STATE OF CONNECTICUT

DEPARTMENT OF SOCIAL SERVICES

55 FARMINGTON AVENUE HARTFORD, CONNECTICUT 06105

ANNUAL REPORT
FEDERALLY QUALIFIED HEALTH CENTER (FQHC)

Date Submitted: _____ **Date Received:** _____

1. FQHC Name Cornell Scott-Hill Health Corporation

Street Address 400 Columbus Avenue

City, State, ZIP New Haven, CT 06519-0720

Telephone Number 203-503-3253

Contact Person Doug Magazu

Title CFO

2. FQHC Medicaid Provider Number:

Medical	004235900
Dental	004235893
Mental Health	004235918
Other	See Attached

3. Reporting Period: From 7/1/2022 To 6/30/2023

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

Cornell Scott-Hill Health Corporation 004235900

(FQHC Name)

For the Reporting Period Beginning 7/1/2022 and Ending 6/30/2023 and That to the Best of My Knowledge and Belief It Is a True, Correct and Complete Statement Prepared From the Books and Records of the FQHC In Accordance With Applicable Instructions, Except as Noted:

6.

Signature (Officer or Administrator of FQHC)	Printed Name
	Michael Taylor
Title	**Date**
CEO	

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

Reporting Period: From 7/1/2022 To 6/30/2023

FQHC Name: Cornell Scott-Hill Health Corporation

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

Provider Name	Location	FQHC Certified Yes/*No*	Clinic/Provider No.
Cornell Scott Hill-Health Center	400-428 Columbus Avenue, New Haven, CT 06519-0720	Yes	Medical #004235900; Dental 4235893; Mental Health 4235918
WIC	393 Columbus Avenue, New Haven, CT 06519-1236	Yes	Medical #004235900; Dental 4235893; Mental Health 4235918
CS-HHC at Ansonia	121 Wakelee Avenue, New Haven, CT 06401	Yes	Medical #004235900; Mental Health 4235918 Dental 4235893
South Central Rehabilitation Center	232 Cedar Street, New Haven, CT 06519	Yes	Mental Health #4235918; Detox 7228749
State Street Health & Counseling Services	911-913 State Street, New Haven, CT 06511-3926	Yes	Medical #004235900; Mental Health 4235918
West Haven Health Center	410 Campbell Avenue, West Haven, CT 06516-7307	Yes	Medical #004235900; Mental Health 4235918
Grant Street Partnership at West Haven	285 Main Street, West Haven, CT 06511-3456	Yes	Mental Health #4235918
Dixwell Health Center	226 Dixwell Avenue, New Haven, CT 06511-3456	Yes	Medical #004235900; Mental Health 4235918 Dental 4235893
CS-HHC at CMHC	34 Park Street #261, New Haven, CT 06519-1109	Yes	Medical #004235900
Wilmot	122 Wilmot Road, New Haven, CT 06515	Yes	Medical #004235900
PCMH Plus Program	50 Mitchell Drive, New Haven, CT 06511	Yes	Medical #004235900
Davis Street Arts and Academic Magnet School	35 Davis Street, New Haven, CT 06515-1601	Yes	Medical #004235900; Mental Health 4235918
Hill Central Music Academy	140 Dewitt Street, New Haven, CT 06519-2133	Yes	Medical #004235900; Mental Health 4235918
King Robinson Inter-District Magnet School	150 Fournier Street, New Haven, CT 06511-1763	Yes	Medical #004235900; Mental Health 4235918
Roberto Clemente Leadership Academy	360 Columbus Avenue, New Haven, CT 06519-1516	Yes	Medical #004235900; Mental Health 4235918
Truman Elementary School	114 Truman Street, New Haven, CT 06519-2022	Yes	Medical #004235900; Mental Health 4235918
Boys and Girls Club	253 Columbus Avenue, New Haven, CT 06519-2230	Yes	Mental Health #4235918
Hamden Highschool	2040 Dixwell, Hamden CT 06514	Yes	Medical #004235900; Mental Health 4235918
Brennan Rogers School of Communications & Media	199 200 Wilmott Road, New Haven CT 06515	Yes	Mental Health 4235918
CS-HHC at Hamden Middle School	2623 Dixwell Ave, Hamden CT 06518	Yes	Medical #004235900; Mental Health 4235918
CS-HHC at Church Street School	95 Church St, Hamden CT 06512	Yes	Medical #004235900; Mental Health 4235918
CS-HHC at Lincoln-Bassett	130 Bassett St, New Haven CT 06511	Yes	Medical #004235900; Mental Health 4235918
CS-HHC at Tower Lane	18 Tower Lane, New Haven CT 06519	Yes	Medical #004235900; Mental Health 4235918
CS-HHC at Sargent Drive	150 Sargent Drive, New Haven, CT 06511	Yes	Medical #004235900; Mental Health 4235918
CS-HHC at Columbus House	586 Ella T Grasso Blvd, New Haven, CT 06519	Yes	Medical #004235900
CS-HHC at Safe Haven	210 State Street, New Haven, CT 06510	Yes	Medical #004235900
Augusta Lewis Troup SBHC	259 Edgewood Ave, New Haven, CT 06511	Yes	Mental Health 4235918
Dr. Reginald Mayo Early Childhood School	185 Goffe Street, New Haven, CT 06511	Yes	Medical #004235900; Dental 4235893; Mental Health 4235918
Mobile Van	400-428 Columbus Avenue, New Haven, CT 06519-1233	Yes	Medical #004235900
Cornell Scott Hill Health Center at the Dixwell Q-House	197 Dixwell Ave, New Haven, CT 06511	Yes	Medical #004235900; Mental Health 4235918
Washington Elementary School	255 Melroy Road, West Haven, CT 06516	Yes	Medical #004235900; Mental Health 4235918
Savin Rock Community School	50 Park St, West Haven, CT 06516	Yes	Medical #004235900; Mental Health 4235918
Ridge Hill Elementary School	120 Carew Rd, Hamden, CT 06517	Yes	Medical #004235900; Mental Health 4235918
Dunbar Hill Elementary School	315 Lane St, Hamden, CT 06514	Yes	Medical #004235900; Mental Health 4235918
Helen Street School	285 Helen St, Hamden, CT 06514	Yes	Medical #004235900; Mental Health 4235918

