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STATE OF NEW HAMPSHIRE

DEPARTMENT OF HEALTH AND HUMAN SERVICES

DIVISION OF PUBLIC HEALTH SERVICES

Lori A. Shibinette
Commissioner

Lisa M. Morris
Director

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January 11, 2021

His Excellency, Governor Christopher T. Sununu
and the Honorable Council
State House
Concord, New Hampshire 03301

REQUESTED ACTION

Authorize the Department of Health and Human Services, Division of Public Health Services, to amend existing contracts with the vendors listed below in bold for the provision of primary health care services for underserved, low-income and homeless individuals, by increasing the total price limitation by $2,209,138 from $10,019,683 to $12,228,821 and by extending the completion dates from June 30, 2021 to March 31, 2022 effective upon Governor and Council approval. 19.71% Federal Funds. 80.29% General Funds.

The original contracts were approved by Governor and Council on June 20, 2018, item #27G and most recently amended with Governor and Council approval on May 6, 2020, item #46. Lamprey Health Care, Inc. Primary Care Services for the Homeless contract was approved by the Governor and Council on June 10, 2020, Item #13.

Primary Care Services					
Vendor Name	**Vendor Code**	**Area Served**	**Current Amount**	**Increase (Decrease)**	**Revised Amount**
Ammonoosuc Community Health Services, Inc.	**177755-R001**	**Littleton**	**$592,021**	**$131,015**	**$723,036**
Amoskeag (formerly Manchester Community Health Center)	**157274-B001**	**Manchester**	**$1,885,871**	**$417,347**	**$2,303,218**
Coos County Family Health Services, Inc.	**155327-B001**	**Berlin**	**$337,911**	**$74,780**	**$412,691**
Greater Seacoast Community Health	**154703-B001**	**Somersworth**	**$1,612,306**	**$356,807**	**$1,969,113**
HealthFirst Family Care Center	**158221-B001**	**Franklin**	**$757,137**	**$167,556**	**$924,693**
Indian Stream Health Center	**165274-B001**	**Colebrook**	**$250,200**	**$55,370**	**$305,570**

Lamprey Health Care, Inc.	177677-R001	Newmarket	$1,662,862	$367,994	$2,030,856
Mid-State Health Center	158055-B001	Plymouth	$485,722	$107,492	$593,214
Weeks Medical Center	177171-B001	Lancaster	$286,590	$63,423	$350,013
		Sub- Total:	*$7,870,620*	*$1,741,784*	*$9,612,404*

Primary Care Services for Specific Counties

Vendor Name	Vendor Code	Area Served	Current Amount	Increase (Decrease)	Revised Amount
Amoskeag (formerly Manchester Community Health Center)	157274-B001	Carrol, Merrimack, Sullivan, Northeast Hillsboro Counties	$105,000	$15,000	$120,000
Concord Hospital	177653-B011	Concord	$767,116	$169,764	$936,880
White Mountain Community Health Center	174170-R001	Conway	$559,247	$123,762	$683,009
		Sub-Total:	*$1,431,363*	*$308,526*	*$1,739,889*

Primary Care Services for the Homeless

Vendor Name	Vendor Code	Area Served	Current Amount	Increase (Decrease)	Revised Amount
Greater Seacoast Community Health	154703-B001	Somersworth	$232,092	$51,362	$283,454
Manchester Health Department	177433-B009	Manchester	$246,609	$54,575	$301,184
Lamprey Health Care, Inc.	177677-R001	Newmarket	$88,151	$52,891	$141,042
Harbor Homes, Inc.	155358-B001	Nashua	$150,848	$0	$150,848
		Sub-Total	*$717,700*	*$158,828*	*$876,528*
		Total:	**$10,019,683**	**$2,209,138**	**$12,228,821**

Funds are available in the following accounts for State Fiscal Year 2021, and are anticipated to be available in State Fiscal Year 2022, upon the availability and continued appropriation of funds in the future operating budget, with the authority to adjust budget line items within the price limitation and encumbrances between state fiscal years through the Budget Office, if needed and justified.

See attached fiscal details.

EXPLANATION

The purpose of this request is to continue to increase statewide access to comprehensive primary health care services that include preventative and ongoing health care for acute and chronic health conditions for people of all ages, including pregnant women, children, adolescents, adults, the elderly and the homeless. Primary care vendors integrate and coordinate access to medical, behavioral and social services by reducing barriers to care through the provision of an array of enabling services such as care coordination, translation services, outreach, eligibility assistance, and health education.

Primary and preventative health care services are provided to underserved, low-income and homeless individuals who experience barriers to accessing health care due to issues such as lack of insurance, inability to pay, limited language proficiency and geographic isolation. Approximately 90,000 individuals will be served from July 1, 2021 to March 31, 2022.

The Department will continue to monitor contracted services using the performance measures outlined in Exhibit A-1, Reporting Metrics, by reviewing each vendor's historical baseline data and comparing that to the reported metrics to ensure there is stability or an increase to the percentage of patients served.

As referenced in Exhibit C-1 of the original contracts, the parties have the option to extend the agreements for up to two (2) additional years, contingent upon satisfactory delivery of services, available funding, agreement of the parties and Governor and Council approval. The Department is exercising its option to renew services for nine (9) months of the nine (9) months available.

Should the Governor and Executive Council not authorize this request, the Department may be unable to ensure preventative and regular health care for acute and chronic health conditions for low income and homeless individuals of all ages, including pregnant women, children, adolescents, adults, and the elderly throughout the state.

Area served: Statewide

Source of Funds: CFDA #93.994, FAIN # B04MC33853 and B04MC40148, HHS: Health Resources and Services Administration, Maternal and Child Health Services (Title v) Block Grant

In the event that the Federal Funds become no longer available, additional General Funds will not be requested to support this program.

Respectfully submitted,

Lori A. Shibinette
Commissioner

FINANCIAL DETAIL ATTACHMENT SHEET
Primary Care Services and Primary Care for the Homeless

05-95-90-902010-5190 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF POPULATION HEAI COMMUNITY SERVICES, MATERNAL AND CHILD HEALTH 26% Federal and 74% General

1. Ammonoosuc Community Health Services, Inc., Vendor # 177755-R001

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decrease) Amount	Revised Modified Budget
SFY 2018	102-500731	Contracts for Program Svcs	90080100	$46,708.00	$0.00	$46,708.00
SFY 2019	102-500731	Contracts for Program Svcs	90080100	$186,831.00	$0.00	$186,831.00
SFY 2020	102-500731	Contracts for Program Svcs	90080100	$140,123.00	$0.00	$140,123.00
				$373,662.00	***$0.00***	**$373,662.00**

2. Concord Hospital, Inc., Vendor # 177653-B011

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decrease) Amount	Revised Modified Budget
SFY 2018	102-500731	Contracts for Program Services	90080100	$60,522	$0	$60,522
SFY 2019	102-500731	Contracts for Program Services	90080100	$242,088	$0	$242,088
SFY 2020	102-500731	Contracts for Program Services	90080100	$181,566	$0	$181,566
				$484,176.00	***$0.00***	**$484,176.00**

3. Coos County Family Health Services, Inc., Vendor # 155327-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decrease) Amount	Revised Modified Budget
SFY 2018	102-500731	Contracts for Program Svcs	90080100	$26,660.00	$0.00	$26,660.00
SFY 2019	102-500731	Contracts for Program Svcs	90080100	$106,638.00	$0.00	$106,638.00
SFY 2020	102-500731	Contracts for Program Svcs	90080100	$79,979.00	$0.00	$79,979.00
				$213,277.00	***$0.00***	**$213,277.00**

4. Greater Seacoast Community Health, Vendor # 166629-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decrease) Amount	Revised Modified Budget
SFY 2018	102-500731	Contracts for Program Svcs	90080100	$127,203	$0	$127,203
SFY 2019	102-500731	Contracts for Program Svcs	90080100	$508,815	$0	$508,815
SFY 2020	102-500731	Contracts for Program Svcs	90080100	$381,611	$0	$381,611
				$1,017,629.00	***$0.00***	**$1,017,629.00**

5. Health First Family Care Center, Vendor # 158221-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decrease) Amount	Revised Modified Budget
SFY 2018	102-500731	Contracts for Program Svcs	90080100	$59,735	$0	$59,735
SFY 2019	102-500731	Contracts for Program Svcs	90080100	$238,938	$0	$238,938
SFY 2020	102-500731	Contracts for Program Svcs	90080100	$179,204	$0	$179,204
				$477,877.00	***$0.00***	**$477,877.00**

6. Indian Stream Health Center, Vendor #165274-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decrease) Amount	Revised Modified Budget
SFY 2018	102-500731	Contracts for Program Svcs	90080100	$19,740.00	$0.00	$19,740.00
SFY 2019	102-500731	Contracts for Program Svcs	90080100	$78,958.00	$0.00	$78,958.00
SFY 2020	102-500731	Contracts for Program Svcs	90080100	$59,219.00	$0.00	$59,219.00
				$157,917.00	***$0.00***	**$157,917.00**

7. Lamprey Health Care, Inc., Vendor # 177677-R001

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decrease) Amount	Revised Modified Budget
SFY 2018	102-500731	Contracts for Program Svcs	90080100	$131,192.00	$0.00	$131,192.00
SFY 2019	102-500731	Contracts for Program Svcs	90080100	$524,769.00	$0.00	$524,769.00
SFY 2020	102-500731	Contracts for Program Svcs	90080100	$393,577.00	$0.00	$393,577.00
				$1,049,538.00	***$0.00***	**$1,049,538.00**

FINANCIAL DETAIL ATTACHMENT SHEET
Primary Care Services and Primary Care for the Homeless

8. Amoskeag Health, Vendor # 157274-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decrease) Amount	Revised Modified Budget
SFY 2018	102-500731	Contracts for Program Svcs	90080100	$148,787	$0	$148,787
SFY 2019	102-500731	Contracts for Program Svcs	90080100	$595,146	$0	$595,146
SFY 2020	102-500731	Contracts for Program Svcs	90080100	$446,360	$0	$446,360
				$1,190,293.00	***$0.00***	**$1,190,293.00**

9. Mid-State Health Center, Vendor # 158055-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decrease) Amount	Revised Modified Budget
SFY 2018	102-500731	Contracts for Program Svcs	90080100	$38,321.00	$0.00	$38,321.00
SFY 2019	102-500731	Contracts for Program Svcs	90080100	$153,285.00	$0.00	$153,285.00
SFY 2020	102-500731	Contracts for Program Svcs	90080100	$114,964.00	$0.00	$114,964.00
				$306,570.00	**$0.00**	**$306,570.00**

10. Amoskeag Health (Northwest Hillsborough County), Vendor # 157274-B001 SPECIFIC COUNTIES

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decrease) Amount	Revised Modified Budget
SFY 2018	102-500731	Contracts for Program Svcs	90080100	$10,000	$0	$10,000
SFY 2019	102-500731	Contracts for Program Svcs	90080100	$40,000	$0	$40,000
SFY 2020	102-500731	Contracts for Program Svcs	90080100	$30,000	$0	$30,000
				$80,000.00	***$0.00***	***$80,000.00***

11. Weeks Medical Center, Vendor # 177171-R001

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decrease) Amount	Revised Modified Budget
SFY 2018	102-500731	Contracts for Program Services	90080100	$22,611.00	$0.00	$22,611.00
SFY 2019	102-500731	Contracts for Program Services	90080100	$90,442.00	$0.00	$90,442.00
SFY 2020	102-500731	Contracts for Program Services	90080100	$67,832.00	$0.00	$67,832.00
				$180,885.00	***$0.00***	***$180,885.00***

12. White Mountain Community Health Center, Vendor # 174170-R001

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decrease) Amount	Revised Modified Budget
SFY 2018	102-500731	Contracts for Program Services	90080100	$44,122	$0	$44,122
SFY 2019	102-500731	Contracts for Program Services	90080100	$176,488	$0	$176,488
SFY 2020	102-500731	Contracts for Program Services	90080100	$132,366	$0	$132,366
				$352,976.00	***$0.00***	***$352,976.00***

13. Greater Seacoast Community - Primary Care for the Homeless, Vendor # 166629-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decrease) Amount	Revised Modified Budget
SFY 2018	102-500731	Contracts for Program Svcs	90080100	$18,311	$0	$18,311
SFY 2019	102-500731	Contracts for Program Svcs	90080100	$73,244	$0	$73,244
SFY 2020	102-500731	Contracts for Program Svcs	90080100	$54,933	$0	$54,933
				$146,488.00	***$0.00***	***$146,488.00***

14. Manchester Health Dept. Primary Care for the Homeless - Vendor #177433-B009

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decrease) Amount	Revised Modified Budget
SFY 2018	102-500731	Contracts for Program Services	90080100	$19,456.00	$0.00	$19,456.00
SFY 2019	102-500731	Contracts for Program Services	90080100	$77,825.00	$0.00	$77,825.00
SFY 2020	102-500731	Contracts for Program Services	90080100	$58,369.00	$0.00	$58,369.00
				$155,650.00	***$0.00***	***$155,650.00***
15. Harbor Homes, Inc. Vendor - 1555358-B001						
SFY 2018	102-500731	Contracts for Program Services	90080100	$18,856.00	$0.00	$18,856.00
SFY 2019	102-500731	Contracts for Program Services	90080100	$75,424.00	$0.00	$75,424.00
SFY 2020	102-500731	Contracts for Program Services	90080100	$56,568.00	$0.00	$56,568.00

FINANCIAL DETAIL ATTACHMENT SHEET

Primary Care Services and Primary Care for the Homeless

				$150,848.00	*$0.00*	*$150,848.00*
				$6,337,786.00	*$0.00*	*$6,337,786.00*

05-95-90-902010-5190 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF POPULATION HEALTH AND COMMUNITY SERVICES, MATERNAL AND CHILD HEALTH
13.04% FEDERAL AND 86.96% GENERAL

1. Ammonoosuc Community Health Services, Inc., Vendor # 177755-R001

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decrease) Amount	Revised Modified Budget
SFY 2020	102-500731	Contracts for Program Svcs	90080105	$43,672.00	$0.00	$43,672.00
SFY 2021	102-500731	Contracts for Program Svcs	90080105	$174,687.00	$0.00	$174,687.00
SFY 2022	102-500731	Contracts for Program Svcs	90080105	$0.00	$131,015.00	$131,015.00
			Subtotal	*$218,359.00*	*$131,015.00*	*$349,374.00*

2. Concord Hospital, Inc., Vendor # 177653-B011

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decrease) Amount	Revised Modified Budget
SFY 2020	102-500731	Contracts for Program Svcs	90080105	$56,588	0.00	$56,588
SFY 2021	102-500731	Contracts for Program Svcs	90080105	$226,352	0.00	$226,352
SFY 2022	102-500731	Contracts for Program Svcs	90080105	$0	$169,764	$169,764
			Subtotal	*$282,940.00*	*$169,764.00*	*$452,704.00*

3. Coos County Family Health Services, Inc., Vendor # 155327-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decrease) Amount	Revised Modified Budget
SFY 2020	102-500731	Contracts for Program Svcs	90080105	$24,927.00	$0.00	$24,927.00
SFY 2021	102-500731	Contracts for Program Svcs	90080105	$99,707.00	$0.00	$99,707.00
SFY 2022	102-500731	Contracts for Program Svcs	90080105	$0.00	$74,780.00	$74,780.00
			Subtotal	*$124,634.00*	*$74,780.00*	*$199,414.00*

4. Greater Seacoast Community Health, Vendor # 166629-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decrease) Amount	Revised Modified Budget
SFY 2020	102-500731	Contracts for Program Svcs	90080105	$118,935.00	$0.00	$118,935.00
SFY 2021	102-500731	Contracts for Program Svcs	90080105	$475,742.00	$0.00	$475,742.00
SFY 2022	102-500731	Contracts for Program Svcs	90080105	$0.00	$356,807.00	$356,807.00
			Subtotal	*$594,677.00*	*$356,807.00*	*$951,484.00*

5. Health First Family Care Center, Vendor # 158221-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decrease) Amount	Revised Modified Budget
SFY 2020	102-500731	Contracts for Program Svcs	90080105	$55,852.00	$0.00	$55,852.00
SFY 2021	102-500731	Contracts for Program Svcs	90080105	$223,408.00	$0.00	$223,408.00
SFY 2022	102-500731	Contracts for Program Svcs	90080105	$0.00	$167,556.00	$167,556.00
			Subtotal	*$279,260.00*	*$167,556.00*	*$446,816.00*

6. Indian Stream Health Center, Vendor #165274-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decrease) Amount	Revised Modified Budget
SFY 2020	102-500731	Contracts for Program Svcs	90080105	$18,457.00	$0.00	$18,457.00
SFY 2021	102-500731	Contracts for Program Svcs	90080105	$73,826.00	$0.00	$73,826.00
SFY 2022	102-500731	Contracts for Program Svcs	90080105	$0.00	$55,370.00	$55,370.00
			Subtotal	*$92,283.00*	*$55,370.00*	*$147,653.00*

7. Lamprey Health Care, Inc., Vendor # 177677-R001

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decrease) Amount	Revised Modified Budget
SFY 2020	102-500731	Contracts for Program Svcs	90080105	$122,665.00	$0.00	$122,665.00
SFY 2021	102-500731	Contracts for Program Svcs	90080105	$490,659.00	$0.00	$490,659.00
SFY 2022	102-500731	Contracts for Program Svcs	90080105	$0.00	$367,994.00	$367,994.00
			Subtotal	*$613,324.00*	*$367,994.00*	*$981,318.00*

8. Amoskeag Health, Vendor # 157274-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decrease) Amount	Revised Modified Budget
SFY 2020	102-500731	Contracts for Program Svcs	90080105	$139,116.00	$0.00	$139,116.00
SFY 2021	102-500731	Contracts for Program Svcs	90080105	$556,462.00	$0.00	$556,462.00
SFY 2022	102-500731	Contracts for Program Svcs	90080105	$0.00	$417,347.00	$417,347.00
			Subtotal	*$695,578.00*	*$417,347.00*	*$1,112,925.00*

FINANCIAL DETAIL ATTACHMENT SHEET

Primary Care Services and Primary Care for the Homeless

9. Mid-State Health Center, Vendor # 158055-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decrease) Amount	Revised Modified Budget
SFY 2020	102-500731	Contracts for Program Svcs	90080105	$35,830.00	$0.00	$35,830.00
SFY 2021	102-500731	Contracts for Program Svcs	90080105	$143,322.00	$0.00	$143,322.00
SFY 2022	102-500731	Contracts for Program Svcs	90080105	$0.00	$107,492.00	$107,492.00
			Subtotal	*$179,152.00*	*$107,492.00*	*$286,644.00*

10. Weeks Medical Center, Vendor # 177171-R001

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decrease) Amount	Revised Modified Budget
SFY 2020	102-500731	Contracts for Program Services	90080105	$21,141.00	$0.00	$21,141.00
SFY 2021	102-500731	Contracts for Program Services	90080105	$84,564.00	$0.00	$84,564.00
SFY 2022	102-500731	Contracts for Program Services	90080105	$0.00	$63,423.00	$63,423.00
			Subtotal	*$105,705.00*	*$63,423.00*	*$169,128.00*

11. White Mountain Community Health Center, Vendor # 174170-R001

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decrease) Amount	Revised Modified Budget
SFY 2020	102-500731	Contracts for Program Services	90080105	$41,255.00	$0.00	$41,255.00
SFY 2021	102-500731	Contracts for Program Services	90080105	$165,016.00	$0.00	$165,016.00
SFY 2022	102-500731	Contracts for Program Services	90080105	$0.00	$123,762.00	$123,762.00
			Subtotal	$206,271.00	$123,762.00	*$330,033.00*

12. Greater Seacoast Community - Primary Care for the Homeless, Vendor # 166629-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decrease) Amount	Revised Modified Budget
SFY 2020	102-500731	Contracts for Program Svcs	90080105	$17,121	$0	$17,121
SFY 2021	102-500731	Contracts for Program Svcs	90080105	$68,483	$0	$68,483
SFY 2022	102-500731	Contracts for Program Svcs	90080105	$0	$51,362	$51,362
			Subtotal	*$85,604*	*$51,362*	*$136,966*

13. Manchester Health Dept. Primary Care for the Homeless - Vendor #177433-B009

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decrease) Amount	Revised Modified Budget
SFY 2020	102-500731	Contracts for Program Services	90080105	$18,192	$0	$18,192
SFY 2021	102-500731	Contracts for Program Services	90080105	$72,767	$0	$72,767
SFY 2022	102-500731	Contracts for Program Services	90080105	$0	$54,575	$54,575
			Subtotal	*$90,959*	*$54,575*	*$145,534*
			Total	$3,568,746	$2,141,247.00	$5,709,993.00

05-95-90-902010-5190 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF POPULATION HEALTH AND COMMUNITY SERVICES, MATERNAL AND CHILD HEALTH
100% GENERAL FUNDS

1. Amoskeag Health (Northwest Hillsborough County), Vendor # 157274-B001 SPECIFIC COUNTIES

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decrease) Amount	Revised Modified Budget
SFY 2020	102-500731	Contracts for Program Svcs	90080106	$5,000.00	$0.00	$5,000.00
SFY 2021	102-500731	Contracts for Program Svcs	90080106	$20,000.00	$0.00	$20,000.00
SFY 2022	102-500731	Contracts for Program Svcs	90080106	$0.00	$15,000.00	$15,000.00
			Subtotal	$25,000.00	$15,000.00	$40,000.00

2. Lamprey Health Care, Inc., - Primary Care for the Homeless -Vendor # 177677-R001

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decrease) Amount	Revised Modified Budget
SFY 2020	102-500731	Contracts for Program Services	90080105	$17,630	$0.00	$17,630.00
SFY 2021	102-500731	Contracts for Program Services	90080105	$70,521	$0.00	$70,521.00
SFY 2022	102-500731	Contracts for Program Services	90080105	$0	$52,891.00	$52,891.00
			Subtotal	*$88,151*	*$52,891.00*	*$141,042.00*

Total	*$10,019,683.00*	*$2,209,138.00*	*$12,228,821.00*

State of New Hampshire
Department of Health and Human Services
Amendment #2 to the Primary Care Services

This 2nd Amendment to the Primary Care Services contract (hereinafter referred to as "Amendment #2") is by and between the State of New Hampshire, Department of Health and Human Services (hereinafter referred to as the "State" or "Department") and Ammonoosuc Community Health Services, Inc. (hereinafter referred to as "the Contractor"), a non-profit with a place of business at 25 Mount Eustis Road, Littleton, NH 03561.

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on June 20, 2018, (Item #27G), as amended on May 6, 2020, (Item #46), the Contractor agreed to perform certain services based upon the terms and conditions specified in the Contract as amended and in consideration of certain sums specified; and

WHEREAS, pursuant to Form P-37, General Provisions, Paragraph 18, and Exhibit C-1, Revisions to General Provisions, Section 3, the Contract may be amended upon written agreement of the parties and approval from the Governor and Executive Council; and

WHEREAS, the parties agree to extend the term of the agreement, increase the price limitation, or modify the scope of services to support continued delivery of these services; and

NOW THEREFORE, in consideration of the foregoing and the mutual covenants and conditions contained in the Contract and set forth herein, the parties hereto agree to amend as follows:

1. Form P-37 General Provisions, Block 1.7, Completion Date, to read:
   March 31, 2022
2. Form P-37, General Provisions, Block 1.8, Price Limitation, to read:
   $723,036.
3. Add Exhibit A-3, Additional Scope of Services BinaxNOW, which is attached hereto and incorporated by reference herein.
4. Modify Exhibit B, Methods and Conditions Precedent to Payment, Section 4, Subsection 4.1 to read:
   4.1 Payments shall be on a cost reimbursement basis for approved actual costs in accordance with Exhibit B-1 through Exhibit B-6, Amendment #2 Budget, which is attached hereto and incorporated by reference herein.
5. Add Exhibit B-6, Amendment #2 Budget, which is attached hereto and incorporated by reference herein.

All terms and conditions of the Contract and prior amendments not inconsistent with this Amendment #2 remain in full force and effect. Exhibit A-3, Additional Scope of Services BinaxNOW, shall be effective retroactively to November 1, 2020, upon Governor's approval issued under the Executive Order 2020-04 as extended by Executive Orders 2020-05, 2020-08, 2020-09, 2020-10, 2020-14, 2020-15, 2020-16, 2020-17, 2020-18, and 2020-20. All other provisions of this amendment shall be effective July 1, 2021, or upon the date of Governor and Executive Council approval, whichever is later.

IN WITNESS WHEREOF, the parties have set their hands as of the date written below,

State of New Hampshire
Department of Health and Human Services

12/21/2020
Date

DocuSigned by:
Lisa M. Morris
D38DEF88CAA4A0...
Name: Lisa M. Morris
Title: Director, Division of Public Health Srvcs.

Ammonoosuc Community Health Services, Inc.

12/16/2020
Date

DocuSigned by:
Ed Shanshala
4835E8A20A5A4C9...
Name: Ed Shanshala
Title: CEO

New Hampshire Department of Health and Human Services
Primary Care Services

The preceding Amendment, having been reviewed by this office, is approved as to form, substance, and execution.

OFFICE OF THE ATTORNEY GENERAL

12/29/2020
Date

DocuSigned by:
[signature]
DSC[illegible]
Name: Catherine Pinos
Title: Attorney

I hereby certify that the foregoing Amendment was approved by the Governor and Executive Council of the State of New Hampshire at the Meeting on: _____ (date of meeting)

OFFICE OF THE SECRETARY OF STATE

Date

Name:
Title:

Additional Scope of Services BinaxNOW

1. BinaxNOW COVID-19 Antigen Testing and Supplies

1.1. The BinaxNOW COVID-19 Antigen Test is now authorized for Point of Care (POC) use in patient care settings operating under a Clinical Laboratory Improvement Amendment of 1988 Certificate of Waiver, Certificate of Compliance, or Certificate of Accreditation.

1.2. The BinaxNOW COVID-19 Antigen Test supplies are authorized for use under an Emergency Use Authorization by the U.S. Food and Drug Administration and consist of a lateral flow immunoassay for the qualitative detection of nucleocapsid protein antigen from the SARS-CoV-2 virus in direct nasal swabs from individuals suspected of COVID-19 by their healthcare provider within the first seven (7) days of symptom onset.

1.3. The Department will supply the Contractor with the BinaxNOW Rapid-Antigen COVID-19 Testing supplies at no cost to the Contractor via allotted distribution from the Department contingent upon the availability of supplies.

1.4. The Contractor shall adhere to proper use procedures and indications for BinaxNOW COVID-19 Antigen Test supplies as issued by the manufacturer (Abbott Laboratories), the U.S. Food and Drug Administration, and the Department, including applicable Health Advisory Network (HAN) messages.

1.5. The Contractor shall use BinaxNOW COVID-19 Antigen Test supplies provided by the Department only for active patients of the Contractor who:

1.5.1. Have COVID-19 symptoms, with symptom onset within the last seven (7) days; or

1.5.2. Do not have symptoms of COVID-19 at the direction of the Department.

1.6. The Contractor shall notify its established active patients who have symptoms of COVID-19 that it has the ability to perform COVID-19 testing, including rapid antigen testing.

1.7. The Contractor shall notify the Regional Public Health Network(s) within the Contractor's catchment area(s) that it can perform COVID-19 testing for active patients of the Contractor.

1.8. The Contractor shall report all positive test results and case details to the Department within twenty-four (24) hours of result determination using the COVID-19 Case Report form provided by the Department, which is available at the following link: https://www.dhhs.nh.gov/dphs/cdcs/covid19/covid19-reporting-form.pdf.

1.9. The Contractor shall report positive and negative test results to the Department using a secure web-based reporting process described in Health Alert Network Message #22. Instructions for Reporting Point-of-Care Tests available at: https://www.dhhs.nh.gov/dphs/cdcs/alerts/documents/covid-19-update22.pdf

1.10. The Contractor is prohibited from charging a patient, a patient's guardian, a patient's insurance, or New Hampshire Medicaid for a COVID-19 test conducted using BinaxNOW COVID-19 Antigen Test supplies provided by the Department.

1.11. The Contractor may charge a specimen collection fee, including, but not limited to, Healthcare Common Procedural Coding System (HCPCS) code G2023 as well as normal billing for an office or home visits by the Contractor, to the patient, the patient's guardian, the patient's insurance, or New Hampshire Medicaid for the evaluation and management of the patient that leads to a COVID-19 test conducted using BinaxNOW COVID-19 Antigen Test supplies provided by the Department.

1.12. The Contractor shall not refuse services or testing for any patient with any symptom(s) of COVID-19 using BinaxNOW COVID-19 Antigen Test supplies provided by the Department for any reason other than lack of available supplies.

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New Hampshire Department of Health and Human Services

Bidder/Program Name: Ammonoosuc Community Health Services, Inc

Budget Request for: Primary Care Services
(Name of RFP)

Budget Period: July 1, 2021 - March 31, 2022

	Total Program Cost			Contractor Share / Match			Funded by DHHS contract share		
Line Item	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total
1. Total Salary/Wages	$213,710.64	$ -	$ 213,710.64	$ 91,641.13	$ -	$ 91,641.13	$ 122,069.51	$ -	$ 122,069.51
2. Employee Benefits	$ 42,742.13	$ -	$ 42,742.13	$ 33,796.64	$ -	$ 33,796.64	$ 8,945.49	$ -	$ 8,945.49
3. Consultants	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
4. Equipment:	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Rental	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Repair and Maintenance	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Purchase/Depreciation	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
5. Supplies:	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Educational	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Lab	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Pharmacy	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Medical	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Office	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
6. Travel	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
7. Occupancy	$ -		$ -	$ -		$ -	$ -		$ -
8. Current Expenses	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Telephone	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Postage	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Subscriptions	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Audit and Legal	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Insurance	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Board Expenses	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
9. Software	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
10. Marketing/Communications	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
11. Staff Education and Training	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
12. Subcontracts/Agreements	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
13. Other (specific details mandatory):	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
TOTAL	$ 256,452.77	$ -	$ 256,452.77	$ 125,437.77	$ -	$ 125,437.77	$ 131,015.00	$ -	$ 131,015.00
Indirect As A Percent of Direct		0.0%							

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State of New Hampshire
Department of State

CERTIFICATE

I, William M. Gardner, Secretary of State of the State of New Hampshire, do hereby certify that AMMONOOSUC COMMUNITY HEALTH SERVICES, INC. is a New Hampshire Nonprofit Corporation registered to transact business in New Hampshire on March 24, 1975. I further certify that all fees and documents required by the Secretary of State's office have been received and is in good standing as far as this office is concerned.

Business ID: **61161**

Certificate Number: **0004790978**

IN TESTIMONY WHEREOF,

I hereto set my hand and cause to be affixed the Seal of the State of New Hampshire, this 29th day of January A.D. 2020.

William M. Gardner

Secretary of State

Filing History

Back to Home (/online)

Business Name	Business ID
Ammonoosuc Community Health Services, Inc.	61161

Filing#	Filing Date	Effective Date	Filing Type	Annual Report Year
0005040096	11/09/2020	11/09/2020	Change of Officer/Director	N/A
0004790977	01/29/2020	01/29/2020	Nonprofit Report	2020
0004766824	01/16/2020	01/16/2020	Annual Report Reminder	N/A
0003067968	03/16/2015	03/16/2015	Annual Report	2015
0000439039	04/07/2011	04/07/2011	Reinstatement	2010
0000439038	02/15/2011	02/15/2011	Admin Dissolution/Suspension	N/A
0000439037	10/08/2010	10/08/2010	Reminder Letter	N/A
0000439036	12/30/2005	12/30/2005	Annual Report	2005
0000439035	05/22/2000	05/22/2000	Annual Report	2000
0000439034	04/07/1995	04/07/1995	Annual Report	1995
0000439033	12/05/1994	12/05/1994	Merged	N/A
0000439032	11/21/1994	11/21/1994	Amendment	N/A
0000439031	02/12/1990	02/12/1990	Annual Report	1990
0000439030	03/15/1984	03/15/1984	Amendment	N/A
0000439029	03/12/1976	03/12/1976	Annual Report	N/A
0000439028	03/24/1975	03/24/1975	Business Formation	N/A

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NH Department of State, 107 North Main St. Room 204, Concord, NH 03301 -- **Contact Us (/online/Home/ContactUS)**

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CERTIFICATE OF AUTHORITY

I, Robert Tortorice, hereby certify that:
(Name of the elected Officer of the Corporation/LLC; cannot be contract signatory)

1. I am a duly elected Clerk/Secretary/Officer of Ammonoosuc Community Health Services (ACHS)
(Corporation/LLC Name)

2. The following is a true copy of a vote taken at a meeting of the Board of Directors/shareholders, duly called and held on March 28th, 2018, at which a quorum of the Directors/shareholders were present and voting.
(Date)

VOTED: That Edward D Shanshala II CEO (may list more than one person)
(Name and Title of Contract Signatory)

is duly authorized on behalf of ACHS to enter into contracts or agreements with the State
(Name of Corporation/ LLC)

of New Hampshire and any of its agencies or departments and further is authorized to execute any and all documents, agreements and other instruments, and any amendments, revisions, or modifications thereto, which may in his/her judgment be desirable or necessary to effect the purpose of this vote.

3. I hereby certify that said vote has not been amended or repealed and remains in full force and effect as of the date of the contract/contract amendment to which this certificate is attached. This authority **remains valid for thirty (30)** days from the date of this Certificate of Authority. I further certify that it is understood that the State of New Hampshire will rely on this certificate as evidence that the person(s) listed above currently occupy the position(s) indicated and that they have full authority to bind the corporation. To the extent that there are any limits on the authority of any listed individual to bind the corporation in contracts with the State of New Hampshire, all such limitations are expressly stated herein.

Dated: 25 Nov 20

Signature of Elected Officer
Name: Robert TORTORICE
Title: Secretary

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Ammonoosuc Community Health Services, Inc.
Corporate Resolution

Date: March 28, 2018

RESOLVED:
Be it resolved that Ammonoosuc Community Health Services, Inc., enters into contracts with the State of New Hampshire, acting through its Department of Health and Human Services, Division of Public Health Services.

Be it resolved that the Chief Executive Officer and/or Board President is hereby authorized on behalf of this corporation to enter into said contracts with the State and to execute and all documents, agreements, and other instruments; and any amendments, revisions, or modifications thereto, as he/she may deem necessary, desirable, or appropriate.

I, Ned Densmore, Secretary of the board of directors of Ammonoosuc Community Health Services, Inc., certify that the above resolution is an exact representation of the resolution voted on and approved at the Executive Committee meeting of the board of directors on March 28, 2018.

Secretary _____
Ned Densmore

Board of Directors Vote:
Yes 10 No 0

Date: MARCH 28, 2018

Y:\ACHS BOARD OF DIRECTORS\Board Resolutions\2018-0328StateContractAutho.docx

AMMOCOM-01 PCANTLIN

ACORD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/19/2020

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER License # AGR8150 Clark Insurance One Sundial Ave Suite 302N Manchester, NH 03103	CONTACT NAME: PHONE (A/C, No, Ext): (603) 622-2855 FAX (A/C, No): (603) 622-2854 E-MAIL ADDRESS: info@clarkinsurance.com
INSURED Ammonoosuc Community Health Services, Inc. ACHS 25 Mt Eustis Road Littleton, NH 03561	INSURER(S) AFFORDING COVERAGE — NAIC # INSURER A : Tri-State Insurance Company of Minnesota — 31003 INSURER B : Acadia — 31325 INSURER C : Technology Insurance Company — 42376 INSURER D : INSURER E : INSURER F :

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY			ADV5363386-12	10/4/2020	10/4/2021	EACH OCCURRENCE	$ 2,000,000
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 300,000
							MED EXP (Any one person)	$ 10,000
							PERSONAL & ADV INJURY	$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 4,000,000
	POLICY PRO-JECT X LOC						PRODUCTS - COMP/OP AGG	$ 4,000,000
	OTHER:							$
A	AUTOMOBILE LIABILITY			ADV5363386-12	10/4/2020	10/4/2021	COMBINED SINGLE LIMIT (Ea accident)	$ 2,000,000
	ANY AUTO						BODILY INJURY (Per person)	$
	OWNED AUTOS ONLY / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	X HIRED AUTOS ONLY / X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
B	X UMBRELLA LIAB X OCCUR			CUA5369941-12	10/4/2020	10/4/2021	EACH OCCURRENCE	$ 1,000,000
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	$ 1,000,000
	DED RETENTION $							$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N	N/A		TWC3885259	7/7/2020	7/7/2021	X PER STATUTE OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) N						E.L. EACH ACCIDENT	$ 500,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$ 500,000
							E.L. DISEASE - POLICY LIMIT	$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

State of NH Department of Health & Human Services
129 Pleasant St.
Concord, NH 03301

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Nancy Ruth

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AMMOCOM-01 MARYMAYER

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 6/29/2020

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	CONTACT NAME: Mary Mayer	
NFP Property & Casualty Services, Inc. PO Box 2127 620 Hinesburg Road South Burlington, VT 05407	PHONE (A/C, No, Ext): (802) 651-3356	FAX (A/C, No): (802) 658-9419
	E-MAIL ADDRESS: mary.mayer@nfp.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : TDC Specialty Insurance Co	34487
INSURED Ammonoosuc Community Health Services, Inc. Attn: Edward Shanshala 25 Mount Eustis Road Littleton, NH 03561	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	$
	☐ CLAIMS-MADE ☐ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$
							MED EXP (Any one person)	$
							PERSONAL & ADV INJURY	$
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$
	☐ POLICY ☐ PRO-JECT ☐ LOC						PRODUCTS - COMP/OP AGG	$
	OTHER:							$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$
	☐ ANY AUTO						BODILY INJURY (Per person)	$
	☐ OWNED AUTOS ONLY ☐ SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	☐ HIRED AUTOS ONLY ☐ NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
	☐ UMBRELLA LIAB ☐ OCCUR						EACH OCCURRENCE	$
	☐ EXCESS LIAB ☐ CLAIMS-MADE						AGGREGATE	$
	☐ DED ☐ RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						☐ PER STATUTE ☐ OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) ☐ Y/N	N/A					E.L. EACH ACCIDENT	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$
A	Medical Professional			FTP000392000	7/1/2020	7/1/2021	$1M ea cl / $3M aggr	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Medical Professional Liability coverage is provided on a claims made basis for the following individuals while working on behalf of or at the direction of Ammonoosuc Community Health Center, Inc. Coverage excludes claims covered by the Federal Tort Claims Act. Retroactive Date - 7/01/1988.

Jessica Thibodeau, ARNP Retroactive Date: 01/15/1996
Stephen M. Noyes. MSW Retroactive Date: 01/02/2001
Nicole Fischler, APRN Retroactive Date: 01/03/2007
SEE ATTACHED ACORD 101

CERTIFICATE HOLDER

Director, Division of Public Health Services NH DHHS
29 Hazen Drive
Concord, NH 03301-6504

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Mark Thibodeau

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AGENCY CUSTOMER ID: AMMOCOM-01 MARYMAYER

LOC #:

ACORD

ADDITIONAL REMARKS SCHEDULE

AGENCY	NAMED INSURED
NFP Property & Casualty Services, Inc.	Ammonoosuc Community Health Services, Inc. Attn: Edward Shanshala 25 Mount Eustis Road Littleton, NH 03561
POLICY NUMBER SEE PAGE 1	
CARRIER / NAIC CODE SEE PAGE 1 / SEE PAGE 1	EFFECTIVE DATE: SEE PAGE 1

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

Description of Operations/Locations/Vehicles:
Aaron Solnit, MD Retroactive Date: 10/01/2007 Woodsville, NH
Loren Solnit, MD Retroactive Date: 10/01/2007 Woodsville, NH
Sarah Young-Xu, MD Retroactive Date: 10/01/2007
Caitlin O'Donnell, MD Retroactive Date: 08/19/2008
David Nelson, DO Retroactive Date: 01/11/2010
Patricia Pratt, MD Retroactive Date: 01/01/2013
Nicole Houston, APRN Retroactive Date: 11/21/2013
Nataliya Sundina, PA Retroactive Date: 12/16/2013
Julianne Bailey, LCMHC Retroactive Date: 10/6/2014
Elizabeth Newton, FNP Retroactive Date: 08/31/2015
Melissa Buddensee, MD Retroactive Date: 09/12/2015
Lisa Bujno, APRN Retroactive Date: 11/16/2015
Joshua Gleiner, PA Retroactive Date: 01/05/2016
Judith Santy, LICSW Retroactive Date: 08/01/2016
David Ferris, DO Retroactive Date: 10/31/2016
Kristen Crowley, LICSW Retroactive Date: 12/01/2016
Amy Page, APRN Retroactive Date: 04/01/2017
Sarah Blanchard, PA Retroactive Date: 10/23/2017
Hiren Korat, DMD Retroactive Date: 11/27/2017
Robin Hallquist, MD Retroactive Date: 01/01/2018
Vanessa Robbins, RDH Retroactive Date: 03/05/2018
Katie Latulip, RDH Retroactive Date: 03/27/2018
Danielle McClure-Beaulieu, PA-C Retroactive Date: 5/1/18
Kathleen Takach, DMD Retroactive Date: 7/1/18
Brenda Fortier-Dube, LICSW Retroactive Date: 12/01/18
Evelyn Hagan, APRN Retroactive Date: 03/27/20
Cori Elliott, APRN Retroactive Date: 04/06/20
Lili Cargill, APRN Retroactive Date: 04/23/20
Pamela Comeau, PMHNP Retroactive Date: 04/27/20

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Ammonoosuc Community Health Services, Inc.
Corporate Resolution

Date: May 27, 2020

RESOLVED: Be it resolved that the ACHS Board of Directors reaffirms the ACHS Mission Statement,

"It is the mission of Ammonoosuc Community Health Services to provide a stable network of comprehensive Primary Health Care Services to individuals and families throughout the communities we serve. In support of this mission, ACHS provides evidenced based, outcome specific, systematic care that is: patient centered, focused on prevention, accessible and affordable to all."

In accordance with RSA 7:32e-I

I, Robert Tortorice, Secretary of the Board of Directors of Ammonoosuc Community Health Services, Inc., certify that the above resolution is an exact representation of the resolution voted on and approved at the regular meeting of the board of directors on May 27, 2020.

Secretary _____
Robert Tortorice

Board of Directors Vote:
Yes 11 No 0

Date: 05/27/2020

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[redacted]

ACHS

FINANCIAL STATEMENTS

June 30, 2020 and 2019

With Independent Auditor's Report

[redacted]

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INDEPENDENT AUDITOR'S REPORT

Board of Directors
Ammonoosuc Community Health Services, Inc.

We have audited the accompanying financial statements of Ammonoosuc Community Health Services, Inc., which comprise the balance sheets as of June 30, 2020 and 2019, and the related statements of operations, changes in net assets, and cash flows for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with U.S. generally accepted accounting principles; this includes the design, implementation and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with U.S. generally accepted auditing standards. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

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Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Ammonoosuc Community Health Services, Inc. as of June 30, 2020 and 2019, and the results of its operations, changes in its net assets and its cash flows for the years then ended, in accordance with U.S. generally accepted accounting principles.

Berry Dunn McNeil & Parker, LLC

Portland, Maine
November 19, 2020

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AMMONOOSUC COMMUNITY HEALTH SERVICES, INC.

Balance Sheets

June 30, 2020 and 2019

ASSETS

	2020	2019
Current assets		
Cash and cash equivalents	$ 3,523,246	$ 967,305
Patient accounts receivable, net	981,344	1,070,365
Grants and other receivables	100,044	45,911
Due from third-party payers	68,752	45,000
Other current assets	124,416	126,037
Total current assets	4,797,802	2,254,618
Investment in limited liability companies	10,000	10,000
Beneficial interest in funds held by others	108,649	109,945
Property and equipment, net	4,993,226	4,909,740
Total assets	$ 9,909,677	$ 7,284,303

LIABILITIES AND NET ASSETS

Current liabilities		
Accounts payable and accrued expenses	$ 173,938	$ 175,528
Accrued payroll and related expenses	666,223	683,959
Deferred revenue	57,481	6,200
Provider Relief Funds	443,046	-
Paycheck Protection Program refundable advance	1,014,100	-
COVID-19 Emergency Healthcare System Relief Fund loan	629,296	-
Current maturities of long-term debt	115,074	99,317
Total current liabilities	3,099,158	965,004
Long-term debt, less current maturities	1,522,831	1,457,577
Total liabilities	4,621,989	2,422,581
Net assets		
Net assets without donor restrictions	5,179,039	4,751,777
Net assets with donor restrictions	108,649	109,945
Total net assets	5,287,688	4,861,722
Total liabilities and net assets	$ 9,909,677	$ 7,284,303

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

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AMMONOOSUC COMMUNITY HEALTH SERVICES, INC.

Statements of Operations

Years Ended June 30, 2020 and 2019

	2020	2019
Operating revenue		
Patient service revenue	$ 8,252,484	$ 8,430,176
Provision for bad debts	(37,436)	(101,543)
Net patient service revenue	8,215,048	8,328,633
Grants and contributions	2,941,035	2,864,426
Provider Relief Funds	345,751	-
Other operating revenue	79,906	92,252
Net assets released from restriction for operations	516	515
Total operating revenue	11,582,256	11,285,826
Operating expenses		
Salaries and wages	6,888,531	7,137,000
Employee benefits	1,202,759	1,227,903
Contracted services	820,199	650,084
Program supplies	603,557	597,722
Occupancy	371,680	389,300
Other operating expenses	936,507	932,993
Depreciation	266,724	266,820
Interest expense	65,037	61,203
Total operating expenses	11,154,994	11,263,025
Excess of revenue over expenses	427,262	22,801
Grants received for capital acquisition	-	63,610
Increase in net assets without donor restrictions	$ 427,262	$ 86,411

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

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AMMONOOSUC COMMUNITY HEALTH SERVICES, INC.

Statements of Changes In Net Assets

Years Ended June 30, 2020 and 2019

	2020	2019
Net assets without donor restrictions		
Excess of revenue over expenses	$ 427,262	$ 22,801
Grants received for capital acquisition	-	63,610
Increase in net assets without donor restrictions	427,262	86,411
Net assets with donor restrictions		
Change in fair value of beneficial interest in funds held by others	(780)	1,934
Net assets released from restriction for operations	(516)	(515)
(Decrease) increase in net assets with donor restrictions	(1,296)	1,419
Change in net assets	425,966	87,830
Net assets, beginning of year	4,861,722	4,773,892
Net assets, end of year	$ 5,287,688	$ 4,861,722

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

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AMMONOOSUC COMMUNITY HEALTH SERVICES, INC.

Statements of Cash Flows

Years Ended June 30, 2020 and 2019

	2020	2019
Cash flows from operating activities		
Change in net assets	$ 425,966	$ 87,830
Adjustments to reconcile change in net assets to net cash provided by operating activities		
Depreciation	266,724	266,820
Change in value of beneficial interest in funds held by others, net of account distributions	1,296	(1,419)
Grants for long-term purposes	-	(127,220)
(Decrease) increase in the following assets:		
Patient accounts receivable	89,021	(128,485)
Grants and other receivables	(54,133)	113,163
Due from third-party payers	(23,752)	(6,227)
Other current assets	1,621	(17,675)
Increase (decrease) in the following liabilities:		
Accounts payable and accrued expenses	(1,590)	17,188
Accrued payroll and related expenses	(17,736)	58,622
Deferred revenue	51,281	(23,949)
Provider Relief Funds	443,046	-
Net cash provided by operating activities	1,181,744	238,648
Cash flows from investing activities		
Capital acquisitions	(350,210)	(457,473)
Cash flows from financing activities		
Grants for long-term purposes	-	127,220
Payments on long-term debt	(111,718)	(101,536)
Proceeds from Paycheck Protection Program refundable advance	1,014,100	-
Proceeds from COVID-19 Emergency Healthcare System Relief Fund loan	629,296	-
Proceeds from issuance of long-term debt	192,729	-
Net cash provided by financing activities	1,724,407	25,684
Net increase (decrease) in cash and cash equivalents	2,555,941	(193,141)
Cash and cash equivalents, beginning of year	967,305	1,160,446
Cash and cash equivalents, end of year	$ 3,523,246	$ 967,305
Supplemental disclosures of cash flow information		
Cash paid for interest	$ 65,037	$ 61,203

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

AMMONOOSUC COMMUNITY HEALTH SERVICES, INC.

Notes to Financial Statements

June 30, 2020 and 2019

Organization

Ammonoosuc Community Health Services, Inc. (the Organization) is a not-for-profit corporation organized in the State of New Hampshire. The Organization is a Federally Qualified Health Center (FQHC) which provides a number of preventative health programs in the towns of Franconia, Littleton, Woodsville, Warren, Whitefield and surrounding communities.

1. Summary of Significant Accounting Policies

Basis of Presentation

The financial statements of the Organization have been prepared in accordance with U.S. generally accepted accounting principles (U.S. GAAP), which requires the Organization to report information in the financial statements according to the following net asset classifications:

Net assets without donor restrictions: Net assets that are not subject to donor-imposed restrictions and may be expended for any purpose in performing the primary objectives of the Organization. These net assets may be used at the discretion of the Organization's management and the Board of Directors. The Organization's Board of Directors has designated net assets for future working capital needs in the amount of $360,000 at June 30, 2020 and 2019.

Net assets with donor restrictions: Net assets subject to stipulations imposed by donors and grantors. Some donor restrictions are temporary in nature; those restrictions will be met by actions of the Organization or by the passage of time. Other donor restrictions are perpetual in nature, whereby the donor has stipulated the funds be maintained in perpetuity.

Uncertainty Related to COVID-19

On March 11, 2020, the World Health Organization declared the 2019 Novel Coronavirus Disease (COVID-19) a global pandemic. The COVID-19 pandemic has impacted and could further impact the Organization's operations as a result of quarantines and travel and logistics restrictions. The extent to which the COVID-19 pandemic impacts the Organization's business, results of operations and financial condition will depend on future developments, which are highly uncertain and cannot be predicted, including, but not limited to the duration, spread, severity, and impact of the COVID-19 pandemic, the effects of the COVID-19 pandemic on the Organization's members and the remedial actions and stimulus measures adopted by local and federal governments. Therefore, the Organization cannot reasonably estimate the impact at this time.

Income Taxes

The Organization is a public charity under Section 501(c)(3) of the Internal Revenue Code. As a public charity, the Organization is exempt from state and federal income taxes on income earned in accordance with its tax-exempt purpose. Unrelated business income is subject to state and federal income tax. Management has evaluated the Organization's tax positions and concluded that the Organization has no unrelated business income or uncertain tax positions that require adjustment to the financial statements.

AMMONOOSUC COMMUNITY HEALTH SERVICES, INC.

Notes to Financial Statements

June 30, 2020 and 2019

Use of Estimates

The preparation of financial statements in conformity with U.S. GAAP requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

Cash and Cash Equivalents

Cash and cash equivalents consist of demand deposits and petty cash funds.

The Organization maintains cash balances at several financial institutions. The balances are insured by the Federal Deposit Insurance Corporation (FDIC) up to $250,000. At various times throughout the year, the Organization's cash balances may exceed FDIC insurance. The Organization has not experienced any losses in such accounts and management believes it is not exposed to any significant risk. Additionally, certain of the Organization's accounts have been set up with nightly sweep arrangements in which balances in excess of FDIC limits are transferred to insured accounts. At June 30, 2020 and 2019, $2,211,075 and $620,464, respectively, were in these insured accounts.

Grants and Other Receivables

Grants and other receivables are stated at the amount management expects to collect from outstanding balances. All such amounts are considered collectible.

A portion of the Organization's revenue is derived from cost-reimbursable grants, which are conditioned upon certain performance requirements and/or the incurrence of allowable qualifying expenses. Amounts received are recognized as revenue when the Organization has incurred expenditures in compliance with specific contract or grant provisions. Amounts received prior to incurring qualifying expenditures are reported as deferred revenue. The Organization has been awarded cost reimbursable grants of $2,593,031 and $1,504,845 that have not been recognized at June 30, 2020 and 2019, respectively, because qualifying expenditures have not yet been incurred. The Organization also has been awarded $174,687 in cost-reimbursable grants with a project period beginning July 1, 2020.

The Organization receives a significant amount of grants from the U.S. Department of Health and Human Services (HHS). As with all government funding, these grants are subject to reduction or termination in future years. For the years ended June 30, 2020 and 2019, grants from HHS (including both direct awards and awards passed through other organizations) represented approximately 88% and 89%, respectively, of grants, contracts and support revenue.

Investment in Limited Liability Companies

The Organization was a non-principal participant in the National Rural ACO 13 LLC (the ACO) through December 31, 2019. The mission of the ACO was better health for populations, better care for individuals, and lower growth in health care expenditures. As a participant in the ACO, the Organization worked with the ACO, and other ACO participants and providers, to manage and coordinate care for Medicare fee-for-service beneficiaries, and to be accountable for the quality, cost and overall care of its patients. Pursuant to its operating agreement, the ACO distributed shared savings it receives from Medicare in a predetermined ratio to the Organization, as applicable.

The Organization is a member of the North Country Community Care Organization, LLC (the CCO) by making an initial capital contribution of $10,000 for a 10% interest in the CCO. The primary purpose of the CCO is to enhance the experience and quality of health care, improve population health, and reduce the costs of delivering health care services by fostering collaboration and clinical integration among health care providers based in Northern New Hampshire. The members of the CCO expect to improve population health not only through clinical integration and best practices along the continuum of care, but by stimulating and supporting behavioral, cultural and environmental changes in the North Country, and plan to strive to manage the total cost of care, so that it becomes and remains more affordable and thus more accessible.

Beneficial Interest in Funds Held by Others

The Organization is a beneficiary of agency endowment funds at the New Hampshire Charitable Foundation (the Foundation) as a result of contributing endowment funds received from donors to be held and administered by the Foundation. Income from the funds is used to support the operating expenses of the Organization and to support palliative and hospice care. Pursuant to the terms of the resolutions establishing the funds, property contributed to the Foundation is held as separate funds designated for the benefit of the Organization.

In accordance with its spending policy, the Foundation makes distributions from the funds to the Organization. The distributions are approximately 4.03% of the market value of the fund per year. Changes in fair value of the Organization's interest in the funds held by others less fees are recorded as an increase in net assets with donor restrictions. Distributions from the funds are reported as net assets released from restriction for operations.

The composition of beneficial interest in funds held by others follows:

	2020	2019
Net assets with donor restrictions		
Temporary in nature - cumulative change in fair value, net of fees and distributions	$ 46,348	$ 47,644
Permanent in nature - endowment	62,301	62,301
Total	$ 108,649	$ 109,945

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Property and Equipment

Property and equipment are carried at cost. Maintenance, repairs and minor renewals are expensed as incurred and renewals and betterments are capitalized. Provision for depreciation is computed using the straight-line method over the useful lives of the related assets. The Organization's capitalization policy is applicable for acquisitions greater than $5,000.

Provider Relief Funds

The Coronavirus Aid, Relief, and Economic Security (CARES) Act and the Paycheck Protection Program and Health Care Enhancement Act (PPPHCE) Act established the Provider Relief Fund (PRF) to support healthcare providers in the battle against the COVID-19 outbreak. The PRF is being administered by HHS. The Organization received PRF in the amount of $788,797 during the year ended June 30, 2020. These funds are to be used for qualifying expenses and to cover lost revenue due to COVID-19. The PRF are considered conditional contributions and are recognized as income when qualifying expenditures have been incurred. Management believes the Organization met the conditions necessary to recognize these contributions in the amount of $345,751 as revenue as of June 30, 2020, based on its understanding of the requirements related to lost revenues. Management believes the position taken is a reasonable interpretation of the rules, subject to further clarification, which is expected from HHS.

Subsequent reports to HHS are required for the period ending December 31, 2020. On September 19, 2020 and October 22, 2020, HHS issued reporting requirements which have revised the definition of qualifying expenditures related to lost revenue. Due to the complexity of the reporting requirements and the continued issuance of clarifying guidance, there is at least a reasonable possibility the amount of income recognized related to lost revenues may change by a material amount. Any difference between amounts previously estimated and amounts subsequently determined to be recoverable or payable will be included in income in the year that such amounts become known.

Paycheck Protection Program

On April 14, 2020, the Organization qualified for and received a loan in the amount of $1,014,100 pursuant to the Paycheck Protection Program (PPP), a program implemented by the U.S. Small Business Administration (SBA) under the CARES Act and the PPPHCE Act. The loan is unsecured, has a two-year term with a maturity date of April 2022, bears an annual interest rate of 1%, and shall be payable monthly with the first six monthly payments deferred. The principal amount of the PPP is subject to forgiveness, upon the Organization's request, to the extent that the proceeds are used to pay qualifying expenditures, including payroll costs, interest on mortgages, rent and utilities, incurred by the Organization.

The Organization has utilized $950,634 of the total available PPP for qualifying expenditures as of June 30, 2020 and anticipates utilizing the remaining funds in the first quarter of fiscal year 2021. It is the Organization's intent to apply for forgiveness at that time. Forgiveness is subject to the sole approval of the SBA. The Organization has chosen to follow the conditional contribution model for the PPP and has opted to not record any income until forgiveness is received. The full amount of the PPP received is reported as a refundable advance in the current liabilities section of the balance sheet at June 30, 2020.

COVID-19 Emergency Healthcare System Relief Fund Loan

During April 2020, the Organization qualified for and received a loan in the amount of $629,296 from the COVID-19 Emergency Healthcare System Relief Fund (Relief Loan), a program implemented by the State of New Hampshire, Department of Health and Human Services. The Relief Loan is unsecured, interest free, and has a maturity date of 180 days after the expiration of the State of Emergency declared by the Governor at which time the loan is due in full. The principal amount of the Relief Loan has the potential to be converted to a grant at the discretion of the Governor if certain criteria are met. The Organization submitted an application to convert the Relief Loan to a grant in November 2020. If the application is not approved, the Organization believes it is possible the Relief Loan will be due within a year and as a result, the full amount of the Relief Loan is reported as a current liability on the balance sheet at June 30, 2020.

Patient Service Revenue

Patient service revenue is reported at the estimated net realizable amounts from patients, third-party payers, and others for services rendered, including estimated retroactive adjustments under reimbursement agreements with third-party payers. Retroactive adjustments are accrued on an estimated basis in the period the related services are rendered and adjusted in future periods as final settlements are determined.

340B Drug Pricing Program

The Organization, as an FQHC, is eligible to participate in the 340B Drug Pricing Program. The program requires drug manufacturers to provide outpatient drugs to FQHC's and other identified entities at a reduced price. The local pharmacies dispense drugs to eligible patients of the Organization and bill Medicare and commercial insurances on behalf of the Organization. Reimbursement received by the contracted pharmacies is remitted to the Organization, less dispensing and administrative fees.

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Contributions

Unconditional promises to give cash and other assets are reported at fair value at the date the promise is received, which is then treated as cost. The gifts are reported as net assets with donor restrictions if they are received with donor stipulations that limit use of the donated assets. When a donor restriction expires, that is, when a stipulated time restriction ends or purpose restriction is accomplished, net assets with donor restrictions are reclassified as net assets without donor restrictions and reported in the statements of operations as net assets released from restriction. Contributions whose restrictions are met in the same period as the support was received are recognized as net assets without donor restrictions.

The Organization has adopted Financial Accounting Standards Board Accounting Standards Update (ASU) No. 2018-08, *Not-for-Profit Entities* (Topic 958), *Clarifying the Scope and the Accounting Guidance for Contributions Received and Contributions Made*. ASU No. 2018-08 applies to all entities that receive or make contributions and clarifies the definition of transactions accounted for as an exchange transaction subject to applicable guidance for revenue recognition, and transactions that should be accounted for as contributions (non-exchange transactions) subject to the contribution accounting model. Further, ASU No. 2018-08 provides criteria for evaluating whether contributions are unconditional or conditional. Conditional contributions specify a barrier that the recipient must overcome and a right of return that releases the donor from its obligation if the barrier is not achieved, otherwise the contribution is unconditional. The adoption of ASU No. 2018-08 had no impact on the Organization's net assets, results of its operations, or cash flows.

Excess of Revenue over Expenses

The statements of operations reflect the excess of revenue over expenses. Changes in net assets without donor restrictions which are excluded from the excess of revenue over expenses include contributions of long-lived assets (including assets acquired using contributions which, by donor restriction, were to be used for the purposes of acquiring such assets).

Subsequent Events

For purposes of the preparation of these financial statements, management has considered transactions or events occurring through November 19, 2020 the date that the financial statements were available to be issued. Management has not evaluated subsequent events after that date for inclusion in the financial statements.

2. Availability and Liquidity of Financial Assets

The Organization regularly monitors liquidity required to meet its operating needs and other contractual commitments. The Organization has various sources of liquidity at its disposal, including cash and cash equivalents and a line of credit.

The Organization had working capital of $1,698,644 and $1,289,614 at June 30, 2020 and 2019, respectively. The Organization had average days (based on normal expenditures) cash on hand of 118 and 32 at June 30, 2020 and 2019, respectively.

Financial assets available for general expenditure within one year were as follows:

	2020	2019
Cash and cash equivalents	$ 3,523,246	$ 967,305
Patient accounts receivable, net	981,344	1,070,365
Grants and other receivables	100,044	45,911
Due from third-party payers	68,752	45,000
Financial assets available for general expenditures within one year	$ 4,673,386	$ 2,128,581

The Organization's goal is generally to have, at the minimum, the Health Resources and Services Administration recommended days cash on hand for operations of 30 days. At June 30, 2020, average days cash on hand was higher than the Organization's goal due to various COVID related relief payments disclosed in Note 1.

The Organization has an available $500,000 line of credit as described in Note 5.

3. Patient Accounts Receivable

Patient accounts receivable consisted of the following as of June 30:

	2020	2019
Patient service accounts receivable	$ 1,064,617	$ 1,092,394
Contract 340B pharmacy program receivables	173,320	241,904
Total patient accounts receivable	1,237,937	1,334,298
Allowance for doubtful accounts	(256,593)	(263,933)
Patient accounts receivable, net	$ 981,344	$ 1,070,365

The Organization grants credit without collateral to its patients, most of whom are local residents and are insured under third-party payer agreements. Primary payers representing 10% or more of the Organization's gross patient accounts receivable are as follows:

	2020	2019
Medicare	44 %	32 %
Medicaid	10 %	14 %
Anthem Blue Cross Blue Shield	11 %	15 %

Patient accounts receivable are stated at the amount management expects to collect from outstanding balances. Patient accounts receivable are reduced by an allowance for uncollectible accounts. In evaluating the collectability of patient accounts receivable, the Organization analyzes its past history and identifies trends for each individual payer. Management regularly reviews data about revenue in evaluating the sufficiency of the allowance for uncollectible accounts. Amounts not collected after all reasonable collection efforts have been exhausted are applied against the allowance for uncollectible accounts.

A reconciliation of the allowance for uncollectible accounts is as follows as of June 30:

	2020	2019
Balance, beginning of year	$ 263,933	$ 260,243
Provision for bad debts	37,436	101,543
Write-offs, net of recoveries	(44,776)	(97,853)
Balance, end of year	$ 256,593	$ 263,933

4. Property and Equipment

Property and equipment consisted of the following:

	2020	2019
Land, buildings and improvements	$ 6,698,876	$ 6,042,718
Furniture and equipment	1,180,176	1,168,822
Total cost	7,879,052	7,211,540
Less accumulated depreciation	2,885,826	2,619,103
	4,993,226	4,592,437
Construction in progress	-	317,303
Property and equipment, net	$ 4,993,226	$ 4,909,740

Property and equipment acquired with Federal grant funds are subject to specific federal standards for sales and other dispositions. In many cases, the Federal government retains a residual ownership interest in the assets, requiring prior approval and restrictions on disposition.

6. Operating Line of Credit

The Organization had an available line of credit for $500,000 with a local banking institution through January 2020. The Organization is operating under the line of credit agreement while the renewal is in process. Borrowings on the line of credit bears an interest rate equal to the Wall Street Journal Prime Rate (3.25% at June 30, 2020), but no less than 4.5%. The line of credit is payable on demand and is collateralized by all business assets. There was no balance outstanding at June 30, 2020 and 2019.

6. Long-Term Debt

Long-term debt consisted of the following as of June 30:

	2020	2019
Note payable to a local bank, payable in monthly installments of $4,477 including interest at 3.5%, through August 2026, collateralized by real estate and all other assets.	$ 293,890	$ 336,497
Variable rate note payable to a local bank, payable in monthly installments of $3,480, including interest at 3.5%, through October 2024, at which time the monthly installments will increase to $3,606 and interest will be adjusted to the Wall Street Journal Prime Rate plus 1% through October 2035, collateralized by real estate and all other assets.	467,983	492,854
Variable rate note payable to a local bank, payable in monthly installments of $2,900, including interest at 3.5%, through December 2024, at which time the monthly installments will increase to $3,004 and the interest will be adjusted to the Wall Street Journal Prime Rate plus 1% through December 2035, collateralized by real estate and all other assets.	393,490	414,094
Note payable to a local bank, payable in monthly installments of $2,689, including interest at 5%, through November 2032, collateralized by real estate and all other assets.	296,507	313,449
Variable rate note payable to a local bank, payable in monthly installments of $1,419, including interest at 5.875%, through March 2024, at which time the monthly installments will increase to $1,476 and the interest will be adjusted to the Wall Street Journal Prime Rate plus 1% (but not less than 4.5%) through March 2039, collateralized by real estate and all other assets.	186,036	-
Total long-term debt	1,637,905	1,556,894
Less current maturities	115,074	99,317
Long-term debt, excluding current maturities	$ 1,522,831	$ 1,457,577

Scheduled principal repayments on long-term debt for the next five years and thereafter are as follows:

2021	$ 115,074
2022	119,600
2023	124,310
2024	129,936
2025	135,953
Thereafter	1,013,032
Total	$ 1,637,905

7. Patient Service Revenue

Patient service revenue follows for the years ended June 30:

	2020	2019
Medicare	$ 2,252,524	$ 2,364,249
Medicaid	1,656,133	1,351,859
Other third-party payers	2,274,091	2,526,453
Patient	348,948	475,083
Total medical and dental patient service revenue	6,531,696	6,717,644
Contract 340B program revenue	1,720,788	1,712,532
Total patient service revenue	$ 8,252,484	$ 8,430,176

Laws and regulations governing the Medicare, Medicaid and 340B programs are complex and subject to interpretation. The Organization believes that it is in compliance with all laws and regulations. Compliance with such laws and regulations can be subject to future government review and interpretation, as well as significant regulatory action including fines, penalties and exclusion from the Medicare, Medicaid and 340B. Differences between amounts previously estimated and amounts subsequently determined to be recoverable or payable are included in patient service revenue in the year that such amounts become known.

A summary of the payment arrangements with major third-party payers follows:

Medicare

The Organization is reimbursed for the care of qualified patients on a prospective basis, with retroactive settlements related to vaccine costs only. The prospective payment is based on a geographically-adjusted rate determined by Federal guidelines. Overall, reimbursement is subject to a maximum allowable rate per visit.

Medicaid and Other Payers

The Organization also has entered into payment agreements with Medicaid and certain commercial insurance carriers, health maintenance organizations and preferred provider organizations. The basis for payment to the Organization under these agreements includes prospectively determined rates per visit and contractually obligated payment rates which may be less than the Organization's public fee schedule.

Charity Care

The Organization provides care to patients who meet certain criteria under its sliding fee discount policy without charge or at amounts less than its established rates. Because the Organization does not pursue collection of amounts determined to qualify as charity care, they are not reported as net patient service revenue. The Organization estimates the costs associated with providing charity care by calculating the ratio of total cost to total charges, and then multiplying that ratio by the gross uncompensated charges associated with providing care to patients eligible for free care. The estimated cost of providing services to patients under the Organization sliding fee discount policy amounted to $736,434 and $882,570 for the years ended June 30, 2020 and 2019, respectively. The Organization is able to provide these services with a component of funds received through local community support and federal grants.

8. Functional Expenses

The financial statements report certain categories of expenses that are attributable to more than one program or supporting function; therefore, these expenses require allocation on a reasonable basis that is consistently applied. As the Organization is a service organization, such expenses are allocated between healthcare services and administrative support based on the percentage of direct care wages to total wages.

Expenses related to providing these services are as follows for the years ended June 30:

	2020		
	Healthcare Services	Administrative Support	Total
Salaries and wages	$ 5,353,525	$ 1,535,006	$ 6,888,531
Employee benefits	934,742	268,017	1,202,759
Contracted services	771,009	49,190	820,199
Program supplies	603,557	-	603,557
Occupancy	288,857	82,823	371,680
Other operating expense	689,570	246,937	936,507
Depreciation	207,289	59,435	266,724
Interest expense	50,544	14,493	65,037
Total	$ 8,899,093	$ 2,255,901	$ 11,154,994

AMMONOOSUC COMMUNITY HEALTH SERVICES, INC.

Notes to Financial Statements

June 30, 2020 and 2019

	Healthcare Services	2019 Administrative Support	Total
Salaries and wages	$ 5,540,745	$ 1,596,255	$ 7,137,000
Employee benefits	953,271	274,632	1,227,903
Contracted services	581,540	68,544	650,084
Program supplies	597,722	-	597,722
Occupancy	302,230	87,070	389,300
Other operating expense	674,189	258,804	932,993
Depreciation	207,143	59,677	266,820
Interest expense	47,514	13,689	61,203
Total	$ 8,904,354	$ 2,358,671	$ 11,263,025

9. Benefit Plans

The Organization has a defined contribution plan under Internal Revenue Code Section 403(b) that cover substantially all employees. The Organization made no contributions to the plan during the years ended June 30, 2020 and 2019.

The Organization provides health insurance to its employees through a partially self-insurance plan with a re-insurance arrangement to limit exposure.

10. Lease Commitments

The Organization leases office space under noncancelable operating leases. Future minimum lease payments under these leases are:

2021	$ 70,946
2022	17,736
Total	$ 88,682

Rent expense amounted to $70,946 for the years ended June 30, 2020 and 2019.

11. Malpractice Insurance

The Organization is protected from medical malpractice risk as an FQHC under the Federal Tort Claims Act (FTCA). The Organization has additional medical malpractice insurance, on a claims-made basis, for coverage outside the scope of the protection of the FTCA. As of June 30, 2020, there were no known malpractice claims outstanding which, in the opinion of management, will be settled for amounts in excess of both FTCA and insurance coverage, nor are there any unasserted claims or incidents which require loss accrual. The Organization intends to renew the additional medical malpractice insurance coverage on a claims-made basis and anticipates that such coverage will be available.

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Board of Directors
Ammonoosuc Community Health Services, Inc.

We have audited the financial statements of Ammonoosuc Community Health Services, Inc. (the Organization) for the year ended June 30, 2020, and have issued our report thereon dated November 19, 2020. Professional standards require that we communicate to you the following information related to our audit.

REQUIRED COMMUNICATIONS

Our Responsibility under U.S. Generally Accepted Auditing Standards, *Government Auditing Standards* and Uniform Guidance

As stated in our engagement letter dated July 23, 2020, our responsibility, as described by professional standards, is to express an opinion about whether the financial statements prepared by management with your oversight are fairly presented, in all material respects, in conformity with U.S. generally accepted accounting principles. Our audit of the financial statements does not relieve you or management of your responsibilities.

In planning and performing our audit, we considered the Organization's internal control over financial reporting in order to determine our auditing procedures for the purpose of expressing our opinion on the financial statements and not to provide assurance on the internal control over financial reporting. We also considered internal control over compliance with requirements that could have a direct and material effect on a major federal program in order to determine our auditing procedures for the purpose of expressing our opinion on compliance and to test and report on internal control over compliance in accordance with the Single Audit Act Amendments of 1996 and Title 2 U.S. *Code of Federal Regulations* Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance).

As part of obtaining reasonable assurance about whether the Organization's financial statements are free from material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts and grants, noncompliance with which could have a direct and material effect on the determination of financial statement amounts. However, providing an opinion on compliance with those provisions was not an objective of our audit. Also, in accordance with the Uniform Guidance, we examined, on a test basis, evidence about compliance with the types of compliance requirements described in the OMB *Compliance Supplement* applicable to its major federal program for the purpose of expressing an opinion on the Organization's compliance with those requirements. While our audit provides a reasonable basis for our opinion, it does not provide a legal determination on the Organization's compliance with those requirements.

Other Information in Documents Containing Audited Financial Statements

Our responsibility for the supplementary information accompanying the financial statements, as described by professional standards, is to evaluate the presentation of the supplementary information in relation to the financial statements as a whole and to report on whether the supplementary information is fairly stated, in all material respects, in relation to the financial statements as a whole.

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With respect to the supplementary information accompanying the financial statements, we made certain inquiries of management and evaluated the form, content and methods of preparing the information to determine that the information complies with cost principles contained in the Uniform Guidance, the method of preparing it has not changed from the prior period, and the information is appropriate and complete in relation to our audit of the financial statements. We compared and reconciled the supplementary information to the underlying accounting records used to prepare the financial statements or to the financial statements themselves.

Qualitative Aspects of Accounting Practices

In 2020, the Organization adopted Financial Accounting Standards Board Accounting Standards Update (ASU) No. 2018-08, *Not-for-Profit Entities* (Topic 958), *Clarifying the Scope and the Accounting Guidance for Contributions Received and Contributions Made*. ASU No. 2018-08 applies to all entities that receive or make contributions and clarifies the definition of transactions accounted for as an exchange transaction subject to applicable guidance for revenue recognition, and transactions that should be accounted for as contributions (non-exchange transactions) subject to the contribution accounting model. Further, ASU No. 2018-08 provides criteria for evaluating whether contributions are unconditional or conditional. Conditional contributions must specify a barrier that the recipient must overcome and a right of return that releases the donor from its obligation if the barrier is not achieved, otherwise the contribution is unconditional. Conditional contributions received during 2020 where the Organization did not incur qualifying expenditures were reported as deferred revenue. ASU No. 2018-08 was adopted for the year ended June 30, 2020, and thus did not impact 2019 net assets, results of operations or cash flows.

The application of existing policies was not otherwise changed during 2020. We noted no transactions entered into by the Organization during the year for which there is a lack of authoritative guidance or consensus. All significant transactions have been recognized in the financial statements in the proper period.

The financial statement disclosures are neutral, consistent and clear. Certain financial statement disclosures are particularly sensitive because of their significance to the financial statement users. The most sensitive disclosures affecting the financial statements are as follows:

- *Summary of Significant Accounting Policies* (Note 1), related to
    - *Uncertainty Related to COVID-19*
    - *Provider Relief Funds*, including uncertainty regarding interpretation of the program's provisions
    - *Paycheck Protection Program*
    - *COVID-19 Emergency Healthcare System Relief Fund Loan*
- *Availability and Liquidity of Financial Assets* (Note 2)

As described in Note 1, management has received a number of stimulus payments to assist the Organization as a result of the 2019 Novel Coronavirus Disease (COVID-19). We discussed the accounting treatment for these transactions with management and believe that the methods selected are appropriate in the circumstances.

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Management Judgments and Accounting Estimates

Accounting estimates are an integral part of the financial statements prepared by management and are based on management's knowledge and experience about past and current events and assumptions about future events. Certain accounting estimates are particularly sensitive because of their significance to the financial statements and because of the possibility that future events affecting them may differ significantly from those expected.

The most sensitive estimates affecting the financial statements were:

- Management's estimate for the allowance for uncollectible accounts, which is based on historical collections from both uninsured patients and insured patients.
- Management's estimate for third-party contractual allowances, which is based on historical contractual adjustments as a percentage of gross revenue for all commercial payers.
- Management's estimate of income from Provider Relief Funds, which is based on the decrease in patient service revenue during the period January through September 2020 compared to the same period in 2019, and budgeted October 2020 through December 2020 compared to the actual period in 2019.
- Management's estimate for cost allocations between healthcare services and administrative support services, which is based on healthcare wages as a percentage of total wages.
- Management's estimate of depreciation and amortization, which is based on the straight-line method in a manner intended to amortize the cost of the assets over their estimated useful lives.

We have reviewed the basis for each of the estimates to satisfy ourselves of their reasonableness in relation to the financial statements taken as a whole.

Difficulties Encountered In Performing the Audit

We encountered no significant difficulties in dealing with management in performing and completing our audit.

Corrected and Uncorrected Misstatements

Professional standards require us to accumulate all known and likely misstatements identified during the audit, other than those that are trivial, and communicate them to the appropriate level of management. An audit adjustment is defined as a proposed correction of the financial statements that, in our judgment, may not have been detected except through our auditing procedures. There were no audit adjustments.

A passed audit adjustment is an adjustment that is not proposed as a current year audit adjustment because the dollar amount of the adjustment is not considered material to the financial statements. There were no passed audit adjustments in the current year.

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Disagreements with Management

For purposes of this letter, professional standards define a disagreement with management as a financial accounting, reporting, or auditing matter, whether or not resolved to our satisfaction, that could be significant to the financial statements or the auditor's report. We are pleased to report that no such disagreements arose during the course of our audit.

Management Representations

We have requested certain representations from management that are included in the management representation letter dated as of the date of this letter.

Management Consultations with Other Independent Accountants

In some cases, management may decide to consult with other accountants about auditing and accounting matters, similar to obtaining a "second opinion" on certain situations. If a consultation involves application of an accounting principle to the Organization's financial statements or a determination of the type of auditor's opinion that may be expressed on those statements, our professional standards require the consulting accountant to check with us to determine that the consultant has all the relevant facts. To our knowledge, there were no such consultations with other accountants.

INTERNAL CONTROL

In planning and performing our audit of the financial statements of the Organization as of and for the year ended June 30, 2020, in accordance with U.S. generally accepted auditing standards, we considered the Organization's internal control over financial reporting (internal control) as a basis for designing auditing procedures that are appropriate in the circumstances for the purpose of expressing our opinion on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of the Organization's internal control. Accordingly, we do not express an opinion on the effectiveness of the Organization's internal control.

A *deficiency in internal control* exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, misstatements on a timely basis. A *material weakness* is a deficiency or a combination of deficiencies in internal control, such that there is a reasonable possibility that a material misstatement of the Organization's financial statements will not be prevented, or detected and corrected, on a timely basis.

Our consideration of internal control was for the limited purpose described in the first paragraph of this section and would not necessarily identify all deficiencies in internal control that might be material weaknesses. Given these limitations, during our audit we did not identify any deficiencies in internal control that we consider to be material weaknesses. However, material weaknesses may exist that have not been identified.

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This communication is intended solely for the information and use of the Board of Directors, management and others within the Organization and is not intended to be, and should not be, used by anyone other than these specified parties.

Berry Dunn McNeil & Parker, LLC

Portland, Maine
November 19, 2020

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[redacted]

ACHS

FINANCIAL STATEMENTS

and

SUPPLEMENTARY SCHEDULE AND
REPORTS IN ACCORDANCE WITH *GOVERNMENT AUDITING STANDARDS*
AND THE UNIFORM GUIDANCE

June 30, 2020 and 2019

With Independent Auditor's Report

[redacted]

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INDEPENDENT AUDITOR'S REPORT

Board of Directors
Ammonoosuc Community Health Services, Inc.

Report on Financial Statements

We have audited the accompanying financial statements of Ammonoosuc Community Health Services, Inc., which comprise the balance sheets as of June 30, 2020 and 2019, and the related statements of operations, changes in net assets and cash flows for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with U.S. generally accepted accounting principles; this includes the design, implementation and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with U.S. generally accepted auditing standards and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

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Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Ammonoosuc Community Health Services, Inc. as of June 30, 2020 and 2019, and the results of its operations, changes in its net assets and its cash flows for the years then ended in accordance with U.S. generally accepted accounting principles.

Other Matter

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The accompanying schedule of expenditures of federal awards, as required by Title 2 U.S. *Code of Federal Regulations* Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards*, is presented for purposes of additional analysis and is not a required part of the financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with U.S. generally accepted auditing standards. In our opinion, the information is fairly stated, in all material respects, in relation to the financial statements as a whole.

Other Reporting Required by *Government Auditing Standards*

In accordance with *Government Auditing Standards*, we have also issued our report dated November 19, 2020 on our consideration of Ammonoosuc Community Health Services, Inc.'s internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements and other matters. The purpose of that report is solely to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on the effectiveness of Ammonoosuc Community Health Services, Inc.'s internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering Ammonoosuc Community Health Services, Inc.'s internal control over financial reporting and compliance.

Berry Dunn McNeil & Parker, LLC

Portland, Maine
November 19, 2020

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AMMONOOSUC COMMUNITY HEALTH SERVICES, INC.

Balance Sheets

June 30, 2020 and 2019

ASSETS

	2020	2019
Current assets		
Cash and cash equivalents	$ 3,523,246	$ 967,305
Patient accounts receivable, net	981,344	1,070,365
Grants and other receivables	100,044	45,911
Due from third-party payers	68,752	45,000
Other current assets	124,416	126,037
Total current assets	4,797,802	2,254,618
Investment in limited liability companies	10,000	10,000
Beneficial interest in funds held by others	108,649	109,945
Property and equipment, net	4,993,226	4,909,740
Total assets	$ 9,909,677	$ 7,284,303

LIABILITIES AND NET ASSETS

Current liabilities		
Accounts payable and accrued expenses	$ 173,938	$ 175,528
Accrued payroll and related expenses	666,223	683,959
Deferred revenue	57,481	6,200
Provider Relief Funds	443,046	-
Paycheck Protection Program refundable advance	1,014,100	-
COVID-19 Emergency Healthcare System Relief Fund loan	629,296	-
Current maturities of long-term debt	115,074	99,317
Total current liabilities	3,099,158	965,004
Long-term debt, less current maturities	1,522,831	1,457,577
Total liabilities	4,621,989	2,422,581
Net assets		
Net assets without donor restrictions	5,179,039	4,751,777
Net assets with donor restrictions	108,649	109,945
Total net assets	5,287,688	4,861,722
Total liabilities and net assets	$ 9,909,677	$ 7,284,303

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

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AMMONOOSUC COMMUNITY HEALTH SERVICES, INC.

Statements of Operations

Years Ended June 30, 2020 and 2019

	2020	2019
Operating revenue		
Patient service revenue	$ 8,252,484	$ 8,430,176
Provision for bad debts	(37,436)	(101,543)
Net patient service revenue	8,215,048	8,328,633
Grants and contributions	2,941,035	2,864,426
Provider Relief Funds	345,751	-
Other operating revenue	79,906	92,252
Net assets released from restriction for operations	516	515
Total operating revenue	11,582,256	11,285,826
Operating expenses		
Salaries and wages	6,888,531	7,137,000
Employee benefits	1,202,759	1,227,903
Contracted services	820,199	650,084
Program supplies	603,557	597,722
Occupancy	371,680	389,300
Other operating expenses	936,507	932,993
Depreciation	266,724	266,820
Interest expense	65,037	61,203
Total operating expenses	11,154,994	11,263,025
Excess of revenue over expenses	427,262	22,801
Grants received for capital acquisition	-	63,610
Increase in net assets without donor restrictions	$ 427,262	$ 86,411

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

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AMMONOOSUC COMMUNITY HEALTH SERVICES, INC.

Statements of Changes in Net Assets

Years Ended June 30, 2020 and 2019

	2020	2019
Net assets without donor restrictions		
Excess of revenue over expenses	$ 427,262	$ 22,801
Grants received for capital acquisition	-	63,610
Increase in net assets without donor restrictions	427,262	86,411
Net assets with donor restrictions		
Change in fair value of beneficial interest in funds held by others	(780)	1,934
Net assets released from restriction for operations	(516)	(515)
(Decrease) increase in net assets with donor restrictions	(1,296)	1,419
Change in net assets	425,966	87,830
Net assets, beginning of year	4,861,722	4,773,892
Net assets, end of year	$ 5,287,688	$ 4,861,722

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

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AMMONOOSUC COMMUNITY HEALTH SERVICES, INC.

Statements of Cash Flows

Years Ended June 30, 2020 and 2019

	2020	2019
Cash flows from operating activities		
Change in net assets	$ 425,966	$ 87,830
Adjustments to reconcile change in net assets to net cash provided by operating activities		
Depreciation	266,724	266,820
Change in value of beneficial interest in funds held by others, net of account distributions	1,296	(1,419)
Grants for long-term purposes	-	(127,220)
(Decrease) increase in the following assets:		
Patient accounts receivable	89,021	(128,485)
Grants and other receivables	(54,133)	113,163
Due from third-party payers	(23,752)	(6,227)
Other current assets	1,621	(17,675)
Increase (decrease) in the following liabilities:		
Accounts payable and accrued expenses	(1,590)	17,188
Accrued payroll and related expenses	(17,736)	58,622
Deferred revenue	51,281	(23,949)
Provider Relief Funds	443,046	-
Net cash provided by operating activities	1,181,744	238,648
Cash flows from investing activities		
Capital acquisitions	(350,210)	(457,473)
Cash flows from financing activities		
Grants for long-term purposes	-	127,220
Payments on long-term debt	(111,718)	(101,536)
Proceeds from Paycheck Protection Program refundable advance	1,014,100	-
Proceeds from COVID-19 Emergency Healthcare System Relief Fund loan	629,296	-
Proceeds from issuance of long-term debt	192,729	-
Net cash provided by financing activities	1,724,407	25,684
Net increase (decrease) in cash and cash equivalents	2,555,941	(193,141)
Cash and cash equivalents, beginning of year	967,305	1,160,446
Cash and cash equivalents, end of year	$ 3,523,246	$ 967,305
Supplemental disclosures of cash flow information		
Cash paid for interest	$ 65,037	$ 61,203

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

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AMMONOOSUC COMMUNITY HEALTH SERVICES, INC.

Notes to Financial Statements

June 30, 2020 and 2019

Organization

Ammonoosuc Community Health Services, Inc. (the Organization) is a not-for-profit corporation organized in the State of New Hampshire. The Organization is a Federally Qualified Health Center (FQHC) which provides a number of preventative health programs in the towns of Franconia, Littleton, Woodsville, Warren, Whitefield and surrounding communities.

1. Summary of Significant Accounting Policies

Basis of Presentation

The financial statements of the Organization have been prepared in accordance with U.S. generally accepted accounting principles (U.S. GAAP), which requires the Organization to report information in the financial statements according to the following net asset classifications:

Net assets without donor restrictions: Net assets that are not subject to donor-imposed restrictions and may be expended for any purpose in performing the primary objectives of the Organization. These net assets may be used at the discretion of the Organization's management and the Board of Directors. The Organization's Board of Directors has designated net assets for future working capital needs in the amount of $360,000 at June 30, 2020 and 2019.

Net assets with donor restrictions: Net assets subject to stipulations imposed by donors and grantors. Some donor restrictions are temporary in nature; those restrictions will be met by actions of the Organization or by the passage of time. Other donor restrictions are perpetual in nature, whereby the donor has stipulated the funds be maintained in perpetuity.

Uncertainty Related to COVID-19

On March 11, 2020, the World Health Organization declared the 2019 Novel Coronavirus Disease (COVID-19) a global pandemic. The COVID-19 pandemic has impacted and could further impact the Organization's operations as a result of quarantines and travel and logistics restrictions. The extent to which the COVID-19 pandemic impacts the Organization's business, results of operations and financial condition will depend on future developments, which are highly uncertain and cannot be predicted, including, but not limited to the duration, spread, severity, and impact of the COVID-19 pandemic, the effects of the COVID-19 pandemic on the Organization's members and the remedial actions and stimulus measures adopted by local and federal governments. Therefore, the Organization cannot reasonably estimate the impact at this time.

Income Taxes

The Organization is a public charity under Section 501(c)(3) of the Internal Revenue Code. As a public charity, the Organization is exempt from state and federal income taxes on income earned in accordance with its tax-exempt purpose. Unrelated business income is subject to state and federal income tax. Management has evaluated the Organization's tax positions and concluded that the Organization has no unrelated business income or uncertain tax positions that require adjustment to the financial statements.

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Use of Estimates

The preparation of financial statements in conformity with U.S. GAAP requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

Cash and Cash Equivalents

Cash and cash equivalents consist of demand deposits and petty cash funds.

The Organization maintains cash balances at several financial institutions. The balances are insured by the Federal Deposit Insurance Corporation (FDIC) up to $250,000. At various times throughout the year, the Organization's cash balances may exceed FDIC insurance. The Organization has not experienced any losses in such accounts and management believes it is not exposed to any significant risk. Additionally, certain of the Organization's accounts have been set up with nightly sweep arrangements in which balances in excess of FDIC limits are transferred to insured accounts. At June 30, 2020 and 2019, $2,211,075 and $620,464, respectively, were in these insured accounts.

Grants and Other Receivables

Grants and other receivables are stated at the amount management expects to collect from outstanding balances. All such amounts are considered collectible.

A portion of the Organization's revenue is derived from cost-reimbursable grants, which are conditioned upon certain performance requirements and/or the incurrence of allowable qualifying expenses. Amounts received are recognized as revenue when the Organization has incurred expenditures in compliance with specific contract or grant provisions. Amounts received prior to incurring qualifying expenditures are reported as deferred revenue. The Organization has been awarded cost reimbursable grants of $2,593,031 and $1,504,845 that have not been recognized at June 30, 2020 and 2019, respectively, because qualifying expenditures have not yet been incurred. The Organization also has been awarded $174,687 in cost-reimbursable grants with a project period beginning July 1, 2020.

The Organization receives a significant amount of grants from the U.S. Department of Health and Human Services (HHS). As with all government funding, these grants are subject to reduction or termination in future years. For the years ended June 30, 2020 and 2019, grants from HHS (including both direct awards and awards passed through other organizations) represented approximately 88% and 89%, respectively, of grants, contracts and support revenue.

Investment in Limited Liability Companies

The Organization was a non-principal participant in the National Rural ACO 13 LLC (the ACO) through December 31, 2019. The mission of the ACO was better health for populations, better care for individuals, and lower growth in health care expenditures. As a participant in the ACO, the Organization worked with the ACO, and other ACO participants and providers, to manage and coordinate care for Medicare fee-for-service beneficiaries, and to be accountable for the quality, cost and overall care of its patients. Pursuant to its operating agreement, the ACO distributed shared savings it receives from Medicare in a predetermined ratio to the Organization, as applicable.

The Organization is a member of the North Country Community Care Organization, LLC (the CCO) by making an initial capital contribution of $10,000 for a 10% interest in the CCO. The primary purpose of the CCO is to enhance the experience and quality of health care, improve population health, and reduce the costs of delivering health care services by fostering collaboration and clinical integration among health care providers based in Northern New Hampshire. The members of the CCO expect to improve population health not only through clinical integration and best practices along the continuum of care, but by stimulating and supporting behavioral, cultural and environmental changes in the North Country, and plan to strive to manage the total cost of care, so that it becomes and remains more affordable and thus more accessible.

Beneficial Interest in Funds Held by Others

The Organization is a beneficiary of agency endowment funds at the New Hampshire Charitable Foundation (the Foundation) as a result of contributing endowment funds received from donors to be held and administered by the Foundation. Income from the funds is used to support the operating expenses of the Organization and to support palliative and hospice care. Pursuant to the terms of the resolutions establishing the funds, property contributed to the Foundation is held as separate funds designated for the benefit of the Organization.

In accordance with its spending policy, the Foundation makes distributions from the funds to the Organization. The distributions are approximately 4.03% of the market value of the fund per year. Changes in fair value of the Organization's interest in the funds held by others less fees are recorded as an increase in net assets with donor restrictions. Distributions from the funds are reported as net assets released from restriction for operations.

The composition of beneficial interest in funds held by others follows:

	2020	2019
Net assets with donor restrictions		
Temporary in nature - cumulative change in fair value, net of fees and distributions	$ 46,348	$ 47,644
Permanent in nature - endowment	62,301	62,301
Total	$ 108,649	$ 109,945

Property and Equipment

Property and equipment are carried at cost. Maintenance, repairs and minor renewals are expensed as incurred and renewals and betterments are capitalized. Provision for depreciation is computed using the straight-line method over the useful lives of the related assets. The Organization's capitalization policy is applicable for acquisitions greater than $5,000.

Provider Relief Funds

The Coronavirus Aid, Relief, and Economic Security (CARES) Act and the Paycheck Protection Program and Health Care Enhancement Act (PPPHCE) Act established the Provider Relief Fund (PRF) to support healthcare providers in the battle against the COVID-19 outbreak. The PRF is being administered by HHS. The Organization received PRF in the amount of $788,797 during the year ended June 30, 2020. These funds are to be used for qualifying expenses and to cover lost revenue due to COVID-19. The PRF are considered conditional contributions and are recognized as income when qualifying expenditures have been incurred. Management believes the Organization met the conditions necessary to recognize these contributions in the amount of $345,751 as revenue as of June 30, 2020, based on its understanding of the requirements related to lost revenues. Management believes the position taken is a reasonable interpretation of the rules, subject to further clarification, which is expected from HHS.

Subsequent reports to HHS are required for the period ending December 31, 2020. On September 19, 2020 and October 22, 2020, HHS issued reporting requirements which have revised the definition of qualifying expenditures related to lost revenue. Due to the complexity of the reporting requirements and the continued issuance of clarifying guidance, there is at least a reasonable possibility the amount of income recognized related to lost revenues may change by a material amount. Any difference between amounts previously estimated and amounts subsequently determined to be recoverable or payable will be included in income in the year that such amounts become known.

Paycheck Protection Program

On April 14, 2020, the Organization qualified for and received a loan in the amount of $1,014,100 pursuant to the Paycheck Protection Program (PPP), a program implemented by the U.S. Small Business Administration (SBA) under the CARES Act and the PPPHCE Act. The loan is unsecured, has a two-year term with a maturity date of April 2022, bears an annual interest rate of 1%, and shall be payable monthly with the first six monthly payments deferred. The principal amount of the PPP is subject to forgiveness, upon the Organization's request, to the extent that the proceeds are used to pay qualifying expenditures, including payroll costs, interest on mortgages, rent and utilities, incurred by the Organization.

The Organization has utilized $950,634 of the total available PPP for qualifying expenditures as of June 30, 2020 and anticipates utilizing the remaining funds in the first quarter of fiscal year 2021. It is the Organization's intent to apply for forgiveness at that time. Forgiveness is subject to the sole approval of the SBA. The Organization has chosen to follow the conditional contribution model for the PPP and has opted to not record any income until forgiveness is received. The full amount of the PPP received is reported as a refundable advance in the current liabilities section of the balance sheet at June 30, 2020.

COVID-19 Emergency Healthcare System Relief Fund Loan

During April 2020, the Organization qualified for and received a loan in the amount of $629,296 from the COVID-19 Emergency Healthcare System Relief Fund (Relief Loan), a program implemented by the State of New Hampshire, Department of Health and Human Services. The Relief Loan is unsecured, interest free, and has a maturity date of 180 days after the expiration of the State of Emergency declared by the Governor at which time the loan is due in full. The principal amount of the Relief Loan has the potential to be converted to a grant at the discretion of the Governor if certain criteria are met. The Organization submitted an application to convert the Relief Loan to a grant in November 2020. If the application is not approved, the Organization believes it is possible the Relief Loan will be due within a year and as a result, the full amount of the Relief Loan is reported as a current liability on the balance sheet at June 30, 2020.

Patient Service Revenue

Patient service revenue is reported at the estimated net realizable amounts from patients, third-party payers, and others for services rendered, including estimated retroactive adjustments under reimbursement agreements with third-party payers. Retroactive adjustments are accrued on an estimated basis in the period the related services are rendered and adjusted in future periods as final settlements are determined.

340B Drug Pricing Program

The Organization, as an FQHC, is eligible to participate in the 340B Drug Pricing Program. The program requires drug manufacturers to provide outpatient drugs to FQHC's and other identified entities at a reduced price. The local pharmacies dispense drugs to eligible patients of the Organization and bill Medicare and commercial insurances on behalf of the Organization. Reimbursement received by the contracted pharmacies is remitted to the Organization, less dispensing and administrative fees.

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Contributions

Unconditional promises to give cash and other assets are reported at fair value at the date the promise is received, which is then treated as cost. The gifts are reported as net assets with donor restrictions if they are received with donor stipulations that limit use of the donated assets. When a donor restriction expires, that is, when a stipulated time restriction ends or purpose restriction is accomplished, net assets with donor restrictions are reclassified as net assets without donor restrictions and reported in the statements of operations as net assets released from restriction. Contributions whose restrictions are met in the same period as the support was received are recognized as net assets without donor restrictions.

The Organization has adopted Financial Accounting Standards Board Accounting Standards Update (ASU) No. 2018-08, *Not-for-Profit Entities* (Topic 958), *Clarifying the Scope and the Accounting Guidance for Contributions Received and Contributions Made.* ASU No. 2018-08 applies to all entities that receive or make contributions and clarifies the definition of transactions accounted for as an exchange transaction subject to applicable guidance for revenue recognition, and transactions that should be accounted for as contributions (non-exchange transactions) subject to the contribution accounting model. Further, ASU No. 2018-08 provides criteria for evaluating whether contributions are unconditional or conditional. Conditional contributions specify a barrier that the recipient must overcome and a right of return that releases the donor from its obligation if the barrier is not achieved, otherwise the contribution is unconditional. The adoption of ASU No. 2018-08 had no impact on the Organization's net assets, results of its operations, or cash flows.

Excess of Revenue over Expenses

The statements of operations reflect the excess of revenue over expenses. Changes in net assets without donor restrictions which are excluded from the excess of revenue over expenses include contributions of long-lived assets (including assets acquired using contributions which, by donor restriction, were to be used for the purposes of acquiring such assets).

Subsequent Events

For purposes of the preparation of these financial statements, management has considered transactions or events occurring through November 19, 2020 the date that the financial statements were available to be issued. Management has not evaluated subsequent events after that date for inclusion in the financial statements.

2. Availability and Liquidity of Financial Assets

The Organization regularly monitors liquidity required to meet its operating needs and other contractual commitments. The Organization has various sources of liquidity at its disposal, including cash and cash equivalents and a line of credit.

The Organization had working capital of $1,698,644 and $1,289,614 at June 30, 2020 and 2019, respectively. The Organization had average days (based on normal expenditures) cash on hand of 118 and 32 at June 30, 2020 and 2019, respectively.

Financial assets available for general expenditure within one year were as follows:

	2020	2019
Cash and cash equivalents	$ 3,623,246	$ 967,305
Patient accounts receivable, net	981,344	1,070,365
Grants and other receivables	100,044	45,911
Due from third-party payers	68,752	45,000
Financial assets available for general expenditures within one year	$ 4,673,386	$ 2,128,581

The Organization's goal is generally to have, at the minimum, the Health Resources and Services Administration recommended days cash on hand for operations of 30 days. At June 30, 2020, average days cash on hand was higher than the Organization's goal due to various COVID related relief payments disclosed in Note 1.

The Organization has an available $500,000 line of credit as described in Note 5.

3. Patient Accounts Receivable

Patient accounts receivable consisted of the following as of June 30:

	2020	2019
Patient service accounts receivable	$ 1,064,617	$ 1,092,394
Contract 340B pharmacy program receivables	173,320	241,904
Total patient accounts receivable	1,237,937	1,334,298
Allowance for doubtful accounts	(256,593)	(263,933)
Patient accounts receivable, net	$ 981,344	$ 1,070,365

The Organization grants credit without collateral to its patients, most of whom are local residents and are insured under third-party payer agreements. Primary payers representing 10% or more of the Organization's gross patient accounts receivable are as follows:

	2020	2019
Medicare	44 %	32 %
Medicaid	10 %	14 %
Anthem Blue Cross Blue Shield	11 %	15 %

Patient accounts receivable are stated at the amount management expects to collect from outstanding balances. Patient accounts receivable are reduced by an allowance for uncollectible accounts. In evaluating the collectability of patient accounts receivable, the Organization analyzes its past history and identifies trends for each individual payer. Management regularly reviews data about revenue in evaluating the sufficiency of the allowance for uncollectible accounts. Amounts not collected after all reasonable collection efforts have been exhausted are applied against the allowance for uncollectible accounts.

A reconciliation of the allowance for uncollectible accounts is as follows as of June 30:

	2020	2019
Balance, beginning of year	$ 263,933	$ 260,243
Provision for bad debts	37,436	101,543
Write-offs, net of recoveries	(44,776)	(97,853)
Balance, end of year	$ 256,593	$ 263,933

4. Property and Equipment

Property and equipment consisted of the following:

	2020	2019
Land, buildings and improvements	$ 6,698,876	$ 6,042,718
Furniture and equipment	1,180,176	1,168,822
Total cost	7,879,052	7,211,540
Less accumulated depreciation	2,885,826	2,619,103
	4,993,226	4,592,437
Construction in progress	-	317,303
Property and equipment, net	$ 4,993,226	$ 4,909,740

Property and equipment acquired with Federal grant funds are subject to specific federal standards for sales and other dispositions. In many cases, the Federal government retains a residual ownership interest in the assets, requiring prior approval and restrictions on disposition.

AMMONOOSUC COMMUNITY HEALTH SERVICES, INC.

Notes to Financial Statements

June 30, 2020 and 2019

5. Operating Line of Credit

The Organization had an available line of credit for $500,000 with a local banking institution through January 2020. The Organization is operating under the line of credit agreement while the renewal is in process. Borrowings on the line of credit bears an interest rate equal to the Wall Street Journal Prime Rate (3.25% at June 30, 2020), but no less than 4.5%. The line of credit is payable on demand and is collateralized by all business assets. There was no balance outstanding at June 30, 2020 and 2019.

6. Long-Term Debt

Long-term debt consisted of the following as of June 30:

	2020	2019
Note payable to a local bank, payable in monthly installments of $4,477 including interest at 3.5%, through August 2026, collateralized by real estate and all other assets.	$ 293,890	$ 336,497
Variable rate note payable to a local bank, payable in monthly installments of $3,480, including interest at 3.5%, through October 2024, at which time the monthly installments will increase to $3,606 and interest will be adjusted to the Wall Street Journal Prime Rate plus 1% through October 2035, collateralized by real estate and all other assets.	467,983	492,854
Variable rate note payable to a local bank, payable in monthly installments of $2,900, including interest at 3.5%, through December 2024, at which time the monthly installments will increase to $3,004 and the interest will be adjusted to the Wall Street Journal Prime Rate plus 1% through December 2035, collateralized by real estate and all other assets.	393,490	414,094
Note payable to a local bank, payable in monthly installments of $2,689, including interest at 5%, through November 2032, collateralized by real estate and all other assets.	296,507	313,449
Variable rate note payable to a local bank, payable in monthly installments of $1,419, including interest at 5.875%, through March 2024, at which time the monthly installments will increase to $1,476 and the interest will be adjusted to the Wall Street Journal Prime Rate plus 1% (but not less than 4.5%) through March 2039, collateralized by real estate and all other assets.	186,035	-
Total long-term debt	1,637,905	1,556,894
Less current maturities	115,074	99,317
Long-term debt, excluding current maturities	$ 1,522,831	$ 1,457,577

Scheduled principal repayments on long-term debt for the next five years and thereafter are as follows:

2021	$ 115,074
2022	119,600
2023	124,310
2024	129,936
2025	135,953
Thereafter	1,013,032
Total	$ 1,637,905

7. Patient Service Revenue

Patient service revenue follows for the years ended June 30:

	2020	2019
Medicare	$ 2,252,524	$ 2,364,249
Medicaid	1,656,133	1,351,859
Other third-party payers	2,274,091	2,526,453
Patient	348,948	475,083
Total medical and dental patient service revenue	6,531,696	6,717,644
Contract 340B program revenue	1,720,788	1,712,532
Total patient service revenue	$ 8,252,484	$ 8,430,176

Laws and regulations governing the Medicare, Medicaid and 340B programs are complex and subject to interpretation. The Organization believes that it is in compliance with all laws and regulations. Compliance with such laws and regulations can be subject to future government review and interpretation, as well as significant regulatory action including fines, penalties and exclusion from the Medicare, Medicaid and 340B. Differences between amounts previously estimated and amounts subsequently determined to be recoverable or payable are included in patient service revenue in the year that such amounts become known.

A summary of the payment arrangements with major third-party payers follows:

Medicare

The Organization is reimbursed for the care of qualified patients on a prospective basis, with retroactive settlements related to vaccine costs only. The prospective payment is based on a geographically-adjusted rate determined by Federal guidelines. Overall, reimbursement is subject to a maximum allowable rate per visit.

Medicaid and Other Payers

The Organization also has entered into payment agreements with Medicaid and certain commercial insurance carriers, health maintenance organizations and preferred provider organizations. The basis for payment to the Organization under these agreements includes prospectively determined rates per visit and contractually obligated payment rates which may be less than the Organization's public fee schedule.

Charity Care

The Organization provides care to patients who meet certain criteria under its sliding fee discount policy without charge or at amounts less than its established rates. Because the Organization does not pursue collection of amounts determined to qualify as charity care, they are not reported as net patient service revenue. The Organization estimates the costs associated with providing charity care by calculating the ratio of total cost to total charges, and then multiplying that ratio by the gross uncompensated charges associated with providing care to patients eligible for free care. The estimated cost of providing services to patients under the Organization sliding fee discount policy amounted to $736,434 and $882,570 for the years ended June 30, 2020 and 2019, respectively. The Organization is able to provide these services with a component of funds received through local community support and federal grants.

8. Functional Expenses

The financial statements report certain categories of expenses that are attributable to more than one program or supporting function; therefore, these expenses require allocation on a reasonable basis that is consistently applied. As the Organization is a service organization, such expenses are allocated between healthcare services and administrative support based on the percentage of direct care wages to total wages.

Expenses related to providing these services are as follows for the years ended June 30:

	2020		
	Healthcare Services	Administrative Support	Total
Salaries and wages	$ 5,353,525	$ 1,535,006	$ 6,888,531
Employee benefits	934,742	268,017	1,202,759
Contracted services	771,009	49,190	820,199
Program supplies	603,557	-	603,557
Occupancy	288,857	82,823	371,680
Other operating expense	689,570	246,937	936,507
Depreciation	207,289	59,435	266,724
Interest expense	50,544	14,493	65,037
Total	$ 8,899,093	$ 2,255,901	$ 11,154,994

AMMONOOSUC COMMUNITY HEALTH SERVICES, INC.

Notes to Financial Statements

June 30, 2020 and 2019

	Healthcare Services	2019 Administrative Support	Total
Salaries and wages	$ 5,540,745	$ 1,596,255	$ 7,137,000
Employee benefits	953,271	274,632	1,227,903
Contracted services	581,540	68,544	650,084
Program supplies	597,722	-	597,722
Occupancy	302,230	87,070	389,300
Other operating expense	674,189	258,804	932,993
Depreciation	207,143	59,677	266,820
Interest expense	47,514	13,689	61,203
Total	$ 8,904,354	$ 2,358,671	$ 11,263,025

9. Benefit Plans

The Organization has a defined contribution plan under Internal Revenue Code Section 403(b) that cover substantially all employees. The Organization made no contributions to the plan during the years ended June 30, 2020 and 2019.

The Organization provides health insurance to its employees through a partially self-insurance plan with a re-insurance arrangement to limit exposure.

10. Lease Commitments

The Organization leases office space under noncancelable operating leases. Future minimum lease payments under these leases are:

2021	$ 70,946
2022	17,736
Total	$ 88,682

Rent expense amounted to $70,946 for the years ended June 30, 2020 and 2019.

11. Malpractice Insurance

The Organization is protected from medical malpractice risk as an FQHC under the Federal Tort Claims Act (FTCA). The Organization has additional medical malpractice insurance, on a claims-made basis, for coverage outside the scope of the protection of the FTCA. As of June 30, 2020, there were no known malpractice claims outstanding which, in the opinion of management, will be settled for amounts in excess of both FTCA and insurance coverage, nor are there any unasserted claims or incidents which require loss accrual. The Organization intends to renew the additional medical malpractice insurance coverage on a claims-made basis and anticipates that such coverage will be available:

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SUPPLEMENTARY INFORMATION

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AMMONOOSUC COMMUNITY HEALTH SERVICES, INC.

Schedule of Expenditures of Federal Awards

Year Ended June 30, 2020

Federal Grant/Pass-Through Grantor/Program Title	Federal CFDA Number	Pass-Through Contract Number	Total Federal Expenditures
United States Department of Health and Human Services:			
Direct:			
Health Center Program Cluster			
Consolidated Health Centers (Community Health Centers, Migrant Health Centers, Health Care for the Homeless, and Public Housing Primary Care)	93.224		$ 559,951
COVID Consolidated Health Center (Community Health Centers, Migrant Health Centers, Health Care for the Homeless, and Public Housing Primary Care)	93.224		27,528
Total CFDA 93.224			587,479
Affordable Care Act (ACA) Grants for New and Expanded Services Under the Health Center Program	93.527		1,941,243
Total Health Center Program Cluster			2,528,722
COVID Provider Relief Fund	93.498		345,751
Pass-Through:			
State of New Hampshire Department of Health and Human Services			
Maternal and Child Health Services Block Grant to the States	93.994	102-500731/90080000	47,787
Total Federal Awards, All Programs			$ 2,922,260

The accompanying notes are an integral part of this schedule.

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AMMONOOSUC COMMUNITY HEALTH SERVICES, INC.

Notes to Schedule of Expenditures of Federal Awards

Year Ended June 30, 2020

1. Summary of Significant Accounting Policies

Expenditures reported on the schedule of expenditures of federal awards (the Schedule) are reported on the accrual basis of accounting. Such expenditures are recognized following the cost principles contained in Title 2 U.S. *Code of Federal Regulations* Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance), wherein certain types of expenditures are not allowable or are limited as to reimbursement.

2. De Minimis Indirect Cost Rate

Ammonoosuc Community Health Services, Inc. (the Organization) has not elected to use the 10% de minimis indirect cost rate allowed under the Uniform Guidance.

3. Basis of Presentation

The Schedule includes the federal grant activity of the Organization. The information in this Schedule is presented in accordance with the requirements of the Uniform Guidance. Because the Schedule presents only a selected portion of the operations of the Organization, it is not intended to and does not present the financial position, changes in net assets, or cash flows of the Organization.

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INDEPENDENT AUDITOR'S REPORT ON INTERNAL CONTROL OVER FINANCIAL REPORTING AND ON COMPLIANCE AND OTHER MATTERS BASED ON AN AUDIT OF FINANCIAL STATEMENTS PERFORMED IN ACCORDANCE WITH *GOVERNMENT AUDITING STANDARDS*

Board of Directors
Ammonoosuc Community Health Services, Inc.

We have audited, in accordance with U.S. generally accepted auditing standards and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States, the financial statements of Ammonoosuc Community Health Services, Inc. (the Organization), which comprise the balance sheet as of June 30, 2020, and the related statements of operations, changes in net assets and cash flows for the year then ended, and the related notes to the financial statements, and have issued our report thereon dated November 19, 2020.

Internal Control Over Financial Reporting

In planning and performing our audit of the financial statements, we considered the Organization's internal control over financial reporting (internal control) as a basis for designing audit procedures that are appropriate in the circumstances for the purpose of expressing our opinion on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of the Organization's internal control. Accordingly, we do not express an opinion on the effectiveness of the Organization's internal control.

A *deficiency in internal control* exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, misstatements on a timely basis. A *material weakness* is a deficiency, or a combination of deficiencies, in internal control such that there is a reasonable possibility that a material misstatement of the entity's financial statements will not be prevented, or detected and corrected, on a timely basis. A *significant deficiency* is a deficiency, or a combination of deficiencies, in internal control that is less severe than a material weakness, yet important enough to merit attention by those charged with governance.

Our consideration of internal control was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control that might be material weaknesses or significant deficiencies. Given these limitations, during our audit we did not identify any deficiencies in internal control that we consider to be material weaknesses. However, material weaknesses may exist that have not been identified.

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Board of Directors
Ammonoosuc Community Health Services, Inc.

Compliance and Other Matters

As part of obtaining reasonable assurance about whether the Organization's financial statements are free from material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements, noncompliance with which could have a direct and material effect on the financial statements. However, providing an opinion on compliance with those provisions was not an objective of our audit and, accordingly, we do not express such an opinion. The results of our tests disclosed no instances of noncompliance or other matters that are required to be reported under *Government Auditing Standards*.

Purpose of this Report

The purpose of this report is solely to describe the scope of our testing of internal control and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the Organization's internal control or on compliance. This report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the Organization's internal control and compliance. Accordingly, this communication is not suitable for any other purpose.

Berry Dunn McNeil & Parker, LLC

Portland, Maine
November 19, 2020

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INDEPENDENT AUDITOR'S REPORT ON COMPLIANCE FOR THE MAJOR FEDERAL PROGRAM AND REPORT ON INTERNAL CONTROL OVER COMPLIANCE REQUIRED BY THE UNIFORM GUIDANCE

Board of Directors
Ammonoosuc Community Health Services, Inc.

Report on Compliance for the Major Federal Program

We have audited Ammonoosuc Community Health Services, Inc.'s (the Organization) compliance with the types of compliance requirements described in the OMB Compliance Supplement that could have a direct and material effect on its major federal program for the year ended June 30, 2020. The Organization's major federal program is identified in the summary of auditor's results section of the accompanying schedule of findings and questioned costs.

Management's Responsibility

Management is responsible for compliance with federal statutes, regulations, and the terms and conditions of its federal awards applicable to its federal programs.

Auditor's Responsibility

Our responsibility is to express an opinion on compliance for the Organization's major federal program based on our audit of the types of compliance requirements referred to above. We conducted our audit of compliance in accordance with U.S. generally accepted auditing standards; the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States; and the audit requirements of Title 2 U.S. *Code of Federal Regulations* Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance). Those standards and the Uniform Guidance require that we plan and perform the audit to obtain reasonable assurance about whether noncompliance with the types of compliance requirements referred to above that could have a direct and material effect on a major federal program occurred. An audit includes examining, on a test basis, evidence about the Organization's compliance with those requirements and performing such other procedures as we considered necessary in the circumstances.

We believe that our audit provides a reasonable basis for our opinion on compliance for the major federal program. However, our audit does not provide a legal determination of the Organization's compliance.

Opinion on the Major Federal Program

In our opinion, the Organization complied, in all material respects, with the types of compliance requirements referred to above that could have a direct and material effect on its major federal program for the year ended June 30, 2020.

Board of Directors
Ammonoosuc Community Health Services, Inc.

Report on Internal Control Over Compliance

Management of the Organization is responsible for establishing and maintaining effective internal control over compliance with the types of compliance requirements referred to above. In planning and performing our audit of compliance, we considered the Organization's internal control over compliance with the types of requirements that could have a direct and material effect on the major federal program to determine the auditing procedures that are appropriate in the circumstances for the purpose of expressing an opinion on compliance for the major federal program and to test and report on internal control over compliance in accordance with the Uniform Guidance, but not for the purpose of expressing an opinion on the effectiveness of internal control over compliance. Accordingly, we do not express an opinion on the effectiveness of the Organization's internal control over compliance.

A *deficiency in internal control over compliance* exists when the design or operation of a control over compliance does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, noncompliance with a type of compliance requirement of a federal program on a timely basis. A *material weakness in internal control over compliance* is a deficiency, or a combination of deficiencies, in internal control over compliance, such that there is a reasonable possibility that material noncompliance with a type of compliance requirement of a federal program will not be prevented, or detected and corrected, on a timely basis. A *significant deficiency in internal control over compliance* is a deficiency, or a combination of deficiencies, in internal control over compliance with a type of compliance requirement of a federal program that is less severe than a material weakness in internal control over compliance, yet important enough to merit attention by those charged with governance.

Our consideration of internal control over compliance was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control over compliance that might be material weaknesses or significant deficiencies. We did not identify any deficiencies in internal control over compliance that we consider to be material weaknesses. However, material weaknesses may exist that have not been identified.

The purpose of this report on internal control over compliance is solely to describe the scope of our testing of internal control over compliance and the results of that testing based on the requirements of the Uniform Guidance. Accordingly, this report is not suitable for any other purpose.

Berry Dunn McNeil & Parker, LLC

Portland, Maine
November 19, 2020

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AMMONOOSUC COMMUNITY HEALTH SERVICES, INC.

Schedule of Findings and Questioned Costs

Year Ended June 30, 2020

1. Summary of Auditor's Results

Financial Statements

Type of auditor's report issued:				Unmodified
Internal control over financial reporting:				
Material weakness(es) identified?	☐	Yes	☑	No
Significant deficiency(ies) identified that are not considered to be material weakness(es)?	☐	Yes	☑	None reported
Noncompliance material to financial statements noted?	☐	Yes	☑	No

Federal Awards

Internal control over major programs:				
Material weakness(es) identified?	☐	Yes	☑	No
Significant deficiency(ies) identified that are not considered to be material weakness(es)?	☐	Yes	☑	None reported
Type of auditor's report issued on compliance for major programs:				Unmodified
Any audit findings disclosed that are required to be reported in accordance with 2 CFR 200.516(a)?	☐	Yes	☑	No

Identification of major programs:

CFDA Number	Name of Federal Program or Cluster
	Health Center Program Cluster

Dollar threshold used to distinguish between Type A and Type B programs:				$750,000
Auditee qualified as low-risk auditee?	☑	Yes	☐	No

2. Financial Statement Findings

None.

3. Federal Award Findings and Questioned Costs

None.

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Ammonoosuc Community Health Services, Inc.
2020 – 2021 Board of Directors updated 10/29/2020

Ivy Pearson, *President (2020)*	Barbara Szeidler, *Vice-President (2020)* *PPQN Committee Chair*
Bob Tortorice, *Secretary (2020)*	Jeff Jones, *Treasurer (2020)* *BFFA Committee Chair*
Doug Harman	Betsy Harman
Erik Becker	Gary Merchant
Frank Pinter	Lynn Davis
Evelyn Hagan	Lauren Rodler
Kathy Ryan	

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Edward D Shanshala II. MSHSA. MSEd

EXPERIENCE:

Ammonoosuc Community Health Services, Inc. (ACHS), Littleton, NH **2005 – Present**
Chief Executive Officer [Total Budget $12.1million] **2008 – Present**
Provides strategic, innovative, and situational leadership to ACHS, a Federally Qualified Community Health Center covering 26 rural towns with 31,000 residents where 10,781 are ACHS patients. Core responsibilities include providing leadership regarding vision, mission, and strategy to ensure sustainable future growth in meeting patient's needs. Growth in revenue from $4,329,578 to $12,146,126, patients from 6,533 to 10,781, and encounters from 28,583 to 43,327.

Key Accomplishments:
- Implemented an integrated clinical pharmacy, expanded behavioral health and substance use disorder, dental and oral healthcare, patient navigation and facilitated enrollment, medical legal services, nutritional, case management, and community health worker services.
- Obtained NCQA Level 3 Patient Centered Medical Home recognition on the initial application (2009) through participation in the NH Citizens Health Initiative Patient Centered Medical Home Pilot Project.
- Co-Founded the following CMS Shared Savings Accountable Care Organizations (ACO).
- 2012 North Country ACO a CMS amongst four FQHC which demonstrated a savings,
- 2016 New Hampshire Rural ACO a CMS amongst three FQHC and six CAH which demonstrated a savings and realized a shared savings dispersant,
- 2018 New Hampshire Value Care a CMS amongst three FQHC and seven CAH which will start in 2019.

Chief Operating Officer [Total Budget $4.6 million] **2005 – 2008**
- Lead patient centered reengineering resulting in the following financial improvements; a 2,585% in Unrestricted Net Assets, 94% in Debt/Equity Ratio, 655% in Working Capital, 39% in Accounts Receivable Days, 57% in Days in Accounts Payable.
- Designed and implemented a 340B Contract Pharmacy Program Expansion shifting expense of ~$40-60K to program of initial 340B savings of $88,831 and currently over $1M.
- Secured and managed a $600,000 Expanded Medical Capacity Implementation at ACHS - Woodsville.

Rochester Primary Care Network Inc. (RPCN), Rochester, NY **2003 – 2005**
Interim CEO and Vice President of Operations: [Total Budget $27 million]
I provided innovative, strategic, and situational leadership at RPCN, a Federally Qualified Health Center serving an urban racially, ethnically, and socio-economically diverse population.

Key Accomplishments:
- Implemented and expanded the VISTA and AmeriCorps program focusing on social determinants of health.
- Provided leadership to staff and board of directors to align organizational strategies with community needs.
- Secured over $ 3 million per year in grant funds from Ryan White, New York State Department of Health, AmeriCorp / VISTA program, and Section 330 Federally Qualified Health Centers.
- Evaluated and Reengineered processes for increased effectiveness, efficiency, and regulatory compliance.

Finger Lakes Visiting Nurse Service & Ontario Yates Hospice Inc. (FLVNS), Geneva, NY **1997- 2003**
Director of Quality Improvement & Education Enhancement: [Total Budget $11 million]
I provided organizational leadership on the development and implementation of quality improvement, staff education, and corporate compliance strategic and tactical initiatives.

Key Accomplishments:
- Developed a financial model to transition from Medicare Interim Payment System to Prospective Payment System including the development of Key Business Drivers.
- Developed Information System strategy integrated into performance improvement and corporate compliance.

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- Lead financial and clinical quality improvement projects resulting in a cost savings of $30,000+ per year.
- Facilitated senior leadership to develop a Balanced Score Card for key business drivers and daily operations.
- Developed a financial model to transition from Medicare Interim Payment System to Prospective Payment.
- Collaborated with University of Colorado Health Science Center as a demonstration site for OASIS data set.
- Collaborated with Performance Concepts Intl. to design staff education for differences in learning style.

Chief Compliance Officer: (promotion and added responsibility)

- Developed and maintained corporate compliance process for the detection and reconciliation of fraud and abuse concerns and a culture of business integrity.
- Developed and implemented corporate compliance process and culture change for Health Insurance Portability and Accountability Act. Business Acumen?

Strong Memorial Hospital, University of Rochester Medical Center, Rochester, NY **1995- 1997**

Reengineering Project Coordinator: [Total system wide savings $17.8million across all programs]

As a leader among other leaders in the URMC-SMS Directors Office, I was charged with leading patient centered reengineering efforts as a facilitator and process leader to enable content leaders to redesign patient care delivery process that enhanced patient centered experience and decreased budgetary cost by a minimum of 10%.

Key Accomplishments:

- Coordinated Patient Focused Care Reengineering: including design, pilot, implementation, and monitoring.
- Collaborated as a member of the multi-disciplinary Quality Improvement Coordinating Center and provided project management leadership for: Departments of Psychiatry, Neurology, Emergency Medicine, Office of Research & Sponsored Projects Administration, and Friends of Strong.
- Participated as a member of a Reengineering Team charged to create, prototype, and pilot a system to identify waits & delays in care delivery with the Institute for Healthcare Improvement Breakthrough Series.

University of Rochester Medical Center: Department of Pharmacology, Rochester, NY **1987 – 1995**

Professional – Technical Associate II

I assured that research assigned to me was completed in a timely and accurate manner, assured the laboratory operated in an effective and efficient manner, and provided technical assistance and education to graduate students and post doctoral fellows in the lab.

Key Accomplishments:

- Directed laboratory operations.
- Performed research the results of which were published in four peer reviewed publications
- Managed the laboratory operations in an effective and efficient manner.
- Ensured that regulatory requirements and collegial relationships with regulatory bodies were maintained.

Adjunct Faculty **2002 – 2005**

Rochester Institute of Technology,

- Taught Health Systems Management and Organizational Development Courses using distance learning.

Keuka College School of Nursing,

- Taught Health Systems Management and Organizational Development Courses Co-developed an online Genetics in Nursing Course on the Jenzabar distance learning platform and provided ongoing technical assistance for pedagogy and on-line learning.

Roberts Wesleyan College

- Developed curriculum for including, epidemiology, research methods, statistics workshop.

Edward D Shanshala II. MSHSA. MSEd

EDUCATION:

Masters of Science in Health Systems Administration, 2000	Rochester Institute of Technology (RIT)
Masters of Science in Education, 1994	University of Rochester
Bachelors of Science in Biotechnology, 1987	Rochester Institute of Technology
Associates of Science in Chemistry, 1985	Rochester Institute of Technology

GRANTS, SCHOLARSHIPS, AWARDS, AND PROFESSIONAL LEADERSHIP:

- 2019 Rochester Institute of Technology College of Health Science and Technology Distinguished Alumni of the Year.
- 2018 Co-Founded the NH Value Care ACO a Vertical CMS Shared Savings ACO comprised of three FQHC and eight CAH.
- 2017 ACHS identified by HRSA as National Quality Leader
- 2017 Co-Founded the North Country Community Care Organization comprised of three FQHC and four CAH as a clinically integrated network for value-based purchasing in the commercial market.
- 2016 Co-Founded the NH Rural ACO a Vertical CMS Shared Savings ACO, comprised of three FQHC and six CAH.
- 2015 ACHS identified by HRSA as a National Quality Leader.
- 2013 Sub-recipient HRSA Oral Health Workforce Development Grant.
- 2012 Co-Founded the North Country ACO a Horizontal CMS Shared Savings ACO comprised of four FQHC.
- 2012 Appointed as a Co-Chair of the HRSA PSPC 5.0 Pharmacy Collaborative.
- 2012 Co-recipient of a CMS Shared Savings Advanced Payment ACO Pilot Project.
- 2011 Designated as a National Faculty Member to the HRSA Patient Safety Clinical Pharmacy Collaborative.
- 2010 Awarded a HRSA Award to ACHS for implementing Clinical Pharmacy Services.
- 2010 Awarded a HRSA Award to ACHS for outcome in Clinical Pharmacy Services.
- 2010 Appointed to the NH Endowment for Health Advisory Committee.
- 2010 Accepted into the NH Citizens Health Imitative Accountable Care Organization Pilot Program.
- 2009 Awarded American Recovery and Reinvestment Grants for Increased Demand in Service, Capital Improvement Program and Facility Investment Program.
- 2009 Appointed to a NH State Legislature Commission to Study preventing dental disease among NH children. (Chapter 130, Laws 2009; HB:414).
- 2008 Appointed to NH DHHS taskforce on Healthcare Workforce Development.
- 2008 Appointed to the NH State Legislature Commission to Study and Develop Legislation to Regulate the Operation of Retail Health clinics and Limited Services Clinics (Chapter 227, Laws of 2008; HB 1484).
- 2008 Obtained Designation as a level 3 Patient Centered Medical Home by the NCQA for ACHS.
- 2008 Accepted into the NH Citizens Health Initiative Patient Centered Medical Home Pilot Program.
- 2007 Appointed to the NH State Legislature Commission to Study Pharmaceutical Costs and the 340B Drug Pricing Program. (Chapter 245:1, Laws 2007; HB 148).
- 2000 Received Academic Excellence Award, Masters of Science Health Systems Administration (GPA 4.0).
- 2000 Awarded a Distance Learning 20/2000 Competitive Graduate Scholarship, RIT.
- 2000 Appointed as the Program Chair American Society for Quality Rochester Section Annual Conference.
- 1998-2000 Awarded a competitive Graduate Scholarship, RIT.
- 1998 – 2000 Appointed as a Councilor Health Care Division American Society for Quality NY State Region.
- 1999 Received an American Society for Quality Research Fellowship for learning style research.
- 1999 Obtained a Performance Concepts International Matching Research Grant for learning style research
  1999 Awarded Outstanding Volunteer Leadership in Editing, American Society for Training & Development.
- 1999 – 2000 Elected to Co-chair the Delta –SMS New York State Home Care System Users group.

Edward D Shanshala II. MSHSA. MSEd

PRESENTATIONS:

- Shanshala II, E.D., (2020), Reality In Transition COVID-19 Why, How, and What we can do for our friends, family, neighbors, and ourselves during the COVID-19 Pandemic *Rochester Institute of Technology*
- Shanshala II, E.D., (2019) Addiction - The Four Horseman Re-envisioned: Prevention, Diagnosis, Treatment, and Recovery The Why, How, and What of a Rural Regional Approach, *National Population Health Summit*
- Shanshala II, E.D., (2019) Language of Leadership, *National Association of Community Health Centers, Community Health Institute.*
- Shanshala II, E.D., L. Bujno, (2019) Colorectal Cancer Screening: Different Paths to 80%, *United States Department of Health and Human Services, Health Resources Service Administration.*
- Shanshala II, E.D., (2019) Powerful Content Personal Connections Clinical Pharmacy Services – Connecting with leader, *American Society of Health System Pharmacists*
- Shanshala II, E.D., (2018) Answering the Call to Good Stewardship of the 340B Program, *22nd Annual 340B Coalition Summer Conference.*
- Shanshala II, E.D., M. Loafman, M. Rockstad (2018) "A Doctor, a Pharmacist, and a CEO walk into a..." A value proposition for reinvesting 340B savings into Integrated Clinical Pharmacy Services, *22nd Annual 340B Coalition Summer Conference.*
- Shanshala II, E.D., Merrit, M., Caldara, A., Maheras, G., and Taylor, J (2018), Best Practices in Health Center Advocacy, *Bi-State PCA Primary Care Conference*
- Shanshala II, E.D., Merchant, G., Pittman D., (2018) Fireside Chat: Gain Insight into the Present Health Care Landscape, and its Implications on the 340B Drug Pricing Program, 3rd Annual 340B Covered Entity Summit. *World Congress, WC Research, Inc.*
- Shanshala II, E.D., Bell, D., and Tucker, A., (2018) Multi-Stakeholder Panel Discussion: Follow the Dispute to Better Navigate and Collaborate on Non-Compliance Issues 340B Summit *World Congress.*
- Shanshala II, E.D., (2017) Improving Care Delivery and Medication Adherence: High Priority Implementation Research within Community Health Centers, *National Heart, Lung, and Blood Institute (NHLBI) and its Center for Translation Research and Implementation Science (CTRIS)*
- Shanshala II, E.D., (2017) 8,760 Hours: The Most Important Project of Your Life, *New England Rural Health Round Table.*
- Shanshala II, E.D., Boyd Tim, and Torrey Karen, (2017) Embedded FQHC pharmacist at a CAH to improve medication reconciliation for admitted patients: a pilot study, New England Rural Health Round Table.
- Shanshala II E.D., (2014) Panel Discussion on the CMS Accountable Care Organization (ACO) of the North Country ACO, Mid-point update *Healthcare Finance and Management Administration (HFMA)*
- Shanshala II E.D., (2013) Intersection of Economy and Health Care, Neil and Louise Tillotson Fund's Entrepreneurial and Business Development Cohort
- Shanshala II E.D., (2013) HRSA, PSPC5.0 Learning Session Co-Chair for a two day on-site learning session
- Shanshala II E.D., (2012) Panel Discussion on the Patient Centered Medical Home Value Proposition, *HFMA*
- Shanshala II E.D., (2012) Panel Discussion on the CMS ACO of the NC-ACO, *HFMA*
- Shanshala II E.D., (2012) Panel Discussion on the CMS Accountable Care Organization of the North Country Accountable Care Organization, *New Hampshire Home Care Association*

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- Shanshala II E.D., (2012) Meaningful Use Leveraging Technology to improve Quality, *General Electric Autumn Logic GE Centricity Electronic Health Record (EHR) User Group Conference.*
- Shanshala II E.D., (2012) North Country ACO Role of Technology, *GE Autumn Logic GE Centricity EHR User Conference.*
- Shanshala II E.D., (2012) Solving Medication Management: A Team-Based Approach to Nullifying Non-adherence, *Dorland Health Webinar*
- Shanshala II E.D., (2012) Change Package on Leadership Commitment First Things First, *HRSA PSPC5.0 Webinar*
- Shanshala II E.D., (2011) Understanding Health Systems Structure in the United States, *Franklin Pierce University Physicians Assistants Program.*
- Shanshala II E.D., (2011) Leadership; Ask Me About IT, *GE Autumn Logic GE Centricity User Conference.*
- Shanshala II E.D., (2011) Using Clinical Leadership and Executive Leadership as Champion for Scale Up and Spread, *Health Resource Service Administration PSPC4*
- Shanshala II E.D., (2010) Leadership in Patient Safety and Clinical Pharmacy Collaborative, *Health Resource Service Administration PSPC2 Annual Conference*
- Shanshala II E.D., (2010) ACO Panel Discussion at the *New Hampshire Medical Society Annual Meeting*
- Shanshala II E.E., (2008) Presented at a National HRSA / NIH meeting regarding ACHS recognized as one of twenty – six out of 1,086 FQHC for high performance in chronic disease outcomes.
- Shanshala II E.D., (2007) "340B Pharmacy: Enhancing Revenue & Increasing Access". *Bi-State Annual Primary Care Conference, Lake Morey, VT.*
- Shanshala II E.D., (1999). "IPS: Innovative Proactive Strategies". *11th Annual Quest for Quality & Productivity in Health Services Conference, Washington, D.C.*
- Shanshala II E.D., Winchester K., (1998). "Evolving Teamwork: A Didactic and Experiential Dance." *ASQ 54th Annual Quality Conference, Rochester, NY*

PUBLICATIONS:

- Winchester K, and Shanshala II ED., (Winter 1998). Corporate Team Building *Performance in Practice*
- Shanshala II ED., (Fall 1998). Chartering Teams. *Performance in Practice*
- Shanshala II ED., (1997). Building in Quality. *Quality Progress*, Vol. 30, No. 10: 67-69.
- Hinkle PM, and Shanshala II ED., and Nelson EJ (1992). Measurement of intracellular cadmium with fluorescent dyes: Further evidence for the role of calcium channels in cadmium uptake. *J.Biol. Chem.* 267: 25553-25559.
- Hinkle PM, Shanshala II ED., (1992). Prolactin and secretogrannin II, a marker for the regulated pathway, are secreted in parallel by pituitary GH4C1 cells. *Endocrinology* 130: 3503-3511.
- Hinkle PM, Shanshala II ED., (1991). Epidermal growth factor decreases the concentration of pituitary TRH receptors and TRH responses. Endocrinology 129: 1283-1288.
- Hinkle PM, Shanshala II ED., (1989). Pituitary thyrotropin-releasing hormone (TRH) receptors: Effects of TRH, drugs mimicking TRH action, and Chlordiazepoxide. *Mol.Endocrinol.* 89: 1337-1344.

Edward D Shanshala II, MSHSA, MSEd

VIDEO INTERVIEWS:

- Littleton, NH Public Television Channel 2; ACHS Pharmacy
  http://channel2tv.pegcentral.com/player.php?video=20bd4217c040c0a499ce46e4ae207ff3
- Bi-State PCA Legislative Breakfast Advocacy Video Bi-State PCA_CHC Morning News 2012
  http://www.youtube.com/watch?feature=player_detailpage&v=aHll-sl-ueo
- ACHS HRSA "Clinical Pharmacy Collaborative" in the North Country (2 min. video) Ammonoosuc Community Health Services, Littleton, NH
  https://www.youtube.com/watch?feature=player_embedded&v=0KjZ403iD2w

FEDERAL CONSULTING AND GRANT REVIEWING:

- Consult on federal grant applications for Health Resources Services Administration's Div. of Independent Review
- HRSA Pharmacy Collaborative PSPC National Expert Faculty Member and PSPC 5.0 Co-Chair

VOLUNTEERING, SERVICE LEADERSHIP, AND BOARD DIRECTORSHIPS CURRENT AND PAST

Granite State United Way, North Country Chair

North Country Health Consortium Board of Directors Past Board President

North Country Accountable Care Organization Co-Founding Board Director

New Hampshire Rural Accountable Care Organization Co-Founder and Board Director

North Country Community Care Organization, LLC Co-Founding Board Director

New Hampshire Value Cares, Co-Founding Board Director

Alliance for Integrated Medication Management

Hospeace House, Board of Directors

Littleton Area Hospice Board of Directors

Interlakes Foundation Wellness Program, Board of Directors

Boy Scouts of America, Leader and Assistant Pack Master

Rochester Institute of Technology College of Health Science and Technology Advisory Board

Bi-State Primary Care Association Board of Directors Past Board President

American Journal of Managed Care Accountable Care Organization Coalition Faculty Member

New Hampshire Public Health Association, Member

Corporate Member Cottage Hospital

New England Rural Health Round Table member

Littleton Regional Hospital Trustee

North Country Health Consortium, Inc. Health Emergency Planning Team

Littleton Chamber of Commerce Board

Weathervane Theater Board of Directors

The Profile School Road Cycling Team financial underwriter

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Tammy L. Talotta

Work Experience:

Ammonoosuc Community Health Services – Chief Financial Officer	April 2020 - Present
▪ Chief Financial Officer	April 2020 - Present
▪ Controller	2015 – 2020
St Johnsbury Academy – Controller	2006 – 2015
SAU #58 Groveton, NH – Business Manager	2005 – 2006
Wausau Papers of NH – Accounting Supervisor	1998 – 2005
Wausau Papers of NH – General Accounting & Cost Clerk	1994 – 1998
Crawford Management Group – Accountant	1990 – 1994
Satter Companies of New England – Accountant/Cash Manager	1987 - 1990

Education, Accomplishments, Awards and Certifications:

- ❖ Bi-State Primary Care Leadership Development Program – 2017
- ❖ Migrated St Johnsbury to a New Financial Software Platform - 2007
- ❖ SAU #58 School Board Member 2003 – 2005
- ❖ Wausau Papers 2004 Presidents Club Community Service Nominee
- ❖ Quality Improvement Process Team Leader – 2002
- ❖ Key team member for Maintenance Management System Upgrade – 2001
- ❖ Wausau Papers 1999 Presidents Club Leadership Award
- ❖ Plymouth State University, 1989 – Bachelor of Science – Accounting, Mathematics Minor, Cum Laude.

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Teresa C. Brooks

Experience:

Ammonoosuc Community Health Services, Inc. – *Chief Operating Officer*	2014 - present
• Chief Operating Officer	2014 - present
• Patient Services and Employee Education Director	2008 – 2014
• Assistant Operations Director	2006 – 2008
• Office Manager	1996 – 2006
• Receptionist/Medical Assistant	1995 – 1996
John H Spicer, MD – *Office Manager & Medical Assistant*	1993 – 1995
Concord Orthopaedic Professional Association. – *Medical Assistant*	1990 – 1993
Brooks Drywall. – *Business Administrator*	1985 - present
Thomas J. Barrett, MD. – *Office Manager/Medical Assistant*	1982 – 1985

Education, Accomplishments, Awards, and Certifications:

- Facilitated the implementation of the ACHS Vision Program, 2016
- Presidents' Community Partner Award – White Mountain Community College, April 2016
- Key team member in the development and operations of the ACHS Dental and Oral Health Center, 2014
- Design and opening of ACHS-Littleton from ARRA funds
- Technology Happens: Are you Ready Certificate, Nov 2012
- Surviving and Thriving in the Changing Environment Certificate, Oct 2011
- HIPAA Compliance after the HITECH Act Certificate, July 2011
- Bi-State Primary Care Leadership Initiative, Certificate in Community Health Leadership, 2009
- Co-championed the Patient Centered Medical Home project with on-going renewals, 2009
- Devised and implemented the role of "New Patient Coordinator", 2008
- Key team member migrating a hospital owned practice to another integrated primary care site in Woodsville, 2007
- Medical Records Law Certificate, 2007
- Workplace Violence Certificate, 2004
- Domestic Violence Certificate, 2004
- Leadership North Country, first graduating class, 2003
- Key team member migrating a private practice to another integrated primary care site in Franconia, 2002
- The changing role of leadership & Supervision certificate, 2002
- Dealing with Difficult people certificate, 2002
- Key team member opening an integrated primary care site in Whitefield, 2000
- Quality Partner Aware Northeast Breakthrough Collaborative, 1998
- Criticism and Discipline Skills for Managers Certificate, 1997
- Freestanding Ambulatory Care Accreditation: Standards and Survey Process, 1997
- Chronic Care Management in Primary Care Certificate, 1996
- Key team member in the migration of paper medical records to EHR now known as GE Centricity, 1996
- River View Community College, 1982 – Associate Applied Science – Medical Assistant

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Volunteering and Leadership:

- Speaker, Centricity Live Conference, Washington, DC "Successful PCMH Implementation", 2013
- Member, Advisory Board for the Allied Health Program, Littleton High School.
- Member, Advisory Board for the New Hampshire Community College in Berlin, medical Assistant program.
- Facilitator, NH Dartmouth Family Practice Residencies WinterLogic, 1999

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AMMONOOSUC COMMUNITY HEALTH SERVICES, INC.

Key Personnel
7/1/2021-6/30/2022

Name	Job Title	Salary	% Paid from this Contract	Amount Paid from this Contract
Edward Shanshala	CEO	240,801	0	0
Teresa Brooks	COO	118,290	7.1	8,396
Tammy Talotta	CFO	133,578	0	0

State of New Hampshire
Department of Health and Human Services
Amendment #2 to the Primary Care Services

This 2nd Amendment to the Primary Care Services contract (hereinafter referred to as "Amendment #2") is by and between the State of New Hampshire, Department of Health and Human Services (hereinafter referred to as the "State" or "Department") and Amoskeag Health (hereinafter referred to as "the Contractor"), a non-profit with a place of business at 145 Hollis Street, Manchester, NH 03101.

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on June 20, 2018, (Item #27G) as amended on May 6, 2020, (Item #46), the Contractor agreed to perform certain services based upon the terms and conditions specified in the Contract as amended and in consideration of certain sums specified; and

WHEREAS, pursuant to Form P-37, General Provisions, Paragraph 18, and Exhibit C-1, Revisions to General Provisions, Section 3, the Contract may be amended upon written agreement of the parties and approval from the Governor and Executive Council; and

WHEREAS, the parties agree to extend the term of the agreement, increase the price limitation, or modify the scope of services to support continued delivery of these services; and

NOW THEREFORE, in consideration of the foregoing and the mutual covenants and conditions contained in the Contract and set forth herein, the parties hereto agree to amend as follows:

1. Form P-37 General Provisions, Block 1.7, Completion Date, to read:

   March 31, 2022.

2. Form P-37, General Provisions, Block 1.8, Price Limitation, to read:

   $2,303,218.

3. Add Exhibit A-3, Additional Scope of Services BinaxNOW, which is attached hereto and incorporated by reference herein.

4. Modify Exhibit B, Methods and Conditions Precedent to Payment, Section 4, Subsection 4.1 to read:

   4.1 Payments shall be on a cost reimbursement basis for approved actual costs in accordance with Exhibit B-1 through Exhibit B-6 Amendment #2 Budget, which is attached hereto and incorporated by reference herein.

5. Add Exhibit B-6, Amendment #2 Budget, which is attached hereto and incorporated by reference herein.

New Hampshire Department of Health and Human Services
Primary Care Services

All terms and conditions of the Contract and prior amendments not inconsistent with this Amendment #2 remain in full force and effect. Exhibit A-3, Additional Scope of Services BinaxNOW, shall be effective retroactively to November 1, 2020, upon Governor's approval issued under the Executive Order 2020-04 as extended by Executive Orders 2020-05, 2020-08, 2020-09, 2020-10, 2020-14, 2020-15, 2020-16, 2020-17, 2020-18, and 2020-20. All other provisions of this amendment shall be effective July 1, 2021, or upon the date of Governor and Executive Council approval, whichever is later.

