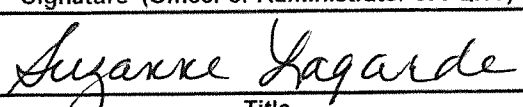
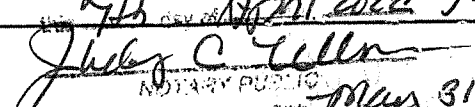


STATE OF CONNECTICUT
DEPARTMENT OF SOCIAL SERVICES
55 FARMINGTON AVENUE HARTFORD, CONNECTICUT 06105

ANNUAL REPORT
FEDERALLY QUALIFIED HEALTH CENTER (FQHC)

Date Submitted: _____ Date Received: _____

1.	FQHC Name	Fair Haven Community Health Clinic		
	Street Address	374 Grand Ave		
	City, State, ZIP	New Haven, CT 06513		
	Telephone Number	203-777-7411		
	Contact Person	Amy Trimani		
	Title	CFO		
2.	FQHC Medicaid Provider Number:		3. Reporting Period:	
	Medical	004235736	From	7/1/2020 To 6/30/2021
	Dental	008050183		
	Mental Health	008050025		
	Other	008054526		
4.	Type of Control (Check One Only)			
	<input checked="" type="checkbox"/> NONPROFIT ORGANIZATION			
	<input type="checkbox"/> GOVERNMENT			
	<input type="checkbox"/> STATE	<input type="checkbox"/> DISTRICT	<input type="checkbox"/> OTHER	
	<input type="checkbox"/> COUNTY	<input type="checkbox"/> CITY		
5.	FQHC Owned By:			
<u>CERTIFICATION BY OFFICER OR ADMINISTRATOR OF CLINIC</u>				
I Hereby Certify That I Have Examined the Accompanying Worksheets Prepared By				
Fair Haven Community Health Clinic 004235736				
(FQHC Name)				
For the Reporting Period Beginning 7/1/2020 and Ending 6/30/2021 and That to the Best of My Knowledge and Belief It is a True, Correct and Complete Statement Prepared From the Books and Records of the FQHC In Accordance With Applicable Instructions, Except as Noted:				
6.	Signature (Officer or Administrator of FQHC)		Printed Name	
			Suzanne Lagarde, MD	
Title				
	CEO		Date	
	Subscribed and sworn to before me this 7th day of April, 2021.		7-22	
			May 31, 2021	
	NOTARY PUBLIC			
	DATE COMMISSION EXPIRES			

FEDERALLY QUALIFIED HEALTH CENTER (FQHC)

Reporting Period: From 7/1/2020 To 6/30/2021

FQHC Name: Fair Haven Community Health Clinic

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.

[illegible]

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.

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

Reporting Period:	From <u>7/1/2020</u>	To <u>6/30/2021</u>
FQHC Name: Fair Haven Community Health Clinic		

Form A-1 (Direct 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)
A. DIRECT HEALTH CARE COST	I	II	III	IV	V	VI	VII
<i>(Excluding Dental, Mental Health & Other)</i>							
1. Staff Cost							
a. Physician	2,593,275	425,397	3,018,672		3,018,672		3,018,672
b. Physician Assistant	92,734	15,212	107,946		107,946		107,946
c. Nurse (APRN, Midwife, RN)	3,614,371	592,895	4,207,266		4,207,266		4,207,266
d. Other - Specify							
Clinical Assistants	1,023,852	167,951	1,191,803		1,191,803		1,191,803
Patient support services	714,354	117,182	831,536		831,536		831,536
Lab staff	82,015	13,454	95,469		95,469		95,469
Enabling	588,367	96,515	684,882		684,882		684,882
Educator	5,546	910	6,456		6,456		6,456
Contracted Physician		75,362	75,362		75,362		75,362
			0		0		0
			0		0		0
			0		0		0
			0		0		0
			0		0		0
			0		0		0
e. Subtotal Direct Health Care Cost	8,714,514	1,504,878	10,219,392	0	10,219,392	0	10,219,392
2. Other Direct Health Care Cost							
a. Medical Supplies		1,901,838	1,901,838		1,901,838	(1,607,043)	294,795
b. Transportation		66,713	66,713		66,713		66,713
c. Depreciation - Medical Equipment		0	0		0		0
d. Professional Liability Insurance		0	0		0		0
e. Laboratory		309,500	309,500		309,500	(22,600)	286,700
f. Radiology		0	0		0		0
g. Physician-Administered Drugs		0	0		0		0
h. Other - Specify							
Prescription Drug Benefit Program		1,394,273	1,394,273		1,394,273		1,394,273
Other expenses		74,001	74,001		74,001		74,001
Occupancy and Office Expenses		1,413,804	1,413,804		1,413,804		1,413,804
		0	0		0		0
i. Subtotal Other Direct Health Care Cost	0	5,160,129	5,160,129	0	5,160,129	(1,629,843)	3,530,286
3. TOTAL DIRECT HEALTH CARE COST (1e & 2i)	8,714,514	6,665,007	15,379,521	0	15,379,521	(1,629,843)	13,749,678

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

Reporting Period: From 7/1/2020 To 6/30/2021
FQHC Name: Fair Haven Community Health Clinic

Form A-2 (Direct Dental Care Cost)

RECLASSIFICATIONS AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

COST CENTER	Salaried Personnel	Other Costs	Total	Reclass- ifications	Reclassified Trial Balance (Col 3 & 4)	Adjustments Increase (Decrease)	Net Expenses (Col 5 & 6)
	I	II	III	IV	V	VI	VII
B. DIRECT DENTAL CARE COST							
1. Staff Cost							
a. Dentist	337,704	55,396	393,100		393,100		393,100
b. Dental Hygienist	120,430	19,755	140,185		140,185		140,185
c. Other - Specify							
Dental Support Staff	68,524	11,241	79,765		79,765		79,765
Dental Assistant	94,316	15,471	109,787		109,787		109,787
Patient Support Svcs	48,743	7,996	56,739		56,739		56,739
			0		0		0
			0		0		0
			0		0		0
			0		0		0
			0		0		0
			0		0		0
			0		0		0
			0		0		0
			0		0		0
			0		0		0
d. Subtotal Direct Dental Care Cost	669,717	109,859	779,576	0	779,576	0	779,576
2 Other Direct Dental Care Cost							
a. Dental Supplies		97,361	97,361		97,361		97,361
b. Transportation		0	0		0		0
c. Depreciation - Dental Equipment		0	0		0		0
d. Professional Liability Insurance		70,862	70,862		70,862		70,862
e. Other - Specify							
Dental Temporary Services		5,471	5,471		5,471		5,471
Occupancy and Office Expenses		107,723	107,723		107,723		107,723
			0		0		0
			0		0		0
			0		0		0
f. Subtotal Other Direct Dental Care Cost	0	281,417	281,417	0	281,417	0	281,417
3 TOTAL DIRECT DENTAL CARE COST (1d & 2f)	669,717	391,276	1,060,993	0	1,060,993	0	1,060,993

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

Reporting Period:	From <u>7/1/2020</u>	To <u>6/30/2021</u>
FQHC Name: Fair Haven Community Health Clinic		

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)
	I	II	III	IV	V	VI	VII
C. DIRECT MENTAL HEALTH CARE COST							
1. Staff Cost							
a. Psychologist	329,281	54,015	383,296		383,296		383,296
b. Social Worker	0		0		0		0
c. Other - Specify							
Psychiatrist	54,488	8,938	63,426		63,426		63,426
Behavioral Health Clinician	430,462	70,612	501,074		501,074		501,074
Enabling	107,077	17,565	124,642		124,642		124,642
Patient Support Services	123,596	20,274	143,870		143,870		143,870
			0		0		0
			0		0		0
			0		0		0
			0		0		0
d. Subtotal Direct Mental Health Care Cost	1,044,904	171,404	1,216,308	0	1,216,308	0	1,216,308
2. Other Direct Mental Health Care Cost							
a. Medical Supplies		0	0		0		0
b. Transportation		0	0		0		0
c. Depreciation - Mental Health Equipment		0	0		0		0
d. Professional Liability Insurance		0	0		0		0
e. Other - Specify							
Occupancy and Office Expenses		168,067	168,067		168,067		168,067
		0	0		0		0
		0	0		0		0
		0	0		0		0
		0	0		0		0
f. Subtotal Other Direct Mental Health Care Cost	0	168,067	168,067	0	168,067	0	168,067
3. TOTAL DIRECT MENTAL HEALTH CARE COST (1d & 2f)	1,044,904	339,471	1,384,375	0	1,384,375	0	1,384,375
D. TOTAL DIRECT COST BEFORE NON-ALLOWABLE SERVICES	10,429,135	7,395,754	17,824,889	-	17,824,889	(1,629,843)	16,195,046

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

Reporting Period:	From <u>7/1/2020</u>	To <u>6/30/2021</u>
FQHC Name: Fair Haven Community Health Clinic		

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

RECLASSIFICATIONS AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES							
COST CENTER	Salaried Personnel	Other Costs	Total	Reclass-ifications	Reclassified Trial Balance (Col 3 & 4)	Adjustments Increase (Decrease)	Net Expenses (Col 5 & 6)
	I	II	III	IV	V	VI	VII
E. NON-ALLOWABLE DIRECT OTHER SERVICE COST							
1. Service							
a. Clinical Diagnostic Lab		0	0		0		0
b. Radiology		0	0		0		0
c. Prescription Drugs/Pharmacy		0	0		0	0	0
d. Battered Women		0	0		0		0
e. Homeless		0	0		0		0
f. WIC	219,696	1,071,726	1,291,422	0	1,291,422	(1,291,422)	0
g. Non-FQHC Sites			0		0		0
h. Other - Specify			0	0	0		0
			0	0	0		0
			0	0	0		0
			0	0	0		0
			0	0	0		0
			0	0	0		0
			0	0	0		0
			0	0	0		0
i. Total Non-Allowable Direct Other Service Cost	219,696	1,071,726	1,291,422	0	1,291,422	(1,291,422)	0
F. TOTAL DIRECT COST (D+E1i)	10,648,831	8,467,480	19,116,311		19,116,311	(2,921,265)	16,195,046

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

Reporting Period:	From <u>7/1/2020</u>	To <u>6/30/2021</u>
FQHC Name: Fair Haven Community Health Clinic		

Form A-5 (Overhead Cost)

RECLASSIFICATIONS AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES							
COST CENTER	Salaried Personnel I	Other Costs II	Total III	Reclass- ifications IV	Reclassified Trial Balance (Col 3 & 4) V	Adjustments Increase (Decrease) VI	Net Expenses (Col 5 & 6) VII
G. OVERHEAD - FACILITY COST							
a. Rent		261,011	261,011		261,011	(33,700)	227,311
b. Insurance		100,247	100,247		100,247		100,247
c. Interest on Mortgage or Loans		7,717	7,717		7,717		7,717
d. Utilities		41,523	41,523		41,523		41,523
e. Depreciation - Building		0	0		0		0
f. Depreciation - Equipment		925,549	925,549		925,549		925,549
g. Housekeeping & Maintenance		84,220	84,220		84,220		84,220
h. Other (Specify)							
Dietary Supplies		19,154	19,154		19,154		19,154
Building Security		50,508	50,508		50,508		50,508
		0	0		0		0
		0	0		0		0
i. Subtotal Overhead - Facility Cost	0	1,489,929	1,489,929	0	1,489,929	(33,700)	1,456,229
H. OVERHEAD - ADMINISTRATIVE COST							
a. Office Salaries	5,742,092	745,940	6,488,032		6,488,032	(1,194,739)	5,293,293
b. Depreciation - Office Equipment		0	0		0		0
c. Office Supplies		294,374	294,374		294,374		294,374
d. Legal		127,613	127,613		127,613		127,613
e. Accounting		54,466	54,466		54,466		54,466
f. Insurance		0	0		0		0
g. Telephone		121,574	121,574		121,574		121,574
h. Fringe Benefits and Payroll Taxes		0	0		0		0
i. Interest - Capital Loans		8,431	8,431		8,431	(8,431)	0
j. Other (Specify)							
Payroll and other professional services		0	0		0		0
Contractual Labor		2,680,228	2,680,228		2,680,228		2,680,228
Computer / IT		47,650	47,650		47,650		47,650
HR / Training / Education		14,943	14,943		14,943		14,943
Dues / Subscriptions / Licenses		22,513	22,513		22,513		22,513
Marketing / Lobbying / Bad Debt		863,221	863,221		863,221	(822,078)	41,143
Other Supplies / Miscellaneous Expenses		171,006	171,006		171,006	(132,088)	38,918
		0	0		0		0
k. Subtotal Overhead - Administrative Cost	5,742,092	5,151,959	10,894,051	0	10,894,051	(2,157,336)	8,736,715
l. TOTAL OVERHEAD COST (Gi+Hk)	5,742,092	6,641,888	12,383,980	-	12,383,980	(2,191,036)	10,192,944
J. GRAND TOTAL COSTS² (F+I)	16,390,923	15,109,368	31,500,291	-	31,500,291	(5,112,301)	26,387,990

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

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

Reporting Period:	From <u>7/1/2020</u>	To <u>6/30/2021</u>
FQHC Name: Fair Haven Community Health Clinic		

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	Compensation	Encounters	Total Employee Hours and FTEs	
				Employee	FTEs
				Total Hours	(2080 hrs = 1 FTE)
	I	II	III	IV	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 form B-4 Summary Personnel		2,593,275	39,439	28,493	13.70
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		2,593,275	39,439	28,493	13.70
B. PHYSICIAN ASSISTANT					
1. Please see form B-4 Summary Personnel		92,734	4,730	1,621	0.78
2.					0.00
3.					0.00
4.					0.00
5.					0.00
Total Physician Assistant Encounters, Hours and FTEs		92,734	4,730	1,621	0.78

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

Reporting Period:	From <u>7/1/2020</u>	To <u>6/30/2021</u>
FQHC Name:	Fair Haven Community Health Clinic	

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	Compensation	Encounters	Total Employee Hours and FTEs	
				Employee	FTEs
				Total Hours	(2080 hrs = 1 FTE)
	I	II	III	IV	V
<i>Provide itemized de-identified list (e.g., Physician 1)</i>	<i>General Practitioner</i>	125,000	1,500	1,040	0.50
C. NURSE (APRN, MIDWIFE, RN)					
1. Please see form B-4 Summary Personnel		3,614,371	23,531	72,172	34.70
2.					0.00
3.					0.00
4.					0.00
5.					0.00
Total Nurse Practitioner		3,614,371	23,531	72,172	34.70
D. PHYSICIAN SERVICES UNDER CONTRACT					
1. Please see form B-4 Summary Personnel		0	864	752	0.36
2.					0.00
3.					0.00
4.					0.00
5.					0.00
Total Physician Services Under Contract		0	864	752	0.36
E. OTHER HEALTH CARE PRACTITIONER					
1. Please see form B-4 Summary Personnel		2,414,134	0	50,707	24.38
2.					0.00
3.					0.00
Total Other Health Care Practitioner		2,414,134	0	50,707	24.38

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

Reporting Period:	From <u>7/1/2020</u>	To <u>6/30/2021</u>
FQHC Name:	Fair Haven Community Health Clinic	

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 and FTEs	
			Employee Total Hours IV	FTEs (2080 hrs = 1 FTE) V
<i>Provide itemized de-identified list (e.g., Dentist 1)</i>	125,000	1,500	1,040	0.50
A. DENTIST				
1. Please see form B-4 Summary Personnel	337,704	3,563	4,900	2.36
2.				0.00
3.				0.00
4.				0.00
5.				0.00
Total Dentist Encounters, Staff Hours and FTEs	337,704	3,563	4,900	2.36
B. DENTAL HYGIENIST				
1. Please see form B-4 Summary Personnel	120,430	1,358	2,981	1.43
2.				0.00
3.				0.00
4.				0.00
5.				0.00
Total Dental Hygienist Encounters, Hours and FTEs	120,430	1,358	2,981	1.43
C. OTHER DENTAL PRACTITIONER				
1. Please see form B-4 Summary Personnel	211,583	0	4,646	2.23
2.				0.00
3.				0.00
4.				0.00
5.				0.00
Total Other Dental Practitioner Encounters, Hours and FTEs	211,583	0	4,646	2.23

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

Reporting Period:	From <u>7/1/2020</u>	To <u>6/30/2021</u>
FQHC Name: <u>Fair Haven Community Health Clinic</u>		

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 form B-4 Summary Personnel	329,281	1,805	5,512	2.65
2.				0.00
3.				0.00
4.				0.00
5.				0.00
Total Psychologist Encounters, Staff Hours and FTEs	329,281	1,805	5,512	2.65
B. SOCIAL WORKER				
1. Please see form B-4 Summary Personnel	0			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 form B-4 Summary Personnel	715,623	10,673	18,635	8.96
2.				0.00
3.				0.00
4.				0.00
5.				0.00
Total Other Mental Health Practitioner Encounters, Hours and FTEs	715,623	10,673	18,635	8.96

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

Reporting Period: From 7/1/2020 To 6/30/2021
FQHC Name: Fair Haven Community Health Clinic

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		Encounters	Employee Hours and FTEs		
			High	Low	Hires	Departures		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	20	2,593,275	285,000	10,400	5	1	39,439	28,493	13.70	
2. PHYSICIAN ASSISTANT	3	92,734	115,003	74,659	2	1	4,730	1,621	0.78	
3. NURSE (APRN, MIDWIFE, RN)	57	3,614,371	149,350	9,600	19	11	23,531	72,172	34.70	
4. OTHER HEALTH PROFESSIONALS	35	2,414,134	57,509	35,360	13	8	864	51,459	24.74	
Total Health Care	115	8,714,514			39	21	68,564	153,745	73.92	
B. DENTAL PRACTITIONERS										
1. DENTIST	3	337,704	173,400	135,252	-	1	3,563	4,900	2.36	
2. DENTAL HYGIENIST	2	120,430	80,854	71,094	2	-	1,358	2,981	1.43	
3. OTHER DENTAL PRACTITIONERS	4	211,583	49,275	39,520	3	2	0	4,646	2.23	
Total Dental	9	669,717			5	3	4,921	12,527	6.02	
C. MENTAL HEALTH PRACTITIONERS										
1. PSYCHOLOGIST	4	329,281	152,337	66,950	-	-	1,805	5,512	2.65	
2. OTHER MENTAL HEALTH PRACTITIONERS	12	715,623	118,453	51,000	6	4	10,673	18,635	8.96	
Total Mental Health	16	1,044,904			6	4	12,478	24,147	11.61	

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

Reporting Period:	From	7/1/2020	To	6/30/2021
FQHC Name:	Fair Haven Community Health Clinic			

Form C (Cost Adjustment & Allocation)

COST ADJUSTMENT AND ALLOCATION		
A.	Direct Cost Title XIX Services (P5 - Form A-3, Line D, Col. VII)	16,195,046
B.	Direct Cost Other Services (P6 - Form A-4, Line E.1.i, Col. VII)	-
C.	Total Direct Costs (A+B)	16,195,046
D.	Portion of Title XIX Services (A/C)	100.00%
E.	Total Overhead Cost (P7 - Form A-5, Line I, Col. VII)	10,192,944
F.	Overhead Cost Applicable to Title XIX Services (DxE)	10,192,944
G.	Total Title XIX Services Cost (A+F)	26,387,990
H.	Thirty Percent (30%) of Total Title XIX Svc Cost (Gx.30)	7,916,397
I.	Cost Adjustment (Lower of H-F or Zero)	(2,276,547)
J.	Allowable Title XIX Overhead Cost (F+I)	7,916,397
K.	Direct Costs	
	1. Health Care Services (P3 - Form A-1, Line A3, Col. VII)	13,749,678
	2. Dental Services (P4 - Form A-2, Line B3, Col. VII)	1,060,993
	3. Mental Health Services (P5 - Form A-3, Line C3, Col. VII)	1,384,375
	4. Total Direct Costs (K1 thru K3)	16,195,046
L.	Direct Costs as a % of Total	
	1. Health Care Services (K1/K4)	84.90%
	2. Dental Services (K2/K4)	6.55%
	3. Mental Health Services (K3/K4)	8.55%
M.	Allocated Allowable Overhead Cost	
	1. Health Care Services (JxL1)	6,721,021
	2. Dental Services (JxL2)	518,524
	3. Mental Health Services (JxL3)	676,852
	4. Total Allowable Title XIX Overhead Cost (M1 thru M3)	7,916,397

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

Reporting Period:	From <u>7/1/2020</u>	To <u>6/30/2021</u>
FQHC Name:	Fair Haven Community Health Clinic	

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)	13,749,678
B. Allowable Overhead Cost (P13 - Form C, Line M1)	6,721,021
C. Total Allowable Health Care Cost (A+B)	20,470,699
D. Encounters (P12 - Form B-4, Health Care Total)	68,564
E. Allowable Health Care Cost Per Encounter (C/D)	298.56
II. Dental	
A. Direct Dental Care Cost (P4 - Form A-2, Line B3, Col. VII)	1,060,993
B. Allowable Overhead Cost (P13 - Form C, Line M2)	518,524
C. Total Allowable Dental Cost (A+B)	1,579,517
D. Encounters (P12 - Form B-4, Dental Total)	4,921
E. Allowable Dental Cost Per Encounter (C/D)	320.97
III. Mental Health	
A. Direct Mental Health Care Cost (P5 - Form A-3, Line C3, Col. VII)	1,384,375
B. Allowable Overhead Cost (P13 - Form C, Line M3)	676,852
C. Total Allowable Mental Health Cost (A+B)	2,061,227
D. Encounters (P12 - Form B-4, Mental Health Total)	12,478
E. Allowable Mental Health Cost Per Encounter (C/D)	165.19

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

Reporting Period: From 7/1/2020 To 6/30/2021
FQHC Name: Fair Haven Community Health Clinic

Form E (Revenues)