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

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

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

Reporting Period: From 7/1/2022 To 6/30/2023

FQHC Name: Cornell Scott-Hill Health Corporation

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	2,218,292	451,098	2,669,390		2,669,390		2,669,390
b. Physician Assistant	497,967	101,263	599,230		599,230		599,230
c. Nurse (APRN, Midwife, RN)	8,126,475	1,652,548	9,779,023		9,779,023		9,779,023
d. Other - Specify							
Medical Assistant, Case Managers, Dieticians, Other	7,492,693	1,523,622	9,016,315		9,016,315		9,016,315
			0		0		0
			0		0		0
			0		0		0
			0		0		0
			0		0		0
			0		0		0
			0		0		0
			0		0		0
			0		0		0
			0		0		0
			0		0		0
e. **Subtotal Direct Health Care Cost**	**18,335,427**	**3,728,531**	**22,063,958**	**0**	**22,063,958**	**0**	**22,063,958**
2. **Other Direct Health Care Cost**							
a. Medical Supplies		691,928	691,928		691,928		691,928
b. Transportation		14,780	14,780		14,780		14,780
c. Depreciation - Medical Equipment		215,968	215,968		215,968		215,968
d. Professional Liability Insurance		50,053	50,053		50,053		50,053
e. Laboratory		1,306	1,306		1,306		1,306
f. Radiology		0	0		0		0
g. Physician-Administered Drugs		23,860	23,860		23,860		23,860
h. Other - Specify							
Rent, Utilities		1,655,586	1,655,586		1,655,586		1,655,586
Physicians (Contracted)		5,494,797	5,494,797		5,494,797		5,494,797
Professional Licenses		23,242	23,242		23,242		23,242
Property Taxes		0	0		0		0
Other Program Supplies		537,150	537,150		537,150		537,150
i. **Subtotal Other Direct Health Care Cost**	**0**	**8,708,670**	**8,708,670**	**0**	**8,708,670**	**0**	**8,708,670**
3. **TOTAL DIRECT HEALTH CARE COST (1e & 2i)**	**18,335,427**	**12,437,201**	**30,772,628**	**0**	**30,772,628**	**0**	**30,772,628**