IN WITNESS WHEREOF, the parties have set their hands as of the date written below,

State of New Hampshire
Department of Health and Human Services

11/4/2020
Date

DocuSigned by:
Lisa M. Morris
D938DBFB8CA54A0...
Name: Lisa M. Morris
Title: Director, Division of Public Health Srvcs.

Amoskeag Health

11/3/2020
Date

DocuSigned by:
Kris McCracken
C62AF939C85F454...
Name: Kris McCracken
Title: President/CEO

New Hampshire Department of Health and Human Services
Primary Care Services

The preceding Amendment, having been reviewed by this office, is approved as to form, substance, and execution.

OFFICE OF THE ATTORNEY GENERAL

11/10/2020
Date

DocuSigned by:
[signature]
05CA9202E32C4AE...
Name: Catherine Pinos
Title: Attorney

I hereby certify that the foregoing Amendment was approved by the Governor and Executive Council of the State of New Hampshire at the Meeting on: _____ (date of meeting)

OFFICE OF THE SECRETARY OF STATE

Date

Name:
Title:

Additional Scope of Services BinaxNOW

1. BinaxNOW COVID-19 Antigen Testing and Supplies

1.1. The BinaxNOW COVID-19 Antigen Test is now authorized for Point of Care (POC) use in patient care settings operating under a Clinical Laboratory Improvement Amendment of 1988 Certificate of Waiver, Certificate of Compliance, or Certificate of Accreditation.

1.2. The BinaxNOW COVID-19 Antigen Test supplies are authorized for use under an Emergency Use Authorization by the U.S. Food and Drug Administration and consist of a lateral flow immunoassay for the qualitative detection of nucleocapsid protein antigen from the SARS-CoV-2 virus in direct nasal swabs from individuals suspected of COVID-19 by their healthcare provider within the first seven (7) days of symptom onset.

1.3. The Department will supply the Contractor with the BinaxNOW Rapid-Antigen COVID-19 Testing supplies at no cost to the Contractor via allotted distribution from the Department contingent upon the availability of supplies.

1.4. The Contractor shall adhere to proper use procedures and indications for BinaxNOW COVID-19 Antigen Test supplies as issued by the manufacturer (Abbott Laboratories), the U.S. Food and Drug Administration, and the Department, including applicable Health Advisory Network (HAN) messages.

1.5. The Contractor shall use BinaxNOW COVID-19 Antigen Test supplies provided by the Department only for active patients of the Contractor who:

1.5.1. Have COVID-19 symptoms, with symptom onset within the last seven (7) days; or

1.5.2. Do not have symptoms of COVID-19 at the direction of the Department.

1.6. The Contractor shall notify its established active patients who have symptoms of COVID-19 that it has the ability to perform COVID-19 testing, including rapid antigen testing.

1.7. The Contractor shall notify the Regional Public Health Network(s) within the Contractor's catchment area(s) that it can perform COVID-19 testing for active patients of the Contractor.

1.8. The Contractor shall report all positive test results and case details to the Department within twenty-four (24) hours of result determination using the COVID-19 Case Report form provided by the Department, which is available at the following link: https://www.dhhs.nh.gov/dphs/cdcs/covid19/covid19-reporting-form.pdf.

1.9. The Contractor shall report positive and negative test results to the Department using a secure web-based reporting process described in Health Alert Network Message #22. Instructions for Reporting Point-of-Care Tests available at: https://www.dhhs.nh.gov/dphs/cdcs/alerts/documents/covid-19-update22.pdf

1.10. The Contractor is prohibited from charging a patient, a patient's guardian, a patient's insurance, or New Hampshire Medicaid for a COVID-19 test conducted using BinaxNOW COVID-19 Antigen Test supplies provided by the Department.

1.11. The Contractor may charge a specimen collection fee, including, but not limited to, Healthcare Common Procedural Coding System (HCPCS) code G2023 as well as normal billing for an office or home visits by the Contractor, to the patient, the patient's guardian, the patient's insurance, or New Hampshire Medicaid for the evaluation and management of the patient that leads to a COVID-19 test conducted using BinaxNOW COVID-19 Antigen Test supplies provided by the Department.

1.12. The Contractor shall not refuse services or testing for any patient with any symptom(s) of COVID-19 using BinaxNOW COVID-19 Antigen Test supplies provided by the Department for any reason other than lack of available supplies.

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New Hampshire Department of Health and Human Services

Bidder/Program Name: Amoskeag Health

Budget Request for: Primary Care Services

Budget Period: SFY 2022 (July 1, 2021 - March 31, 2022)

Line Item	Total Program Cost			Contractor Share / Match			Funded by DHHS contract share		
	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total
1. Total Salary/Wages	$ 342,499.28	$ 34,249.93	$ 376,749.21	$ -	$ -	$ -	$ 342,499.28	$ 34,249.93	$ 376,749.21
2. Employee Benefits	$ 62,540.37	$ 6,254.04	$ 68,794.41	$ 26,749.20	$ 2,674.92	$ 29,424.12	$ 35,791.17	$ 3,579.12	$ 39,370.29
3. Consultants	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
4. Equipment:	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Rental	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Repair and Maintenance	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Purchase/Depreciation	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
5. Supplies:									
Educational	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Lab	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Pharmacy	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Medical	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Office	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
6. Travel	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
7. Occupancy	$ -		$ -	$ -		$ -	$ -	$ -	$ -
8. Current Expenses									
Telephone	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Postage	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Subscriptions	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Audit and Legal	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Insurance	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Board Expenses	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
9. Software	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
10. Marketing/Communications	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
11. Staff Education and Training	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
12. Subcontracts/Agreements	$ 4,500.00	$ 450.00	$ 4,950.00	$ 3,385.00	$ 338.50	$ 3,723.50	$ 1,115.00	$ 112.50	$ 1,227.50
13. Other (specific details mandatory):	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
TOTAL	$ 409,539.65	$ 40,953.97	$ 450,493.62	$ 30,134.20	$ 3,013.42	$ 33,147.62	$ 379,405.45	$ 37,941.55	$ 417,347.00
Indirect As A Percent of Direct		10.0%			10.0%			10.0%	

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(2)

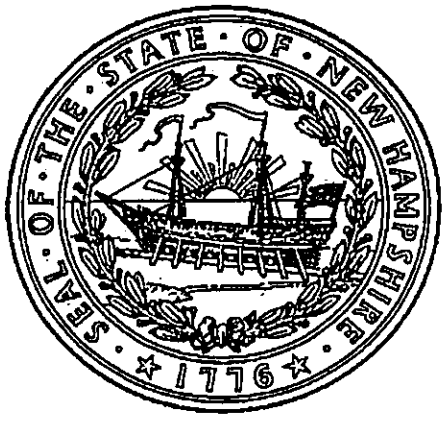
State of New Hampshire
Department of State

CERTIFICATE

I, William M. Gardner, Secretary of State of the State of New Hampshire, do hereby certify that AMOSKEAG HEALTH is a New Hampshire Nonprofit Corporation registered to transact business in New Hampshire on May 07, 1992. I further certify that all fees and documents required by the Secretary of State's office have been received and is in good standing as far as this office is concerned; and the attached is a true copy of the list of documents on file in this office.

Business ID: **175115**

Certificate Number: **0004694687**



IN TESTIMONY WHEREOF,

I hereto set my hand and cause to be affixed the Seal of the State of New Hampshire, this 6th day of January A.D. 2020.

William M. Gardner

Secretary of State

Filing History

Back to Home (/online)

Business Name	Business ID
AMOSKEAG HEALTH	175115

Filing#	Filing Date	Effective Date	Filing Type	Annual Report Year
0005052591	12/07/2020	12/07/2020	Nonprofit Report	2020
0005050521	12/03/2020	12/03/2020	Change of Officer/Director	N/A
0004896808	04/20/2020	04/20/2020	Change of Officer/Director	N/A
0004798155	02/06/2020	02/06/2020	Change of Officer/Director	N/A
0004777591	01/16/2020	01/16/2020	Annual Report Reminder	N/A
0004533168	06/26/2019	06/26/2019	Amendment	N/A
0003222510	01/11/2016	01/11/2016	Nonprofit Report	2015
0003199046	01/01/2016	01/01/2016	Admin Dissolution/Suspension	N/A
0000818580	11/01/2010	11/01/2010	Annual Report	2010
0000818579	10/08/2010	10/08/2010	Reminder Letter	N/A
0000818578	12/16/2005	12/16/2005	Annual Report	2005
0000818577	02/29/2000	02/29/2000	Annual Report	2000
0000818576	03/21/1996	03/21/1996	Reinstatement	1995
0000818575	02/01/1996	02/01/1996	Admin Dissolution/Suspension	N/A
0000818574	09/17/1992	09/17/1992	Amendment	N/A
0000818573	05/07/1992	05/07/1992	Business Formation	N/A

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NH Department of State, 107 North Main St. Room 204, Concord, NH 03301 -- **Contact Us (/online/Home/ContactUS)**

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CERTIFICATE OF AUTHORITY

I, David Cresto, hereby certify that:

1. I am a duly elected Clerk/Secretary/Officer of Amoskeag Health.

2. The following is a true copy of a vote taken at a meeting of the Board of Directors/shareholders, duly called and held on 3rd Nov, 2020, at which a quorum of the Directors/shareholders were present and voting.

VOTED: That Kris McCracken, President and CEO, is duly authorized on behalf of Amoskeag Health of New Hampshire and any of its agencies or departments and further is authorized to execute any and all documents, agreements and other instruments, and any amendments, revisions, or modifications thereto, which may in his/her judgment be desirable or necessary to effect the purpose of this vote.

3. I hereby certify that said vote has not been amended or repealed and remains in full force and effect as of the date of the contract/contract amendment to which this certificate is attached. This authority **remains valid for thirty (30)** days from the date of this Certificate of Authority. I further certify that it is understood that the State of New Hampshire will rely on this certificate as evidence that the person(s) listed above currently occupy the position(s) indicated and that they have full authority to bind the corporation. To the extent that there are any limits on the authority of any listed individual to bind the corporation in contracts with the State of New Hampshire, all such limitations are expressly stated herein.

Dated: Nov 3, 2020

Signature of Elected Officer
Name:
Title:

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 11/02/2020

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Aspen Insurance Agency An Optisure Risk Partner 40 Stark Street Manchester NH 03104	CONTACT NAME: Kim Bilodeau PHONE (A/C, No, Ext): (603) 647-0800 FAX (A/C, No): (603) 647-0330 E-MAIL ADDRESS: kim.bilodeau@optisure.com
INSURED AMOSKEAG HEALTH & CHILD HEALTH SERVICES INC 145 HOLLIS ST MANCHESTER NH 03101-1235	INSURER(S) AFFORDING COVERAGE / NAIC # INSURER A: Selective Insurance Company INSURER B: Comp-SIGMA Ltd INSURER C: Hanover Professionals Direct INSURER D: INSURER E: INSURER F:

COVERAGES **CERTIFICATE NUMBER:** CL2011213067 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	[X] COMMERCIAL GENERAL LIABILITY [ ] CLAIMS-MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: [X] POLICY [ ] PRO-JECT [ ] LOC [ ] OTHER:			S 2438257	11/01/2020	11/01/2021	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG NOCR	$ 1,000,000 $ $ 10,000 $ $ 3,000,000 $ 3,000,000 $
A	AUTOMOBILE LIABILITY [ ] ANY AUTO [ ] OWNED AUTOS ONLY [X] SCHEDULED AUTOS [X] HIRED AUTOS ONLY [X] NON-OWNED AUTOS ONLY			S 2438257	11/01/2020	11/01/2021	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) Auto Elite Pac	$ 1,000,000 $ $ $ $
A	[X] UMBRELLA LIAB [ ] OCCUR [ ] EXCESS LIAB [ ] CLAIMS-MADE [ ] DED [ ] RETENTION $			S 2438257	11/01/2020	11/01/2021	EACH OCCURRENCE AGGREGATE 	$ 4,000,000 $ 4,000,000 $
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y/N [ ] (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		WC TBD	11/01/2020	11/01/2021	[ ] PER STATUTE [ ] OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	 $ 500,000 $ 500,000 $ 500,000
C	FTCA Gap Liability FTCA Gap Liability			L1VA515491 06	07/01/2020	07/01/2021	Each Incident Aggregate	$1,000,000 $3,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Kim Bilodeau

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ACORD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 11/02/2020

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PRODUCER	CONTACT NAME: Kim Bilodeau	
Aspen Insurance Agency An Optisure Risk Partner 40 Stark Street Manchester NH 03104	PHONE (A/C, No, Ext): (603) 647-0800	FAX (A/C, No): (603) 647-0330
	E-MAIL ADDRESS: kim.bilodeau@optisure.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: Selective Insurance Company	
INSURED AMOSKEAG HEALTH & CHILD HEALTH SERVICES INC 145 HOLLIS ST MANCHESTER NH 03101-1235	INSURER B: Comp-SIGMA Ltd	
	INSURER C: Hanover Professionals Direct	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** CL2011213067 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	[X] COMMERCIAL GENERAL LIABILITY [ ] CLAIMS-MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: [X] POLICY [ ] PRO-JECT [ ] LOC [ ] OTHER:			S 2438257	11/01/2020	11/01/2021	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG NOCR	$ 1,000,000 $ $ 10,000 $ $ 3,000,000 $ 3,000,000 $
A	AUTOMOBILE LIABILITY [ ] ANY AUTO [ ] OWNED AUTOS ONLY [X] SCHEDULED AUTOS [X] HIRED AUTOS ONLY [X] NON-OWNED AUTOS ONLY			S 2438257	11/01/2020	11/01/2021	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) Auto Elite Pac	$ 1,000,000 $ $ $ $
A	[X] UMBRELLA LIAB [ ] OCCUR [ ] EXCESS LIAB [ ] CLAIMS-MADE [ ] DED [ ] RETENTION $			S 2438257	11/01/2020	11/01/2021	EACH OCCURRENCE AGGREGATE	$ 4,000,000 $ 4,000,000 $
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y/N [ ] (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		WC TBD	11/01/2020	11/01/2021	[ ] PER STATUTE [ ] OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	 $ 500,000 $ 500,000 $ 500,000
C	FTCA Gap Liability FTCA Gap Liability			L1VA515491 06	07/01/2020	07/01/2021	Each Incident Aggregate	$1,000,000 $3,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

NH Department of Health & Human Services
129 Pleasant ST
Concord NH 03301

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Kim Bilodeau

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AMOSKEAG HEALTH

MISSION

To improve the health and well-being of our patients and the communities we serve by providing exceptional care and services that are accessible to all.

VISION

We envision a healthy and vibrant community with strong families and tight social fabric that ensures everyone has the tools they need to thrive and succeed.

CORE VALUES

We believe in:

- Promoting wellness and empowering patients through education
- Removing barriers so that our patients achieve and maintain their best possible health
- Providing exceptional, evidence-based and patient-centered care
- Fostering an environment of respect, integrity and caring where all people are treated equally with dignity and courtesy

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BerryDunn

AMOSKEAG HEALTH

FINANCIAL STATEMENTS

June 30, 2019 and 2018

With Independent Auditor's Report

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BerryDunn

INDEPENDENT AUDITOR'S REPORT

Board of Directors
Manchester Community Health Center
d/b/a Amoskeag Health

We have audited the accompanying financial statements of Manchester Community Health Center d/b/a Amoskeag Health, which comprise the balance sheets as of June 30, 2019 and 2018, and the related statements of operations, functional expenses, changes in net assets and cash flows for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with U.S. generally accepted accounting principles; this includes the design, implementation and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with U.S. generally accepted auditing standards. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

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Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Manchester Community Health Center d/b/a Amoskeag Health as of June 30, 2019 and 2018, and the results of its operations, changes in its net assets and its cash flows for the years then ended, in accordance with U.S. generally accepted accounting principles.

Change in Accounting Principle

As discussed in Note 1 to the financial statements, in 2019 Manchester Community Health Center d/b/a Amoskeag Health adopted new accounting guidance, Financial Accounting Standards Board Accounting Standards Update No. 2016-14, *Presentation of Financial Statements of Not-for-Profit Entities* (Topic 958). Our opinion is not modified with respect to this matter.

Berry Dunn McNeil & Parker, LLC

Portland, Maine
November 8, 2019

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MANCHESTER COMMUNITY HEALTH CENTER
D/B/A AMOSKEAG HEALTH

Balance Sheets

June 30, 2019 and 2018

ASSETS

	2019	2018
Current assets		
Cash and cash equivalents	$ 1,368,835	$ 1,045,492
Patient accounts receivable, net	1,890,683	1,784,891
Grants and other receivables	1,063,463	523,673
Other current assets	174,461	185,012
Total current assets	4,497,442	3,539,068
Property and equipment, net	4,397,203	4,650,347
Total assets	$ 8,894,645	$ 8,189,415

LIABILITIES AND NET ASSETS

Current liabilities		
Line of credit	$ 450,000	$ 1,185,000
Accounts payable and accrued expenses	576,623	583,461
Accrued payroll and related expenses	1,210,890	1,116,406
Current maturities of long-term debt	46,368	53,722
Total current liabilities	2,283,881	2,938,589
Long-term debt, less current maturities	1,594,959	1,153,279
Total liabilities	3,878,840	4,091,868
Net assets		
Without donor restrictions	4,409,285	3,392,211
With donor restrictions	606,520	705,336
Total net assets	5,015,805	4,097,547
Total liabilities and net assets	$ 8,894,645	$ 8,189,415

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

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MANCHESTER COMMUNITY HEALTH CENTER
D/B/A AMOSKEAG HEALTH

Statements of Operations

Years Ended June 30, 2019 and 2018

	2019	2018
Operating revenue		
Patient service revenue	$10,543,526	$ 9,898,890
Provision for bad debts	(380,456)	(749,930)
Net patient service revenue	10,163,070	9,148,960
Grants, contracts and support	8,260,664	7,304,866
Other operating revenue	546,428	180,701
Net assets released from restriction for operations	1,066,720	1,027,841
Total operating revenue	20,036,882	17,662,368
Operating expenses		
Salaries and wages	11,994,846	11,109,774
Employee benefits	2,270,095	2,206,269
Program supplies	525,199	501,734
Contracted services	2,175,172	2,381,708
Occupancy	716,607	671,108
Other	841,861	760,400
Depreciation and amortization	428,159	402,532
Interest	100,845	91,771
Total operating expenses	19,052,784	18,125,296
Excess (deficiency) of revenue over expenses	984,098	(462,928)
Net assets released from restriction for capital acquisition	32,976	764,059
Increase in net assets without donor restrictions	$ 1,017,074	$ 301,131

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

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MANCHESTER COMMUNITY HEALTH CENTER
D/B/A AMOSKEAG HEALTH

Statements of Functional Expenses

Years Ended June 30, 2019 and 2018

2019

	Healthcare Services								Administrative and Support Services			
	Non-clinical Support Services	Enabling Services	Behavioral Health	Pharmacy	Medical	Special Medical Programs	Community Services	Total Healthcare Services	Facility	Marketing and Fundraising	Administration	Total
Salaries and wages	$ 1,697,621	$ 510,217	$ 1,752,659	$ 34,993	$ 5,377,237	$ 845,292	$ 115,735	$10,333,754	$ 120,979	$ 144,863	$ 1,395,250	$11,994,846
Employee benefits	323,075	97,869	330,299	6,406	932,471	164,397	20,419	1,874,936	22,428	27,986	344,745	2,270,095
Program supplies	1,047	5,896	39,987	254,261	217,078	5,211	1,030	524,510	412	120	157	525,199
Contracted services	76,373	251,088	202,352	336,857	445,115	395,557	220,523	1,927,865	21,225	21,502	204,580	2,175,172
Occupancy	121,143	16,549	105,959	4,260	687,382	116,132	-	1,051,425	(516,379)	17,186	164,375	716,607
Other	58,708	6,528	109,127	482	137,613	31,160	25,718	369,336	56,513	36,580	379,432	841,861
Depreciation and amortization	-	-	3,530	-	45,077	474	-	49,081	255,603	-	123,475	428,159
Interest	-	-	-	-	-	-	-	-	39,219	-	61,626	100,845
Total	$ 2,277,967	$ 888,147	$ 2,543,913	$ 637,259	$ 7,841,973	$ 1,558,223	$ 383,425	$16,130,907	$ -	$ 248,237	$ 2,673,640	$19,052,784

2018

	Healthcare Services								Administrative and Support Services			
	Non-clinical Support Services	Enabling Services	Behavioral Health	Pharmacy	Medical	Special Medical Programs	Community Services	Total Healthcare Services	Facility	Marketing and Fundraising	Administration	Total
Salaries and wages	$ 1,550,575	$ 511,036	$ 1,360,597	$ 66,637	$ 5,125,736	$ 834,055	$ 206,923	$ 9,655,559	$ 45,163	$ 134,754	$ 1,274,298	$11,109,774
Employee benefits	363,556	121,183	322,169	15,812	678,442	170,542	48,042	1,719,746	8,984	30,312	447,227	2,206,269
Program supplies	25	19,582	15,791	229,960	227,957	5,422	2,406	501,143	118	-	473	501,734
Contracted services	110,040	192,406	209,630	313,746	419,183	363,843	388,039	1,996,887	19,492	49,221	316,108	2,381,708
Occupancy	107,090	14,643	93,948	3,770	597,530	102,757	-	919,738	(408,934)	15,207	145,097	671,108
Other	35,997	8,526	33,188	383	126,640	34,815	47,644	287,193	57,639	27,650	387,918	760,400
Depreciation and amortization	-	-	-	-	26,580	127	-	26,707	242,096	-	133,729	402,532
Interest	-	-	-	-	-	-	-	-	35,442	-	56,329	91,771
Total	$ 2,167,283	$ 867,376	$ 2,035,323	$ 630,308	$ 7,202,068	$ 1,511,561	$ 693,054	$15,106,973	$ -	$ 257,144	$ 2,761,179	$18,125,296

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

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MANCHESTER COMMUNITY HEALTH CENTER
D/B/A AMOSKEAG HEALTH

Statements of Changes in Net Assets

Years Ended June 30, 2019 and 2018

	2019	2018
Net assets without donor restrictions		
Excess (deficiency) of revenue over expenses	$ 984,098	$ (462,928)
Net assets released from restriction for capital acquisition	32,976	764,059
Increase in net assets without donor restrictions	1,017,074	301,131
Net assets with donor restrictions		
Contributions	1,000,880	1,585,719
Net assets released from restriction for operations	(1,066,720)	(1,027,841)
Net assets released from restriction for capital acquisition	(32,976)	(764,059)
Decrease in net assets with donor restrictions	(98,816)	(206,181)
Change in net assets	918,258	94,950
Net assets, beginning of year	4,097,547	4,002,597
Net assets, end of year	$ 5,015,805	$ 4,097,547

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

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MANCHESTER COMMUNITY HEALTH CENTER
D/B/A AMOSKEAG HEALTH

Statements of Cash Flows

Years Ended June 30, 2019 and 2018

	2019	2018
Cash flows from operating activities		
Change in net assets	$ 918,258	$ 94,950
Adjustments to reconcile change in net assets to net cash provided by operating activities		
Provision for bad debts	380,456	749,930
Depreciation and amortization	428,159	402,532
Equity in earnings from limited liability company	-	(2,291)
Contributions and grants for long-term purposes	-	(475,001)
(Increase) decrease in the following assets		
Patient accounts receivable	(486,248)	(533,881)
Grants and other receivables	(539,790)	476,961
Prepaid expenses	10,551	(30,721)
Increase (decrease) in the following liabilities		
Accounts payable and accrued expenses	(6,838)	(152,163)
Accrued payroll and related expenses	94,484	57,126
Net cash provided by operating activities	799,032	587,442
Cash flows from investing activities		
Capital expenditures	(174,314)	(1,012,051)
Net cash used by investing activities	(174,314)	(1,012,051)
Cash flows from financing activities		
Contributions and grants for long-term purposes	-	475,001
Proceeds from line of credit	-	450,000
Payments on line of credit	(235,000)	(75,000)
Payments on long-term debt	(66,375)	(51,790)
Net cash (used) provided by financing activities	(301,375)	798,211
Net increase in cash and cash equivalents	323,343	373,602
Cash and cash equivalents, beginning of year	1,045,492	671,890
Cash and cash equivalents, end of year	$ 1,368,835	$ 1,045,492
Supplemental disclosures of cash flow information		
Cash paid for interest	$ 100,845	$ 91,771
Non-cash transactions		
Line of credit refinanced as long-term debt	$ 500,000	$ -

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

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1. Summary of Significant Accounting Policies

Organization

Manchester Community Health Center d/b/a Amoskeag Health (the Organization) is a not-for-profit corporation organized in New Hampshire. The Organization is a Federally Qualified Health Center (FQHC) providing high-quality, comprehensive family oriented primary healthcare services which meet the needs of a diverse community, regardless of age, ethnicity or income.

Recently Adopted Accounting Pronouncement

In August 2016, the Financial Accounting Standards Board issued Accounting Standards Update (ASU) No. 2016-14, *Presentation of Financial Statements of Not-for-Profit Entities* (Topic 958), which makes targeted changes to the not-for-profit financial reporting model. The ASU marks the completion of the first phase of a larger project aimed at improving not-for-profit financial reporting. Under the ASU, net asset reporting is streamlined and clarified. The existing three category classification of net assets is replaced with a simplified model that combines temporarily restricted and permanently restricted into a single category called "net assets with donor restrictions." The guidance simplified the reporting of deficiencies in endowment funds and clarified the accounting for the lapsing of restrictions on gifts to acquire property, plant and equipment. New disclosures which highlight restrictions on the use of resources that make otherwise liquid assets unavailable for meeting near-term financial requirements have been added. The ASU also imposes several new requirements related to reporting expenses. The Organization has adjusted the presentation of these statements accordingly. The ASU has been applied retrospectively to 2018; however, there was no impact to total net assets, results of operations or cash flows.

Basis of Presentation

The financial statements of the Organization have been prepared in accordance with U.S. generally accepted accounting principles (U.S. GAAP), which requires the Organization to report information in the financial statements according to the following net asset classifications:

Net assets without donor restrictions: Net assets that are not subject to donor-imposed restrictions and may be expended for any purpose in performing the primary objectives of the Organization. These net assets may be used at the discretion of the Organization's management and the Board of Directors.

Net assets with donor restrictions: Net assets subject to stipulations imposed by donors and grantors. Some donor restrictions are temporary in nature; those restrictions will be met by actions of the Organization or by the passage of time. Other donor restrictions are perpetual in nature, whereby the donor has stipulated the funds be maintained in perpetuity.

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Unconditional promises to give cash and other assets are reported at fair value at the date the promise is received, which is then treated as cost. The gifts are reported as net assets with donor restrictions if they are received with donor stipulations that limit the use of the donated assets. When a donor restriction expires, that is, when a stipulated time restriction ends or purpose restriction is accomplished, net assets with donor restrictions are reclassified as net assets without donor restrictions and reported in the statements of operations and changes in net assets as net assets released from restriction. Donor-restricted contributions whose restrictions are met in the same year as received are reflected as contributions without donor restrictions in the accompanying financial statements.

Use of Estimates

The preparation of financial statements in conformity with U.S. GAAP generally requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements. Estimates also affect the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

Income Taxes

The Organization is a public charity under Section 501(c)(3) of the Internal Revenue Code. As a public charity, the Organization is exempt from state and federal income taxes on income earned in accordance with its tax-exempt purpose. Unrelated business income is subject to state and federal income tax. Management has evaluated the Organization's tax positions and concluded that the Organization has no unrelated business income or uncertain tax positions that require adjustment to the financial statements.

Cash and Cash Equivalents

Cash and cash equivalents consist of demand deposits and petty cash funds.

The Organization has cash deposits in major financial institutions which exceed federal depository insurance limits. The Organization has not experienced losses in such accounts and management believes the credit risk related to these deposits is minimal.

Grants and Other Receivables

Grants and other receivables are stated at the amount management expects to collect from outstanding balances. All such amounts are considered collectible, including distributions from the Eva M. Montembeault Revocable Trust in the amount of $450,000 at June 30, 2019.

The Organization receives a significant amount of grants from the U.S. Department of Health and Human Services (DHHS). As with all government funding, these grants are subject to reduction or termination in future years. For the years ended June 30, 2019 and 2018, grants from DHHS (including both direct awards and awards passed through other organizations) represented approximately 61% and 76%, respectively, of grants, contracts and support revenue.

Investment in Limited Liability Company

The Organization is one of eight partners who each made a capital contribution of $500 to Primary Health Care Partners (PHCP). The purposes of PHCP are: (i) to engage and contract directly with the payers of health care to influence the design and testing of emerging payment methodologies; (ii) to achieve the three part aim of better care for individuals, better health for populations and lower growth in expenditures in connection with both governmental and non-governmental payment systems; (iii) to undertake joint activities to offer access to high quality, cost effective medical, mental health, oral health, home care and other community-based services, based upon the medical home model of primary care delivery, that promote health and well-being by developing and implementing effective clinical and administrative systems in a manner that is aligned with the FQHC model; and to lead collaborative efforts to manage costs and improve the quality of primary care services delivered by health centers operated throughout the state of New Hampshire; and (iv) to engage in any and all lawful activities, including without limitation the negotiation of contracts, agreements and/or arrangements (with payers and other parties). The Organization's investment in PHCP is reported using the equity method and the investment amounted to $22,589 at June 30, 2019 and 2018 and is included in other current assets on the accompanying balance sheets.

Property and Equipment

Property and equipment acquisitions are recorded at cost. Depreciation is provided over the estimated useful life of each class of depreciable asset and is computed on the straight-line method.

Gifts of long-lived assets such as land, buildings or equipment are reported as net assets without donor restrictions, and excluded from the excess (deficiency) of revenue over expenses, unless explicit donor stipulations specify how the donated assets must be used. Gifts of long-lived assets with explicit restrictions that specify how the assets are to be used and gifts of cash or other assets that must be used to acquire long-lived assets are reported as net assets with donor restrictions. Absent explicit donor stipulations about how long those long-lived assets must be maintained, expirations of donor restrictions are reported when the donated or acquired long-lived assets are placed in service.

Patient Service Revenue

Patient service revenue is reported at the estimated net realizable amounts from patients, third-party payers, and others for services rendered, including estimated retroactive adjustments under reimbursement agreements with third-party payers. Retroactive adjustments are accrued on an estimated basis in the period the related services are rendered and adjusted in future periods as final settlements are determined.

340B Drug Pricing Program

The Organization, as an FQHC, is eligible to participate in the 340B Drug Pricing Program. The program requires drug manufacturers to provide outpatient drugs to FQHCs and other identified entities at a reduced price. The Organization contracts with local pharmacies under this program. The local pharmacies dispense drugs to eligible patients of the Organization and bill Medicare, Medicaid managed care companies and commercial insurances on behalf of the Organization. Reimbursement received by the pharmacies is remitted to the Organization, less dispensing and administrative fees. Gross revenue generated from the program is included in patient service revenue. The cost of drug replenishments and fees related to the program are included in program supplies and contracted services, respectively, in the accompanying statements of operations and functional expenses.

Functional Expenses

The financial statements report certain categories of expenses that are attributable to more than one program or supporting function. Therefore, these expenses require allocation on a reasonable basis that is consistently applied. The expenses that are allocated include depreciation, interest, and office and occupancy costs, which are allocated on a square-footage basis, as well as the shared systems technology fees for the Organization's medical records and billing system, which is allocated based on the percentage of patients.

Excess (Deficiency) of Revenue Over Expenses

The statements of operations reflect the excess (deficiency) of revenue over expenses. Changes in net assets without donor restrictions which are excluded from the excess (deficiency) of revenue over expenses include contributions of long-lived assets (including assets acquired using contributions which, by donor restriction, were to be used for the purposes of acquiring such assets).

Subsequent Events

For purposes of the preparation of these financial statements, management has considered transactions or events occurring through November 8, 2019, the date that the financial statements were available to be issued. Management has not evaluated subsequent events after that date for inclusion in the financial statements.

2. Availability and Liquidity of Financial Assets

The Organization regularly monitors liquidity required to meet its operating needs and other contractual commitments, while also striving to optimize the investment of its available funds.

For purposes of analyzing resources available to meet general expenditures over a 12-month period, the Organization considers all expenditures related to its ongoing activities and general administration, as well as the conduct of services undertaken to support those activities to be general expenditures.

In addition to financial assets available to meet general expenditures over the next 12 months, the Organization operates with a balanced budget and anticipates collecting sufficient revenue to cover general expenditures not covered by donor-restricted resources.

The Organization had working capital of $2,213,561 and $600,479 at June 30, 2019 and 2018, respectively. The Organization had average days cash and cash equivalents on hand (based on normal expenditures) of 27 and 22 at June 30, 2019 and 2018, respectively.

Financial assets and liquidity resources available within one year for general expenditure, such as operating expenses and scheduled principal payments on debt, were as follows:

	2019	2018
Cash and cash equivalents	$ 1,368,835	$ 1,045,492
Accounts receivable, net	1,890,683	1,784,891
Grants and other receivables	1,063,463	523,673
Financial assets available	4,322,981	3,354,056
Less net assets with donor restrictions	606,520	606,520
Financial assets available for current use	$ 3,716,461	$ 2,747,536

The Organization's goal is generally to have, at the minimum, the Health Resources and Services Administration (HRSA) recommended days cash on hand for operations of 30 days.

The Organization has a $1,000,000 line of credit, as discussed in more detail in Note 5. As of June 30, 2019, $550,000 remained available on the line of credit.

3. Accounts Receivable

Patient accounts receivable consisted of the following:

	2019	2018
Patient accounts receivable	$ 3,115,302	$ 2,906,188
Contract 340B pharmacy program receivables	106,443	97,783
Total patient accounts receivable	3,221,745	3,003,971
Allowance for doubtful accounts	(1,331,062)	(1,219,080)
Patient accounts receivable, net	$ 1,890,683	$ 1,784,891

The Organization grants credit without collateral to its patients, most of whom are local residents and are insured under third-party payer agreements. Primary payers representing 10% or more of the Organization's gross patient accounts receivable are as follows:

	2019	2018
Medicare	13 %	13 %
Medicaid	26 %	23 %

Patient accounts receivable are stated at the amount management expects to collect from outstanding balances. Patient accounts receivable are reduced by an allowance for uncollectible accounts. In evaluating the collectibility of patient accounts receivable, the Organization analyzes its past history and identifies trends for each individual payer. In addition, balances in excess of one year are 100% reserved. Management regularly reviews data about revenue in evaluating the sufficiency of the allowance for uncollectible accounts. Amounts not collected after all reasonable collection efforts have been exhausted are applied against the allowance for uncollectible accounts.

A reconciliation of the allowance for uncollectible accounts follows:

	2019	2018
Balance, beginning of year	$ 1,219,080	$ 1,702,394
Provision for bad debts	380,456	749,930
Write-offs	(268,474)	(1,233,244)
Balance, end of year	$ 1,331,062	$ 1,219,080

The increase in the allowance is due to an increase in balances over 240 days old.

4. Property and Equipment

Property and equipment consists of the following:

	2019	2018
Land	$ 81,000	$ 81,000
Building and leasehold improvements	5,125,647	5,109,921
Furniture and equipment	2,120,471	1,961,844
Total cost	7,327,118	7,152,765
Less accumulated depreciation	2,929,915	2,502,418
Property and equipment, net	$ 4,397,203	$ 4,650,347

The Organization made renovations to certain buildings with Federal grant funding. In accordance with the grant agreements, a Notice of Federal Interest (NFI) is required to be filed in the appropriate official records of the jurisdiction in which the property is located. The NFI is designed to notify any prospective buyer or creditor that the Federal Government has a financial interest in the real property acquired under the aforementioned grant; that the property may not be used for any purpose inconsistent with that authorized by the grant program statute and applicable regulations; that the property may not be mortgaged or otherwise used as collateral without the written permission of the Associate Administrator of the Office of Federal Assistance Management (OFAM), HRSA; and that the property may not be sold or transferred to another party without the written permission of the Associate Administrator of OFAM, HRSA.

5. Line of Credit

The Organization had a $1,500,000 line of credit demand note with a local banking institution through April 15, 2019 at which time the credit line was reduced to $1,000,000. The line of credit is collateralized by all assets. The interest rate is LIBOR plus 3.5% (5.91% at June 30, 2019). There was an outstanding balance on the line of credit of $450,000 and $1,185,000 at June 30, 2019 and 2018, respectively.

6. Long-Term Debt

Long-term debt consists of the following:

	2019	2018
Note payable, with a local bank (see terms below)	$ 1,634,694	$ 1,194,313
Note payable, New Hampshire Health and Education Facilities Authority (NHHEFA), payable in monthly installments of $513, including interest at 1.00%, due July 2020, collateralized by all business assets	6,633	12,688
Total long-term debt	1,641,327	1,207,001
Less current maturities	46,368	53,722
Long-term debt, less current maturities	$ 1,594,959	$ 1,153,279

The Organization had a promissory note with Citizens Bank, N. A. (Citizens), collateralized by real estate, with a balloon payment due December 1, 2018 and which was refinanced in April 2019 for $1,670,000 with NHHEFA participating in the lending for $450,000 of the note payable. Monthly payments of $8,595, including interest fixed at 3.76%, are based on a 25 year amortization schedule and are to be paid through April 2026, at which time a balloon payment will be due for the remaining balance, collateralized by real estate.

Scheduled principal repayments of long-term debt for the next five years and thereafter follows:

2020	$ 46,368
2021	42,505
2022	43,616
2023	45,308
2024	46,912
Thereafter	1,416,618
Total	$ 1,641,327

The Organization is required to meet an annual minimum working capital and debt service coverage debt covenants as defined in the loan agreement with Citizens. In the event of default, Citizens has the option to terminate the agreement and immediately request payment of the outstanding debt without notice of any kind to the Organization. The Organization is in compliance with all loan covenants at June 30, 2019.

7. Net Assets With Donor Restrictions

Net assets with donor restrictions for specific purposes consisted of cash and cash equivalents and grants and other receivables due within a year and were restricted for the following purposes:

	2019	2018
Purpose restricted:		
Healthcare services	$ 344,323	$ 365,301
Child health services	140,226	162,045
Capital improvements	20,613	76,632
Perpetual in nature:		
Available to borrow for working capital as needed	101,358	101,358
Total	$ 606,520	$ 705,336

8. Patient Service Revenue

Patient service revenue follows:

	2019	2018
Gross charges	$18,103,265	$17,126,053
Contract 340B pharmacy revenue	1,553,866	1,343,871
Total gross revenue	19,657,131	18,469,924
Contractual adjustments	(7,174,190)	(6,929,944)
Sliding fee scale discounts	(1,939,415)	(1,641,090)
Total patient service revenue	$10,543,526	$ 9,898,890

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Revenue from Medicaid accounted for approximately 53% and 51% of the Organization's gross patient service revenue for the years ended June 30, 2019 and 2018, respectively. No other individual payer represented more than 10% of the Organization's gross patient service revenue.

Laws and regulations governing the Medicare, Medicaid and 340B programs are complex and subject to interpretation. The Organization believes that it is in compliance with all laws and regulations. Compliance with such laws and regulations can be subject to future government review and interpretation, as well as significant regulatory action including fines, penalties and exclusion from the Medicare, Medicaid and 340B. Differences between amounts previously estimated and amounts subsequently determined to be recoverable or payable are included in patient service revenue in the year that such amounts become known.

A summary of the payment arrangements with major third-party payers follows:

Medicare

The Organization is reimbursed for the medical care of qualified patients on a prospective basis, with retroactive settlements related to vaccine costs only. The prospective payment is based on a geographically-adjusted rate determined by Federal guidelines. Overall, reimbursement is subject to a maximum allowable rate per visit. The Organization's Medicare cost reports have been audited by the Medicare administrative contractor through June 30, 2018.

Medicaid and Other Payers

The Organization also has entered into payment agreements with Medicaid and certain commercial insurance carriers, health maintenance organizations and preferred provider organizations. The basis for payment to the Organization under these agreements includes prospectively-determined rates per visit and contractually obligated payment rates which may be less than the Organization's public fee schedule.

Charity Care

The Organization provides care to patients who meet certain criteria under its sliding fee discount policy without charge or at amounts less than its established rates. Because the Organization does not pursue collection of amounts determined to qualify as charity care, they are not reported as net patient service revenue. The Organization estimates the costs associated with providing charity care by calculating the ratio of total cost to total charges, and then multiplying that ratio by the gross uncompensated charges associated with providing care to patients eligible for free care. The estimated cost of providing services to patients under the Organization sliding fee discount policy amounted to $2,217,386 and $1,882,644 for the years ended June 30, 2019 and 2018, respectively. The Organization is able to provide these services with a component of funds received through local community support and federal and state grants.

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9. Retirement Plan

The Organization has a defined contribution plan under Internal Revenue Code Section 403(b) that covers substantially all employees. The Organization contributed $309,981 and $338,779 for the years ended June 30, 2019 and 2018, respectively.

10. Medical Malpractice Insurance

The Organization is protected from medical malpractice risk as an FQHC under the Federal Tort Claims Act (FTCA). The Organization has additional medical malpractice insurance, on a claims-made basis, for coverage outside the scope of the protection of the FTCA. As of the year ended June 30, 2019, there were no known malpractice claims outstanding which, in the opinion of management, will be settled for amounts in excess of both FTCA and additional medical malpractice insurance coverage, nor are there any unasserted claims or incidents which require loss accrual. The Organization intends to renew the additional medical malpractice insurance coverage on a claims-made basis and anticipates that such coverage will be available.

11. Lease Commitments

The Organization leases office space and certain other office equipment under noncancelable operating leases. Future minimum lease payments under these leases are:

2020	$ 172,099
2021	139,989
2022	110,803
2023	78,057
2024	59,565
Total	$ 560,513

Rent expenses amounted to $199,895 and $241,375 for the years ended June 30, 2019 and 2018, respectively.

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AMOSEKAG HEALTH BOARD OF DIRECTORS

(as of 10.30.20)

Catherine Marsellos	Paralegal
Mohammad "Saleem" Yusuf	Professor of IT/Software Development
David Crespo, Secretary	Field Consultant
Angella Chen-Shadeed	Caregiver
Dennis "Danny" Carlsen	Landlord
Phillip Adams	Carpenter
David Hildenbrand	COO
Kathleen Davidson, Chair	Atty
Richard Elwell, Treasurer	Consultant
Dawn McKinney	Policy Director
Thomas Lavoie	Insurance Broker
Christian Scott	Director of Talent Acquisition
Madhab Gurung	Direct Support Professional
Jill Bille	CFO
Rusty Mosca	Managing Director
Debra (Debbie) Manning	Health Care Consultant Software

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Elizabeth (Betsy) Burtis

PROVEN LEADERSHIP

Results-oriented leader with an established record of building and nurturing strong teams and cross-disciplinary relationships. Creative and innovative thinker adept at managing projects from initiation to completion. Highly skilled in the design and implementation of new systems and processes, and managing change efforts to promote organizational effectiveness and efficiency. Resourceful and persuasive self-starter with unquestioned integrity, enthusiasm, excellent judgment and the conviction to act decisively.

AREAS OF EXCELLENCE

Quality & Performance Improvement . . . Workforce Development . . . Planning & Project Management . . . Customer Service
Collaborative & Strengths-Based Supervision . . . Written & Oral Communication Skills . . . Facilitation, Teaching and Training

PROFESSIONAL EXPERIENCE

AMERICAN RED CROSS, Concord, New Hampshire
Program Manager, Nurse Assistant Training – May 2017 – Current
Direct a team of twenty clinical instructors and administrative staff in the provision of high-quality nurse assistant education throughout the states of New Hampshire and Vermont. Market program and establish collaborations with employers and workforce development groups to meet the critical shortage of nursing assistants in the area.
Key Contributions:

- Secured five new contracts and partnerships with hospitals, long-term care facilities and high schools.
- Initiated organization-wide process improvement team for customer tracking procedures in Salesforce.
- Scored 95% manager effectiveness in employee engagement survey, exceeding organizational benchmark by seven points.
- Executed the successful recertification process with state boards of nursing and departments of education.
- Completed People Management Development Program (leadership development) curriculum.

MANCHESTER COMMUNITY COLLEGE, Manchester, New Hampshire
Adjunct Faculty – March 2016 – Current
Teaching classroom-based, online and hybrid first year seminar course to new students. Developed course content and activities to support first-year student success and retention. Competency in building and maintaining coursework in Blackboard and Canvas online learning software.

ASCENTRIA CARE ALLIANCE, Concord, New Hampshire
Organizational Learning & Development Manager - December 2015 – May 2017
Generated new program for staff and organizational development for a 1300+ employee, multi-state nonprofit human services agency.
Key Contributions:

- Developed first organizational training plan to meet accreditation criteria for Council on Accreditation.
- Collaborated with senior leadership to design the first employee engagement survey and developed action plan for follow up on results.
- Created annual mandatory education process to address safety and compliance training gaps and meet accreditation standards.
- Adopted and implemented an e-learning system for all employees.
- Designed and delivered leadership training sessions.

Program Manager, Health Profession Opportunity Project - 2011 to 2015
Built new federally-funded healthcare workforce development program from the ground up. Led team of ten professionals in identifying, motivating, training and placing low-income, motivated individuals into health careers.
Key Contributions:

- Managed five-year $1.9 million federally funded grant and came in under budget each year.
- Directed employment program producing 88% job placement rate.
- Collaborated with State and Federal entities in administration of the federal grant: NH Office of Health Equity, US Department of Labor, NH Workforce Investment Board.
- Analyzed labor market information and trends to guide students in career choices and fill community healthcare employer needs.
- Identified marketing and recruitment opportunities and performed outreach to potential students and employers.

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TRAINING CONSULTANT, Self-Employed, Derry, New Hampshire
Independent Consultant - 2009 to 2011
Partnered with organizations and workplaces to impact positive change.

- New Hampshire Technical Institute, Concord, NH - delivered job search strategies and customer service workshops.
- New Hampshire Humanities Council, Concord, NH – facilitated ongoing community conversations about New Hampshire and immigration utilizing the Civic Reflections model of literature based civic dialogues.
- Tufts Medical Center Residency Program, Boston, MA – led cultural effectiveness workshops for new resident orientation.
- Caritas Norwood Hospital, Norwood, MA – consulted with Quality Management to design programming aimed at improving interdisciplinary teamwork and communication.

SOUTHERN NEW HAMPSHIRE HEALTH SYSTEM, Nashua, New Hampshire
Manager, Training and Development, 2002-2009
Designed and delivered comprehensive training and development programs across a 2000+ employee health system. Served as instructional designer, consultant, coach, and facilitator to senior leadership, departments, teams, and committees on topics such as leadership impact, conflict resolution, alignment with strategic organizational goals, effective communication and process improvement. Guided the organizational Cultural Effectiveness, Domestic Violence and Service Recovery Teams.
Key Contributions:

- Increased employee participation at in-house training programs by 30% annually.
- Improved training results and accountability by implementing post-training action plan and follow-up process.
- Implemented and managed annual safety education program resulting in 100% employee participation, exceeding the Joint Commission's requirements for compliance.
- Devised and delivered Process Improvement Studio Course, a hands-on series in which employees applied tools and techniques such as flowcharting, data collection and analysis, lean processes, and root cause analyses to processes in their own departments.
- Created and managed annual Quality Fair to celebrate and inspire broader interest in process improvement. Entries required to show results impacting organizational core values. Approximately 20 entries and 400 visitors each year.

Associate Director, Foundation Medical Partners, 2001-2002
Managed four family practice sites, analyzed and supervised operations of Institute for Health and Wellness (an integrated holistic health center), developed leadership development programs, recruited physicians, and served as project manager for electronic medical record selection process.

Practice Manager, Foundation Medical Partners, 2000-2001
Managed operations for three behavioral health practices. Selected, hired, and led 25 clinical and administrative staff. Developed and administered budgets. Planned and executed merger of two practices, which reduced overhead expenses and allowed the operation to provide a wider range of clinical services.

CENTER FOR LIFE MANAGEMENT, Derry, New Hampshire
Director, Adult Outpatient Program, 1997-2000
Promoted to this position to oversee operations for community behavioral health center serving adults and children. Selected, hired, and led a team of 15 clinical and administrative staff in three sites.

Site Administrator, 1995-1997 & Office Manager, 1994-1995
Directed administrative functions and managed facilities for two outpatient clinics; managed seven administrative staff. Enhanced patient co-pay collections, initiated patient intake and insurance verification process.

EARLY CAREER, CURRY COLLEGE
Higher education administrator managing student-housing program in progressive roles. Supervised professional and student staff, led judicial affairs program, taught first year seminar. Handpicked by senior leadership to head a student retention project.

EDUCATION

LINKAGE INCORPORATED, DEPAUL UNIVERSITY | ***Certificate in Organizational Development***
THE UNIVERSITY OF VERMONT | ***Master of Education, Higher Education Administration***
BOSTON UNIVERSITY | ***Bachelor of Arts, History***

SELECTED TRAINING & CERTIFICATIONS

CORPORATION FOR POSITIVE CHANGE | ***Foundations of Appreciative Inquiry (4 days)***
INTERACTION INSTITUTE FOR SOCIAL CHANGE | ***The Masterful Trainer (2 days), Essential Facilitation (3 days), Facilitative Leadership (2 days)***
AHA! PROCESS, INC. | ***Bridges Out of Poverty (2 days)***

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Janet J. Langlois

A financial leader experienced in both for-profit and non-profit healthcare and human service sectors, with a focus on start-ups, organizational turnarounds and strategic growth opportunities. Executive skill set includes mergers, acquisitions and organic development and expansion on a local and national level, while building operational infrastructures to support business needs and customer service at all levels.

EMPLOYMENT:

2001-Current

Chief Financial Officer/Treasurer
Spectrum Health Systems, Inc., Worcester, MA
(Other positions-VP Finance, Controller)

- Organizational growth of 188% in annual revenues ($28.3 m to $81.5 m) and 300% growth in equity, with profitable operations in Massachusetts, Rhode Island, Georgia, Tennessee, Virginia and Washington
- Successful operational turnaround of organization with <5 days of cash to 120+ days of cash on hand through significant collections of Accounts Receivable, implementation of expense controls, redirection of organizational strategy around contract reimbursement models, and establishment of systems and processes to significantly decrease 3rd party insurance bad debt from 5+% annually to <1%.
- Ground-up development and direction and oversight of accounting systems, payroll, accounts receivables, telecommunications, technology, IT infrastructure and support, and all agency credentialing and 3rd party contracting
- Converted legacy payroll system to a cloud-based HRIS/Payroll system providing enhanced employee access, improved reporting and creating departmental efficiencies
- Responsible for final selection and negotiation of Electronic Health Record with patient management and billing system, as well as system-wide implementation
- Development and oversight of annual capital and operating budgets organization wide, strategic planning for short and long term needs, and pro-forma budget development and pricing models for growth and expansion opportunities
- Monthly and annual financial statements, reporting for senior management and presentation to the Board of Trustees, as well as all annual audits, tax and benefit plan returns, various state filings, and other agencies as necessary
- Responsibility for all banking, debt, insurance and contracting relationships with 3rd parties and state agencies, property and capital leases, reviewing all vendor contracts
- Recently secured $8.5m tax exempt bond financing for new inpatient residential services construction project
- Transitioned organization professional liability policies into a captive insurance plan (TCA), generating premium savings of nearly 60%, and maintain a seat on the TCA finance committee
- Transitioned workers compensation policy into a high deductible plan, saving the organization over $100k annually

– Effective @ Project closure

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1994-2001 **Controller**
HealthSouth Corporation, Lowell, Worcester, & Ludlow, MA

- Responsibilities included 3 separate facilities totaling $46m annual revenue (2 wholly owned and 1 partnership)
- Responsible for working with the state of Massachusetts and company attorneys to recoup a $2 million loss of a defunct operation, which significantly increased cash flow to the partnership.
- Transitioned two management agreements into wholly owned operations for both financial and billing purposes
- Developed pro-forma statements, securing agreements for other management contracts.
- Prepared monthly financial statements
- Annual preparation of operating and capital budgets with monthly variance reporting
- External audits
- Cost report preparations for third party payors (Medicare and Medicaid)
- Review of contract proposals to maximize cost savings or reimbursement benefits
- Oversight of Billing, Accounts Payable and Payroll

Other positions held:
1997-1998 CFO, Symmes Hospital & Medical Center - responsibilities included finance, patient accounts, materials management, IT and medical records

1982-1994 **Saints Memorial Medical Center, Lowell, MA**
1990 – 1994 Budget/Reimbursement Manager
Major Responsibilities included:

- Successful merger of the financial operations and computer systems of two hospitals, St. Joseph's and St. John's, to become Saints Memorial Medical Center
- Annual Filings of third party cost reports and associated audits
- Maintain third party liability calculations

1989 – 1990 Budget Manager, St. Joseph's Hospital, Lowell, MA
Responsibilities included:

- Annual preparation of operating and capital budgets with monthly variance reporting
- Working with department heads to identify areas of cost savings and revenue enhancement
- Maintenance of Property, Plant & Equipment schedules
- Maintained financials and billings for 2 subsidiary companies

Other positions held:

- 1987 thru 1989 **Senior Staff Accountant**
- 1982 thru 1985 **Patient Account Representative**

1985-1987 **Bookkeeper, Lowell Co-Operative Bank, Lowell, MA**
Responsibilities included:

- Daily posting of general ledger activity
- Monthly financial statement preparation
- Assist with annual audit and regulatory compliance reporting

EDUCATION:

2001 Bachelors of Science in Management, University of Massachusetts, Lowell, MA
1995 Associates Degree in Accounting, University of Massachusetts, Lowell, MA

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Kristen McCracken, MBA

Objective: To work for an organization with a clear vision, philanthropic community involvement, well-respected leadership, a strong strategic plan, and a corporate culture that is motivating and inclusive.

Education:

Undergraduate Degree: 1991 Mt. Holyoke College, Major: Psychology, Minor: Latin American Studies

Graduate Degree: 2000 Rivier College, MBA Health Care Administration

Summary of Qualifications:

Areas of Experience:

- Community Health
- Primary Care
- Behavioral Health
- Electronic Medical Records
- Substance Abuse, HIV/AIDS
- Domestic Violence
- Rape Crisis
- Culturally Diverse Populations
- Federally Funded Programs
- Joint Commission Accreditation
- Fundraising
- Board of Directors

Skill Sets:

- Operations Management
- Strategic Planning
- Budget Development
- Grant Writing/Report Management
- Group Facilitation
- Regulatory Compliance
- Staff Supervision
- Project Management
- Quality Improvement/Data Mgmt.
- Community Collaboration
- Facilities Oversight
- Program Development

Professional Experience:

2013-Present: **President and CEO**- Manchester Community Health Center

- Oversee all service programs provided by MCHC to ensure that client needs are met and quality standards are maintained and monitored in an efficient, cost effective manner by: supervising program personnel; annually assessing relevance of current programs to community needs; achieving and maintaining appropriate accreditation and/or licenses for programs.
- Ensure that MCHC services are consistent with its mission, vision, and strategic plan to ensure that programming is relevant to existing and emerging client and community needs.
- With the Board Strategic Planning Committee, develop and assist with the planning, execution and evaluation of a fund raising program. Establish and maintain a rapport with corporate sponsors, major contributors, directors, volunteers, civic organizations, and other parties in which the Center does business.
- Recommend a staffing pattern to ensure efficient management and operation of all programs and activities.
- Serve as the primary staff resource for MCHC Board of Directors to ensure effective use of and communication with trustees.
- Ensure that MCHC activities are operated in a cost-effective, efficient manner to ensure ongoing financial stability
- Call and preside at regular meetings with staff to ensure adequate communication between staff, to give the opportunity to share ideas and concerns, to coordinate efforts, and to ensure appropriate standardization of policies and procedures.

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- Recommend and communicate necessary policies and procedures to ensure adherence to management, program service, fiscal and accounting standards, and standards of good personnel procedures.
- Develop, coordinate, and maintain effective relationships between MCHC and other groups (such as State legislature, public and private health, welfare and service agencies, media, etc.,) to create public and professional understanding and support of the organization's objectives and activities.

2000-Present: **Director of Operations**- Manchester Community Health Center, Manchester, NH. In collaboration with other Senior Management staff, the DOO assumes responsibility for the day-to-day management of operations of the health center:

- Responsible for multiple departments, including Ancillary Staff, Nursing, Medical Assistants, Medical Records, Volunteers, Interpreters, and Business Office Staff.
- Collaborate with other senior management team members in overseeing health center operations, policy and program development, staff supervision, and overall program management of the organization.
- Maintaining continuity and quality of care for clients, including oversight of Patient Satisfaction programs, and co-responsibility for implementation of Quality Improvement Initiatives. Responsible for Patient Centered Medical Home and Meaningful Use activities.
- Primary responsibility for data analysis related to quality of care initiatives
- Key role in the development of center-wide goals and representing the Health Center in various community settings.
- Project Manager for the EMR (Electronic Medical Record)called Centricity (EMR & PM) including initial setup and implementation, ongoing support and development
- Participate in Board of Directors meetings, and several board and staff committees, including Safety, Personnel, Ethics, Strategic Planning, QI, Corporate Compliance, Medical Advisory Committee
- Direct staff and management team supervision, grant writing, project management, regulatory compliance, community collaborations, cultural competency, budget development, and other operational activities.
- Facilitation of employee satisfaction survey development, administration and response
- Oversight and development of ancillary services including interpretation, transportation, nutrition, dental collaboration grants and behavioral health.
- Special initiatives including Medical Home certification, Meaningful Use planning, Joint Commission accreditation, and similar ventures

1997-2000: **Family Services Manager**- Manchester Community Health Center, Manchester, NH. Responsible for the management of the behavioral health services, care management, nutrition, interpretation, and coordination of ancillary services programming.

1996-1997: **Crisis Outreach Counselor**- Manchester Community Health Center, Manchester, NH. Provided crisis intervention to patients identified by provider staff as high risk. Complete psycho-social intakes on new patients. Performed outreach services to patients who have fallen out of care. Coordinated care with medical team and behavioral health staff.

1995-1996: **Clinician** I- Habit Management Institute, Lawrence, MA.

- Substance Abuse individual counseling
- Methadone treatment planning
- Substance abuse education
- Facilitation of support groups
- Admission/discharge planning, and community networking.

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1993-1995: **Case Manager/Volunteer Coordinator, Fundraising Coordinator**- River Valley AIDS Project, Springfield, MA.

- Volunteer Program Coordinator responsibilities included developing and maintaining a volunteer program for the agency, networking, training, design and implementation, volunteer support, and monthly billing/statistics.
- Development Coordinator responsibilities included creating a fundraising donor base, initiating the development of new fundraising events, facilitating relationships with corporate sponsors, maintaining quarterly newsletters, and facilitating the following committees: Anthology Committee, Dinner for Friends Committee, Gay Men's Focus Group, Fundraising Committee, and the Children Orphaned by AIDS Committee.
- During first year of employment functioned as a Case Manager, with responsibilities including referrals, trainings, translation, support groups, counseling, advocacy, and monthly billing. Created the first public Resource Library for HIV/AIDS in Western MA, developed a donation program, and developed a Speaker's Bureau program, as well as supervised interns and trained new staff.

1990-1993: **Rape Crisis Counselor, Children's Advocate/Counselor-** YWCA, Springfield, MA.

- Rape Crisis Counselor: responsible for essentially all aspects of programming including statistics for grant reporting, billing records, case records, and individual, couples and family counseling services. Also responsible for legal and medical advocacy, educational trainings, and hotline/on-call responsibilities. Facilitated four support groups for adults, teens, Spanish speaking women, and teenagers who had re-perpetrated their sexual abuse.
- Children's Advocate: responsible for individual counseling, a children's support group, and working with the referral needs of the children in the battered women's shelter. As a member of the Counseling team: answered hotline calls, provided individual counseling, kept case files, ran in-house support groups, and provided traditional case management.

Languages Spoken

Spanish (Verbal and Written)

Community Activities

- Board of Directors, NH Minority Health Coalition 1999-2002
- Medical Interpretation Advisory Board 2002-2008
- Chair, Data Subcommittee: NH Health & Equity Partnership
- Diversity Task Force, State of NH DHHS 2002-Present
- Healthcare for the Homeless Advisory Board 2004-Present
- Volunteer: B.R.I.N.G. IT! Program
- Business Partnership Committee: Project Search
- Adult Literacy Volunteer: 2009-2010
- Advisory Board: Nursing Diversity Pipeline
- Advisory Committee: HPOP (Health Professionals Opportunities Project)

Interests and activities

I enjoy tennis, hiking, reading, gardening, travel and family activities.

References

1. Claudia Cunningham, RN, MBA (Previous Supervisor at MCHC) 603-942-7025
2. Gavin Muir, MD, Quality Director of MCHC (Colleague) 603-935-5223
3. Greg White, CFO at Lowell Family Health Center (Colleague) 603-673-8873
4. Tina Kenyon, RN, MSW at Dartmouth Family Practice Residency (Colleague in Community) 603-568-3417

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J. GAVIN MUIR

EDUCATION

PRINCETON UNIVERSITY, Princeton, NJ
M.S. in Ecology and Evolutionary Biology, 1991
Senior Thesis: "The Mating and Grazing Habits of Feral Horses on Shackleford Banks"

TEMPLE UNIVERSITY SCHOOL OF MEDICINE, Philadelphia, PA
M.D. 1995

SOUTHERN COLORADO FAMILY MEDICINE RESIDENCY,
Pueblo, CO, July 1995- June 1998

EXPERIENCE

MANCHESTER COMMUNITY HEALTH CENTER, Manchester, NH
Family Practice Physician, March 2011- current

Medical Director, September 2000 - March 2011

Family Practice Physician, August 1998 – September 2000

ELLIOT HOSPITAL, Manchester, NH
Medical Director of Peer Review, 2008 - present

ELLIOT HOSPITAL, Manchester, NH
Chair, Department of Medicine, 2006 - 2008

LICENSURE & CERTIFICATION

New Hampshire State Medical License	6/30/2012
DEA Certification	1/31/2012
ABFM Board Certified	12/31/2015

NALS/PALS/ALSO certified
Active Staff, Elliot Hospital, Manchester, NH

MEMBERSHIPS

The American Academy of Family Physicians
American Medical Association
New Hampshire Medical Society

AWARDS

New Hampshire Union Leader *Forty Under 40*. 2006
New Hampshire Academy of Family Physicians' Physician of the Year, 2013

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AMOSKEAG HEALTH

Key Personnel

PRIMARY CARE SERVICES

July 1, 2021 – March 31, 2022 (9 months)

Name	Job Title	Salary	% Paid from this Contract	Amount Paid from this Contract
Kris McCracken	Chief Executive Officer	$152,693.89	0%	$0.00
Gavin Muir, MD	Chief Medical Officer	$220,933.69	0%	$0.00
Janet Langlois	Chief Financial Officer	$113,134.82	0%	$0.00
Vacant-to be hired	Chief Operating Officer	$114,532.33	0%	$0.00
Betsy Burtis	Chief Officer for Integrated Health	$87,789.06	0%	$0.00

State of New Hampshire
Department of Health and Human Services
Amendment #2 to the Primary Care Services

This 2nd Amendment to the Primary Care Services contract (hereinafter referred to as "Amendment #2") is by and between the State of New Hampshire, Department of Health and Human Services (hereinafter referred to as the "State" or "Department") and Coos County Family Health Services, Inc. (hereinafter referred to as "the Contractor"), a non-profit with a place of business at 54 Willow Street, Berlin, NH 03570.

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on June 20, 2018, (Item #27G), as amended on May 6, 2020, (Item #46), the Contractor agreed to perform certain services based upon the terms and conditions specified in the Contract as amended and in consideration of certain sums specified; and

WHEREAS, pursuant to Form P-37, General Provisions, Paragraph 18, and Exhibit C-1, Revisions to General Provisions, Section 3, the Contract may be amended upon written agreement of the parties and approval from the Governor and Executive Council; and

WHEREAS, the parties agree to extend the term of the agreement, increase the price limitation, or modify the scope of services to support continued delivery of these services; and

NOW THEREFORE, in consideration of the foregoing and the mutual covenants and conditions contained in the Contract and set forth herein, the parties hereto agree to amend as follows:

1. Form P-37 General Provisions, Block 1.7, Completion Date, to read:

   March 31, 2022

2. Form P-37, General Provisions, Block 1.8, Price Limitation, to read:

   $412,691

3. Add Exhibit A-3, Additional Scope of Services BinaxNOW, which is attached hereto and incorporated by reference herein.

4. Modify Exhibit B, Methods and Conditions Precedent to Payment, Section 4, Subsection 4.1 to read:

   4.1 Payments shall be on a cost reimbursement basis for approved actual costs in accordance with Exhibit B-1 through Exhibit B-6, Amendment #2 Budget, which is attached hereto and incorporated by reference herein.

5. Add Exhibit B-6, Amendment #2 Budget, which is attached hereto and incorporated by reference herein.

All terms and conditions of the Contract and prior amendments not inconsistent with this Amendment #2 remain in full force and effect. Exhibit A-3, Additional Scope of Services BinaxNOW, shall be effective retroactively to November 1, 2020, upon Governor's approval issued under the Executive Order 2020-04 as extended by Executive Orders 2020-05, 2020-08, 2020-09, 2020-10, 2020-14, 2020-15, 2020-16, 2020-17, 2020-18, and 2020-20. All other provisions of this amendment shall be effective July 1, 2021, or upon the date of Governor and Executive Council approval, whichever is later.

IN WITNESS WHEREOF, the parties have set their hands as of the date written below,

State of New Hampshire
Department of Health and Human Services

12/14/2020
Date

DocuSigned by:
Lisa M. Morris
Name: Lisa M. Morris
Title: Director, Division of Public Health Srvcs.

Coos County Family Health Services, Inc.

11/16/2020
Date

DocuSigned by:
Ken Gordon
Name: Ken Gordon
Title: Chief Executive Officer

New Hampshire Department of Health and Human Services
Primary Care Services

The preceding Amendment, having been reviewed by this office, is approved as to form, substance, and execution.

OFFICE OF THE ATTORNEY GENERAL

2/11/2021
Date

DocuSigned by:
Name: Catherine Pinos
Title: Attorney

I hereby certify that the foregoing Amendment was approved by the Governor and Executive Council of the State of New Hampshire at the Meeting on: _____ (date of meeting)

OFFICE OF THE SECRETARY OF STATE

Date

Name:
Title:

Additional Scope of Services BinaxNOW

1. BinaxNOW COVID-19 Antigen Testing and Supplies

1.1. The BinaxNOW COVID-19 Antigen Test is now authorized for Point of Care (POC) use in patient care settings operating under a Clinical Laboratory Improvement Amendment of 1988 Certificate of Waiver, Certificate of Compliance, or Certificate of Accreditation.

1.2. The BinaxNOW COVID-19 Antigen Test supplies are authorized for use under an Emergency Use Authorization by the U.S. Food and Drug Administration and consist of a lateral flow immunoassay for the qualitative detection of nucleocapsid protein antigen from the SARS-CoV-2 virus in direct nasal swabs from individuals suspected of COVID-19 by their healthcare provider within the first seven (7) days of symptom onset.

1.3. The Department will supply the Contractor with the BinaxNOW Rapid-Antigen COVID-19 Testing supplies at no cost to the Contractor via allotted distribution from the Department contingent upon the availability of supplies.

1.4. The Contractor shall adhere to proper use procedures and indications for BinaxNOW COVID-19 Antigen Test supplies as issued by the manufacturer (Abbott Laboratories), the U.S. Food and Drug Administration, and the Department, including applicable Health Advisory Network (HAN) messages.

1.5. The Contractor shall use BinaxNOW COVID-19 Antigen Test supplies provided by the Department only for active patients of the Contractor who:

1.5.1. Have COVID-19 symptoms, with symptom onset within the last seven (7) days; or

1.5.2. Do not have symptoms of COVID-19 at the direction of the Department.

1.6. The Contractor shall notify its established active patients who have symptoms of COVID-19 that it has the ability to perform COVID-19 testing, including rapid antigen testing.

1.7. The Contractor shall notify the Regional Public Health Network(s) within the Contractor's catchment area(s) that it can perform COVID-19 testing for active patients of the Contractor.

1.8. The Contractor shall report all positive test results and case details to the Department within twenty-four (24) hours of result determination using the COVID-19 Case Report form provided by the Department, which is available at the following link: https://www.dhhs.nh.gov/dphs/cdcs/covid19/covid19-reporting-form.pdf.

1.9. The Contractor shall report positive and negative test results to the Department using a secure web-based reporting process described in Health Alert Network Message #22.

Instructions for Reporting Point-of-Care Tests available at:
https://www.dhhs.nh.gov/dphs/cdcs/alerts/documents/covid-19-update22.pdf

1.10. The Contractor is prohibited from charging a patient, a patient's guardian, a patient's insurance, or New Hampshire Medicaid for a COVID-19 test conducted using BinaxNOW COVID-19 Antigen Test supplies provided by the Department.

1.11. The Contractor may charge a specimen collection fee, including, but not limited to, Healthcare Common Procedural Coding System (HCPCS) code G2023 as well as normal billing for an office or home visits by the Contractor, to the patient, the patient's guardian, the patient's insurance, or New Hampshire Medicaid for the evaluation and management of the patient that leads to a COVID-19 test conducted using BinaxNOW COVID-19 Antigen Test supplies provided by the Department.

1.12. The Contractor shall not refuse services or testing for any patient with any symptom(s) of COVID-19 using BinaxNOW COVID-19 Antigen Test supplies provided by the Department for any reason other than lack of available supplies.

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New Hampshire Department of Health and Human Services

Bidder/Program Name: Coos County Family Health Services

Budget Request for: Primary Care Services

Budget Period: July 1, 2021 - March 31, 2022

	Total Program Cost			Contractor Share / Match			Funded by DHHS contract share		
Line Item	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total
1. Total Salary/Wages	$80,068.45	$ -	$ 80,068.45	$23,436.45	$ -	$ 23,436.45	$56,652.00	$ -	$ 56,652.00
2. Employee Benefits	$ 25,628.30	$ -	$ 25,628.30	$ 7,500.30	$ -	$ 7,500.30	$ 18,128.00	$ -	$ 18,128.00
3. Consultants	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
4. Equipment:	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Rental	$ 2,000.00	$ -	$ 2,000.00	$ 2,000.00	$ -	$ 1,500.00	$ -	$ -	$ -
Repair and Maintenance	$ 2,000.00	$ -	$ 2,000.00	$ 2,000.00	$ -	$ 1,500.00	$ -	$ -	$ -
Purchase/Depreciation	$ 50,000.00	$ -	$ 50,000.00	$ 50,000.00	$ -	$ 3,750.00	$ -	$ -	$ -
5. Supplies:	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Educational	$ 1,000.00	$ -	$ 1,000.00	$ 1,000.00	$ -	$ 750.00	$ -	$ -	$ -
Lab	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Pharmacy	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Medical	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Office	$ 2,500.00	$ -	$ 2,500.00	$ 2,500.00	$ -	$ 1,875.00	$ -	$ -	$ -
6. Travel	$ 500.00	$ -	$ 500.00	$ 500.00	$ -	$ 375.00	$ -	$ -	$ -
7. Occupancy	$ 5,000.00		$ 5,000.00	$ 5,000.00		$ 3,750.00	$ -		$ -
8. Current Expenses	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Telephone	$ 1,500.00	$ -	$ 1,500.00	$ 1,500.00	$ -	$ 1,125.00	$ -	$ -	$ -
Postage	$ 1,250.00	$ -	$ 1,250.00	$ 1,250.00	$ -	$ 1,000.00	$ -	$ -	$ -
Subscriptions	$ 1,200.00	$ -	$ 1,200.00	$ 1,200.00	$ -	$ 900.00	$ -	$ -	$ -
Audit and Legal	$ 1,000.00	$ -	$ 1,000.00	$ 1,000.00	$ -	$ 750.00	$ -	$ -	$ -
Insurance	$ 1,500.00	$ -	$ 1,500.00	$ 1,500.00	$ -	$ 1,125.00	$ -	$ -	$ -
Board Expenses	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
9. Software	$ 1,000.00	$ -	$ 1,000.00	$ 1,000.00	$ -	$ 750.00	$ -	$ -	$ -
10. Marketing/Communications	$ 500.00	$ -	$ 500.00	$ 500.00	$ -	$ 375.00	$ -	$ -	$ -
11. Staff Education and Training	$ 1,500.00	$ -	$ 1,500.00	$ 1,500.00	$ -	$ 1,125.00	$ -	$ -	$ -
12. Subcontracts/Agreements	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
13. Other (specific details mandatory):	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
TOTAL	$ 178,168.75	$ -	$ 178,168.75	$ 103,386.75	$ -	$ 51,588.75	$ 74,780.00	$ -	$ 74,780.00
Indirect As A Percent of Direct		0.0%							

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State of New Hampshire
Department of State

CERTIFICATE

I, William M. Gardner, Secretary of State of the State of New Hampshire, do hereby certify that COOS COUNTY FAMILY HEALTH SERVICES, INC. is a New Hampshire Nonprofit Corporation registered to transact business in New Hampshire on December 14, 1979. I further certify that all fees and documents required by the Secretary of State's office have been received and is in good standing as far as this office is concerned.

Business ID: **63204**
Certificate Number : **0004886318**

IN TESTIMONY WHEREOF,
I hereto set my hand and cause to be affixed
the Seal of the State of New Hampshire,
this 2nd day of April A.D. 2020.

William M. Gardner
Secretary of State

Filing History

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Business Name	Business ID
COOS COUNTY FAMILY HEALTH SERVICES, INC.	63204

Filing#	Filing Date	Effective Date	Filing Type	Annual Report Year
0005357876	04/26/2021	04/26/2021	Revival	N/A
0005357875	04/26/2021	04/26/2021	Nonprofit Report	2020
0005305493	01/01/2021	01/01/2021	Admin Dissolution/Suspension	N/A
0004775997	01/16/2020	01/16/2020	Annual Report Reminder	N/A
0003034929	01/26/2015	01/26/2015	Annual Report	2015
0000727564	10/08/2010	10/08/2010	Annual Report	2010
0000727563	10/08/2010	10/08/2010	Reminder Letter	N/A
0000727562	12/09/2005	12/09/2005	Annual Report	2005
0000727561	02/28/2000	02/28/2000	Annual Report	2000
0000727560	01/19/1995	01/19/1995	Annual Report	1995
0000727559	03/15/1990	03/15/1990	Annual Report	1990
0000727558	12/14/1979	12/14/1979	Business Formation	N/A

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NH Department of State, 107 North Main St. Room 204, Concord, NH 03301 -- **Contact Us (/online/Home/ContactUS)**

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CERTIFICATE OF AUTHORITY

I, H. Guyford Stever Jr., Board President hereby certify that:
(Name of the elected Officer of the Corporation/LLC; cannot be contract signatory)

1. I am a duly elected Clerk/Secretary/Officer of Coos County Family Health Services.
(Corporation/LLC Name)

2. The following is a true copy of a vote taken at a meeting of the Board of Directors/shareholders, duly called and held on January 16, 2020, at which a quorum of the Directors/shareholders were present and voting.
(Date)

VOTED: That Ken Gordon, CEO (may list more than one person)
(Name and Title of Contract Signatory)

is duly authorized on behalf of Coos County Family Health Services to enter into contracts or agreements with the State
(Name of Corporation/ LLC)

of New Hampshire and any of its agencies or departments and further is authorized to execute any and all documents, agreements and other instruments, and any amendments, revisions, or modifications thereto, which may in his/her judgment be desirable or necessary to effect the purpose of this vote.

3. I hereby certify that said vote has not been amended or repealed and remains in full force and effect as of the date of the contract/contract amendment to which this certificate is attached. This authority remains valid for thirty (30) days from the date of this Certificate of Authority. I further certify that it is understood that the State of New Hampshire will rely on this certificate as evidence that the person(s) listed above currently occupy the position(s) indicated and that they have full authority to bind the corporation. To the extent that there are any limits on the authority of any listed individual to bind the corporation in contracts with the State of New Hampshire, all such limitations are expressly stated herein.

Dated: 11/17/2020

Signature of Elected Officer
Name: H. Guyford Stever, JR.
Title: Board President

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 07/01/2020

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER FIAI/Cross Insurance 1100 Elm Street Manchester NH 03101	CONTACT NAME: Janice Jobin PHONE (A/C, No, Ext): (603) 669-3218 FAX (A/C, No): (603) 645-4331 E-MAIL ADDRESS: jjobin@crossagency.com
INSURED Coos County Family Health Services, Inc. 133 Pleasant Street Berlin NH 03570-2006	INSURER(S) AFFORDING COVERAGE — NAIC # INSURER A: Philadelphia Indemnity Ins Co — 18058 INSURER B: MEMIC Indemnity Company — 11030 INSURER C: INSURER D: INSURER E: INSURER F:

COVERAGES CERTIFICATE NUMBER: 20-21 All Lines REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	[X] COMMERCIAL GENERAL LIABILITY [ ] CLAIMS-MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: [ ] POLICY [X] PRO-JECT [ ] LOC [ ] OTHER:			PHPK2150215	07/01/2020	07/01/2021	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$ 1,000,000 $ 1,000,000 $ 20,000 $ 1,000,000 $ 2,000,000 $ 2,000,000
A	AUTOMOBILE LIABILITY [X] ANY AUTO [ ] OWNED AUTOS ONLY [ ] SCHEDULED AUTOS [ ] HIRED AUTOS ONLY [ ] NON-OWNED AUTOS ONLY			PHPK2150230	07/01/2020	07/01/2021	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) Uninsured motorist	$ 1,000,000 $ $ $ $ 1,000,000
A	[X] UMBRELLA LIAB [X] OCCUR [ ] EXCESS LIAB [ ] CLAIMS-MADE [ ] DED [X] RETENTION $ 10,000			PHUB728244	07/01/2020	07/01/2021	EACH OCCURRENCE AGGREGATE	$ 3,000,000 $ 3,000,000
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N [N] If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		3102802240 (3a.) NH	07/01/2020	07/01/2021	[X] PER STATUTE [ ] OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	 $ 1,000,000 $ 1,000,000 $ 1,000,000
A	Employee Dishonesty			PHPK2150215	07/01/2020	07/01/2021	Limit	$500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

State of NH Department of Health & Human Services is included as additional insured with respects to the CGL as per written contract. Refer to policy for exclusionary endorsements and special provisions.

CERTIFICATE HOLDER

NH Department of Health & Human Services Div. of Public Health Svcs
29 Hazen Drive
Concord NH 03301-6504

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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coös county
Family Health

54 Willow Street
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Fax: 1-603-752-3027

133 Pleasant Street
Berlin, NH 03570-2006
Ph: 1-603-752-2040
Fax: 1-603-752-7797

2 Broadway Street
Gorham, NH 03581-1597
Ph: 1-603-466-2741
Fax: 1-603-466-2953

59 Page Hill Road
Berlin, NH 03570-3568
Ph: 1-603-752-2900
Fax: 1-603-752-3727

MISSION OF
COÖS COUNTY FAMILY HEALTH SERVICES

Improving the health and wellbeing of our community through the provision of health and social services of the highest quality.

VISION OF
COÖS COUNTY FAMILY HEALTH SERVICES

Creating a healthier future through education, prevention and access to care.

VALUES OF
COÖS COUNTY FAMILY HEALTH SERVICES

Respect	We treat everyone in our community - patients, their families and our colleagues with dignity and respect regardless of their income, social status, race, religion or other factors.
Integrity	Adhere to the highest standards of professionalism, ethics and personal responsibility.
Compassion	Provide the best care, treating patients and family members with sensitivity and empathy.
Healing	Inspire hope and nurture the well-being of the whole person, respecting their physical, emotional and spiritual needs.
Teamwork	Value the contributions of all, blending the skills of individual staff members and community members for the benefit of all.
Innovation	Infuse and energize the organization, enhancing the lives of those we serve through the creative ideas and unique talents of each employee.
Excellence	Deliver the best outcomes and highest quality service through the dedicated efforts of every team member.
Stewardship	Sustain and reinvest in our mission by wisely managing our human, natural and material resources.

(Mission Statement)
Board Approved 1/16/2020

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BerryDunn

[redacted]

coös county Family Health

FINANCIAL STATEMENTS

June 30, 2020 and 2019

With Independent Auditor's Report

DocuSign Envelope ID: D2F4DE0E-1DEF-4CC4-A491-675F562C36FD

BerryDunn

INDEPENDENT AUDITOR'S REPORT

Board of Directors
Coos County Family Health Services, Inc.

We have audited the accompanying financial statements of Coos County Family Health Services, Inc., which comprise the balance sheets as of June 30, 2020 and 2019, and the related statements of operations, functional expenses, changes in net assets, and cash flows for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with U.S. generally accepted accounting principles; this includes the design, implementation and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with U.S. generally accepted auditing standards. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

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Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Coos County Family Health Services, Inc. as of June 30, 2020 and 2019, and the results of its operations, changes in its net assets and its cash flows for the years then ended, in accordance with U.S. generally accepted accounting principles.

Change in Accounting Principle

As discussed in Note 1 to the financial statements, during the year ended June 30, 2020, Coos County Family Health Services, Inc. adopted new accounting guidance, Financial Accounting Standards Board Accounting Standards Update No. 2016-18, *Restricted Cash* (Topic 230). Our opinion is not modified with respect to this matter.

Berry Dunn McNeil & Parker, LLC

Portland, Maine
September 17, 2020

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COOS COUNTY FAMILY HEALTH SERVICES, INC.

Balance Sheets

June 30, 2020 and 2019

ASSETS

	2020	2019
Current assets		
Cash and cash equivalents	$ 7,218,115	$ 3,287,120
Patient accounts receivable, net	1,523,938	1,621,203
Grants receivable	537,300	490,405
Other current assets	190,096	128,437
Total current assets	9,469,449	5,527,165
Investments	817,796	775,824
Assets limited as to use	600,630	592,197
Beneficial interest in funds held by others	28,564	25,695
Property and equipment, net	2,307,968	2,372,916
Total assets	$13,224,407	$ 9,293,797

LIABILITIES AND NET ASSETS

Current liabilities		
Accounts payable and accrued expenses	$ 284,133	$ 261,712
Accrued payroll and related expenses	1,167,190	841,827
Deferred revenue	582,769	106,500
Medicare accelerated payments	633,807	-
Paycheck Protection Program loan	1,718,500	-
Total current liabilities and total liabilities	4,386,399	1,210,039
Net assets		
Without donor restrictions	8,734,202	7,979,651
With donor restrictions	103,806	104,107
Total net assets	8,838,008	8,083,758
Total liabilities and net assets	$13,224,407	$ 9,293,797

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

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COOS COUNTY FAMILY HEALTH SERVICES, INC.

Statements of Operations

Years Ended June 30, 2020 and 2019

	2020	2019
Operating revenue		
Patient service revenue	**$11,101,416**	$11,651,530
Provision for bad debts	**(353,736)**	(331,129)
Net patient service revenue	**10,747,680**	11,320,401
Grants, contracts, and contributions	**3,659,117**	3,477,052
Provider relief funds	**642,109**	-
Other operating revenue	**90,856**	142,683
Net assets released from restriction for operations	**35,977**	18,651
Total operating revenue	**15,175,739**	14,958,787
Operating expenses		
Salaries and wages	**8,258,331**	7,521,125
Employee benefits	**2,457,447**	2,238,869
Contract services	**420,751**	498,710
Program supplies	**483,916**	482,712
340B program expenses	**1,074,646**	1,174,469
Occupancy	**389,234**	400,850
Other operating expenses	**1,116,682**	1,101,685
Depreciation	**271,795**	263,186
Total operating expenses	**14,472,802**	13,681,606
Income from operations	**702,937**	1,277,181
Other revenue and gains		
Investment income	**29,538**	24,704
Change in fair value of investments	**22,076**	7,890
Total other revenue and gains	**51,614**	32,594
Excess of revenue over expenses	**754,551**	1,309,775
Net assets released from restriction for capital acquisition	**-**	173,233
Increase in net assets without donor restrictions	**$ 754,551**	$ 1,483,008

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

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COOS COUNTY FAMILY HEALTH SERVICES, INC.

Statements of Functional Expenses

Years Ended June 30, 2020 and 2019

	2020		
	Healthcare Services	Administration and Support Services	Total
Salaries and wages	$ 7,236,720	$ 1,021,611	$ 8,258,331
Employee benefits	2,125,731	331,716	2,457,447
Contract services	277,708	143,043	420,751
Program supplies	485,972	-	485,972
340B program expenses	1,074,646	-	1,074,646
Occupancy	341,086	48,148	389,234
Other operating expenses	976,747	137,879	1,114,626
Depreciation	238,174	33,621	271,795
Total operating expenses	$ 12,756,784	$ 1,716,018	$ 14,472,802

	2019		
	Healthcare Services	Administration and Support Services	Total
Salaries and wages	$ 6,583,139	$ 937,986	$ 7,521,125
Employee benefits	1,944,872	293,997	2,238,869
Contract services	424,356	74,354	498,710
Program supplies	488,057	-	488,057
340B program expenses	1,174,469	-	1,174,469
Occupancy	350,904	49,946	400,850
Other operating expenses	959,626	136,714	1,096,340
Depreciation	230,393	32,793	263,186
Total operating expenses	$ 12,155,816	$ 1,525,790	$ 13,681,606

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

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COOS COUNTY FAMILY HEALTH SERVICES, INC.

Statements of Changes in Net Assets

Years Ended June 30, 2020 and 2019

	2020	2019
Net assets without donor restrictions		
Excess of revenue over expenses	$ 754,551	$ 1,309,775
Net assets released from restriction for capital acquisition	-	173,233
Increase in net assets without donor restrictions	754,551	1,483,008
Net assets with donor restrictions		
Grants, contracts, and contributions	33,657	174,308
Net assets released from restriction for operations	(35,977)	(18,651)
Net assets released from restriction for capital acquisition	-	(173,233)
Change in fair value of beneficial interest in funds held by others	2,019	(1,385)
Decrease in net assets with donor restrictions	(301)	(18,961)
Change in net assets	754,250	1,464,047
Net assets, beginning of year	8,083,758	6,619,711
Net assets, end of year	$ 8,838,008	$ 8,083,758

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

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COOS COUNTY FAMILY HEALTH SERVICES, INC.

Statements of Cash Flows

Years Ended June 30, 2020 and 2019

	2020	2019
Cash flows from operating activities		
Change in net assets	$ 754,250	$ 1,464,047
Adjustments to reconcile change in net assets to net cash provided by operating activities		
Depreciation	271,795	263,186
Change in fair value of investments	(22,076)	(7,890)
Contributions for long-term purposes	-	(174,308)
Change in fair value of beneficial interest in funds held by others	(2,019)	1,385
(Increase) Decrease in the following assets		
Patient accounts receivable	97,265	43,296
Grants receivable	(46,895)	(218,136)
Other current assets	(61,659)	(2,860)
Increase (decrease) in the following liabilities		
Accounts payable and accrued expenses	22,421	(46,665)
Accrued payroll and related expenses	325,363	103,065
Deferred revenue	476,269	75,000
Medicare accelerated payments	633,807	-
Net cash provided by operating activities	2,448,521	1,500,120
Cash flows from investing activities		
Proceeds from sales of investments	252,129	-
Purchase of investments	(272,025)	(17,934)
Capital acquisitions	(206,847)	(362,714)
Transfer of endowment contributions to perpetual trust held by others	(850)	(900)
Net cash used by investing activities	(227,593)	(381,548)
Cash flows from financing activities		
Proceeds from Paycheck Protection Program loan	1,718,500	-
Contributions for long-term purposes	-	174,308
Net cash provided by financing activities	1,718,500	174,308
Net increase in cash and cash equivalents and restricted cash	3,939,428	1,292,880
Cash and cash equivalents and restricted cash, beginning of year	3,879,317	2,586,437
Cash and cash equivalents and restricted cash, end of year	$ 7,818,745	$ 3,879,317
Breakdown of cash and cash equivalents and restricted cash, end of year		
Cash and cash equivalents	$ 7,218,115	$ 3,287,120
Assets limited as to use	600,630	592,197
	$ 7,818,745	$ 3,879,317

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

COOS COUNTY FAMILY HEALTH SERVICES, INC.

Notes to Financial Statements

June 30, 2020 and 2019

Organization

Coos County Family Health Services, Inc. (the Organization) is a not-for-profit corporation organized in New Hampshire. The Organization is a Federally Qualified Health Center (FQHC) which provides outpatient health care, dental and disease prevention services to residents of Coos County, New Hampshire, through direct services, referral and advocacy.

1. Summary of Significant Accounting Policies

Basis of Presentation

The financial statements of the Organization have been prepared in accordance with U.S. generally accepted accounting principles (U.S. GAAP), which requires the Organization to report information in the financial statements according to the following net asset classifications:

Net assets without donor restrictions: Net assets that are not subject to donor-imposed restrictions and may be expended for any purpose in performing the primary objectives of the Organization. These net assets may be used at the discretion of the Organization's management and the Board of Directors.

Net assets with donor restrictions: Net assets subject to stipulations imposed by donors and grantors. Some donor restrictions are temporary in nature; those restrictions will be met by actions of the Organization or by the passage of time. Other donor restrictions are perpetual in nature, whereby the donor has stipulated the funds be maintained in perpetuity.

Uncertainty Related to COVID-19

On March 11, 2020, the World Health Organization declared the 2019 Novel Coronavirus Disease (COVID-19) a global pandemic. The COVID-19 pandemic has impacted and could further impact the Organization's operations as a result of quarantines and travel and logistics restrictions. The extent to which the COVID-19 pandemic impacts the Organization's business, results of operations and financial condition will depend on future developments, which are highly uncertain and cannot be predicted, including, but not limited to the duration, spread, severity, and impact of the COVID-19 pandemic, the effects of the COVID-19 pandemic on the Organization's members and the remedial actions and stimulus measures adopted by local and federal governments. Therefore, the Organization cannot reasonably estimate the impact at this time.

Use of Estimates

The preparation of financial statements in conformity with U.S. GAAP requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements. Estimates also affect the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

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Income Taxes

The Organization is a public charity under Section 501(c)(3) of the Internal Revenue Code. As a public charity, the Organization is exempt from state and federal income taxes on income earned in accordance with its tax exempt purpose. Unrelated business income is subject to state and federal income tax. Management has evaluated the Organization's tax positions and concluded that the Organization has no unrelated business income or uncertain tax positions that require adjustment to the financial statements.

Cash and Cash Equivalents

Cash and cash equivalents include highly liquid investments with an original maturity of three months or less.

The Organization has cash deposits in major financial institutions which exceed federal depository insurance limits. The Organization has not experienced losses in such accounts and management believes the credit risk related to these deposits is minimal.

The Organization has adopted Financial Accounting Standards Board (FASB) Accounting Standards Update (ASU) No. 2016-18, *Restricted Cash* (Topic 230), which requires that a statement of cash flows explain the change during the period in the total of cash, cash equivalents, and amounts generally described as restricted cash or restricted cash equivalents. Therefore, amounts generally described as restricted cash and restricted cash equivalents should be included with cash and cash equivalents when reconciling the beginning-of-period and end-of-period total amounts shown on the statement of cash flows. The 2019 statements of cash flows has been restated to conform to the provisions of ASU No. 2016-18. Cash and cash equivalents and restricted cash, beginning of year for June 30, 2019 was increased by $612,624.

Grants Receivable

Grants receivable are stated at the amount management expects to collect from outstanding balances. All such amounts are considered collectible.

A portion of the Organization's revenue is derived from cost-reimbursable federal and state contracts and grants, which are conditioned upon certain performance requirements and/or the incurrence of allowable qualifying expenses. Amounts received are recognized as revenue when the Organization has incurred expenditures in compliance with specific contract or grant provisions. Amounts received prior to incurring qualifying expenditures are reported as deferred revenue.

The Organization receives a significant amount of grants from the U.S. Department of Health and Human Services (HHS). As with all government funding, these grants are subject to change in future years. For the years ended June 30, 2020 and 2019, grants from HHS (including both direct awards and awards passed through other organizations) represented approximately 67% and 69%, respectively, of grants, contracts and contributions.

Investments

The Organization reports investments at fair value. Investments include assets held for long-term purposes. Accordingly, investments have been classified as non-current assets on the accompanying balance sheets regardless of maturity or liquidity. The Organization has established policies governing long-term investments.

The Organization has elected the fair value option for valuing its investments, which consolidates all investment performance activity within the other revenue and gains section of the statements of operations. The election was made because the Organization believes reporting the activity as a single amount provides a clearer measure of the investment performance.

Investment income and the change in fair value are included in the excess of revenue over expenses, unless otherwise stipulated by the donor or State Law. Investments, in general, are exposed to various risks, such as interest rate, credit, and overall market volatility risks. As such, it is reasonably possible that changes in the values of investments will occur in the near term and that such changes could materially affect the amounts reported in the financial statements.

Assets Limited as to Use

Assets limited as to use include cash and cash equivalents designated by the Board of Directors for future working capital needs and donor-restricted grants and contributions.

Beneficial Interest in Funds Held by Others

The Organization is a beneficiary of an agency endowment fund at The New Hampshire Charitable Foundation (the Foundation). Pursuant to the terms of the resolution establishing the fund, property contributed to the Foundation is held as a separate fund designated for the benefit of the Organization. In accordance with its spending policy, the Foundation makes distributions from the fund to the Organization. The distributions are approximately 4% of the market value of the fund per year. The Organization's interest in the fund is recognized as net assets with donor restrictions.

Property and Equipment

Property and equipment are carried at cost, less accumulated depreciation. Maintenance, repairs and minor renewals are expensed as incurred and renewals and betterments are capitalized. Provision for depreciation is computed using the straight-line method over the useful lives of the related assets. The Organization's capitalization policy is applicable for acquisitions greater than $5,000.

Medicare Accelerated Payments

In response to the COVID-19 pandemic, the Center for Medicare and Medicaid Services (CMS) made available an accelerated and advance payment program to Medicare providers. The Organization requested payment equal to 100% of a three month claim period. Under the program, CMS would begin recouping payment from claim payments 120 days after the advance was made, however the Organization repaid the accelerated payments in full in July 2020.

Paycheck Protection Program

On April 13, 2020, the Organization qualified for and received a loan in the amount of $1,718,500 pursuant to the Paycheck Protection Program (PPP), a program implemented by the U.S. Small Business Administration (SBA) under the Coronavirus Aid, Relief, and Economic Security (CARES) Act and the Paycheck Protection Program and Health Care Enhancement (PPPHCE) Act. The loan is unsecured, has a two-year term with a maturity date of April 2022; bears an annual interest rate of 1%; and shall be payable monthly with the first six monthly payments deferred. The principal amount of the PPP is subject to forgiveness, upon the Organization's request, to the extent that the proceeds are used to pay qualifying expenditures, including payroll costs, interest on mortgages, rent and utilities, incurred by the Organization.

The Organization has utilized $678,924 of the total available PPP for qualifying expenditures as of June 30, 2020 and anticipates utilizing the remaining funds in the first quarter of fiscal year 2021. It is the Organization's intent to apply for forgiveness at that time. Forgiveness is subject to the sole approval of the SBA. The Organization has chosen to follow the conditional contribution model for the PPP and has opted to not record any income until forgiveness is received. The full amount of the PPP received is reported as a refundable advance in the current liabilities section of the balance sheet at June 30, 2020.

Patient Service Revenue

Patient service revenue is reported at the estimated net realizable amounts from patients, third-party payers, and others for services rendered, including estimated retroactive adjustments under reimbursement agreements with third-party payers. Retroactive adjustments are accrued on an estimated basis in the period the related services are rendered and adjusted in future periods as final settlements are determined.

340B Drug Pricing Program

The Organization, as an FQHC, is eligible to participate in the 340B Drug Pricing Program. The program requires drug manufacturers to provide outpatient drugs to FQHC's and other identified entities at a reduced price. The Organization contracts with local pharmacies under this program. The local pharmacies dispense drugs to eligible patients of the Organization and bill Medicare and commercial insurances on behalf of the Organization. Reimbursement received by the pharmacies is remitted to the Organization, less dispensing and administrative fees. Gross revenue generated from the program is included in patient service revenue. The cost of drug replenishments and contracted expenses incurred related to the program are included in other operating expenses.

Provider Relief Funds

The CARES Act and the PPPHCE Act established the Provider Relief Fund (PRF) to support healthcare providers in the battle against the COVID-19 outbreak. The PRF is being administered by HHS. The Organization received PRF in the amount of $642,109 during the year ended June 30, 2020. These funds are to be used for qualifying expenses, to cover lost revenue due to COVID-19, or to help uninsured Americans get testing and treatment for COVID-19. The PRF are considered conditional contributions and are recognized as income when qualifying expenditures have been incurred. The Organization incurred qualifying expenditures in 2020 and all funds have been recorded in income from operations. Subsequent reporting requirements to HHS are required for the period ending December 31, 2020.

Contributions

Unconditional promises to give cash and other assets are reported at fair value at the date the promise is received, which is then treated as cost. The gifts are reported as net assets with donor restrictions if they are received with donor stipulations that limit use of the donated assets. When a donor restriction expires, that is, when a stipulated time restriction ends or purpose restriction is accomplished, net assets with donor restrictions are reclassified as net assets without donor restrictions and reported in the statements of operations as net assets released from restriction. Contributions whose restrictions are met in the same period as the support was received are recognized as net assets without donor restrictions.

The Organization has adopted ASU No. 2018-08, *Not-for-Profit Entities* (Topic 958), *Clarifying the Scope and the Accounting Guidance for Contributions Received and Contributions Made*. ASU No. 2018-08 applies to all entities that receive or make contributions and clarifies the definition of transactions accounted for as an exchange transaction subject to applicable guidance for revenue recognition, and transactions that should be accounted for as contributions (non-exchange transactions) subject to the contribution accounting model. Further, ASU No. 2018-08 provides criteria for evaluating whether contributions are unconditional or conditional. Conditional contributions specify a barrier that the recipient must overcome and a right of return that releases the donor from its obligation if the barrier is not achieved, otherwise the contribution is unconditional. The adoption of ASU No. 2018-08 had no impact on the Organization's net assets, results of its operations, or cash flows.

Functional Expenses

The financial statements report certain categories of expenses that are attributable to more than one program or supporting function; therefore, these expenses require allocation on a reasonable basis that is consistently applied. As the Organization is a service organization, such expenses are allocated between healthcare services and administrative support based on the percentage of direct care wages to total wages.

Donated Goods and Services

The Organization acts as a conduit for pharmaceutical company patient assistance programs. The Organization provides assistance to patients in applying for and distributing prescription drugs under the programs. The value of the prescription drugs distributed by the Organization to patients is not reflected in the accompanying financial statements. The Organization estimates that the value of prescription drugs distributed by the Organization for the years ended June 30, 2020 and 2019 was $1,534,312 and $2,284,175, respectively.

Various programs' help and support for the daily operations of the Organization's Response Program were provided by the general public of the surrounding communities. The donated services have not been reflected in the accompanying financial statements because they do not meet the criteria for recognition (specialized skills that would be purchased if not donated). Management estimates the fair value of donated services received but not recognized as revenues was $144,639 and $140,256 for the years ended June 30, 2020 and 2019, respectively. The Response Program also receives donated supplies to be used for program activities. The fair value of supplies recognized as revenues was $2,056 and $5,345 for the years ended June 30, 2020 and 2019, respectively.

Excess of Revenue over Expenses

The statements of operations reflect the excess of revenue over expenses. Changes in net assets without donor restrictions which are excluded from the excess of revenue over expenses include contributions of long-lived assets (including assets acquired using grants and contributions which, by donor restriction, were to be used for the purposes of acquiring such assets).

Subsequent Events

For purposes of the preparation of these financial statements, management has considered transactions or events occurring through September 17, 2020, the date that the financial statements were available to be issued. Management has not evaluated subsequent events after that date for inclusion in the financial statements.

2. Availability and Liquidity of Financial Assets

The Organization regularly monitors liquidity required to meet its operating needs and other contractual commitments. The Organization has various sources of liquidity at its disposal, including cash and cash equivalents, investments and a line of credit.

The Organization had working capital of $5,083,050 and $4,317,126 at June 30, 2020 and 2019, respectively. The Organization had average days (based on normal expenditures) cash on hand (including investments and assets limited as to use for working capital) of 264 and 125 at June 30, 2020 and 2019, respectively.

Financial assets available for general expenditure within one year were as follows:

	2020	2019
Cash and cash equivalents	$ 7,218,115	$ 3,287,120
Patient accounts receivable, net	1,523,938	1,621,203
Grants receivable	537,300	490,405
Investments	817,796	775,824
Assets limited as to use for working capital	525,388	513,785
Less Medicare accelerated payments repaid in July 2020	(633,807)	-
Financial assets available to meet general expenditures within one year	$ 9,988,730	$ 6,688,337

The Organization's goal is generally to have, at the minimum, the Health Resources and Services Administration recommended days cash on hand for operations of 30 days and 90 days cash in reserve. Average days cash on hand was higher than the Organization's goal due to various COVID related relief payments disclosed in Note 1.

The Organization has an available $500,000 line of credit as described in Note 6.

3. Patient Accounts Receivable

Patient accounts receivable consisted of the following as of June 30:

	2020	2019
Medical and dental patient accounts receivable	$ 1,187,002	$ 1,132,537
Contract 340B pharmacy program receivables	634,936	726,666
Total patient accounts receivable	1,821,938	1,859,203
Allowance for doubtful accounts	(298,000)	(238,000)
Patient accounts receivable, net	$ 1,523,938	$ 1,621,203

The Organization grants credit without collateral to its patients, most of whom are local residents and are insured under third-party payer agreements. Primary payers representing 10% or more of the Organization's gross patient accounts receivable are as follows:

	2020	2019
Medicare	30 %	27 %
Medicaid	21 %	19 %
Blue Cross	11 %	13 %

Primary payers representing 10% or more of the Organization's gross contract 340B pharmacy program receivables are as follows:

	2020	2019
Walmart Stores, Inc.	90 %	84 %
Walgreens Co.	10 %	14 %

Accounts receivable are stated at the amount management expects to collect from outstanding balances. Patient accounts receivable are reduced by an allowance for uncollectible accounts. In evaluating the collectability of patient accounts receivable, the Organization analyzes its past history and identifies trends for each funding source. Management regularly reviews data about revenue in evaluating the sufficiency of the allowance for uncollectible accounts. Amounts not collected after all reasonable collection efforts have been exhausted are applied against the allowance for uncollectible accounts.

A reconciliation of the allowance for uncollectible accounts follows:

	2020	2019
Balance, beginning of year	$ 238,000	$ 208,000
Provision	353,736	331,129
Write-offs	(293,736)	(301,129)
Balance, end of year	$ 298,000	$ 238,000

4. Investments

FASB Accounting Standards Codification (ASC) Topic 820, *Fair Value Measurement*, defines fair value as the price that would be received to sell an asset or paid to transfer a liability (an exit price) in an orderly transaction between market participants and also establishes a fair value hierarchy which requires an entity to maximize the use of observable inputs and minimize the use of unobservable inputs when measuring fair value.

The fair value hierarchy within FASB ASC Topic 820 distinguishes three levels of inputs that may be utilized when measuring fair value:

Level 1: Quoted prices (unadjusted) for identical assets or liabilities in active markets that the entity has the ability to access as of the measurement date.

Level 2: Significant observable inputs other than Level 1 prices, such as quoted prices for similar assets or liabilities, quoted prices in markets that are not active, and other inputs that are observable or can be corroborated by observable market data.

Level 3: Significant unobservable inputs that reflect an entity's own assumptions about the assumptions that market participants would use in pricing an asset or liability.

The following table sets forth by level, within the fair value hierarchy, the Organization's investments at fair value measured on a recurring basis:

	Investments at Fair Value as of June 30, 2020			
	Level 1	Level 2	Level 3	Total
Cash and cash equivalents	$ 77,926	$ -	$ -	$ 77,926
Corporate bonds	-	400,116	-	400,116
Government securities	-	339,754	-	339,754
Total investments	$ 77,926	$ 739,870	$ -	$ 817,796

	Investments at Fair Value as of June 30, 2019			
	Level 1	Level 2	Level 3	Total
Cash and cash equivalents	$ 61,788	$ -	$ -	$ 61,788
Corporate bonds	-	381,444	-	381,444
Government securities	-	332,592	-	332,592
Total investments	$ 61,788	$ 714,036	$ -	$ 775,824

Corporate bonds and government securities are valued based on quoted market prices of similar assets.

5. Property and Equipment

Property and equipment consists of the following:

	2020	2019
Land and improvements	$ 153,257	$ 153,257
Building and improvements	3,308,100	3,257,829
Furniture, fixtures, and equipment	2,402,307	2,400,427
Total cost	5,863,664	5,811,513
Less accumulated depreciation	3,555,696	3,438,597
Property and equipment, net	$ 2,307,968	$ 2,372,916

Property and equipment acquired with Federal grant funds are subject to specific federal standards for sales and other dispositions. In many cases, the Federal government retains a residual ownership interest in the assets, requiring prior approval and restrictions on disposition.

COOS COUNTY FAMILY HEALTH SERVICES, INC.

Notes to Financial Statements

June 30, 2020 and 2019

6. Line of Credit

The Organization has a $500,000 line of credit with a local bank, which renews annually in December. The line of credit is collateralized by the Organization's business assets with interest at the prime rate plus 1.50% (4.75% at June 30, 2020). There was no outstanding balance at June 30, 2020 and 2019.

7. Net Assets

Net assets were as follows as of June 30:

	2020	2019
Net assets without donor restrictions		
Undesignated	$ 6,490,314	$ 7,460,572
Designated for working capital	2,243,888	519,079
Total	$ 8,734,202	$ 7,979,651
Net assets with donor restrictions for specific purpose		
Healthcare services - temporary in nature	$ 73,909	$ 76,229
Endowment - permanent in nature	29,897	27,878
Total	$ 103,806	$ 104,107

8. Patient Service Revenue

Patient service revenue is as follows:

	2020	2019
Gross charges	$ 9,971,739	$ 10,339,495
Contract 340B pharmacy program revenue	2,984,563	3,400,987
Total gross revenue	12,956,302	13,740,482
Contractual adjustments	(1,483,542)	(1,667,537)
Sliding fee scale discounts	(371,344)	(421,415)
Total patient service revenue	$ 11,101,416	$ 11,651,530

Primary payers representing 10% or more of the Organization's gross patient service revenue are as follows:

	2020	2019
Medicare	28 %	28 %
Medicaid	27 %	26 %
Blue Cross	15 %	17 %
Harvard Pilgrim	8 %	8 %

The Organization has agreements with the Centers for Medicare and Medicaid Services. Laws and regulations governing the Medicare, Medicaid and 340B programs are complex and subject to interpretation. The Organization believes that it is in compliance with all laws and regulations. Compliance with such laws and regulations can be subject to future government review and interpretation, as well as significant regulatory action including fines, penalties and exclusion from the Medicare, Medicaid and 340B programs. Differences between amounts previously estimated and amounts subsequently determined to be recoverable or payable are included in patient service revenue in the year that such amounts become known.

The Organization was a non-principal participant in the National Rural ACO 13 LLC (the ACO) through December 31, 2019. The mission of the ACO was better health for populations, better care for individuals, and lower growth in health care expenditures. As a participant in the ACO, the Organization worked with the ACO, and other ACO participants and providers, to manage and coordinate care for Medicare fee-for-service beneficiaries, and to be accountable for the quality, cost and overall care of its patients. Pursuant to its operating agreement, the ACO distributed shared savings it receives from Medicare in a predetermined ratio to the Organization, as applicable.

A summary of the payment arrangements with major third-party payers follows:

Medicare

The Organization is reimbursed for the care of qualified patients on a prospective basis, with retroactive settlements related to vaccine costs only. The prospective payment is based on a geographically-adjusted rate determined by Federal guidelines. Overall, reimbursement is subject to a maximum allowable rate per visit. .

Medicaid and Other Payers

The Organization also has entered into payment agreements with Medicaid and certain commercial insurance carriers, health maintenance organizations and preferred provider organizations. The basis for payment to the Organization under these agreements includes prospectively determined rates per visit and contractually obligated payment rates which may be less than the Organization's public fee schedule.

Charity Care

The Organization provides care to patients who meet certain criteria under its sliding fee discount policy without charge or at amounts less than its established rates. Because the Organization does not pursue collection of amounts determined to qualify as charity care, they are not reported as net patient service revenue. The Organization estimates the costs associated with providing charity care by calculating the ratio of total cost to total charges, and then multiplying that ratio by the gross uncompensated charges associated with providing care to patients eligible for free care. The estimated cost of providing services to patients under the Organization sliding fee discount policy amounted to $489,255 and $506,377 for the years ended June 30, 2020 and 2019, respectively.

The Organization is able to provide these services with a component of funds received through local community support and federal and state grants.

9. Malpractice Insurance

The Organization is protected from medical malpractice risk as an FQHC under the Federal Tort Claims Act (FTCA). The Organization has additional medical malpractice insurance, on a claims-made basis, for coverage outside the scope of the protection of the FTCA. As of the year ended June 30, 2020, there were no known malpractice claims outstanding which in the opinion of management, will be settled for amounts in excess of both FTCA and additional medical malpractice insurance coverage, nor are there any unasserted claims or incidents which require loss accrual. The Organization intends to renew the additional medical malpractice insurance coverage on a claims-made basis and anticipates that such coverage will be available.

10. Benefit Plans

The Organization has a defined contribution plan under Internal Revenue Code Section 401(k) that cover substantially all employees. The Organization contributed $257,796 and $222,061 for the years ended June 30, 2020 and 2019, respectively.

The Organization provides health insurance to its employees through a self-insurance plan with a re-insurance arrangement to limit exposure. The Organization estimates and records a liability for claims incurred but not reported for employee health provided through the self-insured plan. The liability is estimated based on prior claims experience and the expected time period from the date such claims are incurred to the date the related claims are submitted and paid.

COOS COUNTY FAMILY HEALTH SERVICES, INC.

Notes to Financial Statements

June 30, 2020 and 2019

11. Lease Commitments

The Organization leases office space and certain other office equipment under noncancelable operating leases. Future minimum lease payments under these leases are:

2021	$ 85,111
2022	90,797
2023	101,168
2024	112,783
2024	60,920
Total	$ 450,779

Rent expense amounted to $124,760 and $109,289 for the years ended June 30, 2020 and 2019, respectively.

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COOS COUNTY FAMILY HEALTH SERVICES, INC.
54 WILLOW STREET – BERLIN, NH 03570
752-3669
BOARD OF DIRECTORS

H. Guyford Stever, Jr., 2022 (4th)
****PRESIDENT****
Chair, Executive Committee

Patti Stolte, 2023 (2nd)
****VICE-PRESIDENT****
Chair, Personnel Committee

Aline Boucher, 2023 (5th)
****TREASURER****
Chair, Finance/Development Committee

Pauline Tibbetts, 2023 (2nd)
****SECRETARY****

Robert Pelchat, 2023 (7th)

Marge McClellan, 2023 (7th)

Roland Olivier, 2023 (3rd)
Chair, Health Care Reform Committee

David Morin, 2023 (3rd)
Chair, Governance Committee

Claudette Morneau, 2023 (2nd)
Chair, Quality Improvement Committee

Kassie Eafrati, 2022 (1st)

Melanie Maynor, 2022 (1st)

Cynthia Desmond, 2022 (1st)
Chair, Corporate Compliance

Gregg Marrer, 2023 (1st)

Alana Scannell, 2023 (1st)

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Staff List Form

New Hampshire Department of Health and Human Services
Division of Public Health Services
COMPLETE ONE STAFF LIST FORM FOR EACH BUDGET PERIOD

Bidder/Program Name: Coos County Family Health Services, Inc.

Name of RFP: Primary Care Services

Budget Period: April 1, 2019 - March 31, 2020

A	B	C	D	E	F	G	H
Position Title	Current Individual in Position	Projected Hrly Rate as of 1st Day of Budget Period	Hours per Week	Proj Amnt Funded by this Contract for Budget Period	Proj Amount from Other Sources for Budget Period	Total Salaries All Sources	Site*
Example:							
Prenatal Coordinator	Sandra Little	$21.00	40	$21,840	$21,840	$43,680	
Educator/Counselor	Bridget Laflamme	$24.21	20	$21,000.00	$4,178.40	$25,178.40	
Medical Home Coor.	Jamie Arsenault	$24.79	10	$11,000.00	$1,890.80	$12,890.80	
Medical Home Coor.	Cindy Charest	$24.79	20	$17,217.00	$8,564.60	$25,781.60	
COO	Patricia Couture	$57.27	4	$10,000.00	$1,912.16	$11,912.16	
Nursing Manager	Valerie Hamel	$32.99	4	$6,000.00	$861.92	$6,861.92	
Nutritionist	Kristy Nadeau	$22.50	2	$2,000.00	$340.00	$2,340.00	
Total Salaries by Source				$67,217.00	$17,747.88	$84,964.88	

*Please list which site(s) each staff member works at, if bidder has multiple sites. Not applicable to WIC.

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KENNETH E. GORDON

PROFESSIONAL HISTORY

2/2015 – Present Coos County Family Health Services, 54 Willow Street, Berlin, NH 03570 (603) 752-3669 ext. 4018 kgordon@ccfhs.org

CHIEF EXECUTIVE OFFICER (2015 – Present)

- Responsible for the successful administration and overall direction of a $10.2M Community Health Center, including 6 sites and 10 programs. Major administrative responsibilities include: oversight of budget preparation and fiscal management, development and implementation of long and short-term planning, personnel management, grantsmanship and public relations. Includes extensive contact with the public and government officials as well as ongoing communications with 14 member volunteer Board of Directors, 120 paid staff and numerous volunteers.

ADMINISTRATOR: North Country Health Consortium, Littleton, New Hampshire (8/13 – 2/15)

- Provided administrative leadership of the North Country Accountable Care Organization, a non-profit entity comprised of four community health centers working in collaboration to improve the health and well-being of North Country residents.

EXECUTIVE DIRECTOR: Area Agency on Aging for Northeastern Vermont, St. Johnsbury, Vermont (9/02 – 7/13)

- Provided administrative leadership to a private, non-profit human service agency serving older adults and family caregivers.
- Financial management of the organization's budget.
- Supervision of clinical and administrative staff.

SOCIAL SERVICES COORDINATOR: Caledonia Home Health Care and Hospice, St Johnsbury, Vermont (8/97 - 8/02)

- Provided medical social work to individuals and families receiving home care and hospice services.
- Supervised and coordinated the work of four master's level staff members.
- Provided consultation to medical staff regarding psycho-social issues.
- Participated in discharge planning with other social service and health agencies.

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CHILD PROTECTIVE SERVICE WORKER: Vermont Department of Social & Rehabilitation Services, St. Johnsbury, Vermont (5/96 - 8/97)

- Coordinated multidisciplinary treatment teams providing services to families.
- Psychosocial assessment & case planning.
- Care Management (Medicaid reimbursable).
- Individual and family counseling.
- Placement and supervision of children in foster care.
- Preparation of court reports.

ADOPTION SOCIAL WORKER: Vermont Department of Social & Rehabilitation Services, St. Johnsbury & Newport, Vermont (4/90 -9/94)

- Recruitment, training and assessment of adoptive applicants.
- Placement and supervision of abused and neglected children with adoptive families.
- Counseling with birth parents considering the voluntary relinquishment of a child.
- Consultation with casework staff regarding adoption issues.
- Preparation of adoption homes studies and probate court reports.

FOSTER CARE COORDINATOR: Vermont Department of Social & Rehabilitation Services, St. Johnsbury, Vermont (12/86 - 4/90)

- Managed a foster care program serving approximately fifty children.
- Fiscal administration, program planning and evaluation.
- Curriculum development and in-service training.

ASSISTANT DIRECTOR: Upward Bound Project, Lyndon State College (9/85 - 12/86)

- Co-directed a college preparatory program for disadvantaged youth.
- Formulated program goals and evaluated outcomes.
- Co-authored a successful federal grant proposal totaling more than $400.00.
- Training, supervision and evaluation of staff.
- Academic and career counseling.

EDUCATION

MASTERS OF SOCIAL WORK (M.S.W.) May 1996. University of Vermont

- 1st year field internship: Reach Up Program, Vermont Department of Social Welfare
- 2nd year clinical internship: Fletcher Allen Health Care, Inpatient Psychiatric Unit

BACHELOR OF SCIENCE (B.S.) Behavioral Science and Special Education. May, 1984. Lyndon State College, Lyndonville, Vermont

REFERENCES

Available upon request

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CURRICULUM VITAE
William J. Gessner, MD

Professional Experience:

Medical Director – Coos County Family Health Services – August, 2014 – present

Staff Physician, Coos County Family Health Services - September, 2012 - present

Institute for Family Health – January – 2010 - August - 2012

Co-Medical Director – Hudson Valley Health Specialties - 2000 - 2012

Co-Medical Director - Ulster Greene ARC - 2000 - 2012

Medical Director - UGARC - 1994 - 2000

Medical Director - Ulster Association for Retarded Citizens (currently Ulster Greene ARC) Kingston, New York 1993 - Present

Medical Director - Ulster Rehabilitation Clinic
Kingston, New York 1993 - 2000

Co-Medical Director - Ulster Greene ARC
2000 - 2012

Co-Medical Director - Mountainside Residential Care Center
Margaretville, New York 1998 - 2012

Co-Medical Director - Margaretville Hospital
Margaretville, New York 2001 - 2012

Attending Physician, Kingston Family Practice Center
Kingston, New York 1991 - 2000

Senior VP Academic Affairs - Mid Hudson Family Health Institute
Kingston, New York 1991 - 2000

Program Director, Mid-Hudson Rural Family Practice Residency Program
Kingston, New York 1990 - 2000

Associate Program Director, Ulster County Rural Family Practice Residency Program
Kingston, New York 1985 - 1990

Assistant Program Director, Ulster County Rural Family Practice Residency Program
Kingston, New York 1984 - 1985

Attending Physician, Woodstock Family Health Center
Woodstock, New York 1983 - 1991

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Medical Director, Woodstock Family Health Center
Woodstock, New York 1983 - 1984

Private Practice of Family Medicine
Newport, New Hampshire 1978 - 1983

Pre-Medical Education

College:	University of New Hampshire BA, Mathematics 1969 - 1973 Summa Cum Laude, Phi Beta Kappa

Medical Education

Medical School:	Dartmouth Medical School Hanover, New Hampshire 1972 - 1975 M. D. Degree Honors awarded in Internal Medicine Maternal and Child Health, Ambulatory Care
Internship:	University of Colorado Medical Center Family Medicine 1975 - 1976
Residency:	University of Colorado Medical Center Family Medicine 1976 - 1978

Medical Boards:

Diplomate, National Board of Medical Examiners
Diplomate, American Academy of Family Physicians

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Philip G. Kneer Jr.

Presented by: 330 TALENT

Education: **Bachelor of Business Administration in Accounting**
Dowling College, Oakdale, New York
Dean's List
G.P.A. 3.7

Professional Experience:

Indian Stream Health Center — **Colebrook, NH**
A rural Federally Qualified Health Center (FQHC) with 58 employees and $6 million in annual revenue
Controller — March 2017 – Present

- Responsible for all day to day accounting activities, preparation of financial statements and overseeing Accounts Payable and Payroll with one direct report.
- Update the daily cash position for the CFO & CEO.
- Perform and oversee month-end closing activities.
- Prepare and enter all General Ledger entries for the monthly close.
- Reconcile all Balance Sheet accounts.
- Prepare and analyze monthly financial statements and identify any aberrations.
- Provide all data to assist the CFO in preparing two annual budgets (Board of Directors & HRSA).
- Backup for biweekly payroll.
- Prepare monthly financial statements for the Board of Directors.
- Prepare and file Quarterly and Annual FFR Reports for HRSA.
- Implemented a new accounting and finance system, mapped all legacy general ledger accounts from QuickBooks Enterprise to Sage/Intacct.
- Point of contact for all annual insurance renewals.
- Point of contact for the annual audit.

Oak Tree Medical, P.C. — **Greenville, SC**
Medical group consisting of 10 Pain Management Clinics
Interim Controller — December 2015 – April 2016

- Oversee Accounts Payable Department with two direct reports.
- Manage day-to-day financial operations of a multi-location medical facility.
- Prepare weekly-anticipated cash reports for the CFO.
- Perform monthly closing.
- Prepare monthly financial reports.
- Work closely with corporate CPA firm on annual audit.

Sunrise Medical Laboratories, Inc. — **Hicksville, NY**
A full-service clinical and anatomical pathology laboratory serving Maryland, New Jersey, New York, Virginia, Washington DC, and West Virginia with 500 employees and $100 million in annual revenue
Controller — September 2001 – September 2015
Assistant Controller — September 1999 – September 2001

- Responsible for four direct reports (Assistant Controller, two A/P Clerks & one Payroll Clerk).
- Comprised all necessary documentation for due diligence reporting in the acquisition of Sunrise Medical Laboratories by Sonic Healthcare USA.
- Mapped all legacy general ledger accounts from Sunrise Medical Antrim/Mysis system to Microsoft Great Plains.

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- Lead contact for Sonic Healthcare with legacy system integration into Great Plains.
- Prepared all monthly uploads from the Sunrise legacy Antrim system into Great Plains.
- Worked directly with the VP of Sales calculating and preparing the monthly sales bonuses and commissions.
- Prepared and filed annual New York State Department of Health Revenue Reporting.
- Point of contact for all annual insurance renewals including professional liability insurance.
- Responsible for preparing the six-month and annual reporting packages for the Sonic Healthcare home office in Austin Texas.
- Team member in the acquisition of additional laboratories in Virginia, Rhode Island and Florida.
- Manage all aspects of the day-to-day financial operations of a multi-million dollar full service diagnostic medical laboratory.
- Prepare midyear and annual group reporting packages.
- Prepare monthly balance sheet reconciliations.
- Perform monthly closing.
- Prepare monthly financial reports.
- Prepare monthly New York State & Virginia Sales & Use Tax Returns.
- Prepare quarterly New York State Hazardous Waste Returns.
- Prepare annual budgets.
- Activate all new client accounts and approve all special pricing.
- Approve and print all accounts payable checks.

Bedell and Company CPAs (owner of Advanced Payroll Systems, Inc.) **Stony Brook, NY**
A CPA firm providing accounting, tax, payroll and financial management solutions to individuals and small businesses
Accountant July 1997 – September 1999

- Managed twenty-eight client accounts, mainly small businesses (Landscapers, Photographers, Exterminators, etc.).
- Prepare monthly bank reconciliations (Manually and on Quicken).
- Prepare monthly client write-ups.
- Analyze and code monthly client information.
- Prepare quarterly payroll tax returns.
- Prepare quarterly sales tax returns.
- Perform year-end closings.
- Input and print various tax forms.
- Answer various client correspondence (IRS and NYS tax notices).
- Trained new employees.
- Developed excellent client relation skills.
- Performed corporate year-end adjustments and closings.
- Prepare corporate tax returns.
- Manage and coordinate all phases of Advanced Payroll Systems Inc.

Skills: Microsoft Great Plains, Antrim/Mysis Financial System, Microsoft Excel, Microsoft Word, Microsoft FRx, QuickBooks Enterprise, Sage/Intacct

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Patricia A. Couture

Work History

1983- Present Coos County Family Health Services, Berlin, NH.

1991- Present: Chief Operating Officer/RN: Responsible for the day-to-day administration and overall activities of the clinical services in conjunction with the Medical Director and Chief Executive Officer. Major administrative responsibilities include: implement and monitor quality improvement programs; hire, train, supervise and evaluate employees; assist Chief Executive Officer with grant proposals; assist Medical Director with clinical policies and guidelines; perform medical record audits; implement all clinical schedules, and be familiar with all outpatient nursing functions. Responsible for the overall direction, coordination and evaluation of Nursing, Medical Records, Pharmacy, Medical Support, Laboratory and Maintenance Services.

2011- Present: Corporate Compliance Officer: Responsible for the operation and management of the Compliance Program and reports to the CEO and Board of Directors.

1986-1991 Site Coordinator: Responsible for the coordination and evaluation of three programs: Family Planning/Women's Health, Sexually Transmitted Diseases, and HIV Counseling and Testing in three communities - Berlin, Lancaster and Colebrook. Administrative responsibilities included: trained, supervised and evaluated employees; assisted Executive Director with agency policies, procedure and protocols; and provided community education. Clinical responsibilities included: patient counseling, education, follow-up, documentation, laboratory services, referrals and nursing functions/procedures.

1983-1986 Clinical Nurse/Counselor: Responsible for outpatient clinical services and Family Planning/Women's Health counseling services.

1976-1983 St. Vincent de Paul Nursing Home, Berlin, NH.
LPN Charge Nurse: Nursing responsibilities included: responsible for 29 residents, supervised nurse's aides, prepared verbal/written reports, administration of medication, complete nursing care, transcribed physician orders, and documentation; nursing process, assessment, nursing diagnosis, care plan, outpatient goals, outcomes and nursing interventions.

1976-1977 Androscoggin Valley Hospital Berlin, NH
Private Duty Nurse: Complete nursing care.

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Education:

Granite State College
Bachelor of Science in Healthcare Administration, 2007 December
Member of Alpha Sigma Lambda National Honor Society

New Hampshire Technical College, Berlin, NH
Associate Nursing Degree, 1989 (May)
Member of Phi Theta Kappa Honor Society

New Hampshire Vocational Technical College, Berlin, NH
Practical Nursing Diploma, 1976 (June)
Graduated with Honors

Berlin High School, Berlin, NH
Graduated 1975

License:

New Hampshire Board of Nursing, Concord, NH
Registered Nurse License, 1990 (July)
Practical Nurse License, 1976 (October)

Continued Education:

Nursing and Management Workshops, Seminars, National Conferences and Lectures.

References:

Available Upon Request

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COOS COUNTY FAMILY HEALTH SERVICES, INC.

Key Personnel

Name	Job Title	Salary	% Paid from this Contract	Amount Paid from this Contract
Ken Gordon	CEO	$161,216	0%	0
Patricia Couture	COO	$136,365	5.5%	$7,500
Philip Kneer	CFO	$105,000	0%	0
William Gessner, MD	Medical Director	$86,000	0%	0

State of New Hampshire
Department of Health and Human Services
Amendment #2 to the Primary Care Services

This 2nd Amendment to the Primary Care Services contract (hereinafter referred to as "Amendment #2") is by and between the State of New Hampshire, Department of Health and Human Services (hereinafter referred to as the "State" or "Department") and Greater Seacoast Community Health (hereinafter referred to as "the Contractor"), a non-profit with a place of business at 311 Route 108, Somersworth, NH 03878.

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on June 20, 2018, (Item #27G), as amended on May 6, 2020, (Item #46), the Contractor agreed to perform certain services based upon the terms and conditions specified in the Contract as amended and in consideration of certain sums specified; and

WHEREAS, pursuant to Form P-37, General Provisions, Paragraph 18, and Exhibit C-1, Revisions to General Provisions, Section 3, the Contract may be amended upon written agreement of the parties and approval from the Governor and Executive Council; and

WHEREAS, the parties agree to extend the term of the agreement, increase the price limitation, or modify the scope of services to support continued delivery of these services; and

NOW THEREFORE, in consideration of the foregoing and the mutual covenants and conditions contained in the Contract and set forth herein, the parties hereto agree to amend as follows:

1. Form P-37 General Provisions, Block 1.7, Completion Date, to read:

   March 31, 2022.

2. Form P-37, General Provisions, Block 1.8, Price Limitation, to read:

   $1,969,113.

3. Add Exhibit A-3, Additional Scope of Services BinaxNOW, which is attached hereto and incorporated by reference herein.

4. Modify Exhibit B, Methods and Conditions Precedent to Payment, Section 4, Subsection 4.1 to read:

   4.1 Payments shall be on a cost reimbursement basis for approved actual costs in accordance with Exhibit B-1 through Exhibit B-6, Amendment #2 Budget, which is attached hereto and incorporated by reference herein.

5. Add Exhibit B-6, Amendment #2 Budget, which is attached hereto and incorporated by reference herein.

New Hampshire Department of Health and Human Services
Primary Care Services

All terms and conditions of the Contract and prior amendments not inconsistent with this Amendment #2 remain in full force and effect. Exhibit A-3, Additional Scope of Services BinaxNOW, shall be effective retroactively to November 1, 2020, upon Governor's approval issued under the Executive Order 2020-04 as extended by Executive Orders 2020-05, 2020-08, 2020-09, 2020-10, 2020-14, 2020-15, 2020-16, 2020-17, 2020-18, and 2020-20. All other provisions of this amendment shall be effective July 1, 2021, or upon the date of Governor and Executive Council approval, whichever is later.

IN WITNESS WHEREOF, the parties have set their hands as of the date written below,

State of New Hampshire
Department of Health and Human Services

11/2/2020
Date

DocuSigned by:
Lisa M. Morris
Name: Lisa M. Morris
Title: Director, Division of Public Health Srvcs.

Greater Seacoast Community Health

11/2/2020
Date

DocuSigned by:
Janet Laatsch
Name: Janet Laatsch
Title: CEO

New Hampshire Department of Health and Human Services
Primary Care Services

The preceding Amendment, having been reviewed by this office, is approved as to form, substance, and execution.

OFFICE OF THE ATTORNEY GENERAL

11/3/2020
Date

DocuSigned by:
Name: Catherine Pinos
Title: Attorney

I hereby certify that the foregoing Amendment was approved by the Governor and Executive Council of the State of New Hampshire at the Meeting on: _____ (date of meeting)

OFFICE OF THE SECRETARY OF STATE

Date

Name:
Title:

Additional Scope of Services BinaxNOW

1. BinaxNOW COVID-19 Antigen Testing and Supplies

1.1. The BinaxNOW COVID-19 Antigen Test is now authorized for Point of Care (POC) use in patient care settings operating under a Clinical Laboratory Improvement Amendment of 1988 Certificate of Waiver, Certificate of Compliance, or Certificate of Accreditation.

1.2. The BinaxNOW COVID-19 Antigen Test supplies are authorized for use under an Emergency Use Authorization by the U.S. Food and Drug Administration and consist of a lateral flow immunoassay for the qualitative detection of nucleocapsid protein antigen from the SARS-CoV-2 virus in direct nasal swabs from individuals suspected of COVID-19 by their healthcare provider within the first seven (7) days of symptom onset.

1.3. The Department will supply the Contractor with the BinaxNOW Rapid-Antigen COVID-19 Testing supplies at no cost to the Contractor via allotted distribution from the Department contingent upon the availability of supplies.

1.4. The Contractor shall adhere to proper use procedures and indications for BinaxNOW COVID-19 Antigen Test supplies as issued by the manufacturer (Abbott Laboratories), the U.S. Food and Drug Administration, and the Department, including applicable Health Advisory Network (HAN) messages.

1.5. The Contractor shall use BinaxNOW COVID-19 Antigen Test supplies provided by the Department only for active patients of the Contractor who:

1.5.1. Have COVID-19 symptoms, with symptom onset within the last seven (7) days; or

1.5.2. Do not have symptoms of COVID-19 at the direction of the Department.

1.6. The Contractor shall notify its established active patients who have symptoms of COVID-19 that it has the ability to perform COVID-19 testing, including rapid antigen testing.

1.7. The Contractor shall notify the Regional Public Health Network(s) within the Contractor's catchment area(s) that it can perform COVID-19 testing for active patients of the Contractor.

1.8. The Contractor shall report all positive test results and case details to the Department within twenty-four (24) hours of result determination using the COVID-19 Case Report form provided by the Department, which is available at the following link: https://www.dhhs.nh.gov/dphs/cdcs/covid19/covid19-reporting-form.pdf.

1.9. The Contractor shall report positive and negative test results to the Department using a secure web-based reporting process described in Health Alert Network Message #22. Instructions for Reporting Point-of-Care Tests available at: https://www.dhhs.nh.gov/dphs/cdcs/alerts/documents/covid-19-update22.pdf

1.10. The Contractor is prohibited from charging a patient, a patient's guardian, a patient's insurance, or New Hampshire Medicaid for a COVID-19 test conducted using BinaxNOW COVID-19 Antigen Test supplies provided by the Department.

1.11. The Contractor may charge a specimen collection fee, including, but not limited to, Healthcare Common Procedural Coding System (HCPCS) code G2023 as well as normal billing for an office or home visits by the Contractor, to the patient, the patient's guardian, the patient's insurance, or New Hampshire Medicaid for the evaluation and management of the patient that leads to a COVID-19 test conducted using BinaxNOW COVID-19 Antigen Test supplies provided by the Department.

1.12. The Contractor shall not refuse services or testing for any patient with any symptom(s) of COVID-19 using BinaxNOW COVID-19 Antigen Test supplies provided by the Department for any reason other than lack of available supplies.

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New Hampshire Department of Health and Human Services

Bidder/Program Name: Greater Seacoast Community Health

Budget Request for: Primary Care Services

Budget Period: SFY2022 (July 1, 2021 - March 31, 2022)

Line Item	Total Program Cost			Contractor Share / Match			Funded by DHHS contract share		
	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total
1. Total Salary/Wages	$ 299,189.28	$ -	$ 299,189.28	$ -	$ -	$ -	$ 299,189.28	$ -	$ 299,189.28
2. Employee Benefits	$ 57,617.72	$ -	$ 57,617.72	$ -	$ -	$ -	$ 57,617.72	$ -	$ 57,617.72
3. Consultants	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
4. Equipment:	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Rental	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Repair and Maintenance	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Purchase/Depreciation	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
5. Supplies:	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Educational	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Lab	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Pharmacy	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Medical	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Office	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
6. Travel	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
7. Occupancy	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
8. Current Expenses	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Telephone	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Postage	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Subscriptions	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Audit and Legal	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Insurance	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Board Expenses	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
9. Software	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
10. Marketing/Communications	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
11. Staff Education and Training	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
12. Subcontracts/Agreements	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
13. Other (specific details mandatory):	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
TOTAL	$ 356,807.00	$ -	$ 356,807.00	$ -	$ -	$ -	$ 356,807.00	$ -	$ 356,807.00
Indirect As A Percent of Direct		0.0%							

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State of New Hampshire
Department of State

CERTIFICATE

I, William M. Gardner, Secretary of State of the State of New Hampshire, do hereby certify that GREATER SEACOAST COMMUNITY HEALTH is a New Hampshire Nonprofit Corporation registered to transact business in New Hampshire on August 18, 1971. I further certify that all fees and documents required by the Secretary of State's office have been received and is in good standing as far as this office is concerned.

Business ID: **65587**
Certificate Number: **0005024761**

IN TESTIMONY WHEREOF,
I hereto set my hand and cause to be affixed
the Seal of the State of New Hampshire,
this 7th day of October A.D. 2020.

William M. Gardner
Secretary of State

Filing History

Back to Home (/online)

Business Name	Business ID
Greater Seacoast Community Health	65587

Filing#	Filing Date	Effective Date	Filing Type	Annual Report Year
0005035739	10/29/2020	10/29/2020	Nonprofit Report	2020
0004774355	01/16/2020	01/16/2020	Annual Report Reminder	N/A
0004108345	06/11/2018	06/11/2018	Change of Officer/Director	N/A
0003796237	01/02/2018	01/02/2018	Amendment	N/A
0003670267	11/15/2017	01/01/2018	Merger	N/A
0003235349	01/28/2016	01/28/2016	Reinstatement	N/A
0003198851	01/01/2016	01/01/2016	Admin Dissolution/Suspension	N/A
0000673563	08/04/2011	08/04/2011	Amendment	N/A
0000673560	12/28/2010	12/28/2010	Annual Report	2010
0000673559	12/06/2010	12/06/2010	Amendment	N/A
0000673558	10/08/2010	10/08/2010	Reminder Letter	N/A
0000673557	11/07/2005	11/07/2005	Annual Report	2005
0000673556	10/17/2003	10/17/2003	Change of Business Address	N/A
0000673555	04/20/2001	04/20/2001	Reinstatement	N/A
0000673554	02/01/2001	02/01/2001	Withdraw/Dissolve/Cancel	N/A
0000673553	07/15/1999	07/15/1999	Amendment	N/A
0000673552	01/26/1995	01/26/1995	Annual Report	1995
0000673551	04/01/1993	04/01/1993	Change of Business Address	N/A
0000673550	02/08/1990	02/08/1990	Annual Report	1990
0000673549	04/26/1977	04/26/1977	Withdraw/Dissolve/Cancel	N/A
0000673548	08/28/1973	08/28/1973	Amendment	N/A
0000673547	08/18/1971	08/18/1971	Business Formation	N/A

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CERTIFICATE OF VOTE

I, Barbara Henry, of Greater Seacoast Community Health, do hereby certify that:

1. I am the duly elected Board Chair of Greater Seacoast Community Health;

2. The following are true copies of two resolutions duly adopted at a meeting of the Board of Directors of Greater Seacoast Community Health, duly held on January 27, 2020;

   Resolved: That this corporation enter into a contract with the State of New Hampshire, acting through its Department of Health and Human Services for the provision of Public Health Services.

   Resolved: That the Chief Executive Officer, Janet Laatsch, is hereby authorized on behalf of this Corporation to enter into the said contract with the State and to execute any and all documents, agreements and other instruments, and any amendments, revisions, or modifications thereto, as he/she may deem necessary, desirable or appropriate.

3. The foregoing resolutions have not been amended or revoked and remain in full force and effect as of Nov 1, 2020.

IN WITNESS WHEREOF, I have hereunto set my hand as the Board Chair of Greater Seacoast Community Health this 1st day of November, 2020.

Barbara A Henry

Barbara Henry, Board Chair

STATE OF NH

COUNTY OF STRAFFORD

The foregoing instrument was acknowledged before me this 2nd day of Nov., 2020 by Barbara Henry.

Jessica Cole

Notary Public/Justice of the Peace

My Commission Expires:

JESSICA COLE
NOTARY PUBLIC
STATE OF NEW HAMPSHIRE
- MY COMMISSION EXPIRES SEPTEMBER 20, 2023 -

GOODCOM-01 PCANTLIN

ACORD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 4/29/2021

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER License # AGR8150 Clark Insurance One Sundial Ave Suite 302N Manchester, NH 03103	CONTACT NAME: PHONE (A/C, No, Ext): (603) 622-2855 FAX (A/C, No): (603) 622-2854 E-MAIL ADDRESS: info@clarkinsurance.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : Selective Insurance Co of South Carolina	19259
INSURED Greater Seacoast Community Health dba Goodwin Community Health, Families First SOS Community Organization, Lilac City Pediatrics 311 Route 108 Somersworth, NH 03878	INSURER B : Technology Insurance Company	42376
	INSURER C : AIX Specialty Insurance Co	12833
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY [ ] PRO-JECT [ ] LOC OTHER:			S 2439491	12/1/2020	12/1/2021	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$ 1,000,000 $ 500,000 $ 10,000 $ Included $ 2,000,000 $ 2,000,000
A	AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY [X] SCHEDULED AUTOS [X] HIRED AUTOS ONLY [X] NON-OWNED AUTOS ONLY			S 2439491	12/1/2020	12/1/2021	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ 1,000,000 $ $ $
A	[ ] UMBRELLA LIAB [X] OCCUR [ ] EXCESS LIAB [ ] CLAIMS-MADE [ ] DED [ ] RETENTION $			S 2439491	12/1/2020	12/1/2021	EACH OCCURRENCE AGGREGATE	$ 1,000,000 $ 1,000,000
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N [ ] If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		TWC3931922	1/1/2021	1/1/2022	[X] PER STATUTE [ ] OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	$ 1,000,000 $ 1,000,000 $ 1,000,000
C	Professional Liab			LIV-A671986-06	1/1/2021	1/1/2022	Each Incident	1,000,000
C	Professional Liab			LIV-A671986-06	1/1/2021	1/1/2022	Aggregate	3,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Professional Liability excludes coverage for claims that are covered under the FTCA

CERTIFICATE HOLDER

State of New Hampshire
Department of Health and Human Services
129 Pleasant Street
Concord, NH 03301

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE
Marvin Ruth

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Greater Seacoast Community Health

Mission

"To deliver innovative, compassionate, integrated health services and support that are accessible to all in our community, regardless of ability to pay."

Board Approved on 6-25-2018

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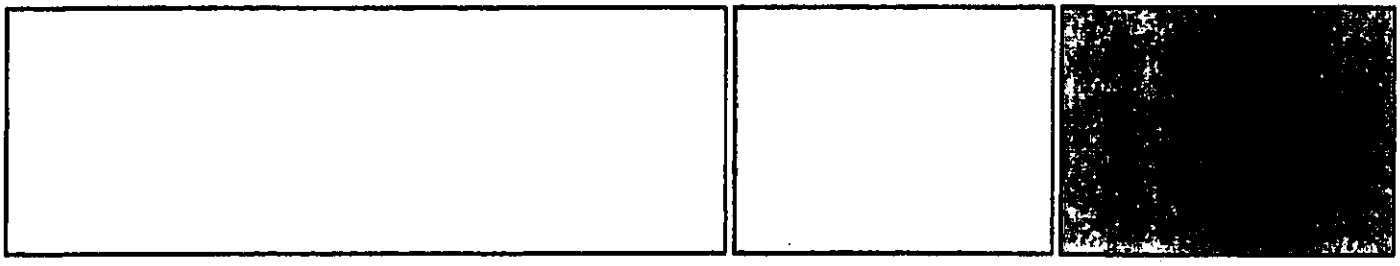
BerryDunn



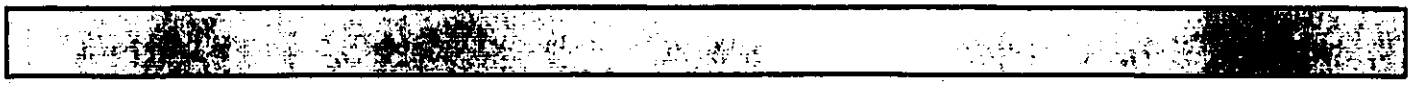
GREATER SEACOAST COMMUNITY HEALTH

Goodwin Community Health | Families First | Lilac City Pediatrics

FINANCIAL STATEMENTS

December 31, 2019 and 2018

With Independent Auditor's Report



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BerryDunn

INDEPENDENT AUDITOR'S REPORT

Board of Directors
Greater Seacoast Community Health

We have audited the accompanying financial statements of Greater Seacoast Community Health, which comprise the balance sheets as of December 31, 2019 and 2018, and the related statements of operations, changes in net assets, and cash flows for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with U.S. generally accepted accounting principles; this includes the design, implementation and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with U.S. generally accepted auditing standards. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

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Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Greater Seacoast Community Health as of December 31, 2019 and 2018, and the results of its operations, changes in its net assets and its cash flows for the years then ended in accordance with U.S. generally accepted accounting principles.

