58400-Dental	Consultant Expense	888.00			888.00
58400-DHC	Consultant Expense	8,000.00			8,000.00
58400-Other	Consultant Expense	682,791.00			682,791.00
58500-Dental	Contractual Labor	21,369.00			21,369.00
58500-DHC	Contractual Labor	561,236.00			561,236.00
58500-MH	Contractual Labor	316,146.00			316,146.00
58500-Other	Contractual Labor	114,069.00			114,069.00
58510-Dental	Contractual Services	3,568.00			3,568.00
58510-DHC	Contractual Services	104,474.00			104,474.00

Account	Description	ADJUSTED 6/30/2018	JE Ref #	RJE	REPORT 6/30/2018
58510-MH	Contractual Services	25,571.00			25,571.00
58510-Other	Contractual Services	164,925.00			164,925.00
58520-MH	Subcontractor - Grant Pass Through	22,500.00			22,500.00
58550-DHC	Temporary Labor	138,697.00			138,697.00
58550-MH	Temporary Labor	254,386.00			254,386.00
58550-Other	Temporary Labor	51,165.00			51,165.00
58600-Dental	External Laboratory Services	101,880.00			101,880.00
58600-DHC	External Laboratory Services	418.00			418.00
58600-MH	External Laboratory Services	100.00			100.00
58610-Other	Internal Laboratory Services	2,500.00			2,500.00
58700-Dental	Snow Removal	7,950.00			7,950.00
58700-DHC	Snow Removal	46,191.00			46,191.00
58700-MH	Snow Removal	85,624.00			85,624.00
58700-Other	Snow Removal	20,235.00			20,235.00
58900-Dental	Other - Labor	20.00			20.00
58900-DHC	Other - Labor	310.00			310.00
58900-MH	Other - Labor	123.00			123.00
58900-Other	Other - Labor	44.00			44.00
59100-Dental	Communications-Telephone Expense	18,135.00			18,135.00
59100-DHC	Communications-Telephone Expense	53,066.00			53,066.00
59100-MH	Communications-Telephone Expense	60,430.00			60,430.00
59100-Other	Communications-Telephone Expense	50,892.00			50,892.00
59130-Dental	Communications-Other	5,018.00			5,018.00
59130-DHC	Communications-Other	19,532.00			19,532.00
59130-MH	Communications-Other	13,339.00			13,339.00
59130-Other	Communications-Other	44,737.00			44,737.00
59150-Dental	Communications-Wireless	1,058.00			1,058.00
59150-DHC	Communications-Wireless	18,005.00			18,005.00
59150-MH	Communications-Wireless	3,288.00			3,288.00
59150-Other	Communications-Wireless	13,138.00			13,138.00
59160-DHC	Communications-Paging and Answering Service	388.00			388.00
59160-Other	Communications-Paging and Answering Service	30,915.00			30,915.00
59170-Dental	Cable Service	15,224.00			15,224.00
59170-DHC	Cable Service	45,579.00			45,579.00
59170-MH	Cable Service	57,303.00			57,303.00
59170-Other	Cable Service	15,466.00			15,466.00
59200-DHC	Insurance Expense GÇð Medical	2,272.00		(2,272.00)	0.00
			RJE - 2	(2,272.00)	
59200-Other	Insurance Expense GÇð Medical	0.00			0.00
			RJE - 2	0.00	
59250-Dental	Insurance Expense GÇð Umbrella Liability	4,179.00			4,179.00
59250-DHC	Insurance Expense GÇð Umbrella Liability	26,494.00			26,494.00
59250-MH	Insurance Expense GÇð Umbrella Liability	41,428.00			41,428.00
59250-Other	Insurance Expense GÇð Umbrella Liability	10,503.00			10,503.00
59300-Other	Insurance Expense GÇð D & O	23,064.00			23,064.00
59350-Dental	Insurance Expense - General Liability	5,993.00			5,993.00
59350-DHC	Insurance Expense - General Liability	28,221.00			28,221.00
59350-MH	Insurance Expense - General Liability	31,310.00			31,310.00
59350-Other	Insurance Expense - General Liability	97,339.00			97,339.00
59900-Other	Insurance Expense GÇð Other	164.00			164.00
60100-Dental	Dues & Subscriptions	352.00			352.00
60100-DHC	Dues & Subscriptions	2,863.00			2,863.00
60100-MH	Dues & Subscriptions	5,878.00			5,878.00
60100-Other	Dues & Subscriptions	46,387.00			46,387.00
60150-Dental	Professional Licenses	4,228.00			4,228.00
60150-DHC	Professional Licenses	17,057.00			17,057.00
60150-MH	Professional Licenses	21,651.00			21,651.00
60150-Other	Professional Licenses	2,091.00			2,091.00
60200-Dental	Medical Waste & Refuse Removal	12,917.00			12,917.00
60200-DHC	Medical Waste & Refuse Removal	36,098.00			36,098.00

Account	Description	ADJUSTED 6/30/2018	JE Ref #	RJE	REPORT 6/30/2018
60200-MH	Medical Waste & Refuse Removal	81,391.00			81,391.00
60200-Other	Medical Waste & Refuse Removal	11,363.00			11,363.00
60300-DHC	Personnel Recruitment Expense	287.00			287.00
60300-MH	Personnel Recruitment Expense	1,719.00			1,719.00
60300-Other	Personnel Recruitment Expense	548,385.00			548,385.00
60350-Other	Human Resources/Payroll Processing	228,834.00			228,834.00
60360-DHC	Employee Relations	340.00			340.00
60360-MH	Employee Relations	2,730.00			2,730.00
60360-Other	Employee Relations	134,920.00			134,920.00
60370-Dental	Employee Uniforms	2,845.00			2,845.00
60370-DHC	Employee Uniforms	15,800.00			15,800.00
60370-MH	Employee Uniforms	10,230.00			10,230.00
60370-Other	Employee Uniforms	10,613.00			10,613.00
60400-DHC	Food Expense GÇð Catering	3,489.00			3,489.00
60400-MH	Food Expense GÇð Catering	4,408.00			4,408.00
60400-Other	Food Expense GÇð Catering	9,007.00			9,007.00
60450-MH	Food Expense GÇð Client Meals	61.00			61.00
60450-Other	Food Expense GÇð Client Meals	1,221.00			1,221.00
60500-DHC	Food Expense GÇð Patient Food Purchases	26.00			26.00
60500-MH	Food Expense GÇð Patient Food Purchases	366,008.00			366,008.00
60500-Other	Food Expense GÇð Patient Food Purchases	177,484.00			177,484.00
60510-DHC	Food Supplies and Chemicals	70.00			70.00
60510-MH	Food Supplies and Chemicals	51,401.00			51,401.00
60510-Other	Food Supplies and Chemicals	17,463.00			17,463.00
60600-DHC	Outreach Expense	4,842.00			4,842.00
60600-MH	Outreach Expense	300.00			300.00
60600-Other	Outreach Expense	23,411.00			23,411.00
60645-Other	Capital Campaign Expenses/Fundraising	3,500.00			3,500.00
60650-Dental	Advertising & Marketing Expense	59.00			59.00
60650-DHC	Advertising & Marketing Expense	486.00			486.00
60650-MH	Advertising & Marketing Expense	594.00			594.00
60650-Other	Advertising & Marketing Expense	51,586.00			51,586.00
60655-Other	Advertising & Marketing - Health Fair	12,467.00			12,467.00
60660-DHC	Promotional Items	4,806.00			4,806.00
60660-MH	Promotional Items	983.00			983.00
60660-Other	Promotional Items	9,972.00			9,972.00
60680-DHC	Emergency Housing	12,306.00			12,306.00
60710-Other	Interest Expense - Bonds	413,775.00			413,775.00
60720-Other	Interest Expense - Other	817.00			817.00
60750-Dental	Bank & Other Service Charges	751.00			751.00
60750-DHC	Bank & Other Service Charges	3,213.00			3,213.00
60750-MH	Bank & Other Service Charges	1,151.00			1,151.00
60750-Other	Bank & Other Service Charges	39,541.00			39,541.00
60770-MH	Departmental Initiatives	296.00			296.00
60770-Other	Departmental Initiatives	5,126.00			5,126.00
60780-Other	Lobbying Expense	60,500.00			60,500.00
60800-Other	Freight & Courier	189.00			189.00
60900-MH	Miscellaneous Expenses	30.00			30.00
60900-Other	Miscellaneous Expenses	2,400.00			2,400.00
61010-DHC	Women, Infants & Children Food Benefits	945,229.00			945,229.00
61020-DHC	Vaccines and Other Pharmaceuticals	541,659.00			541,659.00
65100-Dental	Depreciation Expense GÇð Buildings and Fixtures	158,679.00			158,679.00
65100-DHC	Depreciation Expense GÇð Buildings and Fixtures	239,082.00			239,082.00
65100-MH	Depreciation Expense GÇð Buildings and Fixtures	146,632.00			146,632.00
65100-Other	Depreciation Expense GÇð Buildings and Fixtures	322,003.00			322,003.00
65110-Dental	Amortization Expense	1,151.00			1,151.00
65110-DHC	Amortization Expense	4,972.00			4,972.00
65110-MH	Amortization Expense	1,900.00			1,900.00
65110-Other	Amortization Expense	2,532.00			2,532.00
65150-Other	Depreciation Expense - Capital Leases	25,951.00			25,951.00

Account	Description	ADJUSTED 6/30/2018	JE Ref #	RJE	REPORT 6/30/2018
65200-MH	Depreciation Expense GÇø Leasehold Improvements	3,632.00			3,632.00
65200-Other	Depreciation Expense GÇø Leasehold Improvements	34.00			34.00
65250-MH	Depreciation Expense - Software	28,474.00			28,474.00
65250-Other	Depreciation Expense - Software	154,436.00			154,436.00
65350-Dental	Depreciation Expense - Other Equipment	491.00			491.00
65350-DHC	Depreciation Expense - Other Equipment	30,585.00			30,585.00
65350-MH	Depreciation Expense - Other Equipment	7,203.00			7,203.00
65350-Other	Depreciation Expense - Other Equipment	303,977.00			303,977.00
65400-Dental	Depreciation Expense GÇø Furniture and Fixtures	73,217.00			73,217.00
65400-DHC	Depreciation Expense GÇø Furniture and Fixtures	92,318.00			92,318.00
65400-MH	Depreciation Expense GÇø Furniture and Fixtures	43,323.00			43,323.00
65400-Other	Depreciation Expense GÇø Furniture and Fixtures	76,878.00			76,878.00
69100-Dental	Bad Debt Expense	0.00		52,290.00	52,290.00
			RJE - 3	52,290.00	
69100-DHC	Bad Debt Expense	0.00		357,240.00	357,240.00
			RJE - 3	357,240.00	
69100-MH	Bad Debt Expense	0.00		357,196.00	357,196.00
			RJE - 3	357,196.00	
69100-Other	Bad Debt Expense	0.00		(87,340.00)	(87,340.00)
			RJE - 3	(87,340.00)	
69999-Dental	Administrative Overhead	977,369.00			977,369.00
69999-DHC	Administrative Overhead	5,658,111.00			5,658,111.00
69999-MH	Administrative Overhead	5,564,165.00			5,564,165.00
69999-Other	Administrative Overhead	(12,198,497.00)			(12,198,497.00)
Marcum 102	Direct Health Nursing Salaries	0.00		3,933,584.00	3,933,584.00
			RJE - 1	3,933,584.00	
Marcum 103	Direct Health Other Salaries	0.00		4,571,555.00	4,571,555.00
			RJE - 1	4,571,555.00	
Marcum 105	Other Dental Salaries	0.00		822,180.00	822,180.00
			RJE - 1	822,180.00	
Marcum 106	Mental Health Social Worker Salaries	0.00		1,724,298.00	1,724,298.00
			RJE - 1	1,724,298.00	
Marcum 107	Other Mental Health Salaries	0.00		10,080,375.00	10,080,375.00
			RJE - 1	10,080,375.00	
Marcum 108	Physician Asst. Benefits	0.00		36,695.00	36,695.00
			RJE - 2	36,695.00	
Marcum 109	Nurses' Benefits	0.00		747,068.00	747,068.00
			RJE - 2	747,068.00	
Marcum 110	Other Direct Health Benefits	0.00		868,232.00	868,232.00
			RJE - 2	868,232.00	
Marcum 111	Dental Hygienist Benefits	0.00		59,334.00	59,334.00
			RJE - 2	59,334.00	
Marcum 112	Other Dental Benefits	0.00		156,149.00	156,149.00
			RJE - 2	156,149.00	
Marcum 113	Social Worker Benefits	0.00		327,480.00	327,480.00
			RJE - 2	327,480.00	
Marcum 114	Other Mental Health Benefits	0.00		1,914,470.00	1,914,470.00
			RJE - 2	1,914,470.00	
Marcum 115	Physician Benefits	0.00		600,960.00	600,960.00
			RJE - 2	600,960.00	
Marcum 116	Dentist Benefits	0.00		171,909.00	171,909.00
			RJE - 2	171,909.00	
Marcum 117	Psychologist Benefits	0.00		14,447.00	14,447.00
			RJE - 2	14,447.00	
Marcum 118	A&G Benefits	0.00		1,445,622.00	1,445,622.00
			RJE - 2	1,445,622.00	
Total		0.00		0.00	0.00
Net (Income) Loss		0.00		0.00	0.00

Client: **Cornell Scott - Hill Health Corporation**
 Engagement: **FQHC - Cornell Scott - Hill Health Corporation**
 Period Ending: **6/30/2018**
 Trial Balance: **A.01 - TB**
 Workpaper: **A.03 - Grouping Report**

Account	Description	ADJUSTED 6/30/2018	JE Ref #	RJE 6/30/2018	REPORT 6/30/2018
Group : [FORM A - A] Direct Health Care Cost - Staff Cost					
Subgroup : [1A] Physician					
50100-DHC	Direct Salaries & Wages	8,421.00		(8,421.00)	0.00
50101-DHC	Chief	332,600.00		(332,600.00)	0.00
50200-DHC	Direct Salaries & WagesGÇö Overtime	54,518.00		(54,518.00)	0.00
50300-DHC	Direct Salaries & WagesGÇö Bonuses	112,347.00		(112,347.00)	0.00
50421-DHC	Neurologist	1,500.00		(1,500.00)	0.00
50616-DHC	Physician	1,969,703.00		1,194,566.00	3,164,269.00
51950-DHC	Vacation Expense	4,283.00		(4,283.00)	0.00
Subtotal [1A]	Physician	2,483,372.00		680,897.00	3,164,269.00
Subgroup : [1A.1] Physician Other					
51100-DHC	FICA Social Security	689,146.00		(689,146.00)	0.00
51101-DHC	FICA Medicare	173,821.00		(173,821.00)	0.00
51200-DHC	Health Insurance	951,446.00		(951,446.00)	0.00
51210-DHC	HRA Expense	3,760.00		(3,760.00)	0.00
			RJE - 2	(3,760.00)	
51300-DHC	Life Insurance	39,422.00		(39,422.00)	0.00
51400-DHC	Retirement Expenses	260,744.00		(260,744.00)	0.00
51450-DHC	Pension Expense	7,114.00		(7,114.00)	0.00
51600-DHC	State Unemployment Insurance	95,645.00		(95,645.00)	0.00
51700-DHC	Workers Compensation	143,099.00		(143,099.00)	0.00
Marcum 115	Physician Benefits	0.00		600,960.00	600,960.00
			RJE - 2	600,960.00	
Subtotal [1A.1]	Physician Other	2,364,197.00		(1,763,237.00)	600,960.00
Subgroup : [1B] Physician Assistant					
50617-DHC	Physician Assistant	189,152.00		4,061.00	193,213.00
Subtotal [1B]	Physician Assistant	189,152.00		4,061.00	193,213.00
Subgroup : [1B.1] PA Other					
Marcum 108	Physician Asst. Benefits	0.00		36,695.00	36,695.00
			RJE - 2	36,695.00	
Subtotal [1B.1]	PA Other	0.00		36,695.00	36,695.00
Subgroup : [1C] Nurse Practitioner					
50220-DHC	NFN Clinical Supervisor	60,000.00		(60,000.00)	0.00
50416-DHC	Infectious Disease Nurse	77,691.00		(77,691.00)	0.00
50418-DHC	Licensed Practical Nurse	610,943.00		(610,943.00)	0.00
50423-DHC	NFN Home Visitor	32,976.00		(32,976.00)	0.00
50424-DHC	Nurse Educator	1,575.00		(1,575.00)	0.00
50425-DHC	Nurse Manager	80,385.00		(80,385.00)	0.00
50426-DHC	Nurse Team Leader	61,165.00		(61,165.00)	0.00
50435-DHC	Registered Nurse	988,834.00		(988,834.00)	0.00
50601-DHC	APRN	1,925,266.00		(1,925,266.00)	0.00
50612-DHC	Nurse Midwife	171,225.00		(171,225.00)	0.00
Marcum 102	Direct Health Nursing Salaries	0.00		3,933,584.00	3,933,584.00
			RJE - 1	3,933,584.00	
Subtotal [1C]	Nurse Practitioner	4,010,060.00		(76,476.00)	3,933,584.00
Subgroup : [1C.1] Nurse Other					
Marcum 109	Nurses' Benefits	0.00		747,068.00	747,068.00
			RJE - 2	747,068.00	
Subtotal [1C.1]	Nurse Other	0.00		747,068.00	747,068.00
Subgroup : [1D] Other (Assistants, Case Mngrs, Dieticians)					
50109-DHC	Director of Dental Services	47,117.00		(47,117.00)	0.00
			RJE - 1	(47,117.00)	
50110-DHC	Executive Assistant I	28,423.00		(28,423.00)	0.00
50206-DHC	Director of Early Childhood	80,000.00		(80,000.00)	0.00
50215-DHC	Director of Purchasing	554.00		(554.00)	0.00
50216-DHC	Executive Chef	27,187.00		(27,187.00)	0.00

50224-DHC	Program Director II	103,749.00	(103,749.00)	0.00
50225-DHC	Site Manager	78,078.00	(78,078.00)	0.00
50227-DHC	WIC Site Manager	71,012.00	(71,012.00)	0.00
50232-DHC	Medical Director of Quality and Operations	138,864.00	(138,864.00)	0.00
50233-DHC	Director of Care Coordination	46,029.00	(46,029.00)	0.00
50234-DHC	Director of Wellness Education	114,660.00	(114,660.00)	0.00
50235-DHC	Assistant Manager of Care Coordination	63,650.00	(63,650.00)	0.00
50401-DHC	Care Coordinator	231,855.00	(231,855.00)	0.00
50402-DHC	Case Manager	256,592.00	(256,592.00)	0.00
50403-DHC	Clinical Case Coordinator	5,713.00	(5,713.00)	0.00
			RJE - 1	(5,713.00)
50405-DHC	Clinical Pharmacy Coordinator	29,575.00	(29,575.00)	0.00
			RJE - 1	(29,575.00)
50407-DHC	Community Health Worker	81,853.00	(81,853.00)	0.00
50411-DHC	Diabetes Educator	45,715.00	(45,715.00)	0.00
50412-DHC	Early Intervention Associate	41,595.00	(41,595.00)	0.00
50413-DHC	Early Intervention Associate II	48,206.00	(48,206.00)	0.00
50417-DHC	Interim Dental Director	(181.00)	181.00	0.00
			RJE - 1	181.00
50420-DHC	Medical Assistant	843,706.00	(843,706.00)	0.00
50427-DHC	Ophthalmic Technician	42,739.00	(42,739.00)	0.00
50428-DHC	Ophthalmology Assistant	57,646.00	(57,646.00)	0.00
50430-DHC	Practice Administrator	393,684.00	(393,684.00)	0.00
50431-DHC	Practice Manager I	19,740.00	(19,740.00)	0.00
50434-DHC	QA/QI NURSE	26,696.00	(26,696.00)	0.00
			RJE - 1	(26,696.00)
50440-DHC	Resource Specialist	14,617.00	(14,617.00)	0.00
50442-DHC	Senior Care Coordinator Assistant	39,529.00	(39,529.00)	0.00
50445-DHC	Special Education Teacher	62,000.00	(62,000.00)	0.00
50447-DHC	WIC Site Nutritionist	77,954.00	(77,954.00)	0.00
50449-DHC	Milieu Counselor Shift Supervisor	59,345.00	(59,345.00)	0.00
50450-DHC	Wellness Outreach Manager	17,728.00	(17,728.00)	0.00
50453-DHC	Complex Care Manager Social Workers	86,493.00	(86,493.00)	0.00
50605-DHC	Clinician II	3,424.00	(3,424.00)	0.00
50605-DHC	Dental Hygienist	34,849.00	(34,849.00)	0.00
50608-DHC	Director of Pediatrics	144,475.00	(144,475.00)	0.00
50611-DHC	Medical Director	98,748.00	(98,748.00)	0.00
50613-DHC	Occupational Therapist	72,141.00	(72,141.00)	0.00
50614-DHC	Pediatrician	202,641.00	(202,641.00)	0.00
50618-DHC	Podiatrist	215,262.00	(215,262.00)	0.00
50623-DHC	Registered Dietitian	61,800.00	(61,800.00)	0.00
50627-DHC	Speech Language Pathologist	109,722.00	(109,722.00)	0.00
50629-DHC	Perinatal Program Manager	12,201.00	(12,201.00)	0.00
50801-DHC	Access To Care Manager	51,000.00	(51,000.00)	0.00
50802-DHC	Access to Care Outreach Worker	93,210.00	(93,210.00)	0.00
50807-DHC	Administrative Assistant	41,162.00	(41,162.00)	0.00
50815-DHC	Cook II	17,139.00	(17,139.00)	0.00
50817-DHC	Program Manager	1,935.00	(1,935.00)	0.00
			RJE - 1	(1,935.00)
50825-DHC	Health Educator	124,333.00	(124,333.00)	0.00
50833-DHC	HUSKY Liaison	48,120.00	(48,120.00)	0.00
50838-DHC	Office Manager School Based Clinic	20,252.00	(20,252.00)	0.00
			RJE - 1	(20,252.00)
50843-DHC	Patient Registrar	465,524.00	(465,524.00)	0.00
50844-DHC	Patient Registration Team Leader	189,015.00	(189,015.00)	0.00
50846-DHC	Practice Coordinator	60,931.00	(60,931.00)	0.00
50847-DHC	Program Coordinator	71,560.00	(71,560.00)	0.00
50850-DHC	Receptionist	17,139.00	(17,139.00)	0.00
50852-DHC	Referral Specialist	38,749.00	(38,749.00)	0.00
50859-DHC	Sous Chef	44,246.00	(44,246.00)	0.00
50860-DHC	Training and Development Coordinator	32,060.00	(32,060.00)	0.00
			RJE - 1	(32,060.00)
50862-DHC	WIC Clerk	69,394.00	(69,394.00)	0.00
50865-DHC	Marketing Assistant	11,631.00	(11,631.00)	0.00
			RJE - 1	(11,631.00)
50868-DHC	Senior Administrative Assistant	50,627.00	(50,627.00)	0.00
50874-DHC	Employment Specialist	8,064.00	(8,064.00)	0.00
			RJE - 1	(8,064.00)
Marcum 103	Direct Health Other Salaries	0.00	4,571,555.00	4,571,555.00
			RJE - 1	4,571,555.00

Subtotal [1D]	Other (Assistants, Case Mngrs, Dieticians)	<u>5,693,477.00</u>	<u>(1,121,922.00)</u>	<u>4,571,555.00</u>
Subgroup : [1D.1]	Other Health Care Other			
Marcum 110	Other Direct Health Benefits	0.00	868,232.00	868,232.00
			RJE - 2 868,232.00	
Subtotal [1D.1]	Other Health Care Other	<u>0.00</u>	<u>868,232.00</u>	<u>868,232.00</u>
Subgroup : [2A]	Medical Supplies			
52100-DHC	Medical Supplies	248,682.00	0.00	248,682.00
52200-DHC	Dental Supplies	1,204.00	0.00	1,204.00
52500-DHC	Behavioral Health Supplies	501.00	0.00	501.00
57350-DHC	Medical & Other Services	73.00	0.00	73.00
60200-DHC	Medical Waste & Refuse Removal	36,098.00	0.00	36,098.00
Subtotal [2A]	Medical Supplies	<u>286,558.00</u>	<u>0.00</u>	<u>286,558.00</u>
Subgroup : [2B]	Transportation (Health Care Staff)			
55150-DHC	Vehicle Expense	2,142.00	0.00	2,142.00
56100-DHC	Travel GÇð Local Mileage Reimbursement	22,847.00	0.00	22,847.00
56250-DHC	Travel - Transportation	3,086.00	0.00	3,086.00
56300-DHC	Travel GÇð Registration Fees	930.00	0.00	930.00
57320-DHC	Patient/Client Transportation	12.00	0.00	12.00
Subtotal [2B]	Transportation (Health Care Staff)	<u>29,017.00</u>	<u>0.00</u>	<u>29,017.00</u>
Subgroup : [2C]	Depreciation - Medical Equipment			
65350-DHC	Depreciation Expense - Other Equipment	30,585.00	0.00	30,585.00
65400-DHC	Depreciation Expense GÇð Furniture and Fixtures	92,318.00	0.00	92,318.00
Subtotal [2C]	Depreciation - Medical Equipment	<u>122,903.00</u>	<u>0.00</u>	<u>122,903.00</u>
Subgroup : [2D]	Professional Liability Insurance			
59250-DHC	Insurance Expense GÇð Umbrella Liability	26,494.00	0.00	26,494.00
59350-DHC	Insurance Expense - General Liability	28,221.00	0.00	28,221.00
Subtotal [2D]	Professional Liability Insurance	<u>54,715.00</u>	<u>0.00</u>	<u>54,715.00</u>
Subgroup : [2E]	Laboratroy			
52400-DHC	Laboratory Supplies	753.00	0.00	753.00
Subtotal [2E]	Laboratroy	<u>753.00</u>	<u>0.00</u>	<u>753.00</u>
Subgroup : [2G]	Physician Administered Drugs			
52300-DHC	Pharmacy Supplies	231.00	0.00	231.00
Subtotal [2G]	Physician Administered Drugs	<u>231.00</u>	<u>0.00</u>	<u>231.00</u>
Subgroup : [2H]	Rent, Utilities			
54100-DHC	Rent	158,746.00	0.00	158,746.00
54300-DHC	Utilities - Electric	119,541.00	0.00	119,541.00
54310-DHC	Utilities - Water	3,978.00	0.00	3,978.00
54320-DHC	Utilities - Sewer	3,123.00	0.00	3,123.00
54330-DHC	Utilities - Gas	15,055.00	0.00	15,055.00
Subtotal [2H]	Rent, Utilities	<u>300,443.00</u>	<u>0.00</u>	<u>300,443.00</u>
Subgroup : [2I]	Physicians (Contracted)			
58400-DHC	Consultant Expense	8,000.00	0.00	8,000.00
58500-DHC	Contractual Labor	561,236.00	0.00	561,236.00
58510-DHC	Contractual Services	104,474.00	0.00	104,474.00
58900-DHC	Other - Labor	310.00	0.00	310.00
Subtotal [2I]	Physicians (Contracted)	<u>674,020.00</u>	<u>0.00</u>	<u>674,020.00</u>
Subgroup : [2J]	Professional Licenses			
60150-DHC	Professional Licenses	17,057.00	0.00	17,057.00
Subtotal [2J]	Professional Licenses	<u>17,057.00</u>	<u>0.00</u>	<u>17,057.00</u>
Subgroup : [2K]	Property Taxes			
55310-DHC	Taxes	431.00	0.00	431.00
Subtotal [2K]	Property Taxes	<u>431.00</u>	<u>0.00</u>	<u>431.00</u>
Subgroup : [2L]	Other			
53900-DHC	Other Supplies	3,677.00	0.00	3,677.00
54450-DHC	Furniture & Equipment Purchase	13,968.00	0.00	13,968.00
54500-DHC	Furniture & Equipment Rental	14,034.00	0.00	14,034.00
55300-DHC	Software & Related Licenses	4,452.00	0.00	4,452.00
57200-DHC	Outreach Materials	4,716.00	0.00	4,716.00

57310-DHC	Client Incentives	992.00	0.00	992.00
58550-DHC	Temporary Labor	138,697.00	0.00	138,697.00
60370-DHC	Employee Uniforms	15,800.00	0.00	15,800.00
60510-DHC	Food Supplies and Chemicals	70.00	0.00	70.00
60600-DHC	Outreach Expense	4,842.00	0.00	4,842.00
60680-DHC	Emergency Housing	12,306.00	0.00	12,306.00
Subtotal [2L]	Other	213,554.00	0.00	213,554.00
Total [FORM A - A]	Direct Health Care Cost - Staff Cost	16,439,940.00	(624,682.00)	15,815,258.00
Group : [FORM A - B] Direct Dental Care Cost				
Subgroup : [1A] Dentist				
50100-Dental	Direct Salaries & Wages	(8,421.00)	8,421.00	0.00
50109-Dental	Director of Dental Services	150,683.00	(150,683.00)	0.00
50200-Dental	Direct Salaries & WagesGÇö Overtime	1,098.00	(1,098.00)	0.00
50300-Dental	Direct Salaries & WagesGÇö Bonuses	11,179.00	(11,179.00)	0.00
50607-Dental	Dentist	686,805.00	218,358.00	905,163.00
51950-Dental	Vacation Expense	10,469.00	(10,469.00)	0.00
Subtotal [1A]	Dentist	851,813.00	53,350.00	905,163.00
Subgroup : [1A.1] Dentist Other				
51100-Dental	FICA Social Security	106,017.00	(106,017.00)	0.00
51101-Dental	FICA Medicare	26,775.00	(26,775.00)	0.00
51200-Dental	Health Insurance	148,796.00	(148,796.00)	0.00
51210-Dental	HRA Expense	592.00	(592.00)	0.00
51300-Dental	Life Insurance	6,180.00	(6,180.00)	0.00
51400-Dental	Retirement Expenses	40,554.00	(40,554.00)	0.00
51450-Dental	Pension Expense	1,147.00	(1,147.00)	0.00
51600-Dental	State Unemployment Insurance	15,047.00	(15,047.00)	0.00
51700-Dental	Workers Compensation	22,000.00	(22,000.00)	0.00
Marcum 116	Dentist Benefits	0.00	171,909.00	171,909.00
Subtotal [1A.1]	Dentist Other	367,108.00	(195,199.00)	171,909.00
Subgroup : [1B] Dental Hygienist				
50606-Dental	Dental Hygienist	280,575.00	31,838.00	312,413.00
Subtotal [1B]	Dental Hygienist	280,575.00	31,838.00	312,413.00
Subgroup : [1B.1] Hygienist Other				
Marcum 111	Dental Hygienist Benefits	0.00	59,334.00	59,334.00
Subtotal [1B.1]	Hygienist Other	0.00	59,334.00	59,334.00
Subgroup : [1C] Other Dental Salaries (Dental Assistant/Admin)				
50221-Dental	Office Manager	55,000.00	(55,000.00)	0.00
50408-Dental	Dental Assistant	396,293.00	(396,293.00)	0.00
50417-Dental	Interim Dental Director	181.00	(181.00)	0.00
50430-Dental	Practice Administrator	62,748.00	(62,748.00)	0.00
50448-Dental	Lead Dental Assistant	50,051.00	(50,051.00)	0.00
50810-Dental	Call Center Clerk	10,836.00	(10,836.00)	0.00
50825-Dental	Health Educator	41,600.00	(41,600.00)	0.00
50843-Dental	Patient Registrar	157,194.00	(157,194.00)	0.00
50855-Dental	Secretary/Receptionist	36,929.00	(36,929.00)	0.00
Marcum 105	Other Dental Salaries	0.00	822,180.00	822,180.00
Subtotal [1C]	Other Dental Salaries (Dental Assistant/Admin)	810,832.00	11,348.00	822,180.00
Subgroup : [1C.1] Other Dental Other				
Marcum 112	Other Dental Benefits	0.00	156,149.00	156,149.00
Subtotal [1C.1]	Other Dental Other	0.00	156,149.00	156,149.00
Subgroup : [2A] Dental Supplies				
52100-Dental	Medical Supplies	251.00	0.00	251.00
52200-Dental	Dental Supplies	184,210.00	0.00	184,210.00
52400-Dental	Laboratory Supplies	3,428.00	0.00	3,428.00
60200-Dental	Medical Waste & Refuse Removal	12,917.00	0.00	12,917.00
Subtotal [2A]	Dental Supplies	200,806.00	0.00	200,806.00