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

Reporting Period: From 7/1/2022 To 6/30/2023

FQHC Name: Cornell Scott-Hill Health Corporation

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	1,006,663	204,709	1,211,372		1,211,372		1,211,372
b. Dental Hygienst	303,079	61,632	364,711		364,711		364,711
c. Other - Specify							
Dental Assistants	1,065,562	216,686	1,282,248		1,282,248		1,282,248
			0		0		0
			0		0		0
			0		0		0
			0		0		0
			0		0		0
			0		0		0
			0		0		0
			0		0		0
			0		0		0
			0		0		0
			0		0		0
			0		0		0
			0		0		0
d. Subtotal Direct Dental Care Cost	**2,375,304**	**483,027**	**2,858,331**	**0**	**2,858,331**	**0**	**2,858,331**
2 Other Direct Dental Care Cost							
a. Dental Supplies		281,071	281,071		281,071		281,071
b. Transportation		0	0		0		0
c. Depreciation - Dental Equipment		76,209	76,209		76,209		76,209
d. Professional Liability Insurance		5,523	5,523		5,523		5,523
e. Other - Specify							
Rent/Utilities		85,092	85,092		85,092		85,092
Contract Services		10,018	10,018		10,018		10,018
Professional Licenses		3,280	3,280		3,280		3,280
Other Program Supplies		19,159	19,159		19,159	(7)	19,152
			0		0		0
f. Subtotal Other Direct Dental Care Cost	**0**	**480,352**	**480,352**	**0**	**480,352**	**(7)**	**480,345**
3 TOTAL DIRECT DENTAL CARE COST (1d & 2f)	**2,375,304**	**963,379**	**3,338,683**	**0**	**3,338,683**	**(7)**	**3,338,676**

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

Reporting Period: From 7/1/2022 To 6/30/2023

FQHC Name: Cornell Scott-Hill Health Corporation

Form A-3 (Direct Mental Health Care Cost)

RECLASSIFICATIONS AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

	COST CENTER	Salaried Personnel	Other Costs	Total	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	85,057	17,297	102,354		102,354		102,354
b.	Social Worker	5,891,634	1,198,085	7,089,719		7,089,719		7,089,719
c.	Other - Specify							
	Psychiatrists, Medical Assistants, Case Managers, LPC, LADC, Other	8,084,498	1,644,012	9,728,510		9,728,510		9,728,510
				0		0		0
				0		0		0
				0		0		0
				0		0		0
				0		0		0
				0		0		0
				0		0		0
d.	**Subtotal Direct Mental Health Care Cost**	**14,061,189**	**2,859,394**	**16,920,583**	**0**	**16,920,583**	**0**	**16,920,583**
2.	**Other Direct Mental Health Care Cost**							
a.	Medical Supplies		17,697	17,697		17,697		17,697
b.	Transportation		5,064	5,064		5,064		5,064
c.	Depreciation - Mental Health Equipment		46,283	46,283		46,283		46,283
d.	Professional Liability Insurance		34,060	34,060		34,060		34,060
e.	Other - Specify							
	Rent/Utilities		596,942	596,942		596,942		596,942
	Contract Services		191,121	191,121		191,121		191,121
	Professional Licenses		21,556	21,556		21,556		21,556
	Property Tax		0	0		0		0
	Program Supplies		117,173	117,173		117,173		117,173
f.	**Subtotal Other Direct Mental Health Care Cost**	**0**	**1,029,896**	**1,029,896**	**0**	**1,029,896**	**0**	**1,029,896**
3.	**TOTAL DIRECT MENTAL HEALTH CARE COST (1d & 2f)**	14,061,189	3,889,290	17,950,479	0	17,950,479	0	17,950,479
D.	TOTAL DIRECT COST BEFORE NON-ALLOWABLE SERVICES	**34,771,920**	**17,289,870**	**52,061,790**	**-**	**52,061,790**	**(7)**	**52,061,783**