REVENUES		I	II	III	IV	V
		Services Excluding Dental, Mental Health &	Dental	Mental Health	Other	Total (Col. I thru IV)
A.	Operating Revenue					
1.	Medicaid	(9,461,904)	(374,223)	(1,201,296)	0	(11,037,423)
2.	Private	(1,361,523)	(55,239)	(218,774)	0	(1,635,536)
3.	Medicare	(170,323)	0	(80,631)	0	(250,954)
4.	Patient Cash/Self Pay	(847,162)	(16,435)	45,706	0	(817,891)
5.	Other - Specify	0	0	0	0	0
6.	Total (1 thru 5)	(11,840,912)	(445,897)	(1,454,995)	0	(13,741,804)
B.	Other Revenue					
1.	Contributions	(124,209)	(53)	0	0	(124,262)
2.	Grants	(14,511,157)	(1,560)	(285,269)	0	(14,797,986)
3.	Interest	(24,443)	0	0	0	(24,443)
4.	Donations	0	0	0	0	0
5.	Other - Specify Pharmacy Rental Income	(8,262)	0	0	0	(8,262)
6.	Other - Specify Catering	0	0	0	0	0
7.	Other - Specify Contracts	0	0	0	0	0
8.	Other - Specify Other	(8,730,101)	0	0	0	(8,730,101)
9.	Other - Specify					0
10.	Other - Specify					0
11.	Total (1 thru 10)	(23,398,172)	(1,613)	(285,269)	0	(23,685,054)
C.	Other Revenue (Include revenue generated by non-approved FQHC sites)					
1.	Other - Specify Patient Refunds	0	0	0	0	0
2.	Other - Specify Vaccines and Donated Materials	0	0	0	0	0
3.	Other - Specify Pharmacy	0	0	0	0	0
4.	Other - Specify Unrealized Gain/Loss	0	0	0	0	0
5.	Other - Specify Donated Equipment	0	0	0	0	0
6.	Other - Specify					0
7.	Total (1 thru 7)	0	0	0	0	0
D.	Total Revenue (A6+B11+C7)	(35,239,084)	(447,510)	(1,740,264)	0	(37,426,858)

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

Reporting Period:	From	7/1/2020	To	6/30/2021
FQHC Name:	Fair Haven Community Health Clinic			

Form F (Grants and Contributions)

GRANTS AND CONTRIBUTIONS (EXCLUDING THE PUBLIC HEALTH SERVICES GRANTS)		
A.	Contributions	ACTUAL
	1. Services (<i>Excluding Dental, Mental Health and Other</i>)	(124,209)
	2. Dental	(53)
	3. Mental Health	0
	4. Other - Specify _____	0
	Other - Specify _____	
	Other - Specify _____	
	Other - Specify _____	
	Other - Specify _____	
	5. Total (1 thru 4)	(124,262)
B.	Grants (<i>Excluding PHS</i>)	
	1. Services (<i>Excluding Dental, Mental Health and Other</i>)	(14,511,157)
	2. Dental	(1,560)
	3. Mental Health	(285,269)
	4. Other - Specify <u>Various Other Program Grants</u>	0
	Other - Specify _____	
	Other - Specify _____	
	Other - Specify _____	
	Other - Specify _____	
	5. Total (1 thru 4)	(14,797,986)

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

Reporting Period:	From	7/1/2020	To	6/30/2021
FQHC Name:	Fair Haven Community Health Clinic			

Form G (Cost Disallowance and Offset)

COST DISALLOWANCE AND OFFSET		
A.	Cost Disallowance	
	1. Entertainment	
	2. Fines and penalties	
	3. Bad debt	683,181
	4. Cost of actions to collect receivables	
	5. Advertising, except for recruitment of personnel	138,897
	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	140,519
	14. Interest	
	15. Pass through expenses	
	16. Total (1 thru 15)	962,597
B.	Cost Offset (<i>Expense Recovery</i>)	
	1. Refunds - Medicaid Outreach	-
	2. Donated Rent Income	33,700
	3. In-Kind Donated Supplies	1,629,843
	4. In-Kind Donated Salaries	1,194,739
	5. In-Kind expenses - WIC	1,291,422
	6. In-Kind Advertising	
	7. Total (1 thru 6)	4,149,704
C.	Total Cost Disallowance and Offset (A16+B7)	5,112,301

Client: Fair Haven Community Health Clinic, Inc
Engagement: FQHC - Fair Haven Community Health Clinic, Inc.
Period Ending: 6/30/2021
Trial Balance: A.01 - TB

Account	Description	ADJUSTED 6/30/2021	JE Ref #	RJE	REPORT 6/30/2021	PP-1 6/30/2020
40000	Federal Grant Revenue	(6,958,879.00)		(5,758,324.00)	(12,717,203.00)	(8,132,593.00)
			RJE - 6	(5,758,324.00)		
41000	State Grant Revenue	(4,890,198.00)		3,551,512.00	(1,338,686.00)	(2,709,562.00)
			RJE - 6	3,551,512.00		
42230	WIC Food Benefits - Donated	0.00		(1,032,528.00)	(1,032,528.00)	(1,214,770.00)
			RJE - 6	(1,032,528.00)		
42231	Donated Services & Supplies	0.00		(2,858,283.00)	(2,858,283.00)	(976,006.00)
			RJE - 6	(2,858,283.00)		
43000	Private Grant Revenue	(619,245.00)		(116,602.00)	(735,847.00)	(123,229.00)
			RJE - 6	(116,602.00)		
48203	Medicaid FQHC Revenue	(12,309,770.00)			(12,309,770.00)	(9,038,001.00)
48208	Medicare FQHC Revenue	(639,892.00)			(639,892.00)	(689,965.00)
48209	Private Insurance Revenue	(2,546,959.00)			(2,546,959.00)	(1,807,579.00)
48210	Patient Fees Revenue	(2,317,439.00)			(2,317,439.00)	(2,482,763.00)
48211	Cancer Screening Revenue	(16,596.00)			(16,596.00)	(38,818.00)
48304	Adj-Medicaid FQHC Contra Revenue	1,272,347.00			1,272,347.00	1,496,680.00
48305	Adj-Medicare FQHC-contra	388,938.00			388,938.00	106,435.00
48309	Adj-Private Insurance-contra	911,423.00			911,423.00	823,210.00
48310	Adj-Patient Fees-contra	1,499,548.00			1,499,548.00	1,798,056.00
49000	Prescription Benefit Program	(3,515,071.00)			(3,515,071.00)	(3,774,094.00)
49510	DSS Meaningful Use Incentive / PCMH+	(1,046,906.00)			(1,046,906.00)	(657,849.00)
49700	Pharmacy Rental Income	(8,262.00)			(8,262.00)	(6,885.00)
49995	Interest Income	(38,462.00)		14,019.00	(24,443.00)	(51,894.00)
			RJE - 6	14,019.00		
49997	Contributions	(140,453.00)		16,191.00	(124,262.00)	(138,921.00)
			RJE - 6	16,191.00		
49999	Other Revenue	(2,607,647.00)		2,358,400.00	(249,247.00)	(66,643.00)
			RJE - 6	2,358,400.00		
50010	Salaries - Physicians	2,593,275.00			2,593,275.00	2,217,445.00
50015	Salaries - Dentists	0.00		337,704.00	337,704.00	436,127.00
			RJE - 1	337,704.00		
50020	Salaries - Nurse Practitioners	1,266,469.00			1,266,469.00	1,242,458.00
50025	Salaries - Physician Assistants	92,734.00			92,734.00	47,553.00
50030	Salaries - Nurse Midwives	476,259.00			476,259.00	491,199.00
50040	Salaries - Nurses LPN	423,899.00			423,899.00	545,548.00
50045	Salaries-Nurses RN	1,447,744.00			1,447,744.00	1,154,625.00
50050	Salaries - Dental Hygienists	0.00		120,430.00	120,430.00	146,242.00
			RJE - 1	120,430.00		
50060	Salaries - Clinical Assistants	1,023,852.00			1,023,852.00	869,606.00
50065	Salaries - Dental Assistants	0.00		94,316.00	94,316.00	87,734.00
			RJE - 1	94,316.00		
50070	Salaries - Lab	82,015.00			82,015.00	74,614.00
50090	Salaries - BH Clinician	606,663.00		(176,201.00)	430,462.00	546,894.00
			RJE - 6	(176,201.00)		
50094	Salaries-Psychiatrist	54,488.00			54,488.00	39,512.00
50095	Salaries-Psychologist	153,080.00		176,201.00	329,281.00	139,281.00
			RJE - 6	176,201.00		
50100	Salaries - Enabling	695,444.00		(107,077.00)	588,367.00	743,943.00
			RJE - 3	(107,077.00)		
50105	Salaries-Educator	5,546.00			5,546.00	4,461.00
50110	Salaries - Patient Services Support	851,474.00		(137,120.00)	714,354.00	297,349.00
			RJE - 1	35,219.00		
			RJE - 2	(172,339.00)		
50115	Salaries - Dental Support Staff	1,080.00		67,444.00	68,524.00	62,766.00
			RJE - 1	67,444.00		
50120	Salaries - Medical Records	91,155.00			91,155.00	56,698.00
50125	Salaries - Referrals	116,143.00			116,143.00	106,844.00
50130	Salaries - Front Desk	758,354.00			758,354.00	1,000,352.00
50135	Salaries - Billing	455,834.00			455,834.00	429,015.00
50140	Salaries - Management & Admin Support	1,856,181.00		57,669.00	1,913,850.00	1,706,583.00
			RJE - 1	57,669.00		
50150	Salaries - Information Technology	242,109.00			242,109.00	240,227.00
50160	Salaries - Finance	525,639.00			525,639.00	478,846.00
50170	Salaries - Facilities	212,391.00			212,391.00	148,688.00
50180	Accrued Vacation	0.00			0.00	0.00
			RJE - 4	(10,538.00)		
			RJE - 6	10,538.00		
50190	Salaries - Call Center	231,878.00			231,878.00	0.00
51020	Social Security Taxes - FHC	845,806.00		(845,806.00)	0.00	0.00

Account	Description	ADJUSTED 6/30/2021	JE Ref #	RJE	REPORT 6/30/2021	PP-1 6/30/2020
			RJE - 4	(728,288.00)		
			RJE - 6	(117,518.00)		
51030	Medicare Taxes - FHC	204,323.00		(204,323.00)	0.00	0.00
			RJE - 4	(204,323.00)		
51060	State Unemployment Taxes	20,610.00		(20,610.00)	0.00	0.00
			RJE - 4	(20,610.00)		
51090	Worker's Comp	53,857.00		(53,857.00)	0.00	0.00
			RJE - 4	(53,857.00)		
51101	Health Insurance	1,508,409.00		(1,508,409.00)	0.00	0.00
			RJE - 4	(1,508,409.00)		
51102	Dental Insurance	70,862.00			70,862.00	43,275.00
51106	Disability & Life Insurance	105,609.00		(105,609.00)	0.00	0.00
			RJE - 4	(105,609.00)		
51111	Health Insurance PR W/H	(200,715.00)		200,715.00	0.00	0.00
			RJE - 4	200,715.00		
51112	Dental Insurance PR W/H	(27,418.00)		27,418.00	0.00	0.00
			RJE - 4	27,418.00		
51116	Disability & Life PR W/H	(101,379.00)		101,379.00	0.00	0.00
			RJE - 4	101,379.00		
51160	403B-Match	148,448.00		(148,448.00)	0.00	0.00
			RJE - 4	(148,448.00)		
51170	Continuing Education	19,203.00		(19,203.00)	0.00	0.00
			RJE - 4	(19,203.00)		
51180	Employee Uniforms	2,303.00		(2,303.00)	0.00	0.00
			RJE - 4	(2,303.00)		
51190	Licensing	22,400.00		(15,633.00)	6,767.00	23,190.00
			RJE - 5	(15,633.00)		
51250	Conference & Training	14,267.00			14,267.00	34,787.00
51300	Employee Travel Transportation	(450.00)		24.00	(426.00)	24,594.00
			RJE - 6	24.00		
51303	Transportation	67,139.00			67,139.00	6,793.00
51355	Employee Relations-Staff Meetings	20,682.00		(20,682.00)	0.00	0.00
			RJE - 4	(20,682.00)		
51400	Membership Fees	49,452.00		(34,512.00)	14,940.00	38,360.00
			RJE - 5	(34,512.00)		
52000	Temporary Services	10,888.00			10,888.00	13,369.00
52101	Consulting & Other Personnel	2,658,458.00		(25,187.00)	2,633,271.00	387,491.00
			RJE - 6	(25,187.00)		
52102	Architecture Fees	25,176.00		(17,570.00)	7,606.00	0.00
			RJE - 5	(17,570.00)		
52103	Lobbying	20,250.00			20,250.00	20,000.00
52104	Teleretinopathy	60.00			60.00	930.00
52105	eConsults	0.00			0.00	11,931.00
52201	Legal Fees	128,564.00		(25,110.00)	103,454.00	186,007.00
			RJE - 6	(25,110.00)		
52202	Accounting Fees	54,466.00			54,466.00	48,600.00
52203	Legal Fees - 382-394 Grand Ave. LLC	24,159.00			24,159.00	0.00
52250	Subcontracts (Grants)	(6,250.00)		(6,250.00)		0.00
53100	Insurance	100,247.00			100,247.00	73,575.00
54101	Subscriptions	1,124.00		(784.00)	340.00	581.00
			RJE - 5	(784.00)		
54102	Credentialing	9,552.00		(9,086.00)	466.00	602.00
			RJE - 5	(1,076.00)		
			RJE - 6	(8,010.00)		
55000	Cleaning Service	136,413.00		(95,202.00)	41,211.00	36,694.00
			RJE - 5	(95,202.00)		
55001	Building Rent	738,143.00		(510,832.00)	227,311.00	113,711.00
			RJE - 5	(525,095.00)		
			RJE - 6	14,263.00		
55005	Building Maintenance & Repair	119,121.00		(109,523.00)	9,598.00	34,329.00
			RJE - 5	(22,173.00)		
			RJE - 6	(87,350.00)		
55006	Plowing	29,800.00		(20,797.00)	9,003.00	3,391.00
			RJE - 5	(20,797.00)		
55010	Vehicle Expenditures-Agency vehicles only	2,009.00		(1,401.00)	608.00	219.00
			RJE - 5	(1,401.00)		
55015	Pest Service	1,320.00		(922.00)	398.00	496.00
			RJE - 5	(922.00)		
55020	Waste Removal	11,576.00		(8,079.00)	3,497.00	3,746.00
			RJE - 5	(8,079.00)		
55050	Security	143,778.00		(93,270.00)	50,508.00	39,095.00

Account	Description	ADJUSTED 6/30/2021	JE Ref #	RJE	REPORT 6/30/2021	PP-1 6/30/2020
			RJE - 5	(116,676.00)		
			RJE - 6	23,406.00		
55199	Electric	105,975.00		(73,959.00)	32,016.00	36,978.00
			RJE - 5	(73,959.00)		
55200	Oil	4,080.00		(2,848.00)	1,232.00	2,372.00
			RJE - 5	(2,848.00)		
55300	Gas	19,075.00		(13,312.00)	5,763.00	5,967.00
			RJE - 5	(13,312.00)		
55400	Water	5,350.00		(3,733.00)	1,617.00	1,976.00
			RJE - 5	(3,733.00)		
55500	Sewer	2,963.00		(2,068.00)	895.00	736.00
			RJE - 5	(2,068.00)		
55600	Property Tax	0.00			0.00	1,209.00
56000	Program Supplies	24,290.00			24,290.00	66,391.00
57000	Office Supplies- Fixtures	17,166.00		(626.00)	16,540.00	9,260.00
			RJE - 6	(626.00)		
57001	Office Supplies-Consumables	87,984.00		30,625.00	118,609.00	58,476.00
			RJE - 6	30,625.00		
57002	Office Supplies-Electronics	146,956.00			146,956.00	36,905.00
57003	Payroll Services	34,686.00		(23,943.00)	10,743.00	10,155.00
			RJE - 5	(24,817.00)		
			RJE - 6	874.00		
57004	Supplies-Software	0.00			0.00	335.00
57005	Postage	27,614.00		(19,272.00)	8,342.00	7,099.00
			RJE - 5	(19,272.00)		
57100	Bank Charges	16,882.00		(11,782.00)	5,100.00	5,294.00
			RJE - 5	(11,782.00)		
57200	Printing & Reproduction	38,822.00		(27,093.00)	11,729.00	5,313.00
			RJE - 5	(27,093.00)		
57300	Telephone & Communications	185,888.00		(129,085.00)	56,803.00	37,894.00
			RJE - 5	(131,216.00)		
			RJE - 6	2,131.00		
57310	Cellphone	5,329.00		(3,719.00)	1,610.00	1,862.00
			RJE - 5	(3,719.00)		
57320	On-Call Answering Service	209,064.00		(145,903.00)	63,161.00	14,457.00
			RJE - 5	(145,903.00)		
57330	Interpretation Services	119,390.00		(83,321.00)	36,069.00	5,709.00
			RJE - 5	(83,321.00)		
57350	Electronic Claims	11,904.00		(8,308.00)	3,596.00	3,662.00
			RJE - 5	(8,308.00)		
57375	Medical Billing	475.00		(331.00)	144.00	918.00
			RJE - 5	(331.00)		
57390	Software Support	157,722.00		(110,072.00)	47,650.00	36,744.00
			RJE - 5	(110,072.00)		
57400	Equip Maintenance & Repairs	65,888.00		(45,983.00)	19,905.00	16,721.00
			RJE - 5	(45,983.00)		
57500	Education Materials	676.00			676.00	403.00
57525	Food for Clients	13,749.00			13,749.00	14,988.00
57530	Food for Meetings	5,405.00			5,405.00	5,394.00
57575	Dental Supplies	0.00		83,933.00	83,933.00	59,592.00
			RJE - 1	81,749.00		
			RJE - 6	2,184.00		
57576	Dental Lab Expenses	0.00		13,428.00	13,428.00	13,534.00
			RJE - 1	13,428.00		
57600	Medical Supplies	294,109.00		626.00	294,735.00	156,397.00
			RJE - 6	626.00		
57610	Flu Vaccines	50,712.00			50,712.00	43,705.00
57700	Lab Tests	286,700.00			286,700.00	0.00
58000	Fundraising	1,383.00			1,383.00	567.00
58100	Marketing Events	2,713.00			2,713.00	1,304.00
58200	Advertising	114,551.00			114,551.00	9,466.00
58500	Recruitment	136,184.00		(95,041.00)	41,143.00	83,414.00
			RJE - 5	(95,041.00)		
58990	Rx-Contraceptives	(2,026.00)			(2,026.00)	2,002.00
59000	Prescription Benefit Program - Expense	1,384,882.00		9,391.00	1,394,273.00	1,333,724.00
			RJE - 6	9,391.00		
59001	Depreciation	906,059.00		19,490.00	925,549.00	705,794.00
			RJE - 6	19,490.00		
59207	Reserve for Bad Debt - Patient Fees	555,538.00		127,643.00	683,181.00	137,306.00
			RJE - 6	127,643.00		
60001	Interest - Mortgage & Line of Credit	25,544.00		(17,827.00)	7,717.00	8,034.00

Account	Description	ADJUSTED 6/30/2021	JE Ref #	RJE	REPORT 6/30/2021	PP-1 6/30/2020
			RJE - 5	(17,827.00)		
60010	Donations	0.00	RJE - 5	0.00	0.00	191.00
61002	Fees, Late Charges, Other Interest	8,431.00			8,431.00	664.00
61005	Amortization Expense	0.00			0.00	1,945.00
61111	Office Equipment Lease	12,996.00		(9,069.00)	3,927.00	(5,589.00)
			RJE - 5	(9,069.00)		
65001	Miscellaneous	73,267.00			73,267.00	(204.00)
65002	Miscellaneous - RW Emergency Assistance	58,821.00			58,821.00	15,047.00
69000	Donated Salaries	0.00		1,194,739.00	1,194,739.00	275,021.00
			RJE - 6	1,194,739.00		
69001	Donated Lab	0.00		22,800.00	22,800.00	0.00
			RJE - 6	22,800.00		
69002	Donated Rent	0.00		33,700.00	33,700.00	33,700.00
			RJE - 6	33,700.00		
69003	Donated Medical Supplies	0.00		1,607,043.00	1,607,043.00	667,284.00
			RJE - 6	1,607,043.00		
69100	Donated WIC Food Benefits	0.00		1,032,528.00	1,032,528.00	1,214,770.00
			RJE - 6	1,032,528.00		
69500	Gain/Loss on Investments	0.00			0.00	17,480.00
70000	Unrealized loss (gain) on value of investments	0.00		(8,796.00)	(8,796.00)	0.00
			RJE - 6	(8,796.00)		
70001	Realized loss (gain) on value of investments	0.00		(2,674.00)	(2,674.00)	0.00
			RJE - 6	(2,674.00)		
Marcum 101	Dental Compensation	712,782.00		(712,782.00)	0.00	6,148.00
			RJE - 1	(712,782.00)		
Marcum 102	Dental Other	100,648.00		(95,177.00)	5,471.00	42,748.00
			RJE - 1	(95,177.00)		
Marcum 103	WIC Compensation	219,696.00			219,696.00	203,181.00
Marcum 104	WIC Other	3,159.00			3,159.00	42,504.00
Marcum 105	Peer Counseling Compensation	0.00			0.00	36,943.00
Marcum 106	Peer Counseling Other	0.00			0.00	7,963.00
Marcum 107	Contract Physician	75,362.00			75,362.00	52,041.00
Marcum 108	Pneumococcal Vaccine expense	1,025.00			1,025.00	39,775.00
Marcum 109	Patient Service Support - Mental Health	0.00		123,596.00	123,596.00	65,771.00
			RJE - 2	123,596.00		
Marcum 110	Enabling - Mental Health	0.00		107,077.00	107,077.00	164,552.00
			RJE - 3	107,077.00		
Marcum 111	Fringe Benefits - Physicians	0.00		425,397.00	425,397.00	447,790.00
			RJE - 4	425,397.00		
Marcum 112	Fringe Benefits - Physician Assistants	0.00		15,212.00	15,212.00	9,603.00
			RJE - 4	15,212.00		
Marcum 113	Fringe Benefits - Nurse Practitioner	0.00		207,748.00	207,748.00	250,902.00
			RJE - 4	207,748.00		
Marcum 114	Fringe Benefits - Nurse Midwives	0.00		78,125.00	78,125.00	99,193.00
			RJE - 4	78,125.00		
Marcum 115	Fringe Benefits - Nurse LPN	0.00		69,536.00	69,536.00	110,166.00
			RJE - 4	69,536.00		
Marcum 116	Fringe Benefits - Nurse RNs	0.00		237,486.00	237,486.00	233,165.00
			RJE - 4	237,486.00		
Marcum 117	Fringe Benefits - Clinical Assistants	0.00		167,951.00	167,951.00	175,608.00
			RJE - 4	167,951.00		
Marcum 118	Fringe Benefits - Lab	0.00		13,454.00	13,454.00	15,068.00
			RJE - 4	13,454.00		
Marcum 119	Fringe Benefits - enabling	0.00		96,515.00	96,515.00	150,232.00
			RJE - 4	96,515.00		
Marcum 120	Fringe Benefits - Educators	0.00		910.00	910.00	901.00
			RJE - 4	910.00		
Marcum 121	Fringe Benefits - patient services support	0.00		117,182.00	117,182.00	60,047.00
			RJE - 4	117,182.00		
Marcum 122	Fringe Benefits - Dentists	0.00		55,396.00	55,396.00	88,071.00
			RJE - 4	55,396.00		
Marcum 123	Fringe Benefits - Dental Compensation	0.00			0.00	1,242.00
			RJE - 4	0.00		
Marcum 124	Fringe Benefits - Dental Hygienists	0.00		19,755.00	19,755.00	29,532.00
			RJE - 4	19,755.00		
Marcum 125	Fringe Benefits - Dental Assistants	0.00		15,471.00	15,471.00	17,717.00
			RJE - 4	15,471.00		
Marcum 126	Fringe Benefits - Dental Support Staff	0.00		11,241.00	11,241.00	12,675.00
			RJE - 4	11,241.00		
Marcum 127	Fringe Benefits - Psychologist	0.00		54,015.00	54,015.00	28,126.00

