

## DEPARTMENT OF HEALTH AND HUMAN SERVICES DIVISION OF MEDICAL ASSISTANCE

ROY COOPER GOVERNOR MANDY COHEN, MD, MPH SECRETARY

DAVE RICHARD
DEPUTY SECRETARY FOR MEDICAL ASSISTANCE

November 6, 2017

Brunswick County Health Dept. Attn: Administrator 25 Courthouse Drive

Bolvia, NC 28422

RE: Reconsideration Review

Provider: Brunswick County Health Dept.

Provider NPI: 1841248622

Provider #: 34-4476 FYE: June 30, 2013

Dear Administrator:

We have revised the Medicaid Cost Report identified above based on adjustments as agreed to in your email dated October 24, 2017. This Revised Cost Report is enclosed with accompanying Attachment A's. Completion of the transaction identified below will effectively resolve and close this appeal.

The enclosed Attachment A summarizes the settlement. If Line 7 of the Attachment A indicates an amount due the Medicaid Program, please remit that amount to: DHHS Office of the Controller, Accounts Receivable - Medical Assistance, 2022 Mail Service Center, Raleigh, North Carolina 27699-2022. In accordance with N.C.G.S. Section 105.241.21 and as required by N.C.G.S. Section 147-86.23, a late penalty will be assessed and monthly interest will begin to accrue thirty (30) days from the date this overpayment becomes final. In accordance with such authority, if this letter reflects a revision of a previously determined settlement amount, penalties and interest shall be recalculated on the revised settlement amount, penalties and interest shall be recalculated on the revised settlement amount and interest will be charged from the original due date of the account. If line 7 indicates an amount due to your facility, payment for this amount will be forthcoming. For questions regarding payments call Donna Deans, DHHS Controller's Office at (919) 527-6213.

Payment plans can be requested by contacting the DMA Budget Management Office at (919) 855-4140. Payment plans, if approved may not exceed 24 months. Please contact DMA Budget Management Office for payment plan qualification requirements.

Page 2

Brunswick County Health Dept.

FYE: June 30, 2013

PLEASE NOTE: The Department is not required to approve requests for payment plans.

Sincerely,

Katherine Cardenas, CPA

Latherine Cardenas

Audit Manager

DMA Audit Section

Enclosures

Cc: Perm File Susan Bryan

NPI: 1841248622

Type: LHD Medicaid Medical Services Cost Settlement/Clinic
Statement of Status For Settlement

Status:

(Revised Desk Settlement)

| CK COUNTY HEALTH D  |                                 |  |   |  |                                    |  |
|---------------------|---------------------------------|--|---|--|------------------------------------|--|
|                     |                                 |  |   |  |                                    |  |
|                     |                                 |  |   |  |                                    |  |
|                     |                                 |  |   |  |                                    |  |
|                     |                                 |  |   |  |                                    |  |
|                     |                                 |  |   | Revised Desk<br>Settlement   |                                    | Adjustment<br>Amount   |
|                     | \$                              | 510,179.00   | \$  | 616,460.00   |                                    | 106,281.00   |
| eimbursed<br>0.6545 | \$                              | 176,267.00   | \$  | 212,987.00   | \$                                 | 36,720.00  |
|                     | \$<br>                          | 176,267.00   | \$  | 212,987.00   | \$                                 | 36,720.00  |
| ttlement            | \$                              | 0.00   | \$<br>  | 0.00<br>0.00   | \$                                 | 0.00   |
| gram                | \$<br>                          | 0.00   | \$  | 0.00   | \$                                 | 0.00   |
| .)                  | \$                              | 333,912.00   | \$  |  |                                    | 69 <b>,</b> 561.00   |
|                     |                                 |  |   |  |                                    |  |
|                     |                                 |  |   |  |                                    | Ē  |
| Date                |                                 | Item Number  |   | Amount   |                                    | l<br>Division  |
| 07/02/14            |                                 | 1306T55686AP   | \$  | (561,864.00)   |                                    |  |
| 08/14/14            | CK#                             | 10590890 PAID  | \$  | 561,864.00   |                                    |  |
| 0//20/1/            |                                 | 1306067323FJ   | ş   | 227,952.00   |                                    | and the second   |
|                     |                                 |  |   |  |                                    | <del>-</del>   |
|                     |                                 |  |   |  |                                    |  |
|                     |                                 |  |   |  |                                    | ANY 1840.  |
| 11/01/17            |                                 |  |   | (69.561.00)  |                                    | <u></u>  |
|                     |                                 |  |   |  |                                    | တ  |
|                     |                                 |  | \$  | 158,391.00   |                                    | 4.94   |
| icaid Program       |                                 |  | ====  | ======================================   |                                    | _  |
|                     | Officor                         | Pavables are   |   |  |                                    | Annual State of the State of th |
|                     | Date 07/02/14 07/26/17 11/01/17 | De Seimbursed Seitlement Seitleme | Desk Settlement  \$ 510,179.00  Reimbursed \$ 176,267.00  \$ 176,267.00  Settlement \$ 0.00  0.00  0.00  Degram \$ 0.00  S 333,912.00  Date Item Number  07/02/14 1306T55686AP 1306T55762PJ 08/14/14 CK# 10590890 PAID 1306D67323PJ  11/01/17 | Desk Settlement  \$ 510,179.00 \$  0.6545 \$ 176,267.00 \$  176,267.00 \$  20 0.00 \$  20 0.00 \$  20 0.00 \$  20 0.00 \$  21 0.00 \$  21 0.00 \$  22 0.00 \$  23 0.00 \$  24 0.00 \$  25 0.00 \$  26 0.00 \$  27 0.00 \$  28 0.00 \$  29 0.00 \$  20 0.00 \$  20 0.00 \$  21 0.00 \$  22 0.00 \$  23 0.00 \$  24 0.00 \$  25 0.00 \$  26 0.00 \$  27 0.00 \$  28 0.00 \$  29 0.00 \$  20 0.00 \$  20 0.00 \$  20 0.00 \$  21 0.00 \$  22 0.00 \$  23 0.00 \$  24 0.00 \$  25 0.00 \$  26 0.00 \$  27 0.00 \$  28 0.00 \$  29 0.00 \$  20 0.00 | Desk Settlement    Desk Settlement | Desk Settlement    Desk Settlement   |

Approved by:

Date

11/6/17

1841248622 NPI: -----

Type: LHD Medicaid Family Planning Services Cost Settlement Statement of Status For Settlement

Status:

(Revised Desk Settlement)

|    | Date: 10/30/17   | FYE   | G:           | 06/30/13            |                |  |        |                              |
|----|--|---|--------------|---------------------|----------------|--|--------|------------------------------|
|    |  | BRUNSWICK COUNTY HEALT:   | מ מממת ע     | PMENT               |                |  |        |                              |
|    | Provider Name:   |   |              |                     |                |  |        |                              |
|    | Provider Number:   | 3404476   | -            |                     |                |  |        |                              |
|    | DMA C.S. Account #   | ŧ:  | -            |                     |                |  |        |                              |
|    |  |   |              |                     |                |  |        |                              |
|    |  |   |              | ~~~~~~~~~~~~        |                |  | -      |                              |
|    |  |   |              | Desk Settlement     |                | Revised Desk<br>Settlement                                       | -      | Adjustment<br>Amount         |
| 1. | Cost in Excess of  | Reimbursement   | \$           | 42,250.00           |                | 52,439.00  | -      | 10,189.00                    |
| 2. | State & Local Port<br>FMAP Used  | tion Not to be Reimbursed 0.9000  | \$           | 4,225.00            |                | 5,244.00   | \$     | 1,019.00                     |
| 3  | ADJUSTMENTS  |   | \$           | 4,225.00            | \$             | 5,244.00   | \$<br> | 1,019.00                     |
| J. |  | om Tentative Settlement   | \$           | 0.00                | \$             | 0.00   | \$ -   | 0.00                         |
| 4. | Gross Amount Due T   | The Medicaid Program  | \$           | 0.00                | \$             | 0.00   | \$ -   | 0.00                         |
| 5. | Gross Amount Due T   |   | \$           | 38,025.00           |                | 47,195.00  |        | 9,170.00                     |
| 6. | COST SETTLEMENT TR   | RANSACTION HISTORY  |              |                     |                |  |        |                              |
|    | Number o   |   |              |                     |                |  |        | 201                          |
|    | Transacti  |   |              | Item Number         |                | Amount   | _      | ~ <del>Di</del> vision       |
|    | (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) (11) (12) (13) (14) (15) (16)  Balance Due To / | 07/02/14 07/08/14 08/14/14 08/14/14 07/26/17  10/30/1  (From) The Medicaid Program  Attention DHHS Controll federal share only at 90% up. Receivables are who | 7<br>ers Off | ind must be grossed | \$<br>\$<br>\$ | (73,206.00)<br>73,206.00<br>35,181.00<br>(9,170.00)<br>26,011.00 |        | 1890 - 8 VIII - 11 V S - VOV |
|    |  | not gro   |              |                     |                |  |        | ۵ 2 گ                        |
|    |  |   |              |                     | Appro          | oved by:   | _      | 14,                          |
|    |  |   |              |                     | Date           |  | nonen  | 11/6/17                      |

|                            | ВС       | D   | E       | F                                    | G                              | Н                 |                                       | J       | K                                 | L             | М                               | I           |
|----------------------------|----------|---|---------|--------------------------------------|--------------------------------|-------------------|---------------------------------------|---------|-----------------------------------|---------------|---------------------------------|-------------|
| 1<br>2<br>3                |          | th Carolina Division of Public Health<br>al Health Department Cost Report                               |         |                                      |                                |                   |                                       |         |                                   |               |                                 |             |
| 4                          | 0507     | TON L. COOT DEPORT ATTECTATIO   |         |                                      |                                |                   |                                       |         |                                   |               |                                 |             |
| 7                          | SECT     | TION I - COST REPORT ATTESTATIO   | N       |                                      |                                |                   |                                       |         |                                   |               |                                 |             |
| 8                          |          |   |         |                                      |                                |                   |                                       |         |                                   |               |                                 |             |
| 9                          | 1. Gove  | ernmental Provider Name and Address:  |         |                                      | -                              |                   |                                       |         |                                   |               |                                 |             |
| 11 12                      |          | Brunswick County Health Department 25 Courthouse Drive  |         |                                      |                                |                   | NPI No<br>Medicaid Provider No        |         |                                   | 2486<br>04476 |                                 |             |
| 13<br>14                   |          | Bolvia, NC 28422  |         |                                      | Fede                           |                   | oyer Identification No                |         |                                   | 0002          |                                 |             |
| 15<br>16                   |          | Type o  | f Subm  | t                                    |                                |                   |                                       |         |                                   |               |                                 |             |
| 17                         |          |   | X       | Original Cost Rep<br>Amended Cost Re |                                |                   |                                       |         |                                   | *****         |                                 |             |
| 18<br>19                   | 2a. Repo | orting Period (Medicaid State Plan Rate Year):  |         |                                      |                                |                   |                                       |         | pe of Provider                    |               |                                 |             |
| 20 21                      |          | From:   |         | 7/1/2012                             | ]                              |                   |                                       |         | k One)<br>Local Health Departn    | nent          |                                 |             |
| 22<br>23                   |          | То:   |         | 6/30/2013                            | ]                              |                   |                                       |         | CDSA<br>Other                     |               |                                 |             |
| 24<br>25                   | 3 a. Ty  | ype of Report:  | b. Cos  | t by Component:                      |                                |                   |                                       |         |                                   |               |                                 |             |
| 26<br>27<br>28<br>29<br>30 | ]        | ] Partial Period Report   |         |                                      |                                |                   | [X]                                   |         | [X]                               |               | [X]                             |             |
| 29                         | [        | ] Quarterly Cost Report   |         |                                      |                                |                   | Medicaid<br>Medical Services          |         | Medicaid Family Planning Services |               | edicaid Adminis<br>approved MAC |             |
| 31                         | [ X      | ] Full Year Cost Report   | Tota    | al Gross Computat                    | ole Expenditure (Ext           | hibit 1b)         | \$960,247                             | ] [     | \$92,051                          | ſ             |                                 | \$0         |
| 32                         |          |   | т       | otal Net Computat                    | ole Expenditure (Ext           | -<br>]<br>  151 - | \$616,460                             | ] [     | \$52,439                          | Γ             |                                 | \$0         |
| 34                         |          |   |         |                                      | t Computable Sett              | , F               | ΨΟ (Ο,400                             | ]       | <b>\$32,433</b>                   | Ŀ             |                                 | <del></del> |
| 35<br>36                   |          |   |         |                                      | FP Applied) (Exhil             |                   | \$403,473                             |         | \$47,195                          |               |                                 | \$0         |
| 37<br>38                   |          |   |         |                                      |                                |                   |                                       |         |                                   |               |                                 |             |
| 39<br>40                   |          |   |         |                                      |                                |                   |                                       |         |                                   |               |                                 |             |
| 41                         |          |   |         |                                      |                                |                   |                                       |         | mwww.u.                           |               | ****                            |             |
| 43                         |          |   |         |                                      |                                |                   |                                       |         |                                   |               |                                 |             |
| 45<br>46                   |          | PAR   | TIC     | ERTIFICATIO                          | ON                             |                   |                                       |         |                                   |               |                                 |             |
| 47<br>48                   |          | CERTIFICATION I   | BY O    | FFICER OF 1                          | THE PROVIDE                    | ER                |                                       |         |                                   |               |                                 |             |
| 49                         |          | I HEREBY CERTIFY that:  |         |                                      |                                |                   |                                       |         |                                   |               |                                 |             |
| 50<br>51                   | 1        | I have examined this statement, the accompar<br>services, and the attached Worksheets for the           |         |                                      | dules, the allocation 7/1/2012 | on of exp         | penses and<br>6/30/2013               | 1       |                                   |               |                                 |             |
| 52                         |          | and that to the best of my knowledge and belie  | f they  | are true and corr                    |                                | L                 |                                       | d<br>d  |                                   |               |                                 |             |
| 53<br>54                   | 2        | records of the provider in accordance with app The expenditures included in this statement ar           |         |                                      | otal cost of record            | ded expe          | enditures includina                   |         |                                   |               |                                 |             |
| 55<br>56                   |          | the federal and non-federal share.  |         |                                      |                                |                   | _                                     |         |                                   |               |                                 |             |
| 57                         | 3        | The required amount of state and/or local fund-<br>expenditures included in this statement, and as      |         |                                      |                                |                   |                                       | ble     |                                   |               |                                 |             |
| 58<br>59                   |          | federal requirements for the non-federal share in origin, or are Federal funds authorized by Fe         |         |                                      |                                |                   |                                       |         |                                   |               |                                 |             |
| 60                         |          | expenditures were not used to meet matching   | require | ments under oth                      | ner Federally fund             | ed prog           | rams).                                |         |                                   |               |                                 |             |
| 61<br>62                   | 4        | Federal matching funds are being claimed on the NC Department of Health & Human Service                 | his rep | ort in accordanc                     | e with the Cost R              | Report in         | structions provided                   | d by    |                                   |               |                                 |             |
| 63                         | 5        | I am the officer authorized by the referenced go  | vernm   | ent agency to su                     |                                |                   | e made a good fait                    | h effor | t                                 |               |                                 |             |
| 64<br>65                   | 6        | to assure that all information reported is true ar<br>I understand that this information will be used a |         |                                      | r federal funds. ar            | nd possi          | blv state funds, an                   | d that  |                                   |               |                                 |             |
| 66<br>67                   |          | falsification and concealment of a material fact  |         |                                      |                                |                   |                                       |         |                                   |               |                                 |             |
| 68                         |          |   |         |                                      |                                |                   |                                       |         |                                   |               |                                 |             |
| 69<br>70                   | SIGN     | ATURE (Officer of the Government Agency)  |         |                                      |                                |                   | •                                     | DAT     | E                                 |               |                                 |             |
| 71<br>72                   | Healt!   | h Director  |         |                                      |                                |                   |                                       | יי וח   | ONE NUMBER                        |               |                                 |             |
| 73                         | ,,,,     |   |         |                                      |                                |                   | · · · · · · · · · · · · · · · · · · · | PH      | ONE NUMBER                        |               |                                 |             |

|  | С       | D  | E           | F              | G                                    | Н        | l           |   | JK          | L  |               | М               |                  | N           |             |             | 0 1                         | P        | Q                     | R         | S            | TL    |
|--|---------|--|-------------|----------------|--------------------------------------|----------|-------------|---|-------------|--|---------------|-----------------|------------------|-------------|-------------|-------------|-----------------------------|----------|-----------------------|-----------|--------------|-------|
| 3<br>4<br>5<br>6<br>7<br>8<br>9  |         |  |             |                |                                      |          |             |   | Local H     | rolina Division of<br>ealth Department<br>DST REPORT SUI | Cost Report   |                 |                  |             |             |             |                             |          |                       | . <b></b> |              |       |
| 8 9  |         |  |             |                |                                      |          |             |   |             |  |               |                 |                  |             |             |             |                             |          |                       |           |              |       |
| 10<br>11<br>12   | r       | Governmental Provider Nam                        |             | ***********    | ]                                    | - AMPA 5 |             |   |             |  |               |                 |                  |             |             | <del></del> | ·                           |          |                       | _         |              |       |
| 13   |         | Brunswick County Health [<br>25 Courthouse Drive | Department  | Ĭ.             |                                      |          |             |   |             |  |               |                 |                  |             |             | Medicaid F  | NPI Numbe<br>Provider Numbe |          | 1841248622<br>3404476 |           |              |       |
| 14<br>15   | Į!      | Bolvia, NC 28422                                 |             |                |                                      |          |             |   |             |  |               |                 |                  | F           |             |             | ification Numbe             |          | 56-6000278            | ]         |              |       |
| 17<br>18   | 2. F    | Reporting Period and Appro                       | val·        |                |                                      |          |             |   |             | ***************************************                  |               |                 |                  |             |             |             |                             |          |                       |           |              |       |
| 19<br>20   | - ,     | tope mig t strou and Appro-                      | vui.        | From:          | 7/1/2012                             | ٦        |             |   |             |  |               |                 |                  |             |             |             |                             |          |                       |           |              |       |
| 21<br>22   |         |  |             | To:            | 6/30/2013                            | 1        |             |   |             |  |               |                 |                  |             |             |             |                             |          |                       |           |              |       |
| 14<br>15<br>16<br>17<br>18<br>19<br>20<br>21<br>22<br>23<br>24<br>25<br>26<br>27<br>28<br>29<br>30<br>31<br>32<br>33<br>34 | Appro   | oved For Submittal to DMA By:                    | David Sta   | anley          |                                      |          |             | He                                      | alth Direc  | tor  |               |                 | 1/0/1900         |             |             |             |                             |          |                       |           |              |       |
| 25<br>26   |         |  |             |                | zed to Sign Cost Report              |          |             | *************************************** | ition Title |  | ************  | ·               | Date             |             |             |             |                             |          |                       |           |              |       |
| 27<br>28   |         | Name of Contact Person                           | David Sta   | inley          |                                      | _        | Telephone I | No.: <u>888</u>                         | 3-428-442   | 9  |               |                 |                  |             |             |             |                             |          |                       |           |              |       |
| 29<br>30   |         | Email Address:                                   | : dstanley  | y@bruns        | co.net                               | _        | Fax         | No.: 910                                | 0-253-238   | 7  |               |                 |                  |             |             |             |                             |          |                       |           |              |       |
| 31   | За. Тур | e of Report:                                     | 3b. Total R | Reported Cos   | sts                                  |          |             |   | 130         | c. Cost Claimed b  | v Componer    | ot:             |                  |             |             |             |                             | ******   |                       |           |              |       |
|  | [ ] F   | Partial Period Report                            | т           | Total Facility | Expenditures After Reclassific       | ation    |             |   |             | o. Oool Olaimea L  | ry Componer   |                 |                  |             |             |             |                             |          |                       |           |              |       |
| 35<br>36   | []      | Quarterly Cost Report                            |             | Adminis        | stration / Support (From Exhibit 5)  | \$       | 1,511,9     | 80                                      |             |  |               |                 |                  |             |             | []          | ]<br>licaid                 |          | [11]                  |           | (111)        |       |
| 37   | (X) F   | Full Year Cost Report                            | Clin        | inical Adminis | stration / Support (From Exhibit 5)  | \$       | 1,119,3     | 70                                      |             |  |               |                 |                  |             |             |             | ettlement                   |          | edicaid Family        |           | dicaid Admin |       |
| 39   |         |  |             | Direct Med     | lical Care / Clinic (From Exhibit 5) | \$       | 2,886,3     | 04                                      |             | Physician  | s / PE / Case | Managers / Bi   | lling / Intake ( | (From Exhib | it 9a & 9b) |             | \$614,168                   |          | \$58,875              |           |              | \$0   |
| 40   |         |  |             |                |                                      |          |             | _                                       |             |  |               |                 | Nurses (         | (From Exhib | it 9a & 9b) |             | \$341,142                   |          | \$32,702              |           |              | \$0   |
| 41<br>42   |         |  |             | No             | on Reimbursable (From Exhibit 5)     | \$       | 1,910,78    | 84                                      |             |  |               |                 | cial Workers (   |             | ,           |             | \$204                       |          | \$20                  |           |              | \$0   |
| 43   |         |  |             |                |                                      |          |             |   |             |  | неап          | n Educators &   | Nutritionists (  | (From Exhib | it 9a & 9b) |             | \$4,734                     |          | \$454                 |           |              | \$0   |
| 44<br>45   |         |  |             |                | Total Expenditures                   | \$       | 7,428,43    | 38                                      |             | Gross  | Computable    | e Medicaid Ex   | penditure (F     | rom Exhibi  | t 9a & 9b)  |             | \$960,247                   |          | \$92,051              |           |              | \$0   |
| 46<br>47   |         |  |             |                |                                      |          |             |   |             |  | Total Me      | edicaid Interim | Payments (F      | rom Exhibit | s 9a & 9b)  | (           | \$343,787)                  |          | (\$39.612)            |           |              | \$0   |
| 48<br>49   |         |  |             |                |                                      |          |             |   | İ           |  |               | Total Net Co    | mputable Me      | edicaid Exp | enditures   |             | \$616,460                   |          | \$52,439              |           |              | \$0   |
| 50   |         |  |             |                |                                      |          |             |   |             |  |               |                 |                  | F           | MAP/FFP     |             | 65.45%                      |          | 90.00%                |           |              | 0.00% |
| 51<br>52   |         |  |             |                |                                      |          |             |   |             |  |               |                 |                  |             | <u> </u>    |             |                             | L        |                       | l L       | 3            |       |
|  |         |  |             |                |                                      |          |             |   |             |  | NET           | COMPUTABL       | L SETTLEM        | ENT (FMAP   | Applied)    |             | \$403,473                   |          | \$47,194.78           |           |              | \$0   |
| 53   |         |  |             |                |                                      |          |             |   |             |  |               |                 |                  |             |             |             |                             |          |                       |           |              |       |
| 54   |         |  |             |                |                                      |          |             |   |             |  |               |                 | TOTAL N          | EDICAID     | ADMIN CL    | LAIMS FO    | R FISCAL Y                  | YEAR (Fr | rom Exhibit 9b)       |           |              | \$0   |
| 53<br>54<br>55<br>56<br>57   |         |  |             |                |                                      |          |             |   |             |  |               |                 |                  |             |             |             | NET MAC S                   | SETTLEM  | MENT AMOUNT           |           |              | \$0   |
| 57<br>58   |         |  |             |                |                                      |          |             |   |             |  |               |                 |                  |             |             |             |                             |          |                       | <u> </u>  | - AMIN'Y A   |       |

|          | A B   | С                        | D                | E        |
|----------|---|--------------------------|------------------|----------|
| 1        | North Carolina Division of Public Health                          | <u> </u>                 | <u> </u>         | <u> </u> |
| 2        | Local Health Department Cost Report                               | Medicaid Provider Number | 3404476          |          |
| 3        | Brunswick County Health Department                                | NPI Number               | 1841248622       |          |
| 4        | STATISTICAL INFORMATION   |                          | <u> </u>         |          |
| 5        |   |                          |                  |          |
| 6        | Period for Statistics   |                          |                  |          |
| 7        | Fiscal Year Start Date  | 7/1/2012                 |                  |          |
| 8        | Fiscal Year End Date  | 6/30/2013                |                  |          |
| 9        |   |                          |                  |          |
| 10       |   |                          |                  |          |
| 12       |   |                          |                  |          |
| 13       | Charges Count   |                          |                  |          |
| 14       |   | Total Number             |                  |          |
| $\vdash$ | Total Medicaid Charges - Applicable Period                        | 705,582                  |                  |          |
| 15       | Total Charges - Applicable Period                                 | 2,126,053                |                  |          |
| 16       | Total Medicaid Charges to Total Charges                           | 33.19%                   |                  |          |
|          |   |                          |                  |          |
| 17       |   |                          |                  |          |
| 18       | Medicaid Charges  | Total Amount             | Percent of Total |          |
| 19       | Total Family Planning Medicaid Charges - Applicable Period        | 58,706                   | 8.3%             |          |
| 20       | Total Family Planning Waiver Medicaid Charges - Applicable Period | 34,469                   | 4.9%             |          |
| 21       | Total Clinical Medicaid Charges - Applicable Period               | 612,407                  | 86.8%            |          |
| 22       | TOTAL   |                          | 100%             |          |
| 23       | TOTAL   | του,382                  | 100 76           |          |
|          |   |                          |                  |          |
| 24       |   |                          |                  |          |
| 25       | Time Reporting Information  |                          |                  |          |
| 26       | Type of Time Report   | Actual Time Reporting    |                  |          |
| 27       | Period of Time Reporting  | 07/01/2012 - 06/30/2013  |                  |          |
| 28       |   |                          |                  |          |

| 1 Nort  | A B  | С  | D   | E                                    | F                                       | G   | Н                                      | T I   |
|---|--|--|---|--------------------------------------|---|---|--|---|
|   | th Carolina Division of Public Health  |  |   |                                      |   | Medicaid  | Provider Numbe                         | 3404476   |
|   | cal Health Department Cost Report  |  |   |                                      |   |   | NPI Numbe                              | 1841248622  |
| 4 Brui  | ual Time Study Results & Reallocation of General Administrative Time   |  |   |                                      |   | Reporting Period  | d From                                 | 7/1/2012  |
| 5   | inswick County Health Department   |  |   |                                      |   |   | To                                     | 6/30/2013   |
|   | CAL HEALTH DEDARTMENT ACTUAL TIME RECULTS. ARRUGARY E ORGANICA   |  |   |                                      |   |   |  |   |
| 9 Nurs  | CAL HEALTH DEPARTMENT ACTUAL TIME RESULTS - APPLICABLE GROUPING  | 1  |   |                                      |   |   |  |   |
| 0   | ses Actual Time Grouping   | ļ  |   |                                      |   |   |  |   |
| Ť   |  | 1 1  |   |                                      |   | <b>Y</b>  | *************                          |   |
| 1   |  | Enter **   | Activity %  | After Reallocation                   |   |   | 4 -d                                   |   |
| 2<br>3<br>4<br>5<br>6<br>6<br>7<br>8<br>9<br>9<br>0<br>1<br>1<br>2<br>3<br>4<br>5<br>6<br>6<br>7<br>8<br>9<br>9<br>0<br>0<br>0<br>1<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0<br>0 | Time Study Data  | Type   | from  | of                                   | Direct                                  | Direct  | Administrative %<br>Discounted         | Medicaid  |
| 3   |  | Activity   | Actual Time   | Gen. Admin.                          | Medical %                               | Administrative %  | Rate                                   | Administrative  |
| 5   |  |  |   |                                      |   |   | (From Exhibit 2)                       |   |
| 6   | Direct Clinical Service Activity   |  | 00.400/   |                                      |   |   |  |   |
| 7   | Behavioral Health Direct Clinical Servi ce Activity  | 1 1  | 80.48%<br>0.00%   | 99.90%                               | 99.90%                                  | 0.00%   |  | 0.00%   |
|   | Non Clinical Service Activity  | 4  | 0.08%   | 0.10%                                |   | 0.00%   | <del> </del>                           | 0.00%   |
| 4   | Laboratory Direct Service Activity   | 4  | 0.00%   |                                      |   | 0.00%   | <del> </del>                           | 0.00%   |
| Ή   | Referral and Coordination of Care Coordination for Children (CC4C) Referral and Coordination of Pregnancy Care Management (PCM)  | 4  | 0.00%   |                                      |   | 0.00%   |  | 0.00%   |
| <u>.</u>  | Paid Time Off (Vacation, Paid Leave, etc.)   | 4 3  | 0.00%   |                                      | 0.000/                                  | 0.00%   |  | 0.00%   |
| ]   | General Administration - Clinical Related (Meetings, Training and Development)   | 3  | 16.95%<br>2.49%   |                                      | 0.00%                                   | 0.00%   |  | 0.00%   |
|   |  | l -  | 2.4570  |                                      | 0.00%                                   | 0.00%   | <del> </del>                           | 0.00%   |
| 4   | Total Allocation Percentage  |  | 100.00%   | 100.00%                              | 99.90%                                  |   | <del> </del>                           | 0.00%   |
| 4   |  |  |   | •                                    |   |   | 1                                      |   |
| 1   | Enter code (1-4) for type of activity **   |  |   |                                      |   |   |  |   |
| ĩ   | Enter if activity is for Direct Medical<br>Enter if Medicaid activity is for Direct Administrative   | 2  |   |                                      |   |   |  |   |
| ]   | Enter if activity is General Administration for reallocation   | 3  |   |                                      |   |   |  |   |
|   | Enter if activity is Non-Medicaid  | 4  |   |                                      |   |   |  |   |
|   |  |  |   |                                      |   |   |  |   |
| Soci  | ial Workers Actual Time Grouping   |  |   |                                      |   |   |  |   |
| 1   |  |  |   |                                      | *************************************** |   |  |   |
|   |  | Enter **   | Activity %  | After Reallocation                   |   |   | A 4                                    |   |
| ]   | Time Study Data  | Туре   | from  | of                                   | Direct                                  | Direct  | Administrative %<br>Discounted         | Medicaid  |
|   |  | Activity   | Actual Time   | Gen. Admin.                          | Medical %                               | Administrative %  | Rate                                   | Administrative  |
| -   |  |  |   |                                      |   |   | (From Exhibit 2)                       | (Col. G x Col. H)   |
| 1   | Direct Clinical Service Activity   |  |   |                                      |   |   |  |   |
| 1   | Behavioral Health Direct Clinical Servi ce Activity  | 1  | 0.08%   | 0.10%                                | 0.10%                                   | 0.00%   |  | 0.00%   |
| ]   | Non Clinical Service Activity  | 4  | 0.39%   | 0.48%                                |   | 0.00%   |  | 0.00%   |
| -   | Laboratory Direct Service Activity   | 4  | 0.00%   | 1                                    |   | 0.00%   |  | 0.00%   |
| -   | Referral and Coordination of Care Coordination for Children (CC4C)   | 4  | 45.71%  | 56.99%                               |   | 0.00%   |  | 0.00%   |
| 1   | Referral and Coordination of Pregnancy Care Management (PCM) Paid Time Off (Vacation, Paid Leave, etc.)  | 4  | 34.03%  | 42.42%                               |   | 0.00%   |  | 0.00%   |
| 1   | General Administration - Clinical Related (Meetings, Training and Development)   | 3 3  | 18.41%<br>1.39%   |                                      |   | 0.00%   |  | 0.00%   |
| 1   |  |  | 1.3976  | <del> </del>                         |   | 0.00%   |  | 0.00%   |
|   | Total Allocation Percentage  |  | 100.00%   | 100.00%                              | 0.10%                                   |   |  | 0.00%   |
| 1   |  |  |   |                                      |   |   |  |   |
| 1   | Enter code (1-4) for type of activity ** Enter if activity is for Direct Madical   |  |   |                                      |   |   |  |   |
| 7   |  | 4  |   |                                      |   |   |  | **  |
|   | Enter if Medicaid activity is for Direct Administrative  | 1  |   |                                      |   | • • • •   |  |   |
| 1   | Enter if Medicaid activity is for Direct Administrative  | 2  |   |                                      |   |   |  | 14<br>15 1 4 4  |
|   | Enter if Medicaid activity is for Direct Administrative<br>Enter if activity is General Administration for reallocation<br>Enter if activity is Non-Medicaid   |  |   |                                      |   |   |  |   |
|   | Enter if Medicaid activity is for Direct Administrative<br>Enter if activity is General Administration for reallocation<br>Enter if activity is Non-Medicaid   | 2<br>3   |   |                                      |   |   |  |   |
| Healt   | Enter if Medicaid activity is for Direct Administrative<br>Enter if activity is General Administration for reallocation  | 2<br>3   |   |                                      |   | •   |  |   |
| Healt   | Enter if Medicaid activity is for Direct Administrative<br>Enter if activity is General Administration for reallocation<br>Enter if activity is Non-Medicaid   | 2<br>3   |   | T                                    |   | •   |  |   |
| Healt   | Enter if Medicaid activity is for Direct Administrative Enter if activity is General Administrative Enter if activity is General Administration for reallocation Enter if activity is Non-Medicaid  Ith Educators & Nutritionists Actual Time Grouping   | 2<br>3<br>4  | Activity %  | After Reallocation                   |   | •   | Administrative <sup>67</sup>           |   |
| Healt   | Enter if Medicaid activity is for Direct Administrative<br>Enter if activity is General Administration for reallocation<br>Enter if activity is Non-Medicaid   | 2<br>3   | Activity % from   | After Reallocation of                | Direct                                  | Direct  | Administrative %                       | Medicaid  |
| Healt   | Enter if Medicaid activity is for Direct Administrative Enter if activity is General Administrative Enter if activity is General Administration for reallocation Enter if activity is Non-Medicaid  Ith Educators & Nutritionists Actual Time Grouping   | 2<br>3<br>4<br>Enter **                                    |   |                                      | Direct<br>Medical %                     |   | Administrative %<br>Discounted<br>Rate | Medicaid<br>Administrative  |
| Healt   | Enter if Medicaid activity is for Direct Administrative Enter if activity is General Administrative Enter if activity is General Administration for reallocation Enter if activity is Non-Medicaid  Ith Educators & Nutritionists Actual Time Grouping   | 2<br>3<br>4<br>Enter **                                    | from  | of                                   |   | Direct  | Discounted                             |   |
| Healt   | Enter if Medicaid activity is for Direct Administrative Enter if activity is General Administrative Enter if activity is General Administration for reallocation Enter if activity is Non-Medicaid  Ith Educators & Nutritionists Actual Time Grouping   | 2<br>3<br>4<br>Enter **<br>Type<br>Activity                | from<br>Actual Time   | of<br>Gen. Admin.                    | Medical %                               | Direct<br>Administrative %  | Discounted<br>Rate                     | Administrative<br>(Col. G x Col. H)   |
| Healt   | Enter if Medicaid activity is for Direct Administrative Enter if activity is General Administrative Enter if activity is General Administrative Enter if activity is General Administrative Enter if activity is Non-Medicaid  Ith Educators & Nutritionists Actual Time Grouping  Time Study Data  Direct Clinical Service Activity  Behavioral Health Direct Clinical Servi ce Activity  | 2<br>3<br>4<br>Enter **                                    | from<br>Actual Time<br>2.11%  | of                                   |   | Direct<br>Administrative %  | Discounted<br>Rate                     | Administrative<br>(Col. G x Col. H)   |
| Heal  | Enter if Medicaid activity is for Direct Administrative Enter if activity is General Administrative Enter if activity is General Administrative Enter if activity is General Administrative Enter if activity is Non-Medicaid  Ith Educators & Nutritionists Actual Time Grouping  Time Study Data  Direct Clinical Service Activity  Behavioral Health Direct Clinical Servi ce Activity  Non Clinical Service Activity   | 2 3 4  Enter ** Type Activity                              | from<br>Actual Time   | of<br>Gen. Admin.                    | Medical %                               | Direct<br>Administrative %  | Discounted<br>Rate                     | Administrative<br>(Col. G x Col. H)<br>0.00%<br>0.00%                                     |
| Heal  | Enter if Medicaid activity is for Direct Administrative Enter if activity is General Administrative Enter if activity is General Administrative Enter if activity is Non-Medicaid  Ith Educators & Nutritionists Actual Time Grouping  Time Study Data  Direct Clinical Service Activity Behavioral Health Direct Clinical Servi ce Activity Non Clinical Service Activity Laboratory Direct Service Activity  | Enter ** Type Activity                                     | from<br>Actual Time<br>2.11%<br>0.00%<br>82.54%<br>0.00%            | of<br>Gen. Admin,<br>2.49%           | Medical %                               | Direct<br>Administrative %<br>0.00%<br>0.00%<br>0.00%<br>0.00%          | Discounted<br>Rate                     | Administrative<br>(Col. G x Col. H)   |
| Heal  | Enter if Medicaid activity is for Direct Administrative Enter if activity is General Administrative Enter if activity is General Administrative Enter if activity is General Administrative Enter if activity is Non-Medicaid  Ith Educators & Nutritionists Actual Time Grouping  Time Study Data  Direct Clinical Service Activity Behavioral Health Direct Clinical Servi ce Activity Non Clinical Service Activity Laboratory Direct Service Activity Referral and Coordination of Care Coordination for Children (CC4C)   | 2 3 4  Enter ** Type Activity  1 1 4 4 4                   | from<br>Actual Time<br>2.11%<br>0.00%<br>82.54%<br>0.00%<br>0.00%   | of<br>Gen. Admin,<br>2.49%           | Medical %                               | Direct<br>Administrative %<br>0.00%<br>0.00%<br>0.00%<br>0.00%          | Discounted<br>Rate                     | Administrative<br>(Col. G x Col. H)<br>0.00%<br>0.00%<br>0.00%<br>0.00%<br>0.00%          |
| Heal  | Enter if Medicaid activity is for Direct Administrative Enter if activity is General Administrative Enter if activity is General Administrative Enter if activity is General Administrative Enter if activity is Non-Medicaid  Ith Educators & Nutritionists Actual Time Grouping  Time Study Data  Direct Clinical Service Activity  Behavioral Health Direct Clinical Servi ce Activity  Non Clinical Service Activity  Laboratory Direct Service Activity  Referral and Coordination of Care Coordination for Children (CC4C)  Referral and Coordination of Pregnancy Care Management (PCM)  Paid Time Off (Vacation, Paid Leave, etc.)   | 2 3 4  Enter ** Type Activity  1 1 4 4 4 4 4 4 4           | from Actual Time  2.11% 0.00% 82.54% 0.00% 0.00% 0.00%              | of<br>Gen. Admin,<br>2.49%           | Medical %                               | Direct<br>Administrative %<br>0.00%<br>0.00%<br>0.00%<br>0.00%<br>0.00% | Discounted<br>Rate                     | Administrative<br>(Col. G x Col. H)<br>0.00%<br>0.00%<br>0.00%<br>0.00%<br>0.00%<br>0.00% |
| Heal  | Enter if Medicaid activity is for Direct Administrative Enter if activity is General Administrative Enter if activity is General Administrative Enter if activity is General Administrative Enter if activity is Non-Medicaid  Ith Educators & Nutritionists Actual Time Grouping  Time Study Data  Direct Clinical Service Activity Behavioral Health Direct Clinical Servi ce Activity Non Clinical Service Activity Laboratory Direct Service Activity Referral and Coordination of Care Coordination for Children (CC4C)   | 2 3 4  Enter ** Type Activity  1 1 4 4 4                   | from Actual Time  2.11% 0.00% 82.54% 0.00% 0.00% 0.00% 15.20%       | of<br>Gen. Admin,<br>2.49%           | Medical %                               | Direct Administrative %  0.00% 0.00% 0.00% 0.00% 0.00% 0.00% 0.00%      | Discounted<br>Rate                     | Administrative<br>(Col. G x Col. H)<br>0.00%<br>0.00%<br>0.00%<br>0.00%<br>0.00%<br>0.00% |
| Heal  | Enter if Medicaid activity is for Direct Administrative Enter if activity is General Administrative Enter if activity is General Administrative Enter if activity is General Administrative Enter if activity is Non-Medicaid  Ith Educators & Nutritionists Actual Time Grouping  Time Study Data  Direct Clinical Service Activity Behavioral Health Direct Clinical Servi ce Activity Non Clinical Service Activity Laboratory Direct Service Activity Referral and Coordination of Care Coordination for Children (CC4C) Referral and Coordination of Penganary Care Management (PCM) Paid Time Off (Vacation, Paid Leave, etc.) General Administration - Clinical Related (Meetings, Training and Development)  | Enter ** Type Activity  1 1 4 4 4 3                        | from Actual Time  2.11% 0.00% 82.54% 0.00% 0.00% 0.00% 15.20% 0.15% | of<br>Gen. Admin,<br>2.49%           | Medical %                               | Direct<br>Administrative %<br>0.00%<br>0.00%<br>0.00%<br>0.00%<br>0.00% | Discounted<br>Rate                     | Administrative<br>(Col. G x Col. H)<br>0.00%<br>0.00%<br>0.00%<br>0.00%<br>0.00%<br>0.00% |
| Heal  | Enter if Medicaid activity is for Direct Administrative Enter if activity is General Administrative Enter if activity is General Administrative Enter if activity is General Administrative Enter if activity is Non-Medicaid  Ith Educators & Nutritionists Actual Time Grouping  Time Study Data  Direct Clinical Service Activity  Behavioral Health Direct Clinical Servi ce Activity  Non Clinical Service Activity  Laboratory Direct Service Activity  Referral and Coordination of Care Coordination for Children (CC4C)  Referral and Coordination of Pregnancy Care Management (PCM)  Paid Time Off (Vacation, Paid Leave, etc.)   | Enter ** Type Activity  1 1 4 4 4 3                        | from Actual Time  2.11% 0.00% 82.54% 0.00% 0.00% 0.00% 15.20%       | of<br>Gen. Admin,<br>2.49%           | Medical %                               | Direct Administrative %  0.00% 0.00% 0.00% 0.00% 0.00% 0.00% 0.00%      | Discounted<br>Rate                     | Administrative<br>(Col. G x Col. H)<br>0.00%<br>0.00%<br>0.00%<br>0.00%<br>0.00%<br>0.00% |
| Healt   | Enter if Medicaid activity is for Direct Administrative Enter if activity is General Administrative Enter if activity is General Administrative Enter if activity is Non-Medicaid  Ith Educators & Nutritionists Actual Time Grouping  Time Study Data  Direct Clinical Service Activity Behavioral Health Direct Clinical Servi ce Activity Non Clinical Service Activity Laboratory Direct Service Activity Referral and Coordination of Care Coordination for Children (CC4C) Referral and Coordination of Pregnancy Care Management (PCM) Paid Time Off (Vacation, Paid Leave, etc.) General Administration - Clinical Related (Meetings, Training and Development)  Total Allocation Percentage   | Enter ** Type Activity  1 1 4 4 4 3                        | from Actual Time  2.11% 0.00% 82.54% 0.00% 0.00% 0.00% 15.20% 0.15% | of<br>Gen. Admin.<br>2.49%<br>97.51% | Medical %                               | Direct Administrative %  0.00% 0.00% 0.00% 0.00% 0.00% 0.00% 0.00%      | Discounted<br>Rate                     | Administrative (Col. G x Col. H)  0.00% 0.00% 0.00% 0.00% 0.00% 0.00% 0.00% 0.00% 0.00%   |
|   | Enter if Medicaid activity is for Direct Administrative Enter if activity is General Administrative Enter if activity is General Administrative Enter if activity is Non-Medicaid  Ith Educators & Nutritionists Actual Time Grouping  Time Study Data  Direct Clinical Service Activity Behavioral Health Direct Clinical Servi ce Activity Non Clinical Service Activity Laboratory Direct Service Activity Referral and Coordination of Care Coordination for Children (CC4C) Referral and Coordination of Pregnancy Care Management (PCM) Paid Time Off (Vacation, Paid Leave, etc.) General Administration - Clinical Related (Meetings, Training and Development)  Total Allocation Percentage   | Enter ** Type Activity  1 1 4 4 4 3                        | from Actual Time  2.11% 0.00% 82.54% 0.00% 0.00% 0.00% 15.20% 0.15% | of<br>Gen. Admin.<br>2.49%<br>97.51% | Medical %                               | Direct Administrative %  0.00% 0.00% 0.00% 0.00% 0.00% 0.00% 0.00%      | Discounted<br>Rate                     | Administrative (Col. G x Col. H)  0.00% 0.00% 0.00% 0.00% 0.00% 0.00% 0.00% 0.00% 0.00%   |
| Healt   | Enter if Medicaid activity is for Direct Administrative Enter if activity is General Administrative Enter if activity is General Administrative Enter if activity is Non-Medicaid  Ith Educators & Nutritionists Actual Time Grouping  Time Study Data  Direct Clinical Service Activity  Behavioral Health Direct Clinical Servi ce Activity  Non Clinical Service Activity  Laboratory Direct Service Activity  Referral and Coordination of Care Coordination for Children (CC4C)  Referral and Coordination of Pregnancy Care Management (PCM)  Paid Time Off (Vacation, Paid Leave, etc.)  General Administration - Clinical Related (Meetings, Training and Development)  Total Allocation Percentage  | 2 3 4 4 Enter ** Type Activity 1 1 4 4 4 4 4 4 4 3 3 3 1   | from Actual Time  2.11% 0.00% 82.54% 0.00% 0.00% 0.00% 15.20% 0.15% | of<br>Gen. Admin.<br>2.49%<br>97.51% | Medical %                               | Direct Administrative %  0.00% 0.00% 0.00% 0.00% 0.00% 0.00% 0.00%      | Discounted<br>Rate                     | Administrative (Col. G x Col. H)  0.00% 0.00% 0.00% 0.00% 0.00% 0.00% 0.00% 0.00% 0.00%   |
| Healt   | Enter if Medicaid activity is for Direct Administrative Enter if activity is General Administrative Enter if activity is General Administrative Enter if activity is Non-Medicaid  Ith Educators & Nutritionists Actual Time Grouping  Time Study Data  Direct Clinical Service Activity  Behavioral Health Direct Clinical Servi ce Activity  Non Clinical Service Activity  Laboratory Direct Service Activity  Referral and Coordination of Care Coordination for Children (CC4C)  Referral and Coordination of Pregnancy Care Management (PCM)  Paid Time Off (Vacation, Paid Leave, etc.)  General Administration - Clinical Related (Meetings, Training and Development)  Total Allocation Percentage  Enter ode (1-4) for type of activity ** Enter if activity is for Direct Medical Enter if Medicaid activity is for Direct Administrative Enter if activity is General Administrative Enter if activity is General Administrative | Enter ** Type Activity  1 1 4 4 4 3                        | from Actual Time  2.11% 0.00% 82.54% 0.00% 0.00% 0.00% 15.20% 0.15% | of<br>Gen. Admin.<br>2.49%<br>97.51% | Medical %                               | Direct Administrative %  0.00% 0.00% 0.00% 0.00% 0.00% 0.00% 0.00%      | Discounted<br>Rate                     | Administrative (Col. G x Col. H)  0.00% 0.00% 0.00% 0.00% 0.00% 0.00% 0.00% 0.00% 0.00%   |
| Heal  | Enter if Medicaid activity is for Direct Administrative Enter if activity is General Administrative Enter if activity is General Administrative Enter if activity is Non-Medicaid  Ith Educators & Nutritionists Actual Time Grouping  Time Study Data  Direct Clinical Service Activity  Behavioral Health Direct Clinical Servi ce Activity  Non Clinical Service Activity  Laboratory Direct Service Activity  Referral and Coordination of Care Coordination for Children (CC4C)  Referral and Coordination of Pregnancy Care Management (PCM)  Paid Time Off (Vacation, Paid Leave, etc.)  General Administration - Clinical Related (Meetings, Training and Development)  Total Allocation Percentage  Enter code (1-4) for type of activity ** Enter if Activity is for Direct Medicaid Enter if Medicaid activity is for Direct Medicaid   | 2 3 4  Enter ** Type Activity  1 1 4 4 4 4 4 3 3 3 3 1 1 2 | from Actual Time  2.11% 0.00% 82.54% 0.00% 0.00% 0.00% 15.20% 0.15% | of<br>Gen. Admin.<br>2.49%<br>97.51% | Medical %                               | Direct Administrative %  0.00% 0.00% 0.00% 0.00% 0.00% 0.00% 0.00%      | Discounted<br>Rate                     | Administrative (Col. G x Col. H)  0.00% 0.00% 0.00% 0.00% 0.00% 0.00% 0.00% 0.00% 0.00%   |
| Heal  | Enter if Medicaid activity is for Direct Administrative Enter if activity is General Administrative Enter if activity is General Administrative Enter if activity is Non-Medicaid  Ith Educators & Nutritionists Actual Time Grouping  Time Study Data  Direct Clinical Service Activity  Behavioral Health Direct Clinical Servi ce Activity  Non Clinical Service Activity  Laboratory Direct Service Activity  Referral and Coordination of Care Coordination for Children (CC4C)  Referral and Coordination of Pregnancy Care Management (PCM)  Paid Time Off (Vacation, Paid Leave, etc.)  General Administration - Clinical Related (Meetings, Training and Development)  Total Allocation Percentage  Enter ode (1-4) for type of activity ** Enter if activity is for Direct Medical Enter if Medicaid activity is for Direct Administrative Enter if activity is General Administrative Enter if activity is General Administrative | 2 3 4  Enter ** Type Activity  1 1 4 4 4 4 4 3 3 3 3       | from Actual Time  2.11% 0.00% 82.54% 0.00% 0.00% 0.00% 15.20% 0.15% | of<br>Gen. Admin.<br>2.49%<br>97.51% | Medical %                               | Direct Administrative %  0.00% 0.00% 0.00% 0.00% 0.00% 0.00% 0.00%      | Discounted<br>Rate                     | Administrative (Col. G x Col. H)  0.00% 0.00% 0.00% 0.00% 0.00% 0.00% 0.00% 0.00% 0.00%   |