Change in Accounting Principle

As discussed in Note 1 to the financial statements, in 2019 Greater Seacoast Community Health adopted new accounting guidance, Financial Accounting Standards Board Accounting Standards Update No. 2014-09, *Revenue from Contracts with Customers* (Topic 606), and related guidance. Our opinion is not modified with respect to this matter.

Berry Dunn McNeil & Parker, LLC

Portland, Maine
July 27, 2020

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GREATER SEACOAST COMMUNITY HEALTH

Balance Sheets

December 31, 2019 and 2018

ASSETS

	2019	2018
Current assets		
Cash and cash equivalents	$ 4,895,949	$ 3,896,813
Patient accounts receivable	1,178,290	1,560,698
Grants receivable	680,448	424,642
Pledges receivable	33,625	263,557
Inventory	100,428	143,250
Other current assets	53,142	57,987
Total current assets	6,941,882	6,346,947
Investments	1,373,984	1,112,982
Investment in limited liability company	-	38,201
Assets limited as to use	1,621,866	1,421,576
Property and equipment, net	5,784,530	6,107,219
Total assets	$ 15,722,262	$ 15,026,925

LIABILITIES AND NET ASSETS

Current liabilities		
Accounts payable and accrued expenses	$ 200,449	$ 172,852
Accrued payroll and related expenses	1,199,712	1,075,463
Patient deposits	137,239	173,105
Deferred revenue	46,628	7,269
Total current liabilities and total liabilities	1,584,028	1,428,689
Net assets		
Without donor restrictions	12,379,359	11,824,495
With donor restrictions	1,758,875	1,773,741
Total net assets	14,138,234	13,598,236
Total liabilities and net assets	$ 15,722,262	$ 15,026,925

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

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GREATER SEACOAST COMMUNITY HEALTH

Statements of Operations

Years Ended December 31, 2019 and 2018

	2019	2018
Operating revenue and support		
Patient service revenue	**$11,318,482**	$11,353,111
Provision for bad debts	**-**	(651,700)
Net patient service revenue	**11,318,482**	10,701,411
Grants, contracts, and contributions	**7,943,253**	7,713,908
Other operating revenue	**259,394**	368,017
Net assets released from restriction for operations	**448,507**	634,931
Total operating revenue and support	**19,969,636**	19,418,267
Operating expenses		
Salaries and wages	**12,295,009**	12,439,986
Employee benefits	**2,156,634**	2,275,134
Contracted services	**1,080,950**	1,119,854
Program supplies	**1,324,866**	1,191,451
Software maintenance	**503,376**	534,192
Occupancy	**787,474**	582,900
Other	**1,125,378**	1,018,477
Depreciation	**326,934**	349,661
Total operating expenses	**19,600,621**	19,511,655
Operating income (loss)	**369,015**	(93,388)
Other revenue and (losses)		
Investment income	**48,963**	48,204
Loss on disposal of assets	**(20,936)**	(6,874)
Change in fair value of investments	**157,822**	(95,246)
Total other revenue and (losses)	**185,849**	(53,916)
Excess (deficiency) of revenue over expenses and increase (decrease) in net assets without donor restrictions	**$ 554,864**	$ (147,304)

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

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GREATER SEACOAST COMMUNITY HEALTH

Statements of Changes in Net Assets

Years Ended December 31, 2019 and 2018

	2019	2018
Net assets without donor restrictions		
Excess (deficiency) of revenue over expenses and increase in net assets without donor restrictions	$ 554,864	$ (147,304)
Net assets with donor restrictions		
Contributions	169,687	44,649
Investment income	47,540	37,790
Change in fair value of investments	216,414	(147,099)
Net assets released from restriction for operations	(448,507)	(634,931)
Decrease in net assets with donor restrictions	(14,866)	(699,591)
Change in net assets	539,998	(846,895)
Net assets, beginning of year	13,598,236	14,445,131
Net assets, end of year	$14,138,234	$13,598,236

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

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GREATER SEACOAST COMMUNITY HEALTH

Statements of Cash Flows

Years Ended December 31, 2019 and 2018

	2019	2018
Cash flows from operating activities		
Change in net assets	$ 539,998	$ (846,895)
Adjustments to reconcile change in net assets to net cash provided by operating activities		
Depreciation	326,934	349,661
Equity in loss of limited liability company	13,754	2,395
Change in fair value of investments	(374,236)	242,345
Loss on disposal of assets	20,936	6,874
(Increase) decrease in		
Patient accounts receivable	406,855	(319,654)
Grants receivable	(255,806)	304,713
Pledges receivable	229,932	300,635
Inventory	42,822	101,604
Other current assets	4,845	(1,155)
Increase (decrease) in		
Accounts payable and accrued expenses	27,597	(138,262)
Accrued salaries and related amounts	124,249	33,819
Patient deposits	(35,866)	6,790
Deferred revenue	39,359	(2,117)
Net cash provided by operating activities	1,111,373	40,753
Cash flows from investing activities		
Capital acquisitions	(25,181)	(21,463)
Proceeds from sale of investments	244,247	198,458
Purchase of investments	(331,303)	(294,519)
Net cash used by investing activities	(112,237)	(117,524)
Net increase (decrease) in cash and cash equivalents	999,136	(76,771)
Cash and cash equivalents, beginning of year	3,896,813	3,973,584
Cash and cash equivalents, end of year	$ 4,895,949	$ 3,896,813

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

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1. Summary of Significant Accounting Policies

Organization

Greater Seacoast Community Health (the Organization) is a not-for-profit corporation organized in New Hampshire. The Organization is a Federally Qualified Health Center (FQHC), providing fully integrated medical, behavioral, oral health, recovery services and social support for underserved populations. The Organization is a network of community health centers, which includes Families First Health & Support Center, Goodwin Community Health, and Lilac City Pediatrics providing healthcare services to individuals living within the greater Seacoast service area.

Basis of Presentation

The financial statements of the Organization have been prepared in accordance with U.S. generally accepted accounting principles (U.S. GAAP), which requires the Organization to report information in the financial statements according to the following net asset classifications:

Net assets without donor restrictions: Net assets that are not subject to donor-imposed restrictions and may be expended for any purpose in performing the primary objectives of the Organization. These net assets may be used at the discretion of the Organization's management and the Board of Directors.

Net assets with donor restrictions: Net assets subject to stipulations imposed by donors and grantors. Some donor restrictions are temporary in nature; those restrictions will be met by actions of the Organization or by the passage of time. Other donor restrictions are perpetual in nature, whereby the donor has stipulated the funds be maintained in perpetuity.

Use of Estimates

The preparation of financial statements in conformity with U.S. GAAP requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements. Estimates also affect the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

Income Taxes

The Organization is a public charity under Section 501(c)(3) of the Internal Revenue Code (IRC). As a public charity, the Organization is exempt from state and federal income taxes on income earned in accordance with its tax-exempt purpose. Unrelated business income is subject to state and federal income tax. Management has evaluated the Organization's tax positions and concluded that the Organization has no unrelated business income or uncertain tax positions that require adjustment to the financial statements.

Cash and Cash Equivalents

Cash and cash equivalents consist of demand deposits and petty cash funds.

The Organization has cash deposits in major financial institutions which exceed federal depository insurance limits. The Organization has not experienced losses in such accounts and management believes the credit risk related to these deposits is minimal.

Revenue Recognition and Patient Accounts Receivable

In 2019, the Organization adopted Financial Accounting Standards Board (FASB) Accounting Standards Update (ASU) No. 2014-09, *Revenue from Contracts with Customers* (Topic 606), and related guidance, which provide guidance for revenue recognition. These standards' core principle is that a company will recognize revenue when it transfers promised goods or services to customers in an amount that reflects the consideration to which the company expects to be entitled in exchange for those goods or services. The most significant change from the adoption of the new standards relates to the presentation of implicit price concessions. Under the previous standards, the estimate for amounts not expected to be collected based upon historical experience was reflected as provision for doubtful accounts, and presented separately as an offset to net patient service revenue. Under the new standards, the estimate for amounts not expected to be collected based on historical experience will continue to be recognized as a reduction to net revenue, but not reflected separately as provision for doubtful accounts. The Organization has adopted the provisions of ASU No. 2014-09 for the year ended December 31, 2019, and elected the modified retrospective method; therefore, the financial statements and related notes have been presented accordingly. Under the modified retrospective method, amounts in the comparative period have not been restated and continue to be reported under the accounting standards in effect for that year.

The impact of the adoption on the statement of operations for the year ended December 31, 2019 follows:

	As Reported	Balance before ASU 2014-09 Adoption	Effect of Change
Patient service revenue	$ -	$ 12,036,809	$ -
Provision for bad debts	-	(718,327)	-
Net patient service revenue	$ 11,318,482	$ 11,318,482	$ -

Patient service revenue is reported at the amount that reflects the consideration to which the Organization expects to be entitled in exchange for providing patient care. These amounts are due from patients and third-party payers (including commercial insurers and governmental programs). Generally, the Organization bills the patients and third-party payers several days after the services are performed. Revenue is recognized as performance obligations are satisfied.

Performance obligations are determined based on the nature of the services provided by the Organization. The Organization measures the performance obligation for medical, behavioral health, dental and ancillary services from the commencement of a face-to-face encounter with a patient to the completion of the encounter. Ancillary services provided the same day as the face-to-face encounter are considered to be part of the performance obligation and are not deemed to be separate performance obligations. The Organization measures the performance obligation for in-house and contract pharmacy services based on when the prescription is distributed to the patient.

The Organization determines the transaction price based on standard charges for goods and services provided, reduced by contractual adjustments provided to third-party payers, discounts provided to uninsured patients in accordance with the Organization's sliding fee discount program, and implicit price concessions provided to uninsured patients.

The Organization determines its estimates of contractual adjustments and discounts based on contractual agreements, its discount policies, and historical experience. The Organization determines its estimate of implicit price concessions based on its historical collection experience with this class of patients.

The Organization has elected the practical expedient allowed under FASB Accounting Standards Codification Subtopic 606-10-32-18, and does not adjust the promised amount of consideration from patients and third-party payers for the effects of a significant financing component due to the Organization's expectation that the period between the time the service is provided to a patient and the time that the patient or a third-party payer pays for that service will be one year or less.

A summary of the payment arrangements with major third-party payers follows:

Medicare

The Organization is primarily reimbursed based on the lesser of actual charges or prospectively set rates for all FQHC services furnished to a Medicare beneficiary on the same day when an FQHC furnishes a face-to-face FQHC visit. Certain other non-FQHC services are reimbursed based on fee-for-service rate schedules.

Medicaid

The Organization is entitled to reimbursement based on a minimum per visit reimbursement rate (encounter rate) when providing care to Medicaid beneficiaries which is adjusted annually for inflation using the Medicare Economic Index. Certain other non-FQHC services are reimbursed based on fee-for-service rate schedules.

Other Payers

The Organization has also entered into payment agreements with certain commercial insurance carriers, health maintenance organizations, and preferred provider organizations. Under these arrangements, the Organization is reimbursed based on contractually obligated payment rates for each Current Procedural Terminology code which may be less than the Organization's public fee schedule.

Patients

Patient balances are typically due within 30 days of billing; however, the Organization does, in certain instances, enter into payment agreements with patients that allow payments in excess of one year. For those cases, the financing component is not deemed to be significant to the contract.

340B Pharmacy Program Revenue

The Organization, as an FQHC, is eligible to participate in the 340B Drug Pricing Program. This program requires drug manufacturers to provide outpatient drugs to FQHCs and other covered entities at a reduced price. The Organization operates an in-house pharmacy and contracts with other local pharmacies under this program. The contract pharmacies dispense drugs to eligible patients of the Organization and bill Medicare and commercial insurances on behalf of the Organization. Reimbursement received by the contract pharmacies is remitted to the Organization, less dispensing and administrative fees. The dispensing and administrative fees are costs of the program and not deemed to be implicit price concessions which would reduce the transaction price. The Organization recognizes revenue in the amounts that reflect the consideration to which it expects to be entitled in exchange for the prescription.

Laws and regulations governing the Medicare, Medicaid and 340B programs are complex and subject to interpretation. Management believes that the Organization is in compliance with all laws and regulations. Compliance with such laws and regulations can be subject to future government review and interpretation, as well as significant regulatory action including fines, penalties and exclusion from the Medicare, Medicaid and 340B programs. Differences between amounts previously estimated and amounts subsequently determined to be recoverable or payable are included in patient service revenue in the year that such amounts become known.

Consistent with the Organization's mission and FQHC designation, care is provided to patients regardless of their ability to pay. Therefore, the Organization has determined it has provided implicit price concessions to uninsured patients and patients with other uninsured balances (for example, copays and deductibles). The implicit price concessions included in estimating the transaction price represent the difference between amounts billed to patients and amounts the Organization expects to collection based on its collection history with those patients.

The Organization provides care to patients who meet certain criteria under its sliding fee discount program. The Organization estimates the costs associated with providing this care by calculating the ratio of total cost to total charges, and then multiplying that ratio by the gross uncompensated charges associated with providing care to patients eligible for the sliding fee discount program. The estimated cost of providing services to patients under the Organization's sliding fee discount program amounted to $1,523,271 and $1,756,052 for the years ended December 31, 2019 and 2018, respectively. The Organization is able to provide these services with a component of funds received through federal and state grants.

The Organization has determined that the nature, amount, timing and uncertainty of revenue and cash flows are affected by the payer. In assessing collectability, the Organization has elected the portfolio approach. The portfolio approach is being used as the Organization has a large volume of similar contracts with similar classes of customers (patients). The Organization reasonably expects that the effect of applying a portfolio approach to a group of contracts would not differ materially from considering each contract separately. Management's judgment to group the contracts by portfolio is based on the payment behavior expected in each portfolio category. As a result, aggregating all the contracts (which are at the patient level) by the particular payer or group of payers will result in the recognition of the same amount of revenue as applying the analysis at the individual patient level. A table detailing the payers is presented in Note 7.

Patient accounts receivable are stated at the amount management expects to collect from outstanding balances.

The Organization grants credit without collateral to its patients, most of whom are local residents and are insured under third-party payer agreements. The accounts receivable from patients and third-party payers, net of contractual allowances, were as follows:

	2019	2018
Governmental plans		
Medicare	7 %	7 %
Medicaid	28 %	29 %
Commercial payers	31 %	32 %
Patient	34 %	32 %
Total	100 %	100 %

Grants Receivable

Grants receivable are stated at the amount management expects to collect from outstanding balances. All such amounts are considered collectible. Support received under grants and contracts with governmental agencies is recorded as revenue when terms of the agreements have been met.

The Organization receives a significant amount of grants from the U.S. Department of Health and Human Services (DHHS). For the years ended December 31, 2019 and 2018, grants from DHHS (including both direct awards and awards passed through other organizations) represented approximately 66% and 63%, respectively, of grants, contracts and contributions.

Inventory

Inventory consists primarily of pharmaceuticals and is stated at the lower of cost or retail. Cost is determined on the first-in, first-out method.

Investments

The Organization reports investments at fair value. Investments include donor endowment funds and assets held for long-term purposes. Accordingly, investments have been classified as non-current assets in the accompanying balance sheets regardless of maturity or liquidity. The Organization has established policies governing long-term investments, which are held within several investment accounts, based on the purposes for those investment accounts and their earnings.

The Organization has elected the fair value option for valuing its investments, which consolidates all investment performance activity within the other revenue and losses section of the statement of operations. The election was made because the Organization believes reporting the activity in a single performance indicator provides a clearer measure of the investment performance. Accordingly, investment income and the change in fair value are included in the excess (deficiency) of revenue over expenses, unless otherwise stipulated by the donor or State Law.

Investments, in general, are exposed to various risks, such as interest rate, credit, and overall market volatility risks. As such, it is reasonably possible that changes in the values of investments will occur in the near term and that such changes could materially affect the amounts reported in the balance sheet.

Investment in Limited Liability Company

The Organization is one of seven members of Primary Health Care Partners, LLC (PHCP). The Organization's investment in PHCP is reported using the equity method. PHCP dissolved on December 31, 2019 and the Organization's remaining capital balance was subsequently distributed to the Organization.

Assets Limited as to Use

Assets limited as to use include investments held for others and donor-restricted contributions to be held in perpetuity and earnings thereon, subject to the Organization's spending policy as further discussed in Note 6.

Property and Equipment

Property and equipment are carried at cost less accumulated depreciation. Maintenance, repairs and minor renewals are expensed as incurred and renewals and betterments are capitalized. Provision for depreciation is computed using the straight-line method over the useful lives of the related assets. Property and equipment costing less than $5,000 is charged to expense upon purchase.

Patient Deposits

Patient deposits consist of payments made by patients in advance of significant dental work based on quotes for the work to be performed.

Contributions

Unconditional promises to give cash and other assets are reported at fair value at the date the promise is received, which is then treated as cost. The gifts are reported as net assets with donor restrictions if they are received with donor stipulations that limit use of the donated assets. When a donor restriction expires, that is, when a stipulated time restriction ends or purpose restriction is accomplished, net assets with donor restrictions are reclassified as net assets without donor restrictions and reported in the statements of operations as net assets released from restriction.

Unconditional promises to give that are expected to be collected in future years are recorded at the present value of their estimated future cash flows. All pledges receivable are due within one year. Given the short-term nature of the Organization's pledges, they are not discounted and a reserve for uncollectible pledges has been established in the amount of $2,000 at December 31, 2019 and 2018. Conditional promises to give are not included as revenue until the conditions are substantially met.

In 2019, the Organization adoption ASU No. 2018-08, *Not-for-Profit Entities* (Topic 958), *Clarifying the Scope and the Accounting Guidance for Contributions Received and Contributions Made*. ASU No. 2018-08 applies to all entities that receive or make contributions and clarifies the definition of transactions accounted for as an exchange transaction subject to ASU No. 2014-09 or other applicable guidance, and transactions that should be accounted for as contributions (non-exchange transactions) subject to the contribution accounting model. Further, ASU No. 2018-08 provides criteria for evaluating whether contributions are unconditional or conditional. Conditional contributions must specify a barrier that the recipient must overcome and a right of return that releases the donor from its obligation if the barrier is not achieved, otherwise the contribution is unconditional. ASU No. 2018-08 has been applied retrospectively to 2018; however, there was no impact to total net assets, results of operations or cash flows.

Excess (Deficiency) of Revenue Over Expenses

The statement of operations reflects the excess (deficiency) of revenue over expenses. Changes in net assets without donor restrictions which are excluded from the excess (deficiency) of revenue over expenses include contributions of long-lived assets (including assets acquired using contributions which, by donor restriction, were to be used for the purposes of acquiring such assets).

Subsequent Events

On March 11, 2020, the World Health Organization declared coronavirus disease (COVID-19) a global pandemic. Governments have mandated the temporary shut-down of business in many sectors and imposed limitations on travel. Most sectors are experiencing disruption to business operations. There is unprecedented uncertainty surrounding the duration of the pandemic, its potential economic ramifications, and the extent of government actions to mitigate them. While management believes this matter may negatively impact its operating results, the related financial impact and duration cannot be reasonably estimated at this time.

On March 27, 2020 the Coronavirus Aid, Relief, and Economic Security Act (CARES Act), was enacted into law. The Organization obtained a loan for $1,479,000 under the Act. The loan is intended to cover 8 weeks of payroll during May and June, and if certain provisions are met, the loan may be forgiven. Amounts not forgiven, if any, are repayable over two years with interest at 1% and six month deferred payment. The Organization has also received approximately $1,500,000 from a number of stimulus payments and Federal grants under the CARES Act to support ongoing operations as well as COVID related expenses through March 2021.

For financial reporting purposes, subsequent events have been evaluated by management through July 27, 2020, which is the date the financial statements were available to be issued. Management has not evaluated subsequent events after that date for inclusion in the financial statements.

2. Availability and Liquidity of Financial Assets

The Organization regularly monitors liquidity required to meet its operating needs and other contractual commitments. The Organization has various sources of liquidity at its disposal, including cash and cash equivalents and a line of credit.

The Organization had working capital of $5,357,854 and $4,918,258 at December 31, 2019 and 2018, respectively. The Organization had average days cash and cash equivalents and investments on hand (based on normal expenditures) of 119 and 95 at December 31, 2019 and 2018, respectively.

Financial assets available for general expenditure within one year were as follows:

	2019	2018
Cash and cash equivalents	$ 4,895,949	$ 3,896,813
Patient accounts receivable, net	1,178,290	1,560,698
Grants receivable	680,448	424,642
Pledges receivable	33,625	263,557
Financial assets available for current use	$ 6,788,312	$ 6,145,710

The Organization has long-term investments and assets for restricted use, which are more fully described in Note 3, that are not reflected in the amount above.

3. Investments and Assets Limited as to Use

Investments, stated at fair value, consisted of the following:

	2019	2018
Long-term investments	$ 1,373,984	$ 1,112,982
Assets limited as to use	1,621,866	1,421,576
Total investments	$ 2,995,850	$ 2,534,558

GREATER SEACOAST COMMUNITY HEALTH

Notes to Financial Statements

December 31, 2019 and 2018

Assets limited as to use are restricted for the following purposes:

	2019	2018
Assets held in trust under Section 457(b) deferred compensation plans	$ 36,304	$ 26,764
Assets with donor restrictions	1,585,562	1,394,813
Total	$ 1,621,866	$ 1,421,576

Fair Value of Financial Instruments

U.S. GAAP defines fair value as the price that would be received to sell an asset or paid to transfer a liability (an exit price) in an orderly transaction between market participants and also establishes a fair value hierarchy which requires an entity to maximize the use of observable inputs and minimize the use of unobservable inputs when measuring fair value.

U.S. GAAP distinguishes three levels of inputs that may be utilized when measuring fair value:

Level 1: Quoted prices (unadjusted) for identical assets or liabilities in active markets that the entity has the ability to access as of the measurement date.

Level 2: Significant observable inputs other than Level 1 prices, such as quoted prices for similar assets or liabilities, quoted prices in markets that are not active, and other inputs that are observable or can be corroborated by observable market data.

Level 3: Significant unobservable inputs that reflect an entity's own assumptions about the assumptions that market participants would use in pricing an asset or liability.

The following table sets forth by level, within the fair value hierarchy, the Organization's investments at fair value:

	Investments at Fair Value as of December 31, 2019			
	Level 1	Level 2	Level 3	Total
Cash and cash equivalents	$ 193,877	$ -	$ -	$ 193,877
Municipal bonds	-	290,796	-	290,796
Exchange traded funds	330,437	-	-	330,437
Mutual funds	2,180,740	-	-	2,180,740
Total investments	$ 2,705,054	$ 290,796	$ -	$ 2,995,850

	Investments at Fair Value as of December 31, 2018			
	Level 1	Level 2	Level 3	Total
Cash and cash equivalents	$ 13,810	$ -	$ -	$ 13,810
Municipal bonds	-	288,679	-	288,679
Exchange traded funds	411,147	-	-	411,147
Mutual funds	1,820,922	-	-	1,820,922
Total investments	$ 2,245,879	$ 288,679	$ -	$ 2,534,558

Municipal bonds are valued based on quoted market prices of similar assets.

4. Property and Equipment

Property and equipment consisted of the following:

	2019	2018
Land	$ 718,427	$ 718,427
Building and improvements	5,857,428	5,857,428
Leasehold improvements	302,547	311,561
Furniture, fixtures, and equipment	2,673,943	2,667,663
Total cost	9,552,345	9,555,079
Less accumulated depreciation	3,767,815	3,447,860
Property and equipment, net	$ 5,784,530	$ 6,107,219

The Organization's facility was built and renovated with federal grant funding. In accordance with the grant agreements, a Notice of Federal Interest (NFI) was required to be filed in the appropriate official records of the jurisdiction in which the property is located. The NFI is designed to notify any prospective buyer or creditor that the Federal Government has a financial interest in the real property acquired under the aforementioned grant; that the property may not be used for any purpose inconsistent with that authorized by the grant program statute and applicable regulations; that the property may not be mortgaged or otherwise used as collateral without the written permission of the Associate Administrator of the Office of Federal Assistance Management (OFAM) and Health Reimbursement and Services Administration (HRSA); and that the property may not be sold or transferred to another party without the written permission of the Associate Administrator of OFAM and HRSA.

5. Net Assets with Donor Restrictions

Net assets with donor restrictions are available for the following purposes:

	2019	2018
Specific purpose		
Program services	$ 139,688	$ 115,371
Passage of time		
Pledges receivable	33,625	263,557
Investments to be held in perpetuity, for which the income is without donor restrictions	1,585,562	1,394,813
Total	$ 1,758,875	$ 1,773,741

Net assets released from net assets with donor restrictions were as follows:

	2019	2018
Satisfaction of purpose - program services	$ 53,238	$ 270,530
Passage of time - pledges receivable	322,064	291,384
Passage of time - endowment earnings	73,205	73,017
Total	$ 448,507	$ 634,931

6. Endowments

Interpretation of Relevant Law

The Organization's endowments primarily consist of an investment portfolio managed by the Investment Sub-Committee. As required by U.S. GAAP, net assets associated with endowment funds are classified and reported based on the existence or absence of donor-imposed restrictions.

The Organization has interpreted the Uniform Prudent Management of Institutional Funds Act (UPMIFA) as requiring the preservation of the fair value of the original gift as of the gift date of the donor-restricted endowment funds, absent explicit donor stipulations to the contrary. As a result of this interpretation, the Organization classifies as a donor-restricted endowment (a) the original value of gifts donated to the permanent endowment, (b) the original value of subsequent donor-restricted endowment gifts, and (c) accumulations to the donor-restricted endowment made in accordance with the direction of the applicable donor gift instrument at the time the accumulation is added to the fund. The remaining portion of the donor-restricted endowment fund, if any, is classified as net assets with donor restrictions until those amounts are appropriated for expenditure in a manner consistent with the standard of prudence prescribed by UPMIFA.

In accordance with UPMIFA, the Organization considers the following factors in making a determination to appropriate or accumulate donor-restricted endowment funds:

(1) The duration and preservation of the fund;
(2) The purposes of the Organization and the donor-restricted endowment fund;
(3) General economic conditions;
(4) The possible effect of inflation and deflation;
(5) The expected total return from income and the appreciation of investments;
(6) Other resources of the Organization; and
(7) The investment policies of the Organization.

Spending Policy

The Organization has a policy of appropriating for expenditure an amount equal to 5% of the endowment fund's average fair market value over the prior 20 quarters. The earnings on the endowment fund are to be used for operations.

Funds with Deficiencies

From time to time, the fair value of assets associated with individual donor-restricted endowment funds may fall below the level that the donor requires the Organization to retain as a fund of perpetual duration (underwater). In the event the endowment becomes underwater, it is the Organization's policy to not appropriate expenditures from the endowment assets until the endowment is no longer underwater. There were no such deficiencies as of December 31, 2019 and 2018.

Return Objectives and Risk Parameters

The Organization has adopted investment and spending policies for endowment assets that attempt to provide a predictable stream of funding to programs supported by its endowment while seeking to maintain the purchasing power of the endowment assets. Endowment assets include those assets of donor-restricted funds that the Organization must hold in perpetuity. Under this policy, as approved by the Board of Directors, the endowment assets are invested in a manner that is intended to produce results that exceed or meet designated benchmarks while incurring a reasonable and prudent level of investment risk.

Strategies Employed for Achieving Objectives

To satisfy its long-term rate-of-return objectives, the Organization relies on a total return strategy in which investment returns are achieved through both capital appreciation (realized and unrealized) and current yield (interest and dividends). The Organization targets a diversified asset allocation that places a balanced emphasis on equity-based and income-based investments to achieve its long-term return objectives within prudent risk constraints.

Endowment Net Asset Composition by Type of Fund

The Organization's endowment consists of assets with donor restrictions only and had the following related activities:

	2019	2018
Endowments, beginning of year	$ 1,394,813	$ 1,577,139
Investment income	47,540	37,790
Change in fair value of investments	216,414	(147,099)
Spending policy appropriations	(73,205)	(73,017)
Endowments, end of year	$ 1,585,562	$ 1,394,813

7. Patient Service Revenue

Net patient service revenue by payer and program is as follows:

	2019		
	Medical, Behavioral Health and Dental Services	Pharmacy Services	Total
Governmental payers			
Medicare	$ 927,218	$ 241,341	$ 1,168,559
Medicaid	4,641,469	298,673	4,940,142
Commercial payers	2,806,586	277,352	3,083,938
Patient	470,870	182,195	653,065
Net direct patient service revenue	8,846,143	999,561	9,845,704
340B contract pharmacy revenue	-	1,472,778	1,472,778
Net patient service revenue	$ 8,846,143	$ 2,472,339	$ 11,318,482

	2018		
	Medical, Behavioral Health and Dental Services	Pharmacy Services	Total
Governmental payers			
Medicare	$ 1,001,792	$ 171,979	$ 1,173,771
Medicaid	3,910,040	196,962	4,107,002
Commercial payers	3,154,989	295,839	3,450,828
Patient	1,165,229	137,889	1,303,118
Total direct patient service revenue	9,232,050	802,669	10,034,719
Provision for bad debts	(651,700)	-	(651,700)
Net direct patient service revenue	8,580,350	802,669	9,383,019
340B contract pharmacy revenue	-	1,318,392	1,318,392
Net patient service revenue	$ 8,580,350	$ 2,121,061	$ 10,701,411

8. Retirement Plans

The Organization has a defined contribution plan under IRC Section 401(k) that covers substantially all employees. For the years ended December 31, 2019 and 2018, the Organization contributed $193,365 and $194,214, respectively, to the plan.

The Organization has established an unqualified deferred compensation plan under IRC Section 457(b) for certain key employees of the Organization. The Organization did not contribute to the plan during the year ended December 31, 2019. The balance of the deferred compensation plan amounted to $36,304 and $26,764 at December 31, 2019 and 2018, respectively.

9. Food Vouchers

The Organization acts as a conduit for the State of New Hampshire's Special Supplemental Food Program for Women, Infants and Children (WIC). The value of food vouchers distributed by the Organization was $1,068,417 and $1,136,875 for the years ended December 31, 2019 and 2018, respectively. These amounts are not included in the accompanying financial statements as they are not part of the contract the Organization has with the State of New Hampshire for the WIC program.

10. Functional Expense

The Organization provides various services to residents within its geographic location. Given the Organization is a service organization, expenses are allocated between healthcare, administrative and support and fundraising services based on the percentage of direct care wages to total wages, with the exception of program supplies which are 100% healthcare in nature. Expenses related to providing these services are as follows:

	Healthcare Services	Administrative and Support Services	Fundraising Services	Total
2019:				
Salaries and wages	$ 10,587,330	$ 1,293,845	$ 413,834	$ 12,295,009
Employee benefits	1,857,078	226,878	72,678	2,156,634
Contracted services	890,375	183,127	7,448	1,080,950
Program supplies	1,324,866	-	-	1,324,866
Software maintenance	433,457	52,955	16,964	503,376
Occupancy	678,094	82,842	26,538	787,474
Other	963,883	103,415	58,080	1,125,378
Depreciation	281,523	34,393	11,018	326,934
Total	$ 17,016,606	$ 1,977,455	$ 606,560	$ 19,600,621

	Healthcare Services	Administrative and Support Services	Fundraising Services	Total
2018:				
Salaries and wages	$ 10,726,571	$ 1,233,194	$ 480,221	$ 12,439,986
Employee benefits	1,961,848	225,466	87,820	2,275,134
Contract services	956,218	147,500	16,136	1,119,854
Program supplies	1,191,451	-	-	1,191,451
Software maintenance	460,634	52,938	20,620	534,192
Occupancy	502,635	57,765	22,500	582,900
Other	854,906	88,360	75,211	1,018,477
Depreciation	301,513	34,651	13,497	349,661
Total	$ 16,955,776	$ 1,839,874	$ 716,005	$ 19,511,655

11. Medical Malpractice Insurance

The Organization is protected from medical malpractice risk as an FQHC under the Federal Tort Claims Act (FTCA). The Organization has additional medical malpractice insurance, on a claims-made basis, for coverage outside the scope of the protection of the FTCA. As of December 31, 2019, there were no known malpractice claims outstanding which, in the opinion of management, will be settled for amounts in excess of both FTCA and additional medical malpractice insurance coverage, nor are there any unasserted claims or incidents which require loss accrual. The Organization intends to renew the additional medical malpractice insurance coverage on a claims-made basis and anticipates that such coverage will be available.

12. Lease Commitments

The Organization leases office space and certain other office equipment under noncancelable operating leases. Future minimum lease payments under these leases are as follows:

2020	$ 315,971
2021	274,281
2022	42,211
2023	43,048
2024	23,971
Thereafter	1,191
Total	$ 700,673

Rental expense amounted to $316,139 and $258,695 for the year ended December 31, 2019 and 2018, respectively.

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GREATER SEACOAST COMMUNITY HEALTH

Goodwin Community Health | Families First | Lilac City Pediatrics

Board of Directors
Calendar Year 2019

Name/Address	Phone/Email	Occupation
Chair Barbara Henry [redacted]	[redacted]	Retired Newspaper Publisher
Vice Chair Valerie Goodwin [redacted]	[redacted]	Retired Business **Consumer**
Board Treasurer Dennis Veilleux [redacted]	[redacted]	Accounting Manager
Board Secretary Jennifer Glidden [redacted]	[redacted]	DHHS Admin. Supervisor **Consumer**
Karin Barndollar [redacted]	[redacted]	Export Manager **Consumer**
Don Chick [redacted]	[redacted]	Photographer **Consumer**
Jo Jordon [redacted]	[redacted]	Emergency Management
Abigail Sykas Karoutas [redacted]	[redacted]	Attorney **Consumer**
Allison Neal [redacted]	[redacted]	Education Consultant **Consumer**
Yulia Rothenberg [redacted]	[redacted]	Education Consultant **Consumer**
Kathy Scheu [redacted]	[redacted]	Medical/Laboratory Product Sales
Dan Schwarz [redacted]	[redacted]	Attorney **Consumer**

Name/Address	Phone/Email	Occupation
Jeffrey Segil, MD [redacted]	[redacted]	Physician-OB/GYN
James Sepanski [redacted]	[redacted]	Financial Executive
David B. Staples, DDS [redacted]	[redacted]	Dentist **Consumer**
Jo Lamprey [redacted]	[redacted]	Retired Nurse and Co-founder of healthcare quality Co.

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Erin E. Ross

Objective

Obtain a position in Health Care, which will continue to build knowledge and skills from both education and experiences gained.

Qualifications

Mature, energetic individual possessing management experience, organizational skills, multi-tasking abilities, good work initiative and communicates well with internal and external contacts. Proficient in computer skills.

Education

September 1998 – May 2002 **Bachelor of Science in Health Management & Policy**
University of New Hampshire
Durham, New Hampshire 03824

Related Experience

July 2011 – Present **Chief Financial Officer**
Goodwin Community Health

- Responsible for financial oversight of center to include supervision of accountant, bookkeeper, billing department and all clinical administrative staff.
- Assist Executive Director in budgeting process each fiscal year for center.
- Generate and assist with financial aspects of all center grants received.
- Complete on an as needed basis finance analysis's of various agency programs.
- Participate in agency fiscal audit at the end of each fiscal year.
- Member of Board of Directors level Finance Committee

August 2006 – June 2011 **Service Expansion Director**
Avis Goodwin Community Health Center

- Responsible for the overall function of the Winter St location of Avis Goodwin Community Health Center.
- Maintain all clinical equipment and order all necessary supplies.
- Coordinate the scheduling of all clinical and administrative staff in the office.
- Assist with the continued integration of dental services and now mental health services to existing primary care services.
- Assist with the integration of private OB/GYN practice into Avis Goodwin Community Health Center.
- Organize patient outcome data collection and quality improvement measures to monitor multiple aspects and assure sustainability for Avis Goodwin Community Health Center.

January 2005 – August 2006 **Site Manager, Dover Location & Front Office Manager**
Avis Goodwin Community Health Center

- Responsible for the overall function of the Dover location of Avis Goodwin Community Health Center.
- Maintain all clinical equipment and order all necessary supplies.
- Assist with the continued integration of dental services and now mental health services to existing primary care services.
- Coordinate the scheduling of all clinical and administrative staff in the office.
- Organize patient outcome data collection and quality improvement measures to monitor multiple aspects and assure sustainability for Avis Goodwin Community Health Center.
- Supervise, hire and evaluate front office staff of both Avis Goodwin Community Health Center locations.
- Develop and implement policies and procedures for the smooth functioning of the front office.

May 2004 – January 2010 **Dental Coordinator**
Avis Goodwin Community Health Center

- Supervise, hire and evaluate dental staff, including Dental Assistant and Hygienists.
- Acted as general contractor during construction and renovation of existing facility for 4 dental exam rooms.
- Responsible for the operations of the dental center, development of educational programs for providers and staff and supervision of the school-based dental program.
- Developed policy and procedure manual, including OSHA and Infection Control protocols.

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- Organize patient outcome data collection and quality improvement measures to monitor dental program and assure sustainability.
- Maintain all dental equipment and order all dental supplies.
- Coordinate grant fund requirements to multiple agencies on a quarterly basis.
- Oversee all aspects of billing for dental services, including training existing billing department staff.

July 2003 – May 2004 **Administrative Assistant to Medical Director**
Avis Goodwin Community Health Center

- Assist with Quality Improvement program by attending all meetings, generating monthly minutes documenting all aspects of the agenda and reporting quarterly data followed by the agency.
- Generate a monthly report reflecting provider productivity including number patients seen by each provider and no show and cancellation rates of appointments.
- Served as a liaison between patients and Chief Financial Officer to effectively handle all patient concerns and compliments.
- Established and re-created various forms and worksheets used by many departments.

December 2002 – May 2004 **Billing Associate**
Avis Goodwin Community Health Center

- Organize and respond to correspondence, rejections and payments from multiple insurance companies.
- Created an Insurance Manual for Front Office Staff and Intake Specialists as an aide to educate patients on their insurance.
- Responsible for credentialing and Re-credentialing of providers, including physicians, nurse practitioners and physician assistants, within the agency and to multiple insurance companies.
- Apply knowledge of computer skills, including Microsoft Office, Logician, PCN and Centricity.
- Designed a statement to generate from an existing Microsoft Access database for patients on payment plans to receive monthly statements.
- Assist Front Office Staff during times of planned and unexpected staffing shortages.

June 2002 - December 2002 **Billing Associate**
Automated Medical Systems
Salem, New Hampshire 03079

- Communicate insurance benefits and explain payments and rejections to patients about their accounts.
- Responsible for organizing and responding to correspondence received for multiple doctor offices.
- Determine effective ways for rejected insurance claims to get paid through communicating with insurance companies and patients.
- Apply knowledge of computer skills, including Microsoft Office, Accuterm and Docstar.

Work Experience

October 1998 – May 2002 **Building Manager**
Memorial Union Building – UNH
Durham, New Hampshire 03824

- Recognized as a Supervisor, May 2001-May 2002.
- Supervised Building Manager and Information Center staff.
- Responsible for managing and documenting department monetary transactions.
- Organized and led employee meetings on a weekly basis.
- Established policies and procedures for smooth functioning of daily events.
- Oversaw daily operations of student union building, including meetings and campus events.
- Served as a liaison between the University of New Hampshire, students, faculty and community.
- Organized and maintained a weekly list of rental properties available for students.
- Developed and administered new ideas for increased customer service efficiency.

References

Available upon request

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JANET M. LAATSCH

Objective: To utilize my leadership skills to create a dynamic, sustainable non-profit organization.

WORK EXPERIENCE:

Greater Seacoast Community Health, **2018-Present**
Somersworth, Portsmouth, Rochester, NH
Chief Executive Officer

Accomplishments:

- Successful merger of two FQHC's and one private practice in 2018
- Secured a new location for Portsmouth by 6/30/21
- Improved sustainability of the Portsmouth and Rochester locations
- Increased retention rate to 98% in 2019 and 2020

Goodwin Community Health (GCH)
Somersworth, NH
Chief Executive Officer **2005-2018**

Accomplishments:

- Successfully retained all Directors and Physicians
- Built relationships with donors, foundations, local and state representatives and other non-profit and for-profit organizations
- Retention of an active Board of Directors
- Improvement of patient outcomes
- Successfully implemented mental health integration program
- Successfully acquired a for-profit mental health organization
- Developed a new partnership with Noble High School
- Developed a new partnership with Southeastern NH Services
- Obtained new grant funding of over $7.0 million
- Expansion of donor base
- Development of a corporate compliance program
- Merged the public health and safety council under AGCHC

Responsibilities:

- Oversight of operations, finance, personnel and fund development
- Grant writing and donor development
- New business development
- Compliance with all federal and state regulations
- Build relationships and partnerships locally and statewide
- Strategic planning
- Report directly to the Board of Directors

Finance Director **2002-2005**

Accomplishments:

- Brought in over $3.0 million in grant funds for the organization
- Obtained Federally Qualified Health Center status in 2004
- Designed and implemented a successful new dental program

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- Achieved a financial surplus annually

Responsibilities:

- Responsible for all financial transactions, billing, collections, patient accounts
- Strategic planning as it relates to capital funding
- Budget development, cost/benefit analysis of existing programs and potential new programs
- Development and implementation of an annual development plan
- Research, write, submit and provide follow-up reports for grant funds
- Oversee human resource functions of the organization

Grant Writer/Per Diem Nurse **2001-2002**

Grant Writing Services,
N. Hampton, NH
Sole Proprietor **1999-2001**

Accomplishments:

- Successfully researched and submitted grants for health and educational organizations totaling over $150k

Responsibilities:

- Research private, industry, state and federal funds for non-profit organizations

North Shore Medical Center (Partners Health Care) **1991-1999**
Salem, MA
Acting Chief Operations Officer for the
North Shore Community Health Center **1997-1999**

Accomplishments:

- Successfully submitted their competitive Federal grant and other state grants
- Recruited a medical director and re-negotiated existing provider contracts to include productivity standards
- Re-designed operations to improve productivity
- Incorporated the hospital's medical residency program into the Health Center
- Achieved a financial surplus for the first time in five years
- Developed a quality improvement program and framework

Responsibilities:

- Placed at the Health Center by the North Shore Medical Center to revamp operations and improve the cash flow for the organization
- Reported directly to the Board of Directors

EDUCATION:

University of New Hampshire:	M.B.A.	
Durham, N.H.	Concentration in Finance	**1991**
Northern Michigan University:	B.S.N.	
Marquette, M.I.	Minor in Biology	**1981**

LICENSES/CERTIFICATES:

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Real Estate Broker
N.H. Nursing License

PROFESIONAL:
Member of the National Association of Community Health Centers
Previous Board member of the United Way of the Greater Seacoast
Treasurer for the Health and Safety Council of Strafford County
Board member of the Community Health Network Access (CHAN)
Board member of the Rochester Rotary, slotted for President in 2011

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Jannell Levine, MS, RN

Professional Experience

Goodwin Community Health, Somersworth, NH Nov. 2006-present

Manager of Healthcare for the Homeless and Medical SUD Programs (Oct 2018-present)

- Oversee Healthcare for the Homeless program as well as Medication Assisted Recovery program at both GCH and Families First
- Provide direct patient care to Portsmouth MAR patients due to full time vacant position
- Rebuild entire Healthcare for the Homeless program after near 100% turnover in program staff following organizational merger
- Facilitate implementation of SAMHSA MAR grant
- Supervise MAT RNs, MAT Medical Assistant, SAMHSA Project Director, Healthcare for the Homeless Nurses and Care Coordinators, Hepatitis C Nurse, and Child Development Specialist
- Collaborate with internal and external partners during Covid pandemic to provide alternative access to care for vulnerable patients through Mobile MAR pilot as well as telehealth visits for quarantined homeless patients

Care Coordination Manager (August 2016-October 2018)

- Oversee Medication Assisted Therapy program as well as Care Management program
- Supervise Complex Care Coordinators, MAT RNs, MAT Medical Assistant, Recovery Support Worker and Child Development Specialist
- Facilitate weekly Care Coordination meetings for MAT/IOP program
- Participate in monthly Community Care Team meetings for high utilizing patients within our community
- Provide direct Care Coordination for complex and high utilizing Pediatric patients of GCH

Director of Patient Services and Quality Improvement (May 2012-August 2016)

- Facilitate and implement clinical quality improvement initiatives in accordance with the mission, goals and objectives of GCH.
- Collaborate with Providers, Medical Director, Managers and Support Staff to ensure that day to day operations of the health center run smoothly and that patients receive high quality care.
- Improve patient outcomes by training staff on standard operating procedures, evidence based practices, customer service skills and by providing patient education.
- Successfully coordinated and managed the initial 2012 GCH application to be certified as a Patient Centered Medical Home, as well as the 2015 renewal.
- Facilitate monthly CQI meetings, as well as bimonthly Risk Management meetings, and report to the board regarding the committee initiatives. Past responsibilities include facilitation of Customer service committee.
- Continuously review, revise and implement changes to GCH policies and procedures as new workflow changes are required as a result of Medical Home, Meaningful Use, Managed Care, Federal and State Grants, and Internal Improvements.
- Facilitate implementation of new programs such as MAT/IOP and SBIRT
- Collaborate with Nurse Manager in resolving all patient complaints.
- Primary Contact for all patient safety concerns, risk management issues and coordination with legal entities
- Supervise Nurse Manager, Medication Assistance Program Coordinator, Medication Assisted Therapy RN, Manager of Population Health Analytics, Baby Steps Consultant and Integration Patient Experience Manager. Collaborate with these staff to ensure their programs run smoothly and efficiently.
- Past responsibilities in this position include supervision of Nursing Staff, BCCP Coordinator and Community Outreach Worker

Registered Nurse/Care Manager (Nov. 2006-May 2012)

- Provide quality nursing care to patients ranging in age from infants to elderly in a community health care setting. Duties include telephone triage, patient assessment, injection administration, patient education,

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monitor lab and test results, vaccine management, medication dispensing and case management of patients to promote comprehensive patient care.

- Assess, triage and treat patients appropriately based on their current medical needs. Triage patients via telephone, schedule appointments as needed, and provide with education related to their medical issue.
- Provide comprehensive education to patients in order to assist them in health promotion and disease prevention.
- Assist patients to develop, maintain, and evaluate goals for management of both acute and chronic disease.
- Collaborate with providers and support staff to promote a team-based approach to management of patients' current health and disease states.
- Facilitate the proper administration of vaccinations to children and adults through screening and education of patients.
- Review and update various nursing policies and procedures as needed.
- Actively participated in the process of implementing Mental Health Integration to GCH. Served as Mental Health Care Manager and assisted in all aspects of program development.
- Member of the Medical Home Committee, actively participating in the process of achieving Medical Home Certification for GCH.

Exeter Hospital, Exeter, NH Feb.-Nov. 2006

Registered Nurse

- Staff RN on a busy 15 bed Telemetry unit.
- Provided quality direct patient care to both medical-surgical and progressive care patients—responsibilities included patient assessment, medication administration, dressing changes, IV insertion, creation and implementation of care plans, documentation, supervision of nursing assistants, patient and family education and all other aspects of nursing care.
- Managed and implemented care for patients in varying states of acuity, including the care of critically ill, terminally ill, palliative and stable patients.
- Educated patients regarding medications, upcoming procedures, health maintenance, disease management and lifestyle modifications.
- Collaborated with interdisciplinary team members to coordinate and plan care.

Boston Children's Hospital, Boston, MA Oct. 2000-Sept. 2003

Special Events Coordinator (Sept. 2002-Sept. 2003)

- Managed all aspects of the first *Miles for Miracles Walk* including strategic planning, marketing, participant, team and volunteer recruitment, web and collateral development, and logistical design.
- Planned, organized and implemented walk-related activities, such as committee meetings and receptions.
- Collaborated with technical consultants to develop a specialized computer database created exclusively for the walk, managed the system and trained staff on program methods and techniques.
- Served as the walk's primary contact for more than 2,000 participants, developing and managing effective systems for registering, providing guidance and advising walkers on fundraising strategies and best practices.
- Created and implemented a special walker recognition program, including incentives for top fundraisers.
- Supervised staff, temporary help, and volunteers.

Development Associate (Oct 2000-Sept. 2002))

- Coordinated all aspects of the 2002 Kids at Heart Marathon program, generating $800,000. Responsibilities included organizing and facilitating the application process, producing all marketing materials and newsletters, recruiting patient families and qualified runners, coordinating two receptions, and managing the Advisory Committee.
- Recruited and managed more than 200 volunteers for the 2001 and 2002 WBZ-Children's Hospital Telethon.
- Assisted in the organization of donor cultivation and stewardship events including developing and maintaining invitation lists, confirming attendance, securing speakers, VIPs, and meeting space, preparing event briefing materials, staffing the events, confirming event arrangements, and managing follow up.

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- Maintained the budget for four programs, processed invoices and consolidated monthly budget reports, assisted in the development of budget plans.
- Drafted original donor acknowledgements, meeting agendas/minutes, and other correspondence.
- Organized and facilitated monthly meetings for Development Associates.

Education

University of New Hampshire, Durham, NH — December 2006

- Master's of Science in Nursing
- GPA 3.88

University of New Hampshire, Durham, NH — May 2000

- B.A. Communications and Political Science
- GPA 3.67
- Personally financed 100% of education through employment, scholarships, and loans.

Certifications and Membership

- Current NH Registered Nurse License, licensed since January 2006
- American Heart Association BLS for the Healthcare Provider

Computer Skills

- Proficient in Logician (EMR), Microsoft Word, Excel, PowerPoint and Outlook

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CONTRACTOR NAME

Key Personnel

Name	Job Title	Salary	% Paid from this Contract	Amount Paid from this Contract
Janet Laatsch	Chief Executive Officer	$216,778	0%	$0
Erin Ross	Chief Financial Officer	$149,177	0%	$0
Jannell Levine	Chief Operating Officer	$125,008	0%	$0

State of New Hampshire
Department of Health and Human Services
Amendment #2 to the Primary Care Services

This 2nd Amendment to the Primary Care Services contract (hereinafter referred to as "Amendment #2") is by and between the State of New Hampshire, Department of Health and Human Services (hereinafter referred to as the "State" or "Department") and HealthFirst Family Care Center (hereinafter referred to as "the Contractor"), a non-profit with a place of business at 841 Central Street, Franklin, NH 03235.

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on June 20, 2018, (Item #27G), as amended on May 6, 2020, (Item #46), the Contractor agreed to perform certain services based upon the terms and conditions specified in the Contract as amended and in consideration of certain sums specified; and

WHEREAS, pursuant to Form P-37, General Provisions, Paragraph 18, and Exhibit C-1, Revisions to General Provisions, Section 3, the Contract may be amended upon written agreement of the parties and approval from the Governor and Executive Council; and

WHEREAS, the parties agree to extend the term of the agreement, increase the price limitation, or modify the scope of services to support continued delivery of these services; and

NOW THEREFORE, in consideration of the foregoing and the mutual covenants and conditions contained in the Contract and set forth herein, the parties hereto agree to amend as follows:

1. Form P-37 General Provisions, Block 1.7, Completion Date, to read:

   March 31, 2022.

2. Form P-37, General Provisions, Block 1.8, Price Limitation, to read:

   $924,693.

3. Add Exhibit A-3, Additional Scope of Services BinaxNOW, which is attached hereto and incorporated by reference herein.

4. Modify Exhibit B, Methods and Conditions Precedent to Payment, Section 4, Subsection 4.1 to read:

   4.1 Payments shall be on a cost reimbursement basis for approved actual costs in accordance with Exhibit B-1 through Exhibit B-6, Amendment #2 Budget, which is attached hereto and incorporated by reference herein.

5. Add Exhibit B-6, Amendment #2 Budget, which is attached hereto and incorporated by reference herein.

All terms and conditions of the Contract and prior amendments not inconsistent with this Amendment #2 remain in full force and effect. Exhibit A-3, Additional Scope of Services BinaxNOW, shall be effective retroactively to November 1, 2020, upon Governor's approval issued under the Executive Order 2020-04 as extended by Executive Orders 2020-05, 2020-08, 2020-09, 2020-10, 2020-14, 2020-15, 2020-16, 2020-17, 2020-18, and 2020-20. All other provisions of this amendment shall be effective July 1, 2021, or upon the date of Governor and Executive Council approval, whichever is later.

IN WITNESS WHEREOF, the parties have set their hands as of the date written below,

State of New Hampshire
Department of Health and Human Services

11/9/2020
Date

DocuSigned by:
Lisa M. Morris
Name: Lisa M. Morris
Title: Director, Division of Public Health Srvcs.

HealthFirst Family Care Center

11/6/2020
Date

DocuSigned by:
Judy Fielders
Name: Judy Fielders
Title: Administrative Assistant

New Hampshire Department of Health and Human Services
Primary Care Services

The preceding Amendment, having been reviewed by this office, is approved as to form, substance, and execution.

OFFICE OF THE ATTORNEY GENERAL

11/10/2020
Date

DocuSigned by:
Name: Catherine Pinos
Title: Attorney

I hereby certify that the foregoing Amendment was approved by the Governor and Executive Council of the State of New Hampshire at the Meeting on: _____ (date of meeting)

OFFICE OF THE SECRETARY OF STATE

Date

Name:
Title:

Additional Scope of Services BinaxNOW

1. BinaxNOW COVID-19 Antigen Testing and Supplies

1.1. The BinaxNOW COVID-19 Antigen Test is now authorized for Point of Care (POC) use in patient care settings operating under a Clinical Laboratory Improvement Amendment of 1988 Certificate of Waiver, Certificate of Compliance, or Certificate of Accreditation.

1.2. The BinaxNOW COVID-19 Antigen Test supplies are authorized for use under an Emergency Use Authorization by the U.S. Food and Drug Administration and consist of a lateral flow immunoassay for the qualitative detection of nucleocapsid protein antigen from the SARS-CoV-2 virus in direct nasal swabs from individuals suspected of COVID-19 by their healthcare provider within the first seven (7) days of symptom onset.

1.3. The Department will supply the Contractor with the BinaxNOW Rapid-Antigen COVID-19 Testing supplies at no cost to the Contractor via allotted distribution from the Department contingent upon the availability of supplies.

1.4. The Contractor shall adhere to proper use procedures and indications for BinaxNOW COVID-19 Antigen Test supplies as issued by the manufacturer (Abbott Laboratories), the U.S. Food and Drug Administration, and the Department, including applicable Health Advisory Network (HAN) messages.

1.5. The Contractor shall use BinaxNOW COVID-19 Antigen Test supplies provided by the Department only for active patients of the Contractor who:

1.5.1. Have COVID-19 symptoms, with symptom onset within the last seven (7) days; or

1.5.2. Do not have symptoms of COVID-19 at the direction of the Department.

1.6. The Contractor shall notify its established active patients who have symptoms of COVID-19 that it has the ability to perform COVID-19 testing, including rapid antigen testing.

1.7. The Contractor shall notify the Regional Public Health Network(s) within the Contractor's catchment area(s) that it can perform COVID-19 testing for active patients of the Contractor.

1.8. The Contractor shall report all positive test results and case details to the Department within twenty-four (24) hours of result determination using the COVID-19 Case Report form provided by the Department, which is available at the following link: https://www.dhhs.nh.gov/dphs/cdcs/covid19/covid19-reporting-form.pdf.

1.9. The Contractor shall report positive and negative test results to the Department using a secure web-based reporting process described in Health Alert Network Message #22. Instructions for Reporting Point-of-Care Tests available at: https://www.dhhs.nh.gov/dphs/cdcs/alerts/documents/covid-19-update22.pdf

1.10. The Contractor is prohibited from charging a patient, a patient's guardian, a patient's insurance, or New Hampshire Medicaid for a COVID-19 test conducted using BinaxNOW COVID-19 Antigen Test supplies provided by the Department.

1.11. The Contractor may charge a specimen collection fee, including, but not limited to, Healthcare Common Procedural Coding System (HCPCS) code G2023 as well as normal billing for an office or home visits by the Contractor, to the patient, the patient's guardian, the patient's insurance, or New Hampshire Medicaid for the evaluation and management of the patient that leads to a COVID-19 test conducted using BinaxNOW COVID-19 Antigen Test supplies provided by the Department.

1.12. The Contractor shall not refuse services or testing for any patient with any symptom(s) of COVID-19 using BinaxNOW COVID-19 Antigen Test supplies provided by the Department for any reason other than lack of available supplies.

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New Hampshire Department of Health and Human Services
COMPLETE ONE BUDGET FORM FOR EACH BUDGET PERIOD

Bidder/Program Name: HealthFirst Family Care Center

Budget Request for: Primary Care Services
(Name of RFP)

Budget Period: July 1, 2021 to March 31, 2022

	Total Program Cost			Contractor Share / Match			Funded by DHHS contract share		
Line Item	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total
1. Total Salary/Wages	$ 189,431.76	$18,943.18	$208,374.93	$83,445.30	$ 8,344.53	$ 91,789.83	$105,986.46	$ 10,598.65	$116,585.10
2. Employee Benefits (24% of wages)	$ 45,463.62	$ 4,546.36	$ 50,009.98	$ 20,026.87	$ 2,002.69	$ 22,029.56	$ 25,436.75	$ 2,543.67	$ 27,980.42
3. Consultants	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
4. Equipment:	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Rental	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Repair and Maintenance	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Purchase/Depreciation	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
5. Supplies:	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Educational	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Lab	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Pharmacy	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Medical	$ 9,900.43	$ 990.04	$ 10,890.47	$ -	$ -	$ -	$ 9,900.43	$ 990.04	$ 10,890.47
Office	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
6. Travel	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
7. Occupancy	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
8. Current Expenses	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Telephone	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Postage	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Subscriptions	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Audit and Legal	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Insurance	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Board Expenses	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
9. Software	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
10. Marketing/Communications	$ 8,000.00	$ 800.00	$ 8,800.00	$ -	$ -	$ -	$ 8,000.00	$ 800.00	$ 8,800.00
11. Staff Education and Training	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
12. Subcontracts/Agreements	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
13. Other (Language Interpretation Services):	$ 3,000.00	$ 300.00	$ 3,300.00	$ -	$ -	$ -	$ 3,000.00	$ 300.00	$ 3,300.00
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
TOTAL	$ 255,795.81	$25,579.58	$281,375.39	$103,472.17	$10,347.22	$113,819.39	$152,323.64	$ 15,232.36	$167,556.00
Indirect As A Percent of Direct		10.0%						$ (0.00)	167,556

DS
Contractor Initials JF
Date 11/6/2020

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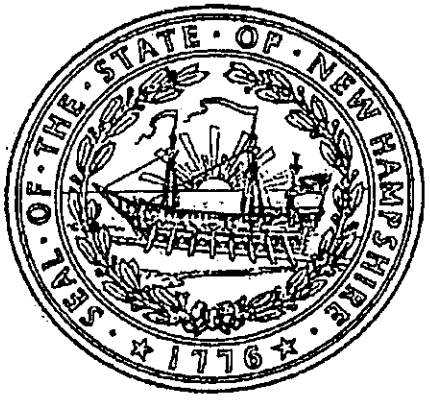
State of New Hampshire
Department of State

CERTIFICATE

I, William M. Gardner, Secretary of State of the State of New Hampshire, do hereby certify that HEALTHFIRST FAMILY CARE CENTER, INC. is a New Hampshire Nonprofit Corporation registered to transact business in New Hampshire on April 23, 1996. I further certify that all fees and documents required by the Secretary of State's office have been received and is in good standing as far as this office is concerned.

Business ID: 248976



IN TESTIMONY WHEREOF,
I hereto set my hand and cause to be affixed
the Seal of the State of New Hampshire,
this 24th day of April A.D. 2017.

William M. Gardner
Secretary of State

Filing History

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Business Name	Business ID
HealthFirst Family Care Center, Inc.	248976

Filing#	Filing Date	Effective Date	Filing Type	Annual Report Year
0005062497	12/29/2020	12/29/2020	Nonprofit Report	2020
0004767479	01/16/2020	01/16/2020	Annual Report Reminder	N/A
0003287667	03/14/2016	03/14/2016	Amendment	N/A
0003195017	12/21/2015	12/21/2015	Nonprofit Report	2015
0000936857	10/15/2010	10/15/2010	Annual Report	2010
0000936856	10/08/2010	10/08/2010	Reminder Letter	N/A
0000936855	07/28/2005	07/28/2005	Annual Report	2005
0000936854	02/02/2000	02/02/2000	Annual Report	2000
0000936853	02/03/1997	02/03/1997	Change of Business Address	N/A
0000936852	04/23/1996	04/23/1996	Business Formation	N/A

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NH Department of State, 107 North Main St. Room 204, Concord, NH 03301 -- **Contact Us (/online/Home/ContactUS)**

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CERTIFICATE OF AUTHORITY

I, ___James Wells_____, hereby certify that:
(Name of the elected Officer of the Corporation/LLC; cannot be contract signatory)

1. I am a duly elected Clerk/Secretary/Officer of __HealthFirst Family Care Center_____.
(Corporation/LLC Name)

2. The following is a true copy of a vote taken at a meeting of the Board of Directors/shareholders, duly called and held on November 2, 2020, at which a quorum of the Directors/shareholders were present and voting.
(Date)

VOTED: That Judy Fielders, Administrative Assistant of HFFCC Board of Directors' (may list more than one person) (Name and Title of Contract Signatory)

is duly authorized on behalf of ____HealthFirst Family Care Center to enter into contracts or agreements with the State (Name of Corporation/ LLC)

of New Hampshire and any of its agencies or departments and further is authorized to execute any and all documents, agreements and other instruments, and any amendments, revisions, or modifications thereto, which may in his/her judgment be desirable or necessary to effect the purpose of this vote.

3. I hereby certify that said vote has not been amended or repealed and remains in full force and effect as of the date of the contract/contract amendment to which this certificate is attached. This authority **remains valid for thirty (30)** days from the date of this Certificate of Authority. I further certify that it is understood that the State of New Hampshire will rely on this certificate as evidence that the person(s) listed above currently occupy the position(s) indicated and that they have full authority to bind the corporation. To the extent that there are any limits on the authority of any listed individual to bind the corporation in contracts with the State of New Hampshire, all such limitations are expressly stated herein.

Dated:_11/2/2020_____

Signature of Elected Officer
Name: Judy Fielders
Title: Administrative Assistant

HEALFIR-01 PCANTLIN

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 7/1/2020

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER License # AGR8150 Clark Insurance One Sundial Ave Suite 302N Manchester, NH 03103	CONTACT NAME: PHONE (A/C, No, Ext): (603) 622-2855 FAX (A/C, No): (603) 622-2854 E-MAIL ADDRESS: info@clarkinsurance.com
	INSURER(S) AFFORDING COVERAGE — NAIC #
	INSURER A : Citizens Ins Co of America — 31534
INSURED HealthFirst Family Care Center, Inc. 841 Central St Franklin, NH 03235	INSURER B : AmTrust Financial Services.Inc.
	INSURER C :
	INSURER D :
	INSURER E :
	INSURER F :

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY			OBVA044172	7/1/2020	7/1/2021	EACH OCCURRENCE	$ 1,000,000
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$
							MED EXP (Any one person)	$ 5,000
							PERSONAL & ADV INJURY	$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 2,000,000
	POLICY PRO-JECT LOC						PRODUCTS - COMP/OP AGG	$ 2,000,000
	OTHER:							$
A	AUTOMOBILE LIABILITY			OBVA044172	7/1/2020	7/1/2021	COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
	ANY AUTO						BODILY INJURY (Per person)	$
	OWNED AUTOS ONLY / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	X HIRED AUTOS ONLY / X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
A	UMBRELLA LIAB X OCCUR			OBVA044172	7/1/2020	7/1/2021	EACH OCCURRENCE	$ 1,000,000
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	$ 1,000,000
	DED RETENTION $							$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			SWC1299604	7/1/2020	7/1/2021	X PER STATUTE / OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y / N	N / A					E.L. EACH ACCIDENT	$ 500,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$ 500,000
							E.L. DISEASE - POLICY LIMIT	$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

NH DHHS
129 Pleasant Street
Concord, NH 03301

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Margie Ruth

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HEALTHFIRST

Our Mission

It is the mission of HealthFirst Family Care Center, Inc. to provide high quality primary healthcare, treatment, prevention and education services required by the residents of the service area, regardless of inability to pay or insurance status, depending upon available HealthFirst resources.

HealthFirst coordinates and cooperates with other community and regional health care providers to assure the people of the region the fullest possible range of health and prevention services.

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BerryDunn

[redacted]

HEALTH FIRST

FINANCIAL STATEMENTS

September 30, 2019 and 2018

With Independent Auditor's Report

[redacted]

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BerryDunn

INDEPENDENT AUDITOR'S REPORT

Board of Directors
HealthFirst Family Care Center, Inc.

We have audited the accompanying financial statements of HealthFirst Family Care Center, Inc., which comprise the balance sheets as of September 30, 2019 and 2018, and the related statements of operations and changes in net assets, functional expenses and cash flows for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with U.S. generally accepted accounting principles; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with U.S. generally accepted auditing standards. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

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Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of HealthFirst Family Care Center, Inc. as of September 30, 2019 and 2018, and the results of its operations, changes in its net assets and its cash flows for the years then ended, in accordance with U.S. generally accepted accounting principles.

Change in Accounting Principles

As discussed in Note 1 to the financial statements, in 2019 HealthFirst Family Care Center, Inc. adopted new accounting guidance, Financial Accounting Standards Board Accounting Standards Updates No. 2016-14, *Presentation of Financial Statements of Not-for-Profit Entities* (Topic 958) and No. 2016-18, *Restricted Cash* (Topic 230). Our opinion is not modified with respect to these matters.

Berry Dunn McNeil & Parker, LLC

Portland, Maine
January 28, 2020

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HEALTHFIRST FAMILY CARE CENTER, INC.

Balance Sheets

September 30, 2019 and 2018

ASSETS

	2019	2018
Current assets		
Cash and cash equivalents	$ 924,645	$ 967,652
Short-term certificates of deposit	181,150	77,246
Patient accounts receivable, net	625,349	657,255
Grants receivable	288,344	77,268
Other current assets	55,321	50,262
Total current assets	2,074,809	1,829,683
Investment in limited liability companies	20,433	23,228
Long-term certificates of deposit	53,044	51,851
Assets limited as to use	177,154	168,136
Property and equipment, net	1,620,729	1,669,431
Total assets	$ 3,946,169	$ 3,742,329

LIABILITIES AND NET ASSETS

Current liabilities		
Line of credit	$ 29,787	$ 71,787
Accounts payable and accrued expenses	59,065	107,411
Accrued payroll and related expenses	313,437	237,298
Deferred revenue	33,633	53,425
Current portion of long-term debt	55,553	53,446
Total current liabilities	491,475	523,367
Long-term debt, less current portion	1,493,272	1,547,634
Total liabilities	1,984,747	2,071,001
Net assets		
Without donor restrictions	1,961,422	1,671,328
Total liabilities and net assets	$ 3,946,169	$ 3,742,329

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

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HEALTHFIRST FAMILY CARE CENTER, INC.

Statements of Operations and Changes in Net Assets

Years Ended September 30, 2019 and 2018

	2019	2018
Operating revenue		
Patient service revenue	$ 3,865,747	$ 3,566,581
Provision for bad debts	(301,915)	(496,816)
Net patient service revenue	3,563,832	3,069,765
Grants, contracts and contributions	2,162,608	2,035,490
Equity in (loss) earnings of limited liability companies	(2,795)	1,956
Other operating revenue	266,031	215,402
Total operating revenue	5,989,676	5,322,613
Operating expenses		
Salaries and wages	3,317,381	2,861,622
Employee benefits	690,489	624,531
Program supplies	415,946	301,394
Contracted services	337,816	341,964
Occupancy	101,496	110,861
Other	694,713	579,534
Depreciation	73,156	76,375
Interest expense	68,585	71,493
Total operating expenses	5,699,582	4,967,774
Excess of revenue over expenses and increase in net assets without donor restrictions	290,094	354,839
Net assets, beginning of year	1,671,328	1,316,489
Net assets, end of year	$ 1,961,422	$ 1,671,328

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

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HEALTHFIRST FAMILY CARE CENTER, INC.

Statements of Functional Expenses

Years Ended September 30, 2019 and 2018

	2019 Healthcare Services	2019 Support Services	2019 Total
Salaries and wages	$ 2,770,264	$ 547,117	$ 3,317,381
Employee benefits	576,611	113,878	690,489
Program supplies	415,946	-	415,946
Contracted services	269,903	67,913	337,816
Occupancy	84,757	16,739	101,496
Other	580,140	114,573	694,713
Depreciation	61,091	12,065	73,156
Interest	57,274	11,311	68,585
Total operating expenses	$ 4,815,986	$ 883,596	$ 5,699,582

	2018 Healthcare Services	2018 Support Services	2018 Total
Salaries and wages	$ 2,372,947	$ 488,675	$ 2,861,622
Employee benefits	517,880	106,651	624,531
Program supplies	301,394	-	301,394
Contracted services	246,071	95,893	341,964
Occupancy	91,929	18,932	110,861
Other	480,569	98,965	579,534
Depreciation	63,333	13,042	76,375
Interest	59,283	12,210	71,493
Total operating expenses	$ 4,133,406	$ 834,368	$ 4,967,774

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

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HEALTHFIRST FAMILY CARE CENTER, INC.

Statements of Cash Flows

Years Ended September 30, 2019 and 2018

	2019	2018
Cash flows from operating activities		
Change in net assets	$ 290,094	$ 354,839
Adjustments to reconcile change in net assets to net cash provided by operating activities		
Provision for bad debts	301,915	496,816
Depreciation	73,156	76,375
Equity in loss (earnings) of limited liability companies	2,795	(1,956)
(Increase) decrease in the following assets		
Patient accounts receivable	(270,009)	(456,159)
Grants receivable	(211,076)	(4,964)
Other current assets	(5,059)	(37,558)
Increase (decrease) in the following liabilities		
Accounts payable and accrued expenses	(48,346)	52,534
Accrued payroll and related expenses	76,139	29,194
Deferred revenue	(19,792)	21,126
Net cash provided by operating activities	189,817	530,247
Cash flows from investing activities		
Capital expenditures	(24,454)	-
Purchases of investments	(100,000)	-
Reinvested interest from certificates of deposit	(5,097)	(1,387)
Net cash used by investing activities	(129,551)	(1,387)
Cash flows from financing activities		
Repayments on line of credit	(42,000)	(29,417)
Principal payments on long-term debt	(52,255)	(50,187)
Net cash used by financing activities	(94,255)	(79,604)
Net (decrease) increase in cash and cash equivalents and restricted cash	(33,989)	449,256
Cash and cash equivalents and restricted cash, beginning of year	1,135,788	686,532
Cash and cash equivalents and restricted cash, end of year	$ 1,101,799	$ 1,135,788
Breakdown of cash and cash equivalents and restricted cash, end of year		
Cash and cash equivalents	$ 924,645	$ 967,652
Assets limited as to use	177,154	168,136
	$ 1,101,799	$ 1,135,788
Supplemental cash flow disclosure		
Cash paid for interest	$ 68,585	$ 71,495

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

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1. Summary of Significant Accounting Policies

Organization

HealthFirst Family Care Center, Inc. (the Organization) is a not-for-profit corporation organized in the State of New Hampshire. The Organization is a Federally Qualified Health Center (FQHC) providing high-quality primary healthcare, treatment, prevention, and education services required by the residents in the Twin Rivers Region of New Hampshire, commensurate with available resources, and coordinating and cooperating with other community and regional healthcare providers to ensure the people of the region the fullest possible range of health services.

Recently Adopted Accounting Pronouncements

In August 2016, the Financial Accounting Standards Board (FASB) issued Accounting Standards Update (ASU) No. 2016-14, *Presentation of Financial Statements of Not-for-Profit Entities* (Topic 958), which makes targeted changes to the not-for-profit financial reporting model. The ASU marks the completion of the first phase of a larger project aimed at improving not-for-profit financial reporting. Under the ASU, net asset reporting is streamlined and clarified. The existing three category classification of net assets is replaced with a simplified model that combines temporarily restricted and permanently restricted into a single category called "net assets with donor restrictions." The guidance simplified the reporting of deficiencies in endowment funds and clarified the accounting for the lapsing of restrictions on gifts to acquire property, plant and equipment. New disclosures which highlight restrictions on the use of resources that make otherwise liquid assets unavailable for meeting near-term financial requirements have been added. The ASU also imposes several new requirements related to reporting expenses. The Organization has adjusted the presentation of these statements accordingly. The ASU has been applied retrospectively to 2018; however, there was no impact to total net assets, results of operations or cash flows.

In November 2016, FASB issued ASU No. 2016-18, *Restricted Cash* (Topic 230), which requires that a statement of cash flows explain the change during the period in the total of cash, cash equivalents, and amounts generally described as restricted cash or restricted cash equivalents. Therefore, amounts generally described as restricted cash and restricted cash equivalents should be included with cash and cash equivalents when reconciling the beginning-of-period and end-of-period total amounts shown on the statement of cash flows. The ASU is effective for fiscal years beginning on or after December 15, 2018. The Organization adopted ASU No. 2016-18 in 2019, and restated its 2018 statement of cash flows to conform to the provisions thereof.

Basis of Presentation

The financial statements of the Organization have been prepared in accordance with U.S. generally accepted accounting principles (U.S. GAAP), which requires the Organization to report information in the financial statements according to the following net asset classifications:

Net assets without donor restrictions: Net assets that are not subject to donor-imposed restrictions and may be expended for any purpose in performing the primary objectives of the Organization. These net assets may be used at the discretion of the Organization's management and the Board of Directors.

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Net assets with donor restrictions: Net assets subject to stipulations imposed by donors and grantors. Some donor restrictions are temporary in nature; those restrictions will be met by actions of the Organization or by the passage of time. Other donor restrictions are perpetual in nature, whereby the donor has stipulated the funds be maintained in perpetuity.

Unconditional promises to give cash and other assets are reported at fair value at the date the promise is received, which is then treated as cost. The gifts are reported as net assets with donor restrictions if they are received with donor stipulations that limit the use of the donated assets. When a donor restriction expires, that is, when a stipulated time restriction ends or purpose restriction is accomplished, net assets with donor restrictions are reclassified as net assets without donor restrictions and reported in the statement of operations and changes in net assets as net assets released from restriction. Donor-restricted contributions whose restrictions are met in the same year as received are reflected as contributions without donor restrictions in the accompanying financial statements.

Gifts of long-lived assets, such as land, buildings, or equipment, are reported as net assets without donor restrictions unless explicit donor stipulations specify how the donated assets must be used. Gifts of long-lived assets with explicit restrictions that specify how the assets are to be used and gifts of cash or other assets that must be used to acquire long-lived assets are reported as net assets with donor restrictions. Absent explicit donor stipulations about how long those long-lived assets must be maintained, expirations of donor restrictions are reported when the donated or acquired long-lived assets are placed in service. Grants and contributions whose restrictions are met within the same year as recognized are reported as net assets without donor restrictions in the accompanying financial statements.

Use of Estimates

The preparation of financial statements in conformity with U.S. GAAP requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements. Estimates also affect the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

Income Taxes

The Organization is a public charity under Section 501(c)(3) of the Internal Revenue Code. As a public charity, the Organization is exempt from state and federal income taxes on income earned in accordance with its tax-exempt purpose. Unrelated business income is subject to state and federal income tax. Management has evaluated the Organization's tax positions and concluded that the Organization has no unrelated business income or uncertain tax positions that require adjustment to the financial statements.

Cash and Cash Equivalents

Cash and cash equivalents consist of demand deposits and highly liquid investments with a maturity of three months or less.

The Organization maintains cash and certificate of deposit balances at several financial institutions. The balances are insured by the Federal Deposit Insurance Corporation (FDIC) up to $250,000. At various times throughout the year, the Organization's balances may exceed FDIC insurance. The Organization has not experienced any losses in such accounts and management believes it is not exposed to any significant risk.

Patient Accounts Receivable

Patient accounts receivable are stated at the amount management expects to collect from outstanding balances. Patient accounts receivable are reduced by an allowance for uncollectible accounts. In evaluating the collectibility of patient accounts receivable, the Organization analyzes its past collection history and identifies trends for all funding sources in the aggregate. In addition, all balances in excess of 90 days are 100% reserved. Management regularly reviews revenue and payer mix data in evaluating the sufficiency of the allowance for uncollectible accounts. Amounts not collected after all reasonable collection efforts have been exhausted are applied against the allowance for uncollectible accounts.

Grants Receivable

Grants receivable are stated at the amount management expects to collect from outstanding balances. All such amounts are considered collectible.

The Organization receives a significant amount of grants from the U.S. Department of Health and Human Services (DHHS). As with all government funding, these grants are subject to reduction or termination in future years. For the years ended September 30, 2019 and 2018, grants from DHHS (including both direct awards and awards passed through other organizations) represented approximately 86% and 73%, respectively, of grants, contracts and contributions revenue.

Investment in Limited Liability Companies

Primary Health Care Partners (PHCP)

The Organization is one of eight partners who each made a capital contribution of $500 to PHCP. The purposes of PHCP are: (i) to engage and contract directly with the payers of health care to influence the design and testing of emerging payment methodologies; (ii) to achieve the three part aim of better care for individuals, better health for populations and lower growth in expenditures in connection with both governmental and non-governmental payment systems; (iii) to undertake joint activities to offer access to high quality, cost effective medical, mental health, oral health, home care and other community-based services, based upon the Patient-Centered Medical Home model of primary care delivery, that promote health and well-being by developing and implementing effective clinical and administrative systems in a manner that is aligned with the FQHC model, and to lead collaborative efforts to manage costs and improve the quality of primary care services delivered by health centers operated throughout the State of New Hampshire; and (iv) to engage in any and all lawful activities, including without limitation the negotiation of contracts, agreements and/or arrangements (with payers and other parties). The Organization's investment in PHCP is reported using the equity method and the investment amounted to $19,099 and $22,589 at December 31, 2018 and 2017, respectively, the reporting period of PHCP.

Community Health Services Network, LLC (CHSN)

The Organization became one of thirteen partners by making a capital contribution of $1,000 to CHSN during 2017. CHSN's primary focus is to increase the level of integration of coordinated care across the service delivery system amongst agencies providing medical care, behavioral health, and substance use disorder treatment. All of the services in which the Organization is involved in this project are within the scope as an FQHC, including interagency collaboration, direct delivery of substance abuse disorder counseling services and care coordination and outreach services. The Organization's investment in CHSN is reported using the equity method and the investment amounted to $1,334 and $639 at December 31, 2018 and 2017, respectively, the reporting period of CHSN.

Assets Limited as to Use

Assets limited as to use include cash and cash equivalents set aside under loan agreements for repairs and maintenance on the real property collateralizing the loan, and assets designated by the Board of Directors for specific projects or purposes as discussed further in Note 7.

Property and Equipment

Property and equipment are carried at cost, less accumulated depreciation. Maintenance, repairs and minor renewals are expensed as incurred and renewals and betterments are capitalized. Provision for depreciation is computed using the straight-line method over the useful lives of the related assets.

Patient Service Revenue

Patient service revenue is reported at the estimated net realizable amounts from patients, third-party payers, and others for services rendered, including estimated retroactive adjustments under reimbursement agreements with third-party payers. Retroactive adjustments are accrued on an estimated basis in the period the related services are rendered and adjusted in future periods as final settlements are determined.

340B Drug Pricing Program

The Organization, as an FQHC, is eligible to participate in the 340B Drug Pricing Program. This program requires drug manufacturers to provide outpatient drugs to FQHCs and other identified entities at a reduced price. The Organization contracts with local pharmacies under this program. The local pharmacies dispense drugs to eligible patients of the Organization and bill Medicare and commercial insurances on behalf of the Organization. Reimbursement received by the pharmacies is remitted to the Organization, less dispensing and administrative fees. Gross revenue generated from the program is included in patient service revenue. The cost of drug replenishments and contracted expenses incurred related to the program are included in program supplies and contracted services, respectively.

Functional Expenses

The financial statements report certain categories of expenses that are attributable to more than one program or supporting function. Therefore, these expenses require allocation on a reasonable basis that is consistently applied. The expenses that are allocated include employee benefits, occupancy, depreciation, interest, and other operating expenses, which are allocated between healthcare services and administrative support based on the percentage of direct care wages to total wages.

Subsequent Events

For purposes of the preparation of these financial statements, management has considered transactions or events occurring through January 28, 2020, the date that the financial statements were available to be issued. Management has not evaluated subsequent events after that date for inclusion in the financial statements.

2. Availability and Liquidity of Financial Assets

The Organization regularly monitors liquidity required to meet its operating needs and other contractual commitments. The Organization has various sources of liquidity at its disposal, including cash and cash equivalents, certificates of deposit and a line of credit.

The Organization had working capital of $1,583,334 and $1,306,316 at September 30, 2019 and 2018, respectively. The Organization had average days cash and cash equivalents and certificates of deposit on hand (based on normal expenditures) of 75 and 82 at September 30, 2019 and 2018, respectively.

Financial assets available for general expenditure within one year as of September 30 were as follows:

	2019	2018
Cash and cash equivalents	$ 924,645	$ 967,652
Short-term certificates of deposit	181,150	77,246
Patient accounts receivable, net	625,349	657,255
Grants receivable	288,344	77,268
Financial assets available	$ 2,019,488	$ 1,779,421

The Organization has certain board-designated assets limited to use which are available for general expenditure within one year in the normal course of operations upon obtaining approval from the Board of Directors. The Organization has other assets limited to use under certain loan agreements which are available for general expenditure within one year for maintenance and repairs on the Organization's buildings upon obtaining approval from the lenders. Accordingly, these assets have not been included in the qualitative information above.

The Organization's goal is generally to have, at the minimum, the Health Resources and Services Administration recommended days cash and cash equivalents on hand for operations of 30 days.

The Organization has a line of credit with an available balance of $270,213 at September 30, 2019, as discussed in more detail in Note 5.

3. Patient Accounts Receivable

Patient accounts receivable consisted of the following:

	2019	2018
Patient accounts receivable	$ 814,202	$ 851,483
Contract 340B pharmacy program receivables	71,147	59,104
Total patient accounts receivable	885,349	910,587
Allowance for doubtful accounts	(260,000)	(253,332)
Patient accounts receivable, net	$ 625,349	$ 657,255

A reconciliation of the allowance for uncollectible accounts follows:

	2019	2018
Balance, beginning of year	$ 253,332	$ 280,000
Provision for bad debts	301,915	496,816
Write-offs	(295,247)	(523,484)
Balance, end of year	$ 260,000	$ 253,332

The decrease in write-offs and provision for bad debt was due to a clean up of old accounts receivable balances during 2018 which resulted in higher than normal amounts.

The Organization grants credit without collateral to its patients, most of whom are local residents and are insured under third-party payer agreements. Primary payers representing 10% or more of the Organization's gross patient accounts receivable are as follows:

	2019	2018
Medicare	30 %	25 %
Medicaid	41 %	43 %

HEALTHFIRST FAMILY CARE CENTER, INC.

Notes to Financial Statements

September 30, 2019 and 2018

4. Property and Equipment

Property and equipment consisted of the following:

	2019	2018
Land	$ 109,217	$ 109,217
Building and improvements	1,999,965	1,999,965
Leasehold improvements	121,676	103,276
Furniture and equipment	315,528	309,473
Total cost	2,546,386	2,521,931
Less accumulated depreciation	925,657	852,500
Property and equipment, net	$ 1,620,729	$ 1,669,431

5. Line of Credit

The Organization has a $300,000 line of credit arrangement with a local bank payable on demand, through March 2020, with interest at 5.5% at September 30, 2019. The outstanding balance on the line of credit was $29,787 and $71,787 at September 30, 2019 and 2018, respectively. Borrowings on the line of credit are collateralized by all of the Organization's business assets. The line of credit contains a minimum debt service coverage covenant requirement which was met at September 30, 2019.

6. Long-Term Debt

Long-term debt consists of the following:

	2019	2018
4.125% promissory note payable to U.S. Department of Agriculture, Rural Development (Rural Development) through March 2037, paid in monthly installments of $8,186, including interest. The note is collateralized by all tangible property owned by the Organization.	$ 1,221,225	$ 1,268,028
3.375% promissory note payable to Rural Development, through May 2052, paid in monthly installments of $1,384, including interest. The note is collateralized by all tangible property owned by the Organization.	327,600	333,052
Total	1,548,825	1,601,080
Less current portion	55,553	53,446
Long-term debt, less current portion	$ 1,493,272	$ 1,547,634

Maturities of long-term debt for the next five years are as follows:

2020	$ 55,553
2021	56,833
2022	59,173
2023	61,609
2024	64,146
Thereafter	1,251,511
Total	$ 1,548,825

7. Net Assets

Net assets without donor restrictions are designated for the following purposes:

	2019	2018
Undesignated	$ 1,784,268	$ 1,503,192
Repairs and maintenance on the real property collateralizing Rural Development loans	102,107	99,201
Board-designated for		
Working capital	40,000	40,000
Building improvements	35,047	28,935
Total	$ 1,961,422	$ 1,671,328

8. Patient Service Revenue

Patient service revenue was as follows:

	2019	2018
Gross charges	$ 4,643,586	$ 4,162,432
Less: Contractual adjustments	(1,716,071)	(1,446,266)
Sliding fee scale discounts	(126,568)	(93,895)
Medical and dental patient service revenue	2,800,947	2,622,271
340B pharmacy revenue	1,064,800	944,310
Total patient service revenue	$ 3,865,747	$ 3,566,581

The mix of gross patient service revenue from patients and third-party payers was as follows:

	2019	2018
Medicare	21 %	22 %
Medicaid	45 %	46 %
Other payers	28 %	25 %
Self pay and sliding fee scale patients	6 %	7 %
	100 %	100 %

Laws and regulations governing the Medicare, Medicaid and 340B programs are complex and subject to interpretation. The Organization believes that it is in compliance with all laws and regulations. Compliance with such laws and regulations can be subject to future government review and interpretation, as well as significant regulatory action including fines, penalties and exclusion from the Medicare, Medicaid and 340B programs. Differences between amounts previously estimated and amounts subsequently determined to be recoverable or payable are included in patient service revenue in the year that such amounts become known.

A summary of the payment arrangements with major third-party payers follows:

Medicare

The Organization is reimbursed for the care of qualified patients on a prospective basis, with retroactive settlements related to vaccine costs only. The prospective payment is based on a geographically-adjusted rate determined by federal guidelines. Overall, reimbursement was and continues to be subject to a maximum allowable rate per visit. The Organization's Medicare cost reports have been audited by the Medicare administrative contractor through September 30, 2018.

Medicaid and Other Payers

The Organization is reimbursed by Medicaid for the care of qualified patients on a prospective basis. Overall, reimbursement is subject to a maximum allowable rate per visit. The Organization also has entered into payment agreements with certain commercial insurance carriers, health maintenance organizations and preferred provider organizations. Under these arrangements, the Organization is reimbursed based on contractually obligated payment rates which may be less than the Organization's public fee schedule.

Charity Care

The Organization provides care to patients who meet certain criteria under its sliding fee discount policy without charge or at amounts less than its established rates. Because the Organization does not pursue collection of amounts determined to qualify as charity care, they are not reported as net patient service revenue.

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The Organization estimates the costs associated with providing charity care by calculating the ratio of total cost to total charges, and then multiplying that ratio by the gross uncompensated charges associated with providing care to patients eligible for free care. The estimated cost amounted to approximately $145,553 and $106,101 for the years ended September 30, 2019 and 2018, respectively.

The Organization is able to provide these services with a component of funds received through local community support and federal and state grants.

9. Retirement Plan

The Organization has a contributory defined contribution plan covering eligible employees. The Organization contributed $71,766 and $61,028 for the years ended September 30, 2019 and 2018, respectively.

10. Medical Malpractice

The Organization is protected from medical malpractice risk as an FQHC under the Federal Tort Claims Act (FTCA). The Organization has additional medical malpractice insurance, on a claims-made basis, for coverage outside the scope of the protection of the FTCA. As of September 30, 2019, there were no known malpractice claims outstanding which, in the opinion of management, will be settled for amounts in excess of both FTCA and medical malpractice insurance coverage, nor are there any unasserted claims or incidents which require loss accrual. The Organization intends to renew medical malpractice insurance coverage on a claims-made basis and anticipates that such coverage will be available.

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HEALTH FIRST FAMILY CARE CENTER, INC.

Last	First	Title	Classification	Affiliations	Current Term
Burns	Scott	Director	Community Representa	Private Business; Former State Rep	Jun 2018 to 2021
Donovan	Kevin	Director	Agency Representative	CEO, LRGHealthCare	Mar 2020 to 2023
Everett	Myla	Director	Client Representative	Retired	Oct 2019 to 2022
Lennon	Michelle	Director	Client Representative	Director, Tilton Resource Center	Jun 2018 to 2021
Loud	Renee	Director	Client Representative	Sales Assistant	March 2023My
Lunt	Susan	Director	Agency Representative	Director, Riverbend Mental Health-Franklin	Mar 2018 to 2021
Merriman	Christine	Director	Client Representative	Artist	Mar 2020 to 2023
Purslow	William	Secretary/Treasu	Community Representa	Retired Finance/Insurance Executive	Jun 2018 to 2021
Sanchez	Dawn	Director	Client Representative	Public Speaker	Jul 2020 to Jul 2023
Spagnolo	Laura	Director	Client Representative	Retired RN	Jun 2020 to 2023
St. Jacques, Sr.	Robert	Director	Client Representative	Retired	Jun 2020 to 2023
Stanley	Michael	Vice Chair	Client Representative	Retired Air Traffic Controller	Jul 2020 to 2023
Wells	James	Chair	Client Representative	Carpenter, Former City Council	Mar 2020 to 2023
Wnuk	Susan	Director	Agency Representative	Belknap-Merrimack County Community Action	Mar 2018 to 2021

Mar 2020

Total Client Members 9
Total Community Members 2
Total Agency Members 3
Total Members 14

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HEALTH FIRST FAMILY CARE CENTER, INC.

Board of Directors Listing

Expires
Jun 2021
Mar 2023
Oct 2022
Jun 2021
Jan 2022
Mar 2021
Mar 2023
Jun 2021
Jul 2025
Jun 2023
Jun 2023
Jul 2023
Mar 2023
Mar 2021

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Curriculum Vitae

Name: Eleanor A. (Nora) Janeway, M.D., M.Ed.

Education:

1983 B.A. Yale University, New Haven, CT
1986 M.Ed. Lesley College, Cambridge, MA
1993 M.D. University of California San Francisco School of Medicine

Postdoctoral Training, Residency:

1993-1996 Resident, Cambridge Hospital, Cambridge, MA
1996-1997 Chief Resident, Cambridge Hospital, Cambridge, MA

Primary-Care Internist, Community Health Centers, Cambridge

1994-1995 Internist, shelter for homeless patients with substance-use disorders
1994-present Windsor St. Health Center, immigrant and low-income patients

Hospital Appointments:

1996-present Attending Physician, Cambridge Health Alliance

Academic Appointments:

1993-1996 Clinical Fellow in Medicine, Harvard Medical School
1996-present Clinical Instructor in Medicine, Harvard Medical School

Teaching, Supervisory and other work experience:

1985-1987 Classroom Teacher, Boston Public Schools, Grades 7/8
1987-1988 Worked in methadone program and as Hospice CNA
1996-present Taught and supervised Internal Medicine Residents
2004-2017 Taught Harvard Medical Students in clinical medicine
2015-present Clinical site director, CHA Residency Program, Windsor St.

Licensure, Certification and membership:

08/20/17-08/20/19 Massachusetts Medical License Registration
04/13/16-04/13/26 American Board of Internal Medicine Recertification
08/24/17 enrolled, American Society of Addiction Medicine certification program
10/12/2017 Buprenorphine waiver for treatment of opioid addiction

Languages spoken:

Spanish, Bengali, Hindi.

Clinical Interests:

Care of patients with chronic psychiatric illness and dual-diagnosis patients, Addiction Medicine, primary care in medically-underserved areas.

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Russell G. Keene

A visionary, innovative, out of the box thinker who leads by example. A calming presence, influential, motivator, consensus builder, and results orientated.

President, Chief Executive Officer
HealthFirst Family Care Center, Inc. (FQHC) | Franklin, NH | 09-2019 - Present

- Leads the Board of Directors, Senior Management and community partners to create a shared vision of strategic goals for organizational improvement and growth, scope and quality of programs and services, resource development and allocation, and measurable impact on health status for targeted and community population groups.
- Proactively educates elected officials at the federal, state and local levels on issues that impact the mission of HealthFirst. Identifies areas for possible expansions and ways that the HealthFirst can better achieve its mission.
- Works strategically with the Chief Medical Officer (CMO) to develop and grow the medical services and position HealthFirst as a PCMH.
- Sets strategic direction for agency's short and long-term financial growth.
- Oversees, mentors and develops the Board of Directors, CFO and Staff in implementation of annual fundraising plan and Grant development. Develops substantial collaborative relationships with other organizations that can support the HealthFirst strategic goals.
- Oversees and mentors the Practice manager and Quality Coordinator on quality improvement and compliance; and marketing. Monitors effective organizational performance as it relates to all local, State, and Federal laws and regulations.
- Works strategically with the Human Resources (HR) Director to: create an agency culture that is centered on customer service, ensure that HealthFirst's most valuable asset is effectively used and supported and that all applicable laws and regulations are followed. Leads change management strategies and manages organizational change. Builds an effective and powerful management team; develops and leads the management team's growth and development.

Executive Manager State Opioid Response
Department of Health and Human Services| Concord, NH | 01-15-19 – 9-2019

- Provides strategic leadership and planning, programmatic oversight and operational direction for Federal and State funded initiatives ($60MIL grant) aimed at addressing the opioid crisis. Acts as official representative of the Department of Health and Human Services (DHHS) with internal and external stakeholders and key State leadership to identify opportunities and strategies for statewide coordination of opioid efforts that meet the State's long-range goals and priorities.
- Reviews, develops and implements current and future-funded Opioid Use Disorder (OUD) initiatives.
- Oversees and directs coordination among varied and multiple sources of Federal and State funds.
- Develops and maintains strong working relationships with executive-level leadership and agencies for the state including but not limited to the Governor's Office, Attorney General, Department Commissioners, and key legislative leadership.
- Leads, directs and supports collaboration with DHHS Divisions.
- Serves as the Commissioner's designee with other State agencies seeking to access Federal or State funds.
- Oversees the development of performance criteria and measures of success for OUD services.
- Advises and consults with staff on processes for grant applications, requests for proposals and contracting related to OUD services.
- Directs and monitors the collection and reporting of data and information related to SOR-funded initiatives to SAMHSA.

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President, Chief Financial Officer
North Country Healthcare | Berlin, NH | 12-31-15 – 12-31-17

- **Dynamic results-oriented problem solver;** driving force and visionary behind the effort to design and implement an innovative multi-hospital system in rural Northern New Hampshire, increasing patient access to comprehensive care with state of the art technology while saving multiple organizations millions of dollars. Established financial improvement plan and delivered positive operating margins at each institution.
- **Business strategist;** assisted in the development of a successful Accountable Care Organization (ACO) that achieved Medicare Shared Savings. This prepared the system for risk-based contracting.
- **Regulatory knowledge**; merged two large Home Health Agencies as authorized by State Attorney General.
- **Advanced senior leadership management**; successfully managed senior leaders to achieve strategic planning objectives. Developed a consensus as to strategic objectives and the associated tactical goals.
- **Versatile team member**; innate ability to adapt to any situation and contribute at any level. Distinct ability to lead, drive and hold team members accountable while facilitating an environment of teamwork and continuous improvement.
- **Operations Management**; diverse skill set with detailed understanding of HealthCare Operations and 22 years of experience
- **Customer focused;** participated in the development of new regional access for patients. Worked with the senior medical staff to develop a new call center to assist patients.
- **Articulate, confident speaker;** comfortable presenting to groups of any size. Possess the ability to delineate complex ideas to wide audiences and facilitate inclusive discussions.

Key Accomplishments

- **Visionary behind North Country Healthcare, a $7 Million savings in 18 months**; in rural New Hampshire, providing quality healthcare locally had become an extreme challenge over the last two decades. Attracting the best talent was equally challenging and having access to state of the art technology was fiscally impossible. A vision was developed to shape rural New Hampshire's healthcare for decades to come by allowing the four major hospitals in this distinct area to share resources, increase the buying and negotiating power of the organizations, and providing affordable best in class healthcare locally that can be sustained in the future. This success was the culmination of a two-year process and included convincing 4 previously competitive service areas to join forces in order to meet the challenges of a fluid healthcare environment. In addition, worked tirelessly with regulations to receive approval for the system to move forward.
- Participated in the development of a Regional Accountable Care Organization (ACO) that has created a decrease in costs of over $5M. This effort was successful due to the collaborative effort of each institution and concurrently mobilizing the medical staff(s) to understand common goals.
- Worked with State Legislative Branch to gain support for regulatory reimbursement enhancement. This effort entailed working with various legislators to clearly define further, the merits of our request. The result was ultimate stabilization of our Obstetrics Birthing (OB) programs in the North Country.
- Re-aligned Home Health operation to eliminate a $1.3M loss and achieve break-even status by hiring new leadership, instituting new cost controls, and, accelerating marketing efforts.

President, Chief Executive Officer
Androscoggin Valley Hospital | Berlin, NH | 06-01-02 – 12-31-15

- **Experienced Executive;** 13+ years of experience as Chief Executive Officer. Created financial stability in a highly challenging environment as the county we serviced is the most economically challenged and concurrently the sickest region in the entire state.
- **Leadership exemplified through relationships and communication;** obtained Critical Access Hospital (CAH) designation. This designation was an essential element of economic sustainability.
- **Diverse operational knowledge**; broad understanding of all hospital operations. Oversaw three separate Bond issues and the conversion of a Defined Benefit Plan to a Defined Contribution Plan. Bond issues were essential for facility improvements. Received an A- rating from Standard's Poors reflecting the collaborative networks which led to better healthcare for patients while also having a significant residual impact on recruiting top specialists.
- **Proponent of culture;** understands the importance of culture and adapting organizational goals and objectives. Worked to create commonality among the 500 employees.
- **Customer focused;** Partnered with tertiary facilities to expand clinical offerings to allow patients access to care previously only accessible at great distances. Successful in building new specialty lines to meet the demands and drive

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new revenue.

- **Confident decision maker;** comfortable making tough decisions based on experience and data. A broad understanding of HealthCare environment provides the ability to make decisions quickly and confidently. Ability to balance multiple, complex issues simultaneously.
- **Influential personality;** adept at building consensus. Influential and persuasive. Worked to establish a relationship with Legislative Branch that realized success with "special" programs for Androscoggin Valley Hospital.
- **Community Involvement;** in addition to strong leadership within the organization, also active in community endeavors. Elected to School Board and led the effort to examine budget and curriculum more closely.

Key Accomplishments

- Successfully converted to Critical Access Hospital resulting in revenue enhancements. Obtaining this special designation required convincing the Board, Medical Staff, and community that it would not result in reduced services.
- Achieved A- rating from Standard and Poors. This rating was indicative of the rating agencies favorable view of our fiscal integrity. By virtue of this positive rating, it benefitted the hospital in receiving lower interest rates.
- Delivered positive operating margins in a consistent manner. This was accomplished irrespective of AVH having one of the most difficult payor mixes in the State of NH (i.e., over 65% Medicare and Medicaid).
- Achieved significant facility upgrades through the Facility Master Plan. This effort was augmented by a capital campaign in the community.
- Saved over $10M in the conversion of Defined Benefit Plan. The savings were realized by taking advantage of Medicare reimbursement which subsidized the shortfall, i.e., the unfunded liability.

Vice President, Financial Services (CFO)

Androscoggin Valley Hospital | Berlin, NH | 03-15-95 – 05-30-02

Responsible for the financial systems of the institution. Filed all governmental reports as needed. Oversight of the following departments.

- Information Technology
- Purchasing
- Patient Fiscal Services (billing)
- Credit
- PatientAccess(registration)

Tasks: Financial management analysis; budget preparation and asset/liability review; accounts payable, accounts receivable, and payroll oversight; inventory and materials management oversight; procurement analysis, contract performance verification. Profit/cost determination, analysis of fund expenditures, recommend contracts.

Member of the Senior Management Team.

Chief Financial Officer

Isaacson Structural Steel, Inc.| Berlin, NH | 1983 – 1995

Education

MBA, Plymouth State University, (Plymouth, NH), 1988

Bachelor of Science in Accounting, Park College (Parkville, Mo), 1982

Military

Served 4 years in the United States Air Force, 1978 – 1982

Citizenship

USA Citizen

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Ted Bolognani

Professional Summary

- Solid background in senior management with strong emphasis in finance, budget, financial planning & forecasting, GL fund accounting, audit, benefit & risk insurance and technology implementation.
- Proven record of building strong operational & financial support systems for tuition based academic programs and federally funded grant programs.
- Strong knowledge of federal rules & regulations including OMB circulars, CDC, USAID and FAR & FASB compliance issues as well as A-133 audit requirements.
- Skilled in developing and implementing standardized operating policies and procedures for all aspects of administration, accounting, grants & sub-awarding as well as overseas financial operations.
- Over 10 years experience working internationally in Africa, Asia & Eastern Europe.

Experience

Health First Family Care Center & Caring Community Network of Twin Rivers (CCNTR)
Job Title: **Chief Financial Officer** **2011 - Present**

- Responsibility for the integrity of the financial records and monitoring the daily business operations; duties include maintenance of the general ledger, accounts payable, accounts receivable, payroll and fixed assets.
- Prepare trial balance and financial statements and reports to the Board of Directors on the financial condition of the Center.
- Provide financial analysis data to CEO and monitors the annual budget and grants. The CFO tracks, bills and prepares the financial reporting on each of the grants.
- Develop policy & procedures for improving grant management & accounting operations.

World Learning **2008 - 2011**
Job Title: **Director of Finance**

- Direct a team of analyst; lead organization wide process such as budget development ($120M annual, $60M federal grant), financial planning, quantitative analysis, multi-year forecasting and business & reporting systems.
- Develop policy & procedures for improving company administrative & accounting operations and international project management.
- Manage treasury operations, international banking, foreign exchange hedging and investment portfolio.
- Oversight on federal indirect cost control issues, granting & contracting processes and project compliance.
- Liaise with Board & business partners on investment, budget and reporting.
- Manage implementation of process improvements and tech systems include budget & reporting software, field accounting, HR & payroll information systems and web based technology for management data.

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The American Youth Foundation
Job Title: **Director of Finance** 2005 - 2008

- Directed the student registrar office, accounting, human resources, audit, risk insurance and administrative functions for 3 locations (MO, MI & NH).
- Directed the information technology (IT) services for company's 3 office network, including installation of new email and communication systems and moving financial systems to web platform & Citrix desktop.
- As senior management, participated in strategic planning, policy formation and major decision making with CEO & Board of Directors.
- Served foundations Board on all financial, audit & investment matters.

Institute for Sustainable Communities 2003-2005
Job Title: Director of Finance & International Operations

- Directed administration, HR, finance & business services for headquarters and 10 country offices.
- Managed A-133 audits and responsible to insure USAID & OMB rules/regulation compliance on projects.
- Developed and implemented cost allocation plans, policies and procedures for overseas operations insuring approval of USAID indirect cost rate (NICRA).
- Directed international finance staff in country offices to insure compliance on USAID sub-award programs.
- Implemented a new ERP & accounting system for headquarters and provided overseas training
- Lead financial person for agency, presented financial statements to Board, audit committee & donors.

Global Health Council 1998 - 2003
Job Title: **Finance Director**

- Directed agency functions & policy for facilities, accounting, human resources & information technology.
- Directed grant & contract reporting & compliance on federal & privately funded projects and programs. Developed agencies first indirect cost allocation plan and negotiated indirect cost rate with USAID.
- Implemented new fund accounting package (Blackbaud).
- Directly managed employee benefit programs, including 403(b) pension, health, dental & life insurances.
- Provided oversight on hiring & firing decisions, payroll and employee evaluations, pay-raise & merit award system and welfare matters.
- Oversaw development and directed agencies IT systems & web-site implementation, includes VOIP system using dedicated PTP, administer the VPN frame relay, provided direct PC & LAN/WAN hardware support for WinNT/2000 servers, MS BackOffice & Exchange Server.

Southeastern Vermont Community Action 1993 - 1998
Job Title: **Director of Finance**

- Directed all administrative, personnel, IT & financial management functions.
- Primary liaison to Board of Directors, funders and public donors on financial matters.

- Directed agency accounting, grant reporting, Medicaid & Medicare billing, and federal & state compliance program.
- Directed grant reporting & compliance on federal, state & privately funded projects and programs.
- Managed HR systems, employee benefits, insurance and 403(b) pension plan.

CARE, International Development Agency 1988 - 1993
Job Title: **Deputy Country Director, Administration and Finance – Uganda**

- Directed HR, IT and accounting/financial functions for country-wide operations. Took lead in agency planning and major grant, contract & business negotiations

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- Directed grant reporting & compliance on federal, state & privately funded projects.
- Developed training programs in HR, procurement, inventory control, planning & budgeting to comply with federal funding requirements.

Job Title: Controller CARE Emergency Relief Office in Mogadishu - Somalia

- Supervise Accounting, HR and IT systems & Administrative staff for relief operations in 4 major refugee camps throughout Somalia.
- Prepared and audited monthly financial documents for reporting to headquarter on an annual budget of US 78.9 million. Managed all balance sheet & income statement accounts

Education:

- Masters of International Administration, World Learning's School for International Training
- B.S. Business Administration, University of Vermont

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HealthFirst Family Care Center, Inc.

Key Personnel

Name	Job Title	Salary	% Paid from this Contract	Amount Paid from this Contract
Russell Keene	CEO	$175,011	0%	$0.00
Dr. Nora Janeway	Medical Director	$159,994	0%	$0.00
Ted Bolognani	CFO	$130,000	0%	$0.00

State of New Hampshire
Department of Health and Human Services
Amendment #2 to the Primary Care Services

This 2nd Amendment to the Primary Care Services contract (hereinafter referred to as "Amendment #2") is by and between the State of New Hampshire, Department of Health and Human Services (hereinafter referred to as the "State" or "Department") and Indian Stream Health Center, Inc., (hereinafter referred to as "the Contractor"), a non-profit with a place of business at 141 Corliss Lane, Colebrook, NH 03576.

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on June 20, 2018, (Item #27G) as amended on May 6, 2020, (Item #46), the Contractor agreed to perform certain services based upon the terms and conditions specified in the Contract as amended and in consideration of certain sums specified; and

WHEREAS, pursuant to Form P-37, General Provisions, Paragraph 18, and Exhibit C-1, Revisions to General Provisions, Section 3, the Contract may be amended upon written agreement of the parties and approval from the Governor and Executive Council; and

WHEREAS, the parties agree to extend the term of the agreement, increase the price limitation, or modify the scope of services to support continued delivery of these services; and

NOW THEREFORE, in consideration of the foregoing and the mutual covenants and conditions contained in the Contract and set forth herein, the parties hereto agree to amend as follows:

1. Form P-37 General Provisions, Block 1.7, Completion Date, to read:

   March 31, 2022.

2. Form P-37, General Provisions, Block 1.8, Price Limitation, to read:

   $305,570.

3. Add Exhibit A-3, Additional Scope of Services BinaxNOW, which is attached hereto and incorporated by reference herein.

4. Modify Exhibit B, Methods and Conditions Precedent to Payment, Section 4, Subsection 4.1 to read:

   4.1 Payments shall be on a cost reimbursement basis for approved actual costs in accordance with Exhibit B-1 through Exhibit B-6 Amendment #2 Budget, which is attached hereto and incorporated by reference herein.

5. Add Exhibit B-6, Amendment #2 Budget, which is attached hereto and incorporated by reference herein.

All terms and conditions of the Contract and prior amendments not inconsistent with this Amendment #2 remain in full force and effect. Exhibit A-3, Additional Scope of Services BinaxNOW, shall be effective retroactively to November 1, 2020, upon Governor's approval issued under the Executive Order 2020-04 as extended by Executive Orders 2020-05, 2020-08, 2020-09, 2020-10, 2020-14, 2020-15, 2020-16, 2020-17, 2020-18, and 2020-20. All other provisions of this amendment shall be effective July 1, 2021, or upon the date of Governor and Executive Council approval, whichever is later.

IN WITNESS WHEREOF, the parties have set their hands as of the date written below,

State of New Hampshire
Department of Health and Human Services

4/14/2021
Date

DocuSigned by:
Lisa M. Morris
Name: Lisa M. Morris
Title: Director, Division of Public Health Srvcs.

Indian Stream Health Center, Inc.

4/14/2021
Date

DocuSigned by:
Name: Sergio Zulueta
Title: CEO

New Hampshire Department of Health and Human Services
Primary Care Services

The preceding Amendment, having been reviewed by this office, is approved as to form, substance, and execution.

OFFICE OF THE ATTORNEY GENERAL

4/16/2021
Date

DocuSigned by:
Name: Caroline Pinos
Title: Attorney

I hereby certify that the foregoing Amendment was approved by the Governor and Executive Council of the State of New Hampshire at the Meeting on: _____ (date of meeting)

OFFICE OF THE SECRETARY OF STATE

Date

Name:
Title:

Additional Scope of Services BinaxNOW

1. BinaxNOW COVID-19 Antigen Testing and Supplies

1.1. The BinaxNOW COVID-19 Antigen Test is now authorized for Point of Care (POC) use in patient care settings operating under a Clinical Laboratory Improvement Amendment of 1988 Certificate of Waiver, Certificate of Compliance, or Certificate of Accreditation.

1.2. The BinaxNOW COVID-19 Antigen Test supplies are authorized for use under an Emergency Use Authorization by the U.S. Food and Drug Administration and consist of a lateral flow immunoassay for the qualitative detection of nucleocapsid protein antigen from the SARS-CoV-2 virus in direct nasal swabs from individuals suspected of COVID-19 by their healthcare provider within the first seven (7) days of symptom onset.

1.3. The Department will supply the Contractor with the BinaxNOW Rapid-Antigen COVID-19 Testing supplies at no cost to the Contractor via allotted distribution from the Department contingent upon the availability of supplies.

1.4. The Contractor shall adhere to proper use procedures and indications for BinaxNOW COVID-19 Antigen Test supplies as issued by the manufacturer (Abbott Laboratories), the U.S. Food and Drug Administration, and the Department, including applicable Health Advisory Network (HAN) messages.

1.5. The Contractor shall use BinaxNOW COVID-19 Antigen Test supplies provided by the Department only for active patients of the Contractor who:

1.5.1. Have COVID-19 symptoms, with symptom onset within the last seven (7) days; or

1.5.2. Do not have symptoms of COVID-19 at the direction of the Department.

1.6. The Contractor shall notify its established active patients who have symptoms of COVID-19 that it has the ability to perform COVID-19 testing, including rapid antigen testing.

1.7. The Contractor shall notify the Regional Public Health Network(s) within the Contractor's catchment area(s) that it can perform COVID-19 testing for active patients of the Contractor.

1.8. The Contractor shall report all positive test results and case details to the Department within twenty-four (24) hours of result determination using the COVID-19 Case Report form provided by the Department, which is available at the following link: https://www.dhhs.nh.gov/dphs/cdcs/covid19/covid19-reporting-form.pdf.

1.9. The Contractor shall report positive and negative test results to the Department using a secure web-based reporting process described in Health Alert Network Message #22. Instructions for Reporting Point-of-Care Tests available at: https://www.dhhs.nh.gov/dphs/cdcs/alerts/documents/covid-19-update22.pdf

1.10. The Contractor is prohibited from charging a patient, a patient's guardian, a patient's insurance, or New Hampshire Medicaid for a COVID-19 test conducted using BinaxNOW COVID-19 Antigen Test supplies provided by the Department.

1.11. The Contractor may charge a specimen collection fee, including, but not limited to, Healthcare Common Procedural Coding System (HCPCS) code G2023 as well as normal billing for an office or home visits by the Contractor, to the patient, the patient's guardian, the patient's insurance, or New Hampshire Medicaid for the evaluation and management of the patient that leads to a COVID-19 test conducted using BinaxNOW COVID-19 Antigen Test supplies provided by the Department.

1.12. The Contractor shall not refuse services or testing for any patient with any symptom(s) of COVID-19 using BinaxNOW COVID-19 Antigen Test supplies provided by the Department for any reason other than lack of available supplies.

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New Hampshire Department of Health and Human Services

Bidder/Program Name: Indian Stream Health Center

Budget Request for: Primary Health Care Services

Budget Period: 7/1/21 – 3/31/22

	Total Program Cost			Contractor Share / Match			Funded by DHHS contract share		
Line Item	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total
1. Total Salary/Wages	$55,370.00	$ -	$ 55,370.00	$ -	$ -	$ -	$ 55,370.00	$ -	$ 55,370.00
2. Employee Benefits	$ 13,842.50	$ -	$ 13,842.50	$ 13,842.50	$ -	$ 13,842.50	$ -	$ -	$ -
3. Consultants	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
4. Equipment:	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Rental	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Repair and Maintenance	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Purchase/Depreciation	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
5. Supplies:	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Educational	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Lab	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Pharmacy	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Medical	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Office	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
6. Travel	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
7. Occupancy	$ -		$ -	$ -		$ -	$ -		$ -
8. Current Expenses	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Telephone	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Postage	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Subscriptions	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Audit and Legal	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Insurance	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Board Expenses	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
9. Software	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
10. Marketing/Communications	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
11. Staff Education and Training	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
12. Subcontracts/Agreements	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
13. Other (specific details mandatory):	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
TOTAL	$ 69,212.50	$ -	$ 69,212.50	$ 13,842.50	$ -	$ 13,842.50	$ 55,370.00	$ -	$ 55,370.00

Indirect As A Percent of Direct 0.0%

State of New Hampshire
Department of State

CERTIFICATE

I, William M. Gardner, Secretary of State of the State of New Hampshire, do hereby certify that INDIAN STREAM HEALTH CENTER, INC. is a New Hampshire Nonprofit Corporation registered to transact business in New Hampshire on June 01, 2004. I further certify that all fees and documents required by the Secretary of State's office have been received and is in good standing as far as this office is concerned.

Business ID: 476373

Certificate Number : 0004084530

IN TESTIMONY WHEREOF,
I hereto set my hand and cause to be affixed the Seal of the State of New Hampshire, this 16th day of April A.D. 2018.

William M. Gardner
Secretary of State

Filing History

Back to Home

Business Name	Business ID
INDIAN STREAM HEALTH CENTER, INC.	476373

Filing#	Filing Date	Effective Date	Filing Type	Annual Report Year
0005004640	09/15/2020	09/15/2020	Nonprofit Report	2020
0004772186	01/16/2020	01/16/2020	Annual Report Reminder	N/A
0004134535	07/11/2018	07/11/2018	Change of Officer/Director	N/A
0003606348	06/02/2017	06/02/2017	Amendment	N/A
0003171023	09/00/2015	09/08/2015	Nonprofit Report	2015
0001548067	10/18/2010	10/18/2010	Annual Report	2010
0001548066	10/08/2010	10/08/2010	Reminder Letter	N/A
0001548065	11/15/2005	11/15/2005	Annual Report	2005
0001548064	06/01/2004	06/01/2004	Business Formation	N/A

Page 1 of 1, records 1 to 9 of 9

CERTIFICATE OF VOTE/AUTHORITY

I, Gail Fisher of the Indian Stream Health Center, do hereby certify that:

1. I am the duly elected President of the Indian Stream Health Center
   This company may enter into any and all contracts, amendments, renewals, revisions or modifications thereto, with the State of New Hampshire, acting through its Department of Health and Human Services.

   RESOLVED: That the Chief Executive Officer (CEO) is hereby authorized on behalf of this company to enter into said contracts with the State, and to execute any and all documents, agreements, and other instruments, and any amendments, revisions, or modifications thereto, as he/she may deem necessary, desirable or appropriate, and Sergio Zullich is the duly elected CEO of the company.

2. The foregoing resolutions have not been amended or revoked and remain in full force and effect as of this 28 day of April, 2021.

   IN WITNESS WHEREOF, I have hereunto set my hand as the President of the company this 28 day of April, 2021.

Gail Fisher
Name
Title Board President
Company Name Indian Stream Health Center

STATE OF New Hampshire
COUNTY OF Coos

On April 28, 2021, before the undersigned officer, personally appeared the person identified directly above, or satisfactorily proven to be the person whose name is signed above, and acknowledged that s/he executed this document in the capacity indicated above.

Billie Paquette
Signature of Notary or Justice of the Peace

Notary Seal

BILLIE J. PAQUETTE
Notary Public-Justice of the Peace
My Commission Expires November 22, 2022

Name/Title of Notary or Justice of the Peace

My Commission Expires:

INDISTR-01 PCANTLIN

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 2/25/2021

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER License # AGR8150 Clark Insurance One Sundial Ave Suite 302N Manchester, NH 03103	CONTACT NAME: PHONE (A/C, No, Ext): (603) 622-2855 FAX (A/C, No): (603) 622-2854 E-MAIL ADDRESS: info@clarkinsurance.com
INSURED Indian Stream Health Center, Inc. 141 Corliss Lane Colebrook, NH 03576	INSURER(S) AFFORDING COVERAGE — NAIC # INSURER A: Massachusetts Bay — 22306 INSURER B: Markel Insurance Company INSURER C: INSURER D: INSURER E: INSURER F:

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY			ODVH303238	7/1/2020	7/1/2021	EACH OCCURRENCE	$ 2,000,000
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 300,000
							MED EXP (Any one person)	$ 10,000
							PERSONAL & ADV INJURY	$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 4,000,000
	POLICY PRO-JECT LOC						PRODUCTS - COMP/OP AGG	$ 4,000,000
	OTHER:							$
A	AUTOMOBILE LIABILITY			ODVH303238	7/1/2020	7/1/2021	COMBINED SINGLE LIMIT (Ea accident)	$ 2,000,000
	ANY AUTO						BODILY INJURY (Per person)	$
	OWNED AUTOS ONLY / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	X HIRED AUTOS ONLY / X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
A	UMBRELLA LIAB X OCCUR			ODVH303238	7/1/2020	7/1/2021	EACH OCCURRENCE	$ 5,000,000
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	$ 5,000,000
	DED RETENTION $							$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			MWC0170877-01	7/1/2020	7/1/2021	X PER STATUTE / OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N N/A						E.L. EACH ACCIDENT	$ 500,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$ 500,000
							E.L. DISEASE - POLICY LIMIT	$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

Department of Health and Human Services
129 Pleasant Street
Concord, NH 03301

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Marvin Ruth

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INDIAN STREAM HEALTH CENTER

MISSION:
Optimizing health and well being within the communities we serve.

VISION:
ISHC provides high quality healthcare, promotes wellness, and reduces barriers to care.

FINANCIAL STATEMENTS
DECEMBER 31, 2019 AND 2018

INDIAN STREAM HEALTH CENTER, INC.

Contents
December 31, 2019 and 2018

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Financial Statements:	
Statements of Financial Position	2
Statements of Activities and Changes in Net Assets	3
Statements of Cash Flows	4
Statements of Functional Expenses	5
Notes to Financial Statements	6 - 15

AAFCPAs
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50 Washington Street
Westborough, MA 01581
508.366.9100
aafcpa.com

Independent Auditor's Report

To the Board of Directors of
Indian Stream Health Center, Inc.:

Report on the Financial Statements

We have audited the accompanying financial statements of Indian Stream Health Center, Inc. (a Massachusetts corporation, not for profit) which comprise the statement of financial position as of December 31, 2019, and the related statements of activities and changes in net assets, cash flows and functional expenses for the year then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Indian Stream Health Center, Inc. as of December 31, 2019, and the changes in its net assets and its cash flows for the year then ended in accordance with accounting principles generally accepted in the United States of America.

Prior Period Financial Statements

The comparative information of Indian Stream Health Center, Inc. as of December 31, 2018, was audited by other auditors whose report dated September 17, 2019, expressed an unmodified opinion on those financial statements.

Westborough, Massachusetts
October 29, 2020

INDIAN STREAM HEALTH CENTER, INC.

Statements of Financial Position
December 31, 2019 and 2018

Assets	2019	2018
Current Assets:		
Cash	$ 304,921	$ 179,287
Patient services accounts receivable, net of allowance for uncollectible accounts of approximately $44,000 and $79,000 at December 31, 2019 and 2018, respectively	118,805	205,721
Grants, contracts and other receivables	26,747	70,717
Pharmacy receivable	60,974	98,715
Inventory	92,354	88,538
Prepaid expenses	35,639	68,496
Total current assets	639,440	711,474
Property and Equipment, net	2,068,393	2,062,393
Total assets	$ 2,707,833	$ 2,773,867
Liabilities and Net Assets		
Current Liabilities:		
Current portion of long-term debt	$ 45,118	$ 43,185
Accounts payable and accrued expenses	534,439	665,743
Deferred revenue	19,539	42,716
Total current liabilities	599,096	751,644
Long-Term Debt, net	246,455	190,871
Total liabilities	845,551	942,515
Net Assets:		
Without donor restrictions:		
Operating	85,462	3,015
Property and equipment	1,776,820	1,828,337
Total net assets without donor restrictions	1,862,282	1,831,352
Total liabilities and net assets	$ 2,707,833	$ 2,773,867

The accompanying notes are an integral part of these statements.

INDIAN STREAM HEALTH CENTER, INC.

Statements of Activities and Changes in Net Assets
For the Years Ended December 31, 2019 and 2018

	2019	2018
Operating Support and Revenue:		
Grants and contracts	$ 2,626,576	$ 2,319,662
Net patient service revenue	1,975,751	2,507,651
Pharmacy revenue	1,425,971	1,249,398
Other income	23,165	79,936
Total operating support and revenue	6,051,463	6,156,647
Operating Expenses:		
Program services	3,881,594	4,398,346
General and administrative	2,188,095	2,040,551
Total operating expenses	6,069,689	6,438,897
Changes in net assets without donor restrictions from operations	(18,226)	(282,250)
Non-Operating Revenue:		
Capital grant	49,156	-
Changes in net assets without donor restrictions	30,930	(282,250)
Net Assets Without Donor Restrictions:		
Beginning of year	1,831,352	2,113,602
End of year	$ 1,862,282	$ 1,831,352

The accompanying notes are an integral part of these statements.

INDIAN STREAM HEALTH CENTER, INC.

Statements of Cash Flows
For the Years Ended December 31, 2019 and 2018

	2019	2018
Cash Flows from Operating Activities:		
Changes in net assets without donor restrictions	$ 30,930	$ (282,250)
Adjustments to reconcile changes in net assets without donor restrictions to net cash provided by operating activities:		
Bad debt (recovery)	(30,487)	127,717
Depreciation	144,000	147,544
Construction in progress written off	-	25,342
Amortization of debt issuance costs	636	636
Capital grant	(49,156)	-
Changes in operating assets and liabilities:		
Patient services accounts receivable, net	117,403	(160,719)
Grants, contracts and other receivables	43,970	(17,942)
Pharmacy receivable	37,741	63,746
Inventory	(3,816)	10,440
Prepaid expenses	32,857	14,975
Accounts payable and accrued expenses	(131,304)	82,566
Deferred revenue	(23,177)	37,296
Net cash provided by operating activities	169,597	49,351
Cash Flows from Investing Activities:		
Acquisition of property and equipment	(150,000)	-
Cash Flows from Financing Activities:		
Proceeds from long-term debt	100,000	-
Capital grant	49,156	-
Principal payments on long-term debt	(43,119)	(41,185)
Net cash provided by (used in) financing activities	106,037	(41,185)
Net Change in Cash	125,634	8,166
Cash:		
Beginning of year	179,287	171,121
End of year	$ 304,921	$ 179,287

The accompanying notes are an integral part of these statements.

INDIAN STREAM HEALTH CENTER, INC.

Statements of Functional Expenses
For the Years Ended December 31, 2019 and 2018

	2019			2018		
	Program Services	General and Adminis-trative	Total	Program Services	General and Adminis-trative	Total
Operating Expenses:						
Salaries and related:						
Salaries and wages	$ 2,262,073	$ 1,009,557	$ 3,271,630	$ 2,261,631	$ 1,016,095	$ 3,277,726
Payroll taxes and fringe benefits	456,668	316,440	773,108	638,181	219,477	857,658
Total salaries and related	2,718,741	1,325,997	4,044,738	2,899,812	1,235,572	4,135,384
Pharmacy costs	714,223	-	714,223	587,300	-	587,300
Contract services	179,288	472,531	651,819	243,010	487,858	730,868
Occupancy	104,715	96,632	201,347	142,659	58,386	201,045
Supplies	30,080	116,312	146,392	132,269	41,148	173,417
Other expenses	59,415	60,416	119,831	115,431	141,608	257,039
Insurance	26,857	24,785	51,642	38,763	15,865	54,628
Transportation	4,178	11,353	15,531	6,690	5,317	12,007
Interest expense	-	10,653	10,653	-	11,948	11,948
Bad debts (recovery)	(30,487)	-	(30,487)	127,717	-	127,717
Total operating expenses before depreciation	3,807,010	2,118,679	5,925,689	4,293,651	1,997,702	6,291,353
Depreciation	74,584	69,416	144,000	104,695	42,849	147,544
Total expenses	$ 3,881,594	$ 2,188,095	$ 6,069,689	$ 4,398,346	$ 2,040,551	$ 6,438,897

The accompanying notes are an integral part of these statements.

1. OPERATIONS AND TAX STATUS

Operations

Indian Stream Health Center, Inc. (the Health Center) is a nonprofit corporation organized in New Hampshire. The Health Center is a Federally Qualified Health Center (FQHC) which provides outpatient healthcare and disease prevention services to residents of rural communities located in New Hampshire, Vermont and Maine.

The U.S. Department of Health and Human Services (HHS) provides substantial support to the Health Center. The Health Center is obligated under the terms of the HHS grants to comply with specified conditions and programs requirements set forth by the grantor.

Tax Status

The Health Center is exempt from Federal income taxes as an organization (not a private foundation) formed for charitable purposes under Section 501(c)(3) of the Internal Revenue Code (IRC). The Health Center is also exempt from state income taxes. Contributions made to the Health Center may be deducted within the IRC regulations.

2. SIGNIFICANT ACCOUNTING POLICIES

The Health Center prepares its financial statements in accordance with generally accepted accounting standards (U.S. GAAP) and principles established by the Financial Accounting Standards Board (FASB). References to U.S. GAAP in these notes are to the FASB Accounting Standards Codification (ASC).

Recently Adopted Accounting Pronouncement

Revenue Recognition – Contributions Received

During 2019, the Health Center adopted FASB's Accounting Standards Update (ASU) No. 2018-08, *Not-for-Profit Entities (Topic 958): Clarifying the Scope and the Accounting Guidance for Contributions Received and Contributions Made*. This ASU assists organizations in evaluating whether transactions should be accounted for as contributions (nonreciprocal transactions) or as exchange (reciprocal) transactions. In addition, it clarifies whether a contribution is conditional. As a result, it enhances comparability of financial information among not-for-profit entities.

The Health Center adopted ASU No. 2018-08 using a modified retrospective method effective January 1, 2019. Under the modified retrospective method, this ASU only applies to agreements not completed or entered into (revenue or expense that has not yet been recognized) as of January 1, 2019. As a result, the 2018 financial statements are not restated and there was no cumulative-effect adjustment to opening net assets as of January 1, 2019.

Inventory

Inventory consists of pharmacy outpatient drugs. This inventory is accounted for at the lower of cost (as determined by the first-in, first-out (FIFO) method) or net realizable value.

Patient Services Accounts Receivable

Patient services accounts receivable are recorded net of contractual allowances (see page 9) and an allowance for uncollectible accounts. Management estimates the allowance based on its analysis of specific accounts and payors. Accounts are written off when they are determined to be uncollectible.

2. **SIGNIFICANT ACCOUNTING POLICIES** (Continued)

Grants, Contracts and Other Receivables and Allowance for Doubtful Accounts

The Health Center carries its grants, contracts and other receivables at net realizable value. Grants, contracts and other receivables are expected to be collected in the subsequent year. The Health Center evaluates its receivables and establishes an allowance for doubtful accounts based on collections experience and current conditions. During the years ended December 31, 2019 and 2018, there was no allowance recorded as these receivables were deemed to be collectible.

Property and Equipment and Depreciation

The Health Center has a policy of capitalizing assets with a cost over $5,000. Property and equipment are recorded at cost, if purchased, or at estimated fair value, if donated. Depreciation is computed using the straight-line method over the following estimated useful lives (see Note 4):

Buildings and improvements	40 years
Leasehold improvements	Term of lease
Furniture, equipment and software	3 - 10 years

Land is not depreciated.

The Health Center accounts for the carrying value of its property and equipment in accordance with the requirements of ASC Topic, *Property, Plant and Equipment*. The carrying value is evaluated annually for impairment and no impairment loss was recognized in 2019 or 2018.

Net Assets

Net Assets Without Donor Restrictions:

Net assets without donor restrictions are those net resources that bear no external restrictions and are generally available for use by the Health Center. The Health Center has grouped its net assets without donor restrictions into the following categories:

Operating net assets represent funds available to carry on the operations of the Health Center.

Property and equipment net assets reflect and account for the activities relating to the Health Center's property and equipment, net of related debt.

Net Assets With Donor Restrictions:

The Health Center receives grants and contributions which are designated by donors for specific purposes. These grants and contributions are recorded as net assets with donor restrictions until they are expended for their designated purposes. At December 31, 2019 and 2018, there were no net assets with donor restrictions.

Estimates

The preparation of financial statements in accordance with U.S. GAAP requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosures of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

2. **SIGNIFICANT ACCOUNTING POLICIES** (Continued)

Fair Value Measurements

The Health Center follows the accounting and disclosure standards pertaining to ASC Topic, *Fair Value Measurements,* for qualifying assets and liabilities. Fair value is defined as the price that the Health Center would receive upon selling an asset or pay to settle a liability in an orderly transaction between market participants.

The Health Center uses a framework for measuring fair value that includes a hierarchy that categorizes and prioritizes the sources used to measure and disclose fair value. This hierarchy is broken down into three levels based on inputs that market participants would use in valuing the financial instruments based on market data obtained from sources independent of the Health Center. Inputs refer broadly to the assumptions that market participants would use in pricing the financial instrument, including assumptions about risk. Inputs may be observable or unobservable. Observable inputs are inputs that reflect the assumptions market participants would use in pricing the financial instrument developed based on market data obtained from sources independent of the reporting entity. Unobservable inputs are inputs that reflect the reporting entity's own assumptions about the assumptions market participants would use in pricing the asset developed based on the best information available.

The three-tier hierarchy of inputs is summarized in the three broad levels as follows:

Level 1: Inputs that reflect unadjusted quoted prices in active markets for identical assets at the measurement date.

Level 2: Inputs other than quoted prices that are observable for the asset either directly or indirectly, including inputs in markets that are not considered to be active.

Level 3: Inputs that are unobservable and which require significant judgment or estimation.

An asset or liability's level within the framework is based upon the lowest level of any input that is significant to the fair value measurement. All qualifying assets and liabilities are valued using Level 1 inputs.

Debt Issuance Costs

Debt issuance costs are amortized over the period the related obligation is outstanding using the straight-line method, which approximates the effective interest method. Amortization expense was $636 for the years ended December 31, 2019 and 2018, and is included in interest expense in the accompanying statements of functional expenses.

Revenue Recognition

In accordance with ASC Subtopic 958-605, *Revenue Recognition*, the Health Center must determine whether a contribution (or a promise) is conditional or unconditional for transactions deemed to be a contribution. A contribution is considered to be a conditional contribution if an agreement includes a barrier that must be overcome and either a right of return of assets or a right of release of a promise to transfer assets exists. Indicators of a barrier include a measurable performance-related barrier or other measurable barriers, a stipulation that limits discretion by the recipient on the conduct of an activity, and stipulations that are related to the purpose of the agreement. Topic 958 prescribes that the Health Center should not consider probability of compliance with the barrier when determining if such awards are conditional and should be reported as conditional grant advance liabilities until such conditions are met. For contributions that have been recognized prior to adoption of Topic 958, the standard is not required to be retrospectively applied.

2. SIGNIFICANT ACCOUNTING POLICIES (Continued)

Revenue Recognition (Continued)

Contracts, grants and contributions are recorded as services are provided and costs are incurred. Contributions with donor restrictions are recorded as revenues and net assets with donor restrictions when unconditionally received or pledged. Transfers are made to net assets without donor restrictions as costs are incurred or time restrictions or program restrictions have lapsed. Donor restricted grants received and satisfied in the same period are included in net assets without donor restrictions.

Patient service and pharmacy revenue are recorded as services are provided. The Health Center establishes fees for services to patients based upon the patient's ability to pay for these services. Net patient service revenue reflects the amounts to be collected after provisions for contractual allowances and free care. Contractual allowances are accrued on an estimated basis in the period the related services are rendered. Net patient service revenue is adjusted as required based on agreed upon rates and final settlements. In general, the Health Center is reimbursed from third party payors based on negotiated rates, procedural fee schedules, and discounted charges. Contractual allowances for the years ended December 31, 2019 and 2018, were approximately $1,194,500 and $2,009,000, respectively.

All other revenue is recognized when earned.

Measuring Charity Care

The Health Center has a policy of providing free care services to patients who are unable to pay or to those who may be underinsured. Such patients are identified based upon financial information obtained from the patient prior to services being rendered. Since the Health Center does not expect payment, estimated charges for free care are not included in the net patient service revenue. The Health Center provided approximately $172,000 and $225,000 of free care services during the years ended December 31, 2019 and 2018, respectively. The opportunity cost of providing the services was approximately $315,000 and $279,000 for the years ended December 31, 2019 and 2018, respectively. The opportunity cost of providing free care was calculated by multiplying the percentage of gross free care charges to total gross patient charges by the total cost of providing patient services. During the year ended December 31, 2019, the Health Center received a $300,000 community benefit grant from Upper Connecticut Valley Hospital (UCVH) to offset some of the free care services costs (see Note 13).

In-Kind Goods and Services

Organizations contribute goods and services to the Health Center in support of various aspects of its programs. These goods and services are reflected in the accompanying financial statements based upon the estimated value assigned to them by the donating organizations or by management. The value of these goods and services was approximately $57,000 for the year ended December 31, 2018, and is included in other income and supplies in the accompanying statements of activities and changes in net assets and functional expenses, respectively. There were no donated goods or services received during 2019.

Deferred Revenue

Deferred revenue represents cash received on contracts where services have not yet been completed.

2. SIGNIFICANT ACCOUNTING POLICIES (Continued)

Advertising Costs

The Health Center expenses advertising costs as they are incurred.

Expense Allocation

Expenses related directly to a function are distributed to that function, while other expenses are allocated based upon management's estimate of the percentage attributable to each function.

Certain categories of expenses are attributable to more than one program or supporting function and are allocated on a reasonable basis that is consistently applied. The expenses that are allocated are insurance, occupancy and depreciation, which are allocated on a square footage basis.

Income Taxes

The Health Center accounts for uncertainty in income taxes in accordance with ASC Topic, *Income Taxes*. This standard clarifies the accounting for uncertainty in tax positions and prescribes a recognition threshold and measurement attribute for the financial statements regarding a tax position taken or expected to be taken in a tax return. The Health Center has determined that there are no uncertain tax positions which qualify for either recognition or disclosure in the financial statements at December 31, 2019 and 2018. The Health Center's information return is subject to examination by the Federal jurisdiction.

Subsequent Events

Subsequent events have been evaluated through October 29, 2020, which is the date the financial statements were available to be issued. See Note 12 for events that met the criteria for disclosure in the financial statements.

3. FUNDING

The Health Center receives a significant portion of its funding from the U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA) (approximately 34% and 33% of total operating support and revenue for the years ended December 31, 2019 and 2018, respectively). These reimbursements are subject to audit by HRSA. In the opinion of management, the results of such audits, if any, will not have a material effect on the financial position of the Health Center as of December 31, 2019 and 2018, or on the changes in its net assets for the years then ended.

The Health Center charges patients and third parties for services provided. Charges made to most third-party payors for patient services are periodically reviewed and adjusted based upon the submission of cost reports and possible subsequent audits. In the opinion of management, the effect of such cost determinations or adjustments, if any, will not have a material effect on the financial position or results of operations of the Health Center for the years ended December 31, 2019 and 2018.

4. PROPERTY AND EQUIPMENT

Property and equipment consisted of the following at December 31:

	2019	2018
Land	$ 60,000	$ 60,000
Buildings and improvements	2,034,011	2,034,011
Leasehold improvements	285,704	285,704
Furniture, equipment and software	607,750	457,750
	2,987,465	2,837,465
Less - accumulated depreciation	919,072	775,072
	$ 2,068,393	$ 2,062,393

Depreciation expense was $144,000 and $147,544 for the years ended December 31, 2019 and 2018, respectively.

Included in furniture, equipment and software at December 31, 2019, is $150,000 of costs relating to an electronic health records (EHR) purchase and upgrade. The EHR project is expected to be completed and placed into service during 2020 at a full cost of $225,000. The project is being funded through a note payable and a grant from UCVH (see below and 13).

5. LONG-TERM DEBT

Long-term debt consists of the following at December 31:

	2019	2018
Note payable to a local bank with interest at 4.6%. Monthly principal and interest payments of $2,466 are due through December 2023. The note is collateralized by a first mortgage on property and equipment with 90% of the outstanding balance guaranteed by the United States Department of Agriculture (USDA).	$ 107,927	$ 131,949
Non-interest bearing note payable to UCVH with maximum borrowings of $175,000. Beginning on June 1, 2022, monthly principal payments of $4,167 are due through May 2024. At December 31, 2019, $100,000 of the note was drawn and subsequent to year end, the Health Center drew down additional proceeds (see Note 12).	100,000	-
Note payable to a local bank with an interest rate 4.6%. Monthly principal and interest payments of $1,962 are due through December 2023. The note is collateralized by a second mortgage on property and equipment with 90% of the outstanding balance guaranteed by the USDA.	86,209	105,306
	294,136	237,255
Less - unamortized debt issuance costs	2,563	3,199
Less - current portion	45,118	43,185
	$ 246,455	$ 190,871

5. LONG-TERM DEBT (Continued)

Future minimum principal payments under these agreements for the next five years are as follows:

2020	$ 45,118
2021	$ 46,786
2022	$ 78,151
2023	$ 103,248
2024	$ 20,833

There are no loan covenants for any of the long-term debt with which the Health Center must comply.

6. PENSION PLAN

The Health Center sponsors a simple individual retirement account (IRA) defined contribution plan that includes a 3% employer matching contribution. The Health Center contributed $73,664 and $76,825 to the plan during the years ended December 31, 2019 and 2018, respectively, which are included in payroll taxes and fringe benefits in the accompanying statements of functional expenses.

7. LEASE COMMITMENTS

The Health Center leases program and administrative space from an unrelated party under an agreement that expires in April 2030. The Health Center also leases a parking lot from an unrelated party under an agreement that expires in October 2045. Rent expense was $7,375 and $8,323 for the years ended December 31, 2019 and 2018, respectively, and is included in occupancy in the accompanying statements of functional expenses.

Future minimum lease payments for the next five years are as follows:

2020	$ 7,389
2021	7,671
2022	7,671
2023	7,671
2024	7,671
Thereafter	62,448
Total	$ 100,521

8. MEDICAL MALPRACTICE INSURANCE

The Health Center is insured for professional liability coverage through the Federal Bureau of Primary Health Care, known as the Federal Tort Claims Act (FTCA), in accordance with the Public Health Services Act. This coverage is provided to the Health Center through its Section 330 Community Health Center grant administered by HRSA. The coverage afforded to the Health Center is comparable to an occurrence-based policy without a monetary cap. The coverage is applicable to the Health Center, its officers, Board members, employees, and contractors who are physicians or other licensed or certified health care practitioners.

9. CONCENTRATIONS

The Health Center maintains its cash balances in a local bank, which are insured within the limits of the Federal Deposit Insurance Corporation (FDIC). At certain times during the year, the cash balances exceeded the insured amount. The Health Center has not experienced any losses in such accounts. The Health Center's management believes the Health Center is not exposed to any significant credit risk on cash.

The Health Center had the following concentrations of payers within patient services accounts receivable and net patient service revenue as of and for the years ended December 31:

	2019		2018	
	Net Patient Services Accounts Receivable	Net Patient Service Revenue	Net Patient Services Accounts Receivable	Net Patient Service Revenue
Medicare	32%	44%	40%	48%
Medicaid	19%	28%	16%	27%
Commercial	25%	27%	24%	24%

10. CONTINGENCIES

Disputes and Regulations

In the ordinary course of the Health Center's business, the Health Center is from time-to-time involved in disputes concerning business and employment matters of the Health Center. While the parties involved are seeking damages in connection with these disputes, the Health Center denies any wrongdoing in these cases and is taking the appropriate legal steps in defense of these disputes. It is the Health Center's opinion that any potential settlement would not be material to the accompanying financial statements.

The Health Center is subject to voluminous and complex laws and regulations of Federal, state and local governments. Compliance with such laws and regulations can be subject to future government review and interpretation as well as regulatory actions unknown or unasserted at this time. These laws and regulations include, but are not necessarily limited to, matters such as licensure, accreditation, government healthcare program participation requirements, reimbursement laws and regulations, anti-kickback and anti-referral laws, and false claims prohibitions.

COVID-19 Pandemic

During 2020, COVID-19 was recognized as a global pandemic. Federal, state and local governments in the United States have imposed restrictions on travel and business operations. Temporary closures of certain businesses were also ordered in certain jurisdictions. Consequently, the COVID-19 outbreak severely restricted the level of economic activity. The adverse impact of COVID-19 on the Health Center's businesses, operating results, cash flows and financial condition primarily will be driven by the severity and duration of the pandemic; the timing, scope and impact of stimulus legislation, and other Federal, state and local governmental responses to the pandemic. As a result, the adverse impact COVID-19 will have on the Health Center's businesses, operating results, cash flows and financial condition is uncertain, but the adverse impact could be material.

11. LIQUIDITY AND AVAILABILITY OF FINANCIAL ASSETS

Financial assets available for use by the Health Center within one year from the statements of financial position date are as follows as of December 31:

	2019	2018
Cash	$ 304,921	$ 179,287
Patient services accounts receivable, net	118,805	205,721
Grants, contracts and other receivables	26,747	70,717
Pharmacy receivable	60,974	98,715
Financial assets available to meet cash needs for general expenditures within one year	$ 511,447	$ 554,440

The Health Center has a policy to structure its financial assets to be available and liquid as its obligations become due. As of December 31, 2019 and 2018, the Health Center has financial assets equal to approximately one month of operating expenses.

The Health Center has had significant operating losses in recent years and has made critical staffing changes in the finance team as part of a strategic plan to recover the profitability of the Health Center. Due to these strategic efforts, including cost control, fundraising and expansion of profitable services such as pharmacy activities, management has reduced their operating loss between 2018 and 2019 by approximately $264,000. The Health Center expects a positive change in net assets from operations in 2020 and beyond.