Account	Description	ADJUSTED 6/30/2021	JE Ref #	RJE	REPORT 6/30/2021	PP-1 6/30/2020
Marcum 128	Fringe Benefits - BH Clinician	0.00	RJE - 4	54,015.00	70,612.00	110,440.00
				70,612.00		
Marcum 129	Fringe Benefits - Psychiatrists	0.00	RJE - 4	8,938.00	8,938.00	7,979.00
				8,938.00		
Marcum 130	Fringe Benefits - Medical Records	0.00	RJE - 4	14,953.00	14,953.00	11,450.00
				14,953.00		
Marcum 131	Fringe Benefits - Referrals	0.00	RJE - 4	19,052.00	19,052.00	21,576.00
				19,052.00		
Marcum 132	Fringe Benefits - Front Desk	0.00	RJE - 4	124,399.00	124,399.00	202,011.00
				124,399.00		
Marcum 133	Fringe Benefits - Billing	0.00	RJE - 4	74,774.00	74,774.00	86,635.00
				74,774.00		
Marcum 134	Fringe Benefits - Management and Admin Support	0.00	RJE - 4	313,945.00	313,945.00	344,627.00
				313,945.00		
Marcum 135	Fringe Benefits - Information Technology	0.00	RJE - 4	39,715.00	39,715.00	48,511.00
				39,715.00		
Marcum 136	Fringe Benefits - Finance	0.00	RJE - 4	86,225.00	86,225.00	96,698.00
				86,225.00		
Marcum 137	Fringe Benefits - Facilities	0.00	RJE - 4	34,840.00	34,840.00	30,026.00
				34,840.00		
Marcum 138	Fringe Benefits - Patient Service Support - Dental	0.00	RJE - 4	7,996.00	7,996.00	8,032.00
				7,996.00		
Marcum 139	Fringe Benefits - Patient Service Support - Mental Health	0.00	RJE - 4	20,274.00	20,274.00	13,282.00
				20,274.00		
Marcum 140	Fringe Benefits - Enabling Salaries - Mental Health	0.00	RJE - 4	17,565.00	17,565.00	33,230.00
				17,565.00		
Marcum 141	Occupancy and Office Expenses - Medical	0.00	RJE - 5	1,413,804.00	1,413,804.00	1,016,555.00
				1,413,804.00		
Marcum 142	Occupancy and Office Expenses - Dental	0.00	RJE - 5	107,723.00	107,723.00	102,276.00
				107,723.00		
Marcum 143	Occupancy and Office Expenses - Mental Health	0.00	RJE - 5	168,067.00	168,067.00	125,545.00
				168,067.00		
Marcum 144	Occupancy and Office Expenses - Other	0.00	RJE - 5	0.00	0.00	0.00
				0.00		
Marcum 145	Patient Service Support - Dental	0.00	RJE - 2	48,743.00	48,743.00	0.00
				48,743.00		
Marcum 146	Fringe Benefits - WIC	0.00	RJE - 4	36,039.00	36,039.00	0.00
				36,039.00		
Marcum 147	Fringe Benefits - Call Center	0.00	RJE - 4	38,037.00	38,037.00	0.00
				38,037.00		
Total		(5,957,686.00)		31,119.00	(5,926,567.00)	(3,411,912.00)
Net (Income) Loss		0.00		0.00	0.00	0.00

Client: Fair Haven Community Health Clinic, Inc
Engagement: FQHC - Fair Haven Community Health Clinic, Inc.
Period Ending: 6/30/2021
Trial Balance: A.01 - TB
Workpaper: A.03 - Grouping Report

Account	Description	ADJUSTED 6/30/2021	JE Ref #	RJE 6/30/2021	REPORT 6/30/2021	PP-1 6/30/2020
Group : [FORM A - A]	Direct Health Care Cost - Staff Cost					
Subgroup : [1A]	Physician					
50010	Salaries - Physicians	2,593,275.00		0.00	2,593,275.00	2,217,445.00
Marcum 111	Fringe Benefits - Physicians	0.00		425,397.00	425,397.00	447,790.00
			RJE - 4	425,397.00		
Subtotal [1A]	Physician	2,593,275.00		425,397.00	3,018,672.00	2,665,235.00
Subgroup : [1B]	Physician Assistant					
50025	Salaries - Physician Assistants	92,734.00		0.00	92,734.00	47,553.00
Marcum 112	Fringe Benefits - Physician Assistants	0.00		15,212.00	15,212.00	9,603.00
			RJE - 4	15,212.00		
Subtotal [1B]	Physician Assistant	92,734.00		15,212.00	107,946.00	57,156.00
Subgroup : [1C]	Nurse Practitioner					
50020	Salaries - Nurse Practitioners	1,266,469.00		0.00	1,266,469.00	1,242,458.00
50030	Salaries - Nurse Midwives	476,259.00		0.00	476,259.00	491,199.00
50040	Salaries - Nurses LPN	423,899.00		0.00	423,899.00	545,548.00
50045	Salaries-Nurses RN	1,447,744.00		0.00	1,447,744.00	1,154,625.00
Marcum 113	Fringe Benefits - Nurse Practitioner	0.00		207,748.00	207,748.00	250,902.00
			RJE - 4	207,748.00		
Marcum 114	Fringe Benefits - Nurse Midwives	0.00		78,125.00	78,125.00	99,193.00
			RJE - 4	78,125.00		
Marcum 115	Fringe Benefits - Nurse LPN	0.00		69,536.00	69,536.00	110,166.00
			RJE - 4	69,536.00		
Marcum 116	Fringe Benefits - Nurse RNs	0.00		237,486.00	237,486.00	233,165.00
			RJE - 4	237,486.00		
Subtotal [1C]	Nurse Practitioner	3,614,371.00		592,895.00	4,207,266.00	4,127,256.00
Subgroup : [1D]	Other (Assistants, Case Mngrs, Dieticians)					
50060	Salaries - Clinical Assistants	1,023,852.00		0.00	1,023,852.00	869,606.00
50070	Salaries - Lab	82,015.00		0.00	82,015.00	74,614.00
50100	Salaries - Enabling	695,444.00		(107,077.00)	588,367.00	743,943.00
50105	Salaries-Educator	5,546.00		0.00	5,546.00	4,461.00
50110	Salaries - Patient Services Support	851,474.00		(137,120.00)	714,354.00	297,349.00
Marcum 107	Contract Physician	75,362.00		0.00	75,362.00	52,041.00
Marcum 117	Fringe Benefits - Clinical Assistants	0.00		167,951.00	167,951.00	175,608.00
			RJE - 4	167,951.00		
Marcum 118	Fringe Benefits - Lab	0.00		13,454.00	13,454.00	15,068.00
			RJE - 4	13,454.00		
Marcum 119	Fringe Benefits - enabling	0.00		96,515.00	96,515.00	150,232.00
			RJE - 4	96,515.00		
Marcum 120	Fringe Benefits - Educators	0.00		910.00	910.00	901.00
			RJE - 4	910.00		
Marcum 121	Fringe Benefits - patient services support	0.00		117,182.00	117,182.00	60,047.00
			RJE - 4	117,182.00		
Subtotal [1D]	Other (Assistants, Case Mngrs, Dieticians)	2,733,693.00		151,815.00	2,885,508.00	2,443,870.00
Subgroup : [2A]	Medical Supplies					
52104	Teleretopathy	60.00		0.00	60.00	930.00
57600	Medical Supplies	294,109.00		626.00	294,735.00	156,397.00
			RJE - 6	626.00		
69003	Donated Medical Supplies	0.00		1,607,043.00	1,607,043.00	667,284.00
			RJE - 6	1,607,043.00		
Subtotal [2A]	Medical Supplies	294,169.00		1,607,669.00	1,901,838.00	824,611.00
Subgroup : [2B]	Transportation (Health Care Staff)					
51300	Employee Travel Transportation	(450.00)		24.00	(426.00)	24,594.00
			RJE - 6	24.00		
51303	Transportation	67,139.00		0.00	67,139.00	6,793.00
Subtotal [2B]	Transportation (Health Care Staff)	66,689.00		24.00	66,713.00	31,387.00
Subgroup : [2E]	Laboratroy					
57700	Lab Tests	286,700.00		0.00	286,700.00	0.00
69001	Donated Lab	0.00		22,800.00	22,800.00	0.00
			RJE - 6	22,800.00		
Subtotal [2E]	Laboratroy	286,700.00		22,800.00	309,500.00	0.00
Subgroup : [2L]	Other					
56000	Program Supplies	24,290.00		0.00	24,290.00	66,391.00
57610	Flu Vaccines	50,712.00		0.00	50,712.00	43,705.00
58990	Rx-Contraceptives	(2,026.00)		0.00	(2,026.00)	2,002.00
59000	Prescription Benefit Program - Expense	1,384,882.00		9,391.00	1,394,273.00	1,333,724.00
			RJE - 6	9,391.00		
Marcum 108	Pneumococcal Vaccine expense	1,025.00		0.00	1,025.00	39,775.00
Marcum 141	Occupancy and Office Expenses - Medical	0.00		1,413,804.00	1,413,804.00	1,016,555.00
			RJE - 6	1,413,804.00		
Subtotal [2L]	Other	1,458,883.00		1,423,195.00	2,882,078.00	2,502,152.00
Total [FORM A - A]	Direct Health Care Cost - Staff Cost	11,140,514.00		4,239,007.00	15,379,521.00	12,651,667.00
Group : [FORM A - B]	Direct Dental Care Cost					

Subgroup : [1A]		Dentist				
50015	Salaries - Dentists	0.00		337,704.00	337,704.00	436,127.00
Marcum 101	Dental Compensation	712,782.00		(712,782.00)	0.00	6,148.00
			RJE - 1	(712,782.00)		
Marcum 122	Fringe Benefits - Dentists	0.00		55,396.00	55,396.00	88,071.00
			RJE - 4	55,396.00		
Marcum 123	Fringe Benefits - Dental Compensation	0.00		0.00	0.00	1,242.00
			RJE - 4	0.00		
Subtotal [1A]	Dentist	712,782.00		(319,682.00)	393,100.00	531,588.00
Subgroup : [1B]		Dental Hygienist				
50050	Salaries - Dental Hygienists	0.00		120,430.00	120,430.00	146,242.00
Marcum 124	Fringe Benefits - Dental Hygienists	0.00		19,755.00	19,755.00	29,532.00
			RJE - 4	19,755.00		
Subtotal [1B]	Dental Hygienist	0.00		140,185.00	140,185.00	175,774.00
Subgroup : [1C]		Other Dental Salaries (Dental Assistant/Admin)				
50065	Salaries - Dental Assistants	0.00		94,316.00	94,316.00	87,734.00
50115	Salaries - Dental Support Staff	1,080.00		67,444.00	68,524.00	62,766.00
Marcum 125	Fringe Benefits - Dental Assistants	0.00		15,471.00	15,471.00	17,717.00
			RJE - 4	15,471.00		
Marcum 126	Fringe Benefits - Dental Support Staff	0.00		11,241.00	11,241.00	12,675.00
			RJE - 4	11,241.00		
Marcum 138	Fringe Benefits - Patient Service Support - Denta	0.00		7,996.00	7,996.00	8,032.00
			RJE - 4	7,996.00		
Marcum 145	Patient Service Support - Dental	0.00		48,743.00	48,743.00	0.00
			RJE - 2	48,743.00		
Subtotal [1C]	Other Dental Salaries (Dental Assistant/Admin)	1,080.00		245,211.00	246,291.00	186,924.00
Subgroup : [2A]		Dental Supplies				
57575	Dental Supplies	0.00		83,933.00	83,933.00	59,592.00
			RJE - 1	81,749.00		
			RJE - 6	2,184.00		
57576	Dental Lab Expenses	0.00		13,428.00	13,428.00	13,534.00
			RJE - 1	13,428.00		
Subtotal [2A]	Dental Supplies	0.00		97,361.00	97,361.00	73,126.00
Subgroup : [2D]		Professional Liability Insurance				
51102	Dental Insurance	70,862.00		0.00	70,862.00	43,275.00
Subtotal [2D]	Professional Liability Insurance	70,862.00		0.00	70,862.00	43,275.00
Subgroup : [2H]		Other				
Marcum 102	Dental Other	100,648.00		(95,177.00)	5,471.00	42,748.00
			RJE - 1	(95,177.00)		
Marcum 142	Occupancy and Office Expenses - Dental	0.00		107,723.00	107,723.00	102,276.00
			RJE - 5	107,723.00		
Subtotal [2H]	Other	100,648.00		12,546.00	113,194.00	145,024.00
Total [FORM A - B]	Direct Dental Care Cost	885,372.00		175,621.00	1,060,993.00	1,157,711.00
Group : [FORM A - C]		Direct Mental Health Care Cost				
Subgroup : [1A]		Psychologist				
50095	Salaries-Psychologist	153,080.00		176,201.00	329,281.00	139,281.00
Marcum 127	Fringe Benefits - Psychologist	0.00		54,015.00	54,015.00	28,126.00
			RJE - 4	54,015.00		
Subtotal [1A]	Psychologist	153,080.00		230,216.00	383,296.00	167,407.00
Subgroup : [1C]		Other (Psychiatrist, Medical Assistants, Case Managers, LPC, LADC, Psychiatric APRN, Other Nurses, Unlicensed Social Workers)				
50090	Salaries - BH Clinician	606,663.00		(176,201.00)	430,462.00	546,894.00
50094	Salaries-Psychiatrist	54,488.00		0.00	54,488.00	39,512.00
Marcum 109	Patient Service Support - Mental Health	0.00		123,596.00	123,596.00	65,771.00
			RJE - 2	123,596.00		
Marcum 110	Enabling - Mental Health	0.00		107,077.00	107,077.00	164,552.00
			RJE - 3	107,077.00		
Marcum 128	Fringe Benefits - BH Clinician	0.00		70,612.00	70,612.00	110,440.00
			RJE - 4	70,612.00		
Marcum 129	Fringe Benefits - Psychiatrists	0.00		8,938.00	8,938.00	7,979.00
			RJE - 4	8,938.00		
Marcum 139	Fringe Benefits - Patient Service Support - Menta	0.00		20,274.00	20,274.00	13,282.00
			RJE - 4	20,274.00		
Marcum 140	Fringe Benefits - Enabling Salaries - Mental Health	0.00		17,565.00	17,565.00	33,230.00
			RJE - 4	17,565.00		
Subtotal [1C]	Other (Psychiatrist, Medical Assistants, Case	661,151.00		171,661.00	833,012.00	981,660.00
Subgroup : [1C.1]		Other Mental Health Other				
Marcum 105	Peer Counseling Compensation	0.00		0.00	0.00	36,943.00
Marcum 106	Peer Counseling Other	0.00		0.00	0.00	7,963.00
Marcum 143	Occupancy and Office Expenses - Mental Health	0.00		168,067.00	168,067.00	125,545.00
			RJE - 5	168,067.00		
Subtotal [1C.1]	Other Mental Health Other	0.00		168,067.00	168,067.00	170,461.00
Total [FORM A - C]	Direct Mental Health Care Cost	814,231.00		570,144.00	1,384,375.00	1,319,518.00
Group : [FORM A - E]		Direct Other Service Cost				
Subgroup : [1F]		WIC				
69100	Donated WIC Food Benefits	0.00		1,032,528.00	1,032,528.00	1,214,770.00
			RJE - 6	1,032,528.00		
Marcum 103	WIC Compensation	219,696.00		0.00	219,696.00	203,181.00
Marcum 104	WIC Other	3,159.00		0.00	3,159.00	42,504.00

Marcum 146	Fringe Benefits - WIC	0.00	RJE - 4	36,039.00	36,039.00	0.00
				<u>36,039.00</u>		
Subtotal [1F]	WIC	<u>222,855.00</u>		<u>1,068,567.00</u>	<u>1,291,422.00</u>	<u>1,460,455.00</u>
Total [FORM A - E]	Direct Other Service Cost	<u>222,855.00</u>		<u>1,068,567.00</u>	<u>1,291,422.00</u>	<u>1,460,455.00</u>
Group : [FORM A - G]	Overhead - Facility Cost					
Subgroup : [1]	Rent					
55001	Building Rent	738,143.00	RJE - 5	(510,832.00)	227,311.00	113,711.00
			RJE - 6	(525,095.00)		
69002	Donated Rent	0.00		14,263.00		
			RJE - 6	33,700.00	33,700.00	33,700.00
				<u>33,700.00</u>		
Subtotal [1]	Rent	<u>738,143.00</u>		<u>(477,132.00)</u>	<u>261,011.00</u>	<u>147,411.00</u>
Subgroup : [2]	Insurance					
53100	Insurance	100,247.00		0.00	100,247.00	73,575.00
Subtotal [2]	Insurance	<u>100,247.00</u>		<u>0.00</u>	<u>100,247.00</u>	<u>73,575.00</u>
Subgroup : [3]	Interest on Mortgage or Loans					
60001	Interest - Mortgage & Line of Credit	25,544.00	RJE - 5	(17,827.00)	7,717.00	8,034.00
				<u>(17,827.00)</u>		
Subtotal [3]	Interest on Mortgage or Loans	<u>25,544.00</u>		<u>(17,827.00)</u>	<u>7,717.00</u>	<u>8,034.00</u>
Subgroup : [4]	Utilities					
55199	Electric	105,975.00	RJE - 5	(73,959.00)	32,016.00	36,978.00
				<u>(73,959.00)</u>		
55200	Oil	4,080.00	RJE - 5	(2,848.00)	1,232.00	2,372.00
				<u>(2,848.00)</u>		
55300	Gas	19,075.00	RJE - 5	(13,312.00)	5,763.00	5,967.00
				<u>(13,312.00)</u>		
55400	Water	5,350.00	RJE - 5	(3,733.00)	1,617.00	1,976.00
				<u>(3,733.00)</u>		
55500	Sewer	2,963.00	RJE - 5	(2,068.00)	895.00	736.00
				<u>(2,068.00)</u>		
Subtotal [4]	Utilities	<u>137,443.00</u>		<u>(95,920.00)</u>	<u>41,523.00</u>	<u>48,029.00</u>
Subgroup : [6]	Depreciation - Equipment					
59001	Depreciation	906,059.00	RJE - 6	19,490.00	925,549.00	705,794.00
				<u>19,490.00</u>		
Subtotal [6]	Depreciation - Equipment	<u>906,059.00</u>		<u>19,490.00</u>	<u>925,549.00</u>	<u>705,794.00</u>
Subgroup : [7]	Housekeeping and Maintenance					
55000	Cleaning Service	136,413.00	RJE - 5	(95,202.00)	41,211.00	36,694.00
				<u>(95,202.00)</u>		
55005	Building Maintenance & Repair	119,121.00	RJE - 5	(109,523.00)	9,598.00	34,329.00
			RJE - 6	(22,173.00)		
				<u>(87,350.00)</u>		
55006	Plowing	29,800.00	RJE - 5	(20,797.00)	9,003.00	3,391.00
				<u>(20,797.00)</u>		
55010	Vehicle Expenditures-Agency vehicles only	2,009.00	RJE - 5	(1,401.00)	608.00	219.00
				<u>(1,401.00)</u>		
55015	Pest Service	1,320.00	RJE - 5	(922.00)	398.00	496.00
				<u>(922.00)</u>		
55020	Waste Removal	11,576.00	RJE - 5	(8,079.00)	3,497.00	3,746.00
				<u>(8,079.00)</u>		
57400	Equip Maintenance & Repairs	65,888.00	RJE - 5	(45,983.00)	19,905.00	16,721.00
				<u>(45,983.00)</u>		
Subtotal [7]	Housekeeping and Maintenance	<u>366,127.00</u>		<u>(281,907.00)</u>	<u>84,220.00</u>	<u>95,596.00</u>
Subgroup : [8]	Other Property Taxes					
55600	Property Tax	0.00		0.00	0.00	1,209.00
Subtotal [8]	Other Property Taxes	<u>0.00</u>		<u>0.00</u>	<u>0.00</u>	<u>1,209.00</u>
Subgroup : [9]	Laundry & Dietary					
57525	Food for Clients	13,749.00		0.00	13,749.00	14,988.00
57530	Food for Meetings	5,405.00		0.00	5,405.00	5,394.00
Subtotal [9]	Laundry & Dietary	<u>19,154.00</u>		<u>0.00</u>	<u>19,154.00</u>	<u>20,382.00</u>
Subgroup : [10]	Security					
55050	Security	143,778.00	RJE - 5	(93,270.00)	50,508.00	39,095.00
			RJE - 6	(116,676.00)		
				<u>23,406.00</u>		
Subtotal [10]	Security	<u>143,778.00</u>		<u>(93,270.00)</u>	<u>50,508.00</u>	<u>39,095.00</u>
Total [FORM A - G]	Overhead - Facility Cost	<u>2,436,495.00</u>		<u>(946,565.00)</u>	<u>1,489,929.00</u>	<u>1,139,125.00</u>
Group : [FORM A - H]	Overhead - Administrative Cost					
Subgroup : [1]	Office Salaries					
50120	Salaries - Medical Records	91,155.00		0.00	91,155.00	56,698.00
50125	Salaries - Referrals	116,143.00		0.00	116,143.00	106,844.00
50130	Salaries - Front Desk	758,354.00		0.00	758,354.00	1,000,352.00
50135	Salaries - Billing	455,834.00		0.00	455,834.00	429,015.00
50140	Salaries - Management & Admin Support	1,856,181.00		57,669.00	1,913,850.00	1,706,583.00
50150	Salaries - Information Technology	242,109.00		0.00	242,109.00	240,227.00
50160	Salaries - Finance	525,639.00		0.00	525,639.00	478,846.00
50170	Salaries - Facilities	212,391.00		0.00	212,391.00	148,688.00
50190	Salaries - Call Center	231,878.00		0.00	231,878.00	0.00
69000	Donated Salaries	0.00		1,194,739.00	1,194,739.00	275,021.00