|  | A         | 8                                | C                       | D                | E E          | F                   | G  | Н   | 1 1  | T   | T   |  | ,  |
|--|-----------|----------------------------------|-------------------------|------------------|--------------|---------------------|--|---|--|---|---|--|--|
| 1  |           |                                  | n of Public Heal        | th               |              |                     |  |   | <u> </u>   | <u> </u>  | 1   | <u> </u>   | M  |
|  |           |                                  | ent Cost Report         | <b></b>          |              |                     |  |   |  |   |   |  |  |
|  | 4         |                                  | Support Costs b         |                  |              |                     |  |   |  |   |   |  |  |
|  |           | Expenditures                     | alth Department         |                  |              |                     |  |   |  |   | •   |  |  |
| 10   | Fisca     | al Year Start Date               | 7/1/2012                | ]                | Medicaid Pro | vider Numbe         | 3404476  |   |  |   |   |  |  |
| 11   | Fisc      | cal Year End Date                | 6/30/2013               |                  |              | NPI Numbe           | 1841248622                                     |   |  |   |   |  |  |
| 14   | SECTION   | ON I Pers                        | onnel / Staff           | Evnenditu        | roe          |                     |  |   |  |   |   |  |  |
|  |           |                                  | nter Information        |                  | 1163         |                     |  |   |  |   | A   |  |  |
| 16   |           | Cost Center Na                   |                         | OII              |              |                     |  |   |  |   |   |  |  |
|  | 1 -       |                                  |                         |                  |              |                     |  |   |  | ry and Benefits   |   |  |  |
| 17   |           | 110XX Heal                       | th Director's C         | Office and Sta   | aff          |                     | Total Gross Salary 11000                       | Employee Benefits 11010                                 | Employer- FICA (if not covered<br>under employee benefits) 11015 | Medicare Tax -Employer - (if not<br>fisted under employee benefits) | Other Benefits / Vendor or<br>Contractor Payments 11025 | TOTAL SALARY AND BENEFITS                                      |  |
| 18   | į         | Frial Balance Amou               | nt (From Financial Sta  | itements)        |              |                     | \$192,918.9                                    | 91 \$0.00   |  | 11020   |   |  |  |
| 19<br>20   |           | Reductions to                    | Trial Balance           |                  |              |                     |  | 40.00   | 710,014.10   | \$0.00  | \$45,800.39   | \$252,693.49   | L  |
|  |           | Position Number /                | Perso                   | nnel Information | n            |                     |  |   | Salary and Benefit   | Reductions - Salary and Be  | enefits to be Removed from                              | Cost Center  |  |
| 21   |           | Employee iD                      | Last Name               | First Name       | Job Title    | Vendor/<br>Employee | Is position funded by Federal funds: Yes or No | Enter Amount of Salary to be Remove<br>from Cost Center | Enter Amount of Benefits to be<br>Removed from Cost Center       | Enter Amount of Employer - FICA to                                  | Enter Amount of Medicare Tax to be                      | Enter Amount of Other Benefits to be Removed from              | Total Reduction to Salary and Benefits                               |
| 22   |           |                                  |                         |                  |              |                     | 1000/10  | IIOIII COSI CEIREI                                      | Removed from Cost Center   | be Removed from Cost Center   | Removed from Cost Center                                | Cost Center  | Total Reduction to Salary and Benefits                               |
| 24   | -         |                                  |                         | <del> </del>     |              |                     |  |   |  |   |   |  | \$0.00   |
| 25   |           |                                  |                         |                  |              |                     |  |   |  |   |   |  | \$0.00   |
| 21<br>22<br>23<br>24<br>25<br>26<br>27<br>28<br>29<br>30                   | ļL        |                                  | L                       |                  |              |                     |  |   |  |   |   |  | \$0.00<br>\$0.00   |
| 28   |           |                                  |                         |                  |              |                     | TOTAL REDUCTIO                                 | NS \$0.00   | \$0.00   | \$0.00  | \$0.00  | \$0.00   |  |
| 29   | 10        | Cost Center Na                   |                         |                  |              |                     | T  |   |  | 1 00.00   | 40.00   | 30,00  | \$0.00   |
| 30   | P         | Jost Center Na                   | me                      |                  |              |                     |  |   | Sala   | ry and Benefits   |   |  | 7  |
| 21   | 1         | 120XX Finar                      | ice Office and          | Staff            |              |                     | Total Gross Salary 12000                       | Employee Benefits 12010                                 | Employer- FICA (if not covered                                   | Medicare Tax -Employer - (if not<br>listed under employee benefits) | Other Benefits / Vendor or                              | TOTAL SALARY AND BENEFITS                                      | 7  |
| 32   | T         | rial Balance Amou                | nt (From Financial Sta  | tements)         |              |                     | \$162,287.9                                    | 8 \$0.00  | under employee benefits) 12016                                   | 12020   | Contractor Payments 12025                               |  |  |
| 31<br>32<br>33<br>34<br>35<br>36<br>37<br>38<br>39<br>40<br>41<br>42<br>43 | Ē         |                                  | Trial Balance           | ,                |              | ···                 | \$102,201.9                                    | 50.00   | \$11,087.26  | \$0.00  | \$57,904.27   | \$231,279.51   |  |
| 34   |           |                                  | Perso                   | nnel Information | n            |                     |  |   | Salary and Renefit   | Reductions - Salary and Re  | enefits to be Removed from                              | Coat Cantar  |  |
| 35   |           | Position Number /<br>Employee (D | Last Name               | First Name       | Job Title    | Vendor/             | Is position funded by Federal funds?           |   | d Enter Amount of Benefits to be                                 | Enter Amount of Employer - FICA to                                  | Enter Amount of Medicare Tax to be                      | Enter Amount of Other Benefits to be Removed from              |  |
| 36   |           |                                  | Cost Herrie             | First Martie     | Job Ittle    | Employee            | Yes or No                                      | from Cost Center  | Removed from Cost Center   | be Removed from Cost Center   | Removed from Cost Center                                | Cost Center  | Total Reduction to Salary and Benefits                               |
| 37   | -         |                                  |                         |                  |              |                     |  |   |  |   |   |  | \$0.00   |
| 39   | -         |                                  |                         |                  |              |                     |  |   |  |   |   |  | \$0.00   |
| 40   |           |                                  |                         |                  |              |                     |  |   |  |   |   |  | \$0.00   |
| 42   |           |                                  |                         |                  |              |                     | TOTAL REDUCTION                                | NS \$0.00   | \$0.00   |   |   | 1  | \$0.00   |
| 43   |           |                                  |                         |                  |              |                     | TOTAL NEBBOTION                                | \$0.00  | 1 \$0.00   | \$0.00  | \$0.00  | \$0.00   | \$0.00   |
| 44   | <u> C</u> | Cost Center Nar                  | пе                      |                  |              |                     |  |   | Salar  | y and Benefits  |   |  | 1  |
|  | 1         | 30XX Other                       | Personnel               |                  |              |                     | Total Gross Salary 13000                       | Employee Benefits 13010                                 | Employer- FICA (if not covered                                   | Medicare Tax -Employer - (if not                                    | Other Benefits / Vendor or                              |  | 1  |
| 45   | -         | rial Palance Ameur               | nt (From Financial Stat |                  |              |                     |  | ĺ   | under employee benefits) 13015                                   | listed under employee benefits)<br>13020                            | Contractor Payments 13025                               | TOTAL SALARY AND BENEFITS                                      |  |
| 47   | Ė         | Reductions to                    | Trial Balance           | tements)         |              |                     | \$60,399.21                                    | \$0.00  | \$4,323.05   | \$0.00  | \$17,426.72   | \$82,148.98  | 1  |
| 48   | - in      |                                  |                         | nnel Information | n            |                     | T  |   | Coloni and Denetit   | Dad41 0-1   |   |  |  |
| 40   |           | Position Number /<br>Employee ID | 1 ast Name              |                  |              | Vendor/             | Is position funded by Federal funds?           |   | Enter Amount of Benefits to be                                   | Enter Amount of Employer - FICA to                                  | nefits to be Removed from                               | Cost Center  Enter Amount of Other Benefits to be Removed from |  |
| 50   | -         | Employee IO                      | Last Name               | First Name       | Job Title    | Employee            | Yes or No                                      | from Cost Center  | Removed from Cost Center   | be Removed from Cost Center   | Removed from Cost Center                                | Cost Center  | Total Reduction to Salary and Benefits                               |
| 51   |           |                                  |                         |                  |              |                     |  |   |  |   |   |  |  |
| 53   | }-        |                                  |                         |                  |              |                     |  |   |  |   |   |  | \$0.00<br>\$0.00   |
| 54   |           |                                  |                         |                  |              | <del> </del>        | -  |   |  |   |   |  | \$9.00   |
| 45<br>46<br>47<br>48<br>49<br>50<br>51<br>52<br>53<br>54<br>55<br>56       |           |                                  |                         |                  |              |                     | TOTAL REDUCTION                                |   | <u> </u>   | L   | 1   | L  | \$0.00   |
|  |           |                                  |                         |                  |              |                     | TOTAL REDUCTION                                | \$0.00  | \$0.00   | \$0.00  | \$0.00  | \$0.00   | \$0.00   |
| 60   | SECTIO    | ON II. Oper                      | ating Expen             | ditures          |              |                     |  |   |  |   |   |  |  |
| 61 (   | Operatir  | na Cost Cen                      | ter Informatio          | n                |              | Т                   |  |   |  |   |   |  |  |
|  |           | ost Center Nan                   |                         |                  |              |                     |  | 7   |  |   |   |  |  |
| 63   | 1         | 4800 Suppl                       | ies - LHD Adm           | nin / Support    |              |                     | TOTAL EXPENDITURES                             | -   |  |   |   |  |  |
| 64   | T         | rial Balance Amoun               | t (From Financial Stat  | ements)          |              |                     | \$5,874.69                                     | 9   |  |   |   |  |  |
| 62<br>63<br>64<br>65<br>66   | R         | Reductions to                    | Trial Balance           |                  |              |                     | ,  |   |  | ***************************************                             |   |  |  |
| ob   |           |                                  | Expend                  | iture Informatio | n            |                     |  | Operating Expenditure Re                                | ductions - Amount to be Re                                       | emoved from Cost Center   |   | 1  |  |
|  | Te        | rial Balance Account             |                         |                  |              |                     | is expenditure funded by Federal funds         |   | Add: State/Local Match required for                              |   | TOTAL Amounts to D. 1                                   | Livery controllers   |  |
| 68   | -         | Number                           |                         | Account Descr    | ription      |                     | Yes or No                                      | to be Removed from Cost Center                          | Federal Funds  | Other amounts to be removed   | TOTAL Amount to be Reduced from<br>Cost Center          | Identify COST CENTER Where Reduction Amount Will Be Moved      | Identify ACCOUNT Detail Where Reduction Will<br>Appear for Exhibit 5 |
| 69   | <u> </u>  |                                  | Non Reimbursable        |                  |              |                     | No   | \$64.51   |  |   |   | Select from Dropdown Menu                                      | Select from Dropdown Menu  |
| 70   |           |                                  | Clinic Medical Suppli   | ies              |              |                     | No   | \$187.04  |  |   | \$64.51   | Non Reimbursable Expenditures Direct Medical / Clinic Exp.     | Non-Reimbursable - Other Non-Reimbursable                            |
| 1771   | <u> </u>  |                                  |                         |                  |              |                     |  |   |  |   | \$0.00  | once, section / Clinic Exp.                                    | Direct Medical / Clinic - Supplies                                   |
| 72   |           |                                  |                         |                  |              |                     |  |   |  |   |   |  |  |
| 72<br>73   | I         |                                  |                         |                  |              |                     |  |   |  |   | \$0.00  |  |  |
| 67<br>68<br>69<br>70<br>71<br>72<br>73<br>74                               |           |                                  |                         |                  |              |                     |  | \$251.55  | \$0.00   | \$0.00  |   |  |  |

| A  | В  | CDFF  |  | 11   |   |  | ·  | ,  |   |
|--|--|---|--|--|---|--|--|--|---|
|  |  | n of Public Health  |  | I  |   | J  | L K  | L L  | M   |
|  | Health Departme  |   |  |  |   |  |  |  |   |
|  |  | Support Costs by Discipline   |  |  |   |  |  |  |   |
|  |  |   |  |  |   |  |  |  |   |
| 4 Diulis   | wick County Hea  | ann Department  |  |  |   |  |  |  |   |
| 10 Feriod I  | iscai Year Start Date  | 7/1/2012 Medicald Provider Numb   |  | 7  |   |  |  |  |   |
| 111 7  | iscal Year End Date  | 6/30/2013 Wedicald Provider Numb  |  | -  |   |  |  |  |   |
| 12   | for Expenditures<br>iscal Year Start Date<br>Fiscal Year End Date  | Ni i i i i i i i i i i i i i i i i i i  | 1041246022   | J  |   |  |  |  |   |
| 75<br>76<br>77<br>78   |  |   |  |  |   |  |  |  |   |
| 76   | Cost Center Na   |   |  |  |   |  |  |  |   |
| 77   | 15000 Capit  | al Expenditures - LHD Admin / Support   | TOTAL EXPENDITURES   |  |   |  |  |  |   |
| 78   | Trial Balance Amou   | nt (From Financial Statements)  |  | -  |   |  |  |  |   |
| 79<br>80   |  | Trial Balance   | <del></del>  | L  |   |  |  |  |   |
| 80   |  | Expenditure Information   |  | O  |   |  |  |  |   |
| F  |  | Experience morniation   |  |  | ductions - Amount to be Re  | moved from Cost Center   |  |  |   |
| 1  | Trial Balance Account  |   | Is expenditure funded by Federal funds?  | Enter Amount of Operating Expenditure  | Add: State/Local Match required for   |  | TOTAL Amount to be Reduced from  |  |   |
| 81   | Number   | Account Description   | Yes or No  | to be Removed from Cost Center   | Federal Funds   | Other amounts to be removed  | Cost Center  | Identify COST CENTER Where Reduction Amount Will Be Moved  | Identify ACCOUNT Detail Where Reduction Will<br>Appear for Exhibit 5  |
| 82   |  |   |  |  |   |  | - OSA GENE   | Select from Dropdown Menu  | Select from Dropdown Menu   |
| 83   |  |   |  |  |   |  | \$0.00   | Dieparti mena  | ocicet nom bropdown stend   |
| 84   |  |   |  |  |   |  | \$0.00   |  |   |
| 98   |  |   |  |  |   |  | \$0.00   |  |   |
| 87   | J  | l   |  | L  |   |  | \$0.00   |  |   |
| 81<br>82<br>83<br>84<br>85<br>86<br>87<br>88<br>89   |  | *   |  | \$0.00   | \$0.00  | \$0.00   | \$0.00   | 7  |   |
| 89   |  |   |  | 30.00  | \$0.00  | \$0.00   | \$0.00   | J  |   |
| 90   | Cost Center Na   | me  |  | 7  |   |  |  |  |   |
|  |  | acted Services - LHD Admin / Support  | TOTAL EXPENDITURES   | 4  |   |  |  |  |   |
| 91<br>92   |  | nt (From Financial Statements)  |  | 4  |   |  |  |  |   |
| 02   | Reductions to  |   | \$33,409.14  |  |   | ***  |  |  |   |
| 93<br>94   | reductions to  |   |  | -  |   |  |  |  |   |
| 94   |  | Expenditure Information   |  | Operating Expenditure Re   | ductions - Amount to be Re  | moved from Cost Center   |  | ]  |   |
|  | Trial Balance Account  |   | Is expenditure funded by Federal funds?  | Enter Amount of Operating Expenditure  |   |  |  |  |   |
| 95   | Number   | Account Description   | Yes or No  | to be Removed from Cost Center   | Add: State/Local Match required for<br>Federal Funds  | Other amounts to be removed  | TOTAL Amount to be Reduced from  |  | Identify ACCOUNT Detail Where Reduction Will  |
| 96   |  |   |  |  | regular rollus  | Other amounts to be removed  | Cost Center  | Will Be Moved Select from Dropdown Menu  | Appear for Exhibit 5  |
|  |  |   |  |  |   |  |  | Select from Dropdown Menu  | Select from Dropdown Menu   |
| 97   |  | Reference Lab (see lab fees form)   | No   | 26.745.21  |   |  | \$26 745 21  | Man Dalash world- Europelitus  |   |
| 97<br>98   |  | Reference Lab (see lab fees form) Contract Interpreter  | No<br>No   | 26,745.21<br>\$145.31  |   |  |  | Non Reimbursable Expenditures  | Non-Reimbursable - Reference Lab  |
| 97<br>98<br>99   |  |   |  |  |   |  |  | Non Reimbursable Expenditures Clinical Administration/Support  |   |
| 97<br>98<br>99<br>100  |  |   |  |  |   |  | \$145.31   | Non Reimbursable Expenditures  | Non-Reimbursable - Reference Lab  |
| 97<br>98<br>99<br>100<br>101<br>102  |  |   |  | \$145.31   | 0002  | 0000   | \$145.31<br>\$0.00<br>\$0.00   | Non Reimbursable Expenditures  | Non-Reimbursable - Reference Lab  |
| 97<br>98<br>99<br>100<br>101<br>102<br>103   |  |   |  |  | \$0.00  | \$0.00   | \$145.31<br>\$0.00<br>\$0.00   | Non Reimbursable Expenditures  | Non-Reimbursable - Reference Lab  |
| 97<br>98<br>99<br>100<br>101<br>102<br>103   | Cost Center Nar  | Contract Interpreter  |  | \$145.31   | \$0.00  | \$0.00   | \$145.31<br>\$0.00<br>\$0.00   | Non Reimbursable Expenditures  | Non-Reimbursable - Reference Lab  |
| 97<br>98<br>99<br>100<br>101<br>102<br>103<br>104  |  | Contract Interpreter  | No   | \$145.31   | \$0.00  | \$0.00   | \$145.31<br>\$0.00<br>\$0.00   | Non Reimbursable Expenditures  | Non-Reimbursable - Reference Lab  |
| 97<br>98<br>99<br>100<br>101<br>102<br>103<br>104<br>105<br>106                                | 17000 Other  | Contract Interpreter  me Operating Expenditures - LHD Admin / Suppo   | No No Total expenditures   | \$145.31   | \$0.00  | \$0.00   | \$145.31<br>\$0.00<br>\$0.00   | Non Reimbursable Expenditures  | Non-Reimbursable - Reference Lab  |
| 95<br>96<br>97<br>98<br>99<br>100<br>101<br>102<br>103<br>104<br>105<br>106                    | 17000 Other<br>Trial Balance Amou  | Contract Interpreter  me  Operating Expenditures - LHD Admin / Suppo  | No   | \$145.31   | \$0.00  | \$0.00   | \$145.31<br>\$0.00<br>\$0.00   | Non Reimbursable Expenditures  | Non-Reimbursable - Reference Lab  |
| 107  | 17000 Other  | me Operating Expenditures - LHD Admin / Suppo nt (From Financial Statements) Trial Balance  | No No Total expenditures   | \$145.31<br>\$26,890.52  |   | THE STATE OF THE S | \$145.31<br>\$0.00<br>\$0.00   | Non Reimbursable Expenditures  | Non-Reimbursable - Reference Lab  |
|  | 17000 Other<br>Trial Balance Amou  | Contract Interpreter  me  Operating Expenditures - LHD Admin / Suppo  | No No Total expenditures   | \$145.31<br>\$26,890.52  | \$6.00 source   | THE STATE OF THE S | \$145.31<br>\$0.00<br>\$0.00   | Non Reimbursable Expenditures  | Non-Reimbursable - Reference Lab  |
| 107<br>108   | 17000 Other<br>Trial Balance Amou  | me Operating Expenditures - LHD Admin / Suppo nt (From Financial Statements) Trial Balance  | TOTAL EXPENDITURES \$22,825.06  Is expenditure funded by Foderal funds?  | \$145.31 \$26,890.52  Operating Expenditure Re Enter Amount of Operating Expenditure   | ductions - Amount to be Re  | THE STATE OF THE S | \$145.31<br>\$5.00<br>\$0.00<br>\$26,890.52  | Non Reimbursable Expenditures Clinical Administration/Support  | Non-Reimbursable - Reference Lab<br>Clinical Admin - Contracted Services  |
| 107<br>108   | 17000 Other Trial Balance Amout Reductions to  | me Operating Expenditures - LHD Admin / Suppo nt (From Financial Statements) Trial Balance  | No  No  Total expenditures \$22,825.06   | \$145.31<br>\$26,890.52<br>Operating Expenditure Re  | ductions - Amount to be Re  | moved from Cost Center   | \$145.31<br>\$0.00<br>\$0.00<br>\$26,890.52  | Non Reimburable Expenditures Clinical Administration/Support   | Non-Reimbursable - Reference Lab  Clinical Admin - Contracted Services  |
| 107<br>108   | 17000 Other Trial Balance Amount Reductions to   | me  Operating Expenditures - LHD Admin / Suppont (From Financial Statements)  Trial Balance    Expenditure Information  | TOTAL EXPENDITURES \$22,825.06  Is expenditure funded by Foderal funds?  | \$145.31 \$26,890.52  Operating Expenditure Re Enter Amount of Operating Expenditure   | ductions - Amount to be Re  | THE STATE OF THE S | \$145.31<br>\$0.00<br>\$0.00<br>\$26,890.52  | Non Reimbursable Expenditures Clinical Administration/Support  Identify COST CENTER Where Reduction Amount Will Be Moved   | Non-Reimbursable - Reference Lab  Clinical Admin - Contracted Services  Identify ACCOUNT Detail Where Reduction Will Appear for Exhibit 5   |
| 107<br>108   | 17000 Other Trial Balance Amount Reductions to   | me  Operating Expenditures - LHD Admin / Suppont (From Financial Statements)  Trial Balance    Expenditure Information  | TOTAL EXPENDITURES \$22,825.06  Is expenditure funded by Foderal funds?  | \$145.31 \$26,890.52  Operating Expenditure Re Enter Amount of Operating Expenditure   | ductions - Amount to be Re  | moved from Cost Center   | \$145.31<br>\$0.00<br>\$0.00<br>\$26,890.52  | Non Reimburable Expenditures Clinical Administration/Support   | Non-Reimbursable - Reference Lab  Clinical Admin - Contracted Services  |
| 107<br>108   | 17000 Other Trial Balance Amount Reductions to   | me  Operating Expenditures - LHD Admin / Suppont (From Financial Statements)  Trial Balance    Expenditure Information  | TOTAL EXPENDITURES \$22,825.06  Is expenditure funded by Foderal funds?  | \$145.31 \$26,890.52  Operating Expenditure Re Enter Amount of Operating Expenditure   | ductions - Amount to be Re  | moved from Cost Center   | \$145.31<br>\$0.00<br>\$0.00<br>\$26,890.52  | Non Reimbursable Expenditures Clinical Administration/Support  Identify COST CENTER Where Reduction Amount Will Be Moved   | Non-Reimbursable - Reference Lab  Clinical Admin - Contracted Services  Identify ACCOUNT Detail Where Reduction Will Appear for Exhibit 5   |
| 107<br>108   | 17000 Other Trial Balance Amount Reductions to   | me  Operating Expenditures - LHD Admin / Suppont (From Financial Statements)  Trial Balance    Expenditure Information  | TOTAL EXPENDITURES \$22,825.06  Is expenditure funded by Foderal funds?  | \$145.31 \$26,890.52  Operating Expenditure Re Enter Amount of Operating Expenditure   | ductions - Amount to be Re  | moved from Cost Center   | \$145.31<br>\$0.00<br>\$0.00<br>\$26,890.52<br>TOTAL Amount to be Reduced from<br>Coat Center<br>\$0.00<br>\$0.00  | Non Reimbursable Expenditures Clinical Administration/Support  Identify COST CENTER Where Reduction Amount Will Be Moved   | Non-Reimbursable - Reference Lab  Clinical Admin - Contracted Services  Identify ACCOUNT Detail Where Reduction Will Appear for Exhibit 5   |
| 107<br>108   | 17000 Other Trial Balance Amount Reductions to   | me  Operating Expenditures - LHD Admin / Suppont (From Financial Statements)  Trial Balance    Expenditure Information  | TOTAL EXPENDITURES \$22,825.06  Is expenditure funded by Foderal funds?  | \$145.31 \$26,890.52  Operating Expenditure Re Enter Amount of Operating Expenditure   | ductions - Amount to be Re  | moved from Cost Center   | \$145.31<br>\$0.00<br>\$0.00<br>\$26,890.52  | Non Reimbursable Expenditures Clinical Administration/Support  Identify COST CENTER Where Reduction Amount Will Be Moved   | Non-Reimbursable - Reference Lab  Clinical Admin - Contracted Services  Identify ACCOUNT Detail Where Reduction Will Appear for Exhibit 5   |
| 107<br>108<br>109<br>110<br>111<br>112<br>113<br>114<br>115                                    | 17000 Other Trial Balance Amount Reductions to   | me  Operating Expenditures - LHD Admin / Suppont (From Financial Statements)  Trial Balance    Expenditure Information  | TOTAL EXPENDITURES \$22,825.06  Is expenditure funded by Foderal funds?  | \$145.31  \$26,890.52  S26,890.52  Operating Expenditure Relenter Amount of Operating Expenditure to be Removed from Cost Center   | Juctions - Amount to be Re<br>Add: State/Local Match required for<br>Federal Funds  | moved from Cost Center  Other amounts to be removed  | \$145.31<br>\$0.00<br>\$0.00<br>\$26,890.52<br>TOTAL Amount to be Reduced from<br>Cost Center<br>\$0.00<br>\$0.00<br>\$0.00<br>\$0.00  | Non Reimbursable Expenditures Clinical Administration/Support  Identify COST CENTER Where Reduction Amount Will Be Moved   | Non-Reimbursable - Reference Lab  Clinical Admin - Contracted Services  Identify ACCOUNT Detail Where Reduction Will Appear for Exhibit 5   |
| 107<br>108<br>109<br>110<br>1111<br>1112<br>113<br>114<br>115<br>116                           | 17000 Other Trial Balance Amoun Reductions to  Trial Balance Account Number  | me  Operating Expenditures - LHD Admin / Suppo  If from Financial Statements)  Trial Balance  Expenditure Information  Account Description  | TOTAL EXPENDITURES \$22,825.06  Is expenditure funded by Foderal funds?  | \$145.31 \$26,890.52  Operating Expenditure Re Enter Amount of Operating Expenditure   | ductions - Amount to be Re  | moved from Cost Center   | \$145.31<br>\$0.00<br>\$0.00<br>\$26,890.52<br>TOTAL Amount to be Reduced from<br>Cost Center<br>\$0.00<br>\$0.00<br>\$0.00<br>\$0.00  | Non Reimbursable Expenditures Clinical Administration/Support  Identify COST CENTER Where Reduction Amount Will Be Moved   | Non-Reimbursable - Reference Lab  Clinical Admin - Contracted Services  Identify ACCOUNT Detail Where Reduction Will Appear for Exhibit 5   |
| 107<br>108<br>109<br>110<br>1111<br>1112<br>113<br>114<br>115<br>116                           | 17000 Other Trial Balance Amoun Reductions to  Trial Balance Account Number  | me  Operating Expenditures - LHD Admin / Suppo  If from Financial Statements)  Trial Balance  Expenditure Information  Account Description  | TOTAL EXPENDITURES \$22,825.06  Is expenditure funded by Foderal funds?  | \$145.31  \$26,890.52  S26,890.52  Operating Expenditure Relenter Amount of Operating Expenditure to be Removed from Cost Center   | Juctions - Amount to be Re<br>Add: State/Local Match required for<br>Federal Funds  | moved from Cost Center  Other amounts to be removed  | \$145.31<br>\$0.00<br>\$0.00<br>\$26,890.52<br>TOTAL Amount to be Reduced from<br>Cost Center<br>\$0.00<br>\$0.00<br>\$0.00<br>\$0.00  | Non Reimbursable Expenditures Clinical Administration/Support  Identify COST CENTER Where Reduction Amount Will Be Moved   | Non-Reimbursable - Reference Lab  Clinical Admin - Contracted Services  Identify ACCOUNT Detail Where Reduction Will Appear for Exhibit 5   |
| 109<br>1109<br>1110<br>1111<br>1122<br>1133<br>1144<br>116<br>117<br>119 SECT                  | 17000 Other Trial Balance Amoun Reductions to  Trial Balance Account Number  | me Operating Expenditures - LHD Admin / Suppont (From Financial Statements) Trial Balance Expenditure Information Account Description   | TOTAL EXPENDITURES \$22,825.06  Is expenditure funded by Foderal funds?  | \$145.31  \$26,890.52  S26,890.52  Operating Expenditure Relenter Amount of Operating Expenditure to be Removed from Cost Center   | Juctions - Amount to be Re<br>Add: State/Local Match required for<br>Federal Funds  | moved from Cost Center  Other amounts to be removed  | \$145.31<br>\$0.00<br>\$0.00<br>\$26,890.52<br>TOTAL Amount to be Reduced from<br>Cost Center<br>\$0.00<br>\$0.00<br>\$0.00<br>\$0.00  | Non Reimbursable Expenditures Clinical Administration/Support  Identify COST CENTER Where Reduction Amount Will Be Moved   | Non-Reimbursable - Reference Lab  Clinical Admin - Contracted Services  Identify ACCOUNT Detail Where Reduction Will Appear for Exhibit 5   |
| 109<br>1109<br>1110<br>1111<br>112<br>113<br>114<br>116<br>117<br>119 SECT                     | 17000 Other Trial Balance Amoun Reductions to  Trial Balance Account Number  | Contract Interpreter  me Operating Expenditures - LHD Admin / Suppont (From Financial Statements) Trial Balance Expenditure Information  Account Description  Account Description  Istments/Transfers to Trial Balance  | TOTAL EXPENDITURES \$22,825.06  Is expenditure funded by Federal funds? Yes or No.   | \$145.31  \$26,890.52  Operating Expenditure Re- Enter Amount of Operating Expenditure to be Removed from Cost Center  \$0.00  | Add: State/Local Match required for<br>Federal Funds  | moved from Cost Center  Other amounts to be removed  \$0.00  | \$145.31<br>\$0.00<br>\$0.00<br>\$26,890.52<br>TOTAL Amount to be Reduced from<br>Cost Center<br>\$0.00<br>\$0.00<br>\$0.00<br>\$0.00  | Non Reimbursable Expenditures Clinical Administration/Support  Identify COST CENTER Where Reduction Amount Will Be Moved   | Non-Reimbursable - Reference Lab  Clinical Admin - Contracted Services  Identify ACCOUNT Detail Where Reduction Will Appear for Exhibit 5   |
| 109<br>1109<br>1110<br>1111<br>1122<br>1133<br>1144<br>116<br>117<br>119 SECT                  | 17000 Other Trial Balance Amour Reductions to  Trial Balance Account Number  | me Operating Expenditures - LHD Admin / Suppont (From Financial Statements) Trial Balance Expenditure Information Account Description   | TOTAL EXPENDITURES \$22,825.06  Is expenditure funded by Foderal funds? Yes or No  Adjustment / Transfer   | \$145.31  \$26,890.52  Operating Expenditure Re Enter Amount of Operating Expenditure to be Removed from Cost Center  \$0.00   | ductions - Amount to be Re  Add: State/Local Match required for Federal Funds  \$0.00   | moved from Cost Center  Other amounts to be removed  \$0.00  | \$145,31 \$0,00 \$0,00 \$26,890.52  TOTAL Amount to be Reduced from Cost Center  \$0,00 \$0,00 \$0,00 \$0,00 \$0,00 \$0,00   | Non Reimbursable Expenditures Clinical Administration/Support  Identify COST CENTER Where Reduction Amount Will Be Moved Select from Dropdown Menu   | Non-Reimbursable - Reference Lab  Clinical Admin - Contracted Services  Identify ACCOUNT Detail Where Reduction Will Appear for Exhibit 5  Select from Dropdown Menu  |
| 107<br>108<br>109<br>110<br>1111<br>1112<br>113<br>114<br>116<br>117<br>119 SECT<br>120 Cost ( | 17000 Other Trial Balance Amoun Reductions to  Trial Balance Account Number  | me Operating Expenditures - LHD Admin / Suppont (From Financial Statements) Trial Balance Expenditure Information Account Description  Istments/Transfers to Trial Balance ation Expenditure Information  | TOTAL EXPENDITURES \$22,825.06  Is expenditure funded by Federal funds? Yes or No  Adjustment / Transfer TOTAL Amount to be Transfered to                            | \$145.31  \$26,890.52  Operating Expenditure Re Enter Amount of Operating Expenditure to be Removed from Coer Center  \$0.00  \$0.00   | Add: State/Local Match required for Federal Funds  \$0.00    So.00    So.00    So.00    So.00    So.00    So.00    So.00    So.00           | moved from Cost Center  Cither amounts to be removed  \$0.00  to be Removed from Cost  | \$145.31 \$0.00 \$0.00 \$26,890.52  TOTAL Amount to be Reduced from Cost Center \$0.00 \$0.00 \$0.00 \$0.00  | Non Reimbursable Expenditures Clinical Administration/Support  Identify COST CENTER Where Reduction Amount Will Be Moved  Select from Dropdown Menu  Identify COST CENTER Where Reduction Amount Identify COST CENTER Where Reduction Amount | Non-Reimbursable - Reference Lab Clinical Admin - Contracted Services  Identify ACCOUNT Detail Where Reduction Will Appear for Exhibit 5 Select from Dropdown Menu  |
| 107<br>108<br>109<br>110<br>1111<br>1112<br>113<br>114<br>116<br>117<br>119 SECT<br>120 Cost ( | 17000 Other Trial Balance Amount Number  Trial Balance Account Number  Trial Balance Account Number  Trial Balance Account Number        | me Operating Expenditures - LHD Admin / Suppont (From Financial Statements) Trial Balance Expenditure Information Account Description  Istments/Transfers to Trial Balance ation Expenditure Information Expenditure Information  | TOTAL EXPENDITURES \$22,825.06  Is expenditure funded by Foderal funds? Yes or No  Adjustment / Transfer   | \$145.31  \$26,890.52  Operating Expenditure Re Enter Amount of Operating Expenditure to be Removed from Cost Center  \$0.00   | ductions - Amount to be Re  Add: State/Local Match required for Federal Funds  \$0.00   | moved from Cost Center  Other amounts to be removed  \$0.00  | \$145,31 \$0,00 \$0,00 \$26,890.52  TOTAL Amount to be Reduced from Cost Center  \$0,00 \$0,00 \$0,00 \$0,00 \$0,00  Center  TOTAL Amount to be Reduced from Cost Center   | Non Reimbursable Expenditures Clinical Administration/Support  Identify COST CENTER Where Reduction Amount Will Be Moved Select from Dropdown Menu  Identify COST CENTER Where Reduction Amount Will Be Moved                                | Non-Reimbursable - Reference Lab Clinical Admin - Contracted Services  Identify ACCOUNT Detail Where Reduction Will Appear for Exhibit 5 Select from Dropdown Menu  Identify ACCOUNT Detail Where Reduction Will Appear for Exhibit 5 |
| 107<br>108<br>109<br>110<br>1111<br>1112<br>113<br>114<br>116<br>117<br>119 SECT<br>120 Cost ( | 17000 Other Trial Balance Amount Reductions to  Trial Balance Account Number  Trial Balance Account Number  Trial Balance Account Number | me Operating Expenditures - LHD Admin / Suppont (From Financial Statements) Trial Balance Expenditure Information  Account Description  Expenditure Information  Expenditure Information  Account Description  Expenditure Information  Account Description  Expenditure Information  Account Description  Expenditure Information  Account Description  Description  Account Description | Total expenditures \$22,825.06  Is expenditure funded by Federal funds? Yes or No  Adjustment / Transfer Total amount to be Transferred to Trial Balance             | \$145.31  \$26,890.52  Operating Expenditure Re Enter Amount of Operating Expenditure to be Removed from Coer Center  \$0.00  \$0.00   | Add: State/Local Match required for Federal Funds  \$0.00    So.00    So.00    So.00    So.00    So.00    So.00    So.00    So.00           | moved from Cost Center  Cither amounts to be removed  \$0.00  to be Removed from Cost  | \$145.31 \$0.00 \$0.00 \$0.00 \$26,890.52  TOTAL Amount to be Reduced from Cost Center  Cost Center  TOTAL Amount to be Reduced from Cost Center  TOTAL Amount to be Reduced from Cost Center  | Non Reimbursable Expenditures Clinical Administration/Support  Identify COST CENTER Where Reduction Amount Will Be Moved  Select from Dropdown Menu  Identify COST CENTER Where Reduction Amount Identify COST CENTER Where Reduction Amount | Non-Reimbursable - Reference Lab Clinical Admin - Contracted Services  Identify ACCOUNT Detail Where Reduction Will Appear for Exhibit 5 Select from Dropdown Menu  |
| 107<br>108<br>109<br>110<br>1111<br>1112<br>113<br>114<br>116<br>117<br>119 SECT<br>120 Cost ( | 17000 Other Trial Balance Amount Reductions to  Trial Balance Account Number  Trial Balance Account Number  Trial Balance Account Number | me Operating Expenditures - LHD Admin / Suppont (From Financial Statements) Trial Balance Expenditure Information Account Description  Istments/Transfers to Trial Balance ation Expenditure Information  | TOTAL EXPENDITURES \$22,825.06  Is expenditure funded by Federal funds? Yes or No  Adjustment / Transfer TOTAL Amount to be Transfered to                            | \$145.31  \$26,890.52  Operating Expenditure Re Enter Amount of Operating Expenditure to be Removed from Coer Center  \$0.00  \$0.00   | Add: State/Local Match required for Federal Funds  \$0.00    So.00    So.00    So.00    So.00    So.00    So.00    So.00    So.00           | moved from Cost Center  Cither amounts to be removed  \$0.00  to be Removed from Cost  | \$145,31 \$5,00 \$0,00 \$0,00 \$26,890,52  TOTAL Amount to be Reduced from Cost Center \$0,00 \$0,00 \$0,00 \$0,00 \$0,00 \$0,00 Center TOTAL Amount to be Reduced from Cost Center \$0,00 \$0,00 \$0,00   | Non Reimbursable Expenditures Clinical Administration/Support  Identify COST CENTER Where Reduction Amount Will Be Moved Select from Dropdown Menu  Identify COST CENTER Where Reduction Amount Will Be Moved                                | Non-Reimbursable - Reference Lab Clinical Admin - Contracted Services  Identify ACCOUNT Detail Where Reduction Will Appear for Exhibit 5 Select from Dropdown Menu  Identify ACCOUNT Detail Where Reduction Will Appear for Exhibit 5 |
| 107<br>108<br>109<br>110<br>1111<br>1112<br>113<br>114<br>116<br>117<br>119 SECT<br>120 Cost ( | 17000 Other Trial Balance Amount Reductions to  Trial Balance Account Number  Trial Balance Account Number  Trial Balance Account Number | me Operating Expenditures - LHD Admin / Suppont (From Financial Statements) Trial Balance Expenditure Information  Account Description  Expenditure Information  Expenditure Information  Account Description  Expenditure Information  Account Description  Expenditure Information  Account Description  Expenditure Information  Account Description  Description  Account Description | TOTAL EXPENDITURES \$22,825.06  Is expenditure funded by Federal funds? Yes or No  Adjustment / Transfer TOTAL Amount to be Transferred to Trial Balance \$39,358.35 | \$145.31  \$26,890.52  S26,890.52  Operating Expenditure Re Enter Amount of Operating Expenditure to be Removed from Cost Center  \$0.00  Expenditure to be Removed from Cost Center | Add State/Local Match required for Federal Funds  \$0.00  S0.00  State Reductions - Amount Add State/Local Match required for Federal Funds | moved from Cost Center  Other amounts to be removed  \$0.00  to be Removed from Cost  Other amounts to be removed  | \$145,31 \$5,00 \$0,00 \$0,00 \$26,890.52  TOTAL Amount to be Reduced from Cost Center \$0,00 \$0,00 \$0,00 \$0,00 \$0,00  Center TOTAL Amount to be Reduced from Cost Center \$0,00 \$0,00 \$0,00 \$0,00 \$0,00 \$0,00 \$0,00 \$0,00 \$0,00 \$0,00 \$0,00 \$0,00 \$0,00 | Non Reimbursable Expenditures Clinical Administration/Support  Identify COST CENTER Where Reduction Amount Will Be Moved Select from Dropdown Menu  Identify COST CENTER Where Reduction Amount Will Be Moved                                | Non-Reimbursable - Reference Lab Clinical Admin - Contracted Services  Identify ACCOUNT Detail Where Reduction Will Appear for Exhibit 5 Select from Dropdown Menu  Identify ACCOUNT Detail Where Reduction Will Appear for Exhibit 5 |
| 109<br>1109<br>1110<br>1111<br>112<br>113<br>114<br>116<br>117<br>119 SECT                     | 17000 Other Trial Balance Amount Reductions to  Trial Balance Account Number  Trial Balance Account Number  Trial Balance Account Number | me Operating Expenditures - LHD Admin / Suppont (From Financial Statements) Trial Balance Expenditure Information  Account Description  Expenditure Information  Expenditure Information  Account Description  Expenditure Information  Account Description  Expenditure Information  Account Description  Expenditure Information  Account Description  Description  Account Description | TOTAL EXPENDITURES \$22,825.06  Is expenditure funded by Federal funds? Yes or No  Adjustment / Transfer TOTAL Amount to be Transferred to Trial Balance             | \$145.31  \$26,890.52  S26,890.52  Operating Expenditure Re Enter Amount of Operating Expenditure to be Removed from Cost Center  \$0.00  Expenditure to be Removed from Cost Center | Add: State/Local Match required for Federal Funds  \$0.00    So.00    So.00    So.00    So.00    So.00    So.00    So.00    So.00           | moved from Cost Center  Cither amounts to be removed  \$0.00  to be Removed from Cost  | \$145,31 \$5,00 \$0,00 \$0,00 \$26,890.52  TOTAL Amount to be Reduced from Cost Center  \$0,00 \$0,00 \$0,00 \$0,00 \$0,00  Center  TOTAL Amount to be Reduced from Cost Center  \$0,00 \$0,00 \$0,00 \$0,00 \$0,00 \$0,00 \$0,00 \$0,00 \$0,00                          | Non Reimbursable Expenditures Clinical Administration/Support  Identify COST CENTER Where Reduction Amount Will Be Moved Select from Dropdown Menu  Identify COST CENTER Where Reduction Amount Will Be Moved                                | Non-Reimbursable - Reference Lab Clinical Admin - Contracted Services  Identify ACCOUNT Detail Where Reduction Will Appear for Exhibit 5 Select from Dropdown Menu  Identify ACCOUNT Detail Where Reduction Will Appear for Exhibit 5 |