12. SUBSEQUENT EVENTS

UCVH

By May 2020, the Health Center had drawn an additional $71,694 on the note payable with UCVH (see Notes 5 and 13).

CARES Act Funding

In May 2020, the Health Center received $287,286 under the Coronavirus Aid, Relief and Economic Security Act (CARES Act) through the Provider Relief Funds (PRF) Program through HRSA. PRFs were appropriated for healthcare-related expenses on lost revenues attributable to COVID-19.

In April 2020, the Health Center applied for and was awarded a loan of $494,900 from the Paycheck Protection Program established by the CARES Act. The funds are to be used to pay certain payroll costs and benefits during a covered period as defined in the CARES Act. A portion of these funds may be forgiven, as defined in the agreement, at the end of the covered period and the remainder of the funds will be due over a two-year period with interest at 1%. Any repayment will be deferred until ten months after the end of the covered period, when the note, plus interest, will be due in equal monthly payments through maturity. The forgiveness calculations are subject to review and approval by the lending bank and the Small Business Association (SBA).

In April 2020, the Health Center also applied for and was awarded a loan of $499,900 from the Economic Injury Disaster Loan program available through the SBA. The funds are to be used to maintain capacity of the Health Center. The loan carries interest at 2.75% over a thirty year period and payments on the loan are deferred until April 2021.

12. SUBSEQUENT EVENTS (Continued)

CHAN Network

In October 2020, the Health Center joined Community Health Access Network (CHAN). CHAN's primary purpose is to enable member agencies to develop the program and other resources necessary to assure access to efficient, effective quality health care for all clients in their communities. CHAN hosts a central Electronic Health Record, Practice Management billing system, and a data warehouse to support the member reporting needs and facilitates shared learning of best practices among its members. This membership was made as part of the strategic initiative to recover profitability of the Health Center.

13. RELATED PARTY TRANSACTIONS

A member of the Board of Directors is an employee of UCVH which provided a $300,000 operating grant, $50,000 capital grant; and a note payable of up to $175,000 during the year ended December 31, 2019.

From time-to-time, the Health Center receives grants from various agencies of which members of management of the Health Center are on the Board of Directors.

14. RECLASSIFICATIONS

Certain amounts in the 2019 financial statements have been reclassified to conform with the 2018 presentation.

FINANCIAL STATEMENTS IN ACCORDANCE WITH GOVERNMENT AUDITING STANDARDS AND UNIFORM GUIDANCE

DECEMBER 31, 2019 AND 2018

INDIAN STREAM HEALTH CENTER, INC.

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December 31, 2019 and 2018

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Unmodified Opinion on Financial Statements Accompanied by Other Information – Not-For-Profit Entity

Independent Auditor's Report

To the Board of Directors of
Indian Stream Health Center, Inc.:

Report on the Financial Statements

We have audited the accompanying financial statements of Indian Stream Health Center, Inc. (a Massachusetts corporation, not for profit) (the Health Center) which comprise the statement of financial position as of December 31, 2019, and the related statements of activities and changes in net assets, cash flows and functional expenses for the year then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audit contained in *Government Auditing Standards*, issued by the Comptroller General of the United States. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements referred to on page one present fairly, in all material respects, the financial position of Indian Stream Health Center, Inc. as of December 31, 2019, and the changes in its net assets and its cash flows for the year then ended in accordance with accounting principles generally accepted in the United States of America.

Prior Period Financial Statements

The comparative information of Indian Stream Health Center, Inc. as of December 31, 2018, was audited by other auditors whose report dated September 17, 2019, expressed an unmodified opinion on those financial statements.

Other Matters

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The accompanying Schedule of Expenditures of Federal Awards for the year ended December 31, 2019, as required by Title 2 U.S. Code of Federal Regulations (CFR) Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards*, is presented for purposes of additional analysis and is not a required part of the financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated, in all material respects, in relation to the financial statements as a whole.

Other Reporting Required by *Government Auditing Standards*

In accordance with *Government Auditing Standards*, we have also issued our report dated October 29, 2020, on our consideration of the Health Center's internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements and other matters. The purpose of that report is to solely describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the Health Center's internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the Health Center's internal control over financial reporting and compliance.

Westborough, Massachusetts
October 29, 2020

INDIAN STREAM HEALTH CENTER, INC.

Schedule of Expenditures of Federal Awards
For the Year Ended December 31, 2019

Federal Grantor/ Pass-Through Grantor/ Program or Cluster Title	Federal CFDA Number	Pass Through Entity Identifying Number	Federal Expenditures
U.S. Department of Health and Human Services:			
Direct Program:			
Health Center Program Cluster:			
Health Center Program (Community Health Centers, Migrant Health Centers, Health Care for the Homeless, and Public Housing Primary Care)	93.224	N/A	$ 526,160
Grants for New and Expanded Services Under the Health Center Program	93.527	N/A	1,417,543
Total Health Center Program Cluster			1,943,703
Passed-Through the State of New Hampshire Department of Health and Human Services:			
Maternal and Child Health Services Block Grant to the States	93.994	B04MC30627	20,539
Total Expenditures of Federal Awards			$ 1,964,242

Note 1. **Basis of Presentation**

The accompanying Schedule of Expenditures of Federal Awards includes the Federal assistance activity of the Health Center and is presented on the accrual basis of accounting. The information in this schedule is presented in accordance with the requirements of Title 2 U.S. Code of Federal Regulations (CFR) Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards.*

Note 2. **Indirect Cost Rate**

The Health Center has elected not to use the 10% de minimis cost rate for its Federal programs.

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Report on Internal Control Over Financial Reporting and on Compliance and Other Matters Based on an Audit of Financial Statements Performed in Accordance With Government Auditing Standards

Independent Auditor's Report

To the Board of Directors of
Indian Stream Health Center, Inc.:

We have audited, in accordance with the auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States, the financial statements of Indian Stream Health Center, Inc. (the Health Center), which comprise the statement of financial position as of December 31, 2019, and the related statements of activities and changes in net assets, cash flows and functional expenses for the year then ended, and the related notes to the financial statements, and have issued our report thereon dated October 29, 2020.

Internal Control Over Financial Reporting

In planning and performing our audit of the financial statements, we considered the Health Center's internal control over financial reporting (internal control) as a basis for designing audit procedures that are appropriate in the circumstances for the purpose of expressing our opinion on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of the Health Center's internal control. Accordingly, we do not express an opinion on the effectiveness of the Health Center's internal control.

A *deficiency in internal control* exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, misstatements on a timely basis. A *material weakness* is a deficiency, or a combination of deficiencies, in internal control, such that there is a reasonable possibility that a material misstatement of the Health Center's financial statements will not be prevented, or detected and corrected on a timely basis. A *significant deficiency* is a deficiency, or a combination of deficiencies, in internal control that is less severe than a material weakness, yet important enough to merit attention by those charged with governance.

Our consideration of internal control was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control that might be material weaknesses or significant deficiencies. Given these limitations, during our audit we did not identify any deficiencies in internal control that we consider to be material weaknesses. However, material weaknesses may exist that have not been identified.

Compliance and Other Matters

As part of obtaining reasonable assurance about whether the Health Center's financial statements are free from material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements, noncompliance with which could have a direct and material effect on the financial statements. However, providing an opinion on compliance with those provisions was not an objective of our audit, and accordingly, we do not express such an opinion. The results of our tests disclosed no instances of noncompliance or other matters that are required to be reported under *Government Auditing Standards*.

Purpose of this Report

The purpose of this report is solely to describe the scope of our testing of internal control and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the Health Center's internal control or on compliance. This report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the Health Center's internal control and compliance. Accordingly, this communication is not suitable for any other purpose.

Westborough, Massachusetts
October 29, 2020

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Report on Compliance for Each Major Federal Program and Report on Internal Control Over Compliance Required by the Uniform Guidance

Independent Auditor's Report

To the Board of Directors of
Indian Stream Health Center, Inc.:

Report on Compliance for Each Major Federal Program

We have audited Indian Stream Health Center, Inc.'s (the Health Center) compliance with the types of compliance requirements described in the *OMB Compliance Supplement* that could have a direct and material effect on the Health Center's major Federal program for the year ended December 31, 2019. The Health Center's major Federal program is identified in the summary of auditor's results section of the accompanying schedule of findings and questioned costs.

Management's Responsibility

Management is responsible for compliance with the Federal statutes, regulations, and the terms and conditions of its Federal awards applicable to its Federal programs.

Auditor's Responsibility

Our responsibility is to express an opinion on compliance for the Health Center's major Federal program based on our audit of the types of compliance requirements referred to above. We conducted our audit of compliance in accordance with auditing standards generally accepted in the United States of America; the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States; and the audit requirements of Title 2 U.S. Code of Federal Regulations Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance). Those standards and the Uniform Guidance require that we plan and perform the audit to obtain reasonable assurance about whether noncompliance with the types of compliance requirements referred to above that could have a direct and material effect on a major Federal program occurred. An audit includes examining, on a test basis, evidence about the Health Center's compliance with those requirements and performing such other procedures as we considered necessary in the circumstances.

We believe that our audit provides a reasonable basis for our opinion on compliance for the major Federal program. However, our audit does not provide a legal determination of the Health Center's compliance.

Opinion on Each Major Federal Program

In our opinion, the Health Center complied, in all material respects, with the types of compliance requirements referred to above that could have a direct and material effect on its major Federal program for the year ended December 31, 2019.

Report on Internal Control Over Compliance

Management of the Health Center is responsible for establishing and maintaining effective internal control over compliance with the types of compliance requirements referred to on the previous page. In planning and performing our audit of compliance, we considered the Health Center's internal control over compliance with the types of requirements that could have a direct and material effect on the major Federal program to determine the auditing procedures that are appropriate in the circumstances for the purpose of expressing an opinion on compliance for the major Federal program and to test and report on internal control over compliance in accordance with the Uniform Guidance, but not for the purpose of expressing an opinion on the effectiveness of internal control over compliance. Accordingly, we do not express an opinion on the effectiveness of the Health Center's internal control over compliance.

A *deficiency in internal control over compliance* exists when the design or operation of a control over compliance does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, noncompliance with a type of compliance requirement of a Federal program on a timely basis. A *material weakness in internal control over compliance* is a deficiency, or combination of deficiencies, in internal control over compliance, such that there is a reasonable possibility that material noncompliance with a type of compliance requirement of a Federal program will not be prevented, or detected and corrected, on a timely basis. A *significant deficiency in internal control over compliance* is a deficiency, or a combination of deficiencies, in internal control over compliance with a type of compliance requirement of a Federal program that is less severe than a material weakness in internal control over compliance, yet important enough to merit attention by those charged with governance.

Our consideration of internal control over compliance was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control over compliance that might be material weaknesses or significant deficiencies. We did not identify any deficiencies in internal control over compliance that we consider to be material weaknesses. However, material weaknesses may exist that have not been identified.

The purpose of this report on internal control over compliance is solely to describe the scope of our testing of internal control over compliance and the results of that testing based on the requirements of the Uniform Guidance. Accordingly, this report is not suitable for any other purpose.

Westborough, Massachusetts
October 29, 2020

1. SUMMARY OF AUDITOR'S RESULTS

Financial Statements

Type of auditor's report issued on whether the financial statements audited were prepared in accordance with U.S. GAAP: Unmodified

Is a "going concern" emphasis-of-matter paragraph included in the auditor's report?	____ Yes	__X__ No
Internal control over financial reporting:		
• Material weakness(es) identified?	____ Yes	__X__ No
• Significant deficiency(ies) identified?	____ Yes	__X__ None reported
Noncompliance material to financial statements noted?	____ Yes	__X__ No

Federal Awards

Internal control over the major Federal program:

• Material weakness(es) identified?	____ Yes	__X__ No
• Significant deficiency(ies) identified?	____ Yes	__X__ None reported

Type of auditor's report issued on compliance for the major Federal program: Unmodified

Any audit findings disclosed that are required to be reported in accordance with 2 CFR 200.516(a)?	____ Yes	__X__ No

Identification of the major Federal program:

Name of Federal Program or Cluster	CFDA Number
Health Center Program Cluster	93.224 93.527

Dollar threshold used to distinguish between Type A and Type B programs: $750,000

Auditee qualified as low-risk auditee?	____ Yes	__X__ No

2. FINANCIAL STATEMENT FINDINGS

None

3. FEDERAL AWARD FINDINGS AND QUESTIONED COSTS

None

STATUS OF PRIOR YEAR FINDINGS AND QUESTIONED COSTS

Material Weakness – Internal Control Over Financial Reporting

Finding 2018-001 – Cut-Off of Expenses

Expenses should be recorded in the period in which they are incurred to ensure the financial statements are presented fairly in accordance with accounting principles generally accepted in the United States of America (GAAP). Multiple instances were noted in which expenses incurred during 2018 were not properly accrued for at year end, requiring adjustments to properly account for the transactions in the correct accounting period.

Status: This finding was resolved as of December 31, 2019.

Significant Deficiency – Internal Control Over Major Federal Program

Finding 2018-002 – Report Filing

Federal Program Names: Health Center Program Cluster, Health Center Program, Grants for New and Expanded Services under the Health Center Program

CFDA Numbers: 93.224 and 93.527

In accordance with the Uniform Guidance, quarterly reports of recipients of Federal funds are required to be submitted within 30 days after the end of each fiscal quarter. The Health Center did not submit their first quarterly report on a timely basis.

Status: This finding was resolved as of December 31, 2019.

INDIAN STREAM HEALTH CENTER
BOARD OF DIRECTORS
June 2020 -2021

Contact List

Name &Status* *REFERENCE PIN 2014-01	Officers	Telephone - Home	Work Place Info	Home Address
Gail Fisher (U)	President	[redacted]	[redacted]	[redacted]
David Thatcher (U)	Treasurer	[redacted]	[redacted]	[redacted]
Linda Lomasney		[redacted]		[redacted]
Mike Burtnick (U)		[redacted]	[redacted]	[redacted]
Suzanne Phinney	Vice President	[redacted]	[redacted]	[redacted]
Myriam Beauchesne		[redacted]	[redacted]	
Maggie Fitzgerald			[redacted]	
Frank Sawicki			[redacted]	[redacted]

Krista

Education

Community College of Vermont – Newport, VT – Associates of Science in Medical Assisting
May 2016

Skills & Abilities

Sales

- Worked as a cashier at a grocery store from 2008-2011. Involved in customer service and money transactions.

Leadership

- Involved in orientation of new Licensed Nursing Assistants.

Experience

January 2016 – Present
Referrals Coordinator/CMA, Indian Stream Health Center
•Scheduled patients according to availability, urgency and insurance authorization guidelines.
• Verified documents and associated records to catch and resolve discrepancies.
• Utilized computerized Resource and Patient Management System (RPMS) and Electronic Health Record (EHR) system.
• Gathered community resources and coordinated referrals to obtain services.
• Collaborated with interdisciplinary team of professionals, as well as patients and families, to determine appropriate treatment options.

May 2012 – March 2016
Licensed Nursing Assistant, Coos County Nursing Hospital
• Proved/assist residents with personal care
• Transferring residents utilizing equipment as needed such as gait belt and patient lifts
• Obtain vital signs of residents as needed
• Assist in training new Licensed Nursing Assistants and participate in their orientation plan

2012 – March 2016
Waitress, Happy Corner Café
• Customer Service -- obtaining orders from patron and ensuring orders are correct when delievered to patrons

- Customer Satisfaction -- ensuring patrons are satisfied with their food and service
- Inventory of supplies
- In charge of updating the menu items and prices to ensure menus and computer program for ordering matches

Sharon

Summary

Dedicated and reliable Outreach Director/Community Liaison with a superb healthcare service record. Adept at explaining a variety of community services and programs and making connections to aid patients in addressing the social determinants of health. Currently a Certified Application Counselor with CMS and Vermont Health Connect and a Vermont Notary. Experience with application and enrollment assistance for Qualified Health Plans, Medicaid, and Medicare (including supplements and part D plans). Assist community members with completing advance directives, transportation, and applications for various programs including SNAP, fuel assistance, financial aid and housing. Several years' experience in maintaining social media platforms with a Federally Qualified Health Center. Additionally serving as the Community Liaison providing communication, information, direction, and support directly related to patients, community members and community/professional partners.

Education

Wesley College
Dover, DE
Bachelor of Science in Medical Technology — May 1985

Chester County Hospital School of Medical Technology
West Chester, PA
Clinical Internship Certificate — May 1985

Certification

Certified Application Counselor, VT Health Connect and Centers for Medicare & Medicaid Services (CMS) since 2014

VT Notary

American Society of Clinical Pathologists Board of Registry
Medical Technologist
167203
1985 – Present

Work Experience

Director of Outreach/Community Liaison
Indian Stream Health Center
Colebrook, NH & Canaan, VT
September 2020 - Present

- Director of Outreach and Community Liaison: Responsible for providing communication, information, direction, and support directly related to patients, community members and community/professional

partners. This role executes key work including: public relations and marketing activities, serving as a liaison between ISHC and key external stakeholders, and creating and developing and posting content for social media platforms and the website. This position acts as a key liaison to Bi-State Primary Care and other like organizations and elected officials; the role also functions as a legislative advocate for the health center. Additionally, this supervises and works together with ISHC outreach staff to help current and prospective patients and family members overcome barriers to care. This includes identifying issues with socioeconomic factors that may be deterring the patient from accessing the health and wellness they deserve.

Community Outreach Coordinator
Indian Stream Health Center
Colebrook, NH & Canaan, VT
April 2014 – September 2020

-Full time Outreach Coordinator: Responsible for Community Outreach programs and activities. Certified Application Counselor (CMS and VT): Assist with application and enrollment for insurances available through the Federal Marketplace (Healthcare.gov) and Vermont Health Connect, including Medicaid. Assist with application and enrollment in Medicare supplement plans. Tobacco Treatment Specialist: Assist with cessation of use of nicotine containing products, including treatment plans and counseling. Coordinate events including ISHC Annual Meeting, flu shot clinics, information booths at community festivals, etc. Assist with enrollment in various programs, transportation assistance, advance directives, etc. Administer Prenatal Program and Developmental Screening Program. Member of Coos Coalition for Families and Children Leadership Team, Watch Me Grow workgroup, Maternal Depression Screening workgroup and Communications workgroup.

Senior Medical Technologist
Upper Connecticut Valley Hospital
Colebrook, NH
Sept. 1994 – March 2014

-Full time Medical Technologist with generalist and supervisory duties: Responsible for all phases of Laboratory Tests from Collection to Result, Staff Scheduling, Establish/Write Policies and Procedures, Oversee Quality Control Data, Maintain Inventory, Assist in Maintaining CAP Accreditation, Participate in Peer Interviews, Standards Team Member, Rewards and Recognition Team Member, Infection Control Committee Member, Certified College of American Pathologists Laboratory Accreditation Inspector.

Organizational Skills and Technical Skills

Application assistance for various programs and insurances.
Advance Directives assistance Data collection and
maintenance.
Computer skills including Microsoft office, Corel, and several electronic medical record/health care computer systems. Social media for business.
Face to face and telephone communication.
Written correspondence
Computer Skills including HBO Hospital Information Systems, Western Star Blood Bank System, CPSI, EHS, Meditech, Microsoft Office, Corel, Photoshop

Personal Skills

Dependable, Organized, Multitasking, Compassionate, Empathetic, Good Communicator, Team Player, Technical Thinker, Attention to Detail, Proficient, Motivated, Professional

Community Involvement

North Country Chamber of Commerce, Board Member since April 2019

Alice Ward Memorial Library, Trustee since March 2013

Canaan Little League, Board Member 2011-2017

Brenda

October 15, 2012 – Present Indian Stream Health Center

OBJECTIVE:

An office position where I would be able to utilize my knowledge, educational and professional skills.

SUMMARY OF QUALIFICATIONS:

EXPERIENCE

Supervisor: Sharon Belleville

Responsibilities include but are not limited to: Completion of all household assessments, coordinator of the Medication Assistance Program, Advance Directives, Medicare, NH Medicaid, Marketplace Insurance, assisting with Financial Assistance Applications, coordinates with transportation assistance, assist with Flu Clinics, etc.

August 28, 1998 – October 12, 2012 Pittsburg School

Principal: Mr. Bruce Scally

Responsibilities include but are not limited to: Bookkeeping for all in-house accounts, maintaining student records for grades K – 12, all state reports, report cards, yearly school budget and office budget. Handling all aspects of daily office procedures, including assisting the principal.

June 17, 1996 – August 1998 Klebe Insurance Agency

Main St

Colebrook NH 03576

Supervisor: Lisa Klebe
Part time secretarial position with general office duties and CSR duties in Personal Lines Insurance.

August 30, 1993 – May 30, 1996 A.D. Davis Insurance Agency

Supervisor: Helen Andolina

Customer Service Representative in Personal Lines Insurance. Sales and service of all types of Personal Insurance, assisting in the Commercial Lines Department when needed. This was a responsible position, which I filled with minimal supervision, being accountable for all aspects of the operation of this department in the Colebrook branch.

June 1987 – May 1993 Metropolitan Property & Casualty Ins

Manager: John Ramos

Field Unit – Dispatch:

I was responsible for the work flow of the department. Receiving the claims within the office and dispatching these to the field adjusters and the drive in claims department. I then coordinated the competed claims reports and tracked all work pending lists. I handled these duties for the Greater Boston Area. While in this department I was assigned the special project of testing the enhancements of the new computer system for the home office. I left Metropolitan to relocate to Pittsburg, NH.

EDUCATION:

Pittsburg School 12 School St Pittsburg NH 03592 Graduated in 1981

General & Business studies, including shorthand, bookkeeping & typing.

Hesser College Manchester NH 03102 Completed in 1988

Completed a Word Perfect word processing course with a 4.0 average

STRENGTHS:

I have a proven record of handling responsible positions without the need of supervision. My computer experience is extensive. I have proficient knowledge in Microsoft Word and I have experience using Excel. I enjoy working with people and dealing with the public, I am a team player. I am presently a Notary Public in the State of New Hampshire.

REFERENCES:

Available upon request.

INDIAN STREAM HEALTH CENTER
KEY PERSONNEL
BUDGET PERIOD 07/01/21 - 03/31/22

NAME	JOB TITLE	SALARY (9 months)	PERCENT PAID FROM THIS CONTRACT	AMOUNT PAID FROM THIS CONTRACT SFY 22
Krista Reid	Referrals Coordinator	$ 28,314	85.0%	$ 24,067
Sharon Belleville	Outreach Coordinator	$ 33,833	85.0%	$ 28,758
Brenda Puglisi	Outreach Coordinator	$ 31,980	83.2%	$ 26,612
			TOTAL	55,370

State of New Hampshire
Department of Health and Human Services
Amendment #2 to the Primary Care Services

This 2nd Amendment to the Primary Care Services contract (hereinafter referred to as "Amendment #2") is by and between the State of New Hampshire, Department of Health and Human Services (hereinafter referred to as the "State" or "Department") and Lamprey Health Care, Inc., (hereinafter referred to as "the Contractor"), a non-profit with a place of business at 207 South Main Street, Newmarket, NH 03857.

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on June 20, 2018, (Item #27G) as amended on May 6, 2020, (Item #46), the Contractor agreed to perform certain services based upon the terms and conditions specified in the Contract as amended and in consideration of certain sums specified; and

WHEREAS, pursuant to Form P-37, General Provisions, Paragraph 18, and Exhibit C-1, Revisions to General Provisions, Section 3, the Contract may be amended upon written agreement of the parties and approval from the Governor and Executive Council; and

WHEREAS, the parties agree to extend the term of the agreement, increase the price limitation, or modify the scope of services to support continued delivery of these services; and

NOW THEREFORE, in consideration of the foregoing and the mutual covenants and conditions contained in the Contract and set forth herein, the parties hereto agree to amend as follows:

1. Form P-37 General Provisions, Block 1.7, Completion Date, to read:

   March 31, 2022.

2. Form P-37, General Provisions, Block 1.8, Price Limitation, to read:

   $ 2,030,856.

3. Add Exhibit A-3, Additional Scope of Services BinaxNOW, which is attached hereto and incorporated by reference herein.

4. Modify Exhibit B, Methods and Conditions Precedent to Payment, Section 4, Subsection 4.1 to read:

   4.1 Payments shall be on a cost reimbursement basis for approved actual costs in accordance with Exhibit B-1 through Exhibit B-6 Amendment #2 Budget, which is attached hereto and incorporated by reference herein.

5. Add Exhibit B-6, Amendment #2 Budget, which is attached hereto and incorporated by reference herein.

New Hampshire Department of Health and Human Services
Primary Care Services

All terms and conditions of the Contract and prior amendments not inconsistent with this Amendment #2 remain in full force and effect. Exhibit A-3, Additional Scope of Services BinaxNOW, shall be effective retroactively to November 1, 2020, upon Governor's approval issued under the Executive Order 2020-04 as extended by Executive Orders 2020-05, 2020-08, 2020-09, 2020-10, 2020-14, 2020-15, 2020-16, 2020-17, 2020-18, and 2020-20. All other provisions of this amendment shall be effective July 1, 2021, or upon the date of Governor and Executive Council approval, whichever is later.

IN WITNESS WHEREOF, the parties have set their hands as of the date written below,

State of New Hampshire
Department of Health and Human Services

11/13/2020
Date

DocuSigned by:
Lisa M. Morris
Name: Lisa M. Morris
Title: Director, Division of Public Health Srvcs.

Lamprey Health Care, Inc.

11/6/2020
Date

DocuSigned by:
Gregory White
Name: Gregory White
Title: CEO

New Hampshire Department of Health and Human Services
Primary Care Services

The preceding Amendment, having been reviewed by this office, is approved as to form, substance, and execution.

OFFICE OF THE ATTORNEY GENERAL

11/16/2020
Date

DocuSigned by:
Name: Catherine Pinos
Title: Attorney

I hereby certify that the foregoing Amendment was approved by the Governor and Executive Council of the State of New Hampshire at the Meeting on: _____ (date of meeting)

OFFICE OF THE SECRETARY OF STATE

Date

Name:
Title:

Additional Scope of Services BinaxNOW

1. BinaxNOW COVID-19 Antigen Testing and Supplies

1.1. The BinaxNOW COVID-19 Antigen Test is now authorized for Point of Care (POC) use in patient care settings operating under a Clinical Laboratory Improvement Amendment of 1988 Certificate of Waiver, Certificate of Compliance, or Certificate of Accreditation.

1.2. The BinaxNOW COVID-19 Antigen Test supplies are authorized for use under an Emergency Use Authorization by the U.S. Food and Drug Administration and consist of a lateral flow immunoassay for the qualitative detection of nucleocapsid protein antigen from the SARS-CoV-2 virus in direct nasal swabs from individuals suspected of COVID-19 by their healthcare provider within the first seven (7) days of symptom onset.

1.3. The Department will supply the Contractor with the BinaxNOW Rapid-Antigen COVID-19 Testing supplies at no cost to the Contractor via allotted distribution from the Department contingent upon the availability of supplies.

1.4. The Contractor shall adhere to proper use procedures and indications for BinaxNOW COVID-19 Antigen Test supplies as issued by the manufacturer (Abbott Laboratories), the U.S. Food and Drug Administration, and the Department, including applicable Health Advisory Network (HAN) messages.

1.5. The Contractor shall use BinaxNOW COVID-19 Antigen Test supplies provided by the Department only for active patients of the Contractor who:

1.5.1. Have COVID-19 symptoms, with symptom onset within the last seven (7) days; or

1.5.2. Do not have symptoms of COVID-19 at the direction of the Department.

1.6. The Contractor shall notify its established active patients who have symptoms of COVID-19 that it has the ability to perform COVID-19 testing, including rapid antigen testing.

1.7. The Contractor shall notify the Regional Public Health Network(s) within the Contractor's catchment area(s) that it can perform COVID-19 testing for active patients of the Contractor.

1.8. The Contractor shall report all positive test results and case details to the Department within twenty-four (24) hours of result determination using the COVID-19 Case Report form provided by the Department, which is available at the following link: https://www.dhhs.nh.gov/dphs/cdcs/covid19/covid19-reporting-form.pdf.

1.9. The Contractor shall report positive and negative test results to the Department using a secure web-based reporting process described in Health Alert Network Message #22. Instructions for Reporting Point-of-Care Tests available at: https://www.dhhs.nh.gov/dphs/cdcs/alerts/documents/covid-19-update22.pdf

1.10. The Contractor is prohibited from charging a patient, a patient's guardian, a patient's insurance, or New Hampshire Medicaid for a COVID-19 test conducted using BinaxNOW COVID-19 Antigen Test supplies provided by the Department.

1.11. The Contractor may charge a specimen collection fee, including, but not limited to, Healthcare Common Procedural Coding System (HCPCS) code G2023 as well as normal billing for an office or home visits by the Contractor, to the patient, the patient's guardian, the patient's insurance, or New Hampshire Medicaid for the evaluation and management of the patient that leads to a COVID-19 test conducted using BinaxNOW COVID-19 Antigen Test supplies provided by the Department.

1.12. The Contractor shall not refuse services or testing for any patient with any symptom(s) of COVID-19 using BinaxNOW COVID-19 Antigen Test supplies provided by the Department for any reason other than lack of available supplies.

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New Hampshire Department of Health and Human Services

Bidder/Program Name: Lamprey Health Care Inc.

Budget Request for: Primary Care Services

Budget Period: July 1, 2021 - March 31, 2022

	Total Program Cost			Contractor Share / Match			Funded by DHHS contract share		
Line Item	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total
1. Total Salary/Wages	$6,941,152.53	$ -	$ 6,941,152.53	$ 6,644,622.31	$ -	$ 6,644,622.31	$ 296,530.22	$ -	$ 296,530.22
2. Employee Benefits	$ 1,672,817.76	$ -	$ 1,672,817.76	$ 1,601,353.98	$ -	$ 1,601,353.98	$ 71,463.78	$ -	$ 71,463.78
3. Consultants	$ 628,705.31	$ -	$ 628,705.31	$ 628,705.31	$ -	$ 628,705.31	$ -	$ -	$ -
4. Equipment:	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Rental	$ 21,165.00	$ -	$ 21,165.00	$ 21,165.00	$ -	$ 21,165.00	$ -	$ -	$ -
Repair and Maintenance	$ 1,516.50	$ -	$ 1,516.50	$ 1,516.50	$ -	$ 1,516.50	$ -	$ -	$ -
Purchase/Depreciation	$ 41,126.04	$ -	$ 41,126.04	$ 41,126.04	$ -	$ 41,126.04	$ -	$ -	$ -
5. Supplies:	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Educational	$ 2,250.00	$ -	$ 2,250.00	$ 2,250.00	$ -	$ 2,250.00	$ -	$ -	$ -
Lab	$ 47,122.50	$ -	$ 47,122.50	$ 47,122.50	$ -	$ 47,122.50	$ -	$ -	$ -
Pharmacy	$ 319,351.50	$ -	$ 319,351.50	$ 319,351.50	$ -	$ 319,351.50	$ -	$ -	$ -
Medical	$ 67,417.88	$ -	$ 67,417.88	$ 67,417.88	$ -	$ 67,417.88	$ -	$ -	$ -
Office	$ 43,548.14	$ -	$ 43,548.14	$ 43,548.14	$ -	$ 43,548.14	$ -	$ -	$ -
6. Travel	$ 22,245.00	$ -	$ 22,245.00	$ 22,245.00	$ -	$ 22,245.00	$ -	$ -	$ -
7. Occupancy	$ 674,334.75		$ 674,334.75	$ 674,334.75		$ 674,334.75	$ -		$ -
8. Current Expenses	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Telephone	$ 45,750.00	$ -	$ 45,750.00	$ 45,750.00	$ -	$ 45,750.00	$ -	$ -	$ -
Postage	$ 16,244.00	$ -	$ 16,244.00	$ 16,244.00	$ -	$ 16,244.00	$ -	$ -	$ -
Subscriptions	$ 20,322.00	$ -	$ 20,322.00	$ 20,322.00	$ -	$ 20,322.00	$ -	$ -	$ -
Audit and Legal	$ 9,000.00	$ -	$ 9,000.00	$ 9,000.00	$ -	$ 9,000.00	$ -	$ -	$ -
Insurance	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Board Expenses	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
9. Software	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
10. Marketing/Communications	$ 159,093.00	$ -	$ 159,093.00	$ 159,093.00	$ -	$ 159,093.00	$ -	$ -	$ -
11. Staff Education and Training	$ 61,611.38	$ -	$ 61,611.38	$ 61,611.38	$ -	$ 61,611.38	$ -	$ -	$ -
12. Subcontracts/Agreements	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
13. Other (specific details mandatory):	$ 2,234.00	$ -	$ 2,234.00	$ 2,234.00	$ -	$ 2,234.00	$ -	$ -	$ -
HR/IT Allocation		$ 610,009.50	$ 610,009.50		$ 610,009.50	$ 610,009.50	$ -	$ -	$ -
Admin/Finance Allocation		$ 441,836.59	$ 441,836.59		$ 441,836.59	$ 441,836.59	$ -	$ -	$ -
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
TOTAL	$ 10,797,007.28	$ 1,051,846.09	$ 11,848,853.37	$ 10,429,013.28	$ 1,051,846.09	$ 11,480,859.37	$ 367,994.00	$ -	$ 367,994.00
Indirect As A Percent of Direct		9.7%							

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State of New Hampshire
Department of State

LAMPREY HEALTH CARE, INC.

LAMPREY HEALTH CARE, INC

207 South Main Street

Newmarket, NH 03857

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State of New Hampshire
Department of State

6/5/2020 12:08:29 PM

LAMPREY HEALTH CARE, INC
207 South Main Street
Newmarket, NH, 03857, USA

Enclosed is the acknowledgment copy of your filing. It acknowledges this office's receipt and successful filing of your documents.

Should you have any questions, you may contact the Corporation Division at the phone number or email address below. Please reference your Business ID Number when contacting our office.

Please visit our website for helpful information regarding all your business needs.

Sincerely,
Corporation Division

Business ID: 66382
Filing No: 4926074

DocuSign Envelope ID: 1E72F9E6-1800-43C2-B02C-2894907F3607

Filed
Date Filed : 05/28/2020 04:30:00 PM
Effective Date : 05/28/2020 04:30:00 PM
Filing # : 4926074 Pages : 1
Business ID : 66382
William M. Gardner
Secretary of State
State of New Hampshire

LAMPREY HEALTH CARE

Where Excellence and Caring go Hand In Hand

May 20, 2020

Corporate Division
NH Secretary of State
107 North Main Street, Room 204
Concord, NH 03301

Dear Sir or Madam:

Lamprey Health Care, Inc. requests a Certificate of Good Standing for 2020 mailed to 207 South Main Street, Newmarket, NH 03857 to the attention of Lisa Chapman.

Please contact us at 603-659-2494 should you have any questions.

Regards,

Gregory White
CEO

DocuSign Envelope ID: 1E72F9E6-1800-43C2-B02C-2894907F3607

State of New Hampshire
Department of State

CERTIFICATE

I, William M. Gardner, Secretary of State of the State of New Hampshire, do hereby certify that LAMPREY HEALTH CARE, INC. is a New Hampshire Nonprofit Corporation registered to transact business in New Hampshire on August 16, 1971. I further certify that all fees and documents required by the Secretary of State's office have been received and is in good standing as far as this office is concerned.

Business ID: 66382

Certificate Number : 0004926074

IN TESTIMONY WHEREOF,
I hereto set my hand and cause to be affixed
the Seal of the State of New Hampshire,
this 28th day of May A.D. 2020.

William M. Gardner
Secretary of State

DocuSign Envelope ID: 1E72F9E6-1800-43C2-B02C-2894907F3607

State of New Hampshire
Department of State

Work Order #: 20201028001716

Receipt Date/Time: 05/29/2020 10:45:47 AM

Payer Information:

LAMPREY HEALTH CARE, INC
207 South Main Street
Newmarket, NH, 03857, USA

Payer Customer ID: 85368

Filer Information:

LAMPREY HEALTH CARE, INC
207 South Main Street
Newmarket, NH, 03857, USA

Filer Customer ID: 85368

Payment Information:

Date	Payment Type	Payment Reference	Authorization #	Payment Status	Payment Amount
05/29/2020 10:45:40 AM	Check	Check#: 040225	N/A	Paid	$5.00
				Total Payment Received:	**$5.00**

Transaction Description:

Transaction #	Description	Reference Information
20201028001716-001	Certificate of Good Standing - Domestic Nonprofit Corporation	LAMPREY HEALTH CARE, INC.

Transaction Information:

Date Received	Transaction #	Processing Status	Invoice Status	Amount
05/28/2020 04:30:00 PM	20201028001716-001	Accepted	Paid	$5.00
			Total	**$5.00**

Drawdown Account Balance:	$0.00	**Total Due:**	$0.00
Credit Account Balance:	$0.00	**Total Refunded:**	$0.00
		Total Change To Credit Account Balance:	$0.00

Filing History

Back to Home (/online)

Business Name	Business ID
LAMPREY HEALTH CARE, INC.	66382

Filing#	Filing Date	Effective Date	Filing Type	Annual Report Year
0004959185	07/15/2020	07/15/2020	Nonprofit Report	2020
0004775110	01/16/2020	01/16/2020	Annual Report Reminder	N/A
0003102550	04/01/2015	04/01/2015	Nonprofit Report	2015
0000696533	12/03/2010	12/03/2010	Annual Report	2010
0000696532	10/08/2010	10/08/2010	Reminder Letter	N/A
0000696531	11/25/2005	11/25/2005	Annual Report	2005
0000696530	08/01/2000	08/01/2000	Amendment	N/A
0000696529	02/23/2000	02/23/2000	Annual Report	2000
0000696528	03/10/1995	03/10/1995	Annual Report	1995
0000696527	06/06/1994	06/06/1994	Amendment	N/A
0000696526	01/26/1990	01/26/1990	Annual Report	1990
0000696525	09/26/1986	09/26/1986	Amendment	N/A
0000696524	08/14/1984	08/14/1984	Amendment	N/A
0000696523	02/19/1976	02/19/1976	Annual Fee	N/A
0000696522	08/16/1971	08/16/1971	Business Formation	N/A

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NH Department of State, 107 North Main St. Room 204, Concord, NH 03301 -- **Contact Us (/online/Home/ContactUS)**

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CERTIFICATE OF AUTHORITY

I, Thomas Christopher Drew, hereby certify that:
(Name of the elected Officer of the Corporation/LLC; cannot be contract signatory)

1. I am a duly elected Clerk/Secretary/Officer of Lamprey Health Care, Inc..
(Corporation/LLC Name)

2. The following is a true copy of a vote taken at a meeting of the Board of Directors/shareholders, duly called and held on March 25, 2020, at which a quorum of the Directors/shareholders were present and voting.
(Date)

VOTED: That Gregory A. White (may list more than one person)
(Name and Title of Contract Signatory)

is duly authorized on behalf of Lamprey Health Care, Inc. to enter into contracts or agreements with the State
(Name of Corporation/ LLC)

of New Hampshire and any of its agencies or departments and further is authorized to execute any and all documents, agreements and other instruments, and any amendments, revisions, or modifications thereto, which may in his/her judgment be desirable or necessary to effect the purpose of this vote.

3. I hereby certify that said vote has not been amended or repealed and remains in full force and effect as of the date of the contract/contract amendment to which this certificate is attached. This authority **remains valid for thirty (30)** days from the date of this Certificate of Authority. I further certify that it is understood that the State of New Hampshire will rely on this certificate as evidence that the person(s) listed above currently occupy the position(s) indicated and that they have full authority to bind the corporation. To the extent that there are any limits on the authority of any listed individual to bind the corporation in contracts with the State of New Hampshire, all such limitations are expressly stated herein.

Dated: November 3, 2020

Signature of Elected Officer
Name: Thomas Christopher Drew
Title: Secretary, Board of Directors

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LAMPHEA-01 ASTOBERT

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 7/1/2020

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER License # 1780862 HUB International New England 275 US Route 1 Cumberland Foreside, ME 04110	CONTACT NAME: PHONE (A/C, No, Ext): (207) 829-3450 FAX (A/C, No): (207) 829-6350 E-MAIL ADDRESS:
INSURED Lamprey Health Care, Inc. 207 South Main Street Newmarket, NH 03857	INSURER(S) AFFORDING COVERAGE — NAIC # INSURER A : Philadelphia Indemnity Insurance Company — 18058 INSURER B : Atlantic Charter Insurance Company — 44326 INSURER C : INSURER D : INSURER E : INSURER F :

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY			PHPK2149654	7/1/2020	7/1/2021	EACH OCCURRENCE	$ 1,000,000
	CLAIMS-MADE [X] OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 100,000
							MED EXP (Any one person)	$ 5,000
							PERSONAL & ADV INJURY	$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 3,000,000
	POLICY [ ] PRO-JECT [ ] LOC						PRODUCTS - COMP/OP AGG	$ 3,000,000
	OTHER:							$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$
	ANY AUTO						BODILY INJURY (Per person)	$
	OWNED AUTOS ONLY / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	HIRED AUTOS ONLY / NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	$
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	$
	DED RETENTION $							$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			WCA00545408	7/1/2020	7/1/2021	X PER STATUTE OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory In NH) Y / N [ ]	N/A					E.L. EACH ACCIDENT	$ 500,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$ 500,000
							E.L. DISEASE - POLICY LIMIT	$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Evidence of General Liability and Workers Compensation coverage.

CERTIFICATE HOLDER

NH DHHS
129 Pleasant Street
Concord, NH 03301

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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LAMPREY HEALTH CARE

Where Excellence and Caring go Hand in Hand

Our Mission

The mission of Lamprey Health Care is to provide high quality primary medical care and health related services, with an emphasis on prevention and lifestyle management, to all individuals regardless of ability to pay.

- We seek to be **a leader in providing access** to medical and health services that improve the health status of the individuals and families in the communities we serve.
- Our mission is to **remove barriers that prevent access to care**; we strive to eliminate such barriers as language, cultural stereotyping, finances and/or lack of transportation.
- Lamprey Health Care's **commitment to the community** extends to providing and/or coordinating access to a full range of comprehensive services.
- Lamprey Health Care is committed to achieving the highest level of patient satisfaction through a personal and caring approach and **exceeding standards of excellence in quality and service**.

Our Vision

- We will be the **outstanding primary care choice** for our patients, our communities and our service area, and the standard by which others are judged.
- We will continue as **pacesetter** in the use of new knowledge for lifestyle improvement, quality of life.
- We will be a **center of excellence** in service, quality and teaching.
- We will be **part of an integrated system** of care to ensure access to medical care for all individuals and families in our communities.
- We will be an **innovator** to foster development of the best primary care practices, adoption of the tools of technology and teaching.
- We will **establish partnerships**, linkages, networks and referrals with other organizations to provide access to a full range of services to meet our communities' needs.

Our Values

- We exist to **serve the needs of our patients**.
- We value a positive **caring approach** in delivering patient services.
- We are committed to **improving the health** and total well-being of our communities.
- We are committed to **being proactive** in identifying and meeting our communities' health care needs.
- We provide a supportive environment for **the professional and personal growth, and healthy lifestyles of our employees**.
- We provide an **atmosphere of learning** and growth for both patients and employees as well as for those seeking training in primary care.
- We succeed by utilizing a **team approach** that values a positive, constructive commitment to Lamprey Health Care's mission.

Affirmed 12/18/2019

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BerryDunn

[redacted]

LAMPREY HEALTH CARE

Where Excellence and Caring go Hand in Hand

CONSOLIDATED FINANCIAL STATEMENTS

and

SUPPLEMENTARY INFORMATION

September 30, 2019 and 2018

With Independent Auditor's Report

[redacted]

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BerryDunn

INDEPENDENT AUDITOR'S REPORT

Board of Directors
Lamprey Health Care, Inc. and Friends of Lamprey Health Care, Inc.

We have audited the accompanying consolidated financial statements of Lamprey Health Care, Inc. and Friends of Lamprey Health Care, Inc., which comprise the consolidated balance sheets as of September 30, 2019 and 2018, and the related consolidated statements of operations, functional expenses, changes in net assets and cash flows for the years then ended, and the related notes to the consolidated financial statements.

Management's Responsibility for the Consolidated Financial Statements

Management is responsible for the preparation and fair presentation of these consolidated financial statements in accordance with U.S. generally accepted accounting principles; this includes the design, implementation and maintenance of internal control relevant to the preparation and fair presentation of consolidated financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these consolidated financial statements based on our audits. We conducted our audits in accordance with U.S. generally accepted auditing standards. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the consolidated financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the consolidated financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the consolidated financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the consolidated financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the consolidated financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

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Opinion

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the financial position of Lamprey Health Care, Inc. and Friends of Lamprey Health Care, Inc. as of September 30, 2019 and 2018, and the results of their operations, changes in their net assets and their cash flows for the years then ended, in accordance with U.S. generally accepted accounting principles.

Change in Accounting Principles

As discussed in Note 1 to the financial statements, in 2019 Lamprey Health Care, Inc. and Friends of Lamprey Health Care, Inc. adopted new accounting guidance, Financial Accounting Standards Board Accounting Standards Updates No. 2016-14, *Presentation of Financial Statements of Not-for-Profit Entities* (Topic 958) and No. 2016-18, *Restricted Cash* (Topic 230). Our opinion is not modified with respect to these matters.

Other Matter

Our audit was conducted for the purpose of forming an opinion on the consolidated financial statements as a whole. The accompanying consolidating balance sheets as of September 30, 2019 and 2018, and the related consolidating statements of operations and changes in net assets for the years then ended, are presented for purposes of additional analysis rather than to present the financial position and changes in net assets of the individual entities, and are not a required part of the consolidated financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the consolidated financial statements. The information has been subjected to the auditing procedures applied in the audits of the consolidated financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the consolidated financial statements or to the consolidated financial statements themselves, and other additional procedures in accordance with U.S. generally accepted auditing standards. In our opinion, the information is fairly stated in all material respects in relation to the consolidated financial statements as a whole.

Berry Dunn McNeil & Parker, LLC

Portland, Maine
January 17, 2020

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LAMPREY HEALTH CARE, INC. AND FRIENDS OF LAMPREY HEALTH CARE, INC.

Consolidated Balance Sheets

September 30, 2019 and 2018

ASSETS

	2019	2018
Current assets		
Cash and cash equivalents	$ 1,422,407	$ 1,341,015
Patient accounts receivable, net	1,237,130	1,330,670
Grants receivable	452,711	228,972
Other receivables	236,798	172,839
Inventory	81,484	72,219
Other current assets	78,405	139,568
Total current assets	3,508,935	3,285,283
Investment in limited liability company	19,101	22,590
Assets limited as to use	2,943,714	3,205,350
Fair value of interest rate swap	13,512	-
Property and equipment, net	7,608,578	7,584,923
Total assets	$14,093,840	$14,098,146

LIABILITIES AND NET ASSETS

Current liabilities		
Accounts payable and accrued expenses	$ 641,818	$ 438,830
Accrued payroll and related expenses	961,024	919,690
Deferred revenue	85,418	117,696
Current maturities of long-term debt	106,190	102,014
Total current liabilities	1,794,450	1,578,230
Long-term debt, less current maturities	2,031,076	2,134,337
Fair value of interest rate swap	-	13,404
Total liabilities	3,825,526	3,725,971
Net assets		
Without donor restrictions	9,732,208	10,061,029
With donor restrictions	536,106	311,146
Total net assets	10,268,314	10,372,175
Total liabilities and net assets	$14,093,840	$14,098,146

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

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LAMPREY HEALTH CARE, INC. AND FRIENDS OF LAMPREY HEALTH CARE, INC.

Consolidated Statements of Operations

Years Ended September 30, 2019 and 2018

	2019	2018
Operating revenue		
Patient service revenue	$ 9,143,768	$ 9,426,185
Provision for bad debts	(398,544)	(354,460)
Net patient service revenue	8,745,224	9,071,725
Grants, contracts and contributions	6,104,270	5,538,925
Other operating revenue	1,637,578	769,240
Net assets released from restrictions for operations	75,197	118,447
Total operating revenue	16,562,269	15,498,337
Operating expenses		
Salaries and wages	10,584,157	9,941,188
Employee benefits	1,993,787	1,688,571
Supplies	646,774	715,862
Purchased services	1,731,988	1,569,327
Facilities	580,711	594,355
Other operating expenses	697,570	537,414
Insurance	145,114	143,338
Depreciation	461,062	459,716
Interest	107,855	96,431
Total operating expenses	16,949,018	15,746,202
Deficiency of revenue over expenses	(386,749)	(247,865)
Change in fair value of interest rate swap	26,916	365
Net assets released from restrictions for capital acquisition	31,012	16,651
Decrease in net assets without donor restrictions	$ (328,821)	$ (230,849)

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

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LAMPREY HEALTH CARE, INC. AND FRIENDS OF LAMPREY HEALTH CARE, INC.

Consolidated Statement of Functional Expenses

Year Ended September 30, 2019

	Healthcare Services	AHEC/PHN	Transportation	Total Healthcare Services	Administration and Support Services	Total
Salaries and wages	$ 8,599,722	$ 418,785	$ 127,054	$ 9,145,561	$ 1,438,596	$ **10,584,157**
Employee benefits	1,531,182	76,015	23,346	1,630,543	363,244	**1,993,787**
Supplies	614,628	12,839	47	627,514	19,260	**646,774**
Purchased services	892,684	225,590	407	1,118,681	613,307	**1,731,988**
Facilities	4,020	477	23,155	27,652	553,059	**580,711**
Other	283,801	157,524	120	441,445	256,125	**697,570**
Insurance	-	-	8,922	8,922	136,192	**145,114**
Depreciation	-	-	27,509	27,509	433,553	**461,062**
Interest	-	-	-	-	107,855	**107,855**
Allocated program support	886,269	-	-	886,269	(886,269)	-
Allocated occupancy costs	714,331	34,319	4,531	753,181	(753,181)	-
Total	$ 13,526,637	$ 925,549	$ 215,091	$ 14,667,277	$ 2,281,741	$ 16,949,018

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

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LAMPREY HEALTH CARE, INC. AND FRIENDS OF LAMPREY HEALTH CARE, INC.

Consolidated Statement of Functional Expenses

Year Ended September 30, 2018

	Healthcare Services	AHEC/PHN	Transportation	Total Healthcare Services	Administration and Support Services	Total
Salaries and wages	$ 8,000,572	$ 411,320	$ 120,008	$ 8,531,900	$ 1,409,288	$ 9,941,188
Employee benefits	1,315,582	70,805	20,049	1,406,436	282,135	1,688,571
Supplies	684,828	7,051	40	691,919	23,943	715,862
Purchased services	815,843	139,400	-	955,243	614,084	1,569,327
Facilities	4,402	480	20,945	25,827	568,528	594,355
Other	253,564	87,005	39	340,608	196,806	537,414
Insurance	-	-	8,696	8,696	134,642	143,338
Depreciation	-	-	28,093	28,093	431,623	459,716
Interest	-	-	-	-	96,431	96,431
Allocated program support	825,266	-	-	825,266	(825,266)	-
Allocated occupancy costs	930,169	36,593	4,831	971,593	(971,593)	-
Total	$ 12,830,226	$ 752,654	$ 202,701	$ 13,785,581	$ 1,960,621	$ 15,746,202

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

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LAMPREY HEALTH CARE, INC. AND FRIENDS OF LAMPREY HEALTH CARE, INC.

Consolidated Statements of Changes in Net Assets

Years Ended September 30, 2019 and 2018

	2019	2018
Net assets without donor restrictions		
Deficiency of revenue over expenses	$ (386,749)	$ (247,865)
Change in fair value of interest rate swap	26,916	365
Net assets released from restrictions for capital acquisition	31,012	16,651
Decrease in net assets without donor restrictions	(328,821)	(230,849)
Net assets with donor restrictions		
Contributions	205,027	71,205
Grants for capital acquisition	126,142	16,651
Net assets released from restrictions for operations	(75,197)	(118,447)
Net assets released from restrictions for capital acquisition	(31,012)	(16,651)
Increase (decrease) in net assets with donor restrictions	224,960	(47,242)
Change in net assets	(103,861)	(278,091)
Net assets, beginning of year	10,372,175	10,650,266
Net assets, end of year	$10,268,314	$10,372,175

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

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LAMPREY HEALTH CARE, INC. AND FRIENDS OF LAMPREY HEALTH CARE, INC.

Consolidated Statements of Cash Flows

Years Ended September 30, 2019 and 2018

	2019	2018
Cash flows from operating activities		
Change in net assets	$ (103,861)	$ (278,091)
Adjustments to reconcile change in net assets to net cash provided by operating activities		
Provision for bad debts	398,544	354,460
Depreciation	461,062	459,716
Equity in earnings of limited liability company	3,489	(2,292)
Change in fair value of interest rate swap	(26,916)	(365)
Grants for capital acquisition	(126,142)	(16,651)
(Increase) decrease in the following assets:		
Patient accounts receivable	(305,004)	(614,015)
Grants receivable	(223,739)	247,179
Other receivable	(63,959)	(87,482)
Inventory	(9,265)	(8,640)
Other current assets	61,163	21,378
Increase (decrease) in the following liabilities:		
Accounts payable and accrued expenses	25,215	42,545
Accrued payroll and related expenses	41,334	39,213
Deferred revenue	(32,278)	28,656
Net cash provided by operating activities	99,643	185,611
Cash flows from investing activities		
Capital acquisitions	(306,944)	(173,745)
Cash flows from financing activities		
Grants for capital acquisition	126,142	16,651
Principal payments on long-term debt	(99,085)	(104,489)
Net cash provided (used) by financing activities	27,057	(87,838)
Net decrease in cash and cash equivalents and restricted cash	(180,244)	(75,972)
Cash and cash equivalents and restricted cash, beginning of year	4,546,365	4,622,337
Cash and cash equivalents and restricted cash, end of year	$ 4,366,121	$ 4,546,365
Breakdown of cash and cash equivalents and restricted cash, end of year		
Cash and cash equivalents	$ 1,422,407	$ 1,341,015
Assets limited as to use	2,943,714	3,205,350
	$ 4,366,121	$ 4,546,365
Supplemental disclosure of cash flow information		
Cash paid for interest	$ 107,855	$ 96,431
Capital expenditures included in accounts payable	$ 177,773	$ -

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

LAMPREY HEALTH CARE, INC. AND FRIENDS OF LAMPREY HEALTH CARE, INC.

Notes to Consolidated Financial Statements

September 30, 2019 and 2018

1. Summary of Significant Accounting Policies

Organization

Lamprey Health Care, Inc. (LHC) is a not-for-profit corporation organized in the State of New Hampshire. LHC is a Federally Qualified Health Center (FQHC) whose primary purpose is to provide high quality family health, medical and behavioral health services to residents of southern New Hampshire without regard to the patient's ability to pay for these services.

Subsidiary

Friends of Lamprey Health Care, Inc. (FLHC) is a not-for-profit corporation organized in the State of New Hampshire. FLHC's primary purpose is to support LHC. FLHC is also the owner of the property occupied by LHC's administrative and program offices in Newmarket, New Hampshire. LHC is the sole member of FLHC.

Principles of Consolidation

The consolidated financial statements include the accounts of LHC and its subsidiary, FLHC (collectively, the Organization). All significant intercompany balances and transactions have been eliminated in consolidation.

Recently Adopted Accounting Pronouncements

In August 2016, the Financial Accounting Standards Board issued Accounting Standards Update (ASU) No. 2016-14, *Presentation of Financial Statements of Not-for-Profit Entities* (Topic 958), which makes targeted changes to the not-for-profit financial reporting model. The ASU marks the completion of the first phase of a larger project aimed at improving not-for-profit financial reporting. Under the ASU, net asset reporting is streamlined and clarified. The existing three category classification of net assets was replaced with a simplified model that combines temporarily restricted and permanently restricted into a single category called "net assets with donor restrictions." The guidance on accounting for the lapsing of restrictions on gifts to acquire property and equipment has also been simplified and clarified. New disclosures highlight restrictions on the use of resources that make otherwise liquid assets unavailable for meeting near-term financial requirements. The ASU also imposes several new requirements related to reporting expenses which resulted in the expansion of the consolidated financial statements to include statements of functional expenses. The Organization has adjusted the presentation of these statements accordingly. The ASU has been applied retrospectively to 2018. The adoption had no effect on the Organization's total net assets, results of operations, changes in net assets or cash flows for the year ended September 30, 2019. The adoption did result in a reclassification of net assets previously reported as net assets with donor restrictions to net assets without donor restrictions. This related to gifts received and used to acquire property and equipment and the restrictions on these gifts were previously released over the useful life of the acquired assets. Previously reported net assets with donor restrictions of $109,370 and $115,620 at September 30, 2018 and 2017, respectively, have been reclassified as net assets without donor restrictions.

In November 2016, FASB issued ASU No. 2016-18, *Restricted Cash* (Topic 230), which requires that a statement of cash flows explain the change during the period in the total of cash, cash equivalents, and amounts generally described as restricted cash or restricted cash equivalents. Therefore, amounts generally described as restricted cash and restricted cash equivalents should be included with cash and cash equivalents when reconciling the beginning-of-period and end-of-period total amounts shown on the statement of cash flows. The ASU is effective for fiscal years beginning on or after December 15, 2018. The Organization adopted ASU No. 2016-18 in 2019, and restated its 2018 statement of cash flows to conform to the provisions thereof.

Basis of Presentation

The financial statements of the Organization have been prepared in accordance with U.S. generally accepted accounting principles (U.S. GAAP), which require the Organization to report information in the financial statements according to the following net asset classifications:

Net assets without donor restrictions: Net assets that are not subject to donor-imposed restrictions and may be expended for any purpose in performing the primary objectives of the Organization. These net assets may be used at the discretion of the Organization's management and the Board of Directors.

Net assets with donor restrictions: Net assets subject to stipulations imposed by donors and grantors. Some donor restrictions are temporary in nature; those restrictions will be met by actions of the Organization or by the passage of time. Other donor restrictions are perpetual in nature, whereby the donor has stipulated the funds be maintained in perpetuity.

Unconditional promises to give cash and other assets are reported at fair value at the date the promise is received, which is then treated as cost. The gifts are reported as net assets with donor restrictions if they are received with donor stipulations that limit the use of the donated assets. When a donor restriction expires, that is, when a stipulated time restriction ends or purpose restriction is accomplished, net assets with donor restrictions are reclassified as net assets without donor restrictions and reported in the statements of operations and changes in net assets as net assets released from restrictions. Donor-restricted contributions whose restrictions are met in the same year as received are reflected as contributions without donor restrictions in the accompanying financial statements.

Gifts of long-lived assets, such as land, buildings, or equipment, are reported as net assets without donor restrictions unless explicit donor stipulations specify how the donated assets must be used. Gifts of long-lived assets with explicit restrictions that specify how the assets are to be used and gifts of cash or other assets that must be used to acquire long-lived assets are reported as net assets with donor restrictions. Absent explicit donor stipulations about how long those long-lived assets must be maintained, expirations of donor restrictions are reported when the donated or acquired long-lived assets are placed in service.

Use of Estimates

The preparation of financial statements in conformity with U.S. GAAP requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements. Estimates also affect the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

Income Taxes

Both LHC and FLHC are public charities under Section 501(c)(3) of the Internal Revenue Code. As public charities, the entities are exempt from state and federal income taxes on income earned in accordance with their tax-exempt purposes. Unrelated business income is subject to state and federal income tax. Management has evaluated the Organization's tax positions and concluded that the Organization has no unrelated business income or uncertain tax positions that require adjustment to the consolidated financial statements.

Cash and Cash Equivalents

Cash and cash equivalents consist of business checking and savings accounts as well as petty cash funds.

The Organization maintains cash balances at several financial institutions. The balances are insured by the Federal Deposit Insurance Corporation (FDIC) up to $250,000. At various times throughout the year, the Organization's cash balances may exceed FDIC insurance. The Organization has not experienced any losses in such accounts and management believes it is not exposed to any significant risk.

Patient Accounts Receivable

Patient accounts receivable are stated at the amount management expects to collect from outstanding balances. Patient accounts receivable are reduced by an allowance for uncollectible accounts. In evaluating the collectibility of patient accounts receivable, the Organization analyzes its past collection history and identifies trends for all funding sources in the aggregate. In addition, patient balances in excess of 120 days are 100% reserved. Management regularly reviews revenue and payer mix data in evaluating the sufficiency of the allowance for uncollectible accounts. Amounts not collected after all reasonable collection efforts have been exhausted are applied against the allowance for uncollectible accounts.

Grants and Other Receivables

Grants and other receivables are stated at the amount management expects to collect from outstanding balances. All such amounts are considered collectible.

The Organization receives a significant amount of grants from the U.S. Department of Health and Human Services (DHHS). As with all government funding, these grants are subject to reduction or termination in future years. For the years ended September 30, 2019 and September 30, 2018, grants from DHHS (including both direct awards and awards passed through other organizations) represented approximately 76% and 76%, respectively, of grants, contracts and contributions revenue.

Investment in Limited Liability Company

The Organization is one of eight partners who each made a capital contribution of $500 to Primary Health Care Partners (PHCP). The purposes of PHCP are: (i) to engage and contract directly with the payers of health care to influence the design and testing of emerging payment methodologies; (ii) to achieve the three part aim of better care for individuals, better health for populations and lower growth in expenditures in connection with both governmental and non-governmental payment systems; (iii) to undertake joint activities to offer access to high quality, cost effective medical, mental health, oral health, home care and other community-based services, based upon the medical home model of primary care delivery, that promote health and well-being by developing and implementing effective clinical and administrative systems in a manner that is aligned with the FQHC model; and to lead collaborative efforts to manage costs and improve the quality of primary care services delivered by health centers operated throughout the state of New Hampshire; and (iv) to engage in any and all lawful activities, including without limitation the negotiation of contracts, agreements and/or arrangements (with payers and other parties). The Organization's investment in PHCP is reported using the equity method and the investment amounted to $19,101 and $22,590 at September 30, 2019 and 2018, respectively.

Assets Limited as To Use

Assets limited as to use include cash and cash equivalents set aside under loan agreements for repairs and maintenance on the real property collateralizing the loan, assets designated by the Board of Directors for specific projects or purposes and donor-restricted contributions as discussed further in Note 7.

Property and Equipment

Property and equipment acquisitions are recorded at cost, less accumulated depreciation. Depreciation is provided over the estimated useful life of each class of depreciable asset and is computed on the straight-line method.

Patient Service Revenue

Patient service revenue is reported at the estimated net realizable amounts from patients, third-party payers, and others for services rendered, including estimated retroactive adjustments under reimbursement agreements with third-party payers. Retroactive adjustments are accrued on an estimated basis in the period the related services are rendered and adjusted in future periods as final settlements are determined.

340B Drug Pricing Program

LHC, as an FQHC, is eligible to participate in the 340B Drug Pricing Program. The program requires drug manufacturers to provide outpatient drugs to FQHCs and other identified entities at a reduced price. LHC contracts with local pharmacies under this program. The local pharmacies dispense drugs to eligible patients of LHC and bill insurances on behalf of LHC. Reimbursement received by the pharmacies is remitted to LHC net of dispensing and administrative fees. Revenue generated from the program is included in patient service revenue net of third-party allowances. The cost of drug replenishments and contracted expenses incurred related to the program are included in other operating expenses.

Functional Expenses

The financial statements report certain categories of expenses that are attributable to one or more programs or supporting functions of the Organization. Expenses which are allocated between program services and administrative support include employee benefits which are allocated based on direct wages, facilities and related costs which are allocated based upon square footage occupied by the program, and direct program support (billing and medical records) which is 100% attributable to healthcare services.

Deficiency of Revenue Over Expenses

The consolidated statements of operations reflect the deficiency of revenue over expenses. Changes in net assets without donor restriction which are excluded from this measure include contributions of long-lived assets (including assets acquired using contributions which, by donor restriction, were to be used for the purposes of acquiring such assets) and changes in fair value of an interest rate swap that qualifies for hedge accounting.

Subsequent Events

For purposes of the preparation of these financial statements, management has considered transactions or events occurring through January 17, 2020, the date that the financial statements were available to be issued. Management has not evaluated subsequent events after that date for inclusion in the financial statements.

2. Availability and Liquidity of Financial Assets

The Organization regularly monitors liquidity required to meet its operating needs and other contractual commitments. The Organization has various sources of liquidity at its disposal, including cash and cash equivalents and a line of credit.

The Organization had working capital of $1,714,485 and $1,707,053 at September 30, 2019 and 2018, respectively. The Organization had average days cash and cash equivalents on hand (based on normal expenditures) of 31 and 32 at September 30, 2019 and 2018, respectively.

Financial assets available for general expenditure within one year as of September 30 were as follows:

	2019	2018
Cash and cash equivalents	$ 1,422,407	$ 1,341,015
Patient accounts receivable, net	1,237,130	1,330,670
Grants receivable	452,711	228,972
Other receivables	236,798	172,839
Financial assets available	$ 3,349,046	$ 3,073,496

The Organization has certain board-designated assets limited to use which are available for general expenditure within one year in the normal course of operations upon obtaining approval from the Board of Directors. Accordingly, these assets have not been included in the qualitative information above. The Organization has other assets limited to use for donor-restricted purposes, which are more fully described in Note 7, are not available for general expenditure within the next year and are not reflected in the amounts above.

The Organization's goal is generally to have, at the minimum, the Health Resources and Services Administration recommended days cash and cash equivalents on hand for operations of 30 days.

The Organization has a $1,000,000 line of credit, as discussed in more detail in Note 5.

3. Patient Accounts Receivable

Patient accounts receivable consisted of the following:

	2019	2018
Patient accounts receivable	$ 1,397,194	$ 1,386,791
Contract 340B pharmacy program receivables	75,586	197,976
Total patient accounts receivable	1,472,780	1,584,767
Allowance for doubtful accounts	(235,650)	(254,097)
Patient accounts receivable, net	$ 1,237,130	$ 1,330,670

A reconciliation of the allowance for uncollectible accounts follows:

	2019	2018
Balance, beginning of year	$ 254,097	$ 233,455
Provision for bad debts	398,544	354,460
Write-offs	(416,991)	(333,818)
Balance, end of year	$ 235,650	$ 254,097

The Organization grants credit without collateral to its patients, most of whom are local residents and are insured under third-party payer agreements. Primary payers representing 10% or more of the Organization's gross patient accounts receivable are as follows:

	2019	2018
Medicare	17 %	18 %
Medicaid	19 %	14 %
Anthem Blue Cross Blue Shield	*	13 %

* less than 10%

4. Property and Equipment

Property and equipment consists of the following:

	2019	2018
Land and improvements	$ 1,154,753	$ 1,154,753
Building and improvements	11,048,899	10,943,714
Furniture, fixtures and equipment	1,799,636	1,723,627
Total cost	14,003,288	13,822,094
Less accumulated depreciation	6,667,847	6,237,171
	7,335,441	7,584,923
Construction in progress	273,137	-
Property and equipment, net	$ 7,608,578	$ 7,584,923

During 2019, the Organization began to make renovations to the clinical building in Newmarket, New Hampshire. The project is estimated to cost approximately $780,000 and is expected to be completed and placed in service in December 2019. The project has been funded primarily through donor restricted contributions and debt.

The Organization has made renovations to certain buildings with federal grant funding. In accordance with the grant agreements, a Notice of Federal Interest (NFI) was filed in the appropriate official records of the jurisdiction in which the property is located. The NFI is designed to notify any prospective buyer or creditor that the Federal Government has a financial interest in the real property components acquired under the aforementioned grant; that the property may not be used for any purpose inconsistent with that authorized by the grant program statute and applicable regulations; that the property may not be mortgaged or otherwise used as collateral without the written permission of the Associate Administrator of the Office of Federal Assistance Management (OFAM), Health Resources and Services Administration (HRSA); and that the property may not be sold or transferred to another party without the written permission of the Associate Administrator of OFAM and HRSA.

5. Line of Credit

The Organization has an available $1,000,000 revolving line of credit from a local bank through May 31 2021, with an interest rate of 5.50%. The line of credit is collateralized by all business assets. There was no outstanding balance as of September 30, 2019 and 2018.

6. Long-Term Debt

Long-term debt consists of the following:

	2019	2018
Promissory note payable to local bank; see terms outlined below.	$ 851,934	$ 875,506
5.375% promissory note payable to United States Department of Agriculture, Rural Development (Rural Development), paid in monthly installments of $4,949, which includes interest, through June 2026. The note is collateralized by all tangible property owned by the Organization. The note was paid off through refinancing that is effective in October 2019; see details below.	335,509	371,976
4.75% promissory note payable to Rural Development, paid in monthly installments of $1,892, which includes interest, through November 2033. The note is collateralized by all tangible property owned by the Organization. The note was paid off through refinancing that is effective in October 2019; see details below.	231,091	242,438
4.375% promissory note payable to Rural Development, paid in monthly installments of $5,000, which includes interest, through December 2036. The note is collateralized by all tangible property owned by the Organization. The note was paid off through refinancing that is effective in October 2019; see details below.	718,732	746,431
Total long-term debt	2,137,266	2,236,351
Less current maturities	106,190	102,014
Long-term debt, less current maturities	$ 2,031,076	$ 2,134,337

The Organization has a promissory note with a local bank which is a ten-year balloon note to be paid at the amortization rate of 30 years, with monthly principal payments of $1,345 plus interest at 85% of the one-month LIBOR rate plus 2.125% through January 2022 when the balloon payment is due. The note is collateralized by the real estate. The Organization has an interest rate swap agreement for the ten-year period through 2022 that limits the potential interest rate fluctuation and essentially fixes the rate at 4.13%. The fair value of the interest rate swap agreement was an asset of $13,512 and a liability of $13,404 at September 30, 2019 and 2018, respectively.

Effective October 2, 2019, the Organization obtained a $2,100,000 note payable with a local bank, which repaid the notes payable due to Rural Development in the amount of $1,285,332, and the additional financing was used to renovate the Organization's Newmarket clinical building as discussed in Note 4. The note has a ten-year balloon and is to be paid at the amortization rate of 30 years, with monthly principal payments plus interest at the greater of the Wall Street Journal Prime rate or the weighted average of the rate of overnight Federal funds with members of the Federal Reserve Bank of New York plus 0.5% through October 2029 when the balloon payment is due. The note is collateralized by the real estate. The Organization has an interest rate swap agreement for the ten-year period through 2029 that limits the potential interest rate fluctuation and essentially fixes the rate at 3.173%.

The Organization is required to meet certain administrative and financial covenants under various loan agreements included above. The Organization failed to meet one of those loan covenants at September 30, 2019 and has received a waiver of default from the bank.

Maturities of long-term debt for the next five years and thereafter (adjusted for the refinancing as discussed above) are as follows:

2020	$ 106,190
2021	50,783
2022	832,321
2023	28,439
2024	29,264
Thereafter	1,090,269
Total	$ 2,137,266

7. Net Assets

Net assets without donor restrictions are designated for the following purposes:

	2019	2018
Undesignated	$ 7,019,181	$ 7,377,112
Repairs and maintenance on the real property collateralizing Rural Development loans	142,092	142,092
Board-designated for		
Transportation	16,982	16,982
Working capital	1,391,947	1,391,947
Building improvements	1,162,006	1,132,896
Total	$ 9,732,208	$10,061,029

Net assets with donor restrictions were restricted for the following specific purposes:

	2019	2018
Temporary in nature:		
Capital improvements	$ 326,567	$ 231,436
Community programs	181,151	54,643
Substance abuse prevention	28,388	25,067
Total	$ 536,106	$ 311,146

8. Patient Service Revenue

Patient service revenue was as follows for the years ended September 30:

	2019	2018
Gross charges	$13,786,408	$13,683,357
340B contract pharmacy revenue	1,139,085	1,327,156
Total gross revenue	14,925,493	15,010,513
Contractual adjustments	(4,793,060)	(4,534,268)
Sliding fee discounts	(964,485)	(1,030,666)
Other discounts	(24,180)	(19,394)
Total patient service revenue	$ 9,143,768	$ 9,426,185

The mix of gross patient service revenue from patients and third-party payers was as follows for the years ended September 30:

	2019	2018
Medicare	17 %	17 %
Medicaid	31 %	27 %
Blue Cross Blue Shield	17 %	18 %
Other payers	21 %	24 %
Self pay and sliding fee scale patients	14 %	14 %
	100 %	100 %

Laws and regulations governing the Medicare, Medicaid and 340B programs are complex and subject to interpretation. The Organization believes that it is in compliance with all laws and regulations. Compliance with such laws and regulations can be subject to future government review and interpretation, as well as significant regulatory action including fines, penalties and exclusion from the Medicare, Medicaid and 340B programs. Differences between amounts previously estimated and amounts subsequently determined to be recoverable or payable are included in patient service revenue in the year that such amounts become known.

A summary of the payment arrangements with major third-party payers follows:

Medicare

The Organization is reimbursed for the care of qualified patients on a prospective basis, with retroactive settlements related to vaccine costs only. The prospective payment is based on a geographically-adjusted rate determined by federal guidelines. Overall, reimbursement was and continues to be subject to a maximum allowable rate per visit. The Organization's Medicare cost reports have been audited by the Medicare administrative contractor through September 30, 2018.

Medicaid and Other Payers

The Organization is reimbursed by Medicaid for the care of qualified patients on a prospective basis. Overall, reimbursement is subject to a maximum allowable rate per visit. The Organization also has entered into payment agreements with certain commercial insurance carriers, health maintenance organizations and preferred provider organizations. Under these arrangements, the Organization is reimbursed based on contractually obligated payment rates which may be less than the Organization's public fee schedule.

Charity Care

The Organization provides care to patients who meet certain criteria under its sliding fee discount policy without charge or at amounts less than its established rates. Because the Organization does not pursue collection of amounts determined to qualify as charity care, they are not reported as net patient service revenue. The Organization estimates the costs associated with providing charity care by calculating the ratio of total cost to total charges, and then multiplying that ratio by the gross uncompensated charges associated with providing care to patients eligible for free care. The estimated cost amounted to approximately $1,053,562 and $1,041,596 for the years ended September 30, 2019 and 2018, respectively.

The Organization is able to provide these services with a component of funds received through local community support and federal and state grants.

9. Retirement Plan

The Organization has a defined contribution plan under Internal Revenue Code Section 403(b). The Organization contributed $300,572 and $157,605 for the years ended September 30, 2019 and 2018, respectively. The Organization's Board of Directors voted to suspend the employer contributions to the plan in April 2018 and resume contributions in January 2019 subsequent to the adoption of revisions to the employer contribution component of the plan documents.

10. Medical Malpractice

The Organization is protected from medical malpractice risk as an FQHC under the Federal Tort Claims Act (FTCA). The Organization has additional medical malpractice insurance, on a claims-made basis, for coverage outside the scope of the protection of the FTCA. As of September 30, 2019, there were no known malpractice claims outstanding which, in the opinion of management, will be settled for amounts in excess of both FTCA and medical malpractice insurance coverage, nor are there any unasserted claims or incidents which require loss accrual. The Organization intends to renew medical malpractice insurance coverage on a claims-made basis and anticipates that such coverage will be available.

11. Litigation

From time-to-time certain complaints are filed against the Organization in the ordinary course of business. Management vigorously defends the Organization's actions in those cases and utilizes insurance to cover material losses. In the opinion of management, there are no matters that will materially affect the Organization's consolidated financial statements.

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SUPPLEMENTARY INFORMATION

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LAMPREY HEALTH CARE, INC. AND FRIENDS OF LAMPREY HEALTH CARE, INC.

Consolidating Balance Sheet

September 30, 2019

ASSETS

	Lamprey Health Care, Inc.	Friends of Lamprey Health Care, Inc.	Eliminations	2019 Consolidated
Current assets				
Cash and cash equivalents	$ 453,924	$ 968,483	$ -	$ 1,422,407
Patient accounts receivable, net	1,237,130	-	-	1,237,130
Grants receivable	452,711	-	-	452,711
Other receivables	236,798	59,797	(59,797)	236,798
Inventory	81,484	-	-	81,484
Other current assets	78,405	-	-	78,405
Total current assets	2,540,452	1,028,280	(59,797)	3,508,935
Investment in limited liability company	19,101	-	-	19,101
Assets limited as to use	2,861,010	82,704	-	2,943,714
Fair value of interest rate swap	13,512	-	-	13,512
Property and equipment, net	5,718,217	1,890,361	-	7,608,578
Total assets	$11,152,292	$ 3,001,345	$ (59,797)	$14,093,840

LIABILITIES AND NET ASSETS

Current liabilities				
Accounts payable and accrued expenses	$ 701,615	$ -	$ (59,797)	$ 641,818
Accrued payroll and related expenses	961,024	-	-	961,024
Deferred revenue	85,418	-	-	85,418
Current maturities of long-term debt	65,417	40,773	-	106,190
Total current liabilities	1,813,474	40,773	(59,797)	1,794,450
Long-term debt, less current maturities	1,122,027	909,049	-	2,031,076
Total liabilities	2,935,501	949,822	(59,797)	3,825,526
Net assets				
Without donor restrictions	7,680,685	2,051,523	-	9,732,208
With donor restrictions	536,106	-	-	536,106
Total net assets	8,216,791	2,051,523	-	10,268,314
Total liabilities and net assets	$11,152,292	$ 3,001,345	$ (59,797)	$14,093,840

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LAMPREY HEALTH CARE, INC. AND FRIENDS OF LAMPREY HEALTH CARE, INC.

Consolidating Balance Sheet

September 30, 2018

ASSETS

	Lamprey Health Care, Inc.	Friends of Lamprey Health Care, Inc.	2018 Consolidated
Current assets			
Cash and cash equivalents	$ 656,379	$ 684,636	$ 1,341,015
Patient accounts receivable, net	1,330,670	-	1,330,670
Grants receivable	228,972	-	228,972
Other receivables	172,839	-	172,839
Inventory	72,219	-	72,219
Other current assets	139,568	-	139,568
Total current assets	2,600,647	684,636	3,285,283
Investment in limited liability company	22,590	-	22,590
Assets limited as to use	2,920,876	284,474	3,205,350
Property and equipment, net	5,585,290	1,999,633	7,584,923
Total assets	$11,129,403	$ 2,968,743	$14,098,146

LIABILITIES AND NET ASSETS

Current liabilities			
Accounts payable and accrued expenses	$ 438,830	$ -	$ 438,830
Accrued payroll and related expenses	919,690	-	919,690
Deferred revenue	117,696	-	117,696
Current maturities of long-term debt	63,027	38,987	102,014
Total current liabilities	1,539,243	38,987	1,578,230
Long-term debt, less current maturities	1,184,455	949,882	2,134,337
fair value of interest rate swap	13,404	-	13,404
Total liabilities	2,737,102	988,869	3,725,971
Net assets			
Without donor restrictions	8,081,155	1,979,874	10,061,029
With donor restrictions	311,146	-	311,146
Total net assets	8,392,301	1,979,874	10,372,175
Total liabilities and net assets	$11,129,403	$ 2,968,743	$14,098,146

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LAMPREY HEALTH CARE, INC. AND FRIENDS OF LAMPREY HEALTH CARE, INC.

Consolidating Statement of Operations

Year Ended September 30, 2019

	Lamprey Health Care Inc.	Friends of Lamprey Health Care, Inc.	Eliminations	2019 Consolidated
Operating revenue				
Patient service revenue	$ 9,143,768	$ -	$ -	$ 9,143,768
Provision for bad debts	(398,544)	-	-	(398,544)
Net patient service revenue	8,745,224	-	-	8,745,224
Rental income	-	227,916	(227,916)	-
Grants, contracts and contributions	6,104,270	-	-	6,104,270
Other operating revenue	1,637,475	103	-	1,637,578
Net assets released from restrictions for operations	75,197	-	-	75,197
Total operating revenue	16,562,166	228,019	(227,916)	16,562,269
Operating expenses				
Salaries and wages	10,584,157	-	-	10,584,157
Employee benefits	1,993,787	-	-	1,993,787
Supplies	646,774	-	-	646,774
Purchased services	1,731,860	128	-	1,731,988
Facilities	808,327	300	(227,916)	580,711
Other operating expenses	694,558	3,012	-	697,570
Insurance	145,114	-	-	145,114
Depreciation	351,790	109,272	-	461,062
Interest expense	64,197	43,658	-	107,855
Total operating expenses	17,020,564	156,370	(227,916)	16,949,018
(Deficiency) excess of revenue over expenses	(458,398)	71,649	-	(386,749)
Change in fair value of interest rate swap	26,916	-	-	26,916
Net assets released from restrictions for capital acquisition	31,012	-	-	31,012
(Decrease) increase in net assets without donor restrictions	$ (400,470)	$ 71,649	$ -	$ (328,821)

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LAMPREY HEALTH CARE, INC. AND FRIENDS OF LAMPREY HEALTH CARE, INC.

Consolidating Statement of Operations

Year Ended September 30, 2018

	Lamprey Health Care, Inc.	Friends of Lamprey Health Care, Inc.	Eliminations	2018 Consolidated
Operating revenue				
Patient service revenue	$ 9,426,185	$ -	$ -	$ 9,426,185
Provision for bad debts	(354,460)	-	-	(354,460)
Net patient service revenue	9,071,725	-	-	9,071,725
Rental income	-	227,916	(227,916)	-
Grants, contracts and contributions	5,538,925	-	-	5,538,925
Other operating revenue	769,148	92	-	769,240
Net assets released from restrictions for operations	118,447	-	-	118,447
Total operating revenue	15,498,245	228,008	(227,916)	15,498,337
Operating expenses				
Salaries and wages	9,941,188	-	-	9,941,188
Employee benefits	1,688,571	-	-	1,688,571
Supplies	715,784	78	-	715,862
Purchased services	1,569,171	156	-	1,569,327
Facilities	816,102	6,169	(227,916)	594,355
Other operating expenses	535,414	2,000	-	537,414
Insurance	143,338	-	-	143,338
Depreciation	353,293	106,423	-	459,716
Interest	60,447	35,984	-	96,431
Total operating expenses	15,823,308	150,810	(227,916)	15,746,202
(Deficiency) excess of revenue over expenses	(325,063)	77,198	-	(247,865)
Change in fair value of interest rate swap	365	-	-	365
Net assets released from restrictions for capital acquisition	16,651	-	-	16,651
(Decrease) increase in net assets without donor restrictions	$ (308,047)	$ 77,198	$ -	$ (230,849)

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LAMPREY HEALTH CARE, INC. AND FRIENDS OF LAMPREY HEALTH CARE, INC.

Consolidating Statement of Changes in Net Assets

Year Ended September 30, 2019

	Lamprey Health Care, Inc.	Friends of Lamprey Health Care, Inc.	2019 Consolidated
Net assets without donor restrictions			
(Deficiency) excess of revenue over expenses	$ (458,398)	$ 71,649	$ (386,749)
Change in fair value of interest rate swap	26,916	-	26,916
Net assets released from restrictions for capital acquisition	31,012	-	31,012
(Decrease) increase in net assets without donor restrictions	(400,470)	71,649	(328,821)
Net assets with donor restrictions			
Contributions	205,027	-	205,027
Grants for capital acquisition	126,142	-	126,142
Net assets released from restrictions for operations	(75,197)	-	(75,197)
Net assets released from restrictions for capital acquisition	(31,012)	-	(31,012)
Increase in net assets with donor restrictions	224,960	-	224,960
Change in net assets	(175,510)	71,649	(103,861)
Net assets, beginning of year	8,392,301	1,979,874	10,372,175
Net assets, end of year	$ 8,216,791	$ 2,051,523	$10,268,314

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LAMPREY HEALTH CARE, INC. AND FRIENDS OF LAMPREY HEALTH CARE, INC.

Consolidating Statement of Changes in Net Assets

Year Ended September 30, 2018

	Lamprey Health Care, Inc.	Friends of Lamprey Health Care, Inc.	2018 Consolidated
Net assets without donor restrictions			
(Deficiency) excess of revenue over expenses	$ (325,063)	$ 77,198	$ (247,865)
Change in fair value of interest rate swap	365	-	365
Net assets released from restrictions for capital acquisition	16,651	-	16,651
(Decrease) increase in net assets without donor restrictions	(308,047)	77,198	(230,849)
Net assets with donor restrictions			
Contributions	71,205	-	71,205
Grants for capital acquisition	16,651	-	16,651
Net assets released from restrictions for operations	(118,447)	-	(118,447)
Net assets released from restrictions for capital acquisition	(16,651)	-	(16,651)
Decrease in net assets with donor restrictions	(47,242)	-	(47,242)
Change in net assets	(355,289)	77,198	(278,091)
Net assets, beginning of year	8,747,590	1,902,676	10,650,266
Net assets, end of year	$ 8,392,301	$ 1,979,874	$10,372,175

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LAMPREY HEALTH CARE

Where Excellence and Caring go Hand in Hand

2020 Board of Directors

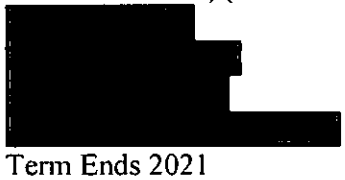
Frank Goodspeed (President/Chair)

Term Ends 2020
Affiliation: Tropic Star Development

Raymond Goodman, III (Vice President)

Term ends 2021
Affiliation: Governor's Academy

Arvind Ranade, (Treasurer)



Term Ends 2021
Affiliation: SymbioSys Solutions, Inc.

Thomas "Chris" Drew (Secretary)

Term Ends 2022
Affiliation: Seacoast Mental Health Center

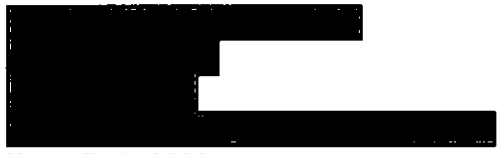
Audrey Ashton-Savage (Immediate Past

Term Ends 2021
Affiliation: University of New Hampshire

Michelle Boom

Term Ends 2022
Affiliation: Homemaker

James Brewer



Term Ends 2022
Affiliation: Kennebunk Savings Bank

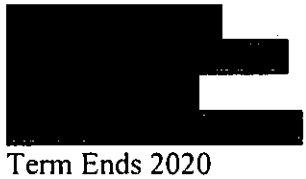
Michael Chouinard

Term Ends 2022
Affiliation: Retired

Elizabeth Crepeau

Term ends 2021
Affiliation: Retired

Robert Gilbert



Term Ends 2020
Affiliation: Retired

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LAMPREY HEALTH CARE

Where Excellence and Caring go Hand in Hand

2020 Board of Directors

Carol LaCross
[redacted]
Term Ends 2021
Affiliation: Retired

Andrea Laskey
[redacted]
Term Ends 2022
Affiliation: Retired

Mark Marandola
[redacted]
Term Ends 2022
Affiliation: Fidelity

Michael Reinke
[redacted]
Term Ends 2022
Affiliation: Nashua Soup Kitchen & Shelter

Wilberto Torres
[redacted]
Term Ends 2019
Affiliation: Torres Management and Research Corporation

Laura Valencia
[redacted]
Term Ends 2021
Affiliation: Student

Robert S. Woodward
[redacted]
Term Ends 2019
Affiliation: Retired

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Gregory A. White, CPA

[redacted]

Summary

Senior Level Executive with extensive hands-on experience in management, business leadership, and working with boards, banks and other external stake holders. A CPA with an established record of success in Community Health Center management. Strong in budgets, cash forecasts, grants, and team leadership.

Professional Experience

Lamprey Health Care – Newmarket, NH **2013 to present**

Chief Executive Officer

- Responsible for the leadership, operation and overall strategic direction of New Hampshire's largest Federally Qualified Health Center.
- Ensuring continuity and high quality primary medical care in three sites, both urban rural, serving over 16,000 patients in 40 communities.
- Leading a high performing senior management team in the direction of over 150 staff and providers.
- Engaging with leaders and stakeholders at the local, state and national levels to ensure that Lamprey is at the forefront of innovative, high quality health care delivery.

Lowell Community Health Center – Lowell, MA **2009 to 2013**

Chief Financial Officer

- Responsible for the integrity of financial information and systems for this Federally Qualified Health Center, employing 315 staff and providing over 120,000 visits annually. Upgraded financial and administrative infrastructure to meet requirements during a time of rapid expansion.
- Lead the financing and budget development for a $42 million capital facility project to include: traditional debt, multiple tax credit sources, federal grants, loan guarantees, and private funds.
- Directed key projects for: 340(b) pharmacy implementation; 403(b) tax deferred savings plan; multiple federal stimulus grants; and revised operating budget development.
- Representative to the Lowell General PHO for managed care contract negotiation
- Recruited and managed a team of five directors to oversee and manage four support and one programmatic department

Manchester Community Health Center – Manchester, NH **1999 to 2009**

Chief Financial Officer

- Recruited by the CEO to bring structure and process to the functional areas of the Center's financial operations. Provided direction and oversight to key business areas; General Administration, Patient Registration, Human Resources, FTCA/Legal and Medical Records.

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Gregory A. White, CPA
[redacted]

- Responsible for the development of key programs, Corporate Compliance, HIPAA, selection of a new practice management system. Supported Joint Commission accreditation and the implementation of an electronic medical record system.
- Led the development of financing for the Center's new facility.

Greater Lawrence Family Health Center – Lawrence, MA **1993 to 1998**

Controller **1997 to 1998**

Accounting Manager **1995 to 1997**

Senior Accountant/Analyst **1993 to 1995**

- Progressively responsible for all day to day financial operations of a Federally Qualified Health Center, including: Accounts Payable, Payroll, General Ledger, Cash Management, Cost Reporting, Patient Accounts, and Financial Reporting. Presented budgets, analysis, projections and periodic reporting to the Board of Directors.
- Key leader for projects involving: selection of new financial accounting software; selection of new practice management system; provider productivity measurement and analysis and group purchasing. Oversaw budget of $5 million construction project.
- Developed reimbursement model for an innovative Family Practice Residency program.

Alexander, Aronson, Finning & Co., CPA's – Westborough, MA **1990 to 1993**

Staff Accountant/Auditor

Education & Professional Affiliations

Babson College, Wellesley, MA

BS, Accounting - 1990

Commonwealth of Massachusetts

Certified Public Accountant- 1996

Healthcare Financial Management Association

Certified Healthcare Financial Professional - 2008

National Association of CHC's

Excel Leadership Program - 2003

National Registry of Emergency Medical Technicians

EMT - N.H. license number 18991-I

Boards, Advisory & Volunteer Experience

Massachusetts League of Community Health Centers – Special Finance Committee

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NH Health Access Network – Administrative & Training Committee

Community Health Access Network – Board of Directors, Finance Committee

Bi-State Primary Care Association – Capital Finance & Sustainability, Prospective Payment

The Way Home – Manchester, NH - Board of Trustees – Treasurer

Manchester Sustainable Access Project – Data Sub-group

Milford Ambulance Service – Volunteer EMT, Staff Officer, Treasurer, Building Advisory Committee

Milford Educational Foundation – 1999 to 2010 - Treasurer

Heritage United Way – Manchester – Community Investment Committee

Milford Community Athletic Association - Coach

Lasell College – Co-Resident Director

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Evalie M. Crosby, CPA, FHFMA

[redacted]

Summary of Qualifications

Thirty-three years professional accounting and healthcare finance experience including audit, residential mental health, critical access hospital and FQHC managerial experience. Responsibilities have included extensive involvement in third-party contract negotiations, budgeting, strategic planning, financial analysis of strategic initiatives, independent financial audit and IRS Form 990 coordination and full responsibility for preparation and filing of Medicare and Medicaid Cost Reports. Served in all executive positions in NHVT HFMA which has provided significant exposure to PPS hospital and NH and VT healthcare organization executive and managerial level leaders.

Experience

Lamprey Health Care, Inc, Newmarket, NH
Chief Financial Officer (2016 – Present)

Senior Executive of Finance for a three site Federally Qualified Health Center serving over 15,000 patients in southern New Hampshire.

- Responsible for overall fiscal management of multi-site Federally Qualified Health Center with a $15+ million dollar annual budget. Management includes budgeting, strategic planning, month end close and reporting to the Board of Directors.
- Redesigned and rebuilt company chart of accounts and reporting to more efficiently and accurately reflect financial operating results at the departmental, programmatic and grant levels of the health center.
- Preparation and execution of financial and retirement plan audits.
- Preparation and execution of tri-ennial HRSA site visit financial review.
- Conducted search and selection of Financial Advisor firm for 403B Retirement Plan.

Alice Peck Day Health System, Lebanon, NH
Vice President of Finance/Chief Financial Officer (2009-Present)

Senior Executive of Finance for Health System comprised of Alice Peck Day Memorial Hospital made up of a 25 bed Critical Access Hospital and 11 wholly owned Physician Practices and Alice Peck Lifecare, a senior living facility with 66 independent living units, 66 assisted living units and 7 24/7 supervised nursing units. Responsible for 6 direct reports and 69 employees from Revenue Cycle, Patient Access, Patient Accounts, Coding, Health Information, Materials Management, Fiscal Services and Lifecare Business Services. Prior to Senior Level restructuring CFO was responsible for IT/IS and Risk/Compliance.

- Responsible for overall financial and fiscal management aspects of Health Systems, Hospital and Lifecare operations including accounting, budgetary, tax and other financial planning activities within the health system organizations;
- Create, coordinate, and evaluate the financial programs and supporting information systems to include budgeting, tax planning, real estate, and conservation of assets.
- Approve and coordinate changes and improvements in automated financial and management information systems for the organizations of the APD Health Systems.
- Ensure compliance with local, state, and federal financial reporting requirements.
- Coordinate the preparation of financial statements, financial reports, Medicare Cost Reports, 990 Tax Returns, special analyses, and information reports.
- Develop and implement finance, accounting, billing, and auditing procedures.
- Establish and maintain appropriate internal control safeguards.
- Contribute financial expertise in the planning of new services that generate additional sources of revenue.
- Manage costs by continually seeking data that will identify opportunities that eliminate non-value costs in conjunction with the Senior Leadership Teams of the Hospital and Lifecare.
- Analyzes areas in planning, promoting and conducting organization-wide performance improvement activities.
- Interact with other managers to provide consultative support to planning initiatives through financial and management information analyses, reports, and recommendations.
- Develop and direct the implementation of strategic business and/or operational plans, projects, programs, and systems, in conjunction with other members of the Senior Leadership Teams.
- Establish and implement short- and long-range departmental goals, objectives, policies, and operating procedures.
- Negotiate and execute third party payor contracts.
- Represent the health system at meetings including medical staff, board of trustee meetings, New Hampshire Hospital Association, New England Alliance for Health, and other relevant community meetings as needed.
- Represent the company externally to media, government agencies, funding agencies, and the general public.
- Recruit, train, supervise, and evaluate department staff.

Mt. Ascutney Hospital and Health Center, Windsor, VT
Budgeting and Reimbursement Manager and Controller (2001-2009)
Progressive managerial experience ranging from budget and reimbursement manager to Controller and succession plan that would transition to Chief Financial Officer. Directly supervise 4 employees in Finance and serve as backup supervisor for 30 employees in four departments reporting to the Chief Financial Officer including Materials Management, IT, Patient Access and Patient Accounts.

- Plan, organize and coordinate annual budget process for Critical Access Hospital. Process involves collection and distribution of departmental historical volume, revenue and expense data; supporting department heads in the development of their operating

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budgets; performing financial analysis on proposed changes in services; and presenting proposed budget for approval by the Board of Trustees Finance and Audit Committee. Prepared and coordinated the presentation of the Hospital's proposed budget before the State of Vermont Banking, Insurance, Securities and Healthcare Administration (BISHCA) and Public Oversight Commission (POC).

- Serve as Hospital's direct finance contact for BISHCA staff, Medicaid Personnel, CMS personnel, and other contract agencies and third party payors.
- Prepare annual Medicare and Medicaid Cost Report filings and all supporting documentation.
- Coordinate annual financial audit process and serve as hospital's primary contact for all external audit engagements including but not limited to Independent Financial Auditors, Medicaid Auditors and Medicare Auditors.
- Develop and present finance workshops for clinical department heads. Serve as primary contact in the finance area for clinical department heads. Participate in Senior Management Team meetings. Participate in monthly Board of Trustee Finance and Audit Committee meetings.
- Implemented decision support software system which has successfully led to automation of monthly departmental variance reporting as well as much of the annual budget process.
- Responsible for updating and maintenance of Revenue and Estimated Third Party Settlement Models which are integral to the budgeting and monthly reporting processes.

Namaqua Center, Loveland, CO
Chief Financial Officer (1998-2001)
Responsible for the evaluation of automated accounting systems as well as the ultimate selection and implementation of the system. Directly supervised 3 employees and responsible for all aspects of the financial performance of the agency. Served as liaison with regulatory agencies, both for written reporting and on-site surveys.

- Developed full accounting policies and procedures manual for the agency.
- Direct contact for Independent Auditors and State Regulatory Agencies involved in financial oversight of the Agency's operations and effectiveness.
- Assured timely and complete Medicaid Cost Reports and School Department Reporting packages.
- Coordinated extensive Quality Improvement Project around third party reporting and billing.

Evalie M. Crosby, CPA
Principal (1985-1997)
Built a full public accounting practice servicing primarily small business, not for profit and individual clients. Successfully represented clients before the Internal Revenue Service, State Departments of Revenue, State Departments of Employment and Training, and Workers Compensation Insurers. Negotiated financing for clients with financial institutions and a variety of Federal and State Grant agencies.

- Provided monthly accounting and bookkeeping services.
- Provided quarterly and annual payroll and income tax filing assistance.
- Consulted with clients on the selection, installation and implementation of automated accounting systems.

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Deloitte Haskins + Sells, Boston, MA
Healthcare Audit Team, (1982-1985)

- Served in a variety of capacities from audit staff to audit senior on the Healthcare Audit Team for a major public accounting firm in Boston, MA.
- Planned, organized and supervised audits on a variety of healthcare engagements.
- Served as a member of the initial DH+S team for Brigham and Women's Hospital and New England Deaconess Hospital engagements.

Education

Master of Science in Accounting **1982**
Northeastern University Graduate School of Professional Accounting, Boston, MA

Bachelor of Arts - Economics **1980**
Tufts University, Medford, MA

Current Certifications/Affiliations

Healthcare Finance Management Association (HFMA)

Fellow of Healthcare Financial Management Association (FHFMA) 2007-Present

Certified Healthcare Finance Professional with Specialty in Physician Practices (1984-Present)

NHVT Executive Board (All positions, 2008-2012)

Certification Committee Co-Chair (2005-2008)
Received Yerger Award for Innovation (2007)

Newsletter Committee (2005-2008)
Authored several articles for the Chapter-s bi-monthly newsletter

Education Committee (2004-2008)
Presenter for four separate HFMA and MGMA Education Sessions
Co-Coordinator for a minimum of two sessions per year

Certified Public Accountant (1984-Present)

Commonwealth of Massachusetts	1984-1997
State of Colorado	1997-2001
State of New Hampshire	2001-Present

Speaking Engagements

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Healthcare Financial Management Association

HFMA Core Coaching Preparation Course	August 2008 September 2009
The Role of Patient Accounts in the Revenue Cycle	October 2009
Medicare Cost Report Boot Camp	January 2010
Introduction to Healthcare Finance for Trustees	January 2010
Basic Healthcare Finance for Non Financial Professionals	October 2010

American Institute of Certified Public Accountants

Healthcare Industry Annual Conference	November 2012

Alice Peck Day Health System

Finance Topics for the Non-Financial Manager	Monthly Lunch and Learns

River Valley Community College

Adjunct Faculty for "Healthcare Accounting and Finance"	Sept 2015 – Dec 2015

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VASUKI NAGARAJ M.D., M.P.H.
[redacted]

SPECIALITY **Family Medicine**

EDUCATION

Master of Public Health, *Aug 2001 – Dec 2003*
Environmental and Occupational Health
Texas A&M University-HSC, College Station, Texas

Bachelor of Medicine and Surgery (M.B.B.S) *Aug 1995 – Apr 2000*
J.J.M. Medical College, Davangere, India *Kuvempu University*

HONORS

- Financed 75% of entire Medical Education through Government based merit, and 100% of my MPH degree through graduate assistantships.
- Ranked in the top 5% of the graduating class of 2001 in Medical School.
- Inducted into the Alpha Tau chapter of the Delta Omega Public Health Honor Society in April, 2004.
  The Delta Omega Society recognizes scholarship merit (top 10% of students) and reflects dedication to quality in the field of Public Health.

RESEARCH

Texas A&M University, Research Assistant *Aug 2001- Aug 2003*
Rio Bravo Child Pesticide Ingestion Project, P.I. – K.C. Donnelly, PhD.

- The primary focus of this study is to develop a methodology to estimate childhood exposure to pesticide through the sampling of house dust and children's hand rinse and urine samples. My duties included Coordinating research communication; Leading a team involved in generating reports, writing protocols, and handling sampling tools; Analyzing and maintaining a database from the results of the study.

EXPERIENCE

Lamprey Health Care, Nashua, New Hampshire
Chief Medical Officer *May 2018-Present*
Nashua Site Medical Director *August 2012-May 2018*
Family Physician *August 2008-Present*

Southern New Hampshire Medical Center/Foundation Medical Partners, Nashua, New Hampshire
Hospitalist *Jan 2009 - Present*

EHA Consulting Group, Inc.
Infectious Disease Epidemiologist *Jan 2004 – June 2006*

- Epidemiology: Offered specialized consultation, remediation, interaction with regulatory agencies and expert testimony. Assessing and managing risks, corporate crisis intervention and allocating liabilities.
- Food Safety: Provide services in the areas of investigation, planning, compliance, education, and crisis management.

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VASUKI NAGARAJ M.D., M.P.H.
[redacted]

- Indoor air and mold: Provides strategies for the identification and resolution of problems involving Toxic Molds (Bioaerosols) and Indoor Air Quality (IAQ), including bioterrorist agents.

Chigateri General Hospital, *Intern* ***Apr 2000 – Apr 2001***

- Rotation Internship for a duration of one year in all departments.
- Responsible for inpatient care on the wards, making decisions independently, ensuring timely investigations/interventions and assisting in surgical procedures whenever necessary.
- Participated in ambulatory clinics/community health check ups, immunization programs and development of peripheral health centers.
- Worked for a period of three months during the Internship in rural and underdeveloped areas.

RESIDENCY **Central Maine Medical Center, Lewiston, ME** ***July 2005–June 2008***

A 250 – bed non profit hospital

- Gained hands on experience in patient care of children, adolescents, adults, older adults, pregnant women and acute care/ emergency settings.
- Responsible for independently evaluating and treating patients in the Outpatient Family Medicine Clinic, ordering labs, scheduling follow ups and performing necessary procedures in a timely fashion.
- Responsible for inpatient care on the floors, making decisions independently, ensuring timely investigations/interventions and assisting in surgical procedures whenever necessary.
- Responsible for teaching and supervising interns, and third/ fourth year medical students.
- Member of residency curriculum committee and Residency didactics committee

Co-chief Resident, Family Practice Residency, March 2007 – June 2008

- Work to enhance communication between the resident staff, the attending staff/faculty, and the technical staff.
- Advocate for the resident staff and promotes resident interests in conjunction with program needs and functions.
- Formulate resident rotation schedules, resident orientation programs, resident social functions, resident applicant interviews, and resident morale issues.

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VASUKI NAGARAJ M.D., M.P.H. [redacted]

STANDARDIZED TESTS

- USMLE Step 1 Passed 08/03
- USMLE Step 2 CS Passed 01/04
- USMLE Step 2 CK Passed 02/04
- USMLE Step 3 Taken 03/07

LICENSURE/BOARD CERTIFICATION

Licensed in Maine during Residency EC-05-041
Licensed in New Hampshire
American Board of Family Medicine

REFERENCES **Available on request**

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Sue Durkin

[redacted]

Lamprey Health Care October 2018 – Present

Chief of Clinical Services June 2019 – Present
Provide oversight of operations and quality within all clinical services including primary care, prenatal care, behavioral health, Medication Assisted Treatment (MAT), Breast and Cervical Cancer Program (BCCP), diabetes education, care coordination and psychiatry. Responsible for program development; preparing grant applications and reports; and assuring compliance with state, federal, and funding requirements within these programs. Provide oversight of the quality department, risk management, and NCQA Patient Centered Medical Home recognition process. Oversee the activities of the safety committee and the emergency preparedness plan.

Director of Quality Improvement and Population Health October 2018 – June 2019
Responsible for the overall leadership and administration of the performance improvement and quality program of the organization, including: supported the Board of Director's strategic organizational initiatives; developed appropriate strategies for evidence based practices for improving clinical operations and outcomes measures related to Uniform Data Systems (UDS) and NCQA Patient Centered Medical Home.

Families First Health and Support Center September 1998 – August 2019

Clinical Director January 2015 – August 2019
Responsible for the development and oversight of all clinical programs including primary care, Health Care for the Homeless, prenatal, well child, Medication Assisted Treatment (MAT), care coordination, Breast and Cervical Cancer Program (BCCP), Hepatitis C treatment, and the integration of psychiatry within primary care. Oversaw quality improvement, reporting, risk management, policy development, systems development and management. Assured compliance with state and federal regulations. Facilitated training and staff development. Developed and maintained interagency collaborations. Participated in the organization's management team, NCQA Patient Centered Medical Home work group, and the quality improvement committee of the Board of Directors. Participated in grant development and management.

Health Care for the Homeless Program Director May 2011- January 2015
Provided overall organization, management, and delivery of quality patient care for the program. Supervised staff. Participated in the organization's management team.

Health Care for the Homeless Program Nurse September 2005 - May 2011
Provided primary nursing care to homeless patients in a mobile health setting.

Quality Improvement Director June 2001 - September 2011
Responsible for the organization's quality improvement program. Coordinated activities of the quality improvement committee of the Board of Directors.

Clinical Operations Director September 1998 - June 2001
Provided oversight of clinical operations for the health center. Responsible for the organization's quality improvement program. Participated in grant proposal development and reporting. Responsible for clinical staffing and supervision.

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Wentworth-Douglass Hospital June 1997 - April 1999
Staff Nurse/Charge Nurse/Per Diem Nurse
Provided primary nursing care to pediatric, adolescent, and adult patients. Performed and assisted in outpatient procedures. Assumed charge nurse responsibilities as of November 1997.

Education:
Rivier College--St. Joseph's School of Nursing September 1995 - May 1997
A.D. Nursing, GPA 4.0

College of the Holy Cross September 1987 - May 1991
B.A. Sociology

Certifications/ Licenses:
Certified Profession in Healthcare Quality (CPHQ)
Registered Nurse in State of NH (RN)
Certified Asthma Educator (AE-C)
CPR Certified
Certified Yoga Teacher (RYT 200)

Boards of Directors:
Seacoast Women's Giving Circle 2016 – Present
Prescott Park Arts Festival 2005- 2007

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CONTRACTOR NAME

Key Personnel

Name	Job Title	Salary	% Paid from this Contract	Amount Paid from this Contract
Gregory White	Chief Executive Officer	206,410.36	0	0
Evalie Crosby	Chief Financial Officer	156,041.34	0	0
Vasuki Nagaraj	Medical Director	230,009.78	0	0
Susan Durkin	Chief of Clinical Services	122,399.94	0	0

State of New Hampshire
Department of Health and Human Services
Amendment #2 to the Primary Care Services

This 2nd Amendment to the Primary Care Services contract (hereinafter referred to as "Amendment #2") is by and between the State of New Hampshire, Department of Health and Human Services (hereinafter referred to as the "State" or "Department") and Mid-State Health Center (hereinafter referred to as "the Contractor"), a non-profit with a place of business at 101 Boulder Point Drive, Suite 1, Plymouth, NH 03264.

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on June 20, 2018, (Item #27G) as amended on May 6, 2020, (Item #46), the Contractor agreed to perform certain services based upon the terms and conditions specified in the Contract as amended and in consideration of certain sums specified; and

WHEREAS, pursuant to Form P-37, General Provisions, Paragraph 18, and Exhibit C-1, Revisions to General Provisions, Section 3, the Contract may be amended upon written agreement of the parties and approval from the Governor and Executive Council; and

WHEREAS, the parties agree to extend the term of the agreement, increase the price limitation, or modify the scope of services to support continued delivery of these services; and

NOW THEREFORE, in consideration of the foregoing and the mutual covenants and conditions contained in the Contract and set forth herein, the parties hereto agree to amend as follows:

1. Form P-37 General Provisions, Block 1.7, Completion Date, to read:

   March 31, 2022.

2. Form P-37, General Provisions, Block 1.8, Price Limitation, to read:

   $593,214.

3. Add Exhibit A-3, Additional Scope of Services BinaxNOW, which is attached hereto and incorporated by reference herein.

4. Modify Exhibit B, Methods and Conditions Precedent to Payment, Section 4, Subsection 4.1 to read:

   4.1 Payments shall be on a cost reimbursement basis for approved actual costs in accordance with Exhibit B-1 through Exhibit B-6 Amendment #2 Budget, which is attached hereto and incorporated by reference herein.

5. Add Exhibit B-6, Amendment #2 Budget, which is attached hereto and incorporated by reference herein.

All terms and conditions of the Contract and prior amendments not inconsistent with this Amendment #2 remain in full force and effect. Exhibit A-3, Additional Scope of Services BinaxNOW, shall be effective retroactively to November 1, 2020, upon Governor's approval issued under the Executive Order 2020-04 as extended by Executive Orders 2020-05, 2020-08, 2020-09, 2020-10, 2020-14, 2020-15, 2020-16, 2020-17, 2020-18, and 2020-20. All other provisions of this amendment shall be effective July 1, 2021, or upon the date of Governor and Executive Council approval, whichever is later.

IN WITNESS WHEREOF, the parties have set their hands as of the date written below,

State of New Hampshire
Department of Health and Human Services

12/21/2020
Date

DocuSigned by:
Lisa M. Morris
D938DBFDC8A44A...
Name: Lisa M. Morris
Title: Director, Division of Public Health Srvcs.

Mid-State Health Center

12/15/2020
Date

DocuSigned by:
Robert MacLeod
0CA0CD...
Name: Robert MacLeod
Title: CEO

New Hampshire Department of Health and Human Services
Primary Care Services

The preceding Amendment, having been reviewed by this office, is approved as to form, substance, and execution.

OFFICE OF THE ATTORNEY GENERAL

12/29/2020
Date

DocuSigned by:
Name: Catherine Pinos
Title: Attorney

I hereby certify that the foregoing Amendment was approved by the Governor and Executive Council of the State of New Hampshire at the Meeting on: _____ (date of meeting)

OFFICE OF THE SECRETARY OF STATE

Date

Name:
Title:

Additional Scope of Services BinaxNOW

1. BinaxNOW COVID-19 Antigen Testing and Supplies

1.1. The BinaxNOW COVID-19 Antigen Test is now authorized for Point of Care (POC) use in patient care settings operating under a Clinical Laboratory Improvement Amendment of 1988 Certificate of Waiver, Certificate of Compliance, or Certificate of Accreditation.

1.2. The BinaxNOW COVID-19 Antigen Test supplies are authorized for use under an Emergency Use Authorization by the U.S. Food and Drug Administration and consist of a lateral flow immunoassay for the qualitative detection of nucleocapsid protein antigen from the SARS-CoV-2 virus in direct nasal swabs from individuals suspected of COVID-19 by their healthcare provider within the first seven (7) days of symptom onset.

1.3. The Department will supply the Contractor with the BinaxNOW Rapid-Antigen COVID-19 Testing supplies at no cost to the Contractor via allotted distribution from the Department contingent upon the availability of supplies.

1.4. The Contractor shall adhere to proper use procedures and indications for BinaxNOW COVID-19 Antigen Test supplies as issued by the manufacturer (Abbott Laboratories), the U.S. Food and Drug Administration, and the Department, including applicable Health Advisory Network (HAN) messages.

1.5. The Contractor shall use BinaxNOW COVID-19 Antigen Test supplies provided by the Department only for active patients of the Contractor who:

1.5.1. Have COVID-19 symptoms, with symptom onset within the last seven (7) days; or

1.5.2. Do not have symptoms of COVID-19 at the direction of the Department.

1.6. The Contractor shall notify its established active patients who have symptoms of COVID-19 that it has the ability to perform COVID-19 testing, including rapid antigen testing.

1.7. The Contractor shall notify the Regional Public Health Network(s) within the Contractor's catchment area(s) that it can perform COVID-19 testing for active patients of the Contractor.

1.8. The Contractor shall report all positive test results and case details to the Department within twenty-four (24) hours of result determination using the COVID-19 Case Report form provided by the Department, which is available at the following link: https://www.dhhs.nh.gov/dphs/cdcs/covid19/covid19-reporting-form.pdf.

1.9. The Contractor shall report positive and negative test results to the Department using a secure web-based reporting process described in Health Alert Network Message #22. Instructions for Reporting Point-of-Care Tests available at: https://www.dhhs.nh.gov/dphs/cdcs/alerts/documents/covid-19-update22.pdf

1.10. The Contractor is prohibited from charging a patient, a patient's guardian, a patient's insurance, or New Hampshire Medicaid for a COVID-19 test conducted using BinaxNOW COVID-19 Antigen Test supplies provided by the Department.

1.11. The Contractor may charge a specimen collection fee, including, but not limited to, Healthcare Common Procedural Coding System (HCPCS) code G2023 as well as normal billing for an office or home visits by the Contractor, to the patient, the patient's guardian, the patient's insurance, or New Hampshire Medicaid for the evaluation and management of the patient that leads to a COVID-19 test conducted using BinaxNOW COVID-19 Antigen Test supplies provided by the Department.

1.12. The Contractor shall not refuse services or testing for any patient with any symptom(s) of COVID-19 using BinaxNOW COVID-19 Antigen Test supplies provided by the Department for any reason other than lack of available supplies.

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New Hampshire Department of Health and Human Services

Bidder/Program Name: Mid-State Health Center

Budget Request for: Primary Care Services
(Name of RFP)

Budget Period: July 1, 2021 - March 31, 2022 (State Fiscal Year 2022)

Line Item	Total Program Cost			Contractor Share / Match			Funded by DHHS contract share		
	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total
1. Total Salary/Wages	$1,016,850.90	$ -	$ 1,016,850.90	$ 930,857.30	$ -	$ 930,857.30	$85,993.60	$ -	$ 85,993.60
2. Employee Benefits	$ 254,212.73	$ -	$ 254,212.73	$ 232,714.32	$ -	$ 232,714.32	$ 21,498.40	$ -	$ 21,498.40
3. Consultants	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
4. Equipment:	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Rental	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Repair and Maintenance	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Purchase/Depreciation	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
5. Supplies:	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Educational	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Lab	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Pharmacy	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Medical	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Office	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
6. Travel	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
7. Occupancy	$ -		$ -	$ -		$ -	$ -		$ -
8. Current Expenses	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Telephone	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Postage	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Subscriptions	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Audit and Legal	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Insurance	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Board Expenses	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
9. Software	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
10. Marketing/Communications	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
11. Staff Education and Training	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
12. Subcontracts/Agreements	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
13. Other (specific details mandatory):	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
TOTAL	$ 1,271,063.63	$ -	$ 1,271,063.63	$ 1,163,571.62	$ -	$ 1,163,571.62	$ 107,492.00	$ -	$ 107,492.00
Indirect As A Percent of Direct		0.0%							

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State of New Hampshire

Department of State

CERTIFICATE

I, William M. Gardner, Secretary of State of the State of New Hampshire, do hereby certify that MID-STATE HEALTH CENTER is a New Hampshire Nonprofit Corporation registered to transact business in New Hampshire on January 09, 1998. I further certify that all fees and documents required by the Secretary of State's office have been received and is in good standing as far as this office is concerned.

Business ID: **285492**

Certificate Number: **0005053392**

IN TESTIMONY WHEREOF,

I hereto set my hand and cause to be affixed the Seal of the State of New Hampshire, this 9th day of December A.D. 2020.

William M. Gardner

Secretary of State

Filing History

Back to Home (/online)

Business Name	Business ID
Mid-State Health Center	285492

Filing#	Filing Date	Effective Date	Filing Type	Annual Report Year
0005053391	12/09/2020	12/09/2020	Nonprofit Report	2020
0004768788	01/16/2020	01/16/2020	Annual Report Reminder	N/A
0004195415	10/09/2018	10/09/2018	Change of Officer/Director	N/A
0004192166	10/02/2018	10/02/2018	Change of Officer/Director	N/A
0003290780	02/29/2016	02/29/2016	Reinstatement	N/A
0003199268	01/01/2016	01/01/2016	Admin Dissolution/Suspension	N/A
0001059277	11/11/2010	11/11/2010	Annual Report	2010
0001059276	10/08/2010	10/08/2010	Reminder Letter	N/A
0001059275	11/28/2005	11/28/2005	Annual Report	2005
0001059274	09/02/2005	09/02/2005	Amendment	N/A
0001059273	11/15/2004	11/15/2004	Amendment	N/A
0001059272	04/06/2000	04/06/2000	Annual Report	2000
0001059271	01/09/1998	01/09/1998	Business Formation	N/A

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NH Department of State, 107 North Main St. Room 204, Concord, NH 03301 -- **Contact Us (/online/Home/ContactUS)**

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CERTIFICATE OF AUTHORITY

I, Louis Todd Bickford, hereby certify that:
(Name of the elected Officer of the Corporation/LLC; cannot be contract signatory)

1. I am a duly elected Clerk/Secretary/Officer of Mid-State Health Center.
(Corporation/LLC Name)

2. The following is a true copy of a vote taken at a meeting of the Board of Directors/shareholders, duly called and held on November 17, 2020, at which a quorum of the Directors/shareholders were present and voting.
(Date)

VOTED: That Robert MacLeod, (may list more than one person)
(Name and Title of Contract Signatory)

is duly authorized on behalf of Mid-State Health Center to enter into contracts or agreements with the State
(Name of Corporation/ LLC)

of New Hampshire and any of its agencies or departments and further is authorized to execute any and all documents, agreements and other instruments, and any amendments, revisions, or modifications thereto, which may in his/her judgment be desirable or necessary to effect the purpose of this vote.

3. I hereby certify that said vote has not been amended or repealed and remains in full force and effect as of the date of the contract/contract amendment to which this certificate is attached. This authority **remains valid for thirty (30)** days from the date of this Certificate of Authority. I further certify that it is understood that the State of New Hampshire will rely on this certificate as evidence that the person(s) listed above currently occupy the position(s) indicated and that they have full authority to bind the corporation. To the extent that there are any limits on the authority of any listed individual to bind the corporation in contracts with the State of New Hampshire, all such limitations are expressly stated herein.

Dated: 11/17/2020

Signature of Elected Officer
Name: Louis Todd Bickford
Title: Board of Directors Treasurer

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CERTIFICATE OF LIABILITY INSURANCE

Date: 09/10/20

Administrator:
New England Special Risks, Inc.
60 Prospect St.
Sherborn, Ma. 01770
Phone: (508) 561-6111

This certificate is issued as a matter of information only and confers no rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policies below.

INSURERS AFFORDING COVERAGE

Insurer A:	Medical Protective Insurance Co.
Insurer B:	AIM Mutual Insurance Co.
Insurer C:	
Insurer D:	
Insurer E:	

Insured:
Mid-State Health Center
101 Boulder Point Dr.- Suite 1
Plymouth, NH. 03264

Coverages

The policies of insurance listed below have been issued to the insured named above for the policy period indicated. Notwithstanding any requirement, term or condition of any contract or other document with respect to which the certificate may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions and conditions of such policies, aggregate limits shown may have been reduced by paid claims.

INS. LTR.	TYPE OF INSURANCE	POLICY NUMBER	Policy Effective Date	Policy Expiration Date	LIMITS		
A	**General Liability** ☑ Commercial General Liability ☐ Claims Made ☑ Occurrence ☐ ☐ General Aggregate Limit Applies Per: ☑ Policy ☐ Project ☐ Loc	HN 030313	10/1/2020	10/1/2021	Each Occurrence Fire Damage (Any one fire) Med Exp (Any one person) Personal & Adv Injury General Aggregate Products - Comp/Op Agg	$ $ $ $ $ $	1,000,000 50,000 5,000 1,000,000 3,000,000 1,000,000
	Automobile Liability ☐ Any Auto ☐ All Owned Autos ☐ Scheduled Autos ☐ Hired Autos ☐ _____				Combined Single Limit (Each accident) Bodily Injury (Per person) Bodily Injury (Per accident) Property Damage (Per accident)	$ $ $ $	
	Garage Liability ☐ Any Auto ☐				Auto Only - Ea. Accident Other Than Auto Only: Ea. Acc Other Than Auto Only: Agg	$ $ $	
	Excess Liability ☐ Occurrence ☐ Claims Made ☐ Deductible ☐ Retention $				Each Occurrence Aggregate 	$ $ $ $ $	
B	**Workers Compensation and Employers' Liability**	ECC-4000079-2018A	10/1/2020	10/1/2021	☑ Statutory Limits ☐ Other E.L. Each Accident E.L. Disease-Ea. Employe E.L. Disease - Policy Limit	 $ $	 500,000 500,000 500,000
A	**Entity Healthcare Professional and Employed Physicians Professional Professional Liability**	HN 030313	10/1/2020	10/1/2021	Per Incident Aggregate		$1,000,000 $3,000,000

Description of operations/vehicles/exclusions added by endorsement/special provision

Evidence of Current General, Healthcare Medical Professional Liability and Workers Compensation Insurance Coverage for the Insured.

Certificate Holder

State Of New Hampshire
Department of Health and Human Services
129 Pleasant St.
Concord, NH. 03301

Should any of the above policies be canceled before the expiration date thereof, the issuing insurer will endeavor to mail 10 days written notice to the certificate holder named to the left, but failure to do so shall impose no obligation or liability of any kind upon the insurer, its agents or representatives.

Authorized Representative

Emanuel Polakis

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MID-STATE HEALTH CENTER
Where your care comes together.

Family, Internal and Pediatric Medicine • Behavioral Health • Dental Care
midstatehealth.org

Mission Statement: Mid-State Health Center provides sound primary medical care to the community, accessible to all regardless of the ability to pay.

Plymouth Office: 101 Boulder Point Drive • PH (603) 536-4000 • FAX (603) 536-4001
Bristol Office: 100 Robie Road • PH (603) 744-6200 • FAX (603) 744-9024
Mailing Address: 101 Boulder Point Drive • Suite 1 • Plymouth, NH 03264

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MID-STATE HEALTH CENTER AND SUBSIDIARY

Consolidated Financial Statements

As of and for the Years Ended
June 30, 2019 and 2018

Supplemental Schedule of Expenditures of Federal Awards

For the Year Ended June 30, 2019

and

Independent Auditors' Report

MID-STATE
HEALTH CENTER
A non-profit corporation

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MID-STATE HEALTH CENTER AND SUBSIDAIRY

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TYLER, SIMMS & ST. SAUVEUR, CPAs, P.C.
Certified Public Accountants & Business Consultants

Independent Auditors' Report

To the Board of Trustees of
Mid-State Health Center and Subsidiary:

Report on the Consolidated Financial Statements

We have audited the accompanying consolidated financial statements of Mid-State Health Center and Subsidiary, which comprise the consolidated statements of financial position as of June 30, 2019 and 2018, and the related consolidated statements of operations and changes in net assets, functional expenses and cash flows for the years then ended, and the related notes to the consolidated financial statements.

Management's Responsibility for the Consolidated Financial Statements

Management is responsible for the preparation and fair presentation of these consolidated financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation and maintenance of internal control relevant to the preparation and fair presentation of consolidated financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these consolidated financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the consolidated financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the consolidated financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the consolidated financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the Organization's preparation and fair presentation of the consolidated financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Organization's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the consolidated financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Tyler, Simms & St. Sauveur, P.C. • 19 Morgan Drive • Lebanon, NH 03766 • Ph. 603-653-0044 • Fax 603-653-0209
www.tss-cpa.com

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Emphasis of Matter

Changes in Accounting Principle

As discussed in Note 1 to the consolidated financial statements, as of June 30, 2019, the Organization adopted Accounting Standards (ASU) 2016-14, *Presentation of Financial Statements of Not-for-Profit Entities*. The update addresses the complexity and understandability of net asset classification, information about liquidity and availability of resources, methods used to allocate costs and direction for consistency about information provided about expenses and investment return. The adoption of the standard resulted in additional footnote disclosures and changes to the classification of net assets and disclosures related to net assets. Our opinion is not modified with respect to this matter.

Opinion

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the financial position of Mid-State Health Center and Subsidiary as of June 30, 2019 and 2018, and the results of their operations, changes in net assets and cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Other Matters

Supplementary Information

Our audit was conducted for the purpose of forming an opinion on the consolidated financial statements as a whole. The accompanying Schedule of Expenditures of Federal Awards, as required by Title 2 U.S. *Code of Federal Regulations* (CFR) Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards*, is presented for purposes of additional analysis and is not a required part of the financial statements. The consolidating information is also presented on pages 30-33 for purposes of additional analysis and is not a required part of the consolidated financial statements. Such information is the responsibility of the Organization's management and was derived from and relates directly to the underlying accounting and other records used to prepare the consolidated financial statements. The information has been subjected to the auditing procedures applied in the audit of the consolidated financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the consolidated financial statements or to the consolidated financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the consolidated financial statements as a whole.

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Other Reporting Required by Government Auditing Standards

In accordance with *Government Auditing Standards*, we have also issued our report dated November 19, 2019, on our consideration of the Organization's internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements and other matters. The purpose of that report is solely to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the Organization's internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the Organization's internal control over financial reporting and compliance.

Tyler, Simms and St. Laurent, CPAs, P.C.

Lebanon, New Hampshire
November 19, 2019

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MID-STATE HEALTH CENTER AND SUBSIDIARY

Consolidated Statements of Financial Position

As of June 30, 2019 and 2018

	2019	2018
Assets		
Current assets		
Cash and cash equivalents	$ 1,764,253	$ 1,453,543
Restricted cash	69,659	53,419
Patient accounts receivable, net	570,448	683,199
Estimated third-party settlements	88,708	98,348
Contracts and grants receivable	475,746	291,932
Prepaid expenses and other receivables	379,974	357,533
Total current assets	3,348,788	2,937,974
Long-term assets		
Property and equipment, net	5,832,126	6,022,468
Other assets	18,263	-
Total long-term assets	5,850,389	6,022,468
Total assets	$ 9,199,177	$ 8,960,442
Liabilities and net assets		
Current liabilities		
Accounts payable	$ 204,907	$ 122,653
Accrued expenses and other current liabilities	66,462	71,462
Accrued payroll and related expenses	374,802	350,636
Accrued earned time	308,765	354,444
Current portion of long-term debt	160,374	160,342
Current portion of capital lease obligations	591	7,460
Total current liabilities	1,115,901	1,066,997
Long-term liabilities		
Long-term debt, less current portion	4,195,066	4,348,832
Capital lease obligations, less current portion	-	791
Total long-term liabilities	4,195,066	4,349,623
Total liabilities	5,310,967	5,416,620
Commitments and contingencies (See Notes)		
Net assets without donor restrictions	3,888,210	3,543,822
Total liabilities and net assets	$ 9,199,177	$ 8,960,442

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

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MID-STATE HEALTH CENTER AND SUBSIDIARY

Consolidated Statements of Operations and Changes in Net Assets

For the Years Ended June 30, 2019 and 2018

	2019	2018
Changes in net assets without restrictions		
Revenue, gains and other support		
Patient service revenue (net of contractual allowances and discounts)	$ 6,721,349	$ 7,064,450
Provision for uncollectible accounts	241,053	280,637
Net patient service revenue	6,480,296	6,783,813
Contracts and grants	2,464,156	2,260,034
Contributions	13,987	13,903
Other operating revenue	1,834,609	1,308,807
Net assets released from restrictions	-	11,958
Total revenue, gains and other support	10,793,048	10,378,515
Expenses		
Salaries and wages	6,115,133	6,490,478
Employee benefits	1,378,376	1,469,123
Insurance	33,090	137,116
Professional fees	939,846	563,056
Supplies and expenses	1,472,424	1,348,770
Depreciation and amortization	306,383	297,293
Interest expense	203,408	203,415
Total expenses	10,448,660	10,509,251
Change in net assets without donor restrictions	344,388	(130,736)
Changes in net assets with donor restrictions		
Net assets released from restrictions	-	(11,958)
Change in net assets with donor restrictions	-	(11,958)
Change in net assets	344,388	(142,694)
Net assets, beginning of year	3,543,822	3,686,516
Net assets, end of year	$ 3,888,210	$ 3,543,822

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

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MID-STATE HEALTH CENTER AND SUBSIDIARY

Consolidated Statement of Functional Expenses

For the Year Ended June 30, 2019

	Program Services						Supporting Services		
	Medical	Dental	Behavioral Health	Emergency Prep.	Montessori Center	Total Program Service	Admin and General	Fundraising	Total Expenses
Salaries and wages	$ 3,573,331	$ 396,792	$ 756,610	$ 60,951	$ 169,102	$ 4,956,786	$ 1,138,041	$ 20,307	$ 6,115,134
Employee benefits	822,119	113,606	210,897	14,304	46,585	1,207,511	166,662	4,202	1,378,375
Insurance	14,794	288	1,909	4,000	977	21,968	11,123	-	33,091
Professional fees	525,174	48,356	68,799	216,416	-	858,745	81,101	-	939,846
Supplies and expenses	1,099,113	120,679	93,303	9,755	12,712	1,335,562	136,861	-	1,472,423
Depreciation and amortization	233,417	42,663	19,599	-	1,758	297,437	8,946	-	306,383
Interest expense	164,255	17,982	12,787	-	-	195,024	8,384	-	203,408
Total expenses	$ 6,432,203	$ 740,366	$ 1,163,904	$ 305,426	$ 231,134	$ 8,873,033	$ 1,551,118	$ 24,509	$ 10,448,660

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

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MID-STATE HEALTH CENTER AND SUBSIDIARY

Consolidated Statement of Functional Expenses

For the Year Ended June 30, 2018

	Program Services							Supporting Services		
	Medical	Dental	Behavioral Health	Education and Outreach	Emergency Prep.	Montessori Center	Total Program Service	Admin and General	Fundraising	Total Expenses
Salaries and wages	$ 3,989,689	$ 433,697	$ 756,546	$ 149,122	$ 60,620	$ 157,192	$ 5,546,866	$ 926,864	$ 16,748	$ 6,490,478
Employee benefits	924,393	120,726	210,233	36,570	13,617	39,948	1,345,487	120,036	3,600	1,469,123
Insurance	113,359	984	-	-	-	1,002	115,345	21,771	-	137,116
Professional fees	214,588	19,579	26,438	-	233,623	-	494,228	60,298	-	554,526
Supplies and expenses	1,032,953	98,213	90,123	12,510	7,732	8,523	1,250,054	98,716	-	1,348,770
Depreciation and amortization	213,489	51,642	22,001	-	-	1,746	288,878	8,415	-	297,293
Interest expense	165,455	16,226	13,069	-	-	-	194,750	17,195	-	211,945
Total expenses	$ 6,653,926	$ 741,067	$ 1,118,410	$ 198,202	$ 315,592	$ 208,411	$ 9,235,608	$ 1,253,295	$ 20,348	$ 10,509,251

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

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MID-STATE HEALTH CENTER AND SUBSIDIARY

Consolidated Statements of Cash Flows

For the Years Ended June 30, 2019 and 2018

	2019	2018
Cash flows from operating activities		
Change in net assets	$ 344,388	$ (142,694)
Adjustments to reconcile change in net assets to net cash provided by operating activities		
Depreciation and amortization	306,383	297,293
Amortization reflected as interest	2,668	2,667
Provision for uncollectible accounts	241,053	280,637
(Increase) decrease in the following assets:		
Patient accounts receivable	(128,302)	(294,199)
Estimated third-party settlements	9,640	(1,685)
Contracts and grants receivable	(183,814)	43,531
Prepaid expenses and other receivables	(22,441)	366,359
Other assets	(18,263)	-
Increase (decrease) in the following liabilities:		
Accounts payable	82,254	25,157
Accrued payroll and related expenses	24,166	21,907
Accrued earned time	(45,679)	11,178
Accrued other expenses	(5,000)	(258,431)
Net cash provided by operating activities	607,053	351,720
Cash flows from investing activities		
Purchases of property and equipment	(116,041)	(36,228)
Net cash used in investing activities	(116,041)	(36,228)
Cash flows from financing activities		
Payments on capital leases	(7,660)	(4,630)
Payments on long-term debt	(156,402)	(195,444)
Net cash used in financing activities	(164,062)	(200,074)
Net increase in cash, cash equivalents and restricted cash	326,950	115,418
Cash, cash equivalents and restricted cash, beginning of year	1,506,962	1,391,544
Cash, cash equivalents and restricted cash, end of year	$ 1,833,912	$ 1,506,962

Cash, cash equivalents and restricted cash consisted of the following as of June 30:

	2019	2018
Cash and cash equivalents	$ 1,764,253	$ 1,453,543
Restricted cash	69,659	53,419
	$ 1,833,912	$ 1,506,962

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

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MID-STATE HEALTH CENTER AND SUBSIDIARY

Consolidated Statements of Cash Flows (continued)

For the Years Ended June 30, 2019 and 2018

Supplemental Disclosures of Cash Flow Information

	2019	2018
Cash payments for:		
Interest	$ 200,740	$ 200,748

Supplemental Disclosures of Non-Cash Transactions

During 2018, the Organization entered into a capital lease agreement to acquire equipment totaling $7,676.

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

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1. Summary of Significant Accounting Policies:

Organization

Mid-State Health Center ("MSHC") is a Federally Qualified Health Center (FQHC) which provides health care to a large number of Medicare, Medicaid and charity care patients on an outpatient basis. MSHC maintains facilities in Plymouth and Bristol, New Hampshire.

The consolidated financial statements include the accounts of Mid-State Community Development Corporation (MSCDC), collectively, "the Organization".

Effective September 23, 2010, the Organization was transferred a sole member interest in MSCDC, which owns the 19,500 square foot operating facility that was developed to house the Organization, providing medical services to the underserved community in the Plymouth, New Hampshire region.

During the year ended June 30, 2012, after having participated in a pilot program with the New Hampshire Citizens Health Initiative (NHCHI), the Organization was officially recognized as a medical home.

Basis of Statement Presentation

The consolidated financial statements are presented on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America. The consolidated financial statements have been prepared consistent with the American Institute of Certified Public Accountants *Audit and Accounting Guide, Health Care Organizations* (Audit Guide). All significant intercompany transactions between MSHC and MSCDC have been eliminated in consolidation.

Effective July 1, 2018, the Organization adopted Accounting Standards Update (ASU) 2016-14 *Not-for-Profit Entities* (Topic 958). The ASU amends the current reporting model for nonprofit organizations and enhances their required disclosures. The major changes include: (a) requiring the presentation of only two classes of net assets now entitled "net assets without donor restrictions" and "net assets with donor restrictions", (b) modifying the presentation of underwater endowment funds and related disclosures, (c) requiring the use of the places in service approach to recognize the expirations of restrictions on gifts used to acquire or construct long-lived assets absent explicit donor stipulations otherwise, (d) requiring that all nonprofits present an analysis of expenses by function and nature in either the statement of activities, a separate statement or in the notes and disclose a summary of the allocation methods used to allocate costs, (e) requiring the disclosure of quantitative and qualitative information regarding liquidity and availability of resources, (f) presenting investment return net of external and direct expenses, and (g) modifying other financial statement reporting requirements and disclosures intended to increase the usefulness of nonprofit financial statements.

Implementation of ASU 2016-14 did not require reclassification or restatement of any opening balances related to the periods presented. Net assets previously reported as unrestricted are now reported as net assets without donor restrictions. Net asset previously reported as temporarily restricted net assets are now reported as net asset with donor restrictions. A footnote on liquidity has been added (Note 16).

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1. Summary of Significant Accounting Policies (continued):

Classes of Net Assets

The Organization reports information regarding its consolidated financial position and activities to two classes of net assets; net assets without donor restrictions and net assets with donor restrictions.

(1) Net Assets without Donor Restrictions – represent those resources for which there are no restrictions by donors as to their use. They are reflected on the financial statements as without donor restrictions.

(2) Net Assets with Donor Restrictions – represent those resources, the uses of which have been restricted by donors to specific purposes or the passage of time and/or must retain intact, in perpetuity. The release from restrictions results from the satisfaction of the restricted purposes specified by the donor.

Estimates

The Organization uses estimates and assumptions in preparing financial statements in accordance with accounting principles generally accepted in the United States of America. Those estimates and assumptions affect the reported amounts of assets and liabilities, the disclosure of contingent assets and liabilities and the reported revenues and expenses. Actual results could differ from those estimates.

Cash and Cash Equivalents

Cash and cash equivalents include demand deposits, petty cash funds and investments with a maturity of three months or less, and exclude amounts whose use is limited by Board designation or other arrangements under trust agreements or with third-party payors.

Cash in Excess of FDIC-Insured Limits

The Organization maintains its cash in bank deposit accounts which, at times, may exceed federally insured limits. Accounts are generally guaranteed by the Federal Deposit Insurance Corporation (FDIC) up to certain limits. The Organization has not experienced any losses in such accounts.

Receivables

Patient receivables are carried at their estimated collectible amounts. Patient credit is generally extended on a short-term basis; thus, patient receivables do not bear interest.

Patient receivables are periodically evaluated for collectability based on credit history and current financial condition. The Organization uses the allowance method to account for uncollectible accounts receivable.

Property and Equipment

Property and equipment acquisitions are recorded at cost. Property and equipment donated for Organization operations are recorded at fair value at the date of receipt. Expenditures for repairs and maintenance are expensed when incurred and betterments are capitalized.

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1. Summary of Significant Accounting Policies (continued):

Depreciation is provided over the estimated useful life of each class of depreciable asset and is computed on the straight-line method. Equipment under capital leases is amortized on the straight-line method over the life of the capital lease. Such amortization is included in depreciation and amortization in the financial statements.

Estimated useful lives are as follows:

	YEARS
Buildings	5 - 40
Leasehold improvements	5
Equipment	3 - 7
Furniture and fixtures	5 - 15
Capital leases	3 – 15

The Organization reviews the carrying value of property and equipment for impairment whenever events and circumstances indicate that the carrying value of an asset may not be recoverable from the estimated future cash flows expected to result from its use and eventual disposition. In cases where undiscounted expected future cash flows are less than carrying value, an impairment loss is recognized equal to an amount by which the carrying value exceeds the fair value of assets. The factors considered by management in performing this assessment include current operating results, trends and prospects, as well as the effects of obsolescence, demand, competition and other economic factors.

Contractual Arrangements with Third-Party Payors

The Medicare and Medicaid programs pay the Organization for services at predetermined rates by treatment. The Organization is reimbursed for Medicare cost reimbursable items at a tentative rate with final settlement determined after the submission of annual cost reports and audits thereof by the Medicare fiscal intermediary. Changes in Medicare and Medicaid programs or reduction of funding levels for programs could have an adverse effect on future amounts recognized as net patient service revenue.

The laws and regulations governing the Medicare and Medicaid programs are complex and subject to interpretation. As a result, there is at least a reasonable possibility that recorded estimates will change by a material amount in the near term.

The Organization also enters into preferred provider agreements with certain commercial insurance carriers. Payment arrangements to the Organization under these agreements include discounted charges and fee schedule payments.

Net Patient Service Revenue

Net patient service revenue is reported at the estimated net realizable amounts from patients, third-party payors and others for services rendered, including estimated retroactive adjustments under reimbursement agreements with third-party payors.

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1. Summary of Significant Accounting Policies (continued):

Grant Revenue

The Organization recognizes support funded by grants determined to be exchange transactions as the Organization performs the contracted services or incurs outlays eligible for reimbursement under the grant agreements. Grant activities and outlays are subject to audit and acceptance by the granting agency and, as a result of such audit, adjustments could be required.

Contributions

Contributions are recognized at the earlier of when cash is received or at the time a pledge becomes unconditional in nature. Contributions are recorded in the net asset classes described earlier depending on the existence and/or nature of any donor restriction. When a restriction expires, that is, when a stipulated time restriction ends or purpose restriction is accomplished, net assets with donor restrictions are reclassified to net assets without donor restrictions and reported in the statement of activities as net assets releases from restriction. Restricted contributions that are satisfied in the same reporting period are classified as net assets without donor restriction.

Charity Care

The Organization provides care to patients who meet certain criteria under its charity care policy with minimal charge or at amounts less than its established rates. Because the Organization does not pursue collection of amounts determined to qualify as charity care, they are not reported as revenue.

Income Taxes

MSHC and MSCDC are not-for-profit corporations as described in Section 501(c)(3) of the Internal Revenue Code (Code) and are exempt from Federal income taxes on related income pursuant to Section 501(a) of the Code.

The Organization accounts for its uncertain tax positions in accordance with the accounting methods under ASC Subtopic 740-10. The UTP rules prescribe a recognition threshold and measurement attribute for the financial statement recognition and measurement of a tax position taken in an organization's tax return. The Organization believes that it has appropriate support for the tax positions taken and, as such, does not have any uncertain tax positions that might result in a material impact on the Organization's statements of financial position, activities and changes in net assets and cash flows. The Organization's management believes it is no longer subject to examinations for the years prior to 2015.

Advertising

Advertising costs are charged to operations when incurred. Total advertising expense for the years ended June 30, 2019 and 2018 was $22,105 and $23,034, respectively.

Functional Allocation of Expenses

Expenses that can be identified with specific program or supporting services are charged directly to the related program or supporting service. Expenses that are associated with more than one program or supporting service are allocated based on an evaluation by management utilizing measurements for time and effort, square footage and/or encounter based statistics.

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1. Summary of Significant Accounting Policies (continued):

Excess (Deficit) of Revenues over Expenses

The consolidated statements of operations include excess (deficit) of revenues over expenses. Changes in net assets without restrictions which are excluded from excess (deficit) of revenues over expenses, consistent with industry practice, include contributions and grants of long-lived assets.

Fair Value of Financial Instruments

The carrying amount of cash, patient accounts receivable, accounts and notes payable and accrued expenses approximates fair value.

Reclassifications

Certain reclassifications have been made to the prior year's financial statements to conform to the current year presentation. These reclassifications have no effect on the previously reported change in net assets.

Liquidity

Assets are presented in the accompanying consolidated statements of financial position according to their nearness of conversion to cash and liabilities according to the nearness of their maturity and resulting use of cash.

New Pronouncements

The FASB issued ASU No. 2018-08, *Clarifying the Scope and the Accounting Guidance for Contributions Received and Contributions Made.* The ASU which becomes effective for the Organization's consolidated financial statements as of and for the year ending June 30, 2020, provides guidance on whether a receipt from a third-party resource provider should be accounted for as a contribution (nonreciprocal transaction) within the scope of Topic 958, *Not-for-Profit Entities*, or as an exchange (reciprocal) transaction.

The FASB issued ASU No. 2016-02, *Leases.* The ASU, which becomes effective for the Organization's consolidated financial statements as of and for the year ending June 30, 2021, requires the full obligation of long-term leases to be recorded as a liability with a corresponding right of use asset on the statement of financial position.