			RJE - 6	1,194,739.00		
Marcum 130	Fringe Benefits - Medical Records	0.00		14,953.00	14,953.00	11,450.00
			RJE - 4	14,953.00		
Marcum 131	Fringe Benefits - Referrals	0.00		19,052.00	19,052.00	21,576.00
			RJE - 4	19,052.00		
Marcum 132	Fringe Benefits - Front Desk	0.00		124,399.00	124,399.00	202,011.00
			RJE - 4	124,399.00		
Marcum 133	Fringe Benefits - Billing	0.00		74,774.00	74,774.00	86,635.00
			RJE - 4	74,774.00		
Marcum 134	Fringe Benefits - Management and Admin Suppo	0.00		313,945.00	313,945.00	344,627.00
			RJE - 4	313,945.00		
Marcum 135	Fringe Benefits - Information Technology	0.00		39,715.00	39,715.00	48,511.00
			RJE - 4	39,715.00		
Marcum 136	Fringe Benefits - Finance	0.00		86,225.00	86,225.00	96,698.00
			RJE - 4	86,225.00		
Marcum 137	Fringe Benefits - Facilities	0.00		34,840.00	34,840.00	30,025.00
			RJE - 4	34,840.00		
Marcum 147	Fringe Benefits - Call Center	0.00		38,037.00	38,037.00	0.00
			RJE - 4	38,037.00		
Subtotal [1]	Office Salaries	4,489,684.00		1,998,348.00	6,488,032.00	5,283,808.00
Subgroup : [3]	Office Supplies					
57000	Office Supplies- Fixtures	17,166.00		(626.00)	16,540.00	9,260.00
			RJE - 6	(626.00)		
57001	Office Supplies-Consumables	87,984.00		30,625.00	118,609.00	58,476.00
			RJE - 6	30,625.00		
57002	Office Supplies-Electronics	146,956.00		0.00	146,956.00	36,905.00
57005	Postage	27,614.00		(19,272.00)	8,342.00	7,099.00
			RJE - 5	(19,272.00)		
61005	Amortization Expense	0.00		0.00	0.00	1,945.00
61111	Office Equipment Lease	12,996.00		(9,069.00)	3,927.00	(5,589.00)
			RJE - 5	(9,069.00)		
Subtotal [3]	Office Supplies	292,716.00		1,658.00	294,374.00	108,096.00
Subgroup : [4]	Legal					
52201	Legal Fees	128,564.00		(25,110.00)	103,454.00	186,007.00
			RJE - 6	(25,110.00)		
52203	Legal Fees - 382-394 Grand Ave. LLC	24,159.00		0.00	24,159.00	0.00
Subtotal [4]	Legal	152,723.00		(25,110.00)	127,613.00	186,007.00
Subgroup : [5]	Accounting/audit					
52202	Accounting Fees	54,466.00		0.00	54,466.00	48,600.00
Subtotal [5]	Accounting/audit	54,466.00		0.00	54,466.00	48,600.00
Subgroup : [7]	Telephone					
57300	Telephone & Communications	185,888.00		(129,085.00)	56,803.00	37,894.00
			RJE - 5	(131,216.00)		
57310	Cellphone	5,329.00		2,131.00	1,610.00	1,862.00
			RJE - 6	(3,719.00)		
57320	On-Call Answering Service	209,064.00		(3,719.00)	63,161.00	14,457.00
			RJE - 5	(145,903.00)		
Subtotal [7]	Telephone	400,281.00		(278,707.00)	121,574.00	54,213.00
Subgroup : [8]	Fringe Benefits and Payroll Taxes					
51020	Social Security Taxes - FHC	845,806.00		(845,806.00)	0.00	0.00
51030	Medicare Taxes - FHC	204,323.00		(204,323.00)	0.00	0.00
51060	State Unemployment Taxes	20,610.00		(20,610.00)	0.00	0.00
51090	Worker's Comp	53,857.00		(53,857.00)	0.00	0.00
51101	Health Insurance	1,508,409.00		(1,508,409.00)	0.00	0.00
51106	Disability & Life Insurance	105,609.00		(105,609.00)	0.00	0.00
51111	Health Insurance PR W/H	(200,715.00)		200,715.00	0.00	0.00
51112	Dental Insurance PR W/H	(27,418.00)		27,418.00	0.00	0.00
51116	Disability & Life PR W/H	(101,379.00)		101,379.00	0.00	0.00
51160	403B-Match	148,448.00		(148,448.00)	0.00	0.00
			RJE - 4	(148,448.00)		
51170	Continuing Education	19,203.00		(19,203.00)	0.00	0.00
			RJE - 4	(19,203.00)		
51180	Employee Uniforms	2,303.00		(2,303.00)	0.00	0.00
			RJE - 4	(2,303.00)		
51355	Employee Relations-Staff Meetings	20,682.00		(20,682.00)	0.00	0.00
			RJE - 4	(20,682.00)		
Subtotal [8]	Fringe Benefits and Payroll Taxes	2,599,738.00		(2,599,738.00)	0.00	0.00
Subgroup : [9]	Interest on Bonds / Working Capital					
61002	Fees, Late Charges, Other Interest	8,431.00		0.00	8,431.00	664.00
Subtotal [9]	Interest on Bonds / Working Capital	8,431.00		0.00	8,431.00	664.00
Subgroup : [11]	Contractual Labor					
52000	Temporary Services	10,888.00		0.00	10,888.00	13,369.00
52101	Consulting & Other Personnel	2,658,458.00		(25,187.00)	2,633,271.00	387,491.00
			RJE - 6	(25,187.00)		
52105	eConsults	0.00		0.00	0.00	11,931.00
57330	Interpretation Services	119,390.00		(83,321.00)	36,069.00	5,709.00
			RJE - 5	(83,321.00)		
Subtotal [11]	Contractual Labor	2,788,736.00		(108,508.00)	2,680,228.00	418,500.00
Subgroup : [12]	Computer/IT					
57004	Supplies-Software	0.00		0.00	0.00	335.00

57390	Software Support	157,722.00	(110,072.00)	47,650.00	36,744.00
			RJE - 5 (110,072.00)		
Subtotal [12]	Computer/IT	157,722.00	(110,072.00)	47,650.00	37,079.00
Subgroup : [13]	HR/Training/Education				
51250	Conference & Training	14,267.00	0.00	14,267.00	34,787.00
57500	Education Materials	676.00	0.00	676.00	403.00
Subtotal [13]	HR/Training/Education	14,943.00	0.00	14,943.00	35,190.00
Subgroup : [14]	Dues/Subscriptions/Licenses				
51190	Licensing	22,400.00	(15,633.00)	6,767.00	23,190.00
			RJE - 5 (15,633.00)		
51400	Membership Fees	49,452.00	(34,512.00)	14,940.00	38,360.00
			RJE - 5 (34,512.00)		
54101	Subscriptions	1,124.00	(784.00)	340.00	581.00
			RJE - 5 (784.00)		
54102	Credentialing	9,552.00	(9,086.00)	466.00	602.00
			RJE - 5 (1,076.00)		
			RJE - 6 (8,010.00)		
Subtotal [14]	Dues/Subscriptions/Licenses	82,528.00	(60,015.00)	22,513.00	62,733.00
Subgroup : [15]	Marketing/Lobbying/Bad Debt				
52103	Lobbying	20,250.00	0.00	20,250.00	20,000.00
58000	Fundraising	1,383.00	0.00	1,383.00	567.00
58100	Marketing Events	2,713.00	0.00	2,713.00	1,304.00
58200	Advertising	114,551.00	0.00	114,551.00	9,466.00
58500	Recruitment	136,184.00	(95,041.00)	41,143.00	83,414.00
			RJE - 5 (95,041.00)		
59207	Reserve for Bad Debt - Patient Fees	555,538.00	127,643.00	683,181.00	137,306.00
			RJE - 6 127,643.00		
Subtotal [15]	Marketing/Lobbying/Bad Debt	830,619.00	32,602.00	863,221.00	252,057.00
Subgroup : [16]	Other Supplies				
52102	Architecture Fees	25,176.00	(17,570.00)	7,606.00	0.00
			RJE - 5 (17,570.00)		
57003	Payroll Services	34,686.00	(23,943.00)	10,743.00	10,155.00
			RJE - 5 (24,817.00)		
			RJE - 6 874.00		
57100	Bank Charges	16,882.00	(11,782.00)	5,100.00	5,294.00
			RJE - 5 (11,782.00)		
57200	Printing & Reproduction	38,822.00	(27,093.00)	11,729.00	5,313.00
			RJE - 5 (27,093.00)		
57350	Electronic Claims	11,904.00	(8,308.00)	3,596.00	3,662.00
			RJE - 5 (8,308.00)		
57375	Medical Billing	475.00	(331.00)	144.00	918.00
			RJE - 5 (331.00)		
60010	Donations	0.00	0.00	0.00	191.00
			RJE - 5 0.00		
65001	Miscellaneous	73,267.00	0.00	73,267.00	(204.00)
65002	Miscellaneous - RW Emergency Assistance	58,821.00	0.00	58,821.00	15,047.00
69500	Gain/Loss on Investments	0.00	0.00	0.00	17,480.00
Subtotal [16]	Other Supplies	260,033.00	(89,027.00)	171,006.00	57,856.00
Total [FORM A - H]	Overhead - Administrative Cost	12,132,620.00	(1,238,569.00)	10,894,051.00	6,544,803.00
Group : [FORM E - A]	FQHC Operating Revenue (Net of Bad Debt Reserve)				
Subgroup : [1 - I]	Medicaid - Services Excluding Dental, Mental				
48203	Medicaid FQHC Revenue	(12,309,770.00)	0.00	(12,309,770.00)	(9,038,001.00)
48304	Adj-Medicaid FQHC Contra Revenue	1,272,347.00	0.00	1,272,347.00	1,496,680.00
Subtotal [1 - I]	Medicaid - Services Excluding Dental, Mental	(11,037,423.00)	0.00	(11,037,423.00)	(7,541,321.00)
Subgroup : [2 - I]	Private - Services Excluding Dental, Mental				
48209	Private Insurance Revenue	(2,546,959.00)	0.00	(2,546,959.00)	(1,807,579.00)
48309	Adj-Private Insurance-contra	911,423.00	0.00	911,423.00	823,210.00
Subtotal [2 - I]	Private - Services Excluding Dental, Mental	(1,635,536.00)	0.00	(1,635,536.00)	(984,369.00)
Subgroup : [3 - I]	Medicare - Services Excluding Dental, Mental				
48208	Medicare FQHC Revenue	(639,892.00)	0.00	(639,892.00)	(689,965.00)
48305	Adj-Medicare FQHC-contra	388,938.00	0.00	388,938.00	106,435.00
Subtotal [3 - I]	Medicare - Services Excluding Dental, Mental	(250,954.00)	0.00	(250,954.00)	(583,530.00)
Subgroup : [4 - I]	Self-Pay - Services Excluding Dental, Mental				
48210	Patient Fees Revenue	(2,317,439.00)	0.00	(2,317,439.00)	(2,482,763.00)
48310	Adj-Patient Fees-contra	1,499,548.00	0.00	1,499,548.00	1,798,056.00
Subtotal [4 - I]	Self-Pay - Services Excluding Dental, Mental	(817,891.00)	0.00	(817,891.00)	(684,707.00)
Total [FORM E - A]	FQHC Operating Revenue (Net of Bad Debt Reserve)	(13,741,804.00)	0.00	(13,741,804.00)	(9,793,927.00)
Group : [FORM E - B]	FQHC Other Revenue				
Subgroup : [1 - I]	Contributions - Services Excluding Dental, Mental				
49997	Contributions	(140,453.00)	16,191.00	(124,262.00)	(138,921.00)
Subtotal [1 - I]	Contributions - Services Excluding Dental, Mental	(140,453.00)	16,191.00	(124,262.00)	(138,921.00)
Subgroup : [2 - I]	Grants - Services Excluding Dental, Mental				
40000	Federal Grant Revenue	(6,958,879.00)	(5,758,324.00)	(12,717,203.00)	(8,132,593.00)
			RJE - 6 (5,758,324.00)		
41000	State Grant Revenue	(4,890,198.00)	3,551,512.00	(1,338,686.00)	(2,709,562.00)
			RJE - 6 3,551,512.00		
43000	Private Grant Revenue	(619,245.00)	(116,602.00)	(735,847.00)	(123,229.00)

52250	Subcontracts (Grants)	(6,250.00)	0.00	(6,250.00)	0.00
Subtotal [2 - I]	Grants - Services Excluding Dental, Mental	(12,474,572.00)	(2,323,414.00)	(14,797,986.00)	(10,965,384.00)
Subgroup : [3 - I]	Interest - Services Excluding Dental, Mental				
49995	Interest Income	(38,462.00)	14,019.00	(24,443.00)	(51,894.00)
			RJE - 6 14,019.00		
Subtotal [3 - I]	Interest - Services Excluding Dental, Mental	(38,462.00)	14,019.00	(24,443.00)	(51,894.00)
Subgroup : [5 - I]	Rent - Services Excluding Dental, Mental				
49700	Pharmacy Rental Income	(8,262.00)	0.00	(8,262.00)	(6,885.00)
Subtotal [5 - I]	Rent - Services Excluding Dental, Mental	(8,262.00)	0.00	(8,262.00)	(6,885.00)
Subgroup : [8 - I]	Other - Services Excluding Dental, Mental				
42230	WIC Food Benefits - Donated	0.00	(1,032,528.00)	(1,032,528.00)	(1,214,770.00)
			RJE - 6 (1,032,528.00)		
42231	Donated Services & Supplies	0.00	(2,858,283.00)	(2,858,283.00)	(976,006.00)
			RJE - 6 (2,858,283.00)		
48211	Cancer Screening Revenue	(16,596.00)	0.00	(16,596.00)	(38,818.00)
49000	Prescription Benefit Program	(3,515,071.00)	0.00	(3,515,071.00)	(3,774,094.00)
49510	DSS Meaningful Use Incentive / PCMH+	(1,046,906.00)	0.00	(1,046,906.00)	(657,849.00)
49999	Other Revenue	(2,607,647.00)	2,358,400.00	(249,247.00)	(66,643.00)
			RJE - 6 2,358,400.00		
70000	Unrealized loss (gain) on value of investments	0.00	(8,796.00)	(8,796.00)	0.00
			RJE - 6 (8,796.00)		
70001	Realized loss (gain) on value of investments	0.00	(2,674.00)	(2,674.00)	0.00
			RJE - 6 (2,674.00)		
Subtotal [8 - I]	Other - Services Excluding Dental, Mental	(7,186,220.00)	(1,543,861.00)	(8,730,101.00)	(6,728,180.00)
Total [FORM E - B]	FQHC Other Revenue	(19,847,969.00)	(3,837,065.00)	(23,685,034.00)	(17,891,264.00)
	NET (INCOME) LOSS	0.00	0.00	0.00	0.00
	Sum of Account Groups	(5,957,686.00)	31,119.00	(5,926,567.00)	(3,411,912.00)

Client: **Fair Haven Community Health Clinic, Inc**
Engagement: **FQHC - Fair Haven Community Health Clinic, Inc.**
Period Ending: **6/30/2021**
Trial Balance: **A.01 - TB**
Worksheet: **H.01 - Combined Journal Entries Report -**
Account Description

Account	Description	W/P Ref	Debit	Credit
Reclassifying Journal Entry				
Reclassifying Journal Entry JE # 1				
To reclass dental salaries and supplies into correct lines of cost report				
50015	Salaries - Dentists	H.03a	337,704.00	
50050	Salaries - Dental Hygienists		120,430.00	
50065	Salaries - Dental Assistants		94,316.00	
50110	Salaries - Patient Services Support		35,219.00	
50115	Salaries - Dental Support Staff		67,444.00	
50140	Salaries - Management & Admin Support		57,669.00	
57575	Dental Supplies		81,749.00	
57576	Dental Lab Expenses		13,428.00	
Marcum 101	Dental Compensation			712,782.00
Marcum 102	Dental Other			95,177.00
Total			807,959.00	807,959.00
Reclassifying Journal Entry JE # 2				
To reclass Patient service support salaries to Dental and Mental Health				
Marcum 109	Patient Service Support - Mental Health	H.02b	123,596.00	
Marcum 145	Patient Service Support - Dental		48,743.00	
50110	Salaries - Patient Services Support			172,339.00
Total			172,339.00	172,339.00
Reclassifying Journal Entry JE # 3				
To reclass part of enabling salaries to mental health				
Marcum 110	Enabling - Mental Health	H.02b	107,077.00	
50100	Salaries - Enabling			107,077.00
Total			107,077.00	107,077.00
Reclassifying Journal Entry JE # 4				
To reclass fringe benefits by salary account				
51111	Health Insurance PR W/H	H.02b	200,715.00	
51112	Dental Insurance PR W/H		27,418.00	
51116	Disability & Life PR W/H		101,379.00	
Marcum 111	Fringe Benefits - Physicians		425,397.00	
Marcum 112	Fringe Benefits - Physician Assistants		15,212.00	
Marcum 113	Fringe Benefits - Nurse Practitioner		207,748.00	
Marcum 114	Fringe Benefits - Nurse Midwives		78,125.00	
Marcum 115	Fringe Benefits - Nurse LPN		69,536.00	
Marcum 116	Fringe Benefits - Nurse RNs		237,486.00	
Marcum 117	Fringe Benefits - Clinical Assistants		167,951.00	
Marcum 118	Fringe Benefits - Lab		13,454.00	
Marcum 119	Fringe Benefits - enabling		96,515.00	
Marcum 120	Fringe Benefits - Educators		910.00	
Marcum 121	Fringe Benefits - patient services support		117,182.00	
Marcum 122	Fringe Benefits - Dentists		55,396.00	
Marcum 124	Fringe Benefits - Dental Hygienists		19,755.00	
Marcum 125	Fringe Benefits - Dental Assistants		15,471.00	
Marcum 126	Fringe Benefits - Dental Support Staff		11,241.00	
Marcum 127	Fringe Benefits - Psychologist		54,015.00	
Marcum 128	Fringe Benefits - BH Clinician		70,612.00	
Marcum 129	Fringe Benefits - Psychiatrists		8,938.00	
Marcum 130	Fringe Benefits - Medical Records		14,953.00	
Marcum 131	Fringe Benefits - Referrals		19,052.00	
Marcum 132	Fringe Benefits - Front Desk		124,399.00	
Marcum 133	Fringe Benefits - Billing		74,774.00	
Marcum 134	Fringe Benefits - Management and Admin Support		313,945.00	
Marcum 135	Fringe Benefits - Information Technology		39,715.00	
Marcum 136	Fringe Benefits - Finance		86,225.00	
Marcum 137	Fringe Benefits - Facilities		34,840.00	
Marcum 138	Fringe Benefits - Patient Service Support - Dental		7,996.00	
Marcum 139	Fringe Benefits - Patient Service Support - Mental Health		20,274.00	
Marcum 140	Fringe Benefits - Enabling Salaries - Mental Health		17,565.00	
Marcum 146	Fringe Benefits - W/C		36,039.00	
Marcum 147	Fringe Benefits - Call Center		38,037.00	
50180	Accrued Vacation			10,538.00
51020	Social Security Taxes - FHC			728,288.00
51030	Medicare Taxes - FHC			204,323.00
51060	State Unemployment Taxes			20,610.00
51090	Worker's Comp			53,857.00
51101	Health Insurance			1,508,409.00
51106	Disability & Life Insurance			105,609.00
51160	403B-Match			148,448.00
51170	Continuing Education			19,203.00
51180	Employee Uniforms			2,303.00

51355	Employee Relations-Staff Meetings		20,682.00
Marcum 123	Fringe Benefits - Dental Compensation		
Total		<u>2,822,270.00</u>	<u>2,822,270.00</u>

Reclassifying Journal Entry JE # 5

H.02b

To reclass Occupancy and Office Expenses based on an allocation of percentage of salary

Marcum 141	Occupancy and Office Expenses - Medical	1,413,804.00	
Marcum 142	Occupancy and Office Expenses - Dental	107,723.00	
Marcum 143	Occupancy and Office Expenses - Mental Health	168,067.00	
51190	Licensing		15,633.00
51400	Membership Fees		34,512.00
52102	Architecture Fees		17,570.00
54101	Subscriptions		784.00
54102	Credentialing		1,076.00
55000	Cleaning Service		95,202.00
55001	Building Rent		525,095.00
55005	Building Maintenance & Repair		22,173.00
55006	Plowing		20,797.00
55010	Vehicle Expenditures-Agency vehicles only		1,401.00
55015	Pest Service		922.00
55020	Waste Removal		8,079.00
55050	Security		116,676.00
55199	Electric		73,959.00
55200	Oil		2,848.00
55300	Gas		13,312.00
55400	Water		3,733.00
55500	Sewer		2,068.00
57003	Payroll Services		24,817.00
57005	Postage		19,272.00
57100	Bank Charges		11,782.00
57200	Printing & Reproduction		27,093.00
57300	Telephone & Communications		131,216.00
57310	Cellphone		3,719.00
57320	On-Call Answering Service		145,903.00
57330	Interpretation Services		83,321.00
57350	Electronic Claims		8,308.00
57375	Medical Billing		331.00
57390	Software Support		110,072.00
57400	Equip Maintenance & Repairs		45,983.00
58500	Recruitment		95,041.00
60001	Interest - Mortgage & Line of Credit		17,827.00
61111	Office Equipment Lease		9,069.00
60010	Donations		
Marcum 144	Occupancy and Office Expenses - Other		
Total		<u>1,689,594.00</u>	<u>1,689,594.00</u>

Reclassifying Journal Entry JE # 6

A.02a

To adjust trial balance expense and revenue accounts based on updated TB provided by client

41000	State Grant Revenue	3,551,512.00	
49995	Interest Income	14,019.00	
49997	Contributions	16,191.00	
49999	Other Revenue	2,358,400.00	
50095	Salaries-Psychologist	176,201.00	
50180	Accrued Vacation	10,538.00	
51300	Employee Travel Transportation	24.00	
55001	Building Rent	14,263.00	
55050	Security	23,406.00	
57001	Office Supplies-Consumables	30,625.00	
57003	Payroll Services	874.00	
57300	Telephone & Communications	2,131.00	
57575	Dental Supplies	2,184.00	
57600	Medical Supplies	626.00	
59000	Prescription Benefit Program - Expense	9,391.00	
59001	Depreciation	19,490.00	
59207	Reserve for Bad Debt - Patient Fees	127,643.00	
69000	Donated Salaries	1,194,739.00	
69001	Donated Lab	22,800.00	
69002	Donated Rent	33,700.00	
69003	Donated Medical Supplies	1,607,043.00	
69100	Donated WIC Food Benefits	1,032,528.00	
40000	Federal Grant Revenue		5,758,324.00
42230	WIC Food Benefits - Donated		1,032,528.00
42231	Donated Services & Supplies		2,858,283.00
43000	Private Grant Revenue		116,802.00
50090	Salaries - BH Clinician		176,201.00
51020	Social Security Taxes - FHC		117,518.00
52101	Consulting & Other Personnel		25,187.00
52201	Legal Fees		25,110.00
54102	Credentialing		8,010.00
55005	Building Maintenance & Repair		87,350.00
57000	Office Supplies- Fixtures		626.00
70000	Unrealized loss (gain) on value of investments		8,796.00

Total	70001	Realized loss (gain) on value of investments		2,674.00
			10,248,328.00	10,217,209.00
Total Reclassifying Journal Entry			15,847,567.00	15,816,448.00
Total All Journal Entries			15,847,567.00	15,816,448.00

**FAIR HAVEN COMMUNITY HEALTH CLINIC
MEDICARE COST REPORT PACKAGE
FYE JUNE 30, 2021**

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).