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

Reporting Period: From 7/1/2022 To 6/30/2023

FQHC Name: Cornell Scott-Hill Health Corporation

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

RECLASSIFICATIONS AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

COST CENTER	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		117,144	117,144		117,144		117,144
b. Radiology		0	0		0		0
c. Prescription Drugs/Pharmacy		7,128,111	7,128,111		7,128,111		7,128,111
d. Battered Women		0	0		0		0
e. Homeless		0	0		0		0
f. WIC		1,167,208	1,167,208	0	1,167,208		1,167,208
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	**0**	**8,412,463**	**8,412,463**	**0**	**8,412,463**	**0**	**8,412,463**
F. TOTAL DIRECT COST (D+E1i)	**34,771,920**	**25,702,333**	**60,474,253**	**-**	**60,474,253**	**(7)**	**60,474,246**

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

Reporting Period: From 7/1/2022 To 6/30/2023

FQHC Name: Cornell Scott-Hill Health Corporation

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		324,481	324,481		324,481	0	324,481
b.	Insurance		0	0		0		0
c.	Interest on Mortgage or Loans		30	30		30		30
d.	Utilities		141,022	141,022		141,022		141,022
e.	Depreciation - Building		1,236,108	1,236,108		1,236,108		1,236,108
f.	Depreciation - Equipment		563,651	563,651		563,651		563,651
g.	Housekeeping & Maintenance		2,582,527	2,582,527		2,582,527		2,582,527
h.	Other (Specify)							
	Other Property Taxes		61,152	61,152		61,152		61,152
	Laundry & Dietary		468,961	468,961		468,961		468,961
	Security		1,300,650	1,300,650		1,300,650		1,300,650
				0		0		0
				0		0		0
i.	**Subtotal Overhead - Facility Cost**	**0**	**6,678,582**	**6,678,582**	**0**	**6,678,582**	**0**	**6,678,582**
H.	**OVERHEAD - ADMINISTRATIVE COST**							
a.	Office Salaries	12,316,429		12,316,429		12,316,429		12,316,429
b.	Depreciation - Office Equipment		0	0		0		0
c.	Office Supplies		444,762	444,762		444,762		444,762
d.	Legal		70,519	70,519		70,519		70,519
e.	Accounting		173,051	173,051		173,051		173,051
f.	Insurance		535,325	535,325		535,325		535,325
g.	Telephone		578,070	578,070		578,070		578,070
h.	Fringe Benefits and Payroll Taxes		2,504,591	2,504,591		2,504,591		2,504,591
i.	Interest - Capital Loans		349,396	349,396		349,396		349,396
j.	Other (Specify)							
	Transportation/Travel		446,883	446,883		446,883		446,883
	Contract Labor		1,173,237	1,173,237		1,173,237		1,173,237
	Computer/IT		1,339,819	1,339,819		1,339,819		1,339,819
	HR/Training/Education		1,193,382	1,193,382		1,193,382		1,193,382
	Dues/Subscriptions/Licenses		82,413	82,413		82,413		82,413
	Marketing/Lobbying/Bad Debt		1,887,931	1,887,931		1,887,931	(1,887,931)	0
	Other Supplies		(1,270,852)	(1,270,852)		(1,270,852)	(371,338)	(1,642,190)
				0		0		0
k.	**Subtotal Overhead - Administrative Cost**	**12,316,429**	**9,508,527**	**21,824,956**	**0**	**21,824,956**	**(2,259,269)**	**19,565,687**
l.	**TOTAL OVERHEAD COST (Gi+Hk)**	**12,316,429**	**16,187,109**	**28,503,538**	**-**	**28,503,538**	**(2,259,269)**	**26,244,269**
J.	**GRAND TOTAL COSTS[2] (F+I)**	**47,088,349**	**41,889,442**	**88,977,791**	**-**	**88,977,791**	**(2,259,276)**	**86,718,515**