The Organization is evaluating the impact of these standards on its future financial statements.

2. Charity Care:

The Organization maintains records to identify and monitor the level of charity care they provide. These records include the amount of charges foregone for services and supplies furnished under their charity care policies. The total cost estimate is based on an overall cost-to-charge ratio applied against gross charity care charges. The net cost of charity care provided was approximately $280,000 and $337,000 for the years ended June 30, 2019 and 2018, respectively.

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2. Charity Care (continued):

In 2019 and 2018, 564 and 533 patients received charity care out of a total of 11,539 and 10,771 patients, respectively. The Organization provides health care services to residents of Plymouth, New Hampshire as well as Bristol, New Hampshire and their surrounding areas, without regard to the individual's ability to pay for their services.

Determination of eligibility for charity care is granted on a sliding fee basis:

For dental services, patients with family income less than 100% of the Community Services Administration Income Poverty Guidelines shall only be responsible for a nominal fee assessed by the Organization and not the balance of their account for services received. Those with family income at least equal to 101%, but not exceeding 125% of the Federal Poverty Guidelines, receive a 65% discount. Those with family income at least equal to 126%, but not exceeding 150% of the guidelines, receive a 55% discount. Those with family income at least equal to 151%, but not exceeding 200% of the guidelines, receive a 45% discount.

For all other services, patients with family income less than 100% of the Community Services Administration Income Poverty Guidelines shall only be responsible for a nominal fee assessed by the Organization and not the balance of their account for services received. Those with family income at least equal to 101%, but not exceeding 138% of the Federal Poverty Guidelines, shall be responsible for a $20 fee for each encounter. Those with family income at least equal to 139%, but not exceeding 160% of the guidelines, will be responsible for a $30 fee for each encounter. Those with family income at least equal to 161%, but not exceeding 180% of the guidelines, will be responsible for a $40 fee for each encounter. Those with family income at least equal to 181%, but not exceeding 200% of the guidelines, will be responsible for a $50 fee for each encounter.

3. Patient Service Revenue and Patient Accounts Receivable:

Patient service revenue, net of contractual allowances and discounts (but before the provision for bad debts), recognized was as follows for the years ended June 30:

	2019			
	Gross Charges	Contractual Adjustments	Sliding Fee Adjustments	Patient Service Revenue
Medicare	$ 3,168,938	$ 736,684	$ -	$ 2,432,254
Medicaid	1,780,916	576,871	-	1,204,045
Blue Cross	1,943,516	681,502	-	1,262,014
Other third-party payors	2,212,431	754,360	-	1,458,071
Self-pay	621,569	-	256,604	364,965
Total	$ 9,727,370	$ 2,749,417	$ 256,604	$ 6,721,349

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3. Patient Service Revenue and Patient Accounts Receivable (continued):

	2018			
	Gross	Contractual	Sliding Fee	Patient Service
Medicare	$ 3,056,284	$ 760,522	$ -	$ 2,295,762
Medicaid	1,629,184	358,716	-	1,270,468
Blue Cross	2,012,056	587,538	-	1,424,518
Other third-party payors	2,491,465	781,926	-	1,709,539
Self-pay	733,202	-	369,039	364,163
Total	$ 9,922,191	$ 2,488,702	$ 369,039	$ 7,064,450

Patient accounts receivable is reported net of estimated contractual allowances and allowance for doubtful accounts, as follows, as of June 30:

	2019	2018
Patient accounts receivable	$ 1,247,726	$ 1,266,792
Less: Estimated contractual allowances and discounts	360,278	348,593
Less: Estimated allowance for uncollectible accounts	317,000	235,000
Patient accounts receivable, net	$ 570,448	$ 683,199

Patient accounts receivable are reduced by an allowance for doubtful accounts. In evaluating the collectability of accounts receivable, the Organization analyzes its past history and identifies trends for each of its major payor sources of revenue to estimate the appropriate allowance for doubtful accounts and provision for bad debts. Management regularly reviews data about these major payor sources of revenue in evaluating the sufficiency of the allowance for doubtful accounts. For receivables associated with service provided to patients who have third-party coverage, the Organization analyzes contractually due amounts and provides an allowance for doubtful accounts and a provision for bad debts, if necessary. For receivables associated with self-pay patients, including both patients without insurance and patients with deductible and copayment balances due for which third-party coverage exists for only part of the bill, the Organization records a significant provision for bad debts in the period of service on the basis of its past experience, which indicates that many patients are unable or unwilling to pay the portion of their bill for which they are financially responsible. The difference between the standard rates and the amounts actually collected after all reasonable collection efforts have been exhausted is charged off against the allowance for doubtful accounts.

4. Estimated Third-Party Settlements:

Provision has been made for estimated adjustments that may result from final settlement of reimbursable amounts as may be required upon completion and audit of related cost finding reports under terms of contracts with the Center for Medicare and Medicaid Services and the New Hampshire Division of Welfare (Medicaid). Differences between estimated adjustments and amounts determined to be recoverable or payable are accounted for as income or expense in the year that such amounts become known.

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5. Grants and State Contracts:

The Organization receives various reimbursement grants from the federal government, State of New Hampshire and other public and private agencies. The following is a summary of the grant activity for the years ended June 30:

	Grant and State Contract Revenue		Outstanding Receivable	
	2019	2018	2019	2018
HRSA 330 Grant - 2018-2022	$ 1,585,879	$ 1,500,224	$ 284,968	$ 141,281
Bi-State PCA Grant	154,332	8,238	105,528	-
NH Primary Care Contracts	153,293	150,146	25,550	38,324
Emergency Preparedness Grants	322,620	338,502	39,837	93,644
HRSA-IGNITE Grants	80,641	163,970	-	-
Other Grant and Contract Awards	167,391	98,954	19,863	18,683
	$ 2,464,156	$ 2,260,034	$ 475,746	$ 291,932

6. Property and Equipment:

Property and equipment consisted of the following as of June 30:

	2019	2018
Land	$ 525,773	$ 525,773
Buildings	6,346,118	6,346,118
Leasehold improvements	170,174	170,174
Furniture, fixtures and equipment	1,400,452	1,284,411
	8,442,517	8,326,476
Less: Accumulated depreciation	2,610,391	2,304,008
	$ 5,832,126	$ 6,022,468

Depreciation and amortization expense, including amortization expense on capital lease obligations, for the years ended June 30, 2019 and 2018 amounted to $306,383 and $297,293, respectively.

7. Line of Credit:

The Organization had an available line of credit with a maximum borrowing amount of $150,000 and $100,000 as of June 30, 2019 and 2018, respectively. The line carries an interest rate equal to 7% (prime plus 2%). The line is secured by all business assets. The line was not drawn upon as of June 30, 2019 and 2018.

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8. Long-Term Debt:

Long-term debt consisted of the following as of June 30:

	2019	2018
Woodsville Guarantee Savings Bank note payable, maturing August 2033, principal and interest payable in 240 monthly installments of $18,194 through August 2033. Interest is charged at a rate of 5.25%.	$ 2,178,682	$ 2,279,730
Woodsville Guarantee Savings Bank note payable, maturing August 2018, principal and interest payable in 60 monthly installments of $3,757. Interest is charged at a rate of 4%.	-	7,477
United States of America Department of Agriculture note payable, maturing April 2045, principal and interest payable in 360 monthly payments of $10,904. Interest is charged at a rate of 3.5% (see Note 9a).	2,216,849	2,264,725
Total long-term debt	4,395,531	4,551,932
Less: unamortized deferred financing costs	40,091	42,758
Total long-term debt, net of unamortized deferred financing costs	4,355,440	4,509,174
Less: current portion	160,374	160,342
Long-term debt, less current portion	$ 4,195,066	$ 4,348,832

9a In September 2013, the Organization refinanced its then outstanding Woodsville Guarantee Savings Bank interim note payable with a construction loan. The new loan had an advancement amount of up to $2,700,000 and called for interest only payments at a rate of 5% beginning October 2013, for 23 consecutive months, and 1 balloon payment of principal and accrued unpaid interest due September 2015. In April 2015, the Organization entered into a long-term debt arrangement with the United States of America Department of Agriculture ("USDA") totaling $2,423,000. The proceeds from the loan were used to refinance the construction loan balance and unpaid accrued interest and to satisfy outstanding invoices related to the construction of the Bristol property. The loan is secured by the Organization's property located in Bristol, New Hampshire. The loan agreement requires the Organization to establish a reserve account which is to be funded in monthly installments of $1,090 until the accumulated sum of reserve funding reaches $130,848, after which no further funding is required except to replace withdrawals. As of June 30, 2019, the reserve account totaled $69,659, reflected on the consolidated statement of financial position as restricted cash.

Future maturities of long-term debt are as follows as of June 30, 2019:

2020	$ 160,374
2021	168,229
2022	176,256
2023	184,679
2024	193,328
Thereafter	3,512,665
	$ 4,395,531

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9. Capital Lease Obligations:

As of June 30, 2019, the Organization had an outstanding capital lease obligation for a certain piece of equipment. The term of the lease agreement is for a period of 48 months expiring in 2019. Accordingly, the Organization has recorded the transaction as a capital lease obligation. For the years ended June 30, 2019 and 2018, amortization expense on the asset acquired through capital lease totaled $2,000 and was included within depreciation and amortization expense on the consolidated statement of functional expenses. The cost basis of the equipment under capital lease as of June 30, 2019 was $8,000. Accumulated amortization was $7,667 and $5,667 as of June 30, 2019 and 2018, respectively.

The following is a schedule, by year, of future minimum lease payments under the capital leases as of June 30:

2020	$ 600
Total minimum lease payments	600
LESS: Amount representing interest	9
Present value of minimum lease payments	591
LESS: Current portion	591
Long-term capital lease obligation	$ -

10. Malpractice Insurance Coverage:

The U.S. Department of Health and Human Services deemed the Organization covered under the Federal Tort Claims Act (FTCA) for damage for personal injury, including death, resulting from the performance of medical, surgical, dental and related functions. FTCA coverage is comparable to an occurrence policy without a monetary cap. Prior to being deemed for coverage under the FTCA, the Organization purchased medical malpractice insurance under a claims-made policy on a fixed premium basis. The Organization purchases primary and excess liability malpractice insurance under occurrence policies for certain services and other portions of the Organization not covered under FTCA.

Claim liabilities are determined without consideration of insurance recoveries. Expected recoveries are presented separately. Management analyzes the need for an accrual of estimated losses of medical malpractice claims, including an estimate of the ultimate costs of both reported claims and claims incurred but not reported. In such cases, the expected recovery from the Organization's insurance provider is recorded within prepaid expenses and other receivables. As of June 30, 2019 and 2018, subsequent to management's assessment of potential reported and not yet reported claims, management determined that its exposure for potential unreported claims was immaterial and consequently did not provide for an accrual. It is possible that an event has occurred which will be the basis of a future material claim.

11. Commitments and Contingencies:

Real Estate Taxes – The Organization and the Town of Plymouth, NH agreed to a payment in lieu of real estate taxes for a period of 10 years. The agreement identified real estate taxes previously paid by the Organization to the Town that the Organization was not required to pay as a result of its tax-exempt status. The sum of the overpayments will be applied evenly on an installment basis over the 10-year period, totaling $50,000. The Organization remains subject to its requirement to timely file its application for tax exemption with the Town on an annual basis.

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11. Commitments and Contingencies (continued):

340B Revenue – The Organization participates in the 340B Drug Discount Program (the 340B Program) which enables qualifying health care providers to purchase drugs from pharmaceutical suppliers at a substantial discount as a Covered Entity. The 340B Program is managed by the Health Resources and Services Administration (HRSA) Office of Pharmacy Affairs. The Organization is required to undergo a self-audit process to determine compliance with 340B Program guidelines. The 340B statutes also explicitly authorize HRSA to audit Covered Entities to ensure they are compliant with the 340B Program. All Covered Entities are also required to recertify compliance with the 340B Program on an annual basis, including an attestation to full compliance with the 340B Program. The Organization earns revenue under the 340B Program by purchasing pharmaceuticals at a reduced cost to fill prescriptions to qualified patients. The Organization contracts with certain third-party pharmacies that dispense the pharmaceuticals to its patients. 340B revenue is included in other operating revenue within the consolidated statements of operations and totaled $1,476,030 and $1,062,379 for the years ended June 30, 2019 and 2018, respectively. The cost of pharmaceuticals, dispensing fees to the pharmacies, consulting fees and other costs associated with the 340B Program are included in operating expenses in the consolidated statements of operations and totaled $512,776 and $353,521 for the years ended June 30, 2019 and 2018, respectively.

12. Concentration of Credit Risk:

The Organization grants credit without collateral to its patients, most of whom are local residents and are insured under third-party payor agreements. The mix of receivables from patients and third-party payors was as follows at June 30:

	2019	2018
Medicare	11.7%	15.4%
Medicaid	22.2%	20.9%
Blue Cross	15.7%	18.6%
Patients	22.7%	14.9%
Other third-party payors	27.7%	30.2%
	100.0%	100.0%

13. Other Operating Revenue:

The following summarizes components of other operating revenue for the years ended June 30:

	2019	2018
Other operating revenue:		
Pharmacy income - 340B	$ 1,476,030	$ 1,062,379
Anthem shared savings	83,807	28,835
Montessori Center	155,676	164,008
Other operating revenue	119,096	53,585
	$ 1,834,609	$ 1,308,807

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14. Retirement Program:

During 2007, the Organization adopted a tax-sheltered annuity plan under 403(b) of the Code for eligible employees. Eligible employees are specified as those who normally work more than 20 hours per week and are not classified as independent contractors. The Organization provides for matching of employee contributions, 50% of the first 6% contributed. Contributions to the plan for the years ended June 30, 2019 and 2018 were $144,309 and $154,961, respectively.

15. Health Insurance:

Prior to the fiscal year ended June 30, 2019, the Organization offered health insurance benefits to all employees under available Health Maintenance Organization (HMO) and Preferred Provider Organization (PPO) plans.

During the year ended June 30, 2019, the Organization began participation in a captive health insurance plan (Captive Plan). The Organization is subject to a stop-loss limit of $50,000 per participant in the Plan before additional coverage through the captive arrangement will commence coverage of claims. Claims submitted to the Captive Plan for reimbursement after the end of the fiscal year with service dates on or prior to June 30 are required to be recognized as a loss in the period in which they occurred. As such, the Organization has provided for a liability for unpaid claims with service dates as of or before June 30 which had not yet been reported totaling $28,500, included under the caption "accrued expenses and other current liabilities".

Deductible requirements under the Captive Plan range from $2,000 to $4,000, depending on the coverage selected, before the Organization, under its' health reimbursement arrangement, is obligated to pay up to $500 per participant.

The Organization provides for an accrual based on the aggregate amount of the liability for reported claims and an estimated liability for claims incurred but not yet reported. At June 30, 2019 and 2018, "accrued expenses and other current liabilities" include an accrued liability related to these plans of $20,000 and $819, respectively.

16. Liquidity:

Financial assets available for general expenditures within one year of the balance sheet date consist of the following as of June 30:

	2019	2018
Cash and cash equivalents	$ 1,764,253	$ 1,453,543
Patient accounts receivable, net	570,448	683,199
Estimated third-party settlements	88,708	98,348
Contracts and grant receivable	475,746	291,932
Other receivables	263,318	206,716
	$ 3,162,473	$ 2,733,738

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16. Liquidity (continued):

As part of its liquidity management strategy, the Organization structures its financial assets to be available as its general expenditures, liabilities and other obligations as they come due. The Organization has certain restricted cash balances totaling $69,659 and $53,419 as of June 30, 2019 and 2018, respectively, representing funds required to be set aside as a building maintenance reserve for the Organization's Bristol, New Hampshire location. These balances have not been included in the Organization financial assets available for general expenditure within one year.

17. Subsequent Events:

The Organization has reviewed events occurring after June 30, 2019 through November 19, 2019, the date the board of trustees accepted the final draft of the consolidated financial statements and made them available to be issued. The Organization has not identified other events requiring disclosure that have occurred between the period of June 30, 2019 and the report date, November 19, 2019. The Organization has not reviewed events occurring after the report date for their potential impact on the information contained in these consolidated financial statements.

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MID-STATE HEALTH CENTER
Schedule of Expenditures of Federal Awards
For the Year Ended June 30, 2019

Federal Grantor/Pass-Through Grantor/Program Title	Federal CFDA Number	Pass-through Entity or Award Identifying Number	Federal Expenditures	Passed through to Subrecipients
U.S. Department of Health and Human Services:				
Health Center Program (Community Health Centers, Migrant Health Centers, Health Care for the Homeless and Public Housing Primary Care)	93.224		$ 1,585,879	$ -
Rural Health Care Services Outreach, Rural Health Network Development and Small Health Care Provider Quality Improvement Program	93.912		80,641	-
Passed through Bi-State Primary Care Association, Inc.:				
Grants to States to Support Oral Health Workforce Activities	93.236	T12HP30316	154,322	-
Total passed through Bi-State Primary Care Association, Inc.			154,322	-
Passed through N.H. Department of Health and Human Services:				
Block Grants for Prevention and Treatment of Substance Abuse	93.959	FAIN TI010035	110,382	-
Immunization Cooperative Agreements	93.268	FAIN H23IP000757	10,300	-
Preventive Health and Health Services Block Grant Funded Solely with Prevention and Public Health Funds (PPHF)	93.758	FAIN B01OT009037	5,767	-
Hospital Preparedness Program (HPP) and Public Health Emergency Preparedness (PHEP) Aligned Cooperative Agreements	93.074 Comprised of 93.889 & 93.069	FAIN U90TP000535	49,492	-
Maternal and Child Health Services Block Grant to the States	93.994	Unknown	39,854	-
Substance Abuse and Mental Health Services Projects of Regional and National Significance	93.243	FAIN SP020796	110,000	-
Total passed through N.H. Department of Health and Human Services			325,795	-
Total U.S. Department of Health and Human Services			2,146,637	-
TOTAL EXPENDITURES OF FEDERAL AWARDS			$ 2,146,637	$ -

The accompanying notes to financial statements are an integral part of this schedule.

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MID-STATE HEALTH CENTER

Notes to Schedule of Expenditures of Federal Awards

For the Year Ended June 30, 2019

1. Basis of Presentation:

The accompanying Schedule of Expenditures of Federal Awards (the Schedule) includes the federal award activity of MSHC under programs of the federal government for the year ended June 30, 2019. The information in the schedule is presented in accordance with the requirements of Title 2 US. Code of Federal Regulations Part 200, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards (Uniform Guidance). Since the schedule presents only a selected portion of the operations of MSHC, it is not intended to and does not present the statement of financial position, statement of operations and changes in net assets or cash flows of MSHC.

2. Significant Accounting Policies:

Expenditures reported on the Schedule are reported on the accrual basis of accounting. Such expenditures are recognized following the cost principles contained in the Uniform Guidance, wherein certain types of expenditures are not allowable or are limited as to reimbursement. The Schedule includes Catalog of Federal Domestic Assistance (CFDA) and pass-through award numbers when available.

3. Indirect Cost Rate:

MSHC elected to use the 10% de minimis indirect cost rate.

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Certified Public Accountants & Business Consultants

Report 1

Independent Auditors' Report on Internal Control over Financial Reporting and on Compliance and Other Matters Based on an Audit of Financial Statements Performed in Accordance with *Government Auditing Standards*

To the Board of Trustees of
Mid-State Health Center:

We have audited, in accordance with the auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States, the financial statements of Mid-State Health Center ("MSHC") (a nonprofit organization), which comprise the statement of financial position as of June 30, 2019, and the related statements of operations and changes in net assets and cash flows for the year then ended, and the related notes to the financial statements, and have issued our report thereon dated November 19, 2019.

Internal Control Over Financial Reporting

In planning and performing our audit of the financial statements, we considered MSHC's internal control over financial reporting (internal control) to determine the audit procedures that are appropriate in the circumstances for the purpose of expressing our opinion on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of MHSC's internal control. Accordingly, we do not express an opinion on the effectiveness of MSHC's internal control.

A *deficiency in internal control* exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, misstatements on a timely basis. A *material weakness* is a deficiency, or a combination of deficiencies, in internal control, such that there is a reasonable possibility that a material misstatement of the entity's financial statements will not be prevented, or detected and corrected on a timely basis. A *significant deficiency* is a deficiency, or a combination of deficiencies, in internal control that is less severe than a material weakness, yet important enough to merit attention by those charged with governance.

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Independent Auditors' Report on Internal Control over Financial Reporting and on Compliance and Other Matters Based on an Audit of Financial Statements Performed in Accordance with *Government Auditing Standards* (continued)

Our consideration of internal control was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control that might be material weaknesses or significant deficiencies. Given these limitations, during our audit we did not identify any deficiencies in internal control that we consider to be material weaknesses. However, material weaknesses may exist that have not been identified.

Compliance and Other Matters

As part of obtaining reasonable assurance about whether MSHC's financial statements are free from material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements, noncompliance with which could have a direct and material effect on the determination of financial statement amounts. However, providing an opinion on compliance with those provisions was not an objective of our audit, and accordingly, we do not express such an opinion. The results of our tests disclosed no instances of noncompliance or other matters that are required to be reported under *Government Auditing Standards*.

Purpose of This Report

The purpose of this report is solely to describe the scope of our testing of internal control and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the Organization's internal control or on compliance. This report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the Organization's internal control and compliance. Accordingly, this communication is not suitable for any other purpose.

Tyler, Simms and St. Saveur, CPAs, P.C.

Lebanon, New Hampshire
November 19, 2019

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TYLER, SIMMS & ST. SAUVEUR, CPAs, P.C.
Certified Public Accountants & Business Consultants

Report 2

Independent Auditors' Report on Compliance for Each Major Program and on Internal Control Over Compliance Required by the Uniform Guidance

To the Board of Trustees of
Mid-State Health Center:

Report on Compliance for Each Major Federal Program

We have audited Mid-State Health Center's ("MSHC") compliance with the types of compliance requirements described in the *OMB Compliance Supplement* that could have a direct and material effect on each of MSHC's major federal programs for the year ended June 30, 2019. MHSC's major federal programs are identified in the summary of auditors' results section of the accompanying schedule of findings and questioned costs.

Management's Responsibility

Management is responsible for compliance with federal statutes, regulations and the terms and conditions of its federal awards applicable to its federal programs.

Auditors' Responsibility

Our responsibility is to express an opinion on compliance for each of MSHC's major federal programs based on our audit of the types of compliance requirements referred to above. We conducted our audit of compliance in accordance with auditing standards generally accepted in the United States of America; the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States; and the audit requirements of Title 2 U.S. *Code of Federal Regulations* Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance). Those standards and the Uniform Guidance require that we plan and perform the audit to obtain reasonable assurance about whether noncompliance with the types of compliance requirements referred to above that could have a direct and material effect on a major federal program occurred. An audit includes examining, on a test basis, evidence about MSHC's compliance with those requirements and performing such other procedures as we considered necessary in the circumstances.

We believe that our audit provides a reasonable basis for our opinion on compliance for each major federal program. However, our audit does not provide a legal determination of MSHC's compliance.

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Independent Auditors' Report on Compliance for Each Major Program and on Internal Control Over Compliance Required by the Uniform Guidance (continued)

Opinion on Each Major Federal Program

In our opinion, MSHC complied, in all material respects, with the types of compliance requirements referred to above that could have a direct and material effect on each of its major federal programs for the year ended June 30, 2019.

Report on Internal Control Over Compliance

Management of MSHC is responsible for establishing and maintaining effective internal control over compliance with the types of compliance requirements referred to above. In planning and performing our audit of compliance, we considered MSHC's internal control over compliance with the types of requirements that could have a direct and material effect on each major federal program to determine the auditing procedures that are appropriate in the circumstances for the purpose of expressing an opinion on compliance for each major federal program and to test and report on internal control over compliance in accordance with the Uniform Guidance, but not for the purpose of expressing an opinion on the effectiveness of internal control over compliance. Accordingly, we do not express an opinion on the effectiveness of MSHC's internal control over compliance.

A *deficiency in internal control over compliance* exists when the design or operation of a control over compliance does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, noncompliance with a type of compliance requirement of a federal program on a timely basis. A *material weakness in internal control over compliance* is a deficiency, or combination of deficiencies, in internal control over compliance, such that there is a reasonable possibility that material noncompliance with a type of compliance requirement of a federal program will not be prevented, or detected and corrected, on a timely basis. A *significant deficiency in internal control over compliance* is a deficiency, or a combination of deficiencies, in internal control over compliance with a type of compliance requirement of a federal program that is less severe than a material weakness in internal control over compliance, yet important enough to merit attention by those charged with governance.

Our consideration of internal control over compliance was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control over compliance that might be material weaknesses or significant deficiencies. We did not identify any deficiencies in internal control over compliance that we consider to be material weaknesses. However, material weaknesses may exist that have not been identified.

The purpose of this report on internal control over compliance is solely to describe the scope of our testing of internal control over compliance and the results of that testing based on the requirements of the Uniform Guidance. Accordingly, this report is not suitable for any other purpose.

Tyler, Simms and St. Laurent, CPAs, P.C.

Lebanon, New Hampshire
November 19, 2019

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MID-STATE HEALTH CENTER
Schedule of Findings and Questioned Costs
As of and For the Year Ended June 30, 2019

SECTION I - SUMMARY OF AUDITORS' RESULTS

Financial Statements

Type of auditors' report issued	*Unmodified*
Internal control over financial reporting:	
Material weakness identified	____ Yes __X__ No
Significant deficiencies identified that are not considered to be material weaknesses	____ Yes __X__ None reported
Non-compliance material to financial statements noted	____ Yes __X__ No

Federal Awards

Internal control over major programs:	
Material weakness identified	____ Yes __X__ No
Significant deficiencies identified that are not considered to be material weaknesses	____ Yes __X__ None reported
Type of auditors' report issued on compliance for major programs	*Unmodified*
Any audit findings disclosed that are required to be reported in accordance with Section 200.516(a) of the Uniform Guidance	____ Yes __X__ No

Identification of major programs:

Federal CFDA Number	Name of Federal/Local Program
93.224	Health Center Program

Dollar threshold used to distinguish between Type A and Type B programs	$750,000
Auditee qualified as low-risk auditee?	__X__ Yes ____ No

SECTION II - FINANCIAL STATEMENT FINDINGS

There were no findings related to the financial statements which are required to be reported in accordance with generally accepted Government Auditing Standards (GAGAS).

SECTION III - FEDERAL AWARD FINDINGS AND QUESTIONED COSTS

There were no findings or questioned costs for Federal awards (as defined in Section 200.516(a) of the Uniform Guidance) that are required to be reported.

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MID-STATE HEALTH CENTER AND SUBSIDIARY

Consolidating Statement of Financial Position – Schedule 1

As of June 30, 2019

	MSHC	MSCDC	ELIMINATIONS	TOTAL
Assets				
Current assets				
Cash and cash equivalents	$ 1,273,179	$ 491,074	$ -	$ 1,764,253
Restricted cash	69,659	-	-	69,659
Patient accounts receivable, net	570,448	-	-	570,448
Estimated third-party settlements	88,708	-	-	88,708
Contracts and grants receivable	475,746	-	-	475,746
Prepaid expenses and other receivables	417,584	-	(37,610)	379,974
Total current assets	2,895,324	491,074	(37,610)	3,348,788
Long-term assets				
Property and equipment, net	2,547,312	3,284,814	-	5,832,126
Other assets	139,882	-	(121,619)	18,263
Total long-term assets	2,687,194	3,284,814	(121,619)	5,850,389
Total assets	$ 5,582,518	$ 3,775,888	$ (159,229)	$ 9,199,177
Liabilities and net assets				
Current liabilities				
Accounts payable	$ 204,907	$ 37,610	$ (37,610)	$ 204,907
Accrued expenses and other current liabilities	51,001	15,461	-	66,462
Accrued payroll and related expenses	374,802	-	-	374,802
Accrued earned time	308,765	-	-	308,765
Current portion of long-term debt	53,891	106,483	-	160,374
Current portion of capital lease obligations	591	-	-	591
Total current liabilities	993,957	159,554	(37,610)	1,115,901
Long-term liabilities				
Lease deposits	-	121,619	(121,619)	-
Long-term debt, less current portion	2,157,382	2,037,684	-	4,195,066
Capital lease obligations, less current portion	-	-	-	-
Total long-term liabilities	2,157,382	2,159,303	(121,619)	4,195,066
Total liabilities	3,151,339	2,318,857	(159,229)	5,310,967
Net assets without donor restrictions	2,431,179	1,457,031	-	3,888,210
Total liabilities and net assets	$ 5,582,518	$ 3,775,888	$ (159,229)	$ 9,199,177

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MID-STATE HEALTH CENTER AND SUBSIDIARY

Consolidating Statement of Operations and Changes in Net Assets – Schedule 2

For the Year Ended June 30, 2019

	MSHC	MSCDC	ELIMINATIONS	TOTAL
Changes in net assets without donor restrictions				
Revenue, gains and other support				
Patient service revenue (net of contractual allowances and discounts)	$ 6,721,349	$ -	$ -	$ 6,721,349
Provision for uncollectible accounts	241,053	-	-	241,053
Net patient service revenue	6,480,296	-	-	6,480,296
Contracts and grants	2,464,156	-	-	2,464,156
Contributions	13,987	-	-	13,987
Other operating revenue	1,913,520	310,149	(389,060)	1,834,609
Net assets released from restrictions	-	-	-	-
Total revenue, gains and other support	10,871,959	310,149	(389,060)	10,793,048
Expenses				
Salaries and wages	6,115,133	-	-	6,115,133
Employee benefits	1,378,376	-	-	1,378,376
Insurance	33,090	-	-	33,090
Professional fees	901,493	119,202	(80,849)	939,846
Supplies and expenses	1,779,867	768	(308,211)	1,472,424
Depreciation and amortization	187,743	118,640	-	306,383
Interest expense	83,642	119,766	-	203,408
Total expenses	10,479,344	358,376	(389,060)	10,448,660
Change in net assets without donor restrictions	392,615	(48,227)	-	344,388
Net assets, beginning of year	2,038,564	1,505,258	-	3,543,822
Net assets, end of year	$ 2,431,179	$ 1,457,031	$ -	$ 3,888,210

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MID-STATE HEALTH CENTER AND SUBSIDIARY

Consolidating Statement of Financial Position – Schedule 3

As of June 30, 2018

	MSHC	MSCDC	ELIMINATION	TOTAL
Assets				
Current assets				
Cash and cash equivalents	$ 946,166	$ 507,377	$ -	$ 1,453,543
Restricted cash	53,419	-	-	53,419
Patient accounts receivable, net	683,199	-	-	683,199
Estimated third-party settlements	98,348	-	-	98,348
Contracts and grants receivable	291,932	-	-	291,932
Prepaid expenses and other receivables	375,333	-	(17,800)	357,533
Total current assets	2,448,397	507,377	(17,800)	2,937,974
Long-term assets				
Property and equipment, net	2,619,014	3,403,454	-	6,022,468
Deposits and other assets	121,376	-	(121,376)	-
Total long-term assets	2,740,390	3,403,454	(121,376)	6,022,468
Total assets	$ 5,188,787	$ 3,910,831	$ (139,176)	$ 8,960,442
Liabilities and net assets				
Current liabilities				
Accounts payable	$ 122,653	$ 17,800	$ (17,800)	$ 122,653
Accrued expenses and other current liabilities	55,306	16,156	-	71,462
Accrued payroll and related expenses	350,636	-	-	350,636
Accrued earned time	354,444	-	-	354,444
Current portion of long-term debt	51,817	108,525	-	160,342
Current portion of capital lease obligations	7,460	-	-	7,460
Total current liabilities	942,316	142,481	(17,800)	1,066,997
Long-term liabilities				
Lease deposits	-	121,376	(121,376)	-
Long-term debt, less current portion	2,207,116	2,141,716	-	4,348,832
Capital lease obligations, less current portion	791	-	-	791
Total long-term liabilities	2,207,907	2,263,092	(121,376)	4,349,623
Total liabilities	3,150,223	2,405,573	(139,176)	5,416,620
Net assets without donor restrictions	2,038,564	1,505,258	-	3,543,822
Total liabilities and net assets	$ 5,188,787	$ 3,910,831	$ (139,176)	$ 8,960,442

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MID-STATE HEALTH CENTER AND SUBSIDIARY

Consolidating Statement of Operations and Changes in Net Assets – Schedule 2

For the Year Ended June 30, 2018

	MSHC	MSCDC	ELIMINATIONS	TOTAL
Changes in net assets without donor restrictions				
Revenue, gains and other support				
Patient service revenue (net of contractual allowances and discounts)	$ 7,064,450	$ -	$ -	$ 7,064,450
Provision for uncollectible accounts	280,637	-	-	280,637
Net patient service revenue	6,783,813	-	-	6,783,813
Contracts and grants	2,260,034	-	-	2,260,034
Contributions	13,903	-	-	13,903
Other operating revenue	1,308,265	308,753	(308,211)	1,308,807
Net assets released from restrictions	11,958	-	-	11,958
Total revenue, gains and other support	10,377,973	308,753	(308,211)	10,378,515
Expenses				
Salaries and wages	6,490,478	-	-	6,490,478
Employee benefits	1,469,123	-	-	1,469,123
Insurance	137,116	-	-	137,116
Professional fees	554,526	8,530	-	563,056
Supplies and expenses	1,645,044	11,937	(308,211)	1,348,770
Depreciation and amortization	178,653	118,640	-	297,293
Interest expense	77,275	126,140	-	203,415
Total expenses	10,552,215	265,247	(308,211)	10,509,251
Change in net assets without donor restrictions	(174,242)	43,506	-	(130,736)
Changes in net assets with donor restrictions				
Net assets released from restrictions	(11,958)	-	-	(11,958)
Change in net assets with donor restrictions	(11,958)	-	-	(11,958)
Change in net assets	(186,200)	43,506	-	(142,694)
Net assets, beginning of year	2,224,764	1,461,752	-	3,686,516
Net assets, end of year	$ 2,038,564	$ 1,505,258	$ -	$ 3,543,822

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	Last Name	First Name	Board Role
1	Bears	Carol	Director
2	Bickford	Louis	Treasurer
3	Coates	Nicholas	Director
4	Davis	Isaac	Director
5	Freeman	Stanley	Director
6	Laufenberg	Peter	Vice President
7	Long	Michael	Director
8	Monti	Joseph	Director
9	Naro	Timothy	President
10	Park	Carina	Secretary
11	Standing	Cynthia	Director

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Amy S. Knight

Educational Experience

United States Aero Medical School, US Air Force, San Antonio TX — 1999
Certificate in Public Health
Highlights: public health issues (such as TB), biochemistry, local organism risk assessments; biochemical warfare training

Hesser College, Portsmouth, NH — 1998
Health and Human Services Program Courses
Focus: Psychology and Sociology

Public Health & Human Services Experience

Assistant Program Manager, New England Emergency Response, Dover, NH — 1998-2001
- Managed installation training for personal emergency response systems for senior citizens and physically challenged individuals
- Troubleshooting equipment failures
- Data entry, billing, public relations

Technician, Walgreen's Pharmacy, Rochester, NH — 1996-1998
- Assisted in prescription preparation
- Client services – register, stock, photo lab, maintained balanced cash drawer

Public Health Technician, Air National Guard, Portsmouth, NH — 1998-2002
- Performed public facility inspections
- Briefed personnel pre- and post-deployments on overseas diseases, biological hazards, and local zoological risks
- Managed reproductive health program such as risk assessment for on-base chemical exposure during pregnancy
- Assisted in TB and other testing pre- and post-deployment
- Assisted in testing of audiological equipment for safety of military personnel

Animal Care Experience

Assistant Groomer, Petco, Portsmouth, NH — 2002-2003
- Cared for small domestic animals (dogs and cats, 2-140 lbs)
- Bathed, brushed, attended to ears, nails, eyes, and other health issues
- Interacted with public concerning relevant animal care questions and concerns
- Maintained cages' conditions, care of sick animals (birds, ferrets, other rodents)

Stall Hand, Riddle Family Farm, Wakefield, NH — 1994
- Cared for, cleaned horse stalls
- Cleaned hooves and assisted in gelding

Customer Service Experience

Receptionist, Atlas Title, LLC, Dover, NH — 2003
- Prepared title commitments for clients
- Entered and maintained data for new clients
- Answered 4-line telephone; facilitated office communications

Assistant Manager, Lechter's, Newington, NH — 2002
- Managed customer service needs
- Performed closing and opening of store
- Maintained balanced cash drawer, nightly deposits, and store appearance

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Wal-Mart Stores, Inc: Merchandising **2004**

Overnight Stock Associate

- Stocked shelves
- Built merchandise displays
- Removed trash and debris

Wal-Mart Stores, Inc: Human Resources and Customer Service Departments **2005-2006**

Customer Service Manager

- Built personnel scheduling blocks according to regulations and company practices
- Ordered change (currency) for operating cash register stations
- Defused customer complaints and resolved issues with Wal-Mart clientele

Department Manager (Pets)

- Stocked shelves with relevant merchandise for pet care
- Ensured accurate pricing through sales, and managed SWAS reports
- Ordered merchandise to maintain supply in a fast-moving department

Training Coordinator

- Managed the schedules, and time adjustments, to employees
- Made confidential reference calls, and set up interviews with prospective employees
- Led orientation sessions for new employees
- Answered all questions that sales associates brought to our office

Wal-Mart Stores, Inc: Pharmacy **2007-Present**

Pharmacy Technician

- Entering and maintaining data for online and computerized drug supply and insurance needs
- Filled orders for prescription drugs
- Received and stocked inventory

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- Ensured proper identification and labeling of products
- Called doctors' offices when necessary for trouble-shooting, insurance company issues, or clarification.
- Performed problem-solving for other technicians and pharmacy associates (including crisis management)
- Managed the schedules, and time adjustments, for employees at my pharmacy, and for other pharmacies in the Wal-Mart family.
- Traveled to other Wal-Mart pharmacies in the state of NH to train new employees, clarify data management issues, and be a problem-solver.

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Andrea M. Berry, D.O.

QUALIFICATIONS SUMMARY

- Professional, dedicated, self-motivated family practitioner with experience in a busy rural family practice office
- Understanding of medical issues affecting individuals and family dynamic
- Understanding and implementation of Hospice concept
- Substance Use Disorder treatment provider

PROFESSIONAL EXPERIENCE

Mid-State Health Center, Plymouth, Bristol, NH, 8/2012-present
Family Physician, Substance Use Disorder (Medication Assisted Treatment) provider
Lead clinician of Bristol office

Newfound Area Nursing Association, Bristol, NH, 3/2013-present
Hospice Medical Director

Newfound Area Nursing Association, Bristol, NH, 5/2014-present
Medical Director

University of New England College of Osteopathic Medicine, 8/2015-present
Preceptor for third and fourth year medical students for Community Health rotation

EDUCATION

University of New England College of Osteopathic Medicine, Biddeford, ME
Doctor of Osteopathic Medicine, 2009
W. Hadley Hoyt Award Recipient, 2009

Seton Hall University, South Orange, NJ
Bachelor of Science, 2003
Cum laude
Masters of Science, 2005
Summa cum laude

POSTGRADUATE TRAINING

PCOM/Heart of Lancaster Regional Medical Center, Lititz, PA
Family Medicine Resident, 6/2009 – 6/2012
Surgery and Pediatrics Department Awards, 2010
Chief Family Medicine Resident, 2011 – 2012

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LICENSURE AND CERTIFICATION

NH Board of Medicine, 2011-present
BLS Certification, 2009 - present
ACLS Certification, 2009 – 2012
Buprenorphine prescriber certification/DATA2000 Waiver, 2014 - present

PROFESSIONAL MEMBERSHIPS

American College of Osteopathic Family Physicians, 2009 - present
American Academy of Family Physicians, 2011 - present
American Osteopathic Association, 2005 – present

REFERENCES

Available upon request

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Gary D. Diederich, M.D.

Office: Mid-State Health Center
100 Robie Road
Bristol, NH 03222
Main (603) 744-6200

EDUCATION:

1971 – 1975	BA .History, Holy Cross College, Worcester, MA
1975 – 1979	M.D. .The Pennsylvania State University, Hershey, PA

POSTGRADUATE TRAINING:

1979 – 1980	INTERNSHIP .FAMILY PRACTICE Akron City Hospital, Akron, OH
1980 – 1982	RESIDENCY .FAMILY PRACTICE Akron City Hospital, Akron, OH

PRACTICE EXPERIENCE:

1980 – 1982	EMERGENCY ROOM PHYSICIAN (Part-time) Alliance City Hospital, Alliance, OH
1980 – 1982	COURTESY STAFF (House Physician Coverage) Robinson Memorial Hospital, Ravenna, OH
3/90 – 2/92	COURTESY STAFF with privileges in Family Practice Speare Memorial Hospital, Plymouth, NH
8/84 – 8/88	VISITING STAFF with privileges in Family Practice Lakes Region General Hospital, Laconia, NH
8/88 – 1993	ACTIVE STAFF with privileges in Family Practice Lakes Region General Hospital, Laconia, NH
1993 – 3/96	VISITING STAFF with privileges in Family Practice Lakes Region General Hospital, Laconia, NH
6/82 – present	ACTIVE STAFF with privileges in Family Practice Franklin Regional Hospital, Franklin, NH

BOARD CERTIFICATION:

1982 – 1988	AMERICAN BOARD OF FAMILY PRACTICE
1988 .1994, 1994 .2001	Recertification

PROFESSIONAL LICENSE:

4/1/82	NEW HAMPSHIRE LICENSE #6515

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PROFESSIONAL ORGANIZATIONS:

1979 – present	MEMBER, American Academy of Family Physicians
1981 – present	MEMBER, American Medical Association
1983 – present	MEMBER, New Hampshire Medical Association
1983 – present	MEMBER, Merrimack County Medical Society
	MEMBER, BOARD OF DIRECTORS - Blue Cross/Blue Shield of New Hampshire, Manchester, NH (term ended 3/94)
	MEMBER, Professional Advisory Committee, Blue Choice, Manchester NH (present)
	MEMBER, QA Committee, Cigna Healthsource, Concord, NH (present)

FACULTY APPOINTMENT:

1992 – present	Adjunct Assistant Professor of Community and Family Medicine, Dartmouth Medical School, Hanover, NH

HONORS:

1982	Outstanding Senior Resident Family Practice Center - Paramedical Staff Award

PUBLICATIONS:

03/82	Contributing Author "Complicated Obstetrics" Monograph (published by the *American Academy of Family* Physicians)

HOSPITAL COMMITTEES
AND OFFICES at Franklin Regional Hospital

1990 – 1992	PRESIDENT/Chief of Staff
1990 – 1992	CHAIRMAN, Executive Committee DURING Affiliation with Franklin Regional Hospital, have served various committee roles
CURRENT	CHAIRMAN nominating committee
CURRENT	MEMBER, OB committee

PERSONAL DATA:

Born in Pittsburgh, PA March 28, 1953.
Married to Brenda; children Kari (19) and Kelsey (17)

REFERENCES:

Personal and professional references provided upon request

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Shannon L. Donnelly, MBA

Objective

To obtain a position that enables me to utilize the skills and knowledge that I have achieved and also allows me to grow in the healthcare management career field.

Education

2012-2016 — Manchester, NH

MBA Healthcare Administration-In process

1997-1999 — Suffolk University — Boston, MA

B.S. Developmental Psychology

- Dean's List

1995-1997 — Colby-Sawyer College — New London, NH

Major: Psychology

Transferred to Suffolk University

Work experience

August 2017-present — LRGHealthcare — Laconia, NH

Practice Manager

- Manage a busy family practice office
- Process payroll and budget
- Patient satisfaction and resolution
- Hire and fire employees

Jan 2010-present — Caring for Women — Laconia, NH

Medical Assistant

- Manage provider schedules and out-patient care
- Train new employees
- Inventory and supply ordering for three sites

Dec 2007-Jan 2010 — Concord Hospital-FHC — Concord, NH

Medical Assistant II

- Managed provider schedules, out-patient care
- Co-leader of QI group for patient-centered care
- Trained new employees

May 2002-Dec 2007 — Harvard Vanguard Medical — Wellesley, MA

Clinical Assistant

- Provided clerical and clinical assistance to providers and patients
- Trained new employees
- Winner of Diamond Award of Excellence

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References Available upon request

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CURRICULUM VITAE

Diane L. Arsenault, MD, FAAFP, HMDC

Office Address: Mid-State Health Center
101 Boulder Point Drive
Suite 1
Plymouth, NH 03264
Phone: (603) 536-4000
Fax: (603) 536-4001
E-mail: darsenault@midstatehealth.org

Licensure: New Hampshire # 8250; initial 1990, expiration date 6/30/19

Certifications:
Board certification – American Board of Family Medicine
Date of certification: 1983–1989
Dates of recertification: 1989-1995, 1995-2002, 2002-2008, 2008-2018, 2018-2028
Certification of Added Qualification in Hospice and Palliative Medicine: 2012- 2022
Certification – Hospice Medical Director Certification Board 2014-2020

Education: Dartmouth College, - A.B. cum laude Biology 1973-1977
Dartmouth Medical School – MD 1977 1980
Residency: St. Joseph's Hospital Family Practice Residency
Syracuse, NY 1980 - 1983
Chief resident: 1982-1983

Professional Experience
Mid-State Health Center, Plymouth, NH 1996 – present
Pemi-Baker Community Health and Hospice Plymouth, NH
Hospice Medical Director 1998 – present
Mad River Health Center, Campton, NH 1990 – 1996

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Oak Orchard Community Health Center, Albion, NY 1983-1996

Speare Memorial Hospital, Plymouth, NH
- Active staff 1990 - present
- Medical Staff President 1996 – 1998, 2007 – 2011
- Medical Staff Vice-President 1994 -1996, 2005 - 2007
- Medical Staff Secretary/Treasurer 2003 – 2005

Professional Societies
- American Academy of Family Practice - Fellow
- American Geriatrics Society
- American Medical Association
- New Hampshire Medical Society
  - Governing Council member 2015- present
- American Academy of Hospice and Palliative Medicine
- New Hampshire Hospice and Palliative Care Organization

Public Service
- New Hampshire Board of Medicine Medical Review Subcommittee 2005 – 2008
- Plymouth Congregation United Church of Christ
  - Ukama partnership 2005 – present
  - Finance Committee 2012 – 2018
  - Human Relations Committee 2018 - present

Teaching
- Geisel School of Medicine at Dartmouth
  - Clinical Assistant Professor 1995 – present
    - Community preceptor in third to fourth year medical student primary care rotation
    - Community Preceptor in first to second year Medical student "On Doctoring" course

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Busaba Karntakosol

Lead Medical Receptionist, Speare Primary Care, Plymouth Orthopedics

Authorized to work in the US for any employer

Work Experience

Lead Medical Receptionist, Speare Primary Care, Plymouth Orthopedics

Speare Memorial Hospital - Plymouth, NH
2015 to 2018

White Mountain Eye Care

- Provide exceptional customer service to Patients, Family Members & Care Takers
- Fielding incoming calls and directing calls to appropriate departments
- Utilize Nextgen Software, Meditech Software
- Implementation & utilization of Cerner Software
- Collections & processing of co-pays & patient balances
- Maintaining doctors' calendars
- Processing of patient referrals
- Surgical Scheduling
- Medical Abstracting
- Responsible for training of new employees
- Verifying & Collection of necessary insurance information to ensure accurate billing
- Assist with daily deposits
- Maintaining inventory supplies
- Opening & Closing of office

Assistant Manager

Marshall's Department Store - Plymouth, NH
2005 to 2015

03264

- Ensured customer satisfaction through employee training
- Encouraged positive attitudes to create outstanding customer experiences
- Management of 40 plus employees
- Ensure proper daily staffing
- Responsible for hiring of team members
- Processing of performance reviews
- Responsible for daily opening & closing procedures of store
- Daily Banking
- Processing of employee payroll

Assistant Store Manager

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Kohls Department Store - Tilton, NH
2003 to 2005

03276

- Ensured customer satisfaction through employee training
- Management of 80 plus employees
- Ensured positive customer experiences
- Responsible for hiring of team members
- Processing of performance reviews
- Managed store payroll projections, productivity and controllable expenses in relation to sales trends
- Supervised credit solicitations to ensure store achieved its' goals
- Assisted with loss prevention in conjunction with local police
- Responsible for inventory control

Education

Bachelor Degree in Business
Bangkok Thonburi College
1993

Plymouth Regional High School
1991

Skills

Primary Care, Urgent Care, Internal Medicine

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Maureen P Lehman

Objective: To further my professional career by obtaining a challenging leadership position with opportunity to apply my creative problem solving skills to foster a positive, team based culture.

Summary of Qualifications: Experience working at FQHC nonprofit health care setting for 9 years providing direct care to patients. Dependable, honest with excellent customer services skills. Previous management experience with over 50 employees in fast paced restaurant.

Education:

Hesser College Sept 2008 -Feb 2010

Medical Assistant Associates Degree (Phi Thetta Kappa, honor society)

Coursework includes:

- Law and Ethics
- MS word
- Medical terminology
- Laboratory procedures
- Anatomy and physiology

Professional Experience:

Mid State Health Center June 2010 – present

- Subjective intakes and vital signs when rooming patients.
- Extensive phlebotomy and laboratory processing
- Ordering supplies
- Schedule appointments
- Chart and document activities
- QI committee
- Training in lab and new hires when on the floor with provider

Reference Furnished upon request

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Stacey Lembo

Objective

To obtain a career that will allow me to successfully integrate my skills and professional experience in position that will allow me to advance in my profession.

Education

A.S. Computer Science, Massachusetts Bay Community College, 1980
DataPoint, 1983
EASEL, 1990

Experience

2001-Present | Speare Memorial Hospital | Plymouth, NH

Patient Financial Counselor

- Assisting patients experiencing financial hardships with several options
- Evaluate patients to see if they meet the requirements for our Community Care Program, NH Health Access Program or any State and Federal programs
- Help Prenatal, post-delivery and new applicants with their applications for NH Medicaid using the NH Easy program
- Handle in house billing questions, problems and complaints

1993-1997 | EDS | Concord, NH

Provider Representative

- Worked in the EDS Title Nineteen account focused in the Provider Relations Department
- Created and Designed an on-line tracking system utilizing Excel
- Became well versed in NH Medicaid billing procedures and facilitated training via workshops in order to properly educated providers

1988-1993 | Blue Cross Blue Shield/ EDS | Boston, MA

Programmer Analyst

- Provided assistance and support to in-house personal and outside providers
- Designed, programed and tested a data entry system in Easel, a system that allowed for input of medical claims and payments from groups and subscribers

1982-1988 | Compugraphic | Wilmington, MA

Computer Programer

- Analyzed, designed, coded, tested debugging, implemented and documented both online and batch development program for the sales and marketing application
- Functions as a programmer in a production environment

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CAROL G. LURIE

Work History

Nurse Practitioner-per diem, 02/2013 to Current
Speare Primary Care – Plymouth, NH

- Delivered primary care services in a Family Practice setting
- Assessed patients' needs, created a treatment plan and ordered appropriate diagnostic testing when indicated.
- Provided counseling in health maintenance and disease management.

Nurse Practitioner, 09/1999 to Current
Dartmouth-Hitchcock/Plymouth Pediatric and Adolescent Medicine – Plymouth, NH

- Contracted to deliver health care services at Plymouth State University.
- Assessed and treated the medical and mental health needs of the student population.
- Provided travel clearances and assessment of travel needs for the Study Abroad Office.
- Collaborated with Athletic department to provide sports clearances.
- Clinical preceptor for Athletic Training students and Nurse Practitioner students.

Nurse Practitioner, 08/1996 to 07/1999
FRH Internal Medicine – Franklin, NH

- Provided primary care services to patients in an out-patient setting.

Nurse Practitioner, 06/1994 to 07/1996
Healthy Generations – Franklin, NH

- Provided primary care services to patients in an independent Nurse Practitioner practice.

Nurse Practitioner, 07/1987 to 05/1994
Dartmouth-Hitchcock Clinic – Hanover, NH and Plymouth, NH

- Provided primary care services in the department of General Internal Medicine.
- Delivered primary care services to students at Plymouth State College.

Nurse Practitioner, 06/1982 to 07/1987
Southeastern Health Services/Prucare – Atlanta, GA

- Provided primary care services to Internal Medicine patients in a closed panel HMO.
- Supervised nursing and support staff in facility's Internal Medicine Department.

Nurse Practitioner, 06/1980 to 06/1982
Grady Memorial Hospital – Atlanta, GA

- Managed a case load of patients in the Diabetes Clinic.
- Coordinated the medical evaluation and management of patients in the In-Patient Psychiatric Units.

Education

MSN: Family Nurse Practitioner, 1980
University of Pennsylvania - Philadelphia, PA

BS in Nursing: Nursing, 1976
Adelphi University - Garden City, NY

- Graduated Cum Laude.

Licensure and Certification

- APRN-Family Nurse Practitioner. New Hampshire 031009-23.
- Registered Nurse. New Hampshire 031009-21.
- ANCC Family Nurse Practitioner Certification 0021366-22.

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Joseph Webb McKellar, LICSW, LLC

EDUCATION

University of New England, Biddeford, Maine, Masters of Social Work, May 1997
Washington & Jefferson College, Pennsylvania, Bachelor of Arts: Psychology and English May 1987
Plymouth Area High School, Plymouth, New Hampshire, June 1981

LICENSENTURE AND CERTIFICATIONS

State of New Hampshire Licensed Independent Clinical Social Worker
Certified Level I & II EMDR Practitioner

PROFESSIONAL/WORK EXPERIENCE

2013-Present **Private Practice: Joe Webb McKellar, LICSW, LLC**
50 Pleasant St. Concord, NH 03301

- Counseling families, couples, individuals, teens and children
- Work with variety of complex cases and utilize multiple approaches depending upon the needs of the client

2009-2013 **Team Leader & Case Worker** at Casey Family Services, Concord, NH

- Managed & supervised 4-6 social workers and 3 support staff in satellite office, Littleton, NH and after school program in Franklin, NH.
- Member of management team of 6 for 50+ employees with focus on staff training, development, state and federal compliance and achievement of agency's mission of services for children and families

1997-2009 **Clinical Director, Child and Family Therapist** at New England Salem Children's Trust & the Hunter School, Rumney, NH

- Supervised and managed clinical therapy department of two therapists
- Clinical supervision with direct care staff
- Coordinated adolescent psychotropic medication plans with prescribing Psychiatrist
- Managed approximately 15 cases
- Conducted individual and family therapy sessions
- Facilitated adolescent therapeutic groups
- Client assessment, mental health evaluation and diagnosis
- Development of individual treatment plans
- Court advocacy

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1996-1997 **Clinical Social Work Intern** at Riverbend Community Mental Health, Concord, NH:

- Assisted with adolescents and families in the community mental health system
- Developed social skills groups for adolescents

1995-1996 **Medical Social Work Intern** at Community Home Health and Hospice, Laconia, NH:

- Worked with patients and families receiving home health care and hospice care
- Worked with local hospitals to coordinate client's discharge and future plans

1993-1997 **Clinical Family Outreach Worker & Crisis Intervention Counselor** at The Wreath School of Plymouth, NH:

- Case management of adolescent sexual offenders
- Educated and helped families of adolescent sexual offenders support treatment
- Crisis intervention and management

1992-1993 **Alternative Program Co-Teacher** at Holderness Central School, Holderness, NH

- Development and implementation of school behavior management systems

1990-1992 **Chief Instructor** at Homeward Bound Youth Forestry Camp, Brewster, MA

- Led therapeutic outdoor adventure trips for adjudicated youth

1988-1990 **Residential Teacher** at Spaulding Youth Center. Tilton, NH

- Direct care staff for abused and neglected children in residential placement

INTRESTS

Whitewater kayaking, skiing, Martial Arts, biking, dog training and raising poultry

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MID-STATE HEALTH CENTER

APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer

All applicants are considered without regard to race, color, gender, religion, national origin, age, marital or veteran status, mental or physical disability unrelated to job performance or any other legally protected status.

POSITION APPLYING FOR: Registered Nurse **DATE:** 12/3/11

PERSONAL INFORMATION

Beth Perry P.

Legal name: First Last Middle Initial

Are you legally eligible for employment in the United States? ☒ Yes ☐ No

United States Visa status, if applicable: _____

Have you been convicted of a felony? ☐ Yes ☒ No

If yes, please explain circumstances: _____

Are you at least 18 years old? ☒ Yes ☐ No

POSITION INFORMATION

Position(s) applying for: RN Plymouth or Bristol Salary desired: $_____

Employment status desired: ☒ Full Time ☐ Part Time ☐ Temporary

What hours are you available to work? 8-530 m-f

If hired, when could you start? NOW

How did you hear about this job? Online

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ALAN EDMOND ROSEN, M.D.

CURRENT EMPLOYMENT

Family Physician
Mid-State Health Center **07/1997 - Present**
101 Boulder Point Drive, Suite 1
Plymouth, NH 03264
(603) 536-4000

AFFILIATION

Affiliate Associate Professor
Adventure Education Program, Department of Health and Human Services
Plymouth State University
Plymouth, NH 03264

CONSULTING PHYSICIAN

Plymouth State University Outdoor Center
Plymouth, NH 03264

RESIDENCY

Albany Medical College Family Practice Residency
Albany, NY **07/1994 – 07/1996**

MEDICAL

Doctor of Medicine
Albany Medical College **08/1990 – 05/1994**
Albany, NY

BOARD CERTIFICATION

Diplomate, American Board of Family Medicine **1997, 2003, 2010**
Board Certified/Recertified

PREVIOUS EMPLOYMENT

Research Engineer
IIT Research Institute **03/1978 – 07/1990**
Annapolis, MD

UNDERGRADUATE COLLEGE

Bachelor of Science, Electrical Engineering
Rutgers University **09/1973 – 05/1977**
New Brunswick, NJ

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PUBLICATIONS

["Effect of a Face Mask on Respiratory Water Loss During Sleep in Cold Conditions"]
[Wilderness and Environmental Medicine, 6, 189-195] **1995**

["A Simplified Model for Obtaining the Taylor-Fourier Series Coefficients of a Single Diode Mixer"]
[IEEE International Symposium on EMC, Boulder, Colorado] **1981**

["Nonlinear Communications Receiver Model"]
[IEEE International Symposium n EMC, Baltimore, Maryland] **1980**

LANGUAGES

English

OTHER EXPERIENCE

EMT-basic: Maryland **1983**

Wilderness EMT: Wilderness Medical Associates **1986**

Member, Appalachian Search and Rescue Conference **1984 – 1990**

Instructor, Appalachian Mountain Club Winter Mountaineering School **1985 - 1989**

INTERESTS

Telemark Skiing
Mountaineering
Hiking
Mountain Biking

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CURRICULUM VITAE

CASEY ANN SHAFFER, RN BSN MSN

About Me:

Health care has been a continuous passion in my life. I am an advocate of continuous learning and have based my career around that. I was drawn to becoming a nurse practitioner to expand my knowledge base. I am dedicated, self-motivated, driven, compassionate, and empathetic, striving to provide the best possible care to my patients.

Certifications:

Registered Nurse	2011 - Present
-Current NH License #070749-21	
Advanced Cardiac Life Support	2012 – Present
Basic Life Support	2007 – Present
Pediatric Advanced Life Support	2016 – Present

Education:

Walden University
College of Health Sciences
Master of Science in Nursing – Family Nurse Practitioner
Degree Awarded: February 10th, 2019
GPA at completion: 3.90

Missouri Western State University
School of Nursing
Bachelor of Science in Nursing
Graduation Date: May, 2011, Cum Laude

Clinical Experience:

Family Nurse Practitioner Student
Walden University
Completed 50 Hours of clinical experience in Primary Care with Shannon Schachtner FNP at Newport Health Center.
January 2nd- January 22nd, 2019

Family Nurse Practitioner Student
Walden University
Completed 94 hours of clinical experience in Urgent Care with Dr. Mitchell Young at Dartmouth Hitchcock Nashua.

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November 29th-December 26th, 2018

Family Nurse Practitioner Student
Walden University
Completed 64 hours of clinical experience in Women's Health with Dr. Eileen Kirk at New London Hospital and Newport Health Center.
October 8th -29th, 2018

Family Nurse Practitioner Student
Walden University
Completed 90 hours of clinical experience in Women's Health with Teresa Bauernschmidt, WHNP and Kathryn DeWolf, CNM at Dartmouth Hitchcock Medical Center.
August 28th – October 5th, 2018

Family Nurse Practitioner Student
Walden University
Completed 144 hours of clinical experience in the pediatric population with Dr. Kelley White and Kelley Watkins, FNP at Mid-State Health Center.
May 30th – July 18th, 2018

Family Nurse Practitioner Student
Walden University
Completed 144 hours of clinical experience in adult primary care with Shannon Schachtner, FNP at Newport Health Center
February 27th – May 1st, 2018

Professional Positions:

Adjunct Clinical Faculty
Colby-Sawyer College January 2019 – Present
I am responsible for the clinical education of the Junior nursing students at Colby-Sawyer College.

Registered Nurse – Life Safety
Dartmouth Hitchcock Medical Center January 2017 – Present
This position is a shared position in which my time is split between Life Safety and the Surgical Trauma Intensive Care Unit. I respond to emergencies within the hospital grounds. This includes responding to inpatients, outpatients, visitors, and staff that are suffering from an acute medical event.

Registered Nurse – Surgical/Trauma ICU
Dartmouth Hitchcock Medical Center September 2014 – Present
This position is a shared position in which my time is split between Life Safety and the Surgical Trauma Intensive Care Unit. I provide care for critically ill patients using complex critical thinking to assist in the recovery and healing of all body systems.

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Registered Nurse – Medical/Surgical Traveling Nurse
Cross Country TravCorps August 2013- August 2014
I was relief staffing for units in need across the country.

Registered Nurse – Transplant Medicine
University of Colorado Health August 2011 – August 2013
I cared for solid-organ transplant patients immediately before and after organ transplantation as well as those patients suffering from acute or chronic organ rejection.

Emergency Services Associate – Emergency Department
Mosaic Life Care Center 2008 – 2011
I was responsible for acquiring vital signs, performing phlebotomy and ECG's, applying splints, transporting patients, and assisting in minor procedures of patients in the Emergency Department.

Nursing Assistant – Step-Down
Mosaic Life Care Center 2007 – 2008
I assisted in activities of daily living for the step-down unit patients.

Honors and Awards:

Missouri Western State University:
Dean's List: Fall 2008, Fall 2009, Spring 2010, Fall 2010
President's Honor Roll: Spring 2009

Professional Memberships:

Golden Key International Honors Society 2018 – Present
Sigma Theta Tau Nursing Honors Society 2010 – 2012/2018 – Present
American Academy of Nurse Practitioners 2017 – Present

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Margot Shea

Professional Summary

Medical Office Specialist experienced in primary care and specialty office settings, scheduling patient appointments, answering phone calls, check in and check out, maintaining patient account accuracy and payments. Also responsible for referrals, authorizing and scheduling diagnostic testing and provide good customer service.

Skill Highlights

Patient scheduling, phone interactions, understanding of medical office software, maintaining account accuracy, collecting and applying copays and payments, familiarity with insurances, obtaining authorizations and precertifications, sending referrals, customer service, team player with fellow staff members

Professional Experience

Medical Office Specialist September 2006 to June 2016 Beacon Internal Medicine — Portsmouth, NH

As a Medical Office Specialist I answered phones, checked patients in and out, verified insurances, took and applied copays and payments. I scheduled appointments for our office, and also for specialists and testing, obtaining necessary authorizations and precertifications. I monitored the appointment reminders. I answered patient questions and passed along messages. We went through much of the transition to electronic medical records and the computer changes that go along with that process.

Front office/Billing May 2003 to June 2005 Harbor Eyecare — Portsmouth, NH

I greeted patients, checked in and out, collected copays and payments. I scheduled appointments, answered phone calls, dispensed contact lenses, and did some of the insurance billing.

Front office Check In January 2003 to April 2003 Lamprey Healthcare — Newmarket, NH

Checked in patients, scheduled appointments in person and over the phone.

Front office/Medical Assisting September 2001 to August 2002 Dover Foot Specialty — Dover, NH

I answered the phone, scheduled appointments, check out. I also took Xrays, performed ultrasound therapy, prepared the rooms for patients, roomed patients, prepared equipment for procedures.

Front office August 1999 to September 2001 Eyesight Ophthalmic Services — Portsmouth, NH

My duties included check in, check out, appointment scheduling, filing, answering the phone when operator busy. Travel between the 4 offices to do the same function in each.

Education and Training

Bachelor of Arts: Anthropology, 1980 Bates College — Lewiston, ME

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Kim Spencer

Authorized to work in the US for any employer

WORK EXPERIENCE

Psychotherapist

Psychotherapist at Bahder Behavioral Services - Gilford, NH - July 2016 to Present

Provides individual psychotherapy to adults age 18-100+

➢ Supporting clients with their addiction recovery, as Dr. Bahder is a prescriber of Suboxone

➢ Common diagnoses treated: anxiety disorders, mood disorders, addiction, adjustment disorders and more

Medical Social Worker

Lakes Region General Hospital - Laconia, NH - November 2008 to May 2016

Provided short-term crisis intervention, trauma intervention, emotional support, short-term counseling, and coping/ adaptation strategies, to patients and families dealing with illness, trauma, and anticipatory grief/ bereavement

➢ Collaborated with multidisciplinary healthcare team to identify, asses, and assist those with complex social and emotional needs

➢ Advocated for and supported women with high risk pregnancies, predominantly women prescribed Suboxone

➢ Supported post partum women and families, primarily assisting women prescribed Suboxone and their newborns with extended hospital admissions.

Child Therapist

Genesis Behavioral Health - Laconia, NH - July 2004 to November 2008

Provided individual and family therapy to children, primarily ages 3-8, and their families

➢ Provided on-going support and case management services to children and their families

➢ Collaborated with family and community members: biological family, formal and informal caregivers, police, school professionals, court appointed guardians and guardian ad litems, Early Head Start, etc.

EDUCATION

MSW

University of New Hampshire
August 2002 to May 2004

BSW

Plymouth States College
January 1992 to December 1995

SKILLS

Notary Public, Justice of the Peace

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CERTIFICATIONS/LICENSES

LICSW
January 2019

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New Hampshire Department of Health and Human Services
Staff List Form
Division of Public Health Services

COMPLETE ONE STAFF LIST FORM FOR EACH BUDGET PERIOD

Bidder/Program Name: Mid-State Health Center

Name of RFP: Primary Care

Budget Period: July 1, 2021 - April 30, 2022

A	B	C	D	E	F	G	H
Position Title	Current Individual in Position	Projected Hrly Rate as of 1st Day of Budget Period	Hours per Week	Proj. Amnt Funded by This Contract for Budget Period	Proj. Amount from Other Sources for Budget Period	Total Salaries All Sources	Site*
Pharmacy	Kamtakosol, Busaba	$16.00	40.00	$3,744.00	$21,216.00	$24,960.00	Plymouth
LCSW	McKellar, Joseph W	$38.33	40.00	$8,969.22	$50,825.58	$59,794.80	Both
LCSW	Spencer, Kim	$42.96	40.00	$10,052.64	$56,964.96	$67,017.60	Both
Clerical	Shea, Margot	$15.84	40.00	$3,706.56	$21,003.84	$24,710.40	Plymouth
Business	Lembo, Stacey L	$23.28	40.00	$5,447.52	$30,869.28	$36,316.80	Plymouth
RN	Perry, Beth P.	$33.45	40.00	$7,827.30	$44,354.70	$52,182.00	Plymouth
Quality Steward	Donnolly, Shannon	$25.00	40.00	$2,340.00	$36,660.00	$39,000.00	Plymouth
Clinical	Lehmen, Maureen	$22.61	40.00	$2,116.30	$33,155.30	$35,271.60	Plymouth
Patient Account Rep	Begalle, Amy	$18.67	40.00	$2,881.71	$26,243.49	$29,125.20	Bristol
Family Medicine	Berry DO, Andrea	$97.80	40.00	$9,154.08	$143,413.92	$152,568.00	Both
Family Medicine	Diederich MD, Gary	$100.29	30.00	$7,040.36	$110,298.94	$117,339.30	Bristol
Family Medicine	Arsenault MD, Diane	$81.55	30.00	$5,724.81	$89,688.69	$95,413.50	Plymouth
Family Medicine	Rosen MD, Alan	$103.09	40.00	$9,649.22	$151,171.18	$160,820.40	Plymouth
APRN	Shaffer APRN, Casey	$44.81	40.00	$4,194.22	$65,709.38	$69,903.60	Both
APRN	Lurie APRN, Carol	$44.81	30.00	$3,145.66	$49,282.04	$52,427.70	Plymouth
Total Salaries by Source				$85,993.60	$930,857.30	$1,016,850.90	

*Please list which site(s) each staff member works at, if bidder has multiple sites. Not applicable to WIC.

State of New Hampshire
Department of Health and Human Services
Amendment #2 to the Primary Care Services

This 2nd Amendment to the Primary Care Services contract (hereinafter referred to as "Amendment #2") is by and between the State of New Hampshire, Department of Health and Human Services (hereinafter referred to as the "State" or "Department") and Weeks Medical Center (hereinafter referred to as "the Contractor"), a non-profit with a place of business at 170 Middle Street, Lancaster, NH 03584.

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on June 20, 2018, (Item #27G), as amended on May 6, 2020, (Item #46), the Contractor agreed to perform certain services based upon the terms and conditions specified in the Contract as amended and in consideration of certain sums specified; and

WHEREAS, pursuant to Form P-37, General Provisions, Paragraph 18, and Exhibit C-1, Revisions to General Provisions, Section 3, the Contract may be amended upon written agreement of the parties and approval from the Governor and Executive Council; and

WHEREAS, the parties agree to extend the term of the agreement, increase the price limitation, or modify the scope of services to support continued delivery of these services; and

NOW THEREFORE, in consideration of the foregoing and the mutual covenants and conditions contained in the Contract and set forth herein, the parties hereto agree to amend as follows:

1. Form P-37 General Provisions, Block 1.7, Completion Date, to read:

   March 31, 2022.

2. Form P-37, General Provisions, Block 1.8, Price Limitation, to read:

   $350,013.

3. Modify Exhibit B, Methods and Conditions Precedent to Payment, Section 4, Subsection 4.1 to read:

   4.1 Payments shall be on a cost reimbursement basis for approved actual costs in accordance with Exhibit B-1 through Exhibit B-6, Amendment #2 Budget, which is attached hereto and incorporated by reference herein.

4. Add Exhibit B-6, Amendment #2 Budget, which is attached hereto and incorporated by reference herein.

New Hampshire Department of Health and Human Services
Primary Care Services

All terms and conditions of the Contract and prior amendments not inconsistent with this Amendment #2 remain in full force and effect. This amendment shall be effective July 1, 2021, or upon the date of Governor and Executive Council approval, whichever is later.

IN WITNESS WHEREOF, the parties have set their hands as of the date written below,

State of New Hampshire
Department of Health and Human Services

12/31/2020
Date

DocuSigned by:
Lisa M. Morris
D938DBFB6CA54A0...
Name: Lisa M. Morris
Title: Director, Division of Public Health Srvcs.

Weeks Medical Center

12/15/2020
Date

DocuSigned by:
Michael Lee
23AED0B54D64D8...
Name: Michael Lee
Title: President

New Hampshire Department of Health and Human Services
Primary Care Services

The preceding Amendment, having been reviewed by this office, is approved as to form, substance, and execution.

OFFICE OF THE ATTORNEY GENERAL

1/15/2021
Date

DocuSigned by:
Name: Catherine Pinos
Title: Attorney

I hereby certify that the foregoing Amendment was approved by the Governor and Executive Council of the State of New Hampshire at the Meeting on: _____ (date of meeting)

OFFICE OF THE SECRETARY OF STATE

Date

Name:
Title:

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New Hampshire Department of Health and Human Services

Bidder/Program Name: Weeks Medical Center

Budget Request for: Primary Health Care Services
(Name of RFP)

Budget Period: SFY 2022 (7/1/21 – 3/31/22)

	Total Program Cost			Contractor Share / Match			Funded by DHHS contract share		
Line Item	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total
1. Total Salary/Wages	$230,095.81	$ -	$ 230,095.81	$ 166,672.81	$ -	$ 166,672.81	$ 63,423.00	$ -	$ 63,423.00
2. Employee Benefits	$ 57,523.95	$ -	$ 57,523.95	$ 57,523.95	$ -	$ 57,523.95	$ -	$ -	$ -
3. Consultants	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
4. Equipment:	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Rental	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Repair and Maintenance	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Purchase/Depreciation	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
5. Supplies:	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Educational	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Lab	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Pharmacy	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Medical	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Office	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
6. Travel	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
7. Occupancy	$ 43,142.96		$ 43,142.96	$ 43,142.96		$ 43,142.96			$ -
8. Current Expenses	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Telephone	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Postage	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Subscriptions	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Audit and Legal	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Insurance	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Board Expenses	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
9. Software	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
10. Marketing/Communications	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
11. Staff Education and Training	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
12. Subcontracts/Agreements	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
13. Other (specific details mandatory):	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
TOTAL	$ 330,762.72	$ -	$ 330,762.72	$ 267,339.72	$ -	$ 267,339.72	$ 63,423.00	$ -	$ 63,423.00
Indirect As A Percent of Direct		0.0%							

State of New Hampshire
Department of State

CERTIFICATE

I, William M. Gardner, Secretary of State of the State of New Hampshire, do hereby certify that WEEKS MEDICAL CENTER is a New Hampshire Trade Name registered to transact business in New Hampshire on March 05, 1993. I further certify that all fees and documents required by the Secretary of State's office have been received and is in good standing as far as this office is concerned.

Business ID: 187656
Certificate Number: 0004814994

IN TESTIMONY WHEREOF,
I hereto set my hand and cause to be affixed the Seal of the State of New Hampshire, this 25th day of February A.D. 2020.

William M. Gardner
Secretary of State

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Business Information

Business Details

Business Name:	WEEKS MEDICAL CENTER	Business ID:	63681
Business Type:	Domestic Nonprofit Corporation	Business Status:	Good Standing
Business Creation Date:	12/22/1919	Name in State of Incorporation:	WEEKS MEDICAL CENTER
Date of Formation in Jurisdiction:	12/22/1919		
Principal Office Address:	173 MIDDLE ST, LANCASTER, NH, 03584, USA	Mailing Address:	NONE
Citizenship / State of Incorporation:	Domestic/New Hampshire		
		Last Nonprofit Report Year:	2020
		Next Report Year:	2025
Duration:	Perpetual		
Business Email:	NONE	Phone #:	NONE
Notification Email:	NONE	Fiscal Year End Date:	NONE

Principal Purpose

S.No	NAICS Code	NAICS Subcode
1	Health Care and Social Assistance	Offices of Physicians, Mental Health Specialists
2	NOT REQUIRED	

Page 1 of 1, records 1 to 2 of 2

Principals Information

Name/Title	Business Address
Scott Burns / Director	173 Middle Street, Lancaster, NH, 03584, USA
Bill Everleth / Director	173 Middle Street, Lancaster, NH, 03584, USA
Keith Young / Director	173 Middle Street, Lancaster, NH, 03584, USA
Celeste K Pitts CFO / Other Officer	173 Middle Street, Lancaster, NH, 03584, USA
Sarah Desrochers / President	173 Middle Street, Lancaster, NH, 03584, USA

< Previous ... 1 2 3 4 ... Next > Page 1 of 4, records 1 to 5 of 18 Go to Page

Registered Agent Information

Name: Not Available

Registered Office Address: Not Available

Registered Mailing Address: Not Available

Trade Name Information

Business Name	Business ID	Business Status
WEEKS MEMORIAL HOSPITAL (/online/BusinessInquire/TradeNameInformation?businessID=20043)	33403	Expired
Northwoods Home Health & Hospice (/online/BusinessInquire/TradeNameInformation?businessID=449241)	631079	Expired
WEEKS MEDICAL CENTER (/online/BusinessInquire/TradeNameInformation?businessID=51190)	187656	Active

Trade Name Owned By

Name	Title	Address

Filing History

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Business Name	Business ID
WEEKS MEDICAL CENTER	63681

Filing#	Filing Date	Effective Date	Filing Type	Annual Report Year
0004979709	08/14/2020	08/14/2020	Nonprofit Report	2020
0004773384	01/16/2020	01/16/2020	Annual Report Reminder	N/A
0003290086	03/31/2016	03/31/2016	Amendment	N/A
0003178674	10/06/2015	10/06/2015	Nonprofit Report	2015
0003172425	09/08/2015	09/08/2015	Annual Report	2015
0000645427	03/07/2011	03/07/2011	Reinstatement	2010
0000645426	02/15/2011	02/15/2011	Admin Dissolution/Suspension	N/A
0000645425	10/08/2010	10/08/2010	Reminder Letter	N/A
0000645424	01/03/2006	01/03/2006	Annual Report	2005
0000645423	02/11/2000	02/11/2000	Annual Report	2000
0000645422	10/25/1999	10/25/1999	Amendment	N/A
0000645421	01/19/1995	01/19/1995	Annual Report	1995
0000645420	03/05/1990	03/05/1990	Annual Report	1990
0000645419	01/03/1978	01/03/1978	Amendment	N/A
0000645418	01/28/1976	01/28/1976	Annual Fee	N/A
0000645417	07/16/1956	07/16/1956	Annual Fee	N/A
0000645416	12/22/1919	12/22/1919	Business Formation	N/A

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CERTIFICATE OF AUTHORITY

I, Sarah Desrochers, President of the Board of Trustees, hereby certify that:

1. I am a duly elected Clerk, Secretary, or Officer of Weeks Medical Center.

2. The following is a true copy of a vote taken at a special request by phone of the Board of Directors/shareholders, duly called and held on December 22, 2020, at which a quorum of the Directors/shareholders were present and voting.

VOTED: That Michael Lee, CEO and President, (may list more than one person) is duly authorized on behalf of Weeks Medical Center to enter into contracts or agreements with the State of New Hampshire and any of its agencies or departments and further is authorized to execute any and all documents, agreements and other instruments, and any amendments, revisions, or modifications thereto, which may in his/her judgment be desirable or necessary to effect the purpose of this vote.

3. I hereby certify that said vote has not been amended or repealed and remains in full force and effect as of the date of the contract/contract amendment to which this certificate is attached. This authority **remains valid for thirty (30)** days from the date of this Certificate of Authority. I further certify that it is understood that the State of New Hampshire will rely on this certificate as evidence that the person(s) listed above currently occupy the position(s) indicated and that they have full authority to bind the corporation. To the extent that there are any limits on the authority of any listed individual to bind the corporation in contracts with the State of New Hampshire, all such limitations are expressly stated herein.

Dated: 12/23/2020

Sarah Desrochers
Sarah Desrochers (Dec 24, 2020 11:07 EST)

Sarah Desrochers, President
Weeks Medical Center Board of Trustees

ACORD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 05/04/2021

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER
Willis Towers Watson Northeast, Inc.
c/o 26 Century Blvd
P.O. Box 305191
Nashville, TN 372305191 USA

CONTACT NAME: Willis Towers Watson Certificate Center
PHONE (A/C, No, Ext): 1-877-945-7378 FAX (A/C, No): 1-888-467-2378
E-MAIL ADDRESS: certificates@willis.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A: ProSelect Insurance Company	10638
INSURER B: New Hampshire Employers Insurance Company	13083
INSURER C:	
INSURER D:	
INSURER E:	
INSURER F:	

INSURED
North Country Healthcare, Inc
8 Clover Lane
Whitefield, NH 03598

COVERAGES **CERTIFICATE NUMBER:** W20878079 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO-JECT LOC OTHER:			002NH000032947	10/01/2020	10/01/2021	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG 	$ 1,000,000 $ $ 1,000 $ 1,000,000 $ 3,000,000 $ $
	AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY SCHEDULED AUTOS NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) 	$ $ $ $ $
	UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION $						EACH OCCURRENCE AGGREGATE 	$ $ $
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y / N If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		WMZ-800-8007765-2020A	10/01/2020	10/01/2021	X PER STATUTE OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	 $ 500,000 $ 500,000 $ 500,000
A	Professional Liability Claims Made & Reported			002NH000032947	10/01/2020	10/01/2021	Claim Limits Aggregate	$1,000,000 $3,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

State of New Hampshire, Dept. of Health and Human Services
129 Pleasant Street
Concord, NH 03301-3857

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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Mission Statement

Weeks Medical Center's compassionate staff is committed to providing high quality and efficient health care services to ensure the well-being of our patients, families and communities.

In partnership with our communities, Weeks promotes health by;

- acknowledging that health is physical, spiritual and emotional
- emphasizing personal prevention, education and health information
- working closely with human services providers and local governments
- being closely involved with schools, businesses and churches
- actively participating in community organizations and activities
- learning about local health care needs through listening to all of our communities

Weeks strives to meet those health care needs by;

- matching our services to the needs of the individuals in our communities
- insuring timely access to health care
- providing as many services as possible locally
- delivering those services throughout our communities—in schools, businesses, homes, clinics—as well as in our modern, well-equipped Lancaster facility
- providing smoothly coordinated access to services which cannot be provided locally
- managing health care costs so that local access to health care is protected
- attracting and retaining highly trained, enthusiastic staff members
- satisfying the individuals we serve

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BerryDunn

[redacted]

Weeks Medical Center

FINANCIAL STATEMENTS

September 30, 2019 and 2018

With Independent Auditor's Report

[redacted]

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WEEKS MEDICAL CENTER AND
LANCASTER PATIENT CARE CENTER

September 30, 2019 and 2018

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BerryDunn

INDEPENDENT AUDITOR'S REPORT

The Board of Trustees
Weeks Medical Center and
Lancaster Patient Care Center

We have audited the accompanying consolidated financial statements of Weeks Medical Center and Lancaster Patient Care Center (collectively, the Organization), which comprise the consolidated balance sheets as of September 30, 2019 and 2018, and the related consolidated statements of operations, changes in net assets, and cash flows for the years then ended, and the related notes to the consolidated financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these consolidated financial statements in accordance with U.S. generally accepted accounting principles; this includes the design, implementation and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these consolidated financial statements based on our audits. We conducted our audits in accordance with U.S. generally accepted auditing standards. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the consolidated financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the consolidated financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the consolidated financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the consolidated financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the consolidated financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the financial position of the Organization as of September 30, 2019 and 2018, and the results of their operations, changes in their net assets and their cash flows for the years then ended, in accordance with U.S. generally accepted accounting principles.

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The Board of Trustees
Weeks Medical Center and
Lancaster Patient Care Center

Other Matters

Change in Accounting Principle

As discussed in Note 2 to the consolidated financial statements, during the year ended September 30, 2019 the Organization adopted new accounting guidance, Financial Accounting Standards Board Accounting Standards Update No. 2016-14, *Not-for-Profit Entities (Topic 958), Presentation of Financial Statements of Not-for-Profit Entities.* Our opinion is not modified with respect to this matter.

Supplementary Information

Our audits were conducted for the purpose of forming an opinion on the consolidated financial statements as a whole. Schedules 1 and 2 are presented for purposes of additional analysis of the consolidated financial statements rather than to present the financial position and results of operations of the individual entities and are not a required part of the consolidated financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the consolidated financial statements. The information has been subjected to the auditing procedures applied in the audit of the consolidated financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the consolidated financial statements or to the consolidated financial statements themselves, and other additional procedures in accordance with U.S. generally accepted auditing standards. In our opinion, the information is fairly stated in all material respects in relation to the consolidated financial statements as a whole.

Berry Dunn McNeil & Parker, LLC

Manchester, New Hampshire
December 20, 2019

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WEEKS MEDICAL CENTER AND LANCASTER PATIENT CARE CENTER

Consolidated Balance Sheets

September 30, 2019 and 2018

ASSETS

	2019	2018
Current assets		
Cash and cash equivalents	$ 10,919,137	$ 11,078,281
Patient accounts receivable, net	5,259,545	3,826,836
Other accounts receivable, net	861,372	844,966
Due from related parties	713,772	-
Current portion of assets limited as to use	4,211,202	2,571,291
Prepaid expenses, supplies, and other current assets	2,195,433	2,279,984
Total current assets	24,160,461	20,601,358
Assets limited as to use, excluding current portion	26,602,698	28,351,498
Note receivable	9,534,913	-
Property and equipment, net	25,140,923	14,841,984
Total assets	$ 85,438,995	$ 63,794,840

LIABILITIES AND NET ASSETS

Current liabilities		
Current portion of long-term debt	$ 562,040	$ 444,000
Accounts payable and accrued expenses	2,921,268	1,883,574
Accrued salaries and related amounts	2,489,802	2,078,184
Other current liabilities	125,308	393,118
Estimated third-party payor settlements	6,476,640	5,894,631
Total current liabilities	12,575,058	10,693,507
Long-term debt, excluding current portion	23,044,634	6,676,880
Estimated third-party payor settlements	9,594,828	10,074,756
Total liabilities	45,214,520	27,445,143
Net assets		
Without donor restrictions	38,138,735	34,824,702
With donor restrictions	2,085,740	1,524,995
Total net assets	40,224,475	36,349,697
Total liabilities and net assets	$ 85,438,995	$ 63,794,840

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

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WEEKS MEDICAL CENTER AND LANCASTER PATIENT CARE CENTER

Consolidated Statements of Operations

Years Ended September 30, 2019 and 2018

	2019	2018
Revenues, gains, and other support without donor restrictions		
Patient service revenue (net of contractual allowances and discounts)	$ 50,690,110	$ 47,920,708
Less provision for bad debts	1,829,918	1,726,823
Net patient service revenue	48,860,192	46,193,885
Other revenues	5,545,150	4,410,689
Net assets released from restrictions for operations	81,122	44,605
Total revenues, gains and other support without donor restrictions	54,486,464	50,649,179
Expenses		
Salaries, wages and fringe benefits	32,164,479	29,651,873
Contract labor	1,037,903	1,103,392
Supplies and other	15,234,080	13,197,518
Medicaid enhancement tax	1,838,639	1,729,590
Depreciation	1,832,426	1,826,546
Interest	469,435	271,842
Total expenses	52,576,962	47,780,761
Operating income	1,909,502	2,868,418
Nonoperating gains (losses)		
Income from investments, net	1,519,824	2,215,814
Gifts without donor restrictions, net of expenses	81,922	791
Community benefit and contribution expense	(197,215)	(192,301)
Recovery of written-off related party receivables	-	17,669
Net nonoperating gains	1,404,531	2,041,973
Excess of revenues, gains, other support, and nonoperating gains over expenses	3,314,033	4,910,391
Net assets released from restrictions for capital acquisitions	-	4,395
Increase in net assets without donor restrictions	$ 3,314,033	$ 4,914,786

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WEEKS MEDICAL CENTER AND LANCASTER PATIENT CARE CENTER

Consolidated Statements of Changes in Net Assets

Years Ended September 30, 2019 and 2018

	Without Donor Restrictions	With Donor Restrictions	Total
Balances, October 1, 2016	$ 29,909,916	$ 1,320,727	$ 31,230,643
Excess of revenues over expenses and increase in unrestricted net assets	4,910,391	-	4,910,391
Contributions		253,970	253,970
Investment loss, net	-	(702)	(702)
Net assets released from restrictions for operations	-	(44,605)	(44,605)
Net assets released from restrictions for capital acquisition	4,395	(4,395)	-
Increase in net assets	4,914,786	204,268	5,119,054
Balances, September 30, 2018	34,824,702	1,524,995	36,349,697
Excess of revenues, gains and other support over expenses and nonoperating gains	**3,314,033**	-	**3,314,033**
Contributions	-	**626,933**	**626,933**
Investment income, net	-	**14,934**	**14,934**
Net assets released from restrictions for operations	-	(81,122)	(81,122)
Increase in net assets	3,314,033	560,745	3,874,778
Balances, September 30, 2019	$ 38,138,735	$ 2,085,740	$ 40,224,475

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

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WEEKS MEDICAL CENTER AND LANCASTER PATIENT CARE CENTER

Consolidated Statements of Cash Flows

Years Ended September 30, 2019 and 2018

	2019	2018
Cash flows from operating activities		
Change in net assets	$ 3,874,778	$ 5,119,054
Adjustments to reconcile change in net assets to net cash provided by operating activities		
Depreciation and amortization	1,839,527	1,833,647
Loss (gain) on sale of equipment	4,475	(24,387)
Provision for bad debts	1,829,918	1,726,823
Recovery of written-off related party receivables	-	(17,669)
Realized and unrealized gains on investments	(791,964)	(1,628,459)
Increase in		
Patient accounts receivable, net	(3,262,627)	(1,412,279)
Other accounts receivable	(16,406)	(312,215)
Due from related parties	(713,772)	-
Prepaid expenses, supplies, and other current assets	84,551	(608,749)
Increase (decrease) in		
Accounts payable and accrued expenses	1,113,159	331,270
Accrued salaries related amounts	411,618	(145,225)
Other current liabilities	(267,810)	98,754
Estimated third-party payor settlements	102,081	3,079,162
Net cash provided by operating activities	4,207,528	8,039,727
Cash flows from investing activities		
Proceeds from sale of equipment	-	41,000
Purchases of property and equipment	(12,211,305)	(2,386,338)
Change in related party note receivable	-	17,669
Proceeds from sales of assets limited as to use	4,964,648	5,910,547
Purchase of assets limited as to use	(4,063,795)	(6,443,144)
Advance on note receivable	(9,534,913)	-
Net cash used by investing activities	(20,845,365)	(2,860,266)
Cash flows from financing activities		
Proceeds from issuance of long-term debt	17,581,750	-
Repayments of long-term debt	(518,050)	(417,000)
Payment of deferred financing fees	(585,007)	-
Net cash provided (used) by financing activities	16,478,693	(417,000)
Net (decrease) increase in cash and cash equivalents	(159,144)	4,762,461
Cash and cash equivalents, beginning of year	11,078,281	6,315,820
Cash and cash equivalents, end of year	$ 10,919,137	$ 11,078,281
Supplemental disclosure of cash flow information		
Cash paid for interest	$ 462,334	$ 264,741

Supplemental disclosure of noncash transactions

Purchases of property and equipment of $75,465 are included in accounts payable and accrued expenses at September 30, 2018.

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

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1. Organization

Weeks Medical Center (Hospital), a New Hampshire not-for-profit corporation, provides medical services on an inpatient and outpatient basis in Northern New Hampshire.

On June 30, 2015, Weeks Medical Center, along with three other hospitals in the North Country (Androscoggin Valley Hospital (AVH), Upper Connecticut Valley Hospital (UCVH), and Littleton Regional Healthcare (LRH)), signed an Affiliation Agreement. During that same week, the Boards of each of the hospitals approved the Affiliation documents which consist of an Affiliation Agreement, a Management Services Agreement, and Bylaw changes. The application to the New Hampshire Attorney General's office and Charitable Trust Unit was approved in December 2015. Effective September 30, 2019, LRH withdrew from the affiliation.

Effective April 1, 2016, North Country Healthcare, Inc. (NCHI), became the sole corporate member of the Hospital. NCHI is also the parent company of AVH, UCVH, LRH (through September 30, 2019) and North Country Home Health & Hospice Agency, Inc. Any and all activity with these entities is disclosed as related party transactions.

On October 2, 2018, Lancaster Patient Care Center (LPCC), a 501(c)(3) nonprofit corporation, was formed for the purpose of securing new financing related to the construction of a new Lancaster Patient Care Center on the Weeks Medical Center campus. LPCC is a wholly-controlled subsidiary of Weeks Medical Center.

2. Summary of Significant Accounting Policies

Principles of Consolidation and Reporting Entity

The consolidated financial statements include the accounts of Weeks Medical Center and Lancaster Patient Care Center (collectively referred to as the Organization). Intercompany accounts and transactions have been eliminated in the consolidated financial statements.

Basis of Financial Statement Presentation

Net assets and revenues, expenses, gains and losses are classified based on the existence or absence of donor-imposed restrictions in accordance with Financial Accounting Standards Board (FASB) Accounting Standards Codification Topic (ASC) 958, *Not-for-Profit Entities.* The Organization reports information regarding its financial position and activities according the following net asset classification:

Net assets without donor restrictions: Net assets that are not subject to donor-imposed restrictions and may be expended for any purpose in performing the primary objectives of the Organization. These net assets may be used at the discretion of Organization management and the Board of Trustees.

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Net assets with donor restrictions: Net assets subject to stipulations imposed by donors and grantors. Some donor restrictions are temporary in nature; those restrictions will be met by actions of the Organization or by the passage of time. Other donor restrictions are perpetual in nature, whereby the donor has stipulated the funds be maintained in perpetuity.

Donor restricted contributions are reported as increases in net assets with donor restrictions. When a restriction expires, net assets are reclassified from net assets with donor restrictions to net assets without donor restrictions in the statements of operations.

Use of Estimates

The preparation of financial statements in conformity with U.S. generally accepted accounting principles (GAAP) requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

Cash and Cash Equivalents

Cash and cash equivalents include all cash in banks and certificates of deposit with an original maturity of three months or less, excluding amounts whose use is limited by Board designation or amounts included in net assets with donor restrictions.

Patient Accounts Receivable

Patient accounts receivable are carried at the amount management expects to collect from outstanding balances.

Patient receivables are periodically evaluated for collectibility based on credit history and current financial condition. Provisions for losses on receivables are determined on the basis of loss experience, known and inherent risks, estimated value of collateral and current economic conditions. The Hospital uses the allowance method to account for uncollectible accounts receivable.

In evaluating the collectibility of accounts receivable, the Hospital analyzes past results and identifies trends for each major payor source of revenue for the purpose of estimating the appropriate amounts of the allowance for doubtful accounts and the provision for bad debts. Data in each major payor source are regularly reviewed to evaluate the adequacy of the allowance for doubtful accounts. Specifically, for receivables relating to services provided to patients having third-party coverage, an allowance for doubtful accounts and a corresponding provision for bad debts are established at varying levels based on the age of the receivables and the payor source. For receivables relating to self-pay patients, a provision for bad debts is made in the period services are rendered based on experience indicating the inability or unwillingness of patients to pay amounts for which they are financially responsible. Actual write-offs are charged against the allowance for doubtful accounts.

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Supplies

Supplies are carried at the lower of cost (determined by the first-in, first-out method) or market.

Assets Limited as to Use

Assets limited as to use include designated assets set aside by the Board of Trustees for future capital improvements over which the Board retains control, and which it may at its discretion subsequently use for other purposes. Also included in assets limited to use are funds set aside to fund any potential amounts owed back given the uncertainty of payments received as a disproportionate share hospital. Assets limited as to use that are designated for future capital improvements are reflected as long-term assets on the balance sheets.

Investments and Investment Income

Investments in equity securities with readily determinable fair values and all investments in debt securities are measured at fair value in the balance sheets. Management has adopted FASB ASC 825-10-35-4, *Financial Instruments-Overall-Subsequent Measurement*, and has elected the fair value option relative to its investments to simplify the presentation of investment return in the statement of operations, and consolidates all investment performance activity within the nonoperating gains section of the statements of operations.

Donor-restricted investment income and gains on donor-restricted investments are recorded within net assets with donor restrictions until expended in accordance with the donor's restrictions.

Property and Equipment

Property and equipment acquisitions are recorded at cost, or if contributed, at fair market value determined at the date of donation. Depreciation is provided over the estimated useful life of each class of depreciable asset and is computed using the straight-line method. Interest cost incurred on borrowed funds during the period of construction of capital assets is capitalized as a component of the cost of acquiring those assets.

Gifts of long-lived assets, such as land, buildings or equipment, are reported as support without donor restrictions unless explicit donor stipulations specify how the donated assets must be used. Gifts of long-lived assets with explicit restrictions that specify how the assets are to be used and gifts of cash or other assets that must be used to acquire long-lived assets are reported as support with donor restrictions. The Organization reports expirations of donor restrictions are reported when the donated or acquired long-lived assets are placed in service.

Net Patient Service Revenue

The Hospital has agreements with third-party payors that provide for payments to the Hospital at amounts different from established rates. Payment arrangements include prospectively determined rates per discharge, reimbursed costs, discounted charges and per diem rates. Net patient service revenue is reported at the estimated net realizable amounts from patients, third-party payors and

others for services rendered, including retroactive adjustments under reimbursement agreements with third-party payors. Retroactive adjustments are accrued on an estimated basis in the period the related services are rendered and adjusted in future periods, as final settlements are determined. Management believes that adequate provision has been made for adjustments that may result from final determination of amounts earned under these programs.

Medicaid Enhancement Tax

In New Hampshire, hospitals are subject to a 5.45% tax, the Medicaid Enhancement Tax, on net taxable revenues.

Charity Care

The Hospital provides care, without charge or at amounts less than its established rates, to patients who meet certain criteria under its charity care policy. The criteria for charity care consider such factors as family income and net worth. Because the Hospital does not pursue collection of amounts determined to qualify as charity care, they are not reported in net revenue.

Excess of Revenues, Gains, Other Support, and Nonoperating Gains Over Expenses

The statements of operations include excess of revenues, gains, other support, and nonoperating gains over expenses. Changes in net assets without donor restrictions which are excluded from this measure, consistent with industry practice, are net assets released from restrictions for capital acquisitions.

Contributions

The Organization reports gifts of cash and other assets as support with donor restrictions if they are received with donor stipulations that limit the use of the donated assets. As donor-stipulated time restrictions end or purpose restrictions are accomplished, net assets with donor restrictions are reclassified to net assets without donor restrictions and reported in the statements of operations as net assets released from restrictions.

Contributions, including unconditional promises to give, are recognized as support in the period received. Conditional promises to give are not recognized until the conditions on which they depend are substantially met. Contributions of assets other than cash are recorded at their estimated value at the date received.

Contributions to be received after one year are discounted using a rate of interest commensurate with the risk involved for instruments of similar duration. Amortization of the discount is recorded as additional contribution revenue in accordance with donor-imposed restrictions, if any, on the contributions. An allowance for uncollectible contributions receivable is provided based upon management's judgment, including such factors as prior collection history, type of contribution, and nature of fundraising activity.

Contributions received with donor-imposed restrictions that are met in the same year as received are reported as support without donor restrictions.

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Income Taxes

The Hospital and LPCC are not-for-profit corporations as described in Section 501(c)(3) of the Internal Revenue Code, and, as such, are exempt from federal income taxes on related income.

Nonoperating Gains (Losses)

Activities, other than in connection with providing healthcare services, are considered nonoperating. Nonoperating gains and losses consist primarily of income on invested funds, gifts without donor restrictions, community benefit and contribution expense and recovery of written-off related party receivables.

Newly Adopted Accounting Pronouncement

In 2019, the Organization adopted FASB Accounting Standards Update (ASU) No. 2016-14, Presentation of Financial Statements of Not-for-Profit Entities (Topic 958), which made targeted changes to the not-for-profit financial reporting model. The ASU marks the completion of the first phase of a larger project aimed at improving not-for-profit financial reporting. Under new ASU, net asset reporting is streamlined and clarified. The existing three category classification of net assets is replaced with a simplified model that combines temporarily restricted and permanently restricted into a single category called "net assets with donor restrictions." New disclosures highlight restrictions on the use of resources that make otherwise liquid assets unavailable for meeting near-term financial requirements. The ASU also imposes several new requirements related to reporting expenses including the disclosure of expenses by function. New or revised disclosures in the financial statements include Note 2 - Summary of Significant Accounting Policies (Basis of Financial Statement Presentation), Note 3 - Liquidity and Availability of Financial Assets, Note 7 - Assets Limited as to Use, Note 12 - Net Assets with Donor Restrictions, and Note 14 - Functional Expenses. The adoption of the ASU had no impact on previously reported net total assets or changes therein.

Subsequent Events

Management has considered transactions or events through December 20, 2019, which was the date the financial statements were available to be issued. Management has not considered transactions or events subsequent to this date for inclusion in the financial statements.

3. Liquidity and Availability of Financial Assets

The Organization had working capital of $11,585,403 and $9,907,851 at September 30, 2019 and 2018, respectively. The Organization had average days (based on normal expenditures) cash and cash equivalents on hand of 79 and 89 at September 30, 2019 and 2018, respectively.

The Organization seeks to operate with a balanced budget with the goal of generating sufficient net patient service revenue and cash flows, in addition to financial assets available to meet general expenditures over the next 12 months, to allow the Organization to be sustainable to support its mission and vision.

Financial assets and liquidity resources available within one year for general expenditure, such as operating expenses and capital construction costs not financed with debt, were as follows as of September 30:

	2019	2018
Cash and cash equivalents	$ 10,919,137	$ 11,078,281
Patient accounts receivable, net	5,259,545	3,826,836
Other receivables	861,372	844,966
Due from related parties	713,722	-
	17,753,776	15,750,083
Less: donor restricted cash	(862,208)	(301,032)
Financial assets available to meet general expenditures within one year	$ 16,891,568	$ 15,449,051

The Organization has other assets limited as to use of $30,813,900 and $30,922,789 at September 30, 2019 and 2018, respectively, that are assets restricted by donors or set aside by the Board of Trustees for future capital improvements and other purposes. These assets limited as to use are not available for general expenditure within the next year; however, the internally designated amounts could be made available, if necessary.

4. Net Patient Service Revenue and Patient Accounts Receivable

Net Patient Service Revenue

Patient service revenue is reported net of contractual allowances and other discounts as follows for the years ended September 30:

	2019	2018
Gross patient service revenue	$ 89,385,160	$ 84,681,862
Less contractual allowances	(37,558,404)	(35,708,914)
Less charity care	(1,136,646)	(1,052,240)
Patient service revenue (net of contractual allowances and discounts)	50,690,110	47,920,708
Less provision for bad debts	1,829,918	1,726,823
Net patient service revenue	$ 48,860,192	$ 46,193,885

The Hospital has agreements with third-party payors that provide for payments to the Hospital at amounts different from its established rates. A summary of the payment arrangements with major third-party payors follows:

Medicare

The Hospital is a Critical Access Hospital (CAH). Under the CAH program, the Hospital is reimbursed at 101% of allowable costs for its inpatients and most outpatient services provided to Medicare patients. The Hospital is reimbursed at tentative rates with final determination after submission of annual cost reports by the Hospital and audits thereof by the Medicare fiscal intermediary. The Hospital's Medicare cost reports have been audited by the fiscal intermediary through September 30, 2014.

Medicaid

Inpatient services rendered to Medicaid program beneficiaries are reimbursed under prospectively determined per-diem rates. The prospectively determined per-diem rates are not subject to retroactive adjustment. Outpatient services rendered to Medicaid beneficiaries are reimbursed on a cost reimbursement methodology and a national fee schedule for certain services. The Hospital is reimbursed for outpatient services at a tentative rate with final settlement determined after submission of annual cost reports by the Hospital and audits thereof by the fiscal intermediary. The Hospital's Medicaid cost reports have been audited by the fiscal intermediary through September 30, 2013.

Anthem

Inpatient and outpatient services rendered to Anthem subscribers are reimbursed based on standard charges less a negotiated discount, except for lab, radiology, and physician services which are reimbursed on fee schedules.

The Hospital has also entered into payment agreements with certain commercial insurance carriers and health maintenance organizations. The basis for payment to the Hospital under these agreements includes prospectively determined rates, discount from charges and prospectively determined daily rates.

Revenue from the Medicare and Medicaid programs accounted for approximately 58% and 13%, respectively, of the Hospital's net patient service revenue for the year ended 2019, and 58% and 10%, respectively, of the Hospital's net patient service revenue for the year ended 2018. Laws and regulations governing the Medicare and Medicaid programs are extremely complex and subject to interpretation. As a result, there is at least a reasonable possibility that recorded estimates will change by a material amount in the near term. Net patient service revenue increased approximately $240,000 and $203,000 in 2019 and 2018, respectively, due to differences in settlements from amounts previously estimated.

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The Hospital recognizes patient service revenue relating to services rendered to patients having third-party payor coverage on the basis of contractual rates for such services. For services rendered to self-pay or uninsured patients, revenue is recognized on the basis of standard or negotiated discounted rates. At the time services are rendered to self-pay patients, a provision for bad debts is recorded based on experience and the effects of newly-identified circumstances and trends in pay rates. Patient service revenue, net of contractual allowances and discounts, but before the provision for bad debts, recognized during 2019 totaled $50,690,110, of which $48,074,477 was revenue from third-party payors and $2,615,633 was revenue from self-pay patients. Patient service revenue, net of contractual allowances and discounts, but before the provision for bad debts, recognized during 2018 totaled $47,920,708, of which $45,737,050 was revenue from third-party payors and $2,183,658 was revenue from self-pay patients.

Under the State of New Hampshire's Medicaid program, the Hospital recognizes disproportionate share payment revenue which amounted to $3,099,075 and $2,951,724 for 2019 and 2018, respectively, and is recorded in net patient service revenue. Because the methodologies used to determine disproportionate share payments remain unsettled, the Hospital has reserved a portion of the amounts received.

Long-term estimated third-party payor settlements consist of estimates related to Medicare's potential disallowance of Medicaid enhancement tax as an allowable cost and state disproportionate share pending settlements. Due to unresolved issues at the federal level for both matters, the Hospital has classified the balances as long-term.

Charity Care

The Hospital provides services without charge or at amounts less than the established rates, to parties who meet the criteria of its charity care policy. The criteria for charity care measures family income against the income poverty guidelines established by the U.S. Department of Health and Human Services (DHHS).

Discounts are provided based on the relationship of family size and income level against the income poverty guidelines established by DHHS and as set forth in the charity care policy.

The net cost of charity care provided was approximately $669,000 and $595,000 for the years ended September 30, 2019 and 2018, respectively. The total cost estimate is based on an overall cost to charge ratio applied against gross charity care charges. In 2019 and 2018, 1.3% and 1.2%, respectively, of all services as defined by percentage of gross revenue was provided on a charity care basis.

In 2019, of a total of 564 inpatients, 52 received their entire episode of service on a charity care basis. In 2018, of a total of 571 inpatients, 56 received their entire episode of service on a charity care basis.

In 2019, of a total of 93,437 outpatients, 3,914 received their entire episode of service on a charity care basis. In 2018, of a total of 92,006 outpatients, 4,240 received their entire episode of service on a charity care basis.

Patient Accounts Receivable

Patient accounts receivable is stated net of estimated contractual allowances and allowances for doubtful accounts as of September 30 as follows:

	2019	2018
Gross patient accounts receivable	$ 10,742,884	$ 8,452,039
Less: Estimated contractual allowances	(4,137,220)	(3,279,092)
Estimated allowance for doubtful accounts	(1,346,119)	(1,346,111)
Net patient accounts receivable	$ 5,259,545	$ 3,826,836

The composition of the estimated allowance for doubtful accounts at September 30 is as follows:

	2019	2018
Self-pay patients	$ 865,341	$ 840,667
All other payors	480,778	505,444
	$ 1,346,119	$ 1,346,111

Self-pay write-offs increased from $1,947,564 to $2,230,521 during 2019 and increased from $1,934,321 to $1,947,564 during 2018. Such changes resulted from trends experienced in the collection of amounts from self-pay patients and third-party payors.

5. Property and Equipment

The major categories of property and equipment are as follows:

	2019	2018
Land and improvements	$ 2,355,044	$ 2,355,044
Buildings	14,329,703	14,196,027
Fixed equipment - buildings and improvements	13,740,655	13,655,379
Fixed equipment - departmental	476,285	476,285
Major movable equipment	15,035,923	14,218,622
Construction in progress	11,488,099	569,395
	57,425,709	45,470,752
Less: accumulated depreciation	32,284,786	30,628,768
	$ 25,140,923	$ 14,841,984

Construction in progress as of September 30, 2019 consists of costs related to the construction of the Lancaster Patient Care Center. The project is expected to be completed in fiscal year 2020 and the total estimated cost left to complete the project is approximately $13,000,000.

6. Note Receivable

As part of its financing for the Lancaster Patient Care Center (LPCC), the Hospital loaned $9,534,913 to Twain Investment Fund 328, LLC (Twain), an unrelated party who then invested approximately $14 million in 20 VRV 2008, LLC, another unrelated party, as part of a new markets tax credit arrangement. 20 VRV 2008 then loaned LPCC $13,581,750 as discussed in Note 9. The loan was made on November 14, 2018, has a 30-year term, and accrues interest at 1.213%. Interest accrues monthly with interest-only payments of $9,638 due quarterly through September 2027, at which time monthly quarterly payments of $44,314, including interest, are due until the maturity date of December 10, 2047.

7. Assets Limited as to Use

Assets limited as to use consisted of the following as of September 30:

	2019	2018
Board designated - general investments	$ 21,403,484	$ 22,197,006
Board designated - designated for third party settlements	7,846,930	7,501,820
Restricted reserve	339,954	-
Donor restricted funds	1,223,532	1,223,963
	30,813,900	30,922,789
Less current portion	(4,211,202)	(2,571,291)
	$ 26,602,698	$ 28,351,498

The composition of assets limited as to use consisted of the following as of September 30:

	2019	2018
Mutual funds	$ 5,623,781	$ 5,360,542
Marketable equity securities	9,861,874	9,683,943
Fixed income securities	4,541,489	4,064,067
	20,027,144	19,108,552
Cash and cash equivalents and certificates of deposit	10,786,756	11,814,237
	$ 30,813,900	$ 30,922,789

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Endowment

Return Objectives and Risk Parameters

The Organization has adopted investment and spending policies for endowment assets that attempt to provide a predictable stream of funding to programs supported by its endowment while seeking to maintain the purchasing power of the endowment assets. Endowment assets include those assets of donor-restricted funds that the Organization must hold in perpetuity or for a donor-specified period. Under this policy, as approved by the Board of Trustees, the endowment assets are invested in a manner that is intended to produce results that exceed the price and yield results of the Standard & Poor's 500 index while assuming a moderate level of investment risk. The Organization expects its endowment funds, over time, to provide an average rate of return of approximately Consumer Price Index plus 2% annually. Actual returns in any given year may vary from this amount.

Strategies Employed for Achieving Objectives

To satisfy its long-term rate-of-return objectives, the Organization relies on a total return strategy in which investment returns are achieved through both capital appreciation (realized and unrealized) and current yield (interest and dividends). The Organization targets a diversified asset allocation that places a weighted ratio on equity-based and fixed income investments to achieve its long-term return objectives within prudent risk constraints, as follows:

Common stock	30% - 70%
Fixed income	30% - 70%
Cash	0% - 20%

Appropriations are determined by the Board of Trustees from time to time.

Uniform Prudent Management of Institutional Funds Act

Effective July 1, 2008, the State of New Hampshire adopted the Uniform Prudent Management of Institutional Funds Act enacted as Revised Statutes Annotated (RSA) Chapter 292-B. This RSA provides guidance and special rules for the management of endowment funds. The Organization has interpreted this RSA to require that unexpended investment income on net assets with donor restrictions of perpetual duration is required to be reported as net assets with donor restrictions temporary in nature until expended.

Endowment (donor-restricted) net asset composition by type of fund and activity therein are as follows as of and for the years ended September 30:

	Net Assets with Donor Restrictions		
	Accumulated Appreciation of Funds of Perpetual Duration	Funds of Perpetual Duration	Total
Balances, October 1, 2017	$ 142,259	$ 911,914	$ 1,054,173
Investment return			
Investment loss, net	(2,332)	-	(2,332)
Net depreciation (realized and unrealized)	(11,244)	-	(11,244)
Total investment loss	(13,576)	-	(13,576)
Balances, September 30, 2018	128,683	911,914	1,040,597
Investment return			
Investment loss, net	**(2,278)**	-	**(2,278)**
Net appreciation (realized and unrealized)	**385**	-	**385**
Total investment loss	**(1,893)**	-	**(1,893)**
Balances, September 30, 2019	**$ 126,790**	**$ 911,914**	**$ 1,038,704**

8. Fair Value Measurement

FASB ASC 820, *Fair Value Measurement*, defines fair value as the exchange price that would be received for an asset or paid to transfer a liability (an exit price) in the principal or most advantageous market for the asset or liability in an orderly transaction between market participants on the measurement date. FASB ASC 820 also establishes a fair value hierarchy which requires an entity to maximize the use of observable inputs and minimize the use of unobservable inputs when measuring fair value. The standard describes three levels of inputs that may be used to measure fair value:

Level 1 - Quoted prices (unadjusted) for identical assets or liabilities in active markets that the entity has the ability to access as of the measurement date.

Level 2 - Significant other observable inputs other than Level 1 prices, such as quoted prices for similar assets or liabilities, quoted prices in markets that are not active, and other inputs that are observable or can be corroborated by observable market data.

Level 3 - Significant unobservable inputs that reflect an entity's own assumptions about the assumptions that market participants would use in pricing an asset or liability.

Assets and liabilities measured at fair value on a recurring basis are summarized below.

	Fair Value Measurements at September 30, 2019		
	Total	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)
Cash and cash equivalents	$ 4,262,665	$ 4,262,665	$ -
Certificates of deposit	6,524,091	6,524,091	-
Marketable equity securities	9,861,874	9,861,874	-
Mutual funds	5,623,781	5,623,781	-
Corporate bonds	457,932	-	457,932
U.S. Treasury obligations and government securities	4,083,557	4,083,557	-
Total assets at fair value	$ 30,813,900	$ 30,355,968	$ 457,932

	Fair Value Measurements at September 30, 2018		
	Total	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)
Cash and cash equivalents	$ 8,291,533	$ 8,291,533	$ -
Certificates of deposit	3,522,704	3,522,704	-
Marketable equity securities	9,683,943	9,683,943	-
Mutual funds	5,360,542	5,360,542	-
Corporate bonds	402,089	-	402,089
U.S. Treasury obligations and government securities	3,661,978	3,661,978	-
Total assets at fair value	$ 30,922,789	$ 30,520,700	$ 402,089

The fair value for Level 2 assets is primarily based on market prices of comparable securities, interest rates, and credit risk. Those techniques are significantly affected by the assumptions used, including the discount rate and estimates of future cash flows. Accordingly, the fair value estimates may not be realized in an immediate settlement of the instrument.

9. Borrowings

Long-term debt consisted of the following as of September 30:

	2019	2018
Business Finance Authority of the State of New Hampshire variable rate (3.97% at September 30, 2019) Hospital Revenue Series 2010 Bonds due September 2030. Payments are due in monthly installments of $37,000, including interest, through September 2030; collateralized by substantially all of the property and equipment of the Hospital. These bonds are held by Passumpsic Bank.	$ 6,761,500	$ 7,205,500
5.5% mortgage payable to Passumpsic Savings Bank, in monthly installments of $27,585, including interest, through December 1, 2038; collateralized by mortgaged property.	3,925,950	-
Total, Weeks Medical Center	10,687,450	7,205,500

	2019	2018
1.0% note payable to 20 VRV 2008, LLC, a Vermont limited liability company. Interest-only payments of $3,372 are due quarterly through January 1, 2027 at which time payments of $13,777, including interest, are due quarterly until the maturity date of December 31, 2053. Collateralized by a building.	**4,046,837**	-
1.0% note payable to 20 VRV 2008, LLC, a Vermont limited liability company. Interest-only payments of $23,837 are due quarterly through January 1, 2027 at which time payments of $33,617, including interest, are due quarterly until the maturity date of December 31, 2053. Collateralized by a building.	**9,534,913**	-
Total, LPCC	**13,581,750**	-
	24,269,200	7,205,500
Less unamortized debt issuance costs	**(662,526)**	(84,620)
Less current maturities	**(562,040)**	(444,000)
	$23,044,634	$ 6,676,880

The bond and notes payable agreements require that the Organization meet certain covenants. As of September 30, 2019 and 2018, the Organization was in compliance with these covenants.

Estimated maturities for long-term debt in subsequent fiscal years from September 30, 2019 are as follows:

2020	$ 562,040
2021	634,699
2022	641,733
2023	686,664
2024	732,014
Thereafter	21,012,050
	$ 24,269,200

10. Retirement Plan

The Organization is part of the North Country Healthcare Retirement Plan that covers substantially all full-time employees and part-time employees who work over 1,000 hours. Contributions are computed as a percentage of earnings and are funded as accrued. The pension plan expense for the years ended September 30, 2019 and 2018 was $453,913 and $413,415, respectively.

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11. Commitments and Contingencies

Liability Insurance Coverage

The Hospital insures its comprehensive general liability and professional liability exposures on a claims-made basis, including prior acts coverage, with a commercial carrier. The Hospital is subject to a claim which is in the discovery stage and for which no accrual for loss has been made as the potential for any liability is not reasonably estimable. Management believes it has meritorious defenses and will defend itself vigorously. All known significant asserted and unasserted claims alleging malpractice have been communicated to the insurer who is responsible for resolving the claim and the related costs of litigation.

GAAP requires the Hospital to accrue the ultimate cost of liability claims when the incident that gives rise to the claim occurs, without consideration of insurance recoveries. Expected recoveries are presented as a separate asset. The Hospital has evaluated its exposure to losses arising from potential claims and has accrued a liability and corresponding asset for the year ended September 30, 2019. The liability and asset are included in the balance sheet within accounts payable and accrued expenses and other current assets, respectively.

12. Net Assets with Donor Restrictions

Net assets with donor restrictions consisted of the following at September 30:

	2019	2018
Subject to expenditure for specified purpose:		
Indigent care	$ 97,910	$ 97,059
Health education	128,433	157,990
Endowment accumulated earnings	126,790	128,683
Capital campaign	820,693	229,349
	1,173,826	613,081
Funds invested in perpetuity for which the income is without donor restrictions	911,914	911,914
Total net assets with donor restrictions	$ 2,085,740	$ 1,524,995

During 2019 and 2018, net assets were released from donor restrictions by incurring expenditures satisfying the restricted purposes of capital acquisitions, indigent care and healthcare education in the amounts of $81,122 and $49,000, respectively.

13. Concentration of Credit Risk

The Organization maintains cash balances at several financial institutions. Accounts at each institution are insured by the Federal Deposit Insurance Corporation up to $250,000. At times during the year, the Organization's cash in bank exceeded insured limits. The Organization has not incurred any losses from uninsured cash in bank as of September 30, 2019.

The Hospital grants credit without collateral to its patients, most of whom are local residents and are insured under third-party payor agreements. The mix of receivables from patients and third-party payors at September 30, 2019 and 2018 was as follows:

	2019	2018
Medicare	48 %	44 %
Medicaid	11	9
Blue Cross/HMO	10	7
Other third-party payors	14	19
Patients	17	21
	100 %	100 %

14. Functional Expenses

The consolidated financial statements report certain categories of expenses that are attributable to more than one program or support function. Therefore, these expenses require an allocation on a reasonable basis that is consistently applied. Employee benefits are allocated based on salaries and occupancy costs are allocated by square footage. Expenses related to these functions were as follows for the years ended September 30:

2019	Healthcare Services	Support Services	Total
Salaries, wages and fringe benefits	$ 26,428,471	$ 5,736,183	$ 32,164,654
Contract labor	982,728	55,174	1,037,902
Supplies and other	11,772,974	3,460,932	15,233,906
Medicaid enhancement tax	1,838,639	-	1,838,639
Depreciation	1,806,904	25,522	1,832,426
Interest	469,435	-	469,435
	$ 43,299,151	$ 9,277,811	$ 52,576,962

2018	Healthcare Services	Support Services	Total
Salaries, wages and fringe benefits	$24,508,581	$ 5,143,292	$29,651,873
Contract labor	1,103,392	-	1,103,392
Supplies and other	9,655,888	3,541,630	13,197,518
Medicaid enhancement tax	1,729,590	-	1,729,590
Depreciation	1,801,024	25,522	1,826,546
Interest	271,842	-	271,842
	$39,070,317	$ 8,710,444	$47,780,761

15. Related Party Transactions

The Hospital, along with UCVH and AVH, are corporators of Northern New Hampshire Healthcare Collaborative, Inc. (NNHHC). NNHHC was formed as a tax-exempt corporation to provide a vehicle for shared ownership arrangements among three organizations. As of January 1, 2014, operation of the hospitals' home health services was transferred to NNHHC. Upon commencement of operations of NNHHC, the Hospital advanced approximately $1 million of assets. Additional funds have been advanced to NNHHC to help fund operations. Amounts outstanding under these advances were $127,816 at September 30, 2019 and 2018 and are fully reserved. Effective December 31, 2017, NNHHC was formally dissolved.

As a member of NCHI, the Hospital shares in various services, such as shared staffing, centralized accounting, and other administrative costs, with the other member hospitals and the parent. For the year ended September 30, 2019, the Hospital billed other member hospitals $1,411,493 and was billed $1,608,463 for shared services. For the year ended September 30, 2018, the Hospital billed other member hospitals $923,705 and was billed $1,786,890 for shared services.

Total expenses incurred for services provided by other members are as follows:

	2019	2018
AVH	$ 600,694	$ 305,158
UCVH	47,377	38,005
NCHI	792,830	908,532
LRH	167,562	535,195
	$ 1,608,463	$ 1,786,890

Following is a summary of net amounts outstanding as receivables from (payables to) related parties. Net receivables at September 30, 2019 are included in due from related parties and net payables at September 30, 2018 are included accounts payable and accrued expenses in the consolidated balance sheets at September 30:

	2019	2018
AVH	$ 86,540	$ (108,864)
UCVH	31,128	(2,984)
NCHI	288,140	(89,636)
LRH	307,964	(19,382)
	$ 713,772	$ (220,866)

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SUPPLEMENTARY INFORMATION

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Schedule 1

WEEKS MEDICAL CENTER AND LANCASTER PATIENT CARE CENTER

Consolidating Balance Sheet

September 30, 2019

	Weeks Medical Center	Lancaster Patient Care Center	Eliminations	Total
Current assets				
Cash and cash equivalents	$ 6,864,365	$ 4,054,772	$ -	$ 10,919,137
Patient accounts receivable, net	5,259,545	-	-	5,259,545
Other accounts receivable, net	861,372	-	-	861,372
Due from related parties	775,026	-	(61,254)	713,772
Current portion of assets limited as to use	3,871,248	339,954	-	4,211,202
Prepaid expenses, supplies, and other current assets	2,195,433	-	-	2,195,433
Total current assets	19,826,989	4,394,726	(61,254)	24,160,461
Assets limited as to use, excluding current portion	26,602,698	-	-	26,602,698
Note receivable	9,534,913	-	-	9,534,913
Property and equipment, net	14,812,847	10,328,076	-	25,140,923
Total assets	$ 70,777,447	$ 14,722,802	$ (61,254)	$ 85,438,995
Current liabilities				
Current portion of long-term debt	$ 562,040	$ -	$ -	$ 562,040
Accounts payable and accrued expenses	1,766,697	1,215,825	(61,254)	2,921,268
Accrued salaries and related amounts	2,489,802	-	-	2,489,802
Other current liabilities	125,308	-	-	125,308
Estimated third-party payor settlements	6,476,640	-	-	6,476,640
Total current liabilities	11,420,487	1,215,825	(61,254)	12,575,058
Long-term debt, excluding current portion	10,037,891	13,006,743	-	23,044,634
Estimated third-party payor settlements	9,594,828	-	-	9,594,828
Total liabilities	31,053,206	14,222,568	(61,254)	45,214,520
Net assets				
Without donor restrictions	37,638,501	500,234	-	38,138,735
With donor restrictions	2,085,740	-	-	2,085,740
Total net assets	39,724,241	500,234	-	40,224,475
Total liabilities and net assets	$ 70,777,447	$ 14,722,802	$ (61,254)	$ 85,438,995

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WEEKS MEDICAL CENTER AND LANCASTER PATIENT CARE CENTER

Consolidating Statement of Operations

Year Ended September 30, 2019

	Weeks Medical Center	Lancaster Patient Care Center	Eliminations	Total
Revenues, gains and other support without donor restrictions				
Patient service revenue, net	$ 50,690,110	$ -	$ -	$ 50,690,110
Less provision for bad debts	1,829,918	-	-	1,829,918
Net patient service revenue	48,860,192	-	-	48,860,192
Other revenues	5,545,150	-	-	5,545,150
Net assets released from restrictions for operations	81,122	-	-	81,122
Total revenues, gains and other support without donor restrictions	54,486,464	-	-	54,486,464
Expenses				
Salaries, wages and fringe benefits	32,164,479	-	-	32,164,479
Contract labor	1,037,903	-	-	1,037,903
Supplies and other	15,233,985	95	-	15,234,080
Medicaid enhancement tax	1,838,639	-	-	1,838,639
Depreciation	1,832,426	-	-	1,832,426
Interest	469,435	-	-	469,435
Total expenses	52,576,867	95	-	52,576,962
Operating income (loss)	1,909,597	(95)	-	1,909,502
Nonoperating gains (losses)				
Income from investments, net	1,519,824	-	-	1,519,824
Gifts without donor restrictions, net	81,922	-	-	81,922
Community benefit and contribution expense	(197,215)	-	-	(197,215)
Net asset transfer	(500,329)	500,329	-	-
Net nonoperating gains	904,202	500,329	-	1,404,531
Excess of revenues, gains, other support, and nonoperating gains over expenses and increase in net assets without donor restrictions	$ 2,813,799	$ 500,234	$ -	$ 3,314,033

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Weeks Medical Center
Board of Trustees and Officers – 2020

Name	Office
Ruby Berryman	Secretary
Scott Burns	
Charlie Cotton	
Dennis Couture	Treasurer
Donald Crane	Ex-Officio
Sarah Desrochers	Chair
Zeanny Egea	
William Everleth	
Stanley Holz	
Sharon Kopp	
Fran LaDuke	
Lisa Tetreault	
Keith Young	Vice-Chair

Michael Lee	President
Celeste Pitts	CFO
Mark Morgan	Chief Medical Officer
Kemp Schanlaber	Medical Staff President
Tom Mee	NCH CEO

Honorary Members

Rebecca Weeks Sherrill More & Patsy Pilgrim	Honorary Trustees

Lisa.Tetreault@weeksmedical.org
Executive Assistant to the President/CEO & Board of Trustees
Risk Management/Legal Affairs
788-5026 – W

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GLENN B. ADAMS, D.O.
Medical Director/Clinical Coordinator of Physician Services
CURRICULUM VITAE

Weeks Medical Center
170 Middle Street
Lancaster, NH 03584
603-788-2521

EMPLOYMENT EXPERIENCE

Weeks Medical Center, 173 Middle Street, Lancaster, New Hampshire. Multi-provider hospital-owned practice. Outpatient clinic located in Groveton, New Hampshire. Full medical and obstetrical admitting privileges to Weeks Medical Center, September 2001 to present.

Laboratory Technician, Washington State University, Pullman, Washington, 1993-1994

High School Science Teacher, Katahdin High School, Sherman Station, Maine, 1990-1991

U.S. Peace Corps Volunteer, High School Science Teacher, Kenya, 1987-1989

HOSPITAL APPOINTMENTS

Medical Director, Weeks Medical Center Physicians' Office Practice

Head of Service for Office Practice, October 2008

Medical Director Hospice of Lancaster, May 2003

Medical Director Weeks Home Health, April 2005

Medical Director Weeks Medical Center Rehabilitation Department, July 2002

EDUCATION

Family Practice Residency Program, Eastern Maine Medical Center,
Bangor, Maine, June 2001

Doctor of Osteopathy, University of New England College of Osteopathic Medicine (UNECOM), Biddeford, Maine, June 1998

Master of Science, Chemical Engineering, Washington State University, Pullman, Washington, August 1993

Bachelor of Chemical Engineering, University of Delaware, Newark, Delaware, June 1985

BOARD CERTIFICATION

Board Re-certified in Family Medicine, 2007

HONORS AND AWARDS

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CIBA-GEIGY Award for Outstanding Community Service, UNECOM, fall 1996

Sewall Scholarship, UNECOM, for my desire to practice rural primary care medicine

Member of the University of Delaware Honors Program

Paul B. Weisz Award for undergraduate research, University of Delaware, 1985

VOLUNTEER/COMMUNITY SERVICE ACTIVITIES

President, Physicians For Social Responsibility, UNECOM, 1995-1996

Vice President and Class Officer, Student Government Association, UNECOM, 1994-1996

Updated 2/2009

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Rona Glines

Objective

To obtain an administrative position within the health care field that will utilize my skills and experience.

Experience

1994-Present Weeks Medical Center Lancaster, NH

Vice President of Physician & Administrative Services

- Responsible for Physician Services, Behavioral Health, Specialty Practices, Case Management, Health Information Management and Admitting/Communications.
- Integrated the functions of physician offices and other departments within the organization.
- Responsible for implementation of clinical and financial computer applications for the physician offices and Health Information Management.
- Responsible for implementing an enterprise-wide Department of Case Management.

1985–1994 Weeks Memorial Hospital Lancaster, NH

Patient Accounts Manager/Assistant Director of Fiscal Services

- Responsible for the day-to-day operation of the patient accounting department.
- Ensured adequate cash flow to meet organizational needs.
- Responsible for implementation and upgrade of computerized financial system.
- Assisted managers with completion of departmental budgets.

1980-1985 M&R Glines Auctions Lancaster, NH

Auctioneer/Appraiser

- Responsible for business management functions.
- Set-up and conducted auction sales.
- Performed estate and insurance appraisals for clients.

Education

1985 Plymouth State College Plymouth, NH

- B.S., Business Administration and Computer Science.
- Graduated Summa Cum Laude.

Interests

Antiques, Motorcycling, Skiing

References

Available upon request.

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MICHAEL D. LEE, MBA, MLA, SPHR, SHRM-SCP

EXECUTIVE HIGHLIGHTS

Executive Servant Leadership
Physician Recruitment, Contracting & Practice Management
Budget Creation, Financial Analysis & Administration
Payroll Processing, Cost Accounting & Salary Administration
Grievance & Incident Investigation and Resolution
Strategic & Management Action Planning & Coaching
Quality Assurance & Performance Improvement
System & Staffing Analysis & Redesign
Team Building & Exceptional Customer Service
Certified in Labor Relations & Negotiations

EXPERIENCE

Adirondack Medical Center
Chief Human Resources Officer, Interim COO & Administrator, December 2012 – Present
-Developed per diem provider pool to reduce locum utilization
-Contributed to strategic plan creation with specific responsibility in staffing transitions & population health
-Assisted with organizational cost reductions, including programming &staffing analysis, that saved the organization over 2 Milli
-Implemented self insured health & prescription drug, short and long term disability, long term care and college savings plans
-Re-opened collective bargaining agreement with UFCW and re-negotiated a three year contract with NYSNA
-Re-organized human resources department and functions to assist with organizational cost reduction and eliminated three FTEs
Vice President of Human Resource, Physician Practices & Rehabilitation & Laboratory Services, March 2007 - August 2008
-Designed in-house physician recruitment & retention, contracted with providers & co-administered five health centers
-Provided leadership and fiscal guidance for operating three laboratories, four outpatient rehab centers & five physician practices
-Negotiated three year contract with New York State Nurses' Association, below budgetary constraints
-Developed a monthly labor management meeting with newly acquired nursing homes
-Developed and administered a consumer driven employee health insurance plan

St. Andrews Hospital and Healthcare: St. Andrews Village
Executive Director & Administrator for the Gregory Wing, Save Havens & Assisted Living, June 2009 – December 2012
-Interim Vice President of Senior Living over two senior living communities & home health and hospice
-Integrated long-term care nursing, billing, facilities and security with LCHC Senior Services
-Co-developed clinical documentation quality control processes & financial turn-around
-Forecasted increased future bed demand needs for nursing facility & completed multi-year pro-formas
-Improved St. Andrews Association customer satisfaction exceeds rating from 25% to 95%
Vice President of Human Resources, March 2006 - March 2007
-Conducted wage and salary review and created salary grids and formalized compensation practices
-Automated human resources reports utilizing Medi-tech and Excel

Sebasticook Family Doctors
Interim Chief Executive Officer, September 2008 - June 2009
-Doubled the medical staff size in ten months and expanded clinic services by adding two additional sites
-Created short term financial strategy turn-around from a 15% loss to a 2.5% positive operating margin
-Renegotiated employee benefits and saved approximately $80 thousand annually
-Drafted and was awarded Increased Demand for Service BPHC grant

Mid-Coast Mental Health Center, March 2001 to March 2006 (Acquired by Penobscot Health)
Director of Human Resources, & Administration March 2001 to March 2006
Interim Executive Director & Chief Financial Officer, June 2005 to March 2006
-Facilitated merger and work teams including Clinical Models, Compliance, Accounting, and Human Resources
-Negotiated thirteen contracts with Maine DOH
-Designed and administered employee satisfaction survey and facilitated action plan that improved satisfaction
-Negotiated employee benefits annually, implemented a PPO & HMO, changed retirement plan broker and TPA

Inland Hospital,
Vice President of Human Resources and Administrative Operations, March 2000 to April 2001
-Completed Human Resources', Facilities, Engineering, Housekeeping & Dietary Services Strategic Plans
-Oversaw the building, financing and operating of a $14 million, co-owned medical office building
-Revised compensation grids, Human Resources' & Administrative Policies and Employee Handbook
-Developed and administered Rabbi Trust for Corporate Executives
-Served as Plan Administrator & Benefits Manager and architect for a self insured HMO and POS plans

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Clark Sports Center & Learning Institute
Interim Executive Director, June 1999 to March 2000
Director of Administration: Controller & Director of Human Resources, October 1994 to June 1997
-Provided operational leadership and directly managed Human Resources, Accounting, Human Resources & Facilities
-Developed and Administered operating budgets
-Continued Strategic Planning Process and facilitated program development and customer service training
-Upgraded all hardware to be Y2K compliant & installed accounting & membership software
-Localized accounting functions and automated accounting general ledger and payroll processing
-Created salary classification system, job descriptions, employee handbook and bid and administered benefits

Sun Yacht Charters, Incorporated (Acquired by Star Dust Marine)
Chief Financial & Human Resources Officer, September 1998 to March 1999
-Completed general ledger installation and conversion
-Created and administered international budgets
-Projected cash flow, generated cost analysis, consolidated financial reports & processed payroll
-Designed and managed employee benefits, job descriptions, evaluations and salary grids

Pathfinder Village, Incorporated
Director of Operations, June 1997 to September 1998
-Directed Personnel & Accounting, oversaw School, Programs, Staff Education, Food Service and Facilities
-Created salary grids and updated benefit package, job descriptions and employee handbook
-Revised administrative, program, and residential policies and procedures
-Participated in Comprehensive Agency Reviews and Private Residential School Certification
-Directly managed corporate compliance, risk management & state contract negotiations and administration
Responsible for: 3 Senior Staff; 7 Supervisors and 130 Staff

The Bassett Research Institute
Grants Administration Officer, June 1993 to October 1994
-Drafted budget and administrative portion of grants
-Petitioned sponsoring agencies for funds disbursements
-Created and maintained databases for research studies and grant tracking
-Facilitated project meetings and presented interim statistics

Electronic Data Systems, Financial Analyst and Accountant
Invoice Reconciliation, Dallas, Texas, February 1990 to September 1990
Mexico Operations, Mexico City, Mexico, September 1990 to September 1991
Border Operations, Juarez, Chihuahua Mexico, September 1991 to January 1993

COMPUTER
Excel, Word, Access, Lawson, LAN Administrator, Lotus, Q&A, Gem, Word Perfect, Harvard Graphics, Basic, Visio, and QuickBooks, Peachtree, JD Edwards and McCormick & Dodge General Ledger Packages, ADP and Paychecks payroll processi software, Report Writer and Preview HRIS, and PsychConsult

EDUCATION
Clarkson University, Potsdam, New York
GPA: 3.7/4.0
MBA, Concentration Finance and Personnel Management, May 1989
Merit Scholarship and Teaching Assistantship in Economics
Vice President of Graduate Management Association

State University of New York, Oneonta, New York
GPA: 3.7/4.0
BA, Business Economics, December 1987
Honors Student
conomics Tutor

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ADDITIONAL TRAINING

Multi-level nursing home administrator licensed in NY and ME, certified Senior Professional Human Resources (SPHR), certified in Labor Relations - Collective Bargaining through Cornell University's ILR. Woodstock Institute: Collaborating and Leading in Today's World, Accounting and Finance Development Program (EDS), Human Resources and the Law, Year End Reporting Requirements, LAN Administrator, Grant Preparation (PHS 498), Participated in Center for Creative Leadership Forum, OSHA Certification, Incident Investigation, Rights and Responsibilities of Recipients, Attended Access, Internet, PC Troubleshooting Training, Healthcare Systems in the United States and sundry other seminars.

COMMUNITY SERVICE

Volunteered with Island Institute and previously with the SPCA, and Children's Triathlon Club, Ran the Boston Marathon for Dana Farber Cancer Research, and assisted in grant writing and preparation for community health and education endeavors. Prior Supervisory Committee Chair of Bassett Federal Credit Union & Treasurer of LEAF.

REFERENCES

Judy McGuire, MBA
Sr. Vice President Home Health and Sr. Services
MaineHealth Board Member

Wendy Roberts, MPH
Executive Director, St. Andrews Village

Margaret Pinkham, MBA
Prior: President and CEO of St. Andrews Healthcare

Dan Bennett, MBA
Prior: Executive Director Mid-Coast Mental Health

Linda S. Dening, MBA
Assistant Professor of Accounting
Jefferson Community College

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Celeste K. Pitts
Weeks Medical Center

EXPERIENCE

CFO — **July 2009 - Present**
Weeks Medical Center — **Lancaster, NH**

Same responsibilities as Controller position, with added responsibility for Patient Accounting Department and Senior management duties.

Controller — **Jan. 2007 – July 2009**
Weeks Medical Center — **Lancaster, NH**

Responsible for all general accounting functions, including monthly closings and annual audit. Monthly reporting to Board of Directors Finance Committee. Responsible for preparation of Medicare Cost Report, and working with auditors from NGS. Annual budget preparation, 5 year plan preparation and annual chargemaster price increase. Work closely with other managers on chargemaster maintenance, budgeting and have developed an internal dashboard that is currently being used by all managers for quarterly budget meetings. Supervise Accounts Payable & Payroll functions and Financial Analyst position.

Senior Accountant/Financial Analyst — **Jan. 2006 – Dec. 2006**
Weeks Medical Center — **Lancaster, NH**

Responsible for Financial Statement preparation and analysis using the

McKesson

Paragon Software System. Reporting to various agencies, such as New Hampshire Data Bank. Miscellaneous financial reporting as needed for Dartmouth-Hitchcock Alliance. Worked closely with the CFO to prepare the Medicare Cost Report. Assisted with the budgeting process for the hospital. Responsible for all Bank Reconciliations and other account reconciliations, in particular the endowment and investment funds.

Business Manager — **Feb. 2005-Jan. 2006**
Morrison Nursing Home — **Whitefield, NH**

Responsible for all Accounting functions, in particular Financial Statement preparation and analysis. General Ledger Account Reconciliations, preparation of audit workpapers, Bank Reconciliations and Resident Trust Reconciliation. Responsible for all billing functions, including Medicare and Medicaid. Supervised Human Resources, Accounts Payable personnel and Receptionist. Worked directly with Administrator to report to the Board. Established correct billing procedures for Medicare Consolidated Billing for Skilled Nursing Facilities to include proper charges and cleaned up the outstanding Accounts Receivable from about 90 days to 30 days.

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EXPERIENCE (Continued)

Bookkeeper — **July 2001-February 2005**
Cherry Pond Designs — **Jefferson, NH**

Responsible for all Payroll, Accounts Payable & Receivable and Invoicing functions using QuickBooks. This was a part-time position.

Bookkeeper/Accountant — **Dec. 1993 – July 1996**
Fairfield Mall Management Office — **Chicopee, Mass.**

Responsible for all Accounts Receivable and Payable functions using the J.D. Edwards computer accounting system. Prepared audit work papers for outside auditors. Brought monthly sales report on-line and was used as the test case for all the properties. Compiled annual budget, which consisted of a Microsoft Excel file, composed of over 150 linked worksheets. This was a part time position. Periodically responsible for all accounting functions, which included all of the above plus general journal entries and monthly financial statement preparation.

Controller — **Aug. 1982–June 1984**
Hendrix Wire and Cable — **Milford, NH**

Responsible for preparation and analysis of monthly financial statements, preparing schedules and assisting outside auditors on year-end audit, compilation of yearly budgets and supervision of Accounts Receivable and Payables, General Ledger and Payroll functions. Managed a staff of five employees. Responsible for all data processing functions, which included installation of computer applications, supervision of data conversion and training of personnel.

Assistant Controller — **Sept. 1980–Aug. 1982**
Hendrix Wire and Cable — **Milford, NH**

Prepared monthly financial statements for Controller to analyze. Maintained FIFO records and costed monthly inventories. Maintained fixed asset records. IBM System/34 Operator. Responsible for installing application software, software maintenance and security.

EDUCATION

New Hampshire College — **May 1985**
Masters in Business Administration

Bentley College — **May 1980**
Bachelor of Science in Accounting

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CONTRACTOR NAME

Key Personnel

Name	Job Title	Salary	% Paid from this Contract	Amount Paid from this Contract
Michael Lee	President	$279,999.20	0%	$0.00
Celeste Pitts	Chief Financial Officer	$180,405.89	0%	$0.00
Rona Glines	VP of Physician & Administrative Services	$182,304.93	0%	$0.00
Glenn Adams	Medical Director/Clinical Coordinator of Physician Services	$283,658.75	0%	$0.00

State of New Hampshire
Department of Health and Human Services
Amendment #2 to the Primary Care Services for Specific Counties

This 2nd Amendment to the Primary Care Services for Specific Counties contract (hereinafter referred to as "Amendment #2") is by and between the State of New Hampshire, Department of Health and Human Services (hereinafter referred to as the "State" or "Department") and Amoskeag Health (hereinafter referred to as "the Contractor"), a non-profit with a place of business at 145 Hollis Street, Manchester, NH 03101.

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on June 20, 2018, (Item #27G) as amended on May 6, 2020, (Item #46), the Contractor agreed to perform certain services based upon the terms and conditions specified in the Contract as amended and in consideration of certain sums specified; and

WHEREAS, pursuant to Form P-37, General Provisions, Paragraph 18, and Exhibit C-1, Revisions to General Provisions, Section 3, the Contract may be amended upon written agreement of the parties and approval from the Governor and Executive Council; and

WHEREAS, the parties agree to extend the term of the agreement, increase the price limitation, or modify the scope of services to support continued delivery of these services; and

NOW THEREFORE, in consideration of the foregoing and the mutual covenants and conditions contained in the Contract and set forth herein, the parties hereto agree to amend as follows:

1. Form P-37 General Provisions, Block 1.7, Completion Date, to read:

   March 31, 2022.

2. Form P-37, General Provisions, Block 1.8, Price Limitation, to read:

   $120,000.

3. Modify Exhibit B, Methods and Conditions Precedent to Payment, Section 4, Subsection 4.1 to read:

   4.1 Payments shall be on a cost reimbursement basis for approved actual costs in accordance with Exhibit B-1 through Exhibit B-6 Amendment #2 Budget, which is attached hereto and incorporated by reference herein.