Subgroup : [2B] Transportation				
55150-Dental	Vehicle Expense	461.00	0.00	461.00
56100-Dental	Travel GÇó Local Mileage Reimbursement	109.00	0.00	109.00
Subtotal [2B]	Transportation	570.00	0.00	570.00
Subgroup : [2C] Depreciation - Dental Equipment				
65400-Dental	Depreciation Expense GÇó Furniture and Fixtures	73,217.00	0.00	73,217.00
Subtotal [2C]	Depreciation - Dental Equipment	73,217.00	0.00	73,217.00
Subgroup : [2D] Professional Liability Insurance				
59250-Dental	Insurance Expense GÇó Umbrella Liability	4,179.00	0.00	4,179.00
59350-Dental	Insurance Expense - General Liability	5,993.00	0.00	5,993.00
Subtotal [2D]	Professional Liability Insurance	10,172.00	0.00	10,172.00
Subgroup : [2E] Rent, Utilities				
54100-Dental	Rent	39,862.00	0.00	39,862.00
54300-Dental	Utilities - Electric	32,429.00	0.00	32,429.00
54310-Dental	Utilities - Water	782.00	0.00	782.00
54320-Dental	Utilities - Sewer	681.00	0.00	681.00
54330-Dental	Utilities - Gas	2,915.00	0.00	2,915.00
Subtotal [2E]	Rent, Utilities	76,669.00	0.00	76,669.00
Subgroup : [2F] Contract Services				
58400-Dental	Consultant Expense	888.00	0.00	888.00
58500-Dental	Contractual Labor	21,369.00	0.00	21,369.00
58510-Dental	Contractual Services	3,568.00	0.00	3,568.00
58900-Dental	Other - Labor	20.00	0.00	20.00
Subtotal [2F]	Contract Services	25,845.00	0.00	25,845.00
Subgroup : [2G] Professional Licenses				
60150-Dental	Professional Licenses	4,228.00	0.00	4,228.00
Subtotal [2G]	Professional Licenses	4,228.00	0.00	4,228.00
Subgroup : [2H] Other				
53900-Dental	Other Supplies	(3.00)	0.00	(3.00)
54450-Dental	Furniture & Equipment Purchase	390.00	0.00	390.00
54500-Dental	Furniture & Equipment Rental	5,855.00	0.00	5,855.00
55300-Dental	Software & Related Licenses	334.00	0.00	334.00
57200-Dental	Outreach Materials	(3,434.00)	0.00	(3,434.00)
60100-Dental	Dues & Subscriptions	352.00	0.00	352.00
60370-Dental	Employee Uniforms	2,845.00	0.00	2,845.00
Subtotal [2H]	Other	6,339.00	0.00	6,339.00
Total [FORM A - B]	Direct Dental Care Cost	2,708,174.00	116,820.00	2,824,994.00
Group : [FORM A - C] Direct Mental Health Care Cost				
Subgroup : [1A] Psychologist				
50200-MH	Direct Salaries & WagesGÇó Overtime	112,187.00	(112,187.00)	0.00
50300-MH	Direct Salaries & WagesGÇó Bonuses	130,842.00	(130,842.00)	0.00
50622-MH	Psychologist	77,692.00	(1,625.00)	76,067.00
51950-MH	Vacation Expense	10,303.00	(10,303.00)	0.00
Subtotal [1A]	Psychologist	331,024.00	(254,957.00)	76,067.00
Subgroup : [1A.1] Psychologist Other				
51100-MH	FICA Social Security	682,990.00	(682,990.00)	0.00
51101-MH	FICA Medicare	172,357.00	(172,357.00)	0.00
51200-MH	Health Insurance	944,787.00	(944,787.00)	0.00
51210-MH	HRA Expense	3,826.00	(3,826.00)	0.00
			RJE - 2	(3,826.00)
51300-MH	Life Insurance	39,204.00	(39,204.00)	0.00
51400-MH	Retirement Expenses	258,868.00	(258,868.00)	0.00
51450-MH	Pension Expense	7,089.00	(7,089.00)	0.00
51600-MH	State Unemployment Insurance	95,059.00	(95,059.00)	0.00
51700-MH	Workers Compensation	142,682.00	(142,682.00)	0.00
Marcum 117	Psychologist Benefits	0.00	14,447.00	14,447.00
			RJE - 2	14,447.00
Subtotal [1A.1]	Psychologist Other	2,346,862.00	(2,332,415.00)	14,447.00
Subgroup : [1B] Social Worker				
50604-MH	Clinician I	25,897.00	(25,897.00)	0.00

50605-MH	Clinician II	3,817,050.00	(3,817,050.00)	0.00
50624-MH	Senior Clinician	785,921.00	(785,921.00)	0.00
Marcum 106	Mental Health Social Worker Salaries	0.00	1,724,298.00	1,724,298.00
Subtotal [1B]	Social Worker	4,628,868.00	(2,904,570.00)	1,724,298.00
Subgroup : [1B.1]	Social Worker Other			
Marcum 113	Social Worker Benefits	0.00	327,480.00	327,480.00
Subtotal [1B.1]	Social Worker Other	0.00	327,480.00	327,480.00
Subgroup : [1C]	Other (Psychiatrist, Medical Assistants, Case Managers, LPC, LADC, Psychiatric APRN, Other Nurses, Unlicensed Social Workers)			
50101-MH	Chief	353,782.00	(353,782.00)	0.00
50110-MH	Executive Assistant I	28,418.00	(28,418.00)	0.00
50201-MH	Assistant Nurse Manager	45,298.00	(45,298.00)	0.00
50202-MH	Assistant Program Director I	492,568.00	(492,568.00)	0.00
50216-MH	Executive Chef	18,125.00	(18,125.00)	0.00
50222-MH	Operations Manager	69,751.00	(69,751.00)	0.00
50224-MH	Program Director II	258,254.00	(258,254.00)	0.00
50231-MH	Clinical Nurse Supervisor	94,893.00	(94,893.00)	0.00
50401-MH	Care Coordinator	123,396.00	(123,396.00)	0.00
			RJE - 1 (123,396.00)	
50402-MH	Case Manager	355,983.00	(355,983.00)	0.00
50403-MH	Clinical Case Coordinator	48,089.00	(48,089.00)	0.00
50404-MH	Clinical Pharmacist	8,565.00	(8,565.00)	0.00
50405-MH	Clinical Pharmacy Coordinator	2,958.00	(2,958.00)	0.00
50409-MH	Detox Technician	490,802.00	(490,802.00)	0.00
50418-MH	Licensed Practical Nurse	667,180.00	(667,180.00)	0.00
50419-MH	Licensed Practical Nurse Per Diem	(215.00)	215.00	0.00
50420-MH	Medical Assistant	35,143.00	(35,143.00)	0.00
50423-MH	NFN Home Visitor	(659.00)	659.00	0.00
			RJE - 1 659.00	
50430-MH	Practice Administrator	20,019.00	(20,019.00)	0.00
			RJE - 1 (20,019.00)	
50431-MH	Practice Manager I	170,798.00	(170,798.00)	0.00
50432-MH	Practice Manager II	74,256.00	(74,256.00)	0.00
50435-MH	Registered Nurse	462,852.00	(462,852.00)	0.00
50436-MH	Registered Nurse II	18,461.00	(18,461.00)	0.00
50437-MH	Rehabilitation Coordinator	34,364.00	(34,364.00)	0.00
50438-MH	Residential Aide	269,869.00	(269,869.00)	0.00
50444-MH	Senior Detox Technician	39,191.00	(39,191.00)	0.00
50449-MH	Milieu Counselor Shift Supervisor	43,680.00	(43,680.00)	0.00
50601-MH	APRN	240,188.00	(240,188.00)	0.00
50603-MH	Assistant Program Director II	187,025.00	(187,025.00)	0.00
50606-MH	Dental Hygienist	611.00	(611.00)	0.00
			RJE - 1 (611.00)	
50611-MH	Medical Director	474,033.00	(474,033.00)	0.00
50619-MH	Program Director I	341,510.00	(341,510.00)	0.00
50620-MH	Psychiatric APRN	416,222.00	(416,222.00)	0.00
50621-MH	Psychiatrist	416,851.00	(416,851.00)	0.00
50626-MH	Senior Medical Provider	3,510.00	(3,510.00)	0.00
50628-MH	Substance Abuse Counselor	115,450.00	(115,450.00)	0.00
50807-MH	Administrative Assistant	534,492.00	(534,492.00)	0.00
50811-MH	Call Center Customer Service Rep	4,257.00	(4,257.00)	0.00
			RJE - 1 (4,257.00)	
50815-MH	Cook II	11,420.00	(11,420.00)	0.00
50825-MH	Health Educator	20,606.00	(20,606.00)	0.00
50838-MH	Office Manager School Based Clinic	22,553.00	(22,553.00)	0.00
50841-MH	Patient Accounts Representative	41,647.00	(41,647.00)	0.00
50843-MH	Patient Registrar	3,838.00	(3,838.00)	0.00
50847-MH	Program Coordinator	94,523.00	(94,523.00)	0.00
50850-MH	Receptionist	22,998.00	(22,998.00)	0.00
50852-MH	Referral Specialist	42,495.00	(42,495.00)	0.00
50855-MH	Secretary/Receptionist	34,185.00	(34,185.00)	0.00
50859-MH	Sous Chef	29,484.00	(29,484.00)	0.00
50875-MH	Resource Counselor	687.00	(687.00)	0.00
			RJE - 1 (687.00)	
Marcum 107	Other Mental Health Salaries	0.00	10,080,375.00	10,080,375.00
Subtotal [1C]	Other (Psychiatrist, Medical Assistants, Case M	7,284,406.00	2,795,969.00	10,080,375.00

Subgroup : [1C.1]	Other Mental Health Other			
Marcum 114	Other Mental Health Benefits	0.00	1,914,470.00	1,914,470.00
			RJE - 2	1,914,470.00
Subtotal [1C.1]	Other Mental Health Other	0.00	1,914,470.00	1,914,470.00
Subgroup : [2A]	Medical Supplies			
52100-MH	Medical Supplies	138,069.00	0.00	138,069.00
52400-MH	Laboratory Supplies	186.00	0.00	186.00
52500-MH	Behavioral Health Supplies	52,906.00	0.00	52,906.00
60200-MH	Medical Waste & Refuse Removal	81,391.00	0.00	81,391.00
Subtotal [2A]	Medical Supplies	272,552.00	0.00	272,552.00
Subgroup : [2B]	Transportation			
55150-MH	Vehicle Expense	13,913.00	0.00	13,913.00
56100-MH	Travel GÇð Local Mileage Reimbursement	2,478.00	0.00	2,478.00
56250-MH	Travel - Transportation	1,770.00	0.00	1,770.00
56300-MH	Travel GÇð Registration Fees	2,613.00	0.00	2,613.00
Subtotal [2B]	Transportation	20,774.00	0.00	20,774.00
Subgroup : [2C]	Depreciation Mental Health Equip.			
65350-MH	Depreciation Expense - Other Equipment	7,203.00	0.00	7,203.00
65400-MH	Depreciation Expense GÇð Furniture and Fixtures	43,323.00	0.00	43,323.00
Subtotal [2C]	Depreciation Mental Health Equip.	50,526.00	0.00	50,526.00
Subgroup : [2D]	Professional Liability Insurance			
59250-MH	Insurance Expense GÇð Umbrella Liability	41,428.00	0.00	41,428.00
59350-MH	Insurance Expense - General Liability	31,310.00	0.00	31,310.00
Subtotal [2D]	Professional Liability Insurance	72,738.00	0.00	72,738.00
Subgroup : [2E]	Rent, Utilities			
54100-MH	Rent	78,764.00	0.00	78,764.00
54300-MH	Utilities - Electric	154,029.00	0.00	154,029.00
54310-MH	Utilities - Water	13,886.00	0.00	13,886.00
54320-MH	Utilities - Sewer	12,099.00	0.00	12,099.00
54330-MH	Utilities - Gas	27,292.00	0.00	27,292.00
Subtotal [2E]	Rent, Utilities	286,070.00	0.00	286,070.00
Subgroup : [2F]	Contract Services			
58500-MH	Contractual Labor	316,146.00	0.00	316,146.00
58510-MH	Contractual Services	25,571.00	0.00	25,571.00
58520-MH	Subcontractor - Grant Pass Through	22,500.00	0.00	22,500.00
58900-MH	Other - Labor	123.00	0.00	123.00
Subtotal [2F]	Contract Services	364,340.00	0.00	364,340.00
Subgroup : [2G]	Professional Licenses			
60150-MH	Professional Licenses	21,651.00	0.00	21,651.00
Subtotal [2G]	Professional Licenses	21,651.00	0.00	21,651.00
Subgroup : [2H]	Property Taxes & Legal			
55310-MH	Taxes	2,243.00	0.00	2,243.00
Subtotal [2H]	Property Taxes & Legal	2,243.00	0.00	2,243.00
Subgroup : [2I]	Other			
52200-MH	Dental Supplies	142.00	0.00	142.00
52300-MH	Pharmacy Supplies	67.00	0.00	67.00
53900-MH	Other Supplies	2,381.00	0.00	2,381.00
54450-MH	Furniture & Equipment Purchase	9,225.00	0.00	9,225.00
54500-MH	Furniture & Equipment Rental	32,974.00	0.00	32,974.00
55300-MH	Software & Related Licenses	870.00	0.00	870.00
57310-MH	Client Incentives	572.00	0.00	572.00
57400-MH	Postage & Delivery	647.00	0.00	647.00
58550-MH	Temporary Labor	254,386.00	0.00	254,386.00
59170-MH	Cable Service	57,303.00	0.00	57,303.00
60370-MH	Employee Uniforms	10,230.00	0.00	10,230.00
60510-MH	Food Supplies and Chemicals	51,401.00	0.00	51,401.00
60600-MH	Outreach Expense	300.00	0.00	300.00
60770-MH	Departmental Initiatives	296.00	0.00	296.00
60900-MH	Miscellaneous Expenses	30.00	0.00	30.00
Subtotal [2I]	Other	420,824.00	0.00	420,824.00

Total [FORM A - C]	Direct Mental Health Care Cost	16,102,878.00	(454,023.00)	15,648,855.00
Group : [FORM A - E] Direct Other Service Cost				
Subgroup : [1A] Clinical Diagnostic Laboratory				
58600-Dental	External Laboratory Services	101,880.00	0.00	101,880.00
58600-DHC	External Laboratory Services	418.00	0.00	418.00
58600-MH	External Laboratory Services	100.00	0.00	100.00
58610-Other	Internal Laboratory Services	2,500.00	0.00	2,500.00
Subtotal [1A]	Clinical Diagnostic Laboratory	104,898.00	0.00	104,898.00
Subgroup : [1C] Prescription Drugs/Pharmacy				
52300-Other	Pharmacy Supplies	12,982.00	0.00	12,982.00
52305-Dental	Pharmacy Inventory Expense (COGS)	328.00	0.00	328.00
52305-DHC	Pharmacy Inventory Expense (COGS)	288,820.00	0.00	288,820.00
52305-MH	Pharmacy Inventory Expense (COGS)	54,953.00	0.00	54,953.00
52305-Other	Pharmacy Inventory Expense (COGS)	1,259,430.00	0.00	1,259,430.00
53315-Other	Pharmacy-Walgreens COGS	530,022.00	0.00	530,022.00
61020-DHC	Vaccines and Other Pharmaceuticals	541,659.00	0.00	541,659.00
Subtotal [1C]	Prescription Drugs/Pharmacy	2,688,194.00	0.00	2,688,194.00
Subgroup : [1F] WIC				
61010-DHC	Women, Infants & Children Food Benefits	945,229.00	0.00	945,229.00
Subtotal [1F]	WIC	945,229.00	0.00	945,229.00
Total [FORM A - E]	Direct Other Service Cost	3,738,321.00	0.00	3,738,321.00
Group : [FORM A - G] Overhead - Facility Cost				
Subgroup : [1] Rent				
54100-Other	Rent	226,552.00	0.00	226,552.00
Subtotal [1]	Rent	226,552.00	0.00	226,552.00
Subgroup : [4] Utilities				
54300-Other	Utilities - Electric	44,638.00	0.00	44,638.00
54310-Other	Utilities - Water	2,913.00	0.00	2,913.00
54320-Other	Utilities - Sewer	1,556.00	0.00	1,556.00
54330-Other	Utilities - Gas	12,421.00	0.00	12,421.00
Subtotal [4]	Utilities	61,528.00	0.00	61,528.00
Subgroup : [5] Depreciation - Building				
65100-Dental	Depreciation Expense GÇð Buildings and Fixtures	158,679.00	0.00	158,679.00
65100-DHC	Depreciation Expense GÇð Buildings and Fixtures	239,082.00	0.00	239,082.00
65100-MH	Depreciation Expense GÇð Buildings and Fixtures	146,632.00	0.00	146,632.00
65100-Other	Depreciation Expense GÇð Buildings and Fixtures	322,003.00	0.00	322,003.00
65110-Dental	Amortization Expense	1,151.00	0.00	1,151.00
65110-DHC	Amortization Expense	4,972.00	0.00	4,972.00
65110-MH	Amortization Expense	1,900.00	0.00	1,900.00
65110-Other	Amortization Expense	2,532.00	0.00	2,532.00
65200-MH	Depreciation Expense GÇð Leasehold Improve	3,632.00	0.00	3,632.00
65200-Other	Depreciation Expense GÇð Leasehold Improve	34.00	0.00	34.00
Subtotal [5]	Depreciation - Building	880,617.00	0.00	880,617.00
Subgroup : [6] Depreciation - Equipment				
65150-Other	Depreciation Expense - Capital Leases	25,951.00	0.00	25,951.00
65250-MH	Depreciation Expense - Software	28,474.00	0.00	28,474.00
65250-Other	Depreciation Expense - Software	154,436.00	0.00	154,436.00
65350-Dental	Depreciation Expense - Other Equipment	491.00	0.00	491.00
65350-Other	Depreciation Expense - Other Equipment	303,977.00	0.00	303,977.00
65400-Other	Depreciation Expense GÇð Furniture and Fixtures	76,878.00	0.00	76,878.00
Subtotal [6]	Depreciation - Equipment	590,207.00	0.00	590,207.00
Subgroup : [7] Housekeeping and Maintenance				
53300-Dental	Houskeeping and Maintenance Supplies	1,122.00	0.00	1,122.00
53300-DHC	Houskeeping and Maintenance Supplies	6,416.00	0.00	6,416.00
53300-MH	Houskeeping and Maintenance Supplies	37,120.00	0.00	37,120.00
53300-Other	Houskeeping and Maintenance Supplies	3,879.00	0.00	3,879.00
54400-Dental	Building Repairs & Maintenance	22,439.00	0.00	22,439.00
54400-DHC	Building Repairs & Maintenance	105,835.00	0.00	105,835.00
54400-MH	Building Repairs & Maintenance	217,773.00	0.00	217,773.00
54400-Other	Building Repairs & Maintenance	57,510.00	0.00	57,510.00

55200-Dental	Janitorial Services	49,447.00	0.00	49,447.00
55200-DHC	Janitorial Services	174,890.00	0.00	174,890.00
55200-MH	Janitorial Services	335,459.00	0.00	335,459.00
55200-Other	Janitorial Services	83,698.00	0.00	83,698.00
55400-Dental	Service & Maintenance Agreements	31,729.00	0.00	31,729.00
55400-DHC	Service & Maintenance Agreements	138,919.00	0.00	138,919.00
55400-MH	Service & Maintenance Agreements	124,828.00	0.00	124,828.00
55400-Other	Service & Maintenance Agreements	957,524.00	0.00	957,524.00
55900-Dental	Buildings & Equipment - Other	604.00	0.00	604.00
55900-DHC	Buildings & Equipment - Other	2,617.00	0.00	2,617.00
55900-MH	Buildings & Equipment - Other	966.00	0.00	966.00
55900-Other	Buildings & Equipment - Other	1,347.00	0.00	1,347.00
58700-Dental	Snow Removal	7,950.00	0.00	7,950.00
58700-DHC	Snow Removal	46,191.00	0.00	46,191.00
58700-MH	Snow Removal	85,624.00	0.00	85,624.00
58700-Other	Snow Removal	20,235.00	0.00	20,235.00
Subtotal [7]	Housekeeping and Maintenance	2,514,122.00	0.00	2,514,122.00

Subgroup : [8]	Other Property Taxes			
55310-Other	Taxes	576.00	0.00	576.00
Subtotal [8]	Other Property Taxes	576.00	0.00	576.00

Subgroup : [9]	Laundry & Dietary			
55250-MH	Laundry Services	26,595.00	0.00	26,595.00
55250-Other	Laundry Services	794.00	0.00	794.00
60400-DHC	Food Expense GÇö Catering	3,489.00	0.00	3,489.00
60400-MH	Food Expense GÇö Catering	4,408.00	0.00	4,408.00
60400-Other	Food Expense GÇö Catering	9,007.00	0.00	9,007.00
60450-MH	Food Expense GÇö Client Meals	61.00	0.00	61.00
60450-Other	Food Expense GÇö Client Meals	1,221.00	0.00	1,221.00
60500-DHC	Food Expense GÇö Patient Food Purchases	26.00	0.00	26.00
60500-MH	Food Expense GÇö Patient Food Purchases	366,008.00	0.00	366,008.00
60500-Other	Food Expense GÇö Patient Food Purchases	177,484.00	0.00	177,484.00
Subtotal [9]	Laundry & Dietary	589,093.00	0.00	589,093.00

Subgroup : [10]	Security			
55290-Dental	Security	25,135.00	0.00	25,135.00
55290-DHC	Security	109,136.00	0.00	109,136.00
55290-MH	Security	272,502.00	0.00	272,502.00
55290-Other	Security	46,605.00	0.00	46,605.00
Subtotal [10]	Security	453,378.00	0.00	453,378.00

Total [FORM A - G]	Overhead - Facility Cost	5,316,073.00	0.00	5,316,073.00
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Group : [FORM A - H] Overhead - Administrative Cost

Subgroup : [1]	Office Salaries			
50100-Other	Direct Salaries & Wages	0.00	7,611,723.00	7,611,723.00
			RJE - 1	0.00
			RJE - 1	7,611,723.00
50101-Other	Chief	1,308,533.00	(1,308,533.00)	0.00
50102-Other	Chief of Information Technology	7,615.00	(7,615.00)	0.00
50107-Other	Coordinator Office of the Executive	81,780.00	(81,780.00)	0.00
50108-Other	Corporate Compliance Officer	100,000.00	(100,000.00)	0.00
50110-Other	Executive Assistant I	66,328.00	(66,328.00)	0.00
50200-Other	Direct Salaries & WagesGÇö Overtime	56,405.00	(56,405.00)	0.00
50204-Other	Call Center Manager	64,808.00	(64,808.00)	0.00
50208-Other	Director of Finance	124,605.00	(124,605.00)	0.00
50209-Other	Director of Grants Management	100,000.00	(100,000.00)	0.00
50212-Other	Director of Marketing & CR	114,800.00	(114,800.00)	0.00
50214-Other	Director of Patient Accounts	105,000.00	(105,000.00)	0.00
50215-Other	Director of Purchasing	157,610.00	(157,610.00)	0.00
50216-Other	Executive Chef	27,187.00	(27,187.00)	0.00
50217-Other	Facilities and Life Safety Manager	1,920.00	(1,920.00)	0.00
50218-Other	Supervisor	38,400.00	(38,400.00)	0.00
50223-Other	Pharmacy Director	131,328.00	(131,328.00)	0.00
50228-Other	Director of Operations	143,900.00	(143,900.00)	0.00
50229-Other	Development Manager	69,975.00	(69,975.00)	0.00
50230-Other	HR Manager	93,550.00	(93,550.00)	0.00
50232-Other	Medical Director of Quality and Operations	63,936.00	(63,936.00)	0.00
50233-Other	Director of Care Coordination	44,021.00	(44,021.00)	0.00

			RJE - 1	(44,021.00)	
50300-Other	Direct Salaries & Wages	265,631.00		(265,631.00)	0.00
50401-Other	Care Coordinator	3,786.00		(3,786.00)	0.00
			RJE - 1	(3,786.00)	
50404-Other	Clinical Pharmacist	253,484.00		(253,484.00)	0.00
50405-Other	Clinical Pharmacy Coordinator	85,768.00		(85,768.00)	0.00
50418-Other	Licensed Practical Nurse	6,750.00		(6,750.00)	0.00
			RJE - 1	(6,750.00)	
50429-Other	Pharmacy Technician	115,406.00		(115,406.00)	0.00
50434-Other	QA/QI NURSE	39,986.00		(39,986.00)	0.00
50450-Other	Wellness Outreach Manager	(6,862.00)		6,862.00	0.00
			RJE - 1	6,862.00	
50600-Other	Admin Salaries & Wages	27,888.00		(27,888.00)	0.00
50606-Other	Dental Hygenist	(9,000.00)		9,000.00	0.00
50802-Other	Access to Care Outreach Worker	1,598.00		(1,598.00)	0.00
50804-Other	Accounting Clerk	9,205.00		(9,205.00)	0.00
50805-Other	Accounts Payable Clerk	52,554.00		(52,554.00)	0.00
50806-Other	Accounts Payable Coordinator	65,279.00		(65,279.00)	0.00
50807-Other	Administrative Assistant	41,143.00		(41,143.00)	0.00
50809-Other	Cafeteria Assistant	52,774.00		(52,774.00)	0.00
50811-Other	Call Center Customer Service Rep	254,643.00		(254,643.00)	0.00
50813-Other	Coding Specialist	53,455.00		(53,455.00)	0.00
50815-Other	Cook II	5,707.00		(5,707.00)	0.00
50816-Other	Credentialing Specialist I	55,012.00		(55,012.00)	0.00
50818-Other	EHR Support	53,097.00		(53,097.00)	0.00
50820-Other	EPM Administrator	86,413.00		(86,413.00)	0.00
50821-Other	Facilities Support Worker	24,524.00		(24,524.00)	0.00
50822-Other	Financial Analyst	143,851.00		(143,851.00)	0.00
50823-Other	Grant Writer	80,000.00		(80,000.00)	0.00
50826-Other	Health Information Mgmt Proc	35,792.00		(35,792.00)	0.00
50830-Other	Help Desk Associate	35,771.00		(35,771.00)	0.00
50831-Other	Human Resources Coordinator	57,571.00		(57,571.00)	0.00
50832-Other	Human Resources Generalist	16,594.00		(16,594.00)	0.00
50834-Other	Interactive Media and Design Specialist	(5,074.00)		5,074.00	0.00
			RJE - 1	5,074.00	
50835-Other	Marketing and Comm Proj Mgr	22,875.00		(22,875.00)	0.00
50837-Other	Medical Records Specialist	37,465.00		(37,465.00)	0.00
50840-Other	Patient Accounts Rep. Team Leader	2,307.00		(2,307.00)	0.00
50841-Other	Patient Accounts Representative	421,983.00		(421,983.00)	0.00
50842-Other	Patient Advocate	75,000.00		(75,000.00)	0.00
50845-Other	Payroll Supervisor	77,663.00		(77,663.00)	0.00
50852-Other	Referral Specialist	188,514.00		(188,514.00)	0.00
50854-Other	Release of Information Specialist	13,219.00		(13,219.00)	0.00
50856-Other	Senior Financial Analyst	207,120.00		(207,120.00)	0.00
50857-Other	Senior Human Resources Generalist	86,450.00		(86,450.00)	0.00
50858-Other	Senior Systems Administrator	238,925.00		(238,925.00)	0.00
50859-Other	Sous Chef	14,728.00		(14,728.00)	0.00
50860-Other	Training and Development Coordinator	49,799.00		(49,799.00)	0.00
50863-Other	Staffing Specialist	69,994.00		(69,994.00)	0.00
50864-Other	Patient Accounts Supervisor	59,693.00		(59,693.00)	0.00
50865-Other	Marketing Assistant	98,425.00		(98,425.00)	0.00
			RJE - 1	(98,425.00)	
50866-Other	Privacy Officer	100,000.00		(100,000.00)	0.00
50867-Other	Purchasing Agent	54,599.00		(54,599.00)	0.00
50869-Other	HIM Coordinator	50,934.00		(50,934.00)	0.00
50870-Other	HIM Lead Processor	52,125.00		(52,125.00)	0.00
50871-Other	Health Information Management Supervisor	50,154.00		(50,154.00)	0.00
50872-Other	Interactive Media and Design Specialist	24,057.00		(24,057.00)	0.00
51950-Other	Vacation Expense	30,785.00		(30,785.00)	0.00
Subtotal [1]	Office Salaries	6,831,261.00		780,462.00	7,611,723.00
Subgroup : [3]	Office Supplies				
53100-Dental	Office Supplies	5,848.00		0.00	5,848.00
53100-DHC	Office Supplies	41,078.00		0.00	41,078.00
53100-MH	Office Supplies	54,601.00		0.00	54,601.00
53100-Other	Office Supplies	45,328.00		0.00	45,328.00
57100-Dental	Printing Expense	1,416.00		0.00	1,416.00
57100-DHC	Printing Expense	1,532.00		0.00	1,532.00
57100-MH	Printing Expense	8,210.00		0.00	8,210.00
57100-Other	Printing Expense	43,072.00		0.00	43,072.00

57400-Other	Postage & Delivery	125,821.00	0.00	125,821.00
60800-Other	Freight & Courier	189.00	0.00	189.00
Subtotal [3]	Office Supplies	327,095.00	0.00	327,095.00
Subgroup : [4]				
58300-DHC	Legal Expenses	1,526.00	0.00	1,526.00
58300-Other	Legal Expenses	259,707.00	0.00	259,707.00
Subtotal [4]	Legal	261,233.00	0.00	261,233.00
Subgroup : [5]				
58200-Other	Accounting Services	119,964.00	0.00	119,964.00
Subtotal [5]	Accounting/audit	119,964.00	0.00	119,964.00
Subgroup : [6]				
59250-Other	Insurance Expense GÇö Umbrella Liability	10,503.00	0.00	10,503.00
59300-Other	Insurance Expense GÇö D & O	23,084.00	0.00	23,084.00
59350-Other	Insurance Expense - General Liability	97,339.00	0.00	97,339.00
59900-Other	Insurance Expense GÇö Other	164.00	0.00	164.00
Subtotal [6]	Insurance	131,070.00	0.00	131,070.00
Subgroup : [7]				
59100-Dental	Communications-Telephone Expense	18,135.00	0.00	18,135.00
59100-DHC	Communications-Telephone Expense	53,066.00	0.00	53,066.00
59100-MH	Communications-Telephone Expense	60,430.00	0.00	60,430.00
59100-Other	Communications-Telephone Expense	50,892.00	0.00	50,892.00
59130-Dental	Communications-Other	5,018.00	0.00	5,018.00
59130-DHC	Communications-Other	19,532.00	0.00	19,532.00
59130-MH	Communications-Other	13,339.00	0.00	13,339.00
59130-Other	Communications-Other	44,737.00	0.00	44,737.00
59150-Dental	Communications-Wireless	1,058.00	0.00	1,058.00
59150-DHC	Communications-Wireless	18,005.00	0.00	18,005.00
59150-MH	Communications-Wireless	3,288.00	0.00	3,288.00
59150-Other	Communications-Wireless	13,138.00	0.00	13,138.00
59180-DHC	Communications-Paging and Answering Service	388.00	0.00	388.00
59180-Other	Communications-Paging and Answering Service	30,915.00	0.00	30,915.00
Subtotal [7]	Telephone	331,941.00	0.00	331,941.00
Subgroup : [8]				
51100-Other	FICA Social Security	356,014.00	(356,014.00)	0.00
51101-Other	FICA Medicare	89,228.00	(89,228.00)	0.00
51200-Other	Health Insurance	497,017.00	(497,017.00)	0.00
51210-Other	HRA Expense	16,880.00	(16,880.00)	0.00
51300-Other	Life Insurance	20,696.00	(20,696.00)	0.00
51400-Other	Retirement Expenses	153,573.00	(153,573.00)	0.00
51450-Other	Pension Expense	3,741.00	(3,741.00)	0.00
51600-Other	State Unemployment Insurance	50,160.00	(50,160.00)	0.00
51700-Other	Workers Compensation	74,618.00	(74,618.00)	0.00
59200-DHC	Insurance Expense GÇö Medical	2,272.00	(2,272.00)	0.00
Marcum 118	A&G Benefits	0.00		
			RJE - 2	1,445,622.00
			RJE - 2	1,445,622.00
Subtotal [8]	Fringe Benefits and Payroll Taxes	1,264,199.00	181,423.00	1,445,622.00
Subgroup : [9]				
60710-Other	Interest Expense - Bonds	413,775.00	0.00	413,775.00
60720-Other	Interest Expense - Other	817.00	0.00	817.00
Subtotal [9]	Interest on Bonds / Working Capital	414,592.00	0.00	414,592.00
Subgroup : [10]				
55150-Other	Vehicle Expense	2,349.00	0.00	2,349.00
56100-Other	Travel GÇö Local Mileage Reimbursement	4,368.00	0.00	4,368.00
56200-DHC	Travel GÇö Out of State Mileage Reimbursement	318.00	0.00	318.00
56200-Other	Travel GÇö Out of State Mileage Reimbursement	469.00	0.00	469.00
56250-Other	Travel - Transportation	13,235.00	0.00	13,235.00
56300-Other	Travel GÇö Registration Fees	8,850.00	0.00	8,850.00
56350-DHC	Travel - Lodging and Board	1,924.00	0.00	1,924.00
56350-MH	Travel - Lodging and Board	6,703.00	0.00	6,703.00
56350-Other	Travel - Lodging and Board	24,980.00	0.00	24,980.00
56400-Dental	Travel/Training GÇö Provider CME	3,993.00	0.00	3,993.00
56400-DHC	Travel/Training GÇö Provider CME	28,719.00	0.00	28,719.00

