STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES
55 FARMINGTON AVENUE HARTFORD, CONNECTICUT 06105

RECEIVED
JAN 3 2023
DEPT. OF SOCIAL SERVICES
OFFICE OF CON AND RATE SETTINGS

ANNUAL REPORT
FEDERALLY QUALIFIED HEALTH CENTER (FQHC)

Date Submitted: _____ **Date Received:**

1.	**FQHC Name**	Fair Haven Community Health Clinic, Inc.
	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:

Medical	004235736
Dental	008050183
Mental Health	008050025
Other	008054526

3. Reporting Period: From 7/1/2021 To 6/30/2022

4. Type of Control (Check One Only)

x NONPROFIT ORGANIZATION

GOVERNMENT

_ STATE _ DISTRICT _ OTHER
_ COUNTY _ CITY

5. FQHC Owned By:

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF CLINIC

I Hereby Certify That I Have Examined the Accompanying Worksheets Prepared By

Fair Haven Community Health Clinic, Inc. 004235736

(FQHC Name)

For the Reporting Period Beginning 7/1/2021 and Ending 6/30/2022 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:

Judy C. Tallman 12/22/22

JUDY C. TALLMAN
Notary Public, State of Connecticut
My Commission Expires 05/31/2027

6.

Signature (Officer or Administrator of FQHC)	Printed Name
[signature]	Amy Trimani
Title	**Date**
CFO	12/22/22

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

Reporting Period:	From 7/1/2021	To	6/30/2022
FQHC Name:	Fair Haven Community Health Clinic, Inc.		

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

Provider Name	Location	FQHC Certified Yes/ *No*	Clinic/Provider No.
Fair Haven Community Health Clinic, Inc.	374 Grand Avenue, New Haven, CT 06513	Yes	07-1817
Fair Haven CHC at Bella Vista	339 Eastern Street, New Haven, CT 06513	Yes	07-1805
Wilbur Cross High School	181 Mitchell Drive, New Haven, CT 06511	Yes	07-1806
Fair Haven K-8 School	164 Grand Avenue, New Haven, CT 06513	Yes	07-1807
Fair Haven CHC at 50 Grand	50 Grand Avenue, New Haven, CT 06513	Yes	07-1909
John Martinez School	100 James Street, New Haven, CT 06513	Yes	07-1899
Clinton Ave. School	293 Clinton Avenue, New Haven, CT 06513	Yes	07-1900
Fair Haven CHC of East Haven	370 Hemmingway Avenue, East Haven, CT 06512	Yes	07-1925
Fair Haven CHC INC MAAS	426 East Street, New Haven, CT 06511	Yes	07-1927
Joseph Mellilo Middle School	67 Hudson Street, East Haven, CT 06512	Yes	07-1934
East Haven High School	35 Wheelbarrow Lane, East Haven, CT 06513	Yes	07-1936
Shoreline Family Health	221 W Main St, Branford, CT 06405	Yes	07-1947
BH Care	14 Sycamore Way, Branford, CT 06405	Yes	07-1935
Columbus School	255 Blatchly Ave, New Haven, CT 06513	Yes	07-1945
150 Sargent Drive	150 Sargent Drive, New Haven, CT 06511	Yes	07-1958
Bishop Woods	1481 Quinnipiac Avenue, New Haven, CT 06513	Yes	Applied

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 7/1/2021 To 6/30/2022

FQHC Name: Fair Haven Community Health Clinic, Inc.

Form A-1 (Direct Health 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)
A.	DIRECT HEALTH CARE COST	I	II	III	IV	V	VI	VII
	(Excluding Dental, Mental Health & Other)							
1.	**Staff Cost**							
a.	Physician	3,153,483	618,827	3,772,310		3,772,310		3,772,310
b.	Physician Assistant	98,945	18,884	117,829		117,829		117,829
c.	Nurse (APRN, Midwife, RN)	3,673,953	701,201	4,375,154		4,375,154		4,375,154
d.	Other - Specify							
	Clinical Assistants	1,165,233	222,393	1,387,626		1,387,626		1,387,626
	Patient support services	932,881	178,047	1,110,928		1,110,928		1,110,928
	Lab staff	73,784	14,082	87,866		87,866		87,866
	Enabling	239,202	45,653	284,855		284,855		284,855
	Nutritionist	45,642	0	45,642		45,642		45,642
	Educator	0	0	0		0		0
	Contracted Physician	0	88,870	88,870		88,870		88,870
				0		0		0
				0		0		0
				0		0		0
				0		0		0
				0		0		0
e.	**Subtotal Direct Health Care Cost**	**9,383,123**	**1,887,957**	**11,271,080**	**0**	**11,271,080**	**0**	**11,271,080**
2.	**Other Direct Health Care Cost**							
a.	Medical Supplies		2,580,872	2,580,872		2,580,872	(2,268,426)	312,446
b.	Transportation		60,820	60,820		60,820		60,820
c.	Depreciation - Medical Equipment		0	0		0		0
d.	Professional Liability Insurance		0	0		0		0
e.	Laboratory		20,800	20,800		20,800	(20,800)	0
f.	Radiology		0	0		0		0
g.	Physician-Administered Drugs		0	0		0		0
h.	Other - Specify							
	Prescription Drug Benefit Program		1,589,910	1,589,910		1,589,910		1,589,910
	Other expenses		110,063	110,063		110,063		110,063
	Occupancy and Office Expenses		1,565,544	1,565,544		1,565,544		1,565,544
			0	0		0		0
i.	**Subtotal Other Direct Health Care Cost**	**0**	**5,928,009**	**5,928,009**	**0**	**5,928,009**	**(2,289,226)**	**3,638,783**
3.	**TOTAL DIRECT HEALTH CARE COST (1e & 2i)**	**9,383,123**	**7,815,966**	**17,199,089**	**0**	**17,199,089**	**(2,289,226)**	**14,909,863**

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

Reporting Period: From 7/1/2021 To 6/30/2022

FQHC Name: Fair Haven Community Health Clinic, Inc.

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	295,711	56,439	352,150		352,150		352,150
b.	Dental Hygienst	162,006	30,920	192,926		192,926		192,926
c.	Other - Specify							
	Dental Support Staff	37,563	7,169	44,732		44,732		44,732
	Dental Assistant	100,835	19,245	120,080		120,080		120,080
	Patient Support Svcs	72,528	13,843	86,371		86,371		86,371
				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	668,643	127,616	796,259	0	796,259	0	796,259
2	Other Direct Dental Care Cost							
a.	Dental Supplies		108,754	108,754		108,754		108,754
b.	Transportation		0	0		0		0
c.	Depreciation - Dental Equipment		0	0		0		0
d.	Professional Liability Insurance		0	0		0		0
e.	Other - Specify							
	Dental Temporary Services		0	0		0		0
	Occupancy and Office Expenses		100,513	100,513		100,513		100,513
				0		0		0
				0		0		0
				0		0		0
f.	Subtotal Other Direct Dental Care Cost	0	209,267	209,267	0	209,267	0	209,267
3	TOTAL DIRECT DENTAL CARE COST (1d & 2f)	668,643	336,883	1,005,526	0	1,005,526	0	1,005,526

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

Reporting Period: From 7/1/2021 To 6/30/2022

FQHC Name: Fair Haven Community Health Clinic, Inc.

Form A-3 (Direct Mental Health 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
C.	**DIRECT MENTAL HEALTH CARE COST**							
1.	**Staff Cost**							
a.	Psychologist	305,515	58,310	363,825		363,825		363,825
b.	Social Worker	0	0	0		0		0
c.	Other - Specify							
	Psychiatrist	75,180	14,349	89,529		89,529		89,529
	Behavioral Health Clinician	585,582	111,763	697,345		697,345		697,345
	Enabling	42,655	8,141	50,796		50,796		50,796
	Patient Support Services	150,593	28,742	179,335		179,335		179,335
				0		0		0
				0		0		0
				0		0		0
				0		0		0
d.	**Subtotal Direct Mental Health Care Cost**	**1,159,525**	**221,305**	**1,380,830**	**0**	**1,380,830**	**0**	**1,380,830**
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		186,909	186,909		186,909		186,909
			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**	**186,909**	**186,909**	**0**	**186,909**	**0**	**186,909**
3.	**TOTAL DIRECT MENTAL HEALTH CARE COST (1d & 2f)**	1,159,525	408,214	1,567,739	0	1,567,739	0	1,567,739
D.	**TOTAL DIRECT COST BEFORE NON-ALLOWABLE SERVICES**	**11,211,291**	**8,561,063**	**19,772,354**	**-**	**19,772,354**	**(2,289,226)**	**17,483,128**

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

Reporting Period: From 7/1/2021 To 6/30/2022

FQHC Name: Fair Haven Community Health Clinic, Inc.

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	208,368	1,238,314	1,446,682	0	1,446,682	(1,446,682)	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
i. Total Non-Allowable Direct Other Service Cost	208,368	1,238,314	1,446,682	0	1,446,682	(1,446,682)	0
F. TOTAL DIRECT COST (D+E1i)	11,419,659	9,799,377	21,219,036	-	21,219,036	(3,735,908)	17,483,128

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

Reporting Period: From 7/1/2021 To 6/30/2022

FQHC Name: Fair Haven Community Health Clinic, Inc.

Form A-5 (Overhead 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
G.	**OVERHEAD - FACILITY COST**							
a.	Rent		415,629	415,629		415,629	(51,760)	363,869
b.	Insurance		129,608	129,608		129,608		129,608
c.	Interest on Mortgage or Loans		7,625	7,625		7,625		7,625
d.	Utilities		59,673	59,673		59,673		59,673
e.	Depreciation - Building		0	0		0		0
f.	Depreciation - Equipment		972,509	972,509		972,509		972,509
g.	Housekeeping & Maintenance		99,227	99,227		99,227		99,227
h.	Other (Specify)							
	Dietary Supplies		14,418	14,418		14,418		14,418
	Building Security		44,063	44,063		44,063		44,063
				0		0		0
				0		0		0
i.	**Subtotal Overhead - Facility Cost**	0	1,742,790	1,742,790	0	1,742,790	(51,760)	1,691,030
H.	**OVERHEAD - ADMINISTRATIVE COST**							
a.	Office Salaries	6,200,122	938,961	7,139,083		7,139,083	(1,173,879)	5,965,204
b.	Depreciation - Office Equipment		0	0		0		0
c.	Office Supplies		59,723	59,723		59,723		59,723
d.	Legal		346,534	346,534		346,534		346,534
e.	Accounting		57,173	57,173		57,173		57,173
f.	Insurance		0	0		0		0
g.	Telephone		101,614	101,614		101,614		101,614
h.	Fringe Benefits and Payroll Taxes		0	0		0		0
i.	Interest - Capital Loans		7,781	7,781		7,781	(7,781)	0
j.	Other (Specify)							
	Payroll and other professional services		0	0		0		0
	Contractual Labor		4,008,236	4,008,236		4,008,236		4,008,236
	Computer / IT		64,428	64,428		64,428		64,428
	HR / Training / Education		28,370	28,370		28,370		28,370
	Dues / Subscriptions / Licenses		54,131	54,131		54,131		54,131
	Marketing / Lobbying / Bad Debt		887,279	887,279		887,279	(836,860)	50,419
	Other Supplies / Miscellaneous Expenses		199,585	199,585		199,585	(48,907)	150,678
				0		0		0
k.	**Subtotal Overhead - Administrative Cost**	6,200,122	6,753,815	12,953,937	0	12,953,937	(2,067,427)	10,886,510
l.	**TOTAL OVERHEAD COST (Gi+Hk)**	6,200,122	8,496,605	14,696,727	-	14,696,727	(2,119,187)	12,577,540
J.	**GRAND TOTAL COSTS[2] (F+I)**	17,619,781	18,295,982	35,915,763	-	35,915,763	(5,855,095)	30,060,668

[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 7/1/2021 To 6/30/2022

FQHC Name: Fair Haven Community Health Clinic, Inc.

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 Total Hours	Total Employee Hours and FTEs: FTEs (2080 hrs = 1 FTE)
		I	II	III	IV	V
	Provide itemized de-identified list (e.g., Physician 1)	*General Practitioner*	*125,000*	*1,500*	*1,040*	*0.50*
A.	**PHYSICIAN**					
1.	Please see form B-4 Summary Personnel		3,153,483	56,952	30,665	14.74
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		3,153,483	56,952	30,665	14.74
B.	**PHYSICIAN ASSISTANT**					
1.	Please see form B-4 Summary Personnel		98,945	7,192	1,746	0.84
2.						0.00
3.						0.00
4.						0.00
5.						0.00
	Total Physician Assistant Encounters, Hours and FTEs		98,945	7,192	1,746	0.84

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

Reporting Period:	**From** 7/1/2021	**To**	6/30/2022
FQHC Name:	Fair Haven Community Health Clinic, Inc.		

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 Total Hours	Total Employee Hours and FTEs: FTEs (2080 hrs = 1 FTE)
	Provide itemized de-identified list (e.g., Physician 1)	*General Practitioner*	*125,000*	*1,600*	*1,040*	*0.50*
C.	NURSE (APRN, MIDWIFE, RN)					
1.	Please see form B-4 Summary Personnel		3,673,953	30,205	71,665	34.45
2.						0.00
3.						0.00
4.						0.00
5.						0.00
	Total Nurse Practioner		3,673,953	30,205	71,665	34.45
D.	PHYSICIAN SERVICES UNDER CONTRACT					
1.	Please see form B-4 Summary Personnel		88,870	661	1,571	0.76
2.						0.00
3.						0.00
4.						0.00
5.						0.00
	Total Physician Services Under Contract		88,870	661	1,571	0.76
E.	OTHER HEALTH CARE PRACTITIONER					
1.	Please see form B-4 Summary Personnel		2,367,872	2,683	50,512	24.28
2.						0.00
3.						0.00
	Total Other Health Care Practitioner		2,367,872	2,683	50,512	24.28

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

Reporting Period:	From 7/1/2021	To 6/30/2022
FQHC Name:	Fair Haven Community Health Clinic, Inc.	

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	Encounters	Total Employee Hours and FTEs	
				Employee Total Hours	FTEs (2080 hrs = 1 FTE)
		II	III	IV	V
	Provide itemized de-identified list (e.g., Dentist 1)	*125,000*	*1,500*	*1,040*	*0.50*
A.	**DENTIST**				
1.	Please see form B-4 Summary Personnel	295,711	3,574	4,035	1.94
2.					0.00
3.					0.00
4.					0.00
5.					0.00
	Total Dentist Encounters, Staff Hours and FTEs	295,711	3,574	4,035	1.94
B.	**DENTAL HYGIENIST**				
1.	Please see form B-4 Summary Personnel	162,006	3,669	4,749	2.28
2.					0.00
3.					0.00
4.					0.00
5.					0.00
	Total Dental Hygienist Encounters, Hours and FTEs	162,006	3,669	4,749	2.28
C.	**OTHER DENTAL PRACTITIONER**				
1.	Please see form B-4 Summary Personnel	210,926	0	3,468	1.67
2.					0.00
3.					0.00
4.					0.00
5.					0.00
	Total Other Dental Practitioner Encounters, Hours and FTEs	210,926	0	3,468	1.67

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

Reporting Period: From 7/1/2021 To 6/30/2022

FQHC Name: Fair Haven Community Health Clinic, Inc.

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)
		II	III	IV	V
	Provide itemized de-identified list (e.g., Psychologist 1)	*125,000*	*1,500*	*1,040*	*0.50*
A.	PSYCHOLOGIST				
1.	Please see form B-4 Summary Personnel	305,515	3,104	7,433	3.57
2.					0.00
3.					0.00
4.					0.00
5.					0.00
	Total Psychologist Encounters, Staff Hours and FTEs	305,515	3,104	7,433	3.57
B.	SOCIAL WORKER				
1.	Please see form B-4 Summary Personnel	0	0	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	854,010	11,935	21,162	10.17
2.					0.00
3.					0.00
4.					0.00
5.					0.00
	Total Other Mental Health Practitioner Encounters, Hours and FTEs	854,010	11,935	21,162	10.17

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

Reporting Period: From 7/1/2021 To 6/30/2022

FQHC Name: Fair Haven Community Health Clinic, Inc.

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)
		4	*500,000*	*150,000*	*100,000*	*2*	*1*	*10,000*	*8,320*	*4.00*
A.	HEALTH CARE PRACTITIONERS									
1.	PHYSICIAN	25	3,153,483	285,000	52,000	6	4	56,952	30,665	14.74
2.	PHYSICIAN ASSISTANT	3	98,945	115,000	68,750	1	1	7,192	1,746	0.84
3.	NURSE (APRN, MIDWIFE, RN)	32	3,673,953	154,731	12,480	15	26	30,205	71,665	34.45
4.	OTHER HEALTH PROFESSIONALS	38	2,456,742	60,486	37,440	16	8	3,344	52,083	25.04
	Total Health Care	98	9,383,123			38	39	97,693	156,158	75.07
B.	DENTAL PRACTITIONERS									
1.	DENTIST	3	295,711	165,922	135,252	1	1	3,574	4,035	1.94
2.	DENTAL HYGIENIST	3	162,006	85,114	75,504	2	-	3,669	4,749	2.28
3.	OTHER DENTAL PRACTITIONERS	6	210,926	49,920	39,520	5	3	0	3,468	1.67
	Total Dental	12	668,643			8	4	7,243	12,252	5.89
C.	MENTAL HEALTH PRACTITIONERS									
1.	PSYCHOLOGIST	4	305,515	154,731	66,950	-	-	3,104	7,433	3.57
2.	OTHER MENTAL HEALTH PRACTITIONERS	11	854,010	118,453	62,940	4	3	11,935	21,162	10.17
	Total Mental Health	15	1,159,525			4	3	15,039	28,595	13.75

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

Reporting Period:	From	7/1/2021	To	6/30/2022
FQHC Name:	Fair Haven Community Health Clinic, Inc.			

Form C (Cost Adjustment & Allocation)

	COST ADJUSTMENT AND ALLOCATION	
A.	Direct Cost Title XIX Services (P5 - Form A-3, Line D, Col. VII)	17,483,128
B.	Direct Cost Other Services (P6 - Form A-4, Line E.1.i, Col. VII)	-
C.	Total Direct Costs (A+B)	17,483,128
D.	Portion of Title XIX Services (A/C)	100.00%
E.	Total Overhead Cost (P7 - Form A-5, Line I, Col. VII)	12,577,540
F.	Overhead Cost Applicable to Title XIX Services (DxE)	12,577,540
G.	Total Title XIX Services Cost (A+F)	30,060,668
H.	Thirty Percent (30%) of Total Title XIX Svc Cost (Gx.30)	9,018,200
I.	Cost Adjustment (Lower of H-F or Zero)	(3,559,340)
J.	Allowable Title XIX Overhead Cost (F+I)	9,018,200
K.	Direct Costs	
	1. Health Care Services (P3 - Form A-1, Line A3, Col. VII)	14,909,863
	2. Dental Services (P4 - Form A-2, Line B3, Col. VII)	1,005,526
	3. Mental Health Services (P5 - Form A-3, Line C3, Col. VII)	1,567,739
	4. Total Direct Costs (K1 thru K3)	17,483,128
L.	Direct Costs as a % of Total	
	1. Health Care Services (K1/K4)	85.28%
	2. Dental Services (K2/K4)	5.75%
	3. Mental Health Services (K3/K4)	8.97%
M.	Allocated Allowable Overhead Cost	
	1. Health Care Services (JxL1)	7,690,721
	2. Dental Services (JxL2)	518,547
	3. Mental Health Services (JxL3)	808,933
	4. Total Allowable Title XIX Overhead Cost (M1 thru M3)	9,018,201

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

Reporting Period:	From 7/1/2021	To	6/30/2022
FQHC Name:	Fair Haven Community Health Clinic, Inc.		