4. Add Exhibit B-6, Amendment #2 Budget, which is attached hereto and incorporated by reference herein.

This amendment shall be effective upon the date of Governor and Executive Council approval.

IN WITNESS WHEREOF, the parties have set their hands as of the date written below,

State of New Hampshire
Department of Health and Human Services

12/31/2020
Date

DocuSigned by:
Name: Lisa M. Morris
Title: Director, Division of Public Health Srvcs.

Amoskeag Health

11/3/2020
Date

DocuSigned by:
Name: Kim McCracken
Title: President/CEO

New Hampshire Department of Health and Human Services
Primary Care Services for Specific Counties

The preceding Amendment, having been reviewed by this office, is approved as to form, substance, and execution.

OFFICE OF THE ATTORNEY GENERAL

1/15/2021
Date

DocuSigned by:
Name: Catherine Pinos
Title: Attorney

I hereby certify that the foregoing Amendment was approved by the Governor and Executive Council of the State of New Hampshire at the Meeting on: _____ (date of meeting)

OFFICE OF THE SECRETARY OF STATE

Date

Name:
Title:

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Bidder/Program Name: Amoskeag Health

Budget Request for: PRIMARY CARE SERVICES for Specific Counties

Budget Period: SFY 2022 (July 1, 2021 - March 31, 2022)

	Total Program Cost			Contractor Share / Match			Funded by DHHS contract share		
Line Item	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total
1. Total Salary/Wages	$ 12,346.18	$ 1,234.62	$ 13,580.80	$ -	$ -	$ -	$ 12,346.18	$ 1,234.62	$ 13,580.80
2. Employee Benefits	$ 2,254.41	$ 225.44	$ 2,479.85	$ 964.23	$ 96.42	$ 1,060.65	$ 1,290.18	$ 129.02	$ 1,419.20
3. Consultants	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
4. Equipment:	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Rental	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Repair and Maintenance	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Purchase/Depreciation	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
5. Supplies:									
Educational	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Lab	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Pharmacy	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Medical	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Office	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
6. Travel	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
7. Occupancy	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
8. Current Expenses									
Telephone	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Postage	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Subscriptions	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Audit and Legal	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Insurance	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Board Expenses	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
9. Software	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
10. Marketing/Communications	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
11. Staff Education and Training	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
12. Subcontracts/Agreements	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
13. Other (specific details mandatory):	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
TOTAL	$ 14,600.58	$ 1,460.06	$ 16,060.65	$ 964.23	$ 96.42	$ 1,060.65	$ 13,636.36	$ 1,363.64	$ 15,000.00
Indirect As A Percent of Direct		10.0%			10.0%			10.0%	

Contractor Initials

Date 12/13/2020

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(2)

State of New Hampshire

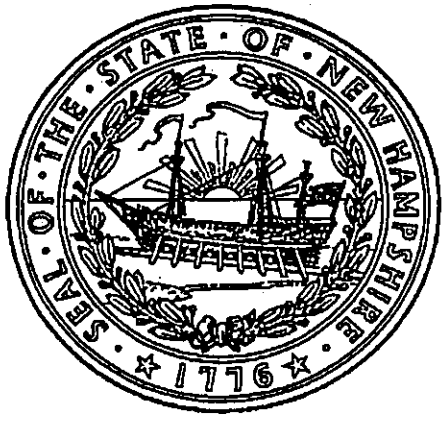
Department of State

CERTIFICATE

I, William M. Gardner, Secretary of State of the State of New Hampshire, do hereby certify that AMOSKEAG HEALTH is a New Hampshire Nonprofit Corporation registered to transact business in New Hampshire on May 07, 1992. I further certify that all fees and documents required by the Secretary of State's office have been received and is in good standing as far as this office is concerned; and the attached is a true copy of the list of documents on file in this office.

Business ID: **175115**

Certificate Number: **0004694687**



IN TESTIMONY WHEREOF,
I hereto set my hand and cause to be affixed
the Seal of the State of New Hampshire,
this 6th day of January A.D. 2020.

William M. Gardner
Secretary of State

Filing History

Back to Home (/online)

Business Name	Business ID
Ammonoosuc Community Health Services, Inc.	61161

Filing#	Filing Date	Effective Date	Filing Type	Annual Report Year
0005040096	11/09/2020	11/09/2020	Change of Officer/Director	N/A
0004790977	01/29/2020	01/29/2020	Nonprofit Report	2020
0004766824	01/16/2020	01/16/2020	Annual Report Reminder	N/A
0003067968	03/16/2015	03/16/2015	Annual Report	2015
0000439039	04/07/2011	04/07/2011	Reinstatement	2010
0000439038	02/15/2011	02/15/2011	Admin Dissolution/Suspension	N/A
0000439037	10/08/2010	10/08/2010	Reminder Letter	N/A
0000439036	12/30/2005	12/30/2005	Annual Report	2005
0000439035	05/22/2000	05/22/2000	Annual Report	2000
0000439034	04/07/1995	04/07/1995	Annual Report	1995
0000439033	12/05/1994	12/05/1994	Merged	N/A
0000439032	11/21/1994	11/21/1994	Amendment	N/A
0000439031	02/12/1990	02/12/1990	Annual Report	1990
0000439030	03/15/1984	03/15/1984	Amendment	N/A
0000439029	03/12/1976	03/12/1976	Annual Report	N/A
0000439028	03/24/1975	03/24/1975	Business Formation	N/A

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NH Department of State, 107 North Main St. Room 204, Concord, NH 03301 -- **Contact Us (/online/Home/ContactUS)**

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CERTIFICATE OF AUTHORITY

I, David Crespo, hereby certify that:

1. I am a duly elected Clerk/Secretary/Officer of Amoskeag Health.

2. The following is a true copy of a vote taken at a meeting of the Board of Directors/shareholders, duly called and held on 3rd Nov, 2020, at which a quorum of the Directors/shareholders were present and voting.

VOTED: That Kris McCracken, President and CEO, is duly authorized on behalf of Amosekag Health of New Hampshire and any of its agencies or departments and further is authorized to execute any and all documents, agreements and other instruments, and any amendments, revisions, or modifications thereto, which may in his/her judgment be desirable or necessary to effect the purpose of this vote.

3. I hereby certify that said vote has not been amended or repealed and remains in full force and effect as of the date of the contract/contract amendment to which this certificate is attached. This authority remains valid for thirty (30) days from the date of this Certificate of Authority. I further certify that it is understood that the State of New Hampshire will rely on this certificate as evidence that the person(s) listed above currently occupy the position(s) indicated and that they have full authority to bind the corporation. To the extent that there are any limits on the authority of any listed individual to bind the corporation in contracts with the State of New Hampshire, all such limitations are expressly stated herein.

Dated: Nov 5 2020

Signature of Elected Officer
Name:
Title:

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 11/02/2020

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	CONTACT NAME: Kim Bilodeau	
Aspen Insurance Agency An Optisure Risk Partner 40 Stark Street Manchester NH 03104	PHONE (A/C, No, Ext): (603) 647-0800	FAX (A/C, No): (603) 647-0330
	E-MAIL ADDRESS: kim.bilodeau@optisure.com	

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A: Selective Insurance Company	
INSURER B: Comp-SIGMA Ltd	
INSURER C: Hanover Professionals Direct	
INSURER D:	
INSURER E:	
INSURER F:	

INSURED
AMOSKEAG HEALTH & CHILD HEALTH SERVICES INC
145 HOLLIS ST
MANCHESTER NH 03101-1235

COVERAGES **CERTIFICATE NUMBER:** CL2011213067 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	[X] COMMERCIAL GENERAL LIABILITY [ ] CLAIMS-MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: [X] POLICY [ ] PRO-JECT [ ] LOC [ ] OTHER:			S 2438257	11/01/2020	11/01/2021	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG NOCR	$ 1,000,000 $ $ 10,000 $ $ 3,000,000 $ 3,000,000 $
A	AUTOMOBILE LIABILITY [ ] ANY AUTO [ ] OWNED AUTOS ONLY [X] SCHEDULED AUTOS [X] HIRED AUTOS ONLY [X] NON-OWNED AUTOS ONLY			S 2438257	11/01/2020	11/01/2021	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) Auto Elite Pac	$ 1,000,000 $ $ $ $
A	[X] UMBRELLA LIAB [ ] OCCUR [ ] EXCESS LIAB [ ] CLAIMS-MADE [ ] DED [ ] RETENTION $			S 2438257	11/01/2020	11/01/2021	EACH OCCURRENCE AGGREGATE	$ 4,000,000 $ 4,000,000 $
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y/N [ ] (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		WC TBD	11/01/2020	11/01/2021	[ ] PER STATUTE [ ] OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	$ 500,000 $ 500,000 $ 500,000
C	FTCA Gap Liability FTCA Gap Liability			L1VA515491 06	07/01/2020	07/01/2021	Each Incident Aggregate	$1,000,000 $3,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Kim Bilodeau

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 11/02/2020

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PRODUCER Aspen Insurance Agency An Optisure Risk Partner 40 Stark Street Manchester NH 03104	CONTACT NAME: Kim Bilodeau PHONE (A/C, No, Ext): (603) 647-0800 FAX (A/C, No): (603) 647-0330 E-MAIL ADDRESS: kim.bilodeau@optisure.com
INSURED AMOSKEAG HEALTH & CHILD HEALTH SERVICES INC 145 HOLLIS ST MANCHESTER NH 03101-1235	INSURER(S) AFFORDING COVERAGE — NAIC # INSURER A: Selective Insurance Company INSURER B: Comp-SIGMA Ltd INSURER C: Hanover Professionals Direct INSURER D: INSURER E: INSURER F:

COVERAGES CERTIFICATE NUMBER: CL2011213067 REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	[X] COMMERCIAL GENERAL LIABILITY [ ] CLAIMS-MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: [X] POLICY [ ] PRO-JECT [ ] LOC [ ] OTHER:			S 2438257	11/01/2020	11/01/2021	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG NOCR	$ 1,000,000 $ $ 10,000 $ $ 3,000,000 $ 3,000,000 $
A	AUTOMOBILE LIABILITY [ ] ANY AUTO [ ] OWNED AUTOS ONLY [X] SCHEDULED AUTOS [X] HIRED AUTOS ONLY [X] NON-OWNED AUTOS ONLY			S 2438257	11/01/2020	11/01/2021	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) Auto Elite Pac	$ 1,000,000 $ $ $ $
A	[X] UMBRELLA LIAB [ ] OCCUR [ ] EXCESS LIAB [ ] CLAIMS-MADE [ ] DED [ ] RETENTION $			S 2438257	11/01/2020	11/01/2021	EACH OCCURRENCE AGGREGATE	$ 4,000,000 $ 4,000,000 $
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N [ ] If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		WC TBD	11/01/2020	11/01/2021	[ ] PER STATUTE [ ] OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	$ 500,000 $ 500,000 $ 500,000
C	FTCA Gap Liability FTCA Gap Liability			L1VA515491 06	07/01/2020	07/01/2021	Each Incident Aggregate	$1,000,000 $3,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

NH Department of Health & Human Services
129 Pleasant ST
Concord NH 03301

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Kim Bilodeau

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AMOSKEAG HEALTH

MISSION

To improve the health and well-being of our patients and the communities we serve by providing exceptional care and services that are accessible to all.

VISION

We envision a healthy and vibrant community with strong families and tight social fabric that ensures everyone has the tools they need to thrive and succeed.

CORE VALUES

We believe in:

- Promoting wellness and empowering patients through education
- Removing barriers so that our patients achieve and maintain their best possible health
- Providing exceptional, evidence-based and patient-centered care
- Fostering an environment of respect, integrity and caring where all people are treated equally with dignity and courtesy

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BerryDunn

[redacted]

AMOSKEAG HEALTH

FINANCIAL STATEMENTS

June 30, 2019 and 2018

With Independent Auditor's Report

[redacted]

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BerryDunn

INDEPENDENT AUDITOR'S REPORT

Board of Directors
Manchester Community Health Center
d/b/a Amoskeag Health

We have audited the accompanying financial statements of Manchester Community Health Center d/b/a Amoskeag Health, which comprise the balance sheets as of June 30, 2019 and 2018, and the related statements of operations, functional expenses, changes in net assets and cash flows for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with U.S. generally accepted accounting principles; this includes the design, implementation and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with U.S. generally accepted auditing standards. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

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Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Manchester Community Health Center d/b/a Amoskeag Health as of June 30, 2019 and 2018, and the results of its operations, changes in its net assets and its cash flows for the years then ended, in accordance with U.S. generally accepted accounting principles.

Change in Accounting Principle

As discussed in Note 1 to the financial statements, in 2019 Manchester Community Health Center d/b/a Amoskeag Health adopted new accounting guidance, Financial Accounting Standards Board Accounting Standards Update No. 2016-14, *Presentation of Financial Statements of Not-for-Profit Entities* (Topic 958). Our opinion is not modified with respect to this matter.

Berry Dunn McNeil & Parker, LLC

Portland, Maine
November 8, 2019

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MANCHESTER COMMUNITY HEALTH CENTER
D/B/A AMOSKEAG HEALTH

Balance Sheets

June 30, 2019 and 2018

ASSETS

	2019	2018
Current assets		
Cash and cash equivalents	$ 1,368,835	$ 1,045,492
Patient accounts receivable, net	1,890,683	1,784,891
Grants and other receivables	1,063,463	523,673
Other current assets	174,461	185,012
Total current assets	4,497,442	3,539,068
Property and equipment, net	4,397,203	4,650,347
Total assets	$ 8,894,645	$ 8,189,415

LIABILITIES AND NET ASSETS

Current liabilities		
Line of credit	$ 450,000	$ 1,185,000
Accounts payable and accrued expenses	576,623	583,461
Accrued payroll and related expenses	1,210,890	1,116,406
Current maturities of long-term debt	46,368	53,722
Total current liabilities	2,283,881	2,938,589
Long-term debt, less current maturities	1,594,959	1,153,279
Total liabilities	3,878,840	4,091,868
Net assets		
Without donor restrictions	4,409,285	3,392,211
With donor restrictions	606,520	705,336
Total net assets	5,015,805	4,097,547
Total liabilities and net assets	$ 8,894,645	$ 8,189,415

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

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MANCHESTER COMMUNITY HEALTH CENTER
D/B/A AMOSKEAG HEALTH

Statements of Operations

Years Ended June 30, 2019 and 2018

	2019	2018
Operating revenue		
Patient service revenue	$10,543,526	$ 9,898,890
Provision for bad debts	(380,456)	(749,930)
Net patient service revenue	10,163,070	9,148,960
Grants, contracts and support	8,260,664	7,304,866
Other operating revenue	546,428	180,701
Net assets released from restriction for operations	1,066,720	1,027,841
Total operating revenue	20,036,882	17,662,368
Operating expenses		
Salaries and wages	11,994,846	11,109,774
Employee benefits	2,270,095	2,206,269
Program supplies	525,199	501,734
Contracted services	2,175,172	2,381,708
Occupancy	716,607	671,108
Other	841,861	760,400
Depreciation and amortization	428,159	402,532
Interest	100,845	91,771
Total operating expenses	19,052,784	18,125,296
Excess (deficiency) of revenue over expenses	984,098	(462,928)
Net assets released from restriction for capital acquisition	32,976	764,059
Increase in net assets without donor restrictions	$ 1,017,074	$ 301,131

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

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MANCHESTER COMMUNITY HEALTH CENTER
D/B/A AMOSKEAG HEALTH

Statements of Functional Expenses

Years Ended June 30, 2019 and 2018

	2019											
	Healthcare Services								Administrative and Support Services			
	Non-clinical Support Services	Enabling Services	Behavioral Health	Pharmacy	Medical	Special Medical Programs	Community Services	Total Healthcare Services	Facility	Marketing and Fundraising	Administration	Total
Salaries and wages	$ 1,697,621	$ 510,217	$ 1,752,659	$ 34,993	$ 5,377,237	$ 845,292	$ 115,735	$10,333,754	$ 120,979	$ 144,863	$ 1,395,250	$11,994,846
Employee benefits	323,075	97,869	330,299	6,406	932,471	164,397	20,419	1,874,936	22,428	27,986	344,745	2,270,095
Program supplies	1,047	5,896	39,987	254,261	217,078	5,211	1,030	524,510	412	120	157	525,199
Contracted services	76,373	251,088	202,352	336,857	445,115	395,557	220,523	1,927,865	21,225	21,502	204,580	2,175,172
Occupancy	121,143	16,549	105,959	4,260	687,382	116,132	-	1,051,425	(516,379)	17,186	164,375	716,607
Other	58,708	6,528	109,127	482	137,613	31,160	25,718	369,336	56,513	36,580	379,432	841,861
Depreciation and amortization	-	-	3,530	-	45,077	474	-	49,081	255,603	-	123,475	428,159
Interest	-	-	-	-	-	-	-	-	39,219	-	61,626	100,845
Total	$ 2,277,967	$ 888,147	$ 2,543,913	$ 637,259	$ 7,841,973	$ 1,558,223	$ 383,425	$16,130,907	$ -	$ 248,237	$ 2,673,640	$19,052,784

	2018											
	Healthcare Services								Administrative and Support Services			
	Non-clinical Support Services	Enabling Services	Behavioral Health	Pharmacy	Medical	Special Medical Programs	Community Services	Total Healthcare Services	Facility	Marketing and Fundraising	Administration	Total
Salaries and wages	$ 1,550,575	$ 511,036	$ 1,360,597	$ 66,637	$ 5,125,736	$ 834,055	$ 206,923	$ 9,655,559	$ 45,163	$ 134,754	$ 1,274,298	$11,109,774
Employee benefits	363,556	121,183	322,169	15,812	678,442	170,542	48,042	1,719,746	8,984	30,312	447,227	2,206,269
Program supplies	25	19,582	15,791	229,960	227,957	5,422	2,406	501,143	118	-	473	501,734
Contracted services	110,040	192,406	209,630	313,746	419,183	363,843	388,039	1,996,887	19,492	49,221	316,108	2,381,708
Occupancy	107,090	14,643	93,948	3,770	597,530	102,757	-	919,738	(408,934)	15,207	145,097	671,108
Other	35,997	8,526	33,188	383	126,640	34,815	47,644	287,193	57,639	27,650	387,918	760,400
Depreciation and amortization	-	-	-	-	26,580	127	-	26,707	242,096	-	133,729	402,532
Interest	-	-	-	-	-	-	-	-	35,442	-	56,329	91,771
Total	$ 2,167,283	$ 867,376	$ 2,035,323	$ 630,308	$ 7,202,068	$ 1,511,561	$ 693,054	$15,106,973	$ -	$ 257,144	$ 2,761,179	$18,125,296

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

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MANCHESTER COMMUNITY HEALTH CENTER
D/B/A AMOSKEAG HEALTH

Statements of Changes in Net Assets

Years Ended June 30, 2019 and 2018

	2019	2018
Net assets without donor restrictions		
Excess (deficiency) of revenue over expenses	$ 984,098	$ (462,928)
Net assets released from restriction for capital acquisition	32,976	764,059
Increase in net assets without donor restrictions	1,017,074	301,131
Net assets with donor restrictions		
Contributions	1,000,880	1,585,719
Net assets released from restriction for operations	(1,066,720)	(1,027,841)
Net assets released from restriction for capital acquisition	(32,976)	(764,059)
Decrease in net assets with donor restrictions	(98,816)	(206,181)
Change in net assets	918,258	94,950
Net assets, beginning of year	4,097,547	4,002,597
Net assets, end of year	$ 5,015,805	$ 4,097,547

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

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MANCHESTER COMMUNITY HEALTH CENTER
D/B/A AMOSKEAG HEALTH

Statements of Cash Flows

Years Ended June 30, 2019 and 2018

	2019	2018
Cash flows from operating activities		
Change in net assets	$ 918,258	$ 94,950
Adjustments to reconcile change in net assets to net cash provided by operating activities		
Provision for bad debts	380,456	749,930
Depreciation and amortization	428,159	402,532
Equity in earnings from limited liability company	-	(2,291)
Contributions and grants for long-term purposes	-	(475,001)
(Increase) decrease in the following assets		
Patient accounts receivable	(486,248)	(533,881)
Grants and other receivables	(539,790)	476,961
Prepaid expenses	10,551	(30,721)
Increase (decrease) in the following liabilities		
Accounts payable and accrued expenses	(6,838)	(152,163)
Accrued payroll and related expenses	94,484	57,126
Net cash provided by operating activities	799,032	587,442
Cash flows from investing activities		
Capital expenditures	(174,314)	(1,012,051)
Net cash used by investing activities	(174,314)	(1,012,051)
Cash flows from financing activities		
Contributions and grants for long-term purposes	-	475,001
Proceeds from line of credit	-	450,000
Payments on line of credit	(235,000)	(75,000)
Payments on long-term debt	(66,375)	(51,790)
Net cash (used) provided by financing activities	(301,375)	798,211
Net increase in cash and cash equivalents	323,343	373,602
Cash and cash equivalents, beginning of year	1,045,492	671,890
Cash and cash equivalents, end of year	$ 1,368,835	$ 1,045,492
Supplemental disclosures of cash flow information		
Cash paid for interest	$ 100,845	$ 91,771
Non-cash transactions		
Line of credit refinanced as long-term debt	$ 500,000	$ -

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

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1. Summary of Significant Accounting Policies

Organization

Manchester Community Health Center d/b/a Amoskeag Health (the Organization) is a not-for-profit corporation organized in New Hampshire. The Organization is a Federally Qualified Health Center (FQHC) providing high-quality, comprehensive family oriented primary healthcare services which meet the needs of a diverse community, regardless of age, ethnicity or income.

Recently Adopted Accounting Pronouncement

In August 2016, the Financial Accounting Standards Board issued Accounting Standards Update (ASU) No. 2016-14, *Presentation of Financial Statements of Not-for-Profit Entities* (Topic 958), which makes targeted changes to the not-for-profit financial reporting model. The ASU marks the completion of the first phase of a larger project aimed at improving not-for-profit financial reporting. Under the ASU, net asset reporting is streamlined and clarified. The existing three category classification of net assets is replaced with a simplified model that combines temporarily restricted and permanently restricted into a single category called "net assets with donor restrictions." The guidance simplified the reporting of deficiencies in endowment funds and clarified the accounting for the lapsing of restrictions on gifts to acquire property, plant and equipment. New disclosures which highlight restrictions on the use of resources that make otherwise liquid assets unavailable for meeting near-term financial requirements have been added. The ASU also imposes several new requirements related to reporting expenses. The Organization has adjusted the presentation of these statements accordingly. The ASU has been applied retrospectively to 2018; however, there was no impact to total net assets, results of operations or cash flows.

Basis of Presentation

The financial statements of the Organization have been prepared in accordance with U.S. generally accepted accounting principles (U.S. GAAP), which requires the Organization to report information in the financial statements according to the following net asset classifications:

Net assets without donor restrictions: Net assets that are not subject to donor-imposed restrictions and may be expended for any purpose in performing the primary objectives of the Organization. These net assets may be used at the discretion of the Organization's management and the Board of Directors.

Net assets with donor restrictions: Net assets subject to stipulations imposed by donors and grantors. Some donor restrictions are temporary in nature; those restrictions will be met by actions of the Organization or by the passage of time. Other donor restrictions are perpetual in nature, whereby the donor has stipulated the funds be maintained in perpetuity.

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Unconditional promises to give cash and other assets are reported at fair value at the date the promise is received, which is then treated as cost. The gifts are reported as net assets with donor restrictions if they are received with donor stipulations that limit the use of the donated assets. When a donor restriction expires, that is, when a stipulated time restriction ends or purpose restriction is accomplished, net assets with donor restrictions are reclassified as net assets without donor restrictions and reported in the statements of operations and changes in net assets as net assets released from restriction. Donor-restricted contributions whose restrictions are met in the same year as received are reflected as contributions without donor restrictions in the accompanying financial statements.

Use of Estimates

The preparation of financial statements in conformity with U.S. GAAP generally requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements. Estimates also affect the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

Income Taxes

The Organization is a public charity under Section 501(c)(3) of the Internal Revenue Code. As a public charity, the Organization is exempt from state and federal income taxes on income earned in accordance with its tax-exempt purpose. Unrelated business income is subject to state and federal income tax. Management has evaluated the Organization's tax positions and concluded that the Organization has no unrelated business income or uncertain tax positions that require adjustment to the financial statements.

Cash and Cash Equivalents

Cash and cash equivalents consist of demand deposits and petty cash funds.

The Organization has cash deposits in major financial institutions which exceed federal depository insurance limits. The Organization has not experienced losses in such accounts and management believes the credit risk related to these deposits is minimal.

Grants and Other Receivables

Grants and other receivables are stated at the amount management expects to collect from outstanding balances. All such amounts are considered collectible, including distributions from the Eva M. Montembeault Revocable Trust in the amount of $450,000 at June 30, 2019.

The Organization receives a significant amount of grants from the U.S. Department of Health and Human Services (DHHS). As with all government funding, these grants are subject to reduction or termination in future years. For the years ended June 30, 2019 and 2018, grants from DHHS (including both direct awards and awards passed through other organizations) represented approximately 61% and 76%, respectively, of grants, contracts and support revenue.

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Investment in Limited Liability Company

The Organization is one of eight partners who each made a capital contribution of $500 to Primary Health Care Partners (PHCP). The purposes of PHCP are: (i) to engage and contract directly with the payers of health care to influence the design and testing of emerging payment methodologies; (ii) to achieve the three part aim of better care for individuals, better health for populations and lower growth in expenditures in connection with both governmental and non-governmental payment systems; (iii) to undertake joint activities to offer access to high quality, cost effective medical, mental health, oral health, home care and other community-based services, based upon the medical home model of primary care delivery, that promote health and well-being by developing and implementing effective clinical and administrative systems in a manner that is aligned with the FQHC model; and to lead collaborative efforts to manage costs and improve the quality of primary care services delivered by health centers operated throughout the state of New Hampshire; and (iv) to engage in any and all lawful activities, including without limitation the negotiation of contracts, agreements and/or arrangements (with payers and other parties). The Organization's investment in PHCP is reported using the equity method and the investment amounted to $22,589 at June 30, 2019 and 2018 and is included in other current assets on the accompanying balance sheets.

Property and Equipment

Property and equipment acquisitions are recorded at cost. Depreciation is provided over the estimated useful life of each class of depreciable asset and is computed on the straight-line method.

Gifts of long-lived assets such as land, buildings or equipment are reported as net assets without donor restrictions, and excluded from the excess (deficiency) of revenue over expenses, unless explicit donor stipulations specify how the donated assets must be used. Gifts of long-lived assets with explicit restrictions that specify how the assets are to be used and gifts of cash or other assets that must be used to acquire long-lived assets are reported as net assets with donor restrictions. Absent explicit donor stipulations about how long those long-lived assets must be maintained, expirations of donor restrictions are reported when the donated or acquired long-lived assets are placed in service.

Patient Service Revenue

Patient service revenue is reported at the estimated net realizable amounts from patients, third-party payers, and others for services rendered, including estimated retroactive adjustments under reimbursement agreements with third-party payers. Retroactive adjustments are accrued on an estimated basis in the period the related services are rendered and adjusted in future periods as final settlements are determined.

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340B Drug Pricing Program

The Organization, as an FQHC, is eligible to participate in the 340B Drug Pricing Program. The program requires drug manufacturers to provide outpatient drugs to FQHCs and other identified entities at a reduced price. The Organization contracts with local pharmacies under this program. The local pharmacies dispense drugs to eligible patients of the Organization and bill Medicare, Medicaid managed care companies and commercial insurances on behalf of the Organization. Reimbursement received by the pharmacies is remitted to the Organization, less dispensing and administrative fees. Gross revenue generated from the program is included in patient service revenue. The cost of drug replenishments and fees related to the program are included in program supplies and contracted services, respectively, in the accompanying statements of operations and functional expenses.

Functional Expenses

The financial statements report certain categories of expenses that are attributable to more than one program or supporting function. Therefore, these expenses require allocation on a reasonable basis that is consistently applied. The expenses that are allocated include depreciation, interest, and office and occupancy costs, which are allocated on a square-footage basis, as well as the shared systems technology fees for the Organization's medical records and billing system, which is allocated based on the percentage of patients.

Excess (Deficiency) of Revenue Over Expenses

The statements of operations reflect the excess (deficiency) of revenue over expenses. Changes in net assets without donor restrictions which are excluded from the excess (deficiency) of revenue over expenses include contributions of long-lived assets (including assets acquired using contributions which, by donor restriction, were to be used for the purposes of acquiring such assets).

Subsequent Events

For purposes of the preparation of these financial statements, management has considered transactions or events occurring through November 8, 2019, the date that the financial statements were available to be issued. Management has not evaluated subsequent events after that date for inclusion in the financial statements.

2. Availability and Liquidity of Financial Assets

The Organization regularly monitors liquidity required to meet its operating needs and other contractual commitments, while also striving to optimize the investment of its available funds.

For purposes of analyzing resources available to meet general expenditures over a 12-month period, the Organization considers all expenditures related to its ongoing activities and general administration, as well as the conduct of services undertaken to support those activities to be general expenditures.

In addition to financial assets available to meet general expenditures over the next 12 months, the Organization operates with a balanced budget and anticipates collecting sufficient revenue to cover general expenditures not covered by donor-restricted resources.

The Organization had working capital of $2,213,561 and $600,479 at June 30, 2019 and 2018, respectively. The Organization had average days cash and cash equivalents on hand (based on normal expenditures) of 27 and 22 at June 30, 2019 and 2018, respectively.

Financial assets and liquidity resources available within one year for general expenditure, such as operating expenses and scheduled principal payments on debt, were as follows:

	2019	2018
Cash and cash equivalents	$ 1,368,835	$ 1,045,492
Accounts receivable, net	1,890,683	1,784,891
Grants and other receivables	1,063,463	523,673
Financial assets available	4,322,981	3,354,056
Less net assets with donor restrictions	606,520	606,520
Financial assets available for current use	$ 3,716,461	$ 2,747,536

The Organization's goal is generally to have, at the minimum, the Health Resources and Services Administration (HRSA) recommended days cash on hand for operations of 30 days.

The Organization has a $1,000,000 line of credit, as discussed in more detail in Note 5. As of June 30, 2019, $550,000 remained available on the line of credit.

3. Accounts Receivable

Patient accounts receivable consisted of the following:

	2019	2018
Patient accounts receivable	$ 3,115,302	$ 2,906,188
Contract 340B pharmacy program receivables	106,443	97,783
Total patient accounts receivable	3,221,745	3,003,971
Allowance for doubtful accounts	(1,331,062)	(1,219,080)
Patient accounts receivable, net	$ 1,890,683	$ 1,784,891

The Organization grants credit without collateral to its patients, most of whom are local residents and are insured under third-party payer agreements. Primary payers representing 10% or more of the Organization's gross patient accounts receivable are as follows:

	2019	2018
Medicare	13 %	13 %
Medicaid	26 %	23 %

Patient accounts receivable are stated at the amount management expects to collect from outstanding balances. Patient accounts receivable are reduced by an allowance for uncollectible accounts. In evaluating the collectibility of patient accounts receivable, the Organization analyzes its past history and identifies trends for each individual payer. In addition, balances in excess of one year are 100% reserved. Management regularly reviews data about revenue in evaluating the sufficiency of the allowance for uncollectible accounts. Amounts not collected after all reasonable collection efforts have been exhausted are applied against the allowance for uncollectible accounts.

A reconciliation of the allowance for uncollectible accounts follows:

	2019	2018
Balance, beginning of year	$ 1,219,080	$ 1,702,394
Provision for bad debts	380,456	749,930
Write-offs	(268,474)	(1,233,244)
Balance, end of year	$ 1,331,062	$ 1,219,080

The increase in the allowance is due to an increase in balances over 240 days old.

4. Property and Equipment

Property and equipment consists of the following:

	2019	2018
Land	$ 81,000	$ 81,000
Building and leasehold improvements	5,125,647	5,109,921
Furniture and equipment	2,120,471	1,961,844
Total cost	7,327,118	7,152,765
Less accumulated depreciation	2,929,915	2,502,418
Property and equipment, net	$ 4,397,203	$ 4,650,347

The Organization made renovations to certain buildings with Federal grant funding. In accordance with the grant agreements, a Notice of Federal Interest (NFI) is required to be filed in the appropriate official records of the jurisdiction in which the property is located. The NFI is designed to notify any prospective buyer or creditor that the Federal Government has a financial interest in the real property acquired under the aforementioned grant; that the property may not be used for any purpose inconsistent with that authorized by the grant program statute and applicable regulations; that the property may not be mortgaged or otherwise used as collateral without the written permission of the Associate Administrator of the Office of Federal Assistance Management (OFAM), HRSA; and that the property may not be sold or transferred to another party without the written permission of the Associate Administrator of OFAM, HRSA.

5. Line of Credit

The Organization had a $1,500,000 line of credit demand note with a local banking institution through April 15, 2019 at which time the credit line was reduced to $1,000,000. The line of credit is collateralized by all assets. The interest rate is LIBOR plus 3.5% (5.91% at June 30, 2019). There was an outstanding balance on the line of credit of $450,000 and $1,185,000 at June 30, 2019 and 2018, respectively.

6. Long-Term Debt

Long-term debt consists of the following:

	2019	2018
Note payable, with a local bank (see terms below)	**$ 1,634,694**	$ 1,194,313
Note payable, New Hampshire Health and Education Facilities Authority (NHHEFA), payable in monthly installments of $513, including interest at 1.00%, due July 2020, collateralized by all business assets	6,633	12,688
Total long-term debt	1,641,327	1,207,001
Less current maturities	46,368	53,722
Long-term debt, less current maturities	**$ 1,594,959**	$ 1,153,279

The Organization had a promissory note with Citizens Bank, N. A. (Citizens), collateralized by real estate, with a balloon payment due December 1, 2018 and which was refinanced in April 2019 for $1,670,000 with NHHEFA participating in the lending for $450,000 of the note payable. Monthly payments of $8,595, including interest fixed at 3.76%, are based on a 25 year amortization schedule and are to be paid through April 2026, at which time a balloon payment will be due for the remaining balance, collateralized by real estate.

Scheduled principal repayments of long-term debt for the next five years and thereafter follows:

2020	$ 46,368
2021	42,505
2022	43,616
2023	45,308
2024	46,912
Thereafter	1,416,618
Total	$ 1,641,327

The Organization is required to meet an annual minimum working capital and debt service coverage debt covenants as defined in the loan agreement with Citizens. In the event of default, Citizens has the option to terminate the agreement and immediately request payment of the outstanding debt without notice of any kind to the Organization. The Organization is in compliance with all loan covenants at June 30, 2019.

7. Net Assets With Donor Restrictions

Net assets with donor restrictions for specific purposes consisted of cash and cash equivalents and grants and other receivables due within a year and were restricted for the following purposes:

	2019	2018
Purpose restricted:		
Healthcare services	$ 344,323	$ 365,301
Child health services	140,226	162,045
Capital improvements	20,613	76,632
Perpetual in nature:		
Available to borrow for working capital as needed	101,358	101,358
Total	$ 606,520	$ 705,336

8. Patient Service Revenue

Patient service revenue follows:

	2019	2018
Gross charges	$18,103,265	$17,126,053
Contract 340B pharmacy revenue	1,553,866	1,343,871
Total gross revenue	19,657,131	18,469,924
Contractual adjustments	(7,174,190)	(6,929,944)
Sliding fee scale discounts	(1,939,415)	(1,641,090)
Total patient service revenue	$10,543,526	$ 9,898,890

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Revenue from Medicaid accounted for approximately 53% and 51% of the Organization's gross patient service revenue for the years ended June 30, 2019 and 2018, respectively. No other individual payer represented more than 10% of the Organization's gross patient service revenue.

Laws and regulations governing the Medicare, Medicaid and 340B programs are complex and subject to interpretation. The Organization believes that it is in compliance with all laws and regulations. Compliance with such laws and regulations can be subject to future government review and interpretation, as well as significant regulatory action including fines, penalties and exclusion from the Medicare, Medicaid and 340B. Differences between amounts previously estimated and amounts subsequently determined to be recoverable or payable are included in patient service revenue in the year that such amounts become known.

A summary of the payment arrangements with major third-party payers follows:

Medicare

The Organization is reimbursed for the medical care of qualified patients on a prospective basis, with retroactive settlements related to vaccine costs only. The prospective payment is based on a geographically-adjusted rate determined by Federal guidelines. Overall, reimbursement is subject to a maximum allowable rate per visit. The Organization's Medicare cost reports have been audited by the Medicare administrative contractor through June 30, 2018.

Medicaid and Other Payers

The Organization also has entered into payment agreements with Medicaid and certain commercial insurance carriers, health maintenance organizations and preferred provider organizations. The basis for payment to the Organization under these agreements includes prospectively-determined rates per visit and contractually obligated payment rates which may be less than the Organization's public fee schedule.

Charity Care

The Organization provides care to patients who meet certain criteria under its sliding fee discount policy without charge or at amounts less than its established rates. Because the Organization does not pursue collection of amounts determined to qualify as charity care, they are not reported as net patient service revenue. The Organization estimates the costs associated with providing charity care by calculating the ratio of total cost to total charges, and then multiplying that ratio by the gross uncompensated charges associated with providing care to patients eligible for free care. The estimated cost of providing services to patients under the Organization sliding fee discount policy amounted to $2,217,386 and $1,882,644 for the years ended June 30, 2019 and 2018, respectively. The Organization is able to provide these services with a component of funds received through local community support and federal and state grants.

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9. Retirement Plan

The Organization has a defined contribution plan under Internal Revenue Code Section 403(b) that covers substantially all employees. The Organization contributed $309,981 and $338,779 for the years ended June 30, 2019 and 2018, respectively.

10. Medical Malpractice Insurance

The Organization is protected from medical malpractice risk as an FQHC under the Federal Tort Claims Act (FTCA). The Organization has additional medical malpractice insurance, on a claims-made basis, for coverage outside the scope of the protection of the FTCA. As of the year ended June 30, 2019, there were no known malpractice claims outstanding which, in the opinion of management, will be settled for amounts in excess of both FTCA and additional medical malpractice insurance coverage, nor are there any unasserted claims or incidents which require loss accrual. The Organization intends to renew the additional medical malpractice insurance coverage on a claims-made basis and anticipates that such coverage will be available.

11. Lease Commitments

The Organization leases office space and certain other office equipment under noncancelable operating leases. Future minimum lease payments under these leases are:

2020	$ 172,099
2021	139,989
2022	110,803
2023	78,057
2024	59,565
Total	$ 560,513

Rent expenses amounted to $199,895 and $241,375 for the years ended June 30, 2019 and 2018, respectively.

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AMOSEKAG HEALTH BOARD OF DIRECTORS

(as of 10.30.20)

Catherine Marsellos	Paralegal
Mohammad "Saleem" Yusuf	Professor of IT/Software Development
David Crespo, Secretary	Field Consultant
Angella Chen-Shadeed	Caregiver
Dennis "Danny" Carlsen	Landlord
Phillip Adams	Carpenter
David Hildenbrand	COO
Kathleen Davidson, Chair	Atty
Richard Elwell, Treasurer	Consultant
Dawn McKinney	Policy Director
Thomas Lavoie	Insurance Broker
Christian Scott	Director of Talent Acquisition
Madhab Gurung	Direct Support Professional
Jill Bille	CFO
Rusty Mosca	Managing Director
Debra (Debbie) Manning	Health Care Consultant Software

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Kristen McCracken, MBA

Objective

To work for an organization with a clear vision, philanthropic community involvement, well-respected leadership, a strong strategic plan, and a corporate culture that is motivating and inclusive.

Education

Undergraduate Degree: 1991 Mt. Holyoke College, Major: Psychology, Minor: Latin American Studies

Graduate Degree: 2000 Rivier College, MBA Health Care Administration

Summary of Qualifications

Areas of Experience:

- Community Health
- Primary Care
- Behavioral Health
- Electronic Medical Records
- Substance Abuse, HIV/AIDS
- Domestic Violence
- Rape Crisis
- Culturally Diverse Populations
- Federally Funded Programs
- Joint Commission Accreditation
- Fundraising
- Board of Directors

Skill Sets:

- Operations Management
- Strategic Planning
- Budget Development
- Grant Writing/Report Management
- Group Facilitation
- Regulatory Compliance
- Staff Supervision
- Project Management
- Quality Improvement/Data Mgmt.
- Community Collaboration
- Facilities Oversight
- Program Development

Professional Experience

2013-Present: **President and CEO**- Manchester Community Health Center

- Oversee all service programs provided by MCHC to ensure that client needs are met and quality standards are maintained and monitored in an efficient, cost effective manner by: supervising program personnel; annually assessing relevance of current programs to community needs; achieving and maintaining appropriate accreditation and/or licenses for programs.
- Ensure that MCHC services are consistent with its mission, vision, and strategic plan to ensure that programming is relevant to existing and emerging client and community needs.
- With the Board Strategic Planning Committee, develop and assist with the planning, execution and evaluation of a fund raising program. Establish and maintain a rapport with corporate sponsors, major contributors, directors, volunteers, civic organizations, and other parties in which the Center does business.
- Recommend a staffing pattern to ensure efficient management and operation of all programs and activities.
- Serve as the primary staff resource for MCHC Board of Directors to ensure effective use of and communication with trustees.
- Ensure that MCHC activities are operated in a cost-effective, efficient manner to ensure ongoing financial stability
- Call and preside at regular meetings with staff to ensure adequate communication between staff, to give the opportunity to share ideas and concerns, to coordinate efforts, and to ensure appropriate standardization of policies and procedures.

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- Recommend and communicate necessary policies and procedures to ensure adherence to management, program service, fiscal and accounting standards, and standards of good personnel procedures.
- Develop, coordinate, and maintain effective relationships between MCHC and other groups (such as State legislature, public and private health, welfare and service agencies, media, etc.,) to create public and professional understanding and support of the organization's objectives and activities.

2000-Present: **Director of Operations**- Manchester Community Health Center, Manchester, NH. In collaboration with other Senior Management staff, the DOO assumes responsibility for the day-to-day management of operations of the health center:

- Responsible for multiple departments, including Ancillary Staff, Nursing, Medical Assistants, Medical Records, Volunteers, Interpreters, and Business Office Staff.
- Collaborate with other senior management team members in overseeing health center operations, policy and program development, staff supervision, and overall program management of the organization.
- Maintaining continuity and quality of care for clients, including oversight of Patient Satisfaction programs, and co-responsibility for implementation of Quality Improvement Initiatives. Responsible for Patient Centered Medical Home and Meaningful Use activities.
- Primary responsibility for data analysis related to quality of care initiatives
- Key role in the development of center-wide goals and representing the Health Center in various community settings.
- Project Manager for the EMR (Electronic Medical Record)called Centricity (EMR & PM) including initial setup and implementation, ongoing support and development
- Participate in Board of Directors meetings, and several board and staff committees, including Safety, Personnel, Ethics, Strategic Planning, QI, Corporate Compliance, Medical Advisory Committee
- Direct staff and management team supervision, grant writing, project management, regulatory compliance, community collaborations, cultural competency, budget development, and other operational activities.
- Facilitation of employee satisfaction survey development, administration and response
- Oversight and development of ancillary services including interpretation, transportation, nutrition, dental collaboration grants and behavioral health.
- Special initiatives including Medical Home certification, Meaningful Use planning, Joint Commission accreditation, and similar ventures

1997-2000: **Family Services Manager**- Manchester Community Health Center, Manchester, NH. Responsible for the management of the behavioral health services, care management, nutrition, interpretation, and coordination of ancillary services programming.

1996-1997: **Crisis Outreach Counselor**- Manchester Community Health Center, Manchester, NH. Provided crisis intervention to patients identified by provider staff as high risk. Complete psycho-social intakes on new patients. Performed outreach services to patients who have fallen out of care. Coordinated care with medical team and behavioral health staff.

1995-1996: **Clinician** I- Habit Management Institute, Lawrence, MA.

- Substance Abuse individual counseling
- Methadone treatment planning
- Substance abuse education
- Facilitation of support groups
- Admission/discharge planning, and community networking.

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1993-1995: **Case Manager/Volunteer Coordinator, Fundraising Coordinator-** River Valley AIDS Project, Springfield, MA.

- Volunteer Program Coordinator responsibilities included developing and maintaining a volunteer program for the agency, networking, training, design and implementation, volunteer support, and monthly billing/statistics.
- Development Coordinator responsibilities included creating a fundraising donor base, initiating the development of new fundraising events, facilitating relationships with corporate sponsors, maintaining quarterly newsletters, and facilitating the following committees: Anthology Committee, Dinner for Friends Committee, Gay Men's Focus Group, Fundraising Committee, and the Children Orphaned by AIDS Committee.
- During first year of employment functioned as a Case Manager, with responsibilities including referrals, trainings, translation, support groups, counseling, advocacy, and monthly billing. Created the first public Resource Library for HIV/AIDS in Western MA, developed a donation program, and developed a Speaker's Bureau program, as well as supervised interns and trained new staff.

1990-1993: **Rape Crisis Counselor, Children's Advocate/Counselor-** YWCA, Springfield, MA.

- Rape Crisis Counselor: responsible for essentially all aspects of programming including statistics for grant reporting, billing records, case records, and individual, couples and family counseling services. Also responsible for legal and medical advocacy, educational trainings, and hotline/on-call responsibilities. Facilitated four support groups for adults, teens, Spanish speaking women, and teenagers who had re-perpetrated their sexual abuse.
- Children's Advocate: responsible for individual counseling, a children's support group, and working with the referral needs of the children in the battered women's shelter. As a member of the Counseling team: answered hotline calls, provided individual counseling, kept case files, ran in-house support groups, and provided traditional case management.

Languages Spoken

Spanish (Verbal and Written)

Community Activities

- Board of Directors, NH Minority Health Coalition 1999-2002
- Medical Interpretation Advisory Board 2002-2008
- Chair, Data Subcommittee: NH Health & Equity Partnership
- Diversity Task Force, State of NH DHHS 2002-Present
- Healthcare for the Homeless Advisory Board 2004-Present
- Volunteer: B.R.I.N.G. ITI Program
- Business Partnership Committee: Project Search
- Adult Literacy Volunteer: 2009-2010
- Advisory Board: Nursing Diversity Pipeline
- Advisory Committee: HPOP (Health Professionals Opportunities Project)

Interests and activities

I enjoy tennis, hiking, reading, gardening, travel and family activities.

References

1. Claudia Cunningham, RN, MBA (Previous Supervisor at MCHC) 603-942-7025
2. Gavin Muir, MD, Quality Director of MCHC (Colleague) 603-935-5223
3. Greg White, CFO at Lowell Family Health Center (Colleague) 603-673-8873
4. Tina Kenyon, RN, MSW at Dartmouth Family Practice Residency (Colleague in Community) 603-568-3417

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Janet J. Langlois

A financial leader experienced in both for-profit and non-profit healthcare and human service sectors, with a focus on start-ups, organizational turnarounds and strategic growth opportunities. Executive skill set includes mergers, acquisitions and organic development and expansion on a local and national level, while building operational infrastructures to support business needs and customer service at all levels.

EMPLOYMENT:

2001-Current

Chief Financial Officer/Treasurer
Spectrum Health Systems, Inc., Worcester, MA
(Other positions-VP Finance, Controller)

- Organizational growth of 188% in annual revenues ($28.3 m to $81.5 m) and 300% growth in equity, with profitable operations in Massachusetts, Rhode Island, Georgia, Tennessee, Virginia and Washington
- Successful operational turnaround of organization with <5 days of cash to 120+ days of cash on hand through significant collections of Accounts Receivable, implementation of expense controls, redirection of organizational strategy around contract reimbursement models, and establishment of systems and processes to significantly decrease 3rd party insurance bad debt from 5+% annually to <1%.
- Ground-up development and direction and oversight of accounting systems, payroll, accounts receivables, telecommunications, technology, IT infrastructure and support, and all agency credentialing and 3rd party contracting
- Converted legacy payroll system to a cloud-based HRIS/Payroll system providing enhanced employee access, improved reporting and creating departmental efficiencies
- Responsible for final selection and negotiation of Electronic Health Record with patient management and billing system, as well as system-wide implementation
- Development and oversight of annual capital and operating budgets organization wide, strategic planning for short and long term needs, and pro-forma budget development and pricing models for growth and expansion opportunities
- Monthly and annual financial statements, reporting for senior management and presentation to the Board of Trustees, as well as all annual audits, tax and benefit plan returns, various state filings, and other agencies as necessary
- Responsibility for all banking, debt, insurance and contracting relationships with 3rd parties and state agencies, property and capital leases, reviewing all vendor contracts
- Recently secured $8.5m tax exempt bond financing for new inpatient residential services construction project
- Transitioned organization professional liability policies into a captive insurance plan (TCA), generating premium savings of nearly 60%, and maintain a seat on the TCA finance committee
- Transitioned workers compensation policy into a high deductible plan, saving the organization over $100k annually

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1994-2001 **Controller**

HealthSouth Corporation, Lowell, Worcester, & Ludlow, MA

- Responsibilities included 3 separate facilities totaling $46m annual revenue (2 wholly owned and 1 partnership)
- Responsible for working with the state of Massachusetts and company attorneys to recoup a $2 million loss of a defunct operation, which significantly increased cash flow to the partnership.
- Transitioned two management agreements into wholly owned operations for both financial and billing purposes
- Developed pro-forma statements, securing agreements for other management contracts.
- Prepared monthly financial statements
- Annual preparation of operating and capital budgets with monthly variance reporting
- External audits
- Cost report preparations for third party payors (Medicare and Medicaid)
- Review of contract proposals to maximize cost savings or reimbursement benefits
- Oversight of Billing, Accounts Payable and Payroll

Other positions held:
1997-1998 CFO, Symmes Hospital & Medical Center - responsibilities included finance, patient accounts, materials management, IT and medical records

1982-1994 **Saints Memorial Medical Center, Lowell, MA**

1990 – 1994 Budget/Reimbursement Manager

Major Responsibilities included:

- Successful merger of the financial operations and computer systems of two hospitals, St. Joseph's and St. John's, to become Saints Memorial Medical Center
- Annual Filings of third party cost reports and associated audits
- Maintain third party liability calculations

1989 – 1990 Budget Manager, St. Joseph's Hospital, Lowell, MA

Responsibilities included:

- Annual preparation of operating and capital budgets with monthly variance reporting
- Working with department heads to identify areas of cost savings and revenue enhancement
- Maintenance of Property, Plant & Equipment schedules
- Maintained financials and billings for 2 subsidiary companies

Other positions held:

- 1987 thru 1989 **Senior Staff Accountant**
- 1982 thru 1985 **Patient Account Representative**

1985-1987 **Bookkeeper, Lowell Co-Operative Bank, Lowell, MA**

Responsibilities included:

- Daily posting of general ledger activity
- Monthly financial statement preparation
- Assist with annual audit and regulatory compliance reporting

EDUCATION:

2001 Bachelors of Science in Management, University of Massachusetts, Lowell, MA

1995 Associates Degree in Accounting, University of Massachusetts, Lowell, MA

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J. GAVIN MUIR

EDUCATION

PRINCETON UNIVERSITY, Princeton, NJ
M.S. in Ecology and Evolutionary Biology, 1991
Senior Thesis: "The Mating and Grazing Habits of Feral Horses on Shackleford Banks"

TEMPLE UNIVERSITY SCHOOL OF MEDICINE, Philadelphia, PA
M.D. 1995

SOUTHERN COLORADO FAMILY MEDICINE RESIDENCY,
Pueblo, CO, July 1995- June 1998

EXPERIENCE

MANCHESTER COMMUNITY HEALTH CENTER, Manchester, NH
Family Practice Physician, March 2011- current

Medical Director, September 2000 - March 2011

Family Practice Physician, August 1998 – September 2000

ELLIOT HOSPITAL, Manchester, NH
Medical Director of Peer Review, 2008 - present

ELLIOT HOSPITAL, Manchester, NH
Chair, Department of Medicine, 2006 - 2008

LICENSURE & CERTIFICATION

New Hampshire State Medical License	6/30/2012
DEA Certification	1/31/2012
ABFM Board Certified	12/31/2015

NALS/PALS/ALSO certified
Active Staff, Elliot Hospital, Manchester, NH

MEMBERSHIPS

The American Academy of Family Physicians
American Medical Association
New Hampshire Medical Society

AWARDS

New Hampshire Union Leader *Forty Under 40*. 2006
New Hampshire Academy of Family Physicians' Physician of the Year, 2013

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Elizabeth (Betsy) Burtis

PROVEN LEADERSHIP

Results-oriented leader with an established record of building and nurturing strong teams and cross-disciplinary relationships. Creative and innovative thinker adept at managing projects from initiation to completion. Highly skilled in the design and implementation of new systems and processes, and managing change efforts to promote organizational effectiveness and efficiency. Resourceful and persuasive self-starter with unquestioned integrity, enthusiasm, excellent judgment and the conviction to act decisively.

AREAS OF EXCELLENCE

Quality & Performance Improvement . . . Workforce Development . . . Planning & Project Management . . . Customer Service
Collaborative & Strengths-Based Supervision . . . Written & Oral Communication Skills . . . Facilitation, Teaching and Training

PROFESSIONAL EXPERIENCE

AMERICAN RED CROSS, Concord, New Hampshire
Program Manager, Nurse Assistant Training – May 2017 – Current
Direct a team of twenty clinical instructors and administrative staff in the provision of high-quality nurse assistant education throughout the states of New Hampshire and Vermont. Market program and establish collaborations with employers and workforce development groups to meet the critical shortage of nursing assistants in the area.
Key Contributions:

- Secured five new contracts and partnerships with hospitals, long-term care facilities and high schools.
- Initiated organization-wide process improvement team for customer tracking procedures in Salesforce.
- Scored 95% manager effectiveness in employee engagement survey, exceeding organizational benchmark by seven points.
- Executed the successful recertification process with state boards of nursing and departments of education.
- Completed People Management Development Program (leadership development) curriculum.

MANCHESTER COMMUNITY COLLEGE, Manchester, New Hampshire
Adjunct Faculty – March 2016 – Current
Teaching classroom-based, online and hybrid first year seminar course to new students. Developed course content and activities to support first-year student success and retention. Competency in building and maintaining coursework in Blackboard and Canvas online learning software.

ASCENTRIA CARE ALLIANCE, Concord, New Hampshire
Organizational Learning & Development Manager - December 2015 – May 2017
Generated new program for staff and organizational development for a 1300+ employee, multi-state nonprofit human services agency.
Key Contributions:

- Developed first organizational training plan to meet accreditation criteria for Council on Accreditation.
- Collaborated with senior leadership to design the first employee engagement survey and developed action plan for follow up on results.
- Created annual mandatory education process to address safety and compliance training gaps and meet accreditation standards.
- Adopted and implemented an e-learning system for all employees.
- Designed and delivered leadership training sessions.

Program Manager, Health Profession Opportunity Project - 2011 to 2015
Built new federally-funded healthcare workforce development program from the ground up. Led team of ten professionals in identifying, motivating, training and placing low-income, motivated individuals into health careers.
Key Contributions:

- Managed five-year $1.9 million federally funded grant and came in under budget each year.
- Directed employment program producing 88% job placement rate.
- Collaborated with State and Federal entities in administration of the federal grant: NH Office of Health Equity, US Department of Labor, NH Workforce Investment Board.
- Analyzed labor market information and trends to guide students in career choices and fill community healthcare employer needs.
- Identified marketing and recruitment opportunities and performed outreach to potential students and employers.

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TRAINING CONSULTANT, Self-Employed, Derry, New Hampshire
Independent Consultant - 2009 to 2011
Partnered with organizations and workplaces to impact positive change.

- New Hampshire Technical Institute, Concord, NH - delivered job search strategies and customer service workshops.
- New Hampshire Humanities Council, Concord, NH – facilitated ongoing community conversations about New Hampshire and immigration utilizing the Civic Reflections model of literature based civic dialogues.
- Tufts Medical Center Residency Program, Boston, MA – led cultural effectiveness workshops for new resident orientation.
- Caritas Norwood Hospital, Norwood, MA – consulted with Quality Management to design programming aimed at improving interdisciplinary teamwork and communication.

SOUTHERN NEW HAMPSHIRE HEALTH SYSTEM, Nashua, New Hampshire
Manager, Training and Development, 2002-2009
Designed and delivered comprehensive training and development programs across a 2000+ employee health system. Served as instructional designer, consultant, coach, and facilitator to senior leadership, departments, teams, and committees on topics such as leadership impact, conflict resolution, alignment with strategic organizational goals, effective communication and process improvement. Guided the organizational Cultural Effectiveness, Domestic Violence and Service Recovery Teams.
Key Contributions:

- Increased employee participation at in-house training programs by 30% annually.
- Improved training results and accountability by implementing post-training action plan and follow-up process.
- Implemented and managed annual safety education program resulting in 100% employee participation, exceeding the Joint Commission's requirements for compliance.
- Devised and delivered Process Improvement Studio Course, a hands-on series in which employees applied tools and techniques such as flowcharting, data collection and analysis, lean processes, and root cause analyses to processes in their own departments.
- Created and managed annual Quality Fair to celebrate and inspire broader interest in process improvement. Entries required to show results impacting organizational core values. Approximately 20 entries and 400 visitors each year.

Associate Director, Foundation Medical Partners, 2001-2002
Managed four family practice sites, analyzed and supervised operations of Institute for Health and Wellness (an integrated holistic health center), developed leadership development programs, recruited physicians, and served as project manager for electronic medical record selection process.

Practice Manager, Foundation Medical Partners, 2000-2001
Managed operations for three behavioral health practices. Selected, hired, and led 25 clinical and administrative staff. Developed and administered budgets. Planned and executed merger of two practices, which reduced overhead expenses and allowed the operation to provide a wider range of clinical services.

CENTER FOR LIFE MANAGEMENT, Derry, New Hampshire
Director, Adult Outpatient Program, 1997-2000
Promoted to this position to oversee operations for community behavioral health center serving adults and children. Selected, hired, and led a team of 15 clinical and administrative staff in three sites.

Site Administrator, 1995-1997 & Office Manager, 1994-1995
Directed administrative functions and managed facilities for two outpatient clinics; managed seven administrative staff. Enhanced patient co-pay collections, initiated patient intake and insurance verification process.

EARLY CAREER, CURRY COLLEGE
Higher education administrator managing student-housing program in progressive roles. Supervised professional and student staff, led judicial affairs program, taught first year seminar. Handpicked by senior leadership to head a student retention project.

EDUCATION

LINKAGE INCORPORATED, DEPAUL UNIVERSITY | ***Certificate in Organizational Development***
THE UNIVERSITY OF VERMONT | ***Master of Education, Higher Education Administration***
BOSTON UNIVERSITY | ***Bachelor of Arts, History***

SELECTED TRAINING & CERTIFICATIONS

CORPORATION FOR POSITIVE CHANGE | ***Foundations of Appreciative Inquiry (4 days)***
INTERACTION INSTITUTE FOR SOCIAL CHANGE | ***The Masterful Trainer (2 days), Essential Facilitation (3 days), Facilitative Leadership (2 days)***
AHA! PROCESS, INC. | ***Bridges Out of Poverty (2 days)***

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AMOSKEAG HEALTH

Key Personnel

PRIMARY CARE SERVICES

July 1, 2021 – March 31, 2022 (9 months)

Name	Job Title	Salary	% Paid from this Contract	Amount Paid from this Contract
Kris McCracken	Chief Executive Officer	$152,693.89	0%	$0.00
Gavin Muir, MD	Chief Medical Officer	$220,933.69	0%	$0.00
Janet Langlois	Chief Financial Officer	$113,134.82	0%	$0.00
Vacant-to be hired	Chief Operating Officer	$114,532.33	0%	$0.00
Betsy Burtis	Chief Officer for Integrated Health	$87,789.06	0%	$0.00

State of New Hampshire
Department of Health and Human Services
Amendment #2 to the Primary Care Services for Specific Counties

This 2nd Amendment to the Primary Care Services for Specific Counties contract (hereinafter referred to as "Amendment #2") is by and between the State of New Hampshire, Department of Health and Human Services (hereinafter referred to as the "State" or "Department") and Concord Hospital, Inc. (hereinafter referred to as "the Contractor"), a non-profit with a place of business at 250 Pleasant Street, Concord, NH 03301.

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on June 20, 2018, (Item #27G), as amended on May 6, 2020, (Item #46), the Contractor agreed to perform certain services based upon the terms and conditions specified in the Contract as amended and in consideration of certain sums specified; and

WHEREAS, pursuant to Form P-37, General Provisions, Paragraph 18, and Exhibit C-1, Revisions to General Provisions, Section 3, the Contract may be amended upon written agreement of the parties and approval from the Governor and Executive Council; and

WHEREAS, the parties agree to extend the term of the agreement, increase the price limitation, or modify the scope of services to support continued delivery of these services; and

NOW THEREFORE, in consideration of the foregoing and the mutual covenants and conditions contained in the Contract and set forth herein, the parties hereto agree to amend as follows:

1. Form P-37 General Provisions, Block 1.7, Completion Date, to read:

   March 31, 2022.

2. Form P-37, General Provisions, Block 1.8, Price Limitation, to read:

   $936,880.

3. Modify Exhibit B, Methods and Conditions Precedent to Payment, Section 4, Subsection 4.1 to read:

   4.1 Payments shall be on a cost reimbursement basis for approved actual costs in accordance with Exhibit B-1 through Exhibit B-6, Amendment #2 Budget, which is attached hereto and incorporated by reference herein.

4. Add Exhibit B-6, Amendment #2 Budget, which is attached hereto and incorporated by reference herein.

New Hampshire Department of Health and Human Services
Primary Care Services for Specific Counties

All terms and conditions of the Contract and prior amendments not inconsistent with this Amendment #2 remain in full force and effect. This amendment shall be effective July 1, 2021, or upon the date of Governor and Executive Council approval, whichever is later.

IN WITNESS WHEREOF, the parties have set their hands as of the date written below,

State of New Hampshire
Department of Health and Human Services

1/26/2021
Date

DocuSigned by:
Lisa M. Morris
Name: Lisa M. Morris
Title: Director, Division of Public Health Srvcs.

Concord Hospital, Inc.

12/15/2020
Date

Name: Robert P. Steigmeyer
Title: President and CEO

New Hampshire Department of Health and Human Services
Primary Care Services for Specific Counties

The preceding Amendment, having been reviewed by this office, is approved as to form, substance, and execution.

OFFICE OF THE ATTORNEY GENERAL

2/11/2021
Date

DocuSigned by:
Name: Catherine Pinos
Title: Attorney

I hereby certify that the foregoing Amendment was approved by the Governor and Executive Council of the State of New Hampshire at the Meeting on: _____ (date of meeting)

OFFICE OF THE SECRETARY OF STATE

Date

Name:
Title:

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Exhibit B-6, Amendment #2 Budget

New Hampshire Department of Health and Human Services

Bidder/Program Name: Concord Hospital Family Health Center

Budget Request for: Primary Care Services

Budget Period: 7/1/21-3/31/22

Line Item	Total Program Cost			Contractor Share / Match			Funded by DHHS contract share		
	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total
1. Total Salary/Wages	$ 547,462.00	$ -	$ 547,462.00	$ 377,725.00	$ -	$ 377,725.00	$ 169,764.00	$ -	$ 169,764.00
2. Employee Benefits	$ 136,872.25	$ -	$ 136,872.25	$ 136,872.25	$ -	$ 136,872.25	$ -	$ -	$ -
3. Consultants	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
4. Equipment:	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Rental	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Repair and Maintenance	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Purchase/Depreciation	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
5. Supplies:	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Educational	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Lab	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Pharmacy	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Medical	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Office	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
6. Travel	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
7. Occupancy	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
8. Current Expenses	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Telephone	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Postage	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Subscriptions	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Audit and Legal	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Insurance	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Board Expenses	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
9. Software	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
10. Marketing/Communications	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
11. Staff Education and Training	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
12. Subcontracts/Agreements	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
13. Other (specific details mandatory)	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
TOTAL	$ 684,341.25	$ -	$ 684,341.25	$ 514,597.25	$ -	$ 514,597.25	$ 169,764.00	$ -	$ 169,764.00

Indirect As A Percent of Direct: 0.0%

Initials 1/18

Date 12/15/2020

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State of New Hampshire

Department of State

CERTIFICATE

I, William M. Gardner, Secretary of State of the State of New Hampshire, do hereby certify that CONCORD HOSPITAL, INC. is a New Hampshire Nonprofit Corporation registered to transact business in New Hampshire on January 29, 1985. I further certify that all fees and documents required by the Secretary of State's office have been received and is in good standing as far as this office is concerned.

Business ID: 74948

Certificate Number : 0004893926

IN TESTIMONY WHEREOF,

I hereto set my hand and cause to be affixed the Seal of the State of New Hampshire, this 13th day of April A.D. 2020.

William M. Gardner

Secretary of State

Filing History

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Business Name	Business ID
Concord Hospital, Inc.	74948

Filing#	Filing Date	Effective Date	Filing Type	Annual Report Year
0005029700	10/17/2020	10/17/2020	Tradename D/B/A Expiration Notice	N/A
0004984864	08/25/2020	08/25/2020	Nonprofit Report	2020
0004976245	08/10/2020	08/10/2020	Tradename D/B/A Expiration Notice	N/A
0004976247	08/10/2020	08/10/2020	Tradename D/B/A Expiration Notice	N/A
0004773512	01/16/2020	01/16/2020	Annual Report Reminder	N/A
0003181706	10/23/2015	10/23/2015	Annual Report	2015
0000649115	11/04/2010	11/04/2010	Annual Report	2010
0000649114	10/08/2010	10/08/2010	Reminder Letter	N/A
0000649113	11/06/2009	11/06/2009	Change of Business Address	N/A
0000649112	12/22/2005	12/22/2005	Annual Report	2005
0000649111	02/01/2000	02/01/2000	Annual Report	2000
0000649110	06/05/1995	06/05/1995	Annual Report	1995
0000649109	02/15/1990	02/15/1990	Annual Report	1990
0000649108	01/29/1985	01/29/1985	Business Formation	N/A

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NH Department of State, 107 North Main St. Room 204, Concord, NH 03301 -- **Contact Us (/online/Home/ContactUS)**

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CERTIFICATE

I, William Chapman, Secretary of Concord Hospital, Inc. do hereby certify:

1) I maintain and have custody of and am familiar with the seal and minute books of the corporation;
2) I am authorized to issue certificates with respect to the contents of such books and to affix such seal to such certificates;
3) The following is a true and complete copy of the resolution adopted by the board of trustees of the corporation at a meeting of that board on March 21, 2005 which meeting was held in accordance with the law of the state of incorporation and the bylaws of the corporation:

   The motion was made, seconded and the Board unanimously voted that the powers and duties of the President shall include the execution of all contracts and other legal documents on behalf of the corporation, unless some other person is specifically so designated by the Board, by law, or pursuant to the administrative policy addressing contract and expenditure approval levels.

4) the foregoing resolution is in full force and effect, unamended, as of the date hereof; and
5) the following persons lawfully occupy the offices indicated below:

   Robert P. Steigmeyer, President
   Scott W. Sloane, Chief Financial Officer

IN WITNESS WHEREOF, I have hereunto set my hand as the Secretary of the Corporation this 16 day of December, 2020.

(Corporate seal)

William Chapman
Secretary

State of:

County of:

On this, the 16 day of December, 2020, before me a notary public, the undersigned officer, personally appeared William Chapman, known to me (or satisfactorily proven) to be the person whose name is subscribed to the within instrument, and acknowledged that he/she executed the same for the purposes therein contained.
In witness hereof, I hereunto set my hand and official seal.

(Seal) SUSANNE M. BELDEN NOTARY PUBLIC NEW HAMPSHIRE COMMISSION EXPIRES MAY 3, 2022

Susanne M Belden
Notary Public

My Commission expires: 5/3/2022

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ACORD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
12/28/2020

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER MARSH USA, INC. 99 HIGH STREET BOSTON, MA 02110 Attn: Boston.certrequest@Marsh.com CN107277064-CHS-gener-21-22	CONTACT NAME: PHONE (A/C, No, Ext): FAX (A/C, No): E-MAIL ADDRESS:
INSURED CAPITAL REGION HEALTHCARE CORPORATION & CONCORD HOSPITAL, INC. ATTN: KATHY LAMONTAGNE, ADMINISTRATION 250 PLEASANT STREET CONCORD, NH 03301	INSURER(S) AFFORDING COVERAGE — NAIC # INSURER A : Granite Shield Insurance Exchange INSURER B : INSURER C : INSURER D : INSURER E : INSURER F :

COVERAGES **CERTIFICATE NUMBER:** NYC-010805475-02 **REVISION NUMBER:** 3

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY			GSIE-PRIM-2021-101	01/01/2021	01/01/2022	EACH OCCURRENCE	$ 2,000,000
	CLAIMS-MADE [X] OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$
							MED EXP (Any one person)	$
							PERSONAL & ADV INJURY	$
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 12,000,000
	POLICY [ ] PRO-JECT [ ] LOC						PRODUCTS - COMP/OP AGG	$
	OTHER:							$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$
	ANY AUTO						BODILY INJURY (Per person)	$
	OWNED AUTOS ONLY / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	HIRED AUTOS ONLY / NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
	UMBRELLA LIAB [ ] OCCUR						EACH OCCURRENCE	$
	EXCESS LIAB [ ] CLAIMS-MADE						AGGREGATE	$
	DED [ ] RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						PER STATUTE [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [N]	N/A					E.L. EACH ACCIDENT	$
	(Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$
A	Professional Liability			GSIE-PRIM-2021-101	01/01/2021	01/01/2022		SEE ABOVE

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

GENERAL LIABILITY AND PROFESSIONAL LIABILITY SHARE A COMBINED LIMIT OF 2,000,000/12,000,000. HOSPITAL PROFESSIONAL LIABILITY RETRO ACTIVE DATE 06/24/1985. EACH OCCURRENCE AND AGGREGATE LIMITS ARE SHARED AMONGST THE GRANITE SHIELD EXCHANGE HOSPITALS.

CERTIFICATE HOLDER

STATE OF NH DEPT OF HEALTH
& HUMAN SERVICES
129 PLEASANT STREET
CONCORD, NH 03301

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE
of Marsh USA Inc.

Elizabeth Stapleton

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CAPIREG-01 AZIDOW

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/8/2020

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PRODUCER License # 1780862 HUB International New England 275 US Route 1 Cumberland Foreside, ME 04110	CONTACT NAME: PHONE (A/C, No, Ext): (207) 829-3450 FAX (A/C, No): (207) 829-6350 E-MAIL ADDRESS:
	INSURER(S) AFFORDING COVERAGE — NAIC #
	INSURER A : Hanover Insurance Company — 22292
INSURED Capital Region Healthcare Corporation 250 Pleasant Street Concord, NH 03301	INSURER B : Safety National Casualty Corporation — 15105
	INSURER C :
	INSURER D :
	INSURER E :
	INSURER F :

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	$
	[ ] CLAIMS-MADE [ ] OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$
							MED EXP (Any one person)	$
							PERSONAL & ADV INJURY	$
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$
	[ ] POLICY [ ] PRO-JECT [ ] LOC						PRODUCTS - COMP/OP AGG	$
	[ ] OTHER:							$
A	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
	[ ] ANY AUTO			AWPH38382700	10/1/2020	10/1/2021	BODILY INJURY (Per person)	$
	[ ] OWNED AUTOS ONLY [X] SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	[X] HIRED AUTOS ONLY [X] NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
	[ ] UMBRELLA LIAB [ ] OCCUR						EACH OCCURRENCE	$
	[ ] EXCESS LIAB [ ] CLAIMS-MADE						AGGREGATE	$
	[ ] DED [ ] RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N						[ ] PER STATUTE [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] (Mandatory in NH)	N / A					E.L. EACH ACCIDENT	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$
B	Excess Worker's Comp			SP4063844	10/1/2020	10/1/2021	$500,000 retention	1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

NH Department of Health and Human Services
129 Pleasant Street
Concord, NH 03301

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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CAPIREG-01 AZIDOW

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	INSURER(S) AFFORDING COVERAGE	NAIC #
INSURED Capital Region Healthcare Corporation 250 Pleasant Street Concord, NH 03301	INSURER A : Hanover Insurance Company	22292
	INSURER B : Safety National Casualty Corporation	15105
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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	[ ] CLAIMS-MADE [ ] OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$
							MED EXP (Any one person)	$
							PERSONAL & ADV INJURY	$
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$
	[ ] POLICY [ ] PRO-JECT [ ] LOC						PRODUCTS - COMP/OP AGG	$
	OTHER:							$
A	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
	[ ] ANY AUTO			AWPH38382700	10/1/2020	10/1/2021	BODILY INJURY (Per person)	$
	[ ] OWNED AUTOS ONLY [X] SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	[X] HIRED AUTOS ONLY [X] NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
	[ ] UMBRELLA LIAB [ ] OCCUR						EACH OCCURRENCE	$
	[ ] EXCESS LIAB [ ] CLAIMS-MADE						AGGREGATE	$
	[ ] DED [ ] RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						[ ] PER STATUTE [ ] OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? [ ] N/A (Mandatory in NH)						E.L. EACH ACCIDENT	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$
B	Excess Worker's Comp			SP4063844	10/1/2020	10/1/2021	$500,000 retention	1,000,000

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NH Department of Health and Human Services
129 Pleasant Street
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AUTHORIZED REPRESENTATIVE

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Concord Hospital Mission Statement

Concord Hospital is a charitable organization which exists to meet the health needs of individuals within the communities it serves.

It is the established policy of Concord Hospital to provide services on the sole basis of the medical necessity of such services as determined by the medical staff without reference to race, color, ethnicity, national origin, sexual orientation, marital status, religion, age, gender, disability, or inability to pay for such services.

Approved by Board of Trustees 10-21-02; Reaffirmed by Board 11-23-03, 11-15-04, 11-21-05, 11-20-06, 11-19-07, 11-17-08, 11-16-09, 10-18-10, 9-19-11, 9-24-12, 9-23-13, 9-22-14

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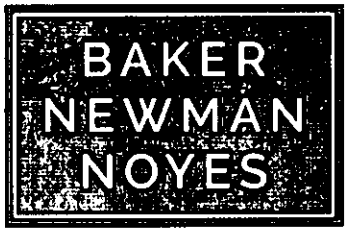

Concord Hospital, Inc. and Subsidiaries

Audited Consolidated Financial Statements
and Additional Information

Years Ended September 30, 2020 and 2019
With Independent Auditors' Report

Baker Newman & Noyes LLC
MAINE | MASSACHUSETTS | NEW HAMPSHIRE
800.244.7444 | www.bnncpa.com

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CONCORD HOSPITAL, INC. AND SUBSIDIARIES

Audited Consolidated Financial Statements
and Additional Information

Years Ended September 30, 2020 and 2019

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BAKER NEWMAN NOYES

Baker Newman & Noyes LLC
MAINE I MASSACHUSETTS I NEW HAMPSHIRE
800.244.7444 I www.bnncpa.com

INDEPENDENT AUDITORS' REPORT

The Board of Trustees
Concord Hospital, Inc.

We have audited the accompanying consolidated financial statements of Concord Hospital, Inc. and Subsidiaries (the System), which comprise the consolidated balance sheets as of September 30, 2020 and 2019, the related consolidated statements of operations, changes in net assets and cash flows for the years then ended, and the related notes to the consolidated financial statements.

Management's Responsibility for the Consolidated Financial Statements

Management is responsible for the preparation and fair presentation of these consolidated financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of consolidated financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' Responsibility

Our responsibility is to express an opinion on these consolidated financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the consolidated financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the consolidated financial statements. The procedures selected depend on the auditors' judgment, including the assessment of the risks of material misstatement of the consolidated financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the consolidated financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the consolidated financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the financial position of the System as of September 30, 2020 and 2019, and the results of its operations, changes in its net assets and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Baker Newman & Noyes LLC

Manchester, New Hampshire
December 11, 2020

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CONCORD HOSPITAL, INC. AND SUBSIDIARIES

CONSOLIDATED BALANCE SHEETS

September 30, 2020 and 2019

ASSETS
(In thousands)

	2020	2019
Current assets:		
Cash and cash equivalents	$ 29,342	$ 6,404
Short-term investments	73,907	23,228
Accounts receivable	66,175	68,614
Due from affiliates	90	492
Supplies	2,871	2,396
Prepaid expenses and other current assets	6,923	6,662
Total current assets	179,308	107,796
Assets whose use is limited or restricted:		
Board designated	296,887	284,668
Funds held by trustee for workers' compensation reserves, self-insurance escrows and construction funds	18,000	38,141
Donor-restricted funds and restricted grants	39,462	39,656
Total assets whose use is limited or restricted	354,349	362,465
Other noncurrent assets:		
Due from affiliates, net of current portion	654	708
Other assets	13,567	18,340
Total other noncurrent assets	14,221	19,048
Property and equipment:		
Land and land improvements	6,332	6,338
Buildings	239,545	194,301
Equipment	255,660	244,834
Construction in progress	12,075	38,734
	513,612	484,207
Less accumulated depreciation	(309,639)	(302,519)
Net property and equipment	203,973	181,688
	$ 751,851	$ 670,997

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LIABILITIES AND NET ASSETS
(In thousands)

	2020	2019
Current liabilities:		
Accounts payable and accrued expenses	$ 34,569	$ 34,354
Accrued compensation and related expenses	30,543	28,174
Accrual for estimated third-party payor settlements	48,392	34,569
Current portion of long-term debt	5,186	7,385
Total current liabilities	118,690	104,482
Long-term debt, net of current portion	116,555	120,713
Accrued pension and other long-term liabilities	146,652	74,718
Total liabilities	381,897	299,913
Net assets:		
Without donor restrictions	331,060	333,022
With donor restrictions	38,894	38,062
Total net assets	369,954	371,084
	$ 751,851	$ 670,997

See accompanying notes.

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CONCORD HOSPITAL, INC. AND SUBSIDIARIES

CONSOLIDATED STATEMENTS OF OPERATIONS

Years Ended September 30, 2020 and 2019
(In thousands)

	2020	2019
Revenue and other support without donor restrictions:		
Patient service revenue	$455,512	$486,272
Other revenue	48,612	21,887
Disproportionate share revenue	18,202	19,215
Net assets released from restrictions for operations	1,983	1,453
Total revenue and other support without donor restrictions	524,309	528,827
Operating expenses:		
Salaries and wages	245,681	250,359
Employee benefits	68,329	61,887
Supplies and other	109,783	106,095
Purchased services	34,943	32,865
Professional fees	7,722	7,681
Depreciation and amortization	24,355	26,150
Medicaid enhancement tax	22,572	22,442
Interest expense	2,595	4,729
Total operating expenses	515,980	512,208
Income from operations	8,329	16,619
Nonoperating income (loss):		
Gifts and bequests without donor restrictions	411	304
Investment income (loss) and other	10,056	(4,906)
Loss on extinguishment of long-term debt	(1,231)	–
Net periodic benefits cost, other than service cost	(2,931)	(2,626)
Total nonoperating income (loss)	6,305	(7,228)
Excess of revenues and nonoperating income (loss) over expenses	$ 14,634	$ 9,391

See accompanying notes.

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CONCORD HOSPITAL, INC. AND SUBSIDIARIES

CONSOLIDATED STATEMENTS OF CHANGES IN NET ASSETS

Years Ended September 30, 2020 and 2019
(In thousands)

	2020	2019
Net assets without donor restrictions:		
Excess of revenues and nonoperating income (loss) over expenses	$ 14,634	$ 9,391
Net unrealized gains on investments	–	4,979
Net transfers from affiliates	(145)	388
Net assets released from restrictions used for purchases of property and equipment	61	188
Pension adjustment	(16,512)	(49,984)
Decrease in net assets without donor restrictions	(1,962)	(35,038)
Net assets with donor restrictions:		
Contributions and pledges with donor restrictions	2,079	1,912
Net investment gain (loss)	945	(103)
Contributions to affiliates and other community organizations	(210)	(186)
Unrealized gains (losses) on trusts administered by others	62	(147)
Net assets released from restrictions for operations	(1,983)	(1,453)
Net assets released from restrictions used for purchases of property and equipment	(61)	(188)
Increase (decrease) in net assets with donor restrictions	832	(165)
Decrease in net assets	(1,130)	(35,203)
Net assets, beginning of year	371,084	406,287
Net assets, end of year	$369,954	$371,084

See accompanying notes.

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CONCORD HOSPITAL, INC. AND SUBSIDIARIES

CONSOLIDATED STATEMENTS OF CASH FLOWS

Years Ended September 30, 2020 and 2019
(In thousands)

	2020	2019
Cash flows from operating activities:		
Decrease in net assets	$ (1,130)	$ (35,203)
Adjustments to reconcile decrease in net assets to net cash provided by operating activities:		
Contributions and pledges with donor restrictions	(2,079)	(1,912)
Depreciation and amortization	24,355	26,150
Net realized and unrealized (gains) losses on investments	(7,469)	5,483
Bond premium and issuance cost amortization	(356)	(368)
Equity in earnings of affiliates, net	(4,865)	(7,345)
Loss on disposal of property and equipment	33	35
Loss on extinguishment of long-term debt	1,231	–
Pension adjustment	16,512	49,984
Changes in operating assets and liabilities:		
Accounts receivable	2,439	1,647
Supplies, prepaid expenses and other current assets	(736)	(1,717)
Other assets	5,758	(4,087)
Due from affiliates	456	227
Accounts payable and accrued expenses	6,228	(8,826)
Accrued compensation and related expenses	2,369	1,528
Accrual for estimated third-party payor settlements	13,823	(809)
Accrued pension and other long-term liabilities	55,422	(23,568)
Net cash provided by operating activities	111,991	1,219
Cash flows from investing activities:		
Increase in property and equipment, net	(53,596)	(31,698)
Purchases of investments	(132,901)	(43,333)
Proceeds from sales of investments	95,541	76,304
Equity distributions from affiliates	3,813	6,309
Net cash (used) provided by investing activities	(87,143)	7,582
Cash flows from financing activities:		
Payments on long-term debt	(52,800)	(9,058)
Proceeds from issuance of long-term debt	49,102	–
Bond issuance costs	(256)	–
Contributions and pledges with donor restrictions	2,044	1,970
Net cash used by financing activities	(1,910)	(7,088)
Net increase in cash and cash equivalents	22,938	1,713
Cash and cash equivalents at beginning of year	6,404	4,691
Cash and cash equivalents at end of year	$ 29,342	$ 6,404

Supplemental disclosure:
At September 30, 2019, amounts totaling $6,990 related to the purchase of property and equipment were included in accounts payable and accrued expenses.

See accompanying notes.

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1. Description of Organization and Summary of Significant Accounting Policies

Organization

Concord Hospital, Inc., (the Hospital) located in Concord, New Hampshire, is a not-for-profit acute care hospital. The Hospital provides inpatient, outpatient, emergency care and physician services for residents within its geographic region. Admitting physicians are primarily practitioners in the local area. The Hospital is controlled by Capital Region Health Care Corporation (CRHC).

In 1985, the then Concord Hospital underwent a corporate reorganization in which it was renamed and became CRHC. At the same time, the Hospital was formed as a new entity. All assets and liabilities of the former hospital, now CRHC, with the exception of its endowments and restricted funds, were conveyed to the new entity. The endowments were held by CRHC for the benefit of the Hospital, which is the true party in interest. Effective October 1, 1999, CRHC transferred these funds to the Hospital.

In March 2009, the Hospital created The Concord Hospital Trust (the Trust), a separately incorporated, not-for-profit organization to serve as the Hospital's philanthropic arm. In establishing the Trust, the Hospital transferred philanthropic funds with donor restrictions, including board designated funds, endowments, indigent care funds and specific purpose funds, to the newly formed organization together with the stewardship responsibility to direct monies available to support the Hospital's charitable mission and reflect the specific intentions of the donors who made these gifts. Concord Hospital and the Trust constitute the Obligated Group at September 30, 2020 and 2019 to certain debt described in Note 6.

Subsidiaries of the Hospital include:

Capital Region Health Care Development Corporation (CRHCDC) is a not-for-profit real estate corporation that owns and operates medical office buildings and other properties.

Capital Region Health Ventures Corporation (CRHVC) is a not-for-profit corporation that engages in health care delivery partnerships and joint ventures. It operates ambulatory surgery and diagnostic facilities independently and in cooperation with other entities.

NH Cares ACO, LLC (NHC) is a single member limited liability company that engages in providing medical services to Medicare beneficiaries as an accountable care organization. NHC has a perpetual life and is subject to termination in certain events.

The Hospital, its subsidiaries and the Trust are collectively referred to as the System. The consolidated financial statements include the accounts of the Hospital, the Trust, CRHCDC, CRHVC and NHC. All significant intercompany balances and transactions have been eliminated in consolidation.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the consolidated financial statements, and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

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1. **Description of Organization and Summary of Significant Accounting Policies (Continued)**

Concentration of Credit Risk

Financial instruments which subject the Hospital to credit risk consist primarily of cash equivalents, accounts receivable and investments. The risk with respect to cash equivalents is minimized by the Hospital's policy of investing in financial instruments with short-term maturities issued by highly rated financial institutions. The Hospital's accounts receivable are primarily due from third-party payors and amounts are presented net of expected explicit and implicit price concessions, including estimated implicit price concessions from uninsured patients. The Hospital's investment portfolio consists of diversified investments, which are subject to market risk. The Hospital's investment in one fund, the Vanguard Institutional Index Fund, exceeded 10% of total Hospital investments as of September 30, 2020 and 2019.

Cash and Cash Equivalents

Cash and cash equivalents include money market funds with original maturities of three months or less, excluding assets whose use is limited or restricted.

The Hospital maintains its cash in bank deposit accounts which, at times, may exceed federally insured limits. The Hospital has not experienced any losses on such accounts.

Supplies

Supplies are carried at the lower of cost, determined on a weighted-average method, or net realizable value.

Assets Whose Use is Limited or Restricted

Assets whose use is limited or restricted include assets held by trustees for workers' compensation reserves, self-insurance escrows, construction funds, designated assets set aside by the Board of Trustees (over which the Board retains control and may, at its discretion, subsequently use for other purposes), and donor-restricted investments.

Investments and Investment Income

Investments are carried at fair value in the accompanying consolidated balance sheets. For 2020, investment income (including realized gains and losses on investments, interest and dividends) and the net change in unrealized gains and losses on investments are included in the excess of revenues and nonoperating income over expenses in the accompanying consolidated statements of operations, unless the income or loss is restricted by donor or law. The change in net unrealized gains and losses on investments in 2019 (prior to the effective date of Accounting Standards Update (ASU) 2016-01 as discussed within the "Recent Accounting Pronouncements" section of Note 1) is reported as a separate component of the change in net assets without donor restrictions, except declines that are determined by management to be other than temporary, which are reported as an impairment charge (included in the excess of revenues and nonoperating income over expenses). No such losses were recorded in 2019.

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1. **Description of Organization and Summary of Significant Accounting Policies (Continued)**

Beneficial Interest in Perpetual Trusts

The System has an irrevocable right to receive income earned on certain trust assets established for its benefit. Distributions received by the System are without donor restrictions. The System's interest in the fair value of the trust assets is included in assets whose use is limited or restricted and as net assets with donor restrictions. Changes in the fair value of beneficial trust assets are reported as increases or decreases to net assets with donor restrictions.

Investment Policies

The System's investment policies provide guidance for the prudent and skillful management of invested assets with the objective of preserving capital and maximizing returns. The invested assets include endowment, specific purpose and board designated funds.

Endowment funds are identified as perpetual in nature, intended to provide support for current or future operations and other purposes identified by the donor. These funds are managed with disciplined longer-term investment objectives and strategies designed to accommodate relevant, reasonable, or probable events.

Specific purpose funds are temporary in nature, restricted as to time or purpose as identified by the donor or grantor. These funds have various intermediate/long-term time horizons associated with specific identified spending objectives.

Board designated funds have various intermediate/long-term time horizons associated with specific spending objectives as determined by the Board of Trustees.

Management of these assets is designed to increase, with minimum risk, the inflation adjusted principal and income of the endowment funds over the long term. The System targets a diversified asset allocation that places emphasis on achieving its long-term return objectives within prudent risk constraints.

Spending Policy for Appropriation of Assets for Expenditure

In accordance with the *Uniform Prudent Management of Institutional Funds Act* (UPMIFA), the System considers the following factors in making a determination to appropriate or accumulate donor-restricted endowment funds: (a) the duration and preservation of the fund; (b) the purpose of the organization and the donor-restricted endowment fund; (c) general economic conditions; (d) the possible effect of inflation and deflation; (e) the expected total return from income and the appreciation of investments; (f) other resources of the organization; and (g) the investment policies of the organization.

Spending policies may be adopted by the System, from time to time, to provide a stream of funding for the support of key programs. The spending policies are structured in a manner to ensure that the purchasing power of the assets is maintained while providing the desired level of annual funding to the programs. The System has a current spending policy on various funds currently equivalent to 5% of twelve-quarter moving average of the funds' total market value.

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1. Description of Organization and Summary of Significant Accounting Policies (Continued)

Accounts Receivable

For accounts receivable resulting from revenue recognized prior to October 1, 2019, an allowance for doubtful accounts was established to reduce the carrying value of such receivables to their estimated net realizable value. Generally, this allowance was estimated based on the aging of accounts receivable, historical collection experience and other factors. Under the provisions of Financial Accounting Standards Board (FASB) ASU No. 2014-09, *Revenue from Contracts with Customers*, which the System adopted effective October 1, 2019 using the full retrospective method, when an unconditional right to payment exists, subject only to the passage of time, the right is treated as a receivable. Patient accounts receivable for which the unconditional right to payment exists are receivables if the right to consideration is unconditional and only the passage of time is required before payment of that consideration is due. As a result of the full retrospective method adoption of ASU No. 2014-09, accounts receivable at September 30, 2020 and 2019 reflect the fact that any estimated uncollectible amounts are generally considered implicit price concessions that are a direct reduction to accounts receivable rather than allowance for doubtful accounts. At September 30, 2020 and 2019, estimated implicit price concessions of $14,072 and $14,635, respectively, had been recorded as reductions to accounts receivable balances to enable the System to record revenues and accounts receivable at the estimated amounts expected to collected.

Property and Equipment

Property and equipment is stated at cost at time of purchase, or at fair value at time of donation for assets contributed, less any reductions in carrying value for impairment and less accumulated depreciation. The System's policy is to capitalize expenditures for major improvements and charge maintenance and repairs currently for expenditures which do not extend the lives of the related assets. Depreciation is computed using the straight-line method in a manner intended to amortize the cost of the related assets over their estimated useful lives. For the years ended September 30, 2020 and 2019, depreciation expense was $24,355 and $26,150, respectively.

The System has also capitalized certain costs associated with property and equipment not yet in service. Construction in progress includes amounts incurred related to major construction projects, other renovations, and other capital equipment purchased but not yet placed in service. During 2020 and 2019, the Hospital capitalized $1,953 and $652, respectively, of interest expense relating to various construction projects.

Gifts of long-lived assets such as land, buildings or equipment are reported as support without donor restrictions, and are excluded from the excess of revenues and nonoperating income over expenses, unless explicit donor stipulations specify how the donated assets must be used. Gifts of long-lived assets with explicit restrictions that specify how the assets are to be used, and gifts of cash or other assets that must be used to acquire long-lived assets, are reported as support with donor restrictions. Absent explicit donor stipulations about how long those long-lived assets must be maintained, expirations of donor restrictions are reported when the donated or acquired long-lived assets are placed in service.

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1. **Description of Organization and Summary of Significant Accounting Policies (Continued)**

Federal Grant Revenue and Expenditures

Revenues and expenses under federal grant programs are recognized as the grant expenditures are incurred.

Bond Issuance Costs/Original Issue Discount or Premium

Bond issuance costs incurred to obtain financing for construction and renovation projects and the original issue discount or premium are amortized to interest expense using the straight-line method, which approximates the effective interest method, over the life of the respective bonds. The original issue discount or premium and bond issuance costs are presented as a component of bonds payable.

Charity Care

The System provides care to patients who meet certain criteria under its charity care policy without charge or at amounts less than its established rates (Note 11). Because the System does not pursue collection of amounts determined to qualify as charity care, they are not reported as revenue. The System uses an industry standard approach in calculating the costs associated with providing charity care. Funds received from gifts and grants to subsidize charity services provided for the years ended September 30, 2020 and 2019 were approximately $206 and $88, respectively.

Net Assets With Donor Restrictions

Gifts are reported as restricted support if they are received with donor stipulations that limit the use of donated assets. Donated investments, supplies and equipment are reported at fair value at the date of receipt. Unconditional promises to give cash and other assets are reported at fair value at the date of receipt of the promise. When a donor restriction expires (when a stipulated time restriction ends or purpose restriction is accomplished), net assets with donor restrictions are reclassified as net assets without donor restrictions and reported in the statement of operations as either net assets released from restrictions for operations (for noncapital related items) or as net assets released from restrictions used for purchases of property and equipment (capital related items). Some net assets with donor restrictions have been restricted by donors to be maintained by the System in perpetuity.

Patient Service Revenue

Prior to the adoption of ASU 2014-09 by the System on October 1, 2019, the System recognized patient service revenue as services were rendered and reported revenue at the estimated net realizable amounts from patients, third-party payors and others for services rendered. On the basis of historical experience, a portion of the System's uninsured patients were unable or unwilling to pay for services provided. Thus, the System recorded a provision for doubtful accounts related to uninsured patients in the period the services were provided. The System adopted the new standard effective October 1, 2019, using the full retrospective method and updated its accounting policies related to revenues, as discussed below. The adoption of the new standard did not have an impact on the recognition of revenues for any periods prior to adoption.

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1. **Description of Organization and Summary of Significant Accounting Policies (Continued)**

Revenues generally relate to contracts with patients in which the System's performance obligations are to provide health care services to patients. Revenues are recorded during the period obligations to provide health care services are satisfied. Performance obligations for inpatient services are generally satisfied over a period of days. Performance obligations for outpatient services are generally satisfied over a period of less than one day. The contractual relationships with patients, in most cases, also involve a third-party payor (Medicare, Medicaid, managed care health plans and commercial insurance companies, including plans offered through the health insurance exchanges) and the transaction prices for the services provided are dependent upon the terms provided by Medicare and Medicaid or negotiated with managed care health plans and commercial insurance companies, the third-party payors. The payment arrangements with third-party payors for the services provided to related patients typically specify payments at amounts less than standard charges. Medicare generally pays for inpatient and outpatient services at prospectively determined rates based on clinical, diagnostic and other factors. Services provided to patients having Medicaid coverage are generally paid at prospectively determined rates per discharge, per identified service or per covered member. Agreements with commercial insurance carriers, managed care and preferred provider organizations generally provide for payments based upon predetermined rates per diagnosis, per diem rates or discounted fee-for-service rates. Management continually reviews the revenue recognition process to consider and incorporate updates to laws and regulations and the frequent changes in managed care contractual terms resulting from contract renegotiations and renewals.

The collection of outstanding receivables for Medicare, Medicaid, managed care payers, other third-party payors and patients is the System's primary source of cash and is critical to its operating performance. The primary collection risks relate to uninsured patient accounts, including patient accounts for which the primary insurance carrier has paid the amounts covered by the applicable agreement, but patient responsibility amounts (deductibles and copayments) remain outstanding. Implicit price concessions relate primarily to amounts due directly from patients. Estimated implicit price concessions are recorded for all uninsured accounts, regardless of the aging of those accounts. Accounts are written off when all reasonable internal and external collection efforts have been performed. The estimates for implicit price concessions are based upon management's assessment of historical write-offs and expected net collections, business and economic conditions, trends in federal, state and private employer health care coverage and other collection indicators. Management relies on the results of detailed reviews of historical write-offs and collections at facilities that represent a majority of hospital revenues and accounts receivable (the "hindsight analysis") as a primary source of information in estimating the collectability of accounts receivable. Management performs the hindsight analysis regularly, utilizing rolling twelve-months accounts receivable collection and write-off data. Management believes its regular updates to the estimated implicit price concession amounts provides reasonable estimates of revenues and valuations of accounts receivable. These routine, regular changes in estimates have not resulted in material adjustments to the valuations of accounts receivable or period-to-period comparisons of operations.

The System receives payment for other Medicaid outpatient services on a reasonable cost basis which are settled with retroactive adjustments upon completion and audit of related cost finding reports. Differences between amounts previously estimated and amounts subsequently determined to be recoverable or payable are included in patient service revenues in the year that such amounts become known. For the years ended September 30, 2020 and 2019, patient service revenue in the accompanying consolidated statements of operations increased by approximately $3,400 and $5,600, respectively, due to actual settlements and changes in assumptions underlying estimated future third-party settlements.

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1. **Description of Organization and Summary of Significant Accounting Policies (Continued)**

Revenues from the Medicare and Medicaid programs accounted for approximately 35% and 4% and 34% and 4% of the Hospital's patient service revenue for the years ended September 30, 2020 and 2019, respectively. Laws and regulations governing the Medicare and Medicaid programs are complex and subject to interpretation.

Excess of Revenues and Nonoperating Income (Loss) Over Expenses

The System has deemed all activities as ongoing, major or central to the provision of health care services and, accordingly, they are reported as operating revenue and expenses, except for contributions and pledges without donor restrictions, the related philanthropy expenses and investment income which are recorded as nonoperating income.

The consolidated statements of operations also include excess of revenues and nonoperating income (loss) over expenses. Changes in net assets without donor restrictions which are excluded from excess of revenues and nonoperating income over expenses, consistent with industry practice, include the permanent transfers of assets to and from affiliates for other than goods and services, pension liability adjustments and contributions of long-lived assets (including assets acquired using contributions which by donor restriction were to be used for the purposes of acquiring such assets). Prior to the adoption of ASU 2016-01 on October 1, 2019, unrealized gains and losses on equity securities other than trading securities or losses considered other than temporary were excluded from the performance indicator. Effective October 1, 2019, unrealized gains and losses on equity securities are recorded within the performance indicator in order to conform to ASU 2016-01.

Estimated Workers' Compensation and Health Care Claims

The provision for estimated workers' compensation and health care claims includes estimates of the ultimate costs for both reported claims and claims incurred but not reported.

Functional Expense Allocation

The costs of providing program services and other activities have been summarized on a functional basis in Note 10. Accordingly, costs have been allocated among program services and supporting services benefitted.

Income Taxes

The Hospital, CRHCDC, CRHVC, and the Trust are not-for-profit corporations as described in Section 501(c)(3) of the Internal Revenue Code, and are exempt from federal income taxes on related income pursuant to Section 501(a) of the Code. NHC is organized as a single member limited liability company and has elected to be treated as a disregarded entity for federal and state income tax reporting purposes. Accordingly, all income or losses and applicable tax credits are reported on the member's income tax returns, with the exception of taxes due to the State of New Hampshire. Management evaluated the System's tax positions and concluded the System has maintained its tax-exempt status, does not have any significant unrelated business income and had taken no uncertain tax positions that require adjustment to or disclosure in the accompanying consolidated financial statements.

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1. **Description of Organization and Summary of Significant Accounting Policies (Continued)**

Advertising Costs

The System expenses advertising costs as incurred, and such costs totaled approximately $181 and $251 for the years ended September 30, 2020 and 2019, respectively.

Recent Accounting Pronouncements

In May 2014, the FASB issued ASU 2014-09, *Revenue from Contracts with Customers (Topic 606).* The ASU supersedes the revenue recognition requirements in Topic 605 (Revenue Recognition) and most industry-specific guidance throughout the Industry Topics of Codification. The core principal of ASU 2014-09 is that an entity should recognize revenue to depict the transfer of promised goods or services to customers in an amount that reflects the consideration to which the entity expects to be entitled in exchange for those goods or services. The System adopted the new standard effective October 1, 2019, using the full retrospective method. The adoption of the new standard did not have an impact on the recognition of revenues for any periods prior to adoption. The most significant impact of adopting the new standard is the presentation of the consolidated statements of operations, where "patient service revenues" is presented net of estimated implicit price concession revenue deductions. The related presentation of "allowances for doubtful accounts" has also been eliminated from the consolidated balance sheets as a result of the adoption of the new standard.

In January 2016, the FASB issued ASU No. 2016-01, *Financial Instruments – Overall (Subtopic 825-10): Recognition and Measurement of Financial Assets and Financial Liabilities* (ASU 2016-01). ASU 2016-01 requires equity securities to be measured at fair value with changes in fair value recognized through the excess of revenues and nonoperating income (loss) over expenses unless restricted by law or donors. ASU 2016-01 was effective for the System on October 1, 2019 and has been applied on a prospective basis. As a result of adopting ASU 2016-01, unrealized gains and losses on equity securities have been included in investment income (loss) and other in the 2020 consolidated statement of operations. ASU 2016-01 did not impact the accounting for investments in debt securities. As such, unrealized gains and losses on debt securities, if applicable, continue to be excluded from the excess of revenues and nonoperating income (loss) over expenses, and instead are reflected within the change in net assets.

In June 2018, the FASB issued ASU No. 2018-08, *Clarifying the Scope and the Accounting Guidance for Contributions Received and Contributions Made* (ASU 2018-08). Due to diversity in practice, ASU 2018-08 clarifies the definition of an exchange transaction as well as the criteria for evaluating whether contributions are unconditional or conditional. ASU 2018-08 was effective for the System on October 1, 2019 and has been applied retrospectively to all periods presented. The adoption of ASU 2018-08 did not have a material impact on these consolidated financial statements.

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1. **Description of Organization and Summary of Significant Accounting Policies (Continued)**

In February 2016, the FASB issued ASU No. 2016-02, *Leases (Topic 842)* (ASU 2016-02). Under ASU 2016-02, at the commencement of a long-term lease, lessees will recognize a liability equivalent to the discounted payments due under the lease agreement, as well as an offsetting right-of-use asset. ASU 2016-02 is effective for the System on October 1, 2022. Lessees (for capital and operating leases) must apply a modified retrospective transition approach for leases existing at, or entered into after, the beginning of the earliest comparative period presented in the financial statements. The modified retrospective approach would not require any transition accounting for leases that expired before the earliest comparative period presented. Lessees may not apply a full retrospective transition approach. The System is currently evaluating the impact of the pending adoption of ASU 2016-02 on the System's consolidated financial statements.

In August 2018, the FASB issued ASU 2018-13, *Fair Value Measurement (Topic 820): Disclosure Framework – Changes to the Disclosure Requirements for Fair Value Measurement* (ASU 2018-13). The amendments in this ASU modify the disclosure requirements for fair value measurements for Level 3 assets and liabilities, and eliminate the requirement to disclose transfers between Levels 1 and 2 of the fair value hierarchy, among other modifications. ASU 2018-13 is effective for the System on October 1, 2020, with early adoption permitted. The System is currently evaluating the impact that ASU 2018-13 will have on its consolidated financial statements.

In September 2020, the FASB issued ASU No. 2020-07, *Not-for-Profit Entities (Topic 958): Presentation and Disclosures by Not-for-Profit Entities for Contributed Nonfinancial Assets.* ASU 2020-07 enhances the presentation of disclosure requirements for contributed nonfinancial assets. ASU 2020-07 requires entities to present contributed nonfinancial assets as a separate line item in the statement of operations and disclose the amount of contributed nonfinancial assets recognized within the statement of operations by category that depicts the type of contributed nonfinancial assets, as well as a description of any donor-imposed restrictions associated with the contributed nonfinancial assets and the valuation techniques used to arrive at a fair value measure at initial recognition. ASU 2020-07 is effective for the System for transactions in which they serve as the resource recipient beginning October 1, 2021, with early adoption permitted. The System is currently evaluating the impact of the pending adoption of ASU 2020-07 on its financial statements.

Risks and Uncertainties

On March 11, 2020, the World Health Organization declared the outbreak of coronavirus (COVID-19) a pandemic. Patient volumes and the related revenues for most services were significantly impacted in the last two weeks of March 2020 and continued to be impacted in the third and fourth quarters of fiscal 2020 as various policies were implemented by federal, state and local governments in response to the COVID-19 pandemic that have caused many people to remain at home and forced the closure of or limitations on certain businesses, as well as suspended elective procedures by health care facilities.

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1. **Description of Organization and Summary of Significant Accounting Policies (Continued)**

While some of these restrictions have been eased across the U.S. and the State of New Hampshire has lifted limitations on nonemergent procedures, some restrictions remain in place. While consolidated patient volumes and revenues experienced gradual improvement beginning in the latter part of April and continuing through the end of the fourth fiscal quarter, uncertainty still exists as the future is unpredictable. The System's pandemic response plan has multiple facets and continues to evolve as the pandemic unfolds. The System has taken precautionary steps to enhance its operational and financial flexibility, and react to the risks the COVID-19 pandemic presents in its operations, including the following:

- Implemented certain cost reduction initiatives;
- Increased the availability on its revolving line of credit from $10,000 to $40,000;
- Elected to defer payments on employer payroll tax incurred through December 31, 2020 as provided for under the Coronavirus Aid, Relief, and Economic Security ("CARES") Act;
- Since the declaration of the pandemic, the System received $57,885 of accelerated Medicare payments (Note 5) and $29,468 in general and targeted Provider Relief Fund distributions, both as provided for under the CARES Act.

The System believes the extent of the COVID-19 pandemic's adverse impact on operating results and financial condition has been and will continue to be driven by many factors, most of which are beyond control and ability to forecast. Such factors include, but are not limited to, the scope and duration of stay-at-home practices and business closures and restrictions, government-imposed or recommended suspensions of elective procedures, continued declines in patient volumes for an indeterminable length of time, increases in the number of uninsured and underinsured patients as a result of higher sustained rates of unemployment, incremental expenses required for supplies and personal protective equipment, and changes in professional and general liability exposure. Because of these and other uncertainties, the System cannot estimate the length or severity of the impact of the pandemic on its operations. Decreases in cash flows and results of operations may have an impact on the inputs and assumptions used in significant accounting estimates, including estimated implicit price concessions related to uninsured patient accounts, and professional and general liability reserves.

During the third quarter of fiscal 2020, the System was awarded $9,539 from the $50 billion general distribution fund and $19,929 of targeted distributions from the CARES Act Provider Relief Fund. These distributions from the Provider Relief Fund are not subject to repayment, provided the System is able to attest to and comply with the terms and conditions of the funding, including demonstrating that the distributions received have been used for healthcare-related expenses or lost revenue attributable to COVID-19. Such payments are accounted for as government grants, and are recognized on a systematic and rational basis as other income once there is reasonable assurance that the applicable terms and conditions required to retain the funds will be met. Based on an analysis of the compliance and reporting requirements of the Provider Relief Fund and the impact of the pandemic on operating results through September 30, 2020, the System recognized $29,468 related to these general distribution funds, and these payments are recorded within other revenue in the consolidated statements of operations for the year ended September 30, 2020.

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1. Description of Organization and Summary of Significant Accounting Policies (Continued)

The CARES Act also provides for a deferral of payments of the employer portion of payroll tax incurred during the pandemic, allowing half of such payroll taxes to be deferred until December 2021 and the remaining half until December 2022. At September 30, 2020, the System had deferred $6,051 of payroll taxes recorded within accrued pension and other long-term liabilities in the accompanying consolidated balance sheet.

The System will continue to monitor compliance with the terms and conditions of the Provider Relief Fund and other potential assistance programs and available grants, and the impact of the pandemic on revenues and expenses. If the System is unable to attest to or comply with current or future terms and conditions, the System's ability to retain some or all of the distributions received may be impacted.

Subsequent Events

Management of the System evaluated events occurring between the end of the System's fiscal year and December 11, 2020, the date the consolidated financial statements were available to be issued.

On October 19, 2020, the Hospital entered into a proposed asset purchase agreement (the Agreement) with LRGHealthcare (the Seller) to acquire certain assets of Lakes Region General Hospital in Laconia, New Hampshire, and Franklin Regional Hospital in Franklin, New Hampshire. Upon execution of the Agreement, the Seller filed a voluntary case under Chapter 11 of the United States bankruptcy code. As a result, the Agreement is subject to bankruptcy proceedings, including a formal bid process and auction as well as subsequent regulatory approvals should the Hospital's bid be accepted. The outcome of these events is unknown as of the date of these consolidated financial statements, and therefore no amounts have been reflected within these consolidated financial statements related to the above.

2. Transactions With Affiliates

The System provides funds to CRHC and its affiliates which are used for a variety of purposes. The System records the transfer of funds to CRHC and the other affiliates as either receivables or directly against net assets, depending on the intended use and repayment requirements of the funds. Generally, funds transferred for start-up costs of new ventures or capital related expenditures are recorded as charges against net assets. For the years ended September 30, 2020 and 2019, transfers made to CRHC were $(457) and $(214), respectively, and transfers received from Capital Region Health Services Corporation (CRHSC) were $312 and $602, respectively.

A brief description of affiliated entities is as follows:

- CRHSC is a for-profit provider of health care services, including an eye surgery center and assisted living facility.
- Concord Regional Visiting Nurse Association, Inc. and Subsidiary (CRVNA) provides home health care services.
- Riverbend, Inc. provides behavioral health services.

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2. Transactions With Affiliates (Continued)

Amounts due the System, primarily from joint ventures, totaled $744 and $1,200 at September 30, 2020 and 2019, respectively. Amounts have been classified as current or long-term depending on the intentions of the parties involved. Beginning in 1999, the Hospital began charging interest on a portion of the receivables ($654 and $708 at September 30, 2020 and 2019, respectively) with principal and interest (6.75% at September 30, 2020) payments due monthly. Interest income amounted to $46 and $50 for the years ended September 30, 2020 and 2019, respectively.

Contributions to affiliates and other community organizations from net assets with donor restrictions were $210 and $186 in 2020 and 2019, respectively.

3. Investments and Assets Whose Use is Limited or Restricted

Short-term investments totaling $73,907 and $23,228 at September 30, 2020 and 2019, respectively, are comprised primarily of cash and cash equivalents. Assets whose use is limited or restricted are carried at fair value and consist of the following at September 30:

	2020	2019
Board designated funds:		
Cash and cash equivalents	$ 961	$ 7,762
Fixed income securities	25,457	23,592
Marketable equity and other securities	258,108	242,088
Inflation-protected securities	12,361	11,226
	296,887	284,668
Held by trustee for workers' compensation reserves:		
Fixed income securities	2,974	3,140
Self-insurance escrows and construction funds:		
Cash and cash equivalents	1,242	10,568
Fixed income securities	3,176	14,816
Marketable equity securities	10,608	9,617
	15,026	35,001
Donor-restricted funds and restricted grants:		
Cash and cash equivalents	4,027	5,930
Fixed income securities	1,850	1,771
Marketable equity securities	21,299	19,865
Inflation-protected securities	1,020	921
Trust funds administered by others	10,965	10,903
Other	301	266
	39,462	39,656
	$354,349	$362,465

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3. Investments and Assets Whose Use is Limited or Restricted (Continued)

Included in marketable equity and other securities above are $188,376 and $175,251 at September 30, 2020 and 2019, respectively, in so called alternative investments and collective trust funds. See also Note 14.

Investment income, net realized gains and losses and net unrealized gains and losses on assets whose use is limited or restricted, cash and cash equivalents, and other investments are as follows at September 30:

	2020	2019
Net assets without donor restrictions:		
Interest and dividends	$ 4,894	$ 5,606
Investment income from trust funds administered by others	539	530
Net realized gains (losses) on sales of investments	9,312	(9,863)
Net unrealized (losses) gains on investments	(2,448)	4,979
	12,297	1,252
Net assets with donor restrictions:		
Interest and dividends	402	349
Net realized gains (losses) on sales of investments	768	(779)
Net unrealized (losses) gains on investments	(163)	180
	1,007	(250)
	$13,304	$ 1,002

In compliance with the System's spending policy, portions of investment income and related fees are recognized in other operating revenue on the accompanying consolidated statements of operations. Investment income reflected in other operating revenue was $2,024 and $1,710 in 2020 and 2019, respectively.

Investment management fees expensed and reflected in nonoperating income were $849 and $863 for the years ended September 30, 2020 and 2019, respectively.

In accordance with ASU 2016-01, which the System adopted prospectively on October 1, 2019, no impairment analysis is required as of September 30, 2020 for equity securities. There were no unrealized losses in securities other than equity securities at September 30, 2020. The following summarizes the Hospital's gross unrealized losses and fair values, aggregated by investment category and length of time that individual securities have been in a continuous unrealized loss position at September 30, 2019:

	Less Than 12 Months		12 Months or Longer		Total	
	Fair Value	Unrealized Losses	Fair Value	Unrealized Losses	Fair Value	Unrealized Losses
Marketable equity securities	$ 1,173	$ (432)	$13,650	$ (1,029)	$14,823	$ (1,461)
Fund-of-funds	10,322	(747)	–	–	10,322	(747)
Collective trust funds	13,226	(490)	30,814	(2,497)	44,040	(2,987)
	$24,721	$ (1,669)	$44,464	$ (3,526)	$69,185	$ (5,195)

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3. Investments and Assets Whose Use is Limited or Restricted (Continued)

In evaluating whether investments have suffered an other-than-temporary decline, based on input from outside investment advisors, management evaluated the amount of the decline compared to cost, the length of time and extent to which fair value has been less than cost, the underlying creditworthiness of the issuer, the fair values exhibited during the year, estimated future fair values and the System's intent and ability to hold the security until a recovery in fair value or maturity. Based on evaluations of the underlying issuers' financial condition, current trends and economic conditions, management believes there are no securities that have suffered an other-than-temporary decline in value at September 30, 2019.

4. Defined Benefit Pension Plan

The System has a noncontributory defined benefit pension plan (the Plan), covering all eligible employees of the System and subsidiaries. The Plan provides benefits based on an employee's years of service, age and the employee's compensation over those years. The System's funding policy is to contribute annually the amount needed to meet or exceed actuarially determined minimum funding requirements of the *Employee Retirement Income Security Act of 1974* (ERISA).

The System accounts for its defined benefit pension plan under ASC 715, *Compensation Retirement Benefits*. This Statement requires entities to recognize an asset or liability for the overfunded or underfunded status of their benefit plans in their financial statements.

The following table summarizes the Plan's funded status at September 30, 2020 and 2019:

	2020	2019
Funded status:		
Fair value of plan assets	$ 258,752	$ 251,574
Projected benefit obligation	(327,793)	(304,836)
	$ (69,041)	$ (53,262)
Activities for the year consist of:		
Benefit payments and administrative expenses paid	$ 21,516	$ 26,475
Net periodic benefit cost	15,267	12,958

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4. Defined Benefit Pension Plan (Continued)

The table below presents details about the System's defined benefit pension plan, including its funded status, components of net periodic benefit cost, and certain assumptions used in determining the funded status and cost:

	2020	2019
Change in benefit obligation:		
Projected benefit obligation at beginning of year	$304,836	$267,072
Service cost	12,336	10,332
Interest cost	11,102	12,096
Actuarial loss	19,835	40,111
Benefit payments and administrative expenses paid	(21,516)	(26,475)
Other adjustments to benefit cost	1,200	1,700
Projected benefit obligation at end of year	$327,793	$304,836
Change in plan assets:		
Fair value of plan assets at beginning of year	$251,574	$235,752
Actual return on plan assets	12,694	1,297
Employer contributions	16,000	41,000
Benefit payments and administrative expenses	(21,516)	(26,475)
Fair value of plan assets at end of year	$258,752	$251,574
Funded status and amount recognized in noncurrent liabilities at September 30	$(69,041)	$(53,262)

Amounts recognized as a change in net assets without donor restrictions during the years ended September 30, 2020 and 2019 consist of:

	2020	2019
Net actuarial loss	$ 27,689	$56,890
Net amortized loss	(11,420)	(7,153)
Prior service credit amortization	243	247
Total amount recognized	$ 16,512	$49,984

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4. Defined Benefit Pension Plan (Continued)

Pension Plan Assets

The fair values of the System's pension plan assets as of September 30, 2020 and 2019, by asset category are as follows (see Note 14 for level definitions). In accordance with ASU 2015-07, certain investments that are measured using the net value per share practical expedient have not been classified in the fair value hierarchy.

	2020 Level 1	2019 Level 1
Short-term investments:		
Money market funds	$ 1,189	$ 5,111
Equity securities:		
Common stocks	7,862	9,356
Mutual funds – international	–	9,835
Mutual funds – domestic	72,339	64,805
Mutual funds – inflation hedge	7,685	8,919
Fixed income securities:		
Mutual funds – REIT	525	986
Mutual funds – fixed income	19,628	22,944
	109,228	121,956
Funds measured at net asset value:		
Equity securities:		
Funds-of-funds	87,887	77,700
Collective trust funds:		
Equities	51,545	42,325
Fixed income	10,092	9,593
	149,524	129,618
Total investments at fair value	$258,752	$251,574

The target allocation for the System's pension plan assets as of September 30, 2020 and 2019, by asset category are as follows:

	2020		2019	
	Target Allocation	Percentage of Plan Assets	Target Allocation	Percentage of Plan Assets
Short-term investments	0-20%	0%	0-20%	2%
Equity securities	40-80%	68	40-80%	68
Fixed income securities	5-80%	12	5-80%	13
Other	0-30%	20	0-30%	17

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4. **Defined Benefit Pension Plan (Continued)**

The funds-of-funds are invested with thirteen investment managers and have various restrictions on redemptions. One manager holding amounts totaling approximately $15 million at September 30, 2020 allows for semi-monthly redemptions, with 5 days' notice. One manager holding approximately $7 million at September 30, 2020 allows for monthly redemptions, with 15 days' notice. Six managers holding amounts totaling approximately $38 million at September 30, 2020 allow for quarterly redemptions, with notices ranging from 45 to 65 days. Three of the managers holding amounts of approximately $15 million at September 30, 2020 allow for annual redemptions, with notice ranging from 60 to 90 days. Two of the managers holding amounts of approximately $13 million at September 30, 2020 allows for redemptions on a semi-annual basis, with a notice of 60 days. The collective trust funds allow for daily or monthly redemptions, with notices ranging from 6 to 10 days. Certain funds also may include a fee estimated to be equal to the cost the fund incurs in converting investments to cash (ranging from 0.5% to 1.5%), limit the percent of the investment that can be redeemed each redemption period, or are subject to certain lock periods.

The System considers various factors in estimating the expected long-term rate of return on plan assets. Among the factors considered include the historical long-term returns on plan assets, the current and expected allocation of plan assets, input from the System's actuaries and investment consultants, and long-term inflation assumptions. The System's expected allocation of plan assets is based on a diversified portfolio consisting of domestic and international equity securities, fixed income securities, and real estate.

The System's investment policy for its pension plan is to balance risk and returns using a diversified portfolio consisting primarily of high quality equity and fixed income securities. To accomplish this goal, plan assets are actively managed by outside investment managers with the objective of optimizing long-term return while maintaining a high standard of portfolio quality and proper diversification. The System monitors the maturities of fixed income securities so that there is sufficient liquidity to meet current benefit payment obligations. The System's Investment Committee provides oversight of the plan investments and the performance of the investment managers.

Amounts included in expense during fiscal 2020 and 2019 consist of:

	2020	2019
Components of net periodic benefit cost:		
Service cost	$ 12,336	$ 10,332
Interest cost	11,102	12,096
Expected return on plan assets	(20,548)	(18,076)
Amortization of prior service credit and loss	11,177	6,906
Other adjustments to benefits cost	1,200	1,700
Net periodic benefit cost	$ 15,267	$ 12,958

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4. Defined Benefit Pension Plan (Continued)

The accumulated benefit obligations for the plan at September 30, 2020 and 2019 were $310,208 and $288,126, respectively.

	2020	2019
Weighted average assumptions to determine benefit obligation:		
Discount rate	3.11%	3.59%
Rate of compensation increase	2.50% for the next two years; 3.00% thereafter	2.50% for the next three years; 3.00% thereafter
Weighted average assumptions to determine net periodic benefit cost:		
Discount rate	3.59%	4.63%
Expected return on plan assets	7.75	7.75
Cash balance credit rate	5.00	5.00
Rate of compensation increase	2.50/3.00	3.00

In selecting the long-term rate of return on plan assets, the System considered the average rate of earnings expected on the funds invested or to be invested to provide for the benefits of the plan. This included considering the plan's asset allocation and the expected returns likely to be earned over the life of the plan, as well as the historical returns on the types of assets held and the current economic environment.

The loss and prior service credit amount expected to be recognized in net periodic benefit cost in 2021 are as follows:

Actuarial loss	$12,623
Prior service credit	(243)
	$12,380

The System funds the pension plan and no contributions are made by employees. The System funds the plan annually by making a contribution of at least the minimum amount required by applicable regulations and as recommended by the System's actuary. However, the System may also fund the plan in excess of the minimum required amount.

Cash contributions in subsequent years will depend on a number of factors including performance of plan assets. However, the System expects to fund $16,000 in cash contributions to the plan for the 2021 plan year.

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4. Defined Benefit Pension Plan (Continued)

Benefit payments, which reflect expected future service, as appropriate, are expected to be paid as follows:

Year Ended September 30	Pension Benefits
2021	$ 18,023
2022	17,861
2023	18,581
2024	19,090
2025	19,140
2026 – 2030	109,179

5. Estimated Third-Party Payor Settlements

The System has agreements with third-party payors that provide for payments to the System at amounts different from its established rates. A summary of the payment arrangements with major third-party payors follows:

Medicare

Inpatient and outpatient services rendered to Medicare program beneficiaries are primarily paid at prospectively determined rates. These rates vary according to a patient classification system that is based on clinical diagnosis and other factors. In addition to this, the System is also reimbursed for medical education and other items which require cost settlement and retrospective review by the fiscal intermediary. Accordingly, the System files an annual cost report with the Medicare program after the completion of each fiscal year to report activity applicable to the Medicare program and to determine any final settlements.

The physician practices are reimbursed on a fee schedule basis.

Medicaid Enhancement Tax and Disproportionate Share Payment

Under the State of New Hampshire's (the State) tax code, the State imposes a Medicaid Enhancement Tax (MET) equal to 5.40% of net patient service revenues in State fiscal years 2020 and 2019. The amount of tax incurred by the System for 2020 and 2019 was $22,572 and $22,442, respectively.

In the fall of 2010, in order to remain in compliance with stated federal regulations, the State of New Hampshire adopted a new approach related to Medicaid disproportionate share funding (DSH) retroactive to July 1, 2010. Unlike the former funding method, the State's approach led to a payment that was not directly based on, and did not equate to, the level of tax imposed. As a result, the legislation created some level of losses at certain New Hampshire hospitals, while other hospitals realized gains. DSH payments from the State are recorded within revenue without donor restrictions and other support and amounted to $18,202 in 2020 and $19,215 in 2019, net of reserves referenced below.

5. **Estimated Third-Party Payor Settlements (Continued)**

The Centers for Medicare and Medicaid Services (CMS) has completed audits of the State's program and the disproportionate share payments made by the State from 2011 to 2016, the first years that those payments reflected the amount of uncompensated care provided by New Hampshire hospitals. It is possible that subsequent years will also be audited by CMS. The System has recorded reserves to address its potential exposure based on the audit results to date or any future redistributions.

Medicaid

Inpatient services rendered to Medicaid program beneficiaries are paid at prospectively determined rates per discharge. Outpatient services rendered to Medicaid program beneficiaries are reimbursed under fee schedules and cost reimbursement methodologies subject to various limitations or discounts. The Hospital is reimbursed at a tentative rate with final settlement determined after submission of annual cost reports by the Hospital and audits thereof by the Medicaid program.

The physician practices are reimbursed on a fee schedule basis.

Other

The System has also entered into payment agreements with certain commercial insurance carriers and health maintenance organizations. The basis for payment to the System under these agreements includes prospectively determined rates per discharge, discounts from established charges, fee schedules, and prospectively determined rates.

The accrual for estimated third-party payor settlements reflected on the accompanying consolidated balance sheets represents the estimated net amounts to be paid under reimbursement contracts with the Centers for Medicare and Medicaid Services (Medicare), the New Hampshire Department of Welfare (Medicaid) and any commercial payors with settlement provision. Settlements for the Hospital have been finalized through 2016 for Medicare and 2015 for Medicaid.

During fiscal year 2020, the System requested accelerated Medicare payments as provided for in the CARES Act, which allows for eligible health care facilities to request up to six months of advance Medicare payments for acute care hospitals or up to three months of advance Medicare payments for other health care providers. One year from the date of receipt of the advance payments (beginning April 2021) 25% of the advances will be recouped in the first eleven months. An additional 25% of the advances will be recouped in the next six months, with the entire amount repayable in 29 months. Any outstanding balance after 29 months is repayable at a 4% interest rate. During the third quarter of fiscal 2020, the System received $57,885 from these accelerated Medicare payment requests, of which the current portion due within a year, totaling $7,893, is recorded under the caption "accrual for estimated third-party payors" and the long-term portion, totaling $49,992, in the caption "accrued pension and other long-term liabilities" in the accompanying consolidated balance sheet for the year ended September 30, 2020.

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6. Long-Term Debt and Revolving Line of Credit

Revolving Line of Credit

In November 2019, the Hospital entered into a $10,000 revolving line of credit agreement with a bank. In June 2020, the Hospital increased the availability on the line of credit to $40,000. Any amounts outstanding under the agreement bear interest at the per annum London Interbank Offered Rate (LIBOR) plus 1.85% (2.24% at September 30, 2020). In the event LIBOR is discontinued while the agreement remains in place, a replacement rate will be assigned, as determined by the bank. The agreement is set to expire on May 30, 2021. The line of credit is secured by substantially all business assets. No amounts were outstanding under this revolving line of credit at September 30, 2020.

Long-term debt consists of the following at September 30, 2020 and 2019:

	2020	2019
2020A note payable to a bank, due October 1, 2026, interest at 1.93% per annum, payable in monthly and annual principal payments ranging from $2,427 to $2,580 beginning October 2022	$ 12,520	$ –
2020B note payable to a bank, due October 1, 2035 (lender has the option to extend the maturity date through October 1, 2043), interest at 2.26% per annum, payable in monthly and annual principal payments ranging from $991 to $2,942 beginning October 2023. Final balloon payment of $10,157 due October 1, 2035, if the maturity date is not extended by the lender	36,582	–
New Hampshire Health and Education Facilities Authority (NHHEFA) Revenue Bonds, Concord Hospital Issue, Series 2017; interest of 5.0% per year and principal payable in annual installments. Installments ranging from $2,010 to $5,965 beginning October 2032, including unamortized original issue premium of $6,901 in 2020 and $7,215 in 2019	61,111	61,425
3.38% to 5.0% NHHEFA Revenue Bonds, Concord Hospital Issue, Series 2013A; due in annual installments, including principal and interest ranging from $1,543 to $3,555 through 2043, including unamortized original issue premium of $242 in 2020 and $2,824 in 2019. Series 2013A revenue bonds totaling $33,785 were refunded in 2020 through issuance of the 2020B note payable described below	2,867	40,469
1.71% fixed rate NHHEFA Revenue Bonds, Concord Hospital Issue, Series 2013B; due in annual installments, including principal and interest ranging from $1,860 to $2,038 through 2024	7,601	9,341
4.25% to 5.5% NHHEFA Revenue Bonds, Concord Hospital Issue, Series 2011; due in annual installments, including principal and interest ranging from $2,737 to $5,192 through 2026, including unamortized original issue premium of $19 in 2020 and $136 in 2019. Series 2011 revenue bonds totaling $11,780 were refunded in 2020 through issuance of the 2020A note payable described below	2,044	18,201
	122,725	129,436
Less unamortized bond issuance costs	(984)	(1,338)
Less current portion	(5,186)	(7,385)
	$116,555	$120,713

6. **Long-Term Debt and Notes Payable (Continued)**

In March 2020, the Hospital entered into a $12,520 note payable agreement (2020A note) with a lender to advance refund $11,780 of the Series 2011 NHHEFA Hospital Revenue Bonds. As a result of the advance refunding, the unamortized bond issuance costs and original issue discount related to the bonds refunded were included in loss on extinguishment of debt and totaled $520 for the year ended September 30, 2020. As of September 30, 2020, $11,780 of the Series 2011 advance refunded bonds, which are considered extinguished for purposes of these consolidated financial statements, remain outstanding. In conjunction with the issuance of the 2020A note, in order to further reduce debt service obligations, the Hospital, NHHEFA and the lender entered into a forward purchase agreement. Under the forward purchase agreement, the Hospital has the option to request NHHEFA to issue tax-exempt revenue bonds on or after July 3, 2021 to refinance the 2020A note.

In March 2020, the Hospital entered into a $36,582 note payable agreement (2020B note) with a lender to advance refund the Series 2013A NHHEFA Hospital Revenue Bonds. As a result of the bond refinancing, the unamortized bond issuance costs and original issue premium related to the Series 2013A NHHEFA Hospital Revenue Bonds were included in loss on extinguishment of debt and totaled $711 for the year ended September 30, 2020. As of September 30, 2020, $33,785 of the Series 2013A advance refunded bonds, which are considered extinguished for purposes of these consolidated financial statements, remain outstanding. In conjunction with the issuance of the 2020B note, in order to further reduce debt service obligations, the Hospital, NHHEFA and the lender entered into a forward purchase agreement. Under the forward purchase agreement, the Hospital has the option to request NHHEFA to issue tax-exempt revenue bonds on or after July 3, 2022 to refinance the 2020B note.

In December 2017, $62,004 (including an original issue premium of $7,794) of NHHEFA Revenue Bonds, Concord Hospital Issue, Series 2017, were issued to pay for the construction of a new medical office building. In addition, the Series 2017 Bonds reimbursed the Hospital for capital expenditures incurred in association with the construction of a parking garage and the construction of a medical office building, as well as routine capital expenditures.

In February 2013, $48,631 (including an original issue premium of $3,631) of NHHEFA Revenue Bonds, Concord Hospital Issue, Series 2013A, were issued to assist in the funding of a significant facility improvement project and to advance refund the Series 2001 NHHEFA Hospital Revenue Bonds. The facility improvement project included enhancements to the System's power plant, renovation of certain nursing units, expansion of the parking capacity at the main campus and various other routine capital expenditures and miscellaneous construction, renovation and improvements of the System's facilities.

In March 2011, $49,795 of NHHEFA Revenue Bonds, Concord Hospital Issue, Series 2011, were issued to assist in the funding of a significant facility improvement project and pay off the Series 1996 Revenue Bonds. The project included expansion and renovation of various Hospital departments, infrastructure upgrades, and acquisition of capital equipment.

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6. Long-Term Debt and Notes Payable (Continued)

Substantially all the property and equipment relating to the aforementioned construction and renovation projects, as well as subsequent property and equipment additions thereto, and a mortgage lien on the facility, are pledged as collateral for all outstanding long-term debt and the revolving line of credit. In addition, the gross receipts of the Hospital are also pledged as collateral for all outstanding long-term debt and the revolving line of credit. The most restrictive financial covenants require a 1.10 to 1.0 ratio of aggregate income available for debt service to total annual debt service and a day's cash on hand ratio of 75 days. The Hospital was in compliance with its debt covenants at September 30, 2020 and 2019.

The obligations of the Hospital under the 2020A and B notes, Series 2017, Series 2013A and B and Series 2011 Revenue Bond Indentures are not guaranteed by any of the subsidiaries or affiliated entities.

Interest paid on long-term debt amounted to $4,888 (including capitalized interest of $1,953) and $5,697 (including capitalized interest of $652) for the years ended September 30, 2020 and 2019, respectively.

The aggregate principal payments on long-term debt for the next five fiscal years ending September 30 and thereafter are as follows:

2021	$ 5,186
2022	5,636
2023	6,239
2024	6,298
2025	5,339
Thereafter	86,865
	$115,563

7. Commitments and Contingencies

Malpractice Loss Contingencies

Effective February 1, 2011, the System insures its medical malpractice risks through a multiprovider captive insurance company under a claims-made insurance policy. Premiums paid are based upon actuarially determined amounts to adequately fund for expected losses. At September 30, 2020, there were no known malpractice claims outstanding for the System, which, in the opinion of management will be settled for amounts in excess of insurance coverage, nor were there any unasserted claims or incidents which require loss accruals. The System has established reserves for unpaid claim amounts for Hospital and Physician Professional Liability and General Liability reported claims and for unreported claims for incidents that have been incurred but not reported. The amounts of the reserves total $4,081 and $3,834 at September 30, 2020 and 2019, respectively and are reflected in the accompanying consolidated balance sheets within accrued pension and other long-term liabilities. The possibility exists, as a normal risk of doing business, that malpractice claims in excess of insurance coverage may be asserted against the System.

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7. **Commitments and Contingencies (Continued)**

The captive retains and funds up to actuarial expected loss amounts, and obtains reinsurance at various attachment points for individual and aggregate claims in excess of funding in accordance with industry practices. At September 30, 2020, the System's interest in the captive represents approximately 80% of the captive. The System accounts for its investments in the captive under the equity method since control of the captive is shared equally between the participating hospitals. The System has recorded its interest in the captive's equity, totaling approximately $5,509 and $7,270 at September 30, 2020 and 2019, respectively, in other noncurrent assets on the accompanying consolidated balance sheets. Changes in the System's interest are included in nonoperating income on the accompanying consolidated statements of operations

In accordance with ASU No. 2010-24, "*Health Care Entities*" (Topic 954): *Presentation of Insurance Claims and Related Insurance Recoveries*, at September 30, 2020 and 2019, the Hospital recorded a liability of approximately $3,000 and $4,100, respectively, related to estimated professional liability losses. At September 30, 2020 and 2019, the Hospital also recorded a receivable of $3,000 and $4,100, respectively, related to estimated recoveries under insurance coverage for recoveries of the potential losses. These amounts are included in accrued pension and other long-term liabilities and other assets, respectively, on the consolidated balance sheets.

Workers' Compensation

The Hospital maintains workers' compensation insurance under a self-insurance plan. The plan offers, among other provisions, certain specific and aggregate stop-loss coverage to protect the Hospital against excessive losses. The Hospital has employed independent actuaries to estimate the ultimate costs, if any, of the settlement of such claims. Accrued workers' compensation losses of $2,388 and $2,797 at September 30, 2020 and 2019, respectively, are recorded within accounts payable and accrued expenses on the accompanying consolidated balance sheets and have been discounted at 3% (both years) and, in management's opinion, provide an adequate reserve for loss contingencies. A trustee held fund has been established as a reserve under the plan. Assets held in trust totaled $2,974 and $3,140 at September 30, 2020 and 2019, respectively, and is included in assets whose use is limited or restricted in the accompanying consolidated balance sheets.

Litigation

The System is involved in litigation and regulatory investigations arising in the ordinary course of business. After consultation with legal counsel, management estimates that these matters will be resolved without material adverse effect on the System's financial position, results of operations or cash flows.

Health Insurance

The System has a self-funded health insurance plan. The plan is administered by an insurance company which assists in determining the current funding requirements of participants under the terms of the plan and the liability for claims and assessments that would be payable at any given point in time. The System recognizes revenue for services provided to employees of the System during the year. The System is insured above a stop-loss amount of $440 on individual claims. Estimated unpaid claims, and those claims incurred but not reported at September 30, 2020 and 2019, have been recorded as a liability of $5,709 and $4,391, respectively, and are reflected in the accompanying consolidated balance sheets within accounts payable and accrued expenses.

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7. Commitments and Contingencies (Continued)

Operating Leases

The System has various operating leases relative to its office and offsite locations. Future annual minimum lease payments under noncancellable lease agreements as of September 30, 2020 are as follows:

Year Ending September 30:	
2021	$ 6,437
2022	6,119
2023	5,990
2024	5,273
2025	3,758
Thereafter	9,651
	$37,228

Rent expense was $7,125 and $7,392 for the years ended September 30, 2020 and 2019, respectively.

8. Net Assets With Donor Restrictions

Net assets with donor restrictions are available for the following purposes at September 30:

	2020	2019
Purpose restriction:		
Health education and program services	$14,997	$14,734
Capital acquisitions	1,870	1,764
Indigent care	126	133
Pledges receivable with stipulated purpose and/or time restrictions	283	223
	17,276	16,854
Perpetual in nature:		
Health education and program services	18,744	18,319
Capital acquisitions	803	803
Indigent care	1,811	1,811
Annuities to be held in perpetuity	260	275
	21,618	21,208
Total net assets with donor restrictions	$38,894	$38,062

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9. Patient Service Revenue

An estimated breakdown of patient service revenues for the Hospital by major payor sources is as follows for the years ended September 30:

	2020	2019
Private payor (includes coinsurance and deductibles)	$270,386	$288,321
Medicare	158,386	166,737
Medicaid	18,646	21,602
Self-pay	6,176	6,876
	$453,594	$483,536

10. Functional Expenses

The System provides general health care services to residents within its geographic location. Expenses related to providing these services are as follows for the years ended September 30:

	Health Services	General and Administrative	Fund-raising	Total
2020				
Salaries and wages	$203,587	$41,594	$ 500	$245,681
Employee benefits	56,622	11,568	139	68,329
Supplies and other	96,353	13,346	84	109,783
Purchased services	21,062	13,753	128	34,943
Professional fees	7,722	–	–	7,722
Depreciation and amortization	16,363	7,735	257	24,355
Medicaid enhancement tax	22,572	–	–	22,572
Interest	1,756	812	27	2,595
	$426,037	$88,808	$1,135	$515,980
2019				
Salaries and wages	$208,279	$41,607	$ 473	$250,359
Employee benefits	51,485	10,285	117	61,887
Supplies and other	91,029	14,912	154	106,095
Purchased services	24,362	8,369	134	32,865
Professional fees	7,675	6	–	7,681
Depreciation and amortization	17,459	8,415	276	26,150
Medicaid enhancement tax	22,442	–	–	22,442
Interest	3,173	1,506	50	4,729
	$425,904	$85,100	$1,204	$512,208

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10. Functional Expenses (Continued)

The consolidated financial statements report certain expense categories that are attributable to more than one healthcare service or support function. Therefore, these expenses require an allocation on a reasonable basis that is consistently applied. Costs not directly attributable to a function, such as depreciation and interest, are allocated to a function based on square footage. Supporting activities that are not directly identifiable with one or more healthcare programs are classified as general and administrative. If it is impossible or impractical to make a direct identification, allocation of the expenses were made according to management's estimates. Employee benefits are allocated in accordance with the ratio of salaries and wages of the functional classes. Specifically identifiable costs are assigned to the function which they are identified to.

11. Charity Care and Community Benefits (Unaudited)

The Hospital maintains records to identify and monitor the level of charity care it provides. The Hospital provides traditional charity care, as well as other forms of community benefits. The estimated cost of all such benefits provided is as follows for the years ended September 30:

	2020	2019
Government sponsored healthcare	$31,319	$29,683
Community health services	1,582	2,190
Health professions education	2,304	2,874
Subsidized health services	44,867	42,431
Research	81	84
Financial contributions	829	552
Community building activities	–	40
Community benefit operations	72	70
Charity care costs (see Note 1)	3,445	4,696
	$84,499	$82,620

The Hospital incurred estimated costs for services to Medicare patients in excess of the payment from this program of $71,877 and $57,580 in 2020 and 2019, respectively.

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12. Concentration of Credit Risk

The Hospital grants credit without collateral to its patients, most of whom are local residents of southern New Hampshire and are insured under third-party payor agreements. The mix of gross receivables from patients and third-party payors as of September 30 is as follows:

	2020	2019
Patients	10%	12%
Medicare	37	32
Anthem Blue Cross	15	14
Cigna	4	3
Medicaid	9	11
Commercial	23	25
Workers' compensation	2	3
	100%	100%

13. Volunteer Services (Unaudited)

Total volunteer service hours received by the Hospital were approximately 16,290 in 2020 and 24,200 in 2019. The volunteers provide various nonspecialized services to the Hospital, none of which has been recognized as revenue or expense in the accompanying consolidated statements of operations.

14. Fair Value Measurements

Fair value of a financial instrument is defined as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. In determining fair value, the System uses various methods including market, income and cost approaches. Based on these approaches, the System often utilizes certain assumptions that market participants would use in pricing the asset or liability, including assumptions about risk and or the risks inherent in the inputs to the valuation technique. These inputs can be readily observable, market corroborated, or generally unobservable inputs. The System utilizes valuation techniques that maximize the use of observable inputs and minimize the use of unobservable inputs. Based on the observability of the inputs used in the valuation techniques, the System is required to provide the following information according to the fair value hierarchy. The fair value hierarchy ranks the quality and reliability of the information used to determine fair values. Financial assets and liabilities carried at fair value will be classified and disclosed in one of the following three categories:

Level 1 – Valuations for assets and liabilities traded in active exchange markets, such as the New York Stock Exchange. Level 1 also includes U.S. Treasury and federal agency securities and federal agency mortgage-backed securities, which are traded by dealers or brokers in active markets. Valuations are obtained from readily available pricing sources for market transactions involving identical assets or liabilities.

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14. Fair Value Measurements (Continued)

Level 2 – Valuations for assets and liabilities traded in less active dealer or broker markets. Valuations are obtained from third party pricing services for identical or similar assets or liabilities.

Level 3 – Valuations for assets and liabilities that are derived from other valuation methodologies, including option pricing models, discounted cash flow models and similar techniques, and not based on market exchange, dealer or broker traded transactions. Level 3 valuations incorporate certain assumptions and projections in determining the fair value assigned to such assets or liabilities.

In determining the appropriate levels, the System performs a detailed analysis of the assets and liabilities. There have been no changes in the methodologies used at September 30, 2020 and 2019. In accordance with ASU 2015-07, certain investments that are measured using the net value per share practical expedient have not been classified in the fair value hierarchy.

The following presents the balances of assets measured at fair value on a recurring basis at September 30:

	Level 1	Level 2	Level 3	Total
2020				
Cash and cash equivalents	$ 80,137	$ –	$ –	$ 80,137
Fixed income securities	30,415	–	–	30,415
Marketable equity and other securities	101,639	–	–	101,639
Inflation-protected securities and other	13,682	–	–	13,682
Trust funds administered by others	–	–	10,965	10,965
	$225,873	$ –	$10,965	236,838
Funds measured at net asset value:				
Marketable equity and other securities				188,376
				$425,214
2019				
Cash and cash equivalents	$ 47,488	$ –	$ –	$ 47,488
Fixed income securities	41,310	–	–	41,310
Marketable equity and other securities	96,319	–	–	96,319
Inflation-protected securities and other	12,413	–	–	12,413
Trust funds administered by others	–	–	10,903	10,903
	$197,530	$ –	$10,903	208,433
Funds measured at net asset value:				
Marketable equity and other securities				175,251
				$383,684

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14. Fair Value Measurements (Continued)

In addition, for the years ended September 30, 2020 and 2019, there are certain investments totaling $3,042 and $2,009, respectively, which are appropriately being carried at cost.

The System's Level 3 investments consist of funds administered by others. The fair value measurement is based on significant unobservable inputs.

Investments, in general, are exposed to various risks, such as interest rate, credit and overall market volatility. As such, it is reasonably possible that changes in the fair value of investments will occur in the near term and that such changes could materially affect the amounts reported in the accompanying consolidated balance sheets and statements of operations.