|  | А В  | С                                    | J D           | Ε                                       | TF                  | G   | Т н  | T   | 1  |   |  |   |
|--|--|--------------------------------------|---------------|---|---------------------|---|--|---|--|---|--|---|
|  | orth Carolina Div                          |                                      |               |   |                     |   |  | -l  | J  | <u> </u>  | LL   | M   |
|  | ocal Health Depa                           |                                      |               |   |                     |   |  |   |  |   |  |   |
|  | Clinical Administra                        |                                      |               | iscipline                               |                     |   |  |   |  |   |  |   |
|  | Brunswick County<br>Period for Expenditure |                                      | nent          |   |                     |   |  |   |  |   |  |   |
| 10   | Fiscal Year Start Date                     | 7/1/2012                             |               | Medicaid Prov                           | ider Numbe          | er 3404476  | ٦  |   |  |   |  |   |
| 11   | Fiscal Year End Date                       | 6/30/2013                            |               |   | NPI Numbe           | r 1841248622                                      | ]  |   |  |   |  |   |
|  | SECTION I. Pe                              | rsonnel / S                          | taff Exn      | enditures                               |                     |   |  |   |  |   |  |   |
|  | Personnel Cost                             |                                      |               | onaita oo                               |                     |   |  |   |  |   |  |   |
| 16   | Cost Center Na                             |                                      |               |   |                     | 1   |  | Calany  | and Benefits   |   |  |   |
|  | 210XX Nure                                 | na Director's                        | Office an     | nd Clinical Su                          | nondoor             | S Total Gross Salary 21000                        |  | Employer- FICA (if not covered                                | Medicare Tax -Employer - (if not                                     | T   |  |   |
| 17   |  |                                      |               | iu Cililicai Su                         | hervisor            |   | Employee Benefits 21010                                  | under employee benefits) 21015                                | listed under employee benefits)<br>21020                             | Other Benefits / Vendor or<br>Contractor Payments 21025 | TOTAL SALARY AND BENEFITS  |   |
| 18<br>19   |  | unt (From Financial<br>Trial Balance |               |   |                     | \$265,036.75                                      | \$0.00   | \$19,959.97   | \$0.00   | \$72,555.10   | \$357,551.82   |   |
| 20   | reductions to                              |                                      | nel Informat  | tion                                    |                     |   |  | <u> </u>  |  |   |  |   |
| 21   | Position Number /<br>Employee ID           |                                      |               | 1                                       | Vendor/             | Is position funded by Federal funds?              | Enter Amount of Salary to be Removed from                | Enter Amount of Benefits to be                                | ductions - Salary and Bene<br>Tenter Amount of Employer - EICA to be | efits to be Removed from C                              | ost Center  Enter Amount of Other Benefits to be Removed from    |   |
|  | Employee ID                                | Last Name                            | First Name    | Job Title                               | Employee            | Yes or No   | Cost Center  | Removed from Cost Center                                      | Removed from Cost Center   | Removed from Cost Center                                | Cost Center  | Total Reduction to Salary and Benefits      |
| 23   |  | ~~~                                  |               |   |                     |   |  |   |  |   |  | \$0.00                                      |
| 25   |  |                                      |               |   |                     |   |  |   |  |   |  | \$0.00                                      |
| 22<br>23<br>24<br>25<br>26<br>27<br>28                                     |  |                                      |               |   |                     |   |  |   |  |   |  | \$0.00                                      |
| 28   |  |                                      |               |   |                     | TOTAL REDUCTIONS                                  | \$0.00   | \$0.00  | \$0.00   |   |  | \$0.00                                      |
| 29   |  |                                      |               |   |                     |   | \$0.00   | \$0.00  | \$0.00   | \$0.00  | \$0.00   | \$0.00                                      |
| 30   | Cost Center Na                             | me                                   |               |   |                     |   |  | Salary  | and Benefits   |   |  |   |
|  | 220XX Billin                               | g Office and                         | Staff         |   |                     | Total Gross Salary 22000                          | Employee Benefits 22010                                  | Employer- FICA (if not covered                                | Medicare Tax -Employer - (if not<br>listed under employee benefits)  | Other Benefits / Vendor or                              | TOTAL SALARY AND BENEFITS  |   |
| 32   | Trial Balance Amo                          | unt (From Financial                  | Statements)   |   |                     | \$127,630.26                                      |  | under employee benefits) 22015                                | 22020  | Contractor Payments 22025                               |  |   |
| 33   | Reductions to                              |                                      | 1             |   | <del></del>         | \$127,030.20                                      | \$0.00   | \$9,542.00  | \$0.00   | \$53,543.57   | \$190,715.83   |   |
| 34   |  | Person                               | nel Informat  | ion                                     |                     |   |  | Salary and Benefit Red  | ductions - Salary and Bene   | efits to be Removed from C                              | ost Center   |   |
| 35   | Position Number /<br>Employee ID           | Last Name                            | First Name    | Job Title                               | Vendor/<br>Employee | Is position funded by Federal funds?<br>Yes or No | Enter Amount of Salary to be Removed from<br>Cost Center | Enter Amount of Benefits to be                                | Enter Amount of Employer - FICA to be                                | Enter Amount of Medicare Tax to be                      | Enter Amount of Other Benefits to be Removed from                | Tetal Designation to Orlean and Designation |
| 36   |  |                                      |               |   |                     | 763 G. NO   | Cost Center  | Removed from Cost Center                                      | Removed from Cost Center   | Removed from Cost Center                                | Cost Center  | Total Reduction to Salary and Benefits      |
| 38   |  |                                      |               |   |                     |   |  |   |  |   |  | \$0.00                                      |
| 39   |  |                                      |               |   |                     |   |  |   |  |   |  | \$0.00<br>\$0.00                            |
| 31<br>32<br>33<br>34<br>35<br>36<br>37<br>38<br>39<br>40<br>41<br>42<br>43 |  |                                      |               |   |                     |   |  |   |  |   |  | \$0.00                                      |
| 42   |  |                                      |               |   |                     | TOTAL REDUCTIONS                                  | \$0.00   | \$0.00  | \$0.00   | \$0.00  | \$0.00   | \$0.00                                      |
| 44   | Cost Center Na                             | ne                                   |               |   |                     |   |  |   |  |   |  |   |
|  |  |                                      |               |   |                     |   |  |   | and Benefits Medicare Tax -Employer - (if not                        | T   |  |   |
| 45   | 230XX Interp                               |                                      |               |   |                     | Total Gross Salary 23000                          | Employee Benefits 23010                                  | Employer- FICA (if not covered under employee benefits) 23015 | listed under employee benefits)<br>23020                             | Other Benefits / Vendor or<br>Contractor Payments 23025 | TOTAL SALARY AND BENEFITS  |   |
| 45<br>46<br>47<br>48   |  | int (From Financial                  | Statements)   |   |                     | \$32,787.49                                       | \$0.00   | \$2,514.85  | \$0.00   | \$13,369.04   | \$48,671.38  |   |
| 47   | Reductions to                              |                                      | nel Informati | lan.                                    |                     |   |  |   |  |   |  |   |
| 1  | Position Number /                          |                                      |               | IOII                                    | Vendor/             | Is position funded by Federal funds?              | Enter Amount of Salary to be Removed from                | Salary and Benefit Red<br>Enter Amount of Benefits to be      | ductions - Salary and Bene   | efits to be Removed from Co                             | ost Center   |   |
| 50   | Employee ID                                | - Last Name                          | First Name    | Job Title                               | Employee            | Yes or No   | Cost Center  | Removed from Cost Center                                      | Removed from Cost Center   | Removed from Cost Center                                | Enter Amount of Other Benefits to be Removed from<br>Cost Center | Total Reduction to Salary and Benefits      |
| 51   |  |                                      |               |   | 1                   |   |  |   |  |   |  |   |
| 52   | _  |                                      |               |   | Ţ                   |   |  |   |  |   |  | \$0.00<br>\$0.00                            |
| 54   |  |                                      |               |   | ļ                   |   |  |   |  |   |  | \$0.00                                      |
| 56   |  |                                      |               | V-17-1.1.                               |                     | TOTAL REDUCTIONS                                  | 40.00  |   |  | <u> </u>  |  | \$0.00                                      |
| 49<br>50<br>51<br>52<br>53<br>54<br>59<br>56<br>57<br>58                   |  | ···                                  |               |   |                     | TOTAL REDUCTIONS                                  | \$0.00   | \$0,00  | \$0.00   | \$0.00  | \$0.00   | \$0.00                                      |
| 58   | Cost Center Nar                            | ne                                   |               |   |                     |   |  | Salary a  | and Benefits   |   |  |   |
|  | 240XX Other                                | Personnel                            |               |   |                     | Total Gross Salary 24000                          | Employee Benefits 24010                                  | Employer- FICA (if not covered                                | Medicare Tax -Employer - (if not                                     | Other Benefits / Vendor or                              |  |   |
| 60   | Trial Balance Amou                         |                                      | Statemente)   | ***                                     |                     | 1   |  | under employee benefits) 24015                                | listed under employee benefits)<br>24020                             | Contractor Payments 24025                               | TOTAL SALARY AND BENEFITS  |   |
| 60<br>61<br>62<br>63<br>64<br>65<br>66<br>67<br>68<br>69<br>70             | Reductions to                              |                                      | oraconones)   | *************************************** |                     | \$314,664.01                                      | \$0.00   | \$23,449.15   | \$0.00   | \$137,294.42  | \$475,407.58   |   |
| 62   |  |                                      | nel Informati | ion                                     | *****               | I   |  | Salary and Renefit Rec  | fuctions - Salany and Ponn   | fits to be Removed from Co                              | ost Contor   |   |
| 63   | Position Number /<br>Employee ID           | Last Name                            | First Name    | Job Title                               | Vendor/<br>Employee | Is position funded by Federal funds?<br>Yes or No | Enter Amount of Salary to be Removed from                | Enter Amount of Benefits to be                                | Enter Amount of Employer - FICA to be                                | Enter Amount of Medicare Tax to be                      | Enter Amount of Other Benefits to be Removed from                |   |
| 64   |  |                                      | Halle         | JOD TILLE                               | Lingstoyee          | Tes of No   | Cost Center  | Removed from Cost Center                                      | Removed from Cost Center   | Removed from Cost Center                                | Cost Center  | Total Reduction to Salary and Benefits      |
| 65   |  |                                      |               |   |                     |   |  |   |  |   |  | \$0.00                                      |
| 67   |  |                                      |               |   | -                   |   |  |   |  |   |  | \$0.00                                      |
| 68   |  |                                      |               |   |                     |   |  |   |  |   |  | \$0.00<br>\$0.00                            |
| 70   |  |                                      |               |   |                     | TOTAL REDUCTIONS                                  | \$0.00   | \$0.00  | \$0.00   | \$0.00  | \$0.00   | \$0.00                                      |
|  |  |                                      |               |   |                     |   |  | φ0.00   | 90,00  | 1 00.00 [   | \$0.001  | \$0.00                                      |

|  | A B  | С  |  | F G  | Н   | 1  | .1  | T K   | 1   | M  |
|--|--|--|--|--|---|--|---|---|---|--|
|  |  | vision of Public Health  |  |  |   | · · · · · · · · · · · · · · · · · · ·  |   | 1   | L   | I W  |
| 2 L  | ocal Health Depa   | artment Cost Report  |  |  |   |  |   |   |   |  |
| 3 (  | Clinical Administr   | ation / Support Costs  | by Discipline  |  |   |  |   |   |   |  |
|  |  | Health Department  | .,   |  |   |  |   |   |   |  |
|  | Period for Expenditur  |  |  |  |   |  |   |   |   |  |
|  | Fiscal Year Start Date   |  | Medicaid Provide   | lor Number   | 1   |  |   |   |   |  |
|  | Fiscal Year End Date   |  | Wedicaid Floyide   | der Number 3404476<br>IPI Number 1841248622  |   |  |   |   |   |  |
| 11<br>12<br>71   | 1 looks 1 car Ena Date   | 0/30/2013  | INI  | 1641248622   |   |  |   |   |   |  |
|  |  |  |  |  |   |  |   |   |   |  |
| 74   | SECTION II. C  | Operating Expend   | ditures  |  |   |  |   |   |   |  |
| 75 C   | Operating Cost   | Center Information   |  |  | ***************************************   |  |   |   |   |  |
| 76   | Cost Center N  | ame  | L  |  | 1   |  |   |   |   |  |
| 77   |  | lies - Clinic Admin  |  |  |   |  |   |   |   |  |
| 77<br>78   |  |  |  | TOTAL EXPENDITURES   |   |  |   |   |   |  |
| 70   | Trial Balance Am   | ount (From Financial Statem  | ents)  |  |   |  |   |   |   |  |
| /9   | Reductions to  | o Trial Balance  |  |  |   |  |   |   |   |  |
| 80   |  | Expenditure In   | formation  |  | Operating Expenditure Redu  | ctions - Amount to be Ren  | noved from Cost Center  |   | 1   |  |
| 81   | Trial Balance Account<br>Number  |  |  | Is expenditure funded by Federal   | Enter Amount of Operating Expenditure to be   | Add: State/Local Match required for  |   | TOTAL Amount to be Reduced from   | Identify COST CENTER Where Reduction  | Identify ACCOUNT Detail Where Reduction Will   |
| 82   | Nullidel   | A  | count Description  | funds? Yes or No   | Removed from Cost Center  | Federal Funds  | Other amounts to be removed   | Cost Center   | Amount Will Be Moved  | Appear for Exhibit 5   |
| 83   |  |  |  |  |   |  |   |   | Select from Dropdown Menu   | Select from Dropdown Menu  |
| 84   |  |  |  |  |   | ****   |   | \$0.00  |   |  |
| 85   |  |  |  |  |   |  |   | \$0.00  |   |  |
| 86   |  |  |  |  |   |  |   | \$0.00  |   |  |
| 67   |  | 1  |  |  |   | L  | L   | \$0.00  |   |  |
| 88   |  |  |  | I  | \$0.00  | \$0.00   | \$0.00  | \$0.00  | 1   |  |
| 79<br>80<br>81<br>82<br>83<br>84<br>85<br>86<br>87<br>88<br>90<br>91<br>92<br>93   | Cost Center Na   | ame  |  |  |   |  | Lees Co.su  | 1 40.00   | =   |  |
| 100  |  |  | U. C. A.L. C   |  |   |  |   |   |   |  |
| 91   | 25000 Capit  | tal Expenditures - C   | linic Admin  | TOTAL EXPENDITURES   |   |  |   |   |   |  |
| 92   |  | ount (From Financial Stateme   | ents)  |  |   |  |   |   |   |  |
| 93   | Reductions to  | o Trial Balance  |  |  |   |  |   |   |   |  |
| 94   |  | Expenditure In   | formation  |  | Operating Expenditure Redu  | ctions - Amount to be Ren  | oved from Cost Center   |   | 7   |  |
| 0.5  | Trial Salance Account  |  |  | is expenditure funded by Federal   | Enter Amount of Operating Expenditure to be   |  | loved from Gost Genter  | TOTAL Amount to be Reduced from   | Identify COST CENTER Where Reduction  | Identify ACCOUNT Detail Where Reduction Will   |
| 95   | Number   | Ac   | count Description  | funds? Yes or No   | Removed from Cost Center  | Federal Funds  | Other amounts to be removed   | Cost Center   | Amount Will Be Moved  | Appear for Exhibit 6   |
| 96   |  |  |  |  |   |  |   |   | Select from Dropdown Menu   | Select from Dropdown Menu  |
| 97   |  |  |  |  |   |  |   | \$0.00  |   | Coloct II on Bropdom III on  |
| 98   |  |  |  |  |   |  |   | \$0.00  |   |  |
| 99   |  |  |  |  |   |  |   | \$0.00  |   |  |
| 1001   |  | <u> </u>   |  |  |   |  |   | \$0.00  |   |  |
| 102  |  |  |  | ١  | \$0.00  | \$0.00   | \$0.00  |   |   |  |
| 100  |  |  |  |  | \$0.00  | \$0.00   | \$0.00  | \$0.00  |   |  |
|  |  |  |  |  |   |  |   |   |   |  |
| 104  | Cost Center Na   |  |  |  |   |  |   |   |   |  |
| 105  | 26000 Conti  | racted Services - CI   | inic Admin   | TOTAL EXPENDITURES   |   |  |   |   |   |  |
| 95<br>96<br>97<br>98<br>99<br>100<br>101<br>102<br>104<br>105<br>106   | 26000 Conti  |  | inic Admin   | TOTAL EXPENDITURES   |   |  |   |   |   |  |
| 105<br>106<br>107  | 26000 Contr<br>Trial Balance Amo   | racted Services - Cl   | inic Admin   | TOTAL EXPENDITURES   |   |  |   | ***   |   |  |
| 105<br>106<br>107  | 26000 Contr<br>Trial Balance Amo   | racted Services - CI<br>punt (From Financial Stateme<br>D Trial Balance  | nts)   | TOTAL EXPENDITURES   | Opposition Fungacilities Foot   |  |   |   | 1   |  |
| 107<br>108   | 26000 Contr<br>Trial Balance Amo<br>Reductions to  | racted Services - Cl   | nts)   |  | Operating Expenditure Redu  | ctions - Amount to be Rem  | noved from Cost Center  |   | 1   |  |
| 107<br>108   | 26000 Contr<br>Trial Balance Amo   | racted Services - Cl<br>ount (From Financial Stateme<br>o Trial Balance<br>Expenditure Inf   | nts)   | Is expenditure funded by Federal   | Enter Amount of Operating Expenditure to be   | Add: State/Local Match required for  |   | TOTAL Amount to be Reduced from   | Identify COST CENTER Where Reduction  | Identify ACCOUNT Detail Where Reduction Will   |
| 107<br>108   | 26000 Contraction Trial Balance Amore Reductions to  | racted Services - Cl<br>ount (From Financial Stateme<br>o Trial Balance<br>Expenditure Inf   | nts)<br>ormation   |  | Operating Expenditure Redu<br>Enter Amount of Operating Expenditure to be<br>Removed from Cost Center   | ctions - Amount to be Rem<br>Add: State/Local Match required for<br>Federal Funds  | noved from Cost Center Other amounts to be removed  | TOTAL Amount to be Reduced from<br>Cost Center  | Amount Will Be Moved  | Appear for Exhibit 5   |
| 107<br>108   | 26000 Contraction Trial Balance Amore Reductions to  | racted Services - Cl<br>ount (From Financial Stateme<br>o Trial Balance<br>Expenditure Inf   | nts)<br>ormation   | Is expenditure funded by Federal   | Enter Amount of Operating Expenditure to be   | Add: State/Local Match required for  |   | Cost Center   | Identify COST CENTER Where Reduction<br>Amount Will Be Moved<br>Select from Dropdown Menu   | Identify ACCOUNT Detail Where Reduction Will<br>Appear for Exhibit 5<br>Select from Dropdown Menu  |
| 107<br>108   | 26000 Contraction Trial Balance Amore Reductions to  | racted Services - Cl<br>ount (From Financial Stateme<br>o Trial Balance<br>Expenditure Inf   | nts)<br>ormation   | Is expenditure funded by Federal   | Enter Amount of Operating Expenditure to be   | Add: State/Local Match required for  |   | Cost Center   | Amount Will Be Moved Select from Dropdown Menu  | Appear for Exhibit 5   |
| 107<br>108   | 26000 Contraction Trial Balance Amore Reductions to  | racted Services - Cl<br>ount (From Financial Stateme<br>o Trial Balance<br>Expenditure Inf   | nts)<br>ormation   | Is expenditure funded by Federal   | Enter Amount of Operating Expenditure to be   | Add: State/Local Match required for  |   | \$0.00 \$0.00   | Amount Will Be Moved Select from Dropdown Menu  | Appear for Exhibit 5   |
| 107<br>108   | 26000 Contraction Trial Balance Amore Reductions to  | racted Services - Cl<br>ount (From Financial Stateme<br>o Trial Balance<br>Expenditure Inf   | nts)<br>ormation   | Is expenditure funded by Federal   | Enter Amount of Operating Expenditure to be   | Add: State/Local Match required for  |   | \$0.00<br>\$0.00<br>\$0.00<br>\$0.00  | Amount Will Be Moved<br>Select from Dropdown Menu   | Appear for Exhibit 5   |
| 107<br>108   | 26000 Contraction Trial Balance Amore Reductions to  | racted Services - Cl<br>ount (From Financial Stateme<br>o Trial Balance<br>Expenditure Inf   | nts)<br>ormation   | Is expenditure funded by Federal   | Enter Amount of Operating Expenditure to be<br>Removed from Cost Center   | Add: State/Local Match required for<br>Federal Funds   | Other amounts to be removed   | Cost Center \$0.00 \$0.00 \$0.00 \$0.00   | Amount Will Be Moved Select from Dropdown Menu  | Appear for Exhibit 5   |
| 107<br>108   | 26000 Contri<br>Trial Balance Am<br>Reductions to<br>Trial Balance Account<br>Number   | racted Services - Cl punt (From Financia) Stateme o Trial Balance Expenditure Int Ac   | nts)<br>ormation   | Is expenditure funded by Federal   | Enter Amount of Operating Expenditure to be   | Add: State/Local Match required for  |   | Cost Center \$0.00 \$0.00 \$0.00 \$0.00   | Amount Will Be Moved Select from Dropdown Menu  | Appear for Exhibit 5   |
| 107<br>108   | 26000 Contribrial Balance Ammericans to Trial Balance Account Number   | racted Services - Cl punt (From Financial Stateme  | ints)  Ormation  count Description   | Is expenditure funded by Federal funds? Yes or No  | Enter Amount of Operating Expenditure to be<br>Removed from Cost Center   | Add: State/Local Match required for<br>Federal Funds   | Other amounts to be removed   | Cost Center \$0.00 \$0.00 \$0.00 \$0.00   | Amount Will Be Moved Select from Dropdown Menu  | Appear for Exhibit 5   |
| 107<br>108   | 26000 Contribrial Balance Ammericans to Trial Balance Account Number   | racted Services - Cl punt (From Financial Stateme  | ints)  Ormation  count Description   | Is expenditure funded by Federal funds? Yes or No  | Enter Amount of Operating Expenditure to be<br>Removed from Cost Center   | Add: State/Local Match required for<br>Federal Funds   | Other amounts to be removed   | Cost Center \$0.00 \$0.00 \$0.00 \$0.00   | Amount Will Be Moved Select from Dropdown Menu  | Appear for Exhibit 5   |
| 107<br>108   | 26000 Contribution of the state | racted Services - Cl punt (From Financia) Stateme o Trial Balance Expenditure Int Ac   | ormation count Description   | Is expenditure funded by Federal funds? Yes or No  | Enter Amount of Operating Expenditure to be<br>Removed from Cost Center   | Add: State/Local Match required for<br>Federal Funds   | Other amounts to be removed   | Cost Center \$0.00 \$0.00 \$0.00 \$0.00   | Amount Will Be Moved Select from Dropdown Menu  | Appear for Exhibit 5   |
| 107<br>108   | 26000 Contribution of the state | racted Services - Cl punt (From Financia) Stateme  Trial Balance  Expenditure Int  Ac  Ac  Operating Expend  unt (From Financia) Stateme   | ormation count Description   | Is expenditure funded by Federal funds? Yes or No  | Enter Amount of Operating Expenditure to be<br>Removed from Cost Center   | Add: State/Local Match required for<br>Federal Funds   | Other amounts to be removed   | Cost Center \$0.00 \$0.00 \$0.00 \$0.00   | Amount Will Be Moved Select from Dropdown Menu  | Appear for Exhibit 5   |
| 107<br>108   | 26000 Contribution of the state | racted Services - CI punt (From Financial Stateme o Trial Balance Expenditure Int Ac Ac Ac Operating Expend Operating Expend Trial Balance   | ints)  ormation  count Description  itures - Clinic Admints)   | Is expenditure funded by Federal funds? Yes or No  | Enter Amount of Operating Expenditure to be Removed from Cost Center  \$0.00  | Add: State Local Match required for Federal Funds  \$0,00  | Other amounts to be removed   | Cost Center \$0.00 \$0.00 \$0.00 \$0.00   | Amount Will Be Moved Select from Dropdown Menu  | Appear for Exhibit 5   |
| 107<br>108<br>109<br>110<br>111<br>112<br>113<br>114<br>116<br>116<br>118<br>119<br>120<br>121   | 26000 Contribrial Balance Amm Reductions to Trial Balance Account Number  Cost Center Na 27000 Other Trial Balance Amm Reductions to Reductions to Cost Center Na 27000 Other Trial Balance Amm Reductions to Cost Center Na 27000 Other Trial Balance Amm Reductions to Cost Center Na 27000 Other Trial Balance Amm Reductions to Cost Center Na 27000 Other Trial Balance Amm Reductions to Cost Center Na 27000 Other Trial Balance Amm Reductions to Cost Center Na 27000 Other Trial Balance Amm Reductions to Cost Center Na 27000 Other Trial Balance Amm Reductions to Cost Center Na 27000 Other Trial Balance Amm Reductions to Cost Center Na 27000 Other Trial Balance Amm Reductions to Cost Center Na 27000 Other Trial Balance Amm Reductions to Cost Center Na 27000 Other Trial Balance Amm Reductions to Cost Center Na 27000 Other Trial Balance Amm Reductions to Cost Center Na 27000 Other Trial Balance Amm Reductions to Cost Center Na 27000 Other Trial Balance Amm Reductions to Cost Center Na 27000 Other Trial Balance Amm Reductions to Cost Center Na 27000 Other Trial Balance Amm Reductions to Cost Center Na 27000 Other Trial Balance Amm Reductions to Cost Center Na 27000 Other Trial Balance Amm Reductions to Cost Center Na 27000 Other Reductions to Cost Center Na 27000 Other Reductions to | racted Services - Cl punt (From Financia) Stateme  Trial Balance  Expenditure Int  Ac  Ac  Operating Expend  unt (From Financia) Stateme   | ints)  ormation  count Description  itures - Clinic Admints)   | Is expenditure funded by Federal funds? Yes or No funds? Yes or No funds? The funds? The funds? It is a fund funds? The funds f | Enter Amount of Operating Expenditure to be Removed from Cost Center  \$0.00  Operating Expenditure Redu  | Add State Local Match required for Federal Funds  \$0,00  ctions - Amount to be Rem  | Other amounts to be removed   | \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00  | Amount Will Be Moved Select from Dropdown Menu  | Appear for Exhibit 5 Select from Dropdown Menu   |
| 107<br>108<br>109<br>110<br>111<br>112<br>113<br>114<br>116<br>116<br>118<br>119<br>120<br>121   | 26000 Contribution of the state | racted Services - Cl punt (From Financial Stateme  | ints)  ormation  count Description  itures - Clinic Admints)  ormation   | Is expenditure funded by Federal funds? Yes or No funds? Yes or No funds? Yes or No funds? Total Expenditures  | Enter Amount of Operating Expenditure to be Removed from Cost Center  \$0.00  Operating Expenditure Redu  Enter Amount of Operating Expenditure to be   | Add: State Local Match required for Federal Funds  \$0.00  \$0.00  ctions - Amount to be Rem Add: State Local Match required for                       | Other amounts to be removed  \$0.00   | Cost Center   \$0.00 | Amount Will Be Moved  Select from Dropdown Menu   | Appear for Exhibit 5 Select from Dropdown Menu  Identify ACCOUNT Detail Where Reduction Will   |
| 107<br>108<br>109<br>110<br>111<br>112<br>113<br>114<br>116<br>116<br>118<br>119<br>120<br>121   | 26000 Contribution of the state | racted Services - Cl punt (From Financial Stateme  | ints)  ormation  count Description  itures - Clinic Admints)   | Is expenditure funded by Federal funds? Yes or No funds? Yes or No funds? The funds? The funds? It is a fund funds? The funds f | Enter Amount of Operating Expenditure to be Removed from Cost Center  \$0.00  Operating Expenditure Redu  | Add State Local Match required for Federal Funds  \$0,00  ctions - Amount to be Rem  | Other amounts to be removed   | \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00  | Amount Will Be Moved  Select from Dropdown Menu  Identity COST CENTER Where Reduction Amount Will Be Moved  | Appear for Exhibit 5  Select from Dropdown Menu  Identify ACCOUNT Detail Where Reduction Will Appear for Exhibit 6   |
| 107<br>108<br>109<br>110<br>111<br>112<br>113<br>114<br>116<br>116<br>118<br>119<br>120<br>121   | 26000 Contribution of the state | racted Services - Cl punt (From Financial Stateme  | ints)  ormation  count Description  itures - Clinic Admints)  ormation   | Is expenditure funded by Federal funds? Yes or No funds? Yes or No funds? Yes or No funds? Total Expenditures  | Enter Amount of Operating Expenditure to be Removed from Cost Center  \$0.00  Operating Expenditure Redu  Enter Amount of Operating Expenditure to be   | Add: State Local Match required for Federal Funds  \$0.00  \$0.00  ctions - Amount to be Rem Add: State Local Match required for                       | Other amounts to be removed  \$0.00   | Cost Center   \$0.00 | Amount Will Be Moved  Select from Dropdown Menu   | Appear for Exhibit 5 Select from Dropdown Menu  Identify ACCOUNT Detail Where Reduction Will   |
| 107<br>108<br>109<br>110<br>111<br>112<br>113<br>114<br>116<br>116<br>118<br>119<br>120<br>121   | 26000 Contribution of the state | racted Services - Cl punt (From Financial Stateme  | ints)  ormation  count Description  itures - Clinic Admints)  ormation   | Is expenditure funded by Federal funds? Yes or No funds? Yes or No funds? Yes or No funds? Total Expenditures  | Enter Amount of Operating Expenditure to be Removed from Cost Center  \$0.00  Operating Expenditure Redu  Enter Amount of Operating Expenditure to be   | Add: State Local Match required for Federal Funds  \$0.00  \$0.00  ctions - Amount to be Rem Add: State Local Match required for                       | Other amounts to be removed  \$0.00   | Cost Center   | Amount Will Be Moved  Select from Dropdown Menu  Identity COST CENTER Where Reduction Amount Will Be Moved  | Appear for Exhibit 5  Select from Dropdown Menu  Identify ACCOUNT Detail Where Reduction Will Appear for Exhibit 6   |
| 107<br>108<br>109<br>110<br>111<br>112<br>113<br>114<br>116<br>116<br>118<br>119<br>120<br>121   | 26000 Contribution of the state | racted Services - Cl punt (From Financial Stateme  | ints)  ormation  count Description  itures - Clinic Admints)  ormation   | Is expenditure funded by Federal funds? Yes or No funds? Yes or No funds? Yes or No funds? Total Expenditures  | Enter Amount of Operating Expenditure to be Removed from Cost Center  \$0.00  Operating Expenditure Redu  Enter Amount of Operating Expenditure to be   | Add: State Local Match required for Federal Funds  \$0.00  \$0.00  ctions - Amount to be Rem Add: State Local Match required for                       | Other amounts to be removed  \$0.00   | Cost Center   | Amount Will Be Moved  Select from Dropdown Menu  Identity COST CENTER Where Reduction Amount Will Be Moved  | Appear for Exhibit 5  Select from Dropdown Menu  Identify ACCOUNT Detail Where Reduction Will Appear for Exhibit 6   |
| 107<br>108<br>109<br>110<br>111<br>112<br>113<br>114<br>116<br>116<br>118<br>119<br>120<br>121   | 26000 Contribution of the state | racted Services - Cl punt (From Financial Stateme  | ints)  ormation  count Description  itures - Clinic Admints)  ormation   | Is expenditure funded by Federal funds? Yes or No funds? Yes or No funds? Yes or No funds? Total Expenditures  | Enter Amount of Operating Expenditure to be Removed from Cost Center  \$0.00  Operating Expenditure Redu  Enter Amount of Operating Expenditure to be   | Add: State Local Match required for Federal Funds  \$0.00  \$0.00  ctions - Amount to be Rem Add: State Local Match required for                       | Other amounts to be removed  \$0.00   | Cost Center   \$0.00 | Amount Will Be Moved  Select from Dropdown Menu  Identity COST CENTER Where Reduction Amount Will Be Moved  | Appear for Exhibit 5  Select from Dropdown Menu  Identify ACCOUNT Detail Where Reduction Will Appear for Exhibit 6   |
| 107<br>108<br>109<br>110<br>111<br>112<br>113<br>114<br>116<br>116<br>118<br>119<br>120<br>121   | 26000 Contribution of the state | racted Services - Cl punt (From Financial Stateme  | ints)  ormation  count Description  itures - Clinic Admints)  ormation   | Is expenditure funded by Federal funds? Yes or No funds? Yes or No funds? Yes or No funds? Total Expenditures  | Enter Amount of Operating Expenditure to be Removed from Coal Center  \$0.00  Operating Expenditure Redu  Enter Amount of Operating Expenditure to be Removed from Coal Center                        | Add: State Local Match required for Federal Funds  \$0.00  ctions - Amount to be Rem Add: State Local Match required for Federal Funds                 | Other amounts to be removed \$0.00  soved from Cost Center Other amounts to be removed  | Cost Center   | Amount Will Be Moved  Select from Dropdown Menu  Identify COST CENTER Where Reduction Amount Will Be Moved  Select from Dropdown Menu   | Appear for Exhibit 5  Select from Dropdown Menu  Identify ACCOUNT Detail Where Reduction Will Appear for Exhibit 6   |
| 107<br>108<br>109<br>110<br>111<br>112<br>113<br>114<br>116<br>116<br>118<br>119<br>120<br>121   | 26000 Contribution of the state | racted Services - Cl punt (From Financial Stateme  | ints)  ormation  count Description  itures - Clinic Admints)  ormation   | Is expenditure funded by Federal funds? Yes or No funds? Yes or No funds? Yes or No funds? Total Expenditures  | Enter Amount of Operating Expenditure to be Removed from Cost Center  \$0.00  Operating Expenditure Redu  Enter Amount of Operating Expenditure to be   | Add: State Local Match required for Federal Funds  \$0.00  \$0.00  ctions - Amount to be Rem Add: State Local Match required for                       | Other amounts to be removed  \$0.00   | Cost Center   | Amount Will Be Moved  Select from Dropdown Menu  Identify COST CENTER Where Reduction Amount Will Be Moved  Select from Dropdown Menu   | Appear for Exhibit 5  Select from Dropdown Menu  Identify ACCOUNT Detail Where Reduction Will Appear for Exhibit 6   |
| 107<br>108<br>109<br>110<br>1111<br>1112<br>113<br>114<br>119<br>116<br>117<br>118<br>119<br>120<br>121<br>122<br>123<br>124<br>125<br>126<br>127<br>128<br>129<br>132   | 26000 Contribrial Balance Ammer Reductions to Trial Balance Account Number  Cost Center Na 27000 Other Trial Balance Ammer Reductions to Trial Balance Ammer Reductions to Trial Balance Account Number  | racted Services - CI punt (From Financial Stateme D Trial Balance   Expenditure Int Ac  Ac  Operating Expend Unit (From Financial Stateme Trial Balance   Expenditure Int Expenditure Int Ac   | itures - Clinic Admints) ormation count Description  | Is expenditure funded by Federal funds? Yes or No  III  TOTAL EXPENDITURES  Is expenditure funded by Federal funds? Yes or No  | Enter Amount of Operating Expenditure to be Removed from Coal Center  \$0.00  Operating Expenditure Redu  Enter Amount of Operating Expenditure to be Removed from Coal Center                        | Add: State Local Match required for Federal Funds  \$0.00  ctions - Amount to be Rem Add: State Local Match required for Federal Funds                 | Other amounts to be removed \$0.00  soved from Cost Center Other amounts to be removed  | Cost Center   | Amount Will Be Moved  Select from Dropdown Menu  Identify COST CENTER Where Reduction Amount Will Be Moved  Select from Dropdown Menu   | Appear for Exhibit 5  Select from Dropdown Menu  Identify ACCOUNT Detail Where Reduction Will Appear for Exhibit 6   |
| 107<br>108<br>109<br>110<br>1111<br>1112<br>113<br>116<br>116<br>117<br>118<br>119<br>1120<br>121<br>122<br>123<br>124<br>125<br>126<br>127<br>128<br>130<br>130<br>130<br>130<br>130<br>130<br>130<br>130<br>130<br>130 | 26000 Contribrial Balance Ammer Reductions to Trial Balance Account Number  Cost Center Na 27000 Other Trial Balance American Reductions to Trial Balance Ammerican Number Security Number Sec | racted Services - CI punt (From Financial Stateme D Trial Balance   Expenditure Int Acc  Acc  Trial Balance   Expenditure Int Expenditure Int Expenditure Int Expenditure Int Expenditure Int Acc  Acc  Adjustments/Trar                         | itures - Clinic Admints) ormation count Description  | Is expenditure funded by Federal funds? Yes or No  III  TOTAL EXPENDITURES  Is expenditure funded by Federal funds? Yes or No  | Enter Amount of Operating Expenditure to be Removed from Coal Center  \$0.00  Operating Expenditure Redu  Enter Amount of Operating Expenditure to be Removed from Coal Center                        | Add: State Local Match required for Federal Funds  \$0.00  ctions - Amount to be Rem Add: State Local Match required for Federal Funds                 | Other amounts to be removed \$0.00  soved from Cost Center Other amounts to be removed  | Cost Center   | Amount Will Be Moved  Select from Dropdown Menu  Identify COST CENTER Where Reduction Amount Will Be Moved  Select from Dropdown Menu   | Appear for Exhibit 5  Select from Dropdown Menu  Identify ACCOUNT Detail Where Reduction Will Appear for Exhibit 6   |
| 107<br>108<br>109<br>110<br>1111<br>1112<br>113<br>114<br>119<br>118<br>119<br>120<br>121<br>122<br>123<br>124<br>125<br>127<br>128<br>129<br>130<br>132<br>133<br><b>S</b>  | 26000 Contribrial Balance Ammer Reductions to Trial Balance Account Number  Cost Center Na 27000 Other Trial Balance Ammer Reductions to Trial Balance Ammer Reductions to Trial Balance Account Number  | racted Services - CI punt (From Financial Stateme D Trial Balance   Expenditure Int Acc  Acc  Trial Balance   Expenditure Int Expenditure Int Expenditure Int Expenditure Int Expenditure Int Acc  Acc  Adjustments/Trar                         | itures - Clinic Admints) ormation count Description  | Is expenditure funded by Federal funds? Yes or No  III  TOTAL EXPENDITURES  Is expenditure funded by Federal funds? Yes or No  | Enter Amount of Operating Expenditure to be Removed from Coal Center  \$0.00  Operating Expenditure Redu  Enter Amount of Operating Expenditure to be Removed from Coal Center                        | Add: State Local Match required for Federal Funds  \$0.00  ctions - Amount to be Rem Add: State Local Match required for Federal Funds                 | Other amounts to be removed \$0.00  soved from Cost Center Other amounts to be removed  | Cost Center   | Amount Will Be Moved  Select from Dropdown Menu  Identify COST CENTER Where Reduction Amount Will Be Moved  Select from Dropdown Menu   | Appear for Exhibit 5  Select from Dropdown Menu  Identify ACCOUNT Detail Where Reduction Will Appear for Exhibit 6   |
| 107<br>108<br>109<br>110<br>1111<br>112<br>113<br>116<br>116<br>117<br>118<br>119<br>119<br>120<br>121<br>122<br>123<br>124<br>125<br>126<br>127<br>130<br>130<br>130<br>130<br>130<br>130<br>130<br>130<br>130<br>130   | 26000 Contribrial Balance Ammer Reductions to Trial Balance Account Number  Cost Center Na 27000 Other Trial Balance American Reductions to Trial Balance Ammerican Number Security Number Sec | racted Services - Cl punt (From Financial Stateme  Expenditure Int  Expenditure Int  Acc  Acc  Trial Balance  Expenditure Int  Acc  Trial Balance Stateme  Trial Balance Stateme  Expenditure Int  Expenditure Inf  Acc  Adjustments/Transmation | ints)  ormation  count Description  itures - Clinic Admints)  ormation  count Description  | is expenditure funded by Federal funds? Yes or No  III  TOTAL EXPENDITURES  Is expenditure funded by Federal funds? Yes or No  Alance  | Enter Amount of Operating Expenditure to be Removed from Cost Center  \$0.00  Operating Expenditure Redu Enter Amount of Operating Expenditure to be Removed from Cost Center  \$0.00                 | Add StateLocal Match required for Federal Funds  \$0.00  ctions - Amount to be Rem Add: StateLocal Match required for Federal Funds  \$0.00            | Sther amounts to be removed \$0.00  Source of the control of the co | Cost Center   | Amount Will Be Moved  Select from Dropdown Menu  Identify COST CENTER Where Reduction Amount Will Be Moved  Select from Dropdown Menu   | Appear for Exhibit 5  Select from Dropdown Menu  Identify ACCOUNT Detail Where Reduction Will Appear for Exhibit 6   |
| 107<br>108<br>109<br>110<br>1111<br>1121<br>1131<br>114<br>119<br>120<br>121<br>122<br>123<br>124<br>125<br>127<br>128<br>130<br>131<br>133<br>134<br>127<br>133<br>134<br>135   | 26000 Contribrial Balance Ammer Reductions to Trial Balance Account Number  Cost Center Na 27000 Other Trial Balance American Reductions to Trial Balance Ammerican Number Security Number Sec | racted Services - CI punt (From Financial Stateme D Trial Balance   Expenditure Int Acc  Acc  Trial Balance   Expenditure Int Expenditure Int Expenditure Int Expenditure Int Expenditure Int Acc  Acc  Adjustments/Trar                         | ints)  ormation  count Description  itures - Clinic Admints)  ormation  count Description  | Is expenditure funded by Federal funds? Yes or No  III  TOTAL EXPENDITURES  Is expenditure funded by Federal funds? Yes or No  Adjustment / Transfer   | Enter Amount of Operating Expenditure to be Removed from Cost Center  \$0.00  Operating Expenditure Redu Enter Amount of Operating Expenditure to be Removed from Cost Center  \$0.00  \$0.00         | Add State Local Match required for Federal Funds  \$0,00  ctions - Amount to be Rem Add: State Local Match required for Federal Funds  \$0.00          | Sther amounts to be removed \$0.00  Source of the control of the co | Cost Center   | Amount Will Be Moved  Select from Dropdown Menu  Identify COST CENTER Where Reduction Amount Will Be Moved  Select from Dropdown Menu   | Appear for Exhibit 5  Select from Dropdown Menu  Identify ACCOUNT Detail Where Reduction Will Appear for Exhibit 5  Select from Dropdown Menu  |
| 107<br>108<br>109<br>110<br>1111<br>1121<br>1131<br>114<br>119<br>120<br>121<br>122<br>123<br>124<br>125<br>127<br>128<br>130<br>131<br>133<br>134<br>127<br>133<br>134<br>135   | Cost Center Na 27000 Other Trial Balance Am Reductions to Trial Balance Account Number  Cost Center Na 27000 Other Trial Balance Am Reductions to Trial Balance Account Number   | racted Services - CI punt (From Financial Stateme D Trial Balance   Expenditure Inf  Acc  Acc  Acc  Adjustments/Tran  Expenditure Inf  Expenditure Inf  Expenditure Inf  Expenditure Inf   | ints)  ormation  count Description  itures - Clinic Admints)  ormation  count Description  | Is expenditure funded by Federal funds? Yes or No  III  TOTAL EXPENDITURES  Is expenditure funded by Federal funds? Yes or No  Adjustment / Transfer   | Enter Amount of Operating Expenditure to be Removed from Coal Center  \$0.00  Operating Expenditure Redu Enter Amount of Operating Expenditure to be Removed from Cost Center  \$0,00  \$0,00         | Add: State Local Match required for Federal Funds  \$0.00  ctions - Amount to be Rem Add: State Local Match required for Federal Funds  \$0.00  \$0.00 | S0.00  S0.00  S0.00  S0.00  S0.00  S0.00  | Cost Center   | Amount Will Be Moved  Select from Dropdown Menu  Identify COST CENTER Where Reduction Amount Will Be Moved  Select from Dropdown Menu  Identify COST CENTER Where Reduction   | Appear for Exhibit 5  Select from Dropdown Menu  Identify ACCOUNT Detail Where Reduction Will Appear for Exhibit 5  Select from Dropdown Menu  Identify ACCOUNT Detail Where Reduction Will Appear for Exhibit 5 |
| 107<br>108<br>109<br>110<br>1111<br>1121<br>1131<br>114<br>119<br>120<br>121<br>122<br>123<br>124<br>125<br>127<br>128<br>130<br>131<br>133<br>134<br>127<br>133<br>134<br>135   | 26000 Contribution of the control of | racted Services - Cl punt (From Financial Stateme  | ints)  ormation  count Description  itures - Clinic Admints)  ormation  count Description  usfers to Trial Ba  ormation  count Description | Is expenditure funded by Federal funds? Yes or No  III TOTAL EXPENDITURES  Is expenditure funded by Federal funds? Yes or No  Is expenditure funded by Federal funds? Yes or No  Adjustment / Transfer TOTAL Amount to be Transferred to   | Enter Amount of Operating Expenditure to be Removed from Cost Center  \$0.00  Operating Expenditure Redu Enter Amount of Operating Expenditure to be Removed from Cost Center  \$0.00  \$0.00         | Add State Local Match required for Federal Funds  \$0,00  ctions - Amount to be Rem Add: State Local Match required for Federal Funds  \$0.00          | Sther amounts to be removed \$0.00  Source of the control of the co | Cost Center   | Amount Will Be Moved  Select from Dropdown Menu  Identity COST CENTER Where Reduction Amount Will Be Moved  Select from Dropdown Menu  Identity COST CENTER Where Reduction Amount Will Be Moved                            | Appear for Exhibit 5 Select from Dropdown Menu  Identify ACCOUNT Detail Where Reduction Will Appear for Exhibit 5 Select from Dropdown Menu  Identify ACCOUNT Detail Where Reduction Will Appear for Exhibit 5   |
| 107<br>108<br>109<br>110<br>1111<br>1121<br>1131<br>114<br>119<br>120<br>121<br>122<br>123<br>124<br>125<br>127<br>128<br>130<br>131<br>133<br>134<br>127<br>133<br>134<br>135   | 26000 Contribution of the control of | racted Services - CI punt (From Financial Stateme D Trial Balance   Expenditure Inf  Acc  Acc  Acc  Adjustments/Tran  Expenditure Inf  Expenditure Inf  Expenditure Inf  Expenditure Inf   | ints)  ormation  count Description  itures - Clinic Admints)  ormation  count Description  usfers to Trial Ba  ormation  count Description | Is expenditure funded by Federal funds? Yes or No  III TOTAL EXPENDITURES  Is expenditure funded by Federal funds? Yes or No  Is expenditure funded by Federal funds? Yes or No  Adjustment / Transfer TOTAL Amount to be Transferred to   | Enter Amount of Operating Expenditure to be Removed from Coal Center  \$0.00  Operating Expenditure Redu Enter Amount of Operating Expenditure to be Removed from Cost Center  \$0,00  \$0,00         | Add: State Local Match required for Federal Funds  \$0.00  ctions - Amount to be Rem Add: State Local Match required for Federal Funds  \$0.00  \$0.00 | S0.00  S0.00  S0.00  S0.00  S0.00  S0.00  | Cost Center   | Amount Will Be Moved  Select from Dropdown Menu  Identity COST CENTER Where Reduction Amount Will Be Moved  Select from Dropdown Menu  Identity COST CENTER Where Reduction Amount Will Be Moved  Select from Dropdown Menu | Appear for Exhibit 5  Select from Dropdown Menu  Identify ACCOUNT Detail Where Reduction Will Appear for Exhibit 5  Select from Dropdown Menu  Identify ACCOUNT Detail Where Reduction Will Appear for Exhibit 5 |
| 107<br>108<br>109<br>110<br>1111<br>1121<br>1131<br>114<br>119<br>120<br>121<br>122<br>123<br>124<br>125<br>127<br>128<br>130<br>131<br>133<br>134<br>127<br>133<br>134<br>135   | 26000 Contribution of the control of | racted Services - Cl punt (From Financial Stateme  | ints)  ormation  count Description  itures - Clinic Admints)  ormation  count Description  usfers to Trial Ba  ormation  count Description | Is expenditure funded by Federal funds? Yes or No  IIII  TOTAL EXPENDITURES  Is expenditure funded by Federal funds? Yes or No  Adjustment / Transfer  TOTAL Amount to be Transferred to Trial Balance   | Enter Amount of Operating Expenditure to be Removed from Coal Center  \$0.00  \$0.00  Operating Expenditure Redu Enter Amount of Operating Expenditure to be Removed from Coal Center  \$0.00  \$0.00 | Add: State/Local Match required for Federal Funds  \$0.00  ctions - Amount to be Rem Add: State/Local Match required for Federal Funds  \$0.00  \$0.00 | S0.00  S0.00  S0.00  Other amounts to be removed  S0.00  S0.00  De Removed from Cost C  Other amounts to be removed   | Cost Center   | Amount Will Be Moved  Select from Dropdown Menu  Identify COST CENTER Where Reduction Amount Will Be Moved  Select from Dropdown Menu  Identify COST CENTER Where Reduction Amount Will Be Moved  Select from Dropdown Menu | Appear for Exhibit 5  Select from Dropdown Menu  Identify ACCOUNT Detail Where Reduction Will Appear for Exhibit 5  Select from Dropdown Menu  Identify ACCOUNT Detail Where Reduction Will Appear for Exhibit 5 |
| 107<br>108<br>109<br>110<br>1111<br>1121<br>1131<br>114<br>119<br>120<br>121<br>122<br>122<br>123<br>124<br>125<br>127<br>128<br>130<br>132<br>133<br>134<br>C   | 26000 Contribution of the control of | racted Services - Cl punt (From Financial Stateme  | ints)  ormation  count Description  itures - Clinic Admints)  ormation  count Description  usfers to Trial Ba  ormation  count Description | Is expenditure funded by Federal funds? Yes or No  III TOTAL EXPENDITURES  Is expenditure funded by Federal funds? Yes or No  Is expenditure funded by Federal funds? Yes or No  Adjustment / Transfer TOTAL Amount to be Transferred to   | Enter Amount of Operating Expenditure to be Removed from Coal Center  \$0.00  Operating Expenditure Redu Enter Amount of Operating Expenditure to be Removed from Cost Center  \$0,00  \$0,00         | Add: State Local Match required for Federal Funds  \$0.00  ctions - Amount to be Rem Add: State Local Match required for Federal Funds  \$0.00  \$0.00 | S0.00  S0.00  S0.00  S0.00  S0.00  S0.00  S0.00   | Cost Center   | Amount Will Be Moved  Select from Dropdown Menu  Identify COST CENTER Where Reduction Amount Will Be Moved  Select from Dropdown Menu  Identify COST CENTER Where Reduction Amount Will Be Moved  Select from Dropdown Menu | Appear for Exhibit 5  Select from Dropdown Menu  Identify ACCOUNT Detail Where Reduction Will Appear for Exhibit 5  Select from Dropdown Menu  Identify ACCOUNT Detail Where Reduction Will Appear for Exhibit 5 |