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)	14,909,863
	B.	Allowable Overhead Cost (P13 - Form C, Line M1)	7,690,721
	C.	Total Allowable Health Care Cost (A+B)	22,600,584
	D.	Encounters (P12 - Form B-4, Health Care Total)	97,693
	E.	Allowable Health Care Cost Per Encounter (C/D)	231.34
II.	Dental		
	A.	Direct Dental Care Cost (P4 - Form A-2, Line B3, Col. VII)	1,005,526
	B.	Allowable Overhead Cost (P13 - Form C, Line M2)	518,547
	C.	Total Allowable Dental Cost (A+B)	1,524,073
	D.	Encounters (P12 - Form B-4, Dental Total)	7,243
	E.	Allowable Dental Cost Per Encounter (C/D)	210.42
III.	Mental Health		
	A.	Direct Mental Health Care Cost (P5 - Form A-3, Line C3, Col. VII)	1,567,739
	B.	Allowable Overhead Cost (P13 - Form C, Line M3)	808,933
	C.	Total Allowable Mental Health Cost (A+B)	2,376,672
	D.	Encounters (P12 - Form B-4, Mental Health Total)	15,039
	E.	Allowable Mental Health Cost Per Encounter (C/D)	158.03

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

Reporting Period: From 7/1/2021 To 6/30/2022

FQHC Name: Fair Haven Community Health Clinic, Inc.

Form E (Revenues)

	REVENUES	I	II	III	IV	V
A.	Operating Revenue	Services Excluding Dental, Mental Health &	Dental	Mental Health	Other	Total (Col. I thru IV)
1.	Medicaid	(13,244,129)	(130,522)	(1,525,820)	0	(14,900,471)
2.	Private	(984,293)	(60,415)	(432,558)	0	(1,477,266)
3.	Medicare	(221,909)	0	(98,885)	0	(320,794)
4.	Patient Cash/Self Pay	(1,547,851)	(127,261)	(2,557)	0	(1,677,669)
5.	Other - Specify	0	0	0	0	0
6.	Total (1 thru 5)	(15,998,182)	(318,198)	(2,059,820)	0	(18,376,200)
B.	Other Revenue					
1.	Contributions	(169,660)	0	0	0	(169,660)
2.	Grants	(9,229,975)	(142,113)	(91,602)	0	(9,463,690)
3.	Interest	(14,345)	0	0	0	(14,345)
4.	Donations	0	0	0	0	0
5.	Other - Specify Pharmacy Rental Income	0	0	0	0	0
6.	Other - Specify Catering	0	0	0	0	0
7.	Other - Specify Contracts	0	0	0	0	0
8.	Other - Specify Other	(10,290,354)	0	0	0	(10,290,354)
9.	Other - Specify					0
10.	Other - Specify					0
11.	Total (1 thru 10)	(19,704,334)	(142,113)	(91,602)	0	(19,938,049)
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)	(35,702,516)	(460,311)	(2,151,422)	0	(38,314,249)

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

Reporting Period:	From	7/1/2021	To	6/30/2022
FQHC Name:	Fair Haven Community Health Clinic, Inc.			

Form F (Grants and Contributions)

GRANTS AND CONTRIBUTIONS *(EXCLUDING THE PUBLIC HEALTH SERVICES GRANTS)*

A.	Contributions	ACTUAL
1.	Services *(Excluding Dental, Mental Health and Other)*	(169,660)
2.	Dental	0
3.	Mental Health	0
4.	Other - Specify	0
	Other - Specify	
	Other - Specify	
	Other - Specify	
	Other - Specify	
5.	Total (1 thru 4)	(169,660)

B.	Grants *(Excluding PHS)*	
1.	Services *(Excluding Dental, Mental Health and Other)*	(9,229,975)
2.	Dental	(142,113)
3.	Mental Health	(91,602)
4.	Other - Specify Various Other Program Grants	0
	Other - Specify	
	Other - Specify	
	Other - Specify	
	Other - Specify	
5.	Total (1 thru 4)	(9,463,690)

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

Reporting Period:	From	7/1/2021	To	6/30/2022
FQHC Name:	Fair Haven Community Health Clinic, Inc.			

Form G (Cost Disallowance and Offset)

COST DISALLOWANCE AND OFFSET

A.	**Cost Disallowance**		
1.	Entertainment		
2.	Fines and penalties		
3.	Bad debt	778,500	
4.	Cost of actions to collect receivables		
5.	Advertising, except for recruitment of personnel	58,360	
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	56,688	
14.	Interest		
15.	Pass through expenses		
16.	Total (1 thru 15)		893,548
B.	**Cost Offset *(Expense Recovery)***		
1.	Refunds - Medicaid Outreach	-	
2.	Donated Rent Income	51,760	
3.	In-Kind Donated Supplies	2,289,226	
4.	In-Kind Donated Salaries	1,173,879	
5.	In-Kind expenses - WIC	1,446,682	
6.	In-Kind Advertising		
7.	Total (1 thru 6)		4,961,547
C.	Total Cost Disallowance and Offset (A16+B7)		5,855,095

Client: *Fair Haven Community Health Clinic, Inc*
Engagement: *FQHC - Fair Haven Community Health Clinic, Inc.*
Period Ending: *6/30/2022*
Trial Balance: *A.01 - TB*

Account	Description	ADJUSTED 6/30/2022	JE Ref #	RJE	REPORT 6/30/2022	PP-1 6/30/2021
10001	Webster Operating Account	8,823,588.00			8,823,588.00	0.00
11001	New Haven Bank Account	845,749.00			845,749.00	0.00
11002	Petty Cash	750.00			750.00	0.00
11003	Cash on Hand - Patient Fees	850.00			850.00	0.00
11006	Webster FSA DC Account	11,247.00			11,247.00	0.00
11100	Webster PPP Account formerly CDBG	1,000.00			1,000.00	0.00
11502	Investments - Fidelity Hightower	1,750,453.00			1,750,453.00	0.00
11503	Investment The Community Foundation	236,737.00			236,737.00	0.00
11505	New Haven CDARS Program	1,773,762.00			1,773,762.00	0.00
13005	Security Deposits	19,731.00			19,731.00	0.00
13501	Prepaid Expense	105,359.00			105,359.00	0.00
14001	Due From LLC Woolsey	139,379.00			139,379.00	0.00
14002	Due from LLC 382-394	245,427.00			245,427.00	0.00
15000	CHN	83,333.00			83,333.00	0.00
16000	A/R - State Grants	96,854.00			96,854.00	0.00
16100	A/R Federal Grants	1,174,470.00			1,174,470.00	0.00
16202	A/R - Private Grants	8,244.00			8,244.00	0.00
16203	A/R - EPIC - Medicaid	867,603.00			867,603.00	0.00
16208	A/R - EPIC - Medicare	70,738.00			70,738.00	0.00
16209	A/R - EPIC - Private Insurance	528,719.00			528,719.00	0.00
16210	A/R - EPIC - Patient Fees	285,461.00			285,461.00	0.00
16900	A/R - Other	35,783.00			35,783.00	0.00
17001	Land	212,000.00			212,000.00	0.00
17002	Buildings	5,836,280.00			5,836,280.00	0.00
17003	Equipment	2,972,333.00			2,972,333.00	0.00
17101	Capital Leases	70,916.00			70,916.00	0.00
17105	Building/Leasehold Improvements	1,993,528.00			1,993,528.00	0.00
17110	Improvements - Bella Vista	525,099.00			525,099.00	0.00
17115	Improvements - Wilbur Cross School	1,400.00			1,400.00	0.00
17116	Leasehold Improvements - East Haven	246,548.00			246,548.00	0.00
17117	Leasehold Improvements- 50 Grand Ave	945,562.00			945,562.00	0.00
17118	Leasehold Improvements- 50 Grand Dental	785,135.00			785,135.00	0.00
17119	Leasehold Improvements - East Haven HS	133,550.00			133,550.00	0.00
17120	Leasehold Improvements - East Haven MS	5,830.00			5,830.00	0.00
17121	Leashold Improvements - Branford	2,307,192.00			2,307,192.00	0.00
17200	Amortized Expenses	4,901.00			4,901.00	0.00
17501	Accumulated Depreciation	(7,938,045.00)			(7,938,045.00)	0.00
17510	Accumulated amortization costs	(3,921.00)			(3,921.00)	0.00
17565	CIP - 83 Woolsey	116,000.00			116,000.00	0.00
17572	Construction In Progress EH Expansion	27,947.00			27,947.00	0.00
17575	Construction In Progress 382-394 Grand	116,509.00			116,509.00	0.00
17576	CIP Parking Lot (Woolsey)	56,914.00			56,914.00	0.00
20000	Accounts Payable	(273,920.00)			(273,920.00)	0.00
21002	Accrued Expenses	(185,722.00)			(185,722.00)	0.00
21004	Accrued Payroll	(568,826.00)			(568,826.00)	0.00
21006	Accrued Vacation Payable	(870,077.00)			(870,077.00)	0.00
21010	Federal W/H Payable	(1,658.00)			(1,658.00)	0.00
21020	Social Security Payable	2,861.00			2,861.00	0.00
21030	Medicare Payable	(5,399.00)			(5,399.00)	0.00
21040	Federal Tax Payable	184.00			184.00	0.00
21050	State W/H Payable	(942.00)			(942.00)	0.00
21080	Pension Payable	5,215.00			5,215.00	0.00
21090	CT Paid Family Leave Payable	(11.00)			(11.00)	0.00
21101	Loan Repayment 403b	(762.00)			(762.00)	0.00
21105	Wage Garnishment	7,834.00			7,834.00	0.00
22001	Allowance for Bad Debt	(189,374.00)			(189,374.00)	0.00
22002	Contractual Allowance - Commercial/Medicare	(168,519.00)			(168,519.00)	0.00
22510	Deferred Revenue - Federal Grants	(257,611.00)			(257,611.00)	0.00
22513	Deferred Revenue - Private Grants	(991,044.00)			(991,044.00)	0.00
22600	Deferred Rent	(212,622.00)			(212,622.00)	0.00
22700	Refundable Security Deposits	(4,131.00)			(4,131.00)	0.00
23515	Due to/ Due from NHPCC	(668,052.00)			(668,052.00)	0.00
26070	GNHCLF Loan	(261,640.00)			(261,640.00)	0.00
30000	Net Assets	(18,478,213.00)			(18,478,213.00)	0.00
40000	Federal Grant Revenue	(8,416,874.00)			(8,416,874.00)	(12,717,203.00)
41000	State Grant Revenue	(596,398.00)			(596,398.00)	(1,338,686.00)
42230	WIC Food Benefits - Donated	(1,195,143.00)			(1,195,143.00)	(1,032,528.00)
42231	Donated Services & Supplies	(3,514,865.00)			(3,514,865.00)	(2,858,283.00)
43000	Private Grant Revenue	(286,773.00)			(286,773.00)	(735,847.00)

Account	Description	ADJUSTED 6/30/2022	JE Ref #	RJE	REPORT 6/30/2022	PP-1 6/30/2021
43100	General Operations Awards	(192,596.00)			(192,596.00)	0.00
43200	NHPCC CBG Revenue	(343,431.00)			(343,431.00)	0.00
48203	Medicaid FQHC Revenue	(17,445,481.00)			(17,445,481.00)	(12,309,770.00)
48208	Medicare FQHC Revenue	(438,820.00)			(438,820.00)	(639,892.00)
48209	Private Insurance Revenue	(2,634,210.00)			(2,634,210.00)	(2,546,959.00)
48210	Patient Fees Revenue	(2,844,362.00)			(2,844,362.00)	(2,317,439.00)
48211	Cancer Screening Revenue	(49,613.00)			(49,613.00)	(16,596.00)
48304	Adj-Medicaid FQHC Contra Revenue	2,545,010.00			2,545,010.00	1,272,347.00
48305	Adj-Medicare FQHC-contra	100,601.00			100,601.00	388,938.00
48309	Adj-Private Insurance-contra	1,156,944.00			1,156,944.00	911,423.00
48310	Adj-Patient Fees-contra	1,166,693.00			1,166,693.00	1,499,548.00
48317	Contractual Allowance - Commercial/Medicare	17,425.00			17,425.00	0.00
49000	Prescription Benefit Program	(3,724,742.00)			(3,724,742.00)	(3,515,071.00)
49510	DSS Meaningful Use Incentive / PCMH+	(1,170,048.00)			(1,170,048.00)	(1,046,906.00)
49700	Pharmacy Rental Income	0.00			0.00	(8,262.00)
49995	Interest Income	(14,345.00)			(14,345.00)	(24,443.00)
49996	Investment Gain/Loss	(1,948.00)			(1,948.00)	0.00
49997	Contributions	(169,660.00)			(169,660.00)	(124,262.00)
49999	Other Revenue	(255,869.00)			(255,869.00)	(249,247.00)
50010	Salaries - Physicians	3,242,353.00		(88,870.00)	3,153,483.00	2,593,275.00
			RJE - 6	(88,870.00)		
50015	Salaries - Dentists	295,711.00			295,711.00	337,704.00
50020	Salaries - Nurse Practitioners	1,112,480.00			1,112,480.00	1,266,469.00
50025	Salaries - Physician Assistants	98,945.00			98,945.00	92,734.00
50030	Salaries - Nurse Midwives	446,459.00			446,459.00	476,259.00
50040	Salaries - Nurses LPN	518,146.00			518,146.00	423,899.00
50045	Salaries-Nurses RN	1,596,868.00			1,596,868.00	1,447,744.00
50050	Salaries - Dental Hygienists	162,006.00			162,006.00	120,430.00
50060	Salaries - Clinical Assistants	1,165,233.00			1,165,233.00	1,023,852.00
50065	Salaries - Dental Assistants	100,835.00			100,835.00	94,316.00
50070	Salaries - Lab	73,784.00			73,784.00	82,015.00
50080	Salaries - Nutritionists	170,756.00		(125,114.00)	45,642.00	0.00
			RJE - 1	(125,114.00)		
50090	Salaries - BH Clinician	585,582.00			585,582.00	430,462.00
50094	Salaries-Psychiatrist	75,180.00			75,180.00	54,488.00
50095	Salaries-Psychologist	305,515.00			305,515.00	329,281.00
50100	Salaries - Enabling	319,744.00		(80,542.00)	239,202.00	588,367.00
			RJE - 1	(37,887.00)		
			RJE - 3	(42,655.00)		
50105	Salaries-Educator	0.00			0.00	5,546.00
50110	Salaries - Patient Services Support	1,201,369.00		(268,488.00)	932,881.00	714,354.00
			RJE - 1	(45,367.00)		
			RJE - 2	(223,121.00)		
50115	Salaries - Dental Support Staff	37,563.00			37,563.00	68,524.00
50120	Salaries - Medical Records	57,564.00			57,564.00	91,155.00
50125	Salaries - Referrals	152,366.00			152,366.00	116,143.00
50130	Salaries - Front Desk	524,116.00			524,116.00	758,354.00
50135	Salaries - Billing	428,505.00			428,505.00	455,834.00
50140	Salaries - Management & Admin Support	2,200,739.00			2,200,739.00	1,913,850.00
50150	Salaries - Information Technology	298,046.00			298,046.00	242,109.00
50160	Salaries - Finance	619,953.00			619,953.00	525,639.00
50170	Salaries - Facilities	245,892.00			245,892.00	212,391.00
50180	Accrued Vacation	93,198.00		(93,198.00)	0.00	0.00
			RJE - 4	(93,198.00)		
50190	Salaries - Call Center	481,987.00			481,987.00	231,878.00
51020	Social Security Taxes - FHC	930,070.00		(930,070.00)	0.00	0.00
			RJE - 4	(930,070.00)		
51030	Medicare Taxes - FHC	232,027.00		(232,027.00)	0.00	0.00
			RJE - 4	(232,027.00)		
51060	State Unemployment Taxes	100,270.00		(100,270.00)	0.00	0.00
			RJE - 4	(100,270.00)		
51090	Worker's Comp	103,274.00		(103,274.00)	0.00	0.00
			RJE - 4	(103,274.00)		
51101	Health Insurance	1,713,456.00		(1,713,456.00)	0.00	0.00
			RJE - 4	(1,713,456.00)		
51102	Dental Insurance	79,606.00		(79,606.00)	0.00	70,862.00
			RJE - 4	(79,606.00)		
51106	Disability & Life Insurance	98,734.00		(98,734.00)	0.00	0.00
			RJE - 4	(98,734.00)		
51111	Health Insurance PR W/H	(288,343.00)		288,343.00	0.00	0.00
			RJE - 4	288,343.00		
51112	Dental Insurance PR W/H	(43,016.00)		43,016.00	0.00	0.00
			RJE - 4	43,016.00		

Account	Description	ADJUSTED 6/30/2022	JE Ref #	RJE	REPORT 6/30/2022	PP-1 6/30/2021
51116	Disability & Life PR W/H	(99,763.00)		99,763.00	0.00	0.00
			RJE - 4	99,763.00		
51160	403B-Match	159,027.00		(159,027.00)	0.00	0.00
			RJE - 4	(159,027.00)		
51170	Continuing Education	26,342.00		(26,342.00)	0.00	0.00
			RJE - 4	(26,342.00)		
51175	Tuition Reimbursement	15,878.00		(15,878.00)	0.00	0.00
			RJE - 4	(15,878.00)		
51180	Employee Uniforms	784.00		(784.00)	0.00	0.00
			RJE - 4	(784.00)		
51190	Licensing	23,684.00		(15,551.00)	8,133.00	6,767.00
			RJE - 1	(162.00)		
			RJE - 5	(15,389.00)		
51250	Conference & Training	28,370.00			28,370.00	14,267.00
51300	Employee Travel Transportation	1,787.00			1,787.00	(426.00)
51303	Transportation	7,936.00			7,936.00	67,139.00
51304	Transportation NHPCC	51,097.00			51,097.00	0.00
51355	Employee Relations-Staff Meetings	22,269.00		(22,269.00)	0.00	0.00
			RJE - 4	(22,269.00)		
51400	Membership Fees	44,602.00		(28,980.00)	15,622.00	14,940.00
			RJE - 5	(28,980.00)		
52000	Temporary Services	70,863.00			70,863.00	10,888.00
52101	Consulting & Other Personnel	1,419,992.00			1,419,992.00	2,633,271.00
52102	Architecture Fees	0.00			0.00	7,606.00
52103	Lobbying	20,000.00			20,000.00	20,250.00
52104	Teleretinopathy	290.00			290.00	60.00
52106	Professional Fees 340B Program	5,404.00			5,404.00	0.00
52130	NHPCC Consulting & Other Personnel	2,413,790.00			2,413,790.00	0.00
52201	Legal Fees	346,534.00			346,534.00	103,454.00
52202	Accounting Fees	57,173.00			57,173.00	54,466.00
52203	Legal Fees - 382-394 Grand Ave. LLC	0.00			0.00	24,159.00
52250	Subcontracts (Grants)	28,951.00			28,951.00	(6,250.00)
53100	Insurance	129,608.00			129,608.00	100,247.00
54101	Subscriptions	158.00		(103.00)	55.00	340.00
			RJE - 5	(103.00)		
54102	Credentialing	86,775.00		(56,454.00)	30,321.00	466.00
			RJE - 1	(73.00)		
			RJE - 5	(56,381.00)		
55000	Cleaning Service	121,776.00		(79,123.00)	42,653.00	41,211.00
			RJE - 5	(79,123.00)		
55001	Building Rent	473,549.00		(307,686.00)	165,863.00	227,311.00
			RJE - 5	(307,686.00)		
55002	Rent NHPCC	565,316.00		(367,310.00)	198,006.00	0.00
			RJE - 5	(367,310.00)		
55005	Building Maintenance & Repair	17,051.00		(11,079.00)	5,972.00	9,598.00
			RJE - 5	(11,079.00)		
55006	Plowing	21,581.00		(14,022.00)	7,559.00	9,003.00
			RJE - 5	(14,022.00)		
55010	Vehicle Expenditures-Agency vehicles only	1,777.00		(1,155.00)	622.00	608.00
			RJE - 5	(1,155.00)		
55015	Pest Service	1,451.00		(943.00)	508.00	398.00
			RJE - 5	(943.00)		
55020	Waste Removal	13,108.00		(8,517.00)	4,591.00	3,497.00
			RJE - 5	(8,517.00)		
55050	Security	125,803.00		(81,740.00)	44,063.00	50,508.00
			RJE - 5	(81,740.00)		
55199	Electric	129,636.00		(84,230.00)	45,406.00	32,016.00
			RJE - 5	(84,230.00)		
55200	Oil	5,440.00		(3,535.00)	1,905.00	1,232.00
			RJE - 5	(3,535.00)		
55300	Gas	26,345.00		(17,118.00)	9,227.00	5,763.00
			RJE - 5	(17,118.00)		
55400	Water	5,586.00		(3,629.00)	1,957.00	1,617.00
			RJE - 5	(3,629.00)		
55500	Sewer	3,363.00		(2,185.00)	1,178.00	895.00
			RJE - 5	(2,185.00)		
55600	Property Tax	109.00		(71.00)	38.00	0.00
			RJE - 5	(71.00)		
56000	Program Supplies	39,422.00			39,422.00	24,290.00
57000	Office Supplies- Fixtures	2,847.00			2,847.00	16,540.00
57001	Office Supplies-Consumables	26,168.00		(41.00)	26,127.00	118,609.00