A reconciliation of the fair value measurements using significant unobservable inputs (Level 3) is as follows for 2020 and 2019:

	Trust Funds Administered by Others
Balance at September 30, 2018	$11,051
Net realized and unrealized losses	(148)
Balance at September 30, 2019	10,903
Net realized and unrealized gains	62
Balance at September 30, 2020	$10,965

The table below sets forth additional disclosures for investment funds (other than mutual funds) valued based on net asset value to further understand the nature and risk of the investments by category:

	Fair Value	Unfunded Commit-ments	Redemption Frequency	Redemption Notice Period
September 30, 2020:				
Funds-of-funds	$17,543	$ –	Semi-monthly	5 days
Funds-of-funds	9,468	–	Monthly	15 days
Funds-of-funds	48,190	–	Quarterly	45 – 65 days**
Funds-of-funds	23,631	–	Annual	60 - 90 days
Funds-of-funds	9,631	–	Semi-annual	60 days*
Funds-of-funds	9,717	20,156	Illiquid	N/A
Collective trust funds	15,326	–	Daily	10 days
Collective trust funds	4,980	–	Weekly	10 days
Collective trust funds	49,890	–	Monthly	6 – 10 days

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14. Fair Value Measurements (Continued)

	Fair Value	Unfunded Commit-ments	Redemption Frequency	Redemption Notice Period
September 30, 2019:				
Funds-of-funds	$15,855	$ –	Semi-monthly	5 days
Funds-of-funds	10,123	–	Monthly	15 days
Funds-of-funds	57,755	–	Quarterly	45 – 65 days
Funds-of-funds	14,807	–	Annual	60 - 90 days
Funds-of-funds	8,912	–	Semi-annual	60 days*
Funds-of-funds	4,979	15,283	Illiquid	N/A
Collective trust funds	14,569	–	Daily	10 days
Collective trust funds	48,251	–	Monthly	6 – 10 days

* Limited to 25% of the investment balance at each redemption.
** One investment has a one-year lock period and redemption of one investment is limited to 12.5% of the investment balance at each redemption.

Investment Strategies

Fixed Income Securities

The primary purpose of fixed income investments is to provide a highly predictable and dependable source of income, preserve capital, and reduce the volatility of the total portfolio and hedge against the risk of deflation or protracted economic contraction.

Marketable Equity and Other Securities

The primary purpose of marketable equity investments is to provide appreciation of principal and growth of income with the recognition that this requires the assumption of greater market volatility and risk of loss. The total marketable equity portion of the portfolio will be broadly diversified according to economic sector, industry, number of holdings and other characteristics including style and capitalization. The System may employ multiple equity investment managers, each of whom may have distinct investment styles. Accordingly, while each manager's portfolio may not be fully diversified, it is expected that the combined equity portfolio will be broadly diversified.

The System invests in other securities that are considered alternative investments that consist of limited partnership interests in investment funds, which, in turn, invest in diversified portfolios predominantly comprised of equity and fixed income securities, as well as options, futures contracts, and some other less liquid investments. Management has approved procedures pursuant to the methods in which the System values these investments at fair value, which ordinarily will be the amount equal to the pro-rata interest in the net assets of the limited partnership, as such value is supplied by, or on behalf of, each investment from time to time, usually monthly and/or quarterly by the investment manager. Collective trust funds are generally valued based on the proportionate share of total fund net assets.

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14. Fair Value Measurements (Continued)

System management is responsible for the fair value measurements of investments reported in the consolidated financial statements. Such amounts are generally determined using audited financial statements of the funds and/or recently settled transactions and is estimated using the net asset value per share of the fund. Because of inherent uncertainty of valuation of certain alternative investments, the estimate of the fund manager or general partner may differ from actual values, and differences could be significant. Management believes that reported fair values of its alternative investments at the balance sheet dates are reasonable.

The Hospital has committed to invest up to $28,683 with various investment managers, and had funded $8,527 of that commitment as of September 30, 2020. As these investments are made, the Hospital reallocates resources from its current investments resulting in an asset allocation shift within the investment pool.

Inflation-Protected Securities

The primary purpose of inflation-protected securities is to provide protection against the negative effects of inflation.

Fair Value of Other Financial Instruments

Other financial instruments consist of accounts and pledges receivable, accounts payable and accrued expenses, estimated third-party payor settlements, and long-term debt and notes payable. The fair value of all financial instruments other than long-term debt and notes payable approximates their relative book values as these financial instruments have short-term maturities or are recorded at amounts that approximate fair value. The fair value of the System's long-term debt and notes payable is estimated using discounted cash flow analyses, based on the System's current incremental borrowing rates for similar types of borrowing arrangements. The carrying value and fair value of the System's long-term debt and notes payable amounted to $122,725 and $135,943, respectively, at September 30, 2020, and $129,436 and $148,672, respectively, at September 30, 2019.

15. Financial Assets and Liquidity Resources

Financial assets and liquidity resources available within one year for general expenditure, such as operating expenses, scheduled principal payments on debt, and capital construction costs, consisted of the following at September 30, 2020:

Cash and cash equivalents	$ 29,342
Short-term investments	73,907
Accounts receivable	66,175
Funds held by trustee for workers' compensation reserves, self-insurance escrows and construction costs	18,000
	$187,424

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15. Financial Assets and Liquidity Resources

To manage liquidity, the System maintains sufficient cash and cash equivalent balances to support daily operations throughout the year. Cash and cash equivalents and short-term investments include bank deposits, money market funds, and other similar vehicles that generate a return on cash and provide daily liquidity to the System. In addition, the System has board-designated assets without donor restrictions that can be utilized at the discretion of management to help fund both operational needs and/or capital projects. As of September 30, 2020, the balance of liquid investments in board-designated assets was $287,980.

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Baker Newman & Noyes LLC
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800.244.7444 I www.bnncpa.com

INDEPENDENT AUDITORS' REPORT ON ADDITIONAL INFORMATION

The Board of Trustees
Concord Hospital, Inc.

We have audited the consolidated financial statements of Concord Hospital, Inc. and Subsidiaries (the System) as of and for the years ended September 30, 2020 and 2019, and have issued our report thereon, which contains an unmodified opinion on those consolidated financial statements. See page 1. Our audits were conducted for the purpose of forming an opinion on the consolidated financial statements as a whole. The 2020 consolidating information and 2019 summarized comparative information is presented for purposes of additional analysis rather than to present the financial position, results of operations and cash flows of the individual entities and is not a required part of the consolidated financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the consolidated financial statements. The consolidating information has been subjected to the auditing procedures applied in the audits of the consolidated financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the consolidated financial statements or to the consolidated financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the consolidated financial statements as a whole.

Baker Newman & Noyes LLC

Manchester, New Hampshire
December 11, 2020

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CONCORD HOSPITAL, INC. AND SUBSIDIARIES

CONSOLIDATING BALANCE SHEET
(With Consolidated Totals for September 30, 2019)

September 30, 2020

ASSETS
(In thousands)

	2020						
	Concord Hospital (Obligated Group)	Capital Region Health Care Development Corporation	Capital Region Health Ventures-Corporation	NH Cares ACO	Elimi-nations	Consol-idated	2019 Consol-idated
Current assets:							
Cash and cash equivalents	$ 29,326	$ –	$ 16	$ –	$ –	$ 29,342	$ 6,404
Short-term investments	73,907	–	–	–	–	73,907	23,228
Accounts receivable	65,721	–	428	26	–	66,175	68,614
Due from affiliates	398	6,003	–	–	(6,311)	90	492
Supplies	2,770	–	101	–	–	2,871	2,396
Prepaid expenses and other current assets	6,650	196	68	9	–	6,923	6,662
Total current assets	178,772	6,199	613	35	(6,311)	179,308	107,796
Assets whose use is limited or restricted:							
Board designated	296,887	–	–	–	–	296,887	284,668
Funds held by trustee for workers' compensation reserves, self-insurance escrows and construction funds	18,000	–	–	–	–	18,000	38,141
Donor-restricted funds and restricted grants	39,462	–	–	–	–	39,462	39,656
Total assets whose use is limited or restricted	354,349	–	–	–	–	354,349	362,465
Other noncurrent assets:							
Due from affiliates, net of current portion	13,646	–	–	–	(12,992)	654	708
Other assets	10,805	–	2,762	–	–	13,567	18,340
Total other noncurrent assets	24,451	–	2,762	–	(12,992)	14,221	19,048
Property and equipment:							
Land and land improvements	6,059	273	–	–	–	6,332	6,338
Buildings	203,935	35,519	91	–	–	239,545	194,301
Equipment	250,681	2,698	2,281	–	–	255,660	244,834
Construction in progress	9,694	2,381	–	–	–	12,075	38,734
	470,369	40,871	2,372	–	–	513,612	484,207
Less accumulated depreciation	(278,236)	(29,392)	(2,011)	–	–	(309,639)	(302,519)
Net property and equipment	192,133	11,479	361	–	–	203,973	181,688
	$ 749,705	$ 17,678	$ 3,736	$ 35	$(19,303)	$ 751,851	$ 670,997

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LIABILITIES AND NET ASSETS
(In thousands)

	2020						
	Concord Hospital (Obligated Group)	Capital Region Health Care Development Corporation	Capital Region Health Ventures-Corporation	NH Cares ACO	Elimi-nations	Consol-idated	2019 Consol-idated
Current liabilities:							
Accounts payable and accrued expenses	$ 34,290	$ 111	$ 168	$ –	$ –	$ 34,569	$ 34,354
Accrued compensation and related expenses	30,543	–	–	–	–	30,543	28,174
Due to affiliates	6,234	–	42	35	(6,311)	–	–
Accrual for estimated third-party payor settlements	48,392	–	–	–	–	48,392	34,569
Current portion of long-term debt	5,186	–	–	–	–	5,186	7,385
Total current liabilities	124,645	111	210	35	(6,311)	118,690	104,482
Long-term debt, net of current portion	116,555	12,992	–	–	(12,992)	116,555	120,713
Accrued pension and other long-term liabilities	146,652	–	–	–	–	146,652	74,718
Total liabilities	387,852	13,103	210	35	(19,303)	381,897	299,913
Net assets:							
Without donor restrictions	322,959	4,575	3,526	–	–	331,060	333,022
With donor restrictions	38,894	–	–	–	–	38,894	38,062
Total net assets	361,853	4,575	3,526	–	–	369,954	371,084
	$ 749,705	$ 17,678	$ 3,736	$ 35	$(19,303)	$ 751,851	$ 670,997

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CONCORD HOSPITAL, INC. AND SUBSIDIARIES

CONSOLIDATING STATEMENT OF OPERATIONS
(With Consolidated Totals for September 30, 2019)

Year Ended September 30, 2020

(In thousands)

	2020						
	Concord Hospital (Obligated Group)	Capital Region Health Care Development Corporation	Capital Region Health Ventures-Corporation	NH Cares ACO	Elimi-nations	Consol-idated	2019 Consol-idated
Revenue and other support without donor restrictions:							
Patient service revenue	$ 453,594	$ –	$ 1,918	$ –	$ –	$ 455,512	$ 486,272
Other revenue	42,295	5,167	4,917	208	(3,975)	48,612	21,887
Disproportionate share revenue	18,202	–	–	–	–	18,202	19,215
Net assets released from restrictions for operations	1,983	–	–	–	–	1,983	1,453
Total revenue and other support without donor restrictions	516,074	5,167	6,835	208	(3,975)	524,309	528,827
Operating expenses:							
Salaries and wages	243,933	–	1,161	–	587	245,681	250,359
Employee benefits	67,794	–	359	–	176	68,329	61,887
Supplies and other	109,960	1,606	1,210	8	(3,001)	109,783	106,095
Purchased services	34,540	715	424	200	(936)	34,943	32,865
Professional fees	7,722	–	–	–	–	7,722	7,681
Depreciation and amortization	23,326	860	169	–	–	24,355	26,150
Medicaid enhancement tax	22,572	–	–	–	–	22,572	22,442
Interest expense	2,576	820	–	–	(801)	2,595	4,729
Total operating expenses	512,423	4,001	3,323	208	(3,975)	515,980	512,208
Income (loss) from operations	3,651	1,166	3,512	–	–	8,329	16,619
Nonoperating income (loss):							
Gifts and bequests without donor restrictions	411	–	–	–	–	411	304
Investment income (loss) and other	10,056	–	–	–	–	10,056	(4,906)
Loss on extinguishment of long-term debt	(1,231)	–	–	–	–	(1,231)	–
Net periodic benefits cost, other than service cost	(2,931)	–	–	–	–	(2,931)	(2,626)
Total nonoperating income (loss)	6,305	–	–	–	–	6,305	(7,228)
Excess of revenues and nonoperating income (loss) over expenses	$ 9,956	$ 1,166	$ 3,512	$ –	$ –	$ 14,634	$ 9,391

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CONCORD HOSPITAL
BOARD OF TRUSTEES
2020

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Rosemary Heard
Lucy Karl, Esq.
Peter Noordsij, MD
Manisha Patel, DDS
David Ruedig
Muriel Schadee, CPA
Robert Segal
Robert Steigmeyer, **President/CEO** (ex-officio)
David Stevenson, MD
Jeffrey Towle
Tanja Vanderlinde, MD (ex-officio, CH Medical Staff President)

Treasurer (not Member of the Board):
Scott W. Sloane

9/2020

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KAREN M. DECKER-GENDRON, M.A., M.S.N., CAGS, CRC, RN, CNL

NURSING EXPERIENCE:

Concord Hospital Family Health Center
April 2019 – Present — Clinical Manager
August 2014-April 2019 — Clinical Nurse Leader

PROFESSIONAL EXPERIENCE:

The State of New Hampshire Concord, NH
July 2009- January 2013
Division of Vocational Rehabilitation
Vocational Rehabilitation Supervisor-Benefits Unit
Self-Employment Coordinator

The State of New Hampshire Concord, NH
July 2004- June 2009
Division of Vocational Rehabilitation
Department of Health and Human Services
TANF Medical Assessment Project Supervisor

The State of New Hampshire Concord, NH
November 1996- July 2004
Division of Vocational Rehabilitation
Rehabilitation Counselor II

The Mental Health Center of Greater Manchester, Manchester, NH
January 1995- November 1996
Reaching for Autonomy Program
Clinical Case Manager

August 1993- January 1995
The State of New Hampshire, Manchester, NH
Division of Vocational Rehabilitation
Project Network-NH
Rehabilitation Counselor II; Mental Health Specialist

EDUCATION:

University of New Hampshire, Durham, NH
Master of Science-Direct Entry Master's of Nursing Program
Graduation Date: July, 2014
Assumption College, Worcester, MA
Master of Arts/C.A.G.S. in Rehabilitation Counseling
Graduation Date: May, 1993
Bachelor of Arts in Biology
Bachelor of Arts in Social and Rehabilitation Services
Graduation Date: May, 1991

AFFILIATIONS:

Member National Rehabilitation Association (1993-2012)
Member New Hampshire Rehabilitation Association (1993-2012)
Certified Rehabilitation Counselor (1993-2023)
Member Sigma Theta Tau (Present)
Certified Clinical Nurse Leader (2014-2019)

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KATHLEEN A. MESSER, ADN

EDUCATION: Mt. Wachusett Community College. Gardner, MA
May 2002 Associate Degree of Nursing

WORK EXPERIENCE: Concord Hospital, Concord, NH
June 2002- July 2003 Medical Surgical Nurse - 5 North
July 2003- December 3, 2020 Labor/Delivery/Special Care Nursery Nurse - The Family Place
December 3, 2020 - present Women's Health Coordinator/BCCP Coordinator for the Family Health Center, Concord
Speare Memorial Hospital, Plymouth, NH
2012-2017 Labor/Delivery/Special Care Nursery Nurse (per diem position)

CERTIFICATIONS:
2001 – present Cardiopulmonary Resuscitation (CPR) American Heart Association
2001 - present Neonatal Resuscitation Program

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Kiersten Scarponi, MA

Education

May 1997
Plymouth State University
BS, Interdisciplinary Studies
Psychology, Sociology and Women's Studies focus
May 2015
Antioch University New England
MA, Marriage and Family Therapy

Professional Experience

Integrated Behavioral Health Clinician
Concord Hospital Family Health Center, Concord, NH
6/2015 to present

- Coordinate prenatal patients within two clinics within organization.
- Conduct bio-psycho-social assessments of prenatal patients and develop patient-centered treatment plans.
- Provide integrative care management for prenatal patients with psychosocial and/or complex medical needs.
- Educate staff, family medicine residents, and behavioral health interns of prenatal behavioral health needs.
- Conduct assessment and treatment planning patients.

Intern, Concord Hospital
5/2014 to 6/2015

- Learn Concord Hospital medical database records system.
- Perform initial client intake and perform clinical assessment.
- Design and implement treatment plan based on a holistic study of client history and current assessments.

Internship, Couple and Family Therapy Institute
9/2013 to 5/2015

- Perform initial intake of assigned clients, clinical assessment, treatment plan and progress notes of clients who request services through the clinic under direct supervision of a licensed MFT supervisor.

CERTIFICATIONS:
Cognitive Behavioral Therapy Certificate
1/2018

PSI/2020 Mom's Project
Maternal Mental Health Professional Certificate
Institute on Disability
12/2016

Navigating Choice and Change
4/2016

Centering Pregnancy
Centering Pregnancy Facilitator Certificate
12/2015

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Martha E. Seery

Work History:

Responsible for maintaining the balance of academic, clinical and managerial operations, ensuring that all staffs are working at optimal levels of performance, performance metrics are understood, monitored, and achieved, budgets are developed and maintained in order to sustain operations in a fiscally viable manner, patient satisfaction levels and employee engagement levels are excellent, and ultimately ensure that the mission, vision, and values are upheld.

2014 – Present	Concord Hospital Concord, NH	Administrative Director NH Dartmouth Family Medicine Residency, Concord Hospital Family Health Center
2007 – 2014	Concord Hospital	Administrative Director NH Dartmouth Family Medicine Residency
2003 - 2007	Concord Hospital	Manager NH Dartmouth Family Medicine Residency
1989 – 2002	Elliot Health System Elliot Hospital Manchester, NH	Director, Demand Management 1992 - 2002 Physician Services Coordinator 1989 - 1992
1988- 1989	Elliot Health Systems Northeast Health Services	Supervisor
1983 – 1987	Computervision Corporation Manchester, NH	Data Coordinator
EDUCATION:	Bachelor of Science Candidate Southern NH University	

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SUZANNE WILLIAMS

EXPERIENCE

CONCORD HOSPITAL, Concord, NH

Practice Manager, Family Health Center	2008- Present

CIGNA HEATLHCARE, Hooksett, NH

Employer Services Operations Manager	2001-2008
Member Services Call Center Manager	1998-2000
Member Services Supervisor	1996-1998

HEALTHSOURCE, Concord, NH

Member Services Representative/Team Leader	1991-1996
Welcome Plan Representative	1988-1991

EDUCATION

Franklin Pierce College, Concord, NH, 1988-2000

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TERI L. BREHIO, MD

Professional Experience

Faculty
June 2011 – Present NH Dartmouth Family Medicine Residency, Concord, NH

Medical Director Concord Hospital Family Health Center, Concord, NH
May 2020 – Present

Education Director
Supervise faculty
Participate on the leadership team for the residency
September 2004 – Present NH Dartmouth Family Medicine Residency Concord, NH

Faculty Appointment
July 2011 – Present Adjunct Assistant Professor of Community and Family Medicine
Dartmouth Medical School

Licensure and Certification
December 2004 – Present Diplomat, American Board of Family Medicine
January 2004 – Present Licensed Physician, NH Board of Medicine
June 2004 – Present Federal Drug Enforcement Administration

Residency
June 2001 – August 2004NH Dartmouth Family Medicine Residency Concord, NH

Education
August 1997 – June 2001University of Massachusetts Medical School
Doctor of Medicine
August 1996 – May 1997Worcester Polytechnic Institute
Master of Science – Biomedical Engineering
August 1992 – May 1996Worcester Polytechnic Institute
Bachelor of Science, Mechanical Engineering

Professional Memberships
American Academy of Family Physicians
New Hampshire Academy of Family Physicians

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Key Personnel
Budget Period: 7/1/2022 – 3/31/2022

Name	Job Title	Salary	% Paid from this Contract	Amount Paid from this Contract
Martha Seery	Director	138,174	8%	10,997
Suzanne Williams	Practice Manager	99,819	24%	23,622
Karen Decker Gendron, RN	Clinical Manager	110,843	24%	26,112
Teri Brehio, MD	Medical Director	199,784	14%	27,353
Kathleen Messer, RN	Prenatal and BCCP Coordinator	81,515	75%	61,282
Kiersten Scarponi, MFT	Integrated BH Clinician	71,656	28%	20,398

State of New Hampshire
Department of Health and Human Services
Amendment #2 to the Primary Care Services for Specific Counties

This 2nd Amendment to the Primary Care Services for Specific Counties contract (hereinafter referred to as "Amendment #2") is by and between the State of New Hampshire, Department of Health and Human Services (hereinafter referred to as the "State" or "Department") and White Mountain Community Health Center (hereinafter referred to as "the Contractor"), a non-profit with a place of business at 268 White Mountain Highway, PO Box 2800, Conway, NH 03818.

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on June 20, 2018, (Item #27G) as amended on May 6, 2020, (Item #46), the Contractor agreed to perform certain services based upon the terms and conditions specified in the Contract as amended and in consideration of certain sums specified; and

WHEREAS, pursuant to Form P-37, General Provisions, Paragraph 18, and Exhibit C-1, Revisions to General Provisions, Section 3, the Contract may be amended upon written agreement of the parties and approval from the Governor and Executive Council; and

WHEREAS, the parties agree to extend the term of the agreement, increase the price limitation, or modify the scope of services to support continued delivery of these services; and

NOW THEREFORE, in consideration of the foregoing and the mutual covenants and conditions contained in the Contract and set forth herein, the parties hereto agree to amend as follows:

1. Form P-37 General Provisions, Block 1.7, Completion Date, to read:

   March 31, 2022.

2. Form P-37, General Provisions, Block 1.8, Price Limitation, to read:

   $683,009.

3. Add Exhibit A-3, Additional Scope of Services BinaxNOW, which is attached hereto and incorporated by reference herein.

4. Modify Exhibit B, Methods and Conditions Precedent to Payment, Section 4, Subsection 4.1 to read:

   4.1 Payments shall be on a cost reimbursement basis for approved actual costs in accordance with Exhibit B-1 through Exhibit B-6 Amendment #2 Budget, which is attached hereto and incorporated by reference herein.

5. Add Exhibit B-6, Amendment #2 Budget, which is attached hereto and incorporated by reference herein.

New Hampshire Department of Health and Human Services
Primary Care Services for Specific Counties

All terms and conditions of the Contract and prior amendments not inconsistent with this Amendment #2 remain in full force and effect. Exhibit A-3, Additional Scope of Services BinaxNOW, shall be effective retroactively to November 1, 2020, upon Governor's approval issued under the Executive Order 2020-04 as extended by Executive Orders 2020-05, 2020-08, 2020-09, 2020-10, 2020-14, 2020-15, 2020-16, 2020-17, 2020-18, and 2020-20. All other provisions of this amendment shall be effective July 1, 2021, or upon the date of Governor and Executive Council approval, whichever is later.

IN WITNESS WHEREOF, the parties have set their hands as of the date written below,

State of New Hampshire
Department of Health and Human Services

12/15/2020
Date

DocuSigned by:
Lisa M. Morris
Name: Lisa M. Morris
Title: Director, Division of Public Health Srvcs.

White Mountain Community Health Center

11/23/2020
Date

DocuSigned by:
Ken Porter
Name: Ken Porter
Title: ED

New Hampshire Department of Health and Human Services
Primary Care Services for Specific Counties

The preceding Amendment, having been reviewed by this office, is approved as to form, substance, and execution.

OFFICE OF THE ATTORNEY GENERAL

1/15/2021
Date

DocuSigned by:
Name: Catherine Pinos
Title: Attorney

I hereby certify that the foregoing Amendment was approved by the Governor and Executive Council of the State of New Hampshire at the Meeting on: _____ (date of meeting)

OFFICE OF THE SECRETARY OF STATE

Date

Name:
Title:

Additional Scope of Services BinaxNOW

1. BinaxNOW COVID-19 Antigen Testing and Supplies

1.1. The BinaxNOW COVID-19 Antigen Test is now authorized for Point of Care (POC) use in patient care settings operating under a Clinical Laboratory Improvement Amendment of 1988 Certificate of Waiver, Certificate of Compliance, or Certificate of Accreditation.

1.2. The BinaxNOW COVID-19 Antigen Test supplies are authorized for use under an Emergency Use Authorization by the U.S. Food and Drug Administration and consist of a lateral flow immunoassay for the qualitative detection of nucleocapsid protein antigen from the SARS-CoV-2 virus in direct nasal swabs from individuals suspected of COVID-19 by their healthcare provider within the first seven (7) days of symptom onset.

1.3. The Department will supply the Contractor with the BinaxNOW Rapid-Antigen COVID-19 Testing supplies at no cost to the Contractor via allotted distribution from the Department contingent upon the availability of supplies.

1.4. The Contractor shall adhere to proper use procedures and indications for BinaxNOW COVID-19 Antigen Test supplies as issued by the manufacturer (Abbott Laboratories), the U.S. Food and Drug Administration, and the Department, including applicable Health Advisory Network (HAN) messages.

1.5. The Contractor shall use BinaxNOW COVID-19 Antigen Test supplies provided by the Department only for active patients of the Contractor who:

1.5.1. Have COVID-19 symptoms, with symptom onset within the last seven (7) days; or

1.5.2. Do not have symptoms of COVID-19 at the direction of the Department.

1.6. The Contractor shall notify its established active patients who have symptoms of COVID-19 that it has the ability to perform COVID-19 testing, including rapid antigen testing.

1.7. The Contractor shall notify the Regional Public Health Network(s) within the Contractor's catchment area(s) that it can perform COVID-19 testing for active patients of the Contractor.

1.8. The Contractor shall report all positive test results and case details to the Department within twenty-four (24) hours of result determination using the COVID-19 Case Report form provided by the Department, which is available at the following link: https://www.dhhs.nh.gov/dphs/cdcs/covid19/covid19-reporting-form.pdf.

1.9. The Contractor shall report positive and negative test results to the Department using a secure web-based reporting process described in Health Alert Network Message #22. Instructions for Reporting Point-of-Care Tests available at: https://www.dhhs.nh.gov/dphs/cdcs/alerts/documents/covid-19-update22.pdf

1.10. The Contractor is prohibited from charging a patient, a patient's guardian, a patient's insurance, or New Hampshire Medicaid for a COVID-19 test conducted using BinaxNOW COVID-19 Antigen Test supplies provided by the Department.

1.11. The Contractor may charge a specimen collection fee, including, but not limited to, Healthcare Common Procedural Coding System (HCPCS) code G2023 as well as normal billing for an office or home visits by the Contractor, to the patient, the patient's guardian, the patient's insurance, or New Hampshire Medicaid for the evaluation and management of the patient that leads to a COVID-19 test conducted using BinaxNOW COVID-19 Antigen Test supplies provided by the Department.

1.12. The Contractor shall not refuse services or testing for any patient with any symptom(s) of COVID-19 using BinaxNOW COVID-19 Antigen Test supplies provided by the Department for any reason other than lack of available supplies.

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New Hampshire Department of Health and Human Services
COMPLETE ONE BUDGET FORM FOR EACH BUDGET PERIOD

Bidder/Program Name: White Mountain Community Health Center

Budget Request for: MCH - Primary Care
(Name of RFP)

Budget Period: July 1, 2021 thru Mar 31, 2022 ***New SFY date range*

	Total Program Cost			Contractor Share / Match			Funded by DHHS contract share			
Line Item	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total	
1. Total Salary/Wages	$ 227,927.45		$ 227,927.45	$ 142,089.95	$ -	$ 142,089.95	$ 85,837.50	$ -	$ 85,837.50	
2. Employee Benefits	$ 67,500.00		$ 67,500.00	$ 54,783.75	$ -	$ 54,783.75	$ 12,716.25	$ -	$ 12,716.25	29.6%
3. Consultants	$ 6,201.00		$ 6,201.00	$ 4,097.25	$ -	$ 4,097.25	$ 2,103.75	$ -	$ 2,103.75	
4. Equipment:				$ -	$ -	$ -	$ -	$ -	$ -	
Rental				$ -	$ -	$ -	$ -	$ -	$ -	
Repair and Maintenance				$ -	$ -	$ -	$ -	$ -	$ -	
Purchase/Depreciation				$ -	$ -	$ -	$ -	$ -	$ -	
5. Supplies:				$ -	$ -	$ -	$ -	$ -	$ -	
Educational				$ -	$ -	$ -	$ -	$ -	$ -	
Lab	$ 1,104.75		$ 1,104.75	$ 1,029.75	$ -	$ 1,029.75	$ 75.00	$ -	$ 75.00	
Pharmacy	$ 7,982.25		$ 7,982.25	$ 7,644.75	$ -	$ 7,644.75	$ 337.50	$ -	$ 337.50	
Medical		$ 5,447.25	$ 5,447.25	$ -	$ 5,447.25	$ 5,447.25	$ -	$ -	$ -	
Office		$ 1,947.75	$ 1,947.75	$ -	$ 1,947.75	$ 1,947.75	$ -	$ -	$ -	
6. Travel	$ 1,057.50	$ 3,270.75	$ 4,328.25	$ 607.50	$ 3,270.75	$ 3,878.25	$ 450.00	$ -	$ 450.00	
7. Occupancy				$ -	$ -	$ -	$ -	$ -	$ -	
8. Current Expenses				$ -	$ -	$ -	$ -	$ -	$ -	
Telephone				$ -	$ -	$ -	$ -	$ -	$ -	
Postage				$ -	$ -	$ -	$ -	$ -	$ -	
Subscriptions		$ 487.50	$ 487.50	$ -	$ 487.50	$ 487.50	$ -	$ -	$ -	
Audit and Legal				$ -	$ -	$ -	$ -	$ -	$ -	
Insurance				$ -	$ -	$ -	$ -	$ -	$ -	
Board Expenses				$ -	$ -	$ -	$ -	$ -	$ -	
9. Software		$ 5,025.00	$ 5,025.00	$ -	$ 5,025.00	$ 5,025.00	$ -	$ -	$ -	
10. Marketing/Communications				$ -	$ -	$ -	$ -	$ -	$ -	
11. Staff Education and Training	$ 1,614.75		$ 1,614.75	$ 1,314.75	$ -	$ 1,314.75	$ 300.00	$ -	$ 300.00	
12. Subcontracts/Agreements	$ 41,070.00		$ 41,070.00	$ 19,128.00	$ -	$ 19,128.00	$ 21,942.00	$ -	$ 21,942.00	
13. Other (specific details mandatory):				$ -	$ -	$ -	$ -	$ -	$ -	
				$ -	$ -	$ -	$ -	$ -	$ -	
				$ -	$ -	$ -	$ -	$ -	$ -	
				$ -	$ -	$ -	$ -	$ -	$ -	
TOTAL	$ 354,457.70	$ 16,178.25	$ 370,635.95	$ 230,695.70	$ 16,178.25	$ 246,873.95	$ 123,762.00	$ -	$ 123,762.00	
Indirect As A Percent of Direct		4.6%	$ 370,635.95			[illegible]			$ 123,762.00	
			[illegible]	65.1%			34.9%		$ 370,635.95	
			$ (272,763.13)							

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State of New Hampshire

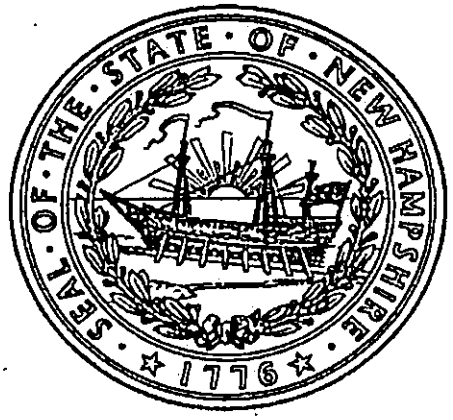
Department of State

CERTIFICATE

I, William M. Gardner, Secretary of State of the State of New Hampshire, do hereby certify that WHITE MOUNTAIN COMMUNITY HEALTH CENTER is a New Hampshire Nonprofit Corporation registered to transact business in New Hampshire on June 01, 1981. I further certify that all fees and documents required by the Secretary of State's office have been received and is in good standing as far as this office is concerned.

Business ID: **62590**

Certificate Number: **0005046300**



IN TESTIMONY WHEREOF,

I hereto set my hand and cause to be affixed the Seal of the State of New Hampshire, this 20th day of November A.D. 2020.

William M. Gardner

Secretary of State

Filing History

Back to Home (/online)

Business Name	Business ID
WHITE MOUNTAIN COMMUNITY HEALTH CENTER	62590

Filing#	Filing Date	Effective Date	Filing Type	Annual Report Year
0005278956	03/04/2021	03/04/2021	Revival	N/A
0005278954	03/04/2021	03/04/2021	Nonprofit Report	2020
0005305463	01/01/2021	01/01/2021	Admin Dissolution/Suspension	N/A
0004775609	01/16/2020	01/16/2020	Annual Report Reminder	N/A
0003023707	01/06/2015	01/06/2015	Annual Report	2015
0000714813	03/18/2011	03/18/2011	Reinstatement	2010
0000714812	02/15/2011	02/15/2011	Admin Dissolution/Suspension	N/A
0000714811	10/08/2010	10/08/2010	Reminder Letter	N/A
0000714810	04/25/2006	04/25/2006	Change of Business Address	N/A
0000714809	03/24/2006	03/24/2006	Reinstatement	2005
0000714808	03/01/2006	03/01/2006	Admin Dissolution/Suspension	N/A
0000714807	01/08/2001	01/08/2001	Amendment	N/A
0000714806	06/26/2000	06/26/2000	Annual Report	2000
0000714805	01/04/1996	01/04/1996	Amendment	N/A
0000714804	08/01/1995	08/01/1995	Annual Report	1995
0000714803	01/02/1990	01/02/1990	Annual Report	1990
0000714802	09/29/1981	09/29/1981	Amendment	N/A
0000714801	06/01/1981	06/01/1981	Business Formation	N/A

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NH Department of State, 107 North Main St. Room 204, Concord, NH 03301 -- **Contact Us (/online/Home/ContactUS)**

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CERTIFICATE OF AUTHORITY

I, Angela M. Zakon, do hereby certify that:

1. I am a duly elected Officer of White Mountain Community Health Center.

2. The following is a true copy of a vote taken at a meeting of the Board of Directors of the Agency, duly called and held on June 27, 2019, at which a quorum of the Directors/shareholders were present and voting.

VOTED: That Executive Director Kenneth Porter is hereby authorized on behalf of White Mountain Community Health Center to enter into the said contract with the State and to execute any and all documents, agreements and other instruments, and any amendments, revisions, or modifications thereto, as he may deem necessary, desirable or appropriate.

3. I hereby certify that said vote has not been amended or repealed and remains in full force and effect as of the date of the contract/contract amendment to which this certificate is attached. This authority **remains valid for thirty (30)** days from the date of this Certificate of Authority. I further certify that it is understood that the State of New Hampshire will rely on this certificate as evidence that the person(s) listed above currently occupy the position(s) indicated and that they have full authority to bind the corporation. To the extent that there are any limits on the authority of any listed individual to bind the corporation in contracts with the State of New Hampshire, all such limitations are expressly stated herein.

Dated: 11/20/2020

Signature of Elected Officer

Name: Angela M. Zakon
Title: Treasurer

ACORD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 05/04/2021

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	CONTACT NAME: Tracey Guignard	
Noyes Hall & Allen Insurance	PHONE (A/C, No, Ext): (207) 799-5541	FAX (A/C, No):
170 Ocean St.	E-MAIL ADDRESS: tguignard@nha-ins.com	
South Portland ME 04106	INSURER(S) AFFORDING COVERAGE	NAIC #
INSURED	INSURER A : Medical Mutual Insurance	
White Mountain Community Health Center	INSURER B :	
298 White Mountain Highway	INSURER C :	
	INSURER D :	
	INSURER E :	
Conway NH 03818	INSURER F :	

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☐ PRO-JECT ☐ LOC ☒ OTHER: Each Event			NH HCP004254	01/01/2021	01/01/2022	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$ 1,000,000 $ 100,000 $ 5,000 $ 1,000,000 $ 3,000,000 $ 1,000,000
	AUTOMOBILE LIABILITY ☐ ANY AUTO ☐ OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☐ HIRED AUTOS ONLY ☐ NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ $ $ $
A	☒ UMBRELLA LIAB ☐ OCCUR ☐ EXCESS LIAB ☒ CLAIMS-MADE ☐ DED ☐ RETENTION $ 10000			NH UMB004256	01/01/2021	01/01/2022	EACH OCCURRENCE AGGREGATE Retro-Date 12/05/1989	$ 1,000,000 $ 1,000,000 $
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y / N ☐ If yes, describe under DESCRIPTION OF OPERATIONS below	N/A					☐ PER STATUTE ☐ OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	$ $ $
A	Medical Professional Liability Claims Made			NH HCP004254	01/01/2021	01/01/2022	Each Loss Aggregate Retro-Date 12/05/1989	1,000,000 3,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

State of New Hampshire

Department of Health and Human Services
129 Pleasant Street
Concord NH 03301

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Tracey Guignard

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White Mountain Community Health Center

Mission, Vision, and Values

Mission

White Mountain Community Health Center provides the community with affordable access to high-quality, compassionate, individualized healthcare and support services needed to achieve wellness.

Vision

We envision a community where everyone gets the care and support they need to be healthy regardless of financial situation.

Values

AFFORDABLE CARE

We want to ensure that anyone in the community can access the best healthcare, no matter who they are and what resources they have. We welcome all regardless of ability to pay, strive for cost transparency, and look for other ways to help patients overcome barriers to care.

RESPECT

We respect each person we work with as a fellow human being. We take the time necessary to build good relationships with patients. Patients' opinions matter to us and we listen to them and shape their care accordingly. We expect patients to treat us with respect and integrity in return. Staff take the time to build good relationships with each other as well to create a supportive and respectful work culture.

COMPREHENSIVE, INTEGRATED CARE

We provide care for the whole person. Providers work as a team to provide integrated care for patients and connect them with resources to address all factors affecting their ability to achieve health.

PROFESSIONAL EXCELLENCE

We recruit highly skilled staff and provide support and continuing education to ensure our patients get the highest level of care. We evaluate our performance regularly and use data to determine areas of improvement.

DEDICATION

We work hard for our patients and go the extra mile to ensure we are following through. Our patients can depend on us.

COLLABORATION

Our staff collaborate and learn from each other to take full advantage of each staff member's strengths. We work closely with other organizations to address our community's health needs and underlying social determinants of health.

INNOVATION

We lead the way in community healthcare, finding creative ways to provide cutting-edge care with the available resources.

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BerryDunn

WHITE MOUNTAIN COMMUNITY HEALTH CENTER

Whole Person. Whole Family. Whole Valley.

FINANCIAL STATEMENTS

June 30, 2020 and 2019

With Independent Auditor's Report

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BerryDunn

INDEPENDENT AUDITOR'S REPORT

Board of Directors
White Mountain Community Health Center

We have audited the accompanying financial statements of White Mountain Community Health Center, which comprise the balance sheets as of June 30, 2020 and 2019, and the related statements of operations, changes in net assets, and cash flows for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with U.S. generally accepted accounting principles; this includes the design, implementation and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with U.S. generally accepted auditing standards. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

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Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of White Mountain Community Health Center as of June 30, 2020 and 2019, and the results of its operations, changes in its net assets and its cash flows for the years then ended, in accordance with U.S. generally accepted accounting principles.

Adoption of New Accounting Standard

As discussed in Note 1 to the financial statements, during the year ended June 30, 2020, White Mountain Community Health Center adopted new accounting guidance, Financial Accounting Standards Board Accounting Standards Update No. 2016-18, *Restricted Cash* (Topic 230). Our opinion is not modified with respect to this matter.

Berry Dunn McNeil & Parker, LLC

Portland, Maine
October 22, 2020

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WHITE MOUNTAIN COMMUNITY HEALTH CENTER

Balance Sheets

June 30, 2020 and 2019

ASSETS

	2020	2019
Current assets		
Cash and cash equivalents	$ 676,267	$ 87,836
Patient accounts receivable, net	101,173	109,155
Grants receivable	80,362	80,101
Prepaid expenses	30,935	16,516
Total current assets	888,737	293,608
Investments	269,228	268,735
Assets limited as to use	36,818	31,550
Property and equipment, net	67,056	63,509
Total assets	$ 1,261,839	$ 657,402

LIABILITIES AND NET ASSETS

Current liabilities		
Accounts payable and accrued expenses	$ 8,860	$ 14,057
Accrued payroll and related amounts	73,866	56,334
Deferred revenue	44,305	44,092
Provider relief funds	4,759	-
Paycheck Protection Program refundable advance	238,000	-
COVID-19 Emergency Healthcare System Relief Fund loan	345,000	-
Line of credit	-	100,000
Total current liabilities and total liabilities	714,790	214,483
Net assets		
Without donor restrictions	510,231	411,369
With donor restrictions	36,818	31,550
Total net assets	547,049	442,919
Total liabilities and net assets	$ 1,261,839	$ 657,402

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

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WHITE MOUNTAIN COMMUNITY HEALTH CENTER

Statements of Operations

Years Ended June 30, 2020 and 2019

	2020	2019
Operating revenue		
Patient service revenue	$ 1,065,333	$ 1,087,312
Provision for bad debts	(68,721)	(56,516)
Net patient service revenue	996,612	1,030,796
Grants and other support	625,336	653,381
Provider relief funds	118,507	-
Other operating revenue	9,566	6,221
Net assets released from restriction for operations	2,487	10,600
Total operating revenue	1,752,508	1,700,998
Operating expenses		
Salaries and wages	1,096,501	1,039,296
Benefits	194,949	202,036
Contract services	123,570	162,339
Program supplies	39,527	71,353
Occupancy	76,250	75,444
Other operating expenses	118,063	142,471
Depreciation	19,746	15,030
Interest	5,692	5,518
Total operating expenses	1,674,298	1,713,487
Operating income (loss)	78,210	(12,489)
Other revenue and gains		
Change in fair value of investments	(1,345)	11,376
Excess (deficiency) of revenue over expenses	76,865	(1,113)
Net assets released from restriction for capital acquisition	21,997	17,867
Increase in net assets without donor restrictions	$ 98,862	$ 16,754

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

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WHITE MOUNTAIN COMMUNITY HEALTH CENTER

Statements of Changes in Net Assets

Years Ended June 30, 2020 and 2019

	2020	2019
Net assets without donor restrictions		
Excess (deficiency) of revenue over expenses	$ 76,865	$ (1,113)
Net assets released from restriction for capital acquisition	21,997	17,867
Increase in net assets without donor restrictions	98,862	16,754
Net assets with donor restrictions		
Contributions	29,752	8,000
Net assets released from restriction for operations	(2,487)	(10,600)
Net assets released from restriction for capital acquisition	(21,997)	(17,867)
Increase (decrease) in net assets with donor restrictions	5,268	(20,467)
Change in net assets	104,130	(3,713)
Net assets, beginning of year	442,919	446,632
Net assets, end of year	$ 547,049	$ 442,919

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

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WHITE MOUNTAIN COMMUNITY HEALTH CENTER

Statements of Cash Flows

Years Ended June 30, 2020 and 2019

	2020	2019
Cash flows from operating activities		
Change in net assets	$ 104,130	$ (3,713)
Adjustments to reconcile change in net assets to net cash used by operating activities		
Depreciation	19,746	15,030
Change in fair value of investments	1,345	(11,376)
Contributions for long-term purposes	(29,752)	(8,000)
(Increase) decrease in		
Patient accounts receivable	7,982	(39,280)
Grants receivable	(261)	44,514
Prepaid expenses	(14,419)	10,665
Increase (decrease) in		
Accounts payable and accrued expenses	(5,197)	(4,985)
Accrued payroll and related expenses	17,532	412
Deferred revenue	213	(39,922)
Deferred provider relief funds	4,759	-
Net cash provided (used) by operating activities	106,078	(36,655)
Cash flows from investing activities		
Proceeds from sale of investments	70,007	66,254
Purchase of investments	(71,845)	(66,055)
Capital expenditures	(23,293)	(33,797)
Net cash used by investing activities	(25,131)	(33,598)
Cash flows from financing activities		
Contributions for long-term purposes	29,752	8,000
Proceeds from Paycheck Protection Program	238,000	-
Proceeds from COVID-19 Emergency Healthcare System Relief Fund	345,000	-
(Payments on) proceeds from line of credit	(100,000)	100,000
Net cash provided by financing activities	512,752	108,000
Net increase in cash and cash equivalents and restricted cash	593,699	37,747
Cash and cash equivalents and restricted cash, beginning of year	119,386	81,639
Cash and cash equivalents and restricted cash, end of year	$ 713,085	$ 119,386
Breakdown of cash and cash equivalents and restricted cash, end of year		
Cash and cash equivalents	$ 676,267	$ 87,836
Assets limited as to use	36,818	31,550
	$ 713,085	$ 119,386
Supplemental disclosures of cash flow information		
Cash paid for interest	$ 5,692	$ 5,518

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

WHITE MOUNTAIN COMMUNITY HEALTH CENTER

Notes to Financial Statements

June 30, 2020 and 2019

Organization

White Mountain Community Health Center (the Center) is a non-profit corporation organized in New Hampshire. The Center's primary purpose is to provide comprehensive primary and preventative healthcare services to the residents in the town of Conway, New Hampshire, and surrounding communities.

The Center is a Federally Qualified Health Center (FQHC) Look-Alike. While FQHC Look-Alikes do not receive Health Center Program grant funds provided to FQHCs, they are eligible to receive enhanced reimbursement under FQHC Medicare and Medicaid payment methodologies. FQHC Look-Alikes are also eligible to purchase discounted drugs through the 340B Federal Drug Pricing Program.

1. Summary of Significant Accounting Policies

Basis of Presentation

The financial statements of the Center have been prepared in accordance with U.S. generally accepted accounting principles (U.S. GAAP), which require the Center to report information in the financial statements according to the following net asset classifications:

Net assets without donor restrictions: Net assets that are not subject to donor-imposed restrictions and may be expended for any purpose in performing the primary objectives of the Center. These net assets may be used at the discretion of the Center's management and the Board of Directors.

Net assets with donor restrictions: Net assets subject to stipulations imposed by donors and grantors. The donor restrictions are temporary in nature and the restrictions will be met by actions of the Center or by the passage of time.

Uncertainty Related to COVID-19

On March 11, 2020, the World Health Organization declared the 2019 Novel Coronavirus Disease (COVID-19) a global pandemic. The COVID-19 pandemic has impacted and could further impact the Center's operations as a result of quarantines and travel and logistics restrictions. The extent to which the COVID-19 pandemic impacts the Center's business, results of operations and financial condition will depend on future developments, which are highly uncertain and cannot be predicted, including, but not limited to the duration, spread, severity, and impact of the COVID-19 pandemic, the effects of the COVID-19 pandemic on the Center's members and the remedial actions and stimulus measures adopted by local and federal governments. Therefore, the Center cannot reasonably estimate the impact at this time.

Income Taxes

The Center is a public charity under Section 501(c)(3) of the Internal Revenue Code. As a public charity, the Center is exempt from state and federal income taxes on income earned in accordance with its tax exempt purpose. Unrelated business income is subject to state and federal income tax. Management has evaluated the Center's tax positions and concluded that the Center has no unrelated business income or uncertain tax positions that require adjustment to the financial statements.

Use of Estimates

The preparation of financial statements in conformity with U.S. GAAP requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

Cash and Cash Equivalents

Cash and cash equivalents include highly liquid investments with an original maturity of three months or less.

The Center has cash deposits in major financial institutions which exceed federal depository insurance limits. The Center has not experienced losses in such accounts and management believes the credit risk related to these deposits is minimal.

In 2020, the Center adopted Financial Accounting Standards Board (FASB) Accounting Standards Update (ASU) No. 2016-18, *Restricted Cash* (Topic 230), which requires that a statement of cash flows explain the change during the period in the total of cash, cash equivalents, and amounts generally described as restricted cash or restricted cash equivalents. Therefore, amounts generally described as restricted cash and restricted cash equivalents should be included with cash and cash equivalents when reconciling the beginning-of-period and end-of-period total amounts shown on the statement of cash flows. The 2019 statements of cash flows has been restated to conform to the provisions of ASU No. 2016-18. Cash and cash equivalents and restricted cash, beginning of year for June 30, 2019 was increased by $52,017.

Grants Receivable

Grants receivable are stated at the amount management expects to collect from outstanding balances. All such amounts are considered collectible.

A portion of the Center's revenue is derived from cost-reimbursable grants, which are conditioned upon certain performance requirements and/or the incurrence of allowable qualifying expenses. Amounts received are recognized as revenue when the Center has incurred expenditures in compliance with specific contract or grant provisions. Amounts received prior to incurring qualifying expenditures are reported as deferred revenue. The Center received cost reimbursable grants of $44,305 and $44,092 that have not been recognized at June 30, 2020 and 2019, respectively, because qualifying expenditures have not yet been incurred. The Center also has been awarded $259,409 in cost-reimbursable grants with a project period beginning July 1, 2020.

The Center receives a significant amount of grants indirectly from the U.S. Department of Health and Human Services (HHS). As with all government funding, these grants are subject to change in future years. For the years ended June 30, 2020 and 2019, grants received indirectly from HHS represented approximately 42% and 54%, respectively, of grants and other support.

Investments

The Center reports investments at fair value. Investments include assets held for long-term purposes. Accordingly, investments have been classified as non-current assets on the accompanying balance sheet regardless of maturity or liquidity. The Center has established policies governing long-term investments.

The Center has elected the fair value option for valuing its investments, which consolidates all investment performance activity within the other revenue and gains section of the statements of operations. The election was made because the Center believes reporting the activity as a single amount provides a clearer measure of the investment performance.

Investment income and the change in fair value are included in the excess (deficiency) of revenue over expenses, unless otherwise stipulated by the donor or State Law.

Investments, in general, are exposed to various risks, such as interest rate, credit, and overall market volatility risks. As such, it is reasonably possible that changes in the values of investments will occur in the near term and that such changes could materially affect the amounts reported in the financial statements.

Assets Limited As To Use

Assets limited as to use are comprised of donor-restricted cash contributions.

Property and Equipment

Property and equipment are carried at cost, less accumulated depreciation. Maintenance, repairs and minor renewals are expensed as incurred and renewals and betterments are capitalized. Provision for depreciation is computed using the straight-line method over the useful lives of the related assets. The Center's capitalization policy is applicable for acquisitions greater than $5,000.

Provider Relief Funds

The Coronavirus Aid, Relief, and Economic Security (CARES) Act and the Paycheck Protection Program and Health Care Enhancement Act (PPPHCE) Act established the Provider Relief Fund (PRF) to support healthcare providers in the battle against the COVID-19 outbreak. The PRF is being administered by HHS. The Center received PRF in the amount of $123,266 during the year ended June 30, 2020. These funds are to be used for qualifying expenses and to cover lost revenue due to COVID-19. The PRF are considered conditional contributions and are recognized as income when qualifying expenditures have been incurred. The Center incurred qualifying expenditures in the amount of $118,507 through June 30, 2020, which consisted of $81,747 of qualifying expenses and $36,760 of lost revenue. Management believes the position taken is a reasonable interpretation of the rules, subject to further clarification, which is expected from HHS.

Subsequent reporting requirements to HHS are required for the period ending December 31, 2020. On September 19, 2020, HHS issued reporting requirements which potentially will revise the previous definition of lost revenue. Due to the complexity of the reporting requirements and the continued issuance of clarifying guidance, there is at least a reasonable possibility the amount of income recognized related to lost revenue may change by a material amount. Any difference between amounts previously estimated and amounts subsequently determined to be recoverable or payable will be included in income in the year that such amounts become known.

Paycheck Protection Program

On May 6, 2020, the Center qualified for and received a loan in the amount of $238,000 pursuant to the Paycheck Protection Program (PPP), a program implemented by the U.S. Small Business Administration (SBA) under the CARES Act and the PPPHCE Act. The loan is unsecured, has a two-year term with a maturity date of May 2022, bears an annual interest rate of 1%, and shall be payable monthly with the first six monthly payments deferred. The principal amount of the PPP is subject to forgiveness, upon the Center's request, to the extent that the proceeds are used to pay qualifying expenditures, including payroll costs, interest on mortgages, rent and utilities, incurred by the Center.

The Center has utilized $119,034 of the total available PPP for qualifying expenditures as of June 30, 2020 and anticipates utilizing the remaining funds in the first quarter of fiscal year 2021. It is the Center's intent to apply for forgiveness at that time. Forgiveness is subject to the sole approval of the SBA. The Center has chosen to follow the conditional contribution model for the PPP and has opted to not record any income until forgiveness is received. The full amount of the PPP received is reported as a refundable advance in the current liabilities section of the balance sheet at June 30, 2020.

COVID-19 Emergency Healthcare System Relief Fund Loan

On May 27, 2020, the Center qualified for and received a loan in the amount of $345,000 from the COVID-19 Emergency Healthcare System Relief Fund (Relief Loan), a program implemented by the State of New Hampshire, Department of Health and Human Services. The Relief Loan is unsecured, is interest free, and has a maturity date of 180 days after the expiration of the State of Emergency declared by the Governor at which time the loan is due in full. The principal amount of the Relief Loan has the potential to be converted to a grant at the discretion of the Governor if certain criteria are met. The Center has not utilized the Relief Loan as of June 30, 2020 and is uncertain whether the Center will have qualifying expenditures in fiscal year 2021. The Center believes it is possible the Relief Loan will be due within a year and as a result, the full amount of the Relief Loan is reported as a current liability on the balance sheet at June 30, 2020.

Patient Service Revenue

Patient service revenue is reported at the estimated net realizable amounts from patients, third-party payers, and others for services rendered, including estimated retroactive adjustments under reimbursement agreements with third-party payers. Retroactive adjustments are accrued on an estimated basis in the period the related services are rendered and adjusted in future periods as final settlements are determined.

Contributions

Unconditional promises to give cash and other assets are reported at fair value at the date the promise is received, which is then treated as cost. The gifts are reported as net assets with donor restrictions if they are received with donor stipulations that limit use of the donated assets. When a donor restriction expires, that is, when a stipulated time restriction ends or purpose restriction is accomplished, net assets with donor restrictions are reclassified as net assets without donor restrictions and reported in the statements of operations as net assets released from restriction. Contributions whose restrictions are met in the same period as the support was received are recognized as net assets without donor restrictions.

The Center has adopted ASU No. 2018-08, *Not-for-Profit Entities* (Topic 958), *Clarifying the Scope and the Accounting Guidance for Contributions Received and Contributions Made*. ASU No. 2018-08 applies to all entities that receive or make contributions and clarifies the definition of transactions accounted for as an exchange transaction subject to applicable guidance for revenue recognition, and transactions that should be accounted for as contributions (non-exchange transactions) subject to the contribution accounting model. Further, ASU No. 2018-08 provides criteria for evaluating whether contributions are unconditional or conditional. Conditional contributions specify a barrier that the recipient must overcome and a right of return that releases the donor from its obligation if the barrier is not achieved, otherwise the contribution is unconditional. The adoption of ASU No. 2018-08 had no impact on the Center's net assets, results of its operations, or cash flows.

Excess (Deficiency) of Revenue Over Expenses

The statements of operations reflect the excess (deficiency) of revenue over expenses. Changes in net assets without donor restrictions which are excluded from the excess (deficiency) of revenue over expenses include contributions of long-lived assets (including assets acquired using contributions which, by donor restriction, were to be used for the purposes of acquiring such assets).

Subsequent Events

For purposes of the preparation of these financial statements, management has considered transactions or events occurring through October 22, 2020, the date that the financial statements were available to be issued. Management has not evaluated subsequent events after that date for inclusion in the financial statements.

2. Availability and Liquidity of Financial Assets

The Center regularly monitors liquidity required to meet its operating needs and other contractual commitments. The Center has various sources of liquidity at its disposal, including cash and cash equivalents, investments and a line of credit.

The Center had working capital of $173,947 and $79,125 at June 30, 2020 and 2019, respectively. The Center had average days (based on normal expenditures) cash and investments on hand of 209 and 77 at June 30, 2020 and 2019, respectively.

Financial assets available for general expenditure within one year were as follows at June 30:

	2020	2019
Cash	$ 676,267	$ 87,836
Patient accounts receivable, net	101,173	109,155
Grants receivable	80,362	80,101
Investments	269,228	268,735
Total financial assets without donor restrictions	1,127,030	545,827
Less COVID-19 Emergency Healthcare System Relief Fund loan	345,000	-
Financial assets available to meet general expenditures within one year	$ 782,030	$ 545,827

The Center's goal is generally to have, at the minimum, the Health Resources and Services Administration recommended days cash on hand for operations of 30 days and 90 days cash in reserve. Average days cash on hand was higher than the Center's goal in 2020 due to various COVID related relief payments disclosed in Note 1.

The Center has an available $100,000 line of credit through September 30, 2020, as described in Note 6.

3. Patient Accounts Receivable

Accounts receivable are stated at the amount management expects to collect from outstanding balances as follows at June 30:

	2020	2019
Gross patient accounts receivable	$ 228,171	$ 229,826
Less:		
Allowance for uncollectible accounts	(75,369)	(54,000)
Allowance for contractual adjustments	(51,629)	(66,671)
Patient accounts receivable, net	$ 101,173	$ 109,155

The Center grants credit without collateral to its patients, most of whom are local residents and are insured under third-party payer agreements. Gross accounts receivable due from the Medicaid and Medicare programs accounted for approximately 23% and 12%, respectively, of the Center's gross accounts receivable at June 30, 2020 and 30% and 13%, respectively, for the year ended June 30, 2019. No other individual payers exceeded 10% of gross accounts receivable.

Management provides for probable uncollectible amounts by analyzing the Center's past history and identification of trends for all funding sources in the aggregate. In addition, patient balances in excess of 120 days are 100% reserved. Management regularly reviews data about revenue and collections in evaluating the sufficiency of the allowance for uncollectible accounts. Amounts not collected after all reasonable collection efforts have been exhausted are applied against the allowance for uncollectible accounts.

A reconciliation of the allowance for uncollectible accounts follows at June 30:

	2020	2019
Balance, beginning of year	$ 54,000	$ 30,000
Provision for bad debts	68,721	56,516
Write-offs	(47,352)	(32,516)
Balance, end of year	$ 75,369	$ 54,000

The allowance for uncollectible accounts increased during 2020 as a result of an increase in the age of patient related receivable balances.

4. Investments and Fair Value Measurement

FASB Accounting Standards Codification (ASC) Topic 820, *Fair Value Measurement*, defines fair value as the price that would be received to sell an asset or paid to transfer a liability (an exit price) in an orderly transaction between market participants and also establishes a fair value hierarchy which requires an entity to maximize the use of observable inputs and minimize the use of unobservable inputs when measuring fair value.

The fair value hierarchy within FASB ASC Topic 820 distinguishes three levels of inputs that may be utilized when measuring fair value:

Level 1: Quoted prices (unadjusted) for identical assets or liabilities in active markets that the entity has the ability to access as of the measurement date.

Level 2: Significant observable inputs other than Level 1 prices, such as quoted prices for similar assets or liabilities, quoted prices in markets that are not active, and other inputs that are observable or can be corroborated by observable market data.

Level 3: Significant unobservable inputs that reflect an entity's own assumptions about the assumptions that market participants would use in pricing an asset or liability.

The following table sets forth by level, within the fair value hierarchy, the Center's investments at fair value measured on a recurring basis:

	Investments at Fair Value at June 30, 2020			
	Level 1	Level 2	Level 3	Total
Cash and cash equivalents	$ 43	$ -	$ -	$ 43
Exchange traded funds	34,801	-	-	34,801
Mutual funds	234,384	-	-	234,384
Total investments	$ 269,228	$ -	$ -	$ 269,228

	Investments at Fair Value at June 30, 2019			
	Level 1	Level 2	Level 3	Total
Mutual funds	$ 268,735	$ -	$ -	$ 268,735

5. Property and Equipment

A summary of property and equipment is as follows at June 30:

	2020	2019
Leasehold improvements	$ 28,879	$ 28,879
Furniture	44,855	44,855
Equipment	506,810	467,587
Total cost	580,544	541,321
Less accumulated depreciation	513,488	493,742
Total cost, less accumulated depreciation	67,056	47,579
Equipment not in service	-	15,930
Property and equipment, net	$ 67,056	$ 63,509

6. Line of Credit

The Center had a $100,000 unsecured line of credit available with a local bank through September 30, 2020. Interest on borrowings was charged at Prime plus 2% (5.25% at June 30, 2020). There was no balance outstanding at June 30, 2020. The outstanding balance at June 30, 2019 was $100,000. The Center is in the process of applying for a new line of credit.

7. Net Assets with Donor Restrictions

Net assets with donor restrictions are temporary in nature and are available for the following purposes at June 30:

	2020	2019
Capital purchases	$ 26,594	21,201
Program activities	10,224	10,349
Total	$ 36,818	$ 31,550

8. Patient Service Revenue

Patient service revenue is as follows for the years ended June 30:

	2020	2019
Medicaid	$ 517,871	$ 542,203
Medicare	100,462	142,818
Third-party insurance	271,785	272,305
Patient pay	175,215	129,986
Total	$ 1,065,333	$ 1,087,312

Laws and regulations governing the Medicare and Medicaid programs are complex and subject to interpretation. The Center believes that it is in compliance with all laws and regulations. Compliance with such laws and regulations can be subject to future government review and interpretation, as well as significant regulatory action including fines, penalties and exclusion from the Medicare and Medicaid programs. Differences between amounts previously estimated and amounts subsequently determined to be recoverable or payable are included in patient service revenue in the year that such amounts become known.

A summary of the payment arrangements with major third-party payers follows:

Medicare

The Center is reimbursed for the care of qualified patients on a prospective basis, with retroactive settlements related to vaccine costs only. The prospective payment is based on a geographically-adjusted rate determined by Federal guidelines. Overall, reimbursement is subject to a maximum allowable rate per visit.

Medicaid and Other Payers

The Center also has entered into payment agreements with Medicaid and certain commercial insurance carriers, health maintenance organizations and preferred provider organizations. The basis for payment to the Center under these agreements includes prospectively determined rates per visit and contractually obligated payment rates which may be less than the Center's public fee schedule.

Charity Care

The Center provides care to patients who meet certain criteria under its sliding fee discount policy without charge or at amounts less than its established rates. Because the Center does not pursue collection of amounts determined to qualify as charity care, they are not reported as net patient service revenue. The Center estimates the costs associated with providing charity care by calculating the ratio of total cost to total charges, and then multiplying that ratio by the gross uncompensated charges associated with providing care to patients eligible for the sliding fee discount. The estimated cost of providing services to patients under the Center's charity care policy amounted to $88,454 and $94,744 for the years ended June 30, 2020 and 2019, respectively. The Center is able to provide these services with a component of funds received through local community support.

9. Functional Expenses

The financial statements report certain categories of expenses that are attributable to more than one program or supporting function; therefore, these expenses require allocation on a reasonable basis that is consistently applied. As the Center is a service organization, such expenses are allocated between healthcare services and administrative support based on the percentage of direct care wages to total wages.

Expenses related to providing these services are as follows for the years ended June 30:

	Healthcare Services	Administrative Support	Total
2020:			
Salaries and wages	$ 981,149	$ 115,352	$ 1,096,501
Benefits	174,440	20,509	194,949
Contract services	90,719	32,851	123,570
Program supplies	39,527	-	39,527
Occupancy	68,228	8,022	76,250
Other operating expenses	101,526	16,537	118,063
Depreciation	17,669	2,077	19,746
Interest	5,093	599	5,692
Total operating expenses	$ 1,478,351	$ 195,947	$ 1,674,298
2019:			
Salaries and wages	$ 925,491	$ 113,805	$ 1,039,296
Benefits	179,912	22,124	202,036
Contract services	138,717	23,622	162,339
Program supplies	71,353	-	71,353
Occupancy	67,183	8,261	75,444
Other operating expenses	123,947	18,524	142,471
Depreciation	13,384	1,646	15,030
Interest	4,914	604	5,518
Total	$ 1,524,901	$ 188,586	$ 1,713,487

10. Malpractice Claims

The Center insures its medical malpractice risks on a claims-made basis. There were no known malpractice claims outstanding at June 30, 2020 which, in the opinion of management, will be settled for amounts in excess of insurance coverage nor are there any unasserted claims or incidents which require loss accrual. The Center intends to renew coverage on a claims-made basis and anticipates that such coverage will be available.

11. Retirement Plan

The Center has a 403(b) retirement plan covering substantially all employees. Contributions by the Center to the plan amounted to $20,749 and $13,797 for the years ended June 30, 2020 and 2019, respectively.

12. Donations In-Kind

The Memorial Hospital (TMH) provides the Center with office and clinic space located in Conway, New Hampshire at no cost. In-kind contributions from TMH to the Center amounted to $59,004 for the years ended June 30, 2020 and 2019 which is included in grants and other support and occupancy in the statements of operations.

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WHITE MOUNTAIN COMMUNITY HEALTH CENTER

Whole Person. Whole Family. Whole Valley.

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Board Roster September 2020

Name, Office	Profession, place of work	Town
Mackie, Christy President	Camp and Operations Director Geneva Point Center	Fryeburg, ME
Bella, Jen Vice President	Licensed Clinical Social Worker Self-employed	Denmark, ME
Zakon, Angela Treasurer	Senior Accountant Leone, McDonnell & Roberts	Center Conway, NH
Carter, Amy Secretary	Librarian Cook Memorial Library	Tamworth, NH
Arsenault, Patricia	Student Licensed nurse/phlebotomist	Tamworth, NH
Champagne, Peter	District Manager White Mountain Subways LLC	Madison, NH
Cradock, Jack	Health Care Consultant The Galway Group	Conway, NH
Rowe, Elizabeth	HR Director Squam Lakes Natural Science Center	Tamworth, NH

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Deborah Cross, RN, MSN

[redacted]

EDUCATION

University of California, San Francisco
Master of Science in Nursing, Family Nurse Practitioner Specialty. June 2009.

Louisiana State University Medical Center, New Orleans
Associate of Science in Nursing, May 1996.

Rutgers University, New Brunswick, NJ.
Bachelor of Arts, Psychology major, May 1994.

FAMILY NURSE PRACTITIONER CLINICAL RESIDENCIES

Family Health Center, San Francisco General Hospital, 11/08 – 5/ 09.
Silver Avenue Health Center, San Francisco, 4/09 – 6/09.

- Provided primary care services to culturally diverse, low-income populations.
- Managed complex patients with multiple problems, i.e. uncontrolled diabetes & hypertension, depression, anxiety, chronic pain, and substance abuse.

Roseland Children's Health Center, Santa Rosa, 4/08 - 6/08.
Clinica de La Raza, Oakland, 4/09 – 6/09.

- Conducted newborn, infant, child & adolescent assessment and well child examinations.
- Diagnosed and prescribed treatment for common acute complaints, i.e. otitis media, strep throat.
- Managed common chronic conditions, i.e. asthma, atopic dermatitis.
- Predominantly Spanish speaking, low-income populations.

Young Women's Program, University of California, San Francisco, 1/09 – 4/09.

- Provided Ob/Gyn services to high risk teens & young adults.
- Received training in Mirena insertion.

Bolinas Community Health Center, Bolinas, 9/08 – 12/08.

- Provided primary care services to a rural coastal community.

Breast Center, University of California, San Francisco, 9/08 – 12/08.

- Assessed patients with abnormal mammograms or breast exams.
- Assessed patients with increased breast cancer risk due to family history.
- Assessed patients status post breast cancer treatment.

Kaiser Permanente Medical Group Women's Health Center, San Francisco, 1/09 – 4/09

- Provided routine obstetric (prenatal and postpartum care) and gynecologic care for various women's health issues.

Spine Center, University of California, San Francisco, 1/08 – 4/08.

- Performed neurological examinations & recorded patient histories.
- Performed trigger point and bursal injections.
- Assessed patients coping with chronic pain and physical disability.

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RN EXPERIENCE

St. Luke's Hospital, San Francisco, 6/03 – 6/09.
Emergency Department, staff nurse.

- Worked with primarily Spanish speaking low-income patients who did not have access to primary care

Common Ground Clinic, New Orleans, 4/06 – 6/06.

- RN volunteer
- Triaged patients presenting with acute and chronic health problems after Hurricane Katrina
- Provided diabetic education, healthy lifestyle instruction, and grief counseling

Women's Choice Clinic, Oakland, Ca. 9/06 – 5/08.

- RN volunteer
- Provided abortion education & counseling
- Taught phlebotomy skills to other volunteers

Veteran's Administration Medical Center, San Francisco, 9/02 – 6/03.
Transitional Care Unit, staff nurse – travel assignment.

- Provided care to acutely ill adults transitioning from ICU to med/surg.
- ICU & ER float.

St. Mary's Medical Center, Reno 6/99 – 8/02.
ICU & Emergency Department, staff nurse.

Primary Children's Hospital, Salt Lake City, 5/98 – 5/99.
Medical/Surgical, staff nurse.

- Cared for acutely ill infants, children, & adolescents.

University Hospital, Salt Lake City, 1/97 – 5/99.
Telemetry, staff nurse.

- Member of the end of life committee.

CERTIFICATIONS

- Basic Life Support
- Advanced Cardiovascular Life Support
- Pediatric Advanced Life Support

LANGUAGE SKILLS

- Intermediate Spanish

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Cynthia McGee

[redacted]

Board-certified Family Nurse Practitioner, motivated to work within the medical home model, or other Primary care setting, in order to build strong relationships within the health care team, patients and families. Able to integrate decades of experience from multiple levels of patient care to provide a home base for patients, as well as being an advocate, in order to achieve best possible outcomes.

Willing to relocate: Anywhere
Authorized to work in the US for any employer

WORK EXPERIENCE

Registered Nurse, Adolescent population, Per Diem

Scarborough School Department - Scarborough, ME -

2013 - Present

Care of children from kindergarten to 12th grade, addressing minor and major health and psychiatric issues as well as screening, education, and prevention.

Registered Nurse, Per Diem

Maine Medical Partners Urology - South Portland, ME -

2009 - 2015

Patient care ranging from infant to geriatric. This role included assessment, guidance, education, preoperative and post-surgical follow up, cancer treatments, and guidance on a wide variety of urological illness.

Registered Nurse, Adolescent population, Per Diem

CCS Correct Care Solutions - South Portland, ME -

2013 - 2014

Health care that included but not limited to compassionate and timely assessment, diagnosis, treatment, and education of minor and major injures as well as psychiatric well while maintaining safety.

Registered Nurse, Acute Detoxification Unit. Charge nurse

Mercy Hospital - Portland, ME -

2003 - 2008-05

in acute care involving physical, emotional, and spiritual illness that incorporated synthesis of history, physical and treatments, as well as the ability to note and address life threatening physical and psychological issues in a timely manner. Highly effective communication skill and the ability to work within a treatment team.

Registered Nurse

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Diversified Staffing Group - Portland, ME -

2001 - 2008

High quality care in many medical disciplines such as medical, surgical units, which included infant to geriatric, as well as Orthopedics, Neurology, PACU, Nursing Home Care, Skilled Care, Pediatrics, and Physical Rehabilitation.

Registered Nurse, Orthopedics/ Neurological Trauma

Maine Medical Center - Portland, ME -

2000 - 2002

Assessment and treatment of complex, multi-trauma, and post-operative orthopedic and neurologically compromised patients.

EDUCATION

Masters of Science in Nursing

Husson University

2014-09 - 2017-12

1 College Circle Bangor - Bangor, ME

2017-12

Bachelors in Science

University of Southern Maine - Portland, ME

2008-09 - 2013-05

Associates in Nursing

Central Maine Medical Center School of Nursing - Lewiston, ME

1998-08 - 2000-05

NURSING LICENSES

RN

Expires: 2019-08

State: ME

SKILLS

FNP certification ANCC

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CERTIFICATIONS

BLS for Healthcare Providers (CPR and AED)

2017-05 - 2019-05

ADDITIONAL INFORMATION

Member for the American Association of Nurse Practitioners and the Maine Nurses Association.

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Lisa Cushing, PA-C

[redacted]

EDUCATION

Le Moyne College, Syracuse, NY M.S. Physician Assistant Studies, 2015-2017

CLINICAL ROTATIONS

Family Medicine ⋄ DeKalb Health Center ⋄ 6 weeks
Emergency Medicine ⋄ Cortland Regional Medical Center ⋄ 6 weeks
Internal Medicine: Gastroenterology ⋄ Syracuse Gastroenterological Associates ⋄ 3 weeks
Internal Medicine: Nephrology ⋄ Kidney and Hypertension Consultants ⋄ 3 weeks
Elective: Cardiology ⋄ SJH Cardiology Associates ⋄ 6 weeks
General Surgery ⋄ Oneida Surgical Group ⋄ 6 weeks
Behavioral Medicine ⋄ Aaron Manor Rehabilitation ⋄ 5 weeks
Endocrinology ⋄ Family Care Medical Group ⋄ 1 week
Women's Gynecological Health ⋄ CNY Family Care ⋄ 3 weeks
Obstetrics and Women's Gynecological Health ⋄ Mohawk Valley Women's Health Associates ⋄ 3 weeks
Pediatric Medicine ⋄ Summerwood Pediatrics ⋄ 4 weeks
Pediatric Medicine ⋄ Elizabeth Seton Pediatric Center ⋄ 2 weeks

RESEARCH MASTERS PROJECT

Investigated the role of genetic testing in primary care as a means for preventive patient care using a systematic review

University of New Hampshire, Durham NH B.S., Biology, *magna cum laude*, 2008-2012

National University of Ireland, Galway City, Ireland Spring Semester Abroad, Jan-May 2011

American Red Cross Medical Careers Concord, NH Certified Nurse Assistant Certification Aug–Oct 2012

WORK EXPERIENCE

Nurse Assistant ⋄ Mount Sinai Queens, Astoria, NY Oct 2013 - June 2015
- Collaborated with nurses to provide patient and ventilator care to patients on the respiratory care unit and intensive care unit
- Assisted with patients care in an emergency department setting including placement ECG leads and vital sign monitoring
- Participated in wound care, dressing changes and prevention of decubitus ulcers

Nurse Assistant ⋄ Midway Nursing Home, Maspeth, NY July 2013- Oct 2013
- Provided residents with activities of daily living including helping with meals, transferring using assistive devices, bathing, dressing and grooming.
- Assisted in resident transfer on clinic visits.
- Preserved patient dignity and minimized discomfort while carrying out duties such as bedpan changes, diapering, emptying drainage bags and bathing.

Nurse Assistant ⋄ Golden View Health Care Center, Meredith, NH Nov 2012–May 2013
- Communicated with team members to ensure resident's needs were met.
- Trained new nurse assistant staff members as integral members of a team.
- Provided nursing care for Alzheimer and dementia residents in a 53-bed long-term-care facility.
- Documented activities of daily living, intake & output, vitals, behavior and other relevant resident information using Matrix Point of Care and complied with HIPAA standards in all patient documentation and interactions.

PROFESSIONAL CERTIFICATIONS

Advanced Cardiac Life Support, American Heart Association, June 2018
Basic Cardiac Life Support, American Heart Association, April 2018
12-Lead EKG Review, Certified Medical Educators, Aug 2018

ORGANIZATIONS

American Academy of Physician Assistants 2014-Present
New York State Society of Physician Assistants 2015-Present

LEADERSHIP & VOLUNTEERING

Physician Assistant Student Society ⋄ Secretary 2015-2016
Samaritan Center ⋄ Volunteer 2015-2016

SKILLS

EPIC, Meditech, Practice Fusion, eClinicalWorks, PointClickCare, MEDENT, Synapse, Caregiver, Word, Excel, PowerPoint, Google Drive

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Krystal Brown

[redacted]

PROFESSIONAL SUMMARY

Experienced and responsible Registered Medical Assistant with excellent teamwork and communication skills demonstrated by 6 1/2 years of experience in healthcare.

EXPERIENCE

RMA, Primary Care at Memorial Hospital, North Conway, NH **2010-2016**

Assisted patients with multiple chronic diagnoses. Helped physicians examine and treat patients by assisting with instruments, injections and suture removal. Organized, updated and maintained patient charts. Recorded patients medical history, vital statistics and test results in medical records. Escorted patients to examination rooms and prepared them for physician exams. Trained nursing staff to provide top-quality patient care. Educated patients about their treatments. Performed lab tests and communicated results. Instructed patients and family members on proper discharge care. Acted as a patient advocate as part of the nursing team. Coordinated Quality Improvement Activities (QIA's) to identify performance areas for improvement. Initiated insurance prior authorization forms for continuation of medical treatment for the patient. Initiated phone calls and answering phone messages in regards to medical questions with patients, family members, other physicians and insurance companies. Conducted letters to patients. Skillfully developed departmental goals, objectives, standards of performance, policies and procedures.

Health Coach at Integrity Health Coaching Centers, North Conway, NH **2017-current**

One on one coaching sessions, aided members with nutrition and weight loss, muscle growth and overall health and mindful wellbeing.

Home care, private duty **2019-current**

Performed ADL's, maintained my clients home, prepped meals and ran errands. Communicated with the family and health care providers in regards to clients declining health. Acted as her advocate when she was unable to communicate clearly.

EDUCATION

Fryeburg Academy - Fryeburg, Maine
High school diploma 2006

SMCC - Portland, Maine
2006-2008
2019-current
General Studies, focus of Nursing

Kaplan University - South Portland, Maine
2008-2010
Medical Assistant Program Certification

WMCC – Berlin NH
2018 – currently taking classes
Health Science program – focus of nursing

From Dr. Hamilton:
"Best hire ever worked with. Can apply skills investigative circles"

CERTIFICATION

RMA - Registered Medical Assistant Program - 2014
BLS - Basic Life Support - Every 3 years

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Linda Cooper
[redacted]

Work History

White Mountain Community Health Center Medical Assistant	2011 - present
Self Employed Home Health Care Provider LNA	2009 – 2011
DieselWorks LLC Parts Manager	2004 – 2009

Education

Seacoast Career School Sanford, ME	2010 – 2011
NH Works LNA course – Berlin, NH	2009
Fryeburg Academy	1984 – 1988

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Donna M. Dodge

[redacted]

PROFILE

- Registered Dietitian with experience developing dietary programs and counseling clients in weight loss, diabetes, sports nutrition, prenatal and adolescent nutrition, AIDS, renal/liver disease, cardiology and oncology
- Author of nutrition-focused articles and related marketing materials
- Poised public speaker
- Self directed, independent worker

EXPERIENCE

1/01 – Present **Corporate Dietitian • Program and Product Developer**
Body & Health Solutions · Salisbury, North Carolina
New Journey Weight Loss & Wellness · Naples, Florida (Sept. 2013 – Present)

- Provide nutrition and professional support to weight loss and wellness franchises
- Develop, design, and implement new diet programs, nutrition manuals and other diet and product-related materials
- Research and develop wellness-related products including vitamins, minerals, and food products
- Conduct nutrition and product training seminars to clinics across the country
- Write and design brochures, flyers, and web site material

9/95-12/00 **Nutrition Department Manager**
Envion International · Nashua, New Hampshire

- Manage nutrition department for company with $25 million in sales
- Provide nutrition, weight loss, and product counseling
- Conduct nutrition seminars at national sales conference with 750 attendees
- Participate on nutrition panels with Olympic athletes, MDs, and other health professionals
- Write nutrition-related articles, cookbook and marketing materials

11/97-5/01 **Per Diem Clinical Dietitian**
Elliot Hospital · Manchester, New Hampshire

- Conduct clinical assessments, provide in-patient counseling, monitor enteral/parenteral nutrition

1/95- 7/95 **Health Science Middle School Teacher**
American School Asuncion · Paraguay, South America

6/90 – 12/94 **Clinical Dietitian and Chief Clinical Dietitian**
Greenbriar Terrace Nursing Home · Nashua, New Hampshire
The Cheshire Medical Center · Keene, New Hampshire
Tewksbury State Hospital · Tewksbury, Massachusetts

EDUCATION

9/92 Certified Nutrition Support Dietitian

10/90 Registered Dietitian Certification

5/90 Emory University · Atlanta, Georgia
Dietetic Internship

5/89 University of New Hampshire · Durham New Hampshire
Bachelor of Science in Nutrition

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Cheryl Frankowski
[redacted]

Compassionate social service professional and active listener dedicated to working with individuals to empower them; utilizing motivational interviewing and direction to facilitate positive change and growth, while supporting them with identifying and over coming barriers to their success.

Education

2013 Capella University, Minneapolis, MN. Masters of Science Psychology.
2009 Southern Maine University, Portland, ME. Bachelor of Arts in Psychology.
1991 Cazenivia College, Cazenovia, NY. Associates Applied Science in Fashion Design.

Employment History

- August 2017 - Present

Northern Human Services - Supportive Employment Specialist - Assess individuals with identifying interests skills to explore employment options, assist individuals with skill development, resume writing, accessing education/trade school, and developing interviewing skills, job development in the community. Certificate Career Advising Training Essentials, Certificate in Supported Employment,

- June 2016 a Present

Northern Human Services - Case Manager - Assess global needs of individual consumers. Draft monitor and adjust treatment plan to specific consumer needs and assessments. Advocate, collaborate, refer, connect and assist consumers with accessing community based resources to facilitate needs and interests. Member of a Assertive Community Action Team (ACT) exceeding state criteria at recent review. Current ANSA certification, IMR, supportive employment and addiction recovery training.

- August 2011 - May 2016

Private care - Case Management - provide income case management for two individual consumers. One with a long history of mental illness and the other with brain injury resulting in limited physical impairment. Managing schedules, facilitating collaboration treatment discussions and implementations. Supervise and assist with daily living tasks. Formulated and implanted behavior modification with appropriate interventions; improving both physical and mental health as well as social interactions. Provide transportation for appointments weekly gym training, and various outings in the community.coordination of care with other providers as well as ongoing communication with family related to care and progress/concerns.

- June 2009 - July 2011

Saco River Medical Group - Medical secretary - data entry, billing, coding, managed incoming out going calls with multiple line, scheduling for several providers involving a variety of specialties, balanced daily ledger and prepared bank deposits.

- July 2008 - June 2009

North Country Independent Living - Residential Advisor - Worked primarily with brain injured clients assisting with daily living tasks including; descending and documentation of medication, direction/cueing for daily living skills, intervention and redirection for inappropriate behavior when necessary as well as positive reinforcement, planned and implemented community outings, daily documentation of individual consumers activities and assessments.

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LM 3/20/19 + 3/21/19
~~Team > 3/22/19~~?
10am 3/26/19

Megan Paraspolo

[redacted]

QUALIFICATIONS

Over ten years of Administrative experience in various roles. Strong leadership, phone, computer, and customer service skills and great understanding of confidentiality. Highly detail orientated, professional, and personable.

WORK EXPERIENCE

2018- 2019 NH Development Project Manager
NeuroInternational Sarasota, FL
Provides consultation regarding state regulations, assists in development of programs and facilities in New Hampshire, attends ITS meetings, development of employee training and policies and procedures. Assists in hiring of core staff team.

2015-2017 Quality Improvement Specialist NH & ME
NeuroRestorative Center Ossipee, NH
Coordinates with Operations and Regional QA Director to implement quality improvement, risk management, and business plan activities to enhance service delivery, service environments and documentation; conducts sample reviews of program operations, monitors compliance with state licensing regulations and internal policies and procedures; conducts internal investigation of critical incidents and coordinates investigation with external protective services agencies; conducts internal incident report trainings and other trainings as needed including Abuse, Neglect and Exploitation trainings; reviews critical incident data and prepares trended reports for operations, assists in CARF preparation and surveys.

2014 - 2015 Adult Program Case Manager
Lakeview NeuroRehab Effingham, NH
Responsible for coordinating the implementation of the treatment plan and to insure quality, consistent and progressive care through the development and implementation of the Individual Service Plan. Acts as sponsor and family liaison and interfaces with the program participant, treatment team, family, and funders frequently.

2011 – 2015 Quality Assurance and Performance Improvement Coordinator
Lakeview NeuroRehab Effingham, NH
Responsible for data entry of statistical data for board reports as well as clinical and billing information. Performs Staff Practice Investigations, teaches Abuse, Neglect and Exploitation presentation in new hire orientation and manages QA functions for 4 local community Homes. Coordinates safety and emergency preparedness meetings and trainings. Prominent member of Human Rights committee, Risk Committee and Safety Committee. Assists in Joint Commission and CARF surveys.

2010 – 2011 Quality Assurance and Admissions Specialist
Lakeview NeuroRehab Effingham, NH
Provide administrative support for the Quality Assurance and Admissions Department; responsible for data entry of statistical, clinical/billing information as assigned; run weekly reports for the Quality Assurance department as assigned including billing logs for the Finance department; monitor statistical information and creates QA/QI and Admissions department reports as requested; prepares Admissions statistical reports and graphs for quarterly reports. Assists in securing funding for potential new residents and prepares billing information for Finance department. Responsible for scheduling services for residents and clinicians.

Education

Granite State College January 2013 - BS Business Management/Human Services
Labor Relations Alternatives Inc – Received Level One Investigator Certification

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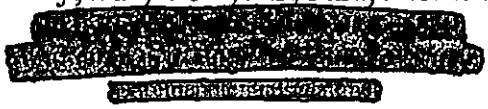
Pat Thorney, RN, BSN, BS, MA, AEMT, CLNC



Pat Thorney is President & CEO of ***EXTREME POTENTIALS***, an organization focused on the development of individuals, leaders and teams. For 31 years, she continues to design and deliver programs in the disciplines of personal development, communication, leadership, team development, customer service, creativity, strategic planning, science/medicine, and diversity to health and educational institutions, corporations, Police, Fire and EMS services, non-profit agencies, churches and civic groups.

Pat's interest in the development of management and administration in these settings lead her to international audiences. In 1995, Pat was asked to speak in Beijing, China on the topic of *"The Adventure of Management Training for Women"* while traveling as a citizen ambassador for the US/China Joint Conference on Women's Issues. She was received the following January at The White House for a follow-up conference with then First Lady, Hillary Rodham Clinton.

Pat's passion for service has taken her to the medical field as well. She is a Registered Nurse in the state of Connecticut presently working in Home Health & Hospice. Pat holds national certification as a Certified Legal Nurse Consultant (CLNC). Since 1994, Pat continues to serve her community as an active member of the local ambulance service holding current certification as an Advanced Emergency Medical Technician (AEMT) in the State of CT, and is an active member of the Northwest Regional Ropes Rescue Team (NWRRRT) since 2016. She is an EMS educator for local and state trainings in the areas of Alzheimer's/Dementia, Communication, Diversity, Domestic Violence, Leadership, Pathophysiology, Pediatrics, Sexual Harassment and many others. She explored international work with a trip to Guatemala in November 1996 for a medical mercy mission through Flying Doctors of America. Certification in Basic, Advanced, and Peer Critical Incident Stress Management (CISM) through International Critical Incident Stress Foundation (ICISF) courses at Yale University has lead her to co-publish an article in for Wilderness Medicine Newsletter entitled *"When a Crisis in the Wilderness Becomes a Critical Incident"* in 1999.

Pat holds a MA in Educational Psychology from UCONN, a BS in Education from SCSU, and a BSN from Quinnipiac University. She has just completed a course in Intermediate Incident Command System (ICS 300) through the CT Dept. of Emergency Management and Homeland Security. If called upon, she may assume a supervisory role in expanding incidents or Type 3 incidents. In 1986, Pat earned certification as a Wilderness Expedition Leader through the Wilderness Education Association (WEA) after a 30-day wilderness expedition in the Wind River Range in Wyoming.

Her other interests include rock/ice climbing, figure skating, rollerblading, kayaking, pottery, gardening, painting, camping, X-country/backcountry skiing, and spinning wool. She is also a professional singer/musician/songwriter.

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Sarah Wright
[redacted]

Qualifications: Experience in Social Work with children, adults, and families; administrative and organizational experience in the field; educated, positive and dynamic.

Objective: Opportunity to use my experiences in a challenging position.

Education: Shippensburg University of Pennsylvania
Bachelor of Arts in Social Work, 1990

Experience:

Feb 12,2001-
Current: White Mountain Community Health Center
Prenatal Social Worker, Conway and Wolfeboro, NH
Perform initial assessment to determine risk, discuss plan for prenatal, labor delivery and postpartum. Make appropriate referrals to area Social Service Agencies.

October 1996-
Feb 9, 2001: Family Health Centre, Conway and Wolfeboro, NH
Prenatal Social Worker
Perform initial assessment to determine risk, discuss plan for prenatal, labor delivery and postpartum. Make appropriate referrals to area Social Service Agencies.

September 1994-
July 1996: Manito, Inc., Gettysburg, PA
Family Preservation Specialist
Established this State-funded program, designed for Juvenile Probation Office and Children and Youth Agency clients; trained employees, conducted family, marriage and youth counseling sessions: duties also included mediation, crisis intervention and drug and alcohol assessment.

September, 1990-
September 1994: Adams County Children and Youth Services, Gettysburg, PA
Caseworker 3
Experience in intensive and family support units. Responsibilities included placement, assessment, counseling, abuse and neglect investigations, parenting education, advocacy and court presentations. Caseworker 3 duties included training and supervision of caseworkers. Caseworker representative—liason between director and direct service staff.

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Professional involvement, experience and advancement:

*Northeastern Family Preservation Association
*Pennsylvania Family Preservation Committee
*Adams County Professional Board
Advisory Board on Social Service Policies and Procedures
Committee on Adolescent Male Services
*Internships and field experiences with adolescents, preschool, elementary children, sexual abuse perpetrators and victims, drug and alcohol treatment programs and domestic violence victims.

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Sohaib Siddiqui, MD | Curriculum Vitae

[redacted]

Professional Experience

Androscoggin Valley Hospital. Berlin, NH 01/15 to present
Hospitalist

Mayo Regional Hospital. Dover-Foxcroft, ME 01/12 to 12/14
Hospitalist

Saco River Medical Group. Conway, NH 07/07 to 12/12

Family Physician

Memorial Hospital. North Conway, NH

Hospitalist

7/07 to 12/12

Education

Stony Brook Family Medicine Residency. Stony Brook, NY 07/04 to 06/07
Chief Resident and residency

Saint James Medical School. Netherland Antilles 09/00 to 12/03
Doctor of Medicine

Procedures

Central Lines, PICC lines, endotracheal intubation, cardiac stress testing. Ventilator management, adult/pediatric/neonatal resusitation.

References available upon request.

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Julie Everett Hill, R.N.

[redacted]

Profile

I am a Registered Nurse with a current New Hampshire license, and the director of operations at a rural community health center. I enjoy the dynamic nature of community health nursing, and the opportunity it provides to view the family as a whole when planning and providing care. My interests include asthma education, mental health and nutrition.

Experience

White Mountain Community Health Center, Conway, NH

December 2014-Present: Director of Operations

Coordinate provision of all programs (Family Planning, STD/HIV, BCCSP, Prenatal, Pediatrics, Primary Care, and Teen Clinic). Supervise all clinical, medical records, and front office staff. Coordinate and ensure adequate staffing schedules for clinical staff. Assist in budget preparation as needed. Represent the health center publically at forums and events. Responsible for the implementation of electronic health record and the ongoing customization of the program to ensure appropriate documentation of patient care, meet program reporting needs and facilitate efficient staff workflow across the agency.

2011 to 2014: Director of Clinical Services

Coordinate provision of all programs (Family Planning, STD/HIV, BCCSP, Prenatal, Pediatrics, Primary Care, and Teen Clinic). Supervise all clinical staff. Coordinate and ensure adequate staffing schedules for clinical staff. Perform annual clinical staff evaluations. Assist in budget preparation as needed. Assist Medical Director when seeing patients.

2009-2011: Registered Nurse

Primary care and family planning focus, with patient population newborn through geriatric. Strong focus on patient education, including asthma education and diabetic teaching. Other roles include triage and prioritization of care and coordination of patient care with resources both within and outside of the clinic.

Memorial Hospital, North Conway, NH

June 2007-June 2010: Registered Nurse

Medical Surgical nursing care of a broad range of patients from pediatric to geriatric. Roles included assessment of care of acutely ill patients with medical, surgical and/or orthopedic diagnoses. Patient education, care planning, complete patient assessment and accurate documentation in EMR were integral parts of this position.

May 2006-June 2007: Licensed Practical Nurse

Medical Surgical and some post-partum and newborn nursing care under the supervision of a Registered Nurse.

February 2001-May 2006: LNA/Unit Secretary

Unit Secretary/LNA in fast-paced medical surgical unit. Duties included transcribing doctor's orders, managing patient records, answering and directing phone calls, assisting nurses with order entry and facilitating communication between departments.

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Education

Saint Anselm College; Advanced Nursing Leadership Program: 2013

NHCTC, Berlin, NH: Associates Degree in Science, Nursing; May 17, 2007, Phi Theta Kappa Honor Society

Southern Maine Technical College, Portland, ME: Nursing Assistant Certificate 1994

University of Southern Maine: 1992-1993

Certifications and relevant continuing education include:

- North Country Health Consortium Public Health Training Center: Community Health Assessment and Improvement Modules 1-4, 2013
- Yellow Belt- LEAN Systems Training for Quality Improvement: September 2013
- Nutrition and Physical Activity Self-Assessment for Child Care (NAP SACC) consultant training certificate; June 2013
- Current BLS
- Asthma Educators Institute 2010
- Diabetes Nurse Champion, September 2008
- WIC Breastfeeding Peer Counselor Certification, November 2000

Personal/Community

Mount Washington Valley Toastmasters #3596556: President, Charter member

Swift River CrossFit: CFL1 Trainer

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KENNETH PORTER JR

[redacted]

Professional Summary

Skilled senior Navy leader with 33 years of proven progressive leadership of high performing units at sea, shore, and in combat. Seeking position offering new growth opportunities and professional challenges.

Skills

- Proven leader
- Strategic thinker
- High attention to detail
- Clinic management
- Lean Six Sigma
- Calm under pressure
- Leader in Change
- Program evaluator
- Environmental Health and Safety
- Operations management
- Emergency Managment
- Produces leaders
- Strong Computer skills
- Independent duty Corpsman

Work History

Command Master Chief, 2014 to Current

US Navy

- Senior Enlisted Leader for all Naval Reserve assets in the State of Rhode Island
- Training team leader Mid-Atlantic Region
- Senior Mentor for Navy Senior Enlisted Leaders in the United States
- Secretary of Defense Reserve Policy board

Command Master Chief Mid-Atlantic Region, 2011 to 2014

US Navy

- Senior Enlisted Leader for all Navy Reserve personnel attached to 13 states
- Senior Enlisted Leader for 100 Sailors responsible for administration of the region.

Command Master Chief Marine Forces Reserve (MFR), 2008 to 2011

US Navy

- Nationwide Senior Enlisted leadership of all Naval medical assets attached to MFR in every state consisting of thousands of Sailors and Marines
- Senior Enlisted for Medical and Dental support to the entire Marine Force Reserve (MFR)
- Pentagon level process improvement and policy boards
- Advisor to Commanding General
- Multiple law, policy, and manpower boards directly for Chief of Naval Operations and Commandant of the Marine Corps

Command Senior Chief, 2004 to 2008

US Navy

- Medical provider
- Manager of 6 Battalion Aid clinics and 200 plus Corpsman
- Team lead for Antarctic supply mission
- Combat deployment leading multi-national team

Independent Duty Corpsman/Senior Medical Department Representative, 2001 to 2004

USS Sides FFG14/ USSMcClusky FFG41 – US Navy

- Medical provider for two Navy ships with 250 plus crew each
- Medical, Admin, Supply, and Navigational Department Manager of 14 Sailors
- Routine and trauma care
- Combat deployments worldwide
- Leader of 4 training teams
- Only Enlisted Department head responsible for all aspects of an operational medical department.

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- Engineering Officer of the watch, Maintenance manager, Damage Control Leader

Regimental Command Chief, 1993 to 2001
US Navy

- Command Chief responsible for management of 160 plus Corpsman providing Medical, Dental, Safety and Occupational Health programs for 960 plus Marines and four clinics
- Operation Desert Storm
- Medical clinic Management
- Preventive, routine, and trauma/combat medical care

Combat Corpsman, 1983 to 1993
US Navy

- Combat Corpsman with various units in the United states.
- Squad level leadership of up to 20 people
- Management of medical supplies
- Training Petty Officer
- Navy Occupational Safety and Health (NAVOSH) program manager

Education

Leadership at the Flag Officer Level: 2011
National Defense University -

MBA: Strategic Leadership, 2010
Touro University International -

Command Master Chief/ Chief of the Boat: 2009
Navy War College -

Bachelor of Science: Health Care Administration, 2008
Touro University International -

Senior Enlisted Leadership: 2007
Navy Senior Enlisted Academy -

Accomplishments

- Active Top Secret (TS/SCI) clearance
- Summa Cum Laude Touro University International MBA
- Legion of Merit (Nations 6th highest award) for leadership at the National level
- Lean Six Sigma
- Various courses in leadership, medical, and process improvement
- Various other personal and campaign awards

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CONTRACTOR NAME

Key Personnel

Name	Job Title	Salary	% Paid from this Contract	Amount Paid from this Contract
Brown, Krystal M.	Medical Assistant	2,912.00	100	2,912.00
Cooper, Linda E.	Medical Assistant	29,647.80	18	5,293.00
Cross, Deborah A.	Family Practice APRN	79,872.00	12	9,360.00
Dodge, Donna M.	Nutritionist	6,373.64	100	6,373.64
Frankowski, Cheryl A.	Medical Assistant	32,880.64	38	12,349.00
Paraspolo, Megan L.	Referral Coordinator	30,030.00	40	12,012.00
Siddiqui, Dr. Sohaid	M.D. -Physician	54,600.00	19	10,000.00
Thorney, Patricia J.	Nurse	48,672.00	13	6,040.54
Wright, Sarah	Social Worker, Intake Risk	9,121.32	100	9,121.32
Hill, JulieAnn E.	Director of Operations	61,880.00	20	12,376.00

State of New Hampshire
Department of Health and Human Services
Amendment #2 to the Primary Care Services for the Homeless

This 2nd Amendment to the Primary Care Services for the Homeless contract (hereinafter referred to as "Amendment #2") is by and between the State of New Hampshire, Department of Health and Human Services (hereinafter referred to as the "State" or "Department") and Greater Seacoast Community Health (hereinafter referred to as "the Contractor"), a non-profit with a place of business at 311 Route 108, Somersworth, NH 03878.

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on June 20, 2018, (Item #27G), as amended on May 6, 2020, (Item #46), the Contractor agreed to perform certain services based upon the terms and conditions specified in the Contract as amended and in consideration of certain sums specified; and

WHEREAS, pursuant to Form P-37, General Provisions, Paragraph 18, and Exhibit C-1, Revisions to General Provisions, Section 3, the Contract may be amended upon written agreement of the parties and approval from the Governor and Executive Council; and

WHEREAS, the parties agree to extend the term of the agreement, increase the price limitation, or modify the scope of services to support continued delivery of these services; and

NOW THEREFORE, in consideration of the foregoing and the mutual covenants and conditions contained in the Contract and set forth herein, the parties hereto agree to amend as follows:

1. Form P-37 General Provisions, Block 1.7, Completion Date, to read:

   March 31, 2022.

2. Form P-37, General Provisions, Block 1.8, Price Limitation, to read:

   $283,454.

3. Modify Exhibit B, Methods and Conditions Precedent to Payment, Section 4, Subsection 4.1 to read:

   4.1 Payments shall be on a cost reimbursement basis for approved actual costs in accordance with Exhibit B-1 through Exhibit B-6, Amendment #2 Budget, which is attached hereto and incorporated by reference herein.

4. Add Exhibit B-6, Amendment #2 Budget, which is attached hereto and incorporated by reference herein.

New Hampshire Department of Health and Human Services
Primary Care Services for the Homeless

All terms and conditions of the Contract and prior amendments not inconsistent with this Amendment #2 remain in full force and effect. This amendment shall be effective July 1, 2021, or upon the date of Governor and Executive Council approval, whichever is later.

IN WITNESS WHEREOF, the parties have set their hands as of the date written below,

State of New Hampshire
Department of Health and Human Services

1/5/2021
Date

DocuSigned by:
Lisa M. Morris
Name: Lisa M. Morris
Title: Director, Division of Public Health Srvcs.

Greater Seacoast Community Health

12/21/2020
Date

DocuSigned by:
Janet Laatsch
Name: Janet Laatsch
Title: CEO

New Hampshire Department of Health and Human Services
Primary Care Services for the Homeless

The preceding Amendment, having been reviewed by this office, is approved as to form, substance, and execution.

OFFICE OF THE ATTORNEY GENERAL

1/15/2021
Date

DocuSigned by:
D5CA9202E32C4AE...
Name: Catherine Pinos
Title: Attorney

I hereby certify that the foregoing Amendment was approved by the Governor and Executive Council of the State of New Hampshire at the Meeting on: _____ (date of meeting)

OFFICE OF THE SECRETARY OF STATE

Date

Name:
Title:

DocuSign Envelope ID: B0A6D546-8691-4779-8610-218FF2511B8F

New Hampshire Department of Health and Human Services

Bidder/Program Name: Greater Seacoast Community Health

Budget Request for: Primary Care Services for the Homeless

Budget Period: SFY2022 (July 1, 2021 - March 31, 2022)

	Total Program Cost			Contractor Share / Match			Funded by DHHS contract share		
Line Item	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total
1. Total Salary/Wages	$ 43,545.45	$ -	$ 43,545.45	$ -	$ -	$ -	$ 43,545.45	$ -	$ 43,545.45
2. Employee Benefits	$ 7,816.55	$ -	$ 7,816.55	$ -	$ -	$ -	$ 7,816.55	$ -	$ 7,816.55
3. Consultants	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
4. Equipment:	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Rental	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Repair and Maintenance	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Purchase/Depreciation	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
5. Supplies:	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Educational	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Lab	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Pharmacy	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Medical	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Office	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
6. Travel	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
7. Occupancy	$ -		$ -	$ -		$ -	$ -		$ -
8. Current Expenses	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Telephone	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Postage	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Subscriptions	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Audit and Legal	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Insurance	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Board Expenses	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
9. Software	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
10. Marketing/Communications	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
11. Staff Education and Training	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
12. Subcontracts/Agreements	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
13. Other (specific details mandatory):	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
TOTAL	$ 51,362.00	$ -	$ 51,362.00	$ -	$ -	$ -	$ 51,362.00	$ -	$ 51,362.00
Indirect As A Percent of Direct		0.0%							

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State of New Hampshire
Department of State

CERTIFICATE

I, William M. Gardner, Secretary of State of the State of New Hampshire, do hereby certify that GREATER SEACOAST COMMUNITY HEALTH is a New Hampshire Nonprofit Corporation registered to transact business in New Hampshire on August 18, 1971. I further certify that all fees and documents required by the Secretary of State's office have been received and is in good standing as far as this office is concerned.

Business ID: **65587**
Certificate Number: **0005024761**

IN TESTIMONY WHEREOF,
I hereto set my hand and cause to be affixed
the Seal of the State of New Hampshire,
this 7th day of October A.D. 2020.

William M. Gardner
Secretary of State

Filing History

Back to Home (/online)

Business Name	Business ID
Greater Seacoast Community Health	65587

Filing#	Filing Date	Effective Date	Filing Type	Annual Report Year
0005035739	10/29/2020	10/29/2020	Nonprofit Report	2020
0004774355	01/16/2020	01/16/2020	Annual Report Reminder	N/A
0004108345	06/11/2018	06/11/2018	Change of Officer/Director	N/A
0003796237	01/02/2018	01/02/2018	Amendment	N/A
0003670267	11/15/2017	01/01/2018	Merger	N/A
0003235349	01/28/2016	01/28/2016	Reinstatement	N/A
0003198851	01/01/2016	01/01/2016	Admin Dissolution/Suspension	N/A
0000673563	08/04/2011	08/04/2011	Amendment	N/A
0000673560	12/28/2010	12/28/2010	Annual Report	2010
0000673559	12/06/2010	12/06/2010	Amendment	N/A
0000673558	10/08/2010	10/08/2010	Reminder Letter	N/A
0000673557	11/07/2005	11/07/2005	Annual Report	2005
0000673556	10/17/2003	10/17/2003	Change of Business Address	N/A
0000673555	04/20/2001	04/20/2001	Reinstatement	N/A
0000673554	02/01/2001	02/01/2001	Withdraw/Dissolve/Cancel	N/A
0000673553	07/15/1999	07/15/1999	Amendment	N/A
0000673552	01/26/1995	01/26/1995	Annual Report	1995
0000673551	04/01/1993	04/01/1993	Change of Business Address	N/A
0000673550	02/08/1990	02/08/1990	Annual Report	1990
0000673549	04/26/1977	04/26/1977	Withdraw/Dissolve/Cancel	N/A
0000673548	08/28/1973	08/28/1973	Amendment	N/A
0000673547	08/18/1971	08/18/1971	Business Formation	N/A

Page 1 of 1, records 1 to 22 of 22

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CERTIFICATE OF VOTE

I, Barbara Henry, of Greater Seacoast Community Health, do hereby certify that:

1. I am the duly elected Board Chair of Greater Seacoast Community Health;

2. The following are true copies of two resolutions duly adopted at a meeting of the Board of Directors of Greater Seacoast Community Health, duly held on January 27, 2020;

   Resolved: That this corporation enter into a contract with the State of New Hampshire, acting through its Department of Health and Human Services for the provision of Public Health Services.

   Resolved: That the Chief Executive Officer, Janet Laatsch, is hereby authorized on behalf of this Corporation to enter into the said contract with the State and to execute any and all documents, agreements and other instruments, and any amendments, revisions, or modifications thereto, as he/she may deem necessary, desirable or appropriate.

3. The foregoing resolutions have not been amended or revoked and remain in full force and effect as of Dec. 23, 2020.

IN WITNESS WHEREOF, I have hereunto set my hand as the Board Chair of Greater Seacoast Community Health this 23 day of December, 2020.

Barbara Henry, Board Chair

STATE OF NH

COUNTY OF ROCKINGHAM

The foregoing instrument was acknowledged before me this 23 day of December, 2020 by Barbara Henry.

Notary Public/Justice of the Peace

My Commission Expires: June 19, 2024

JO ANN CLEMENT
NOTARY PUBLIC
State of New Hampshire
My Commission Expires
June 19, 2024

GOODCOM-01 PCANTLIN

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 4/29/2021

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER License # AGR8150 Clark Insurance One Sundial Ave Suite 302N Manchester, NH 03103	CONTACT NAME: PHONE (A/C, No, Ext): (603) 622-2855 FAX (A/C, No): (603) 622-2854 E-MAIL ADDRESS: info@clarkinsurance.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : Selective Insurance Co of South Carolina	19259
INSURED Greater Seacoast Community Health dba Goodwin Community Health, Families First SOS Community Organization, Lilac City Pediatrics 311 Route 108 Somersworth, NH 03878	INSURER B : Technology Insurance Company	42376
	INSURER C : AIX Specialty Insurance Co	12833
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	$ 1,000,000
	CLAIMS-MADE X OCCUR			S 2439491	12/1/2020	12/1/2021	DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 500,000
							MED EXP (Any one person)	$ 10,000
							PERSONAL & ADV INJURY	$ Included
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 2,000,000
	POLICY PRO-JECT LOC						PRODUCTS - COMP/OP AGG	$ 2,000,000
	OTHER:							$
A	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
	ANY AUTO						BODILY INJURY (Per person)	$
	OWNED AUTOS ONLY X SCHEDULED AUTOS			S 2439491	12/1/2020	12/1/2021	BODILY INJURY (Per accident)	$
	X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
A	UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	$ 1,000,000
	EXCESS LIAB CLAIMS-MADE			S 2439491	12/1/2020	12/1/2021	AGGREGATE	$ 1,000,000
	DED RETENTION $							$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						X PER STATUTE OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) N/A			TWC3931922	1/1/2021	1/1/2022	E.L. EACH ACCIDENT	$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$ 1,000,000
							E.L. DISEASE - POLICY LIMIT	$ 1,000,000
C	Professional Liab			LIV-A671986-06	1/1/2021	1/1/2022	Each Incident	1,000,000
C	Professional Liab			LIV-A671986-06	1/1/2021	1/1/2022	Aggregate	3,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Professional Liability excludes coverage for claims that are covered under the FTCA

CERTIFICATE HOLDER

State of New Hampshire
Department of Health and Human Services
129 Pleasant Street
Concord, NH 03301

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Marcia Ruth

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Greater Seacoast Community Health

Mission

"To deliver innovative, compassionate, integrated health services and support that are accessible to all in our community, regardless of ability to pay."

Board Approved on 6-25-2018

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BerryDunn

GREATER SEACOAST COMMUNITY HEALTH

Goodwin Community Health | Families First | Lilac City Pediatrics

FINANCIAL STATEMENTS

December 31, 2019 and 2018

With Independent Auditor's Report

DocuSign Envelope ID: B0A6D546-8691-4779-8610-218FF2511B8F

BerryDunn

INDEPENDENT AUDITOR'S REPORT

Board of Directors
Greater Seacoast Community Health

We have audited the accompanying financial statements of Greater Seacoast Community Health, which comprise the balance sheets as of December 31, 2019 and 2018, and the related statements of operations, changes in net assets, and cash flows for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with U.S. generally accepted accounting principles; this includes the design, implementation and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with U.S. generally accepted auditing standards. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

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Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Greater Seacoast Community Health as of December 31, 2019 and 2018, and the results of its operations, changes in its net assets and its cash flows for the years then ended in accordance with U.S. generally accepted accounting principles.

Change in Accounting Principle

As discussed in Note 1 to the financial statements, in 2019 Greater Seacoast Community Health adopted new accounting guidance, Financial Accounting Standards Board Accounting Standards Update No. 2014-09, *Revenue from Contracts with Customers* (Topic 606), and related guidance. Our opinion is not modified with respect to this matter.

Berry Dunn McNeil & Parker, LLC

Portland, Maine
July 27, 2020

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GREATER SEACOAST COMMUNITY HEALTH

Balance Sheets

December 31, 2019 and 2018

ASSETS

	2019	2018
Current assets		
Cash and cash equivalents	$ 4,895,949	$ 3,896,813
Patient accounts receivable	1,178,290	1,560,698
Grants receivable	680,448	424,642
Pledges receivable	33,625	263,557
Inventory	100,428	143,250
Other current assets	53,142	57,987
Total current assets	6,941,882	6,346,947
Investments	1,373,984	1,112,982
Investment in limited liability company	-	38,201
Assets limited as to use	1,621,866	1,421,576
Property and equipment, net	5,784,530	6,107,219
Total assets	$ 15,722,262	$15,026,925

LIABILITIES AND NET ASSETS

Current liabilities		
Accounts payable and accrued expenses	$ 200,449	$ 172,852
Accrued payroll and related expenses	1,199,712	1,075,463
Patient deposits	137,239	173,105
Deferred revenue	46,628	7,269
Total current liabilities and total liabilities	1,584,028	1,428,689
Net assets		
Without donor restrictions	12,379,359	11,824,495
With donor restrictions	1,758,875	1,773,741
Total net assets	14,138,234	13,598,236
Total liabilities and net assets	$15,722,262	$15,026,925

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

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GREATER SEACOAST COMMUNITY HEALTH

Statements of Operations

Years Ended December 31, 2019 and 2018

	2019	2018
Operating revenue and support		
Patient service revenue	$11,318,482	$11,353,111
Provision for bad debts	-	(651,700)
Net patient service revenue	11,318,482	10,701,411
Grants, contracts, and contributions	7,943,253	7,713,908
Other operating revenue	259,394	368,017
Net assets released from restriction for operations	448,507	634,931
Total operating revenue and support	19,969,636	19,418,267
Operating expenses		
Salaries and wages	12,295,009	12,439,986
Employee benefits	2,156,634	2,275,134
Contracted services	1,080,950	1,119,854
Program supplies	1,324,866	1,191,451
Software maintenance	503,376	534,192
Occupancy	787,474	582,900
Other	1,125,378	1,018,477
Depreciation	326,934	349,661
Total operating expenses	19,600,621	19,511,655
Operating income (loss)	369,015	(93,388)
Other revenue and (losses)		
Investment income	48,963	48,204
Loss on disposal of assets	(20,936)	(6,874)
Change in fair value of investments	157,822	(95,246)
Total other revenue and (losses)	185,849	(53,916)
Excess (deficiency) of revenue over expenses and increase (decrease) in net assets without donor restrictions	$ 554,864	$ (147,304)

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

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GREATER SEACOAST COMMUNITY HEALTH

Statements of Changes in Net Assets

Years Ended December 31, 2019 and 2018

	2019	2018
Net assets without donor restrictions		
Excess (deficiency) of revenue over expenses and increase in net assets without donor restrictions	$ 554,864	$ (147,304)
Net assets with donor restrictions		
Contributions	169,687	44,649
Investment income	47,540	37,790
Change in fair value of investments	216,414	(147,099)
Net assets released from restriction for operations	(448,507)	(634,931)
Decrease in net assets with donor restrictions	(14,866)	(699,591)
Change in net assets	539,998	(846,895)
Net assets, beginning of year	13,598,236	14,445,131
Net assets, end of year	$14,138,234	$13,598,236

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

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GREATER SEACOAST COMMUNITY HEALTH

Statements of Cash Flows

Years Ended December 31, 2019 and 2018

	2019	2018
Cash flows from operating activities		
Change in net assets	$ 539,998	$ (846,895)
Adjustments to reconcile change in net assets to net cash provided by operating activities		
Depreciation	326,934	349,661
Equity in loss of limited liability company	13,754	2,395
Change in fair value of investments	(374,236)	242,345
Loss on disposal of assets	20,936	6,874
(Increase) decrease in		
Patient accounts receivable	406,855	(319,654)
Grants receivable	(255,806)	304,713
Pledges receivable	229,932	300,635
Inventory	42,822	101,604
Other current assets	4,845	(1,155)
Increase (decrease) in		
Accounts payable and accrued expenses	27,597	(138,262)
Accrued salaries and related amounts	124,249	33,819
Patient deposits	(35,866)	6,790
Deferred revenue	39,359	(2,117)
Net cash provided by operating activities	1,111,373	40,753
Cash flows from investing activities		
Capital acquisitions	(25,181)	(21,463)
Proceeds from sale of investments	244,247	198,458
Purchase of investments	(331,303)	(294,519)
Net cash used by investing activities	(112,237)	(117,524)
Net increase (decrease) in cash and cash equivalents	999,136	(76,771)
Cash and cash equivalents, beginning of year	3,896,813	3,973,584
Cash and cash equivalents, end of year	$ 4,895,949	$ 3,896,813

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

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1. Summary of Significant Accounting Policies

Organization

Greater Seacoast Community Health (the Organization) is a not-for-profit corporation organized in New Hampshire. The Organization is a Federally Qualified Health Center (FQHC), providing fully integrated medical, behavioral, oral health, recovery services and social support for underserved populations. The Organization is a network of community health centers, which includes Families First Health & Support Center, Goodwin Community Health, and Lilac City Pediatrics providing healthcare services to individuals living within the greater Seacoast service area.

Basis of Presentation

The financial statements of the Organization have been prepared in accordance with U.S. generally accepted accounting principles (U.S. GAAP), which requires the Organization to report information in the financial statements according to the following net asset classifications:

Net assets without donor restrictions: Net assets that are not subject to donor-imposed restrictions and may be expended for any purpose in performing the primary objectives of the Organization. These net assets may be used at the discretion of the Organization's management and the Board of Directors.

Net assets with donor restrictions: Net assets subject to stipulations imposed by donors and grantors. Some donor restrictions are temporary in nature; those restrictions will be met by actions of the Organization or by the passage of time. Other donor restrictions are perpetual in nature, whereby the donor has stipulated the funds be maintained in perpetuity.

Use of Estimates

The preparation of financial statements in conformity with U.S. GAAP requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements. Estimates also affect the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

Income Taxes

The Organization is a public charity under Section 501(c)(3) of the Internal Revenue Code (IRC). As a public charity, the Organization is exempt from state and federal income taxes on income earned in accordance with its tax-exempt purpose. Unrelated business income is subject to state and federal income tax. Management has evaluated the Organization's tax positions and concluded that the Organization has no unrelated business income or uncertain tax positions that require adjustment to the financial statements.

Cash and Cash Equivalents

Cash and cash equivalents consist of demand deposits and petty cash funds.

The Organization has cash deposits in major financial institutions which exceed federal depository insurance limits. The Organization has not experienced losses in such accounts and management believes the credit risk related to these deposits is minimal.

Revenue Recognition and Patient Accounts Receivable

In 2019, the Organization adopted Financial Accounting Standards Board (FASB) Accounting Standards Update (ASU) No. 2014-09, *Revenue from Contracts with Customers* (Topic 606), and related guidance, which provide guidance for revenue recognition. These standards' core principle is that a company will recognize revenue when it transfers promised goods or services to customers in an amount that reflects the consideration to which the company expects to be entitled in exchange for those goods or services. The most significant change from the adoption of the new standards relates to the presentation of implicit price concessions. Under the previous standards, the estimate for amounts not expected to be collected based upon historical experience was reflected as provision for doubtful accounts, and presented separately as an offset to net patient service revenue. Under the new standards, the estimate for amounts not expected to be collected based on historical experience will continue to be recognized as a reduction to net revenue, but not reflected separately as provision for doubtful accounts. The Organization has adopted the provisions of ASU No. 2014-09 for the year ended December 31, 2019, and elected the modified retrospective method; therefore, the financial statements and related notes have been presented accordingly. Under the modified retrospective method, amounts in the comparative period have not been restated and continue to be reported under the accounting standards in effect for that year.

The impact of the adoption on the statement of operations for the year ended December 31, 2019 follows:

	As Reported	Balance before ASU 2014-09 Adoption	Effect of Change
Patient service revenue	$ -	$ 12,036,809	$ -
Provision for bad debts	-	(718,327)	-
Net patient service revenue	$ 11,318,482	$ 11,318,482	$ -

Patient service revenue is reported at the amount that reflects the consideration to which the Organization expects to be entitled in exchange for providing patient care. These amounts are due from patients and third-party payers (including commercial insurers and governmental programs). Generally, the Organization bills the patients and third-party payers several days after the services are performed. Revenue is recognized as performance obligations are satisfied.

Performance obligations are determined based on the nature of the services provided by the Organization. The Organization measures the performance obligation for medical, behavioral health, dental and ancillary services from the commencement of a face-to-face encounter with a patient to the completion of the encounter. Ancillary services provided the same day as the face-to-face encounter are considered to be part of the performance obligation and are not deemed to be separate performance obligations. The Organization measures the performance obligation for in-house and contract pharmacy services based on when the prescription is distributed to the patient.

The Organization determines the transaction price based on standard charges for goods and services provided, reduced by contractual adjustments provided to third-party payers, discounts provided to uninsured patients in accordance with the Organization's sliding fee discount program, and implicit price concessions provided to uninsured patients.

The Organization determines its estimates of contractual adjustments and discounts based on contractual agreements, its discount policies, and historical experience. The Organization determines its estimate of implicit price concessions based on its historical collection experience with this class of patients.

The Organization has elected the practical expedient allowed under FASB Accounting Standards Codification Subtopic 606-10-32-18, and does not adjust the promised amount of consideration from patients and third-party payers for the effects of a significant financing component due to the Organization's expectation that the period between the time the service is provided to a patient and the time that the patient or a third-party payer pays for that service will be one year or less.

A summary of the payment arrangements with major third-party payers follows:

Medicare

The Organization is primarily reimbursed based on the lesser of actual charges or prospectively set rates for all FQHC services furnished to a Medicare beneficiary on the same day when an FQHC furnishes a face-to-face FQHC visit. Certain other non-FQHC services are reimbursed based on fee-for-service rate schedules.

Medicaid

The Organization is entitled to reimbursement based on a minimum per visit reimbursement rate (encounter rate) when providing care to Medicaid beneficiaries which is adjusted annually for inflation using the Medicare Economic Index. Certain other non-FQHC services are reimbursed based on fee-for-service rate schedules.

Other Payers

The Organization has also entered into payment agreements with certain commercial insurance carriers, health maintenance organizations, and preferred provider organizations. Under these arrangements, the Organization is reimbursed based on contractually obligated payment rates for each Current Procedural Terminology code which may be less than the Organization's public fee schedule.

Patients

Patient balances are typically due within 30 days of billing; however, the Organization does, in certain instances, enter into payment agreements with patients that allow payments in excess of one year. For those cases, the financing component is not deemed to be significant to the contract.

340B Pharmacy Program Revenue

The Organization, as an FQHC, is eligible to participate in the 340B Drug Pricing Program. This program requires drug manufacturers to provide outpatient drugs to FQHCs and other covered entities at a reduced price. The Organization operates an in-house pharmacy and contracts with other local pharmacies under this program. The contract pharmacies dispense drugs to eligible patients of the Organization and bill Medicare and commercial insurances on behalf of the Organization. Reimbursement received by the contract pharmacies is remitted to the Organization, less dispensing and administrative fees. The dispensing and administrative fees are costs of the program and not deemed to be implicit price concessions which would reduce the transaction price. The Organization recognizes revenue in the amounts that reflect the consideration to which it expects to be entitled in exchange for the prescription.

Laws and regulations governing the Medicare, Medicaid and 340B programs are complex and subject to interpretation. Management believes that the Organization is in compliance with all laws and regulations. Compliance with such laws and regulations can be subject to future government review and interpretation, as well as significant regulatory action including fines, penalties and exclusion from the Medicare, Medicaid and 340B programs. Differences between amounts previously estimated and amounts subsequently determined to be recoverable or payable are included in patient service revenue in the year that such amounts become known.

Consistent with the Organization's mission and FQHC designation, care is provided to patients regardless of their ability to pay. Therefore, the Organization has determined it has provided implicit price concessions to uninsured patients and patients with other uninsured balances (for example, copays and deductibles). The implicit price concessions included in estimating the transaction price represent the difference between amounts billed to patients and amounts the Organization expects to collection based on its collection history with those patients.

The Organization provides care to patients who meet certain criteria under its sliding fee discount program. The Organization estimates the costs associated with providing this care by calculating the ratio of total cost to total charges, and then multiplying that ratio by the gross uncompensated charges associated with providing care to patients eligible for the sliding fee discount program. The estimated cost of providing services to patients under the Organization's sliding fee discount program amounted to $1,523,271 and $1,756,052 for the years ended December 31, 2019 and 2018, respectively. The Organization is able to provide these services with a component of funds received through federal and state grants.

The Organization has determined that the nature, amount, timing and uncertainty of revenue and cash flows are affected by the payer. In assessing collectability, the Organization has elected the portfolio approach. The portfolio approach is being used as the Organization has a large volume of similar contracts with similar classes of customers (patients). The Organization reasonably expects that the effect of applying a portfolio approach to a group of contracts would not differ materially from considering each contract separately. Management's judgment to group the contracts by portfolio is based on the payment behavior expected in each portfolio category. As a result, aggregating all the contracts (which are at the patient level) by the particular payer or group of payers will result in the recognition of the same amount of revenue as applying the analysis at the individual patient level. A table detailing the payers is presented in Note 7.

Patient accounts receivable are stated at the amount management expects to collect from outstanding balances.

The Organization grants credit without collateral to its patients, most of whom are local residents and are insured under third-party payer agreements. The accounts receivable from patients and third-party payers, net of contractual allowances, were as follows:

	2019	2018
Governmental plans		
Medicare	7 %	7 %
Medicaid	28 %	29 %
Commercial payers	31 %	32 %
Patient	34 %	32 %
Total	100 %	100 %

Grants Receivable

Grants receivable are stated at the amount management expects to collect from outstanding balances. All such amounts are considered collectible. Support received under grants and contracts with governmental agencies is recorded as revenue when terms of the agreements have been met.

The Organization receives a significant amount of grants from the U.S. Department of Health and Human Services (DHHS). For the years ended December 31, 2019 and 2018, grants from DHHS (including both direct awards and awards passed through other organizations) represented approximately 66% and 63%, respectively, of grants, contracts and contributions.

Inventory

Inventory consists primarily of pharmaceuticals and is stated at the lower of cost or retail. Cost is determined on the first-in, first-out method.

Investments

The Organization reports investments at fair value. Investments include donor endowment funds and assets held for long-term purposes. Accordingly, investments have been classified as non-current assets in the accompanying balance sheets regardless of maturity or liquidity. The Organization has established policies governing long-term investments, which are held within several investment accounts, based on the purposes for those investment accounts and their earnings.

The Organization has elected the fair value option for valuing its investments, which consolidates all investment performance activity within the other revenue and losses section of the statement of operations. The election was made because the Organization believes reporting the activity in a single performance indicator provides a clearer measure of the investment performance. Accordingly, investment income and the change in fair value are included in the excess (deficiency) of revenue over expenses, unless otherwise stipulated by the donor or State Law.

Investments, in general, are exposed to various risks, such as interest rate, credit, and overall market volatility risks. As such, it is reasonably possible that changes in the values of investments will occur in the near term and that such changes could materially affect the amounts reported in the balance sheet.

Investment in Limited Liability Company

The Organization is one of seven members of Primary Health Care Partners, LLC (PHCP). The Organization's investment in PHCP is reported using the equity method. PHCP dissolved on December 31, 2019 and the Organization's remaining capital balance was subsequently distributed to the Organization.

Assets Limited as to Use

Assets limited as to use include investments held for others and donor-restricted contributions to be held in perpetuity and earnings thereon, subject to the Organization's spending policy as further discussed in Note 6.

Property and Equipment

Property and equipment are carried at cost less accumulated depreciation. Maintenance, repairs and minor renewals are expensed as incurred and renewals and betterments are capitalized. Provision for depreciation is computed using the straight-line method over the useful lives of the related assets. Property and equipment costing less than $5,000 is charged to expense upon purchase.

Patient Deposits

Patient deposits consist of payments made by patients in advance of significant dental work based on quotes for the work to be performed.

Contributions

Unconditional promises to give cash and other assets are reported at fair value at the date the promise is received, which is then treated as cost. The gifts are reported as net assets with donor restrictions if they are received with donor stipulations that limit use of the donated assets. When a donor restriction expires, that is, when a stipulated time restriction ends or purpose restriction is accomplished, net assets with donor restrictions are reclassified as net assets without donor restrictions and reported in the statements of operations as net assets released from restriction.

Unconditional promises to give that are expected to be collected in future years are recorded at the present value of their estimated future cash flows. All pledges receivable are due within one year. Given the short-term nature of the Organization's pledges, they are not discounted and a reserve for uncollectible pledges has been established in the amount of $2,000 at December 31, 2019 and 2018. Conditional promises to give are not included as revenue until the conditions are substantially met.

In 2019, the Organization adoption ASU No. 2018-08, *Not-for-Profit Entities* (Topic 958), *Clarifying the Scope and the Accounting Guidance for Contributions Received and Contributions Made*. ASU No. 2018-08 applies to all entities that receive or make contributions and clarifies the definition of transactions accounted for as an exchange transaction subject to ASU No. 2014-09 or other applicable guidance, and transactions that should be accounted for as contributions (non-exchange transactions) subject to the contribution accounting model. Further, ASU No. 2018-08 provides criteria for evaluating whether contributions are unconditional or conditional. Conditional contributions must specify a barrier that the recipient must overcome and a right of return that releases the donor from its obligation if the barrier is not achieved, otherwise the contribution is unconditional. ASU No. 2018-08 has been applied retrospectively to 2018; however, there was no impact to total net assets, results of operations or cash flows.

Excess (Deficiency) of Revenue Over Expenses

The statement of operations reflects the excess (deficiency) of revenue over expenses. Changes in net assets without donor restrictions which are excluded from the excess (deficiency) of revenue over expenses include contributions of long-lived assets (including assets acquired using contributions which, by donor restriction, were to be used for the purposes of acquiring such assets).

Subsequent Events

On March 11, 2020, the World Health Organization declared coronavirus disease (COVID-19) a global pandemic. Governments have mandated the temporary shut-down of business in many sectors and imposed limitations on travel. Most sectors are experiencing disruption to business operations. There is unprecedented uncertainty surrounding the duration of the pandemic, its potential economic ramifications, and the extent of government actions to mitigate them. While management believes this matter may negatively impact its operating results, the related financial impact and duration cannot be reasonably estimated at this time.

On March 27, 2020 the Coronavirus Aid, Relief, and Economic Security Act (CARES Act), was enacted into law. The Organization obtained a loan for $1,479,000 under the Act. The loan is intended to cover 8 weeks of payroll during May and June, and if certain provisions are met, the loan may be forgiven. Amounts not forgiven, if any, are repayable over two years with interest at 1% and six month deferred payment. The Organization has also received approximately $1,500,000 from a number of stimulus payments and Federal grants under the CARES Act to support ongoing operations as well as COVID related expenses through March 2021.

For financial reporting purposes, subsequent events have been evaluated by management through July 27, 2020, which is the date the financial statements were available to be issued. Management has not evaluated subsequent events after that date for inclusion in the financial statements.

2. Availability and Liquidity of Financial Assets

The Organization regularly monitors liquidity required to meet its operating needs and other contractual commitments. The Organization has various sources of liquidity at its disposal, including cash and cash equivalents and a line of credit.

The Organization had working capital of $5,357,854 and $4,918,258 at December 31, 2019 and 2018, respectively. The Organization had average days cash and cash equivalents and investments on hand (based on normal expenditures) of 119 and 95 at December 31, 2019 and 2018, respectively.

Financial assets available for general expenditure within one year were as follows:

	2019	2018
Cash and cash equivalents	$ 4,895,949	$ 3,896,813
Patient accounts receivable, net	1,178,290	1,560,698
Grants receivable	680,448	424,642
Pledges receivable	33,625	263,557
Financial assets available for current use	$ 6,788,312	$ 6,145,710

The Organization has long-term investments and assets for restricted use, which are more fully described in Note 3, that are not reflected in the amount above.

3. Investments and Assets Limited as to Use

Investments, stated at fair value, consisted of the following:

	2019	2018
Long-term investments	$ 1,373,984	$ 1,112,982
Assets limited as to use	1,621,866	1,421,576
Total investments	$ 2,995,850	$ 2,534,558

Assets limited as to use are restricted for the following purposes:

	2019	2018
Assets held in trust under Section 457(b) deferred compensation plans	$ 36,304	$ 26,764
Assets with donor restrictions	1,585,562	1,394,813
Total	$ 1,621,866	$ 1,421,576

Fair Value of Financial Instruments

U.S. GAAP defines fair value as the price that would be received to sell an asset or paid to transfer a liability (an exit price) in an orderly transaction between market participants and also establishes a fair value hierarchy which requires an entity to maximize the use of observable inputs and minimize the use of unobservable inputs when measuring fair value.

U.S. GAAP distinguishes three levels of inputs that may be utilized when measuring fair value:

Level 1: Quoted prices (unadjusted) for identical assets or liabilities in active markets that the entity has the ability to access as of the measurement date.

Level 2: Significant observable inputs other than Level 1 prices, such as quoted prices for similar assets or liabilities, quoted prices in markets that are not active, and other inputs that are observable or can be corroborated by observable market data.

Level 3: Significant unobservable inputs that reflect an entity's own assumptions about the assumptions that market participants would use in pricing an asset or liability.

The following table sets forth by level, within the fair value hierarchy, the Organization's investments at fair value:

	Investments at Fair Value as of December 31, 2019			
	Level 1	Level 2	Level 3	Total
Cash and cash equivalents	$ 193,877	$ -	$ -	$ 193,877
Municipal bonds	-	290,796	-	290,796
Exchange traded funds	330,437	-	-	330,437
Mutual funds	2,180,740	-	-	2,180,740
Total investments	$ 2,705,054	$ 290,796	$ -	$ 2,995,850

	Investments at Fair Value as of December 31, 2018			
	Level 1	Level 2	Level 3	Total
Cash and cash equivalents	$ 13,810	$ -	$ -	$ 13,810
Municipal bonds	-	288,679	-	288,679
Exchange traded funds	411,147	-	-	411,147
Mutual funds	1,820,922	-	-	1,820,922
Total investments	$ 2,245,879	$ 288,679	$ -	$ 2,534,558

Municipal bonds are valued based on quoted market prices of similar assets.

4. Property and Equipment

Property and equipment consisted of the following:

	2019	2018
Land	$ 718,427	$ 718,427
Building and improvements	5,857,428	5,857,428
Leasehold improvements	302,547	311,561
Furniture, fixtures, and equipment	2,673,943	2,667,663
Total cost	9,552,345	9,555,079
Less accumulated depreciation	3,767,815	3,447,860
Property and equipment, net	$ 5,784,530	$ 6,107,219

The Organization's facility was built and renovated with federal grant funding. In accordance with the grant agreements, a Notice of Federal Interest (NFI) was required to be filed in the appropriate official records of the jurisdiction in which the property is located. The NFI is designed to notify any prospective buyer or creditor that the Federal Government has a financial interest in the real property acquired under the aforementioned grant; that the property may not be used for any purpose inconsistent with that authorized by the grant program statute and applicable regulations; that the property may not be mortgaged or otherwise used as collateral without the written permission of the Associate Administrator of the Office of Federal Assistance Management (OFAM) and Health Reimbursement and Services Administration (HRSA); and that the property may not be sold or transferred to another party without the written permission of the Associate Administrator of OFAM and HRSA.

5. Net Assets with Donor Restrictions

Net assets with donor restrictions are available for the following purposes:

	2019	2018
Specific purpose		
Program services	$ 139,688	$ 115,371
Passage of time		
Pledges receivable	33,625	263,557
Investments to be held in perpetuity, for which the income is without donor restrictions	1,585,562	1,394,813
Total	$ 1,758,875	$ 1,773,741

Net assets released from net assets with donor restrictions were as follows:

	2019	2018
Satisfaction of purpose - program services	$ 53,238	$ 270,530
Passage of time - pledges receivable	322,064	291,384
Passage of time - endowment earnings	73,205	73,017
Total	$ 448,507	$ 634,931

6. Endowments

Interpretation of Relevant Law

The Organization's endowments primarily consist of an investment portfolio managed by the Investment Sub-Committee. As required by U.S. GAAP, net assets associated with endowment funds are classified and reported based on the existence or absence of donor-imposed restrictions.

The Organization has interpreted the Uniform Prudent Management of Institutional Funds Act (UPMIFA) as requiring the preservation of the fair value of the original gift as of the gift date of the donor-restricted endowment funds, absent explicit donor stipulations to the contrary. As a result of this interpretation, the Organization classifies as a donor-restricted endowment (a) the original value of gifts donated to the permanent endowment, (b) the original value of subsequent donor-restricted endowment gifts, and (c) accumulations to the donor-restricted endowment made in accordance with the direction of the applicable donor gift instrument at the time the accumulation is added to the fund. The remaining portion of the donor-restricted endowment fund, if any, is classified as net assets with donor restrictions until those amounts are appropriated for expenditure in a manner consistent with the standard of prudence prescribed by UPMIFA.

In accordance with UPMIFA, the Organization considers the following factors in making a determination to appropriate or accumulate donor-restricted endowment funds:

(1) The duration and preservation of the fund;
(2) The purposes of the Organization and the donor-restricted endowment fund;
(3) General economic conditions;
(4) The possible effect of inflation and deflation;
(5) The expected total return from income and the appreciation of investments;
(6) Other resources of the Organization; and
(7) The investment policies of the Organization.

Spending Policy

The Organization has a policy of appropriating for expenditure an amount equal to 5% of the endowment fund's average fair market value over the prior 20 quarters. The earnings on the endowment fund are to be used for operations.

Funds with Deficiencies

From time to time, the fair value of assets associated with individual donor-restricted endowment funds may fall below the level that the donor requires the Organization to retain as a fund of perpetual duration (underwater). In the event the endowment becomes underwater, it is the Organization's policy to not appropriate expenditures from the endowment assets until the endowment is no longer underwater. There were no such deficiencies as of December 31, 2019 and 2018.

Return Objectives and Risk Parameters

The Organization has adopted investment and spending policies for endowment assets that attempt to provide a predictable stream of funding to programs supported by its endowment while seeking to maintain the purchasing power of the endowment assets. Endowment assets include those assets of donor-restricted funds that the Organization must hold in perpetuity. Under this policy, as approved by the Board of Directors, the endowment assets are invested in a manner that is intended to produce results that exceed or meet designated benchmarks while incurring a reasonable and prudent level of investment risk.

Strategies Employed for Achieving Objectives

To satisfy its long-term rate-of-return objectives, the Organization relies on a total return strategy in which investment returns are achieved through both capital appreciation (realized and unrealized) and current yield (interest and dividends). The Organization targets a diversified asset allocation that places a balanced emphasis on equity-based and income-based investments to achieve its long-term return objectives within prudent risk constraints.

Endowment Net Asset Composition by Type of Fund

The Organization's endowment consists of assets with donor restrictions only and had the following related activities:

	2019	2018
Endowments, beginning of year	$ 1,394,813	$ 1,577,139
Investment income	47,540	37,790
Change in fair value of investments	216,414	(147,099)
Spending policy appropriations	(73,205)	(73,017)
Endowments, end of year	$ 1,585,562	$ 1,394,813

7. Patient Service Revenue

Net patient service revenue by payer and program is as follows:

	2019		
	Medical, Behavioral Health and Dental Services	Pharmacy Services	Total
Governmental payers			
Medicare	$ 927,218	$ 241,341	$ 1,168,559
Medicaid	4,641,469	298,673	4,940,142
Commercial payers	2,806,586	277,352	3,083,938
Patient	470,870	182,195	653,065
Net direct patient service revenue	8,846,143	999,561	9,845,704
340B contract pharmacy revenue	-	1,472,778	1,472,778
Net patient service revenue	$ 8,846,143	$ 2,472,339	$ 11,318,482

	2018		
	Medical, Behavioral Health and Dental Services	Pharmacy Services	Total
Governmental payers			
Medicare	$ 1,001,792	$ 171,979	$ 1,173,771
Medicaid	3,910,040	196,962	4,107,002
Commercial payers	3,154,989	295,839	3,450,828
Patient	1,165,229	137,889	1,303,118
Total direct patient service revenue	9,232,050	802,669	10,034,719
Provision for bad debts	(651,700)	-	(651,700)
Net direct patient service revenue	8,580,350	802,669	9,383,019
340B contract pharmacy revenue	-	1,318,392	1,318,392
Net patient service revenue	$ 8,580,350	$ 2,121,061	$ 10,701,411

8. Retirement Plans

The Organization has a defined contribution plan under IRC Section 401(k) that covers substantially all employees. For the years ended December 31, 2019 and 2018, the Organization contributed $193,365 and $194,214, respectively, to the plan.

The Organization has established an unqualified deferred compensation plan under IRC Section 457(b) for certain key employees of the Organization. The Organization did not contribute to the plan during the year ended December 31, 2019. The balance of the deferred compensation plan amounted to $36,304 and $26,764 at December 31, 2019 and 2018, respectively.

9. Food Vouchers

The Organization acts as a conduit for the State of New Hampshire's Special Supplemental Food Program for Women, Infants and Children (WIC). The value of food vouchers distributed by the Organization was $1,068,417 and $1,136,875 for the years ended December 31, 2019 and 2018, respectively. These amounts are not included in the accompanying financial statements as they are not part of the contract the Organization has with the State of New Hampshire for the WIC program.

10. Functional Expense

The Organization provides various services to residents within its geographic location. Given the Organization is a service organization, expenses are allocated between healthcare, administrative and support and fundraising services based on the percentage of direct care wages to total wages, with the exception of program supplies which are 100% healthcare in nature. Expenses related to providing these services are as follows:

	Healthcare Services	Administrative and Support Services	Fundraising Services	Total
2019:				
Salaries and wages	$ 10,587,330	$ 1,293,845	$ 413,834	$ 12,295,009
Employee benefits	1,857,078	226,878	72,678	2,156,634
Contracted services	890,375	183,127	7,448	1,080,950
Program supplies	1,324,866	-	-	1,324,866
Software maintenance	433,457	52,955	16,964	503,376
Occupancy	678,094	82,842	26,538	787,474
Other	963,883	103,415	58,080	1,125,378
Depreciation	281,523	34,393	11,018	326,934
Total	$ 17,016,606	$ 1,977,455	$ 606,560	$ 19,600,621

GREATER SEACOAST COMMUNITY HEALTH

Notes to Financial Statements

December 31, 2019 and 2018

	Healthcare Services	Administrative and Support Services	Fundraising Services	Total
2018:				
Salaries and wages	$ 10,726,571	$ 1,233,194	$ 480,221	$ 12,439,986
Employee benefits	1,961,848	225,466	87,820	2,275,134
Contract services	956,218	147,500	16,136	1,119,854
Program supplies	1,191,451	-	-	1,191,451
Software maintenance	460,634	52,938	20,620	534,192
Occupancy	502,635	57,765	22,500	582,900
Other	854,906	88,360	75,211	1,018,477
Depreciation	301,513	34,651	13,497	349,661
Total	$ 16,955,776	$ 1,839,874	$ 716,005	$ 19,511,655

11. Medical Malpractice Insurance

The Organization is protected from medical malpractice risk as an FQHC under the Federal Tort Claims Act (FTCA). The Organization has additional medical malpractice insurance, on a claims-made basis, for coverage outside the scope of the protection of the FTCA. As of December 31, 2019, there were no known malpractice claims outstanding which, in the opinion of management, will be settled for amounts in excess of both FTCA and additional medical malpractice insurance coverage, nor are there any unasserted claims or incidents which require loss accrual. The Organization intends to renew the additional medical malpractice insurance coverage on a claims-made basis and anticipates that such coverage will be available.

12. Lease Commitments

The Organization leases office space and certain other office equipment under noncancelable operating leases. Future minimum lease payments under these leases are as follows:

2020	$ 315,971
2021	274,281
2022	42,211
2023	43,048
2024	23,971
Thereafter	1,191
Total	$ 700,673

Rental expense amounted to $316,139 and $258,695 for the year ended December 31, 2019 and 2018, respectively.