|  | A B  | С  | D  | E                | F  | G  | <u>H</u>   | 1  | J   | K  | L   | M  |
|--|--|--|--|------------------|--|--|--|--|---|--|---|--|
|  | orth Carolina Div  |  |  |                  |  |  |  |  |   |  |   |  |
| 2 L  | ocal Health Depar  | rtment Cost Rep  | ort  |                  |  |  |  |  |   |  |   |  |
| 3 D  | irect Medical / Cli  | nic Costs by Dis   | scipline   |                  |  |  |  |  |   |  |   | ,  |
|  | runswick County  |  |  |                  |  |  |  |  |   |  |   |  |
| 9 P  | eriod for Expenditure  | es   | · · · · ·  |                  |  |  |  |  |   |  |   |  |
|  | Fiscal Year Start Date   |  | 1  | Medicaid Provi   | der Numbe  | г 3404476  | 7  |  |   |  |   |  |
| 11   | Fiscal Year End Date   | 6/30/2013  | ]  | 1                | NPI Numbe  | r 1841248622   | 7  |  |   |  |   |  |
| 12   |  |  |  |                  |  |  |  |  |   |  |   |  |
| 14   5   | ECTION I. Pe   | ersonnel / St  | aff Exp  | enditures        |  |  |  |  |   |  |   |  |
|  | ersonnel Cost  |  |  | ·                | 1  |  |  |  |   |  |   |  |
| 16   | Cost Center Na   |  | ution  |                  |  |  |  |  |   |  |   |  |
|  | COSt Center IVa  | ille   |  |                  |  |  |  | Salar  | and Benefits  |  |   |  |
|  | 310XX - Phy  | sicians (MD, F   | A. Nurse   | Practitioner)    |  | Total Gross Salary 31000   | Employee Benefits 31010  | Employer- FICA (if not covered   | Medicare Tax -Employer - (if not<br>listed under employee benefits)   | Other Benefits / Vendor or   |   |  |
| 17<br>18   |  | , ,  | •  |                  |  | 1  | l  | under employee benefits) 31015   | 31020   | Contractor Payments 31025  | TOTAL SALARY AND BENEFITS   |  |
| 18   |  | unt (From Financial :  | Statements)                                      |                  |  | \$175,153.54   | \$0.00   | \$13,262.43  | \$0.00  | \$29,650.63  | \$218,066,60  |  |
| 19   | Reductions to  |  |  |                  |  |  |  |  |   |  |   |  |
| 20   |  | Personr  | nel informa                                      | tion             |  |  |  | Salary and Benefit R   | eductions - Salary and Ber  | nefits to be Removed from  | Cost Center   |  |
| 24   | Position Number /<br>Employee ID   |  |  |                  | Vendor/  | Is position funded by Federal funds?   | Enter Amount of Salary to be Removed from  | Enter Amount of Benefits to be   |   |  | Enter Amount of Other Benefits to be Removed from   |  |
| 22   | Employee ID  | Last Name  | First Name                                       | Job Title        | Employee   | Yes or No  | Cost Center  | Removed from Cost Center   | Removed from Cost Center  | Removed from Cost Center   | Cost Center   | Total Reduction to Salary and Benefits   |
| 23   |  |  | <del> </del>                                     |                  |  |  |  |  |   |  |   |  |
| 24   |  | ***************************************  | <del>                                     </del> | <del> </del>     | +  |  |  |  |   |  |   | \$0.00   |
| 25   |  |  |  |                  | <del> </del>                                     |  |  |  |   |  |   | \$0.00   |
| 21<br>22<br>23<br>24<br>25<br>26<br>27<br>28                                     |  |  | <u> </u>   |                  | <del>                                     </del> |  | <u> </u>   |  |   |  |   | \$0.00   |
| 27   |  |  |  |                  |  |  |  |  |   |  |   | \$0.00   |
| 28   |  |  |  |                  |  | TOTAL REDUCTIONS   | \$0.00   | \$0.00   | \$0.00  | \$0.00   | \$0.00  | \$0.00   |
| 29   |  |  |  | ***              |  |  |  |  |   |  |   |  |
| 30   | Cost Center Na   | me   |  |                  |  |  |  | Salary   | and Benefits  |  | **************************************  |  |
|  | 220VV Nuro   | oo (DUN DN E   |  | d Dala Ni        |  |  |  | Employer- FICA (if not covered   | Medicare Tax -Employer - (if not  | Other Benefits / Vendor or   |   |  |
| 31   | 320AA 140150   | es (PHN, RN, E   | zmance   | a Roie Nurse)    |  | Total Gross Salary 32000   | Employee Benefits 32010  | under employee benefits) 32015   | listed under employee benefits)<br>32020  | Contractor Payments 32025  | TOTAL SALARY AND BENEFITS   |  |
| 32   | Trial Balance Amo  | unt (From Financial S  | Statements)                                      |                  |  | \$494,223.37   | \$0.00   | \$36,233.13  | \$0.00  | \$149,911.68   | 2000 000 40   |  |
| 33   |  | Trial Balance  | ,  |                  |  | \$454,E25.07   | \$0.00   | \$30,233.13  | \$0.00  | \$149,917.68   | \$680,368.18  |  |
| 34   |  |  | el Informat                                      | ion              |  | T  |  | 0-1  |   |  |   |  |
|  | Position Number /  | 1 0100711  | I  | 1                | Vendor/  | le position funded by Endoral funde?   | Enter Amount of Salary to be Removed from  |  | eductions - Salary and Ber  | nefits to be Removed from  | Cost Center   |  |
| 35   | Employee ID  | Last Name  | First Name                                       | Job Title        | Employee   | Yes or No  | Cost Center  | Enter Amount of Benefits to be<br>Removed from Cost Center   | Removed from Cost Center  | Enter Amount of Medicare Tax to be<br>Removed from Cost Center   | Enter Amount of Other Benefits to be Removed from<br>Cost Center  | Total Reduction to Salary and Benefits   |
| 36   |  |  |  |                  |  |  |  |  |   | Tremples non odd denter  | COSt Center   |  |
| 37   |  |  |  |                  |  |  |  |  |   |  |   | \$0.00   |
|  |  |  | 1  |                  |  | 1  |  |  |   |  |   | \$0.00   |
| 38   |  |  |  |                  |  |  |  |  |   | t e  |   |  |
| 39   |  |  |  |                  |  |  |  |  |   |  |   | \$0.00   |
| 39<br>40   |  |  |  |                  |  |  |  |  |   |  |   |  |
| 31<br>32<br>33<br>34<br>35<br>36<br>37<br>38<br>39<br>40<br>41                   |  |  |  |                  |  | TOTAL REDUCTIONS   | \$0.00   | \$0.00   | \$0.00  | \$0.00   | 0.002   | \$0.00<br>\$0.00   |
|  |  |  |  |                  |  | TOTAL REDUCTIONS   | \$0.00   | \$0.00   | \$0.00  | \$0.00   | \$0.00  | \$0.00<br>\$0.00   |
|  | Cost Center Na   | me   |  |                  |  | TOTAL REDUCTIONS   | \$0.00   |  |   | \$0.00   | \$0.00  | \$0.00<br>\$0.00   |
| 38<br>39<br>40<br>41<br>42<br>43<br>44   |  |  |  |                  |  | TOTAL REDUCTIONS   | \$0.00   | Salary   | and Benefits  |  | \$0.00  | \$0.00<br>\$0.00   |
| 43   | Cost Center Nat  |  |  |                  |  | TOTAL REDUCTIONS  Total Gross Salary 33000   | \$0.00 Employee Benefits 33010   | Salary<br>Employer-FICA (if not covered  | / and Benefits  Medicare Tax -Employer - (if not listed under employee benefits)  | Other Benefits / Vendor or   | \$0.00   TOTAL SALARY AND BENEFITS  | \$0.00<br>\$0.00   |
| 43   | 330XX Socia  | l Workers  | Statements                                       |                  |  | Total Gross Salary 33000   | Employee Benefits 33010  | Salary Employer- FICA (if not covered under employee benefits) 33015   | v and Benefits  Medicare Tax - Employer - (if not listed under employee benefits)  33020  | Other Benefits / Vendor or<br>Contractor Payments 33025  | TOTAL SALARY AND BENEFITS   | \$0.00<br>\$0.00   |
| 43   | 330XX Socia  | I Workers  | Statements)                                      |                  |  |  |  | Salary<br>Employer-FICA (if not covered  | / and Benefits  Medicare Tax -Employer - (if not listed under employee benefits)  | Other Benefits / Vendor or   |   | \$0.00<br>\$0.00   |
| 43   | 330XX Socia  | Il Workers<br>unt (From Financial S<br>Trial Balance   |  |                  |  | Total Gross Salary 33000   | Employee Benefits 33010  | Salary Employer-FICA (if not covered under employee benefits) 33015 \$22,820.26  | / and Benefits  Medicare Tax -Employer - (if not listed under employee benefits) 33020 \$0.00   | Other Benefits / Vendor or<br>Contractor Payments 33025<br>\$87,873.97   | TOTAL SALARY AND BENEFITS \$410,363.70  | \$0.00<br>\$0.00   |
| 43<br>44<br>45<br>46<br>47<br>48   | 330XX Socia Trial Balance Amore Reductions to  | Il Workers<br>unt (From Financial S<br>Trial Balance   | Statements)                                      | ion              | Tooley .   | Total Gross Salary 33000<br>\$299,669.47   | Employee Benefits 33010 \$0.00   | Salary Employer-FIGA (if not covered under employee benefits) 33015 \$22,820.26 Salary and Benefit Re  | and Benefits  Medicare Tax - Employer - (if not listed under employee benefits) 33020 \$0.00  eductions - Salary and Ber  | Other Benefits / Vendor or Contractor Payments 33025 \$87,873.97   | TOTAL SALARY AND BENEFITS \$410,363.70  | \$0.00<br>\$0.00   |
| 43<br>44<br>45<br>46<br>47<br>48   | 330XX Socia  | Il Workers<br>unt (From Financial S<br>Trial Balance   | el Informat                                      |                  | Vendor/<br>Employee                              | Total Gross Satary 33000 \$299,669.47  | Employee Benefits 33010 \$0.00   | Salary Employer-FIGA (if not covered under employee benefits) 33015 \$22,820.26  Salary and Benefit R Enter Amount of Benefits to be   | r and Benefits  Medicare Tax - Employer - (if not listed under employee benefits) \$3920 \$0.00  solutions - Salary and Berleter Amount of Employer - FICA to be  | Other Benefits / Vendor or Contractor Payments 33025 \$87,873.97  nefits to be Removed from Enter Amount of Medicare Tax to be   | TOTAL SALARY AND BENEFITS \$410,363.70  Cost Center  Enter Amount of Other Benefits to be Removed from  | \$0.00<br>\$0.00<br>\$0.00   |
| 43<br>44<br>45<br>46<br>47<br>48   | 330XX Social Trial Balance Amore Reductions to  Position Number /  | Il Workers<br>unt (From Financial S<br>Trial Balance<br>Personn  |  | ion<br>Job Title | Vendor/<br>Employee                              | Total Gross Salary 33000<br>\$299,669.47   | Employee Benefits 33010 \$0.00   | Salary Employer-FIGA (if not covered under employee benefits) 33015 \$22,820.26 Salary and Benefit Re  | and Benefits  Medicare Tax - Employer - (if not listed under employee benefits) 33020 \$0.00  eductions - Salary and Ber  | Other Benefits / Vendor or Contractor Payments 33025 \$87,873.97   | TOTAL SALARY AND BENEFITS \$410,363.70  | \$0.00<br>\$0.00   |
| 43<br>44<br>45<br>46<br>47<br>48   | 330XX Social Trial Balance Amore Reductions to  Position Number /  | Il Workers<br>unt (From Financial S<br>Trial Balance<br>Personn  | el Informat                                      |                  | Vendor/<br>Employee                              | Total Gross Satary 33000 \$299,669.47  | Employee Benefits 33010 \$0.00   | Salary Employer-FIGA (if not covered under employee benefits) 33015 \$22,820.26  Salary and Benefit R Enter Amount of Benefits to be   | r and Benefits  Medicare Tax - Employer - (if not listed under employee benefits) \$3920 \$0.00  solutions - Salary and Berleter Amount of Employer - FICA to be  | Other Benefits / Vendor or Contractor Payments 33025 \$87,873.97  nefits to be Removed from Enter Amount of Medicare Tax to be   | TOTAL SALARY AND BENEFITS \$410,363.70  Cost Center  Enter Amount of Other Benefits to be Removed from  | \$0.00 \$0.00 \$0.00   |
| 43<br>44<br>45<br>46<br>47<br>48   | 330XX Social Trial Balance Amore Reductions to  Position Number /  | Il Workers<br>unt (From Financial S<br>Trial Balance<br>Personn  | el Informat                                      |                  | Vendor/<br>Employee                              | Total Gross Satary 33000 \$299,669.47  | Employee Benefits 33010 \$0.00   | Salary Employer-FIGA (if not covered under employee benefits) 33015 \$22,820.26  Salary and Benefit R Enter Amount of Benefits to be   | r and Benefits  Medicare Tax - Employer - (if not listed under employee benefits) \$3920 \$0.00  solutions - Salary and Berleter Amount of Employer - FICA to be  | Other Benefits / Vendor or Contractor Payments 33025 \$87,873.97  nefits to be Removed from Enter Amount of Medicare Tax to be   | TOTAL SALARY AND BENEFITS \$410,363.70  Cost Center  Enter Amount of Other Benefits to be Removed from  | \$0.00 \$0.00 \$0.00  \$0.00  Total Reduction to Salary and Benefits   |
| 43<br>44<br>45<br>46<br>47<br>48   | 330XX Social Trial Balance Amore Reductions to  Position Number /  | Il Workers<br>unt (From Financial S<br>Trial Balance<br>Personn  | el Informat                                      |                  | Vendor/<br>Employee                              | Total Gross Satary 33000 \$299,669.47  | Employee Benefits 33010 \$0.00   | Salary Employer-FIGA (if not covered under employee benefits) 33015 \$22,820.26  Salary and Benefit R Enter Amount of Benefits to be   | r and Benefits  Medicare Tax - Employer - (if not listed under employee benefits) \$3920 \$0.00  solutions - Salary and Berleter Amount of Employer - FICA to be  | Other Benefits / Vendor or Contractor Payments 33025 \$87,873.97  nefits to be Removed from Enter Amount of Medicare Tax to be   | TOTAL SALARY AND BENEFITS \$410,363.70  Cost Center  Enter Amount of Other Benefits to be Removed from  | \$0.00<br>\$0.00<br>\$0.00<br>Total Reduction to Salary and Benefits<br>\$0.00<br>\$0.00   |
| 43<br>44<br>45<br>46<br>47<br>48   | 330XX Social Trial Balance Amore Reductions to  Position Number /  | Il Workers<br>unt (From Financial S<br>Trial Balance<br>Personn  | el Informat                                      |                  | Vendor/<br>Employee                              | Total Gross Satary 33000 \$299,669.47  | Employee Benefits 33010 \$0.00   | Salary Employer-FIGA (if not covered under employee benefits) 33015 \$22,820.26  Salary and Benefit R Enter Amount of Benefits to be   | r and Benefits  Medicare Tax - Employer - (if not listed under employee benefits) \$3920 \$0.00  solutions - Salary and Berleter Amount of Employer - FICA to be  | Other Benefits / Vendor or Contractor Payments 33025 \$87,873.97  nefits to be Removed from Enter Amount of Medicare Tax to be   | TOTAL SALARY AND BENEFITS \$410,363.70  Cost Center  Enter Amount of Other Benefits to be Removed from  | \$0.00<br>\$0.00<br>\$0.00<br>\$0.00<br>Total Reduction to Salary and Benefits<br>\$0.00<br>\$0.00   |
| 43<br>44<br>45<br>46<br>47<br>48<br>49<br>50<br>51<br>52<br>53<br>54<br>55<br>56 | 330XX Social Trial Balance Amore Reductions to  Position Number /  | Il Workers<br>unt (From Financial S<br>Trial Balance<br>Personn  | el Informat                                      |                  | Vendor/<br>Employee                              | Total Gross Salary 33000 \$299,669.47  Is position funded by Federal funds? Yes or No  | Employee Benefits 33010 \$0.00  Enter Amount of Salary to be Removed from Cost Center  | Salary Employer-FICA (if not covered under employee benefits) 33015 \$22,820.26  Salary and Benefit R Enter Amount of Benefits to be Removed from Cost Center  | and Benefits  Medicare Tax - Employer - (if not listed under employee benefits) \$3920 \$0.00  solutions - Salary and Ber Enter Amount of Employer - FICA to be Removed from Coat Center  | Other Benefits / Vendor or Contractor Payments 33025 \$87,873.97 sefits to be Removed from Enter Amount of Medicare Tax to be Removed from Cost Center   | TOTAL SALARY AND BENEFITS \$410,363.70  Cost Center Enter Amount of Other Benefits to be Removed from Cost Center   | \$0.00<br>\$0.00<br>\$0.00<br>\$0.00<br>Total Reduction to Salary and Benefits<br>\$0.00<br>\$0.00<br>\$0.00<br>\$0.00   |
| 43<br>44<br>45<br>46<br>47<br>48<br>49<br>50<br>51<br>52<br>53<br>54<br>55<br>56 | 330XX Social Trial Balance Amore Reductions to  Position Number /  | Il Workers<br>unt (From Financial S<br>Trial Balance<br>Personn  | el Informat                                      |                  | Vendor/<br>Employee                              | Total Gross Satary 33000 \$299,669.47  | Employee Benefits 33010 \$0.00  \$0.00  Enter Amount of Salary to be Removed from Cost Center  | Salary Employer-FIGA (if not covered under employee benefits) 33015 \$22,820.26  Salary and Benefit R Enter Amount of Benefits to be   | r and Benefits  Medicare Tax - Employer - (if not listed under employee benefits) \$3920 \$0.00  solutions - Salary and Berleter Amount of Employer - FICA to be  | Other Benefits / Vendor or Contractor Payments 33025 \$87,873.97 sefits to be Removed from Enter Amount of Medicare Tax to be Removed from Cost Center   | TOTAL SALARY AND BENEFITS \$410,363.70  Cost Center Enter Amount of Other Benefits to be Removed from Cost Center   | \$0.00<br>\$0.00<br>\$0.00<br>\$0.00<br>Total Reduction to Salary and Benefits<br>\$0.00<br>\$0.00<br>\$0.00<br>\$0.00   |
| 43<br>44<br>45<br>46<br>47<br>48<br>49<br>50<br>51<br>52<br>53<br>54<br>55<br>56 | 330XX Social Trial Balance Amot Reductions to Position Number / Employee ID  | Il Workers unt (From Financial S Trial Balance Personn Last Name   | el Informat                                      |                  | Vendor/<br>Employee                              | Total Gross Salary 33000 \$299,669.47  Is position funded by Federal funds? Yes or No  | Employee Benefits 33010 \$0.00  Enter Amount of Salary to be Removed from Cost Center  | Salary Employer-FICA (if not covered under employee benefits) 33015 \$22,820.26 Salary and Benefit Ri Enter Amount of Benefits to be Removed from Cost Center  | and Benefits  Medicare Tax - Employer - (if not listed under employee benefits) 33020  \$0.00  Sound Benefits - Salary and Benefits - Salary and Benefits - FICA to be Removed from Coat Center   | Other Benefits / Vendor or Contractor Payments 33025 \$87,873.97 sefits to be Removed from Enter Amount of Medicare Tax to be Removed from Cost Center   | TOTAL SALARY AND BENEFITS \$410,363.70  Cost Center Enter Amount of Other Benefits to be Removed from Cost Center   | \$0.00<br>\$0.00<br>\$0.00<br>\$0.00<br>Total Reduction to Salary and Benefits<br>\$0.00<br>\$0.00<br>\$0.00<br>\$0.00   |
| 43<br>44<br>45<br>46<br>47<br>48<br>49<br>50<br>51<br>52<br>53<br>54<br>55<br>56 | 330XX Social Trial Balance Amore Reductions to Position Number / Employee ID  Cost Center Nar  | Il Workers  unt (From Financial S Trial Balance Personn  Last Name   | el Informat<br>First Name                        | Job Title        | Vendor/<br>Employee                              | Total Gross Salary 33000 \$299,669.47  Is position funded by Federal funds? Yes or No  | Employee Benefits 33010 \$0.00  Enter Amount of Salary to be Removed from Cost Center  | Salary Employer-FICA (if not covered under employee benefits) 3015 \$22,820.26 Salary and Benefit Rt Enter Amount of Benefits to be Removed from Cost Center \$0.00  | and Benefits  Medicare Tax Employer - (if not listed under employee benefits) 93920 \$0.00  soluctions - Salary and Ber Enter Amount of Employer - FICA to be Removed from Coat Center  \$0.00  \$0.00  and Benefits  | Other Benefits / Vendor or Contractor Payments 33025 \$87,873.97 sefits to be Removed from Enter Amount of Medicare Tax to be Removed from Cost Center   | TOTAL SALARY AND BENEFITS \$410,363.70  Cost Center Enter Amount of Other Benefits to be Removed from Cost Center   | \$0.00<br>\$0.00<br>\$0.00<br>\$0.00<br>Total Reduction to Salary and Benefits<br>\$0.00<br>\$0.00<br>\$0.00<br>\$0.00   |
| 43<br>44<br>45<br>46<br>47<br>48<br>49<br>50<br>51<br>52<br>53<br>54<br>56<br>57 | 330XX Social Trial Balance Amore Reductions to Position Number / Employee ID  Cost Center Nar  | Il Workers unt (From Financial S Trial Balance Personn Last Name   | el Informat<br>First Name                        | Job Title        | Vendor/<br>Employee                              | Total Gross Salary 33000 \$299,669.47  Is position funded by Federal funds? Yes or No  | Employee Benefits 33010 \$0.00  Enter Amount of Salary to be Removed from Cost Center  | Salary Employer-FICA (if not covered under employee benefits) 33015 \$22,820.26  Salary and Benefit R Enter Amount of Benefits to be Removed from Cost Center  \$0.00  | and Benefits  Medicare Tax -Employer - (if not listed under employee benefits) 33020  \$0.00  Soluctions - Salary and Berefit - FicA to be Removed from Coat Center  \$0.00  and Benefits  Medicare Tax -Employer - (if not Medicare Tax   | Other Benefits / Vendor or Contractor Payments 33025 \$87,873.97  nefits to be Removed from Enter Amount of Medicare Tax to be Removed from Cost Center \$0.00   | TOTAL SALARY AND BENEFITS \$410,363.70  Cost Center Enter Amount of Other Benefits to be Removed from Cost Center \$0.00 Cost Center  | \$0.00<br>\$0.00<br>\$0.00<br>\$0.00<br>Total Reduction to Salary and Benefits<br>\$0.00<br>\$0.00<br>\$0.00<br>\$0.00   |
| 43<br>44<br>45<br>46<br>47<br>48<br>49<br>50<br>51<br>52<br>53<br>54<br>56<br>57 | 330XX Social Trial Balance Amore Reductions to Position Number / Employee IO  Cost Center Nar 340XX Healti                                   | unt (From Financial S<br>Trial Balance<br>Personn<br>Last Name   | el Informat<br>First Name                        | Job Title        | Vendor/<br>Employee                              | Total Gross Satary 33000 \$299,669.47  Is position funded by Federal funds? Yes or No  TOTAL REDUCTIONS  Total Gross Satary 34000  | Employee Benefits 33010 \$0.00  Enter Amount of Salary to be Removed from Cost Center  \$0.00  Employee Benefits 34010   | Salary Employer-FICA (if not covered under employee benefits) 33015 \$22,820.26 Salary and Benefit R Enter Amount of Benefits to be Removed from Cost Center  \$0.00 Salary Employer-FICA (if not covered under employee benefits) 34016   | and Benefits  Medicare Tax -Employer - (if not listed under employee benefits) \$3020 \$0.00  Soluctions - Salary and Berenter Amount of Employer - FicA to be Removed from Coat Center  \$0.00  and Benefits  Medicare Tax -Employer - (if not listed under employee benefits) \$4020  | Other Benefits / Vendor or Contractor Payments 33025 \$87,873.97  seffits to be Removed from Enter Amount of Medicare Tax to be Removed from Cost Center  \$0.00  Other Benefits / Vendor or Contractor Payments 34025   | TOTAL SALARY AND BENEFITS \$410,363.70  Cost Center Enter Amount of Other Benefits to be Removed from Cost Center   | \$0.00<br>\$0.00<br>\$0.00<br>Total Reduction to Salary and Benefits<br>\$0.00<br>\$0.00   |
| 43<br>44<br>45<br>46<br>47<br>48<br>49<br>50<br>51<br>52<br>53<br>54<br>56<br>57 | 330XX Social Trial Balance Amo Reductions to Position Number / Employee ID  Cost Center Nar 340XX Healti Trial Balance Amou                  | unt (From Financial S Trial Balance Personn Last Name  | el Informat<br>First Name                        | Job Title        | Vendor/<br>Employee                              | Total Gross Salary 33000 \$299,669.47  Is position funded by Federal funds? Yes or No  TOTAL REDUCTIONS  | Employee Benefits 33010 \$0.00  Enter Amount of Salary to be Removed from Cost Center  \$0.00  | Salary Employer-FICA (if not covered under employee benefits) 33015 \$22,820.26  Salary and Benefit R Enter Amount of Benefits to be Removed from Cost Center  \$0.00  | and Benefits  Medicare Tax -Employer - (if not listed under employee benefits) 33020  \$0.00  Soluctions - Salary and Berefit - FicA to be Removed from Coat Center  \$0.00  and Benefits  Medicare Tax -Employer - (if not Medicare Tax   | Other Benefits / Vendor or Contractor Payments 33025 \$87,873.97  nefits to be Removed from Enter Amount of Medicare Tax to be Removed from Cost Center \$0.00   | TOTAL SALARY AND BENEFITS \$410,363.70  Cost Center Enter Amount of Other Benefits to be Removed from Cost Center \$0.00 Cost Center  | \$0.00<br>\$0.00<br>\$0.00<br>\$0.00<br>Total Reduction to Salary and Benefits<br>\$0.00<br>\$0.00<br>\$0.00<br>\$0.00   |
| 43<br>44<br>45<br>46<br>47<br>48<br>49<br>50<br>51<br>52<br>53<br>54<br>56<br>57 | 330XX Social Trial Balance Amore Reductions to Position Number / Employee IO  Cost Center Nar 340XX Healti                                   | Il Workers  unt (From Financial S  Trial Balance Personn  Last Name  me  h Educators &  unt (From Financial S  Trial Balance | el Informat First Name  Nutrition (tatements)    | Job Title        | Vendor/<br>Employee                              | Total Gross Satary 33000 \$299,669.47  Is position funded by Federal funds? Yes or No  TOTAL REDUCTIONS  Total Gross Satary 34000  | Employee Benefits 33010 \$0.00  Enter Amount of Salary to be Removed from Cost Center  \$0.00  Employee Benefits 34010   | Salary Employer-FICA (if not covered under employee benefits) 33015 \$22,820.26 Salary and Benefit R Enter Amount of Benefits to be Removed from Cost Center  \$0.00 Salary Employer-FICA (if not covered under employee benefits) 34016   | and Benefits  Medicare Tax -Employer - (if not listed under employee benefits) \$3020 \$0.00  Soluctions - Salary and Berenter Amount of Employer - FicA to be Removed from Coat Center  \$0.00  and Benefits  Medicare Tax -Employer - (if not listed under employee benefits) \$4020  | Other Benefits / Vendor or Contractor Payments 33025 \$87,873.97  seffits to be Removed from Enter Amount of Medicare Tax to be Removed from Cost Center  \$0.00  Other Benefits / Vendor or Contractor Payments 34025   | TOTAL SALARY AND BENEFITS \$410,363.70  Cost Center Enter Amount of Other Benefits to be Removed from Cost Center \$0.00  | \$0.00<br>\$0.00<br>\$0.00<br>\$0.00<br>Total Reduction to Salary and Benefits<br>\$0.00<br>\$0.00<br>\$0.00<br>\$0.00   |
| 43<br>44<br>45<br>46<br>47<br>48<br>49<br>50<br>51<br>52<br>53<br>54<br>56<br>57 | 330XX Social Trial Balance Amore Reductions to Position Number / Employee ID  Cost Center Nar 340XX Healti Trial Balance Amore Reductions to | Il Workers  unt (From Financial S  Trial Balance Personn  Last Name  me  h Educators &  unt (From Financial S  Trial Balance | el Informat<br>First Name                        | Job Title        | Employee   | Total Gross Satary 33000 \$299,669.47  Is position funded by Federal funds? Yes or No  TOTAL REDUCTIONS  Total Gross Satary 34000 \$269,823.99   | Employee Benefits 33010 \$0.00  Enter Amount of Salary to be Removed from Cost Center  \$0.00  Employee Benefits 34010 \$0.00  | Salary Employer-FiCA (if not covered under employee benefits) 30015 \$22,820.26  Salary and Benefit Ri Enter Amount of Benefits to be Removed from Cost Center  \$0.00  Salary Employer-FiCA (if not covered under employee benefits) 34015 \$19,877.65  | and Benefits  Medicare Tax Employer - (if not listed under employee benefits) 93920 \$0.00  Soluctions - Salary and Ber Enter Amount of Employer - FICA to be Removed from Coat Center  \$0.00  and Benefits  Medicare Tax Employer - (if not listed under employee benefits) 34020 \$0.00  | Other Benefits / Vendor or Contractor Payments 33025 \$87,873.97  lefits to be Removed from Enter Amount of Medicare Tax to be Removed from Cost Center  \$0.00  Other Benefits / Vendor or Contractor Payments 34025 \$88,962.83  | TOTAL SALARY AND BENEFITS \$410,363.70  Cost Center Enter Amount of Other Benefits to be Removed from Cost Center  \$0.00  TOTAL SALARY AND BENEFITS \$378,664.47   | \$0.00<br>\$0.00<br>\$0.00<br>\$0.00<br>Total Reduction to Salary and Benefits<br>\$0.00<br>\$0.00<br>\$0.00<br>\$0.00   |
| 43<br>44<br>45<br>46<br>47<br>48<br>49<br>50<br>51<br>52<br>53<br>54<br>56<br>57 | 330XX Social Trial Balance Amore Reductions to Position Number / Employee ID  Cost Center Nar 340XX Healti Trial Balance Amore Reductions to | unt (From Financial S Trial Balance Personn Last Name  me h Educators & Irial Balance Personn                                | el Informat  First Name  Nutrition  tatements)   | Job Title  nists | Employee Vendor/                                 | Total Gross Satary 33000 \$299,669.47  Is position funded by Federal funds? Yes or No  TOTAL REDUCTIONS  Total Gross Satary 34000 \$269,823.99  Is position funded by Federal funds?             | Employee Benefits 33010 \$0.00  Enter Amount of Salary to be Removed from Cost Center  \$0.00  Employee Benefits 34010 \$0.00  Employee Benefits 34010 \$0.00  | Salary Employer-FICA (if not covered under employee benefits) 30015 \$22,820.26 Salary and Benefit Rt Enter Amount of Benefits to be Removed from Cost Center  \$0.00 Salary Employer-FICA (if not covered under employee benefits) 34015 \$19,877.65 Salary and Benefit Rt Enter Amount of Benefits to be                             | and Benefits  Medicare Tax Employer - (if not listed under employee benefits) 33020 \$0.00  eductions - Salary and Ber Enter Amount of Employer - FICA to be Removed from Coat Center  \$0.00  and Benefits  Medicare Tax - Employer - (if not listed under employee benefits) 184020 \$0.00  eductions - Salary and Ber Enter Amount of Employer - FICA to be  | Other Benefits / Vendor or Contractor Payments 33025 \$87,873.97  Refits to be Removed from Enter Amount of Medicare Tax to be Removed from Cost Center  \$0.00  Other Benefits / Vendor or Contractor Payments 34025  s88,962.83  | TOTAL SALARY AND BENEFITS \$410,363.70  Cost Center Enter Amount of Other Benefits to be Removed from Cost Center  \$0.00  TOTAL SALARY AND BENEFITS \$378,664.47  Cost Center  | \$0.00<br>\$0.00<br>\$0.00<br>\$0.00<br>Total Reduction to Salary and Benefits<br>\$0.00<br>\$0.00<br>\$0.00<br>\$0.00   |
| 43<br>44<br>45<br>46<br>47<br>48<br>49<br>50<br>51<br>52<br>53<br>54<br>56<br>57 | 330XX Social Trial Balance Amore Reductions to Position Number / Employee ID  Cost Center Nar 340XX Healti Trial Balance Amore Reductions to | Il Workers  unt (From Financial S  Trial Balance Personn  Last Name  me  h Educators &  unt (From Financial S  Trial Balance | el Informat First Name  Nutrition (tatements)    | Job Title        | Employee   | Total Gross Satary 33000 \$299,669.47  Is position funded by Federal funds? Yes or No  TOTAL REDUCTIONS  Total Gross Satary 34000 \$269,823.99   | Employee Benefits 33010 \$0.00  Enter Amount of Salary to be Removed from Cost Center  \$0.00  Employee Benefits 34010 \$0.00  | Salary Employer-FICA (if not covered under employee benefits) 33015 \$22,820.26  Salary and Benefit Rt Enter Amount of Benefits to be Removed from Cost Center  \$0.00  Salary Employer-FICA (if not covered under employee benefits) 34015 \$19,877.65  Salary and Benefit Rt   | and Benefits  Medicare Tax -Employer - (if not listed under employee benefits) \$3920 \$0.00  eductions - Salary and Benefits Amount of Employer - FICA to be Removed from Coat Center  \$0.00  and Benefits  Medicare Tax -Employer - (if not listed under employee benefits) 34020 \$0.00   | Other Benefits / Vendor or Contractor Payments 33025 \$87,873.97  Refits to be Removed from Enter Amount of Medicare Tax to be Removed from Cost Center  \$0.00  Other Benefits / Vendor or Contractor Payments 34028 \$88,962.83  | TOTAL SALARY AND BENEFITS \$410,363.70  Cost Center Enter Amount of Other Benefits to be Removed from Cost Center  \$0.00  TOTAL SALARY AND BENEFITS \$378,664.47  Cost Center  | \$0.00<br>\$0.00<br>\$0.00<br>\$0.00<br>Total Reduction to Salary and Benefits<br>\$0.00<br>\$0.00<br>\$0.00<br>\$0.00   |
| 43<br>44<br>45<br>46<br>47<br>48<br>49<br>50<br>51<br>52<br>53<br>54<br>56<br>57 | 330XX Social Trial Balance Amore Reductions to Position Number / Employee ID  Cost Center Nar 340XX Healti Trial Balance Amore Reductions to | unt (From Financial S Trial Balance Personn Last Name  me h Educators & Irial Balance Personn                                | el Informat  First Name  Nutrition  tatements)   | Job Title  nists | Employee Vendor/                                 | Total Gross Satary 33000 \$299,669.47  Is position funded by Federal funds? Yes or No  TOTAL REDUCTIONS  Total Gross Satary 34000 \$269,823.99  Is position funded by Federal funds?             | Employee Benefits 33010 \$0.00  Enter Amount of Salary to be Removed from Cost Center  \$0.00  Employee Benefits 34010 \$0.00  Employee Benefits 34010 \$0.00  | Salary Employer-FICA (if not covered under employee benefits) 30015 \$22,820.26 Salary and Benefit Rt Enter Amount of Benefits to be Removed from Cost Center  \$0.00 Salary Employer-FICA (if not covered under employee benefits) 34015 \$19,877.65 Salary and Benefit Rt Enter Amount of Benefits to be                             | and Benefits  Medicare Tax Employer - (if not listed under employee benefits) 33020 \$0.00  eductions - Salary and Ber Enter Amount of Employer - FICA to be Removed from Coat Center  \$0.00  and Benefits  Medicare Tax - Employer - (if not listed under employee benefits) 184020 \$0.00  eductions - Salary and Ber Enter Amount of Employer - FICA to be  | Other Benefits / Vendor or Contractor Payments 33025 \$87,873.97  Refits to be Removed from Enter Amount of Medicare Tax to be Removed from Cost Center  \$0.00  Other Benefits / Vendor or Contractor Payments 34025  September 1888,962.83   | TOTAL SALARY AND BENEFITS \$410,363.70  Cost Center Enter Amount of Other Benefits to be Removed from Cost Center  \$0.00  TOTAL SALARY AND BENEFITS \$378,664.47  Cost Center  Enter Amount of Other Benefits to be Removed from Cost Center | \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 Total Reduction to Salary and Benefits   |
| 43<br>44<br>45<br>46<br>47<br>48<br>49<br>50<br>51<br>52<br>53<br>54<br>56<br>57 | 330XX Social Trial Balance Amore Reductions to Position Number / Employee ID  Cost Center Nar 340XX Healti Trial Balance Amore Reductions to | unt (From Financial S Trial Balance Personn Last Name  me h Educators & Irial Balance Personn                                | el Informat  First Name  Nutrition  tatements)   | Job Title  nists | Employee Vendor/                                 | Total Gross Satary 33000 \$299,669.47  Is position funded by Federal funds? Yes or No  TOTAL REDUCTIONS  Total Gross Satary 34000 \$269,823.99  Is position funded by Federal funds?             | Employee Benefits 33010 \$0.00  Enter Amount of Salary to be Removed from Cost Center  \$0.00  Employee Benefits 34010 \$0.00  Employee Benefits 34010 \$0.00  | Salary Employer-FICA (if not covered under employee benefits) 30015 \$22,820.26 Salary and Benefit Rt Enter Amount of Benefits to be Removed from Cost Center  \$0.00 Salary Employer-FICA (if not covered under employee benefits) 34015 \$19,877.65 Salary and Benefit Rt Enter Amount of Benefits to be                             | and Benefits  Medicare Tax Employer - (if not listed under employee benefits) 33020 \$0.00  eductions - Salary and Ber Enter Amount of Employer - FICA to be Removed from Coat Center  \$0.00  and Benefits  Medicare Tax - Employer - (if not listed under employee benefits) 184020 \$0.00  eductions - Salary and Ber Enter Amount of Employer - FICA to be  | Other Benefits / Vendor or Contractor Payments 33025 \$87,873.97  Refits to be Removed from Enter Amount of Medicare Tax to be Removed from Cost Center  \$0.00  Other Benefits / Vendor or Contractor Payments 34025  September 1888,962.83   | TOTAL SALARY AND BENEFITS \$410,363.70  Cost Center Enter Amount of Other Benefits to be Removed from Cost Center  \$0.00  TOTAL SALARY AND BENEFITS \$378,664.47  Cost Center  Enter Amount of Other Benefits to be Removed from Cost Center | \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00  Total Reduction to Salary and Benefits  \$0.00 \$0.00 \$0.00 \$0.00  Total Reduction to Salary and Benefits  **Total Reduction to Salary and Benefits  **Total Reduction to Salary and Benefits |
| 43<br>44<br>45<br>46<br>47<br>48<br>49<br>50<br>51<br>52<br>53<br>54<br>56<br>57 | 330XX Social Trial Balance Amore Reductions to Position Number / Employee ID  Cost Center Nar 340XX Healti Trial Balance Amore Reductions to | unt (From Financial S Trial Balance Personn Last Name  me h Educators & Irial Balance Personn                                | el Informat  First Name  Nutrition  tatements)   | Job Title  nists | Employee Vendor/                                 | Total Gross Satary 33000 \$299,669.47  Is position funded by Federal funds? Yes or No  TOTAL REDUCTIONS  Total Gross Satary 34000 \$269,823.99  Is position funded by Federal funds?             | Employee Benefits 33010 \$0.00  Enter Amount of Salary to be Removed from Cost Center  \$0.00  Employee Benefits 34010 \$0.00  Employee Benefits 34010 \$0.00  | Salary Employer-FICA (if not covered under employee benefits) 30015 \$22,820.26 Salary and Benefit Rt Enter Amount of Benefits to be Removed from Cost Center  \$0.00 Salary Employer-FICA (if not covered under employee benefits) 34015 \$19,877.65 Salary and Benefit Rt Enter Amount of Benefits to be                             | and Benefits  Medicare Tax Employer - (if not listed under employee benefits) 33020 \$0.00  eductions - Salary and Ber Enter Amount of Employer - FICA to be Removed from Coat Center  \$0.00  and Benefits  Medicare Tax - Employer - (if not listed under employee benefits) 184020 \$0.00  eductions - Salary and Ber Enter Amount of Employer - FICA to be  | Other Benefits / Vendor or Contractor Payments 33025 \$87,873.97  Refits to be Removed from Enter Amount of Medicare Tax to be Removed from Cost Center  \$0.00  Other Benefits / Vendor or Contractor Payments 34025  September 1888,962.83   | TOTAL SALARY AND BENEFITS \$410,363.70  Cost Center Enter Amount of Other Benefits to be Removed from Cost Center  \$0.00  TOTAL SALARY AND BENEFITS \$378,664.47  Cost Center  Enter Amount of Other Benefits to be Removed from Cost Center | \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 Total Reduction to Salary and Benefits  |
| 43<br>44<br>45<br>46<br>47<br>48<br>49<br>50<br>51<br>52<br>53<br>54<br>56<br>57 | 330XX Social Trial Balance Amore Reductions to Position Number / Employee ID  Cost Center Nar 340XX Healti Trial Balance Amore Reductions to | unt (From Financial S Trial Balance Personn Last Name  me h Educators & Irial Balance Personn                                | el Informat  First Name  Nutrition  tatements)   | Job Title  nists | Employee Vendor/                                 | Total Gross Satary 33000 \$299,669.47  Is position funded by Federal funds? Yes or No  TOTAL REDUCTIONS  Total Gross Satary 34000 \$269,823.99  Is position funded by Federal funds?             | Employee Benefits 33010 \$0.00  Enter Amount of Salary to be Removed from Cost Center  \$0.00  Employee Benefits 34010 \$0.00  Employee Benefits 34010 \$0.00  | Salary Employer-FICA (if not covered under employee benefits) 30015 \$22,820.26 Salary and Benefit Rt Enter Amount of Benefits to be Removed from Cost Center  \$0.00 Salary Employer-FICA (if not covered under employee benefits) 34015 \$19,877.65 Salary and Benefit Rt Enter Amount of Benefits to be                             | and Benefits  Medicare Tax Employer - (if not listed under employee benefits) 33020 \$0.00  eductions - Salary and Ber Enter Amount of Employer - FICA to be Removed from Coat Center  \$0.00  and Benefits  Medicare Tax - Employer - (if not listed under employee benefits) 184020 \$0.00  eductions - Salary and Ber Enter Amount of Employer - FICA to be  | Other Benefits / Vendor or Contractor Payments 33025 \$87,873.97  Refits to be Removed from Enter Amount of Medicare Tax to be Removed from Cost Center  \$0.00  Other Benefits / Vendor or Contractor Payments 34025  September 1888,962.83   | TOTAL SALARY AND BENEFITS \$410,363.70  Cost Center Enter Amount of Other Benefits to be Removed from Cost Center  \$0.00  TOTAL SALARY AND BENEFITS \$378,664.47  Cost Center  Enter Amount of Other Benefits to be Removed from Cost Center | \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 Total Reduction to Salary and Benefits  \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00  |
| 43<br>44<br>45<br>46<br>47<br>48<br>49<br>50<br>51<br>52<br>53<br>54<br>56<br>57 | 330XX Social Trial Balance Amore Reductions to Position Number / Employee ID  Cost Center Nar 340XX Healti Trial Balance Amore Reductions to | unt (From Financial S Trial Balance Personn Last Name  me h Educators & Irial Balance Personn                                | el Informat  First Name  Nutrition  tatements)   | Job Title  nists | Employee Vendor/                                 | Total Gross Salary 33000 \$299,669.47  Its position funded by Federal funds? Yes or No  TOTAL REDUCTIONS  Total Gross Salary 34000 \$269,823.99  Its position funded by Federal funds? Yes or No | Employee Benefits 33010 \$0.00  Enter Amount of Salary to be Removed from Cost Center  \$0.00  Employee Benefits 34010  Employee Benefits 34010  Enter Amount of Salary to be Removed from Cost Center | Salary Employer-FiCA (if not covered under employee benefits) 30015 \$22,820.26  Salary and Benefit Rt Enter Amount of Benefits to be Removed from Cost Center  \$0.00  Salary Employer-FiCA (if not covered under employee benefits) 34015 \$31,877.65  Salary and Benefit Rt Enter Amount of Benefits to be Removed from Cost Center | and Benefits  Medicare Tax Employer - (if not listed under employee benefits) 33020 \$0.00  eductions - Salary and Ber Enter Amount of Employer - FICA to be Removed from Coat Center  \$0.00  and Benefits  Medicare Tax - Employer - (if not listed under employee benefits) 34020 \$0.00  eductions - Salary and Ber Enter Amount of Employer - (if not listed under employee benefits) \$0.00   | Other Benefits / Vendor or Contractor Payments 3025 \$87,873.97  Refits to be Removed from Enter Amount of Medicare Tax to be Removed from Cost Center  \$0.00  Other Benefits / Vendor or Contractor Payments 34025  S88,962.83  Refits to be Removed from Cost Center to be Removed from Cost Center | TOTAL SALARY AND BENEFITS \$410,363.70  Cost Center Enter Amount of Other Benefits to be Removed from Cost Center  \$0.00  TOTAL SALARY AND BENEFITS \$378,664.47  Cost Center  Enter Amount of Other Benefits to be Removed from Cost Center | \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 Total Reduction to Salary and Benefits \$0.00               |
| 43<br>44<br>45<br>46<br>47<br>48<br>49<br>50<br>51<br>52<br>53<br>54<br>55<br>56 | 330XX Social Trial Balance Amore Reductions to Position Number / Employee ID  Cost Center Nar 340XX Healti Trial Balance Amore Reductions to | unt (From Financial S Trial Balance Personn Last Name  me h Educators & Irial Balance Personn                                | el Informat  First Name  Nutrition  tatements)   | Job Title  nists | Employee Vendor/                                 | Total Gross Satary 33000 \$299,669.47  Is position funded by Federal funds? Yes or No  TOTAL REDUCTIONS  Total Gross Satary 34000 \$269,823.99  Is position funded by Federal funds?             | Employee Benefits 33010 \$0.00  Enter Amount of Salary to be Removed from Cost Center  \$0.00  Employee Benefits 34010  Employee Benefits 34010  Enter Amount of Salary to be Removed from Cost Center | Salary Employer-FICA (if not covered under employee benefits) 30015 \$22,820.26 Salary and Benefit Rt Enter Amount of Benefits to be Removed from Cost Center  \$0.00 Salary Employer-FICA (if not covered under employee benefits) 34015 \$19,877.65 Salary and Benefit Rt Enter Amount of Benefits to be                             | and Benefits  Medicare Tax Employer - (if not listed under employee benefits) 33220 \$0.00  aductions - Salary and Ber Enter Amount of Employer - FICA to be Removed from Coat Center  \$0.00  and Benefits  Medicare Tax - Employer - (if not listed under employee benefits) 34020 \$0.00  Enter Amount of Employer - FICA to be Removed from Coat Center FICA to Benefits Should be supposed to the suppose benefits Should be supposed from Coat Center FICA to Benefits Amount of Employer - FICA to Benefits Coat Center FICA to Coat Cente | Other Benefits / Vendor or Contractor Payments 33025 \$87,873.97  Refits to be Removed from Enter Amount of Medicare Tax to be Removed from Cost Center  \$0.00  Other Benefits / Vendor or Contractor Payments 34025  September 1888,962.83   | TOTAL SALARY AND BENEFITS \$410,363.70  Cost Center Enter Amount of Other Benefits to be Removed from Cost Center  \$0.00  TOTAL SALARY AND BENEFITS \$378,664.47  Cost Center  Enter Amount of Other Benefits to be Removed from Cost Center | \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 Total Reduction to Salary and Benefits  \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00   |