56400-MH	Travel/Training GÇö Provider CME	43,736.00	0.00	43,736.00
56400-Other	Travel/Training GÇö Provider CME	559.00	0.00	559.00
56600-Dental	Employee Parking	7,174.00	0.00	7,174.00
56600-DHC	Employee Parking	6,412.00	0.00	6,412.00
56600-MH	Employee Parking	16.00	0.00	16.00
56600-Other	Employee Parking	1,050.00	0.00	1,050.00
Subtotal [10]	Transportation/Travel	154,855.00	0.00	154,855.00
Subgroup : [11]				
58400-Other	Contractual Labor	682,791.00	0.00	682,791.00
58500-Other	Contractual Labor	114,069.00	0.00	114,069.00
58510-Other	Contractual Services	164,925.00	0.00	164,925.00
58550-Other	Temporary Labor	51,165.00	0.00	51,165.00
58900-Other	Other - Labor	44.00	0.00	44.00
Subtotal [11]	Contractual Labor	1,012,994.00	0.00	1,012,994.00
Subgroup : [12]				
52700-Dental	IT Supplies	2,785.00	0.00	2,785.00
52700-DHC	IT Supplies	52,767.00	0.00	52,767.00
52700-MH	IT Supplies	43,522.00	0.00	43,522.00
52700-Other	IT Supplies	87,629.00	0.00	87,629.00
54000-Other	Claim Processing Fees	202,127.00	0.00	202,127.00
54600-Other	Software	9,561.00	0.00	9,561.00
55300-Other	Software & Related Licenses	132,697.00	0.00	132,697.00
Subtotal [12]	Computer/IT	531,088.00	0.00	531,088.00
Subgroup : [13]				
56900-DHC	Training GÇö Other	6,398.00	0.00	6,398.00
56900-MH	Training GÇö Other	9,257.00	0.00	9,257.00
56900-Other	Training GÇö Other	71,500.00	0.00	71,500.00
60300-DHC	Personnel Recruitment Expense	287.00	0.00	287.00
60300-MH	Personnel Recruitment Expense	1,719.00	0.00	1,719.00
60300-Other	Personnel Recruitment Expense	548,385.00	0.00	548,385.00
60350-Other	Human Resources/Payroll Processing	228,834.00	0.00	228,834.00
60360-DHC	Employee Relations	340.00	0.00	340.00
60360-MH	Employee Relations	2,730.00	0.00	2,730.00
60360-Other	Employee Relations	134,920.00	0.00	134,920.00
Subtotal [13]	HR/Training/Education	1,004,370.00	0.00	1,004,370.00
Subgroup : [14]				
60100-DHC	Dues & Subscriptions	2,863.00	0.00	2,863.00
60100-MH	Dues & Subscriptions	5,878.00	0.00	5,878.00
60100-Other	Dues & Subscriptions	46,387.00	0.00	46,387.00
60150-Other	Professional Licenses	2,091.00	0.00	2,091.00
Subtotal [14]	Dues/Subscriptions/Licenses	57,219.00	0.00	57,219.00
Subgroup : [15]				
60645-Other	Capital Campaign Expenses/Fundraising	3,500.00	0.00	3,500.00
60650-Dental	Advertising & Marketing Expense	59.00	0.00	59.00
60650-DHC	Advertising & Marketing Expense	486.00	0.00	486.00
60650-MH	Advertising & Marketing Expense	594.00	0.00	594.00
60650-Other	Advertising & Marketing Expense	51,586.00	0.00	51,586.00
60655-Other	Advertising & Marketing - Health Fair	12,467.00	0.00	12,467.00
60660-DHC	Promotional Items	4,806.00	0.00	4,806.00
60660-MH	Promotional Items	983.00	0.00	983.00
60660-Other	Promotional Items	9,972.00	0.00	9,972.00
60780-Other	Lobbying Expense	60,500.00	0.00	60,500.00
69100-Dental	Bad Debt Expense	0.00	52,290.00	52,290.00
69100-DHC	Bad Debt Expense	0.00	52,290.00	52,290.00
69100-MH	Bad Debt Expense	0.00	357,240.00	357,240.00
69100-Other	Bad Debt Expense	0.00	357,196.00	357,196.00
69100-Other	Bad Debt Expense	0.00	357,196.00	357,196.00
69100-Other	Bad Debt Expense	0.00	(87,340.00)	(87,340.00)
69100-Other	Bad Debt Expense	0.00	(87,340.00)	(87,340.00)
Subtotal [15]	Marketing/Lobbying/Bad Debt	144,953.00	679,386.00	824,339.00
Subgroup : [16]				
52100-Other	Medical Supplies	5,608.00	0.00	5,608.00
52200-Other	Dental Supplies	67.00	0.00	67.00

53320-Other	Other Pharmacy Contracts - COGS	9,979.00	0.00	9,979.00
53900-Other	Other Supplies	1,511.00	0.00	1,511.00
54450-Other	Furniture & Equipment Purchase	5,764.00	0.00	5,764.00
54500-Other	Furniture & Equipment Rental	12,641.00	0.00	12,641.00
57200-Other	Outreach Materials	2,250.00	0.00	2,250.00
59170-Dental	Cable Service	15,224.00	0.00	15,224.00
59170-DHC	Cable Service	45,579.00	0.00	45,579.00
59170-Other	Cable Service	15,466.00	0.00	15,466.00
60200-Other	Medical Waste & Refuse Removal	11,363.00	0.00	11,363.00
60370-Other	Employee Uniforms	10,613.00	0.00	10,613.00
60510-Other	Food Supplies and Chemicals	17,463.00	0.00	17,463.00
60600-Other	Outreach Expense	23,411.00	0.00	23,411.00
60750-Dental	Bank & Other Service Charges	751.00	0.00	751.00
60750-DHC	Bank & Other Service Charges	3,213.00	0.00	3,213.00
60750-MH	Bank & Other Service Charges	1,151.00	0.00	1,151.00
60750-Other	Bank & Other Service Charges	39,541.00	0.00	39,541.00
60770-Other	Departmental Initiatives	5,126.00	0.00	5,126.00
60900-Other	Miscellaneous Expenses	2,400.00	0.00	2,400.00
69999-Dental	Administrative Overhead	977,369.00	0.00	977,369.00
69999-DHC	Administrative Overhead	5,658,111.00	0.00	5,658,111.00
69999-MH	Administrative Overhead	5,564,165.00	0.00	5,564,165.00
69999-Other	Administrative Overhead	(12,198,497.00)	0.00	(12,198,497.00)
Subtotal [16]	Other Supplies	230,269.00	0.00	230,269.00
Total [FORM A - H]	Overhead - Administrative Cost	12,817,103.00	1,641,271.00	14,458,374.00
Group : [FORM E - A] FQHC Operating Revenue (Net of Bad Debt Reserve)				
Subgroup : [1 - I] Medicaid - Services Excluding Dental, Mental				
40000-DHC	Total Patient Service Revenue	(13,978,662.00)	13,978,662.00	0.00
40200-DHC	Medicaid	0.00	(9,870,180.00)	(9,870,180.00)
Subtotal [1 - I]	Medicaid - Services Excluding Dental, Mental	(13,978,662.00)	4,108,482.00	(9,870,180.00)
Subgroup : [1 - II] Medicaid - Dental				
40000-Dental	Total Patient Service Revenue	(2,503,511.00)	2,503,511.00	0.00
40200-Dental	Medicaid	0.00	(2,091,388.00)	(2,091,388.00)
Subtotal [1 - II]	Medicaid - Dental	(2,503,511.00)	412,123.00	(2,091,388.00)
Subgroup : [1 - III] Medicaid - Mental Health				
40000-MH	Total Patient Service Revenue	(23,800,668.00)	23,800,668.00	0.00
40200-MH	Medicaid	0.00	(21,366,335.00)	(21,366,335.00)
Subtotal [1 - III]	Medicaid - Mental Health	(23,800,668.00)	2,434,333.00	(21,366,335.00)
Subgroup : [1 - IV] Medicaid - Other				
40000-Other	Total Patient Service Revenue	(2,530,217.00)	2,530,217.00	0.00
40200-Other	Medicaid	0.00	(1,026,769.00)	(1,026,769.00)
Subtotal [1 - IV]	Medicaid - Other	(2,530,217.00)	1,503,448.00	(1,026,769.00)
Subgroup : [2 - I] Private - Services Excluding Dental, Mental				
40300-DHC	Commercial Insurance	0.00	(989,944.00)	(989,944.00)
Subtotal [2 - I]	Private - Services Excluding Dental, Mental	0.00	(989,944.00)	(989,944.00)
Subgroup : [2 - II] Private - Dental				
40300-Dental	Commercial Insurance	0.00	(237,232.00)	(237,232.00)
Subtotal [2 - II]	Private - Dental	0.00	(237,232.00)	(237,232.00)
Subgroup : [2 - III] Private - Mental Health				
40300-MH	Commercial Insurance	0.00	(947,063.00)	(947,063.00)
Subtotal [2 - III]	Private - Mental Health	0.00	(947,063.00)	(947,063.00)

Subgroup : [2 - IV]	Private - Other			
40300-Other	Commercial Insurance	0.00	(454,277.00)	(454,277.00)
			<u>(454,277.00)</u>	<u>(454,277.00)</u>
Subtotal [2 - IV]	Private - Other	0.00	<u>(454,277.00)</u>	<u>(454,277.00)</u>
Subgroup : [3 - I]	Medicare - Services Excluding Dental, Mental			
40100-DHC	Medicare	0.00	(3,208,251.00)	(3,208,251.00)
			<u>(3,208,251.00)</u>	<u>(3,208,251.00)</u>
Subtotal [3 - I]	Medicare - Services Excluding Dental, Mental	0.00	<u>(3,208,251.00)</u>	<u>(3,208,251.00)</u>
Subgroup : [3 - II]	Medicare - Dental			
40100-Dental	Medicare	0.00	38.00	38.00
			<u>38.00</u>	<u>38.00</u>
Subtotal [3 - II]	Medicare - Dental	0.00	<u>38.00</u>	<u>38.00</u>
Subgroup : [3 - III]	Medicare - Mental Health			
40100-MH	Medicare	0.00	(1,805,697.00)	(1,805,697.00)
			<u>(1,805,697.00)</u>	<u>(1,805,697.00)</u>
Subtotal [3 - III]	Medicare - Mental Health	0.00	<u>(1,805,697.00)</u>	<u>(1,805,697.00)</u>
Subgroup : [3 - IV]	Medicare - Other			
40100-Other	Medicare	0.00	(838,455.00)	(838,455.00)
			<u>(838,455.00)</u>	<u>(838,455.00)</u>
Subtotal [3 - IV]	Medicare - Other	0.00	<u>(838,455.00)</u>	<u>(838,455.00)</u>
Subgroup : [4 - I]	Self-Pay - Services Excluding Dental, Mental			
40350-DHC	Self - Pay	0.00	(267,527.00)	(267,527.00)
			<u>(267,527.00)</u>	<u>(267,527.00)</u>
Subtotal [4 - I]	Self-Pay - Services Excluding Dental, Mental	0.00	<u>(267,527.00)</u>	<u>(267,527.00)</u>
Subgroup : [4 - II]	Self-Pay - Dental			
40350-Dental	Self - Pay	0.00	(227,219.00)	(227,219.00)
			<u>(227,219.00)</u>	<u>(227,219.00)</u>
Subtotal [4 - II]	Self-Pay - Dental	0.00	<u>(227,219.00)</u>	<u>(227,219.00)</u>
Subgroup : [4 - III]	Self-Pay - Mental Health			
40350-MH	Self - Pay	0.00	(38,769.00)	(38,769.00)
			<u>(38,769.00)</u>	<u>(38,769.00)</u>
Subtotal [4 - III]	Self-Pay - Mental Health	0.00	<u>(38,769.00)</u>	<u>(38,769.00)</u>
Subgroup : [4 - IV]	Self-Pay - Other			
40350-Other	Self - Pay	0.00	(123,376.00)	(123,376.00)
			<u>(123,376.00)</u>	<u>(123,376.00)</u>
Subtotal [4 - IV]	Self-Pay - Other	0.00	<u>(123,376.00)</u>	<u>(123,376.00)</u>
Total [FORM E - A]	FQHC Operating Revenue (Net of Bad Debt Re	(42,813,058.00)	<u>(679,386.00)</u>	<u>(43,492,444.00)</u>
Group : [FORM E - B]	FQHC Other Revenue			
Subgroup : [2 - I]	Grants - Services Excluding Dental, Mental			
42100-DHC	Federal Grants	(5,530,469.00)	0.00	(5,530,469.00)
42200-DHC	State Grants	(1,087,513.00)	0.00	(1,087,513.00)
42300-DHC	City Grants	(41,963.00)	0.00	(41,963.00)
42400-DHC	Other Grants and Contracts	(97,756.00)	0.00	(97,756.00)
			<u>0.00</u>	<u>(97,756.00)</u>
Subtotal [2 - I]	Grants - Services Excluding Dental, Mental	<u>(6,757,701.00)</u>	<u>0.00</u>	<u>(6,757,701.00)</u>
Subgroup : [2 - II]	Grants - Dental			
42100-Dental	Federal Grants	(1,293,729.00)	0.00	(1,293,729.00)
42400-Dental	Other Grants and Contracts	(71,295.00)	0.00	(71,295.00)
			<u>0.00</u>	<u>(71,295.00)</u>
Subtotal [2 - II]	Grants - Dental	<u>(1,365,024.00)</u>	<u>0.00</u>	<u>(1,365,024.00)</u>
Subgroup : [2 - III]	Grants - Mental Health			
42100-MH	Federal Grants	(1,898,096.00)	0.00	(1,898,096.00)
42200-MH	State Grants	(932,870.00)	0.00	(932,870.00)
42400-MH	Other Grants and Contracts	(50,751.00)	0.00	(50,751.00)
			<u>0.00</u>	<u>(50,751.00)</u>
Subtotal [2 - III]	Grants - Mental Health	<u>(2,881,717.00)</u>	<u>0.00</u>	<u>(2,881,717.00)</u>
Subgroup : [2 - IV]	Grants - Other			
42100-Other	Federal Grants	(454,157.00)	0.00	(454,157.00)
42200-Other	State Grants	(284,791.00)	0.00	(284,791.00)
42400-Other	Other Grants and Contracts	15,831.00	0.00	15,831.00

Subtotal [2 - IV]	Grants - Other	<u>(723,117.00)</u>	<u>0.00</u>	<u>(723,117.00)</u>
Subgroup : [3 - IV]	Interest - Other			
45100-Other	Interest & Dividend Income	<u>(17,296.00)</u>	<u>0.00</u>	<u>(17,296.00)</u>
Subtotal [3 - IV]	Interest - Other	<u>(17,296.00)</u>	<u>0.00</u>	<u>(17,296.00)</u>
Subgroup : [4 - I]	Donations - Services Excluding Dental, Mental			
45200-DHC	Contributions	<u>(657.00)</u>	<u>0.00</u>	<u>(657.00)</u>
Subtotal [4 - I]	Donations - Services Excluding Dental, Mental	<u>(657.00)</u>	<u>0.00</u>	<u>(657.00)</u>
Subgroup : [4 - IV]	Donations - Other			
45200-Other	Contributions	<u>(20,094.00)</u>	<u>0.00</u>	<u>(20,094.00)</u>
45250-Other	Fundraising (Net of Expense)	<u>(14,927.00)</u>	<u>0.00</u>	<u>(14,927.00)</u>
Subtotal [4 - IV]	Donations - Other	<u>(35,021.00)</u>	<u>0.00</u>	<u>(35,021.00)</u>
Subgroup : [5 - III]	Rent - Mental Health			
45600-MH	Room & Board	<u>(87,779.00)</u>	<u>0.00</u>	<u>(87,779.00)</u>
Subtotal [5 - III]	Rent - Mental Health	<u>(87,779.00)</u>	<u>0.00</u>	<u>(87,779.00)</u>
Subgroup : [6 - III]	Catering - Mental Health			
46000-MH	Food Service - Catering	<u>(2,472.00)</u>	<u>0.00</u>	<u>(2,472.00)</u>
Subtotal [6 - III]	Catering - Mental Health	<u>(2,472.00)</u>	<u>0.00</u>	<u>(2,472.00)</u>
Subgroup : [6 - IV]	Catering - Other			
46000-Other	Food Service - Catering	<u>(112,569.00)</u>	<u>0.00</u>	<u>(112,569.00)</u>
Subtotal [6 - IV]	Catering - Other	<u>(112,569.00)</u>	<u>0.00</u>	<u>(112,569.00)</u>
Subgroup : [7 - I]	Contracts - Services Excluding Dental, Mental			
43600-DHC	Contract Services - Yale	<u>(31,150.00)</u>	<u>0.00</u>	<u>(31,150.00)</u>
Subtotal [7 - I]	Contracts - Services Excluding Dental, Mental	<u>(31,150.00)</u>	<u>0.00</u>	<u>(31,150.00)</u>
Subgroup : [8 - I]	Other - Services Excluding Dental, Mental			
45900-DHC	Other Income	<u>(9,000.00)</u>	<u>0.00</u>	<u>(9,000.00)</u>
46010-DHC	Women, Infants & Children Food Benefits	<u>(945,229.00)</u>	<u>0.00</u>	<u>(945,229.00)</u>
Subtotal [8 - I]	Other - Services Excluding Dental, Mental	<u>(954,229.00)</u>	<u>0.00</u>	<u>(954,229.00)</u>
Subgroup : [8 - III]	Other - Mental Health			
45900-MH	Other Income	<u>(10,404.00)</u>	<u>0.00</u>	<u>(10,404.00)</u>
Subtotal [8 - III]	Other - Mental Health	<u>(10,404.00)</u>	<u>0.00</u>	<u>(10,404.00)</u>
Subgroup : [8 - IV]	Other - Other			
45900-Other	Other Income	<u>(73,794.00)</u>	<u>0.00</u>	<u>(73,794.00)</u>
Subtotal [8 - IV]	Other - Other	<u>(73,794.00)</u>	<u>0.00</u>	<u>(73,794.00)</u>
Total [FORM E - B]	FQHC Other Revenue	<u>(13,052,930.00)</u>	<u>0.00</u>	<u>(13,052,930.00)</u>
Group : [FORM E - C]	Other Revenue			
Subgroup : [1 - I]	Other Revenue - Services Excluding Dental, Mental			
46020-DHC	Vaccines and Donated Materials	<u>(541,659.00)</u>	<u>0.00</u>	<u>(541,659.00)</u>
Subtotal [1 - I]	Other Revenue - Services Excluding Dental, Mental	<u>(541,659.00)</u>	<u>0.00</u>	<u>(541,659.00)</u>
Subgroup : [1 - IV]	Other Revenue - Other			
46650-Other	Unrealized Gain/Loss	<u>15,499.00</u>	<u>0.00</u>	<u>15,499.00</u>
47000-Other	Pharmacy-Walgreens Revenue	<u>(1,678,375.00)</u>	<u>0.00</u>	<u>(1,678,375.00)</u>
47100-Other	Pharmacy-Other Contract 340B Revenue	<u>(2,139.00)</u>	<u>0.00</u>	<u>(2,139.00)</u>
Subtotal [1 - IV]	Other Revenue - Other	<u>(1,665,015.00)</u>	<u>0.00</u>	<u>(1,665,015.00)</u>
Total [FORM E - C]	Other Revenue	<u>(2,206,674.00)</u>	<u>0.00</u>	<u>(2,206,674.00)</u>
	NET (INCOME) LOSS	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>
	Sum of Account Groups	<u>(950,173.00)</u>	<u>0.00</u>	<u>(950,173.00)</u>

Client: **Cornell Scott - Hill Health Corporation**
 Engagement: **FQHC - Cornell Scott - Hill Health Corporation**
 Period Ending: **6/30/2018**
 Trial Balance: **A.01 - TB**
 Workpaper: **H.01 - Combined Journal Entries Report -**

Account	Description	W/P Ref	Debit	Credit
Reclassifying Journal Entry				
Reclassifying Journal Entry JE # 1		101		
To reclass salaries appropriately				
50100-Dental	Direct Salaries & Wages		8,421.00	
50100-Other	Direct Salaries & Wages		7,611,723.00	
50417-DHC	Interim Dental Director		181.00	
50419-MH	Licensed Practical Nurse Per Diem		215.00	
50423-MH	NFN Home Visitor		659.00	
50450-Other	Wellness Outreach Manager		6,882.00	
50608-Dental	Dental Hygienist		312,413.00	
50608-Other	Dental Hygienist		9,000.00	
50607-Dental	Dentist		805,163.00	
50616-DHC	Physician		3,184,269.00	
50617-DHC	Physician Assistant		193,213.00	
50622-MH	Psychologist		76,067.00	
50834-Other	Interactive Media and Design Specialist		5,074.00	
Marcum 102	Direct Health Nursing Salaries		3,933,584.00	
Marcum 103	Direct Health Other Salaries		4,571,656.00	
Marcum 105	Other Dental Salaries		822,180.00	
Marcum 106	Mental Health Social Worker Salaries		1,724,298.00	
Marcum 107	Other Mental Health Salaries		10,080,375.00	
50100-DHC	Direct Salaries & Wages			8,421.00
50101-DHC	Chief			332,600.00
50101-MH	Chief			353,782.00
50101-Other	Chief			1,308,539.00
50102-Other	Chief of Information Technology			7,615.00
50107-Other	Coordinator Office of the Executive			81,780.00
50108-Other	Corporate Compliance Officer			100,000.00
50109-Dental	Director of Dental Services			150,683.00
50109-DHC	Director of Dental Services			47,117.00
50110-DHC	Executive Assistant I			28,423.00
50110-MH	Executive Assistant I			28,418.00
50110-Other	Executive Assistant I			66,328.00
50200-Dental	Direct Salaries & WagesGÇö Overtime			1,098.00
50200-DHC	Direct Salaries & WagesGÇö Overtime			54,518.00
50200-MH	Direct Salaries & WagesGÇö Overtime			112,187.00
50200-Other	Direct Salaries & WagesGÇö Overtime			56,405.00
50201-MH	Assistant Nurse Manager			45,298.00
50202-MH	Assistant Program Director I			492,588.00
50204-Other	Call Center Manager			64,808.00
50206-DHC	Director of Early Childhood			80,000.00
50208-Other	Director of Finance			124,605.00
50209-Other	Director of Grants Management			100,000.00
50212-Other	Director of Marketing & CR			114,800.00
50214-Other	Director of Patient Accounts			105,000.00
50215-DHC	Director of Purchasing			554.00
50215-Other	Director of Purchasing			157,810.00
50216-DHC	Executive Chef			27,187.00
50216-MH	Executive Chef			18,125.00
50216-Other	Executive Chef			27,187.00
50217-Other	Facilities and Life Safety Manager			1,920.00
50218-Other	Supervisor			38,400.00
50220-DHC	NFN Clinical Supervisor			60,000.00
50221-Dental	Office Manager			55,000.00
50222-MH	Operations Manager			89,751.00
50223-Other	Pharmacy Director			131,328.00
50224-DHC	Program Director II			103,749.00
50224-MH	Program Director II			258,254.00
50225-DHC	Site Manager			78,078.00
50227-DHC	WIC Site Manager			71,012.00
50228-Other	Director of Operations			143,800.00
50229-Other	Development Manager			69,975.00
50230-Other	HR Manager			93,660.00
50231-MH	Clinical Nurse Supervisor			94,893.00
50232-DHC	Medical Director of Quality and Operations			138,864.00
50232-Other	Medical Director of Quality and Operations			63,938.00
50233-DHC	Director of Care Coordination			46,029.00
50233-Other	Director of Care Coordination			44,021.00
50234-DHC	Director of Wellness Education			114,660.00
50235-DHC	Assistant Manager of Care Coordination			83,850.00
50300-Dental	Direct Salaries & WagesGÇö Bonuses			11,179.00
50300-DHC	Direct Salaries & WagesGÇö Bonuses			112,347.00
50300-MH	Direct Salaries & WagesGÇö Bonuses			130,842.00
50300-Other	Direct Salaries & WagesGÇö Bonuses			285,831.00

50401-DHC	Care Coordinator	231,855.00
50401-MH	Care Coordinator	123,396.00
50401-Other	Care Coordinator	3,768.00
50402-DHC	Case Manager	256,692.00
50402-MH	Case Manager	355,983.00
50403-DHC	Clinical Case Coordinator	5,713.00
50403-MH	Clinical Case Coordinator	48,089.00
50404-MH	Clinical Pharmacist	8,565.00
50404-Other	Clinical Pharmacist	253,484.00
50405-DHC	Clinical Pharmacy Coordinator	29,575.00
50405-MH	Clinical Pharmacy Coordinator	2,958.00
50405-Other	Clinical Pharmacy Coordinator	85,768.00
50407-DHC	Community Health Worker	81,853.00
50408-Dental	Dental Assistant	396,293.00
50409-MH	Detox Technician	490,802.00
50411-DHC	Diabetes Educator	45,715.00
50412-DHC	Early Intervention Associate	41,695.00
50413-DHC	Early Intervention Associate II	48,206.00
50416-DHC	Infectious Disease Nurse	77,691.00
50417-Dental	Interim Dental Director	181.00
50418-DHC	Licensed Practical Nurse	610,943.00
50418-MH	Licensed Practical Nurse	667,180.00
50419-Other	Licensed Practical Nurse	6,760.00
50420-DHC	Medical Assistant	843,706.00
50420-MH	Medical Assistant	95,143.00
50421-DHC	Neurologist	1,500.00
50423-DHC	NFN Home Visitor	32,976.00
50424-DHC	Nurse Educator	1,575.00
50425-DHC	Nurse Manager	60,385.00
50426-DHC	Nurse Team Leader	61,165.00
50427-DHC	Ophthalmic Technician	42,739.00
50428-DHC	Ophthalmology Assistant	57,646.00
50429-Other	Pharmacy Technician	115,406.00
50430-Dental	Practice Administrator	62,748.00
50430-DHC	Practice Administrator	393,684.00
50430-MH	Practice Administrator	20,019.00
50431-DHC	Practice Manager I	19,740.00
50431-MH	Practice Manager I	170,798.00
50432-MH	Practice Manager II	74,256.00
50434-DHC	QA/QI NURSE	26,896.00
50434-Other	QA/QI NURSE	39,986.00
50435-DHC	Registered Nurse	968,834.00
50435-MH	Registered Nurse	462,852.00
50436-MH	Registered Nurse II	18,461.00
50437-MH	Rehabilitation Coordinator	34,364.00
50438-MH	Residential Aide	289,869.00
50440-DHC	Resource Specialist	14,617.00
50442-DHC	Senior Care Coordinator Assistant	39,529.00
50444-MH	Senior Detox Technician	39,191.00
50445-DHC	Special Education Teacher	62,000.00
50447-DHC	WIC Site Nutritionist	77,954.00
50448-Dental	Lead Dental Assistant	50,051.00
50449-DHC	Millieu Counselor Shift Supervisor	69,345.00
50449-MH	Millieu Counselor Shift Supervisor	43,680.00
50450-DHC	Wellness Outreach Manager	17,726.00
50453-DHC	Complex Care Manager Social Workers	86,493.00
50600-Other	Admin Salaries & Wages	27,868.00
50601-DHC	APRN	1,925,268.00
50601-MH	APRN	240,188.00
50603-MH	Assistant Program Director II	187,025.00
50604-MH	Clinician I	25,897.00
50605-DHC	Clinician II	3,424.00
50605-MH	Clinician II	3,817,050.00
50606-Dental	Dental Hygienist	280,575.00
50606-DHC	Dental Hygienist	34,849.00
50609-MH	Dental Hygienist	611.00
50607-Dental	Dentist	686,805.00
50608-DHC	Director of Pediatrics	144,475.00
50611-DHC	Medical Director	98,748.00
50611-MH	Medical Director	474,033.00
50612-DHC	Nurse Midwife	171,225.00
50613-DHC	Occupational Therapist	72,141.00
50614-DHC	Pediatrician	202,641.00
50616-DHC	Physician	1,969,703.00
50617-DHC	Physician Assistant	189,152.00
50618-DHC	Podiatrist	215,282.00
50619-MH	Program Director I	341,510.00
50620-MH	Psychiatric APRN	416,222.00
50621-MH	Psychiatrist	416,851.00
50622-MH	Psychologist	77,692.00
50623-DHC	Registered Dietitian	61,800.00
50624-MH	Senior Clinician	785,921.00

50529-MH	Senior Medical Provider	3,510.00
50527-DHC	Speech Language Pathologist	109,722.00
50528-MH	Substance Abuse Counselor	115,450.00
50529-DHC	Perinatal Program Manager	12,201.00
50501-DHC	Access To Care Manager	51,000.00
50502-DHC	Access to Care Outreach Worker	93,210.00
50502-Other	Access to Care Outreach Worker	1,598.00
50504-Other	Accounting Clerk	9,205.00
50505-Other	Accounts Payable Clerk	52,554.00
50509-Other	Accounts Payable Coordinator	65,279.00
50507-DHC	Administrative Assistant	41,162.00
50507-MH	Administrative Assistant	534,492.00
50507-Other	Administrative Assistant	41,143.00
50509-Other	Cafeteria Assistant	52,774.00
50510-Dental	Call Center Clerk	10,836.00
50511-MH	Call Center Customer Service Rep	4,257.00
50511-Other	Call Center Customer Service Rep	254,643.00
50513-Other	Coding Specialist	53,455.00
50515-DHC	Cook II	17,139.00
50516-MH	Cook II	11,420.00
50515-Other	Cook II	5,707.00
50516-Other	Credentialing Specialist I	55,012.00
50517-DHC	Program Manager	1,835.00
50518-Other	EHR Support	53,087.00
50520-Other	EPM Administrator	86,413.00
50521-Other	Facilities Support Worker	24,524.00
50522-Other	Financial Analyst	143,851.00
50523-Other	Grant Writer	80,000.00
50525-Dental	Health Educator	41,600.00
50525-DHC	Health Educator	124,333.00
50525-MH	Health Educator	20,806.00
50526-Other	Health Information Mgmt Proc	35,792.00
50530-Other	Help Desk Associate	35,774.00
50531-Other	Human Resources Coordinator	57,571.00
50532-Other	Human Resources Generalist	18,584.00
50533-DHC	HUSKY Liaison	48,120.00
50535-Other	Marketing and Comm Proj Mgr	22,875.00
50537-Other	Medical Records Specialist	37,485.00
50538-DHC	Office Manager School Based Clinic	20,252.00
50538-MH	Office Manager School Based Clinic	22,553.00
50540-Other	Patient Accounts Rep. Team Leader	2,307.00
50541-MH	Patient Accounts Representative	41,647.00
50541-Other	Patient Accounts Representative	421,893.00
50542-Other	Patient Advocate	75,000.00
50543-Dental	Patient Registrar	157,194.00
50543-DHC	Patient Registrar	465,524.00
50543-MH	Patient Registrar	3,838.00
50544-DHC	Patient Registration Team Leader	189,015.00
50545-Other	Payroll Supervisor	77,663.00
50546-DHC	Practice Coordinator	60,931.00
50547-DHC	Program Coordinator	71,560.00
50547-MH	Program Coordinator	94,823.00
50550-DHC	Receptionist	47,139.00
50550-MH	Receptionist	22,898.00
50552-DHC	Referral Specialist	38,749.00
50552-MH	Referral Specialist	42,495.00
50552-Other	Referral Specialist	188,514.00
50554-Other	Release of Information Specialist	13,219.00
50555-Dental	Secretary/Receptionist	35,929.00
50555-MH	Secretary/Receptionist	34,185.00
50556-Other	Senior Financial Analyst	207,120.00
50557-Other	Senior Human Resources Generalist	85,450.00
50559-Other	Senior Systems Administrator	238,925.00
50559-DHC	Sous Chef	44,248.00
50559-MH	Sous Chef	28,484.00
50559-Other	Sous Chef	14,728.00
50560-DHC	Training and Development Coordinator	32,050.00
50560-Other	Training and Development Coordinator	49,793.00
50562-DHC	W/C Clerk	89,394.00
50563-Other	Staffing Specialist	69,894.00
50564-Other	Patient Accounts Supervisor	59,693.00
50565-DHC	Marketing Assistant	11,631.00
50565-Other	Marketing Assistant	98,425.00
50565-Other	Privacy Officer	100,000.00
50567-Other	Purchasing Agent	54,589.00
50568-DHC	Senior Administrative Assistant	50,827.00
50569-Other	HIM Coordinator	50,934.00
50570-Other	HIM Lead Processor	52,125.00
50571-Other	Health Information Management Supervisor	50,154.00
50572-Other	Interactive Media and Design Specialist	24,067.00
50574-DHC	Employment Specialist	8,064.00
50575-MH	Resource Counselor	687.00