[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 7/1/2022 To 6/30/2023

FQHC Name: Cornell Scott-Hill Health Corporation

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

HEALTH CARE COMPENSATION, ENCOUNTERS, HOURS, AND FTEs BY PRACTITIONER

	HEALTH CARE COMPENSATION, ENCOUNTERS, HOURS, & FTEs *(Excluding Dental, Mental Health, and Other)*	Specialty	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 attached.		2,218,292	78,192	36,698	17.64
2.						0.00
3.						0.00
4.						0.00
5.						0.00
6.						0.00
7.						0.00
8.						0.00
9.						0.00
10.						0.00
	Total Physician Encounters, Staff Hours and FTEs		2,218,292	78,192	36,698	17.64
B.	**PHYSICIAN ASSISTANT**					
1.	Please see attached.		497,967	9,950	77,596	37.31
2.						0.00
3.						0.00
4.						0.00
5.						0.00
	Total Physician Assistant Encounters, Hours and FTEs		497,967	9,950	77,596	37.31

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

Reporting Period: From 7/1/2022 To 6/30/2023

FQHC Name: Cornell Scott-Hill Health Corporation

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

HEALTH CARE COMPENSATION, ENCOUNTERS, HOURS, AND FTEs BY PRACTITIONER

	HEALTH CARE COMPENSATION, ENCOUNTERS, HOURS, & FTEs *(Excluding Dental, Mental Health, and Other)*	Specialty	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*
C.	**NURSE (APRN, MIDWIFE, RN)**					
1.	Please see attached.		8,126,475	98,670	201,085	96.68
2.						0.00
3.						0.00
4.						0.00
5.						0.00
	Total Nurse Practioner		8,126,475	98,670	201,085	96.68
D.	**PHYSICIAN SERVICES UNDER CONTRACT**					
1.	Physicians Under Contract					0.00
2.						0.00
3.						0.00
4.						0.00
5.						0.00
	Total Physician Services Under Contract		0	0	0	0.00
E.	**OTHER HEALTH CARE PRACTITIONER**					
1.	Please see attached.					0.00
2.	Dietician, Lab Tech, OT, Other		7,492,693	19,194	351,367	168.93
3.	Medical Assistants					0.00
	Total Other Health Care Practitioner		7,492,693	19,194	351,367	168.93

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

Reporting Period: From 7/1/2022 To 6/30/2023

FQHC Name: Cornell Scott-Hill Health Corporation

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

DENTAL SERVICES COMPENSATION, ENCOUNTERS, HOURS, AND FTEs BY PRACTITIONER

	DENTAL CARE COMPENSATION, ENCOUNTERS, HOURS, & FTEs	Compensation	Encounters	Total Employee Hours and FTEs: Employee Total Hours	Total Employee Hours and FTEs: 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 attached.	1,006,663	13,063	9,994	4.80
2.					0.00
3.					0.00
4.					0.00
5.					0.00
	Total Dentist Encounters, Staff Hours and FTEs	1,006,663	13,063	9,994	4.80
B.	**DENTAL HYGIENIST**				
1.	Please see attached.	303,079	4,995	9,797	4.71
2.					0.00
3.					0.00
4.					0.00
5.					0.00
	Total Dental Hygienist Encounters, Hours and FTEs	303,079	4,995	9,797	4.71
C.	**OTHER DENTAL PRACTITIONER**				
1.	Please see attached.	1,065,562	0	16,284	7.83
2.					0.00
3.					0.00
4.					0.00
5.					0.00
	Total Other Dental Practitioner Encounters, Hours and FTEs	1,065,562	0	16,284	7.83

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Reporting Period: From 7/1/2022 To 6/30/2023