Account	Description	ADJUSTED 6/30/2022	JE Ref #	RJE	REPORT 6/30/2022	PP-1 6/30/2021
			RJE - 1	(41.00)		
57002	Office Supplies-Electronics	16,900.00			16,900.00	146,956.00
57003	Payroll Services	49,700.00		(32,292.00)	17,408.00	10,743.00
			RJE - 5	(32,292.00)		
57005	Postage	27,694.00		(17,994.00)	9,700.00	8,342.00
			RJE - 5	(17,994.00)		
57100	Bank Charges	22,518.00		(14,631.00)	7,887.00	5,100.00
			RJE - 5	(14,631.00)		
57200	Printing & Reproduction	24,563.00		(15,960.00)	8,603.00	11,729.00
			RJE - 5	(15,960.00)		
57300	Telephone & Communications	153,798.00		(102,713.00)	51,085.00	56,803.00
			RJE - 1	(2,784.00)		
			RJE - 5	(99,929.00)		
57310	Cellphone	6,016.00		(4,251.00)	1,765.00	1,610.00
			RJE - 1	(342.00)		
			RJE - 5	(3,909.00)		
57320	On-Call Answering Service	139,225.00		(90,461.00)	48,764.00	63,161.00
			RJE - 5	(90,461.00)		
57330	Interpretation Services	166,214.00		(107,997.00)	58,217.00	36,069.00
			RJE - 5	(107,997.00)		
57335	NHPCC Interpretation Svcs	114,116.00		(74,146.00)	39,970.00	0.00
			RJE - 5	(74,146.00)		
57350	Electronic Claims	12,499.00		(8,121.00)	4,378.00	3,596.00
			RJE - 5	(8,121.00)		
57375	Medical Billing	325.00		(210.00)	115.00	144.00
			RJE - 5	(210.00)		
57390	Software Support	183,945.00		(119,517.00)	64,428.00	47,650.00
			RJE - 5	(119,517.00)		
57400	Equip Maintenance & Repairs	106,556.00		(69,234.00)	37,322.00	19,905.00
			RJE - 5	(69,234.00)		
57500	Education Materials	0.00			0.00	676.00
57525	Food for Clients	13,664.00			13,664.00	13,749.00
57530	Food for Meetings	754.00			754.00	5,405.00
57575	Dental Supplies	88,401.00			88,401.00	83,933.00
57576	Dental Lab Expenses	20,353.00			20,353.00	13,428.00
57600	Medical Supplies	312,156.00			312,156.00	294,735.00
57610	Flu Vaccines	70,641.00			70,641.00	50,712.00
57700	Lab Tests	0.00			0.00	286,700.00
58000	Fundraising	3,115.00			3,115.00	1,383.00
58100	Marketing Events	955.00			955.00	2,713.00
58200	Advertising	34,290.00			34,290.00	114,551.00
58500	Recruitment	143,949.00		(93,530.00)	50,419.00	41,143.00
			RJE - 5	(93,530.00)		
58990	Rx-Contraceptives	0.00			0.00	(2,026.00)
59000	Prescription Benefit Program - Expense	1,589,910.00			1,589,910.00	1,394,273.00
59001	Depreciation	964,750.00			964,750.00	925,549.00
59207	Reserve for Bad Debt - Patient Fees	778,500.00			778,500.00	683,181.00
60001	Interest - Mortgage & Line of Credit	21,769.00		(14,144.00)	7,625.00	7,717.00
			RJE - 5	(14,144.00)		
60010	Donations	0.00			0.00	0.00
			RJE - 5	0.00		
61002	Fees, Late Charges, Other Interest	7,781.00			7,781.00	8,431.00
61005	Amortization Expense	7,759.00			7,759.00	0.00
61111	Office Equipment Lease	11,844.00		(7,695.00)	4,149.00	3,927.00
			RJE - 5	(7,695.00)		
65001	Miscellaneous	104,506.00			104,506.00	73,267.00
65002	Miscellaneous - RW Emergency Assistance	54,188.00			54,188.00	58,821.00
65008	Miscellaneous - CFGNH Emergency Assistance	2,500.00			2,500.00	0.00
69000	Donated Salaries	1,173,879.00			1,173,879.00	1,194,739.00
69001	Donated Lab	20,800.00			20,800.00	22,800.00
69002	Donated Rent	51,760.00			51,760.00	33,700.00
69003	Donated Medical Supplies	2,268,426.00			2,268,426.00	1,607,043.00
69100	Donated WIC Food Benefits	1,195,143.00			1,195,143.00	1,032,528.00
69600	Gain/Loss on Sale of Assets	(53,963.00)			(53,963.00)	0.00
70000	Unrealized loss (gain) on value of investments	19,268.00			19,268.00	(8,796.00)
70001	Realized loss (gain) on value of investments	0.00			0.00	(2,674.00)
Marcum 102	Dental Other	0.00			0.00	5,471.00
Marcum 103	WIC Compensation	0.00		208,368.00	208,368.00	219,696.00
			RJE - 1	208,368.00		
Marcum 104	WIC Other	0.00		3,402.00	3,402.00	3,159.00
			RJE - 1	3,402.00		

Account	Description	ADJUSTED 6/30/2022	JE Ref #	RJE	REPORT 6/30/2022	PP-1 6/30/2021
Marcum 107	Contract Physician	0.00		88,870.00	88,870.00	75,362.00
			RJE - 6	88,870.00		
Marcum 108	Pneumococcal Vaccine expense	0.00			0.00	1,025.00
Marcum 109	Patient Service Support - Mental Health	0.00		150,593.00	150,593.00	123,596.00
			RJE - 2	150,593.00		
Marcum 110	Enabling - Mental Health	0.00		42,655.00	42,655.00	107,077.00
			RJE - 3	42,655.00		
Marcum 111	Fringe Benefits - Physicians	0.00		618,827.00	618,827.00	425,397.00
			RJE - 4	618,827.00		
Marcum 112	Fringe Benefits - Physician Assistants	0.00		18,884.00	18,884.00	15,212.00
			RJE - 4	18,884.00		
Marcum 113	Fringe Benefits - Nurse Practicioner	0.00		212,325.00	212,325.00	207,748.00
			RJE - 4	212,325.00		
Marcum 114	Fringe Benefits - Nurse Midwives	0.00		85,210.00	85,210.00	78,125.00
			RJE - 4	85,210.00		
Marcum 115	Fringe Benefits - Nurse LPN	0.00		98,892.00	98,892.00	69,536.00
			RJE - 4	98,892.00		
Marcum 116	Fringe Benefits - Nurse RNs	0.00		304,774.00	304,774.00	237,486.00
			RJE - 4	304,774.00		
Marcum 117	Fringe Benefits - Clinical Assistants	0.00		222,393.00	222,393.00	167,951.00
			RJE - 4	222,393.00		
Marcum 118	Fringe Benefits - Lab	0.00		14,082.00	14,082.00	13,454.00
			RJE - 4	14,082.00		
Marcum 119	Fringe Benefits - enabling	0.00		45,653.00	45,653.00	96,515.00
			RJE - 4	45,653.00		
Marcum 120	Fringe Benefits - Educators	0.00			0.00	910.00
			RJE - 4	0.00		
Marcum 121	Fringe Benefits - patient services support	0.00		178,047.00	178,047.00	117,182.00
			RJE - 4	178,047.00		
Marcum 122	Fringe Benefits - Dentists	0.00		56,439.00	56,439.00	55,396.00
			RJE - 4	56,439.00		
Marcum 123	Fringe Benefits - Dental Compensation	0.00			0.00	0.00
			RJE - 4	0.00		
Marcum 124	Fringe Benefits - Dental Hygienists	0.00		30,920.00	30,920.00	19,755.00
			RJE - 4	30,920.00		
Marcum 125	Fringe Benefits - Dental Assistants	0.00		19,245.00	19,245.00	15,471.00
			RJE - 4	19,245.00		
Marcum 126	Fringe Benefits - Dental Support Staff	0.00		7,169.00	7,169.00	11,241.00
			RJE - 4	7,169.00		
Marcum 127	Fringe Benefits - Psychologist	0.00		58,310.00	58,310.00	54,015.00
			RJE - 4	58,310.00		
Marcum 128	Fringe Benefits - BH Clinician	0.00		111,763.00	111,763.00	70,612.00
			RJE - 4	111,763.00		
Marcum 129	Fringe Benefits - Psychiatrists	0.00		14,349.00	14,349.00	8,938.00
			RJE - 4	14,349.00		
Marcum 130	Fringe Benefits - Medical Records	0.00		10,987.00	10,987.00	14,953.00
			RJE - 4	10,987.00		
Marcum 131	Fringe Benefits - Referrals	0.00		29,080.00	29,080.00	19,052.00
			RJE - 4	29,080.00		
Marcum 132	Fringe Benefits - Front Desk	0.00		100,031.00	100,031.00	124,399.00
			RJE - 4	100,031.00		
Marcum 133	Fringe Benefits - Billing	0.00		81,783.00	81,783.00	74,774.00
			RJE - 4	81,783.00		
Marcum 134	Fringe Benefits - Management and Admin Support	0.00		420,027.00	420,027.00	313,945.00
			RJE - 4	420,027.00		
Marcum 135	Fringe Benefits - Information Technology	0.00		56,884.00	56,884.00	39,715.00
			RJE - 4	56,884.00		
Marcum 136	Fringe Benefits - Finance	0.00		118,323.00	118,323.00	86,225.00
			RJE - 4	118,323.00		
Marcum 137	Fringe Benefits - Facilities	0.00		46,930.00	46,930.00	34,840.00
			RJE - 4	46,930.00		
Marcum 138	Fringe Benefits - Patient Service Support - Dental	0.00		13,843.00	13,843.00	7,996.00
			RJE - 4	13,843.00		
Marcum 139	Fringe Benefits - Patient Service Support - Mental Health	0.00		28,742.00	28,742.00	20,274.00
			RJE - 4	28,742.00		
Marcum 140	Fringe Benefits - Enabling Salaries - Mental Health	0.00		8,141.00	8,141.00	17,565.00
			RJE - 4	8,141.00		
Marcum 141	Occupancy and Office Expenses - Medical	0.00		1,565,544.00	1,565,544.00	1,413,804.00
			RJE - 5	1,565,544.00		
Marcum 142	Occupancy and Office Expenses - Dental	0.00		100,513.00	100,513.00	107,723.00
			RJE - 5	100,513.00		

Account	Description	ADJUSTED 6/30/2022	JE Ref #	RJE	REPORT 6/30/2022	PP-1 6/30/2021
Marcum 143	Occupancy and Office Expenses - Mental Health	0.00		186,909.00	186,909.00	168,067.00
			RJE - 5	186,909.00		
Marcum 144	Occupancy and Office Expenses - Other	0.00			0.00	0.00
			RJE - 5	0.00		
Marcum 145	Patient Service Support - Dental	0.00		72,528.00	72,528.00	48,743.00
			RJE - 2	72,528.00		
Marcum 146	Fringe Benefits - WIC	0.00		39,769.00	39,769.00	36,039.00
			RJE - 4	39,769.00		
Marcum 147	Fringe Benefits - Call Center	0.00		91,991.00	91,991.00	38,037.00
			RJE - 4	91,991.00		
Total		**0.00**		**0.00**	**0.00**	[illegible]
	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: *6/30/2022*
Trial Balance: *A.01 - TB*
Workpaper: *A.03 - Grouping Report*

Account	Description	ADJUSTED 6/30/2022	JE Ref #	RJE 6/30/2022	REPORT 6/30/2022	PP-1 6/30/2021
Group : [FORM A - A]	**Direct Health Care Cost - Staff Cost**					
Subgroup : [1A]	**Physician**					
50010	Salaries - Physicians	3,242,353.00		(88,870.00)	3,153,483.00	2,593,275.00
Marcum 111	Fringe Benefits - Physicians	0.00		618,827.00	618,827.00	425,397.00
Subtotal [1A]	**Physician**	**3,242,353.00**		**529,957.00**	**3,772,310.00**	**3,018,672.00**
Subgroup : [1B]	**Physician Assistant**					
50025	Salaries - Physician Assistants	98,945.00		0.00	98,945.00	92,734.00
Marcum 112	Fringe Benefits - Physician Assistants	0.00		18,884.00	18,884.00	15,212.00
			RJE - 4	18,884.00		
Subtotal [1B]	**Physician Assistant**	**98,945.00**		**18,884.00**	**117,829.00**	**107,946.00**
Subgroup : [1C]	**Nurse Practitioner**					
50020	Salaries - Nurse Practitioners	1,112,480.00		0.00	1,112,480.00	1,266,469.00
50030	Salaries - Nurse Midwives	446,459.00		0.00	446,459.00	476,259.00
50040	Salaries - Nurses LPN	518,146.00		0.00	518,146.00	423,899.00
50045	Salaries-Nurses RN	1,596,868.00		0.00	1,596,868.00	1,447,744.00
Marcum 113	Fringe Benefits - Nurse Practicioner	0.00		212,325.00	212,325.00	207,748.00
Marcum 114	Fringe Benefits - Nurse Midwives	0.00		85,210.00	85,210.00	78,125.00
Marcum 115	Fringe Benefits - Nurse LPN	0.00		98,892.00	98,892.00	69,536.00
Marcum 116	Fringe Benefits - Nurse RNs	0.00		304,774.00	304,774.00	237,486.00
Subtotal [1C]	**Nurse Practitioner**	**3,673,953.00**		**701,201.00**	**4,375,154.00**	**4,207,266.00**
Subgroup : [1D]	**Other (Assistants, Case Mngrs, Dieticians)**					
50060	Salaries - Clinical Assistants	1,165,233.00		0.00	1,165,233.00	1,023,852.00
50070	Salaries - Lab	73,784.00		0.00	73,784.00	82,015.00
50080	Salaries - Nutritionists	170,756.00		(125,114.00)	45,642.00	0.00
50100	Salaries - Enabling	319,744.00		(80,542.00)	239,202.00	588,367.00
50105	Salaries-Educator	0.00		0.00	0.00	5,546.00
50110	Salaries - Patient Services Support	1,201,369.00		(268,488.00)	932,881.00	714,354.00
			RJE - 1	(45,367.00)		
			RJE - 2	(223,121.00)		
Marcum 107	Contract Physician	0.00		88,870.00	88,870.00	75,352.00
Marcum 117	Fringe Benefits - Clinical Assistants	0.00		222,393.00	222,393.00	167,951.00
Marcum 118	Fringe Benefits - Lab	0.00		14,082.00	14,082.00	13,454.00
Marcum 119	Fringe Benefits - enabling	0.00		45,653.00	45,653.00	98,515.00
Marcum 120	Fringe Benefits - Educators	0.00		0.00	0.00	910.00
Marcum 121	Fringe Benefits - patient services support	0.00		178,047.00	178,047.00	117,182.00
Subtotal [1D]	**Other (Assistants, Case Mngrs, Dieticians)**	**2,930,886.00**		**74,901.00**	**3,005,787.00**	**2,885,508.00**
Subgroup : [2A]	**Medical Supplies**					
52104	Teleretinopathy	290.00		0.00	290.00	60.00
57600	Medical Supplies	312,156.00		0.00	312,156.00	294,735.00
69003	Donated Medical Supplies	2,268,426.00		0.00	2,268,426.00	1,607,043.00
Subtotal [2A]	**Medical Supplies**	**2,580,872.00**		**0.00**	**2,580,872.00**	**1,901,838.00**
Subgroup : [2B]	**Transportation (Health Care Staff)**					
51300	Employee Travel Transportation	1,787.00		0.00	1,787.00	(426.00)
51303	Transportation	7,936.00		0.00	7,936.00	67,139.00
51304	Transportation NHPCC	51,097.00		0.00	51,097.00	0.00
Subtotal [2B]	**Transportation (Health Care Staff)**	**60,820.00**		**0.00**	**60,820.00**	**66,713.00**
Subgroup : [2E]	**Laboratroy**					
57700	Lab Tests	0.00		0.00	0.00	286,700.00
69001	Donated Lab	20,800.00		0.00	20,800.00	22,800.00
Subtotal [2E]	**Laboratroy**	**20,800.00**		**0.00**	**20,800.00**	**309,500.00**
Subgroup : [2L]	**Other**					
56000	Program Supplies	39,422.00		0.00	39,422.00	24,290.00
57610	Flu Vaccines	70,641.00		0.00	70,641.00	50,712.00
58990	Rx-Contraceptives	0.00		0.00	0.00	(2,026.00)
59000	Prescription Benefit Program - Expense	1,589,910.00		0.00	1,589,910.00	1,394,273.00
Marcum 108	Pneumococcal Vaccine expense	0.00		0.00	0.00	1,025.00
Marcum 141	Occupancy and Office Expenses - Medical	0.00		1,565,544.00	1,565,544.00	1,413,804.00
			RJE - 5	1,565,544.00		
Subtotal [2L]	**Other**	**1,699,973.00**		**1,565,544.00**	**3,265,517.00**	**2,882,078.00**
Total [FORM A - A]	**Direct Health Care Cost - Staff Cost**	**14,308,602.00**		**2,890,487.00**	**17,199,089.00**	**15,379,521.00**
Group : [FORM A - B]	**Direct Dental Care Cost**					
Subgroup : [1A]	**Dentist**					
50015	Salaries - Dentists	295,711.00		0.00	295,711.00	337,704.00
Marcum 122	Fringe Benefits - Dentists	0.00		56,439.00	56,439.00	55,396.00
			RJE - 4	56,439.00		
Subtotal [1A]	**Dentist**	**295,711.00**		**56,439.00**	**352,150.00**	**393,100.00**
Subgroup : [1B]	**Dental Hygienist**					
50050	Salaries - Dental Hygienists	162,006.00		0.00	162,006.00	120,430.00
Marcum 124	Fringe Benefits - Dental Hygienists	0.00		30,920.00	30,920.00	19,755.00
			RJE - 4	30,920.00		
Subtotal [1B]	**Dental Hygienist**	**162,006.00**		**30,920.00**	**192,926.00**	**140,185.00**
Subgroup : [1C]	**Other Dental Salaries (Dental Assistant/Admin)**					
50065	Salaries - Dental Assistants	100,835.00		0.00	100,835.00	94,316.00
50115	Salaries - Dental Support Staff	37,563.00		0.00	37,563.00	68,524.00
Marcum 125	Fringe Benefits - Dental Assistants	0.00		19,245.00	19,245.00	15,471.00
Marcum 126	Fringe Benefits - Dental Support Staff	0.00		7,169.00	7,169.00	11,241.00
Marcum 138	Fringe Benefits - Patient Service Support - Dental	0.00		13,843.00	13,843.00	7,986.00
Marcum 145	Patient Service Support - Dental	0.00		72,528.00	72,528.00	48,743.00
Subtotal [1C]	**Other Dental Salaries (Dental Assistant/Admin)**	**138,398.00**		**112,785.00**	**251,183.00**	**246,281.00**
Subgroup : [2A]	**Dental Supplies**					
57575	Dental Supplies	88,401.00		0.00	88,401.00	83,933.00