FORM APPROVED
OMB NO. 0938-1298
APPROVAL EXPIRES 03-31-2022

FAIR HAVEN COMMUNITY HEALTH CLINIC

Period:
From: 07/01/2020
To: 06/30/2021

Run Date Time: 3/9/2022 2:44 pm
MCRIF32 224-14
Version: 4.5.173.0

CCN: 07-1817



FEDERALLY QUALIFIED HEALTH CENTER COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY

Worksheet S
Parts I, II & III

PART I - COST REPORT STATUS

Provider use only	1. <input checked="" type="checkbox"/> Electronically prepared cost report 2. <input type="checkbox"/> Manually prepared cost report 3. <input type="checkbox"/> If this is an amended cost report enter the number of times the provider resubmitted this cost report. 4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full, "L" for low, or "N" for no utilization.	Date:	Time:
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 FAIR HAVEN COMMUNITY HEALTH CLINIC, (Provider Name(s) and Number(s)) for the cost reporting period beginning 07/01/2020 and ending 06/30/2021 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.

SIGNATURE OF CHIEF FINANCIAL OFFICER OR ADMINISTRATOR		CHECKBOX	ELECTRONIC SIGNATURE STATEMENT	
1		2		
1			I have read and agree with the above certification statement. I certify that I intend my electronic signature on this certification be the legally binding equivalent of my original signature.	1
2	Printed Name			2
3	Title			3
4	Signature Date			4

PART III - SETTLEMENT SUMMARY

		Title XVIII	
1.00	FQHC	1.00	56,120 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 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 data 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.

FAIR HAVEN COMMUNITY HEALTH CLINIC

Period:
From: 07/01/2020
To: 06/30/2021Run Date Time: 3/9/2022 2:44 pm
MCRIIF32 224-14
Version: 4.5.173.0

CCN: 07-1817

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:	FAIR HAVEN COMMUNITY HEALTH CLINIC			07-1817	35300	01/08/1971	1	1.00				
2.00	Street:	374 GRAND AVENUE			P.O. Box:	2.00							
3.00	City:	NEW HAVEN			State:	CT	Zip Code:	06513	County:	NEW HAVEN	Designation - Enter "R" for rural or "U" for urban:	U	3.00
4.00	Cost Reporting Period (mm/dd/yyyy)	From:	07/01/2020	To:	06/30/2021	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:			HRS 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	Is this FQHC filing a consolidated cost report per CMS Pub. 100-04, chapter 9, §30.8? Enter "Y" for yes or "N" for no in column 1. If column 1 is yes, complete columns 2 through 4, and line 14, beginning with subscripted line 14.01. If column 1 is no, leave line 14 blank. (see instructions)	Y			11	13.00
	Site Name	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	FAIR HAVEN CHC AT BELLA VISTA	07-1805	35300	01/01/1978	01/01/1978	14.01
14.02	WILBUR CROSS HIGH SCHOOL	07-1806	35300	01/01/1982	01/01/1982	14.02
14.03	FAIR HAVEN K-8 SCHOOL	07-1807	35300	09/01/1992	09/01/1992	14.03
14.04	JOHN MARTINEZ SCHOOL	07-1899	35300	01/01/2014	01/01/2014	14.04
14.05	CLINTON AVE SCHOOL	07-1900	35300	07/01/2011	07/01/2011	14.05
14.06	FAIR HAVEN CHC AT 50 GRAND	07-1909	35300	02/11/2015	02/11/2015	14.06
14.07	FAIR HAVEN CHC AT EAST HAVEN	07-1925	35300	05/16/2016	05/16/2016	14.07
14.08	FAIR HAVEN CHC INC MAAS	07-1927	35300	10/27/2016	10/27/2016	14.08
14.09	FHC 67 HUDSON STREET	07-1934	35300	02/12/2018	02/12/2018	14.09
14.10	FHC 14 SYCAMORE WAY	07-1935	35300	02/12/2018	02/12/2018	14.10
14.11	FHC 35 WHEELBARROW LANE	07-1936	35300	02/12/2018	02/12/2018	14.11

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	02/22/2018	5 H80CS00741-17-00	17.00

Medical Malpractice

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	01/01/2020		18.00
19.00	Does this FQHC carry commercial malpractice insurance? Enter "Y" for yes or "N" for no.	N			19.00
20.00	Is the malpractice insurance a claims-made or occurrence policy? Enter "1" for claims-made or "2" for occurrence policy.	0			20.00
		Premiums	Paid Losses	Self Insurance	
21.00	List amounts of malpractice premiums, paid losses or self-insurance in the applicable columns.	0	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 403.2468(f)? Enter "Y" for yes or "N" for no	N			23.00
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FAIR HAVEN COMMUNITY HEALTH CLINIC

 Period:
 From: 07/01/2020
 To: 06/30/2021


 Run Date Time: 3/9/2022 2:44 pm
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 Version: 4.5.173.0


CCN: 07-1817

FEDERALLY QUALIFIED HEALTH CENTER IDENTIFICATION DATA

Worksheet S-1
Part I

		Premiums	Paid Losses	Self Insurance	
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
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

FAIR HAVEN COMMUNITY HEALTH CLINIC		Period:	Run Date Time:	
CCN:	07-1817	From: 07/01/2020	3/9/2022 2:44 pm	
		To: 06/30/2021	MCRIF32 Version: 4.5.173.0	

FEDERALLY QUALIFIED HEALTH CENTER IDENTIFICATION DATA

Component CCN: 071805

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: FAIR HAVEN CHC AT BELLA VISTA	01/01/1978	1				1.00
2.00	Street: 339 EASTERN STREET	P.O. Box:					2.00
3.00	City: NEW HAVEN	State: CT	Zip Code: 06513	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	02/22/2018	5 H80CS00741-17-00	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	01/01/2020		7.00
8.00	Does this FQHC carry commercial malpractice insurance? Enter "Y" for yes or "N" for no.			N			8.00
9.00	Is the malpractice insurance a claims-made or occurrence policy? Enter "1" for claims-made or "2" for occurrence policy.			0			9.00
				Premiums	Paid Losses	Self Insurance	
10.00	List amounts of malpractice premiums, paid losses or self-insurance in the applicable columns.			0	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	4,800		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

FAIR HAVEN COMMUNITY HEALTH CLINIC

CCN: 07-1817

Period:
From: 07/01/2020
To: 06/30/2021Run Date Time: 3/9/2022 2:44 pm
MCRIF32
Version: 4.5.173.0

FEDERALLY QUALIFIED HEALTH CENTER IDENTIFICATION DATA

Component CCN: 071806

Worksheet S-1
Part II

Clinic II

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: WILBUR CROSS HIGH SCHOOL	01/01/1982	1				1.00
2.00	Street: 181 MITCHELL DRIVE						2.00
3.00	City: NEW HAVEN	State: CT	Zip Code: 06513-2515	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	02/22/2018	5 H80CS00741-17-00	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	01/01/2019		7.00
8.00	Does this FQHC carry commercial malpractice insurance? Enter "Y" for yes or "N" for no.	N			8.00
9.00	Is the malpractice insurance a claims-made or occurrence policy? Enter "1" for claims-made or "2" for occurrence policy.	0			9.00
		Premiums	Paid Losses	Self Insurance	
10.00	List amounts of malpractice premiums, paid losses or self-insurance in the applicable columns.	0	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.	N			16.00
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FAIR HAVEN COMMUNITY HEALTH CLINIC

Period:
From: 07/01/2020
To: 06/30/2021Run Date Time: 3/9/2022 2:44 pm
MCRIF32
Version: 4.5.173.0

CCN: 07-1817

Component CCN: 071807

Worksheet S-1
Part II

FEDERALLY QUALIFIED HEALTH CENTER IDENTIFICATION DATA

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: FAIR HAVEN K-8 SCHOOL	09/01/1992	1				1.00
2.00	Street: 164 GRAND AVENUE						2.00
3.00	City: NEW HAVEN						3.00
	P.O. Box:						
	State: CT						
	Zip Code: 06513						
	County: NEW HAVEN						
	Designation - Enter "R" for rural or "U" for urban:						
FQHC Operations							
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	02/22/2018	5	H80CS00741-17-00	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	01/01/2020			7.00
8.00	Does this FQHC carry commercial malpractice insurance? Enter "Y" for yes or "N" for no.		N				8.00
9.00	Is the malpractice insurance a claims-made or occurrence policy? Enter "1" for claims-made or "2" for occurrence policy.		0				9.00
			Premiums	Paid Losses	Self Insurance		
10.00	List amounts of malpractice premiums, paid losses or self-insurance in the applicable columns.		0	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.		N				16.00

FAIR HAVEN COMMUNITY HEALTH CLINIC

CCN: 07-1817

Period:
From: 07/01/2020
To: 06/30/2021Run Date Time: 3/9/2022 2:44 pm
MCRIF32 224-14
Version: 4.5.173.0

FEDERALLY QUALIFIED HEALTH CENTER IDENTIFICATION DATA

Component CCN: 071899

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/1 Decertification	Date of CHOW	
	1.00	2.00	3.00	4.00	5.00	6.00	
1.00	Site Name: JOHN MARTINEZ SCHOOL	01/01/2014	1				1.00
2.00	Street: 100 JAMES STREET						2.00
3.00	City: NEW HAVEN	State: CT	Zip Code: 06513-4222	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	02/22/2018	5 H80CS00741-17-00	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	01/01/2020		7.00
8.00	Does this FQHC carry commercial malpractice insurance? Enter "Y" for yes or "N" for no.			N			8.00
9.00	Is the malpractice insurance a claims-made or occurrence policy? Enter "1" for claims-made or "2" for occurrence policy.			0			9.00
				Premiums	Paid Losses	Self Insurance	
10.00	List amounts of malpractice premiums, paid losses or self-insurance in the applicable columns.			0	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.			N			16.00

FAIR HAVEN COMMUNITY HEALTH CLINIC

CCN: 07-1817

Period:
From: 07/01/2020
To: 06/30/2021Run Date Time: 3/9/2022 2:44 pm
MCRIF32
Version: 4.5.173.0

FEDERALLY QUALIFIED HEALTH CENTER IDENTIFICATION DATA

Component CCN: 071900

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: CLINTON AVE SCHOOL	07/01/2011	1				1.00
2.00	Street: 293 CLINTON AVENUE						2.00
3.00	City: NEW HAVEN	State: CT	Zip Code: 06513-2814	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	02/22/2018	5 H80CS00741-17-00 6.00

Medical Malpractice

	1.00	2.00	3.00	
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	01/01/2020	7.00
8.00	Does this FQHC carry commercial malpractice insurance? Enter "Y" for yes or "N" for no.	N		8.00
9.00	Is the malpractice insurance a claims-made or occurrence policy? Enter "1" for claims-made or "2" for occurrence policy.	0		9.00
10.00	List amounts of malpractice premiums, paid losses or self-insurance in the applicable columns.	Premiums	Paid Losses	Self Insurance
		0	0	0

Interns and Residents

	1.00	2.00	3.00	
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

	1.00	2.00	3.00	
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

	1.00	2.00	3.00	
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.	N		16.00

FAIR HAVEN COMMUNITY HEALTH CLINIC

CCN: 07-1817

Period:
From: 07/01/2020
To: 06/30/2021

Run Date Time: 3/9/2022 2:44 pm
MCRIF32
Version: 224-14
 4.5.173.0


FEDERALLY QUALIFIED HEALTH CENTER IDENTIFICATION DATA

Component CCN: 071909

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: FAIR HAVEN CHC AT 50 GRAND	02/11/2015	1				1.00
2.00	Street: 50 GRAND AVENUE						2.00
3.00	City: NEW HAVEN						3.00
	P.O. Box:						
	State: CT						
	Zip Code: 06513-3949						
	County: NEW HAVEN						
	Designation - Enter "R" for rural or "U" for urban:						
FQHC Operations							
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				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	02/22/2018	5	H80CS00741-17-00	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	01/01/2020			7.00
8.00	Does this FQHC carry commercial malpractice insurance? Enter "Y" for yes or "N" for no.		N				8.00
9.00	Is the malpractice insurance a claims-made or occurrence policy? Enter "1" for claims-made or "2" for occurrence policy.		0				9.00
			Premiums	Paid Losses	Self Insurance		
10.00	List amounts of malpractice premiums, paid losses or self-insurance in the applicable columns.		0	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	64,700			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

FAIR HAVEN COMMUNITY HEALTH CLINIC

CCN: 07-1817

Period:
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To: 06/30/2021Run Date Time: 3/9/2022 2:44 pm
MCRIF32 224-14
Version: 4.5.173.0

FEDERALLY QUALIFIED HEALTH CENTER IDENTIFICATION DATA

Component CCN: 071925

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	2.00	3.00	4.00	5.00	6.00		
1.00	Site Name: FAIR HAVEN CHC AT EAST HAVEN	05/16/2016	1				1.00	
2.00	Street: 370 HEMMINGWAY AVENUE	P.O. Box:						2.00
3.00	City: EAST HAVEN	State: CT	Zip Code: 06513-2463	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	02/22/2018	5	H80CS00741-17-00		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	01/01/2020				7.00	
8.00	Does this FQHC carry commercial malpractice insurance? Enter "Y" for yes or "N" for no.	N					8.00	
9.00	Is the malpractice insurance a claims-made or occurrence policy? Enter "1" for claims-made or "2" for occurrence policy.	0					9.00	
		Premiums	Paid Losses	Self Insurance				
10.00	List amounts of malpractice premiums, paid losses or self-insurance in the applicable columns.	0	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	38,332				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.	N	16.00					

FAIR HAVEN COMMUNITY HEALTH CLINIC

CCN: 07-1817

 Period:
 From: 07/01/2020
 To: 06/30/2021

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 Version: 4.5.173.0


FEDERALLY QUALIFIED HEALTH CENTER IDENTIFICATION DATA

Component CCN: 071927

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	V/I Decertification	Date of CHOW	
	1.00	2.00	3.00	4.00	5.00	6.00	
1.00	Site Name: FAIR HAVEN CHC INC MAAS	10/27/2016	1				1.00
2.00	Street: 426 EAST STREET						2.00
3.00	City: NEW HAVEN						3.00
	P.O. Box:						
	State: CT						
	Zip Code: 06511-5018						
	County: NEW HAVEN						
	Designation - Enter "R" for rural or "U" for urban:						
FQHC Operations							
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)						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.						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.						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.						7.00
8.00	Does this FQHC carry commercial malpractice insurance? Enter "Y" for yes or "N" for no.						8.00
9.00	Is the malpractice insurance a claims-made or occurrence policy? Enter "1" for claims-made or "2" for occurrence policy.						9.00
10.00	List amounts of malpractice premiums, paid losses or self-insurance in the applicable columns.						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.						11.00
12.00	Is this FQHC involved in training residents in an unapproved GME program? Enter "Y" for yes or "N" for no.						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)						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)						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.						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.						16.00

FAIR HAVEN COMMUNITY HEALTH CLINIC

CCN: 07-1817

Period:
From: 07/01/2020
To: 06/30/2021Run Date Time: 3/9/2022 2:44 pm
MCRIF32
Version: 224-14
4.5.173.0

FEDERALLY QUALIFIED HEALTH CENTER IDENTIFICATION DATA

Component CCN: 071934

Worksheet S-1
Part II

Clinic IX

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: FHC 67 HUDSON STREET	02/12/2018	1				1.00
2.00	Street: 67 HUDSON STREET						2.00
3.00	City: EAST HAVEN						3.00
	P.O. Box:						
	State: CT						
	Zip Code: 06512						
	County: NEW HAVEN						
	Designation - Enter "R" for rural or "U" for urban:						
FQHC Operations							
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)						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.						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.						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.						7.00
8.00	Does this FQHC carry commercial malpractice insurance? Enter "Y" for yes or "N" for no.						8.00
9.00	Is the malpractice insurance a claims-made or occurrence policy? Enter "1" for claims-made or "2" for occurrence policy.						9.00
		Premiums	Paid Losses	Self Insurance			
10.00	List amounts of malpractice premiums, paid losses or self-insurance in the applicable columns.						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.						11.00
12.00	Is this FQHC involved in training residents in an unapproved GME program? Enter "Y" for yes or "N" for no.						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)						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)						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.						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.						16.00

FAIR HAVEN COMMUNITY HEALTH CLINIC

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FEDERALLY QUALIFIED HEALTH CENTER IDENTIFICATION DATA

Component CCN: 071935

Worksheet S-1
Part II

Clinic X

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

	Site Name	Date Certified	Type of control (see instructions)	Date Decertified	V/1 Decertification	Date of C/HOW	
1.00	Site Name: FHC 14 SYCAMORE WAY	2.00	3.00	4.00	5.00	6.00	1.00
2.00	Street: 14 SYCAMORE WAY	P.O. Box:					2.00
3.00	City: BRANFORD	State: CT	Zip Code: 06405	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	02/12/2018	5 H80CS00741-17-00 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	01/01/2020	7.00
8.00	Does this FQHC carry commercial malpractice insurance? Enter "Y" for yes or "N" for no.	N		8.00
9.00	Is the malpractice insurance a claims-made or occurrence policy? Enter "1" for claims-made or "2" for occurrence policy.	0		9.00
10.00	List amounts of malpractice premiums, paid losses or self-insurance in the applicable columns.	Premiums	Paid Losses	Self Insurance
		0	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.	3	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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FAIR HAVEN COMMUNITY HEALTH CLINIC

Period:

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FEDERALLY QUALIFIED HEALTH CENTER IDENTIFICATION DATA

Component CCN: 071936

Worksheet S-1

Part II

Clinic XI

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: FHC 35 WHEELBARROW LANE	02/12/2018	1				1.00
2.00	Street: 35 WHEELBARROW LANE						2.00
3.00	City: EAST HAVEN						3.00
	P.O. Box:						
	State: CT						
	Zip Code: 06513						
	County: NEW HAVEN						
	Designation - Enter "R" for rural or "U" for urban:						
FQHC Operations							
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				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	02/12/2018	5	H80CS00741-17-00	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	01/01/2020			7.00
8.00	Does this FQHC carry commercial malpractice insurance? Enter "Y" for yes or "N" for no.		N				8.00
9.00	Is the malpractice insurance a claims-made or occurrence policy? Enter "1" for claims-made or "2" for occurrence policy.		0				9.00
			Premiums	Paid Losses	Self Insurance		
10.00	List amounts of malpractice premiums, paid losses or self-insurance in the applicable columns.		0	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.		3	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

FAIR HAVEN COMMUNITY HEALTH CLINIC

Period:
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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	06/30/2021	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:	203-781-9680	Email Address:	MATTHEW.BAVOLACK@MARCUMLLP.COM			19.00