FQHC Name: Cornell Scott-Hill Health Corporation

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

MENTAL HEALTH SERVICES COMPENSATION, ENCOUNTERS, HOURS, AND FTEs BY PRACTITIONER

	MENTAL HEALTH SERVICES COMPENSATION, ENCOUNTERS, HOURS, & FTEs	Compensation	Encounters	Total Employee Hours and FTEs: Employee Total Hours	Total Employee Hours and FTEs: FTEs (2080 hrs = 1 FTE)
	Provide itemized de-identified list (e.g., Psychologist 1)	*125,000*	*1,500*	*1,040*	*0.50*
A.	**PSYCHOLOGIST**				
1.	Please see attached.	85,057	974	2,619	1.26
2.					0.00
3.					0.00
4.					0.00
5.					0.00
	Total Psychologist Encounters, Staff Hours and FTEs	85,057	974	2,619	1.26
B.	**SOCIAL WORKER**				
1.	Please see attached.	5,891,634	93,460	229,316	110.25
2.					0.00
3.					0.00
4.					0.00
5.					0.00
	Total Social Worker Encounters, Hours and FTEs	5,891,634	93,460	229,316	110.25
C.	**OTHER MENTAL HEALTH PRACTITIONER**				
1.	Please see attached.				0.00
2.	Psychiatrist	1,019,732	438	9,648	4.64
3.	Other Mental Health Practitioners	6,071,365	11,176	90,373	43.45
4.	Psych APRN	993,401	8,585	16,145	7.76
5.					0.00
	Total Other Mental Health Practitioner Encounters, Hours and FTEs	8,084,498	20,199	116,166	55.85

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FQHC Name: Cornell Scott-Hill Health Corporation

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

SUMMARY COMPENSATION, ENCOUNTERS, HOURS, AND FTEs BY PRACTITIONER TYPE

	SUMMARY COMPENSATION, ENCOUNTERS, HOURS, AND FTEs BY PRACTITIONER TYPE	Number of Practitioners	Total Compensation	Compensation Range		Turnover		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	19	2,218,292	365,000	49,920	-	2	78,192	36,698	17.64
2.	PHYSICIAN ASSISTANT	48	497,967	202,800	24,960	9	10	9,950	77,596	37.31
3.	NURSE (APRN, MIDWIFE, RN)	160	8,126,475	200,000	28,600	39	39	98,670	201,085	96.68
4.	PHYSICIAN SERVICES UNDER CONTRACT		0					0	0	0.00
5.	OTHER HEALTH PROFESSIONALS	221	7,492,693	260,000	37,440	41	42	19,194	351,367	168.93
6.	OTHER ALLIED HEALTH PROFESSIONALS					-	-			0.00
7.	OTHER HEALTH CARE PRACTITIONERS		0			-	-	0	0	0.00
	Total Health Care	448	18,335,427			89	93	206,006	666,746	320.56
B.	**DENTAL PRACTITIONERS**									
1.	DENTIST	8	1,006,663	260,000	152,000	1	3	13,063	9,994	4.80
2.	DENTAL HYGIENIST	5	303,079	81,120	52,458	-	-	4,995	9,797	4.71
3.	OTHER DENTAL PRACTITIONERS	10	1,065,562	49,920	41,600	2	1	0	16,284	7.83
	Total Dental	23	2,375,304			3	4	18,058	36,075	17.34
C.	**MENTAL HEALTH PRACTITIONERS**									
1.	PSYCHIATRIST	9	1,019,732	457,600	57,200	2	-	438	9,648	4.64
2.	PSYCHOLOGIST	2	85,057	140,000	95,000	-	1	974	2,619	1.26
3.	LICENSED CLINICAL SOCIAL WORKER	131	5,891,634	155,000	42,000	21	14	93,460	229,316	110.25
4.	PSYCHIATRIC APRN	10	993,401	270,400	125,000	2	2	8,585	16,145	7.76
5.	OTHER MENTAL HEALTH PRACTITIONERS	55	6,071,365	274,000	39,520	14	8	11,176	90,373	43.45
	Total Mental Health	207	14,061,189			39	25	114,633	348,101	167.36