57576	Dental Lab Expenses	20,353.00		0.00	20,353.00	13,428.00
Subtotal [2A]	**Dental Supplies**	**108,754.00**		**0.00**	**108,754.00**	**97,361.00**
Subgroup : [2H]	**Other**					
Marcum 102	Dental Other	0.00		0.00	0.00	5,471.00
Marcum 142	Occupancy and Office Expenses - Dental	0.00		100,513.00	100,513.00	107,723.00
Subtotal [2H]	**Other**	**0.00**		**100,513.00**	**100,513.00**	**113,194.00**
Total (FORM A - B)	**Direct Dental Care Cost**	**704,869.00**		**300,657.00**	**1,005,526.00**	**990,131.00**
Group : (FORM A - C)	**Direct Mental Health Care Cost**					
Subgroup : [1A]	**Psychologist**					
50095	Salaries-Psychologist	305,515.00		0.00	305,515.00	329,281.00
Marcum 127	Fringe Benefits - Psychologist	0.00		58,310.00	58,310.00	54,015.00
			RJE - 4	58,310.00		
Subtotal [1A]	**Psychologist**	**305,515.00**		**58,310.00**	**363,825.00**	**383,296.00**
Subgroup : [1C]	**Other (Psychiatrist, Medical Assistants, Case Managers, LPC, LADC, Psychiatric APRN, Other Nurses, Unlicensed Social Workers)**					
50090	Salaries - BH Clinician	585,582.00		0.00	585,582.00	430,462.00
50094	Salaries-Psychiatrist	75,180.00		0.00	75,180.00	54,488.00
Marcum 109	Patient Service Support - Mental Health	0.00		150,593.00	150,593.00	123,596.00
Marcum 110	Enabling - Mental Health	0.00		42,655.00	42,655.00	107,077.00
Marcum 128	Fringe Benefits - BH Clinician	0.00		111,763.00	111,763.00	70,612.00
Marcum 129	Fringe Benefits - Psychiatrists	0.00		14,349.00	14,349.00	8,938.00
Marcum 139	Fringe Benefits - Patient Service Support - Mental Health	0.00		28,742.00	28,742.00	20,274.00
Marcum 140	Fringe Benefits - Enabling Salaries - Mental Health	0.00		8,141.00	8,141.00	17,585.00
Subtotal [1C]	**Other (Psychiatrist, Medical Assistants, Case Managers, LPC, LADC, F**	**660,762.00**		**356,243.00**	**1,017,005.00**	**833,012.00**
Subgroup : [1C.1]	**Other Mental Health Other**					
Marcum 143	Occupancy and Office Expenses - Mental Health	0.00		186,909.00	186,909.00	168,067.00
			RJE - 5	186,909.00		
Subtotal [1C.1]	**Other Mental Health Other**	**0.00**		**186,909.00**	**186,909.00**	**168,067.00**
Total (FORM A - C)	**Direct Mental Health Care Cost**	**966,277.00**		**601,462.00**	**1,567,739.00**	**1,384,375.00**
Group : (FORM A - E)	**Direct Other Service Cost**					
Subgroup : [1F]	**WIC**					
59100	Donated WIC Food Benefits	1,195,143.00		0.00	1,195,143.00	1,032,528.00
Marcum 103	WIC Compensation	0.00		208,368.00	208,368.00	219,686.00
Marcum 104	WIC Other	0.00		3,402.00	3,402.00	3,159.00
Marcum 146	Fringe Benefits - WIC	0.00		39,769.00	39,769.00	36,039.00
			RJE - 4	39,769.00		
Subtotal [1F]	**WIC**	**1,195,143.00**		**251,539.00**	**1,446,682.00**	**1,291,422.00**
Total (FORM A - E)	**Direct Other Service Cost**	**1,195,143.00**		**251,539.00**	**1,446,682.00**	**1,291,422.00**
Group : (FORM A - G)	**Overhead - Facility Cost**					
Subgroup : [1]	**Rent**					
55001	Building Rent	473,549.00		(307,686.00)	165,863.00	227,311.00
			RJE - 5	(307,686.00)		
55002	Rent NHPCC	565,316.00		(367,310.00)	198,006.00	0.00
59002	Donated Rent	51,760.00		0.00	51,760.00	33,700.00
Subtotal [1]	**Rent**	**1,090,625.00**		**(674,996.00)**	**415,629.00**	**261,011.00**
Subgroup : [2]	**Insurance**					
53100	Insurance	129,608.00		0.00	129,608.00	100,247.00
Subtotal [2]	**Insurance**	**129,608.00**		**0.00**	**129,608.00**	**100,247.00**
Subgroup : [3]	**Interest on Mortgage or Loans**					
60001	Interest - Mortgage & Line of Credit	21,769.00		(14,144.00)	7,625.00	7,717.00
			RJE - 5	(14,144.00)		
Subtotal [3]	**Interest on Mortgage or Loans**	**21,769.00**		**(14,144.00)**	**7,625.00**	**7,717.00**
Subgroup : [4]	**Utilities**					
55199	Electric	129,636.00		(84,230.00)	45,406.00	32,016.00
			RJE - 5	(84,230.00)		
55200	Oil	5,440.00		(3,535.00)	1,905.00	1,232.00
			RJE - 5	(3,535.00)		
55300	Gas	26,345.00		(17,118.00)	9,227.00	5,763.00
			RJE - 5	(17,118.00)		
55400	Water	5,586.00		(3,629.00)	1,957.00	1,617.00
			RJE - 5	(3,629.00)		
55500	Sewer	3,363.00		(2,185.00)	1,178.00	895.00
			RJE - 5	(2,185.00)		
Subtotal [4]	**Utilities**	**170,370.00**		**(110,697.00)**	**59,673.00**	**41,523.00**
Subgroup : [6]	**Depreciation - Equipment**					
59001	Depreciation	964,750.00		0.00	964,750.00	925,549.00
61005	Amortization Expense	7,759.00		0.00	7,759.00	0.00
Subtotal [6]	**Depreciation - Equipment**	**972,509.00**		**0.00**	**972,509.00**	**925,549.00**
Subgroup : [7]	**Housekeeping and Maintenance**					
55000	Cleaning Service	121,776.00		(79,123.00)	42,653.00	41,211.00
			RJE - 5	(79,123.00)		
55005	Building Maintenance & Repair	17,051.00		(11,079.00)	5,972.00	9,598.00
			RJE - 5	(11,079.00)		
55006	Plowing	21,581.00		(14,022.00)	7,559.00	9,003.00
			RJE - 5	(14,022.00)		
55010	Vehicle Expenditures-Agency vehicles only	1,777.00		(1,155.00)	622.00	608.00
			RJE - 5	(1,155.00)		
55015	Pest Service	1,451.00		(943.00)	508.00	398.00
			RJE - 5	(943.00)		
55020	Waste Removal	13,108.00		(8,517.00)	4,591.00	3,497.00
			RJE - 5	(8,517.00)		
57400	Equip Maintenance & Repairs	106,556.00		(69,234.00)	37,322.00	19,905.00
			RJE - 5	(69,234.00)		
Subtotal [7]	**Housekeeping and Maintenance**	**283,300.00**		**(184,073.00)**	**99,227.00**	**84,220.00**
Subgroup : [8]	**Other Property Taxes**					
55600	Property Tax	109.00		(71.00)	38.00	0.00
Subtotal [8]	**Other Property Taxes**	**109.00**		**(71.00)**	**38.00**	**0.00**

Subgroup : [9]	**Laundry & Dietary**					
57525	Food for Clients	13,664.00		0.00	13,664.00	13,749.00
57530	Food for Meetings	754.00		0.00	754.00	5,405.00
Subtotal [9]	**Laundry & Dietary**	14,418.00		0.00	14,418.00	19,154.00
Subgroup : [10]	**Security**					
55050	Security	125,803.00		(81,740.00)	44,063.00	50,508.00
			RJE - 5	(81,740.00)		
Subtotal [10]	**Security**	125,803.00		(81,740.00)	44,063.00	50,508.00
Total [FORM A - G]	**Overhead - Facility Cost**	2,808,511.00		(1,065,721.00)	1,742,790.00	1,489,929.00
Group : [FORM A - H]	**Overhead - Administrative Cost**					
Subgroup : [1]	**Office Salaries**					
50120	Salaries - Medical Records	57,564.00		0.00	57,564.00	91,155.00
50125	Salaries - Referrals	152,366.00		0.00	152,366.00	116,143.00
50130	Salaries - Front Desk	524,116.00		0.00	524,116.00	758,354.00
50135	Salaries - Billing	428,505.00		0.00	428,505.00	455,834.00
50140	Salaries - Management & Admin Support	2,200,739.00		0.00	2,200,739.00	1,913,850.00
50150	Salaries - Information Technology	298,046.00		0.00	298,046.00	242,109.00
50160	Salaries - Finance	619,953.00		0.00	619,953.00	525,639.00
50170	Salaries - Facilities	245,892.00		0.00	245,892.00	212,391.00
50180	Salaries - Call Center	481,987.00		0.00	481,987.00	231,878.00
59000	Donated Salaries	1,173,879.00		0.00	1,173,879.00	1,184,739.00
Marcum 130	Fringe Benefits - Medical Records	0.00		10,987.00	10,987.00	14,953.00
			RJE - 4	10,987.00		
Marcum 131	Fringe Benefits - Referrals	0.00		29,080.00	29,080.00	19,052.00
			RJE - 4	29,080.00		
Marcum 132	Fringe Benefits - Front Desk	0.00		100,031.00	100,031.00	124,399.00
			RJE - 4	100,031.00		
Marcum 133	Fringe Benefits - Billing	0.00		81,783.00	81,783.00	74,774.00
			RJE - 4	81,783.00		
Marcum 134	Fringe Benefits - Management and Admin Support	0.00		420,027.00	420,027.00	313,945.00
			RJE - 4	420,027.00		
Marcum 135	Fringe Benefits - Information Technology	0.00		56,884.00	56,884.00	39,715.00
			RJE - 4	56,884.00		
Marcum 136	Fringe Benefits - Finance	0.00		118,323.00	118,323.00	86,225.00
			RJE - 4	118,323.00		
Marcum 137	Fringe Benefits - Facilities	0.00		46,930.00	46,930.00	34,840.00
			RJE - 4	46,930.00		
Marcum 147	Fringe Benefits - Call Center	0.00		91,991.00	91,991.00	38,037.00
			RJE - 4	91,991.00		
Subtotal [1]	**Office Salaries**	6,183,047.00		956,036.00	7,139,083.00	6,488,032.00
Subgroup : [3]	**Office Supplies**					
57000	Office Supplies- Fixtures	2,847.00		0.00	2,847.00	16,540.00
57001	Office Supplies-Consumables	26,168.00		(41.00)	26,127.00	118,609.00
57002	Office Supplies-Electronics	16,900.00		0.00	16,900.00	146,956.00
57005	Postage	27,684.00		(17,994.00)	9,700.00	8,342.00
			RJE - 5	(17,994.00)		
51111	Office Equipment Lease	11,844.00		(7,695.00)	4,149.00	3,927.00
			RJE - 5	(7,695.00)		
Subtotal [3]	**Office Supplies**	85,453.00		(25,730.00)	59,723.00	294,374.00
Subgroup : [4]	**Legal**					
52201	Legal Fees	346,534.00		0.00	346,534.00	103,454.00
52203	Legal Fees - 382-384 Grand Ave, LLC	0.00		0.00	0.00	24,159.00
Subtotal [4]	**Legal**	346,534.00		0.00	346,534.00	127,613.00
Subgroup : [5]	**Accounting/audit**					
52202	Accounting Fees	57,173.00		0.00	57,173.00	54,466.00
Subtotal [5]	**Accounting/audit**	57,173.00		0.00	57,173.00	54,466.00
Subgroup : [7]	**Telephone**					
57300	Telephone & Communications	153,798.00		(102,713.00)	51,085.00	56,803.00
			RJE - 1	(2,784.00)		
			RJE - 5	(99,929.00)		
57310	Cellphone	6,016.00		(4,251.00)	1,765.00	1,610.00
			RJE - 1	(342.00)		
			RJE - 5	(3,909.00)		
57320	On-Call Answering Service	139,225.00		(90,461.00)	48,764.00	63,161.00
			RJE - 5	(90,461.00)		
Subtotal [7]	**Telephone**	299,039.00		(197,425.00)	101,614.00	121,574.00
Subgroup : [8]	**Fringe Benefits and Payroll Taxes**					
50180	Accrued Vacation	93,198.00		(93,198.00)	0.00	0.00
51020	Social Security Taxes - FHC	930,070.00		(930,070.00)	0.00	0.00
51030	Medicare Taxes - FHC	232,027.00		(232,027.00)	0.00	0.00
51060	State Unemployment Taxes	100,270.00		(100,270.00)	0.00	0.00
51090	Worker's Comp	103,274.00		(103,274.00)	0.00	0.00
51101	Health Insurance	1,713,456.00		(1,713,456.00)	0.00	0.00
51102	Dental Insurance	79,606.00		(79,606.00)	0.00	70,862.00
51106	Disability & Life Insurance	98,734.00		(98,734.00)	0.00	0.00
51111	Health Insurance PR W/H	(288,343.00)		288,343.00	0.00	0.00
51112	Dental Insurance PR W/H	(43,016.00)		43,016.00	0.00	0.00
51116	Disability & Life PR W/H	(99,763.00)		99,763.00	0.00	0.00
51160	403B-Match	159,027.00		(159,027.00)	0.00	0.00
51170	Continuing Education	26,342.00		(26,342.00)	0.00	0.00
51175	Tuition Reimbursement	15,878.00		(15,878.00)	0.00	0.00
51180	Employee Uniforms	784.00		(784.00)	0.00	0.00
51355	Employee Relations-Staff Meetings	22,269.00		(22,269.00)	0.00	0.00
Subtotal [8]	**Fringe Benefits and Payroll Taxes**	3,143,813.00		(3,143,813.00)	0.00	70,862.00
Subgroup : [9]	**Interest on Bonds / Working Capital**					
61002	Fees, Late Charges, Other Interest	7,781.00		0.00	7,781.00	8,431.00
Subtotal [9]	**Interest on Bonds / Working Capital**	7,781.00		0.00	7,781.00	8,431.00
Subgroup : [11]	**Contractual Labor**					
52000	Temporary Services	70,863.00		0.00	70,863.00	10,888.00
52101	Consulting & Other Personnel	1,419,992.00		0.00	1,419,992.00	2,633,271.00