| L A   | В   | C   | D                | E             | F                                       | G  | T H  |  |                                       | К  |  | M   |
|---|---|---|------------------|---------------|---|--|--|--|---------------------------------------|--|--|---|
|   | rth Carolina Div                            | ision of Public I                         | lealth           |               |   |  |  | <u>'</u>   |                                       | <u>N</u>   |  | Į (VI   |
|   | cai Health Depa                             |   |                  |               |   |  |  |  |                                       |  |  |   |
| 3 Dir   | ect Medical / Cli                           | inic Costs by Di                          | scipline         |               |   |  |  |  |                                       |  |  |   |
|   | unswick County                              |   | ent              |               |   |  |  |  |                                       |  |  |   |
| 9 Per   | iod for Expenditure                         |   | _                |               |   | ***************************************              |  |  |                                       |  |  |   |
| 10 Fi   | scal Year Start Date<br>iscal Year End Date | 7/1/2012<br>6/30/2013                     | 4                | Medicaid Prov |   |  |  |  |                                       |  |  |   |
| 12 [  | iscai real Eliu Date                        | 6/30/2013                                 | _                |               | NPI Number                              | 1841248622   | J  |  |                                       |  |  |   |
| 71<br>72  |   |   |                  |               |   | ***************************************              |  |  |                                       |  |  |   |
| 72  | Cost Center Na                              | ime                                       |                  |               | *************************************** |  |  | Salar  | y and Benefits                        | ***************************************                          |  | ¬   |
|   |   |   |                  |               |   |  |  |  | Medicare Tax -Employer - (if not      | T  | Г  | _   |
| 73  | 341XX Labo                                  | ratory Staff (T                           | ecns, etc        | :.)           |   | Total Gross Salary 34100                             | Employee Benefits 34110  | Employer- FICA (if not covered<br>under employee benefits) 34115 | listed under employee benefits)       | Other Benefits / Vendor or<br>Contractor Payments 34125          | TOTAL SALARY AND BENEFITS  |   |
| 73<br>74  | Trial Balance Amo                           | ount (From Financia)                      | Statements)      |               |   | \$107,387.01   | \$0,00   |  | 34120                                 | 1 1  | \$455.404.6°   | _   |
| 75  | Reductions to                               | Trial Balance                             | T                | ,—··,···      |   |  | 40.00  | 17,000.41  | \$0.00                                | \$40,236.25  | \$155,181.67   |   |
| 75<br>76  |   |   | nel Informa      | tion          |   | T  |  | Salany and Benefit P   | Poductions Salary and Ro              | nefits to be Removed from  | Cost Costos  |   |
|   | Position Number /                           |   |                  |               | Vendor/                                 | Is position funded by Federal funds?                 | Enter Amount of Salary to be Removed from                                | Enter Amount of Benefits to be                                   | Enter Amount of Employer - FICA to be | Enter Amount of Medicare Tay to be                               | Enter Amount of Other Benefits to be Removed from                |   |
| 77<br>78<br>79<br>80<br>81<br>82<br>83<br>84  | Employee ID                                 | Last Name                                 | First Name       | Job Title     | Employee                                | Yes or No  | Cost Center  | Removed from Cost Center   | Removed from Cost Center              | Removed from Cost Center   | Cost Center  | Total Reduction to Salary and Benefits            |
| 79  |   |   |                  |               |   |  | <u> </u>   |  | N                                     |  |  |   |
| 80  |   |   |                  |               |   |  |  |  |                                       |  |  | \$0.00  |
| 81  |   |   |                  |               |   |  |  |  | -                                     |  |  | \$0.00<br>\$0.00                                  |
| 82  |   |   |                  |               |   |  |  |  |                                       |  |  | \$0.00  |
| 84  |   |   |                  |               |   | TOTAL REDUCTIONS                                     | \$0.00   | \$0.00   | \$0.00                                | \$0,00   | \$0.00   |   |
| 85<br>86  |   |   |                  |               |   | 101111111111111111111111111111111111111              | Ψ0.00  | 1  | 30.00                                 | 1 \$0.00   | \$0.00   | 7   \$0.00  |
| 86  | Cost Center Na                              | me  |                  |               |   |  |  | Calar  | y and Benefits                        |  |  |   |
| 7   |   |   |                  |               |   |  | 1  |  | Medicare Tax -Employer - (if not      | <del></del>  |  | 4   |
| 07  | 342XX Othe                                  | r Medical / Cli                           | nic Perso        | onnel         |   | Total Gross Salary 34200                             | Employee Benefits 34210  | Employer- FICA (if not covered<br>under employee benefits) 34215 | listed under employee benefits)       | Other Benefits / Vendor or<br>Contractor Payments 34225          | TOTAL SALARY AND BENEFITS  |   |
| 87<br>88<br>89<br>90  | Trial Balance Amo                           | unt (From Financial                       | Statementel      |               |   | \$169,127.10   | \$0.00   | 1  | 34220                                 | ,  |  |   |
| 89  |   | Trial Balance                             | I                |               |   | \$103,127.10   | \$0.00   | \$12,889.29  | \$0.00                                | \$77,454.86  | \$259,471.25   | 1   |
| 90  | rtoquotiono to                              |   | nel Informat     | tion          |   | ***************************************              |  | 0.1  |                                       |  |  | · · · · · · · · · · · · · · · · · · ·             |
|   | Position Number /                           | 1 0130111                                 | Ter imornia      | 1             | Vendor/                                 | is position funded by Federal funde?                 | Enter Amount of Salary to be Removed from                                | Enter Amount of Benefits to be                                   |                                       | nefits to be Removed from (                                      |  | - Angel   |
| 91<br>92<br>93<br>94<br>95<br>96<br>97<br>98  | Employee ID                                 | Last Name                                 | First Name       | Job Title     | Employee                                | Yes or No  | Cost Center  | Removed from Cost Center   | Removed from Cost Center              | e Enter Amount of Medicare Tax to be<br>Removed from Cost Center | Enter Amount of Other Benefits to be Removed from<br>Cost Center | Total Reduction to Salary and Benefits            |
| 92  |   |   |                  |               |   |  |  |  |                                       |  |  | 1   |
| 94  |   |   |                  |               |   |  |  |  |                                       |  |  | \$0.00  |
| 95  |   |   |                  |               |   |  |  |  |                                       |  |  | \$0.00  |
| 96  |   |   |                  |               |   |  |  |  | <del></del>                           |  |  | \$0.00<br>\$0.00                                  |
| 98  |   |   |                  |               |   | TOTAL REDUCTIONS                                     | \$0.00   | \$0.00   | T                                     |  |  |   |
| 99  |   |   |                  |               |   | TOTAL REDUCTIONS                                     | \$0.00   | 30.00  | \$0.00                                | \$0.00   | \$0.00   | \$0.00  |
| 02 SE   | ECTION II. O                                | perating Ex                               | penditu          | res           |   |  |  |  |                                       |  |  |   |
| _   | erating Cost (                              | <u> </u>                                  |                  |               |   |  |  |  |                                       |  |  |   |
|   | Cost Center Na                              |   | ation            |               |   |  | 7  |  |                                       |  |  |   |
| 0.5   |   | ies - Medical                             | Clinic           |               |   | TOTAL EXPENDITURES                                   | -  |  |                                       |  |  |   |
| 06  | Trial Balance Amo                           | unt (From Financial                       | Citition Control |               |   | \$424,863.95   | -  |  |                                       |  |  |   |
| 104<br>105<br>106<br>107  | Reductions to                               |   | I                |               |   | \$424,003.95   | L  |  |                                       |  |  |   |
| 08  | reductions to                               |   | ı<br>ure Informa | ation         |   | T  | O  |  |                                       |  | 1  |   |
|   | Trial Balance Account                       | Experior                                  | ure inornic      | RUOII         |   | Is expenditure funded by Federal                     | Operating Expenditure Red<br>Enter Amount of Operating Expenditure to be |  | moved from Cost Center                | TOTAL Amount to be Reduced from                                  | Identify COST CENTER Where Reduction                             | Identify ACCOUNT Detail Where Reduction Will      |
| 09  | Number                                      |   | Account E        | Description   |   | funds? Yes or No                                     | Removed from Cost Center   | Federal Funds  | Other amounts to be removed           | Cost Center  | Amount Will Be Moved   | Appear for Exhibit 6                              |
| 110   |   | N O-i                                     |                  |               |   |  |  |  |                                       |  | Select from Dropdown Menu  | Select from Dropdown Menu                         |
| 112   |   | Non Reimbursable<br>Clinic Lab (see lab l | ace form)        |               | -                                       | No<br>No   | \$5,422.44   |  |                                       | \$5,422.44   | Non Reimbursable Expenditures                                    | Non-Reimbursable - Other Non-Reimbursable         |
| 113   | ***************************************     | Cilito Edb (See lab i                     | ecs totally      |               |   | 100  | \$36,035.48  |  |                                       |  | Direct Medical / Clinic Exp.                                     | Direct Medical / Clinic - Laboratory Expenditures |
| 114   |   |   |                  |               |   |  |  |  |                                       | \$0.00<br>\$0.00   |  |   |
| 115   |   |   |                  |               |   |  |  |  |                                       | \$0.00   |  |   |
| 116   |   |   |                  |               |   |  |  |  |                                       | \$0.00   |  |   |
| 118   |   |   |                  | ~~~~          |   |  |  |  |                                       | \$0.00   |  |   |
| 19  |   |   |                  |               |   |  | L  |  |                                       | \$0.00   |  | <u> </u>  |
| 20  |   |   |                  |               |   |  | \$41,457.92  | \$0.00   | \$0.00                                | \$41,457.92  |  |   |
| 21  | 10 10 11                                    |   |                  |               |   |  |  |  |                                       |  |  |   |
| 22  | Cost Center Na                              |   |                  |               |   |  |  |  |                                       |  |  |   |
| 23  |   | al Expenditure                            |                  | cal / Clinic  |   | TOTAL EXPENDITURES                                   |  |  |                                       |  |  |   |
| 124   |   | unt (From Financial S                     | statements)      |               |   |  |  |  |                                       |  |  |   |
| 125   | Reductions to                               |   |                  |               |   |  |  |  |                                       |  |  |   |
| 126   | Total Balance                               | Expendit                                  | ure Informa      | ition         |   |  | Operating Expenditure Rec  |  | moved from Cost Center                |  |  |   |
| 127   | Trial Balance Account<br>Number             |   | Account D        | )ascription   |   | Is expenditure funded by Federal<br>funds? Yes or No | Enter Amount of Operating Expenditure to be                              | Add: State/Local Match required for                              |                                       | TOTAL Amount to be Reduced from                                  | Identify COST CENTER Where Reduction                             | Identify ACCOUNT Detail Where Reduction Will      |
| 128   |   |   | ACCOUNT L        | resemption    |   | nuncs? Yes or No                                     | Removed from Cost Center   | Federal Funds  | Other amounts to be removed           | Cost Center  | Amount Will Be Moved   | Appear for Exhibit 5                              |
| 129   |   |   |                  |               |   |  |  |  |                                       | \$0,00   | Select from Dropdown Menu  | Select from Dropdown Menu                         |
| 30  |   |   |                  | ~             |   |  |  |  | T                                     | \$0.00   |  |   |
| 109<br>1110<br>1111<br>1112<br>1113<br>1114<br>1115<br>1116<br>117<br>118<br>119<br>120<br>121<br>122<br>122<br>123<br>124<br>125<br>126<br>127<br>128<br>129<br>130<br>131<br>132<br>133<br>131<br>132<br>133<br>133 |   |   |                  |               |   |  |  |  |                                       | \$0.00   |  |   |
| 33  |   |   |                  |               |   | l  | <u> </u>   |  | <u> </u>                              | \$0.00   |  |   |
|   |   |   |                  |               |   |  |  |  |                                       |  |  |   |
| 34  |   |   |                  |               |   |  | \$0.00   | \$0.00   | \$0.00                                | \$0.00   |  |   |

| P   | В                               | C D E  | F I G                            | Т  | T                                   | T                           | ·  |  |  |
|---|---------------------------------|--|----------------------------------|--|-------------------------------------|-----------------------------|--|--|--|
| 1 No  | rth Carolina Div                | ision of Public Health                                 |                                  | L  |                                     | J J                         | K  | L L  | M  |
|   |                                 | rtment Cost Report                                     |                                  |  |                                     |                             |  |  |  |
|   |                                 | inic Costs by Discipline                               |                                  |  |                                     |                             |  |  |  |
|   |                                 | Health Department                                      |                                  |  |                                     |                             |  |  |  |
| 9 Pe  | iod for Expenditur              | es   |                                  |  |                                     |                             |  |  |  |
| 10 F  | scal Year Start Date            |  | umber 3404476                    | 1  |                                     |                             |  |  |  |
| 11 F  | iscal Year End Date             | 6/30/2013 NPI No                                       | umber 1841248622                 | 1  |                                     |                             |  |  |  |
| 135   |                                 |  |                                  |  |                                     |                             |  |  |  |
| 136   | Cost Center Na                  | ame  |                                  | 1  |                                     |                             |  |  |  |
|   |                                 | racted Services - Medical / Clinic                     | TOTAL EXPENDITURES               | -  |                                     |                             |  |  |  |
| 138   |                                 | ount (From Financial Statements)                       |                                  | -  |                                     |                             |  |  |  |
| 139   |                                 | Trial Balance  | \$450,349.27                     |  |                                     |                             |  |  |  |
| 137<br>138<br>139<br>140<br>141<br>142<br>143<br>144<br>145<br>146<br>147<br>148<br>149<br>150<br>151 | reductions to                   | Expenditure Information                                |                                  |  |                                     |                             |  | _  |  |
| 1.70  | Trial Balance Account           | Experiatore anormation                                 | Is expenditure funded by Federal | Operating Expenditure Red<br>Enter Amount of Operating Expenditure to be | Add: State/Local Match required for | emoved from Cost Center     |  |  |  |
| 141   | Number                          | Account Description                                    | funds? Yes or No                 | Removed from Cost Center   | Federal Funds                       | Other amounts to be removed | TOTAL Amount to be Reduced from<br>Cost Center | Identify COST CENTER Where Reduction<br>Amount Will Be Moved | Identify ACCOUNT Detail Where Reduction Will<br>Appear for Exhibit 5 |
| 142   |                                 |  |                                  |  |                                     |                             |  | Select from Dropdown Menu                                    | Select from Dropdown Menu  |
| 143   |                                 | Reference Lab (see lab fees form) Contract Interpreter | No                               | \$187,961.15   |                                     |                             | \$187,961.15                                   | Non Reimbursable Expenditures                                | Non-Reimbursable - Reference Lab                                     |
| 145   |                                 | Contract Medical Director                              | No No                            | \$44,843.37  |                                     |                             |  | Clinical Administration/Support                              | Clinical Admin - Contracted Services                                 |
| 146   |                                 | Solitate industrial product                            | - NO                             | \$2,034.52   |                                     |                             |  | Clinical Administration/Support                              | Clinical Admin - Contracted Services                                 |
| 147   |                                 |  |                                  |  |                                     |                             | \$0.00<br>\$0.00                               |  |  |
| 148   |                                 |  |                                  |  |                                     |                             | \$0.00   |  |  |
| 149   |                                 |  |                                  |  |                                     |                             | \$0.00   |  |  |
| 151   |                                 |  |                                  |  |                                     |                             | \$0.00   |  |  |
| 152   |                                 |  |                                  | L  |                                     |                             | \$0.00   |  |  |
|   |                                 |  |                                  | \$234,839.04   | \$0.00                              | \$0.00                      | \$234,839.04                                   | 1  |  |
| 154   | 10 10 11                        |  |                                  |  |                                     |                             |  | ł  |  |
| 155   | Cost Center Na                  |  |                                  |  |                                     |                             |  |  |  |
| 156<br>157  |                                 | ratory Expenditures                                    | TOTAL EXPENDITURES               |  |                                     |                             |  |  |  |
| 157   |                                 | ount (From Financial Statements)                       |                                  | ĺ  |                                     |                             |  |  |  |
| 158<br>159  | Reductions to                   | Trial Balance  |                                  |  |                                     |                             |  |  |  |
| 159   |                                 | Expenditure Information                                |                                  | Operating Expenditure Rec  | luctions - Amount to be Re          | emoved from Cost Center     |  | ]  |  |
| 160   | Trial Balance Account<br>Number | 4  | Is expenditure funded by Federal | Enter Amount of Operating Expenditure to be                              | Add: State/Local Match required for |                             | TOTAL Amount to be Reduced from                | Identify COST CENTER Where Reduction                         | Identify ACCOUNT Detail Where Reduction Will                         |
| 161   | Nomber                          | Account Description                                    | funds? Yes or No                 | Removed from Cost Center   | Federal Funds                       | Other amounts to be removed | Cost Center                                    | Amount Will Be Moved   | Appear for Exhibit 5   |
| 160<br>161<br>162<br>163<br>164<br>165<br>166   |                                 |  |                                  |  |                                     |                             |  | Select from Dropdown Menu                                    | Select from Dropdown Menu  |
| 163   |                                 |  |                                  |  |                                     |                             | \$0.00<br>\$0.00                               |  |  |
| 164   |                                 |  |                                  |  |                                     |                             | \$0.00   |  |  |
| 165   |                                 |  |                                  |  |                                     |                             | \$0.00   |  |  |
| 167   |                                 |  |                                  | \$0.00   | \$0,00                              | \$0.00                      |  | 1  |  |
| 168   |                                 |  |                                  |  | \$0.00                              | 1 \$0.00                    | \$0.00   | ļ  |  |
| 169   | Cost Center Na                  |  |                                  |  |                                     |                             |  |  |  |
| 170   | 37000 Other                     | Operating Expenditures - Medical / Clinic              | C TOTAL EXPENDITURES             |  |                                     |                             |  |  |  |
| 171   | Trial Balance Amo               | unt (From Financial Statements)                        | \$113,433.79                     |  |                                     |                             |  |  |  |
| 172   | Reductions to                   | Trial Balance  |                                  |  |                                     |                             |  |  |  |
| 173   |                                 | Expenditure Information                                |                                  | Operating Expenditure Rec  | luctions - Amount to be De          | moved from Cost Contar      |  | 1  |  |
|   | Trial Balance Account           |  | Is expenditure funded by Federal | Enter Amount of Operating Expenditure to be                              |                                     | The rest center             | TOTAL Amount to be Reduced from                | Identify COST CENTER Where Reduction                         | Identify ACCOUNT Detail Where Reduction Will                         |
| 175   | Number                          | Account Description                                    | funds? Yes or No                 | Removed from Cost Center   | Federal Funds                       | Other amounts to be removed | Cost Center                                    | Amount Will Be Moved   | Appear for Exhibit 5   |
| 176   |                                 | Clinic Lab   | No.                              | 00.000.00  |                                     |                             |  | Select from Dropdown Menu                                    | Select from Dropdown Menu  |
| 170<br>171<br>172<br>173<br>174<br>175<br>176<br>177<br>178<br>179<br>180<br>181<br>182<br>183        |                                 | Non Allowable Cost                                     | No<br>No                         | \$2,055.27<br>\$8,420,00   |                                     |                             | \$2,055.27                                     | Direct Medical / Clinic Exp.                                 | Direct Medical / Clinic - Laboratory Expenditures                    |
| 178   |                                 |  | 130                              | 30,420,00  |                                     |                             | \$8,420.00                                     | Non Reimbursable Expenditures                                | Non-Reimbursable - Other Non-Reimbursable                            |
| 179   |                                 |  |                                  |  |                                     |                             | \$0.00   |  | <b>+</b>   |
| 180   |                                 |  |                                  |  |                                     |                             | \$0.00   |  |  |
| 182   |                                 |  |                                  |  |                                     |                             | \$0.00   |  |  |
| 183   |                                 |  |                                  |  |                                     |                             | \$0.00   |  |  |
| 184<br>185<br>186   |                                 |  |                                  |  |                                     |                             | \$0.00   |  |  |
| 100   |                                 |  |                                  |  |                                     | <u> </u>                    | \$0.00   |  |  |
| 187   |                                 |  |                                  | \$10,475.27  | \$0.00                              | \$0.00                      | \$10,475.27                                    |  |  |
|   | CTION III                       | di -4  |                                  | ~~~  |                                     |                             |  |  |  |
| 190 SE  | CHON III. A                     | djustments/Transfers to Trial Balar                    | ice                              |  |                                     |                             |  |  |  |
| 191 Co  | st Center Info                  | rmation  |                                  |  |                                     |                             |  |  |  |
| 192   |                                 | Expenditure Information                                | Adjustment / Transfer            | Expendite  | ure Reductions - Amount to          | n he Removed from Cost (    | Center   |  |  |
| 102   | Trial Balance Account           | _  | TOTAL Amount to be Transferred   | Enter Amount of Expenditure to be Removed                                | Add: State/Local Match required for |                             | TOTAL Amount to be Reduced from                | Identify COST CENTER Where Reduction                         | Identify ACCOUNT Detail Where Reduction Will                         |
| 193   | Number                          | Account Description                                    | to Trial Balance                 | from Cost Center   | Federal Funds                       | Other amounts to be removed | Cost Center                                    | Amount Will Be Moved   | Appear for Exhibit 5   |
| 195   |                                 | 39500 Depreciation Expense                             | \$44,035.34                      |  |                                     |                             |  | Select from Dropdown Menu                                    | Select from Dropdown Menu  |
| 193<br>194<br>195<br>190<br>197<br>200  | <u> </u>                        | - Skraagen Eubolioo                                    |                                  |  |                                     | L                           | \$0.00   |  |  |
| 197   |                                 |  | \$44,035.34                      | \$0.00   | \$0.00                              | \$0.00                      | \$0.00   |  |  |
| 200   |                                 |  |                                  | - SECRETE  |                                     |                             |  |  |  |