51950-Dental	Vacation Expense		10,469.00
51950-DHC	Vacation Expense		4,283.00
51950-MH	Vacation Expense		10,303.00
51950-Other	Vacation Expense		30,785.00
50100-MH	Direct Salaries & Wages		
50100-Other	Direct Salaries & Wages		
50111-DHC	Executive Assistant II		
60111-MH	Executive Assistant II		
50207-Other	Director of Facilities		
50211-Other	Director of Information Technology		
50220-MH	NFN Clinical Supervisor		
50222-Other	Operations Manager		
50226-MH	Utilization Review Manager		
50808-Other	Billing Coordinator		
Total		<u>33,425,252.00</u>	<u>33,425,252.00</u>

Reclassifying Journal Entry JE # 2
To reclass benefits based on percent to total of salaries

H.02

Marcum 108	Physician Asst. Benefits	36,695.00	
Marcum 109	Nurses' Benefits	747,068.00	
Marcum 110	Other Direct Health Benefits	868,232.00	
Marcum 111	Dental Hygienist Benefits	59,334.00	
Marcum 112	Other Dental Benefits	165,149.00	
Marcum 113	Social Worker Benefits	327,480.00	
Marcum 114	Other Mental Health Benefits	1,914,470.00	
Marcum 115	Physician Benefits	600,960.00	
Marcum 116	Dentist Benefits	171,909.00	
Marcum 117	Psychologist Benefits	14,447.00	
Marcum 118	A&G Benefits	1,445,622.00	
51100-Dental	FICA Social Security		106,017.00
51100-DHC	FICA Social Security		689,146.00
51100-MH	FICA Social Security		682,990.00
51100-Other	FICA Social Security		358,014.00
51101-Dental	FICA Medicare		26,775.00
51101-DHC	FICA Medicare		173,821.00
51101-MH	FICA Medicare		172,357.00
51101-Other	FICA Medicare		89,228.00
51200-Dental	Health Insurance		148,796.00
51200-DHC	Health Insurance		951,446.00
51200-MH	Health Insurance		944,787.00
51200-Other	Health Insurance		497,017.00
51210-Dental	HRA Expense	592.00	
51210-DHC	HRA Expense	3,780.00	
51210-MH	HRA Expense	3,826.00	
51210-Other	HRA Expense	16,890.00	
51300-Dental	Life Insurance	6,180.00	
51300-DHC	Life Insurance	39,422.00	
51300-MH	Life Insurance	39,204.00	
51300-Other	Life Insurance	20,695.00	
51400-Dental	Retirement Expenses	40,554.00	
51400-DHC	Retirement Expenses	260,744.00	
51400-MH	Retirement Expenses	258,858.00	
51400-Other	Retirement Expenses	153,673.00	
51450-Dental	Pension Expense	1,147.00	
51450-DHC	Pension Expense	7,114.00	
51450-MH	Pension Expense	7,069.00	
51450-Other	Pension Expense	3,741.00	
51600-Dental	State Unemployment Insurance	15,047.00	
51600-DHC	State Unemployment Insurance	95,645.00	
51600-MH	State Unemployment Insurance	95,059.00	
51600-Other	State Unemployment Insurance	50,160.00	
51700-Dental	Workers Compensation	22,000.00	
51700-DHC	Workers Compensation	143,099.00	
51700-MH	Workers Compensation	142,682.00	
51700-Other	Workers Compensation	74,818.00	
59200-DHC	Insurance Expense GCO Medical		2,272.00
51900-Other	Fringe Benefits GCO Other		
59200-Other	Insurance Expense GCO Medical		
Total		<u>6,342,366.00</u>	<u>6,342,366.00</u>

Reclassifying Journal Entry JE # 3
Reclass revenue by payor

H.03

40000-Dental	Total Patient Service Revenue	2,503,511.00	
40000-DHC	Total Patient Service Revenue	13,978,562.00	
40000-MH	Total Patient Service Revenue	23,800,688.00	
40000-Other	Total Patient Service Revenue	2,530,217.00	
40100-Dental	Medicare	38.00	
69100-Dental	Bad Debt Expense	52,290.00	
69100-DHC	Bad Debt Expense	357,240.00	
69100-MH	Bad Debt Expense	357,196.00	
40100-DHC	Medicare		3,208,251.00
40100-MH	Medicare		1,805,687.00

			838,455.00
40100-Other	Medicare		2,081,388.00
40200-Dental	Medicaid		9,870,180.00
40200-DHC	Medicaid		21,356,335.00
40200-MH	Medicaid		1,026,769.00
40200-Other	Medicaid		237,232.00
40300-Dental	Commercial Insurance		989,944.00
40300-DHC	Commercial Insurance		947,063.00
40300-MH	Commercial Insurance		454,277.00
40300-Other	Commercial Insurance		227,219.00
40350-Dental	Self - Pay		267,527.00
40350-DHC	Self - Pay		38,769.00
40350-MH	Self - Pay		123,376.00
40350-Other	Self - Pay		87,340.00
69100-Other	Bad Debt Expense		43,579,822.00
Total		<u>43,579,822.00</u>	<u>43,579,822.00</u>
		<u>83,347,440.00</u>	<u>83,347,440.00</u>
	Total Reclassifying Journal Entry	<u>83,347,440.00</u>	<u>83,347,440.00</u>
	Total All Journal Entries	<u>83,347,440.00</u>	<u>83,347,440.00</u>

CORNELL SCOTT - HILL HEALTH CORPORATION

FINANCIAL STATEMENTS

FOR THE YEARS ENDED JUNE 30, 2018 AND 2017

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, 2018 and 2017, 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 policies 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, 2018 and 2017 and the changes in its 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 our report dated November 29, 2018 on our consideration of Cornell Scott - Hill Health Corporation's internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements and other matters. The purpose of that report is solely 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 effectiveness of Cornell Scott-Hill Health Corporation's 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.

Marcum LLP

Hartford, CT
November 29, 2018

CORNELL SCOTT - HILL HEALTH CORPORATION

STATEMENTS OF FINANCIAL POSITION

JUNE 30, 2018 AND 2017

	2018	2017
Assets		
Current Assets		
Cash and cash equivalents	\$ 9,463,888	\$ 6,949,179
Investments	162,052	176,436
Receivables		
Grants and contracts	893,399	1,213,093
Patient fees, less allowance for uncollectible accounts	1,455,298	1,590,450
Other receivables	352,692	296,000
Prepaid expenses and other assets	546,370	265,604
Pharmaceutical inventory	170,474	148,130
Total Current Assets	<u>13,044,173</u>	<u>10,638,892</u>
Property and Equipment - net	<u>14,564,578</u>	<u>14,880,347</u>
Other Non-Current Assets		
Restricted cash	657,256	654,292
Investment in Community Health Network	83,333	83,333
Other assets	42,543	48,476
Total Other Non-Current Assets	<u>783,132</u>	<u>786,101</u>
Total Assets	<u>\$ 28,391,883</u>	<u>\$ 26,305,340</u>

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

CORNELL SCOTT - HILL HEALTH CORPORATION**STATEMENTS OF FINANCIAL POSITION (CONTINUED)****JUNE 30, 2018 AND 2017**

	<u>2018</u>	<u>2017</u>
Liabilities and Net Assets		
Current Liabilities		
Accounts payable	\$ 1,682,464	\$ 2,242,391
Accrued expenses	4,270,289	3,858,520
Current maturities of long-term debt and capital leases	257,366	262,687
Deferred grants and other revenues	<u>2,948,712</u>	<u>1,412,064</u>
Total Current Liabilities	<u>9,158,831</u>	<u>7,775,662</u>
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	<u>5,505,491</u>	<u>5,752,301</u>
Total Non-Current Liabilities	<u>6,335,491</u>	<u>6,582,301</u>
Total Liabilities	15,494,322	14,357,963
Net Assets	<u>12,897,561</u>	<u>11,947,377</u>
Total Liabilities and Net Assets	<u>\$ 28,391,883</u>	<u>\$ 26,305,340</u>

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

CORNELL SCOTT - HILL HEALTH CORPORATION

STATEMENTS OF ACTIVITIES

FOR THE YEARS ENDED JUNE 30, 2018 AND 2017

	2018	2017
Revenues		
Patient service revenue	\$ 43,309,254	\$ 42,293,923
Provision for uncollectible accounts	<u>(631,380)</u>	<u>(653,868)</u>
Net patient service revenue after provision for uncollectible accounts	<u>42,677,874</u>	<u>41,640,055</u>
Grants and contracts	11,877,494	11,164,917
Women, infants and children food benefits	945,230	908,412
Vaccines and donated pharmaceuticals	541,659	397,974
Contract revenue	1,695,764	1,383,906
Other	<u>348,992</u>	<u>390,394</u>
Total Revenues	<u>58,087,013</u>	<u>55,885,658</u>
Expenses		
Salaries and related expenses	39,002,099	36,615,558
Pharmaceutical and other supplies	2,792,818	2,962,739
Contracted services	2,777,306	2,704,023
Repairs and maintenance expense	1,629,240	1,924,577
Depreciation	1,706,915	1,704,159
Service and maintenance agreements	1,391,352	1,373,173
Occupancy	1,111,262	1,015,197
Office supplies and other	599,756	932,887
Advertising and recruiting	996,841	918,466
Women, infants and children food benefits	945,230	908,412
Retirement plan expense	732,829	690,578
Patient food and laundry	658,027	632,628
Professional expenses	381,196	469,631
Interest	425,147	439,024
Communication	465,514	412,723
Vaccines and donated pharmaceuticals	541,659	397,974
Payroll processing fees and employee relations	406,313	313,219
Insurance	270,968	271,036
Transportation	186,350	214,970
Books, subscriptions and licenses	<u>100,508</u>	<u>71,187</u>
Total Expenses	<u>57,121,330</u>	<u>54,972,161</u>
Income from Operations	<u>965,683</u>	<u>913,497</u>
Non-operating Income (Expense)		
Net unrealized (loss) gain on investments	<u>(15,499)</u>	<u>24,352</u>
Total Non-operating Income (Expense)	<u>(15,499)</u>	<u>24,352</u>
Change in Net Assets	950,184	937,849
Net Assets - Beginning	<u>11,947,377</u>	<u>11,009,528</u>
Net Assets - Ending	<u>\$ 12,897,561</u>	<u>\$ 11,947,377</u>

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

CORNELL SCOTT - HILL HEALTH CORPORATION

STATEMENTS OF CASH FLOWS

FOR THE YEARS ENDED JUNE 30, 2018 AND 2017

	2018	2017
Cash Flows from Operating Activities		
Change in net assets	\$ 950,184	\$ 937,849
Adjustments to reconcile change in net asset to net cash provided by operating activities:		
Provision for uncollectible accounts	631,380	653,868
Depreciation	1,706,915	1,704,159
Amortization of deferred financing fees	10,555	10,403
Net unrealized loss (gain) on investments	15,499	(24,352)
Changes in assets and liabilities:		
Grants and contracts receivable	319,694	(705,575)
Patient fees receivable	(496,228)	(207,709)
Other receivables	(56,692)	76,332
Prepaid expenses and other assets	(280,766)	(28,099)
Pharmaceutical inventory	(22,344)	(9,495)
Other assets	5,933	(15,084)
Accounts payable	(559,927)	923,952
Accrued expenses	411,769	483,736
Deferred grant and other revenue	1,536,648	213,016
Net Cash Provided by Operating Activities	<u>4,172,620</u>	<u>4,013,001</u>
Cash Flows from Investing Activities		
Purchase of property and equipment	(1,392,261)	(1,853,119)
Net Cash Used in Investing Activities	<u>(1,392,261)</u>	<u>(1,853,119)</u>
Cash Flows from Financing Activities		
Restricted cash	(2,964)	(666)
Principal payments on long-term debt and capital leases	(262,686)	(369,192)
Net Cash Used in Financing Activities	<u>(265,650)</u>	<u>(369,858)</u>
Net Change in Cash and Cash Equivalents	2,514,709	1,790,024
Cash and Cash Equivalents - Beginning of year	<u>6,949,179</u>	<u>5,159,155</u>
Cash and Cash Equivalents - End of year	<u>\$ 9,463,888</u>	<u>\$ 6,949,179</u>
Supplemental Disclosure of Cash Flow Information		
Cash paid for interest	<u>\$ 414,592</u>	<u>\$ 432,034</u>

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

CORNELL SCOTT - HILL HEALTH CORPORATION

NOTES TO FINANCIAL STATEMENTS

FOR THE YEARS ENDED JUNE 30, 2018 AND 2017

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:

Unrestricted – Unrestricted net assets represent available resources other than donor-restricted contributions.

CORNELL SCOTT - HILL HEALTH CORPORATION

NOTES TO FINANCIAL STATEMENTS

FOR THE YEARS ENDED JUNE 30, 2018 AND 2017

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

NET ASSETS (CONTINUED)

Temporarily Restricted – 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, 2018 and 2017.

Permanently Restricted – 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, 2018 and 2017.

PERFORMANCE INDICATOR

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

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, 2018 and 2017, the allowance for uncollectible accounts was \$1,024,926 and \$2,833,364, respectively.

CORNELL SCOTT - HILL HEALTH CORPORATION

NOTES TO FINANCIAL STATEMENTS

FOR THE YEARS ENDED JUNE 30, 2018 AND 2017

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

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 of assets with 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 accumulated depreciation of assets retired or disposed of are removed from the 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.

Fair value is determined based on undiscounted cash flows or appraised values, depending on the nature of the assets. As of June 30, 2018 and 2017, 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 \$312,103 are netted against long term debt and capital leases on the accompanying statement of financial position. Accumulated amortization for the year ended June 30, 2018 and 2017 was \$127,594 and \$117,039, respectively. Amortization expense for each of the years ended June 30, 2018 and 2017 was \$10,555 and \$10,403, respectively and is included within interest on the accompanying statements of activities and changes in net assets.

CORNELL SCOTT - HILL HEALTH CORPORATION

NOTES TO FINANCIAL STATEMENTS

FOR THE YEARS ENDED JUNE 30, 2018 AND 2017

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

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) is 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).

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 5 for additional information relative to net patient service revenue recognition and third-party payer programs.

CORNELL SCOTT - HILL HEALTH CORPORATION

NOTES TO FINANCIAL STATEMENTS

FOR THE YEARS ENDED JUNE 30, 2018 AND 2017

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

REVENUE RECOGNITION (CONTINUED)

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).

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.

CORNELL SCOTT - HILL HEALTH CORPORATION

NOTES TO FINANCIAL STATEMENTS

FOR THE YEARS ENDED JUNE 30, 2018 AND 2017

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

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 \$86,245 and \$189,316 as an insurance recoverable and claims payable as of June 30, 2018 and 2017, respectively, which are included within prepaid expenses and other assets and 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, 2018 and 2017, 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.

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 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.

CORNELL SCOTT - HILL HEALTH CORPORATION

NOTES TO FINANCIAL STATEMENTS

FOR THE YEARS ENDED JUNE 30, 2018 AND 2017

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

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, 2018 and 2017 amounted to \$65,192 and \$74,493, 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, 2018 and 2017, the value of vaccines recognized was \$541,659 and \$397,974, 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, 2018 and 2017, the food benefits were \$945,230 and \$908,412, respectively.

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.

CORNELL SCOTT - HILL HEALTH CORPORATION

NOTES TO FINANCIAL STATEMENTS

FOR THE YEARS ENDED JUNE 30, 2018 AND 2017

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, 2018 and 2017 is as follows:

	2018		2017	
Medicare	\$ 658,341	27 %	\$ 575,945	13 %
Medicaid	1,267,869	51 %	1,014,962	23 %
Other third party	152,899	6 %	1,525,713	34 %
Self-pay	<u>401,115</u>	<u>16 %</u>	<u>1,307,194</u>	<u>30 %</u>
	2,480,224	<u>100 %</u>	4,423,814	<u>100 %</u>
Less allowance for uncollectible accounts	<u>(1,024,926)</u>		<u>(2,833,364)</u>	
	<u>\$ 1,455,298</u>		<u>\$ 1,590,450</u>	

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 for these balances.

Grants and contracts receivable at June 30, 2018 and 2017 are as follows:

	2018		2017	
Federal	\$ 218,301		\$ 785,372	
State	491,265		344,095	
Local and Foundations	<u>183,833</u>		<u>83,626</u>	
	<u>\$ 893,399</u>		<u>\$ 1,213,093</u>	

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.

CORNELL SCOTT - HILL HEALTH CORPORATION

NOTES TO FINANCIAL STATEMENTS

FOR THE YEARS ENDED JUNE 30, 2018 AND 2017

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, 2018 and 2017, is as follows:

	2018	2017
Medicare	\$ 5,852,365	\$ 4,637,402
Medicaid	33,823,430	33,607,532
Other third party	2,977,692	3,215,258
Self-pay	655,767	833,731
	<u>\$ 43,309,254</u>	<u>\$ 42,293,923</u>

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.

CORNELL SCOTT - HILL HEALTH CORPORATION

NOTES TO FINANCIAL STATEMENTS

FOR THE YEARS ENDED JUNE 30, 2018 AND 2017

NOTE 6 - FAIR VALUE MEASUREMENTS (CONTINUED)

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, 2018 and 2017.

- 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.

The following table summarizes fair value measurements, by level, at June 30, 2018 and 2017:

June 30, 2018	Fair Value Measurements		
	Total	(Level 1)	(Level 3)
Common stock	\$ 162,052	\$ 162,052	\$ --
Investment in CHN	83,333	--	83,333
Total	\$ 245,385	\$ 162,052	\$ 83,333
June 30, 2017	Total	(Level 1)	(Level 3)
Common stock	\$ 176,436	\$ 176,436	\$ --
Investment in CHN	83,333	--	83,333
Total	\$ 259,769	\$ 176,436	\$ 83,333

CORNELL SCOTT - HILL HEALTH CORPORATION

NOTES TO FINANCIAL STATEMENTS

FOR THE YEARS ENDED JUNE 30, 2018 AND 2017

NOTE 7 - PROPERTY AND EQUIPMENT

Property and equipment consisted of the following as of June 30, 2018 and 2017:

	2018	2017
Land	\$ 2,098,028	\$ 2,098,028
Buildings and improvements	25,890,174	24,724,289
Furniture and equipment	11,813,007	11,224,029
Construction in progress	<u>747,234</u>	<u>1,110,951</u>
	40,548,443	39,157,297
Less accumulated depreciation	<u>(25,983,865)</u>	<u>(24,276,950)</u>
Property and equipment, net	<u>\$ 14,564,578</u>	<u>\$ 14,880,347</u>

The depreciation charged to operations for the years ended June 30, 2018 and 2017 was \$1,706,915 and \$1,704,159, respectively. Construction in progress include costs incurred through June 30, 2018 and 2017 for ongoing renovations for medical facilities and expansion of existing locations.

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, 2018 and 2017 totaled \$713,739 and \$669,703, 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, 2018 and 2017.

CORNELL SCOTT - HILL HEALTH CORPORATION

NOTES TO FINANCIAL STATEMENTS

FOR THE YEARS ENDED JUNE 30, 2018 AND 2017

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, 2018 and 2017. The line of credit is in effect until December 26, 2018. Interest accrues at the lender's prime rate (5.0% and 4.0% at June 30, 2018 and 2017, 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% at June 30, 2018 and 2017, respectively, 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.

The Bonds are secured by certain assets of the Corporation. The outstanding balance as of June 30, 2018 and 2017 was \$5,945,000 and \$6,180,000, 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.

Subsequent to June 30, 2018, the Corporation refinanced its bonds as further described in Note 14.

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, 2018 and 2017, the outstanding balances due on these leases was \$2,366 and \$30,053, respectively.

CORNELL SCOTT - HILL HEALTH CORPORATION

NOTES TO FINANCIAL STATEMENTS

FOR THE YEARS ENDED JUNE 30, 2018 AND 2017

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

A summary of scheduled future aggregate principal payments on long-term debt and capital lease obligations at June 30, 2018 is as follows:

	Series 2006 Bonds	Capital Leases		Total
2019	\$ 255,000	\$ 2,366	\$	257,366
2020	270,000	--		270,000
2021	285,000	--		285,000
2022	305,000	--		305,000
2023	220,000	--		220,000
Thereafter	4,610,000	--		4,610,000
	5,945,000	2,366		5,947,366
Less current portion	(255,000)	(2,366)		(257,366)
	5,690,000	--		5,690,000
Less debt issuance costs	184,509	--		184,509
	\$ 5,505,491	\$ --	\$	5,505,491

A summary of restricted cash balances is as follows:

	2018	2017
Restricted for interest payment	\$ 3,656	\$ 692
Restricted for repayment of principal	653,600	653,600
	\$ 657,256	\$ 654,292

CORNELL SCOTT - HILL HEALTH CORPORATION

NOTES TO FINANCIAL STATEMENTS

FOR THE YEARS ENDED JUNE 30, 2018 AND 2017

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

OPERATING LEASES

The Corporation is committed under noncancellable operating leases for occupancy expiring through 2038. Future minimum lease payments under noncancellable operating leases as of June 30, 2018 is as follows:

2019	\$ 586,361
2020	573,201
2021	473,003
2022	484,538
2023	366,354
Thereafter	<u>4,934,003</u>
	<u>\$ 7,417,460</u>

Occupancy rental expense for noncancellable operating leases for the years ended June 30, 2018 and 2017 was \$503,924 and \$414,663, respectively.

The Corporation also leases certain equipment under operating leases expiring through 2021. Future minimum lease payments under these leases for the year ending June 30 is as follows:

2019	\$ 180,648
2020	123,092
2021	<u>48,008</u>
	<u>\$ 655,488</u>

Equipment rental expense for the years ended June 30, 2018 and 2017 was \$181,645 and \$115,837, respectively.

CORNELL SCOTT - HILL HEALTH CORPORATION

NOTES TO FINANCIAL STATEMENTS

FOR THE YEARS ENDED JUNE 30, 2018 AND 2017

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, 2018 and 2017 and represents estimated recoupments for services already rendered.

CORNELL SCOTT - HILL HEALTH CORPORATION

NOTES TO FINANCIAL STATEMENTS

FOR THE YEARS ENDED JUNE 30, 2018 AND 2017

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:

	2018	2017
Program expenses	\$ 43,891,024	\$ 42,253,802
Fundraising expenses	97,361	--
Management and general	<u>13,132,945</u>	<u>12,718,359</u>
	<u>\$ 57,121,330</u>	<u>\$ 54,972,161</u>

NOTE 14 - SUBSEQUENT EVENTS

In preparing these financial statements, management evaluated subsequent events through November 29, 2018, which represents the date the financial statements were available to be issued.

During August 2018, the Connecticut Health and Educational Facilities Authority issued \$8,000,000 of Series A issue bonds to refinance the existing debt issued through the City of New Haven (see Note 10) and to finance renovations and improvements to properties owned or leased by the Corporation. The issue was structured as a fixed rate transaction, with a 20-year amortization and a 10-year put. The bonds yield an interest rate of 5.00%.


During August 2018, the Connecticut State Bond Commission approved a \$10 million award to the Corporation to build a recovery center. Construction is expected to begin in the Spring of 2019 and to be completed in 2021.

CORNELL SCOTT HILL HEALTH CORP.

AMENDED MEDICARE COST REPORT PACKAGE

FYE JUNE 30, 2018

CLIENT COPY

CORNELL SCOTT HILL HEALTH CORP. Provider CCN: 07-1825	Period: From: 07/01/2017 To: 06/30/2018	Run Date Time: 12/18/2018 2:10:33 PM MCRIF32: 224-14 Version: 2.8.166.1	 FORM APPROVED OMB NO. 0938-1298 APPROVAL EXPIRES 2-28-2019
This report is required by law (42 USC 1395g; 42 CFR 413.20(b)). Failure to report can result in all interim payments made since the beginning of the cost reporting period being deemed overpayments (42 USC 1395g).			

FEDERALLY QUALIFIED HEALTH CENTER COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY

Worksheet S
Parts I, II & III

PART I - COST REPORT STATUS

Provider use only	<input checked="" type="checkbox"/> Electronically Filed Cost Report <input type="checkbox"/> Manually Filed Cost Report <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report. <input type="checkbox"/> Medicare Utilization. Enter "F" for full, "L" for low, or "N" for no utilization.	Date: 12/18/2018	Time: 2:10 pm
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without audit (3) Settled with audit (4) Reopened (5) Amended	6. Date Received: _____ 7. Contractor No.: _____ 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN	10. NPR Date: _____ 11. Contractors Vendor Code: 4 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter the number of times reopened = 0-9.

PART II - CERTIFICATION

MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINE AND/OR IMPRISONMENT UNDER FEDERAL LAW. FURTHERMORE, IF SERVICES IDENTIFIED IN THIS REPORT WERE PROVIDED OR PROCURED THROUGH THE PAYMENT, DIRECTLY OR INDIRECTLY, OF A KICKBACK OR WERE OTHERWISE ILLEGAL, CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINES AND/OR IMPRISONMENT MAY RESULT.

CERTIFICATION BY CHIEF FINANCIAL OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by CORNELL SCOTT HILL HEALTH CORP. (07-1825) for the cost reporting period beginning 07/01/2017 and ending 06/30/2018 and that to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

I have read and agree with the above certification statement. I certify that I intend my electronic signature on this certification statement to be the legally binding equivalent of my original signature.

Encryption Information

ECR: Date: 12/18/2018 Time: 2:10 pm
 TVcxHhLh36jnpvdFSU1HqzLoh6m.g0
 FFU.X0pcjgnTDgP71EpQyirVik40jkI
 asVj0:FfQqDLy6tV
 PI: Date: 12/18/2018 Time: 2:10 pm
 o2b.Nex:dyjciVZoT4zF0Djpp09nn0
 9bi:EcoSunMVsbOXNBuKAcK2vAlQ.yb
 kQ9G61baSN0DNogU

(signed)

 Officer or Administrator of Provider(s)

 Title

 Date

PART III - SETTLEMENT SUMMARY

		Title XVIII	
		1.00	
1.00	FQHC	0	1.00

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.

CORNELL SCOTT HILL HEALTH CORP.		Period: 07/01/2017	Run Date Time: 12/18/2018 2:06:58 PM
Provider CCN: 07-1825		To: 06/30/2018	MCRIF32: 224-14
			Version: 2.8.166.1



FEDERALLY QUALIFIED HEALTH CENTER IDENTIFICATION DATA

Worksheet S-1
Part I

PART I - FEDERALLY QUALIFIED HEALTH CENTER IDENTIFICATION DATA

	Site Name	Provider CCN	CBSA	Date Certified	Type of control (see instructions)	
	1.00	2.00	3.00	4.00	5.00	
1.00	Site Name: CORNELL SCOTT HILL HEALTH CORP.	07-1825	35300	07/08/1985	2	1.00
2.00	Street: 428 COLUMBUS AVE.					2.00
3.00	City: NEW HAVEN	State: CT	Zip Code: 06519-0720	County: NEW HAVEN	Designation - Enter "R" for rural or "U" for urban: U	3.00
4.00	Cost Reporting Period (mm/dd/yyyy)	From: 07/01/2017	To: 06/30/2018			4.00
5.00	Is this FQHC part of an entity that owns, leases or controls multiple FQHCs? Enter "Y" for yes or "N" for no. If yes, enter the entity's information below.				N	5.00
6.00	Name of Entity:					6.00
7.00	Street:	P.O. Box:	HRSA Award Number:			7.00
8.00	City:	State:	Zip Code:			8.00
9.00	Is this FQHC part of a chain organization as defined in §2150 of CMS Pub. 15-1 that claims home office costs in a Home Office Cost Statement? Enter "Y" for yes or "N" for no in column 1. If yes, enter the chain organization's information below.				N	9.00
10.00	Name of Chain Organization:					10.00
11.00	Street:	P.O. Box:	Home Office CCN:			11.00
12.00	City:	State:	Zip Code:			12.00

Consolidated Cost Report

	Y/N	Date Requested	Date Approved	Number of FQHCs		
	1.00	2.00	3.00	4.00		
13.00	Y	07/08/1985	07/08/1985	8	13.00	
	CCN	CBSA	Date Requested	Date Approved		
	1.00	2.00	3.00	4.00	5.00	
14.00	FQHC Site Information:					14.00
14.01	COMMUNITY HEALTH CONNECTIONS	07-1869	35300	07/08/1985	07/08/1985	14.01
14.02	STATE STREET HEALTH CENTER	07-1868	35300	07/08/1985	07/08/1985	14.02
14.03	WEST HAVEN HEALTH CENTER	07-1864	35300	07/08/1985	07/08/1985	14.03
14.04	GRANT STREET PARTNERSHIP	07-1867	35300	07/08/1985	07/08/1985	14.04
14.05	DIXWELL HEALTH CENTER	07-1866	35300	07/08/1985	07/08/1985	14.05
14.06	SOUTH CENTRAL REHABILITATION	07-1865	35300	07/08/1985	07/08/1985	14.06
14.07	CMCH	07-1898	35300	08/12/2013	08/12/2013	14.07
14.08	HARBOR HEALTH SERVICES	07-1897	35300	07/29/2013	07/29/2013	14.08

FQHC Operations

	1.00	2.00	3.00	
15.00	What type of organization is this FQHC? If you operate as more than one sub-type of an organization enter only the applicable alpha characters in column 2. (see instructions)	1	A	15.00
16.00	Did this FQHC receive a grant under §330 of the PHS Act during this cost reporting period? If this is a consolidated cost report, did the FQHC reported on line 1, column 2 receive a grant under §330 of the PHS Act during this cost reporting period? Enter "Y" for yes or "N" for no. (complete line 17)	Y		16.00
17.00	If the response to line 16 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	05/15/2017	H80CS00312-00 17.00
17.01		3	05/15/2017	H80CS00312-00 17.01
17.02		4	05/15/2017	H80CS00312-00 17.02
17.03		5	05/15/2017	H80CS00312-04 17.03

Medical Malpractice

	Y	01/01/2018				
18.00	Did this FQHC submit an initial deeming or annual redeeming application for medical malpractice coverage under the FTCA with HRSA? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the effective date of coverage in column 2.	Y	01/01/2018			18.00
19.00	Does this FQHC carry commercial malpractice insurance? Enter "Y" for yes or "N" for no.	Y				19.00
20.00	Is the malpractice insurance a claims-made or occurrence policy? Enter "1" for claims-made or "2" for occurrence policy.	1				20.00
		Premiums	Paid Losses	Self Insurance		
21.00	List amounts of malpractice premiums, paid losses or self-insurance in the applicable columns.	68,000	0	0		21.00
22.00	Are malpractice premiums, paid losses or self-insurance reported in a cost center other than Administrative and General? Enter "Y" for yes or "N" for no. (see instructions)	N				22.00

Interns and Residents

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

CORNELL SCOTT HILL HEALTH CORP.		Period:	Run Date Time:	12/18/2018 2:06:58 PM
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FEDERALLY QUALIFIED HEALTH CENTER IDENTIFICATION DATA

Worksheet S-1
Part I

		Premiums	Paid Losses	Self Insurance	
25.00	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 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
Capital Related Costs - Ownership/Lease of Building					
27.00	Do you own or lease the building or office space occupied by your FQHC, or is the building or office space provided at no cost to the FQHC? Enter "1" for owned, "2" for leased, or "3" for space provided at no cost in column 1. If you enter "2" in column 1, enter the amount of rent/lease expense in column 2.	1	0		27.00
				1.00	
Contract Labor Cost					
28.00	Do you use contract labor to provide medical and/or mental health services to your patients? Enter "Y" for yes or "N" for no in column 1.			Y	28.00