52106	Professional Fees 340B Program	5,404.00		0.00	5,404.00	0.00
52130	NHPCC Consulting & Other Personnel	2,413,790.00		0.00	2,413,790.00	0.00
57330	Interpretation Services	166,214.00		(107,997.00)	58,217.00	36,069.00
			RJE - 5	(107,997.00)		
57335	NHPCC Interpretation Svcs	114,116.00		(74,146.00)	39,970.00	0.00
Subtotal [11]	**Contractual Labor**	**4,190,379.00**		**(182,143.00)**	**4,008,236.00**	**2,680,228.00**
Subgroup : [12]	**Computer/IT**					
57390	Software Support	183,945.00		(119,517.00)	64,428.00	47,550.00
			RJE - 5	(119,517.00)		
Subtotal [12]	**Computer/IT**	**183,945.00**		**(119,517.00)**	**64,428.00**	**47,550.00**
Subgroup : [13]	**HR/Training/Education**					
51250	Conference & Training	28,370.00		0.00	28,370.00	14,267.00
57500	Education Materials	0.00		0.00	0.00	676.00
Subtotal [13]	**HR/Training/Education**	**28,370.00**		**0.00**	**28,370.00**	**14,943.00**
Subgroup : [14]	**Dues/Subscriptions/Licenses**					
51190	Licensing	23,684.00		(15,551.00)	8,133.00	6,767.00
			RJE - 1	(162.00)		
			RJE - 5	(15,389.00)		
51400	Membership Fees	44,602.00		(28,980.00)	15,622.00	14,940.00
			RJE - 5	(28,980.00)		
54101	Subscriptions	158.00		(103.00)	55.00	340.00
			RJE - 5	(103.00)		
54102	Credentialing	86,775.00		(56,454.00)	30,321.00	466.00
			RJE - 1	(73.00)		
			RJE - 5	(56,381.00)		
Subtotal [14]	**Dues/Subscriptions/Licenses**	**155,219.00**		**(101,088.00)**	**54,131.00**	**22,513.00**
Subgroup : [15]	**Marketing/Lobbying/Bad Debt**					
52103	Lobbying	20,000.00		0.00	20,000.00	20,250.00
58000	Fundraising	3,115.00		0.00	3,115.00	1,383.00
58100	Marketing Events	955.00		0.00	955.00	2,713.00
58200	Advertising	34,290.00		0.00	34,290.00	114,551.00
58500	Recruitment	143,949.00		(93,530.00)	50,419.00	41,143.00
			RJE - 5	(93,530.00)		
59207	Reserve for Bad Debt - Patient Fees	778,500.00		0.00	778,500.00	683,181.00
Subtotal [15]	**Marketing/Lobbying/Bad Debt**	**980,809.00**		**(93,530.00)**	**887,279.00**	**863,221.00**
Subgroup : [16]	**Other Supplies**					
52102	Architecture Fees	0.00		0.00	0.00	7,606.00
57003	Payroll Services	49,700.00		(32,292.00)	17,408.00	10,743.00
			RJE - 5	(32,292.00)		
57100	Bank Charges	22,518.00		(14,631.00)	7,887.00	5,100.00
			RJE - 5	(14,631.00)		
57200	Printing & Reproduction	24,563.00		(15,960.00)	8,603.00	11,729.00
			RJE - 5	(15,960.00)		
57350	Electronic Claims	12,499.00		(8,121.00)	4,378.00	3,596.00
			RJE - 5	(8,121.00)		
57375	Medical Billing	325.00		(210.00)	115.00	144.00
			RJE - 5	(210.00)		
65001	Miscellaneous	104,506.00		0.00	104,506.00	73,267.00
65002	Miscellaneous - RW Emergency Assistance	54,188.00		0.00	54,188.00	58,821.00
65008	Miscellaneous - CFGNH Emergency Assistance	2,500.00		0.00	2,500.00	0.00
Subtotal [16]	**Other Supplies**	**270,799.00**		**(71,214.00)**	**199,585.00**	**171,006.00**
Total [FORM A - H]	**Overhead - Administrative Cost**	**15,932,361.00**		**(2,978,424.00)**	**12,953,937.00**	**10,964,913.00**
Group : [FORM E - A]	**FQHC Operating Revenue (Net of Bad Debt Reserve)**					
Subgroup : [1 - I]	**Medicaid - Services Excluding Dental, Mental**					
48203	Medicaid FQHC Revenue	(17,445,481.00)		0.00	(17,445,481.00)	(12,309,770.00)
48304	Adj-Medicaid FQHC Contra Revenue	2,545,010.00		0.00	2,545,010.00	1,272,347.00
Subtotal [1 - I]	**Medicaid - Services Excluding Dental, Mental**	**(14,900,471.00)**		**0.00**	**(14,900,471.00)**	**(11,037,423.00)**
Subgroup : [2 - I]	**Private - Services Excluding Dental, Mental**					
48209	Private Insurance Revenue	(2,634,210.00)		0.00	(2,634,210.00)	(2,546,959.00)
48309	Adj-Private Insurance-contra	1,156,944.00		0.00	1,156,944.00	911,423.00
Subtotal [2 - I]	**Private - Services Excluding Dental, Mental**	**(1,477,266.00)**		**0.00**	**(1,477,266.00)**	**(1,635,536.00)**
Subgroup : [3 - I]	**Medicare - Services Excluding Dental, Mental**					
48208	Medicare FQHC Revenue	(438,820.00)		0.00	(438,820.00)	(639,892.00)
48305	Adj-Medicare FQHC-contra	100,601.00		0.00	100,601.00	388,938.00
48317	Contractual Allowance - Commercial/Medicare	17,425.00		0.00	17,425.00	0.00
Subtotal [3 - I]	**Medicare - Services Excluding Dental, Mental**	**(320,794.00)**		**0.00**	**(320,794.00)**	**(250,954.00)**
Subgroup : [4 - I]	**Self-Pay - Services Excluding Dental, Mental**					
48210	Patient Fees Revenue	(2,844,362.00)		0.00	(2,844,362.00)	(2,317,439.00)
48310	Adj-Patient Fees-contra	1,166,693.00		0.00	1,166,693.00	1,499,548.00
Subtotal [4 - I]	**Self-Pay - Services Excluding Dental, Mental**	**(1,677,669.00)**		**0.00**	**(1,677,669.00)**	**(817,891.00)**
Total [FORM E - A]	**FQHC Operating Revenue (Net of Bad Debt Reserve)**	**(18,376,200.00)**		**0.00**	**(18,376,200.00)**	**(13,741,804.00)**
Group : [FORM E - B]	**FQHC Other Revenue**					
Subgroup : [1 - I]	**Contributions - Services Excluding Dental, Mental**					
49997	Contributions	(169,660.00)		0.00	(169,660.00)	(124,262.00)
Subtotal [1 - I]	**Contributions - Services Excluding Dental, Mental**	**(169,660.00)**		**0.00**	**(169,660.00)**	**(124,262.00)**
Subgroup : [2 - I]	**Grants - Services Excluding Dental, Mental**					
40000	Federal Grant Revenue	(8,416,874.00)		0.00	(8,416,874.00)	(12,717,203.00)
41000	State Grant Revenue	(596,398.00)		0.00	(596,398.00)	(1,338,686.00)
43000	Private Grant Revenue	(286,773.00)		0.00	(286,773.00)	(735,847.00)
43100	General Operations Awards	(192,596.00)		0.00	(192,596.00)	0.00
52250	Subcontracts (Grants)	28,951.00		0.00	28,951.00	(6,250.00)
Subtotal [2 - I]	**Grants - Services Excluding Dental, Mental**	**(9,463,690.00)**		**0.00**	**(9,463,690.00)**	**(14,797,986.00)**
Subgroup : [3 - I]	**Interest - Services Excluding Dental, Mental**					
49995	Interest Income	(14,345.00)		0.00	(14,345.00)	(24,443.00)
Subtotal [3 - I]	**Interest - Services Excluding Dental, Mental**	**(14,345.00)**		**0.00**	**(14,345.00)**	**(24,443.00)**
Subgroup : [5 - I]	**Rent - Services Excluding Dental, Mental**					

49700	Pharmacy Rental Income	0.00	0.00	0.00	(8,262.00)
Subtotal [5 - I]	**Rent - Services Excluding Dental, Mental**	**0.00**	**0.00**	**0.00**	**(8,262.00)**
Subgroup : [8 - I]	**Other - Services Ecxluding Dental, Mental**				
42230	WIC Food Benefits - Donated	(1,195,143.00)	0.00	(1,195,143.00)	(1,032,528.00)
42231	Donated Services & Supplies	(3,514,865.00)	0.00	(3,514,865.00)	(2,858,283.00)
43200	NHPCC CBG Revenue	(343,431.00)	0.00	(343,431.00)	0.00
48211	Cancer Screening Revenue	(49,613.00)	0.00	(49,613.00)	(16,596.00)
48900	Prescription Benefit Program	(3,724,742.00)	0.00	(3,724,742.00)	(3,515,071.00)
49510	DSS Meaningful Use Incentive / PCMH+	(1,170,048.00)	0.00	(1,170,048.00)	(1,046,906.00)
49995	Investment Gain/Loss	(1,948.00)	0.00	(1,948.00)	0.00
49999	Other Revenue	(255,869.00)	0.00	(255,869.00)	(249,247.00)
69500	Gain/Loss on Sale of Assets	(53,963.00)	0.00	(53,963.00)	0.00
70000	Unrealized loss (gain) on value of investments	19,268.00	0.00	19,268.00	(8,796.00)
70001	Realized loss (gain) on value of investments	0.00	0.00	0.00	(2,674.00)
Subtotal [8 - I]	**Other - Services Ecxluding Dental, Mental**	**(10,290,354.00)**	**0.00**	**(10,290,354.00)**	**(8,730,101.00)**
Total [FORM E - B]	**FQHC Other Revenue**	**(19,938,049.00)**	**0.00**	**(19,938,049.00)**	**(23,685,054.00)**
	NET (INCOME) LOSS	**0.00**	**0.00**	**0.00**	**0.00**
	Sum of Account Groups	**(2,398,486.00)**	**0.00**	**(2,398,485.00)**	**(5,926,567.00)**

Client: *Fair Haven Community Health Clinic, Inc*
Engagement: *FQHC - Fair Haven Community Health Clinic, Inc.*
Period Ending: *6/30/2022*
Trial Balance: *A.01 - TB*
Workpaper: *H.01 - Combined Journal Entries Report -*

Account	Description	W/P Ref	Debit	Credit
Reclassifying Journal Entry				
Reclassifying Journal Entry JE # 1		H.02		
To reclass Non-Reimburseable expenses to the correct GL accounts				
Marcum 103	WIC Compensation		208,368.00	
Marcum 104	WIC Other		3,402.00	
50080	Salaries - Nutritionists			125,114.00
50100	Salaries - Enabling			37,887.00
50110	Salaries - Patient Services Support			45,367.00
51190	Licensing			162.00
54102	Credentialing			73.00
57001	Office Supplies-Consumables			41.00
57300	Telephone & Communications			2,784.00
57310	Cellphone			342.00
Total			**211,770.00**	**211,770.00**
Reclassifying Journal Entry JE # 2		H.01b		
To reclass Patient service support salaries to Dental and Mental Health				
Marcum 109	Patient Service Support - Mental Health		150,593.00	
Marcum 145	Patient Service Support - Dental		72,528.00	
50110	Salaries - Patient Services Support			223,121.00
Total			**223,121.00**	**223,121.00**
Reclassifying Journal Entry JE # 3		H.01b		
To reclass part of enabling salaries to mental health				
Marcum 110	Enabling - Mental Health		42,655.00	
50100	Salaries - Enabling			42,655.00
Total			**42,655.00**	**42,655.00**
Reclassifying Journal Entry JE # 4		H.01b		
To reclass fringe benefits by salary account				
51111	Health Insurance PR W/H		288,343.00	
51112	Dental Insurance PR W/H		43,016.00	
51115	Disability & Life PR W/H		99,763.00	
Marcum 111	Fringe Benefits - Physicians		618,827.00	
Marcum 112	Fringe Benefits - Physician Assistants		18,884.00	
Marcum 113	Fringe Benefits - Nurse Practicioner		212,325.00	
Marcum 114	Fringe Benefits - Nurse Midwives		85,210.00	
Marcum 115	Fringe Benefits - Nurse LPN		98,892.00	
Marcum 116	Fringe Benefits - Nurse RNs		304,774.00	
Marcum 117	Fringe Benefits - Clinical Assistants		222,393.00	
Marcum 118	Fringe Benefits - Lab		14,082.00	
Marcum 119	Fringe Benefits - enabling		45,653.00	
Marcum 121	Fringe Benefits - patient services support		178,047.00	
Marcum 122	Fringe Benefits - Dentists		56,439.00	
Marcum 124	Fringe Benefits - Dental Hygienists		30,920.00	
Marcum 125	Fringe Benefits - Dental Assistants		19,245.00	
Marcum 126	Fringe Benefits - Dental Support Staff		7,169.00	
Marcum 127	Fringe Benefits - Psychologist		58,310.00	
Marcum 128	Fringe Benefits - BH Clinician		111,763.00	
Marcum 129	Fringe Benefits - Psychiatrists		14,349.00	
Marcum 130	Fringe Benefits - Medical Records		10,987.00	
Marcum 131	Fringe Benefits - Referrals		29,080.00	
Marcum 132	Fringe Benefits - Front Desk		100,031.00	
Marcum 133	Fringe Benefits - Billing		81,783.00	
Marcum 134	Fringe Benefits - Management and Admin Support		420,027.00	
Marcum 135	Fringe Benefits - Information Technology		56,884.00	
Marcum 136	Fringe Benefits - Finance		118,323.00	
Marcum 137	Fringe Benefits - Facilities		46,930.00	
Marcum 138	Fringe Benefits - Patient Service Support - Dental		13,843.00	
Marcum 139	Fringe Benefits - Patient Service Support - Mental Health		28,742.00	
Marcum 140	Fringe Benefits - Enabling Salaries - Mental Health		8,141.00	
Marcum 146	Fringe Benefits - WIC		39,769.00	
Marcum 147	Fringe Benefits - Call Center		91,991.00	
50180	Accrued Vacation			93,198.00
51020	Social Security Taxes - FHC			930,070.00
51030	Medicare Taxes - FHC			232,027.00
51060	State Unemployment Taxes			100,270.00
51090	Worker's Comp			103,274.00
51101	Health Insurance			1,713,456.00
51102	Dental Insurance			79,506.00
51106	Disability & Life Insurance			98,734.00
51160	403B-Match			159,027.00
51170	Continuing Education			26,342.00
51175	Tuition Reimbursement			15,878.00

51180	Employee Uniforms			784.00
51355	Employee Relations-Staff Meetings			22,269.00
Marcum 120	Fringe Benefits - Educators			
Marcum 123	Fringe Benefits - Dental Compensation			
Total			**3,574,935.00**	**3,574,935.00**
Reclassifying Journal Entry JE # 5		**H.01b**		
To reclass Occupancy and Office Expenses based on an allocation of percentage of salary				
Marcum 141	Occupancy and Office Expenses - Medical		1,565,544.00	
Marcum 142	Occupancy and Office Expenses - Dental		100,513.00	
Marcum 143	Occupancy and Office Expenses - Mental Health		186,909.00	
51190	Licensing			15,389.00
51400	Membership Fees			28,980.00
54101	Subscriptions			103.00
54102	Credentialing			56,381.00
55000	Cleaning Service			79,123.00
55001	Building Rent			307,686.00
55002	Rent NHPCC			367,310.00
55005	Building Maintenance & Repair			11,079.00
55006	Plowing			14,022.00
55010	Vehicle Expenditures-Agency vehicles only			1,155.00
55015	Pest Service			943.00
55020	Waste Removal			8,517.00
55050	Security			81,740.00
55199	Electric			84,230.00
55200	Oil			3,535.00
55300	Gas			17,118.00
55400	Water			3,629.00
55500	Sewer			2,165.00
55600	Property Tax			71.00
57003	Payroll Services			32,292.00
57005	Postage			17,994.00
57100	Bank Charges			14,631.00
57200	Printing & Reproduction			15,960.00
57300	Telephone & Communications			99,929.00
57310	Cellphone			3,909.00
57320	On-Call Answering Service			90,461.00
57330	Interpretation Services			107,997.00
57335	NHPCC Interpretation Svcs			74,146.00
57350	Electronic Claims			8,121.00
57375	Medical Billing			210.00
57390	Software Support			119,517.00
57400	Equip Maintenance & Repairs			69,234.00
58500	Recruitment			93,530.00
60001	Interest - Mortgage & Line of Credit			14,144.00
61111	Office Equipment Lease			7,695.00
60010	Donations			
Marcum 144	Occupancy and Office Expenses - Other			
Total			**1,852,966.00**	**1,852,966.00**
Reclassifying Journal Entry JE # 6		**N.03**		
To reclass Physcians Under Contract out of Physicians				
Marcum 107	Contract Physician		88,870.00	
50010	Salaries - Physicians			88,870.00
Total			**88,870.00**	**88,870.00**
	Total Reclassifying Journal Entry		**5,994,317.00**	**5,994,317.00**
	Total All Journal Entries		**5,994,317.00**	**5,994,317.00**

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 08-31-2025

FAIR HAVEN COMMUNITY HEALTH CLINIC	Period:	Run Date Time:	11/22/2022 9:07 am
	From: 07/01/2021	MCRIF32	**224-14**
CCN: 07-1817	To: 06/30/2022	Version:	5.1.175.0

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. [X] Electronically prepared cost report 2. [ ] Manually prepared cost report 3. [0] If this is an amended cost report enter the number of times the provider resubmitted this cost report. 4. [F] Medicare Utilization. Enter "F" for full, "L" for low, or "N" for no utilization.	Date:	Time:
Contractor use only	5. [1] Cost Report Status (1) As Submitted (2) Settled without audit (3) Settled with audit (4) Reopened (5) Amended	6. Date Recieved: 7. Contractor No.: 8. [ ] Initial Report for this Provider CCN 9. [ ] Final Report for this Provider CCN	10. NPR Date: 11. Contractors Vendor Code: 4 12. [0] 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 07/01/2021 and ending 06/30/2022 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	
1.00	FQHC	7,610	1.00

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

FAIR HAVEN COMMUNITY HEALTH CLINIC	Period:	Run Date Time:	11/22/2022 9:07 am
	From: 07/01/2021	MCRIF32	224-14
CCN: 07-1817	To: 06/30/2022	Version:	5.1.175.0

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:	07/01/2021	To:	06/30/2022						4.00
5.00	Is this FQHC part of an entity that owns, leases or controls multiple FQHCs? Enter "Y" for yes or "N" for no. If yes, enter the entity's information below.							N				5.00
6.00	Name of Entity:											6.00
7.00	Street:		P.O. Box:		HRSA Award Number:							7.00
8.00	City:		State:		Zip Code:							8.00
9.00	Is this FQHC part of a chain organization as defined in §2150 of CMS Pub. 15-1 that claims home office costs in a Home Office Cost Statement? Enter "Y for yes or "N" for no in column 1. If yes, enter the chain organization's information below.							N				9.00
10.00	Name of Chain Organization											10.00
11.00	Street:		P.O. Box:		Home Office CCN:							11.00
12.00	City:		State:		Zip Code:							12.00

Consolidated Cost Report

		Y/N	Date Requested	Date Approved	Number of FQHCs	
		1.00	2.00	3.00	4.00	
13.00	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 405.2468(f)? Enter "Y" for yes or "N" for no	N			23.00

FAIR HAVEN COMMUNITY HEALTH CLINIC	Period:	Run Date Time:	11/22/2022 9:07 am
	From: 07/01/2021	MCRIF32	**224-14**
CCN: 07-1817	To: 06/30/2022	Version:	5.1.175.0

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.			N	28.00

		Site Name	CCN	CBSA	Date Requested	Date Approved	
		1.00	2.00	3.00	4.00	5.00	
Consolidated Cost Report (continued)							
34.00	List of Consolidated Providers:						34.00

FAIR HAVEN COMMUNITY HEALTH CLINIC	Period:	Run Date Time:	11/22/2022 9:07 am
	From: 07/01/2021	MCRIF32	224-14
CCN: 07-1817	To: 06/30/2022	Version:	5.1.175.0

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	01/01/2022		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	10,500		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	Period:	Run Date Time: 11/22/2022 9:07 am
	From: 07/01/2021	MCRIF32 **224-14**
CCN: 07-1817	To: 06/30/2022	Version: 5.1.175.0

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	P.O. Box:												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	01/01/2022		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	Period:	Run Date Time:	11/22/2022 9:07 am
	From: 07/01/2021	MCRIF32	224-14
CCN: 07-1817	To: 06/30/2022	Version:	5.1.175.0

FEDERALLY QUALIFIED HEALTH CENTER IDENTIFICATION DATA — Component CCN: 071807 — **Worksheet S-1 Part II**

Clinic III

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

		Site Name	Date Certified	Type of control (see instructions)	Date Decertified	V/I Decertification	Date of CHOW	
		1.00	2.00	3.00	4.00	5.00	6.00	
1.00	Site Name:	FAIR HAVEN K-8 SCHOOL	09/01/1992	1				1.00
2.00	Street:	164 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

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	01/01/2022		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 instuctions)	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	Period:	Run Date Time:	11/22/2022 9:07 am
	From: 07/01/2021	MCRIF32	224-14
CCN: 07-1817	To: 06/30/2022	Version:	5.1.175.0

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/I 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	P.O. Box:											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	01/01/2022		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	Period:	Run Date Time: 11/22/2022 9:07 am
	From: 07/01/2021	MCRIF32 224-14
CCN: 07-1817	To: 06/30/2022	Version: 5.1.175.0

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 P.O. Box:						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

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	01/01/2022		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	Period:	Run Date Time: 11/22/2022 9:07 am
	From: 07/01/2021	MCRIF32 224-14
CCN: 07-1817	To: 06/30/2022	Version: 5.1.175.0

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	P.O. Box:								2.00
3.00	City:	NEW HAVEN	State:	CT	Zip Code: 06513-3949	County:	NEW HAVENN		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	01/01/2022		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 instuctions)	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	89,504		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	Period:	Run Date Time:	11/22/2022 9:07 am
	From: 07/01/2021	MCRIF32	224-14
CCN: 07-1817	To: 06/30/2022	Version:	5.1.175.0

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	01/01/2022		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	47,164		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	Period:	Run Date Time:	11/22/2022 9:07 am
	From: 07/01/2021	MCRIF32	224-14
CCN: 07-1817	To: 06/30/2022	Version:	5.1.175.0

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	P.O. Box:											2.00
3.00	City:	NEW HAVEN	State:	CT	Zip Code:	06511-5018	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	01/01/2022		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.	N	16.00

FAIR HAVEN COMMUNITY HEALTH CLINIC	Period:	Run Date Time:	11/22/2022 9:07 am
	From: 07/01/2021	MCRIF32	224-14
CCN: 07-1817	To: 06/30/2022	Version:	5.1.175.0

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 P.O. Box:						2.00
3.00	City:	EAST HAVEN State: CT Zip Code: 06512 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	01/01/2022		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.	N	16.00

FAIR HAVEN COMMUNITY HEALTH CLINIC	Period:	Run Date Time:	11/22/2022 9:07 am
	From: 07/01/2021	MCRIF32	224-14
CCN: 07-1817	To: 06/30/2022	Version:	5.1.175.0