|  | Al B  | C  | D  | l F  | F                           | G  | 7.1   |   |                                       |  | Y  |   |
|--|---|--|--|--|-----------------------------|--|---|---|---------------------------------------|--|--|---|
|  | orth Carolina Div   |  |  |  | <u> </u>                    | L G  | Н   |   | JJ.                                   | I K  | L  | M   |
|  | ocal Health Depa  |  |  |  |                             |  |   |   |                                       |  |  |   |
|  |   |  | OIL  |  |                             |  |   |   |                                       |  |  |   |
|  | on-Reimbursable   |  |  |  |                             |  |   |   |                                       |  |  |   |
|  | runswick County   |  | ent  |  |                             |  |   |   |                                       |  |  |   |
|  | eriod for Expenditure<br>Fiscal Year Start Date             |  | 1  | Modionid D   | a. dan Mi. aab              |  |   |   |                                       |  |  |   |
|  | Fiscal Year End Date  |  | -  | Wedicalo Pi  | ovider Number<br>NPI Number |  | -   |   |                                       |  |  |   |
| 121  |   | University of the Control of the Con | J  |  | 141 I IAGIIIDEI             | 1041240022   | 1   |   |                                       |  |  |   |
|  | ECTION I. Pe  |  |  | ditures  |                             |  |   |   |                                       |  |  |   |
| 15 <b>P</b>  | ersonnel Cost   | Center Inform  | ation  |  |                             |  |   | ***************************************   |                                       |  |  |   |
| 16   | Cost Center Na  |  |  |  |                             |  |   | Sala  | ry and Benefits                       | ***************************************  | · · · · · · · · · · · · · · · · · · ·  | ٦   |
|  | 510XX Non   | Clinical/Medic   | al Personne  | I Cost (Enviro   | nmental                     |  | T   |   | Medicare Tax -Employer - (if not      |  |  | -   |
| 17   |   | e Health, Biot   |  |  |                             | Total Gross Salary 51000   | Employee Benefits 51010   | Employer- FICA (if not covered<br>under employee benefits) 51015                  | listed under employee benefits)       | Other Benefits / Vendor or<br>Contractor Payments 51925  | TOTAL SALARY AND BENEFITS  |   |
| 18   |   | unt (From Financial  |  | <u></u>  |                             | \$754,779.37   | \$0.00  | \$56,738.31   | 61020                                 |  | 4.4.4.4  | 4   |
| 19   |   | Trial Balance  | 1  |  |                             | ψ/04,770.07  | 30.00   | \$36,736.31   | \$0.00                                | \$229,933,40   | \$1,041,451.08   |   |
| 20   | //oddottorio.to   |  | onnel Informat   | ion  |                             | T  |   | 0.115   |                                       |  |  | ***************************************   |
|  | *******   | 1 013  | - Intermet   | 1  | T                           |  | T   | Salary and Benefit  | Reductions - Salary and B             | enefits to be Removed from   | n Cost Center  |   |
|  | Position Number /   |  |  |  | 1                           |  | Enter Amount of Salary to be Removed  | Enter Amount of Benefits to be  | Enter Amount of Employer - FICA to be |  | Enter Amount of Other Benefits to be Removed from  | Total Reduction to Salary and Benefits  |
| 21   | Employee ID   | Last Name  | First Name   | Job Title  | Vendor/ Employee            | Yes or No  | from Cost Center  | Removed from Cost Center  | Removed from Cost Center              | Removed from Cost Center   | Cost Center  | rotal Neduction to Solary and Delients  |
| 22   |   |  |  |  |                             |  |   |   |                                       |  |  |   |
| 24   |   |  |  |  |                             |  |   |   |                                       |  |  | \$0.00  |
| 25   | ····  |  |  |  |                             |  |   |   |                                       |  |  | \$0.00  |
| 26   | ***************************************                     |  |  |  |                             |  |   |   |                                       |  |  | \$0.00  |
| 22<br>23<br>24<br>25<br>26<br>27<br>28   |   |  | ~~~~~~   |  |                             |  |   |   |                                       | L  | I  | \$0.00  |
|  |   |  |  |  |                             | TOTAL REDUCTIONS   | \$0.00  | \$0.00  | \$0.00                                | \$0.00   | \$0.00   | \$0.00  |
| 29   |   |  |  |  |                             |  |   |   |                                       |  |  |   |
|  |   |  |  |  |                             |  |   |   |                                       |  |  |   |
| 30 S   | ECTION II. N  | on-Reimbur   | sable Exp  | enditures  |                             |  |   | Political   |                                       |  |  |   |
|  |   |  |  | enditures  | Ι                           |  |   |   |                                       |  |  |   |
| 32 <b>O</b>  | ECTION II. N<br>perating Cost (                             | Center Informa   | ation  |  |                             | Total Expenditure  | Evnore  | litura Paduations Amount  | tto be Downwood from Cook             | 1 Combon   |  |   |
| 32 <b>O</b>  | perating Cost (   | Center Informa<br>Exper  |  |  | I                           | Total Expenditure  |   | iture Reductions - Amount   | t to be Removed from Cos              |  | Identify COST CENTER When Reduction  | Librarity account resulting a partial full  |
| 32 O<br>33   | perating Cost (   | Center Informa<br>Exper  | ation  | ition  |                             | Total Expenditure  | Expence Enter Amount of Expenditure to be Removed from Cost Center  | iture Reductions - Amount<br>Add: State/Local Match required for<br>Federal Funds | t to be Removed from Cost             | t Center TOTAL Amount to be Reduced from Cost Genter   | Idenlify COST CENTER Where Reduction Amount Will Be Moved  | Identify ACCOUNT Detail Where Reduction Wilf Appear for Exhibit 8   |
| 32 O<br>33   | Trial Balance Account                                       | Center Informa<br>Expen  | ation<br>nditure Informa<br>Account D  | ition  |                             | Total Trial Balance Amount   | Enter Amount of Expenditure to be   | Add: State/Local Match required for   |                                       | TOTAL Amount to be Reduced from  |  |   |
| 32 O<br>33<br>34<br>35<br>36   | Trial Balance Account                                       | Center Informa<br>Exper  | ation  Inditure Informa  Account D  Ital Health  | ition  |                             |  | Enter Amount of Expenditure to be   | Add: State/Local Match required for   |                                       | TOTAL Amount to be Reduced from<br>Cost Center<br>\$0.00   | Amount Will Be Moved   | Appear for Exhibit 6  |
| 32 O<br>33<br>34<br>35<br>36<br>37   | Trial Balance Account                                       | Exper<br>Exper<br>51100 Environment<br>51200 Home Health   | ation<br>nditure Informa<br>Account D<br>Ial Health  | ntion<br>Description   |                             | Total Trial Balance Amount<br>\$166,589.46   | Enter Amount of Expenditure to be   | Add: State/Local Match required for   |                                       | TOTAL Amount to be Reduced from<br>Cost Center<br>\$0.00<br>\$0.00   | Amount Will Be Moved   | Appear for Exhibit 6  |
| 32 O<br>33<br>34<br>35<br>36<br>37<br>38   | Trial Balance Account                                       | Experion Experion Experion Environment 51200 Home Health 51300 CC4C (Com   | Account D  Account D  Ial Health  n munity Care 4 Ch   | ntion<br>Description   |                             | Total Trial Balance Amount<br>\$166,589.46<br>\$25,727.25  | Enter Amount of Expenditure to be   | Add: State/Local Match required for   |                                       | TOTAL Amount to be Reduced from Cost Center  \$0.00 \$0.00 \$0.00  | Amount Will Be Moved   | Appear for Exhibit 6  |
| 32 O<br>33<br>34<br>35<br>36<br>37<br>38<br>39<br>40   | Trial Balance Account                                       | Experion Experion Experion Experion Experion Environment 51200 Home Health 51300 CC4C (Com 51400 PCM (Pregn  | Account D  Account D  Ial Health I munity Care 4 Ch ancy Case Manag  | ation Jescription mild) gement)  |                             | Total Trial Balance Amount<br>\$166,589.46<br>\$25,727.25<br>\$10,099.35   | Enter Amount of Expenditure to be   | Add: State/Local Match required for   |                                       | TOTAL Amount to be Reduced from Cost Genter  \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00   | Amount Will Be Moved   | Appear for Exhibit 6  |
| 32 O<br>33<br>34<br>35<br>36<br>37<br>38<br>39<br>40   | Trial Balance Account                                       | S1100 Environment S1200 Home Healtt S1300 CC4C (Com S1400 PCM (Pregn S1500 WIC (Wome S5000 Capital Expe  | Account D  Account D  Ial Health  munity Care 4 Chancy Case Manay In Infant Children   | ation Jescription mild) gement)  |                             | Total Trial Balance Amount<br>\$166,589.46<br>\$25,727.25  | Enter Amount of Expenditure to be   | Add: State/Local Match required for   |                                       | TOTAL Amount to be Reduced from Cost Genter  \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00   | Amount Will Be Moved   | Appear for Exhibit 6  |
| 32 O<br>33<br>34<br>35<br>36<br>37<br>38<br>39<br>40   | Trial Balance Account Number                                | Exper  | Account D Account D Account D Ital Health In Manual Healt | ntion  Description  mild) gement)  |                             | Total Trial Balance Amount \$166,589.46 \$25,727.25 \$10,099.35 \$88,884.12  | Enter Amount of Expenditure to be   | Add: State/Local Match required for   |                                       | TOTAL Amount to be Reduced from Cost Genter  \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00   | Amount Will Be Moved   | Appear for Exhibit 6  |
| 32 O<br>33<br>34<br>35<br>36<br>37<br>38<br>39<br>40   | Trial Balance Account Number                                | S1100 Environment S1200 Home Healtt S1300 CC4C (Com S1400 PCM (Pregn S1500 WIC (Wome S5000 Capital Expe  | Account D Account D Account D Ital Health In Manual Healt | ntion  Description  mild) gement)  |                             | Total Trial Balance Amount \$166,589.46 \$25,727.25 \$10,099.35 \$88,884.12  | Enter Amount of Expenditure to be   | Add: State/Local Match required for   |                                       | TOTAL Amount to be Reduced from Cost Center  \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00   | Amount Will Be Moved   | Appear for Exhibit 6  |
| 32 O<br>33<br>34<br>35<br>36<br>37<br>38<br>39<br>40   | Trial Balance Account Number                                | Exper  | Account D Account D Account D Ital Health In Manual Healt | ntion  Description  mild) gement)  |                             | Total Trial Balance Amount \$166,589.46 \$25,727.25 \$10,093.5 \$88,884.12 \$18,886.55 \$315,180.16  | Enter Amount of Expenditure to be<br>Removed from Cost Center   | Add: State/Local Match required for Federal Funds                                 | Other amounts to be removed           | TOTAL Amount to be Reduced from Cost Center  \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00   | Amount Will Be Moved   | Appear for Exhibit 6  |
| 32 O<br>33 34<br>35 36<br>37 38 39 40 41 42 43 44 45 46  | Perating Cost ( Trial Balance Account Number                | Exper  | Account D Account D Ial Health In Munuity Care 4 Ch ancy Case Mana, Infrant Children, Inditures ab eimbursable Exp   | escription  iiid) gement)  enditures   |                             | Total Trial Balance Amount \$166,589.46 \$25,727.25 \$10,099.35 \$88,884.12 \$18,886.55  | Enter Amount of Expenditure to be   | Add: State/Local Match required for   |                                       | TOTAL Amount to be Reduced from Cost Center  \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00   | Amount Will Be Moved   | Appear for Exhibit 6  |
| 32 O<br>33 34<br>35 36<br>37 38 39 40 41 42 43 44 45 46  | Perating Cost ( Trial Balance Account Number                | Exper  | Account D Account D Ial Health In Munuity Care 4 Ch ancy Case Mana, Infrant Children, Inditures ab eimbursable Exp   | escription  iiid) gement)  enditures   |                             | Total Trial Balance Amount \$166,589.46 \$25,727.25 \$10,093.5 \$88,884.12 \$18,886.55 \$315,180.16  | Enter Amount of Expenditure to be<br>Removed from Cost Center   | Add: State/Local Match required for Federal Funds                                 | Other amounts to be removed           | TOTAL Amount to be Reduced from Cost Center  \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00   | Amount Will Be Moved   | Appear for Exhibit 6  |
| 32 O 33 34 35 36 37 38 39 40 41 42 43 45 46 48 S   | Trial Balance Account Number                                | Exper  | Account D Account D Ial Health In Munuity Care 4 Ch ancy Case Mana, Infrant Children, Inditures ab eimbursable Exp   | escription  iiid) gement)  enditures   | ance                        | Total Trial Balance Amount \$166,589.46 \$25,727.25 \$10,093.5 \$88,884.12 \$18,886.55 \$315,180.16  | Enter Amount of Expenditure to be<br>Removed from Cost Center   | Add: State/Local Match required for Federal Funds                                 | Other amounts to be removed           | TOTAL Amount to be Reduced from Cost Center  \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00   | Amount Will Be Moved   | Appear for Exhibit 6  |
| 32 O<br>33<br>34<br>35<br>36<br>37<br>38<br>39<br>40<br>41<br>42<br>43<br>45<br>46<br>48 S       | Perating Cost ( Trial Balance Account Number                | State of the control  | Account D Account D Ital Health In munity Care 4 Ch ancy Case Mana, In Infant Children; additures ab elimbursable Exp  | entition  Description  Held (1)  Hel | ance                        | Total Trial Balance Amount \$166,589.46 \$25,727.25 \$10,099.35 \$88,884.12 \$18,886.55 \$315,180.16   | Enter Amount of Expenditure to be<br>Removed from Cost Center   | Add: State-Local Match required for Federal Funds                                 | Other amounts to be removed           | TOTAL Amount to be Reduced from Cost Center  \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00   | Amount Will Be Moved   | Appear for Exhibit 6  |
| 32 O<br>33<br>34<br>35<br>36<br>37<br>38<br>39<br>40<br>41<br>42<br>43<br>44<br>45<br>46<br>48 S | Trial Balance Account Number  ECTION III. A ost Center Info | State of the control  | Account D Account D Ial Health In Munuity Care 4 Ch ancy Case Mana, Infrant Children, Inditures ab eimbursable Exp   | entition  Description  Held (1)  Hel | ance                        | Total Trial Balance Amount \$166,589.46 \$25,727.25 \$10,099.35 \$88,884.12 \$18,886.55 \$315,180.16 \$625,366.89  Adjustment / Transfer   | Enter Amount of Expenditure to be<br>Removed from Cost Center  \$0.00   | Add: State Local Match required for Federal Funds \$0.00                          | Other amounts to be removed           | TOTAL Amount to be Reduced from Cost Genter  \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00   | Amount Will Be Moved Select from Dropdown Menu   | Appear for Exhibit 8 Select from Dropdown Menu  |
| 32 O<br>33<br>34<br>35<br>36<br>37<br>38<br>39<br>40<br>41<br>42<br>43<br>44<br>45<br>46<br>48 S | Trial Balance Account Number                                | State of the control  | Account D Account D Ital Health In munity Care 4 Ch ancy Case Mana, In Infant Children; additures ab elimbursable Exp  | ntion  bescription  nild) gement) )  renditures  to Trial Bala   | ance                        | Total Trial Balance Amount \$166,589.46 \$25,727.25 \$10,099.35 \$88,841.2 \$18,886.55 \$315,180.16 \$625,366.89  Adjustment / Transfer TOTAL Amount to be Transferred                   | Enter Amount of Expenditure to be Removed from Cost Center  \$50.00  Expenditure to be Removed from Cost Center | Add: State-Local Match required for Federal Funds \$0.00 \$0.00                   | Other amounts to be removed \$0.00    | TOTAL Amount to be Reduced from Cost Center  \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00   | Amount Will Be Moved Select from Dropdown Menu   | Appear for Exhibit 5 Select from Dropdown Menu  Identify ACCOUNT Detail Where Reduction Will                      |
| 32 O<br>33<br>34<br>35<br>36<br>37<br>38<br>39<br>40<br>41<br>42<br>43<br>44<br>45<br>46<br>48 S | Trial Balance Account Number  ECTION III. A ost Center Info | State of the control  | Account D Account D Ial Health In munity Care 4 Ch ancy Case Mana In Infant Children incitures ab Transfers  | ntion  bescription  nild) gement) )  renditures  to Trial Bala   | ance                        | Total Trial Balance Amount \$166,589.46 \$25,727.25 \$10,099.35 \$88,884.12 \$18,886.55 \$315,180.16 \$625,366.89  Adjustment / Transfer   | Enter Amount of Expenditure to be<br>Removed from Cost Center   | Add: State Local Match required for Federal Funds \$0.00                          | Other amounts to be removed           | TOTAL Amount to be Reduced from Cost Genter  \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00   | Amount Will Be Moved  Select from Dropdown Menu  Identify COST CENTER Where Reduction Amount Will Be Moved | Appear for Exhibit 5 Select from Dropdown Menu  Identify ACCOUNT Detail Where Reduction Will Appear for Exhibit 5 |
| 32 O<br>33<br>34<br>35<br>36<br>37<br>38<br>39<br>40<br>41<br>42<br>43<br>44<br>45<br>46<br>48 S | Trial Balance Account Number  ECTION III. A ost Center Info | State of the control  | Account D   | tition  lescription  hild) gement) )  renditures  to Trial Bala tition   | ance                        | Total Trial Balance Amount \$166,589.46 \$25,727.25 \$10,099.35 \$88,841.2 \$18,886.55 \$315,180.16 \$625,366.89  Adjustment / Transfer TOTAL Amount to be Transferred                   | Enter Amount of Expenditure to be Removed from Cost Center  \$50.00  Expenditure to be Removed from Cost Center | Add: State-Local Match required for Federal Funds \$0.00 \$0.00                   | Other amounts to be removed \$0.00    | TOTAL Amount to be Reduced from Cost Center  \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00  | Amount Will Be Moved Select from Dropdown Menu   | Appear for Exhibit 5 Select from Dropdown Menu  Identify ACCOUNT Detail Where Reduction Will                      |
| 32 O<br>33<br>34<br>35<br>36<br>37<br>38<br>39<br>40<br>41<br>42<br>43<br>45<br>46<br>48 S       | Trial Balance Account Number  ECTION III. A ost Center Info | S1100 Environment S1200 Home Health S1300 C24C (Com S1400 PCM (Pregn S1500 C26) WIG (Wome S1600 C36) Reference L S1700 Other Non-R Adjustments/  | Account D   | tition  lescription  hild) gement) )  renditures  to Trial Bala tition   | ance                        | Total Trial Balance Amount \$166,589.46 \$25,727.25 \$10,099.35 \$88,884.12 \$18,886.55 \$315,180.16 \$625,366.89  Adjustment / Transfer TOTAL Amount to be Transferred to Trial Balance | Enter Amount of Expenditure to be Removed from Cost Center  \$50.00  Expenditure to be Removed from Cost Center | Add: State-Local Match required for Federal Funds \$0.00 \$0.00                   | Other amounts to be removed \$0.00    | TOTAL Amount to be Reduced from Cost Center  \$0.00 | Amount Will Be Moved  Select from Dropdown Menu  Identify COST CENTER Where Reduction Amount Will Be Moved | Appear for Exhibit 5 Select from Dropdown Menu  Identify ACCOUNT Detail Where Reduction Will Appear for Exhibit 5 |

|          | ВС    | D E  | FGH                   | ı J  | Тк  | L M              | N 0                        | P Q                         | R S                          |
|----------|-------|--|-----------------------|--|---|------------------|----------------------------|-----------------------------|------------------------------|
| 3        |       |  | <u></u>               | , , ,                                      | North Carolina Divi                         | sion of Public F | lealth                     | <u> </u>                    |                              |
| 4        | 1     |  |                       | Total                                      | Brunswick County<br>Expenditure by Classifi | Health Departr   | nent                       |                             |                              |
| 10       | Perio | od for Expenditures  |                       |  |   |                  |                            |                             |                              |
| 11       | -     | Fiscal Year Start Date Fiscal Year End Date                      | 7/1/2012<br>6/30/2013 | Medio                                      | caid Provider Numb<br>NPI Numb              |                  | 3404476<br>41248622        |                             |                              |
| 13       |       |  | 0.000.20.10           |  | 1   | - · · ·          | 7                          |                             | 1                            |
|          | TOTAL | EXPENDITURES   |                       | Reference                                  | (1)   | (2)<br>Employee  | (3)                        | (4)                         | (5)<br>Subtotal              |
| 14       |       |  |                       |  | Salary & Wages                              | Benefits         | Payroll Taxes              | Other Comp.                 | Expenditures                 |
| 15<br>16 |       | Administration / Sup<br>ION I. Personnel / Staff Exper           |                       | / Discipline                               |   |                  |                            |                             |                              |
| 17<br>18 |       | 110XX Health Director's Office                                   | and Staff             |  | \$192,918.91                                | \$0.00           | \$13,974.19                | \$45,800.39                 | \$252,693.49                 |
| 19       |       | 120XX Finance Office and Sta<br>130XX Other Personnel            | <u> </u>              |  | \$162,287.98<br>\$60,399.21                 | \$0.00<br>\$0.00 | \$11,087.26<br>\$4,323.05  | \$57,904.27<br>\$17,426.72  | \$231,279.51<br>\$82,148.98  |
| 20<br>21 |       |  | TOTAL                 | (From Exhibit 4a, Section                  | (1) \$415,606.10                            | \$0.00           | \$29,384.50                | \$121,131.38                | \$566,121.98                 |
| 22       | SECT  | ION II. Operating Expenditure                                    | es                    |  |   |                  |                            |                             |                              |
| 23<br>24 | l     | 14800 Supplies - LHD Admin /<br>15000 Capital Expenditures - L   |                       | rt   |   |                  |                            |                             | \$5,874.69<br>\$0.00         |
| 25       |       | 16000 Contracted Services - L                                    | HD Admin / Suppor     | t  |   |                  |                            |                             | \$33,409.14                  |
| 26<br>27 |       | 17000 Other Operating Expend                                     |                       | n / Support<br>(From Exhibit 4a, Section I | IN I  |                  |                            |                             | \$22,825.06<br>\$62,108.89   |
| 28       |       | <u></u>  |                       | (1 TOTAL EXTENSIVE FOLLOWS                 |   |                  |                            | £                           | ψ02,100.03                   |
| 29<br>30 | SECT  | ION III. Adjustments/Transfer<br>18500 Depreciation Expense      |                       | port                                       | Т   |                  |                            |                             | \$39,358.35                  |
| 31       |       | 18600 Indirect Costs from CA                                     |                       |  |   |                  |                            |                             | \$871,533.00                 |
| 32       |       | L  | TOTAL                 | From Exhibit 4a, Section II                | 1)  |                  | !                          |                             | \$910,891.35                 |
| 34       |       | cal Administration / S   |                       | by Discipline                              |   |                  |                            |                             |                              |
| 35<br>36 | SECT  | ION I. Personnel / Staff Expen<br>210XX Nursing Director's Offic |                       | rvisor Staff                               | \$265,036.75                                | \$0.00           | \$19,959.97                | \$72,555.10                 | \$357,551.82                 |
| 37<br>38 |       | 220XX Billing Office and Staff                                   |                       |  | \$127,630.26                                | \$0.00           | \$9,542.00                 | \$53,543.57                 | \$190,715.83                 |
| 39       |       | 230XX Interpreters<br>240XX Other Personnel                      |                       |  | \$32,787.49<br>\$314,664.01                 | \$0.00           | \$2,514.85<br>\$23,449.15  | \$13,369.04<br>\$137,294.42 | \$48,671.38<br>\$475,407.58  |
| 40<br>41 |       |  | TOTAL                 | (From Exhibit 4b, Section                  | \$740,118.51                                | \$0.00           | \$55,465.97                | \$276,762.13                | \$1,072,346.61               |
| 42       | SECT  | ION II. Operating Expenditure                                    | 5                     |  |   |                  |                            |                             |                              |
| 43       |       | 24800 Supplies - Clinic Admin<br>25000 Capital Expenditures - C  | Tinic Admin           |  |   |                  |                            |                             | \$0.00<br>\$0.00             |
| 45       |       | 26000 Contracted Services - C                                    | linic Admin           |  |   |                  |                            |                             | \$0.00                       |
| 46<br>47 |       | 27000 Other Operating Expend                                     |                       | in<br>(From Exhibit 4b, Section I          | 11  |                  |                            |                             | \$0.00                       |
| 48       |       | <u></u>  |                       | (11011 EXISBR 4D, OECHOIT                  | 74  | L                | L                          |                             | \$0.00                       |
| 49<br>50 | SECT  | ION III. Adjustments/Transfers<br>29500 Depreciation Expense     | s to Trial Balance    |  | T   |                  |                            |                             | \$0.00                       |
| 51       |       | L  | TOTAL (               | From Exhibit 4b, Section II                | 1)  |                  |                            |                             | \$0.00                       |
| 52<br>53 | Direc | t Medical / Clinic Cos   | ts by Discipl         | ine  |   |                  |                            |                             |                              |
| 54       |       | ION I. Personnel / Staff Expen                                   | ditures               |  | -   |                  |                            |                             |                              |
| 55<br>56 |       | 310XX - Physicians (MD, PA, N<br>320XX Nurses (PHN, RN, Enha     |                       |  | \$175,153.54<br>\$494,223.37                | \$0.00           | \$13,262.43<br>\$36,233.13 | \$29,650.63<br>\$149,911.68 | \$218,066.60<br>\$680,368.18 |
| 57<br>58 |       | 330XX Social Workers   |                       |  | \$299,669.47                                | \$0.00           | \$22,820.26                | \$87,873.97                 | \$410,363.70                 |
| 59       |       | 340XX Health Educators & Nut<br>341XX Laboratory Staff (Techs    |                       |  | \$269,823.99<br>\$107,387.01                | \$0.00<br>\$0.00 | \$19,877.65<br>\$7,558.41  | \$88,962.83<br>\$40,236.25  | \$378,664.47<br>\$155,181.67 |
| 60<br>61 |       | 342XX Other Medical / Clinic P                                   |                       | (Francisch de Continu                      | \$169,127.10<br>\$1,515,384.48              | \$0.00           | \$12,889.29                | \$77,454.86                 | \$259,471.25                 |
| 62       |       | L  | TOTAL                 | (From Exhibit 4c, Section                  | \$1,515,384.48                              | \$0.00           | \$112,641.17               | \$474,090.22                | \$2,102,115.87               |
| 63<br>64 |       | ON II. Operating Expenditure:<br>34800 Supplies - Medical / Clin |                       |  |   |                  |                            |                             | \$424,863.95                 |
| 65<br>66 |       | 35000 Capital Expenditures - N                                   | fedical / Clinic      |  |   |                  |                            |                             | \$0.00                       |
| 67       |       | 36000 Contracted Services - M<br>36900 Laboratory Expenditures   |                       |  |   |                  |                            |                             | \$450,349.27<br>\$0.00       |
| 68<br>69 |       | 37000 Other Operating Expend                                     | litures - Medical / C |  |   |                  |                            |                             | \$113,433.79                 |
| 70       |       | L  |                       | From Exhibit 4c, Section II                | II.   |                  |                            |                             | \$988,647.01                 |
| 71<br>72 |       | ON III. Adjustments/Transfers<br>39500 Depreciation Expense      | to Trial Balance      |  | 1   |                  |                            |                             | CAA 02E 24                   |
| 73       | i     |  | TOTAL (               | From Exhibit 4c, Section III               | )   |                  |                            |                             | \$44,035.34<br>\$44,035.34   |
| 74<br>75 | Non F | Reimbursable Expend  | liturae               |  |   |                  | -                          |                             |                              |
| 76       | SECT  | ON I. Personnel / Staff Expend                                   | ditures               |  |   |                  |                            |                             |                              |
| 77<br>78 | [     | 510XX Non Clinical/Medical Pe                                    |                       |  |   | \$0.00           | \$56,738.31<br>\$56,738.31 | \$229,933.40                | \$1,041,451.08               |
| 79       |       | <b>L</b>   |                       | (From Exhibit 4d, Section I                | \$754,779.37                                | \$0.00           | \$30,738.31                | \$229,933.40                | \$1,041,451.08               |
| 80       | r     | ON II. Non-Reimbursable Exp.<br>51100 Environmental Health       | enditures             |  |   |                  |                            |                             | \$166,589.46                 |
| 82<br>83 | ļ     | 51200 Home Health  | - 4 Ok 3 "            |  |   |                  |                            |                             | \$0.00                       |
| 84       |       | 51300 CC4C (Community Care<br>51400 PCM (Pregnancy Case I        |                       |  |   |                  |                            |                             | \$25,727.25<br>\$10,099.35   |
| 85<br>86 |       | 51500 WIC (Women Infant Chi<br>55000 Capital Expenditures        |                       |  |   |                  |                            |                             | \$88,884.12                  |
| 87       |       | 51600 Reference Lab  |                       |  |   |                  |                            |                             | \$18,886.55<br>\$0.00        |
| 88<br>89 | 1     | 51700 Other Non-Reimbursabl                                      |                       | From Exhibit 4d, Section II                |   | <b></b>          |                            |                             | \$315,180.16<br>\$625,366.89 |
| 90       |       |  |                       |  | /1  |                  |                            |                             | φ020,300.89                  |
| 91<br>92 |       | ON III. Adjustments/Transfers<br>59500 Depreciation Expense -    |                       |  |   |                  |                            |                             | \$15,352.91                  |
| 93       |       | L  |                       | From Exhibit 4d, Section II                | )   |                  |                            |                             | \$15,352.91                  |
| 94<br>95 | TOT   | AL COST  |                       |  | \$3,425,888.46                              | \$0.00           | \$254,229.95               | \$1,101,917.13              | \$7,428,437.93               |
| 96<br>97 |       |  |                       |  | +-,.20,000.40                               |                  | 7.07,463.33                | 71,101,017.10               | Ψ, ,τευ,το1.33               |
| ا بت     |       |  |                       |  |   |                  |                            |                             |                              |

|          | ECD EFGH   | ı İJİT                     | - U T                           | vI w I                    | XI Y Z  |
|----------|--|----------------------------|---------------------------------|---------------------------|---|
| 2        | 4  | 1 1 1 1 1                  |                                 | <u> </u>                  | <u>^1                                    </u> |
| 3        | _  |                            |                                 |                           |   |
| 6<br>10  | Butted for E   | Total Ex                   |                                 |                           |   |
| 11       |  | Medica                     |                                 |                           |   |
| 12       | Fiscal Year End Date 6/30/2013   |                            |                                 |                           |   |
| 13       |  |                            | (6)                             | (7)                       | т   |
|          | TOTAL EXPENDITURES   | Reference                  | Total Reductions to             | Total Additions to        | (8)<br>(5) - (6) + (7) Total Adj.             |
| 14       | .  |                            | Trial Balance<br>Accounts       | Trial Balance<br>Accounts | Expenditures                                  |
| 15       |  | iscipline                  |                                 |                           |   |
| 16<br>17 |  |                            | \$0.00                          | \$0.00                    | \$252,693.49                                  |
| 18       | 120XX Finance Office and Staff   |                            | \$0.00                          | \$0.00                    | \$231,279.51                                  |
| 19       |  |                            | \$0.00                          | \$0.00                    | \$82,148.98                                   |
| 21       |  | om Exhibit 4a, Section I)  | \$0.00                          | \$0.00                    | \$566,121.98                                  |
| 22       |  |                            |                                 |                           |   |
| 23<br>24 |  |                            | (\$251.55)<br>\$0.00            | \$0.00                    | \$5,623.14<br>\$0.00                          |
| 25       | 16000 Contracted Services - LHD Admin / Support  |                            | (\$25,890.52)                   | \$0.00                    | \$6,518.62                                    |
| 26       | 17000 Other Operating Expenditures - LHD Admin / S   | upport                     | \$0.00                          | \$0.00                    | \$22,825.06                                   |
| 27       |  | m Exhibit 4a, Section II)  | (\$27,142.07)                   | \$0.00                    | \$34,966.82                                   |
| 29       |  |                            |                                 |                           |   |
| 30       |  |                            | \$0.00                          |                           | \$39,358.35                                   |
| 31       |  |                            | \$0.00                          | ļ                         | \$871,533.00                                  |
| 33       |  | n Exhibit 4a, Section III) | \$0.00                          |                           | \$910,891.35                                  |
| 34       |  | y Discipline               |                                 |                           |   |
| 35       | SECTION I. Personnel / Staff Expenditures  |                            |                                 |                           |   |
| 36       | 210XX Nursing Director's Office and Clinical Supervision 220XX Billing Office and Staff        | or Staff                   | \$0.00                          | \$0.00<br>\$0.00          | \$357,551.82<br>\$190,715.83                  |
| 38       | 230XX Interpreters   |                            | \$0.00                          | \$0.00                    | \$48,671.38                                   |
| 39       | 240XX Other Personnel  |                            | \$0.00                          | \$0.00                    | \$475,407.58                                  |
| 40       | TOTAL (Fro   | om Exhibit 4b, Section I)  | \$0.00                          | \$0.00                    | \$1,072,346.61                                |
| 42       | SECTION II. Operating Expenditures   |                            |                                 |                           |   |
| 43       | 24800 Supplies - Clinic Admin  |                            | \$0.00                          | \$0.00                    | \$0.00  |
| 45       | 25000 Capital Expenditures - Clinic Admin<br>26000 Contracted Services - Clinic Admin          |                            | \$0.00                          | \$0.00<br>\$47,023.20     | \$0,00<br>\$47,023,20                         |
| 46       | 27000 Other Operating Expenditures - Clinic Admin  |                            | \$0.00                          | \$0.00                    | \$0.00  |
| 47<br>48 | TOTAL (Fro   | m Exhibit 4b, Section II)  | \$0.00                          | \$47,023.20               | \$47,023.20                                   |
| 49       | SECTION III. Adjustments/Transfers to Trial Balance  |                            |                                 |                           |   |
| 50       | 29500 Depreciation Expense   |                            | \$0.00                          |                           | \$0.00  |
| 51       | TOTAL (From  | n Exhibit 4b, Section III) | \$0.00                          |                           | \$0.00  |
| 52<br>53 | Direct Medical / Clinic Costs by Discipline  |                            |                                 |                           |   |
| 54       | SECTION I. Personnel / Staff Expenditures  | i                          |                                 |                           |   |
| 55       | 310XX - Physicians (MD, PA, Nurse Practitioner)  |                            | \$0.00                          | \$0.00                    | \$218,066.60                                  |
| 56<br>57 | 320XX Nurses (PHN, RN, Enhanced Role Nurse) 330XX Social Workers                               |                            | \$0.00<br>\$0.00                | \$0.00                    | \$680,368.18<br>\$410,363.70                  |
| 58       | 340XX Health Educators & Nutritionists   |                            | \$0.00                          | \$0.00                    | \$378,664.47                                  |
| 59<br>60 | 341XX Laboratory Staff (Techs, etc.) 342XX Other Medical / Clinic Personnel                    |                            | \$0.00                          | \$0.00                    | \$155,181.67                                  |
| 61       | ·  | m Exhibit 4c, Section I)   | \$0.00<br>\$0.00                | \$0.00                    | \$259,471.25<br>\$2,102,115.87                |
| 62       |  | ATT EXTIDAT 40, OBSTROTT)  | \$0.00                          | \$0.00                    | \$2,102,113.87                                |
| 63       |  |                            |                                 |                           |   |
| 64<br>65 | 34800 Supplies - Medical / Clinic 35000 Capital Expenditures - Medical / Clinic                |                            | (\$41,457,92)<br>\$0.00         | \$187.04<br>\$0.00        | \$383,593.07<br>\$0.00                        |
| 66       | 36000 Contracted Services - Medical / Clinic   |                            | (\$234.839.04)                  | \$0.00                    | \$215,510.23                                  |
| 67<br>68 | 36900 Laboratory Expenditures  |                            | \$0.00                          | \$38,090.75               | \$38,090.75                                   |
| 69       | 37000 Other Operating Expenditures - Medical / Clinic  | m Exhibit 4c, Section II)  | (\$10,475.27)<br>(\$285,772.23) | \$0.00                    | \$102,958.52                                  |
| 70       |  | Exmort 40, Geotion II)     | 14200,((2.23)                   | \$38,277.79               | \$740,152.57                                  |
| 71<br>72 | SECTION III. Adjustments/Transfers to Trial Balance  |                            |                                 |                           | ***********                                   |
| 73       | 39500 Depreciation Expense   | Exhibit 4c, Section III)   | \$0.00<br>\$0.00                | <b>——</b>                 | \$44,035.34<br>\$44,035.34                    |
| 74       | TOTAL (FIOR  | - Estaton -c, Occion m)    | 30.00                           |                           | ф44,U35.34                                    |
| 75       | Non-Reimbursable Expenditures  |                            |                                 |                           |   |
| 76<br>77 | SECTION I. Personnel / Staff Expenditures  510XX Non Clinical/Medical Personnel Cost (Environm | ental Health Home Us       | \$0.00                          | \$0.00                    | \$1,044,454,00                                |
| 78       |  | m Exhibit 4d, Section I)   | \$0.00                          | \$0.00                    | \$1,041,451.08<br>\$1,041,451.08              |
| 79       |  |                            | , ,,,,,,                        |                           | <u> </u>                                      |
| 80<br>81 | SECTION II. Non-Reimbursable Expenditures  51100 Environmental Health                          |                            | 60.00                           | 20.00                     | 6400 500 40                                   |
| 82       | 51200 Environmental Health   |                            | \$0.00                          | \$0.00                    | \$166,589.46<br>\$0.00                        |
| 83       | 51300 CC4C (Community Care 4 Child)  |                            | \$0.00                          | \$0.00                    | \$25,727.25                                   |
| 84<br>85 | 51400 PCM (Pregnancy Case Management)<br>51500 WIC (Women Infant Children)                     |                            | \$0.00<br>\$0.00                | \$0.00                    | \$10,099.35<br>\$88,884.12                    |
| 86       | 55000 Capital Expenditures   |                            | \$0.00                          | \$0.00                    | \$18,886.55                                   |
| 87       | 51600 Reference Lab  |                            | \$0.00                          | \$214,706.36              | \$214,706.36                                  |
| 88<br>89 | 51700 Other Non-Reimbursable Expenditures  | n Exhibit 4d, Section II)  | \$0.00<br>\$0.00                | \$13,906.95               | \$329,087.11                                  |
| 90       | TOTAL (FFOR  | A EXHIBIT 40, Section II)  | \$0.00                          | \$228,613.31              | \$853,980.20                                  |
| 91       | SECTION III. Adjustments/Transfers to Trial Balance  |                            |                                 |                           |   |
| 92<br>93 | 59500 Depreciation Expense - Non-Reimbursable  | a Evhibit 4d Coation 10    | \$0.00                          |                           | \$15,352.91                                   |
| 94       | IOTAL (From  | n Exhibit 4d, Section II)  | \$0.00                          |                           | \$15,352.91                                   |
| 95 ;     | TOTAL COST   |                            | (\$313,914.30)                  | \$313,914.30              | \$7,428,437.93                                |
| 96<br>97 |  |                            |                                 |                           |   |
| 1        | <del></del>  |                            |                                 |                           |   |

| A   | ABC D EFGH I J   | К                                  | L M  | N O F  | Q  | s j   | U                                    | w                                     | Y ,                         | Z AA                             | A AC                          |
|---|--|------------------------------------|--|--|--|---|--------------------------------------|---------------------------------------|-----------------------------|----------------------------------|-------------------------------|
| 2<br>3<br>4<br>5<br>9   |  |                                    | Local Healt                                      | na Division of Public Heal<br>th Department Cost Report<br>County Health Departmen | t  |   |                                      |                                       |                             |                                  |                               |
| 9<br>10<br>11<br>12<br>13<br>14<br>15<br>16<br>17<br>18<br>19<br>20<br>21 | Period for Expenditures  | caid Provider Number<br>NPI Number |  | 3404476<br>1841248622  | ,  |   |                                      |                                       |                             |                                  |                               |
| 13  |  |                                    | Illocations:                                     |  |  |   |                                      |                                       | ,                           |                                  |                               |
| 15  |  |                                    | 1 To Nursing 0<br>2 To Social We                 |  |  |   |                                      |                                       |                             |                                  |                               |
| 16  |  |                                    |  | lucator / Nutritionist Cost Po<br>Administration/Support Cos                       |  |   |                                      |                                       |                             |                                  |                               |
| 18  |  |                                    | 5 To Allocated                                   | Clinical Admin Cost Pool   | ( r 00/s   |   |                                      |                                       |                             |                                  |                               |
| 20  |  |                                    |  | dical Cost Pool<br>y Services Cost Pool (Non-F                                     | Poimhurachla Cost Pool\  |   |                                      |                                       |                             |                                  |                               |
| 21  |  |                                    |  | bursable Cost Pool   | Reillibursable Cost Poor)  |   |                                      |                                       |                             |                                  |                               |
|   | +  | (1)                                | (2)  | (3)  | (4)  | (5)   | (6)                                  | (7)                                   | (8)                         | (9)                              | (10)                          |
| 22  | TOTAL EXPENDITURES Reference   | Total Expenditure                  | Allocation                                       | Nursing Cost Pool  | Social Worker Cost Pool  | Health Educator &<br>Nutritionist Cost Pool | Allocated Admin<br>Support Cost Pool | Allocated Clinical<br>Admin Cost Pool | Direct Medical Cost<br>Pool | Laboratory Services<br>Cost Pool | Non-Reimbursable<br>Cost Pool |
| 23<br>24<br>25  | LHD Administration / Support Costs by Discipline   |                                    | ·  |  |  |   |                                      |                                       |                             |                                  |                               |
| 25  | SECTION I. Personnel / Staff Expenditures  110XX Health Director's Office and Staff                      | \$252,693,49                       | 4  | \$0.00   | #A 22  | 20.001                                      | 4050 000 (5)                         |                                       |                             |                                  |                               |
| 26  | 120XX Finance Office and Staff   | \$231,279.51                       | 4  | \$0.00   | \$0.00<br>\$0.00   | \$0.00<br>\$0.00                            | \$252,693.49<br>\$231,279.51         | \$0.00                                | \$0.00<br>\$0.00            | \$0.00<br>\$0.00                 | \$0.00<br>\$0.00              |
| 27  | 130XX Other Personnel  | \$82,148.98                        | 4  | \$0.00   | \$0.00   | \$0.00                                      | \$82,148.98                          | \$0.00                                | \$0.00                      | \$0.00                           | \$0.00                        |
| 28  | TOTAL (From Exhibit 5)   | \$566,121.98                       |  | \$0.00   | \$0.00   | \$0.00                                      | \$566,121.98                         | \$0.00                                | \$0.00                      | \$0.00                           | \$0.00                        |
| 30  | SECTION II. Operating Expenditures   |                                    |  |  |  |   |                                      |                                       |                             |                                  |                               |
| 31  | 14800 Supplies - LHD Admin / Support   | \$5,623.14                         | 4  | \$0.00   | \$0.00   | \$0.00                                      | \$5,623.14                           | \$0.00                                | \$0.00                      | \$0.00                           | \$0.00                        |
| 32  | 15000 Capital Expenditures - LHD Admin / Support   | \$0.00                             | 8  | \$0.00   | \$0.00   | \$0.00                                      | \$0.00                               | \$0.00                                | \$0.00                      | \$0.00                           | \$0.00                        |
| 33<br>34  | 16000 Contracted Services - LHD Admin / Support 17000 Other Operating Expenditures - LHD Admin / Support | \$6,518.62<br>\$22,825.06          | 4  | \$0.00<br>\$0.00   | \$0.00<br>\$0.00   | \$0.00<br>\$0.00                            | \$6,518.62<br>\$22,825.06            | \$0.00<br>\$0.00                      | \$0.00<br>\$0.00            | \$0.00                           | \$0.00                        |
| 35  | TOTAL (From Exhibit 5)   | \$34,966.82                        |  | \$0.00   | \$0.00   | \$0.00                                      | \$34,966.82                          | \$0.00                                | \$0.00                      | \$0.00                           | \$0.00<br>\$0.00              |
| 35<br>37<br>38  | SECTION III. Adjustments/Transfers to Trial Balance  |                                    | L  | 40.00  | <b>V</b> 0.00  | Ψ0.00                                       | \$34,300.02                          | \$0.00                                | \$0,00                      | \$0.00                           | \$0.00                        |
| 38  | 18500 Depreciation Expense - LHD Admin / Support   | \$39,358.35                        | 4  | \$0.00   | \$0.00   | \$0.00                                      | \$39,358.35                          | \$0.00                                | \$0.00                      | \$0.00                           | 22.007                        |
| 39  | 18600 Indirect Costs from CAP  | \$871,533.00                       | 4  | \$0.00   | \$0.00   | \$0.00                                      | \$871,533.00                         | \$0.00                                | \$0.00                      | \$0.00                           | \$0.00                        |
| 40  | TOTAL (From Exhibit 5)   | \$910,891.35                       |  | \$0.00   | \$0.00   | \$0.00                                      | \$910,891.35                         | \$0.00                                | \$0.00                      | \$0.00                           | \$0.00                        |
| 42<br>43  | Clinical Administration / Support Costs by Discipline  |                                    |  |  |  |   |                                      |                                       |                             |                                  |                               |
| 43  | SECTION I, Personnel / Staff Expenditures  |                                    |  |  |  |   |                                      |                                       |                             |                                  |                               |
| 44<br>45  | 210XX Nursing Director's Office and Clinical Supervisor Staff  | \$357,551.82                       | 5  | \$0.00   | \$0.00   | \$0.00                                      | \$0.00                               | \$357,551.82                          | \$0.00                      | \$0.00                           | \$0.00                        |
| 46  | 220XX Billing Office and Staff 230XX Interpreters  | \$190,715.83<br>\$48,671.38        | 5  | \$0.00   | \$0.00   | \$0.00                                      | \$0.00                               | \$190,715.83                          | \$0.00                      | \$0.00                           | \$0.00                        |
| 47  | 240XX Other Personnel  | \$475,407.58                       | 5  | \$0.00   | \$0.00<br>\$0.00   | \$0.00<br>\$0.00                            | \$0.00<br>\$0.00                     | \$48,671.38<br>\$475,407.58           | \$0.00<br>\$0.00            | \$0.00<br>\$0.00                 | \$0.00<br>\$0.00              |
| 48  | TOTAL (From Exhibit 5)   | \$1,072,346.61                     | 1  | \$0.00   | \$0.00   | \$0.00                                      | \$0.00                               | \$1,072,346.61                        | \$0.00                      | \$0.00                           | \$0.00                        |
| 48<br>50<br>51  | SECTION II. Operating Expenditures   |                                    | terror resident and                              | b  | Annuagement (Page Constitution of the Constitu |   |                                      | 1                                     |                             |                                  | <u> </u>                      |
| 51  | 24800 Supplies - Clinic Admin  | \$0.00                             | 5  | \$0.00   | \$0.00   | \$0.00                                      | \$0.00                               | \$0.00                                | \$0.00                      | \$0.00                           | \$0.00                        |
| 52<br>53<br>54  | 25000 Capital Expenditures - Clinic Admin  | \$0.00                             | 8  | \$0.00   | \$0.00   | \$0.00                                      | \$0.00                               | \$0.00                                | \$0.00                      | \$0.00                           | \$0.00                        |
| 53  | 26000 Contracted Services - Clinic Admin 27000 Other Operating Expenditures - Clinic Admin               | \$47,023.20                        | 5  | \$0.00   | \$0.00   | \$0.00                                      | \$0.00                               | \$47,023.20                           | \$0.00                      | \$0.00                           | \$0.00                        |
| 55  | 27000 Other Operating Expenditures - Clinic Admin TOTAL (From Exhibit 5)                                 | \$0.00<br>\$47,023.20              | 5  | \$0.00   | \$0.00<br>\$0.00   | \$0.00                                      | \$0.00                               | \$0.00                                | \$0.00                      | \$0.00                           | \$0.00                        |
| 55<br>57<br>58  |  | 947,023.20                         | L  | \$0.00   | \$0.00   | \$0.00                                      | \$0.00                               | \$47,023.20                           | \$0.00                      | \$0.00                           | \$0.00                        |
| 58  | SECTION III. Adjustments/Transfers to Trial Balance 29500 Depreciation Expense                           | \$0.00                             | 5  | \$0.00   | 60.001   | 60.00                                       | #0.001                               |                                       | 25.27                       |                                  |                               |
| 59  | TOTAL (From Exhibit 5)   | \$0.00                             | 5  | \$0.00   | \$0.00<br><b>\$0.00</b>  | \$0.00                                      | \$0.00<br>\$0.00                     | \$0.00<br>\$0.00                      | \$0.00                      | \$0.00<br>\$0.00                 | \$0.00<br>\$0.00              |
| 61  |  |                                    | <u> </u>   | 40.00  | \$0.00   | \$0.00                                      | \$0.00                               | L                                     | \$0.00                      | \$0.00                           | \$0.00                        |
| 62  | Direct Medical / Clinic Costs by Discipline SECTION I. Personnel / Staff Expenditures                    |                                    |  |  |  |   |                                      |                                       |                             |                                  |                               |
| 63<br>64  | 310XX - Physicians (MD, PA, Nurse Practitioner)  | \$218,066.60                       | 6  | \$0.00   | \$0.00   | \$0.00                                      | \$0.00                               | \$0.00                                | \$218,066.60                | \$0.00                           | \$0.00                        |
| 64  | 320XX Nurses (PHN, RN, Enhanced Role Nurse)  | \$680,368.18                       | 1  | \$680,368.18   | \$0.00   | \$0.00                                      | \$0.00                               | \$0.00                                | \$218,066.60                | \$0.00                           | \$0.00                        |
| 65  | 330XX Social Workers   | \$410,363.70                       | 2  | \$0.00   | \$410,363.70   | \$0.00                                      | \$0.00                               | \$0.00                                | \$0.00                      | \$0.00                           | \$0.00                        |
| 66<br>67  | 340XX Health Educators & Nutritionists 341XX Laboratory Staff (Techs, etc.)                              | \$378,664.47                       | 3  | \$0.00   | \$0.00   | \$378,664.47                                | \$0.00                               | \$0.00                                | \$0.00                      | \$0.00                           | \$0.00                        |
| 68  | 341XX Caboratory Starr (1 ecns, etc.) 342XX Other Medical / Clinic Personnel                             | \$155,181.67<br>\$259,471.25       | 7  | \$0.00<br>\$0.00   | \$0.00<br>\$0.00   | \$0.00<br>\$0.00                            | \$0.00<br>\$0.00                     | \$0.00<br>\$0.00                      | \$0.00<br>\$259,471.25      | \$155,181.67<br>\$0.00           | \$0.00                        |
| 69  | TOTAL (From Exhibit 5)   | \$2,102,115.87                     | <del>                                     </del> | \$680,368.18   | \$410,363.70   | \$378,664.47                                | \$0.00                               | \$0.00                                | \$259,471.25                | \$155,181.67                     | \$0.00                        |
|   | `  |                                    |  | 4  | 7,   | . ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,     | 45.00                                | \$3.00                                | 1 4417,007.00               | ¥100,101.07                      | 1 \$0.00                      |