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FQHC Name:	Cornell Scott-Hill Health Corporation			

Form C (Cost Adjustment & Allocation)

	COST ADJUSTMENT AND ALLOCATION	
A.	Direct Cost Title XIX Services (P5 - Form A-3, Line D, Col. VII)	52,061,783
B.	Direct Cost Other Services (P6 - Form A-4, Line E.1.i, Col. VII)	8,412,463
C.	Total Direct Costs (A+B)	60,474,246
D.	Portion of Title XIX Services (A/C)	86.09%
E.	Total Overhead Cost (P7 - Form A-5, Line I, Col. VII)	26,244,269
F.	Overhead Cost Applicable to Title XIX Services (DxE)	22,593,691
G.	Total Title XIX Services Cost (A+F)	74,655,474
H.	Thirty Percent (30%) of Total Title XIX Svc Cost (Gx.30)	22,396,642
I.	Cost Adjustment (Lower of H-F or Zero)	(197,049)
J.	Allowable Title XIX Overhead Cost (F+I)	22,396,642
K.	Direct Costs	
	1. Health Care Services (P3 - Form A-1, Line A3, Col. VII)	30,772,628
	2. Dental Services (P4 - Form A-2, Line B3, Col. VII)	3,338,676
	3. Mental Health Services (P5 - Form A-3, Line C3, Col. VII)	17,950,479
	4. Total Direct Costs (K1 thru K3)	52,061,783
L.	Direct Costs as a % of Total	
	1. Health Care Services (K1/K4)	59.11%
	2. Dental Services (K2/K4)	6.41%
	3. Mental Health Services (K3/K4)	34.48%
M.	Allocated Allowable Overhead Cost	
	1. Health Care Services (JxL1)	13,238,655
	2. Dental Services (JxL2)	1,435,625
	3. Mental Health Services (JxL3)	7,722,362
	4. Total Allowable Title XIX Overhead Cost (M1 thru M3)	22,396,642

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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)	30,772,628
	B.	Allowable Overhead Cost (P13 - Form C, Line M1)	13,238,655
	C.	Total Allowable Health Care Cost (A+B)	44,011,283
	D.	Encounters (P12 - Form B-4, Health Care Total)	206,006
	E.	Allowable Health Care Cost Per Encounter (C/D)	213.64
II.	Dental		
	A.	Direct Dental Care Cost (P4 - Form A-2, Line B3, Col. VII)	3,338,676
	B.	Allowable Overhead Cost (P13 - Form C, Line M2)	1,435,625
	C.	Total Allowable Dental Cost (A+B)	4,774,301
	D.	Encounters (P12 - Form B-4, Dental Total)	18,058
	E.	Allowable Dental Cost Per Encounter (C/D)	264.39
III.	Mental Health		
	A.	Direct Mental Health Care Cost (P5 - Form A-3, Line C3, Col. VII)	17,950,479
	B.	Allowable Overhead Cost (P13 - Form C, Line M3)	7,722,362
	C.	Total Allowable Mental Health Cost (A+B)	25,672,841
	D.	Encounters (P12 - Form B-4, Mental Health Total)	114,633
	E.	Allowable Mental Health Cost Per Encounter (C/D)	223.96

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FQHC Name: Cornell Scott-Hill Health Corporation