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/I Decertification	Date of CHOW	
		1.00	2.00	3.00	4.00	5.00	6.00	
1.00	Site Name:	FHC 14 SYCAMORE WAY	02/12/2018	1				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	01/01/2022		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 instuctions)	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.	N	16.00

FAIR HAVEN COMMUNITY HEALTH CLINIC	Period:	Run Date Time: 11/22/2022 9:07 am
	From: 07/01/2021	MCRIF32 224-14
CCN: 07-1817	To: 06/30/2022	Version: 5.1.175.0

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	P.O. Box:							2.00
3.00	City:	EAST 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	02/12/2018	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	01/01/2022		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 instuctions)	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.	N	16.00

FAIR HAVEN COMMUNITY HEALTH CLINIC	Period:	Run Date Time:	11/22/2022 9:07 am
	From: 07/01/2021	MCRIF32	224-14
CCN: 07-1817	To: 06/30/2022	Version:	5.1.175.0

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	06/30/2022	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 11or 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	Period:	Run Date Time:	11/22/2022 9:07 am
	From: 07/01/2021	MCRIF32	**224-14**
CCN: 07-1817	To: 06/30/2022	Version:	5.1.175.0

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	1,082	19,039	12,308	**32,429**	1.00
1.01	Medical Visits (07-1805 - FAIR HAVEN CHC AT BELLA VISTA)	07-1805	0	343	651	1,945	**2,939**	1.01
1.02	Medical Visits (07-1806 - WILBUR CROSS HIGH SCHOOL)	07-1806	0	0	510	416	**926**	1.02
1.03	Medical Visits (07-1807 - FAIR HAVEN K-8 SCHOOL)	07-1807	0	0	960	233	**1,193**	1.03
1.04	Medical Visits (07-1899 - JOHN MARTINEZ SCHOOL)	07-1899	0	0	677	62	**739**	1.04
1.05	Medical Visits (07-1900 - CLINTON AVE SCHOOL)	07-1900	0	0	234	86	**320**	1.05
1.06	Medical Visits (07-1909 - FAIR HAVEN CHC AT 50 GRAND)	07-1909	0	317	6,662	4,809	**11,788**	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	19	258	47	**324**	1.08
1.09	Medical Visits (07-1934 - FHC 67 HUDSON STREET)	07-1934	0	0	404	271	**675**	1.09
1.10	Medical Visits (07-1935 - FHC 14 SYCAMORE WAY)	07-1935	0	73	103	32	**208**	1.10
1.11	Medical Visits (07-1936 - FHC 35 WHEELBARROW LANE)	07-1936	0	1	569	493	**1,063**	1.11
2.00	Total Medical Visits		**0**	**1,835**	**30,067**	**20,702**	**52,604**	2.00
3.00	Mental Health Visits (07-1817 - FAIR HAVEN COMMUNITY HEALTH CLINIC)	07-1817	0	372	5,968	1,736	**8,076**	3.00
3.01	Mental Health Visits (07-1805 - FAIR HAVEN CHC AT BELLA VISTA)	07-1805	0	119	182	261	**562**	3.01
3.02	Mental Health Visits (07-1806 - WILBUR CROSS HIGH SCHOOL)	07-1806	0	0	110	554	**664**	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	690	99	**789**	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	26	405	244	**675**	3.06
3.07	Mental Health Visits (07-1925 - FAIR HAVEN CHC AT EAST HAVEN)	07-1925	0	0	0	0	**0**	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**	**517**	**7,355**	**2,894**	**10,766**	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
20.00	Total FQHC medical visits		**0**	**1,835**	**30,067**	**20,702**	**52,604**	20.00
21.00	Total FQHC mental health visits		**0**	**517**	**7,355**	**2,894**	**10,766**	21.00
22.00	Total FQHC visits performed by interns and residents		**0**	**0**	**0**	**0**	**0**	22.00

FAIR HAVEN COMMUNITY HEALTH CLINIC	Period:	Run Date Time:	11/22/2022 9:07 am
	From: 07/01/2021	MCRIF32	**224-14**
CCN: 07-1817	To: 06/30/2022	Version:	5.1.175.0

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	**0**	**1,571,500**	1.00
2.00	Physician	0	618,808	2.00
3.00	Physician Assistant	0	18,284	3.00
4.00	Nurse Practitioner	0	210,502	4.00
5.00	Visiting Registered Nurse	0	290,585	5.00
6.00	Visiting Licensed Practical Nurse	0	27,810	6.00
7.00	Certified Nurse Midwife	0	95,995	7.00
8.00	Clinical Psychologist	0	67,018	8.00
9.00	Clinical Social Worker	0	54,021	9.00
10.00	Laboratory Technician	0	0	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	188,477	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.)	12.56	0.00	**12.56**	16.00
17.00	Physician Assistant	0.84	0.00	**0.84**	17.00
18.00	Nurse Practitioner	7.93	0.00	**7.93**	18.00
19.00	Visiting Registered Nurse	17.81	0.00	**17.81**	19.00
20.00	Visiting Licensed Practical Nurse	4.54	0.00	**4.54**	20.00
21.00	Certified Nurse Midwife	3.88	0.00	**3.88**	21.00
22.00	Clinical Psychologist	2.57	0.00	**2.57**	22.00
23.00	Clinical Social Worker	2.89	0.00	**2.89**	23.00
24.00	Laboratory Technician	0.00	0.00	**0.00**	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	16.98	0.00	**16.98**	28.00
29.00	Interns & Residents	0.00		**0.00**	29.00

FAIR HAVEN COMMUNITY HEALTH CLINIC	Period:	Run Date Time:	11/22/2022 9:07 am
	From: 07/01/2021	MCRIF32	224-14
CCN: 07-1817	To: 06/30/2022	Version:	5.1.175.0

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		310,201	310,201	0	310,201	0	**310,201**	1.00
2.00	0200	CAP REL COSTS-MVBLE EQUIP		829,193	829,193	0	829,193	0	**829,193**	2.00
3.00	0300	EMPLOYEE BENEFITS	0	2,479,376	2,479,376	-1,571,500	907,876	0	**907,876**	3.00
4.00	0400	ADMINISTRATIVE & GENERAL SERVICES	3,766,576	4,185,742	7,952,318	0	7,952,318	-914,052	**7,038,266**	4.00
5.00	0500	PLANT OPERATION & MAINTENANCE	245,892	396,621	642,513	0	642,513	0	**642,513**	5.00
6.00	0600	JANITORIAL	0	102,168	102,168	0	102,168	0	**102,168**	6.00
7.00	0700	MEDICAL RECORDS	209,930	0	209,930	0	209,930	0	**209,930**	7.00
8.00		SUBTOTAL - ADMINISTRATIVE OVERHEAD	**4,222,398**	**8,303,301**	**12,525,699**	**-1,571,500**	**10,954,199**	**-914,052**	**10,040,147**	8.00
9.00	0900	PHARMACY	0	1,549,314	1,549,314	0	1,549,314	0	**1,549,314**	9.00
10.00	1000	MEDICAL SUPPLIES	0	2,655,327	2,655,327	0	2,655,327	0	**2,655,327**	10.00
11.00	1100	TRANSPORTATION	0	6,775	6,775	0	6,775	0	**6,775**	11.00
12.00	1200	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	0	**0**	12.00
13.00		SUBTOTAL - TOTAL OVERHEAD	**4,222,398**	**12,514,717**	**16,737,115**	**-1,571,500**	**15,165,615**	**-914,052**	**14,251,563**	13.00
DIRECT CARE COST CENTERS										
23.00	2300	PHYSICIAN	2,877,985	0	2,877,985	618,808	3,496,793	0	**3,496,793**	23.00
24.00	2400	PHYSICIAN SERVICES UNDER AGREEMENT		0	0	0	0	0	**0**	24.00
25.00	2500	PHYSICIAN ASSISTANT	85,036	0	85,036	18,284	103,320	0	**103,320**	25.00
26.00	2600	NURSE PRACTITIONER	979,012	0	979,012	210,502	1,189,514	0	**1,189,514**	26.00
27.00	2700	VISITING REGISTERED NURSE	1,351,466	0	1,351,466	290,585	1,642,051	0	**1,642,051**	27.00
28.00	2800	VISITING LICENSED PRACTICAL NURSE	129,339	0	129,339	27,810	157,149	0	**157,149**	28.00
29.00	2900	CERTIFIED NURSE MIDWIFE	446,459	0	446,459	95,995	542,454	0	**542,454**	29.00
30.00	3000	CLINICAL PSYCHOLOGIST	311,690	0	311,690	67,018	378,708	0	**378,708**	30.00
31.00	3100	CLINICAL SOCIAL WORKER	251,245	0	251,245	54,021	305,266	0	**305,266**	31.00
32.00	3200	LABORATORY TECHNICIAN	0	0	0	0	0	0	**0**	32.00
33.00	3300	REG DIETICIAN/CERT DSMT/MNT EDUCATOR	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	876,576	0	876,576	188,477	1,065,053	0	**1,065,053**	36.00
37.00		SUBTOTAL - DIRECT PATIENT CARE SERVICES	**7,308,808**	**0**	**7,308,808**	**1,571,500**	**8,880,308**	**0**	**8,880,308**	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	0	0	0	0	0	**0**	48.00
49.00	4900	INFLUENZA VACCINES & MED SUPPLIES	48,426	0	48,426	0	48,426	0	**48,426**	49.00
49.10	4910	COVID-19 VACCINES & MED SUPPLIES	0	0	0	0	0	0	**0**	49.10
49.11	4911	MONOCLONAL ANTIBODY PRODUCTS	0	0	0	0	0	0	**0**	49.11
50.00		SUBTOTAL - REIMBURSABLE PASS THROUGH COSTS	**48,426**	**0**	**48,426**	**0**	**48,426**	**0**	**48,426**	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	641,232	195,893	837,125	0	837,125	0	**837,125**	77.00
78.00	7800	NONALLOWABLE GME COSTS	0	0	0	0	0	0	**0**	78.00
79.00	7900	DENTAL	0	0	0	0	0	0	**0**	79.00
79.01	7901	WIC	254,610	1,196,768	1,451,378	0	1,451,378	0	**1,451,378**	79.01
79.02	7902	PEER COUNSELING	0	0	0	0	0	0	**0**	79.02
80.00		SUBTOTAL - NON-REIMBURSABLE COSTS	**895,842**	**1,392,661**	**2,288,503**	**0**	**2,288,503**	**0**	**2,288,503**	80.00

FAIR HAVEN COMMUNITY HEALTH CLINIC	Period:	Run Date Time:	11/22/2022 9:07 am
	From: 07/01/2021	MCRIF32	224-14
CCN: 07-1817	To: 06/30/2022	Version:	5.1.175.0

RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

Worksheet A

100.00		TOTAL (SUM OF LINES 13, 37, 50, 70 AND 80)	12,475,474	13,907,378	26,382,852	0	26,382,852	-914,052	25,468,800	100.00

FAIR HAVEN COMMUNITY HEALTH CLINIC	Period:	Run Date Time:	11/22/2022 9:07 am
	From: 07/01/2021	MCRIF32	**224-14**
CCN: 07-1817	To: 06/30/2022	Version:	5.1.175.0

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 - TO RECLASS BENEFITS							
1.00	PHYSICIAN	23.00	618,808	EMPLOYEE BENEFITS	3.00	1,571,500	1.00
2.00	PHYSICIAN ASSISTANT	25.00	18,284		0.00	0	2.00
3.00	NURSE PRACTITIONER	26.00	210,502		0.00	0	3.00
4.00	VISITING REGISTERED NURSE	27.00	290,585		0.00	0	4.00
5.00	VISITING LICENSED PRACTICAL NURSE	28.00	27,810		0.00	0	5.00
6.00	CERTIFIED NURSE MIDWIFE	29.00	95,995		0.00	0	6.00
7.00	CLINICAL PSYCHOLOGIST	30.00	67,018		0.00	0	7.00
8.00	CLINICAL SOCIAL WORKER	31.00	54,021		0.00	0	8.00
9.00	OTHER ALLIED HEALTH PERSONNEL	36.00	188,477		0.00	0	9.00
100.00	**GRAND TOTALS**		**1,571,500**			**1,571,500**	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.

FAIR HAVEN COMMUNITY HEALTH CLINIC	Period:	Run Date Time:	11/22/2022 9:07 am
	From: 07/01/2021	MCRIF32	224-14
CCN: 07-1817	To: 06/30/2022	Version:	5.1.175.0

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	-20,000	ADMINISTRATIVE & GENERAL SERVICES	4.00	14.00
14.01	BAD DEBT	A	-778,509	ADMINISTRATIVE & GENERAL SERVICES	4.00	14.01
14.02	LATE FEES, PENALTIES	A	-7,247	ADMINISTRATIVE & GENERAL SERVICES	4.00	14.02
14.03	MARKETING EVENTS	A	-955	ADMINISTRATIVE & GENERAL SERVICES	4.00	14.03
14.04	MISCELLANEOUS EXPENSE	A	-104,048	ADMINISTRATIVE & GENERAL SERVICES	4.00	14.04
14.05	FOOD FOR MEETINGS	A	-754	ADMINISTRATIVE & GENERAL SERVICES	4.00	14.05
14.06	FUNDRAISING	A	-2,548	ADMINISTRATIVE & GENERAL SERVICES	4.00	14.06
50.00	TOTAL (sum of lines 1 thru 49)		-914,052			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.

FAIR HAVEN COMMUNITY HEALTH CLINIC	Period:	Run Date Time:	11/22/2022 9:07 am
	From: 07/01/2021	MCRIF32	224-14
CCN: 07-1817	To: 06/30/2022	Version:	5.1.175.0

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: Medical Visits by Practitioner	
		0	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	PHYSICIAN	23.00	3,496,793	25,845	1,066,252	4,540,061	**9,103,106**	352.22	25,452	1.00
2.00	PHYSICIAN SERVICES UNDER AGREEMENT	24.00	0	0	0	0	**0**	0.00	0	2.00
3.00	PHYSICIAN ASSISTANT	25.00	103,320	2,966	122,364	224,547	**450,231**	151.80	2,966	3.00
4.00	NURSE PRACTITIONER	26.00	1,189,514	15,404	635,501	1,815,822	**3,640,837**	236.36	12,977	4.00
5.00	VISITING REGISTERED NURSE	27.00	1,642,051	2,449	101,035	1,734,306	**3,477,392**	1,419.92	2,449	5.00
6.00	VISITING LICENSED PRACTICAL NURSE	28.00	137,149	2,366	97,611	253,477	**508,237**	214.81	2,366	6.00
7.00	CERTIFIED NURSE MIDWIFE	29.00	542,454	6,394	263,788	802,181	**1,608,423**	251.55	6,394	7.00
8.00	CLINICAL PSYCHOLOGIST	30.00	378,708	2,721	112,256	488,491	**979,455**	359.96	0	8.00
9.00	CLINICAL SOCIAL WORKER	31.00	305,266	5,225	215,560	518,203	**1,039,029**	198.86	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		**7,815,255**	**63,370**	**2,614,367**	**10,377,088**	**20,806,710**		**52,604**	11.00
12.00	UNIT COST MULTIPLIER				41.255594	0.994963				12.00
13.00	TOTAL COST PER VISIT							**328.34**		13.00

	Position	Total Visits: Mental Health Visits by Practitioner	Title XVIII Visits: Medical Visits by Practitioner	Title XVIII Visits: Mental Health Visits by Practitioner	Title XVIII Costs: Medical Cost by Practitioner	Title XVIII Costs: Mental Health Cost by Practitioner		
		8.00	9.00	10.00	11.00	12.00		
1.00	PHYSICIAN	393	1,292	87	455,068	30,643		1.00
2.00	PHYSICIAN SERVICES UNDER AGREEMENT	0	0	0	0	0		2.00
3.00	PHYSICIAN ASSISTANT	0	143	0	21,707	0		3.00
4.00	NURSE PRACTITIONER	2,427	193	0	45,617	0		4.00
5.00	VISITING REGISTERED NURSE	0	77	0	109,334	0		5.00
6.00	VISITING LICENSED PRACTICAL NURSE	0	92	0	19,763	0		6.00
7.00	CERTIFIED NURSE MIDWIFE	0	38	0	9,559	0		7.00
8.00	CLINICAL PSYCHOLOGIST	2,721	0	193	0	69,472		8.00
9.00	CLINICAL SOCIAL WORKER	5,225	0	237	0	47,130		9.00
10.00	REG DIETICIAN/CERT DSMT/MNT EDUCATOR	0	0	0	0	0		10.00
11.00	TOTALS	**10,766**	**1,835**	**517**	**661,048**	**147,245**		11.00
12.00	UNIT COST MULTIPLIER							12.00
13.00	TOTAL COST PER VISIT				**360.24**	**284.81**		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	63,370	2,352	0.037115	0	14.00

FAIR HAVEN COMMUNITY HEALTH CLINIC	Period:	Run Date Time:	11/22/2022 9:07 am
	From: 07/01/2021	MCRIF32	224-14
CCN: 07-1817	To: 06/30/2022	Version:	5.1.175.0

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)	8,880,308	8,880,308	8,880,308	8,880,308	1.00
2.00	Ratio of staff time to total health care staff time	0.000000	0.003055	0.005541	0.000000	2.00
3.00	Total health care staff cost (line 1 x line 2)	0	27,129	49,206	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)	0	48,426	0	0	4.00
5.00	Direct cost of pneumococcal and influenza vaccine (line 3 + line 4)	0	75,555	49,206	0	5.00
6.00	Total cost of the FQHC (from Worksheet A, column 7, line 100, minus Worksheet A, column 7, line 8)	15,428,653	15,428,653	15,428,653	15,428,653	6.00
7.00	Total administrative overhead (from Worksheet A, column 7, line 8)	10,040,147	10,040,147	10,040,147	10,040,147	7.00
8.00	Ratio of pneumococcal and influenza vaccine direct cost to total direct cost (line 5 / line 6)	0.000000	0.004897	0.003189	0.000000	8.00
9.00	Overhead cost - pneumococcal and influenza vaccine (line 7 x line 8)	0	49,167	32,018	0	9.00
10.00	Total cost of injections/infusions and their administration (sum of lines 5 and 9)	**0**	**124,722**	**81,224**	**0**	10.00
11.00	Total number of injections/infusions (from your records)	0	5,343	9,689	0	11.00
12.00	Cost per injections/infusions (line 10 / line 11)	0.00	23.34	8.38	0.00	12.00
13.00	Number of injections/infusions administered to Original Medicare beneficiaries	0	73	707	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)	0	1,704	5,925	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)	**205,946**				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)	**7,629**				16.00

FAIR HAVEN COMMUNITY HEALTH CLINIC	Period:	Run Date Time:	11/22/2022 9:07 am
	From: 07/01/2021	MCRIF32	224-14
CCN: 07-1817	To: 06/30/2022	Version:	5.1.175.0

CALCULATION OF REIMBURSEMENT SETTLEMENT

Worksheet E

		1.00	
1.00	FQHC PPS Amount	281,045	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)	7,629	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)	**288,674**	5.00
6.00	Primary payer payments	0	6.00
7.00	Total amount payable for program beneficiaries (line 5 minus line 6)	**288,674**	7.00
8.00	Coinsurance billed to program beneficiaries	0	8.00
9.00	Net Medicare reimbursement excluding bad debts (line 7 minus line 8)	288,674	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)	**288,674**	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)	288,674	15.00
16.00	Sequestration adjustment (see instructions)	0	16.00
16.25	Sequestration for non-claims based amounts (see instructions)	19	16.25
16.50	Demonstration payment adjustment amount after sequestration	0	16.50
17.00	Amount due FQHC after sequestration adjustment (see instructions)	288,655	17.00
18.00	Interim payments	281,045	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)	**7,610**	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	Period:	Run Date Time:	11/22/2022 9:07 am
	From: 07/01/2021	MCRIF32	224-14
CCN: 07-1817	To: 06/30/2022	Version:	5.1.175.0