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FEDERALLY QUALIFIED HEALTH CENTER IDENTIFICATION DATA

Component CCN: 07-1869

Worksheet S-1
Part II

Clinic I

Part II - FEDERALLY QUALIFIED HEALTH CENTER CONSOLIDATED COST REPORT PARTICIPANT IDENTIFICATION DATA

		Site Name	Date Certified	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:	COMMUNITY HEALTH CONNECTIONS	07/08/1985	2				1.00
2.00	Street:	121 WAKELEE AVENUE						2.00
3.00	City:	ANSONIA						3.00
	P.O. Box:							
	State:	CT						
	Zip Code:	06401-1198						
	County:	NEW HAVEN						
	Designation - Enter "R" for rural or "U" for urban:							

FQHC Operations

		1.00	2.00	3.00	
4.00	What type of organization is this FQHC? If you operate as more than one sub-type of an organization enter only the applicable alpha characters in column 2. (see instructions)	1	A		4.00
5.00	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	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	05/15/2017	H80CS00312	6.00

Medical Malpractice

7.00	Did this FQHC submit an initial deeming or annual redeeming application for medical malpractice coverage under the FTCA with HRSA? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the effective date of coverage in column 2.	Y	11/18/1994		7.00
8.00	Does this FQHC carry commercial malpractice insurance? Enter "Y" for yes or "N" for no.	Y			8.00
9.00	Is the malpractice insurance a claims-made or occurrence policy? Enter "1" for claims-made or "2" for occurrence policy.	1			9.00
10.00	List amounts of malpractice premiums, paid losses or self-insurance in the applicable columns.	1	0	0	10.00
		Premiums	Paid Losses	Self Insurance	

Interns and Residents

11.00	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			11.00
12.00	Is this FQHC involved in training residents in an unapproved GME program? Enter "Y" for yes or "N" for no.	N			12.00
13.00	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 instructions)	N	0.00	0	13.00
14.00	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	14.00

Capital Related Costs - Ownership/Lease of Building

15.00	Do you own or lease the building or office space occupied by your FQHC, or is the building or office space provided at no cost to the FQHC? Enter "1" for owned, "2" for leased, or "3" for space provided at no cost in column 1. If you enter "2" in column 1, enter the amount of rent/lease expense in column 2.	2	126,635		15.00
					1.00

Contract Labor Cost

16.00	Do you use contract labor to provide medical and/or mental health services to your patients? Enter "Y" for yes or "N" for no in column 1.	Y			16.00
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FEDERALLY QUALIFIED HEALTH CENTER IDENTIFICATION DATA
Component CCN: 07-1868
Worksheet S-1
Part II

Clinic II

Part II - FEDERALLY QUALIFIED HEALTH CENTER CONSOLIDATED COST REPORT PARTICIPANT IDENTIFICATION DATA

		1.00	2.00	3.00	4.00	5.00	6.00	
Site Name		Date Certified	Type of control (see instructions)	Date Decertified	V/I Decertification	Date of CHOW		
1.00	Site Name: STATE STREET HEALTH CENTER	07/08/1985	2					1.00
2.00	Street: 911-913 STATE STREET							2.00
3.00	City: NEW HAVEN	State: CT	Zip Code: 06511-3926	County: NEW HAVEN	Designation - Enter "R" for rural or "U" for urban:		U	3.00

FQHC Operations

		1.00	2.00	3.00	
4.00	What type of organization is this FQHC? If you operate as more than one sub-type of an organization enter only the applicable alpha characters in column 2. (see instructions)	1	A		4.00
5.00	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	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	05/15/2017	H08CS00312	6.00

Medical Malpractice

7.00	Did this FQHC submit an initial deeming or annual redeeming application for medical malpractice coverage under the FTCA with HRSA? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the effective date of coverage in column 2.	Y	11/18/1994		7.00
8.00	Does this FQHC carry commercial malpractice insurance? Enter "Y" for yes or "N" for no.	Y			8.00
9.00	Is the malpractice insurance a claims-made or occurrence policy? Enter "1" for claims-made or "2" for occurrence policy.	1			9.00
		Premiums	Paid Losses	Self Insurance	
10.00	List amounts of malpractice premiums, paid losses or self-insurance in the applicable columns.	1	0	0	10.00

Interns and Residents

11.00	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			11.00
12.00	Is this FQHC involved in training residents in an unapproved GME program? Enter "Y" for yes or "N" for no.	N			12.00
13.00	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 instructions)	N	0.00	0	13.00
14.00	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	14.00

Capital Related Costs - Ownership/Lease of Building

15.00	Do you own or lease the building or office space occupied by your FQHC, or is the building or office space provided at no cost to the FQHC? Enter "1" for owned, "2" for leased, or "3" for space provided at no cost in column 1. If you enter "2" in column 1, enter the amount of rent/lease expense in column 2.	2	115,432		15.00
					1.00

Contract Labor Cost

16.00	Do you use contract labor to provide medical and/or mental health services to your patients? Enter "Y" for yes or "N" for no in column 1.	Y			16.00
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CORNELL SCOTT HILL HEALTH CORP.		Period:	Run Date Time:	12/18/2018 2:06:58 PM
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		To: 06/30/2018	Version:	2.8.166.1



FEDERALLY QUALIFIED HEALTH CENTER IDENTIFICATION DATA

Component CCN: 07-1864

Worksheet S-1
Part II

Clinic III

Part II - FEDERALLY QUALIFIED HEALTH CENTER CONSOLIDATED COST REPORT PARTICIPANT IDENTIFICATION DATA

	Site Name	Date Certified	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: WEST HAVEN HEALTH CENTER	07/08/1985	2				1.00
2.00	Street: 285 MAIN STREET						2.00
3.00	City: WEST HAVEN	P.O. Box:	State: CT	Zip Code: 06516-7307	County: NEW HAVEN	Designation - Enter "R" for rural or "U" for urban:	U 3.00

FQHC Operations

		1.00	2.00	3.00	
4.00	What type of organization is this FQHC? If you operate as more than one sub-type of an organization enter only the applicable alpha characters in column 2. (see instructions)	1	A		4.00
5.00	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	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	05/15/2017	H80CS00312	6.00

Medical Malpractice

7.00	Did this FQHC submit an initial deeming or annual redeeming application for medical malpractice coverage under the FTCA with HRSA? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the effective date of coverage in column 2.	Y	11/18/1994		7.00	
8.00	Does this FQHC carry commercial malpractice insurance? Enter "Y" for yes or "N" for no.	Y			8.00	
9.00	Is the malpractice insurance a claims-made or occurrence policy? Enter "1" for claims-made or "2" for occurrence policy.	1			9.00	
10.00	List amounts of malpractice premiums, paid losses or self-insurance in the applicable columns.	1	Premiums	0	0	10.00

Interns and Residents

11.00	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				11.00
12.00	Is this FQHC involved in training residents in an unapproved GME program? Enter "Y" for yes or "N" for no.	N				12.00
13.00	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 instructions)	N	0.00		0	13.00
14.00	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	14.00

Capital Related Costs - Ownership/Lease of Building

15.00	Do you own or lease the building or office space occupied by your FQHC, or is the building or office space provided at no cost to the FQHC? Enter "1" for owned, "2" for leased, or "3" for space provided at no cost in column 1. If you enter "2" in column 1, enter the amount of rent/lease expense in column 2.	1	0			15.00
						1.00

Contract Labor Cost

16.00	Do you use contract labor to provide medical and/or mental health services to your patients? Enter "Y" for yes or "N" for no in column 1.	Y				16.00
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CORNELL SCOTT HILL HEALTH CORP.		Period:	Run Date Time: 12/18/2018 2:06:58 PM
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FEDERALLY QUALIFIED HEALTH CENTER IDENTIFICATION DATA

Component CCN: 07-1867

Worksheet S-1
Part II

Clinic IV

Part II - FEDERALLY QUALIFIED HEALTH CENTER CONSOLIDATED COST REPORT PARTICIPANT IDENTIFICATION DATA

	Site Name	Date Certified	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: GRANT STREET PARTNERSHIP	07/08/1985	2				1.00
2.00	Street: 62 GRANT STREET						2.00
3.00	City: NEW HAVEN						3.00
	P.O. Box:						
	State: CT						
	Zip Code: 06519-2514						
	County: NEW HAVEN						
	Designation - Enter "R" for rural or "U" for urban:						

FQHC Operations

		1.00	2.00	3.00	
4.00	What type of organization is this FQHC? If you operate as more than one sub-type of an organization enter only the applicable alpha characters in column 2. (see instructions)	1	A		4.00
5.00	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	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	05/15/2017	H80CS00312	6.00

Medical Malpractice

		1	Paid Losses	Self Insurance	
7.00	Did this FQHC submit an initial deeming or annual redeeming application for medical malpractice coverage under the FTCA with HRSA? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the effective date of coverage in column 2.	Y	11/18/1994		7.00
8.00	Does this FQHC carry commercial malpractice insurance? Enter "Y" for yes or "N" for no.	Y			8.00
9.00	Is the malpractice insurance a claims-made or occurrence policy? Enter "1" for claims-made or "2" for occurrence policy.	1			9.00
10.00	List amounts of malpractice premiums, paid losses or self-insurance in the applicable columns.	Premiums	Paid Losses	Self Insurance	
		1	0	0	10.00

Interns and Residents

		N	0.00	0	
11.00	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			11.00
12.00	Is this FQHC involved in training residents in an unapproved GME program? Enter "Y" for yes or "N" for no.	N			12.00
13.00	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 instructions)	N	0.00	0	13.00
14.00	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	14.00

Capital Related Costs - Ownership/Lease of Building

		2	1		
15.00	Do you own or lease the building or office space occupied by your FQHC, or is the building or office space provided at no cost to the FQHC? Enter "1" for owned, "2" for leased, or "3" for space provided at no cost in column 1. If you enter "2" in column 1, enter the amount of rent/lease expense in column 2.	2	1		15.00
					1.00

Contract Labor Cost

16.00	Do you use contract labor to provide medical and/or mental health services to your patients? Enter "Y" for yes or "N" for no in column 1.	Y			16.00
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CORNELL SCOTT HILL HEALTH CORP.		Period:	Run Date Time: 12/18/2018 2:06:58 PM
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FEDERALLY QUALIFIED HEALTH CENTER IDENTIFICATION DATA

Component CCN: 07-1866

Worksheet S-1
Part II

Clinic V

Part II - FEDERALLY QUALIFIED HEALTH CENTER CONSOLIDATED COST REPORT PARTICIPANT IDENTIFICATION DATA

	Site Name	Date Certified	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: DIXWELL HEALTH CENTER	07/08/1985	2				1.00
2.00	Street: 226 DIXWELL AVENUE						2.00
3.00	City: NEW HAVEN	P.O. Box:	State: CT	Zip Code: 06511-3456	County: NEW HAVEN	Designation - Enter "R" for rural or "U" for urban: U	3.00

FQHC Operations

		1.00	2.00	3.00	
4.00	What type of organization is this FQHC? If you operate as more than one sub-type of an organization enter only the applicable alpha characters in column 2. (see instructions)	1	A		4.00
5.00	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	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	05/15/2017	H870CS00312	6.00

Medical Malpractice

7.00	Did this FQHC submit an initial deeming or annual redeeming application for medical malpractice coverage under the FTCA with HRSA? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the effective date of coverage in column 2.	Y	11/18/1994		7.00
8.00	Does this FQHC carry commercial malpractice insurance? Enter "Y" for yes or "N" for no.	Y			8.00
9.00	Is the malpractice insurance a claims-made or occurrence policy? Enter "1" for claims-made or "2" for occurrence policy.	1			9.00
10.00	List amounts of malpractice premiums, paid losses or self-insurance in the applicable columns.	Premiums	Paid Losses	Self Insurance	
		1	0	0	10.00

Interns and Residents

11.00	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			11.00
12.00	Is this FQHC involved in training residents in an unapproved GME program? Enter "Y" for yes or "N" for no.	N			12.00
13.00	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 instructions)	N	0.00	0	13.00
14.00	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	14.00

Capital Related Costs - Ownership/Lease of Building

15.00	Do you own or lease the building or office space occupied by your FQHC, or is the building or office space provided at no cost to the FQHC? Enter "1" for owned, "2" for leased, or "3" for space provided at no cost in column 1. If you enter "2" in column 1, enter the amount of rent/lease expense in column 2.	1	0		15.00
					1.00

Contract Labor Cost

16.00	Do you use contract labor to provide medical and/or mental health services to your patients? Enter "Y" for yes or "N" for no in column 1.	Y			16.00
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CORNELL SCOTT HILL HEALTH CORP.	Period: 07/01/2017	Run Date Time: 12/18/2018 2:06:58 PM
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FEDERALLY QUALIFIED HEALTH CENTER IDENTIFICATION DATA

Component CCN: 07-1865

Worksheet S-1
Part II

Clinic VI

Part II - FEDERALLY QUALIFIED HEALTH CENTER CONSOLIDATED COST REPORT PARTICIPANT IDENTIFICATION DATA

	Site Name	Date Certified	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: SOUTH CENTRAL REHABILITATION	07/08/1985	2				1.00
2.00	Street: 232 CEDAR STREET						2.00
3.00	City: NEW HAVEN	State: CT	Zip Code: 06519-1610	County: NEW HAVEN	Designation - Enter "R" for rural or "U" for urban:	U	3.00
FQHC Operations							
				1.00	2.00	3.00	
4.00	What type of organization is this FQHC? If you operate as more than one sub-type of an organization enter only the applicable alpha characters in column 2. (see instructions)			1	A		4.00
5.00	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	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	05/15/2017	H80CS00312	6.00
Medical Malpractice							
7.00	Did this FQHC submit an initial deeming or annual redeeming application for medical malpractice coverage under the FTCA with HRSA? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the effective date of coverage in column 2.			Y	11/18/1994		7.00
8.00	Does this FQHC carry commercial malpractice insurance? Enter "Y" for yes or "N" for no.			Y			8.00
9.00	Is the malpractice insurance a claims-made or occurrence policy? Enter "1" for claims-made or "2" for occurrence policy.			1			9.00
				Premiums	Paid Losses	Self Insurance	
10.00	List amounts of malpractice premiums, paid losses or self-insurance in the applicable columns.			1	0	0	10.00
Interns and Residents							
11.00	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			11.00
12.00	Is this FQHC involved in training residents in an unapproved GME program? Enter "Y" for yes or "N" for no.			N			12.00
13.00	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 instructions)			N	0.00	0	13.00
14.00	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	14.00
Capital Related Costs - Ownership/Lease of Building							
15.00	Do you own or lease the building or office space occupied by your FQHC, or is the building or office space provided at no cost to the FQHC? Enter "1" for owned, "2" for leased, or "3" for space provided at no cost in column 1. If you enter "2" in column 1, enter the amount of rent/lease expense in column 2.			1	0		15.00
							1.00
Contract Labor Cost							
16.00	Do you use contract labor to provide medical and/or mental health services to your patients? Enter "Y" for yes or "N" for no in column 1.						Y 16.00

CORNELL SCOTT HILL HEALTH CORP.		Period:	Run Date Time:
Provider CCN: 07-1825		From: 07/01/2017	12/18/2018 2:06:58 PM
		To: 06/30/2018	MCRIF32: 224-14
			Version: 2.8.166.1



FEDERALLY QUALIFIED HEALTH CENTER IDENTIFICATION DATA

Component CCN: 07-1898

Worksheet S-1
Part II

Clinic VII

Part II - FEDERALLY QUALIFIED HEALTH CENTER CONSOLIDATED COST REPORT PARTICIPANT IDENTIFICATION DATA

	Site Name	Date Certified	Type of control (see instructions)	Date Decertified	V/I Decertification	Date of CHOW	
1.00	Site Name: CMCH	08/12/2013	2	4.00	5.00	6.00	1.00
2.00	Street: 34 PARK STREET						2.00
3.00	P.O. Box:						
	City: NEW HAVEN	State: CT	Zip Code: 06519-1109	County: NEW HAVEN	Designation - Enter "R" for rural or "U" for urban:		3.00

FQHC Operations

		1.00	2.00	3.00	
4.00	What type of organization is this FQHC? If you operate as more than one sub-type of an organization enter only the applicable alpha characters in column 2. (see instructions)	1	A		4.00
5.00	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	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	05/15/2017	H80CS00312	6.00

Medical Malpractice

		1	Paid Losses	Self Insurance	
7.00	Did this FQHC submit an initial deeming or annual redeeming application for medical malpractice coverage under the FTCA with HRSA? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the effective date of coverage in column 2.	Y	11/18/1994		7.00
8.00	Does this FQHC carry commercial malpractice insurance? Enter "Y" for yes or "N" for no.	Y			8.00
9.00	Is the malpractice insurance a claims-made or occurrence policy? Enter "1" for claims-made or "2" for occurrence policy.	1			9.00
10.00	List amounts of malpractice premiums, paid losses or self-insurance in the applicable columns.	1	0	0	10.00

Interns and Residents

		N	0.00	0	
11.00	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			11.00
12.00	Is this FQHC involved in training residents in an unapproved GME program? Enter "Y" for yes or "N" for no.	N			12.00
13.00	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 instructions)	N	0.00	0	13.00
14.00	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	14.00

Capital Related Costs - Ownership/Lease of Building

		2	1		
15.00	Do you own or lease the building or office space occupied by your FQHC, or is the building or office space provided at no cost to the FQHC? Enter "1" for owned, "2" for leased, or "3" for space provided at no cost in column 1. If you enter "2" in column 1, enter the amount of rent/lease expense in column 2.	2	1		15.00
					1.00

Contract Labor Cost

16.00	Do you use contract labor to provide medical and/or mental health services to your patients? Enter "Y" for yes or "N" for no in column 1.	Y			16.00
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CORNELL SCOTT HILL HEALTH CORP.		Period:	Run Date Time: 12/18/2018 2:06:58 PM
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FEDERALLY QUALIFIED HEALTH CENTER IDENTIFICATION DATA

Component CCN: 07-1897

Worksheet S-1
Part II

Clinic VIII

Part II - FEDERALLY QUALIFIED HEALTH CENTER CONSOLIDATED COST REPORT PARTICIPANT IDENTIFICATION DATA

	Site Name	Date Certified	Type of control (see instructions)	Date Decertified	Y/I Decertification	Date of CHOW	
1.00	HARBOR HEALTH SERVICES	07/29/2013	2	4.00	5.00	6.00	1.00
2.00	14 SYCAMORE WAY						2.00
3.00	BRANFORD	CT	06405-6551	NEW HAVEN			3.00

FQHC Operations

		1.00	2.00	3.00	
4.00	What type of organization is this FQHC? If you operate as more than one sub-type of an organization enter only the applicable alpha characters in column 2. (see instructions)	1	A		4.00
5.00	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	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	05/15/2017	H80CS00312	6.00

Medical Malpractice

7.00	Did this FQHC submit an initial deeming or annual deeming application for medical malpractice coverage under the FTCA with HRSA? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, enter the effective date of coverage in column 2.	Y	11/18/1994		7.00
8.00	Does this FQHC carry commercial malpractice insurance? Enter "Y" for yes or "N" for no.	Y			8.00
9.00	Is the malpractice insurance a claims-made or occurrence policy? Enter "1" for claims-made or "2" for occurrence policy.	1			9.00
10.00	List amounts of malpractice premiums, paid losses or self-insurance in the applicable columns.	1	0	0	10.00

Interns and Residents

11.00	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			11.00
12.00	Is this FQHC involved in training residents in an unapproved GME program? Enter "Y" for yes or "N" for no.	N			12.00
13.00	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 instructions)	N	0.00	0	13.00
14.00	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	14.00

Capital Related Costs - Ownership/Lease of Building

15.00	Do you own or lease the building or office space occupied by your FQHC, or is the building or office space provided at no cost to the FQHC? Enter "1" for owned, "2" for leased, or "3" for space provided at no cost in column 1. If you enter "2" in column 1, enter the amount of rent/lease expense in column 2.	2	1		15.00
					1.00

Contract Labor Cost

16.00	Do you use contract labor to provide medical and/or mental health services to your patients? Enter "Y" for yes or "N" for no in column 1.	Y			16.00
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CORNELL SCOTT HILL HEALTH CORP.		Period:	Run Date Time:	12/18/2018 2:06:58 PM
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FEDERALLY QUALIFIED HEALTH CENTER REIMBURSEMENT QUESTIONNAIRE

Worksheet S-2

Provider Organization and Operation

		Y/N	Date	V/I	
		1.00	2.00	3.00	
1.00	Has the FQHC changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N			1.00
2.00	Has the FQHC terminated participation in the Medicare program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary. (see instructions)	N			2.00
3.00	Is the FQHC involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N			3.00

Financial Data and Reports

		Y/N	Type	Date	Y/N	
		1.00	2.00	3.00	4.00	
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (mm/dd/yyyy) Column 4: Are the cost report total expenses and total revenues different from those on the filed financial statements?	Y	A	12/31/2018	N	4.00

Approved Educational Activities

		Y/N	Y/N	
		1.00	2.00	
5.00	Are costs for Intern-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.	N		6.00
7.00	Are GME costs directly assigned to cost centers other than Allowable GME Costs on Worksheet A? If yes, see instructions.	N		7.00

Bad Debts

		Y/N	
		1.00	
8.00	Is the FQHC seeking reimbursement for bad debts? If yes, see instructions.	N	8.00
9.00	If line 8 is yes, did the FQHC's bad debt collection policy change during this cost reporting period? If yes, submit copy.	N	9.00
10.00	If line 8 is yes, were patient coinsurance amounts waived? If yes, see instructions.	N	10.00

PS&R Report Data

		Y/N	Date	
		1.00	2.00	
11.00	Was 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 used in column 2. (see instructions)	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 the paid-through date in column 2. (see instructions)	N		12.00
13.00	If line 11 or 12 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file the cost report? If yes, see instructions.	N		13.00
14.00	If line 11 or 12 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		14.00
15.00	If line 11 or 12 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N		15.00
16.00	Was the cost report prepared using only the FQHC's records? If yes, see instructions.	Y		16.00

Cost Report Preparer Contact Information

17.00	First Name:	MATTHEW	Last name:	BAVOLACK	Title:	PRINCIPAL	17.00
18.00	Employer:	MARCUM LLP					18.00
19.00	Phone Number:	203-781-9600	Email Address:	MATTHEW.BAVOLACK@MARCUMLLP.COM			19.00

CORNELL SCOTT HILL HEALTH CORP.

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Provider CCN: 07-1825

FEDERALLY QUALIFIED HEALTH CENTER DATA

Worksheet S-3
Part I

PART I - FEDERALLY QUALIFIED HEALTH CENTER STATISTICAL DATA

		CENTER CCN	Title V	Title XVIII	Title XIX	Other	Total All 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	848	7,912	48,629	22,892	80,281	1.00
1.01	Medical Visits (07-1869 - COMMUNITY HEALTH CONNECTIONS)	07-1869	78	1,771	9,485	2,973	14,307	1.01
1.02	Medical Visits (07-1868 - STATE STREET HEALTH CENTER)	07-1868	3	1,088	3,903	1,409	6,403	1.02
1.03	Medical Visits (07-1864 - WEST HAVEN HEALTH CENTER)	07-1864	85	1,119	5,066	2,248	8,518	1.03
1.04	Medical Visits (07-1867 - GRANT STREET PARTNERSHIP)	07-1867	1	23	511	13	548	1.04
1.05	Medical Visits (07-1866 - DIXWELL HEALTH CENTER)	07-1866	3	1,522	4,987	1,203	7,715	1.05
1.06	Medical Visits (07-1865 - SOUTH CENTRAL REHABILITATION)	07-1865	3	255	3,587	326	4,171	1.06
1.07	Medical Visits (07-1898 - CMCH)	07-1898	2	424	433	143	1,002	1.07
1.08	Medical Visits (07-1897 - HARBOR HEALTH SERVICES)	07-1897	0	7	8	3	18	1.08
2.00	Total Medical Visits		1,023	14,121	76,609	31,210	122,963	2.00
3.00	Mental Health Visits (07-1825 - CORNELL SCOTT HILL HEALTH CORP.)	07-1825	0	2,945	25,968	3,821	32,734	3.00
3.01	Mental Health Visits (07-1869 - COMMUNITY HEALTH CONNECTIONS)	07-1869	0	601	2,843	805	4,249	3.01
3.02	Mental Health Visits (07-1868 - STATE STREET HEALTH CENTER)	07-1868	0	985	4,400	1,137	6,522	3.02
3.03	Mental Health Visits (07-1864 - WEST HAVEN HEALTH CENTER)	07-1864	0	1,648	3,965	1,790	7,403	3.03
3.04	Mental Health Visits (07-1867 - GRANT STREET PARTNERSHIP)	07-1867	0	306	14,929	4,717	19,952	3.04
3.05	Mental Health Visits (07-1866 - DIXWELL HEALTH CENTER)	07-1866	0	2,160	13,328	3,121	18,609	3.05
3.06	Mental Health Visits (07-1865 - SOUTH CENTRAL REHABILITATION)	07-1865	3	209	28,987	11,662	40,861	3.06
3.07	Mental Health Visits (07-1898 - CMCH)	07-1898	0	0	0	0	0	3.07
3.08	Mental Health Visits (07-1897 - HARBOR HEALTH SERVICES)	07-1897	0	0	0	0	0	3.08
4.00	Total Mental Health Visits		3	8,854	94,420	27,053	130,330	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 (07-1898 - CMCH)	07-1898	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
6.00	Total Number of Visits Performed by Interns and Residents		0	0	0	0	0	6.00

CORNELL SCOTT HILL HEALTH CORP.

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FEDERALLY QUALIFIED HEALTH CENTER DATA

Worksheet S-3
Parts II & III

PART II - FEDERALLY QUALIFIED HEALTH CENTER CONTRACT LABOR AND BENEFIT COST

		Contract Labor	Benefit Cost	
		1.00	2.00	
1.00	Total facility contract labor and benefit cost	1,169,440	3,842,691	1.00
2.00	Physician	575,350	687,392	2.00
3.00	Physician Assistant	98,828	34,910	3.00
4.00	Nurse Practitioner	412,745	881,517	4.00
5.00	Visiting Registered Nurse	0	0	5.00
6.00	Visiting Licensed Practical Nurse	0	0	6.00
7.00	Certified Nurse Midwife	35,700	31,601	7.00
8.00	Clinical Psychologist	44,977	77,367	8.00
9.00	Clinical Social Worker	0	1,154,865	9.00
10.00	Laboratory Technician	0	0	10.00
11.00	Reg Dietician/Cert DSMT/MNT Educator	0	75,722	11.00
12.00	Physical Therapist	1,840	0	12.00
13.00	Occupational Therapist	0	13,314	13.00
14.00	Other Allied Health Personnel	0	886,003	14.00
15.00	Interns & Residents		0	15.00

PART III - FEDERALLY QUALIFIED HEALTH CENTER EMPLOYEE DATA

	Enter the number of hours in your normal work week: 40.00	Number of Employees (Full Time Equivalent)			
		Staff	Contract	Total	
		1.00	2.00	3.00	
16.00	Physician (Enter the number of hours in your normal work week in column 0)	20.09	0.99	21.08	16.00
17.00	Physician Assistant	2.00	1.58	3.58	17.00
18.00	Nurse Practitioner	67.37	3.49	70.86	18.00
19.00	Visiting Registered Nurse	0.00	0.00	0.00	19.00
20.00	Visiting Licensed Practical Nurse	0.00	0.00	0.00	20.00
21.00	Certified Nurse Midwife	1.28	0.23	1.51	21.00
22.00	Clinical Psychologist	1.00	0.21	1.21	22.00
23.00	Clinical Social Worker	103.21	0.00	103.21	23.00
24.00	Laboratory Technician	0.00	0.00	0.00	24.00
25.00	Reg Dietician/Cert DSMT/MNT Educator	8.15	0.00	8.15	25.00
26.00	Physical Therapist	0.00	0.01	0.01	26.00
27.00	Occupational Therapist	1.00	0.00	1.00	27.00
28.00	Other Allied Health Personnel	96.19	0.00	96.19	28.00
29.00	Interns & Residents	0.00		0.00	29.00

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 1.00	OTHER 2.00	TOTAL (col. 1 + col. 2) 3.00	RECLASSIFI- CATIONS 4.00	RECLASSIFIED TRIAL BALANCE (col. 3 ± col. 4) 5.00	ADJUSTMENTS 6.00	NET EXPENSES FOR ALLOCATION (col. 5 ± col. 6) 7.00	
GENERAL SERVICE COST CENTERS										
1.00	0100	CAP REL COSTS-BLDG & FIX		1,382,081	1,382,081	0	1,382,081	0	1,382,081	1.00
2.00	0200	CAP REL COSTS-MVBLE EQUIP		805,350	805,350	0	805,350	0	805,350	2.00
3.00	0300	EMPLOYEE BENEFITS	167,715	6,152,651	6,320,366	-1,638,412	1,681,954	0	1,681,954	3.00
4.00	0400	ADMINISTRATIVE & GENERAL SERVICES	7,409,967	3,019,067	10,429,034	0	10,429,034	-833,914	9,595,120	4.00
5.00	0500	PLANT OPERATION & MAINTENANCE	142,922	2,612,527	2,755,449	0	2,755,449	0	2,755,449	5.00
6.00	0600	JANITORIAL	0	441,974	441,974	0	441,974	0	441,974	6.00
7.00	0700	MEDICAL RECORDS	37,465	0	37,465	0	37,465	0	37,465	7.00
8.00		SUBTOTAL - ADMINISTRATIVE OVERHEAD	7,558,069	14,413,650	22,171,719	-4,638,412	17,533,307	-833,914	16,699,393	8.00
9.00	0900	PHARMACY	246,734	13,280	260,014	0	260,014	0	260,014	9.00
10.00	1000	MEDICAL SUPPLIES	0	435,018	435,018	-216,726	218,292	0	218,292	10.00
11.00	1100	TRANSPORTATION	0	18,890	18,890	0	18,890	0	18,890	11.00
12.00	1200	TRAVEL/DUES/CONSULTING	0	909,767	909,767	0	909,767	0	909,767	12.00
12.01	1201	DIETARY	188,969	469,195	658,164	0	658,164	-115,041	543,123	12.01
12.02	1202	INSURANCE	0	265,089	265,089	0	265,089	0	265,089	12.02
12.03	1203	MEDICAL WASTE AND REFUGE REMOVAL	0	118,325	118,325	0	118,325	0	118,325	12.03
12.04	1204	INTEREST AND TAXES	0	417,496	417,496	0	417,496	0	417,496	12.04
12.05	1205	ACCOUNTING & LEGAL	0	381,196	381,196	0	381,196	0	381,196	12.05
12.06	1206	OTHER ADMIN SUPPLIES	0	9,996	9,996	0	9,996	0	9,996	12.06
12.07	1207	OUTREACH	10,865	32,084	42,949	0	42,949	0	42,949	12.07
12.08	1208	CONTRACTED SERVICES	0	317,075	317,075	0	317,075	0	317,075	12.08
13.00		SUBTOTAL - TOTAL OVERHEAD	8,204,637	17,801,061	26,005,698	-4,855,138	21,150,560	-948,955	20,201,605	13.00
DIRECT CARE COST CENTERS										
23.00	2300	PHYSICIAN	3,724,513	0	3,724,513	687,392	4,411,905	0	4,411,905	23.00
24.00	2400	PHYSICIAN SERVICES UNDER AGREEMENT		0	0	575,350	575,350	0	575,350	24.00
25.00	2500	PHYSICIAN ASSISTANT	189,152	0	189,152	133,738	322,890	0	322,890	25.00
26.00	2600	NURSE PRACTITIONER	4,776,348	0	4,776,348	1,294,262	6,070,610	0	6,070,610	26.00
27.00	2700	VISITING REGISTERED NURSE	0	0	0	0	0	0	0	27.00
28.00	2800	VISITING LICENSED PRACTICAL NURSE	0	0	0	0	0	0	0	28.00
29.00	2900	CERTIFIED NURSE MIDWIFE	171,225	0	171,225	67,301	238,526	0	238,526	29.00
30.00	3000	CLINICAL PSYCHOLOGIST	419,202	0	419,202	122,344	541,546	0	541,546	30.00
31.00	3100	CLINICAL SOCIAL WORKER	6,257,438	0	6,257,438	1,154,865	7,412,303	0	7,412,303	31.00
32.00	3200	LABORATORY TECHNICIAN	0	0	0	0	0	0	0	32.00
33.00	3300	REG DIETICIAN/CERT DSMT/MNT EDUCATOR	410,289	0	410,289	75,722	486,011	0	486,011	33.00
34.00	3400	PHYSICAL THERAPIST	0	0	0	1,840	1,840	0	1,840	34.00
35.00	3500	OCCUPATIONAL THERAPIST	72,141	0	72,141	13,314	85,455	0	85,455	35.00
36.00	3600	OTHER ALLIED HEALTH PERSONNEL	4,800,655	1,169,440	5,970,095	-283,457	5,686,658	0	5,686,658	36.00
37.00		SUBTOTAL - DIRECT PATIENT CARE SERVICES	20,820,963	1,169,440	21,990,403	3,842,691	25,833,094	0	25,833,094	37.00
REIMBURSABLE PASS THROUGH COSTS										
47.00	4700	ALLOWABLE GME COSTS	0	0	0	0	0	0	0	47.00
48.00	4800	PNEUMOCOCCAL VACCINES & MED SUPPLIES	0	541,659	541,659	100,100	641,759	-541,659	100,100	48.00
49.00	4900	INFLUENZA VACCINES & MED SUPPLIES	0	0	0	116,626	116,626	0	116,626	49.00
50.00		SUBTOTAL - REIMBURSABLE PASS THROUGH COSTS	0	541,659	541,659	216,726	758,385	-541,659	216,726	50.00
OTHER FQHC SERVICES										
60.00	6000	MEDICARE EXCLUDED SERVICES	0	0	0	0	0	0	0	60.00
61.00	6100	DIAGNOSTIC & SCREENING LAB TESTS	0	0	0	0	0	0	0	61.00
62.00	6200	RADIOLOGY - DIAGNOSTIC	0	109,264	109,264	0	109,264	0	109,264	62.00
63.00	6300	PROSTHETIC DEVICES	0	0	0	0	0	0	0	63.00
64.00	6400	DURABLE MEDICAL EQUIPMENT	0	0	0	0	0	0	0	64.00
65.00	6500	AMBULANCE SERVICES	0	0	0	0	0	0	0	65.00
66.00	6600	TELEHEALTH	0	0	0	0	0	0	0	66.00
67.00	6700	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	0	0	67.00
68.00	6800	CHRONIC CARE MANAGEMENT	0	0	0	0	0	0	0	68.00
69.00	6900	DENTAL	1,637,373	185,623	1,822,996	302,192	2,125,188	0	2,125,188	69.00
69.01	6901	WIC	218,360	945,230	1,163,590	40,300	1,203,890	-945,230	258,660	69.01