FAIR HAVEN COMMUNITY HEALTH CLINIC

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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 (07-1817 - FAIR HAVEN COMMUNITY HEALTH CLINIC)	07-1817	0	1,509	12,397	11,461	25,567	1.00
1.01	Medical Visits (07-1805 - FAIR HAVEN CHC AT BELLA VISTA)	07-1805	0	236	321	1,381	1,938	1.01
1.02	Medical Visits (07-1806 - WILBUR CROSS HIGH SCHOOL)	07-1806	0	0	305	238	543	1.02
1.03	Medical Visits (07-1807 - FAIR HAVEN K-8 SCHOOL)	07-1807	0	0	167	56	223	1.03
1.04	Medical Visits (07-1899 - JOHN MARTINEZ SCHOOL)	07-1899	0	0	119	48	167	1.04
1.05	Medical Visits (07-1900 - CLINTON AVE SCHOOL)	07-1900	0	0	173	116	289	1.05
1.06	Medical Visits (07-1909 - FAIR HAVEN CHC AT 50 GRAND)	07-1909	0	91	8,491	3,439	12,021	1.06
1.07	Medical Visits (07-1925 - FAIR HAVEN CHC AT EAST HAVEN)	07-1925	0	0	0	0	0	1.07
1.08	Medical Visits (07-1927 - FAIR HAVEN CHC INC MAAS)	07-1927	0	8	151	30	189	1.08
1.09	Medical Visits (07-1934 - FHC 67 HUDSON STREET)	07-1934	0	0	403	244	647	1.09
1.10	Medical Visits (07-1935 - FHC 14 SYCAMORE WAY)	07-1935	0	44	76	13	133	1.10
1.11	Medical Visits (07-1936 - FHC 35 WHEELBARROW LANE)	07-1936	0	2	262	414	678	1.11
2.00	Total Medical Visits		0	1,890	23,065	17,440	42,395	2.00
3.00	Mental Health Visits (07-1817 - FAIR HAVEN COMMUNITY HEALTH CLINIC)	07-1817	0	434	6,339	1,688	8,461	3.00
3.01	Mental Health Visits (07-1805 - FAIR HAVEN CHC AT BELLA VISTA)	07-1805	0	72	174	246	492	3.01
3.02	Mental Health Visits (07-1806 - WILBUR CROSS HIGH SCHOOL)	07-1806	0	0	83	657	740	3.02
3.03	Mental Health Visits (07-1807 - FAIR HAVEN K-8 SCHOOL)	07-1807	0	0	0	0	0	3.03
3.04	Mental Health Visits (07-1899 - JOHN MARTINEZ SCHOOL)	07-1899	0	0	153	301	454	3.04
3.05	Mental Health Visits (07-1900 - CLINTON AVE SCHOOL)	07-1900	0	0	0	0	0	3.05
3.06	Mental Health Visits (07-1909 - FAIR HAVEN CHC AT 50 GRAND)	07-1909	0	87	455	180	722	3.06
3.07	Mental Health Visits (07-1925 - FAIR HAVEN CHC AT EAST HAVEN)	07-1925	0	28	163	46	237	3.07
3.08	Mental Health Visits (07-1927 - FAIR HAVEN CHC INC MAAS)	07-1927	0	0	0	0	0	3.08
3.09	Mental Health Visits (07-1934 - FHC 67 HUDSON STREET)	07-1934	0	0	0	0	0	3.09
3.10	Mental Health Visits (07-1935 - FHC 14 SYCAMORE WAY)	07-1935	0	0	0	0	0	3.10
3.11	Mental Health Visits (07-1936 - FHC 35 WHEELBARROW LANE)	07-1936	0	0	0	0	0	3.11
4.00	Total Mental Health Visits		0	621	7,367	3,118	11,106	4.00
5.00	Number of Visits Performed by Interns and Residents (07-1817 - FAIR HAVEN COMMUNITY HEALTH CLINIC)	07-1817	0	0	0	0	0	5.00
5.01	Number of Visits Performed by Interns and Residents (07-1805 - FAIR HAVEN CHC AT BELLA VISTA)	07-1805	0	0	0	0	0	5.01
5.02	Number of Visits Performed by Interns and Residents (07-1806 - WILBUR CROSS HIGH SCHOOL)	07-1806	0	0	0	0	0	5.02
5.03	Number of Visits Performed by Interns and Residents (07-1807 - FAIR HAVEN K-8 SCHOOL)	07-1807	0	0	0	0	0	5.03
5.04	Number of Visits Performed by Interns and Residents (07-1899 - JOHN MARTINEZ SCHOOL)	07-1899	0	0	0	0	0	5.04
5.05	Number of Visits Performed by Interns and Residents (07-1900 - CLINTON AVE SCHOOL)	07-1900	0	0	0	0	0	5.05
5.06	Number of Visits Performed by Interns and Residents (07-1909 - FAIR HAVEN CHC AT 50 GRAND)	07-1909	0	0	0	0	0	5.06
5.07	Number of Visits Performed by Interns and Residents (07-1925 - FAIR HAVEN CHC AT EAST HAVEN)	07-1925	0	0	0	0	0	5.07
5.08	Number of Visits Performed by Interns and Residents (07-1927 - FAIR HAVEN CHC INC MAAS)	07-1927	0	0	0	0	0	5.08
5.09	Number of Visits Performed by Interns and Residents (07-1934 - FHC 67 HUDSON STREET)	07-1934	0	0	0	0	0	5.09
5.10	Number of Visits Performed by Interns and Residents (07-1935 - FHC 14 SYCAMORE WAY)	07-1935	0	0	0	0	0	5.10
5.11	Number of Visits Performed by Interns and Residents (07-1936 - FHC 35 WHEELBARROW LANE)	07-1936	0	0	0	0	0	5.11
6.00	Total Number of Visits Performed by Interns and Residents		0	0	0	0	0	6.00

FAIR HAVEN COMMUNITY HEALTH CLINIC

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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	75,362	1,508,441	1.00
2.00	Physician	75,362	488,105	2.00
3.00	Physician Assistant	0	13,925	3.00
4.00	Nurse Practitioner	0	237,413	4.00
5.00	Visiting Registered Nurse	0	273,485	5.00
6.00	Visiting Licensed Practical Nurse	0	73,835	6.00
7.00	Certified Nurse Midwife	0	89,967	7.00
8.00	Clinical Psychologist	0	31,741	8.00
9.00	Clinical Social Worker	0	107,992	9.00
10.00	Laboratory Technician	0	15,493	10.00
11.00	Reg Dietician/Cert DSMT/MNT Educator	0	0	11.00
12.00	Physical Therapist	0	0	12.00
13.00	Occupational Therapist	0	0	13.00
14.00	Other Allied Health Personnel	0	176,485	14.00
15.00	Interns & Residents		0	15.00

PART III - FEDERALLY QUALIFIED HEALTH CENTER EMPLOYEE DATA

		Number of Employees (Full Time Equivalent)			
	Enter the number of hours in your normal work week: 40.00	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.)	13.71	0.36	14.07	16.00
17.00	Physician Assistant	0.78	0.00	0.78	17.00
18.00	Nurse Practitioner	9.80	0.00	9.80	18.00
19.00	Visiting Registered Nurse	15.96	0.00	15.96	19.00
20.00	Visiting Licensed Practical Nurse	5.02	0.00	5.02	20.00
21.00	Certified Nurse Midwife	4.10	0.00	4.10	21.00
22.00	Clinical Psychologist	2.63	0.00	2.63	22.00
23.00	Clinical Social Worker	6.02	0.00	6.02	23.00
24.00	Laboratory Technician	0.80	0.00	0.80	24.00
25.00	Reg Dietician/Cert DSMT/MNT Educator	0.00	0.00	0.00	25.00
26.00	Physical Therapist	0.00	0.00	0.00	26.00
27.00	Occupational Therapist	0.00	0.00	0.00	27.00
28.00	Other Allied Health Personnel	2.67	0.00	2.67	28.00
29.00	Interns & Residents	0.00		0.00	29.00

FAIR HAVEN COMMUNITY HEALTH CLINIC

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RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

Worksheet A

		Cost Center Description (omit cents)	SALARIES	OTHER	TOTAL (col. 1 + col. 2)	RECLASSIFI- CATIONS	RECLASSIFIED TRIAL BALANCE (col. 3 ± col. 4)	ADJUSTMENTS	NET EXPENSES FOR ALLOCATION (col. 5 ± col. 6)	
			1.00	2.00	3.00	4.00	5.00	6.00	7.00	
GENERAL SERVICE COST CENTERS										
1.00	0100	CAP REL COSTS-BLDG & FIX		149,137	149,137	0	149,137	0	149,137	1.00
2.00	0200	CAP REL COSTS-MVBLE EQUIP		707,756	707,756	0	707,756	0	707,756	2.00
3.00	0300	EMPLOYEE BENEFITS	0	2,274,103	2,274,103	-1,308,441	765,662	0	765,662	3.00
4.00	0400	ADMINISTRATIVE & GENERAL SERVICES	3,633,488	2,608,773	6,242,261	-140,282	6,101,979	-645,098	5,456,881	4.00
5.00	0500	PLANT OPERATION & MAINTENANCE	212,391	459,641	672,032	0	672,032	0	672,032	5.00
6.00	0600	JANITORIAL	0	112,452	112,452	0	112,452	0	112,452	6.00
7.00	0700	MEDICAL RECORDS	207,298	0	207,298	0	207,298	0	207,298	7.00
8.00		SUBTOTAL - ADMINISTRATIVE OVERHEAD	4,053,177	6,311,862	10,365,039	-1,648,723	8,716,316	-645,098	8,071,218	8.00
9.00	0900	PHARMACY	0	1,350,951	1,350,951	0	1,350,951	0	1,350,951	9.00
10.00	1000	MEDICAL SUPPLIES	0	333,034	333,034	0	333,034	0	333,034	10.00
11.00	1100	TRANSPORTATION	0	25,168	25,168	0	25,168	0	25,168	11.00
12.00	1200	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	0	0	12.00
13.00		SUBTOTAL - TOTAL OVERHEAD	4,053,177	8,021,015	12,074,192	-1,648,723	10,425,469	-645,098	9,780,371	13.00
DIRECT CARE COST CENTERS										
23.00	2300	PHYSICIAN	2,583,871	0	2,583,871	488,105	3,071,976	0	3,071,976	23.00
24.00	2400	PHYSICIAN SERVICES UNDER AGREEMENT		75,362	75,362	0	75,362	0	75,362	24.00
25.00	2500	PHYSICIAN ASSISTANT	73,714	0	73,714	13,925	87,639	0	87,639	25.00
26.00	2600	NURSE PRACTITIONER	1,256,789	0	1,256,789	237,413	1,494,202	0	1,494,202	26.00
27.00	2700	VISITING REGISTERED NURSE	1,447,744	0	1,447,744	273,485	1,721,229	0	1,721,229	27.00
28.00	2800	VISITING LICENSED PRACTICAL NURSE	390,858	0	390,858	73,835	464,693	0	464,693	28.00
29.00	2900	CERTIFIED NURSE MIDWIFE	476,259	0	476,259	89,967	566,226	0	566,226	29.00
30.00	3000	CLINICAL PSYCHOLOGIST	168,027	0	168,027	31,741	199,768	0	199,768	30.00
31.00	3100	CLINICAL SOCIAL WORKER	571,673	0	571,673	107,992	679,665	0	679,665	31.00
32.00	3200	LABORATORY TECHNICIAN	82,015	286,700	368,715	15,493	384,208	0	384,208	32.00
33.00	3300	REG DIETICIAN/CERT DSMT/MNT EDUCATOR	0	0	0	0	0	0	0	33.00
34.00	3400	PHYSICAL THERAPIST	0	0	0	0	0	0	0	34.00
35.00	3500	OCCUPATIONAL THERAPIST	0	0	0	0	0	0	0	35.00
36.00	3600	OTHER ALLIED HEALTH PERSONNEL	934,253	0	934,253	176,485	1,110,738	0	1,110,738	36.00
37.00		SUBTOTAL - DIRECT PATIENT CARE SERVICES	7,985,203	362,062	8,347,265	1,508,441	9,855,706	0	9,855,706	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	1,025	1,025	0	1,025	0	1,025	48.00
49.00	4900	INFLUENZA VACCINES & MED SUPPLIES	0	50,010	50,010	0	50,010	0	50,010	49.00
49.10	4910	COVID-19 VACCINES & MED SUPPLIES	0	0	0	140,282	140,282	0	140,282	49.10
49.11	4911	MONOCLONAL ANTIBODY PRODUCTS	0	0	0	0	0	0	0	49.11
50.00		SUBTOTAL - REIMBURSABLE PASS THROUGH COSTS	0	51,035	51,035	140,282	191,317	0	191,317	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	0	0	0	0	0	0	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	OTHER (SPECIFY)	0	0	0	0	0	0	0	69.00
70.00		SUBTOTAL - OTHER FQHC SERVICES	0	0	0	0	0	0	0	70.00
NONREIMBURSABLE COST CENTERS										
77.00	7700	RETAIL PHARMACY	0	0	0	0	0	0	0	77.00
78.00	7800	NONALLOWABLE GME COSTS	0	0	0	0	0	0	0	78.00
79.00	7900	DENTAL	713,862	100,648	814,510	0	814,510	0	814,510	79.00
79.01	7901	WIC	219,696	3,159	222,855	0	222,855	0	222,855	79.01
79.02	7902	PEER COUNSELING	0	0	0	0	0	0	0	79.02
80.00		SUBTOTAL - NON-REIMBURSABLE COSTS	933,558	103,807	1,037,365	0	1,037,365	0	1,037,365	80.00

FAIR HAVEN COMMUNITY HEALTH CLINIC

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RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

Worksheet A

100.00		TOTAL (SUM OF LINES 13, 37, 50, 70 AND 80)	12,971,938	8,537,919	21,509,857	0	21,509,857	-645,098	20,864,759	100.00
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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 - RECLASSIFICATIONS							
1.00	PHYSICIAN	23.00	488,105	EMPLOYEE BENEFITS	3.00	1,508,441	1.00
2.00	PHYSICIAN ASSISTANT	25.00	13,925		0.00	0	2.00
3.00	NURSE PRACTITIONER	26.00	237,413		0.00	0	3.00
4.00	VISITING REGISTERED NURSE	27.00	273,485		0.00	0	4.00
5.00	VISITING LICENSED PRACTICAL NURSE	28.00	73,835		0.00	0	5.00
6.00	CERTIFIED NURSE MIDWIFE	29.00	89,967		0.00	0	6.00
7.00	CLINICAL PSYCHOLOGIST	30.00	31,741		0.00	0	7.00
8.00	CLINICAL SOCIAL WORKER	31.00	107,992		0.00	0	8.00
9.00	LABORATORY TECHNICIAN	32.00	15,493		0.00	0	9.00
10.00	OTHER ALLIED HEALTH PERSONNEL	36.00	176,485		0.00	0	10.00
B - TO RECLASS COVID VACCINE EXPENSES							
1.00	COVID-19 VACCINES & MED SUPPLIES	49.10	140,282	ADMINISTRATIVE & GENERAL SERVICES	4.00	140,282	1.00
100.00	GRAND TOTALS		1,648,723			1,648,723	100.00

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

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ADJUSTMENTS TO EXPENSES

Worksheet A-2

		EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED			
	Descriptions (1)	(2) BASIS/CODE	AMOUNT	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 1.00
2.00	Investment income - movable equipment (chapter 2)		0	CAP REL COSTS-MVBLE EQUIP	2.00 2.00
3.00	Investment income - other (chapter 2)		0		0.00 3.00
4.00	Trade, quantity, and time discounts (chapter 8)		0		0.00 4.00
5.00	Refunds and rebates of expenses (chapter 8)		0		0.00 5.00
6.00	Rental of building or office space to others (chapter 8)		0		0.00 6.00
7.00	Related organization transactions (chapter 10)	Wkst. A-2-1	0		7.00
8.00	Sale of drugs to other than patients		0		0.00 8.00
9.00	Vending machines		0		0.00 9.00
10.00	Practitioner assigned by Public Health Service		0		0.00 10.00
11.00	Depreciation - buildings and fixtures		0	CAP REL COSTS-BLDG & FIX	1.00 11.00
12.00	Depreciation - movable equipment		0	CAP REL COSTS-MVBLE EQUIP	2.00 12.00
13.00	RCE adjustment to teaching physicians' cost		0	ALLOWABLE GME COSTS	47.00 13.00
14.00	LOBBYING	A	-20,250	ADMINISTRATIVE & GENERAL SERVICES	4.00 14.00
14.01	BAD DEBT	A	-535,480	ADMINISTRATIVE & GENERAL SERVICES	4.00 14.01
14.02	LATE FEES, PENALTIES	A	-7,395	ADMINISTRATIVE & GENERAL SERVICES	4.00 14.02
14.03	MARKETING EVENTS	A	-2,586	ADMINISTRATIVE & GENERAL SERVICES	4.00 14.03
14.04	MISCELLANEOUS EXPENSE	A	-72,932	ADMINISTRATIVE & GENERAL SERVICES	4.00 14.04
14.05	FOOD FOR MEETINGS	A	-5,405	ADMINISTRATIVE & GENERAL SERVICES	4.00 14.05
14.06	FUNDRAISING	A	-1,050	ADMINISTRATIVE & GENERAL SERVICES	4.00 14.06
50.00	TOTAL (sum of lines 1 thru 49)		-645,098		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.

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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	Total Visits	
		0	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	PHYSICIAN	23.00	3,071,976	20,213	1,075,197	2,811,203	6,958,376	344.25	19,948	1.00
2.00	PHYSICIAN SERVICES UNDER AGREEMENT	24.00	75,362	864	45,959	82,239	203,560	235.60	864	2.00
3.00	PHYSICIAN ASSISTANT	25.00	87,639	2,374	126,281	145,008	358,928	151.19	2,374	3.00
4.00	NURSE PRACTITIONER	26.00	1,494,202	14,683	781,038	1,542,294	3,817,534	260.00	11,239	4.00
5.00	VISITING REGISTERED NURSE	27.00	1,721,229	1,688	89,790	1,227,617	3,038,636	1,800.14	1,688	5.00
6.00	VISITING LICENSED PRACTICAL NURSE	28.00	464,693	609	32,395	336,956	834,044	1,369.53	609	6.00
7.00	CERTIFIED NURSE MIDWIFE	29.00	566,226	5,673	301,766	588,377	1,456,369	256.72	5,673	7.00
8.00	CLINICAL PSYCHOLOGIST	30.00	199,768	3,243	172,506	252,350	624,624	192.61	0	8.00
9.00	CLINICAL SOCIAL WORKER	31.00	679,665	4,154	220,965	610,501	1,511,131	363.78	0	9.00
10.00	REG DIETICIAN/CERT DSMT/MNT EDUCATOR	33.00	0	0	0	0	0	0.00	0	10.00
11.00	TOTALS		8,360,760	53,501	2,845,897	7,596,545	18,803,202		42,395	11.00
12.00	UNIT COST MULTIPLIER				53.193342	0.677860				12.00
13.00	TOTAL COST PER VISIT							351.46		13.00

	Position	Total Visits	Title XVIII Visits	Title XVIII Costs			
		Mental Health Visits by Practitioner	Medical Visits by Practitioner	Mental Health Visits by Practitioner	Medical Cost by Practitioner	Mental Health Cost by Practitioner	
		8.00	9.00	10.00	11.00	12.00	
1.00	PHYSICIAN	265	1,044	58	359,397	19,967	1.00
2.00	PHYSICIAN SERVICES UNDER AGREEMENT	0	124	0	29,214	0	2.00
3.00	PHYSICIAN ASSISTANT	0	208	0	31,448	0	3.00
4.00	NURSE PRACTITIONER	3,444	395	0	102,700	0	4.00
5.00	VISITING REGISTERED NURSE	0	46	0	82,806	0	5.00
6.00	VISITING LICENSED PRACTICAL NURSE	0	25	0	34,238	0	6.00
7.00	CERTIFIED NURSE MIDWIFE	0	48	0	12,323	0	7.00
8.00	CLINICAL PSYCHOLOGIST	3,243	0	199	0	38,329	8.00
9.00	CLINICAL SOCIAL WORKER	4,154	0	364	0	132,416	9.00
10.00	REG DIETICIAN/CERT DSMT/MNT EDUCATOR	0	0	0	0	0	10.00
11.00	TOTALS	11,106	1,890	621	652,126	190,712	11.00
12.00	UNIT COST MULTIPLIER						12.00
13.00	TOTAL COST PER VISIT				345.04	307.10	13.00

PART II - CALCULATION OF ALLOWABLE DIRECT GRADUATE MEDICAL EDUCATION COSTS

		Total Cost (from Wkst. A col. 7, line 47)	Total Visits	Title XVIII Visits	Ratio of Title XVIII Visits to Total Visits	Allowable Title XVIII Direct GME Costs	
		1.00	2.00	3.00	4.00	5.00	
14.00	ALLOWABLE GME COSTS	0	53,501	2,511	0.046934	0	14.00

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COMPUTATION OF PNEUMOCOCCAL AND INFLUENZA VACCINE COST

Worksheet B-1

		PNEUMOCOCCAL VACCINES	INFLUENZA VACCINES	COVID-19 VACCINES	MONOCLONAL ANTIBODY PRODUCTS	
		1.00	2.00	2.01	2.02	
1.00	Health care staff cost (from Worksheet A, column 7, sum of lines 23, and 25 through 36)	9,780,344	9,780,344	9,780,344	9,780,344	1.00
2.00	Ratio of staff time to total health care staff time	0.000000	0.000000	0.000000	0.000000	2.00
3.00	Total health care staff cost (line 1 x line 2)	0	0	0	0	3.00
4.00	Injections/Infusions and related medical supplies cost (from Worksheet A, column 7, lines 48, 49, 49.10, and 49.11, respectively)	1,025	50,010	140,282	0	4.00
5.00	Direct cost of pneumococcal and influenza vaccine (line 3 + line 4)	1,025	50,010	140,282	0	5.00
6.00	Total cost of the FQHC (from Worksheet A, column 7, line 100, minus Worksheet A, column 7, line 8)	12,793,541	12,793,541	12,793,541	12,793,541	6.00
7.00	Total administrative overhead (from Worksheet A, column 7, line 8)	8,071,218	8,071,218	8,071,218	8,071,218	7.00
8.00	Ratio of pneumococcal and influenza vaccine direct cost to total direct cost (line 5 / line 6)	0.000080	0.003909	0.010965	0.000000	8.00
9.00	Overhead cost - pneumococcal and influenza vaccine (line 7 x line 8)	646	31,550	88,501	0	9.00
10.00	Total cost of injections/infusions and their administration (sum of lines 5 and 9)	1,671	81,560	228,783	0	10.00
11.00	Total number of injections/infusions (from your records)	86	4,254	20,417	0	11.00
12.00	Cost per injections/infusions (line 10 / line 11)	19.43	19.17	11.21	0.00	12.00
13.00	Number of injections/infusions administered to Original Medicare beneficiaries	6	87	4,847	0	13.00
13.01	Number of COVID-19 injections/infusions administered to MA enrollees			0	0	13.01
14.00	Cost of injections/infusions and their administration costs furnished to Medicare beneficiaries (line 12 times the sum of lines 13 and 13.01, as applicable)	117	1,668	54,335	0	14.00
15.00	Total cost of injections/infusions and their administration costs (sum of columns 1, 2, 2.01 and 2.02, line 10)	312,014				15.00
16.00	Total Medicare cost of injections/infusions and their administration costs (sum of columns 1, 2, 2.01 and 2.02, line 14) (transfer this amount to Worksheet E, line 3)	56,120				16.00

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CALCULATION OF REIMBURSEMENT SETTLEMENT

Worksheet E

		1.00	
1.00	FQHC PPS Amount	221,666	1.00
2.00	Direct graduate medical education payments (from Worksheet B, Part II, line 14, column 5)	0	2.00
3.00	Medicare cost of vaccines and their administration (From Worksheet B-1, line 16)	56,120	3.00
4.00	Medicare advantage supplemental payments (for information only)	0	4.00
5.00	Total (sum of amounts on lines 1 through 3)	277,786	5.00
6.00	Primary payer payments	0	6.00
7.00	Total amount payable for program beneficiaries (line 5 minus line 6)	277,786	7.00
8.00	Coinurance billed to program beneficiaries	0	8.00
9.00	Net Medicare reimbursement excluding bad debts (line 7 minus line 8)	277,786	9.00
10.00	Allowable bad debts (see instructions)	0	10.00
11.00	Adjusted reimbursable bad debts (see instructions)	0	11.00
12.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	0	12.00
13.00	Subtotal (line 9 plus line 11)	277,786	13.00
13.50	Demonstration payment adjustment amount before sequestration	0	13.50
14.00	OTHER ADJUSTMENTS (SPECIFY) (SEE INSTRUCTIONS)	0	14.00
15.00	Amount due FQHC prior to the sequestration adjustment (see instructions)	277,786	15.00
16.00	Sequestration adjustment (see instructions)	0	16.00
16.25	Sequestration for non-claims based amounts (see instructions)	0	16.25
16.50	Demonstration payment adjustment amount after sequestration	0	16.50
17.00	Amount due FQHC after sequestration adjustment (see instructions)	277,786	17.00
18.00	Interim payments	221,666	18.00
19.00	Tentative settlement (for contractor use only)	0	19.00
20.00	Balance due FQHC/program (line 17 minus lines 18 and 19)	56,120	20.00
21.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, chapter 1, §115.2	0	21.00

FAIR HAVEN COMMUNITY HEALTH CLINIC

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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		221,666	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)		221,666	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		56,120	6.01
6.02 SETTLEMENT TO PROGRAM		0	6.02
7.00 Total Medicare program liability (see instructions)		277,786	7.00
	Name of Contractor	Contractor Number	NPR Date (mm/dd/yyyy)
	0	1.00	2.00
8.00 Name of Contractor			8.00

(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.