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		281,045	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)		**281,045**	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		7,610	6.01
6.02	SETTLEMENT TO PROGRAM		0	6.02
7.00	Total Medicare program liability (see instructions)		**288,655**	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:	Run Date Time:	11/22/2022 9:07 am
	From: 07/01/2021	MCRIF32	**224-14**
CCN: 07-1817	To: 06/30/2022	Version:	5.1.175.0

STATEMENT OF REVENUE AND EXPENSES

Worksheet F-1

		Title XVIII Medicare	Title XIX Medicaid	Other	Total	
		1.00	2.00	3.00	4.00	
1.00	Gross patient revenues	364,054	9,087,469	22,876,768	**32,328,291**	1.00
				1.00	2.00	
2.00	Less: Allowances and discounts on patients' accounts				2,436,928	2.00
3.00	Net patient revenues (Line 1 minus line 2)				29,891,363	3.00
4.00	Operating expenses (From Worksheet A, column 3, line 100)				26,382,852	4.00
5.00	Additions to operating expenses (Specify)			0		5.00
6.00				0		6.00
7.00				0		7.00
8.00				0		8.00
9.00				0		9.00
10.00	Total additions (sum of lines 5 through 9)				**0**	10.00
11.00	Subtractions from operating expenses (specify)			0		11.00
12.00				0		12.00
13.00				0		13.00
14.00				0		14.00
15.00				0		15.00
16.00	Total subtractions (sum of lines 11 through 15)				**0**	16.00
17.00	Total operating expenses (sum of line 4, plus line 10, minus line 16)				**26,382,852**	17.00
18.00	Net income from service to patients (Line 3 minus line 17)				**3,508,511**	18.00
Other income:						
19.00	Contributions, donations, bequests, etc.			0		19.00
20.00	Income from investments			0		20.00
21.00	Purchase discounts			0		21.00
22.00	Rebates and refunds of expenses			0		22.00
23.00	Sale of Medical and Nursing Supplies to other than patients			0		23.00
24.00	Sale of durable medical equipment to other than patients			0		24.00
25.00	Sale of drugs to other than patients			0		25.00
26.00	Sale of medical records and abstracts			0		26.00
27.00	Government Appropriations			0		27.00
28.00	Other revenues (Specify)			0		28.00
28.50	COVID-19 PHE Funding			0		28.50
29.00				0		29.00
30.00				0		30.00
31.00				0		31.00
32.00	Total Other Income (Sum of lines 19 through 31)				**0**	32.00
33.00	Net Income or Loss for the period (Line 18 plus line 32)				**3,508,511**	33.00

FAIR HAVEN COMMUNITY HEALTH CLINIC	Period:	Run Date Time: 11/22/2022 9:10 am
	From: 07/01/2021	MCRIF32 **224-14**
CCN: 071817	To: 06/30/2022	Version: 5.1.175.0

Edit Listing **Edits**

Worksheet, Program, Provider	Line	Column	Explanation	Error	CMS
Informational Edits					
S-2	16.00	1.00	Edit is for information only.	9000	60316S

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

FAIR HAVEN COMMUNITY HEALTH CLINIC	Period:	Run Date Time: 11/22/2022 9:10 am
	From: 07/01/2021	MCRIF32 **224-14**
CCN: 071817	To: 06/30/2022	Version: 5.1.175.0

CMS Edit Descriptions **Edits**

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

FAIR HAVEN COMMUNITY HEALTH CLINIC	Period:	Run Date Time:	11/22/2022 9:10 am
	From: 07/01/2021	MCRIF32	**224-14**
CCN: 071817	To: 06/30/2022	Version:	5 1.175.0

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**

MARCUM
ADVISORY ▲ CONSULTING

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, 2022, 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
November 22, 2022

Fair Haven Community Health Clinic, Inc.
Table of Contents
FYE 6/30/2022

A. FINANCIAL

Client:	*Fair Haven Community Health Clinic, Inc*
Engagement:	*Medicare - Fair Haven CHC 2022 Cost Report*
Period Ending:	*6/30/2022*
Trial Balance:	
Workpaper:	*C.01 - Work Papers*

Account	Description	
Group : [A]	**General Service Cost Centers**	
Subgroup : [1.00]	**Cap Rel Costs-BLDG and Fix**	
55001	Building Rent	258,441.00
55002	Rent NHPCC	0.00
69002	Donated Rent	51,760.00
Subtotal [1.00]	**Cap Rel Costs-BLDG and Fix**	**310,201.00**
Subgroup : [2.00]	**Cap Rel Costs - Movable**	
55600	Property Tax	109.00
59001	Depreciation	820,282.00
61111	Office Equipment Lease	8,802.00
Subtotal [2.00]	**Cap Rel Costs - Movable**	**829,193.00**
Subgroup : [3.00-B]	**Employee Benefits Other**	
51020	Social Security Taxes - FHC	857,600.00
51030	Medicare Taxes - FHC	213,887.00
51060	State Unemployment Taxes	77,976.00
51090	Worker's Comp	75,784.00
51101	Health Insurance	1,313,150.00
51102	Dental Insurance	60,647.00
51106	Disability & Life Insurance	74,913.00
51111	Health Insurance PR W/H	(265,919.00)
51112	Dental Insurance PR W/H	(39,626.00)
51116	Disability & Life PR W/H	(92,031.00)
51160	403B-Match	147,207.00
51170	Continuing Education	21,258.00
51175	Tuition Reimbursement	13,831.00
51180	Employee Uniforms	632.00
51201	Other Employee Benefits	(135.00)

51355	Employee Relations-Staff Meetings	20,221.00
51375	Employee Uniforms Expense	(19.00)
Subtotal [3.00-B]	**Employee Benefits Other**	**2,479,376.00**

Subgroup : [4.00-A]	**Admin and General Compensation**	
50100	Salaries - Enabling	281,267.00
50105	Salaries-Educator	0.00
50110	Salaries - Patient Services Support	894,759.00
50130	Salaries - Front Desk	285,022.00
50135	Salaries - Billing	31,342.00
50140	Salaries - Management & Admin Support	1,673,565.00
50150	Salaries - Information Technology	298,046.00
50160	Salaries - Finance	0.00
50180	Accrued Vacation	93,198.00
50190	Salaries - Call Center	209,377.00
Subtotal [4.00-A]	**Admin and General Compensation**	**3,766,576.00**

Subgroup : [4.00-B]	**Admin and General Other**	
51190	Licensing	18,950.00
51250	Conference & Training	27,154.00
51304	Transportation NHPCC	0.00
51400	Membership Fees	41,338.00
52000	Temporary Services	28,084.00
52101	Consulting & Other Personnel	676,551.00
52102	Architecture Fees	0.00
52103	Lobbying	20,000.00
52106	Professional Fees 340B Program	5,404.00
52130	NHPCC Consulting & Other Personnel	0.00
52201	Legal Fees	346,534.00
52202	Accounting Fees	49,491.00
52203	Legal Fees - 382-394 Grand Ave. LLC	0.00
53100	Insurance	106,516.00
54101	Subscriptions	142.00
54102	Credentialing	61,459.00
57000	Office Supplies- Fixtures	2,593.00
57001	Office Supplies-Consumables	15,909.00
57002	Office Supplies-Electronics	16,398.00
57003	Payroll Services	49,237.00
57004	Supplies-Software	0.00
57005	Postage	22,752.00
57100	Bank Charges	17,952.00
57200	Printing & Reproduction	19,731.00
57300	Telephone & Communications	92,810.00
57310	Cellphone	5,225.00
57320	On-Call Answering Service	87,498.00
57335	NHPCC Interpretation Svcs	0.00
57350	Electronic Claims	0.00

57375	Medical Billing	274.00
57390	Software Support	130,793.00
57500	Education Materials	0.00
57525	Food for Clients	13,664.00
57530	Food for Meetings	754.00
58000	Fundraising	2,548.00
58100	Marketing Events	955.00
58200	Advertising	50.00
58500	Recruitment	135,018.00
59207	Reserve for Bad Debt - Patient Fees	778,500.00
60001	Interest - Mortgage & Line of Credit	21,769.00
60010	Donations	0.00
61002	Fees, Late Charges, Other Interest	7,247.00
61005	Amortization Expense	7,759.00
65001	Miscellaneous	104,048.00
65002	Miscellaneous - RW Emergency Assistance	54,188.00
65008	Miscellaneous - CFGNH Emergency Assistance	2,500.00
69000	Donated Salaries	1,173,879.00
69001	Donated Lab	20,800.00
69500	Gain/Loss on Investments	0.00
70000	Unrealized loss (gain) on value of investments	19,268.00
Subtotal [4.00-B]	**Admin and General Other**	**4,185,742.00**
Subgroup : [5.00-A]	**Plant Op and Maint. Comp.**	
50170	Salaries - Facilities	245,892.00
Subtotal [5.00-A]	**Plant Op and Maint. Comp.**	**245,892.00**
Subgroup : [5.00-B]	**Plant Op and Maint. Other**	
55015	Pest Service	1,451.00
55020	Waste Removal	13,108.00
55050	Security	122,961.00
55199	Electric	100,953.00
55200	Oil	4,445.00
55300	Gas	17,066.00
55400	Water	5,586.00
55500	Sewer	3,363.00
57400	Equip Maintenance & Repairs	93,044.00
55000	Cleaning Service	102,168.00
Subtotal [6.00-B]	**Janitorial Other**	**102,168.00**
Subgroup : [7.00-A]	**Medical Records Comp.**	
50120	Salaries - Medical Records	57,564.00

Subgroup : [7.00-B]	**Medical Records Other**	
Subtotal [7.00-B]	**Medical Records Other**	**0.00**
Subgroup : [9.00-A]	**Pharmacy Compensation**	
Subtotal [9.00-A]	**Pharmacy Compensation**	**0.00**
Subgroup : [9.00-B]	**Pharmacy Other**	
58990	Rx-Contraceptives	0.00
59000	Prescription Benefit Program - Expense	1,549,314.00
Subtotal [10.00-A]	**Medical Supplies Comp.**	**0.00**
Subgroup : [10.00-B]	**Medical Supplies Other**	
52104	Teleretinopathy	290.00
52105	eConsults	0.00
57600	Medical Supplies	205,420.00
69003	Donated Medical Supplies	2,268,426.00
Subtotal [10.00-B]	**Medical Supplies Other**	**2,655,327.00**
Subgroup : [11.00-A]	**Transportation Compensation**	
Subtotal [11.00-A]	**Transportation Compensation**	**0.00**
Group : [B]	**Direct Care Cost Centers**	
Subgroup : [23.00-A]	**Physician Compensation**	
50010	Salaries - Physicians	2,877,985.00
Subtotal [23.00-A]	**Physician Compensation**	**2,877,985.00**
Subgroup : [24.00-A]	**Physician Services Under Agree Comp.**	
Marcum 107	Contract Physician	0.00
Subtotal [24.00-A]	**Physician Services Under Agree Comp.**	**0.00**
Subgroup : [25.00-A]	**Physician Asst Compensation**	
50025	Salaries - Physician Assistants	85,036.00
Subtotal [25.00-A]	**Physician Asst Compensation**	**85,036.00**
Subgroup : [26.00-A]	**Nurse Practitioner Compensation**	
50020	Salaries - Nurse Practitioners	979,012.00
Subtotal [26.00-A]	**Nurse Practitioner Compensation**	**979,012.00**
Subgroup : [27.00-A]	**Visiting RN Compensation**	
50045	Salaries-Nurses RN	1,351,466.00
Subtotal [27.00-A]	**Visiting RN Compensation**	**1,351,466.00**
Subgroup : [28.00-A]	**Visiting LPN Compensation**	
50040	Salaries - Nurses LPN	129,339.00
Subtotal [28.00-A]	**Visiting LPN Compensation**	**129,339.00**
Subgroup : [29.00-A]	**CNM Compensation**	

50030	Salaries - Nurse Midwives	446,459.00
Subtotal [29.00-A]	**CNM Compensation**	**446,459.00**
Subgroup : [30.00-A]	**Clinical Psychologist Compensation**	
50094	Salaries-Psychiatrist	75,180.00
50095	Salaries-Psychologist	236,510.00
Subtotal [30.00-A]	**Clinical Psychologist Compensation**	**311,690.00**
Subtotal [31.00-A]	**Clinical Social Worker Comp.**	**251,245.00**
Subgroup : [31.00-B]	**Clinical Social Worker Other**	
Subtotal [31.00-B]	**Clinical Social Worker Other**	**0.00**
Subtotal [33.00-B]	**Dieitician Other**	**0.00**
Subgroup : [34.00-A]	**Physical Therapist Compensation**	
Subtotal [34.00-A]	**Physical Therapist Compensation**	**0.00**
Subtotal [35.00-A]	**Occupational Therapist Compensation**	**0.00**
Subgroup : [35.00-B]	**Occupational Therapist Other**	
Subtotal [36.00-A]	**Other Allied Health Comp.**	**876,576.00**
Subgroup : [36.00-B]	**Other Allied Health Other**	
Subtotal [36.00-B]	**Other Allied Health Other**	**0.00**
Subtotal : None		**0.00**
Total [B]	**Direct Care Cost Centers**	**7,308,808.00**
Subgroup : [67.00-B]	**Drugs Charged to Patients Other**	
Subtotal [67.00-B]	**Drugs Charged to Patients Other**	**0.00**
Subgroup : [68.00-A]	**Chronic Care Mngmt Comp.**	
Subtotal [68.00-A]	**Chronic Care Mngmt Comp.**	**0.00**
Subgroup : [68.00-B]	**Chronic Care Mngmt Other**	
Subtotal [68.00-B]	**Chronic Care Mngmt Other**	**0.00**
Subgroup : [69.00-A]	**Other FQHC Services Compensation**	
Subtotal [69.00-A]	**Other FQHC Services Compensation**	**0.00**
Subgroup : [69.00-B]	**Other FQHC Services Other**	
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	0.00
Marcum 101	Dental Compensation	641,232.00
Subtotal [77.00-A]	**Dental Compensation**	**641,232.00**
Subgroup : [77.00-B]	Dental Other	
57575	Dental Supplies	(2,149.00)
57576	Dental Lab Expenses	0.00
69100	Donated WIC Food Benefits	1,195,143.00
Marcum 104	WIC Other	1,625.00
Subtotal [78.00-B]	**WIC Expenses Other**	**1,196,768.00**
Subgroup : [79.00-A]	Peer Counsel Compensation	
Marcum 105	Peer Counseling Compensation	0.00
Subtotal [79.00-A]	**Peer Counsel Compensation**	**0.00**
Subgroup : [79.00-B]	Peer Counsel Other	
Marcum 106	Peer Counseling Other	0.00
Subtotal [79.00-B]	**Peer Counsel Other**	**0.00**
Subgroup : [80.00-A]	Head Start Compensation	
Subtotal [80.00-A]	**Head Start 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**	**2,288,503.00**
Group : [F]	**Revenues**	
Subgroup : [1.00-A]	Medicare Revenue	
48208	Medicare FQHC Revenue	(364,054.00)
Subtotal [1.00-A]	**Medicare Revenue**	**(364,054.00)**
Subgroup : [1.00-B]	Medicaid Revenue	
48203	Medicaid FQHC Revenue	(9,087,469.00)

Subtotal [1.00-B]	**Medicaid Revenue**	**(9,087,469.00)**
Subgroup : [1.00-C]	**Other Revenue**	
40000	Federal Grant Revenue	(8,416,874.00)
41000	State Grant Revenue	(596,398.00)
42230	WIC Food Benefits - Donated	(1,195,143.00)
43100	General Operations Awards	(192,596.00)
43200	NHPCC CBG Revenue	0.00
48209	Private Insurance Revenue	(1,357,862.00)
48210	Patient Fees Revenue	(2,476,121.00)
48211	Cancer Screening Revenue	(49,613.00)
48213	HRSA COVID 19 Vaccine Revenue	0.00
49000	Prescription Benefit Program	(3,623,911.00)
49510	DSS Meaningful Use Incentive / PCMH+	(702,222.00)
49700	Pharmacy Rental Income	0.00
49995	Interest Income	(12,172.00)
49996	Investment Gain/Loss	(1,677.00)
49997	Contributions	(169,660.00)
49999	Other Revenue	(255,869.00)
52250	Subcontracts (Grants)	28,951.00
69600	Gain/Loss on Sale of Assets	(53,963.00)
Subtotal [1.00-C]	**Other Revenue**	**(22,876,768.00)**
Subgroup : [2.00]	**Allowances/Discounts**	
48304	Adj-Medicaid FQHC Contra Revenue	808,819.00
48305	Adj-Medicare FQHC-contra	83,009.00
48309	Adj-Private Insurance-contra	691,476.00
48310	Adj-Patient Fees-contra	836,199.00
48317	Contractual Allowance - Commercial/Medicare	17,425.00
Subtotal [2.00]	**Allowances/Discounts**	**2,436,928.00**
Subgroup : None		
Subtotal : None		**0.00**
Total [F]	**Revenues**	**(29,891,363.00)**

Fair Haven Community Health Clinic, Inc.
FYE 6/30/2022
Reclassification Entry

A-2

Reclass #1

To reclass fringe benefits based on % to total of salaries

Line Number	Line Name	Debit	Credit
3.00	Fringe Benefits & Payroll Taxes		1,571,500
23.00	Physician	618,808	
25.00	Physician Assistant	18,284	
26.00	Nurse Practitioner	210,502	
27.00	Visiting RNs	290,585	
28.00	Visiting LPNs	27,810	
29.00	Certified Nurse Midwife	95,995	
30.00	Clinical Psychologist	67,018	
31.00	Clinical Social Worker	54,021	
32.00	Laboratory Technician	-	
36.00	Other Allied Health	188,477	

Fair Haven Community Health Clinic, Inc.
FYE 6/30/2022
Adjusting Entries

A-3

Line Number	Line Name	Adjustment	Basis
4.00	Lobbying	(20,000)	A
4.00	Bad Debt	(778,500)	A
4.00	Late Fees, Penalties	(7,247)	A
4.00	Marketing Events	(955)	A
4.00	Miscellaneous Expenses	(104,048)	A
4.00	Food for Meetings	(754)	A
4.00	Fundraising	(2,548)	A
	Total	(914,052)	

Fair Haven Community Health Clinic, Inc.
FYE 6/30/2022
Visits & Productivity

A-4

		Medical Visits		Mental Health	
	FTEs	Total Medicare Visits	Total All Visits	Total Medicare Visits	Total All Visits
Physicians	12.56	1,292	25,452	87	393
Physician Services under Agreement					
Physician Assistants	0.84	143	2,966	-	-
Nurse Practitioners	7.93	193	12,977	-	2,427
Nurse - RN	17.81	77	2,449	-	-
Nurse - LPN	4.54	92	2,366	-	-
Nurse - CNM	3.88	38	6,394	-	-
Clinical Psychologist	2.57	-	-	193	2,721
Clinical Social Worker	2.89	-	-	237	5,225
Lab Tech.					
Other	16.98				
Total	70.00	1,835	52,604	517	10,766

Ties to Worksheet B, Parts I & II

Fair Haven Community Health Clinic, Inc.
FYE 6/30/2022 A-5
Visits

Provider #07-1817	7/1/21-6/30/22 Medical	Mental Health
Title V	-	-
Title XVIII	1,082	372
Title XIX	19,039	5,968
Other	12,308	1,736
Total	**32,429**	**8,076**