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		(21,260,086)	(1,668,561)	(18,892,323)	0	(41,820,970)
2.	Private		(4,586,074)	(401,852)	(1,769,120)	0	(6,757,046)
3.	Medicare		(7,434,464)	(122,015)	(4,315,908)	(180)	(11,872,567)
4.	Patient Cash/Self Pay		(1,006,738)	(316,680)	(112,846)	20,196	(1,416,068)
5.	Other - Specify		0	0	0	0	0
6.	Total (1 thru 5)		(34,287,362)	(2,509,108)	(25,090,197)	20,016	(61,866,651)
B.	Other Revenue						
1.	Contributions		0	0	0	0	0
2.	Grants		(11,345,379)	(1,879,386)	(2,967,852)	(1,876,973)	(18,069,590)
3.	Interest		0	0	0	(129,123)	(129,123)
4.	Donations		0	0	0	(27,526)	(27,526)
5.	Other - Specify	Rent	0	0	0	0	0
6.	Other - Specify	Catering	0	0	0	(91,347)	(91,347)
7.	Other - Specify	Contracts	(3,000)	0	0	(248,385)	(251,385)
8.	Other - Specify	Other/WIC	(1,313,154)	0	(6)	(459,604)	(1,772,764)
9.	Other - Specify						0
10.	Other - Specify						0
11.	Total (1 thru 10)		(12,661,533)	(1,879,386)	(2,967,858)	(2,832,958)	(20,341,735)
C.	Other Revenue (Include revenue generated by non-approved FQHC sites)						
1.	Other - Specify	Patient Refunds	16,898	7,022	4,285	6,895	35,100
2.	Other - Specify	Vaccines and Donated Materials	(304,857)	0	0	0	(304,857)
3.	Other - Specify	Pharmacy	(1,931,188)	(2,043,585)		(77,791)	(4,052,564)
4.	Other - Specify	Donation Revenue	0	0	0	(60,000)	(60,000)
5.	Other - Specify	Investment - QALICB	0	0	0	(174,719)	(174,719)
6.	Other - Specify	Unrealized Gain/Loss	0	0	0	(940,000)	(940,000)
7.	Total (1 thru 7)		(2,219,147)	(2,036,563)	4,285	(1,245,615)	(5,497,040)
D.	Total Revenue (A6+B11+C7)		(49,168,042)	(6,425,057)	(28,053,770)	(4,058,557)	(87,705,426)

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FQHC Name:	Cornell Scott-Hill Health Corporation			

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)*	0
2.	Dental	0
3.	Mental Health	0
4.	Other - Specify	0
	Other - Specify	
	Other - Specify	
	Other - Specify	
	Other - Specify	
5.	Total (1 thru 4)	0

B.	Grants *(Excluding PHS)*	
1.	Services *(Excluding Dental, Mental Health and Other)*	(11,345,379)
2.	Dental	(1,879,386)
3.	Mental Health	(2,967,852)
4.	Other - Specify Various Other Program Grants	(1,876,973)
	Other - Specify	
	Other - Specify	
	Other - Specify	
	Other - Specify	
5.	Total (1 thru 4)	(18,069,590)

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Form G (Cost Disallowance and Offset)

COST DISALLOWANCE AND OFFSET

A.	**Cost Disallowance**			
	1.	Entertainment		
	2.	Fines and penalties	0	
	3.	Bad debt		
	4.	Cost of actions to collect receivables		
	5.	Advertising, except for recruitment of personnel	1,833,181	
	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	54,750	
	14.	Interest		
	15.	Pass through expenses		
	16.	Total (1 thru 15)		1,887,931
B.	**Cost Offset *(Expense Recovery)***			
	1.	Refunds - Medicaid Outreach	(35,100)	
	2.	Rent Income	0	
	3.	In-Kind Medical Supplies	0	
	4.	In-Kind Dental Supplies		
	5.	In-Kind Computer Supplies		
	6.	In-Kind Advertising		
	7.	Total (1 thru 6)		(35,100)
C.		Total Cost Disallowance and Offset (A16+B7)		1,852,831

Cornell Scott - Hill Health Corporation
FYE 6/30/2023
Reconciliation to Financial Statements

Total Revenue per Cost Report	$	(87,705,426)	
Total Expenses per Cost Report		88,977,791	
Net (Income) Loss	$	1,272,365	
To Roll Net Assets AJE		-	
Rounding		-	
Net (Income) Loss	$	1,272,365	
Net (Income) Loss per F/S		-	N/A - FS not yet Available
Non-Op (Income) Loss per F/S		-	N/A - FS not yet Available
Difference	**$**	**1,272,365**	

Cornell Scott - Hill Health Corporation
FYE 6/30/2023
Additional Medicaid Provider Numbers

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