|   | BC D E  | F G H I                                    | JI K I                               | L M                        | N O I   | a o                            | rl s h                                      | n u k                                | d w                     | √ 1 <del>5</del>                      | AA A                  | AC A                  |
|---|---|--|--------------------------------------|----------------------------|---|--------------------------------|---|--------------------------------------|-------------------------|---------------------------------------|-----------------------|-----------------------|
| 2<br>3<br>4<br>5<br>9<br>10<br>11<br>12<br>13<br>14<br>15<br>16<br>17<br>18<br>19<br>20<br>21 |   |  |                                      |                            | na Division of Public Hea                         | lth                            | 1   | 1                                    | 1 YY                    | Y                                     | <u> </u>              | 1 40 1                |
| 4   |   |  |                                      |                            | th Department Cost Repo<br>County Health Departme |                                |   |                                      |                         |                                       |                       |                       |
| 5   |   |  |                                      | Allocations                | County realth Departine                           | III.                           |   |                                      |                         |                                       |                       |                       |
| 9 1   | Period for Expenditures<br>Fiscal Year Start Date                     | 7/1/2012 Me                                | and the second                       |                            |   |                                |   |                                      |                         |                                       |                       |                       |
| 111   | Fiscal Year Start Date  | 6/30/2013 Me                               | dicaid Provider Number<br>NPI Number |                            | 3404476<br>1841248622                             |                                |   |                                      |                         |                                       |                       |                       |
| 12  |   |  | (VI I IVAIIDE)                       | L                          | 1041240022  |                                |   |                                      |                         |                                       |                       |                       |
| 13  |   |  |                                      | Allocations:               |   |                                |   |                                      |                         | · · · · · · · · · · · · · · · · · · · |                       |                       |
| 15  |   |  |                                      | 1 To Nursing C             |   |                                |   |                                      |                         |                                       |                       |                       |
| 16  |   |  |                                      | 2 To Social Wo             | orker Cost Pool<br>ducator / Nutritionist Cost P  | nol                            |   |                                      |                         |                                       |                       |                       |
| 17  |   |  |                                      |                            | Administration/Support Co                         |                                |   |                                      |                         |                                       |                       |                       |
| 18  |   |  |                                      | 5 To Allocated             | Clinical Admin Cost Pool                          |                                |   |                                      |                         |                                       |                       |                       |
| 20  |   |  |                                      |                            | dical Cost Pool<br>y Services Cost Pool (Non-     | Paimhumahla Cont Boots         |   |                                      |                         |                                       |                       |                       |
| 21  |   |  |                                      |                            | nbursable Cost Pool                               | rtcimbursable cost i corj      |   |                                      |                         |                                       |                       |                       |
|   |   |  | (1)                                  | (2)                        | (3)   | (4)                            | (5)   | (6)                                  | (7)                     | (8)                                   | (9)                   | (10)                  |
| 22  | TOTAL EXPENDITURES  | Reference                                  | Total Expenditure                    | Allocation                 | Nursing Cost Pool                                 | Social Worker Cost Pool        | Health Educator &<br>Nutritionist Cost Pool | Allocated Admin<br>Support Cost Pool | Allocated Clinical      | Direct Medical Cost                   | Laboratory Services   | Non-Reimbursable      |
| 70  |   |  |                                      | L                          |   |                                | Notificial Cost Pool                        | Support Cost Poor                    | Admin Cost Pool         | Pool                                  | Cost Pool             | Cost Pool             |
| 72<br>71<br>72  | SECTION II. Operating Expenditures<br>34800 Supplies - Medical / Clin |  | 6200 500 67                          |                            |   |                                |   |                                      | p                       |                                       |                       |                       |
| 73  | 35000 Capital Expenditures - N  |  | \$383,593.07<br>\$0.00               | 6 8                        | \$0.00<br>\$0.00                                  | \$0.00                         | \$0.00                                      | \$0.00                               | \$0.00                  | \$383,593.07                          | \$0.00                | \$0.00                |
| 73<br>74  | 36000 Contracted Services - M   |  | \$215,510.23                         | 6                          | \$0.00  | \$0.00<br>\$0.00               | \$0.00<br>\$0.00                            | \$0.00<br>\$0.00                     | \$0.00<br>\$0.00        | \$0.00<br>\$215,510.23                | \$0.00                | \$0.00                |
| 75  | 36900 Laboratory Expenditures   |  | \$38,090.75                          | 7                          | \$0.00  | \$0.00                         | \$0.00                                      | \$0.00                               | \$0.00                  | \$215,510.23                          | \$0.00<br>\$38,090.75 | \$0.00<br>\$0.00      |
| 76<br>77  | 37000 Other Operating Expend  | litures - Medical / Clinic                 | \$102,958.52                         | 6                          | \$0.00  | \$0.00                         | \$0.00                                      | \$0.00                               | \$0.00                  | \$102,958.52                          | \$0.00                | \$0.00                |
| 77  |   | TOTAL (From Exhibit                        | 5) \$740,152.57                      |                            | \$0.00  | \$0.00                         | \$0.00                                      | \$0.00                               | \$0.00                  | \$702,061.82                          | \$38,090.75           | \$0.00                |
| 79  | SECTION III. Adjustments/Transfers                                    | to Trial Balance                           |                                      |                            |   |                                |   |                                      |                         |                                       | 722,722               | +0.00                 |
| 80  | 39500 Depreciation Expense  |  | \$44,035.34                          | 6                          | \$0.00  | \$0.00                         | \$0.00                                      | \$0.00                               | \$0.00                  | \$44,035.34                           | \$0.00                | \$0.00                |
| 81  |   | TOTAL (From Exhibit                        | 5) \$44,035.34                       |                            | \$0.00  | \$0.00                         | \$0.00                                      | \$0.00                               | \$0.00                  | \$44,035.34                           | \$0.00                | \$0.00                |
| 83  | Non-Reimbursable Expend   | lituros                                    |                                      | <u> </u>                   |   |                                |   | 40.00                                |                         | \$44,000.04                           | \$0.00                | \$0.00                |
| 84<br>85<br>86<br>89  | SECTION I. Personnel / Staff Expend                                   |  |                                      |                            |   |                                |   |                                      |                         |                                       |                       |                       |
| 85  |   | rsonnel Cost (Environmental Health, Home H | ea \$1,041,451.08                    | 8                          | \$0.00  | \$0.00                         | £0.00                                       | 20.00                                | 40.00                   |                                       |                       |                       |
| 86  |   | TOTAL (From Exhibit                        |                                      | -                          | \$0.00  | \$0.00                         | \$0.00                                      | \$0.00<br>\$0.00                     | \$0.00<br>\$0.00        | \$0.00<br>\$0.00                      | \$0.00                | \$1,041,451.08        |
| 89  | SECTION II. Non-Reimbursable Exp                                      |  |                                      | I                          | 70,00   | 40.00                          | \$0.00                                      | \$0.00                               | \$0.00                  | \$0.00                                | \$0.00                | \$1,041,451.08        |
| Iani  | 51100 Environmental Health  | enutures                                   | \$166,589.46                         | 8                          | \$0.00  | \$0.00                         | 20.00                                       | 00.00                                |                         |                                       |                       |                       |
| 91<br>92<br>93<br>94  | 51200 Home Health   |  | \$0.00                               | 8                          | \$0.00  | \$0.00                         | \$0.00<br>\$0.00                            | \$0.00<br>\$0.00                     | \$0.00<br>\$0.00        | \$0.00<br>\$0.00                      | \$0.00<br>\$0.00      | \$166,589.46          |
| 92  | 51300 CC4C (Community Care  | e 4 Child)                                 | \$25,727.25                          | 8                          | \$0.00  | \$0.00                         | \$0.00                                      | \$0.00                               | \$0.00                  | \$0.00                                | \$0.00                | \$0.00<br>\$25,727.25 |
| 93  | 51400 PCM (Pregnancy Case   |  | \$10,099.35                          | 8                          | \$0.00  | \$0.00                         | \$0.00                                      | \$0.00                               | \$0.00                  | \$0.00                                | \$0.00                | \$10,099.35           |
| 95  | 51500 WIC (Women Infant Chi   | ildren)                                    | \$88,884.12                          | 8                          | \$0.00  | \$0.00                         | \$0.00                                      | \$0.00                               | \$0.00                  | \$0.00                                | \$0.00                | \$88,884.12           |
| 96  | 55000 Capital Expenditures<br>51600 Reference Lab                     |  | \$18,886.55                          | 8                          | \$0.00  | \$0.00                         | \$0.00                                      | \$0.00                               | \$0.00                  | \$0.00                                | \$0.00                | \$18,886.55           |
| 96<br>97  | 51700 Other Non-Reimbursabl   | e Expenditures                             | \$214,706.36<br>\$329,087.11         | 8                          | \$0.00<br>\$0.00                                  | \$0.00<br>\$0.00               | \$0.00                                      | \$0.00                               | \$0.00                  | \$0.00                                | \$0.00                | \$214,706.36          |
| 98  |   | TOTAL (From Exhibit                        |                                      | $\vdash$ $\vdash$ $\vdash$ | \$0.00  | \$0.00                         | \$0.00                                      | \$0.00<br>\$0.00                     | \$0.00<br><b>\$0.00</b> | \$0.00                                | \$0.00                | \$329,087.11          |
| 98<br>100   | SECTION III. Adjustments/Transfers                                    |  |                                      | h                          | 45.00   | \$0.00                         | 40,00                                       | \$0.00                               | \$0.00                  | \$0.00                                | \$0.00                | \$853,980.20          |
| 100   | 59500 Depreciation Expense -  |  | \$15,352,91                          | 8                          | \$0.00  | ** ** ** **                    | 42.22                                       |                                      |                         |                                       |                       |                       |
| 102   |   | TOTAL (From Exhibit                        |                                      | -                          | \$0.00  | \$0.00<br>\$0.00               | \$0.00<br>\$0.00                            | \$0.00                               | \$0.00                  | \$0.00                                | \$0.00                | \$15,352.91           |
| 700   | TOTAL COOT  | TOTAL PROMERNION                           |                                      | L                          |   | L \$0.00                       | \$0.00                                      | \$0.00                               | \$0.00                  | \$0.00                                | \$0.00                | \$15,352.91           |
| 104   | TOTAL COST  |  | \$7,428,437.93                       |                            | \$680,368.18                                      | \$410,363.70                   | \$378,664.47                                | \$1,511,980.15                       | \$1,119,369.81          | \$1,223,635.01                        | \$193,272.42          | \$1,910,784.19        |
| 104<br>100<br>107<br>100<br>109<br>110<br>111   | LOCAL HEALTH DEPARTMENT CAL   | CHI ATED COST POOLS                        |                                      | 22222                      |   |                                |   |                                      |                         |                                       |                       |                       |
| 100   |   | COLATED COST POOLS                         |                                      |                            |   |                                |   |                                      |                         |                                       |                       |                       |
| 109   | Subtotal Nursing Cost Pool  |  |                                      |                            | \$ 680,368  |                                |   |                                      |                         |                                       |                       |                       |
| 111   | Subtotal Social Worker Cost Pool                                      |  |                                      |                            | \$ 410,364  |                                |   |                                      |                         |                                       |                       |                       |
| 113   | Subtotal Health Educator & Nutritionist                               | Cost Pool                                  |                                      |                            |   |                                |   |                                      |                         |                                       |                       |                       |
| 113<br>115  |   |  |                                      |                            | \$ 378,664  |                                |   |                                      |                         |                                       |                       |                       |
| 115   | Subtotal Allocated Admin Support Cos                                  | t Pool                                     |                                      |                            | \$ 1,511,980                                      | Admin Support Cost Pool Alloca | ated in Section 1. Below                    |                                      |                         |                                       |                       |                       |
| 117   | Subtotal Allocated Clinical Admin Cost                                | Pool                                       |                                      |                            | \$ 1,119,370                                      | Clinical Admin Support Cost Po | ol Allocated in Section 2. Be               | elow                                 |                         |                                       |                       |                       |
| 119   | Subtotal Direct Medical Cost Pool                                     |  |                                      |                            | \$ 1,223,635                                      |                                |   |                                      |                         |                                       |                       |                       |
| 121   | Subtotal Laboratory Cost Pool (Non-Re                                 | imbumphic Cost Davil                       |                                      |                            |   |                                |   |                                      |                         |                                       |                       |                       |
| 121<br>123<br>123<br>125  |   | ermoursable Cost Pool)                     |                                      |                            | \$ 193,272  |                                |   |                                      |                         |                                       |                       |                       |
| 123   | Subtotal Non-Reimbursable Cost Pool                                   |  |                                      |                            | \$ 1,910,784                                      |                                |   |                                      |                         |                                       |                       |                       |
| 125   |   |  | TOTAL EX                             | PENDITURES                 | \$ 7,428,438                                      |                                |   |                                      |                         |                                       |                       |                       |
| 120   |   |  |                                      |                            | .,,   |                                |   |                                      |                         |                                       |                       |                       |

|   | C D EFGH I J K L M   | N                               | 0                                | e o   | R S                          |         | Н 11 ТЛ  | W  | N V  | I <del>3</del>                            | IA AC                                 |
|---|--|---------------------------------|----------------------------------|---|------------------------------|---------|--|--|--|---|---------------------------------------|
| 2<br>3<br>4<br>5<br>9<br>10<br>11<br>12<br>13<br>14<br>15<br>16<br>17<br>18<br>19 | North Car  |                                 | n of Public Hea                  | alth  | 11 0                         |         | 11 0 14  | VV   | И Т  | <u> </u>                                  | AC AC                                 |
| 4 5   | Brunswic   | ck County He                    | alth Departme                    |   |                              |         |  |  |  |   |                                       |
| 9   | Period for Expenditures  Allocation  |                                 |                                  |   |                              |         |  |  |  |   |                                       |
| 111   | Fiscal Year Start Date         7/1/2012         Medicaid Provider Number           Fiscal Year End Date         6/30/2013         NPI Number   | 3404476<br>18412486             |                                  |   |                              |         |  |  |  |   |                                       |
| 13  | Allocations:   |                                 |                                  |   |                              |         |  |  |  |   |                                       |
| 14<br>15  | 1 To Nursing   |                                 |                                  |   |                              |         |  |  |  |   |                                       |
| 16  | 3 To Health  |                                 | tritionist Cost P                |   |                              |         |  |  |  |   |                                       |
| 18  |  |                                 | tion/Support Co<br>min Cost Pool | st Pools  |                              |         |  |  |  |   |                                       |
| 20<br>21  |  | Medical Cost i<br>tory Services |                                  | -Reimbursable Cost Pool)                        |                              |         |  |  |  |   |                                       |
| 21  | 8 To Non-Re  | eimbursable C                   | ost Pool                         | T   | Υ1                           |         | TT   |  |  | P-F                                       |                                       |
| 22<br>127   | OTAL EXPENDITURES Reference (1) Allocation   | Nursin                          | (3)<br>g Cost Pool               | (4)<br>Social Worker Cost Pool                  | Health Edu<br>Nutritionist ( | cator & | (6) Allocated Admin Support Cost Pool  | (7)<br>Allocated Clinical<br>Admin Cost Pool         | (8) Direct Medical Cost Pool                               | (9)<br>Laboratory Services<br>Cost Pool   | (10)<br>Non-Reimbursable<br>Cost Pool |
| 128   | Allocation #1 - Allocating the Allocated Admin Support Cost Pool   |                                 |                                  |   |                              |         |  |  |  |   |                                       |
| 129   | Costs will be allocated to all cost pools using Accumulated Cost   |                                 |                                  | Amt. From Allocated Admin                       |                              |         |  |  |  |   |                                       |
| 400   |  | Amt. Fro                        | m Calculated                     | Support Cost Pool<br>(Calculated Using          | Total Adj                    | iusted  |  |  |  |   |                                       |
| 130<br>131  | LOCAL HEALTH DEPARTMENT ADJUSTED COST POOLS  |                                 | enditures                        | Accumulated Cost)                               | Amou                         |         | Admin Support Allocation   | n Formula used in Colu                               | ımn Q, Rows 132, 134, 136                                  | 5, 138, 140, 142, 144                     |                                       |
| 132   | Adjusted Nursing Cost Pool   | \$                              | 680,368                          | \$ 173,871                                      | \$                           | 854,240 | (Admin Support Exhibit 6 C   | eil O115) X (Adjusted N                              | ursing Cost Pool Exhibit 6 C                               | Cell O132 / (Total Expendite              | res Exhibit 6 Cell O146))             |
| 134   | Adjusted Social Worker Cost Pool   | \$                              | 410,364                          | \$ 104,870                                      | \$                           | 515,234 |  |  | ocial Worker Cost Pool Exhi                                |   |                                       |
| 136   | Total Adjusted Health Educator & Nutritionist Cost Pool  | \$                              | 378,664                          | \$ 96,770                                       | \$                           | 475,434 | (Admin Support Exhibit 6 C<br>Exhibit 6 Cell O146))  | ell O115) X (Adjusted H                              | ealth Educator & Nutritionis                               | t Cost Pool Exhibit 6 Cell C              | 136 / (Total Expenditures             |
| 138   | Total Adjusted Altocated Clinical Admin Cost Pool  | \$                              | 1,119,370                        | \$ 286,061                                      | \$ 1,                        | 405,430 | (Admin Support Exhibit 6 Cell O115) X (Adjusted Clinical Admin Cost Pool Exhibit 6 Cell O138 / (Total Expenditures Exhibit 6 Cell O146)) |  |  |   |                                       |
| 140   | Total Adjusted Direct Medical Cost Pool  | s                               | 1,223,635                        | \$ 312,706                                      | \$ 1,                        | 536,341 | (Admin Support Exhibit 6 Co  | ell O115) X (Adjusted Di                             | irect Medical Cost Pool Exh                                | ibit 6 Cell O140 / (Total Ex              | penditures Exhibit 6 Cell             |
| 142   | Total Adjusted Laboratory Cost Pool (Non-Reimbursable Cost Pool)   | \$                              | 193,272                          | \$ 49,392                                       | \$                           | 242,664 | (Admin Support Exhibit 6 Co  | ell O115) X (Adjusted La                             | aboratory Cost Pool Exhibit                                | 6 Cell O142 / (Total Expen                | ditures Exhibit 6 Cell                |
| 144   | Total Adjusted Non-Reimbursable Cost Pool  | \$                              | 1,910,784                        | \$ 488,310                                      | \$ 2.                        | 399,095 | (Admin Support Exhibit 6 Co<br>Cell O146))   | ell O115) X (Adjusted No                             | on-Reimbursable Cost Pool                                  | Exhibit 6 Cell O144 / (Total              | Expenditures Exhibit 6                |
| 146   | Total Expenditures   | \$                              | 5,916,458                        | \$ 1,511,980                                    | ·                            | 428,438 | ]  |  |  |   |                                       |
| 147<br>149  | Allocation #2 - Allocating the Allocated Clinical Admin Cost Pool  | -                               |                                  |   | ·                            |         | ı  |  |  |   |                                       |
| 150   | Costs will be allocated to all cost pools using Total Salaries and Benefits Costs  |                                 |                                  |   |                              |         |  |  |  |   |                                       |
|   |  |                                 |                                  | Amt, From Alineated Clinical<br>Admin Cost Pool |                              |         |  |  |  |   |                                       |
| 151<br>152  | LOCAL HEALTH DEPARTMENT ADJUSTED COST POOLS  |                                 | m Allocation<br>#1               | (Calculated Using<br>Accumulated Cost)          | Total Adjı<br>Amou           |         | Clinical Admin Support Al  | location Formula Used                                | in Column Q Rows 153                                       | 155 157 150 161                           |                                       |
| 153   |  | 1                               |                                  |   |                              |         | (Total Adjusted Clinical Adm   |  |  |   | F2 (4T-4-15                           |
| 100   | Total Adjusted Nursing Cost Pool   | \$                              | 854,240                          | \$ 331,292                                      | \$ 1,                        | 185,532 | Cell O165 - Total Adjusted N   | Non-Reimburseable Cos                                | t Pool Cell O163))   | Nursing Cost Pool Cell O1                 | 537 (Total Expenditures               |
| 155   | Total Adjusted Social Worker Cost Pool   | ll <sub>s</sub>                 | 515,234                          | \$ 199,819                                      |                              | 715,053 | (Total Adjusted Clinical Adm   | nin Support Cost Pool C                              | ell S138) X (Total Adjusted                                | Social Worker Cost Pool C                 | ell O155 / (Total                     |
| 100   |  | ] [                             | 0.10,201                         | 155,575   |                              | 10,000  | Expenditures Cell O165 - To  |  |  |   |                                       |
| 157   | Total Adjusted Health Educator & Nutritionist Cost Pool  | \$                              | 475,434                          | \$ 184,383                                      | \$ 6                         | 559,817 | (Total Adjusted Clinical Adm<br>(Total Expenditures Cell O1  | nin Support Cost Pool Co<br>65 - Total Adjusted Non- | ell S138) X (Total Adjusted<br>-Reimburseable Cost Pool (  | Health Educator & Nutritio<br>Cell O163)) | nist Cost Pool Cell O157 /            |
| 159   | Total Adjusted Direct Medical Cost Pool  | \$                              | 1,536,341                        | \$ 595,826                                      | \$ 2,1                       | 132,167 | (Total Adjusted Clinical Adm<br>Expenditures Cell 0165 - To  | nin Support Cost Pool Co<br>otal Adjusted Non-Reimb  | ell S138) X (Total Adjusted<br>ourseable Cost Pool Cell O1 | Direct Medical Cost Pool (                | ell O159 / (Total                     |
| 161   | Total Adjusted Laboratory Cost Pool (Non-Reimbursable Cost Pool)   | s                               | 242,664                          | \$ 94,110                                       |                              |         | (Total Adjusted Clinical Adm   | nin Support Cost Pool Co                             | ell S138) X (Total Adjusted                                | Laboratory Cost Pool Cell                 | O161 / (Total                         |
| 163   | Total Adjusted Non-Reimbursable Cost Pool  | ] [s                            | 2,399,095                        | 94,110  |                              | 336,774 | Expenditures Cell O165 - To  | ota: Adjusted Non-Reimb                              | ourseable Cost Pool Cell O1                                | 163))                                     |                                       |
| 163<br>165<br>166<br>167  | Total Expenditures   |                                 | 6,023,008                        | \$ 1,405,430                                    |                              | 128,438 | <br>   |  |  |   |                                       |
| 166<br>167  |  | J L <u>*</u>                    | 5,520,003                        | LΨ 1,403,430                                    | 9 1,2                        | +20,436 |  |  |  |   |                                       |
|   | The second secon |                                 |                                  |   |                              |         |  |  |  |   |                                       |