CORNELL SCOTT HILL HEALTH CORP.		Period:	Run Date Time:
Provider CCN: 07-1825		From: 07/01/2017	12/18/2018 2:06:58 PM
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			Version: 2.8.166.1



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)	
70.00	SUBTOTAL - OTHER FQHC SERVICES	1,855,733	1,240,117	3,095,850	342,492	3,438,342	-945,230	2,493,112	70.00
NONREIMBURSABLE COST CENTERS									
77.00	7700 RETAIL PHARMACY	0	2,127,871	2,127,871	0	2,127,871	0	2,127,871	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	2,143,112	1,499,053	3,642,165	395,530	4,037,695	0	4,037,695	79.01
79.02	7902 MARKETING	312,633	84,453	397,086	57,699	454,785	0	454,785	79.02
80.00	SUBTOTAL - NON-REIMBURSABLE COSTS	2,455,745	3,711,377	6,167,122	453,229	6,620,351	0	6,620,351	80.00
100.00	TOTAL (SUM OF LINES 13, 37, 50, 70 AND 80)	33,337,078	24,463,654	57,800,732	0	57,800,732	-2,435,844	55,364,888	100.00

CORNELL SCOTT HILL HEALTH CORP. Provider CCN: 07-1825	Period: From: 07/01/2017 To: 06/30/2018	Run Date Time: 12/18/2018 2:06:58 PM MCRIF32: 224-14 Version: 2.8.166.1	
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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 - RECLASS FRINGES							
1.00	PHYSICIAN	23.00	687,392	EMPLOYEE BENEFITS	3.00	4,638,412	1.00
2.00	PHYSICIAN ASSISTANT	25.00	34,910		0.00	0	2.00
3.00	NURSE PRACTITIONER	26.00	881,517		0.00	0	3.00
4.00	CERTIFIED NURSE MIDWIFE	29.00	31,601		0.00	0	4.00
5.00	CLINICAL PSYCHOLOGIST	30.00	77,367		0.00	0	5.00
6.00	CLINICAL SOCIAL WORKER	31.00	1,154,865		0.00	0	6.00
7.00	REG DIETICIAN/CERT DSMT/MNT EDUCATOR	33.00	75,722		0.00	0	7.00
8.00	OCCUPATIONAL THERAPIST	35.00	13,314		0.00	0	8.00
9.00	OTHER ALLIED HEALTH PERSONNEL	36.00	886,003		0.00	0	9.00
10.00	DENTAL	69.00	302,192		0.00	0	10.00
11.00	WIC	69.01	40,300		0.00	0	11.00
12.00	DETOX CLINIC	79.01	395,530		0.00	0	12.00
13.00	MARKETING	79.02	57,699		0.00	0	13.00
B - RECLASS CONTRACTED SERVICES							
1.00	PHYSICIAN SERVICES UNDER AGREEMENT	24.00	575,350	OTHER ALLIED HEALTH PERSONNEL	36.00	1,169,440	1.00
2.00	PHYSICIAN ASSISTANT	25.00	98,828		0.00	0	2.00
3.00	NURSE PRACTITIONER	26.00	412,745		0.00	0	3.00
4.00	CERTIFIED NURSE MIDWIFE	29.00	35,700		0.00	0	4.00
5.00	CLINICAL PSYCHOLOGIST	30.00	44,977		0.00	0	5.00
6.00	PHYSICAL THERAPIST	34.00	1,840		0.00	0	6.00
C - RECLASS VACCINE COSTS							
1.00	PNEUMOCOCCAL VACCINES & MED SUPPLIES	48.00	100,100	MEDICAL SUPPLIES	10.00	216,726	1.00
2.00	INFLUENZA VACCINES & MED SUPPLIES	49.00	116,626		0.00	0	2.00
100.00	GRAND TOTALS		6,024,578			6,024,578	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.

CORNELL SCOTT HILL HEALTH CORP.

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Provider CCN: 07-1825

ADJUSTMENTS TO EXPENSES

Worksheet A-2

	Descriptions (1)	(2) BASIS/CODE	AMOUNT	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED	
				COST CENTER	LINE #
		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		3.00
4.00	Trade, quantity, and time discounts (chapter 8)		0		4.00
5.00	Refunds and rebates of expenses (chapter 8)		0		5.00
6.00	Rental of building or office space to others (chapter 8)		0		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		8.00
9.00	Vending machines		0		9.00
10.00	Practitioner assigned by Public Health Service		0		10.00
11.00	Depreciation - buildings and fixtures		0	CAP REL COSTS-BLDG & FIX	1.00
12.00	Depreciation - movable equipment		0	CAP REL COSTS-MVBLE EQUIP	2.00
13.00	RCE adjustment to teaching physicians' cost		0	ALLOWABLE GME COSTS	47.00
14.00	LOBBYING EXPENSE	A	-60,500	ADMINISTRATIVE & GENERAL SERVICES	4.00
14.01	DONATED VACCINES	B	-541,639	PNEUMOCOCCAL VACCINES & MED SUPPLIES	48.00
14.02	WIC BENEFITS	B	-945,230	WIC	69.01
14.03	INTEREST INCOME	B	-817	ADMINISTRATIVE & GENERAL SERVICES	4.00
14.04	OTHER INCOME	B	-93,198	ADMINISTRATIVE & GENERAL SERVICES	4.00
14.05	CATERING INCOME	B	-115,041	DIETARY	12.01
14.06	BAD DEBT	A	-679,399	ADMINISTRATIVE & GENERAL SERVICES	4.00
50.00	TOTAL (sum of lines 1 thru 49)		-2,435,844		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.

CORNELL SCOTT HILL HEALTH CORP.

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CALCULATION OF FEDERALLY QUALIFIED HEALTH CENTER COSTS

Worksheet B
Parts I & II

PART I - CALCULATION OF FEDERALLY QUALIFIED HEALTH CENTER COST PER VISIT

	Position	From Wkst. A, col. 7, line:	Direct Cost by Practitioner 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	Total Visits
		0	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	PHYSICIAN	23.00	4,411,905	80,588	1,919,774	3,564,425	9,896,104	122.80	44,657	1.00
2.00	PHYSICIAN SERVICES UNDER AGREEMENT	24.00	575,350	5,123	122,041	392,597	1,089,988	212.76	5,121	2.00
3.00	PHYSICIAN ASSISTANT	25.00	322,890	4,596	109,486	243,407	675,783	147.04	4,596	3.00
4.00	NURSE PRACTITIONER	26.00	6,070,610	74,290	1,769,743	4,413,735	12,254,088	164.95	62,370	4.00
5.00	VISITING REGISTERED NURSE	27.00	0	0	0	0	0	0.00	0	5.00
6.00	VISITING LICENSED PRACTICAL NURSE	28.00	0	0	0	0	0	0.00	0	6.00
7.00	CERTIFIED NURSE MIDWIFE	29.00	238,526	4,567	108,795	195,525	542,846	118.86	4,567	7.00
8.00	CLINICAL PSYCHOLOGIST	30.00	541,546	1,060	25,251	319,079	885,876	835.73	0	8.00
9.00	CLINICAL SOCIAL WORKER	31.00	7,412,303	78,807	1,877,347	5,229,616	14,519,266	184.24	0	9.00
10.00	REG DIETICIAN/CERT DSMT/MNT EDUCATOR	33.00	486,011	4,262	101,530	330,757	918,298	215.46	1,652	10.00
11.00	TOTALS		20,059,141	253,293	6,033,967	14,689,141	40,782,249		122,963	11.00
12.00	UNIT COST MULTIPLIER				23,822,084	0.562951				12.00
13.00	TOTAL COST PER VISIT							161.01		13.00

	Position	Mental Health Visits by Practitioner	Medical Visits by Practitioner	Mental Health Visits by Practitioner	Medical Cost by Practitioner	Mental Health Cost by Practitioner	Total Visits	Tide XVIII Costs
		8.00	9.00	10.00	11.00	12.00		
1.00	PHYSICIAN	35,931	6,236	1,322	765,781	162,342		1.00
2.00	PHYSICIAN SERVICES UNDER AGREEMENT	2	631	0	134,252	0		2.00
3.00	PHYSICIAN ASSISTANT	0	572	0	84,107	0		3.00
4.00	NURSE PRACTITIONER	11,920	6,138	1,304	1,012,463	215,095		4.00
5.00	VISITING REGISTERED NURSE	0	0	0	0	0		5.00
6.00	VISITING LICENSED PRACTICAL NURSE	0	0	0	0	0		6.00
7.00	CERTIFIED NURSE MIDWIFE	0	314	0	37,322	0		7.00
8.00	CLINICAL PSYCHOLOGIST	1,060	0	0	0	0		8.00
9.00	CLINICAL SOCIAL WORKER	78,807	0	6,205	0	1,143,209		9.00
10.00	REG DIETICIAN/CERT DSMT/MNT EDUCATOR	2,610	230	23	49,556	4,956		10.00
11.00	TOTALS	130,330	14,121	8,854	2,083,481	1,525,602		11.00
12.00	UNIT COST MULTIPLIER							12.00
13.00	TOTAL COST PER VISIT				147.54	172.31		13.00

PART II - CALCULATION OF ALLOWABLE DIRECT GRADUATE MEDICAL EDUCATION COSTS

	Total Cost (from Wkst. A col. 7, line 47)	Total Visits	Tide XVIII Visits	Ratio of Tide XVIII Visits to Total Visits	Allowable Tide XVIII Direct GME Costs			
14.00	ALLOWABLE GME COSTS	1.00	2.00	3.00	4.00	5.00	0	14.00
		0	253,293	22,975	0.090705			

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

Worksheet E-1

		mm/dd/yyyy	Amount	
		1.00	2.00	
1.00	Total interim payments paid to FQHC		5,815,337	1.00
2.00	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, write "NONE" or enter a zero		0	2.00
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
Program to Provider				
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
Provider to Program				
3.50			0	3.50
3.51			0	3.51
3.52			0	3.52
3.53			0	3.53
3.54			0	3.54
3.99	Subtotal (sum of lines 3.01 - 3.49 minus sum of lines 3.50 - 3.98)		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E, line 18)		5,815,337	4.00
TO BE COMPLETED BY CONTRACTOR				
5.00	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
Program to Provider				
5.01			0	5.01
5.02			0	5.02
5.03			0	5.03
Provider to Program				
5.50			0	5.50
5.51			0	5.51
5.52			0	5.52
5.99	Subtotal (sum of lines 5.01 - 5.49 minus sum of lines 5.50 - 5.98)		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report (1)			6.00
6.01	SETTLEMENT TO PROVIDER		0	6.01
6.02	SETTLEMENT TO PROGRAM		0	6.02
7.00	Total Medicare program liability (see instructions)		5,815,337	7.00
		Name of Contractor	Contractor Number	NPR Date (Month/Day/Year)
		1.00	2.00	3.00
8.00				8.00

Contractor Approving Official signature: _____ 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.

CORNELL SCOTT HILL HEALTH CORP.
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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	
1.00	Gross patient revenues	10,537,983	47,917,790	24,667,908	83,123,681	1.00
				1.00	2.00	
2.00	Less: Allowances and discounts on patients' accounts				24,372,768	2.00
3.00	Net patient revenues (Line 1 minus line 2)				58,750,913	3.00
4.00	Operating expenses (From Worksheet A, column 3, line 100)				57,800,732	4.00
5.00	Additions to operating expenses (Specify)			0		5.00
6.00				0		6.00
7.00				0		7.00
8.00				0		8.00
9.00				0		9.00
10.00	Total additions (sum of lines 5 through 9)				0	10.00
11.00	Subtractions from operating expenses (specify)			0		11.00
12.00				0		12.00
13.00				0		13.00
14.00				0		14.00
15.00				0		15.00
16.00	Total subtractions (sum of lines 11 through 15)				0	16.00
17.00	Total operating expenses (sum of line 4, plus line 10, minus line 16)				57,800,732	17.00
18.00	Net income from service to patients (Line 3 minus line 17)				950,181	18.00
Other income:						
19.00	Contributions, donations, bequests, etc.			0		19.00
20.00	Income from investments			0		20.00
21.00	Purchase discounts			0		21.00
22.00	Rebates and refunds of expenses			0		22.00
23.00	Sale of Medical and Nursing Supplies to other than patients			0		23.00
24.00	Sale of durable medical equipment to other than patients			0		24.00
25.00	Sale of drugs to other than patients			0		25.00
26.00	Sale of medical records and abstracts			0		26.00
27.00	Government Appropriations			0		27.00
28.00	Other revenues (Specify)			0		28.00
29.00				0		29.00
30.00				0		30.00
31.00				0		31.00
32.00	Total Other Income (Sum of lines 19 through 31)				0	32.00
33.00	Net Income or Loss for the period (Line 18 plus line 32)				950,181	33.00

CORNELL SCOTT HILL HEALTH CORP.	Period:	Run Date Time:
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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.

Provider CCN: 071825

Period:
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CMS Edit Descriptions

Edits

Code	Description
60316S	<p>CMS Edit: [60316S]</p> <p>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.</p> <p>The minimum requirements are:</p> <ul style="list-style-type: none"> * 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.

CORNELL SCOTT HILL HEALTH CORP.

Period:

Run Date Time:

From: 07/01/2017

MCRIF32: 224-14

To: 06/30/2018

Version: 2.8.166.1

Provider CCN: 071825



HCRIS Edit Listing

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	

Client: **Cornell Scott - Hill Health Corporation**
 Engagement: **Medicare - Cornell Scott - Hill Health Corp.**
 Period Ending: **6/30/2018**
 Trial Balance: **A.01 - TB**

Account	Description	UNADJ 6/30/2018	JE Ref #	RJE	FINAL 6/30/2018	1st PP-FINAL 6/30/2017
10100	Cash In Bank - General Operations	0.00			0.00	0.00
10200	Cash In Bank G+c+ Patient Fees	0.00			0.00	0.00
10300	Cash In Bank - Payroll	0.00			0.00	0.00
10400	Cash In Bank - Capital Campaign	0.00			0.00	0.00
10500	Cash In Bank - Capital Expansion	0.00			0.00	0.00
10600	Cash In Bank - Pharmacy Fund	0.00			0.00	0.00
10650	Cash In Bank - Dental ASO	0.00			0.00	0.00
10660	Cash in Bank - Health Reimbursement Account	0.00			0.00	38,108.00
10700	Cash In Bank - Money Market Funds	0.00			0.00	0.00
10790	Accounts Payable - American Express	(163,248.00)			(163,248.00)	(290,149.00)
10800	Cash - Investment Accounts	0.00			0.00	0.00
10850	CapitalOne Operating	20,000.00			20,000.00	0.00
10900	Cash - Webster Bank - Operating Account	6,045,555.00			6,045,555.00	3,462,966.00
10910	Cash - Webster Bank - Patient Fees	0.00			0.00	0.00
10920	Cash - Webster Bank - Payroll	(21,183.00)			(21,183.00)	(6,441.00)
10930	Cash - Webster Bank - Capital Campaign	10,613.00			10,613.00	10,613.00
10940	Cash - Webster Bank - Pharmacy & Patient Fees	67,967.00			67,967.00	68,284.00
10950	Cash - Webster Bank - Money Market	3,394,484.00			3,394,484.00	3,386,010.00
10960	Cash - Webster Bank - Savings	0.00			0.00	0.00
11500	Cash Reserves G+c+ Restricted	0.00			0.00	0.00
11505	Restricted Cash Principle	0.00			0.00	0.00
11510	Restricted Cash - Principal	397.00			397.00	57.00
11520	Restricted Cash - Interest	3,259.00			3,259.00	635.00
11530	Restricted Cash - Debt Service Reserve	653,600.00			653,600.00	653,600.00
11540	Restricted Cash - Construction	0.00			0.00	0.00
11900	Petty Cash and Imprest Funds	3,960.00			3,960.00	5,961.00
11950	Marketable Securities	162,052.00			162,052.00	176,436.00
12100	Accounts Receivable - Medicare	397,237.00			397,237.00	766,218.00
12200	Accounts Receivable - Medicaid	970,097.00			970,097.00	1,277,899.00
12300	Accounts Receivable - Commercial Insurance	612,249.00			612,249.00	1,546,460.00
12350	Accounts Receivable - Self Pay	365,935.00			365,935.00	0.00
12401	Pharmacy Accounts Receivable G+c+ Medicare	261,104.00			261,104.00	0.00
12402	Pharmacy Accounts Receivable G+c+ Medicaid	297,772.00			297,772.00	0.00
12403	Pharmacy Accounts Receivable - Commercial Insurance	96,121.00			96,121.00	0.00
12435	Pharmacy Accounts Receivable - Self Pay	35,180.00			35,180.00	0.00
12500	Accounts Receivable - Self Pay	0.00			0.00	1,340,690.00
12600	Accounts Receivable - Federal Grants	218,301.00			218,301.00	868,717.00
12700	Accounts Receivable - State Grants	491,265.00			491,265.00	375,436.00
12800	Accounts Receivable - Local Grants	9,061.00			9,061.00	8,786.00
12810	Accounts Receivable - Foundations	4,223.00			4,223.00	0.00
12900	Accounts Receivable - Other	170,549.00			170,549.00	67,947.00
12950	Accounts Receivable - Pharmacy-Walgreens	259,249.00			259,249.00	131,670.00
13000	Cash - Patient Services Payments	(57,508.00)			(57,508.00)	0.00
13100	Contractual Allowance G+c+ Medicare	0.00			0.00	0.00
13200	Contractual Allowance G+c+ Medicaid	0.00			0.00	0.00
13300	Contractual Allowance G+c+ Commercial Insurance	0.00			0.00	0.00
13400	Contractual Allowance - Self Pay	0.00			0.00	0.00
13500	Contractual Reserve	(555,471.00)			(555,471.00)	(507,453.00)
13550	Allowance for Doubtful Accounts	(1,024,926.00)			(1,024,926.00)	(2,775,463.00)
13560	Bad Debt Provision - Grants	0.00			0.00	0.00
13600	Rent Receivable - Facility	0.00			0.00	0.00
13610	Rent Receivable - Equipment	0.00			0.00	0.00
13620	Other Account Receivables	93,443.00			93,443.00	196,514.00
13630	Allowance for Other Receivables	0.00			0.00	0.00
14100	Medical Supplies Inventory	0.00			0.00	0.00
14300	Pharmacy Supplies Inventory	170,474.00			170,474.00	144,888.00
14350	Pharmacy-Walgreens Inventory	0.00			0.00	0.00
15100	Prepaid Insurance	90,961.00			90,961.00	86,143.00
15150	Prepaid State Unemployment Taxes	0.00			0.00	0.00
15175	Prepaid Workers Comp	46,093.00			46,093.00	0.00
15200	Prepaid Rent	0.00			0.00	0.00
15300	Prepaid Expense G+c+ Other	409,316.00			409,316.00	179,461.00
16100	Security Deposits	42,543.00			42,543.00	48,476.00
16500	Construction In Progress	3,712.00			3,712.00	27,611.00
16501	CIP Grant St. Expansion	432,365.00			432,365.00	404,543.00
16503	CIP - Dixwell Dental	0.00			0.00	0.00
16504	CIP - West Rock Clinic	0.00			0.00	662,254.00
16505	CIP - Mitchell Dr.	0.00			0.00	0.00
16506	CIP - OB/ GYN Renovation	0.00			0.00	0.00
16507	CIP - Pediatric Renovation	0.00			0.00	0.00
16508	CIP - CDBG Bathroom	0.00			0.00	1,500.00
16509	CIP - Ansonia	144,318.00			144,318.00	15,043.00

Account	Description	UNADJ 6/30/2018	JE Ref #	RJE	FINAL 6/30/2018	1st PP-FINAL 6/30/2017
16510	CIP - Q House	7,944.00			7,944.00	0.00
16515	CIP - Columbus Adult Medicine	40,750.00			40,750.00	0.00
16516	CIP - Columbus Admin. Renovations	35,725.00			35,725.00	0.00
16520	CIP - EPIC	22,555.00			22,555.00	0.00
16525	Debt. Financing for Capital Projects	59,865.00			59,865.00	0.00
16900	Capital Purchase Deposits	0.00			0.00	0.00
18100	Land	2,098,028.00			2,098,028.00	2,098,028.00
18200	Buildings and Fixtures	1,233,129.00			1,233,129.00	1,233,129.00
18210	Building Improvements & Maintenance	23,832,398.00			23,832,398.00	22,728,448.00
18250	Capital Leases	2,366,100.00			2,366,100.00	2,366,100.00
18300	Leasehold Improvements	708,416.00			708,416.00	708,416.00
18350	Software	1,032,026.00			1,032,026.00	1,021,526.00
18400	Deferred Financing	312,103.00			312,103.00	312,103.00
18450	Computers	2,042,654.00			2,042,654.00	1,826,547.00
18500	Furniture, Fixtures & Equipment	6,242,316.00			6,242,316.00	5,877,946.00
18600	Vehicles	125,063.00			125,063.00	125,063.00
18700	Other Fixed Assets	6,849.00			6,849.00	6,849.00
18710	Architectural & Engineering	112,430.00			112,430.00	50,495.00
18750	Appraisals & Closing Costs	3,800.00			3,800.00	3,800.00
18800	Asset Donation	0.00			0.00	0.00
19200	Accumulated Depreciation G+c+h Buildings and Fixtures	#####			#####	#####
19210	Accumulated Depreciation - Building Improvements & Maintenan	0.00			0.00	0.00
19250	Accumulated Amortization - Capital Leases	(2,366,100.00)			(2,366,100.00)	(2,342,509.00)
19300	Accumulated Depreciation G+c+h Leasehold Improvements	(685,237.00)			(685,237.00)	0.00
19350	Accumulated Depreciation - Software	0.00			0.00	0.00
19400	Accumulated Depreciation G+c+h Fixed Equipment	0.00			0.00	0.00
19450	Accumulated Depreciation - Other Equipment	(2,608.00)			(2,608.00)	0.00
19500	Accumulated Depreciation G+c+h Furniture and Fixtures	(2,240.00)			(2,240.00)	0.00
19600	Accumulated Depreciation G+c+h Vehicles	0.00			0.00	0.00
19700	Accumulated Depreciation G+c+h Other Fixed Assets	0.00			0.00	0.00
19750	Accumulated Amortization - Def Financing	(127,594.00)			(127,594.00)	(117,038.00)
20100	Accounts Payable G+c+h Trade	(1,154,299.00)			(1,154,299.00)	(1,285,023.00)
20105	Credit Card Payable - Citizens Payable	0.00			0.00	0.00
20110	Accounts Payable - Accruals	(358,058.00)			(358,058.00)	(628,082.00)
20150	Accounts Payable - Payroll Deductions	(6,859.00)			(6,859.00)	(258.00)
20200	Federal Taxes Payable	0.00			0.00	0.00
20210	FICA - Social Security	(104,143.00)			(104,143.00)	(94,675.00)
20220	FICA - Medicare	(24,974.00)			(24,974.00)	(22,678.00)
20400	State Taxes Payable	0.00			0.00	0.00
20500	State Unemployment Taxes Payable	0.00			0.00	0.00
20600	Contributions Payable	(384.00)			(384.00)	2,071.00
20605	EE Retirement Funds Payable	(765.00)			(765.00)	(756.00)
20700	ER Retirement Funds Payable	(27,943.00)			(27,943.00)	(26,652.00)
20850	Credit Card Payable - Citizens Bank	0.00			0.00	0.00
20855	Credit Card Payable - American Express	0.00			0.00	0.00
20860	Bond Interest Payable	(103,444.00)			(103,444.00)	(103,444.00)
20870	Accrued Legal Fees	(182,303.00)			(182,303.00)	(149,211.00)
20880	Accrued Auditing Fees	(101,713.00)			(101,713.00)	(67,024.00)
20900	Other Accounts Payable	0.00			0.00	0.00
20950	Due to State/Subrecipient	(308,741.00)			(308,741.00)	(239,416.00)
20999	Accounts Payable Beginning Balances	0.00			0.00	0.00
21999	Payroll Manual Check Suspense Account	21,887.00			21,887.00	(4,325.00)
22100	Accrued Salaries and Wages	(1,887,595.00)			(1,887,595.00)	(1,613,648.00)
22200	Accrued Vacation Expense	(1,288,569.00)			(1,288,569.00)	(1,232,730.00)
22310	Accrued Workers Compensation	(86,245.00)			(86,245.00)	(131,938.00)
22320	Pension Reserve	(8,038.00)			(8,038.00)	(7,775.00)
22322	HRA & Worker's Compensation Reserve	(167,319.00)			(167,319.00)	(199,503.00)
22323	Third Party Reimbursement Reserve	(830,000.00)			(830,000.00)	(830,000.00)
22500	Deferred Revenue G+c+h Federal Grants	(746,178.00)			(746,178.00)	(476,948.00)
22520	Deferred Revenue G+c+h State Grants	50,008.00			50,008.00	(170,349.00)
22550	Deferred Revenue G+c+h Local Grants	0.00			0.00	(18,729.00)
22560	Deferred Revenue - Foundations	(54,200.00)			(54,200.00)	(116,805.00)
22600	Deferred Revenue - Capital Grant	(2,138,774.00)			(2,138,774.00)	(805,895.00)
22700	Deferred Rent - Facility	0.00			0.00	0.00
22710	Deferred Rent - Equipment	0.00			0.00	0.00
22720	Other deferral	(59,568.00)			(59,568.00)	(68,268.00)
22730	Other Deferral - Patient Care	0.00			0.00	0.00
22900	Other Accrued Expenses	0.00			0.00	0.00
24100	CPLTD Notes Payable G+c+h Citizens Bank Loan	0.00			0.00	0.00
24150	CPLTD Notes Payable G+c+h Citizens Bank Line of Credit	0.00			0.00	0.00
24250	CPLTD Notes Payable G+c+h Capital Lease	(2,366.00)			(2,366.00)	(27,687.00)
24800	CPLTD Bond Payable G+c+h U.S. Bank	(255,000.00)			(255,000.00)	(235,000.00)
26200	LTD Notes Payable G+c+h Citizens Bank Line of Credit	0.00			0.00	0.00
26250	LTD Notes Payable - Capital Lease	0.00			0.00	(2,366.00)
26800	LTD Bond Payable G+c+h U.S. Bank	(5,690,000.00)			(5,690,000.00)	(5,945,000.00)
30100	Unrestricted Fund Balance	#####			#####	#####

Account	Description	UNADJ 6/30/2018	JE Ref #	RJE	FINAL 6/30/2018	1st PP-FINAL 6/30/2017
30500	Restricted Fund Balance	0.00			0.00	0.00
35100	Community Health Network	83,333.00			83,333.00	83,333.00
40100	Medicare	#####			#####	(9,982,313.00)
40200	Medicaid	#####			#####	#####
40300	Commercial Insurance	(5,692,551.00)			(5,692,551.00)	(5,158,776.00)
40350	Self - Pay	(3,055,394.00)			(3,055,394.00)	(2,906,383.00)
40480	Grant Funds	(134,034.00)			(134,034.00)	0.00
40500	Commercial Incentive	(914.00)			(914.00)	(2,760.00)
40515	Medicaid Incentive	0.00			0.00	(24,025.00)
40520	PCMH Program	(531,230.00)			(531,230.00)	(327,231.00)
41100	Contractual Allowance - Medicare	4,685,618.00			4,685,618.00	5,344,911.00
41150	FQHC Medicaid SAGA	0.00			0.00	0.00
41200	Contractual Allowance - Medicaid	14,094,360.00			14,094,360.00	12,098,018.00
41300	Contractual Allowance - Commercial Insurance	3,198,984.00			3,198,984.00	2,243,931.00
41350	Contractual Allowance - Self Pay	2,395,818.00			2,395,818.00	0.00
41500	Contractual Allowance - Self Pay	127.00			127.00	2,069,914.00
41510	Patient Refunds	3,682.00			3,682.00	2,738.00
41600	Vendor Discounts	0.00			0.00	0.00
42100	Federal Grant Income	(9,016,918.00)			(9,016,918.00)	(8,511,634.00)
42101	Capital Grants Federal	(159,533.00)			(159,533.00)	(7,659.00)
42200	State Grant Income	(2,066,627.00)			(2,066,627.00)	(2,044,620.00)
42201	Capital Grants State	(238,547.00)			(238,547.00)	(223,333.00)
42300	Local Community Grant Income	(41,963.00)			(41,963.00)	(19,646.00)
42400	Foundations Grant Income	(99,790.00)			(99,790.00)	(185,499.00)
42500	Other Grant Income	(21,768.00)			(21,768.00)	(19,314.00)
42501	Capital Grants Other	(67,164.00)			(67,164.00)	(85,230.00)
43100	Contract Services G+c+ Agencies & Organizations	0.00			0.00	(13,050.00)
43600	Contract Services - Yale	(31,150.00)			(31,150.00)	(17,280.00)
43700	Contract Services - Other	(15,250.00)			(15,250.00)	(45,500.00)
45100	Interest & Dividend Income	(17,296.00)			(17,296.00)	(8,593.00)
45200	Contributions	(20,751.00)			(20,751.00)	(24,263.00)
45205	Donated Equipment	0.00			0.00	(35,400.00)
45250	Fundraising Revenue	(14,927.00)			(14,927.00)	(6,859.00)
45500	Rent	0.00			0.00	0.00
45600	Room & Board	(87,779.00)			(87,779.00)	(69,329.00)
45650	Unrealized Gain/Loss	15,499.00			15,499.00	(24,352.00)
45900	Other Income	(93,198.00)			(93,198.00)	(80,616.00)
45910	Medicaid PFP	0.00			0.00	0.00
46000	Food Service - Catering	(115,041.00)			(115,041.00)	(123,749.00)
46010	Women, Infants & Children Food Benefits	(945,230.00)			(945,230.00)	(908,412.00)
46020	Vaccines and Donated Materials	(541,659.00)			(541,659.00)	(394,731.00)
47000	Pharmacy-Walgreens Revenue	(1,678,375.00)			(1,678,375.00)	(1,338,406.00)
47100	Pharmacy-Other Contract 340B Revenue	(2,139.00)			(2,139.00)	0.00
48000	EHR Incentive	0.00			0.00	0.00
50100	Direct Salaries & Wages	0.00			0.00	(110,781.00)
50101	Chief	1,994,915.00			1,969,600.92	1,580,860.51
				(25,314.08)		
			RJE - 1	(25,314.08)		
50102	Chief of Information Technology	7,615.00			7,615.00	101,846.00
50107	Coordinator Office of the Executive	81,780.00			81,780.00	85,740.00
50108	Corporate Compliance Officer	100,000.00			100,000.00	100,385.00
50109	Director of Dental Services	197,800.00			197,800.00	188,500.00
50110	Executive Assistant I	123,169.00			123,169.00	93,032.00
50111	Executive Assistant II	0.00			0.00	13,049.00
50150	Direct Salaries & Wages - Straight Time	0.00			0.00	0.00
50200	Direct Salaries & Wages G+c+ Overtime	224,208.00			173,343.64	0.00
				(50,864.36)		
			RJE - 1	(50,864.36)		
50201	Assistant Nurse Manager	45,298.00			22,650.27	28,461.80
				(22,647.73)		
			RJE - 1	(22,647.73)		
50202	Assistant Program Director I	492,568.00			492,568.00	464,673.00
50204	Call Center Manager	64,808.00			64,808.00	46,454.00
50206	Director of Early Childhood	80,000.00			80,000.00	78,750.00
50207	Director of Facilities	0.00			0.00	247.00
50208	Director of Finance	124,605.00			124,605.00	144,536.00
50209	Director of Grants Management	100,000.00			100,000.00	100,385.00
50211	Director of Information Technology	0.00			0.00	79,788.00
50212	Director of Marketing & CR	114,800.00			114,800.00	114,611.00
50214	Director of Patient Accounts	105,000.00			105,000.00	109,889.00
50215	Director of Purchasing	158,164.00			158,164.00	116,442.00
50216	Executive Chef	72,500.00			54,374.88	54,653.88
				(18,125.12)		
			RJE - 1	(18,125.12)		
50217	Facilities and Life Safety Manager	1,920.00			1,920.00	(670.00)
50218	Supervisor	38,400.00			38,400.00	20,292.00
50220	NFN Clinical Supervisor	60,000.00			60,000.00	29,981.00
50221	Office Manager	55,000.00			55,000.00	53,942.00
50222	Operations Manager	69,751.00			34,882.08	35,044.19
				(34,868.92)		
			RJE - 1	(34,868.92)		