FAIR HAVEN COMMUNITY HEALTH CLINIC

 Period:
 From: 07/01/2020
 To: 06/30/2021

 Run Date Time: 3/9/2022 2:44 pm
 MCRIF32
 Version: 224-14
 4.5.173.0


CCN: 07-1817

STATEMENT OF REVENUE AND EXPENSES

Worksheet F-1

		Title XVIII Medicare	Title XIX Medicaid	Other	Total	
1.00	Gross patient revenues	576,091	7,819,838	23,019,487	31,415,416	1.00
2.00	Less: Allowances and discounts on patients' accounts			1.00	2.00	2.00
3.00	Net patient revenues (Line 1 minus line 2)				28,776,822	3.00
4.00	Operating expenses (From Worksheet A, column 3, line 100)				21,509,857	4.00
5.00	Additions to operating expenses (Specify)			0	5.00	5.00
6.00				0	6.00	6.00
7.00				0	7.00	7.00
8.00				0	8.00	8.00
9.00				0	9.00	9.00
10.00	Total additions (sum of lines 5 through 9)			0	10.00	10.00
11.00	Subtractions from operating expenses (specify)			0	11.00	11.00
12.00				0	12.00	12.00
13.00				0	13.00	13.00
14.00				0	14.00	14.00
15.00				0	15.00	15.00
16.00	Total subtractions (sum of lines 11 through 15)			0	16.00	16.00
17.00	Total operating expenses (sum of line 4, plus line 10, minus line 16)				21,509,857	17.00
18.00	Net income from service to patients (Line 3 minus line 17)				7,266,965	18.00
Other income:						
19.00	Contributions, donations, bequests, etc.			0	19.00	19.00
20.00	Income from investments			0	20.00	20.00
21.00	Purchase discounts			0	21.00	21.00
22.00	Rebates and refunds of expenses			0	22.00	22.00
23.00	Sale of Medical and Nursing Supplies to other than patients			0	23.00	23.00
24.00	Sale of durable medical equipment to other than patients			0	24.00	24.00
25.00	Sale of drugs to other than patients			0	25.00	25.00
26.00	Sale of medical records and abstracts			0	26.00	26.00
27.00	Government Appropriations			0	27.00	27.00
28.00	Other revenues (Specify)			0	28.00	28.00
28.50	COVID-19 PHE Funding			0	28.50	28.50
29.00				0	29.00	29.00
30.00				0	30.00	30.00
31.00				0	31.00	31.00
32.00	Total Other Income (Sum of lines 19 through 31)			0	32.00	32.00
33.00	Net Income or Loss for the period (Line 18 plus line 32)				7,266,965	33.00

FAIR HAVEN COMMUNITY HEALTH CLINIC

Period:
From: 07/01/2020
To: 06/30/2021Run Date Time: 3/9/2022 2:46 pm
MCRIF32
Version: 4.5.173.0

CCN: 071817

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					
Level I Edits	0				
Level II Edits	0				
Serious Edits	0				
Warning Edits	0				
Informational Edits	1				
STAR Edits	0				
Total Edits	1				

FAIR HAVEN COMMUNITY HEALTH CLINIC

Period:

Run Date Time: 3/9/2022 2:46 pm

CCN: 071817

From: 07/01/2020

MCRIF32

To: 06/30/2021

Version:

4.5.173.0



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.

FAIR HAVEN COMMUNITY HEALTH CLINIC

Period:

Run Date Time: 3/9/2022 2:46 pm

CCN: 071817

From: 07/01/2020

MCRIF32

224-14

To: 06/30/2021

Version:

4.5.173.0



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				

ACCOUNTANTS' CONSULTING REPORT

Management is responsible for the accompanying Medicare Cost Report CMS Form 224-14 (the "Cost Report") for Fair Haven Community Health Clinic, Inc. for the year ended June 30, 2021, included in the accompanying prescribed form. We have prepared the Cost Report in accordance with the American Institute of Certified Public Accountants' Statements on Standards for Consulting Services. The Cost Report was prepared in conformity with regulations prescribed by The Center for Medicare and Medicaid Services (CMS) from data provided to us by the management of Fair Haven Community Health Clinic, Inc. We did not audit or review the Cost Report included in the accompanying prescribed form, nor were we required to perform any procedures to verify the accuracy or completeness of the information provided by management. Accordingly, we do not express an opinion, a conclusion, nor provide any form of assurance on the Cost Report included in the accompanying prescribed form.

Management is responsible for maintaining its records in accordance with accounting principles generally accepted in the United States of America and in accordance with reimbursement regulations set forth by CMS. Management is also responsible for designing, implementing, and maintaining internal control relevant to the preparation and fair presentation of the financial data and supplemental information included in the Cost Report.

This report is intended solely for the information and use of the management of Fair Haven Community Health Clinic, Inc. and CMS and is not intended to be, and should not be, used by anyone other than these specified parties.

MARCUM LLP

New Haven, CT
March 2, 2022

Fair Haven Community Health Clinic, Inc.
Table of Contents
FYE 6/30/2021

A. FINANCIAL

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Visits by Location	A-5
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Client: *Fair Haven Community Health Clinic, Inc*
Engagement: *Medicare - Fair Haven CHC 2021 Cost Report*
Period Ending: *6/30/2021*
Trial Balance:
Workpaper: *C.01 - Work Papers*

Account	Description	FINAL 6/30/2021
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Group : [A]	General Service Cost Centers	
Subgroup : [1.00]	Cap Rel Costs-BLDG and Fix	
55001	Building Rent	149,137.00
69002	Donated Rent	0.00
Subtotal [1.00]	Cap Rel Costs-BLDG and Fix	149,137.00

Subgroup : [2.00]	Cap Rel Costs - Movable	
55600	Property Tax	0.00
59001	Depreciation	697,674.00
61111	Office Equipment Lease	10,082.00
Subtotal [2.00]	Cap Rel Costs - Movable	707,756.00

Subgroup : [3.00-B]	Employee Benefits Other	
51020	Social Security Taxes - FHC	817,450.00
51030	Medicare Taxes - FHC	197,566.00
51060	State Unemployment Taxes	15,066.00
51090	Worker's Comp	46,213.00
51101	Health Insurance	1,194,069.00
51102	Dental Insurance	56,850.00
51106	Disability & Life Insurance	84,237.00
51111	Health Insurance PR W/H	(191,233.00)
51112	Dental Insurance PR W/H	(26,120.00)
51116	Disability & Life PR W/H	(98,102.00)
51160	403B-Match	143,666.00
51170	Continuing Education	15,182.00
51180	Employee Uniforms	2,017.00
51355	Employee Relations-Staff Meetings	17,242.00
Subtotal [3.00-B]	Employee Benefits Other	2,274,103.00

Subgroup : [4.00-A] Admin and General Compensation		
50100	Salaries - Enabling	664,459.00
50105	Salaries-Educator	5,546.00
50110	Salaries - Patient Services Support	751,975.00
50130	Salaries - Front Desk	491,172.00
50135	Salaries - Billing	0.00
50140	Salaries - Management & Admin Support	1,396,369.00
50150	Salaries - Information Technology	242,109.00
50160	Salaries - Finance	0.00
50180	Accrued Vacation	0.00
50190	Salaries - Call Center	81,858.00
Subtotal [4.00-A]	Admin and General Compensation	<u>3,633,488.00</u>

Subgroup : [4.00-B] Admin and General Other		
51190	Licensing	17,772.00
51250	Conference & Training	12,860.00
51400	Membership Fees	43,505.00
52000	Temporary Services	10,888.00
52101	Consulting & Other Personnel	554,184.00
52102	Architecture Fees	17,710.00
52103	Lobbying	20,250.00
52201	Legal Fees	128,564.00
52202	Accounting Fees	46,610.00
52203	Legal Fees - 382-394 Grand Ave. LLC	24,159.00
53100	Insurance	76,927.00
54101	Subscriptions	827.00
54102	Credentialing	1,269.00
57000	Office Supplies- Fixtures	8,503.00
57001	Office Supplies-Consumables	69,323.00
57002	Office Supplies-Electronics	119,053.00
57003	Payroll Services	34,686.00
57004	Supplies-Software	0.00
57005	Postage	21,549.00
57100	Bank Charges	13,021.00
57200	Printing & Reproduction	29,537.00
57300	Telephone & Communications	121,360.00
57310	Cellphone	5,329.00
57320	On-Call Answering Service	140,644.00
57350	Electronic Claims	0.00
57375	Medical Billing	390.00
57390	Software Support	122,574.00
57500	Education Materials	676.00
57525	Food for Clients	13,749.00
57530	Food for Meetings	5,405.00
58000	Fundraising	1,050.00
58100	Marketing Events	2,586.00
58200	Advertising	112,768.00

58500	Recruitment	130,873.00
59207	Reserve for Bad Debt - Patient Fees	535,480.00
60001	Interest - Mortgage & Line of Credit	25,544.00
60010	Donations	0.00
61002	Fees, Late Charges, Other Interest	7,395.00
61005	Amortization Expense	0.00
65001	Miscellaneous	72,932.00
65002	Miscellaneous - RW Emergency Assistance	58,821.00
69000	Donated Salaries	0.00
69500	Gain/Loss on Investments	0.00
Subtotal [4.00-B]	Admin and General Other	2,608,773.00

Subgroup : [5.00-A]	Plant Op and Maint. Comp.	
50170	Salaries - Facilities	212,391.00
Subtotal [5.00-A]	Plant Op and Maint. Comp.	212,391.00

Subgroup : [5.00-B]	Plant Op and Maint. Other	
55005	Building Maintenance & Repair	117,215.00
55006	Plowing	29,800.00
55010	Vehicle Expenditures-Agency vehicles only	1,691.00
55015	Pest Service	1,320.00
55020	Waste Removal	11,576.00
55050	Security	141,568.00
55199	Electric	80,057.00
55200	Oil	4,080.00
55300	Gas	12,600.00
55400	Water	5,350.00
55500	Sewer	2,963.00

Subgroup : [6.00-A]	Janitorial Compensation	
Subtotal [6.00-A]	Janitorial Compensation	0.00

Subgroup : [6.00-B]	Janitorial Other	
55000	Cleaning Service	112,452.00
Subtotal [6.00-B]	Janitorial Other	112,452.00

Subgroup : [7.00-A]	Medical Records Comp.	
50120	Salaries - Medical Records	91,155.00

Subgroup : [9.00-A]	Pharmacy Compensation	
Subtotal [9.00-A]	Pharmacy Compensation	0.00

Subgroup : [9.00-B]	Pharmacy Other	
58990	Rx-Contraceptives	(2,088.00)

Subgroup : [10.00-A] Medical Supplies Comp.		
Subtotal [10.00-A]	Medical Supplies Comp.	0.00

Subgroup : [10.00-B] Medical Supplies Other		
52104	Teleretinopathy	60.00
52105	eConsults	0.00
56000	Program Supplies	24,228.00
57330	Interpretation Services	70,827.00
57600	Medical Supplies	237,919.00

Subgroup : [11.00-A] Transportation Compensation		
Subtotal [11.00-A]	Transportation Compensation	0.00

Subgroup : [11.00-B] Transportation Other		
51300	Employee Travel Transportation	(450.00)

Subgroup : None		
Subtotal : None		0.00
Total [A]	General Service Cost Centers	12,074,192.00

Group : [B]	Direct Care Cost Centers
Subgroup : [23.00-A] Physician Compensation	

Subgroup : [24.00-B] Physician Svcs Under Agree Other		
Subtotal [24.00-B]	Physician Svcs Under Agree Other	0.00

Subgroup : [25.00-B] Physician Asst Other		
Subtotal [25.00-B]	Physician Asst Other	0.00

Subgroup : [26.00-B] Nurse Practitioner Other		
Subtotal [26.00-B]	Nurse Practitioner Other	0.00

Subgroup : [27.00-B] Visiting RN Other		
Subtotal [27.00-B]	Visiting RN Other	0.00

Subgroup : [28.00-B] Visiting LPN Other		
Subtotal [28.00-B]	Visiting LPN Other	0.00

Subgroup : [29.00-B] CNM Other		
Subtotal [29.00-B]	CNM Other	0.00

Subgroup : [30.00-A] Clinical Psychologist Compensation	
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Subgroup : [30.00-B]	Clinical Psychologist Other	
Subtotal [30.00-B]	Clinical Psychologist Other	0.00

Subgroup : [31.00-B]	Clinical Social Worker Other	
Subtotal [31.00-B]	Clinical Social Worker Other	0.00

Subtotal [32.00-B]	Lab Technician Other	286,700.00
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Subgroup : [33.00-A]	Dietician Compensation	
Subtotal [33.00-A]	Dietician Compensation	0.00
Subtotal [35.00-A]	Occupational Therapist Compensation	0.00

Subgroup : [35.00-B]	Occupational Therapist Other	
Subtotal [35.00-B]	Occupational Therapist Other	0.00

Subgroup : [36.00-B]	Other Allied Health Other	
Subtotal [36.00-B]	Other Allied Health Other	0.00

Subtotal [47.00]	Allowable GME Costs	0.00
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Subgroup : [48.00]	Pneumococcal Vaccines and Supplies	
Marcum 108	Pneumococcal Vaccine expense	1,025.00
Subgroup : [49.00]	Influenza Vaccines and Supplies	
57610	Flu Vaccines	50,010.00
Subtotal [69.00-B]	Other FQHC Services Other	0.00

Subgroup : None		
Subtotal : None		0.00
Total [D]	Other FQHC Services	0.00

Group : [E]	Nonreimbursable Cost Centers	
Subgroup : [77.00-A]	Dental Compensation	
50015	Salaries - Dentists	0.00
50050	Salaries - Dental Hygienists	0.00
50065	Salaries - Dental Assistants	0.00
50115	Salaries - Dental Support Staff	1,080.00
Marcum 101	Dental Compensation	712,782.00
Subtotal [77.00-A]	Dental Compensation	713,862.00

Subgroup : [77.00-B]	Dental Other	
57575	Dental Supplies	0.00
57576	Dental Lab Expenses	0.00
Marcum 102	Dental Other	100,648.00
Subtotal [77.00-B]	Dental Other	100,648.00

Subgroup : [78.00-A] WIC Compensation		
Marcum 103	WIC Compensation	219,696.00
Subtotal [78.00-A]	WIC Compensation	219,696.00

Subgroup : [78.00-B] WIC Expenses Other		
69100	Donated WIC Food Benefits	0.00
Marcum 104	WIC Other	3,159.00
Subtotal [78.00-B]	WIC Expenses Other	3,159.00

Subgroup : [79.00-A] Peer Counsel Compensation		
Marcum 105	Peer Counseling Compensation	0.00

Subgroup : [80.00-B] Head Start Other		
Subtotal [80.00-B]	Head Start Other	0.00

Subgroup : None		
Subtotal : None		0.00
Total [E]	Nonreimbursable Cost Centers	1,037,365.00

Group : [F] Revenues		
Subgroup : [1.00-A] Medicare Revenue		
48208	Medicare FQHC Revenue	(576,091.00)
Subtotal [1.00-A]	Medicare Revenue	(576,091.00)

Subgroup : [1.00-B] Medicaid Revenue		
48203	Medicaid FQHC Revenue	(7,819,838.00)
Subtotal [1.00-B]	Medicaid Revenue	(7,819,838.00)

Subgroup : [1.00-C] Other Revenue		
40000	Federal Grant Revenue	(6,958,879.00)
41000	State Grant Revenue	(4,890,198.00)
42230	WIC Food Benefits - Donated	0.00
42231	Donated Services & Supplies	0.00
43000	Private Grant Revenue	(302,591.00)
48209	Private Insurance Revenue	(1,757,187.00)
48210	Patient Fees Revenue	(2,068,367.00)
48211	Cancer Screening Revenue	(16,596.00)
49000	Prescription Benefit Program	(3,429,350.00)
49510	DSS Meaningful Use Incentive / PCMH+	(812,010.00)
49700	Pharmacy Rental Income	0.00

49995	Interest Income	(30,109.00)
49997	Contributions	(140,453.00)
49999	Other Revenue	(2,607,497.00)
52250	Subcontracts (Grants)	(6,250.00)
Subtotal [1.00-C]	Other Revenue	<u>(23,019,487.00)</u>
48305	Adj-Medicare FQHC-contra	354,425.00
48309	Adj-Private Insurance-contra	555,803.00
48310	Adj-Patient Fees-contra	1,307,379.00
Subtotal [2.00]	Allowances/Discounts	<u>2,638,594.00</u>
Subgroup : None		
Subtotal : None		<u>0.00</u>
Total [F]	Revenues	<u>(28,776,822.00)</u>

Fair Haven Community Health Clinic, Inc.
FYE 6/30/2021
Reclassification Entry

A-2

Reclass #1

To reclass fringe benefits based on % to total of salaries

<u>Line Number</u>	<u>Line Name</u>	<u>Debit</u>	<u>Credit</u>
3.00	Fringe Benefits & Payroll Taxes		1,508,441
23.00	Physician	488,105	
25.00	Physician Assistant	13,925	
26.00	Nurse Practitioner	237,413	
27.00	Visiting RNs	273,485	
28.00	Visiting LPNs	73,835	
29.00	Certified Nurse Midwife	89,967	
30.00	Clinical Psychologist	31,741	
31.00	Clinical Social Worker	107,992	
32.00	Laboratory Technician	15,493	
36.00	Other Allied Health	176,485	

Fair Haven Community Health Clinic, Inc.
FYE 6/30/2021
Adjusting Entries

A-3

<u>Line Number</u>	<u>Line Name</u>	<u>Adjustment</u>	<u>Basis</u>
4.00	Lobbying	(20,250)	A
4.00	Bad Debt	(535,480)	A
4.00	Late Fees, Penalties	(7,395)	A
4.00	Marketing Events	(2,586)	A
4.00	Miscellaneous Expenses	(72,932)	A
4.00	Food for Meetings	(5,405)	A
4.00	Fundraising	(1,050)	A
Total		<u>(645,098)</u>	

Fair Haven Community Health Clinic, Inc.
FYE 6/30/2021
Visits & Productivity

A-4

PBC	FTEs	Medical Visits		Mental Health	
		Total Medicare Visits	Total All Visits	Total Medicare Visits	Total All Visits
Physicians	13.71	1,168	20,812	58	265
Physician Services under Agreement		-	-	-	-
Physician Assistants	0.78	208	2,374	-	-
Nurse Practitioners	9.80	395	11,239	-	3,444
Nurse - RN	15.96	46	1,688	-	-
Nurse - LPN	5.02	25	609	-	-
Nurse - CNM	4.10	48	5,673	-	-
Clinical Psychologist	2.63	-	-	199	3,243
Clinical Social Worker	6.02	-	-	373	4,154
Lab Tech.	0.80	-	-	-	-
Other	2.67	-	-	-	-
Total	61.49	1,890	42,395	630	11,106

Ties to Worksheet B, Parts I & II

Provider #07-1817	7/1/20-6/30/21	
	Medical	Mental Health
Title V	-	-
Title XVIII	1,509	434
Title XIX	12,597	6,339
Other	11,461	1,688
Total	25,567	8,461

Provider #07-1805	7/1/20-6/30/21	
	Medical	Mental Health
Title V	-	-
Title XVIII	236	72
Title XIX	321	174
Other	1,381	246
Total	1,938	492

Provider #07-1806	7/1/20-6/30/21	
	Medical	Mental Health
Title V	-	-
Title XVIII	-	-
Title XIX	305	83
Other	238	657
Total	543	740

Provider #07-1807	7/1/20-6/30/21	
	Medical	Mental Health
Title V	-	-
Title XVIII	-	-
Title XIX	167	-
Other	56	-
Total	223	-

Provider #07-1899	7/1/20-6/30/21	
	Medical	Mental Health
Title V	-	-
Title XVIII	-	-
Title XIX	119	153
Other	48	301
Total	167	454