Provider #07-1805	7/1/21-6/30/22 Medical	Mental Health
Title V	-	-
Title XVIII	343	119
Title XIX	651	182
Other	1,945	261
Total	**2,939**	**562**

Provider #07-1806	7/1/21-6/30/22 Medical	Mental Health
Title V	-	-
Title XVIII	-	-
Title XIX	510	110
Other	416	554
Total	**926**	**664**

Provider #07-1807	7/1/21-6/30/22 Medical	Mental Health
Title V	-	-
Title XVIII	-	-
Title XIX	960	-
Other	233	-
Total	**1,193**	**-**

Provider #07-1899	7/1/21-6/30/22 Medical	Mental Health
Title V	-	-
Title XVIII	-	-
Title XIX	677	690
Other	62	99
Total	**739**	**789**

Provider #07-1900	7/1/21-6/30/22 Medical	Mental Health
Title V	-	-
Title XVIII	-	-
Title XIX	234	-
Other	86	-
Total	**320**	**-**

Provider #07-1909	7/1/21-6/30/22 Medical	Mental Health
Title V	-	-
Title XVIII	317	26
Title XIX	6,662	405
Other	4,809	244
Total	**11,788**	**675**

Provider #07-1925	7/1/21-6/30/22 Medical	Mental Health
Title V	-	-

Title XVIII	-	-
Title XIX	-	-
Other	-	-
Total	-	-

	7/1/21-6/30/22	
Provider #07-1927	**Medical**	**Mental Health**
Title V	-	-
Title XVIII	19	-
Title XIX	258	-
Other	47	-
Total	324	-

	7/1/21-6/30/22	
Provider #07-1934	**Medical**	**Mental Health**
Title V	-	-
Title XVIII	-	-
Title XIX	404	-
Other	271	-
Total	675	-

	7/1/21-6/30/22	
Provider #07-1935	**Medical**	**Mental Health**
Title V	-	-
Title XVIII	73	-
Title XIX	103	-
Other	32	-
Total	208	-

	7/1/21-6/30/22	
Provider #07-1936	**Medical**	**Mental Health**
Title V	-	-
Title XVIII	1	-
Title XIX	569	-
Other	493	-
Total	1,063	-

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 A-6
FYE 6/30/2022

Hours

	Pneumococcal	Influenza	COVID
Number of Vaccines Administered	-	5,343	9,689
Time Spent per Shot (5 Minutes)	0.08	0.08	0.08
Total Hours Spent Administering Vaccines	-	445.25	807.42
Total Hours for All Visits	145,600	145,600	145,600
Percent Spent on Vaccine	-	0.003058	0.005545

Expenses

	Pneumococcal	Influenza	COVID
Number of Vaccines Administered	-	5,343	9,689
Amount per Vaccine	#DIV/0!	9.06	0.00
Total Expense Associated with Vaccines	#DIV/0!	$ 48,426	-
Number of Medicare Vaccines Administered	-	73	707

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

Fair Haven Community Health Clinic, Inc.
FYE 6/30/2022
Analysis of Revenue Received

	7/1/2021 - 6/30/2022
Provider #07-1817 (Includes all locations)	
Medicare Payments	281,045
Co-Insurance	
MSP Payments	
Sequestration	
Total Payments Paid to Provider	281,045
Interim Payments Payable	281,045
Total Interim Payments Payable	**281,045**

.

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 2022 Cost Report*
Period Ending: *6/30/2022*
Trial Balance: *A.01 - TB*

Account	Description	UNADJ	JE Ref #	RJE	FINAL
		6/30/2022			6/30/2022
10001	Webster Operating Account	8,823,588.00			8,823,588.00
11001	New Haven Bank Account	845,749.00			845,749.00
11002	Petty Cash	750.00			750.00
11003	Cash on Hand - Patient Fees	850.00			850.00
11006	Webster FSA DC Account	11,247.00			11,247.00
11100	Webster PPP Account formerly CDBG	1,000.00			1,000.00
11502	Investments - Fidelity Hightower	1,750,453.00			1,750,453.00
11503	Investment The Community Foundation	236,737.00			236,737.00
11505	New Haven CDARS Program	1,773,762.00			1,773,762.00
13005	Security Deposits	19,731.00			19,731.00
13501	Prepaid Expense	105,359.00			105,359.00
14001	Due From LLC Woolsey	139,379.00			139,379.00
14002	Due from LLC 382-394	245,427.00			245,427.00
15000	CHN	83,333.00			83,333.00
16000	A/R - State Grants	96,854.00			96,854.00
16100	A/R Federal Grants	1,174,470.00			1,174,470.00
16202	A/R - Private Grants	8,244.00			8,244.00
16203	A/R - EPIC - Medicaid	867,603.00			867,603.00
16208	A/R - EPIC - Medicare	70,738.00			70,738.00
16209	A/R - EPIC - Private Insurance	528,719.00			528,719.00
16210	A/R - EPIC - Patient Fees	285,461.00			285,461.00
16900	A/R - Other	35,783.00			35,783.00
17001	Land	212,000.00			212,000.00
17002	Buildings	5,836,280.00			5,836,280.00
17003	Equipment	2,972,333.00			2,972,333.00
17101	Capital Leases	70,916.00			70,916.00
17105	Building/Leasehold Improvements	1,993,528.00			1,993,528.00
17110	Improvements - Bella Vista	525,099.00			525,099.00
17115	Improvements - Wilbur Cross School	1,400.00			1,400.00
17116	Leasehold Improvements - East Haven	246,548.00			246,548.00
17117	Leasehold Improvements- 50 Grand Ave	945,562.00			945,562.00
17118	Leasehold Improvements- 50 Grand Dental	785,135.00			785,135.00
17119	Leasehold Improvements - East Haven HS	133,550.00			133,550.00
17120	Leasehold Improvements - East Haven MS	5,830.00			5,830.00
17121	Leashold Improvements - Branford	2,307,192.00			2,307,192.00
17200	Amortized Expenses	4,901.00			4,901.00
17501	Accumulated Depreciation	(7,938,045.00)			(7,938,045.00)
17510	Accumulated amortization costs	(3,921.00)			(3,921.00)
17565	CIP - 83 Woolsey	116,000.00			116,000.00
17572	Construction In Progress EH Expansion	27,947.00			27,947.00
17575	Construction In Progress 382-394 Grand	116,509.00			116,509.00
17576	CIP Parking Lot (Woolsey)	56,914.00			56,914.00
20000	Accounts Payable	(273,920.00)			(273,920.00)
21002	Accrued Expenses	(185,722.00)			(185,722.00)
21004	Accrued Payroll	(568,826.00)			(568,826.00)
21006	Accrued Vacation Payable	(870,077.00)			(870,077.00)
21010	Federal W/H Payable	(1,658.00)			(1,658.00)
21020	Social Security Payable	2,861.00			2,861.00
21030	Medicare Payable	(5,399.00)			(5,399.00)
21040	Federal Tax Payable	184.00			184.00
21050	State W/H Payable	(942.00)			(942.00)
21080	Pension Payable	5,215.00			5,215.00
21090	CT Paid Family Leave Payable	(11.00)			(11.00)
21101	Loan Repayment 403b	(762.00)			(762.00)
21105	Wage Garnishment	7,834.00			7,834.00

Account	Description	UNADJ 6/30/2022	JE Ref #	RJE	FINAL 6/30/2022
22001	Allowance for Bad Debt	(189,374.00)			(189,374.00)
22002	Contractual Allowance - Commercial/Medicare	(168,519.00)			(168,519.00)
22510	Deferred Revenue - Federal Grants	(257,611.00)			(257,611.00)
22513	Deferred Revenue - Private Grants	(991,044.00)			(991,044.00)
22600	Deferred Rent	(212,622.00)			(212,622.00)
22700	Refundable Security Deposits	(4,131.00)			(4,131.00)
23515	Due to/ Due from NHPCC	(668,052.00)			(668,052.00)
26070	GNHCLF Loan	(261,640.00)			(261,640.00)
30000	Net Assets	(18,478,213.00)			(18,478,213.00)
40000	Federal Grant Revenue	(8,416,874.00)			(8,416,874.00)
41000	State Grant Revenue	(596,398.00)			(596,398.00)
42230	WIC Food Benefits - Donated	(1,195,143.00)			(1,195,143.00)
42231	Donated Services & Supplies	(3,514,865.00)			(3,514,865.00)
43000	Private Grant Revenue	(286,773.00)			(286,773.00)
43100	General Operations Awards	(192,596.00)			(192,596.00)
43200	NHPCC CBG Revenue	(343,431.00)		343,431.00	0.00
48203	Medicaid FQHC Revenue	(17,445,481.00)		8,358,012.00	(9,087,469.00)
48208	Medicare FQHC Revenue	(438,820.00)		74,766.00	(364,054.00)
48209	Private Insurance Revenue	(2,634,210.00)		1,276,348.00	(1,357,862.00)
48210	Patient Fees Revenue	(2,844,362.00)		368,241.00	(2,476,121.00)
48211	Cancer Screening Revenue	(49,613.00)			(49,613.00)
48304	Adj-Medicaid FQHC Contra Revenue	2,545,010.00		(1,736,191.00)	808,819.00
48305	Adj-Medicare FQHC-contra	100,601.00		(17,592.00)	83,009.00
48309	Adj-Private Insurance-contra	1,156,944.00		(465,468.00)	691,476.00
48310	Adj-Patient Fees-contra	1,166,693.00		(330,494.00)	836,199.00
48317	Contractual Allowance - Commercial/Medicare	17,425.00			17,425.00
49000	Prescription Benefit Program	(3,724,742.00)		100,831.00	(3,623,911.00)
49510	DSS Meaningful Use Incentive / PCMH+	(1,170,048.00)		467,826.00	(702,222.00)
49995	Interest Income	(14,345.00)		2,173.00	(12,172.00)
49996	Investment Gain/Loss	(1,948.00)		271.00	(1,677.00)
49997	Contributions	(169,660.00)			(169,660.00)
49999	Other Revenue	(255,869.00)			(255,869.00)
50010	Salaries - Physicians	3,242,353.00		(364,368.00)	2,877,985.00
50015	Salaries - Dentists	295,711.00		(295,711.00)	0.00
50020	Salaries - Nurse Practitioners	1,112,480.00		(133,468.00)	979,012.00
50025	Salaries - Physician Assistants	98,945.00		(13,909.00)	85,036.00
50030	Salaries - Nurse Midwives	446,459.00			446,459.00
50040	Salaries - Nurses LPN	518,146.00		(388,807.00)	129,339.00
50045	Salaries-Nurses RN	1,596,868.00		(245,402.00)	1,351,466.00
50050	Salaries - Dental Hygienists	162,006.00		(162,006.00)	0.00
50060	Salaries - Clinical Assistants	1,165,233.00		(362,441.00)	802,792.00
50065	Salaries - Dental Assistants	100,835.00		(100,835.00)	0.00
50070	Salaries - Lab	73,784.00			73,784.00
50080	Salaries - Nutritionists	170,756.00		(170,756.00)	0.00
50090	Salaries - BH Clinician	585,582.00		(334,337.00)	251,245.00
50094	Salaries-Psychiatrist	75,180.00			75,180.00
50095	Salaries-Psychologist	305,515.00		(69,005.00)	236,510.00
50100	Salaries - Enabling	319,744.00		(38,477.00)	281,267.00
50110	Salaries - Patient Services Support	1,201,369.00		(306,610.00)	894,759.00
50115	Salaries - Dental Support Staff	37,563.00		(37,563.00)	0.00
50120	Salaries - Medical Records	57,564.00			57,564.00
50125	Salaries - Referrals	152,366.00			152,366.00
50130	Salaries - Front Desk	524,116.00		(239,094.00)	285,022.00
50135	Salaries - Billing	428,505.00		(397,163.00)	31,342.00
50140	Salaries - Management & Admin Support	2,200,739.00		(527,174.00)	1,673,565.00
50150	Salaries - Information Technology	298,046.00			298,046.00
50160	Salaries - Finance	619,953.00		(619,953.00)	0.00
50170	Salaries - Facilities	245,892.00			245,892.00
50180	Accrued Vacation	93,198.00			93,198.00

Account	Description	UNADJ 6/30/2022	JE Ref #	RJE	FINAL 6/30/2022
50190	Salaries - Call Center	481,987.00		(272,610.00)	209,377.00
51020	Social Security Taxes - FHC	930,070.00		(72,470.00)	857,600.00
51030	Medicare Taxes - FHC	232,027.00		(18,140.00)	213,887.00
51060	State Unemployment Taxes	100,270.00		(22,294.00)	77,976.00
51090	Worker's Comp	103,274.00		(27,490.00)	75,784.00
51101	Health Insurance	1,713,456.00		(400,306.00)	1,313,150.00
51102	Dental Insurance	79,606.00		(18,959.00)	60,647.00
51106	Disability & Life Insurance	98,734.00		(23,821.00)	74,913.00
51111	Health Insurance PR W/H	(288,343.00)		22,424.00	(265,919.00)
51112	Dental Insurance PR W/H	(43,016.00)		3,390.00	(39,626.00)
51116	Disability & Life PR W/H	(99,763.00)		7,732.00	(92,031.00)
51160	403B-Match	159,027.00		(11,820.00)	147,207.00
51170	Continuing Education	26,342.00		(5,084.00)	21,258.00
51175	Tuition Reimbursement	15,878.00		(2,047.00)	13,831.00
51180	Employee Uniforms	784.00		(152.00)	632.00
51190	Licensing	23,684.00		(4,734.00)	18,950.00
51201	Other Employee Benefits	0.00		(135.00)	(135.00)
51250	Conference & Training	28,370.00		(1,216.00)	27,154.00
51300	Employee Travel Transportation	1,787.00		(102.00)	1,685.00
51303	Transportation	7,936.00		(2,846.00)	5,090.00
51304	Transportation NHPCC	51,097.00		(51,097.00)	0.00
51355	Employee Relations-Staff Meetings	22,269.00		(2,048.00)	20,221.00
51375	Employee Uniforms Expense	0.00		(19.00)	(19.00)
51400	Membership Fees	44,602.00		(3,264.00)	41,338.00
52000	Temporary Services	70,863.00		(42,779.00)	28,084.00
52101	Consulting & Other Personnel	1,419,992.00		(743,441.00)	676,551.00
52103	Lobbying	20,000.00			20,000.00
52104	Teleretinopathy	290.00			290.00
52106	Professional Fees 340B Program	5,404.00			5,404.00
52130	NHPCC Consulting & Other Personnel	2,413,790.00		(2,413,790.00)	0.00
52201	Legal Fees	346,534.00			346,534.00
52202	Accounting Fees	57,173.00		(7,682.00)	49,491.00
52250	Subcontracts (Grants)	28,951.00			28,951.00
53100	Insurance	129,608.00		(23,092.00)	106,516.00
54101	Subscriptions	158.00		(16.00)	142.00
54102	Credentialing	86,775.00		(25,316.00)	61,459.00
55000	Cleaning Service	121,776.00		(19,608.00)	102,168.00
55001	Building Rent	473,549.00		(215,108.00)	258,441.00
55002	Rent NHPCC	565,316.00		(565,316.00)	0.00
55005	Building Maintenance & Repair	17,051.00		(5,425.00)	11,626.00
55006	Plowing	21,581.00			21,581.00
55010	Vehicle Expenditures-Agency vehicles only	1,777.00		(340.00)	1,437.00
55015	Pest Service	1,451.00			1,451.00
55020	Waste Removal	13,108.00			13,108.00
55050	Security	125,803.00		(2,842.00)	122,961.00
55199	Electric	129,636.00		(28,683.00)	100,953.00
55200	Oil	5,440.00		(995.00)	4,445.00
55300	Gas	26,345.00		(9,279.00)	17,066.00
55400	Water	5,586.00			5,586.00
55500	Sewer	3,363.00			3,363.00
55600	Property Tax	109.00			109.00
56000	Program Supplies	39,422.00		(5,458.00)	33,964.00
57000	Office Supplies- Fixtures	2,847.00		(254.00)	2,593.00
57001	Office Supplies-Consumables	26,168.00		(10,259.00)	15,909.00
57002	Office Supplies-Electronics	16,900.00		(502.00)	16,398.00
57003	Payroll Services	49,700.00		(463.00)	49,237.00
57005	Postage	27,694.00		(4,942.00)	22,752.00
57100	Bank Charges	22,518.00		(4,566.00)	17,952.00
57200	Printing & Reproduction	24,563.00		(4,832.00)	19,731.00

Account	Description	UNADJ 6/30/2022	JE Ref #	RJE	FINAL 6/30/2022
57300	Telephone & Communications	153,798.00		(60,988.00)	92,810.00
57310	Cellphone	6,016.00		(791.00)	5,225.00
57320	On-Call Answering Service	139,225.00		(51,727.00)	87,498.00
57330	Interpretation Services	166,214.00		(18,987.00)	147,227.00
57335	NHPCC Interpretation Svcs	114,116.00		(114,116.00)	0.00
57350	Electronic Claims	12,499.00		(12,499.00)	0.00
57375	Medical Billing	325.00		(51.00)	274.00
57390	Software Support	183,945.00		(53,152.00)	130,793.00
57400	Equip Maintenance & Repairs	106,556.00		(13,512.00)	93,044.00
57525	Food for Clients	13,664.00			13,664.00
57530	Food for Meetings	754.00			754.00
57575	Dental Supplies	88,401.00		(90,550.00)	(2,149.00)
57576	Dental Lab Expenses	20,353.00		(20,353.00)	0.00
57600	Medical Supplies	312,156.00		(106,736.00)	205,420.00
57610	Flu Vaccines	70,641.00		(22,215.00)	48,426.00
58000	Fundraising	3,115.00		(567.00)	2,548.00
58100	Marketing Events	955.00			955.00
58200	Advertising	34,290.00		(34,240.00)	50.00
58500	Recruitment	143,949.00		(8,931.00)	135,018.00
59000	Prescription Benefit Program - Expense	1,589,910.00		(40,596.00)	1,549,314.00
59001	Depreciation	964,750.00		(144,468.00)	820,282.00
59207	Reserve for Bad Debt - Patient Fees	778,500.00			778,500.00
60001	Interest - Mortgage & Line of Credit	21,769.00			21,769.00
61002	Fees, Late Charges, Other Interest	7,781.00		(534.00)	7,247.00
61005	Amortization Expense	7,759.00			7,759.00
61111	Office Equipment Lease	11,844.00		(3,042.00)	8,802.00
65001	Miscellaneous	104,506.00		(458.00)	104,048.00
65002	Miscellaneous - RW Emergency Assistance	54,188.00			54,188.00
65008	Miscellaneous - CFGNH Emergency Assistance	2,500.00			2,500.00
69000	Donated Salaries	1,173,879.00			1,173,879.00
69001	Donated Lab	20,800.00			20,800.00
69002	Donated Rent	51,760.00			51,760.00
69003	Donated Medical Supplies	2,268,426.00			2,268,426.00
69100	Donated WIC Food Benefits	1,195,143.00			1,195,143.00
69600	Gain/Loss on Sale of Assets	(53,963.00)			(53,963.00)
70000	Unrealized loss (gain) on value of investments	19,268.00			19,268.00
Marcum 101	Dental Compensation	0.00		641,232.00	641,232.00
Marcum 102	Dental Other	0.00		198,042.00	198,042.00
Marcum 103	WIC Compensation	0.00		254,610.00	254,610.00
Marcum 104	WIC Other	0.00		1,625.00	1,625.00
Total		**0.00**		(1,110,025.00)	(1,110,025.00)