Account	Description	UNADJ	JE Ref #	RJE	FINAL	1st PP-FINAL
		6/30/2018			6/30/2018	6/30/2017
50223	Pharmacy Director	131,328.00			131,328.00	131,833.00
50224	Program Director II	362,004.00		(62,728.84)	299,275.16	333,029.25
			RJE - 1	(62,728.84)		
50225	Site Manager	78,078.00			78,078.00	146,158.00
50226	Utilization Review Manager	0.00			0.00	5,673.00
50227	WIC Site Manager	71,012.00			71,012.00	67,208.00
50228	Director of Operations	143,900.00			143,900.00	134,989.00
50229	Development Manager	69,975.00			69,975.00	51,098.00
50230	HR Manager	93,550.00			93,550.00	96,926.00
50231	Clinical Nurse Supervisor	94,893.00		(47,437.16)	47,455.84	47,500.41
			RJE - 1	(47,437.16)		
50232	Medical Director of Quality and Operations	202,800.00			202,800.00	139,800.00
50233	Director of Care Coordination	90,050.00			90,050.00	41,769.00
50234	Director of Wellness Education	114,660.00			114,660.00	71,426.00
50235	Assistant Manager of Care Coordination	63,650.00			63,650.00	22,562.00
50300	Direct Salaries & Wages G+c+I Bonuses	520,000.00		(540.80)	519,459.20	0.00
			RJE - 1	(540.80)		
50400	Direct Salaries & Wages G+c+I Other	0.00			0.00	0.00
50401	Care Coordinator	359,037.00			359,037.00	105,413.00
50402	Case Manager	612,575.00			612,575.00	628,950.32
50403	Clinical Case Coordinator	53,802.00			53,802.00	44,264.00
50404	Clinical Pharmacist	262,049.00		(8,564.92)	253,484.08	265,250.06
			RJE - 1	(8,564.92)		
50405	Clinical Pharmacy Coordinator	118,300.00		(2,957.50)	115,342.50	109,268.25
			RJE - 1	(2,957.50)		
50407	Community Health Worker	81,853.00			81,853.00	201,196.00
50408	Dental Assistant	396,293.00			396,293.00	339,356.00
50409	Detox Technician	490,802.00		(236,330.03)	254,471.97	290,401.39
			RJE - 1	(236,330.03)		
50411	Diabetes Educator	45,715.00			45,715.00	47,113.00
50412	Early Intervention Associate	41,595.00			41,595.00	26,122.00
50413	Early Intervention Associate II	48,206.00			48,206.00	48,415.00
50416	Infectious Disease Nurse	77,691.00			77,691.00	81,123.00
50417	Interim Dental Director	0.00			0.00	9,027.00
50418	Licensed Practical Nurse	1,284,872.00		(348,592.83)	936,279.17	862,056.02
			RJE - 1	(348,592.83)		
50419	Licensed Practical Nurse Per Diem	(215.00)		107.12	(107.88)	7,338.62
			RJE - 1	107.12		
50420	Medical Assistant	878,849.00			878,849.00	703,522.00
50421	Neurologist	1,500.00			1,500.00	600.00
50423	NFN Home Visitor	32,317.00		658.83	32,975.83	38,742.00
			RJE - 1	658.83		
50424	Nurse Educator	1,575.00			1,575.00	2,643.00
50425	Nurse Manager	80,385.00			80,385.00	45,554.00
50426	Nurse Team Leader	61,165.00			61,165.00	27,596.00
50427	Ophthalmic Technician	42,739.00			42,739.00	54,464.00
50428	Ophthalmology Assistant	57,646.00			57,646.00	57,861.00
50429	Pharmacy Technician	115,406.00			115,406.00	114,319.00
50430	Practice Administrator	476,451.00			476,451.00	147,412.00
50431	Practice Manager I	190,537.00			190,537.00	185,224.00
50432	Practice Manager II	74,256.00		(37,128.00)	37,128.00	37,271.20
			RJE - 1	(37,128.00)		
50433	Prenatal Home Visitor	0.00			0.00	1,908.00
50434	QA/QI NURSE	66,682.00			66,682.00	77,620.00
50435	Registered Nurse	1,451,686.00		(452,038.37)	999,647.63	788,146.14
			RJE - 1	(452,038.37)		
50436	Registered Nurse II	18,461.00		(18,460.61)	0.39	0.24
			RJE - 1	(18,460.61)		
50437	Rehabilitation Coordinator	34,364.00			34,364.00	44,269.00
50438	Residential Aide	269,869.00			269,869.00	280,221.00
50439	Resource Nurse	0.00			0.00	0.00
50440	Resource Specialist	14,617.00			14,617.00	42,950.00
50442	Senior Care Coordinator Assistant	39,529.00			39,529.00	40,600.00
50444	Senior Detox Technician	39,191.00		(19,462.95)	19,728.05	19,584.75
			RJE - 1	(19,462.95)		
50445	Special Education Teacher	62,000.00			62,000.00	43,643.00
50447	WIC Site Nutritionist	77,954.00			77,954.00	81,954.00
50448	Lead Dental Assistant	50,051.00			50,051.00	52,278.00
50449	Milieu Counselor Shift Supervisor	103,025.00			103,025.00	103,993.00
50450	Wellness Outreach Manager	10,865.00			10,865.00	56,717.00
50453	Complex Care Manager Social Workers	86,493.00			86,493.00	13,802.00
50454	Interim Practice Administrator	0.00			0.00	17,949.00
50455	Medical Case Manager	0.00			0.00	17,299.00
50600	Admin Salaries & Wages	27,888.00			27,888.00	0.00
50601	APRN	2,165,454.00		(110,760.29)	2,054,693.71	2,122,083.77
			RJE - 1	(110,760.29)		

Account	Description	UNADJ	JE Ref #	RJE	FINAL	1st PP-FINAL
		6/30/2018			6/30/2018	6/30/2017
50602	Assistant Program Director I	0.00			0.00	0.00
50603	Assistant Program Director II	187,025.00		(49,274.94)	137,750.06	138,550.32
			RJE - 1	(49,274.94)		
50604	Clinician I	25,897.00			25,897.00	93,939.00
50605	Clinician II	3,820,473.00		(231,436.81)	3,589,036.19	3,027,446.16
			RJE - 1	(231,436.81)		
50606	Dental Hygienist	307,035.00		(611.32)	306,423.68	328,317.00
			RJE - 1	(611.32)		
50607	Dentist	686,805.00			686,805.00	529,185.00
50608	Director of Pediatrics	144,475.00			144,475.00	145,022.00
50611	Medical Director	572,781.00			572,781.00	323,542.90
50612	Nurse Midwife	171,225.00			171,225.00	215,476.00
50613	Occupational Therapist	72,141.00			72,141.00	72,419.00
50614	Pediatrician	202,641.00			202,641.00	210,153.00
50616	Physician	1,969,703.00			1,969,703.00	2,157,003.00
50617	Physician Assistant	189,152.00			189,152.00	238,381.00
50618	Podiatrist	215,262.00			215,262.00	107,054.00
50619	Program Director I	341,510.00			341,510.00	322,636.00
50620	Psychiatric APRN	416,222.00		(103,566.90)	312,655.10	20,654.12
			RJE - 1	(103,566.90)		
50621	Psychiatrist	416,851.00			416,851.00	887,413.00
50622	Psychologist	77,692.00			77,692.00	122,289.00
50623	Registered Dietitian	61,800.00			61,800.00	62,038.00
50624	Senior Clinician	785,921.00		(98,423.65)	687,497.35	643,450.40
			RJE - 1	(98,423.65)		
50625	Senior Dental Hygienist	0.00			0.00	0.00
50626	Senior Medical Provider	3,510.00		(3,510.00)	0.00	4,245.24
			RJE - 1	(3,510.00)		
50627	Speech Language Pathologist	109,722.00			109,722.00	105,719.00
50628	Substance Abuse Counselor	115,450.00			115,450.00	87,986.00
50629	Perinatal Program Manager	12,201.00			12,201.00	45,155.00
50650	Admin Salaries & Wages - Straight Time	0.00			0.00	0.00
50700	Admin Salaries & WagesG+c+h Overtime	0.00			0.00	0.00
50800	Admin Salaries & WagesG+c+h Bonuses	0.00			0.00	394,800.00
50801	Access To Care Manager	51,000.00			51,000.00	51,196.00
50802	Access to Care Outreach Worker	94,809.00			94,809.00	192,173.00
50803	Access To Care Referral Coordinator	0.00			0.00	23,398.00
50804	Accounting Clerk	9,205.00			9,205.00	42,204.00
50805	Accounts Payable Clerk	52,554.00			52,554.00	52,970.00
50806	Accounts Payable Coordinator	65,279.00			65,279.00	67,562.00
50807	Administrative Assistant	616,798.00		(100,896.89)	515,901.11	438,769.27
			RJE - 1	(100,896.89)		
50808	Billing Coordinator	0.00			0.00	28,524.00
50809	Cafeteria Assistant	52,774.00			52,774.00	54,556.00
50810	Call Center Clerk	10,836.00			10,836.00	31,658.00
50811	Call Center Customer Service Rep	258,900.00			258,900.00	256,074.00
50812	Cash Manager	0.00			0.00	14,258.00
50813	Coding Specialist	53,455.00			53,455.00	53,532.00
50815	Cook II	34,266.00		(11,420.02)	22,845.98	22,704.98
			RJE - 1	(11,420.02)		
50816	Credentialing Specialist I	55,012.00			55,012.00	55,436.00
50817	Program Manager	1,935.00			1,935.00	0.00
50818	EHR Support	53,097.00			53,097.00	53,411.00
50820	EPM Administrator	86,413.00			86,413.00	87,021.00
50821	Facilities Support Worker	24,524.00			24,524.00	(80.00)
50822	Financial Analyst	143,851.00			143,851.00	138,857.00
50823	Grant Writer	80,000.00			80,000.00	80,308.00
50824	Graphic Designer	0.00			0.00	24,236.00
50825	Health Educator	186,539.00			186,539.00	198,981.00
50826	Health Information Mgmt Proc	35,792.00			35,792.00	69,506.00
50827	Health Information Mgmt Team Ldr	0.00			0.00	9,533.00
50828	Health Information Manager	0.00			0.00	22,592.00
50830	Help Desk Associate	35,771.00			35,771.00	36,043.00
50831	Human Resources Coordinator	57,571.00			57,571.00	39,265.00
50832	Human Resources Generalist	16,594.00			16,594.00	63,651.00
50833	HUSKY Liaison	48,120.00			48,120.00	26,578.00
50834	Interactive Media and Design Specialist	(5,074.00)			(5,074.00)	0.00
50835	Marketing and Comm Proj Mgr	22,875.00			22,875.00	68,623.00
50837	Medical Records Specialist	37,465.00			37,465.00	61,012.90
50838	Office Manager School Based Clinic	42,805.00			42,805.00	87,856.00
50840	Patient Accounts Rep. Team Leader	2,307.00			2,307.00	83,786.00
50841	Patient Accounts Representative	463,631.00		(20,815.20)	442,815.80	374,656.83
			RJE - 1	(20,815.20)		
50842	Patient Advocate	75,000.00			75,000.00	76,289.00
50843	Patient Registrar	626,555.00			626,555.00	556,554.00
50844	Patient Registration Team Leader	189,015.00			189,015.00	129,986.00

Account	Description	UNADJ	JE Ref #	RJE	FINAL	1st PP-FINAL
		6/30/2018			6/30/2018	6/30/2017
50845	Payroll Supervisor	77,663.00			77,663.00	70,488.00
50846	Practice Coordinator	60,931.00			60,931.00	86,260.00
50847	Program Coordinator	166,083.00			166,083.00	118,566.00
50850	Receptionist	40,137.00			40,137.00	39,121.00
50852	Referral Specialist	269,757.00			269,757.00	222,888.00
50853	Release of Information Coordinator	0.00			0.00	9,602.00
50854	Release of Information Specialist	13,219.00			13,219.00	35,897.00
50855	Secretary/Receptionist	71,114.00			71,114.00	145,191.00
50856	Senior Financial Analyst	207,120.00			207,120.00	214,968.00
50857	Senior Human Resources Generalist	86,450.00			86,450.00	90,790.00
50858	Senior Systems Administrator	238,925.00			238,925.00	231,732.00
50859	Sous Chef	88,458.00		(29,484.09)	58,973.91	61,383.30
			RJE - 1	(29,484.09)		
50860	Training and Development Coordinator	81,859.00			81,859.00	75,323.00
50862	WIC Clerk	69,394.00			69,394.00	69,770.00
50863	Staffing Specialist	69,994.00			69,994.00	71,545.00
50864	Patient Accounts Supervisor	59,693.00			59,693.00	31,072.00
50865	Marketing Assistant	110,057.00			110,057.00	0.00
50866	Privacy Officer	100,000.00			100,000.00	84,454.00
50867	Purchasing Agent	54,599.00			54,599.00	56,109.00
50868	Senior Administrative Assistant	50,627.00			50,627.00	51,529.00
50869	HIM Coordinator	50,934.00			50,934.00	45,055.00
50870	HIM Lead Processor	52,125.00			52,125.00	42,113.00
50871	Health Information Management Supervisor	50,154.00			50,154.00	30,846.00
50872	Interactive Media and Design Specialist	24,057.00			24,057.00	38,119.00
50873	Finance Administrative Assistant	0.00			0.00	3,231.00
50874	Employment Specialist	8,064.00			8,064.00	0.00
50875	Resource Counselor	687.00			687.00	0.00
50900	Admin Salaries & Wages G+c+} Other	0.00			0.00	0.00
50950	Admin Salaries & Wages G+c+} Temporary Employees	0.00			0.00	0.00
50980	Vacation Expense	0.00			0.00	0.00
51000	Fringe	0.00			0.00	0.00
51100	FICA Social Security	1,834,167.00		(119,455.77)	1,714,711.23	1,610,501.74
			RJE - 1	(119,455.77)		
51101	FICA Medicare	462,181.00		(31,271.80)	430,909.20	403,762.32
			RJE - 1	(31,271.80)		
51200	Health Insurance	2,542,045.00		(166,847.44)	2,375,197.56	2,544,595.83
			RJE - 1	(166,847.44)		
51210	HRA Expense	25,058.00		(614.96)	24,443.04	20,864.00
			RJE - 1	(614.96)		
51220	Dental ASO Expense	0.00			0.00	0.00
51300	Life Insurance	105,502.00		(6,904.15)	98,597.85	92,836.05
			RJE - 1	(6,904.15)		
51400	Retirement Expenses	713,739.00		(45,571.77)	668,167.23	622,746.96
			RJE - 1	(45,571.77)		
51450	Pension Expense	19,090.00		(1,249.20)	17,840.80	19,411.42
			RJE - 1	(1,249.20)		
51550	Disability Insurance G+c+} Long Term	0.00			0.00	0.00
51600	State Unemployment Insurance	255,911.00		(16,741.38)	239,169.62	149,103.44
			RJE - 1	(16,741.38)		
51700	Workers Compensation	382,399.00		(24,826.12)	357,572.88	314,741.32
			RJE - 1	(24,826.12)		
51750	Tuition Reimbursement	0.00			0.00	0.00
51800	Car Allowance	0.00			0.00	0.00
51900	Fringe Benefits G+c+} Other	0.00		(4,644.46)	(4,644.46)	4,313.00
			RJE - 1	(4,644.46)		
51950	Vacation Expense	55,839.00		2,384.18	58,223.18	50,278.89
			RJE - 1	2,384.18		
52100	Medical Supplies	392,611.00		(8,438.27)	384,172.73	385,054.59
			RJE - 1	(8,438.27)		
52200	Dental Supplies	185,623.00			185,623.00	170,692.00
52300	Pharmacy Supplies	13,280.00			13,280.00	34,771.00
52305	Pharmacy Inventory Expense (COGS)	1,603,531.00		(15,660.72)	1,587,870.28	1,731,284.49
			RJE - 1	(15,660.72)		
52310	Pharmacy Inventory - Share the Care	0.00			0.00	0.00
52400	Laboratory Supplies	4,366.00			4,366.00	782.00
52500	Behavioral Health Supplies	53,406.00		(2,633.63)	50,772.37	48,793.09
			RJE - 1	(2,633.63)		
52600	Patient Records Supplies	0.00			0.00	0.00
52700	IT Supplies	186,703.00		(3,735.47)	182,967.53	486,481.15
			RJE - 1	(3,735.47)		
53100	Office Supplies	146,854.00		(13,504.73)	133,349.27	107,744.77
			RJE - 1	(13,504.73)		
53200	Housekeeping Supplies	0.00			0.00	0.00
53300	Housekeeping and Maintenance Supplies	48,537.00		(21,810.62)	26,726.38	55,969.14
			RJE - 1	(21,810.62)		

Account	Description	UNADJ 6/30/2018	JE Ref #	RJE	FINAL 6/30/2018	1st PP-FINAL 6/30/2017
53315	Pharmacy-Walgreens COGS	530,022.00			530,022.00	562,024.00
53320	Other Pharmacy Contracts - COGS	9,979.00			9,979.00	0.00
53900	Other Supplies	7,566.00			7,566.00	25,505.51
54000	Claim Processing Fees	202,127.00			202,127.00	191,405.00
54100	Rent	503,924.00			503,924.00	414,663.00
54200	Mortgage Interest	0.00			0.00	0.00
54300	Utilities - Electric	350,637.00		(19,318.20)	331,318.80	339,155.71
			RJE - 1	(19,318.20)		
54310	Utilities - Water	21,558.00		(2,015.80)	19,542.20	20,638.00
			RJE - 1	(2,015.80)		
54320	Utilities - Sewer	17,459.00		(2,381.22)	15,077.78	21,894.00
			RJE - 1	(2,381.22)		
54330	Utilities - Gas	57,684.00		(3,676.23)	54,007.77	52,023.28
			RJE - 1	(3,676.23)		
54340	Utilities - Oil	0.00			0.00	0.00
54400	Building Repairs & Maintenance	403,557.00		(44,359.44)	359,197.56	466,505.80
			RJE - 1	(44,359.44)		
54450	Furniture & Equipment Purchase	29,348.00		(2,645.22)	26,702.78	40,068.80
			RJE - 1	(2,645.22)		
54500	Furniture & Equipment Rental	65,504.00		(8,369.47)	57,134.53	95,018.39
			RJE - 1	(8,369.47)		
54600	Software	9,561.00			9,561.00	64,481.00
55100	Vehicle Rental	0.00			0.00	0.00
55150	Vehicle Expense	18,865.00		(1,184.28)	17,680.72	23,320.99
			RJE - 1	(1,184.28)		
55200	Janitorial Services	643,494.00		(228,246.05)	415,247.95	435,218.67
			RJE - 1	(228,246.05)		
55250	Laundry Services	27,389.00		(22,300.95)	5,088.05	7,519.55
			RJE - 1	(22,300.95)		
55290	Security	453,377.00		(100,817.90)	352,559.10	461,699.53
			RJE - 1	(100,817.90)		
55300	Software & Related Licenses	138,353.00			138,353.00	169,705.00
55310	Taxes	3,250.00		(345.62)	2,904.38	9,277.00
			RJE - 1	(345.62)		
55400	Service & Maintenance Agreements	1,252,999.00		(10,634.14)	1,242,364.86	1,183,037.37
			RJE - 1	(10,634.14)		
55900	Buildings & Equipment - Other	5,534.00			5,534.00	0.00
56100	Travel G+c+ Local Mileage Reimbursement	29,802.00			29,802.00	24,148.00
56200	Travel G+c+ Out of State Mileage Reimbursement	787.00			787.00	0.00
56250	Travel - Transportation	18,091.00			18,091.00	25,139.00
56300	Travel G+c+ Registration Fees	12,393.00			12,393.00	19,331.00
56350	Travel - Lodging and Board	33,607.00		(1,110.00)	32,497.00	43,119.00
			RJE - 1	(1,110.00)		
56400	Travel/Training G+c+ Provider CME	77,008.00		(1,747.21)	75,258.79	95,574.00
			RJE - 1	(1,747.21)		
56600	Employee Parking	14,652.00		(16.00)	14,636.00	5,039.00
			RJE - 1	(16.00)		
56900	Training G+c+ Other	87,155.00		(1,687.12)	85,467.88	71,823.00
			RJE - 1	(1,687.12)		
57100	Printing Expense	54,229.00		(974.13)	53,254.87	27,180.75
			RJE - 1	(974.13)		
57200	Outreach Materials	3,531.00			3,531.00	7,457.00
57310	Client Incentives	1,563.00		(30.00)	1,533.00	1,071.00
			RJE - 1	(30.00)		
57320	Patient/Client Transportation	12.00			12.00	2,620.00
57330	Patient Refunds	0.00			0.00	0.00
57340	Medical Insurance Assistance	0.00			0.00	0.00
57350	Medical & Other Services	73.00			73.00	507.00
57360	Dental Services	0.00			0.00	0.00
57400	Postage & Delivery	126,466.00		(646.70)	125,819.30	199,451.76
			RJE - 1	(646.70)		
57500	Shipping Expense	0.00			0.00	0.00
57900	Printing & Postage - Other	0.00			0.00	0.00
58100	Audit Expense	0.00			0.00	0.00
58200	Accounting Services	119,964.00			119,964.00	133,526.00
58300	Legal Expenses	261,232.00			261,232.00	336,105.00
58400	Consultant Expense	691,679.00			691,679.00	328,062.00
58500	Contractual Labor	1,012,820.00		(52,826.09)	959,993.91	991,623.00
			RJE - 1	(52,826.09)		
58510	Contractual Services	298,537.00		(3,959.06)	294,577.94	176,946.63
			RJE - 1	(3,959.06)		
58520	Subcontractor - Grant Pass Through	22,500.00			22,500.00	0.00
58550	Temporary Labor	444,248.00		(234,801.50)	209,446.50	695,334.49
			RJE - 1	(234,801.50)		
58600	External Laboratory Services	102,398.00			102,398.00	112,698.00
58610	Internal Laboratory Services	2,500.00			2,500.00	0.00

Account	Description	UNADJ 6/30/2018	JE Ref #	RJE	FINAL 6/30/2018	1st PP-FINAL 6/30/2017
58700	Snow Removal	160,000.00		(16,000.00)	144,000.00	164,825.00
			RJE - 1	(16,000.00)		
58900	Other - Labor	497.00		(35.96)	461.04	764.00
			RJE - 1	(35.96)		
59100	Communications-Telephone Expense	182,524.00		(10,923.85)	171,600.15	248,402.74
			RJE - 1	(10,923.85)		
59130	Communications-Other	82,626.00		(1,853.93)	80,772.07	101,012.00
			RJE - 1	(1,853.93)		
59150	Communications-Wireless	35,489.00			35,489.00	22,475.00
59160	Communications-Paging and Answering Service	31,303.00			31,303.00	31,520.00
59170	Cable Service	133,572.00		(8,765.96)	124,806.04	6,577.02
			RJE - 1	(8,765.96)		
59200	Insurance Expense G+c+h Medical	2,272.00			2,272.00	5,805.00
59250	Insurance Expense G+c+h Umbrella Liability	82,604.00		(1,064.82)	81,539.18	71,118.99
			RJE - 1	(1,064.82)		
59300	Insurance Expense G+c+h D & O	23,064.00			23,064.00	19,092.00
59350	Insurance Expense - General Liability	162,864.00		(4,814.19)	158,049.81	144,253.71
			RJE - 1	(4,814.19)		
59900	Insurance Expense G+c+h Other	164.00			164.00	9,592.00
60100	Dues & Subscriptions	55,480.00		(1,980.00)	53,500.00	25,393.00
			RJE - 1	(1,980.00)		
60150	Professional Licenses	45,028.00		(725.00)	44,303.00	48,369.00
			RJE - 1	(725.00)		
60200	Medical Waste & Refuse Removal	141,769.00		(23,444.34)	118,324.66	90,301.34
			RJE - 1	(23,444.34)		
60300	Personnel Recruitment Expense	550,391.00		(594.00)	549,797.00	420,612.00
			RJE - 1	(594.00)		
60350	Human Resources/Payroll Processing	228,834.00			228,834.00	182,581.00
60360	Employee Relations	137,990.00		(1,127.80)	136,862.20	104,540.91
			RJE - 1	(1,127.80)		
60370	Employee Uniforms	39,489.00		(3,888.08)	35,600.92	24,062.02
			RJE - 1	(3,888.08)		
60400	Food Expense G+c+h Catering	16,904.00			16,904.00	15,771.05
60450	Food Expense G+c+h Client Meals	1,282.00		(60.96)	1,221.04	86,857.00
			RJE - 1	(60.96)		
60500	Food Expense G+c+h Patient Food Purchases	543,518.00		(141,273.94)	402,244.06	346,036.37
			RJE - 1	(141,273.94)		
60510	Food Supplies and Chemicals	68,934.00		(20,108.39)	48,825.61	32,305.14
			RJE - 1	(20,108.39)		
60600	Outreach Expense	28,553.00			28,553.00	32,529.00
60645	Capital Campaign Expenses/Fundraising	3,500.00			3,500.00	0.00
60650	Advertising & Marketing Expense	52,725.00			52,725.00	69,362.00
60655	Advertising & Marketing - Health Fair	12,467.00			12,467.00	1,252.00
60660	Promotional Items	15,761.00			15,761.00	16,426.00
60680	Emergency Housing	12,306.00			12,306.00	7,715.00
60700	Interest Expense - Bank Loans	0.00			0.00	0.00
60710	Interest Expense - Bonds	413,775.00			413,775.00	424,744.00
60720	Interest Expense - Other	817.00			817.00	3,877.00
60750	Bank & Other Service Charges	44,657.00		(425.57)	44,231.43	43,177.21
			RJE - 1	(425.57)		
60770	Departmental Initiatives	5,422.00			5,422.00	0.00
60780	Lobbying Expense	60,500.00			60,500.00	66,860.00
60800	Freight & Courier	189.00			189.00	181.00
60890	Administrative Services Expense	0.00			0.00	0.00
60900	Miscellaneous Expenses	2,430.00			2,430.00	10,261.00
61000	Donations	0.00			0.00	0.00
61010	Women, Infants & Children Food Benefits	945,230.00			945,230.00	908,412.00
61020	Vaccines and Other Pharmaceuticals	541,659.00			541,659.00	394,731.00
65100	Depreciation Expense G+c+h Buildings and Fixtures	866,396.00		(28,411.44)	837,984.56	747,985.76
			RJE - 1	(28,411.44)		
65110	Amortization Expense	10,555.00			10,555.00	10,403.00
65150	Depreciation Expense - Capital Leases	25,951.00			25,951.00	107,562.00
65200	Depreciation Expense G+c+h Leasehold Improvements	3,666.00			3,666.00	3,733.00
65250	Depreciation Expense - Software	182,910.00			182,910.00	209,811.00
65300	Depreciation Expense G+c+h Fixed Equipment	0.00			0.00	0.00
65350	Depreciation Expense - Other Equipment	342,256.00			342,256.00	261,763.30
65400	Depreciation Expense G+c+h Furniture and Fixtures	285,736.00		(5,551.57)	280,184.43	262,433.48
			RJE - 1	(5,551.57)		
66000	Discontinued Operations	0.00			0.00	0.00
67000	Capital Grants, Net	0.00			0.00	0.00
68000	Gain or (Loss) on Sale of Assets	0.00			0.00	0.00
69100	Bad Debt Expense	631,380.00			631,380.00	619,264.00
69150	Bad Debt	0.00			0.00	34,604.00
69200	Contractual Reserve	48,019.00			48,019.00	29,578.00
69500	Food Service Charges	0.00			0.00	0.00
69998	Facilities Expenses	0.00			0.00	0.00

Account	Description	UNADJ 6/30/2018	JE Ref #	RJE	FINAL 6/30/2018	1st PP-FINAL 6/30/2017
69999	Administrative Overhead	0.00			0.00	0.00
Marcum 101	Detox Compensation	0.00	RJE - 1	2,143,112.20	2,143,112.20	2,062,476.89
Marcum 102	Detox Other	0.00	RJE - 1	1,499,052.62	1,499,052.62	1,367,140.42
Marcum01	Insurance Gross Up	0.00			0.00	0.00
Marcum02	Insurance Reserve	0.00			0.00	0.00
Total		0.00		0.00	0.00	0.00
Net (Income) Loss		0.00		0.00	0.00	0.00

Cornell Scott Hill Health Corp.
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FYE 6/30/2018

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Client: **Cornell Scott - Hill Health Corp.**
 Engagement: **FQHC - Cornell Scott**
 Period Ending: **6/30/2018**
 Trial Balance:
 Workpaper: **C.01 - Work Papers**

Account	Description	HIDI	FINAL 6/30/2017
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Group : [A] General Service Cost Centers

Subgroup : [1.00] Cap Rel Costs-BLDG and Fix

54100	Rent		503,924.00
65100	Depreciation Expense G+c+ Buildings and Fixtures		837,984.56
65110	Amortization Expense		10,555.00
65150	Depreciation Expense - Capital Leases		25,951.00
65200	Depreciation Expense G+c+ Leasehold Improvements		3,666.00
Subtotal [1.00] Cap Rel Costs-BLDG and Fix			1,382,080.56

Subgroup : [2.00] Cap Rel Costs - Movable

65250	Depreciation Expense - Software		182,910.00
65350	Depreciation Expense - Other Equipment		342,256.00
65400	Depreciation Expense G+c+ Furniture and Fixtures		280,184.43
Subtotal [2.00] Cap Rel Costs - Movable			805,350.43

Subgroup : [3.00-A] Employee Benefits Compensation

50230	HR Manager		93,550.00
50831	Human Resources Coordinator		57,571.00
50832	Human Resources Generalist		16,594.00
Subtotal [3.00-A] Employee Benefits Compensation			167,715.00

Subgroup : [3.00-B] Employee Benefits Other

51100	FICA Social Security		1,714,711.23
51101	FICA Medicare		430,909.20
51200	Health Insurance		2,375,197.56
51210	HRA Expense		24,443.04
51300	Life Insurance		98,597.85
51400	Retirement Expenses		668,167.23
51450	Pension Expense		17,840.80
51600	State Unemployment Insurance		239,169.62
51700	Workers Compensation		357,572.88
51900	Fringe Benefits G+c+ Other		(4,644.46)
51950	Vacation Expense		58,223.18
60360	Employee Relations		136,862.20
60370	Employee Uniforms		35,600.92
Subtotal [3.00-B] Employee Benefits Other			6,152,651.25

Subgroup : [4.00-A] Admin and General Compensation

50101	Chief		1,969,600.92
50102	Chief of Information Technology		7,615.00
50107	Coordinator Office of the Executive		81,780.00
50108	Corporate Compliance Officer		100,000.00
50110	Executive Assistant I		123,169.00
50200	Direct Salaries & WagesG+c+ Overtime		173,343.64
50204	Call Center Manager		64,808.00

50208	Director of Finance	124,605.00
50209	Director of Grants Management	100,000.00
50214	Director of Patient Accounts	105,000.00
50215	Director of Purchasing	158,164.00
50221	Office Manager	55,000.00
50222	Operations Manager	34,882.08
50228	Director of Operations	143,900.00
50300	Direct Salaries & WagesG+c+ Bonuses	519,459.20
50430	Practice Administrator	476,451.00
50600	Admin Salaries & Wages	27,888.00
50804	Accounting Clerk	9,205.00
50805	Accounts Payable Clerk	52,554.00
50806	Accounts Payable Coordinator	65,279.00
50807	Administrative Assistant	515,901.11
50810	Call Center Clerk	10,836.00
50811	Call Center Customer Service Rep	258,900.00
50813	Coding Specialist	53,455.00
50816	Credentialing Specialist I	55,012.00
50817	Program Manager	1,935.00
50822	Financial Analyst	143,851.00
50823	Grant Writer	80,000.00
50826	Health Information Mgmt Proc	35,792.00
50830	Help Desk Associate	35,771.00
50838	Office Manager School Based Clinic	42,805.00
50840	Patient Accounts Rep. Team Leader	2,307.00
50841	Patient Accounts Representative	442,815.80
50845	Payroll Supervisor	77,663.00
50850	Receptionist	40,137.00
50854	Release of Information Specialist	13,219.00
50855	Secretary/Receptionist	71,114.00
50856	Senior Financial Analyst	207,120.00
50857	Senior Human Resources Generalist	86,450.00
50858	Senior Systems Administrator	238,925.00
50860	Training and Development Coordinator	81,859.00
50863	Staffing Specialist	69,994.00
50864	Patient Accounts Supervisor	59,693.00
50866	Privacy Officer	100,000.00
50867	Purchasing Agent	54,599.00
50868	Senior Administrative Assistant	50,627.00
50869	HIM Coordinator	50,934.00
50870	HIM Lead Processor	52,125.00
50871	Health Information Management Supervisor	50,154.00
50872	Interactive Media and Design Specialist	24,057.00
50874	Employment Specialist	8,064.00
50875	Resource Counselor	687.00
58900	Other - Labor	461.04
Subtotal [4.00-A] Admin and General Compensation		7,409,966.79

Subgroup : [4.00-B] Admin and General Other

52700	IT Supplies	182,967.53
53100	Office Supplies	133,349.27
54000	Claim Processing Fees	202,127.00
54600	Software	9,561.00

55150	Vehicle Expense	17,680.72
55300	Software & Related Licenses	138,353.00
56900	Training G+c+I Other	85,467.88
57100	Printing Expense	53,254.87
57310	Client Incentives	1,533.00
57400	Postage & Delivery	125,819.30
59100	Communications-Telephone Expense	171,600.15
59130	Communications-Other	80,772.07
59150	Communications-Wireless	35,489.00
59160	Communications-Paging and Answering Service	31,303.00
59170	Cable Service	124,806.04
60150	Professional Licenses	44,303.00
60300	Personnel Recruitment Expense	549,797.00
60350	Human Resources/Payroll Processing	228,834.00
60680	Emergency Housing	12,306.00
60750	Bank & Other Service Charges	44,231.43
60770	Departmental Initiatives	5,422.00
60780	Lobbying Expense	60,500.00
60800	Freight & Courier	189.00
69100	Bad Debt Expense	631,380.00
69200	Contractual Reserve	48,019.00
Subtotal [4.00-B] Admin and General Other		3,019,065.26

Subgroup : [5.00-A] Plant Op and Maint. Comp.