|  | A  | В  | С   | D  | E  | F   | G H   |
|--|--|--|---|--|--|---|---|
| 2  | Nort   | h Carolina Division of Public Hea  | alth  |  | 31   |   |   |
| 3  | Loca   | al Health Department Cost Repor  | t   |  |  |   |   |
| 4  | ٦.   | enditures for Settlement   | •   |  |  |   |   |
| _  | ⊣ '  |  | -4  |  |  |   |   |
| 5  | Brur   | nswick County Health Departmer   | it  |  |  |   |   |
| 7  |  |  |   |  |  |   |   |
| 8  |  |  |   |  |  |   |   |
| 9  | Perio  | od for Expenditures  |   |  |  |   |   |
| 10   | 4  | Fiscal Year Start Date   | 7(4/2042  | Mandinaid Daniidan Noorba  | 0404470  | 1   |   |
|  | 1  |  |   | Medicaid Provider Number   |  | 1   |   |
| 11   | 4  | Fiscal Year End Date   | 6/30/2013   | NPI Number   | 1841248622   |   |   |
| 12   | <u> </u>   |  |   |  |  |   |   |
| 13   |  |  |   |  |  |   |   |
| 15   | Nurs   | ing Cost Pool for Settlement   |   | The same of the sa |  |   |   |
| 16   | 1  |  |   | J  |  |   |   |
| 17   | 1  |  | From Exhibit 6 - Allocations  | Col. C * Col. D %  | Col. C * Col. E %  | Col. C * Col. F %   | Col. D + E + F  |
| 18   | 1  |  |   | 20.1.2 20.1.2 %  | 301. 3 301. E /  | 001. 0 001. 1 /6  | COI, D + E + F  |
| 19   | ]  |  |   |  | Apply  |   |   |
|  | 1  |  | l   |  | Medicaid Administrative Time   |   |   |
|  | 1  |  |   | Apply  | Study Alloc. % from Actual   |   |   |
|  | l  |  |   | Direct Medical Time Study  | Time Results   | Non-Reimbursable  |   |
|  | l  |  |   | Alloc. % from Actual Time  | MEDICAID COSTS   | Costs   |   |
|  | ļ  |  | Total Adjusted Expenditures   | Results  | (Medicaid Utilization Already  |   |   |
| 20   | l  | Cost Pool  | from Allocation   |  | Applied)   |   | Total   |
| 21   | 1  |  | OTAL PRODUCTION   | 99.90%   | 0.00%  | 0.400/  | Expenditures  |
| 22   | 1  | S. S. S. S. S. S. S. S. S. S. S. S. S. S   |   | 33.30 /0   | 0.0070   | 0.10%   |   |
| 23   | 1  | Nurses   | \$1,185,532   | \$1,184,319  | \$0  | \$1,213   | \$1,185,532   |
| 24   | ]  |  |   | \$1,104,010  | 40   | Ψ1,213  | Ψ1,100,002  |
| 21<br>22<br>23<br>24<br>25<br>26<br>27<br>29   |  |  |   |  |  |   |   |
| 26   |  | Total - All Disciplines  | \$1,185,532   | \$1,184,319  | \$0  | \$1,213   | \$1,185,532   |
| 27   | 1  |  |   |  |  | , <del>,,,,,,,,,</del>  | Ţ.,.oo,ooz  |
|  |  |  |   |  |  |   |   |
| 30   | Socia  | al Worker Cost Pool for Settleme   | nt  |  |  |   |   |
| 31   |  |  |   |  |  |   |   |
| 32   |  |  | From Exhibit 6 - Allocations  | Col. C * Col. D %  | Col. C * Col. E %  | Col. C * Col. F %   | Col. D + E + F  |
| 33   |  |  |   |  |  |   | 3011 D . L . 1  |
| 34   |  |  |   |  | Apply  |   |   |
|  |  |  | ,   |  | Medicaid Administrative Time   |   | İ   |
|  |  |  | J   | Apply  | Study Alloc. % from Actual   |   |   |
|  |  |  | ,   | Direct Medical Time Study  | Time Results   | Non-Reimbursable  |   |
|  |  |  |   | Alloc. % from Actual Time  | MEDICAID COSTS   | Costs   |   |
|  |  |  | Total Adjusted Expenditures   | Results  | (Medicaid Utilization Already  |   |   |
| 35   |  | Cost Pool  | from Allocation   |  | Applied)   |   | Total   |
| 36   |  |  | 11 OTT / THOCASTOR  | 0.10%  | 0.00%  | 99.90%  | Expenditures  |
|  |  |  |   | 0.1070   |  |   |   |
| 37   |  |  |   |  |  |   | 1   |
| 36<br>37<br>38   |  | Social Workers   | \$715.053   | \$707  |  |   | \$715.052   |
| 38   |  | Social Workers   | \$715,053   | \$707  | \$0  | \$714,346   | \$715,053   |
| 38<br>39<br>40   |  | Social Workers   | \$715,053   | \$707  |  |   | \$715,053   |
| 38<br>39<br>40<br>41   |  | Social Workers  Total - All Disciplines  | \$715,053<br>\$715,053  | \$707<br>\$ <b>707</b>   | \$0  | \$714,346   |   |
| 38<br>39<br>40<br>41<br>42   |  |  |   |  | \$0  |   | \$715,053<br>\$715,053  |
| 38<br>39<br>40<br>41<br>42<br>43   |  | Total - All Disciplines  | \$715,053   |  | \$0  | \$714,346   |   |
| 38<br>39<br>40<br>41<br>42<br>43<br>44   | Healt  |  | \$715,053   |  | \$0  | \$714,346   |   |
| 38<br>39<br>40<br>41<br>42<br>43<br>44<br>45   | Healt  | Total - All Disciplines  | \$715,053   |  | \$0  | \$714,346   |   |
| 38<br>39<br>40<br>41<br>42<br>43<br>44<br>45<br>46   | Healt  | Total - All Disciplines h Educator & Nutritionist Cost P   | \$715,053   |  | \$0  | \$714,346<br>\$714,346  | \$715,053   |
| 38<br>39<br>40<br>41<br>42<br>43<br>44<br>45<br>46<br>47   | Healt  | Total - All Disciplines h Educator & Nutritionist Cost P   | \$715,053   | \$707  | \$0  | \$714,346   |   |
| 38<br>39<br>40<br>41<br>42<br>43<br>44<br>45<br>46   | Healt  | Total - All Disciplines h Educator & Nutritionist Cost P   | \$715,053   | \$707  | \$0<br>\$0<br>Col. C * Col. E %  | \$714,346<br>\$714,346  | \$715,053   |
| 38<br>39<br>40<br>41<br>42<br>43<br>44<br>45<br>46<br>47   | Healt  | Total - All Disciplines h Educator & Nutritionist Cost P   | \$715,053   | \$707<br>Col. C * Col. D %   | \$0<br>\$0<br>Col. C * Col. E %  | \$714,346<br>\$714,346  | \$715,053   |
| 38<br>39<br>40<br>41<br>42<br>43<br>44<br>45<br>46<br>47   | Healt  | Total - All Disciplines h Educator & Nutritionist Cost P   | \$715,053   | \$707<br>Col. C * Col. D %<br>Apply  | \$0 \$0 Col. C * Col. E % Apply Medicaid Administrative Time   | \$714,346<br>\$714,346<br>Col. C * Col. F %   | \$715,053   |
| 38<br>39<br>40<br>41<br>42<br>43<br>44<br>45<br>46<br>47   | Healt  | Total - All Disciplines h Educator & Nutritionist Cost P   | \$715,053   | \$707  Col. C * Col. D %  Apply Direct Medical Time Study  | \$0  Col. C * Col. E %  Apply Medicaid Administrative Time Study Alloc. % from Actual  | \$714,346<br>\$714,346<br>Col. C * Col. F %   | \$715,053   |
| 38<br>39<br>40<br>41<br>42<br>43<br>44<br>45<br>46<br>47   | Healt  | Total - All Disciplines h Educator & Nutritionist Cost P   | \$715,053   | \$707  Col. C * Col. D %  Apply Direct Medical Time Study Alloc. % from Actual Time  | \$0 \$0 Col. C * Col. E % Apply Medicaid Administrative Time   | \$714,346<br>\$714,346<br>Col. C * Col. F %   | \$715,053   |
| 38<br>39<br>40<br>41<br>42<br>43<br>44<br>45<br>46<br>47   | Healt  | Total - All Disciplines h Educator & Nutritionist Cost P   | \$715,053  Ool for Settlement  From Exhibit 6 - Allocations   | \$707  Col. C * Col. D %  Apply Direct Medical Time Study  | \$0  Col. C * Col. E %  Apply  Medicaid Administrative Time Study Alloc. % from Actual Time Results  | \$714,346<br>\$714,346<br>Col. C * Col. F %   | \$715,053  Col. D + E + F   |
| 38<br>39<br>40<br>41<br>42<br>43<br>44<br>45<br>46<br>47<br>48   | The state of the s | Total - All Disciplines h Educator & Nutritionist Cost P   | \$715,053  OOI for Settlement  From Exhibit 6 - Allocations  Total Adjusted Expenditures  | \$707  Col. C * Col. D %  Apply Direct Medical Time Study Alloc. % from Actual Time  | Col. C * Col. E %  Apply  Medicaid Administrative Time Study Alloc. % from Actual Time Results  MEDICAID COSTS   | \$714,346<br>\$714,346<br>Col. C * Col. F %   | \$715,053  Col. D + E + F   |
| 38<br>39<br>40<br>41<br>42<br>43<br>44<br>45<br>46<br>47<br>48   | The state of the s | Total - All Disciplines  h Educator & Nutritionist Cost P  | \$715,053  Ool for Settlement  From Exhibit 6 - Allocations   | \$707  Col. C * Col. D %  Apply Direct Medical Time Study Alloc. % from Actual Time Results  | Col. C * Col. E %  Apply Medicaid Administrative Time Study Alloc. % from Actual Time Results MEDICAID COSTS (Medicaid Utilization Already Applied)  | \$714,346<br>\$714,346<br>Col. C * Col. F %<br>Non-Reimbursable<br>Costs  | \$715,053  Col. D + E + F   |
| 38<br>39<br>40<br>41<br>42<br>43<br>44<br>45<br>46<br>47<br>48   | The state of the s | Total - All Disciplines  h Educator & Nutritionist Cost P  | \$715,053  OOI for Settlement  From Exhibit 6 - Allocations  Total Adjusted Expenditures  | \$707  Col. C * Col. D %  Apply Direct Medical Time Study Alloc. % from Actual Time  | \$0  Col. C * Col. E %  Apply  Medicaid Administrative Time Study Alloc. % from Actual Time Results  MEDICAID COSTS (Medicaid Utilization Already)   | \$714,346<br>\$714,346<br>Col. C * Col. F %   | \$715,053  Col. D + E + F   |
| 38<br>39<br>40<br>41<br>42<br>43<br>44<br>45<br>46<br>47<br>48   | The state of the s | Total - All Disciplines  h Educator & Nutritionist Cost P  | \$715,053  OOI for Settlement  From Exhibit 6 - Allocations  Total Adjusted Expenditures  | \$707  Col. C * Col. D %  Apply Direct Medical Time Study Alloc. % from Actual Time Results  | Col. C * Col. E %  Apply Medicaid Administrative Time Study Alloc. % from Actual Time Results MEDICAID COSTS (Medicaid Utilization Already Applied) 0.00%  | \$714,346<br>\$714,346<br>Col. C * Col. F %<br>Non-Reimbursable<br>Costs  | \$715,053  Col. D + E + F  Total Expenditures   |
| 38<br>39<br>40<br>41<br>42<br>43<br>44<br>45<br>46<br>47<br>48   | The state of the s | Total - All Disciplines  h Educator & Nutritionist Cost P  | \$715,053  Pool for Settlement  From Exhibit 6 - Allocations  Total Adjusted Expenditures from Allocation   | \$707  Col. C * Col. D %  Apply  Direct Medical Time Study Alloc. % from Actual Time Results  2.49%  | Col. C * Col. E %  Apply Medicaid Administrative Time Study Alloc. % from Actual Time Results MEDICAID COSTS (Medicaid Utilization Already Applied)  | \$714,346<br>\$714,346<br>Col. C * Col. F %<br>Non-Reimbursable<br>Costs  | \$715,053  Col. D + E + F   |
| 38<br>39<br>40<br>41<br>42<br>43<br>44<br>45<br>46<br>47<br>48   | The state of the s | Total - All Disciplines  h Educator & Nutritionist Cost P  Cost Pool  Health Educators & Nutritionists   | \$715,053  Pool for Settlement  From Exhibit 6 - Allocations  Total Adjusted Expenditures from Allocation   | \$707  Col. C * Col. D %  Apply  Direct Medical Time Study Alloc. % from Actual Time Results  2.49%  | Col. C * Col. E %  Apply Medicaid Administrative Time Study Alloc. % from Actual Time Results MEDICAID COSTS (Medicaid Utilization Already Applied) 0.00%  | \$714,346<br>\$714,346<br>Col. C * Col. F %<br>Non-Reimbursable<br>Costs  | \$715,053  Col. D + E + F  Total Expenditures   |
| 38<br>39<br>40<br>41<br>42<br>43<br>44<br>45<br>46<br>47<br>48   | The state of the s | Total - All Disciplines  h Educator & Nutritionist Cost P  | \$715,053  Pool for Settlement  From Exhibit 6 - Allocations  Total Adjusted Expenditures from Allocation   | \$707  Col. C * Col. D %  Apply  Direct Medical Time Study Alloc. % from Actual Time Results  2.49%  | Col. C * Col. E %  Apply Medicaid Administrative Time Study Alloc. % from Actual Time Results MEDICAID COSTS (Medicaid Utilization Already Applied) 0.00%  | \$714,346<br>\$714,346<br>Col. C * Col. F %<br>Non-Reimbursable<br>Costs  | \$715,053  Col. D + E + F  Total Expenditures \$659,817   |
| 38<br>39<br>40<br>41<br>42<br>43<br>44<br>45<br>46<br>47<br>48<br>50<br>51<br>52<br>53<br>54<br>65<br>56                         | The state of the s | Total - All Disciplines  h Educator & Nutritionist Cost P  Cost Pool  Health Educators & Nutritionists   | \$715,053  Pool for Settlement  From Exhibit 6 - Allocations  Total Adjusted Expenditures from Allocation  \$659,817  | \$707  Col. C * Col. D %  Apply Direct Medical Time Study Alloc. % from Actual Time Results  2.49%   | \$0  Col. C* Col. E %  Apply Medicaid Administrative Time Study Alloc. % from Actual Time Results MEDICAID COSTS (Medicaid Utilization Already Applied) 0.00%  | \$714,346<br>\$714,346<br>Col. C * Col. F %<br>Non-Reimbursable<br>Costs<br>97.51%<br>\$643,383   | \$715,053  Col. D + E + F  Total Expenditures   |
| 38<br>39<br>40<br>41<br>42<br>43<br>44<br>45<br>46<br>47<br>48<br>49<br>50<br>51<br>52<br>53<br>54<br>65<br>55<br>56             | and the second s | Total - All Disciplines  h Educator & Nutritionist Cost P  Cost Pool  Health Educators & Nutritionists  Total - All Disciplines                                    | \$715,053  Pool for Settlement  From Exhibit 6 - Allocations  Total Adjusted Expenditures from Allocation  \$659,817  | \$707  Col. C * Col. D %  Apply Direct Medical Time Study Alloc. % from Actual Time Results  2.49%  \$16,434   | \$0  Col. C * Col. E %  Apply Medicaid Administrative Time Study Alloc. % from Actual Time Results MEDICAID COSTS (Medicaid Utilization Already Applied)  0.00%  | \$714,346 \$714,346  \$714,346  Col. C * Col. F %  Non-Reimbursable Costs  97.51% \$643,383   | \$715,053  Col. D + E + F  Total Expenditures \$659,817   |
| 38<br>39<br>40<br>41<br>42<br>43<br>44<br>45<br>48<br>47<br>48<br>49<br>50<br>51<br>52<br>53<br>54<br>65<br>57<br>58             | and the second s | Total - All Disciplines  h Educator & Nutritionist Cost P  Cost Pool  Health Educators & Nutritionists   | \$715,053  Pool for Settlement  From Exhibit 6 - Allocations  Total Adjusted Expenditures from Allocation  \$659,817  | \$707  Col. C * Col. D %  Apply Direct Medical Time Study Alloc. % from Actual Time Results  2.49%  \$16,434   | \$0  Col. C * Col. E %  Apply Medicaid Administrative Time Study Alloc. % from Actual Time Results MEDICAID COSTS (Medicaid Utilization Already Applied)  0.00%  | \$714,346 \$714,346  \$714,346  Col. C * Col. F %  Non-Reimbursable Costs  97.51% \$643,383   | \$715,053  Col. D + E + F  Total Expenditures \$659,817   |
| 38<br>39<br>40<br>41<br>42<br>43<br>44<br>45<br>46<br>47<br>48<br>49<br>50<br>51<br>52<br>53<br>56<br>57<br>58<br>59             | and the second s | Total - All Disciplines  h Educator & Nutritionist Cost P  Cost Pool  Health Educators & Nutritionists  Total - All Disciplines                                    | \$715,053  Pool for Settlement  From Exhibit 6 - Allocations  Total Adjusted Expenditures from Allocation  \$659,817  | \$707  Col. C * Col. D %  Apply Direct Medical Time Study Alloc. % from Actual Time Results  2.49%  \$16,434   | \$0  Col. C * Col. E %  Apply Medicaid Administrative Time Study Alloc. % from Actual Time Results MEDICAID COSTS (Medicaid Utilization Already Applied)  0.00%  | \$714,346 \$714,346  \$714,346  Col. C * Col. F %  Non-Reimbursable Costs  97.51% \$643,383   | \$715,053  Col. D + E + F  Total Expenditures \$659,817   |
| 38<br>39<br>40<br>41<br>42<br>43<br>44<br>45<br>46<br>47<br>48<br>50<br>51<br>52<br>53<br>55<br>56<br>57<br>58<br>60             | and the second s | Total - All Disciplines  h Educator & Nutritionist Cost P  Cost Pool  Health Educators & Nutritionists  Total - All Disciplines  t Medical Costs Pool for Settleme | \$715,053  Pool for Settlement  From Exhibit 6 - Allocations  Total Adjusted Expenditures from Allocation  \$659,817  | \$707  Col. C * Col. D %  Apply Direct Medical Time Study Alloc. % from Actual Time Results  2.49%  \$16,434   | \$0  Col. C * Col. E %  Apply Medicaid Administrative Time Study Alloc. % from Actual Time Results MEDICAID COSTS (Medicaid Utilization Already Applied)  0.00%  | \$714,346 \$714,346  \$714,346  Col. C * Col. F %  Non-Reimbursable Costs  97.51% \$643,383   | \$715,053  Col. D + E + F  Total Expenditures \$659,817   |
| 38<br>39<br>40<br>41<br>42<br>43<br>44<br>45<br>46<br>47<br>48<br>50<br>51<br>52<br>53<br>54<br>55<br>56<br>57<br>58<br>60<br>61 | and the second s | Total - All Disciplines  h Educator & Nutritionist Cost P  Cost Pool  Health Educators & Nutritionists  Total - All Disciplines  t Medical Costs Pool for Settleme | \$715,053  Fool for Settlement  From Exhibit 6 - Allocations  Total Adjusted Expenditures from Allocation  \$659,817  \$659,817  ent (Physicians / Physicians / Phys | \$707  Col. C * Col. D %  Apply Direct Medical Time Study Alloc. % from Actual Time Results  2.49%  \$16,434  \$16,434   | \$0  Col. C * Col. E %  Apply  Medicaid Administrative Time Study Alloc. % from Actual Time Results  MEDICAID COSTS (Medicaid Utilization Already Applied)  0.00%  \$0  \$0  | \$714,346<br>\$714,346<br>Col. C * Col. F %<br>Non-Reimbursable<br>Costs<br>97.51%<br>\$643,383   | \$715,053  Col. D + E + F  Total Expenditures \$659,817   |
| 38<br>39<br>40<br>41<br>42<br>43<br>44<br>45<br>48<br>47<br>48<br>49<br>50<br>51<br>52<br>53<br>54<br>65<br>57<br>58             | and the second s | Total - All Disciplines  h Educator & Nutritionist Cost P  Cost Pool  Health Educators & Nutritionists  Total - All Disciplines  t Medical Costs Pool for Settleme | \$715,053  Fool for Settlement  From Exhibit 6 - Allocations  Total Adjusted Expenditures from Allocation  \$659,817  \$659,817  ent (Physicians / Physicians / Phys | \$707  Col. C * Col. D %  Apply Direct Medical Time Study Alloc. % from Actual Time Results  2.49%  \$16,434  \$16,434   | \$0  Col. C * Col. E %  Apply  Medicaid Administrative Time Study Alloc. % from Actual Time Results  MEDICAID COSTS (Medicaid Utilization Already Applied)  0.00%  \$0  \$0  | \$714,346<br>\$714,346<br>Col. C * Col. F %<br>Non-Reimbursable<br>Costs<br>97.51%<br>\$643,383   | \$715,053  Col. D + E + F  Total Expenditures \$659,817   |
| 38<br>39<br>40<br>41<br>42<br>43<br>44<br>45<br>46<br>47<br>48<br>50<br>51<br>52<br>53<br>54<br>55<br>56<br>57<br>58<br>60<br>61 | and the second s | Total - All Disciplines  h Educator & Nutritionist Cost P  Cost Pool  Health Educators & Nutritionists  Total - All Disciplines  t Medical Costs Pool for Settleme | \$715,053  Fool for Settlement  From Exhibit 6 - Allocations  Total Adjusted Expenditures from Allocation  \$659,817  \$659,817  ent (Physicians / Physicians / Phys | \$707  Col. C * Col. D %  Apply Direct Medical Time Study Alloc. % from Actual Time Results  2.49%  \$16,434  \$16,434  ans Assistance/Nurse P Col. C * Col. D %   | \$0  Col. C * Col. E %  Apply Medicaid Administrative Time Study Alloc. % from Actual Time Results MEDICAID COSTS (Medicaid Utilization Already Applied) 0.00%  \$0  \$0  Cractitioner/Nurse Midwife Col. C * Col. E %   | \$714,346<br>\$714,346<br>Col. C * Col. F %<br>Non-Reimbursable<br>Costs<br>97.51%<br>\$643,383   | \$715,053  Col. D + E + F  Total Expenditures \$659,817   |
| 38<br>39<br>40<br>41<br>42<br>43<br>44<br>45<br>46<br>47<br>48<br>50<br>51<br>52<br>53<br>54<br>55<br>56<br>57<br>58<br>60<br>61 | and the second s | Total - All Disciplines  h Educator & Nutritionist Cost P  Cost Pool  Health Educators & Nutritionists  Total - All Disciplines  t Medical Costs Pool for Settleme | \$715,053  Fool for Settlement  From Exhibit 6 - Allocations  Total Adjusted Expenditures from Allocation  \$659,817  \$659,817  ent (Physicians / Physicians / Phys | Col. C * Col. D %  Apply Direct Medical Time Study Alloc. % from Actual Time Results  2.49% \$16,434  \$16,434  ans Assistance/Nurse P Col. C * Col. D %   | \$0  Col. C * Col. E %  Apply Medicaid Administrative Time Study Alloc. % from Actual Time Results MEDICAID COSTS (Medicaid Utilization Already Applied)  0.00%  \$0  \$0  Practitioner/Nurse Midwife Col. C * Col. E %  | \$714,346<br>\$714,346<br>Col. C * Col. F %<br>Non-Reimbursable<br>Costs<br>97.51%<br>\$643,383   | \$715,053  Col. D + E + F  Total Expenditures \$659,817   |
| 38<br>39<br>40<br>41<br>42<br>43<br>44<br>45<br>46<br>47<br>48<br>50<br>51<br>52<br>53<br>54<br>55<br>56<br>57<br>58<br>60<br>61 | and the second s | Total - All Disciplines  h Educator & Nutritionist Cost P  Cost Pool  Health Educators & Nutritionists  Total - All Disciplines  t Medical Costs Pool for Settleme | \$715,053  From Exhibit 6 - Allocations  Total Adjusted Expenditures from Allocation  \$659,817  \$659,817  ent (Physicians / Physici From Exhibit 6 - Allocations  | S707  Col. C * Col. D %  Apply Direct Medical Time Study Alloc. % from Actual Time Results  2.49%  \$16,434  \$16,434  ans Assistance/Nurse P  Col. C * Col. D %   | \$0  Col. C * Col. E %  Apply Medicaid Administrative Time Study Alloc. % from Actual Time Results MEDICAID COSTS (Medicaid Utilization Already Applied)  0.00%  \$0  Practitioner/Nurse Midwife Col. C * Col. E %  N / A (Apply Medicaid Administrative Time Study Alloc. % from Actual Time Results  | \$714,346 \$714,346 \$714,346  Col. C * Col. F %  Non-Reimbursable Costs  97.51% \$643,383 \$643,383  | \$715,053  Col. D + E + F  Total Expenditures \$659,817   |
| 38<br>39<br>40<br>41<br>42<br>43<br>44<br>45<br>46<br>47<br>48<br>50<br>51<br>52<br>53<br>54<br>55<br>56<br>57<br>58<br>60<br>61 | and the second s | Total - All Disciplines  h Educator & Nutritionist Cost P  Cost Pool  Health Educators & Nutritionists  Total - All Disciplines  t Medical Costs Pool for Settleme | \$715,053  From Exhibit 6 - Allocations  Total Adjusted Expenditures from Allocation  \$659,817  \$659,817  ent (Physicians / Physici From Exhibit 6 - Allocations  | S707  Col. C * Col. D %  Apply Direct Medical Time Study Alloc. % from Actual Time Results  2.49%  \$16,434  \$16,434  ans Assistance/Nurse P Col. C * Col. D %  N / A  (Apply Direct Medical Percentage from Actual Time  | Col. C * Col. E %  Apply Medicaid Administrative Time Study Alloc. % from Actual Time Results MEDICAID COSTS (Medicaid Utilization Already Applied)  0.00%  \$0  Practitioner/Nurse Midwife Col. C * Col. E %  N / A (Apply Medicaid Administrative Time Study Alloc. % from Actual Time Results MEDICAID COSTS  | \$714,346 \$714,346  \$714,346  Col. C * Col. F %  Non-Reimbursable Costs  97.51% \$643,383 \$643,383   | \$715,053  Col. D + E + F  Total Expenditures \$659,817   |
| 38<br>39<br>40<br>41<br>42<br>43<br>44<br>45<br>46<br>47<br>48<br>50<br>51<br>52<br>53<br>54<br>65<br>57<br>58<br>60<br>61<br>62 | Direct   | Total - All Disciplines  h Educator & Nutritionist Cost P  Cost Pool  Health Educators & Nutritionists  Total - All Disciplines  t Medical Costs Pool for Settleme | \$715,053  From Exhibit 6 - Allocations  Total Adjusted Expenditures from Allocation  \$659,817  \$659,817  ent (Physicians / Physici From Exhibit 6 - Allocations  | S707  Col. C * Col. D %  Apply Direct Medical Time Study Alloc. % from Actual Time Results  2.49%  \$16,434  \$16,434  ans Assistance/Nurse P  Col. C * Col. D %   | Col. C * Col. E %  Apply Medicaid Administrative Time Study Alloc. % from Actual Time Results MEDICAID COSTS (Medicaid Utilization Already Applied) 0.00%  \$0  \$0  *ractitioner/Nurse Midwife Col. C * Col. E %  N / A (Apply Medicaid Administrative Time Study Alloc. % from Actual Time Results MEDICAID COSTS (Medicaid Utilization Already                    | \$714,346 \$714,346 \$714,346  Col. C * Col. F %  Non-Reimbursable Costs  97.51% \$643,383 \$643,383  Col. C * Col. F %  N / A  Non-Reimbursable                | \$715,053  Col. D + E + F  Total Expenditures  \$659,817  Col. D + E + F                                  |
| 38<br>39<br>40<br>41<br>42<br>43<br>44<br>45<br>46<br>47<br>48<br>50<br>51<br>52<br>53<br>54<br>65<br>57<br>58<br>60<br>61<br>62 | Direct   | Total - All Disciplines  h Educator & Nutritionist Cost P  Cost Pool  Health Educators & Nutritionists  Total - All Disciplines  t Medical Costs Pool for Settleme | \$715,053  Pool for Settlement  From Exhibit 6 - Allocations  Total Adjusted Expenditures from Allocation  \$659,817  \$659,817  ent (Physicians / Physici  From Exhibit 6 - Allocations  | S707  Col. C * Col. D %  Apply Direct Medical Time Study Alloc. % from Actual Time Results  2.49%  \$16,434  \$16,434  ans Assistance/Nurse P Col. C * Col. D %  N / A  (Apply Direct Medical Percentage from Actual Time  | Col. C * Col. E %  Apply Medicaid Administrative Time Study Alloc. % from Actual Time Results MEDICAID COSTS (Medicaid Utilization Already Applied)  0.00%  \$0  Practitioner/Nurse Midwife Col. C * Col. E %  N / A (Apply Medicaid Administrative Time Study Alloc. % from Actual Time Results MEDICAID COSTS  | \$714,346 \$714,346 \$714,346  Col. C * Col. F %  Non-Reimbursable Costs  97.51% \$643,383 \$643,383  Col. C * Col. F %  N / A  Non-Reimbursable                | \$715,053  Col. D + E + F  Total Expenditures  \$659,817  Col. D + E + F                                  |
| 38<br>39<br>40<br>41<br>42<br>43<br>44<br>45<br>46<br>47<br>48<br>50<br>51<br>52<br>53<br>54<br>65<br>57<br>58<br>60<br>61<br>62 | Direct   | Total - All Disciplines  h Educator & Nutritionist Cost P  Cost Pool  Health Educators & Nutritionists  Total - All Disciplines  t Medical Costs Pool for Settleme | \$715,053  Pool for Settlement  From Exhibit 6 - Allocations  Total Adjusted Expenditures from Allocation  \$659,817  \$659,817  ent (Physicians / Physici  From Exhibit 6 - Allocations  | S707  Col. C * Col. D %  Apply Direct Medical Time Study Alloc. % from Actual Time Results  2.49%  \$16,434  \$16,434  ans Assistance/Nurse P Col. C * Col. D %  N / A  (Apply Direct Medical Percentage from Actual Time  | Col. C * Col. E %  Apply Medicaid Administrative Time Study Alloc. % from Actual Time Results MEDICAID COSTS (Medicaid Utilization Already Applied) 0.00%  \$0  \$0  *ractitioner/Nurse Midwife Col. C * Col. E %  N / A (Apply Medicaid Administrative Time Study Alloc. % from Actual Time Results MEDICAID COSTS (Medicaid Utilization Already                    | \$714,346 \$714,346 \$714,346  Col. C * Col. F %  Non-Reimbursable Costs  97.51% \$643,383 \$643,383  Col. C * Col. F %  N / A  Non-Reimbursable                | \$715,053  Col. D + E + F  Total Expenditures  \$659,817  Col. D + E + F                                  |
| 38<br>39<br>40<br>41<br>42<br>43<br>44<br>45<br>46<br>47<br>48<br>50<br>51<br>52<br>53<br>54<br>65<br>57<br>58<br>60<br>61<br>62 | Direct   | Total - All Disciplines  h Educator & Nutritionist Cost P  Cost Pool  Health Educators & Nutritionists  Total - All Disciplines  t Medical Costs Pool for Settleme | \$715,053  Pool for Settlement  From Exhibit 6 - Allocations  Total Adjusted Expenditures from Allocation  \$659,817  \$659,817  ent (Physicians / Physici  From Exhibit 6 - Allocations  Total Adjusted Expenditures from Allocation   | S707  Col. C * Col. D %  Apply Direct Medical Time Study Alloc. % from Actual Time Results  2.49%  \$16,434  \$16,434  ans Assistance/Nurse P Col. C * Col. D %  N / A (Apply Direct Medical Percentage from Actual Time Results) - 100%   | Col. C * Col. E %  Apply Medicaid Administrative Time Study Alloc. % from Actual Time Results MEDICAID COSTS (Medicaid Utilization Already Applied) 0.00%  So  **Col. C * Col. E %  N / A (Apply Medicaid Administrative Time Study Alloc. % from Actual Time Results MEDICAID COSTS (Medicaid Utilization Already Applied))   | \$714,346 \$714,346 \$714,346  Col. C * Col. F %  Non-Reimbursable Costs  97.51% \$643,383 \$643,383  Col. C * Col. F %  N / A  Non-Reimbursable Costs          | \$715,053  Col. D + E + F  Total Expenditures  \$659,817  Col. D + E + F                                  |
| 38<br>39<br>40<br>41<br>42<br>43<br>44<br>45<br>46<br>47<br>48<br>50<br>51<br>52<br>53<br>54<br>65<br>57<br>58<br>60<br>61<br>62 | Direct   | Total - All Disciplines  h Educator & Nutritionist Cost P  Cost Pool  Health Educators & Nutritionists  Total - All Disciplines  t Medical Costs Pool for Settleme | \$715,053  Pool for Settlement  From Exhibit 6 - Allocations  Total Adjusted Expenditures from Allocation  \$659,817  \$659,817  ent (Physicians / Physici  From Exhibit 6 - Allocations  | S707  Col. C * Col. D %  Apply Direct Medical Time Study Alloc. % from Actual Time Results  2.49%  \$16,434  \$16,434  ans Assistance/Nurse P Col. C * Col. D %  N / A (Apply Direct Medical Percentage from Actual Time Results) - 100%   | Col. C * Col. E %  Apply Medicaid Administrative Time Study Alloc. % from Actual Time Results MEDICAID COSTS (Medicaid Utilization Already Applied) 0.00%  So  **Col. C * Col. E %  N / A (Apply Medicaid Administrative Time Study Alloc. % from Actual Time Results MEDICAID COSTS (Medicaid Utilization Already Applied))   | \$714,346 \$714,346 \$714,346  Col. C * Col. F %  Non-Reimbursable Costs  97.51% \$643,383 \$643,383  Col. C * Col. F %  N / A  Non-Reimbursable Costs          | \$715,053  Col. D + E + F  Total Expenditures  \$659,817  Col. D + E + F  Total Expenditures              |
| 38<br>39<br>40<br>41<br>42<br>43<br>44<br>45<br>46<br>47<br>48<br>50<br>51<br>52<br>53<br>54<br>65<br>57<br>58<br>60<br>61<br>62 | Direct   | Total - All Disciplines  h Educator & Nutritionist Cost P  Cost Pool  Health Educators & Nutritionists  Total - All Disciplines  t Medical Costs Pool for Settleme | \$715,053  Pool for Settlement  From Exhibit 6 - Allocations  Total Adjusted Expenditures from Allocation  \$659,817  \$659,817  ent (Physicians / Physici  From Exhibit 6 - Allocations  Total Adjusted Expenditures from Allocation   | Col. C * Col. D %  Apply Direct Medical Time Study Alloc. % from Actual Time Results  2.49% \$16,434  \$16,434  ans Assistance/Nurse P Col. C * Col. D %  N / A (Apply Direct Medical Percentage from Actual Time Results) - 100%  100.00%   | Col. C * Col. E %  Apply Medicaid Administrative Time Study Alloc. % from Actual Time Results MEDICAID COSTS (Medicaid Utilization Already Applied)  0.00%  S0  Practitioner/Nurse Midwife Col. C * Col. E %  N / A (Apply Medicaid Administrative Time Study Alloc. % from Actual Time Results MEDICAID COSTS (Medicaid Utilization Already Applied))  0.00%        | \$714,346 \$714,346 \$714,346  Col. C * Col. F %  Non-Reimbursable Costs  97.51% \$643,383  \$643,383  Col. C * Col. F %  N / A  Non-Reimbursable Costs  0.00%  | \$715,053  Col. D + E + F  Total Expenditures  \$659,817  Col. D + E + F                                  |
| 38<br>39<br>40<br>41<br>42<br>43<br>44<br>45<br>46<br>47<br>48<br>50<br>51<br>52<br>53<br>54<br>65<br>57<br>58<br>60<br>61<br>62 | Direct   | Total - All Disciplines  h Educator & Nutritionist Cost P  Cost Pool  Health Educators & Nutritionists  Total - All Disciplines  t Medical Costs Pool for Settleme | \$715,053  Pool for Settlement  From Exhibit 6 - Allocations  Total Adjusted Expenditures from Allocation  \$659,817  \$659,817  ent (Physicians / Physici  From Exhibit 6 - Allocations  Total Adjusted Expenditures from Allocation  \$2,132,167  | Apply Direct Medical Time Study Alloc. % from Actual Time Results  2.49% \$16,434  \$16,434  ans Assistance/Nurse P Col. C * Col. D %  N / A (Apply Direct Medical Percentage from Actual Time Results) - 100%  100.00% \$2,132,167  | \$0  Col. C * Col. E %  Apply Medicaid Administrative Time Study Alloc. % from Actual Time Results MEDICAID COSTS (Medicaid Utilization Already Applied)  0.00%  \$0  Practitioner/Nurse Midwife  Col. C * Col. E %  N / A (Apply Medicaid Administrative Time Study Alloc. % from Actual Time Results MEDICAID COSTS (Medicaid Utilization Already Applied))  0.00% | \$714,346 \$714,346 \$714,346  Col. C * Col. F %  Non-Reimbursable Costs  97.51% \$643,383  \$643,383  Col. C * Col. F %  N / A  Non-Reimbursable Costs  0.00%  | \$715,053  Col. D + E + F  Total Expenditures  \$659,817  Col. D + E + F  Total Expenditures              |
| 38<br>39<br>40<br>41<br>42<br>43<br>44<br>45<br>46<br>47<br>48<br>50<br>51<br>52<br>53<br>54<br>65<br>57<br>58<br>60<br>61<br>62 | Direct   | Total - All Disciplines  h Educator & Nutritionist Cost P  Cost Pool  Health Educators & Nutritionists  Total - All Disciplines  t Medical Costs Pool for Settleme | \$715,053  Pool for Settlement  From Exhibit 6 - Allocations  Total Adjusted Expenditures from Allocation  \$659,817  \$659,817  ent (Physicians / Physici  From Exhibit 6 - Allocations  Total Adjusted Expenditures from Allocation   | Col. C * Col. D %  Apply Direct Medical Time Study Alloc. % from Actual Time Results  2.49% \$16,434  \$16,434  ans Assistance/Nurse P Col. C * Col. D %  N / A (Apply Direct Medical Percentage from Actual Time Results) - 100%  100.00%   | Col. C * Col. E %  Apply Medicaid Administrative Time Study Alloc. % from Actual Time Results MEDICAID COSTS (Medicaid Utilization Already Applied)  0.00%  S0  Practitioner/Nurse Midwife Col. C * Col. E %  N / A (Apply Medicaid Administrative Time Study Alloc. % from Actual Time Results MEDICAID COSTS (Medicaid Utilization Already Applied))  0.00%        | \$714,346 \$714,346 \$714,346  Col. C * Col. F %  Non-Reimbursable Costs  97.51% \$643,383  \$643,383  Col. C * Col. F %  N / A  Non-Reimbursable Costs  0.00%  | \$715,053  Col. D + E + F  Total Expenditures  \$659,817  Col. D + E + F  Total Expenditures              |
| 38<br>39<br>40<br>41<br>42<br>43<br>44<br>45<br>46<br>47<br>48<br>50<br>51<br>52<br>53<br>54<br>55<br>56<br>57<br>58<br>60<br>61 | Direct   | Total - All Disciplines  h Educator & Nutritionist Cost P  Cost Pool  Health Educators & Nutritionists  Total - All Disciplines  t Medical Costs Pool for Settleme | \$715,053  Pool for Settlement  From Exhibit 6 - Allocations  Total Adjusted Expenditures from Allocation  \$659,817  \$659,817  ent (Physicians / Physici  From Exhibit 6 - Allocations  Total Adjusted Expenditures from Allocation  \$2,132,167  | Apply Direct Medical Time Study Alloc. % from Actual Time Results  2.49% \$16,434  \$16,434  ans Assistance/Nurse P Col. C * Col. D %  N / A (Apply Direct Medical Percentage from Actual Time Results) - 100%  100.00% \$2,132,167  | \$0  Col. C * Col. E %  Apply Medicaid Administrative Time Study Alloc. % from Actual Time Results MEDICAID COSTS (Medicaid Utilization Already Applied)  0.00%  \$0  Practitioner/Nurse Midwife  Col. C * Col. E %  N / A (Apply Medicaid Administrative Time Study Alloc. % from Actual Time Results MEDICAID COSTS (Medicaid Utilization Already Applied))  0.00% | \$714,346 \$714,346 \$714,346  Col. C * Col. F %  Non-Reimbursable Costs  97.51% \$643,383 \$643,383  Col. C * Col. F %  N/A  Non-Reimbursable Costs  0.00% \$0 | \$715,053  Col. D + E + F  Total Expenditures  \$659,817  Col. D + E + F  Total Expenditures  \$2,132,167 |

|          | I A   | В   | С                        | D                                   | I   |  |
|----------|-------|---|--------------------------|-------------------------------------|---|--|
| 1        |       |   | <u> </u>                 | U                                   | E   | F C  |
| 2        | Norti | h Carolina Division of Public Health        |                          |                                     |   |  |
|          | 4     | Il Health Department Cost Report            |                          |                                     |   |  |
|          |       | icaid Payments                              |                          |                                     |   |  |
| 5        |       | swick County Health Department              |                          |                                     |   |  |
| 6        | 1     | John Dopal Millor                           | Medicaid Provider Number | 3404476                             | 1   |  |
| 7        | 1     |   | NPI Number               |                                     |   |  |
| 8        |       |   | NPI Number               | 1841248622                          |   |  |
| 9        |       | Period for Transactions                     |                          |                                     |   |  |
| 10       |       | Fiscal Year Start Date                      | 7/1/2012                 |                                     |   |  |
| 11       |       | Fiscal Year End Date                        | 6/30/2013                |                                     |   |  |
| 12       |       | L   |                          |                                     |   |  |
|          | Socti | ion   Paymente and Transactions   MEDICALD  |                          |                                     |   |  |
| 15       | Secti | ion I. Payments and Transactions - MEDICAID |                          |                                     |   |  |
| 10       |       |   | Т                        |                                     |   |  |
|          |       |   |                          | MEDICAID CLINIC<br>SERVICES RELATED | MEDICAID FAMILY PLANNING SERVICES RELATED | MEDICAID<br>ADMINISTRATIVE<br>CLAIMING RELATED |
| 16       |       | Description of Payment/Transaction          | Total Amount             |                                     |   | OL/MINIO REEATED                               |
| 17       |       | Medicaid Interim Payments - Clinic Services | \$343,787                | \$343,787                           | \$0                                       | \$0  |
| 18       |       | Medicaid Interim Payments - Family Planning | \$39,612                 | \$0                                 | \$39,612                                  | \$0  |
| 19       |       | MAC Payment - Q1                            | \$0                      | \$0                                 | \$0                                       | \$0  |
| 20       |       | MAC Payment - Q2                            | \$0                      | \$0                                 | \$0                                       | \$0  |
| 21       |       | MAC Payment - Q3                            | \$0                      | \$0                                 | \$0                                       | \$0  |
| 22       |       | MAC Payment - Q4                            | \$0                      | \$0                                 | \$0                                       | \$0  |
| 23       |       | Total - All Disciplines                     | \$383,399                | \$343,787                           | \$39,612                                  | \$0  |
| 24<br>25 |       |   |                          |                                     |   |  |

|                      | 1          |   |                         |                                       |                                   |                             |                               |                  |
|----------------------|------------|---|-------------------------|---------------------------------------|-----------------------------------|-----------------------------|-------------------------------|------------------|
| -                    | A          | В   | С                       | D                                     | E                                 | F                           | G                             | Н                |
|                      |            | Carolina Division of Public Health                            |                         |                                       |                                   |                             |                               |                  |
|                      |            | Health Department Cost Report                                 |                         |                                       |                                   |                             |                               |                  |
|                      |            | t Medical Costs for Settlement                                |                         |                                       |                                   |                             |                               |                  |
|                      | Bruns      | swick County Health Department                                |                         |                                       |                                   |                             |                               |                  |
| 5                    |            |   |                         |                                       |                                   |                             | Medicaid Provider Number      | 3404476          |
| 6                    |            |   |                         |                                       |                                   |                             | }                             |                  |
| 7                    |            |   |                         |                                       |                                   |                             | NPI Number                    | 1841248622       |
| 8                    | Period     | d for Expenditures and Payments                               |                         |                                       |                                   |                             |                               |                  |
| 9                    | 1          | Fiscal Year Start Date  | 7/1/2012                |                                       |                                   |                             |                               |                  |
| 10                   | 1          | Fiscal Year End Date  | 6/30/2013               |                                       |                                   |                             |                               |                  |
| 11                   | 1          | risour rear End Date  | 0/30/2013               |                                       |                                   |                             |                               |                  |
|                      |            | Medical Settlement  |                         |                                       |                                   |                             |                               |                  |
| 13                   | <b> </b>   |   |                         |                                       |                                   |                             |                               |                  |
| 14                   | 1          |   | From Exhibit 7          | Col. C * Col. D %                     | Col. D * Col. E %                 | Col. D * Col. F %           | Col. D * Col. G %             | Col. E + F + G   |
| 15                   |            |   |                         |                                       |                                   | 2011 2 2011 70              | 301. 2 301. 3 70              | 001. E 1   1 G   |
| 16                   | 1          |   |                         |                                       | MEDIOAID OLINGO                   | MEDICAID FAMILY             | MEDICAID FAMILY PLANNING      |                  |
| 1                    |            |   |                         | MEDICAID COSTS                        | MEDICAID CLINIC<br>SERVICES COSTS | PLANNING COSTS              | WAIVER COSTS - Non-           |                  |
|                      |            |   |                         | Apply Medicaid Utilization %          | Apply Medicaid Other Clinic       | Apply Medicaid Family       | Reimbursable                  |                  |
|                      |            |   |                         | from Exhibit 2-Statistical            | Paid Claims % From Exhibit        | Planning Paid Claims %      | Apply Medicaid FP Waiver Paid |                  |
| 17                   | l I.       | Direct Medical Casts  |                         | Information                           | 2-Statistical Information         | From Exhibit 2-Statistical  | Claims % From Exhibit 2-      | Medicaid Total   |
| 18                   |            | . Direct Medical Costs  | Total Expenditures      |                                       |                                   | Information                 | Statistical Information       | Expenditures     |
| 19                   | 1 6        | Costs   |                         | 33.19%                                | 86.79%                            | 8.32%                       | 4.89%                         |                  |
| 20                   |            | Nurses  | \$1,184,319             | \$393,045                             | \$341,142                         | ¢22.702                     | ¢40.204                       | <b>#000.045</b>  |
| 21                   |            | Social Workers  | \$707                   | \$235                                 | \$204                             | \$32,702<br>\$20            | \$19,201<br>\$11              | \$393,045        |
| 22                   | ] <u>[</u> | Health Educators & Nutritionists                              | \$16,434                | \$5,454                               | \$4,734                           | \$454                       | \$266                         | \$235<br>\$5,454 |
| 23                   |            | Direct Medical  | \$2,132,167             | \$707,610                             | \$614,168                         | \$58,875                    | \$34,568                      | \$707,610        |
| 24                   | 1          |   |                         | · · · · · · · · · · · · · · · · · · · |                                   | 400,010                     | ΨΟ-1,000                      | Ψ/07,010         |
| 25                   |            | Total - All Disciplines                                       | \$3,333,627             | \$1,106,344                           | \$960,247                         | \$92,051                    | \$54,046                      | \$1,106,344      |
| 26                   | . L        | TOTAL ME  | DICAID INTERIM PAY      | MENTS (From Exhibit 8)                | (\$343.787)                       | (\$39,612)                  | NA                            | Ψ1,100,044       |
| 27                   |            |   | NET MEDICAL             | D COMPUTABLE COSTS                    | \$616,460                         | \$52,439                    | NA NA                         |                  |
| 28                   |            |   |                         | FMAP (Blended)                        | 65.45%                            | 90.00%                      | NA NA                         |                  |
| 29                   |            |   | NET S                   | ETTLEMENT AMOUNT                      |                                   |                             | IVA                           |                  |
| 1                    | ĺ          | L   |                         |                                       | 100,110                           | 77,130                      |                               |                  |
|                      |            |   |                         |                                       |                                   |                             |                               |                  |
| 30                   |            |   |                         |                                       |                                   |                             |                               |                  |
| 31                   | "          | When the provider files a cost report indicating that an over | erpayment has occur     | red, full refund is to be re          | emitted with the cost repo        | ort." CMS Publication 15    | i-1 Section 2409 1(A)(2)      |                  |
| 32                   |            |   |                         |                                       |                                   | The same is abliqued in the | 1, 0000011 2400.1(11)(2)      |                  |
| 33                   | T          | This refund shall be remitted under a separate cover with a   | a copy of Exhibit 9a to | o.                                    |                                   |                             |                               |                  |
| 31<br>32<br>33<br>34 |            | ,   |                         | •.                                    |                                   |                             |                               |                  |
| 35                   |            | OHHS Accounts Receivable                                      |                         |                                       |                                   |                             |                               |                  |
| 36                   | 1          | Division of Medical Assistance                                |                         |                                       |                                   |                             |                               |                  |
| 37                   | ı          | 2022 Mail Service Center                                      |                         |                                       |                                   |                             |                               |                  |
|                      | i          | Raleigh, North Carolina 27699-2022                            |                         |                                       |                                   |                             |                               |                  |
| 38                   |            | Raieinn Norm Carolina 27699-2022                              |                         |                                       |                                   |                             |                               |                  |

|          | Α      | В  | С                             | D          |
|----------|--------|--|-------------------------------|------------|
| 1        | Nort   | h Carolina Division of Public Health   |                               | U          |
| 2        | Loca   | Il Health Department Cost Report   |                               |            |
| 3        | 1      | caid Administrative Claiming Costs for Settlement  |                               |            |
| 4        |        | swick County Health Department   |                               |            |
| 5        |        | The state of the s | Modicaid Dravidar Number      | 2404470    |
| 6        |        |  | Medicaid Provider Number      | 3404476    |
| 7        |        |  | NPI Number                    | 1841248622 |
| 8        | Pario  | od for Expenditures and Payments   |                               |            |
|          | 6110   |  |                               |            |
| 9        | ł      | Fiscal Year Start Date   | 7/1/2012                      | ,          |
| 10       |        | Fiscal Year End Date   | 6/30/2013                     |            |
|          | Modi   | anid Adminintention Objects O. (1)   |                               |            |
| 12<br>13 | ivieai | caid Administrative Claiming Settlement  |                               |            |
| 14       |        |  |                               |            |
| 15       |        |  |                               |            |
|          |        |  | MEDICAID ADMINISTRATIVE       |            |
| 16       |        | I. Medicaid Administrative Costs   | CLAIMING COSTS From Exhibit 7 |            |
| 17       |        | i. Medicald Administrative Costs   | 1 TOTT EXTIDIT 7              |            |
| 18       |        | Nurses   | \$0.00                        |            |
| 19       |        | Social Workers   | \$0.00                        |            |
| 20       |        | Health Educators & Nutrtionists  | \$0.00                        | Ì          |
| 21       |        | Direct Medical (Physicians/Billing/Intake)   | \$0.00                        |            |
| 22<br>23 |        |  |                               |            |
| 23       |        | COMPUTABLE MEDICAID ADMINISTRATIVE COSTS   | \$0.00                        |            |
| 24       |        | FFP  | 50.00%                        |            |
| 25       |        | MEDICAID ADMINISTRATIVE CLAIMING AMOUNT  | \$0.00                        |            |
| 26       |        | TOTAL MEDICAID MAC PAYMENTS FOR FISCAL YEAR (From Exhibit 8)   | \$0.00                        |            |
| 27       |        | NET MEDICAID SETTLEMENT AMOUNT   | \$0.00                        | İ          |
| 28       |        |  |                               |            |

| Γ        | A          | В  |  |  | <del></del> |                    |              |
|----------|------------|--|--|--|-------------|--------------------|--------------|
| 1        |            | □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □  | C  | <u> D</u>  | <u> </u>    | F                  | G            |
|          |            | Ith Department Cost Report   |  |  |             |                    |              |
| 3        | Financial  | Report Summary   |  |  |             |                    |              |
|          |            | County Health Department   |  |  |             |                    |              |
| 5        |            | County Hould Department  |  |  |             |                    |              |
| 6        |            |  |  |  | Medica      | id Provider Number | 3404476      |
| 1 7      |            |  |  |  |             | NPI Number         | 1841248622   |
| 8        | Pariod for | Expenditures   |  |  |             |                    |              |
| 9        | eriou ioi  |  | 7/4/0040   | 1  |             |                    |              |
| 10       |            | Fiscal Year Start Date Fiscal Year End Date  | 7/1/2012   |  |             |                    | ļ            |
| 11       |            | riscal fear End Date   | 6/30/2013  |  |             |                    |              |
|          | I HD FINΔ  | NCIAL SUMMARY  |  |  |             |                    |              |
| 13       |            | TOIAL OURINALLI  | ***************************************  |  |             | ***                |              |
| 14       | *Please se | e accompanying audited financial report  | for more informa   | tion   |             |                    |              |
| 15       |            | a accompanying addited infancial report  | ioi more impirma   | tion.  |             |                    |              |
| 16       |            | Gross Expenditures from LHD Financials   |  |  |             | \$6,458,158.33     |              |
| 17       |            | - I portain se nom Erio i manolalo   |  |  |             | Ψ0,400,100.33      |              |
| 18       |            | Adjustments  |  | •  |             |                    |              |
| 19       |            | Depreciation   |  |  |             | \$98,746.60        |              |
| 20       |            | Indirect Costs   |  |  |             | \$871,533.00       |              |
| 21       |            | Other  |  |  |             | Ψον 1,000.00       |              |
| 22       |            |  | Net Exp  | enditures from Finan   | cials       | \$7,428,437.93     |              |
| 22<br>23 |            |  |  |  |             | Ţ,, 120, 107.00    |              |
| 24       |            | Total Exp  | enditures per Co   | st Report (From Exhi   | bit 5)      | \$7,428,437.93     |              |
| 25       |            |  | •  |  | /           |                    |              |
| 26<br>27 |            |  |  | Vari   | ance        | \$0.00             |              |
| 27       |            | a control de control d | enemental series and the series and the series and the series and the series and the series and the series and | STATE OF THE STATE | ······      |                    | * ** **<br>* |

| 1  | North Carolina Division of Public Health  | В   | C  |                                       | D        |  |  |
|----|---|---|--|---------------------------------------|----------|--|--|
|    |   |   |  |                                       |          |  |  |
| 2  | Local Health Department Cost Report   |   |  |                                       |          |  |  |
|    | Brunswick County Health Department  |   |  |                                       |          |  |  |
| 4  | Variance Report - QC  |   |  |                                       |          |  |  |
| 5  |   |   | Mandanial Durasida Atlanti                     | 0.40                                  | 4470     |  |  |
| 6  |   |   | Medicaid Provider Numbe                        |                                       | 4476     |  |  |
| 7  |   |   | NPI Numbe                                      | 18412                                 | 48622    |  |  |
| _  | <b></b>   |   |  |                                       |          |  |  |
| 8  | Period for Expenditures and Paymen  | its   |  |                                       |          |  |  |
| 9  | Fiscal Year Start Date 7/1/2012   |   |  |                                       |          |  |  |
| 10 |   | 6/30/2013                                       | †  |                                       |          |  |  |
| 11 |   | Fiscal Year End Date                            | 0/30/2013                                      | _                                     |          |  |  |
| 12 | Differences Between Exhibits - ALL DIFFERENCES SHOULD EQUAL \$0                     |   |  |                                       |          |  |  |
| 13 |   |   |  |                                       |          |  |  |
| 14 |   |   |  |                                       |          |  |  |
| 15 | Total Expenditure Comparison - Exhibit 5 vs. LHD Financials                         | Exhibit 5 Total Expenditures                    | LHD Financials (Exhibit 10)                    | Diff                                  |          |  |  |
| 16 | Total Expenditures  | \$7,428,437,93                                  | \$7,428,437.93                                 | III                                   | \$0.00   |  |  |
| 17 |   | 7.1.551.550                                     | Ψ1, τευ, τυ1.30                                | J                                     | φυ.υυ    |  |  |
| 18 | Administration and Support Comparison - Exhibits 5 vs. 4a                           | Total Expenditures Exhibit 5                    | Total Expenditures Exhibit 4a                  | Diff                                  |          |  |  |
| 19 | Total Expenditures  | \$1,539,122.22                                  | \$1,539,122.22                                 | +                                     | \$0.00   |  |  |
| 20 |   |   |  | 1                                     |          |  |  |
|    | Clinical Administration Comparison - Exhibits 5 vs. 4b                              | Total Expenditures Exhibit 5                    | Total Expenditures Exhibit 4b                  | Diff                                  |          |  |  |
| 22 | Total Expenditures  | \$1,072,346.61                                  | \$1,072,346.61                                 |                                       | \$0.00   |  |  |
| 23 |   |   |  |                                       |          |  |  |
|    | Direct Medical Comparison - Exhibits 5 vs. 4c                                       | Total Expenditures Exhibit 5                    | Total Expenditures Exhibit 4c                  | Diff                                  |          |  |  |
| 26 | Total Expenditures  | \$3,134,798.22                                  | \$3,134,798.22                                 |                                       | \$0.00   |  |  |
|    | Non-Reimbursable Comparison - Exhibits 5 vs. 4d                                     |   |  |                                       |          |  |  |
|    | Total Expenditures  | Total Expenditures Exhibit 5                    | Total Expenditures Exhibit 4d                  | Diff                                  |          |  |  |
| 29 | Total Experiorates  | \$640,719.80                                    | \$640,719.80                                   | <u> </u>                              | \$0.00   |  |  |
|    | Adjustments / Transfers to Trial Balance Comparison - Exhibits 5 vs. LHD Financials | Adit of Table 1                                 |  | γ                                     |          |  |  |
| 31 | Total Reclassifications   | Adjustments/Transfers Exhibit 5<br>\$970,279.60 | LHD Financials Exhibit 10                      | Diff                                  |          |  |  |
| 32 |   | \$970,279.60                                    | <u></u>  | \$0.00                                |          |  |  |
|    | Allocations and Total Expenditures Comparison - Exhibits 5 vs. 6                    | Total Expenditures Exhibit 5                    | Total Fune aditum Fullitus C                   | Diff                                  |          |  |  |
| 34 | Total Expenditures  | \$7,428,437.93                                  | Total Expenditures Exhibit 6<br>\$7,428,437.93 | Diff                                  | - 00.00  |  |  |
| 35 |   | Ψ1,420,431.30                                   | \$1,420,437.93                                 | <u> </u>                              | \$0.00   |  |  |
| 36 | Total Allocated Expenditures and Settlement Cost Comparison - Exhibits 6 vs. 7      | Total Allocated Adj. Expenditures - Exhibit 6   | Total Expenditures for Settlement - Exhibit 7  | Diff                                  |          |  |  |
| 37 | Nurses Cost Pool  | \$1,185,531.89                                  | \$1,185,531.89                                 | Dill                                  | \$0.00   |  |  |
| 38 | Social Worker Cost Pool   | \$715,052.92                                    | \$715,052.92                                   |                                       | \$0.00   |  |  |
|    | Health Educator & Nutritionist Cost Pool  | \$659,817.46                                    | \$659,817.46                                   |                                       | \$0.00   |  |  |
|    | Direct Medical Cost Pool  | \$2,132,166.63                                  | \$2,132,166.63                                 |                                       | \$0.00   |  |  |
| 41 | 0   |   |  |                                       |          |  |  |
| 42 | Summary Settlement Comparison - Exhibits 1a vs. 9a, 9b, 9c                          | Summary of Settlement Amounts - Exhibit 1a      | Total Calculated Summary - Exhibits 9a-c       | Diff                                  | ~        |  |  |
|    | Medical Settlement  | \$403,473.00                                    | \$403,473.17                                   |                                       | (\$0.17) |  |  |
|    | Family Planning Settlement<br>Medicaid Administrative Claiming Settlement           | \$47,195.00                                     | \$47,194.78                                    |                                       | \$0.22   |  |  |
| 46 | Medicale Administrative Claiming Settlement   | \$0.00  | \$0.00   |                                       | \$0.00   |  |  |
|    | Summary Expenditure Comparison - Exhibits 1c and 5                                  |   |  | · · · · · · · · · · · · · · · · · · · |          |  |  |
| 48 | Admin Support   | Total on Cover - Exhibit 1c                     | Total Expenditures - Exhibit 5                 | Diff                                  |          |  |  |
|    | Medical Support   | \$1,511,980.15                                  | \$1,511,980.15                                 |                                       | \$0.00   |  |  |
|    | Direct Medical  | \$1,119,369.81                                  | \$1,119,369.81                                 |                                       | \$0.00   |  |  |
|    | Non Reimbursable  | \$2,886,303.78                                  | \$2,886,303.78                                 |                                       | \$0.00   |  |  |
|    | Total Expenditure   | \$1,910,784.19                                  | \$1,910,784.19                                 | ļ                                     | \$0.00   |  |  |
|    |   | \$7,428,437.93                                  | \$7,428,437.93                                 | 1                                     | \$0.00   |  |  |

## BRUNSWICK COUNTY HEALTH DEPARTMENT SCHEDULE OF ADJUSTMENTS FISCAL YEAR ENDED JUNE 30, 2013

| Adjustment<br>Number | Exhibit | Description   | Cost Center   | Desk Review | Adjustment | Revised Desk<br>Review | Work paper<br>Reference | Criteria  |
|----------------------|---------|---|---------------|-------------|------------|------------------------|-------------------------|---|
| 1                    |         | To adust Total Charges to agree with<br>Revised Charge Report total charges | Total Charges | 2,390,654   | (264,601)  | 2,126,053              | RR B-1                  | NC Medicaid State Plan<br>Attachment 4.19-B<br>Section 9, Item 9a, Part D |