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GREATER SEACOAST COMMUNITY HEALTH

Goodwin Community Health | Families First | Lilac City Pediatrics

Board of Directors
Calendar Year 2020

Name/Address	Phone/Email	Occupation
Chair Barbara Henry [redacted]	[redacted]	Retired Newspaper Publisher
Vice Chair Valerie Goodwin [redacted]	[redacted]	Retired Business **Consumer**
Board Treasurer Dennis Veilleux [redacted]	[redacted]	Accounting Manager
Board Secretary Jennifer Glidden [redacted]	[redacted]	DHHS Admin. Supervisor **Consumer**
Karin Barndollar [redacted]	[redacted]	Export Manager **Consumer**
Don Chick [redacted]	[redacted]	Photographer **Consumer**
Jo Jordon [redacted]	[redacted]	Emergency Management
Abigail Sykas Karoutas [redacted]	[redacted]	Attorney **Consumer**
Allison Neal [redacted]	[redacted]	Education Consultant **Consumer**
Yulia Rothenberg [redacted]	[redacted]	Education Consultant **Consumer**
Kathy Scheu [redacted]	[redacted]	Medical/Laboratory Product Sales
Dan Schwarz [redacted]	[redacted]	Attorney **Consumer**
Jeffrey Segil, MD [redacted]	[redacted]	Physician-OB/GYN

Name/Address	Phone/Email	Occupation
James Sepanski [redacted]	[redacted]	Financial Executive
David B. Staples, DDS [redacted]	[redacted]	Dentist **Consumer**
Jo Lamprey [redacted]	[redacted]	Retired Nurse and Co-founder of healthcare quality Co.

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Jannell Levine, MS, RN

Professional Experience

Goodwin Community Health, Somersworth, NH Nov. 2006-present

Manager of Healthcare for the Homeless and Medical SUD Programs (Oct 2018-present)

- Oversee Healthcare for the Homeless program as well as Medication Assisted Recovery program at both GCH and Families First
- Provide direct patient care to Portsmouth MAR patients due to full time vacant position
- Rebuild entire Healthcare for the Homeless program after near 100% turnover in program staff following organizational merger
- Facilitate implementation of SAMHSA MAR grant
- Supervise MAT RNs, MAT Medical Assistant, SAMHSA Project Director, Healthcare for the Homeless Nurses and Care Coordinators, Hepatitis C Nurse, and Child Development Specialist
- Collaborate with internal and external partners during Covid pandemic to provide alternative access to care for vulnerable patients through Mobile MAR pilot as well as telehealth visits for quarantined homeless patients

Care Coordination Manager (August 2016-October 2018)

- Oversee Medication Assisted Therapy program as well as Care Management program
- Supervise Complex Care Coordinators, MAT RNs, MAT Medical Assistant, Recovery Support Worker and Child Development Specialist
- Facilitate weekly Care Coordination meetings for MAT/IOP program
- Participate in monthly Community Care Team meetings for high utilizing patients within our community
- Provide direct Care Coordination for complex and high utilizing Pediatric patients of GCH

Director of Patient Services and Quality Improvement (May 2012-August 2016)

- Facilitate and implement clinical quality improvement initiatives in accordance with the mission, goals and objectives of GCH.
- Collaborate with Providers, Medical Director, Managers and Support Staff to ensure that day to day operations of the health center run smoothly and that patients receive high quality care.
- Improve patient outcomes by training staff on standard operating procedures, evidence based practices, customer service skills and by providing patient education.
- Successfully coordinated and managed the initial 2012 GCH application to be certified as a Patient Centered Medical Home, as well as the 2015 renewal.
- Facilitate monthly CQI meetings, as well as bimonthly Risk Management meetings, and report to the board regarding the committee initiatives. Past responsibilities include facilitation of Customer service committee.
- Continuously review, revise and implement changes to GCH policies and procedures as new workflow changes are required as a result of Medical Home, Meaningful Use, Managed Care, Federal and State Grants, and Internal Improvements.
- Facilitate implementation of new programs such as MAT/IOP and SBIRT
- Collaborate with Nurse Manager in resolving all patient complaints.
- Primary Contact for all patient safety concerns, risk management issues and coordination with legal entities
- Supervise Nurse Manager, Medication Assistance Program Coordinator, Medication Assisted Therapy RN, Manager of Population Health Analytics, Baby Steps Consultant and Integration Patient Experience Manager. Collaborate with these staff to ensure their programs run smoothly and efficiently.
- Past responsibilities in this position include supervision of Nursing Staff, BCCP Coordinator and Community Outreach Worker

Registered Nurse/Care Manager (Nov. 2006-May 2012)

- Provide quality nursing care to patients ranging in age from infants to elderly in a community health care setting. Duties include telephone triage, patient assessment, injection administration, patient education,

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monitor lab and test results, vaccine management, medication dispensing and case management of patients to promote comprehensive patient care.

- Assess, triage and treat patients appropriately based on their current medical needs. Triage patients via telephone, schedule appointments as needed, and provide with education related to their medical issue.
- Provide comprehensive education to patients in order to assist them in health promotion and disease prevention.
- Assist patients to develop, maintain, and evaluate goals for management of both acute and chronic disease.
- Collaborate with providers and support staff to promote a team-based approach to management of patients' current health and disease states.
- Facilitate the proper administration of vaccinations to children and adults through screening and education of patients.
- Review and update various nursing policies and procedures as needed.
- Actively participated in the process of implementing Mental Health Integration to GCH. Served as Mental Health Care Manager and assisted in all aspects of program development.
- Member of the Medical Home Committee, actively participating in the process of achieving Medical Home Certification for GCH.

Exeter Hospital, Exeter, NH Feb.-Nov. 2006

Registered Nurse

- Staff RN on a busy 15 bed Telemetry unit.
- Provided quality direct patient care to both medical-surgical and progressive care patients—responsibilities included patient assessment, medication administration, dressing changes, IV insertion, creation and implementation of care plans, documentation, supervision of nursing assistants, patient and family education and all other aspects of nursing care.
- Managed and implemented care for patients in varying states of acuity, including the care of critically ill, terminally ill, palliative and stable patients.
- Educated patients regarding medications, upcoming procedures, health maintenance, disease management and lifestyle modifications.
- Collaborated with interdisciplinary team members to coordinate and plan care.

Boston Children's Hospital, Boston, MA Oct. 2000-Sept. 2003

Special Events Coordinator (Sept. 2002-Sept. 2003)

- Managed all aspects of the first *Miles for Miracles Walk* including strategic planning, marketing, participant, team and volunteer recruitment, web and collateral development, and logistical design.
- Planned, organized and implemented walk-related activities, such as committee meetings and receptions.
- Collaborated with technical consultants to develop a specialized computer database created exclusively for the walk, managed the system and trained staff on program methods and techniques.
- Served as the walk's primary contact for more than 2,000 participants, developing and managing effective systems for registering, providing guidance and advising walkers on fundraising strategies and best practices.
- Created and implemented a special walker recognition program, including incentives for top fundraisers.
- Supervised staff, temporary help, and volunteers.

Development Associate (Oct 2000-Sept. 2002))

- Coordinated all aspects of the 2002 Kids at Heart Marathon program, generating $800,000. Responsibilities included organizing and facilitating the application process, producing all marketing materials and newsletters, recruiting patient families and qualified runners, coordinating two receptions, and managing the Advisory Committee.
- Recruited and managed more than 200 volunteers for the 2001 and 2002 WBZ-Children's Hospital Telethon.
- Assisted in the organization of donor cultivation and stewardship events including developing and maintaining invitation lists, confirming attendance, securing speakers, VIPs, and meeting space, preparing event briefing materials, staffing the events, confirming event arrangements, and managing follow up.

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- Maintained the budget for four programs, processed invoices and consolidated monthly budget reports, assisted in the development of budget plans.
- Drafted original donor acknowledgements, meeting agendas/minutes, and other correspondence.
- Organized and facilitated monthly meetings for Development Associates.

Education

University of New Hampshire, Durham, NH — December 2006

- Master's of Science in Nursing
- GPA 3.88

University of New Hampshire, Durham, NH — May 2000

- B.A. Communications and Political Science
- GPA 3.67
- Personally financed 100% of education through employment, scholarships, and loans.

Certifications and Membership

- Current NH Registered Nurse License, licensed since January 2006
- American Heart Association BLS for the Healthcare Provider

Computer Skills

- Proficient in Logician (EMR), Microsoft Word, Excel, PowerPoint and Outlook

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Erin E. Ross

Objective

Obtain a position in Health Care, which will continue to build knowledge and skills from both education and experiences gained.

Qualifications

Mature, energetic individual possessing management experience, organizational skills, multi-tasking abilities, good work initiative and communicates well with internal and external contacts. Proficient in computer skills.

Education

September 1998 – May 2002 **Bachelor of Science in Health Management & Policy**
University of New Hampshire
Durham, New Hampshire 03824

Related Experience

July 2011 – Present **Chief Financial Officer**
Goodwin Community Health

- Responsible for financial oversight of center to include supervision of accountant, bookkeeper, billing department and all clinical administrative staff.
- Assist Executive Director in budgeting process each fiscal year for center.
- Generate and assist with financial aspects of all center grants received.
- Complete on an as needed basis finance analysis's of various agency programs.
- Participate in agency fiscal audit at the end of each fiscal year.
- Member of Board of Directors level Finance Committee

August 2006 – June 2011 **Service Expansion Director**
Avis Goodwin Community Health Center

- Responsible for the overall function of the Winter St location of Avis Goodwin Community Health Center.
- Maintain all clinical equipment and order all necessary supplies.
- Coordinate the scheduling of all clinical and administrative staff in the office.
- Assist with the continued integration of dental services and now mental health services to existing primary care services.
- Assist with the integration of private OB/GYN practice into Avis Goodwin Community Health Center.
- Organize patient outcome data collection and quality improvement measures to monitor multiple aspects and assure sustainability for Avis Goodwin Community Health Center.

January 2005 – August 2006 **Site Manager, Dover Location & Front Office Manager**
Avis Goodwin Community Health Center

- Responsible for the overall function of the Dover location of Avis Goodwin Community Health Center.
- Maintain all clinical equipment and order all necessary supplies.
- Assist with the continued integration of dental services and now mental health services to existing primary care services.
- Coordinate the scheduling of all clinical and administrative staff in the office.
- Organize patient outcome data collection and quality improvement measures to monitor multiple aspects and assure sustainability for Avis Goodwin Community Health Center.
- Supervise, hire and evaluate front office staff of both Avis Goodwin Community Health Center locations.
- Develop and implement policies and procedures for the smooth functioning of the front office.

May 2004 – January 2010 **Dental Coordinator**
Avis Goodwin Community Health Center

- Supervise, hire and evaluate dental staff, including Dental Assistant and Hygienists.
- Acted as general contractor during construction and renovation of existing facility for 4 dental exam rooms.
- Responsible for the operations of the dental center, development of educational programs for providers and staff and supervision of the school-based dental program.
- Developed policy and procedure manual, including OSHA and Infection Control protocols.

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- Organize patient outcome data collection and quality improvement measures to monitor dental program and assure sustainability.
- Maintain all dental equipment and order all dental supplies.
- Coordinate grant fund requirements to multiple agencies on a quarterly basis.
- Oversee all aspects of billing for dental services, including training existing billing department staff.

July 2003 – May 2004 **Administrative Assistant to Medical Director**
Avis Goodwin Community Health Center

- Assist with Quality Improvement program by attending all meetings, generating monthly minutes documenting all aspects of the agenda and reporting quarterly data followed by the agency.
- Generate a monthly report reflecting provider productivity including number patients seen by each provider and no show and cancellation rates of appointments.
- Served as a liaison between patients and Chief Financial Officer to effectively handle all patient concerns and compliments.
- Established and re-created various forms and worksheets used by many departments.

December 2002 – May 2004 **Billing Associate**
Avis Goodwin Community Health Center

- Organize and respond to correspondence, rejections and payments from multiple insurance companies.
- Created an Insurance Manual for Front Office Staff and Intake Specialists as an aide to educate patients on their insurance.
- Responsible for credentialing and Re-credentialing of providers, including physicians, nurse practitioners and physician assistants, within the agency and to multiple insurance companies.
- Apply knowledge of computer skills, including Microsoft Office, Logician, PCN and Centricity.
- Designed a statement to generate from an existing Microsoft Access database for patients on payment plans to receive monthly statements.
- Assist Front Office Staff during times of planned and unexpected staffing shortages.

June 2002 - December 2002 **Billing Associate**
Automated Medical Systems
Salem, New Hampshire 03079

- Communicate insurance benefits and explain payments and rejections to patients about their accounts.
- Responsible for organizing and responding to correspondence received for multiple doctor offices.
- Determine effective ways for rejected insurance claims to get paid through communicating with insurance companies and patients.
- Apply knowledge of computer skills, including Microsoft Office, Accuterm and Docstar.

Work Experience

October 1998 – May 2002 **Building Manager**
Memorial Union Building – UNH
Durham, New Hampshire 03824

- Recognized as a Supervisor, May 2001-May 2002.
- Supervised Building Manager and Information Center staff.
- Responsible for managing and documenting department monetary transactions.
- Organized and led employee meetings on a weekly basis.
- Established policies and procedures for smooth functioning of daily events.
- Oversaw daily operations of student union building, including meetings and campus events.
- Served as a liaison between the University of New Hampshire, students, faculty and community.
- Organized and maintained a weekly list of rental properties available for students.
- Developed and administered new ideas for increased customer service efficiency.

References

Available upon request

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JANET M. LAATSCH

Objective: To utilize my leadership skills to create a dynamic, sustainable non-profit organization.

WORK EXPERIENCE:

Greater Seacoast Community Health, **2018-Present**
Somersworth, Portsmouth, Rochester, NH
Chief Executive Officer

Accomplishments:

- Successful merger of two FQHC's and one private practice in 2018
- Secured a new location for Portsmouth by 6/30/21
- Improved sustainability of the Portsmouth and Rochester locations
- Increased retention rate to 98% in 2019 and 2020

Goodwin Community Health (GCH)
Somersworth, NH
Chief Executive Officer **2005-2018**

Accomplishments:

- Successfully retained all Directors and Physicians
- Built relationships with donors, foundations, local and state representatives and other non-profit and for-profit organizations
- Retention of an active Board of Directors
- Improvement of patient outcomes
- Successfully implemented mental health integration program
- Successfully acquired a for-profit mental health organization
- Developed a new partnership with Noble High School
- Developed a new partnership with Southeastern NH Services
- Obtained new grant funding of over $7.0 million
- Expansion of donor base
- Development of a corporate compliance program
- Merged the public health and safety council under AGCHC

Responsibilities:

- Oversight of operations, finance, personnel and fund development
- Grant writing and donor development
- New business development
- Compliance with all federal and state regulations
- Build relationships and partnerships locally and statewide
- Strategic planning
- Report directly to the Board of Directors

Finance Director **2002-2005**

Accomplishments:

- Brought in over $3.0 million in grant funds for the organization
- Obtained Federally Qualified Health Center status in 2004
- Designed and implemented a successful new dental program

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- Achieved a financial surplus annually

Responsibilities:

- Responsible for all financial transactions, billing, collections, patient accounts
- Strategic planning as it relates to capital funding
- Budget development, cost/benefit analysis of existing programs and potential new programs
- Development and implementation of an annual development plan
- Research, write, submit and provide follow-up reports for grant funds
- Oversee human resource functions of the organization

Grant Writer/Per Diem Nurse **2001-2002**

Grant Writing Services,
N. Hampton, NH
Sole Proprietor **1999-2001**

Accomplishments:

- Successfully researched and submitted grants for health and educational organizations totaling over $150k

Responsibilities:

- Research private, industry, state and federal funds for non-profit organizations

North Shore Medical Center (Partners Health Care) **1991-1999**
Salem, MA
Acting Chief Operations Officer for the
North Shore Community Health Center **1997-1999**

Accomplishments:

- Successfully submitted their competitive Federal grant and other state grants
- Recruited a medical director and re-negotiated existing provider contracts to include productivity standards
- Re-designed operations to improve productivity
- Incorporated the hospital's medical residency program into the Health Center
- Achieved a financial surplus for the first time in five years
- Developed a quality improvement program and framework

Responsibilities:

- Placed at the Health Center by the North Shore Medical Center to revamp operations and improve the cash flow for the organization
- Reported directly to the Board of Directors

EDUCATION:

University of New Hampshire:	M.B.A.	
Durham, N.H.	Concentration in Finance	**1991**
Northern Michigan University:	B.S.N.	
Marquette, M.I.	Minor in Biology	**1981**

LICENSES/CERTIFICATES:

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Real Estate Broker
N.H. Nursing License

PROFESIONAL:
Member of the National Association of Community Health Centers
Previous Board member of the United Way of the Greater Seacoast
Treasurer for the Health and Safety Council of Strafford County
Board member of the Community Health Network Access (CHAN)
Board member of the Rochester Rotary, slotted for President in 2011

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CONTRACTOR NAME

Key Personnel

Name	Job Title	Salary	% Paid from this Contract	Amount Paid from this Contract
Janet Laatsch	Chief Executive Officer	$216,778	0%	$0
Erin Ross	Chief Financial Officer	$149,177	0%	$0
Jannell Levine	Chief Operating Officer	$125,008	0%	$0

State of New Hampshire
Department of Health and Human Services
Amendment #2 to the Primary Care Services for the Homeless in the City of Manchester

This 2nd Amendment to the Primary Care Services for the Homeless in the City of Manchester contract (hereinafter referred to as "Amendment #2") is by and between the State of New Hampshire, Department of Health and Human Services (hereinafter referred to as the "State" or "Department") and Manchester Health Department (hereinafter referred to as "the Contractor"), a non-profit with a place of business 1528 Elm Street, Manchester, NH 03101-1350.

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on June 20, 2018, (Item #27G) as amended on May 6, 2020, (Item #46), the Contractor agreed to perform certain services based upon the terms and conditions specified in the Contract as amended and in consideration of certain sums specified; and

WHEREAS, pursuant to Form P-37, General Provisions, Paragraph 18, and Exhibit C-1, Revisions to General Provisions, Section 3, the Contract may be amended upon written agreement of the parties and approval from the Governor and Executive Council; and

WHEREAS, the parties agree to extend the term of the agreement, increase the price limitation, or modify the scope of services to support continued delivery of these services; and

NOW THEREFORE, in consideration of the foregoing and the mutual covenants and conditions contained in the Contract and set forth herein, the parties hereto agree to amend as follows:

1. Form P-37 General Provisions, Block 1.7, Completion Date, to read:

   March 31, 2022.

2. Form P-37, General Provisions, Block 1.8, Price Limitation, to read:

   $301,184.

3. Add Exhibit A-3, Additional Scope of Services BinaxNOW, which is attached hereto and incorporated by reference herein.

4. Modify Exhibit B, Methods and Conditions Precedent to Payment, Section 4, Subsection 4.1 to read:

   4.1 Payments shall be on a cost reimbursement basis for approved actual costs in accordance with Exhibit B-1 through Exhibit B-6 Amendment #2 Budget, which is attached hereto and incorporated by reference herein.

5. Add Exhibit B-6, Amendment #2 Budget, which is attached hereto and incorporated by reference herein.

All terms and conditions of the Contract and prior amendments not inconsistent with this Amendment #2 remain in full force and effect. Exhibit A-3, Additional Scope of Services BinaxNOW, shall be effective retroactive to November 1, 2020, upon Governor's approval issued under the Executive Order 2020-04 as extended by Executive Orders 2020-05, 2020-08, 2020-09, 2020-10, 2020-14, 2020-15, 2020-16, 2020-17, 2020-18, and 2020-20. All other provisions of this amendment shall be effective July 1, 2021, or upon the date of Governor and Executive Council approval, whichever is later.

IN WITNESS WHEREOF, the parties have set their hands as of the date written below,

State of New Hampshire
Department of Health and Human Services

12/21/2020
Date

Name:
Title:

Manchester Health Department

12/2/20
Date

Name: Joyce Craig
Title: Mayor

The preceding Amendment, having been reviewed by this office, is approved as to form, substance, and execution.

OFFICE OF THE ATTORNEY GENERAL

02/11/21
Date

Catherine Pinos
Name:
Title: Catherine Pinos, Attorney

I hereby certify that the foregoing Amendment was approved by the Governor and Executive Council of the State of New Hampshire at the Meeting on: _____ (date of meeting)

OFFICE OF THE SECRETARY OF STATE

_____
Date

_____
Name:
Title:

Additional Scope of Services BinaxNOW

1. BinaxNOW COVID-19 Antigen Testing and Supplies

1.1. The BinaxNOW COVID-19 Antigen Test is now authorized for Point of Care (POC) use in patient care settings operating under a Clinical Laboratory Improvement Amendment of 1988 Certificate of Waiver, Certificate of Compliance, or Certificate of Accreditation.

1.2. The BinaxNOW COVID-19 Antigen Test supplies are authorized for use under an Emergency Use Authorization by the U.S. Food and Drug Administration and consist of a lateral flow immunoassay for the qualitative detection of nucleocapsid protein antigen from the SARS-CoV-2 virus in direct nasal swabs from individuals suspected of COVID-19 by their healthcare provider within the first seven (7) days of symptom onset.

1.3. The Department will supply the Contractor with the BinaxNOW Rapid-Antigen COVID-19 Testing supplies at no cost to the Contractor via allotted distribution from the Department contingent upon the availability of supplies.

1.4. The Contractor shall adhere to proper use procedures and indications for BinaxNOW COVID-19 Antigen Test supplies as issued by the manufacturer (Abbott Laboratories), the U.S. Food and Drug Administration, and the Department, including applicable Health Advisory Network (HAN) messages.

1.5. The Contractor shall use BinaxNOW COVID-19 Antigen Test supplies provided by the Department only for active patients of the Contractor who:

1.5.1. Have COVID-19 symptoms, with symptom onset within the last seven (7) days; or

1.5.2. Do not have symptoms of COVID-19 at the direction of the Department.

1.6. The Contractor shall notify its established active patients who have symptoms of COVID-19 that it has the ability to perform COVID-19 testing, including rapid antigen testing.

1.7. The Contractor shall notify the Regional Public Health Network(s) within the Contractor's catchment area(s) that it can perform COVID-19 testing for active patients of the Contractor.

1.8. The Contractor shall report all positive test results and case details to the Department within twenty-four (24) hours of result determination using the COVID-19 Case Report form provided by the Department, which is available at the following link: https://www.dhhs.nh.gov/dphs/cdcs/covid19/covid19-reporting-form.pdf.

1.9. The Contractor shall report positive and negative test results to the Department using a secure web-based reporting process described in Health Alert Network Message #22. Instructions for Reporting Point-of-Care Tests available at: https://www.dhhs.nh.gov/dphs/cdcs/alerts/documents/covid-19-update22.pdf

1.10. The Contractor is prohibited from charging a patient, a patient's guardian, a patient's insurance, or New Hampshire Medicaid for a COVID-19 test conducted using BinaxNOW COVID-19 Antigen Test supplies provided by the Department.

1.11. The Contractor may charge a specimen collection fee, including, but not limited to, Healthcare Common Procedural Coding System (HCPCS) code G2023 as well as normal billing for an office or home visits by the Contractor, to the patient, the patient's guardian, the patient's insurance, or New Hampshire Medicaid for the evaluation and management of the patient that leads to a COVID-19 test conducted using BinaxNOW COVID-19 Antigen Test supplies provided by the Department.

1.12. The Contractor shall not refuse services or testing for any patient with any symptom(s) of COVID-19 using BinaxNOW COVID-19 Antigen Test supplies provided by the Department for any reason other than lack of available supplies.

New Hampshire Department of Health and Human Services

Bidder/Program Name: Manchester Health Department

Budget Request for: Primary Health Care Services for the Homeless

Budget Period: SFY 22 (July 1, 2021 - March 31, 2022) **Total:** $54,575

Line Item	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total	Direct Incremental	Indirect Fixed	Total
1. Total Salary/Wages	$ 28,215.72	$ -	$ 28,215.72	$ -	$ -	$ -	$ 28,215.72	$ -	$ 28,215.72
2. Employee Benefits	$ 8,464.72	$ -	$ 8,464.72	$ -	$ -	$ -	$ 8,464.72	$ -	$ 8,464.72
3. Consultants	$ 12,526.00	$ -	$ 12,526.00	$ -	$ -	$ -	$ 12,526.00	$ -	$ 12,526.00
4. Equipment:	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Rental	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Repair and Maintenance	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Purchase/Depreciation	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
5. Supplies:	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Educational	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Lab	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Pharmacy	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Medical	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Office	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
6. Travel	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
7. Occupancy	$ -		$ -	$ -		$ -	$ -		$ -
8. Current Expenses	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Telephone	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Postage	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Subscriptions	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Audit and Legal	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Insurance	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Board Expenses	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
9. Software / Community Health Access Network	$ 3,466.56	$ -	$ 3,466.56	$ -	$ -	$ -	$ 3,466.56	$ -	$ 3,466.56
10. Marketing/Communications	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
11. Staff Education and Training	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
12. Subcontracts/Agreements	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
13. Other (specific details mandatory):	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Poisson Dental	$ 1,000.00	$ -	$ 1,000.00	$ -	$ -	$ -	$ 1,000.00	$ -	$ 1,000.00
Manchester Health Dept. Admin & support	$ 900.00	$ -	$ 900.00	$ -	$ -	$ -	$ 900.00	$ -	$ 900.00
-	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
TOTAL	$ 54,575.00	$ -	$ 54,575.00	$ -	$ -	$ -	$ 54,575.00	$ -	$ 54,575.00

Indirect As A Percent of Direct 0.0%

CERTIFICATE OF VOTE

I, Matthew Normand, do hereby certify that:
(Name of the City Clerk of the Municipality)

1. I am duly elected City Clerk of the City of Manchester

2. The following is a true copy of an action duly adopted at a meeting of the Board of Mayor and Aldermen duly held on December 1, 2020,

RESOLVED: That this Municipality enter into a contract amendment with the State of New Hampshire, Department of Health and Human Services.

RESOLVED: That Joyce Craig,
(Mayor of the City of Manchester)
hereby is authorized on behalf of this municipality to enter into the said contract with the State and to execute any and all documents, agreements, and other instruments; and any amendments, revisions, or modifications thereto, as he/she may deem necessary, desirable, or appropriate.

3. The foregoing action on has not been amended or revoked and remains in full force and effect as of December 7th, 2020

4. Joyce Craig (is/are) the duly elected Mayor of the City of Manchester.

Matthew Normand
(Signature of the Clerk of the Municipality)

State of New Hampshire
County of Hillsborough

The foregoing instrument was acknowledge before me this 7th day of December, 2020 by Matthew Normand.
(Name of Person Signing Above)

(NOTARY SEAL)

Lisa McCarthy
(Name of Notary Public)

Title: Notary Public/Justice of the Peace
Commission Expires: LISA M. MCCARTHY
NOTARY PUBLIC
State of New Hampshire
My Commission Expires
June 24, 2025

Kevin J. O'Neil
Risk Manager

CITY OF MANCHESTER

Office of Risk Management
CERTIFICATE OF COVERAGE
DDHS
129 Pleasant Street
Concord, New Hampshire 03301

This certificate is issued as a matter of information only and confers no rights upon the certificate holder. This certificate does not amend, extend or alter the coverage within the financial limits of RSA 507-B as follows:

	Limits of Liability (in thousands 000)	
GENERAL LIABILITY	Bodily Injury and Property Damage	
	Each Person	325
	Each Occurrence	1000
AUTOMOBILE LIABILITY	Bodily Injury and Property Damage	
	Each Person	325
	Each Occurrence	1000
WORKER'S COMPENSATION	Statutory Limits	

The City of Manchester, New Hampshire maintains a Self-Insured, Self-Funded Program and retains outside claim service administration. All coverages are continuous until otherwise notified. Effective on the date Certificate issued and expiring upon completion of contract. Notwithstanding any requirements, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the coverage afforded by the limits described herein is subject to all the terms, exclusions and conditions of RSA 507-B.

DESCRIPTION OF OPERATIONS/LOCATION/CONTRACT PERIOD
For Manchester Health Department – Primary Care Services for the Homeless of the City of Manchester (SS-2018-DPHS-19-PRIMA-01-A02) from Dec. 1, 2021 thru March 31, 2022.
Issued the 3rd day of December, 2020.

Kevin O'Neil, hms
Kevin O'Neil, Risk Manager

One City Hall Plaza • Manchester, New Hampshire 03101 • (603) 624-6503 • FAX: (603) 624-6528
TTY: 1-800-735-2964
E-Mail: koneil@manchesternh.gov • Website: www.manchesternh.gov

State of New Hampshire
Department of Health and Human Services
Amendment #1 to the Primary Care Services for the Homeless in Nashua and the Greater Nashua Area

This 1st Amendment to the Primary Care Services for the Homeless in Nashua and the Greater Nashua Area contract (hereinafter referred to as "Amendment #1") is by and between the State of New Hampshire, Department of Health and Human Services (hereinafter referred to as the "State" or "Department") and Lamprey Health Care (hereinafter referred to as "the Contractor"), a non-profit with a place of business at 207 South Main Street, Newmarket, NH 03857.

WHEREAS, pursuant to an agreement (the "Contract") approved by the Governor and Executive Council on June 10, 2020, (Item #13), the Contractor agreed to perform certain services based upon the terms and conditions specified in the Contract as amended and in consideration of certain sums specified; and

WHEREAS, pursuant to Form P-37, General Provisions, Paragraph 18, and Exhibit C-1, Revisions to General Provisions, Section 3, the Contract may be amended upon written agreement of the parties and approval from the Governor and Executive Council; and

WHEREAS, the parties agree to extend the term of the agreement, increase the price limitation, or modify the scope of services to support continued delivery of these services; and

NOW THEREFORE, in consideration of the foregoing and the mutual covenants and conditions contained in the Contract and set forth herein, the parties hereto agree to amend as follows:

1. Form P-37 General Provisions, Block 1.7, Completion Date, to read:

   March 31, 2022.

2. Form P-37, General Provisions, Block 1.8, Price Limitation, to read:

   $141,042.

3. Modify Exhibit C, Payment Terms, Section 3 to read:

   3. Payment shall be on a cost reimbursement basis for approved actual costs in accordance with Exhibit B-1 through Exhibit B-3, Amendment #1 Budget, which is attached hereto and incorporated by reference herein.

4. Add Exhibit B-3, Amendment #1 Budget, which is attached hereto and incorporated by reference herein.

This amendment shall be effective upon the date of Governor and Executive Council approval.

IN WITNESS WHEREOF, the parties have set their hands as of the date written below,

State of New Hampshire
Department of Health and Human Services

12/21/2020
Date

DocuSigned by:
Lisa M. Morris
D938DBFB6CA64A0...
Name: Lisa M. Morris
Title: Director, Division of Public Health Srvcs.

Lamprey Health Care, Inc.

12/15/2020
Date

DocuSigned by:
Gregory White
7D62A0E4A2D1DB...
Name: Gregory White
Title: CEO

The preceding Amendment, having been reviewed by this office, is approved as to form, substance, and execution.

OFFICE OF THE ATTORNEY GENERAL

1/15/2021
Date

DocuSigned by:
D6GA0202F3B04AF...
Name: Catherine Pinos
Title: Attorney

I hereby certify that the foregoing Amendment was approved by the Governor and Executive Council of the State of New Hampshire at the Meeting on: _____ (date of meeting)

OFFICE OF THE SECRETARY OF STATE

Date

Name:
Title:

New Hampshire Department of Health and Human Services

Contractor name Lamprey Health Care

Budget Request for: Primary Care for the Homeless - Nashua

Budget Period: 7/1/21-3 /31/22

Line Item	Total Program Cost			Contractor Share / Match			Funded by DHHS contract share		
	Direct	Indirect	Total	Direct	Indirect	Total	Direct	Indirect	Total
1. Total Salary/Wages	$ 38,028.09	$ -	$ 38,028.09	$ -	$ -	$ -	$ 38,028.09	$ -	$ 38,028.09
2. Employee Benefits	$ 6,389.05	$ -	$ 6,389.05	$ -	$ -	$ -	$ 6,389.05	$ -	$ 6,389.05
3. Consultants	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
4. Equipment:	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Rental	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Repair and Maintenance	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Purchase/Depreciation	$ 1,000.00	$ -	$ 1,000.00	$ 750.00	$ -	$ 750.00	$ 250.00	$ -	$ 250.00
5. Supplies:	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Educational/Patient Assistance	$ 1,000.00	$ -	$ 1,000.00	$ -	$ -	$ -	$ 1,000.00	$ -	$ 1,000.00
Lab	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Pharmacy	$ 2,900.00	$ -	$ 2,900.00	$ 600.00	$ -	$ 600.00	$ 2,300.00	$ -	$ 2,300.00
Medical	$ 3,000.00	$ -	$ 3,000.00	$ 1,576.14	$ -	$ 1,576.14	$ 1,423.86	$ -	$ 1,423.86
Office	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
6. Travel	$ 300.00	$ -	$ 300.00	$ 300.00	$ -	$ 300.00	$ -	$ -	$ -
7. Occupancy	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
8. Current Expenses	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Telephone	$ 1,800.00	$ -	$ 1,800.00	$ -	$ -	$ -	$ 1,800.00	$ -	$ 1,800.00
Postage	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Dues and Subscriptions	$ 500.00	$ -	$ 500.00	$ -	$ -	$ -	$ 500.00	$ -	$ 500.00
Audit and Legal	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Insurance	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Board Expenses	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
9. Software	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
10. Marketing/Communications	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
11. Staff Education and Training	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
12. Subcontracts/Agreements	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
13. Other (Interpretation Services):	$ 1,200.00	$ -	$ 1,200.00	$ -	$ -	$ -	$ 1,200.00	$ -	$ 1,200.00
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
TOTAL	$ 56,117.14	$ -	$ 56,117.14	$ 3,226.14	$ -	$ 3,226.14	$ 52,891.00	$ -	$ 52,891.00

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State of New Hampshire
Department of State

CERTIFICATE

I, William M. Gardner, Secretary of State of the State of New Hampshire, do hereby certify that LAMPREY HEALTH CARE, INC. is a New Hampshire Nonprofit Corporation registered to transact business in New Hampshire on August 16, 1971. I further certify that all fees and documents required by the Secretary of State's office have been received and is in good standing as far as this office is concerned.

Business ID: 66382

Certificate Number : 0004926074

IN TESTIMONY WHEREOF,

I hereto set my hand and cause to be affixed the Seal of the State of New Hampshire, this 28th day of May A.D. 2020.

William M. Gardner

Secretary of State

Filing History

Back to Home (/online)

Business Name	Business ID
LAMPREY HEALTH CARE, INC.	66382

Filing#	Filing Date	Effective Date	Filing Type	Annual Report Year
0004959185	07/15/2020	07/15/2020	Nonprofit Report	2020
0004775110	01/16/2020	01/16/2020	Annual Report Reminder	N/A
0003102550	04/01/2015	04/01/2015	Nonprofit Report	2015
0000696533	12/03/2010	12/03/2010	Annual Report	2010
0000696532	10/08/2010	10/08/2010	Reminder Letter	N/A
0000696531	11/25/2005	11/25/2005	Annual Report	2005
0000696530	08/01/2000	08/01/2000	Amendment	N/A
0000696529	02/23/2000	02/23/2000	Annual Report	2000
0000696528	03/10/1995	03/10/1995	Annual Report	1995
0000696527	06/06/1994	06/06/1994	Amendment	N/A
0000696526	01/26/1990	01/26/1990	Annual Report	1990
0000696525	09/26/1986	09/26/1986	Amendment	N/A
0000696524	08/14/1984	08/14/1984	Amendment	N/A
0000696523	02/19/1976	02/19/1976	Annual Fee	N/A
0000696522	08/16/1971	08/16/1971	Business Formation	N/A

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NH Department of State, 107 North Main St. Room 204, Concord, NH 03301 -- **Contact Us (/online/Home/ContactUS)**

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CERTIFICATE OF AUTHORITY

I, Thomas Christopher Drew, hereby certify that:
(Name of the elected Officer of the Corporation/LLC; cannot be contract signatory)

1. I am a duly elected Clerk/Secretary/Officer of Lamprey Health Care, Inc..
(Corporation/LLC Name)

2. The following is a true copy of a vote taken at a meeting of the Board of Directors/shareholders, duly called and held on March 25, 2020, at which a quorum of the Directors/shareholders were present and voting.
(Date)

VOTED: That Gregory A. White (may list more than one person)
(Name and Title of Contract Signatory)

is duly authorized on behalf of Lamprey Health Care, Inc. to enter into contracts or agreements with the State
(Name of Corporation/ LLC)

of New Hampshire and any of its agencies or departments and further is authorized to execute any and all documents, agreements and other instruments, and any amendments, revisions, or modifications thereto, which may in his/her judgment be desirable or necessary to effect the purpose of this vote.

3. I hereby certify that said vote has not been amended or repealed and remains in full force and effect as of the date of the contract/contract amendment to which this certificate is attached. This authority **remains valid for thirty (30)** days from the date of this Certificate of Authority. I further certify that it is understood that the State of New Hampshire will rely on this certificate as evidence that the person(s) listed above currently occupy the position(s) indicated and that they have full authority to bind the corporation. To the extent that there are any limits on the authority of any listed individual to bind the corporation in contracts with the State of New Hampshire, all such limitations are expressly stated herein.

Dated: December 4, 2020

Signature of Elected Officer
Name: Thomas Christopher Drew
Title: Secretary, Board of Directors

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LAMPHEA-01 ASTOBERT

ACORD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 7/1/2020

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER License # 1780862
HUB International New England
275 US Route 1
Cumberland Foreside, ME 04110

CONTACT NAME:
PHONE (A/C, No, Ext): (207) 829-3450 FAX (A/C, No): (207) 829-6350
E-MAIL ADDRESS:

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Philadelphia Indemnity Insurance Company	18058
INSURER B : Atlantic Charter Insurance Company	44326
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED
Lamprey Health Care, Inc.
207 South Main Street
Newmarket, NH 03857

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY			PHPK2149654	7/1/2020	7/1/2021	EACH OCCURRENCE	$ 1,000,000
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 100,000
							MED EXP (Any one person)	$ 5,000
							PERSONAL & ADV INJURY	$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 3,000,000
	POLICY PRO-JECT LOC						PRODUCTS - COMP/OP AGG	$ 3,000,000
	OTHER:							$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$
	ANY AUTO						BODILY INJURY (Per person)	$
	OWNED AUTOS ONLY / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	HIRED AUTOS ONLY / NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	$
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	$
	DED RETENTION $							$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N			WCA00545408	7/1/2020	7/1/2021	X PER STATUTE OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N / A					E.L. EACH ACCIDENT	$ 500,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$ 500,000
							E.L. DISEASE - POLICY LIMIT	$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Evidence of General Liability and Workers Compensation coverage.

CERTIFICATE HOLDER

NH DHHS
129 Pleasant Street
Concord, NH 03301

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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LAMPREY HEALTH CARE

Where Excellence and Caring go Hand in Hand

Our Mission

The mission of Lamprey Health Care is to provide high quality primary medical care and health related services, with an emphasis on prevention and lifestyle management, to all individuals regardless of ability to pay.

- We seek to be **a leader in providing access** to medical and health services that improve the health status of the individuals and families in the communities we serve.
- Our mission is to **remove barriers that prevent access to care**; we strive to eliminate such barriers as language, cultural stereotyping, finances and/or lack of transportation.
- Lamprey Health Care's **commitment to the community** extends to providing and/or coordinating access to a full range of comprehensive services.
- Lamprey Health Care is committed to achieving the highest level of patient satisfaction through a personal and caring approach and **exceeding standards of excellence in quality and service**.

Our Vision

- We will be the **outstanding primary care choice** for our patients, our communities and our service area, and the standard by which others are judged.
- We will continue as **pacesetter** in the use of new knowledge for lifestyle improvement, quality of life.
- We will be a **center of excellence** in service, quality and teaching.
- We will be **part of an integrated system** of care to ensure access to medical care for all individuals and families in our communities.
- We will be an **innovator** to foster development of the best primary care practices, adoption of the tools of technology and teaching.
- We will **establish partnerships**, linkages, networks and referrals with other organizations to provide access to a full range of services to meet our communities' needs.

Our Values

- We exist to **serve the needs of our patients**.
- We value a positive **caring approach** in delivering patient services.
- We are committed to **improving the health** and total well-being of our communities.
- We are committed to **being proactive** in identifying and meeting our communities' health care needs.
- We provide a supportive environment for **the professional and personal growth, and healthy lifestyles of our employees**.
- We provide an **atmosphere of learning** and growth for both patients and employees as well as for those seeking training in primary care.
- We succeed by utilizing a **team approach** that values a positive, constructive commitment to Lamprey Health Care's mission.

Affirmed 12/18/2019

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BerryDunn

LAMPREY HEALTH CARE

Where Excellence and Caring go Hand in Hand

CONSOLIDATED FINANCIAL STATEMENTS

and

SUPPLEMENTARY INFORMATION

September 30, 2019 and 2018

With Independent Auditor's Report

DocuSign Envelope ID: D9BAEFB3-B081-4FBC-879B-C7C6531224D3

BerryDunn

INDEPENDENT AUDITOR'S REPORT

Board of Directors
Lamprey Health Care, Inc. and Friends of Lamprey Health Care, Inc.

We have audited the accompanying consolidated financial statements of Lamprey Health Care, Inc. and Friends of Lamprey Health Care, Inc., which comprise the consolidated balance sheets as of September 30, 2019 and 2018, and the related consolidated statements of operations, functional expenses, changes in net assets and cash flows for the years then ended, and the related notes to the consolidated financial statements.

Management's Responsibility for the Consolidated Financial Statements

Management is responsible for the preparation and fair presentation of these consolidated financial statements in accordance with U.S. generally accepted accounting principles; this includes the design, implementation and maintenance of internal control relevant to the preparation and fair presentation of consolidated financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these consolidated financial statements based on our audits. We conducted our audits in accordance with U.S. generally accepted auditing standards. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the consolidated financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the consolidated financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the consolidated financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the consolidated financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the consolidated financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

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Opinion

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the financial position of Lamprey Health Care, Inc. and Friends of Lamprey Health Care, Inc. as of September 30, 2019 and 2018, and the results of their operations, changes in their net assets and their cash flows for the years then ended, in accordance with U.S. generally accepted accounting principles.

Change in Accounting Principles

As discussed in Note 1 to the financial statements, in 2019 Lamprey Health Care, Inc. and Friends of Lamprey Health Care, Inc. adopted new accounting guidance, Financial Accounting Standards Board Accounting Standards Updates No. 2016-14, *Presentation of Financial Statements of Not-for-Profit Entities* (Topic 958) and No. 2016-18, *Restricted Cash* (Topic 230). Our opinion is not modified with respect to these matters.

Other Matter

Our audit was conducted for the purpose of forming an opinion on the consolidated financial statements as a whole. The accompanying consolidating balance sheets as of September 30, 2019 and 2018, and the related consolidating statements of operations and changes in net assets for the years then ended, are presented for purposes of additional analysis rather than to present the financial position and changes in net assets of the individual entities, and are not a required part of the consolidated financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the consolidated financial statements. The information has been subjected to the auditing procedures applied in the audits of the consolidated financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the consolidated financial statements or to the consolidated financial statements themselves, and other additional procedures in accordance with U.S. generally accepted auditing standards. In our opinion, the information is fairly stated in all material respects in relation to the consolidated financial statements as a whole.

Berry Dunn McNeil & Parker, LLC

Portland, Maine
January 17, 2020

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LAMPREY HEALTH CARE, INC. AND FRIENDS OF LAMPREY HEALTH CARE, INC.

Consolidated Balance Sheets

September 30, 2019 and 2018

ASSETS

	2019	2018
Current assets		
Cash and cash equivalents	$ 1,422,407	$ 1,341,015
Patient accounts receivable, net	1,237,130	1,330,670
Grants receivable	452,711	228,972
Other receivables	236,798	172,839
Inventory	81,484	72,219
Other current assets	78,405	139,568
Total current assets	3,508,935	3,285,283
Investment in limited liability company	19,101	22,590
Assets limited as to use	2,943,714	3,205,350
Fair value of interest rate swap	13,512	-
Property and equipment, net	7,608,578	7,584,923
Total assets	$14,093,840	$14,098,146

LIABILITIES AND NET ASSETS

Current liabilities		
Accounts payable and accrued expenses	$ 641,818	$ 438,830
Accrued payroll and related expenses	961,024	919,690
Deferred revenue	85,418	117,696
Current maturities of long-term debt	106,190	102,014
Total current liabilities	1,794,450	1,578,230
Long-term debt, less current maturities	2,031,076	2,134,337
Fair value of interest rate swap	-	13,404
Total liabilities	3,825,526	3,725,971
Net assets		
Without donor restrictions	9,732,208	10,061,029
With donor restrictions	536,106	311,146
Total net assets	10,268,314	10,372,175
Total liabilities and net assets	$14,093,840	$14,098,146

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

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LAMPREY HEALTH CARE, INC. AND FRIENDS OF LAMPREY HEALTH CARE, INC.

Consolidated Statements of Operations

Years Ended September 30, 2019 and 2018

	2019	2018
Operating revenue		
Patient service revenue	$ 9,143,768	$ 9,426,185
Provision for bad debts	(398,544)	(354,460)
Net patient service revenue	8,745,224	9,071,725
Grants, contracts and contributions	6,104,270	5,538,925
Other operating revenue	1,637,578	769,240
Net assets released from restrictions for operations	75,197	118,447
Total operating revenue	16,562,269	15,498,337
Operating expenses		
Salaries and wages	10,584,157	9,941,188
Employee benefits	1,993,787	1,688,571
Supplies	646,774	715,862
Purchased services	1,731,988	1,569,327
Facilities	580,711	594,355
Other operating expenses	697,570	537,414
Insurance	145,114	143,338
Depreciation	461,062	459,716
Interest	107,855	96,431
Total operating expenses	16,949,018	15,746,202
Deficiency of revenue over expenses	(386,749)	(247,865)
Change in fair value of interest rate swap	26,916	365
Net assets released from restrictions for capital acquisition	31,012	16,651
Decrease in net assets without donor restrictions	$ (328,821)	$ (230,849)

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

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LAMPREY HEALTH CARE, INC. AND FRIENDS OF LAMPREY HEALTH CARE, INC.

Consolidated Statement of Functional Expenses

Year Ended September 30, 2019

	Healthcare Services	AHEC/PHN	Transportation	Total Healthcare Services	Administration and Support Services	Total
Salaries and wages	$ 8,599,722	$ 418,785	$ 127,054	$ 9,145,561	$ 1,438,596	**$ 10,584,157**
Employee benefits	1,531,182	76,015	23,346	1,630,543	363,244	**1,993,787**
Supplies	614,628	12,839	47	627,514	19,260	**646,774**
Purchased services	892,684	225,590	407	1,118,681	613,307	**1,731,988**
Facilities	4,020	477	23,155	27,652	553,059	**580,711**
Other	283,801	157,524	120	441,445	256,125	**697,570**
Insurance	-	-	8,922	8,922	136,192	**145,114**
Depreciation	-	-	27,509	27,509	433,553	**461,062**
Interest	-	-	-	-	107,855	**107,855**
Allocated program support	886,269	-	-	886,269	(886,269)	-
Allocated occupancy costs	714,331	34,319	4,531	753,181	(753,181)	-
Total	**$ 13,526,637**	**$ 925,549**	**$ 215,091**	**$ 14,667,277**	**$ 2,281,741**	**$ 16,949,018**

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

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LAMPREY HEALTH CARE, INC. AND FRIENDS OF LAMPREY HEALTH CARE, INC.

Consolidated Statement of Functional Expenses

Year Ended September 30, 2018

	Healthcare Services	AHEC/PHN	Transportation	Total Healthcare Services	Administration and Support Services	Total
Salaries and wages	$ 8,000,572	$ 411,320	$ 120,008	$ 8,531,900	$ 1,409,288	$ 9,941,188
Employee benefits	1,315,582	70,805	20,049	1,406,436	282,135	1,688,571
Supplies	684,828	7,051	40	691,919	23,943	715,862
Purchased services	815,843	139,400	-	955,243	614,084	1,569,327
Facilities	4,402	480	20,945	25,827	568,528	594,355
Other	253,564	87,005	39	340,608	196,806	537,414
Insurance	-	-	8,696	8,696	134,642	143,338
Depreciation	-	-	28,093	28,093	431,623	459,716
Interest	-	-	-	-	96,431	96,431
Allocated program support	825,266	-	-	825,266	(825,266)	-
Allocated occupancy costs	930,169	36,593	4,831	971,593	(971,593)	-
Total	$ 12,830,226	$ 752,654	$ 202,701	$ 13,785,581	$ 1,960,621	$ 15,746,202

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

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LAMPREY HEALTH CARE, INC. AND FRIENDS OF LAMPREY HEALTH CARE, INC.

Consolidated Statements of Changes in Net Assets

Years Ended September 30, 2019 and 2018

	2019	2018
Net assets without donor restrictions		
Deficiency of revenue over expenses	$ (386,749)	$ (247,865)
Change in fair value of interest rate swap	26,916	365
Net assets released from restrictions for capital acquisition	31,012	16,651
Decrease in net assets without donor restrictions	(328,821)	(230,849)
Net assets with donor restrictions		
Contributions	205,027	71,205
Grants for capital acquisition	126,142	16,651
Net assets released from restrictions for operations	(75,197)	(118,447)
Net assets released from restrictions for capital acquisition	(31,012)	(16,651)
Increase (decrease) in net assets with donor restrictions	224,960	(47,242)
Change in net assets	(103,861)	(278,091)
Net assets, beginning of year	10,372,175	10,650,266
Net assets, end of year	$10,268,314	$10,372,175

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

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LAMPREY HEALTH CARE, INC. AND FRIENDS OF LAMPREY HEALTH CARE, INC.

Consolidated Statements of Cash Flows

Years Ended September 30, 2019 and 2018

	2019	2018
Cash flows from operating activities		
Change in net assets	$ (103,861)	$ (278,091)
Adjustments to reconcile change in net assets to net cash provided by operating activities		
Provision for bad debts	398,544	354,460
Depreciation	461,062	459,716
Equity in earnings of limited liability company	3,489	(2,292)
Change in fair value of interest rate swap	(26,916)	(365)
Grants for capital acquisition	(126,142)	(16,651)
(Increase) decrease in the following assets:		
Patient accounts receivable	(305,004)	(614,015)
Grants receivable	(223,739)	247,179
Other receivable	(63,959)	(87,482)
Inventory	(9,265)	(8,640)
Other current assets	61,163	21,378
Increase (decrease) in the following liabilities:		
Accounts payable and accrued expenses	25,215	42,545
Accrued payroll and related expenses	41,334	39,213
Deferred revenue	(32,278)	28,656
Net cash provided by operating activities	99,643	185,611
Cash flows from investing activities		
Capital acquisitions	(306,944)	(173,745)
Cash flows from financing activities		
Grants for capital acquisition	126,142	16,651
Principal payments on long-term debt	(99,085)	(104,489)
Net cash provided (used) by financing activities	27,057	(87,838)
Net decrease in cash and cash equivalents and restricted cash	(180,244)	(75,972)
Cash and cash equivalents and restricted cash, beginning of year	4,546,365	4,622,337
Cash and cash equivalents and restricted cash, end of year	$ 4,366,121	$ 4,546,365
Breakdown of cash and cash equivalents and restricted cash, end of year		
Cash and cash equivalents	$ 1,422,407	$ 1,341,015
Assets limited as to use	2,943,714	3,205,350
	$ 4,366,121	$ 4,546,365
Supplemental disclosure of cash flow information		
Cash paid for interest	$ 107,855	$ 96,431
Capital expenditures included in accounts payable	$ 177,773	$ -

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

LAMPREY HEALTH CARE, INC. AND FRIENDS OF LAMPREY HEALTH CARE, INC.

Notes to Consolidated Financial Statements

September 30, 2019 and 2018

1. Summary of Significant Accounting Policies

Organization

Lamprey Health Care, Inc. (LHC) is a not-for-profit corporation organized in the State of New Hampshire. LHC is a Federally Qualified Health Center (FQHC) whose primary purpose is to provide high quality family health, medical and behavioral health services to residents of southern New Hampshire without regard to the patient's ability to pay for these services.

Subsidiary

Friends of Lamprey Health Care, Inc. (FLHC) is a not-for-profit corporation organized in the State of New Hampshire. FLHC's primary purpose is to support LHC. FLHC is also the owner of the property occupied by LHC's administrative and program offices in Newmarket, New Hampshire. LHC is the sole member of FLHC.

Principles of Consolidation

The consolidated financial statements include the accounts of LHC and its subsidiary, FLHC (collectively, the Organization). All significant intercompany balances and transactions have been eliminated in consolidation.

Recently Adopted Accounting Pronouncements

In August 2016, the Financial Accounting Standards Board issued Accounting Standards Update (ASU) No. 2016-14, *Presentation of Financial Statements of Not-for-Profit Entities* (Topic 958), which makes targeted changes to the not-for-profit financial reporting model. The ASU marks the completion of the first phase of a larger project aimed at improving not-for-profit financial reporting. Under the ASU, net asset reporting is streamlined and clarified. The existing three category classification of net assets was replaced with a simplified model that combines temporarily restricted and permanently restricted into a single category called "net assets with donor restrictions." The guidance on accounting for the lapsing of restrictions on gifts to acquire property and equipment has also been simplified and clarified. New disclosures highlight restrictions on the use of resources that make otherwise liquid assets unavailable for meeting near-term financial requirements. The ASU also imposes several new requirements related to reporting expenses which resulted in the expansion of the consolidated financial statements to include statements of functional expenses. The Organization has adjusted the presentation of these statements accordingly. The ASU has been applied retrospectively to 2018. The adoption had no effect on the Organization's total net assets, results of operations, changes in net assets or cash flows for the year ended September 30, 2019. The adoption did result in a reclassification of net assets previously reported as net assets with donor restrictions to net assets without donor restrictions. This related to gifts received and used to acquire property and equipment and the restrictions on these gifts were previously released over the useful life of the acquired assets. Previously reported net assets with donor restrictions of $109,370 and $115,620 at September 30, 2018 and 2017, respectively, have been reclassified as net assets without donor restrictions.

In November 2016, FASB issued ASU No. 2016-18, *Restricted Cash* (Topic 230), which requires that a statement of cash flows explain the change during the period in the total of cash, cash equivalents, and amounts generally described as restricted cash or restricted cash equivalents. Therefore, amounts generally described as restricted cash and restricted cash equivalents should be included with cash and cash equivalents when reconciling the beginning-of-period and end-of-period total amounts shown on the statement of cash flows. The ASU is effective for fiscal years beginning on or after December 15, 2018. The Organization adopted ASU No. 2016-18 in 2019, and restated its 2018 statement of cash flows to conform to the provisions thereof.

Basis of Presentation

The financial statements of the Organization have been prepared in accordance with U.S. generally accepted accounting principles (U.S. GAAP), which require the Organization to report information in the financial statements according to the following net asset classifications:

Net assets without donor restrictions: Net assets that are not subject to donor-imposed restrictions and may be expended for any purpose in performing the primary objectives of the Organization. These net assets may be used at the discretion of the Organization's management and the Board of Directors.

Net assets with donor restrictions: Net assets subject to stipulations imposed by donors and grantors. Some donor restrictions are temporary in nature; those restrictions will be met by actions of the Organization or by the passage of time. Other donor restrictions are perpetual in nature, whereby the donor has stipulated the funds be maintained in perpetuity.

Unconditional promises to give cash and other assets are reported at fair value at the date the promise is received, which is then treated as cost. The gifts are reported as net assets with donor restrictions if they are received with donor stipulations that limit the use of the donated assets. When a donor restriction expires, that is, when a stipulated time restriction ends or purpose restriction is accomplished, net assets with donor restrictions are reclassified as net assets without donor restrictions and reported in the statements of operations and changes in net assets as net assets released from restrictions. Donor-restricted contributions whose restrictions are met in the same year as received are reflected as contributions without donor restrictions in the accompanying financial statements.

Gifts of long-lived assets, such as land, buildings, or equipment, are reported as net assets without donor restrictions unless explicit donor stipulations specify how the donated assets must be used. Gifts of long-lived assets with explicit restrictions that specify how the assets are to be used and gifts of cash or other assets that must be used to acquire long-lived assets are reported as net assets with donor restrictions. Absent explicit donor stipulations about how long those long-lived assets must be maintained, expirations of donor restrictions are reported when the donated or acquired long-lived assets are placed in service.

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Use of Estimates

The preparation of financial statements in conformity with U.S. GAAP requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements. Estimates also affect the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

Income Taxes

Both LHC and FLHC are public charities under Section 501(c)(3) of the Internal Revenue Code. As public charities, the entities are exempt from state and federal income taxes on income earned in accordance with their tax-exempt purposes. Unrelated business income is subject to state and federal income tax. Management has evaluated the Organization's tax positions and concluded that the Organization has no unrelated business income or uncertain tax positions that require adjustment to the consolidated financial statements.

Cash and Cash Equivalents

Cash and cash equivalents consist of business checking and savings accounts as well as petty cash funds.

The Organization maintains cash balances at several financial institutions. The balances are insured by the Federal Deposit Insurance Corporation (FDIC) up to $250,000. At various times throughout the year, the Organization's cash balances may exceed FDIC insurance. The Organization has not experienced any losses in such accounts and management believes it is not exposed to any significant risk.

Patient Accounts Receivable

Patient accounts receivable are stated at the amount management expects to collect from outstanding balances. Patient accounts receivable are reduced by an allowance for uncollectible accounts. In evaluating the collectibility of patient accounts receivable, the Organization analyzes its past collection history and identifies trends for all funding sources in the aggregate. In addition, patient balances in excess of 120 days are 100% reserved. Management regularly reviews revenue and payer mix data in evaluating the sufficiency of the allowance for uncollectible accounts. Amounts not collected after all reasonable collection efforts have been exhausted are applied against the allowance for uncollectible accounts.

Grants and Other Receivables

Grants and other receivables are stated at the amount management expects to collect from outstanding balances. All such amounts are considered collectible.

The Organization receives a significant amount of grants from the U.S. Department of Health and Human Services (DHHS). As with all government funding, these grants are subject to reduction or termination in future years. For the years ended September 30, 2019 and September 30, 2018, grants from DHHS (including both direct awards and awards passed through other organizations) represented approximately 76% and 76%, respectively, of grants, contracts and contributions revenue.

Investment in Limited Liability Company

The Organization is one of eight partners who each made a capital contribution of $500 to Primary Health Care Partners (PHCP). The purposes of PHCP are: (i) to engage and contract directly with the payers of health care to influence the design and testing of emerging payment methodologies; (ii) to achieve the three part aim of better care for individuals, better health for populations and lower growth in expenditures in connection with both governmental and non-governmental payment systems; (iii) to undertake joint activities to offer access to high quality, cost effective medical, mental health, oral health, home care and other community-based services, based upon the medical home model of primary care delivery, that promote health and well-being by developing and implementing effective clinical and administrative systems in a manner that is aligned with the FQHC model; and to lead collaborative efforts to manage costs and improve the quality of primary care services delivered by health centers operated throughout the state of New Hampshire; and (iv) to engage in any and all lawful activities, including without limitation the negotiation of contracts, agreements and/or arrangements (with payers and other parties). The Organization's investment in PHCP is reported using the equity method and the investment amounted to $19,101 and $22,590 at September 30, 2019 and 2018, respectively.

Assets Limited as To Use

Assets limited as to use include cash and cash equivalents set aside under loan agreements for repairs and maintenance on the real property collateralizing the loan, assets designated by the Board of Directors for specific projects or purposes and donor-restricted contributions as discussed further in Note 7.

Property and Equipment

Property and equipment acquisitions are recorded at cost, less accumulated depreciation. Depreciation is provided over the estimated useful life of each class of depreciable asset and is computed on the straight-line method.

Patient Service Revenue

Patient service revenue is reported at the estimated net realizable amounts from patients, third-party payers, and others for services rendered, including estimated retroactive adjustments under reimbursement agreements with third-party payers. Retroactive adjustments are accrued on an estimated basis in the period the related services are rendered and adjusted in future periods as final settlements are determined.

340B Drug Pricing Program

LHC, as an FQHC, is eligible to participate in the 340B Drug Pricing Program. The program requires drug manufacturers to provide outpatient drugs to FQHCs and other identified entities at a reduced price. LHC contracts with local pharmacies under this program. The local pharmacies dispense drugs to eligible patients of LHC and bill insurances on behalf of LHC. Reimbursement received by the pharmacies is remitted to LHC net of dispensing and administrative fees. Revenue generated from the program is included in patient service revenue net of third-party allowances. The cost of drug replenishments and contracted expenses incurred related to the program are included in other operating expenses.

Functional Expenses

The financial statements report certain categories of expenses that are attributable to one or more programs or supporting functions of the Organization. Expenses which are allocated between program services and administrative support include employee benefits which are allocated based on direct wages, facilities and related costs which are allocated based upon square footage occupied by the program, and direct program support (billing and medical records) which is 100% attributable to healthcare services.

Deficiency of Revenue Over Expenses

The consolidated statements of operations reflect the deficiency of revenue over expenses. Changes in net assets without donor restriction which are excluded from this measure include contributions of long-lived assets (including assets acquired using contributions which, by donor restriction, were to be used for the purposes of acquiring such assets) and changes in fair value of an interest rate swap that qualifies for hedge accounting.

Subsequent Events

For purposes of the preparation of these financial statements, management has considered transactions or events occurring through January 17, 2020, the date that the financial statements were available to be issued. Management has not evaluated subsequent events after that date for inclusion in the financial statements.

2. Availability and Liquidity of Financial Assets

The Organization regularly monitors liquidity required to meet its operating needs and other contractual commitments. The Organization has various sources of liquidity at its disposal, including cash and cash equivalents and a line of credit.

The Organization had working capital of $1,714,485 and $1,707,053 at September 30, 2019 and 2018, respectively. The Organization had average days cash and cash equivalents on hand (based on normal expenditures) of 31 and 32 at September 30, 2019 and 2018, respectively.

Financial assets available for general expenditure within one year as of September 30 were as follows:

	2019	2018
Cash and cash equivalents	$ 1,422,407	$ 1,341,015
Patient accounts receivable, net	1,237,130	1,330,670
Grants receivable	452,711	228,972
Other receivables	236,798	172,839
Financial assets available	$ 3,349,046	$ 3,073,496

The Organization has certain board-designated assets limited to use which are available for general expenditure within one year in the normal course of operations upon obtaining approval from the Board of Directors. Accordingly, these assets have not been included in the qualitative information above. The Organization has other assets limited to use for donor-restricted purposes, which are more fully described in Note 7, are not available for general expenditure within the next year and are not reflected in the amounts above.

The Organization's goal is generally to have, at the minimum, the Health Resources and Services Administration recommended days cash and cash equivalents on hand for operations of 30 days.

The Organization has a $1,000,000 line of credit, as discussed in more detail in Note 5.

3. Patient Accounts Receivable

Patient accounts receivable consisted of the following:

	2019	2018
Patient accounts receivable	$ 1,397,194	$ 1,386,791
Contract 340B pharmacy program receivables	75,586	197,976
Total patient accounts receivable	1,472,780	1,584,767
Allowance for doubtful accounts	(235,650)	(254,097)
Patient accounts receivable, net	$ 1,237,130	$ 1,330,670

A reconciliation of the allowance for uncollectible accounts follows:

	2019	2018
Balance, beginning of year	$ 254,097	$ 233,455
Provision for bad debts	398,544	354,460
Write-offs	(416,991)	(333,818)
Balance, end of year	$ 235,650	$ 254,097

The Organization grants credit without collateral to its patients, most of whom are local residents and are insured under third-party payer agreements. Primary payers representing 10% or more of the Organization's gross patient accounts receivable are as follows:

	2019	2018
Medicare	17 %	18 %
Medicaid	19 %	14 %
Anthem Blue Cross Blue Shield	*	13 %

* less than 10%

4. Property and Equipment

Property and equipment consists of the following:

	2019	2018
Land and improvements	$ 1,154,753	$ 1,154,753
Building and improvements	11,048,899	10,943,714
Furniture, fixtures and equipment	1,799,636	1,723,627
Total cost	14,003,288	13,822,094
Less accumulated depreciation	6,667,847	6,237,171
	7,335,441	7,584,923
Construction in progress	273,137	-
Property and equipment, net	$ 7,608,578	$ 7,584,923

During 2019, the Organization began to make renovations to the clinical building in Newmarket, New Hampshire. The project is estimated to cost approximately $780,000 and is expected to be completed and placed in service in December 2019. The project has been funded primarily through donor restricted contributions and debt.

The Organization has made renovations to certain buildings with federal grant funding. In accordance with the grant agreements, a Notice of Federal Interest (NFI) was filed in the appropriate official records of the jurisdiction in which the property is located. The NFI is designed to notify any prospective buyer or creditor that the Federal Government has a financial interest in the real property components acquired under the aforementioned grant; that the property may not be used for any purpose inconsistent with that authorized by the grant program statute and applicable regulations; that the property may not be mortgaged or otherwise used as collateral without the written permission of the Associate Administrator of the Office of Federal Assistance Management (OFAM), Health Resources and Services Administration (HRSA); and that the property may not be sold or transferred to another party without the written permission of the Associate Administrator of OFAM and HRSA.

5. Line of Credit

The Organization has an available $1,000,000 revolving line of credit from a local bank through May 31 2021, with an interest rate of 5.50%. The line of credit is collateralized by all business assets. There was no outstanding balance as of September 30, 2019 and 2018.

6. Long-Term Debt

Long-term debt consists of the following:

	2019	2018
Promissory note payable to local bank; see terms outlined below.	$ 851,934	$ 875,506
5.375% promissory note payable to United States Department of Agriculture, Rural Development (Rural Development), paid in monthly installments of $4,949, which includes interest, through June 2026. The note is collateralized by all tangible property owned by the Organization. The note was paid off through refinancing that is effective in October 2019; see details below.	335,509	371,976
4.75% promissory note payable to Rural Development, paid in monthly installments of $1,892, which includes interest, through November 2033. The note is collateralized by all tangible property owned by the Organization. The note was paid off through refinancing that is effective in October 2019; see details below.	231,091	242,438
4.375% promissory note payable to Rural Development, paid in monthly installments of $5,000, which includes interest, through December 2036. The note is collateralized by all tangible property owned by the Organization. The note was paid off through refinancing that is effective in October 2019; see details below.	718,732	746,431
Total long-term debt	2,137,266	2,236,351
Less current maturities	106,190	102,014
Long-term debt, less current maturities	$ 2,031,076	$ 2,134,337

The Organization has a promissory note with a local bank which is a ten-year balloon note to be paid at the amortization rate of 30 years, with monthly principal payments of $1,345 plus interest at 85% of the one-month LIBOR rate plus 2.125% through January 2022 when the balloon payment is due. The note is collateralized by the real estate. The Organization has an interest rate swap agreement for the ten-year period through 2022 that limits the potential interest rate fluctuation and essentially fixes the rate at 4.13%. The fair value of the interest rate swap agreement was an asset of $13,512 and a liability of $13,404 at September 30, 2019 and 2018, respectively.

Effective October 2, 2019, the Organization obtained a $2,100,000 note payable with a local bank, which repaid the notes payable due to Rural Development in the amount of $1,285,332, and the additional financing was used to renovate the Organization's Newmarket clinical building as discussed in Note 4. The note has a ten-year balloon and is to be paid at the amortization rate of 30 years, with monthly principal payments plus interest at the greater of the Wall Street Journal Prime rate or the weighted average of the rate of overnight Federal funds with members of the Federal Reserve Bank of New York plus 0.5% through October 2029 when the balloon payment is due. The note is collateralized by the real estate. The Organization has an interest rate swap agreement for the ten-year period through 2029 that limits the potential interest rate fluctuation and essentially fixes the rate at 3.173%.

The Organization is required to meet certain administrative and financial covenants under various loan agreements included above. The Organization failed to meet one of those loan covenants at September 30, 2019 and has received a waiver of default from the bank.

Maturities of long-term debt for the next five years and thereafter (adjusted for the refinancing as discussed above) are as follows:

2020	$ 106,190
2021	50,783
2022	832,321
2023	28,439
2024	29,264
Thereafter	1,090,269
Total	$ 2,137,266

7. Net Assets

Net assets without donor restrictions are designated for the following purposes:

	2019	2018
Undesignated	$ 7,019,181	$ 7,377,112
Repairs and maintenance on the real property collateralizing Rural Development loans	142,092	142,092
Board-designated for		
Transportation	16,982	16,982
Working capital	1,391,947	1,391,947
Building improvements	1,162,006	1,132,896
Total	$ 9,732,208	$10,061,029

Net assets with donor restrictions were restricted for the following specific purposes:

	2019	2018
Temporary in nature:		
Capital improvements	$ 326,567	$ 231,436
Community programs	181,151	54,643
Substance abuse prevention	28,388	25,067
Total	$ 536,106	$ 311,146

8. Patient Service Revenue

Patient service revenue was as follows for the years ended September 30:

	2019	2018
Gross charges	$13,786,408	$13,683,357
340B contract pharmacy revenue	1,139,085	1,327,156
Total gross revenue	14,925,493	15,010,513
Contractual adjustments	(4,793,060)	(4,534,268)
Sliding fee discounts	(964,485)	(1,030,666)
Other discounts	(24,180)	(19,394)
Total patient service revenue	$ 9,143,768	$ 9,426,185

The mix of gross patient service revenue from patients and third-party payers was as follows for the years ended September 30:

	2019	2018
Medicare	17 %	17 %
Medicaid	31 %	27 %
Blue Cross Blue Shield	17 %	18 %
Other payers	21 %	24 %
Self pay and sliding fee scale patients	14 %	14 %
	100 %	100 %

Laws and regulations governing the Medicare, Medicaid and 340B programs are complex and subject to interpretation. The Organization believes that it is in compliance with all laws and regulations. Compliance with such laws and regulations can be subject to future government review and interpretation, as well as significant regulatory action including fines, penalties and exclusion from the Medicare, Medicaid and 340B programs. Differences between amounts previously estimated and amounts subsequently determined to be recoverable or payable are included in patient service revenue in the year that such amounts become known.

A summary of the payment arrangements with major third-party payers follows:

Medicare

The Organization is reimbursed for the care of qualified patients on a prospective basis, with retroactive settlements related to vaccine costs only. The prospective payment is based on a geographically-adjusted rate determined by federal guidelines. Overall, reimbursement was and continues to be subject to a maximum allowable rate per visit. The Organization's Medicare cost reports have been audited by the Medicare administrative contractor through September 30, 2018.

Medicaid and Other Payers

The Organization is reimbursed by Medicaid for the care of qualified patients on a prospective basis. Overall, reimbursement is subject to a maximum allowable rate per visit. The Organization also has entered into payment agreements with certain commercial insurance carriers, health maintenance organizations and preferred provider organizations. Under these arrangements, the Organization is reimbursed based on contractually obligated payment rates which may be less than the Organization's public fee schedule.

Charity Care

The Organization provides care to patients who meet certain criteria under its sliding fee discount policy without charge or at amounts less than its established rates. Because the Organization does not pursue collection of amounts determined to qualify as charity care, they are not reported as net patient service revenue. The Organization estimates the costs associated with providing charity care by calculating the ratio of total cost to total charges, and then multiplying that ratio by the gross uncompensated charges associated with providing care to patients eligible for free care. The estimated cost amounted to approximately $1,053,562 and $1,041,596 for the years ended September 30, 2019 and 2018, respectively.

The Organization is able to provide these services with a component of funds received through local community support and federal and state grants.

9. Retirement Plan

The Organization has a defined contribution plan under Internal Revenue Code Section 403(b). The Organization contributed $300,572 and $157,605 for the years ended September 30, 2019 and 2018, respectively. The Organization's Board of Directors voted to suspend the employer contributions to the plan in April 2018 and resume contributions in January 2019 subsequent to the adoption of revisions to the employer contribution component of the plan documents.

10. Medical Malpractice

The Organization is protected from medical malpractice risk as an FQHC under the Federal Tort Claims Act (FTCA). The Organization has additional medical malpractice insurance, on a claims-made basis, for coverage outside the scope of the protection of the FTCA. As of September 30, 2019, there were no known malpractice claims outstanding which, in the opinion of management, will be settled for amounts in excess of both FTCA and medical malpractice insurance coverage, nor are there any unasserted claims or incidents which require loss accrual. The Organization intends to renew medical malpractice insurance coverage on a claims-made basis and anticipates that such coverage will be available.

11. Litigation

From time-to-time certain complaints are filed against the Organization in the ordinary course of business. Management vigorously defends the Organization's actions in those cases and utilizes insurance to cover material losses. In the opinion of management, there are no matters that will materially affect the Organization's consolidated financial statements.

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SUPPLEMENTARY INFORMATION

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LAMPREY HEALTH CARE, INC. AND FRIENDS OF LAMPREY HEALTH CARE, INC.

Consolidating Balance Sheet

September 30, 2019

ASSETS

	Lamprey Health Care, Inc.	Friends of Lamprey Health Care, Inc.	Eliminations	2019 Consolidated
Current assets				
Cash and cash equivalents	$ 453,924	$ 968,483	$ -	$ 1,422,407
Patient accounts receivable, net	1,237,130	-	-	1,237,130
Grants receivable	452,711	-	-	452,711
Other receivables	236,798	59,797	(59,797)	236,798
Inventory	81,484	-	-	81,484
Other current assets	78,405	-	-	78,405
Total current assets	2,540,452	1,028,280	(59,797)	3,508,935
Investment in limited liability company	19,101	-	-	19,101
Assets limited as to use	2,861,010	82,704	-	2,943,714
Fair value of interest rate swap	13,512	-	-	13,512
Property and equipment, net	5,718,217	1,890,361	-	7,608,578
Total assets	$11,152,292	$ 3,001,345	$ (59,797)	$14,093,840

LIABILITIES AND NET ASSETS

Current liabilities				
Accounts payable and accrued expenses	$ 701,615	$ -	$ (59,797)	$ 641,818
Accrued payroll and related expenses	961,024	-	-	961,024
Deferred revenue	85,418	-	-	85,418
Current maturities of long-term debt	65,417	40,773	-	106,190
Total current liabilities	1,813,474	40,773	(59,797)	1,794,450
Long-term debt, less current maturities	1,122,027	909,049	-	2,031,076
Total liabilities	2,935,501	949,822	(59,797)	3,825,526
Net assets				
Without donor restrictions	7,680,685	2,051,523	-	9,732,208
With donor restrictions	536,106	-	-	536,106
Total net assets	8,216,791	2,051,523	-	10,268,314
Total liabilities and net assets	$11,152,292	$ 3,001,345	$ (59,797)	$14,093,840

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LAMPREY HEALTH CARE, INC. AND FRIENDS OF LAMPREY HEALTH CARE, INC.

Consolidating Balance Sheet

September 30, 2018

ASSETS

	Lamprey Health Care, Inc.	Friends of Lamprey Health Care, Inc.	2018 Consolidated
Current assets			
Cash and cash equivalents	$ 656,379	$ 684,636	$ 1,341,015
Patient accounts receivable, net	1,330,670	-	1,330,670
Grants receivable	228,972	-	228,972
Other receivables	172,839	-	172,839
Inventory	72,219	-	72,219
Other current assets	139,568	-	139,568
Total current assets	2,600,647	684,636	3,285,283
Investment in limited liability company	22,590	-	22,590
Assets limited as to use	2,920,876	284,474	3,205,350
Property and equipment, net	5,585,290	1,999,633	7,584,923
Total assets	$11,129,403	$ 2,968,743	$14,098,146

LIABILITIES AND NET ASSETS

Current liabilities			
Accounts payable and accrued expenses	$ 438,830	$ -	$ 438,830
Accrued payroll and related expenses	919,690	-	919,690
Deferred revenue	117,696	-	117,696
Current maturities of long-term debt	63,027	38,987	102,014
Total current liabilities	1,539,243	38,987	1,578,230
Long-term debt, less current maturities	1,184,455	949,882	2,134,337
fair value of interest rate swap	13,404	-	13,404
Total liabilities	2,737,102	988,869	3,725,971
Net assets			
Without donor restrictions	8,081,155	1,979,874	10,061,029
With donor restrictions	311,146	-	311,146
Total net assets	8,392,301	1,979,874	10,372,175
Total liabilities and net assets	$11,129,403	$ 2,968,743	$14,098,146

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LAMPREY HEALTH CARE, INC. AND FRIENDS OF LAMPREY HEALTH CARE, INC.

Consolidating Statement of Operations

Year Ended September 30, 2019

	Lamprey Health Care Inc.	Friends of Lamprey Health Care, Inc.	Eliminations	2019 Consolidated
Operating revenue				
Patient service revenue	$ 9,143,768	$ -	$ -	$ 9,143,768
Provision for bad debts	(398,544)	-	-	(398,544)
Net patient service revenue	8,745,224	-	-	8,745,224
Rental income	-	227,916	(227,916)	-
Grants, contracts and contributions	6,104,270	-	-	6,104,270
Other operating revenue	1,637,475	103	-	1,637,578
Net assets released from restrictions for operations	75,197	-	-	75,197
Total operating revenue	16,562,166	228,019	(227,916)	16,562,269
Operating expenses				
Salaries and wages	10,584,157	-	-	10,584,157
Employee benefits	1,993,787	-	-	1,993,787
Supplies	646,774	-	-	646,774
Purchased services	1,731,860	128	-	1,731,988
Facilities	808,327	300	(227,916)	580,711
Other operating expenses	694,558	3,012	-	697,570
Insurance	145,114	-	-	145,114
Depreciation	351,790	109,272	-	461,062
Interest expense	64,197	43,658	-	107,855
Total operating expenses	17,020,564	156,370	(227,916)	16,949,018
(Deficiency) excess of revenue over expenses	(458,398)	71,649	-	(386,749)
Change in fair value of interest rate swap	26,916	-	-	26,916
Net assets released from restrictions for capital acquisition	31,012	-	-	31,012
(Decrease) increase in net assets without donor restrictions	$ (400,470)	$ 71,649	$ -	$ (328,821)

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LAMPREY HEALTH CARE, INC. AND FRIENDS OF LAMPREY HEALTH CARE, INC.

Consolidating Statement of Operations

Year Ended September 30, 2018

	Lamprey Health Care, Inc.	Friends of Lamprey Health Care, Inc.	Eliminations	2018 Consolidated
Operating revenue				
Patient service revenue	$ 9,426,185	$ -	$ -	$ 9,426,185
Provision for bad debts	(354,460)	-	-	(354,460)
Net patient service revenue	9,071,725	-	-	9,071,725
Rental income	-	227,916	(227,916)	-
Grants, contracts and contributions	5,538,925	-	-	5,538,925
Other operating revenue	769,148	92	-	769,240
Net assets released from restrictions for operations	118,447	-	-	118,447
Total operating revenue	15,498,245	228,008	(227,916)	15,498,337
Operating expenses				
Salaries and wages	9,941,188	-	-	9,941,188
Employee benefits	1,688,571	-	-	1,688,571
Supplies	715,784	78	-	715,862
Purchased services	1,569,171	156	-	1,569,327
Facilities	816,102	6,169	(227,916)	594,355
Other operating expenses	535,414	2,000	-	537,414
Insurance	143,338	-	-	143,338
Depreciation	353,293	106,423	-	459,716
Interest	60,447	35,984	-	96,431
Total operating expenses	15,823,308	150,810	(227,916)	15,746,202
(Deficiency) excess of revenue over expenses	(325,063)	77,198	-	(247,865)
Change in fair value of interest rate swap	365	-	-	365
Net assets released from restrictions for capital acquisition	16,651	-	-	16,651
(Decrease) increase in net assets without donor restrictions	$ (308,047)	$ 77,198	$ -	$ (230,849)

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LAMPREY HEALTH CARE, INC. AND FRIENDS OF LAMPREY HEALTH CARE, INC.

Consolidating Statement of Changes in Net Assets

Year Ended September 30, 2019

	Lamprey Health Care, Inc.	Friends of Lamprey Health Care, Inc.	2019 Consolidated
Net assets without donor restrictions			
(Deficiency) excess of revenue over expenses	$ (458,398)	$ 71,649	$ (386,749)
Change in fair value of interest rate swap	26,916	-	26,916
Net assets released from restrictions for capital acquisition	31,012	-	31,012
(Decrease) increase in net assets without donor restrictions	(400,470)	71,649	(328,821)
Net assets with donor restrictions			
Contributions	205,027	-	205,027
Grants for capital acquisition	126,142	-	126,142
Net assets released from restrictions for operations	(75,197)	-	(75,197)
Net assets released from restrictions for capital acquisition	(31,012)	-	(31,012)
Increase in net assets with donor restrictions	224,960	-	224,960
Change in net assets	(175,510)	71,649	(103,861)
Net assets, beginning of year	8,392,301	1,979,874	10,372,175
Net assets, end of year	$ 8,216,791	$ 2,051,523	$10,268,314

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LAMPREY HEALTH CARE, INC. AND FRIENDS OF LAMPREY HEALTH CARE, INC.

Consolidating Statement of Changes in Net Assets

Year Ended September 30, 2018

	Lamprey Health Care, Inc.	Friends of Lamprey Health Care, Inc.	2018 Consolidated
Net assets without donor restrictions			
(Deficiency) excess of revenue over expenses	$ (325,063)	$ 77,198	$ (247,865)
Change in fair value of interest rate swap	365	-	365
Net assets released from restrictions for capital acquisition	16,651	-	16,651
(Decrease) increase in net assets without donor restrictions	(308,047)	77,198	(230,849)
Net assets with donor restrictions			
Contributions	71,205	-	71,205
Grants for capital acquisition	16,651	-	16,651
Net assets released from restrictions for operations	(118,447)	-	(118,447)
Net assets released from restrictions for capital acquisition	(16,651)	-	(16,651)
Decrease in net assets with donor restrictions	(47,242)	-	(47,242)
Change in net assets	(355,289)	77,198	(278,091)
Net assets, beginning of year	8,747,590	1,902,676	10,650,266
Net assets, end of year	$ 8,392,301	$ 1,979,874	$10,372,175

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LAMPREY HEALTH CARE

Where Excellence and Caring go Hand in Hand

2020 Board of Directors

Frank Goodspeed (President/Chair)

[redacted]

Term Ends 2023
Affiliation: Tropic Star Development

Raymond Goodman, III (Vice President)

[redacted]

Term ends 2021
Affiliation: Children's Trust

Arvind Ranade, (Treasurer)

[redacted]

Term Ends 2021
Affiliation: SymbioSys Solutions, Inc.

Thomas "Chris" Drew (Secretary)

[redacted]

Term Ends 2022
Affiliation: Seacoast Mental Health Center

Audrey Ashton-Savage (Immediate Past

[redacted]

Term Ends 2021
Affiliation: University of New Hampshire

Michelle Boom

[redacted]

Term Ends 2022
Affiliation: Homemaker

James Brewer

[redacted]

Term Ends 2022
Affiliation: Kennebunk Savings Bank

Michael Chouinard

[redacted]

Term Ends 2022
Affiliation: Retired

Elizabeth Crepeau

[redacted]

Term ends 2021
Affiliation: Retired

Robert Gilbert

[redacted]

Term Ends 2023
Affiliation: Retired

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LAMPREY HEALTH CARE

Where Excellence and Caring go Hand in Hand

2020 Board of Directors

Carol LaCross

Term Ends 2021
Affiliation: Retired

Andrea Laskey

Term Ends 2022
Affiliation: Retired

Mark Marandola

Term Ends 2023
Affiliation: Fidelity

Michael Reinke

Term Ends 2023
Affiliation: Nashua Soup Kitchen & Shelter

Wilberto Torres

Term Ends 2022
Affiliation: Torres Management and Research Corporation

Laura Valencia

Term Ends 2021
Affiliation: Student

Robert S. Woodward

Term Ends 2022
Affiliation: Retired

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Paula K. Smith, MBA, EdD

EDUCATION

Rivier University, Nashua NH
Doctoral Program in Education, Leadership and Learning, May 2018

American Evaluation Association/Centers for Disease Control, Summer Institute, June 2012

The Dartmouth Institute of Health Policy and Clinical Practice, Coach the Coach: The Art of Coaching and Improving Quality, Microsystems Process Improvement Training, 2009

American Society of Training & Development, Professional Trainer Certificate Program, Concord, NH, 2002.

Cultural Competency; Training of Trainers Program, CCHCP Training Institute, Seattle, WA,2000

University of Massachusetts, Boston, Harbor Campus, Boston, MA 02125
Masters in Business Administration, 1991

Boston University School of Public Health, Boston, MA
Negotiation and Conflict Resolution for Health Care Management
(Training Program), 1991

University of New Hampshire, Durham, NH
Bachelor of Science, Health Administration and Planning, 1985

PROFESSIONAL EXPERIENCE

February 1998 – Present **Director, Southern New Hampshire Area Health Education Center (AHEC)**
Lamprey Health Care, Raymond, NH

- Coordinates, plans and supervises the establishment and operation of a new AHEC center and programs designed to increase access to quality health care in southern NH.
- Partners with community-based providers and academic institutions to improve the supply and distribution of primary health care professionals and facilitates student placements in the community with an emphasis on medically underserved areas.
- Provides training opportunities for residents, nurse practitioners, social worker, physician assistant, nursing and medical students, as well as practicing providers.
- Develops and coordinates health care awareness programs for high school students with a focus on minority and disadvantaged populations.
- Coaches health center microteams in quality improvement initiatives.
- Oversees implementation of "Better Choices, Better Health" Chronic Disease Self-Management Program, including marketing, reporting, recruitment and management of leaders, and coordination of NH CDSMP Network, a learning community of leaders.
- Directs activities of the Seacoast Public Health Network, implementing the Community Health Improvement Plan.
- Develops and oversees the Nurse Practitioner Fellowship Program, including supervising staff to implement day to day operations, maintaining relationships with preceptors and specialty practices, and pursuing accreditation.

October 1995 to February 1998 **Regional Services Coordinator**
New England Community Health Center Association, Woburn, MA

- Provided technical assistance, policy analysis, and other membership services to state primary care associations in New England and the community health centers they serve;
- Coordinated educational sessions for primary care clinicians and administrators on a variety of health care topics; assisted in developing program for two community health conferences a year, as well as one-day programs;
- Acted as liaison for members of MIS/Fiscal Directors and other regional committees;
- Wrote grants, including concept development, implementation plans and budget, for government and foundation proposals;
- Designed survey instruments, analyzed data, and wrote reports for region-wide surveys of community health centers, including compensation survey, needs assessment for locum tenens, survey on management information systems, and survey on productivity and staffing ratios;
- Acted as Project Director of Phase III of the Mammography Access Project;
- Wrote and distributed quarterly newsletter to health centers and public health organizations throughout New England.

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February 1992 to October 1995 — **Program Director, Department of Medical Security, Boston, MA**

- Managed the Labor Shortage Initiative, a $23 million state-wide program providing education and training opportunities in health care occupations; oversaw the allocation of funds to participating hospitals, colleges and universities, and community organizations; supervised the development of contracts; monitored program achievements.

- Developed, implemented, and managed the *Children's Medical Security Plan*, a health insurance program for uninsured children under the age of 13; negotiated and monitored contracts totaling nearly $12 million with participating insurers; coordinated public relations and outreach activities related to the program; acted as a liaison with various advocacy groups.
- Managed *CenterCare*, a $4 million managed care program providing services through contracts with 30 community health centers across the state; allocated resources to participating centers; developed and conducted training sessions on *CenterCare* program operations for health center staff; analyzed demographic and utilization date of participants.

May 1990 to February 1992 — **Contract Manager, Department of Medical Security, Boston, MA**

- Coordinated the procurement process for both *CenterCare* and the Labor Shortage Initiative, which included writing Requests for Proposals (RFPs), reviewing and analyzing proposals, monitoring the contracting and administration of funded proposals, and acting as a liaison between interested parties;
- Monitored *CenterCare* by coordinating payments to contractors, conducting site visits at participating community health centers, and reporting on program status; managed administrative procedures and acted as a liaison between agencies for all contracts in accordance with regulations.

October 1988 to May 1990 — **Contract Specialist, Office of the State Comptroller, Boston, MA**

- Assisted and instructed departments in the process of contract approval, as well as utilization of the state-wide automated accounting systems (MMARS);
- Developed policies in support of state regulations pertaining to contract approval.
- Supervised contract officers in the review and approval of statewide consultant contracts; created reports to monitor departmental activities; organized special projects.

January 1988 to October 1988 — **Contract Officer, Office of the State Comptroller, Boston, MA**

- Reviewed and approved transactions on MMARS submitted by departments throughout the Commonwealth;
- Managed Tax Exempt Lease Purchase program of all departments in the Commonwealth;
- Utilized word processing and spreadsheet programs.

September 1985 to January 1988 — **Administrative Assistant, Joseph M. Smith Community Health Center, Alston, MA**

- Provided assistance to the Executive Director in overall administration of health center,
- Assisted Finance Director in management of accounts, and prepared monthly invoices for all grant reimbursement, utilizing word processing and spreadsheet programs.
- Supervised the payroll system and managed personnel files for 60 employees;
- Acted as liaison between outside vendors and health center;
- Interviewed candidates for support staff positions.

AFFILIATIONS

Endowment for Health Board of Advisors, 2013-Present
Recipient of 2007 NH Office of Minority Health Women's Health Recognition Award
NH Leadership Board: American Lung Association, 2007-present
Recipient of 2006 National AHEC Center for Excellence Award in Community Programming
Leadership New Hampshire 2003 Associate
Member of National AHEC Organization
Organizational Recipient of 2002 Champions in Diversity Award for Education

References Available Upon Request

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MARY R. COOK, M.Ed, CHES

WORK EXPERIENCE:

July 2015 to Present

Public Health Emergency Preparedness Manager
Seacoast Public Health Network/ a program of Lamprey Health Care Inc.

A. Responsible for the management and implementation of grant-funded work plans/scopes of services associated with the Public Health Network, Pandemic Planning, and related emergency response as well as public health grants, on schedule and within budget; serves as the conduit between funders and planning partners on plan requirements and ensures compliance with state and federal regulations as appropriate.

B. Schedules, convenes and facilitates regular meetings of the Seacoast Emergency Preparedness Team. Prepares meeting minutes and provides follow-up. Responsible for the coordination of Point of Dispensing (PODs) in the seacoast region during a disease outbreak as a means to get medication to residents in the 23 town region.

C. Provides requisite planning activity reports, budget submissions, and/or other required documentation for federal and state emergency response funding sources. Attends in-state meetings of grantors as appropriate.

D. Engages community partners in public health improvement process; develops and implements communications plan for public health and emergency response preparation initiatives.

E. Manages and Updates the Regional Public Health Emergency Annex to meet Centers for Disease Control planning guidelines and local standard operating guidelines.

F. Prepares and manages an annual Medical Countermeasure Operational Readiness Review (MCM ORR) as required by the CDC Division of Strategic National Stockpile (DSNS). The MCM ORR outlines planning elements specific to managing, distributing and dispensing Strategic National Stockpile (SNS) materiel received from the CDC during a public health emergency. Revise and update the RPHEA, related appendices and attachments based on the findings from the MCM ORR.

G. Supervises the Medical Reserve Corps Coordinator and the Medical Reserve Corps program of volunteers. Oversees other subcontractors as work dictates.

H. Oversees the Climate Change funding and coordinates a community workgroup that establishes tick trainings for camp counselors at area camps. Oversees subcontracts for this initiative.

May 1, 2011 to June 2015

Public Health Emergency Preparedness Coordinator
Exeter Fire Department and the Seacoast Public Health Network

- Responsible for providing Regional Public Health Preparedness, Response, and Recovery for the Seacoast Public Health region
- Medical Reserve Corps Director
- Seacoast Public Health Advisory Council co-facilitator

December 2008 to April 2011

York Hospital and the Healthy Maine Partnerships
District Tobacco Coordinator
Provided support, guidance and trainings to the York District Healthy Maine Partnerships assuring that a comprehensive and evidence based approach to tobacco prevention and control is implemented throughout York County.

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February 2005 to December 2008

City of Portsmouth, NH
Public Health Coordinator

Provided coordination of the Greater Portsmouth Public Health Network that includes the towns of New Castle, Rye, Newington, Greenland and the City of Portsmouth in assessment, policy development, and assurance of the Ten Essential Services of Public Health. Responsible for development of All Health Hazard Community Response Plan, Pandemic Plan, Isolation and Quarantine, Point of Distribution, Risk Communication, Medical Surge and Volunteer plans for the Greater Portsmouth Emergency Planning Response Team. Designed, conducted, and evaluated a series of workshops, table tops and full scale exercises to test the region's communications, command and control, emergency operation center and response to all health hazards.

June 2003-February 2005

American Red Cross Great Bay Chapter
Director of Health and Safety Services
Provided coordinated planning, implementation, and evaluation of Health and Safety Services within the chapter's jurisdiction. Responsibilities included needs assessment, marketing, program and human resources development, managed a $200,000 budget.

November 2003-June 2003

American Red Cross Great Bay Chapter
Tobacco Prevention Director for The Rochester Tobacco Free Coalition:
Developed and coordinated a coalition whose mission was to promote and advocate for a tobacco free lifestyle by providing education, awareness and support to youth and families in Rochester.
Supervised two youth coordinators who coordinated youth mentoring programs at the Rochester Middle School.
Established goals and objectives with coalition members.

2000-November 2003

Dover Police Department, Dover, N.H.
Substance Abuse Prevention Coordinator:
Youth Advisor for a 250-member coalition
Instructor for tobacco education classes
Coordinator of educational activities/programs related to substance abuse issues
Representative for state and local tobacco advisory committees

1991-1999

Franklin Regional Hospital, Franklin, N.H.
Health Educator
Safety and Wellness Instructor for adults and teens
Smoking Cessation Specialist
Women's Health Educator
Coordinated youth tobacco-free coalition
Coordinated annual Health and Safety Fairs

EDUCATION:

Notre Dame College, Manchester, N.H.
Bachelor of Arts Degree in Business Education, 1984

Plymouth State College, Plymouth, N.H.
Master's Degree in Education/ Health Promotion and Wellness Management, 2002

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Home: **Gregory A. White, CPA** Work:

Summary

Senior Level Executive with extensive hands-on experience in management, business leadership, and working with boards, banks and other external stake holders. A CPA with an established record of success in Community Health Center management. Strong in budgets, cash forecasts, grants, and team leadership.

Professional Experience

Lamprey Health Care – Newmarket, NH **2013 to present**

Chief Executive Officer

- Responsible for the leadership, operation and overall strategic direction of New Hampshire's largest Federally Qualified Health Center.
- Ensuring continuity and high quality primary medical care in three sites, both urban rural, serving over 16,000 patients in 40 communities.
- Leading a high performing senior management team in the direction of over 150 staff and providers.
- Engaging with leaders and stakeholders at the local, state and national levels to ensure that Lamprey is at the forefront of innovative, high quality health care delivery.

Lowell Community Health Center – Lowell, MA **2009 to 2013**

Chief Financial Officer

- Responsible for the integrity of financial information and systems for this Federally Qualified Health Center, employing 315 staff and providing over 120,000 visits annually. Upgraded financial and administrative infrastructure to meet requirements during a time of rapid expansion.
- Lead the financing and budget development for a $42 million capital facility project to include: traditional debt, multiple tax credit sources, federal grants, loan guarantees, and private funds.
- Directed key projects for: 340(b) pharmacy implementation; 403(b) tax deferred savings plan; multiple federal stimulus grants; and revised operating budget development.
- Representative to the Lowell General PHO for managed care contract negotiation
- Recruited and managed a team of five directors to oversee and manage four support and one programmatic department

Manchester Community Health Center – Manchester, NH **1999 to 2009**

Chief Financial Officer

- Recruited by the CEO to bring structure and process to the functional areas of the Center's financial operations. Provided direction and oversight to key business areas; General Administration, Patient Registration, Human Resources, FTCA/Legal and Medical Records.

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Home: **Gregory A. White, CPA** Work:

- Responsible for the development of key programs, Corporate Compliance, HIPAA, selection of a new practice management system. Supported Joint Commission accreditation and the implementation of an electronic medical record system.
- Led the development of financing for the Center's new facility.

Greater Lawrence Family Health Center – Lawrence, MA **1993 to 1998**

Controller	**1997 to 1998**
Accounting Manager	**1995 to 1997**
Senior Accountant/Analyst	**1993 to 1995**

- Progressively responsible for all day to day financial operations of a Federally Qualified Health Center, including: Accounts Payable, Payroll, General Ledger, Cash Management, Cost Reporting, Patient Accounts, and Financial Reporting. Presented budgets, analysis, projections and periodic reporting to the Board of Directors.
- Key leader for projects involving: selection of new financial accounting software; selection of new practice management system; provider productivity measurement and analysis and group purchasing. Oversaw budget of $5 million construction project.
- Developed reimbursement model for an innovative Family Practice Residency program.

Alexander, Aronson, Finning & Co., CPA's – Westborough, MA **1990 to 1993**

Staff Accountant/Auditor

Education & Professional Affiliations

Babson College, Wellesley, MA

BS, Accounting - 1990

Commonwealth of Massachusetts

Certified Public Accountant- 1996

Healthcare Financial Management Association

Certified Healthcare Financial Professional - 2008

National Association of CHC's

Excel Leadership Program - 2003

National Registry of Emergency Medical Technicians

EMT - N.H. license number 18991-I

Boards, Advisory & Volunteer Experience

Massachusetts League of Community Health Centers – Special Finance Committee

NH Health Access Network – Administrative & Training Committee

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Home:

Gregory A. White, CPA

Work:

Community Health Access Network – Board of Directors, Finance Committee

Bi-State Primary Care Association – Board of Directors, Capital Finance & Sustainability, Prospective Payment

Primary Care Partners, LLC – Board of Management

The Way Home – Manchester, NH – Board of Trustees – Treasurer

Manchester Sustainable Access Project – Data Sub-group

Milford Ambulance Service – Volunteer EMT, Staff Officer, Treasurer, Building Advisory Committee

Milford Educational Foundation – 1999 to 2010 - Treasurer

Heritage United Way – Manchester – Community Investment Committee

Milford Community Athletic Association - Coach

Lasell College – Co-Resident Director

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Evalie M. Crosby, CPA, FHFMA

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Summary of Qualifications

Thirty-three years professional accounting and healthcare finance experience including audit, residential mental health, and critical access hospital managerial experience. Responsibilities have included extensive involvement in third-party contract negotiations, budgeting, strategic planning, financial analysis of strategic initiatives, independent financial audit and IRS Form 990 coordination and full responsibility for preparation and filing of Medicare and Medicaid Cost Reports. Served in all executive positions in NHVT HFMA provided significant exposure to PPS hospital and NH and VT healthcare organization executive and managerial level leaders.

Experience

Alice Peck Day Health System, Lebanon, NH
Vice President of Finance/Chief Financial Officer (2009-Present)

Senior Executive of Finance for Health System comprised of Alice Peck Day Memorial Hospital made up of a 25 bed Critical Access Hospital and 11 wholly owned Physician Practices and Alice Peck Lifecare, a senior living facility with 66 independent living units, 66 assisted living units and 7 24/7 supervised nursing units. Responsible for 6 direct reports and 69 employees from Revenue Cycle, Patient Access, Patient Accounts, Coding, Health Information, Materials Management, Fiscal Services and Lifecare Business Services. Prior to Senior Level restructuring CFO was responsible for IT/IS and Risk/Compliance.

- Responsible for overall financial and fiscal management aspects of Health Systems, Hospital and Lifecare operations including accounting, budgetary, tax and other financial planning activities within the health system organizations;
- Create, coordinate, and evaluate the financial programs and supporting information systems to include budgeting, tax planning, real estate, and conservation of assets.
- Approve and coordinate changes and improvements in automated financial and management information systems for the organizations of the APD Health Systems.
- Ensure compliance with local, state, and federal financial reporting requirements.
- Coordinate the preparation of financial statements, financial reports, Medicare Cost Reports, 990 Tax Returns, special analyses, and information reports.
- Develop and implement finance, accounting, billing, and auditing procedures.
- Establish and maintain appropriate internal control safeguards.
- Contribute financial expertise in the planning of new services that generate additional sources of revenue.
- Manage costs by continually seeking data that will identify opportunities that eliminate non-value costs in conjunction with the Senior Leadership Teams of the Hospital and Lifecare.

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- Analyzes areas in planning, promoting and conducting organization-wide performance improvement activities.
- Interact with other managers to provide consultative support to planning initiatives through financial and management information analyses, reports, and recommendations.
- Develop and direct the implementation of strategic business and/or operational plans, projects, programs, and systems, in conjunction with other members of the Senior Leadership Teams.
- Establish and implement short- and long-range departmental goals, objectives, policies, and operating procedures.
- Negotiate and execute third party payor contracts.
- Represent the health system at meetings including medical staff, board of trustee meetings, New Hampshire Hospital Association, New England Alliance for Health, and other relevant community meetings as needed.
- Represent the company externally to media, government agencies, funding agencies, and the general public.
- Recruit, train, supervise, and evaluate department staff.

Mt. Ascutney Hospital and Health Center, Windsor, VT
Budgeting and Reimbursement Manager and Controller (2001-2009)
Progressive managerial experience ranging from budget and reimbursement manager to Controller and succession plan that would transition to Chief Financial Officer. Directly supervise 4 employees in Finance and serve as backup supervisor for 30 employees in four departments reporting to the Chief Financial Officer including Materials Management, IT, Patient Access and Patient Accounts.

- Plan, organize and coordinate annual budget process for Critical Access Hospital. Process involves collection and distribution of departmental historical volume, revenue and expense data; supporting department heads in the development of their operating budgets; performing financial analysis on proposed changes in services; and presenting proposed budget for approval by the Board of Trustees Finance and Audit Committee. Prepared and coordinated the presentation of the Hospital's proposed budget before the State of Vermont Banking, Insurance, Securities and Healthcare Administration (BISHCA) and Public Oversight Commission (POC).
- Serve as Hospital's direct finance contact for BISHCA staff, Medicaid Personnel, CMS personnel, and other contract agencies and third party payors.
- Prepare annual Medicare and Medicaid Cost Report filings and all supporting documentation.
- Coordinate annual financial audit process and serve as hospital's primary contact for all external audit engagements including but not limited to Independent Financial Auditors, Medicaid Auditors and Medicare Auditors.
- Develop and present finance workshops for clinical department heads. Serve as primary contact in the finance area for clinical department heads. Participate in Senior Management Team meetings. Participate in monthly Board of Trustee Finance and Audit Committee meetings.
- Implemented decision support software system which has successfully led to automation of monthly departmental variance reporting as well as much of the annual budget process.

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- Responsible for updating and maintenance of Revenue and Estimated Third Party Settlement Models which are integral to the budgeting and monthly reporting processes.

Namaqua Center, Loveland, CO
Chief Financial Officer (1998-2001)
Responsible for the evaluation of automated accounting systems as well as the ultimate selection and implementation of the system. Directly supervised 3 employees and responsible for all aspects of the financial performance of the agency. Served as liaison with regulatory agencies, both for written reporting and on-site surveys.

- Developed full accounting policies and procedures manual for the agency.
- Direct contact for Independent Auditors and State Regulatory Agencies involved in financial oversight of the Agency's operations and effectiveness.
- Assured timely and complete Medicaid Cost Reports and School Department Reporting packages.
- Coordinated extensive Quality Improvement Project around third party reporting and billing.

Evalie M. Crosby, CPA
Principal (1985-1997)
Built a full public accounting practice servicing primarily small business, not for profit and individual clients. Successfully represented clients before the Internal Revenue Service, State Departments of Revenue, State Departments of Employment and Training, and Workers Compensation Insurers. Negotiated financing for clients with financial institutions and a variety of Federal and State Grant agencies.

- Provided monthly accounting and bookkeeping services.
- Provided quarterly and annual payroll and income tax filing assistance.
- Consulted with clients on the selection, installation and implementation of automated accounting systems.

Deloitte Haskins + Sells, Boston, MA
Healthcare Audit Team, (1982-1985)

- Served in a variety of capacities from audit staff to audit senior on the Healthcare Audit Team for a major public accounting firm in Boston, MA.
- Planned, organized and supervised audits on a variety of healthcare engagements.
- Served as a member of the initial DH+S team for Brigham and Women's Hospital and New England Deaconess Hospital engagements.

Education

Master of Science in Accounting **1982**
Northeastern University Graduate School of Professional Accounting, Boston, MA

Bachelor of Arts - Economics **1980**
Tufts University, Medford, MA

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Sue Durkin

[redacted]

Lamprey Health Care October 2018 – Present

Chief of Clinical Services June 2019 – Present
Provide oversight of operations and quality within all clinical services including primary care, prenatal care, behavioral health, Medication Assisted Treatment (MAT), Breast and Cervical Cancer Program (BCCP), diabetes education, care coordination and psychiatry. Responsible for program development; preparing grant applications and reports; and assuring compliance with state, federal, and funding requirements within these programs. Provide oversight of the quality department, risk management, and NCQA Patient Centered Medical Home recognition process. Oversee the activities of the safety committee and the emergency preparedness plan.

Director of Quality Improvement and Population Health October 2018 – June 2019
Responsible for the overall leadership and administration of the performance improvement and quality program of the organization, including: supported the Board of Director's strategic organizational initiatives; developed appropriate strategies for evidence based practices for improving clinical operations and outcomes measures related to Uniform Data Systems (UDS) and NCQA Patient Centered Medical Home.

Families First Health and Support Center September 1998 – August 2019

Clinical Director January 2015 – August 2019
Responsible for the development and oversight of all clinical programs including primary care, Health Care for the Homeless, prenatal, well child, Medication Assisted Treatment (MAT), care coordination, Breast and Cervical Cancer Program (BCCP), Hepatitis C treatment, and the integration of psychiatry within primary care. Oversaw quality improvement, reporting, risk management, policy development, systems development and management. Assured compliance with state and federal regulations. Facilitated training and staff development. Developed and maintained interagency collaborations. Participated in the organization's management team, NCQA Patient Centered Medical Home work group, and the quality improvement committee of the Board of Directors. Participated in grant development and management.

Health Care for the Homeless Program Director May 2011- January 2015
Provided overall organization, management, and delivery of quality patient care for the program. Supervised staff. Participated in the organization's management team.

Health Care for the Homeless Program Nurse September 2005 - May 2011
Provided primary nursing care to homeless patients in a mobile health setting.

Quality Improvement Director June 2001 - September 2011
Responsible for the organization's quality improvement program. Coordinated activities of the quality improvement committee of the Board of Directors.

Clinical Operations Director September 1998 - June 2001
Provided oversight of clinical operations for the health center. Responsible for the organization's quality improvement program. Participated in grant proposal development and reporting. Responsible for clinical staffing and supervision.

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Wentworth-Douglass Hospital June 1997 - April 1999
Staff Nurse/Charge Nurse/Per Diem Nurse
Provided primary nursing care to pediatric, adolescent, and adult patients. Performed and assisted in outpatient procedures. Assumed charge nurse responsibilities as of November 1997.

Education:
Rivier College--St. Joseph's School of Nursing September 1995 - May 1997
A.D. Nursing, GPA 4.0

College of the Holy Cross September 1987 - May 1991
B.A. Sociology

Certifications/ Licenses:
Certified Profession in Healthcare Quality (CPHQ)
Registered Nurse in State of NH (RN)
Certified Asthma Educator (AE-C)
CPR Certified
Certified Yoga Teacher (RYT 200)

Boards of Directors:
Seacoast Women's Giving Circle 2016 – Present
Prescott Park Arts Festival 2005- 2007

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Francine DeSalvo

Professional Summary

Experienced healthcare professional with exceptional skills in practice management, grant and project management, process improvement and communications

- Dedicated Clinical Informatics Specialist with 7 years of Ambulatory Care, Incentive Programs, workflow redesign, IT planning, Needs assessment and HIE connectivity
- Certified Meaningful Use Specialist experience working with Medicare & Medicaid MU , MIPPS incentive programs including ACO, PQRS, Patient Centered Medical Home, Critical Access Hospitals, FQHC and Rural Health requirements
- Billing & Coding knowledge with focus on ICD-10 requirements
- Motivated Leader with ability to lead through change takes initiative and presents in a friendly manner
- Project Management including HRSA, SUND, PCORi and State grants providing oversight and
- management of deliverables
- Nursing Graduate with special interest in primary care, surgical nursing and home healthcare

Professional Experience

Little Rivers Healthcare
Strategic Solutions Project Director
May 2017- October 2018

Responsible for grant management and coordination, including recruitment, staffing and ensuring that requirements of each grant was achieved and delivered to funding source. Blueprint Project Manager responsible for supervision of Regional Coordinator and Care Coordinators. Provided direction to staff in promoting resources to the patient community with assistance of financial, prevention and education of chronic conditions.
Provided oversight to Medication Assisted Therapy Program leading Behavioral Health Team in coordination of group therapy, alternative resources and trauma informed care education to staff and the community.

Vermont Information Technology Leaders
E-Health Specialist
June 2013-May 2017

E-Health Specialist advisor to Vermont Practices and Hospitals providing assistance with EMR selection, focus on integration, conducts workflow redesigns, best practice solutions, data quality comparisons, security risk analysis, Meaningful use registration and attestation. Worked in collaboration with Vermont Blueprint for Health, coordinated with VITL's HIE team to assist practices with interface, HIE connectivity. Provided support to specialty, long term and behavioral healthcare facilities.

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Francine DeSalvo

Grace Cottage Hospital
Senior Director of Rural Health
May 2010-March 2013
Responsible for the operations of the hospital's rural health center / family practice (awarded Patient Centered Medical Home status) of 11 providers. Managed and directed staffing, scheduling and physician support; project management; physician recruitment and compensation; staff, financial, project, safety and information systems management; ensured regulatory and statutory requirements were successfully met. Additionally: planned, directed and evaluated the daily operations of physician group practice. Provided business and strategic oversight and direction to physician group

Springfield Medical Care Systems – Springfield, Vermont
Clinical Director of Rockingham Medical Group
July 2007-May 2010
Manager of Hospital owned Rural Health Clinic: provided administrative and budgetary leadership for 5 Physicians' practices, an urgent care clinic and support staff. Responsibilities included hiring, performance evaluations, Oversight of Quality Improvement projects, liaison between patients and providers. Implementation of guidelines for Rural Health and FQHC health center. Implementation of Allscripts EMR. Provided leadership in workflow redesign, integration, program build and implementation. Oversight of annual budget and financial performance. Maintained efficiency in the practices, ensured quality assurance and compliance within the clinic.

Surgical Practice Manager
September 2001 to July 2007
Southern Vermont Health Service Corp – Brattleboro, Vermont
Manager for corporate owned surgical practices. Provided administrative and budgetary direction to the practices in order to perform in an effective and cost efficient manner. Reported to the VP Planning Services, hired evaluated practice staff. Interacted with the physicians to maintain patient and community satisfaction. Problem solved in an independent manner.

Skill Highlights

Microsoft PowerPoint.
Smart sheet Project Planning Application
Certified Billing & Coding
All scripts Application
Cerner Power chart Application
EcW Electronic Medical Record
Cerner Power note Application

Education and Training

Certified Meaningful Use Professional, 4Med Approved
Certificate in Community Health Care Management, Antioch New England Graduate School - Keene, NH
Associate of Science: Nursing, Thompson School of Nursing - Brattleboro, VT

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Tracy Tinker, MSN, RN, CNL, CDE

[redacted]

Summary

Master's prepared nurse with experience in the hospital setting, community health, as well as a corporate arena. Experienced instructional designer and educator in clinical topics such as heart disease and diabetes as well as selling skills.

Professional Experience

2010 to present, Diabetes Resources Institute at Catholic Medical Center, Manchester, NH
Certified Diabetes Nurse Educator

- Educate clients, families, and staff on the pathophysiology of diabetes, diabetes technology, diabetes medications, and diabetes complications
- Serve as a diabetes knowledge resource for clinical staff and providers

2009 to Present, Healthcare for the Homeless Program of Manchester at Catholic Medical Center, Manchester, NH
Community Health Nurse - Case Manager, QI and Chronic Disease Coordinator

- Partner with a diverse client base to prioritize and meet their complex needs
- Assess, plan, and deliver individualized nursing care to clients
- Design and deliver client-focused health education in individual and group settings
- Lead the Continuous Quality Improvement and Patient Centered Medical Home Teams
- Participated in Grant Writing and reporting for Federal (UDS), State and Local Grants

1993 to 2008, Bristol-Myers Squibb Medical Imaging, Billerica, MA
Senior Learning & Development Consultant

- Led projects to implement eLearning in the global sales, marketing, and manufacturing organizations.
- Created and implemented a divisional learning management system (LMS) plan
- Initiated and developed clinical turn-key kits for product training and disease state management.

Clinical Manager, Radiopharmaceuticals Division

- Trained physician and technologist customers on the use of radiopharmaceutical products
- Two-time winner of top Sales and Marketing award, Executive Council, 1994 and 1997
- Developed and delivered presentations for various internal and external customers
- Mentored three Clinical Specialist colleagues.

1989 – 1993, Cedars-Sinai Medical Center, Los Angeles, CA,
Technical Manager, Nuclear Cardiology

- Managed a department of 17 technologists that delivered physician directed clinical services
- Participated in a research project for a new radiopharmaceutical
- Partnered with a local physician to conduct workshops for physicians and technologists in California and Arizona

1986 – 1989, Maine Medical Center, Portland, ME,
Staff Technologist, Nuclear Medicine

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Tracy Tinker, RN

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Education and Certifications

November 2011, National Certification Board for Diabetes Educators
Certified Diabetes Educator (CDE)
December 2009, The American Association of Colleges of Nursing
Certified Nurse Leader (CNL)

2008 – 2009, University of New Hampshire

Direct Entry Master's in Nursing, Clinical Nurse Leader
GPA: 4.0
Mary Louise Fernald Nursing Research Symposium Award for Presentation Excellence for Capstone Project "The Highs and Lows of Insulin Therapy for Inpatients: A Comparison of Three Order Sets"
Member: Golden Key International Honor Society, Sigma Theta Tau, International Nursing Honor Society

1998 – 2001, National Training Laboratories

Certificate in Experience-Based Learning and Training

- Applied concepts of adult learning to design classroom and blended learning solutions

1982 – 1986, Rochester Institute of Technology

Bachelor of Science, Clinical Sciences Nuclear Medicine
GPA: 3.67

- Participated in an internship at three local hospitals to learn nuclear medicine technology skills

Professional Presentations, Article, and Memberships

- *Member: American Association of Diabetes Educators, Granite State Diabetes Educators, National Healthcare for the Homeless Council*
- *Chronic Disease Training for Behavioral Health.* 2018, Presentation created and delivered to various Integrated Delivery Network participants across NH.
- *Adapting Your Practice: Treatment and Recommendations for Patients Who Are Homeless with Diabetes Mellitus.* HCH Clinicians Network, 2013, http://www.nhchc.org/wp-content/uploads/2013/06/2013DiabetesGuidelines_FINAL_20130612.pdf
- *Highs and Lows of Insulin Therapy for Inpatients: A Comparison of Three Order Sets,* December 2009, Mary Louise Fernald Nursing Research Symposium, Durham, NH
- *A Systematic Approach to Online Testing*, Thursday April 12, 2007, The eLearning Guild 2007 Annual Gathering, Boston, MA
- *Building and Implementing an eLearning Solution Within a Global Learning Architecture*, May 16, 2003, eLearning Strategies for Pharmaceuticals, Brussels, Belgium
- *Why computerized testing is preferred in business.* In Criterion-referenced test development: Technical and Legal Guidelines for Corporate Training (pp. 177-180). San Francisco: Pfeiffer

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CONTRACTOR NAME

Key Personnel

Name	Job Title	Salary	% Paid from this Contract	Amount Paid from this Contract
Greg White	Chief Executive Officer	206,410.36	0%	
Evalie Crosby	Chief Financial Officer	156,041.34	0%	
Sue Durkin	Chief of Clinical Services	122,399.94	5%	6,120.00
Fran DeSalvo	Nashua Site Director	86,699.86	5%	4,334.99
Tracy Tinker	Registered Nurse	82,160.00	5%	4,108.00

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Lamprey Health Care Seacoast Public Health Network

Key Personnel

Name	Job Title	Salary	% Paid from this Contract	Amount Paid from this Contract
Mary Cook	PHEP Manager	62441	0	0
Stacy Dionne	Nurse Manager LHC			1000
Art Reardon	IT			910.00
Julia Meuse	Program Coordinator	38188	.05	2053.75

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STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH SERVICES

Lori A. Shibinette
Commissioner

Lisa M. Morris
Director

29 HAZEN DRIVE, CONCORD, NH 03301
603-271-4501 1-800-852-3345 Ext. 4501
Fax: 603-271-4827 TDD Access: 1-800-735-2964
www.dhhs.nh.gov

April 9, 2020

His Excellency, Governor Christopher T. Sununu
and the Honorable Council
State House
Concord, New Hampshire 03301

REQUESTED ACTION

Authorize the Department of Health and Human Services, Division of Public Health Services, to enter into a **Retroactive** amendment to existing contracts and exercise a renewal option with the vendors listed below in **bold** for the provision of primary health care services for underserved, low-income and homeless individuals, by increasing the total price limitation by $3,593,746 from $6,337,786 to $9,931,532 and by extending the completion dates from March 31, 2020 to June 30, 2021 effective upon Governor and Council approval. The original contracts were approved by Governor and Council on June 20, 2018, item #27G. 12.95% Federal Funds. 87.05% General Funds.

Primary Care Services					
Vendor Name	Vendor Code	Area Served	Current Amount	Increase (Decrease)	Revised Amount
Ammonoosuc Community Health Services, Inc.	177755-R001	Littleton	$373,662	$218,359	$592,021
Amoskeag (formerly Manchester Community Health Center)	157274-B001	Manchester	$1,190,293	$695,578	$1,885,871
Coos County Family Health Services, Inc.	155327-B001	Berlin	$213,277	$124,634	$337,911
Greater Seacoast Community Health	154703-B001	Somersworth	$1,017,629	$594,677	$1,612,306
HealthFirst Family Care Center	158221-B001	Franklin	$477,877	$279,260	$757,137
Indian Stream Health Center	165274-B001	Colebrook	$157,917	$92,283	$250,200
Lamprey Health Care, Inc.	177677-R001	Newmarket	$1,049,538	$613,324	$1,662,862
Mid-State Health Center	158055-B001	Plymouth	$306,570	$179,152	$485,722

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Weeks Medical Center	**177171-B001**	**Lancaster**	**$180,885**	**$105,705**	**$286,590**
		Sub- Total:	*$4,967,648*	*$2,902,972*	*$7,870,620*

Vendor Name	Vendor Code	Area Served	Current Amount	Increase (Decrease)	Revised Amount
Amoskeag (formerly Manchester Community Health Center)	**157274-B001**	**Carrol, Merrimack, Sullivan, Northeast Hillsboro Counties**	**$80,000**	**$25,000**	**$105,000**
Concord Hospital	**177653-B011**	**Concord**	**$484,176**	**$282,940**	**$767,116**
White Mountain Community Health Center	**174170-R001**	**Conway**	**$352,976**	**$206,271**	**$559,247**
		Sub-Total:	*$917,152*	*$514,211*	*$1,431,363*

Vendor Name	Vendor Code	Area Served	Current Amount	Increase (Decrease)	Revised Amount
Greater Seacoast Community Health	**154703-B001**	**Somersworth**	**$146,488**	**$85,604**	**$232,092**
Manchester Health Department	**177433-B009**	**Manchester**	**$155,650**	**$90,959**	**$246,609**
Harbor Homes, Inc.	155358-B001	Nashua	$150,848	$0	$150,848
		Sub-Total	*$4052,986*	*$176,563*	*$629,549*
		Total:	**$6,337,786**	**$3,593,746**	**$9,931,532**

Funds are available in the following accounts for State Fiscal Years 2020 and 2021, upon the availability and continued appropriation of funds in the future operating budget, with the authority to adjust budget line items within the price limitation and encumbrances between state fiscal years through the Budget Office, if needed and justified.

05-95-90-902010-5190 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF POPULATION HEALTH AND COMMUNITY SERVICES, MATERNAL AND CHILD HEALTH 13.04% FEDERAL AND 86.96% GENERAL

05-95-90-902010-5190 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF POPULATION HEALTH AND

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COMMUNITY SERVICES, MATERNAL AND CHILD HEALTH 26% Federal and 74% General

05-95-90-902010-5190 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF POPULATION HEALTH AND 100% GENERAL FUNDS

See attached fiscal details.

EXPLANATION

This request is **Retroactive** because this item was previously submitted and the Department was requested to reassess the contract duration due to the COVID-19 Emergency. The Department is resubmitting with shorter contract duration of fifteen (15) months. As previously stated, the original contract was approved by Governor and Council on June 20, 2018, Item #27G (Vote 5-0).

The purpose of this request is to continue to increase statewide access to comprehensive primary health care services that include preventative and ongoing health care for acute and chronic health conditions for people of all ages, including pregnant women, children, adolescents, adults, the elderly and the homeless. Primary care vendors integrate and coordinate access to medical, behavioral and social services by reducing barriers to care through the provision of an array of enabling services such as care coordination, translation services, outreach, eligibility assistance, and health education.

Primary and preventative health care services are provided to underserved, low-income and homeless individuals who experience barriers to accessing health care due to issues such as lack of insurance, inability to pay, limited language proficiency and geographic isolation. Approximately 35,000 individuals will be served from April 1, 2020 to March 31, 2021.

The Department will continue to monitor contracted services using the performance measures outlined in Exhibit A-1, Reporting Metrics, by reviewing each vendor's historical baseline data and comparing that to the reported metrics to ensure there is stability or an increase to the percentage of patients served.

As referenced in Exhibit C-1 of the original contracts, the parties have the option to extend the agreements for up to twenty four (24) months, contingent upon satisfactory delivery of services, available funding, agreement of the parties and Governor and Council approval. The Department is exercising its option to renew services for fifteen (15) months of the twenty four (24) months available.

Should the Governor and Executive Council not authorize this request, the Department may be unable to ensure preventative and regular health care for acute and chronic health conditions for low income and homeless individuals of all ages, including pregnant women, children, adolescents, adults, and the elderly throughout the state.

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In the event that the Federal Funds become no longer available, additional General Funds will not be requested to support this program.

Respectfully submitted,

Lori A. Shibinette
Commissioner

FINANCIAL DETAIL ATTACHMENT SHEET
Primary Care Services and Primary Care for the Homeless

05-95-90-902010-5190 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF POPUL COMMUNITY SERVICES, MATERNAL AND CHILD HEALTH 26% Federal and 74% General

1. Ammonoosuc Community Health Services, Inc., Vendor # 177755-R001

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decrease) Amount	Revised Modified Budget
SFY 2018	102-500731	Contracts for Program Svcs	90080100	$46,708.00	$0.00	$46,708.00
SFY 2019	102-500731	Contracts for Program Svcs	90080100	$186,831.00	$0.00	$186,831.00
SFY 2020	102-500731	Contracts for Program Svcs	90080100	$140,123.00	$0.00	$140,123.00
				$373,662.00	*$0.00*	$373,662.00

2. Concord Hospital, Inc., Vendor # 177653-B011

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decrease) Amount	Revised Modified Budget
SFY 2018	102-500731	Contracts for Program Services	90080100	$60,522	$0	$60,522
SFY 2019	102-500731	Contracts for Program Services	90080100	$242,088	$0	$242,088
SFY 2020	102-500731	Contracts for Program Services	90080100	$181,566	$0	$181,566
				$484,176.00	*$0.00*	$484,176.00

3. Coos County Family Health Services, Inc., Vendor # 155327-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decrease) Amount	Revised Modified Budget
SFY 2018	102-500731	Contracts for Program Svcs	90080100	$26,660.00	$0.00	$26,660.00
SFY 2019	102-500731	Contracts for Program Svcs	90080100	$106,638.00	$0.00	$106,638.00
SFY 2020	102-500731	Contracts for Program Svcs	90080100	$79,979.00	$0.00	$79,979.00
				$213,277.00	*$0.00*	$213,277.00

4. Greater Seacoast Community Health, Vendor # 166629-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decrease) Amount	Revised Modified Budget
SFY 2018	102-500731	Contracts for Program Svcs	90080100	$127,203	$0	$127,203
SFY 2019	102-500731	Contracts for Program Svcs	90080100	$508,815	$0	$508,815
SFY 2020	102-500731	Contracts for Program Svcs	90080100	$381,611	$0	$381,611
				$1,017,629.00	*$0.00*	$1,017,629.00

5. Health First Family Care Center, Vendor # 158221-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decrease) Amount	Revised Modified Budget
SFY 2018	102-500731	Contracts for Program Svcs	90080100	$59,735	$0	$59,735
SFY 2019	102-500731	Contracts for Program Svcs	90080100	$238,938	$0	$238,938
SFY 2020	102-500731	Contracts for Program Svcs	90080100	$179,204	$0	$179,204
				$477,877.00	*$0.00*	$477,877.00

6. Indian Stream Health Center, Vendor #165274-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decrease) Amount	Revised Modified Budget
SFY 2018	102-500731	Contracts for Program Svcs	90080100	$19,740.00	$0.00	$19,740.00
SFY 2019	102-500731	Contracts for Program Svcs	90080100	$78,958.00	$0.00	$78,958.00
SFY 2020	102-500731	Contracts for Program Svcs	90080100	$59,219.00	$0.00	$59,219.00
				$157,917.00	*$0.00*	$157,917.00

FINANCIAL DETAIL ATTACHMENT SHEET

Primary Care Services and Primary Care for the Homeless

7. Lamprey Health Care, Inc., Vendor # 177677-R001

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decrease) Amount	Revised Modified Budget
SFY 2018	102-500731	Contracts for Program Svcs	90080100	$131,192.00	$0.00	$131,192.00
SFY 2019	102-500731	Contracts for Program Svcs	90080100	$524,769.00	$0.00	$524,769.00
SFY 2020	102-500731	Contracts for Program Svcs	90080100	$393,577.00	$0.00	$393,577.00
				$1,049,538.00	*$0.00*	$1,049,538.00

8. Amoskeag Health, Vendor # 157274-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decrease) Amount	Revised Modified Budget
SFY 2018	102-500731	Contracts for Program Svcs	90080100	$148,787	$0	$148,787
SFY 2019	102-500731	Contracts for Program Svcs	90080100	$595,146	$0	$595,146
SFY 2020	102-500731	Contracts for Program Svcs	90080100	$446,360	$0	$446,360
				$1,190,293.00	*$0.00*	$1,190,293.00

9. Mid-State Health Center, Vendor # 158055-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decrease) Amount	Revised Modified Budget
SFY 2018	102-500731	Contracts for Program Svcs	90080100	$38,321.00	$0.00	$38,321.00
SFY 2019	102-500731	Contracts for Program Svcs	90080100	$153,285.00	$0.00	$153,285.00
SFY 2020	102-500731	Contracts for Program Svcs	90080100	$114,964.00	$0.00	$114,964.00
				$306,570.00	$0.00	$306,570.00

10. Amoskeag Health (Northwest Hillsborough County), Vendor # 157274-B001 SPECIFIC COUNTIES

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decrease) Amount	Revised Modified Budget
SFY 2018	102-500731	Contracts for Program Svcs	90080100	$10,000	$0	$10,000
SFY 2019	102-500731	Contracts for Program Svcs	90080100	$40,000	$0	$40,000
SFY 2020	102-500731	Contracts for Program Svcs	90080100	$30,000	$0	$30,000
				$80,000.00	*$0.00*	*$80,000.00*

11. Weeks Medical Center, Vendor # 177171-R001

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decrease) Amount	Revised Modified Budget
SFY 2018	102-500731	Contracts for Program Services	90080100	$22,611.00	$0.00	$22,611.00
SFY 2019	102-500731	Contracts for Program Services	90080100	$90,442.00	$0.00	$90,442.00
SFY 2020	102-500731	Contracts for Program Services	90080100	$67,832.00	$0.00	$67,832.00
				$180,885.00	*$0.00*	*$180,885.00*

12. White Mountain Community Health Center, Vendor # 174170-R001

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decrease) Amount	Revised Modified Budget
SFY 2018	102-500731	Contracts for Program Services	90080100	$44,122	$0	$44,122
SFY 2019	102-500731	Contracts for Program Services	90080100	$176,488	$0	$176,488
SFY 2020	102-500731	Contracts for Program Services	90080100	$132,366	$0	$132,366
				$352,976.00	*$0.00*	*$352,976.00*

13. Greater Seacoast Community - Primary Care for the Homeless, Vendor # 166629-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decrease) Amount	Revised Modified Budget
SFY 2018	102-500731	Contracts for Program Svcs	90080100	$18,311	$0	$18,311
SFY 2019	102-500731	Contracts for Program Svcs	90080100	$73,244	$0	$73,244
SFY 2020	102-500731	Contracts for Program Svcs	90080100	$54,933	$0	$54,933
				$146,488.00	*$0.00*	*$146,488.00*

FINANCIAL DETAIL ATTACHMENT SHEET
Primary Care Services and Primary Care for the Homeless

14. Manchester Health Dept. Primary Care for the Homeless - Vendor #177433-B009						
Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decrease) Amount	Revised Modified Budget
SFY 2018	102-500731	Contracts for Program Services	90080100	$19,456.00	$0.00	$19,456.00
SFY 2019	102-500731	Contracts for Program Services	90080100	$77,825.00	$0.00	$77,825.00
SFY 2020	102-500731	Contracts for Program Services	90080100	$58,369.00	$0.00	$58,369.00
15. Harbor Homes, Inc. Vendor - 1555358-B001						
SFY 2018	102-500731	Contracts for Program Services	90080100	$18,856.00	$0.00	$18,856.00
SFY 2019	102-500731	Contracts for Program Services	90080100	$75,424.00	$0.00	$75,424.00
SFY 2020	102-500731	Contracts for Program Services	90080100	$56,568.00	$0.00	$56,568.00
				$150,848.00	$0.00	$306,498.00
				$6,337,786.00	*$0.00*	*$6,337,786.00*

05-95-90-902010-5190 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF POPUL
COMMUNITY SERVICES, MATERNAL AND CHILD HEALTH 13.04% FEDERAL AND 86.96% GENERAL

1. Ammonoosuc Community Health Services, Inc., Vendor # 177755-R001

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decrease) Amount	Revised Modified Budget
SFY 2020	102-500731	Contracts for Program Svcs	90080105	$0.00	$43,672	$43,672
SFY 2021	102-500731	Contracts for Program Svcs	90080105	$0.00	$174,687	$174,687
			Subtotal	*$0.00*	*$218,359*	$218,359

2. Concord Hospital, Inc., Vendor # 177653-B011

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decrease) Amount	Revised Modified Budget
SFY 2020	102-500731	Contracts for Program Svcs	90080105	$0	$56,588	$56,588
SFY 2021	102-500731	Contracts for Program Svcs	90080105	$0	$226,352	$226,352
			Subtotal	*$0*	*$282,940*	$282,940

3. Coos County Family Health Services, Inc., Vendor # 155327-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decrease) Amount	Revised Modified Budget
SFY 2020	102-500731	Contracts for Program Svcs	90080105	$0.00	$24,927	$24,927
SFY 2021	102-500731	Contracts for Program Svcs	90080105	$0.00	$99,707	$99,707
			Subtotal	*$0.00*	*$124,634*	$124,634

4. Greater Seacoast Community Health, Vendor # 166629-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decrease) Amount	Revised Modified Budget
SFY 2020	102-500731	Contracts for Program Svcs	90080105	$0	$118,935	$118,935
SFY 2021	102-500731	Contracts for Program Svcs	90080105	$0	$475,742	$475,742
			Subtotal	*$0*	*$594,677*	$594,677

5. Health First Family Care Center, Vendor # 158221-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decrease) Amount	Revised Modified Budget
SFY 2020	102-500731	Contracts for Program Svcs	90080105	$0.00	$55,852	$55,852.00
SFY 2021	102-500731	Contracts for Program Svcs	90080105	$0.00	$223,408	$223,408.00
			Subtotal	*$0.00*	*$279,260.00*	$279,260.00

6. Indian Stream Health Center, Vendor #165274-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decrease) Amount	Revised Modified Budget
SFY 2020	102-500731	Contracts for Program Svcs	90080105	$0	$18,457	$18,457
SFY 2021	102-500731	Contracts for Program Svcs	90080105	$0	$73,826	$73,826
			Subtotal	*$0*	*$92,283*	$92,283

7. Lamprey Health Care, Inc., Vendor # 177677-R001

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decrease) Amount	Revised Modified Budget
SFY 2020	102-500731	Contracts for Program Svcs	90080105	$0.00	$122,665	$122,665
SFY 2021	102-500731	Contracts for Program Svcs	90080105	$0.00	$490,659	$490,659
			Subtotal	*$0.00*	*$613,324*	$613,324

FINANCIAL DETAIL ATTACHMENT SHEET

Primary Care Services and Primary Care for the Homeless

8. Amoskeag Health, Vendor # 157274-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decrease) Amount	Revised Modified Budget
SFY 2020	102-500731	Contracts for Program Svcs	90080105	$0.00	$139,116	$139,116
SFY 2021	102-500731	Contracts for Program Svcs	90080105	$0.00	$556,462	$556,462
			Subtotal	*$0.00*	*$695,578*	$695,578

9. Mid-State Health Center, Vendor # 158055-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decrease) Amount	Revised Modified Budget
SFY 2020	102-500731	Contracts for Program Svcs	90080105	$0.00	$35,830	$35,830
SFY 2021	102-500731	Contracts for Program Svcs	90080105	$0.00	$143,322	$143,322
			Subtotal	$0.00	$179,152	$179,152

10. Weeks Medical Center, Vendor # 177171-R001

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decrease) Amount	Revised Modified Budget
SFY 2020	102-500731	Contracts for Program Services	90080105	$0.00	$21,141	$21,141
SFY 2021	102-500731	Contracts for Program Services	90080105	$0.00	$84,564	$84,564
			Subtotal	$0.00	$105,705	$105,705

11. White Mountain Community Health Center, Vendor # 174170-R001

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decrease) Amount	Revised Modified Budget
SFY 2020	102-500731	Contracts for Program Services	90080105	$0.00	$41,255	$41,255.00
SFY 2021	102-500731	Contracts for Program Services	90080105	$0.00	$165,016	$165,016.00
			Subtotal	$0.00	$206,271.00	$206,271.00

12. Greater Seacoast Community - Primary Care for the Homeless, Vendor # 166629-B001

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decrease) Amount	Revised Modified Budget
SFY 2020	102-500731	Contracts for Program Svcs	90080105	$0	$17,121	$17,121
SFY 2021	102-500731	Contracts for Program Svcs	90080105	$0	$68,483	$68,483
			Subtotal	$0	$85,604	$85,604

13. Manchester Health Dept. Primary Care for the Homeless - Vendor #177433-B009

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decrease) Amount	Revised Modified Budget
SFY 2020	102-500731	Contracts for Program Services	90080105	$0	$18,192	$18,192
SFY 2021	102-500731	Contracts for Program Services	90080105	$0	$72,767	$72,767
			Subtotal	*$0*	*$90,959*	*$90,959*
			Total	$0	$3,568,746.00	$3,568,746.00

05-95-90-902010-5190 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, BUREAU OF POPUL
100% GENERAL FUNDS

1. Amoskeag Health (Northwest Hillsborough County), Vendor # 157274-B001 SPECIFIC COUNTIES

Fiscal Year	Class / Account	Class Title	Job Number	Current Modified Budget	Increased (Decrease) Amount	Revised Modified Budget
SFY 2020	102-500731	Contracts for Program Svcs	TBD	$0.00	$5,000	$5,000
SFY 2021	102-500731	Contracts for Program Svcs	TBD	$0.00	$20,000	$20,000
			Subtotal	$0.00	$25,000	$25,000
			Total	$0.00	*$25,000*	$25,000

Total:	$6,337,786	$3,593,746	$9,931,532

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Jeffrey A. Meyers
Commissioner

Lisa M. Morris
Director

STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH SERVICES
29 HAZEN DRIVE, CONCORD, NH 03301
603-271-4501 1-800-852-3345 Ext. 4501
Fax: 603-271-4827 TDD Access: 1-800-735-2964
www.dhhs.nh.gov

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May 31, 2018

His Excellency, Governor Christopher T. Sununu
and the Honorable Council
State House
Concord, New Hampshire 03301

REQUESTED ACTION

Authorize the Department of Health and Human Services, Division of Public Health Services, to enter into **retroactive** agreements with the fifteen (15) vendors, as listed in the tables below, for the provision of primary health care services that include preventive and episodic health care for acute and chronic health conditions for people of all ages, statewide; including pregnant women, children, adolescents, adults, the elderly and homeless individuals, effective **retroactive** to April 1, 2018 upon Governor and Executive Council approval through March 31, 2020. 26% Federal Funds and 74% General Funds.

Primary Care Services			
Vendor	**Vendor Number**	**Location**	**Amount**
Ammonoosuc Community Health Services, Inc.	177755-R001	25 Mount Eustis Road, Littleton, NH 03561	$373,662
Coos County Family Health Services, Inc.	155327-B001	133 Pleasant Street, Berlin, NH 03570	$213,277
Greater Seacoast Community Health	154703-B001	311 Route 108, Somersworth, NH 03878	$1,017,629
HealthFirst Family Care Center	158221-B001	841 Central Street, Franklin, NH 03235	$477,877
Indian Stream Health Center	165274-B001	141 Corliss Lane, Colebrook, NH 03576	$157,917

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Lamprey Health Care, Inc.	177677-R001	207 South Main Street, Newmarket, NH 03857	$1,049,538
Manchester Community Health Center	157274-B001	145 Hollis Street, Manchester NH 03101	$1,190,293
Mid-State Health Center	158055-B001	101 Boulder Point Drive, Suite 1, Plymouth, NH 03264	$306,570
Weeks Medical Center	177171-R001	170 Middle Street, Lancaster, NH 03584/PO Box 240, Whitefield, NH 03598	$180,885
Sub-Total			***$4,967,648***

Primary Care Services for Specific Counties

Vendor	Vendor Number	Location	Amount
Manchester Community Health Center	157274-B001	145 Hollis Street, Manchester NH 03101	$80,000
Concord Hospital	177653-B011	250 Pleasant St, Concord, NH 03301	$484,176
White Mountain Community Health Center	174170-R001	298 White Mountain Highway, PO Box 2800, Conway, NH 03818	$352,976
Sub-Total			***$917,152***

Primary Care Services for the Homeless

Vendor	Vendor Number	Location	Amount
Greater Seacoast Community Health	154703-B001	311 Route 108, Somersworth, NH 03878	$146,488
Harbor Homes, Inc.	155358-B001	77 Northeastern Blvd, Nashua, NH 03062	$150,848
Sub-Total			***$297,336***

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Primary Care Services for the Homeless – Sole Source for Manchester Department of Public Health			
Vendor	**Vendor Number**	**Location**	**Amount**
Manchester Health Department	177433-B009	1528 Elm Street, Manchester, NH 03101	$155,650
Sub-Total			***$155,650***
Primary Care Services Total Amount			**$6,337,786**

Funds are available in the following account for State Fiscal Years 2018 and 2019, and anticipated to be available in State Fiscal Year 2020, upon the availability and continued appropriation of funds in the future operating budget, with authority to adjust encumbrances between State Fiscal Years through the Budget Office, without further approval from the Governor and Executive Council, if needed and justified.

05-95-90-902010-51900000 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVS, HHS: DIVISION OF PUBLIC HEALTH, MATERNAL - CHILD HEALTH

State Fiscal Year	Class/Account	Class Title	Job Number	Total Amount
2018	102-500731	Contracts for Program Svcs	90080100	$792,224
2019	102-500731	Contracts for Program Svcs	90080100	$3,168,891
2020	102-500731	Contracts for Program Svcs	90080100	$2,376,671
Total				**$6,337,786**

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EXPLANATION

This request is **retroactive** as the Request for Proposals timeline extended beyond the expiration date of the previous primary care services contracts. The Request for Proposals was reissued to ensure that services would be provided in specific counties and in the City of Manchester, where the need is the greatest. Continuing this service without interruption allows for the availability of primary health care services for New Hampshire's most vulnerable populations who are at disproportionate risk of poor health outcomes and limited access to preventative care.

The agreement with the Manchester Health Department is **sole source**, as it is the only vendor capable and amenable to provide primary health care services to the homeless population of the City of Manchester. This community has been disproportionately impacted by the opioid crisis; increasing health risks to individuals who experience homelessness.

The purpose of these agreements is to provide primary health care services that include preventive and ongoing heath care for acute and chronic health conditions for people of all ages, including pregnant women, children, adolescents, adults, the elderly and the homeless. Primary and preventative health care services are provided to underserved, low-income and homeless individuals who experience barriers to accessing health care due to issues such as lack of insurance, inability to pay, limited language proficiency and geographic isolation. Primary care providers provide an array of enabling patient-centered services such as care coordination, translation services, transportation, outreach, eligibility assistance, and health education. These services assist individuals in overcoming barriers to achieve their optimal health.

Primary Care Services vendors were selected for this project through competitive bid processes. The Request for Proposals for Primary Care Services was posted on the Department of Health and Human Services' website from December 12, 2017 through January 23, 2018. A separate Request for Proposals to address a deficiency in Primary Care Services for specific counties was posted on the Department's website from February 12, 2018 through March 2, 2018. Additionally, the Request for Proposals for Primary Care Services for the Homeless was posted on the Department's website from January 26, 2018 through March 13, 2018.

The Department received fourteen (14) proposals. The proposals were reviewed and scored by a team of individuals with program specific knowledge. The Score Summaries are attached. A separate sole source agreement is requested to address the specific need of the homeless population of the City of Manchester.

As referenced in the Request for Proposals and in Exhibit C-1, Revisions to General Provisions, these Agreements reserve the option to extend contract services for up to two (2) additional year(s), contingent upon satisfactory delivery of services, available funding, agreement of the parties and approval of the Governor and Executive Council.

The Department will directly oversee and manage the contracts to ensure that quality improvement, enabling and annual project objectives are defined in order to measure the effectiveness of the program.

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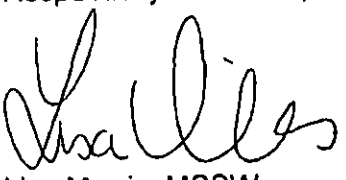
Should the Governor and Executive Council not authorize this request, the Department may be unable to ensure preventive and regular health care for acute and chronic health conditions for low income and homeless individuals of all ages, including pregnant women, children, adolescents, adults, and the elderly throughout the state.

Area served: Statewide.

Source of Funds: 26% Federal Funds from the US Department of Health and Human Services, Human Resources & Services Administration (HRSA), Maternal and Child Health Services (MCHS) Catalog of Federal Domestic Assistance (CFDA) #93.994, Federal Award Identification Number (FAIN), B04MC30627 and 74% General Funds.

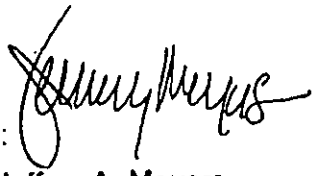
In the event that Federal Funds become no longer available, additional General Funds will not be requested to support this program.

Respectfully submitted,



Lisa Morris, MSSW
Director

Approved by:



Jeffrey A. Meyers
Commissioner