50217	Facilities and Life Safety Manager	1,920.00
50218	Supervisor	38,400.00
50225	Site Manager	78,078.00
50821	Facilities Support Worker	24,524.00
Subtotal [5.00-A] Plant Op and Maint. Comp.		142,922.00

Subgroup : [5.00-B] Plant Op and Maint. Other

54300	Utilities - Electric	331,318.80
54310	Utilities - Water	19,542.20
54320	Utilities - Sewer	15,077.78
54330	Utilities - Gas	54,007.77
54400	Building Repairs & Maintenance	359,197.56
54450	Furniture & Equipment Purchase	26,702.78
54500	Furniture & Equipment Rental	57,134.53
55250	Laundry Services	5,088.05
55290	Security	352,559.10
55400	Service & Maintenance Agreements	1,242,364.86
55900	Buildings & Equipment - Other	5,534.00
58700	Snow Removal	144,000.00
Subtotal [5.00-B] Plant Op and Maint. Other		2,612,527.43

Subgroup : [6.00-B] Janitorial Other

53300	Houskeeping and Maintenance Supplies	26,726.38
55200	Janitorial Services	415,247.95
Subtotal [6.00-B] Janitorial Other		441,974.33

Subgroup : [7.00-A] Medical Records Comp.

50837	Medical Records Specialist	37,465.00
Subtotal [7.00-A] Medical Records Comp.		37,465.00

Subgroup : [9.00-A] Pharmacy Compensation		
50223	Pharmacy Director	131,328.00
50429	Pharmacy Technician	115,406.00
Subtotal [9.00-A] Pharmacy Compensation		246,734.00

Subgroup : [9.00-B] Pharmacy Other		
52300	Pharmacy Supplies	13,280.00
Subtotal [9.00-B] Pharmacy Other		13,280.00

Subgroup : [10.00-B] Medical Supplies Other		
52100	Medical Supplies	384,172.73
52500	Behavioral Health Supplies	50,772.37
57350	Medical & Other Services	73.00
Subtotal [10.00-B] Medical Supplies Other		435,018.10

Subgroup : [11.00-B] Transportation Other		
56200	Travel G+ç+ Out of State Mileage Reimbursement	787.00
56250	Travel - Transportation	18,091.00
57320	Patient/Client Transportation	12.00
Subtotal [11.00-B] Transportation Other		18,890.00

Subgroup : [12.00-B] Travel/Dues/Consulting Exp.		
56100	Travel G+ç+ Local Mileage Reimbursement	29,802.00
56300	Travel G+ç+ Registration Fees	12,393.00
56350	Travel - Lodging and Board	32,497.00
56400	Travel/Training G+ç+ Provider CME	75,258.79
56600	Employee Parking	14,636.00
58400	Consultant Expense	691,679.00
60100	Dues & Subscriptions	53,500.00
Subtotal [12.00-B] Travel/Dues/Consulting Exp.		909,765.79

Subgroup : [12.01-A] Dietary Comp.		
50216	Executive Chef	54,374.88
50809	Cafeteria Assistant	52,774.00
50815	Cook II	22,845.98
50859	Sous Chef	58,973.91
Subtotal [12.01-A] Dietary Comp.		188,968.77

Subgroup : [12.01-B] Dietary - Other		
60400	Food Expense G+ç+ Catering	16,904.00
60450	Food Expense G+ç+ Client Meals	1,221.04
60500	Food Expense G+ç+ Patient Food Purchases	402,244.06
60510	Food Supplies and Chemicals	48,825.61
Subtotal [12.01-B] Dietary - Other		469,194.71

Subgroup : [12.02-B] Insurance Other		
59200	Insurance Expense G+ç+ Medical	2,272.00
59250	Insurance Expense G+ç+ Umbrella Liability	81,539.18
59300	Insurance Expense G+ç+ D & O	23,064.00
59350	Insurance Expense - General Liability	158,049.81
59900	Insurance Expense G+ç+ Other	164.00
Subtotal [12.02-B] Insurance Other		265,088.99

Subgroup : [12.03-B] Medical Waste and Refuse Removal		
60200	Medical Waste & Refuse Removal	118,324.66
Subtotal [12.03-B] Medical Waste and Refuse Removal		118,324.66

Subgroup : [12.04-B] Interest & Taxes		
55310	Taxes	2,904.38
60710	Interest Expense - Bonds	413,775.00
60720	Interest Expense - Other	817.00
Subtotal [12.04-B] Interest & Taxes		417,496.38

Subgroup : [12.05-B] Accounting & Legal		
58200	Accounting Services	119,964.00
58300	Legal Expenses	261,232.00
Subtotal [12.05-B] Accounting & Legal		381,196.00

Subgroup : [12.06-B] Other Admin Supplies		
53900	Other Supplies	7,566.00
60900	Miscellaneous Expenses	2,430.00
Subtotal [12.06-B] Other Admin Supplies		9,996.00

Subgroup : [12.07-A] Outreach Compensation		
50450	Wellness Outreach Manager	10,865.00
Subtotal [12.07-A] Outreach Compensation		10,865.00

Subgroup : [12.07-B] Outreach Materials and Services		
57200	Outreach Materials	3,531.00
60600	Outreach Expense	28,553.00
Subtotal [12.07-B] Outreach Materials and Services		32,084.00

Subgroup : [12.08] Contract Expenses		
58510	Contractual Services	294,577.94
58520	Subcontractor - Grant Pass Through	22,500.00
Subtotal [12.08] Contract Expenses		317,077.94

Total [A] General Service Cost Centers 25,945,198.39

Group : [B] Direct Care Cost Centers

Subgroup : [23.00-A] Physician Compensation		
50232	Medical Director of Quality and Operations	202,800.00
50608	Director of Pediatrics	144,475.00
50611	Medical Director	572,781.00
50614	Pediatrician	202,641.00
50616	Physician	1,969,703.00
50618	Podiatrist	215,262.00
50621	Psychiatrist	416,851.00
Subtotal [23.00-A] Physician Compensation		3,724,513.00

Subgroup : [25.00-A] Physician Asst Compensation		
50617	Physician Assistant	189,152.00
Subtotal [25.00-A] Physician Asst Compensation		189,152.00

Subgroup : [26.00-A] Nurse Practitioner Compensation

50201	Assistant Nurse Manager	22,650.27
50206	Director of Early Childhood	80,000.00
50220	NFN Clinical Supervisor	60,000.00
50231	Clinical Nurse Supervisor	47,455.84
50233	Director of Care Coordination	90,050.00
50418	Licensed Practical Nurse	936,279.17
50419	Licensed Practical Nurse Per Diem	(107.88)
50423	NFN Home Visitor	32,975.83
50426	Nurse Team Leader	61,165.00
50433	Prenatal Home Visitor	0.00
50434	QA/QI NURSE	66,682.00
50435	Registered Nurse	999,647.63
50436	Registered Nurse II	0.39
50439	Resource Nurse	0.00
50455	Medical Case Manager	0.00
50601	APRN	2,054,693.71
50620	Psychiatric APRN	312,655.10
50629	Perinatal Program Manager	12,201.00
Subtotal [26.00-A] Nurse Practitioner Compensation		4,776,348.06

Subgroup : [29.00-A] CNM Compensation

50612	Nurse Midwife	171,225.00
Subtotal [29.00-A] CNM Compensation		171,225.00

Subgroup : [30.00-A] Clinical Psychologist Compensation

50619	Program Director I	341,510.00
50622	Psychologist	77,692.00
Subtotal [30.00-A] Clinical Psychologist Compensation		419,202.00

Subgroup : [31.00-A] Clinical Social Worker Comp.

50202	Assistant Program Director I	492,568.00
50224	Program Director II	299,275.16
50401	Care Coordinator	359,037.00
50402	Case Manager	612,575.00
50403	Clinical Case Coordinator	53,802.00
50603	Assistant Program Director II	137,750.06
50604	Clinician I	25,897.00
50605	Clinician II	3,589,036.19
50624	Senior Clinician	687,497.35
Subtotal [31.00-A] Clinical Social Worker Comp.		6,257,437.76

Subgroup : [33.00-A] Dietician Compensation

50234	Director of Wellness Education	114,660.00
50411	Diabetes Educator	45,715.00
50424	Nurse Educator	1,575.00
50623	Registered Dietitian	61,800.00
50825	Health Educator	186,539.00
Subtotal [33.00-A] Dietician Compensation		410,289.00

Subgroup : [35.00-A] Occupational Therapist Compensation

50613	Occupational Therapist	72,141.00
Subtotal [35.00-A] Occupational Therapist Compensation		72,141.00

Subgroup : [36.00-A] Other Direct Care Comp.

50235	Assistant Manager of Care Coordination	63,650.00
50404	Clinical Pharmacist	253,484.08
50405	Clinical Pharmacy Coordinator	115,342.50
50407	Community Health Worker	81,853.00
50409	Detox Technician	254,471.97
50412	Early Intervention Associate	41,595.00
50413	Early Intervention Associate II	48,206.00
50416	Infectious Disease Nurse	77,691.00
50420	Medical Assistant	878,849.00
50421	Neurologist	1,500.00
50425	Nurse Manager	80,385.00
50427	Ophthalmic Technician	42,739.00
50428	Ophthalmology Assistant	57,646.00
50431	Practice Manager I	190,537.00
50432	Practice Manager II	37,128.00
50437	Rehabilitation Coordinator	34,364.00
50438	Residential Aide	269,869.00
50440	Resource Specialist	14,617.00
50442	Senior Care Coordinator Assistant	39,529.00
50444	Senior Detox Technician	19,728.05
50445	Special Education Teacher	62,000.00
50449	Milieu Counselor Shift Supervisor	103,025.00
50453	Complex Care Manager Social Workers	86,493.00
50627	Speech Language Pathologist	109,722.00
50628	Substance Abuse Counselor	115,450.00
50801	Access To Care Manager	51,000.00
50802	Access to Care Outreach Worker	94,809.00
50818	EHR Support	53,097.00
50820	EPM Administrator	86,413.00
50833	HUSKY Liaison	48,120.00
50842	Patient Advocate	75,000.00
50843	Patient Registrar	626,555.00
50844	Patient Registration Team Leader	189,015.00
50846	Practice Coordinator	60,931.00
50847	Program Coordinator	166,083.00
50852	Referral Specialist	269,757.00
Subtotal [36.00-A] Other Direct Care Comp.		4,800,654.60

Subgroup : [36.00-B] Other Direct Care Supplies

58500	Contractual Labor	959,993.91
58550	Temporary Labor	209,446.50
Subtotal [36.00-B] Other Direct Care Supplies		1,169,440.41

Total [B] Direct Care Cost Centers**21,990,402.83****Group : [C] Reimbursable Pass Through Costs****Subgroup : [48.00] Pneumococcal Vaccines and Supplies**

61020	Vaccines and Other Pharmaceuticals	541,659.00
Subtotal [48.00] Pneumococcal Vaccines and Supplies		541,659.00

Total [C] Reimbursable Pass Through Costs**541,659.00**

Group : [D] Other FQHC Services		
Subgroup : [61.00-B] Diagnostic and Screening Tests Other		
52400	Laboratory Supplies	4,366.00
58600	External Laboratory Services	102,398.00
58610	Internal Laboratory Services	2,500.00
Subtotal [61.00-B] Diagnostic and Screening Tests Other		109,264.00
Subgroup : [69.00-A] Dental Compensation		
50109	Director of Dental Services	197,800.00
50408	Dental Assistant	396,293.00
50448	Lead Dental Assistant	50,051.00
50606	Dental Hygenist	306,423.68
50607	Dentist	686,805.00
Subtotal [69.00-A] Dental Compensation		1,637,372.68
Subgroup : [69.00-B] Dental Other		
52200	Dental Supplies	185,623.00
Subtotal [69.00-B] Dental Other		185,623.00
Subgroup : [69.01-A] WIC Compensation		
50227	WIC Site Manager	71,012.00
50447	WIC Site Nutritionist	77,954.00
50862	WIC Clerk	69,394.00
Subtotal [69.01-A] WIC Compensation		218,360.00
Subgroup : [69.01-B] WIC Other		
61010	Women, Infants & Children Food Benefits	945,230.00
Subtotal [69.01-B] WIC Other		945,230.00
Total [D] Other FQHC Services		3,095,849.68

Group : [E] Nonreimbursable Cost Centers		
Subgroup : [77.00-B] Retail Pharmacy Other		
52305	Pharmacy Inventory Expense (COGS)	1,587,870.28
53315	Pharmacy-Walgreens COGS	530,022.00
53320	Other Pharmacy Contracts - COGS	9,979.00
Subtotal [77.00-B] Retail Pharmacy Other		2,127,871.28
Subgroup : [79.01-A] Detox Clinic Compensation		
Marcum 101	Detox Compensation	2,143,112.20
Subtotal [79.01-A] Detox Clinic Compensation		2,143,112.20
Subgroup : [79.01-B] Detox Clinic Other		
Marcum 102	Detox Other	1,499,052.62
Subtotal [79.01-B] Detox Clinic Other		1,499,052.62

Subgroup : [79.03-A] Marketing/Board Comp.		
50212	Director of Marketing & CR	114,800.00
50229	Development Manager	69,975.00
50834	Interactive Media and Design Specialist	(5,074.00)
50835	Marketing and Comm Proj Mgr	22,875.00
50865	Marketing Assistant	110,057.00
Subtotal [79.03-A] Marketing/Board Comp.		312,633.00

Subgroup : [79.03-B] Marketing/Board Other		
60645	Capital Campaign Expenses/Fundraising	3,500.00
60650	Advertising & Marketing Expense	52,725.00
60655	Advertising & Marketing - Health Fair	12,467.00
60660	Promotional Items	15,761.00
Subtotal [79.03-B] Marketing/Board Other		84,453.00
Total [E] Nonreimbursable Cost Centers		6,167,122.10

Group : [F] Revenues		
Subgroup : [1.00-A] Medicare Revenue		
40100	Medicare	(10,537,983.00)
Subtotal [1.00-A] Medicare Revenue		(10,537,983.00)

Subgroup : [1.00-B] Medicaid Revenue		
40200	Medicaid	(47,917,790.00)
Subtotal [1.00-B] Medicaid Revenue		(47,917,790.00)

Subgroup : [1.00-C] Other Revenue		
40300	Commercial Insurance	(5,692,551.00)
40350	Self - Pay	(3,055,394.00)
40480	Grant Funds	(134,034.00)
40500	Commercial Incentive	(914.00)
40520	PCMH Program	(531,230.00)
41510	Patient Refunds	3,682.00
42100	Federal Grant Income	(9,016,918.00)
42101	Capital Grants Federal	(159,533.00)
42200	State Grant Income	(2,066,627.00)
42201	Capital Grants State	(238,547.00)
42300	Local Community Grant Income	(41,963.00)
42400	Foundations Grant Income	(99,790.00)
42500	Other Grant Income	(21,768.00)
42501	Capital Grants Other	(67,164.00)
43600	Contract Services - Yale	(31,150.00)
43700	Contract Services - Other	(15,250.00)
45100	Interest & Dividend Income	(17,296.00)
45200	Contributions	(20,751.00)
45250	Fundraising Revenue	(14,927.00)
45600	Room & Board	(87,779.00)
45650	Unrealized Gain/Loss	15,499.00
45900	Other Income	(93,198.00)
46000	Food Service - Catering	(115,041.00)
46010	Women, Infants & Children Food Benefits	(945,230.00)
46020	Vaccines and Donated Materials	(541,659.00)
47000	Pharmacy-Walgreens Revenue	(1,678,375.00)
Subtotal [1.00-C] Other Revenue		(24,667,908.00)

Subgroup : [2.00]	Allowances/Discounts	
41100	Contractual Allowance - Medicare	4,685,618.00
41200	Contractual Allowance - Medicaid	14,094,360.00
41300	Contractual Allowance - Commercial Insurance	3,198,984.00
41350	Contractual Allowance - Self Pay	2,395,818.00
41500	Contractual Allowance - Self Pay	127.00
47100	Pharmacy-Other Contract 340B Revenue	(2,139.00)
Subtotal [2.00] Allowances/Discounts		24,372,768.00
Total [F] Revenues		(58,750,913.00)

Group : [Y]	Assets	
Subgroup : None		
10790	Accounts Payable - American Express	(163,248.00)
10850	CapitalOne Operating	20,000.00
10900	Cash - Webster Bank - Operating Account	6,045,555.00
10920	Cash - Webster Bank - Payroll	(21,183.00)
10930	Cash - Webster Bank - Capital Campaign	10,613.00
10940	Cash - Webster Bank - Pharmacy & Patient Fees	67,967.00
10950	Cash - Webster Bank - Money Market	3,394,484.00
11510	Restricted Cash - Principal	397.00
11520	Restricted Cash - Interest	3,259.00
11530	Restricted Cash - Debt Service Reserve	653,600.00
11900	Petty Cash and Imprest Funds	3,960.00
11950	Marketable Securities	162,052.00
12100	Accounts Receivable - Medicare	397,237.00
12200	Accounts Receivable - Medicaid	970,097.00
12300	Accounts Receivable - Commercial Insurance	612,249.00
12350	Accounts Receivable - Self Pay	365,935.00
12401	Pharmacy Accounts Receivable G+ç+ Medicare	261,104.00
12402	Pharmacy Accounts Receivable G+ç+ Medicaid	297,772.00
12403	Pharmacy Accounts Receivable - Commercial Insurance	96,121.00
12435	Pharmacy Accounts Receivable - Self Pay	35,180.00
12600	Accounts Receivable - Federal Grants	218,301.00
12700	Accounts Receivable - State Grants	491,265.00
12800	Accounts Receivable - Local Grants	9,061.00
12810	Accounts Receivable - Foundations	4,223.00
12900	Accounts Receivable - Other	170,549.00
12950	Accounts Receivable - Pharmacy-Walgreens	259,249.00
13000	Cash - Patient Services Payments	(57,508.00)
13500	Contractual Reserve	(555,471.00)
13550	Allowance for Doubtful Accounts	(1,024,926.00)
13620	Other Account Receivables	93,443.00
14300	Pharmacy Supplies Inventory	170,474.00
15100	Prepaid Insurance	90,961.00
15175	Prepaid Workers Comp	46,093.00
15300	Prepaid Expense G+ç+ Other	409,316.00
16100	Security Deposits	42,543.00
16500	Construction In Progress	3,712.00
16501	CIP Grant St. Expansion	432,365.00
16509	CIP - Ansonia	144,318.00
16510	CIP - Q House	7,944.00

16515	CIP - Columbus Adult Medicine	40,750.00
16516	CIP - Columbus Admin. Renovations	35,725.00
16520	CIP - EPIC	22,555.00
16525	Debt. Financing for Capital Projects	59,865.00
18100	Land	2,098,028.00
18200	Buildings and Fixtures	1,233,129.00
18210	Building Improvements & Maintenance	23,832,398.00
18250	Capital Leases	2,366,100.00
18300	Leasehold Improvements	708,416.00
18350	Software	1,032,026.00
18400	Deferred Financing	312,103.00
18450	Computers	2,042,654.00
18500	Furniture, Fixtures & Equipment	6,242,316.00
18600	Vehicles	125,063.00
18700	Other Fixed Assets	6,849.00
18710	Architectural & Engineering	112,430.00
18750	Appraisals & Closing Costs	3,800.00
19200	Accumulated Depreciation G+ç+ Buildings and Fixtures	(22,929,680.00)
19250	Accumulated Amortization - Capital Leases	(2,366,100.00)
19300	Accumulated Depreciation G+ç+ Leasehold Improvements	(685,237.00)
19450	Accumulated Depreciation - Other Equipment	(2,608.00)
19500	Accumulated Depreciation G+ç+ Furniture and Fixtures	(2,240.00)
19750	Accumulated Amortization - Def Financing	(127,594.00)
Subtotal : None		28,329,811.00
Total [Y] Assets		28,329,811.00

Group : [Z]	Liabilities & Equity
Subgroup : None	

20100	Accounts Payable G+ç+ Trade	(1,154,299.00)
20110	Accounts Payable - Accruals	(358,058.00)
20150	Accounts Payable - Payroll Deductions	(6,859.00)
20210	FICA - Social Security	(104,143.00)
20220	FICA - Medicare	(24,974.00)
20600	Contributions Payable	(384.00)
20605	EE Retirement Funds Payable	(765.00)
20700	ER Retirement Funds Payable	(27,943.00)
20860	Bond Interest Payable	(103,444.00)
20870	Accrued Legal Fees	(182,303.00)
20880	Accrued Auditing Fees	(101,713.00)
20950	Due to State/Subrecipient	(308,741.00)
21999	Payroll Manual Check Suspense Account	21,887.00
22100	Accrued Salaries and Wages	(1,887,595.00)
22200	Accrued Vacation Expense	(1,288,569.00)
22310	Accrued Workers Compensation	(86,245.00)
22320	Pension Reserve	(8,038.00)
22322	HRA & Worker's Compensation Reserve	(167,319.00)
22323	Third Party Reimbursement Reserve	(830,000.00)
22500	Deferred Revenue G+ç+ Federal Grants	(746,178.00)
22520	Deferred Revenue G+ç+ State Grants	50,008.00
22560	Deferred Revenue - Foundations	(54,200.00)
22600	Deferred Revenue - Capital Grant	(2,138,774.00)
22720	Other deferral	(59,568.00)
24250	CPLTD Notes Payable G+ç+ Capital Lease	(2,366.00)

24800	CPLTD Bond Payable G+ç+ U.S. Bank	(255,000.00)
26800	LTD Bond Payable G+ç+ U.S. Bank	(5,690,000.00)
30100	Unrestricted Fund Balance	(11,947,380.00)
35100	Community Health Network	<u>83,333.00</u>
Subtotal : None		<u>(27,379,630.00)</u>
Total [Z] Liabilities & Equity		<u>(27,379,630.00)</u>

Cornell Scott Hill Health Corp.
FYE 6/30/2018
Reclassification Entry

Reclass #1

To reclass fringe benefits based on % to total

<u>Line Number</u>	<u>Line Name</u>	<u>Debit</u>	<u>Credit</u>
3.00	Fringe Benefits & Payroll Taxes		4,638,412
23.00	Physician	687,392	
25.00	Physician Assistant	34,910	
26.00	Nurse Practitioner	881,517	
27.00	Visiting RNs	-	
28.00	Visiting LPNs	-	
29.00	Certified Nurse Midwife	31,601	
30.00	Clinical Psychologist	77,367	
31.00	Clinical Social Worker	1,154,865	
33.00	Dietician/Educator	75,722	
35.00	Occupational Therapist	13,314	
36.00	Other Allied Health	886,003	
69.00	Dental	302,192	
69.01	WIC	40,300	
79.01	Detox Clinic	395,530	
79.02	Marketing	57,699	

Reclass #2

To reclass contracted services to correct cost report line.

<u>Line Number</u>	<u>Line Name</u>	<u>Debit</u>	<u>Credit</u>
24.00	Physician Under Contract	575,350	
25.00	Physician Assistant	98,828	
26.00	Nurse Practitioner	412,745	
29.00	Midwife	35,700	
30.00	Psychologist	44,977	
34.00	Physical Therapy	1,840	
36.00	Other Allied Health		1,169,440

Reclass #3

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

<u>Line Number</u>	<u>Line Name</u>	<u>Debit</u>	<u>Credit</u>
48.00	Pneumococcal Vaccines	100,100	
49.00	Influenza Vaccines	116,626	
10.00	Medical Supplies		216,726

Cornell Scott Hill Health Corp.
FYE 6/30/2018
Adjusting Entries

<u>Line Number</u>	<u>Description</u>	<u>Adjustment</u>	<u>Basis</u>
4.00	Lobbying Expense	(60,500)	A
48.00	Donated Vaccines	(541,659)	B
69.01	WIC Benefits	(945,230)	B
4.00	Interest Income	(817)	B
4.00	Other Income	(93,198)	B
12.01	Catering Income	(115,041)	B
4.00	Bad Debt	(679,399)	A
		<u>Total \$</u>	
		(2,435,844)	

Cornell Scott Hill Health Corp.
 FYE 6/30/2018
 Visits & Productivity

A-4

PBC	WP 1.01		Medical Visits		Mental Health	
	Staff	Contract	Total Visits	Total Medicare Visits	Total Visits	Total Medicare Visits
Physicians	20.09		44,657	6,236	35,931	1,322
Physician Services under Agreement		0.99	5,121	631	2	-
Physician Assistants	2.00	1.58	4,596	572	-	-
Nurse Practitioners	67.37	3.49	62,370	6,138	11,920	1,304
Nurse - RN	-	-				
Nurse - LPN	-	-				
Nurse - CNM	1.28	0.23	4,567	314	-	-
Clinical Psychologist	1.00	0.21			1,060	
Clinical Social Worker	103.21				78,807	6,205
Laboratory Technician	-					
Dieticians/Educators	8.15		1,652	230	2,610	23
PT		0.01				
OT	1.00					
Other	96.19					
Total	300.29	6.51	122,963	14,121	130,330	8,854

Ties to Worksheet B, Parts I & II

7/1/2017-6/30/2018		
Provider #07-1825	Medical	Mental Health
Title V	848	-
Title XVIII	7,912	2,945
Title XIX	48,629	25,968
Other	22,892	3,821
Total	80,281	32,734

7/1/2017-6/30/2018		
Provider #07-1869	Medical	Mental Health
Title V	78	-
Title XVIII	1,771	601
Title XIX	9,485	2,843
Other	2,973	805
Total	14,307	4,249

7/1/2017-6/30/2018		
Provider #07-1868	Medical	Mental Health
Title V	3	-
Title XVIII	1,088	985
Title XIX	3,903	4,400
Other	1,409	1,137
Total	6,403	6,522

7/1/2017-6/30/2018		
Provider #07-1864	Medical	Mental Health
Title V	85	-
Title XVIII	1,119	1,648
Title XIX	5,066	3,965
Other	2,248	1,790
Total	8,518	7,403

7/1/2017-6/30/2018		
Provider #07-1867	Medical	Mental Health
Title V	1	-
Title XVIII	23	306
Title XIX	511	14,929
Other	13	4,717
Total	548	19,952

7/1/2017-6/30/2018

Provider #07-1866

	Medical	Mental Health
Title V	3	-
Title XVIII	1,522	2,160
Title XIX	4,987	13,328
Other	1,203	3,121
Total	7,715	18,609

7/1/2017-6/30/2018

Provider #07-1865

	Medical	Mental Health
Title V	3	3
Title XVIII	255	209
Title XIX	3,587	28,987
Other	326	11,662
Total	4,171	40,861

7/1/2017-6/30/2018

Provider #07-1897

	Medical	Mental Health
Title V	-	-
Title XVIII	7	-
Title XIX	8	-
Other	3	-
Total	18	-

7/1/2017-6/30/2018

Provider #07-1898

	Medical	Mental Health
Title V	2	-
Title XVIII	424	-
Title XIX	433	-
Other	143	-
Total	1,002	-

Note: All visits were taken from the Provider's reports provided by the client WP D.04 & D.05
Ties without exception to S-3, Part 1

**Cornell Scott Hill Health Corp.
 Administering of Drug Recluses
 FYE 6/30/2018**

A-6

Hours

	<u>Pneumococcal</u>	<u>Influenza</u>
Number of Vaccines Administered	770	5,607
Time Spent per Shot (10 minutes)	0.17	0.17
Total Hours Spent Administering Vaccines	<hr/> 128.33	<hr/> 934.50
Total Hours for All Visits	624,603	624,603
Percent Spent on Vaccine	0.000205	0.001496

Expenses

	<u>Pneumococcal</u>	<u>Influenza</u>
Number of Vaccines Administered	770	5,607
Amount per Vaccine	\$ 130.00	\$ 20.80
Total Expense Associated with Vaccines	<hr/> \$ 100,100.00	<hr/> \$ 116,625.60
Number of Medicare Vaccines Administered	236	899

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

Cornell Scott Hill Health Corp.
FYE 6/30/2018
Analysis of Revenue Received

A-7

7/1/17-6/30/18

Provider #07-1825 (Includes all locations)

Medicare Payments	5,852,365
Sequestration	<u>(117,047)</u>
Total	5,735,318

Provider #07-1825 (Includes all locations) - Vaccines

Medicare Payments	81,652
Sequestration	<u>(1,633)</u>
Total	80,019

Total Payments

Medicare Payments	5,934,017
Sequestration	<u>(118,680)</u>
Total	<u>5,815,337</u>