Provider #07-1900	7/1/20-6/30/21	
	Medical	Mental Health
Title V	-	-
Title XVIII	-	-
Title XIX	173	-
Other	116	-
Total	289	-

Provider #07-1909	7/1/20-6/30/21	
	Medical	Mental Health
Title V	-	-
Title XVIII	91	87
Title XIX	8,491	455
Other	3,439	180
Total	12,021	722

Provider #07-1925	7/1/20-6/30/21	
	Medical	Mental Health
Title V	-	-

Title XVIII	-	28
Title XIX	-	163
Other	-	46
Total	-	237

7/1/20-6/30/21

Provider #07-1927 **Medical** **Mental Health**

Title V	-	-
Title XVIII	8	-
Title XIX	151	-
Other	30	-
Total	189	-

7/1/20-6/30/21

Provider #07-1934 **Medical** **Mental Health**

Title V	-	-
Title XVIII	-	-
Title XIX	403	-
Other	244	-
Total	647	-

7/1/20-6/30/21

Provider #07-1935 **Medical** **Mental Health**

Title V	-	-
Title XVIII	44	-
Title XIX	76	-
Other	13	-
Total	133	-

7/1/20-6/30/21

Provider #07-1936 **Medical** **Mental Health**

Title V	-	-
Title XVIII	2	-
Title XIX	262	-
Other	414	-
Total	678	-

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

Fair Haven Community Health Clinic, Inc.
Administering of Drug Recluses
FYE 6/30/2021

A-6

Hours

	<u>Pneumococcal</u>	<u>Influenza</u>	<u>COVID</u>
Number of Vaccines Administered	86	4,254	20,417
Time Spent per Shot (5 Minutes)	0.08	0.08	0.08
Total Hours Spent Administering Vaccines	<u>7.17</u>	<u>354.50</u>	<u>1,701.42</u>
Total Hours for All Visits	127,899	127,899	127,899
Percent Spent on Vaccine	0.000056	0.002772	0.013303

Expenses

	<u>Pneumococcal</u>	<u>Influenza</u>	<u>COVID</u>
Number of Vaccines Administered	86	4,254	20,417
Amount per Vaccine	11.92	11.76	6.87
Total Expense Associated with Vaccines	<u>\$ 1,025.00</u>	<u>\$ 50,010</u>	<u>140,282</u>
Number of Medicare Vaccines Administered	6	87	4,847

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

Fair Haven Community Health Clinic, Inc.
FYE 6/30/2021
Analysis of Revenue Received

A-7

7/1/2020 - 6/30/2021

Provider #07-1817 (Includes all locations)

Medicare Payments	221,666
Co-Insurance	
MSP Payments	
Sequestration	
Total Payments Paid to Provider	<hr/> 221,666

Total Interim Payments Payable	221,666
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Note: No PS&R Received From Client Therefore We Will Offset Payments to Create No Settlement. Only settlement will relate to Vaccines

Client: Fair Haven Community Health Clinic, Inc
Engagement: Medicare - Fair Haven CHC 2021 Cost Report
Period Ending: 6/30/2021
Trial Balance: A.01 - TB

Account	Description	UNADJ 6/30/2021	JE Ref #	RJE	FINAL 6/30/2021	1st PP-FINAL 6/30/2020
10001	Webster Operating Account	5,704,651.00			5,704,651.00	716,162.00
11001	New Haven Bank Account	1,094,201.00			1,094,201.00	610,480.00
11002	Petty Cash	750.00			750.00	750.00
11003	Cash on Hand - Patient Fees	700.00			700.00	700.00
11006	Webster FSA DC Account	16,610.00			16,610.00	26,611.00
11100	Webster PPP Account formerly CDBG	1,000.00			1,000.00	2,559,758.00
11502	Investments - Fidelity Hightower	1,567,178.00			1,567,178.00	1,444,629.00
11505	New Haven CDARS Program	1,762,103.00			1,762,103.00	778,844.00
13005	Security Deposits	19,731.00			19,731.00	19,731.00
13501	Prepaid Expense	72,169.00			72,169.00	63,137.00
14001	Due From LLC Woolsey	134,379.00			134,379.00	124,379.00
14002	Due from LLC 382-394	149,768.00			149,768.00	99,768.00
15000	CHN	83,333.00			83,333.00	83,333.00
16000	A/R - State Grants	184,139.00			184,139.00	893,204.00
16100	A/R Federal Grants	807,236.00			807,236.00	675,041.00
16202	A/R - Private Grants	6,505.00			6,505.00	6,505.00
16203	A/R - EPIC - Medicaid	815,843.00			815,843.00	304,941.00
16208	A/R - EPIC - Medicare	86,818.00			86,818.00	240,740.00
16209	A/R - EPIC - Private Insurance	332,819.00			332,819.00	121,996.00
16210	A/R - EPIC - Patient Fees	274,663.00			274,663.00	333,274.00
16900	A/R - Other	28,310.00			28,310.00	67,492.00
17001	Land	212,000.00			212,000.00	212,000.00
17002	Buildings	6,056,280.00			6,056,280.00	6,056,280.00
17003	Equipment	2,914,569.00			2,914,569.00	2,522,798.00
17101	Capital Leases	70,916.00			70,916.00	70,916.00
17105	Leasehold Improvements	712,473.00			712,473.00	712,473.00
17110	Improvements - Bella Vista	56,285.00			56,285.00	56,285.00
17115	Improvements - Wilbur Cross School	1,400.00			1,400.00	1,400.00
17116	Leasehold Improvements - East Haven	246,548.00			246,548.00	246,548.00
17117	Leasehold Improvements- 50 Grand Ave	945,562.00			945,562.00	945,562.00
17118	Leasehold Improvements- 50 Grand Dental	709,785.00			709,785.00	709,785.00
17119	Leasehold Improvements - East Haven HS	133,550.00			133,550.00	133,550.00
17120	Leasehold Improvements - East Haven MS	5,830.00			5,830.00	5,830.00
17121	Leasehold Improvements - Branford	2,307,192.00			2,307,192.00	2,257,546.00
17200	Amortized Expenses	16,981.00			16,981.00	16,981.00
17501	Accumulated Depreciation	(7,037,481.00)			(7,037,481.00)	(6,131,422.00)
17510	Accumulated amortization costs	(6,457.00)			(6,457.00)	(6,457.00)
17564	Construction in Progress--374 Grand	17,014.00			17,014.00	0.00
17565	CIP - 83 Woolsey	116,000.00			116,000.00	116,000.00
17567	Construction in Progress - 374 Lobby	1,236,739.00			1,236,739.00	586,513.00
17569	CIP 374 Isolation Room	7,398.00			7,398.00	0.00
17571	CIP Bella Vista	468,814.00			468,814.00	0.00
20000	Accounts Payable	(171,470.00)			(171,470.00)	(894,971.00)
21002	Accrued Expenses	(51,110.00)			(51,110.00)	(158,287.00)
21004	Accrued Payroll	(473,708.00)			(473,708.00)	(361,814.00)
21006	Accrued Vacation Payable	(766,341.00)			(766,341.00)	(766,341.00)
21010	Federal W/H Payable	(6,626.00)			(6,626.00)	311.00
21020	Social Security Payable	(120,383.00)			(120,383.00)	(20,195.00)
21030	Medicare Payable	(4,454.00)			(4,454.00)	(4,996.00)
21040	Federal Tax Payable	184.00			184.00	184.00
21050	State W/H Payable	(2,425.00)			(2,425.00)	(180.00)
21080	Pension Payable	4,123.00			4,123.00	1,960.00
21090	CT Paid Family Leave Payable	(167.00)			(167.00)	0.00
21101	Loan Repayment 403b	(767.00)			(767.00)	(980.00)
21105	Wage Garnishment	5,090.00			5,090.00	780.00
22001	Allowance for Bad Debt	(229,595.00)			(229,595.00)	(229,595.00)
22510	Deferred Revenue - Federal Grants	0.00			0.00	(189,818.00)
22513	Deferred Revenue - Private Grants	(1,056,100.00)			(1,056,100.00)	(940,947.00)
22600	Deferred Rent	(102,502.00)			(102,502.00)	(102,502.00)
22700	Refundable Security Deposits	(4,131.00)			(4,131.00)	(4,131.00)
23010	Advanced Service Payments	(10,974.00)			(10,974.00)	(215,997.00)
23030	Refundable Advanced Payments	(7,029.00)			(7,029.00)	0.00
23515	Due to/ Due from NHPCC	(496,873.00)			(496,873.00)	0.00

Account	Description	UNADJ 6/30/2021	JE Ref #	RJE	FINAL 6/30/2021	1st PP-FINAL 6/30/2020
26060	Start Bank Loan	(155,502.00)			(155,502.00)	(163,232.00)
26070	GNHCLF Loan	(277,107.00)			(277,107.00)	(292,118.00)
26170	PPP - Paycheck Protection Program Loan	0.00			0.00	(891,830.00)
30000	Net Assets	(12,448,751.00)			(12,448,751.00)	(9,037,452.00)
40000	Federal Grant Revenue	(6,958,879.00)			(6,958,879.00)	(8,132,593.00)
41000	State Grant Revenue	(4,890,198.00)			(4,890,198.00)	(2,709,562.00)
42230	WIC Food Benefits - Donated	0.00			0.00	(1,214,770.00)
42231	Donated Services & Supplies	0.00			0.00	(976,006.00)
43000	Private Grant Revenue	(619,245.00)		316,654.00	(302,591.00)	(123,229.00)
48203	Medicaid FQHC Revenue	(12,309,770.00)		4,489,932.00	(7,819,838.00)	(9,038,001.00)
48208	Medicare FQHC Revenue	(639,892.00)		63,801.00	(576,091.00)	(689,965.00)
48209	Private Insurance Revenue	(2,546,959.00)		789,772.00	(1,757,187.00)	(1,807,579.00)
48210	Patient Fees Revenue	(2,317,439.00)		249,072.00	(2,068,367.00)	(2,482,763.00)
48211	Cancer Screening Revenue	(16,596.00)			(16,596.00)	(38,818.00)
48304	Adj-Medicaid FQHC Contra Revenue	1,272,347.00		(851,360.00)	420,987.00	1,496,680.00
48305	Adj-Medicare FQHC-contra	388,938.00		(34,513.00)	354,425.00	106,435.00
48309	Adj-Private Insurance-contra	911,423.00		(355,620.00)	555,803.00	823,210.00
48310	Adj-Patient Fees-contra	1,499,548.00		(192,169.00)	1,307,379.00	1,798,056.00
49000	Prescription Benefit Program	(3,515,071.00)		85,721.00	(3,429,350.00)	(3,774,094.00)
49510	DSS Meaningful Use Incentive / PCMH+	(1,046,906.00)		234,896.00	(812,010.00)	(657,849.00)
49700	Pharmacy Rental Income	(8,262.00)		8,262.00	0.00	(6,885.00)
49995	Interest Income	(38,462.00)		8,353.00	(30,109.00)	(51,894.00)
49997	Contributions	(140,453.00)			(140,453.00)	(138,921.00)
49999	Other Revenue	(2,607,647.00)		150.00	(2,607,497.00)	(66,643.00)
50010	Salaries - Physicians	2,593,275.00		(9,404.00)	2,583,871.00	2,217,445.00
50015	Salaries - Dentists	337,704.00		(337,704.00)	0.00	(347.00)
50020	Salaries - Nurse Practitioners	1,266,469.00		(9,680.00)	1,256,789.00	1,242,458.00
50025	Salaries - Physician Assistants	92,734.00		(19,020.00)	73,714.00	47,553.00
50030	Salaries - Nurse Midwives	476,259.00			476,259.00	491,199.00
50040	Salaries - Nurses LPN	423,899.00		(33,041.00)	390,858.00	545,548.00
50045	Salaries-Nurses RN	1,447,744.00			1,447,744.00	1,154,625.00
50050	Salaries - Dental Hygienists	120,430.00		(120,430.00)	0.00	(255.00)
50060	Salaries - Clinical Assistants	1,023,852.00		(89,599.00)	934,253.00	869,606.00
50065	Salaries - Dental Assistants	94,316.00		(94,316.00)	0.00	(301.00)
50070	Salaries - Lab	82,015.00			82,015.00	74,614.00
50080	Salaries - Nutritionists	141,334.00		(141,334.00)	0.00	0.00
50090	Salaries - BH Clinician	606,663.00		(34,990.00)	571,673.00	546,894.00
50094	Salaries-Psychiatrist	54,488.00			54,488.00	39,512.00
50095	Salaries-Psychologist	153,080.00		(39,541.00)	113,539.00	139,281.00
50100	Salaries - Enabling	732,449.00		(67,990.00)	664,459.00	908,495.00
50105	Salaries-Educator	5,546.00			5,546.00	4,461.00
50110	Salaries - Patient Services Support	928,050.00		(176,075.00)	751,975.00	364,082.00
50115	Salaries - Dental Support Staff	68,524.00		(67,444.00)	1,080.00	(1,020.00)
50120	Salaries - Medical Records	91,155.00			91,155.00	56,698.00
50125	Salaries - Referrals	116,143.00			116,143.00	106,844.00
50130	Salaries - Front Desk	758,354.00		(267,182.00)	491,172.00	1,000,352.00
50135	Salaries - Billing	455,834.00		(455,834.00)	0.00	429,015.00
50140	Salaries - Management & Admin Support	1,913,850.00		(517,481.00)	1,396,369.00	1,678,704.00
50150	Salaries - Information Technology	242,109.00			242,109.00	240,227.00
50160	Salaries - Finance	525,639.00		(525,639.00)	0.00	478,846.00
50170	Salaries - Facilities	212,391.00			212,391.00	148,688.00
50190	Salaries - Call Center	231,878.00		(150,020.00)	81,858.00	0.00
51020	Social Security Taxes - FHC	845,806.00		(28,356.00)	817,450.00	717,013.00
51030	Medicare Taxes - FHC	204,323.00		(6,757.00)	197,566.00	179,125.00
51060	State Unemployment Taxes	20,610.00		(5,544.00)	15,066.00	171,912.00
51090	Worker's Comp	53,857.00		(7,644.00)	46,213.00	76,351.00
51101	Health Insurance	1,508,409.00		(314,340.00)	1,194,069.00	1,712,577.00
51102	Dental Insurance	70,862.00		(14,012.00)	56,850.00	43,275.00
51106	Disability & Life Insurance	105,609.00		(21,372.00)	84,237.00	108,110.00
51111	Health Insurance PR W/H	(200,715.00)		9,482.00	(191,233.00)	(255,507.00)
51112	Dental Insurance PR W/H	(27,418.00)		1,298.00	(26,120.00)	(35,185.00)
51116	Disability & Life PR W/H	(101,379.00)		3,277.00	(98,102.00)	(99,090.00)
51160	403B-Match	148,448.00		(4,782.00)	143,666.00	127,530.00
51170	Continuing Education	19,203.00		(4,021.00)	15,182.00	18,296.00
51180	Employee Uniforms	2,303.00		(286.00)	2,017.00	1,597.00
51190	Licensing	22,400.00		(4,628.00)	17,772.00	23,190.00
51250	Conference & Training	14,267.00		(1,407.00)	12,860.00	34,787.00

Account	Description	UNADJ	JE Ref #	RJE	FINAL	1st PP-FINAL
		6/30/2021			6/30/2021	6/30/2020
51300	Employee Travel Transportation	(450.00)			(450.00)	24,594.00
51303	Transportation	67,139.00		(41,521.00)	25,618.00	6,793.00
51355	Employee Relations-Staff Meetings	20,682.00		(3,440.00)	17,242.00	21,806.00
51400	Membership Fees	49,952.00		(6,447.00)	43,505.00	38,360.00
52000	Temporary Services	21,830.00		(10,942.00)	10,888.00	13,369.00
52101	Consulting & Other Personnel	2,735,395.00		(2,181,211.00)	554,184.00	387,491.00
52102	Architecture Fees	25,176.00		(7,466.00)	17,710.00	0.00
52103	Lobbying	20,250.00			20,250.00	20,000.00
52104	Teleretinopathy	60.00			60.00	930.00
52105	eConsults	0.00			0.00	11,931.00
52201	Legal Fees	128,564.00			128,564.00	186,007.00
52202	Accounting Fees	54,466.00		(7,856.00)	46,610.00	48,600.00
52203	Legal Fees - 382-394 Grand Ave. LLC	24,159.00			24,159.00	0.00
52250	Subcontracts (Grants)	(6,250.00)			(6,250.00)	0.00
53100	Insurance	100,247.00		(23,320.00)	76,927.00	73,575.00
54101	Subscriptions	1,124.00		(297.00)	827.00	1,820.00
54102	Credentialing	9,552.00		(8,283.00)	1,269.00	1,889.00
55000	Cleaning Service	136,413.00		(23,961.00)	112,452.00	114,964.00
55001	Building Rent	738,143.00		(589,006.00)	149,137.00	356,263.00
55005	Building Maintenance & Repair	119,881.00		(2,666.00)	117,215.00	107,555.00
55006	Plowing	29,800.00			29,800.00	10,625.00
55010	Vehicle Expenditures-Agency vehicles only	2,009.00		(318.00)	1,691.00	684.00
55015	Pest Service	1,320.00			1,320.00	1,555.00
55020	Waste Removal	11,576.00			11,576.00	11,736.00
55050	Security	143,778.00		(2,210.00)	141,568.00	122,485.00
55199	Electric	105,975.00		(25,918.00)	80,057.00	115,855.00
55200	Oil	4,080.00			4,080.00	7,433.00
55300	Gas	19,075.00		(6,475.00)	12,600.00	18,694.00
55400	Water	5,350.00			5,350.00	6,189.00
55500	Sewer	2,963.00			2,963.00	2,304.00
55600	Property Tax	0.00			0.00	3,787.00
56000	Program Supplies	24,529.00		(301.00)	24,228.00	66,391.00
57000	Office Supplies- Fixtures	17,166.00		(8,663.00)	8,503.00	9,260.00
57001	Office Supplies-Consumables	88,159.00		(18,836.00)	69,323.00	58,476.00
57002	Office Supplies-Electronics	146,956.00		(27,903.00)	119,053.00	36,905.00
57003	Payroll Services	34,686.00			34,686.00	31,814.00
57004	Supplies-Software	0.00			0.00	335.00
57005	Postage	27,614.00		(6,065.00)	21,549.00	22,243.00
57100	Bank Charges	16,882.00		(3,861.00)	13,021.00	16,585.00
57200	Printing & Reproduction	39,396.00		(9,859.00)	29,537.00	16,647.00
57300	Telephone & Communications	188,320.00		(66,960.00)	121,360.00	118,723.00
57310	Cellphone	6,508.00		(1,179.00)	5,329.00	5,835.00
57320	On-Call Answering Service	210,632.00		(69,988.00)	140,644.00	45,292.00
57330	Interpretation Services	127,573.00		(56,746.00)	70,827.00	17,888.00
57350	Electronic Claims	11,904.00		(11,904.00)	0.00	11,474.00
57375	Medical Billing	475.00		(85.00)	390.00	2,875.00
57390	Software Support	164,640.00		(42,066.00)	122,574.00	115,123.00
57400	Equip Maintenance & Repairs	65,888.00		(14,467.00)	51,421.00	52,386.00
57500	Education Materials	676.00			676.00	403.00
57525	Food for Clients	13,773.00		(24.00)	13,749.00	14,988.00
57530	Food for Meetings	5,405.00			5,405.00	5,394.00
57575	Dental Supplies	45,849.00		(45,849.00)	0.00	50.00
57576	Dental Lab Expenses	13,428.00		(13,428.00)	0.00	0.00
57600	Medical Supplies	303,570.00		(65,651.00)	237,919.00	155,984.00
57610	Flu Vaccines	51,737.00		(1,727.00)	50,010.00	43,705.00
57700	Lab Tests	286,700.00			286,700.00	0.00
58000	Fundraising	1,383.00		(333.00)	1,050.00	567.00
58100	Marketing Events	2,713.00		(127.00)	2,586.00	1,304.00
58200	Advertising	114,551.00		(1,783.00)	112,768.00	9,466.00
58500	Recruitment	136,184.00		(5,311.00)	130,873.00	83,414.00
58990	Rx-Contraceptives	(2,026.00)		(62.00)	(2,088.00)	2,002.00
59000	Prescription Benefit Program - Expense	1,384,882.00		(31,843.00)	1,353,039.00	1,333,724.00
59001	Depreciation	906,059.00		(208,385.00)	697,674.00	705,794.00
59207	Reserve for Bad Debt - Patient Fees	555,538.00		(20,058.00)	535,480.00	430,188.00
60001	Interest - Mortgage & Line of Credit	25,544.00			25,544.00	25,171.00
60010	Donations	0.00			0.00	600.00
61002	Fees, Late Charges, Other Interest	8,431.00		(1,036.00)	7,395.00	2,083.00

Account	Description	UNADJ 6/30/2021	JE Ref #	RJE	FINAL 6/30/2021	1st PP-FINAL 6/30/2020
61005	Amortization Expense	0.00			0.00	1,945.00
61111	Office Equipment Lease	12,996.00		(2,914.00)	10,082.00	(17,512.00)
65001	Miscellaneous	73,267.00		(335.00)	72,932.00	(641.00)
65002	Miscellaneous - RW Emergency Assistance	58,821.00			58,821.00	47,143.00
69000	Donated Salaries	0.00			0.00	275,021.00
69002	Donated Rent	0.00			0.00	33,700.00
69003	Donated Medical Supplies	0.00			0.00	667,284.00
69100	Donated WIC Food Benefits	0.00			0.00	1,214,770.00
69500	Gain/Loss on Investments	0.00			0.00	17,480.00
Marcum 101	Dental Compensation	0.00		712,782.00	712,782.00	807,632.00
Marcum 102	Dental Other	0.00		100,648.00	100,648.00	116,237.00
Marcum 103	WIC Compensation	0.00		219,696.00	219,696.00	203,181.00
Marcum 104	WIC Other	0.00		3,159.00	3,159.00	42,504.00
Marcum 105	Peer Counseling Compensation	0.00			0.00	36,943.00
Marcum 106	Peer Counseling Other	0.00			0.00	7,963.00
Marcum 107	Contract Physician	0.00		75,362.00	75,362.00	52,041.00
Marcum 108	Pneumococcal Vaccine expense	0.00		1,025.00	1,025.00	0.00
Total		0.00		(1,309,279.00)	(1,309,279.00)	0.00